hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101191	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ADMIN VACCINE PFIZER 1ST	0001A	CPT	outpatient			159		Aetna	Better Health		50.16	31.55			47.7	151.05	percent of total billed charges	
ADMIN VACCINE PFIZER 1ST	0001A	CPT	outpatient			159		Aetna	Medicare		48.97	30.8			47.7	151.05	percent of total billed charges	
ADMIN VACCINE PFIZER 1ST	0001A	CPT	outpatient			159		Aetna	Commercial		60.42	38			47.7	151.05	percent of total billed charges	
ADMIN VACCINE PFIZER 1ST	0001A	CPT	outpatient			159		Americare	Americare		119.25	75			47.7	151.05	percent of total billed charges	
ADMIN VACCINE PFIZER 1ST	0001A	CPT	outpatient			159		Amerihealth	HMO/PPO		103.35	65			47.7	151.05	percent of total billed charges	
ADMIN VACCINE PFIZER 1ST	0001A	CPT	outpatient			159		Consumer	Consumer		151.05	95			47.7	151.05	percent of total billed charges	
ADMIN VACCINE PFIZER 1ST	0001A	CPT	outpatient			159		Corrections	Corrections		127.2	80			47.7	151.05	percent of total billed charges	
ADMIN VACCINE PFIZER 1ST	0001A	CPT	outpatient			159		First Health	First Health		111.3	70			47.7	151.05	percent of total billed charges	
ADMIN VACCINE PFIZER 1ST	0001A	CPT	outpatient			159		First Trenton	First Trenton		143.1	90			47.7	151.05	percent of total billed charges	
ADMIN VACCINE PFIZER 1ST	0001A	CPT	outpatient			159		Horizon	Medicare Blue		47.7	30			47.7	151.05	percent of total billed charges	
ADMIN VACCINE PFIZER 1ST	0001A	CPT	outpatient			159		Horizon	Indemnity		60.87	38.28			47.7	151.05	percent of total billed charges	
ADMIN VACCINE PFIZER 1ST	0001A	CPT	outpatient			159		Horizon	MGD		60.87	38.28			47.7	151.05	percent of total billed charges	
ADMIN VACCINE PFIZER 1ST	0001A	CPT	outpatient			159		Horizon	PPO		60.87	38.28			47.7	151.05	percent of total billed charges	
ADMIN VACCINE PFIZER 1ST	0001A	CPT	outpatient			159		Managed Care Inc	Managed Care Inc		143.1	90			47.7	151.05	percent of total billed charges	
ADMIN VACCINE PFIZER 1ST	0001A	CPT	outpatient			159		Multiplan	Multiplan		127.2	80			47.7	151.05	percent of total billed charges	
ADMIN VACCINE PFIZER 1ST	0001A	CPT	outpatient			159		Qualcare	Qualcare		119.25	75			47.7	151.05	percent of total billed charges	
ADMIN VACCINE PFIZER 1ST	0001A	CPT	outpatient			159		Three Rivers	Three Rivers		151.05	95			47.7	151.05	percent of total billed charges	
ADMIN VACCINE PFIZER 1ST	0001A	CPT	outpatient			159		UHC	Medicaid		50.16	31.55			47.7	151.05	percent of total billed charges	
ADMIN VACCINE PFIZER 1ST	0001A	CPT	outpatient			159		Wellcare	Medicaid		50.16	31.55			47.7	151.05	percent of total billed charges	
ADMIN VACCINE PFIZER 1ST	0001A	CPT	outpatient			159		WellPoint	WellPoint		51.17	32.18			47.7	151.05	percent of total billed charges	
RHE/E/(RHCE)AG.GENOTYPING(3002003)	0001U	CPT	outpatient			668	828	Aetna	Better Health		210.75	31.55			98.7	720	percent of total billed charges	
RHE/E/(RHCE)AG.GENOTYPING(3002003)	0001U	CPT	outpatient			668	828	Aetna	Commercial		253.84	38			98.7	720	percent of total billed charges	
RHE/E/(RHCE)AG.GENOTYPING(3002003)	0001U	CPT	outpatient			668	828	Aetna	Medicare		720				98.7	720	fee schedule	
RHE/E/(RHCE)AG.GENOTYPING(3002003)	0001U	CPT	outpatient			668	828	Americare	Americare		501	75			98.7	720	percent of total billed charges	
RHE/E/(RHCE)AG.GENOTYPING(3002003)	0001U	CPT	outpatient			668	828	Amerihealth	Medicare		720				98.7	720	fee schedule	
RHE/E/(RHCE)AG.GENOTYPING(3002003)	0001U	CPT	outpatient			668	828	Amerihealth	HMO/PPO		434.2	65			98.7	720	percent of total billed charges	
RHE/E/(RHCE)AG.GENOTYPING(3002003)	0001U	CPT	outpatient			668	828	Consumer	Consumer		634.6	95			98.7	720	percent of total billed charges	
RHE/E/(RHCE)AG.GENOTYPING(3002003)	0001U	CPT	outpatient			668	828	Corrections	Corrections		534.4	80			98.7	720	percent of total billed charges	
RHE/E/(RHCE)AG.GENOTYPING(3002003)	0001U	CPT	outpatient			668	828	First Health	First Health		467.6	70			98.7	720	percent of total billed charges	
RHE/E/(RHCE)AG.GENOTYPING(3002003)	0001U	CPT	outpatient			668	828	First Trenton	First Trenton		601.2	90			98.7	720	percent of total billed charges	
RHE/E/(RHCE)AG.GENOTYPING(3002003)	0001U	CPT	outpatient			668	828	Horizon	MGD		255.71	38.28			98.7	720	percent of total billed charges	
RHE/E/(RHCE)AG.GENOTYPING(3002003)	0001U	CPT	outpatient			668	828	Horizon	Indemnity		255.71	38.28			98.7	720	percent of total billed charges	
RHE/E/(RHCE)AG.GENOTYPING(3002003)	0001U	CPT	outpatient			668	828	Horizon	Medicare Blue		200.4	30			98.7	720	percent of total billed charges	
RHE/E/(RHCE)AG.GENOTYPING(3002003)	0001U	CPT	outpatient			668	828	Horizon	PPO		255.71	38.28			98.7	720	percent of total billed charges	
RHE/E/(RHCE)AG.GENOTYPING(3002003)	0001U	CPT	outpatient			668	828	Managed Care Inc	Managed Care Inc		601.2	90			98.7	720	percent of total billed charges	
RHE/E/(RHCE)AG.GENOTYPING(3002003)	0001U	CPT	outpatient			668	828	Multiplan	Multiplan		534.4	80			98.7	720	percent of total billed charges	
RHE/E/(RHCE)AG.GENOTYPING(3002003)	0001U	CPT	outpatient			668	828	Qualcare	Qualcare		501	75			98.7	720	percent of total billed charges	
RHE/E/(RHCE)AG.GENOTYPING(3002003)	0001U	CPT	outpatient			668	828	Three Rivers	Three Rivers		634.6	95			98.7	720	percent of total billed charges	
RHE/E/(RHCE)AG.GENOTYPING(3002003)	0001U	CPT	outpatient			668	828	UHC	Medicare		720				98.7	720	fee schedule	
RHE/E/(RHCE)AG.GENOTYPING(3002003)	0001U	CPT	outpatient			668	828	UHC	Medicaid		210.75	31.55			98.7	720	percent of total billed charges	
RHE/E/(RHCE)AG.GENOTYPING(3002003)	0001U	CPT	outpatient			668	828	Wellcare	Medicaid		210.75	31.55			98.7	720	percent of total billed charges	
RHE/E/(RHCE)AG.GENOTYPING(3002003)	0001U	CPT	outpatient			668	828	Wellcare	Medicare		720				98.7	720	fee schedule	
RHE/E/(RHCE)AG.GENOTYPING(3002003)	0001U	CPT	outpatient			668	828	WellPoint	WellPoint		214.96	32.18			98.7	720	percent of total billed charges	
IM AD SARSCOV2 RECON 2ND DOSE	0002A	CPT	outpatient			159		Aetna	Medicare		48.97	30.8			47.7	151.05	percent of total billed charges	
IM AD SARSCOV2 RECON 2ND DOSE	0002A	CPT	outpatient			159		Aetna	Better Health		50.16	31.55			47.7	151.05	percent of total billed charges	
IM AD SARSCOV2 RECON 2ND DOSE	0002A	CPT	outpatient			159		Aetna	Commercial		60.42	38			47.7	151.05	percent of total billed charges	
IM AD SARSCOV2 RECON 2ND DOSE	0002A	CPT	outpatient			159		Americare	Americare		119.25	75			47.7	151.05	percent of total billed charges	
IM AD SARSCOV2 RECON 2ND DOSE	0002A	CPT	outpatient			159		Amerihealth	HMO/PPO		103.35	65			47.7	151.05	percent of total billed charges	
IM AD SARSCOV2 RECON 2ND DOSE	0002A	CPT	outpatient			159		Consumer	Consumer		151.05	95			47.7	151.05	percent of total billed charges	
IM AD SARSCOV2 RECON 2ND DOSE	0002A	CPT	outpatient			159		Corrections	Corrections		127.2	80			47.7	151.05	percent of total billed charges	
IM AD SARSCOV2 RECON 2ND DOSE	0002A	CPT	outpatient			159		First Health	First Health		111.3	70			47.7	151.05	percent of total billed charges	
IM AD SARSCOV2 RECON 2ND DOSE	0002A	CPT	outpatient			159		First Trenton	First Trenton		143.1	90			47.7	151.05	percent of total billed charges	
IM AD SARSCOV2 RECON 2ND DOSE	0002A	CPT	outpatient			159		Horizon	Medicare Blue		47.7	30			47.7	151.05	percent of total billed charges	
IM AD SARSCOV2 RECON 2ND DOSE	0002A	CPT	outpatient			159		Horizon	Indemnity		60.87	38.28			47.7	151.05	percent of total billed charges	
IM AD SARSCOV2 RECON 2ND DOSE	0002A	CPT	outpatient			159		Horizon	MGD		60.87	38.28			47.7	151.05	percent of total billed charges	
IM AD SARSCOV2 RECON 2ND DOSE	0002A	CPT	outpatient			159		Horizon	PPO		60.87	38.28			47.7	151.05	percent of total billed charges	
IM AD SARSCOV2 RECON 2ND DOSE	0002A	CPT	outpatient			159		Managed Care Inc	Managed Care Inc		143.1	90			47.7	151.05	percent of total billed charges	
IM AD SARSCOV2 RECON 2ND DOSE	0002A	CPT	outpatient			159		Multiplan	Multiplan		127.2	80			47.7	151.05	percent of total billed charges	
IM AD SARSCOV2 RECON 2ND DOSE	0002A	CPT	outpatient			159		Qualcare	Qualcare		119.25	75			47.7	151.05	percent of total billed charges	
IM AD SARSCOV2 RECON 2ND DOSE	0002A	CPT	outpatient			159		Three Rivers	Three Rivers		151.05	95			47.7	151.05	percent of total billed charges	
IM AD SARSCOV2 RECON 2ND DOSE	0002A	CPT	outpatient			159		UHC	Medicaid		50.16	31.55			47.7	151.05	percent of total billed charges	
IM AD SARSCOV2 RECON 2ND DOSE	0002A	CPT	outpatient			159		Wellcare	Medicaid		50.16	31.55			47.7	151.05	percent of total billed charges	
IM AD SARSCOV2 RECON 2ND DOSE	0002A	CPT	outpatient			159		WellPoint	WellPoint		51.17	32.18			47.7	151.05	percent of total billed charges	
IM ADM SARSCOV2 3RD DOSE	0003A	CPT	outpatient			159		Aetna	Medicare		48.97	30.8			47.7	151.05	percent of total billed charges	
IM ADM SARSCOV2 3RD DOSE	0003A	CPT	outpatient			159		Aetna	Better Health		50.16	31.55			47.7	151.05	percent of total billed charges	
IM ADM SARSCOV2 3RD DOSE	0003A	CPT	outpatient			159		Aetna	Commercial		60.42	38			47.7	151.05	percent of total billed charges	
IM ADM SARSCOV2 3RD DOSE	0003A	CPT	outpatient			159		Americare	Americare		119.25	75			47.7	151.05	percent of total billed charges	
IM ADM SARSCOV2 3RD DOSE	0003A	CPT	outpatient			159		Amerihealth	HMO/PPO		103.35	65			47.7	151.05	percent of total billed charges	
IM ADM SARSCOV2 3RD DOSE	0003A	CPT	outpatient			159		Consumer	Consumer		151.05	95			47.7	151.05	percent of total billed charges	
IM ADM SARSCOV2 3RD DOSE	0003A	CPT	outpatient			159		Corrections	Corrections		127.2	80			47.7	151.05	percent of total billed charges	
IM ADM SARSCOV2 3RD DOSE	0003A	CPT	outpatient			159		First Health	First Health		111.3	70			47.7	151.05	percent of total billed charges	
IM ADM SARSCOV2 3RD DOSE	0003A	CPT	outpatient			159		First Trenton	First Trenton		143.1	90			47.7	151.05	percent of total billed charges	
IM ADM SARSCOV2 3RD DOSE	0003A	CPT	outpatient			159		Horizon	Medicare Blue		47.7	30			47.7	151.05	percent of total billed charges	
IM ADM SARSCOV2 3RD DOSE	0003A	CPT	outpatient			159		Horizon	Indemnity		60.87	38.28			47.7	151.05	percent of total billed charges	
IM ADM SARSCOV2 3RD DOSE	0003A	CPT	outpatient			159		Horizon	MGD		60.87	38.28			47.7	151.05	percent of total billed charges	
IM ADM SARSCOV2 3RD DOSE	0003A	CPT	outpatient			159		Horizon	NJ Health		104.4				47.7	151.05	fee schedule	
IM ADM SARSCOV2 3RD DOSE	0003A	CPT	outpatient			159		Horizon	PPO		60.87	38.28			47.7	151.05	percent of total billed charges	
IM ADM SARSCOV2 3RD DOSE	0003A	CPT	outpatient			159		Managed Care Inc	Managed Care Inc		143.1	90			47.7	151.05	percent of total billed charges	
IM ADM SARSCOV2 3RD DOSE	0003A	CPT	outpatient			159		Multiplan	Multiplan		127.2	80			47.7	151.05	percent of total billed charges	
IM ADM SARSCOV2 3RD DOSE	0003A	CPT	outpatient			159		Qualcare	Qualcare		119.25	75			47.7	151.05	percent of total billed charges	
IM ADM SARSCOV2 3RD DOSE	0003A	CPT	outpatient			159		Three Rivers	Three Rivers		151.05	95			47.7	151.05	percent of total billed charges	
IM ADM SARSCOV2 3RD DOSE	0003A	CPT	outpatient			159		UHC	Medicaid		50.16	31.55			47.7	151.05	percent of total billed charges	
IM ADM SARSCOV2 3RD DOSE	0003A	CPT	outpatient			159		Wellcare	Medicaid		50.16	31.55			47.7	151.05	percent of total billed charges	
IM ADM SARSCOV2 3RD DOSE	0003A	CPT	outpatient			159		WellPoint	WellPoint		51.17	32.18			47.7	151.05	percent of total billed charges	
ADMIN VACCINE MODERNA 1ST	0011A	CPT	outpatient			159		Aetna	Better Health		50.16	31.55			47.7	151.05	percent of total billed charges	
ADMIN VACCINE MODERNA 1ST	0011A	CPT	outpatient			159		Aetna	Medicare		48.97	30.8			47.7	151.05	percent of total billed charges	
ADMIN VACCINE MODERNA 1ST	0011A	CPT	outpatient			159		Aetna	Commercial		60.42	38			47.7	151.05	percent of total billed charges	
ADMIN VACCINE MODERNA 1ST	0011A	CPT	outpatient			159		Americare	Americare		119.25	75			47.7	151.05	percent of total billed charges	
ADMIN VACCINE MODERNA 1ST	0011A	CPT	outpatient			159		Amerihealth	HMO/PPO		103.35	65			47.7	151.05	percent of total billed charges	
ADMIN VACCINE MODERNA 1ST	0011A	CPT	outpatient			159		Consumer	Consumer		151.05	95			47.7	151.05	percent of total billed charges	
ADMIN VACCINE MODERNA 1ST	0011A	CPT	outpatient			159		Corrections	Corrections		127.2	80			47.7	151.05	percent of total billed charges	
ADMIN VACCINE MODERNA 1ST	0011A	CPT	outpatient			159		First Health	First Health		111.3	70			47.7	151.05	percent of total billed charges	
ADMIN VACCINE MODERNA 1ST	0011A	CPT	outpatient			159		First Trenton	First Trenton		143.1	90			47.7	151.05	percent of total billed charges	
ADMIN VACCINE MODERNA 1ST	0011A	CPT	outpatient			159		Horizon	Medicare Blue		47.7	30			47.7	151.05	percent of total billed charges	
ADMIN VACCINE MODERNA 1ST	0011A	CPT	outpatient			159		Horizon	MGD		60.87	38.28			47.7	151.05	percent of total billed charges	
ADMIN VACCINE MODERNA 1ST	0011A	CPT	outpatient			159		Horizon	Indemnity		60.87	38.28			47.7	151.05	percent of total billed charges	
ADMIN VACCINE MODERNA 1ST	0011A	CPT	outpatient			159		Horizon	PPO		60.87	38.28			47.7	151.05	percent of total billed charges	
ADMIN VACCINE MODERNA 1ST	0011A	CPT	outpatient			159		Managed Care Inc	Managed Care Inc		143.1	90			47.7	151.05	percent of total billed charges	
ADMIN VACCINE MODERNA 1ST	0011A	CPT	outpatient			159		Multiplan	Multiplan		127.2	80			47.7	151.05	percent of total billed charges	
ADMIN VACCINE MODERNA 1ST	0011A	CPT	outpatient			159		Qualcare	Qualcare		119.25	75			47.7	151.05	percent of total billed charges	
ADMIN VACCINE MODERNA 1ST	0011A	CPT	outpatient			159		Three Rivers	Three Rivers		151.05	95			47.7	151.05	percent of total billed charges	
ADMIN VACCINE MODERNA 1ST	0011A	CPT	outpatient			159		UHC	Medicaid		50.16	31.55			47.7	151.05	percent of total billed charges	
ADMIN VACCINE MODERNA 1ST	0011A	CPT	outpatient			159		Wellcare	Medicaid		50.16	31.55			47.7	151.05	percent of total billed charges	
ADMIN VACCINE MODERNA 1ST	0011A	CPT	outpatient			159		WellPoint	WellPoint		51.17	32.18			47.7	151.05	percent of total billed charges	
ADMIN VACCINE MODERNA 2ND	0012A	CPT	outpatient			159		Aetna	Better Health		50.16	31.55			47.7	151.05	percent of total billed charges	
ADMIN VACCINE MODERNA 2ND	0012A	CPT	outpatient			159		Aetna	Medicare		48.97	30.8			47.7	151.05	percent of total billed charges	
ADMIN VACCINE MODERNA 2ND	0012A	CPT	outpatient			159		Aetna	Commercial		60.42	38			47.7	151.05	percent of total billed charges	
ADMIN VACCINE MODERNA 2ND	0012A	CPT	outpatient			159		Americare	Americare		119.25	75			47.7	151.05	percent of total billed charges	
ADMIN VACCINE MODERNA 2ND	0012A	CPT	outpatient			159		Amerihealth	HMO/PPO		103.35	65			47.7	151.05	percent of total billed charges	
ADMIN VACCINE MODERNA 2ND	0012A	CPT	outpatient			159		Consumer	Consumer		151.05	95			47.7	151.05	percent of total billed charges	
ADMIN VACCINE MODERNA 2ND	0012A	CPT	outpatient			159		Corrections	Corrections		127.2	80			47.7	151.05	percent of total billed charges	
ADMIN VACCINE MODERNA 2ND	0012A	CPT	outpatient			159		First Health	First Health		111.3	70			47.7	151.05	percent of total billed charges	
ADMIN VACCINE MODERNA 2ND	0012A	CPT	outpatient			159		First Trenton	First Trenton		143.1	90			47.7	151.05	percent of total billed charges	
ADMIN VACCINE MODERNA 2ND	0012A	CPT	outpatient			159		Horizon	Medicare Blue		47.7	30			47.7	151.05	percent of total billed charges	
ADMIN VACCINE MODERNA 2ND	0012A	CPT	outpatient			159		Horizon	MGD		60.87	38.28			47.7	151.05	percent of total billed charges	
ADMIN VACCINE MODERNA 2ND	0012A	CPT	outpatient			159		Horizon	Indemnity		60.87	38.28			47.7	151.05	percent of total billed charges	
ADMIN VACCINE MODERNA 2ND	0012A	CPT	outpatient			159		Horizon	PPO		60.87	38.28			47.7	151.05	percent of total billed charges	
ADMIN VACCINE MODERNA 2ND	0012A	CPT	outpatient			159		Managed Care Inc	Managed Care Inc		143.1	90			47.7	151.05	percent of total billed charges	
ADMIN VACCINE MODERNA 2ND	0012A	CPT	outpatient			159		Multiplan	Multiplan		127.2	80			47.7	151.05	percent of total billed charges	
ADMIN VACCINE MODERNA 2ND	0012A	CPT	outpatient			159		Qualcare	Qualcare		119.25	75			47.7	151.05	percent of total billed charges	
ADMIN VACCINE MODERNA 2ND	0012A	CPT	outpatient			159		Three Rivers	Three Rivers		151.05	95			47.7	151.05	percent of total billed charges	
ADMIN VACCINE MODERNA 2ND	0012A	CPT	outpatient			159		UHC	Medicaid		50.16	31.55			47.7	151.05	percent of total billed charges	
ADMIN VACCINE MODERNA 2ND	0012A	CPT	outpatient			159		Wellcare	Medicaid		50.16	31.55			47.7	151.05	percent of total billed charges	
ADMIN VACCINE MODERNA 2ND	0012A	CPT	outpatient			159		WellPoint	WellPoint		51.17	32.18			47.7	151.05	percent of total billed charges	
ADMIN VACCINE MODERNA 3RD	0013A	CPT	outpatient			159		Aetna	Better Health		50.16	31.55			47.7	151.05	percent of total billed charges	
ADMIN VACCINE MODERNA 3RD	0013A	CPT	outpatient			159		Aetna	Commercial		60.42	38			47.7	151.05	percent of total billed charges	
ADMIN VACCINE MODERNA 3RD	0013A	CPT	outpatient			159		Aetna	Medicare		48.97	30.8			47.7	151.05	percent of total billed charges	
ADMIN VACCINE MODERNA 3RD	0013A	CPT	outpatient			159		Americare	Americare		119.25	75			47.7	151.05	percent of total billed charges	
ADMIN VACCINE MODERNA 3RD	0013A	CPT	outpatient			159		Amerihealth	HMO/PPO		103.35	65			47.7	151.05	percent of total billed charges	
ADMIN VACCINE MODERNA 3RD	0013A	CPT	outpatient			159		Consumer	Consumer		151.05	95			47.7	151.05	percent of total billed charges	
ADMIN VACCINE MODERNA 3RD	0013A	CPT	outpatient			159		Corrections	Corrections		127.2	80			47.7	151.05	percent of total billed charges	
ADMIN VACCINE MODERNA 3RD	0013A	CPT	outpatient			159		First Health	First Health		111.3	70			47.7	151.05	percent of total billed charges	
ADMIN VACCINE MODERNA 3RD	0013A	CPT	outpatient			159		First Trenton	First Trenton		143.1	90			47.7	151.05	percent of total billed charges	
ADMIN VACCINE MODERNA 3RD	0013A	CPT	outpatient			159		Horizon	MGD		60.87	38.28			47.7	151.05	percent of total billed charges	
ADMIN VACCINE MODERNA 3RD	0013A	CPT	outpatient			159		Horizon	Medicare Blue		47.7	30			47.7	151.05	percent of total billed charges	
ADMIN VACCINE MODERNA 3RD	0013A	CPT	outpatient			159		Horizon	PPO		60.87	38.28			47.7	151.05	percent of total billed charges	
ADMIN VACCINE MODERNA 3RD	0013A	CPT	outpatient			159		Horizon	Indemnity		60.87	38.28			47.7	151.05	percent of total billed charges	
ADMIN VACCINE MODERNA 3RD	0013A	CPT	outpatient			159		Horizon	NJ Health		104.4				47.7	151.05	fee schedule	
ADMIN VACCINE MODERNA 3RD	0013A	CPT	outpatient			159		Managed Care Inc	Managed Care Inc		143.1	90			47.7	151.05	percent of total billed charges	
ADMIN VACCINE MODERNA 3RD	0013A	CPT	outpatient			159		Multiplan	Multiplan		127.2	80			47.7	151.05	percent of total billed charges	
ADMIN VACCINE MODERNA 3RD	0013A	CPT	outpatient			159		Qualcare	Qualcare		119.25	75			47.7	151.05	percent of total billed charges	
ADMIN VACCINE MODERNA 3RD	0013A	CPT	outpatient			159		Three Rivers	Three Rivers		151.05	95			47.7	151.05	percent of total billed charges	
ADMIN VACCINE MODERNA 3RD	0013A	CPT	outpatient			159		UHC	Medicaid		50.16	31.55			47.7	151.05	percent of total billed charges	
ADMIN VACCINE MODERNA 3RD	0013A	CPT	outpatient			159		Wellcare	Medicaid		50.16	31.55			47.7	151.05	percent of total billed charges	
ADMIN VACCINE MODERNA 3RD	0013A	CPT	outpatient			159		WellPoint	WellPoint		51.17	32.18			47.7	151.05	percent of total billed charges	
RT- QUIC CSF	0035U	CPT	inpatient			1723	622.14	Aetna	Better Health		543.61	31.55			128.13	1636.85	percent of total billed charges	
RT- QUIC CSF	0035U	CPT	inpatient			1723	622.14	Aetna	Medicare		540.99				128.13	1636.85	fee schedule	
RT- QUIC CSF	0035U	CPT	inpatient			1723	622.14	Aetna	Commercial		654.74	38			128.13	1636.85	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.															
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101191	true														
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
RT- QUIC CSF	0035U	CPT	inpatient			1723	622.14	Americare	Americare		1292.25	75			128.13	1636.85	percent of total billed charges	
RT- QUIC CSF	0035U	CPT	inpatient			1723	622.14	Amerihealth	HMO/PPO		1119.95	65			128.13	1636.85	percent of total billed charges	
RT- QUIC CSF	0035U	CPT	inpatient			1723	622.14	Amerihealth	Medicare		540.99				128.13	1636.85	fee schedule	
RT- QUIC CSF	0035U	CPT	inpatient			1723	622.14	Consumer	Consumer		1636.85	95			128.13	1636.85	percent of total billed charges	
RT- QUIC CSF	0035U	CPT	inpatient			1723	622.14	Corrections	Corrections		1378.4	80			128.13	1636.85	percent of total billed charges	
RT- QUIC CSF	0035U	CPT	inpatient			1723	622.14	First Health	First Health		1206.1	70			128.13	1636.85	percent of total billed charges	
RT- QUIC CSF	0035U	CPT	inpatient			1723	622.14	First Trenton	First Trenton		1550.7	90			128.13	1636.85	percent of total billed charges	
RT- QUIC CSF	0035U	CPT	inpatient			1723	622.14	Horizon	Indemnity		659.56	38.28			128.13	1636.85	percent of total billed charges	
RT- QUIC CSF	0035U	CPT	inpatient			1723	622.14	Horizon	MGD		659.56	38.28			128.13	1636.85	percent of total billed charges	
RT- QUIC CSF	0035U	CPT	inpatient			1723	622.14	Horizon	NJ Health		128.13				128.13	1636.85	fee schedule	
RT- QUIC CSF	0035U	CPT	inpatient			1723	622.14	Horizon	Medicare Blue		516.9	30			128.13	1636.85	percent of total billed charges	
RT- QUIC CSF	0035U	CPT	inpatient			1723	622.14	Horizon	PPO		659.56	38.28			128.13	1636.85	percent of total billed charges	
RT- QUIC CSF	0035U	CPT	inpatient			1723	622.14	Managed Care Inc	Managed Care Inc		1550.7	90			128.13	1636.85	percent of total billed charges	
RT- QUIC CSF	0035U	CPT	inpatient			1723	622.14	Multiplan	Multiplan		1378.4	80			128.13	1636.85	percent of total billed charges	
RT- QUIC CSF	0035U	CPT	inpatient			1723	622.14	Qualcare	Qualcare		1292.25	75			128.13	1636.85	percent of total billed charges	
RT- QUIC CSF	0035U	CPT	inpatient			1723	622.14	Three Rivers	Three Rivers		1636.85	95			128.13	1636.85	percent of total billed charges	
RT- QUIC CSF	0035U	CPT	inpatient			1723	622.14	UHC	Medicaid		543.61	31.55			128.13	1636.85	percent of total billed charges	
RT- QUIC CSF	0035U	CPT	inpatient			1723	622.14	UHC	Medicare		540.99				128.13	1636.85	fee schedule	
RT- QUIC CSF	0035U	CPT	inpatient			1723	622.14	Wellcare	Medicaid		543.61	31.55			128.13	1636.85	percent of total billed charges	
RT- QUIC CSF	0035U	CPT	inpatient			1723	622.14	Wellcare	Medicare		540.99				128.13	1636.85	fee schedule	
RT- QUIC CSF	0035U	CPT	inpatient			1723	622.14	WellPoint	WellPoint		554.46	32.18			128.13	1636.85	percent of total billed charges	
CT PERFUSION HEAD W CONTRAST	0042T	CPT	both			3081		Aetna	Medicare		948.95	30.8			924.3	2926.95	percent of total billed charges	
CT PERFUSION HEAD W CONTRAST	0042T	CPT	both			3081		Aetna	Better Health		972.06	31.55			924.3	2926.95	percent of total billed charges	
CT PERFUSION HEAD W CONTRAST	0042T	CPT	both			3081		Aetna	Commercial		1170.78	38			924.3	2926.95	percent of total billed charges	
CT PERFUSION HEAD W CONTRAST	0042T	CPT	both			3081		Americare	Americare		2310.75	75			924.3	2926.95	percent of total billed charges	
CT PERFUSION HEAD W CONTRAST	0042T	CPT	both			3081		Amerihealth	HMO/PPO		2002.65	65			924.3	2926.95	percent of total billed charges	
CT PERFUSION HEAD W CONTRAST	0042T	CPT	both			3081		Consumer	Consumer		2926.95	95			924.3	2926.95	percent of total billed charges	
CT PERFUSION HEAD W CONTRAST	0042T	CPT	both			3081		Corrections	Corrections		2464.8	80			924.3	2926.95	percent of total billed charges	
CT PERFUSION HEAD W CONTRAST	0042T	CPT	both			3081		First Health	First Health		2156.7	70			924.3	2926.95	percent of total billed charges	
CT PERFUSION HEAD W CONTRAST	0042T	CPT	both			3081		First Trenton	First Trenton		2772.9	90			924.3	2926.95	percent of total billed charges	
CT PERFUSION HEAD W CONTRAST	0042T	CPT	both			3081		Horizon	Medicare Blue		924.3	30			924.3	2926.95	percent of total billed charges	
CT PERFUSION HEAD W CONTRAST	0042T	CPT	both			3081		Horizon	Indemnity		1179.41	38.28			924.3	2926.95	percent of total billed charges	
CT PERFUSION HEAD W CONTRAST	0042T	CPT	both			3081		Horizon	MGD		1179.41	38.28			924.3	2926.95	percent of total billed charges	
CT PERFUSION HEAD W CONTRAST	0042T	CPT	both			3081		Horizon	PPO		1179.41	38.28			924.3	2926.95	percent of total billed charges	
CT PERFUSION HEAD W CONTRAST	0042T	CPT	both			3081		Managed Care Inc	Managed Care Inc		2772.9	90			924.3	2926.95	percent of total billed charges	
CT PERFUSION HEAD W CONTRAST	0042T	CPT	both			3081		Multiplan	Multiplan		2464.8	80			924.3	2926.95	percent of total billed charges	
CT PERFUSION HEAD W CONTRAST	0042T	CPT	both			3081		Qualcare	Qualcare		2310.75	75			924.3	2926.95	percent of total billed charges	
CT PERFUSION HEAD W CONTRAST	0042T	CPT	both			3081		Three Rivers	Three Rivers		2926.95	95			924.3	2926.95	percent of total billed charges	
CT PERFUSION HEAD W CONTRAST	0042T	CPT	both			3081		UHC	Medicaid		972.06	31.55			924.3	2926.95	percent of total billed charges	
CT PERFUSION HEAD W CONTRAST	0042T	CPT	both			3081		Wellcare	Medicaid		972.06	31.55			924.3	2926.95	percent of total billed charges	
CT PERFUSION HEAD W CONTRAST	0042T	CPT	both			3081		WellPoint	WellPoint		991.47	32.18			924.3	2926.95	percent of total billed charges	
TCAT PLMT XTRC VERTEBRAL CRTD STENT	0075T	CPT	inpatient			6429		Aetna	Better Health		2028.35	31.55			1133.4	6107.55	percent of total billed charges	
TCAT PLMT XTRC VERTEBRAL CRTD STENT	0075T	CPT	inpatient			6429		Aetna	Commercial		2443.02	38			1133.4	6107.55	percent of total billed charges	
TCAT PLMT XTRC VERTEBRAL CRTD STENT	0075T	CPT	inpatient			6429		Aetna	Medicare		1980.13	30.8			1133.4	6107.55	percent of total billed charges	
TCAT PLMT XTRC VERTEBRAL CRTD STENT	0075T	CPT	inpatient			6429		Americare	Americare		4821.75	75			1133.4	6107.55	percent of total billed charges	
TCAT PLMT XTRC VERTEBRAL CRTD STENT	0075T	CPT	inpatient			6429		Amerihealth	HMO/PPO		4178.85	65			1133.4	6107.55	percent of total billed charges	
TCAT PLMT XTRC VERTEBRAL CRTD STENT	0075T	CPT	inpatient			6429		Consumer	Consumer		6107.55	95			1133.4	6107.55	percent of total billed charges	
TCAT PLMT XTRC VERTEBRAL CRTD STENT	0075T	CPT	inpatient			6429		Corrections	Corrections		5143.2	80			1133.4	6107.55	percent of total billed charges	
TCAT PLMT XTRC VERTEBRAL CRTD STENT	0075T	CPT	inpatient			6429		First Health	First Health		4500.3	70			1133.4	6107.55	percent of total billed charges	
TCAT PLMT XTRC VERTEBRAL CRTD STENT	0075T	CPT	inpatient			6429		First Trenton	First Trenton		5786.1	90			1133.4	6107.55	percent of total billed charges	
TCAT PLMT XTRC VERTEBRAL CRTD STENT	0075T	CPT	inpatient			6429		Horizon	Medicare Blue		1928.7	30			1133.4	6107.55	percent of total billed charges	
TCAT PLMT XTRC VERTEBRAL CRTD STENT	0075T	CPT	inpatient			6429		Horizon	PPO		2461.02	38.28			1133.4	6107.55	percent of total billed charges	
TCAT PLMT XTRC VERTEBRAL CRTD STENT	0075T	CPT	inpatient			6429		Horizon	MGD		2461.02	38.28			1133.4	6107.55	percent of total billed charges	
TCAT PLMT XTRC VERTEBRAL CRTD STENT	0075T	CPT	inpatient			6429		Horizon	Indemnity		2461.02	38.28			1133.4	6107.55	percent of total billed charges	
TCAT PLMT XTRC VERTEBRAL CRTD STENT	0075T	CPT	inpatient			6429		Managed Care Inc	Managed Care Inc		5786.1	90			1133.4	6107.55	percent of total billed charges	
TCAT PLMT XTRC VERTEBRAL CRTD STENT	0075T	CPT	inpatient			6429		Multiplan	Multiplan		5143.2	80			1133.4	6107.55	percent of total billed charges	
TCAT PLMT XTRC VERTEBRAL CRTD STENT	0075T	CPT	inpatient			6429		Qualcare	Qualcare		4821.75	75			1133.4	6107.55	percent of total billed charges	
TCAT PLMT XTRC VERTEBRAL CRTD STENT	0075T	CPT	inpatient			6429		Three Rivers	Three Rivers		6107.55	95			1133.4	6107.55	percent of total billed charges	
TCAT PLMT XTRC VERTEBRAL CRTD STENT	0075T	CPT	inpatient			6429		UHC	Medicaid		2028.35	31.55			1133.4	6107.55	percent of total billed charges	
TCAT PLMT XTRC VERTEBRAL CRTD STENT	0075T	CPT	inpatient			6429		United	Oxford		1782				1133.4	6107.55	case rate	
TCAT PLMT XTRC VERTEBRAL CRTD STENT	0075T	CPT	inpatient			6429		United	Commercial|PPO		1782				1133.4	6107.55	case rate	
TCAT PLMT XTRC VERTEBRAL CRTD STENT	0075T	CPT	inpatient			6429		Wellcare	Medicaid		2028.35	31.55			1133.4	6107.55	percent of total billed charges	
TCAT PLMT XTRC VERTEBRAL CRTD STENT	0075T	CPT	inpatient			6429		WellPoint	WellPoint		2068.85	32.18			1133.4	6107.55	percent of total billed charges	
S&I STENT/CHEST VERT ART RT	0076T	CPT	outpatient			6197		Aetna	Commercial		2354.86	38			872.69	5887.15	percent of total billed charges	
S&I STENT/CHEST VERT ART RT	0076T	CPT	outpatient			6197		Aetna	Better Health		1955.15	31.55			872.69	5887.15	percent of total billed charges	
S&I STENT/CHEST VERT ART RT	0076T	CPT	outpatient			6197		Aetna	Medicare		1908.68	30.8			872.69	5887.15	percent of total billed charges	
S&I STENT/CHEST VERT ART RT	0076T	CPT	outpatient			6197		Americare	Americare		4647.75	75			872.69	5887.15	percent of total billed charges	
S&I STENT/CHEST VERT ART RT	0076T	CPT	outpatient			6197		Amerihealth	HMO/PPO		4028.05	65			872.69	5887.15	percent of total billed charges	
S&I STENT/CHEST VERT ART RT	0076T	CPT	outpatient			6197		Consumer	Consumer		5887.15	95			872.69	5887.15	percent of total billed charges	
S&I STENT/CHEST VERT ART RT	0076T	CPT	outpatient			6197		Corrections	Corrections		4957.6	80			872.69	5887.15	percent of total billed charges	
S&I STENT/CHEST VERT ART RT	0076T	CPT	outpatient			6197		First Health	First Health		4337.9	70			872.69	5887.15	percent of total billed charges	
S&I STENT/CHEST VERT ART RT	0076T	CPT	outpatient			6197		First Trenton	First Trenton		5577.3	90			872.69	5887.15	percent of total billed charges	
S&I STENT/CHEST VERT ART RT	0076T	CPT	outpatient			6197		Horizon	Medicare Blue		1859.1	30			872.69	5887.15	percent of total billed charges	
S&I STENT/CHEST VERT ART RT	0076T	CPT	outpatient			6197		Horizon	Indemnity		2372.21	38.28			872.69	5887.15	percent of total billed charges	
S&I STENT/CHEST VERT ART RT	0076T	CPT	outpatient			6197		Horizon	MGD		2372.21	38.28			872.69	5887.15	percent of total billed charges	
S&I STENT/CHEST VERT ART RT	0076T	CPT	outpatient			6197		Horizon	PPO		2372.21	38.28			872.69	5887.15	percent of total billed charges	
S&I STENT/CHEST VERT ART RT	0076T	CPT	outpatient			6197		Horizon	NJ Health		872.69				872.69	5887.15	fee schedule	
S&I STENT/CHEST VERT ART RT	0076T	CPT	outpatient			6197		Managed Care Inc	Managed Care Inc		5577.3	90			872.69	5887.15	percent of total billed charges	
S&I STENT/CHEST VERT ART RT	0076T	CPT	outpatient			6197		Multiplan	Multiplan		4957.6	80			872.69	5887.15	percent of total billed charges	
S&I STENT/CHEST VERT ART RT	0076T	CPT	outpatient			6197		Qualcare	Qualcare		4647.75	75			872.69	5887.15	percent of total billed charges	
S&I STENT/CHEST VERT ART RT	0076T	CPT	outpatient			6197		Three Rivers	Three Rivers		5887.15	95			872.69	5887.15	percent of total billed charges	
S&I STENT/CHEST VERT ART RT	0076T	CPT	outpatient			6197		UHC	Medicaid		1955.15	31.55			872.69	5887.15	percent of total billed charges	
S&I STENT/CHEST VERT ART RT	0076T	CPT	outpatient			6197		United	Oxford		1782				872.69	5887.15	case rate	
S&I STENT/CHEST VERT ART RT	0076T	CPT	outpatient			6197		United	Commercial|PPO		1782				872.69	5887.15	case rate	
S&I STENT/CHEST VERT ART RT	0076T	CPT	outpatient			6197		Wellcare	Medicaid		1955.15	31.55			872.69	5887.15	percent of total billed charges	
S&I STENT/CHEST VERT ART RT	0076T	CPT	outpatient			6197		WellPoint	WellPoint		1994.19	32.18			872.69	5887.15	percent of total billed charges	
P/C SACR AUGM (SIPLASTY), UNIL	0200T	CPT	outpatient			24532	9409.2	Aetna	Medicare		8181.91				3492	23305.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
P/C SACR AUGM (SIPLASTY), UNIL	0200T	CPT	outpatient			24532	9409.2	Aetna	Commercial		13025.6				3492	23305.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
P/C SACR AUGM (SIPLASTY), UNIL	0200T	CPT	outpatient			24532	9409.2	Aetna	Better Health		7739.85	31.55			3492	23305.4	percent of total billed charges	
P/C SACR AUGM (SIPLASTY), UNIL	0200T	CPT	outpatient			24532	9409.2	Americare	Americare		18399	75			3492	23305.4	percent of total billed charges	
P/C SACR AUGM (SIPLASTY), UNIL	0200T	CPT	outpatient			24532	9409.2	Amerihealth	Medicare		8181.91				3492	23305.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
P/C SACR AUGM (SIPLASTY), UNIL	0200T	CPT	outpatient			24532	9409.2	Amerihealth	HMO/PPO		15945.8	65			3492	23305.4	percent of total billed charges	
P/C SACR AUGM (SIPLASTY), UNIL	0200T	CPT	outpatient			24532	9409.2	Consumer	Consumer		23305.4	95			3492	23305.4	percent of total billed charges	
P/C SACR AUGM (SIPLASTY), UNIL	0200T	CPT	outpatient			24532	9409.2	Corrections	Corrections		19625.6	80			3492	23305.4	percent of total billed charges	
P/C SACR AUGM (SIPLASTY), UNIL	0200T	CPT	outpatient			24532	9409.2	First Health	First Health		17122.4	70			3492	23305.4	percent of total billed charges	
P/C SACR AUGM (SIPLASTY), UNIL	0200T	CPT	outpatient			24532	9409.2	First Trenton	First Trenton		22078.8	90			3492	23305.4	percent of total billed charges	
P/C SACR AUGM (SIPLASTY), UNIL	0200T	CPT	outpatient			24532	9409.2	Horizon	Indemnity		15226.53				3492	23305.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
P/C SACR AUGM (SIPLASTY), UNIL	0200T	CPT	outpatient			24532	9409.2	Horizon	PPO		15226.53				3492	23305.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
P/C SACR AUGM (SIPLASTY), UNIL	0200T	CPT	outpatient			24532	9409.2	Horizon	Medicare Blue		8181.91				3492	23305.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
P/C SACR AUGM (SIPLASTY), UNIL	0200T	CPT	outpatient			24532	9409.2	Horizon	MGD		15226.53				3492	23305.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
P/C SACR AUGM (SIPLASTY), UNIL	0200T	CPT	outpatient			24532	9409.2	Managed Care Inc	Managed Care Inc		22078.8	90			3492	23305.4	percent of total billed charges	
P/C SACR AUGM (SIPLASTY), UNIL	0200T	CPT	outpatient			24532	9409.2	Multiplan	Multiplan		19625.6	80			3492	23305.4	percent of total billed charges	
P/C SACR AUGM (SIPLASTY), UNIL	0200T	CPT	outpatient			24532	9409.2	Qualcare	Qualcare		18399	75			3492	23305.4	percent of total billed charges	
P/C SACR AUGM (SIPLASTY), UNIL	0200T	CPT	outpatient			24532	9409.2	Three Rivers	Three Rivers		23305.4	95			3492	23305.4	percent of total billed charges	
P/C SACR AUGM (SIPLASTY), UNIL	0200T	CPT	outpatient			24532	9409.2	UHC	Medicaid		7739.85	31.55			3492	23305.4	percent of total billed charges	
P/C SACR AUGM (SIPLASTY), UNIL	0200T	CPT	outpatient			24532	9409.2	UHC	Medicare		8181.91				3492	23305.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
P/C SACR AUGM (SIPLASTY), UNIL	0200T	CPT	outpatient			24532	9409.2	United	Commercial|PPO		3492				3492	23305.4	case rate	
P/C SACR AUGM (SIPLASTY), UNIL	0200T	CPT	outpatient			24532	9409.2	United	Oxford		3492				3492	23305.4	case rate	
P/C SACR AUGM (SIPLASTY), UNIL	0200T	CPT	outpatient			24532	9409.2	Wellcare	Medicare		8181.91				3492	23305.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
P/C SACR AUGM (SIPLASTY), UNIL	0200T	CPT	outpatient			24532	9409.2	Wellcare	Medicaid		7739.85	31.55			3492	23305.4	percent of total billed charges	
P/C SACR AUGM (SIPLASTY), UNIL	0200T	CPT	outpatient			24532	9409.2	WellPoint	WellPoint		7894.4	32.18			3492	23305.4	percent of total billed charges	
P/C SACR AUGM (SIPLASTY),BILAT	0201T	CPT	outpatient			11691	9409.2	Aetna	Better Health		3688.51	31.55			3492	15226.53	percent of total billed charges	
P/C SACR AUGM (SIPLASTY),BILAT	0201T	CPT	outpatient			11691	9409.2	Aetna	Commercial		13025.6				3492	15226.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
P/C SACR AUGM (SIPLASTY),BILAT	0201T	CPT	outpatient			11691	9409.2	Aetna	Medicare		8181.91				3492	15226.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
P/C SACR AUGM (SIPLASTY),BILAT	0201T	CPT	outpatient			11691	9409.2	Americare	Americare		8768.25	75			3492	15226.53	percent of total billed charges	
P/C SACR AUGM (SIPLASTY),BILAT	0201T	CPT	outpatient			11691	9409.2	Amerihealth	HMO/PPO		7599.15	65			3492	15226.53	percent of total billed charges	
P/C SACR AUGM (SIPLASTY),BILAT	0201T	CPT	outpatient			11691	9409.2	Amerihealth	Medicare		8181.91				3492	15226.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
P/C SACR AUGM (SIPLASTY),BILAT	0201T	CPT	outpatient			11691	9409.2	Consumer	Consumer		11106.45	95			3492	15226.53	percent of total billed charges	
P/C SACR AUGM (SIPLASTY),BILAT	0201T	CPT	outpatient			11691	9409.2	Corrections	Corrections		9352.8	80			3492	15226.53	percent of total billed charges	
P/C SACR AUGM (SIPLASTY),BILAT	0201T	CPT	outpatient			11691	9409.2	First Health	First Health		8183.7	70			3492	15226.53	percent of total billed charges	
P/C SACR AUGM (SIPLASTY),BILAT	0201T	CPT	outpatient			11691	9409.2	First Trenton	First Trenton		10521.9	90			3492	15226.53	percent of total billed charges	
P/C SACR AUGM (SIPLASTY),BILAT	0201T	CPT	outpatient			11691	9409.2	Horizon	Indemnity		15226.53				3492	15226.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
P/C SACR AUGM (SIPLASTY),BILAT	0201T	CPT	outpatient			11691	9409.2	Horizon	Medicare Blue		8181.91				3492	15226.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
P/C SACR AUGM (SIPLASTY),BILAT	0201T	CPT	outpatient			11691	9409.2	Horizon	PPO		15226.53				3492	15226.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
P/C SACR AUGM (SIPLASTY),BILAT	0201T	CPT	outpatient			11691	9409.2	Horizon	MGD		15226.53				3492	15226.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
P/C SACR AUGM (SIPLASTY),BILAT	0201T	CPT	outpatient			11691	9409.2	Managed Care Inc	Managed Care Inc		10521.9	90			3492	15226.53	percent of total billed charges	
P/C SACR AUGM (SIPLASTY),BILAT	0201T	CPT	outpatient			11691	9409.2	Multiplan	Multiplan		9352.8	80			3492	15226.53	percent of total billed charges	
P/C SACR AUGM (SIPLASTY),BILAT	0201T	CPT	outpatient			11691	9409.2	Qualcare	Qualcare		8768.25	75			3492	15226.53	percent of total billed charges	
P/C SACR AUGM (SIPLASTY),BILAT	0201T	CPT	outpatient			11691	9409.2	Three Rivers	Three Rivers		11106.45	95			3492	15226.53	percent of total billed charges	
P/C SACR AUGM (SIPLASTY),BILAT	0201T	CPT	outpatient			11691	9409.2	UHC	Medicare		8181.91				3492	15226.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
P/C SACR AUGM (SIPLASTY),BILAT	0201T	CPT	outpatient			11691	9409.2	UHC	Medicaid		3688.51	31.55			3492	15226.53	percent of total billed charges	
P/C SACR AUGM (SIPLASTY),BILAT	0201T	CPT	outpatient			11691	9409.2	United	Commercial|PPO		3492				3492	15226.53	case rate	
P/C SACR AUGM (SIPLASTY),BILAT	0201T	CPT	outpatient			11691	9409.2	United	Oxford		3492				3492	15226.53	case rate	
P/C SACR AUGM (SIPLASTY),BILAT	0201T	CPT	outpatient			11691	9409.2	Wellcare	Medicare		8181.91				3492	15226.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
P/C SACR AUGM (SIPLASTY),BILAT	0201T	CPT	outpatient			11691	9409.2	Wellcare	Medicaid		3688.51	31.55			3492	15226.53	percent of total billed charges	
P/C SACR AUGM (SIPLASTY),BILAT	0201T	CPT	outpatient			11691	9409.2	WellPoint	WellPoint		3762.16	32.18			3492	15226.53	percent of total billed charges	
RESPIRATORY PANEL, PCR, V (RPB)	0202U	CPT	inpatient			1327	479.3	Aetna	Better Health		418.67	31.55			398.1	1260.65	percent of total billed charges	
RESPIRATORY PANEL, PCR, V (RPB)	0202U	CPT	inpatient			1327	479.3	Aetna	Medicare		416.78				398.1	1260.65	fee schedule	
RESPIRATORY PANEL, PCR, V (RPB)	0202U	CPT	inpatient			1327	479.3	Aetna	Commercial		504.26	38			398.1	1260.65	percent of total billed charges	
RESPIRATORY PANEL, PCR, V (RPB)	0202U	CPT	inpatient			1327	479.3	Americare	Americare		995.25	75			398.1	1260.65	percent of total billed charges	
RESPIRATORY PANEL, PCR, V (RPB)	0202U	CPT	inpatient			1327	479.3	Amerihealth	Medicare		416.78				398.1	1260.65	fee schedule	
RESPIRATORY PANEL, PCR, V (RPB)	0202U	CPT	inpatient			1327	479.3	Amerihealth	HMO/PPO		862.55	65			398.1	1260.65	percent of total billed charges	
RESPIRATORY PANEL, PCR, V (RPB)	0202U	CPT	inpatient			1327	479.3	Consumer	Consumer		1260.65	95			398.1	1260.65	percent of total billed charges	
RESPIRATORY PANEL, PCR, V (RPB)	0202U	CPT	inpatient			1327	479.3	Corrections	Corrections		1061.6	80			398.1	1260.65	percent of total billed charges	
RESPIRATORY PANEL, PCR, V (RPB)	0202U	CPT	inpatient			1327	479.3	First Health	First Health		928.9	70			398.1	1260.65	percent of total billed charges	
RESPIRATORY PANEL, PCR, V (RPB)	0202U	CPT	inpatient			1327	479.3	First Trenton	First Trenton		1194.3	90			398.1	1260.65	percent of total billed charges	
RESPIRATORY PANEL, PCR, V (RPB)	0202U	CPT	inpatient			1327	479.3	Horizon	MGD		507.98	38.28			398.1	1260.65	percent of total billed charges	
RESPIRATORY PANEL, PCR, V (RPB)	0202U	CPT	inpatient			1327	479.3	Horizon	NJ Health		816.89				398.1	1260.65	fee schedule	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.												
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true												
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
RESPIRATORY PANEL, PCR, V (RPB)	0202U	CPT	inpatient			1327	479.3	Horizon	Medicare Blue		398.1	30			398.1	1260.65	percent of total billed charges	
RESPIRATORY PANEL, PCR, V (RPB)	0202U	CPT	inpatient			1327	479.3	Horizon	Indemnity		507.98	38.28			398.1	1260.65	percent of total billed charges	
RESPIRATORY PANEL, PCR, V (RPB)	0202U	CPT	inpatient			1327	479.3	Horizon	PPO		507.98	38.28			398.1	1260.65	percent of total billed charges	
RESPIRATORY PANEL, PCR, V (RPB)	0202U	CPT	inpatient			1327	479.3	Managed Care Inc	Managed Care Inc		1194.3	90			398.1	1260.65	percent of total billed charges	
RESPIRATORY PANEL, PCR, V (RPB)	0202U	CPT	inpatient			1327	479.3	Multiplan	Multiplan		1061.6	80			398.1	1260.65	percent of total billed charges	
RESPIRATORY PANEL, PCR, V (RPB)	0202U	CPT	inpatient			1327	479.3	Qualcare	Qualcare		995.25	75			398.1	1260.65	percent of total billed charges	
RESPIRATORY PANEL, PCR, V (RPB)	0202U	CPT	inpatient			1327	479.3	Three Rivers	Three Rivers		1260.65	95			398.1	1260.65	percent of total billed charges	
RESPIRATORY PANEL, PCR, V (RPB)	0202U	CPT	inpatient			1327	479.3	UHC	Medicaid		418.67	31.55			398.1	1260.65	percent of total billed charges	
RESPIRATORY PANEL, PCR, V (RPB)	0202U	CPT	inpatient			1327	479.3	UHC	Medicare		416.78				398.1	1260.65	fee schedule	
RESPIRATORY PANEL, PCR, V (RPB)	0202U	CPT	inpatient			1327	479.3	Wellcare	Medicare		416.78				398.1	1260.65	fee schedule	
RESPIRATORY PANEL, PCR, V (RPB)	0202U	CPT	inpatient			1327	479.3	Wellcare	Medicaid		418.67	31.55			398.1	1260.65	percent of total billed charges	
RESPIRATORY PANEL, PCR, V (RPB)	0202U	CPT	inpatient			1327	479.3	WellPoint	WellPoint		427.03	32.18			398.1	1260.65	percent of total billed charges	
NJX DX/THER PARAVER FCT JNT C/T 1 LVL	0213T	CPT	outpatient			3267	1198.81	Aetna	Medicare		1042.44				838.6	3103.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX DX/THER PARAVER FCT JNT C/T 1 LVL	0213T	CPT	outpatient			3267	1198.81	Aetna	Commercial		1659.56				838.6	3103.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX DX/THER PARAVER FCT JNT C/T 1 LVL	0213T	CPT	outpatient			3267	1198.81	Aetna	Better Health		1030.74	31.55			838.6	3103.65	percent of total billed charges	
NJX DX/THER PARAVER FCT JNT C/T 1 LVL	0213T	CPT	outpatient			3267	1198.81	Americare	Americare		2450.25	75			838.6	3103.65	percent of total billed charges	
NJX DX/THER PARAVER FCT JNT C/T 1 LVL	0213T	CPT	outpatient			3267	1198.81	Amerihealth	Medicare		1042.44				838.6	3103.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX DX/THER PARAVER FCT JNT C/T 1 LVL	0213T	CPT	outpatient			3267	1198.81	Amerihealth	HMO/PPO		2123.55	65			838.6	3103.65	percent of total billed charges	
NJX DX/THER PARAVER FCT JNT C/T 1 LVL	0213T	CPT	outpatient			3267	1198.81	Consumer	Consumer		3103.65	95			838.6	3103.65	percent of total billed charges	
NJX DX/THER PARAVER FCT JNT C/T 1 LVL	0213T	CPT	outpatient			3267	1198.81	Corrections	Corrections		2613.6	80			838.6	3103.65	percent of total billed charges	
NJX DX/THER PARAVER FCT JNT C/T 1 LVL	0213T	CPT	outpatient			3267	1198.81	First Health	First Health		2286.9	70			838.6	3103.65	percent of total billed charges	
NJX DX/THER PARAVER FCT JNT C/T 1 LVL	0213T	CPT	outpatient			3267	1198.81	First Trenton	First Trenton		2940.3	90			838.6	3103.65	percent of total billed charges	
NJX DX/THER PARAVER FCT JNT C/T 1 LVL	0213T	CPT	outpatient			3267	1198.81	Horizon	MGD		1939.98				838.6	3103.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX DX/THER PARAVER FCT JNT C/T 1 LVL	0213T	CPT	outpatient			3267	1198.81	Horizon	Indemnity		1939.98				838.6	3103.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX DX/THER PARAVER FCT JNT C/T 1 LVL	0213T	CPT	outpatient			3267	1198.81	Horizon	PPO		1939.98				838.6	3103.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX DX/THER PARAVER FCT JNT C/T 1 LVL	0213T	CPT	outpatient			3267	1198.81	Horizon	Medicare Blue		1042.44				838.6	3103.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX DX/THER PARAVER FCT JNT C/T 1 LVL	0213T	CPT	outpatient			3267	1198.81	Managed Care Inc	Managed Care Inc		2940.3	90			838.6	3103.65	percent of total billed charges	
NJX DX/THER PARAVER FCT JNT C/T 1 LVL	0213T	CPT	outpatient			3267	1198.81	Multiplan	Multiplan		2613.6	80			838.6	3103.65	percent of total billed charges	
NJX DX/THER PARAVER FCT JNT C/T 1 LVL	0213T	CPT	outpatient			3267	1198.81	Qualcare	Qualcare		2450.25	75			838.6	3103.65	percent of total billed charges	
NJX DX/THER PARAVER FCT JNT C/T 1 LVL	0213T	CPT	outpatient			3267	1198.81	Three Rivers	Three Rivers		3103.65	95			838.6	3103.65	percent of total billed charges	
NJX DX/THER PARAVER FCT JNT C/T 1 LVL	0213T	CPT	outpatient			3267	1198.81	UHC	Medicaid		1030.74	31.55			838.6	3103.65	percent of total billed charges	
NJX DX/THER PARAVER FCT JNT C/T 1 LVL	0213T	CPT	outpatient			3267	1198.81	UHC	Medicare		1042.44				838.6	3103.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX DX/THER PARAVER FCT JNT C/T 1 LVL	0213T	CPT	outpatient			3267	1198.81	United	Commercial/PPO		1817				838.6	3103.65	case rate	
NJX DX/THER PARAVER FCT JNT C/T 1 LVL	0213T	CPT	outpatient			3267	1198.81	United	Oxford		1817				838.6	3103.65	case rate	
NJX DX/THER PARAVER FCT JNT C/T 1 LVL	0213T	CPT	outpatient			3267	1198.81	Wellcare	Medicare		1042.44				838.6	3103.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX DX/THER PARAVER FCT JNT C/T 1 LVL	0213T	CPT	outpatient			3267	1198.81	Wellcare	Medicaid		1030.74	31.55			838.6	3103.65	percent of total billed charges	
NJX DX/THER PARAVER FCT JNT C/T 1 LVL	0213T	CPT	outpatient			3267	1198.81	WellPoint	WellPoint		1051.32	32.18			838.6	3103.65	percent of total billed charges	
INJ PA/VERT F JNT C/THO ULT 2 LEV	0214T	CPT	outpatient			949		Aetna	Better Health		299.41	31.55			284.7	1782	percent of total billed charges	
INJ PA/VERT F JNT C/THO ULT 2 LEV	0214T	CPT	outpatient			949		Aetna	Commercial		360.62	38			284.7	1782	percent of total billed charges	
INJ PA/VERT F JNT C/THO ULT 2 LEV	0214T	CPT	outpatient			949		Aetna	Medicare		292.29	30.8			284.7	1782	percent of total billed charges	
INJ PA/VERT F JNT C/THO ULT 2 LEV	0214T	CPT	outpatient			949		Americare	Americare		711.75	75			284.7	1782	percent of total billed charges	
INJ PA/VERT F JNT C/THO ULT 2 LEV	0214T	CPT	outpatient			949		Amerihealth	HMO/PPO		616.85	65			284.7	1782	percent of total billed charges	
INJ PA/VERT F JNT C/THO ULT 2 LEV	0214T	CPT	outpatient			949		Consumer	Consumer		901.55	95			284.7	1782	percent of total billed charges	
INJ PA/VERT F JNT C/THO ULT 2 LEV	0214T	CPT	outpatient			949		Corrections	Corrections		759.2	80			284.7	1782	percent of total billed charges	
INJ PA/VERT F JNT C/THO ULT 2 LEV	0214T	CPT	outpatient			949		First Health	First Health		664.3	70			284.7	1782	percent of total billed charges	
INJ PA/VERT F JNT C/THO ULT 2 LEV	0214T	CPT	outpatient			949		First Trenton	First Trenton		854.1	90			284.7	1782	percent of total billed charges	
INJ PA/VERT F JNT C/THO ULT 2 LEV	0214T	CPT	outpatient			949		Horizon	PPO		363.28	38.28			284.7	1782	percent of total billed charges	
INJ PA/VERT F JNT C/THO ULT 2 LEV	0214T	CPT	outpatient			949		Horizon	MGD		363.28	38.28			284.7	1782	percent of total billed charges	
INJ PA/VERT F JNT C/THO ULT 2 LEV	0214T	CPT	outpatient			949		Horizon	Indemnity		363.28	38.28			284.7	1782	percent of total billed charges	
INJ PA/VERT F JNT C/THO ULT 2 LEV	0214T	CPT	outpatient			949		Horizon	Medicare Blue		284.7	30			284.7	1782	percent of total billed charges	
INJ PA/VERT F JNT C/THO ULT 2 LEV	0214T	CPT	outpatient			949		Managed Care Inc	Managed Care Inc		854.1	90			284.7	1782	percent of total billed charges	
INJ PA/VERT F JNT C/THO ULT 2 LEV	0214T	CPT	outpatient			949		Multiplan	Multiplan		759.2	80			284.7	1782	percent of total billed charges	
INJ PA/VERT F JNT C/THO ULT 2 LEV	0214T	CPT	outpatient			949		Qualcare	Qualcare		711.75	75			284.7	1782	percent of total billed charges	
INJ PA/VERT F JNT C/THO ULT 2 LEV	0214T	CPT	outpatient			949		Three Rivers	Three Rivers		901.55	95			284.7	1782	percent of total billed charges	
INJ PA/VERT F JNT C/THO ULT 2 LEV	0214T	CPT	outpatient			949		UHC	Medicaid		299.41	31.55			284.7	1782	percent of total billed charges	
NJX DX/THER PARAVER FCT JNT C/T 2ND LVL	0214T	CPT	outpatient			949		United	Oxford		1782				284.7	1782	case rate	
NJX DX/THER PARAVER FCT JNT C/T 2ND LVL	0214T	CPT	outpatient			949		United	Commercial/PPO		1782				284.7	1782	case rate	
INJ PA/VERT F JNT C/THO ULT 2 LEV	0214T	CPT	outpatient			949		Wellcare	Medicaid		299.41	31.55			284.7	1782	percent of total billed charges	
INJ PA/VERT F JNT C/THO ULT 2 LEV	0214T	CPT	outpatient			949		WellPoint	WellPoint		305.39	32.18			284.7	1782	percent of total billed charges	
INJ PA/VERT F JNT C/THO ULT 3 OR MORE	0215T	CPT	outpatient			949		Aetna	Better Health		299.41	31.55			284.7	1782	percent of total billed charges	
INJ PA/VERT F JNT C/THO ULT 3 OR MORE	0215T	CPT	outpatient			949		Aetna	Medicare		292.29	30.8			284.7	1782	percent of total billed charges	
INJ PA/VERT F JNT C/THO ULT 3 OR MORE	0215T	CPT	outpatient			949		Aetna	Commercial		360.62	38			284.7	1782	percent of total billed charges	
INJ PA/VERT F JNT C/THO ULT 3 OR MORE	0215T	CPT	outpatient			949		Americare	Americare		711.75	75			284.7	1782	percent of total billed charges	
INJ PA/VERT F JNT C/THO ULT 3 OR MORE	0215T	CPT	outpatient			949		Amerihealth	HMO/PPO		616.85	65			284.7	1782	percent of total billed charges	
INJ PA/VERT F JNT C/THO ULT 3 OR MORE	0215T	CPT	outpatient			949		Consumer	Consumer		901.55	95			284.7	1782	percent of total billed charges	
INJ PA/VERT F JNT C/THO ULT 3 OR MORE	0215T	CPT	outpatient			949		Corrections	Corrections		759.2	80			284.7	1782	percent of total billed charges	
INJ PA/VERT F JNT C/THO ULT 3 OR MORE	0215T	CPT	outpatient			949		First Health	First Health		664.3	70			284.7	1782	percent of total billed charges	
INJ PA/VERT F JNT C/THO ULT 3 OR MORE	0215T	CPT	outpatient			949		First Trenton	First Trenton		854.1	90			284.7	1782	percent of total billed charges	
INJ PA/VERT F JNT C/THO ULT 3 OR MORE	0215T	CPT	outpatient			949		Horizon	PPO		363.28	38.28			284.7	1782	percent of total billed charges	
INJ PA/VERT F JNT C/THO ULT 3 OR MORE	0215T	CPT	outpatient			949		Horizon	Indemnity		363.28	38.28			284.7	1782	percent of total billed charges	
INJ PA/VERT F JNT C/THO ULT 3 OR MORE	0215T	CPT	outpatient			949		Horizon	MGD		363.28	38.28			284.7	1782	percent of total billed charges	
INJ PA/VERT F JNT C/THO ULT 3 OR MORE	0215T	CPT	outpatient			949		Horizon	Medicare Blue		284.7	30			284.7	1782	percent of total billed charges	
INJ PA/VERT F JNT C/THO ULT 3 OR MORE	0215T	CPT	outpatient			949		Managed Care Inc	Managed Care Inc		854.1	90			284.7	1782	percent of total billed charges	
INJ PA/VERT F JNT C/THO ULT 3 OR MORE	0215T	CPT	outpatient			949		Multiplan	Multiplan		759.2	80			284.7	1782	percent of total billed charges	
INJ PA/VERT F JNT C/THO ULT 3 OR MORE	0215T	CPT	outpatient			949		Qualcare	Qualcare		711.75	75			284.7	1782	percent of total billed charges	
INJ PA/VERT F JNT C/THO ULT 3 OR MORE	0215T	CPT	outpatient			949		Three Rivers	Three Rivers		901.55	95			284.7	1782	percent of total billed charges	
INJ PA/VERT F JNT C/THO ULT 3 OR MORE	0215T	CPT	outpatient			949		UHC	Medicaid		299.41	31.55			284.7	1782	percent of total billed charges	
INJ PA/VERT F JNT C/THO ULT 3 OR MORE	0215T	CPT	outpatient			949		United	Oxford		1782				284.7	1782	case rate	
INJ PA/VERT F JNT C/THO ULT 3 OR MORE	0215T	CPT	outpatient			949		United	Commercial/PPO		1782				284.7	1782	case rate	
INJ PA/VERT F JNT C/THO ULT 3 OR MORE	0215T	CPT	outpatient			949		Wellcare	Medicaid		299.41	31.55			284.7	1782	percent of total billed charges	
INJ PA/VERT F JNT C/THO ULT 3 OR MORE	0215T	CPT	outpatient			949		WellPoint	WellPoint		305.39	32.18			284.7	1782	percent of total billed charges	
INJ PARAVERT F JNT L/DSULTRA 1 LEV	0216T	CPT	outpatient			2658	1198.81	Aetna	Better Health		838.6	31.55			838.6	2525.1	percent of total billed charges	
INJ PARAVERT F JNT L/DSULTRA 1 LEV	0216T	CPT	outpatient			2658	1198.81	Aetna	Medicare		1042.44				838.6	2525.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ PARAVERT F JNT L/DSULTRA 1 LEV	0216T	CPT	outpatient			2658	1198.81	Aetna	Commercial		1659.56				838.6	2525.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ PARAVERT F JNT L/DSULTRA 1 LEV	0216T	CPT	outpatient			2658	1198.81	Americare	Americare		1993.5	75			838.6	2525.1	percent of total billed charges	
INJ PARAVERT F JNT L/DSULTRA 1 LEV	0216T	CPT	outpatient			2658	1198.81	Amerihealth	Medicare		1042.44				838.6	2525.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ PARAVERT F JNT L/DSULTRA 1 LEV	0216T	CPT	outpatient			2658	1198.81	Amerihealth	HMO/PPO		1727.7	65			838.6	2525.1	percent of total billed charges	
INJ PARAVERT F JNT L/DSULTRA 1 LEV	0216T	CPT	outpatient			2658	1198.81	Consumer	Consumer		2525.1	95			838.6	2525.1	percent of total billed charges	
INJ PARAVERT F JNT L/DSULTRA 1 LEV	0216T	CPT	outpatient			2658	1198.81	Corrections	Corrections		2126.4	80			838.6	2525.1	percent of total billed charges	
INJ PARAVERT F JNT L/DSULTRA 1 LEV	0216T	CPT	outpatient			2658	1198.81	First Health	First Health		1860.6	70			838.6	2525.1	percent of total billed charges	
INJ PARAVERT F JNT L/DSULTRA 1 LEV	0216T	CPT	outpatient			2658	1198.81	First Trenton	First Trenton		2392.2	90			838.6	2525.1	percent of total billed charges	
INJ PARAVERT F JNT L/DSULTRA 1 LEV	0216T	CPT	outpatient			2658	1198.81	Horizon	Indemnity		1939.98				838.6	2525.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ PARAVERT F JNT L/DSULTRA 1 LEV	0216T	CPT	outpatient			2658	1198.81	Horizon	Medicare Blue		1042.44				838.6	2525.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ PARAVERT F JNT L/DSULTRA 1 LEV	0216T	CPT	outpatient			2658	1198.81	Horizon	PPO		1939.98				838.6	2525.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ PARAVERT F JNT L/DSULTRA 1 LEV	0216T	CPT	outpatient			2658	1198.81	Horizon	MGD		1939.98				838.6	2525.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ PARAVERT F JNT L/DSULTRA 1 LEV	0216T	CPT	outpatient			2658	1198.81	Managed Care Inc	Managed Care Inc		2392.2	90			838.6	2525.1	percent of total billed charges	
INJ PARAVERT F JNT L/DSULTRA 1 LEV	0216T	CPT	outpatient			2658	1198.81	Multiplan	Multiplan		2126.4	80			838.6	2525.1	percent of total billed charges	
INJ PARAVERT F JNT L/DSULTRA 1 LEV	0216T	CPT	outpatient			2658	1198.81	Qualcare	Qualcare		1993.5	75			838.6	2525.1	percent of total billed charges	
INJ PARAVERT F JNT L/DSULTRA 1 LEV	0216T	CPT	outpatient			2658	1198.81	Three Rivers	Three Rivers		2525.1	95			838.6	2525.1	percent of total billed charges	
INJ PARAVERT F JNT L/DSULTRA 1 LEV	0216T	CPT	outpatient			2658	1198.81	UHC	Medicare		1042.44				838.6	2525.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ PARAVERT F JNT L/DSULTRA 1 LEV	0216T	CPT	outpatient			2658	1198.81	UHC	Medicaid		838.6	31.55			838.6	2525.1	percent of total billed charges	
INJ PARAVERT F JNT L/DSULTRA 1 LEV	0216T	CPT	outpatient			2658	1198.81	United	Commercial/PPO		1817				838.6	2525.1	case rate	
INJ PARAVERT F JNT L/DSULTRA 1 LEV	0216T	CPT	outpatient			2658	1198.81	United	Oxford		1817				838.6	2525.1	case rate	
INJ PARAVERT F JNT L/DSULTRA 1 LEV	0216T	CPT	outpatient			2658	1198.81	Wellcare	Medicare		1042.44				838.6	2525.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ PARAVERT F JNT L/DSULTRA 1 LEV	0216T	CPT	outpatient			2658	1198.81	Wellcare	Medicaid		838.6	31.55			838.6	2525.1	percent of total billed charges	
INJ PARAVERT F JNT L/DSULTRA 1 LEV	0216T	CPT	outpatient			2658	1198.81	WellPoint	WellPoint		855.34	32.18			838.6	2525.1	percent of total billed charges	
INJ PARAVERT F JNT L/S ULTRA 2 LEV	0217T	CPT	outpatient			949		Aetna	Commercial		360.62	38			284.7	1782	percent of total billed charges	
INJ PARAVERT F JNT L/S ULTRA 2 LEV	0217T	CPT	outpatient			949		Aetna	Better Health		299.41	31.55			284.7	1782	percent of total billed charges	
INJ PARAVERT F JNT L/S ULTRA 2 LEV	0217T	CPT	outpatient			949		Aetna	Medicare		292.29	30.8			284.7	1782	percent of total billed charges	
INJ PARAVERT F JNT L/S ULTRA 2 LEV	0217T	CPT	outpatient			949		Americare	Americare		711.75	75			284.7	1782	percent of total billed charges	
INJ PARAVERT F JNT L/S ULTRA 2 LEV	0217T	CPT	outpatient			949		Amerihealth	HMO/PPO		616.85	65			284.7	1782	percent of total billed charges	
INJ PARAVERT F JNT L/S ULTRA 2 LEV	0217T	CPT	outpatient			949		Consumer	Consumer		901.55	95			284.7	1782	percent of total billed charges	
INJ PARAVERT F JNT L/S ULTRA 2 LEV	0217T	CPT	outpatient			949		Corrections	Corrections		759.2	80			284.7	1782	percent of total billed charges	
INJ PARAVERT F JNT L/S ULTRA 2 LEV	0217T	CPT	outpatient			949		First Health	First Health		664.3	70			284.7	1782	percent of total billed charges	
INJ PARAVERT F JNT L/S ULTRA 2 LEV	0217T	CPT	outpatient			949		First Trenton	First Trenton		854.1	90			284.7	1782	percent of total billed charges	
INJ PARAVERT F JNT L/S ULTRA 2 LEV	0217T	CPT	outpatient			949		Horizon	Indemnity		363.28	38.28			284.7	1782	percent of total billed charges	
INJ PARAVERT F JNT L/S ULTRA 2 LEV	0217T	CPT	outpatient			949		Horizon	MGD		363.28	38.28			284.7	1782	percent of total billed charges	
INJ PARAVERT F JNT L/S ULTRA 2 LEV	0217T	CPT	outpatient			949		Horizon	PPO		363.28	38.28			284.7	1782	percent of total billed charges	
INJ PARAVERT F JNT L/S ULTRA 2 LEV	0217T	CPT	outpatient			949		Horizon	Medicare Blue		284.7	30			284.7	1782	percent of total billed charges	
INJ PARAVERT F JNT L/S ULTRA 2 LEV	0217T	CPT	outpatient			949		Managed Care Inc	Managed Care Inc		854.1	90			284.7	1782	percent of total billed charges	
INJ PARAVERT F JNT L/S ULTRA 2 LEV	0217T	CPT	outpatient			949		Multiplan	Multiplan		759.2	80			284.7	1782	percent of total billed charges	
INJ PARAVERT F JNT L/S ULTRA 2 LEV	0217T	CPT	outpatient			949		Qualcare	Qualcare		711.75	75			284.7	1782	percent of total billed charges	
INJ PARAVERT F JNT L/S ULTRA 2 LEV	0217T	CPT	outpatient			949		Three Rivers	Three Rivers		901.55	95			284.7	1782	percent of total billed charges	
INJ PARAVERT F JNT L/S ULTRA 2 LEV	0217T	CPT	outpatient			949		UHC	Medicaid		299.41	31.55			284.7	1782	percent of total billed charges	
INJ PARAVERT F JNT L/S ULTRA 2 LEV	0217T	CPT	outpatient			949		United	Oxford		1782				284.7	1782	case rate	
INJ PARAVERT F JNT L/S ULTRA 2 LEV	0217T	CPT	outpatient			949		United	Commercial/PPO		1782				284.7	1782	case rate	
INJ PARAVERT F JNT L/S ULTRA 2 LEV	0217T	CPT	outpatient			949		Wellcare	Medicaid		299.41	31.55			284.7	1782	percent of total billed charges	
INJ PARAVERT F JNT L/S ULTRA 2 LEV	0217T	CPT	outpatient			949		WellPoint	WellPoint		305.39	32.18			284.7	1782	percent of total billed charges	
INJ PARAVERT F L/S ULTRA 3	0218T	CPT	outpatient			949		Aetna	Better Health		299.41	31.55			284.7	1782	percent of total billed charges	
INJ PARAVERT F L/S ULTRA 3	0218T	CPT	outpatient			949		Aetna	Medicare		292.29	30.8			284.7	1782	percent of total billed charges	
INJ PARAVERT F L/S ULTRA 3	0218T	CPT	outpatient			949		Aetna	Commercial		360.62	38			284.7	1782	percent of total billed charges	
INJ PARAVERT F L/S ULTRA 3	0218T	CPT	outpatient			949		Americare	Americare		711.75	75			284.7	1782	percent of total billed charges	
INJ PARAVERT F L/S ULTRA 3	0218T	CPT	outpatient			949		Amerihealth	HMO/PPO		616.85	65			284.7	1782	percent of total billed charges	
INJ PARAVERT F L/S ULTRA 3	0218T	CPT	outpatient			949		Consumer	Consumer		901.55	95			284.7	1782	percent of total billed charges	
INJ PARAVERT F L/S ULTRA 3	0218T	CPT	outpatient			949		Corrections	Corrections		759.2	80			284.7	1782	percent of total billed charges	
INJ PARAVERT F L/S ULTRA 3	0218T	CPT	outpatient			949		First Health	First Health		664.3	70			284.7	1782	percent of total billed charges	
INJ PARAVERT F L/S ULTRA 3	0218T	CPT	outpatient			949		First Trenton	First Trenton		854.1	90			284.7	1782	percent of total billed charges	
INJ PARAVERT F L/S ULTRA 3	0218T	CPT	outpatient			949		Horizon	Medicare Blue		284.7	30			284.7	1782	percent of total billed charges	
INJ PARAVERT F L/S ULTRA 3	0218T	CPT	outpatient			949		Horizon	Indemnity		363.28	38.28			284.7	1782	percent of total billed charges	
INJ PARAVERT F L/S ULTRA 3	0218T	CPT	outpatient			949		Horizon	MGD		363.28	38.28			284.7	1782	percent of total billed charges	
INJ PARAVERT F L/S ULTRA 3	0218T	CPT	outpatient			949		Horizon	PPO		363.28	38.28			284.7	1782	percent of total billed charges	
INJ PARAVERT F L/S ULTRA 3	0218T	CPT	outpatient			949		Managed Care Inc	Managed Care Inc		854.1	90			284.7	1782	percent of total billed charges	
INJ PARAVERT F L/S ULTRA 3	0218T	CPT	outpatient			949		Multiplan	Multiplan		759.2	80			284.7	1782	percent of total billed charges	
INJ PARAVERT F L/S ULTRA 3	0218T	CPT	outpatient			949		Qualcare	Qualcare		711.75	75			284.7	1782	percent of total billed charges	
INJ PARAVERT F L/S ULTRA 3	0218T	CPT	outpatient			949		Three Rivers	Three Rivers		901.55	95			284.7	1782	percent of total billed charges	
INJ PARAVERT F L/S ULTRA 3	0218T	CPT	outpatient			949		UHC	Medicaid		299.41	31.55			284.7	1782	percent of total billed charges	
INJ PARAVERT F L/S ULTRA 3	0218T	CPT	outpatient			949		United	Commercial/PPO		1782				284.7	1782	case rate	
INJ PARAVERT F L/S ULTRA 3	0218T	CPT	outpatient			949		United	Oxford		1782				284.7	1782	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.															
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true														
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
INJ PARAVERT F LIS ULTRA 3	0218T	CPT	outpatient			949		Wellcare	Medicaid		299.41	31.55			284.7	1782	percent of total billed charges	
INJ PARAVERT F LIS ULTRA 3	0218T	CPT	outpatient			949		WellPoint	WellPoint		305.39	32.18			284.7	1782	percent of total billed charges	
INJ ANEST/STR TEU CRVTHR 1 LV	0228T	CPT	outpatient			2768		Aetna	Better Health		873.3	31.55			830.4	2629.6	percent of total billed charges	
INJ ANEST/STR TEU CRVTHR 1 LV	0228T	CPT	outpatient			2768		Aetna	Commercial		1051.84	38			830.4	2629.6	percent of total billed charges	
INJ ANEST/STR TEU CRVTHR 1 LV	0228T	CPT	outpatient			2768		Aetna	Medicare		852.54	30.8			830.4	2629.6	percent of total billed charges	
INJ ANEST/STR TEU CRVTHR 1 LV	0228T	CPT	outpatient			2768		Americare	Americare		2076	75			830.4	2629.6	percent of total billed charges	
INJ ANEST/STR TEU CRVTHR 1 LV	0228T	CPT	outpatient			2768		Amerihealth	HMO/PPO		1799.2	65			830.4	2629.6	percent of total billed charges	
INJ ANEST/STR TEU CRVTHR 1 LV	0228T	CPT	outpatient			2768		Consumer	Consumer		2629.6	95			830.4	2629.6	percent of total billed charges	
INJ ANEST/STR TEU CRVTHR 1 LV	0228T	CPT	outpatient			2768		Corrections	Corrections		2214.4	80			830.4	2629.6	percent of total billed charges	
INJ ANEST/STR TEU CRVTHR 1 LV	0228T	CPT	outpatient			2768		First Health	First Health		1937.6	70			830.4	2629.6	percent of total billed charges	
INJ ANEST/STR TEU CRVTHR 1 LV	0228T	CPT	outpatient			2768		First Trenton	First Trenton		2491.2	90			830.4	2629.6	percent of total billed charges	
INJ ANEST/STR TEU CRVTHR 1 LV	0228T	CPT	outpatient			2768		Horizon	Medicare Blue		830.4	30			830.4	2629.6	percent of total billed charges	
INJ ANEST/STR TEU CRVTHR 1 LV	0228T	CPT	outpatient			2768		Horizon	Indemnity		1059.59	38.28			830.4	2629.6	percent of total billed charges	
INJ ANEST/STR TEU CRVTHR 1 LV	0228T	CPT	outpatient			2768		Horizon	MGD		1059.59	38.28			830.4	2629.6	percent of total billed charges	
INJ ANEST/STR TEU CRVTHR 1 LV	0228T	CPT	outpatient			2768		Horizon	PPO		1059.59	38.28			830.4	2629.6	percent of total billed charges	
INJ ANEST/STR TEU CRVTHR 1 LV	0228T	CPT	outpatient			2768		Managed Care Inc	Managed Care Inc		2491.2	90			830.4	2629.6	percent of total billed charges	
INJ ANEST/STR TEU CRVTHR 1 LV	0228T	CPT	outpatient			2768		Multiplan	Multiplan		2214.4	80			830.4	2629.6	percent of total billed charges	
INJ ANEST/STR TEU CRVTHR 1 LV	0228T	CPT	outpatient			2768		Qualcare	Qualcare		2076	75			830.4	2629.6	percent of total billed charges	
INJ ANEST/STR TEU CRVTHR 1 LV	0228T	CPT	outpatient			2768		Three Rivers	Three Rivers		2629.6	95			830.4	2629.6	percent of total billed charges	
INJ ANEST/STR TEU CRVTHR 1 LV	0228T	CPT	outpatient			2768		UHC	Medicaid		873.3	31.55			830.4	2629.6	percent of total billed charges	
INJ ANEST/STR TEU CRVTHR 1 LV	0228T	CPT	outpatient			2768		Wellcare	Medicaid		873.3	31.55			830.4	2629.6	percent of total billed charges	
INJ ANEST/STR TEU CRVTHR 1 LV	0228T	CPT	outpatient			2768		WellPoint	WellPoint		890.74	32.18			830.4	2629.6	percent of total billed charges	
INJ ANST/STR TEU C/T ADDL LVL	0229T	CPT	outpatient			1422		Aetna	Medicare		437.98	30.8			426.6	1350.9	percent of total billed charges	
INJ ANST/STR TEU C/T ADDL LVL	0229T	CPT	outpatient			1422		Aetna	Better Health		448.64	31.55			426.6	1350.9	percent of total billed charges	
INJ ANST/STR TEU C/T ADDL LVL	0229T	CPT	outpatient			1422		Aetna	Commercial		540.36	38			426.6	1350.9	percent of total billed charges	
INJ ANST/STR TEU C/T ADDL LVL	0229T	CPT	outpatient			1422		Americare	Americare		1066.5	75			426.6	1350.9	percent of total billed charges	
INJ ANST/STR TEU C/T ADDL LVL	0229T	CPT	outpatient			1422		Amerihealth	HMO/PPO		924.3	65			426.6	1350.9	percent of total billed charges	
INJ ANST/STR TEU C/T ADDL LVL	0229T	CPT	outpatient			1422		Consumer	Consumer		1350.9	95			426.6	1350.9	percent of total billed charges	
INJ ANST/STR TEU C/T ADDL LVL	0229T	CPT	outpatient			1422		Corrections	Corrections		1137.6	80			426.6	1350.9	percent of total billed charges	
INJ ANST/STR TEU C/T ADDL LVL	0229T	CPT	outpatient			1422		First Health	First Health		995.4	70			426.6	1350.9	percent of total billed charges	
INJ ANST/STR TEU C/T ADDL LVL	0229T	CPT	outpatient			1422		First Trenton	First Trenton		1279.8	90			426.6	1350.9	percent of total billed charges	
INJ ANST/STR TEU C/T ADDL LVL	0229T	CPT	outpatient			1422		Horizon	MGD		544.34	38.28			426.6	1350.9	percent of total billed charges	
INJ ANST/STR TEU C/T ADDL LVL	0229T	CPT	outpatient			1422		Horizon	Medicare Blue		426.6	30			426.6	1350.9	percent of total billed charges	
INJ ANST/STR TEU C/T ADDL LVL	0229T	CPT	outpatient			1422		Horizon	Indemnity		544.34	38.28			426.6	1350.9	percent of total billed charges	
INJ ANST/STR TEU C/T ADDL LVL	0229T	CPT	outpatient			1422		Horizon	PPO		544.34	38.28			426.6	1350.9	percent of total billed charges	
INJ ANST/STR TEU C/T ADDL LVL	0229T	CPT	outpatient			1422		Managed Care Inc	Managed Care Inc		1279.8	90			426.6	1350.9	percent of total billed charges	
INJ ANST/STR TEU C/T ADDL LVL	0229T	CPT	outpatient			1422		Multiplan	Multiplan		1137.6	80			426.6	1350.9	percent of total billed charges	
INJ ANST/STR TEU C/T ADDL LVL	0229T	CPT	outpatient			1422		Qualcare	Qualcare		1066.5	75			426.6	1350.9	percent of total billed charges	
INJ ANST/STR TEU C/T ADDL LVL	0229T	CPT	outpatient			1422		Three Rivers	Three Rivers		1350.9	95			426.6	1350.9	percent of total billed charges	
INJ ANST/STR TEU C/T ADDL LVL	0229T	CPT	outpatient			1422		UHC	Medicaid		448.64	31.55			426.6	1350.9	percent of total billed charges	
INJ ANST/STR TEU C/T ADDL LVL	0229T	CPT	outpatient			1422		Wellcare	Medicaid		448.64	31.55			426.6	1350.9	percent of total billed charges	
INJ ANST/STR TEU C/T ADDL LVL	0229T	CPT	outpatient			1422		WellPoint	WellPoint		457.6	32.18			426.6	1350.9	percent of total billed charges	
INJ ANST/STR, TEU L/S, 1 LVL	0230T	CPT	outpatient			2768		Aetna	Better Health		873.3	31.55			830.4	2629.6	percent of total billed charges	
INJ ANEST/STR, TEU L/S, 1 LVL	0230T	CPT	outpatient			2768		Aetna	Medicare		852.54	30.8			830.4	2629.6	percent of total billed charges	
INJ ANEST/STR, TEU L/S, 1 LVL	0230T	CPT	outpatient			2768		Aetna	Commercial		1051.84	38			830.4	2629.6	percent of total billed charges	
INJ ANEST/STR, TEU L/S, 1 LVL	0230T	CPT	outpatient			2768		Americare	Americare		2076	75			830.4	2629.6	percent of total billed charges	
INJ ANEST/STR, TEU L/S, 1 LVL	0230T	CPT	outpatient			2768		Amerihealth	HMO/PPO		1799.2	65			830.4	2629.6	percent of total billed charges	
INJ ANEST/STR, TEU L/S, 1 LVL	0230T	CPT	outpatient			2768		Consumer	Consumer		2629.6	95			830.4	2629.6	percent of total billed charges	
INJ ANEST/STR, TEU L/S, 1 LVL	0230T	CPT	outpatient			2768		Corrections	Corrections		2214.4	80			830.4	2629.6	percent of total billed charges	
INJ ANEST/STR, TEU L/S, 1 LVL	0230T	CPT	outpatient			2768		First Health	First Health		1937.6	70			830.4	2629.6	percent of total billed charges	
INJ ANEST/STR, TEU L/S, 1 LVL	0230T	CPT	outpatient			2768		First Trenton	First Trenton		2491.2	90			830.4	2629.6	percent of total billed charges	
INJ ANEST/STR, TEU L/S, 1 LVL	0230T	CPT	outpatient			2768		Horizon	Indemnity		1059.59	38.28			830.4	2629.6	percent of total billed charges	
INJ ANEST/STR, TEU L/S, 1 LVL	0230T	CPT	outpatient			2768		Horizon	Medicare Blue		830.4	30			830.4	2629.6	percent of total billed charges	
INJ ANEST/STR, TEU L/S, 1 LVL	0230T	CPT	outpatient			2768		Horizon	MGD		1059.59	38.28			830.4	2629.6	percent of total billed charges	
INJ ANEST/STR, TEU L/S, 1 LVL	0230T	CPT	outpatient			2768		Horizon	PPO		1059.59	38.28			830.4	2629.6	percent of total billed charges	
INJ ANEST/STR, TEU L/S, 1 LVL	0230T	CPT	outpatient			2768		Managed Care Inc	Managed Care Inc		2491.2	90			830.4	2629.6	percent of total billed charges	
INJ ANEST/STR, TEU L/S, 1 LVL	0230T	CPT	outpatient			2768		Multiplan	Multiplan		2214.4	80			830.4	2629.6	percent of total billed charges	
INJ ANEST/STR, TEU L/S, 1 LVL	0230T	CPT	outpatient			2768		Qualcare	Qualcare		2076	75			830.4	2629.6	percent of total billed charges	
INJ ANEST/STR, TEU L/S, 1 LVL	0230T	CPT	outpatient			2768		Three Rivers	Three Rivers		2629.6	95			830.4	2629.6	percent of total billed charges	
INJ ANEST/STR, TEU L/S, 1 LVL	0230T	CPT	outpatient			2768		UHC	Medicaid		873.3	31.55			830.4	2629.6	percent of total billed charges	
INJ ANEST/STR, TEU L/S, 1 LVL	0230T	CPT	outpatient			2768		Wellcare	Medicaid		873.3	31.55			830.4	2629.6	percent of total billed charges	
INJ ANEST/STR, TEU L/S, 1 LVL	0230T	CPT	outpatient			2768		WellPoint	WellPoint		890.74	32.18			830.4	2629.6	percent of total billed charges	
INJ ANST/STR,TEU L/S,ADDL LV	0231T	CPT	outpatient			1422		Aetna	Commercial		540.36	38			426.6	1350.9	percent of total billed charges	
INJ ANST/STR,TEU L/S,ADDL LV	0231T	CPT	outpatient			1422		Aetna	Better Health		448.64	31.55			426.6	1350.9	percent of total billed charges	
INJ ANST/STR,TEU L/S,ADDL LV	0231T	CPT	outpatient			1422		Aetna	Medicare		437.98	30.8			426.6	1350.9	percent of total billed charges	
INJ ANST/STR,TEU L/S,ADDL LV	0231T	CPT	outpatient			1422		Americare	Americare		1066.5	75			426.6	1350.9	percent of total billed charges	
INJ ANST/STR,TEU L/S,ADDL LV	0231T	CPT	outpatient			1422		Amerihealth	HMO/PPO		924.3	65			426.6	1350.9	percent of total billed charges	
INJ ANST/STR,TEU L/S,ADDL LV	0231T	CPT	outpatient			1422		Consumer	Consumer		1350.9	95			426.6	1350.9	percent of total billed charges	
INJ ANST/STR,TEU L/S,ADDL LV	0231T	CPT	outpatient			1422		Corrections	Corrections		1137.6	80			426.6	1350.9	percent of total billed charges	
INJ ANST/STR,TEU L/S,ADDL LV	0231T	CPT	outpatient			1422		First Health	First Health		995.4	70			426.6	1350.9	percent of total billed charges	
INJ ANST/STR,TEU L/S,ADDL LV	0231T	CPT	outpatient			1422		First Trenton	First Trenton		1279.8	90			426.6	1350.9	percent of total billed charges	
INJ ANST/STR,TEU L/S,ADDL LV	0231T	CPT	outpatient			1422		Horizon	Indemnity		544.34	38.28			426.6	1350.9	percent of total billed charges	
INJ ANST/STR,TEU L/S,ADDL LV	0231T	CPT	outpatient			1422		Horizon	MGD		544.34	38.28			426.6	1350.9	percent of total billed charges	
INJ ANST/STR,TEU L/S,ADDL LV	0231T	CPT	outpatient			1422		Horizon	PPO		544.34	38.28			426.6	1350.9	percent of total billed charges	
INJ ANST/STR,TEU L/S,ADDL LV	0231T	CPT	outpatient			1422		Horizon	Medicare Blue		426.6	30			426.6	1350.9	percent of total billed charges	
INJ ANST/STR,TEU L/S,ADDL LV	0231T	CPT	outpatient			1422		Managed Care Inc	Managed Care Inc		1279.8	90			426.6	1350.9	percent of total billed charges	
INJ ANST/STR,TEU L/S,ADDL LV	0231T	CPT	outpatient			1422		Multiplan	Multiplan		1137.6	80			426.6	1350.9	percent of total billed charges	
INJ ANST/STR,TEU L/S,ADDL LV	0231T	CPT	outpatient			1422		Qualcare	Qualcare		1066.5	75			426.6	1350.9	percent of total billed charges	
INJ ANST/STR,TEU L/S,ADDL LV	0231T	CPT	outpatient			1422		Three Rivers	Three Rivers		1350.9	95			426.6	1350.9	percent of total billed charges	
INJ ANST/STR,TEU L/S,ADDL LV	0231T	CPT	outpatient			1422		UHC	Medicaid		448.64	31.55			426.6	1350.9	percent of total billed charges	
INJ ANST/STR,TEU L/S,ADDL LV	0231T	CPT	outpatient			1422		Wellcare	Medicaid		448.64	31.55			426.6	1350.9	percent of total billed charges	
INJ ANST/STR,TEU L/S,ADDL LV	0231T	CPT	outpatient			1422		WellPoint	WellPoint		457.6	32.18			426.6	1350.9	percent of total billed charges	
INJ|PLATELET PLASMA	0232T	CPT	outpatient			1428	524.04	Aetna	Better Health		450.53	31.55			437.91	1782	percent of total billed charges	
INJ|PLATELET PLASMA	0232T	CPT	outpatient			1428	524.04	Aetna	Commercial		725.46				437.91	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ|PLATELET PLASMA	0232T	CPT	outpatient			1428	524.04	Aetna	Medicare		455.69				437.91	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ|PLATELET PLASMA	0232T	CPT	outpatient			1428	524.04	Americare	Americare		1071	75			437.91	1782	percent of total billed charges	
INJ|PLATELET PLASMA	0232T	CPT	outpatient			1428	524.04	Amerihealth	HMO/PPO		928.2	65			437.91	1782	percent of total billed charges	
INJ|PLATELET PLASMA	0232T	CPT	outpatient			1428	524.04	Amerihealth	Medicare		455.69				437.91	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ|PLATELET PLASMA	0232T	CPT	outpatient			1428	524.04	Consumer	Consumer		1356.6	95			437.91	1782	percent of total billed charges	
INJ|PLATELET PLASMA	0232T	CPT	outpatient			1428	524.04	Corrections	Corrections		1142.4	80			437.91	1782	percent of total billed charges	
INJ|PLATELET PLASMA	0232T	CPT	outpatient			1428	524.04	First Health	First Health		999.6	70			437.91	1782	percent of total billed charges	
INJ|PLATELET PLASMA	0232T	CPT	outpatient			1428	524.04	First Trenton	First Trenton		1285.2	90			437.91	1782	percent of total billed charges	
INJ|PLATELET PLASMA	0232T	CPT	outpatient			1428	524.04	Horizon	MGD		848.04				437.91	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ|PLATELET PLASMA	0232T	CPT	outpatient			1428	524.04	Horizon	Medicare Blue		455.69				437.91	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ|PLATELET PLASMA	0232T	CPT	outpatient			1428	524.04	Horizon	Indemnity		848.04				437.91	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ|PLATELET PLASMA	0232T	CPT	outpatient			1428	524.04	Horizon	PPO		848.04				437.91	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ|PLATELET PLASMA	0232T	CPT	outpatient			1428	524.04	Managed Care Inc	Managed Care Inc		1285.2	90			437.91	1782	percent of total billed charges	
INJ|PLATELET PLASMA	0232T	CPT	outpatient			1428	524.04	Multiplan	Multiplan		1142.4	80			437.91	1782	percent of total billed charges	
INJ|PLATELET PLASMA	0232T	CPT	outpatient			1428	524.04	Qualcare	Qualcare		1071	75			437.91	1782	percent of total billed charges	
INJ|PLATELET PLASMA	0232T	CPT	outpatient			1428	524.04	Three Rivers	Three Rivers		1356.6	95			437.91	1782	percent of total billed charges	
INJ|PLATELET PLASMA	0232T	CPT	outpatient			1428	524.04	UHC	Medicaid		450.53	31.55			437.91	1782	percent of total billed charges	
INJ|PLATELET PLASMA	0232T	CPT	outpatient			1428	524.04	UHC	Medicare		455.69				437.91	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ|PLATELET PLASMA	0232T	CPT	outpatient			1428	524.04	United	Commercial|PPO		1782				437.91	1782	case rate	
INJ|PLATELET PLASMA	0232T	CPT	outpatient			1428	524.04	United	Oxford		1782				437.91	1782	case rate	
INJ|PLATELET PLASMA	0232T	CPT	outpatient			1428	524.04	Wellcare	Medicare		455.69				437.91	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ|PLATELET PLASMA	0232T	CPT	outpatient			1428	524.04	Wellcare	Medicaid		450.53	31.55			437.91	1782	percent of total billed charges	
INJ|PLATELET PLASMA	0232T	CPT	outpatient			1428	524.04	WellPoint	WellPoint		459.53	32.18			437.91	1782	percent of total billed charges	
TRLUML PERIP ATHRC RENAL ART	0234T	CPT	outpatient			37686	14469	Aetna	Commercial		20030.13				950	35801.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRLUML PERIP ATHRC RENAL ART	0234T	CPT	outpatient			37686	14469	Aetna	Better Health		11889.93	31.55			950	35801.7	percent of total billed charges	
TRLUML PERIP ATHRC RENAL ART	0234T	CPT	outpatient			37686	14469	Aetna	Medicare		12581.74				950	35801.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRLUML PERIP ATHRC RENAL ART	0234T	CPT	outpatient			37686	14469	Americare	Americare		28264.5	75			950	35801.7	percent of total billed charges	
TRLUML PERIP ATHRC RENAL ART	0234T	CPT	outpatient			37686	14469	Amerihealth	HMO/PPO		950				950	35801.7	fee schedule	
TRLUML PERIP ATHRC RENAL ART	0234T	CPT	outpatient			37686	14469	Amerihealth	Medicare		12581.74				950	35801.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRLUML PERIP ATHRC RENAL ART	0234T	CPT	outpatient			37686	14469	Consumer	Consumer		35801.7	95			950	35801.7	percent of total billed charges	
TRLUML PERIP ATHRC RENAL ART	0234T	CPT	outpatient			37686	14469	Corrections	Corrections		30148.8	80			950	35801.7	percent of total billed charges	
TRLUML PERIP ATHRC RENAL ART	0234T	CPT	outpatient			37686	14469	First Health	First Health		26380.2	70			950	35801.7	percent of total billed charges	
TRLUML PERIP ATHRC RENAL ART	0234T	CPT	outpatient			37686	14469	First Trenton	First Trenton		33917.4	90			950	35801.7	percent of total billed charges	
TRLUML PERIP ATHRC RENAL ART	0234T	CPT	outpatient			37686	14469	Horizon	Medicare Blue		12581.74				950	35801.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRLUML PERIP ATHRC RENAL ART	0234T	CPT	outpatient			37686	14469	Horizon	MGD		23414.62				950	35801.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRLUML PERIP ATHRC RENAL ART	0234T	CPT	outpatient			37686	14469	Horizon	Indemnity		23414.62				950	35801.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRLUML PERIP ATHRC RENAL ART	0234T	CPT	outpatient			37686	14469	Horizon	PPO		23414.62				950	35801.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRLUML PERIP ATHRC RENAL ART	0234T	CPT	outpatient			37686	14469	Managed Care Inc	Managed Care Inc		33917.4	90			950	35801.7	percent of total billed charges	
TRLUML PERIP ATHRC RENAL ART	0234T	CPT	outpatient			37686	14469	Multiplan	Multiplan		30148.8	80			950	35801.7	percent of total billed charges	
TRLUML PERIP ATHRC RENAL ART	0234T	CPT	outpatient			37686	14469	Qualcare	Qualcare		28264.5	75			950	35801.7	percent of total billed charges	
TRLUML PERIP ATHRC RENAL ART	0234T	CPT	outpatient			37686	14469	Three Rivers	Three Rivers		35801.7	95			950	35801.7	percent of total billed charges	
TRLUML PERIP ATHRC RENAL ART	0234T	CPT	outpatient			37686	14469	UHC	Medicare		12581.74				950	35801.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRLUML PERIP ATHRC RENAL ART	0234T	CPT	outpatient			37686	14469	UHC	Medicaid		11889.93	31.55			950	35801.7	percent of total billed charges	
TRLUML PERIP ATHRC RENAL ART	0234T	CPT	outpatient			37686	14469	United	Commercial|PPO		5843				950	35801.7	case rate	
TRLUML PERIP ATHRC RENAL ART	0234T	CPT	outpatient			37686	14469	United	Oxford		5843				950	35801.7	case rate	
TRLUML PERIP ATHRC RENAL ART	0234T	CPT	outpatient			37686	14469	Wellcare	Medicare		12581.74				950	35801.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRLUML PERIP ATHRC RENAL ART	0234T	CPT	outpatient			37686	14469	Wellcare	Medicaid		11889.93	31.55			950	35801.7	percent of total billed charges	
TRLUML PERIP ATHRC RENAL ART	0234T	CPT	outpatient			37686	14469	WellPoint	WellPoint		12127.35	32.18			950	35801.7	percent of total billed charges	
TRLUML PERIP ATHRC VISCERAL	0235T	CPT	outpatient					United	Commercial|PPO		1782				1782	1782	case rate	
TRLUML PERIP ATHRC VISCERAL	0235T	CPT	outpatient					United	Oxford		1782				1782	1782	case rate	
TRLUM PERI ATHERECT ABD AORTA	0236T	CPT	outpatient			37686	14469	Aetna	Better Health		11889.93	31.55			950	35801.7	percent of total billed charges	
TRLUM PERI ATHERECT ABD AORTA	0236T	CPT	outpatient			37686	14469	Aetna	Commercial		20030.13				950	35801.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRLUM PERI ATHERECT ABD AORTA	0236T	CPT	outpatient			37686	14469	Aetna	Medicare		12581.74				950	35801.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRLUM PERI ATHERECT ABD AORTA	0236T	CPT	outpatient			37686	14469	Americare	Americare		28264.5	75			950	35801.7	percent of total billed charges	
TRLUM PERI ATHERECT ABD AORTA	0236T	CPT	outpatient			37686	14469	Amerihealth	HMO/PPO		950				950	35801.7	fee schedule	
TRLUM PERI ATHERECT ABD AORTA	0236T	CPT	outpatient			37686	14469	Amerihealth	Medicare		12581.74				950	35801.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRLUM PERI ATHERECT ABD AORTA	0236T	CPT	outpatient			37686	14469	Consumer	Consumer		35801.7	95			950	35801.7	percent of total billed charges	
TRLUM PERI ATHERECT ABD AORTA	0236T	CPT	outpatient			37686	14469	Corrections	Corrections		30148.8	80			950	35801.7	percent of total billed charges	
TRLUM PERI ATHERECT ABD AORTA	0236T	CPT	outpatient			37686	14469	First Health	First Health		26380.2	70			950	35801.7	percent of total billed charges	
TRLUM PERI ATHERECT ABD AORTA	0236T	CPT	outpatient			37686	14469	First Trenton	First Trenton		33917.4	90			950	35801.7	percent of total billed charges	
TRLUM PERI ATHERECT ABD AORTA	0236T	CPT	outpatient			37686	14469	Horizon	Indemnity		23414.62				950	35801.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRLUM PERI ATHERECT ABD AORTA	0236T	CPT	outpatient			37686	14469	Horizon	PPO		23414.62				950	35801.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRLUM PERI ATHERECT ABD AORTA	0236T	CPT	outpatient			37686	14469	Horizon	MGD		23414.62				950	35801.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRLUM PERI ATHERECT ABD AORTA	0236T	CPT	outpatient			37686	14469	Horizon	Medicare Blue		12581.74				950	35801.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.																
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true															
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
TRLUM PERI ATHERECT ABD AORTA	0236T	CPT	outpatient			37686	14469	Managed Care Inc	Managed Care Inc		33917.4	90			950	35801.7	percent of total billed charges	
TRLUM PERI ATHERECT ABD AORTA	0236T	CPT	outpatient			37686	14469	Multiplan	Multiplan		30148.8	80			950	35801.7	percent of total billed charges	
TRLUM PERI ATHERECT ABD AORTA	0236T	CPT	outpatient			37686	14469	Qualcare	Qualcare		28264.5	75			950	35801.7	percent of total billed charges	
TRLUM PERI ATHERECT ABD AORTA	0236T	CPT	outpatient			37686	14469	Three Rivers	Three Rivers		35801.7	95			950	35801.7	percent of total billed charges	
TRLUM PERI ATHERECT ABD AORTA	0236T	CPT	outpatient			37686	14469	UHC	Medicare		12581.74				950	35801.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRLUM PERI ATHERECT ABD AORTA	0236T	CPT	outpatient			37686	14469	UHC	Medicaid		11889.93	31.55			950	35801.7	percent of total billed charges	
TRLUM PERI ATHERECT ABD AORTA	0236T	CPT	outpatient			37686	14469	United	Oxford		5843				950	35801.7	case rate	
TRLUM PERI ATHERECT ABD AORTA	0236T	CPT	outpatient			37686	14469	United	Commercial|PPO		5843				950	35801.7	case rate	
TRLUM PERI ATHERECT ABD AORTA	0236T	CPT	outpatient			37686	14469	Wellcare	Medicare		12581.74				950	35801.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRLUM PERI ATHERECT ABD AORTA	0236T	CPT	outpatient			37686	14469	Wellcare	Medicaid		11889.93	31.55			950	35801.7	percent of total billed charges	
TRLUM PERI ATHERECT ABD AORTA	0236T	CPT	outpatient			37686	14469	WellPoint	WellPoint		12127.35	32.18			950	35801.7	percent of total billed charges	
TL PERI ATHR BRCH|OCEP TR & BR	0237T	CPT	outpatient			37686	14469	Aetna	Better Health		11889.93	31.55			950	35801.7	percent of total billed charges	
TL PERI ATHR BRCH|OCEP TR & BR	0237T	CPT	outpatient			37686	14469	Aetna	Commercial		20030.13				950	35801.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TL PERI ATHR BRCH|OCEP TR & BR	0237T	CPT	outpatient			37686	14469	Aetna	Medicare		12581.74				950	35801.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TL PERI ATHR BRCH|OCEP TR & BR	0237T	CPT	outpatient			37686	14469	Americare	Americare		28264.5	75			950	35801.7	percent of total billed charges	
TL PERI ATHR BRCH|OCEP TR & BR	0237T	CPT	outpatient			37686	14469	Amerihealth	Medicare		12581.74				950	35801.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TL PERI ATHR BRCH|OCEP TR & BR	0237T	CPT	outpatient			37686	14469	Amerihealth	HMO|PPO		950				950	35801.7	fee schedule	
TL PERI ATHR BRCH|OCEP TR & BR	0237T	CPT	outpatient			37686	14469	Consumer	Consumer		35801.7	95			950	35801.7	percent of total billed charges	
TL PERI ATHR BRCH|OCEP TR & BR	0237T	CPT	outpatient			37686	14469	Corrections	Corrections		30148.8	80			950	35801.7	percent of total billed charges	
TL PERI ATHR BRCH|OCEP TR & BR	0237T	CPT	outpatient			37686	14469	First Health	First Health		26380.2	70			950	35801.7	percent of total billed charges	
TL PERI ATHR BRCH|OCEP TR & BR	0237T	CPT	outpatient			37686	14469	First Trentron	First Trentron		33917.4	90			950	35801.7	percent of total billed charges	
TL PERI ATHR BRCH|OCEP TR & BR	0237T	CPT	outpatient			37686	14469	Horizon	Medicare Blue		12581.74				950	35801.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TL PERI ATHR BRCH|OCEP TR & BR	0237T	CPT	outpatient			37686	14469	Horizon	Indemnity		23414.62				950	35801.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TL PERI ATHR BRCH|OCEP TR & BR	0237T	CPT	outpatient			37686	14469	Horizon	MGD		23414.62				950	35801.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TL PERI ATHR BRCH|OCEP TR & BR	0237T	CPT	outpatient			37686	14469	Horizon	PPO		23414.62				950	35801.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TL PERI ATHR BRCH|OCEP TR & BR	0237T	CPT	outpatient			37686	14469	Managed Care Inc	Managed Care Inc		33917.4	90			950	35801.7	percent of total billed charges	
TL PERI ATHR BRCH|OCEP TR & BR	0237T	CPT	outpatient			37686	14469	Multiplan	Multiplan		30148.8	80			950	35801.7	percent of total billed charges	
TL PERI ATHR BRCH|OCEP TR & BR	0237T	CPT	outpatient			37686	14469	Qualcare	Qualcare		28264.5	75			950	35801.7	percent of total billed charges	
TL PERI ATHR BRCH|OCEP TR & BR	0237T	CPT	outpatient			37686	14469	Three Rivers	Three Rivers		35801.7	95			950	35801.7	percent of total billed charges	
TL PERI ATHR BRCH|OCEP TR & BR	0237T	CPT	outpatient			37686	14469	UHC	Medicare		12581.74				950	35801.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TL PERI ATHR BRCH|OCEP TR & BR	0237T	CPT	outpatient			37686	14469	UHC	Medicaid		11889.93	31.55			950	35801.7	percent of total billed charges	
TL PERI ATHR BRCH|OCEP TR & BR	0237T	CPT	outpatient			37686	14469	United	Commercial|PPO		5843				950	35801.7	case rate	
TL PERI ATHR BRCH|OCEP TR & BR	0237T	CPT	outpatient			37686	14469	United	Oxford		5843				950	35801.7	case rate	
TL PERI ATHR BRCH|OCEP TR & BR	0237T	CPT	outpatient			37686	14469	Wellcare	Medicaid		11889.93	31.55			950	35801.7	percent of total billed charges	
TL PERI ATHR BRCH|OCEP TR & BR	0237T	CPT	outpatient			37686	14469	Wellcare	Medicare		12581.74				950	35801.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TL PERI ATHR BRCH|OCEP TR & BR	0237T	CPT	outpatient			37686	14469	WellPoint	WellPoint		12127.35	32.18			950	35801.7	percent of total billed charges	
TRLUML PERIP ATHRC ILIAC ART	0238T	CPT	outpatient			62583	23062.62	Aetna	Better Health		19744.94	31.55			950	59453.85	percent of total billed charges	
TRLUML PERIP ATHRC ILIAC ART	0238T	CPT	outpatient			62583	23062.62	Aetna	Medicare		20054.45				950	59453.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRLUML PERIP ATHRC ILIAC ART	0238T	CPT	outpatient			62583	23062.62	Aetna	Commercial		31926.68				950	59453.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRLUML PERIP ATHRC ILIAC ART	0238T	CPT	outpatient			62583	23062.62	Americare	Americare		46937.25	75			950	59453.85	percent of total billed charges	
TRLUML PERIP ATHRC ILIAC ART	0238T	CPT	outpatient			62583	23062.62	Amerihealth	HMO|PPO		950				950	59453.85	fee schedule	
TRLUML PERIP ATHRC ILIAC ART	0238T	CPT	outpatient			62583	23062.62	Amerihealth	Medicare		20054.45				950	59453.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRLUML PERIP ATHRC ILIAC ART	0238T	CPT	outpatient			62583	23062.62	Consumer	Consumer		59453.85	95			950	59453.85	percent of total billed charges	
TRLUML PERIP ATHRC ILIAC ART	0238T	CPT	outpatient			62583	23062.62	Corrections	Corrections		50066.4	80			950	59453.85	percent of total billed charges	
TRLUML PERIP ATHRC ILIAC ART	0238T	CPT	outpatient			62583	23062.62	First Health	First Health		43808.1	70			950	59453.85	percent of total billed charges	
TRLUML PERIP ATHRC ILIAC ART	0238T	CPT	outpatient			62583	23062.62	First Trentron	First Trentron		56324.7	90			950	59453.85	percent of total billed charges	
TRLUML PERIP ATHRC ILIAC ART	0238T	CPT	outpatient			62583	23062.62	Horizon	MGD		37321.33				950	59453.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRLUML PERIP ATHRC ILIAC ART	0238T	CPT	outpatient			62583	23062.62	Horizon	Indemnity		37321.33				950	59453.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRLUML PERIP ATHRC ILIAC ART	0238T	CPT	outpatient			62583	23062.62	Horizon	PPO		37321.33				950	59453.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRLUML PERIP ATHRC ILIAC ART	0238T	CPT	outpatient			62583	23062.62	Horizon	Medicare Blue		20054.45				950	59453.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRLUML PERIP ATHRC ILIAC ART	0238T	CPT	outpatient			62583	23062.62	Managed Care Inc	Managed Care Inc		56324.7	90			950	59453.85	percent of total billed charges	
TRLUML PERIP ATHRC ILIAC ART	0238T	CPT	outpatient			62583	23062.62	Multiplan	Multiplan		50066.4	80			950	59453.85	percent of total billed charges	
TRLUML PERIP ATHRC ILIAC ART	0238T	CPT	outpatient			62583	23062.62	Qualcare	Qualcare		46937.25	75			950	59453.85	percent of total billed charges	
TRLUML PERIP ATHRC ILIAC ART	0238T	CPT	outpatient			62583	23062.62	Three Rivers	Three Rivers		59453.85	95			950	59453.85	percent of total billed charges	
TRLUML PERIP ATHRC ILIAC ART	0238T	CPT	outpatient			62583	23062.62	UHC	Medicaid		19744.94	31.55			950	59453.85	percent of total billed charges	
TRLUML PERIP ATHRC ILIAC ART	0238T	CPT	outpatient			62583	23062.62	UHC	Medicare		20054.45				950	59453.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRLUML PERIP ATHRC ILIAC ART	0238T	CPT	outpatient			62583	23062.62	United	Commercial|PPO		5843				950	59453.85	case rate	
TRLUML PERIP ATHRC ILIAC ART	0238T	CPT	outpatient			62583	23062.62	United	Oxford		5843				950	59453.85	case rate	
TRLUML PERIP ATHRC ILIAC ART	0238T	CPT	outpatient			62583	23062.62	Wellcare	Medicare		20054.45				950	59453.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRLUML PERIP ATHRC ILIAC ART	0238T	CPT	outpatient			62583	23062.62	Wellcare	Medicaid		19744.94	31.55			950	59453.85	percent of total billed charges	
TRLUML PERIP ATHRC ILIAC ART	0238T	CPT	outpatient			62583	23062.62	WellPoint	WellPoint		20139.21	32.18			950	59453.85	percent of total billed charges	
IMPLT/RPL CRTD SNS DEV GEN	0268T	CPT	outpatient			76986	40840.65	Aetna	Medicare		35513.61				6553	73136.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMPLT/RPL CRTD SNS DEV GEN	0268T	CPT	outpatient			76986	40840.65	Aetna	Better Health		24289.08	31.55			6553	73136.7	percent of total billed charges	
IMPLT/RPL CRTD SNS DEV GEN	0268T	CPT	outpatient			76986	40840.65	Aetna	Commercial		56637.67				6553	73136.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMPLT/RPL CRTD SNS DEV GEN	0268T	CPT	outpatient			76986	40840.65	Americare	Americare		57739.5	75			6553	73136.7	percent of total billed charges	
IMPLT/RPL CRTD SNS DEV GEN	0268T	CPT	outpatient			76986	40840.65	Amerihealth	Medicare		35513.61				6553	73136.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMPLT/RPL CRTD SNS DEV GEN	0268T	CPT	outpatient			76986	40840.65	Amerihealth	HMO|PPO		50040.9	65			6553	73136.7	percent of total billed charges	
IMPLT/RPL CRTD SNS DEV GEN	0268T	CPT	outpatient			76986	40840.65	Consumer	Consumer		73136.7	95			6553	73136.7	percent of total billed charges	
IMPLT/RPL CRTD SNS DEV GEN	0268T	CPT	outpatient			76986	40840.65	Corrections	Corrections		61588.8	80			6553	73136.7	percent of total billed charges	
IMPLT/RPL CRTD SNS DEV GEN	0268T	CPT	outpatient			76986	40840.65	First Health	First Health		53890.2	70			6553	73136.7	percent of total billed charges	
IMPLT/RPL CRTD SNS DEV GEN	0268T	CPT	outpatient			76986	40840.65	First Trentron	First Trentron		69287.4	90			6553	73136.7	percent of total billed charges	
IMPLT/RPL CRTD SNS DEV GEN	0268T	CPT	outpatient			76986	40840.65	Horizon	Medicare Blue		35513.61				6553	73136.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMPLT/RPL CRTD SNS DEV GEN	0268T	CPT	outpatient			76986	40840.65	Horizon	Indemnity		66090.83				6553	73136.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMPLT/RPL CRTD SNS DEV GEN	0268T	CPT	outpatient			76986	40840.65	Horizon	MGD		66090.83				6553	73136.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMPLT/RPL CRTD SNS DEV GEN	0268T	CPT	outpatient			76986	40840.65	Horizon	PPO		66090.83				6553	73136.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMPLT/RPL CRTD SNS DEV GEN	0268T	CPT	outpatient			76986	40840.65	Managed Care Inc	Managed Care Inc		69287.4	90			6553	73136.7	percent of total billed charges	
IMPLT/RPL CRTD SNS DEV GEN	0268T	CPT	outpatient			76986	40840.65	Multiplan	Multiplan		61588.8	80			6553	73136.7	percent of total billed charges	
IMPLT/RPL CRTD SNS DEV GEN	0268T	CPT	outpatient			76986	40840.65	Qualcare	Qualcare		57739.5	75			6553	73136.7	percent of total billed charges	
IMPLT/RPL CRTD SNS DEV GEN	0268T	CPT	outpatient			76986	40840.65	Three Rivers	Three Rivers		73136.7	95			6553	73136.7	percent of total billed charges	
IMPLT/RPL CRTD SNS DEV GEN	0268T	CPT	outpatient			76986	40840.65	UHC	Medicaid		24289.08	31.55			6553	73136.7	percent of total billed charges	
IMPLT/RPL CRTD SNS DEV GEN	0268T	CPT	outpatient			76986	40840.65	UHC	Medicare		35513.61				6553	73136.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMPLT/RPL CRTD SNS DEV GEN	0268T	CPT	outpatient			76986	40840.65	United	Oxford		6553				6553	73136.7	case rate	
IMPLT/RPL CRTD SNS DEV GEN	0268T	CPT	outpatient			76986	40840.65	United	Commercial|PPO		6553				6553	73136.7	case rate	
IMPLT/RPL CRTD SNS DEV GEN	0268T	CPT	outpatient			76986	40840.65	Wellcare	Medicare		35513.61				6553	73136.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMPLT/RPL CRTD SNS DEV GEN	0268T	CPT	outpatient			76986	40840.65	Wellcare	Medicaid		24289.08	31.55			6553	73136.7	percent of total billed charges	
IMPLT/RPL CRTD SNS DEV GEN	0268T	CPT	outpatient			76986	40840.65	WellPoint	WellPoint		24774.09	32.18			6553	73136.7	percent of total billed charges	
PERC LAM|LMNOT,UNI|BIL|LMBR	0275T	CPT	outpatient			25283	9409.2	Aetna	Medicare		8181.91				4702	24018.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERC LAM|LMNOT,UNI|BIL|LMBR	0275T	CPT	outpatient			25283	9409.2	Aetna	Better Health		7976.79	31.55			4702	24018.85	percent of total billed charges	
PERC LAM|LMNOT,UNI|BIL|LMBR	0275T	CPT	outpatient			25283	9409.2	Aetna	Commercial		13025.6				4702	24018.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERC LAM|LMNOT,UNI|BIL|LMBR	0275T	CPT	outpatient			25283	9409.2	Americare	Americare		18962.25	75			4702	24018.85	percent of total billed charges	
PERC LAM|LMNOT,UNI|BIL|LMBR	0275T	CPT	outpatient			25283	9409.2	Amerihealth	HMO|PPO		16433.95	65			4702	24018.85	percent of total billed charges	
PERC LAM|LMNOT,UNI|BIL|LMBR	0275T	CPT	outpatient			25283	9409.2	Amerihealth	Medicare		8181.91				4702	24018.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERC LAM|LMNOT,UNI|BIL|LMBR	0275T	CPT	outpatient			25283	9409.2	Consumer	Consumer		24018.85	95			4702	24018.85	percent of total billed charges	
PERC LAM|LMNOT,UNI|BIL|LMBR	0275T	CPT	outpatient			25283	9409.2	Corrections	Corrections		20226.4	80			4702	24018.85	percent of total billed charges	
PERC LAM|LMNOT,UNI|BIL|LMBR	0275T	CPT	outpatient			25283	9409.2	First Health	First Health		17688.1	70			4702	24018.85	percent of total billed charges	
PERC LAM|LMNOT,UNI|BIL|LMBR	0275T	CPT	outpatient			25283	9409.2	First Trentron	First Trentron		22754.7	90			4702	24018.85	percent of total billed charges	
PERC LAM|LMNOT,UNI|BIL|LMBR	0275T	CPT	outpatient			25283	9409.2	Horizon	Indemnity		15226.53				4702	24018.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERC LAM|LMNOT,UNI|BIL|LMBR	0275T	CPT	outpatient			25283	9409.2	Horizon	Medicare Blue		8181.91				4702	24018.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERC LAM|LMNOT,UNI|BIL|LMBR	0275T	CPT	outpatient			25283	9409.2	Horizon	MGD		15226.53				4702	24018.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERC LAM|LMNOT,UNI|BIL|LMBR	0275T	CPT	outpatient			25283	9409.2	Horizon	PPO		15226.53				4702	24018.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERC LAM|LMNOT,UNI|BIL|LMBR	0275T	CPT	outpatient			25283	9409.2	Managed Care Inc	Managed Care Inc		22754.7	90			4702	24018.85	percent of total billed charges	
PERC LAM|LMNOT,UNI|BIL|LMBR	0275T	CPT	outpatient			25283	9409.2	Multiplan	Multiplan		20226.4	80			4702	24018.85	percent of total billed charges	
PERC LAM|LMNOT,UNI|BIL|LMBR	0275T	CPT	outpatient			25283	9409.2	Qualcare	Qualcare		18962.25	75			4702	24018.85	percent of total billed charges	
PERC LAM|LMNOT,UNI|BIL|LMBR	0275T	CPT	outpatient			25283	9409.2	Three Rivers	Three Rivers		24018.85	95			4702	24018.85	percent of total billed charges	
PERC LAM|LMNOT,UNI|BIL|LMBR	0275T	CPT	outpatient			25283	9409.2	UHC	Medicaid		7976.79	31.55			4702	24018.85	percent of total billed charges	
PERC LAM|LMNOT,UNI|BIL|LMBR	0275T	CPT	outpatient			25283	9409.2	UHC	Medicare		8181.91				4702	24018.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERC LAM|LMNOT,UNI|BIL|LMBR	0275T	CPT	outpatient			25283	9409.2	United	Commercial|PPO		4702				4702	24018.85	case rate	
PERC LAM|LMNOT,UNI|BIL|LMBR	0275T	CPT	outpatient			25283	9409.2	United	Oxford		4702				4702	24018.85	case rate	
PERC LAM|LMNOT,UNI|BIL|LMBR	0275T	CPT	outpatient			25283	9409.2	Wellcare	Medicaid		7976.79	31.55			4702	24018.85	percent of total billed charges	
PERC LAM|LMNOT,UNI|BIL|LMBR	0275T	CPT	outpatient			25283	9409.2	Wellcare	Medicare		8181.91				4702	24018.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERC LAM|LMNOT,UNI|BIL|LMBR	0275T	CPT	outpatient			25283	9409.2	WellPoint	WellPoint		8136.07	32.18			4702	24018.85	percent of total billed charges	
VAGUS NRVBLCK OBESE REPL PULSGEN	0316T	CPT	outpatient			76986		Aetna	Better Health		24289.08	31.55			23095.8	73136.7	percent of total billed charges	
VAGUS NRVBLCK OBESE REPL PULSGEN	0316T	CPT	outpatient			76986		Aetna	Medicare		23711.69	30.8			23095.8	73136.7	percent of total billed charges	
VAGUS NRVBLCK OBESE REPL PULSGEN	0316T	CPT	outpatient			76986		Aetna	Commercial		29254.68	38			23095.8	73136.7	percent of total billed charges	
VAGUS NRVBLCK OBESE REPL PULSGEN	0316T	CPT	outpatient			76986		Americare	Americare		57739.5	75			23095.8	73136.7	percent of total billed charges	
VAGUS NRVBLCK OBESE REPL PULSGEN	0316T	CPT	outpatient			76986		Amerihealth	HMO|PPO		50040.9	65			23095.8	73136.7	percent of total billed charges	
VAGUS NRVBLCK OBESE REPL PULSGEN	0316T	CPT	outpatient			76986		Consumer	Consumer		73136.7	95			23095.8	73136.7	percent of total billed charges	
VAGUS NRVBLCK OBESE REPL PULSGEN	0316T	CPT	outpatient			76986		Corrections	Corrections		61588.8	80			23095.8	73136.7	percent of total billed charges	
VAGUS NRVBLCK OBESE REPL PULSGEN	0316T	CPT	outpatient			76986		First Health	First Health		53890.2	70			23095.8	73136.7	percent of total billed charges	
VAGUS NRVBLCK OBESE REPL PULSGEN	0316T	CPT	outpatient			76986		First Trentron	First Trentron		69287.4	90			23095.8	73136.7	percent of total billed charges	
VAGUS NRVBLCK OBESE REPL PULSGEN	0316T	CPT	outpatient			76986		Horizon	MGD		29470.24	38.28			23095.8	73136.7	percent of total billed charges	
VAGUS NRVBLCK OBESE REPL PULSGEN	0316T	CPT	outpatient			76986		Horizon	Indemnity		29470.24	38.28			23095.8	73136.7	percent of total billed charges	
VAGUS NRVBLCK OBESE REPL PULSGEN	0316T	CPT	outpatient			76986		Horizon	Medicare Blue		23095.8	30			23095.8	73136.7	percent of total billed charges	
VAGUS NRVBLCK OBESE REPL PULSGEN	0316T	CPT	outpatient			76986		Horizon	PPO		29470.24	38.28			23095.8	73136.7	percent of total billed charges	
VAGUS NRVBLCK OBESE REPL PULSGEN	0316T	CPT	outpatient			76986		Managed Care Inc	Managed Care Inc		69287.4	90			23095.8	73136.7	percent of total billed charges	
VAGUS NRVBLCK OBESE REPL PULSGEN	0316T	CPT	outpatient			76986		Multiplan	Multiplan		61588.8	80			23095.8	73136.7	percent of total billed charges	
VAGUS NRVBLCK OBESE REPL PULSGEN	0316T	CPT	outpatient			76986		Qualcare	Qualcare		57739.5	75			23095.8	73136.7	percent of total billed charges	
VAGUS NRVBLCK OBESE REPL PULSGEN	0316T	CPT	outpatient			76986		Three Rivers	Three Rivers		73136.7	95			23095.8	73136.7	percent of total billed charges	
VAGUS NRVBLCK OBESE REPL PULSGEN	0316T	CPT	outpatient			76986		UHC	Medicaid		24289.08	31.55			23095.8	73136.7	percent of total billed charges	
VAGUS NRVBLCK OBESE REPL PULSGEN	0316T	CPT	outpatient			76986		Wellcare	Medicaid		24289.08	31.55			23095.8	73136.7	percent of total billed charges	
VAGUS NRVBLCK OBESE REPL PULSGEN	0316T	CPT	outpatient			76986		WellPoint	WellPoint		24774.09	32.18			23095.8	73136.7	percent of total billed charges	
NUC MED MIBG MYOCARDIAL SYMPATH INNERV	0331T	CPT	outpatient			4808	1867.58	Aetna	Better Health		1623.98	31.55			1516.92	4567.6	percent of total billed charges	
NUC MED MIBG MYOCARDIAL SYMPATH INNERV	0331T	CPT	outpatient			4808	1867.58	Aetna	Commercial		2585.38				1516.92	4567.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUC MED MIBG MYOCARDIAL SYMPATH INNERV	0331T	CPT	outpatient			4808	1867.58	Aetna	Medicare		1623.98				1516.92	4567.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUC MED MIBG MYOCARDIAL SYMPATH INNERV	0331T	CPT	outpatient			4808	1867.58	Americare	Americare		3606	75			1516.92	4567.6	percent of total billed charges	
NUC MED MIBG MYOCARDIAL SYMPATH INNERV	0331T	CPT	outpatient			4808	1867.58	Amerihealth	Medicare		1623.98				1516.92	4567.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUC MED MIBG MYOCARDIAL SYMPATH INNERV	0331T	CPT	outpatient			4808	1867.58	Amerihealth	HMO|PPO		3125.2	65			1516.92	4567.6	percent of total billed charges	
NUC MED MIBG MYOCARDIAL SYMPATH INNERV	0331T	CPT	outpatient			4808	1867.58	Consumer	Consumer		4567.6	95			1516.92	4567.6	percent of total billed charges	
NUC MED MIBG MYOCARDIAL SYMPATH INNERV	0331T	CPT	outpatient			4808	1867.58	Corrections	Corrections		3846.4	80			1516.92	4567.6	percent of total billed charges	
NUC MED MIBG MYOCARDIAL SYMPATH INNERV	0331T	CPT	outpatient			4808	1867.58	First Health	First Health		3365.6	70			1516.92	4567.6	percent of total billed charges	
NUC MED MIBG MYOCARDIAL SYMPATH INNERV	0331T	CPT	outpatient			4808	1867.58	First Trentron	First Trentron		4327.2	90			1516.92	4567.6	percent of total billed charges	
NUC MED MIBG MYOCARDIAL SYMPATH INNERV	0331T	CPT	outpatient			4808	1867.58	Horizon	Indemnity		3022.23				1516.92	4567.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUC MED MIBG MYOCARDIAL SYMPATH INNERV	0331T	CPT	outpatient			4808	1867.58	Horizon	MGD		3022.23				1516.92	4567.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUC MED MIBG MYOCARDIAL SYMPATH INNERV	0331T	CPT	outpatient			4808	1867.58	Horizon	Medicare Blue		1623.98				1516.92	4567.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUC MED MIBG MYOCARDIAL SYMPATH INNERV	0331T	CPT	outpatient			4808	1867.58	Horizon	PPO		3022.23				1516.92	4567.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUC MED MIBG MYOCARDIAL SYMPATH INNERV	0331T	CPT	outpatient			4808	1867.58	Managed Care Inc	Managed Care Inc		4327.2	90			1516.92	4567.6	percent of total billed charges	
NUC MED MIBG MYOCARDIAL SYMPATH INNERV	0331T	CPT	outpatient			4808	1867.58	Multiplan	Multiplan		3846.4	80			1516.92	4567.6	percent of total billed charges	
NUC MED MIBG MYOCARDIAL SYMPATH INNERV	0331T	CPT	outpatient

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.																
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true															
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
NUC MED MIBG MYOCARDIAL SYMPATH INNERV	0331T	CPT	outpatient			4808	1867.58	Three Rivers	Three Rivers		4567.6	95			1516.92	4567.6	percent of total billed charges	
NUC MED MIBG MYOCARDIAL SYMPATH INNERV	0331T	CPT	outpatient			4808	1867.58	UHC	Medicare		1623.98				1516.92	4567.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUC MED MIBG MYOCARDIAL SYMPATH INNERV	0331T	CPT	outpatient			4808	1867.58	UHC	Medicaid		1516.92	31.55			1516.92	4567.6	percent of total billed charges	
NUC MED MIBG MYOCARDIAL SYMPATH INNERV	0331T	CPT	outpatient			4808	1867.58	Wellcare	Medicare		1623.98				1516.92	4567.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUC MED MIBG MYOCARDIAL SYMPATH INNERV	0331T	CPT	outpatient			4808	1867.58	Wellcare	Medicaid		1516.92	31.55			1516.92	4567.6	percent of total billed charges	
NUC MED MIBG MYOCARDIAL SYMPATH INNERV	0331T	CPT	outpatient			4808	1867.58	WellPoint	WellPoint		1547.21	32.18			1516.92	4567.6	percent of total billed charges	
NUC MED MIBG MYOCARDIAL SYMPATH INNERV	0332T	CPT	outpatient			4808	1867.58	Aetna	Commercial		2585.38				1516.92	4567.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUC MED MIBG MYOCARDIAL SYMPATH INNERV	0332T	CPT	outpatient			4808	1867.58	Aetna	Better Health		1516.92	31.55			1516.92	4567.6	percent of total billed charges	
NUC MED MIBG MYOCARDIAL SYMPATH INNERV	0332T	CPT	outpatient			4808	1867.58	Aetna	Medicare		1623.98				1516.92	4567.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUC MED MIBG MYOCARDIAL SYMPATH INNERV	0332T	CPT	outpatient			4808	1867.58	Americare	Americare		3606	75			1516.92	4567.6	percent of total billed charges	
NUC MED MIBG MYOCARDIAL SYMPATH INNERV	0332T	CPT	outpatient			4808	1867.58	Amerihealth	HMO/PPO		3125.2	65			1516.92	4567.6	percent of total billed charges	
NUC MED MIBG MYOCARDIAL SYMPATH INNERV	0332T	CPT	outpatient			4808	1867.58	Amerihealth	Medicare		1623.98				1516.92	4567.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUC MED MIBG MYOCARDIAL SYMPATH INNERV	0332T	CPT	outpatient			4808	1867.58	Consumer	Consumer		4567.6	95			1516.92	4567.6	percent of total billed charges	
NUC MED MIBG MYOCARDIAL SYMPATH INNERV	0332T	CPT	outpatient			4808	1867.58	Corrections	Corrections		3846.4	80			1516.92	4567.6	percent of total billed charges	
NUC MED MIBG MYOCARDIAL SYMPATH INNERV	0332T	CPT	outpatient			4808	1867.58	First Health	First Health		3365.6	70			1516.92	4567.6	percent of total billed charges	
NUC MED MIBG MYOCARDIAL SYMPATH INNERV	0332T	CPT	outpatient			4808	1867.58	First Trenton	First Trenton		4327.2	90			1516.92	4567.6	percent of total billed charges	
NUC MED MIBG MYOCARDIAL SYMPATH INNERV	0332T	CPT	outpatient			4808	1867.58	Horizon	Indemnity		3022.23				1516.92	4567.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUC MED MIBG MYOCARDIAL SYMPATH INNERV	0332T	CPT	outpatient			4808	1867.58	Horizon	Medicare Blue		1623.98				1516.92	4567.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUC MED MIBG MYOCARDIAL SYMPATH INNERV	0332T	CPT	outpatient			4808	1867.58	Horizon	PPO		3022.23				1516.92	4567.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUC MED MIBG MYOCARDIAL SYMPATH INNERV	0332T	CPT	outpatient			4808	1867.58	Horizon	MGD		3022.23				1516.92	4567.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUC MED MIBG MYOCARDIAL SYMPATH INNERV	0332T	CPT	outpatient			4808	1867.58	Managed Care Inc	Managed Care Inc		4327.2	90			1516.92	4567.6	percent of total billed charges	
NUC MED MIBG MYOCARDIAL SYMPATH INNERV	0332T	CPT	outpatient			4808	1867.58	Multiplan	Multiplan		3846.4	80			1516.92	4567.6	percent of total billed charges	
NUC MED MIBG MYOCARDIAL SYMPATH INNERV	0332T	CPT	outpatient			4808	1867.58	Qualcare	Qualcare		3606	75			1516.92	4567.6	percent of total billed charges	
NUC MED MIBG MYOCARDIAL SYMPATH INNERV	0332T	CPT	outpatient			4808	1867.58	Three Rivers	Three Rivers		4567.6	95			1516.92	4567.6	percent of total billed charges	
NUC MED MIBG MYOCARDIAL SYMPATH INNERV	0332T	CPT	outpatient			4808	1867.58	UHC	Medicare		1623.98				1516.92	4567.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUC MED MIBG MYOCARDIAL SYMPATH INNERV	0332T	CPT	outpatient			4808	1867.58	UHC	Medicaid		1516.92	31.55			1516.92	4567.6	percent of total billed charges	
NUC MED MIBG MYOCARDIAL SYMPATH INNERV	0332T	CPT	outpatient			4808	1867.58	Wellcare	Medicare		1623.98				1516.92	4567.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUC MED MIBG MYOCARDIAL SYMPATH INNERV	0332T	CPT	outpatient			4808	1867.58	Wellcare	Medicaid		1516.92	31.55			1516.92	4567.6	percent of total billed charges	
NUC MED MIBG MYOCARDIAL SYMPATH INNERV	0332T	CPT	outpatient			4808	1867.58	WellPoint	WellPoint		1547.21	32.18			1516.92	4567.6	percent of total billed charges	
TRNSCATH RENAL SYMPATH DENERVATION UNI,	0338T	CPT	outpatient			12324	7517.39	Aetna	Commercial		10406.68				3492	12165.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRNSCATH RENAL SYMPATH DENERVATION UNI,	0338T	CPT	outpatient			12324	7517.39	Aetna	Better Health		3888.22	31.55			3492	12165.1	percent of total billed charges	
TRNSCATH RENAL SYMPATH DENERVATION UNI,	0338T	CPT	outpatient			12324	7517.39	Aetna	Medicare		6536.86				3492	12165.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRNSCATH RENAL SYMPATH DENERVATION UNI,	0338T	CPT	outpatient			12324	7517.39	Americare	Americare		9243	75			3492	12165.1	percent of total billed charges	
TRNSCATH RENAL SYMPATH DENERVATION UNI,	0338T	CPT	outpatient			12324	7517.39	Amerihealth	Medicare		6536.86				3492	12165.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRNSCATH RENAL SYMPATH DENERVATION UNI,	0338T	CPT	outpatient			12324	7517.39	Amerihealth	HMO/PPO		8010.6	65			3492	12165.1	percent of total billed charges	
TRNSCATH RENAL SYMPATH DENERVATION UNI,	0338T	CPT	outpatient			12324	7517.39	Consumer	Consumer		11707.8	95			3492	12165.1	percent of total billed charges	
TRNSCATH RENAL SYMPATH DENERVATION UNI,	0338T	CPT	outpatient			12324	7517.39	Corrections	Corrections		9859.2	80			3492	12165.1	percent of total billed charges	
TRNSCATH RENAL SYMPATH DENERVATION UNI,	0338T	CPT	outpatient			12324	7517.39	First Health	First Health		8626.8	70			3492	12165.1	percent of total billed charges	
TRNSCATH RENAL SYMPATH DENERVATION UNI,	0338T	CPT	outpatient			12324	7517.39	First Trenton	First Trenton		11091.6	90			3492	12165.1	percent of total billed charges	
TRNSCATH RENAL SYMPATH DENERVATION UNI,	0338T	CPT	outpatient			12324	7517.39	Horizon	MGD		12165.1				3492	12165.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRNSCATH RENAL SYMPATH DENERVATION UNI,	0338T	CPT	outpatient			12324	7517.39	Horizon	Indemnity		12165.1				3492	12165.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRNSCATH RENAL SYMPATH DENERVATION UNI,	0338T	CPT	outpatient			12324	7517.39	Horizon	Medicare Blue		6536.86				3492	12165.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRNSCATH RENAL SYMPATH DENERVATION UNI,	0338T	CPT	outpatient			12324	7517.39	Horizon	PPO		12165.1				3492	12165.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRNSCATH RENAL SYMPATH DENERVATION UNI,	0338T	CPT	outpatient			12324	7517.39	Managed Care Inc	Managed Care Inc		11091.6	90			3492	12165.1	percent of total billed charges	
TRNSCATH RENAL SYMPATH DENERVATION UNI,	0338T	CPT	outpatient			12324	7517.39	Multiplan	Multiplan		9859.2	80			3492	12165.1	percent of total billed charges	
TRNSCATH RENAL SYMPATH DENERVATION UNI,	0338T	CPT	outpatient			12324	7517.39	Qualcare	Qualcare		9243	75			3492	12165.1	percent of total billed charges	
TRNSCATH RENAL SYMPATH DENERVATION UNI,	0338T	CPT	outpatient			12324	7517.39	Three Rivers	Three Rivers		11707.8	95			3492	12165.1	percent of total billed charges	
TRNSCATH RENAL SYMPATH DENERVATION UNI,	0338T	CPT	outpatient			12324	7517.39	UHC	Medicare		6536.86				3492	12165.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRNSCATH RENAL SYMPATH DENERVATION UNI,	0338T	CPT	outpatient			12324	7517.39	UHC	Medicaid		3888.22	31.55			3492	12165.1	percent of total billed charges	
TRNSCATH RENAL SYMPATH DENERVATION UNI,	0338T	CPT	outpatient			12324	7517.39	United	Oxford		3492				3492	12165.1	case rate	
TRNSCATH RENAL SYMPATH DENERVATION UNI,	0338T	CPT	outpatient			12324	7517.39	United	Commercial|PPO		3492				3492	12165.1	case rate	
TRNSCATH RENAL SYMPATH DENERVATION UNI,	0338T	CPT	outpatient			12324	7517.39	Wellcare	Medicaid		3888.22	31.55			3492	12165.1	percent of total billed charges	
TRNSCATH RENAL SYMPATH DENERVATION UNI,	0338T	CPT	outpatient			12324	7517.39	Wellcare	Medicare		6536.86				3492	12165.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRNSCATH RENAL SYMPATH DENERVATION UNI,	0338T	CPT	outpatient			12324	7517.39	WellPoint	WellPoint		3965.86	32.18			3492	12165.1	percent of total billed charges	
TRNSCATH RENAL SYMPATH DENERVATION BILA	0339T	CPT	outpatient			12324	7517.39	Aetna	Commercial		10406.68				3492	12165.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRNSCATH RENAL SYMPATH DENERVATION BILA	0339T	CPT	outpatient			12324	7517.39	Aetna	Better Health		3888.22	31.55			3492	12165.1	percent of total billed charges	
TRNSCATH RENAL SYMPATH DENERVATION BILA	0339T	CPT	outpatient			12324	7517.39	Aetna	Medicare		6536.86				3492	12165.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRNSCATH RENAL SYMPATH DENERVATION BILA	0339T	CPT	outpatient			12324	7517.39	Americare	Americare		9243	75			3492	12165.1	percent of total billed charges	
TRNSCATH RENAL SYMPATH DENERVATION BILA	0339T	CPT	outpatient			12324	7517.39	Amerihealth	Medicare		6536.86				3492	12165.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRNSCATH RENAL SYMPATH DENERVATION BILA	0339T	CPT	outpatient			12324	7517.39	Amerihealth	HMO/PPO		8010.6	65			3492	12165.1	percent of total billed charges	
TRNSCATH RENAL SYMPATH DENERVATION BILA	0339T	CPT	outpatient			12324	7517.39	Consumer	Consumer		11707.8	95			3492	12165.1	percent of total billed charges	
TRNSCATH RENAL SYMPATH DENERVATION BILA	0339T	CPT	outpatient			12324	7517.39	Corrections	Corrections		9859.2	80			3492	12165.1	percent of total billed charges	
TRNSCATH RENAL SYMPATH DENERVATION BILA	0339T	CPT	outpatient			12324	7517.39	First Health	First Health		8626.8	70			3492	12165.1	percent of total billed charges	
TRNSCATH RENAL SYMPATH DENERVATION BILA	0339T	CPT	outpatient			12324	7517.39	First Trenton	First Trenton		11091.6	90			3492	12165.1	percent of total billed charges	
TRNSCATH RENAL SYMPATH DENERVATION BILA	0339T	CPT	outpatient			12324	7517.39	Horizon	MGD		12165.1				3492	12165.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRNSCATH RENAL SYMPATH DENERVATION BILA	0339T	CPT	outpatient			12324	7517.39	Horizon	Indemnity		12165.1				3492	12165.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRNSCATH RENAL SYMPATH DENERVATION BILA	0339T	CPT	outpatient			12324	7517.39	Horizon	PPO		12165.1				3492	12165.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRNSCATH RENAL SYMPATH DENERVATION BILA	0339T	CPT	outpatient			12324	7517.39	Horizon	Medicare Blue		6536.86				3492	12165.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRNSCATH RENAL SYMPATH DENERVATION BILA	0339T	CPT	outpatient			12324	7517.39	Managed Care Inc	Managed Care Inc		11091.6	90			3492	12165.1	percent of total billed charges	
TRNSCATH RENAL SYMPATH DENERVATION BILA	0339T	CPT	outpatient			12324	7517.39	Multiplan	Multiplan		9859.2	80			3492	12165.1	percent of total billed charges	
TRNSCATH RENAL SYMPATH DENERVATION BILA	0339T	CPT	outpatient			12324	7517.39	Qualcare	Qualcare		9243	75			3492	12165.1	percent of total billed charges	
TRNSCATH RENAL SYMPATH DENERVATION BILA	0339T	CPT	outpatient			12324	7517.39	Three Rivers	Three Rivers		11707.8	95			3492	12165.1	percent of total billed charges	
TRNSCATH RENAL SYMPATH DENERVATION BILA	0339T	CPT	outpatient			12324	7517.39	UHC	Medicare		6536.86				3492	12165.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRNSCATH RENAL SYMPATH DENERVATION BILA	0339T	CPT	outpatient			12324	7517.39	UHC	Medicaid		3888.22	31.55			3492	12165.1	percent of total billed charges	
TRNSCATH RENAL SYMPATH DENERVATION BILA	0339T	CPT	outpatient			12324	7517.39	United	Commercial|PPO		3492				3492	12165.1	case rate	
TRNSCATH RENAL SYMPATH DENERVATION BILA	0339T	CPT	outpatient			12324	7517.39	United	Oxford		3492				3492	12165.1	case rate	
TRNSCATH RENAL SYMPATH DENERVATION BILA	0339T	CPT	outpatient			12324	7517.39	Wellcare	Medicare		6536.86				3492	12165.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRNSCATH RENAL SYMPATH DENERVATION BILA	0339T	CPT	outpatient			12324	7517.39	Wellcare	Medicaid		3888.22	31.55			3492	12165.1	percent of total billed charges	
TRNSCATH RENAL SYMPATH DENERVATION BILA	0339T	CPT	outpatient			12324	7517.39	WellPoint	WellPoint		3965.86	32.18			3492	12165.1	percent of total billed charges	
ANOSCOPY W/BULKING AGENT INJ FOR FECAL	0377T	CPT	outpatient			12200	Aetna	Better Health			3849.1	31.55			3660	11590	percent of total billed charges	
ANOSCOPY W/BULKING AGENT INJ FOR FECAL	0377T	CPT	outpatient			12200	Aetna	Commercial			4636	38			3660	11590	percent of total billed charges	
ANOSCOPY W/BULKING AGENT INJ FOR FECAL	0377T	CPT	outpatient			12200	Aetna	Medicare			3757.6	30.8			3660	11590	percent of total billed charges	
ANOSCOPY W/BULKING AGENT INJ FOR FECAL	0377T	CPT	outpatient			12200	Americare	Americare			9150	75			3660	11590	percent of total billed charges	
ANOSCOPY W/BULKING AGENT INJ FOR FECAL	0377T	CPT	outpatient			12200	Amerihealth	HMO/PPO			7930	65			3660	11590	percent of total billed charges	
ANOSCOPY W/BULKING AGENT INJ FOR FECAL	0377T	CPT	outpatient			12200	Consumer	Consumer			11590	95			3660	11590	percent of total billed charges	
ANOSCOPY W/BULKING AGENT INJ FOR FECAL	0377T	CPT	outpatient			12200	Corrections	Corrections			9760	80			3660	11590	percent of total billed charges	
ANOSCOPY W/BULKING AGENT INJ FOR FECAL	0377T	CPT	outpatient			12200	First Health	First Health			8540	70			3660	11590	percent of total billed charges	
ANOSCOPY W/BULKING AGENT INJ FOR FECAL	0377T	CPT	outpatient			12200	First Trenton	First Trenton			10980	90			3660	11590	percent of total billed charges	
ANOSCOPY W/BULKING AGENT INJ FOR FECAL	0377T	CPT	outpatient			12200	Horizon	Medicare Blue			3660	30			3660	11590	percent of total billed charges	
ANOSCOPY W/BULKING AGENT INJ FOR FECAL	0377T	CPT	outpatient			12200	Horizon	PPO			4670.16	38.28			3660	11590	percent of total billed charges	
ANOSCOPY W/BULKING AGENT INJ FOR FECAL	0377T	CPT	outpatient			12200	Horizon	MGD			4670.16	38.28			3660	11590	percent of total billed charges	
ANOSCOPY W/BULKING AGENT INJ FOR FECAL	0377T	CPT	outpatient			12200	Horizon	Indemnity			4670.16	38.28			3660	11590	percent of total billed charges	
ANOSCOPY W/BULKING AGENT INJ FOR FECAL	0377T	CPT	outpatient			12200	Managed Care Inc	Managed Care Inc			10980	90			3660	11590	percent of total billed charges	
ANOSCOPY W/BULKING AGENT INJ FOR FECAL	0377T	CPT	outpatient			12200	Multiplan	Multiplan			9760	80			3660	11590	percent of total billed charges	
ANOSCOPY W/BULKING AGENT INJ FOR FECAL	0377T	CPT	outpatient			12200	Qualcare	Qualcare			9150	75			3660	11590	percent of total billed charges	
ANOSCOPY W/BULKING AGENT INJ FOR FECAL	0377T	CPT	outpatient			12200	Three Rivers	Three Rivers			11590	95			3660	11590	percent of total billed charges	
ANOSCOPY W/BULKING AGENT INJ FOR FECAL	0377T	CPT	outpatient			12200	UHC	Medicaid			3849.1	31.55			3660	11590	percent of total billed charges	
ANOSCOPY W/BULKING AGENT INJ FOR FECAL	0377T	CPT	outpatient			12200	Wellcare	Medicaid			3849.1	31.55			3660	11590	percent of total billed charges	
ANOSCOPY W/BULKING AGENT INJ FOR FECAL	0377T	CPT	outpatient			12200	WellPoint	WellPoint			3925.96	32.18			3660	11590	percent of total billed charges	
TRANSCATHTER INSERTION/REPLACEMENT LEAD	0387T	CPT	outpatient			61913	Aetna	Commercial			23526.94	38			18573.9	58817.35	percent of total billed charges	
TRANSCATHTER INSERTION/REPLACEMENT LEAD	0387T	CPT	outpatient			61913	Aetna	Better Health			19633.55	31.55			18573.9	58817.35	percent of total billed charges	
TRANSCATHTER INSERTION/REPLACEMENT LEAD	0387T	CPT	outpatient			61913	Aetna	Medicare			19069.2	30.8			18573.9	58817.35	percent of total billed charges	
TRANSCATHTER INSERTION/REPLACEMENT LEAD	0387T	CPT	outpatient			61913	Americare	Americare			46434.75	75			18573.9	58817.35	percent of total billed charges	
TRANSCATHTER INSERTION/REPLACEMENT LEAD	0387T	CPT	outpatient			61913	Amerihealth	HMO/PPO			40243.45	65			18573.9	58817.35	percent of total billed charges	
TRANSCATHTER INSERTION/REPLACEMENT LEAD	0387T	CPT	outpatient			61913	Consumer	Consumer			58817.35	95			18573.9	58817.35	percent of total billed charges	
TRANSCATHTER INSERTION/REPLACEMENT LEAD	0387T	CPT	outpatient			61913	Corrections	Corrections			49530.4	80			18573.9	58817.35	percent of total billed charges	
TRANSCATHTER INSERTION/REPLACEMENT LEAD	0387T	CPT	outpatient			61913	First Health	First Health			43339.1	70			18573.9	58817.35	percent of total billed charges	
TRANSCATHTER INSERTION/REPLACEMENT LEAD	0387T	CPT	outpatient			61913	First Trenton	First Trenton			55721.7	90			18573.9	58817.35	percent of total billed charges	
TRANSCATHTER INSERTION/REPLACEMENT LEAD	0387T	CPT	outpatient			61913	Horizon	MGD			23700.3	38.28			18573.9	58817.35	percent of total billed charges	
TRANSCATHTER INSERTION/REPLACEMENT LEAD	0387T	CPT	outpatient			61913	Horizon	Indemnity			23700.3	38.28			18573.9	58817.35	percent of total billed charges	
TRANSCATHTER INSERTION/REPLACEMENT LEAD	0387T	CPT	outpatient			61913	Horizon	Medicare Blue			18573.9	30			18573.9	58817.35	percent of total billed charges	
TRANSCATHTER INSERTION/REPLACEMENT LEAD	0387T	CPT	outpatient			61913	Horizon	PPO			23700.3	38.28			18573.9	58817.35	percent of total billed charges	
TRANSCATHTER INSERTION/REPLACEMENT LEAD	0387T	CPT	outpatient			61913	Managed Care Inc	Managed Care Inc			55721.7	90			18573.9	58817.35	percent of total billed charges	
TRANSCATHTER INSERTION/REPLACEMENT LEAD	0387T	CPT	outpatient			61913	Multiplan	Multiplan			49530.4	80			18573.9	58817.35	percent of total billed charges	
TRANSCATHTER INSERTION/REPLACEMENT LEAD	0387T	CPT	outpatient			61913	Qualcare	Qualcare			46434.75	75			18573.9	58817.35	percent of total billed charges	
TRANSCATHTER INSERTION/REPLACEMENT LEAD	0387T	CPT	outpatient			61913	Three Rivers	Three Rivers			58817.35	95			18573.9	58817.35	percent of total billed charges	
TRANSCATHTER INSERTION/REPLACEMENT LEAD	0387T	CPT	outpatient			61913	UHC	Medicaid			19533.55	31.55			18573.9	58817.35	percent of total billed charges	
TRANSCATHTER INSERTION/REPLACEMENT LEAD	0387T	CPT	outpatient			61913	Wellcare	Medicaid			19533.55	31.55			18573.9	58817.35	percent of total billed charges	
TRANSCATHTER INSERTION/REPLACEMENT LEAD	0387T	CPT	outpatient			61913	WellPoint	WellPoint			19923.6	32.18			18573.9	58817.35	percent of total billed charges	
INSJ/RPLC CAR MODULJ SYS PLS GEN TRANSVN	0408T	CPT	both			88246	43269.7	Aetna	Commercial		59900.32				10829	83833.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ/RPLC CAR MODULJ SYS PLS GEN TRANSVN	0408T	CPT	both			88246	43269.7	Aetna	Medicare		37625.83				10829	83833.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ/RPLC CAR MODULJ SYS PLS GEN TRANSVN	0408T	CPT	both			88246	43269.7	Aetna	Better Health		27841.61	31.55			10829	83833.7	percent of total billed charges	
INSJ/RPLC CAR MODULJ SYS PLS GEN TRANSVN	0408T	CPT	both			88246	43269.7	Americare	Americare		66184.5	75			10829	83833.7	percent of total billed charges	
INSJ/RPLC CAR MODULJ SYS PLS GEN TRANSVN	0408T	CPT	both			88246	43269.7	Amerihealth	Medicare		37625.83				10829	83833.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ/RPLC CAR MODULJ SYS PLS GEN TRANSVN	0408T	CPT	both			88246	43269.7	Amerihealth	HMO/PPO		57359.9	65			10829	83833.7	percent of total billed charges	
INSJ/RPLC CAR MODULJ SYS PLS GEN TRANSVN	0408T	CPT	both			88246	43269.7	Consumer	Consumer		83833.7	95			10829	83833.7	percent of total billed charges	
INSJ/RPLC CAR MODULJ SYS PLS GEN TRANSVN	0408T	CPT	both			88246	43269.7	Corrections	Corrections		70596.8	80			10829	83833.7	percent of total billed charges	
INSJ/RPLC CAR MODULJ SYS PLS GEN TRANSVN	0408T	CPT	both			88246	43269.7	First Health	First Health		61772.2	70			10829	83833.7	percent of total billed charges	
INSJ/RPLC CAR MODULJ SYS PLS GEN TRANSVN	0408T	CPT	both			88246	43269.7	First Trenton	First Trenton		79421.4	90			10829	83833.7	percent of total billed charges	
INSJ/RPLC CAR MODULJ SYS PLS GEN TRANSVN	0408T	CPT	both			88246	43269.7	Horizon	Indemnity		70021.67				10829	83833.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ/RPLC CAR MODULJ SYS PLS GEN TRANSVN	0408T	CPT	both			88246	43269.7	Horizon	PPO		70021.67				10829	83833.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ/RPLC CAR MODULJ SYS PLS GEN TRANSVN	0408T	CPT	both			88246	43269.7	Horizon	Medicare Blue		37625.83				10829	83833.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ/RPLC CAR MODULJ SYS PLS GEN TRANSVN	0408T	CPT	both			88246	43269.7	Horizon	MGD		70021.67				10829	83833.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ/RPLC CAR MODULJ SYS PLS GEN TRANSVN	0408T	CPT	both			88246	43269.7	Managed Care Inc	Managed Care Inc		79421.4	90			10829	83833.7	percent of total billed charges	
INSJ/RPLC CAR MODULJ SYS PLS GEN TRANSVN	0408T	CPT	both			88246	43269.7	Multiplan	Multiplan		70596.8	80			10829	83833.7	percent of total billed charges	
INSJ/RPLC CAR MODULJ SYS PLS GEN TRANSVN	0408T	CPT	both			88246	43269.7	Qualcare	Qualcare		66184.5	75			10829	83833.7	percent of total billed charges	
INSJ/RPLC CAR MODULJ SYS PLS GEN TRANSVN	0408T	CPT	both			88246	43269.7	Three Rivers	Three Rivers		83833.7	95			10829	83833.7	percent of total billed charges	
INSJ/RPLC CAR MODULJ SYS PLS GEN TRANSVN	0408T	CPT	both			88246	43269.7	UHC	Medicare		37625.83				10829	83833.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ/RPLC CAR MODULJ SYS PLS GEN TRANSVN	0408T	CPT	both			88246	43269.7	UHC	Medicaid		27841.61	31.55			10829	83833.7	percent of total billed charges	
INSJ/RPLC CAR MODULJ SYS PLS GEN TRANSVN	0408T	CPT	both			88246	43269.7	United	Commercial|PPO		10829				10829	83833.7	case rate	
INSJ/RPLC CAR MODULJ SYS PLS GEN TRANSVN	0408T	CPT	both			88246	43269.7	United	Oxford		10829				10829	83833.7	case rate	
INSJ/RPLC CAR MODULJ SYS PLS GEN TRANSVN	0408T	CPT	both			88246	43269.7	Wellcare	Medicaid		27841.61	31.55			10829	83833.7	percent of total billed charges	
INSJ/RPLC CAR MODULJ SYS PLS GEN TRANSVN	0408T	CPT	both			88246	43269.7	Wellcare	Medicare		37625.83				10829	83833.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ/RPLC CAR MODULJ SYS PLS GEN TRANSVN	0408T	CPT	both			88246	43269.7	W

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.															
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true														
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
INSRT/RPLC PERM CARDIO MOD SYS	0411T	CPT	outpatient			30632	11173.72	Amerihealth	Medicare		9716.28				5843	29100.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT/RPLC PERM CARDIO MOD SYS	0411T	CPT	outpatient			30632	11173.72	Amerihealth	HMO/PPO		19910.8	65			5843	29100.4	percent of total billed charges	
INSRT/RPLC PERM CARDIO MOD SYS	0411T	CPT	outpatient			30632	11173.72	Consumer	Consumer		29100.4	95			5843	29100.4	percent of total billed charges	
INSRT/RPLC PERM CARDIO MOD SYS	0411T	CPT	outpatient			30632	11173.72	Corrections	Corrections		24505.6	80			5843	29100.4	percent of total billed charges	
INSRT/RPLC PERM CARDIO MOD SYS	0411T	CPT	outpatient			30632	11173.72	First Health	First Health		21442.4	70			5843	29100.4	percent of total billed charges	
INSRT/RPLC PERM CARDIO MOD SYS	0411T	CPT	outpatient			30632	11173.72	First Trenton	First Trenton		27568.8	90			5843	29100.4	percent of total billed charges	
INSRT/RPLC PERM CARDIO MOD SYS	0411T	CPT	outpatient			30632	11173.72	Horizon	MGD		18082				5843	29100.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT/RPLC PERM CARDIO MOD SYS	0411T	CPT	outpatient			30632	11173.72	Horizon	Indemnity		18082				5843	29100.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT/RPLC PERM CARDIO MOD SYS	0411T	CPT	outpatient			30632	11173.72	Horizon	Medicare Blue		9716.28				5843	29100.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT/RPLC PERM CARDIO MOD SYS	0411T	CPT	outpatient			30632	11173.72	Horizon	PPO		18082				5843	29100.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT/RPLC PERM CARDIO MOD SYS	0411T	CPT	outpatient			30632	11173.72	Managed Care Inc	Managed Care Inc		27568.8	90			5843	29100.4	percent of total billed charges	
INSRT/RPLC PERM CARDIO MOD SYS	0411T	CPT	outpatient			30632	11173.72	Multiplan	Multiplan		24505.6	80			5843	29100.4	percent of total billed charges	
INSRT/RPLC PERM CARDIO MOD SYS	0411T	CPT	outpatient			30632	11173.72	Qualcare	Qualcare		22974	75			5843	29100.4	percent of total billed charges	
INSRT/RPLC PERM CARDIO MOD SYS	0411T	CPT	outpatient			30632	11173.72	Three Rivers	Three Rivers		29100.4	95			5843	29100.4	percent of total billed charges	
INSRT/RPLC PERM CARDIO MOD SYS	0411T	CPT	outpatient			30632	11173.72	UHC	Medicare		9716.28				5843	29100.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT/RPLC PERM CARDIO MOD SYS	0411T	CPT	outpatient			30632	11173.72	UHC	Medicaid		9664.4	31.55			5843	29100.4	percent of total billed charges	
INSRT/RPLC PERM CARDIO MOD SYS	0411T	CPT	outpatient			30632	11173.72	United	Oxford		5843				5843	29100.4	case rate	
INSRT/RPLC PERM CARDIO MOD SYS	0411T	CPT	outpatient			30632	11173.72	United	Commercial|PPO		5843				5843	29100.4	case rate	
INSRT/RPLC PERM CARDIO MOD SYS	0411T	CPT	outpatient			30632	11173.72	Wellcare	Medicare		9716.28				5843	29100.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT/RPLC PERM CARDIO MOD SYS	0411T	CPT	outpatient			30632	11173.72	Wellcare	Medicaid		9664.4	31.55			5843	29100.4	percent of total billed charges	
INSRT/RPLC PERM CARDIO MOD SYS	0411T	CPT	outpatient			30632	11173.72	WellPoint	WellPoint		9857.38	32.18			5843	29100.4	percent of total billed charges	
INTER DEV EVAL CARDIAC MOD SYS	0418T	CPT	outpatient			150	49.6	Aetna	Medicare		43.13				43.13	142.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTER DEV EVAL CARDIAC MOD SYS	0418T	CPT	outpatient			150	49.6	Aetna	Commercial		68.66				43.13	142.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTER DEV EVAL CARDIAC MOD SYS	0418T	CPT	outpatient			150	49.6	Aetna	Better Health		47.33	31.55			43.13	142.5	percent of total billed charges	
INTER DEV EVAL CARDIAC MOD SYS	0418T	CPT	outpatient			150	49.6	Americare	Americare		112.5	75			43.13	142.5	percent of total billed charges	
INTER DEV EVAL CARDIAC MOD SYS	0418T	CPT	outpatient			150	49.6	Amerihealth	Medicare		43.13				43.13	142.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTER DEV EVAL CARDIAC MOD SYS	0418T	CPT	outpatient			150	49.6	Amerihealth	HMO/PPO		97.5	65			43.13	142.5	percent of total billed charges	
INTER DEV EVAL CARDIAC MOD SYS	0418T	CPT	outpatient			150	49.6	Consumer	Consumer		142.5	95			43.13	142.5	percent of total billed charges	
INTER DEV EVAL CARDIAC MOD SYS	0418T	CPT	outpatient			150	49.6	Corrections	Corrections		120	80			43.13	142.5	percent of total billed charges	
INTER DEV EVAL CARDIAC MOD SYS	0418T	CPT	outpatient			150	49.6	First Health	First Health		105	70			43.13	142.5	percent of total billed charges	
INTER DEV EVAL CARDIAC MOD SYS	0418T	CPT	outpatient			150	49.6	First Trenton	First Trenton		135	90			43.13	142.5	percent of total billed charges	
INTER DEV EVAL CARDIAC MOD SYS	0418T	CPT	outpatient			150	49.6	Horizon	PPO		80.26				43.13	142.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTER DEV EVAL CARDIAC MOD SYS	0418T	CPT	outpatient			150	49.6	Horizon	Indemnity		80.26				43.13	142.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTER DEV EVAL CARDIAC MOD SYS	0418T	CPT	outpatient			150	49.6	Horizon	MGD		80.26				43.13	142.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTER DEV EVAL CARDIAC MOD SYS	0418T	CPT	outpatient			150	49.6	Horizon	Medicare Blue		43.13				43.13	142.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTER DEV EVAL CARDIAC MOD SYS	0418T	CPT	outpatient			150	49.6	Managed Care Inc	Managed Care Inc		135	90			43.13	142.5	percent of total billed charges	
INTER DEV EVAL CARDIAC MOD SYS	0418T	CPT	outpatient			150	49.6	Multiplan	Multiplan		120	80			43.13	142.5	percent of total billed charges	
INTER DEV EVAL CARDIAC MOD SYS	0418T	CPT	outpatient			150	49.6	Qualcare	Qualcare		112.5	75			43.13	142.5	percent of total billed charges	
INTER DEV EVAL CARDIAC MOD SYS	0418T	CPT	outpatient			150	49.6	Three Rivers	Three Rivers		142.5	95			43.13	142.5	percent of total billed charges	
INTER DEV EVAL CARDIAC MOD SYS	0418T	CPT	outpatient			150	49.6	UHC	Medicaid		47.33	31.55			43.13	142.5	percent of total billed charges	
INTER DEV EVAL CARDIAC MOD SYS	0418T	CPT	outpatient			150	49.6	UHC	Medicare		43.13				43.13	142.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTER DEV EVAL CARDIAC MOD SYS	0418T	CPT	outpatient			150	49.6	Wellcare	Medicare		43.13				43.13	142.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTER DEV EVAL CARDIAC MOD SYS	0418T	CPT	outpatient			150	49.6	Wellcare	Medicaid		47.33	31.55			43.13	142.5	percent of total billed charges	
INTER DEV EVAL CARDIAC MOD SYS	0418T	CPT	outpatient			150	49.6	WellPoint	WellPoint		48.27	32.18			43.13	142.5	percent of total billed charges	
INS/RPL NSTIM SYS SL AP COMP.	0424T	CPT	outpatient			117590		Aetna	Commercial		44684.2	38			35277	111710.5	percent of total billed charges	
INS/RPL NSTIM SYS SL AP COMP.	0424T	CPT	outpatient			117590		Aetna	Medicare		36017.72	30.8			35277	111710.5	percent of total billed charges	
INS/RPL NSTIM SYS SL AP COMP.	0424T	CPT	outpatient			117590		Aetna	Better Health		37099.65	31.55			35277	111710.5	percent of total billed charges	
INS/RPL NSTIM SYS SL AP COMP.	0424T	CPT	outpatient			117590		Americare	Americare		88192.5	75			35277	111710.5	percent of total billed charges	
INS/RPL NSTIM SYS SL AP COMP.	0424T	CPT	outpatient			117590		Amerihealth	HMO/PPO		76433.5	65			35277	111710.5	percent of total billed charges	
INS/RPL NSTIM SYS SL AP COMP.	0424T	CPT	outpatient			117590		Consumer	Consumer		111710.5	95			35277	111710.5	percent of total billed charges	
INS/RPL NSTIM SYS SL AP COMP.	0424T	CPT	outpatient			117590		Corrections	Corrections		94072	80			35277	111710.5	percent of total billed charges	
INS/RPL NSTIM SYS SL AP COMP.	0424T	CPT	outpatient			117590		First Health	First Health		82313	70			35277	111710.5	percent of total billed charges	
INS/RPL NSTIM SYS SL AP COMP.	0424T	CPT	outpatient			117590		First Trenton	First Trenton		105831	90			35277	111710.5	percent of total billed charges	
INS/RPL NSTIM SYS SL AP COMP.	0424T	CPT	outpatient			117590		Horizon	Indemnity		45013.45	38.28			35277	111710.5	percent of total billed charges	
INS/RPL NSTIM SYS SL AP COMP.	0424T	CPT	outpatient			117590		Horizon	MGD		45013.45	38.28			35277	111710.5	percent of total billed charges	
INS/RPL NSTIM SYS SL AP COMP.	0424T	CPT	outpatient			117590		Horizon	Medicare Blue		35277	30			35277	111710.5	percent of total billed charges	
INS/RPL NSTIM SYS SL AP COMP.	0424T	CPT	outpatient			117590		Horizon	PPO		45013.45	38.28			35277	111710.5	percent of total billed charges	
INS/RPL NSTIM SYS SL AP COMP.	0424T	CPT	outpatient			117590		Managed Care Inc	Managed Care Inc		105831	90			35277	111710.5	percent of total billed charges	
INS/RPL NSTIM SYS SL AP COMP.	0424T	CPT	outpatient			117590		Multiplan	Multiplan		94072	80			35277	111710.5	percent of total billed charges	
INS/RPL NSTIM SYS SL AP COMP.	0424T	CPT	outpatient			117590		Qualcare	Qualcare		88192.5	75			35277	111710.5	percent of total billed charges	
INS/RPL NSTIM SYS SL AP COMP.	0424T	CPT	outpatient			117590		Three Rivers	Three Rivers		111710.5	95			35277	111710.5	percent of total billed charges	
INS/RPL NSTIM SYS SL AP COMP.	0424T	CPT	outpatient			117590		UHC	Medicaid		37099.65	31.55			35277	111710.5	percent of total billed charges	
INS/RPL NSTIM SYS SL AP COMP.	0424T	CPT	outpatient			117590		Wellcare	Medicaid		37099.65	31.55			35277	111710.5	percent of total billed charges	
INS/RPL NSTIM SYS SL AP COMP.	0424T	CPT	outpatient			117590		WellPoint	WellPoint		37840.46	32.18			35277	111710.5	percent of total billed charges	
INS/RPL NSTIM SYS SL AP SEN LEAD	0425T	CPT	outpatient			44875		Aetna	Commercial		17052.5	38			13462.5	42631.25	percent of total billed charges	
INS/RPL NSTIM SYS SL AP SEN LEAD	0425T	CPT	outpatient			44875		Aetna	Better Health		14158.06	31.55			13462.5	42631.25	percent of total billed charges	
INS/RPL NSTIM SYS SL AP SEN LEAD	0425T	CPT	outpatient			44875		Aetna	Medicare		13821.5	30.8			13462.5	42631.25	percent of total billed charges	
INS/RPL NSTIM SYS SL AP SEN LEAD	0425T	CPT	outpatient			44875		Americare	Americare		33656.25	75			13462.5	42631.25	percent of total billed charges	
INS/RPL NSTIM SYS SL AP SEN LEAD	0425T	CPT	outpatient			44875		Amerihealth	HMO/PPO		29168.75	65			13462.5	42631.25	percent of total billed charges	
INS/RPL NSTIM SYS SL AP SEN LEAD	0425T	CPT	outpatient			44875		Consumer	Consumer		42631.25	95			13462.5	42631.25	percent of total billed charges	
INS/RPL NSTIM SYS SL AP SEN LEAD	0425T	CPT	outpatient			44875		Corrections	Corrections		35900	80			13462.5	42631.25	percent of total billed charges	
INS/RPL NSTIM SYS SL AP SEN LEAD	0425T	CPT	outpatient			44875		First Health	First Health		31412.5	70			13462.5	42631.25	percent of total billed charges	
INS/RPL NSTIM SYS SL AP SEN LEAD	0425T	CPT	outpatient			44875		First Trenton	First Trenton		40387.5	90			13462.5	42631.25	percent of total billed charges	
INS/RPL NSTIM SYS SL AP SEN LEAD	0425T	CPT	outpatient			44875		Horizon	MGD		17178.15	38.28			13462.5	42631.25	percent of total billed charges	
INS/RPL NSTIM SYS SL AP SEN LEAD	0425T	CPT	outpatient			44875		Horizon	Indemnity		17178.15	38.28			13462.5	42631.25	percent of total billed charges	
INS/RPL NSTIM SYS SL AP SEN LEAD	0425T	CPT	outpatient			44875		Horizon	PPO		17178.15	38.28			13462.5	42631.25	percent of total billed charges	
INS/RPL NSTIM SYS SL AP SEN LEAD	0425T	CPT	outpatient			44875		Horizon	Medicare Blue		13462.5	30			13462.5	42631.25	percent of total billed charges	
INS/RPL NSTIM SYS SL AP SEN LEAD	0425T	CPT	outpatient			44875		Managed Care Inc	Managed Care Inc		40387.5	90			13462.5	42631.25	percent of total billed charges	
INS/RPL NSTIM SYS SL AP SEN LEAD	0425T	CPT	outpatient			44875		Multiplan	Multiplan		35900	80			13462.5	42631.25	percent of total billed charges	
INS/RPL NSTIM SYS SL AP SEN LEAD	0425T	CPT	outpatient			44875		Qualcare	Qualcare		33656.25	75			13462.5	42631.25	percent of total billed charges	
INS/RPL NSTIM SYS SL AP SEN LEAD	0425T	CPT	outpatient			44875		Three Rivers	Three Rivers		42631.25	95			13462.5	42631.25	percent of total billed charges	
INS/RPL NSTIM SYS SL AP SEN LEAD	0425T	CPT	outpatient			44875		UHC	Medicaid		14158.06	31.55			13462.5	42631.25	percent of total billed charges	
INS/RPL NSTIM SYS SL AP SEN LEAD	0425T	CPT	outpatient			44875		Wellcare	Medicaid		14158.06	31.55			13462.5	42631.25	percent of total billed charges	
INS/RPL NSTIM SYS SL AP SEN LEAD	0425T	CPT	outpatient			44875		WellPoint	WellPoint		14440.78	32.18			13462.5	42631.25	percent of total billed charges	
INS/RPL NSTIM SYS SL AP STI LEAD	0426T	CPT	outpatient			44875		Aetna	Medicare		13821.5	30.8			13462.5	42631.25	percent of total billed charges	
INS/RPL NSTIM SYS SL AP STI LEAD	0426T	CPT	outpatient			44875		Aetna	Better Health		14158.06	31.55			13462.5	42631.25	percent of total billed charges	
INS/RPL NSTIM SYS SL AP STI LEAD	0426T	CPT	outpatient			44875		Aetna	Commercial		17052.5	38			13462.5	42631.25	percent of total billed charges	
INS/RPL NSTIM SYS SL AP STI LEAD	0426T	CPT	outpatient			44875		Americare	Americare		33656.25	75			13462.5	42631.25	percent of total billed charges	
INS/RPL NSTIM SYS SL AP STI LEAD	0426T	CPT	outpatient			44875		Amerihealth	HMO/PPO		29168.75	65			13462.5	42631.25	percent of total billed charges	
INS/RPL NSTIM SYS SL AP STI LEAD	0426T	CPT	outpatient			44875		Consumer	Consumer		42631.25	95			13462.5	42631.25	percent of total billed charges	
INS/RPL NSTIM SYS SL AP STI LEAD	0426T	CPT	outpatient			44875		Corrections	Corrections		35900	80			13462.5	42631.25	percent of total billed charges	
INS/RPL NSTIM SYS SL AP STI LEAD	0426T	CPT	outpatient			44875		First Health	First Health		31412.5	70			13462.5	42631.25	percent of total billed charges	
INS/RPL NSTIM SYS SL AP STI LEAD	0426T	CPT	outpatient			44875		First Trenton	First Trenton		40387.5	90			13462.5	42631.25	percent of total billed charges	
INS/RPL NSTIM SYS SL AP STI LEAD	0426T	CPT	outpatient			44875		Horizon	MGD		17178.15	38.28			13462.5	42631.25	percent of total billed charges	
INS/RPL NSTIM SYS SL AP STI LEAD	0426T	CPT	outpatient			44875		Horizon	Medicare Blue		13462.5	30			13462.5	42631.25	percent of total billed charges	
INS/RPL NSTIM SYS SL AP STI LEAD	0426T	CPT	outpatient			44875		Horizon	Indemnity		17178.15	38.28			13462.5	42631.25	percent of total billed charges	
INS/RPL NSTIM SYS SL AP STI LEAD	0426T	CPT	outpatient			44875		Horizon	PPO		17178.15	38.28			13462.5	42631.25	percent of total billed charges	
INS/RPL NSTIM SYS SL AP STI LEAD	0426T	CPT	outpatient			44875		Managed Care Inc	Managed Care Inc		40387.5	90			13462.5	42631.25	percent of total billed charges	
INS/RPL NSTIM SYS SL AP STI LEAD	0426T	CPT	outpatient			44875		Multiplan	Multiplan		35900	80			13462.5	42631.25	percent of total billed charges	
INS/RPL NSTIM SYS SL AP STI LEAD	0426T	CPT	outpatient			44875		Qualcare	Qualcare		33656.25	75			13462.5	42631.25	percent of total billed charges	
INS/RPL NSTIM SYS SL AP STI LEAD	0426T	CPT	outpatient			44875		Three Rivers	Three Rivers		42631.25	95			13462.5	42631.25	percent of total billed charges	
INS/RPL NSTIM SYS SL AP STI LEAD	0426T	CPT	outpatient			44875		UHC	Medicaid		14158.06	31.55			13462.5	42631.25	percent of total billed charges	
INS/RPL NSTIM SYS SL AP STI LEAD	0426T	CPT	outpatient			44875		Wellcare	Medicaid		14158.06	31.55			13462.5	42631.25	percent of total billed charges	
INS/RPL NSTIM SYS SL AP STI LEAD	0426T	CPT	outpatient			44875		WellPoint	WellPoint		14440.78	32.18			13462.5	42631.25	percent of total billed charges	
INS/RPL NSTIM SYS SL AP PUL GEN	0427T	CPT	outpatient			117590		Aetna	Better Health		37099.65	31.55			35277	111710.5	percent of total billed charges	
INS/RPL NSTIM SYS SL AP PUL GEN	0427T	CPT	outpatient			117590		Aetna	Medicare		36217.72	30.8			35277	111710.5	percent of total billed charges	
INS/RPL NSTIM SYS SL AP PUL GEN	0427T	CPT	outpatient			117590		Aetna	Commercial		44684.2	38			35277	111710.5	percent of total billed charges	
INS/RPL NSTIM SYS SL AP PUL GEN	0427T	CPT	outpatient			117590		Americare	Americare		88192.5	75			35277	111710.5	percent of total billed charges	
INS/RPL NSTIM SYS SL AP PUL GEN	0427T	CPT	outpatient			117590		Amerihealth	HMO/PPO		76433.5	65			35277	111710.5	percent of total billed charges	
INS/RPL NSTIM SYS SL AP PUL GEN	0427T	CPT	outpatient			117590		Consumer	Consumer		111710.5	95			35277	111710.5	percent of total billed charges	
INS/RPL NSTIM SYS SL AP PUL GEN	0427T	CPT	outpatient			117590		Corrections	Corrections		94072	80			35277	111710.5	percent of total billed charges	
INS/RPL NSTIM SYS SL AP PUL GEN	0427T	CPT	outpatient			117590		First Health	First Health		82313	70			35277	111710.5	percent of total billed charges	
INS/RPL NSTIM SYS SL AP PUL GEN	0427T	CPT	outpatient			117590		First Trenton	First Trenton		105831	90			35277	111710.5	percent of total billed charges	
INS/RPL NSTIM SYS SL AP PUL GEN	0427T	CPT	outpatient			117590		Horizon	MGD		45013.45	38.28			35277	111710.5	percent of total billed charges	
INS/RPL NSTIM SYS SL AP PUL GEN	0427T	CPT	outpatient			117590		Horizon	Indemnity		45013.45	38.28			35277	111710.5	percent of total billed charges	
INS/RPL NSTIM SYS SL AP PUL GEN	0427T	CPT	outpatient			117590		Horizon	Medicare Blue		35277	30			35277	111710.5	percent of total billed charges	
INS/RPL NSTIM SYS SL AP PUL GEN	0427T	CPT	outpatient			117590		Horizon	PPO		45013.45	38.28			35277	111710.5	percent of total billed charges	
INS/RPL NSTIM SYS SL AP PUL GEN	0427T	CPT	outpatient			117590		Managed Care Inc	Managed Care Inc		105831	90			35277	111710.5	percent of total billed charges	
INS/RPL NSTIM SYS SL AP PUL GEN	0427T	CPT	outpatient			117590		Multiplan	Multiplan		94072	80			35277	111710.5	percent of total billed charges	
INS/RPL NSTIM SYS SL AP PUL GEN	0427T	CPT	outpatient			117590		Qualcare	Qualcare		88192.5	75			35277	111710.5	percent of total billed charges	
INS/RPL NSTIM SYS SL AP PUL GEN	0427T	CPT	outpatient			117590		Three Rivers	Three Rivers		111710.5	95			35277	111710.5	percent of total billed charges	
INS/RPL NSTIM SYS SL AP PUL GEN	0427T	CPT	outpatient			117590		UHC	Medicaid		37099.65	31.55			35277	111710.5	percent of total billed charges	
INS/RPL NSTIM SYS SL AP PUL GEN	0427T	CPT	outpatient			117590		Wellcare	Medicaid		37099.65	31.55			35277	111710.5	percent of total billed charges	
INS/RPL NSTIM SYS SL AP PUL GEN	0427T	CPT	outpatient			117590		WellPoint	WellPoint		37840.46	32.18			35277	111710.5	percent of total billed charges	
REM NSTIM SYS SL AP PLS GEN	0428T	CPT	outpatient			13083		Aetna	Better Health		4127.69	31.55			3924.9	12428.85	percent of total billed charges	
REM NSTIM SYS SL AP PLS GEN	0428T	CPT	outpatient			13083		Aetna	Medicare		4029.56	30.8			3924.9	12428.85	percent of total billed charges	
REM NSTIM SYS SL AP PLS GEN	0428T	CPT	outpatient			13083		Aetna	Commercial		4971.54	38			3924.9	12428.85	percent of total billed charges	
REM NSTIM SYS SL AP PLS GEN	0428T	CPT	outpatient			13083		Americare	Americare		9812.25	75			3924.9	12428.85	percent of total billed charges	
REM NSTIM SYS SL AP PLS GEN	0428T	CPT	outpatient			13083		Amerihealth	HMO/PPO		8503.95	65			3924.9	12428.85	percent of total billed charges	
REM NSTIM SYS SL AP PLS GEN	0428T	CPT	outpatient			13083		Consumer	Consumer		12428.85	95			3924.9	12428.85	percent of total billed charges	
REM NSTIM SYS SL AP PLS GEN	0428T	CPT	outpatient			13083		Corrections	Corrections		10466.4	80			3924.9	12428.85	percent of total billed charges	
REM NSTIM SYS SL AP PLS GEN	0428T	CPT	outpatient			13083		First Health	First Health		9158.1	70			3924.9	12428.85	percent of total billed charges	
REM NSTIM SYS SL AP PLS GEN	0428T	CPT	outpatient			13083		First Trenton	First Trenton		11774.7	90			3924.9	12428.85	percent of total billed charges	
REM NSTIM SYS SL AP PLS GEN	0428T	CPT	outpatient			13083		Horizon	Medicare Blue		3924.9	30			3924.9	12428.85	percent of total billed charges	
REM NSTIM SYS SL AP PLS GEN	0428T	CPT	outpatient			13083		Horizon	MGD		5008.17	38.28			3924.9	12428.85	percent of total billed charges	
REM NSTIM SYS SL AP PLS GEN	0428T	CPT	outpatient			13083		Horizon	Indemnity		5008.17	38.28			3924.9	12428.85	percent of total billed charges	
REM NSTIM SYS SL AP PLS GEN	0428T	CPT	outpatient			13083		Horizon	PPO		5008.17	38.28			3924.9	12428.85	percent of total billed charges	
REM NSTIM SYS SL AP PLS GEN	0428T	CPT	outpatient			13083		Managed Care Inc	Managed Care Inc		11774.7	90			3924.9	12428.85	percent of total billed charges	
REM NSTIM SYS SL AP PLS GEN	0428T	CPT	outpatient			13083		Multiplan	Multiplan		10466.4	80			3924.9	12428.85	percent of total billed charges	
REM NSTIM SYS SL AP PLS GEN	0428T	CPT	outpatient			13083		Qualcare	Qualcare		9812.25	75			3924.9	12428.85	percent of total billed charges	
REM NSTIM SYS SL AP PLS GEN	0428T	CPT	outpatient			13083		Three Rivers	Three Rivers		12428.85	95			3924.9	12428.85	percent of total billed charges	
REM NSTIM SYS SL AP PLS GEN	0428T	CPT	outpatient			13083		UHC	Medicaid		4127.69	31.55			3924.9	12428.85	percent of total billed charges	
REM NSTIM SYS SL AP PLS GEN	0428T	CPT	outpatient			13083		Wellcare	Medicaid		4127.69	31.55			3924.9	12428.85	percent of total billed charges	
REM NSTIM SYS SL AP PLS GEN	0428T	CPT	outpatient			13083		WellPoint	WellPoint		4210.11	32.18			3924.9	12428.85	percent of total billed charges	
REM NSTIM SYS SL AP SENSE LEAD	0429T	CPT	outpatient			13083		Aetna	Medicare		4029.56	30.8			3924.9	12428.85	percent of total billed charges	
REM NSTIM SYS SL AP SENSE LEAD	0429T	CPT	outpatient			13083		Aetna	Better Health		4127.69	31.55			3924.9	12428.85	percent of total billed charges	
REM NSTIM SYS SL AP SENSE LEAD	0429T	CPT	outpatient			13083		Aetna	Commercial		4971.54	38			3924.9	12428.85	percent of total billed charges	
REM NSTIM SYS SL AP SENSE LEAD	0429T	CPT	outpatient			13083		Americare	Americare		9812.25	75			3924.9	12428.85	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.																
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true																	
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes			
REM NSTIM SYS SL AP SENSE LEAD	0429T	CPT	outpatient			13083		Amerihealth	HMO/PPO		8503.95	65			3924.9	12428.85	percent of total billed charges				
REM NSTIM SYS SL AP SENSE LEAD	0429T	CPT	outpatient			13083		Consumer	Consumer		12428.85	95			3924.9	12428.85	percent of total billed charges				
REM NSTIM SYS SL AP SENSE LEAD	0429T	CPT	outpatient			13083		Corrections	Corrections		10466.4	80			3924.9	12428.85	percent of total billed charges				
REM NSTIM SYS SL AP SENSE LEAD	0429T	CPT	outpatient			13083		First Health	First Health		9158.1	70			3924.9	12428.85	percent of total billed charges				
REM NSTIM SYS SL AP SENSE LEAD	0429T	CPT	outpatient			13083		First Trenton	First Trenton		11774.7	90			3924.9	12428.85	percent of total billed charges				
REM NSTIM SYS SL AP SENSE LEAD	0429T	CPT	outpatient			13083		Horizon	Medicare Blue		3924.9	30			3924.9	12428.85	percent of total billed charges				
REM NSTIM SYS SL AP SENSE LEAD	0429T	CPT	outpatient			13083		Horizon	MGD		5008.17	38.28			3924.9	12428.85	percent of total billed charges				
REM NSTIM SYS SL AP SENSE LEAD	0429T	CPT	outpatient			13083		Horizon	Indemnity		5008.17	38.28			3924.9	12428.85	percent of total billed charges				
REM NSTIM SYS SL AP SENSE LEAD	0429T	CPT	outpatient			13083		Horizon	PPO		5008.17	38.28			3924.9	12428.85	percent of total billed charges				
REM NSTIM SYS SL AP SENSE LEAD	0429T	CPT	outpatient			13083		Managed Care Inc	Managed Care Inc		11774.7	90			3924.9	12428.85	percent of total billed charges				
REM NSTIM SYS SL AP SENSE LEAD	0429T	CPT	outpatient			13083		Multiplan	Multiplan		10466.4	80			3924.9	12428.85	percent of total billed charges				
REM NSTIM SYS SL AP SENSE LEAD	0429T	CPT	outpatient			13083		Qualcare	Qualcare		9812.25	75			3924.9	12428.85	percent of total billed charges				
REM NSTIM SYS SL AP SENSE LEAD	0429T	CPT	outpatient			13083		Three Rivers	Three Rivers		12428.85	95			3924.9	12428.85	percent of total billed charges				
REM NSTIM SYS SL AP SENSE LEAD	0429T	CPT	outpatient			13083		UHC	Medicaid		4127.69	31.55			3924.9	12428.85	percent of total billed charges				
REM NSTIM SYS SL AP SENSE LEAD	0429T	CPT	outpatient			13083		Wellcare	Medicaid		4127.69	31.55			3924.9	12428.85	percent of total billed charges				
REM NSTIM SYS SL AP SENSE LEAD	0429T	CPT	outpatient			13083		WellPoint	WellPoint		4210.11	32.18			3924.9	12428.85	percent of total billed charges				
REM NSTIM SYS SL AP STIM LEAD	0430T	CPT	outpatient			13083		Aetna	Medicare		4029.56	30.8			3924.9	12428.85	percent of total billed charges				
REM NSTIM SYS SL AP STIM LEAD	0430T	CPT	outpatient			13083		Aetna	Commercial		4971.54	38			3924.9	12428.85	percent of total billed charges				
REM NSTIM SYS SL AP STIM LEAD	0430T	CPT	outpatient			13083		Aetna	Better Health		4127.69	31.55			3924.9	12428.85	percent of total billed charges				
REM NSTIM SYS SL AP STIM LEAD	0430T	CPT	outpatient			13083		Americare	Americare		9812.25	75			3924.9	12428.85	percent of total billed charges				
REM NSTIM SYS SL AP STIM LEAD	0430T	CPT	outpatient			13083		Amerihealth	HMO/PPO		8503.95	65			3924.9	12428.85	percent of total billed charges				
REM NSTIM SYS SL AP STIM LEAD	0430T	CPT	outpatient			13083		Consumer	Consumer		12428.85	95			3924.9	12428.85	percent of total billed charges				
REM NSTIM SYS SL AP STIM LEAD	0430T	CPT	outpatient			13083		Corrections	Corrections		10466.4	80			3924.9	12428.85	percent of total billed charges				
REM NSTIM SYS SL AP STIM LEAD	0430T	CPT	outpatient			13083		First Health	First Health		9158.1	70			3924.9	12428.85	percent of total billed charges				
REM NSTIM SYS SL AP STIM LEAD	0430T	CPT	outpatient			13083		First Trenton	First Trenton		11774.7	90			3924.9	12428.85	percent of total billed charges				
REM NSTIM SYS SL AP STIM LEAD	0430T	CPT	outpatient			13083		Horizon	MGD		5008.17	38.28			3924.9	12428.85	percent of total billed charges				
REM NSTIM SYS SL AP STIM LEAD	0430T	CPT	outpatient			13083		Horizon	Indemnity		5008.17	38.28			3924.9	12428.85	percent of total billed charges				
REM NSTIM SYS SL AP STIM LEAD	0430T	CPT	outpatient			13083		Horizon	Medicare Blue		3924.9	30			3924.9	12428.85	percent of total billed charges				
REM NSTIM SYS SL AP STIM LEAD	0430T	CPT	outpatient			13083		Horizon	PPO		5008.17	38.28			3924.9	12428.85	percent of total billed charges				
REM NSTIM SYS SL AP STIM LEAD	0430T	CPT	outpatient			13083		Managed Care Inc	Managed Care Inc		11774.7	90			3924.9	12428.85	percent of total billed charges				
REM NSTIM SYS SL AP STIM LEAD	0430T	CPT	outpatient			13083		Multiplan	Multiplan		10466.4	80			3924.9	12428.85	percent of total billed charges				
REM NSTIM SYS SL AP STIM LEAD	0430T	CPT	outpatient			13083		Qualcare	Qualcare		9812.25	75			3924.9	12428.85	percent of total billed charges				
REM NSTIM SYS SL AP STIM LEAD	0430T	CPT	outpatient			13083		Three Rivers	Three Rivers		12428.85	95			3924.9	12428.85	percent of total billed charges				
REM NSTIM SYS SL AP STIM LEAD	0430T	CPT	outpatient			13083		UHC	Medicaid		4127.69	31.55			3924.9	12428.85	percent of total billed charges				
REM NSTIM SYS SL AP STIM LEAD	0430T	CPT	outpatient			13083		Wellcare	Medicaid		4127.69	31.55			3924.9	12428.85	percent of total billed charges				
REM NSTIM SYS SL AP STIM LEAD	0430T	CPT	outpatient			13083		WellPoint	WellPoint		4210.11	32.18			3924.9	12428.85	percent of total billed charges				
REM/RPLC NSTIM SYS SL AP PLS GE	0431T	CPT	outpatient			117590		Aetna	Medicare		36217.72	30.8			35277	111710.5	percent of total billed charges				
REM/RPLC NSTIM SYS SL AP PLS GE	0431T	CPT	outpatient			117590		Aetna	Better Health		37099.65	31.55			35277	111710.5	percent of total billed charges				
REM/RPLC NSTIM SYS SL AP PLS GE	0431T	CPT	outpatient			117590		Aetna	Commercial		44684.2	38			35277	111710.5	percent of total billed charges				
REM/RPLC NSTIM SYS SL AP PLS GE	0431T	CPT	outpatient			117590		Americare	Americare		88192.5	75			35277	111710.5	percent of total billed charges				
REM/RPLC NSTIM SYS SL AP PLS GE	0431T	CPT	outpatient			117590		Amerihealth	HMO/PPO		76433.5	65			35277	111710.5	percent of total billed charges				
REM/RPLC NSTIM SYS SL AP PLS GE	0431T	CPT	outpatient			117590		Consumer	Consumer		111710.5	95			35277	111710.5	percent of total billed charges				
REM/RPLC NSTIM SYS SL AP PLS GE	0431T	CPT	outpatient			117590		Corrections	Corrections		94072	80			35277	111710.5	percent of total billed charges				
REM/RPLC NSTIM SYS SL AP PLS GE	0431T	CPT	outpatient			117590		First Health	First Health		82313	70			35277	111710.5	percent of total billed charges				
REM/RPLC NSTIM SYS SL AP PLS GE	0431T	CPT	outpatient			117590		First Trenton	First Trenton		105831	90			35277	111710.5	percent of total billed charges				
REM/RPLC NSTIM SYS SL AP PLS GE	0431T	CPT	outpatient			117590		Horizon	Medicare Blue		35277	30			35277	111710.5	percent of total billed charges				
REM/RPLC NSTIM SYS SL AP PLS GE	0431T	CPT	outpatient			117590		Horizon	MGD		45013.45	38.28			35277	111710.5	percent of total billed charges				
REM/RPLC NSTIM SYS SL AP PLS GE	0431T	CPT	outpatient			117590		Horizon	Indemnity		45013.45	38.28			35277	111710.5	percent of total billed charges				
REM/RPLC NSTIM SYS SL AP PLS GE	0431T	CPT	outpatient			117590		Horizon	PPO		45013.45	38.28			35277	111710.5	percent of total billed charges				
REM/RPLC NSTIM SYS SL AP PLS GE	0431T	CPT	outpatient			117590		Managed Care Inc	Managed Care Inc		105831	90			35277	111710.5	percent of total billed charges				
REM/RPLC NSTIM SYS SL AP PLS GE	0431T	CPT	outpatient			117590		Multiplan	Multiplan		94072	80			35277	111710.5	percent of total billed charges				
REM/RPLC NSTIM SYS SL AP PLS GE	0431T	CPT	outpatient			117590		Qualcare	Qualcare		86192.5	75			35277	111710.5	percent of total billed charges				
REM/RPLC NSTIM SYS SL AP PLS GE	0431T	CPT	outpatient			117590		Three Rivers	Three Rivers		111710.5	95			35277	111710.5	percent of total billed charges				
REM/RPLC NSTIM SYS SL AP PLS GE	0431T	CPT	outpatient			117590		UHC	Medicaid		37099.65	31.55			35277	111710.5	percent of total billed charges				
REM/RPLC NSTIM SYS SL AP PLS GE	0431T	CPT	outpatient			117590		Wellcare	Medicaid		37099.65	31.55			35277	111710.5	percent of total billed charges				
REM/RPLC NSTIM SYS SL AP PLS GE	0431T	CPT	outpatient			117590		WellPoint	WellPoint		37840.46	32.18			35277	111710.5	percent of total billed charges				
REPO NSTIM SYS SL AP STIM LEAD	0432T	CPT	outpatient			13083		Aetna	Commercial		4971.54	38			3924.9	12428.85	percent of total billed charges				
REPO NSTIM SYS SL AP STIM LEAD	0432T	CPT	outpatient			13083		Aetna	Better Health		4127.69	31.55			3924.9	12428.85	percent of total billed charges				
REPO NSTIM SYS SL AP STIM LEAD	0432T	CPT	outpatient			13083		Aetna	Medicare		4029.56	30.8			3924.9	12428.85	percent of total billed charges				
REPO NSTIM SYS SL AP STIM LEAD	0432T	CPT	outpatient			13083		Americare	Americare		9812.25	75			3924.9	12428.85	percent of total billed charges				
REPO NSTIM SYS SL AP STIM LEAD	0432T	CPT	outpatient			13083		Amerihealth	HMO/PPO		8503.95	65			3924.9	12428.85	percent of total billed charges				
REPO NSTIM SYS SL AP STIM LEAD	0432T	CPT	outpatient			13083		Consumer	Consumer		12428.85	95			3924.9	12428.85	percent of total billed charges				
REPO NSTIM SYS SL AP STIM LEAD	0432T	CPT	outpatient			13083		Corrections	Corrections		10466.4	80			3924.9	12428.85	percent of total billed charges				
REPO NSTIM SYS SL AP STIM LEAD	0432T	CPT	outpatient			13083		First Health	First Health		9158.1	70			3924.9	12428.85	percent of total billed charges				
REPO NSTIM SYS SL AP STIM LEAD	0432T	CPT	outpatient			13083		First Trenton	First Trenton		11774.7	90			3924.9	12428.85	percent of total billed charges				
REPO NSTIM SYS SL AP STIM LEAD	0432T	CPT	outpatient			13083		Horizon	Medicare Blue		3924.9	30			3924.9	12428.85	percent of total billed charges				
REPO NSTIM SYS SL AP STIM LEAD	0432T	CPT	outpatient			13083		Horizon	Indemnity		5008.17	38.28			3924.9	12428.85	percent of total billed charges				
REPO NSTIM SYS SL AP STIM LEAD	0432T	CPT	outpatient			13083		Horizon	MGD		5008.17	38.28			3924.9	12428.85	percent of total billed charges				
REPO NSTIM SYS SL AP STIM LEAD	0432T	CPT	outpatient			13083		Horizon	PPO		5008.17	38.28			3924.9	12428.85	percent of total billed charges				
REPO NSTIM SYS SL AP STIM LEAD	0432T	CPT	outpatient			13083		Managed Care Inc	Managed Care Inc		11774.7	90			3924.9	12428.85	percent of total billed charges				
REPO NSTIM SYS SL AP STIM LEAD	0432T	CPT	outpatient			13083		Multiplan	Multiplan		10466.4	80			3924.9	12428.85	percent of total billed charges				
REPO NSTIM SYS SL AP STIM LEAD	0432T	CPT	outpatient			13083		Qualcare	Qualcare		9812.25	75			3924.9	12428.85	percent of total billed charges				
REPO NSTIM SYS SL AP STIM LEAD	0432T	CPT	outpatient			13083		Three Rivers	Three Rivers		12428.85	95			3924.9	12428.85	percent of total billed charges				
REPO NSTIM SYS SL AP STIM LEAD	0432T	CPT	outpatient			13083		UHC	Medicaid		4127.69	31.55			3924.9	12428.85	percent of total billed charges				
REPO NSTIM SYS SL AP STIM LEAD	0432T	CPT	outpatient			13083		Wellcare	Medicaid		4127.69	31.55			3924.9	12428.85	percent of total billed charges				
REPO NSTIM SYS SL AP STIM LEAD	0432T	CPT	outpatient			13083		WellPoint	WellPoint		4210.11	32.18			3924.9	12428.85	percent of total billed charges				
REPO NSTIM SYS SL AP SENSE LEAD	0433T	CPT	outpatient			13083		Aetna	Better Health		4127.69	31.55			3924.9	12428.85	percent of total billed charges				
REPO NSTIM SYS SL AP SENSE LEAD	0433T	CPT	outpatient			13083		Aetna	Commercial		4971.54	38			3924.9	12428.85	percent of total billed charges				
REPO NSTIM SYS SL AP SENSE LEAD	0433T	CPT	outpatient			13083		Aetna	Medicare		4029.56	30.8			3924.9	12428.85	percent of total billed charges				
REPO NSTIM SYS SL AP SENSE LEAD	0433T	CPT	outpatient			13083		Americare	Americare		9812.25	75			3924.9	12428.85	percent of total billed charges				
REPO NSTIM SYS SL AP SENSE LEAD	0433T	CPT	outpatient			13083		Amerihealth	HMO/PPO		8503.95	65			3924.9	12428.85	percent of total billed charges				
REPO NSTIM SYS SL AP SENSE LEAD	0433T	CPT	outpatient			13083		Consumer	Consumer		12428.85	95			3924.9	12428.85	percent of total billed charges				
REPO NSTIM SYS SL AP SENSE LEAD	0433T	CPT	outpatient			13083		Corrections	Corrections		10466.4	80			3924.9	12428.85	percent of total billed charges				
REPO NSTIM SYS SL AP SENSE LEAD	0433T	CPT	outpatient			13083		First Health	First Health		9158.1	70			3924.9	12428.85	percent of total billed charges				
REPO NSTIM SYS SL AP SENSE LEAD	0433T	CPT	outpatient			13083		First Trenton	First Trenton		11774.7	90			3924.9	12428.85	percent of total billed charges				
REPO NSTIM SYS SL AP SENSE LEAD	0433T	CPT	outpatient			13083		Horizon	Indemnity		5008.17	38.28			3924.9	12428.85	percent of total billed charges				
REPO NSTIM SYS SL AP SENSE LEAD	0433T	CPT	outpatient			13083		Horizon	MGD		5008.17	38.28			3924.9	12428.85	percent of total billed charges				
REPO NSTIM SYS SL AP SENSE LEAD	0433T	CPT	outpatient			13083		Horizon	Medicare Blue		3924.9	30			3924.9	12428.85	percent of total billed charges				
REPO NSTIM SYS SL AP SENSE LEAD	0433T	CPT	outpatient			13083		Horizon	PPO		5008.17	38.28			3924.9	12428.85	percent of total billed charges				
REPO NSTIM SYS SL AP SENSE LEAD	0433T	CPT	outpatient			13083		Managed Care Inc	Managed Care Inc		11774.7	90			3924.9	12428.85	percent of total billed charges				
REPO NSTIM SYS SL AP SENSE LEAD	0433T	CPT	outpatient			13083		Multiplan	Multiplan		10466.4	80			3924.9	12428.85	percent of total billed charges				
REPO NSTIM SYS SL AP SENSE LEAD	0433T	CPT	outpatient			13083		Qualcare	Qualcare		9812.25	75			3924.9	12428.85	percent of total billed charges				
REPO NSTIM SYS SL AP SENSE LEAD	0433T	CPT	outpatient			13083		Three Rivers	Three Rivers		12428.85	95			3924.9	12428.85	percent of total billed charges				
REPO NSTIM SYS SL AP SENSE LEAD	0433T	CPT	outpatient			13083		UHC	Medicaid		4127.69	31.55			3924.9	12428.85	percent of total billed charges				
REPO NSTIM SYS SL AP SENSE LEAD	0433T	CPT	outpatient			13083		Wellcare	Medicaid		4127.69	31.55			3924.9	12428.85	percent of total billed charges				
REPO NSTIM SYS SL AP SENSE LEAD	0433T	CPT	outpatient			13083		WellPoint	WellPoint		4210.11	32.18			3924.9	12428.85	percent of total billed charges				
INTER DEV EVAL NSTIM PLS GEN AP	0434T	CPT	outpatient			404		Aetna	Commercial		153.52	38			121.2	383.8	percent of total billed charges				
INTER DEV EVAL NSTIM PLS GEN AP	0434T	CPT	outpatient			404		Aetna	Medicare		124.43	30.8			121.2	383.8	percent of total billed charges				
INTER DEV EVAL NSTIM PLS GEN AP	0434T	CPT	outpatient			404		Aetna	Better Health		127.46	31.55			121.2	383.8	percent of total billed charges				
INTER DEV EVAL NSTIM PLS GEN AP	0434T	CPT	outpatient			404		Americare	Americare		303	75			121.2	383.8	percent of total billed charges				
INTER DEV EVAL NSTIM PLS GEN AP	0434T	CPT	outpatient			404		Amerihealth	HMO/PPO		262.6	65			121.2	383.8	percent of total billed charges				
INTER DEV EVAL NSTIM PLS GEN AP	0434T	CPT	outpatient			404		Consumer	Consumer		383.8	95			121.2	383.8	percent of total billed charges				
INTER DEV EVAL NSTIM PLS GEN AP	0434T	CPT	outpatient			404		Corrections	Corrections		323.2	80			121.2	383.8	percent of total billed charges				
INTER DEV EVAL NSTIM PLS GEN AP	0434T	CPT	outpatient			404		First Health	First Health		282.8	70			121.2	383.8	percent of total billed charges				
INTER DEV EVAL NSTIM PLS GEN AP	0434T	CPT	outpatient			404		First Trenton	First Trenton		363.6	90			121.2	383.8	percent of total billed charges				
INTER DEV EVAL NSTIM PLS GEN AP	0434T	CPT	outpatient			404		Horizon	MGD		154.65	38.28			121.2	383.8	percent of total billed charges				
INTER DEV EVAL NSTIM PLS GEN AP	0434T	CPT	outpatient			404		Horizon	Indemnity		154.65	38.28			121.2	383.8	percent of total billed charges				
INTER DEV EVAL NSTIM PLS GEN AP	0434T	CPT	outpatient			404		Horizon	Medicare Blue		121.2	30			121.2	383.8	percent of total billed charges				
INTER DEV EVAL NSTIM PLS GEN AP	0434T	CPT	outpatient			404		Horizon	PPO		154.65	38.28			121.2	383.8	percent of total billed charges				
INTER DEV EVAL NSTIM PLS GEN AP	0434T	CPT	outpatient			404		Managed Care Inc	Managed Care Inc		363.6	90			121.2	383.8	percent of total billed charges				
INTER DEV EVAL NSTIM PLS GEN AP	0434T	CPT	outpatient			404		Multiplan	Multiplan		323.2	80			121.2	383.8	percent of total billed charges				
INTER DEV EVAL NSTIM PLS GEN AP	0434T	CPT	outpatient			404		Qualcare	Qualcare		303	75			121.2	383.8	percent of total billed charges				
INTER DEV EVAL NSTIM PLS GEN AP	0434T	CPT	outpatient			404		Three Rivers	Three Rivers		383.8	95			121.2	383.8	percent of total billed charges				
INTER DEV EVAL NSTIM PLS GEN AP	0434T	CPT	outpatient			404		UHC	Medicaid		127.46	31.55			121.2	383.8	percent of total billed charges				
INTER DEV EVAL NSTIM PLS GEN AP	0434T	CPT	outpatient			404		Wellcare	Medicaid		127.46	31.55			121.2	383.8	percent of total billed charges				
INTER DEV EVAL NSTIM PLS GEN AP	0434T	CPT	outpatient			404		WellPoint	WellPoint		130.01	32.18			121.2	383.8	percent of total billed charges				
PRG EVAL PLS GEN SL AP 1 SESS	0435T	CPT	outpatient			404		Aetna	Commercial		153.52	38			121.2	383.8	percent of total billed charges				
PRG EVAL PLS GEN SL AP 1 SESS	0435T	CPT	outpatient			404		Aetna	Better Health		127.46	31.55			121.2	383.8	percent of total billed charges				
PRG EVAL PLS GEN SL AP 1 SESS	0435T	CPT	outpatient			404		Aetna	Medicare		124.43	30.8			121.2	383.8	percent of total billed charges				
PRG EVAL PLS GEN SL AP 1 SESS	0435T	CPT	outpatient			404		Americare	Americare		303	75			121.2	383.8	percent of total billed charges				
PRG EVAL PLS GEN SL AP 1 SESS	0435T	CPT	outpatient			404		Amerihealth	HMO/PPO		262.6	65			121.2	383.8	percent of total billed charges				
PRG EVAL PLS GEN SL AP 1 SESS	0435T	CPT	outpatient			404		Consumer	Consumer		383.8	95			121.2	383.8	percent of total billed charges				
PRG EVAL PLS GEN SL AP 1 SESS	0435T	CPT	outpatient			404		Corrections	Corrections		323.2	80			121.2	383.8	percent of total billed charges				
PRG EVAL PLS GEN SL AP 1 SESS	0435T	CPT	outpatient			404		First Health	First Health		282.8	70			121.2	383.8	percent of total billed charges				
PRG EVAL PLS GEN SL AP 1 SESS	0435T	CPT	outpatient			404		First Trenton	First Trenton		363.6	90			121.2	383.8	percent of total billed charges				
PRG EVAL PLS GEN SL AP 1 SESS	0435T	CPT	outpatient			404		Horizon	Indemnity		154.65	38.28			121.2	383.8	percent of total billed charges				
PRG EVAL PLS GEN SL AP 1 SESS	0435T	CPT	outpatient			404		Horizon	MGD		154.65	38.28			121.2	383.8	percent of total billed charges				
PRG EVAL PLS GEN SL AP 1 SESS	0435T	CPT	outpatient			404		Horizon	Medicare Blue		121.2	30			121.2	383.8	percent of total billed charges				
PRG EVAL PLS GEN SL AP 1 SESS	0435T	CPT	outpatient			404		Horizon	PPO		154.65	38.28			121.2	383.8	percent of total billed charges				
PRG EVAL PLS GEN SL AP 1 SESS	0435T	CPT	outpatient			404		Managed Care Inc	Managed Care Inc		363.6	90			121.2	383.8	percent of total billed charges				
PRG EVAL PLS GEN SL AP 1 SESS	0435T	CPT	outpatient			404		Multiplan	Multiplan		323.2	80			121.2	383.8	percent of total billed charges				
PRG EVAL PLS GEN SL AP 1 SESS	0435T	CPT	outpatient			404		Qualcare	Qualcare		303	75			121.2	383.8	percent of total billed charges				
PRG EVAL PLS GEN SL AP 1 SESS	0435T	CPT	outpatient			404		Three Rivers	Three Rivers		383.8	95			121.2	383.8	percent of total billed charges				
PRG EVAL PLS GEN SL AP 1 SESS	0435T	CPT	outpatient			404		UHC	Medicaid		127.46	31.55			121.2	383.8	percent of total billed charges				
PRG EVAL PLS GEN SL AP 1 SESS	0435T	CPT	outpatient			404		Wellcare	Medicaid		127.46	31.55			121.2	383.8	percent of total billed charges				
PRG EVAL PLS GEN SL AP 1 SESS	0435T	CPT	outpatient			404		WellPoint	WellPoint		130.01	32.18			121.2	383.8	percent of total billed charges				
PRG EVAL PLS GEN SL AP SLEEP SES	0436T	CPT	outpatient			3675		Aetna	Medicare		1131.9	30.8			1102.5	3491.25	percent of total billed charges				
PRG EVAL PLS GEN SL AP SLEEP SES	0436T	CPT	outpatient			3675		Aetna	Better Health		1159.46	31.55			1102.5	3491.25	percent of total billed charges				
PRG EVAL PLS GEN SL AP SLEEP SES	0436T	CPT	outpatient			3675		Aetna	Commercial		1396.5	38			1102.5	3491.25	percent of total billed charges				
PRG EVAL PLS GEN SL AP SLEEP SES	0436T	CPT	outpatient			3675		Americare	Americare		2756.25	75			1102.5	3491.25	percent of total billed charges				
PRG EVAL PLS GEN SL AP SLEEP SES	0436T	CPT	outpatient			3675		Amerihealth	HMO/PPO		2388.75	65			1102.5	3491.25	percent of total billed charges				
PRG EVAL PLS GEN SL AP SLEEP SES	0436T	CPT	outpatient			3675		Consumer	Consumer		3491.25	95			1102.5	3491.25	percent of total billed charges				
PRG EVAL PLS GEN SL AP SLEEP SES	0436T	CPT	outpatient			3675		Corrections	Corrections		2940	80			1102.5	3491.25	percent of total billed charges				
PRG EVAL PLS GEN SL AP SLEEP SES	0436T	CPT	outpatient			3675		First Health	First Health		2572.5	70			1102.5	3491.25	percent of total billed charges				
PRG EVAL PLS GEN SL AP SLEEP SES	0436T	CPT	outpatient			3675		First Trenton	First Trenton		3307.5	90			1102.5	3491.25	percent of total billed charges				
PRG EVAL PLS GEN SL AP SLEEP SES	0436T	CPT	outpatient			3675		Horizon	Medicare Blue		1102.5	30			1102.5	3491.25	percent of total billed charges				
PRG EVAL PLS GEN SL AP SLEEP SES	0436T	CPT	outpatient			3675		Horizon	Indemnity		1406.79	38.28			1102.5	3491.25	percent of total billed charges				
PRG EVAL PLS GEN SL AP SLEEP SES	0436T	CPT	outpatient			3675		Horizon	MGD		1406.79	38.28			1102.5	3491.25	percent of total billed charges				

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101191	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
PRG EVAL PLS GEN SL AP SLEEP SES	0436T	CPT	outpatient			3675		Horizon	PPO		1406.79	38.28			1102.5	3491.25	percent of total billed charges	
PRG EVAL PLS GEN SL AP SLEEP SES	0436T	CPT	outpatient			3675		Managed Care Inc	Managed Care Inc		3307.5	90			1102.5	3491.25	percent of total billed charges	
PRG EVAL PLS GEN SL AP SLEEP SES	0436T	CPT	outpatient			3675		Multiplan	Multiplan		2940	80			1102.5	3491.25	percent of total billed charges	
PRG EVAL PLS GEN SL AP SLEEP SES	0436T	CPT	outpatient			3675		Qualcare	Qualcare		2756.25	75			1102.5	3491.25	percent of total billed charges	
PRG EVAL PLS GEN SL AP SLEEP SES	0436T	CPT	outpatient			3675		Three Rivers	Three Rivers		3491.25	95			1102.5	3491.25	percent of total billed charges	
PRG EVAL PLS GEN SL AP SLEEP SES	0436T	CPT	outpatient			3675		UHC	Medicaid		1159.46	31.55			1102.5	3491.25	percent of total billed charges	
PRG EVAL PLS GEN SL AP SLEEP SES	0436T	CPT	outpatient			3675		Wellcare	Medicaid		1159.46	31.55			1102.5	3491.25	percent of total billed charges	
PRG EVAL PLS GEN SL AP SLEEP SES	0436T	CPT	outpatient			3675		WellPoint	WellPoint		1182.62	32.18			1102.5	3491.25	percent of total billed charges	
INSERTJ WCS LV COMPLETE SYSTEM	0515T	CPT	both			92021		31001.72 Aetna	Better Health		29032.63	31.55			10829	87419.95	percent of total billed charges	
INSERTJ WCS LV COMPLETE SYSTEM	0515T	CPT	both			92021		31001.72 Aetna	Commercial		42917.17				10829	87419.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTJ WCS LV COMPLETE SYSTEM	0515T	CPT	both			92021		31001.72 Aetna	Medicare		26958.02				10829	87419.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTJ WCS LV COMPLETE SYSTEM	0515T	CPT	both			92021		31001.72 Americare	Americare		69015.75	75			10829	87419.95	percent of total billed charges	
INSERTJ WCS LV COMPLETE SYSTEM	0515T	CPT	both			92021		31001.72 Amerihealth	Medicare		26958.02				10829	87419.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTJ WCS LV COMPLETE SYSTEM	0515T	CPT	both			92021		31001.72 Amerihealth	HMO/PPO		59813.65	65			10829	87419.95	percent of total billed charges	
INSERTJ WCS LV COMPLETE SYSTEM	0515T	CPT	both			92021		31001.72 Consumer	Consumer		87419.95	95			10829	87419.95	percent of total billed charges	
INSERTJ WCS LV COMPLETE SYSTEM	0515T	CPT	both			92021		31001.72 Corrections	Corrections		73616.8	80			10829	87419.95	percent of total billed charges	
INSERTJ WCS LV COMPLETE SYSTEM	0515T	CPT	both			92021		31001.72 First Health	First Health		64414.7	70			10829	87419.95	percent of total billed charges	
INSERTJ WCS LV COMPLETE SYSTEM	0515T	CPT	both			92021		31001.72 First Trenton	First Trenton		82818.9	90			10829	87419.95	percent of total billed charges	
INSERTJ WCS LV COMPLETE SYSTEM	0515T	CPT	both			92021		31001.72 Horizon	PPO		50168.88				10829	87419.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTJ WCS LV COMPLETE SYSTEM	0515T	CPT	both			92021		31001.72 Horizon	MGD		50168.88				10829	87419.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTJ WCS LV COMPLETE SYSTEM	0515T	CPT	both			92021		31001.72 Horizon	Indemnity		50168.88				10829	87419.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTJ WCS LV COMPLETE SYSTEM	0515T	CPT	both			92021		31001.72 Horizon	Medicare Blue		26958.02				10829	87419.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTJ WCS LV COMPLETE SYSTEM	0515T	CPT	both			92021		31001.72 Managed Care Inc	Managed Care Inc		82818.9	90			10829	87419.95	percent of total billed charges	
INSERTJ WCS LV COMPLETE SYSTEM	0515T	CPT	both			92021		31001.72 Multiplan	Multiplan		73616.8	80			10829	87419.95	percent of total billed charges	
INSERTJ WCS LV COMPLETE SYSTEM	0515T	CPT	both			92021		31001.72 Qualcare	Qualcare		69015.75	75			10829	87419.95	percent of total billed charges	
INSERTJ WCS LV COMPLETE SYSTEM	0515T	CPT	both			92021		31001.72 Three Rivers	Three Rivers		87419.95	95			10829	87419.95	percent of total billed charges	
INSERTJ WCS LV COMPLETE SYSTEM	0515T	CPT	both			92021		31001.72 UHC	Medicaid		29032.63	31.55			10829	87419.95	percent of total billed charges	
INSERTJ WCS LV COMPLETE SYSTEM	0515T	CPT	both			92021		31001.72 UHC	Medicare		26958.02				10829	87419.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTJ WCS LV COMPLETE SYSTEM	0515T	CPT	both			92021		31001.72 United	CommercialPPO		10829				10829	87419.95	case rate	
INSERTJ WCS LV COMPLETE SYSTEM	0515T	CPT	both			92021		31001.72 United	Oxford		10829				10829	87419.95	case rate	
INSERTJ WCS LV COMPLETE SYSTEM	0515T	CPT	both			92021		31001.72 Wellcare	Medicare		26958.02				10829	87419.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTJ WCS LV COMPLETE SYSTEM	0515T	CPT	both			92021		31001.72 Wellcare	Medicaid		29032.63	31.55			10829	87419.95	percent of total billed charges	
INSERTJ WCS LV COMPLETE SYSTEM	0515T	CPT	both			92021		31001.72 WellPoint	WellPoint		29612.36	32.18			10829	87419.95	percent of total billed charges	
INSERTJ WCS LV ELECTRODE ONLY	0516T	CPT	outpatient			32561		14044.32 Aetna	Commercial		19442.22				5843	30932.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTJ WCS LV ELECTRODE ONLY	0516T	CPT	outpatient			32561		14044.32 Aetna	Better Health		10273	31.55			5843	30932.95	percent of total billed charges	
INSERTJ WCS LV ELECTRODE ONLY	0516T	CPT	outpatient			32561		14044.32 Aetna	Medicare		12212.45				5843	30932.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTJ WCS LV ELECTRODE ONLY	0516T	CPT	outpatient			32561		14044.32 Americare	Americare		24420.75	75			5843	30932.95	percent of total billed charges	
INSERTJ WCS LV ELECTRODE ONLY	0516T	CPT	outpatient			32561		14044.32 Amerihealth	HMO/PPO		21164.65	65			5843	30932.95	percent of total billed charges	
INSERTJ WCS LV ELECTRODE ONLY	0516T	CPT	outpatient			32561		14044.32 Amerihealth	Medicare		12212.45				5843	30932.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTJ WCS LV ELECTRODE ONLY	0516T	CPT	outpatient			32561		14044.32 Consumer	Consumer		30932.95	95			5843	30932.95	percent of total billed charges	
INSERTJ WCS LV ELECTRODE ONLY	0516T	CPT	outpatient			32561		14044.32 Corrections	Corrections		26048.8	80			5843	30932.95	percent of total billed charges	
INSERTJ WCS LV ELECTRODE ONLY	0516T	CPT	outpatient			32561		14044.32 First Health	First Health		22792.7	70			5843	30932.95	percent of total billed charges	
INSERTJ WCS LV ELECTRODE ONLY	0516T	CPT	outpatient			32561		14044.32 First Trenton	First Trenton		29304.9	90			5843	30932.95	percent of total billed charges	
INSERTJ WCS LV ELECTRODE ONLY	0516T	CPT	outpatient			32561		14044.32 Horizon	MGD		22727.37				5843	30932.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTJ WCS LV ELECTRODE ONLY	0516T	CPT	outpatient			32561		14044.32 Horizon	Medicare Blue		12212.45				5843	30932.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTJ WCS LV ELECTRODE ONLY	0516T	CPT	outpatient			32561		14044.32 Horizon	Indemnity		22727.37				5843	30932.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTJ WCS LV ELECTRODE ONLY	0516T	CPT	outpatient			32561		14044.32 Horizon	PPO		22727.37				5843	30932.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTJ WCS LV ELECTRODE ONLY	0516T	CPT	outpatient			32561		14044.32 Managed Care Inc	Managed Care Inc		29304.9	90			5843	30932.95	percent of total billed charges	
INSERTJ WCS LV ELECTRODE ONLY	0516T	CPT	outpatient			32561		14044.32 Multiplan	Multiplan		26048.8	80			5843	30932.95	percent of total billed charges	
INSERTJ WCS LV ELECTRODE ONLY	0516T	CPT	outpatient			32561		14044.32 Qualcare	Qualcare		24420.75	75			5843	30932.95	percent of total billed charges	
INSERTJ WCS LV ELECTRODE ONLY	0516T	CPT	outpatient			32561		14044.32 Three Rivers	Three Rivers		30932.95	95			5843	30932.95	percent of total billed charges	
INSERTJ WCS LV ELECTRODE ONLY	0516T	CPT	outpatient			32561		14044.32 UHC	Medicare		12212.45				5843	30932.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTJ WCS LV ELECTRODE ONLY	0516T	CPT	outpatient			32561		14044.32 UHC	Medicaid		10273	31.55			5843	30932.95	percent of total billed charges	
INSERTJ WCS LV ELECTRODE ONLY	0516T	CPT	outpatient			32561		14044.32 United	Oxford		5843				5843	30932.95	case rate	
INSERTJ WCS LV ELECTRODE ONLY	0516T	CPT	outpatient			32561		14044.32 United	CommercialPPO		5843				5843	30932.95	case rate	
INSERTJ WCS LV ELECTRODE ONLY	0516T	CPT	outpatient			32561		14044.32 Wellcare	Medicaid		10273	31.55			5843	30932.95	percent of total billed charges	
INSERTJ WCS LV ELECTRODE ONLY	0516T	CPT	outpatient			32561		14044.32 Wellcare	Medicare		12212.45				5843	30932.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTJ WCS LV ELECTRODE ONLY	0516T	CPT	outpatient			32561		14044.32 WellPoint	WellPoint		10478.13	32.18			5843	30932.95	percent of total billed charges	
INSJ WCS LV PG COMPNT	0517T	CPT	outpatient			32561		14044.32 Aetna	Medicare		12212.45				5843	30932.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ WCS LV PG COMPNT	0517T	CPT	outpatient			32561		14044.32 Aetna	Better Health		10273	31.55			5843	30932.95	percent of total billed charges	
INSJ WCS LV PG COMPNT	0517T	CPT	outpatient			32561		14044.32 Aetna	Commercial		19442.22				5843	30932.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ WCS LV PG COMPNT	0517T	CPT	outpatient			32561		14044.32 Americare	Americare		24420.75	75			5843	30932.95	percent of total billed charges	
INSJ WCS LV PG COMPNT	0517T	CPT	outpatient			32561		14044.32 Amerihealth	HMO/PPO		21164.65	65			5843	30932.95	percent of total billed charges	
INSJ WCS LV PG COMPNT	0517T	CPT	outpatient			32561		14044.32 Amerihealth	Medicare		12212.45				5843	30932.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ WCS LV PG COMPNT	0517T	CPT	outpatient			32561		14044.32 Consumer	Consumer		30932.95	95			5843	30932.95	percent of total billed charges	
INSJ WCS LV PG COMPNT	0517T	CPT	outpatient			32561		14044.32 Corrections	Corrections		26048.8	80			5843	30932.95	percent of total billed charges	
INSJ WCS LV PG COMPNT	0517T	CPT	outpatient			32561		14044.32 First Health	First Health		22792.7	70			5843	30932.95	percent of total billed charges	
INSJ WCS LV PG COMPNT	0517T	CPT	outpatient			32561		14044.32 First Trenton	First Trenton		29304.9	90			5843	30932.95	percent of total billed charges	
INSJ WCS LV PG COMPNT	0517T	CPT	outpatient			32561		14044.32 Horizon	Indemnity		22727.37				5843	30932.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ WCS LV PG COMPNT	0517T	CPT	outpatient			32561		14044.32 Horizon	PPO		22727.37				5843	30932.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ WCS LV PG COMPNT	0517T	CPT	outpatient			32561		14044.32 Horizon	Medicare Blue		12212.45				5843	30932.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ WCS LV PG COMPNT	0517T	CPT	outpatient			32561		14044.32 Horizon	MGD		22727.37				5843	30932.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ WCS LV PG COMPNT	0517T	CPT	outpatient			32561		14044.32 Managed Care Inc	Managed Care Inc		29304.9	90			5843	30932.95	percent of total billed charges	
INSJ WCS LV PG COMPNT	0517T	CPT	outpatient			32561		14044.32 Multiplan	Multiplan		26048.8	80			5843	30932.95	percent of total billed charges	
INSJ WCS LV PG COMPNT	0517T	CPT	outpatient			32561		14044.32 Qualcare	Qualcare		24420.75	75			5843	30932.95	percent of total billed charges	
INSJ WCS LV PG COMPNT	0517T	CPT	outpatient			32561		14044.32 Three Rivers	Three Rivers		30932.95	95			5843	30932.95	percent of total billed charges	
INSJ WCS LV PG COMPNT	0517T	CPT	outpatient			32561		14044.32 UHC	Medicaid		10273	31.55			5843	30932.95	percent of total billed charges	
INSJ WCS LV PG COMPNT	0517T	CPT	outpatient			32561		14044.32 UHC	Medicare		12212.45				5843	30932.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ WCS LV PG COMPNT	0517T	CPT	outpatient			32561		14044.32 United	CommercialPPO		5843				5843	30932.95	case rate	
INSJ WCS LV PG COMPNT	0517T	CPT	outpatient			32561		14044.32 United	Oxford		5843				5843	30932.95	case rate	
INSJ WCS LV PG COMPNT	0517T	CPT	outpatient			32561		14044.32 Wellcare	Medicare		12212.45				5843	30932.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ WCS LV PG COMPNT	0517T	CPT	outpatient			32561		14044.32 Wellcare	Medicaid		10273	31.55			5843	30932.95	percent of total billed charges	
INSJ WCS LV PG COMPNT	0517T	CPT	outpatient			32561		14044.32 WellPoint	WellPoint		10478.13	32.18			5843	30932.95	percent of total billed charges	
TCAT RMVL/DEBULK ICAR MASS SUCTION DEVIC	0644T	CPT	inpatient			19659		7517.39 Aetna	Better Health		6202.41	31.55			4702	18676.05	percent of total billed charges	
TCAT RMVL/DEBULK ICAR MASS SUCTION DEVIC	0644T	CPT	inpatient			19659		7517.39 Aetna	Commercial		10406.68				4702	18676.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TCAT RMVL/DEBULK ICAR MASS SUCTION DEVIC	0644T	CPT	inpatient			19659		7517.39 Aetna	Medicare		6536.86				4702	18676.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TCAT RMVL/DEBULK ICAR MASS SUCTION DEVIC	0644T	CPT	inpatient			19659		7517.39 Americare	Americare		14744.25	75			4702	18676.05	percent of total billed charges	
TCAT RMVL/DEBULK ICAR MASS SUCTION DEVIC	0644T	CPT	inpatient			19659		7517.39 Amerihealth	HMO/PPO		12778.35	65			4702	18676.05	percent of total billed charges	
TCAT RMVL/DEBULK ICAR MASS SUCTION DEVIC	0644T	CPT	inpatient			19659		7517.39 Amerihealth	Medicare		6536.86				4702	18676.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TCAT RMVL/DEBULK ICAR MASS SUCTION DEVIC	0644T	CPT	inpatient			19659		7517.39 Consumer	Consumer		18676.05	95			4702	18676.05	percent of total billed charges	
TCAT RMVL/DEBULK ICAR MASS SUCTION DEVIC	0644T	CPT	inpatient			19659		7517.39 Corrections	Corrections		15727.2	80			4702	18676.05	percent of total billed charges	
TCAT RMVL/DEBULK ICAR MASS SUCTION DEVIC	0644T	CPT	inpatient			19659		7517.39 First Health	First Health		13761.3	70			4702	18676.05	percent of total billed charges	
TCAT RMVL/DEBULK ICAR MASS SUCTION DEVIC	0644T	CPT	inpatient			19659		7517.39 First Trenton	First Trenton		17693.1	90			4702	18676.05	percent of total billed charges	
TCAT RMVL/DEBULK ICAR MASS SUCTION DEVIC	0644T	CPT	inpatient			19659		7517.39 Horizon	Indemnity		12165.1				4702	18676.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TCAT RMVL/DEBULK ICAR MASS SUCTION DEVIC	0644T	CPT	inpatient			19659		7517.39 Horizon	MGD		12165.1				4702	18676.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TCAT RMVL/DEBULK ICAR MASS SUCTION DEVIC	0644T	CPT	inpatient			19659		7517.39 Horizon	PPO		12165.1				4702	18676.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TCAT RMVL/DEBULK ICAR MASS SUCTION DEVIC	0644T	CPT	inpatient			19659		7517.39 Horizon	Medicare Blue		6536.86				4702	18676.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TCAT RMVL/DEBULK ICAR MASS SUCTION DEVIC	0644T	CPT	inpatient			19659		7517.39 Managed Care Inc	Managed Care Inc		17693.1	90			4702	18676.05	percent of total billed charges	
TCAT RMVL/DEBULK ICAR MASS SUCTION DEVIC	0644T	CPT	inpatient			19659		7517.39 Multiplan	Multiplan		15727.2	80			4702	18676.05	percent of total billed charges	
TCAT RMVL/DEBULK ICAR MASS SUCTION DEVIC	0644T	CPT	inpatient			19659		7517.39 Qualcare	Qualcare		14744.25	75			4702	18676.05	percent of total billed charges	
TCAT RMVL/DEBULK ICAR MASS SUCTION DEVIC	0644T	CPT	inpatient			19659		7517.39 Three Rivers	Three Rivers		18676.05	95			4702	18676.05	percent of total billed charges	
TCAT RMVL/DEBULK ICAR MASS SUCTION DEVIC	0644T	CPT	inpatient			19659		7517.39 UHC	Medicaid		6202.41	31.55			4702	18676.05	percent of total billed charges	
TCAT RMVL/DEBULK ICAR MASS SUCTION DEVIC	0644T	CPT	inpatient			19659		7517.39 UHC	Medicare		6536.86				4702	18676.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TCAT RMVL/DEBULK ICAR MASS SUCTION DEVIC	0644T	CPT	inpatient			19659		7517.39 United	CommercialPPO		4702				4702	18676.05	case rate	
TCAT RMVL/DEBULK ICAR MASS SUCTION DEVIC	0644T	CPT	inpatient			19659		7517.39 United	Oxford		4702				4702	18676.05	case rate	
TCAT RMVL/DEBULK ICAR MASS SUCTION DEVIC	0644T	CPT	inpatient			19659		7517.39 Wellcare	Medicaid		6202.41	31.55			4702	18676.05	percent of total billed charges	
TCAT RMVL/DEBULK ICAR MASS SUCTION DEVIC	0644T	CPT	inpatient			19659		7517.39 Wellcare	Medicare		6536.86				4702	18676.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TCAT RMVL/DEBULK ICAR MASS SUCTION DEVIC	0644T	CPT	inpatient			19659		7517.39 WellPoint	WellPoint		6326.27	32.18			4702	18676.05	percent of total billed charges	
FNA ADD LESION W/O IMAG	10004	CPT	outpatient			436		Aetna	Better Health		137.56	31.55			130.8	1782	percent of total billed charges	
FNA ADD LESION W/O IMAG	10004	CPT	outpatient			436		Aetna	Medicare		134.29	30.8			130.8	1782	percent of total billed charges	
FNA ADD LESION W/O IMAG	10004	CPT	outpatient			436		Aetna	Commercial		165.68	38			130.8	1782	percent of total billed charges	
FNA ADD LESION W/O IMAG	10004	CPT	outpatient			436		Americare	Americare		327	75			130.8	1782	percent of total billed charges	
FNA ADD LESION W/O IMAG	10004	CPT	outpatient			436		Amerihealth	HMO/PPO		283.4	65			130.8	1782	percent of total billed charges	
FNA ADD LESION W/O IMAG	10004	CPT	outpatient			436		Consumer	Consumer		414.2	95			130.8	1782	percent of total billed charges	
FNA ADD LESION W/O IMAG	10004	CPT	outpatient			436		Corrections	Corrections		348.8	80			130.8	1782	percent of total billed charges	
FNA ADD LESION W/O IMAG	10004	CPT	outpatient			436		First Health	First Health		305.2	70			130.8	1782	percent of total billed charges	
FNA ADD LESION W/O IMAG	10004	CPT	outpatient			436		First Trenton	First Trenton		392.4	90			130.8	1782	percent of total billed charges	
FNA ADD LESION W/O IMAG	10004	CPT	outpatient			436		Horizon	PPO		166.9	38.28			130.8	1782	percent of total billed charges	
FNA ADD LESION W/O IMAG	10004	CPT	outpatient			436		Horizon	Indemnity		166.9	38.28			130.8	1782	percent of total billed charges	
FNA ADD LESION W/O IMAG	10004	CPT	outpatient			436		Horizon	MGD		166.9	38.28			130.8	1782	percent of total billed charges	
FNA ADD LESION W/O IMAG	10004	CPT	outpatient			436		Horizon	Medicare Blue		130.8	30			130.8	1782	percent of total billed charges	
FNA ADD LESION W/O IMAG	10004	CPT	outpatient			436		Managed Care Inc	Managed Care Inc		392.4	90			130.8	1782	percent of total billed charges	
FNA ADD LESION W/O IMAG	10004	CPT	outpatient			436		Multiplan	Multiplan		348.8	80			130.8	1782	percent of total billed charges	
FNA ADD LESION W/O IMAG	10004	CPT	outpatient			436		Qualcare	Qualcare		327	75			130.8	1782	percent of total billed charges	
FNA ADD LESION W/O IMAG	10004	CPT	outpatient			436		Three Rivers	Three Rivers		414.2	95			130.8	1782	percent of total billed charges	
FNA ADD LESION W/O IMAG	10004	CPT	outpatient			436		UHC	Medicaid		137.56	31.55			130.8	1782	percent of total billed charges	
FNA BX W/O IMG GDN EA ADDL	10004	CPT	outpatient			436		United	Oxford		1782				130.8	1782	case rate	
FNA BX W/O IMG GDN EA ADDL	10004	CPT	outpatient			436		United	CommercialPPO		1782				130.8	1782	case rate	
FNA ADD LESION W/O IMAG	10004	CPT	outpatient			436		Wellcare	Medicaid		137.56	31.55			130.8	1782	percent of total billed charges	
FNA ADD LESION W/O IMAG	10004	CPT	outpatient			436		WellPoint	WellPoint		140.3	32.18			130.8	1782	percent of total billed charges	
FNA WITH IMAGING GUIDANCE	10005	CPT	both			2469		925.36 Aetna	Better Health		778.97	31.55			745.84	2345.55	percent of total billed charges	
FNA WITH IMAGING GUIDANCE	10005	CPT	both			2469		925.36 Aetna	Commercial		1281.02				745.84	2345.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FNA WITH IMAGING GUIDANCE	10005	CPT	both			2469		925.36 Aetna	Medicare		804.66				745.84	2345.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FNA WITH IMAGING GUIDANCE	10005	CPT	both			2469		925.36 Americare	Americare		1851.75	75			745.84	2345.55	percent of total billed charges	
FNA WITH IMAGING GUIDANCE	10005	CPT	both			2469		925.36 Amerihealth	HMO/PPO		1604.85	65			745.84	2345.55	percent of total billed charges	
FNA WITH IMAGING GUIDANCE	10005	CPT	both			2469		925.36 Consumer	Consumer		2345.55	95			745.84	2345.55	percent of total billed charges	
FNA WITH IMAGING GUIDANCE	10005	CPT	both			2469		925.36 Corrections	Corrections		1975.2	80			745.84	2345.55	percent of total billed charges	
FNA WITH IMAGING GUIDANCE	10005	CPT	both			2469		925.36 First Health	First Health		1728.3	70			745.84	2345.55	percent of total billed charges	
FNA WITH IMAGING GUIDANCE	10005	CPT	both			2469		925.36 First Trenton	First Trenton		2222.1	90			745.84	2345.55	percent of total billed charges	
FNA WITH IMAGING GUIDANCE	10005	CPT	both			2469		925.36 Horizon	PPO		1497.47				745.84	2345.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FNA WITH IMAGING GUIDANCE	10005	CPT	both			2469		925.36 Horizon	Medicare Blue		804.66				745.84	2345.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FNA WITH IMAGING GUIDANCE	10005	CPT	both			2469		925.36 Horizon	MGD		1497.47				745.84	2345.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FNA WITH IMAGING GUIDANCE	10005	CPT	both			2469		925.36 Horizon	Indemnity		1497.47				745.84	2345.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FNA WITH IMAGING GUIDANCE	10005	CPT	both			2469		925.36 Managed Care Inc	Managed Care Inc		2222.1	90			745.84	2345.55	percent of total billed charges	
FNA WITH IMAGING GUIDANCE	10005	CPT	both			2469		925.36 Multiplan	Multiplan		1975.2	80			745.84	2345.55	percent of total billed charges	
FNA WITH IMAGING GUIDANCE	10005	CPT	both			2469		925.36 Qualcare	Qualcare		1851.75	75			745.84	2345.55	percent of total billed charges	
FNA WITH IMAGING GUIDANCE	10005	CPT	both			2469		925.36 Three Rivers	Three Rivers		2345.55	95			745.84	2345.55	percent of total billed charges	
FNA WITH IMAGING GUIDANCE	10005	CPT	both			2469		925.36 UHC	Medicaid		778.97	31.55			745.84	2345.55	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.															
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true														
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
FNA WITH IMAGING GUIDANCE	10005	CPT	both			2469		925.36 UHC	Medicare		804.66				745.84	2345.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FNA WITH IMAGING GUIDANCE	10005	CPT	both			2469		925.36 United	CommercialPPO		1817				745.84	2345.55	case rate	
FNA WITH IMAGING GUIDANCE	10005	CPT	both			2469		925.36 United	Oxford		1817				745.84	2345.55	case rate	
FNA WITH IMAGING GUIDANCE	10005	CPT	both			2469		925.36 Wellcare	Medicaid		776.97	31.55			745.84	2345.55	percent of total billed charges	
FNA WITH IMAGING GUIDANCE	10005	CPT	both			2469		925.36 Wellcare	Medicare		804.66				745.84	2345.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FNA WITH IMAGING GUIDANCE	10005	CPT	both			2469		925.36 WellPoint	WellPoint		794.52	32.18			745.84	2345.55	percent of total billed charges	
FNA ADD LESION WITH US	10006	CPT	both			794		Aetna	Better Health		250.51	31.55			238.2	1782	percent of total billed charges	
FNA ADD LESION WITH US	10006	CPT	both			794		Aetna	Medicare		244.55	30.8			238.2	1782	percent of total billed charges	
FNA ADD LESION WITH US	10006	CPT	both			794		Aetna	Commercial		301.72	38			238.2	1782	percent of total billed charges	
FNA ADD LESION WITH US	10006	CPT	both			794		Americare	Americare		595.5	75			238.2	1782	percent of total billed charges	
FNA ADD LESION WITH US	10006	CPT	both			794		Amerihealth	HMO/PPO		516.1	65			238.2	1782	percent of total billed charges	
FNA ADD LESION WITH US	10006	CPT	both			794		Consumer	Consumer		754.3	95			238.2	1782	percent of total billed charges	
FNA ADD LESION WITH US	10006	CPT	both			794		Corrections	Corrections		635.2	80			238.2	1782	percent of total billed charges	
FNA ADD LESION WITH US	10006	CPT	both			794		First Health	First Health		555.8	70			238.2	1782	percent of total billed charges	
FNA ADD LESION WITH US	10006	CPT	both			794		First Trenton	First Trenton		714.6	90			238.2	1782	percent of total billed charges	
FNA ADD LESION WITH US	10006	CPT	both			794		Horizon	MGD		303.94	38.28			238.2	1782	percent of total billed charges	
FNA ADD LESION WITH US	10006	CPT	both			794		Horizon	PPO		303.94	38.28			238.2	1782	percent of total billed charges	
FNA ADD LESION WITH US	10006	CPT	both			794		Horizon	Medicare Blue		238.2	30			238.2	1782	percent of total billed charges	
FNA ADD LESION WITH US	10006	CPT	both			794		Horizon	Indemnity		303.94	38.28			238.2	1782	percent of total billed charges	
FNA ADD LESION WITH US	10006	CPT	both			794		Managed Care Inc	Managed Care Inc		714.6	90			238.2	1782	percent of total billed charges	
FNA ADD LESION WITH US	10006	CPT	both			794		Multiplan	Multiplan		635.2	80			238.2	1782	percent of total billed charges	
FNA ADD LESION WITH US	10006	CPT	both			794		Qualcare	Qualcare		595.5	75			238.2	1782	percent of total billed charges	
FNA ADD LESION WITH US	10006	CPT	both			794		Three Rivers	Three Rivers		754.3	95			238.2	1782	percent of total billed charges	
FNA ADD LESION WITH US	10006	CPT	both			794		UHC	Medicaid		250.51	31.55			238.2	1782	percent of total billed charges	
FNA BX W/US GDN EA ADDL	10006	CPT	both			794		United	CommercialPPO		1782				238.2	1782	case rate	
FNA BX W/US GDN EA ADDL	10006	CPT	both			794		United	Oxford		1782				238.2	1782	case rate	
FNA ADD LESION WITH US	10006	CPT	both			794		Wellcare	Medicaid		250.51	31.55			238.2	1782	percent of total billed charges	
FNA ADD LESION WITH US	10006	CPT	both			794		WellPoint	WellPoint		255.51	32.18			238.2	1782	percent of total billed charges	
FNA 1ST LESION W/FLURO	10007	CPT	both			2375		925.36 Aetna	Medicare		804.66				749.31	2256.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FNA 1ST LESION W/FLURO	10007	CPT	both			2375		925.36 Aetna	Better Health		749.31	31.55			749.31	2256.25	percent of total billed charges	
FNA 1ST LESION W/FLURO	10007	CPT	both			2375		925.36 Aetna	Commercial		1281.02				749.31	2256.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FNA 1ST LESION W/FLURO	10007	CPT	both			2375		925.36 Americare	Americare		1781.25	75			749.31	2256.25	percent of total billed charges	
FNA 1ST LESION W/FLURO	10007	CPT	both			2375		925.36 Amerihealth	HMO/PPO		1543.75	65			749.31	2256.25	percent of total billed charges	
FNA 1ST LESION W/FLURO	10007	CPT	both			2375		925.36 Consumer	Consumer		2256.25	95			749.31	2256.25	percent of total billed charges	
FNA 1ST LESION W/FLURO	10007	CPT	both			2375		925.36 Corrections	Corrections		1900	80			749.31	2256.25	percent of total billed charges	
FNA 1ST LESION W/FLURO	10007	CPT	both			2375		925.36 First Health	First Health		1662.5	70			749.31	2256.25	percent of total billed charges	
FNA 1ST LESION W/FLURO	10007	CPT	both			2375		925.36 First Trenton	First Trenton		2137.5	90			749.31	2256.25	percent of total billed charges	
FNA 1ST LESION W/FLURO	10007	CPT	both			2375		925.36 Horizon	MGD		1497.47				749.31	2256.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FNA 1ST LESION W/FLURO	10007	CPT	both			2375		925.36 Horizon	Indemnity		1497.47				749.31	2256.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FNA 1ST LESION W/FLURO	10007	CPT	both			2375		925.36 Horizon	Medicare Blue		804.66				749.31	2256.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FNA 1ST LESION W/FLURO	10007	CPT	both			2375		925.36 Horizon	PPO		1497.47				749.31	2256.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FNA 1ST LESION W/FLURO	10007	CPT	both			2375		925.36 Managed Care Inc	Managed Care Inc		2137.5	90			749.31	2256.25	percent of total billed charges	
FNA 1ST LESION W/FLURO	10007	CPT	both			2375		925.36 Multiplan	Multiplan		1900	80			749.31	2256.25	percent of total billed charges	
FNA 1ST LESION W/FLURO	10007	CPT	both			2375		925.36 Qualcare	Qualcare		1781.25	75			749.31	2256.25	percent of total billed charges	
FNA 1ST LESION W/FLURO	10007	CPT	both			2375		925.36 Three Rivers	Three Rivers		2256.25	95			749.31	2256.25	percent of total billed charges	
FNA 1ST LESION W/FLURO	10007	CPT	both			2375		925.36 UHC	Medicare		804.66				749.31	2256.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FNA 1ST LESION W/FLURO	10007	CPT	both			2375		925.36 UHC	Medicaid		749.31	31.55			749.31	2256.25	percent of total billed charges	
FNA 1ST LESION W/FLURO	10007	CPT	both			2375		925.36 United	Oxford		1817				749.31	2256.25	case rate	
FNA 1ST LESION W/FLURO	10007	CPT	both			2375		925.36 United	CommercialPPO		1817				749.31	2256.25	case rate	
FNA 1ST LESION W/FLURO	10007	CPT	both			2375		925.36 Wellcare	Medicaid		748.31	31.55			749.31	2256.25	percent of total billed charges	
FNA 1ST LESION W/FLURO	10007	CPT	both			2375		925.36 Wellcare	Medicare		804.66				749.31	2256.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FNA 1ST LESION W/FLURO	10007	CPT	both			2375		925.36 WellPoint	WellPoint		764.28	32.18			749.31	2256.25	percent of total billed charges	
FNA ADD LESION W/FLOURO	10008	CPT	outpatient			794		Aetna	Commercial		301.72	38			238.2	1782	percent of total billed charges	
FNA ADD LESION W/FLOURO	10008	CPT	outpatient			794		Aetna	Better Health		250.51	31.55			238.2	1782	percent of total billed charges	
FNA ADD LESION W/FLOURO	10008	CPT	outpatient			794		Aetna	Medicare		244.55	30.8			238.2	1782	percent of total billed charges	
FNA ADD LESION W/FLOURO	10008	CPT	outpatient			794		Americare	Americare		595.5	75			238.2	1782	percent of total billed charges	
FNA ADD LESION W/FLOURO	10008	CPT	outpatient			794		Amerihealth	HMO/PPO		516.1	65			238.2	1782	percent of total billed charges	
FNA ADD LESION W/FLOURO	10008	CPT	outpatient			794		Consumer	Consumer		754.3	95			238.2	1782	percent of total billed charges	
FNA ADD LESION W/FLOURO	10008	CPT	outpatient			794		Corrections	Corrections		635.2	80			238.2	1782	percent of total billed charges	
FNA ADD LESION W/FLOURO	10008	CPT	outpatient			794		First Health	First Health		555.8	70			238.2	1782	percent of total billed charges	
FNA ADD LESION W/FLOURO	10008	CPT	outpatient			794		First Trenton	First Trenton		714.6	90			238.2	1782	percent of total billed charges	
FNA ADD LESION W/FLOURO	10008	CPT	outpatient			794		Horizon	MGD		303.94	38.28			238.2	1782	percent of total billed charges	
FNA ADD LESION W/FLOURO	10008	CPT	outpatient			794		Horizon	Medicare Blue		238.2	30			238.2	1782	percent of total billed charges	
FNA ADD LESION W/FLOURO	10008	CPT	outpatient			794		Horizon	Indemnity		303.94	38.28			238.2	1782	percent of total billed charges	
FNA ADD LESION W/FLOURO	10008	CPT	outpatient			794		Horizon	PPO		303.94	38.28			238.2	1782	percent of total billed charges	
FNA ADD LESION W/FLOURO	10008	CPT	outpatient			794		Managed Care Inc	Managed Care Inc		714.6	90			238.2	1782	percent of total billed charges	
FNA ADD LESION W/FLOURO	10008	CPT	outpatient			794		Multiplan	Multiplan		635.2	80			238.2	1782	percent of total billed charges	
FNA ADD LESION W/FLOURO	10008	CPT	outpatient			794		Qualcare	Qualcare		595.5	75			238.2	1782	percent of total billed charges	
FNA ADD LESION W/FLOURO	10008	CPT	outpatient			794		Three Rivers	Three Rivers		754.3	95			238.2	1782	percent of total billed charges	
FNA ADD LESION W/FLOURO	10008	CPT	outpatient			794		UHC	Medicaid		250.51	31.55			238.2	1782	percent of total billed charges	
FNA ADD LESION W/FLOURO	10008	CPT	outpatient			794		United	Oxford		1782				238.2	1782	case rate	
FNA ADD LESION W/FLOURO	10008	CPT	outpatient			794		United	CommercialPPO		1782				238.2	1782	case rate	
FNA ADD LESION W/FLOURO	10008	CPT	outpatient			794		Wellcare	Medicaid		250.51	31.55			238.2	1782	percent of total billed charges	
FNA ADD LESION W/FLOURO	10008	CPT	outpatient			794		WellPoint	WellPoint		255.51	32.18			238.2	1782	percent of total billed charges	
FNA BX W/CT GDN IST LESION	10009	CPT	both			2488		925.36 Aetna	Medicare		766.3	30.8			728.42	2363.6	percent of total billed charges	
FNA BX W/CT GDN IST LESION	10009	CPT	both			2488		925.36 Aetna	Commercial		1281.02				728.42	2363.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FNA BX W/CT GDN IST LESION	10009	CPT	both			2488		925.36 Aetna	Better Health		784.96	31.55			728.42	2363.6	percent of total billed charges	
FNA BX W/CT GDN IST LESION	10009	CPT	both			2488		925.36 Americare	Americare		1866	75			728.42	2363.6	percent of total billed charges	
FNA BX W/CT GDN IST LESION	10009	CPT	both			2488		925.36 Amerihealth	HMO/PPO		1617.2	65			728.42	2363.6	percent of total billed charges	
FNA BX W/CT GDN IST LESION	10009	CPT	both			2488		925.36 Consumer	Consumer		2363.6	95			728.42	2363.6	percent of total billed charges	
FNA BX W/CT GDN IST LESION	10009	CPT	both			2488		925.36 Corrections	Corrections		1990.4	80			728.42	2363.6	percent of total billed charges	
FNA BX W/CT GDN IST LESION	10009	CPT	both			2488		925.36 First Health	First Health		1741.6	70			728.42	2363.6	percent of total billed charges	
FNA BX W/CT GDN IST LESION	10009	CPT	both			2488		925.36 First Trenton	First Trenton		2239.2	90			728.42	2363.6	percent of total billed charges	
FNA BX W/CT GDN IST LESION	10009	CPT	both			2488		925.36 Horizon	MGD		1497.47				728.42	2363.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FNA BX W/CT GDN IST LESION	10009	CPT	both			2488		925.36 Horizon	Medicare Blue		804.66				728.42	2363.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FNA BX W/CT GDN IST LESION	10009	CPT	both			2488		925.36 Horizon	Indemnity		1497.47				728.42	2363.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FNA BX W/CT GDN IST LESION	10009	CPT	both			2488		925.36 Horizon	PPO		1497.47				728.42	2363.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FNA BX W/CT GDN IST LESION	10009	CPT	both			2488		925.36 Managed Care Inc	Managed Care Inc		2239.2	90			728.42	2363.6	percent of total billed charges	
FNA BX W/CT GDN IST LESION	10009	CPT	both			2488		925.36 Multiplan	Multiplan		1990.4	80			728.42	2363.6	percent of total billed charges	
FNA BX W/CT GDN IST LESION	10009	CPT	both			2488		925.36 Qualcare	Qualcare		1866	75			728.42	2363.6	percent of total billed charges	
FNA BX W/CT GDN IST LESION	10009	CPT	both			2488		925.36 Three Rivers	Three Rivers		2363.6	95			728.42	2363.6	percent of total billed charges	
FNA BX W/CT GDN IST LESION	10009	CPT	both			2488		925.36 UHC	Medicaid		784.96	31.55			728.42	2363.6	percent of total billed charges	
FNA BX W/CT GDN IST LESION	10009	CPT	both			2488		925.36 UHC	Medicare		804.66				728.42	2363.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FNA BX W/CT GDN IST LESION	10009	CPT	both			2488		925.36 United	Oxford		1817				728.42	2363.6	case rate	
FNA BX W/CT GDN IST LESION	10009	CPT	both			2488		925.36 United	CommercialPPO		1817				728.42	2363.6	case rate	
FNA BX W/CT GDN IST LESION	10009	CPT	both			2488		925.36 Wellcare	Medicare		804.66				728.42	2363.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FNA BX W/CT GDN IST LESION	10009	CPT	both			2488		925.36 Wellcare	Medicaid		784.96	31.55			728.42	2363.6	percent of total billed charges	
FNA BX W/CT GDN IST LESION	10009	CPT	both			2488		925.36 WellPoint	WellPoint		800.64	32.18			728.42	2363.6	percent of total billed charges	
CT FNA EACH ADD LESION	10010	CPT	both			794		Aetna	Better Health		250.51	31.55			238.2	1782	percent of total billed charges	
CT FNA EACH ADD LESION	10010	CPT	both			794		Aetna	Commercial		301.72	38			238.2	1782	percent of total billed charges	
CT FNA EACH ADD LESION	10010	CPT	both			794		Aetna	Medicare		244.55	30.8			238.2	1782	percent of total billed charges	
CT FNA EACH ADD LESION	10010	CPT	both			794		Americare	Americare		595.5	75			238.2	1782	percent of total billed charges	
CT FNA EACH ADD LESION	10010	CPT	both			794		Amerihealth	HMO/PPO		516.1	65			238.2	1782	percent of total billed charges	
CT FNA EACH ADD LESION	10010	CPT	both			794		Consumer	Consumer		754.3	95			238.2	1782	percent of total billed charges	
CT FNA EACH ADD LESION	10010	CPT	both			794		Corrections	Corrections		635.2	80			238.2	1782	percent of total billed charges	
CT FNA EACH ADD LESION	10010	CPT	both			794		First Health	First Health		555.8	70			238.2	1782	percent of total billed charges	
CT FNA EACH ADD LESION	10010	CPT	both			794		First Trenton	First Trenton		714.6	90			238.2	1782	percent of total billed charges	
CT FNA EACH ADD LESION	10010	CPT	both			794		Horizon	Indemnity		303.94	38.28			238.2	1782	percent of total billed charges	
CT FNA EACH ADD LESION	10010	CPT	both			794		Horizon	Medicare Blue		238.2	30			238.2	1782	percent of total billed charges	
CT FNA EACH ADD LESION	10010	CPT	both			794		Horizon	MGD		303.94	38.28			238.2	1782	percent of total billed charges	
CT FNA EACH ADD LESION	10010	CPT	both			794		Horizon	PPO		303.94	38.28			238.2	1782	percent of total billed charges	
CT FNA EACH ADD LESION	10010	CPT	both			794		Managed Care Inc	Managed Care Inc		714.6	90			238.2	1782	percent of total billed charges	
CT FNA EACH ADD LESION	10010	CPT	both			794		Multiplan	Multiplan		635.2	80			238.2	1782	percent of total billed charges	
CT FNA EACH ADD LESION	10010	CPT	both			794		Qualcare	Qualcare		595.5	75			238.2	1782	percent of total billed charges	
CT FNA EACH ADD LESION	10010	CPT	both			794		Three Rivers	Three Rivers		754.3	95			238.2	1782	percent of total billed charges	
CT FNA EACH ADD LESION	10010	CPT	both			794		UHC	Medicaid		250.51	31.55			238.2	1782	percent of total billed charges	
CT GUIDED ASPIRATION BIOPSY ADD LESION	10010	CPT	both			794		United	CommercialPPO		1782				238.2	1782	case rate	
CT GUIDED ASPIRATION BIOPSY ADD LESION	10010	CPT	both			794		United	Oxford		1782				238.2	1782	case rate	
CT FNA EACH ADD LESION	10010	CPT	both			794		Wellcare	Medicaid		250.51	31.55			238.2	1782	percent of total billed charges	
CT FNA EACH ADD LESION	10010	CPT	both			794		WellPoint	WellPoint		255.51	32.18			238.2	1782	percent of total billed charges	
FNA W/O IMAGING GUIDANCE	10021	CPT	outpatient			1360		524.43 Aetna	Commercial		726				181.1	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FNA W/O IMAGING GUIDANCE	10021	CPT	outpatient			1360		524.43 Aetna	Better Health		429.08	31.55			181.1	1782	percent of total billed charges	
FNA W/O IMAGING GUIDANCE	10021	CPT	outpatient			1360		524.43 Aetna	Medicare		418.88	30.8			181.1	1782	percent of total billed charges	
FNA W/O IMAGING GUIDANCE	10021	CPT	outpatient			1360		524.43 Americare	Americare		1020	75			181.1	1782	percent of total billed charges	
FNA W/O IMAGING GUIDANCE	10021	CPT	outpatient			1360		524.43 Amerihealth	HMO/PPO		884	65			181.1	1782	percent of total billed charges	
FNA W/O IMAGING GUIDANCE	10021	CPT	outpatient			1360		524.43 Consumer	Consumer		1292	95			181.1	1782	percent of total billed charges	
FNA W/O IMAGING GUIDANCE	10021	CPT	outpatient			1360		524.43 Corrections	Corrections		1088	80			181.1	1782	percent of total billed charges	
FNA W/O IMAGING GUIDANCE	10021	CPT	outpatient			1360		524.43 First Health	First Health		952	70			181.1	1782	percent of total billed charges	
FNA W/O IMAGING GUIDANCE	10021	CPT	outpatient			1360		524.43 First Trenton	First Trenton		1224	90			181.1	1782	percent of total billed charges	
FNA W/O IMAGING GUIDANCE	10021	CPT	outpatient			1360		524.43 Horizon	Indemnity		848.67				181.1	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FNA W/O IMAGING GUIDANCE	10021	CPT	outpatient			1360		524.43 Horizon	MGD		848.67				181.1	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FNA W/O IMAGING GUIDANCE	10021	CPT	outpatient			1360		524.43 Horizon	PPO		848.67				181.1	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FNA W/O IMAGING GUIDANCE	10021	CPT	outpatient			1360		524.43 Horizon	Medicare Blue		456.03				181.1	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FNA W/O IMAGING GUIDANCE	10021	CPT	outpatient			1360		524.43 Managed Care Inc	Managed Care Inc		1224	90			181.1	1782	percent of total billed charges	
FNA W/O IMAGING GUIDANCE	10021	CPT	outpatient			1360		524.43 Multiplan	Multiplan		1088	80			181.1	1782	percent of total billed charges	
FNA W/O IMAGING GUIDANCE	10021	CPT	outpatient			1360		524.43 Qualcare	Qualcare		1020	75			181.1	1782	percent of total billed charges	
FNA W/O IMAGING GUIDANCE	10021	CPT	outpatient			1360		524.43 Three Rivers	Three Rivers		1292	95			181.1	1782	percent of total billed charges	
FNA W/O IMAGING GUIDANCE	10021	CPT	outpatient			1360		524.43 UHC	Medicare		456.03				181.1	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FNA W/O IMAGING GUIDANCE	10021	CPT	outpatient			1360		524.43 UHC	Medicaid		429.08	31.55			181.1	1782	percent of total billed charges	
FNA W/O IMAGING GUIDANCE	10021	CPT	outpatient			1360		524.43 United	Oxford		1782				181.1	1782	case rate	
FNA W/O IMAGING GUIDANCE	10021	CPT	outpatient			1360		524.43 United	CommercialPPO		1782				181.1	1782	case rate	
FNA W/O IMAGING GUIDANCE	10021	CPT	outpatient			1360		524.43 Wellcare	Medicare		456.03				181.1	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FNA W/O IMAGING GUIDANCE	10021	CPT	outpatient			1360		524.43 Wellcare	Medicaid		429.08	31.55			181.1	1782	percent of total billed charges	
FNA W/O IMAGING GUIDANCE	10021	CPT	outpatient			1360		524.43 WellPoint	WellPoint		437.65	32.18			181.1	1782	percent of total billed charges	
MAMMO US GUID DRAIN ABSCES/SEROMA	10030	CPT	both			2436		925.36 Aetna	Medicare		750.29	30.8			728.11	2314.2	percent of total billed charges	
MAMMO US GUID DRAIN ABSCES/SEROMA	10030	CPT	both			2436		925.36 Aetna	Better Health		768.56	31.55			728.11	2314.2	percent of total billed charges	
MAMMO US GUID DRAIN ABSCES/SEROMA	10030	CPT	both			2436		925.36 Aetna	Commercial		1281.02				728.11	2314.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MAMMO US GUID DRAIN ABSCES/SEROMA	10030	CPT	both			2436		925.36 Americare	Americare		1827	75			728.11	2314.2	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101191	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
MAMMO US GUID DRAIN ABSCES/SEROMA	10030	CPT	both			2436		925.36 Amerihealth	HMO/PPO		1983.4	65			728.11	2314.2	percent of total billed charges	
MAMMO US GUID DRAIN ABSCES/SEROMA	10030	CPT	both			2436		925.36 Consumer	Consumer		2314.2	95			728.11	2314.2	percent of total billed charges	
MAMMO US GUID DRAIN ABSCES/SEROMA	10030	CPT	both			2436		925.36 Corrections	Corrections		1948.8	80			728.11	2314.2	percent of total billed charges	
MAMMO US GUID DRAIN ABSCES/SEROMA	10030	CPT	both			2436		925.36 First Health	First Health		1705.2	70			728.11	2314.2	percent of total billed charges	
MAMMO US GUID DRAIN ABSCES/SEROMA	10030	CPT	both			2436		925.36 First Trenton	First Trenton		2192.4	90			728.11	2314.2	percent of total billed charges	
MAMMO US GUID DRAIN ABSCES/SEROMA	10030	CPT	both			2436		925.36 Horizon	MGD		1497.47				728.11	2314.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MAMMO US GUID DRAIN ABSCES/SEROMA	10030	CPT	both			2436		925.36 Horizon	Medicare Blue		804.66				728.11	2314.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MAMMO US GUID DRAIN ABSCES/SEROMA	10030	CPT	both			2436		925.36 Horizon	PPO		1497.47				728.11	2314.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MAMMO US GUID DRAIN ABSCES/SEROMA	10030	CPT	both			2436		925.36 Horizon	Indemnity		1497.47				728.11	2314.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MAMMO US GUID DRAIN ABSCES/SEROMA	10030	CPT	both			2436		925.36 Managed Care Inc	Managed Care Inc		2192.4	90			728.11	2314.2	percent of total billed charges	
MAMMO US GUID DRAIN ABSCES/SEROMA	10030	CPT	both			2436		925.36 Multiplan	Multiplan		1948.8	80			728.11	2314.2	percent of total billed charges	
MAMMO US GUID DRAIN ABSCES/SEROMA	10030	CPT	both			2436		925.36 Qualcare	Qualcare		1827	75			728.11	2314.2	percent of total billed charges	
MAMMO US GUID DRAIN ABSCES/SEROMA	10030	CPT	both			2436		925.36 Three Rivers	Three Rivers		2314.2	95			728.11	2314.2	percent of total billed charges	
MAMMO US GUID DRAIN ABSCES/SEROMA	10030	CPT	both			2436		925.36 UHC	Medicaid		768.56	31.55			728.11	2314.2	percent of total billed charges	
MAMMO US GUID DRAIN ABSCES/SEROMA	10030	CPT	both			2436		925.36 UHC	Medicare		804.66				728.11	2314.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MAMMO US GUID DRAIN ABSCES/SEROMA	10030	CPT	both			2436		925.36 United	Commercial/PPO		1817				728.11	2314.2	case rate	
MAMMO US GUID DRAIN ABSCES/SEROMA	10030	CPT	both			2436		925.36 United	Oxford		1817				728.11	2314.2	case rate	
MAMMO US GUID DRAIN ABSCES/SEROMA	10030	CPT	both			2436		925.36 Wellcare	Medicare		804.66				728.11	2314.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MAMMO US GUID DRAIN ABSCES/SEROMA	10030	CPT	both			2436		925.36 Wellcare	Medicaid		768.56	31.55			728.11	2314.2	percent of total billed charges	
MAMMO US GUID DRAIN ABSCES/SEROMA	10030	CPT	both			2436		925.36 WellPoint	WellPoint		783.9	32.18			728.11	2314.2	percent of total billed charges	
PLACEMENT DEVICES EG CLIP, METAL, PELLET	10035	CPT	both			2447		925.36 Aetna	Medicare		753.68	30.8			668.98	2324.65	percent of total billed charges	
PLACEMENT DEVICES EG CLIP, METAL, PELLET	10035	CPT	both			2447		925.36 Aetna	Better Health		772.03	31.55			668.98	2324.65	percent of total billed charges	
PLACEMENT DEVICES EG CLIP, METAL, PELLET	10035	CPT	both			2447		925.36 Aetna	Commercial		1281.02				668.98	2324.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACEMENT DEVICES EG CLIP, METAL, PELLET	10035	CPT	both			2447		925.36 Americare	Americare		1835.25	75			668.98	2324.65	percent of total billed charges	
PLACEMENT DEVICES EG CLIP, METAL, PELLET	10035	CPT	both			2447		925.36 Amerihealth	HMO/PPO		1590.55	65			668.98	2324.65	percent of total billed charges	
PLACEMENT DEVICES EG CLIP, METAL, PELLET	10035	CPT	both			2447		925.36 Consumer	Consumer		2324.65	95			668.98	2324.65	percent of total billed charges	
PLACEMENT DEVICES EG CLIP, METAL, PELLET	10035	CPT	both			2447		925.36 Corrections	Corrections		1957.6	80			668.98	2324.65	percent of total billed charges	
PLACEMENT DEVICES EG CLIP, METAL, PELLET	10035	CPT	both			2447		925.36 First Health	First Health		1712.9	70			668.98	2324.65	percent of total billed charges	
PLACEMENT DEVICES EG CLIP, METAL, PELLET	10035	CPT	both			2447		925.36 First Trenton	First Trenton		2202.3	90			668.98	2324.65	percent of total billed charges	
PLACEMENT DEVICES EG CLIP, METAL, PELLET	10035	CPT	both			2447		925.36 Horizon	MGD		1497.47				668.98	2324.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACEMENT DEVICES EG CLIP, METAL, PELLET	10035	CPT	both			2447		925.36 Horizon	Indemnity		1497.47				668.98	2324.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACEMENT DEVICES EG CLIP, METAL, PELLET	10035	CPT	both			2447		925.36 Horizon	Medicare Blue		804.66				668.98	2324.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACEMENT DEVICES EG CLIP, METAL, PELLET	10035	CPT	both			2447		925.36 Horizon	PPO		1497.47				668.98	2324.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACEMENT DEVICES EG CLIP, METAL, PELLET	10035	CPT	both			2447		925.36 Managed Care Inc	Managed Care Inc		2202.3	90			668.98	2324.65	percent of total billed charges	
PLACEMENT DEVICES EG CLIP, METAL, PELLET	10035	CPT	both			2447		925.36 Multiplan	Multiplan		1957.6	80			668.98	2324.65	percent of total billed charges	
PLACEMENT DEVICES EG CLIP, METAL, PELLET	10035	CPT	both			2447		925.36 Qualcare	Qualcare		1835.25	75			668.98	2324.65	percent of total billed charges	
PLACEMENT DEVICES EG CLIP, METAL, PELLET	10035	CPT	both			2447		925.36 Three Rivers	Three Rivers		2324.65	95			668.98	2324.65	percent of total billed charges	
PLACEMENT DEVICES EG CLIP, METAL, PELLET	10035	CPT	both			2447		925.36 UHC	Medicare		804.66				668.98	2324.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACEMENT DEVICES EG CLIP, METAL, PELLET	10035	CPT	both			2447		925.36 UHC	Medicaid		772.03	31.55			668.98	2324.65	percent of total billed charges	
PLACEMENT DEVICES EG CLIP, METAL, PELLET	10035	CPT	both			2447		925.36 United	Oxford		1817				668.98	2324.65	case rate	
PLACEMENT DEVICES EG CLIP, METAL, PELLET	10035	CPT	both			2447		925.36 United	Commercial/PPO		1817				668.98	2324.65	case rate	
PLACEMENT DEVICES EG CLIP, METAL, PELLET	10035	CPT	both			2447		925.36 Wellcare	Medicare		804.66				668.98	2324.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACEMENT DEVICES EG CLIP, METAL, PELLET	10035	CPT	both			2447		925.36 Wellcare	Medicaid		772.03	31.55			668.98	2324.65	percent of total billed charges	
PLACEMENT DEVICES EG CLIP, METAL, PELLET	10035	CPT	both			2447		925.36 WellPoint	WellPoint		787.44	32.18			668.98	2324.65	percent of total billed charges	
EACH ADDITIONAL LESION FOR LOCALIZATION	10036	CPT	outpatient			2172		Aetna	Better Health		685.27	31.55			651.6	2063.4	percent of total billed charges	
EACH ADDITIONAL LESION FOR LOCALIZATION	10036	CPT	outpatient			2172		Aetna	Commercial		825.36	38			651.6	2063.4	percent of total billed charges	
EACH ADDITIONAL LESION FOR LOCALIZATION	10036	CPT	outpatient			2172		Aetna	Medicare		668.98	30.8			651.6	2063.4	percent of total billed charges	
EACH ADDITIONAL LESION FOR LOCALIZATION	10036	CPT	outpatient			2172		Americare	Americare		1629	75			651.6	2063.4	percent of total billed charges	
EACH ADDITIONAL LESION FOR LOCALIZATION	10036	CPT	outpatient			2172		Amerihealth	HMO/PPO		1411.8	65			651.6	2063.4	percent of total billed charges	
EACH ADDITIONAL LESION FOR LOCALIZATION	10036	CPT	outpatient			2172		Consumer	Consumer		2063.4	95			651.6	2063.4	percent of total billed charges	
EACH ADDITIONAL LESION FOR LOCALIZATION	10036	CPT	outpatient			2172		Corrections	Corrections		1737.6	80			651.6	2063.4	percent of total billed charges	
EACH ADDITIONAL LESION FOR LOCALIZATION	10036	CPT	outpatient			2172		First Health	First Health		1520.4	70			651.6	2063.4	percent of total billed charges	
EACH ADDITIONAL LESION FOR LOCALIZATION	10036	CPT	outpatient			2172		First Trenton	First Trenton		1954.8	90			651.6	2063.4	percent of total billed charges	
EACH ADDITIONAL LESION FOR LOCALIZATION	10036	CPT	outpatient			2172		Horizon	MGD		831.44	38.28			651.6	2063.4	percent of total billed charges	
EACH ADDITIONAL LESION FOR LOCALIZATION	10036	CPT	outpatient			2172		Horizon	Medicare Blue		651.6	30			651.6	2063.4	percent of total billed charges	
EACH ADDITIONAL LESION FOR LOCALIZATION	10036	CPT	outpatient			2172		Horizon	Indemnity		831.44	38.28			651.6	2063.4	percent of total billed charges	
EACH ADDITIONAL LESION FOR LOCALIZATION	10036	CPT	outpatient			2172		Horizon	PPO		831.44	38.28			651.6	2063.4	percent of total billed charges	
EACH ADDITIONAL LESION FOR LOCALIZATION	10036	CPT	outpatient			2172		Managed Care Inc	Managed Care Inc		1954.8	90			651.6	2063.4	percent of total billed charges	
EACH ADDITIONAL LESION FOR LOCALIZATION	10036	CPT	outpatient			2172		Multiplan	Multiplan		1737.6	80			651.6	2063.4	percent of total billed charges	
EACH ADDITIONAL LESION FOR LOCALIZATION	10036	CPT	outpatient			2172		Qualcare	Qualcare		1629	75			651.6	2063.4	percent of total billed charges	
EACH ADDITIONAL LESION FOR LOCALIZATION	10036	CPT	outpatient			2172		Three Rivers	Three Rivers		2063.4	95			651.6	2063.4	percent of total billed charges	
EACH ADDITIONAL LESION FOR LOCALIZATION	10036	CPT	outpatient			2172		UHC	Medicaid		685.27	31.55			651.6	2063.4	percent of total billed charges	
PLACEMENT EACH ADDITIONAL CLIP/WIRE/PELL	10036	CPT	outpatient			2172		United	Commercial/PPO		1782				651.6	2063.4	case rate	
PLACEMENT EACH ADDITIONAL CLIP/WIRE/PELL	10036	CPT	outpatient			2172		United	Oxford		1782				651.6	2063.4	case rate	
EACH ADDITIONAL LESION FOR LOCALIZATION	10036	CPT	outpatient			2172		Wellcare	Medicaid		685.27	31.55			651.6	2063.4	percent of total billed charges	
EACH ADDITIONAL LESION FOR LOCALIZATION	10036	CPT	outpatient			2172		WellPoint	WellPoint		698.95	32.18			651.6	2063.4	percent of total billed charges	
ACNE SURGERY	10040	CPT	outpatient			659		263.3 Aetna	Better Health		207.91	31.55			97.56	1782	percent of total billed charges	
ACNE SURGERY	10040	CPT	outpatient			659		263.3 Aetna	Commercial		364.5				97.56	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ACNE SURGERY	10040	CPT	outpatient			659		263.3 Aetna	Medicare		228.96				97.56	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ACNE SURGERY	10040	CPT	outpatient			659		263.3 Americare	Americare		494.25	75			97.56	1782	percent of total billed charges	
ACNE SURGERY	10040	CPT	outpatient			659		263.3 Amerihealth	HMO/PPO		426.35	65			97.56	1782	percent of total billed charges	
ACNE SURGERY	10040	CPT	outpatient			659		263.3 Consumer	Consumer		626.05	95			97.56	1782	percent of total billed charges	
ACNE SURGERY	10040	CPT	outpatient			659		263.3 Corrections	Corrections		527.2	80			97.56	1782	percent of total billed charges	
ACNE SURGERY	10040	CPT	outpatient			659		263.3 First Health	First Health		461.3	70			97.56	1782	percent of total billed charges	
ACNE SURGERY	10040	CPT	outpatient			659		263.3 First Trenton	First Trenton		593.1	90			97.56	1782	percent of total billed charges	
ACNE SURGERY	10040	CPT	outpatient			659		263.3 Horizon	PPO		426.09				97.56	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ACNE SURGERY	10040	CPT	outpatient			659		263.3 Horizon	Indemnity		426.09				97.56	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ACNE SURGERY	10040	CPT	outpatient			659		263.3 Horizon	Medicare Blue		228.96				97.56	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ACNE SURGERY	10040	CPT	outpatient			659		263.3 Horizon	MGD		426.09				97.56	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ACNE SURGERY	10040	CPT	outpatient			659		263.3 Horizon	NJ Health		97.56				97.56	1782	fee schedule	
ACNE SURGERY	10040	CPT	outpatient			659		263.3 Managed Care Inc	Managed Care Inc		593.1	90			97.56	1782	percent of total billed charges	
ACNE SURGERY	10040	CPT	outpatient			659		263.3 Multiplan	Multiplan		527.2	80			97.56	1782	percent of total billed charges	
ACNE SURGERY	10040	CPT	outpatient			659		263.3 Qualcare	Qualcare		494.25	75			97.56	1782	percent of total billed charges	
ACNE SURGERY	10040	CPT	outpatient			659		263.3 Three Rivers	Three Rivers		626.05	95			97.56	1782	percent of total billed charges	
ACNE SURGERY	10040	CPT	outpatient			659		263.3 UHC	Medicaid		207.91	31.55			97.56	1782	percent of total billed charges	
ACNE SURGERY	10040	CPT	outpatient			659		263.3 UHC	Medicare		228.96				97.56	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ACNE SURGERY	10040	CPT	outpatient			659		263.3 United	Oxford		1782				97.56	1782	case rate	
ACNE SURGERY	10040	CPT	outpatient			659		263.3 United	Commercial/PPO		1782				97.56	1782	case rate	
ACNE SURGERY	10040	CPT	outpatient			659		263.3 Wellcare	Medicare		228.96				97.56	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ACNE SURGERY	10040	CPT	outpatient			659		263.3 Wellcare	Medicaid		207.91	31.55			97.56	1782	percent of total billed charges	
ACNE SURGERY	10040	CPT	outpatient			659		263.3 WellPoint	WellPoint		212.07	32.18			97.56	1782	percent of total billed charges	
L&D ABSCESS	10060	CPT	outpatient			659		263.3 Aetna	Better Health		207.91	31.55			66.58	1782	percent of total billed charges	
L&D ABSCESS	10060	CPT	outpatient			659		263.3 Aetna	Commercial		364.5				66.58	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
L&D ABSCESS	10060	CPT	outpatient			659		263.3 Aetna	Medicare		202.97	30.8			66.58	1782	percent of total billed charges	
L&D ABSCESS	10060	CPT	outpatient			659		263.3 Americare	Americare		494.25	75			66.58	1782	percent of total billed charges	
L&D ABSCESS	10060	CPT	outpatient			659		263.3 Amerihealth	Medicare		228.96				66.58	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
L&D ABSCESS	10060	CPT	outpatient			659		263.3 Amerihealth	HMO/PPO		426.35	65			66.58	1782	percent of total billed charges	
L&D ABSCESS	10060	CPT	outpatient			659		263.3 Consumer	Consumer		626.05	95			66.58	1782	percent of total billed charges	
L&D ABSCESS	10060	CPT	outpatient			659		263.3 Corrections	Corrections		527.2	80			66.58	1782	percent of total billed charges	
L&D ABSCESS	10060	CPT	outpatient			659		263.3 First Health	First Health		461.3	70			66.58	1782	percent of total billed charges	
L&D ABSCESS	10060	CPT	outpatient			659		263.3 First Trenton	First Trenton		593.1	90			66.58	1782	percent of total billed charges	
L&D ABSCESS	10060	CPT	outpatient			659		263.3 Horizon	PPO		426.09				66.58	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
L&D ABSCESS	10060	CPT	outpatient			659		263.3 Horizon	MGD		426.09				66.58	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
L&D ABSCESS	10060	CPT	outpatient			659		263.3 Horizon	Indemnity		426.09				66.58	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
L&D ABSCESS	10060	CPT	outpatient			659		263.3 Horizon	NJ Health		66.58				66.58	1782	fee schedule	
L&D ABSCESS	10060	CPT	outpatient			659		263.3 Horizon	Medicare Blue		228.96				66.58	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
L&D ABSCESS	10060	CPT	outpatient			659		263.3 Managed Care Inc	Managed Care Inc		593.1	90			66.58	1782	percent of total billed charges	
L&D ABSCESS	10060	CPT	outpatient			659		263.3 Multiplan	Multiplan		527.2	80			66.58	1782	percent of total billed charges	
L&D ABSCESS	10060	CPT	outpatient			659		263.3 Qualcare	Qualcare		494.25	75			66.58	1782	percent of total billed charges	
L&D ABSCESS	10060	CPT	outpatient			659		263.3 Three Rivers	Three Rivers		626.05	95			66.58	1782	percent of total billed charges	
L&D ABSCESS	10060	CPT	outpatient			659		263.3 UHC	Medicare		228.96				66.58	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
L&D ABSCESS	10060	CPT	outpatient			659		263.3 UHC	Medicaid		207.91	31.55			66.58	1782	percent of total billed charges	
L&D ABSCESS	10060	CPT	outpatient			659		263.3 United	Commercial/PPO		1782				66.58	1782	case rate	
L&D ABSCESS	10060	CPT	outpatient			659		263.3 United	Oxford		1782				66.58	1782	case rate	
L&D ABSCESS	10060	CPT	outpatient			659		263.3 Wellcare	Medicare		228.96				66.58	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
L&D ABSCESS	10060	CPT	outpatient			659		263.3 Wellcare	Medicaid		207.91	31.55			66.58	1782	percent of total billed charges	
L&D ABSCESS	10060	CPT	outpatient			659		263.3 WellPoint	WellPoint		212.07	32.18			66.58	1782	percent of total billed charges	
L&D ABSCESS	10061	CPT	both			1360		524.43 Aetna	Commercial		726				288.74	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
L&D ABSCESS	10061	CPT	both			1360		524.43 Aetna	Medicare		456.03				288.74	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
L&D ABSCESS	10061	CPT	both			1360		524.43 Aetna	Better Health		429.08	31.55			288.74	1782	percent of total billed charges	
L&D ABSCESS	10061	CPT	both			1360		524.43 Americare	Americare		1020	75			288.74	1782	percent of total billed charges	
L&D ABSCESS	10061	CPT	both			1360		524.43 Amerihealth	HMO/PPO		884	65			288.74	1782	percent of total billed charges	
L&D ABSCESS	10061	CPT	both			1360		524.43 Amerihealth	Medicare		456.03				288.74	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
L&D ABSCESS	10061	CPT	both			1360		524.43 Consumer	Consumer		1292	95			288.74	1782	percent of total billed charges	
L&D ABSCESS	10061	CPT	both			1360		524.43 Corrections	Corrections		1088	80			288.74	1782	percent of total billed charges	
L&D ABSCESS	10061	CPT	both			1360		524.43 First Health	First Health		952	70			288.74	1782	percent of total billed charges	
L&D ABSCESS	10061	CPT	both			1360		524.43 First Trenton	First Trenton		1224	90			288.74	1782	percent of total billed charges	
L&D ABSCESS	10061	CPT	both			1360		524.43 Horizon	MGD		848.67				288.74	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
L&D ABSCESS	10061	CPT	both			1360		524.43 Horizon	Medicare Blue		456.03				288.74	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
L&D ABSCESS	10061	CPT	both			1360		524.43 Horizon	Indemnity		848.67				288.74	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
L&D ABSCESS	10061	CPT	both			1360		524.43 Horizon	NJ Health		288.74				288.74	1782	fee schedule	
L&D ABSCESS	10061	CPT	both			1360		524.43 Horizon	PPO		848.67				288.74	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
L&D ABSCESS	10061	CPT	both			1360		524.43 Managed Care Inc	Managed Care Inc		1224	90			288.74	1782	percent of total billed charges	
L&D ABSCESS	10061	CPT	both			1360		524.43 Multiplan	Multiplan		1088	80			288.74	1782	percent of total billed charges	
L&D ABSCESS	10061	CPT	both			1360		524.43 Qualcare	Qualcare		1020	75			288.74	1782	percent of total billed charges	
L&D ABSCESS	10061	CPT	both			1360		524.43 Three Rivers	Three Rivers		1292	95			288.74	1782	percent of total billed charges	
L&D ABSCESS	10061	CPT	both			1360		524.43 UHC	Medicare		456.03				288.74	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
L&D ABSCESS	10061	CPT	both			1360		524.43 UHC	Medicaid		429.08	31.55			288.74	1782	percent of total billed charges	
L&D ABSCESS	10061	CPT	both			1360		524.43 United	Oxford		1782				288.74	1782	case rate	
L&D ABSCESS	10061	CPT	both			1360		524.43 United	Commercial/PPO		1782				288.74	1782	case rate	
L&D ABSCESS	10061	CPT	both			1360		524.43 Wellcare	Medicaid		429.08	31.55			288.74	1782	percent of total billed charges	
L&D ABSCESS	10061	CPT	both			1360		524.43 Wellcare	Medicare		456.03				288.74	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
L&D ABSCESS	10061	CPT	both			1360		524.43 WellPoint	WellPoint		437.65	32.18			288.74	1782	percent of total billed charges	
I&D PILONIDAL CYST SIMPLE	10080	CPT	outpatient			2364		925.36 Aetna	Better Health		745.84	31.55			129.2	2245.8	percent of total billed charges	
I&D PILONIDAL CYST SIMPLE	10080	CPT	outpatient			2364		925.36 Aetna	Commercial		1281.02				129.2	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D PILONIDAL CYST SIMPLE	10080	CPT	outpatient			2364		925.36 Aetna	Medicare		804.66				129.2	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D PILONIDAL CYST SIMPLE	10080	CPT	outpatient			2364		925.36 Americare	Americare		1773	75			129.2	2245.8	percent of total billed charges	
I&D PILONIDAL CYST SIMPLE	10080	CPT	outpatient			2364		925.36 Amerihealth	HMO/PPO		1536.6	65			129.2	2245.8	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
I&D PILONIDAL CYST SIMPLE	10080	CPT	outpatient			2364		925.36 Ameriheath	Medicare		804.66				129.2	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D PILONIDAL CYST SIMPLE	10080	CPT	outpatient			2364		925.36 Consumer	Consumer		2245.8	95			129.2	2245.8	percent of total billed charges	
I&D PILONIDAL CYST SIMPLE	10080	CPT	outpatient			2364		925.36 Corrections	Corrections		1891.2	80			129.2	2245.8	percent of total billed charges	
I&D PILONIDAL CYST SIMPLE	10080	CPT	outpatient			2364		925.36 First Health	First Health		1654.8	70			129.2	2245.8	percent of total billed charges	
I&D PILONIDAL CYST SIMPLE	10080	CPT	outpatient			2364		925.36 First Trenton	First Trenton		2127.6	90			129.2	2245.8	percent of total billed charges	
I&D PILONIDAL CYST SIMPLE	10080	CPT	outpatient			2364		925.36 Horizon	NJ Health		129.2				129.2	2245.8	fee schedule	
I&D PILONIDAL CYST SIMPLE	10080	CPT	outpatient			2364		925.36 Horizon	Medicare Blue		804.66				129.2	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D PILONIDAL CYST SIMPLE	10080	CPT	outpatient			2364		925.36 Horizon	MGD		1497.47				129.2	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D PILONIDAL CYST SIMPLE	10080	CPT	outpatient			2364		925.36 Horizon	Indemnity		1497.47				129.2	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D PILONIDAL CYST SIMPLE	10080	CPT	outpatient			2364		925.36 Horizon	PPO		1497.47				129.2	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D PILONIDAL CYST SIMPLE	10080	CPT	outpatient			2364		925.36 Managed Care Inc	Managed Care Inc		2127.6	90			129.2	2245.8	percent of total billed charges	
I&D PILONIDAL CYST SIMPLE	10080	CPT	outpatient			2364		925.36 Multiplan	Multiplan		1891.2	80			129.2	2245.8	percent of total billed charges	
I&D PILONIDAL CYST SIMPLE	10080	CPT	outpatient			2364		925.36 Qualicare	Qualicare		1773	75			129.2	2245.8	percent of total billed charges	
I&D PILONIDAL CYST SIMPLE	10080	CPT	outpatient			2364		925.36 Three Rivers	Three Rivers		2245.8	95			129.2	2245.8	percent of total billed charges	
I&D PILONIDAL CYST SIMPLE	10080	CPT	outpatient			2364		925.36 UHC	Medicaid		745.84	31.55			129.2	2245.8	percent of total billed charges	
I&D PILONIDAL CYST SIMPLE	10080	CPT	outpatient			2364		925.36 UHC	Medicare		804.66				129.2	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D PILONIDAL CYST SIMPLE	10080	CPT	outpatient			2364		925.36 United	Oxford		1817				129.2	2245.8	case rate	
I&D PILONIDAL CYST SIMPLE	10080	CPT	outpatient			2364		925.36 United	CommercialPPO		1817				129.2	2245.8	case rate	
I&D PILONIDAL CYST SIMPLE	10080	CPT	outpatient			2364		925.36 Wellcare	Medicaid		745.84	31.55			129.2	2245.8	percent of total billed charges	
I&D PILONIDAL CYST SIMPLE	10080	CPT	outpatient			2364		925.36 Wellcare	Medicare		804.66				129.2	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D PILONIDAL CYST SIMPLE	10080	CPT	outpatient			2364		925.36 WellPoint	WellPoint		760.74	32.18			129.2	2245.8	percent of total billed charges	
I&D PILONIDAL CYST COMPLICATED	10081	CPT	outpatient			2488		925.36 Aetna	Commercial		1281.02				212.25	2363.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D PILONIDAL CYST COMPLICATED	10081	CPT	outpatient			2488		925.36 Aetna	Medicare		766.3	30.8			212.25	2363.6	percent of total billed charges	
I&D PILONIDAL CYST COMPLICATED	10081	CPT	outpatient			2488		925.36 Aetna	Better Health		784.96	31.55			212.25	2363.6	percent of total billed charges	
I&D PILONIDAL CYST COMPLICATED	10081	CPT	outpatient			2488		925.36 Americare	Americare		1866	75			212.25	2363.6	percent of total billed charges	
I&D PILONIDAL CYST COMPLICATED	10081	CPT	outpatient			2488		925.36 Ameriheath	HMO/PPO		1617.2	65			212.25	2363.6	percent of total billed charges	
I&D PILONIDAL CYST COMPLICATED	10081	CPT	outpatient			2488		925.36 Ameriheath	Medicare		804.66				212.25	2363.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D PILONIDAL CYST COMPLICATED	10081	CPT	outpatient			2488		925.36 Consumer	Consumer		2363.6	95			212.25	2363.6	percent of total billed charges	
I&D PILONIDAL CYST COMPLICATED	10081	CPT	outpatient			2488		925.36 Corrections	Corrections		1990.4	80			212.25	2363.6	percent of total billed charges	
I&D PILONIDAL CYST COMPLICATED	10081	CPT	outpatient			2488		925.36 First Health	First Health		1741.6	70			212.25	2363.6	percent of total billed charges	
I&D PILONIDAL CYST COMPLICATED	10081	CPT	outpatient			2488		925.36 First Trenton	First Trenton		2239.2	90			212.25	2363.6	percent of total billed charges	
I&D PILONIDAL CYST COMPLICATED	10081	CPT	outpatient			2488		925.36 Horizon	Indemnity		1497.47				212.25	2363.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D PILONIDAL CYST COMPLICATED	10081	CPT	outpatient			2488		925.36 Horizon	MGD		1497.47				212.25	2363.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D PILONIDAL CYST COMPLICATED	10081	CPT	outpatient			2488		925.36 Horizon	Medicare Blue		804.66				212.25	2363.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D PILONIDAL CYST COMPLICATED	10081	CPT	outpatient			2488		925.36 Horizon	NJ Health		212.25				212.25	2363.6	fee schedule	
I&D PILONIDAL CYST COMPLICATED	10081	CPT	outpatient			2488		925.36 Horizon	PPO		1497.47				212.25	2363.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D PILONIDAL CYST COMPLICATED	10081	CPT	outpatient			2488		925.36 Managed Care Inc	Managed Care Inc		2239.2	90			212.25	2363.6	percent of total billed charges	
I&D PILONIDAL CYST COMPLICATED	10081	CPT	outpatient			2488		925.36 Multiplan	Multiplan		1990.4	80			212.25	2363.6	percent of total billed charges	
I&D PILONIDAL CYST COMPLICATED	10081	CPT	outpatient			2488		925.36 Qualicare	Qualicare		1866	75			212.25	2363.6	percent of total billed charges	
I&D PILONIDAL CYST COMPLICATED	10081	CPT	outpatient			2488		925.36 Three Rivers	Three Rivers		2363.6	95			212.25	2363.6	percent of total billed charges	
I&D PILONIDAL CYST COMPLICATED	10081	CPT	outpatient			2488		925.36 UHC	Medicaid		784.96	31.55			212.25	2363.6	percent of total billed charges	
I&D PILONIDAL CYST COMPLICATED	10081	CPT	outpatient			2488		925.36 UHC	Medicare		804.66				212.25	2363.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D PILONIDAL CYST COMPLICATED	10081	CPT	outpatient			2488		925.36 United	CommercialPPO		1817				212.25	2363.6	case rate	
I&D PILONIDAL CYST COMPLICATED	10081	CPT	outpatient			2488		925.36 United	Oxford		1817				212.25	2363.6	case rate	
I&D PILONIDAL CYST COMPLICATED	10081	CPT	outpatient			2488		925.36 Wellcare	Medicare		804.66				212.25	2363.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D PILONIDAL CYST COMPLICATED	10081	CPT	outpatient			2488		925.36 Wellcare	Medicaid		784.96	31.55			212.25	2363.6	percent of total billed charges	
I&D PILONIDAL CYST COMPLICATED	10081	CPT	outpatient			2488		925.36 WellPoint	WellPoint		800.64	32.18			212.25	2363.6	percent of total billed charges	
REMOVAL OF FOREIGN BODY	10120	CPT	outpatient			1360		524.43 Aetna	Better Health		429.08	31.55			207.1	1782	percent of total billed charges	
REMOVAL OF FOREIGN BODY	10120	CPT	outpatient			1360		524.43 Aetna	Commercial		726				207.1	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF FOREIGN BODY	10120	CPT	outpatient			1360		524.43 Aetna	Medicare		456.03				207.1	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF FOREIGN BODY	10120	CPT	outpatient			1360		524.43 Americare	Americare		1020	75			207.1	1782	percent of total billed charges	
REMOVAL OF FOREIGN BODY	10120	CPT	outpatient			1360		524.43 Ameriheath	HMO/PPO		884	65			207.1	1782	percent of total billed charges	
REMOVAL OF FOREIGN BODY	10120	CPT	outpatient			1360		524.43 Ameriheath	Medicare		456.03				207.1	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF FOREIGN BODY	10120	CPT	outpatient			1360		524.43 Consumer	Consumer		1292	95			207.1	1782	percent of total billed charges	
REMOVAL OF FOREIGN BODY	10120	CPT	outpatient			1360		524.43 Corrections	Corrections		1088	80			207.1	1782	percent of total billed charges	
REMOVAL OF FOREIGN BODY	10120	CPT	outpatient			1360		524.43 First Health	First Health		952	70			207.1	1782	percent of total billed charges	
REMOVAL OF FOREIGN BODY	10120	CPT	outpatient			1360		524.43 First Trenton	First Trenton		1224	90			207.1	1782	percent of total billed charges	
REMOVAL OF FOREIGN BODY	10120	CPT	outpatient			1360		524.43 Horizon	MGD		848.67				207.1	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF FOREIGN BODY	10120	CPT	outpatient			1360		524.43 Horizon	Medicare Blue		456.03				207.1	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF FOREIGN BODY	10120	CPT	outpatient			1360		524.43 Horizon	NJ Health		207.1				207.1	1782	fee schedule	
REMOVAL OF FOREIGN BODY	10120	CPT	outpatient			1360		524.43 Horizon	Indemnity		848.67				207.1	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF FOREIGN BODY	10120	CPT	outpatient			1360		524.43 Horizon	PPO		848.67				207.1	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF FOREIGN BODY	10120	CPT	outpatient			1360		524.43 Managed Care Inc	Managed Care Inc		1224	90			207.1	1782	percent of total billed charges	
REMOVAL OF FOREIGN BODY	10120	CPT	outpatient			1360		524.43 Multiplan	Multiplan		1088	80			207.1	1782	percent of total billed charges	
REMOVAL OF FOREIGN BODY	10120	CPT	outpatient			1360		524.43 Qualicare	Qualicare		1020	75			207.1	1782	percent of total billed charges	
REMOVAL OF FOREIGN BODY	10120	CPT	outpatient			1360		524.43 Three Rivers	Three Rivers		1292	95			207.1	1782	percent of total billed charges	
REMOVAL OF FOREIGN BODY	10120	CPT	outpatient			1360		524.43 UHC	Medicare		456.03				207.1	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF FOREIGN BODY	10120	CPT	outpatient			1360		524.43 UHC	Medicaid		429.08	31.55			207.1	1782	percent of total billed charges	
REMOVAL OF FOREIGN BODY	10120	CPT	outpatient			1360		524.43 United	CommercialPPO		1782				207.1	1782	case rate	
REMOVAL OF FOREIGN BODY	10120	CPT	outpatient			1360		524.43 United	Oxford		1782				207.1	1782	case rate	
REMOVAL OF FOREIGN BODY	10120	CPT	outpatient			1360		524.43 Wellcare	Medicare		456.03				207.1	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF FOREIGN BODY	10120	CPT	outpatient			1360		524.43 Wellcare	Medicaid		429.08	31.55			207.1	1782	percent of total billed charges	
REMOVAL OF FOREIGN BODY	10120	CPT	outpatient			1360		524.43 WellPoint	WellPoint		437.65	32.18			207.1	1782	percent of total billed charges	
INCESION&REMOVL FB COMPLICATED	10121	CPT	outpatient			5464		2132.36 Aetna	Better Health		1723.89	31.55			398.96	5190.8	percent of total billed charges	
INCESION&REMOVL FB COMPLICATED	10121	CPT	outpatient			5464		2132.36 Aetna	Commercial		2951.93				398.96	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCESION&REMOVL FB COMPLICATED	10121	CPT	outpatient			5464		2132.36 Aetna	Medicare		1854.23				398.96	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCESION&REMOVL FB COMPLICATED	10121	CPT	outpatient			5464		2132.36 Americare	Americare		4098	75			398.96	5190.8	percent of total billed charges	
INCESION&REMOVL FB COMPLICATED	10121	CPT	outpatient			5464		2132.36 Ameriheath	HMO/PPO		3551.6	65			398.96	5190.8	percent of total billed charges	
INCESION&REMOVL FB COMPLICATED	10121	CPT	outpatient			5464		2132.36 Ameriheath	Medicare		1854.23				398.96	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCESION&REMOVL FB COMPLICATED	10121	CPT	outpatient			5464		2132.36 Consumer	Consumer		5190.8	95			398.96	5190.8	percent of total billed charges	
INCESION&REMOVL FB COMPLICATED	10121	CPT	outpatient			5464		2132.36 Corrections	Corrections		4371.2	80			398.96	5190.8	percent of total billed charges	
INCESION&REMOVL FB COMPLICATED	10121	CPT	outpatient			5464		2132.36 First Health	First Health		3824.8	70			398.96	5190.8	percent of total billed charges	
INCESION&REMOVL FB COMPLICATED	10121	CPT	outpatient			5464		2132.36 First Trenton	First Trenton		4917.6	90			398.96	5190.8	percent of total billed charges	
INCESION&REMOVL FB COMPLICATED	10121	CPT	outpatient			5464		2132.36 Horizon	Indemnity		3450.72				398.96	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCESION&REMOVL FB COMPLICATED	10121	CPT	outpatient			5464		2132.36 Horizon	MGD		3450.72				398.96	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCESION&REMOVL FB COMPLICATED	10121	CPT	outpatient			5464		2132.36 Horizon	Medicare Blue		1854.23				398.96	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCESION&REMOVL FB COMPLICATED	10121	CPT	outpatient			5464		2132.36 Horizon	NJ Health		398.96				398.96	5190.8	fee schedule	
INCESION&REMOVL FB COMPLICATED	10121	CPT	outpatient			5464		2132.36 Horizon	PPO		3450.72				398.96	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCESION&REMOVL FB COMPLICATED	10121	CPT	outpatient			5464		2132.36 Managed Care Inc	Managed Care Inc		4917.6	90			398.96	5190.8	percent of total billed charges	
INCESION&REMOVL FB COMPLICATED	10121	CPT	outpatient			5464		2132.36 Multiplan	Multiplan		4371.2	80			398.96	5190.8	percent of total billed charges	
INCESION&REMOVL FB COMPLICATED	10121	CPT	outpatient			5464		2132.36 Qualicare	Qualicare		4098	75			398.96	5190.8	percent of total billed charges	
INCESION&REMOVL FB COMPLICATED	10121	CPT	outpatient			5464		2132.36 Three Rivers	Three Rivers		5190.8	95			398.96	5190.8	percent of total billed charges	
INCESION&REMOVL FB COMPLICATED	10121	CPT	outpatient			5464		2132.36 UHC	Medicaid		1723.89	31.55			398.96	5190.8	percent of total billed charges	
INCESION&REMOVL FB COMPLICATED	10121	CPT	outpatient			5464		2132.36 UHC	Medicare		1854.23				398.96	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCESION&REMOVL FB COMPLICATED	10121	CPT	outpatient			5464		2132.36 United	Oxford		2493				398.96	5190.8	case rate	
INCESION&REMOVL FB COMPLICATED	10121	CPT	outpatient			5464		2132.36 United	CommercialPPO		2493				398.96	5190.8	case rate	
INCESION&REMOVL FB COMPLICATED	10121	CPT	outpatient			5464		2132.36 Wellcare	Medicare		1854.23				398.96	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCESION&REMOVL FB COMPLICATED	10121	CPT	outpatient			5464		2132.36 Wellcare	Medicaid		1723.89	31.55			398.96	5190.8	percent of total billed charges	
INCESION&REMOVL FB COMPLICATED	10121	CPT	outpatient			5464		2132.36 WellPoint	WellPoint		1758.32	32.18			398.96	5190.8	percent of total billed charges	
INCISION AND DRAINAGE OF HEMATOMA, SERO	10140	CPT	both			5653		2132.36 Aetna	Better Health		1783.52	31.55			98.66	5370.35	percent of total billed charges	
INCISION AND DRAINAGE OF HEMATOMA, SERO	10140	CPT	both			5653		2132.36 Aetna	Commercial		2951.93				98.66	5370.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION AND DRAINAGE OF HEMATOMA, SERO	10140	CPT	both			5653		2132.36 Aetna	Medicare		1854.23				98.66	5370.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION AND DRAINAGE OF HEMATOMA, SERO	10140	CPT	both			5653		2132.36 Americare	Americare		4239.75	75			98.66	5370.35	percent of total billed charges	
INCISION AND DRAINAGE OF HEMATOMA, SERO	10140	CPT	both			5653		2132.36 Ameriheath	HMO/PPO		3674.45	65			98.66	5370.35	percent of total billed charges	
INCISION AND DRAINAGE OF HEMATOMA, SERO	10140	CPT	both			5653		2132.36 Ameriheath	Medicare		1854.23				98.66	5370.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION AND DRAINAGE OF HEMATOMA, SERO	10140	CPT	both			5653		2132.36 Consumer	Consumer		5370.35	95			98.66	5370.35	percent of total billed charges	
INCISION AND DRAINAGE OF HEMATOMA, SERO	10140	CPT	both			5653		2132.36 Corrections	Corrections		4522.4	80			98.66	5370.35	percent of total billed charges	
INCISION AND DRAINAGE OF HEMATOMA, SERO	10140	CPT	both			5653		2132.36 First Health	First Health		3957.1	70			98.66	5370.35	percent of total billed charges	
INCISION AND DRAINAGE OF HEMATOMA, SERO	10140	CPT	both			5653		2132.36 First Trenton	First Trenton		5087.7	90			98.66	5370.35	percent of total billed charges	
INCISION AND DRAINAGE OF HEMATOMA, SERO	10140	CPT	both			5653		2132.36 Horizon	PPO		3450.72				98.66	5370.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION AND DRAINAGE OF HEMATOMA, SERO	10140	CPT	both			5653		2132.36 Horizon	Medicare Blue		1854.23				98.66	5370.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION AND DRAINAGE OF HEMATOMA, SERO	10140	CPT	both			5653		2132.36 Horizon	Indemnity		3450.72				98.66	5370.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION AND DRAINAGE OF HEMATOMA, SERO	10140	CPT	both			5653		2132.36 Horizon	MGD		3450.72				98.66	5370.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION AND DRAINAGE OF HEMATOMA, SERO	10140	CPT	both			5653		2132.36 Horizon	NJ Health		98.66				98.66	5370.35	fee schedule	
INCISION AND DRAINAGE OF HEMATOMA, SERO	10140	CPT	both			5653		2132.36 Managed Care Inc	Managed Care Inc		5087.7	90			98.66	5370.35	percent of total billed charges	
INCISION AND DRAINAGE OF HEMATOMA, SERO	10140	CPT	both			5653		2132.36 Multiplan	Multiplan		4522.4	80			98.66	5370.35	percent of total billed charges	
INCISION AND DRAINAGE OF HEMATOMA, SERO	10140	CPT	both			5653		2132.36 Qualicare	Qualicare		4239.75	75			98.66	5370.35	percent of total billed charges	
INCISION AND DRAINAGE OF HEMATOMA, SERO	10140	CPT	both			5653		2132.36 Three Rivers	Three Rivers		5370.35	95			98.66	5370.35	percent of total billed charges	
INCISION AND DRAINAGE OF HEMATOMA, SERO	10140	CPT	both			5653		2132.36 UHC	Medicaid		1783.52	31.55			98.66	5370.35	percent of total billed charges	
INCISION AND DRAINAGE OF HEMATOMA, SERO	10140	CPT	both			5653		2132.36 UHC	Medicare		1854.23				98.66	5370.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION AND DRAINAGE OF HEMATOMA, SERO	10140	CPT	both			5653		2132.36 United	CommercialPPO		2493				98.66	5370.35	case rate	
INCISION AND DRAINAGE OF HEMATOMA, SERO	10140	CPT	both			5653		2132.36 United	Oxford		2493				98.66	5370.35	case rate	
INCISION AND DRAINAGE OF HEMATOMA, SERO	10140	CPT	both			5653		2132.36 Wellcare	Medicare		1854.23				98.66	5370.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION AND DRAINAGE OF HEMATOMA, SERO	10140	CPT	both			5653		2132.36 Wellcare	Medicaid		1783.52	31.55			98.66	5370.35	percent of total billed charges	
INCISION AND DRAINAGE OF HEMATOMA, SERO	10140	CPT	both			5653		2132.36 WellPoint	WellPoint		1819.14	32.18			98.66	5370.35	percent of total billed charges	
PUNCTURE DRAINAGE OF LESION	10160	CPT	both			1410		524.43 Aetna	Medicare		434.28	30.8			159.54	1782	percent of total billed charges	
PUNCTURE DRAINAGE OF LESION	10160	CPT	both			1410		524.43 Aetna	Commercial		726				159.54	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PUNCTURE DRAINAGE OF LESION	10160	CPT	both			1410		524.43 Aetna	Better Health		444.86	31.55			159.54	1782	percent of total billed charges	
PUNCTURE DRAINAGE OF LESION	10160	CPT	both			1410		524.43 Americare	Americare		1057.5	75			159.54	1782	percent of total billed charges	
PUNCTURE DRAINAGE OF LESION	10160	CPT	both			1410		524.43 Ameriheath	HMO/PPO		916.5	65			159.54	1782	percent of total billed charges	
PUNCTURE DRAINAGE OF LESION	10160	CPT	both			1410		524.43 Ameriheath	Medicare		456.03				159.54	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PUNCTURE DRAINAGE OF LESION	10160	CPT	both			1410		524.43 Consumer	Consumer		1339.5	95			159.54	1782	percent of total billed charges	
PUNCTURE DRAINAGE OF LESION	10160	CPT	both			1410		524.43 Corrections	Corrections		1128	80			159.54	1782	percent of total billed charges	
PUNCTURE DRAINAGE OF LESION	10160	CPT	both			1410		524.43 First Health	First Health		987	70			159.54	1782	percent of total billed charges	
PUNCTURE DRAINAGE OF LESION	10160	CPT	both			1410		524.43 First Trenton	First Trenton		1269	90			159.54	1782	percent of total billed charges	
PUNCTURE DRAINAGE OF LESION	10160	CPT	both			1410		524.43 Horizon	MGD		848.67				159.54	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PUNCTURE DRAINAGE OF LESION	10160	CPT	both			1410		524.43 Horizon	Indemnity		848.67				159.54	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PUNCTURE DRAINAGE OF LESION	10160	CPT	both			1410		524.43 Horizon	PPO		848.67				159.54	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PUNCTURE DRAINAGE OF LESION	10160	CPT	both			1410		524.43 Horizon	Medicare Blue		456.03				159.54	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PUNCTURE DRAINAGE OF LESION	10160	CPT	both			1410		524.43 Horizon	NJ Health		189.2				159.54	1782	fee schedule	
PUNCTURE DRAINAGE OF LESION	10160	CPT	both			1410		524.43 Managed Care Inc	Managed Care Inc		1269	90			159.54	1782	percent of total billed charges	
PUNCTURE DRAINAGE OF LESION	10160	CPT	both			1410		524.43 Multiplan	Multiplan		1128	80			159.54	1782	percent of total billed charges	
PUNCTURE DRAINAGE OF LESION	10160	CPT	both			1410		524.43 Qualicare	Qualicare		1057.5	75			159.54	1782	percent of total billed charges	
PUNCTURE DRAINAGE OF LESION	10160	CPT	both			1410		524.43 Three Rivers	Three Rivers		1339.5	95			159.54	1782	percent of total billed charges	
PUNCTURE DRAINAGE OF LESION	10160	CPT	both			1410		524.43 UHC	Medicare		456.03				159.54	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PUNCTURE DRAINAGE OF LESION	10160	CPT	both			1410		524.43 UHC	Medicaid		444.86	31.55			159.54	1782	percent of total billed charges	
PUNCTURE DRAINAGE OF LESION	10160	CPT	both			1410		524.43 United	CommercialPPO		1782				159.54	1782	case rate	
PUNCTURE DRAINAGE OF LESION	10160	CPT	both			1410		524.43 United	Oxford		1782				159.54	1782	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.														
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true													
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
PUNCTURE DRAINAGE OF LESION	10160	CPT	both			1410		524.43 Wellcare	Medicare		456.03				159.54	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PUNCTURE DRAINAGE OF LESION	10160	CPT	both			1410		524.43 Wellcare	Medicaid		444.86	31.55			159.54	1782	percent of total billed charges	
PUNCTURE DRAINAGE OF LESION	10160	CPT	both			1410		524.43 WellPoint	WellPoint		453.74	32.18			159.54	1782	percent of total billed charges	
I&D, POSTOP WOUND INF,COMPLEX	10180	CPT	outpatient			9413		3737.2 Aetna	Medicare		3249.74				359.16	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D, POSTOP WOUND INF,COMPLEX	10180	CPT	outpatient			9413		3737.2 Aetna	Better Health		2969.8	31.55			359.16	8942.35	percent of total billed charges	
I&D, POSTOP WOUND INF,COMPLEX	10180	CPT	outpatient			9413		3737.2 Aetna	Commercial		5173.59				359.16	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D, POSTOP WOUND INF,COMPLEX	10180	CPT	outpatient			9413		3737.2 Americare	Americare		7059.75	75			359.16	8942.35	percent of total billed charges	
I&D, POSTOP WOUND INF,COMPLEX	10180	CPT	outpatient			9413		3737.2 Amerihealth	HMO/PPO		6118.45	65			359.16	8942.35	percent of total billed charges	
I&D, POSTOP WOUND INF,COMPLEX	10180	CPT	outpatient			9413		3737.2 Amerihealth	Medicare		3249.74				359.16	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D, POSTOP WOUND INF,COMPLEX	10180	CPT	outpatient			9413		3737.2 Consumer	Consumer		8942.35	95			359.16	8942.35	percent of total billed charges	
I&D, POSTOP WOUND INF,COMPLEX	10180	CPT	outpatient			9413		3737.2 Corrections	Corrections		7530.4	80			359.16	8942.35	percent of total billed charges	
I&D, POSTOP WOUND INF,COMPLEX	10180	CPT	outpatient			9413		3737.2 First Health	First Health		6589.1	70			359.16	8942.35	percent of total billed charges	
I&D, POSTOP WOUND INF,COMPLEX	10180	CPT	outpatient			9413		3737.2 First Trenton	First Trenton		8471.7	90			359.16	8942.35	percent of total billed charges	
I&D, POSTOP WOUND INF,COMPLEX	10180	CPT	outpatient			9413		3737.2 Horizon	PPO		6047.77				359.16	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D, POSTOP WOUND INF,COMPLEX	10180	CPT	outpatient			9413		3737.2 Horizon	MGD		6047.77				359.16	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D, POSTOP WOUND INF,COMPLEX	10180	CPT	outpatient			9413		3737.2 Horizon	Indemnity		6047.77				359.16	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D, POSTOP WOUND INF,COMPLEX	10180	CPT	outpatient			9413		3737.2 Horizon	NJ Health		359.16				359.16	8942.35	fee schedule	
I&D, POSTOP WOUND INF,COMPLEX	10180	CPT	outpatient			9413		3737.2 Horizon	Medicare Blue		3249.74				359.16	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D, POSTOP WOUND INF,COMPLEX	10180	CPT	outpatient			9413		3737.2 Managed Care Inc	Managed Care Inc		8471.7	90			359.16	8942.35	percent of total billed charges	
I&D, POSTOP WOUND INF,COMPLEX	10180	CPT	outpatient			9413		3737.2 Multiplan	Multiplan		7530.4	80			359.16	8942.35	percent of total billed charges	
I&D, POSTOP WOUND INF,COMPLEX	10180	CPT	outpatient			9413		3737.2 Qualcare	Qualcare		7059.75	75			359.16	8942.35	percent of total billed charges	
I&D, POSTOP WOUND INF,COMPLEX	10180	CPT	outpatient			9413		3737.2 Three Rivers	Three Rivers		8942.35	95			359.16	8942.35	percent of total billed charges	
I&D, POSTOP WOUND INF,COMPLEX	10180	CPT	outpatient			9413		3737.2 UHC	Medicare		3249.74				359.16	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D, POSTOP WOUND INF,COMPLEX	10180	CPT	outpatient			9413		3737.2 UHC	Medicaid		2969.8	31.55			359.16	8942.35	percent of total billed charges	
I&D, POSTOP WOUND INF,COMPLEX	10180	CPT	outpatient			9413		3737.2 United	CommercialPPO		2776				359.16	8942.35	case rate	
I&D, POSTOP WOUND INF,COMPLEX	10180	CPT	outpatient			9413		3737.2 United	Oxford		2776				359.16	8942.35	case rate	
I&D, POSTOP WOUND INF,COMPLEX	10180	CPT	outpatient			9413		3737.2 Wellcare	Medicare		3249.74				359.16	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D, POSTOP WOUND INF,COMPLEX	10180	CPT	outpatient			9413		3737.2 Wellcare	Medicaid		2969.8	31.55			359.16	8942.35	percent of total billed charges	
I&D, POSTOP WOUND INF,COMPLEX	10180	CPT	outpatient			9413		3737.2 WellPoint	WellPoint		3029.1	32.18			359.16	8942.35	percent of total billed charges	
DEBRIDEMENT W/SYSTEMIC DISEASE	11000	CPT	outpatient			2117		826.02 Aetna	Commercial		1143.5				73.03	2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDEMENT W/SYSTEMIC DISEASE	11000	CPT	outpatient			2117		826.02 Aetna	Better Health		667.91	31.55			73.03	2011.15	percent of total billed charges	
DEBRIDEMENT W/SYSTEMIC DISEASE	11000	CPT	outpatient			2117		826.02 Aetna	Medicare		652.04	30.8			73.03	2011.15	percent of total billed charges	
DEBRIDEMENT W/SYSTEMIC DISEASE	11000	CPT	outpatient			2117		826.02 Americare	Americare		1587.75	75			73.03	2011.15	percent of total billed charges	
DEBRIDEMENT W/SYSTEMIC DISEASE	11000	CPT	outpatient			2117		826.02 Amerihealth	HMO/PPO		1376.05	65			73.03	2011.15	percent of total billed charges	
DEBRIDEMENT W/SYSTEMIC DISEASE	11000	CPT	outpatient			2117		826.02 Amerihealth	Medicare		718.28				73.03	2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDEMENT W/SYSTEMIC DISEASE	11000	CPT	outpatient			2117		826.02 Consumer	Consumer		2011.15	95			73.03	2011.15	percent of total billed charges	
DEBRIDEMENT W/SYSTEMIC DISEASE	11000	CPT	outpatient			2117		826.02 Corrections	Corrections		1693.6	80			73.03	2011.15	percent of total billed charges	
DEBRIDEMENT W/SYSTEMIC DISEASE	11000	CPT	outpatient			2117		826.02 First Health	First Health		1481.9	70			73.03	2011.15	percent of total billed charges	
DEBRIDEMENT W/SYSTEMIC DISEASE	11000	CPT	outpatient			2117		826.02 First Trenton	First Trenton		1905.3	90			73.03	2011.15	percent of total billed charges	
DEBRIDEMENT W/SYSTEMIC DISEASE	11000	CPT	outpatient			2117		826.02 Horizon	Indemnity		1336.72				73.03	2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDEMENT W/SYSTEMIC DISEASE	11000	CPT	outpatient			2117		826.02 Horizon	MGD		1336.72				73.03	2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDEMENT W/SYSTEMIC DISEASE	11000	CPT	outpatient			2117		826.02 Horizon	PPO		1336.72				73.03	2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDEMENT W/SYSTEMIC DISEASE	11000	CPT	outpatient			2117		826.02 Horizon	NJ Health		73.03				73.03	2011.15	fee schedule	
DEBRIDEMENT W/SYSTEMIC DISEASE	11000	CPT	outpatient			2117		826.02 Horizon	Medicare Blue		718.28				73.03	2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDEMENT W/SYSTEMIC DISEASE	11000	CPT	outpatient			2117		826.02 Managed Care Inc	Managed Care Inc		1905.3	90			73.03	2011.15	percent of total billed charges	
DEBRIDEMENT W/SYSTEMIC DISEASE	11000	CPT	outpatient			2117		826.02 Multiplan	Multiplan		1693.6	80			73.03	2011.15	percent of total billed charges	
DEBRIDEMENT W/SYSTEMIC DISEASE	11000	CPT	outpatient			2117		826.02 Qualcare	Qualcare		1587.75	75			73.03	2011.15	percent of total billed charges	
DEBRIDEMENT W/SYSTEMIC DISEASE	11000	CPT	outpatient			2117		826.02 Three Rivers	Three Rivers		2011.15	95			73.03	2011.15	percent of total billed charges	
DEBRIDEMENT W/SYSTEMIC DISEASE	11000	CPT	outpatient			2117		826.02 UHC	Medicare		718.28				73.03	2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDEMENT W/SYSTEMIC DISEASE	11000	CPT	outpatient			2117		826.02 UHC	Medicaid		667.91	31.55			73.03	2011.15	percent of total billed charges	
DEBRIDEMENT W/SYSTEMIC DISEASE	11000	CPT	outpatient			2117		826.02 United	Oxford		1782				73.03	2011.15	case rate	
DEBRIDEMENT W/SYSTEMIC DISEASE	11000	CPT	outpatient			2117		826.02 United	CommercialPPO		1782				73.03	2011.15	case rate	
DEBRIDEMENT W/SYSTEMIC DISEASE	11000	CPT	outpatient			2117		826.02 Wellcare	Medicaid		667.91	31.55			73.03	2011.15	percent of total billed charges	
DEBRIDEMENT W/SYSTEMIC DISEASE	11000	CPT	outpatient			2117		826.02 Wellcare	Medicare		718.28				73.03	2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDEMENT W/SYSTEMIC DISEASE	11000	CPT	outpatient			2117		826.02 WellPoint	WellPoint		681.25	32.18			73.03	2011.15	percent of total billed charges	
DEBRIDE EA ADDL 10%	11001	CPT	outpatient					Horizon	NJ Health		29.86				29.86	1782	fee schedule	
DEBRIDE EA ADDL 10%	11001	CPT	outpatient					United	CommercialPPO		1782				29.86	1782	case rate	
DEBRIDE EA ADDL 10%	11001	CPT	outpatient					United	Oxford		1782				29.86	1782	case rate	
DEBRIDE SKIN, FX	11010	CPT	outpatient			2488		925.36 Aetna	Better Health		784.96	31.55			656.08	2363.6	percent of total billed charges	
DEBRIDE SKIN, FX	11010	CPT	outpatient			2488		925.36 Aetna	Medicare		804.66				656.08	2363.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDE SKIN, FX	11010	CPT	outpatient			2488		925.36 Aetna	Commercial		1281.02				656.08	2363.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDE SKIN, FX	11010	CPT	outpatient			2488		925.36 Americare	Americare		1866	75			656.08	2363.6	percent of total billed charges	
DEBRIDE SKIN, FX	11010	CPT	outpatient			2488		925.36 Amerihealth	Medicare		804.66				656.08	2363.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDE SKIN, FX	11010	CPT	outpatient			2488		925.36 Amerihealth	HMO/PPO		1617.2	65			656.08	2363.6	percent of total billed charges	
DEBRIDE SKIN, FX	11010	CPT	outpatient			2488		925.36 Consumer	Consumer		2363.6	95			656.08	2363.6	percent of total billed charges	
DEBRIDE SKIN, FX	11010	CPT	outpatient			2488		925.36 Corrections	Corrections		1990.4	80			656.08	2363.6	percent of total billed charges	
DEBRIDE SKIN, FX	11010	CPT	outpatient			2488		925.36 First Health	First Health		1741.6	70			656.08	2363.6	percent of total billed charges	
DEBRIDE SKIN, FX	11010	CPT	outpatient			2488		925.36 First Trenton	First Trenton		2239.2	90			656.08	2363.6	percent of total billed charges	
DEBRIDE SKIN, FX	11010	CPT	outpatient			2488		925.36 Horizon	Indemnity		1497.47				656.08	2363.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDE SKIN, FX	11010	CPT	outpatient			2488		925.36 Horizon	Medicare Blue		804.66				656.08	2363.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDE SKIN, FX	11010	CPT	outpatient			2488		925.36 Horizon	PPO		1497.47				656.08	2363.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDE SKIN, FX	11010	CPT	outpatient			2488		925.36 Horizon	MGD		1497.47				656.08	2363.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDE SKIN, FX	11010	CPT	outpatient			2488		925.36 Horizon	NJ Health		656.08				656.08	2363.6	fee schedule	
DEBRIDE SKIN, FX	11010	CPT	outpatient			2488		925.36 Managed Care Inc	Managed Care Inc		2239.2	90			656.08	2363.6	percent of total billed charges	
DEBRIDE SKIN, FX	11010	CPT	outpatient			2488		925.36 Multiplan	Multiplan		1990.4	80			656.08	2363.6	percent of total billed charges	
DEBRIDE SKIN, FX	11010	CPT	outpatient			2488		925.36 Qualcare	Qualcare		1866	75			656.08	2363.6	percent of total billed charges	
DEBRIDE SKIN, FX	11010	CPT	outpatient			2488		925.36 Three Rivers	Three Rivers		2363.6	95			656.08	2363.6	percent of total billed charges	
DEBRIDE SKIN, FX	11010	CPT	outpatient			2488		925.36 UHC	Medicare		804.66				656.08	2363.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDE SKIN, FX	11010	CPT	outpatient			2488		925.36 UHC	Medicaid		784.96	31.55			656.08	2363.6	percent of total billed charges	
DEBRIDE SKIN, FX	11010	CPT	outpatient			2488		925.36 United	CommercialPPO		1817				656.08	2363.6	case rate	
DEBRIDE SKIN, FX	11010	CPT	outpatient			2488		925.36 United	Oxford		1817				656.08	2363.6	case rate	
DEBRIDE SKIN, FX	11010	CPT	outpatient			2488		925.36 Wellcare	Medicare		804.66				656.08	2363.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDE SKIN, FX	11010	CPT	outpatient			2488		925.36 Wellcare	Medicaid		784.96	31.55			656.08	2363.6	percent of total billed charges	
DEBRIDE SKIN, FX	11010	CPT	outpatient			2488		925.36 WellPoint	WellPoint		800.64	32.18			656.08	2363.6	percent of total billed charges	
DEBRIDE SKIN/MUSCLE, FX	11011	CPT	outpatient			2488		925.36 Aetna	Better Health		784.96	31.55			725.11	2363.6	percent of total billed charges	
DEBRIDE SKIN/MUSCLE, FX	11011	CPT	outpatient			2488		925.36 Aetna	Commercial		1281.02				725.11	2363.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDE SKIN/MUSCLE, FX	11011	CPT	outpatient			2488		925.36 Aetna	Medicare		804.66				725.11	2363.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDE SKIN/MUSCLE, FX	11011	CPT	outpatient			2488		925.36 Americare	Americare		1866	75			725.11	2363.6	percent of total billed charges	
DEBRIDE SKIN/MUSCLE, FX	11011	CPT	outpatient			2488		925.36 Amerihealth	HMO/PPO		1617.2	65			725.11	2363.6	percent of total billed charges	
DEBRIDE SKIN/MUSCLE, FX	11011	CPT	outpatient			2488		925.36 Amerihealth	Medicare		804.66				725.11	2363.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDE SKIN/MUSCLE, FX	11011	CPT	outpatient			2488		925.36 Consumer	Consumer		2363.6	95			725.11	2363.6	percent of total billed charges	
DEBRIDE SKIN/MUSCLE, FX	11011	CPT	outpatient			2488		925.36 Corrections	Corrections		1990.4	80			725.11	2363.6	percent of total billed charges	
DEBRIDE SKIN/MUSCLE, FX	11011	CPT	outpatient			2488		925.36 First Health	First Health		1741.6	70			725.11	2363.6	percent of total billed charges	
DEBRIDE SKIN/MUSCLE, FX	11011	CPT	outpatient			2488		925.36 First Trenton	First Trenton		2239.2	90			725.11	2363.6	percent of total billed charges	
DEBRIDE SKIN/MUSCLE, FX	11011	CPT	outpatient			2488		925.36 Horizon	MGD		1497.47				725.11	2363.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDE SKIN/MUSCLE, FX	11011	CPT	outpatient			2488		925.36 Horizon	Medicare Blue		804.66				725.11	2363.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDE SKIN/MUSCLE, FX	11011	CPT	outpatient			2488		925.36 Horizon	PPO		1497.47				725.11	2363.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDE SKIN/MUSCLE, FX	11011	CPT	outpatient			2488		925.36 Horizon	Indemnity		1497.47				725.11	2363.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDE SKIN/MUSCLE, FX	11011	CPT	outpatient			2488		925.36 Horizon	NJ Health		725.11				725.11	2363.6	fee schedule	
DEBRIDE SKIN/MUSCLE, FX	11011	CPT	outpatient			2488		925.36 Managed Care Inc	Managed Care Inc		2239.2	90			725.11	2363.6	percent of total billed charges	
DEBRIDE SKIN/MUSCLE, FX	11011	CPT	outpatient			2488		925.36 Multiplan	Multiplan		1990.4	80			725.11	2363.6	percent of total billed charges	
DEBRIDE SKIN/MUSCLE, FX	11011	CPT	outpatient			2488		925.36 Qualcare	Qualcare		1866	75			725.11	2363.6	percent of total billed charges	
DEBRIDE SKIN/MUSCLE, FX	11011	CPT	outpatient			2488		925.36 Three Rivers	Three Rivers		2363.6	95			725.11	2363.6	percent of total billed charges	
DEBRIDE SKIN/MUSCLE, FX	11011	CPT	outpatient			2488		925.36 UHC	Medicare		804.66				725.11	2363.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDE SKIN/MUSCLE, FX	11011	CPT	outpatient			2488		925.36 UHC	Medicaid		784.96	31.55			725.11	2363.6	percent of total billed charges	
DEBRIDE SKIN/MUSCLE, FX	11011	CPT	outpatient			2488		925.36 United	CommercialPPO		1817				725.11	2363.6	case rate	
DEBRIDE SKIN/MUSCLE, FX	11011	CPT	outpatient			2488		925.36 United	Oxford		1817				725.11	2363.6	case rate	
DEBRIDE SKIN/MUSCLE, FX	11011	CPT	outpatient			2488		925.36 Wellcare	Medicaid		784.96	31.55			725.11	2363.6	percent of total billed charges	
DEBRIDE SKIN/MUSCLE, FX	11011	CPT	outpatient			2488		925.36 Wellcare	Medicare		804.66				725.11	2363.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDE SKIN/MUSCLE, FX	11011	CPT	outpatient			2488		925.36 WellPoint	WellPoint		800.64	32.18			725.11	2363.6	percent of total billed charges	
DEBREDIMENT INC REM OF FB	11012	CPT	outpatient			9413		3737.2 Aetna	Commercial		5173.59				978.31	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBREDIMENT INC REM OF FB	11012	CPT	outpatient			9413		3737.2 Aetna	Better Health		2969.8	31.55			978.31	8942.35	percent of total billed charges	
DEBREDIMENT INC REM OF FB	11012	CPT	outpatient			9413		3737.2 Aetna	Medicare		3249.74				978.31	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBREDIMENT INC REM OF FB	11012	CPT	outpatient			9413		3737.2 Americare	Americare		7059.75	75			978.31	8942.35	percent of total billed charges	
DEBREDIMENT INC REM OF FB	11012	CPT	outpatient			9413		3737.2 Amerihealth	Medicare		3249.74				978.31	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBREDIMENT INC REM OF FB	11012	CPT	outpatient			9413		3737.2 Amerihealth	HMO/PPO		6118.45	65			978.31	8942.35	percent of total billed charges	
DEBREDIMENT INC REM OF FB	11012	CPT	outpatient			9413		3737.2 Consumer	Consumer		8942.35	95			978.31	8942.35	percent of total billed charges	
DEBREDIMENT INC REM OF FB	11012	CPT	outpatient			9413		3737.2 Corrections	Corrections		7530.4	80			978.31	8942.35	percent of total billed charges	
DEBREDIMENT INC REM OF FB	11012	CPT	outpatient			9413		3737.2 First Health	First Health		6589.1	70			978.31	8942.35	percent of total billed charges	
DEBREDIMENT INC REM OF FB	11012	CPT	outpatient			9413		3737.2 First Trenton	First Trenton		8471.7	90			978.31	8942.35	percent of total billed charges	
DEBREDIMENT INC REM OF FB	11012	CPT	outpatient			9413		3737.2 Horizon	MGD		6047.77				978.31	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBREDIMENT INC REM OF FB	11012	CPT	outpatient			9413		3737.2 Horizon	PPO		6047.77				978.31	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBREDIMENT INC REM OF FB	11012	CPT	outpatient			9413		3737.2 Horizon	NJ Health		978.31				978.31	8942.35	fee schedule	
DEBREDIMENT INC REM OF FB	11012	CPT	outpatient			9413		3737.2 Horizon	Indemnity		6047.77				978.31	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBREDIMENT INC REM OF FB	11012	CPT	outpatient			9413		3737.2 Horizon	Medicare Blue		3249.74				978.31	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBREDIMENT INC REM OF FB	11012	CPT	outpatient			9413		3737.2 Managed Care Inc	Managed Care Inc		8471.7	90			978.31	8942.35	percent of total billed charges	
DEBREDIMENT INC REM OF FB	11012	CPT	outpatient			9413		3737.2 Multiplan	Multiplan		7530.4	80			978.31	8942.35	percent of total billed charges	
DEBREDIMENT INC REM OF FB	11012	CPT	outpatient			9413		3737.2 Qualcare	Qualcare		7059.75	75			978.31	8942.35	percent of total billed charges	
DEBREDIMENT INC REM OF FB	11012	CPT	outpatient			9413		3737.2 Three Rivers	Three Rivers		8942.35	95			978.31	8942.35	percent of total billed charges	
DEBREDIMENT INC REM OF FB	11012	CPT	outpatient			9413		3737.2 UHC	Medicare		3249.74				978.31	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBREDIMENT INC REM OF FB	11012	CPT	outpatient			9413		3737.2 UHC	Medicaid		2969.8	31.55			978.31	8942.35	percent of total billed charges	
DEBREDIMENT INC REM OF FB	11012	CPT	outpatient			9413		3737.2 United	Oxford		1817				978.31	8942.35	case rate	
DEBREDIMENT INC REM OF FB	11012	CPT	outpatient			9413		3737.2 United	CommercialPPO		1817				978.31	8942.35	case rate	
DEBREDIMENT INC REM OF FB	11012	CPT	outpatient			9413		3737.2 Wellcare	Medicaid		2969.8	31.55			978.31	8942.35	percent of total billed charges	
DEBREDIMENT INC REM OF FB	11012	CPT	outpatient			9413		3737.2 Wellcare	Medicare		3249.74				978.31	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBREDIMENT INC REM OF FB	11012	CPT	outpatient			9413		3737.2 WellPoint	WellPoint		3029.1	32.18			978.31	8942.35	percent of total billed charges	
DEBREDIMENT SUBCUTENOUS TISSUE 20SQ CM/	11042	CPT	outpatient			1360		524.43 Aetna	Better Health		429.08	31.55			101.87	1782	percent of total billed charges	
DEBREDIMENT SUBCUTENOUS TISSUE 20SQ CM/	11042	CPT	outpatient			1360		524.43 Aetna	Commercial		726				101.87	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBREDIMENT SUBCUTENOUS TISSUE 20SQ CM/	11042	CPT	outpatient			1360		524.43 Aetna	Medicare		456.03				101.87	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBREDIMENT SUBCUTENOUS TISSUE 20SQ CM/	11042	CPT	outpatient			1360		524.43 Americare	Americare		1020	75			101.87	1782	percent of total billed charges	
DEBREDIMENT SUBCUTENOUS TISSUE 20SQ CM/	11042	CPT	outpatient			1360		524.43 Amerihealth	HMO/PPO		884	65			101.87	1782	percent of total billed charges	
DEBREDIMENT SUBCUTENOUS TISSUE 20SQ CM/	11042	CPT	outpatient			1360		524.43 Amerihealth	Medicare		456.03				101.87	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBREDIMENT SUBCUTENOUS TISSUE 20SQ CM/	11042	CPT	outpatient			1360		524.43 Consumer	Consumer		1292	95			101.87	1782	percent of total billed charges	
DEBREDIMENT SUBCUTENOUS TISSUE 20SQ CM/	11042	CPT	outpatient			1360		524.43 Corrections	Corrections		1088	80			101.87	1782	percent of total billed charges	
DEBREDIMENT SUBCUTENOUS TISSUE 20SQ CM/	11042	CPT	outpatient			1360		524.43 First Health	First Health		952	70			101.87	1782	percent of total billed charges	
DEBREDIMENT SUBCUTENOUS TISSUE 20SQ CM/	11042	CPT	outpatient			1360		524.43 First Trenton	First Trenton		1224	90			101.87	1782	percent of total billed charges	
DEBREDIMENT SUBCUTENOUS TISSUE 20SQ CM/	11042	CPT	outpatient			1360		524.43 Horizon	NJ Health		101.87				101.87	1782	fee schedule	
DEBREDIMENT SUBCUTENOUS TISSUE 20SQ CM/	11042	CPT	outpatient			1360		524.43 Horizon	Indemnity		848.67				101.87	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
DEBRIDEMENT SUBCUT/ENOUS TISSUE 20SQ CM/	11042	CPT	outpatient			1360		524.43 Horizon	MGD		848.67				101.87		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDEMENT SUBCUT/ENOUS TISSUE 20SQ CM/	11042	CPT	outpatient			1360		524.43 Horizon	Medicare Blue		456.03				101.87		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDEMENT SUBCUT/ENOUS TISSUE 20SQ CM/	11042	CPT	outpatient			1360		524.43 Horizon	PPO		848.67				101.87		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDEMENT SUBCUT/ENOUS TISSUE 20SQ CM/	11042	CPT	outpatient			1360		524.43 Managed Care Inc	Managed Care Inc		1224	90			101.87		1782 percent of total billed charges	
DEBRIDEMENT SUBCUT/ENOUS TISSUE 20SQ CM/	11042	CPT	outpatient			1360		524.43 Multiplan	Multiplan		1088	80			101.87		1782 percent of total billed charges	
DEBRIDEMENT SUBCUT/ENOUS TISSUE 20SQ CM/	11042	CPT	outpatient			1360		524.43 Qualcare	Qualcare		1020	75			101.87		1782 percent of total billed charges	
DEBRIDEMENT SUBCUT/ENOUS TISSUE 20SQ CM/	11042	CPT	outpatient			1360		524.43 Three Rivers	Three Rivers		1292	95			101.87		1782 percent of total billed charges	
DEBRIDEMENT SUBCUT/ENOUS TISSUE 20SQ CM/	11042	CPT	outpatient			1360		524.43 UHC	Medicaid		429.08	31.55			101.87		1782 percent of total billed charges	
DEBRIDEMENT SUBCUT/ENOUS TISSUE 20SQ CM/	11042	CPT	outpatient			1360		524.43 UHC	Medicare		456.03				101.87		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDEMENT SUBCUT/ENOUS TISSUE 20SQ CM/	11042	CPT	outpatient			1360		524.43 United	Commercial|PPO		1782				101.87		1782 case rate	
DEBRIDEMENT SUBCUT/ENOUS TISSUE 20SQ CM/	11042	CPT	outpatient			1360		524.43 United	Oxford		1782				101.87		1782 case rate	
DEBRIDEMENT SUBCUT/ENOUS TISSUE 20SQ CM/	11042	CPT	outpatient			1360		524.43 Wellcare	Medicare		456.03				101.87		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDEMENT SUBCUT/ENOUS TISSUE 20SQ CM/	11042	CPT	outpatient			1360		524.43 Wellcare	Medicaid		429.08	31.55			101.87		1782 percent of total billed charges	
DEBRIDEMENT SUBCUT/ENOUS TISSUE 20SQ CM/	11042	CPT	outpatient			1360		524.43 WellPoint	WellPoint		437.65	32.18			101.87		1782 percent of total billed charges	
DEBRIDE SKIN-SUBCUT MUSCLE	11043	CPT	outpatient			2117		826.02 Aetna	Better Health		667.91	31.55			386.33		2011.15 percent of total billed charges	
DEBRIDE SKIN-SUBCUT MUSCLE	11043	CPT	outpatient			2117		826.02 Aetna	Commercial		1143.5				386.33		2011.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDE SKIN-SUBCUT MUSCLE	11043	CPT	outpatient			2117		826.02 Aetna	Medicare		718.28				386.33		2011.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDE SKIN-SUBCUT MUSCLE	11043	CPT	outpatient			2117		826.02 Americare	Americare		1587.75	75			386.33		2011.15 percent of total billed charges	
DEBRIDE SKIN-SUBCUT MUSCLE	11043	CPT	outpatient			2117		826.02 Amerihealth	HMO/PPO		1376.05	65			386.33		2011.15 percent of total billed charges	
DEBRIDE SKIN-SUBCUT MUSCLE	11043	CPT	outpatient			2117		826.02 Amerihealth	Medicare		718.28				386.33		2011.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDE SKIN-SUBCUT MUSCLE	11043	CPT	outpatient			2117		826.02 Consumer	Consumer		2011.15	95			386.33		2011.15 percent of total billed charges	
DEBRIDE SKIN-SUBCUT MUSCLE	11043	CPT	outpatient			2117		826.02 Corrections	Corrections		1693.6	80			386.33		2011.15 percent of total billed charges	
DEBRIDE SKIN-SUBCUT MUSCLE	11043	CPT	outpatient			2117		826.02 First Health	First Health		1481.9	70			386.33		2011.15 percent of total billed charges	
DEBRIDE SKIN-SUBCUT MUSCLE	11043	CPT	outpatient			2117		826.02 First Trenton	First Trenton		1905.3	90			386.33		2011.15 percent of total billed charges	
DEBRIDE SKIN-SUBCUT MUSCLE	11043	CPT	outpatient			2117		826.02 Horizon	MGD		1336.72				386.33		2011.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDE SKIN-SUBCUT MUSCLE	11043	CPT	outpatient			2117		826.02 Horizon	Indemnity		1336.72				386.33		2011.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDE SKIN-SUBCUT MUSCLE	11043	CPT	outpatient			2117		826.02 Horizon	PPO		1336.72				386.33		2011.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDE SKIN-SUBCUT MUSCLE	11043	CPT	outpatient			2117		826.02 Horizon	Medicare Blue		718.28				386.33		2011.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDE SKIN-SUBCUT MUSCLE	11043	CPT	outpatient			2117		826.02 Horizon	NJ Health		386.33				386.33		2011.15 fee schedule	
DEBRIDE SKIN-SUBCUT MUSCLE	11043	CPT	outpatient			2117		826.02 Managed Care Inc	Managed Care Inc		1905.3	90			386.33		2011.15 percent of total billed charges	
DEBRIDE SKIN-SUBCUT MUSCLE	11043	CPT	outpatient			2117		826.02 Multiplan	Multiplan		1693.6	80			386.33		2011.15 percent of total billed charges	
DEBRIDE SKIN-SUBCUT MUSCLE	11043	CPT	outpatient			2117		826.02 Qualcare	Qualcare		1587.75	75			386.33		2011.15 percent of total billed charges	
DEBRIDE SKIN-SUBCUT MUSCLE	11043	CPT	outpatient			2117		826.02 Three Rivers	Three Rivers		2011.15	95			386.33		2011.15 percent of total billed charges	
DEBRIDE SKIN-SUBCUT MUSCLE	11043	CPT	outpatient			2117		826.02 UHC	Medicare		718.28				386.33		2011.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDE SKIN-SUBCUT MUSCLE	11043	CPT	outpatient			2117		826.02 UHC	Medicaid		667.91	31.55			386.33		2011.15 percent of total billed charges	
DEBRIDE SKIN-SUBCUT MUSCLE	11043	CPT	outpatient			2117		826.02 United	Commercial|PPO		1782				386.33		2011.15 case rate	
DEBRIDE SKIN-SUBCUT MUSCLE	11043	CPT	outpatient			2117		826.02 United	Oxford		1782				386.33		2011.15 case rate	
DEBRIDE SKIN-SUBCUT MUSCLE	11043	CPT	outpatient			2117		826.02 Wellcare	Medicare		718.28				386.33		2011.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDE SKIN-SUBCUT MUSCLE	11043	CPT	outpatient			2117		826.02 Wellcare	Medicaid		667.91	31.55			386.33		2011.15 percent of total billed charges	
DEBRIDE SKIN-SUBCUT MUSCLE	11043	CPT	outpatient			2117		826.02 WellPoint	WellPoint		681.25	32.18			386.33		2011.15 percent of total billed charges	
DEBRIDEMENT BONE MUSCLES AND FASCIA 20 S	11044	CPT	outpatient			5582		2132.36 Aetna	Better Health		1761.12	31.55			531.97		5302.9 percent of total billed charges	
DEBRIDEMENT BONE MUSCLES AND FASCIA 20 S	11044	CPT	outpatient			5582		2132.36 Aetna	Commercial		2951.93				531.97		5302.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDEMENT BONE MUSCLES AND FASCIA 20 S	11044	CPT	outpatient			5582		2132.36 Aetna	Medicare		1854.23				531.97		5302.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDEMENT BONE MUSCLES AND FASCIA 20 S	11044	CPT	outpatient			5582		2132.36 Americare	Americare		4186.5	75			531.97		5302.9 percent of total billed charges	
DEBRIDEMENT BONE MUSCLES AND FASCIA 20 S	11044	CPT	outpatient			5582		2132.36 Amerihealth	Medicare		1854.23				531.97		5302.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDEMENT BONE MUSCLES AND FASCIA 20 S	11044	CPT	outpatient			5582		2132.36 Amerihealth	HMO/PPO		3628.3	65			531.97		5302.9 percent of total billed charges	
DEBRIDEMENT BONE MUSCLES AND FASCIA 20 S	11044	CPT	outpatient			5582		2132.36 Consumer	Consumer		5302.9	95			531.97		5302.9 percent of total billed charges	
DEBRIDEMENT BONE MUSCLES AND FASCIA 20 S	11044	CPT	outpatient			5582		2132.36 Corrections	Corrections		4465.6	80			531.97		5302.9 percent of total billed charges	
DEBRIDEMENT BONE MUSCLES AND FASCIA 20 S	11044	CPT	outpatient			5582		2132.36 First Health	First Health		3907.4	70			531.97		5302.9 percent of total billed charges	
DEBRIDEMENT BONE MUSCLES AND FASCIA 20 S	11044	CPT	outpatient			5582		2132.36 First Trenton	First Trenton		5023.8	90			531.97		5302.9 percent of total billed charges	
DEBRIDEMENT BONE MUSCLES AND FASCIA 20 S	11044	CPT	outpatient			5582		2132.36 Horizon	MGD		3450.72				531.97		5302.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDEMENT BONE MUSCLES AND FASCIA 20 S	11044	CPT	outpatient			5582		2132.36 Horizon	Indemnity		3450.72				531.97		5302.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDEMENT BONE MUSCLES AND FASCIA 20 S	11044	CPT	outpatient			5582		2132.36 Horizon	Medicare Blue		1854.23				531.97		5302.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDEMENT BONE MUSCLES AND FASCIA 20 S	11044	CPT	outpatient			5582		2132.36 Horizon	NJ Health		531.97				531.97		5302.9 fee schedule	
DEBRIDEMENT BONE MUSCLES AND FASCIA 20 S	11044	CPT	outpatient			5582		2132.36 Horizon	PPO		3450.72				531.97		5302.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDEMENT BONE MUSCLES AND FASCIA 20 S	11044	CPT	outpatient			5582		2132.36 Managed Care Inc	Managed Care Inc		5023.8	90			531.97		5302.9 percent of total billed charges	
DEBRIDEMENT BONE MUSCLES AND FASCIA 20 S	11044	CPT	outpatient			5582		2132.36 Multiplan	Multiplan		4465.6	80			531.97		5302.9 percent of total billed charges	
DEBRIDEMENT BONE MUSCLES AND FASCIA 20 S	11044	CPT	outpatient			5582		2132.36 Qualcare	Qualcare		4186.5	75			531.97		5302.9 percent of total billed charges	
DEBRIDEMENT BONE MUSCLES AND FASCIA 20 S	11044	CPT	outpatient			5582		2132.36 Three Rivers	Three Rivers		5302.9	95			531.97		5302.9 percent of total billed charges	
DEBRIDEMENT BONE MUSCLES AND FASCIA 20 S	11044	CPT	outpatient			5582		2132.36 UHC	Medicaid		1761.12	31.55			531.97		5302.9 percent of total billed charges	
DEBRIDEMENT BONE MUSCLES AND FASCIA 20 S	11044	CPT	outpatient			5582		2132.36 UHC	Medicare		1854.23				531.97		5302.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDEMENT BONE MUSCLES AND FASCIA 20 S	11044	CPT	outpatient			5582		2132.36 United	Commercial|PPO		1817				531.97		5302.9 case rate	
DEBRIDEMENT BONE MUSCLES AND FASCIA 20 S	11044	CPT	outpatient			5582		2132.36 United	Oxford		1817				531.97		5302.9 case rate	
DEBRIDEMENT BONE MUSCLES AND FASCIA 20 S	11044	CPT	outpatient			5582		2132.36 Wellcare	Medicare		1854.23				531.97		5302.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDEMENT BONE MUSCLES AND FASCIA 20 S	11044	CPT	outpatient			5582		2132.36 Wellcare	Medicaid		1761.12	31.55			531.97		5302.9 percent of total billed charges	
DEBRIDEMENT BONE MUSCLES AND FASCIA 20 S	11044	CPT	outpatient			5582		2132.36 WellPoint	WellPoint		1796.29	32.18			531.97		5302.9 percent of total billed charges	
DEBRIDEMENT SKIN & SUB-CUTANEOUS TISSUE	11045	CPT	outpatient					Horizon	NJ Health		45.99				45.99		1782 fee schedule	
DEBRIDEMENT SKIN & SUB-CUTANEOUS TISSUE	11045	CPT	outpatient					United	Commercial|PPO		1782				45.99		1782 case rate	
DEBRIDEMENT SKIN & SUB-CUTANEOUS TISSUE	11045	CPT	outpatient					United	Oxford		1782				45.99		1782 case rate	
DBRDMT M&F EA ADDL 20 SQ CM	11046	CPT	outpatient					Horizon	NJ Health		79				79		1782 fee schedule	
DBRDMT M&F EA ADDL 20 SQ CM	11046	CPT	outpatient					United	Oxford		1782				79		1782 case rate	
DBRDMT M&F EA ADDL 20 SQ CM	11046	CPT	outpatient					United	Commercial|PPO		1782				79		1782 case rate	
PARING/CUT BENIGN HK SNGL LESION	11055	CPT	outpatient			659		263.3 Aetna	Better Health		207.91	31.55			74.02		1782 percent of total billed charges	
PARING/CUT BENIGN HK SNGL LESION	11055	CPT	outpatient			659		263.3 Aetna	Commercial		364.5				74.02		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARING/CUT BENIGN HK SNGL LESION	11055	CPT	outpatient			659		263.3 Aetna	Medicare		228.96				74.02		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARING/CUT BENIGN HK SNGL LESION	11055	CPT	outpatient			659		263.3 Americare	Americare		494.25	75			74.02		1782 percent of total billed charges	
PARING/CUT BENIGN HK SNGL LESION	11055	CPT	outpatient			659		263.3 Amerihealth	Medicare		228.96				74.02		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARING/CUT BENIGN HK SNGL LESION	11055	CPT	outpatient			659		263.3 Amerihealth	HMO/PPO		428.35	65			74.02		1782 percent of total billed charges	
PARING/CUT BENIGN HK SNGL LESION	11055	CPT	outpatient			659		263.3 Consumer	Consumer		626.05	95			74.02		1782 percent of total billed charges	
PARING/CUT BENIGN HK SNGL LESION	11055	CPT	outpatient			659		263.3 Corrections	Corrections		527.2	80			74.02		1782 percent of total billed charges	
PARING/CUT BENIGN HK SNGL LESION	11055	CPT	outpatient			659		263.3 First Health	First Health		461.3	70			74.02		1782 percent of total billed charges	
PARING/CUT BENIGN HK SNGL LESION	11055	CPT	outpatient			659		263.3 First Trenton	First Trenton		593.1	90			74.02		1782 percent of total billed charges	
PARING/CUT BENIGN HK SNGL LESION	11055	CPT	outpatient			659		263.3 Horizon	Medicare Blue		228.96				74.02		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARING/CUT BENIGN HK SNGL LESION	11055	CPT	outpatient			659		263.3 Horizon	MGD		426.09				74.02		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARING/CUT BENIGN HK SNGL LESION	11055	CPT	outpatient			659		263.3 Horizon	Indemnity		426.09				74.02		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARING/CUT BENIGN HK SNGL LESION	11055	CPT	outpatient			659		263.3 Horizon	PPO		426.09				74.02		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARING/CUT BENIGN HK SNGL LESION	11055	CPT	outpatient			659		263.3 Horizon	NJ Health		74.02				74.02		1782 fee schedule	
PARING/CUT BENIGN HK SNGL LESION	11055	CPT	outpatient			659		263.3 Managed Care Inc	Managed Care Inc		593.1	90			74.02		1782 percent of total billed charges	
PARING/CUT BENIGN HK SNGL LESION	11055	CPT	outpatient			659		263.3 Multiplan	Multiplan		527.2	80			74.02		1782 percent of total billed charges	
PARING/CUT BENIGN HK SNGL LESION	11055	CPT	outpatient			659		263.3 Qualcare	Qualcare		494.25	75			74.02		1782 percent of total billed charges	
PARING/CUT BENIGN HK SNGL LESION	11055	CPT	outpatient			659		263.3 Three Rivers	Three Rivers		626.05	95			74.02		1782 percent of total billed charges	
PARING/CUT BENIGN HK SNGL LESION	11055	CPT	outpatient			659		263.3 UHC	Medicare		228.96				74.02		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARING/CUT BENIGN HK SNGL LESION	11055	CPT	outpatient			659		263.3 UHC	Medicaid		207.91	31.55			74.02		1782 percent of total billed charges	
PARING/CUT BENIGN HK SNGL LESION	11055	CPT	outpatient			659		263.3 United	Commercial|PPO		1782				74.02		1782 case rate	
PARING/CUT BENIGN HK SNGL LESION	11055	CPT	outpatient			659		263.3 United	Oxford		1782				74.02		1782 case rate	
PARING/CUT BENIGN HK SNGL LESION	11055	CPT	outpatient			659		263.3 Wellcare	Medicare		228.96				74.02		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARING/CUT BENIGN HK SNGL LESION	11055	CPT	outpatient			659		263.3 Wellcare	Medicaid		207.91	31.55			74.02		1782 percent of total billed charges	
PARING/CUT BENIGN HK SNGL LESION	11055	CPT	outpatient			659		263.3 WellPoint	WellPoint		212.07	32.18			74.02		1782 percent of total billed charges	
PARING/CUTTING HPK, 2-4 LSNS	11056	CPT	outpatient			659		263.3 Aetna	Medicare		202.97	30.8			83.05		1782 percent of total billed charges	
PARING/CUTTING HPK, 2-4 LSNS	11056	CPT	outpatient			659		263.3 Aetna	Commercial		364.5				83.05		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARING/CUTTING HPK, 2-4 LSNS	11056	CPT	outpatient			659		263.3 Aetna	Better Health		207.91	31.55			83.05		1782 percent of total billed charges	
PARING/CUTTING HPK, 2-4 LSNS	11056	CPT	outpatient			659		263.3 Americare	Americare		494.25	75			83.05		1782 percent of total billed charges	
PARING/CUTTING HPK, 2-4 LSNS	11056	CPT	outpatient			659		263.3 Amerihealth	Medicare		228.96				83.05		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARING/CUTTING HPK, 2-4 LSNS	11056	CPT	outpatient			659		263.3 Amerihealth	HMO/PPO		428.35	65			83.05		1782 percent of total billed charges	
PARING/CUTTING HPK, 2-4 LSNS	11056	CPT	outpatient			659		263.3 Consumer	Consumer		626.05	95			83.05		1782 percent of total billed charges	
PARING/CUTTING HPK, 2-4 LSNS	11056	CPT	outpatient			659		263.3 Corrections	Corrections		527.2	80			83.05		1782 percent of total billed charges	
PARING/CUTTING HPK, 2-4 LSNS	11056	CPT	outpatient			659		263.3 First Health	First Health		461.3	70			83.05		1782 percent of total billed charges	
PARING/CUTTING HPK, 2-4 LSNS	11056	CPT	outpatient			659		263.3 First Trenton	First Trenton		593.1	90			83.05		1782 percent of total billed charges	
PARING/CUTTING HPK, 2-4 LSNS	11056	CPT	outpatient			659		263.3 Horizon	MGD		426.09				83.05		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARING/CUTTING HPK, 2-4 LSNS	11056	CPT	outpatient			659		263.3 Horizon	Medicare Blue		228.96				83.05		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARING/CUTTING HPK, 2-4 LSNS	11056	CPT	outpatient			659		263.3 Horizon	NJ Health		83.05				83.05		1782 fee schedule	
PARING/CUTTING HPK, 2-4 LSNS	11056	CPT	outpatient			659		263.3 Horizon	Indemnity		426.09				83.05		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARING/CUTTING HPK, 2-4 LSNS	11056	CPT	outpatient			659		263.3 Horizon	PPO		426.09				83.05		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARING/CUTTING HPK, 2-4 LSNS	11056	CPT	outpatient			659		263.3 Managed Care Inc	Managed Care Inc		593.1	90			83.05		1782 percent of total billed charges	
PARING/CUTTING HPK, 2-4 LSNS	11056	CPT	outpatient			659		263.3 Multiplan	Multiplan		527.2	80			83.05		1782 percent of total billed charges	
PARING/CUTTING HPK, 2-4 LSNS	11056	CPT	outpatient			659		263.3 Qualcare	Qualcare		494.25	75			83.05		1782 percent of total billed charges	
PARING/CUTTING HPK, 2-4 LSNS	11056	CPT	outpatient			659		263.3 Three Rivers	Three Rivers		626.05	95			83.05		1782 percent of total billed charges	
PARING/CUTTING HPK, 2-4 LSNS	11056	CPT	outpatient			659		263.3 UHC	Medicare		228.96				83.05		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARING/CUTTING HPK, 2-4 LSNS	11056	CPT	outpatient			659		263.3 UHC	Medicaid		207.91	31.55			83.05		1782 percent of total billed charges	
PARING/CUTTING HPK, 2-4 LSNS	11056	CPT	outpatient			659		263.3 United	Commercial|PPO		1782				83.05		1782 case rate	
PARING/CUTTING HPK, 2-4 LSNS	11056	CPT	outpatient			659		263.3 United	Oxford		1782				83.05		1782 case rate	
PARING/CUTTING HPK, 2-4 LSNS	11056	CPT	outpatient			659		263.3 Wellcare	Medicare		228.96				83.05		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARING/CUTTING HPK, 2-4 LSNS	11056	CPT	outpatient			659		263.3 Wellcare	Medicaid		207.91	31.55			83.05		1782 percent of total billed charges	
PARING/CUTTING HPK, 2-4 LSNS	11056	CPT	outpatient			659		263.3 WellPoint	WellPoint		212.07	32.18			83.05		1782 percent of total billed charges	
PARING/CUTTING B9 HYPKRTC LSN	11057	CPT	outpatient			659		263.3 Aetna	Better Health		207.91	31.55			102.7		1782 percent of total billed charges	
PARING/CUTTING B9 HYPKRTC LSN	11057	CPT	outpatient			659		263.3 Aetna	Commercial		364.5				102.7		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARING/CUTTING B9 HYPKRTC LSN	11057	CPT	outpatient			659		263.3 Aetna	Medicare		228.96				102.7		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARING/CUTTING B9 HYPKRTC LSN	11057	CPT	outpatient			659		263.3 Americare	Americare		494.25	75			102.7		1782 percent of total billed charges	
PARING/CUTTING B9 HYPKRTC LSN	11057	CPT	outpatient			659		263.3 Amerihealth	HMO/PPO		428.35	65			102.7		1782 percent of total billed charges	
PARING/CUTTING B9 HYPKRTC LSN	11057	CPT	outpatient			659		263.3 Amerihealth	Medicare		228.96				102.7		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARING/CUTTING B9 HYPKRTC LSN	11057	CPT	outpatient			659		263.3 Consumer	Consumer		626.05	95			102.7		1782 percent of total billed charges	
PARING/CUTTING B9 HYPKRTC LSN	11057	CPT	outpatient			659		263.3 Corrections	Corrections		527.2	80			102.7		1782 percent of total billed charges	
PARING/CUTTING B9 HYPKRTC LSN	11057	CPT	outpatient			659		263.3 First Health	First Health		461.3	70			102.7		1782 percent of total billed charges	
PARING/CUTTING B9 HYPKRTC LSN	11057	CPT	outpatient			659		263.3 First Trenton	First Trenton		593.1	90			102.7		1782 percent of total billed charges	
PARING/CUTTING B9 HYPKRTC LSN	11057	CPT	outpatient			659		263.3 Horizon	Medicare Blue		228.96				102.7		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARING/CUTTING B9 HYPKRTC LSN	11057	CPT	outpatient			659		263.3 Horizon	Indemnity		426.09				102.7		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARING/CUTTING B9 HYPKRTC LSN	11057	CPT	outpatient			659		263.3 Horizon	PPO		426.09				102.7		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARING/CUTTING B9 HYPKRTC LSN	11057	CPT	outpatient			659		263.3 Horizon	MGD		426.09				102.7		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARING/CUTTING B9 HYPKRTC LSN	11057	CPT	outpatient			659		263.3 Horizon	NJ Health		102.7				102.7		1782 fee schedule	
PARING/CUTTING B9 HYPKRTC LSN	11057	CPT	outpatient			659		263.3 Managed Care Inc	Managed Care Inc		593.1	90			102.7		1782 percent of total billed charges	
PARING/CUTTING B9 HYPKRTC LSN	11057	CPT	outpatient			659		263.3 Multiplan	Multiplan		527.2	80			102.7		1782 percent of total billed charges	
PARING/CUTTING B9 HYPKRTC LSN	11057	CPT	outpatient			659		263.3 Qualcare	Qualcare		494.25	75			102.7		1782 percent of total billed charges	
PARING/CUTTING B9 HYPKRTC LSN	11057	CPT	outpatient			659		263.3 Three Rivers	Three Rivers		626.05	95			102.7		1782 percent of total billed charges	
PARING/CUTTING B9 HYPKRTC LSN	11057	CPT	outpatient			659		263.3 UHC	Medicare		228.96				102.7		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARING/CUTTING B9 HYPKRTC LSN	11057	CPT	outpatient			659		263.3 UHC	Medicaid		207.91	31.55			102.7		1782 percent of total billed charges	
PARING/CUTTING B9 HYPKRTC LSN	11057	CPT	outpatient			659		263.3 United	Commercial|PPO		1782				102.7		1782 case rate	
PARING/CUTTING B9 HYPKRTC LSN	11057	CPT	outpatient			659		263.3 United	Oxford		1782				102.7		1782 case rate	
PARING/CUTTING B9 HYPKRTC LSN	11057	CPT	outpatient			659		263.3 Wellcare	Medicare		228.96				102.7		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
PARING/CUTTING B9 HYPKRTC LSN	11057	CPT	outpatient			659		263.3 Wellcare	Medicaid		207.91	31.55			102.7	1782.00	1782 percent of total billed charges	
PARING/CUTTING B9 HYPKRTC LSN	11057	CPT	outpatient			659		263.3 WellPoint	WellPoint		212.07	32.18			102.7	1782.00	1782 percent of total billed charges	
TNAGENTIAL BX SKIN SINGLE LES	11102	CPT	outpatient			659		263.3 Aetna	Commercial		364.5				150.05	1782.00	1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TNAGENTIAL BX SKIN SINGLE LES	11102	CPT	outpatient			659		263.3 Aetna	Better Health		207.91	31.55			150.05	1782.00	1782 percent of total billed charges	
TNAGENTIAL BX SKIN SINGLE LES	11102	CPT	outpatient			659		263.3 Aetna	Medicare		228.96				150.05	1782.00	1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TNAGENTIAL BX SKIN SINGLE LES	11102	CPT	outpatient			659		263.3 Americare	Americare		494.25	75			150.05	1782.00	1782 percent of total billed charges	
TNAGENTIAL BX SKIN SINGLE LES	11102	CPT	outpatient			659		263.3 Amerihealth	HMO/PPO		428.35	65			150.05	1782.00	1782 percent of total billed charges	
TNAGENTIAL BX SKIN SINGLE LES	11102	CPT	outpatient			659		263.3 Amerihealth	Medicare		228.96				150.05	1782.00	1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TNAGENTIAL BX SKIN SINGLE LES	11102	CPT	outpatient			659		263.3 Consumer	Consumer		626.05	95			150.05	1782.00	1782 percent of total billed charges	
TNAGENTIAL BX SKIN SINGLE LES	11102	CPT	outpatient			659		263.3 Corrections	Corrections		527.2	80			150.05	1782.00	1782 percent of total billed charges	
TNAGENTIAL BX SKIN SINGLE LES	11102	CPT	outpatient			659		263.3 First Health	First Health		461.3	70			150.05	1782.00	1782 percent of total billed charges	
TNAGENTIAL BX SKIN SINGLE LES	11102	CPT	outpatient			659		263.3 First Trenton	First Trenton		593.1	90			150.05	1782.00	1782 percent of total billed charges	
TNAGENTIAL BX SKIN SINGLE LES	11102	CPT	outpatient			659		263.3 Horizon	Indemnity		426.09				150.05	1782.00	1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TNAGENTIAL BX SKIN SINGLE LES	11102	CPT	outpatient			659		263.3 Horizon	NJ Health		150.05				150.05	1782.00	1782 fee schedule	
TNAGENTIAL BX SKIN SINGLE LES	11102	CPT	outpatient			659		263.3 Horizon	MGD		426.09				150.05	1782.00	1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TNAGENTIAL BX SKIN SINGLE LES	11102	CPT	outpatient			659		263.3 Horizon	Medicare Blue		228.96				150.05	1782.00	1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TNAGENTIAL BX SKIN SINGLE LES	11102	CPT	outpatient			659		263.3 Horizon	PPO		426.09				150.05	1782.00	1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TNAGENTIAL BX SKIN SINGLE LES	11102	CPT	outpatient			659		263.3 Managed Care Inc	Managed Care Inc		593.1	90			150.05	1782.00	1782 percent of total billed charges	
TNAGENTIAL BX SKIN SINGLE LES	11102	CPT	outpatient			659		263.3 Multiplan	Multiplan		527.2	80			150.05	1782.00	1782 percent of total billed charges	
TNAGENTIAL BX SKIN SINGLE LES	11102	CPT	outpatient			659		263.3 Qualcare	Qualcare		494.25	75			150.05	1782.00	1782 percent of total billed charges	
TNAGENTIAL BX SKIN SINGLE LES	11102	CPT	outpatient			659		263.3 Three Rivers	Three Rivers		626.05	95			150.05	1782.00	1782 percent of total billed charges	
TNAGENTIAL BX SKIN SINGLE LES	11102	CPT	outpatient			659		263.3 UHC	Medicare		228.96				150.05	1782.00	1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TNAGENTIAL BX SKIN SINGLE LES	11102	CPT	outpatient			659		263.3 UHC	Medicaid		207.91	31.55			150.05	1782.00	1782 percent of total billed charges	
TNAGENTIAL BX SKIN SINGLE LES	11102	CPT	outpatient			659		263.3 United	Oxford		1782				150.05	1782.00	1782 case rate	
TNAGENTIAL BX SKIN SINGLE LES	11102	CPT	outpatient			659		263.3 United	CommercialPPO		1782				150.05	1782.00	1782 case rate	
TNAGENTIAL BX SKIN SINGLE LES	11102	CPT	outpatient			659		263.3 Wellcare	Medicaid		207.91	31.55			150.05	1782.00	1782 percent of total billed charges	
TNAGENTIAL BX SKIN SINGLE LES	11102	CPT	outpatient			659		263.3 Wellcare	Medicare		228.96				150.05	1782.00	1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TNAGENTIAL BX SKIN SINGLE LES	11102	CPT	outpatient			659		263.3 WellPoint	WellPoint		212.07	32.18			150.05	1782.00	1782 percent of total billed charges	
TANGENTIAL BX SKIN,EA SEP/ADDTL LESION	11103	CPT	outpatient					Horizon	NJ Health		80.75				80.75	1782.00	1782 fee schedule	
TANGENTIAL BX SKIN,EA SEP/ADDTL LESION	11103	CPT	outpatient					United	CommercialPPO		1782				80.75	1782.00	1782 case rate	
TANGENTIAL BX SKIN,EA SEP/ADDTL LESION	11103	CPT	outpatient					United	Oxford		1782				80.75	1782.00	1782 case rate	
PUNCH BX SKIN, SINGLE LESION	11104	CPT	both			1360		524.43 Aetna	Commercial		726				188.68	1782.00	1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PUNCH BX SKIN, SINGLE LESION	11104	CPT	both			1360		524.43 Aetna	Better Health		429.08	31.55			188.68	1782.00	1782 percent of total billed charges	
PUNCH BX SKIN, SINGLE LESION	11104	CPT	both			1360		524.43 Aetna	Medicare		456.03				188.68	1782.00	1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PUNCH BX SKIN, SINGLE LESION	11104	CPT	both			1360		524.43 Americare	Americare		1020	75			188.68	1782.00	1782 percent of total billed charges	
PUNCH BX SKIN, SINGLE LESION	11104	CPT	both			1360		524.43 Amerihealth	HMO/PPO		884	65			188.68	1782.00	1782 percent of total billed charges	
PUNCH BX SKIN, SINGLE LESION	11104	CPT	both			1360		524.43 Amerihealth	Medicare		456.03				188.68	1782.00	1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PUNCH BX SKIN, SINGLE LESION	11104	CPT	both			1360		524.43 Consumer	Consumer		1292	95			188.68	1782.00	1782 percent of total billed charges	
PUNCH BX SKIN, SINGLE LESION	11104	CPT	both			1360		524.43 Corrections	Corrections		1088	80			188.68	1782.00	1782 percent of total billed charges	
PUNCH BX SKIN, SINGLE LESION	11104	CPT	both			1360		524.43 First Health	First Health		952	70			188.68	1782.00	1782 percent of total billed charges	
PUNCH BX SKIN, SINGLE LESION	11104	CPT	both			1360		524.43 First Trenton	First Trenton		1224	90			188.68	1782.00	1782 percent of total billed charges	
PUNCH BX SKIN, SINGLE LESION	11104	CPT	both			1360		524.43 Horizon	Indemnity		848.67				188.68	1782.00	1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PUNCH BX SKIN, SINGLE LESION	11104	CPT	both			1360		524.43 Horizon	MGD		848.67				188.68	1782.00	1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PUNCH BX SKIN, SINGLE LESION	11104	CPT	both			1360		524.43 Horizon	PPO		848.67				188.68	1782.00	1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PUNCH BX SKIN, SINGLE LESION	11104	CPT	both			1360		524.43 Horizon	NJ Health		188.68				188.68	1782.00	1782 fee schedule	
PUNCH BX SKIN, SINGLE LESION	11104	CPT	both			1360		524.43 Horizon	Medicare Blue		456.03				188.68	1782.00	1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PUNCH BX SKIN, SINGLE LESION	11104	CPT	both			1360		524.43 Managed Care Inc	Managed Care Inc		1224	90			188.68	1782.00	1782 percent of total billed charges	
PUNCH BX SKIN, SINGLE LESION	11104	CPT	both			1360		524.43 Multiplan	Multiplan		1088	80			188.68	1782.00	1782 percent of total billed charges	
PUNCH BX SKIN, SINGLE LESION	11104	CPT	both			1360		524.43 Qualcare	Qualcare		1020	75			188.68	1782.00	1782 percent of total billed charges	
PUNCH BX SKIN, SINGLE LESION	11104	CPT	both			1360		524.43 Three Rivers	Three Rivers		1292	95			188.68	1782.00	1782 percent of total billed charges	
PUNCH BX SKIN, SINGLE LESION	11104	CPT	both			1360		524.43 UHC	Medicare		456.03				188.68	1782.00	1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PUNCH BX SKIN, SINGLE LESION	11104	CPT	both			1360		524.43 UHC	Medicaid		429.08	31.55			188.68	1782.00	1782 percent of total billed charges	
PUNCH BX SKIN, SINGLE LESION	11104	CPT	both			1360		524.43 United	Oxford		1782				188.68	1782.00	1782 case rate	
PUNCH BX SKIN, SINGLE LESION	11104	CPT	both			1360		524.43 United	CommercialPPO		1782				188.68	1782.00	1782 case rate	
PUNCH BX SKIN, SINGLE LESION	11104	CPT	both			1360		524.43 Wellcare	Medicaid		429.08	31.55			188.68	1782.00	1782 percent of total billed charges	
PUNCH BX SKIN, SINGLE LESION	11104	CPT	both			1360		524.43 Wellcare	Medicare		456.03				188.68	1782.00	1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PUNCH BX SKIN, SINGLE LESION	11104	CPT	both			1360		524.43 WellPoint	WellPoint		437.65	32.18			188.68	1782.00	1782 percent of total billed charges	
PUNCH BX, EA ADD'L/SEPRT LSN	11105	CPT	outpatient					Horizon	NJ Health		92.39				92.39	1782.00	1782 fee schedule	
PUNCH BX, EA ADD'L/SEPRT LSN	11105	CPT	outpatient					United	CommercialPPO		1782				92.39	1782.00	1782 case rate	
PUNCH BX, EA ADD'L/SEPRT LSN	11105	CPT	outpatient					United	Oxford		1782				92.39	1782.00	1782 case rate	
INCISIONAL BX SKIN,SINGLE LESION	11106	CPT	outpatient			2220		826.02 Aetna	Commercial		1143.5				228.22	2109.00	2109 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISIONAL BX SKIN,SINGLE LESION	11106	CPT	outpatient			2220		826.02 Aetna	Better Health		700.41	31.55			228.22	2109.00	2109 percent of total billed charges	
INCISIONAL BX SKIN,SINGLE LESION	11106	CPT	outpatient			2220		826.02 Aetna	Medicare		718.28				228.22	2109.00	2109 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISIONAL BX SKIN,SINGLE LESION	11106	CPT	outpatient			2220		826.02 Americare	Americare		1665	75			228.22	2109.00	2109 percent of total billed charges	
INCISIONAL BX SKIN,SINGLE LESION	11106	CPT	outpatient			2220		826.02 Amerihealth	HMO/PPO		1443	65			228.22	2109.00	2109 percent of total billed charges	
INCISIONAL BX SKIN,SINGLE LESION	11106	CPT	outpatient			2220		826.02 Amerihealth	Medicare		718.28				228.22	2109.00	2109 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISIONAL BX SKIN,SINGLE LESION	11106	CPT	outpatient			2220		826.02 Consumer	Consumer		2109	95			228.22	2109.00	2109 percent of total billed charges	
INCISIONAL BX SKIN,SINGLE LESION	11106	CPT	outpatient			2220		826.02 Corrections	Corrections		1776	80			228.22	2109.00	2109 percent of total billed charges	
INCISIONAL BX SKIN,SINGLE LESION	11106	CPT	outpatient			2220		826.02 First Health	First Health		1554	70			228.22	2109.00	2109 percent of total billed charges	
INCISIONAL BX SKIN,SINGLE LESION	11106	CPT	outpatient			2220		826.02 First Trenton	First Trenton		1998	90			228.22	2109.00	2109 percent of total billed charges	
INCISIONAL BX SKIN,SINGLE LESION	11106	CPT	outpatient			2220		826.02 Horizon	Indemnity		1336.72				228.22	2109.00	2109 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISIONAL BX SKIN,SINGLE LESION	11106	CPT	outpatient			2220		826.02 Horizon	MGD		1336.72				228.22	2109.00	2109 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISIONAL BX SKIN,SINGLE LESION	11106	CPT	outpatient			2220		826.02 Horizon	NJ Health		228.22				228.22	2109.00	2109 fee schedule	
INCISIONAL BX SKIN,SINGLE LESION	11106	CPT	outpatient			2220		826.02 Horizon	Medicare Blue		718.28				228.22	2109.00	2109 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISIONAL BX SKIN,SINGLE LESION	11106	CPT	outpatient			2220		826.02 Horizon	PPO		1336.72				228.22	2109.00	2109 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISIONAL BX SKIN,SINGLE LESION	11106	CPT	outpatient			2220		826.02 Managed Care Inc	Managed Care Inc		1998	90			228.22	2109.00	2109 percent of total billed charges	
INCISIONAL BX SKIN,SINGLE LESION	11106	CPT	outpatient			2220		826.02 Multiplan	Multiplan		1776	80			228.22	2109.00	2109 percent of total billed charges	
INCISIONAL BX SKIN,SINGLE LESION	11106	CPT	outpatient			2220		826.02 Qualcare	Qualcare		1665	75			228.22	2109.00	2109 percent of total billed charges	
INCISIONAL BX SKIN,SINGLE LESION	11106	CPT	outpatient			2220		826.02 Three Rivers	Three Rivers		2109	95			228.22	2109.00	2109 percent of total billed charges	
INCISIONAL BX SKIN,SINGLE LESION	11106	CPT	outpatient			2220		826.02 UHC	Medicaid		700.41	31.55			228.22	2109.00	2109 percent of total billed charges	
INCISIONAL BX SKIN,SINGLE LESION	11106	CPT	outpatient			2220		826.02 UHC	Medicare		718.28				228.22	2109.00	2109 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISIONAL BX SKIN,SINGLE LESION	11106	CPT	outpatient			2220		826.02 United	CommercialPPO		1817				228.22	2109.00	2109 case rate	
INCISIONAL BX SKIN,SINGLE LESION	11106	CPT	outpatient			2220		826.02 United	Oxford		1817				228.22	2109.00	2109 case rate	
INCISIONAL BX SKIN,SINGLE LESION	11106	CPT	outpatient			2220		826.02 Wellcare	Medicare		718.28				228.22	2109.00	2109 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISIONAL BX SKIN,SINGLE LESION	11106	CPT	outpatient			2220		826.02 Wellcare	Medicaid		700.41	31.55			228.22	2109.00	2109 percent of total billed charges	
INCISIONAL BX SKIN,SINGLE LESION	11106	CPT	outpatient			2220		826.02 WellPoint	WellPoint		714.4	32.18			228.22	2109.00	2109 percent of total billed charges	
INCISIONAL BX SKIN, EA SEP/ADDTL LESION	11107	CPT	outpatient					Horizon	NJ Health		108.89				108.89	1782.00	1782 fee schedule	
INCISIONAL BX SKIN, EA SEP/ADDTL LESION	11107	CPT	outpatient					United	CommercialPPO		1782				108.89	1782.00	1782 case rate	
INCISIONAL BX SKIN, EA SEP/ADDTL LESION	11107	CPT	outpatient					United	Oxford		1782				108.89	1782.00	1782 case rate	
SKIN TAG REMOVAL, UP TO 15 LES	11200	CPT	outpatient			659		263.3 Aetna	Medicare		228.96				77.52	1782.00	1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SKIN TAG REMOVAL, UP TO 15 LES	11200	CPT	outpatient			659		263.3 Aetna	Better Health		207.91	31.55			77.52	1782.00	1782 percent of total billed charges	
SKIN TAG REMOVAL, UP TO 15 LES	11200	CPT	outpatient			659		263.3 Aetna	Commercial		364.5				77.52	1782.00	1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SKIN TAG REMOVAL, UP TO 15 LES	11200	CPT	outpatient			659		263.3 Americare	Americare		494.25	75			77.52	1782.00	1782 percent of total billed charges	
SKIN TAG REMOVAL, UP TO 15 LES	11200	CPT	outpatient			659		263.3 Amerihealth	Medicare		228.96				77.52	1782.00	1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SKIN TAG REMOVAL, UP TO 15 LES	11200	CPT	outpatient			659		263.3 Amerihealth	HMO/PPO		428.35	65			77.52	1782.00	1782 percent of total billed charges	
SKIN TAG REMOVAL, UP TO 15 LES	11200	CPT	outpatient			659		263.3 Consumer	Consumer		626.05	95			77.52	1782.00	1782 percent of total billed charges	
SKIN TAG REMOVAL, UP TO 15 LES	11200	CPT	outpatient			659		263.3 Corrections	Corrections		527.2	80			77.52	1782.00	1782 percent of total billed charges	
SKIN TAG REMOVAL, UP TO 15 LES	11200	CPT	outpatient			659		263.3 First Health	First Health		461.3	70			77.52	1782.00	1782 percent of total billed charges	
SKIN TAG REMOVAL, UP TO 15 LES	11200	CPT	outpatient			659		263.3 First Trenton	First Trenton		593.1	90			77.52	1782.00	1782 percent of total billed charges	
SKIN TAG REMOVAL, UP TO 15 LES	11200	CPT	outpatient			659		263.3 Horizon	Indemnity		426.09				77.52	1782.00	1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SKIN TAG REMOVAL, UP TO 15 LES	11200	CPT	outpatient			659		263.3 Horizon	Medicare Blue		228.96				77.52	1782.00	1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SKIN TAG REMOVAL, UP TO 15 LES	11200	CPT	outpatient			659		263.3 Horizon	PPO		426.09				77.52	1782.00	1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SKIN TAG REMOVAL, UP TO 15 LES	11200	CPT	outpatient			659		263.3 Horizon	MGD		426.09				77.52	1782.00	1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SKIN TAG REMOVAL, UP TO 15 LES	11200	CPT	outpatient			659		263.3 Horizon	NJ Health		77.52				77.52	1782.00	1782 fee schedule	
SKIN TAG REMOVAL, UP TO 15 LES	11200	CPT	outpatient			659		263.3 Managed Care Inc	Managed Care Inc		593.1	90			77.52	1782.00	1782 percent of total billed charges	
SKIN TAG REMOVAL, UP TO 15 LES	11200	CPT	outpatient			659		263.3 Multiplan	Multiplan		527.2	80			77.52	1782.00	1782 percent of total billed charges	
SKIN TAG REMOVAL, UP TO 15 LES	11200	CPT	outpatient			659		263.3 Qualcare	Qualcare		494.25	75			77.52	1782.00	1782 percent of total billed charges	
SKIN TAG REMOVAL, UP TO 15 LES	11200	CPT	outpatient			659		263.3 Three Rivers	Three Rivers		626.05	95			77.52	1782.00	1782 percent of total billed charges	
SKIN TAG REMOVAL, UP TO 15 LES	11200	CPT	outpatient			659		263.3 UHC	Medicare		228.96				77.52	1782.00	1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SKIN TAG REMOVAL, UP TO 15 LES	11200	CPT	outpatient			659		263.3 UHC	Medicaid		207.91	31.55			77.52	1782.00	1782 percent of total billed charges	
SKIN TAG REMOVAL, UP TO 15 LES	11200	CPT	outpatient			659		263.3 United	Oxford		1782				77.52	1782.00	1782 case rate	
SKIN TAG REMOVAL, UP TO 15 LES	11200	CPT	outpatient			659		263.3 United	CommercialPPO		1782				77.52	1782.00	1782 case rate	
SKIN TAG REMOVAL, UP TO 15 LES	11200	CPT	outpatient			659		263.3 Wellcare	Medicare		228.96				77.52	1782.00	1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SKIN TAG REMOVAL, UP TO 15 LES	11200	CPT	outpatient			659		263.3 Wellcare	Medicaid		207.91	31.55			77.52	1782.00	1782 percent of total billed charges	
SKIN TAG REMOVAL, UP TO 15 LES	11200	CPT	outpatient			659		263.3 WellPoint	WellPoint		212.07	32.18			77.52	1782.00	1782 percent of total billed charges	
SKIN TAG REMOVAL EA ADD 10 LES	11201	CPT	outpatient					Horizon	NJ Health		23.49				23.49	1782.00	1782 fee schedule	
SKIN TAG REMOVAL EA ADD 10 LES	11201	CPT	outpatient					United	CommercialPPO		1782				23.49	1782.00	1782 case rate	
SKIN TAG REMOVAL EA ADD 10 LES	11201	CPT	outpatient					United	Oxford		1782				23.49	1782.00	1782 case rate	
SHAVING LESION 0.5CM OR LESS	11300	CPT	outpatient			1360		524.43 Aetna	Commercial		726				68.17	1782.00	1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHAVING LESION 0.5CM OR LESS	11300	CPT	outpatient			1360		524.43 Aetna	Better Health		429.08	31.55			68.17	1782.00	1782 percent of total billed charges	
SHAVING LESION 0.5CM OR LESS	11300	CPT	outpatient			1360		524.43 Aetna	Medicare		456.03				68.17	1782.00	1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHAVING LESION 0.5CM OR LESS	11300	CPT	outpatient			1360		524.43 Americare	Americare		1020	75			68.17	1782.00	1782 percent of total billed charges	
SHAVING LESION 0.5CM OR LESS	11300	CPT	outpatient			1360		524.43 Amerihealth	HMO/PPO		884	65			68.17	1782.00	1782 percent of total billed charges	
SHAVING LESION 0.5CM OR LESS	11300	CPT	outpatient			1360		524.43 Amerihealth	Medicare		456.03				68.17	1782.00	1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHAVING LESION 0.5CM OR LESS	11300	CPT	outpatient			1360		524.43 Consumer	Consumer		1292	95			68.17	1782.00	1782 percent of total billed charges	
SHAVING LESION 0.5CM OR LESS	11300	CPT	outpatient			1360		524.43 Corrections	Corrections		1088	80			68.17	1782.00	1782 percent of total billed charges	
SHAVING LESION 0.5CM OR LESS	11300	CPT	outpatient			1360		524.43 First Health	First Health		952	70			68.17	1782.00	1782 percent of total billed charges	
SHAVING LESION 0.5CM OR LESS	11300	CPT	outpatient			1360		524.43 First Trenton	First Trenton		1224	90			68.17	1782.00	1782 percent of total billed charges	
SHAVING LESION 0.5CM OR LESS	11300	CPT	outpatient			1360		524.43 Horizon	MGD		848.67				68.17	1782.00	1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHAVING LESION 0.5CM OR LESS	11300	CPT	outpatient			1360		524.43 Horizon	PPO		848.67				68.17	1782.00	1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHAVING LESION 0.5CM OR LESS	11300	CPT	outpatient			1360		524.43 Horizon	NJ Health		68.17				68.17	1782.00	1782 fee schedule	
SHAVING LESION 0.5CM OR LESS	11300	CPT	outpatient			1360		524.43 Horizon	Medicare Blue		456.03				68.17	1782.00	1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHAVING LESION 0.5CM OR LESS	11300	CPT	outpatient			1360		524.43 Horizon	Indemnity		848.67				68.17	1782.00	1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHAVING LESION 0.5CM OR LESS	11300	CPT	outpatient			1360		524.43 Managed Care Inc	Managed Care Inc		1224	90			68.17	1782.00	1782 percent of total billed charges	
SHAVING LESION 0.5CM OR LESS	11300	CPT	outpatient			1360		524.43 Multiplan	Multiplan		1088	80			68.17	1782.00	1782 percent of total billed charges	
SHAVING LESION 0.5CM OR LESS	11300	CPT	outpatient			1360		524.43 Qualcare	Qualcare		1020	75			68.17	1782.00	1782 percent of total billed charges	
SHAVING LESION 0.5CM OR LESS	11300	CPT	outpatient			1360		524.43 Three Rivers	Three Rivers		1292	95			68.17	1782.00	1782 percent of total billed charges	
SHAVING LESION 0.5CM OR LESS	11300	CPT	outpatient			1360		524.43 UHC	Medicare		456.03				68.17	1782.00	1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHAVING LESION 0.5CM OR LESS	11300	CPT	outpatient			1360		524.43 UHC	Medicaid		429.08	31.55			68.17	1782.00	1782 percent of total billed charges	
SHAVING LESION 0.5CM OR LESS	11300	CPT	outpatient			1360		524.43 United	Oxford		1782				68.17	1782.00	1782 case rate	
SHAVING LESION 0.5CM OR LESS	11300	CPT	outpatient			1360		524.43 United	CommercialPPO		1782				68.17	1782.00	1782 case rate	
SHAVING LESION 0.5CM OR LESS	11300	CPT	outpatient			1360		524.43 Wellcare	Medicaid		429.08	31.55			68.17	1782.00	1782 percent of total billed charges	
SHAVING LESION 0.5CM OR LESS	11300	CPT	outpatient			1360		524.43 Wellcare	Medicare		456.03				68.17	1782.00	1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHAVING LESION 0.5CM OR LESS	11300	CPT	outpatient			1360		524.43 WellPoint	WellPoint		437.65	32.18			68.17	1782.00	1782 percent of total billed charges	
SHVG SQL LSN, TRK, ARM, LEG 0.6-1CM	11301	CPT	outpatient			659		263.3 Aetna	Better Health		207.91	31.55			88.22	1782.00	1782 percent of total billed charges	
SHVG SQL LSN, TRK, ARM, LEG 0.6-1CM	11301	CPT	outpatient			659		263.3 Aetna	Medicare		228.96				88.22	1782.00	1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHVG SQL LSN, TRK, ARM, LEG 0.6-1CM	11301	CPT	outpatient			659		263.3 Aetna	Commercial		364.5				88.22	1782.00	1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHVG SQL LSN, TRK, ARM, LEG 0.6-1CM	11301	CPT	outpatient			659		263.3 Americare	Americare		494.25	75			88.22	1782.00	1782 percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
SHVG SGL LSN. TRK, ARM, LEG 0.6-1CM	11301	CPT	outpatient			659		263.3 Amerihealth	HMO/PPO		428.35	65			88.22		1782 percent of total billed charges	
SHVG SGL LSN. TRK, ARM, LEG 0.6-1CM	11301	CPT	outpatient			659		263.3 Amerihealth	Medicare		228.96				88.22		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHVG SGL LSN. TRK, ARM, LEG 0.6-1CM	11301	CPT	outpatient			659		263.3 Consumer	Consumer		626.05	95			88.22		1782 percent of total billed charges	
SHVG SGL LSN. TRK, ARM, LEG 0.6-1CM	11301	CPT	outpatient			659		263.3 Corrections	Corrections		527.2	80			88.22		1782 percent of total billed charges	
SHVG SGL LSN. TRK, ARM, LEG 0.6-1CM	11301	CPT	outpatient			659		263.3 First Health	First Health		461.3	70			88.22		1782 percent of total billed charges	
SHVG SGL LSN. TRK, ARM, LEG 0.6-1CM	11301	CPT	outpatient			659		263.3 First Trenton	First Trenton		593.1	90			88.22		1782 percent of total billed charges	
SHVG SGL LSN. TRK, ARM, LEG 0.6-1CM	11301	CPT	outpatient			659		263.3 Horizon	NJ Health		88.22				88.22		1782 fee schedule	
SHVG SGL LSN. TRK, ARM, LEG 0.6-1CM	11301	CPT	outpatient			659		263.3 Horizon	Indemnity		426.09				88.22		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHVG SGL LSN. TRK, ARM, LEG 0.6-1CM	11301	CPT	outpatient			659		263.3 Horizon	Medicare Blue		228.96				88.22		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHVG SGL LSN. TRK, ARM, LEG 0.6-1CM	11301	CPT	outpatient			659		263.3 Horizon	MGD		426.09				88.22		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHVG SGL LSN. TRK, ARM, LEG 0.6-1CM	11301	CPT	outpatient			659		263.3 Horizon	PPO		426.09				88.22		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHVG SGL LSN. TRK, ARM, LEG 0.6-1CM	11301	CPT	outpatient			659		263.3 Managed Care Inc	Managed Care Inc		593.1	90			88.22		1782 percent of total billed charges	
SHVG SGL LSN. TRK, ARM, LEG 0.6-1CM	11301	CPT	outpatient			659		263.3 Multiplan	Multiplan		527.2	80			88.22		1782 percent of total billed charges	
SHVG SGL LSN. TRK, ARM, LEG 0.6-1CM	11301	CPT	outpatient			659		263.3 Qualcare	Qualcare		494.25	75			88.22		1782 percent of total billed charges	
SHVG SGL LSN. TRK, ARM, LEG 0.6-1CM	11301	CPT	outpatient			659		263.3 Three Rivers	Three Rivers		626.05	95			88.22		1782 percent of total billed charges	
SHVG SGL LSN. TRK, ARM, LEG 0.6-1CM	11301	CPT	outpatient			659		263.3 UHC	Medicaid		207.91	31.55			88.22		1782 percent of total billed charges	
SHVG SGL LSN. TRK, ARM, LEG 0.6-1CM	11301	CPT	outpatient			659		263.3 UHC	Medicare		228.96				88.22		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHVG SGL LSN. TRK, ARM, LEG 0.6-1CM	11301	CPT	outpatient			659		263.3 United	CommercialPPO		1782				88.22		1782 case rate	
SHVG SGL LSN. TRK, ARM, LEG 0.6-1CM	11301	CPT	outpatient			659		263.3 United	Oxford		1782				88.22		1782 case rate	
SHVG SGL LSN. TRK, ARM, LEG 0.6-1CM	11301	CPT	outpatient			659		263.3 Wellcare	Medicaid		207.91	31.55			88.22		1782 percent of total billed charges	
SHVG SGL LSN. TRK, ARM, LEG 0.6-1CM	11301	CPT	outpatient			659		263.3 Wellcare	Medicare		228.96				88.22		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHVG SGL LSN. TRK, ARM, LEG 0.6-1CM	11301	CPT	outpatient			659		263.3 WellPoint	WellPoint		212.07	32.18			88.22		1782 percent of total billed charges	
SHAVING LESION 1.1-2CM	11302	CPT	outpatient			659		263.3 Aetna	Better Health		207.91	31.55			105.73		1782 percent of total billed charges	
SHAVING LESION 1.1-2CM	11302	CPT	outpatient			659		263.3 Aetna	Commercial		364.5				105.73		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHAVING LESION 1.1-2CM	11302	CPT	outpatient			659		263.3 Aetna	Medicare		228.96				105.73		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHAVING LESION 1.1-2CM	11302	CPT	outpatient			659		263.3 Americare	Americare		494.25	75			105.73		1782 percent of total billed charges	
SHAVING LESION 1.1-2CM	11302	CPT	outpatient			659		263.3 Amerihealth	HMO/PPO		428.35	65			105.73		1782 percent of total billed charges	
SHAVING LESION 1.1-2CM	11302	CPT	outpatient			659		263.3 Amerihealth	Medicare		228.96				105.73		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHAVING LESION 1.1-2CM	11302	CPT	outpatient			659		263.3 Consumer	Consumer		626.05	95			105.73		1782 percent of total billed charges	
SHAVING LESION 1.1-2CM	11302	CPT	outpatient			659		263.3 Corrections	Corrections		527.2	80			105.73		1782 percent of total billed charges	
SHAVING LESION 1.1-2CM	11302	CPT	outpatient			659		263.3 First Health	First Health		461.3	70			105.73		1782 percent of total billed charges	
SHAVING LESION 1.1-2CM	11302	CPT	outpatient			659		263.3 First Trenton	First Trenton		593.1	90			105.73		1782 percent of total billed charges	
SHAVING LESION 1.1-2CM	11302	CPT	outpatient			659		263.3 Horizon	Indemnity		426.09				105.73		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHAVING LESION 1.1-2CM	11302	CPT	outpatient			659		263.3 Horizon	Medicare Blue		228.96				105.73		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHAVING LESION 1.1-2CM	11302	CPT	outpatient			659		263.3 Horizon	NJ Health		105.73				105.73		1782 fee schedule	
SHAVING LESION 1.1-2CM	11302	CPT	outpatient			659		263.3 Horizon	MGD		426.09				105.73		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHAVING LESION 1.1-2CM	11302	CPT	outpatient			659		263.3 Horizon	PPO		426.09				105.73		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHAVING LESION 1.1-2CM	11302	CPT	outpatient			659		263.3 Managed Care Inc	Managed Care Inc		593.1	90			105.73		1782 percent of total billed charges	
SHAVING LESION 1.1-2CM	11302	CPT	outpatient			659		263.3 Multiplan	Multiplan		527.2	80			105.73		1782 percent of total billed charges	
SHAVING LESION 1.1-2CM	11302	CPT	outpatient			659		263.3 Qualcare	Qualcare		494.25	75			105.73		1782 percent of total billed charges	
SHAVING LESION 1.1-2CM	11302	CPT	outpatient			659		263.3 Three Rivers	Three Rivers		626.05	95			105.73		1782 percent of total billed charges	
SHAVING LESION 1.1-2CM	11302	CPT	outpatient			659		263.3 UHC	Medicare		228.96				105.73		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHAVING LESION 1.1-2CM	11302	CPT	outpatient			659		263.3 UHC	Medicaid		207.91	31.55			105.73		1782 percent of total billed charges	
SHAVING LESION 1.1-2CM	11302	CPT	outpatient			659		263.3 United	Oxford		1782				105.73		1782 case rate	
SHAVING LESION 1.1-2CM	11302	CPT	outpatient			659		263.3 United	CommercialPPO		1782				105.73		1782 case rate	
SHAVING LESION 1.1-2CM	11302	CPT	outpatient			659		263.3 Wellcare	Medicare		228.96				105.73		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHAVING LESION 1.1-2CM	11302	CPT	outpatient			659		263.3 Wellcare	Medicaid		207.91	31.55			105.73		1782 percent of total billed charges	
SHAVING LESION 1.1-2CM	11302	CPT	outpatient			659		263.3 WellPoint	WellPoint		212.07	32.18			105.73		1782 percent of total billed charges	
SHVG SKN LSN 1 TRNK/ARM/LEG >2CM	11303	CPT	outpatient			1360		524.43 Aetna	Better Health		429.08	31.55			127.34		1782 percent of total billed charges	
SHVG SKN LSN 1 TRNK/ARM/LEG >2CM	11303	CPT	outpatient			1360		524.43 Aetna	Commercial		726				127.34		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHVG SKN LSN 1 TRNK/ARM/LEG >2CM	11303	CPT	outpatient			1360		524.43 Aetna	Medicare		456.03				127.34		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHVG SKN LSN 1 TRNK/ARM/LEG >2CM	11303	CPT	outpatient			1360		524.43 Americare	Americare		1020	75			127.34		1782 percent of total billed charges	
SHVG SKN LSN 1 TRNK/ARM/LEG >2CM	11303	CPT	outpatient			1360		524.43 Amerihealth	Medicare		456.03				127.34		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHVG SKN LSN 1 TRNK/ARM/LEG >2CM	11303	CPT	outpatient			1360		524.43 Amerihealth	HMO/PPO		884	65			127.34		1782 percent of total billed charges	
SHVG SKN LSN 1 TRNK/ARM/LEG >2CM	11303	CPT	outpatient			1360		524.43 Consumer	Consumer		1292	95			127.34		1782 percent of total billed charges	
SHVG SKN LSN 1 TRNK/ARM/LEG >2CM	11303	CPT	outpatient			1360		524.43 Corrections	Corrections		1088	80			127.34		1782 percent of total billed charges	
SHVG SKN LSN 1 TRNK/ARM/LEG >2CM	11303	CPT	outpatient			1360		524.43 First Health	First Health		952	70			127.34		1782 percent of total billed charges	
SHVG SKN LSN 1 TRNK/ARM/LEG >2CM	11303	CPT	outpatient			1360		524.43 First Trenton	First Trenton		1224	90			127.34		1782 percent of total billed charges	
SHVG SKN LSN 1 TRNK/ARM/LEG >2CM	11303	CPT	outpatient			1360		524.43 Horizon	MGD		848.67				127.34		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHVG SKN LSN 1 TRNK/ARM/LEG >2CM	11303	CPT	outpatient			1360		524.43 Horizon	Medicare Blue		456.03				127.34		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHVG SKN LSN 1 TRNK/ARM/LEG >2CM	11303	CPT	outpatient			1360		524.43 Horizon	Indemnity		848.67				127.34		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHVG SKN LSN 1 TRNK/ARM/LEG >2CM	11303	CPT	outpatient			1360		524.43 Horizon	NJ Health		127.34				127.34		1782 fee schedule	
SHVG SKN LSN 1 TRNK/ARM/LEG >2CM	11303	CPT	outpatient			1360		524.43 Horizon	PPO		848.67				127.34		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHVG SKN LSN 1 TRNK/ARM/LEG >2CM	11303	CPT	outpatient			1360		524.43 Managed Care Inc	Managed Care Inc		1224	90			127.34		1782 percent of total billed charges	
SHVG SKN LSN 1 TRNK/ARM/LEG >2CM	11303	CPT	outpatient			1360		524.43 Multiplan	Multiplan		1088	80			127.34		1782 percent of total billed charges	
SHVG SKN LSN 1 TRNK/ARM/LEG >2CM	11303	CPT	outpatient			1360		524.43 Qualcare	Qualcare		1020	75			127.34		1782 percent of total billed charges	
SHVG SKN LSN 1 TRNK/ARM/LEG >2CM	11303	CPT	outpatient			1360		524.43 Three Rivers	Three Rivers		1292	95			127.34		1782 percent of total billed charges	
SHVG SKN LSN 1 TRNK/ARM/LEG >2CM	11303	CPT	outpatient			1360		524.43 UHC	Medicaid		429.08	31.55			127.34		1782 percent of total billed charges	
SHVG SKN LSN 1 TRNK/ARM/LEG >2CM	11303	CPT	outpatient			1360		524.43 UHC	Medicare		456.03				127.34		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHVG SKN LSN 1 TRNK/ARM/LEG >2CM	11303	CPT	outpatient			1360		524.43 United	CommercialPPO		1782				127.34		1782 case rate	
SHVG SKN LSN 1 TRNK/ARM/LEG >2CM	11303	CPT	outpatient			1360		524.43 United	Oxford		1782				127.34		1782 case rate	
SHVG SKN LSN 1 TRNK/ARM/LEG >2CM	11303	CPT	outpatient			1360		524.43 Wellcare	Medicare		456.03				127.34		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHVG SKN LSN 1 TRNK/ARM/LEG >2CM	11303	CPT	outpatient			1360		524.43 Wellcare	Medicaid		429.08	31.55			127.34		1782 percent of total billed charges	
SHVG SKN LSN 1 TRNK/ARM/LEG >2CM	11303	CPT	outpatient			1360		524.43 WellPoint	WellPoint		437.65	32.18			127.34		1782 percent of total billed charges	
SHAVE SK LES 1 SIN/H/F/G 0.5CM/<	11305	CPT	outpatient			659		263.3 Aetna	Better Health		207.91	31.55			102.94		1782 percent of total billed charges	
SHAVE SK LES 1 SIN/H/F/G 0.5CM/<	11305	CPT	outpatient			659		263.3 Aetna	Commercial		364.5				102.94		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHAVE SK LES 1 SIN/H/F/G 0.5CM/<	11305	CPT	outpatient			659		263.3 Aetna	Medicare		228.96				102.94		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHAVE SK LES 1 SIN/H/F/G 0.5CM/<	11305	CPT	outpatient			659		263.3 Americare	Americare		494.25	75			102.94		1782 percent of total billed charges	
SHAVE SK LES 1 SIN/H/F/G 0.5CM/<	11305	CPT	outpatient			659		263.3 Amerihealth	HMO/PPO		428.35	65			102.94		1782 percent of total billed charges	
SHAVE SK LES 1 SIN/H/F/G 0.5CM/<	11305	CPT	outpatient			659		263.3 Amerihealth	Medicare		228.96				102.94		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHAVE SK LES 1 SIN/H/F/G 0.5CM/<	11305	CPT	outpatient			659		263.3 Consumer	Consumer		626.05	95			102.94		1782 percent of total billed charges	
SHAVE SK LES 1 SIN/H/F/G 0.5CM/<	11305	CPT	outpatient			659		263.3 Corrections	Corrections		527.2	80			102.94		1782 percent of total billed charges	
SHAVE SK LES 1 SIN/H/F/G 0.5CM/<	11305	CPT	outpatient			659		263.3 First Health	First Health		461.3	70			102.94		1782 percent of total billed charges	
SHAVE SK LES 1 SIN/H/F/G 0.5CM/<	11305	CPT	outpatient			659		263.3 First Trenton	First Trenton		593.1	90			102.94		1782 percent of total billed charges	
SHAVE SK LES 1 SIN/H/F/G 0.5CM/<	11305	CPT	outpatient			659		263.3 Horizon	MGD		426.09				102.94		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHAVE SK LES 1 SIN/H/F/G 0.5CM/<	11305	CPT	outpatient			659		263.3 Horizon	Indemnity		426.09				102.94		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHAVE SK LES 1 SIN/H/F/G 0.5CM/<	11305	CPT	outpatient			659		263.3 Horizon	Medicare Blue		228.96				102.94		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHAVE SK LES 1 SIN/H/F/G 0.5CM/<	11305	CPT	outpatient			659		263.3 Horizon	NJ Health		102.94				102.94		1782 fee schedule	
SHAVE SK LES 1 SIN/H/F/G 0.5CM/<	11305	CPT	outpatient			659		263.3 Horizon	PPO		426.09				102.94		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHAVE SK LES 1 SIN/H/F/G 0.5CM/<	11305	CPT	outpatient			659		263.3 Managed Care Inc	Managed Care Inc		593.1	90			102.94		1782 percent of total billed charges	
SHAVE SK LES 1 SIN/H/F/G 0.5CM/<	11305	CPT	outpatient			659		263.3 Multiplan	Multiplan		527.2	80			102.94		1782 percent of total billed charges	
SHAVE SK LES 1 SIN/H/F/G 0.5CM/<	11305	CPT	outpatient			659		263.3 Qualcare	Qualcare		494.25	75			102.94		1782 percent of total billed charges	
SHAVE SK LES 1 SIN/H/F/G 0.5CM/<	11305	CPT	outpatient			659		263.3 Three Rivers	Three Rivers		626.05	95			102.94		1782 percent of total billed charges	
SHAVE SK LES 1 SIN/H/F/G 0.5CM/<	11305	CPT	outpatient			659		263.3 UHC	Medicare		228.96				102.94		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHAVE SK LES 1 SIN/H/F/G 0.5CM/<	11305	CPT	outpatient			659		263.3 UHC	Medicaid		207.91	31.55			102.94		1782 percent of total billed charges	
SHAVE SK LES 1 SIN/H/F/G 0.5CM/<	11305	CPT	outpatient			659		263.3 United	Oxford		1782				102.94		1782 case rate	
SHAVE SK LES 1 SIN/H/F/G 0.5CM/<	11305	CPT	outpatient			659		263.3 United	CommercialPPO		1782				102.94		1782 case rate	
SHAVE SK LES 1 SIN/H/F/G 0.5CM/<	11305	CPT	outpatient			659		263.3 Wellcare	Medicaid		207.91	31.55			102.94		1782 percent of total billed charges	
SHAVE SK LES 1 SIN/H/F/G 0.5CM/<	11305	CPT	outpatient			659		263.3 Wellcare	Medicare		228.96				102.94		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHAVE SK LES 1 SIN/H/F/G 0.5CM/<	11305	CPT	outpatient			659		263.3 WellPoint	WellPoint		212.07	32.18			102.94		1782 percent of total billed charges	
EXC-S/N-H/F-	11306	CPT	outpatient			659		263.3 Aetna	Better Health		207.91	31.55			140.57		1782 percent of total billed charges	
EXC-S/N-H/F-	11306	CPT	outpatient			659		263.3 Aetna	Commercial		364.5				140.57		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-S/N-H/F-	11306	CPT	outpatient			659		263.3 Aetna	Medicare		228.96				140.57		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-S/N-H/F-	11306	CPT	outpatient			659		263.3 Americare	Americare		494.25	75			140.57		1782 percent of total billed charges	
EXC-S/N-H/F-	11306	CPT	outpatient			659		263.3 Amerihealth	HMO/PPO		428.35	65			140.57		1782 percent of total billed charges	
EXC-S/N-H/F-	11306	CPT	outpatient			659		263.3 Amerihealth	Medicare		228.96				140.57		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-S/N-H/F-	11306	CPT	outpatient			659		263.3 Consumer	Consumer		626.05	95			140.57		1782 percent of total billed charges	
EXC-S/N-H/F-	11306	CPT	outpatient			659		263.3 Corrections	Corrections		527.2	80			140.57		1782 percent of total billed charges	
EXC-S/N-H/F-	11306	CPT	outpatient			659		263.3 First Health	First Health		461.3	70			140.57		1782 percent of total billed charges	
EXC-S/N-H/F-	11306	CPT	outpatient			659		263.3 First Trenton	First Trenton		593.1	90			140.57		1782 percent of total billed charges	
EXC-S/N-H/F-	11306	CPT	outpatient			659		263.3 Horizon	Medicare Blue		228.96				140.57		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-S/N-H/F-	11306	CPT	outpatient			659		263.3 Horizon	Indemnity		426.09				140.57		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-S/N-H/F-	11306	CPT	outpatient			659		263.3 Horizon	MGD		426.09				140.57		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-S/N-H/F-	11306	CPT	outpatient			659		263.3 Horizon	NJ Health		140.57				140.57		1782 fee schedule	
EXC-S/N-H/F-	11306	CPT	outpatient			659		263.3 Horizon	PPO		426.09				140.57		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-S/N-H/F-	11306	CPT	outpatient			659		263.3 Managed Care Inc	Managed Care Inc		593.1	90			140.57		1782 percent of total billed charges	
EXC-S/N-H/F-	11306	CPT	outpatient			659		263.3 Multiplan	Multiplan		527.2	80			140.57		1782 percent of total billed charges	
EXC-S/N-H/F-	11306	CPT	outpatient			659		263.3 Qualcare	Qualcare		494.25	75			140.57		1782 percent of total billed charges	
EXC-S/N-H/F-	11306	CPT	outpatient			659		263.3 Three Rivers	Three Rivers		626.05	95			140.57		1782 percent of total billed charges	
EXC-S/N-H/F-	11306	CPT	outpatient			659		263.3 UHC	Medicaid		207.91	31.55			140.57		1782 percent of total billed charges	
EXC-S/N-H/F-	11306	CPT	outpatient			659		263.3 UHC	Medicare		228.96				140.57		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-S/N-H/F-	11306	CPT	outpatient			659		263.3 United	CommercialPPO		1782				140.57		1782 case rate	
EXC-S/N-H/F-	11306	CPT	outpatient			659		263.3 United	Oxford		1782				140.57		1782 case rate	
EXC-S/N-H/F-	11306	CPT	outpatient			659		263.3 Wellcare	Medicaid		207.91	31.55			140.57		1782 percent of total billed charges	
EXC-S/N-H/F-	11306	CPT	outpatient			659		263.3 Wellcare	Medicare		228.96				140.57		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-S/N-H/F-	11306	CPT	outpatient			659		263.3 WellPoint	WellPoint		212.07	32.18			140.57		1782 percent of total billed charges	
EXC-S/N-H/F-	11307	CPT	outpatient			659		263.3 Aetna	Commercial		364.5				165.27		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-S/N-H/F-	11307	CPT	outpatient			659		263.3 Aetna	Better Health		207.91	31.55			165.27		1782 percent of total billed charges	
EXC-S/N-H/F-	11307	CPT	outpatient			659		263.3 Aetna	Medicare		228.96				165.27		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-S/N-H/F-	11307	CPT	outpatient			659		263.3 Americare	Americare		494.25	75			165.27		1782 percent of total billed charges	
EXC-S/N-H/F-	11307	CPT	outpatient			659		263.3 Amerihealth	HMO/PPO		428.35	65			165.27		1782 percent of total billed charges	
EXC-S/N-H/F-	11307	CPT	outpatient			659		263.3 Amerihealth	Medicare		228.96				165.27		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-S/N-H/F-	11307	CPT	outpatient			659		263.3 Consumer	Consumer		626.05	95			165.27		1782 percent of total billed charges	
EXC-S/N-H/F-	11307	CPT	outpatient			659		263.3 Corrections	Corrections		527.2	80			165.27		1782 percent of total billed charges	
EXC-S/N-H/F-	11307	CPT	outpatient			659		263.3 First Health	First Health		461.3	70			165.27		1782 percent of total billed charges	
EXC-S/N-H/F-	11307	CPT	outpatient			659		263.3 First Trenton	First Trenton		593.1	90			165.27		1782 percent of total billed charges	
EXC-S/N-H/F-	11307	CPT	outpatient			659		263.3 Horizon	PPO		426.09				165.27		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-S/N-H/F-	11307	CPT	outpatient			659		263.3 Horizon	MGD		426.09				165.27		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-S/N-H/F-	11307	CPT	outpatient			659		263.3 Horizon	Medicare Blue		228.96				165.27		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-S/N-H/F-	11307	CPT	outpatient			659		263.3 Horizon	NJ Health		165.27				165.27		1782 fee schedule	
EXC-S/N-H/F-	11307	CPT	outpatient			659		263.3 Horizon	Indemnity		426.09				165.27		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-S/N-H/F-	11307	CPT	outpatient			659		263.3 Managed Care Inc	Managed Care Inc		593.1	90			165.27		1782 percent of total billed charges	
EXC-S/N-H/F-	11307	CPT	outpatient			659		263.3 Multiplan	Multiplan		527.2	80			165.27		1782 percent of total billed charges	
EXC-S/N-H/F-	11307	CPT	outpatient			659		263.3 Qualcare	Qualcare		494.25	75			165.27		1782 percent of total billed charges	
EXC-S/N-H/F-	11307	CPT	outpatient			659		263.3 Three Rivers	Three Rivers		626.05	95			165.27		1782 percent of total billed charges	
EXC-S/N-H/F-	11307	CPT	outpatient			659		263.3 UHC	Medicaid		207.91	31.55			165.27		1782 percent of total billed charges	
EXC-S/N-H/F-	11307	CPT	outpatient			659		263.3 UHC	Medicare		228.96				165.27		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-S/N-H/F-	11307	CPT	outpatient			659		263.3 United	Oxford		1782				165.27		1782 case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101191	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
EXC-S/N-H/F-	11307	CPT	outpatient			659	263.3	United	Commercial|PPO		1782				165.27		1782 case rate	
EXC-S/N-H/F-	11307	CPT	outpatient			659	263.3	Wellcare	Medicare		228.96				165.27		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-S/N-H/F-	11307	CPT	outpatient			659	263.3	Wellcare	Medicaid		207.91	31.55			165.27		1782 percent of total billed charges	
EXC-S/N-H/F-	11307	CPT	outpatient			659	263.3	WellPoint	WellPoint		212.07	32.18			165.27		1782 percent of total billed charges	
EXC-S/N-H/F-	11308	CPT	outpatient			1360	524.43	Aetna	Better Health		429.08	31.55			182		1782 percent of total billed charges	
EXC-S/N-H/F-	11308	CPT	outpatient			1360	524.43	Aetna	Commercial		726				182		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-S/N-H/F-	11308	CPT	outpatient			1360	524.43	Aetna	Medicare		456.03				182		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-S/N-H/F-	11308	CPT	outpatient			1360	524.43	Americare	Americare		1020	75			182		1782 percent of total billed charges	
EXC-S/N-H/F-	11308	CPT	outpatient			1360	524.43	Amerihealth	Medicare		456.03				182		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-S/N-H/F-	11308	CPT	outpatient			1360	524.43	Amerihealth	HMO/PPO		884	65			182		1782 percent of total billed charges	
EXC-S/N-H/F-	11308	CPT	outpatient			1360	524.43	Consumer	Consumer		1292	95			182		1782 percent of total billed charges	
EXC-S/N-H/F-	11308	CPT	outpatient			1360	524.43	Corrections	Corrections		1088	80			182		1782 percent of total billed charges	
EXC-S/N-H/F-	11308	CPT	outpatient			1360	524.43	First Health	First Health		952	70			182		1782 percent of total billed charges	
EXC-S/N-H/F-	11308	CPT	outpatient			1360	524.43	First Trenton	First Trenton		1224	90			182		1782 percent of total billed charges	
EXC-S/N-H/F-	11308	CPT	outpatient			1360	524.43	Horizon	MGD		848.67				182		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-S/N-H/F-	11308	CPT	outpatient			1360	524.43	Horizon	Indemnity		848.67				182		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-S/N-H/F-	11308	CPT	outpatient			1360	524.43	Horizon	Medicare Blue		456.03				182		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-S/N-H/F-	11308	CPT	outpatient			1360	524.43	Horizon	NJ Health		182				182		1782 fee schedule	
EXC-S/N-H/F-	11308	CPT	outpatient			1360	524.43	Horizon	PPO		848.67				182		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-S/N-H/F-	11308	CPT	outpatient			1360	524.43	Managed Care Inc	Managed Care Inc		1224	90			182		1782 percent of total billed charges	
EXC-S/N-H/F-	11308	CPT	outpatient			1360	524.43	Multiplan	Multiplan		1088	80			182		1782 percent of total billed charges	
EXC-S/N-H/F-	11308	CPT	outpatient			1360	524.43	Qualcare	Qualcare		1020	75			182		1782 percent of total billed charges	
EXC-S/N-H/F-	11308	CPT	outpatient			1360	524.43	Three Rivers	Three Rivers		1292	95			182		1782 percent of total billed charges	
EXC-S/N-H/F-	11308	CPT	outpatient			1360	524.43	UHC	Medicare		456.03				182		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-S/N-H/F-	11308	CPT	outpatient			1360	524.43	UHC	Medicaid		429.08	31.55			182		1782 percent of total billed charges	
EXC-S/N-H/F-	11308	CPT	outpatient			1360	524.43	United	Commercial|PPO		1782				182		1782 case rate	
EXC-S/N-H/F-	11308	CPT	outpatient			1360	524.43	United	Oxford		1782				182		1782 case rate	
EXC-S/N-H/F-	11308	CPT	outpatient			1360	524.43	Wellcare	Medicare		456.03				182		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-S/N-H/F-	11308	CPT	outpatient			1360	524.43	Wellcare	Medicaid		429.08	31.55			182		1782 percent of total billed charges	
EXC-S/N-H/F-	11308	CPT	outpatient			1360	524.43	WellPoint	WellPoint		437.65	32.18			182		1782 percent of total billed charges	
SHAVING SKIN LESION 1 F/E	11310	CPT	outpatient			762	263.3	Aetna	Medicare		228.96				83.23		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHAVING SKIN LESION 1 F/E	11310	CPT	outpatient			762	263.3	Aetna	Commercial		364.5				83.23		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHAVING SKIN LESION 1 F/E	11310	CPT	outpatient			762	263.3	Aetna	Better Health		240.41	31.55			83.23		1782 percent of total billed charges	
SHAVING SKIN LESION 1 F/E	11310	CPT	outpatient			762	263.3	Americare	Americare		571.5	75			83.23		1782 percent of total billed charges	
SHAVING SKIN LESION 1 F/E	11310	CPT	outpatient			762	263.3	Amerihealth	HMO/PPO		486.3	65			83.23		1782 percent of total billed charges	
SHAVING SKIN LESION 1 F/E	11310	CPT	outpatient			762	263.3	Amerihealth	Medicare		228.96				83.23		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHAVING SKIN LESION 1 F/E	11310	CPT	outpatient			762	263.3	Consumer	Consumer		723.9	95			83.23		1782 percent of total billed charges	
SHAVING SKIN LESION 1 F/E	11310	CPT	outpatient			762	263.3	Corrections	Corrections		609.6	80			83.23		1782 percent of total billed charges	
SHAVING SKIN LESION 1 F/E	11310	CPT	outpatient			762	263.3	First Health	First Health		533.4	70			83.23		1782 percent of total billed charges	
SHAVING SKIN LESION 1 F/E	11310	CPT	outpatient			762	263.3	First Trenton	First Trenton		685.8	90			83.23		1782 percent of total billed charges	
SHAVING SKIN LESION 1 F/E	11310	CPT	outpatient			762	263.3	Horizon	Medicare Blue		228.96				83.23		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHAVING SKIN LESION 1 F/E	11310	CPT	outpatient			762	263.3	Horizon	PPO		426.09				83.23		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHAVING SKIN LESION 1 F/E	11310	CPT	outpatient			762	263.3	Horizon	MGD		426.09				83.23		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHAVING SKIN LESION 1 F/E	11310	CPT	outpatient			762	263.3	Horizon	Indemnity		426.09				83.23		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHAVING SKIN LESION 1 F/E	11310	CPT	outpatient			762	263.3	Horizon	NJ Health		83.23				83.23		1782 fee schedule	
SHAVING SKIN LESION 1 F/E	11310	CPT	outpatient			762	263.3	Managed Care Inc	Managed Care Inc		685.8	90			83.23		1782 percent of total billed charges	
SHAVING SKIN LESION 1 F/E	11310	CPT	outpatient			762	263.3	Multiplan	Multiplan		609.6	80			83.23		1782 percent of total billed charges	
SHAVING SKIN LESION 1 F/E	11310	CPT	outpatient			762	263.3	Qualcare	Qualcare		571.5	75			83.23		1782 percent of total billed charges	
SHAVING SKIN LESION 1 F/E	11310	CPT	outpatient			762	263.3	Three Rivers	Three Rivers		723.9	95			83.23		1782 percent of total billed charges	
SHAVING SKIN LESION 1 F/E	11310	CPT	outpatient			762	263.3	UHC	Medicaid		240.41	31.55			83.23		1782 percent of total billed charges	
SHAVING SKIN LESION 1 F/E	11310	CPT	outpatient			762	263.3	UHC	Medicare		228.96				83.23		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHAVING SKIN LESION 1 F/E	11310	CPT	outpatient			762	263.3	United	Commercial|PPO		1782				83.23		1782 case rate	
SHAVING SKIN LESION 1 F/E	11310	CPT	outpatient			762	263.3	United	Oxford		1782				83.23		1782 case rate	
SHAVING SKIN LESION 1 F/E	11310	CPT	outpatient			762	263.3	Wellcare	Medicaid		240.41	31.55			83.23		1782 percent of total billed charges	
SHAVING SKIN LESION 1 F/E	11310	CPT	outpatient			762	263.3	Wellcare	Medicare		228.96				83.23		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHAVING SKIN LESION 1 F/E	11310	CPT	outpatient			762	263.3	WellPoint	WellPoint		245.21	32.18			83.23		1782 percent of total billed charges	
EXC-F/E/E/N/	11311	CPT	outpatient			659	263.3	Aetna	Medicare		228.96				102.47		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-F/E/E/N/	11311	CPT	outpatient			659	263.3	Aetna	Better Health		207.91	31.55			102.47		1782 percent of total billed charges	
EXC-F/E/E/N/	11311	CPT	outpatient			659	263.3	Aetna	Commercial		364.5				102.47		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-F/E/E/N/	11311	CPT	outpatient			659	263.3	Americare	Americare		494.25	75			102.47		1782 percent of total billed charges	
EXC-F/E/E/N/	11311	CPT	outpatient			659	263.3	Amerihealth	Medicare		228.96				102.47		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-F/E/E/N/	11311	CPT	outpatient			659	263.3	Amerihealth	HMO/PPO		428.35	65			102.47		1782 percent of total billed charges	
EXC-F/E/E/N/	11311	CPT	outpatient			659	263.3	Consumer	Consumer		626.05	95			102.47		1782 percent of total billed charges	
EXC-F/E/E/N/	11311	CPT	outpatient			659	263.3	Corrections	Corrections		527.2	80			102.47		1782 percent of total billed charges	
EXC-F/E/E/N/	11311	CPT	outpatient			659	263.3	First Health	First Health		461.3	70			102.47		1782 percent of total billed charges	
EXC-F/E/E/N/	11311	CPT	outpatient			659	263.3	First Trenton	First Trenton		593.1	90			102.47		1782 percent of total billed charges	
EXC-F/E/E/N/	11311	CPT	outpatient			659	263.3	Horizon	PPO		426.09				102.47		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-F/E/E/N/	11311	CPT	outpatient			659	263.3	Horizon	Medicare Blue		228.96				102.47		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-F/E/E/N/	11311	CPT	outpatient			659	263.3	Horizon	Indemnity		426.09				102.47		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-F/E/E/N/	11311	CPT	outpatient			659	263.3	Horizon	NJ Health		102.47				102.47		1782 fee schedule	
EXC-F/E/E/N/	11311	CPT	outpatient			659	263.3	Horizon	MGD		426.09				102.47		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-F/E/E/N/	11311	CPT	outpatient			659	263.3	Managed Care Inc	Managed Care Inc		593.1	90			102.47		1782 percent of total billed charges	
EXC-F/E/E/N/	11311	CPT	outpatient			659	263.3	Multiplan	Multiplan		527.2	80			102.47		1782 percent of total billed charges	
EXC-F/E/E/N/	11311	CPT	outpatient			659	263.3	Qualcare	Qualcare		494.25	75			102.47		1782 percent of total billed charges	
EXC-F/E/E/N/	11311	CPT	outpatient			659	263.3	Three Rivers	Three Rivers		626.05	95			102.47		1782 percent of total billed charges	
EXC-F/E/E/N/	11311	CPT	outpatient			659	263.3	UHC	Medicare		228.96				102.47		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-F/E/E/N/	11311	CPT	outpatient			659	263.3	UHC	Medicaid		207.91	31.55			102.47		1782 percent of total billed charges	
EXC-F/E/E/N/	11311	CPT	outpatient			659	263.3	United	Commercial|PPO		1782				102.47		1782 case rate	
EXC-F/E/E/N/	11311	CPT	outpatient			659	263.3	United	Oxford		1782				102.47		1782 case rate	
EXC-F/E/E/N/	11311	CPT	outpatient			659	263.3	Wellcare	Medicare		228.96				102.47		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-F/E/E/N/	11311	CPT	outpatient			659	263.3	Wellcare	Medicaid		207.91	31.55			102.47		1782 percent of total billed charges	
EXC-F/E/E/N/	11311	CPT	outpatient			659	263.3	WellPoint	WellPoint		212.07	32.18			102.47		1782 percent of total billed charges	
SHVNG SINGLE LESION, 1.1-2.0CM	11312	CPT	outpatient			1360	524.43	Aetna	Better Health		429.08	31.55			117.89		1782 percent of total billed charges	
SHVNG SINGLE LESION, 1.1-2.0CM	11312	CPT	outpatient			1360	524.43	Aetna	Commercial		726				117.89		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHVNG SINGLE LESION, 1.1-2.0CM	11312	CPT	outpatient			1360	524.43	Aetna	Medicare		456.03				117.89		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHVNG SINGLE LESION, 1.1-2.0CM	11312	CPT	outpatient			1360	524.43	Americare	Americare		1020	75			117.89		1782 percent of total billed charges	
SHVNG SINGLE LESION, 1.1-2.0CM	11312	CPT	outpatient			1360	524.43	Amerihealth	HMO/PPO		884	65			117.89		1782 percent of total billed charges	
SHVNG SINGLE LESION, 1.1-2.0CM	11312	CPT	outpatient			1360	524.43	Amerihealth	Medicare		456.03				117.89		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHVNG SINGLE LESION, 1.1-2.0CM	11312	CPT	outpatient			1360	524.43	Consumer	Consumer		1292	95			117.89		1782 percent of total billed charges	
SHVNG SINGLE LESION, 1.1-2.0CM	11312	CPT	outpatient			1360	524.43	Corrections	Corrections		1088	80			117.89		1782 percent of total billed charges	
SHVNG SINGLE LESION, 1.1-2.0CM	11312	CPT	outpatient			1360	524.43	First Health	First Health		952	70			117.89		1782 percent of total billed charges	
SHVNG SINGLE LESION, 1.1-2.0CM	11312	CPT	outpatient			1360	524.43	First Trenton	First Trenton		1224	90			117.89		1782 percent of total billed charges	
SHVNG SINGLE LESION, 1.1-2.0CM	11312	CPT	outpatient			1360	524.43	Horizon	PPO		848.67				117.89		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHVNG SINGLE LESION, 1.1-2.0CM	11312	CPT	outpatient			1360	524.43	Horizon	MGD		848.67				117.89		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHVNG SINGLE LESION, 1.1-2.0CM	11312	CPT	outpatient			1360	524.43	Horizon	Indemnity		848.67				117.89		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHVNG SINGLE LESION, 1.1-2.0CM	11312	CPT	outpatient			1360	524.43	Horizon	Medicare Blue		456.03				117.89		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHVNG SINGLE LESION, 1.1-2.0CM	11312	CPT	outpatient			1360	524.43	Horizon	NJ Health		117.89				117.89		1782 fee schedule	
SHVNG SINGLE LESION, 1.1-2.0CM	11312	CPT	outpatient			1360	524.43	Managed Care Inc	Managed Care Inc		1224	90			117.89		1782 percent of total billed charges	
SHVNG SINGLE LESION, 1.1-2.0CM	11312	CPT	outpatient			1360	524.43	Multiplan	Multiplan		1088	80			117.89		1782 percent of total billed charges	
SHVNG SINGLE LESION, 1.1-2.0CM	11312	CPT	outpatient			1360	524.43	Qualcare	Qualcare		1020	75			117.89		1782 percent of total billed charges	
SHVNG SINGLE LESION, 1.1-2.0CM	11312	CPT	outpatient			1360	524.43	Three Rivers	Three Rivers		1292	95			117.89		1782 percent of total billed charges	
SHVNG SINGLE LESION, 1.1-2.0CM	11312	CPT	outpatient			1360	524.43	UHC	Medicaid		429.08	31.55			117.89		1782 percent of total billed charges	
SHVNG SINGLE LESION, 1.1-2.0CM	11312	CPT	outpatient			1360	524.43	UHC	Medicare		456.03				117.89		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHVNG SINGLE LESION, 1.1-2.0CM	11312	CPT	outpatient			1360	524.43	United	Commercial|PPO		1782				117.89		1782 case rate	
SHVNG SINGLE LESION, 1.1-2.0CM	11312	CPT	outpatient			1360	524.43	United	Oxford		1782				117.89		1782 case rate	
SHVNG SINGLE LESION, 1.1-2.0CM	11312	CPT	outpatient			1360	524.43	Wellcare	Medicare		456.03				117.89		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHVNG SINGLE LESION, 1.1-2.0CM	11312	CPT	outpatient			1360	524.43	Wellcare	Medicaid		429.08	31.55			117.89		1782 percent of total billed charges	
SHVNG SINGLE LESION, 1.1-2.0CM	11312	CPT	outpatient			1360	524.43	WellPoint	WellPoint		437.65	32.18			117.89		1782 percent of total billed charges	
EXC-F/E/E/N/	11313	CPT	outpatient			1360	524.43	Aetna	Commercial		726				151.59		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-F/E/E/N/	11313	CPT	outpatient			1360	524.43	Aetna	Medicare		456.03				151.59		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-F/E/E/N/	11313	CPT	outpatient			1360	524.43	Aetna	Better Health		429.08	31.55			151.59		1782 percent of total billed charges	
EXC-F/E/E/N/	11313	CPT	outpatient			1360	524.43	Americare	Americare		1020	75			151.59		1782 percent of total billed charges	
EXC-F/E/E/N/	11313	CPT	outpatient			1360	524.43	Amerihealth	HMO/PPO		884	65			151.59		1782 percent of total billed charges	
EXC-F/E/E/N/	11313	CPT	outpatient			1360	524.43	Amerihealth	Medicare		456.03				151.59		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-F/E/E/N/	11313	CPT	outpatient			1360	524.43	Consumer	Consumer		1292	95			151.59		1782 percent of total billed charges	
EXC-F/E/E/N/	11313	CPT	outpatient			1360	524.43	Corrections	Corrections		1088	80			151.59		1782 percent of total billed charges	
EXC-F/E/E/N/	11313	CPT	outpatient			1360	524.43	First Health	First Health		952	70			151.59		1782 percent of total billed charges	
EXC-F/E/E/N/	11313	CPT	outpatient			1360	524.43	First Trenton	First Trenton		1224	90			151.59		1782 percent of total billed charges	
EXC-F/E/E/N/	11313	CPT	outpatient			1360	524.43	Horizon	Medicare Blue		456.03				151.59		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-F/E/E/N/	11313	CPT	outpatient			1360	524.43	Horizon	PPO		848.67				151.59		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-F/E/E/N/	11313	CPT	outpatient			1360	524.43	Horizon	NJ Health		151.59				151.59		1782 fee schedule	
EXC-F/E/E/N/	11313	CPT	outpatient			1360	524.43	Horizon	Indemnity		848.67				151.59		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-F/E/E/N/	11313	CPT	outpatient			1360	524.43	Horizon	MGD		848.67				151.59		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-F/E/E/N/	11313	CPT	outpatient			1360	524.43	Managed Care Inc	Managed Care Inc		1224	90			151.59		1782 percent of total billed charges	
EXC-F/E/E/N/	11313	CPT	outpatient			1360	524.43	Multiplan	Multiplan		1088	80			151.59		1782 percent of total billed charges	
EXC-F/E/E/N/	11313	CPT	outpatient			1360	524.43	Qualcare	Qualcare		1020	75			151.59		1782 percent of total billed charges	
EXC-F/E/E/N/	11313	CPT	outpatient			1360	524.43	Three Rivers	Three Rivers		1292	95			151.59		1782 percent of total billed charges	
EXC-F/E/E/N/	11313	CPT	outpatient			1360	524.43	UHC	Medicaid		429.08	31.55			151.59		1782 percent of total billed charges	
EXC-F/E/E/N/	11313	CPT	outpatient			1360	524.43	UHC	Medicare		456.03				151.59		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-F/E/E/N/	11313	CPT	outpatient			1360	524.43	United	Commercial|PPO		1782				151.59		1782 case rate	
EXC-F/E/E/N/	11313	CPT	outpatient			1360	524.43	United	Oxford		1782				151.59		1782 case rate	
EXC-F/E/E/N/	11313	CPT	outpatient			1360	524.43	Wellcare	Medicare		456.03				151.59		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-F/E/E/N/	11313	CPT	outpatient			1360	524.43	Wellcare	Medicaid		429.08	31.55			151.59		1782 percent of total billed charges	
EXC-F/E/E/N/	11313	CPT	outpatient			1360	524.43	WellPoint	WellPoint		437.65	32.18			151.59		1782 percent of total billed charges	
SURG-EXC-TRUNK-BENIGN,TO .05CM	11400	CPT	outpatient			2364	925.36	Aetna	Better Health		745.84	31.55			86.13		2245.8 percent of total billed charges	
SURG-EXC-TRUNK-BENIGN,TO .05CM	11400	CPT	outpatient			2364	925.36	Aetna	Medicare		804.66				86.13		2245.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-TRUNK-BENIGN,TO .05CM	11400	CPT	outpatient			2364	925.36	Aetna	Commercial		1281.02				86.13		2245.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-TRUNK-BENIGN,TO .05CM	11400	CPT	outpatient			2364	925.36	Americare	Americare		1773	75			86.13		2245.8 percent of total billed charges	
SURG-EXC-TRUNK-BENIGN,TO .05CM	11400	CPT	outpatient			2364	925.36	Amerihealth	Medicare		804.66				86.13		2245.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-TRUNK-BENIGN,TO .05CM	11400	CPT	outpatient			2364	925.36	Amerihealth	HMO/PPO		1536.6	65			86.13		2245.8 percent of total billed charges	
SURG-EXC-TRUNK-BENIGN,TO .05CM	11400	CPT	outpatient			2364	925.36	Consumer	Consumer		2245.8	95			86.13		2245.8 percent of total billed charges	
SURG-EXC-TRUNK-BENIGN,TO .05CM	11400	CPT	outpatient			2364	925.36	Corrections	Corrections		1891.2	80			86.13		2245.8 percent of total billed charges	
SURG-EXC-TRUNK-BENIGN,TO .05CM	11400	CPT	outpatient			2364	925.36	First Health	First Health		1654.8	70			86.13		2245.8 percent of total billed charges	
SURG-EXC-TRUNK-BENIGN,TO .05CM	11400	CPT	outpatient			2364	925.36	First Trenton	First Trenton		2127.6	90			86.13		2245.8 percent of total billed charges	
SURG-EXC-TRUNK-BENIGN,TO .05CM	11400	CPT	outpatient			2364	925.36	Horizon	PPO		1497.47				86.13		2245.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-TRUNK-BENIGN,TO .05CM	11400	CPT	outpatient			2364	925.36	Horizon	Indemnity		1497.47				86.13		2245.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-TRUNK-BENIGN,TO .05CM	11400	CPT	outpatient			2364	925.36	Horizon	Medicare Blue		804.66				86.13		2245.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-TRUNK-BENIGN,TO .05CM	11400	CPT	outpatient			2364	925.36	Horizon	NJ Health		86.13				86.13		2245.8 fee schedule	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
SURG-EXC-TRUNK-BENIGN,TO .05CM	11400	CPT	outpatient			2364		925.36 Horizon	MGD		1497.47				86.13	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-TRUNK-BENIGN,TO .05CM	11400	CPT	outpatient			2364		925.36 Managed Care Inc	Managed Care Inc		2127.6	90			86.13	2245.8	percent of total billed charges	
SURG-EXC-TRUNK-BENIGN,TO .05CM	11400	CPT	outpatient			2364		925.36 Multiplan	Multiplan		1891.2	80			86.13	2245.8	percent of total billed charges	
SURG-EXC-TRUNK-BENIGN,TO .05CM	11400	CPT	outpatient			2364		925.36 Qualcare	Qualcare		1773	75			86.13	2245.8	percent of total billed charges	
SURG-EXC-TRUNK-BENIGN,TO .05CM	11400	CPT	outpatient			2364		925.36 Three Rivers	Three Rivers		2245.8	95			86.13	2245.8	percent of total billed charges	
SURG-EXC-TRUNK-BENIGN,TO .05CM	11400	CPT	outpatient			2364		925.36 UHC	Medicaid		745.84	31.55			86.13	2245.8	percent of total billed charges	
SURG-EXC-TRUNK-BENIGN,TO .05CM	11400	CPT	outpatient			2364		925.36 UHC	Medicare		804.66				86.13	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-TRUNK-BENIGN,TO .05CM	11400	CPT	outpatient			2364		925.36 United	Commercial|PPO		1817				86.13	2245.8	case rate	
SURG-EXC-TRUNK-BENIGN,TO .05CM	11400	CPT	outpatient			2364		925.36 United	Oxford		1817				86.13	2245.8	case rate	
SURG-EXC-TRUNK-BENIGN,TO .05CM	11400	CPT	outpatient			2364		925.36 Wellcare	Medicare		804.66				86.13	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-TRUNK-BENIGN,TO .05CM	11400	CPT	outpatient			2364		925.36 Wellcare	Medicaid		745.84	31.55			86.13	2245.8	percent of total billed charges	
SURG-EXC-TRUNK-BENIGN,TO .05CM	11400	CPT	outpatient			2364		925.36 WellPoint	WellPoint		760.74	32.18			86.13	2245.8	percent of total billed charges	
SUR-EXC-TRUNK-EBN,0.6 TO 1.0CM	11401	CPT	outpatient			1360		524.43 Aetna	Better Health		429.08	31.55			116.33	1782	percent of total billed charges	
SUR-EXC-TRUNK-EBN,0.6 TO 1.0CM	11401	CPT	outpatient			1360		524.43 Aetna	Medicare		418.88	30.8			116.33	1782	percent of total billed charges	
SUR-EXC-TRUNK-EBN,0.6 TO 1.0CM	11401	CPT	outpatient			1360		524.43 Aetna	Commercial		726				116.33	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUR-EXC-TRUNK-EBN,0.6 TO 1.0CM	11401	CPT	outpatient			1360		524.43 Americare	Americare		1020	75			116.33	1782	percent of total billed charges	
SUR-EXC-TRUNK-EBN,0.6 TO 1.0CM	11401	CPT	outpatient			1360		524.43 Amerihealth	Medicare		456.03				116.33	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUR-EXC-TRUNK-EBN,0.6 TO 1.0CM	11401	CPT	outpatient			1360		524.43 Amerihealth	HMO|PPO		884	65			116.33	1782	percent of total billed charges	
SUR-EXC-TRUNK-EBN,0.6 TO 1.0CM	11401	CPT	outpatient			1360		524.43 Consumer	Consumer		1292	95			116.33	1782	percent of total billed charges	
SUR-EXC-TRUNK-EBN,0.6 TO 1.0CM	11401	CPT	outpatient			1360		524.43 Corrections	Corrections		1088	80			116.33	1782	percent of total billed charges	
SUR-EXC-TRUNK-EBN,0.6 TO 1.0CM	11401	CPT	outpatient			1360		524.43 First Health	First Health		952	70			116.33	1782	percent of total billed charges	
SUR-EXC-TRUNK-EBN,0.6 TO 1.0CM	11401	CPT	outpatient			1360		524.43 First Trenton	First Trenton		1224	90			116.33	1782	percent of total billed charges	
SUR-EXC-TRUNK-EBN,0.6 TO 1.0CM	11401	CPT	outpatient			1360		524.43 Horizon	MGD		848.67				116.33	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUR-EXC-TRUNK-EBN,0.6 TO 1.0CM	11401	CPT	outpatient			1360		524.43 Horizon	Indemnity		848.67				116.33	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUR-EXC-TRUNK-EBN,0.6 TO 1.0CM	11401	CPT	outpatient			1360		524.43 Horizon	Medicare Blue		456.03				116.33	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUR-EXC-TRUNK-EBN,0.6 TO 1.0CM	11401	CPT	outpatient			1360		524.43 Horizon	NJ Health		116.33				116.33	1782	fee schedule	
SUR-EXC-TRUNK-EBN,0.6 TO 1.0CM	11401	CPT	outpatient			1360		524.43 Horizon	PPO		848.67				116.33	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUR-EXC-TRUNK-EBN,0.6 TO 1.0CM	11401	CPT	outpatient			1360		524.43 Managed Care Inc	Managed Care Inc		1224	90			116.33	1782	percent of total billed charges	
SUR-EXC-TRUNK-EBN,0.6 TO 1.0CM	11401	CPT	outpatient			1360		524.43 Multiplan	Multiplan		1088	80			116.33	1782	percent of total billed charges	
SUR-EXC-TRUNK-EBN,0.6 TO 1.0CM	11401	CPT	outpatient			1360		524.43 Qualcare	Qualcare		1020	75			116.33	1782	percent of total billed charges	
SUR-EXC-TRUNK-EBN,0.6 TO 1.0CM	11401	CPT	outpatient			1360		524.43 Three Rivers	Three Rivers		1292	95			116.33	1782	percent of total billed charges	
SUR-EXC-TRUNK-EBN,0.6 TO 1.0CM	11401	CPT	outpatient			1360		524.43 UHC	Medicaid		429.08	31.55			116.33	1782	percent of total billed charges	
SUR-EXC-TRUNK-EBN,0.6 TO 1.0CM	11401	CPT	outpatient			1360		524.43 UHC	Medicare		456.03				116.33	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUR-EXC-TRUNK-EBN,0.6 TO 1.0CM	11401	CPT	outpatient			1360		524.43 United	Commercial|PPO		1782				116.33	1782	case rate	
SUR-EXC-TRUNK-EBN,0.6 TO 1.0CM	11401	CPT	outpatient			1360		524.43 United	Oxford		1782				116.33	1782	case rate	
SUR-EXC-TRUNK-EBN,0.6 TO 1.0CM	11401	CPT	outpatient			1360		524.43 Wellcare	Medicare		456.03				116.33	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUR-EXC-TRUNK-EBN,0.6 TO 1.0CM	11401	CPT	outpatient			1360		524.43 Wellcare	Medicaid		429.08	31.55			116.33	1782	percent of total billed charges	
SUR-EXC-TRUNK-EBN,0.6 TO 1.0CM	11401	CPT	outpatient			1360		524.43 WellPoint	WellPoint		437.65	32.18			116.33	1782	percent of total billed charges	
SUR-EXC-TRUNK-BEN,1.1 TO 2.0CM	11402	CPT	outpatient			2364		925.36 Aetna	Better Health		745.84	31.55			147.73	2245.8	percent of total billed charges	
SUR-EXC-TRUNK-BEN,1.1 TO 2.0CM	11402	CPT	outpatient			2364		925.36 Aetna	Commercial		1281.02				147.73	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUR-EXC-TRUNK-BEN,1.1 TO 2.0CM	11402	CPT	outpatient			2364		925.36 Aetna	Medicare		728.11	30.8			147.73	2245.8	percent of total billed charges	
SUR-EXC-TRUNK-BEN,1.1 TO 2.0CM	11402	CPT	outpatient			2364		925.36 Americare	Americare		1773	75			147.73	2245.8	percent of total billed charges	
SUR-EXC-TRUNK-BEN,1.1 TO 2.0CM	11402	CPT	outpatient			2364		925.36 Amerihealth	HMO|PPO		1536.6	65			147.73	2245.8	percent of total billed charges	
SUR-EXC-TRUNK-BEN,1.1 TO 2.0CM	11402	CPT	outpatient			2364		925.36 Amerihealth	Medicare		804.66				147.73	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUR-EXC-TRUNK-BEN,1.1 TO 2.0CM	11402	CPT	outpatient			2364		925.36 Consumer	Consumer		2245.8	95			147.73	2245.8	percent of total billed charges	
SUR-EXC-TRUNK-BEN,1.1 TO 2.0CM	11402	CPT	outpatient			2364		925.36 Corrections	Corrections		1891.2	80			147.73	2245.8	percent of total billed charges	
SUR-EXC-TRUNK-BEN,1.1 TO 2.0CM	11402	CPT	outpatient			2364		925.36 First Health	First Health		1654.8	70			147.73	2245.8	percent of total billed charges	
SUR-EXC-TRUNK-BEN,1.1 TO 2.0CM	11402	CPT	outpatient			2364		925.36 First Trenton	First Trenton		2127.6	90			147.73	2245.8	percent of total billed charges	
SUR-EXC-TRUNK-BEN,1.1 TO 2.0CM	11402	CPT	outpatient			2364		925.36 Horizon	Medicare Blue		804.66				147.73	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUR-EXC-TRUNK-BEN,1.1 TO 2.0CM	11402	CPT	outpatient			2364		925.36 Horizon	MGD		1497.47				147.73	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUR-EXC-TRUNK-BEN,1.1 TO 2.0CM	11402	CPT	outpatient			2364		925.36 Horizon	Indemnity		1497.47				147.73	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUR-EXC-TRUNK-BEN,1.1 TO 2.0CM	11402	CPT	outpatient			2364		925.36 Horizon	NJ Health		147.73				147.73	2245.8	fee schedule	
SUR-EXC-TRUNK-BEN,1.1 TO 2.0CM	11402	CPT	outpatient			2364		925.36 Horizon	PPO		1497.47				147.73	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUR-EXC-TRUNK-BEN,1.1 TO 2.0CM	11402	CPT	outpatient			2364		925.36 Managed Care Inc	Managed Care Inc		2127.6	90			147.73	2245.8	percent of total billed charges	
SUR-EXC-TRUNK-BEN,1.1 TO 2.0CM	11402	CPT	outpatient			2364		925.36 Multiplan	Multiplan		1891.2	80			147.73	2245.8	percent of total billed charges	
SUR-EXC-TRUNK-BEN,1.1 TO 2.0CM	11402	CPT	outpatient			2364		925.36 Qualcare	Qualcare		1773	75			147.73	2245.8	percent of total billed charges	
SUR-EXC-TRUNK-BEN,1.1 TO 2.0CM	11402	CPT	outpatient			2364		925.36 Three Rivers	Three Rivers		2245.8	95			147.73	2245.8	percent of total billed charges	
SUR-EXC-TRUNK-BEN,1.1 TO 2.0CM	11402	CPT	outpatient			2364		925.36 UHC	Medicare		804.66				147.73	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUR-EXC-TRUNK-BEN,1.1 TO 2.0CM	11402	CPT	outpatient			2364		925.36 UHC	Medicaid		745.84	31.55			147.73	2245.8	percent of total billed charges	
SUR-EXC-TRUNK-BEN,1.1 TO 2.0CM	11402	CPT	outpatient			2364		925.36 United	Commercial|PPO		1817				147.73	2245.8	case rate	
SUR-EXC-TRUNK-BEN,1.1 TO 2.0CM	11402	CPT	outpatient			2364		925.36 United	Oxford		1817				147.73	2245.8	case rate	
SUR-EXC-TRUNK-BEN,1.1 TO 2.0CM	11402	CPT	outpatient			2364		925.36 Wellcare	Medicare		804.66				147.73	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUR-EXC-TRUNK-BEN,1.1 TO 2.0CM	11402	CPT	outpatient			2364		925.36 Wellcare	Medicaid		745.84	31.55			147.73	2245.8	percent of total billed charges	
SUR-EXC-TRUNK-BEN,1.1 TO 2.0CM	11402	CPT	outpatient			2364		925.36 WellPoint	WellPoint		760.74	32.18			147.73	2245.8	percent of total billed charges	
SUR-EXC-TRUNK-EBN,2.1 TO 3.0CM	11403	CPT	outpatient			3229		925.36 Aetna	Commercial		1281.02				278.83	3067.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUR-EXC-TRUNK-EBN,2.1 TO 3.0CM	11403	CPT	outpatient			3229		925.36 Aetna	Better Health		1018.75	31.55			278.83	3067.55	percent of total billed charges	
SUR-EXC-TRUNK-EBN,2.1 TO 3.0CM	11403	CPT	outpatient			3229		925.36 Aetna	Medicare		804.66				278.83	3067.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUR-EXC-TRUNK-EBN,2.1 TO 3.0CM	11403	CPT	outpatient			3229		925.36 Americare	Americare		2421.75	75			278.83	3067.55	percent of total billed charges	
SUR-EXC-TRUNK-EBN,2.1 TO 3.0CM	11403	CPT	outpatient			3229		925.36 Amerihealth	Medicare		804.66				278.83	3067.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUR-EXC-TRUNK-EBN,2.1 TO 3.0CM	11403	CPT	outpatient			3229		925.36 Amerihealth	HMO|PPO		2098.85	65			278.83	3067.55	percent of total billed charges	
SUR-EXC-TRUNK-EBN,2.1 TO 3.0CM	11403	CPT	outpatient			3229		925.36 Consumer	Consumer		3067.55	95			278.83	3067.55	percent of total billed charges	
SUR-EXC-TRUNK-EBN,2.1 TO 3.0CM	11403	CPT	outpatient			3229		925.36 Corrections	Corrections		2583.2	80			278.83	3067.55	percent of total billed charges	
SUR-EXC-TRUNK-EBN,2.1 TO 3.0CM	11403	CPT	outpatient			3229		925.36 First Health	First Health		2260.3	70			278.83	3067.55	percent of total billed charges	
SUR-EXC-TRUNK-EBN,2.1 TO 3.0CM	11403	CPT	outpatient			3229		925.36 First Trenton	First Trenton		2906.1	90			278.83	3067.55	percent of total billed charges	
SUR-EXC-TRUNK-EBN,2.1 TO 3.0CM	11403	CPT	outpatient			3229		925.36 Horizon	MGD		1497.47				278.83	3067.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUR-EXC-TRUNK-EBN,2.1 TO 3.0CM	11403	CPT	outpatient			3229		925.36 Horizon	Medicare Blue		804.66				278.83	3067.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUR-EXC-TRUNK-EBN,2.1 TO 3.0CM	11403	CPT	outpatient			3229		925.36 Horizon	NJ Health		278.83				278.83	3067.55	fee schedule	
SUR-EXC-TRUNK-EBN,2.1 TO 3.0CM	11403	CPT	outpatient			3229		925.36 Horizon	Indemnity		1497.47				278.83	3067.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUR-EXC-TRUNK-EBN,2.1 TO 3.0CM	11403	CPT	outpatient			3229		925.36 Horizon	PPO		1497.47				278.83	3067.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUR-EXC-TRUNK-EBN,2.1 TO 3.0CM	11403	CPT	outpatient			3229		925.36 Managed Care Inc	Managed Care Inc		2906.1	90			278.83	3067.55	percent of total billed charges	
SUR-EXC-TRUNK-EBN,2.1 TO 3.0CM	11403	CPT	outpatient			3229		925.36 Multiplan	Multiplan		2583.2	80			278.83	3067.55	percent of total billed charges	
SUR-EXC-TRUNK-EBN,2.1 TO 3.0CM	11403	CPT	outpatient			3229		925.36 Qualcare	Qualcare		2421.75	75			278.83	3067.55	percent of total billed charges	
SUR-EXC-TRUNK-EBN,2.1 TO 3.0CM	11403	CPT	outpatient			3229		925.36 Three Rivers	Three Rivers		3067.55	95			278.83	3067.55	percent of total billed charges	
SUR-EXC-TRUNK-EBN,2.1 TO 3.0CM	11403	CPT	outpatient			3229		925.36 UHC	Medicare		804.66				278.83	3067.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUR-EXC-TRUNK-EBN,2.1 TO 3.0CM	11403	CPT	outpatient			3229		925.36 UHC	Medicaid		1018.75	31.55			278.83	3067.55	percent of total billed charges	
SUR-EXC-TRUNK-EBN,2.1 TO 3.0CM	11403	CPT	outpatient			3229		925.36 United	Commercial|PPO		1817				278.83	3067.55	case rate	
SUR-EXC-TRUNK-EBN,2.1 TO 3.0CM	11403	CPT	outpatient			3229		925.36 United	Oxford		1817				278.83	3067.55	case rate	
SUR-EXC-TRUNK-EBN,2.1 TO 3.0CM	11403	CPT	outpatient			3229		925.36 Wellcare	Medicaid		1018.75	31.55			278.83	3067.55	percent of total billed charges	
SUR-EXC-TRUNK-EBN,2.1 TO 3.0CM	11403	CPT	outpatient			3229		925.36 Wellcare	Medicare		804.66				278.83	3067.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUR-EXC-TRUNK-EBN,2.1 TO 3.0CM	11403	CPT	outpatient			3229		925.36 WellPoint	WellPoint		1039.09	32.18			278.83	3067.55	percent of total billed charges	
SUR-EXC-TRUNK-BEN,3.1 TO 4.0CM	11404	CPT	outpatient			5464		2132.36 Aetna	Better Health		1723.89	31.55			175.39	5190.8	percent of total billed charges	
SUR-EXC-TRUNK-BEN,3.1 TO 4.0CM	11404	CPT	outpatient			5464		2132.36 Aetna	Medicare		1854.23				175.39	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUR-EXC-TRUNK-BEN,3.1 TO 4.0CM	11404	CPT	outpatient			5464		2132.36 Aetna	Commercial		2951.93				175.39	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUR-EXC-TRUNK-BEN,3.1 TO 4.0CM	11404	CPT	outpatient			5464		2132.36 Americare	Americare		4098	75			175.39	5190.8	percent of total billed charges	
SUR-EXC-TRUNK-BEN,3.1 TO 4.0CM	11404	CPT	outpatient			5464		2132.36 Amerihealth	HMO|PPO		3551.6	65			175.39	5190.8	percent of total billed charges	
SUR-EXC-TRUNK-BEN,3.1 TO 4.0CM	11404	CPT	outpatient			5464		2132.36 Amerihealth	Medicare		1854.23				175.39	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUR-EXC-TRUNK-BEN,3.1 TO 4.0CM	11404	CPT	outpatient			5464		2132.36 Consumer	Consumer		5190.8	95			175.39	5190.8	percent of total billed charges	
SUR-EXC-TRUNK-BEN,3.1 TO 4.0CM	11404	CPT	outpatient			5464		2132.36 Corrections	Corrections		4371.2	80			175.39	5190.8	percent of total billed charges	
SUR-EXC-TRUNK-BEN,3.1 TO 4.0CM	11404	CPT	outpatient			5464		2132.36 First Health	First Health		3824.8	70			175.39	5190.8	percent of total billed charges	
SUR-EXC-TRUNK-BEN,3.1 TO 4.0CM	11404	CPT	outpatient			5464		2132.36 First Trenton	First Trenton		4917.6	90			175.39	5190.8	percent of total billed charges	
SUR-EXC-TRUNK-BEN,3.1 TO 4.0CM	11404	CPT	outpatient			5464		2132.36 Horizon	Medicare Blue		1854.23				175.39	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUR-EXC-TRUNK-BEN,3.1 TO 4.0CM	11404	CPT	outpatient			5464		2132.36 Horizon	MGD		3450.72				175.39	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUR-EXC-TRUNK-BEN,3.1 TO 4.0CM	11404	CPT	outpatient			5464		2132.36 Horizon	Indemnity		3450.72				175.39	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUR-EXC-TRUNK-BEN,3.1 TO 4.0CM	11404	CPT	outpatient			5464		2132.36 Horizon	NJ Health		175.39				175.39	5190.8	fee schedule	
SUR-EXC-TRUNK-BEN,3.1 TO 4.0CM	11404	CPT	outpatient			5464		2132.36 Horizon	PPO		3450.72				175.39	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUR-EXC-TRUNK-BEN,3.1 TO 4.0CM	11404	CPT	outpatient			5464		2132.36 Managed Care Inc	Managed Care Inc		4917.6	90			175.39	5190.8	percent of total billed charges	
SUR-EXC-TRUNK-BEN,3.1 TO 4.0CM	11404	CPT	outpatient			5464		2132.36 Multiplan	Multiplan		4371.2	80			175.39	5190.8	percent of total billed charges	
SUR-EXC-TRUNK-BEN,3.1 TO 4.0CM	11404	CPT	outpatient			5464		2132.36 Qualcare	Qualcare		4098	75			175.39	5190.8	percent of total billed charges	
SUR-EXC-TRUNK-BEN,3.1 TO 4.0CM	11404	CPT	outpatient			5464		2132.36 Three Rivers	Three Rivers		5190.8	95			175.39	5190.8	percent of total billed charges	
SUR-EXC-TRUNK-BEN,3.1 TO 4.0CM	11404	CPT	outpatient			5464		2132.36 UHC	Medicaid		1723.89	31.55			175.39	5190.8	percent of total billed charges	
SUR-EXC-TRUNK-BEN,3.1 TO 4.0CM	11404	CPT	outpatient			5464		2132.36 UHC	Medicare		1854.23				175.39	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUR-EXC-TRUNK-BEN,3.1 TO 4.0CM	11404	CPT	outpatient			5464		2132.36 United	Commercial|PPO		2493				175.39	5190.8	case rate	
SUR-EXC-TRUNK-BEN,3.1 TO 4.0CM	11404	CPT	outpatient			5464		2132.36 United	Oxford		2493				175.39	5190.8	case rate	
SUR-EXC-TRUNK-BEN,3.1 TO 4.0CM	11404	CPT	outpatient			5464		2132.36 Wellcare	Medicare		1854.23				175.39	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUR-EXC-TRUNK-BEN,3.1 TO 4.0CM	11404	CPT	outpatient			5464		2132.36 Wellcare	Medicaid		1723.89	31.55			175.39	5190.8	percent of total billed charges	
SUR-EXC-TRUNK-BEN,3.1 TO 4.0CM	11404	CPT	outpatient			5464		2132.36 WellPoint	WellPoint		1758.32	32.18			175.39	5190.8	percent of total billed charges	
SURG-EXC-TRUNK-BEN,VER 4.0CM	11406	CPT	outpatient			5464		2132.36 Aetna	Commercial		2951.93				175.39	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-TRUNK-BEN,VER 4.0CM	11406	CPT	outpatient			5464		2132.36 Aetna	Medicare		1682.91	30.8			175.39	5190.8	percent of total billed charges	
SURG-EXC-TRUNK-BEN,VER 4.0CM	11406	CPT	outpatient			5464		2132.36 Aetna	Better Health		1723.89	31.55			175.39	5190.8	percent of total billed charges	
SURG-EXC-TRUNK-BEN,VER 4.0CM	11406	CPT	outpatient			5464		2132.36 Americare	Americare		4098	75			175.39	5190.8	percent of total billed charges	
SURG-EXC-TRUNK-BEN,VER 4.0CM	11406	CPT	outpatient			5464		2132.36 Amerihealth	HMO|PPO		3551.6	65			175.39	5190.8	percent of total billed charges	
SURG-EXC-TRUNK-BEN,VER 4.0CM	11406	CPT	outpatient			5464		2132.36 Amerihealth	Medicare		1854.23				175.39	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-TRUNK-BEN,VER 4.0CM	11406	CPT	outpatient			5464		2132.36 Consumer	Consumer		5190.8	95			175.39	5190.8	percent of total billed charges	
SURG-EXC-TRUNK-BEN,VER 4.0CM	11406	CPT	outpatient			5464		2132.36 Corrections	Corrections		4371.2	80			175.39	5190.8	percent of total billed charges	
SURG-EXC-TRUNK-BEN,VER 4.0CM	11406	CPT	outpatient			5464		2132.36 First Health	First Health		3824.8	70			175.39	5190.8	percent of total billed charges	
SURG-EXC-TRUNK-BEN,VER 4.0CM	11406	CPT	outpatient			5464		2132.36 First Trenton	First Trenton		4917.6	90			175.39	5190.8	percent of total billed charges	
SURG-EXC-TRUNK-BEN,VER 4.0CM	11406	CPT	outpatient			5464		2132.36 Horizon	MGD		3450.72				175.39	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-TRUNK-BEN,VER 4.0CM	11406	CPT	outpatient			5464		2132.36 Horizon	NJ Health		175.39				175.39	5190.8	fee schedule	
SURG-EXC-TRUNK-BEN,VER 4.0CM	11406	CPT	outpatient			5464		2132.36 Horizon	Indemnity		3450.72				175.39	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-TRUNK-BEN,VER 4.0CM	11406	CPT	outpatient			5464		2132.36 Horizon	Medicare Blue		1854.23				175.39	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-TRUNK-BEN,VER 4.0CM	11406	CPT	outpatient			5464		2132.36 Horizon	PPO		3450.72				175.39	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-TRUNK-BEN,VER 4.0CM	11406	CPT	outpatient			5464		2132.36 Managed Care Inc	Managed Care Inc		4917.6	90			175.39	5190.8	percent of total billed charges	
SURG-EXC-TRUNK-BEN,VER 4.0CM	11406	CPT	outpatient			5464		2132.36 Multiplan	Multiplan		4371.2	80			175.39	5190.8	percent of total billed charges	
SURG-EXC-TRUNK-BEN,VER 4.0CM	11406	CPT	outpatient			5464		2132.36 Qualcare	Qualcare		4098	75			175.39	5190.8	percent of total billed charges	
SURG-EXC-TRUNK-BEN,VER 4.0CM	11406	CPT	outpatient			5464		2132.36 Three Rivers	Three Rivers		5190.8	95			175.39	5190.8	percent of total billed charges	
SURG-EXC-TRUNK-BEN,VER 4.0CM	11406	CPT	outpatient			5464		2132.36 UHC	Medicaid		1723.89	31.55			175.39	5190.8	percent of total billed charges	
SURG-EXC-TRUNK-BEN,VER 4.0CM	11406	CPT	outpatient			5464		2132.36 UHC	Medicare		1854.23				175.39	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-TRUNK-BEN,VER 4.0CM	11406	CPT	outpatient			5464		2132.36 United	Oxford		2493				175.39	5190.8	case rate	
SURG-EXC-TRUNK-BEN,VER 4.0CM	11406	CPT	outpatient			5464		2132.36 United	Commercial|PPO		2493				175.39	5190.8	case rate	
SURG-EXC-TRUNK-BEN,VER 4.0CM	11406	CPT	outpatient			5464		2132.36 Wellcare	Medicaid		1723.89	31.55			175.39	5190.8	percent of total billed charges	
SURG-EXC-TRUNK-BEN,VER 4.0CM	11406	CPT	outpatient			5464		2132.36 Wellcare	Medicare

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
EXCBENLES SCP/HND/FET <= 5CM	11420	CPT	outpatient			5732		2132.36 Consumer	Consumer		5445.4	95			179.78		5445.4 percent of total billed charges	
EXCBENLES SCP/HND/FET <= 5CM	11420	CPT	outpatient			5732		2132.36 Corrections	Corrections		4585.6	80			179.78		5445.4 percent of total billed charges	
EXCBENLES SCP/HND/FET <= 5CM	11420	CPT	outpatient			5732		2132.36 First Health	First Health		4012.4	70			179.78		5445.4 percent of total billed charges	
EXCBENLES SCP/HND/FET <= 5CM	11420	CPT	outpatient			5732		2132.36 First Trenton	First Trenton		5158.8	90			179.78		5445.4 percent of total billed charges	
EXCBENLES SCP/HND/FET <= 5CM	11420	CPT	outpatient			5732		2132.36 Horizon	PPO		3450.72				179.78		5445.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCBENLES SCP/HND/FET <= 5CM	11420	CPT	outpatient			5732		2132.36 Horizon	MGD		3450.72				179.78		5445.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCBENLES SCP/HND/FET <= 5CM	11420	CPT	outpatient			5732		2132.36 Horizon	Medicare Blue		1854.23				179.78		5445.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCBENLES SCP/HND/FET <= 5CM	11420	CPT	outpatient			5732		2132.36 Horizon	NJ Health		179.78				179.78		5445.4 fee schedule	
EXCBENLES SCP/HND/FET <= 5CM	11420	CPT	outpatient			5732		2132.36 Horizon	Indemnity		3450.72				179.78		5445.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCBENLES SCP/HND/FET <= 5CM	11420	CPT	outpatient			5732		2132.36 Managed Care Inc	Managed Care Inc		5158.8	90			179.78		5445.4 percent of total billed charges	
EXCBENLES SCP/HND/FET <= 5CM	11420	CPT	outpatient			5732		2132.36 Multiplan	Multiplan		4585.6	80			179.78		5445.4 percent of total billed charges	
EXCBENLES SCP/HND/FET <= 5CM	11420	CPT	outpatient			5732		2132.36 Qualcare	Qualcare		4299	75			179.78		5445.4 percent of total billed charges	
EXCBENLES SCP/HND/FET <= 5CM	11420	CPT	outpatient			5732		2132.36 Three Rivers	Three Rivers		5445.4	95			179.78		5445.4 percent of total billed charges	
EXCBENLES SCP/HND/FET <= 5CM	11420	CPT	outpatient			5732		2132.36 UHC	Medicaid		1808.45	31.55			179.78		5445.4 percent of total billed charges	
EXCBENLES SCP/HND/FET <= 5CM	11420	CPT	outpatient			5732		2132.36 UHC	Medicare		1854.23				179.78		5445.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCBENLES SCP/HND/FET <= 5CM	11420	CPT	outpatient			5732		2132.36 United	CommercialPPO		1817				179.78		5445.4 case rate	
EXCBENLES SCP/HND/FET <= 5CM	11420	CPT	outpatient			5732		2132.36 United	Oxford		1817				179.78		5445.4 case rate	
EXCBENLES SCP/HND/FET <= 5CM	11420	CPT	outpatient			5732		2132.36 Wellcare	Medicare		1854.23				179.78		5445.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCBENLES SCP/HND/FET <= 5CM	11420	CPT	outpatient			5732		2132.36 Wellcare	Medicaid		1808.45	31.55			179.78		5445.4 percent of total billed charges	
EXCBENLES SCP/HND/FET <= 5CM	11420	CPT	outpatient			5732		2132.36 WellPoint	WellPoint		1844.56	32.18			179.78		5445.4 percent of total billed charges	
EXCISION BENIGN LESION INCL MA	11421	CPT	outpatient			2364		925.36 Aetna	Better Health		745.84	31.55			230.65		2245.8 percent of total billed charges	
EXCISION BENIGN LESION INCL MA	11421	CPT	outpatient			2364		925.36 Aetna	Medicare		804.66				230.65		2245.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION BENIGN LESION INCL MA	11421	CPT	outpatient			2364		925.36 Aetna	Commercial		1281.02				230.65		2245.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION BENIGN LESION INCL MA	11421	CPT	outpatient			2364		925.36 Americare	Americare		1773	75			230.65		2245.8 percent of total billed charges	
EXCISION BENIGN LESION INCL MA	11421	CPT	outpatient			2364		925.36 Amerihealth	Medicare		804.66				230.65		2245.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION BENIGN LESION INCL MA	11421	CPT	outpatient			2364		925.36 Amerihealth	HMO/PPO		1536.6	65			230.65		2245.8 percent of total billed charges	
EXCISION BENIGN LESION INCL MA	11421	CPT	outpatient			2364		925.36 Consumer	Consumer		2245.8	95			230.65		2245.8 percent of total billed charges	
EXCISION BENIGN LESION INCL MA	11421	CPT	outpatient			2364		925.36 Corrections	Corrections		1891.2	80			230.65		2245.8 percent of total billed charges	
EXCISION BENIGN LESION INCL MA	11421	CPT	outpatient			2364		925.36 First Health	First Health		1654.8	70			230.65		2245.8 percent of total billed charges	
EXCISION BENIGN LESION INCL MA	11421	CPT	outpatient			2364		925.36 First Trenton	First Trenton		2127.6	90			230.65		2245.8 percent of total billed charges	
EXCISION BENIGN LESION INCL MA	11421	CPT	outpatient			2364		925.36 Horizon	Medicare Blue		804.66				230.65		2245.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION BENIGN LESION INCL MA	11421	CPT	outpatient			2364		925.36 Horizon	MGD		1497.47				230.65		2245.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION BENIGN LESION INCL MA	11421	CPT	outpatient			2364		925.36 Horizon	Indemnity		1497.47				230.65		2245.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION BENIGN LESION INCL MA	11421	CPT	outpatient			2364		925.36 Horizon	NJ Health		230.65				230.65		2245.8 fee schedule	
EXCISION BENIGN LESION INCL MA	11421	CPT	outpatient			2364		925.36 Horizon	PPO		1497.47				230.65		2245.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION BENIGN LESION INCL MA	11421	CPT	outpatient			2364		925.36 Managed Care Inc	Managed Care Inc		2127.6	90			230.65		2245.8 percent of total billed charges	
EXCISION BENIGN LESION INCL MA	11421	CPT	outpatient			2364		925.36 Multiplan	Multiplan		1891.2	80			230.65		2245.8 percent of total billed charges	
EXCISION BENIGN LESION INCL MA	11421	CPT	outpatient			2364		925.36 Qualcare	Qualcare		1773	75			230.65		2245.8 percent of total billed charges	
EXCISION BENIGN LESION INCL MA	11421	CPT	outpatient			2364		925.36 Three Rivers	Three Rivers		2245.8	95			230.65		2245.8 percent of total billed charges	
EXCISION BENIGN LESION INCL MA	11421	CPT	outpatient			2364		925.36 UHC	Medicare		804.66				230.65		2245.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION BENIGN LESION INCL MA	11421	CPT	outpatient			2364		925.36 UHC	Medicaid		745.84	31.55			230.65		2245.8 percent of total billed charges	
EXCISION BENIGN LESION INCL MA	11421	CPT	outpatient			2364		925.36 United	CommercialPPO		1817				230.65		2245.8 case rate	
EXCISION BENIGN LESION INCL MA	11421	CPT	outpatient			2364		925.36 United	Oxford		1817				230.65		2245.8 case rate	
EXCISION BENIGN LESION INCL MA	11421	CPT	outpatient			2364		925.36 Wellcare	Medicare		804.66				230.65		2245.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION BENIGN LESION INCL MA	11421	CPT	outpatient			2364		925.36 Wellcare	Medicaid		745.84	31.55			230.65		2245.8 percent of total billed charges	
EXCISION BENIGN LESION INCL MA	11421	CPT	outpatient			2364		925.36 WellPoint	WellPoint		760.74	32.18			230.65		2245.8 percent of total billed charges	
EXCISION B9 LESION MARGIN	11422	CPT	outpatient			5464		2132.36 Aetna	Commercial		2951.93				256.46		5190.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION B9 LESION MARGIN	11422	CPT	outpatient			5464		2132.36 Aetna	Medicare		1854.23				256.46		5190.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION B9 LESION MARGIN	11422	CPT	outpatient			5464		2132.36 Aetna	Better Health		1723.89	31.55			256.46		5190.8 percent of total billed charges	
EXCISION B9 LESION MARGIN	11422	CPT	outpatient			5464		2132.36 Americare	Americare		4098	75			256.46		5190.8 percent of total billed charges	
EXCISION B9 LESION MARGIN	11422	CPT	outpatient			5464		2132.36 Amerihealth	HMO/PPO		3551.6	65			256.46		5190.8 percent of total billed charges	
EXCISION B9 LESION MARGIN	11422	CPT	outpatient			5464		2132.36 Amerihealth	Medicare		1854.23				256.46		5190.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION B9 LESION MARGIN	11422	CPT	outpatient			5464		2132.36 Consumer	Consumer		5190.8	95			256.46		5190.8 percent of total billed charges	
EXCISION B9 LESION MARGIN	11422	CPT	outpatient			5464		2132.36 Corrections	Corrections		4371.2	80			256.46		5190.8 percent of total billed charges	
EXCISION B9 LESION MARGIN	11422	CPT	outpatient			5464		2132.36 First Health	First Health		3824.8	70			256.46		5190.8 percent of total billed charges	
EXCISION B9 LESION MARGIN	11422	CPT	outpatient			5464		2132.36 First Trenton	First Trenton		4917.6	90			256.46		5190.8 percent of total billed charges	
EXCISION B9 LESION MARGIN	11422	CPT	outpatient			5464		2132.36 Horizon	NJ Health		256.46				256.46		5190.8 fee schedule	
EXCISION B9 LESION MARGIN	11422	CPT	outpatient			5464		2132.36 Horizon	Medicare Blue		1854.23				256.46		5190.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION B9 LESION MARGIN	11422	CPT	outpatient			5464		2132.36 Horizon	MGD		3450.72				256.46		5190.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION B9 LESION MARGIN	11422	CPT	outpatient			5464		2132.36 Horizon	PPO		3450.72				256.46		5190.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION B9 LESION MARGIN	11422	CPT	outpatient			5464		2132.36 Horizon	Indemnity		3450.72				256.46		5190.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION B9 LESION MARGIN	11422	CPT	outpatient			5464		2132.36 Managed Care Inc	Managed Care Inc		4917.6	90			256.46		5190.8 percent of total billed charges	
EXCISION B9 LESION MARGIN	11422	CPT	outpatient			5464		2132.36 Multiplan	Multiplan		4371.2	80			256.46		5190.8 percent of total billed charges	
EXCISION B9 LESION MARGIN	11422	CPT	outpatient			5464		2132.36 Qualcare	Qualcare		4098	75			256.46		5190.8 percent of total billed charges	
EXCISION B9 LESION MARGIN	11422	CPT	outpatient			5464		2132.36 Three Rivers	Three Rivers		5190.8	95			256.46		5190.8 percent of total billed charges	
EXCISION B9 LESION MARGIN	11422	CPT	outpatient			5464		2132.36 UHC	Medicaid		1723.89	31.55			256.46		5190.8 percent of total billed charges	
EXCISION B9 LESION MARGIN	11422	CPT	outpatient			5464		2132.36 UHC	Medicare		1854.23				256.46		5190.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION B9 LESION MARGIN	11422	CPT	outpatient			5464		2132.36 United	CommercialPPO		1817				256.46		5190.8 case rate	
EXCISION B9 LESION MARGIN	11422	CPT	outpatient			5464		2132.36 United	Oxford		1817				256.46		5190.8 case rate	
EXCISION B9 LESION MARGIN	11422	CPT	outpatient			5464		2132.36 Wellcare	Medicare		1854.23				256.46		5190.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION B9 LESION MARGIN	11422	CPT	outpatient			5464		2132.36 Wellcare	Medicaid		1723.89	31.55			256.46		5190.8 percent of total billed charges	
EXCISION B9 LESION MARGIN	11422	CPT	outpatient			5464		2132.36 WellPoint	WellPoint		1758.32	32.18			256.46		5190.8 percent of total billed charges	
EXC-SCALP,HANDS,ETC.2.1/3.0CM	11423	CPT	outpatient			5464		2132.36 Aetna	Commercial		2951.93				295.24		5190.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-SCALP,HANDS,ETC.2.1/3.0CM	11423	CPT	outpatient			5464		2132.36 Aetna	Medicare		1854.23				295.24		5190.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-SCALP,HANDS,ETC.2.1/3.0CM	11423	CPT	outpatient			5464		2132.36 Aetna	Better Health		1723.89	31.55			295.24		5190.8 percent of total billed charges	
EXC-SCALP,HANDS,ETC.2.1/3.0CM	11423	CPT	outpatient			5464		2132.36 Americare	Americare		4098	75			295.24		5190.8 percent of total billed charges	
EXC-SCALP,HANDS,ETC.2.1/3.0CM	11423	CPT	outpatient			5464		2132.36 Amerihealth	HMO/PPO		3551.6	65			295.24		5190.8 percent of total billed charges	
EXC-SCALP,HANDS,ETC.2.1/3.0CM	11423	CPT	outpatient			5464		2132.36 Amerihealth	Medicare		1854.23				295.24		5190.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-SCALP,HANDS,ETC.2.1/3.0CM	11423	CPT	outpatient			5464		2132.36 Consumer	Consumer		5190.8	95			295.24		5190.8 percent of total billed charges	
EXC-SCALP,HANDS,ETC.2.1/3.0CM	11423	CPT	outpatient			5464		2132.36 Corrections	Corrections		4371.2	80			295.24		5190.8 percent of total billed charges	
EXC-SCALP,HANDS,ETC.2.1/3.0CM	11423	CPT	outpatient			5464		2132.36 First Health	First Health		3824.8	70			295.24		5190.8 percent of total billed charges	
EXC-SCALP,HANDS,ETC.2.1/3.0CM	11423	CPT	outpatient			5464		2132.36 First Trenton	First Trenton		4917.6	90			295.24		5190.8 percent of total billed charges	
EXC-SCALP,HANDS,ETC.2.1/3.0CM	11423	CPT	outpatient			5464		2132.36 Horizon	Indemnity		3450.72				295.24		5190.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-SCALP,HANDS,ETC.2.1/3.0CM	11423	CPT	outpatient			5464		2132.36 Horizon	Medicare Blue		1854.23				295.24		5190.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-SCALP,HANDS,ETC.2.1/3.0CM	11423	CPT	outpatient			5464		2132.36 Horizon	NJ Health		295.24				295.24		5190.8 fee schedule	
EXC-SCALP,HANDS,ETC.2.1/3.0CM	11423	CPT	outpatient			5464		2132.36 Horizon	MGD		3450.72				295.24		5190.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-SCALP,HANDS,ETC.2.1/3.0CM	11423	CPT	outpatient			5464		2132.36 Horizon	PPO		3450.72				295.24		5190.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-SCALP,HANDS,ETC.2.1/3.0CM	11423	CPT	outpatient			5464		2132.36 Managed Care Inc	Managed Care Inc		4917.6	90			295.24		5190.8 percent of total billed charges	
EXC-SCALP,HANDS,ETC.2.1/3.0CM	11423	CPT	outpatient			5464		2132.36 Multiplan	Multiplan		4371.2	80			295.24		5190.8 percent of total billed charges	
EXC-SCALP,HANDS,ETC.2.1/3.0CM	11423	CPT	outpatient			5464		2132.36 Qualcare	Qualcare		4098	75			295.24		5190.8 percent of total billed charges	
EXC-SCALP,HANDS,ETC.2.1/3.0CM	11423	CPT	outpatient			5464		2132.36 Three Rivers	Three Rivers		5190.8	95			295.24		5190.8 percent of total billed charges	
EXC-SCALP,HANDS,ETC.2.1/3.0CM	11423	CPT	outpatient			5464		2132.36 UHC	Medicare		1854.23				295.24		5190.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-SCALP,HANDS,ETC.2.1/3.0CM	11423	CPT	outpatient			5464		2132.36 UHC	Medicaid		1723.89	31.55			295.24		5190.8 percent of total billed charges	
EXC-SCALP,HANDS,ETC.2.1/3.0CM	11423	CPT	outpatient			5464		2132.36 United	Oxford		2493				295.24		5190.8 case rate	
EXC-SCALP,HANDS,ETC.2.1/3.0CM	11423	CPT	outpatient			5464		2132.36 United	CommercialPPO		2493				295.24		5190.8 case rate	
EXC-SCALP,HANDS,ETC.2.1/3.0CM	11423	CPT	outpatient			5464		2132.36 Wellcare	Medicare		1854.23				295.24		5190.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-SCALP,HANDS,ETC.2.1/3.0CM	11423	CPT	outpatient			5464		2132.36 Wellcare	Medicaid		1723.89	31.55			295.24		5190.8 percent of total billed charges	
EXC-SCALP,HANDS,ETC.2.1/3.0CM	11423	CPT	outpatient			5464		2132.36 WellPoint	WellPoint		1758.32	32.18			295.24		5190.8 percent of total billed charges	
EXC-SCALP,HANDS,ETC.3.1/4.0CM	11424	CPT	outpatient			5464		2132.36 Aetna	Medicare		1854.23				338.96		5190.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-SCALP,HANDS,ETC.3.1/4.0CM	11424	CPT	outpatient			5464		2132.36 Aetna	Better Health		1723.89	31.55			338.96		5190.8 percent of total billed charges	
EXC-SCALP,HANDS,ETC.3.1/4.0CM	11424	CPT	outpatient			5464		2132.36 Aetna	Commercial		2951.93				338.96		5190.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-SCALP,HANDS,ETC.3.1/4.0CM	11424	CPT	outpatient			5464		2132.36 Americare	Americare		4098	75			338.96		5190.8 percent of total billed charges	
EXC-SCALP,HANDS,ETC.3.1/4.0CM	11424	CPT	outpatient			5464		2132.36 Amerihealth	Medicare		1854.23				338.96		5190.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-SCALP,HANDS,ETC.3.1/4.0CM	11424	CPT	outpatient			5464		2132.36 Amerihealth	HMO/PPO		3551.6	65			338.96		5190.8 percent of total billed charges	
EXC-SCALP,HANDS,ETC.3.1/4.0CM	11424	CPT	outpatient			5464		2132.36 Consumer	Consumer		5190.8	95			338.96		5190.8 percent of total billed charges	
EXC-SCALP,HANDS,ETC.3.1/4.0CM	11424	CPT	outpatient			5464		2132.36 Corrections	Corrections		4371.2	80			338.96		5190.8 percent of total billed charges	
EXC-SCALP,HANDS,ETC.3.1/4.0CM	11424	CPT	outpatient			5464		2132.36 First Health	First Health		3824.8	70			338.96		5190.8 percent of total billed charges	
EXC-SCALP,HANDS,ETC.3.1/4.0CM	11424	CPT	outpatient			5464		2132.36 First Trenton	First Trenton		4917.6	90			338.96		5190.8 percent of total billed charges	
EXC-SCALP,HANDS,ETC.3.1/4.0CM	11424	CPT	outpatient			5464		2132.36 Horizon	MGD		3450.72				338.96		5190.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-SCALP,HANDS,ETC.3.1/4.0CM	11424	CPT	outpatient			5464		2132.36 Horizon	Medicare Blue		1854.23				338.96		5190.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-SCALP,HANDS,ETC.3.1/4.0CM	11424	CPT	outpatient			5464		2132.36 Horizon	Indemnity		3450.72				338.96		5190.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-SCALP,HANDS,ETC.3.1/4.0CM	11424	CPT	outpatient			5464		2132.36 Horizon	NJ Health		338.96				338.96		5190.8 fee schedule	
EXC-SCALP,HANDS,ETC.3.1/4.0CM	11424	CPT	outpatient			5464		2132.36 Horizon	PPO		3450.72				338.96		5190.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-SCALP,HANDS,ETC.3.1/4.0CM	11424	CPT	outpatient			5464		2132.36 Managed Care Inc	Managed Care Inc		4917.6	90			338.96		5190.8 percent of total billed charges	
EXC-SCALP,HANDS,ETC.3.1/4.0CM	11424	CPT	outpatient			5464		2132.36 Multiplan	Multiplan		4371.2	80			338.96		5190.8 percent of total billed charges	
EXC-SCALP,HANDS,ETC.3.1/4.0CM	11424	CPT	outpatient			5464		2132.36 Qualcare	Qualcare		4098	75			338.96		5190.8 percent of total billed charges	
EXC-SCALP,HANDS,ETC.3.1/4.0CM	11424	CPT	outpatient			5464		2132.36 Three Rivers	Three Rivers		5190.8	95			338.96		5190.8 percent of total billed charges	
EXC-SCALP,HANDS,ETC.3.1/4.0CM	11424	CPT	outpatient			5464		2132.36 UHC	Medicare		1854.23				338.96		5190.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-SCALP,HANDS,ETC.3.1/4.0CM	11424	CPT	outpatient			5464		2132.36 UHC	Medicaid		1723.89	31.55			338.96		5190.8 percent of total billed charges	
EXC-SCALP,HANDS,ETC.3.1/4.0CM	11424	CPT	outpatient			5464		2132.36 United	CommercialPPO		2493				338.96		5190.8 case rate	
EXC-SCALP,HANDS,ETC.3.1/4.0CM	11424	CPT	outpatient			5464		2132.36 United	Oxford		2493				338.96		5190.8 case rate	
EXC-SCALP,HANDS,ETC.3.1/4.0CM	11424	CPT	outpatient			5464		2132.36 Wellcare	Medicare		1854.23				338.96		5190.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-SCALP,HANDS,ETC.3.1/4.0CM	11424	CPT	outpatient			5464		2132.36 Wellcare	Medicaid		1723.89	31.55			338.96		5190.8 percent of total billed charges	
EXC-SCALP,HANDS,ETC.3.1/4.0CM	11424	CPT	outpatient			5464		2132.36 WellPoint	WellPoint		1758.32	32.18			338.96		5190.8 percent of total billed charges	
EXC-SCALP,HANDS,ETC-OVER 4.0CM	11426	CPT	outpatient			9413		3737.2 Aetna	Better Health		2969.8	31.55			478.65		8942.35 percent of total billed charges	
EXC-SCALP,HANDS,ETC-OVER 4.0CM	11426	CPT	outpatient			9413		3737.2 Aetna	Commercial		5173.59				478.65		8942.35 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-SCALP,HANDS,ETC-OVER 4.0CM	11426	CPT	outpatient			9413		3737.2 Aetna	Medicare		3249.74				478.65		8942.35 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-SCALP,HANDS,ETC-OVER 4.0CM	11426	CPT	outpatient			9413		3737.2 Americare	Americare		7059.75	75			478.65		8942.35 percent of total billed charges	
EXC-SCALP,HANDS,ETC-OVER 4.0CM	11426	CPT	outpatient			9413		3737.2 Amerihealth	HMO/PPO		6118.45	65			478.65		8942.35 percent of total billed charges	
EXC-SCALP,HANDS,ETC-OVER 4.0CM	11426	CPT	outpatient			9413		3737.2 Amerihealth	Medicare		3249.74				478.65		8942.35 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-SCALP,HANDS,ETC-OVER 4.0CM	11426	CPT	outpatient			9413		3737.2 Consumer	Consumer		8942.35	95			478.65		8942.35 percent of total billed charges	
EXC-SCALP,HANDS,ETC-OVER 4.0CM	11426	CPT	outpatient			9413		3737.2 Corrections	Corrections		7530.4	80			478.65		8942.35 percent of total billed charges	
EXC-SCALP,HANDS,ETC-OVER 4.0CM	11426	CPT	outpatient			9413		3737.2 First Health	First Health		6589.1	70			478.65		8942.35 percent of total billed charges	
EXC-SCALP,HANDS,ETC-OVER 4.0CM	11426	CPT	outpatient			9413		3737.2 First Trenton	First Trenton		8471.7	90			478.65		8942.35 percent of total billed charges	
EXC-SCALP,HANDS,ETC-OVER 4.0CM	11426	CPT	outpatient			9413		3737.2 Horizon	Indemnity		6047.77				478.65		8942.35 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-SCALP,HANDS,ETC-OVER 4.0CM	11426	CPT	outpatient			9413		3737.2 Horizon	MGD		6047.77				478.65		8942.35 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-SCALP,HANDS,ETC-OVER 4.0CM	11426	CPT	outpatient			9413		3737.2 Horizon	Medicare Blue		3249.74				478.65		8942.35 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-SCALP,HANDS,ETC-OVER 4.0CM	11426	CPT	outpatient			9413		3737.2 Horizon	NJ Health		478.65				478.65		8942.35 fee schedule	
EXC-SCALP,HANDS,ETC-OVER 4.0CM	11426	CPT	outpatient			9413		3737.2 Horizon	PPO		6047.77				478.65		8942.35 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-SCALP,HANDS,ETC-OVER 4.0CM	11426	CPT	outpatient			9413		3737.2 Managed Care Inc	Managed Care Inc		8471.7	90			478.65		8942.35 percent of total billed charges	
EXC-SCALP,HANDS,ETC-OVER 4.0CM	11426	CPT	outpatient			9413		3737.2 Multiplan	Multiplan		7530.4	80			478.65		8942.35 percent of total billed charges	
EXC-SCALP,HANDS,ETC-OVER 4.0CM	11426	CPT	outpatient			9413		3737.2 Qualcare	Qualcare		7059.75	75			478.65		8942.35 percent of total billed charges	
EXC-SCALP,HANDS,ETC-OVER 4.0CM	11426	CPT	outpatient			9413		3737.2 Three Rivers	Three Rivers		8942.35	95			478.65		8942.35 percent of total billed charges	
EXC-SCALP,HANDS,ETC-OVER 4.0CM	11426	CPT	outpatient			9413		3737.2 UHC	Medicare		3249.74				478.65		8942.35 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-SCALP,HANDS,ETC-OVER 4.0CM	11426	CPT	outpatient			9413		3737.2 UHC	Medicaid		2969.8	31.55			478.65		8942.35 percent of total billed charges	
EXC-SCALP,HANDS,ETC-OVER 4.0CM	11426	CPT	outpatient			9413		3737.2 United	CommercialPPO		2776				478.65		8942.35 case rate	
EXC-SCALP,HANDS,ETC-OVER 4.0CM	11426	CPT	outpatient			9413		3737.2 United	Oxford		2776				478.65		8942.35 case rate	
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hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
EXC-SCALP,HANDS,ETC-OVER 4.0CM	11426	CPT	outpatient			9413	3737.2	Wellcare	Medicaid		2969.8	31.55			478.65	8942.35	percent of total billed charges	
EXC-SCALP,HANDS,ETC-OVER 4.0CM	11426	CPT	outpatient			9413	3737.2	WellPoint	WellPoint		3029.1	32.18			478.65	8942.35	percent of total billed charges	
SURG-EXC-FACE-BENIGN,TO 0.5CM	11440	CPT	outpatient			2364	925.36	Aetna	Commercial		1281.02				98.66	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-BENIGN,TO 0.5CM	11440	CPT	outpatient			2364	925.36	Aetna	Better Health		745.84	31.55			98.66	2245.8	percent of total billed charges	
SURG-EXC-FACE-BENIGN,TO 0.5CM	11440	CPT	outpatient			2364	925.36	Aetna	Medicare		804.66				98.66	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-BENIGN,TO 0.5CM	11440	CPT	outpatient			2364	925.36	Americare	Americare		1773	75			98.66	2245.8	percent of total billed charges	
SURG-EXC-FACE-BENIGN,TO 0.5CM	11440	CPT	outpatient			2364	925.36	Amerihealth	Medicare		804.66				98.66	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-BENIGN,TO 0.5CM	11440	CPT	outpatient			2364	925.36	Amerihealth	HMO/PPO		1536.6	65			98.66	2245.8	percent of total billed charges	
SURG-EXC-FACE-BENIGN,TO 0.5CM	11440	CPT	outpatient			2364	925.36	Consumer	Consumer		2245.8	95			98.66	2245.8	percent of total billed charges	
SURG-EXC-FACE-BENIGN,TO 0.5CM	11440	CPT	outpatient			2364	925.36	Corrections	Corrections		1891.2	80			98.66	2245.8	percent of total billed charges	
SURG-EXC-FACE-BENIGN,TO 0.5CM	11440	CPT	outpatient			2364	925.36	First Health	First Health		1654.8	70			98.66	2245.8	percent of total billed charges	
SURG-EXC-FACE-BENIGN,TO 0.5CM	11440	CPT	outpatient			2364	925.36	First Trenton	First Trenton		2127.6	90			98.66	2245.8	percent of total billed charges	
SURG-EXC-FACE-BENIGN,TO 0.5CM	11440	CPT	outpatient			2364	925.36	Horizon	MGD		1497.47				98.66	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-BENIGN,TO 0.5CM	11440	CPT	outpatient			2364	925.36	Horizon	Indemnity		1497.47				98.66	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-BENIGN,TO 0.5CM	11440	CPT	outpatient			2364	925.36	Horizon	NJ Health		98.66				98.66	2245.8	fee schedule	
SURG-EXC-FACE-BENIGN,TO 0.5CM	11440	CPT	outpatient			2364	925.36	Horizon	PPO		1497.47				98.66	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-BENIGN,TO 0.5CM	11440	CPT	outpatient			2364	925.36	Horizon	Medicare Blue		804.66				98.66	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-BENIGN,TO 0.5CM	11440	CPT	outpatient			2364	925.36	Managed Care Inc	Managed Care Inc		2127.6	90			98.66	2245.8	percent of total billed charges	
SURG-EXC-FACE-BENIGN,TO 0.5CM	11440	CPT	outpatient			2364	925.36	Multiplan	Multiplan		1891.2	80			98.66	2245.8	percent of total billed charges	
SURG-EXC-FACE-BENIGN,TO 0.5CM	11440	CPT	outpatient			2364	925.36	Qualcare	Qualcare		1773	75			98.66	2245.8	percent of total billed charges	
SURG-EXC-FACE-BENIGN,TO 0.5CM	11440	CPT	outpatient			2364	925.36	Three Rivers	Three Rivers		2245.8	95			98.66	2245.8	percent of total billed charges	
SURG-EXC-FACE-BENIGN,TO 0.5CM	11440	CPT	outpatient			2364	925.36	UHC	Medicaid		745.84	31.55			98.66	2245.8	percent of total billed charges	
SURG-EXC-FACE-BENIGN,TO 0.5CM	11440	CPT	outpatient			2364	925.36	UHC	Medicare		804.66				98.66	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-BENIGN,TO 0.5CM	11440	CPT	outpatient			2364	925.36	United	CommercialPPO		1817				98.66	2245.8	case rate	
SURG-EXC-FACE-BENIGN,TO 0.5CM	11440	CPT	outpatient			2364	925.36	United	Oxford		1817				98.66	2245.8	case rate	
SURG-EXC-FACE-BENIGN,TO 0.5CM	11440	CPT	outpatient			2364	925.36	Wellcare	Medicare		804.66				98.66	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-BENIGN,TO 0.5CM	11440	CPT	outpatient			2364	925.36	Wellcare	Medicaid		745.84	31.55			98.66	2245.8	percent of total billed charges	
SURG-EXC-FACE-BENIGN,TO 0.5CM	11440	CPT	outpatient			2364	925.36	WellPoint	WellPoint		760.74	32.18			98.66	2245.8	percent of total billed charges	
SURG-EXC-FACE-BEN,0.6 TO 1.0CM	11441	CPT	outpatient			2364	925.36	Aetna	Commercial		1281.02				117.45	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-BEN,0.6 TO 1.0CM	11441	CPT	outpatient			2364	925.36	Aetna	Better Health		745.84	31.55			117.45	2245.8	percent of total billed charges	
SURG-EXC-FACE-BEN,0.6 TO 1.0CM	11441	CPT	outpatient			2364	925.36	Aetna	Medicare		804.66				117.45	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-BEN,0.6 TO 1.0CM	11441	CPT	outpatient			2364	925.36	Americare	Americare		1773	75			117.45	2245.8	percent of total billed charges	
SURG-EXC-FACE-BEN,0.6 TO 1.0CM	11441	CPT	outpatient			2364	925.36	Amerihealth	HMO/PPO		1536.6	65			117.45	2245.8	percent of total billed charges	
SURG-EXC-FACE-BEN,0.6 TO 1.0CM	11441	CPT	outpatient			2364	925.36	Amerihealth	Medicare		804.66				117.45	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-BEN,0.6 TO 1.0CM	11441	CPT	outpatient			2364	925.36	Consumer	Consumer		2245.8	95			117.45	2245.8	percent of total billed charges	
SURG-EXC-FACE-BEN,0.6 TO 1.0CM	11441	CPT	outpatient			2364	925.36	Corrections	Corrections		1891.2	80			117.45	2245.8	percent of total billed charges	
SURG-EXC-FACE-BEN,0.6 TO 1.0CM	11441	CPT	outpatient			2364	925.36	First Health	First Health		1654.8	70			117.45	2245.8	percent of total billed charges	
SURG-EXC-FACE-BEN,0.6 TO 1.0CM	11441	CPT	outpatient			2364	925.36	First Trenton	First Trenton		2127.6	90			117.45	2245.8	percent of total billed charges	
SURG-EXC-FACE-BEN,0.6 TO 1.0CM	11441	CPT	outpatient			2364	925.36	Horizon	MGD		1497.47				117.45	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-BEN,0.6 TO 1.0CM	11441	CPT	outpatient			2364	925.36	Horizon	Medicare Blue		804.66				117.45	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-BEN,0.6 TO 1.0CM	11441	CPT	outpatient			2364	925.36	Horizon	Indemnity		1497.47				117.45	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-BEN,0.6 TO 1.0CM	11441	CPT	outpatient			2364	925.36	Horizon	NJ Health		117.45				117.45	2245.8	fee schedule	
SURG-EXC-FACE-BEN,0.6 TO 1.0CM	11441	CPT	outpatient			2364	925.36	Horizon	PPO		1497.47				117.45	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-BEN,0.6 TO 1.0CM	11441	CPT	outpatient			2364	925.36	Managed Care Inc	Managed Care Inc		2127.6	90			117.45	2245.8	percent of total billed charges	
SURG-EXC-FACE-BEN,0.6 TO 1.0CM	11441	CPT	outpatient			2364	925.36	Multiplan	Multiplan		1891.2	80			117.45	2245.8	percent of total billed charges	
SURG-EXC-FACE-BEN,0.6 TO 1.0CM	11441	CPT	outpatient			2364	925.36	Qualcare	Qualcare		1773	75			117.45	2245.8	percent of total billed charges	
SURG-EXC-FACE-BEN,0.6 TO 1.0CM	11441	CPT	outpatient			2364	925.36	Three Rivers	Three Rivers		2245.8	95			117.45	2245.8	percent of total billed charges	
SURG-EXC-FACE-BEN,0.6 TO 1.0CM	11441	CPT	outpatient			2364	925.36	UHC	Medicaid		745.84	31.55			117.45	2245.8	percent of total billed charges	
SURG-EXC-FACE-BEN,0.6 TO 1.0CM	11441	CPT	outpatient			2364	925.36	UHC	Medicare		804.66				117.45	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-BEN,0.6 TO 1.0CM	11441	CPT	outpatient			2364	925.36	United	CommercialPPO		1817				117.45	2245.8	case rate	
SURG-EXC-FACE-BEN,0.6 TO 1.0CM	11441	CPT	outpatient			2364	925.36	United	Oxford		1817				117.45	2245.8	case rate	
SURG-EXC-FACE-BEN,0.6 TO 1.0CM	11441	CPT	outpatient			2364	925.36	Wellcare	Medicare		804.66				117.45	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-BEN,0.6 TO 1.0CM	11441	CPT	outpatient			2364	925.36	Wellcare	Medicaid		745.84	31.55			117.45	2245.8	percent of total billed charges	
SURG-EXC-FACE-BEN,0.6 TO 1.0CM	11441	CPT	outpatient			2364	925.36	WellPoint	WellPoint		760.74	32.18			117.45	2245.8	percent of total billed charges	
SURG-EXC-FACE-BEN-1.1 TO 2.0CM	11442	CPT	outpatient			2364	925.36	Aetna	Medicare		728.11	30.8			144.86	2245.8	percent of total billed charges	
SURG-EXC-FACE-BEN-1.1 TO 2.0CM	11442	CPT	outpatient			2364	925.36	Aetna	Commercial		1281.02				144.86	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-BEN-1.1 TO 2.0CM	11442	CPT	outpatient			2364	925.36	Aetna	Better Health		745.84	31.55			144.86	2245.8	percent of total billed charges	
SURG-EXC-FACE-BEN-1.1 TO 2.0CM	11442	CPT	outpatient			2364	925.36	Americare	Americare		1773	75			144.86	2245.8	percent of total billed charges	
SURG-EXC-FACE-BEN-1.1 TO 2.0CM	11442	CPT	outpatient			2364	925.36	Amerihealth	HMO/PPO		1536.6	65			144.86	2245.8	percent of total billed charges	
SURG-EXC-FACE-BEN-1.1 TO 2.0CM	11442	CPT	outpatient			2364	925.36	Amerihealth	Medicare		804.66				144.86	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-BEN-1.1 TO 2.0CM	11442	CPT	outpatient			2364	925.36	Consumer	Consumer		2245.8	95			144.86	2245.8	percent of total billed charges	
SURG-EXC-FACE-BEN-1.1 TO 2.0CM	11442	CPT	outpatient			2364	925.36	Corrections	Corrections		1891.2	80			144.86	2245.8	percent of total billed charges	
SURG-EXC-FACE-BEN-1.1 TO 2.0CM	11442	CPT	outpatient			2364	925.36	First Health	First Health		1654.8	70			144.86	2245.8	percent of total billed charges	
SURG-EXC-FACE-BEN-1.1 TO 2.0CM	11442	CPT	outpatient			2364	925.36	First Trenton	First Trenton		2127.6	90			144.86	2245.8	percent of total billed charges	
SURG-EXC-FACE-BEN-1.1 TO 2.0CM	11442	CPT	outpatient			2364	925.36	Horizon	NJ Health		144.86				144.86	2245.8	fee schedule	
SURG-EXC-FACE-BEN-1.1 TO 2.0CM	11442	CPT	outpatient			2364	925.36	Horizon	Indemnity		1497.47				144.86	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-BEN-1.1 TO 2.0CM	11442	CPT	outpatient			2364	925.36	Horizon	MGD		1497.47				144.86	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-BEN-1.1 TO 2.0CM	11442	CPT	outpatient			2364	925.36	Horizon	Medicare Blue		804.66				144.86	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-BEN-1.1 TO 2.0CM	11442	CPT	outpatient			2364	925.36	Horizon	PPO		1497.47				144.86	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-BEN-1.1 TO 2.0CM	11442	CPT	outpatient			2364	925.36	Managed Care Inc	Managed Care Inc		2127.6	90			144.86	2245.8	percent of total billed charges	
SURG-EXC-FACE-BEN-1.1 TO 2.0CM	11442	CPT	outpatient			2364	925.36	Multiplan	Multiplan		1891.2	80			144.86	2245.8	percent of total billed charges	
SURG-EXC-FACE-BEN-1.1 TO 2.0CM	11442	CPT	outpatient			2364	925.36	Qualcare	Qualcare		1773	75			144.86	2245.8	percent of total billed charges	
SURG-EXC-FACE-BEN-1.1 TO 2.0CM	11442	CPT	outpatient			2364	925.36	Three Rivers	Three Rivers		2245.8	95			144.86	2245.8	percent of total billed charges	
SURG-EXC-FACE-BEN-1.1 TO 2.0CM	11442	CPT	outpatient			2364	925.36	UHC	Medicaid		745.84	31.55			144.86	2245.8	percent of total billed charges	
SURG-EXC-FACE-BEN-1.1 TO 2.0CM	11442	CPT	outpatient			2364	925.36	UHC	Medicare		804.66				144.86	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-BEN-1.1 TO 2.0CM	11442	CPT	outpatient			2364	925.36	United	CommercialPPO		1817				144.86	2245.8	case rate	
SURG-EXC-FACE-BEN-1.1 TO 2.0CM	11442	CPT	outpatient			2364	925.36	United	Oxford		1817				144.86	2245.8	case rate	
SURG-EXC-FACE-BEN-1.1 TO 2.0CM	11442	CPT	outpatient			2364	925.36	Wellcare	Medicare		804.66				144.86	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-BEN-1.1 TO 2.0CM	11442	CPT	outpatient			2364	925.36	Wellcare	Medicaid		745.84	31.55			144.86	2245.8	percent of total billed charges	
SURG-EXC-FACE-BEN-1.1 TO 2.0CM	11442	CPT	outpatient			2364	925.36	WellPoint	WellPoint		760.74	32.18			144.86	2245.8	percent of total billed charges	
SURG-EXC-FACE-BEN,2 TO 3.0CM	11443	CPT	outpatient			5464	2132.36	Aetna	Better Health		1723.89	31.55			175.39	5190.8	percent of total billed charges	
SURG-EXC-FACE-BEN,2 TO 3.0CM	11443	CPT	outpatient			5464	2132.36	Aetna	Commercial		2951.93				175.39	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-BEN,2 TO 3.0CM	11443	CPT	outpatient			5464	2132.36	Aetna	Medicare		1854.23				175.39	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-BEN,2 TO 3.0CM	11443	CPT	outpatient			5464	2132.36	Americare	Americare		4098	75			175.39	5190.8	percent of total billed charges	
SURG-EXC-FACE-BEN,2 TO 3.0CM	11443	CPT	outpatient			5464	2132.36	Amerihealth	HMO/PPO		3551.6	65			175.39	5190.8	percent of total billed charges	
SURG-EXC-FACE-BEN,2 TO 3.0CM	11443	CPT	outpatient			5464	2132.36	Amerihealth	Medicare		1854.23				175.39	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-BEN,2 TO 3.0CM	11443	CPT	outpatient			5464	2132.36	Consumer	Consumer		5190.8	95			175.39	5190.8	percent of total billed charges	
SURG-EXC-FACE-BEN,2 TO 3.0CM	11443	CPT	outpatient			5464	2132.36	Corrections	Corrections		4371.2	80			175.39	5190.8	percent of total billed charges	
SURG-EXC-FACE-BEN,2 TO 3.0CM	11443	CPT	outpatient			5464	2132.36	First Health	First Health		3824.8	70			175.39	5190.8	percent of total billed charges	
SURG-EXC-FACE-BEN,2 TO 3.0CM	11443	CPT	outpatient			5464	2132.36	First Trenton	First Trenton		4917.6	90			175.39	5190.8	percent of total billed charges	
SURG-EXC-FACE-BEN,2 TO 3.0CM	11443	CPT	outpatient			5464	2132.36	Horizon	Medicare Blue		1854.23				175.39	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-BEN,2 TO 3.0CM	11443	CPT	outpatient			5464	2132.36	Horizon	NJ Health		175.39				175.39	5190.8	fee schedule	
SURG-EXC-FACE-BEN,2 TO 3.0CM	11443	CPT	outpatient			5464	2132.36	Horizon	Indemnity		3450.72				175.39	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-BEN,2 TO 3.0CM	11443	CPT	outpatient			5464	2132.36	Horizon	MGD		3450.72				175.39	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-BEN,2 TO 3.0CM	11443	CPT	outpatient			5464	2132.36	Horizon	PPO		3450.72				175.39	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-BEN,2 TO 3.0CM	11443	CPT	outpatient			5464	2132.36	Managed Care Inc	Managed Care Inc		4917.6	90			175.39	5190.8	percent of total billed charges	
SURG-EXC-FACE-BEN,2 TO 3.0CM	11443	CPT	outpatient			5464	2132.36	Multiplan	Multiplan		4371.2	80			175.39	5190.8	percent of total billed charges	
SURG-EXC-FACE-BEN,2 TO 3.0CM	11443	CPT	outpatient			5464	2132.36	Qualcare	Qualcare		4098	75			175.39	5190.8	percent of total billed charges	
SURG-EXC-FACE-BEN,2 TO 3.0CM	11443	CPT	outpatient			5464	2132.36	Three Rivers	Three Rivers		5190.8	95			175.39	5190.8	percent of total billed charges	
SURG-EXC-FACE-BEN,2 TO 3.0CM	11443	CPT	outpatient			5464	2132.36	UHC	Medicaid		1723.89	31.55			175.39	5190.8	percent of total billed charges	
SURG-EXC-FACE-BEN,2 TO 3.0CM	11443	CPT	outpatient			5464	2132.36	UHC	Medicare		1854.23				175.39	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-BEN,2 TO 3.0CM	11443	CPT	outpatient			5464	2132.36	United	CommercialPPO		1817				175.39	5190.8	case rate	
SURG-EXC-FACE-BEN,2 TO 3.0CM	11443	CPT	outpatient			5464	2132.36	United	Oxford		1817				175.39	5190.8	case rate	
SURG-EXC-FACE-BEN,2 TO 3.0CM	11443	CPT	outpatient			5464	2132.36	Wellcare	Medicaid		1723.89	31.55			175.39	5190.8	percent of total billed charges	
SURG-EXC-FACE-BEN,2 TO 3.0CM	11443	CPT	outpatient			5464	2132.36	Wellcare	Medicare		1854.23				175.39	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-BEN,2 TO 3.0CM	11443	CPT	outpatient			5464	2132.36	WellPoint	WellPoint		1768.32	32.18			175.39	5190.8	percent of total billed charges	
SURG-EXC-FACE-BEN,3 TO4.0CM	11444	CPT	outpatient			5464	2132.36	Aetna	Commercial		2951.93				175.39	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-BEN,3 TO4.0CM	11444	CPT	outpatient			5464	2132.36	Aetna	Better Health		1723.89	31.55			175.39	5190.8	percent of total billed charges	
SURG-EXC-FACE-BEN,3 TO4.0CM	11444	CPT	outpatient			5464	2132.36	Aetna	Medicare		1854.23				175.39	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-BEN,3 TO4.0CM	11444	CPT	outpatient			5464	2132.36	Americare	Americare		4098	75			175.39	5190.8	percent of total billed charges	
SURG-EXC-FACE-BEN,3 TO4.0CM	11444	CPT	outpatient			5464	2132.36	Amerihealth	HMO/PPO		3551.6	65			175.39	5190.8	percent of total billed charges	
SURG-EXC-FACE-BEN,3 TO4.0CM	11444	CPT	outpatient			5464	2132.36	Amerihealth	Medicare		1854.23				175.39	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-BEN,3 TO4.0CM	11444	CPT	outpatient			5464	2132.36	Consumer	Consumer		5190.8	95			175.39	5190.8	percent of total billed charges	
SURG-EXC-FACE-BEN,3 TO4.0CM	11444	CPT	outpatient			5464	2132.36	Corrections	Corrections		4371.2	80			175.39	5190.8	percent of total billed charges	
SURG-EXC-FACE-BEN,3 TO4.0CM	11444	CPT	outpatient			5464	2132.36	First Health	First Health		3824.8	70			175.39	5190.8	percent of total billed charges	
SURG-EXC-FACE-BEN,3 TO4.0CM	11444	CPT	outpatient			5464	2132.36	First Trenton	First Trenton		4917.6	90			175.39	5190.8	percent of total billed charges	
SURG-EXC-FACE-BEN,3 TO4.0CM	11444	CPT	outpatient			5464	2132.36	Horizon	Medicare Blue		1854.23				175.39	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-BEN,3 TO4.0CM	11444	CPT	outpatient			5464	2132.36	Horizon	NJ Health		175.39				175.39	5190.8	fee schedule	
SURG-EXC-FACE-BEN,3 TO4.0CM	11444	CPT	outpatient			5464	2132.36	Horizon	Indemnity		3450.72				175.39	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-BEN,3 TO4.0CM	11444	CPT	outpatient			5464	2132.36	Horizon	MGD		3450.72				175.39	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-BEN,3 TO4.0CM	11444	CPT	outpatient			5464	2132.36	Horizon	PPO		3450.72				175.39	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-BEN,3 TO4.0CM	11444	CPT	outpatient			5464	2132.36	Managed Care Inc	Managed Care Inc		4917.6	90			175.39	5190.8	percent of total billed charges	
SURG-EXC-FACE-BEN,3 TO4.0CM	11444	CPT	outpatient			5464	2132.36	Multiplan	Multiplan		4371.2	80			175.39	5190.8	percent of total billed charges	
SURG-EXC-FACE-BEN,3 TO4.0CM	11444	CPT	outpatient			5464	2132.36	Qualcare	Qualcare		4098	75			175.39	5190.8	percent of total billed charges	
SURG-EXC-FACE-BEN,3 TO4.0CM	11444	CPT	outpatient			5464	2132.36	Three Rivers	Three Rivers		5190.8	95			175.39	5190.8	percent of total billed charges	
SURG-EXC-FACE-BEN,3 TO4.0CM	11444	CPT	outpatient			5464	2132.36	UHC	Medicaid		1723.89	31.55			175.39	5190.8	percent of total billed charges	
SURG-EXC-FACE-BEN,3 TO4.0CM	11444	CPT	outpatient			5464	2132.36	UHC	Medicare		1854.23				175.39	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-BEN,3 TO4.0CM	11444	CPT	outpatient			5464	2132.36	United	CommercialPPO		1817				175.39	5190.8	case rate	
SURG-EXC-FACE-BEN,3 TO4.0CM	11444	CPT	outpatient			5464	2132.36	United	Oxford		1817				175.39	5190.8	case rate	
SURG-EXC-FACE-BEN,3 TO4.0CM	11444	CPT	outpatient			5464	2132.36	Wellcare	Medicare		1854.23				175.39	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-BEN,3 TO4.0CM	11444	CPT	outpatient			5464	2132.36	Wellcare	Medicaid		1723.89	31.55			175.39	5190.8	percent of total billed charges	
SURG-EXC-FACE-BEN,3 TO4.0CM	11444	CPT	outpatient			5464	2132.36	WellPoint	WellPoint		1768.32	32.18			175.39	5190.8	percent of total billed charges	
SURG-EXC-FACE-BEN,.4 TO.6CM	11446	CPT	outpatient			9413	3737.2	Aetna	Medicare		3249.74				175.39	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-BEN,.4 TO.6CM	11446	CPT	outpatient			9413	3737.2	Aetna	Better Health		2969.8	31.55			175.39	8942.35	percent of total billed charges	
SURG-EXC-FACE-BEN,.4 TO.6CM	11446	CPT	outpatient			9413	3737.2	Aetna	Commercial		5173.59				175.39	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-BEN,.4 TO.6CM	11446	CPT	outpatient			9413	3737.2	Americare	Americare		7039.75	75			175.39	8942.35	percent of total billed charges	
SURG-EXC-FACE-BEN,.4 TO.6CM	11446	CPT	outpatient			9413	3737.2	Amerihealth	HMO/PPO		6118.45	65			175.39	8942.35	percent of total billed charges	
SURG-EXC-FACE-BEN,.4 TO.6CM	11446	CPT	outpatient			9413	3737.2	Amerihealth	Medicare		3249.74				175.39	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-BEN,.4 TO.6CM	11446	CPT	outpatient			9413	3737.2	Consumer	Consumer		8942.35	95			175.39	8942.35	percent of total billed charges	
SURG-EXC-FACE-BEN,.4 TO.6CM	11446	CPT	outpatient			9413	3737.2	Corrections	Corrections		7530.4	80			175.39	8942.35	percent of total billed charges	
SURG-EXC-FACE-BEN,.4 TO.6CM	11446	CPT	outpatient			9413	3737.2	First Health	First Health		6589.1	70			175.39	8942.35	percent of total billed charges	
SURG-EXC-FACE-BEN,.4 TO.6CM	11446	CPT	outpatient			9413	3737.2	First Trenton	First Trenton		8471.7	90			175.39	8942.35	percent of total billed charges	
SURG-EXC-FACE-BEN,.4 TO.6CM	11446	CPT	outpatient			9413	3737.2	Horizon	Indemnity		6047.77

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
SURG-EXC-FACE-BEN,>4.0CM	11446	CPT	outpatient			9413		3737.2 Multiplan	Multiplan		7530.4	80			175.39	8942.35	percent of total billed charges	
SURG-EXC-FACE-BEN,>4.0CM	11446	CPT	outpatient			9413		3737.2 Qualcare	Qualcare		7059.75	75			175.39	8942.35	percent of total billed charges	
SURG-EXC-FACE-BEN,>4.0CM	11446	CPT	outpatient			9413		3737.2 Three Rivers	Three Rivers		8942.35	95			175.39	8942.35	percent of total billed charges	
SURG-EXC-FACE-BEN,>4.0CM	11446	CPT	outpatient			9413		3737.2 UHC	Medicare		3249.74				175.39	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-BEN,>4.0CM	11446	CPT	outpatient			9413		3737.2 UHC	Medicaid		2969.8	31.55			175.39	8942.35	percent of total billed charges	
SURG-EXC-FACE-BEN,>4.0CM	11446	CPT	outpatient			9413		3737.2 United	Oxford		2776				175.39	8942.35	case rate	
SURG-EXC-FACE-BEN,>4.0CM	11446	CPT	outpatient			9413		3737.2 United	CommercialPPO		2776				175.39	8942.35	case rate	
SURG-EXC-FACE-BEN,>4.0CM	11446	CPT	outpatient			9413		3737.2 Wellcare	Medicaid		2969.8	31.55			175.39	8942.35	percent of total billed charges	
SURG-EXC-FACE-BEN,>4.0CM	11446	CPT	outpatient			9413		3737.2 Wellcare	Medicare		3249.74				175.39	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-BEN,>4.0CM	11446	CPT	outpatient			9413		3737.2 WellPoint	WellPoint		3029.1	32.18			175.39	8942.35	percent of total billed charges	
EXC HIDRAD ING, SI REP	11462	CPT	outpatient			9413		3737.2 Aetna	Medicare		3249.74				353.55	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC HIDRAD ING, SI REP	11462	CPT	outpatient			9413		3737.2 Aetna	Better Health		2969.8	31.55			353.55	8942.35	percent of total billed charges	
EXC HIDRAD ING, SI REP	11462	CPT	outpatient			9413		3737.2 Aetna	Commercial		5173.59				353.55	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC HIDRAD ING, SI REP	11462	CPT	outpatient			9413		3737.2 Americare	Americare		7059.75	75			353.55	8942.35	percent of total billed charges	
EXC HIDRAD ING, SI REP	11462	CPT	outpatient			9413		3737.2 Amerihealth	Medicare		3249.74				353.55	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC HIDRAD ING, SI REP	11462	CPT	outpatient			9413		3737.2 Amerihealth	HMO/PPO		6118.45	65			353.55	8942.35	percent of total billed charges	
EXC HIDRAD ING, SI REP	11462	CPT	outpatient			9413		3737.2 Consumer	Consumer		8942.35	95			353.55	8942.35	percent of total billed charges	
EXC HIDRAD ING, SI REP	11462	CPT	outpatient			9413		3737.2 Corrections	Corrections		7530.4	80			353.55	8942.35	percent of total billed charges	
EXC HIDRAD ING, SI REP	11462	CPT	outpatient			9413		3737.2 First Health	First Health		6589.1	70			353.55	8942.35	percent of total billed charges	
EXC HIDRAD ING, SI REP	11462	CPT	outpatient			9413		3737.2 First Trenton	First Trenton		8471.7	90			353.55	8942.35	percent of total billed charges	
EXC HIDRAD ING, SI REP	11462	CPT	outpatient			9413		3737.2 Horizon	Indemnity		6047.77				353.55	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC HIDRAD ING, SI REP	11462	CPT	outpatient			9413		3737.2 Horizon	PPO		6047.77				353.55	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC HIDRAD ING, SI REP	11462	CPT	outpatient			9413		3737.2 Horizon	Medicare Blue		3249.74				353.55	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC HIDRAD ING, SI REP	11462	CPT	outpatient			9413		3737.2 Horizon	MGD		6047.77				353.55	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC HIDRAD ING, SI REP	11462	CPT	outpatient			9413		3737.2 Horizon	NJ Health		353.55				353.55	8942.35	fee schedule	
EXC HIDRAD ING, SI REP	11462	CPT	outpatient			9413		3737.2 Managed Care Inc	Managed Care Inc		8471.7	90			353.55	8942.35	percent of total billed charges	
EXC HIDRAD ING, SI REP	11462	CPT	outpatient			9413		3737.2 Multiplan	Multiplan		7530.4	80			353.55	8942.35	percent of total billed charges	
EXC HIDRAD ING, SI REP	11462	CPT	outpatient			9413		3737.2 Qualcare	Qualcare		7059.75	75			353.55	8942.35	percent of total billed charges	
EXC HIDRAD ING, SI REP	11462	CPT	outpatient			9413		3737.2 Three Rivers	Three Rivers		8942.35	95			353.55	8942.35	percent of total billed charges	
EXC HIDRAD ING, SI REP	11462	CPT	outpatient			9413		3737.2 UHC	Medicare		3249.74				353.55	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC HIDRAD ING, SI REP	11462	CPT	outpatient			9413		3737.2 UHC	Medicaid		2969.8	31.55			353.55	8942.35	percent of total billed charges	
EXC HIDRAD ING, SI REP	11462	CPT	outpatient			9413		3737.2 United	Oxford		2776				353.55	8942.35	case rate	
EXC HIDRAD ING, SI REP	11462	CPT	outpatient			9413		3737.2 United	CommercialPPO		2776				353.55	8942.35	case rate	
EXC HIDRAD ING, SI REP	11462	CPT	outpatient			9413		3737.2 Wellcare	Medicare		3249.74				353.55	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC HIDRAD ING, SI REP	11462	CPT	outpatient			9413		3737.2 Wellcare	Medicaid		2969.8	31.55			353.55	8942.35	percent of total billed charges	
EXC HIDRAD ING, SI REP	11462	CPT	outpatient			9413		3737.2 WellPoint	WellPoint		3029.1	32.18			353.55	8942.35	percent of total billed charges	
SURG-EXC-TRUNK-MALIG,TO 0.5CM	11600	CPT	outpatient			2364		925.36 Aetna	Commercial		1281.02				280.47	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-TRUNK-MALIG,TO 0.5CM	11600	CPT	outpatient			2364		925.36 Aetna	Better Health		745.84	31.55			280.47	2245.8	percent of total billed charges	
SURG-EXC-TRUNK-MALIG,TO 0.5CM	11600	CPT	outpatient			2364		925.36 Aetna	Medicare		804.66				280.47	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-TRUNK-MALIG,TO 0.5CM	11600	CPT	outpatient			2364		925.36 Americare	Americare		1773	75			280.47	2245.8	percent of total billed charges	
SURG-EXC-TRUNK-MALIG,TO 0.5CM	11600	CPT	outpatient			2364		925.36 Amerihealth	HMO/PPO		1536.6	65			280.47	2245.8	percent of total billed charges	
SURG-EXC-TRUNK-MALIG,TO 0.5CM	11600	CPT	outpatient			2364		925.36 Amerihealth	Medicare		804.66				280.47	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-TRUNK-MALIG,TO 0.5CM	11600	CPT	outpatient			2364		925.36 Consumer	Consumer		2245.8	95			280.47	2245.8	percent of total billed charges	
SURG-EXC-TRUNK-MALIG,TO 0.5CM	11600	CPT	outpatient			2364		925.36 Corrections	Corrections		1891.2	80			280.47	2245.8	percent of total billed charges	
SURG-EXC-TRUNK-MALIG,TO 0.5CM	11600	CPT	outpatient			2364		925.36 First Health	First Health		1654.8	70			280.47	2245.8	percent of total billed charges	
SURG-EXC-TRUNK-MALIG,TO 0.5CM	11600	CPT	outpatient			2364		925.36 First Trenton	First Trenton		2127.6	90			280.47	2245.8	percent of total billed charges	
SURG-EXC-TRUNK-MALIG,TO 0.5CM	11600	CPT	outpatient			2364		925.36 Horizon	MGD		1497.47				280.47	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-TRUNK-MALIG,TO 0.5CM	11600	CPT	outpatient			2364		925.36 Horizon	Indemnity		1497.47				280.47	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-TRUNK-MALIG,TO 0.5CM	11600	CPT	outpatient			2364		925.36 Horizon	Medicare Blue		804.66				280.47	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-TRUNK-MALIG,TO 0.5CM	11600	CPT	outpatient			2364		925.36 Horizon	NJ Health		280.47				280.47	2245.8	fee schedule	
SURG-EXC-TRUNK-MALIG,TO 0.5CM	11600	CPT	outpatient			2364		925.36 Horizon	PPO		1497.47				280.47	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-TRUNK-MALIG,TO 0.5CM	11600	CPT	outpatient			2364		925.36 Managed Care Inc	Managed Care Inc		2127.6	90			280.47	2245.8	percent of total billed charges	
SURG-EXC-TRUNK-MALIG,TO 0.5CM	11600	CPT	outpatient			2364		925.36 Multiplan	Multiplan		1891.2	80			280.47	2245.8	percent of total billed charges	
SURG-EXC-TRUNK-MALIG,TO 0.5CM	11600	CPT	outpatient			2364		925.36 Qualcare	Qualcare		1773	75			280.47	2245.8	percent of total billed charges	
SURG-EXC-TRUNK-MALIG,TO 0.5CM	11600	CPT	outpatient			2364		925.36 Three Rivers	Three Rivers		2245.8	95			280.47	2245.8	percent of total billed charges	
SURG-EXC-TRUNK-MALIG,TO 0.5CM	11600	CPT	outpatient			2364		925.36 UHC	Medicaid		745.84	31.55			280.47	2245.8	percent of total billed charges	
SURG-EXC-TRUNK-MALIG,TO 0.5CM	11600	CPT	outpatient			2364		925.36 UHC	Medicare		804.66				280.47	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-TRUNK-MALIG,TO 0.5CM	11600	CPT	outpatient			2364		925.36 United	CommercialPPO		1817				280.47	2245.8	case rate	
SURG-EXC-TRUNK-MALIG,TO 0.5CM	11600	CPT	outpatient			2364		925.36 United	Oxford		1817				280.47	2245.8	case rate	
SURG-EXC-TRUNK-MALIG,TO 0.5CM	11600	CPT	outpatient			2364		925.36 Wellcare	Medicare		804.66				280.47	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-TRUNK-MALIG,TO 0.5CM	11600	CPT	outpatient			2364		925.36 Wellcare	Medicaid		745.84	31.55			280.47	2245.8	percent of total billed charges	
SURG-EXC-TRUNK-MALIG,TO 0.5CM	11600	CPT	outpatient			2364		925.36 WellPoint	WellPoint		760.74	32.18			280.47	2245.8	percent of total billed charges	
SUR-EXC-TRUNK-MALIG,0.6TO1.0CM	11601	CPT	outpatient			2364		925.36 Aetna	Commercial		1281.02				336.4	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUR-EXC-TRUNK-MALIG,0.6TO1.0CM	11601	CPT	outpatient			2364		925.36 Aetna	Medicare		804.66				336.4	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUR-EXC-TRUNK-MALIG,0.6TO1.0CM	11601	CPT	outpatient			2364		925.36 Aetna	Better Health		745.84	31.55			336.4	2245.8	percent of total billed charges	
SUR-EXC-TRUNK-MALIG,0.6TO1.0CM	11601	CPT	outpatient			2364		925.36 Americare	Americare		1773	75			336.4	2245.8	percent of total billed charges	
SUR-EXC-TRUNK-MALIG,0.6TO1.0CM	11601	CPT	outpatient			2364		925.36 Amerihealth	Medicare		804.66				336.4	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUR-EXC-TRUNK-MALIG,0.6TO1.0CM	11601	CPT	outpatient			2364		925.36 Amerihealth	HMO/PPO		1536.6	65			336.4	2245.8	percent of total billed charges	
SUR-EXC-TRUNK-MALIG,0.6TO1.0CM	11601	CPT	outpatient			2364		925.36 Consumer	Consumer		2245.8	95			336.4	2245.8	percent of total billed charges	
SUR-EXC-TRUNK-MALIG,0.6TO1.0CM	11601	CPT	outpatient			2364		925.36 Corrections	Corrections		1891.2	80			336.4	2245.8	percent of total billed charges	
SUR-EXC-TRUNK-MALIG,0.6TO1.0CM	11601	CPT	outpatient			2364		925.36 First Health	First Health		1654.8	70			336.4	2245.8	percent of total billed charges	
SUR-EXC-TRUNK-MALIG,0.6TO1.0CM	11601	CPT	outpatient			2364		925.36 First Trenton	First Trenton		2127.6	90			336.4	2245.8	percent of total billed charges	
SUR-EXC-TRUNK-MALIG,0.6TO1.0CM	11601	CPT	outpatient			2364		925.36 Horizon	MGD		1497.47				336.4	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUR-EXC-TRUNK-MALIG,0.6TO1.0CM	11601	CPT	outpatient			2364		925.36 Horizon	Medicare Blue		804.66				336.4	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUR-EXC-TRUNK-MALIG,0.6TO1.0CM	11601	CPT	outpatient			2364		925.36 Horizon	Indemnity		1497.47				336.4	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUR-EXC-TRUNK-MALIG,0.6TO1.0CM	11601	CPT	outpatient			2364		925.36 Horizon	NJ Health		336.4				336.4	2245.8	fee schedule	
SUR-EXC-TRUNK-MALIG,0.6TO1.0CM	11601	CPT	outpatient			2364		925.36 Horizon	PPO		1497.47				336.4	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUR-EXC-TRUNK-MALIG,0.6TO1.0CM	11601	CPT	outpatient			2364		925.36 Managed Care Inc	Managed Care Inc		2127.6	90			336.4	2245.8	percent of total billed charges	
SUR-EXC-TRUNK-MALIG,0.6TO1.0CM	11601	CPT	outpatient			2364		925.36 Multiplan	Multiplan		1891.2	80			336.4	2245.8	percent of total billed charges	
SUR-EXC-TRUNK-MALIG,0.6TO1.0CM	11601	CPT	outpatient			2364		925.36 Qualcare	Qualcare		1773	75			336.4	2245.8	percent of total billed charges	
SUR-EXC-TRUNK-MALIG,0.6TO1.0CM	11601	CPT	outpatient			2364		925.36 Three Rivers	Three Rivers		2245.8	95			336.4	2245.8	percent of total billed charges	
SUR-EXC-TRUNK-MALIG,0.6TO1.0CM	11601	CPT	outpatient			2364		925.36 UHC	Medicare		804.66				336.4	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUR-EXC-TRUNK-MALIG,0.6TO1.0CM	11601	CPT	outpatient			2364		925.36 UHC	Medicaid		745.84	31.55			336.4	2245.8	percent of total billed charges	
SUR-EXC-TRUNK-MALIG,0.6TO1.0CM	11601	CPT	outpatient			2364		925.36 United	CommercialPPO		1817				336.4	2245.8	case rate	
SUR-EXC-TRUNK-MALIG,0.6TO1.0CM	11601	CPT	outpatient			2364		925.36 United	Oxford		1817				336.4	2245.8	case rate	
SUR-EXC-TRUNK-MALIG,0.6TO1.0CM	11601	CPT	outpatient			2364		925.36 Wellcare	Medicare		804.66				336.4	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUR-EXC-TRUNK-MALIG,0.6TO1.0CM	11601	CPT	outpatient			2364		925.36 Wellcare	Medicaid		745.84	31.55			336.4	2245.8	percent of total billed charges	
SUR-EXC-TRUNK-MALIG,0.6TO1.0CM	11601	CPT	outpatient			2364		925.36 WellPoint	WellPoint		760.74	32.18			336.4	2245.8	percent of total billed charges	
SUR-EXC-TRUNK-MALIG,1.TO2.0CM	11602	CPT	outpatient			1360		524.43 Aetna	Medicare		418.88	30.8			366.55	1782	percent of total billed charges	
SUR-EXC-TRUNK-MALIG,1.TO2.0CM	11602	CPT	outpatient			1360		524.43 Aetna	Better Health		429.08	31.55			366.55	1782	percent of total billed charges	
SUR-EXC-TRUNK-MALIG,1.TO2.0CM	11602	CPT	outpatient			1360		524.43 Aetna	Commercial		726				366.55	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUR-EXC-TRUNK-MALIG,1.TO2.0CM	11602	CPT	outpatient			1360		524.43 Americare	Americare		1020	75			366.55	1782	percent of total billed charges	
SUR-EXC-TRUNK-MALIG,1.TO2.0CM	11602	CPT	outpatient			1360		524.43 Amerihealth	HMO/PPO		884	65			366.55	1782	percent of total billed charges	
SUR-EXC-TRUNK-MALIG,1.TO2.0CM	11602	CPT	outpatient			1360		524.43 Amerihealth	Medicare		456.03				366.55	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUR-EXC-TRUNK-MALIG,1.TO2.0CM	11602	CPT	outpatient			1360		524.43 Consumer	Consumer		1292	95			366.55	1782	percent of total billed charges	
SUR-EXC-TRUNK-MALIG,1.TO2.0CM	11602	CPT	outpatient			1360		524.43 Corrections	Corrections		1088	80			366.55	1782	percent of total billed charges	
SUR-EXC-TRUNK-MALIG,1.TO2.0CM	11602	CPT	outpatient			1360		524.43 First Health	First Health		952	70			366.55	1782	percent of total billed charges	
SUR-EXC-TRUNK-MALIG,1.TO2.0CM	11602	CPT	outpatient			1360		524.43 First Trenton	First Trenton		1224	90			366.55	1782	percent of total billed charges	
SUR-EXC-TRUNK-MALIG,1.TO2.0CM	11602	CPT	outpatient			1360		524.43 Horizon	MGD		848.67				366.55	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUR-EXC-TRUNK-MALIG,1.TO2.0CM	11602	CPT	outpatient			1360		524.43 Horizon	Indemnity		848.67				366.55	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUR-EXC-TRUNK-MALIG,1.TO2.0CM	11602	CPT	outpatient			1360		524.43 Horizon	PPO		848.67				366.55	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUR-EXC-TRUNK-MALIG,1.TO2.0CM	11602	CPT	outpatient			1360		524.43 Horizon	NJ Health		366.55				366.55	1782	fee schedule	
SUR-EXC-TRUNK-MALIG,1.TO2.0CM	11602	CPT	outpatient			1360		524.43 Horizon	Medicare Blue		456.03				366.55	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUR-EXC-TRUNK-MALIG,1.TO2.0CM	11602	CPT	outpatient			1360		524.43 Managed Care Inc	Managed Care Inc		1224	90			366.55	1782	percent of total billed charges	
SUR-EXC-TRUNK-MALIG,1.TO2.0CM	11602	CPT	outpatient			1360		524.43 Multiplan	Multiplan		1088	80			366.55	1782	percent of total billed charges	
SUR-EXC-TRUNK-MALIG,1.TO2.0CM	11602	CPT	outpatient			1360		524.43 Qualcare	Qualcare		1020	75			366.55	1782	percent of total billed charges	
SUR-EXC-TRUNK-MALIG,1.TO2.0CM	11602	CPT	outpatient			1360		524.43 Three Rivers	Three Rivers		1292	95			366.55	1782	percent of total billed charges	
SUR-EXC-TRUNK-MALIG,1.TO2.0CM	11602	CPT	outpatient			1360		524.43 UHC	Medicaid		429.08	31.55			366.55	1782	percent of total billed charges	
SUR-EXC-TRUNK-MALIG,1.TO2.0CM	11602	CPT	outpatient			1360		524.43 UHC	Medicare		456.03				366.55	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUR-EXC-TRUNK-MALIG,1.TO2.0CM	11602	CPT	outpatient			1360		524.43 United	Oxford		1782				366.55	1782	case rate	
SUR-EXC-TRUNK-MALIG,1.TO2.0CM	11602	CPT	outpatient			1360		524.43 United	CommercialPPO		1782				366.55	1782	case rate	
SUR-EXC-TRUNK-MALIG,1.TO2.0CM	11602	CPT	outpatient			1360		524.43 Wellcare	Medicare		456.03				366.55	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUR-EXC-TRUNK-MALIG,1.TO2.0CM	11602	CPT	outpatient			1360		524.43 Wellcare	Medicaid		429.08	31.55			366.55	1782	percent of total billed charges	
SUR-EXC-TRUNK-MALIG,1.TO2.0CM	11602	CPT	outpatient			1360		524.43 WellPoint	WellPoint		437.65	32.18			366.55	1782	percent of total billed charges	
SUR-EXC-TRUNK-MALGI,2.1TO3.0CM	11603	CPT	outpatient			2364		925.36 Aetna	Medicare		804.66				414.73	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUR-EXC-TRUNK-MALGI,2.1TO3.0CM	11603	CPT	outpatient			2364		925.36 Aetna	Commercial		1281.02				414.73	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUR-EXC-TRUNK-MALGI,2.1TO3.0CM	11603	CPT	outpatient			2364		925.36 Aetna	Better Health		745.84	31.55			414.73	2245.8	percent of total billed charges	
SUR-EXC-TRUNK-MALGI,2.1TO3.0CM	11603	CPT	outpatient			2364		925.36 Americare	Americare		1773	75			414.73	2245.8	percent of total billed charges	
SUR-EXC-TRUNK-MALGI,2.1TO3.0CM	11603	CPT	outpatient			2364		925.36 Amerihealth	Medicare		804.66				414.73	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUR-EXC-TRUNK-MALGI,2.1TO3.0CM	11603	CPT	outpatient			2364		925.36 Amerihealth	HMO/PPO		1536.6	65			414.73	2245.8	percent of total billed charges	
SUR-EXC-TRUNK-MALGI,2.1TO3.0CM	11603	CPT	outpatient			2364		925.36 Consumer	Consumer		2245.8	95			414.73	2245.8	percent of total billed charges	
SUR-EXC-TRUNK-MALGI,2.1TO3.0CM	11603	CPT	outpatient			2364		925.36 Corrections	Corrections		1891.2	80			414.73	2245.8	percent of total billed charges	
SUR-EXC-TRUNK-MALGI,2.1TO3.0CM	11603	CPT	outpatient			2364		925.36 First Health	First Health		1654.8	70			414.73	2245.8	percent of total billed charges	
SUR-EXC-TRUNK-MALGI,2.1TO3.0CM	11603	CPT	outpatient			2364		925.36 First Trenton	First Trenton		2127.6	90			414.73	2245.8	percent of total billed charges	
SUR-EXC-TRUNK-MALGI,2.1TO3.0CM	11603	CPT	outpatient			2364		925.36 Horizon	Indemnity		1497.47				414.73	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUR-EXC-TRUNK-MALGI,2.1TO3.0CM	11603	CPT	outpatient			2364		925.36 Horizon	NJ Health		414.73				414.73	2245.8	fee schedule	
SUR-EXC-TRUNK-MALGI,2.1TO3.0CM	11603	CPT	outpatient			2364		925.36 Horizon	MGD		1497.47				414.73	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUR-EXC-TRUNK-MALGI,2.1TO3.0CM	11603	CPT	outpatient			2364		925.36 Horizon	Medicare Blue		804.66				414.73	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUR-EXC-TRUNK-MALGI,2.1TO3.0CM	11603	CPT	outpatient			2364		925.36 Horizon	PPO		1497.47				414.73	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUR-EXC-TRUNK-MALGI,2.1TO3.0CM	11603	CPT	outpatient			2364		925.36 Managed Care Inc	Managed Care Inc		2127.6	90			414.73	2245.8	percent of total billed charges	
SUR-EXC-TRUNK-MALGI,2.1TO3.0CM	11603	CPT	outpatient			2364		925.36 Multiplan	Multiplan		1891.2	80			414.73	2245.8	percent of total billed charges	
SUR-EXC-TRUNK-MALGI,2.1TO3.0CM	11603	CPT	outpatient			2364		925.36 Qualcare	Qualcare		1773	75			414.73	2245.8	percent of total billed charges	
SUR-EXC-TRUNK-MALGI,2.1TO3.0CM	11603	CPT	outpatient			2364		925.36 Three Rivers	Three Rivers		2245.8	95			414.73	2245.8	percent of total billed charges	
SUR-EXC-TRUNK-MALGI,2.1TO3.0CM	11603	CPT	outpatient			2364		925.36 UHC	Medicare		804.66				414.73	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUR-EXC-TRUNK-MALGI,2.1TO3.0CM	11603	CPT	outpatient			2364		925.36 UHC	Medicaid		745.84	31.55			414.73	2245.8	percent of total billed charges	
SUR-EXC-TRUNK-MALGI,2.1TO3.0CM	11603	CPT	outpatient			2364		925.36 United	CommercialPPO		1817				414.73	2245.8	case rate	
SUR-EXC-TRUNK-MALGI,2.1TO3.0CM	11603	CPT	outpatient			2364		925.36 United	Oxford		1817				414.73	2245.8	case rate	
SUR-EXC-TRUNK-MALGI,2.1TO3.0CM	11603	CPT	outpatient			2364		925.36 Wellcare	Medicare		804.66				414.73	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUR-EXC-TRUNK-MALGI,2.1TO3.0CM	11603	CPT	outpatient			2364		925.36 Wellcare	Medicaid		745.84	31.55			414.73	2245.8	percent of total billed charges	
SUR-EXC-TRUNK-MALGI,2.1TO3.0CM	11603	CPT	outpatient			2364		925.36 WellPoint	WellPoint		760.74	32.18			414.73	2245.8	percent of total billed charges	
SURG-EXC-FACE-BEN,2.1TO3.0CM	11604	CPT	outpatient			2364		925.36 Aetna	Better Health		745.84	31.55			460.38	2245.8	percent of total billed charges	
SURG-EXC-FACE-BEN,2.1TO3.0CM	11604	CPT	outpatient			2364		925.36 Aetna	Medicare		804.66				460.38	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-BEN,2.1TO3.0CM	11604	CPT	outpatient			2364		925.36 Aetna	Commercial		1281.02				460.38	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-BEN,2.1TO3.0CM	11604	CPT	outpatient			2364		925.36 Americare	Americare		1773	75			460.38	2245.8	percent of total billed charges	
SURG-EXC-FACE-BEN,2.1TO3.0CM	11604	CPT	outpatient			2364		925.36 Amerihealth	Medicare		804.66				460.38	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
SURG-EXC-FACE-BEN,2,1TO3,0CM	11604	CPT	outpatient			2364		925.36 First Health	First Health		1654.8	70			460.38	2245.8	percent of total billed charges	
SURG-EXC-FACE-BEN,2,1TO3,0CM	11604	CPT	outpatient			2364		925.36 First Trenton	First Trenton		2127.6	90			460.38	2245.8	percent of total billed charges	
SURG-EXC-FACE-BEN,2,1TO3,0CM	11604	CPT	outpatient			2364		925.36 Horizon	Indemnity		1497.47				460.38	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-BEN,2,1TO3,0CM	11604	CPT	outpatient			2364		925.36 Horizon	Medicare Blue		804.66				460.38	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-BEN,2,1TO3,0CM	11604	CPT	outpatient			2364		925.36 Horizon	NJ Health		460.38				460.38	2245.8	fee schedule	
SURG-EXC-FACE-BEN,2,1TO3,0CM	11604	CPT	outpatient			2364		925.36 Horizon	MGD		1497.47				460.38	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-BEN,2,1TO3,0CM	11604	CPT	outpatient			2364		925.36 Horizon	PPO		1497.47				460.38	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-BEN,2,1TO3,0CM	11604	CPT	outpatient			2364		925.36 Managed Care Inc	Managed Care Inc		2127.6	90			460.38	2245.8	percent of total billed charges	
SURG-EXC-FACE-BEN,2,1TO3,0CM	11604	CPT	outpatient			2364		925.36 Multiplan	Multiplan		1891.2	80			460.38	2245.8	percent of total billed charges	
SURG-EXC-FACE-BEN,2,1TO3,0CM	11604	CPT	outpatient			2364		925.36 Qualcare	Qualcare		1773	75			460.38	2245.8	percent of total billed charges	
SURG-EXC-FACE-BEN,2,1TO3,0CM	11604	CPT	outpatient			2364		925.36 Three Rivers	Three Rivers		2245.8	95			460.38	2245.8	percent of total billed charges	
SURG-EXC-FACE-BEN,2,1TO3,0CM	11604	CPT	outpatient			2364		925.36 UHC	Medicare		804.66				460.38	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-BEN,2,1TO3,0CM	11604	CPT	outpatient			2364		925.36 UHC	Medicaid		745.84	31.55			460.38	2245.8	percent of total billed charges	
SURG-EXC-FACE-BEN,2,1TO3,0CM	11604	CPT	outpatient			2364		925.36 United	Oxford		1817				460.38	2245.8	case rate	
SURG-EXC-FACE-BEN,2,1TO3,0CM	11604	CPT	outpatient			2364		925.36 United	CommercialPPO		1817				460.38	2245.8	case rate	
SURG-EXC-FACE-BEN,2,1TO3,0CM	11604	CPT	outpatient			2364		925.36 Wellcare	Medicare		804.66				460.38	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-BEN,2,1TO3,0CM	11604	CPT	outpatient			2364		925.36 Wellcare	Medicaid		745.84	31.55			460.38	2245.8	percent of total billed charges	
SURG-EXC-FACE-BEN,2,1TO3,0CM	11604	CPT	outpatient			2364		925.36 WellPoint	WellPoint		760.74	32.18			460.38	2245.8	percent of total billed charges	
SUR-EXC-TRUNK-MALIG,OVER 4.0CM	11606	CPT	outpatient			5464		2132.36 Aetna	Medicare		1854.23				650.31	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUR-EXC-TRUNK-MALIG,OVER 4.0CM	11606	CPT	outpatient			5464		2132.36 Aetna	Commercial		2951.93				650.31	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUR-EXC-TRUNK-MALIG,OVER 4.0CM	11606	CPT	outpatient			5464		2132.36 Aetna	Better Health		1723.89	31.55			650.31	5190.8	percent of total billed charges	
SUR-EXC-TRUNK-MALIG,OVER 4.0CM	11606	CPT	outpatient			5464		2132.36 Americare	Americare		4098	75			650.31	5190.8	percent of total billed charges	
SUR-EXC-TRUNK-MALIG,OVER 4.0CM	11606	CPT	outpatient			5464		2132.36 Amerihealth	HMO/PPO		3551.6	65			650.31	5190.8	percent of total billed charges	
SUR-EXC-TRUNK-MALIG,OVER 4.0CM	11606	CPT	outpatient			5464		2132.36 Amerihealth	Medicare		1854.23				650.31	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUR-EXC-TRUNK-MALIG,OVER 4.0CM	11606	CPT	outpatient			5464		2132.36 Consumer	Consumer		5190.8	95			650.31	5190.8	percent of total billed charges	
SUR-EXC-TRUNK-MALIG,OVER 4.0CM	11606	CPT	outpatient			5464		2132.36 Corrections	Corrections		4371.2	80			650.31	5190.8	percent of total billed charges	
SUR-EXC-TRUNK-MALIG,OVER 4.0CM	11606	CPT	outpatient			5464		2132.36 First Health	First Health		3824.8	70			650.31	5190.8	percent of total billed charges	
SUR-EXC-TRUNK-MALIG,OVER 4.0CM	11606	CPT	outpatient			5464		2132.36 First Trenton	First Trenton		4917.6	90			650.31	5190.8	percent of total billed charges	
SUR-EXC-TRUNK-MALIG,OVER 4.0CM	11606	CPT	outpatient			5464		2132.36 Horizon	NJ Health		650.31				650.31	5190.8	fee schedule	
SUR-EXC-TRUNK-MALIG,OVER 4.0CM	11606	CPT	outpatient			5464		2132.36 Horizon	Indemnity		3450.72				650.31	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUR-EXC-TRUNK-MALIG,OVER 4.0CM	11606	CPT	outpatient			5464		2132.36 Horizon	Medicare Blue		1854.23				650.31	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUR-EXC-TRUNK-MALIG,OVER 4.0CM	11606	CPT	outpatient			5464		2132.36 Horizon	MGD		3450.72				650.31	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUR-EXC-TRUNK-MALIG,OVER 4.0CM	11606	CPT	outpatient			5464		2132.36 Horizon	PPO		3450.72				650.31	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUR-EXC-TRUNK-MALIG,OVER 4.0CM	11606	CPT	outpatient			5464		2132.36 Managed Care Inc	Managed Care Inc		4917.6	90			650.31	5190.8	percent of total billed charges	
SUR-EXC-TRUNK-MALIG,OVER 4.0CM	11606	CPT	outpatient			5464		2132.36 Multiplan	Multiplan		4371.2	80			650.31	5190.8	percent of total billed charges	
SUR-EXC-TRUNK-MALIG,OVER 4.0CM	11606	CPT	outpatient			5464		2132.36 Qualcare	Qualcare		4098	75			650.31	5190.8	percent of total billed charges	
SUR-EXC-TRUNK-MALIG,OVER 4.0CM	11606	CPT	outpatient			5464		2132.36 Three Rivers	Three Rivers		5190.8	95			650.31	5190.8	percent of total billed charges	
SUR-EXC-TRUNK-MALIG,OVER 4.0CM	11606	CPT	outpatient			5464		2132.36 UHC	Medicare		1854.23				650.31	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUR-EXC-TRUNK-MALIG,OVER 4.0CM	11606	CPT	outpatient			5464		2132.36 UHC	Medicaid		1723.89	31.55			650.31	5190.8	percent of total billed charges	
SUR-EXC-TRUNK-MALIG,OVER 4.0CM	11606	CPT	outpatient			5464		2132.36 United	Oxford		2493				650.31	5190.8	case rate	
SUR-EXC-TRUNK-MALIG,OVER 4.0CM	11606	CPT	outpatient			5464		2132.36 United	CommercialPPO		2493				650.31	5190.8	case rate	
SUR-EXC-TRUNK-MALIG,OVER 4.0CM	11606	CPT	outpatient			5464		2132.36 Wellcare	Medicare		1854.23				650.31	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUR-EXC-TRUNK-MALIG,OVER 4.0CM	11606	CPT	outpatient			5464		2132.36 Wellcare	Medicaid		1723.89	31.55			650.31	5190.8	percent of total billed charges	
SUR-EXC-TRUNK-MALIG,OVER 4.0CM	11606	CPT	outpatient			5464		2132.36 WellPoint	WellPoint		1758.32	32.18			650.31	5190.8	percent of total billed charges	
EXC-SCALP,HANDS,ETC-0.5CM/LESS	11620	CPT	outpatient			5464		2132.36 Aetna	Medicare		1682.91	30.8			285.14	5190.8	percent of total billed charges	
EXC-SCALP,HANDS,ETC-0.5CM/LESS	11620	CPT	outpatient			5464		2132.36 Aetna	Better Health		1723.89	31.55			285.14	5190.8	percent of total billed charges	
EXC-SCALP,HANDS,ETC-0.5CM/LESS	11620	CPT	outpatient			5464		2132.36 Aetna	Commercial		2951.93				285.14	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-SCALP,HANDS,ETC-0.5CM/LESS	11620	CPT	outpatient			5464		2132.36 Americare	Americare		4098	75			285.14	5190.8	percent of total billed charges	
EXC-SCALP,HANDS,ETC-0.5CM/LESS	11620	CPT	outpatient			5464		2132.36 Amerihealth	HMO/PPO		3551.6	65			285.14	5190.8	percent of total billed charges	
EXC-SCALP,HANDS,ETC-0.5CM/LESS	11620	CPT	outpatient			5464		2132.36 Amerihealth	Medicare		1854.23				285.14	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-SCALP,HANDS,ETC-0.5CM/LESS	11620	CPT	outpatient			5464		2132.36 Consumer	Consumer		5190.8	95			285.14	5190.8	percent of total billed charges	
EXC-SCALP,HANDS,ETC-0.5CM/LESS	11620	CPT	outpatient			5464		2132.36 Corrections	Corrections		4371.2	80			285.14	5190.8	percent of total billed charges	
EXC-SCALP,HANDS,ETC-0.5CM/LESS	11620	CPT	outpatient			5464		2132.36 First Health	First Health		3824.8	70			285.14	5190.8	percent of total billed charges	
EXC-SCALP,HANDS,ETC-0.5CM/LESS	11620	CPT	outpatient			5464		2132.36 First Trenton	First Trenton		4917.6	90			285.14	5190.8	percent of total billed charges	
EXC-SCALP,HANDS,ETC-0.5CM/LESS	11620	CPT	outpatient			5464		2132.36 Horizon	Medicare Blue		1854.23				285.14	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-SCALP,HANDS,ETC-0.5CM/LESS	11620	CPT	outpatient			5464		2132.36 Horizon	PPO		3450.72				285.14	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-SCALP,HANDS,ETC-0.5CM/LESS	11620	CPT	outpatient			5464		2132.36 Horizon	MGD		3450.72				285.14	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-SCALP,HANDS,ETC-0.5CM/LESS	11620	CPT	outpatient			5464		2132.36 Horizon	Indemnity		3450.72				285.14	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-SCALP,HANDS,ETC-0.5CM/LESS	11620	CPT	outpatient			5464		2132.36 Horizon	NJ Health		285.14				285.14	5190.8	fee schedule	
EXC-SCALP,HANDS,ETC-0.5CM/LESS	11620	CPT	outpatient			5464		2132.36 Managed Care Inc	Managed Care Inc		4917.6	90			285.14	5190.8	percent of total billed charges	
EXC-SCALP,HANDS,ETC-0.5CM/LESS	11620	CPT	outpatient			5464		2132.36 Multiplan	Multiplan		4371.2	80			285.14	5190.8	percent of total billed charges	
EXC-SCALP,HANDS,ETC-0.5CM/LESS	11620	CPT	outpatient			5464		2132.36 Qualcare	Qualcare		4098	75			285.14	5190.8	percent of total billed charges	
EXC-SCALP,HANDS,ETC-0.5CM/LESS	11620	CPT	outpatient			5464		2132.36 Three Rivers	Three Rivers		5190.8	95			285.14	5190.8	percent of total billed charges	
EXC-SCALP,HANDS,ETC-0.5CM/LESS	11620	CPT	outpatient			5464		2132.36 UHC	Medicaid		1723.89	31.55			285.14	5190.8	percent of total billed charges	
EXC-SCALP,HANDS,ETC-0.5CM/LESS	11620	CPT	outpatient			5464		2132.36 UHC	Medicare		1854.23				285.14	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-SCALP,HANDS,ETC-0.5CM/LESS	11620	CPT	outpatient			5464		2132.36 United	CommercialPPO		1817				285.14	5190.8	case rate	
EXC-SCALP,HANDS,ETC-0.5CM/LESS	11620	CPT	outpatient			5464		2132.36 United	Oxford		1817				285.14	5190.8	case rate	
EXC-SCALP,HANDS,ETC-0.5CM/LESS	11620	CPT	outpatient			5464		2132.36 Wellcare	Medicaid		1723.89	31.55			285.14	5190.8	percent of total billed charges	
EXC-SCALP,HANDS,ETC-0.5CM/LESS	11620	CPT	outpatient			5464		2132.36 Wellcare	Medicare		1854.23				285.14	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-SCALP,HANDS,ETC-0.5CM/LESS	11620	CPT	outpatient			5464		2132.36 WellPoint	WellPoint		1758.32	32.18			285.14	5190.8	percent of total billed charges	
EXC-SCALP,HANDS,ETC-0.6/1.0CM	11621	CPT	outpatient			2364		925.36 Aetna	Commercial		1281.02				338.96	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-SCALP,HANDS,ETC-0.6/1.0CM	11621	CPT	outpatient			2364		925.36 Aetna	Better Health		745.84	31.55			338.96	2245.8	percent of total billed charges	
EXC-SCALP,HANDS,ETC-0.6/1.0CM	11621	CPT	outpatient			2364		925.36 Aetna	Medicare		804.66				338.96	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-SCALP,HANDS,ETC-0.6/1.0CM	11621	CPT	outpatient			2364		925.36 Americare	Americare		1773	75			338.96	2245.8	percent of total billed charges	
EXC-SCALP,HANDS,ETC-0.6/1.0CM	11621	CPT	outpatient			2364		925.36 Amerihealth	Medicare		804.66				338.96	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-SCALP,HANDS,ETC-0.6/1.0CM	11621	CPT	outpatient			2364		925.36 Amerihealth	HMO/PPO		1536.6	65			338.96	2245.8	percent of total billed charges	
EXC-SCALP,HANDS,ETC-0.6/1.0CM	11621	CPT	outpatient			2364		925.36 Consumer	Consumer		2245.8	95			338.96	2245.8	percent of total billed charges	
EXC-SCALP,HANDS,ETC-0.6/1.0CM	11621	CPT	outpatient			2364		925.36 Corrections	Corrections		1891.2	80			338.96	2245.8	percent of total billed charges	
EXC-SCALP,HANDS,ETC-0.6/1.0CM	11621	CPT	outpatient			2364		925.36 First Health	First Health		1654.8	70			338.96	2245.8	percent of total billed charges	
EXC-SCALP,HANDS,ETC-0.6/1.0CM	11621	CPT	outpatient			2364		925.36 First Trenton	First Trenton		2127.6	90			338.96	2245.8	percent of total billed charges	
EXC-SCALP,HANDS,ETC-0.6/1.0CM	11621	CPT	outpatient			2364		925.36 Horizon	Indemnity		1497.47				338.96	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-SCALP,HANDS,ETC-0.6/1.0CM	11621	CPT	outpatient			2364		925.36 Horizon	MGD		1497.47				338.96	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-SCALP,HANDS,ETC-0.6/1.0CM	11621	CPT	outpatient			2364		925.36 Horizon	PPO		1497.47				338.96	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-SCALP,HANDS,ETC-0.6/1.0CM	11621	CPT	outpatient			2364		925.36 Horizon	NJ Health		338.96				338.96	2245.8	fee schedule	
EXC-SCALP,HANDS,ETC-0.6/1.0CM	11621	CPT	outpatient			2364		925.36 Horizon	Medicare Blue		804.66				338.96	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-SCALP,HANDS,ETC-0.6/1.0CM	11621	CPT	outpatient			2364		925.36 Managed Care Inc	Managed Care Inc		2127.6	90			338.96	2245.8	percent of total billed charges	
EXC-SCALP,HANDS,ETC-0.6/1.0CM	11621	CPT	outpatient			2364		925.36 Multiplan	Multiplan		1891.2	80			338.96	2245.8	percent of total billed charges	
EXC-SCALP,HANDS,ETC-0.6/1.0CM	11621	CPT	outpatient			2364		925.36 Qualcare	Qualcare		1773	75			338.96	2245.8	percent of total billed charges	
EXC-SCALP,HANDS,ETC-0.6/1.0CM	11621	CPT	outpatient			2364		925.36 Three Rivers	Three Rivers		2245.8	95			338.96	2245.8	percent of total billed charges	
EXC-SCALP,HANDS,ETC-0.6/1.0CM	11621	CPT	outpatient			2364		925.36 UHC	Medicare		804.66				338.96	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-SCALP,HANDS,ETC-0.6/1.0CM	11621	CPT	outpatient			2364		925.36 UHC	Medicaid		745.84	31.55			338.96	2245.8	percent of total billed charges	
EXC-SCALP,HANDS,ETC-0.6/1.0CM	11621	CPT	outpatient			2364		925.36 United	Oxford		1817				338.96	2245.8	case rate	
EXC-SCALP,HANDS,ETC-0.6/1.0CM	11621	CPT	outpatient			2364		925.36 United	CommercialPPO		1817				338.96	2245.8	case rate	
EXC-SCALP,HANDS,ETC-0.6/1.0CM	11621	CPT	outpatient			2364		925.36 Wellcare	Medicaid		745.84	31.55			338.96	2245.8	percent of total billed charges	
EXC-SCALP,HANDS,ETC-0.6/1.0CM	11621	CPT	outpatient			2364		925.36 Wellcare	Medicare		804.66				338.96	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-SCALP,HANDS,ETC-0.6/1.0CM	11621	CPT	outpatient			2364		925.36 WellPoint	WellPoint		760.74	32.18			338.96	2245.8	percent of total billed charges	
EXC-SCALP,HANDS,ETC-1.1/2.0CM	11622	CPT	outpatient			2364		925.36 Aetna	Better Health		745.84	31.55			378.66	2245.8	percent of total billed charges	
EXC-SCALP,HANDS,ETC-1.1/2.0CM	11622	CPT	outpatient			2364		925.36 Aetna	Commercial		1281.02				378.66	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-SCALP,HANDS,ETC-1.1/2.0CM	11622	CPT	outpatient			2364		925.36 Aetna	Medicare		728.11	30.8			378.66	2245.8	percent of total billed charges	
EXC-SCALP,HANDS,ETC-1.1/2.0CM	11622	CPT	outpatient			2364		925.36 Americare	Americare		1773	75			378.66	2245.8	percent of total billed charges	
EXC-SCALP,HANDS,ETC-1.1/2.0CM	11622	CPT	outpatient			2364		925.36 Amerihealth	HMO/PPO		1536.6	65			378.66	2245.8	percent of total billed charges	
EXC-SCALP,HANDS,ETC-1.1/2.0CM	11622	CPT	outpatient			2364		925.36 Amerihealth	Medicare		804.66				378.66	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-SCALP,HANDS,ETC-1.1/2.0CM	11622	CPT	outpatient			2364		925.36 Consumer	Consumer		2245.8	95			378.66	2245.8	percent of total billed charges	
EXC-SCALP,HANDS,ETC-1.1/2.0CM	11622	CPT	outpatient			2364		925.36 Corrections	Corrections		1891.2	80			378.66	2245.8	percent of total billed charges	
EXC-SCALP,HANDS,ETC-1.1/2.0CM	11622	CPT	outpatient			2364		925.36 First Health	First Health		1654.8	70			378.66	2245.8	percent of total billed charges	
EXC-SCALP,HANDS,ETC-1.1/2.0CM	11622	CPT	outpatient			2364		925.36 First Trenton	First Trenton		2127.6	90			378.66	2245.8	percent of total billed charges	
EXC-SCALP,HANDS,ETC-1.1/2.0CM	11622	CPT	outpatient			2364		925.36 Horizon	Indemnity		1497.47				378.66	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-SCALP,HANDS,ETC-1.1/2.0CM	11622	CPT	outpatient			2364		925.36 Horizon	Medicare Blue		804.66				378.66	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-SCALP,HANDS,ETC-1.1/2.0CM	11622	CPT	outpatient			2364		925.36 Horizon	NJ Health		378.66				378.66	2245.8	fee schedule	
EXC-SCALP,HANDS,ETC-1.1/2.0CM	11622	CPT	outpatient			2364		925.36 Horizon	MGD		1497.47				378.66	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-SCALP,HANDS,ETC-1.1/2.0CM	11622	CPT	outpatient			2364		925.36 Horizon	PPO		1497.47				378.66	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-SCALP,HANDS,ETC-1.1/2.0CM	11622	CPT	outpatient			2364		925.36 Managed Care Inc	Managed Care Inc		2127.6	90			378.66	2245.8	percent of total billed charges	
EXC-SCALP,HANDS,ETC-1.1/2.0CM	11622	CPT	outpatient			2364		925.36 Multiplan	Multiplan		1891.2	80			378.66	2245.8	percent of total billed charges	
EXC-SCALP,HANDS,ETC-1.1/2.0CM	11622	CPT	outpatient			2364		925.36 Qualcare	Qualcare		1773	75			378.66	2245.8	percent of total billed charges	
EXC-SCALP,HANDS,ETC-1.1/2.0CM	11622	CPT	outpatient			2364		925.36 Three Rivers	Three Rivers		2245.8	95			378.66	2245.8	percent of total billed charges	
EXC-SCALP,HANDS,ETC-1.1/2.0CM	11622	CPT	outpatient			2364		925.36 UHC	Medicare		804.66				378.66	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-SCALP,HANDS,ETC-1.1/2.0CM	11622	CPT	outpatient			2364		925.36 UHC	Medicaid		745.84	31.55			378.66	2245.8	percent of total billed charges	
EXC-SCALP,HANDS,ETC-1.1/2.0CM	11622	CPT	outpatient			2364		925.36 United	Oxford		1817				378.66	2245.8	case rate	
EXC-SCALP,HANDS,ETC-1.1/2.0CM	11622	CPT	outpatient			2364		925.36 United	CommercialPPO		1817				378.66	2245.8	case rate	
EXC-SCALP,HANDS,ETC-1.1/2.0CM	11622	CPT	outpatient			2364		925.36 Wellcare	Medicare		804.66				378.66	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-SCALP,HANDS,ETC-1.1/2.0CM	11622	CPT	outpatient			2364		925.36 Wellcare	Medicaid		745.84	31.55			378.66	2245.8	percent of total billed charges	
EXC-SCALP,HANDS,ETC-1.1/2.0CM	11622	CPT	outpatient			2364		925.36 WellPoint	WellPoint		760.74	32.18			378.66	2245.8	percent of total billed charges	
EXC-SCALP,HANDS,ETC-2.1/3.0CM	11623	CPT	outpatient			5464		2132.36 Aetna	Better Health		1723.89	31.55			440.91	5190.8	percent of total billed charges	
EXC-SCALP,HANDS,ETC-2.1/3.0CM	11623	CPT	outpatient			5464		2132.36 Aetna	Commercial		2951.93				440.91	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-SCALP,HANDS,ETC-2.1/3.0CM	11623	CPT	outpatient			5464		2132.36 Aetna	Medicare		1682.91	30.8			440.91	5190.8	percent of total billed charges	
EXC-SCALP,HANDS,ETC-2.1/3.0CM	11623	CPT	outpatient			5464		2132.36 Americare	Americare		4098	75			440.91	5190.8	percent of total billed charges	
EXC-SCALP,HANDS,ETC-2.1/3.0CM	11623	CPT	outpatient			5464		2132.36 Amerihealth	HMO/PPO		3551.6	65			440.91	5190.8	percent of total billed charges	
EXC-SCALP,HANDS,ETC-2.1/3.0CM	11623	CPT	outpatient			5464		2132.36 Amerihealth	Medicare		1854.23				440.91	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-SCALP,HANDS,ETC-2.1/3.0CM	11623	CPT	outpatient			5464		2132.36 Consumer	Consumer		5190.8	95			440.91	5190.8	percent of total billed charges	
EXC-SCALP,HANDS,ETC-2.1/3.0CM	11623	CPT	outpatient			5464		2132.36 Corrections	Corrections		4371.2	80			440.91	5190.8	percent of total billed charges	
EXC-SCALP,HANDS,ETC-2.1/3.0CM	11623	CPT	outpatient			5464		2132.36 First Health	First Health		3824.8	70			440.91	5190.8	percent of total billed charges	
EXC-SCALP,HANDS,ETC-2.1/3.0CM	11623	CPT	outpatient			5464		2132.36 First Trenton	First Trenton		4917.6	90			440.91	5190.8	percent of total billed charges	
EXC-SCALP,HANDS,ETC-2.1/3.0CM	11623	CPT	outpatient			5464		2132.36 Horizon	MGD		3450.72				440.91	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-SCALP,HANDS,ETC-2.1/3.0CM	11623	CPT	outpatient			5464		2132.36 Horizon	Indemnity		3450.72				440.91	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-SCALP,HANDS,ETC-2.1/3.0CM	11623	CPT	outpatient			5464		2132.36 Horizon	PPO		3450.72				440.91	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-SCALP,HANDS,ETC-2.1/3.0CM	11623	CPT	outpatient			5464		2132.36 Horizon	NJ Health		440.91				440.91	5190.8	fee schedule	
EXC-SCALP,HANDS,ETC-2.1/3.0CM	11623	CPT	outpatient			5464		2132.36 Horizon	Medicare Blue		1854.23				440.91	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-SCALP,HANDS,ETC-2.1/3.0CM	11623	CPT	outpatient			5464		2132.36 Managed Care Inc	Managed Care Inc		4917.6	90			440.91	5190.8	percent of total billed charges	
EXC-SCALP,HANDS,ETC-2.1/3.0CM	11623	CPT	outpatient			5464		2132.36 Multiplan	Multiplan		4371.2	80			440.91	5190.8	percent of total billed charges	
EXC-SCALP,HANDS,ETC-2.1/3.0CM	11623	CPT	outpatient			5464		2132.36 Qualcare	Qualcare		4098	75			440.91	5190.8	percent of total billed charges	
EXC-SCALP,HANDS,ETC-2.1/3.0CM	11623	CPT	outpatient			5464		2132.36 Three Rivers	Three Rivers		5190.8	95			440.91	5190.8	percent of total billed charges	
EXC-SCALP,HANDS,ETC-2.1/3.0CM	11623	CPT	outpatient			5464		2132.36 UHC	Medicaid		1723.89	31.55			440.91	5190.8	percent of total billed char

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
EXC-SCALP,HANDS,ETC,-3.1/4.0CM	11624	CPT	outpatient			5464		2132.36 Aetna	Better Health		1723.89	31.55			495.48		5190.8 percent of total billed charges	
EXC-SCALP,HANDS,ETC,-3.1/4.0CM	11624	CPT	outpatient			5464		2132.36 Aetna	Commercial		2951.93				495.48		5190.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-SCALP,HANDS,ETC,-3.1/4.0CM	11624	CPT	outpatient			5464		2132.36 Aetna	Medicare		1854.23				495.48		5190.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-SCALP,HANDS,ETC,-3.1/4.0CM	11624	CPT	outpatient			5464		2132.36 Americare	Americare		4098	75			495.48		5190.8 percent of total billed charges	
EXC-SCALP,HANDS,ETC,-3.1/4.0CM	11624	CPT	outpatient			5464		2132.36 Amerihealth	HMO/PPO		3551.6	65			495.48		5190.8 percent of total billed charges	
EXC-SCALP,HANDS,ETC,-3.1/4.0CM	11624	CPT	outpatient			5464		2132.36 Amerihealth	Medicare		1854.23				495.48		5190.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-SCALP,HANDS,ETC,-3.1/4.0CM	11624	CPT	outpatient			5464		2132.36 Consumer	Consumer		5190.8	95			495.48		5190.8 percent of total billed charges	
EXC-SCALP,HANDS,ETC,-3.1/4.0CM	11624	CPT	outpatient			5464		2132.36 Corrections	Corrections		4371.2	80			495.48		5190.8 percent of total billed charges	
EXC-SCALP,HANDS,ETC,-3.1/4.0CM	11624	CPT	outpatient			5464		2132.36 First Health	First Health		3824.8	70			495.48		5190.8 percent of total billed charges	
EXC-SCALP,HANDS,ETC,-3.1/4.0CM	11624	CPT	outpatient			5464		2132.36 First Trenton	First Trenton		4917.6	90			495.48		5190.8 percent of total billed charges	
EXC-SCALP,HANDS,ETC,-3.1/4.0CM	11624	CPT	outpatient			5464		2132.36 Horizon	Indemnity		3450.72				495.48		5190.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-SCALP,HANDS,ETC,-3.1/4.0CM	11624	CPT	outpatient			5464		2132.36 Horizon	Medicare Blue		1854.23				495.48		5190.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-SCALP,HANDS,ETC,-3.1/4.0CM	11624	CPT	outpatient			5464		2132.36 Horizon	NJ Health		495.48				495.48		5190.8 fee schedule	
EXC-SCALP,HANDS,ETC,-3.1/4.0CM	11624	CPT	outpatient			5464		2132.36 Horizon	PPO		3450.72				495.48		5190.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-SCALP,HANDS,ETC,-3.1/4.0CM	11624	CPT	outpatient			5464		2132.36 Horizon	MGD		3450.72				495.48		5190.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-SCALP,HANDS,ETC,-3.1/4.0CM	11624	CPT	outpatient			5464		2132.36 Managed Care Inc	Managed Care Inc		4917.6	90			495.48		5190.8 percent of total billed charges	
EXC-SCALP,HANDS,ETC,-3.1/4.0CM	11624	CPT	outpatient			5464		2132.36 Multiplan	Multiplan		4371.2	80			495.48		5190.8 percent of total billed charges	
EXC-SCALP,HANDS,ETC,-3.1/4.0CM	11624	CPT	outpatient			5464		2132.36 Qualcare	Qualcare		4098	75			495.48		5190.8 percent of total billed charges	
EXC-SCALP,HANDS,ETC,-3.1/4.0CM	11624	CPT	outpatient			5464		2132.36 Three Rivers	Three Rivers		5190.8	95			495.48		5190.8 percent of total billed charges	
EXC-SCALP,HANDS,ETC,-3.1/4.0CM	11624	CPT	outpatient			5464		2132.36 UHC	Medicaid		1723.89	31.55			495.48		5190.8 percent of total billed charges	
EXC-SCALP,HANDS,ETC,-3.1/4.0CM	11624	CPT	outpatient			5464		2132.36 UHC	Medicare		1854.23				495.48		5190.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-SCALP,HANDS,ETC,-3.1/4.0CM	11624	CPT	outpatient			5464		2132.36 United	CommercialPPO		2493				495.48		5190.8 case rate	
EXC-SCALP,HANDS,ETC,-3.1/4.0CM	11624	CPT	outpatient			5464		2132.36 United	Oxford		2493				495.48		5190.8 case rate	
EXC-SCALP,HANDS,ETC,-3.1/4.0CM	11624	CPT	outpatient			5464		2132.36 Wellcare	Medicare		1854.23				495.48		5190.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-SCALP,HANDS,ETC,-3.1/4.0CM	11624	CPT	outpatient			5464		2132.36 Wellcare	Medicaid		1723.89	31.55			495.48		5190.8 percent of total billed charges	
EXC-SCALP,HANDS,ETC,-3.1/4.0CM	11624	CPT	outpatient			5464		2132.36 WellPoint	WellPoint		1758.32	32.18			495.48		5190.8 percent of total billed charges	
EXC-SCALP,HANDS,ETC-OVER 4.0CM	11626	CPT	outpatient			9413		3737.2 Aetna	Commercial		5173.59				596.52		8942.35 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-SCALP,HANDS,ETC-OVER 4.0CM	11626	CPT	outpatient			9413		3737.2 Aetna	Better Health		2969.8	31.55			596.52		8942.35 percent of total billed charges	
EXC-SCALP,HANDS,ETC-OVER 4.0CM	11626	CPT	outpatient			9413		3737.2 Aetna	Medicare		2899.2	30.8			596.52		8942.35 percent of total billed charges	
EXC-SCALP,HANDS,ETC-OVER 4.0CM	11626	CPT	outpatient			9413		3737.2 Americare	Americare		7059.75	75			596.52		8942.35 percent of total billed charges	
EXC-SCALP,HANDS,ETC-OVER 4.0CM	11626	CPT	outpatient			9413		3737.2 Amerihealth	HMO/PPO		6118.45	65			596.52		8942.35 percent of total billed charges	
EXC-SCALP,HANDS,ETC-OVER 4.0CM	11626	CPT	outpatient			9413		3737.2 Amerihealth	Medicare		3249.74				596.52		8942.35 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-SCALP,HANDS,ETC-OVER 4.0CM	11626	CPT	outpatient			9413		3737.2 Consumer	Consumer		8942.35	95			596.52		8942.35 percent of total billed charges	
EXC-SCALP,HANDS,ETC-OVER 4.0CM	11626	CPT	outpatient			9413		3737.2 Corrections	Corrections		7530.4	80			596.52		8942.35 percent of total billed charges	
EXC-SCALP,HANDS,ETC-OVER 4.0CM	11626	CPT	outpatient			9413		3737.2 First Health	First Health		6589.1	70			596.52		8942.35 percent of total billed charges	
EXC-SCALP,HANDS,ETC-OVER 4.0CM	11626	CPT	outpatient			9413		3737.2 First Trenton	First Trenton		8471.7	90			596.52		8942.35 percent of total billed charges	
EXC-SCALP,HANDS,ETC-OVER 4.0CM	11626	CPT	outpatient			9413		3737.2 Horizon	MGD		6047.77				596.52		8942.35 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-SCALP,HANDS,ETC-OVER 4.0CM	11626	CPT	outpatient			9413		3737.2 Horizon	Medicare Blue		3249.74				596.52		8942.35 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-SCALP,HANDS,ETC-OVER 4.0CM	11626	CPT	outpatient			9413		3737.2 Horizon	Indemnity		6047.77				596.52		8942.35 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-SCALP,HANDS,ETC-OVER 4.0CM	11626	CPT	outpatient			9413		3737.2 Horizon	NJ Health		596.52				596.52		8942.35 fee schedule	
EXC-SCALP,HANDS,ETC-OVER 4.0CM	11626	CPT	outpatient			9413		3737.2 Horizon	PPO		6047.77				596.52		8942.35 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-SCALP,HANDS,ETC-OVER 4.0CM	11626	CPT	outpatient			9413		3737.2 Managed Care Inc	Managed Care Inc		8471.7	90			596.52		8942.35 percent of total billed charges	
EXC-SCALP,HANDS,ETC-OVER 4.0CM	11626	CPT	outpatient			9413		3737.2 Multiplan	Multiplan		7530.4	80			596.52		8942.35 percent of total billed charges	
EXC-SCALP,HANDS,ETC-OVER 4.0CM	11626	CPT	outpatient			9413		3737.2 Qualcare	Qualcare		7059.75	75			596.52		8942.35 percent of total billed charges	
EXC-SCALP,HANDS,ETC-OVER 4.0CM	11626	CPT	outpatient			9413		3737.2 Three Rivers	Three Rivers		8942.35	95			596.52		8942.35 percent of total billed charges	
EXC-SCALP,HANDS,ETC-OVER 4.0CM	11626	CPT	outpatient			9413		3737.2 UHC	Medicaid		2969.8	31.55			596.52		8942.35 percent of total billed charges	
EXC-SCALP,HANDS,ETC-OVER 4.0CM	11626	CPT	outpatient			9413		3737.2 UHC	Medicare		3249.74				596.52		8942.35 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-SCALP,HANDS,ETC-OVER 4.0CM	11626	CPT	outpatient			9413		3737.2 United	CommercialPPO		2776				596.52		8942.35 case rate	
EXC-SCALP,HANDS,ETC-OVER 4.0CM	11626	CPT	outpatient			9413		3737.2 United	Oxford		2776				596.52		8942.35 case rate	
EXC-SCALP,HANDS,ETC-OVER 4.0CM	11626	CPT	outpatient			9413		3737.2 Wellcare	Medicare		3249.74				596.52		8942.35 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-SCALP,HANDS,ETC-OVER 4.0CM	11626	CPT	outpatient			9413		3737.2 Wellcare	Medicaid		2969.8	31.55			596.52		8942.35 percent of total billed charges	
EXC-SCALP,HANDS,ETC-OVER 4.0CM	11626	CPT	outpatient			9413		3737.2 WellPoint	WellPoint		3029.1	32.18			596.52		8942.35 percent of total billed charges	
SURG-EXC-FACE-MALIG, TO 0.5CM	11640	CPT	outpatient			2364		925.36 Aetna	Better Health		745.84	31.55			295.5		2245.8 percent of total billed charges	
SURG-EXC-FACE-MALIG, TO 0.5CM	11640	CPT	outpatient			2364		925.36 Aetna	Commercial		1281.02				295.5		2245.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-MALIG, TO 0.5CM	11640	CPT	outpatient			2364		925.36 Aetna	Medicare		804.66				295.5		2245.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-MALIG, TO 0.5CM	11640	CPT	outpatient			2364		925.36 Americare	Americare		1773	75			295.5		2245.8 percent of total billed charges	
SURG-EXC-FACE-MALIG, TO 0.5CM	11640	CPT	outpatient			2364		925.36 Amerihealth	HMO/PPO		1536.6	65			295.5		2245.8 percent of total billed charges	
SURG-EXC-FACE-MALIG, TO 0.5CM	11640	CPT	outpatient			2364		925.36 Amerihealth	Medicare		804.66				295.5		2245.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-MALIG, TO 0.5CM	11640	CPT	outpatient			2364		925.36 Consumer	Consumer		2245.8	95			295.5		2245.8 percent of total billed charges	
SURG-EXC-FACE-MALIG, TO 0.5CM	11640	CPT	outpatient			2364		925.36 Corrections	Corrections		1891.2	80			295.5		2245.8 percent of total billed charges	
SURG-EXC-FACE-MALIG, TO 0.5CM	11640	CPT	outpatient			2364		925.36 First Health	First Health		1654.8	70			295.5		2245.8 percent of total billed charges	
SURG-EXC-FACE-MALIG, TO 0.5CM	11640	CPT	outpatient			2364		925.36 First Trenton	First Trenton		2127.6	90			295.5		2245.8 percent of total billed charges	
SURG-EXC-FACE-MALIG, TO 0.5CM	11640	CPT	outpatient			2364		925.36 Horizon	NJ Health		295.5				295.5		2245.8 fee schedule	
SURG-EXC-FACE-MALIG, TO 0.5CM	11640	CPT	outpatient			2364		925.36 Horizon	MGD		1497.47				295.5		2245.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-MALIG, TO 0.5CM	11640	CPT	outpatient			2364		925.36 Horizon	Indemnity		1497.47				295.5		2245.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-MALIG, TO 0.5CM	11640	CPT	outpatient			2364		925.36 Horizon	PPO		1497.47				295.5		2245.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-MALIG, TO 0.5CM	11640	CPT	outpatient			2364		925.36 Horizon	Medicare Blue		804.66				295.5		2245.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-MALIG, TO 0.5CM	11640	CPT	outpatient			2364		925.36 Managed Care Inc	Managed Care Inc		2127.6	90			295.5		2245.8 percent of total billed charges	
SURG-EXC-FACE-MALIG, TO 0.5CM	11640	CPT	outpatient			2364		925.36 Multiplan	Multiplan		1891.2	80			295.5		2245.8 percent of total billed charges	
SURG-EXC-FACE-MALIG, TO 0.5CM	11640	CPT	outpatient			2364		925.36 Qualcare	Qualcare		1773	75			295.5		2245.8 percent of total billed charges	
SURG-EXC-FACE-MALIG, TO 0.5CM	11640	CPT	outpatient			2364		925.36 Three Rivers	Three Rivers		2245.8	95			295.5		2245.8 percent of total billed charges	
SURG-EXC-FACE-MALIG, TO 0.5CM	11640	CPT	outpatient			2364		925.36 UHC	Medicare		804.66				295.5		2245.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-MALIG, TO 0.5CM	11640	CPT	outpatient			2364		925.36 UHC	Medicaid		745.84	31.55			295.5		2245.8 percent of total billed charges	
SURG-EXC-FACE-MALIG, TO 0.5CM	11640	CPT	outpatient			2364		925.36 United	CommercialPPO		1817				295.5		2245.8 case rate	
SURG-EXC-FACE-MALIG, TO 0.5CM	11640	CPT	outpatient			2364		925.36 United	Oxford		1817				295.5		2245.8 case rate	
SURG-EXC-FACE-MALIG, TO 0.5CM	11640	CPT	outpatient			2364		925.36 Wellcare	Medicare		804.66				295.5		2245.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-MALIG, TO 0.5CM	11640	CPT	outpatient			2364		925.36 Wellcare	Medicaid		745.84	31.55			295.5		2245.8 percent of total billed charges	
SURG-EXC-FACE-MALIG, TO 0.5CM	11640	CPT	outpatient			2364		925.36 WellPoint	WellPoint		760.74	32.18			295.5		2245.8 percent of total billed charges	
SURG-EXC-FACE-MALIG,0.6TO1.0CM	11641	CPT	outpatient			2364		925.36 Aetna	Better Health		745.84	31.55			352.48		2245.8 percent of total billed charges	
SURG-EXC-FACE-MALIG,0.6TO1.0CM	11641	CPT	outpatient			2364		925.36 Aetna	Commercial		1281.02				352.48		2245.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-MALIG,0.6TO1.0CM	11641	CPT	outpatient			2364		925.36 Aetna	Medicare		804.66				352.48		2245.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-MALIG,0.6TO1.0CM	11641	CPT	outpatient			2364		925.36 Americare	Americare		1773	75			352.48		2245.8 percent of total billed charges	
SURG-EXC-FACE-MALIG,0.6TO1.0CM	11641	CPT	outpatient			2364		925.36 Amerihealth	HMO/PPO		1536.6	65			352.48		2245.8 percent of total billed charges	
SURG-EXC-FACE-MALIG,0.6TO1.0CM	11641	CPT	outpatient			2364		925.36 Amerihealth	Medicare		804.66				352.48		2245.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-MALIG,0.6TO1.0CM	11641	CPT	outpatient			2364		925.36 Consumer	Consumer		2245.8	95			352.48		2245.8 percent of total billed charges	
SURG-EXC-FACE-MALIG,0.6TO1.0CM	11641	CPT	outpatient			2364		925.36 Corrections	Corrections		1891.2	80			352.48		2245.8 percent of total billed charges	
SURG-EXC-FACE-MALIG,0.6TO1.0CM	11641	CPT	outpatient			2364		925.36 First Health	First Health		1654.8	70			352.48		2245.8 percent of total billed charges	
SURG-EXC-FACE-MALIG,0.6TO1.0CM	11641	CPT	outpatient			2364		925.36 First Trenton	First Trenton		2127.6	90			352.48		2245.8 percent of total billed charges	
SURG-EXC-FACE-MALIG,0.6TO1.0CM	11641	CPT	outpatient			2364		925.36 Horizon	Medicare Blue		804.66				352.48		2245.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-MALIG,0.6TO1.0CM	11641	CPT	outpatient			2364		925.36 Horizon	Indemnity		1497.47				352.48		2245.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-MALIG,0.6TO1.0CM	11641	CPT	outpatient			2364		925.36 Horizon	PPO		1497.47				352.48		2245.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-MALIG,0.6TO1.0CM	11641	CPT	outpatient			2364		925.36 Horizon	MGD		1497.47				352.48		2245.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-MALIG,0.6TO1.0CM	11641	CPT	outpatient			2364		925.36 Horizon	NJ Health		352.48				352.48		2245.8 fee schedule	
SURG-EXC-FACE-MALIG,0.6TO1.0CM	11641	CPT	outpatient			2364		925.36 Managed Care Inc	Managed Care Inc		2127.6	90			352.48		2245.8 percent of total billed charges	
SURG-EXC-FACE-MALIG,0.6TO1.0CM	11641	CPT	outpatient			2364		925.36 Multiplan	Multiplan		1891.2	80			352.48		2245.8 percent of total billed charges	
SURG-EXC-FACE-MALIG,0.6TO1.0CM	11641	CPT	outpatient			2364		925.36 Qualcare	Qualcare		1773	75			352.48		2245.8 percent of total billed charges	
SURG-EXC-FACE-MALIG,0.6TO1.0CM	11641	CPT	outpatient			2364		925.36 Three Rivers	Three Rivers		2245.8	95			352.48		2245.8 percent of total billed charges	
SURG-EXC-FACE-MALIG,0.6TO1.0CM	11641	CPT	outpatient			2364		925.36 UHC	Medicare		804.66				352.48		2245.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-MALIG,0.6TO1.0CM	11641	CPT	outpatient			2364		925.36 UHC	Medicaid		745.84	31.55			352.48		2245.8 percent of total billed charges	
SURG-EXC-FACE-MALIG,0.6TO1.0CM	11641	CPT	outpatient			2364		925.36 United	CommercialPPO		1817				352.48		2245.8 case rate	
SURG-EXC-FACE-MALIG,0.6TO1.0CM	11641	CPT	outpatient			2364		925.36 United	Oxford		1817				352.48		2245.8 case rate	
SURG-EXC-FACE-MALIG,0.6TO1.0CM	11641	CPT	outpatient			2364		925.36 Wellcare	Medicare		804.66				352.48		2245.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-MALIG,0.6TO1.0CM	11641	CPT	outpatient			2364		925.36 Wellcare	Medicaid		745.84	31.55			352.48		2245.8 percent of total billed charges	
SURG-EXC-FACE-MALIG,0.6TO1.0CM	11641	CPT	outpatient			2364		925.36 WellPoint	WellPoint		760.74	32.18			352.48		2245.8 percent of total billed charges	
SURG-EXC-FACE-MALIG,1.1TO2.0CM	11642	CPT	outpatient			2364		925.36 Aetna	Medicare		804.66				401.44		2245.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-MALIG,1.1TO2.0CM	11642	CPT	outpatient			2364		925.36 Aetna	Commercial		1281.02				401.44		2245.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-MALIG,1.1TO2.0CM	11642	CPT	outpatient			2364		925.36 Aetna	Better Health		745.84	31.55			401.44		2245.8 percent of total billed charges	
SURG-EXC-FACE-MALIG,1.1TO2.0CM	11642	CPT	outpatient			2364		925.36 Americare	Americare		1773	75			401.44		2245.8 percent of total billed charges	
SURG-EXC-FACE-MALIG,1.1TO2.0CM	11642	CPT	outpatient			2364		925.36 Amerihealth	Medicare		804.66				401.44		2245.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-MALIG,1.1TO2.0CM	11642	CPT	outpatient			2364		925.36 Amerihealth	HMO/PPO		1536.6	65			401.44		2245.8 percent of total billed charges	
SURG-EXC-FACE-MALIG,1.1TO2.0CM	11642	CPT	outpatient			2364		925.36 Consumer	Consumer		2245.8	95			401.44		2245.8 percent of total billed charges	
SURG-EXC-FACE-MALIG,1.1TO2.0CM	11642	CPT	outpatient			2364		925.36 Corrections	Corrections		1891.2	80			401.44		2245.8 percent of total billed charges	
SURG-EXC-FACE-MALIG,1.1TO2.0CM	11642	CPT	outpatient			2364		925.36 First Health	First Health		1654.8	70			401.44		2245.8 percent of total billed charges	
SURG-EXC-FACE-MALIG,1.1TO2.0CM	11642	CPT	outpatient			2364		925.36 First Trenton	First Trenton		2127.6	90			401.44		2245.8 percent of total billed charges	
SURG-EXC-FACE-MALIG,1.1TO2.0CM	11642	CPT	outpatient			2364		925.36 Horizon	Indemnity		1497.47				401.44		2245.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-MALIG,1.1TO2.0CM	11642	CPT	outpatient			2364		925.36 Horizon	MGD		1497.47				401.44		2245.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-MALIG,1.1TO2.0CM	11642	CPT	outpatient			2364		925.36 Horizon	PPO		1497.47				401.44		2245.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-MALIG,1.1TO2.0CM	11642	CPT	outpatient			2364		925.36 Horizon	Medicare Blue		804.66				401.44		2245.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-MALIG,1.1TO2.0CM	11642	CPT	outpatient			2364		925.36 Horizon	NJ Health		401.44				401.44		2245.8 fee schedule	
SURG-EXC-FACE-MALIG,1.1TO2.0CM	11642	CPT	outpatient			2364		925.36 Managed Care Inc	Managed Care Inc		2127.6	90			401.44		2245.8 percent of total billed charges	
SURG-EXC-FACE-MALIG,1.1TO2.0CM	11642	CPT	outpatient			2364		925.36 Multiplan	Multiplan		1891.2	80			401.44		2245.8 percent of total billed charges	
SURG-EXC-FACE-MALIG,1.1TO2.0CM	11642	CPT	outpatient			2364		925.36 Qualcare	Qualcare		1773	75			401.44		2245.8 percent of total billed charges	
SURG-EXC-FACE-MALIG,1.1TO2.0CM	11642	CPT	outpatient			2364		925.36 Three Rivers	Three Rivers		2245.8	95			401.44		2245.8 percent of total billed charges	
SURG-EXC-FACE-MALIG,1.1TO2.0CM	11642	CPT	outpatient			2364		925.36 UHC	Medicare		804.66				401.44		2245.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-MALIG,1.1TO2.0CM	11642	CPT	outpatient			2364		925.36 UHC	Medicaid		745.84	31.55			401.44		2245.8 percent of total billed charges	
SURG-EXC-FACE-MALIG,1.1TO2.0CM	11642	CPT	outpatient			2364		925.36 United	CommercialPPO		1817				401.44		2245.8 case rate	
SURG-EXC-FACE-MALIG,1.1TO2.0CM	11642	CPT	outpatient			2364		925.36 United	Oxford		1817				401.44		2245.8 case rate	
SURG-EXC-FACE-MALIG,1.1TO2.0CM	11642	CPT	outpatient			2364		925.36 Wellcare	Medicaid		745.84	31.55			401.44		2245.8 percent of total billed charges	
SURG-EXC-FACE-MALIG,1.1TO2.0CM	11642	CPT	outpatient			2364		925.36 Wellcare	Medicare		804.66				401.44		2245.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-MALIG,1.1TO2.0CM	11642	CPT	outpatient			2364		925.36 WellPoint	WellPoint		760.74	32.18			401.44		2245.8 percent of total billed charges	
SURG-EXC-FACE-MALIG,2.1TO3.0CM	11643	CPT	outpatient			5464		2132.36 Aetna	Commercial		2951.93				470.79		5190.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-MALIG,2.1TO3.0CM	11643	CPT	outpatient			5464		2132.36 Aetna	Better Health		1723.89	31.55			470.79		5190.8 percent of total billed charges	
SURG-EXC-FACE-MALIG,2.1TO3.0CM	11643	CPT	outpatient			5464		2132.36 Aetna	Medicare		1854.23				470.79		5190.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-MALIG,2.1TO3.0CM	11643	CPT	outpatient			5464		2132.36 Americare	Americare		4098	75			470.79		5190.8 percent of total billed charges	
SURG-EXC-FACE-MALIG,2.1TO3.0CM	11643	CPT	outpatient			5464		2132.36 Amerihealth	Medicare		1854.23				470.79		5190.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-MALIG,2.1TO3.0CM	11643	CPT	outpatient			5464		2132.36 Amerihealth	HMO/PPO		3551.6	65			470.79		5190.8 percent of total billed charges	
SURG-EXC-FACE-MALIG,2.1TO3.0CM	11643	CPT	outpatient			5464		2132.36 Consumer	Consumer		5190.8	95			470.79		5190.8 percent of total billed charges	
SURG-EXC-FACE-MALIG,2.1TO3.0CM	11643	CPT	outpatient			5464		2132.36 Corrections	Corrections		4371.2	80			470.79		5190.8 percent of total billed charges	
SURG-EXC-FACE-MALIG,2.1TO3.0CM	11643	CPT	outpatient			5464		2132.36 First Health	First Health		3824.8	70			470.79		5190.8 percent of total billed charges	
SURG-EXC-FACE-MALIG,2.1TO3.0CM	11643	CPT	outpatient			5464		2132.36 First Trenton	First Trenton		4917.6	90			470.79		5190.8 percent of total billed charges	
SURG-EXC-FACE-MALIG,2.1TO3.0CM	11643	CPT	outpatient			5464		2132.36 Horizon	MGD		3450.72				470.79		5190.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-MALIG,2.1TO3.0CM	11643	CPT	outpatient			5464		2132.36 Horizon	Medicare Blue		1854.23				470.79		5190.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
SURG-EXC-FACE-MALIG,2.1TO3.0CM	11643	CPT	outpatient			5464		2132.36 Three Rivers	Three Rivers		5190.8	95			470.79	5190.8	percent of total billed charges	
SURG-EXC-FACE-MALIG,2.1TO3.0CM	11643	CPT	outpatient			5464		2132.36 UHC	Medicare		1854.23				470.79	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-MALIG,2.1TO3.0CM	11643	CPT	outpatient			5464		2132.36 UHC	Medicaid		1723.89	31.55			470.79	5190.8	percent of total billed charges	
SURG-EXC-FACE-MALIG,2.1TO3.0CM	11643	CPT	outpatient			5464		2132.36 United	Commercial|PPO		1817				470.79	5190.8	case rate	
SURG-EXC-FACE-MALIG,2.1TO3.0CM	11643	CPT	outpatient			5464		2132.36 United	Oxford		1817				470.79	5190.8	case rate	
SURG-EXC-FACE-MALIG,2.1TO3.0CM	11643	CPT	outpatient			5464		2132.36 Wellcare	Medicare		1854.23				470.79	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-MALIG,2.1TO3.0CM	11643	CPT	outpatient			5464		2132.36 Wellcare	Medicaid		1723.89	31.55			470.79	5190.8	percent of total billed charges	
SURG-EXC-FACE-MALIG,2.1TO3.0CM	11643	CPT	outpatient			5464		2132.36 WellPoint	WellPoint		1758.32	32.18			470.79	5190.8	percent of total billed charges	
SURG-EXC-FACE-MALIG,3.1TO4.0CM	11644	CPT	outpatient			5464		2132.36 Aetna	Medicare		1854.23				579.81	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-MALIG,3.1TO4.0CM	11644	CPT	outpatient			5464		2132.36 Aetna	Better Health		1723.89	31.55			579.81	5190.8	percent of total billed charges	
SURG-EXC-FACE-MALIG,3.1TO4.0CM	11644	CPT	outpatient			5464		2132.36 Aetna	Commercial		2951.93				579.81	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-MALIG,3.1TO4.0CM	11644	CPT	outpatient			5464		2132.36 Americare	Americare		4098	75			579.81	5190.8	percent of total billed charges	
SURG-EXC-FACE-MALIG,3.1TO4.0CM	11644	CPT	outpatient			5464		2132.36 Amerihealth	Medicare		1854.23				579.81	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-MALIG,3.1TO4.0CM	11644	CPT	outpatient			5464		2132.36 Amerihealth	HMO|PPO		3551.6	65			579.81	5190.8	percent of total billed charges	
SURG-EXC-FACE-MALIG,3.1TO4.0CM	11644	CPT	outpatient			5464		2132.36 Consumer	Consumer		5190.8	95			579.81	5190.8	percent of total billed charges	
SURG-EXC-FACE-MALIG,3.1TO4.0CM	11644	CPT	outpatient			5464		2132.36 Corrections	Corrections		4371.2	80			579.81	5190.8	percent of total billed charges	
SURG-EXC-FACE-MALIG,3.1TO4.0CM	11644	CPT	outpatient			5464		2132.36 First Health	First Health		3824.8	70			579.81	5190.8	percent of total billed charges	
SURG-EXC-FACE-MALIG,3.1TO4.0CM	11644	CPT	outpatient			5464		2132.36 First Trenton	First Trenton		4917.6	90			579.81	5190.8	percent of total billed charges	
SURG-EXC-FACE-MALIG,3.1TO4.0CM	11644	CPT	outpatient			5464		2132.36 Horizon	PPO		3450.72				579.81	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-MALIG,3.1TO4.0CM	11644	CPT	outpatient			5464		2132.36 Horizon	Indemnity		3450.72				579.81	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-MALIG,3.1TO4.0CM	11644	CPT	outpatient			5464		2132.36 Horizon	MGD		3450.72				579.81	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-MALIG,3.1TO4.0CM	11644	CPT	outpatient			5464		2132.36 Horizon	Medicare Blue		1854.23				579.81	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-MALIG,3.1TO4.0CM	11644	CPT	outpatient			5464		2132.36 Horizon	NJ Health		579.81				579.81	5190.8	fee schedule	
SURG-EXC-FACE-MALIG,3.1TO4.0CM	11644	CPT	outpatient			5464		2132.36 Managed Care Inc	Managed Care Inc		4917.6	90			579.81	5190.8	percent of total billed charges	
SURG-EXC-FACE-MALIG,3.1TO4.0CM	11644	CPT	outpatient			5464		2132.36 Multiplan	Multiplan		4371.2	80			579.81	5190.8	percent of total billed charges	
SURG-EXC-FACE-MALIG,3.1TO4.0CM	11644	CPT	outpatient			5464		2132.36 Qualcare	Qualcare		4098	75			579.81	5190.8	percent of total billed charges	
SURG-EXC-FACE-MALIG,3.1TO4.0CM	11644	CPT	outpatient			5464		2132.36 Three Rivers	Three Rivers		5190.8	95			579.81	5190.8	percent of total billed charges	
SURG-EXC-FACE-MALIG,3.1TO4.0CM	11644	CPT	outpatient			5464		2132.36 UHC	Medicare		1854.23				579.81	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-MALIG,3.1TO4.0CM	11644	CPT	outpatient			5464		2132.36 UHC	Medicaid		1723.89	31.55			579.81	5190.8	percent of total billed charges	
SURG-EXC-FACE-MALIG,3.1TO4.0CM	11644	CPT	outpatient			5464		2132.36 United	Commercial|PPO		2493				579.81	5190.8	case rate	
SURG-EXC-FACE-MALIG,3.1TO4.0CM	11644	CPT	outpatient			5464		2132.36 United	Oxford		2493				579.81	5190.8	case rate	
SURG-EXC-FACE-MALIG,3.1TO4.0CM	11644	CPT	outpatient			5464		2132.36 Wellcare	Medicare		1854.23				579.81	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-MALIG,3.1TO4.0CM	11644	CPT	outpatient			5464		2132.36 Wellcare	Medicaid		1723.89	31.55			579.81	5190.8	percent of total billed charges	
SURG-EXC-FACE-MALIG,3.1TO4.0CM	11644	CPT	outpatient			5464		2132.36 WellPoint	WellPoint		1758.32	32.18			579.81	5190.8	percent of total billed charges	
SURG-EXC-FACE-MALIG,OVER 4.0CM	11646	CPT	outpatient			9413		3737.2 Aetna	Better Health		2969.8	31.55			752.07	8942.35	percent of total billed charges	
SURG-EXC-FACE-MALIG,OVER 4.0CM	11646	CPT	outpatient			9413		3737.2 Aetna	Commercial		5173.59				752.07	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-MALIG,OVER 4.0CM	11646	CPT	outpatient			9413		3737.2 Aetna	Medicare		3249.74				752.07	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-MALIG,OVER 4.0CM	11646	CPT	outpatient			9413		3737.2 Americare	Americare		7059.75	75			752.07	8942.35	percent of total billed charges	
SURG-EXC-FACE-MALIG,OVER 4.0CM	11646	CPT	outpatient			9413		3737.2 Amerihealth	HMO|PPO		6118.45	65			752.07	8942.35	percent of total billed charges	
SURG-EXC-FACE-MALIG,OVER 4.0CM	11646	CPT	outpatient			9413		3737.2 Amerihealth	Medicare		3249.74				752.07	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-MALIG,OVER 4.0CM	11646	CPT	outpatient			9413		3737.2 Consumer	Consumer		8942.35	95			752.07	8942.35	percent of total billed charges	
SURG-EXC-FACE-MALIG,OVER 4.0CM	11646	CPT	outpatient			9413		3737.2 Corrections	Corrections		7530.4	80			752.07	8942.35	percent of total billed charges	
SURG-EXC-FACE-MALIG,OVER 4.0CM	11646	CPT	outpatient			9413		3737.2 First Health	First Health		6589.1	70			752.07	8942.35	percent of total billed charges	
SURG-EXC-FACE-MALIG,OVER 4.0CM	11646	CPT	outpatient			9413		3737.2 First Trenton	First Trenton		8471.7	90			752.07	8942.35	percent of total billed charges	
SURG-EXC-FACE-MALIG,OVER 4.0CM	11646	CPT	outpatient			9413		3737.2 Horizon	PPO		6047.77				752.07	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-MALIG,OVER 4.0CM	11646	CPT	outpatient			9413		3737.2 Horizon	Indemnity		6047.77				752.07	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-MALIG,OVER 4.0CM	11646	CPT	outpatient			9413		3737.2 Horizon	Medicare Blue		3249.74				752.07	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-MALIG,OVER 4.0CM	11646	CPT	outpatient			9413		3737.2 Horizon	MGD		6047.77				752.07	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-MALIG,OVER 4.0CM	11646	CPT	outpatient			9413		3737.2 Horizon	NJ Health		752.07				752.07	8942.35	fee schedule	
SURG-EXC-FACE-MALIG,OVER 4.0CM	11646	CPT	outpatient			9413		3737.2 Managed Care Inc	Managed Care Inc		8471.7	90			752.07	8942.35	percent of total billed charges	
SURG-EXC-FACE-MALIG,OVER 4.0CM	11646	CPT	outpatient			9413		3737.2 Multiplan	Multiplan		7530.4	80			752.07	8942.35	percent of total billed charges	
SURG-EXC-FACE-MALIG,OVER 4.0CM	11646	CPT	outpatient			9413		3737.2 Qualcare	Qualcare		7059.75	75			752.07	8942.35	percent of total billed charges	
SURG-EXC-FACE-MALIG,OVER 4.0CM	11646	CPT	outpatient			9413		3737.2 Three Rivers	Three Rivers		8942.35	95			752.07	8942.35	percent of total billed charges	
SURG-EXC-FACE-MALIG,OVER 4.0CM	11646	CPT	outpatient			9413		3737.2 UHC	Medicaid		2969.8	31.55			752.07	8942.35	percent of total billed charges	
SURG-EXC-FACE-MALIG,OVER 4.0CM	11646	CPT	outpatient			9413		3737.2 UHC	Medicare		3249.74				752.07	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-MALIG,OVER 4.0CM	11646	CPT	outpatient			9413		3737.2 United	Oxford		2776				752.07	8942.35	case rate	
SURG-EXC-FACE-MALIG,OVER 4.0CM	11646	CPT	outpatient			9413		3737.2 United	Commercial|PPO		2776				752.07	8942.35	case rate	
SURG-EXC-FACE-MALIG,OVER 4.0CM	11646	CPT	outpatient			9413		3737.2 Wellcare	Medicaid		2969.8	31.55			752.07	8942.35	percent of total billed charges	
SURG-EXC-FACE-MALIG,OVER 4.0CM	11646	CPT	outpatient			9413		3737.2 Wellcare	Medicare		3249.74				752.07	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-MALIG,OVER 4.0CM	11646	CPT	outpatient			9413		3737.2 WellPoint	WellPoint		3029.1	32.18			752.07	8942.35	percent of total billed charges	
TRIMMING OF NAILS	11719	CPT	outpatient			211		80.45 Aetna	Better Health		66.57	31.55			33.12	1782	percent of total billed charges	
TRIMMING OF NAILS	11719	CPT	outpatient			211		80.45 Aetna	Commercial		111.38				33.12	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRIMMING OF NAILS	11719	CPT	outpatient			211		80.45 Aetna	Medicare		69.96				33.12	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRIMMING OF NAILS	11719	CPT	outpatient			211		80.45 Americare	Americare		158.25	75			33.12	1782	percent of total billed charges	
TRIMMING OF NAILS	11719	CPT	outpatient			211		80.45 Amerihealth	HMO|PPO		137.15	65			33.12	1782	percent of total billed charges	
TRIMMING OF NAILS	11719	CPT	outpatient			211		80.45 Amerihealth	Medicare		69.96				33.12	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRIMMING OF NAILS	11719	CPT	outpatient			211		80.45 Consumer	Consumer		200.45	95			33.12	1782	percent of total billed charges	
TRIMMING OF NAILS	11719	CPT	outpatient			211		80.45 Corrections	Corrections		168.8	80			33.12	1782	percent of total billed charges	
TRIMMING OF NAILS	11719	CPT	outpatient			211		80.45 First Health	First Health		147.7	70			33.12	1782	percent of total billed charges	
TRIMMING OF NAILS	11719	CPT	outpatient			211		80.45 First Trenton	First Trenton		189.9	90			33.12	1782	percent of total billed charges	
TRIMMING OF NAILS	11719	CPT	outpatient			211		80.45 Horizon	Medicare Blue		69.96				33.12	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRIMMING OF NAILS	11719	CPT	outpatient			211		80.45 Horizon	MGD		130.2				33.12	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRIMMING OF NAILS	11719	CPT	outpatient			211		80.45 Horizon	Indemnity		130.2				33.12	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRIMMING OF NAILS	11719	CPT	outpatient			211		80.45 Horizon	NJ Health		33.12				33.12	1782	fee schedule	
TRIMMING OF NAILS	11719	CPT	outpatient			211		80.45 Horizon	PPO		130.2				33.12	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRIMMING OF NAILS	11719	CPT	outpatient			211		80.45 Managed Care Inc	Managed Care Inc		189.9	90			33.12	1782	percent of total billed charges	
TRIMMING OF NAILS	11719	CPT	outpatient			211		80.45 Multiplan	Multiplan		168.8	80			33.12	1782	percent of total billed charges	
TRIMMING OF NAILS	11719	CPT	outpatient			211		80.45 Qualcare	Qualcare		158.25	75			33.12	1782	percent of total billed charges	
TRIMMING OF NAILS	11719	CPT	outpatient			211		80.45 Three Rivers	Three Rivers		200.45	95			33.12	1782	percent of total billed charges	
TRIMMING OF NAILS	11719	CPT	outpatient			211		80.45 UHC	Medicaid		66.57	31.55			33.12	1782	percent of total billed charges	
TRIMMING OF NAILS	11719	CPT	outpatient			211		80.45 UHC	Medicare		69.96				33.12	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRIMMING OF NAILS	11719	CPT	outpatient			211		80.45 United	Commercial|PPO		1782				33.12	1782	case rate	
TRIMMING OF NAILS	11719	CPT	outpatient			211		80.45 United	Oxford		1782				33.12	1782	case rate	
TRIMMING OF NAILS	11719	CPT	outpatient			211		80.45 Wellcare	Medicaid		66.57	31.55			33.12	1782	percent of total billed charges	
TRIMMING OF NAILS	11719	CPT	outpatient			211		80.45 Wellcare	Medicare		69.96				33.12	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRIMMING OF NAILS	11719	CPT	outpatient			211		80.45 WellPoint	WellPoint		67.9	32.18			33.12	1782	percent of total billed charges	
DEBRIDEMENT OF NAIL 1-5	11720	CPT	both			211		80.45 Aetna	Commercial		111.38				46.28	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDEMENT OF NAIL 1-5	11720	CPT	both			211		80.45 Aetna	Better Health		66.57	31.55			46.28	1782	percent of total billed charges	
DEBRIDEMENT OF NAIL 1-5	11720	CPT	both			211		80.45 Aetna	Medicare		69.96				46.28	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDEMENT OF NAIL 1-5	11720	CPT	both			211		80.45 Americare	Americare		158.25	75			46.28	1782	percent of total billed charges	
DEBRIDEMENT OF NAIL 1-5	11720	CPT	both			211		80.45 Amerihealth	HMO|PPO		137.15	65			46.28	1782	percent of total billed charges	
DEBRIDEMENT OF NAIL 1-5	11720	CPT	both			211		80.45 Amerihealth	Medicare		69.96				46.28	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDEMENT OF NAIL 1-5	11720	CPT	both			211		80.45 Consumer	Consumer		200.45	95			46.28	1782	percent of total billed charges	
DEBRIDEMENT OF NAIL 1-5	11720	CPT	both			211		80.45 Corrections	Corrections		168.8	80			46.28	1782	percent of total billed charges	
DEBRIDEMENT OF NAIL 1-5	11720	CPT	both			211		80.45 First Health	First Health		147.7	70			46.28	1782	percent of total billed charges	
DEBRIDEMENT OF NAIL 1-5	11720	CPT	both			211		80.45 First Trenton	First Trenton		189.9	90			46.28	1782	percent of total billed charges	
DEBRIDEMENT OF NAIL 1-5	11720	CPT	both			211		80.45 Horizon	MGD		130.2				46.28	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDEMENT OF NAIL 1-5	11720	CPT	both			211		80.45 Horizon	Medicare Blue		69.96				46.28	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDEMENT OF NAIL 1-5	11720	CPT	both			211		80.45 Horizon	Indemnity		130.2				46.28	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDEMENT OF NAIL 1-5	11720	CPT	both			211		80.45 Horizon	NJ Health		46.28				46.28	1782	fee schedule	
DEBRIDEMENT OF NAIL 1-5	11720	CPT	both			211		80.45 Horizon	PPO		130.2				46.28	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDEMENT OF NAIL 1-5	11720	CPT	both			211		80.45 Managed Care Inc	Managed Care Inc		189.9	90			46.28	1782	percent of total billed charges	
DEBRIDEMENT OF NAIL 1-5	11720	CPT	both			211		80.45 Multiplan	Multiplan		168.8	80			46.28	1782	percent of total billed charges	
DEBRIDEMENT OF NAIL 1-5	11720	CPT	both			211		80.45 Qualcare	Qualcare		158.25	75			46.28	1782	percent of total billed charges	
DEBRIDEMENT OF NAIL 1-5	11720	CPT	both			211		80.45 Three Rivers	Three Rivers		200.45	95			46.28	1782	percent of total billed charges	
DEBRIDEMENT OF NAIL 1-5	11720	CPT	both			211		80.45 UHC	Medicaid		66.57	31.55			46.28	1782	percent of total billed charges	
DEBRIDEMENT OF NAIL 1-5	11720	CPT	both			211		80.45 UHC	Medicare		69.96				46.28	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDEMENT OF NAIL 1-5	11720	CPT	both			211		80.45 United	Commercial|PPO		1782				46.28	1782	case rate	
DEBRIDEMENT OF NAIL 1-5	11720	CPT	both			211		80.45 United	Oxford		1782				46.28	1782	case rate	
DEBRIDEMENT OF NAIL 1-5	11720	CPT	both			211		80.45 Wellcare	Medicaid		66.57	31.55			46.28	1782	percent of total billed charges	
DEBRIDEMENT OF NAIL 1-5	11720	CPT	both			211		80.45 Wellcare	Medicare		69.96				46.28	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDEMENT OF NAIL 1-5	11720	CPT	both			211		80.45 WellPoint	WellPoint		67.9	32.18			46.28	1782	percent of total billed charges	
DEBRIDEMENT NAILS MORE THAN 6	11721	CPT	both			211		80.45 Aetna	Commercial		111.38				61.83	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDEMENT NAILS MORE THAN 6	11721	CPT	both			211		80.45 Aetna	Better Health		66.57	31.55			61.83	1782	percent of total billed charges	
DEBRIDEMENT NAILS MORE THAN 6	11721	CPT	both			211		80.45 Aetna	Medicare		69.96				61.83	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDEMENT NAILS MORE THAN 6	11721	CPT	both			211		80.45 Americare	Americare		158.25	75			61.83	1782	percent of total billed charges	
DEBRIDEMENT NAILS MORE THAN 6	11721	CPT	both			211		80.45 Amerihealth	HMO|PPO		137.15	65			61.83	1782	percent of total billed charges	
DEBRIDEMENT NAILS MORE THAN 6	11721	CPT	both			211		80.45 Amerihealth	Medicare		69.96				61.83	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDEMENT NAILS MORE THAN 6	11721	CPT	both			211		80.45 Consumer	Consumer		200.45	95			61.83	1782	percent of total billed charges	
DEBRIDEMENT NAILS MORE THAN 6	11721	CPT	both			211		80.45 Corrections	Corrections		168.8	80			61.83	1782	percent of total billed charges	
DEBRIDEMENT NAILS MORE THAN 6	11721	CPT	both			211		80.45 First Health	First Health		147.7	70			61.83	1782	percent of total billed charges	
DEBRIDEMENT NAILS MORE THAN 6	11721	CPT	both			211		80.45 First Trenton	First Trenton		189.9	90			61.83	1782	percent of total billed charges	
DEBRIDEMENT NAILS MORE THAN 6	11721	CPT	both			211		80.45 Horizon	NJ Health		61.83				61.83	1782	fee schedule	
DEBRIDEMENT NAILS MORE THAN 6	11721	CPT	both			211		80.45 Horizon	Indemnity		130.2				61.83	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDEMENT NAILS MORE THAN 6	11721	CPT	both			211		80.45 Horizon	Medicare Blue		69.96				61.83	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDEMENT NAILS MORE THAN 6	11721	CPT	both			211		80.45 Horizon	MGD		130.2				61.83	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDEMENT NAILS MORE THAN 6	11721	CPT	both			211		80.45 Horizon	PPO		130.2				61.83	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDEMENT NAILS MORE THAN 6	11721	CPT	both			211		80.45 Managed Care Inc	Managed Care Inc		189.9	90			61.83	1782	percent of total billed charges	
DEBRIDEMENT NAILS MORE THAN 6	11721	CPT	both			211		80.45 Multiplan	Multiplan		168.8	80			61.83	1782	percent of total billed charges	
DEBRIDEMENT NAILS MORE THAN 6	11721	CPT	both			211		80.45 Qualcare	Qualcare		158.25	75			61.83	1782	percent of total billed charges	
DEBRIDEMENT NAILS MORE THAN 6	11721	CPT	both			211		80.45 Three Rivers	Three Rivers		200.45	95			61.83	1782	percent of total billed charges	
DEBRIDEMENT NAILS MORE THAN 6	11721	CPT	both			211		80.45 UHC	Medicaid		66.57	31.55			61.83	1782	percent of total billed charges	
DEBRIDEMENT NAILS MORE THAN 6	11721	CPT	both			211		80.45 UHC	Medicare		69.96				61.83	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDEMENT NAILS MORE THAN 6	11721	CPT	both			211		80.45 United	Commercial|PPO		1782				61.83	1782	case rate	
DEBRIDEMENT NAILS MORE THAN 6	11721	CPT	both			211		80.45 United	Oxford		1782				61.83	1782	case rate	
DEBRIDEMENT NAILS MORE THAN 6	11721	CPT	both			211		80.45 Wellcare	Medicaid		66.57	31.55			61.83	1782	percent of total billed charges	
DEBRIDEMENT NAILS MORE THAN 6	11721	CPT	both			211		80.45 Wellcare	Medicare		69.96				61.83	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDEMENT NAILS MORE THAN 6	11721	CPT	both			211		80.45 WellPoint	WellPoint		67.9	32.18			61.83	1782	percent of total billed charges	
SPL AVULSE NP; SGL	11730	CPT	outpatient			708		263.3 Aetna	Commercial		364.5				141.12	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPL AVULSE NP; SGL	11730	CPT	outpatient			708		263.3 Aetna	Medicare		218.06	30.8			141.12	1782	percent of total billed charges	
SPL AVULSE NP; SGL	11730	CPT	outpatient			708		263.3 Aetna	Better Health		223.37	31.55			141.12	1782	percent of total billed charges	
SPL AVULSE NP; SGL	11730	CPT	outpatient			708		263.3 Americare	Americare		531	75			141.12	1782	percent of total billed charges	
SPL AVULSE NP; SGL	11730	CPT	outpatient			708		263.3 Amerihealth	HMO|PPO		460.2	65			141.12	1782	percent of total billed charges	
SPL AVULSE NP; SGL	11730	CPT	outpatient			708		263.3 Amerihealth	Medicare		228.96				141.12	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPL AVULSE NP; SGL	11730	CPT	outpatient			708		263.3 Consumer	Consumer		672.6	95			141.12	1782	percent of total billed charges	
SPL AVULSE NP; SGL	11730	CPT	outpatient			708		263.3 Corrections	Corrections		566.4	80			141.12	1782	percent of total billed charges	
SPL AVULSE NP; SGL	11730	CPT	outpatient			708		263.3 First Health	First Health		495.6	70			141.12	1782	percent of total billed charges	
SPL AVULSE NP; SGL	11730	CPT	outpatient			708		263.3 First Trenton	First Trenton		637.2	90			141.12	1782	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.															
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true														
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
SPL AVULSE NP; SGL	11730	CPT	outpatient			708	263.3	Horizon	PPO		426.09				141.12		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPL AVULSE NP; SGL	11730	CPT	outpatient			708	263.3	Horizon	NJ Health		141.12				141.12		1782 fee schedule	
SPL AVULSE NP; SGL	11730	CPT	outpatient			708	263.3	Horizon	Indemnity		426.09				141.12		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPL AVULSE NP; SGL	11730	CPT	outpatient			708	263.3	Horizon	MGD		426.09				141.12		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPL AVULSE NP; SGL	11730	CPT	outpatient			708	263.3	Horizon	Medicare Blue		228.96				141.12		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPL AVULSE NP; SGL	11730	CPT	outpatient			708	263.3	Managed Care Inc	Managed Care Inc		637.2	90			141.12		1782 percent of total billed charges	
SPL AVULSE NP; SGL	11730	CPT	outpatient			708	263.3	Multiplan	Multiplan		566.4	80			141.12		1782 percent of total billed charges	
SPL AVULSE NP; SGL	11730	CPT	outpatient			708	263.3	Qualcare	Qualcare		531	75			141.12		1782 percent of total billed charges	
SPL AVULSE NP; SGL	11730	CPT	outpatient			708	263.3	Three Rivers	Three Rivers		672.6	95			141.12		1782 percent of total billed charges	
SPL AVULSE NP; SGL	11730	CPT	outpatient			708	263.3	UHC	Medicare		228.96				141.12		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPL AVULSE NP; SGL	11730	CPT	outpatient			708	263.3	UHC	Medicaid		223.37	31.55			141.12		1782 percent of total billed charges	
SPL AVULSE NP; SGL	11730	CPT	outpatient			708	263.3	United	Commercial|PPO		1782				141.12		1782 case rate	
SPL AVULSE NP; SGL	11730	CPT	outpatient			708	263.3	United	Oxford		1782				141.12		1782 case rate	
SPL AVULSE NP; SGL	11730	CPT	outpatient			708	263.3	Wellcare	Medicare		228.96				141.12		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPL AVULSE NP; SGL	11730	CPT	outpatient			708	263.3	Wellcare	Medicaid		223.37	31.55			141.12		1782 percent of total billed charges	
SPL AVULSE NP; SGL	11730	CPT	outpatient			708	263.3	WellPoint	WellPoint		227.83	32.18			141.12		1782 percent of total billed charges	
REM NAIL PLATE, EACH ADDTL	11732	CPT	outpatient					Horizon	NJ Health		52.36				52.36		1782 fee schedule	
REM NAIL PLATE, EACH ADDTL	11732	CPT	outpatient					United	Commercial|PPO		1782				52.36		1782 case rate	
REM NAIL PLATE, EACH ADDTL	11732	CPT	outpatient					United	Oxford		1782				52.36		1782 case rate	
I&D SUBUNGUAL HEMATOMA	11740	CPT	outpatient			424	168	Aetna	Medicare		146.09				42.36		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D SUBUNGUAL HEMATOMA	11740	CPT	outpatient			424	168	Aetna	Commercial		232.58				42.36		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D SUBUNGUAL HEMATOMA	11740	CPT	outpatient			424	168	Aetna	Better Health		133.77	31.55			42.36		1782 percent of total billed charges	
I&D SUBUNGUAL HEMATOMA	11740	CPT	outpatient			424	168	Americare	Americare		318	75			42.36		1782 percent of total billed charges	
I&D SUBUNGUAL HEMATOMA	11740	CPT	outpatient			424	168	Amerihealth	HMO|PPO		275.6	65			42.36		1782 percent of total billed charges	
I&D SUBUNGUAL HEMATOMA	11740	CPT	outpatient			424	168	Amerihealth	Medicare		146.09				42.36		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D SUBUNGUAL HEMATOMA	11740	CPT	outpatient			424	168	Consumer	Consumer		402.8	95			42.36		1782 percent of total billed charges	
I&D SUBUNGUAL HEMATOMA	11740	CPT	outpatient			424	168	Corrections	Corrections		339.2	80			42.36		1782 percent of total billed charges	
I&D SUBUNGUAL HEMATOMA	11740	CPT	outpatient			424	168	First Health	First Health		296.8	70			42.36		1782 percent of total billed charges	
I&D SUBUNGUAL HEMATOMA	11740	CPT	outpatient			424	168	First Trenton	First Trenton		381.6	90			42.36		1782 percent of total billed charges	
I&D SUBUNGUAL HEMATOMA	11740	CPT	outpatient			424	168	Horizon	PPO		271.87				42.36		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D SUBUNGUAL HEMATOMA	11740	CPT	outpatient			424	168	Horizon	Medicare Blue		146.09				42.36		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D SUBUNGUAL HEMATOMA	11740	CPT	outpatient			424	168	Horizon	Indemnity		271.87				42.36		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D SUBUNGUAL HEMATOMA	11740	CPT	outpatient			424	168	Horizon	MGD		271.87				42.36		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D SUBUNGUAL HEMATOMA	11740	CPT	outpatient			424	168	Horizon	NJ Health		42.36				42.36		1782 fee schedule	
I&D SUBUNGUAL HEMATOMA	11740	CPT	outpatient			424	168	Managed Care Inc	Managed Care Inc		381.6	90			42.36		1782 percent of total billed charges	
I&D SUBUNGUAL HEMATOMA	11740	CPT	outpatient			424	168	Multiplan	Multiplan		339.2	80			42.36		1782 percent of total billed charges	
I&D SUBUNGUAL HEMATOMA	11740	CPT	outpatient			424	168	Qualcare	Qualcare		318	75			42.36		1782 percent of total billed charges	
I&D SUBUNGUAL HEMATOMA	11740	CPT	outpatient			424	168	Three Rivers	Three Rivers		402.8	95			42.36		1782 percent of total billed charges	
I&D SUBUNGUAL HEMATOMA	11740	CPT	outpatient			424	168	UHC	Medicaid		133.77	31.55			42.36		1782 percent of total billed charges	
I&D SUBUNGUAL HEMATOMA	11740	CPT	outpatient			424	168	UHC	Medicare		146.09				42.36		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D SUBUNGUAL HEMATOMA	11740	CPT	outpatient			424	168	United	Oxford		1782				42.36		1782 case rate	
I&D SUBUNGUAL HEMATOMA	11740	CPT	outpatient			424	168	United	Commercial|PPO		1782				42.36		1782 case rate	
I&D SUBUNGUAL HEMATOMA	11740	CPT	outpatient			424	168	Wellcare	Medicare		146.09				42.36		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D SUBUNGUAL HEMATOMA	11740	CPT	outpatient			424	168	Wellcare	Medicaid		133.77	31.55			42.36		1782 percent of total billed charges	
I&D SUBUNGUAL HEMATOMA	11740	CPT	outpatient			424	168	WellPoint	WellPoint		136.44	32.18			42.36		1782 percent of total billed charges	
REMOVAL OF NAIL BED	11750	CPT	outpatient			1601	524.43	Aetna	Commercial		726				320.01		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF NAIL BED	11750	CPT	outpatient			1601	524.43	Aetna	Medicare		493.11	30.8			320.01		1782 percent of total billed charges	
REMOVAL OF NAIL BED	11750	CPT	outpatient			1601	524.43	Aetna	Better Health		505.12	31.55			320.01		1782 percent of total billed charges	
REMOVAL OF NAIL BED	11750	CPT	outpatient			1601	524.43	Americare	Americare		1200.75	75			320.01		1782 percent of total billed charges	
REMOVAL OF NAIL BED	11750	CPT	outpatient			1601	524.43	Amerihealth	HMO|PPO		1040.65	65			320.01		1782 percent of total billed charges	
REMOVAL OF NAIL BED	11750	CPT	outpatient			1601	524.43	Amerihealth	Medicare		456.03				320.01		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF NAIL BED	11750	CPT	outpatient			1601	524.43	Consumer	Consumer		1520.95	95			320.01		1782 percent of total billed charges	
REMOVAL OF NAIL BED	11750	CPT	outpatient			1601	524.43	Corrections	Corrections		1280.8	80			320.01		1782 percent of total billed charges	
REMOVAL OF NAIL BED	11750	CPT	outpatient			1601	524.43	First Health	First Health		1120.7	70			320.01		1782 percent of total billed charges	
REMOVAL OF NAIL BED	11750	CPT	outpatient			1601	524.43	First Trenton	First Trenton		1440.9	90			320.01		1782 percent of total billed charges	
REMOVAL OF NAIL BED	11750	CPT	outpatient			1601	524.43	Horizon	NJ Health		320.01				320.01		1782 fee schedule	
REMOVAL OF NAIL BED	11750	CPT	outpatient			1601	524.43	Horizon	Indemnity		848.67				320.01		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF NAIL BED	11750	CPT	outpatient			1601	524.43	Horizon	Medicare Blue		456.03				320.01		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF NAIL BED	11750	CPT	outpatient			1601	524.43	Horizon	MGD		848.67				320.01		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF NAIL BED	11750	CPT	outpatient			1601	524.43	Horizon	PPO		848.67				320.01		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF NAIL BED	11750	CPT	outpatient			1601	524.43	Managed Care Inc	Managed Care Inc		1440.9	90			320.01		1782 percent of total billed charges	
REMOVAL OF NAIL BED	11750	CPT	outpatient			1601	524.43	Multiplan	Multiplan		1280.8	80			320.01		1782 percent of total billed charges	
REMOVAL OF NAIL BED	11750	CPT	outpatient			1601	524.43	Qualcare	Qualcare		1200.75	75			320.01		1782 percent of total billed charges	
REMOVAL OF NAIL BED	11750	CPT	outpatient			1601	524.43	Three Rivers	Three Rivers		1520.95	95			320.01		1782 percent of total billed charges	
REMOVAL OF NAIL BED	11750	CPT	outpatient			1601	524.43	UHC	Medicaid		505.12	31.55			320.01		1782 percent of total billed charges	
REMOVAL OF NAIL BED	11750	CPT	outpatient			1601	524.43	UHC	Medicare		456.03				320.01		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF NAIL BED	11750	CPT	outpatient			1601	524.43	United	Commercial|PPO		1782				320.01		1782 case rate	
REMOVAL OF NAIL BED	11750	CPT	outpatient			1601	524.43	United	Oxford		1782				320.01		1782 case rate	
REMOVAL OF NAIL BED	11750	CPT	outpatient			1601	524.43	Wellcare	Medicaid		505.12	31.55			320.01		1782 percent of total billed charges	
REMOVAL OF NAIL BED	11750	CPT	outpatient			1601	524.43	Wellcare	Medicare		456.03				320.01		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF NAIL BED	11750	CPT	outpatient			1601	524.43	WellPoint	WellPoint		515.2	32.18			320.01		1782 percent of total billed charges	
BX NAIL UNIT	11755	CPT	outpatient			2365	925.36	Aetna	Commercial		1281.02				105.47		2246.75 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX NAIL UNIT	11755	CPT	outpatient			2365	925.36	Aetna	Better Health		746.16	31.55			105.47		2246.75 percent of total billed charges	
BX NAIL UNIT	11755	CPT	outpatient			2365	925.36	Aetna	Medicare		804.66				105.47		2246.75 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX NAIL UNIT	11755	CPT	outpatient			2365	925.36	Americare	Americare		1773.75	75			105.47		2246.75 percent of total billed charges	
BX NAIL UNIT	11755	CPT	outpatient			2365	925.36	Amerihealth	HMO|PPO		1537.25	65			105.47		2246.75 percent of total billed charges	
BX NAIL UNIT	11755	CPT	outpatient			2365	925.36	Amerihealth	Medicare		804.66				105.47		2246.75 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX NAIL UNIT	11755	CPT	outpatient			2365	925.36	Consumer	Consumer		2246.75	95			105.47		2246.75 percent of total billed charges	
BX NAIL UNIT	11755	CPT	outpatient			2365	925.36	Corrections	Corrections		1892	80			105.47		2246.75 percent of total billed charges	
BX NAIL UNIT	11755	CPT	outpatient			2365	925.36	First Health	First Health		1655.5	70			105.47		2246.75 percent of total billed charges	
BX NAIL UNIT	11755	CPT	outpatient			2365	925.36	First Trenton	First Trenton		2128.5	90			105.47		2246.75 percent of total billed charges	
BX NAIL UNIT	11755	CPT	outpatient			2365	925.36	Horizon	Medicare Blue		804.66				105.47		2246.75 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX NAIL UNIT	11755	CPT	outpatient			2365	925.36	Horizon	MGD		1497.47				105.47		2246.75 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX NAIL UNIT	11755	CPT	outpatient			2365	925.36	Horizon	PPO		1497.47				105.47		2246.75 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX NAIL UNIT	11755	CPT	outpatient			2365	925.36	Horizon	Indemnity		1497.47				105.47		2246.75 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX NAIL UNIT	11755	CPT	outpatient			2365	925.36	Horizon	NJ Health		105.47				105.47		2246.75 fee schedule	
BX NAIL UNIT	11755	CPT	outpatient			2365	925.36	Managed Care Inc	Managed Care Inc		2128.5	90			105.47		2246.75 percent of total billed charges	
BX NAIL UNIT	11755	CPT	outpatient			2365	925.36	Multiplan	Multiplan		1892	80			105.47		2246.75 percent of total billed charges	
BX NAIL UNIT	11755	CPT	outpatient			2365	925.36	Qualcare	Qualcare		1773.75	75			105.47		2246.75 percent of total billed charges	
BX NAIL UNIT	11755	CPT	outpatient			2365	925.36	Three Rivers	Three Rivers		2246.75	95			105.47		2246.75 percent of total billed charges	
BX NAIL UNIT	11755	CPT	outpatient			2365	925.36	UHC	Medicaid		746.16	31.55			105.47		2246.75 percent of total billed charges	
BX NAIL UNIT	11755	CPT	outpatient			2365	925.36	UHC	Medicare		804.66				105.47		2246.75 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX NAIL UNIT	11755	CPT	outpatient			2365	925.36	United	Commercial|PPO		1817				105.47		2246.75 case rate	
BX NAIL UNIT	11755	CPT	outpatient			2365	925.36	United	Oxford		1817				105.47		2246.75 case rate	
BX NAIL UNIT	11755	CPT	outpatient			2365	925.36	Wellcare	Medicare		804.66				105.47		2246.75 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX NAIL UNIT	11755	CPT	outpatient			2365	925.36	Wellcare	Medicaid		746.16	31.55			105.47		2246.75 percent of total billed charges	
BX NAIL UNIT	11755	CPT	outpatient			2365	925.36	WellPoint	WellPoint		761.06	32.18			105.47		2246.75 percent of total billed charges	
RECONSTRUCTION OF NAIL BED	11760	CPT	outpatient			2222	826.02	Aetna	Better Health		701.04	31.55			180.87		2110.9 percent of total billed charges	
RECONSTRUCTION OF NAIL BED	11760	CPT	outpatient			2222	826.02	Aetna	Commercial		1143.5				180.87		2110.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RECONSTRUCTION OF NAIL BED	11760	CPT	outpatient			2222	826.02	Aetna	Medicare		718.28				180.87		2110.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RECONSTRUCTION OF NAIL BED	11760	CPT	outpatient			2222	826.02	Americare	Americare		1666.5	75			180.87		2110.9 percent of total billed charges	
RECONSTRUCTION OF NAIL BED	11760	CPT	outpatient			2222	826.02	Amerihealth	HMO|PPO		1444.3	65			180.87		2110.9 percent of total billed charges	
RECONSTRUCTION OF NAIL BED	11760	CPT	outpatient			2222	826.02	Amerihealth	Medicare		718.28				180.87		2110.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RECONSTRUCTION OF NAIL BED	11760	CPT	outpatient			2222	826.02	Consumer	Consumer		2110.9	95			180.87		2110.9 percent of total billed charges	
RECONSTRUCTION OF NAIL BED	11760	CPT	outpatient			2222	826.02	Corrections	Corrections		1777.6	80			180.87		2110.9 percent of total billed charges	
RECONSTRUCTION OF NAIL BED	11760	CPT	outpatient			2222	826.02	First Health	First Health		1555.4	70			180.87		2110.9 percent of total billed charges	
RECONSTRUCTION OF NAIL BED	11760	CPT	outpatient			2222	826.02	First Trenton	First Trenton		1999.8	90			180.87		2110.9 percent of total billed charges	
RECONSTRUCTION OF NAIL BED	11760	CPT	outpatient			2222	826.02	Horizon	Indemnity		1336.72				180.87		2110.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RECONSTRUCTION OF NAIL BED	11760	CPT	outpatient			2222	826.02	Horizon	Medicare Blue		718.28				180.87		2110.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RECONSTRUCTION OF NAIL BED	11760	CPT	outpatient			2222	826.02	Horizon	NJ Health		180.87				180.87		2110.9 fee schedule	
RECONSTRUCTION OF NAIL BED	11760	CPT	outpatient			2222	826.02	Horizon	PPO		1336.72				180.87		2110.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RECONSTRUCTION OF NAIL BED	11760	CPT	outpatient			2222	826.02	Horizon	MGD		1336.72				180.87		2110.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RECONSTRUCTION OF NAIL BED	11760	CPT	outpatient			2222	826.02	Managed Care Inc	Managed Care Inc		1999.8	90			180.87		2110.9 percent of total billed charges	
RECONSTRUCTION OF NAIL BED	11760	CPT	outpatient			2222	826.02	Multiplan	Multiplan		1777.6	80			180.87		2110.9 percent of total billed charges	
RECONSTRUCTION OF NAIL BED	11760	CPT	outpatient			2222	826.02	Qualcare	Qualcare		1666.5	75			180.87		2110.9 percent of total billed charges	
RECONSTRUCTION OF NAIL BED	11760	CPT	outpatient			2222	826.02	Three Rivers	Three Rivers		2110.9	95			180.87		2110.9 percent of total billed charges	
RECONSTRUCTION OF NAIL BED	11760	CPT	outpatient			2222	826.02	UHC	Medicaid		701.04	31.55			180.87		2110.9 percent of total billed charges	
RECONSTRUCTION OF NAIL BED	11760	CPT	outpatient			2222	826.02	UHC	Medicare		718.28				180.87		2110.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RECONSTRUCTION OF NAIL BED	11760	CPT	outpatient			2222	826.02	United	Oxford		1782				180.87		2110.9 case rate	
RECONSTRUCTION OF NAIL BED	11760	CPT	outpatient			2222	826.02	United	Commercial|PPO		1782				180.87		2110.9 case rate	
RECONSTRUCTION OF NAIL BED	11760	CPT	outpatient			2222	826.02	Wellcare	Medicare		718.28				180.87		2110.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RECONSTRUCTION OF NAIL BED	11760	CPT	outpatient			2222	826.02	Wellcare	Medicaid		701.04	31.55			180.87		2110.9 percent of total billed charges	
RECONSTRUCTION OF NAIL BED	11760	CPT	outpatient			2222	826.02	WellPoint	WellPoint		715.04	32.18			180.87		2110.9 percent of total billed charges	
RECONSTRUCT NAIL BED W GRAFT	11762	CPT	outpatient			6446	2398.47	Aetna	Better Health		2033.71	31.55			267.71		6123.7 percent of total billed charges	
RECONSTRUCT NAIL BED W GRAFT	11762	CPT	outpatient			6446	2398.47	Aetna	Medicare		2085.63				267.71		6123.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RECONSTRUCT NAIL BED W GRAFT	11762	CPT	outpatient			6446	2398.47	Aetna	Commercial		3320.32				267.71		6123.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RECONSTRUCT NAIL BED W GRAFT	11762	CPT	outpatient			6446	2398.47	Americare	Americare		4834.5	75			267.71		6123.7 percent of total billed charges	
RECONSTRUCT NAIL BED W GRAFT	11762	CPT	outpatient			6446	2398.47	Amerihealth	HMO|PPO		4189.9	65			267.71		6123.7 percent of total billed charges	
RECONSTRUCT NAIL BED W GRAFT	11762	CPT	outpatient			6446	2398.47	Amerihealth	Medicare		2085.63				267.71		6123.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RECONSTRUCT NAIL BED W GRAFT	11762	CPT	outpatient			6446	2398.47	Consumer	Consumer		6123.7	95			267.71		6123.7 percent of total billed charges	
RECONSTRUCT NAIL BED W GRAFT	11762	CPT	outpatient			6446	2398.47	Corrections	Corrections		5156.8	80			267.71		6123.7 percent of total billed charges	
RECONSTRUCT NAIL BED W GRAFT	11762	CPT	outpatient			6446	2398.47	First Health	First Health		4512.2	70			267.71		6123.7 percent of total billed charges	
RECONSTRUCT NAIL BED W GRAFT	11762	CPT	outpatient			6446	2398.47	First Trenton	First Trenton		5801.4	90			267.71		6123.7 percent of total billed charges	
RECONSTRUCT NAIL BED W GRAFT	11762	CPT	outpatient			6446	2398.47	Horizon	MGD		3881.36				267.71		6123.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RECONSTRUCT NAIL BED W GRAFT	11762	CPT	outpatient			6446	2398.47	Horizon	Medicare Blue		2085.63				267.71		6123.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RECONSTRUCT NAIL BED W GRAFT	11762	CPT	outpatient			6446	2398.47	Horizon	PPO		3881.36				267.71		6123.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RECONSTRUCT NAIL BED W GRAFT	11762	CPT	outpatient			6446	2398.47	Horizon	Indemnity		3881.36				267.71		6123.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RECONSTRUCT NAIL BED W GRAFT	11762	CPT	outpatient			6446	2398.47	Horizon	NJ Health		267.71				267.71		6123.7 fee schedule	
RECONSTRUCT NAIL BED W GRAFT	11762	CPT	outpatient			6446	2398.47	Managed Care Inc	Managed Care Inc		5801.4	90			267.71		6123.7 percent of total billed charges	
RECONSTRUCT NAIL BED W GRAFT	11762	CPT	outpatient			6446	2398.47	Multiplan	Multiplan		5156.8	80			267.71		6123.7 percent of total billed charges	
RECONSTRUCT NAIL BED W GRAFT	11762	CPT	outpatient			6446	2398.47	Qualcare	Qualcare		4834.5	75			267.71		6123.7 percent of total billed charges	
RECONSTRUCT NAIL BED W GRAFT	11762	CPT	outpatient			6446	2398.47	Three Rivers	Three Rivers		6123.7	95			267.71		6123.7 percent of total billed charges	
RECONSTRUCT NAIL BED W GRAFT	11762	CPT	outpatient			6446	2398.47	UHC	Medicaid		2033.71	31.55			267.71		6123.7 percent of total billed charges	
RECONSTRUCT NAIL BED W GRAFT	11762	CPT	outpatient			6446	2398.47	UHC	Medicare		2085.63				267.71		6123.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RECONSTRUCT NAIL BED W GRAFT	11762	CPT	outpatient			6446	2398.47	United	Commercial|PPO		2493				267.71		6123.7 case rate	
RECONSTRUCT NAIL BED W GRAFT	11762	CPT	outpatient			6446	2398.47	United	Oxford		2493				267.71		6123.7 case rate	
RECONSTRUCT NAIL BED W GRAFT	11762	CPT	outpatient			6446	2398.47	Wellcare	Medicare		2085.63				267.71		6123.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RECONSTRUCT NAIL BED W GRAFT	11762	CPT	outpatient			6446	2398.47	Wellcare	Medicaid		2033.71	31.55			267.71		6123.7 percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101191	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
RECONSTRUCT NAIL BED W GRAFT	11762	CPT	outpatient			6446	2398.47	WellPoint	WellPoint		2074.32	32.18			267.71	6123.7	percent of total billed charges	
WEDGE EXC, SKIN NAIL FOLD	11765	CPT	outpatient			1360	524.43	Aetna	Commercial		726				90.44	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WEDGE EXC, SKIN NAIL FOLD	11765	CPT	outpatient			1360	524.43	Aetna	Better Health		429.08	31.55			90.44	1782	percent of total billed charges	
WEDGE EXC, SKIN NAIL FOLD	11765	CPT	outpatient			1360	524.43	Aetna	Medicare		456.03				90.44	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WEDGE EXC, SKIN NAIL FOLD	11765	CPT	outpatient			1360	524.43	Americare	Americare		1020	75			90.44	1782	percent of total billed charges	
WEDGE EXC, SKIN NAIL FOLD	11765	CPT	outpatient			1360	524.43	Amerihealth	HMO/PPO		884	65			90.44	1782	percent of total billed charges	
WEDGE EXC, SKIN NAIL FOLD	11765	CPT	outpatient			1360	524.43	Amerihealth	Medicare		456.03				90.44	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WEDGE EXC, SKIN NAIL FOLD	11765	CPT	outpatient			1360	524.43	Consumer	Consumer		1292	95			90.44	1782	percent of total billed charges	
WEDGE EXC, SKIN NAIL FOLD	11765	CPT	outpatient			1360	524.43	Corrections	Corrections		1088	80			90.44	1782	percent of total billed charges	
WEDGE EXC, SKIN NAIL FOLD	11765	CPT	outpatient			1360	524.43	First Health	First Health		952	70			90.44	1782	percent of total billed charges	
WEDGE EXC, SKIN NAIL FOLD	11765	CPT	outpatient			1360	524.43	First Trenton	First Trenton		1224	90			90.44	1782	percent of total billed charges	
WEDGE EXC, SKIN NAIL FOLD	11765	CPT	outpatient			1360	524.43	Horizon	MGD		848.67				90.44	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WEDGE EXC, SKIN NAIL FOLD	11765	CPT	outpatient			1360	524.43	Horizon	Indemnity		848.67				90.44	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WEDGE EXC, SKIN NAIL FOLD	11765	CPT	outpatient			1360	524.43	Horizon	NJ Health		90.44				90.44	1782	fee schedule	
WEDGE EXC, SKIN NAIL FOLD	11765	CPT	outpatient			1360	524.43	Horizon	Medicare Blue		456.03				90.44	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WEDGE EXC, SKIN NAIL FOLD	11765	CPT	outpatient			1360	524.43	Horizon	PPO		848.67				90.44	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WEDGE EXC, SKIN NAIL FOLD	11765	CPT	outpatient			1360	524.43	Managed Care Inc	Managed Care Inc		1224	90			90.44	1782	percent of total billed charges	
WEDGE EXC, SKIN NAIL FOLD	11765	CPT	outpatient			1360	524.43	Multiplan	Multiplan		1088	80			90.44	1782	percent of total billed charges	
WEDGE EXC, SKIN NAIL FOLD	11765	CPT	outpatient			1360	524.43	Qualcare	Qualcare		1020	75			90.44	1782	percent of total billed charges	
WEDGE EXC, SKIN NAIL FOLD	11765	CPT	outpatient			1360	524.43	Three Rivers	Three Rivers		1292	95			90.44	1782	percent of total billed charges	
WEDGE EXC, SKIN NAIL FOLD	11765	CPT	outpatient			1360	524.43	UHC	Medicaid		429.08	31.55			90.44	1782	percent of total billed charges	
WEDGE EXC, SKIN NAIL FOLD	11765	CPT	outpatient			1360	524.43	UHC	Medicare		456.03				90.44	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WEDGE EXC, SKIN NAIL FOLD	11765	CPT	outpatient			1360	524.43	United	Oxford		1782				90.44	1782	case rate	
WEDGE EXC, SKIN NAIL FOLD	11765	CPT	outpatient			1360	524.43	United	CommercialPPO		1782				90.44	1782	case rate	
WEDGE EXC, SKIN NAIL FOLD	11765	CPT	outpatient			1360	524.43	Wellcare	Medicare		456.03				90.44	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WEDGE EXC, SKIN NAIL FOLD	11765	CPT	outpatient			1360	524.43	Wellcare	Medicaid		429.08	31.55			90.44	1782	percent of total billed charges	
WEDGE EXC, SKIN NAIL FOLD	11765	CPT	outpatient			1360	524.43	WellPoint	WellPoint		437.65	32.18			90.44	1782	percent of total billed charges	
INTRALESION INJECTION UP TO 7	11900	CPT	outpatient			659	263.3	Aetna	Commercial		364.5				52.46	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRALESION INJECTION UP TO 7	11900	CPT	outpatient			659	263.3	Aetna	Better Health		207.91	31.55			52.46	1782	percent of total billed charges	
INTRALESION INJECTION UP TO 7	11900	CPT	outpatient			659	263.3	Aetna	Medicare		228.96				52.46	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRALESION INJECTION UP TO 7	11900	CPT	outpatient			659	263.3	Americare	Americare		494.25	75			52.46	1782	percent of total billed charges	
INTRALESION INJECTION UP TO 7	11900	CPT	outpatient			659	263.3	Amerihealth	HMO/PPO		428.35	65			52.46	1782	percent of total billed charges	
INTRALESION INJECTION UP TO 7	11900	CPT	outpatient			659	263.3	Amerihealth	Medicare		228.96				52.46	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRALESION INJECTION UP TO 7	11900	CPT	outpatient			659	263.3	Consumer	Consumer		626.05	95			52.46	1782	percent of total billed charges	
INTRALESION INJECTION UP TO 7	11900	CPT	outpatient			659	263.3	Corrections	Corrections		527.2	80			52.46	1782	percent of total billed charges	
INTRALESION INJECTION UP TO 7	11900	CPT	outpatient			659	263.3	First Health	First Health		461.3	70			52.46	1782	percent of total billed charges	
INTRALESION INJECTION UP TO 7	11900	CPT	outpatient			659	263.3	First Trenton	First Trenton		593.1	90			52.46	1782	percent of total billed charges	
INTRALESION INJECTION UP TO 7	11900	CPT	outpatient			659	263.3	Horizon	PPO		426.09				52.46	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRALESION INJECTION UP TO 7	11900	CPT	outpatient			659	263.3	Horizon	MGD		426.09				52.46	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRALESION INJECTION UP TO 7	11900	CPT	outpatient			659	263.3	Horizon	Medicare Blue		228.96				52.46	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRALESION INJECTION UP TO 7	11900	CPT	outpatient			659	263.3	Horizon	NJ Health		52.46				52.46	1782	fee schedule	
INTRALESION INJECTION UP TO 7	11900	CPT	outpatient			659	263.3	Horizon	Indemnity		426.09				52.46	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRALESION INJECTION UP TO 7	11900	CPT	outpatient			659	263.3	Managed Care Inc	Managed Care Inc		593.1	90			52.46	1782	percent of total billed charges	
INTRALESION INJECTION UP TO 7	11900	CPT	outpatient			659	263.3	Multiplan	Multiplan		527.2	80			52.46	1782	percent of total billed charges	
INTRALESION INJECTION UP TO 7	11900	CPT	outpatient			659	263.3	Qualcare	Qualcare		494.25	75			52.46	1782	percent of total billed charges	
INTRALESION INJECTION UP TO 7	11900	CPT	outpatient			659	263.3	Three Rivers	Three Rivers		626.05	95			52.46	1782	percent of total billed charges	
INTRALESION INJECTION UP TO 7	11900	CPT	outpatient			659	263.3	UHC	Medicaid		207.91	31.55			52.46	1782	percent of total billed charges	
INTRALESION INJECTION UP TO 7	11900	CPT	outpatient			659	263.3	UHC	Medicare		228.96				52.46	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRALESION INJECTION UP TO 7	11900	CPT	outpatient			659	263.3	United	CommercialPPO		1782				52.46	1782	case rate	
INTRALESION INJECTION UP TO 7	11900	CPT	outpatient			659	263.3	United	Oxford		1782				52.46	1782	case rate	
INTRALESION INJECTION UP TO 7	11900	CPT	outpatient			659	263.3	Wellcare	Medicare		228.96				52.46	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRALESION INJECTION UP TO 7	11900	CPT	outpatient			659	263.3	Wellcare	Medicaid		207.91	31.55			52.46	1782	percent of total billed charges	
INTRALESION INJECTION UP TO 7	11900	CPT	outpatient			659	263.3	WellPoint	WellPoint		212.07	32.18			52.46	1782	percent of total billed charges	
INTRALESION INJECTION-7	11901	CPT	outpatient			659	263.3	Aetna	Better Health		207.91	31.55			64.94	1782	percent of total billed charges	
INTRALESION INJECTION-7	11901	CPT	outpatient			659	263.3	Aetna	Commercial		364.5				64.94	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRALESION INJECTION-7	11901	CPT	outpatient			659	263.3	Aetna	Medicare		228.96				64.94	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRALESION INJECTION-7	11901	CPT	outpatient			659	263.3	Americare	Americare		494.25	75			64.94	1782	percent of total billed charges	
INTRALESION INJECTION-7	11901	CPT	outpatient			659	263.3	Amerihealth	HMO/PPO		428.35	65			64.94	1782	percent of total billed charges	
INTRALESION INJECTION-7	11901	CPT	outpatient			659	263.3	Amerihealth	Medicare		228.96				64.94	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRALESION INJECTION-7	11901	CPT	outpatient			659	263.3	Consumer	Consumer		626.05	95			64.94	1782	percent of total billed charges	
INTRALESION INJECTION-7	11901	CPT	outpatient			659	263.3	Corrections	Corrections		527.2	80			64.94	1782	percent of total billed charges	
INTRALESION INJECTION-7	11901	CPT	outpatient			659	263.3	First Health	First Health		461.3	70			64.94	1782	percent of total billed charges	
INTRALESION INJECTION-7	11901	CPT	outpatient			659	263.3	First Trenton	First Trenton		593.1	90			64.94	1782	percent of total billed charges	
INTRALESION INJECTION-7	11901	CPT	outpatient			659	263.3	Horizon	MGD		426.09				64.94	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRALESION INJECTION-7	11901	CPT	outpatient			659	263.3	Horizon	PPO		426.09				64.94	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRALESION INJECTION-7	11901	CPT	outpatient			659	263.3	Horizon	NJ Health		64.94				64.94	1782	fee schedule	
INTRALESION INJECTION-7	11901	CPT	outpatient			659	263.3	Horizon	Medicare Blue		228.96				64.94	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRALESION INJECTION-7	11901	CPT	outpatient			659	263.3	Horizon	Indemnity		426.09				64.94	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRALESION INJECTION-7	11901	CPT	outpatient			659	263.3	Managed Care Inc	Managed Care Inc		593.1	90			64.94	1782	percent of total billed charges	
INTRALESION INJECTION-7	11901	CPT	outpatient			659	263.3	Multiplan	Multiplan		527.2	80			64.94	1782	percent of total billed charges	
INTRALESION INJECTION-7	11901	CPT	outpatient			659	263.3	Qualcare	Qualcare		494.25	75			64.94	1782	percent of total billed charges	
INTRALESION INJECTION-7	11901	CPT	outpatient			659	263.3	Three Rivers	Three Rivers		626.05	95			64.94	1782	percent of total billed charges	
INTRALESION INJECTION-7	11901	CPT	outpatient			659	263.3	UHC	Medicaid		207.91	31.55			64.94	1782	percent of total billed charges	
INTRALESION INJECTION-7	11901	CPT	outpatient			659	263.3	UHC	Medicare		228.96				64.94	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRALESION INJECTION-7	11901	CPT	outpatient			659	263.3	United	Oxford		1782				64.94	1782	case rate	
INTRALESION INJECTION-7	11901	CPT	outpatient			659	263.3	United	CommercialPPO		1782				64.94	1782	case rate	
INTRALESION INJECTION-7	11901	CPT	outpatient			659	263.3	Wellcare	Medicare		228.96				64.94	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRALESION INJECTION-7	11901	CPT	outpatient			659	263.3	Wellcare	Medicaid		207.91	31.55			64.94	1782	percent of total billed charges	
INTRALESION INJECTION-7	11901	CPT	outpatient			659	263.3	WellPoint	WellPoint		212.07	32.18			64.94	1782	percent of total billed charges	
TAT TO CORR SKN DFCTS =< 6SQCM	11920	CPT	outpatient			2066	826.02	Aetna	Commercial		1143.5				651.82	1962.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TAT TO CORR SKN DFCTS =< 6SQCM	11920	CPT	outpatient			2066	826.02	Aetna	Better Health		651.82	31.55			651.82	1962.7	percent of total billed charges	
TAT TO CORR SKN DFCTS =< 6SQCM	11920	CPT	outpatient			2066	826.02	Aetna	Medicare		718.28				651.82	1962.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TAT TO CORR SKN DFCTS =< 6SQCM	11920	CPT	outpatient			2066	826.02	Americare	Americare		1549.5	75			651.82	1962.7	percent of total billed charges	
TAT TO CORR SKN DFCTS =< 6SQCM	11920	CPT	outpatient			2066	826.02	Amerihealth	HMO/PPO		1342.9	65			651.82	1962.7	percent of total billed charges	
TAT TO CORR SKN DFCTS =< 6SQCM	11920	CPT	outpatient			2066	826.02	Amerihealth	Medicare		718.28				651.82	1962.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TAT TO CORR SKN DFCTS =< 6SQCM	11920	CPT	outpatient			2066	826.02	Consumer	Consumer		1962.7	95			651.82	1962.7	percent of total billed charges	
TAT TO CORR SKN DFCTS =< 6SQCM	11920	CPT	outpatient			2066	826.02	Corrections	Corrections		1652.8	80			651.82	1962.7	percent of total billed charges	
TAT TO CORR SKN DFCTS =< 6SQCM	11920	CPT	outpatient			2066	826.02	First Health	First Health		1446.2	70			651.82	1962.7	percent of total billed charges	
TAT TO CORR SKN DFCTS =< 6SQCM	11920	CPT	outpatient			2066	826.02	First Trenton	First Trenton		1859.4	90			651.82	1962.7	percent of total billed charges	
TAT TO CORR SKN DFCTS =< 6SQCM	11920	CPT	outpatient			2066	826.02	Horizon	Indemnity		1336.72				651.82	1962.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TAT TO CORR SKN DFCTS =< 6SQCM	11920	CPT	outpatient			2066	826.02	Horizon	Medicare Blue		718.28				651.82	1962.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TAT TO CORR SKN DFCTS =< 6SQCM	11920	CPT	outpatient			2066	826.02	Horizon	PPO		1336.72				651.82	1962.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TAT TO CORR SKN DFCTS =< 6SQCM	11920	CPT	outpatient			2066	826.02	Horizon	MGD		1336.72				651.82	1962.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TAT TO CORR SKN DFCTS =< 6SQCM	11920	CPT	outpatient			2066	826.02	Managed Care Inc	Managed Care Inc		1859.4	90			651.82	1962.7	percent of total billed charges	
TAT TO CORR SKN DFCTS =< 6SQCM	11920	CPT	outpatient			2066	826.02	Multiplan	Multiplan		1652.8	80			651.82	1962.7	percent of total billed charges	
TAT TO CORR SKN DFCTS =< 6SQCM	11920	CPT	outpatient			2066	826.02	Qualcare	Qualcare		1549.5	75			651.82	1962.7	percent of total billed charges	
TAT TO CORR SKN DFCTS =< 6SQCM	11920	CPT	outpatient			2066	826.02	Three Rivers	Three Rivers		1962.7	95			651.82	1962.7	percent of total billed charges	
TAT TO CORR SKN DFCTS =< 6SQCM	11920	CPT	outpatient			2066	826.02	UHC	Medicaid		651.82	31.55			651.82	1962.7	percent of total billed charges	
TAT TO CORR SKN DFCTS =< 6SQCM	11920	CPT	outpatient			2066	826.02	UHC	Medicare		718.28				651.82	1962.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TAT TO CORR SKN DFCTS =< 6SQCM	11920	CPT	outpatient			2066	826.02	United	CommercialPPO		1782				651.82	1962.7	case rate	
TAT TO CORR SKN DFCTS =< 6SQCM	11920	CPT	outpatient			2066	826.02	United	Oxford		1782				651.82	1962.7	case rate	
TAT TO CORR SKN DFCTS =< 6SQCM	11920	CPT	outpatient			2066	826.02	Wellcare	Medicaid		651.82	31.55			651.82	1962.7	percent of total billed charges	
TAT TO CORR SKN DFCTS =< 6SQCM	11920	CPT	outpatient			2066	826.02	Wellcare	Medicare		718.28				651.82	1962.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TAT TO CORR SKN DFCTS =< 6SQCM	11920	CPT	outpatient			2066	826.02	WellPoint	WellPoint		664.84	32.18			651.82	1962.7	percent of total billed charges	
TATTOOING, 6.1 - 20.0 SQ CM	11921	CPT	outpatient			2117	826.02	Aetna	Commercial		1143.5				249.57	2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TATTOOING, 6.1 - 20.0 SQ CM	11921	CPT	outpatient			2117	826.02	Aetna	Medicare		718.28				249.57	2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TATTOOING, 6.1 - 20.0 SQ CM	11921	CPT	outpatient			2117	826.02	Aetna	Better Health		667.91	31.55			249.57	2011.15	percent of total billed charges	
TATTOOING, 6.1 - 20.0 SQ CM	11921	CPT	outpatient			2117	826.02	Americare	Americare		1587.75	75			249.57	2011.15	percent of total billed charges	
TATTOOING, 6.1 - 20.0 SQ CM	11921	CPT	outpatient			2117	826.02	Amerihealth	HMO/PPO		1376.05	65			249.57	2011.15	percent of total billed charges	
TATTOOING, 6.1 - 20.0 SQ CM	11921	CPT	outpatient			2117	826.02	Amerihealth	Medicare		718.28				249.57	2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TATTOOING, 6.1 - 20.0 SQ CM	11921	CPT	outpatient			2117	826.02	Consumer	Consumer		2011.15	95			249.57	2011.15	percent of total billed charges	
TATTOOING, 6.1 - 20.0 SQ CM	11921	CPT	outpatient			2117	826.02	Corrections	Corrections		1693.6	80			249.57	2011.15	percent of total billed charges	
TATTOOING, 6.1 - 20.0 SQ CM	11921	CPT	outpatient			2117	826.02	First Health	First Health		1481.9	70			249.57	2011.15	percent of total billed charges	
TATTOOING, 6.1 - 20.0 SQ CM	11921	CPT	outpatient			2117	826.02	First Trenton	First Trenton		1905.3	90			249.57	2011.15	percent of total billed charges	
TATTOOING, 6.1 - 20.0 SQ CM	11921	CPT	outpatient			2117	826.02	Horizon	PPO		1336.72				249.57	2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TATTOOING, 6.1 - 20.0 SQ CM	11921	CPT	outpatient			2117	826.02	Horizon	MGD		1336.72				249.57	2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TATTOOING, 6.1 - 20.0 SQ CM	11921	CPT	outpatient			2117	826.02	Horizon	Medicare Blue		718.28				249.57	2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TATTOOING, 6.1 - 20.0 SQ CM	11921	CPT	outpatient			2117	826.02	Horizon	NJ Health		249.57				249.57	2011.15	fee schedule	
TATTOOING, 6.1 - 20.0 SQ CM	11921	CPT	outpatient			2117	826.02	Horizon	Indemnity		1336.72				249.57	2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TATTOOING, 6.1 - 20.0 SQ CM	11921	CPT	outpatient			2117	826.02	Managed Care Inc	Managed Care Inc		1905.3	90			249.57	2011.15	percent of total billed charges	
TATTOOING, 6.1 - 20.0 SQ CM	11921	CPT	outpatient			2117	826.02	Multiplan	Multiplan		1693.6	80			249.57	2011.15	percent of total billed charges	
TATTOOING, 6.1 - 20.0 SQ CM	11921	CPT	outpatient			2117	826.02	Qualcare	Qualcare		1587.75	75			249.57	2011.15	percent of total billed charges	
TATTOOING, 6.1 - 20.0 SQ CM	11921	CPT	outpatient			2117	826.02	Three Rivers	Three Rivers		2011.15	95			249.57	2011.15	percent of total billed charges	
TATTOOING, 6.1 - 20.0 SQ CM	11921	CPT	outpatient			2117	826.02	UHC	Medicaid		667.91	31.55			249.57	2011.15	percent of total billed charges	
TATTOOING, 6.1 - 20.0 SQ CM	11921	CPT	outpatient			2117	826.02	UHC	Medicare		718.28				249.57	2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TATTOOING, 6.1 - 20.0 SQ CM	11921	CPT	outpatient			2117	826.02	United	CommercialPPO		1782				249.57	2011.15	case rate	
TATTOOING, 6.1 - 20.0 SQ CM	11921	CPT	outpatient			2117	826.02	United	Oxford		1782				249.57	2011.15	case rate	
TATTOOING, 6.1 - 20.0 SQ CM	11921	CPT	outpatient			2117	826.02	Wellcare	Medicare		718.28				249.57	2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TATTOOING, 6.1 - 20.0 SQ CM	11921	CPT	outpatient			2117	826.02	Wellcare	Medicaid		667.91	31.55			249.57	2011.15	percent of total billed charges	
TATTOOING, 6.1 - 20.0 SQ CM	11921	CPT	outpatient			2117	826.02	WellPoint	WellPoint		681.25	32.18			249.57	2011.15	percent of total billed charges	
TATTOOING, EA ADD'L 20 SQ CM	11922	CPT	outpatient					United	Oxford		1782				1782	1782	case rate	
TATTOOING, EA ADD'L 20 SQ CM	11922	CPT	outpatient					United	CommercialPPO		1782				1782	1782	case rate	
SUBCUTANEOUS INJECT FILLING LIP	11950	CPT	outpatient			659	263.3	Aetna	Better Health		207.91	31.55			207.91	1782	percent of total billed charges	
SUBCUTANEOUS INJECT FILLING LIP	11950	CPT	outpatient			659	263.3	Aetna	Commercial		364.5				207.91	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUBCUTANEOUS INJECT FILLING LIP	11950	CPT	outpatient			659	263.3	Aetna	Medicare		228.96				207.91	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUBCUTANEOUS INJECT FILLING LIP	11950	CPT	outpatient			659	263.3	Americare	Americare		494.25	75			207.91	1782	percent of total billed charges	
SUBCUTANEOUS INJECT FILLING LIP	11950	CPT	outpatient			659	263.3	Amerihealth	HMO/PPO		428.35	65			207.91	1782	percent of total billed charges	
SUBCUTANEOUS INJECT FILLING LIP	11950	CPT	outpatient			659	263.3	Amerihealth	Medicare		228.96				207.91	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUBCUTANEOUS INJECT FILLING LIP	11950	CPT	outpatient			659	263.3	Consumer	Consumer		626.05	95			207.91	1782	percent of total billed charges	
SUBCUTANEOUS INJECT FILLING LIP	11950	CPT	outpatient			659	263.3	Corrections	Corrections		527.2	80			207.91	1782	percent of total billed charges	
SUBCUTANEOUS INJECT FILLING LIP	11950	CPT	outpatient			659	263.3	First Health	First Health		461.3	70			207.91	1782	percent of total billed charges	
SUBCUTANEOUS INJECT FILLING LIP	11950	CPT	outpatient			659	263.3	First Trenton	First Trenton		593.1	90			207.91	1782	percent of total billed charges	
SUBCUTANEOUS INJECT FILLING LIP	11950	CPT	outpatient			659	263.3	Horizon	Indemnity		426.09				207.91	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUBCUTANEOUS INJECT FILLING LIP	11950	CPT	outpatient			659	263.3	Horizon	MGD		426.09				207.91	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUBCUTANEOUS INJECT FILLING LIP	11950	CPT	outpatient			659	263.3	Horizon	Medicare Blue		228.96				207.91	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUBCUTANEOUS INJECT FILLING LIP	11950	CPT	outpatient			659	263.3	Horizon	PPO		426.09				207.91	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUBCUTANEOUS INJECT FILLING LIP	11950	CPT	outpatient			659	263.3	Managed Care Inc	Managed Care Inc		593.1	90			207.91	1782	percent of total billed charges	
SUBCUTANEOUS INJECT FILLING LIP	11950	CPT	outpatient			659	263.3	Multiplan	Multiplan		527.2	80			207.91	1782	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
SUBCUTANEOUS INJECT FILLING LIP	11950	CPT	outpatient			659		263.3 Qualcare	Qualcare		494.25	75			207.91		1782 percent of total billed charges	
SUBCUTANEOUS INJECT FILLING LIP	11950	CPT	outpatient			659		263.3 Three Rivers	Three Rivers		626.05	95			207.91		1782 percent of total billed charges	
SUBCUTANEOUS INJECT FILLING LIP	11950	CPT	outpatient			659		263.3 UHC	Medicare		228.96				207.91		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUBCUTANEOUS INJECT FILLING LIP	11950	CPT	outpatient			659		263.3 UHC	Medicaid		207.91	31.55			207.91		1782 percent of total billed charges	
SUBCUTANEOUS INJECT FILLING LIP	11950	CPT	outpatient			659		263.3 United	CommercialPPO		1782				207.91		1782 case rate	
SUBCUTANEOUS INJECT FILLING LIP	11950	CPT	outpatient			659		263.3 United	Oxford		1782				207.91		1782 case rate	
SUBCUTANEOUS INJECT FILLING LIP	11950	CPT	outpatient			659		263.3 Wellcare	Medicare		228.96				207.91		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUBCUTANEOUS INJECT FILLING LIP	11950	CPT	outpatient			659		263.3 Wellcare	Medicaid		207.91	31.55			207.91		1782 percent of total billed charges	
SUBCUTANEOUS INJECT FILLING LIP	11950	CPT	outpatient			659		263.3 WellPoint	WellPoint		212.07	32.18			207.91		1782 percent of total billed charges	
SQ INJ FILLI	11951	CPT	outpatient			2117		826.02 Aetna	Better Health		667.91	31.55			667.91		2011.15 percent of total billed charges	
SQ INJ FILLI	11951	CPT	outpatient			2117		826.02 Aetna	Commercial		1143.5				667.91		2011.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SQ INJ FILLI	11951	CPT	outpatient			2117		826.02 Aetna	Medicare		718.28				667.91		2011.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SQ INJ FILLI	11951	CPT	outpatient			2117		826.02 Americare	Americare		1587.75	75			667.91		2011.15 percent of total billed charges	
SQ INJ FILLI	11951	CPT	outpatient			2117		826.02 Amerihealth	HMO/PPO		1376.05	65			667.91		2011.15 percent of total billed charges	
SQ INJ FILLI	11951	CPT	outpatient			2117		826.02 Amerihealth	Medicare		718.28				667.91		2011.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SQ INJ FILLI	11951	CPT	outpatient			2117		826.02 Consumer	Consumer		2011.15	95			667.91		2011.15 percent of total billed charges	
SQ INJ FILLI	11951	CPT	outpatient			2117		826.02 Corrections	Corrections		1693.6	80			667.91		2011.15 percent of total billed charges	
SQ INJ FILLI	11951	CPT	outpatient			2117		826.02 First Health	First Health		1481.9	70			667.91		2011.15 percent of total billed charges	
SQ INJ FILLI	11951	CPT	outpatient			2117		826.02 First Trenton	First Trenton		1905.3	90			667.91		2011.15 percent of total billed charges	
SQ INJ FILLI	11951	CPT	outpatient			2117		826.02 Horizon	MGD		1336.72				667.91		2011.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SQ INJ FILLI	11951	CPT	outpatient			2117		826.02 Horizon	Medicare Blue		718.28				667.91		2011.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SQ INJ FILLI	11951	CPT	outpatient			2117		826.02 Horizon	PPO		1336.72				667.91		2011.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SQ INJ FILLI	11951	CPT	outpatient			2117		826.02 Horizon	Indemnity		1336.72				667.91		2011.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SQ INJ FILLI	11951	CPT	outpatient			2117		826.02 Managed Care Inc	Managed Care Inc		1905.3	90			667.91		2011.15 percent of total billed charges	
SQ INJ FILLI	11951	CPT	outpatient			2117		826.02 Multiplan	Multiplan		1693.6	80			667.91		2011.15 percent of total billed charges	
SQ INJ FILLI	11951	CPT	outpatient			2117		826.02 Qualcare	Qualcare		1587.75	75			667.91		2011.15 percent of total billed charges	
SQ INJ FILLI	11951	CPT	outpatient			2117		826.02 Three Rivers	Three Rivers		2011.15	95			667.91		2011.15 percent of total billed charges	
SQ INJ FILLI	11951	CPT	outpatient			2117		826.02 UHC	Medicaid		667.91	31.55			667.91		2011.15 percent of total billed charges	
SQ INJ FILLI	11951	CPT	outpatient			2117		826.02 UHC	Medicare		718.28				667.91		2011.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SQ INJ FILLI	11951	CPT	outpatient			2117		826.02 United	CommercialPPO		1782				667.91		2011.15 case rate	
SQ INJ FILLI	11951	CPT	outpatient			2117		826.02 United	Oxford		1782				667.91		2011.15 case rate	
SQ INJ FILLI	11951	CPT	outpatient			2117		826.02 Wellcare	Medicaid		667.91	31.55			667.91		2011.15 percent of total billed charges	
SQ INJ FILLI	11951	CPT	outpatient			2117		826.02 Wellcare	Medicare		718.28				667.91		2011.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SQ INJ FILLI	11951	CPT	outpatient			2117		826.02 WellPoint	WellPoint		681.25	32.18			667.91		2011.15 percent of total billed charges	
REMI IMPL CONTRACEPTIVE CAP	11976	CPT	outpatient			2364		925.36 Aetna	Better Health		745.84	31.55			728.11		2245.8 percent of total billed charges	
REMI IMPL CONTRACEPTIVE CAP	11976	CPT	outpatient			2364		925.36 Aetna	Medicare		728.11	30.8			728.11		2245.8 percent of total billed charges	
REMI IMPL CONTRACEPTIVE CAP	11976	CPT	outpatient			2364		925.36 Aetna	Commercial		1281.02				728.11		2245.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMI IMPL CONTRACEPTIVE CAP	11976	CPT	outpatient			2364		925.36 Americare	Americare		1773	75			728.11		2245.8 percent of total billed charges	
REMI IMPL CONTRACEPTIVE CAP	11976	CPT	outpatient			2364		925.36 Amerihealth	HMO/PPO		1536.6	65			728.11		2245.8 percent of total billed charges	
REMI IMPL CONTRACEPTIVE CAP	11976	CPT	outpatient			2364		925.36 Amerihealth	Medicare		804.66				728.11		2245.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMI IMPL CONTRACEPTIVE CAP	11976	CPT	outpatient			2364		925.36 Consumer	Consumer		2245.8	95			728.11		2245.8 percent of total billed charges	
REMI IMPL CONTRACEPTIVE CAP	11976	CPT	outpatient			2364		925.36 Corrections	Corrections		1891.2	80			728.11		2245.8 percent of total billed charges	
REMI IMPL CONTRACEPTIVE CAP	11976	CPT	outpatient			2364		925.36 First Health	First Health		1654.8	70			728.11		2245.8 percent of total billed charges	
REMI IMPL CONTRACEPTIVE CAP	11976	CPT	outpatient			2364		925.36 First Trenton	First Trenton		2127.6	90			728.11		2245.8 percent of total billed charges	
REMI IMPL CONTRACEPTIVE CAP	11976	CPT	outpatient			2364		925.36 Horizon	PPO		1497.47				728.11		2245.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMI IMPL CONTRACEPTIVE CAP	11976	CPT	outpatient			2364		925.36 Horizon	Medicare Blue		804.66				728.11		2245.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMI IMPL CONTRACEPTIVE CAP	11976	CPT	outpatient			2364		925.36 Horizon	MGD		1497.47				728.11		2245.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMI IMPL CONTRACEPTIVE CAP	11976	CPT	outpatient			2364		925.36 Horizon	Indemnity		1497.47				728.11		2245.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMI IMPL CONTRACEPTIVE CAP	11976	CPT	outpatient			2364		925.36 Managed Care Inc	Managed Care Inc		2127.6	90			728.11		2245.8 percent of total billed charges	
REMI IMPL CONTRACEPTIVE CAP	11976	CPT	outpatient			2364		925.36 Multiplan	Multiplan		1891.2	80			728.11		2245.8 percent of total billed charges	
REMI IMPL CONTRACEPTIVE CAP	11976	CPT	outpatient			2364		925.36 Qualcare	Qualcare		1773	75			728.11		2245.8 percent of total billed charges	
REMI IMPL CONTRACEPTIVE CAP	11976	CPT	outpatient			2364		925.36 Three Rivers	Three Rivers		2245.8	95			728.11		2245.8 percent of total billed charges	
REMI IMPL CONTRACEPTIVE CAP	11976	CPT	outpatient			2364		925.36 UHC	Medicaid		745.84	31.55			728.11		2245.8 percent of total billed charges	
REMI IMPL CONTRACEPTIVE CAP	11976	CPT	outpatient			2364		925.36 UHC	Medicare		804.66				728.11		2245.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMI IMPL CONTRACEPTIVE CAP	11976	CPT	outpatient			2364		925.36 United	CommercialPPO		1817				728.11		2245.8 case rate	
REMI IMPL CONTRACEPTIVE CAP	11976	CPT	outpatient			2364		925.36 United	Oxford		1817				728.11		2245.8 case rate	
REMI IMPL CONTRACEPTIVE CAP	11976	CPT	outpatient			2364		925.36 Wellcare	Medicare		804.66				728.11		2245.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMI IMPL CONTRACEPTIVE CAP	11976	CPT	outpatient			2364		925.36 Wellcare	Medicaid		745.84	31.55			728.11		2245.8 percent of total billed charges	
REMI IMPL CONTRACEPTIVE CAP	11976	CPT	outpatient			2364		925.36 WellPoint	WellPoint		760.74	32.18			728.11		2245.8 percent of total billed charges	
INSRT DRUG DEL IMPLANT	11981	CPT	outpatient			452		168 Aetna	Better Health		142.61	31.55			133.77		1782 percent of total billed charges	
INSRT DRUG DEL IMPLANT	11981	CPT	outpatient			452		168 Aetna	Medicare		146.09				133.77		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT DRUG DEL IMPLANT	11981	CPT	outpatient			452		168 Aetna	Commercial		232.58				133.77		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT DRUG DEL IMPLANT	11981	CPT	outpatient			452		168 Americare	Americare		339	75			133.77		1782 percent of total billed charges	
INSRT DRUG DEL IMPLANT	11981	CPT	outpatient			452		168 Amerihealth	HMO/PPO		293.6	65			133.77		1782 percent of total billed charges	
INSRT DRUG DEL IMPLANT	11981	CPT	outpatient			452		168 Amerihealth	Medicare		146.09				133.77		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT DRUG DEL IMPLANT	11981	CPT	outpatient			452		168 Consumer	Consumer		429.4	95			133.77		1782 percent of total billed charges	
INSRT DRUG DEL IMPLANT	11981	CPT	outpatient			452		168 Corrections	Corrections		361.6	80			133.77		1782 percent of total billed charges	
INSRT DRUG DEL IMPLANT	11981	CPT	outpatient			452		168 First Health	First Health		316.4	70			133.77		1782 percent of total billed charges	
INSRT DRUG DEL IMPLANT	11981	CPT	outpatient			452		168 First Trenton	First Trenton		406.8	90			133.77		1782 percent of total billed charges	
INSRT DRUG DEL IMPLANT	11981	CPT	outpatient			452		168 Horizon	PPO		271.87				133.77		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT DRUG DEL IMPLANT	11981	CPT	outpatient			452		168 Horizon	NJ Health		261				133.77		1782 fee schedule	
INSRT DRUG DEL IMPLANT	11981	CPT	outpatient			452		168 Horizon	Indemnity		271.87				133.77		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT DRUG DEL IMPLANT	11981	CPT	outpatient			452		168 Horizon	MGD		271.87				133.77		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT DRUG DEL IMPLANT	11981	CPT	outpatient			452		168 Horizon	Medicare Blue		146.09				133.77		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT DRUG DEL IMPLANT	11981	CPT	outpatient			452		168 Managed Care Inc	Managed Care Inc		406.8	90			133.77		1782 percent of total billed charges	
INSRT DRUG DEL IMPLANT	11981	CPT	outpatient			452		168 Multiplan	Multiplan		361.6	80			133.77		1782 percent of total billed charges	
INSRT DRUG DEL IMPLANT	11981	CPT	outpatient			452		168 Qualcare	Qualcare		339	75			133.77		1782 percent of total billed charges	
INSRT DRUG DEL IMPLANT	11981	CPT	outpatient			452		168 Three Rivers	Three Rivers		429.4	95			133.77		1782 percent of total billed charges	
INSRT DRUG DEL IMPLANT	11981	CPT	outpatient			452		168 UHC	Medicare		146.09				133.77		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT DRUG DEL IMPLANT	11981	CPT	outpatient			452		168 UHC	Medicaid		142.61	31.55			133.77		1782 percent of total billed charges	
INSRT DRUG DEL IMPLANT	11981	CPT	outpatient			452		168 United	Oxford		1782				133.77		1782 case rate	
INSRT DRUG DEL IMPLANT	11981	CPT	outpatient			452		168 United	CommercialPPO		1782				133.77		1782 case rate	
INSRT DRUG DEL IMPLANT	11981	CPT	outpatient			452		168 Wellcare	Medicare		146.09				133.77		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT DRUG DEL IMPLANT	11981	CPT	outpatient			452		168 Wellcare	Medicaid		142.61	31.55			133.77		1782 percent of total billed charges	
INSRT DRUG DEL IMPLANT	11981	CPT	outpatient			452		168 WellPoint	WellPoint		145.45	32.18			133.77		1782 percent of total billed charges	
RMVL NON-BIODGRDBL DRUG IMPLNT	11982	CPT	outpatient			1418		524.04 Aetna	Better Health		447.38	31.55			261		1782 percent of total billed charges	
RMVL NON-BIODGRDBL DRUG IMPLNT	11982	CPT	outpatient			1418		524.04 Aetna	Medicare		436.74	30.8			261		1782 percent of total billed charges	
RMVL NON-BIODGRDBL DRUG IMPLNT	11982	CPT	outpatient			1418		524.04 Aetna	Commercial		725.46				261		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL NON-BIODGRDBL DRUG IMPLNT	11982	CPT	outpatient			1418		524.04 Americare	Americare		1063.5	75			261		1782 percent of total billed charges	
RMVL NON-BIODGRDBL DRUG IMPLNT	11982	CPT	outpatient			1418		524.04 Amerihealth	HMO/PPO		921.7	65			261		1782 percent of total billed charges	
RMVL NON-BIODGRDBL DRUG IMPLNT	11982	CPT	outpatient			1418		524.04 Amerihealth	Medicare		455.69				261		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL NON-BIODGRDBL DRUG IMPLNT	11982	CPT	outpatient			1418		524.04 Consumer	Consumer		1347.1	95			261		1782 percent of total billed charges	
RMVL NON-BIODGRDBL DRUG IMPLNT	11982	CPT	outpatient			1418		524.04 Corrections	Corrections		1134.4	80			261		1782 percent of total billed charges	
RMVL NON-BIODGRDBL DRUG IMPLNT	11982	CPT	outpatient			1418		524.04 First Health	First Health		992.6	70			261		1782 percent of total billed charges	
RMVL NON-BIODGRDBL DRUG IMPLNT	11982	CPT	outpatient			1418		524.04 First Trenton	First Trenton		1276.2	90			261		1782 percent of total billed charges	
RMVL NON-BIODGRDBL DRUG IMPLNT	11982	CPT	outpatient			1418		524.04 Horizon	NJ Health		261				261		1782 fee schedule	
RMVL NON-BIODGRDBL DRUG IMPLNT	11982	CPT	outpatient			1418		524.04 Horizon	Indemnity		848.04				261		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL NON-BIODGRDBL DRUG IMPLNT	11982	CPT	outpatient			1418		524.04 Horizon	Medicare Blue		455.69				261		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL NON-BIODGRDBL DRUG IMPLNT	11982	CPT	outpatient			1418		524.04 Horizon	MGD		848.04				261		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL NON-BIODGRDBL DRUG IMPLNT	11982	CPT	outpatient			1418		524.04 Horizon	PPO		848.04				261		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL NON-BIODGRDBL DRUG IMPLNT	11982	CPT	outpatient			1418		524.04 Managed Care Inc	Managed Care Inc		1276.2	90			261		1782 percent of total billed charges	
RMVL NON-BIODGRDBL DRUG IMPLNT	11982	CPT	outpatient			1418		524.04 Multiplan	Multiplan		1134.4	80			261		1782 percent of total billed charges	
RMVL NON-BIODGRDBL DRUG IMPLNT	11982	CPT	outpatient			1418		524.04 Qualcare	Qualcare		1063.5	75			261		1782 percent of total billed charges	
RMVL NON-BIODGRDBL DRUG IMPLNT	11982	CPT	outpatient			1418		524.04 Three Rivers	Three Rivers		1347.1	95			261		1782 percent of total billed charges	
RMVL NON-BIODGRDBL DRUG IMPLNT	11982	CPT	outpatient			1418		524.04 UHC	Medicaid		447.38	31.55			261		1782 percent of total billed charges	
RMVL NON-BIODGRDBL DRUG IMPLNT	11982	CPT	outpatient			1418		524.04 UHC	Medicare		455.69				261		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL NON-BIODGRDBL DRUG IMPLNT	11982	CPT	outpatient			1418		524.04 United	CommercialPPO		1782				261		1782 case rate	
RMVL NON-BIODGRDBL DRUG IMPLNT	11982	CPT	outpatient			1418		524.04 United	Oxford		1782				261		1782 case rate	
RMVL NON-BIODGRDBL DRUG IMPLNT	11982	CPT	outpatient			1418		524.04 Wellcare	Medicare		455.69				261		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL NON-BIODGRDBL DRUG IMPLNT	11982	CPT	outpatient			1418		524.04 Wellcare	Medicaid		447.38	31.55			261		1782 percent of total billed charges	
RMVL NON-BIODGRDBL DRUG IMPLNT	11982	CPT	outpatient			1418		524.04 WellPoint	WellPoint		456.31	32.18			261		1782 percent of total billed charges	
REMOVE W INS DRUG IMPLANT	11983	CPT	outpatient			1169		524.04 Aetna	Better Health		368.82	31.55			368.82		1782 percent of total billed charges	
REMOVE W INS DRUG IMPLANT	11983	CPT	outpatient			1169		524.04 Aetna	Commercial		725.46				368.82		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE W INS DRUG IMPLANT	11983	CPT	outpatient			1169		524.04 Aetna	Medicare		455.69				368.82		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE W INS DRUG IMPLANT	11983	CPT	outpatient			1169		524.04 Americare	Americare		876.75	75			368.82		1782 percent of total billed charges	
REMOVE W INS DRUG IMPLANT	11983	CPT	outpatient			1169		524.04 Amerihealth	HMO/PPO		759.85	65			368.82		1782 percent of total billed charges	
REMOVE W INS DRUG IMPLANT	11983	CPT	outpatient			1169		524.04 Amerihealth	Medicare		455.69				368.82		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE W INS DRUG IMPLANT	11983	CPT	outpatient			1169		524.04 Consumer	Consumer		1110.55	95			368.82		1782 percent of total billed charges	
REMOVE W INS DRUG IMPLANT	11983	CPT	outpatient			1169		524.04 Corrections	Corrections		935.2	80			368.82		1782 percent of total billed charges	
REMOVE W INS DRUG IMPLANT	11983	CPT	outpatient			1169		524.04 First Health	First Health		818.3	70			368.82		1782 percent of total billed charges	
REMOVE W INS DRUG IMPLANT	11983	CPT	outpatient			1169		524.04 First Trenton	First Trenton		1052.1	90			368.82		1782 percent of total billed charges	
REMOVE W INS DRUG IMPLANT	11983	CPT	outpatient			1169		524.04 Horizon	MGD		848.04				368.82		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE W INS DRUG IMPLANT	11983	CPT	outpatient			1169		524.04 Horizon	Medicare Blue		455.69				368.82		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE W INS DRUG IMPLANT	11983	CPT	outpatient			1169		524.04 Horizon	Indemnity		848.04				368.82		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE W INS DRUG IMPLANT	11983	CPT	outpatient			1169		524.04 Horizon	NJ Health		469.8				368.82		1782 fee schedule	
REMOVE W INS DRUG IMPLANT	11983	CPT	outpatient			1169		524.04 Horizon	PPO		848.04				368.82		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE W INS DRUG IMPLANT	11983	CPT	outpatient			1169		524.04 Managed Care Inc	Managed Care Inc		1052.1	90			368.82		1782 percent of total billed charges	
REMOVE W INS DRUG IMPLANT	11983	CPT	outpatient			1169		524.04 Multiplan	Multiplan		935.2	80			368.82		1782 percent of total billed charges	
REMOVE W INS DRUG IMPLANT	11983	CPT	outpatient			1169		524.04 Qualcare	Qualcare		876.75	75			368.82		1782 percent of total billed charges	
REMOVE W INS DRUG IMPLANT	11983	CPT	outpatient			1169		524.04 Three Rivers	Three Rivers		1110.55	95			368.82		1782 percent of total billed charges	
REMOVE W INS DRUG IMPLANT	11983	CPT	outpatient			1169		524.04 UHC	Medicaid		368.82	31.55			368.82		1782 percent of total billed charges	
REMOVE W INS DRUG IMPLANT	11983	CPT	outpatient			1169		524.04 UHC	Medicare		455.69				368.82		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE W INS DRUG IMPLANT	11983	CPT	outpatient			1169		524.04 United	CommercialPPO		1782				368.82		1782 case rate	
REMOVE W INS DRUG IMPLANT	11983	CPT	outpatient			1169		524.04 United	Oxford		1782				368.82		1782 case rate	
REMOVE W INS DRUG IMPLANT	11983	CPT	outpatient			1169		524.04 Wellcare	Medicare		455.69				368.82		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE W INS DRUG IMPLANT	11983	CPT	outpatient			1169		524.04 Wellcare	Medicaid		368.82	31.55			368.82		1782 percent of total billed charges	
REMOVE W INS DRUG IMPLANT	11983	CPT	outpatient			1169		524.04 WellPoint	WellPoint		376.18	32.18			368.82		1782 percent of total billed charges	
SUTURE LACER	12001	CPT	outpatient			712		263.3 Aetna	Commercial		364.5				99.18		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE LACER	12001	CPT	outpatient			712		263.3 Aetna	Better Health		224.64	31.55			99.18		1782 percent of total billed charges	
SUTURE LACER	12001	CPT	outpatient			712		263.3 Aetna	Medicare		228.96				99.18		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE LACER	12001	CPT	outpatient			712		263.3 Americare	Americare		534	75			99.18		1782 percent of total billed charges	
SUTURE LACER	12001	CPT	outpatient			712		263.3 Amerihealth	HMO/PPO		462.8	65			99.18		1782 percent of total billed charges	
SUTURE LACER	12001	CPT	outpatient			712		263.3 Amerihealth	Medicare		228.96				99.18		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE LACER	12001	CPT	outpatient			712		263.3 Consumer	Consumer		676.4	95			99.18		1782 percent of total billed charges	
SUTURE LACER	12001	CPT	outpatient			712		263.3 Corrections	Corrections		569.6	80			99.18		1782 percent of total billed charges	
SUTURE LACER	12001	CPT	outpatient			712		263.3 First Health	First Health		498.4	70			99.18		1782 percent of total billed charges	
SUTURE LACER	12001	CPT	outpatient			712		263.3 First Trenton	First Trenton		640.8	90			99.18		1782 percent of total billed charges	
SUTURE LACER	12001	CPT	outpatient			712		263.3 Horizon	MGD		426.09				99.18		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.															
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true														
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
SUTURE LACER	12001	CPT	outpatient			712		263.3 Horizon	Indemnity		426.09				99.18		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE LACER	12001	CPT	outpatient			712		263.3 Horizon	NJ Health		99.18				99.18		1782 fee schedule	
SUTURE LACER	12001	CPT	outpatient			712		263.3 Horizon	Medicare Blue		228.96				99.18		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE LACER	12001	CPT	outpatient			712		263.3 Horizon	PPO		426.09				99.18		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE LACER	12001	CPT	outpatient			712		263.3 Managed Care Inc	Managed Care Inc		640.8	90			99.18		1782 percent of total billed charges	
SUTURE LACER	12001	CPT	outpatient			712		263.3 Multiplan	Multiplan		569.6	80			99.18		1782 percent of total billed charges	
SUTURE LACER	12001	CPT	outpatient			712		263.3 Qualcare	Qualcare		534	75			99.18		1782 percent of total billed charges	
SUTURE LACER	12001	CPT	outpatient			712		263.3 Three Rivers	Three Rivers		676.4	95			99.18		1782 percent of total billed charges	
SUTURE LACER	12001	CPT	outpatient			712		263.3 UHC	Medicare		228.96				99.18		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE LACER	12001	CPT	outpatient			712		263.3 UHC	Medicaid		224.64	31.55			99.18		1782 percent of total billed charges	
SUTURE LACER	12001	CPT	outpatient			712		263.3 United	Commercial|PPO		1782				99.18		1782 case rate	
SUTURE LACER	12001	CPT	outpatient			712		263.3 United	Oxford		1782				99.18		1782 case rate	
SUTURE LACER	12001	CPT	outpatient			712		263.3 Wellcare	Medicare		228.96				99.18		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE LACER	12001	CPT	outpatient			712		263.3 Wellcare	Medicaid		224.64	31.55			99.18		1782 percent of total billed charges	
SUTURE LACER	12001	CPT	outpatient			712		263.3 WellPoint	WellPoint		229.12	32.18			99.18		1782 percent of total billed charges	
RPR-SIM.SCALP.ETC-2.6 TO 7.5CM	12002	CPT	outpatient			708		263.3 Aetna	Medicare		228.96				131.54		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-SIM.SCALP.ETC-2.6 TO 7.5CM	12002	CPT	outpatient			708		263.3 Aetna	Better Health		223.37	31.55			131.54		1782 percent of total billed charges	
RPR-SIM.SCALP.ETC-2.6 TO 7.5CM	12002	CPT	outpatient			708		263.3 Aetna	Commercial		364.5				131.54		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-SIM.SCALP.ETC-2.6 TO 7.5CM	12002	CPT	outpatient			708		263.3 Americare	Americare		531	75			131.54		1782 percent of total billed charges	
RPR-SIM.SCALP.ETC-2.6 TO 7.5CM	12002	CPT	outpatient			708		263.3 Amerihealth	Medicare		228.96				131.54		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-SIM.SCALP.ETC-2.6 TO 7.5CM	12002	CPT	outpatient			708		263.3 Amerihealth	HMO|PPO		460.2	65			131.54		1782 percent of total billed charges	
RPR-SIM.SCALP.ETC-2.6 TO 7.5CM	12002	CPT	outpatient			708		263.3 Consumer	Consumer		672.6	95			131.54		1782 percent of total billed charges	
RPR-SIM.SCALP.ETC-2.6 TO 7.5CM	12002	CPT	outpatient			708		263.3 Corrections	Corrections		566.4	80			131.54		1782 percent of total billed charges	
RPR-SIM.SCALP.ETC-2.6 TO 7.5CM	12002	CPT	outpatient			708		263.3 First Health	First Health		495.6	70			131.54		1782 percent of total billed charges	
RPR-SIM.SCALP.ETC-2.6 TO 7.5CM	12002	CPT	outpatient			708		263.3 First Trentnn	First Trentnn		637.2	90			131.54		1782 percent of total billed charges	
RPR-SIM.SCALP.ETC-2.6 TO 7.5CM	12002	CPT	outpatient			708		263.3 Horizon	Indemnity		426.09				131.54		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-SIM.SCALP.ETC-2.6 TO 7.5CM	12002	CPT	outpatient			708		263.3 Horizon	NJ Health		131.54				131.54		1782 fee schedule	
RPR-SIM.SCALP.ETC-2.6 TO 7.5CM	12002	CPT	outpatient			708		263.3 Horizon	PPO		426.09				131.54		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-SIM.SCALP.ETC-2.6 TO 7.5CM	12002	CPT	outpatient			708		263.3 Horizon	Medicare Blue		228.96				131.54		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-SIM.SCALP.ETC-2.6 TO 7.5CM	12002	CPT	outpatient			708		263.3 Horizon	MGD		426.09				131.54		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-SIM.SCALP.ETC-2.6 TO 7.5CM	12002	CPT	outpatient			708		263.3 Managed Care Inc	Managed Care Inc		637.2	90			131.54		1782 percent of total billed charges	
RPR-SIM.SCALP.ETC-2.6 TO 7.5CM	12002	CPT	outpatient			708		263.3 Multiplan	Multiplan		566.4	80			131.54		1782 percent of total billed charges	
RPR-SIM.SCALP.ETC-2.6 TO 7.5CM	12002	CPT	outpatient			708		263.3 Qualcare	Qualcare		531	75			131.54		1782 percent of total billed charges	
RPR-SIM.SCALP.ETC-2.6 TO 7.5CM	12002	CPT	outpatient			708		263.3 Three Rivers	Three Rivers		672.6	95			131.54		1782 percent of total billed charges	
RPR-SIM.SCALP.ETC-2.6 TO 7.5CM	12002	CPT	outpatient			708		263.3 UHC	Medicare		228.96				131.54		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-SIM.SCALP.ETC-2.6 TO 7.5CM	12002	CPT	outpatient			708		263.3 UHC	Medicaid		223.37	31.55			131.54		1782 percent of total billed charges	
RPR-SIM.SCALP.ETC-2.6 TO 7.5CM	12002	CPT	outpatient			708		263.3 United	Commercial|PPO		1782				131.54		1782 case rate	
RPR-SIM.SCALP.ETC-2.6 TO 7.5CM	12002	CPT	outpatient			708		263.3 United	Oxford		1782				131.54		1782 case rate	
RPR-SIM.SCALP.ETC-2.6 TO 7.5CM	12002	CPT	outpatient			708		263.3 Wellcare	Medicare		228.96				131.54		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-SIM.SCALP.ETC-2.6 TO 7.5CM	12002	CPT	outpatient			708		263.3 Wellcare	Medicaid		223.37	31.55			131.54		1782 percent of total billed charges	
RPR-SIM.SCALP.ETC-2.6 TO 7.5CM	12002	CPT	outpatient			708		263.3 WellPoint	WellPoint		227.83	32.18			131.54		1782 percent of total billed charges	
RPR-SIMP.SCALP.NECK.ETC-7.6 TO 12.5 CM	12004	CPT	outpatient			708		263.3 Aetna	Medicare		228.96				209.01		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-SIMP.SCALP.NECK.ETC-7.6 TO 12.5 CM	12004	CPT	outpatient			708		263.3 Aetna	Better Health		223.37	31.55			209.01		1782 percent of total billed charges	
RPR-SIMP.SCALP.NECK.ETC-7.6 TO 12.5 CM	12004	CPT	outpatient			708		263.3 Aetna	Commercial		364.5				209.01		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-SIMP.SCALP.NECK.ETC-7.6 TO 12.5 CM	12004	CPT	outpatient			708		263.3 Americare	Americare		531	75			209.01		1782 percent of total billed charges	
RPR-SIMP.SCALP.NECK.ETC-7.6 TO 12.5 CM	12004	CPT	outpatient			708		263.3 Amerihealth	HMO|PPO		460.2	65			209.01		1782 percent of total billed charges	
RPR-SIMP.SCALP.NECK.ETC-7.6 TO 12.5 CM	12004	CPT	outpatient			708		263.3 Amerihealth	Medicare		228.96				209.01		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-SIMP.SCALP.NECK.ETC-7.6 TO 12.5 CM	12004	CPT	outpatient			708		263.3 Consumer	Consumer		672.6	95			209.01		1782 percent of total billed charges	
RPR-SIMP.SCALP.NECK.ETC-7.6 TO 12.5 CM	12004	CPT	outpatient			708		263.3 Corrections	Corrections		566.4	80			209.01		1782 percent of total billed charges	
RPR-SIMP.SCALP.NECK.ETC-7.6 TO 12.5 CM	12004	CPT	outpatient			708		263.3 First Health	First Health		495.6	70			209.01		1782 percent of total billed charges	
RPR-SIMP.SCALP.NECK.ETC-7.6 TO 12.5 CM	12004	CPT	outpatient			708		263.3 First Trentnn	First Trentnn		637.2	90			209.01		1782 percent of total billed charges	
RPR-SIMP.SCALP.NECK.ETC-7.6 TO 12.5 CM	12004	CPT	outpatient			708		263.3 Horizon	MGD		426.09				209.01		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-SIMP.SCALP.NECK.ETC-7.6 TO 12.5 CM	12004	CPT	outpatient			708		263.3 Horizon	Medicare Blue		228.96				209.01		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-SIMP.SCALP.NECK.ETC-7.6 TO 12.5 CM	12004	CPT	outpatient			708		263.3 Horizon	Indemnity		426.09				209.01		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-SIMP.SCALP.NECK.ETC-7.6 TO 12.5 CM	12004	CPT	outpatient			708		263.3 Horizon	NJ Health		209.01				209.01		1782 fee schedule	
RPR-SIMP.SCALP.NECK.ETC-7.6 TO 12.5 CM	12004	CPT	outpatient			708		263.3 Horizon	PPO		426.09				209.01		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-SIMP.SCALP.NECK.ETC-7.6 TO 12.5 CM	12004	CPT	outpatient			708		263.3 Managed Care Inc	Managed Care Inc		637.2	90			209.01		1782 percent of total billed charges	
RPR-SIMP.SCALP.NECK.ETC-7.6 TO 12.5 CM	12004	CPT	outpatient			708		263.3 Multiplan	Multiplan		566.4	80			209.01		1782 percent of total billed charges	
RPR-SIMP.SCALP.NECK.ETC-7.6 TO 12.5 CM	12004	CPT	outpatient			708		263.3 Qualcare	Qualcare		531	75			209.01		1782 percent of total billed charges	
RPR-SIMP.SCALP.NECK.ETC-7.6 TO 12.5 CM	12004	CPT	outpatient			708		263.3 Three Rivers	Three Rivers		672.6	95			209.01		1782 percent of total billed charges	
RPR-SIMP.SCALP.NECK.ETC-7.6 TO 12.5 CM	12004	CPT	outpatient			708		263.3 UHC	Medicaid		223.37	31.55			209.01		1782 percent of total billed charges	
RPR-SIMP.SCALP.NECK.ETC-7.6 TO 12.5 CM	12004	CPT	outpatient			708		263.3 UHC	Medicare		228.96				209.01		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-SIMP.SCALP.NECK.ETC-7.6 TO 12.5 CM	12004	CPT	outpatient			708		263.3 United	Oxford		1782				209.01		1782 case rate	
RPR-SIMP.SCALP.NECK.ETC-7.6 TO 12.5 CM	12004	CPT	outpatient			706		263.3 United	Commercial|PPO		1782				209.01		1782 case rate	
RPR-SIMP.SCALP.NECK.ETC-7.6 TO 12.5 CM	12004	CPT	outpatient			708		263.3 Wellcare	Medicaid		223.37	31.55			209.01		1782 percent of total billed charges	
RPR-SIMP.SCALP.NECK.ETC-7.6 TO 12.5 CM	12004	CPT	outpatient			708		263.3 Wellcare	Medicare		228.96				209.01		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-SIMP.SCALP.NECK.ETC-7.6 TO 12.5 CM	12004	CPT	outpatient			708		263.3 WellPoint	WellPoint		227.83	32.18			209.01		1782 percent of total billed charges	
RPR-SIMP.SCALP.ETC 12.6 TO 20.0 CM	12005	CPT	outpatient			1410		524.43 Aetna	Better Health		444.86	31.55			260.22		1782 percent of total billed charges	
RPR-SIMP.SCALP.ETC 12.6 TO 20.0 CM	12005	CPT	outpatient			1410		524.43 Aetna	Medicare		456.03				260.22		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-SIMP.SCALP.ETC 12.6 TO 20.0 CM	12005	CPT	outpatient			1410		524.43 Aetna	Commercial		726				260.22		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-SIMP.SCALP.ETC 12.6 TO 20.0 CM	12005	CPT	outpatient			1410		524.43 Americare	Americare		1057.5	75			260.22		1782 percent of total billed charges	
RPR-SIMP.SCALP.ETC 12.6 TO 20.0 CM	12005	CPT	outpatient			1410		524.43 Amerihealth	Medicare		456.03				260.22		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-SIMP.SCALP.ETC 12.6 TO 20.0 CM	12005	CPT	outpatient			1410		524.43 Amerihealth	HMO|PPO		916.5	65			260.22		1782 percent of total billed charges	
RPR-SIMP.SCALP.ETC 12.6 TO 20.0 CM	12005	CPT	outpatient			1410		524.43 Consumer	Consumer		1339.5	95			260.22		1782 percent of total billed charges	
RPR-SIMP.SCALP.ETC 12.6 TO 20.0 CM	12005	CPT	outpatient			1410		524.43 Corrections	Corrections		1128	80			260.22		1782 percent of total billed charges	
RPR-SIMP.SCALP.ETC 12.6 TO 20.0 CM	12005	CPT	outpatient			1410		524.43 First Health	First Health		987	70			260.22		1782 percent of total billed charges	
RPR-SIMP.SCALP.ETC 12.6 TO 20.0 CM	12005	CPT	outpatient			1410		524.43 First Trentnn	First Trentnn		1269	90			260.22		1782 percent of total billed charges	
RPR-SIMP.SCALP.ETC 12.6 TO 20.0 CM	12005	CPT	outpatient			1410		524.43 Horizon	Indemnity		848.67				260.22		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-SIMP.SCALP.ETC 12.6 TO 20.0 CM	12005	CPT	outpatient			1410		524.43 Horizon	MGD		848.67				260.22		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-SIMP.SCALP.ETC 12.6 TO 20.0 CM	12005	CPT	outpatient			1410		524.43 Horizon	Medicare Blue		456.03				260.22		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-SIMP.SCALP.ETC 12.6 TO 20.0 CM	12005	CPT	outpatient			1410		524.43 Horizon	NJ Health		260.22				260.22		1782 fee schedule	
RPR-SIMP.SCALP.ETC 12.6 TO 20.0 CM	12005	CPT	outpatient			1410		524.43 Horizon	PPO		848.67				260.22		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-SIMP.SCALP.ETC 12.6 TO 20.0 CM	12005	CPT	outpatient			1410		524.43 Managed Care Inc	Managed Care Inc		1269	90			260.22		1782 percent of total billed charges	
RPR-SIMP.SCALP.ETC 12.6 TO 20.0 CM	12005	CPT	outpatient			1410		524.43 Multiplan	Multiplan		1128	80			260.22		1782 percent of total billed charges	
RPR-SIMP.SCALP.ETC 12.6 TO 20.0 CM	12005	CPT	outpatient			1410		524.43 Qualcare	Qualcare		1057.5	75			260.22		1782 percent of total billed charges	
RPR-SIMP.SCALP.ETC 12.6 TO 20.0 CM	12005	CPT	outpatient			1410		524.43 Three Rivers	Three Rivers		1339.5	95			260.22		1782 percent of total billed charges	
RPR-SIMP.SCALP.ETC 12.6 TO 20.0 CM	12005	CPT	outpatient			1410		524.43 UHC	Medicaid		444.86	31.55			260.22		1782 percent of total billed charges	
RPR-SIMP.SCALP.ETC 12.6 TO 20.0 CM	12005	CPT	outpatient			1410		524.43 UHC	Medicare		456.03				260.22		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-SIMP.SCALP.ETC 12.6 TO 20.0 CM	12005	CPT	outpatient			1410		524.43 United	Commercial|PPO		1782				260.22		1782 case rate	
RPR-SIMP.SCALP.ETC 12.6 TO 20.0 CM	12005	CPT	outpatient			1410		524.43 United	Oxford		1782				260.22		1782 case rate	
RPR-SIMP.SCALP.ETC 12.6 TO 20.0 CM	12005	CPT	outpatient			1410		524.43 Wellcare	Medicaid		444.86	31.55			260.22		1782 percent of total billed charges	
RPR-SIMP.SCALP.ETC 12.6 TO 20.0 CM	12005	CPT	outpatient			1410		524.43 Wellcare	Medicare		456.03				260.22		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-SIMP.SCALP.ETC 12.6 TO 20.0 CM	12005	CPT	outpatient			1410		524.43 WellPoint	WellPoint		453.74	32.18			260.22		1782 percent of total billed charges	
RPR-SIMP.SCALP.ETC 20.1 TO 30 CM	12006	CPT	outpatient			1410		524.43 Aetna	Commercial		726				322.91		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-SIMP.SCALP.ETC 20.1 TO 30 CM	12006	CPT	outpatient			1410		524.43 Aetna	Better Health		444.86	31.55			322.91		1782 percent of total billed charges	
RPR-SIMP.SCALP.ETC 20.1 TO 30 CM	12006	CPT	outpatient			1410		524.43 Aetna	Medicare		434.28	30.8			322.91		1782 percent of total billed charges	
RPR-SIMP.SCALP.ETC 20.1 TO 30 CM	12006	CPT	outpatient			1410		524.43 Americare	Americare		1057.5	75			322.91		1782 percent of total billed charges	
RPR-SIMP.SCALP.ETC 20.1 TO 30 CM	12006	CPT	outpatient			1410		524.43 Amerihealth	Medicare		456.03				322.91		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-SIMP.SCALP.ETC 20.1 TO 30 CM	12006	CPT	outpatient			1410		524.43 Amerihealth	HMO|PPO		916.5	65			322.91		1782 percent of total billed charges	
RPR-SIMP.SCALP.ETC 20.1 TO 30 CM	12006	CPT	outpatient			1410		524.43 Consumer	Consumer		1339.5	95			322.91		1782 percent of total billed charges	
RPR-SIMP.SCALP.ETC 20.1 TO 30 CM	12006	CPT	outpatient			1410		524.43 Corrections	Corrections		1128	80			322.91		1782 percent of total billed charges	
RPR-SIMP.SCALP.ETC 20.1 TO 30 CM	12006	CPT	outpatient			1410		524.43 First Health	First Health		987	70			322.91		1782 percent of total billed charges	
RPR-SIMP.SCALP.ETC 20.1 TO 30 CM	12006	CPT	outpatient			1410		524.43 First Trentnn	First Trentnn		1269	90			322.91		1782 percent of total billed charges	
RPR-SIMP.SCALP.ETC 20.1 TO 30 CM	12006	CPT	outpatient			1410		524.43 Horizon	Medicare Blue		456.03				322.91		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-SIMP.SCALP.ETC 20.1 TO 30 CM	12006	CPT	outpatient			1410		524.43 Horizon	MGD		848.67				322.91		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-SIMP.SCALP.ETC 20.1 TO 30 CM	12006	CPT	outpatient			1410		524.43 Horizon	Indemnity		848.67				322.91		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-SIMP.SCALP.ETC 20.1 TO 30 CM	12006	CPT	outpatient			1410		524.43 Horizon	NJ Health		322.91				322.91		1782 fee schedule	
RPR-SIMP.SCALP.ETC 20.1 TO 30 CM	12006	CPT	outpatient			1410		524.43 Horizon	PPO		848.67				322.91		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-SIMP.SCALP.ETC 20.1 TO 30 CM	12006	CPT	outpatient			1410		524.43 Managed Care Inc	Managed Care Inc		1269	90			322.91		1782 percent of total billed charges	
RPR-SIMP.SCALP.ETC 20.1 TO 30 CM	12006	CPT	outpatient			1410		524.43 Multiplan	Multiplan		1128	80			322.91		1782 percent of total billed charges	
RPR-SIMP.SCALP.ETC 20.1 TO 30 CM	12006	CPT	outpatient			1410		524.43 Qualcare	Qualcare		1057.5	75			322.91		1782 percent of total billed charges	
RPR-SIMP.SCALP.ETC 20.1 TO 30 CM	12006	CPT	outpatient			1410		524.43 Three Rivers	Three Rivers		1339.5	95			322.91		1782 percent of total billed charges	
RPR-SIMP.SCALP.ETC 20.1 TO 30 CM	12006	CPT	outpatient			1410		524.43 UHC	Medicaid		444.86	31.55			322.91		1782 percent of total billed charges	
RPR-SIMP.SCALP.ETC 20.1 TO 30 CM	12006	CPT	outpatient			1410		524.43 UHC	Medicare		456.03				322.91		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-SIMP.SCALP.ETC 20.1 TO 30 CM	12006	CPT	outpatient			1410		524.43 United	Oxford		1782				322.91		1782 case rate	
RPR-SIMP.SCALP.ETC 20.1 TO 30 CM	12006	CPT	outpatient			1410		524.43 United	Commercial|PPO		1782				322.91		1782 case rate	
RPR-SIMP.SCALP.ETC 20.1 TO 30 CM	12006	CPT	outpatient			1410		524.43 Wellcare	Medicare		456.03				322.91		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-SIMP.SCALP.ETC 20.1 TO 30 CM	12006	CPT	outpatient			1410		524.43 Wellcare	Medicaid		444.86	31.55			322.91		1782 percent of total billed charges	
RPR-SIMP.SCALP.ETC 20.1 TO 30 CM	12006	CPT	outpatient			1410		524.43 WellPoint	WellPoint		453.74	32.18			322.91		1782 percent of total billed charges	
RPRP.SIMP.SCALP.ETC.OVER 30.0CM	12007	CPT	outpatient			708		263.3 Aetna	Medicare		228.96				223.37		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPRP.SIMP.SCALP.ETC.OVER 30.0CM	12007	CPT	outpatient			708		263.3 Aetna	Better Health		223.37	31.55			223.37		1782 percent of total billed charges	
RPRP.SIMP.SCALP.ETC.OVER 30.0CM	12007	CPT	outpatient			708		263.3 Aetna	Commercial		364.5				223.37		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPRP.SIMP.SCALP.ETC.OVER 30.0CM	12007	CPT	outpatient			708		263.3 Americare	Americare		531	75			223.37		1782 percent of total billed charges	
RPRP.SIMP.SCALP.ETC.OVER 30.0CM	12007	CPT	outpatient			708		263.3 Amerihealth	HMO|PPO		460.2	65			223.37		1782 percent of total billed charges	
RPRP.SIMP.SCALP.ETC.OVER 30.0CM	12007	CPT	outpatient			708		263.3 Amerihealth	Medicare		228.96				223.37		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPRP.SIMP.SCALP.ETC.OVER 30.0CM	12007	CPT	outpatient			708		263.3 Consumer	Consumer		672.6	95			223.37		1782 percent of total billed charges	
RPRP.SIMP.SCALP.ETC.OVER 30.0CM	12007	CPT	outpatient			708		263.3 Corrections	Corrections		566.4	80			223.37		1782 percent of total billed charges	
RPRP.SIMP.SCALP.ETC.OVER 30.0CM	12007	CPT	outpatient			708		263.3 First Health	First Health		495.6	70			223.37		1782 percent of total billed charges	
RPRP.SIMP.SCALP.ETC.OVER 30.0CM	12007	CPT	outpatient			708		263.3 First Trentnn	First Trentnn		637.2	90			223.37		1782 percent of total billed charges	
RPRP.SIMP.SCALP.ETC.OVER 30.0CM	12007	CPT	outpatient			708		263.3 Horizon	MGD		426.09				223.37		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPRP.SIMP.SCALP.ETC.OVER 30.0CM	12007	CPT	outpatient			706		263.3 Horizon	PPO		426.09				223.37		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPRP.SIMP.SCALP.ETC.OVER 30.0CM	12007	CPT	outpatient			708		263.3 Horizon	NJ Health		365.37				223.37		1782 fee schedule	
RPRP.SIMP.SCALP.ETC.OVER 30.0CM	12007	CPT	outpatient			708		263.3 Horizon	Medicare Blue		228.96				223.37		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPRP.SIMP.SCALP.ETC.OVER 30.0CM	12007	CPT	outpatient			708		263.3 Horizon	Indemnity		426.09				223.37		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPRP.SIMP.SCALP.ETC.OVER 30.0CM	12007	CPT	outpatient			708		263.3 Managed Care Inc	Managed Care Inc		637.2	90			223.37		1782 percent of total billed charges	
RPRP.SIMP.SCALP.ETC.OVER 30.0CM	12007	CPT	outpatient			708		263.3 Multiplan	Multiplan		566.4	80			223.37		1782 percent of total billed charges	
RPRP.SIMP.SCALP.ETC.OVER 30.0CM	12007	CPT	outpatient			708		263.3 Qualcare	Qualcare		531	75			223.37		1782 percent of total billed charges	
RPRP.SIMP.SCALP.ETC.OVER 30.0CM	12007	CPT	outpatient			708		263.3 Three Rivers	Three Rivers		672.6	95			223.37		1782 percent of total billed charges	
RPRP.SIMP.SCALP.ETC.OVER 30.0CM	12007	CPT	outpatient			708		263.3 UHC	Medicaid		223.37	31.55			223.37		1782 percent of total billed charges	
RPRP.SIMP.SCALP.ETC.OVER 30.0CM	12007	CPT	outpatient			708		263.3 UHC	Medicare		228.96				223.37		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPRP.SIMP.SCALP.ETC.OVER 30.0CM	12007	CPT	outpatient			708		263.3 United	Commercial|PPO		1782				223.37		1782 case rate	
RPRP.SIMP.SCALP.ETC.OVER 30.0CM	12007	CPT	outpatient			708		263.3 United	Oxford		1782				223.37		1782 case rate	
RPRP.SIMP.SCALP.ETC.OVER 30.0CM	12007	CPT	outpatient			708		263.3 Wellcare	Medicare		228.96				223.37		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPRP.SIMP.SCALP.ETC.OVER 30.0CM	12007	CPT	outpatient			708		263.3 Wellcare	Medicaid		223.37	31.55			223.37		1782 percent of total billed charges	
RPRP.SIMP.SCALP.ETC.OVER 30.0CM	12007	CPT	outpatient			708		263.3 WellPoint	WellPoint		227.83	32.18			223.37		1782 percent of total billed charges	
SMP REP SUPERFIC WNDS 2

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
SMP REP SUPERFIC WNDS 2.5CM<	12011	CPT	both			659		263.3 Americare	Americare		494.25	75			98.66	1782	percent of total billed charges	
SMP REP SUPERFIC WNDS 2.5CM<	12011	CPT	both			659		263.3 Amerihealth	HMO/PPO		428.35	65			98.66	1782	percent of total billed charges	
SMP REP SUPERFIC WNDS 2.5CM<	12011	CPT	both			659		263.3 Amerihealth	Medicare		228.96				98.66	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMP REP SUPERFIC WNDS 2.5CM<	12011	CPT	both			659		263.3 Consumer	Consumer		626.05	95			98.66	1782	percent of total billed charges	
SMP REP SUPERFIC WNDS 2.5CM<	12011	CPT	both			659		263.3 Corrections	Corrections		527.2	80			98.66	1782	percent of total billed charges	
SMP REP SUPERFIC WNDS 2.5CM<	12011	CPT	both			659		263.3 First Health	First Health		461.3	70			98.66	1782	percent of total billed charges	
SMP REP SUPERFIC WNDS 2.5CM<	12011	CPT	both			659		263.3 First Trenton	First Trenton		593.1	90			98.66	1782	percent of total billed charges	
SMP REP SUPERFIC WNDS 2.5CM<	12011	CPT	both			659		263.3 Horizon	Indemnity		426.09				98.66	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMP REP SUPERFIC WNDS 2.5CM<	12011	CPT	both			659		263.3 Horizon	Medicare Blue		228.96				98.66	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMP REP SUPERFIC WNDS 2.5CM<	12011	CPT	both			659		263.3 Horizon	NJ Health		98.66				98.66	1782	fee schedule	
SMP REP SUPERFIC WNDS 2.5CM<	12011	CPT	both			659		263.3 Horizon	MGD		426.09				98.66	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMP REP SUPERFIC WNDS 2.5CM<	12011	CPT	both			659		263.3 Horizon	PPO		426.09				98.66	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMP REP SUPERFIC WNDS 2.5CM<	12011	CPT	both			659		263.3 Managed Care Inc	Managed Care Inc		593.1	90			98.66	1782	percent of total billed charges	
SMP REP SUPERFIC WNDS 2.5CM<	12011	CPT	both			659		263.3 Multiplan	Multiplan		527.2	80			98.66	1782	percent of total billed charges	
SMP REP SUPERFIC WNDS 2.5CM<	12011	CPT	both			659		263.3 Qualcare	Qualcare		494.25	75			98.66	1782	percent of total billed charges	
SMP REP SUPERFIC WNDS 2.5CM<	12011	CPT	both			659		263.3 Three Rivers	Three Rivers		626.05	95			98.66	1782	percent of total billed charges	
SMP REP SUPERFIC WNDS 2.5CM<	12011	CPT	both			659		263.3 UHC	Medicaid		207.91	31.55			98.66	1782	percent of total billed charges	
SMP REP SUPERFIC WNDS 2.5CM<	12011	CPT	both			659		263.3 UHC	Medicare		228.96				98.66	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMP REP SUPERFIC WNDS 2.5CM<	12011	CPT	both			659		263.3 United	Commercial|PPO		1782				98.66	1782	case rate	
SMP REP SUPERFIC WNDS 2.5CM<	12011	CPT	both			659		263.3 United	Oxford		1782				98.66	1782	case rate	
SMP REP SUPERFIC WNDS 2.5CM<	12011	CPT	both			659		263.3 Wellcare	Medicare		228.96				98.66	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMP REP SUPERFIC WNDS 2.5CM<	12011	CPT	both			659		263.3 Wellcare	Medicaid		207.91	31.55			98.66	1782	percent of total billed charges	
SMP REP SUPERFIC WNDS 2.5CM<	12011	CPT	both			659		263.3 WellPoint	WellPoint		212.07	32.18			98.66	1782	percent of total billed charges	
SIMPLE REPAIR FACE>2.6<=5.0CM	12013	CPT	both			659		263.3 Aetna	Medicare		228.96				131.54	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMPLE REPAIR FACE>2.6<=5.0CM	12013	CPT	both			659		263.3 Aetna	Better Health		207.91	31.55			131.54	1782	percent of total billed charges	
SIMPLE REPAIR FACE>2.6<=5.0CM	12013	CPT	both			659		263.3 Aetna	Commercial		364.5				131.54	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMPLE REPAIR FACE>2.6<=5.0CM	12013	CPT	both			659		263.3 Americare	Americare		494.25	75			131.54	1782	percent of total billed charges	
SIMPLE REPAIR FACE>2.6<=5.0CM	12013	CPT	both			659		263.3 Amerihealth	Medicare		228.96				131.54	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMPLE REPAIR FACE>2.6<=5.0CM	12013	CPT	both			659		263.3 Amerihealth	HMO/PPO		428.35	65			131.54	1782	percent of total billed charges	
SIMPLE REPAIR FACE>2.6<=5.0CM	12013	CPT	both			659		263.3 Consumer	Consumer		626.05	95			131.54	1782	percent of total billed charges	
SIMPLE REPAIR FACE>2.6<=5.0CM	12013	CPT	both			659		263.3 Corrections	Corrections		527.2	80			131.54	1782	percent of total billed charges	
SIMPLE REPAIR FACE>2.6<=5.0CM	12013	CPT	both			659		263.3 First Health	First Health		461.3	70			131.54	1782	percent of total billed charges	
SIMPLE REPAIR FACE>2.6<=5.0CM	12013	CPT	both			659		263.3 First Trenton	First Trenton		593.1	90			131.54	1782	percent of total billed charges	
SIMPLE REPAIR FACE>2.6<=5.0CM	12013	CPT	both			659		263.3 Horizon	MGD		426.09				131.54	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMPLE REPAIR FACE>2.6<=5.0CM	12013	CPT	both			659		263.3 Horizon	Indemnity		426.09				131.54	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMPLE REPAIR FACE>2.6<=5.0CM	12013	CPT	both			659		263.3 Horizon	Medicare Blue		228.96				131.54	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMPLE REPAIR FACE>2.6<=5.0CM	12013	CPT	both			659		263.3 Horizon	NJ Health		131.54				131.54	1782	fee schedule	
SIMPLE REPAIR FACE>2.6<=5.0CM	12013	CPT	both			659		263.3 Horizon	PPO		426.09				131.54	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMPLE REPAIR FACE>2.6<=5.0CM	12013	CPT	both			659		263.3 Managed Care Inc	Managed Care Inc		593.1	90			131.54	1782	percent of total billed charges	
SIMPLE REPAIR FACE>2.6<=5.0CM	12013	CPT	both			659		263.3 Multiplan	Multiplan		527.2	80			131.54	1782	percent of total billed charges	
SIMPLE REPAIR FACE>2.6<=5.0CM	12013	CPT	both			659		263.3 Qualcare	Qualcare		494.25	75			131.54	1782	percent of total billed charges	
SIMPLE REPAIR FACE>2.6<=5.0CM	12013	CPT	both			659		263.3 Three Rivers	Three Rivers		626.05	95			131.54	1782	percent of total billed charges	
SIMPLE REPAIR FACE>2.6<=5.0CM	12013	CPT	both			659		263.3 UHC	Medicaid		207.91	31.55			131.54	1782	percent of total billed charges	
SIMPLE REPAIR FACE>2.6<=5.0CM	12013	CPT	both			659		263.3 UHC	Medicare		228.96				131.54	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMPLE REPAIR FACE>2.6<=5.0CM	12013	CPT	both			659		263.3 United	Oxford		1782				131.54	1782	case rate	
SIMPLE REPAIR FACE>2.6<=5.0CM	12013	CPT	both			659		263.3 United	Commercial|PPO		1782				131.54	1782	case rate	
SIMPLE REPAIR FACE>2.6<=5.0CM	12013	CPT	both			659		263.3 Wellcare	Medicaid		207.91	31.55			131.54	1782	percent of total billed charges	
SIMPLE REPAIR FACE>2.6<=5.0CM	12013	CPT	both			659		263.3 Wellcare	Medicare		228.96				131.54	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMPLE REPAIR FACE>2.6<=5.0CM	12013	CPT	both			659		263.3 WellPoint	WellPoint		212.07	32.18			131.54	1782	percent of total billed charges	
SIM REP F/E/EN/LIM 5.1-7.5CM	12014	CPT	outpatient			659		263.3 Aetna	Better Health		207.91	31.55			164.43	1782	percent of total billed charges	
SIM REP F/E/EN/LIM 5.1-7.5CM	12014	CPT	outpatient			659		263.3 Aetna	Medicare		228.96				164.43	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIM REP F/E/EN/LIM 5.1-7.5CM	12014	CPT	outpatient			659		263.3 Aetna	Commercial		364.5				164.43	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIM REP F/E/EN/LIM 5.1-7.5CM	12014	CPT	outpatient			659		263.3 Americare	Americare		494.25	75			164.43	1782	percent of total billed charges	
SIM REP F/E/EN/LIM 5.1-7.5CM	12014	CPT	outpatient			659		263.3 Amerihealth	Medicare		228.96				164.43	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIM REP F/E/EN/LIM 5.1-7.5CM	12014	CPT	outpatient			659		263.3 Amerihealth	HMO/PPO		428.35	65			164.43	1782	percent of total billed charges	
SIM REP F/E/EN/LIM 5.1-7.5CM	12014	CPT	outpatient			659		263.3 Consumer	Consumer		626.05	95			164.43	1782	percent of total billed charges	
SIM REP F/E/EN/LIM 5.1-7.5CM	12014	CPT	outpatient			659		263.3 Corrections	Corrections		527.2	80			164.43	1782	percent of total billed charges	
SIM REP F/E/EN/LIM 5.1-7.5CM	12014	CPT	outpatient			659		263.3 First Health	First Health		461.3	70			164.43	1782	percent of total billed charges	
SIM REP F/E/EN/LIM 5.1-7.5CM	12014	CPT	outpatient			659		263.3 First Trenton	First Trenton		593.1	90			164.43	1782	percent of total billed charges	
SIM REP F/E/EN/LIM 5.1-7.5CM	12014	CPT	outpatient			659		263.3 Horizon	Indemnity		426.09				164.43	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIM REP F/E/EN/LIM 5.1-7.5CM	12014	CPT	outpatient			659		263.3 Horizon	Medicare Blue		228.96				164.43	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIM REP F/E/EN/LIM 5.1-7.5CM	12014	CPT	outpatient			659		263.3 Horizon	NJ Health		164.43				164.43	1782	fee schedule	
SIM REP F/E/EN/LIM 5.1-7.5CM	12014	CPT	outpatient			659		263.3 Horizon	MGD		426.09				164.43	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIM REP F/E/EN/LIM 5.1-7.5CM	12014	CPT	outpatient			659		263.3 Horizon	PPO		426.09				164.43	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIM REP F/E/EN/LIM 5.1-7.5CM	12014	CPT	outpatient			659		263.3 Managed Care Inc	Managed Care Inc		593.1	90			164.43	1782	percent of total billed charges	
SIM REP F/E/EN/LIM 5.1-7.5CM	12014	CPT	outpatient			659		263.3 Multiplan	Multiplan		527.2	80			164.43	1782	percent of total billed charges	
SIM REP F/E/EN/LIM 5.1-7.5CM	12014	CPT	outpatient			659		263.3 Qualcare	Qualcare		494.25	75			164.43	1782	percent of total billed charges	
SIM REP F/E/EN/LIM 5.1-7.5CM	12014	CPT	outpatient			659		263.3 Three Rivers	Three Rivers		626.05	95			164.43	1782	percent of total billed charges	
SIM REP F/E/EN/LIM 5.1-7.5CM	12014	CPT	outpatient			659		263.3 UHC	Medicaid		207.91	31.55			164.43	1782	percent of total billed charges	
SIM REP F/E/EN/LIM 5.1-7.5CM	12014	CPT	outpatient			659		263.3 UHC	Medicare		228.96				164.43	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIM REP F/E/EN/LIM 5.1-7.5CM	12014	CPT	outpatient			659		263.3 United	Commercial|PPO		1782				164.43	1782	case rate	
SIM REP F/E/EN/LIM 5.1-7.5CM	12014	CPT	outpatient			659		263.3 United	Oxford		1782				164.43	1782	case rate	
SIM REP F/E/EN/LIM 5.1-7.5CM	12014	CPT	outpatient			659		263.3 Wellcare	Medicaid		207.91	31.55			164.43	1782	percent of total billed charges	
SIM REP F/E/EN/LIM 5.1-7.5CM	12014	CPT	outpatient			659		263.3 Wellcare	Medicare		228.96				164.43	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIM REP F/E/EN/LIM 5.1-7.5CM	12014	CPT	outpatient			659		263.3 WellPoint	WellPoint		212.07	32.18			164.43	1782	percent of total billed charges	
SIMPL REP FACE 7.6-12.5CM	12015	CPT	outpatient			659		263.3 Aetna	Commercial		364.5				207.91	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMPL REP FACE 7.6-12.5CM	12015	CPT	outpatient			659		263.3 Aetna	Better Health		207.91	31.55			207.91	1782	percent of total billed charges	
SIMPL REP FACE 7.6-12.5CM	12015	CPT	outpatient			659		263.3 Aetna	Medicare		228.96				207.91	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMPL REP FACE 7.6-12.5CM	12015	CPT	outpatient			659		263.3 Americare	Americare		494.25	75			207.91	1782	percent of total billed charges	
SIMPL REP FACE 7.6-12.5CM	12015	CPT	outpatient			659		263.3 Amerihealth	Medicare		228.96				207.91	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMPL REP FACE 7.6-12.5CM	12015	CPT	outpatient			659		263.3 Amerihealth	HMO/PPO		428.35	65			207.91	1782	percent of total billed charges	
SIMPL REP FACE 7.6-12.5CM	12015	CPT	outpatient			659		263.3 Consumer	Consumer		626.05	95			207.91	1782	percent of total billed charges	
SIMPL REP FACE 7.6-12.5CM	12015	CPT	outpatient			659		263.3 Corrections	Corrections		527.2	80			207.91	1782	percent of total billed charges	
SIMPL REP FACE 7.6-12.5CM	12015	CPT	outpatient			659		263.3 First Health	First Health		461.3	70			207.91	1782	percent of total billed charges	
SIMPL REP FACE 7.6-12.5CM	12015	CPT	outpatient			659		263.3 First Trenton	First Trenton		593.1	90			207.91	1782	percent of total billed charges	
SIMPL REP FACE 7.6-12.5CM	12015	CPT	outpatient			659		263.3 Horizon	MGD		426.09				207.91	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMPL REP FACE 7.6-12.5CM	12015	CPT	outpatient			659		263.3 Horizon	Indemnity		426.09				207.91	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMPL REP FACE 7.6-12.5CM	12015	CPT	outpatient			659		263.3 Horizon	Medicare Blue		228.96				207.91	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMPL REP FACE 7.6-12.5CM	12015	CPT	outpatient			659		263.3 Horizon	NJ Health		256.25				207.91	1782	fee schedule	
SIMPL REP FACE 7.6-12.5CM	12015	CPT	outpatient			659		263.3 Horizon	PPO		426.09				207.91	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMPL REP FACE 7.6-12.5CM	12015	CPT	outpatient			659		263.3 Managed Care Inc	Managed Care Inc		593.1	90			207.91	1782	percent of total billed charges	
SIMPL REP FACE 7.6-12.5CM	12015	CPT	outpatient			659		263.3 Multiplan	Multiplan		527.2	80			207.91	1782	percent of total billed charges	
SIMPL REP FACE 7.6-12.5CM	12015	CPT	outpatient			659		263.3 Qualcare	Qualcare		494.25	75			207.91	1782	percent of total billed charges	
SIMPL REP FACE 7.6-12.5CM	12015	CPT	outpatient			659		263.3 Three Rivers	Three Rivers		626.05	95			207.91	1782	percent of total billed charges	
SIMPL REP FACE 7.6-12.5CM	12015	CPT	outpatient			659		263.3 UHC	Medicare		228.96				207.91	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMPL REP FACE 7.6-12.5CM	12015	CPT	outpatient			659		263.3 UHC	Medicaid		207.91	31.55			207.91	1782	percent of total billed charges	
SIMPL REP FACE 7.6-12.5CM	12015	CPT	outpatient			659		263.3 United	Oxford		1782				207.91	1782	case rate	
SIMPL REP FACE 7.6-12.5CM	12015	CPT	outpatient			659		263.3 United	Commercial|PPO		1782				207.91	1782	case rate	
SIMPL REP FACE 7.6-12.5CM	12015	CPT	outpatient			659		263.3 Wellcare	Medicaid		207.91	31.55			207.91	1782	percent of total billed charges	
SIMPL REP FACE 7.6-12.5CM	12015	CPT	outpatient			659		263.3 Wellcare	Medicare		228.96				207.91	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMPL REP FACE 7.6-12.5CM	12015	CPT	outpatient			659		263.3 WellPoint	WellPoint		212.07	32.18			207.91	1782	percent of total billed charges	
RPR-SIMP,FACE,ETC.12.6 TO 20.0CM	12016	CPT	outpatient			1410		524.43 Aetna	Commercial		726				341.91	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-SIMP,FACE,ETC.12.6 TO 20.0CM	12016	CPT	outpatient			1410		524.43 Aetna	Better Health		444.86	31.55			341.91	1782	percent of total billed charges	
RPR-SIMP,FACE,ETC.12.6 TO 20.0CM	12016	CPT	outpatient			1410		524.43 Aetna	Medicare		456.03				341.91	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-SIMP,FACE,ETC.12.6 TO 20.0CM	12016	CPT	outpatient			1410		524.43 Americare	Americare		1057.5	75			341.91	1782	percent of total billed charges	
RPR-SIMP,FACE,ETC.12.6 TO 20.0CM	12016	CPT	outpatient			1410		524.43 Amerihealth	HMO/PPO		916.5	65			341.91	1782	percent of total billed charges	
RPR-SIMP,FACE,ETC.12.6 TO 20.0CM	12016	CPT	outpatient			1410		524.43 Amerihealth	Medicare		456.03				341.91	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-SIMP,FACE,ETC.12.6 TO 20.0CM	12016	CPT	outpatient			1410		524.43 Consumer	Consumer		1339.5	95			341.91	1782	percent of total billed charges	
RPR-SIMP,FACE,ETC.12.6 TO 20.0CM	12016	CPT	outpatient			1410		524.43 Corrections	Corrections		1128	80			341.91	1782	percent of total billed charges	
RPR-SIMP,FACE,ETC.12.6 TO 20.0CM	12016	CPT	outpatient			1410		524.43 First Health	First Health		987	70			341.91	1782	percent of total billed charges	
RPR-SIMP,FACE,ETC.12.6 TO 20.0CM	12016	CPT	outpatient			1410		524.43 First Trenton	First Trenton		1269	90			341.91	1782	percent of total billed charges	
RPR-SIMP,FACE,ETC.12.6 TO 20.0CM	12016	CPT	outpatient			1410		524.43 Horizon	Medicare Blue		456.03				341.91	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-SIMP,FACE,ETC.12.6 TO 20.0CM	12016	CPT	outpatient			1410		524.43 Horizon	PPO		848.67				341.91	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-SIMP,FACE,ETC.12.6 TO 20.0CM	12016	CPT	outpatient			1410		524.43 Horizon	MGD		848.67				341.91	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-SIMP,FACE,ETC.12.6 TO 20.0CM	12016	CPT	outpatient			1410		524.43 Horizon	Indemnity		848.67				341.91	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-SIMP,FACE,ETC.12.6 TO 20.0CM	12016	CPT	outpatient			1410		524.43 Horizon	NJ Health		341.91				341.91	1782	fee schedule	
RPR-SIMP,FACE,ETC.12.6 TO 20.0CM	12016	CPT	outpatient			1410		524.43 Managed Care Inc	Managed Care Inc		1269	90			341.91	1782	percent of total billed charges	
RPR-SIMP,FACE,ETC.12.6 TO 20.0CM	12016	CPT	outpatient			1410		524.43 Multiplan	Multiplan		1128	80			341.91	1782	percent of total billed charges	
RPR-SIMP,FACE,ETC.12.6 TO 20.0CM	12016	CPT	outpatient			1410		524.43 Qualcare	Qualcare		1057.5	75			341.91	1782	percent of total billed charges	
RPR-SIMP,FACE,ETC.12.6 TO 20.0CM	12016	CPT	outpatient			1410		524.43 Three Rivers	Three Rivers		1339.5	95			341.91	1782	percent of total billed charges	
RPR-SIMP,FACE,ETC.12.6 TO 20.0CM	12016	CPT	outpatient			1410		524.43 UHC	Medicare		456.03				341.91	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-SIMP,FACE,ETC.12.6 TO 20.0CM	12016	CPT	outpatient			1410		524.43 UHC	Medicaid		444.86	31.55			341.91	1782	percent of total billed charges	
RPR-SIMP,FACE,ETC.12.6 TO 20.0CM	12016	CPT	outpatient			1410		524.43 United	Commercial|PPO		1782				341.91	1782	case rate	
RPR-SIMP,FACE,ETC.12.6 TO 20.0CM	12016	CPT	outpatient			1410		524.43 United	Oxford		1782				341.91	1782	case rate	
RPR-SIMP,FACE,ETC.12.6 TO 20.0CM	12016	CPT	outpatient			1410		524.43 Wellcare	Medicare		456.03				341.91	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-SIMP,FACE,ETC.12.6 TO 20.0CM	12016	CPT	outpatient			1410		524.43 Wellcare	Medicaid		444.86	31.55			341.91	1782	percent of total billed charges	
RPR-SIMP,FACE,ETC.12.6 TO 20.0CM	12016	CPT	outpatient			1410		524.43 WellPoint	WellPoint		453.74	32.18			341.91	1782	percent of total billed charges	
RPR-SIMP,FACE,ETC.20.1 TO 30 CM	12017	CPT	outpatient			1410		524.43 Aetna	Commercial		726				301.35	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-SIMP,FACE,ETC.20.1 TO 30 CM	12017	CPT	outpatient			1410		524.43 Aetna	Better Health		444.86	31.55			301.35	1782	percent of total billed charges	
RPR-SIMP,FACE,ETC.20.1 TO 30 CM	12017	CPT	outpatient			1410		524.43 Aetna	Medicare		456.03				301.35	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-SIMP,FACE,ETC.20.1 TO 30 CM	12017	CPT	outpatient			1410		524.43 Americare	Americare		1057.5	75			301.35	1782	percent of total billed charges	
RPR-SIMP,FACE,ETC.20.1 TO 30 CM	12017	CPT	outpatient			1410		524.43 Amerihealth	HMO/PPO		916.5	65			301.35	1782	percent of total billed charges	
RPR-SIMP,FACE,ETC.20.1 TO 30 CM	12017	CPT	outpatient			1410		524.43 Amerihealth	Medicare		456.03				301.35	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-SIMP,FACE,ETC.20.1 TO 30 CM	12017	CPT	outpatient			1410		524.43 Consumer	Consumer		1339.5	95			301.35	1782	percent of total billed charges	
RPR-SIMP,FACE,ETC.20.1 TO 30 CM	12017	CPT	outpatient			1410		524.43 Corrections	Corrections		1128	80			301.35	1782	percent of total billed charges	
RPR-SIMP,FACE,ETC.20.1 TO 30 CM	12017	CPT	outpatient			1410		524.43 First Health	First Health		987	70			301.35	1782	percent of total billed charges	
RPR-SIMP,FACE,ETC.20.1 TO 30 CM	12017	CPT	outpatient			1410		524.43 First Trenton	First Trenton		1269	90			301.35	1782	percent of total billed charges	
RPR-SIMP,FACE,ETC.20.1 TO 30 CM	12017	CPT	outpatient			1410		524.43 Horizon	Indemnity		848.67				301.35	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-SIMP,FACE,ETC.20.1 TO 30 CM	12017	CPT	outpatient			1410		524.43 Horizon	NJ Health		301.35				301.35	1782	fee schedule	
RPR-SIMP,FACE,ETC.20.1 TO 30 CM	12017	CPT	outpatient			1410		524.43 Horizon	PPO		848.67				301.35	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-SIMP,FACE,ETC.20.1 TO 30 CM	12017	CPT	outpatient			1410		524.43 Horizon	Medicare Blue		456.03				301.35	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-SIMP,FACE,ETC.20.1 TO 30 CM	12017	CPT	outpatient			1410		524.43 Horizon	MGD		848.67				301.35	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-SIMP,FACE,ETC.20.1 TO 30 CM	12017	CPT	outpatient			1410		524.43 Managed Care Inc	Managed Care Inc		1269	90			301.35	1782	percent of total billed charges	
RPR-SIMP,FACE,ETC.20.1 TO 30 CM	12017	CPT	outpatient			1410		524.43 Multiplan	Multiplan		1128	80			301.35	1782	percent of total billed charges	
RPR-SIMP,FACE,ETC.20.1 TO 30 CM	12017	CPT	outpatient			1410		524.43 Qualcare	Qualcare		1057.5	75			301.35	1782	percent of total billed charges	
RPR-SIMP,FACE,ETC.20.1 TO 30 CM	12017	CPT	outpatient			1410		524.43 Three Rivers	Three Rivers		1339.5	95			301.35	1782	percent of total billed charges	
RPR-SIMP,FACE,ETC.20.1 TO 30 CM	12017	CPT	outpatient			1410		524.43 UHC	Medicare		456.03				301.35	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-SIMP,FACE,ETC.20.1 TO 30 CM	12017	CPT	outpatient			1410		524.43 UHC	Medicaid		444.86	31.55			301.35	1782	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
RPR-SIMP.FACE.ETC.20.1 TO 30 CM	12017	CPT	outpatient			1410	524.43	United	Commercial|PPO		1782				301.35		1782 case rate	
RPR-SIMP.FACE.ETC.20.1 TO 30 CM	12017	CPT	outpatient			1410	524.43	United	Oxford		1782				301.35		1782 case rate	
RPR-SIMP.FACE.ETC.20.1 TO 30 CM	12017	CPT	outpatient			1410	524.43	Wellcare	Medicare		456.03				301.35		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-SIMP.FACE.ETC.20.1 TO 30 CM	12017	CPT	outpatient			1410	524.43	Wellcare	Medicaid		444.86	31.55			301.35		1782 percent of total billed charges	
RPR-SIMP.FACE.ETC.20.1 TO 30 CM	12017	CPT	outpatient			1410	524.43	WellPoint	WellPoint		453.74	32.18			301.35		1782 percent of total billed charges	
RPR SIMP.FACE, ETC. OVER 30.0 CM	12018	CPT	outpatient			708	263.3	Aetna	Medicare		228.96				223.37		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR SIMP.FACE, ETC. OVER 30.0 CM	12018	CPT	outpatient			708	263.3	Aetna	Better Health		223.37	31.55			223.37		1782 percent of total billed charges	
RPR SIMP.FACE, ETC. OVER 30.0 CM	12018	CPT	outpatient			708	263.3	Aetna	Commercial		364.5				223.37		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR SIMP.FACE, ETC. OVER 30.0 CM	12018	CPT	outpatient			708	263.3	Americare	Americare		531	75			223.37		1782 percent of total billed charges	
RPR SIMP.FACE, ETC. OVER 30.0 CM	12018	CPT	outpatient			708	263.3	Amerihealth	Medicare		228.96				223.37		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR SIMP.FACE, ETC. OVER 30.0 CM	12018	CPT	outpatient			708	263.3	Amerihealth	HMO/PPO		460.2	65			223.37		1782 percent of total billed charges	
RPR SIMP.FACE, ETC. OVER 30.0 CM	12018	CPT	outpatient			708	263.3	Consumer	Consumer		672.6	95			223.37		1782 percent of total billed charges	
RPR SIMP.FACE, ETC. OVER 30.0 CM	12018	CPT	outpatient			708	263.3	Corrections	Corrections		566.4	80			223.37		1782 percent of total billed charges	
RPR SIMP.FACE, ETC. OVER 30.0 CM	12018	CPT	outpatient			708	263.3	First Health	First Health		495.6	70			223.37		1782 percent of total billed charges	
RPR SIMP.FACE, ETC. OVER 30.0 CM	12018	CPT	outpatient			708	263.3	First Trenton	First Trenton		637.2	90			223.37		1782 percent of total billed charges	
RPR SIMP.FACE, ETC. OVER 30.0 CM	12018	CPT	outpatient			708	263.3	Horizon	MGD		426.09				223.37		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR SIMP.FACE, ETC. OVER 30.0 CM	12018	CPT	outpatient			708	263.3	Horizon	Indemnity		426.09				223.37		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR SIMP.FACE, ETC. OVER 30.0 CM	12018	CPT	outpatient			708	263.3	Horizon	Medicare Blue		228.96				223.37		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR SIMP.FACE, ETC. OVER 30.0 CM	12018	CPT	outpatient			708	263.3	Horizon	NJ Health		373.23				223.37		1782 fee schedule	
RPR SIMP.FACE, ETC. OVER 30.0 CM	12018	CPT	outpatient			708	263.3	Horizon	PPO		426.09				223.37		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR SIMP.FACE, ETC. OVER 30.0 CM	12018	CPT	outpatient			708	263.3	Managed Care Inc	Managed Care Inc		637.2	90			223.37		1782 percent of total billed charges	
RPR SIMP.FACE, ETC. OVER 30.0 CM	12018	CPT	outpatient			708	263.3	Multiplan	Multiplan		566.4	80			223.37		1782 percent of total billed charges	
RPR SIMP.FACE, ETC. OVER 30.0 CM	12018	CPT	outpatient			708	263.3	Qualcare	Qualcare		531	75			223.37		1782 percent of total billed charges	
RPR SIMP.FACE, ETC. OVER 30.0 CM	12018	CPT	outpatient			708	263.3	Three Rivers	Three Rivers		672.6	95			223.37		1782 percent of total billed charges	
RPR SIMP.FACE, ETC. OVER 30.0 CM	12018	CPT	outpatient			708	263.3	UHC	Medicaid		223.37	31.55			223.37		1782 percent of total billed charges	
RPR SIMP.FACE, ETC. OVER 30.0 CM	12018	CPT	outpatient			708	263.3	UHC	Medicare		228.96				223.37		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR SIMP.FACE, ETC. OVER 30.0 CM	12018	CPT	outpatient			708	263.3	United	Commercial|PPO		1782				223.37		1782 case rate	
RPR SIMP.FACE, ETC. OVER 30.0 CM	12018	CPT	outpatient			708	263.3	United	Oxford		1782				223.37		1782 case rate	
RPR SIMP.FACE, ETC. OVER 30.0 CM	12018	CPT	outpatient			708	263.3	Wellcare	Medicare		228.96				223.37		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR SIMP.FACE, ETC. OVER 30.0 CM	12018	CPT	outpatient			708	263.3	Wellcare	Medicaid		223.37	31.55			223.37		1782 percent of total billed charges	
RPR SIMP.FACE, ETC. OVER 30.0 CM	12018	CPT	outpatient			708	263.3	WellPoint	WellPoint		227.83	32.18			223.37		1782 percent of total billed charges	
WOUND DEHISCENCE SIMP CLOSE	12020	CPT	outpatient			2117	826.02	Aetna	Commercial		1143.5				269.67		2011.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WOUND DEHISCENCE SIMP CLOSE	12020	CPT	outpatient			2117	826.02	Aetna	Better Health		667.91	31.55			269.67		2011.15 percent of total billed charges	
WOUND DEHISCENCE SIMP CLOSE	12020	CPT	outpatient			2117	826.02	Aetna	Medicare		716.28				269.67		2011.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WOUND DEHISCENCE SIMP CLOSE	12020	CPT	outpatient			2117	826.02	Americare	Americare		1587.75	75			269.67		2011.15 percent of total billed charges	
WOUND DEHISCENCE SIMP CLOSE	12020	CPT	outpatient			2117	826.02	Amerihealth	HMO/PPO		1376.05	65			269.67		2011.15 percent of total billed charges	
WOUND DEHISCENCE SIMP CLOSE	12020	CPT	outpatient			2117	826.02	Amerihealth	Medicare		716.28				269.67		2011.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WOUND DEHISCENCE SIMP CLOSE	12020	CPT	outpatient			2117	826.02	Consumer	Consumer		2011.15	95			269.67		2011.15 percent of total billed charges	
WOUND DEHISCENCE SIMP CLOSE	12020	CPT	outpatient			2117	826.02	Corrections	Corrections		1693.6	80			269.67		2011.15 percent of total billed charges	
WOUND DEHISCENCE SIMP CLOSE	12020	CPT	outpatient			2117	826.02	First Health	First Health		1481.9	70			269.67		2011.15 percent of total billed charges	
WOUND DEHISCENCE SIMP CLOSE	12020	CPT	outpatient			2117	826.02	First Trenton	First Trenton		1905.3	90			269.67		2011.15 percent of total billed charges	
WOUND DEHISCENCE SIMP CLOSE	12020	CPT	outpatient			2117	826.02	Horizon	Indemnity		1336.72				269.67		2011.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WOUND DEHISCENCE SIMP CLOSE	12020	CPT	outpatient			2117	826.02	Horizon	NJ Health		269.67				269.67		2011.15 fee schedule	
WOUND DEHISCENCE SIMP CLOSE	12020	CPT	outpatient			2117	826.02	Horizon	MGD		1336.72				269.67		2011.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WOUND DEHISCENCE SIMP CLOSE	12020	CPT	outpatient			2117	826.02	Horizon	Medicare Blue		716.28				269.67		2011.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WOUND DEHISCENCE SIMP CLOSE	12020	CPT	outpatient			2117	826.02	Horizon	PPO		1336.72				269.67		2011.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WOUND DEHISCENCE SIMP CLOSE	12020	CPT	outpatient			2117	826.02	Managed Care Inc	Managed Care Inc		1905.3	90			269.67		2011.15 percent of total billed charges	
WOUND DEHISCENCE SIMP CLOSE	12020	CPT	outpatient			2117	826.02	Multiplan	Multiplan		1693.6	80			269.67		2011.15 percent of total billed charges	
WOUND DEHISCENCE SIMP CLOSE	12020	CPT	outpatient			2117	826.02	Qualcare	Qualcare		1587.75	75			269.67		2011.15 percent of total billed charges	
WOUND DEHISCENCE SIMP CLOSE	12020	CPT	outpatient			2117	826.02	Three Rivers	Three Rivers		2011.15	95			269.67		2011.15 percent of total billed charges	
WOUND DEHISCENCE SIMP CLOSE	12020	CPT	outpatient			2117	826.02	UHC	Medicare		718.28				269.67		2011.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WOUND DEHISCENCE SIMP CLOSE	12020	CPT	outpatient			2117	826.02	UHC	Medicaid		667.91	31.55			269.67		2011.15 percent of total billed charges	
WOUND DEHISCENCE SIMP CLOSE	12020	CPT	outpatient			2117	826.02	United	Oxford		1782				269.67		2011.15 case rate	
WOUND DEHISCENCE SIMP CLOSE	12020	CPT	outpatient			2117	826.02	United	Commercial|PPO		1782				269.67		2011.15 case rate	
WOUND DEHISCENCE SIMP CLOSE	12020	CPT	outpatient			2117	826.02	Wellcare	Medicaid		667.91	31.55			269.67		2011.15 percent of total billed charges	
WOUND DEHISCENCE SIMP CLOSE	12020	CPT	outpatient			2117	826.02	Wellcare	Medicare		718.28				269.67		2011.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WOUND DEHISCENCE SIMP CLOSE	12020	CPT	outpatient			2117	826.02	WellPoint	WellPoint		681.25	32.18			269.67		2011.15 percent of total billed charges	
TREATMT SUPERFWUND DEHIS W/PACKING	12021	CPT	outpatient			1360	524.43	Aetna	Better Health		429.08	31.55			170.38		1782 percent of total billed charges	
TREATMT SUPERFWUND DEHIS W/PACKING	12021	CPT	outpatient			1360	524.43	Aetna	Commercial		726				170.38		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREATMT SUPERFWUND DEHIS W/PACKING	12021	CPT	outpatient			1360	524.43	Aetna	Medicare		456.03				170.38		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREATMT SUPERFWUND DEHIS W/PACKING	12021	CPT	outpatient			1360	524.43	Americare	Americare		1020	75			170.38		1782 percent of total billed charges	
TREATMT SUPERFWUND DEHIS W/PACKING	12021	CPT	outpatient			1360	524.43	Amerihealth	Medicare		456.03				170.38		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREATMT SUPERFWUND DEHIS W/PACKING	12021	CPT	outpatient			1360	524.43	Amerihealth	HMO/PPO		884	65			170.38		1782 percent of total billed charges	
TREATMT SUPERFWUND DEHIS W/PACKING	12021	CPT	outpatient			1360	524.43	Consumer	Consumer		1292	95			170.38		1782 percent of total billed charges	
TREATMT SUPERFWUND DEHIS W/PACKING	12021	CPT	outpatient			1360	524.43	Corrections	Corrections		1088	80			170.38		1782 percent of total billed charges	
TREATMT SUPERFWUND DEHIS W/PACKING	12021	CPT	outpatient			1360	524.43	First Health	First Health		952	70			170.38		1782 percent of total billed charges	
TREATMT SUPERFWUND DEHIS W/PACKING	12021	CPT	outpatient			1360	524.43	First Trenton	First Trenton		1224	90			170.38		1782 percent of total billed charges	
TREATMT SUPERFWUND DEHIS W/PACKING	12021	CPT	outpatient			1360	524.43	Horizon	MGD		848.67				170.38		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREATMT SUPERFWUND DEHIS W/PACKING	12021	CPT	outpatient			1360	524.43	Horizon	Indemnity		848.67				170.38		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREATMT SUPERFWUND DEHIS W/PACKING	12021	CPT	outpatient			1360	524.43	Horizon	Medicare Blue		456.03				170.38		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREATMT SUPERFWUND DEHIS W/PACKING	12021	CPT	outpatient			1360	524.43	Horizon	NJ Health		170.38				170.38		1782 fee schedule	
TREATMT SUPERFWUND DEHIS W/PACKING	12021	CPT	outpatient			1360	524.43	Horizon	PPO		848.67				170.38		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREATMT SUPERFWUND DEHIS W/PACKING	12021	CPT	outpatient			1360	524.43	Managed Care Inc	Managed Care Inc		1224	90			170.38		1782 percent of total billed charges	
TREATMT SUPERFWUND DEHIS W/PACKING	12021	CPT	outpatient			1360	524.43	Multiplan	Multiplan		1088	80			170.38		1782 percent of total billed charges	
TREATMT SUPERFWUND DEHIS W/PACKING	12021	CPT	outpatient			1360	524.43	Qualcare	Qualcare		1020	75			170.38		1782 percent of total billed charges	
TREATMT SUPERFWUND DEHIS W/PACKING	12021	CPT	outpatient			1360	524.43	Three Rivers	Three Rivers		1292	95			170.38		1782 percent of total billed charges	
TREATMT SUPERFWUND DEHIS W/PACKING	12021	CPT	outpatient			1360	524.43	UHC	Medicare		456.03				170.38		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREATMT SUPERFWUND DEHIS W/PACKING	12021	CPT	outpatient			1360	524.43	UHC	Medicaid		429.08	31.55			170.38		1782 percent of total billed charges	
TREATMT SUPERFWUND DEHIS W/PACKING	12021	CPT	outpatient			1360	524.43	United	Oxford		1782				170.38		1782 case rate	
TREATMT SUPERFWUND DEHIS W/PACKING	12021	CPT	outpatient			1360	524.43	United	Commercial|PPO		1782				170.38		1782 case rate	
TREATMT SUPERFWUND DEHIS W/PACKING	12021	CPT	outpatient			1360	524.43	Wellcare	Medicaid		429.08	31.55			170.38		1782 percent of total billed charges	
TREATMT SUPERFWUND DEHIS W/PACKING	12021	CPT	outpatient			1360	524.43	Wellcare	Medicare		456.03				170.38		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREATMT SUPERFWUND DEHIS W/PACKING	12021	CPT	outpatient			1360	524.43	WellPoint	WellPoint		437.65	32.18			170.38		1782 percent of total billed charges	
RPR-INTERM.SCALP 2.5CM OR LESS	12031	CPT	outpatient			1360	524.43	Aetna	Better Health		429.08	31.55			164.43		1782 percent of total billed charges	
RPR-INTERM.SCALP 2.5CM OR LESS	12031	CPT	outpatient			1360	524.43	Aetna	Medicare		456.03				164.43		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM.SCALP 2.5CM OR LESS	12031	CPT	outpatient			1360	524.43	Aetna	Commercial		726				164.43		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM.SCALP 2.5CM OR LESS	12031	CPT	outpatient			1360	524.43	Americare	Americare		1020	75			164.43		1782 percent of total billed charges	
RPR-INTERM.SCALP 2.5CM OR LESS	12031	CPT	outpatient			1360	524.43	Amerihealth	HMO/PPO		884	65			164.43		1782 percent of total billed charges	
RPR-INTERM.SCALP 2.5CM OR LESS	12031	CPT	outpatient			1360	524.43	Amerihealth	Medicare		456.03				164.43		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM.SCALP 2.5CM OR LESS	12031	CPT	outpatient			1360	524.43	Consumer	Consumer		1292	95			164.43		1782 percent of total billed charges	
RPR-INTERM.SCALP 2.5CM OR LESS	12031	CPT	outpatient			1360	524.43	Corrections	Corrections		1088	80			164.43		1782 percent of total billed charges	
RPR-INTERM.SCALP 2.5CM OR LESS	12031	CPT	outpatient			1360	524.43	First Health	First Health		952	70			164.43		1782 percent of total billed charges	
RPR-INTERM.SCALP 2.5CM OR LESS	12031	CPT	outpatient			1360	524.43	First Trenton	First Trenton		1224	90			164.43		1782 percent of total billed charges	
RPR-INTERM.SCALP 2.5CM OR LESS	12031	CPT	outpatient			1360	524.43	Horizon	Medicare Blue		456.03				164.43		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM.SCALP 2.5CM OR LESS	12031	CPT	outpatient			1360	524.43	Horizon	MGD		848.67				164.43		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM.SCALP 2.5CM OR LESS	12031	CPT	outpatient			1360	524.43	Horizon	Indemnity		848.67				164.43		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM.SCALP 2.5CM OR LESS	12031	CPT	outpatient			1360	524.43	Horizon	NJ Health		164.43				164.43		1782 fee schedule	
RPR-INTERM.SCALP 2.5CM OR LESS	12031	CPT	outpatient			1360	524.43	Horizon	PPO		848.67				164.43		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM.SCALP 2.5CM OR LESS	12031	CPT	outpatient			1360	524.43	Managed Care Inc	Managed Care Inc		1224	90			164.43		1782 percent of total billed charges	
RPR-INTERM.SCALP 2.5CM OR LESS	12031	CPT	outpatient			1360	524.43	Multiplan	Multiplan		1088	80			164.43		1782 percent of total billed charges	
RPR-INTERM.SCALP 2.5CM OR LESS	12031	CPT	outpatient			1360	524.43	Qualcare	Qualcare		1020	75			164.43		1782 percent of total billed charges	
RPR-INTERM.SCALP 2.5CM OR LESS	12031	CPT	outpatient			1360	524.43	Three Rivers	Three Rivers		1292	95			164.43		1782 percent of total billed charges	
RPR-INTERM.SCALP 2.5CM OR LESS	12031	CPT	outpatient			1360	524.43	UHC	Medicaid		429.08	31.55			164.43		1782 percent of total billed charges	
RPR-INTERM.SCALP 2.5CM OR LESS	12031	CPT	outpatient			1360	524.43	UHC	Medicare		456.03				164.43		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM.SCALP 2.5CM OR LESS	12031	CPT	outpatient			1360	524.43	United	Oxford		1782				164.43		1782 case rate	
RPR-INTERM.SCALP 2.5CM OR LESS	12031	CPT	outpatient			1360	524.43	United	Commercial|PPO		1782				164.43		1782 case rate	
RPR-INTERM.SCALP 2.5CM OR LESS	12031	CPT	outpatient			1360	524.43	Wellcare	Medicare		456.03				164.43		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM.SCALP 2.5CM OR LESS	12031	CPT	outpatient			1360	524.43	Wellcare	Medicaid		429.08	31.55			164.43		1782 percent of total billed charges	
RPR-INTERM.SCALP 2.5CM OR LESS	12031	CPT	outpatient			1360	524.43	WellPoint	WellPoint		437.65	32.18			164.43		1782 percent of total billed charges	
RPR-INTERM.SCALP 2.6 TO 7.5 CM	12032	CPT	outpatient			1410	524.43	Aetna	Commercial		726				206.71		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM.SCALP 2.6 TO 7.5 CM	12032	CPT	outpatient			1410	524.43	Aetna	Better Health		444.86	31.55			206.71		1782 percent of total billed charges	
RPR-INTERM.SCALP 2.6 TO 7.5 CM	12032	CPT	outpatient			1410	524.43	Aetna	Medicare		456.03				206.71		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM.SCALP 2.6 TO 7.5 CM	12032	CPT	outpatient			1410	524.43	Americare	Americare		1057.5	75			206.71		1782 percent of total billed charges	
RPR-INTERM.SCALP 2.6 TO 7.5 CM	12032	CPT	outpatient			1410	524.43	Amerihealth	Medicare		456.03				206.71		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM.SCALP 2.6 TO 7.5 CM	12032	CPT	outpatient			1410	524.43	Amerihealth	HMO/PPO		916.5	65			206.71		1782 percent of total billed charges	
RPR-INTERM.SCALP 2.6 TO 7.5 CM	12032	CPT	outpatient			1410	524.43	Consumer	Consumer		1339.5	95			206.71		1782 percent of total billed charges	
RPR-INTERM.SCALP 2.6 TO 7.5 CM	12032	CPT	outpatient			1410	524.43	Corrections	Corrections		1128	80			206.71		1782 percent of total billed charges	
RPR-INTERM.SCALP 2.6 TO 7.5 CM	12032	CPT	outpatient			1410	524.43	First Health	First Health		987	70			206.71		1782 percent of total billed charges	
RPR-INTERM.SCALP 2.6 TO 7.5 CM	12032	CPT	outpatient			1410	524.43	First Trenton	First Trenton		1269	90			206.71		1782 percent of total billed charges	
RPR-INTERM.SCALP 2.6 TO 7.5 CM	12032	CPT	outpatient			1410	524.43	Horizon	MGD		848.67				206.71		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM.SCALP 2.6 TO 7.5 CM	12032	CPT	outpatient			1410	524.43	Horizon	Indemnity		848.67				206.71		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM.SCALP 2.6 TO 7.5 CM	12032	CPT	outpatient			1410	524.43	Horizon	Medicare Blue		456.03				206.71		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM.SCALP 2.6 TO 7.5 CM	12032	CPT	outpatient			1410	524.43	Horizon	NJ Health		206.71				206.71		1782 fee schedule	
RPR-INTERM.SCALP 2.6 TO 7.5 CM	12032	CPT	outpatient			1410	524.43	Horizon	PPO		848.67				206.71		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM.SCALP 2.6 TO 7.5 CM	12032	CPT	outpatient			1410	524.43	Managed Care Inc	Managed Care Inc		1269	90			206.71		1782 percent of total billed charges	
RPR-INTERM.SCALP 2.6 TO 7.5 CM	12032	CPT	outpatient			1410	524.43	Multiplan	Multiplan		1128	80			206.71		1782 percent of total billed charges	
RPR-INTERM.SCALP 2.6 TO 7.5 CM	12032	CPT	outpatient			1410	524.43	Qualcare	Qualcare		1057.5	75			206.71		1782 percent of total billed charges	
RPR-INTERM.SCALP 2.6 TO 7.5 CM	12032	CPT	outpatient			1410	524.43	Three Rivers	Three Rivers		1339.5	95			206.71		1782 percent of total billed charges	
RPR-INTERM.SCALP 2.6 TO 7.5 CM	12032	CPT	outpatient			1410	524.43	UHC	Medicaid		444.86	31.55			206.71		1782 percent of total billed charges	
RPR-INTERM.SCALP 2.6 TO 7.5 CM	12032	CPT	outpatient			1410	524.43	UHC	Medicare		456.03				206.71		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM.SCALP 2.6 TO 7.5 CM	12032	CPT	outpatient			1410	524.43	United	Oxford		1782				206.71		1782 case rate	
RPR-INTERM.SCALP 2.6 TO 7.5 CM	12032	CPT	outpatient			1410	524.43	United	Commercial|PPO		1782				206.71		1782 case rate	
RPR-INTERM.SCALP 2.6 TO 7.5 CM	12032	CPT	outpatient			1410	524.43	Wellcare	Medicaid		444.86	31.55			206.71		1782 percent of total billed charges	
RPR-INTERM.SCALP 2.6 TO 7.5 CM	12032	CPT	outpatient			1410	524.43	Wellcare	Medicare		456.03				206.71		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM.SCALP 2.6 TO 7.5 CM	12032	CPT	outpatient			1410	524.43	WellPoint	WellPoint		453.74	32.18			206.71		1782 percent of total billed charges	
RPR-INTERM SI/AT/EXT 7.6-12.5CM	12034	CPT	outpatient			1410	524.43	Aetna	Medicare		434.28	30.8			260.19		1782 percent of total billed charges	
RPR-INTERM SI/AT/EXT 7.6-12.5CM	12034	CPT	outpatient			1410	524.43	Aetna	Better Health		444.86	31.55			260.19		1782 percent of total billed charges	
RPR-INTERM SI/AT/EXT 7.6-12.5CM	12034	CPT	outpatient			1410	524.43	Aetna	Commercial		726				260.19		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM SI/AT/EXT 7.6-12.5CM	12034	CPT	outpatient			1410	524.43	Americare	Americare		1057.5	75			260.19		1782 percent of total billed charges	
RPR-INTERM SI/AT/EXT 7.6-12.5CM	12034	CPT	outpatient			1410	524.43	Amerihealth	HMO/PPO		916.5	65			260.19		1782 percent of total billed charges	
RPR-INTERM SI/AT/EXT 7.6-12.5CM	12034	CPT	outpatient			1410	524.43	Amerihealth	Medicare		456.03				260.19		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM SI/AT/EXT 7.6-12.5CM	12034	CPT	outpatient			1410	524.43	Consumer	Consumer		1339.5	95			260.19		1782 percent of total billed charges	
RPR-INTERM SI/AT/EXT 7.6-12.5CM	12034	CPT	outpatient			1410	524.43	Corrections	Corrections		1128	80			260.19		1782 percent of total billed charges	
RPR-INTERM SI/AT/EXT 7.6-12.5CM	12034	CPT	outpatient			1410	524.43	First Health	First Health		987	70			260.19		1782 percent of total billed charges	
RPR-INTERM SI/AT/EXT 7.6-12.5CM	12034	CPT	outpatient			1410	524.43	First Trenton	First Trenton		1269	90			260.19		1782 percent of total billed charges	
RPR-INTERM SI/AT/EXT 7.6-12.5CM	12034	CPT	outpatient			1410	524.43	Horizon	Indemnity		848.67				260.19		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM SI/AT/EXT 7.6-12.5CM	12034	CPT	outpatient			1410	524.43	Horizon	PPO		848.67				260.19		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM SI/AT/EXT 7.6-12.5CM	12034	CPT	outpatient			1410	524.43	Horizon	NJ Health		260.19				260.19		1782 fee schedule	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
RPR-INTERM SI/AT/EXT 7.6-12.5CM	12034	CPT	outpatient			1410	524.43	Horizon	Medicare Blue		456.03				260.19	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM SI/AT/EXT 7.6-12.5CM	12034	CPT	outpatient			1410	524.43	Horizon	MGD		848.67				260.19	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM SI/AT/EXT 7.6-12.5CM	12034	CPT	outpatient			1410	524.43	Managed Care Inc	Managed Care Inc		1269	90			260.19	1782	percent of total billed charges	
RPR-INTERM SI/AT/EXT 7.6-12.5CM	12034	CPT	outpatient			1410	524.43	Multiplan	Multiplan		1128	80			260.19	1782	percent of total billed charges	
RPR-INTERM SI/AT/EXT 7.6-12.5CM	12034	CPT	outpatient			1410	524.43	Qualcare	Qualcare		1057.5	75			260.19	1782	percent of total billed charges	
RPR-INTERM SI/AT/EXT 7.6-12.5CM	12034	CPT	outpatient			1410	524.43	Three Rivers	Three Rivers		1339.5	95			260.19	1782	percent of total billed charges	
RPR-INTERM SI/AT/EXT 7.6-12.5CM	12034	CPT	outpatient			1410	524.43	UHC	Medicaid		444.86	31.55			260.19	1782	percent of total billed charges	
RPR-INTERM SI/AT/EXT 7.6-12.5CM	12034	CPT	outpatient			1410	524.43	UHC	Medicare		456.03				260.19	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM SI/AT/EXT 7.6-12.5CM	12034	CPT	outpatient			1410	524.43	United	Commercial|PPO		1782				260.19	1782	case rate	
RPR-INTERM SI/AT/EXT 7.6-12.5CM	12034	CPT	outpatient			1410	524.43	United	Oxford		1782				260.19	1782	case rate	
RPR-INTERM SI/AT/EXT 7.6-12.5CM	12034	CPT	outpatient			1410	524.43	Wellcare	Medicare		456.03				260.19	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM SI/AT/EXT 7.6-12.5CM	12034	CPT	outpatient			1410	524.43	Wellcare	Medicaid		444.86	31.55			260.19	1782	percent of total billed charges	
RPR-INTERM SI/AT/EXT 7.6-12.5CM	12034	CPT	outpatient			1410	524.43	WellPoint	WellPoint		453.74	32.18			260.19	1782	percent of total billed charges	
RPR-INTRM SI/AT/EXT 12.6-20.0CM	12035	CPT	outpatient			1410	524.43	Aetna	Commercial		726				321.4	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTRM SI/AT/EXT 12.6-20.0CM	12035	CPT	outpatient			1410	524.43	Aetna	Better Health		444.86	31.55			321.4	1782	percent of total billed charges	
RPR-INTRM SI/AT/EXT 12.6-20.0CM	12035	CPT	outpatient			1410	524.43	Aetna	Medicare		456.03				321.4	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTRM SI/AT/EXT 12.6-20.0CM	12035	CPT	outpatient			1410	524.43	Americare	Americare		1057.5	75			321.4	1782	percent of total billed charges	
RPR-INTRM SI/AT/EXT 12.6-20.0CM	12035	CPT	outpatient			1410	524.43	Amerihealth	HMO/PPO		916.5	65			321.4	1782	percent of total billed charges	
RPR-INTRM SI/AT/EXT 12.6-20.0CM	12035	CPT	outpatient			1410	524.43	Amerihealth	Medicare		456.03				321.4	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTRM SI/AT/EXT 12.6-20.0CM	12035	CPT	outpatient			1410	524.43	Consumer	Consumer		1339.5	95			321.4	1782	percent of total billed charges	
RPR-INTRM SI/AT/EXT 12.6-20.0CM	12035	CPT	outpatient			1410	524.43	Corrections	Corrections		1128	80			321.4	1782	percent of total billed charges	
RPR-INTRM SI/AT/EXT 12.6-20.0CM	12035	CPT	outpatient			1410	524.43	First Health	First Health		987	70			321.4	1782	percent of total billed charges	
RPR-INTRM SI/AT/EXT 12.6-20.0CM	12035	CPT	outpatient			1410	524.43	First Trenton	First Trenton		1269	90			321.4	1782	percent of total billed charges	
RPR-INTRM SI/AT/EXT 12.6-20.0CM	12035	CPT	outpatient			1410	524.43	Horizon	Indemnity		848.67				321.4	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTRM SI/AT/EXT 12.6-20.0CM	12035	CPT	outpatient			1410	524.43	Horizon	Medicare Blue		456.03				321.4	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTRM SI/AT/EXT 12.6-20.0CM	12035	CPT	outpatient			1410	524.43	Horizon	NJ Health		321.4				321.4	1782	fee schedule	
RPR-INTRM SI/AT/EXT 12.6-20.0CM	12035	CPT	outpatient			1410	524.43	Horizon	MGD		848.67				321.4	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTRM SI/AT/EXT 12.6-20.0CM	12035	CPT	outpatient			1410	524.43	Horizon	PPO		848.67				321.4	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTRM SI/AT/EXT 12.6-20.0CM	12035	CPT	outpatient			1410	524.43	Managed Care Inc	Managed Care Inc		1269	90			321.4	1782	percent of total billed charges	
RPR-INTRM SI/AT/EXT 12.6-20.0CM	12035	CPT	outpatient			1410	524.43	Multiplan	Multiplan		1128	80			321.4	1782	percent of total billed charges	
RPR-INTRM SI/AT/EXT 12.6-20.0CM	12035	CPT	outpatient			1410	524.43	Qualcare	Qualcare		1057.5	75			321.4	1782	percent of total billed charges	
RPR-INTRM SI/AT/EXT 12.6-20.0CM	12035	CPT	outpatient			1410	524.43	Three Rivers	Three Rivers		1339.5	95			321.4	1782	percent of total billed charges	
RPR-INTRM SI/AT/EXT 12.6-20.0CM	12035	CPT	outpatient			1410	524.43	UHC	Medicaid		444.86	31.55			321.4	1782	percent of total billed charges	
RPR-INTRM SI/AT/EXT 12.6-20.0CM	12035	CPT	outpatient			1410	524.43	UHC	Medicare		456.03				321.4	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTRM SI/AT/EXT 12.6-20.0CM	12035	CPT	outpatient			1410	524.43	United	Commercial|PPO		1782				321.4	1782	case rate	
RPR-INTRM SI/AT/EXT 12.6-20.0CM	12035	CPT	outpatient			1410	524.43	United	Oxford		1782				321.4	1782	case rate	
RPR-INTRM SI/AT/EXT 12.6-20.0CM	12035	CPT	outpatient			1410	524.43	Wellcare	Medicaid		444.86	31.55			321.4	1782	percent of total billed charges	
RPR-INTRM SI/AT/EXT 12.6-20.0CM	12035	CPT	outpatient			1410	524.43	Wellcare	Medicare		456.03				321.4	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTRM SI/AT/EXT 12.6-20.0CM	12035	CPT	outpatient			1410	524.43	WellPoint	WellPoint		453.74	32.18			321.4	1782	percent of total billed charges	
RPR-INTERM SI/AT/EXT 20.1-30 CM	12036	CPT	outpatient			2222	826.02	Aetna	Commercial		1143.5				426.34	2110.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM SI/AT/EXT 20.1-30 CM	12036	CPT	outpatient			2222	826.02	Aetna	Medicare		684.38	30.8			426.34	2110.9	percent of total billed charges	
RPR-INTERM SI/AT/EXT 20.1-30 CM	12036	CPT	outpatient			2222	826.02	Aetna	Better Health		701.04	31.55			426.34	2110.9	percent of total billed charges	
RPR-INTERM SI/AT/EXT 20.1-30 CM	12036	CPT	outpatient			2222	826.02	Americare	Americare		1666.5	75			426.34	2110.9	percent of total billed charges	
RPR-INTERM SI/AT/EXT 20.1-30 CM	12036	CPT	outpatient			2222	826.02	Amerihealth	HMO/PPO		1444.3	65			426.34	2110.9	percent of total billed charges	
RPR-INTERM SI/AT/EXT 20.1-30 CM	12036	CPT	outpatient			2222	826.02	Amerihealth	Medicare		718.28				426.34	2110.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM SI/AT/EXT 20.1-30 CM	12036	CPT	outpatient			2222	826.02	Consumer	Consumer		2110.9	95			426.34	2110.9	percent of total billed charges	
RPR-INTERM SI/AT/EXT 20.1-30 CM	12036	CPT	outpatient			2222	826.02	Corrections	Corrections		1777.6	80			426.34	2110.9	percent of total billed charges	
RPR-INTERM SI/AT/EXT 20.1-30 CM	12036	CPT	outpatient			2222	826.02	First Health	First Health		1555.4	70			426.34	2110.9	percent of total billed charges	
RPR-INTERM SI/AT/EXT 20.1-30 CM	12036	CPT	outpatient			2222	826.02	First Trenton	First Trenton		1999.8	90			426.34	2110.9	percent of total billed charges	
RPR-INTERM SI/AT/EXT 20.1-30 CM	12036	CPT	outpatient			2222	826.02	Horizon	Indemnity		1336.72				426.34	2110.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM SI/AT/EXT 20.1-30 CM	12036	CPT	outpatient			2222	826.02	Horizon	Medicare Blue		718.28				426.34	2110.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM SI/AT/EXT 20.1-30 CM	12036	CPT	outpatient			2222	826.02	Horizon	NJ Health		426.34				426.34	2110.9	fee schedule	
RPR-INTERM SI/AT/EXT 20.1-30 CM	12036	CPT	outpatient			2222	826.02	Horizon	MGD		1336.72				426.34	2110.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM SI/AT/EXT 20.1-30 CM	12036	CPT	outpatient			2222	826.02	Horizon	PPO		1336.72				426.34	2110.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM SI/AT/EXT 20.1-30 CM	12036	CPT	outpatient			2222	826.02	Managed Care Inc	Managed Care Inc		1999.8	90			426.34	2110.9	percent of total billed charges	
RPR-INTERM SI/AT/EXT 20.1-30 CM	12036	CPT	outpatient			2222	826.02	Multiplan	Multiplan		1777.6	80			426.34	2110.9	percent of total billed charges	
RPR-INTERM SI/AT/EXT 20.1-30 CM	12036	CPT	outpatient			2222	826.02	Qualcare	Qualcare		1666.5	75			426.34	2110.9	percent of total billed charges	
RPR-INTERM SI/AT/EXT 20.1-30 CM	12036	CPT	outpatient			2222	826.02	Three Rivers	Three Rivers		2110.9	95			426.34	2110.9	percent of total billed charges	
RPR-INTERM SI/AT/EXT 20.1-30 CM	12036	CPT	outpatient			2222	826.02	UHC	Medicare		718.28				426.34	2110.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM SI/AT/EXT 20.1-30 CM	12036	CPT	outpatient			2222	826.02	UHC	Medicaid		701.04	31.55			426.34	2110.9	percent of total billed charges	
RPR-INTERM SI/AT/EXT 20.1-30 CM	12036	CPT	outpatient			2222	826.02	United	Oxford		1782				426.34	2110.9	case rate	
RPR-INTERM SI/AT/EXT 20.1-30 CM	12036	CPT	outpatient			2222	826.02	United	Commercial|PPO		1782				426.34	2110.9	case rate	
RPR-INTERM SI/AT/EXT 20.1-30 CM	12036	CPT	outpatient			2222	826.02	Wellcare	Medicare		718.28				426.34	2110.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM SI/AT/EXT 20.1-30 CM	12036	CPT	outpatient			2222	826.02	Wellcare	Medicaid		701.04	31.55			426.34	2110.9	percent of total billed charges	
RPR-INTERM SI/AT/EXT 20.1-30 CM	12036	CPT	outpatient			2222	826.02	WellPoint	WellPoint		715.04	32.18			426.34	2110.9	percent of total billed charges	
RPR-INTERM.SCALP OVER 30.0CM	12037	CPT	outpatient			6446	2398.47	Aetna	Commercial		3320.32				501.8	6123.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM.SCALP OVER 30.0CM	12037	CPT	outpatient			6446	2398.47	Aetna	Better Health		2033.71	31.55			501.8	6123.7	percent of total billed charges	
RPR-INTERM.SCALP OVER 30.0CM	12037	CPT	outpatient			6446	2398.47	Aetna	Medicare		2085.63				501.8	6123.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM.SCALP OVER 30.0CM	12037	CPT	outpatient			6446	2398.47	Americare	Americare		4834.5	75			501.8	6123.7	percent of total billed charges	
RPR-INTERM.SCALP OVER 30.0CM	12037	CPT	outpatient			6446	2398.47	Amerihealth	HMO/PPO		4189.9	65			501.8	6123.7	percent of total billed charges	
RPR-INTERM.SCALP OVER 30.0CM	12037	CPT	outpatient			6446	2398.47	Amerihealth	Medicare		2085.63				501.8	6123.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM.SCALP OVER 30.0CM	12037	CPT	outpatient			6446	2398.47	Consumer	Consumer		6123.7	95			501.8	6123.7	percent of total billed charges	
RPR-INTERM.SCALP OVER 30.0CM	12037	CPT	outpatient			6446	2398.47	Corrections	Corrections		5156.8	80			501.8	6123.7	percent of total billed charges	
RPR-INTERM.SCALP OVER 30.0CM	12037	CPT	outpatient			6446	2398.47	First Health	First Health		4512.2	70			501.8	6123.7	percent of total billed charges	
RPR-INTERM.SCALP OVER 30.0CM	12037	CPT	outpatient			6446	2398.47	First Trenton	First Trenton		5801.4	90			501.8	6123.7	percent of total billed charges	
RPR-INTERM.SCALP OVER 30.0CM	12037	CPT	outpatient			6446	2398.47	Horizon	Indemnity		3881.36				501.8	6123.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM.SCALP OVER 30.0CM	12037	CPT	outpatient			6446	2398.47	Horizon	Medicare Blue		2085.63				501.8	6123.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM.SCALP OVER 30.0CM	12037	CPT	outpatient			6446	2398.47	Horizon	NJ Health		501.8				501.8	6123.7	fee schedule	
RPR-INTERM.SCALP OVER 30.0CM	12037	CPT	outpatient			6446	2398.47	Horizon	MGD		3881.36				501.8	6123.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM.SCALP OVER 30.0CM	12037	CPT	outpatient			6446	2398.47	Horizon	PPO		3881.36				501.8	6123.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM.SCALP OVER 30.0CM	12037	CPT	outpatient			6446	2398.47	Managed Care Inc	Managed Care Inc		5801.4	90			501.8	6123.7	percent of total billed charges	
RPR-INTERM.SCALP OVER 30.0CM	12037	CPT	outpatient			6446	2398.47	Multiplan	Multiplan		5156.8	80			501.8	6123.7	percent of total billed charges	
RPR-INTERM.SCALP OVER 30.0CM	12037	CPT	outpatient			6446	2398.47	Qualcare	Qualcare		4834.5	75			501.8	6123.7	percent of total billed charges	
RPR-INTERM.SCALP OVER 30.0CM	12037	CPT	outpatient			6446	2398.47	Three Rivers	Three Rivers		6123.7	95			501.8	6123.7	percent of total billed charges	
RPR-INTERM.SCALP OVER 30.0CM	12037	CPT	outpatient			6446	2398.47	UHC	Medicaid		2033.71	31.55			501.8	6123.7	percent of total billed charges	
RPR-INTERM.SCALP OVER 30.0CM	12037	CPT	outpatient			6446	2398.47	UHC	Medicare		2085.63				501.8	6123.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM.SCALP OVER 30.0CM	12037	CPT	outpatient			6446	2398.47	United	Oxford		2493				501.8	6123.7	case rate	
RPR-INTERM.SCALP OVER 30.0CM	12037	CPT	outpatient			6446	2398.47	United	Commercial|PPO		2493				501.8	6123.7	case rate	
RPR-INTERM.SCALP OVER 30.0CM	12037	CPT	outpatient			6446	2398.47	Wellcare	Medicare		2085.63				501.8	6123.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM.SCALP OVER 30.0CM	12037	CPT	outpatient			6446	2398.47	Wellcare	Medicaid		2033.71	31.55			501.8	6123.7	percent of total billed charges	
RPR-INTERM.SCALP OVER 30.0CM	12037	CPT	outpatient			6446	2398.47	WellPoint	WellPoint		2074.32	32.18			501.8	6123.7	percent of total billed charges	
RPR-INTERM N-HF/GENIT <=2.5CM	12041	CPT	outpatient			1410	524.43	Aetna	Better Health		444.86	31.55			164.43	1782	percent of total billed charges	
RPR-INTERM N-HF/GENIT <=2.5CM	12041	CPT	outpatient			1410	524.43	Aetna	Commercial		726				164.43	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM N-HF/GENIT <=2.5CM	12041	CPT	outpatient			1410	524.43	Aetna	Medicare		434.28	30.8			164.43	1782	percent of total billed charges	
RPR-INTERM N-HF/GENIT <=2.5CM	12041	CPT	outpatient			1410	524.43	Americare	Americare		1057.5	75			164.43	1782	percent of total billed charges	
RPR-INTERM N-HF/GENIT <=2.5CM	12041	CPT	outpatient			1410	524.43	Amerihealth	Medicare		456.03				164.43	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM N-HF/GENIT <=2.5CM	12041	CPT	outpatient			1410	524.43	Amerihealth	HMO/PPO		916.5	65			164.43	1782	percent of total billed charges	
RPR-INTERM N-HF/GENIT <=2.5CM	12041	CPT	outpatient			1410	524.43	Consumer	Consumer		1339.5	95			164.43	1782	percent of total billed charges	
RPR-INTERM N-HF/GENIT <=2.5CM	12041	CPT	outpatient			1410	524.43	Corrections	Corrections		1128	80			164.43	1782	percent of total billed charges	
RPR-INTERM N-HF/GENIT <=2.5CM	12041	CPT	outpatient			1410	524.43	First Health	First Health		987	70			164.43	1782	percent of total billed charges	
RPR-INTERM N-HF/GENIT <=2.5CM	12041	CPT	outpatient			1410	524.43	First Trenton	First Trenton		1269	90			164.43	1782	percent of total billed charges	
RPR-INTERM N-HF/GENIT <=2.5CM	12041	CPT	outpatient			1410	524.43	Horizon	MGD		848.67				164.43	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM N-HF/GENIT <=2.5CM	12041	CPT	outpatient			1410	524.43	Horizon	Indemnity		848.67				164.43	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM N-HF/GENIT <=2.5CM	12041	CPT	outpatient			1410	524.43	Horizon	Medicare Blue		456.03				164.43	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM N-HF/GENIT <=2.5CM	12041	CPT	outpatient			1410	524.43	Horizon	NJ Health		164.43				164.43	1782	fee schedule	
RPR-INTERM N-HF/GENIT <=2.5CM	12041	CPT	outpatient			1410	524.43	Horizon	PPO		848.67				164.43	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM N-HF/GENIT <=2.5CM	12041	CPT	outpatient			1410	524.43	Managed Care Inc	Managed Care Inc		1269	90			164.43	1782	percent of total billed charges	
RPR-INTERM N-HF/GENIT <=2.5CM	12041	CPT	outpatient			1410	524.43	Multiplan	Multiplan		1128	80			164.43	1782	percent of total billed charges	
RPR-INTERM N-HF/GENIT <=2.5CM	12041	CPT	outpatient			1410	524.43	Qualcare	Qualcare		1057.5	75			164.43	1782	percent of total billed charges	
RPR-INTERM N-HF/GENIT <=2.5CM	12041	CPT	outpatient			1410	524.43	Three Rivers	Three Rivers		1339.5	95			164.43	1782	percent of total billed charges	
RPR-INTERM N-HF/GENIT <=2.5CM	12041	CPT	outpatient			1410	524.43	UHC	Medicaid		444.86	31.55			164.43	1782	percent of total billed charges	
RPR-INTERM N-HF/GENIT <=2.5CM	12041	CPT	outpatient			1410	524.43	UHC	Medicare		456.03				164.43	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM N-HF/GENIT <=2.5CM	12041	CPT	outpatient			1410	524.43	United	Oxford		1782				164.43	1782	case rate	
RPR-INTERM N-HF/GENIT <=2.5CM	12041	CPT	outpatient			1410	524.43	United	Commercial|PPO		1782				164.43	1782	case rate	
RPR-INTERM N-HF/GENIT <=2.5CM	12041	CPT	outpatient			1410	524.43	Wellcare	Medicaid		444.86	31.55			164.43	1782	percent of total billed charges	
RPR-INTERM N-HF/GENIT <=2.5CM	12041	CPT	outpatient			1410	524.43	Wellcare	Medicare		456.03				164.43	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM N-HF/GENIT <=2.5CM	12041	CPT	outpatient			1410	524.43	WellPoint	WellPoint		453.74	32.18			164.43	1782	percent of total billed charges	
RPR-INTRM N-HF/GENIT 2.6-7.5CM	12042	CPT	outpatient			1410	524.43	Aetna	Commercial		726				271.73	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTRM N-HF/GENIT 2.6-7.5CM	12042	CPT	outpatient			1410	524.43	Aetna	Medicare		456.03				271.73	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTRM N-HF/GENIT 2.6-7.5CM	12042	CPT	outpatient			1410	524.43	Aetna	Better Health		444.86	31.55			271.73	1782	percent of total billed charges	
RPR-INTRM N-HF/GENIT 2.6-7.5CM	12042	CPT	outpatient			1410	524.43	Americare	Americare		1057.5	75			271.73	1782	percent of total billed charges	
RPR-INTRM N-HF/GENIT 2.6-7.5CM	12042	CPT	outpatient			1410	524.43	Amerihealth	HMO/PPO		916.5	65			271.73	1782	percent of total billed charges	
RPR-INTRM N-HF/GENIT 2.6-7.5CM	12042	CPT	outpatient			1410	524.43	Amerihealth	Medicare		456.03				271.73	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTRM N-HF/GENIT 2.6-7.5CM	12042	CPT	outpatient			1410	524.43	Consumer	Consumer		1339.5	95			271.73	1782	percent of total billed charges	
RPR-INTRM N-HF/GENIT 2.6-7.5CM	12042	CPT	outpatient			1410	524.43	Corrections	Corrections		1128	80			271.73	1782	percent of total billed charges	
RPR-INTRM N-HF/GENIT 2.6-7.5CM	12042	CPT	outpatient			1410	524.43	First Health	First Health		987	70			271.73	1782	percent of total billed charges	
RPR-INTRM N-HF/GENIT 2.6-7.5CM	12042	CPT	outpatient			1410	524.43	First Trenton	First Trenton		1269	90			271.73	1782	percent of total billed charges	
RPR-INTRM N-HF/GENIT 2.6-7.5CM	12042	CPT	outpatient			1410	524.43	Horizon	MGD		848.67				271.73	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTRM N-HF/GENIT 2.6-7.5CM	12042	CPT	outpatient			1410	524.43	Horizon	NJ Health		271.73				271.73	1782	fee schedule	
RPR-INTRM N-HF/GENIT 2.6-7.5CM	12042	CPT	outpatient			1410	524.43	Horizon	Indemnity		848.67				271.73	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTRM N-HF/GENIT 2.6-7.5CM	12042	CPT	outpatient			1410	524.43	Horizon	Medicare Blue		456.03				271.73	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTRM N-HF/GENIT 2.6-7.5CM	12042	CPT	outpatient			1410	524.43	Horizon	PPO		848.67				271.73	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTRM N-HF/GENIT 2.6-7.5CM	12042	CPT	outpatient			1410	524.43	Managed Care Inc	Managed Care Inc		1269	90			271.73	1782	percent of total billed charges	
RPR-INTRM N-HF/GENIT 2.6-7.5CM	12042	CPT	outpatient			1410	524.43	Multiplan	Multiplan		1128	80			271.73	1782	percent of total billed charges	
RPR-INTRM N-HF/GENIT 2.6-7.5CM	12042	CPT	outpatient			1410	524.43	Qualcare	Qualcare		1057.5	75			271.73	1782	percent of total billed charges	
RPR-INTRM N-HF/GENIT 2.6-7.5CM	12042	CPT	outpatient			1410	524.43	Three Rivers	Three Rivers		1339.5	95			271.73	1782	percent of total billed charges	
RPR-INTRM N-HF/GENIT 2.6-7.5CM	12042	CPT	outpatient			1410	524.43	UHC	Medicaid		444.86	31.55			271.73	1782	percent of total billed charges	
RPR-INTRM N-HF/GENIT 2.6-7.5CM	12042	CPT	outpatient			1410	524.43	UHC	Medicare		456.03				271.73	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTRM N-HF/GENIT 2.6-7.5CM	12042	CPT	outpatient			1410	524.43	United	Oxford		1782				271.73	1782	case rate	
RPR-INTRM N-HF/GENIT 2.6-7.5CM	12042	CPT	outpatient			1410	524.43	United	Commercial|PPO		1782				271.73	1782	case rate	
RPR-INTRM N-HF/GENIT 2.6-7.5CM	12042	CPT	outpatient			1410	524.43	Wellcare	Medicaid		444.86	31.55			271.73	1782	percent of total billed charges	
RPR-INTRM N-HF/GENIT 2.6-7.5CM	12042	CPT	outpatient			1410	524.43	Wellcare	Medicare		456.03				271.73	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTRM N-HF/GENIT 2.6-7.5CM	12042	CPT	outpatient			1410	524.43	WellPoint	WellPoint		453.74	32.18			271.73	1782	percent of total billed charges	
RPR-INTERM N-HF/GENT 7.6-12.5CM	12044	CPT	outpatient			2222	826.02	Aetna	Better Health		701.04	31.55			289.89	2110.9	percent of total billed charges	
RPR-INTERM N-HF/GENT 7.6-12.5CM	12044	CPT	outpatient			2222	826.02	Aetna	Commercial		1143.5				289.89	2110.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM N-HF/GENT 7.6-12.5CM	12044	CPT	outpatient			2222	826.02	Aetna	Medicare		718.28				289.89	2110.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM N-HF/GENT 7.6-12.5CM	12044	CPT	outpatient			2222	826.02	Americare

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
RPR-INTRM N-HF|GENT 7.6-12.5CM	12044	CPT	outpatient			2222		826.02 Ameritheal	HMO/PPO		1444.3	65			289.89	2110.9	percent of total billed charges	
RPR-INTRM N-HF|GENT 7.6-12.5CM	12044	CPT	outpatient			2222		826.02 Consumer	Consumer		2110.9	95			289.89	2110.9	percent of total billed charges	
RPR-INTRM N-HF|GENT 7.6-12.5CM	12044	CPT	outpatient			2222		826.02 Corrections	Corrections		1777.6	80			289.89	2110.9	percent of total billed charges	
RPR-INTRM N-HF|GENT 7.6-12.5CM	12044	CPT	outpatient			2222		826.02 First Health	First Health		1555.4	70			289.89	2110.9	percent of total billed charges	
RPR-INTRM N-HF|GENT 7.6-12.5CM	12044	CPT	outpatient			2222		826.02 First Trenton	First Trenton		1999.8	90			289.89	2110.9	percent of total billed charges	
RPR-INTRM N-HF|GENT 7.6-12.5CM	12044	CPT	outpatient			2222		826.02 Horizon	MGD		1336.72				289.89	2110.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTRM N-HF|GENT 7.6-12.5CM	12044	CPT	outpatient			2222		826.02 Horizon	Indemnity		1336.72				289.89	2110.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTRM N-HF|GENT 7.6-12.5CM	12044	CPT	outpatient			2222		826.02 Horizon	Medicare Blue		718.28				289.89	2110.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTRM N-HF|GENT 7.6-12.5CM	12044	CPT	outpatient			2222		826.02 Horizon	NJ Health		289.89				289.89	2110.9	fee schedule	
RPR-INTRM N-HF|GENT 7.6-12.5CM	12044	CPT	outpatient			2222		826.02 Horizon	PPO		1336.72				289.89	2110.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTRM N-HF|GENT 7.6-12.5CM	12044	CPT	outpatient			2222		826.02 Managed Care Inc	Managed Care Inc		1999.8	90			289.89	2110.9	percent of total billed charges	
RPR-INTRM N-HF|GENT 7.6-12.5CM	12044	CPT	outpatient			2222		826.02 Multiplan	Multiplan		1777.6	80			289.89	2110.9	percent of total billed charges	
RPR-INTRM N-HF|GENT 7.6-12.5CM	12044	CPT	outpatient			2222		826.02 Qualcare	Qualcare		1666.5	75			289.89	2110.9	percent of total billed charges	
RPR-INTRM N-HF|GENT 7.6-12.5CM	12044	CPT	outpatient			2222		826.02 Three Rivers	Three Rivers		2110.9	95			289.89	2110.9	percent of total billed charges	
RPR-INTRM N-HF|GENT 7.6-12.5CM	12044	CPT	outpatient			2222		826.02 UHC	Medicaid		701.04	31.55			289.89	2110.9	percent of total billed charges	
RPR-INTRM N-HF|GENT 7.6-12.5CM	12044	CPT	outpatient			2222		826.02 UHC	Medicare		718.28				289.89	2110.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTRM N-HF|GENT 7.6-12.5CM	12044	CPT	outpatient			2222		826.02 United	Oxford		1782				289.89	2110.9	case rate	
RPR-INTRM N-HF|GENT 7.6-12.5CM	12044	CPT	outpatient			2222		826.02 United	Commercial|PPO		1782				289.89	2110.9	case rate	
RPR-INTRM N-HF|GENT 7.6-12.5CM	12044	CPT	outpatient			2222		826.02 Wellcare	Medicaid		701.04	31.55			289.89	2110.9	percent of total billed charges	
RPR-INTRM N-HF|GENT 7.6-12.5CM	12044	CPT	outpatient			2222		826.02 Wellcare	Medicare		718.28				289.89	2110.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTRM N-HF|GENT 7.6-12.5CM	12044	CPT	outpatient			2222		826.02 WellPoint	WellPoint		715.04	32.18			289.89	2110.9	percent of total billed charges	
RPR-INTERM.NECK,ETC. 12.6 TO 20.0 CM	12045	CPT	outpatient			2222		826.02 Aetna	Commercial		1143.5				410.97	2110.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM.NECK,ETC. 12.6 TO 20.0 CM	12045	CPT	outpatient			2222		826.02 Aetna	Better Health		701.04	31.55			410.97	2110.9	percent of total billed charges	
RPR-INTERM.NECK,ETC. 12.6 TO 20.0 CM	12045	CPT	outpatient			2222		826.02 Aetna	Medicare		718.28				410.97	2110.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM.NECK,ETC. 12.6 TO 20.0 CM	12045	CPT	outpatient			2222		826.02 Americare	Americare		1666.5	75			410.97	2110.9	percent of total billed charges	
RPR-INTERM.NECK,ETC. 12.6 TO 20.0 CM	12045	CPT	outpatient			2222		826.02 Amerihealth	Medicare		718.28				410.97	2110.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM.NECK,ETC. 12.6 TO 20.0 CM	12045	CPT	outpatient			2222		826.02 Amerihealth	HMO/PPO		1444.3	65			410.97	2110.9	percent of total billed charges	
RPR-INTERM.NECK,ETC. 12.6 TO 20.0 CM	12045	CPT	outpatient			2222		826.02 Consumer	Consumer		2110.9	95			410.97	2110.9	percent of total billed charges	
RPR-INTERM.NECK,ETC. 12.6 TO 20.0 CM	12045	CPT	outpatient			2222		826.02 Corrections	Corrections		1777.6	80			410.97	2110.9	percent of total billed charges	
RPR-INTERM.NECK,ETC. 12.6 TO 20.0 CM	12045	CPT	outpatient			2222		826.02 First Health	First Health		1555.4	70			410.97	2110.9	percent of total billed charges	
RPR-INTERM.NECK,ETC. 12.6 TO 20.0 CM	12045	CPT	outpatient			2222		826.02 First Trenton	First Trenton		1999.8	90			410.97	2110.9	percent of total billed charges	
RPR-INTERM.NECK,ETC. 12.6 TO 20.0 CM	12045	CPT	outpatient			2222		826.02 Horizon	PPO		1336.72				410.97	2110.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM.NECK,ETC. 12.6 TO 20.0 CM	12045	CPT	outpatient			2222		826.02 Horizon	Indemnity		1336.72				410.97	2110.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM.NECK,ETC. 12.6 TO 20.0 CM	12045	CPT	outpatient			2222		826.02 Horizon	MGD		1336.72				410.97	2110.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM.NECK,ETC. 12.6 TO 20.0 CM	12045	CPT	outpatient			2222		826.02 Horizon	Medicare Blue		718.28				410.97	2110.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM.NECK,ETC. 12.6 TO 20.0 CM	12045	CPT	outpatient			2222		826.02 Horizon	NJ Health		410.97				410.97	2110.9	fee schedule	
RPR-INTERM.NECK,ETC. 12.6 TO 20.0 CM	12045	CPT	outpatient			2222		826.02 Managed Care Inc	Managed Care Inc		1999.8	90			410.97	2110.9	percent of total billed charges	
RPR-INTERM.NECK,ETC. 12.6 TO 20.0 CM	12045	CPT	outpatient			2222		826.02 Multiplan	Multiplan		1777.6	80			410.97	2110.9	percent of total billed charges	
RPR-INTERM.NECK,ETC. 12.6 TO 20.0 CM	12045	CPT	outpatient			2222		826.02 Qualcare	Qualcare		1666.5	75			410.97	2110.9	percent of total billed charges	
RPR-INTERM.NECK,ETC. 12.6 TO 20.0 CM	12045	CPT	outpatient			2222		826.02 Three Rivers	Three Rivers		2110.9	95			410.97	2110.9	percent of total billed charges	
RPR-INTERM.NECK,ETC. 12.6 TO 20.0 CM	12045	CPT	outpatient			2222		826.02 UHC	Medicaid		701.04	31.55			410.97	2110.9	percent of total billed charges	
RPR-INTERM.NECK,ETC. 12.6 TO 20.0 CM	12045	CPT	outpatient			2222		826.02 UHC	Medicare		718.28				410.97	2110.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM.NECK,ETC. 12.6 TO 20.0 CM	12045	CPT	outpatient			2222		826.02 United	Commercial|PPO		1782				410.97	2110.9	case rate	
RPR-INTERM.NECK,ETC. 12.6 TO 20.0 CM	12045	CPT	outpatient			2222		826.02 United	Oxford		1782				410.97	2110.9	case rate	
RPR-INTERM.NECK,ETC. 12.6 TO 20.0 CM	12045	CPT	outpatient			2222		826.02 Wellcare	Medicare		718.28				410.97	2110.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM.NECK,ETC. 12.6 TO 20.0 CM	12045	CPT	outpatient			2222		826.02 Wellcare	Medicaid		701.04	31.55			410.97	2110.9	percent of total billed charges	
RPR-INTERM.NECK,ETC. 12.6 TO 20.0 CM	12045	CPT	outpatient			2222		826.02 WellPoint	WellPoint		715.04	32.18			410.97	2110.9	percent of total billed charges	
RPR-INTERM.NECK,ETC. 20.1 TO 30 CM	12046	CPT	outpatient			2222		826.02 Aetna	Better Health		701.04	31.55			498.69	2110.9	percent of total billed charges	
RPR-INTERM.NECK,ETC. 20.1 TO 30 CM	12046	CPT	outpatient			2222		826.02 Aetna	Medicare		684.38	30.8			498.69	2110.9	percent of total billed charges	
RPR-INTERM.NECK,ETC. 20.1 TO 30 CM	12046	CPT	outpatient			2222		826.02 Aetna	Commercial		1143.5				498.69	2110.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM.NECK,ETC. 20.1 TO 30 CM	12046	CPT	outpatient			2222		826.02 Americare	Americare		1666.5	75			498.69	2110.9	percent of total billed charges	
RPR-INTERM.NECK,ETC. 20.1 TO 30 CM	12046	CPT	outpatient			2222		826.02 Amerihealth	HMO/PPO		1444.3	65			498.69	2110.9	percent of total billed charges	
RPR-INTERM.NECK,ETC. 20.1 TO 30 CM	12046	CPT	outpatient			2222		826.02 Amerihealth	Medicare		718.28				498.69	2110.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM.NECK,ETC. 20.1 TO 30 CM	12046	CPT	outpatient			2222		826.02 Consumer	Consumer		2110.9	95			498.69	2110.9	percent of total billed charges	
RPR-INTERM.NECK,ETC. 20.1 TO 30 CM	12046	CPT	outpatient			2222		826.02 Corrections	Corrections		1777.6	80			498.69	2110.9	percent of total billed charges	
RPR-INTERM.NECK,ETC. 20.1 TO 30 CM	12046	CPT	outpatient			2222		826.02 First Health	First Health		1555.4	70			498.69	2110.9	percent of total billed charges	
RPR-INTERM.NECK,ETC. 20.1 TO 30 CM	12046	CPT	outpatient			2222		826.02 First Trenton	First Trenton		1999.8	90			498.69	2110.9	percent of total billed charges	
RPR-INTERM.NECK,ETC. 20.1 TO 30 CM	12046	CPT	outpatient			2222		826.02 Horizon	MGD		1336.72				498.69	2110.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM.NECK,ETC. 20.1 TO 30 CM	12046	CPT	outpatient			2222		826.02 Horizon	Medicare Blue		718.28				498.69	2110.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM.NECK,ETC. 20.1 TO 30 CM	12046	CPT	outpatient			2222		826.02 Horizon	Indemnity		1336.72				498.69	2110.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM.NECK,ETC. 20.1 TO 30 CM	12046	CPT	outpatient			2222		826.02 Horizon	NJ Health		498.69				498.69	2110.9	fee schedule	
RPR-INTERM.NECK,ETC. 20.1 TO 30 CM	12046	CPT	outpatient			2222		826.02 Horizon	PPO		1336.72				498.69	2110.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM.NECK,ETC. 20.1 TO 30 CM	12046	CPT	outpatient			2222		826.02 Managed Care Inc	Managed Care Inc		1999.8	90			498.69	2110.9	percent of total billed charges	
RPR-INTERM.NECK,ETC. 20.1 TO 30 CM	12046	CPT	outpatient			2222		826.02 Multiplan	Multiplan		1777.6	80			498.69	2110.9	percent of total billed charges	
RPR-INTERM.NECK,ETC. 20.1 TO 30 CM	12046	CPT	outpatient			2222		826.02 Qualcare	Qualcare		1666.5	75			498.69	2110.9	percent of total billed charges	
RPR-INTERM.NECK,ETC. 20.1 TO 30 CM	12046	CPT	outpatient			2222		826.02 Three Rivers	Three Rivers		2110.9	95			498.69	2110.9	percent of total billed charges	
RPR-INTERM.NECK,ETC. 20.1 TO 30 CM	12046	CPT	outpatient			2222		826.02 UHC	Medicaid		701.04	31.55			498.69	2110.9	percent of total billed charges	
RPR-INTERM.NECK,ETC. 20.1 TO 30 CM	12046	CPT	outpatient			2222		826.02 UHC	Medicare		718.28				498.69	2110.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM.NECK,ETC. 20.1 TO 30 CM	12046	CPT	outpatient			2222		826.02 United	Commercial|PPO		1817				498.69	2110.9	case rate	
RPR-INTERM.NECK,ETC. 20.1 TO 30 CM	12046	CPT	outpatient			2222		826.02 United	Oxford		1817				498.69	2110.9	case rate	
RPR-INTERM.NECK,ETC. 20.1 TO 30 CM	12046	CPT	outpatient			2222		826.02 Wellcare	Medicare		718.28				498.69	2110.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM.NECK,ETC. 20.1 TO 30 CM	12046	CPT	outpatient			2222		826.02 Wellcare	Medicaid		701.04	31.55			498.69	2110.9	percent of total billed charges	
RPR-INTERM.NECK,ETC. 20.1 TO 30 CM	12046	CPT	outpatient			2222		826.02 WellPoint	WellPoint		715.04	32.18			498.69	2110.9	percent of total billed charges	
RPR-INTERM.NECK,ETC.OVER 30.0 CM	12047	CPT	outpatient			6446		2398.47 Aetna	Medicare		2085.63				509.47	6123.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM.NECK,ETC.OVER 30.0 CM	12047	CPT	outpatient			6446		2398.47 Aetna	Commercial		3320.32				509.47	6123.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM.NECK,ETC.OVER 30.0 CM	12047	CPT	outpatient			6446		2398.47 Aetna	Better Health		2033.71	31.55			509.47	6123.7	percent of total billed charges	
RPR-INTERM.NECK,ETC.OVER 30.0 CM	12047	CPT	outpatient			6446		2398.47 Americare	Americare		4834.5	75			509.47	6123.7	percent of total billed charges	
RPR-INTERM.NECK,ETC.OVER 30.0 CM	12047	CPT	outpatient			6446		2398.47 Amerihealth	Medicare		2085.63				509.47	6123.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM.NECK,ETC.OVER 30.0 CM	12047	CPT	outpatient			6446		2398.47 Amerihealth	HMO/PPO		4189.9	65			509.47	6123.7	percent of total billed charges	
RPR-INTERM.NECK,ETC.OVER 30.0 CM	12047	CPT	outpatient			6446		2398.47 Consumer	Consumer		6123.7	95			509.47	6123.7	percent of total billed charges	
RPR-INTERM.NECK,ETC.OVER 30.0 CM	12047	CPT	outpatient			6446		2398.47 Corrections	Corrections		5156.8	80			509.47	6123.7	percent of total billed charges	
RPR-INTERM.NECK,ETC.OVER 30.0 CM	12047	CPT	outpatient			6446		2398.47 First Health	First Health		4512.2	70			509.47	6123.7	percent of total billed charges	
RPR-INTERM.NECK,ETC.OVER 30.0 CM	12047	CPT	outpatient			6446		2398.47 First Trenton	First Trenton		5801.4	90			509.47	6123.7	percent of total billed charges	
RPR-INTERM.NECK,ETC.OVER 30.0 CM	12047	CPT	outpatient			6446		2398.47 Horizon	MGD		3881.36				509.47	6123.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM.NECK,ETC.OVER 30.0 CM	12047	CPT	outpatient			6446		2398.47 Horizon	Indemnity		3881.36				509.47	6123.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM.NECK,ETC.OVER 30.0 CM	12047	CPT	outpatient			6446		2398.47 Horizon	Medicare Blue		2085.63				509.47	6123.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM.NECK,ETC.OVER 30.0 CM	12047	CPT	outpatient			6446		2398.47 Horizon	NJ Health		509.47				509.47	6123.7	fee schedule	
RPR-INTERM.NECK,ETC.OVER 30.0 CM	12047	CPT	outpatient			6446		2398.47 Horizon	PPO		3881.36				509.47	6123.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM.NECK,ETC.OVER 30.0 CM	12047	CPT	outpatient			6446		2398.47 Managed Care Inc	Managed Care Inc		5801.4	90			509.47	6123.7	percent of total billed charges	
RPR-INTERM.NECK,ETC.OVER 30.0 CM	12047	CPT	outpatient			6446		2398.47 Multiplan	Multiplan		5156.8	80			509.47	6123.7	percent of total billed charges	
RPR-INTERM.NECK,ETC.OVER 30.0 CM	12047	CPT	outpatient			6446		2398.47 Qualcare	Qualcare		4834.5	75			509.47	6123.7	percent of total billed charges	
RPR-INTERM.NECK,ETC.OVER 30.0 CM	12047	CPT	outpatient			6446		2398.47 Three Rivers	Three Rivers		6123.7	95			509.47	6123.7	percent of total billed charges	
RPR-INTERM.NECK,ETC.OVER 30.0 CM	12047	CPT	outpatient			6446		2398.47 UHC	Medicaid		2033.71	31.55			509.47	6123.7	percent of total billed charges	
RPR-INTERM.NECK,ETC.OVER 30.0 CM	12047	CPT	outpatient			6446		2398.47 UHC	Medicare		2085.63				509.47	6123.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM.NECK,ETC.OVER 30.0 CM	12047	CPT	outpatient			6446		2398.47 United	Commercial|PPO		2493				509.47	6123.7	case rate	
RPR-INTERM.NECK,ETC.OVER 30.0 CM	12047	CPT	outpatient			6446		2398.47 United	Oxford		2493				509.47	6123.7	case rate	
RPR-INTERM.NECK,ETC.OVER 30.0 CM	12047	CPT	outpatient			6446		2398.47 Wellcare	Medicare		2085.63				509.47	6123.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM.NECK,ETC.OVER 30.0 CM	12047	CPT	outpatient			6446		2398.47 Wellcare	Medicaid		2033.71	31.55			509.47	6123.7	percent of total billed charges	
RPR-INTERM.NECK,ETC.OVER 30.0 CM	12047	CPT	outpatient			6446		2398.47 WellPoint	WellPoint		2074.32	32.18			509.47	6123.7	percent of total billed charges	
RPR-INTRM.FACE,ETC 2.5 OR LESS	12051	CPT	outpatient			1360		524.43 Aetna	Commercial		726				204.52	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTRM.FACE,ETC 2.5 OR LESS	12051	CPT	outpatient			1360		524.43 Aetna	Medicare		416.88	30.8			204.52	1782	percent of total billed charges	
RPR-INTRM.FACE,ETC 2.5 OR LESS	12051	CPT	outpatient			1360		524.43 Aetna	Better Health		429.08	31.55			204.52	1782	percent of total billed charges	
RPR-INTRM.FACE,ETC 2.5 OR LESS	12051	CPT	outpatient			1360		524.43 Americare	Americare		1020	75			204.52	1782	percent of total billed charges	
RPR-INTRM.FACE,ETC 2.5 OR LESS	12051	CPT	outpatient			1360		524.43 Amerihealth	HMO/PPO		884	65			204.52	1782	percent of total billed charges	
RPR-INTRM.FACE,ETC 2.5 OR LESS	12051	CPT	outpatient			1360		524.43 Amerihealth	Medicare		456.03				204.52	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTRM.FACE,ETC 2.5 OR LESS	12051	CPT	outpatient			1360		524.43 Consumer	Consumer		1292	95			204.52	1782	percent of total billed charges	
RPR-INTRM.FACE,ETC 2.5 OR LESS	12051	CPT	outpatient			1360		524.43 Corrections	Corrections		1088	80			204.52	1782	percent of total billed charges	
RPR-INTRM.FACE,ETC 2.5 OR LESS	12051	CPT	outpatient			1360		524.43 First Health	First Health		952	70			204.52	1782	percent of total billed charges	
RPR-INTRM.FACE,ETC 2.5 OR LESS	12051	CPT	outpatient			1360		524.43 First Trenton	First Trenton		1224	90			204.52	1782	percent of total billed charges	
RPR-INTRM.FACE,ETC 2.5 OR LESS	12051	CPT	outpatient			1360		524.43 Horizon	Indemnity		848.67				204.52	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTRM.FACE,ETC 2.5 OR LESS	12051	CPT	outpatient			1360		524.43 Horizon	NJ Health		204.52				204.52	1782	fee schedule	
RPR-INTRM.FACE,ETC 2.5 OR LESS	12051	CPT	outpatient			1360		524.43 Horizon	MGD		848.67				204.52	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTRM.FACE,ETC 2.5 OR LESS	12051	CPT	outpatient			1360		524.43 Horizon	Medicare Blue		456.03				204.52	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTRM.FACE,ETC 2.5 OR LESS	12051	CPT	outpatient			1360		524.43 Horizon	PPO		848.67				204.52	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTRM.FACE,ETC 2.5 OR LESS	12051	CPT	outpatient			1360		524.43 Managed Care Inc	Managed Care Inc		1224	90			204.52	1782	percent of total billed charges	
RPR-INTRM.FACE,ETC 2.5 OR LESS	12051	CPT	outpatient			1360		524.43 Multiplan	Multiplan		1088	80			204.52	1782	percent of total billed charges	
RPR-INTRM.FACE,ETC 2.5 OR LESS	12051	CPT	outpatient			1360		524.43 Qualcare	Qualcare		1020	75			204.52	1782	percent of total billed charges	
RPR-INTRM.FACE,ETC 2.5 OR LESS	12051	CPT	outpatient			1360		524.43 Three Rivers	Three Rivers		1292	95			204.52	1782	percent of total billed charges	
RPR-INTRM.FACE,ETC 2.5 OR LESS	12051	CPT	outpatient			1360		524.43 UHC	Medicare		456.03				204.52	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTRM.FACE,ETC 2.5 OR LESS	12051	CPT	outpatient			1360		524.43 UHC	Medicaid		429.08	31.55			204.52	1782	percent of total billed charges	
RPR-INTRM.FACE,ETC 2.5 OR LESS	12051	CPT	outpatient			1360		524.43 United	Oxford		1782				204.52	1782	case rate	
RPR-INTRM.FACE,ETC 2.5 OR LESS	12051	CPT	outpatient			1360		524.43 United	Commercial|PPO		1782				204.52	1782	case rate	
RPR-INTRM.FACE,ETC 2.5 OR LESS	12051	CPT	outpatient			1360		524.43 Wellcare	Medicaid		429.08	31.55			204.52	1782	percent of total billed charges	
RPR-INTRM.FACE,ETC 2.5 OR LESS	12051	CPT	outpatient			1360		524.43 Wellcare	Medicare		456.03				204.52	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTRM.FACE,ETC 2.5 OR LESS	12051	CPT	outpatient			1360		524.43 WellPoint	WellPoint		437.65	32.18			204.52	1782	percent of total billed charges	
RPR-INTRM FACE/MM 2.6 - 5.0CM	12052	CPT	outpatient			1369		524.43 Aetna	Commercial		726				271.13	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTRM FACE/MM 2.6 - 5.0CM	12052	CPT	outpatient			1369		524.43 Aetna	Better Health		431.92	31.55			271.13	1782	percent of total billed charges	
RPR-INTRM FACE/MM 2.6 - 5.0CM	12052	CPT	outpatient			1369		524.43 Aetna	Medicare		456.03				271.13	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTRM FACE/MM 2.6 - 5.0CM	12052	CPT	outpatient			1369		524.43 Americare	Americare		1026.75	75			271.13	1782	percent of total billed charges	
RPR-INTRM FACE/MM 2.6 - 5.0CM	12052	CPT	outpatient			1369		524.43 Amerihealth	Medicare		456.03				271.13	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTRM FACE/MM 2.6 - 5.0CM	12052	CPT	outpatient			1369		524.43 Amerihealth	HMO/PPO		889.85	65			271.13	1782	percent of total billed charges	
RPR-INTRM FACE/MM 2.6 - 5.0CM	12052	CPT	outpatient			1369		524.43 Consumer	Consumer		1300.55	95			271.13	1782	percent of total billed charges	
RPR-INTRM FACE/MM 2.6 - 5.0CM	12052	CPT	outpatient			1369		524.43 Corrections	Corrections		1095.2	80			271.13	1782	percent of total billed charges	
RPR-INTRM FACE/MM 2.6 - 5.0CM	12052	CPT	outpatient			1369		524.43 First Health	First Health		958.3	70			271.13	1782	percent of total billed charges	
RPR-INTRM FACE/MM 2.6 - 5.0CM	12052	CPT	outpatient			1369		524.43 First Trenton	First Trenton		1232.1	90			271.13	1782	percent of total billed charges	
RPR-INTRM FACE/MM 2.6 - 5.0CM	12052	CPT	outpatient			1369		524.43 Horizon	Indemnity		848.67				271.13	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTRM FACE/MM 2.6 - 5.0CM	12052	CPT	outpatient			1369		524.43 Horizon	MGD		848.67				271.13	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTRM FACE/MM 2.6 - 5.0CM	12052	CPT	outpatient			1369		524.43 Horizon	Medicare Blue		456.03				271.13	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTRM FACE/MM 2.6 - 5.0CM	12052	CPT	outpatient			1369		524.43 Horizon	NJ Health		271.13				271.13	1782	fee schedule	
RPR-INTRM FACE/MM 2.6 - 5.0CM	12052	CPT	outpatient			1369		524.43 Horizon	PPO		848.67				271.13	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTRM FACE/MM 2.6 - 5.0CM	12052	CPT	outpatient			1369		524.43 Managed Care Inc	Managed Care Inc		1232.1	90			271.13	1782	percent of total billed charges	
RPR-INTRM FACE/MM 2.6 - 5.0CM	12052	CPT	outpatient			1369		524.43 Multiplan	Multiplan		1095.2	80			271.13	1782	percent of total billed charges	
RPR-INTRM FACE/MM 2.6 - 5.0CM

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.																
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101119	true															
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
RPR-INTRM FACE/MM 2.6 - 5.0CM	12052	CPT	outpatient			1369		524.43 Wellcare	Medicare		456.03				271.13		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTRM FACE/MM 2.6 - 5.0CM	12052	CPT	outpatient			1369		524.43 Wellcare	Medicaid		431.92				271.13		1782 percent of total billed charges	
RPR-INTRM FACE/MM 2.6 - 5.0CM	12052	CPT	outpatient			1369		524.43 WellPoint	WellPoint		440.54				271.13		1782 percent of total billed charges	
RPR-INTRM FACE/MM 5.1 - 7.5CM	12053	CPT	outpatient			1360		524.43 Aetna	Medicare		456.03				288.93		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTRM FACE/MM 5.1 - 7.5CM	12053	CPT	outpatient			1360		524.43 Aetna	Commercial		726				288.93		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTRM FACE/MM 5.1 - 7.5CM	12053	CPT	outpatient			1360		524.43 Aetna	Better Health		429.08	31.55			288.93		1782 percent of total billed charges	
RPR-INTRM FACE/MM 5.1 - 7.5CM	12053	CPT	outpatient			1360		524.43 Americare	Americare		1020	75			288.93		1782 percent of total billed charges	
RPR-INTRM FACE/MM 5.1 - 7.5CM	12053	CPT	outpatient			1360		524.43 Amerihealth	HMO/PPO		884	65			288.93		1782 percent of total billed charges	
RPR-INTRM FACE/MM 5.1 - 7.5CM	12053	CPT	outpatient			1360		524.43 Amerihealth	Medicare		456.03				288.93		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTRM FACE/MM 5.1 - 7.5CM	12053	CPT	outpatient			1360		524.43 Consumer	Consumer		1292	95			288.93		1782 percent of total billed charges	
RPR-INTRM FACE/MM 5.1 - 7.5CM	12053	CPT	outpatient			1360		524.43 Corrections	Corrections		1088	80			288.93		1782 percent of total billed charges	
RPR-INTRM FACE/MM 5.1 - 7.5CM	12053	CPT	outpatient			1360		524.43 First Health	First Health		952	70			288.93		1782 percent of total billed charges	
RPR-INTRM FACE/MM 5.1 - 7.5CM	12053	CPT	outpatient			1360		524.43 First Trenton	First Trenton		1224	90			288.93		1782 percent of total billed charges	
RPR-INTRM FACE/MM 5.1 - 7.5CM	12053	CPT	outpatient			1360		524.43 Horizon	Medicare Blue		456.03				288.93		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTRM FACE/MM 5.1 - 7.5CM	12053	CPT	outpatient			1360		524.43 Horizon	MGD		848.67				288.93		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTRM FACE/MM 5.1 - 7.5CM	12053	CPT	outpatient			1360		524.43 Horizon	Indemnity		848.67				288.93		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTRM FACE/MM 5.1 - 7.5CM	12053	CPT	outpatient			1360		524.43 Horizon	PPO		848.67				288.93		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTRM FACE/MM 5.1 - 7.5CM	12053	CPT	outpatient			1360		524.43 Horizon	NJ Health		288.93				288.93		1782 fee schedule	
RPR-INTRM FACE/MM 5.1 - 7.5CM	12053	CPT	outpatient			1360		524.43 Managed Care Inc	Managed Care Inc		1224	90			288.93		1782 percent of total billed charges	
RPR-INTRM FACE/MM 5.1 - 7.5CM	12053	CPT	outpatient			1360		524.43 Multiplan	Multiplan		1088	80			288.93		1782 percent of total billed charges	
RPR-INTRM FACE/MM 5.1 - 7.5CM	12053	CPT	outpatient			1360		524.43 Qualcare	Qualcare		1020	75			288.93		1782 percent of total billed charges	
RPR-INTRM FACE/MM 5.1 - 7.5CM	12053	CPT	outpatient			1360		524.43 Three Rivers	Three Rivers		1292	95			288.93		1782 percent of total billed charges	
RPR-INTRM FACE/MM 5.1 - 7.5CM	12053	CPT	outpatient			1360		524.43 UHC	Medicaid		429.08	31.55			288.93		1782 percent of total billed charges	
RPR-INTRM FACE/MM 5.1 - 7.5CM	12053	CPT	outpatient			1360		524.43 UHC	Medicare		456.03				288.93		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTRM FACE/MM 5.1 - 7.5CM	12053	CPT	outpatient			1360		524.43 United	Commercial/PPO		1782				288.93		1782 case rate	
RPR-INTRM FACE/MM 5.1 - 7.5CM	12053	CPT	outpatient			1360		524.43 United	Oxford		1782				288.93		1782 case rate	
RPR-INTRM FACE/MM 5.1 - 7.5CM	12053	CPT	outpatient			1360		524.43 Wellcare	Medicare		456.03				288.93		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTRM FACE/MM 5.1 - 7.5CM	12053	CPT	outpatient			1360		524.43 Wellcare	Medicaid		429.08	31.55			288.93		1782 percent of total billed charges	
RPR-INTRM FACE/MM 5.1 - 7.5CM	12053	CPT	outpatient			1360		524.43 WellPoint	WellPoint		437.65	32.18			288.93		1782 percent of total billed charges	
RPR-INTRM FACE,ETC.7.6 TO 12.5 CM	12054	CPT	outpatient			1360		524.43 Aetna	Medicare		418.88	30.8			320.14		1782 percent of total billed charges	
RPR-INTRM FACE,ETC.7.6 TO 12.5 CM	12054	CPT	outpatient			1360		524.43 Aetna	Commercial		726				320.14		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTRM FACE,ETC.7.6 TO 12.5 CM	12054	CPT	outpatient			1360		524.43 Aetna	Better Health		429.08	31.55			320.14		1782 percent of total billed charges	
RPR-INTRM FACE,ETC.7.6 TO 12.5 CM	12054	CPT	outpatient			1360		524.43 Americare	Americare		1020	75			320.14		1782 percent of total billed charges	
RPR-INTRM FACE,ETC.7.6 TO 12.5 CM	12054	CPT	outpatient			1360		524.43 Amerihealth	HMO/PPO		884	65			320.14		1782 percent of total billed charges	
RPR-INTRM FACE,ETC.7.6 TO 12.5 CM	12054	CPT	outpatient			1360		524.43 Amerihealth	Medicare		456.03				320.14		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTRM FACE,ETC.7.6 TO 12.5 CM	12054	CPT	outpatient			1360		524.43 Consumer	Consumer		1292	95			320.14		1782 percent of total billed charges	
RPR-INTRM FACE,ETC.7.6 TO 12.5 CM	12054	CPT	outpatient			1360		524.43 Corrections	Corrections		1088	80			320.14		1782 percent of total billed charges	
RPR-INTRM FACE,ETC.7.6 TO 12.5 CM	12054	CPT	outpatient			1360		524.43 First Health	First Health		952	70			320.14		1782 percent of total billed charges	
RPR-INTRM FACE,ETC.7.6 TO 12.5 CM	12054	CPT	outpatient			1360		524.43 First Trenton	First Trenton		1224	90			320.14		1782 percent of total billed charges	
RPR-INTRM FACE,ETC.7.6 TO 12.5 CM	12054	CPT	outpatient			1360		524.43 Horizon	MGD		848.67				320.14		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTRM FACE,ETC.7.6 TO 12.5 CM	12054	CPT	outpatient			1360		524.43 Horizon	Indemnity		848.67				320.14		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTRM FACE,ETC.7.6 TO 12.5 CM	12054	CPT	outpatient			1360		524.43 Horizon	PPO		848.67				320.14		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTRM FACE,ETC.7.6 TO 12.5 CM	12054	CPT	outpatient			1360		524.43 Horizon	NJ Health		320.14				320.14		1782 fee schedule	
RPR-INTRM FACE,ETC.7.6 TO 12.5 CM	12054	CPT	outpatient			1360		524.43 Horizon	Medicare Blue		456.03				320.14		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTRM FACE,ETC.7.6 TO 12.5 CM	12054	CPT	outpatient			1360		524.43 Managed Care Inc	Managed Care Inc		1224	90			320.14		1782 percent of total billed charges	
RPR-INTRM FACE,ETC.7.6 TO 12.5 CM	12054	CPT	outpatient			1360		524.43 Multiplan	Multiplan		1088	80			320.14		1782 percent of total billed charges	
RPR-INTRM FACE,ETC.7.6 TO 12.5 CM	12054	CPT	outpatient			1360		524.43 Qualcare	Qualcare		1020	75			320.14		1782 percent of total billed charges	
RPR-INTRM FACE,ETC.7.6 TO 12.5 CM	12054	CPT	outpatient			1360		524.43 Three Rivers	Three Rivers		1292	95			320.14		1782 percent of total billed charges	
RPR-INTRM FACE,ETC.7.6 TO 12.5 CM	12054	CPT	outpatient			1360		524.43 UHC	Medicaid		429.08	31.55			320.14		1782 percent of total billed charges	
RPR-INTRM FACE,ETC.7.6 TO 12.5 CM	12054	CPT	outpatient			1360		524.43 UHC	Medicare		456.03				320.14		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTRM FACE,ETC.7.6 TO 12.5 CM	12054	CPT	outpatient			1360		524.43 United	Oxford		1782				320.14		1782 case rate	
RPR-INTRM FACE,ETC.7.6 TO 12.5 CM	12054	CPT	outpatient			1360		524.43 United	Commercial/PPO		1782				320.14		1782 case rate	
RPR-INTRM FACE,ETC.7.6 TO 12.5 CM	12054	CPT	outpatient			1360		524.43 Wellcare	Medicare		456.03				320.14		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTRM FACE,ETC.7.6 TO 12.5 CM	12054	CPT	outpatient			1360		524.43 Wellcare	Medicaid		429.08	31.55			320.14		1782 percent of total billed charges	
RPR-INTRM FACE,ETC.7.6 TO 12.5 CM	12054	CPT	outpatient			1360		524.43 WellPoint	WellPoint		437.65	32.18			320.14		1782 percent of total billed charges	
RPR-INTRM FACE,ETC.12.6 TO 20.0 CM	12055	CPT	outpatient			1410		524.43 Aetna	Commercial		726				408.78		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTRM FACE,ETC.12.6 TO 20.0 CM	12055	CPT	outpatient			1410		524.43 Aetna	Better Health		444.86	31.55			408.78		1782 percent of total billed charges	
RPR-INTRM FACE,ETC.12.6 TO 20.0 CM	12055	CPT	outpatient			1410		524.43 Aetna	Medicare		434.28	30.8			408.78		1782 percent of total billed charges	
RPR-INTRM FACE,ETC.12.6 TO 20.0 CM	12055	CPT	outpatient			1410		524.43 Americare	Americare		1057.5	75			408.78		1782 percent of total billed charges	
RPR-INTRM FACE,ETC.12.6 TO 20.0 CM	12055	CPT	outpatient			1410		524.43 Amerihealth	Medicare		456.03				408.78		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTRM FACE,ETC.12.6 TO 20.0 CM	12055	CPT	outpatient			1410		524.43 Amerihealth	HMO/PPO		916.5	65			408.78		1782 percent of total billed charges	
RPR-INTRM FACE,ETC.12.6 TO 20.0 CM	12055	CPT	outpatient			1410		524.43 Consumer	Consumer		1339.5	95			408.78		1782 percent of total billed charges	
RPR-INTRM FACE,ETC.12.6 TO 20.0 CM	12055	CPT	outpatient			1410		524.43 Corrections	Corrections		1128	80			408.78		1782 percent of total billed charges	
RPR-INTRM FACE,ETC.12.6 TO 20.0 CM	12055	CPT	outpatient			1410		524.43 First Health	First Health		987	70			408.78		1782 percent of total billed charges	
RPR-INTRM FACE,ETC.12.6 TO 20.0 CM	12055	CPT	outpatient			1410		524.43 First Trenton	First Trenton		1269	90			408.78		1782 percent of total billed charges	
RPR-INTRM FACE,ETC.12.6 TO 20.0 CM	12055	CPT	outpatient			1410		524.43 Horizon	MGD		848.67				408.78		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTRM FACE,ETC.12.6 TO 20.0 CM	12055	CPT	outpatient			1410		524.43 Horizon	Indemnity		848.67				408.78		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTRM FACE,ETC.12.6 TO 20.0 CM	12055	CPT	outpatient			1410		524.43 Horizon	Medicare Blue		456.03				408.78		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTRM FACE,ETC.12.6 TO 20.0 CM	12055	CPT	outpatient			1410		524.43 Horizon	NJ Health		408.78				408.78		1782 fee schedule	
RPR-INTRM FACE,ETC.12.6 TO 20.0 CM	12055	CPT	outpatient			1410		524.43 Horizon	PPO		848.67				408.78		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTRM FACE,ETC.12.6 TO 20.0 CM	12055	CPT	outpatient			1410		524.43 Managed Care Inc	Managed Care Inc		1269	90			408.78		1782 percent of total billed charges	
RPR-INTRM FACE,ETC.12.6 TO 20.0 CM	12055	CPT	outpatient			1410		524.43 Multiplan	Multiplan		1128	80			408.78		1782 percent of total billed charges	
RPR-INTRM FACE,ETC.12.6 TO 20.0 CM	12055	CPT	outpatient			1410		524.43 Qualcare	Qualcare		1057.5	75			408.78		1782 percent of total billed charges	
RPR-INTRM FACE,ETC.12.6 TO 20.0 CM	12055	CPT	outpatient			1410		524.43 Three Rivers	Three Rivers		1339.5	95			408.78		1782 percent of total billed charges	
RPR-INTRM FACE,ETC.12.6 TO 20.0 CM	12055	CPT	outpatient			1410		524.43 UHC	Medicaid		444.86	31.55			408.78		1782 percent of total billed charges	
RPR-INTRM FACE,ETC.12.6 TO 20.0 CM	12055	CPT	outpatient			1410		524.43 UHC	Medicare		456.03				408.78		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTRM FACE,ETC.12.6 TO 20.0 CM	12055	CPT	outpatient			1410		524.43 United	Commercial/PPO		1782				408.78		1782 case rate	
RPR-INTRM FACE,ETC.12.6 TO 20.0 CM	12055	CPT	outpatient			1410		524.43 United	Oxford		1782				408.78		1782 case rate	
RPR-INTRM FACE,ETC.12.6 TO 20.0 CM	12055	CPT	outpatient			1410		524.43 Wellcare	Medicaid		444.86	31.55			408.78		1782 percent of total billed charges	
RPR-INTRM FACE,ETC.12.6 TO 20.0 CM	12055	CPT	outpatient			1410		524.43 Wellcare	Medicare		456.03				408.78		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTRM FACE,ETC.12.6 TO 20.0 CM	12055	CPT	outpatient			1410		524.43 WellPoint	WellPoint		453.74	32.18			408.78		1782 percent of total billed charges	
RPR-INTERM.FACE,ETC.20.1 TO 30 CM	12056	CPT	outpatient			1410		524.43 Aetna	Commercial		726				444.86		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM.FACE,ETC.20.1 TO 30 CM	12056	CPT	outpatient			1410		524.43 Aetna	Better Health		444.86	31.55			444.86		1782 percent of total billed charges	
RPR-INTERM.FACE,ETC.20.1 TO 30 CM	12056	CPT	outpatient			1410		524.43 Aetna	Medicare		456.03				444.86		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM.FACE,ETC.20.1 TO 30 CM	12056	CPT	outpatient			1410		524.43 Americare	Americare		1057.5	75			444.86		1782 percent of total billed charges	
RPR-INTERM.FACE,ETC.20.1 TO 30 CM	12056	CPT	outpatient			1410		524.43 Amerihealth	HMO/PPO		916.5	65			444.86		1782 percent of total billed charges	
RPR-INTERM.FACE,ETC.20.1 TO 30 CM	12056	CPT	outpatient			1410		524.43 Amerihealth	Medicare		456.03				444.86		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM.FACE,ETC.20.1 TO 30 CM	12056	CPT	outpatient			1410		524.43 Consumer	Consumer		1339.5	95			444.86		1782 percent of total billed charges	
RPR-INTERM.FACE,ETC.20.1 TO 30 CM	12056	CPT	outpatient			1410		524.43 Corrections	Corrections		1128	80			444.86		1782 percent of total billed charges	
RPR-INTERM.FACE,ETC.20.1 TO 30 CM	12056	CPT	outpatient			1410		524.43 First Health	First Health		987	70			444.86		1782 percent of total billed charges	
RPR-INTERM.FACE,ETC.20.1 TO 30 CM	12056	CPT	outpatient			1410		524.43 First Trenton	First Trenton		1269	90			444.86		1782 percent of total billed charges	
RPR-INTERM.FACE,ETC.20.1 TO 30 CM	12056	CPT	outpatient			1410		524.43 Horizon	Indemnity		848.67				444.86		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM.FACE,ETC.20.1 TO 30 CM	12056	CPT	outpatient			1410		524.43 Horizon	NJ Health		553.35				444.86		1782 fee schedule	
RPR-INTERM.FACE,ETC.20.1 TO 30 CM	12056	CPT	outpatient			1410		524.43 Horizon	Medicare Blue		456.03				444.86		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM.FACE,ETC.20.1 TO 30 CM	12056	CPT	outpatient			1410		524.43 Horizon	MGD		848.67				444.86		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM.FACE,ETC.20.1 TO 30 CM	12056	CPT	outpatient			1410		524.43 Horizon	PPO		848.67				444.86		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM.FACE,ETC.20.1 TO 30 CM	12056	CPT	outpatient			1410		524.43 Managed Care Inc	Managed Care Inc		1269	90			444.86		1782 percent of total billed charges	
RPR-INTERM.FACE,ETC.20.1 TO 30 CM	12056	CPT	outpatient			1410		524.43 Multiplan	Multiplan		1128	80			444.86		1782 percent of total billed charges	
RPR-INTERM.FACE,ETC.20.1 TO 30 CM	12056	CPT	outpatient			1410		524.43 Qualcare	Qualcare		1057.5	75			444.86		1782 percent of total billed charges	
RPR-INTERM.FACE,ETC.20.1 TO 30 CM	12056	CPT	outpatient			1410		524.43 Three Rivers	Three Rivers		1339.5	95			444.86		1782 percent of total billed charges	
RPR-INTERM.FACE,ETC.20.1 TO 30 CM	12056	CPT	outpatient			1410		524.43 UHC	Medicaid		444.86	31.55			444.86		1782 percent of total billed charges	
RPR-INTERM.FACE,ETC.20.1 TO 30 CM	12056	CPT	outpatient			1410		524.43 UHC	Medicare		456.03				444.86		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM.FACE,ETC.20.1 TO 30 CM	12056	CPT	outpatient			1410		524.43 United	Oxford		1782				444.86		1782 case rate	
RPR-INTERM.FACE,ETC.20.1 TO 30 CM	12056	CPT	outpatient			1410		524.43 United	Commercial/PPO		1782				444.86		1782 case rate	
RPR-INTERM.FACE,ETC.20.1 TO 30 CM	12056	CPT	outpatient			1410		524.43 Wellcare	Medicare		456.03				444.86		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM.FACE,ETC.20.1 TO 30 CM	12056	CPT	outpatient			1410		524.43 Wellcare	Medicaid		444.86	31.55			444.86		1782 percent of total billed charges	
RPR-INTERM.FACE,ETC.20.1 TO 30 CM	12056	CPT	outpatient			1410		524.43 WellPoint	WellPoint		453.74	32.18			444.86		1782 percent of total billed charges	
RPR-INTERM.FACE,ETC.OVER 30.0CM	12057	CPT	outpatient			1410		524.43 Aetna	Commercial		726				444.86		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM.FACE,ETC.OVER 30.0CM	12057	CPT	outpatient			1410		524.43 Aetna	Better Health		444.86	31.55			444.86		1782 percent of total billed charges	
RPR-INTERM.FACE,ETC.OVER 30.0CM	12057	CPT	outpatient			1410		524.43 Aetna	Medicare		456.03				444.86		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM.FACE,ETC.OVER 30.0CM	12057	CPT	outpatient			1410		524.43 Americare	Americare		1057.5	75			444.86		1782 percent of total billed charges	
RPR-INTERM.FACE,ETC.OVER 30.0CM	12057	CPT	outpatient			1410		524.43 Amerihealth	HMO/PPO		916.5	65			444.86		1782 percent of total billed charges	
RPR-INTERM.FACE,ETC.OVER 30.0CM	12057	CPT	outpatient			1410		524.43 Amerihealth	Medicare		456.03				444.86		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM.FACE,ETC.OVER 30.0CM	12057	CPT	outpatient			1410		524.43 Consumer	Consumer		1339.5	95			444.86		1782 percent of total billed charges	
RPR-INTERM.FACE,ETC.OVER 30.0CM	12057	CPT	outpatient			1410		524.43 Corrections	Corrections		1128	80			444.86		1782 percent of total billed charges	
RPR-INTERM.FACE,ETC.OVER 30.0CM	12057	CPT	outpatient			1410		524.43 First Health	First Health		987	70			444.86		1782 percent of total billed charges	
RPR-INTERM.FACE,ETC.OVER 30.0CM	12057	CPT	outpatient			1410		524.43 First Trenton	First Trenton		1269	90			444.86		1782 percent of total billed charges	
RPR-INTERM.FACE,ETC.OVER 30.0CM	12057	CPT	outpatient			1410		524.43 Horizon	Indemnity		848.67				444.86		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM.FACE,ETC.OVER 30.0CM	12057	CPT	outpatient			1410		524.43 Horizon	MGD		848.67				444.86		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM.FACE,ETC.OVER 30.0CM	12057	CPT	outpatient			1410		524.43 Horizon	NJ Health		553.42				444.86		1782 fee schedule	
RPR-INTERM.FACE,ETC.OVER 30.0CM	12057	CPT	outpatient			1410		524.43 Horizon	Medicare Blue		456.03				444.86		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM.FACE,ETC.OVER 30.0CM	12057	CPT	outpatient			1410		524.43 Horizon	PPO		848.67				444.86		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM.FACE,ETC.OVER 30.0CM	12057	CPT	outpatient			1410		524.43 Managed Care Inc	Managed Care Inc		1269	90			444.86		1782 percent of total billed charges	
RPR-INTERM.FACE,ETC.OVER 30.0CM	12057	CPT	outpatient			1410		524.43 Multiplan	Multiplan		1128	80			444.86		1782 percent of total billed charges	
RPR-INTERM.FACE,ETC.OVER 30.0CM	12057	CPT	outpatient			1410		524.43 Qualcare	Qualcare		1057.5	75			444.86		1782 percent of total billed charges	
RPR-INTERM.FACE,ETC.OVER 30.0CM	12057	CPT	outpatient			1410		524.43 Three Rivers	Three Rivers		1339.5	95			444.86		1782 percent of total billed charges	
RPR-INTERM.FACE,ETC.OVER 30.0CM	12057	CPT	outpatient			1410		524.43 UHC	Medicare		456.03				444.86		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM.FACE,ETC.OVER 30.0CM	12057	CPT	outpatient			1410		524.43 UHC	Medicaid		444.86	31.55			444.86		1782 percent of total billed charges	
RPR-INTERM.FACE,ETC.OVER 30.0CM	12057	CPT	outpatient			1410		524.43 United	Oxford		1782				444.86		1782 case rate	
RPR-INTERM.FACE,ETC.OVER 30.0CM	12057	CPT	outpatient			1410		524.43 United	Commercial/PPO		1782				444.86		1782 case rate	
RPR-INTERM.FACE,ETC.OVER 30.0CM	12057	CPT	outpatient			1410		524.43 Wellcare	Medicaid		444.86	31.55			444.86		1782 percent of total billed charges	
RPR-INTERM.FACE,ETC.OVER 30.0CM	12057	CPT	outpatient			1410		524.43 Wellcare	Medicare		456.03				444.86		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM.FACE,ETC.OVER 30.0CM	12057	CPT	outpatient			1410		524.43 WellPoint	WellPoint		453.74	32.18			444.86		1782 percent of total billed charges	
RPR-CMPLX TRNK;1.1 TO 2.5 CM	13100	CPT	outpatient			2117		826.02 Aetna	Commercial		1143.5				186.35		2011.16 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-CMPLX TRNK;1.1 TO 2.5 CM	13100	CPT	outpatient			2117		826.02 Aetna	Better Health		667.91	31.55			186.35		2011.15 percent of total billed charges	
RPR-CMPLX TRNK;1.1 TO 2.5 CM	13100	CPT	outpatient			2117		826.02 Aetna	Medicare		718.28				186.35		2011.16 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-CMPLX TRNK;1.1 TO 2.5 CM	13100	CPT	outpatient			2117		826.02 Americare	Americare		1587.75	75			186.35		2011.15 percent of total billed charges	
RPR-CMPLX TRNK;1.1 TO 2.5 CM	13100	CPT	outpatient			2117		826.02 Amerihealth	HMO/PPO		1376.05	65			186.35		2011.15 percent of total billed charges	
RPR-CMPLX TRNK;1.1 TO 2.5 CM	13100	CPT	outpatient			2117		826.02 Amerihealth	Medicare		718.28				186.35		2011.16 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-CMPLX TRNK;1.1 TO 2.5 CM	13100	CPT	outpatient			2117		826.02 Consumer	Consumer		2011.15	95			186.35		2011.15 percent of total billed charges	
RPR-CMPLX TRNK;1.1 TO 2.5 CM	13100	CPT	outpatient			2117		826.02 Corrections	Corrections		1693.6	80			186.35		2011.15 percent of total billed charges	
RPR-CMPLX TRNK;1.1 TO 2.5 CM	13100	CPT	outpatient			2117		826.02 First Health	First Health		1481.9	70			186.35		2011.15 percent of total billed charges	
RPR-CMPLX TRNK;1.1 TO 2.5 CM	13100	CPT	outpatient			2117		826.02 First Trenton	First Trenton		1905.3	90			186.35		2011.15 percent of total billed charges	
RPR-CMPLX TRNK;1.1 TO 2.5 CM	13100	CPT	outpatient			2117		826.02 Horizon	MGD		1336.72				186.35		2011.16 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-CMPLX TRNK;1.1 TO 2.5 CM	13100	CPT	outpatient			2117		826.02 Horizon	PPO		1336.72				186.35		2011.16 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-CM

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
RPR-CMPLX TRNK;1.1 TO 2.5 CM	13100	CPT	outpatient			2117		826.02 Managed Care Inc	Managed Care Inc		1905.3	90			186.35		2011.15 percent of total billed charges	
RPR-CMPLX TRNK;1.1 TO 2.5 CM	13100	CPT	outpatient			2117		826.02 Multiplan	Multiplan		1693.6	80			186.35		2011.15 percent of total billed charges	
RPR-CMPLX TRNK;1.1 TO 2.5 CM	13100	CPT	outpatient			2117		826.02 Qualcare	Qualcare		1587.75	75			186.35		2011.15 percent of total billed charges	
RPR-CMPLX TRNK;1.1 TO 2.5 CM	13100	CPT	outpatient			2117		826.02 Three Rivers	Three Rivers		2011.15	95			186.35		2011.15 percent of total billed charges	
RPR-CMPLX TRNK;1.1 TO 2.5 CM	13100	CPT	outpatient			2117		826.02 UHC	Medicaid		667.91	31.55			186.35		2011.15 percent of total billed charges	
RPR-CMPLX TRNK;1.1 TO 2.5 CM	13100	CPT	outpatient			2117		826.02 UHC	Medicare		718.28				186.35		2011.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-CMPLX TRNK;1.1 TO 2.5 CM	13100	CPT	outpatient			2117		826.02 United	CommercialPPO		1782				186.35		2011.15 case rate	
RPR-CMPLX TRNK;1.1 TO 2.5 CM	13100	CPT	outpatient			2117		826.02 United	Oxford		1782				186.35		2011.15 case rate	
RPR-CMPLX TRNK;1.1 TO 2.5 CM	13100	CPT	outpatient			2117		826.02 Wellcare	Medicare		718.28				186.35		2011.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-CMPLX TRNK;1.1 TO 2.5 CM	13100	CPT	outpatient			2117		826.02 Wellcare	Medicaid		667.91	31.55			186.35		2011.15 percent of total billed charges	
RPR-CMPLX TRNK;1.1 TO 2.5 CM	13100	CPT	outpatient			2117		826.02 WellPoint	WellPoint		681.25	32.18			186.35		2011.15 percent of total billed charges	
RPR-CMPLX TRNK;2.6 TO 7.5CM	13101	CPT	outpatient			1360		826.02 Aetna	Better Health		429.08	31.55			357.2		1782 percent of total billed charges	
RPR-CMPLX TRNK;2.6 TO 7.5CM	13101	CPT	outpatient			1360		826.02 Aetna	Commercial		1143.5				357.2		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-CMPLX TRNK;2.6 TO 7.5CM	13101	CPT	outpatient			1360		826.02 Aetna	Medicare		718.28				357.2		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-CMPLX TRNK;2.6 TO 7.5CM	13101	CPT	outpatient			1360		826.02 Americare	Americare		1020	75			357.2		1782 percent of total billed charges	
RPR-CMPLX TRNK;2.6 TO 7.5CM	13101	CPT	outpatient			1360		826.02 Amerihealth	HMO/PPO		884	65			357.2		1782 percent of total billed charges	
RPR-CMPLX TRNK;2.6 TO 7.5CM	13101	CPT	outpatient			1360		826.02 Amerihealth	Medicare		718.28				357.2		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-CMPLX TRNK;2.6 TO 7.5CM	13101	CPT	outpatient			1360		826.02 Consumer	Consumer		1292	95			357.2		1782 percent of total billed charges	
RPR-CMPLX TRNK;2.6 TO 7.5CM	13101	CPT	outpatient			1360		826.02 Corrections	Corrections		1088	80			357.2		1782 percent of total billed charges	
RPR-CMPLX TRNK;2.6 TO 7.5CM	13101	CPT	outpatient			1360		826.02 First Health	First Health		952	70			357.2		1782 percent of total billed charges	
RPR-CMPLX TRNK;2.6 TO 7.5CM	13101	CPT	outpatient			1360		826.02 First Trenton	First Trenton		1224	90			357.2		1782 percent of total billed charges	
RPR-CMPLX TRNK;2.6 TO 7.5CM	13101	CPT	outpatient			1360		826.02 Horizon	Medicare Blue		718.28				357.2		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-CMPLX TRNK;2.6 TO 7.5CM	13101	CPT	outpatient			1360		826.02 Horizon	PPO		1336.72				357.2		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-CMPLX TRNK;2.6 TO 7.5CM	13101	CPT	outpatient			1360		826.02 Horizon	Indemnity		1336.72				357.2		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-CMPLX TRNK;2.6 TO 7.5CM	13101	CPT	outpatient			1360		826.02 Horizon	MGD		1336.72				357.2		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-CMPLX TRNK;2.6 TO 7.5CM	13101	CPT	outpatient			1360		826.02 Horizon	NJ Health		357.2				357.2		1782 fee schedule	
RPR-CMPLX TRNK;2.6 TO 7.5CM	13101	CPT	outpatient			1360		826.02 Managed Care Inc	Managed Care Inc		1224	90			357.2		1782 percent of total billed charges	
RPR-CMPLX TRNK;2.6 TO 7.5CM	13101	CPT	outpatient			1360		826.02 Multiplan	Multiplan		1088	80			357.2		1782 percent of total billed charges	
RPR-CMPLX TRNK;2.6 TO 7.5CM	13101	CPT	outpatient			1360		826.02 Qualcare	Qualcare		1020	75			357.2		1782 percent of total billed charges	
RPR-CMPLX TRNK;2.6 TO 7.5CM	13101	CPT	outpatient			1360		826.02 Three Rivers	Three Rivers		1292	95			357.2		1782 percent of total billed charges	
RPR-CMPLX TRNK;2.6 TO 7.5CM	13101	CPT	outpatient			1360		826.02 UHC	Medicaid		429.08	31.55			357.2		1782 percent of total billed charges	
RPR-CMPLX TRNK;2.6 TO 7.5CM	13101	CPT	outpatient			1360		826.02 UHC	Medicare		718.28				357.2		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-CMPLX TRNK;2.6 TO 7.5CM	13101	CPT	outpatient			1360		826.02 United	CommercialPPO		1782				357.2		1782 case rate	
RPR-CMPLX TRNK;2.6 TO 7.5CM	13101	CPT	outpatient			1360		826.02 United	Oxford		1782				357.2		1782 case rate	
RPR-CMPLX TRNK;2.6 TO 7.5CM	13101	CPT	outpatient			1360		826.02 Wellcare	Medicare		718.28				357.2		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-CMPLX TRNK;2.6 TO 7.5CM	13101	CPT	outpatient			1360		826.02 Wellcare	Medicaid		429.08	31.55			357.2		1782 percent of total billed charges	
RPR-CMPLX TRNK;2.6 TO 7.5CM	13101	CPT	outpatient			1360		826.02 WellPoint	WellPoint		437.65	32.18			357.2		1782 percent of total billed charges	
RPR-CMPLX TRNK EA ADDL 5CM	13102	CPT	outpatient					Horizon	NJ Health		88.74				88.74		1782 fee schedule	
RPR-CMPLX TRNK EA ADDL 5CM	13102	CPT	outpatient					United	CommercialPPO		1782				88.74		1782 case rate	
RPR-CMPLX TRNK EA ADDL 5CM	13102	CPT	outpatient					United	Oxford		1782				88.74		1782 case rate	
RPR-CMPLX S/AL 1.1 TO 2.5 CM	13120	CPT	outpatient			2117		826.02 Aetna	Better Health		667.91	31.55			263.09		2011.15 percent of total billed charges	
RPR-CMPLX S/AL 1.1 TO 2.5 CM	13120	CPT	outpatient			2117		826.02 Aetna	Commercial		1143.5				263.09		2011.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-CMPLX S/AL 1.1 TO 2.5 CM	13120	CPT	outpatient			2117		826.02 Aetna	Medicare		718.28				263.09		2011.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-CMPLX S/AL 1.1 TO 2.5 CM	13120	CPT	outpatient			2117		826.02 Americare	Americare		1587.75	75			263.09		2011.15 percent of total billed charges	
RPR-CMPLX S/AL 1.1 TO 2.5 CM	13120	CPT	outpatient			2117		826.02 Amerihealth	HMO/PPO		1376.05	65			263.09		2011.15 percent of total billed charges	
RPR-CMPLX S/AL 1.1 TO 2.5 CM	13120	CPT	outpatient			2117		826.02 Amerihealth	Medicare		718.28				263.09		2011.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-CMPLX S/AL 1.1 TO 2.5 CM	13120	CPT	outpatient			2117		826.02 Consumer	Consumer		2011.15	95			263.09		2011.15 percent of total billed charges	
RPR-CMPLX S/AL 1.1 TO 2.5 CM	13120	CPT	outpatient			2117		826.02 Corrections	Corrections		1693.6	80			263.09		2011.15 percent of total billed charges	
RPR-CMPLX S/AL 1.1 TO 2.5 CM	13120	CPT	outpatient			2117		826.02 First Health	First Health		1481.9	70			263.09		2011.15 percent of total billed charges	
RPR-CMPLX S/AL 1.1 TO 2.5 CM	13120	CPT	outpatient			2117		826.02 First Trenton	First Trenton		1905.3	90			263.09		2011.15 percent of total billed charges	
RPR-CMPLX S/AL 1.1 TO 2.5 CM	13120	CPT	outpatient			2117		826.02 Horizon	Indemnity		1336.72				263.09		2011.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-CMPLX S/AL 1.1 TO 2.5 CM	13120	CPT	outpatient			2117		826.02 Horizon	Medicare Blue		718.28				263.09		2011.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-CMPLX S/AL 1.1 TO 2.5 CM	13120	CPT	outpatient			2117		826.02 Horizon	MGD		1336.72				263.09		2011.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-CMPLX S/AL 1.1 TO 2.5 CM	13120	CPT	outpatient			2117		826.02 Horizon	NJ Health		263.09				263.09		2011.15 fee schedule	
RPR-CMPLX S/AL 1.1 TO 2.5 CM	13120	CPT	outpatient			2117		826.02 Horizon	PPO		1336.72				263.09		2011.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-CMPLX S/AL 1.1 TO 2.5 CM	13120	CPT	outpatient			2117		826.02 Managed Care Inc	Managed Care Inc		1905.3	90			263.09		2011.15 percent of total billed charges	
RPR-CMPLX S/AL 1.1 TO 2.5 CM	13120	CPT	outpatient			2117		826.02 Multiplan	Multiplan		1693.6	80			263.09		2011.15 percent of total billed charges	
RPR-CMPLX S/AL 1.1 TO 2.5 CM	13120	CPT	outpatient			2117		826.02 Qualcare	Qualcare		1587.75	75			263.09		2011.15 percent of total billed charges	
RPR-CMPLX S/AL 1.1 TO 2.5 CM	13120	CPT	outpatient			2117		826.02 Three Rivers	Three Rivers		2011.15	95			263.09		2011.15 percent of total billed charges	
RPR-CMPLX S/AL 1.1 TO 2.5 CM	13120	CPT	outpatient			2117		826.02 UHC	Medicaid		667.91	31.55			263.09		2011.15 percent of total billed charges	
RPR-CMPLX S/AL 1.1 TO 2.5 CM	13120	CPT	outpatient			2117		826.02 UHC	Medicare		718.28				263.09		2011.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-CMPLX S/AL 1.1 TO 2.5 CM	13120	CPT	outpatient			2117		826.02 United	Oxford		1782				263.09		2011.15 case rate	
RPR-CMPLX S/AL 1.1 TO 2.5 CM	13120	CPT	outpatient			2117		826.02 United	CommercialPPO		1782				263.09		2011.15 case rate	
RPR-CMPLX S/AL 1.1 TO 2.5 CM	13120	CPT	outpatient			2117		826.02 Wellcare	Medicare		718.28				263.09		2011.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-CMPLX S/AL 1.1 TO 2.5 CM	13120	CPT	outpatient			2117		826.02 Wellcare	Medicaid		667.91	31.55			263.09		2011.15 percent of total billed charges	
RPR-CMPLX S/AL 1.1 TO 2.5 CM	13120	CPT	outpatient			2117		826.02 WellPoint	WellPoint		681.25	32.18			263.09		2011.15 percent of total billed charges	
RPR-CMPLX S/AL 2.6 TO 7.5 CM	13121	CPT	outpatient			2117		826.02 Aetna	Better Health		667.91	31.55			414.05		2011.15 percent of total billed charges	
RPR-CMPLX S/AL 2.6 TO 7.5 CM	13121	CPT	outpatient			2117		826.02 Aetna	Medicare		692.04	30.8			414.05		2011.15 percent of total billed charges	
RPR-CMPLX S/AL 2.6 TO 7.5 CM	13121	CPT	outpatient			2117		826.02 Aetna	Commercial		1143.5				414.05		2011.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-CMPLX S/AL 2.6 TO 7.5 CM	13121	CPT	outpatient			2117		826.02 Americare	Americare		1587.75	75			414.05		2011.15 percent of total billed charges	
RPR-CMPLX S/AL 2.6 TO 7.5 CM	13121	CPT	outpatient			2117		826.02 Amerihealth	HMO/PPO		1376.05	65			414.05		2011.15 percent of total billed charges	
RPR-CMPLX S/AL 2.6 TO 7.5 CM	13121	CPT	outpatient			2117		826.02 Amerihealth	Medicare		718.28				414.05		2011.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-CMPLX S/AL 2.6 TO 7.5 CM	13121	CPT	outpatient			2117		826.02 Consumer	Consumer		2011.15	95			414.05		2011.15 percent of total billed charges	
RPR-CMPLX S/AL 2.6 TO 7.5 CM	13121	CPT	outpatient			2117		826.02 Corrections	Corrections		1693.6	80			414.05		2011.15 percent of total billed charges	
RPR-CMPLX S/AL 2.6 TO 7.5 CM	13121	CPT	outpatient			2117		826.02 First Health	First Health		1481.9	70			414.05		2011.15 percent of total billed charges	
RPR-CMPLX S/AL 2.6 TO 7.5 CM	13121	CPT	outpatient			2117		826.02 First Trenton	First Trenton		1905.3	90			414.05		2011.15 percent of total billed charges	
RPR-CMPLX S/AL 2.6 TO 7.5 CM	13121	CPT	outpatient			2117		826.02 Horizon	MGD		1336.72				414.05		2011.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-CMPLX S/AL 2.6 TO 7.5 CM	13121	CPT	outpatient			2117		826.02 Horizon	Indemnity		1336.72				414.05		2011.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-CMPLX S/AL 2.6 TO 7.5 CM	13121	CPT	outpatient			2117		826.02 Horizon	PPO		1336.72				414.05		2011.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-CMPLX S/AL 2.6 TO 7.5 CM	13121	CPT	outpatient			2117		826.02 Horizon	Medicare Blue		718.28				414.05		2011.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-CMPLX S/AL 2.6 TO 7.5 CM	13121	CPT	outpatient			2117		826.02 Horizon	NJ Health		414.05				414.05		2011.15 fee schedule	
RPR-CMPLX S/AL 2.6 TO 7.5 CM	13121	CPT	outpatient			2117		826.02 Managed Care Inc	Managed Care Inc		1905.3	90			414.05		2011.15 percent of total billed charges	
RPR-CMPLX S/AL 2.6 TO 7.5 CM	13121	CPT	outpatient			2117		826.02 Multiplan	Multiplan		1693.6	80			414.05		2011.15 percent of total billed charges	
RPR-CMPLX S/AL 2.6 TO 7.5 CM	13121	CPT	outpatient			2117		826.02 Qualcare	Qualcare		1587.75	75			414.05		2011.15 percent of total billed charges	
RPR-CMPLX S/AL 2.6 TO 7.5 CM	13121	CPT	outpatient			2117		826.02 Three Rivers	Three Rivers		2011.15	95			414.05		2011.15 percent of total billed charges	
RPR-CMPLX S/AL 2.6 TO 7.5 CM	13121	CPT	outpatient			2117		826.02 UHC	Medicare		718.28				414.05		2011.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-CMPLX S/AL 2.6 TO 7.5 CM	13121	CPT	outpatient			2117		826.02 UHC	Medicaid		667.91	31.55			414.05		2011.15 percent of total billed charges	
RPR-CMPLX S/AL 2.6 TO 7.5 CM	13121	CPT	outpatient			2117		826.02 United	CommercialPPO		1782				414.05		2011.15 case rate	
RPR-CMPLX S/AL 2.6 TO 7.5 CM	13121	CPT	outpatient			2117		826.02 United	Oxford		1782				414.05		2011.15 case rate	
RPR-CMPLX S/AL 2.6 TO 7.5 CM	13121	CPT	outpatient			2117		826.02 Wellcare	Medicare		718.28				414.05		2011.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-CMPLX S/AL 2.6 TO 7.5 CM	13121	CPT	outpatient			2117		826.02 Wellcare	Medicaid		667.91	31.55			414.05		2011.15 percent of total billed charges	
RPR-CMPLX S/AL 2.6 TO 7.5 CM	13121	CPT	outpatient			2117		826.02 WellPoint	WellPoint		681.25	32.18			414.05		2011.15 percent of total billed charges	
RPR-COMPLX S/AL EA ADDL <=5 CM	13122	CPT	outpatient			2117		Aetna	Commercial		804.46	38			104.4		2011.15 percent of total billed charges	
RPR-COMPLX S/AL EA ADDL <=5 CM	13122	CPT	outpatient			2117		Aetna	Better Health		667.91	31.55			104.4		2011.15 percent of total billed charges	
RPR-COMPLX S/AL EA ADDL <=5 CM	13122	CPT	outpatient			2117		Aetna	Medicare		692.04	30.8			104.4		2011.15 percent of total billed charges	
RPR-COMPLX S/AL EA ADDL <=5 CM	13122	CPT	outpatient			2117		Americare	Americare		1587.75	75			104.4		2011.15 percent of total billed charges	
RPR-COMPLX S/AL EA ADDL <=5 CM	13122	CPT	outpatient			2117		Amerihealth	HMO/PPO		1376.05	65			104.4		2011.15 percent of total billed charges	
RPR-COMPLX S/AL EA ADDL <=5 CM	13122	CPT	outpatient			2117		Consumer	Consumer		2011.15	95			104.4		2011.15 percent of total billed charges	
RPR-COMPLX S/AL EA ADDL <=5 CM	13122	CPT	outpatient			2117		Corrections	Corrections		1693.6	80			104.4		2011.15 percent of total billed charges	
RPR-COMPLX S/AL EA ADDL <=5 CM	13122	CPT	outpatient			2117		First Health	First Health		1481.9	70			104.4		2011.15 percent of total billed charges	
RPR-COMPLX S/AL EA ADDL <=5 CM	13122	CPT	outpatient			2117		First Trenton	First Trenton		1905.3	90			104.4		2011.15 percent of total billed charges	
RPR-COMPLX S/AL EA ADDL <=5 CM	13122	CPT	outpatient			2117		Horizon	MGD		810.39	38.28			104.4		2011.15 percent of total billed charges	
RPR-COMPLX S/AL EA ADDL <=5 CM	13122	CPT	outpatient			2117		Horizon	Medicare Blue		635.1	30			104.4		2011.15 percent of total billed charges	
RPR-COMPLX S/AL EA ADDL <=5 CM	13122	CPT	outpatient			2117		Horizon	PPO		810.39	38.28			104.4		2011.15 percent of total billed charges	
RPR-COMPLX S/AL EA ADDL <=5 CM	13122	CPT	outpatient			2117		Horizon	Indemnity		810.39	38.28			104.4		2011.15 percent of total billed charges	
RPR-COMPLX S/AL EA ADDL <=5 CM	13122	CPT	outpatient			2117		Horizon	NJ Health		104.4				104.4		2011.15 fee schedule	
RPR-COMPLX S/AL EA ADDL <=5 CM	13122	CPT	outpatient			2117		Managed Care Inc	Managed Care Inc		1905.3	90			104.4		2011.15 percent of total billed charges	
RPR-COMPLX S/AL EA ADDL <=5 CM	13122	CPT	outpatient			2117		Multiplan	Multiplan		1693.6	80			104.4		2011.15 percent of total billed charges	
RPR-COMPLX S/AL EA ADDL <=5 CM	13122	CPT	outpatient			2117		Qualcare	Qualcare		1587.75	75			104.4		2011.15 percent of total billed charges	
RPR-COMPLX S/AL EA ADDL <=5 CM	13122	CPT	outpatient			2117		Three Rivers	Three Rivers		2011.15	95			104.4		2011.15 percent of total billed charges	
RPR-COMPLX S/AL EA ADDL <=5 CM	13122	CPT	outpatient			2117		UHC	Medicaid		667.91	31.55			104.4		2011.15 percent of total billed charges	
RPR-COMPLX S/AL EA ADDL <=5 CM	13122	CPT	outpatient			2117		United	CommercialPPO		1782				104.4		2011.15 case rate	
RPR-COMPLX S/AL EA ADDL <=5 CM	13122	CPT	outpatient			2117		United	Oxford		1782				104.4		2011.15 case rate	
RPR-COMPLX S/AL EA ADDL <=5 CM	13122	CPT	outpatient			2117		Wellcare	Medicaid		667.91	31.55			104.4		2011.15 percent of total billed charges	
RPR-COMPLX S/AL EA ADDL <=5 CM	13122	CPT	outpatient			2117		WellPoint	WellPoint		681.25	32.18			104.4		2011.15 percent of total billed charges	
RPR-CMPLX F/GH/H/F 1.1 TO 2.5CM	13131	CPT	outpatient			2117		524.43 Aetna	Better Health		667.91	31.55			345.62		2011.15 percent of total billed charges	
RPR-CMPLX F/GH/H/F 1.1 TO 2.5CM	13131	CPT	outpatient			2117		524.43 Aetna	Commercial		726				345.62		2011.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-CMPLX F/GH/H/F 1.1 TO 2.5CM	13131	CPT	outpatient			2117		524.43 Aetna	Medicare		456.03				345.62		2011.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-CMPLX F/GH/H/F 1.1 TO 2.5CM	13131	CPT	outpatient			2117		524.43 Americare	Americare		1587.75	75			345.62		2011.15 percent of total billed charges	
RPR-CMPLX F/GH/H/F 1.1 TO 2.5CM	13131	CPT	outpatient			2117		524.43 Amerihealth	HMO/PPO		1376.05	65			345.62		2011.15 percent of total billed charges	
RPR-CMPLX F/GH/H/F 1.1 TO 2.5CM	13131	CPT	outpatient			2117		524.43 Amerihealth	Medicare		456.03				345.62		2011.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-CMPLX F/GH/H/F 1.1 TO 2.5CM	13131	CPT	outpatient			2117		524.43 Consumer	Consumer		2011.15	95			345.62		2011.15 percent of total billed charges	
RPR-CMPLX F/GH/H/F 1.1 TO 2.5CM	13131	CPT	outpatient			2117		524.43 Corrections	Corrections		1693.6	80			345.62		2011.15 percent of total billed charges	
RPR-CMPLX F/GH/H/F 1.1 TO 2.5CM	13131	CPT	outpatient			2117		524.43 First Health	First Health		1481.9	70			345.62		2011.15 percent of total billed charges	
RPR-CMPLX F/GH/H/F 1.1 TO 2.5CM	13131	CPT	outpatient			2117		524.43 First Trenton	First Trenton		1905.3	90			345.62		2011.15 percent of total billed charges	
RPR-CMPLX F/GH/H/F 1.1 TO 2.5CM	13131	CPT	outpatient			2117		524.43 Horizon	MGD		848.67				345.62		2011.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-CMPLX F/GH/H/F 1.1 TO 2.5CM	13131	CPT	outpatient			2117		524.43 Horizon	Indemnity		848.67				345.62		2011.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-CMPLX F/GH/H/F 1.1 TO 2.5CM	13131	CPT	outpatient			2117		524.43 Horizon	Medicare Blue		456.03				345.62		2011.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-CMPLX F/GH/H/F 1.1 TO 2.5CM	13131	CPT	outpatient			2117		524.43 Horizon	NJ Health		345.62				345.62		2011.15 fee schedule	
RPR-CMPLX F/GH/H/F 1.1 TO 2.5CM	13131	CPT	outpatient			2117		524.43 Horizon	PPO		848.67				345.62		2011.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-CMPLX F/GH/H/F 1.1 TO 2.5CM	13131	CPT	outpatient			2117		524.43 Managed Care Inc	Managed Care Inc		1905.3	90			345.62		2011.15 percent of total billed charges	
RPR-CMPLX F/GH/H/F 1.1 TO 2.5CM	13131	CPT	outpatient			2117		524.43 Multiplan	Multiplan		1693.6	80			345.62		2011.15 percent of total billed charges	
RPR-CMPLX F/GH/H/F 1.1 TO 2.5CM	13131	CPT	outpatient			2117		524.43 Qualcare	Qualcare		1587.75	75			345.62		2011.15 percent of total billed charges	
RPR-CMPLX F/GH/H/F 1.1 TO 2.5CM	13131	CPT	outpatient			2117		524.43 Three Rivers	Three Rivers		2011.15	95			345.62		2011.15 percent of total billed charges	
RPR-CMPLX F/GH/H/F 1.1 TO 2.5CM	13131	CPT	outpatient			2117		524.43 UHC	Medicare		456.03				345.62		2011.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-CMPLX F/GH/H/F 1.1 TO 2.5CM	13131	CPT	outpatient			2117		524.43 UHC	Medicaid		667.91	31.55			345.62		2011.15 percent of total billed charges	
RPR-CMPLX F/GH/H/F 1.1 TO 2.5CM	13131	CPT	outpatient			2117		524.43 United	CommercialPPO		1782				345.62		2011.15 case rate	
RPR-CMPLX F/GH/H/F 1.1 TO 2.5CM	13131	CPT	outpatient			2117		524.43 United	Oxford		1782				345.62		2011.15 case rate	
RPR-CMPLX F/GH/H/F 1.1 TO 2.5CM	13131	CPT	outpatient			2117		524.43 Wellcare	Medicare		456.03				345.62		2011.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-CMPLX F/GH/H/F 1.1 TO 2.5CM	13131	CPT	outpatient			2117		524.43 Wellcare	Medicaid		667.91	31.55			345.62		2011.15 percent of total billed charges	
RPR-CMPLX F/GH/H/F 1.1 TO 2.5CM	13131	CPT	outpatient			2117		524.43 WellPoint	WellPoint		681.25	32.18			345.62		2011.15 percent of total billed charges	
RPR-CMPLX F/GH/H/F 2.6 TO 7.5CM	13132	CPT	outpatient			2117		826.02 Aetna	Better Health		667.91	31.55			533.12		2011.15 percent of total billed charges	
RPR-CMPLX F/GH/H/F 2.6 TO 7.5CM	13132	CPT	outpatient			2117		826.02 Aetna	Commercial		1143.5				533.12		2011.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-CMPLX F/GH/H/F 2.6 TO 7.5CM	13132	CPT	outpatient			2117		826.02 Aetna	Medicare		718.28				533.12		2011.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-CMPLX F/GH/H/F 2.6 TO 7.5CM	13132	CPT	outpatient			2117		826.02 Americare	Americare		1587.75	75			533.12		2011.15 percent of total billed charges	
RPR-CMPLX F/GH/H/F 2.6 TO 7.5CM	13132	CPT	outpatient			2117		826.02 Amerihealth	HMO/PPO		1376.05	65			533.12		2011.15 percent of total billed charges	
RPR-CMPLX F/GH/H/F 2.6 TO 7.5CM

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
RPR-CMPLX F/GH/H/F 2.6 TO 7.5CM	13132	CPT	outpatient			2117	826.02	Corrections	Corrections		1693.6	80			533.12		2011.15 percent of total billed charges	
RPR-CMPLX F/GH/H/F 2.6 TO 7.5CM	13132	CPT	outpatient			2117	826.02	First Health	First Health		1481.9	70			533.12		2011.15 percent of total billed charges	
RPR-CMPLX F/GH/H/F 2.6 TO 7.5CM	13132	CPT	outpatient			2117	826.02	First Trenton	First Trenton		1905.3	90			533.12		2011.15 percent of total billed charges	
RPR-CMPLX F/GH/H/F 2.6 TO 7.5CM	13132	CPT	outpatient			2117	826.02	Horizon	MGD		1336.72				533.12		2011.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-CMPLX F/GH/H/F 2.6 TO 7.5CM	13132	CPT	outpatient			2117	826.02	Horizon	Medicare Blue		718.28				533.12		2011.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-CMPLX F/GH/H/F 2.6 TO 7.5CM	13132	CPT	outpatient			2117	826.02	Horizon	PPO		1336.72				533.12		2011.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-CMPLX F/GH/H/F 2.6 TO 7.5CM	13132	CPT	outpatient			2117	826.02	Horizon	NJ Health		533.12				533.12		2011.15 fee schedule	
RPR-CMPLX F/GH/H/F 2.6 TO 7.5CM	13132	CPT	outpatient			2117	826.02	Horizon	Indemnity		1336.72				533.12		2011.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-CMPLX F/GH/H/F 2.6 TO 7.5CM	13132	CPT	outpatient			2117	826.02	Managed Care Inc	Managed Care Inc		1905.3	90			533.12		2011.15 percent of total billed charges	
RPR-CMPLX F/GH/H/F 2.6 TO 7.5CM	13132	CPT	outpatient			2117	826.02	Multiplan	Multiplan		1693.6	80			533.12		2011.15 percent of total billed charges	
RPR-CMPLX F/GH/H/F 2.6 TO 7.5CM	13132	CPT	outpatient			2117	826.02	Qualcare	Qualcare		1587.75	75			533.12		2011.15 percent of total billed charges	
RPR-CMPLX F/GH/H/F 2.6 TO 7.5CM	13132	CPT	outpatient			2117	826.02	Three Rivers	Three Rivers		2011.15	95			533.12		2011.15 percent of total billed charges	
RPR-CMPLX F/GH/H/F 2.6 TO 7.5CM	13132	CPT	outpatient			2117	826.02	UHC	Medicaid		667.91	31.55			533.12		2011.15 percent of total billed charges	
RPR-CMPLX F/GH/H/F 2.6 TO 7.5CM	13132	CPT	outpatient			2117	826.02	UHC	Medicare		718.28				533.12		2011.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-CMPLX F/GH/H/F 2.6 TO 7.5CM	13132	CPT	outpatient			2117	826.02	United	Commercial|PPO		1782				533.12		2011.15 case rate	
RPR-CMPLX F/GH/H/F 2.6 TO 7.5CM	13132	CPT	outpatient			2117	826.02	United	Oxford		1782				533.12		2011.15 case rate	
RPR-CMPLX F/GH/H/F 2.6 TO 7.5CM	13132	CPT	outpatient			2117	826.02	Wellcare	Medicare		718.28				533.12		2011.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-CMPLX F/GH/H/F 2.6 TO 7.5CM	13132	CPT	outpatient			2117	826.02	Wellcare	Medicaid		667.91	31.55			533.12		2011.15 percent of total billed charges	
RPR-CMPLX F/GH/H/F 2.6 TO 7.5CM	13132	CPT	outpatient			2117	826.02	WellPoint	WellPoint		681.25	32.18			533.12		2011.15 percent of total billed charges	
RPR-CMPLX/F/GH/H/F EA ADDL <=5 CM	13133	CPT	outpatient					Horizon	NJ Health		130.5				130.5		1782 fee schedule	
RPR-CMPLX/F/GH/H/F EA ADDL <=5 CM	13133	CPT	outpatient					United	Commercial|PPO		1782				130.5		1782 case rate	
RPR-CMPLX/F/GH/H/F EA ADDL <=5 CM	13133	CPT	outpatient					United	Oxford		1782				130.5		1782 case rate	
RPR-CMPLX EYELIDS,ECTC,1.1 TO 2.5 CM	13151	CPT	outpatient			2117	826.02	Aetna	Commercial		1143.5				417.86		2011.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-CMPLX EYELIDS,ETC.1.1 TO 2.5 CM	13151	CPT	outpatient			2117	826.02	Aetna	Medicare		692.04	30.8			417.86		2011.15 percent of total billed charges	
RPR-CMPLX EYELIDS,ETC.1.1 TO 2.5 CM	13151	CPT	outpatient			2117	826.02	Aetna	Better Health		667.91	31.55			417.86		2011.15 percent of total billed charges	
RPR-CMPLX EYELIDS,ETC.1.1 TO 2.5 CM	13151	CPT	outpatient			2117	826.02	Americare	Americare		1587.75	75			417.86		2011.15 percent of total billed charges	
RPR-CMPLX EYELIDS,ETC.1.1 TO 2.5 CM	13151	CPT	outpatient			2117	826.02	Amerihealth	HMO/PPO		1376.05	65			417.86		2011.15 percent of total billed charges	
RPR-CMPLX EYELIDS,ETC.1.1 TO 2.5 CM	13151	CPT	outpatient			2117	826.02	Amerihealth	Medicare		718.28				417.86		2011.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-CMPLX EYELIDS,ETC.1.1 TO 2.5 CM	13151	CPT	outpatient			2117	826.02	Consumer	Consumer		2011.15	95			417.86		2011.15 percent of total billed charges	
RPR-CMPLX EYELIDS,ETC.1.1 TO 2.5 CM	13151	CPT	outpatient			2117	826.02	Corrections	Corrections		1693.6	80			417.86		2011.15 percent of total billed charges	
RPR-CMPLX EYELIDS,ETC.1.1 TO 2.5 CM	13151	CPT	outpatient			2117	826.02	First Health	First Health		1481.9	70			417.86		2011.15 percent of total billed charges	
RPR-CMPLX EYELIDS,ETC.1.1 TO 2.5 CM	13151	CPT	outpatient			2117	826.02	First Trenton	First Trenton		1905.3	90			417.86		2011.15 percent of total billed charges	
RPR-CMPLX EYELIDS,ETC.1.1 TO 2.5 CM	13151	CPT	outpatient			2117	826.02	Horizon	Indemnity		1336.72				417.86		2011.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-CMPLX EYELIDS,ETC.1.1 TO 2.5 CM	13151	CPT	outpatient			2117	826.02	Horizon	PPO		1336.72				417.86		2011.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-CMPLX EYELIDS,ETC.1.1 TO 2.5 CM	13151	CPT	outpatient			2117	826.02	Horizon	NJ Health		417.86				417.86		2011.15 fee schedule	
RPR-CMPLX EYELIDS,ETC.1.1 TO 2.5 CM	13151	CPT	outpatient			2117	826.02	Horizon	Medicare Blue		718.28				417.86		2011.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-CMPLX EYELIDS,ETC.1.1 TO 2.5 CM	13151	CPT	outpatient			2117	826.02	Horizon	MGD		1336.72				417.86		2011.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-CMPLX EYELIDS,ETC.1.1 TO 2.5 CM	13151	CPT	outpatient			2117	826.02	Managed Care Inc	Managed Care Inc		1905.3	90			417.86		2011.15 percent of total billed charges	
RPR-CMPLX EYELIDS,ETC.1.1 TO 2.5 CM	13151	CPT	outpatient			2117	826.02	Multiplan	Multiplan		1693.6	80			417.86		2011.15 percent of total billed charges	
RPR-CMPLX EYELIDS,ETC.1.1 TO 2.5 CM	13151	CPT	outpatient			2117	826.02	Qualcare	Qualcare		1587.75	75			417.86		2011.15 percent of total billed charges	
RPR-CMPLX EYELIDS,ETC.1.1 TO 2.5 CM	13151	CPT	outpatient			2117	826.02	Three Rivers	Three Rivers		2011.15	95			417.86		2011.15 percent of total billed charges	
RPR-CMPLX EYELIDS,ETC.1.1 TO 2.5 CM	13151	CPT	outpatient			2117	826.02	UHC	Medicaid		667.91	31.55			417.86		2011.15 percent of total billed charges	
RPR-CMPLX EYELIDS,ETC.1.1 TO 2.5 CM	13151	CPT	outpatient			2117	826.02	UHC	Medicare		718.28				417.86		2011.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-CMPLX EYELIDS,ETC.1.1 TO 2.5 CM	13151	CPT	outpatient			2117	826.02	United	Commercial|PPO		1782				417.86		2011.15 case rate	
RPR-CMPLX EYELIDS,ETC.1.1 TO 2.5 CM	13151	CPT	outpatient			2117	826.02	United	Oxford		1782				417.86		2011.15 case rate	
RPR-CMPLX EYELIDS,ETC.1.1 TO 2.5 CM	13151	CPT	outpatient			2117	826.02	Wellcare	Medicare		718.28				417.86		2011.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-CMPLX EYELIDS,ETC.1.1 TO 2.5 CM	13151	CPT	outpatient			2117	826.02	Wellcare	Medicaid		667.91	31.55			417.86		2011.15 percent of total billed charges	
RPR-CMPLX EYELIDS,ETC.1.1 TO 2.5 CM	13151	CPT	outpatient			2117	826.02	WellPoint	WellPoint		681.25	32.18			417.86		2011.15 percent of total billed charges	
RPR-CMPLX EYELIDS,ETC.2.6 TO 7.5 CM	13152	CPT	outpatient			2117	826.02	Aetna	Commercial		1143.5				558.02		2011.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-CMPLX EYELIDS,ETC.2.6 TO 7.5 CM	13152	CPT	outpatient			2117	826.02	Aetna	Medicare		718.28				558.02		2011.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-CMPLX EYELIDS,ETC.2.6 TO 7.5 CM	13152	CPT	outpatient			2117	826.02	Aetna	Better Health		667.91	31.55			558.02		2011.15 percent of total billed charges	
RPR-CMPLX EYELIDS,ETC.2.6 TO 7.5 CM	13152	CPT	outpatient			2117	826.02	Americare	Americare		1587.75	75			558.02		2011.15 percent of total billed charges	
RPR-CMPLX EYELIDS,ETC.2.6 TO 7.5 CM	13152	CPT	outpatient			2117	826.02	Amerihealth	HMO/PPO		1376.05	65			558.02		2011.15 percent of total billed charges	
RPR-CMPLX EYELIDS,ETC.2.6 TO 7.5 CM	13152	CPT	outpatient			2117	826.02	Amerihealth	Medicare		718.28				558.02		2011.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-CMPLX EYELIDS,ETC.2.6 TO 7.5 CM	13152	CPT	outpatient			2117	826.02	Consumer	Consumer		2011.15	95			558.02		2011.15 percent of total billed charges	
RPR-CMPLX EYELIDS,ETC.2.6 TO 7.5 CM	13152	CPT	outpatient			2117	826.02	Corrections	Corrections		1693.6	80			558.02		2011.15 percent of total billed charges	
RPR-CMPLX EYELIDS,ETC.2.6 TO 7.5 CM	13152	CPT	outpatient			2117	826.02	First Health	First Health		1481.9	70			558.02		2011.15 percent of total billed charges	
RPR-CMPLX EYELIDS,ETC.2.6 TO 7.5 CM	13152	CPT	outpatient			2117	826.02	First Trenton	First Trenton		1905.3	90			558.02		2011.15 percent of total billed charges	
RPR-CMPLX EYELIDS,ETC.2.6 TO 7.5 CM	13152	CPT	outpatient			2117	826.02	Horizon	MGD		1336.72				558.02		2011.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-CMPLX EYELIDS,ETC.2.6 TO 7.5 CM	13152	CPT	outpatient			2117	826.02	Horizon	Medicare Blue		718.28				558.02		2011.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-CMPLX EYELIDS,ETC.2.6 TO 7.5 CM	13152	CPT	outpatient			2117	826.02	Horizon	PPO		1336.72				558.02		2011.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-CMPLX EYELIDS,ETC.2.6 TO 7.5 CM	13152	CPT	outpatient			2117	826.02	Horizon	Indemnity		1336.72				558.02		2011.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-CMPLX EYELIDS,ETC.2.6 TO 7.5 CM	13152	CPT	outpatient			2117	826.02	Horizon	NJ Health		558.02				558.02		2011.15 fee schedule	
RPR-CMPLX EYELIDS,ETC.2.6 TO 7.5 CM	13152	CPT	outpatient			2117	826.02	Managed Care Inc	Managed Care Inc		1905.3	90			558.02		2011.15 percent of total billed charges	
RPR-CMPLX EYELIDS,ETC.2.6 TO 7.5 CM	13152	CPT	outpatient			2117	826.02	Multiplan	Multiplan		1693.6	80			558.02		2011.15 percent of total billed charges	
RPR-CMPLX EYELIDS,ETC.2.6 TO 7.5 CM	13152	CPT	outpatient			2117	826.02	Qualcare	Qualcare		1587.75	75			558.02		2011.15 percent of total billed charges	
RPR-CMPLX EYELIDS,ETC.2.6 TO 7.5 CM	13152	CPT	outpatient			2117	826.02	Three Rivers	Three Rivers		2011.15	95			558.02		2011.15 percent of total billed charges	
RPR-CMPLX EYELIDS,ETC.2.6 TO 7.5 CM	13152	CPT	outpatient			2117	826.02	UHC	Medicaid		667.91	31.55			558.02		2011.15 percent of total billed charges	
RPR-CMPLX EYELIDS,ETC.2.6 TO 7.5 CM	13152	CPT	outpatient			2117	826.02	UHC	Medicare		718.28				558.02		2011.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-CMPLX EYELIDS,ETC.2.6 TO 7.5 CM	13152	CPT	outpatient			2117	826.02	United	Oxford		1782				558.02		2011.15 case rate	
RPR-CMPLX EYELIDS,ETC.2.6 TO 7.5 CM	13152	CPT	outpatient			2117	826.02	United	Commercial|PPO		1782				558.02		2011.15 case rate	
RPR-CMPLX EYELIDS,ETC.2.6 TO 7.5 CM	13152	CPT	outpatient			2117	826.02	Wellcare	Medicaid		667.91	31.55			558.02		2011.15 percent of total billed charges	
RPR-CMPLX EYELIDS,ETC.2.6 TO 7.5 CM	13152	CPT	outpatient			2117	826.02	Wellcare	Medicare		718.28				558.02		2011.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-CMPLX EYELIDS,ETC.2.6 TO 7.5 CM	13152	CPT	outpatient			2117	826.02	WellPoint	WellPoint		681.25	32.18			558.02		2011.15 percent of total billed charges	
RPR-CMPLX E/N/E/L EA ADDL <=5 CM	13153	CPT	outpatient					Horizon	NJ Health		170.28				170.28		1782 fee schedule	
RPR-CMPLX E/N/E/L EA ADDL <=5 CM	13153	CPT	outpatient					United	Commercial|PPO		1782				170.28		1782 case rate	
RPR-CMPLX E/N/E/L EA ADDL <=5 CM	13153	CPT	outpatient					United	Oxford		1782				170.28		1782 case rate	
SECONDARY CLOSU SURG,WUND/DEHIS ANY AREA	13160	CPT	outpatient			6289	2398.47	Aetna	Better Health		1984.18	31.55			663.2		5974.55 percent of total billed charges	
SECONDARY CLOSU SURG,WUND/DEHIS ANY AREA	13160	CPT	outpatient			6289	2398.47	Aetna	Commercial		3320.32				663.2		5974.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SECONDARY CLOSU SURG,WUND/DEHIS ANY AREA	13160	CPT	outpatient			6289	2398.47	Aetna	Medicare		1937.01	30.8			663.2		5974.55 percent of total billed charges	
SECONDARY CLOSU SURG,WUND/DEHIS ANY AREA	13160	CPT	outpatient			6289	2398.47	Americare	Americare		4716.75	75			663.2		5974.55 percent of total billed charges	
SECONDARY CLOSU SURG,WUND/DEHIS ANY AREA	13160	CPT	outpatient			6289	2398.47	Amerihealth	HMO/PPO		4087.85	65			663.2		5974.55 percent of total billed charges	
SECONDARY CLOSU SURG,WUND/DEHIS ANY AREA	13160	CPT	outpatient			6289	2398.47	Amerihealth	Medicare		2085.63				663.2		5974.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SECONDARY CLOSU SURG,WUND/DEHIS ANY AREA	13160	CPT	outpatient			6289	2398.47	Consumer	Consumer		5974.55	95			663.2		5974.55 percent of total billed charges	
SECONDARY CLOSU SURG,WUND/DEHIS ANY AREA	13160	CPT	outpatient			6289	2398.47	Corrections	Corrections		5031.2	80			663.2		5974.55 percent of total billed charges	
SECONDARY CLOSU SURG,WUND/DEHIS ANY AREA	13160	CPT	outpatient			6289	2398.47	First Health	First Health		4402.3	70			663.2		5974.55 percent of total billed charges	
SECONDARY CLOSU SURG,WUND/DEHIS ANY AREA	13160	CPT	outpatient			6289	2398.47	First Trenton	First Trenton		5660.1	90			663.2		5974.55 percent of total billed charges	
SECONDARY CLOSU SURG,WUND/DEHIS ANY AREA	13160	CPT	outpatient			6289	2398.47	Horizon	NJ Health		663.2				663.2		5974.55 fee schedule	
SECONDARY CLOSU SURG,WUND/DEHIS ANY AREA	13160	CPT	outpatient			6289	2398.47	Horizon	Indemnity		3881.36				663.2		5974.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SECONDARY CLOSU SURG,WUND/DEHIS ANY AREA	13160	CPT	outpatient			6289	2398.47	Horizon	MGD		3881.36				663.2		5974.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SECONDARY CLOSU SURG,WUND/DEHIS ANY AREA	13160	CPT	outpatient			6289	2398.47	Horizon	PPO		3881.36				663.2		5974.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SECONDARY CLOSU SURG,WUND/DEHIS ANY AREA	13160	CPT	outpatient			6289	2398.47	Horizon	Medicare Blue		2085.63				663.2		5974.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SECONDARY CLOSU SURG,WUND/DEHIS ANY AREA	13160	CPT	outpatient			6289	2398.47	Managed Care Inc	Managed Care Inc		5660.1	90			663.2		5974.55 percent of total billed charges	
SECONDARY CLOSU SURG,WUND/DEHIS ANY AREA	13160	CPT	outpatient			6289	2398.47	Multiplan	Multiplan		5031.2	80			663.2		5974.55 percent of total billed charges	
SECONDARY CLOSU SURG,WUND/DEHIS ANY AREA	13160	CPT	outpatient			6289	2398.47	Qualcare	Qualcare		4716.75	75			663.2		5974.55 percent of total billed charges	
SECONDARY CLOSU SURG,WUND/DEHIS ANY AREA	13160	CPT	outpatient			6289	2398.47	Three Rivers	Three Rivers		5974.55	95			663.2		5974.55 percent of total billed charges	
SECONDARY CLOSU SURG,WUND/DEHIS ANY AREA	13160	CPT	outpatient			6289	2398.47	UHC	Medicare		2085.63				663.2		5974.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SECONDARY CLOSU SURG,WUND/DEHIS ANY AREA	13160	CPT	outpatient			6289	2398.47	UHC	Medicaid		1984.18	31.55			663.2		5974.55 percent of total billed charges	
SECONDARY CLOSU SURG,WUND/DEHIS ANY AREA	13160	CPT	outpatient			6289	2398.47	United	Oxford		2493				663.2		5974.55 case rate	
SECONDARY CLOSU SURG,WUND/DEHIS ANY AREA	13160	CPT	outpatient			6289	2398.47	United	Commercial|PPO		2493				663.2		5974.55 case rate	
SECONDARY CLOSU SURG,WUND/DEHIS ANY AREA	13160	CPT	outpatient			6289	2398.47	Wellcare	Medicare		2085.63				663.2		5974.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SECONDARY CLOSU SURG,WUND/DEHIS ANY AREA	13160	CPT	outpatient			6289	2398.47	Wellcare	Medicaid		1984.18	31.55			663.2		5974.55 percent of total billed charges	
SECONDARY CLOSU SURG,WUND/DEHIS ANY AREA	13160	CPT	outpatient			6289	2398.47	WellPoint	WellPoint		2023.8	32.18			663.2		5974.55 percent of total billed charges	
ADJ TS TRNS/RERRNG,TRUNK <=10CM	14000	CPT	outpatient			6289	2398.47	Aetna	Medicare		2085.63				531.66		5974.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADJ TS TRNS/RERRNG,TRUNK <=10CM	14000	CPT	outpatient			6289	2398.47	Aetna	Commercial		3320.32				531.66		5974.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADJ TS TRNS/RERRNG,TRUNK <=10CM	14000	CPT	outpatient			6289	2398.47	Aetna	Better Health		1984.18	31.55			531.66		5974.55 percent of total billed charges	
ADJ TS TRNS/RERRNG,TRUNK <=10CM	14000	CPT	outpatient			6289	2398.47	Americare	Americare		4716.75	75			531.66		5974.55 percent of total billed charges	
ADJ TS TRNS/RERRNG,TRUNK <=10CM	14000	CPT	outpatient			6289	2398.47	Amerihealth	HMO/PPO		4087.85	65			531.66		5974.55 percent of total billed charges	
ADJ TS TRNS/RERRNG,TRUNK <=10CM	14000	CPT	outpatient			6289	2398.47	Amerihealth	Medicare		2085.63				531.66		5974.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADJ TS TRNS/RERRNG,TRUNK <=10CM	14000	CPT	outpatient			6289	2398.47	Consumer	Consumer		5974.55	95			531.66		5974.55 percent of total billed charges	
ADJ TS TRNS/RERRNG,TRUNK <=10CM	14000	CPT	outpatient			6289	2398.47	Corrections	Corrections		5031.2	80			531.66		5974.55 percent of total billed charges	
ADJ TS TRNS/RERRNG,TRUNK <=10CM	14000	CPT	outpatient			6289	2398.47	First Health	First Health		4402.3	70			531.66		5974.55 percent of total billed charges	
ADJ TS TRNS/RERRNG,TRUNK <=10CM	14000	CPT	outpatient			6289	2398.47	First Trenton	First Trenton		5660.1	90			531.66		5974.55 percent of total billed charges	
ADJ TS TRNS/RERRNG,TRUNK <=10CM	14000	CPT	outpatient			6289	2398.47	Horizon	PPO		3881.36				531.66		5974.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADJ TS TRNS/RERRNG,TRUNK <=10CM	14000	CPT	outpatient			6289	2398.47	Horizon	MGD		3881.36				531.66		5974.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADJ TS TRNS/RERRNG,TRUNK <=10CM	14000	CPT	outpatient			6289	2398.47	Horizon	Indemnity		3881.36				531.66		5974.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADJ TS TRNS/RERRNG,TRUNK <=10CM	14000	CPT	outpatient			6289	2398.47	Horizon	NJ Health		531.66				531.66		5974.55 fee schedule	
ADJ TS TRNS/RERRNG,TRUNK <=10CM	14000	CPT	outpatient			6289	2398.47	Horizon	Medicare Blue		2085.63				531.66		5974.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADJ TS TRNS/RERRNG,TRUNK <=10CM	14000	CPT	outpatient			6289	2398.47	Managed Care Inc	Managed Care Inc		5660.1	90			531.66		5974.55 percent of total billed charges	
ADJ TS TRNS/RERRNG,TRUNK <=10CM	14000	CPT	outpatient			6289	2398.47	Multiplan	Multiplan		5031.2	80			531.66		5974.55 percent of total billed charges	
ADJ TS TRNS/RERRNG,TRUNK <=10CM	14000	CPT	outpatient			6289	2398.47	Qualcare	Qualcare		4716.75	75			531.66		5974.55 percent of total billed charges	
ADJ TS TRNS/RERRNG,TRUNK <=10CM	14000	CPT	outpatient			6289	2398.47	Three Rivers	Three Rivers		5974.55	95			531.66		5974.55 percent of total billed charges	
ADJ TS TRNS/RERRNG,TRUNK <=10CM	14000	CPT	outpatient			6289	2398.47	UHC	Medicare		2085.63				531.66		5974.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADJ TS TRNS/RERRNG,TRUNK <=10CM	14000	CPT	outpatient			6289	2398.47	UHC	Medicaid		1984.18	31.55			531.66		5974.55 percent of total billed charges	
ADJ TS TRNS/RERRNG,TRUNK <=10CM	14000	CPT	outpatient			6289	2398.47	United	Commercial|PPO		2493				531.66		5974.55 case rate	
ADJ TS TRNS/RERRNG,TRUNK <=10CM	14000	CPT	outpatient			6289	2398.47	United	Oxford		2493				531.66		5974.55 case rate	
ADJ TS TRNS/RERRNG,TRUNK <=10CM	14000	CPT	outpatient			6289	2398.47	Wellcare	Medicare		2085.63				531.66		5974.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADJ TS TRNS/RERRNG,TRUNK <=10CM	14000	CPT	outpatient			6289	2398.47	Wellcare	Medicaid		1984.18	31.55			531.66		5974.55 percent of total billed charges	
ADJ TS TRNS/RERRNG,TRUNK <=10CM	14000	CPT	outpatient			6289	2398.47	WellPoint	WellPoint		2023.8	32.18			531.66		5974.55 percent of total billed charges	
ADJ TISSUE TRNSFR SCALP/ARM/LEG 10CM	14020	CPT	outpatient			6289	2398.47	Aetna	Medicare		1937.01	30.8			666.46		5974.55 percent of total billed charges	
ADJ TISSUE TRNSFR SCALP/ARM/LEG 10CM	14020	CPT	outpatient			6289	2398.47	Aetna	Commercial		3320.32				666.46		5974.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADJ TISSUE TRNSFR SCALP/ARM/LEG 10CM	14020	CPT	outpatient			6289	2398.47	Aetna	Better Health		1984.18	31.55			666.46		5974.55 percent of total billed charges	
ADJ TISSUE TRNSFR SCALP/ARM/LEG 10CM	14020	CPT	outpatient			6289	2398.47	Americare	Americare		4716.75	75			666.46		5974.55 percent of total billed charges	
ADJ TISSUE TRNSFR SCALP/ARM/LEG 10CM	14020	CPT	outpatient			6289	2398.47	Amerihealth	HMO/PPO		4087.85	65			666.46		5974.55 percent of total billed charges	
ADJ TISSUE TRNSFR SCALP/ARM/LEG 10CM	14020	CPT	outpatient			6289	2398.47	Amerihealth	Medicare		2085.63				666.46		5974.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADJ TISSUE TRNSFR SCALP/ARM/LEG 10CM	14020	CPT	outpatient			6289	2398.47	Consumer	Consumer		5974.55	95			666.46		5974.55 percent of total billed charges	
ADJ TISSUE TRNSFR SCALP/ARM/LEG 10CM	14020	CPT	outpatient			6289	2398.47	Corrections	Corrections		5031.2	80			666.46		5974.55 percent of total billed charges	
ADJ TISSUE TRNSFR SCALP/ARM/LEG 10CM	14020	CPT	outpatient			6289	2398.47	First Health	First Health		4402.3	70			666.46		5974.55 percent of total billed charges	
ADJ TISSUE TRNSFR SCALP/ARM/LEG 10CM	14020	CPT	outpatient			6289	2398.47	First Trenton	First Trenton		5660.1	90			666.46		5974.55 percent of

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ADJ TISSUE TRNSFR SCALP/ARM/LEG 10CM	14020	CPT	outpatient			6289		2398.47	UHC		2085.63				666.46	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADJ TISSUE TRNSFR SCALP/ARM/LEG 10CM	14020	CPT	outpatient			6289		2398.47	Medicaid		1984.18	31.55			666.46	5974.55	percent of total billed charges	
ADJ TISSUE TRNSFR SCALP/ARM/LEG 10CM	14020	CPT	outpatient			6289		2398.47	United		2493				666.46	5974.55	case rate	
ADJ TISSUE TRNSFR SCALP/ARM/LEG 10CM	14020	CPT	outpatient			6289		2398.47	United		2493				666.46	5974.55	case rate	
ADJ TISSUE TRNSFR SCALP/ARM/LEG 10CM	14020	CPT	outpatient			6289		2398.47	Wellcare		2085.63				666.46	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADJ TISSUE TRNSFR SCALP/ARM/LEG 10CM	14020	CPT	outpatient			6289		2398.47	Wellcare		1984.18	31.55			666.46	5974.55	percent of total billed charges	
ADJ TISSUE TRNSFR SCALP/ARM/LEG 10CM	14020	CPT	outpatient			6289		2398.47	WellPoint		2023.8	32.18			666.46	5974.55	percent of total billed charges	
ATT SI/AL; D 10.1-30 SQ CM	14021	CPT	outpatient			6289		2398.47	Aetna		3320.32				911.65	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ATT SI/AL; D 10.1-30 SQ CM	14021	CPT	outpatient			6289		2398.47	Aetna		1937.01	30.8			911.65	5974.55	percent of total billed charges	
ATT SI/AL; D 10.1-30 SQ CM	14021	CPT	outpatient			6289		2398.47	Aetna		1984.18	31.55			911.65	5974.55	percent of total billed charges	
ATT SI/AL; D 10.1-30 SQ CM	14021	CPT	outpatient			6289		2398.47	Americare		4716.75	75			911.65	5974.55	percent of total billed charges	
ATT SI/AL; D 10.1-30 SQ CM	14021	CPT	outpatient			6289		2398.47	Amerihealth		4087.85	65			911.65	5974.55	percent of total billed charges	
ATT SI/AL; D 10.1-30 SQ CM	14021	CPT	outpatient			6289		2398.47	Amerihealth		2085.63				911.65	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ATT SI/AL; D 10.1-30 SQ CM	14021	CPT	outpatient			6289		2398.47	Consumer		5974.55	95			911.65	5974.55	percent of total billed charges	
ATT SI/AL; D 10.1-30 SQ CM	14021	CPT	outpatient			6289		2398.47	Corrections		5031.2	80			911.65	5974.55	percent of total billed charges	
ATT SI/AL; D 10.1-30 SQ CM	14021	CPT	outpatient			6289		2398.47	First Health		4402.3	70			911.65	5974.55	percent of total billed charges	
ATT SI/AL; D 10.1-30 SQ CM	14021	CPT	outpatient			6289		2398.47	First Trenton		5660.1	90			911.65	5974.55	percent of total billed charges	
ATT SI/AL; D 10.1-30 SQ CM	14021	CPT	outpatient			6289		2398.47	Horizon		3881.36				911.65	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ATT SI/AL; D 10.1-30 SQ CM	14021	CPT	outpatient			6289		2398.47	Horizon		2085.63				911.65	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ATT SI/AL; D 10.1-30 SQ CM	14021	CPT	outpatient			6289		2398.47	Horizon		NJ Health				911.65	5974.55	fee schedule	
ATT SI/AL; D 10.1-30 SQ CM	14021	CPT	outpatient			6289		2398.47	Horizon		MGD				3881.36	911.65	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ATT SI/AL; D 10.1-30 SQ CM	14021	CPT	outpatient			6289		2398.47	Horizon		PPO				3881.36	911.65	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ATT SI/AL; D 10.1-30 SQ CM	14021	CPT	outpatient			6289		2398.47	Managed Care Inc	Managed Care Inc	5660.1	90			911.65	5974.55	percent of total billed charges	
ATT SI/AL; D 10.1-30 SQ CM	14021	CPT	outpatient			6289		2398.47	Multiplan	Multiplan	5031.2	80			911.65	5974.55	percent of total billed charges	
ATT SI/AL; D 10.1-30 SQ CM	14021	CPT	outpatient			6289		2398.47	Qualcare	Qualcare	4716.75	75			911.65	5974.55	percent of total billed charges	
ATT SI/AL; D 10.1-30 SQ CM	14021	CPT	outpatient			6289		2398.47	Three Rivers	Three Rivers	5974.55	95			911.65	5974.55	percent of total billed charges	
ATT SI/AL; D 10.1-30 SQ CM	14021	CPT	outpatient			6289		2398.47	UHC	Medicare	2085.63				911.65	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ATT SI/AL; D 10.1-30 SQ CM	14021	CPT	outpatient			6289		2398.47	UHC	Medicaid	1984.18	31.55			911.65	5974.55	percent of total billed charges	
ATT SI/AL; D 10.1-30 SQ CM	14021	CPT	outpatient			6289		2398.47	United	Oxford	2493				911.65	5974.55	case rate	
ATT SI/AL; D 10.1-30 SQ CM	14021	CPT	outpatient			6289		2398.47	United	CommercialPPO	2493				911.65	5974.55	case rate	
ATT SI/AL; D 10.1-30 SQ CM	14021	CPT	outpatient			6289		2398.47	Wellcare	Medicare	2085.63				911.65	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ATT SI/AL; D 10.1-30 SQ CM	14021	CPT	outpatient			6289		2398.47	Wellcare	Medicaid	1984.18	31.55			911.65	5974.55	percent of total billed charges	
ATT SI/AL; D 10.1-30 SQ CM	14021	CPT	outpatient			6289		2398.47	WellPoint	WellPoint	2023.8	32.18			911.65	5974.55	percent of total billed charges	
LOCAL TISSUE TRANSFER<10SQ.CM	14040	CPT	outpatient			6289		2398.47	Aetna		1984.18	31.55			759.12	5974.55	percent of total billed charges	
LOCAL TISSUE TRANSFER<10SQ.CM	14040	CPT	outpatient			6289		2398.47	Aetna		2085.63				759.12	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LOCAL TISSUE TRANSFER<10SQ.CM	14040	CPT	outpatient			6289		2398.47	Aetna		3320.32				759.12	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LOCAL TISSUE TRANSFER<10SQ.CM	14040	CPT	outpatient			6289		2398.47	Americare		4716.75	75			759.12	5974.55	percent of total billed charges	
LOCAL TISSUE TRANSFER<10SQ.CM	14040	CPT	outpatient			6289		2398.47	Amerihealth		4087.85	65			759.12	5974.55	percent of total billed charges	
LOCAL TISSUE TRANSFER<10SQ.CM	14040	CPT	outpatient			6289		2398.47	Amerihealth		2085.63				759.12	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LOCAL TISSUE TRANSFER<10SQ.CM	14040	CPT	outpatient			6289		2398.47	Consumer		5974.55	95			759.12	5974.55	percent of total billed charges	
LOCAL TISSUE TRANSFER<10SQ.CM	14040	CPT	outpatient			6289		2398.47	Corrections		5031.2	80			759.12	5974.55	percent of total billed charges	
LOCAL TISSUE TRANSFER<10SQ.CM	14040	CPT	outpatient			6289		2398.47	First Health		4402.3	70			759.12	5974.55	percent of total billed charges	
LOCAL TISSUE TRANSFER<10SQ.CM	14040	CPT	outpatient			6289		2398.47	First Trenton		5660.1	90			759.12	5974.55	percent of total billed charges	
LOCAL TISSUE TRANSFER<10SQ.CM	14040	CPT	outpatient			6289		2398.47	Horizon		PPO				3881.36	759.12	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LOCAL TISSUE TRANSFER<10SQ.CM	14040	CPT	outpatient			6289		2398.47	Horizon		MGD				3881.36	759.12	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LOCAL TISSUE TRANSFER<10SQ.CM	14040	CPT	outpatient			6289		2398.47	Horizon		Indemnity				3881.36	759.12	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LOCAL TISSUE TRANSFER<10SQ.CM	14040	CPT	outpatient			6289		2398.47	Horizon		NJ Health				759.12	759.12	5974.55	fee schedule	
LOCAL TISSUE TRANSFER<10SQ.CM	14040	CPT	outpatient			6289		2398.47	Horizon		Medicare Blue				2085.63	759.12	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LOCAL TISSUE TRANSFER<10SQ.CM	14040	CPT	outpatient			6289		2398.47	Managed Care Inc	Managed Care Inc	5660.1	90			759.12	5974.55	percent of total billed charges	
LOCAL TISSUE TRANSFER<10SQ.CM	14040	CPT	outpatient			6289		2398.47	Multiplan	Multiplan	5031.2	80			759.12	5974.55	percent of total billed charges	
LOCAL TISSUE TRANSFER<10SQ.CM	14040	CPT	outpatient			6289		2398.47	Qualcare	Qualcare	4716.75	75			759.12	5974.55	percent of total billed charges	
LOCAL TISSUE TRANSFER<10SQ.CM	14040	CPT	outpatient			6289		2398.47	Three Rivers	Three Rivers	5974.55	95			759.12	5974.55	percent of total billed charges	
LOCAL TISSUE TRANSFER<10SQ.CM	14040	CPT	outpatient			6289		2398.47	UHC	Medicare	2085.63				759.12	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LOCAL TISSUE TRANSFER<10SQ.CM	14040	CPT	outpatient			6289		2398.47	UHC	Medicaid	1984.18	31.55			759.12	5974.55	percent of total billed charges	
LOCAL TISSUE TRANSFER<10SQ.CM	14040	CPT	outpatient			6289		2398.47	United	CommercialPPO	2493				759.12	5974.55	case rate	
LOCAL TISSUE TRANSFER<10SQ.CM	14040	CPT	outpatient			6289		2398.47	United	Oxford	2493				759.12	5974.55	case rate	
LOCAL TISSUE TRANSFER<10SQ.CM	14040	CPT	outpatient			6289		2398.47	Wellcare	Medicare	2085.63				759.12	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LOCAL TISSUE TRANSFER<10SQ.CM	14040	CPT	outpatient			6289		2398.47	Wellcare	Medicaid	1984.18	31.55			759.12	5974.55	percent of total billed charges	
LOCAL TISSUE TRANSFER<10SQ.CM	14040	CPT	outpatient			6289		2398.47	WellPoint	WellPoint	2023.8	32.18			759.12	5974.55	percent of total billed charges	
ADT TIS TRN/REARRG E/N/E/L 10SQ CM	14060	CPT	outpatient			6289		2398.47	Aetna	Better Health	1984.18	31.55			786.71	5974.55	percent of total billed charges	
ADT TIS TRN/REARRG E/N/E/L 10SQ CM	14060	CPT	outpatient			6289		2398.47	Aetna	Medicare	2085.63				786.71	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADT TIS TRN/REARRG E/N/E/L 10SQ CM	14060	CPT	outpatient			6289		2398.47	Aetna	Commercial	3320.32				786.71	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADT TIS TRN/REARRG E/N/E/L 10SQ CM	14060	CPT	outpatient			6289		2398.47	Americare	Americare	4716.75	75			786.71	5974.55	percent of total billed charges	
ADT TIS TRN/REARRG E/N/E/L 10SQ CM	14060	CPT	outpatient			6289		2398.47	Amerihealth	HMO/PPO	4087.85	65			786.71	5974.55	percent of total billed charges	
ADT TIS TRN/REARRG E/N/E/L 10SQ CM	14060	CPT	outpatient			6289		2398.47	Amerihealth	Medicare	2085.63				786.71	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADT TIS TRN/REARRG E/N/E/L 10SQ CM	14060	CPT	outpatient			6289		2398.47	Consumer	Consumer	5974.55	95			786.71	5974.55	percent of total billed charges	
ADT TIS TRN/REARRG E/N/E/L 10SQ CM	14060	CPT	outpatient			6289		2398.47	Corrections	Corrections	5031.2	80			786.71	5974.55	percent of total billed charges	
ADT TIS TRN/REARRG E/N/E/L 10SQ CM	14060	CPT	outpatient			6289		2398.47	First Health	First Health	4402.3	70			786.71	5974.55	percent of total billed charges	
ADT TIS TRN/REARRG E/N/E/L 10SQ CM	14060	CPT	outpatient			6289		2398.47	First Trenton	First Trenton	5660.1	90			786.71	5974.55	percent of total billed charges	
ADT TIS TRN/REARRG E/N/E/L 10SQ CM	14060	CPT	outpatient			6289		2398.47	Horizon	NJ Health	786.71				786.71	5974.55	fee schedule	
ADT TIS TRN/REARRG E/N/E/L 10SQ CM	14060	CPT	outpatient			6289		2398.47	Horizon	Indemnity	3881.36				786.71	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADT TIS TRN/REARRG E/N/E/L 10SQ CM	14060	CPT	outpatient			6289		2398.47	Horizon	Medicare Blue	2085.63				786.71	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADT TIS TRN/REARRG E/N/E/L 10SQ CM	14060	CPT	outpatient			6289		2398.47	Horizon	MGD	3881.36				786.71	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADT TIS TRN/REARRG E/N/E/L 10SQ CM	14060	CPT	outpatient			6289		2398.47	Horizon	PPO	3881.36				786.71	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADT TIS TRN/REARRG E/N/E/L 10SQ CM	14060	CPT	outpatient			6289		2398.47	Managed Care Inc	Managed Care Inc	5660.1	90			786.71	5974.55	percent of total billed charges	
ADT TIS TRN/REARRG E/N/E/L 10SQ CM	14060	CPT	outpatient			6289		2398.47	Multiplan	Multiplan	5031.2	80			786.71	5974.55	percent of total billed charges	
ADT TIS TRN/REARRG E/N/E/L 10SQ CM	14060	CPT	outpatient			6289		2398.47	Qualcare	Qualcare	4716.75	75			786.71	5974.55	percent of total billed charges	
ADT TIS TRN/REARRG E/N/E/L 10SQ CM	14060	CPT	outpatient			6289		2398.47	Three Rivers	Three Rivers	5974.55	95			786.71	5974.55	percent of total billed charges	
ADT TIS TRN/REARRG E/N/E/L 10SQ CM	14060	CPT	outpatient			6289		2398.47	UHC	Medicaid	1984.18	31.55			786.71	5974.55	percent of total billed charges	
ADT TIS TRN/REARRG E/N/E/L 10SQ CM	14060	CPT	outpatient			6289		2398.47	UHC	Medicare	2085.63				786.71	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADT TIS TRN/REARRG E/N/E/L 10SQ CM	14060	CPT	outpatient			6289		2398.47	United	CommercialPPO	2493				786.71	5974.55	case rate	
ADT TIS TRN/REARRG E/N/E/L 10SQ CM	14060	CPT	outpatient			6289		2398.47	United	Oxford	2493				786.71	5974.55	case rate	
ADT TIS TRN/REARRG E/N/E/L 10SQ CM	14060	CPT	outpatient			6289		2398.47	Wellcare	Medicare	2085.63				786.71	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADT TIS TRN/REARRG E/N/E/L 10SQ CM	14060	CPT	outpatient			6289		2398.47	Wellcare	Medicaid	1984.18	31.55			786.71	5974.55	percent of total billed charges	
ADT TIS TRN/REARRG E/N/E/L 10SQ CM	14060	CPT	outpatient			6289		2398.47	WellPoint	WellPoint	2023.8	32.18			786.71	5974.55	percent of total billed charges	
REP UNUSUAL/COMPLICATED<7.5CM	14301	CPT	outpatient			11854		4718.53	Aetna	Better Health	3739.94	31.55			2097.97	11261.3	percent of total billed charges	
REP UNUSUAL/COMPLICATED<7.5CM	14301	CPT	outpatient			11854		4718.53	Aetna	Medicare	4103.07				2097.97	11261.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP UNUSUAL/COMPLICATED<7.5CM	14301	CPT	outpatient			11854		4718.53	Aetna	Commercial	6532.09				2097.97	11261.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP UNUSUAL/COMPLICATED<7.5CM	14301	CPT	outpatient			11854		4718.53	Americare	Americare	8890.5	75			2097.97	11261.3	percent of total billed charges	
REP UNUSUAL/COMPLICATED<7.5CM	14301	CPT	outpatient			11854		4718.53	Amerihealth	Medicare	4103.07				2097.97	11261.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP UNUSUAL/COMPLICATED<7.5CM	14301	CPT	outpatient			11854		4718.53	Amerihealth	HMO/PPO	7705.1	65			2097.97	11261.3	percent of total billed charges	
REP UNUSUAL/COMPLICATED<7.5CM	14301	CPT	outpatient			11854		4718.53	Consumer	Consumer	11261.3	95			2097.97	11261.3	percent of total billed charges	
REP UNUSUAL/COMPLICATED<7.5CM	14301	CPT	outpatient			11854		4718.53	Corrections	Corrections	9483.2	80			2097.97	11261.3	percent of total billed charges	
REP UNUSUAL/COMPLICATED<7.5CM	14301	CPT	outpatient			11854		4718.53	First Health	First Health	8297.8	70			2097.97	11261.3	percent of total billed charges	
REP UNUSUAL/COMPLICATED<7.5CM	14301	CPT	outpatient			11854		4718.53	First Trenton	First Trenton	10668.6	90			2097.97	11261.3	percent of total billed charges	
REP UNUSUAL/COMPLICATED<7.5CM	14301	CPT	outpatient			11854		4718.53	Horizon	Medicare Blue	4103.07				2097.97	11261.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP UNUSUAL/COMPLICATED<7.5CM	14301	CPT	outpatient			11854		4718.53	Horizon	MGD	7635.81				2097.97	11261.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP UNUSUAL/COMPLICATED<7.5CM	14301	CPT	outpatient			11854		4718.53	Horizon	Indemnity	7635.81				2097.97	11261.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP UNUSUAL/COMPLICATED<7.5CM	14301	CPT	outpatient			11854		4718.53	Horizon	NJ Health	2097.97				2097.97	11261.3	fee schedule	
REP UNUSUAL/COMPLICATED<7.5CM	14301	CPT	outpatient			11854		4718.53	Horizon	PPO	7635.81				2097.97	11261.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP UNUSUAL/COMPLICATED<7.5CM	14301	CPT	outpatient			11854		4718.53	Managed Care Inc	Managed Care Inc	10668.6	90			2097.97	11261.3	percent of total billed charges	
REP UNUSUAL/COMPLICATED<7.5CM	14301	CPT	outpatient			11854		4718.53	Multiplan	Multiplan	9483.2	80			2097.97	11261.3	percent of total billed charges	
REP UNUSUAL/COMPLICATED<7.5CM	14301	CPT	outpatient			11854		4718.53	Qualcare	Qualcare	8890.5	75			2097.97	11261.3	percent of total billed charges	
REP UNUSUAL/COMPLICATED<7.5CM	14301	CPT	outpatient			11854		4718.53	Three Rivers	Three Rivers	11261.3	95			2097.97	11261.3	percent of total billed charges	
REP UNUSUAL/COMPLICATED<7.5CM	14301	CPT	outpatient			11854		4718.53	UHC	Medicaid	3739.94	31.55			2097.97	11261.3	percent of total billed charges	
REP UNUSUAL/COMPLICATED<7.5CM	14301	CPT	outpatient			11854		4718.53	UHC	Medicare	4103.07				2097.97	11261.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP UNUSUAL/COMPLICATED<7.5CM	14301	CPT	outpatient			11854		4718.53	United	Oxford	3492				2097.97	11261.3	case rate	
REP UNUSUAL/COMPLICATED<7.5CM	14301	CPT	outpatient			11854		4718.53	United	CommercialPPO	3492				2097.97	11261.3	case rate	
REP UNUSUAL/COMPLICATED<7.5CM	14301	CPT	outpatient			11854		4718.53	Wellcare	Medicare	4103.07				2097.97	11261.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP UNUSUAL/COMPLICATED<7.5CM	14301	CPT	outpatient			11854		4718.53	Wellcare	Medicaid	3739.94	31.55			2097.97	11261.3	percent of total billed charges	
REP UNUSUAL/COMPLICATED<7.5CM	14301	CPT	outpatient			11854		4718.53	WellPoint	WellPoint	3814.62	32.18			2097.97	11261.3	percent of total billed charges	
WOUND PREP TRK/ARM/LEG 100 SQ CM	15002	CPT	outpatient			6342		2398.47	Aetna	Commercial	3320.32				504.46	6024.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WOUND PREP TRK/ARM/LEG 100 SQ CM	15002	CPT	outpatient			6342		2398.47	Aetna	Medicare	2085.63				504.46	6024.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WOUND PREP TRK/ARM/LEG 100 SQ CM	15002	CPT	outpatient			6342		2398.47	Aetna	Better Health	2000.9	31.55			504.46	6024.9	percent of total billed charges	
WOUND PREP TRK/ARM/LEG 100 SQ CM	15002	CPT	outpatient			6342		2398.47	Americare	Americare	4756.5	75			504.46	6024.9	percent of total billed charges	
WOUND PREP TRK/ARM/LEG 100 SQ CM	15002	CPT	outpatient			6342		2398.47	Amerihealth	HMO/PPO	4122.3	65			504.46	6024.9	percent of total billed charges	
WOUND PREP TRK/ARM/LEG 100 SQ CM	15002	CPT	outpatient			6342		2398.47	Amerihealth	Medicare	2085.63				504.46	6024.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WOUND PREP TRK/ARM/LEG 100 SQ CM	15002	CPT	outpatient			6342		2398.47	Consumer	Consumer	6024.9	95			504.46	6024.9	percent of total billed charges	
WOUND PREP TRK/ARM/LEG 100 SQ CM	15002	CPT	outpatient			6342		2398.47	Corrections	Corrections	5073.6	80			504.46	6024.9	percent of total billed charges	
WOUND PREP TRK/ARM/LEG 100 SQ CM	15002	CPT	outpatient			6342		2398.47	First Health	First Health	4439.4	70			504.46	6024.9	percent of total billed charges	
WOUND PREP TRK/ARM/LEG 100 SQ CM	15002	CPT	outpatient			6342		2398.47	First Trenton	First Trenton	5707.8	90			504.46	6024.9	percent of total billed charges	
WOUND PREP TRK/ARM/LEG 100 SQ CM	15002	CPT	outpatient			6342		2398.47	Horizon	Medicare Blue	2085.63				504.46	6024.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WOUND PREP TRK/ARM/LEG 100 SQ CM	15002	CPT	outpatient			6342		2398.47	Horizon	MGD	3881.36				504.46	6024.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WOUND PREP TRK/ARM/LEG 100 SQ CM	15002	CPT	outpatient			6342		2398.47	Horizon	PPO	3881.36				504.46	6024.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WOUND PREP TRK/ARM/LEG 100 SQ CM	15002	CPT	outpatient			6342		2398.47	Horizon	Indemnity	3881.36				504.46	6024.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WOUND PREP TRK/ARM/LEG 100 SQ CM	15002	CPT	outpatient			6342		2398.47	Horizon	NJ Health	504.46				504.46	6024.9	fee schedule	
WOUND PREP TRK/ARM/LEG 100 SQ CM	15002	CPT	outpatient			6342		2398.47	Managed Care Inc	Managed Care Inc	5707.8	90			504.46	6024.9	percent of total billed charges	
WOUND PREP TRK/ARM/LEG 100 SQ CM	15002	CPT	outpatient			6342		2398.47	Multiplan	Multiplan	5073.6	80			504.46	6024.9	percent of total billed charges	
WOUND PREP TRK/ARM/LEG 100 SQ CM	15002	CPT	outpatient			6342		2398.47	Qualcare	Qualcare	4756.5	75			504.46	6024.9	percent of total billed charges	
WOUND PREP TRK/ARM/LEG 100 SQ CM	15002	CPT	outpatient			6342		2398.47	Three Rivers	Three Rivers	6024.9	95			504.46	6024.9	percent of total billed charges	
WOUND PREP TRK/ARM/LEG 100 SQ CM	15002	CPT	outpatient			6342		2398.47	UHC	Medicaid	2000.9	31.55			504.46	6024.9	percent of total billed charges	
WOUND PREP TRK/ARM/LEG 100 SQ CM	15002	CPT	outpatient			6342		2398.47	UHC	Medicare	2085.63				504.46	6024.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WOUND PREP TRK/ARM/LEG 100 SQ CM	15002	CPT	outpatient			6342		2398.47	United	Oxford	2493				504.46	6024.9	case rate	
WOUND PREP TRK/ARM/LEG 100 SQ CM	15002	CPT	outpatient			6342		2398.47	United	CommercialPPO	2493				504.46	6024.9	case rate	
WOUND PREP TRK/ARM/LEG 100 SQ CM	15002	CPT	outpatient			6342		2398.47	Wellcare	Medicare	2085.63				504.46	6024.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WOUND PREP TRK/ARM/LEG 100 SQ CM	15002	CPT	outpatient			6342		2398.47	Wellcare	Medicaid	2000.9	31.55			504.46	6024.9	percent of total billed charges	
WOUND PREP TRK/ARM/LEG 100 SQ CM	15002	CPT	outpatient			6342		2398.47	WellPoint	WellPoint	2040.86	32.18			504.46	6024.9	percent of total billed charges	
PREP SITE F/S/N/H GT 15ST 100SQCM	15004	CPT	outpatient			2117		826.02	Aetna	Commercial	1143.5				667.91	2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PREP SITE F/S/N/H GT 15ST 100SQCM	15004	CPT	outpatient			2117		826.02	Aetna	Better Health	667.91	31.55			667.91	2011.15	percent of total billed charges	
PREP SITE F/S/N/H GT 15ST 100SQCM	15004	CPT	outpatient			2117		826.02	Aetna	Medicare	718.28				667.91	2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PREP SITE F/S/N/H GT 15ST 100SQCM	15004	CPT	outpatient			2117		826.02	Americare	Americare	1587.75	75			667.91	2011.15	percent of total billed charges	
PREP SITE F/S/N/H GT 15ST 100SQCM	15004	CPT	outpatient			2117		826.02	Amerihealth	HMO/PPO	1376.05	65			667.91	2011.15	percent of total billed charges	
PREP SITE F/S/N/H GT 15ST 100SQCM	15004	CPT	outpatient			2117		826.02	Amerihealth	Medicare	718.28				667.91	2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PREP SITE F/S/N/H GT 15ST 100SQCM	15004	CPT	outpatient			2117		826.02	Consumer	Consumer	2011.15	95			667.91	2011.15	percent of total billed charges	
PREP SITE F/S/N/H GT 15ST 100SQCM	15004	CPT	outpatient			2117		826.02	Corrections

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
PREP SITE F/SKN/H GT 1ST 100SQCM	15004	CPT	outpatient			2117	826.02	Horizon	Indemnity		1336.72				667.91	2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PREP SITE F/SKN/H GT 1ST 100SQCM	15004	CPT	outpatient			2117	826.02	Horizon	MGD		1336.72				667.91	2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PREP SITE F/SKN/H GT 1ST 100SQCM	15004	CPT	outpatient			2117	826.02	Horizon	Medicare Blue		718.28				667.91	2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PREP SITE F/SKN/H GT 1ST 100SQCM	15004	CPT	outpatient			2117	826.02	Managed Care Inc	Managed Care Inc		1905.3	90			667.91	2011.15	percent of total billed charges	
PREP SITE F/SKN/H GT 1ST 100SQCM	15004	CPT	outpatient			2117	826.02	Multiplan	Multiplan		1693.6	80			667.91	2011.15	percent of total billed charges	
PREP SITE F/SKN/H GT 1ST 100SQCM	15004	CPT	outpatient			2117	826.02	Qualcare	Qualcare		1587.75	75			667.91	2011.15	percent of total billed charges	
PREP SITE F/SKN/H GT 1ST 100SQCM	15004	CPT	outpatient			2117	826.02	Three Rivers	Three Rivers		2011.15	95			667.91	2011.15	percent of total billed charges	
PREP SITE F/SKN/H GT 1ST 100SQCM	15004	CPT	outpatient			2117	826.02	UHC	Medicaid		667.91	31.55			667.91	2011.15	percent of total billed charges	
PREP SITE F/SKN/H GT 1ST 100SQCM	15004	CPT	outpatient			2117	826.02	UHC	Medicare		718.28				667.91	2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PREP SITE F/SKN/H GT 1ST 100SQCM	15004	CPT	outpatient			2117	826.02	United	CommercialPPO		1782				667.91	2011.15	case rate	
PREP SITE F/SKN/H GT 1ST 100SQCM	15004	CPT	outpatient			2117	826.02	United	Oxford		1782				667.91	2011.15	case rate	
PREP SITE F/SKN/H GT 1ST 100SQCM	15004	CPT	outpatient			2117	826.02	Wellcare	Medicare		718.28				667.91	2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PREP SITE F/SKN/H GT 1ST 100SQCM	15004	CPT	outpatient			2117	826.02	Wellcare	Medicaid		667.91	31.55			667.91	2011.15	percent of total billed charges	
PREP SITE F/SKN/H GT 1ST 100SQCM	15004	CPT	outpatient			2117	826.02	WellPoint	WellPoint		681.25	32.18			667.91	2011.15	percent of total billed charges	
HARVEST SKIN TISSUE CULTURE	15040	CPT	outpatient			6289	2398.47	Aetna	Better Health		1984.18	31.55			382.29	5974.55	percent of total billed charges	
HARVEST SKIN TISSUE CULTURE	15040	CPT	outpatient			6289	2398.47	Aetna	Medicare		2085.63				382.29	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HARVEST SKIN TISSUE CULTURE	15040	CPT	outpatient			6289	2398.47	Aetna	Commercial		3320.32				382.29	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HARVEST SKIN TISSUE CULTURE	15040	CPT	outpatient			6289	2398.47	Americare	Americare		4716.75	75			382.29	5974.55	percent of total billed charges	
HARVEST SKIN TISSUE CULTURE	15040	CPT	outpatient			6289	2398.47	Amerihealth	Medicare		2085.63				382.29	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HARVEST SKIN TISSUE CULTURE	15040	CPT	outpatient			6289	2398.47	Amerihealth	HMO/PPO		4087.85	65			382.29	5974.55	percent of total billed charges	
HARVEST SKIN TISSUE CULTURE	15040	CPT	outpatient			6289	2398.47	Consumer	Consumer		5974.55	95			382.29	5974.55	percent of total billed charges	
HARVEST SKIN TISSUE CULTURE	15040	CPT	outpatient			6289	2398.47	Corrections	Corrections		5031.2	80			382.29	5974.55	percent of total billed charges	
HARVEST SKIN TISSUE CULTURE	15040	CPT	outpatient			6289	2398.47	First Health	First Health		4402.3	70			382.29	5974.55	percent of total billed charges	
HARVEST SKIN TISSUE CULTURE	15040	CPT	outpatient			6289	2398.47	First Trenton	First Trenton		5660.1	90			382.29	5974.55	percent of total billed charges	
HARVEST SKIN TISSUE CULTURE	15040	CPT	outpatient			6289	2398.47	Horizon	MGD		3881.36				382.29	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HARVEST SKIN TISSUE CULTURE	15040	CPT	outpatient			6289	2398.47	Horizon	NJ Health		382.29				382.29	5974.55	fee schedule	
HARVEST SKIN TISSUE CULTURE	15040	CPT	outpatient			6289	2398.47	Horizon	Indemnity		3881.36				382.29	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HARVEST SKIN TISSUE CULTURE	15040	CPT	outpatient			6289	2398.47	Horizon	Medicare Blue		2085.63				382.29	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HARVEST SKIN TISSUE CULTURE	15040	CPT	outpatient			6289	2398.47	Horizon	PPO		3881.36				382.29	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HARVEST SKIN TISSUE CULTURE	15040	CPT	outpatient			6289	2398.47	Managed Care Inc	Managed Care Inc		5660.1	90			382.29	5974.55	percent of total billed charges	
HARVEST SKIN TISSUE CULTURE	15040	CPT	outpatient			6289	2398.47	Multiplan	Multiplan		5031.2	80			382.29	5974.55	percent of total billed charges	
HARVEST SKIN TISSUE CULTURE	15040	CPT	outpatient			6289	2398.47	Qualcare	Qualcare		4716.75	75			382.29	5974.55	percent of total billed charges	
HARVEST SKIN TISSUE CULTURE	15040	CPT	outpatient			6289	2398.47	Three Rivers	Three Rivers		5974.55	95			382.29	5974.55	percent of total billed charges	
HARVEST SKIN TISSUE CULTURE	15040	CPT	outpatient			6289	2398.47	UHC	Medicare		2085.63				382.29	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HARVEST SKIN TISSUE CULTURE	15040	CPT	outpatient			6289	2398.47	UHC	Medicaid		1984.18	31.55			382.29	5974.55	percent of total billed charges	
HARVEST SKIN TISSUE CULTURE	15040	CPT	outpatient			6289	2398.47	United	Oxford		2493				382.29	5974.55	case rate	
HARVEST SKIN TISSUE CULTURE	15040	CPT	outpatient			6289	2398.47	United	CommercialPPO		2493				382.29	5974.55	case rate	
HARVEST SKIN TISSUE CULTURE	15040	CPT	outpatient			6289	2398.47	Wellcare	Medicare		2085.63				382.29	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HARVEST SKIN TISSUE CULTURE	15040	CPT	outpatient			6289	2398.47	Wellcare	Medicaid		1984.18	31.55			382.29	5974.55	percent of total billed charges	
HARVEST SKIN TISSUE CULTURE	15040	CPT	outpatient			6289	2398.47	WellPoint	WellPoint		2023.8	32.18			382.29	5974.55	percent of total billed charges	
PINCH GRFT SING/MULT DEFECT<=2CM	15050	CPT	outpatient			1884	826.02	Aetna	Medicare		718.28				164.43	1789.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PINCH GRFT SING/MULT DEFECT<=2CM	15050	CPT	outpatient			1884	826.02	Aetna	Better Health		594.4	31.55			164.43	1789.8	percent of total billed charges	
PINCH GRFT SING/MULT DEFECT<=2CM	15050	CPT	outpatient			1884	826.02	Aetna	Commercial		1143.5				164.43	1789.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PINCH GRFT SING/MULT DEFECT<=2CM	15050	CPT	outpatient			1884	826.02	Americare	Americare		1413	75			164.43	1789.8	percent of total billed charges	
PINCH GRFT SING/MULT DEFECT<=2CM	15050	CPT	outpatient			1884	826.02	Amerihealth	HMO/PPO		1224.6	65			164.43	1789.8	percent of total billed charges	
PINCH GRFT SING/MULT DEFECT<=2CM	15050	CPT	outpatient			1884	826.02	Amerihealth	Medicare		718.28				164.43	1789.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PINCH GRFT SING/MULT DEFECT<=2CM	15050	CPT	outpatient			1884	826.02	Consumer	Consumer		1789.8	95			164.43	1789.8	percent of total billed charges	
PINCH GRFT SING/MULT DEFECT<=2CM	15050	CPT	outpatient			1884	826.02	Corrections	Corrections		1507.2	80			164.43	1789.8	percent of total billed charges	
PINCH GRFT SING/MULT DEFECT<=2CM	15050	CPT	outpatient			1884	826.02	First Health	First Health		1318.8	70			164.43	1789.8	percent of total billed charges	
PINCH GRFT SING/MULT DEFECT<=2CM	15050	CPT	outpatient			1884	826.02	First Trenton	First Trenton		1695.6	90			164.43	1789.8	percent of total billed charges	
PINCH GRFT SING/MULT DEFECT<=2CM	15050	CPT	outpatient			1884	826.02	Horizon	Indemnity		1336.72				164.43	1789.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PINCH GRFT SING/MULT DEFECT<=2CM	15050	CPT	outpatient			1884	826.02	Horizon	MGD		1336.72				164.43	1789.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PINCH GRFT SING/MULT DEFECT<=2CM	15050	CPT	outpatient			1884	826.02	Horizon	Medicare Blue		718.28				164.43	1789.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PINCH GRFT SING/MULT DEFECT<=2CM	15050	CPT	outpatient			1884	826.02	Horizon	NJ Health		164.43				164.43	1789.8	fee schedule	
PINCH GRFT SING/MULT DEFECT<=2CM	15050	CPT	outpatient			1884	826.02	Horizon	PPO		1336.72				164.43	1789.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PINCH GRFT SING/MULT DEFECT<=2CM	15050	CPT	outpatient			1884	826.02	Managed Care Inc	Managed Care Inc		1695.6	90			164.43	1789.8	percent of total billed charges	
PINCH GRFT SING/MULT DEFECT<=2CM	15050	CPT	outpatient			1884	826.02	Multiplan	Multiplan		1507.2	80			164.43	1789.8	percent of total billed charges	
PINCH GRFT SING/MULT DEFECT<=2CM	15050	CPT	outpatient			1884	826.02	Qualcare	Qualcare		1413	75			164.43	1789.8	percent of total billed charges	
PINCH GRFT SING/MULT DEFECT<=2CM	15050	CPT	outpatient			1884	826.02	Three Rivers	Three Rivers		1789.8	95			164.43	1789.8	percent of total billed charges	
PINCH GRFT SING/MULT DEFECT<=2CM	15050	CPT	outpatient			1884	826.02	UHC	Medicaid		594.4	31.55			164.43	1789.8	percent of total billed charges	
PINCH GRFT SING/MULT DEFECT<=2CM	15050	CPT	outpatient			1884	826.02	UHC	Medicare		718.28				164.43	1789.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PINCH GRFT SING/MULT DEFECT<=2CM	15050	CPT	outpatient			1884	826.02	United	CommercialPPO		1782				164.43	1789.8	case rate	
PINCH GRFT SING/MULT DEFECT<=2CM	15050	CPT	outpatient			1884	826.02	United	Oxford		1782				164.43	1789.8	case rate	
PINCH GRFT SING/MULT DEFECT<=2CM	15050	CPT	outpatient			1884	826.02	Wellcare	Medicare		718.28				164.43	1789.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PINCH GRFT SING/MULT DEFECT<=2CM	15050	CPT	outpatient			1884	826.02	Wellcare	Medicaid		594.4	31.55			164.43	1789.8	percent of total billed charges	
PINCH GRFT SING/MULT DEFECT<=2CM	15050	CPT	outpatient			1884	826.02	WellPoint	WellPoint		606.27	32.18			164.43	1789.8	percent of total billed charges	
SPLINT THICK SKN GRT TRK/EXT	15100	CPT	outpatient			6289	2398.47	Aetna	Better Health		1984.18	31.55			661.64	5974.55	percent of total billed charges	
SPLINT THICK SKN GRT TRK/EXT	15100	CPT	outpatient			6289	2398.47	Aetna	Medicare		2085.63				661.64	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPLINT THICK SKN GRT TRK/EXT	15100	CPT	outpatient			6289	2398.47	Aetna	Commercial		3320.32				661.64	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPLINT THICK SKN GRT TRK/EXT	15100	CPT	outpatient			6289	2398.47	Americare	Americare		4716.75	75			661.64	5974.55	percent of total billed charges	
SPLINT THICK SKN GRT TRK/EXT	15100	CPT	outpatient			6289	2398.47	Amerihealth	Medicare		2085.63				661.64	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPLINT THICK SKN GRT TRK/EXT	15100	CPT	outpatient			6289	2398.47	Amerihealth	HMO/PPO		4087.85	65			661.64	5974.55	percent of total billed charges	
SPLINT THICK SKN GRT TRK/EXT	15100	CPT	outpatient			6289	2398.47	Consumer	Consumer		5974.55	95			661.64	5974.55	percent of total billed charges	
SPLINT THICK SKN GRT TRK/EXT	15100	CPT	outpatient			6289	2398.47	Corrections	Corrections		5031.2	80			661.64	5974.55	percent of total billed charges	
SPLINT THICK SKN GRT TRK/EXT	15100	CPT	outpatient			6289	2398.47	First Health	First Health		4402.3	70			661.64	5974.55	percent of total billed charges	
SPLINT THICK SKN GRT TRK/EXT	15100	CPT	outpatient			6289	2398.47	First Trenton	First Trenton		5660.1	90			661.64	5974.55	percent of total billed charges	
SPLINT THICK SKN GRT TRK/EXT	15100	CPT	outpatient			6289	2398.47	Horizon	Indemnity		3881.36				661.64	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPLINT THICK SKN GRT TRK/EXT	15100	CPT	outpatient			6289	2398.47	Horizon	Medicare Blue		2085.63				661.64	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPLINT THICK SKN GRT TRK/EXT	15100	CPT	outpatient			6289	2398.47	Horizon	NJ Health		661.64				661.64	5974.55	fee schedule	
SPLINT THICK SKN GRT TRK/EXT	15100	CPT	outpatient			6289	2398.47	Horizon	PPO		3881.36				661.64	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPLINT THICK SKN GRT TRK/EXT	15100	CPT	outpatient			6289	2398.47	Horizon	MGD		3881.36				661.64	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPLINT THICK SKN GRT TRK/EXT	15100	CPT	outpatient			6289	2398.47	Managed Care Inc	Managed Care Inc		5660.1	90			661.64	5974.55	percent of total billed charges	
SPLINT THICK SKN GRT TRK/EXT	15100	CPT	outpatient			6289	2398.47	Multiplan	Multiplan		5031.2	80			661.64	5974.55	percent of total billed charges	
SPLINT THICK SKN GRT TRK/EXT	15100	CPT	outpatient			6289	2398.47	Qualcare	Qualcare		4716.75	75			661.64	5974.55	percent of total billed charges	
SPLINT THICK SKN GRT TRK/EXT	15100	CPT	outpatient			6289	2398.47	Three Rivers	Three Rivers		5974.55	95			661.64	5974.55	percent of total billed charges	
SPLINT THICK SKN GRT TRK/EXT	15100	CPT	outpatient			6289	2398.47	UHC	Medicaid		1984.18	31.55			661.64	5974.55	percent of total billed charges	
SPLINT THICK SKN GRT TRK/EXT	15100	CPT	outpatient			6289	2398.47	UHC	Medicare		2085.63				661.64	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPLINT THICK SKN GRT TRK/EXT	15100	CPT	outpatient			6289	2398.47	United	CommercialPPO		2493				661.64	5974.55	case rate	
SPLINT THICK SKN GRT TRK/EXT	15100	CPT	outpatient			6289	2398.47	United	Oxford		2493				661.64	5974.55	case rate	
SPLINT THICK SKN GRT TRK/EXT	15100	CPT	outpatient			6289	2398.47	Wellcare	Medicare		2085.63				661.64	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPLINT THICK SKN GRT TRK/EXT	15100	CPT	outpatient			6289	2398.47	Wellcare	Medicaid		1984.18	31.55			661.64	5974.55	percent of total billed charges	
SPLINT THICK SKN GRT TRK/EXT	15100	CPT	outpatient			6289	2398.47	WellPoint	WellPoint		2023.8	32.18			661.64	5974.55	percent of total billed charges	
SPLNT THICK SKIN GFT FACE,HAND ETC.	15120	CPT	outpatient			13792	4718.53	Aetna	Commercial		6532.09				1269.92	13102.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPLNT THICK SKIN GFT FACE,HAND ETC.	15120	CPT	outpatient			13792	4718.53	Aetna	Better Health		4351.38	31.55			1269.92	13102.4	percent of total billed charges	
SPLNT THICK SKIN GFT FACE,HAND ETC.	15120	CPT	outpatient			13792	4718.53	Aetna	Medicare		4103.07				1269.92	13102.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPLNT THICK SKIN GFT FACE,HAND ETC.	15120	CPT	outpatient			13792	4718.53	Americare	Americare		10344	75			1269.92	13102.4	percent of total billed charges	
SPLNT THICK SKIN GFT FACE,HAND ETC.	15120	CPT	outpatient			13792	4718.53	Amerihealth	HMO/PPO		8964.8	65			1269.92	13102.4	percent of total billed charges	
SPLNT THICK SKIN GFT FACE,HAND ETC.	15120	CPT	outpatient			13792	4718.53	Amerihealth	Medicare		4103.07				1269.92	13102.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPLNT THICK SKIN GFT FACE,HAND ETC.	15120	CPT	outpatient			13792	4718.53	Consumer	Consumer		13102.4	95			1269.92	13102.4	percent of total billed charges	
SPLNT THICK SKIN GFT FACE,HAND ETC.	15120	CPT	outpatient			13792	4718.53	Corrections	Corrections		11033.6	80			1269.92	13102.4	percent of total billed charges	
SPLNT THICK SKIN GFT FACE,HAND ETC.	15120	CPT	outpatient			13792	4718.53	First Health	First Health		9654.4	70			1269.92	13102.4	percent of total billed charges	
SPLNT THICK SKIN GFT FACE,HAND ETC.	15120	CPT	outpatient			13792	4718.53	First Trenton	First Trenton		12412.8	90			1269.92	13102.4	percent of total billed charges	
SPLNT THICK SKIN GFT FACE,HAND ETC.	15120	CPT	outpatient			13792	4718.53	Horizon	NJ Health		1269.92				1269.92	13102.4	fee schedule	
SPLNT THICK SKIN GFT FACE,HAND ETC.	15120	CPT	outpatient			13792	4718.53	Horizon	Indemnity		7635.81				1269.92	13102.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPLNT THICK SKIN GFT FACE,HAND ETC.	15120	CPT	outpatient			13792	4718.53	Horizon	Medicare Blue		4103.07				1269.92	13102.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPLNT THICK SKIN GFT FACE,HAND ETC.	15120	CPT	outpatient			13792	4718.53	Horizon	MGD		7635.81				1269.92	13102.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPLNT THICK SKIN GFT FACE,HAND ETC.	15120	CPT	outpatient			13792	4718.53	Horizon	PPO		7635.81				1269.92	13102.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPLNT THICK SKIN GFT FACE,HAND ETC.	15120	CPT	outpatient			13792	4718.53	Managed Care Inc	Managed Care Inc		12412.8	90			1269.92	13102.4	percent of total billed charges	
SPLNT THICK SKIN GFT FACE,HAND ETC.	15120	CPT	outpatient			13792	4718.53	Multiplan	Multiplan		11033.6	80			1269.92	13102.4	percent of total billed charges	
SPLNT THICK SKIN GFT FACE,HAND ETC.	15120	CPT	outpatient			13792	4718.53	Qualcare	Qualcare		10344	75			1269.92	13102.4	percent of total billed charges	
SPLNT THICK SKIN GFT FACE,HAND ETC.	15120	CPT	outpatient			13792	4718.53	Three Rivers	Three Rivers		13102.4	95			1269.92	13102.4	percent of total billed charges	
SPLNT THICK SKIN GFT FACE,HAND ETC.	15120	CPT	outpatient			13792	4718.53	UHC	Medicare		4103.07				1269.92	13102.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPLNT THICK SKIN GFT FACE,HAND ETC.	15120	CPT	outpatient			13792	4718.53	UHC	Medicaid		4351.38	31.55			1269.92	13102.4	percent of total billed charges	
SPLNT THICK SKIN GFT FACE,HAND ETC.	15120	CPT	outpatient			13792	4718.53	United	Oxford		3492				1269.92	13102.4	case rate	
SPLNT THICK SKIN GFT FACE,HAND ETC.	15120	CPT	outpatient			13792	4718.53	United	CommercialPPO		3492				1269.92	13102.4	case rate	
SPLNT THICK SKIN GFT FACE,HAND ETC.	15120	CPT	outpatient			13792	4718.53	Wellcare	Medicare		4103.07				1269.92	13102.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPLNT THICK SKIN GFT FACE,HAND ETC.	15120	CPT	outpatient			13792	4718.53	Wellcare	Medicaid		4351.38	31.55			1269.92	13102.4	percent of total billed charges	
SPLNT THICK SKIN GFT FACE,HAND ETC.	15120	CPT	outpatient			13792	4718.53	WellPoint	WellPoint		4438.27	32.18			1269.92	13102.4	percent of total billed charges	
TISS CULT SKN ATOGRFT,=< 25CM	15155	CPT	outpatient			11851	4718.53	Aetna	Better Health		3738.99	31.55			997.54	11258.45	percent of total billed charges	
TISS CULT SKN ATOGRFT,=< 25CM	15155	CPT	outpatient			11851	4718.53	Aetna	Commercial		6532.09				997.54	11258.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TISS CULT SKN ATOGRFT,=< 25CM	15155	CPT	outpatient			11851	4718.53	Aetna	Medicare		4103.07				997.54	11258.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TISS CULT SKN ATOGRFT,=< 25CM	15155	CPT	outpatient			11851	4718.53	Americare	Americare		8888.25	75			997.54	11258.45	percent of total billed charges	
TISS CULT SKN ATOGRFT,=< 25CM	15155	CPT	outpatient			11851	4718.53	Amerihealth	HMO/PPO		7703.15	65			997.54	11258.45	percent of total billed charges	
TISS CULT SKN ATOGRFT,=< 25CM	15155	CPT	outpatient			11851	4718.53	Amerihealth	Medicare		4103.07				997.54	11258.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TISS CULT SKN ATOGRFT,=< 25CM	15155	CPT	outpatient			11851	4718.53	Consumer	Consumer		11258.45	95			997.54	11258.45	percent of total billed charges	
TISS CULT SKN ATOGRFT,=< 25CM	15155	CPT	outpatient			11851	4718.53	Corrections	Corrections		9480.8	80			997.54	11258.45	percent of total billed charges	
TISS CULT SKN ATOGRFT,=< 25CM	15155	CPT	outpatient			11851	4718.53	First Health	First Health		8295.7	70			997.54	11258.45	percent of total billed charges	
TISS CULT SKN ATOGRFT,=< 25CM	15155	CPT	outpatient			11851	4718.53	First Trenton	First Trenton		10665.9	90			997.54	11258.45	percent of total billed charges	
TISS CULT SKN ATOGRFT,=< 25CM	15155	CPT	outpatient			11851	4718.53	Horizon	Indemnity		7635.81				997.54	11258.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TISS CULT SKN ATOGRFT,=< 25CM	15155	CPT	outpatient			11851	4718.53	Horizon	MGD		7635.81				997.54	11258.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TISS CULT SKN ATOGRFT,=< 25CM	15155	CPT	outpatient			11851	4718.53	Horizon	NJ Health		997.54				997.54	11258.45	fee schedule	
TISS CULT SKN ATOGRFT,=< 25CM	15155	CPT	outpatient			11851	4718.53	Horizon	Medicare Blue		4103.07				997.54	11258.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TISS CULT SKN ATOGRFT,=< 25CM	15155	CPT	outpatient			11851	4718.53	Horizon	PPO		7635.81				997.54	11258.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TISS CULT SKN ATOGRFT,=< 25CM	15155	CPT	outpatient			11851	4718.53	Managed Care Inc	Managed Care Inc		10665.9	90			997.54	11258.45	percent of total billed charges	
TISS CULT SKN ATOGRFT,=< 25CM	15155	CPT	outpatient			11851	4718.53	Multiplan	Multiplan		9480.8	80			997.54	11258.45	percent of total billed charges	
TISS CULT SKN ATOGRFT,=< 25CM	15155	CPT	outpatient			11851	4718.53	Qualcare	Qualcare		8888.25	75			997.54	11258.45	percent of total billed charges	
TISS CULT SKN ATOGRFT,=< 25CM	15155	CPT	outpatient			11851	4718.53	Three Rivers	Three Rivers		11258.45	95			997.54	11258.45	percent of total billed charges	
TISS CULT SKN ATOGRFT,=< 25CM	15155	CPT	outpatient			11851	4718.53	UHC	Medicaid		3738.99	31.55			997.54	11258.45	percent of total billed charges	
TISS CULT SKN ATOGRFT,=< 25CM	15155	CPT	outpatient			11851	4718.53	UHC	Medicare		4103.07				997.54	11258.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TISS CULT SKN ATOGRFT,=< 25CM	15155	CPT	outpatient			11851	4718.53	United	CommercialPPO		3492				997.54	11258.45	case rate	
TISS CULT SKN ATOGRFT,=< 25CM	15155	CPT	outpatient			11851	4718.53	United	Oxford		3492				997.54	11258.45	case rate	
TISS CULT SKN ATOGRFT,=< 25CM	15155	CPT	outpatient			11851	4718.53	Wellcare	Medicare		4103.07				997.54	11258.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TISS CULT SKN ATOGRFT,=< 25CM	15155	CPT	outpatient			11851	4718.53	Wellcare	Medicaid		3738.99	31.55			997.54	11258.45	percent of total billed charges	
TISS CULT SKN ATOGRFT,=< 25CM	15155	CPT	outpatient			11851	4718.53	WellPoint	WellPoint		3813.65	32.18			997.54	11258.45	percent of total billed charges	
FULL THICKNESS SKIN GRAFT TRUNK	15200	CPT	outpatient			6289	2398.47	Aetna	Commercial		3320.32				493.29	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FULL THICKNESS SKIN GRAFT TRUNK	15200	CPT	outpatient			6289	2398.47	Aetna	Medicare		2085.63				493.29	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FULL THICKNESS SKIN GRAFT TRUNK	15200

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.															
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true														
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
FULL THICKNESS SKIN GRAFT TRUNK	15200	CPT	outpatient			6289		2398.47	Amerihealth	Medicare		2085.63				493.29	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FULL THICKNESS SKIN GRAFT TRUNK	15200	CPT	outpatient			6289		2398.47	Amerihealth	HMO/PPO		4087.85	65			493.29	5974.55	percent of total billed charges	
FULL THICKNESS SKIN GRAFT TRUNK	15200	CPT	outpatient			6289		2398.47	Consumer	Consumer		5974.55	95			493.29	5974.55	percent of total billed charges	
FULL THICKNESS SKIN GRAFT TRUNK	15200	CPT	outpatient			6289		2398.47	Corrections	Corrections		5031.2	80			493.29	5974.55	percent of total billed charges	
FULL THICKNESS SKIN GRAFT TRUNK	15200	CPT	outpatient			6289		2398.47	First Health	First Health		4402.3	70			493.29	5974.55	percent of total billed charges	
FULL THICKNESS SKIN GRAFT TRUNK	15200	CPT	outpatient			6289		2398.47	First Trenton	First Trenton		5660.1	90			493.29	5974.55	percent of total billed charges	
FULL THICKNESS SKIN GRAFT TRUNK	15200	CPT	outpatient			6289		2398.47	Horizon	PPO		3881.36				493.29	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FULL THICKNESS SKIN GRAFT TRUNK	15200	CPT	outpatient			6289		2398.47	Horizon	NJ Health		493.29				493.29	5974.55	fee schedule	
FULL THICKNESS SKIN GRAFT TRUNK	15200	CPT	outpatient			6289		2398.47	Horizon	Indemnity		3881.36				493.29	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FULL THICKNESS SKIN GRAFT TRUNK	15200	CPT	outpatient			6289		2398.47	Horizon	Medicare Blue		2085.63				493.29	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FULL THICKNESS SKIN GRAFT TRUNK	15200	CPT	outpatient			6289		2398.47	Horizon	MGD		3881.36				493.29	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FULL THICKNESS SKIN GRAFT TRUNK	15200	CPT	outpatient			6289		2398.47	Managed Care Inc	Managed Care Inc		5660.1	90			493.29	5974.55	percent of total billed charges	
FULL THICKNESS SKIN GRAFT TRUNK	15200	CPT	outpatient			6289		2398.47	Multiplan	Multiplan		5031.2	80			493.29	5974.55	percent of total billed charges	
FULL THICKNESS SKIN GRAFT TRUNK	15200	CPT	outpatient			6289		2398.47	Qualcare	Qualcare		4716.75	75			493.29	5974.55	percent of total billed charges	
FULL THICKNESS SKIN GRAFT TRUNK	15200	CPT	outpatient			6289		2398.47	Three Rivers	Three Rivers		5974.55	95			493.29	5974.55	percent of total billed charges	
FULL THICKNESS SKIN GRAFT TRUNK	15200	CPT	outpatient			6289		2398.47	UHC	Medicare		2085.63				493.29	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FULL THICKNESS SKIN GRAFT TRUNK	15200	CPT	outpatient			6289		2398.47	UHC	Medicaid		1984.18	31.55			493.29	5974.55	percent of total billed charges	
FULL THICKNESS SKIN GRAFT TRUNK	15200	CPT	outpatient			6289		2398.47	United	Commercial|PPO		2776				493.29	5974.55	case rate	
FULL THICKNESS SKIN GRAFT TRUNK	15200	CPT	outpatient			6289		2398.47	United	Oxford		2776				493.29	5974.55	case rate	
FULL THICKNESS SKIN GRAFT TRUNK	15200	CPT	outpatient			6289		2398.47	Wellcare	Medicare		2085.63				493.29	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FULL THICKNESS SKIN GRAFT TRUNK	15200	CPT	outpatient			6289		2398.47	Wellcare	Medicaid		1984.18	31.55			493.29	5974.55	percent of total billed charges	
FULL THICKNESS SKIN GRAFT TRUNK	15200	CPT	outpatient			6289		2398.47	WellPoint	WellPoint		2023.8	32.18			493.29	5974.55	percent of total billed charges	
FULL THICK SKIN GRAFT SCALP/EXT	15220	CPT	outpatient			6289		2398.47	Aetna	Commercial		3320.32				760.68	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FULL THICK SKIN GRAFT SCALP/EXT	15220	CPT	outpatient			6289		2398.47	Aetna	Better Health		1984.18	31.55			760.68	5974.55	percent of total billed charges	
FULL THICK SKIN GRAFT SCALP/EXT	15220	CPT	outpatient			6289		2398.47	Aetna	Medicare		2085.63				760.68	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FULL THICK SKIN GRAFT SCALP/EXT	15220	CPT	outpatient			6289		2398.47	Americare	Americare		4716.75	75			760.68	5974.55	percent of total billed charges	
FULL THICK SKIN GRAFT SCALP/EXT	15220	CPT	outpatient			6289		2398.47	Amerihealth	HMO/PPO		4087.85	65			760.68	5974.55	percent of total billed charges	
FULL THICK SKIN GRAFT SCALP/EXT	15220	CPT	outpatient			6289		2398.47	Amerihealth	Medicare		2085.63				760.68	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FULL THICK SKIN GRAFT SCALP/EXT	15220	CPT	outpatient			6289		2398.47	Consumer	Consumer		5974.55	95			760.68	5974.55	percent of total billed charges	
FULL THICK SKIN GRAFT SCALP/EXT	15220	CPT	outpatient			6289		2398.47	Corrections	Corrections		5031.2	80			760.68	5974.55	percent of total billed charges	
FULL THICK SKIN GRAFT SCALP/EXT	15220	CPT	outpatient			6289		2398.47	First Health	First Health		4402.3	70			760.68	5974.55	percent of total billed charges	
FULL THICK SKIN GRAFT SCALP/EXT	15220	CPT	outpatient			6289		2398.47	First Trenton	First Trenton		5660.1	90			760.68	5974.55	percent of total billed charges	
FULL THICK SKIN GRAFT SCALP/EXT	15220	CPT	outpatient			6289		2398.47	Horizon	NJ Health		760.68				760.68	5974.55	fee schedule	
FULL THICK SKIN GRAFT SCALP/EXT	15220	CPT	outpatient			6289		2398.47	Horizon	Medicare Blue		2085.63				760.68	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FULL THICK SKIN GRAFT SCALP/EXT	15220	CPT	outpatient			6289		2398.47	Horizon	MGD		3881.36				760.68	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FULL THICK SKIN GRAFT SCALP/EXT	15220	CPT	outpatient			6289		2398.47	Horizon	PPO		3881.36				760.68	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FULL THICK SKIN GRAFT SCALP/EXT	15220	CPT	outpatient			6289		2398.47	Horizon	Indemnity		3881.36				760.68	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FULL THICK SKIN GRAFT SCALP/EXT	15220	CPT	outpatient			6289		2398.47	Managed Care Inc	Managed Care Inc		5660.1	90			760.68	5974.55	percent of total billed charges	
FULL THICK SKIN GRAFT SCALP/EXT	15220	CPT	outpatient			6289		2398.47	Multiplan	Multiplan		5031.2	80			760.68	5974.55	percent of total billed charges	
FULL THICK SKIN GRAFT SCALP/EXT	15220	CPT	outpatient			6289		2398.47	Qualcare	Qualcare		4716.75	75			760.68	5974.55	percent of total billed charges	
FULL THICK SKIN GRAFT SCALP/EXT	15220	CPT	outpatient			6289		2398.47	Three Rivers	Three Rivers		5974.55	95			760.68	5974.55	percent of total billed charges	
FULL THICK SKIN GRAFT SCALP/EXT	15220	CPT	outpatient			6289		2398.47	UHC	Medicare		2085.63				760.68	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FULL THICK SKIN GRAFT SCALP/EXT	15220	CPT	outpatient			6289		2398.47	UHC	Medicaid		1984.18	31.55			760.68	5974.55	percent of total billed charges	
FULL THICK SKIN GRAFT SCALP/EXT	15220	CPT	outpatient			6289		2398.47	United	Oxford		2493				760.68	5974.55	case rate	
FULL THICK SKIN GRAFT SCALP/EXT	15220	CPT	outpatient			6289		2398.47	United	Commercial|PPO		2493				760.68	5974.55	case rate	
FULL THICK SKIN GRAFT SCALP/EXT	15220	CPT	outpatient			6289		2398.47	Wellcare	Medicare		2085.63				760.68	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FULL THICK SKIN GRAFT SCALP/EXT	15220	CPT	outpatient			6289		2398.47	Wellcare	Medicaid		1984.18	31.55			760.68	5974.55	percent of total billed charges	
FULL THICK SKIN GRAFT SCALP/EXT	15220	CPT	outpatient			6289		2398.47	WellPoint	WellPoint		2023.8	32.18			760.68	5974.55	percent of total billed charges	
FULL GRFT FACE/GENIT/HF <=20SQCM	15240	CPT	outpatient			7299		2398.47	Aetna	Commercial		3320.32				827.63	6934.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FULL GRFT FACE/GENIT/HF <=20SQCM	15240	CPT	outpatient			7299		2398.47	Aetna	Better Health		2302.83	31.55			827.63	6934.05	percent of total billed charges	
FULL GRFT FACE/GENIT/HF <=20SQCM	15240	CPT	outpatient			7299		2398.47	Aetna	Medicare		2085.63				827.63	6934.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FULL GRFT FACE/GENIT/HF <=20SQCM	15240	CPT	outpatient			7299		2398.47	Americare	Americare		5474.25	75			827.63	6934.05	percent of total billed charges	
FULL GRFT FACE/GENIT/HF <=20SQCM	15240	CPT	outpatient			7299		2398.47	Amerihealth	Medicare		2085.63				827.63	6934.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FULL GRFT FACE/GENIT/HF <=20SQCM	15240	CPT	outpatient			7299		2398.47	Amerihealth	HMO/PPO		4744.35	65			827.63	6934.05	percent of total billed charges	
FULL GRFT FACE/GENIT/HF <=20SQCM	15240	CPT	outpatient			7299		2398.47	Consumer	Consumer		6934.05	95			827.63	6934.05	percent of total billed charges	
FULL GRFT FACE/GENIT/HF <=20SQCM	15240	CPT	outpatient			7299		2398.47	Corrections	Corrections		5839.2	80			827.63	6934.05	percent of total billed charges	
FULL GRFT FACE/GENIT/HF <=20SQCM	15240	CPT	outpatient			7299		2398.47	First Health	First Health		5109.3	70			827.63	6934.05	percent of total billed charges	
FULL GRFT FACE/GENIT/HF <=20SQCM	15240	CPT	outpatient			7299		2398.47	First Trenton	First Trenton		6569.1	90			827.63	6934.05	percent of total billed charges	
FULL GRFT FACE/GENIT/HF <=20SQCM	15240	CPT	outpatient			7299		2398.47	Horizon	Indemnity		3881.36				827.63	6934.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FULL GRFT FACE/GENIT/HF <=20SQCM	15240	CPT	outpatient			7299		2398.47	Horizon	MGD		3881.36				827.63	6934.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FULL GRFT FACE/GENIT/HF <=20SQCM	15240	CPT	outpatient			7299		2398.47	Horizon	NJ Health		827.63				827.63	6934.05	fee schedule	
FULL GRFT FACE/GENIT/HF <=20SQCM	15240	CPT	outpatient			7299		2398.47	Horizon	Medicare Blue		2085.63				827.63	6934.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FULL GRFT FACE/GENIT/HF <=20SQCM	15240	CPT	outpatient			7299		2398.47	Horizon	PPO		3881.36				827.63	6934.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FULL GRFT FACE/GENIT/HF <=20SQCM	15240	CPT	outpatient			7299		2398.47	Managed Care Inc	Managed Care Inc		6569.1	90			827.63	6934.05	percent of total billed charges	
FULL GRFT FACE/GENIT/HF <=20SQCM	15240	CPT	outpatient			7299		2398.47	Multiplan	Multiplan		5839.2	80			827.63	6934.05	percent of total billed charges	
FULL GRFT FACE/GENIT/HF <=20SQCM	15240	CPT	outpatient			7299		2398.47	Qualcare	Qualcare		5474.25	75			827.63	6934.05	percent of total billed charges	
FULL GRFT FACE/GENIT/HF <=20SQCM	15240	CPT	outpatient			7299		2398.47	Three Rivers	Three Rivers		6934.05	95			827.63	6934.05	percent of total billed charges	
FULL GRFT FACE/GENIT/HF <=20SQCM	15240	CPT	outpatient			7299		2398.47	UHC	Medicaid		2302.83	31.55			827.63	6934.05	percent of total billed charges	
FULL GRFT FACE/GENIT/HF <=20SQCM	15240	CPT	outpatient			7299		2398.47	UHC	Medicare		2085.63				827.63	6934.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FULL GRFT FACE/GENIT/HF <=20SQCM	15240	CPT	outpatient			7299		2398.47	United	Oxford		2493				827.63	6934.05	case rate	
FULL GRFT FACE/GENIT/HF <=20SQCM	15240	CPT	outpatient			7299		2398.47	United	Commercial|PPO		2493				827.63	6934.05	case rate	
FULL GRFT FACE/GENIT/HF <=20SQCM	15240	CPT	outpatient			7299		2398.47	Wellcare	Medicare		2085.63				827.63	6934.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FULL GRFT FACE/GENIT/HF <=20SQCM	15240	CPT	outpatient			7299		2398.47	Wellcare	Medicaid		2302.83	31.55			827.63	6934.05	percent of total billed charges	
FULL GRFT FACE/GENIT/HF <=20SQCM	15240	CPT	outpatient			7299		2398.47	WellPoint	WellPoint		2348.82	32.18			827.63	6934.05	percent of total billed charges	
FTH/GFT FR W/DIR CLSR EA AD 20CM/<	15241	CPT	outpatient						Horizon	NJ Health		199.53				199.53	1782	fee schedule	
FTH/GFT FR W/DIR CLSR EA AD 20CM/<	15241	CPT	outpatient						United	Commercial|PPO		1782				199.53	1782	case rate	
FTH/GFT FR W/DIR CLSR EA AD 20CM/<	15241	CPT	outpatient						United	Oxford		1782				199.53	1782	case rate	
MINOR TUBE GRAFTING OR EXT EAR	15260	CPT	outpatient			6718		2398.47	Aetna	Better Health		2119.53	31.55			917.68	6382.1	percent of total billed charges	
MINOR TUBE GRAFTING OR EXT EAR	15260	CPT	outpatient			6718		2398.47	Aetna	Commercial		3320.32				917.68	6382.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MINOR TUBE GRAFTING OR EXT EAR	15260	CPT	outpatient			6718		2398.47	Aetna	Medicare		2085.63				917.68	6382.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MINOR TUBE GRAFTING OR EXT EAR	15260	CPT	outpatient			6718		2398.47	Americare	Americare		5038.5	75			917.68	6382.1	percent of total billed charges	
MINOR TUBE GRAFTING OR EXT EAR	15260	CPT	outpatient			6718		2398.47	Amerihealth	HMO/PPO		4366.7	65			917.68	6382.1	percent of total billed charges	
MINOR TUBE GRAFTING OR EXT EAR	15260	CPT	outpatient			6718		2398.47	Amerihealth	Medicare		2085.63				917.68	6382.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MINOR TUBE GRAFTING OR EXT EAR	15260	CPT	outpatient			6718		2398.47	Consumer	Consumer		6382.1	95			917.68	6382.1	percent of total billed charges	
MINOR TUBE GRAFTING OR EXT EAR	15260	CPT	outpatient			6718		2398.47	Corrections	Corrections		5374.4	80			917.68	6382.1	percent of total billed charges	
MINOR TUBE GRAFTING OR EXT EAR	15260	CPT	outpatient			6718		2398.47	First Health	First Health		4702.6	70			917.68	6382.1	percent of total billed charges	
MINOR TUBE GRAFTING OR EXT EAR	15260	CPT	outpatient			6718		2398.47	First Trenton	First Trenton		6046.2	90			917.68	6382.1	percent of total billed charges	
MINOR TUBE GRAFTING OR EXT EAR	15260	CPT	outpatient			6718		2398.47	Horizon	Medicare Blue		2085.63				917.68	6382.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MINOR TUBE GRAFTING OR EXT EAR	15260	CPT	outpatient			6718		2398.47	Horizon	NJ Health		917.68				917.68	6382.1	fee schedule	
MINOR TUBE GRAFTING OR EXT EAR	15260	CPT	outpatient			6718		2398.47	Horizon	Indemnity		3881.36				917.68	6382.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MINOR TUBE GRAFTING OR EXT EAR	15260	CPT	outpatient			6718		2398.47	Horizon	MGD		3881.36				917.68	6382.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MINOR TUBE GRAFTING OR EXT EAR	15260	CPT	outpatient			6718		2398.47	Horizon	PPO		3881.36				917.68	6382.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MINOR TUBE GRAFTING OR EXT EAR	15260	CPT	outpatient			6718		2398.47	Managed Care Inc	Managed Care Inc		6046.2	90			917.68	6382.1	percent of total billed charges	
MINOR TUBE GRAFTING OR EXT EAR	15260	CPT	outpatient			6718		2398.47	Multiplan	Multiplan		5374.4	80			917.68	6382.1	percent of total billed charges	
MINOR TUBE GRAFTING OR EXT EAR	15260	CPT	outpatient			6718		2398.47	Qualcare	Qualcare		5038.5	75			917.68	6382.1	percent of total billed charges	
MINOR TUBE GRAFTING OR EXT EAR	15260	CPT	outpatient			6718		2398.47	Three Rivers	Three Rivers		6382.1	95			917.68	6382.1	percent of total billed charges	
MINOR TUBE GRAFTING OR EXT EAR	15260	CPT	outpatient			6718		2398.47	UHC	Medicaid		2119.53	31.55			917.68	6382.1	percent of total billed charges	
MINOR TUBE GRAFTING OR EXT EAR	15260	CPT	outpatient			6718		2398.47	UHC	Medicare		2085.63				917.68	6382.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MINOR TUBE GRAFTING OR EXT EAR	15260	CPT	outpatient			6718		2398.47	United	Oxford		2493				917.68	6382.1	case rate	
MINOR TUBE GRAFTING OR EXT EAR	15260	CPT	outpatient			6718		2398.47	United	Commercial|PPO		2493				917.68	6382.1	case rate	
MINOR TUBE GRAFTING OR EXT EAR	15260	CPT	outpatient			6718		2398.47	Wellcare	Medicaid		2119.53	31.55			917.68	6382.1	percent of total billed charges	
MINOR TUBE GRAFTING OR EXT EAR	15260	CPT	outpatient			6718		2398.47	Wellcare	Medicare		2085.63				917.68	6382.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MINOR TUBE GRAFTING OR EXT EAR	15260	CPT	outpatient			6718		2398.47	WellPoint	WellPoint		2161.85	32.18			917.68	6382.1	percent of total billed charges	
APP SKN SUB GRFT TO 100SQ,1ST25	15271	CPT	outpatient			6446		2398.47	Aetna	Medicare		1985.37	30.8			212.35	6123.7	percent of total billed charges	
APP SKN SUB GRFT TO 100SQ,1ST25	15271	CPT	outpatient			6446		2398.47	Aetna	Commercial		3320.32				212.35	6123.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APP SKN SUB GRFT TO 100SQ,1ST25	15271	CPT	outpatient			6446		2398.47	Aetna	Better Health		2033.71	31.55			212.35	6123.7	percent of total billed charges	
APP SKN SUB GRFT TO 100SQ,1ST25	15271	CPT	outpatient			6446		2398.47	Americare	Americare		4834.5	75			212.35	6123.7	percent of total billed charges	
APP SKN SUB GRFT TO 100SQ,1ST25	15271	CPT	outpatient			6446		2398.47	Amerihealth	HMO/PPO		4189.9	65			212.35	6123.7	percent of total billed charges	
APP SKN SUB GRFT TO 100SQ,1ST25	15271	CPT	outpatient			6446		2398.47	Amerihealth	Medicare		2085.63				212.35	6123.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APP SKN SUB GRFT TO 100SQ,1ST25	15271	CPT	outpatient			6446		2398.47	Consumer	Consumer		6123.7	95			212.35	6123.7	percent of total billed charges	
APP SKN SUB GRFT TO 100SQ,1ST25	15271	CPT	outpatient			6446		2398.47	Corrections	Corrections		5156.8	80			212.35	6123.7	percent of total billed charges	
APP SKN SUB GRFT TO 100SQ,1ST25	15271	CPT	outpatient			6446		2398.47	First Health	First Health		4512.2	70			212.35	6123.7	percent of total billed charges	
APP SKN SUB GRFT TO 100SQ,1ST25	15271	CPT	outpatient			6446		2398.47	First Trenton	First Trenton		5801.4	90			212.35	6123.7	percent of total billed charges	
APP SKN SUB GRFT TO 100SQ,1ST25	15271	CPT	outpatient			6446		2398.47	Horizon	Medicare Blue		2085.63				212.35	6123.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APP SKN SUB GRFT TO 100SQ,1ST25	15271	CPT	outpatient			6446		2398.47	Horizon	MGD		3881.36				212.35	6123.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APP SKN SUB GRFT TO 100SQ,1ST25	15271	CPT	outpatient			6446		2398.47	Horizon	Indemnity		3881.36				212.35	6123.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APP SKN SUB GRFT TO 100SQ,1ST25	15271	CPT	outpatient			6446		2398.47	Horizon	NJ Health		212.35				212.35	6123.7	fee schedule	
APP SKN SUB GRFT TO 100SQ,1ST25	15271	CPT	outpatient			6446		2398.47	Horizon	PPO		3881.36				212.35	6123.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APP SKN SUB GRFT TO 100SQ,1ST25	15271	CPT	outpatient			6446		2398.47	Managed Care Inc	Managed Care Inc		5801.4	90			212.35	6123.7	percent of total billed charges	
APP SKN SUB GRFT TO 100SQ,1ST25	15271	CPT	outpatient			6446		2398.47	Multiplan	Multiplan		5156.8	80			212.35	6123.7	percent of total billed charges	
APP SKN SUB GRFT TO 100SQ,1ST25	15271	CPT	outpatient			6446		2398.47	Qualcare	Qualcare		4834.5	75			212.35	6123.7	percent of total billed charges	
APP SKN SUB GRFT TO 100SQ,1ST25	15271	CPT	outpatient			6446		2398.47	Three Rivers	Three Rivers		6123.7	95			212.35	6123.7	percent of total billed charges	
APP SKN SUB GRFT TO 100SQ,1ST25	15271	CPT	outpatient			6446		2398.47	UHC	Medicaid		2033.71	31.55			212.35	6123.7	percent of total billed charges	
APP SKN SUB GRFT TO 100SQ,1ST25	15271	CPT	outpatient			6446		2398.47	UHC	Medicare		2085.63				212.35	6123.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APP SKN SUB GRFT TO 100SQ,1ST25	15271	CPT	outpatient			6446		2398.47	United	Commercial|PPO		2493				212.35	6123.7	case rate	
APP SKN SUB GRFT TO 100SQ,1ST25	15271	CPT	outpatient			6446		2398.47	United	Oxford		2493				212.35	6123.7	case rate	
APP SKN SUB GRFT TO 100SQ,1ST25	15271	CPT	outpatient			6446		2398.47	Wellcare	Medicaid		2033.71	31.55			212.35	6123.7	percent of total billed charges	
APP SKN SUB GRFT TO 100SQ,1ST25	15271	CPT	outpatient			6446		2398.47	Wellcare	Medicare		2085.63				212.35	6123.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APP SKN SUB GRFT TO 100SQ,1ST25	15271	CPT	outpatient			6446		2398.47	WellPoint	WellPoint		2074.32	32.18			212.35	6123.7	percent of total billed charges	
AP SK SB GRT TI/AL 1ST 25S E AD CM	15272	CPT	outpatient						Horizon	NJ Health		39.83				39.83	1782	fee schedule	
AP SK SB GRT TI/AL 1ST 25S E AD CM	15272	CPT	outpatient						United	Commercial|PPO		1782				39.83	1782	case rate	
AP SK SB GRT TI/AL 1ST 25S E AD CM	15272	CPT	outpatient						United	Oxford		1782				39.83	1782	case rate	
SKINSUB GRFT TI/ARM/LG 1ST100SQCM	15273	CPT	outpatient			11322		4718.53	Aetna	Commercial		6532.09				432.89	10755.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SKINSUB GRFT TI/ARM/LG 1ST100SQCM	15273	CPT	outpatient			11322		4718.53	Aetna	Better Health		3572.09	31.55			432.89	10755.9	percent of total billed charges	
SKINSUB GRFT TI/ARM/LG 1ST100SQCM	15273	CPT	outpatient			11322		4718.53	Aetna	Medicare		4103.07				432.89	10755.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SKINSUB GRFT TI/ARM/LG 1ST100SQCM	15273	CPT	outpatient			11322		4718.53	Americare	Americare		8491.5	75			432.89	10755.9	percent of total billed charges	
SKINSUB GRFT TI/ARM/LG 1ST100SQCM	15273	CPT	outpatient			11322		4718.53	Amerihealth	HMO/PPO		7359.3	65			432.89	10755.9	percent of total billed charges	
SKINSUB GRFT TI/ARM/LG 1ST100SQCM	15273	CPT	outpatient			11322		4718.53	Amerihealth	Medicare		4103.07				432.89	10755.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SKINSUB GRFT TI/ARM/LG 1ST100SQCM	15273	CPT	outpatient			11322		4718.53	Consumer	Consumer		10755.9	95			432.89	10755.9	percent of total billed charges	
SKINSUB GRFT TI/ARM/LG 1ST100SQCM	15273	CPT	outpatient			11322		4718.53	Corrections	Corrections		9057.6	80			432.89	10755.9	percent of total billed charges	
SKINSUB GRFT TI/ARM/LG 1ST100SQCM	15273	CPT	outpatient			11322		4718.53	First Health	First Health		7925.4	70			432.89	10755.9	percent of total billed charges	
SKINSUB GRFT TI/ARM/LG 1ST100SQCM	15273	CPT	outpatient			11322		4718.53	First Trenton	First Trenton		10189.8	90			432.89	10755.9	percent of total billed charges	
SKINSUB GRFT TI/ARM/LG 1ST100SQCM	15273	CPT	outpatient			11322		4718.53	Horizon	MGD		7635.81				432.89	10755.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SKINSUB GRFT TI/ARM/LG 1ST100SQCM	15273	CPT	outpatient			11322		4718.53	Horizon	Medicare Blue		4103.07				432.89	10755.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SKINSUB GRFT TI/ARM/LG 1ST100SQCM	15273	CPT	out

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
SKINSUB GRFT TI/ARM/LG 1ST100SQCM	15273	CPT	outpatient			11322		4718.53	Multiplan		9057.6	80			432.89	10755.9	percent of total billed charges	
SKINSUB GRFT TI/ARM/LG 1ST100SQCM	15273	CPT	outpatient			11322		4718.53	Qualcare		8491.5	75			432.89	10755.9	percent of total billed charges	
SKINSUB GRFT TI/ARM/LG 1ST100SQCM	15273	CPT	outpatient			11322		4718.53	Three Rivers		10755.9	95			432.89	10755.9	percent of total billed charges	
SKINSUB GRFT TI/ARM/LG 1ST100SQCM	15273	CPT	outpatient			11322		4718.53	UHC		Medicaid	31.55			432.89	10755.9	percent of total billed charges	
SKINSUB GRFT TI/ARM/LG 1ST100SQCM	15273	CPT	outpatient			11322		4718.53	UHC		Medicare				432.89	10755.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SKINSUB GRFT TI/ARM/LG 1ST100SQCM	15273	CPT	outpatient			11322		4718.53	United		Oxford				432.89	10755.9	case rate	
SKINSUB GRFT TI/ARM/LG 1ST100SQCM	15273	CPT	outpatient			11322		4718.53	United		CommercialPPO				432.89	10755.9	case rate	
SKINSUB GRFT TI/ARM/LG 1ST100SQCM	15273	CPT	outpatient			11322		4718.53	Wellcare		Medicaid	31.55			432.89	10755.9	percent of total billed charges	
SKINSUB GRFT TI/ARM/LG 1ST100SQCM	15273	CPT	outpatient			11322		4718.53	Wellcare		Medicare				432.89	10755.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SKINSUB GRFT TI/ARM/LG 1ST100SQCM	15273	CPT	outpatient			11322		4718.53	WellPoint		3643.42	32.18			432.89	10755.9	percent of total billed charges	
SB GRFT F/S/N UP TO 100 SQCM 1ST	15275	CPT	outpatient			6718		2398.47	Aetna		Commercial				226.21	6382.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SB GRFT F/S/N UP TO 100 SQCM 1ST	15275	CPT	outpatient			6718		2398.47	Aetna		Better Health	31.55			226.21	6382.1	percent of total billed charges	
SB GRFT F/S/N UP TO 100 SQCM 1ST	15275	CPT	outpatient			6718		2398.47	Aetna		Medicare				226.21	6382.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SB GRFT F/S/N UP TO 100 SQCM 1ST	15275	CPT	outpatient			6718		2398.47	Americare		Americare	75			226.21	6382.1	percent of total billed charges	
SB GRFT F/S/N UP TO 100 SQCM 1ST	15275	CPT	outpatient			6718		2398.47	Amerihealth		Medicare				226.21	6382.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SB GRFT F/S/N UP TO 100 SQCM 1ST	15275	CPT	outpatient			6718		2398.47	Amerihealth		HMO/PPO	65			226.21	6382.1	percent of total billed charges	
SB GRFT F/S/N UP TO 100 SQCM 1ST	15275	CPT	outpatient			6718		2398.47	Consumer		Consumer	95			226.21	6382.1	percent of total billed charges	
SB GRFT F/S/N UP TO 100 SQCM 1ST	15275	CPT	outpatient			6718		2398.47	Corrections		Corrections	80			226.21	6382.1	percent of total billed charges	
SB GRFT F/S/N UP TO 100 SQCM 1ST	15275	CPT	outpatient			6718		2398.47	First Health		First Health	70			226.21	6382.1	percent of total billed charges	
SB GRFT F/S/N UP TO 100 SQCM 1ST	15275	CPT	outpatient			6718		2398.47	First Trenton		First Trenton	90			226.21	6382.1	percent of total billed charges	
SB GRFT F/S/N UP TO 100 SQCM 1ST	15275	CPT	outpatient			6718		2398.47	Horizon		PPO				226.21	6382.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SB GRFT F/S/N UP TO 100 SQCM 1ST	15275	CPT	outpatient			6718		2398.47	Horizon		MGD				226.21	6382.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SB GRFT F/S/N UP TO 100 SQCM 1ST	15275	CPT	outpatient			6718		2398.47	Horizon		Indemnity				226.21	6382.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SB GRFT F/S/N UP TO 100 SQCM 1ST	15275	CPT	outpatient			6718		2398.47	Horizon		NJ Health				226.21	6382.1	fee schedule	
SB GRFT F/S/N UP TO 100 SQCM 1ST	15275	CPT	outpatient			6718		2398.47	Horizon		Medicare Blue				226.21	6382.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SB GRFT F/S/N UP TO 100 SQCM 1ST	15275	CPT	outpatient			6718		2398.47	Managed Care Inc		Managed Care Inc	90			226.21	6382.1	percent of total billed charges	
SB GRFT F/S/N UP TO 100 SQCM 1ST	15275	CPT	outpatient			6718		2398.47	Multiplan		Multiplan	80			226.21	6382.1	percent of total billed charges	
SB GRFT F/S/N UP TO 100 SQCM 1ST	15275	CPT	outpatient			6718		2398.47	Qualcare		Qualcare	75			226.21	6382.1	percent of total billed charges	
SB GRFT F/S/N UP TO 100 SQCM 1ST	15275	CPT	outpatient			6718		2398.47	Three Rivers		Three Rivers	95			226.21	6382.1	percent of total billed charges	
SB GRFT F/S/N UP TO 100 SQCM 1ST	15275	CPT	outpatient			6718		2398.47	UHC		Medicare				226.21	6382.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SB GRFT F/S/N UP TO 100 SQCM 1ST	15275	CPT	outpatient			6718		2398.47	UHC		Medicaid	31.55			226.21	6382.1	percent of total billed charges	
SB GRFT F/S/N UP TO 100 SQCM 1ST	15275	CPT	outpatient			6718		2398.47	United		CommercialPPO				226.21	6382.1	case rate	
SB GRFT F/S/N UP TO 100 SQCM 1ST	15275	CPT	outpatient			6718		2398.47	United		Oxford				226.21	6382.1	case rate	
SB GRFT F/S/N UP TO 100 SQCM 1ST	15275	CPT	outpatient			6718		2398.47	Wellcare		Medicare				226.21	6382.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SB GRFT F/S/N UP TO 100 SQCM 1ST	15275	CPT	outpatient			6718		2398.47	Wellcare		Medicaid	31.55			226.21	6382.1	percent of total billed charges	
SB GRFT F/S/N UP TO 100 SQCM 1ST	15275	CPT	outpatient			6718		2398.47	WellPoint		WellPoint	32.18			226.21	6382.1	percent of total billed charges	
APP SKN SUB GRFT EA ADDL 25/<	15276	CPT	outpatient						Horizon		NJ Health				48.62	1782	fee schedule	
APP SKN SUB GRFT EA ADDL 25/<	15276	CPT	outpatient						United		CommercialPPO				48.62	1782	case rate	
APP SKN SUB GRFT EA ADDL 25/<	15276	CPT	outpatient						United		Oxford				48.62	1782	case rate	
SKNSUB GRFT F/N/H/FG 1ST 100SQCM	15277	CPT	outpatient			6342		2398.47	Aetna		Better Health		2000.9	31.55	333.9	6024.9	percent of total billed charges	
SKNSUB GRFT F/N/H/FG 1ST 100SQCM	15277	CPT	outpatient			6342		2398.47	Aetna		Medicare		1953.34	30.8	333.9	6024.9	percent of total billed charges	
SKNSUB GRFT F/N/H/FG 1ST 100SQCM	15277	CPT	outpatient			6342		2398.47	Aetna		Commercial		3320.32		333.9	6024.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SKNSUB GRFT F/N/H/FG 1ST 100SQCM	15277	CPT	outpatient			6342		2398.47	Americare		Americare	75			333.9	6024.9	percent of total billed charges	
SKNSUB GRFT F/N/H/FG 1ST 100SQCM	15277	CPT	outpatient			6342		2398.47	Amerihealth		HMO/PPO	65			333.9	6024.9	percent of total billed charges	
SKNSUB GRFT F/N/H/FG 1ST 100SQCM	15277	CPT	outpatient			6342		2398.47	Amerihealth		Medicare				333.9	6024.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SKNSUB GRFT F/N/H/FG 1ST 100SQCM	15277	CPT	outpatient			6342		2398.47	Consumer		Consumer	95			333.9	6024.9	percent of total billed charges	
SKNSUB GRFT F/N/H/FG 1ST 100SQCM	15277	CPT	outpatient			6342		2398.47	Corrections		Corrections	80			333.9	6024.9	percent of total billed charges	
SKNSUB GRFT F/N/H/FG 1ST 100SQCM	15277	CPT	outpatient			6342		2398.47	First Health		First Health	70			333.9	6024.9	percent of total billed charges	
SKNSUB GRFT F/N/H/FG 1ST 100SQCM	15277	CPT	outpatient			6342		2398.47	First Trenton		First Trenton	90			333.9	6024.9	percent of total billed charges	
SKNSUB GRFT F/N/H/FG 1ST 100SQCM	15277	CPT	outpatient			6342		2398.47	Horizon		Indemnity		3881.36		333.9	6024.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SKNSUB GRFT F/N/H/FG 1ST 100SQCM	15277	CPT	outpatient			6342		2398.47	Horizon		Medicare Blue		2085.63		333.9	6024.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SKNSUB GRFT F/N/H/FG 1ST 100SQCM	15277	CPT	outpatient			6342		2398.47	Horizon		NJ Health		333.9		333.9	6024.9	fee schedule	
SKNSUB GRFT F/N/H/FG 1ST 100SQCM	15277	CPT	outpatient			6342		2398.47	Horizon		MGD		3881.36		333.9	6024.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SKNSUB GRFT F/N/H/FG 1ST 100SQCM	15277	CPT	outpatient			6342		2398.47	Horizon		PPO		3881.36		333.9	6024.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SKNSUB GRFT F/N/H/FG 1ST 100SQCM	15277	CPT	outpatient			6342		2398.47	Managed Care Inc		Managed Care Inc		5707.8	90	333.9	6024.9	percent of total billed charges	
SKNSUB GRFT F/N/H/FG 1ST 100SQCM	15277	CPT	outpatient			6342		2398.47	Multiplan		Multiplan		5073.6	80	333.9	6024.9	percent of total billed charges	
SKNSUB GRFT F/N/H/FG 1ST 100SQCM	15277	CPT	outpatient			6342		2398.47	Qualcare		Qualcare		4756.5	75	333.9	6024.9	percent of total billed charges	
SKNSUB GRFT F/N/H/FG 1ST 100SQCM	15277	CPT	outpatient			6342		2398.47	Three Rivers		Three Rivers		6024.9	95	333.9	6024.9	percent of total billed charges	
SKNSUB GRFT F/N/H/FG 1ST 100SQCM	15277	CPT	outpatient			6342		2398.47	UHC		Medicaid		2000.9	31.55	333.9	6024.9	percent of total billed charges	
SKNSUB GRFT F/N/H/FG 1ST 100SQCM	15277	CPT	outpatient			6342		2398.47	UHC		Medicare		2085.63		333.9	6024.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SKNSUB GRFT F/N/H/FG 1ST 100SQCM	15277	CPT	outpatient			6342		2398.47	United		CommercialPPO		2493		333.9	6024.9	case rate	
SKNSUB GRFT F/N/H/FG 1ST 100SQCM	15277	CPT	outpatient			6342		2398.47	United		Oxford		2493		333.9	6024.9	case rate	
SKNSUB GRFT F/N/H/FG 1ST 100SQCM	15277	CPT	outpatient			6342		2398.47	Wellcare		Medicaid		2000.9	31.55	333.9	6024.9	percent of total billed charges	
SKNSUB GRFT F/N/H/FG 1ST 100SQCM	15277	CPT	outpatient			6342		2398.47	Wellcare		Medicare		2085.63		333.9	6024.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SKNSUB GRFT F/N/H/FG 1ST 100SQCM	15277	CPT	outpatient			6342		2398.47	WellPoint		WellPoint		2040.86	32.18	333.9	6024.9	percent of total billed charges	
PEDICLE FLAP; SCALP/ARM/LEG	15572	CPT	outpatient			6605		4718.53	Aetna		Better Health		2083.88	31.55	871.56	7635.81	percent of total billed charges	
PEDICLE FLAP; SCALP/ARM/LEG	15572	CPT	outpatient			6605		4718.53	Aetna		Medicare		4103.07		871.56	7635.81	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PEDICLE FLAP; SCALP/ARM/LEG	15572	CPT	outpatient			6605		4718.53	Aetna		Commercial		6532.09		871.56	7635.81	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PEDICLE FLAP; SCALP/ARM/LEG	15572	CPT	outpatient			6605		4718.53	Americare		Americare	75	4953.75		871.56	7635.81	percent of total billed charges	
PEDICLE FLAP; SCALP/ARM/LEG	15572	CPT	outpatient			6605		4718.53	Amerihealth		HMO/PPO	65	4293.25		871.56	7635.81	percent of total billed charges	
PEDICLE FLAP; SCALP/ARM/LEG	15572	CPT	outpatient			6605		4718.53	Amerihealth		Medicare		4103.07		871.56	7635.81	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PEDICLE FLAP; SCALP/ARM/LEG	15572	CPT	outpatient			6605		4718.53	Consumer		Consumer	95	6274.75		871.56	7635.81	percent of total billed charges	
PEDICLE FLAP; SCALP/ARM/LEG	15572	CPT	outpatient			6605		4718.53	Corrections		Corrections	80	5284		871.56	7635.81	percent of total billed charges	
PEDICLE FLAP; SCALP/ARM/LEG	15572	CPT	outpatient			6605		4718.53	First Health		First Health	70	4623.5		871.56	7635.81	percent of total billed charges	
PEDICLE FLAP; SCALP/ARM/LEG	15572	CPT	outpatient			6605		4718.53	First Trenton		First Trenton	90	5944.5		871.56	7635.81	percent of total billed charges	
PEDICLE FLAP; SCALP/ARM/LEG	15572	CPT	outpatient			6605		4718.53	Horizon		MGD		7635.81		871.56	7635.81	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PEDICLE FLAP; SCALP/ARM/LEG	15572	CPT	outpatient			6605		4718.53	Horizon		Medicare Blue		4103.07		871.56	7635.81	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PEDICLE FLAP; SCALP/ARM/LEG	15572	CPT	outpatient			6605		4718.53	Horizon		PPO		7635.81		871.56	7635.81	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PEDICLE FLAP; SCALP/ARM/LEG	15572	CPT	outpatient			6605		4718.53	Horizon		Indemnity		7635.81		871.56	7635.81	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PEDICLE FLAP; SCALP/ARM/LEG	15572	CPT	outpatient			6605		4718.53	Horizon		NJ Health		871.56		871.56	7635.81	fee schedule	
PEDICLE FLAP; SCALP/ARM/LEG	15572	CPT	outpatient			6605		4718.53	Managed Care Inc		Managed Care Inc		5944.5	90	871.56	7635.81	percent of total billed charges	
PEDICLE FLAP; SCALP/ARM/LEG	15572	CPT	outpatient			6605		4718.53	Multiplan		Multiplan		5284	80	871.56	7635.81	percent of total billed charges	
PEDICLE FLAP; SCALP/ARM/LEG	15572	CPT	outpatient			6605		4718.53	Qualcare		Qualcare		4953.75	75	871.56	7635.81	percent of total billed charges	
PEDICLE FLAP; SCALP/ARM/LEG	15572	CPT	outpatient			6605		4718.53	Three Rivers		Three Rivers		6274.75	95	871.56	7635.81	percent of total billed charges	
PEDICLE FLAP; SCALP/ARM/LEG	15572	CPT	outpatient			6605		4718.53	UHC		Medicaid		2083.88	31.55	871.56	7635.81	percent of total billed charges	
PEDICLE FLAP; SCALP/ARM/LEG	15572	CPT	outpatient			6605		4718.53	UHC		Medicare		4103.07		871.56	7635.81	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PEDICLE FLAP; SCALP/ARM/LEG	15572	CPT	outpatient			6605		4718.53	United		Oxford		3492		871.56	7635.81	case rate	
PEDICLE FLAP; SCALP/ARM/LEG	15572	CPT	outpatient			6605		4718.53	United		CommercialPPO		3492		871.56	7635.81	case rate	
PEDICLE FLAP; SCALP/ARM/LEG	15572	CPT	outpatient			6605		4718.53	Wellcare		Medicaid		2083.88	31.55	871.56	7635.81	percent of total billed charges	
PEDICLE FLAP; SCALP/ARM/LEG	15572	CPT	outpatient			6605		4718.53	Wellcare		Medicare		4103.07		871.56	7635.81	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PEDICLE FLAP; SCALP/ARM/LEG	15572	CPT	outpatient			6605		4718.53	WellPoint		WellPoint		2125.49	32.18	871.56	7635.81	percent of total billed charges	
FORM DIR/TUB PEDICLE. E,N,E,L,O	15576	CPT	outpatient			6289		2398.47	Aetna		Commercial		3320.32		846.79	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FORM DIR/TUB PEDICLE. E,N,E,L,O	15576	CPT	outpatient			6289		2398.47	Aetna		Medicare		2085.63		846.79	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FORM DIR/TUB PEDICLE. E,N,E,L,O	15576	CPT	outpatient			6289		2398.47	Aetna		Better Health		1984.18	31.55	846.79	5974.55	percent of total billed charges	
FORM DIR/TUB PEDICLE. E,N,E,L,O	15576	CPT	outpatient			6289		2398.47	Americare		Americare		4716.75	75	846.79	5974.55	percent of total billed charges	
FORM DIR/TUB PEDICLE. E,N,E,L,O	15576	CPT	outpatient			6289		2398.47	Amerihealth		Medicare		2085.63		846.79	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FORM DIR/TUB PEDICLE. E,N,E,L,O	15576	CPT	outpatient			6289		2398.47	Amerihealth		HMO/PPO	65	4087.85		846.79	5974.55	percent of total billed charges	
FORM DIR/TUB PEDICLE. E,N,E,L,O	15576	CPT	outpatient			6289		2398.47	Consumer		Consumer	95	5974.55		846.79	5974.55	percent of total billed charges	
FORM DIR/TUB PEDICLE. E,N,E,L,O	15576	CPT	outpatient			6289		2398.47	Corrections		Corrections	80	5031.2		846.79	5974.55	percent of total billed charges	
FORM DIR/TUB PEDICLE. E,N,E,L,O	15576	CPT	outpatient			6289		2398.47	First Health		First Health	70	4402.3		846.79	5974.55	percent of total billed charges	
FORM DIR/TUB PEDICLE. E,N,E,L,O	15576	CPT	outpatient			6289		2398.47	First Trenton		First Trenton	90	5660.1		846.79	5974.55	percent of total billed charges	
FORM DIR/TUB PEDICLE. E,N,E,L,O	15576	CPT	outpatient			6289		2398.47	Horizon		Indemnity		3881.36		846.79	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FORM DIR/TUB PEDICLE. E,N,E,L,O	15576	CPT	outpatient			6289		2398.47	Horizon		PPO		3881.36		846.79	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FORM DIR/TUB PEDICLE. E,N,E,L,O	15576	CPT	outpatient			6289		2398.47	Horizon		NJ Health		846.79		846.79	5974.55	fee schedule	
FORM DIR/TUB PEDICLE. E,N,E,L,O	15576	CPT	outpatient			6289		2398.47	Horizon		Medicare Blue		2085.63		846.79	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FORM DIR/TUB PEDICLE. E,N,E,L,O	15576	CPT	outpatient			6289		2398.47	Horizon		MGD		3881.36		846.79	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FORM DIR/TUB PEDICLE. E,N,E,L,O	15576	CPT	outpatient			6289		2398.47	Managed Care Inc		Managed Care Inc		5660.1	90	846.79	5974.55	percent of total billed charges	
FORM DIR/TUB PEDICLE. E,N,E,L,O	15576	CPT	outpatient			6289		2398.47	Multiplan		Multiplan		5031.2	80	846.79	5974.55	percent of total billed charges	
FORM DIR/TUB PEDICLE. E,N,E,L,O	15576	CPT	outpatient			6289		2398.47	Qualcare		Qualcare		4716.75	75	846.79	5974.55	percent of total billed charges	
FORM DIR/TUB PEDICLE. E,N,E,L,O	15576	CPT	outpatient			6289		2398.47	Three Rivers		Three Rivers		5974.55	95	846.79	5974.55	percent of total billed charges	
FORM DIR/TUB PEDICLE. E,N,E,L,O	15576	CPT	outpatient			6289		2398.47	UHC		Medicare		2085.63		846.79	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FORM DIR/TUB PEDICLE. E,N,E,L,O	15576	CPT	outpatient			6289		2398.47	UHC		Medicaid		1984.18	31.55	846.79	5974.55	percent of total billed charges	
FORM DIR/TUB PEDICLE. E,N,E,L,O	15576	CPT	outpatient			6289		2398.47	United		Oxford		2493		846.79	5974.55	case rate	
FORM DIR/TUB PEDICLE. E,N,E,L,O	15576	CPT	outpatient			6289		2398.47	United		CommercialPPO		2493		846.79	5974.55	case rate	
FORM DIR/TUB PEDICLE. E,N,E,L,O	15576	CPT	outpatient			6289		2398.47	Wellcare		Medicare		2085.63		846.79	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FORM DIR/TUB PEDICLE. E,N,E,L,O	15576	CPT	outpatient			6289		2398.47	Wellcare		Medicaid		1984.18	31.55	846.79	5974.55	percent of total billed charges	
FORM DIR/TUB PEDICLE. E,N,E,L,O	15576	CPT	outpatient			6289		2398.47	WellPoint		WellPoint		2023.8	32.18	846.79	5974.55	percent of total billed charges	
SECTIONING OF FLAP EYE	15630	CPT	outpatient			6289		2398.47	Aetna		Better Health		1984.18	31.55	475.67	5974.55	percent of total billed charges	
SECTIONING OF FLAP EYE	15630	CPT	outpatient			6289		2398.47	Aetna		Commercial		3320.32		475.67	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SECTIONING OF FLAP EYE	15630	CPT	outpatient			6289		2398.47	Aetna		Medicare		2085.63		475.67	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SECTIONING OF FLAP EYE	15630	CPT	outpatient			6289		2398.47	Americare		Americare	75	4716.75		475.67	5974.55	percent of total billed charges	
SECTIONING OF FLAP EYE	15630	CPT	outpatient			6289		2398.47	Amerihealth		HMO/PPO	65	4087.85		475.67	5974.55	percent of total billed charges	
SECTIONING OF FLAP EYE	15630	CPT	outpatient			6289		2398.47	Amerihealth		Medicare		2085.63		475.67	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SECTIONING OF FLAP EYE	15630	CPT	outpatient			6289		2398.47	Consumer		Consumer	95	5974.55		475.67	5974.55	percent of total billed charges	
SECTIONING OF FLAP EYE	15630	CPT	outpatient			6289		2398.47	Corrections		Corrections	80	5031.2		475.67	5974.55	percent of total billed charges	
SECTIONING OF FLAP EYE	15630	CPT	outpatient			6289		2398.47	First Health		First Health	70	4402.3		475.67	5974.55	percent of total billed charges	
SECTIONING OF FLAP EYE	15630	CPT	outpatient			6289		2398.47	First Trenton		First Trenton	90	5660.1		475.67	5974.55	percent of total billed charges	
SECTIONING OF FLAP EYE	15630	CPT	outpatient			6289		2398.47	Horizon		MGD		3881.36		475.67	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SECTIONING OF FLAP EYE	15630	CPT	outpatient			6289		2398.47	Horizon		Medicare Blue		2085.63		475.67	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SECTIONING OF FLAP EYE	15630	CPT	outpatient			6289		2398.47	Horizon		PPO		3881.36		475.67	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SECTIONING OF FLAP EYE	15630	CPT	outpatient			6289		2398.47	Horizon		Indemnity		3881.36		475.67	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SECTIONING OF FLAP EYE	15630	CPT	outpatient			6289		2398.47	Horizon		NJ Health		475.67		475.67	5974.55	fee schedule	
SECTIONING OF FLAP EYE	15630	CPT	outpatient			6289		2398.47	Managed Care Inc		Managed Care Inc		5660.1	90	475.67	5974.55	percent of total billed charges	
SECTIONING OF FLAP EYE	15630	CPT	outpatient			6289		2398.47	Multiplan		Multiplan		5031.2	80	475.67	5974.55	percent of total billed charges	
SECTIONING OF FLAP EYE	15630	CPT	outpatient			6289		2398.47	Qualcare		Qualcare		4716.75	75	475.67	5974.55	percent of total billed charges	
SECTIONING OF FLAP EYE	15630	CPT	outpatient			6289		2398.47	Three Rivers		Three Rivers		5974.55	95	475.67	5974.55	percent of total billed charges	
SECTIONING OF FLAP EYE	15630	CPT	outpatient			6289		2398.47	UHC		Medicaid		1984.18	31.55	475.67	5974.55	percent of total billed charges	
SECTIONING OF FLAP EYE	15630	CPT	outpatient			6289		2398.47	UHC		Medicare		2085.63		475.67	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SECTIONING OF FLAP EYE	15630	CPT	outpatient			6289		2398.47	United		CommercialPPO		2493		475.67	5974.55	case rate	
SECTIONING OF FLAP EYE	15630	CPT	outpatient			6289		2398.47	United		Oxford		2493		475.67	5974.55	case rate	
SECTIONING OF FLAP EYE	15630	CPT	outpatient			6289		2398.47	Wellcare		Medicaid		1984.18	31.55	475.67	5974.55	percent of total billed charges	
SECTIONING OF FLAP EYE	15630	CPT	outpatient			6289		2398.47	Wellcare		Medicare		2085.63		475.67	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SECTIONING OF FLAP EYE	15630	CPT	outpatient			6289		2398.47	WellPoint		WellPoint		2023.8	32.18	475.67	5974.55	percent of total billed charges	
FREE SKIN FLAP	15757	CPT	outpatient			5927			Aetna		Better Health		1869.97	31.55	1778.1	5630.65	percent of total billed charges	
FREE SKIN FLAP	15757	CPT	outpatient			5927			Aetna		Medicare		1825.52	30.8	1778.1	5630.65	percent of total billed charges	
FREE SKIN FLAP	15757	CPT	outpatient			5927			Aetna		Commercial		2252.26	38	1778.1	5630.65	percent of total billed charges	
FREE SKIN FLAP	15757	CPT	outpatient			5927			Americare		Americare		4445.25	75	1778.1	5630.65	percent of total billed charges	
FREE SKIN FLAP	15757	CPT	outpatient			5927			Amerihealth		HMO/PPO		3852.55	65	1778.1	5630.65	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101191 true	

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
FREE SKIN FLAP	15757	CPT	outpatient			5927		Consumer	Consumer		5630.65	95			1778.1	5630.65	percent of total billed charges	
FREE SKIN FLAP	15757	CPT	outpatient			5927		Corrections	Corrections		4741.6	80			1778.1	5630.65	percent of total billed charges	
FREE SKIN FLAP	15757	CPT	outpatient			5927		First Health	First Health		4148.9	70			1778.1	5630.65	percent of total billed charges	
FREE SKIN FLAP	15757	CPT	outpatient			5927		First Trenton	First Trenton		5334.3	90			1778.1	5630.65	percent of total billed charges	
FREE SKIN FLAP	15757	CPT	outpatient			5927		Horizon	Medicare Blue		1778.1	30			1778.1	5630.65	percent of total billed charges	
FREE SKIN FLAP	15757	CPT	outpatient			5927		Horizon	Indemnity		2268.86	38.28			1778.1	5630.65	percent of total billed charges	
FREE SKIN FLAP	15757	CPT	outpatient			5927		Horizon	MGD		2268.86	38.28			1778.1	5630.65	percent of total billed charges	
FREE SKIN FLAP	15757	CPT	outpatient			5927		Horizon	PPO		2268.86	38.28			1778.1	5630.65	percent of total billed charges	
FREE SKIN FLAP	15757	CPT	outpatient			5927		Managed Care Inc	Managed Care Inc		5334.3	90			1778.1	5630.65	percent of total billed charges	
FREE SKIN FLAP	15757	CPT	outpatient			5927		Multiplan	Multiplan		4741.6	80			1778.1	5630.65	percent of total billed charges	
FREE SKIN FLAP	15757	CPT	outpatient			5927		Qualcare	Qualcare		4445.25	75			1778.1	5630.65	percent of total billed charges	
FREE SKIN FLAP	15757	CPT	outpatient			5927		Three Rivers	Three Rivers		5630.65	95			1778.1	5630.65	percent of total billed charges	
FREE SKIN FLAP	15757	CPT	outpatient			5927		UHC	Medicaid		1869.97	31.55			1778.1	5630.65	percent of total billed charges	
FREE SKIN FLAP	15757	CPT	outpatient			5927		United	Commercial|PPO		2776				1778.1	5630.65	case rate	
FREE SKIN FLAP	15757	CPT	outpatient			5927		United	Oxford		2776				1778.1	5630.65	case rate	
FREE SKIN FLAP	15757	CPT	outpatient			5927		Wellcare	Medicaid		1869.97	31.55			1778.1	5630.65	percent of total billed charges	
FREE SKIN FLAP	15757	CPT	outpatient			5927		WellPoint	WellPoint		1907.31	32.18			1778.1	5630.65	percent of total billed charges	
GRAFT COMPOSITE W PRIM CLOS, DONOR AREA	15760	CPT	outpatient			5746	2398.47	Aetna	Better Health		1812.86	31.55			535.31	5458.7	percent of total billed charges	
GRAFT COMPOSITE W PRIM CLOS, DONOR AREA	15760	CPT	outpatient			5746	2398.47	Aetna	Commercial		3320.32				535.31	5458.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GRAFT COMPOSITE W PRIM CLOS, DONOR AREA	15760	CPT	outpatient			5746	2398.47	Aetna	Medicare		2085.63				535.31	5458.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GRAFT COMPOSITE W PRIM CLOS, DONOR AREA	15760	CPT	outpatient			5746	2398.47	Americare	Americare		4309.5	75			535.31	5458.7	percent of total billed charges	
GRAFT COMPOSITE W PRIM CLOS, DONOR AREA	15760	CPT	outpatient			5746	2398.47	Amerihealth	HMO|PPO		3734.9	65			535.31	5458.7	percent of total billed charges	
GRAFT COMPOSITE W PRIM CLOS, DONOR AREA	15760	CPT	outpatient			5746	2398.47	Amerihealth	Medicare		2085.63				535.31	5458.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GRAFT COMPOSITE W PRIM CLOS, DONOR AREA	15760	CPT	outpatient			5746	2398.47	Consumer	Consumer		5458.7	95			535.31	5458.7	percent of total billed charges	
GRAFT COMPOSITE W PRIM CLOS, DONOR AREA	15760	CPT	outpatient			5746	2398.47	Corrections	Corrections		4596.8	80			535.31	5458.7	percent of total billed charges	
GRAFT COMPOSITE W PRIM CLOS, DONOR AREA	15760	CPT	outpatient			5746	2398.47	First Health	First Health		4022.2	70			535.31	5458.7	percent of total billed charges	
GRAFT COMPOSITE W PRIM CLOS, DONOR AREA	15760	CPT	outpatient			5746	2398.47	First Trenton	First Trenton		5171.4	90			535.31	5458.7	percent of total billed charges	
GRAFT COMPOSITE W PRIM CLOS, DONOR AREA	15760	CPT	outpatient			5746	2398.47	Horizon	MGD		3881.36				535.31	5458.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GRAFT COMPOSITE W PRIM CLOS, DONOR AREA	15760	CPT	outpatient			5746	2398.47	Horizon	PPO		3881.36				535.31	5458.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GRAFT COMPOSITE W PRIM CLOS, DONOR AREA	15760	CPT	outpatient			5746	2398.47	Horizon	NJ Health		535.31				535.31	5458.7	fee schedule	
GRAFT COMPOSITE W PRIM CLOS, DONOR AREA	15760	CPT	outpatient			5746	2398.47	Horizon	Medicare Blue		2085.63				535.31	5458.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GRAFT COMPOSITE W PRIM CLOS, DONOR AREA	15760	CPT	outpatient			5746	2398.47	Horizon	Indemnity		3881.36				535.31	5458.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GRAFT COMPOSITE W PRIM CLOS, DONOR AREA	15760	CPT	outpatient			5746	2398.47	Managed Care Inc	Managed Care Inc		5171.4	90			535.31	5458.7	percent of total billed charges	
GRAFT COMPOSITE W PRIM CLOS, DONOR AREA	15760	CPT	outpatient			5746	2398.47	Multiplan	Multiplan		4596.8	80			535.31	5458.7	percent of total billed charges	
GRAFT COMPOSITE W PRIM CLOS, DONOR AREA	15760	CPT	outpatient			5746	2398.47	Qualcare	Qualcare		4309.5	75			535.31	5458.7	percent of total billed charges	
GRAFT COMPOSITE W PRIM CLOS, DONOR AREA	15760	CPT	outpatient			5746	2398.47	Three Rivers	Three Rivers		5458.7	95			535.31	5458.7	percent of total billed charges	
GRAFT COMPOSITE W PRIM CLOS, DONOR AREA	15760	CPT	outpatient			5746	2398.47	UHC	Medicaid		1812.86	31.55			535.31	5458.7	percent of total billed charges	
GRAFT COMPOSITE W PRIM CLOS, DONOR AREA	15760	CPT	outpatient			5746	2398.47	UHC	Medicare		2085.63				535.31	5458.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GRAFT COMPOSITE W PRIM CLOS, DONOR AREA	15760	CPT	outpatient			5746	2398.47	United	Commercial|PPO		2493				535.31	5458.7	case rate	
GRAFT COMPOSITE W PRIM CLOS, DONOR AREA	15760	CPT	outpatient			5746	2398.47	United	Oxford		2493				535.31	5458.7	case rate	
GRAFT COMPOSITE W PRIM CLOS, DONOR AREA	15760	CPT	outpatient			5746	2398.47	Wellcare	Medicare		2085.63				535.31	5458.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GRAFT COMPOSITE W PRIM CLOS, DONOR AREA	15760	CPT	outpatient			5746	2398.47	Wellcare	Medicaid		1812.86	31.55			535.31	5458.7	percent of total billed charges	
GRAFT COMPOSITE W PRIM CLOS, DONOR AREA	15760	CPT	outpatient			5746	2398.47	WellPoint	WellPoint		1849.06	32.18			535.31	5458.7	percent of total billed charges	
TISSUE GRAFTS OTHERS	15769	CPT	outpatient			11851	4718.53	Aetna	Better Health		3738.99	31.55			718.25	11258.45	percent of total billed charges	
TISSUE GRAFTS OTHERS	15769	CPT	outpatient			11851	4718.53	Aetna	Commercial		6532.09				718.25	11258.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TISSUE GRAFTS OTHERS	15769	CPT	outpatient			11851	4718.53	Aetna	Medicare		4103.07				718.25	11258.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TISSUE GRAFTS OTHERS	15769	CPT	outpatient			11851	4718.53	Americare	Americare		8888.25	75			718.25	11258.45	percent of total billed charges	
TISSUE GRAFTS OTHERS	15769	CPT	outpatient			11851	4718.53	Amerihealth	HMO|PPO		7703.15	65			718.25	11258.45	percent of total billed charges	
TISSUE GRAFTS OTHERS	15769	CPT	outpatient			11851	4718.53	Amerihealth	Medicare		4103.07				718.25	11258.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TISSUE GRAFTS OTHERS	15769	CPT	outpatient			11851	4718.53	Consumer	Consumer		11258.45	95			718.25	11258.45	percent of total billed charges	
TISSUE GRAFTS OTHERS	15769	CPT	outpatient			11851	4718.53	Corrections	Corrections		9480.8	80			718.25	11258.45	percent of total billed charges	
TISSUE GRAFTS OTHERS	15769	CPT	outpatient			11851	4718.53	First Health	First Health		8295.7	70			718.25	11258.45	percent of total billed charges	
TISSUE GRAFTS OTHERS	15769	CPT	outpatient			11851	4718.53	First Trenton	First Trenton		10665.9	90			718.25	11258.45	percent of total billed charges	
TISSUE GRAFTS OTHERS	15769	CPT	outpatient			11851	4718.53	Horizon	Medicare Blue		4103.07				718.25	11258.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TISSUE GRAFTS OTHERS	15769	CPT	outpatient			11851	4718.53	Horizon	MGD		7635.81				718.25	11258.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TISSUE GRAFTS OTHERS	15769	CPT	outpatient			11851	4718.53	Horizon	Indemnity		7635.81				718.25	11258.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TISSUE GRAFTS OTHERS	15769	CPT	outpatient			11851	4718.53	Horizon	NJ Health		718.25				718.25	11258.45	fee schedule	
TISSUE GRAFTS OTHERS	15769	CPT	outpatient			11851	4718.53	Horizon	PPO		7635.81				718.25	11258.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TISSUE GRAFTS OTHERS	15769	CPT	outpatient			11851	4718.53	Managed Care Inc	Managed Care Inc		10665.9	90			718.25	11258.45	percent of total billed charges	
TISSUE GRAFTS OTHERS	15769	CPT	outpatient			11851	4718.53	Multiplan	Multiplan		9480.8	80			718.25	11258.45	percent of total billed charges	
TISSUE GRAFTS OTHERS	15769	CPT	outpatient			11851	4718.53	Qualcare	Qualcare		8888.25	75			718.25	11258.45	percent of total billed charges	
TISSUE GRAFTS OTHERS	15769	CPT	outpatient			11851	4718.53	Three Rivers	Three Rivers		11258.45	95			718.25	11258.45	percent of total billed charges	
TISSUE GRAFTS OTHERS	15769	CPT	outpatient			11851	4718.53	UHC	Medicaid		3738.99	31.55			718.25	11258.45	percent of total billed charges	
TISSUE GRAFTS OTHERS	15769	CPT	outpatient			11851	4718.53	UHC	Medicare		4103.07				718.25	11258.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TISSUE GRAFTS OTHERS	15769	CPT	outpatient			11851	4718.53	United	Oxford		3492				718.25	11258.45	case rate	
TISSUE GRAFTS OTHERS	15769	CPT	outpatient			11851	4718.53	United	Commercial|PPO		3492				718.25	11258.45	case rate	
TISSUE GRAFTS OTHERS	15769	CPT	outpatient			11851	4718.53	Wellcare	Medicare		4103.07				718.25	11258.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TISSUE GRAFTS OTHERS	15769	CPT	outpatient			11851	4718.53	Wellcare	Medicaid		3738.99	31.55			718.25	11258.45	percent of total billed charges	
TISSUE GRAFTS OTHERS	15769	CPT	outpatient			11851	4718.53	WellPoint	WellPoint		3813.65	32.18			718.25	11258.45	percent of total billed charges	
GRAFT;DERMA-FAT-FASCIA	15770	CPT	outpatient			7488	4718.53	Aetna	Commercial		6532.09				662.57	7635.81	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GRAFT;DERMA-FAT-FASCIA	15770	CPT	outpatient			7488	4718.53	Aetna	Better Health		2362.46	31.55			662.57	7635.81	percent of total billed charges	
GRAFT;DERMA-FAT-FASCIA	15770	CPT	outpatient			7488	4718.53	Aetna	Medicare		4103.07				662.57	7635.81	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GRAFT;DERMA-FAT-FASCIA	15770	CPT	outpatient			7488	4718.53	Americare	Americare		5616	75			662.57	7635.81	percent of total billed charges	
GRAFT;DERMA-FAT-FASCIA	15770	CPT	outpatient			7488	4718.53	Amerihealth	HMO|PPO		4867.2	65			662.57	7635.81	percent of total billed charges	
GRAFT;DERMA-FAT-FASCIA	15770	CPT	outpatient			7488	4718.53	Amerihealth	Medicare		4103.07				662.57	7635.81	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GRAFT;DERMA-FAT-FASCIA	15770	CPT	outpatient			7488	4718.53	Consumer	Consumer		7113.6	95			662.57	7635.81	percent of total billed charges	
GRAFT;DERMA-FAT-FASCIA	15770	CPT	outpatient			7488	4718.53	Corrections	Corrections		5990.4	80			662.57	7635.81	percent of total billed charges	
GRAFT;DERMA-FAT-FASCIA	15770	CPT	outpatient			7488	4718.53	First Health	First Health		5241.6	70			662.57	7635.81	percent of total billed charges	
GRAFT;DERMA-FAT-FASCIA	15770	CPT	outpatient			7488	4718.53	First Trenton	First Trenton		6739.2	90			662.57	7635.81	percent of total billed charges	
GRAFT;DERMA-FAT-FASCIA	15770	CPT	outpatient			7488	4718.53	Horizon	Indemnity		7635.81				662.57	7635.81	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GRAFT;DERMA-FAT-FASCIA	15770	CPT	outpatient			7488	4718.53	Horizon	MGD		7635.81				662.57	7635.81	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GRAFT;DERMA-FAT-FASCIA	15770	CPT	outpatient			7488	4718.53	Horizon	Medicare Blue		4103.07				662.57	7635.81	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GRAFT;DERMA-FAT-FASCIA	15770	CPT	outpatient			7488	4718.53	Horizon	NJ Health		662.57				662.57	7635.81	fee schedule	
GRAFT;DERMA-FAT-FASCIA	15770	CPT	outpatient			7488	4718.53	Horizon	PPO		7635.81				662.57	7635.81	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GRAFT;DERMA-FAT-FASCIA	15770	CPT	outpatient			7488	4718.53	Managed Care Inc	Managed Care Inc		6739.2	90			662.57	7635.81	percent of total billed charges	
GRAFT;DERMA-FAT-FASCIA	15770	CPT	outpatient			7488	4718.53	Multiplan	Multiplan		5990.4	80			662.57	7635.81	percent of total billed charges	
GRAFT;DERMA-FAT-FASCIA	15770	CPT	outpatient			7488	4718.53	Qualcare	Qualcare		5616	75			662.57	7635.81	percent of total billed charges	
GRAFT;DERMA-FAT-FASCIA	15770	CPT	outpatient			7488	4718.53	Three Rivers	Three Rivers		7113.6	95			662.57	7635.81	percent of total billed charges	
GRAFT;DERMA-FAT-FASCIA	15770	CPT	outpatient			7488	4718.53	UHC	Medicaid		2362.46	31.55			662.57	7635.81	percent of total billed charges	
GRAFT;DERMA-FAT-FASCIA	15770	CPT	outpatient			7488	4718.53	UHC	Medicare		4103.07				662.57	7635.81	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GRAFT;DERMA-FAT-FASCIA	15770	CPT	outpatient			7488	4718.53	United	Commercial|PPO		3492				662.57	7635.81	case rate	
GRAFT;DERMA-FAT-FASCIA	15770	CPT	outpatient			7488	4718.53	United	Oxford		3492				662.57	7635.81	case rate	
GRAFT;DERMA-FAT-FASCIA	15770	CPT	outpatient			7488	4718.53	Wellcare	Medicaid		2362.46	31.55			662.57	7635.81	percent of total billed charges	
GRAFT;DERMA-FAT-FASCIA	15770	CPT	outpatient			7488	4718.53	Wellcare	Medicare		4103.07				662.57	7635.81	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GRAFT;DERMA-FAT-FASCIA	15770	CPT	outpatient			7488	4718.53	WellPoint	WellPoint		2409.64	32.18			662.57	7635.81	percent of total billed charges	
DERMABRASION TOTAL FACE	15780	CPT	outpatient			9413	3737.2	Aetna	Medicare		3249.74				639.53	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DERMABRASION TOTAL FACE	15780	CPT	outpatient			9413	3737.2	Aetna	Better Health		2969.8	31.55			639.53	8942.35	percent of total billed charges	
DERMABRASION TOTAL FACE	15780	CPT	outpatient			9413	3737.2	Aetna	Commercial		5173.59				639.53	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DERMABRASION TOTAL FACE	15780	CPT	outpatient			9413	3737.2	Americare	Americare		7059.75	75			639.53	8942.35	percent of total billed charges	
DERMABRASION TOTAL FACE	15780	CPT	outpatient			9413	3737.2	Amerihealth	HMO|PPO		6118.45	65			639.53	8942.35	percent of total billed charges	
DERMABRASION TOTAL FACE	15780	CPT	outpatient			9413	3737.2	Amerihealth	Medicare		3249.74				639.53	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DERMABRASION TOTAL FACE	15780	CPT	outpatient			9413	3737.2	Consumer	Consumer		8942.35	95			639.53	8942.35	percent of total billed charges	
DERMABRASION TOTAL FACE	15780	CPT	outpatient			9413	3737.2	Corrections	Corrections		7530.4	80			639.53	8942.35	percent of total billed charges	
DERMABRASION TOTAL FACE	15780	CPT	outpatient			9413	3737.2	First Health	First Health		6589.1	70			639.53	8942.35	percent of total billed charges	
DERMABRASION TOTAL FACE	15780	CPT	outpatient			9413	3737.2	First Trenton	First Trenton		8471.7	90			639.53	8942.35	percent of total billed charges	
DERMABRASION TOTAL FACE	15780	CPT	outpatient			9413	3737.2	Horizon	MGD		6047.77				639.53	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DERMABRASION TOTAL FACE	15780	CPT	outpatient			9413	3737.2	Horizon	Medicare Blue		3249.74				639.53	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DERMABRASION TOTAL FACE	15780	CPT	outpatient			9413	3737.2	Horizon	NJ Health		639.53				639.53	8942.35	fee schedule	
DERMABRASION TOTAL FACE	15780	CPT	outpatient			9413	3737.2	Horizon	PPO		6047.77				639.53	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DERMABRASION TOTAL FACE	15780	CPT	outpatient			9413	3737.2	Horizon	Indemnity		6047.77				639.53	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DERMABRASION TOTAL FACE	15780	CPT	outpatient			9413	3737.2	Managed Care Inc	Managed Care Inc		8471.7	90			639.53	8942.35	percent of total billed charges	
DERMABRASION TOTAL FACE	15780	CPT	outpatient			9413	3737.2	Multiplan	Multiplan		7530.4	80			639.53	8942.35	percent of total billed charges	
DERMABRASION TOTAL FACE	15780	CPT	outpatient			9413	3737.2	Qualcare	Qualcare		7059.75	75			639.53	8942.35	percent of total billed charges	
DERMABRASION TOTAL FACE	15780	CPT	outpatient			9413	3737.2	Three Rivers	Three Rivers		8942.35	95			639.53	8942.35	percent of total billed charges	
DERMABRASION TOTAL FACE	15780	CPT	outpatient			9413	3737.2	UHC	Medicaid		2969.8	31.55			639.53	8942.35	percent of total billed charges	
DERMABRASION TOTAL FACE	15780	CPT	outpatient			9413	3737.2	UHC	Medicare		3249.74				639.53	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DERMABRASION TOTAL FACE	15780	CPT	outpatient			9413	3737.2	United	Commercial|PPO		2776				639.53	8942.35	case rate	
DERMABRASION TOTAL FACE	15780	CPT	outpatient			9413	3737.2	United	Oxford		2776				639.53	8942.35	case rate	
DERMABRASION TOTAL FACE	15780	CPT	outpatient			9413	3737.2	Wellcare	Medicare		3249.74				639.53	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DERMABRASION TOTAL FACE	15780	CPT	outpatient			9413	3737.2	Wellcare	Medicaid		2969.8	31.55			639.53	8942.35	percent of total billed charges	
DERMABRASION TOTAL FACE	15780	CPT	outpatient			9413	3737.2	WellPoint	WellPoint		3029.1	32.18			639.53	8942.35	percent of total billed charges	
DERMABRASION; SEGM FACE	15781	CPT	outpatient			2364	925.36	Aetna	Commercial		1281.02				142.11	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DERMABRASION; SEGM FACE	15781	CPT	outpatient			2364	925.36	Aetna	Better Health		745.84	31.55			142.11	2245.8	percent of total billed charges	
DERMABRASION; SEGM FACE	15781	CPT	outpatient			2364	925.36	Aetna	Medicare		804.66				142.11	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DERMABRASION; SEGM FACE	15781	CPT	outpatient			2364	925.36	Americare	Americare		1773	75			142.11	2245.8	percent of total billed charges	
DERMABRASION; SEGM FACE	15781	CPT	outpatient			2364	925.36	Amerihealth	HMO|PPO		1536.6	65			142.11	2245.8	percent of total billed charges	
DERMABRASION; SEGM FACE	15781	CPT	outpatient			2364	925.36	Amerihealth	Medicare		804.66				142.11	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DERMABRASION; SEGM FACE	15781	CPT	outpatient			2364	925.36	Consumer	Consumer		2245.8	95			142.11	2245.8	percent of total billed charges	
DERMABRASION; SEGM FACE	15781	CPT	outpatient			2364	925.36	Corrections	Corrections		1891.2	80			142.11	2245.8	percent of total billed charges	
DERMABRASION; SEGM FACE	15781	CPT	outpatient			2364	925.36	First Health	First Health		1654.8	70			142.11	2245.8	percent of total billed charges	
DERMABRASION; SEGM FACE	15781	CPT	outpatient			2364	925.36	First Trenton	First Trenton		2127.6	90			142.11	2245.8	percent of total billed charges	
DERMABRASION; SEGM FACE	15781	CPT	outpatient			2364	925.36	Horizon	MGD		1497.47				142.11	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DERMABRASION; SEGM FACE	15781	CPT	outpatient			2364	925.36	Horizon	Indemnity		1497.47				142.11	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DERMABRASION; SEGM FACE	15781	CPT	outpatient			2364	925.36	Horizon	PPO		1497.47				142.11	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DERMABRASION; SEGM FACE	15781	CPT	outpatient			2364	925.36	Horizon	Medicare Blue		804.66				142.11	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DERMABRASION; SEGM FACE	15781	CPT	outpatient			2364	925.36	Horizon	NJ Health		142.11				142.11	2245.8	fee schedule	
DERMABRASION; SEGM FACE	15781	CPT	outpatient			2364	925.36	Managed Care Inc	Managed Care Inc		2127.6	90			142.11	2245.8	percent of total billed charges	
DERMABRASION; SEGM FACE	15781	CPT	outpatient			2364	925.36	Multiplan	Multiplan		1891.2	80			142.11	2245.8	percent of total billed charges	
DERMABRASION; SEGM FACE	15781	CPT	outpatient			2364	925.36	Qualcare	Qualcare		1773	75			142.11	2245.8	percent of total billed charges	
DERMABRASION; SEGM FACE	15781	CPT	outpatient			2364	925.36	Three Rivers	Three Rivers		2245.8	95			142.11	2245.8	percent of total billed charges	
DERMABRASION; SEGM FACE	15781	CPT	outpatient			2364	925.36	UHC	Medicaid		745.84	31.55			142.11	2245.8	percent of total billed charges	
DERMABRASION; SEGM FACE	15781	CPT	outpatient			2364	925.36	UHC	Medicare		804.66				142.11	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DERMABRASION; SEGM FACE	15781	CPT	outpatient			2364	925.36	United	Oxford		1817				142.11	2245.8	case rate	
DERMABRASION; SEGM FACE	15781	CPT	outpatient			2364	925.36	United	Commercial|PPO		1817				142.11	2245.8	case rate	
DERMABRASION; SEGM FACE	15781	CPT	outpatient			2364	925.36	Wellcare	Medicare		804.66				142.11	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DERMABRASION; SEGM FACE	15781	CPT	outpatient			2364	925.36	Wellcare	Medicaid		745.84	31.55			142.11	2245.8	percent of total billed charges	
DERMABRASION; SEGM FACE	15781	CPT	outpatient			2364	925.36	WellPoint	WellPoint		760.74	32.18			142.11	2245.8	percent of total billed charges	
DERMABRASION;REGIONAL OTHER	15782	CPT	outpatient			9413	3737.2	Aetna	Commercial		5173.59				142.11	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
DERMABRASION,REGIONAL OTHER	15782	CPT	outpatient			9413	3737.2	Aetna	Better Health		2969.8	31.55			142.11	8942.35	percent of total billed charges	
DERMABRASION,REGIONAL OTHER	15782	CPT	outpatient			9413	3737.2	Aetna	Medicare		3249.74				142.11	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DERMABRASION,REGIONAL OTHER	15782	CPT	outpatient			9413	3737.2	Americare	Americare		7059.75	75			142.11	8942.35	percent of total billed charges	
DERMABRASION,REGIONAL OTHER	15782	CPT	outpatient			9413	3737.2	Amerihealth	HMO/PPO		6118.45	65			142.11	8942.35	percent of total billed charges	
DERMABRASION,REGIONAL OTHER	15782	CPT	outpatient			9413	3737.2	Amerihealth	Medicare		3249.74				142.11	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DERMABRASION,REGIONAL OTHER	15782	CPT	outpatient			9413	3737.2	Consumer	Consumer		8942.35	95			142.11	8942.35	percent of total billed charges	
DERMABRASION,REGIONAL OTHER	15782	CPT	outpatient			9413	3737.2	Corrections	Corrections		7530.4	80			142.11	8942.35	percent of total billed charges	
DERMABRASION,REGIONAL OTHER	15782	CPT	outpatient			9413	3737.2	First Health	First Health		6589.1	70			142.11	8942.35	percent of total billed charges	
DERMABRASION,REGIONAL OTHER	15782	CPT	outpatient			9413	3737.2	First Trenton	First Trenton		8471.7	90			142.11	8942.35	percent of total billed charges	
DERMABRASION,REGIONAL OTHER	15782	CPT	outpatient			9413	3737.2	Horizon	NJ Health		142.11				142.11	8942.35	fee schedule	
DERMABRASION,REGIONAL OTHER	15782	CPT	outpatient			9413	3737.2	Horizon	Indemnity		6047.77				142.11	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DERMABRASION,REGIONAL OTHER	15782	CPT	outpatient			9413	3737.2	Horizon	MGD		6047.77				142.11	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DERMABRASION,REGIONAL OTHER	15782	CPT	outpatient			9413	3737.2	Horizon	Medicare Blue		3249.74				142.11	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DERMABRASION,REGIONAL OTHER	15782	CPT	outpatient			9413	3737.2	Horizon	PPO		6047.77				142.11	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DERMABRASION,REGIONAL OTHER	15782	CPT	outpatient			9413	3737.2	Managed Care Inc	Managed Care Inc		8471.7	90			142.11	8942.35	percent of total billed charges	
DERMABRASION,REGIONAL OTHER	15782	CPT	outpatient			9413	3737.2	Multiplan	Multiplan		7530.4	80			142.11	8942.35	percent of total billed charges	
DERMABRASION,REGIONAL OTHER	15782	CPT	outpatient			9413	3737.2	Qualcare	Qualcare		7059.75	75			142.11	8942.35	percent of total billed charges	
DERMABRASION,REGIONAL OTHER	15782	CPT	outpatient			9413	3737.2	Three Rivers	Three Rivers		8942.35	95			142.11	8942.35	percent of total billed charges	
DERMABRASION,REGIONAL OTHER	15782	CPT	outpatient			9413	3737.2	UHC	Medicare		3249.74				142.11	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DERMABRASION,REGIONAL OTHER	15782	CPT	outpatient			9413	3737.2	UHC	Medicaid		2969.8	31.55			142.11	8942.35	percent of total billed charges	
DERMABRASION,REGIONAL OTHER	15782	CPT	outpatient			9413	3737.2	United	Commercial|PPO		1817				142.11	8942.35	case rate	
DERMABRASION,REGIONAL OTHER	15782	CPT	outpatient			9413	3737.2	United	Oxford		1817				142.11	8942.35	case rate	
DERMABRASION,REGIONAL OTHER	15782	CPT	outpatient			9413	3737.2	Wellcare	Medicare		3249.74				142.11	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DERMABRASION,REGIONAL OTHER	15782	CPT	outpatient			9413	3737.2	Wellcare	Medicaid		2969.8	31.55			142.11	8942.35	percent of total billed charges	
DERMABRASION,REGIONAL OTHER	15782	CPT	outpatient			9413	3737.2	WellPoint	WellPoint		3029.1	32.18			142.11	8942.35	percent of total billed charges	
DERMABRASION SUPERFICIAL ANY SITE	15783	CPT	outpatient			1360	524.43	Aetna	Commercial		726				142.11	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DERMABRASION SUPERFICIAL ANY SITE	15783	CPT	outpatient			1360	524.43	Aetna	Better Health		429.08	31.55			142.11	1782	percent of total billed charges	
DERMABRASION SUPERFICIAL ANY SITE	15783	CPT	outpatient			1360	524.43	Aetna	Medicare		456.03				142.11	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DERMABRASION SUPERFICIAL ANY SITE	15783	CPT	outpatient			1360	524.43	Americare	Americare		1020	75			142.11	1782	percent of total billed charges	
DERMABRASION SUPERFICIAL ANY SITE	15783	CPT	outpatient			1360	524.43	Amerihealth	HMO/PPO		884	65			142.11	1782	percent of total billed charges	
DERMABRASION SUPERFICIAL ANY SITE	15783	CPT	outpatient			1360	524.43	Amerihealth	Medicare		456.03				142.11	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DERMABRASION SUPERFICIAL ANY SITE	15783	CPT	outpatient			1360	524.43	Consumer	Consumer		1292	95			142.11	1782	percent of total billed charges	
DERMABRASION SUPERFICIAL ANY SITE	15783	CPT	outpatient			1360	524.43	Corrections	Corrections		1088	80			142.11	1782	percent of total billed charges	
DERMABRASION SUPERFICIAL ANY SITE	15783	CPT	outpatient			1360	524.43	First Health	First Health		952	70			142.11	1782	percent of total billed charges	
DERMABRASION SUPERFICIAL ANY SITE	15783	CPT	outpatient			1360	524.43	First Trenton	First Trenton		1224	90			142.11	1782	percent of total billed charges	
DERMABRASION SUPERFICIAL ANY SITE	15783	CPT	outpatient			1360	524.43	Horizon	Indemnity		848.67				142.11	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DERMABRASION SUPERFICIAL ANY SITE	15783	CPT	outpatient			1360	524.43	Horizon	Medicare Blue		456.03				142.11	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DERMABRASION SUPERFICIAL ANY SITE	15783	CPT	outpatient			1360	524.43	Horizon	MGD		848.67				142.11	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DERMABRASION SUPERFICIAL ANY SITE	15783	CPT	outpatient			1360	524.43	Horizon	NJ Health		142.11				142.11	1782	fee schedule	
DERMABRASION SUPERFICIAL ANY SITE	15783	CPT	outpatient			1360	524.43	Horizon	PPO		848.67				142.11	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DERMABRASION SUPERFICIAL ANY SITE	15783	CPT	outpatient			1360	524.43	Managed Care Inc	Managed Care Inc		1224	90			142.11	1782	percent of total billed charges	
DERMABRASION SUPERFICIAL ANY SITE	15783	CPT	outpatient			1360	524.43	Multiplan	Multiplan		1088	80			142.11	1782	percent of total billed charges	
DERMABRASION SUPERFICIAL ANY SITE	15783	CPT	outpatient			1360	524.43	Qualcare	Qualcare		1020	75			142.11	1782	percent of total billed charges	
DERMABRASION SUPERFICIAL ANY SITE	15783	CPT	outpatient			1360	524.43	Three Rivers	Three Rivers		1292	95			142.11	1782	percent of total billed charges	
DERMABRASION SUPERFICIAL ANY SITE	15783	CPT	outpatient			1360	524.43	UHC	Medicare		456.03				142.11	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DERMABRASION SUPERFICIAL ANY SITE	15783	CPT	outpatient			1360	524.43	UHC	Medicaid		429.08	31.55			142.11	1782	percent of total billed charges	
DERMABRASION SUPERFICIAL ANY SITE	15783	CPT	outpatient			1360	524.43	United	Oxford		1782				142.11	1782	case rate	
DERMABRASION SUPERFICIAL ANY SITE	15783	CPT	outpatient			1360	524.43	United	Commercial|PPO		1782				142.11	1782	case rate	
DERMABRASION SUPERFICIAL ANY SITE	15783	CPT	outpatient			1360	524.43	Wellcare	Medicare		456.03				142.11	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DERMABRASION SUPERFICIAL ANY SITE	15783	CPT	outpatient			1360	524.43	Wellcare	Medicaid		429.08	31.55			142.11	1782	percent of total billed charges	
DERMABRASION SUPERFICIAL ANY SITE	15783	CPT	outpatient			1360	524.43	WellPoint	WellPoint		437.65	32.18			142.11	1782	percent of total billed charges	
CHEM FACE PEEL, EPIDERM	15788	CPT	outpatient			1360	524.43	Aetna	Commercial		726				352.35	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEM FACE PEEL, EPIDERM	15788	CPT	outpatient			1360	524.43	Aetna	Better Health		429.08	31.55			352.35	1782	percent of total billed charges	
CHEM FACE PEEL, EPIDERM	15788	CPT	outpatient			1360	524.43	Aetna	Medicare		456.03				352.35	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEM FACE PEEL, EPIDERM	15788	CPT	outpatient			1360	524.43	Americare	Americare		1020	75			352.35	1782	percent of total billed charges	
CHEM FACE PEEL, EPIDERM	15788	CPT	outpatient			1360	524.43	Amerihealth	HMO/PPO		884	65			352.35	1782	percent of total billed charges	
CHEM FACE PEEL, EPIDERM	15788	CPT	outpatient			1360	524.43	Amerihealth	Medicare		456.03				352.35	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEM FACE PEEL, EPIDERM	15788	CPT	outpatient			1360	524.43	Consumer	Consumer		1292	95			352.35	1782	percent of total billed charges	
CHEM FACE PEEL, EPIDERM	15788	CPT	outpatient			1360	524.43	Corrections	Corrections		1088	80			352.35	1782	percent of total billed charges	
CHEM FACE PEEL, EPIDERM	15788	CPT	outpatient			1360	524.43	First Health	First Health		952	70			352.35	1782	percent of total billed charges	
CHEM FACE PEEL, EPIDERM	15788	CPT	outpatient			1360	524.43	First Trenton	First Trenton		1224	90			352.35	1782	percent of total billed charges	
CHEM FACE PEEL, EPIDERM	15788	CPT	outpatient			1360	524.43	Horizon	Medicare Blue		456.03				352.35	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEM FACE PEEL, EPIDERM	15788	CPT	outpatient			1360	524.43	Horizon	MGD		848.67				352.35	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEM FACE PEEL, EPIDERM	15788	CPT	outpatient			1360	524.43	Horizon	Indemnity		848.67				352.35	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEM FACE PEEL, EPIDERM	15788	CPT	outpatient			1360	524.43	Horizon	PPO		848.67				352.35	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEM FACE PEEL, EPIDERM	15788	CPT	outpatient			1360	524.43	Horizon	NJ Health		352.35				352.35	1782	fee schedule	
CHEM FACE PEEL, EPIDERM	15788	CPT	outpatient			1360	524.43	Managed Care Inc	Managed Care Inc		1224	90			352.35	1782	percent of total billed charges	
CHEM FACE PEEL, EPIDERM	15788	CPT	outpatient			1360	524.43	Multiplan	Multiplan		1088	80			352.35	1782	percent of total billed charges	
CHEM FACE PEEL, EPIDERM	15788	CPT	outpatient			1360	524.43	Qualcare	Qualcare		1020	75			352.35	1782	percent of total billed charges	
CHEM FACE PEEL, EPIDERM	15788	CPT	outpatient			1360	524.43	Three Rivers	Three Rivers		1292	95			352.35	1782	percent of total billed charges	
CHEM FACE PEEL, EPIDERM	15788	CPT	outpatient			1360	524.43	UHC	Medicaid		429.08	31.55			352.35	1782	percent of total billed charges	
CHEM FACE PEEL, EPIDERM	15788	CPT	outpatient			1360	524.43	UHC	Medicare		456.03				352.35	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEM FACE PEEL, EPIDERM	15788	CPT	outpatient			1360	524.43	United	Commercial|PPO		1782				352.35	1782	case rate	
CHEM FACE PEEL, EPIDERM	15788	CPT	outpatient			1360	524.43	United	Oxford		1782				352.35	1782	case rate	
CHEM FACE PEEL, EPIDERM	15788	CPT	outpatient			1360	524.43	Wellcare	Medicare		456.03				352.35	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEM FACE PEEL, EPIDERM	15788	CPT	outpatient			1360	524.43	Wellcare	Medicaid		429.08	31.55			352.35	1782	percent of total billed charges	
CHEM FACE PEEL, EPIDERM	15788	CPT	outpatient			1360	524.43	WellPoint	WellPoint		437.65	32.18			352.35	1782	percent of total billed charges	
CHEM FACE PEEL, DERMA	15789	CPT	outpatient			2117	826.02	Aetna	Better Health		667.91	31.55			352.35	2011.15	percent of total billed charges	
CHEM FACE PEEL, DERMA	15789	CPT	outpatient			2117	826.02	Aetna	Commercial		1143.5				352.35	2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEM FACE PEEL, DERMA	15789	CPT	outpatient			2117	826.02	Aetna	Medicare		718.28				352.35	2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEM FACE PEEL, DERMA	15789	CPT	outpatient			2117	826.02	Americare	Americare		1587.75	75			352.35	2011.15	percent of total billed charges	
CHEM FACE PEEL, DERMA	15789	CPT	outpatient			2117	826.02	Amerihealth	HMO/PPO		1376.05	65			352.35	2011.15	percent of total billed charges	
CHEM FACE PEEL, DERMA	15789	CPT	outpatient			2117	826.02	Amerihealth	Medicare		718.28				352.35	2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEM FACE PEEL, DERMA	15789	CPT	outpatient			2117	826.02	Consumer	Consumer		2011.15	95			352.35	2011.15	percent of total billed charges	
CHEM FACE PEEL, DERMA	15789	CPT	outpatient			2117	826.02	Corrections	Corrections		1693.6	80			352.35	2011.15	percent of total billed charges	
CHEM FACE PEEL, DERMA	15789	CPT	outpatient			2117	826.02	First Health	First Health		1481.9	70			352.35	2011.15	percent of total billed charges	
CHEM FACE PEEL, DERMA	15789	CPT	outpatient			2117	826.02	First Trenton	First Trenton		1905.3	90			352.35	2011.15	percent of total billed charges	
CHEM FACE PEEL, DERMA	15789	CPT	outpatient			2117	826.02	Horizon	NJ Health		352.35				352.35	2011.15	fee schedule	
CHEM FACE PEEL, DERMA	15789	CPT	outpatient			2117	826.02	Horizon	Medicare Blue		718.28				352.35	2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEM FACE PEEL, DERMA	15789	CPT	outpatient			2117	826.02	Horizon	MGD		1336.72				352.35	2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEM FACE PEEL, DERMA	15789	CPT	outpatient			2117	826.02	Horizon	PPO		1336.72				352.35	2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEM FACE PEEL, DERMA	15789	CPT	outpatient			2117	826.02	Horizon	Indemnity		1336.72				352.35	2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEM FACE PEEL, DERMA	15789	CPT	outpatient			2117	826.02	Managed Care Inc	Managed Care Inc		1905.3	90			352.35	2011.15	percent of total billed charges	
CHEM FACE PEEL, DERMA	15789	CPT	outpatient			2117	826.02	Multiplan	Multiplan		1693.6	80			352.35	2011.15	percent of total billed charges	
CHEM FACE PEEL, DERMA	15789	CPT	outpatient			2117	826.02	Qualcare	Qualcare		1587.75	75			352.35	2011.15	percent of total billed charges	
CHEM FACE PEEL, DERMA	15789	CPT	outpatient			2117	826.02	Three Rivers	Three Rivers		2011.15	95			352.35	2011.15	percent of total billed charges	
CHEM FACE PEEL, DERMA	15789	CPT	outpatient			2117	826.02	UHC	Medicaid		667.91	31.55			352.35	2011.15	percent of total billed charges	
CHEM FACE PEEL, DERMA	15789	CPT	outpatient			2117	826.02	UHC	Medicare		718.28				352.35	2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEM FACE PEEL, DERMA	15789	CPT	outpatient			2117	826.02	United	Commercial|PPO		1782				352.35	2011.15	case rate	
CHEM FACE PEEL, DERMA	15789	CPT	outpatient			2117	826.02	United	Oxford		1782				352.35	2011.15	case rate	
CHEM FACE PEEL, DERMA	15789	CPT	outpatient			2117	826.02	Wellcare	Medicare		718.28				352.35	2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEM FACE PEEL, DERMA	15789	CPT	outpatient			2117	826.02	Wellcare	Medicaid		667.91	31.55			352.35	2011.15	percent of total billed charges	
CHEM FACE PEEL, DERMA	15789	CPT	outpatient			2117	826.02	WellPoint	WellPoint		681.25	32.18			352.35	2011.15	percent of total billed charges	
CHEM PEEL EPIDERM	15792	CPT	outpatient			2117	826.02	Aetna	Better Health		667.91	31.55			126.64	2011.15	percent of total billed charges	
CHEM PEEL EPIDERM	15792	CPT	outpatient			2117	826.02	Aetna	Medicare		718.28				126.64	2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEM PEEL EPIDERM	15792	CPT	outpatient			2117	826.02	Aetna	Commercial		1143.5				126.64	2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEM PEEL EPIDERM	15792	CPT	outpatient			2117	826.02	Americare	Americare		1587.75	75			126.64	2011.15	percent of total billed charges	
CHEM PEEL EPIDERM	15792	CPT	outpatient			2117	826.02	Amerihealth	HMO/PPO		1376.05	65			126.64	2011.15	percent of total billed charges	
CHEM PEEL EPIDERM	15792	CPT	outpatient			2117	826.02	Amerihealth	Medicare		718.28				126.64	2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEM PEEL EPIDERM	15792	CPT	outpatient			2117	826.02	Consumer	Consumer		2011.15	95			126.64	2011.15	percent of total billed charges	
CHEM PEEL EPIDERM	15792	CPT	outpatient			2117	826.02	Corrections	Corrections		1693.6	80			126.64	2011.15	percent of total billed charges	
CHEM PEEL EPIDERM	15792	CPT	outpatient			2117	826.02	First Health	First Health		1481.9	70			126.64	2011.15	percent of total billed charges	
CHEM PEEL EPIDERM	15792	CPT	outpatient			2117	826.02	First Trenton	First Trenton		1905.3	90			126.64	2011.15	percent of total billed charges	
CHEM PEEL EPIDERM	15792	CPT	outpatient			2117	826.02	Horizon	MGD		1336.72				126.64	2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEM PEEL EPIDERM	15792	CPT	outpatient			2117	826.02	Horizon	Medicare Blue		718.28				126.64	2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEM PEEL EPIDERM	15792	CPT	outpatient			2117	826.02	Horizon	Indemnity		1336.72				126.64	2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEM PEEL EPIDERM	15792	CPT	outpatient			2117	826.02	Horizon	NJ Health		126.64				126.64	2011.15	fee schedule	
CHEM PEEL EPIDERM	15792	CPT	outpatient			2117	826.02	Horizon	PPO		1336.72				126.64	2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEM PEEL EPIDERM	15792	CPT	outpatient			2117	826.02	Managed Care Inc	Managed Care Inc		1905.3	90			126.64	2011.15	percent of total billed charges	
CHEM PEEL EPIDERM	15792	CPT	outpatient			2117	826.02	Multiplan	Multiplan		1693.6	80			126.64	2011.15	percent of total billed charges	
CHEM PEEL EPIDERM	15792	CPT	outpatient			2117	826.02	Qualcare	Qualcare		1587.75	75			126.64	2011.15	percent of total billed charges	
CHEM PEEL EPIDERM	15792	CPT	outpatient			2117	826.02	Three Rivers	Three Rivers		2011.15	95			126.64	2011.15	percent of total billed charges	
CHEM PEEL EPIDERM	15792	CPT	outpatient			2117	826.02	UHC	Medicaid		667.91	31.55			126.64	2011.15	percent of total billed charges	
CHEM PEEL EPIDERM	15792	CPT	outpatient			2117	826.02	UHC	Medicare		718.28				126.64	2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEM PEEL EPIDERM	15792	CPT	outpatient			2117	826.02	United	Oxford		1817				126.64	2011.15	case rate	
CHEM PEEL EPIDERM	15792	CPT	outpatient			2117	826.02	United	Commercial|PPO		1817				126.64	2011.15	case rate	
CHEM PEEL EPIDERM	15792	CPT	outpatient			2117	826.02	Wellcare	Medicaid		667.91	31.55			126.64	2011.15	percent of total billed charges	
CHEM PEEL EPIDERM	15792	CPT	outpatient			2117	826.02	Wellcare	Medicare		718.28				126.64	2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEM PEEL EPIDERM	15792	CPT	outpatient			2117	826.02	WellPoint	WellPoint		681.25	32.18			126.64	2011.15	percent of total billed charges	
CHEM PEEL DERMAL	15793	CPT	outpatient			1360	524.43	Aetna	Better Health		429.08	31.55			160.78	1782	percent of total billed charges	
CHEM PEEL DERMAL	15793	CPT	outpatient			1360	524.43	Aetna	Commercial		726				160.78	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEM PEEL DERMAL	15793	CPT	outpatient			1360	524.43	Aetna	Medicare		456.03				160.78	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEM PEEL DERMAL	15793	CPT	outpatient			1360	524.43	Americare	Americare		1020	75			160.78	1782	percent of total billed charges	
CHEM PEEL DERMAL	15793	CPT	outpatient			1360	524.43	Amerihealth	HMO/PPO		884	65			160.78	1782	percent of total billed charges	
CHEM PEEL DERMAL	15793	CPT	outpatient			1360	524.43	Amerihealth	Medicare		456.03				160.78	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEM PEEL DERMAL	15793	CPT	outpatient			1360	524.43	Consumer	Consumer		1292	95			160.78	1782	percent of total billed charges	
CHEM PEEL DERMAL	15793	CPT	outpatient			1360	524.43	Corrections	Corrections		1088	80			160.78	1782	percent of total billed charges	
CHEM PEEL DERMAL	15793	CPT	outpatient			1360	524.43	First Health	First Health		952	70			160.78	1782	percent of total billed charges	
CHEM PEEL DERMAL	15793	CPT	outpatient			1360	524.43	First Trenton	First Trenton		1224	90			160.78	1782	percent of total billed charges	
CHEM PEEL DERMAL	15793	CPT	outpatient			1360	524.43	Horizon	MGD		848.67				160.78	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEM PEEL DERMAL	15793	CPT	outpatient			1360	524.43	Horizon	PPO		848.67				160.78	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEM PEEL DERMAL	15793	CPT	outpatient			1360	524.43	Horizon	NJ Health		160.78				160.78	1782	fee schedule	
CHEM PEEL DERMAL	15793	CPT	outpatient			1360	524.43	Horizon	Indemnity		848.67				160.78	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEM PEEL DERMAL	15793	CPT	outpatient			1360	524.43	Horizon	Medicare Blue		456.03				160.78	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEM PEEL DERMAL	15793	CPT	outpatient			1360	524.43	Managed Care Inc	Managed Care Inc		1224	90			160.78	1782	percent of total billed charges	
CHEM PEEL DERMAL	15793	CPT	outpatient			1360	524.43	Multiplan	Multiplan		1088	80			160.78	1782	percent of total billed charges	
CHEM PEEL DERMAL	15793	CPT	outpatient			1360	524.43	Qualcare	Qualcare		1020	75			160.78	1782	percent of total billed charges	
CHEM PEEL DERMAL	15793	CPT	outpatient			1360	524.43	Three Rivers	Three Rivers		1292	95			160.78	1782	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CHEM PEEL, DERMAL	15793	CPT	outpatient			1360	524.43	UHC	Medicaid		429.08	31.55			160.78	1782	percent of total billed charges	
CHEM PEEL, DERMAL	15793	CPT	outpatient			1360	524.43	UHC	Medicare		456.03				160.78	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEM PEEL, DERMAL	15793	CPT	outpatient			1360	524.43	United	CommercialPPO		1782				160.78	1782	case rate	
CHEM PEEL, DERMAL	15793	CPT	outpatient			1360	524.43	United	Oxford		1782				160.78	1782	case rate	
CHEM PEEL, DERMAL	15793	CPT	outpatient			1360	524.43	Wellcare	Medicare		456.03				160.78	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEM PEEL, DERMAL	15793	CPT	outpatient			1360	524.43	Wellcare	Medicaid		429.08	31.55			160.78	1782	percent of total billed charges	
CHEM PEEL, DERMAL	15793	CPT	outpatient			1360	524.43	WellPoint	WellPoint		437.65	32.18			160.78	1782	percent of total billed charges	
BLEPHAROPLASTY, LOWER LID	15820	CPT	outpatient			6289	2398.47	Aetna	Better Health		1984.18	31.55			707.31	5974.55	percent of total billed charges	
BLEPHAROPLASTY, LOWER LID	15820	CPT	outpatient			6289	2398.47	Aetna	Commercial		3320.32				707.31	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLEPHAROPLASTY, LOWER LID	15820	CPT	outpatient			6289	2398.47	Aetna	Medicare		2085.63				707.31	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLEPHAROPLASTY, LOWER LID	15820	CPT	outpatient			6289	2398.47	Americare	Americare		4716.75	75			707.31	5974.55	percent of total billed charges	
BLEPHAROPLASTY, LOWER LID	15820	CPT	outpatient			6289	2398.47	Amerihealth	Medicare		2085.63				707.31	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLEPHAROPLASTY, LOWER LID	15820	CPT	outpatient			6289	2398.47	Amerihealth	HMO/PPO		4087.85	65			707.31	5974.55	percent of total billed charges	
BLEPHAROPLASTY, LOWER LID	15820	CPT	outpatient			6289	2398.47	Consumer	Consumer		5974.55	95			707.31	5974.55	percent of total billed charges	
BLEPHAROPLASTY, LOWER LID	15820	CPT	outpatient			6289	2398.47	Corrections	Corrections		5031.2	80			707.31	5974.55	percent of total billed charges	
BLEPHAROPLASTY, LOWER LID	15820	CPT	outpatient			6289	2398.47	First Health	First Health		4402.3	70			707.31	5974.55	percent of total billed charges	
BLEPHAROPLASTY, LOWER LID	15820	CPT	outpatient			6289	2398.47	First Trenton	First Trenton		5660.1	90			707.31	5974.55	percent of total billed charges	
BLEPHAROPLASTY, LOWER LID	15820	CPT	outpatient			6289	2398.47	Horizon	NJ Health		707.31				707.31	5974.55	fee schedule	
BLEPHAROPLASTY, LOWER LID	15820	CPT	outpatient			6289	2398.47	Horizon	Indemnity		3881.36				707.31	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLEPHAROPLASTY, LOWER LID	15820	CPT	outpatient			6289	2398.47	Horizon	Medicare Blue		2085.63				707.31	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLEPHAROPLASTY, LOWER LID	15820	CPT	outpatient			6289	2398.47	Horizon	MGD		3881.36				707.31	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLEPHAROPLASTY, LOWER LID	15820	CPT	outpatient			6289	2398.47	Horizon	PPO		3881.36				707.31	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLEPHAROPLASTY, LOWER LID	15820	CPT	outpatient			6289	2398.47	Managed Care Inc	Managed Care Inc		5660.1	90			707.31	5974.55	percent of total billed charges	
BLEPHAROPLASTY, LOWER LID	15820	CPT	outpatient			6289	2398.47	Multiplan	Multiplan		5031.2	80			707.31	5974.55	percent of total billed charges	
BLEPHAROPLASTY, LOWER LID	15820	CPT	outpatient			6289	2398.47	Qualcare	Qualcare		4716.75	75			707.31	5974.55	percent of total billed charges	
BLEPHAROPLASTY, LOWER LID	15820	CPT	outpatient			6289	2398.47	Three Rivers	Three Rivers		5974.55	95			707.31	5974.55	percent of total billed charges	
BLEPHAROPLASTY, LOWER LID	15820	CPT	outpatient			6289	2398.47	UHC	Medicaid		1984.18	31.55			707.31	5974.55	percent of total billed charges	
BLEPHAROPLASTY, LOWER LID	15820	CPT	outpatient			6289	2398.47	UHC	Medicare		2085.63				707.31	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLEPHAROPLASTY, LOWER LID	15820	CPT	outpatient			6289	2398.47	United	CommercialPPO		2493				707.31	5974.55	case rate	
BLEPHAROPLASTY, LOWER LID	15820	CPT	outpatient			6289	2398.47	United	Oxford		2493				707.31	5974.55	case rate	
BLEPHAROPLASTY, LOWER LID	15820	CPT	outpatient			6289	2398.47	Wellcare	Medicare		2085.63				707.31	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLEPHAROPLASTY, LOWER LID	15820	CPT	outpatient			6289	2398.47	Wellcare	Medicaid		1984.18	31.55			707.31	5974.55	percent of total billed charges	
BLEPHAROPLASTY, LOWER LID	15820	CPT	outpatient			6289	2398.47	WellPoint	WellPoint		2023.8	32.18			707.31	5974.55	percent of total billed charges	
BLEPHAROPL LL W/HERNIATED FAT PAD	15821	CPT	outpatient			6289	2398.47	Aetna	Better Health		1984.18	31.55			707.31	5974.55	percent of total billed charges	
BLEPHAROPL LL W/HERNIATED FAT PAD	15821	CPT	outpatient			6289	2398.47	Aetna	Commercial		3320.32				707.31	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLEPHAROPL LL W/HERNIATED FAT PAD	15821	CPT	outpatient			6289	2398.47	Aetna	Medicare		2085.63				707.31	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLEPHAROPL LL W/HERNIATED FAT PAD	15821	CPT	outpatient			6289	2398.47	Americare	Americare		4716.75	75			707.31	5974.55	percent of total billed charges	
BLEPHAROPL LL W/HERNIATED FAT PAD	15821	CPT	outpatient			6289	2398.47	Amerihealth	HMO/PPO		4087.85	65			707.31	5974.55	percent of total billed charges	
BLEPHAROPL LL W/HERNIATED FAT PAD	15821	CPT	outpatient			6289	2398.47	Amerihealth	Medicare		2085.63				707.31	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLEPHAROPL LL W/HERNIATED FAT PAD	15821	CPT	outpatient			6289	2398.47	Consumer	Consumer		5974.55	95			707.31	5974.55	percent of total billed charges	
BLEPHAROPL LL W/HERNIATED FAT PAD	15821	CPT	outpatient			6289	2398.47	Corrections	Corrections		5031.2	80			707.31	5974.55	percent of total billed charges	
BLEPHAROPL LL W/HERNIATED FAT PAD	15821	CPT	outpatient			6289	2398.47	First Health	First Health		4402.3	70			707.31	5974.55	percent of total billed charges	
BLEPHAROPL LL W/HERNIATED FAT PAD	15821	CPT	outpatient			6289	2398.47	First Trenton	First Trenton		5660.1	90			707.31	5974.55	percent of total billed charges	
BLEPHAROPL LL W/HERNIATED FAT PAD	15821	CPT	outpatient			6289	2398.47	Horizon	NJ Health		707.31				707.31	5974.55	fee schedule	
BLEPHAROPL LL W/HERNIATED FAT PAD	15821	CPT	outpatient			6289	2398.47	Horizon	Indemnity		3881.36				707.31	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLEPHAROPL LL W/HERNIATED FAT PAD	15821	CPT	outpatient			6289	2398.47	Horizon	Medicare Blue		2085.63				707.31	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLEPHAROPL LL W/HERNIATED FAT PAD	15821	CPT	outpatient			6289	2398.47	Horizon	MGD		3881.36				707.31	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLEPHAROPL LL W/HERNIATED FAT PAD	15821	CPT	outpatient			6289	2398.47	Horizon	PPO		3881.36				707.31	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLEPHAROPL LL W/HERNIATED FAT PAD	15821	CPT	outpatient			6289	2398.47	Managed Care Inc	Managed Care Inc		5660.1	90			707.31	5974.55	percent of total billed charges	
BLEPHAROPL LL W/HERNIATED FAT PAD	15821	CPT	outpatient			6289	2398.47	Multiplan	Multiplan		5031.2	80			707.31	5974.55	percent of total billed charges	
BLEPHAROPL LL W/HERNIATED FAT PAD	15821	CPT	outpatient			6289	2398.47	Qualcare	Qualcare		4716.75	75			707.31	5974.55	percent of total billed charges	
BLEPHAROPL LL W/HERNIATED FAT PAD	15821	CPT	outpatient			6289	2398.47	Three Rivers	Three Rivers		5974.55	95			707.31	5974.55	percent of total billed charges	
BLEPHAROPL LL W/HERNIATED FAT PAD	15821	CPT	outpatient			6289	2398.47	UHC	Medicaid		1984.18	31.55			707.31	5974.55	percent of total billed charges	
BLEPHAROPL LL W/HERNIATED FAT PAD	15821	CPT	outpatient			6289	2398.47	UHC	Medicare		2085.63				707.31	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLEPHAROPL LL W/HERNIATED FAT PAD	15821	CPT	outpatient			6289	2398.47	United	CommercialPPO		2493				707.31	5974.55	case rate	
BLEPHAROPL LL W/HERNIATED FAT PAD	15821	CPT	outpatient			6289	2398.47	United	Oxford		2493				707.31	5974.55	case rate	
BLEPHAROPL LL W/HERNIATED FAT PAD	15821	CPT	outpatient			6289	2398.47	Wellcare	Medicare		2085.63				707.31	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLEPHAROPL LL W/HERNIATED FAT PAD	15821	CPT	outpatient			6289	2398.47	Wellcare	Medicaid		1984.18	31.55			707.31	5974.55	percent of total billed charges	
BLEPHAROPL LL W/HERNIATED FAT PAD	15821	CPT	outpatient			6289	2398.47	WellPoint	WellPoint		2023.8	32.18			707.31	5974.55	percent of total billed charges	
BLEPHAROPLASTY,UPPER EYELID	15822	CPT	outpatient			6289	2398.47	Aetna	Medicare		2085.63				472.41	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLEPHAROPLASTY,UPPER EYELID	15822	CPT	outpatient			6289	2398.47	Aetna	Commercial		3320.32				472.41	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLEPHAROPLASTY,UPPER EYELID	15822	CPT	outpatient			6289	2398.47	Aetna	Better Health		1984.18	31.55			472.41	5974.55	percent of total billed charges	
BLEPHAROPLASTY,UPPER EYELID	15822	CPT	outpatient			6289	2398.47	Americare	Americare		4716.75	75			472.41	5974.55	percent of total billed charges	
BLEPHAROPLASTY,UPPER EYELID	15822	CPT	outpatient			6289	2398.47	Amerihealth	HMO/PPO		4087.85	65			472.41	5974.55	percent of total billed charges	
BLEPHAROPLASTY,UPPER EYELID	15822	CPT	outpatient			6289	2398.47	Amerihealth	Medicare		2085.63				472.41	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLEPHAROPLASTY,UPPER EYELID	15822	CPT	outpatient			6289	2398.47	Consumer	Consumer		5974.55	95			472.41	5974.55	percent of total billed charges	
BLEPHAROPLASTY,UPPER EYELID	15822	CPT	outpatient			6289	2398.47	Corrections	Corrections		5031.2	80			472.41	5974.55	percent of total billed charges	
BLEPHAROPLASTY,UPPER EYELID	15822	CPT	outpatient			6289	2398.47	First Health	First Health		4402.3	70			472.41	5974.55	percent of total billed charges	
BLEPHAROPLASTY,UPPER EYELID	15822	CPT	outpatient			6289	2398.47	First Trenton	First Trenton		5660.1	90			472.41	5974.55	percent of total billed charges	
BLEPHAROPLASTY,UPPER EYELID	15822	CPT	outpatient			6289	2398.47	Horizon	MGD		3881.36				472.41	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLEPHAROPLASTY,UPPER EYELID	15822	CPT	outpatient			6289	2398.47	Horizon	Indemnity		3881.36				472.41	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLEPHAROPLASTY,UPPER EYELID	15822	CPT	outpatient			6289	2398.47	Horizon	PPO		3881.36				472.41	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLEPHAROPLASTY,UPPER EYELID	15822	CPT	outpatient			6289	2398.47	Horizon	NJ Health		472.41				472.41	5974.55	fee schedule	
BLEPHAROPLASTY,UPPER EYELID	15822	CPT	outpatient			6289	2398.47	Horizon	Medicare Blue		2085.63				472.41	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLEPHAROPLASTY,UPPER EYELID	15822	CPT	outpatient			6289	2398.47	Managed Care Inc	Managed Care Inc		5660.1	90			472.41	5974.55	percent of total billed charges	
BLEPHAROPLASTY,UPPER EYELID	15822	CPT	outpatient			6289	2398.47	Multiplan	Multiplan		5031.2	80			472.41	5974.55	percent of total billed charges	
BLEPHAROPLASTY,UPPER EYELID	15822	CPT	outpatient			6289	2398.47	Qualcare	Qualcare		4716.75	75			472.41	5974.55	percent of total billed charges	
BLEPHAROPLASTY,UPPER EYELID	15822	CPT	outpatient			6289	2398.47	Three Rivers	Three Rivers		5974.55	95			472.41	5974.55	percent of total billed charges	
BLEPHAROPLASTY,UPPER EYELID	15822	CPT	outpatient			6289	2398.47	UHC	Medicaid		1984.18	31.55			472.41	5974.55	percent of total billed charges	
BLEPHAROPLASTY,UPPER EYELID	15822	CPT	outpatient			6289	2398.47	UHC	Medicare		2085.63				472.41	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLEPHAROPLASTY,UPPER EYELID	15822	CPT	outpatient			6289	2398.47	United	Oxford		2493				472.41	5974.55	case rate	
BLEPHAROPLASTY,UPPER EYELID	15822	CPT	outpatient			6289	2398.47	United	CommercialPPO		2493				472.41	5974.55	case rate	
BLEPHAROPLASTY,UPPER EYELID	15822	CPT	outpatient			6289	2398.47	Wellcare	Medicare		2085.63				472.41	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLEPHAROPLASTY,UPPER EYELID	15822	CPT	outpatient			6289	2398.47	Wellcare	Medicaid		1984.18	31.55			472.41	5974.55	percent of total billed charges	
BLEPHAROPLASTY,UPPER EYELID	15822	CPT	outpatient			6289	2398.47	WellPoint	WellPoint		2023.8	32.18			472.41	5974.55	percent of total billed charges	
BLEPHAROPLASTY UP W EXC SKIN	15823	CPT	outpatient			6289	2398.47	Aetna	Commercial		3320.32				663.02	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLEPHAROPLASTY UP W EXC SKIN	15823	CPT	outpatient			6289	2398.47	Aetna	Better Health		1984.18	31.55			663.02	5974.55	percent of total billed charges	
BLEPHAROPLASTY UP W EXC SKIN	15823	CPT	outpatient			6289	2398.47	Aetna	Medicare		1937.01	30.8			663.02	5974.55	percent of total billed charges	
BLEPHAROPLASTY UP W EXC SKIN	15823	CPT	outpatient			6289	2398.47	Americare	Americare		4716.75	75			663.02	5974.55	percent of total billed charges	
BLEPHAROPLASTY UP W EXC SKIN	15823	CPT	outpatient			6289	2398.47	Amerihealth	HMO/PPO		4087.85	65			663.02	5974.55	percent of total billed charges	
BLEPHAROPLASTY UP W EXC SKIN	15823	CPT	outpatient			6289	2398.47	Amerihealth	Medicare		2085.63				663.02	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLEPHAROPLASTY UP W EXC SKIN	15823	CPT	outpatient			6289	2398.47	Consumer	Consumer		5974.55	95			663.02	5974.55	percent of total billed charges	
BLEPHAROPLASTY UP W EXC SKIN	15823	CPT	outpatient			6289	2398.47	Corrections	Corrections		5031.2	80			663.02	5974.55	percent of total billed charges	
BLEPHAROPLASTY UP W EXC SKIN	15823	CPT	outpatient			6289	2398.47	First Health	First Health		4402.3	70			663.02	5974.55	percent of total billed charges	
BLEPHAROPLASTY UP W EXC SKIN	15823	CPT	outpatient			6289	2398.47	First Trenton	First Trenton		5660.1	90			663.02	5974.55	percent of total billed charges	
BLEPHAROPLASTY UP W EXC SKIN	15823	CPT	outpatient			6289	2398.47	Horizon	MGD		3881.36				663.02	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLEPHAROPLASTY UP W EXC SKIN	15823	CPT	outpatient			6289	2398.47	Horizon	Indemnity		3881.36				663.02	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLEPHAROPLASTY UP W EXC SKIN	15823	CPT	outpatient			6289	2398.47	Horizon	Medicare Blue		2085.63				663.02	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLEPHAROPLASTY UP W EXC SKIN	15823	CPT	outpatient			6289	2398.47	Horizon	NJ Health		663.02				663.02	5974.55	fee schedule	
BLEPHAROPLASTY UP W EXC SKIN	15823	CPT	outpatient			6289	2398.47	Horizon	PPO		3881.36				663.02	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLEPHAROPLASTY UP W EXC SKIN	15823	CPT	outpatient			6289	2398.47	Managed Care Inc	Managed Care Inc		5660.1	90			663.02	5974.55	percent of total billed charges	
BLEPHAROPLASTY UP W EXC SKIN	15823	CPT	outpatient			6289	2398.47	Multiplan	Multiplan		5031.2	80			663.02	5974.55	percent of total billed charges	
BLEPHAROPLASTY UP W EXC SKIN	15823	CPT	outpatient			6289	2398.47	Qualcare	Qualcare		4716.75	75			663.02	5974.55	percent of total billed charges	
BLEPHAROPLASTY UP W EXC SKIN	15823	CPT	outpatient			6289	2398.47	Three Rivers	Three Rivers		5974.55	95			663.02	5974.55	percent of total billed charges	
BLEPHAROPLASTY UP W EXC SKIN	15823	CPT	outpatient			6289	2398.47	UHC	Medicaid		1984.18	31.55			663.02	5974.55	percent of total billed charges	
BLEPHAROPLASTY UP W EXC SKIN	15823	CPT	outpatient			6289	2398.47	UHC	Medicare		2085.63				663.02	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLEPHAROPLASTY UP W EXC SKIN	15823	CPT	outpatient			6289	2398.47	United	CommercialPPO		2493				663.02	5974.55	case rate	
BLEPHAROPLASTY UP W EXC SKIN	15823	CPT	outpatient			6289	2398.47	United	Oxford		2493				663.02	5974.55	case rate	
BLEPHAROPLASTY UP W EXC SKIN	15823	CPT	outpatient			6289	2398.47	Wellcare	Medicare		2085.63				663.02	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLEPHAROPLASTY UP W EXC SKIN	15823	CPT	outpatient			6289	2398.47	Wellcare	Medicaid		1984.18	31.55			663.02	5974.55	percent of total billed charges	
BLEPHAROPLASTY UP W EXC SKIN	15823	CPT	outpatient			6289	2398.47	WellPoint	WellPoint		2023.8	32.18			663.02	5974.55	percent of total billed charges	
REM SUTURES/STAPLES W/ANESTH	15851	CPT	outpatient			6289	2398.47	Aetna	Better Health		1984.18	31.55			91.35	5974.55	percent of total billed charges	
REM SUTURES/STAPLES W/ANESTH	15851	CPT	outpatient			6289	2398.47	Aetna	Commercial		3320.32				91.35	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM SUTURES/STAPLES W/ANESTH	15851	CPT	outpatient			6289	2398.47	Aetna	Medicare		2085.63				91.35	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM SUTURES/STAPLES W/ANESTH	15851	CPT	outpatient			6289	2398.47	Americare	Americare		4716.75	75			91.35	5974.55	percent of total billed charges	
REM SUTURES/STAPLES W/ANESTH	15851	CPT	outpatient			6289	2398.47	Amerihealth	HMO/PPO		4087.85	65			91.35	5974.55	percent of total billed charges	
REM SUTURES/STAPLES W/ANESTH	15851	CPT	outpatient			6289	2398.47	Amerihealth	Medicare		2085.63				91.35	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM SUTURES/STAPLES W/ANESTH	15851	CPT	outpatient			6289	2398.47	Consumer	Consumer		5974.55	95			91.35	5974.55	percent of total billed charges	
REM SUTURES/STAPLES W/ANESTH	15851	CPT	outpatient			6289	2398.47	Corrections	Corrections		5031.2	80			91.35	5974.55	percent of total billed charges	
REM SUTURES/STAPLES W/ANESTH	15851	CPT	outpatient			6289	2398.47	First Health	First Health		4402.3	70			91.35	5974.55	percent of total billed charges	
REM SUTURES/STAPLES W/ANESTH	15851	CPT	outpatient			6289	2398.47	First Trenton	First Trenton		5660.1	90			91.35	5974.55	percent of total billed charges	
REM SUTURES/STAPLES W/ANESTH	15851	CPT	outpatient			6289	2398.47	Horizon	PPO		3881.36				91.35	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM SUTURES/STAPLES W/ANESTH	15851	CPT	outpatient			6289	2398.47	Horizon	MGD		3881.36				91.35	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM SUTURES/STAPLES W/ANESTH	15851	CPT	outpatient			6289	2398.47	Horizon	Medicare Blue		2085.63				91.35	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM SUTURES/STAPLES W/ANESTH	15851	CPT	outpatient			6289	2398.47	Horizon	NJ Health		91.35				91.35	5974.55	fee schedule	
REM SUTURES/STAPLES W/ANESTH	15851	CPT	outpatient			6289	2398.47	Horizon	Indemnity		3881.36				91.35	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM SUTURES/STAPLES W/ANESTH	15851	CPT	outpatient			6289	2398.47	Managed Care Inc	Managed Care Inc		5660.1	90			91.35	5974.55	percent of total billed charges	
REM SUTURES/STAPLES W/ANESTH	15851	CPT	outpatient			6289	2398.47	Multiplan	Multiplan		5031.2	80			91.35	5974.55	percent of total billed charges	
REM SUTURES/STAPLES W/ANESTH	15851	CPT	outpatient			6289	2398.47	Qualcare	Qualcare		4716.75	75			91.35	5974.55	percent of total billed charges	
REM SUTURES/STAPLES W/ANESTH	15851	CPT	outpatient			6289	2398.47	Three Rivers	Three Rivers		5974.55	95			91.35	5974.55	percent of total billed charges	
REM SUTURES/STAPLES W/ANESTH	15851	CPT	outpatient			6289	2398.47	UHC	Medicare		2085.63				91.35	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM SUTURES/STAPLES W/ANESTH	15851	CPT	outpatient			6289	2398.47	UHC	Medicaid		1984.18	31.55			91.35	5974.55	percent of total billed charges	
REM SUTURES/STAPLES W/ANESTH	15851	CPT	outpatient			6289	2398.47	United	CommercialPPO		2493				91.35	5974.55	case rate	
REM SUTURES/STAPLES W/ANESTH	15851	CPT	outpatient			6289	2398.47	United	Oxford		2493				91.35	5974.55	case rate	
REM SUTURES/STAPLES W/ANESTH	15851	CPT	outpatient			6289	2398.47	Wellcare	Medicare		2085.63				91.35	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM SUTURES/STAPLES W/ANESTH	15851	CPT	outpatient			6289	2398.47	Wellcare	Medicaid		1984.18	31.55			91.35	5974.55	percent of total billed charges	
REM SUTURES/STAPLES W/ANESTH	15851	CPT	outpatient			6289	2398.47	WellPoint	WellPoint		2023.8	32.18			91.35	5974.55	percent of total billed charges	
DRESSING CHANGE W/GENERAL ANESTHESIA	15852	CPT	outpatient			2117	826.02	Aetna	Medicare		718.28				124.81	2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRESSING CHANGE W/GENERAL ANESTHESIA	15852	CPT	outpatient			2117	826.02	Aetna	Better Health		667.91	31.55			124.81	2011.15	percent of total billed charges	
DRESSING CHANGE W/GENERAL ANESTHESIA	15852	CPT	outpatient			2117	826.02	Aetna	Commercial		1143.5				124.81	2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRESSING CHANGE W/GENERAL ANESTHESIA	15852	CPT	outpatient			2117	826.02	Americare	Americare		1587.75	75			124.81	2011.15	percent of total billed charges	
DRESSING CHANGE W/GENERAL ANESTHESIA	15852	CPT	outpatient			2117	826.02	Amerihealth	HMO/PPO		1376.05	65			124.81	2011.15	percent of total billed charges	
DRESSING CHANGE W/GENERAL ANESTHESIA	15852	CPT	outpatient			2117	826.02	Amerihealth	Medicare		718.28				124.81	2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRESSING CHANGE W/GENERAL ANESTHESIA	15852	CPT	outpatient			2117	826.02	Consumer	Consumer		2011.15	95			124.81	2011.15	percent of total billed charges	
DRESSING CHANGE W/GENERAL ANESTHESIA	15852	CPT	outpatient			2117	826.02	Corrections	Corrections		1693.6	80			124.81	2011.15	percent of total billed charges	
DRESSING CHANGE W/GENERAL ANESTHESIA	15852	CPT	outpatient			2117	826.02	First Health	First Health		1481.9	70			124.81	2011.15	percent of total billed charges	
DRESSING CHANGE W/GENERAL ANESTHESIA	15852	CPT	outpatient			2117	826.02	First Trenton	First Trenton		1905.3	90			124.81	2011.15	percent of total billed charges	
DRESSING CHANGE W/GENERAL ANESTHESIA	15852	CPT	outpatient			2117	826.02	Horizon	Medicare Blue		718.28				124.81	2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
DRESSING CHANGE W/GENERAL ANESTHESIA	15852	CPT	outpatient			2117	826.02	Horizon	MGD		1336.72				124.81	2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRESSING CHANGE W/GENERAL ANESTHESIA	15852	CPT	outpatient			2117	826.02	Horizon	Indemnity		1336.72				124.81	2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRESSING CHANGE W/GENERAL ANESTHESIA	15852	CPT	outpatient			2117	826.02	Horizon	NJ Health		124.81				124.81	2011.15	fee schedule	
DRESSING CHANGE W/GENERAL ANESTHESIA	15852	CPT	outpatient			2117	826.02	Horizon	PPO		1336.72				124.81	2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRESSING CHANGE W/GENERAL ANESTHESIA	15852	CPT	outpatient			2117	826.02	Managed Care Inc	Managed Care Inc		1655.3	90			124.81	2011.15	percent of total billed charges	
DRESSING CHANGE W/GENERAL ANESTHESIA	15852	CPT	outpatient			2117	826.02	Multiplan	Multiplan		1693.6	80			124.81	2011.15	percent of total billed charges	
DRESSING CHANGE W/GENERAL ANESTHESIA	15852	CPT	outpatient			2117	826.02	Qualcare	Qualcare		1587.75	75			124.81	2011.15	percent of total billed charges	
DRESSING CHANGE W/GENERAL ANESTHESIA	15852	CPT	outpatient			2117	826.02	Three Rivers	Three Rivers		2011.15	95			124.81	2011.15	percent of total billed charges	
DRESSING CHANGE W/GENERAL ANESTHESIA	15852	CPT	outpatient			2117	826.02	UHC	Medicaid		667.91	31.55			124.81	2011.15	percent of total billed charges	
DRESSING CHANGE W/GENERAL ANESTHESIA	15852	CPT	outpatient			2117	826.02	UHC	Medicare		718.28				124.81	2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRESSING CHANGE W/GENERAL ANESTHESIA	15852	CPT	outpatient			2117	826.02	United	Commercial|PPO		1782				124.81	2011.15	case rate	
DRESSING CHANGE W/GENERAL ANESTHESIA	15852	CPT	outpatient			2117	826.02	United	Oxford		1782				124.81	2011.15	case rate	
DRESSING CHANGE W/GENERAL ANESTHESIA	15852	CPT	outpatient			2117	826.02	Wellcare	Medicare		718.28				124.81	2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRESSING CHANGE W/GENERAL ANESTHESIA	15852	CPT	outpatient			2117	826.02	Wellcare	Medicaid		667.91	31.55			124.81	2011.15	percent of total billed charges	
DRESSING CHANGE W/GENERAL ANESTHESIA	15852	CPT	outpatient			2117	826.02	WellPoint	WellPoint		681.25	32.18			124.81	2011.15	percent of total billed charges	
SUCTION LIPECTOMY; TRUNK	15877	CPT	outpatient			11851	4718.53	Aetna	Commercial		6932.09				3492	11258.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUCTION LIPECTOMY; TRUNK	15877	CPT	outpatient			11851	4718.53	Aetna	Better Health		3738.99	31.55			3492	11258.45	percent of total billed charges	
SUCTION LIPECTOMY; TRUNK	15877	CPT	outpatient			11851	4718.53	Aetna	Medicare		4103.07				3492	11258.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUCTION LIPECTOMY; TRUNK	15877	CPT	outpatient			11851	4718.53	Americare	Americare		8888.25	75			3492	11258.45	percent of total billed charges	
SUCTION LIPECTOMY; TRUNK	15877	CPT	outpatient			11851	4718.53	Amerihealth	HMO|PPO		7703.15	65			3492	11258.45	percent of total billed charges	
SUCTION LIPECTOMY; TRUNK	15877	CPT	outpatient			11851	4718.53	Amerihealth	Medicare		4103.07				3492	11258.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUCTION LIPECTOMY; TRUNK	15877	CPT	outpatient			11851	4718.53	Consumer	Consumer		11258.45	95			3492	11258.45	percent of total billed charges	
SUCTION LIPECTOMY; TRUNK	15877	CPT	outpatient			11851	4718.53	Corrections	Corrections		9480.8	80			3492	11258.45	percent of total billed charges	
SUCTION LIPECTOMY; TRUNK	15877	CPT	outpatient			11851	4718.53	First Health	First Health		8266.7	70			3492	11258.45	percent of total billed charges	
SUCTION LIPECTOMY; TRUNK	15877	CPT	outpatient			11851	4718.53	First Trenton	First Trenton		10665.9	90			3492	11258.45	percent of total billed charges	
SUCTION LIPECTOMY; TRUNK	15877	CPT	outpatient			11851	4718.53	Horizon	Indemnity		7635.81				3492	11258.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUCTION LIPECTOMY; TRUNK	15877	CPT	outpatient			11851	4718.53	Horizon	Medicare Blue		4103.07				3492	11258.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUCTION LIPECTOMY; TRUNK	15877	CPT	outpatient			11851	4718.53	Horizon	MGD		7635.81				3492	11258.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUCTION LIPECTOMY; TRUNK	15877	CPT	outpatient			11851	4718.53	Horizon	PPO		7635.81				3492	11258.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUCTION LIPECTOMY; TRUNK	15877	CPT	outpatient			11851	4718.53	Managed Care Inc	Managed Care Inc		10665.9	90			3492	11258.45	percent of total billed charges	
SUCTION LIPECTOMY; TRUNK	15877	CPT	outpatient			11851	4718.53	Multiplan	Multiplan		9480.8	80			3492	11258.45	percent of total billed charges	
SUCTION LIPECTOMY; TRUNK	15877	CPT	outpatient			11851	4718.53	Qualcare	Qualcare		8888.25	75			3492	11258.45	percent of total billed charges	
SUCTION LIPECTOMY; TRUNK	15877	CPT	outpatient			11851	4718.53	Three Rivers	Three Rivers		11258.45	95			3492	11258.45	percent of total billed charges	
SUCTION LIPECTOMY; TRUNK	15877	CPT	outpatient			11851	4718.53	UHC	Medicaid		3738.99	31.55			3492	11258.45	percent of total billed charges	
SUCTION LIPECTOMY; TRUNK	15877	CPT	outpatient			11851	4718.53	UHC	Medicare		4103.07				3492	11258.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUCTION LIPECTOMY; TRUNK	15877	CPT	outpatient			11851	4718.53	United	Commercial|PPO		3492				3492	11258.45	case rate	
SUCTION LIPECTOMY; TRUNK	15877	CPT	outpatient			11851	4718.53	United	Oxford		3492				3492	11258.45	case rate	
SUCTION LIPECTOMY; TRUNK	15877	CPT	outpatient			11851	4718.53	Wellcare	Medicare		4103.07				3492	11258.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUCTION LIPECTOMY; TRUNK	15877	CPT	outpatient			11851	4718.53	Wellcare	Medicaid		3738.99	31.55			3492	11258.45	percent of total billed charges	
SUCTION LIPECTOMY; TRUNK	15877	CPT	outpatient			11851	4718.53	WellPoint	WellPoint		3813.65	32.18			3492	11258.45	percent of total billed charges	
EXC.SACRAL PRES/DECUBIT ULCER	15931	CPT	outpatient			9413	3737.2	Aetna	Commercial		5173.59				582.68	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC.SACRAL PRES/DECUBIT ULCER	15931	CPT	outpatient			9413	3737.2	Aetna	Better Health		2969.8	31.55			582.68	8942.35	percent of total billed charges	
EXC.SACRAL PRES/DECUBIT ULCER	15931	CPT	outpatient			9413	3737.2	Aetna	Medicare		2899.2	30.8			582.68	8942.35	percent of total billed charges	
EXC.SACRAL PRES/DECUBIT ULCER	15931	CPT	outpatient			9413	3737.2	Americare	Americare		7059.75	75			582.68	8942.35	percent of total billed charges	
EXC.SACRAL PRES/DECUBIT ULCER	15931	CPT	outpatient			9413	3737.2	Amerihealth	HMO|PPO		6118.45	65			582.68	8942.35	percent of total billed charges	
EXC.SACRAL PRES/DECUBIT ULCER	15931	CPT	outpatient			9413	3737.2	Amerihealth	Medicare		3249.74				582.68	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC.SACRAL PRES/DECUBIT ULCER	15931	CPT	outpatient			9413	3737.2	Consumer	Consumer		8942.35	95			582.68	8942.35	percent of total billed charges	
EXC.SACRAL PRES/DECUBIT ULCER	15931	CPT	outpatient			9413	3737.2	Corrections	Corrections		7530.4	80			582.68	8942.35	percent of total billed charges	
EXC.SACRAL PRES/DECUBIT ULCER	15931	CPT	outpatient			9413	3737.2	First Health	First Health		6589.1	70			582.68	8942.35	percent of total billed charges	
EXC.SACRAL PRES/DECUBIT ULCER	15931	CPT	outpatient			9413	3737.2	First Trenton	First Trenton		8471.7	90			582.68	8942.35	percent of total billed charges	
EXC.SACRAL PRES/DECUBIT ULCER	15931	CPT	outpatient			9413	3737.2	Horizon	PPO		6047.77				582.68	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC.SACRAL PRES/DECUBIT ULCER	15931	CPT	outpatient			9413	3737.2	Horizon	MGD		6047.77				582.68	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC.SACRAL PRES/DECUBIT ULCER	15931	CPT	outpatient			9413	3737.2	Horizon	Medicare Blue		3249.74				582.68	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC.SACRAL PRES/DECUBIT ULCER	15931	CPT	outpatient			9413	3737.2	Horizon	NJ Health		582.68				582.68	8942.35	fee schedule	
EXC.SACRAL PRES/DECUBIT ULCER	15931	CPT	outpatient			9413	3737.2	Horizon	Indemnity		6047.77				582.68	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC.SACRAL PRES/DECUBIT ULCER	15931	CPT	outpatient			9413	3737.2	Managed Care Inc	Managed Care Inc		8471.7	90			582.68	8942.35	percent of total billed charges	
EXC.SACRAL PRES/DECUBIT ULCER	15931	CPT	outpatient			9413	3737.2	Multiplan	Multiplan		7530.4	80			582.68	8942.35	percent of total billed charges	
EXC.SACRAL PRES/DECUBIT ULCER	15931	CPT	outpatient			9413	3737.2	Qualcare	Qualcare		7059.75	75			582.68	8942.35	percent of total billed charges	
EXC.SACRAL PRES/DECUBIT ULCER	15931	CPT	outpatient			9413	3737.2	Three Rivers	Three Rivers		8942.35	95			582.68	8942.35	percent of total billed charges	
EXC.SACRAL PRES/DECUBIT ULCER	15931	CPT	outpatient			9413	3737.2	UHC	Medicare		3249.74				582.68	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC.SACRAL PRES/DECUBIT ULCER	15931	CPT	outpatient			9413	3737.2	UHC	Medicaid		2969.8	31.55			582.68	8942.35	percent of total billed charges	
EXC.SACRAL PRES/DECUBIT ULCER	15931	CPT	outpatient			9413	3737.2	United	Commercial|PPO		2776				582.68	8942.35	case rate	
EXC.SACRAL PRES/DECUBIT ULCER	15931	CPT	outpatient			9413	3737.2	United	Oxford		2776				582.68	8942.35	case rate	
EXC.SACRAL PRES/DECUBIT ULCER	15931	CPT	outpatient			9413	3737.2	Wellcare	Medicare		3249.74				582.68	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC.SACRAL PRES/DECUBIT ULCER	15931	CPT	outpatient			9413	3737.2	Wellcare	Medicaid		2969.8	31.55			582.68	8942.35	percent of total billed charges	
EXC.SACRAL PRES/DECUBIT ULCER	15931	CPT	outpatient			9413	3737.2	WellPoint	WellPoint		3029.1	32.18			582.68	8942.35	percent of total billed charges	
EXC ISCH PU W/PRIM SUTURE	15940	CPT	outpatient			9413	3737.2	Aetna	Better Health		2969.8	31.55			582.68	8942.35	percent of total billed charges	
EXC ISCH PU W/PRIM SUTURE	15940	CPT	outpatient			9413	3737.2	Aetna	Commercial		5173.59				582.68	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC ISCH PU W/PRIM SUTURE	15940	CPT	outpatient			9413	3737.2	Aetna	Medicare		3249.74				582.68	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC ISCH PU W/PRIM SUTURE	15940	CPT	outpatient			9413	3737.2	Americare	Americare		7059.75	75			582.68	8942.35	percent of total billed charges	
EXC ISCH PU W/PRIM SUTURE	15940	CPT	outpatient			9413	3737.2	Amerihealth	Medicare		3249.74				582.68	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC ISCH PU W/PRIM SUTURE	15940	CPT	outpatient			9413	3737.2	Amerihealth	HMO|PPO		6118.45	65			582.68	8942.35	percent of total billed charges	
EXC ISCH PU W/PRIM SUTURE	15940	CPT	outpatient			9413	3737.2	Consumer	Consumer		8942.35	95			582.68	8942.35	percent of total billed charges	
EXC ISCH PU W/PRIM SUTURE	15940	CPT	outpatient			9413	3737.2	Corrections	Corrections		7530.4	80			582.68	8942.35	percent of total billed charges	
EXC ISCH PU W/PRIM SUTURE	15940	CPT	outpatient			9413	3737.2	First Health	First Health		6589.1	70			582.68	8942.35	percent of total billed charges	
EXC ISCH PU W/PRIM SUTURE	15940	CPT	outpatient			9413	3737.2	First Trenton	First Trenton		8471.7	90			582.68	8942.35	percent of total billed charges	
EXC ISCH PU W/PRIM SUTURE	15940	CPT	outpatient			9413	3737.2	Horizon	PPO		6047.77				582.68	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC ISCH PU W/PRIM SUTURE	15940	CPT	outpatient			9413	3737.2	Horizon	Indemnity		6047.77				582.68	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC ISCH PU W/PRIM SUTURE	15940	CPT	outpatient			9413	3737.2	Horizon	MGD		6047.77				582.68	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC ISCH PU W/PRIM SUTURE	15940	CPT	outpatient			9413	3737.2	Horizon	Medicare Blue		3249.74				582.68	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC ISCH PU W/PRIM SUTURE	15940	CPT	outpatient			9413	3737.2	Horizon	NJ Health		582.68				582.68	8942.35	fee schedule	
EXC ISCH PU W/PRIM SUTURE	15940	CPT	outpatient			9413	3737.2	Managed Care Inc	Managed Care Inc		8471.7	90			582.68	8942.35	percent of total billed charges	
EXC ISCH PU W/PRIM SUTURE	15940	CPT	outpatient			9413	3737.2	Multiplan	Multiplan		7530.4	80			582.68	8942.35	percent of total billed charges	
EXC ISCH PU W/PRIM SUTURE	15940	CPT	outpatient			9413	3737.2	Qualcare	Qualcare		7059.75	75			582.68	8942.35	percent of total billed charges	
EXC ISCH PU W/PRIM SUTURE	15940	CPT	outpatient			9413	3737.2	Three Rivers	Three Rivers		8942.35	95			582.68	8942.35	percent of total billed charges	
EXC ISCH PU W/PRIM SUTURE	15940	CPT	outpatient			9413	3737.2	UHC	Medicare		3249.74				582.68	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC ISCH PU W/PRIM SUTURE	15940	CPT	outpatient			9413	3737.2	UHC	Medicaid		2969.8	31.55			582.68	8942.35	percent of total billed charges	
EXC ISCH PU W/PRIM SUTURE	15940	CPT	outpatient			9413	3737.2	United	Commercial|PPO		2776				582.68	8942.35	case rate	
EXC ISCH PU W/PRIM SUTURE	15940	CPT	outpatient			9413	3737.2	United	Oxford		2776				582.68	8942.35	case rate	
EXC ISCH PU W/PRIM SUTURE	15940	CPT	outpatient			9413	3737.2	Wellcare	Medicare		3249.74				582.68	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC ISCH PU W/PRIM SUTURE	15940	CPT	outpatient			9413	3737.2	Wellcare	Medicaid		2969.8	31.55			582.68	8942.35	percent of total billed charges	
EXC ISCH PU W/PRIM SUTURE	15940	CPT	outpatient			9413	3737.2	WellPoint	WellPoint		3029.1	32.18			582.68	8942.35	percent of total billed charges	
EXC ISC PR ULC W/PR SUTR W OSTC	15941	CPT	outpatient			9413	3737.2	Aetna	Commercial		5173.59				827.63	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC ISC PR ULC W/PR SUTR W OSTC	15941	CPT	outpatient			9413	3737.2	Aetna	Better Health		2969.8	31.55			827.63	8942.35	percent of total billed charges	
EXC ISC PR ULC W/PR SUTR W OSTC	15941	CPT	outpatient			9413	3737.2	Aetna	Medicare		3249.74				827.63	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC ISC PR ULC W/PR SUTR W OSTC	15941	CPT	outpatient			9413	3737.2	Americare	Americare		7059.75	75			827.63	8942.35	percent of total billed charges	
EXC ISC PR ULC W/PR SUTR W OSTC	15941	CPT	outpatient			9413	3737.2	Amerihealth	HMO|PPO		6118.45	65			827.63	8942.35	percent of total billed charges	
EXC ISC PR ULC W/PR SUTR W OSTC	15941	CPT	outpatient			9413	3737.2	Amerihealth	Medicare		3249.74				827.63	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC ISC PR ULC W/PR SUTR W OSTC	15941	CPT	outpatient			9413	3737.2	Consumer	Consumer		8942.35	95			827.63	8942.35	percent of total billed charges	
EXC ISC PR ULC W/PR SUTR W OSTC	15941	CPT	outpatient			9413	3737.2	Corrections	Corrections		7530.4	80			827.63	8942.35	percent of total billed charges	
EXC ISC PR ULC W/PR SUTR W OSTC	15941	CPT	outpatient			9413	3737.2	First Health	First Health		6589.1	70			827.63	8942.35	percent of total billed charges	
EXC ISC PR ULC W/PR SUTR W OSTC	15941	CPT	outpatient			9413	3737.2	First Trenton	First Trenton		8471.7	90			827.63	8942.35	percent of total billed charges	
EXC ISC PR ULC W/PR SUTR W OSTC	15941	CPT	outpatient			9413	3737.2	Horizon	Indemnity		6047.77				827.63	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC ISC PR ULC W/PR SUTR W OSTC	15941	CPT	outpatient			9413	3737.2	Horizon	Medicare Blue		3249.74				827.63	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC ISC PR ULC W/PR SUTR W OSTC	15941	CPT	outpatient			9413	3737.2	Horizon	NJ Health		827.63				827.63	8942.35	fee schedule	
EXC ISC PR ULC W/PR SUTR W OSTC	15941	CPT	outpatient			9413	3737.2	Horizon	MGD		6047.77				827.63	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC ISC PR ULC W/PR SUTR W OSTC	15941	CPT	outpatient			9413	3737.2	Horizon	PPO		6047.77				827.63	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC ISC PR ULC W/PR SUTR W OSTC	15941	CPT	outpatient			9413	3737.2	Managed Care Inc	Managed Care Inc		8471.7	90			827.63	8942.35	percent of total billed charges	
EXC ISC PR ULC W/PR SUTR W OSTC	15941	CPT	outpatient			9413	3737.2	Multiplan	Multiplan		7530.4	80			827.63	8942.35	percent of total billed charges	
EXC ISC PR ULC W/PR SUTR W OSTC	15941	CPT	outpatient			9413	3737.2	Qualcare	Qualcare		7059.75	75			827.63	8942.35	percent of total billed charges	
EXC ISC PR ULC W/PR SUTR W OSTC	15941	CPT	outpatient			9413	3737.2	Three Rivers	Three Rivers		8942.35	95			827.63	8942.35	percent of total billed charges	
EXC ISC PR ULC W/PR SUTR W OSTC	15941	CPT	outpatient			9413	3737.2	UHC	Medicaid		2969.8	31.55			827.63	8942.35	percent of total billed charges	
EXC ISC PR ULC W/PR SUTR W OSTC	15941	CPT	outpatient			9413	3737.2	UHC	Medicare		3249.74				827.63	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC ISC PR ULC W/PR SUTR W OSTC	15941	CPT	outpatient			9413	3737.2	United	Oxford		2776				827.63	8942.35	case rate	
EXC ISC PR ULC W/PR SUTR W OSTC	15941	CPT	outpatient			9413	3737.2	United	Commercial|PPO		2776				827.63	8942.35	case rate	
EXC ISC PR ULC W/PR SUTR W OSTC	15941	CPT	outpatient			9413	3737.2	Wellcare	Medicare		3249.74				827.63	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC ISC PR ULC W/PR SUTR W OSTC	15941	CPT	outpatient			9413	3737.2	Wellcare	Medicaid		2969.8	31.55			827.63	8942.35	percent of total billed charges	
EXC ISC PR ULC W/PR SUTR W OSTC	15941	CPT	outpatient			9413	3737.2	WellPoint	WellPoint		3029.1	32.18			827.63	8942.35	percent of total billed charges	
INITIAL TRT 1ST DEGREE BURN	16000	CPT	outpatient			659	263.3	Aetna	Better Health		207.91	31.55			100.07	1782	percent of total billed charges	
INITIAL TRT 1ST DEGREE BURN	16000	CPT	outpatient			659	263.3	Aetna	Medicare		202.97	30.8			100.07	1782	percent of total billed charges	
INITIAL TRT 1ST DEGREE BURN	16000	CPT	outpatient			659	263.3	Aetna	Commercial		364.5				100.07	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INITIAL TRT 1ST DEGREE BURN	16000	CPT	outpatient			659	263.3	Americare	Americare		494.25	75			100.07	1782	percent of total billed charges	
INITIAL TRT 1ST DEGREE BURN	16000	CPT	outpatient			659	263.3	Amerihealth	Medicare		228.96				100.07	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INITIAL TRT 1ST DEGREE BURN	16000	CPT	outpatient			659	263.3	Amerihealth	HMO|PPO		428.35	65			100.07	1782	percent of total billed charges	
INITIAL TRT 1ST DEGREE BURN	16000	CPT	outpatient			659	263.3	Consumer	Consumer		626.05	95			100.07	1782	percent of total billed charges	
INITIAL TRT 1ST DEGREE BURN	16000	CPT	outpatient			659	263.3	Corrections	Corrections		527.2	80			100.07	1782	percent of total billed charges	
INITIAL TRT 1ST DEGREE BURN	16000	CPT	outpatient			659	263.3	First Health	First Health		461.3	70			100.07	1782	percent of total billed charges	
INITIAL TRT 1ST DEGREE BURN	16000	CPT	outpatient			659	263.3	First Trenton	First Trenton		593.1	90			100.07	1782	percent of total billed charges	
INITIAL TRT 1ST DEGREE BURN	16000	CPT	outpatient			659	263.3	Horizon	NJ Health		100.07				100.07	1782	fee schedule	
INITIAL TRT 1ST DEGREE BURN	16000	CPT	outpatient			659	263.3	Horizon	Indemnity		426.09				100.07	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INITIAL TRT 1ST DEGREE BURN	16000	CPT	outpatient			659	263.3	Horizon	Medicare Blue		228.96				100.07	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INITIAL TRT 1ST DEGREE BURN	16000	CPT	outpatient			659	263.3	Horizon	MGD		426.09				100.07	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INITIAL TRT 1ST DEGREE BURN	16000	CPT	outpatient			659	263.3	Horizon	PPO		426.09				100.07	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INITIAL TRT 1ST DEGREE BURN	16000	CPT	outpatient			659	263.3	Managed Care Inc	Managed Care Inc		593.1	90			100.07	1782	percent of total billed charges	
INITIAL TRT 1ST DEGREE BURN	16000	CPT	outpatient			659	263.3	Multiplan	Multiplan		527.2	80			100.07	1782	percent of total billed charges	
INITIAL TRT 1ST DEGREE BURN	16000	CPT	outpatient			659	263.3	Qualcare	Qualcare		494.25	75			100.07	1782	percent of total billed charges	
INITIAL TRT 1ST DEGREE BURN	16000	CPT	outpatient			659	263.3	Three Rivers	Three Rivers		626.05	95			100.07	1782	percent of total billed charges	
INITIAL TRT 1ST DEGREE BURN	16000	CPT	outpatient			659	263.3	UHC	Medicare		228.96				100.07	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INITIAL TRT 1ST DEGREE BURN	16000	CPT	outpatient			659	263.3	UHC	Medicaid		207.91	31.55			100.07	1782	percent of total billed charges	
INITIAL TRT 1ST DEGREE BURN	16000	CPT	outpatient			659	263.3	United	Oxford		1782				100.07	1782	case rate	
INITIAL TRT 1ST DEGREE BURN	16000	CPT	outpatient			659	263.3	United	Commercial|PPO		1782				100.07	1782	case rate	
INITIAL TRT 1ST DEGREE BURN	16000	CPT	outpatient			659	263.3	Wellcare	Medicare		228.96				100.07	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INITIAL TRT 1ST DEGREE BURN	16000	CPT	outpatient			659	263.3	Wellcare	Medicaid		207.91	31.55			100.07	1782	percent of total billed charges	
INITIAL TRT 1ST DEGREE BURN	16000	CPT	outpatient			659	263.3	WellPoint	WellPoint		212.07	32.18			100.07	1782	percent of total billed charges	
TREAT BURN(S), UNDER ANES, SMALL	16020	CPT	outpatient			1145	263.3	Aetna	Commercial		364.5				119.75	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT BURN(S), UNDER ANES, SMALL	16020	CPT	outpatient			1145	263.3	Aetna	Better Health		361.25	31.55			119.75	1782	percent of total billed charges	
TREAT BURN(S), UNDER ANES, SMALL	16020	CPT	outpatient			1145	263.3	Aetna	Medicare		228.96				119.75	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT BURN(S), UNDER ANES, SMALL	16020	CPT	outpatient			1145	263.3	Americare	Americare		858.75	75			119.75	1782	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
TREAT BURN(S), UNDER ANES, SMALL	16020	CPT	outpatient			1145		263.3 Amerihealth	HMO/PPO		744.25	65			119.75	1782	percent of total billed charges	
TREAT BURN(S), UNDER ANES, SMALL	16020	CPT	outpatient			1145		263.3 Amerihealth	Medicare		228.96				119.75	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT BURN(S), UNDER ANES, SMALL	16020	CPT	outpatient			1145		263.3 Consumer	Consumer		1087.75	95			119.75	1782	percent of total billed charges	
TREAT BURN(S), UNDER ANES, SMALL	16020	CPT	outpatient			1145		263.3 Corrections	Corrections		916	80			119.75	1782	percent of total billed charges	
TREAT BURN(S), UNDER ANES, SMALL	16020	CPT	outpatient			1145		263.3 First Health	First Health		801.5	70			119.75	1782	percent of total billed charges	
TREAT BURN(S), UNDER ANES, SMALL	16020	CPT	outpatient			1145		263.3 First Trenton	First Trenton		1030.5	90			119.75	1782	percent of total billed charges	
TREAT BURN(S), UNDER ANES, SMALL	16020	CPT	outpatient			1145		263.3 Horizon	Medicare Blue		228.96				119.75	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT BURN(S), UNDER ANES, SMALL	16020	CPT	outpatient			1145		263.3 Horizon	MGD		426.09				119.75	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT BURN(S), UNDER ANES, SMALL	16020	CPT	outpatient			1145		263.3 Horizon	Indemnity		426.09				119.75	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT BURN(S), UNDER ANES, SMALL	16020	CPT	outpatient			1145		263.3 Horizon	NJ Health		119.75				119.75	1782	fee schedule	
TREAT BURN(S), UNDER ANES, SMALL	16020	CPT	outpatient			1145		263.3 Horizon	PPO		426.09				119.75	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT BURN(S), UNDER ANES, SMALL	16020	CPT	outpatient			1145		263.3 Managed Care Inc	Managed Care Inc		1030.5	90			119.75	1782	percent of total billed charges	
TREAT BURN(S), UNDER ANES, SMALL	16020	CPT	outpatient			1145		263.3 Multiplan	Multiplan		916	80			119.75	1782	percent of total billed charges	
TREAT BURN(S), UNDER ANES, SMALL	16020	CPT	outpatient			1145		263.3 Qualcare	Qualcare		858.75	75			119.75	1782	percent of total billed charges	
TREAT BURN(S), UNDER ANES, SMALL	16020	CPT	outpatient			1145		263.3 Three Rivers	Three Rivers		1087.75	95			119.75	1782	percent of total billed charges	
TREAT BURN(S), UNDER ANES, SMALL	16020	CPT	outpatient			1145		263.3 UHC	Medicaid		361.25	31.55			119.75	1782	percent of total billed charges	
TREAT BURN(S), UNDER ANES, SMALL	16020	CPT	outpatient			1145		263.3 UHC	Medicare		228.96				119.75	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT BURN(S), UNDER ANES, SMALL	16020	CPT	outpatient			1145		263.3 United	Oxford		1782				119.75	1782	case rate	
TREAT BURN(S), UNDER ANES, SMALL	16020	CPT	outpatient			1145		263.3 United	Commercial|PPO		1782				119.75	1782	case rate	
TREAT BURN(S), UNDER ANES, SMALL	16020	CPT	outpatient			1145		263.3 Wellcare	Medicare		228.96				119.75	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT BURN(S), UNDER ANES, SMALL	16020	CPT	outpatient			1145		263.3 Wellcare	Medicaid		361.25	31.55			119.75	1782	percent of total billed charges	
TREAT BURN(S), UNDER ANES, SMALL	16020	CPT	outpatient			1145		263.3 WellPoint	WellPoint		368.46	32.18			119.75	1782	percent of total billed charges	
TREAT BURN(S), UNDER ANES, MED/LG	16025	CPT	outpatient			3643		263.3 Aetna	Medicare		228.96				207.91	3460.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT BURN(S), UNDER ANES, MED/LG	16025	CPT	outpatient			3643		263.3 Aetna	Commercial		364.5				207.91	3460.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT BURN(S), UNDER ANES, MED/LG	16025	CPT	outpatient			3643		263.3 Aetna	Better Health		1149.37	31.55			207.91	3460.85	percent of total billed charges	
TREAT BURN(S), UNDER ANES, MED/LG	16025	CPT	outpatient			3643		263.3 Americare	Americare		2732.25	75			207.91	3460.85	percent of total billed charges	
TREAT BURN(S), UNDER ANES, MED/LG	16025	CPT	outpatient			3643		263.3 Amerihealth	HMO/PPO		2367.95	65			207.91	3460.85	percent of total billed charges	
TREAT BURN(S), UNDER ANES, MED/LG	16025	CPT	outpatient			3643		263.3 Amerihealth	Medicare		228.96				207.91	3460.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT BURN(S), UNDER ANES, MED/LG	16025	CPT	outpatient			3643		263.3 Consumer	Consumer		3460.85	95			207.91	3460.85	percent of total billed charges	
TREAT BURN(S), UNDER ANES, MED/LG	16025	CPT	outpatient			3643		263.3 Corrections	Corrections		2914.4	80			207.91	3460.85	percent of total billed charges	
TREAT BURN(S), UNDER ANES, MED/LG	16025	CPT	outpatient			3643		263.3 First Health	First Health		2560.1	70			207.91	3460.85	percent of total billed charges	
TREAT BURN(S), UNDER ANES, MED/LG	16025	CPT	outpatient			3643		263.3 First Trenton	First Trenton		3278.7	90			207.91	3460.85	percent of total billed charges	
TREAT BURN(S), UNDER ANES, MED/LG	16025	CPT	outpatient			3643		263.3 Horizon	Indemnity		426.09				207.91	3460.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT BURN(S), UNDER ANES, MED/LG	16025	CPT	outpatient			3643		263.3 Horizon	PPO		426.09				207.91	3460.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT BURN(S), UNDER ANES, MED/LG	16025	CPT	outpatient			3643		263.3 Horizon	NJ Health		213.73				207.91	3460.85	fee schedule	
TREAT BURN(S), UNDER ANES, MED/LG	16025	CPT	outpatient			3643		263.3 Horizon	Medicare Blue		228.96				207.91	3460.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT BURN(S), UNDER ANES, MED/LG	16025	CPT	outpatient			3643		263.3 Horizon	MGD		426.09				207.91	3460.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT BURN(S), UNDER ANES, MED/LG	16025	CPT	outpatient			3643		263.3 Managed Care Inc	Managed Care Inc		3278.7	90			207.91	3460.85	percent of total billed charges	
TREAT BURN(S), UNDER ANES, MED/LG	16025	CPT	outpatient			3643		263.3 Multiplan	Multiplan		2914.4	80			207.91	3460.85	percent of total billed charges	
TREAT BURN(S), UNDER ANES, MED/LG	16025	CPT	outpatient			3643		263.3 Qualcare	Qualcare		2732.25	75			207.91	3460.85	percent of total billed charges	
TREAT BURN(S), UNDER ANES, MED/LG	16025	CPT	outpatient			3643		263.3 Three Rivers	Three Rivers		3460.85	95			207.91	3460.85	percent of total billed charges	
TREAT BURN(S), UNDER ANES, MED/LG	16025	CPT	outpatient			3643		263.3 UHC	Medicaid		1149.37	31.55			207.91	3460.85	percent of total billed charges	
TREAT BURN(S), UNDER ANES, MED/LG	16025	CPT	outpatient			3643		263.3 UHC	Medicare		228.96				207.91	3460.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT BURN(S), UNDER ANES, MED/LG	16025	CPT	outpatient			3643		263.3 United	Commercial|PPO		1782				207.91	3460.85	case rate	
TREAT BURN(S), UNDER ANES, MED/LG	16025	CPT	outpatient			3643		263.3 United	Oxford		1782				207.91	3460.85	case rate	
TREAT BURN(S), UNDER ANES, MED/LG	16025	CPT	outpatient			3643		263.3 Wellcare	Medicare		228.96				207.91	3460.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT BURN(S), UNDER ANES, MED/LG	16025	CPT	outpatient			3643		263.3 Wellcare	Medicaid		1149.37	31.55			207.91	3460.85	percent of total billed charges	
TREAT BURN(S), UNDER ANES, MED/LG	16025	CPT	outpatient			3643		263.3 WellPoint	WellPoint		1172.32	32.18			207.91	3460.85	percent of total billed charges	
DRESS/DBRD BURN LG WO ANES	16030	CPT	outpatient			2194		524.43 Aetna	Better Health		692.21	31.55			264.31	2084.3	percent of total billed charges	
DRESS/DBRD BURN LG WO ANES	16030	CPT	outpatient			2194		524.43 Aetna	Commercial		726				264.31	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRESS/DBRD BURN LG WO ANES	16030	CPT	outpatient			2194		524.43 Aetna	Medicare		456.03				264.31	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRESS/DBRD BURN LG WO ANES	16030	CPT	outpatient			2194		524.43 Americare	Americare		1645.5	75			264.31	2084.3	percent of total billed charges	
DRESS/DBRD BURN LG WO ANES	16030	CPT	outpatient			2194		524.43 Amerihealth	HMO/PPO		1426.1	65			264.31	2084.3	percent of total billed charges	
DRESS/DBRD BURN LG WO ANES	16030	CPT	outpatient			2194		524.43 Amerihealth	Medicare		456.03				264.31	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRESS/DBRD BURN LG WO ANES	16030	CPT	outpatient			2194		524.43 Consumer	Consumer		2084.3	95			264.31	2084.3	percent of total billed charges	
DRESS/DBRD BURN LG WO ANES	16030	CPT	outpatient			2194		524.43 Corrections	Corrections		1755.2	80			264.31	2084.3	percent of total billed charges	
DRESS/DBRD BURN LG WO ANES	16030	CPT	outpatient			2194		524.43 First Health	First Health		1535.8	70			264.31	2084.3	percent of total billed charges	
DRESS/DBRD BURN LG WO ANES	16030	CPT	outpatient			2194		524.43 First Trenton	First Trenton		1974.6	90			264.31	2084.3	percent of total billed charges	
DRESS/DBRD BURN LG WO ANES	16030	CPT	outpatient			2194		524.43 Horizon	MGD		848.67				264.31	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRESS/DBRD BURN LG WO ANES	16030	CPT	outpatient			2194		524.43 Horizon	Medicare Blue		456.03				264.31	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRESS/DBRD BURN LG WO ANES	16030	CPT	outpatient			2194		524.43 Horizon	NJ Health		264.31				264.31	2084.3	fee schedule	
DRESS/DBRD BURN LG WO ANES	16030	CPT	outpatient			2194		524.43 Horizon	Indemnity		848.67				264.31	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRESS/DBRD BURN LG WO ANES	16030	CPT	outpatient			2194		524.43 Horizon	PPO		848.67				264.31	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRESS/DBRD BURN LG WO ANES	16030	CPT	outpatient			2194		524.43 Managed Care Inc	Managed Care Inc		1974.6	90			264.31	2084.3	percent of total billed charges	
DRESS/DBRD BURN LG WO ANES	16030	CPT	outpatient			2194		524.43 Multiplan	Multiplan		1755.2	80			264.31	2084.3	percent of total billed charges	
DRESS/DBRD BURN LG WO ANES	16030	CPT	outpatient			2194		524.43 Qualcare	Qualcare		1645.5	75			264.31	2084.3	percent of total billed charges	
DRESS/DBRD BURN LG WO ANES	16030	CPT	outpatient			2194		524.43 Three Rivers	Three Rivers		2084.3	95			264.31	2084.3	percent of total billed charges	
DRESS/DBRD BURN LG WO ANES	16030	CPT	outpatient			2194		524.43 UHC	Medicare		456.03				264.31	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRESS/DBRD BURN LG WO ANES	16030	CPT	outpatient			2194		524.43 UHC	Medicaid		692.21	31.55			264.31	2084.3	percent of total billed charges	
DRESS/DBRD BURN LG WO ANES	16030	CPT	outpatient			2194		524.43 United	Commercial|PPO		1782				264.31	2084.3	case rate	
DRESS/DBRD BURN LG WO ANES	16030	CPT	outpatient			2194		524.43 United	Oxford		1782				264.31	2084.3	case rate	
DRESS/DBRD BURN LG WO ANES	16030	CPT	outpatient			2194		524.43 Wellcare	Medicare		456.03				264.31	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRESS/DBRD BURN LG WO ANES	16030	CPT	outpatient			2194		524.43 Wellcare	Medicaid		692.21	31.55			264.31	2084.3	percent of total billed charges	
DRESS/DBRD BURN LG WO ANES	16030	CPT	outpatient			2194		524.43 WellPoint	WellPoint		706.03	32.18			264.31	2084.3	percent of total billed charges	
DESTRUCTION WART FIRST LESION	17000	CPT	outpatient			666		263.3 Aetna	Better Health		210.12	31.55			120.79	1782	percent of total billed charges	
DESTRUCTION WART FIRST LESION	17000	CPT	outpatient			666		263.3 Aetna	Medicare		205.13	30.8			120.79	1782	percent of total billed charges	
DESTRUCTION WART FIRST LESION	17000	CPT	outpatient			666		263.3 Aetna	Commercial		364.5				120.79	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION WART FIRST LESION	17000	CPT	outpatient			666		263.3 Americare	Americare		499.5	75			120.79	1782	percent of total billed charges	
DESTRUCTION WART FIRST LESION	17000	CPT	outpatient			666		263.3 Amerihealth	Medicare		228.96				120.79	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION WART FIRST LESION	17000	CPT	outpatient			666		263.3 Amerihealth	HMO/PPO		432.9	65			120.79	1782	percent of total billed charges	
DESTRUCTION WART FIRST LESION	17000	CPT	outpatient			666		263.3 Consumer	Consumer		632.7	95			120.79	1782	percent of total billed charges	
DESTRUCTION WART FIRST LESION	17000	CPT	outpatient			666		263.3 Corrections	Corrections		532.8	80			120.79	1782	percent of total billed charges	
DESTRUCTION WART FIRST LESION	17000	CPT	outpatient			666		263.3 First Health	First Health		466.2	70			120.79	1782	percent of total billed charges	
DESTRUCTION WART FIRST LESION	17000	CPT	outpatient			666		263.3 First Trenton	First Trenton		599.4	90			120.79	1782	percent of total billed charges	
DESTRUCTION WART FIRST LESION	17000	CPT	outpatient			666		263.3 Horizon	MGD		426.09				120.79	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION WART FIRST LESION	17000	CPT	outpatient			666		263.3 Horizon	Medicare Blue		228.96				120.79	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION WART FIRST LESION	17000	CPT	outpatient			666		263.3 Horizon	Indemnity		426.09				120.79	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION WART FIRST LESION	17000	CPT	outpatient			666		263.3 Horizon	NJ Health		120.79				120.79	1782	fee schedule	
DESTRUCTION WART FIRST LESION	17000	CPT	outpatient			666		263.3 Horizon	PPO		426.09				120.79	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION WART FIRST LESION	17000	CPT	outpatient			666		263.3 Managed Care Inc	Managed Care Inc		599.4	90			120.79	1782	percent of total billed charges	
DESTRUCTION WART FIRST LESION	17000	CPT	outpatient			666		263.3 Multiplan	Multiplan		532.8	80			120.79	1782	percent of total billed charges	
DESTRUCTION WART FIRST LESION	17000	CPT	outpatient			666		263.3 Qualcare	Qualcare		499.5	75			120.79	1782	percent of total billed charges	
DESTRUCTION WART FIRST LESION	17000	CPT	outpatient			666		263.3 Three Rivers	Three Rivers		632.7	95			120.79	1782	percent of total billed charges	
DESTRUCTION WART FIRST LESION	17000	CPT	outpatient			666		263.3 UHC	Medicare		228.96				120.79	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION WART FIRST LESION	17000	CPT	outpatient			666		263.3 UHC	Medicaid		210.12	31.55			120.79	1782	percent of total billed charges	
DESTRUCTION WART FIRST LESION	17000	CPT	outpatient			666		263.3 United	Commercial|PPO		1782				120.79	1782	case rate	
DESTRUCTION WART FIRST LESION	17000	CPT	outpatient			666		263.3 United	Oxford		1782				120.79	1782	case rate	
DESTRUCTION WART FIRST LESION	17000	CPT	outpatient			666		263.3 Wellcare	Medicare		228.96				120.79	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION WART FIRST LESION	17000	CPT	outpatient			666		263.3 Wellcare	Medicaid		210.12	31.55			120.79	1782	percent of total billed charges	
DESTRUCTION WART FIRST LESION	17000	CPT	outpatient			666		263.3 WellPoint	WellPoint		214.32	32.18			120.79	1782	percent of total billed charges	
DESTR BENIGN	17003	CPT	outpatient					Horizon	NJ Health		10.57				10.57	1782	fee schedule	
DESTR BENIGN	17003	CPT	outpatient					United	Commercial|PPO		1782				10.57	1782	case rate	
DESTR BENIGN	17003	CPT	outpatient					United	Oxford		1782				10.57	1782	case rate	
DESTR BENIGN	17004	CPT	outpatient			1360		524.43 Aetna	Medicare		456.03				227.07	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR BENIGN	17004	CPT	outpatient			1360		524.43 Aetna	Better Health		429.08	31.55			227.07	1782	percent of total billed charges	
DESTR BENIGN	17004	CPT	outpatient			1360		524.43 Aetna	Commercial		726				227.07	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR BENIGN	17004	CPT	outpatient			1360		524.43 Americare	Americare		1020	75			227.07	1782	percent of total billed charges	
DESTR BENIGN	17004	CPT	outpatient			1360		524.43 Amerihealth	HMO/PPO		884	65			227.07	1782	percent of total billed charges	
DESTR BENIGN	17004	CPT	outpatient			1360		524.43 Amerihealth	Medicare		456.03				227.07	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR BENIGN	17004	CPT	outpatient			1360		524.43 Consumer	Consumer		1292	95			227.07	1782	percent of total billed charges	
DESTR BENIGN	17004	CPT	outpatient			1360		524.43 Corrections	Corrections		1088	80			227.07	1782	percent of total billed charges	
DESTR BENIGN	17004	CPT	outpatient			1360		524.43 First Health	First Health		952	70			227.07	1782	percent of total billed charges	
DESTR BENIGN	17004	CPT	outpatient			1360		524.43 First Trenton	First Trenton		1224	90			227.07	1782	percent of total billed charges	
DESTR BENIGN	17004	CPT	outpatient			1360		524.43 Horizon	Medicare Blue		456.03				227.07	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR BENIGN	17004	CPT	outpatient			1360		524.43 Horizon	MGD		848.67				227.07	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR BENIGN	17004	CPT	outpatient			1360		524.43 Horizon	Indemnity		848.67				227.07	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR BENIGN	17004	CPT	outpatient			1360		524.43 Horizon	NJ Health		227.07				227.07	1782	fee schedule	
DESTR BENIGN	17004	CPT	outpatient			1360		524.43 Horizon	PPO		848.67				227.07	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR BENIGN	17004	CPT	outpatient			1360		524.43 Managed Care Inc	Managed Care Inc		1224	90			227.07	1782	percent of total billed charges	
DESTR BENIGN	17004	CPT	outpatient			1360		524.43 Multiplan	Multiplan		1088	80			227.07	1782	percent of total billed charges	
DESTR BENIGN	17004	CPT	outpatient			1360		524.43 Qualcare	Qualcare		1020	75			227.07	1782	percent of total billed charges	
DESTR BENIGN	17004	CPT	outpatient			1360		524.43 Three Rivers	Three Rivers		1292	95			227.07	1782	percent of total billed charges	
DESTR BENIGN	17004	CPT	outpatient			1360		524.43 UHC	Medicaid		429.08	31.55			227.07	1782	percent of total billed charges	
DESTR BENIGN	17004	CPT	outpatient			1360		524.43 UHC	Medicare		456.03				227.07	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR BENIGN	17004	CPT	outpatient			1360		524.43 United	Oxford		1782				227.07	1782	case rate	
DESTR BENIGN	17004	CPT	outpatient			1360		524.43 United	Commercial|PPO		1782				227.07	1782	case rate	
DESTR BENIGN	17004	CPT	outpatient			1360		524.43 Wellcare	Medicare		456.03				227.07	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR BENIGN	17004	CPT	outpatient			1360		524.43 Wellcare	Medicaid		429.08	31.55			227.07	1782	percent of total billed charges	
DESTR BENIGN	17004	CPT	outpatient			1360		524.43 WellPoint	WellPoint		437.65	32.18			227.07	1782	percent of total billed charges	
DESTR CUT VASC LES:10SQ.CM/<	17106	CPT	outpatient			1360		524.43 Aetna	Better Health		429.08	31.55			417.16	1782	percent of total billed charges	
DESTR CUT VASC LES:10SQ.CM/<	17106	CPT	outpatient			1360		524.43 Aetna	Commercial		726				417.16	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR CUT VASC LES:10SQ.CM/<	17106	CPT	outpatient			1360		524.43 Aetna	Medicare		456.03				417.16	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR CUT VASC LES:10SQ.CM/<	17106	CPT	outpatient			1360		524.43 Americare	Americare		1020	75			417.16	1782	percent of total billed charges	
DESTR CUT VASC LES:10SQ.CM/<	17106	CPT	outpatient			1360		524.43 Amerihealth	HMO/PPO		884	65			417.16	1782	percent of total billed charges	
DESTR CUT VASC LES:10SQ.CM/<	17106	CPT	outpatient			1360		524.43 Amerihealth	Medicare		456.03				417.16	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR CUT VASC LES:10SQ.CM/<	17106	CPT	outpatient			1360		524.43 Consumer	Consumer		1292	95			417.16	1782	percent of total billed charges	
DESTR CUT VASC LES:10SQ.CM/<	17106	CPT	outpatient			1360		524.43 Corrections	Corrections		1088	80			417.16	1782	percent of total billed charges	
DESTR CUT VASC LES:10SQ.CM/<	17106	CPT	outpatient			1360		524.43 First Health	First Health		952	70			417.16	1782	percent of total billed charges	
DESTR CUT VASC LES:10SQ.CM/<	17106	CPT	outpatient			1360		524.43 First Trenton	First Trenton		1224	90			417.16	1782	percent of total billed charges	
DESTR CUT VASC LES:10SQ.CM/<	17106	CPT	outpatient			1360		524.43 Horizon	Indemnity		848.67				417.16	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR CUT VASC LES:10SQ.CM/<	17106	CPT	outpatient			1360		524.43 Horizon	Medicare Blue		456.03				417.16	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR CUT VASC LES:10SQ.CM/<	17106	CPT	outpatient			1360		524.43 Horizon	NJ Health		417.16				417.16	1782	fee schedule	
DESTR CUT VASC LES:10SQ.CM/<	17106	CPT	outpatient			1360		524.43 Horizon	MGD		848.67				417.16	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR CUT VASC LES:10SQ.CM/<	17106	CPT	outpatient			1360		524.43 Horizon	PPO		848.67				417.16	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR CUT VASC LES:10SQ.CM/<	17106	CPT	outpatient			1360		524.43 Managed Care Inc	Managed Care Inc		1224	90			417.16	1782	percent of total billed charges	
DESTR CUT VASC LES:10SQ.CM/<	17106	CPT	outpatient			1360		524.43 Multiplan	Multiplan		1088	80			417.16	1782	percent of total billed charges	
DESTR CUT VASC LES:10SQ.CM/<	17106	CPT	outpatient			1360		524.43 Qualcare	Qualcare		1020	75			417.16	1782	percent of total billed charges	
DESTR CUT VASC LES:10SQ.CM/<	17106	CPT	outpatient			1360		524.43 Three Rivers	Three Rivers		1292	95			417.16	1782	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
DESTR CUT VASC LES:10SQ.CM/<	17106	CPT	outpatient			1360	524.43	UHC	Medicare		456.03				417.16	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR CUT VASC LES:10SQ.CM/<	17106	CPT	outpatient			1360	524.43	UHC	Medicaid		429.08	31.55			417.16	1782	percent of total billed charges	
DESTR CUT VASC LES:10SQ.CM/<	17106	CPT	outpatient			1360	524.43	United	Oxford		1782				417.16	1782	case rate	
DESTR CUT VASC LES:10SQ.CM/<	17106	CPT	outpatient			1360	524.43	United	CommercialPPO		1782				417.16	1782	case rate	
DESTR CUT VASC LES:10SQ.CM/<	17106	CPT	outpatient			1360	524.43	Wellcare	Medicare		456.03				417.16	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR CUT VASC LES:10SQ.CM/<	17106	CPT	outpatient			1360	524.43	Wellcare	Medicaid		429.08	31.55			417.16	1782	percent of total billed charges	
DESTR CUT VASC LES:10SQ.CM/<	17106	CPT	outpatient			1360	524.43	WellPoint	WellPoint		437.65	32.18			417.16	1782	percent of total billed charges	
DESTR CV LESION; 10-50 SQ. M	17107	CPT	outpatient			2117	826.02	Aetna	Commercial		1143.5				652.04	2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR CV LESION; 10-50 SQ. M	17107	CPT	outpatient			2117	826.02	Aetna	Medicare		652.04	30.8			652.04	2011.15	percent of total billed charges	
DESTR CV LESION; 10-50 SQ. M	17107	CPT	outpatient			2117	826.02	Aetna	Better Health		667.91	31.55			652.04	2011.15	percent of total billed charges	
DESTR CV LESION; 10-50 SQ. M	17107	CPT	outpatient			2117	826.02	Americare	Americare		1587.75	75			652.04	2011.15	percent of total billed charges	
DESTR CV LESION; 10-50 SQ. M	17107	CPT	outpatient			2117	826.02	Amerihealth	HMO/PPO		1376.05	65			652.04	2011.15	percent of total billed charges	
DESTR CV LESION; 10-50 SQ. M	17107	CPT	outpatient			2117	826.02	Amerihealth	Medicare		718.28				652.04	2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR CV LESION; 10-50 SQ. M	17107	CPT	outpatient			2117	826.02	Consumer	Consumer		2011.15	95			652.04	2011.15	percent of total billed charges	
DESTR CV LESION; 10-50 SQ. M	17107	CPT	outpatient			2117	826.02	Corrections	Corrections		1693.6	80			652.04	2011.15	percent of total billed charges	
DESTR CV LESION; 10-50 SQ. M	17107	CPT	outpatient			2117	826.02	First Health	First Health		1481.9	70			652.04	2011.15	percent of total billed charges	
DESTR CV LESION; 10-50 SQ. M	17107	CPT	outpatient			2117	826.02	First Trenton	First Trenton		1905.3	90			652.04	2011.15	percent of total billed charges	
DESTR CV LESION; 10-50 SQ. M	17107	CPT	outpatient			2117	826.02	Horizon	MGD		1336.72				652.04	2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR CV LESION; 10-50 SQ. M	17107	CPT	outpatient			2117	826.02	Horizon	Medicare Blue		716.28				652.04	2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR CV LESION; 10-50 SQ. M	17107	CPT	outpatient			2117	826.02	Horizon	NJ Health		738.63				652.04	2011.15	fee schedule	
DESTR CV LESION; 10-50 SQ. M	17107	CPT	outpatient			2117	826.02	Horizon	PPO		1336.72				652.04	2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR CV LESION; 10-50 SQ. M	17107	CPT	outpatient			2117	826.02	Horizon	Indemnity		1336.72				652.04	2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR CV LESION; 10-50 SQ. M	17107	CPT	outpatient			2117	826.02	Managed Care Inc	Managed Care Inc		1905.3	90			652.04	2011.15	percent of total billed charges	
DESTR CV LESION; 10-50 SQ. M	17107	CPT	outpatient			2117	826.02	Multiplan	Multiplan		1693.6	80			652.04	2011.15	percent of total billed charges	
DESTR CV LESION; 10-50 SQ. M	17107	CPT	outpatient			2117	826.02	Qualcare	Qualcare		1587.75	75			652.04	2011.15	percent of total billed charges	
DESTR CV LESION; 10-50 SQ. M	17107	CPT	outpatient			2117	826.02	Three Rivers	Three Rivers		2011.15	95			652.04	2011.15	percent of total billed charges	
DESTR CV LESION; 10-50 SQ. M	17107	CPT	outpatient			2117	826.02	UHC	Medicaid		667.91	31.55			652.04	2011.15	percent of total billed charges	
DESTR CV LESION; 10-50 SQ. M	17107	CPT	outpatient			2117	826.02	UHC	Medicare		718.28				652.04	2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR CV LESION; 10-50 SQ. M	17107	CPT	outpatient			2117	826.02	United	CommercialPPO		1782				652.04	2011.15	case rate	
DESTR CV LESION; 10-50 SQ. M	17107	CPT	outpatient			2117	826.02	United	Oxford		1782				652.04	2011.15	case rate	
DESTR CV LESION; 10-50 SQ. M	17107	CPT	outpatient			2117	826.02	Wellcare	Medicaid		667.91	31.55			652.04	2011.15	percent of total billed charges	
DESTR CV LESION; 10-50 SQ. M	17107	CPT	outpatient			2117	826.02	Wellcare	Medicare		718.28				652.04	2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR CV LESION; 10-50 SQ. M	17107	CPT	outpatient			2117	826.02	WellPoint	WellPoint		681.25	32.18			652.04	2011.15	percent of total billed charges	
DESTR CV LESION > 50 SQ.M.	17108	CPT	outpatient			6289	2398.47	Aetna	Commercial		3320.32				998.46	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR CV LESION > 50 SQ.M.	17108	CPT	outpatient			6289	2398.47	Aetna	Better Health		1984.18	31.55			998.46	5974.55	percent of total billed charges	
DESTR CV LESION > 50 SQ.M.	17108	CPT	outpatient			6289	2398.47	Aetna	Medicare		2085.63				998.46	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR CV LESION > 50 SQ.M.	17108	CPT	outpatient			6289	2398.47	Americare	Americare		4716.75	75			998.46	5974.55	percent of total billed charges	
DESTR CV LESION > 50 SQ.M.	17108	CPT	outpatient			6289	2398.47	Amerihealth	HMO/PPO		4087.85	65			998.46	5974.55	percent of total billed charges	
DESTR CV LESION > 50 SQ.M.	17108	CPT	outpatient			6289	2398.47	Amerihealth	Medicare		2085.63				998.46	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR CV LESION > 50 SQ.M.	17108	CPT	outpatient			6289	2398.47	Consumer	Consumer		5974.55	95			998.46	5974.55	percent of total billed charges	
DESTR CV LESION > 50 SQ.M.	17108	CPT	outpatient			6289	2398.47	Corrections	Corrections		5031.2	80			998.46	5974.55	percent of total billed charges	
DESTR CV LESION > 50 SQ.M.	17108	CPT	outpatient			6289	2398.47	First Health	First Health		4402.3	70			998.46	5974.55	percent of total billed charges	
DESTR CV LESION > 50 SQ.M.	17108	CPT	outpatient			6289	2398.47	First Trenton	First Trenton		5660.1	90			998.46	5974.55	percent of total billed charges	
DESTR CV LESION > 50 SQ.M.	17108	CPT	outpatient			6289	2398.47	Horizon	MGD		3881.36				998.46	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR CV LESION > 50 SQ.M.	17108	CPT	outpatient			6289	2398.47	Horizon	Indemnity		3881.36				998.46	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR CV LESION > 50 SQ.M.	17108	CPT	outpatient			6289	2398.47	Horizon	Medicare Blue		2085.63				998.46	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR CV LESION > 50 SQ.M.	17108	CPT	outpatient			6289	2398.47	Horizon	NJ Health		998.46				998.46	5974.55	fee schedule	
DESTR CV LESION > 50 SQ.M.	17108	CPT	outpatient			6289	2398.47	Horizon	PPO		3881.36				998.46	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR CV LESION > 50 SQ.M.	17108	CPT	outpatient			6289	2398.47	Managed Care Inc	Managed Care Inc		5660.1	90			998.46	5974.55	percent of total billed charges	
DESTR CV LESION > 50 SQ.M.	17108	CPT	outpatient			6289	2398.47	Multiplan	Multiplan		5031.2	80			998.46	5974.55	percent of total billed charges	
DESTR CV LESION > 50 SQ.M.	17108	CPT	outpatient			6289	2398.47	Qualcare	Qualcare		4716.75	75			998.46	5974.55	percent of total billed charges	
DESTR CV LESION > 50 SQ.M.	17108	CPT	outpatient			6289	2398.47	Three Rivers	Three Rivers		5974.55	95			998.46	5974.55	percent of total billed charges	
DESTR CV LESION > 50 SQ.M.	17108	CPT	outpatient			6289	2398.47	UHC	Medicare		2085.63				998.46	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR CV LESION > 50 SQ.M.	17108	CPT	outpatient			6289	2398.47	UHC	Medicaid		1984.18	31.55			998.46	5974.55	percent of total billed charges	
DESTR CV LESION > 50 SQ.M.	17108	CPT	outpatient			6289	2398.47	United	Oxford		2493				998.46	5974.55	case rate	
DESTR CV LESION > 50 SQ.M.	17108	CPT	outpatient			6289	2398.47	United	CommercialPPO		2493				998.46	5974.55	case rate	
DESTR CV LESION > 50 SQ.M.	17108	CPT	outpatient			6289	2398.47	Wellcare	Medicaid		1984.18	31.55			998.46	5974.55	percent of total billed charges	
DESTR CV LESION > 50 SQ.M.	17108	CPT	outpatient			6289	2398.47	Wellcare	Medicare		2085.63				998.46	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR CV LESION > 50 SQ.M.	17108	CPT	outpatient			6289	2398.47	WellPoint	WellPoint		2023.8	32.18			998.46	5974.55	percent of total billed charges	
PODOPHYLIN TREATMENT	17110	CPT	outpatient			659	263.3	Aetna	Better Health		207.91	31.55			93.96	1782	percent of total billed charges	
PODOPHYLIN TREATMENT	17110	CPT	outpatient			659	263.3	Aetna	Medicare		202.97	30.8			93.96	1782	percent of total billed charges	
PODOPHYLIN TREATMENT	17110	CPT	outpatient			659	263.3	Aetna	Commercial		364.5				93.96	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PODOPHYLIN TREATMENT	17110	CPT	outpatient			659	263.3	Americare	Americare		494.25	75			93.96	1782	percent of total billed charges	
PODOPHYLIN TREATMENT	17110	CPT	outpatient			659	263.3	Amerihealth	Medicare		228.96				93.96	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PODOPHYLIN TREATMENT	17110	CPT	outpatient			659	263.3	Amerihealth	HMO/PPO		428.35	65			93.96	1782	percent of total billed charges	
PODOPHYLIN TREATMENT	17110	CPT	outpatient			659	263.3	Consumer	Consumer		626.05	95			93.96	1782	percent of total billed charges	
PODOPHYLIN TREATMENT	17110	CPT	outpatient			659	263.3	Corrections	Corrections		527.2	80			93.96	1782	percent of total billed charges	
PODOPHYLIN TREATMENT	17110	CPT	outpatient			659	263.3	First Health	First Health		461.3	70			93.96	1782	percent of total billed charges	
PODOPHYLIN TREATMENT	17110	CPT	outpatient			659	263.3	First Trenton	First Trenton		593.1	90			93.96	1782	percent of total billed charges	
PODOPHYLIN TREATMENT	17110	CPT	outpatient			659	263.3	Horizon	Medicare Blue		228.96				93.96	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PODOPHYLIN TREATMENT	17110	CPT	outpatient			659	263.3	Horizon	MGD		426.09				93.96	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PODOPHYLIN TREATMENT	17110	CPT	outpatient			659	263.3	Horizon	Indemnity		426.09				93.96	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PODOPHYLIN TREATMENT	17110	CPT	outpatient			659	263.3	Horizon	NJ Health		93.96				93.96	1782	fee schedule	
PODOPHYLIN TREATMENT	17110	CPT	outpatient			659	263.3	Horizon	PPO		426.09				93.96	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PODOPHYLIN TREATMENT	17110	CPT	outpatient			659	263.3	Managed Care Inc	Managed Care Inc		593.1	90			93.96	1782	percent of total billed charges	
PODOPHYLIN TREATMENT	17110	CPT	outpatient			659	263.3	Multiplan	Multiplan		527.2	80			93.96	1782	percent of total billed charges	
PODOPHYLIN TREATMENT	17110	CPT	outpatient			659	263.3	Qualcare	Qualcare		494.25	75			93.96	1782	percent of total billed charges	
PODOPHYLIN TREATMENT	17110	CPT	outpatient			659	263.3	Three Rivers	Three Rivers		626.05	95			93.96	1782	percent of total billed charges	
PODOPHYLIN TREATMENT	17110	CPT	outpatient			659	263.3	UHC	Medicaid		207.91	31.55			93.96	1782	percent of total billed charges	
PODOPHYLIN TREATMENT	17110	CPT	outpatient			659	263.3	UHC	Medicare		228.96				93.96	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PODOPHYLIN TREATMENT	17110	CPT	outpatient			659	263.3	United	Oxford		1782				93.96	1782	case rate	
PODOPHYLIN TREATMENT	17110	CPT	outpatient			659	263.3	United	CommercialPPO		1782				93.96	1782	case rate	
PODOPHYLIN TREATMENT	17110	CPT	outpatient			659	263.3	Wellcare	Medicare		228.96				93.96	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PODOPHYLIN TREATMENT	17110	CPT	outpatient			659	263.3	Wellcare	Medicaid		207.91	31.55			93.96	1782	percent of total billed charges	
PODOPHYLIN TREATMENT	17110	CPT	outpatient			659	263.3	WellPoint	WellPoint		212.07	32.18			93.96	1782	percent of total billed charges	
DESTRUCT LESION 15 OR MORE	17111	CPT	outpatient			659	263.3	Aetna	Better Health		207.91	31.55			76.89	1782	percent of total billed charges	
DESTRUCT LESION 15 OR MORE	17111	CPT	outpatient			659	263.3	Aetna	Medicare		228.96				76.89	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCT LESION 15 OR MORE	17111	CPT	outpatient			659	263.3	Aetna	Commercial		364.5				76.89	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCT LESION 15 OR MORE	17111	CPT	outpatient			659	263.3	Americare	Americare		494.25	75			76.89	1782	percent of total billed charges	
DESTRUCT LESION 15 OR MORE	17111	CPT	outpatient			659	263.3	Amerihealth	Medicare		228.96				76.89	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCT LESION 15 OR MORE	17111	CPT	outpatient			659	263.3	Amerihealth	HMO/PPO		428.35	65			76.89	1782	percent of total billed charges	
DESTRUCT LESION 15 OR MORE	17111	CPT	outpatient			659	263.3	Consumer	Consumer		626.05	95			76.89	1782	percent of total billed charges	
DESTRUCT LESION 15 OR MORE	17111	CPT	outpatient			659	263.3	Corrections	Corrections		527.2	80			76.89	1782	percent of total billed charges	
DESTRUCT LESION 15 OR MORE	17111	CPT	outpatient			659	263.3	First Health	First Health		461.3	70			76.89	1782	percent of total billed charges	
DESTRUCT LESION 15 OR MORE	17111	CPT	outpatient			659	263.3	First Trenton	First Trenton		593.1	90			76.89	1782	percent of total billed charges	
DESTRUCT LESION 15 OR MORE	17111	CPT	outpatient			659	263.3	Horizon	MGD		426.09				76.89	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCT LESION 15 OR MORE	17111	CPT	outpatient			659	263.3	Horizon	Indemnity		426.09				76.89	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCT LESION 15 OR MORE	17111	CPT	outpatient			659	263.3	Horizon	Medicare Blue		228.96				76.89	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCT LESION 15 OR MORE	17111	CPT	outpatient			659	263.3	Horizon	NJ Health		76.89				76.89	1782	fee schedule	
DESTRUCT LESION 15 OR MORE	17111	CPT	outpatient			659	263.3	Horizon	PPO		426.09				76.89	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCT LESION 15 OR MORE	17111	CPT	outpatient			659	263.3	Managed Care Inc	Managed Care Inc		593.1	90			76.89	1782	percent of total billed charges	
DESTRUCT LESION 15 OR MORE	17111	CPT	outpatient			659	263.3	Multiplan	Multiplan		527.2	80			76.89	1782	percent of total billed charges	
DESTRUCT LESION 15 OR MORE	17111	CPT	outpatient			659	263.3	Qualcare	Qualcare		494.25	75			76.89	1782	percent of total billed charges	
DESTRUCT LESION 15 OR MORE	17111	CPT	outpatient			659	263.3	Three Rivers	Three Rivers		626.05	95			76.89	1782	percent of total billed charges	
DESTRUCT LESION 15 OR MORE	17111	CPT	outpatient			659	263.3	UHC	Medicaid		207.91	31.55			76.89	1782	percent of total billed charges	
DESTRUCT LESION 15 OR MORE	17111	CPT	outpatient			659	263.3	UHC	Medicare		228.96				76.89	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCT LESION 15 OR MORE	17111	CPT	outpatient			659	263.3	United	CommercialPPO		1782				76.89	1782	case rate	
DESTRUCT LESION 15 OR MORE	17111	CPT	outpatient			659	263.3	United	Oxford		1782				76.89	1782	case rate	
DESTRUCT LESION 15 OR MORE	17111	CPT	outpatient			659	263.3	Wellcare	Medicaid		207.91	31.55			76.89	1782	percent of total billed charges	
DESTRUCT LESION 15 OR MORE	17111	CPT	outpatient			659	263.3	Wellcare	Medicare		228.96				76.89	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCT LESION 15 OR MORE	17111	CPT	outpatient			659	263.3	WellPoint	WellPoint		212.07	32.18			76.89	1782	percent of total billed charges	
CHEMICAL CAUTERIZATION OF GRANULATION	17250	CPT	outpatient			665	263.3	Aetna	Commercial		364.5				113.82	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMICAL CAUTERIZATION OF GRANULATION	17250	CPT	outpatient			665	263.3	Aetna	Medicare		228.96				113.82	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMICAL CAUTERIZATION OF GRANULATION	17250	CPT	outpatient			665	263.3	Aetna	Better Health		209.81	31.55			113.82	1782	percent of total billed charges	
CHEMICAL CAUTERIZATION OF GRANULATION	17250	CPT	outpatient			665	263.3	Americare	Americare		498.75	75			113.82	1782	percent of total billed charges	
CHEMICAL CAUTERIZATION OF GRANULATION	17250	CPT	outpatient			665	263.3	Amerihealth	HMO/PPO		432.25	65			113.82	1782	percent of total billed charges	
CHEMICAL CAUTERIZATION OF GRANULATION	17250	CPT	outpatient			665	263.3	Amerihealth	Medicare		228.96				113.82	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMICAL CAUTERIZATION OF GRANULATION	17250	CPT	outpatient			665	263.3	Consumer	Consumer		631.75	95			113.82	1782	percent of total billed charges	
CHEMICAL CAUTERIZATION OF GRANULATION	17250	CPT	outpatient			665	263.3	Corrections	Corrections		532	80			113.82	1782	percent of total billed charges	
CHEMICAL CAUTERIZATION OF GRANULATION	17250	CPT	outpatient			665	263.3	First Health	First Health		465.5	70			113.82	1782	percent of total billed charges	
CHEMICAL CAUTERIZATION OF GRANULATION	17250	CPT	outpatient			665	263.3	First Trenton	First Trenton		598.5	90			113.82	1782	percent of total billed charges	
CHEMICAL CAUTERIZATION OF GRANULATION	17250	CPT	outpatient			665	263.3	Horizon	NJ Health		113.82				113.82	1782	fee schedule	
CHEMICAL CAUTERIZATION OF GRANULATION	17250	CPT	outpatient			665	263.3	Horizon	Indemnity		426.09				113.82	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMICAL CAUTERIZATION OF GRANULATION	17250	CPT	outpatient			665	263.3	Horizon	Medicare Blue		228.96				113.82	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMICAL CAUTERIZATION OF GRANULATION	17250	CPT	outpatient			665	263.3	Horizon	MGD		426.09				113.82	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMICAL CAUTERIZATION OF GRANULATION	17250	CPT	outpatient			665	263.3	Horizon	PPO		426.09				113.82	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMICAL CAUTERIZATION OF GRANULATION	17250	CPT	outpatient			665	263.3	Managed Care Inc	Managed Care Inc		598.5	90			113.82	1782	percent of total billed charges	
CHEMICAL CAUTERIZATION OF GRANULATION	17250	CPT	outpatient			665	263.3	Multiplan	Multiplan		532	80			113.82	1782	percent of total billed charges	
CHEMICAL CAUTERIZATION OF GRANULATION	17250	CPT	outpatient			665	263.3	Qualcare	Qualcare		498.75	75			113.82	1782	percent of total billed charges	
CHEMICAL CAUTERIZATION OF GRANULATION	17250	CPT	outpatient			665	263.3	Three Rivers	Three Rivers		631.75	95			113.82	1782	percent of total billed charges	
CHEMICAL CAUTERIZATION OF GRANULATION	17250	CPT	outpatient			665	263.3	UHC	Medicare		228.96				113.82	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMICAL CAUTERIZATION OF GRANULATION	17250	CPT	outpatient			665	263.3	UHC	Medicaid		209.81	31.55			113.82	1782	percent of total billed charges	
CHEMICAL CAUTERIZATION OF GRANULATION	17250	CPT	outpatient			665	263.3	United	Oxford		1782				113.82	1782	case rate	
CHEMICAL CAUTERIZATION OF GRANULATION	17250	CPT	outpatient			665	263.3	United	CommercialPPO		1782				113.82	1782	case rate	
CHEMICAL CAUTERIZATION OF GRANULATION	17250	CPT	outpatient			665	263.3	Wellcare	Medicare		228.96				113.82	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMICAL CAUTERIZATION OF GRANULATION	17250	CPT	outpatient			665	263.3	Wellcare	Medicaid		209.81	31.55			113.82	1782	percent of total billed charges	
CHEMICAL CAUTERIZATION OF GRANULATION	17250	CPT	outpatient			665	263.3	WellPoint	WellPoint		214	32.18			113.82	1782	percent of total billed charges	
DESTR MLES T	17260	CPT	outpatient			659	263.3	Aetna	Commercial		364.5				98.58	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR MLES T	17260	CPT	outpatient			659	263.3	Aetna	Better Health		207.91	31.55			98.58	1782	percent of total billed charges	
DESTR MLES T	17260	CPT	outpatient			659	263.3	Aetna	Medicare		202.97	30.8			98.58	1782	percent of total billed charges	
DESTR MLES T	17260	CPT	outpatient			659	263.3	Americare	Americare		494.25	75			98.58	1782	percent of total billed charges	
DESTR MLES T	17260	CPT	outpatient			659	263.3	Amerihealth	Medicare		228.96				98.58	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR MLES T	17260	CPT	outpatient			659	263.3	Amerihealth	HMO/PPO		428.35	65			98.58	1782	percent of total billed charges	
DESTR MLES T	17260	CPT	outpatient			659	263.3	Consumer	Consumer		626.05	95			98.58	1782	percent of total billed charges	
DESTR MLES T	17260	CPT	outpatient			659	263.3	Corrections	Corrections		527.2	80			98.58	1782	percent of total billed charges	
DESTR MLES T	17260	CPT	outpatient			659	263.3	First Health	First Health		461.3	70			98.58	1782	percent of total billed charges	
DESTR MLES T	17260	CPT	outpatient			659	263.3	First Trenton	First Trenton		593.1	90			98.58	1782	percent of total billed charges	
DESTR MLES T	17260	CPT	outpatient			659	263.3	Horizon	MGD		426.09				98.58	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
DESTRUMLES T	17260	CPT	outpatient			659		263.3 Horizon	Indemnity		426.09				98.58		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUMLES T	17260	CPT	outpatient			659		263.3 Horizon	NJ Health		98.58				98.58		1782 fee schedule	
DESTRUMLES T	17260	CPT	outpatient			659		263.3 Horizon	Medicare Blue		228.96				98.58		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUMLES T	17260	CPT	outpatient			659		263.3 Horizon	PPO		426.09				98.58		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUMLES T	17260	CPT	outpatient			659		263.3 Managed Care Inc	Managed Care Inc		593.1	90			98.58		1782 percent of total billed charges	
DESTRUMLES T	17260	CPT	outpatient			659		263.3 Multiplan	Multiplan		527.2	80			98.58		1782 percent of total billed charges	
DESTRUMLES T	17260	CPT	outpatient			659		263.3 Qualcare	Qualcare		494.25	75			98.58		1782 percent of total billed charges	
DESTRUMLES T	17260	CPT	outpatient			659		263.3 Three Rivers	Three Rivers		626.05	95			98.58		1782 percent of total billed charges	
DESTRUMLES T	17260	CPT	outpatient			659		263.3 UHC	Medicare		228.96				98.58		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUMLES T	17260	CPT	outpatient			659		263.3 UHC	Medicaid		207.91	31.55			98.58		1782 percent of total billed charges	
DESTRUMLES T	17260	CPT	outpatient			659		263.3 United	CommercialPPO		1782				98.58		1782 case rate	
DESTRUMLES T	17260	CPT	outpatient			659		263.3 United	Oxford		1782				98.58		1782 case rate	
DESTRUMLES T	17260	CPT	outpatient			659		263.3 Wellcare	Medicare		228.96				98.58		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUMLES T	17260	CPT	outpatient			659		263.3 Wellcare	Medicaid		207.91	31.55			98.58		1782 percent of total billed charges	
DESTRUMLES T	17260	CPT	outpatient			659		263.3 WellPoint	WellPoint		212.07	32.18			98.58		1782 percent of total billed charges	
DESTRUMLES T	17261	CPT	outpatient			659		263.3 Aetna	Commercial		364.5				125.05		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUMLES T	17261	CPT	outpatient			659		263.3 Aetna	Better Health		207.91	31.55			125.05		1782 percent of total billed charges	
DESTRUMLES T	17261	CPT	outpatient			659		263.3 Aetna	Medicare		228.96				125.05		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUMLES T	17261	CPT	outpatient			659		263.3 Americare	Americare		494.25	75			125.05		1782 percent of total billed charges	
DESTRUMLES T	17261	CPT	outpatient			659		263.3 Amerihealth	HMO/PPO		428.35	65			125.05		1782 percent of total billed charges	
DESTRUMLES T	17261	CPT	outpatient			659		263.3 Amerihealth	Medicare		228.96				125.05		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUMLES T	17261	CPT	outpatient			659		263.3 Consumer	Consumer		626.05	95			125.05		1782 percent of total billed charges	
DESTRUMLES T	17261	CPT	outpatient			659		263.3 Corrections	Corrections		527.2	80			125.05		1782 percent of total billed charges	
DESTRUMLES T	17261	CPT	outpatient			659		263.3 First Health	First Health		461.3	70			125.05		1782 percent of total billed charges	
DESTRUMLES T	17261	CPT	outpatient			659		263.3 First Trenton	First Trenton		593.1	90			125.05		1782 percent of total billed charges	
DESTRUMLES T	17261	CPT	outpatient			659		263.3 Horizon	Indemnity		426.09				125.05		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUMLES T	17261	CPT	outpatient			659		263.3 Horizon	MGD		426.09				125.05		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUMLES T	17261	CPT	outpatient			659		263.3 Horizon	NJ Health		125.05				125.05		1782 fee schedule	
DESTRUMLES T	17261	CPT	outpatient			659		263.3 Horizon	Medicare Blue		228.96				125.05		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUMLES T	17261	CPT	outpatient			659		263.3 Horizon	PPO		426.09				125.05		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUMLES T	17261	CPT	outpatient			659		263.3 Managed Care Inc	Managed Care Inc		593.1	90			125.05		1782 percent of total billed charges	
DESTRUMLES T	17261	CPT	outpatient			659		263.3 Multiplan	Multiplan		527.2	80			125.05		1782 percent of total billed charges	
DESTRUMLES T	17261	CPT	outpatient			659		263.3 Qualcare	Qualcare		494.25	75			125.05		1782 percent of total billed charges	
DESTRUMLES T	17261	CPT	outpatient			659		263.3 Three Rivers	Three Rivers		626.05	95			125.05		1782 percent of total billed charges	
DESTRUMLES T	17261	CPT	outpatient			659		263.3 UHC	Medicaid		207.91	31.55			125.05		1782 percent of total billed charges	
DESTRUMLES T	17261	CPT	outpatient			659		263.3 UHC	Medicare		228.96				125.05		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUMLES T	17261	CPT	outpatient			659		263.3 United	CommercialPPO		1782				125.05		1782 case rate	
DESTRUMLES T	17261	CPT	outpatient			659		263.3 United	Oxford		1782				125.05		1782 case rate	
DESTRUMLES T	17261	CPT	outpatient			659		263.3 Wellcare	Medicare		228.96				125.05		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUMLES T	17261	CPT	outpatient			659		263.3 Wellcare	Medicaid		207.91	31.55			125.05		1782 percent of total billed charges	
DESTRUMLES T	17261	CPT	outpatient			659		263.3 WellPoint	WellPoint		212.07	32.18			125.05		1782 percent of total billed charges	
DESTRUMLES T/AL; 1.1-2.0 CM	17262	CPT	outpatient			659		263.3 Aetna	Better Health		207.91	31.55			155.43		1782 percent of total billed charges	
DESTRUMLES T/AL; 1.1-2.0 CM	17262	CPT	outpatient			659		263.3 Aetna	Commercial		364.5				155.43		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUMLES T/AL; 1.1-2.0 CM	17262	CPT	outpatient			659		263.3 Aetna	Medicare		228.96				155.43		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUMLES T/AL; 1.1-2.0 CM	17262	CPT	outpatient			659		263.3 Americare	Americare		494.25	75			155.43		1782 percent of total billed charges	
DESTRUMLES T/AL; 1.1-2.0 CM	17262	CPT	outpatient			659		263.3 Amerihealth	HMO/PPO		428.35	65			155.43		1782 percent of total billed charges	
DESTRUMLES T/AL; 1.1-2.0 CM	17262	CPT	outpatient			659		263.3 Amerihealth	Medicare		228.96				155.43		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUMLES T/AL; 1.1-2.0 CM	17262	CPT	outpatient			659		263.3 Consumer	Consumer		626.05	95			155.43		1782 percent of total billed charges	
DESTRUMLES T/AL; 1.1-2.0 CM	17262	CPT	outpatient			659		263.3 Corrections	Corrections		527.2	80			155.43		1782 percent of total billed charges	
DESTRUMLES T/AL; 1.1-2.0 CM	17262	CPT	outpatient			659		263.3 First Health	First Health		461.3	70			155.43		1782 percent of total billed charges	
DESTRUMLES T/AL; 1.1-2.0 CM	17262	CPT	outpatient			659		263.3 First Trenton	First Trenton		593.1	90			155.43		1782 percent of total billed charges	
DESTRUMLES T/AL; 1.1-2.0 CM	17262	CPT	outpatient			659		263.3 Horizon	Indemnity		426.09				155.43		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUMLES T/AL; 1.1-2.0 CM	17262	CPT	outpatient			659		263.3 Horizon	MGD		426.09				155.43		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUMLES T/AL; 1.1-2.0 CM	17262	CPT	outpatient			659		263.3 Horizon	Medicare Blue		228.96				155.43		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUMLES T/AL; 1.1-2.0 CM	17262	CPT	outpatient			659		263.3 Horizon	NJ Health		155.43				155.43		1782 fee schedule	
DESTRUMLES T/AL; 1.1-2.0 CM	17262	CPT	outpatient			659		263.3 Horizon	PPO		426.09				155.43		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUMLES T/AL; 1.1-2.0 CM	17262	CPT	outpatient			659		263.3 Managed Care Inc	Managed Care Inc		593.1	90			155.43		1782 percent of total billed charges	
DESTRUMLES T/AL; 1.1-2.0 CM	17262	CPT	outpatient			659		263.3 Multiplan	Multiplan		527.2	80			155.43		1782 percent of total billed charges	
DESTRUMLES T/AL; 1.1-2.0 CM	17262	CPT	outpatient			659		263.3 Qualcare	Qualcare		494.25	75			155.43		1782 percent of total billed charges	
DESTRUMLES T/AL; 1.1-2.0 CM	17262	CPT	outpatient			659		263.3 Three Rivers	Three Rivers		626.05	95			155.43		1782 percent of total billed charges	
DESTRUMLES T/AL; 1.1-2.0 CM	17262	CPT	outpatient			659		263.3 UHC	Medicare		228.96				155.43		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUMLES T/AL; 1.1-2.0 CM	17262	CPT	outpatient			659		263.3 UHC	Medicaid		207.91	31.55			155.43		1782 percent of total billed charges	
DESTRUMLES T/AL; 1.1-2.0 CM	17262	CPT	outpatient			659		263.3 United	CommercialPPO		1782				155.43		1782 case rate	
DESTRUMLES T/AL; 1.1-2.0 CM	17262	CPT	outpatient			659		263.3 United	Oxford		1782				155.43		1782 case rate	
DESTRUMLES T/AL; 1.1-2.0 CM	17262	CPT	outpatient			659		263.3 Wellcare	Medicare		228.96				155.43		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUMLES T/AL; 1.1-2.0 CM	17262	CPT	outpatient			659		263.3 Wellcare	Medicaid		207.91	31.55			155.43		1782 percent of total billed charges	
DESTRUMLES T/AL; 1.1-2.0 CM	17262	CPT	outpatient			659		263.3 WellPoint	WellPoint		212.07	32.18			155.43		1782 percent of total billed charges	
DESTRUMLES T	17263	CPT	outpatient			659		263.3 Aetna	Commercial		364.5				172.42		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUMLES T	17263	CPT	outpatient			659		263.3 Aetna	Better Health		207.91	31.55			172.42		1782 percent of total billed charges	
DESTRUMLES T	17263	CPT	outpatient			659		263.3 Aetna	Medicare		228.96				172.42		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUMLES T	17263	CPT	outpatient			659		263.3 Americare	Americare		494.25	75			172.42		1782 percent of total billed charges	
DESTRUMLES T	17263	CPT	outpatient			659		263.3 Amerihealth	HMO/PPO		428.35	65			172.42		1782 percent of total billed charges	
DESTRUMLES T	17263	CPT	outpatient			659		263.3 Amerihealth	Medicare		228.96				172.42		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUMLES T	17263	CPT	outpatient			659		263.3 Consumer	Consumer		626.05	95			172.42		1782 percent of total billed charges	
DESTRUMLES T	17263	CPT	outpatient			659		263.3 Corrections	Corrections		527.2	80			172.42		1782 percent of total billed charges	
DESTRUMLES T	17263	CPT	outpatient			659		263.3 First Health	First Health		461.3	70			172.42		1782 percent of total billed charges	
DESTRUMLES T	17263	CPT	outpatient			659		263.3 First Trenton	First Trenton		593.1	90			172.42		1782 percent of total billed charges	
DESTRUMLES T	17263	CPT	outpatient			659		263.3 Horizon	MGD		426.09				172.42		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUMLES T	17263	CPT	outpatient			659		263.3 Horizon	Indemnity		426.09				172.42		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUMLES T	17263	CPT	outpatient			659		263.3 Horizon	NJ Health		172.42				172.42		1782 fee schedule	
DESTRUMLES T	17263	CPT	outpatient			659		263.3 Horizon	Medicare Blue		228.96				172.42		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUMLES T	17263	CPT	outpatient			659		263.3 Horizon	PPO		426.09				172.42		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUMLES T	17263	CPT	outpatient			659		263.3 Managed Care Inc	Managed Care Inc		593.1	90			172.42		1782 percent of total billed charges	
DESTRUMLES T	17263	CPT	outpatient			659		263.3 Multiplan	Multiplan		527.2	80			172.42		1782 percent of total billed charges	
DESTRUMLES T	17263	CPT	outpatient			659		263.3 Qualcare	Qualcare		494.25	75			172.42		1782 percent of total billed charges	
DESTRUMLES T	17263	CPT	outpatient			659		263.3 Three Rivers	Three Rivers		626.05	95			172.42		1782 percent of total billed charges	
DESTRUMLES T	17263	CPT	outpatient			659		263.3 UHC	Medicare		228.96				172.42		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUMLES T	17263	CPT	outpatient			659		263.3 UHC	Medicaid		207.91	31.55			172.42		1782 percent of total billed charges	
DESTRUMLES T	17263	CPT	outpatient			659		263.3 United	CommercialPPO		1782				172.42		1782 case rate	
DESTRUMLES T	17263	CPT	outpatient			659		263.3 United	Oxford		1782				172.42		1782 case rate	
DESTRUMLES T	17263	CPT	outpatient			659		263.3 Wellcare	Medicaid		207.91	31.55			172.42		1782 percent of total billed charges	
DESTRUMLES T	17263	CPT	outpatient			659		263.3 Wellcare	Medicare		228.96				172.42		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUMLES T	17263	CPT	outpatient			659		263.3 WellPoint	WellPoint		212.07	32.18			172.42		1782 percent of total billed charges	
DESTRUMLES T	17264	CPT	outpatient			1360		524.43 Aetna	Better Health		429.08	31.55			186.9		1782 percent of total billed charges	
DESTRUMLES T	17264	CPT	outpatient			1360		524.43 Aetna	Commercial		726				186.9		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUMLES T	17264	CPT	outpatient			1360		524.43 Aetna	Medicare		418.88	30.8			186.9		1782 percent of total billed charges	
DESTRUMLES T	17264	CPT	outpatient			1360		524.43 Americare	Americare		1020	75			186.9		1782 percent of total billed charges	
DESTRUMLES T	17264	CPT	outpatient			1360		524.43 Amerihealth	Medicare		456.03				186.9		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUMLES T	17264	CPT	outpatient			1360		524.43 Amerihealth	HMO/PPO		884	65			186.9		1782 percent of total billed charges	
DESTRUMLES T	17264	CPT	outpatient			1360		524.43 Consumer	Consumer		1292	95			186.9		1782 percent of total billed charges	
DESTRUMLES T	17264	CPT	outpatient			1360		524.43 Corrections	Corrections		1088	80			186.9		1782 percent of total billed charges	
DESTRUMLES T	17264	CPT	outpatient			1360		524.43 First Health	First Health		952	70			186.9		1782 percent of total billed charges	
DESTRUMLES T	17264	CPT	outpatient			1360		524.43 First Trenton	First Trenton		1224	90			186.9		1782 percent of total billed charges	
DESTRUMLES T	17264	CPT	outpatient			1360		524.43 Horizon	Indemnity		848.67				186.9		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUMLES T	17264	CPT	outpatient			1360		524.43 Horizon	Medicare Blue		456.03				186.9		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUMLES T	17264	CPT	outpatient			1360		524.43 Horizon	NJ Health		186.9				186.9		1782 fee schedule	
DESTRUMLES T	17264	CPT	outpatient			1360		524.43 Horizon	MGD		848.67				186.9		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUMLES T	17264	CPT	outpatient			1360		524.43 Horizon	PPO		848.67				186.9		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUMLES T	17264	CPT	outpatient			1360		524.43 Managed Care Inc	Managed Care Inc		1224	90			186.9		1782 percent of total billed charges	
DESTRUMLES T	17264	CPT	outpatient			1360		524.43 Multiplan	Multiplan		1088	80			186.9		1782 percent of total billed charges	
DESTRUMLES T	17264	CPT	outpatient			1360		524.43 Qualcare	Qualcare		1020	75			186.9		1782 percent of total billed charges	
DESTRUMLES T	17264	CPT	outpatient			1360		524.43 Three Rivers	Three Rivers		1292	95			186.9		1782 percent of total billed charges	
DESTRUMLES T	17264	CPT	outpatient			1360		524.43 UHC	Medicaid		429.08	31.55			186.9		1782 percent of total billed charges	
DESTRUMLES T	17264	CPT	outpatient			1360		524.43 UHC	Medicare		456.03				186.9		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUMLES T	17264	CPT	outpatient			1360		524.43 United	CommercialPPO		1782				186.9		1782 case rate	
DESTRUMLES T	17264	CPT	outpatient			1360		524.43 United	Oxford		1782				186.9		1782 case rate	
DESTRUMLES T	17264	CPT	outpatient			1360		524.43 Wellcare	Medicare		456.03				186.9		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUMLES T	17264	CPT	outpatient			1360		524.43 Wellcare	Medicaid		429.08	31.55			186.9		1782 percent of total billed charges	
DESTRUMLES T	17264	CPT	outpatient			1360		524.43 WellPoint	WellPoint		437.65	32.18			186.9		1782 percent of total billed charges	
DESTRUMLES T	17266	CPT	outpatient			1360		524.43 Aetna	Better Health		429.08	31.55			216.86		1782 percent of total billed charges	
DESTRUMLES T	17266	CPT	outpatient			1360		524.43 Aetna	Commercial		726				216.86		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUMLES T	17266	CPT	outpatient			1360		524.43 Aetna	Medicare		418.88	30.8			216.86		1782 percent of total billed charges	
DESTRUMLES T	17266	CPT	outpatient			1360		524.43 Americare	Americare		1020	75			216.86		1782 percent of total billed charges	
DESTRUMLES T	17266	CPT	outpatient			1360		524.43 Amerihealth	HMO/PPO		884	65			216.86		1782 percent of total billed charges	
DESTRUMLES T	17266	CPT	outpatient			1360		524.43 Amerihealth	Medicare		456.03				216.86		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUMLES T	17266	CPT	outpatient			1360		524.43 Consumer	Consumer		1292	95			216.86		1782 percent of total billed charges	
DESTRUMLES T	17266	CPT	outpatient			1360		524.43 Corrections	Corrections		1088	80			216.86		1782 percent of total billed charges	
DESTRUMLES T	17266	CPT	outpatient			1360		524.43 First Health	First Health		952	70			216.86		1782 percent of total billed charges	
DESTRUMLES T	17266	CPT	outpatient			1360		524.43 First Trenton	First Trenton		1224	90			216.86		1782 percent of total billed charges	
DESTRUMLES T	17266	CPT	outpatient			1360		524.43 Horizon	NJ Health		216.86				216.86		1782 fee schedule	
DESTRUMLES T	17266	CPT	outpatient			1360		524.43 Horizon	Medicare Blue		456.03				216.86		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUMLES T	17266	CPT	outpatient			1360		524.43 Horizon	MGD		848.67				216.86		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUMLES T	17266	CPT	outpatient			1360		524.43 Horizon	Indemnity		848.67				216.86		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUMLES T	17266	CPT	outpatient			1360		524.43 Horizon	PPO		848.67				216.86		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUMLES T	17266	CPT	outpatient			1360		524.43 Managed Care Inc	Managed Care Inc		1224	90			216.86		1782 percent of total billed charges	
DESTRUMLES T	17266	CPT	outpatient			1360		524.43 Multiplan	Multiplan		1088	80			216.86		1782 percent of total billed charges	
DESTRUMLES T	17266	CPT	outpatient			1360		524.43 Qualcare	Qualcare		1020	75			216.86		1782 percent of total billed charges	
DESTRUMLES T	17266	CPT	outpatient			1360		524.43 Three Rivers	Three Rivers		1292	95			216.86		1782 percent of total billed charges	
DESTRUMLES T	17266	CPT	outpatient			1360		524.43 UHC	Medicaid		429.08	31.55			216.86		1782 percent of total billed charges	
DESTRUMLES T	17266	CPT	outpatient			1360		524.43 UHC	Medicare		456.03				216.86		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUMLES T	17266	CPT	outpatient			1360		524.43 United	Oxford		1782				216.86		1782 case rate	
DESTRUMLES T	17266	CPT	outpatient			1360		524.43 United	CommercialPPO		1782				216.86		1782 case rate	
DESTRUMLES T	17266	CPT	outpatient			1360		524.43 Wellcare	Medicaid		429.08	31.55			216.86		1782 percent of total billed charges	
DESTRUMLES T	17266	CPT	outpatient			1360		524.43 Wellcare	Medicare		456.03				216.86		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUMLES T	17266	CPT	outpatient			1360		524.43 WellPoint	WellPoint		437.65	32.18			216.86		1782 percent of total billed charges	
DESTRUMLES S	17270	CPT	outpatient			659		263.3 Aetna	Commercial		364.5				135.46		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUMLES S	17270	CPT	outpatient			659		263.3 Aetna	Better Health		207.91	31.55			135.46		1782 percent of total billed charges	
DESTRUMLES S	17270	CPT	outpatient			659		263.3 Aetna	Medicare		228.96				135.46		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
DESTRUCTION OF LESION	17270	CPT	outpatient			659		263.3 Americare	Americare		494.25	75			135.46		1782 percent of total billed charges	
DESTRUCTION OF LESION	17270	CPT	outpatient			659		263.3 Amerihealth	Medicare		228.96				135.46		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION OF LESION	17270	CPT	outpatient			659		263.3 Amerihealth	HMO/PPO		428.35	65			135.46		1782 percent of total billed charges	
DESTRUCTION OF LESION	17270	CPT	outpatient			659		263.3 Consumer	Consumer		626.05	95			135.46		1782 percent of total billed charges	
DESTRUCTION OF LESION	17270	CPT	outpatient			659		263.3 Corrections	Corrections		527.2	80			135.46		1782 percent of total billed charges	
DESTRUCTION OF LESION	17270	CPT	outpatient			659		263.3 First Health	First Health		461.3	70			135.46		1782 percent of total billed charges	
DESTRUCTION OF LESION	17270	CPT	outpatient			659		263.3 First Trenton	First Trenton		593.1	90			135.46		1782 percent of total billed charges	
DESTRUCTION OF LESION	17270	CPT	outpatient			659		263.3 Horizon	NJ Health		135.46				135.46		1782 fee schedule	
DESTRUCTION OF LESION	17270	CPT	outpatient			659		263.3 Horizon	Indemnity		426.09				135.46		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION OF LESION	17270	CPT	outpatient			659		263.3 Horizon	Medicare Blue		228.96				135.46		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION OF LESION	17270	CPT	outpatient			659		263.3 Horizon	MGD		426.09				135.46		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION OF LESION	17270	CPT	outpatient			659		263.3 Horizon	PPO		426.09				135.46		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION OF LESION	17270	CPT	outpatient			659		263.3 Managed Care Inc	Managed Care Inc		593.1	90			135.46		1782 percent of total billed charges	
DESTRUCTION OF LESION	17270	CPT	outpatient			659		263.3 Multiplan	Multiplan		527.2	80			135.46		1782 percent of total billed charges	
DESTRUCTION OF LESION	17270	CPT	outpatient			659		263.3 Qualcare	Qualcare		494.25	75			135.46		1782 percent of total billed charges	
DESTRUCTION OF LESION	17270	CPT	outpatient			659		263.3 Three Rivers	Three Rivers		626.05	95			135.46		1782 percent of total billed charges	
DESTRUCTION OF LESION	17270	CPT	outpatient			659		263.3 UHC	Medicare		228.96				135.46		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION OF LESION	17270	CPT	outpatient			659		263.3 UHC	Medicaid		207.91	31.55			135.46		1782 percent of total billed charges	
DESTRUCTION OF LESION	17270	CPT	outpatient			659		263.3 United	Commercial|PPO		1782				135.46		1782 case rate	
DESTRUCTION OF LESION	17270	CPT	outpatient			659		263.3 United	Oxford		1782				135.46		1782 case rate	
DESTRUCTION OF LESION	17270	CPT	outpatient			659		263.3 Wellcare	Medicare		228.96				135.46		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION OF LESION	17270	CPT	outpatient			659		263.3 Wellcare	Medicaid		207.91	31.55			135.46		1782 percent of total billed charges	
DESTRUCTION OF LESION	17270	CPT	outpatient			659		263.3 WellPoint	WellPoint		212.07	32.18			135.46		1782 percent of total billed charges	
DESTRUCTION OF LESION	17271	CPT	outpatient			659		263.3 Aetna	Better Health		207.91	31.55			146.6		1782 percent of total billed charges	
DESTRUCTION OF LESION	17271	CPT	outpatient			659		263.3 Aetna	Commercial		364.5				146.6		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION OF LESION	17271	CPT	outpatient			659		263.3 Aetna	Medicare		228.96				146.6		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION OF LESION	17271	CPT	outpatient			659		263.3 Americare	Americare		494.25	75			146.6		1782 percent of total billed charges	
DESTRUCTION OF LESION	17271	CPT	outpatient			659		263.3 Amerihealth	HMO/PPO		428.35	65			146.6		1782 percent of total billed charges	
DESTRUCTION OF LESION	17271	CPT	outpatient			659		263.3 Amerihealth	Medicare		228.96				146.6		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION OF LESION	17271	CPT	outpatient			659		263.3 Consumer	Consumer		626.05	95			146.6		1782 percent of total billed charges	
DESTRUCTION OF LESION	17271	CPT	outpatient			659		263.3 Corrections	Corrections		527.2	80			146.6		1782 percent of total billed charges	
DESTRUCTION OF LESION	17271	CPT	outpatient			659		263.3 First Health	First Health		461.3	70			146.6		1782 percent of total billed charges	
DESTRUCTION OF LESION	17271	CPT	outpatient			659		263.3 First Trenton	First Trenton		593.1	90			146.6		1782 percent of total billed charges	
DESTRUCTION OF LESION	17271	CPT	outpatient			659		263.3 Horizon	Indemnity		426.09				146.6		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION OF LESION	17271	CPT	outpatient			659		263.3 Horizon	Medicare Blue		228.96				146.6		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION OF LESION	17271	CPT	outpatient			659		263.3 Horizon	NJ Health		146.6				146.6		1782 fee schedule	
DESTRUCTION OF LESION	17271	CPT	outpatient			659		263.3 Horizon	MGD		426.09				146.6		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION OF LESION	17271	CPT	outpatient			659		263.3 Horizon	PPO		426.09				146.6		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION OF LESION	17271	CPT	outpatient			659		263.3 Managed Care Inc	Managed Care Inc		593.1	90			146.6		1782 percent of total billed charges	
DESTRUCTION OF LESION	17271	CPT	outpatient			659		263.3 Multiplan	Multiplan		527.2	80			146.6		1782 percent of total billed charges	
DESTRUCTION OF LESION	17271	CPT	outpatient			659		263.3 Qualcare	Qualcare		494.25	75			146.6		1782 percent of total billed charges	
DESTRUCTION OF LESION	17271	CPT	outpatient			659		263.3 Three Rivers	Three Rivers		626.05	95			146.6		1782 percent of total billed charges	
DESTRUCTION OF LESION	17271	CPT	outpatient			659		263.3 UHC	Medicaid		207.91	31.55			146.6		1782 percent of total billed charges	
DESTRUCTION OF LESION	17271	CPT	outpatient			659		263.3 UHC	Medicare		228.96				146.6		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION OF LESION	17271	CPT	outpatient			659		263.3 United	Commercial|PPO		1782				146.6		1782 case rate	
DESTRUCTION OF LESION	17271	CPT	outpatient			659		263.3 United	Oxford		1782				146.6		1782 case rate	
DESTRUCTION OF LESION	17271	CPT	outpatient			659		263.3 Wellcare	Medicaid		207.91	31.55			146.6		1782 percent of total billed charges	
DESTRUCTION OF LESION	17271	CPT	outpatient			659		263.3 Wellcare	Medicare		228.96				146.6		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION OF LESION	17271	CPT	outpatient			659		263.3 WellPoint	WellPoint		212.07	32.18			146.6		1782 percent of total billed charges	
DESTRUCTION OF LESION	17272	CPT	outpatient			659		263.3 Aetna	Medicare		228.96				168.79		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION OF LESION	17272	CPT	outpatient			659		263.3 Aetna	Better Health		207.91	31.55			168.79		1782 percent of total billed charges	
DESTRUCTION OF LESION	17272	CPT	outpatient			659		263.3 Aetna	Commercial		364.5				168.79		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION OF LESION	17272	CPT	outpatient			659		263.3 Americare	Americare		494.25	75			168.79		1782 percent of total billed charges	
DESTRUCTION OF LESION	17272	CPT	outpatient			659		263.3 Amerihealth	Medicare		228.96				168.79		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION OF LESION	17272	CPT	outpatient			659		263.3 Amerihealth	HMO/PPO		428.35	65			168.79		1782 percent of total billed charges	
DESTRUCTION OF LESION	17272	CPT	outpatient			659		263.3 Consumer	Consumer		626.05	95			168.79		1782 percent of total billed charges	
DESTRUCTION OF LESION	17272	CPT	outpatient			659		263.3 Corrections	Corrections		527.2	80			168.79		1782 percent of total billed charges	
DESTRUCTION OF LESION	17272	CPT	outpatient			659		263.3 First Health	First Health		461.3	70			168.79		1782 percent of total billed charges	
DESTRUCTION OF LESION	17272	CPT	outpatient			659		263.3 First Trenton	First Trenton		593.1	90			168.79		1782 percent of total billed charges	
DESTRUCTION OF LESION	17272	CPT	outpatient			659		263.3 Horizon	Indemnity		426.09				168.79		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION OF LESION	17272	CPT	outpatient			659		263.3 Horizon	MGD		426.09				168.79		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION OF LESION	17272	CPT	outpatient			659		263.3 Horizon	PPO		426.09				168.79		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION OF LESION	17272	CPT	outpatient			659		263.3 Horizon	Medicare Blue		228.96				168.79		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION OF LESION	17272	CPT	outpatient			659		263.3 Horizon	NJ Health		168.79				168.79		1782 fee schedule	
DESTRUCTION OF LESION	17272	CPT	outpatient			659		263.3 Managed Care Inc	Managed Care Inc		593.1	90			168.79		1782 percent of total billed charges	
DESTRUCTION OF LESION	17272	CPT	outpatient			659		263.3 Multiplan	Multiplan		527.2	80			168.79		1782 percent of total billed charges	
DESTRUCTION OF LESION	17272	CPT	outpatient			659		263.3 Qualcare	Qualcare		494.25	75			168.79		1782 percent of total billed charges	
DESTRUCTION OF LESION	17272	CPT	outpatient			659		263.3 Three Rivers	Three Rivers		626.05	95			168.79		1782 percent of total billed charges	
DESTRUCTION OF LESION	17272	CPT	outpatient			659		263.3 UHC	Medicare		228.96				168.79		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION OF LESION	17272	CPT	outpatient			659		263.3 UHC	Medicaid		207.91	31.55			168.79		1782 percent of total billed charges	
DESTRUCTION OF LESION	17272	CPT	outpatient			659		263.3 United	Oxford		1782				168.79		1782 case rate	
DESTRUCTION OF LESION	17272	CPT	outpatient			659		263.3 United	Commercial|PPO		1782				168.79		1782 case rate	
DESTRUCTION OF LESION	17272	CPT	outpatient			659		263.3 Wellcare	Medicare		228.96				168.79		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION OF LESION	17272	CPT	outpatient			659		263.3 Wellcare	Medicaid		207.91	31.55			168.79		1782 percent of total billed charges	
DESTRUCTION OF LESION	17272	CPT	outpatient			659		263.3 WellPoint	WellPoint		212.07	32.18			168.79		1782 percent of total billed charges	
DESTRUCTION OF LESION	17273	CPT	outpatient			1360		524.43 Aetna	Commercial		726				190.53		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION OF LESION	17273	CPT	outpatient			1360		524.43 Aetna	Better Health		429.08	31.55			190.53		1782 percent of total billed charges	
DESTRUCTION OF LESION	17273	CPT	outpatient			1360		524.43 Aetna	Medicare		456.03				190.53		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION OF LESION	17273	CPT	outpatient			1360		524.43 Americare	Americare		1020	75			190.53		1782 percent of total billed charges	
DESTRUCTION OF LESION	17273	CPT	outpatient			1360		524.43 Amerihealth	HMO/PPO		884	65			190.53		1782 percent of total billed charges	
DESTRUCTION OF LESION	17273	CPT	outpatient			1360		524.43 Amerihealth	Medicare		456.03				190.53		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION OF LESION	17273	CPT	outpatient			1360		524.43 Consumer	Consumer		1292	95			190.53		1782 percent of total billed charges	
DESTRUCTION OF LESION	17273	CPT	outpatient			1360		524.43 Corrections	Corrections		1088	80			190.53		1782 percent of total billed charges	
DESTRUCTION OF LESION	17273	CPT	outpatient			1360		524.43 First Health	First Health		952	70			190.53		1782 percent of total billed charges	
DESTRUCTION OF LESION	17273	CPT	outpatient			1360		524.43 First Trenton	First Trenton		1224	90			190.53		1782 percent of total billed charges	
DESTRUCTION OF LESION	17273	CPT	outpatient			1360		524.43 Horizon	MGD		848.67				190.53		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION OF LESION	17273	CPT	outpatient			1360		524.43 Horizon	Indemnity		848.67				190.53		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION OF LESION	17273	CPT	outpatient			1360		524.43 Horizon	PPO		848.67				190.53		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION OF LESION	17273	CPT	outpatient			1360		524.43 Horizon	NJ Health		190.53				190.53		1782 fee schedule	
DESTRUCTION OF LESION	17273	CPT	outpatient			1360		524.43 Horizon	Medicare Blue		456.03				190.53		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION OF LESION	17273	CPT	outpatient			1360		524.43 Managed Care Inc	Managed Care Inc		1224	90			190.53		1782 percent of total billed charges	
DESTRUCTION OF LESION	17273	CPT	outpatient			1360		524.43 Multiplan	Multiplan		1088	80			190.53		1782 percent of total billed charges	
DESTRUCTION OF LESION	17273	CPT	outpatient			1360		524.43 Qualcare	Qualcare		1020	75			190.53		1782 percent of total billed charges	
DESTRUCTION OF LESION	17273	CPT	outpatient			1360		524.43 Three Rivers	Three Rivers		1292	95			190.53		1782 percent of total billed charges	
DESTRUCTION OF LESION	17273	CPT	outpatient			1360		524.43 UHC	Medicaid		429.08	31.55			190.53		1782 percent of total billed charges	
DESTRUCTION OF LESION	17273	CPT	outpatient			1360		524.43 UHC	Medicare		456.03				190.53		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION OF LESION	17273	CPT	outpatient			1360		524.43 United	Oxford		1782				190.53		1782 case rate	
DESTRUCTION OF LESION	17273	CPT	outpatient			1360		524.43 United	Commercial|PPO		1782				190.53		1782 case rate	
DESTRUCTION OF LESION	17273	CPT	outpatient			1360		524.43 Wellcare	Medicare		456.03				190.53		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION OF LESION	17273	CPT	outpatient			1360		524.43 Wellcare	Medicaid		429.08	31.55			190.53		1782 percent of total billed charges	
DESTRUCTION OF LESION	17273	CPT	outpatient			1360		524.43 WellPoint	WellPoint		437.65	32.18			190.53		1782 percent of total billed charges	
DESTRUCTION OF LESION	17274	CPT	outpatient			1360		524.43 Aetna	Commercial		726				230.41		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION OF LESION	17274	CPT	outpatient			1360		524.43 Aetna	Better Health		429.08	31.55			230.41		1782 percent of total billed charges	
DESTRUCTION OF LESION	17274	CPT	outpatient			1360		524.43 Aetna	Medicare		456.03				230.41		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION OF LESION	17274	CPT	outpatient			1360		524.43 Americare	Americare		1020	75			230.41		1782 percent of total billed charges	
DESTRUCTION OF LESION	17274	CPT	outpatient			1360		524.43 Amerihealth	HMO/PPO		884	65			230.41		1782 percent of total billed charges	
DESTRUCTION OF LESION	17274	CPT	outpatient			1360		524.43 Amerihealth	Medicare		456.03				230.41		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION OF LESION	17274	CPT	outpatient			1360		524.43 Consumer	Consumer		1292	95			230.41		1782 percent of total billed charges	
DESTRUCTION OF LESION	17274	CPT	outpatient			1360		524.43 Corrections	Corrections		1088	80			230.41		1782 percent of total billed charges	
DESTRUCTION OF LESION	17274	CPT	outpatient			1360		524.43 First Health	First Health		952	70			230.41		1782 percent of total billed charges	
DESTRUCTION OF LESION	17274	CPT	outpatient			1360		524.43 First Trenton	First Trenton		1224	90			230.41		1782 percent of total billed charges	
DESTRUCTION OF LESION	17274	CPT	outpatient			1360		524.43 Horizon	Medicare Blue		456.03				230.41		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION OF LESION	17274	CPT	outpatient			1360		524.43 Horizon	PPO		848.67				230.41		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION OF LESION	17274	CPT	outpatient			1360		524.43 Horizon	MGD		848.67				230.41		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION OF LESION	17274	CPT	outpatient			1360		524.43 Horizon	NJ Health		230.41				230.41		1782 fee schedule	
DESTRUCTION OF LESION	17274	CPT	outpatient			1360		524.43 Horizon	Indemnity		848.67				230.41		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION OF LESION	17274	CPT	outpatient			1360		524.43 Managed Care Inc	Managed Care Inc		1224	90			230.41		1782 percent of total billed charges	
DESTRUCTION OF LESION	17274	CPT	outpatient			1360		524.43 Multiplan	Multiplan		1088	80			230.41		1782 percent of total billed charges	
DESTRUCTION OF LESION	17274	CPT	outpatient			1360		524.43 Qualcare	Qualcare		1020	75			230.41		1782 percent of total billed charges	
DESTRUCTION OF LESION	17274	CPT	outpatient			1360		524.43 Three Rivers	Three Rivers		1292	95			230.41		1782 percent of total billed charges	
DESTRUCTION OF LESION	17274	CPT	outpatient			1360		524.43 UHC	Medicare		456.03				230.41		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION OF LESION	17274	CPT	outpatient			1360		524.43 UHC	Medicaid		429.08	31.55			230.41		1782 percent of total billed charges	
DESTRUCTION OF LESION	17274	CPT	outpatient			1360		524.43 United	Commercial|PPO		1782				230.41		1782 case rate	
DESTRUCTION OF LESION	17274	CPT	outpatient			1360		524.43 United	Oxford		1782				230.41		1782 case rate	
DESTRUCTION OF LESION	17274	CPT	outpatient			1360		524.43 Wellcare	Medicaid		429.08	31.55			230.41		1782 percent of total billed charges	
DESTRUCTION OF LESION	17274	CPT	outpatient			1360		524.43 Wellcare	Medicare		456.03				230.41		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION OF LESION	17274	CPT	outpatient			1360		524.43 WellPoint	WellPoint		437.65	32.18			230.41		1782 percent of total billed charges	
DESTRUCTION OF LESION	17276	CPT	outpatient			1360		524.43 Aetna	Medicare		456.03				275.67		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION OF LESION	17276	CPT	outpatient			1360		524.43 Aetna	Commercial		726				275.67		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION OF LESION	17276	CPT	outpatient			1360		524.43 Aetna	Better Health		429.08	31.55			275.67		1782 percent of total billed charges	
DESTRUCTION OF LESION	17276	CPT	outpatient			1360		524.43 Americare	Americare		1020	75			275.67		1782 percent of total billed charges	
DESTRUCTION OF LESION	17276	CPT	outpatient			1360		524.43 Amerihealth	Medicare		456.03				275.67		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION OF LESION	17276	CPT	outpatient			1360		524.43 Amerihealth	HMO/PPO		884	65			275.67		1782 percent of total billed charges	
DESTRUCTION OF LESION	17276	CPT	outpatient			1360		524.43 Consumer	Consumer		1292	95			275.67		1782 percent of total billed charges	
DESTRUCTION OF LESION	17276	CPT	outpatient			1360		524.43 Corrections	Corrections		1088	80			275.67		1782 percent of total billed charges	
DESTRUCTION OF LESION	17276	CPT	outpatient			1360		524.43 First Health	First Health		952	70			275.67		1782 percent of total billed charges	
DESTRUCTION OF LESION	17276	CPT	outpatient			1360		524.43 First Trenton	First Trenton		1224	90			275.67		1782 percent of total billed charges	
DESTRUCTION OF LESION	17276	CPT	outpatient			1360		524.43 Horizon	Indemnity		848.67				275.67		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION OF LESION	17276	CPT	outpatient			1360		524.43 Horizon	Medicare Blue		456.03				275.67		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION OF LESION	17276	CPT	outpatient			1360		524.43 Horizon	NJ Health		275.67				275.67		1782 fee schedule	
DESTRUCTION OF LESION	17276	CPT	outpatient			1360		524.43 Horizon	MGD		848.67				275.67		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION OF LESION	17276	CPT	outpatient			1360		524.43 Horizon	PPO		848.67				275.67		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION OF LESION	17276	CPT	outpatient			1360		524.43 Managed Care Inc	Managed Care Inc		1224	90			275.67		1782 percent of total billed charges	
DESTRUCTION OF LESION	17276	CPT	outpatient			1360		524.43 Multiplan	Multiplan		1088	80			275.67		1782 percent of total billed charges	
DESTRUCTION OF LESION	17276	CPT	outpatient			1360		524.43 Qualcare	Qualcare		1020	75			275.67		1782 percent of total billed charges	
DESTRUCTION OF LESION	17276	CPT	outpatient			1360		524.43 Three Rivers	Three Rivers		1292	95			275.67		1782 percent of total billed charges	
DESTRUCTION OF LESION	17276	CPT	outpatient			1360		524.43 UHC	Medicaid		429.08	31.55			275.67		1782 percent of total billed charges	
DESTRUCTION OF LESION	17276	CPT	outpatient			1360		524.43 UHC	Medicare		456.03				275.67		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
DESTRI MLES S	17276	CPT	outpatient			1360		524.43 United	CommercialPPO		1782				275.67		1782 case rate	
DESTRI MLES S	17276	CPT	outpatient			1360		524.43 United	Oxford		1782				275.67		1782 case rate	
DESTRI MLES S	17276	CPT	outpatient			1360		524.43 Wellcare	Medicaid		429.08	31.55			275.67		1782 percent of total billed charges	
DESTRI MLES S	17276	CPT	outpatient			1360		524.43 Wellcare	Medicare		456.03				275.67		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRI MLES S	17276	CPT	outpatient			1360		524.43 WellPoint	WellPoint		437.65	32.18			275.67		1782 percent of total billed charges	
DESTRI MLES F	17280	CPT	outpatient			659		263.3 Aetna	Commercial		364.5				125.05		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRI MLES F	17280	CPT	outpatient			659		263.3 Aetna	Medicare		202.97	30.8			125.05		1782 percent of total billed charges	
DESTRI MLES F	17280	CPT	outpatient			659		263.3 Aetna	Better Health		207.91	31.55			125.05		1782 percent of total billed charges	
DESTRI MLES F	17280	CPT	outpatient			659		263.3 Americare	Americare		494.25	75			125.05		1782 percent of total billed charges	
DESTRI MLES F	17280	CPT	outpatient			659		263.3 Amerihealth	Medicare		228.96				125.05		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRI MLES F	17280	CPT	outpatient			659		263.3 Amerihealth	HMO/PPO		428.35	65			125.05		1782 percent of total billed charges	
DESTRI MLES F	17280	CPT	outpatient			659		263.3 Consumer	Consumer		626.05	95			125.05		1782 percent of total billed charges	
DESTRI MLES F	17280	CPT	outpatient			659		263.3 Corrections	Corrections		527.2	80			125.05		1782 percent of total billed charges	
DESTRI MLES F	17280	CPT	outpatient			659		263.3 First Health	First Health		461.3	70			125.05		1782 percent of total billed charges	
DESTRI MLES F	17280	CPT	outpatient			659		263.3 First Trenton	First Trenton		593.1	90			125.05		1782 percent of total billed charges	
DESTRI MLES F	17280	CPT	outpatient			659		263.3 Horizon	Medicare Blue		228.96				125.05		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRI MLES F	17280	CPT	outpatient			659		263.3 Horizon	Indemnity		426.09				125.05		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRI MLES F	17280	CPT	outpatient			659		263.3 Horizon	MGD		426.09				125.05		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRI MLES F	17280	CPT	outpatient			659		263.3 Horizon	NJ Health		125.05				125.05		1782 fee schedule	
DESTRI MLES F	17280	CPT	outpatient			659		263.3 Horizon	PPO		426.09				125.05		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRI MLES F	17280	CPT	outpatient			659		263.3 Managed Care Inc	Managed Care Inc		593.1	90			125.05		1782 percent of total billed charges	
DESTRI MLES F	17280	CPT	outpatient			659		263.3 Multiplan	Multiplan		527.2	80			125.05		1782 percent of total billed charges	
DESTRI MLES F	17280	CPT	outpatient			659		263.3 Qualcare	Qualcare		494.25	75			125.05		1782 percent of total billed charges	
DESTRI MLES F	17280	CPT	outpatient			659		263.3 Three Rivers	Three Rivers		626.05	95			125.05		1782 percent of total billed charges	
DESTRI MLES F	17280	CPT	outpatient			659		263.3 UHC	Medicaid		207.91	31.55			125.05		1782 percent of total billed charges	
DESTRI MLES F	17280	CPT	outpatient			659		263.3 UHC	Medicare		228.96				125.05		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRI MLES F	17280	CPT	outpatient			659		263.3 United	CommercialPPO		1782				125.05		1782 case rate	
DESTRI MLES F	17280	CPT	outpatient			659		263.3 United	Oxford		1782				125.05		1782 case rate	
DESTRI MLES F	17280	CPT	outpatient			659		263.3 Wellcare	Medicare		228.96				125.05		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRI MLES F	17280	CPT	outpatient			659		263.3 Wellcare	Medicaid		207.91	31.55			125.05		1782 percent of total billed charges	
DESTRI MLES F	17280	CPT	outpatient			659		263.3 WellPoint	WellPoint		212.07	32.18			125.05		1782 percent of total billed charges	
DESTRI MLES F	17281	CPT	outpatient			1360		524.43 Aetna	Commercial		726				162.55		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRI MLES F	17281	CPT	outpatient			1360		524.43 Aetna	Medicare		456.03				162.55		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRI MLES F	17281	CPT	outpatient			1360		524.43 Aetna	Better Health		429.08	31.55			162.55		1782 percent of total billed charges	
DESTRI MLES F	17281	CPT	outpatient			1360		524.43 Americare	Americare		1020	75			162.55		1782 percent of total billed charges	
DESTRI MLES F	17281	CPT	outpatient			1360		524.43 Amerihealth	HMO/PPO		884	65			162.55		1782 percent of total billed charges	
DESTRI MLES F	17281	CPT	outpatient			1360		524.43 Amerihealth	Medicare		456.03				162.55		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRI MLES F	17281	CPT	outpatient			1360		524.43 Consumer	Consumer		1292	95			162.55		1782 percent of total billed charges	
DESTRI MLES F	17281	CPT	outpatient			1360		524.43 Corrections	Corrections		1088	80			162.55		1782 percent of total billed charges	
DESTRI MLES F	17281	CPT	outpatient			1360		524.43 First Health	First Health		952	70			162.55		1782 percent of total billed charges	
DESTRI MLES F	17281	CPT	outpatient			1360		524.43 First Trenton	First Trenton		1224	90			162.55		1782 percent of total billed charges	
DESTRI MLES F	17281	CPT	outpatient			1360		524.43 Horizon	Indemnity		848.67				162.55		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRI MLES F	17281	CPT	outpatient			1360		524.43 Horizon	Medicare Blue		456.03				162.55		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRI MLES F	17281	CPT	outpatient			1360		524.43 Horizon	NJ Health		162.55				162.55		1782 fee schedule	
DESTRI MLES F	17281	CPT	outpatient			1360		524.43 Horizon	PPO		848.67				162.55		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRI MLES F	17281	CPT	outpatient			1360		524.43 Horizon	MGD		848.67				162.55		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRI MLES F	17281	CPT	outpatient			1360		524.43 Managed Care Inc	Managed Care Inc		1224	90			162.55		1782 percent of total billed charges	
DESTRI MLES F	17281	CPT	outpatient			1360		524.43 Multiplan	Multiplan		1088	80			162.55		1782 percent of total billed charges	
DESTRI MLES F	17281	CPT	outpatient			1360		524.43 Qualcare	Qualcare		1020	75			162.55		1782 percent of total billed charges	
DESTRI MLES F	17281	CPT	outpatient			1360		524.43 Three Rivers	Three Rivers		1292	95			162.55		1782 percent of total billed charges	
DESTRI MLES F	17281	CPT	outpatient			1360		524.43 UHC	Medicare		456.03				162.55		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRI MLES F	17281	CPT	outpatient			1360		524.43 UHC	Medicaid		429.08	31.55			162.55		1782 percent of total billed charges	
DESTRI MLES F	17281	CPT	outpatient			1360		524.43 United	Oxford		1782				162.55		1782 case rate	
DESTRI MLES F	17281	CPT	outpatient			1360		524.43 United	CommercialPPO		1782				162.55		1782 case rate	
DESTRI MLES F	17281	CPT	outpatient			1360		524.43 Wellcare	Medicare		456.03				162.55		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRI MLES F	17281	CPT	outpatient			1360		524.43 Wellcare	Medicaid		429.08	31.55			162.55		1782 percent of total billed charges	
DESTRI MLES F	17281	CPT	outpatient			1360		524.43 WellPoint	WellPoint		437.65	32.18			162.55		1782 percent of total billed charges	
DESTRI MLES F	17282	CPT	outpatient			1360		524.43 Aetna	Medicare		456.03				187.82		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRI MLES F	17282	CPT	outpatient			1360		524.43 Aetna	Commercial		726				187.82		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRI MLES F	17282	CPT	outpatient			1360		524.43 Aetna	Better Health		429.08	31.55			187.82		1782 percent of total billed charges	
DESTRI MLES F	17282	CPT	outpatient			1360		524.43 Americare	Americare		1020	75			187.82		1782 percent of total billed charges	
DESTRI MLES F	17282	CPT	outpatient			1360		524.43 Amerihealth	Medicare		456.03				187.82		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRI MLES F	17282	CPT	outpatient			1360		524.43 Amerihealth	HMO/PPO		884	65			187.82		1782 percent of total billed charges	
DESTRI MLES F	17282	CPT	outpatient			1360		524.43 Consumer	Consumer		1292	95			187.82		1782 percent of total billed charges	
DESTRI MLES F	17282	CPT	outpatient			1360		524.43 Corrections	Corrections		1088	80			187.82		1782 percent of total billed charges	
DESTRI MLES F	17282	CPT	outpatient			1360		524.43 First Health	First Health		952	70			187.82		1782 percent of total billed charges	
DESTRI MLES F	17282	CPT	outpatient			1360		524.43 First Trenton	First Trenton		1224	90			187.82		1782 percent of total billed charges	
DESTRI MLES F	17282	CPT	outpatient			1360		524.43 Horizon	Indemnity		848.67				187.82		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRI MLES F	17282	CPT	outpatient			1360		524.43 Horizon	MGD		848.67				187.82		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRI MLES F	17282	CPT	outpatient			1360		524.43 Horizon	PPO		848.67				187.82		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRI MLES F	17282	CPT	outpatient			1360		524.43 Horizon	NJ Health		187.82				187.82		1782 fee schedule	
DESTRI MLES F	17282	CPT	outpatient			1360		524.43 Horizon	Medicare Blue		456.03				187.82		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRI MLES F	17282	CPT	outpatient			1360		524.43 Managed Care Inc	Managed Care Inc		1224	90			187.82		1782 percent of total billed charges	
DESTRI MLES F	17282	CPT	outpatient			1360		524.43 Multiplan	Multiplan		1088	80			187.82		1782 percent of total billed charges	
DESTRI MLES F	17282	CPT	outpatient			1360		524.43 Qualcare	Qualcare		1020	75			187.82		1782 percent of total billed charges	
DESTRI MLES F	17282	CPT	outpatient			1360		524.43 Three Rivers	Three Rivers		1292	95			187.82		1782 percent of total billed charges	
DESTRI MLES F	17282	CPT	outpatient			1360		524.43 UHC	Medicare		456.03				187.82		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRI MLES F	17282	CPT	outpatient			1360		524.43 UHC	Medicaid		429.08	31.55			187.82		1782 percent of total billed charges	
DESTRI MLES F	17282	CPT	outpatient			1360		524.43 United	Oxford		1782				187.82		1782 case rate	
DESTRI MLES F	17282	CPT	outpatient			1360		524.43 United	CommercialPPO		1782				187.82		1782 case rate	
DESTRI MLES F	17282	CPT	outpatient			1360		524.43 Wellcare	Medicare		456.03				187.82		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRI MLES F	17282	CPT	outpatient			1360		524.43 Wellcare	Medicaid		429.08	31.55			187.82		1782 percent of total billed charges	
DESTRI MLES F	17282	CPT	outpatient			1360		524.43 WellPoint	WellPoint		437.65	32.18			187.82		1782 percent of total billed charges	
DESTRI MLES F	17283	CPT	outpatient			1360		524.43 Aetna	Better Health		429.08	31.55			231.95		1782 percent of total billed charges	
DESTRI MLES F	17283	CPT	outpatient			1360		524.43 Aetna	Commercial		726				231.95		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRI MLES F	17283	CPT	outpatient			1360		524.43 Aetna	Medicare		456.03				231.95		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRI MLES F	17283	CPT	outpatient			1360		524.43 Americare	Americare		1020	75			231.95		1782 percent of total billed charges	
DESTRI MLES F	17283	CPT	outpatient			1360		524.43 Amerihealth	HMO/PPO		884	65			231.95		1782 percent of total billed charges	
DESTRI MLES F	17283	CPT	outpatient			1360		524.43 Amerihealth	Medicare		456.03				231.95		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRI MLES F	17283	CPT	outpatient			1360		524.43 Consumer	Consumer		1292	95			231.95		1782 percent of total billed charges	
DESTRI MLES F	17283	CPT	outpatient			1360		524.43 Corrections	Corrections		1088	80			231.95		1782 percent of total billed charges	
DESTRI MLES F	17283	CPT	outpatient			1360		524.43 First Health	First Health		952	70			231.95		1782 percent of total billed charges	
DESTRI MLES F	17283	CPT	outpatient			1360		524.43 First Trenton	First Trenton		1224	90			231.95		1782 percent of total billed charges	
DESTRI MLES F	17283	CPT	outpatient			1360		524.43 Horizon	Indemnity		848.67				231.95		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRI MLES F	17283	CPT	outpatient			1360		524.43 Horizon	MGD		848.67				231.95		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRI MLES F	17283	CPT	outpatient			1360		524.43 Horizon	Medicare Blue		456.03				231.95		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRI MLES F	17283	CPT	outpatient			1360		524.43 Horizon	NJ Health		231.95				231.95		1782 fee schedule	
DESTRI MLES F	17283	CPT	outpatient			1360		524.43 Horizon	PPO		848.67				231.95		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRI MLES F	17283	CPT	outpatient			1360		524.43 Managed Care Inc	Managed Care Inc		1224	90			231.95		1782 percent of total billed charges	
DESTRI MLES F	17283	CPT	outpatient			1360		524.43 Multiplan	Multiplan		1088	80			231.95		1782 percent of total billed charges	
DESTRI MLES F	17283	CPT	outpatient			1360		524.43 Qualcare	Qualcare		1020	75			231.95		1782 percent of total billed charges	
DESTRI MLES F	17283	CPT	outpatient			1360		524.43 Three Rivers	Three Rivers		1292	95			231.95		1782 percent of total billed charges	
DESTRI MLES F	17283	CPT	outpatient			1360		524.43 UHC	Medicare		456.03				231.95		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRI MLES F	17283	CPT	outpatient			1360		524.43 UHC	Medicaid		429.08	31.55			231.95		1782 percent of total billed charges	
DESTRI MLES F	17283	CPT	outpatient			1360		524.43 United	Oxford		1782				231.95		1782 case rate	
DESTRI MLES F	17283	CPT	outpatient			1360		524.43 United	CommercialPPO		1782				231.95		1782 case rate	
DESTRI MLES F	17283	CPT	outpatient			1360		524.43 Wellcare	Medicare		456.03				231.95		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRI MLES F	17283	CPT	outpatient			1360		524.43 Wellcare	Medicaid		429.08	31.55			231.95		1782 percent of total billed charges	
DESTRI MLES F	17283	CPT	outpatient			1360		524.43 WellPoint	WellPoint		437.65	32.18			231.95		1782 percent of total billed charges	
DESTRI MLES F	17284	CPT	outpatient			2117		826.02 Aetna	Better Health		667.91	31.55			274		2011.15 percent of total billed charges	
DESTRI MLES F	17284	CPT	outpatient			2117		826.02 Aetna	Commercial		1143.5				274		2011.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRI MLES F	17284	CPT	outpatient			2117		826.02 Aetna	Medicare		718.28				274		2011.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRI MLES F	17284	CPT	outpatient			2117		826.02 Americare	Americare		1587.75	75			274		2011.15 percent of total billed charges	
DESTRI MLES F	17284	CPT	outpatient			2117		826.02 Amerihealth	Medicare		718.28				274		2011.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRI MLES F	17284	CPT	outpatient			2117		826.02 Amerihealth	HMO/PPO		1376.05	65			274		2011.15 percent of total billed charges	
DESTRI MLES F	17284	CPT	outpatient			2117		826.02 Consumer	Consumer		2011.15	95			274		2011.15 percent of total billed charges	
DESTRI MLES F	17284	CPT	outpatient			2117		826.02 Corrections	Corrections		1693.6	80			274		2011.15 percent of total billed charges	
DESTRI MLES F	17284	CPT	outpatient			2117		826.02 First Health	First Health		1481.9	70			274		2011.15 percent of total billed charges	
DESTRI MLES F	17284	CPT	outpatient			2117		826.02 First Trenton	First Trenton		1905.3	90			274		2011.15 percent of total billed charges	
DESTRI MLES F	17284	CPT	outpatient			2117		826.02 Horizon	MGD		1336.72				274		2011.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRI MLES F	17284	CPT	outpatient			2117		826.02 Horizon	Indemnity		1336.72				274		2011.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRI MLES F	17284	CPT	outpatient			2117		826.02 Horizon	Medicare Blue		718.28				274		2011.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRI MLES F	17284	CPT	outpatient			2117		826.02 Horizon	NJ Health		274				274		2011.15 fee schedule	
DESTRI MLES F	17284	CPT	outpatient			2117		826.02 Horizon	PPO		1336.72				274		2011.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRI MLES F	17284	CPT	outpatient			2117		826.02 Managed Care Inc	Managed Care Inc		1905.3	90			274		2011.15 percent of total billed charges	
DESTRI MLES F	17284	CPT	outpatient			2117		826.02 Multiplan	Multiplan		1693.6	80			274		2011.15 percent of total billed charges	
DESTRI MLES F	17284	CPT	outpatient			2117		826.02 Qualcare	Qualcare		1587.75	75			274		2011.15 percent of total billed charges	
DESTRI MLES F	17284	CPT	outpatient			2117		826.02 Three Rivers	Three Rivers		2011.15	95			274		2011.15 percent of total billed charges	
DESTRI MLES F	17284	CPT	outpatient			2117		826.02 UHC	Medicare		718.28				274		2011.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRI MLES F	17284	CPT	outpatient			2117		826.02 UHC	Medicaid		667.91	31.55			274		2011.15 percent of total billed charges	
DESTRI MLES F	17284	CPT	outpatient			2117		826.02 United	Oxford		1782				274		2011.15 case rate	
DESTRI MLES F	17284	CPT	outpatient			2117		826.02 United	CommercialPPO		1782				274		2011.15 case rate	
DESTRI MLES F	17284	CPT	outpatient			2117		826.02 Wellcare	Medicaid		667.91	31.55			274		2011.15 percent of total billed charges	
DESTRI MLES F	17284	CPT	outpatient			2117		826.02 Wellcare	Medicare		718.28				274		2011.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRI MLES F	17284	CPT	outpatient			2117		826.02 WellPoint	WellPoint		681.25	32.18			274		2011.15 percent of total billed charges	
DESTRI MLES F	17286	CPT	outpatient			2117		826.02 Aetna	Medicare		692.04	30.8			363.26		2011.15 percent of total billed charges	
DESTRI MLES F	17286	CPT	outpatient			2117		826.02 Aetna	Commercial		1143.5				363.26		2011.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRI MLES F	17286	CPT	outpatient			2117		826.02 Aetna	Better Health		667.91	31.55			363.26		2011.15 percent of total billed charges	
DESTRI MLES F	17286	CPT	outpatient			2117		826.02 Americare	Americare		1587.75	75			363.26		2011.15 percent of total billed charges	
DESTRI MLES F	17286	CPT	outpatient			2117		826.02 Amerihealth	HMO/PPO		1376.05	65			363.26		2011.15 percent of total billed charges	
DESTRI MLES F	17286	CPT	outpatient			2117		826.02 Amerihealth	Medicare		718.28				363.26		2011.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRI MLES F	17286	CPT	outpatient			2117		826.02 Consumer	Consumer		2011.15	95			363.26		2011.15 percent of total billed charges	
DESTRI MLES F	17286	CPT	outpatient			2117		826.02 Corrections	Corrections		1693.6	80			363.26		2011.15 percent of total billed charges	
DESTRI MLES F	17286	CPT	outpatient			2117		826.02 First Health	First Health		1481.9	70			363.26		2011.15 percent of total billed charges	
DESTRI MLES F	17286	CPT	outpatient			2117		826.02 First Trenton	First Trenton		1905.3	90			363.26		2011.15 percent of total billed charges	
DESTRI MLES F	17286	CPT	outpatient			2117		826.02 Horizon	Medicare Blue		718.28				363.26		2011.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRI MLES F	17286	CPT	outpatient			2117		826.02 Horizon	MGD		1336.72				363.26		2011.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRI MLES F	17286	CPT	outpatient			2117		826.02 Horizon	PPO		1336.72				363.26		2011.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101191	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
DESTRI MLES F	17286	CPT	outpatient			2117	826.02	Horizon	Indemnity		1336.72				363.26	2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRI MLES F	17286	CPT	outpatient			2117	826.02	Horizon	NJ Health		363.26				363.26	2011.15	fee schedule	
DESTRI MLES F	17286	CPT	outpatient			2117	826.02	Managed Care Inc	Managed Care Inc		1905.3	90			363.26	2011.15	percent of total billed charges	
DESTRI MLES F	17286	CPT	outpatient			2117	826.02	Multiplan	Multiplan		1693.6	80			363.26	2011.15	percent of total billed charges	
DESTRI MLES F	17286	CPT	outpatient			2117	826.02	Qualcare	Qualcare		1587.75	75			363.26	2011.15	percent of total billed charges	
DESTRI MLES F	17286	CPT	outpatient			2117	826.02	Three Rivers	Three Rivers		2011.15	95			363.26	2011.15	percent of total billed charges	
DESTRI MLES F	17286	CPT	outpatient			2117	826.02	UHC	Medicaid		667.91	31.55			363.26	2011.15	percent of total billed charges	
DESTRI MLES F	17286	CPT	outpatient			2117	826.02	UHC	Medicare		718.28				363.26	2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRI MLES F	17286	CPT	outpatient			2117	826.02	United	Commercial|PPO		1782				363.26	2011.15	case rate	
DESTRI MLES F	17286	CPT	outpatient			2117	826.02	United	Oxford		1782				363.26	2011.15	case rate	
DESTRI MLES F	17286	CPT	outpatient			2117	826.02	Wellcare	Medicare		718.28				363.26	2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRI MLES F	17286	CPT	outpatient			2117	826.02	Wellcare	Medicaid		667.91	31.55			363.26	2011.15	percent of total billed charges	
DESTRI MLES F	17286	CPT	outpatient			2117	826.02	WellPoint	WellPoint		681.25	32.18			363.26	2011.15	percent of total billed charges	
CYROTHERAPY-	17340	CPT	outpatient			124	80.45	Aetna	Commercial		111.38				39.12	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYROTHERAPY-	17340	CPT	outpatient			124	80.45	Aetna	Medicare		69.96				39.12	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYROTHERAPY-	17340	CPT	outpatient			124	80.45	Aetna	Better Health		39.12	31.55			39.12	1782	percent of total billed charges	
CYROTHERAPY-	17340	CPT	outpatient			124	80.45	Americare	Americare		93	75			39.12	1782	percent of total billed charges	
CYROTHERAPY-	17340	CPT	outpatient			124	80.45	Amerihealth	Medicare		69.96				39.12	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYROTHERAPY-	17340	CPT	outpatient			124	80.45	Amerihealth	HMO/PPO		80.6	65			39.12	1782	percent of total billed charges	
CYROTHERAPY-	17340	CPT	outpatient			124	80.45	Consumer	Consumer		117.8	95			39.12	1782	percent of total billed charges	
CYROTHERAPY-	17340	CPT	outpatient			124	80.45	Corrections	Corrections		99.2	80			39.12	1782	percent of total billed charges	
CYROTHERAPY-	17340	CPT	outpatient			124	80.45	First Health	First Health		86.8	70			39.12	1782	percent of total billed charges	
CYROTHERAPY-	17340	CPT	outpatient			124	80.45	First Trentron	First Trentron		111.6	90			39.12	1782	percent of total billed charges	
CYROTHERAPY-	17340	CPT	outpatient			124	80.45	Horizon	Indemnity		130.2				39.12	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYROTHERAPY-	17340	CPT	outpatient			124	80.45	Horizon	MGD		130.2				39.12	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYROTHERAPY-	17340	CPT	outpatient			124	80.45	Horizon	Medicare Blue		69.96				39.12	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYROTHERAPY-	17340	CPT	outpatient			124	80.45	Horizon	PPO		130.2				39.12	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYROTHERAPY-	17340	CPT	outpatient			124	80.45	Horizon	NJ Health		50.63				39.12	1782	fee schedule	
CYROTHERAPY-	17340	CPT	outpatient			124	80.45	Managed Care Inc	Managed Care Inc		111.6	90			39.12	1782	percent of total billed charges	
CYROTHERAPY-	17340	CPT	outpatient			124	80.45	Multiplan	Multiplan		99.2	80			39.12	1782	percent of total billed charges	
CYROTHERAPY-	17340	CPT	outpatient			124	80.45	Qualcare	Qualcare		93	75			39.12	1782	percent of total billed charges	
CYROTHERAPY-	17340	CPT	outpatient			124	80.45	Three Rivers	Three Rivers		117.8	95			39.12	1782	percent of total billed charges	
CYROTHERAPY-	17340	CPT	outpatient			124	80.45	UHC	Medicaid		39.12	31.55			39.12	1782	percent of total billed charges	
CYROTHERAPY-	17340	CPT	outpatient			124	80.45	UHC	Medicare		69.96				39.12	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYROTHERAPY-	17340	CPT	outpatient			124	80.45	United	Commercial|PPO		1782				39.12	1782	case rate	
CYROTHERAPY-	17340	CPT	outpatient			124	80.45	United	Oxford		1782				39.12	1782	case rate	
CYROTHERAPY-	17340	CPT	outpatient			124	80.45	Wellcare	Medicaid		39.12	31.55			39.12	1782	percent of total billed charges	
CYROTHERAPY-	17340	CPT	outpatient			124	80.45	Wellcare	Medicare		69.96				39.12	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYROTHERAPY-	17340	CPT	outpatient			124	80.45	WellPoint	WellPoint		39.9	32.18			39.12	1782	percent of total billed charges	
CHEM EXFOLIA	17360	CPT	outpatient			659	263.3	Aetna	Medicare		228.96				87.7	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEM EXFOLIA	17360	CPT	outpatient			659	263.3	Aetna	Better Health		207.91	31.55			87.7	1782	percent of total billed charges	
CHEM EXFOLIA	17360	CPT	outpatient			659	263.3	Aetna	Commercial		364.5				87.7	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEM EXFOLIA	17360	CPT	outpatient			659	263.3	Americare	Americare		494.25	75			87.7	1782	percent of total billed charges	
CHEM EXFOLIA	17360	CPT	outpatient			659	263.3	Amerihealth	HMO/PPO		428.35	65			87.7	1782	percent of total billed charges	
CHEM EXFOLIA	17360	CPT	outpatient			659	263.3	Amerihealth	Medicare		228.96				87.7	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEM EXFOLIA	17360	CPT	outpatient			659	263.3	Consumer	Consumer		626.05	95			87.7	1782	percent of total billed charges	
CHEM EXFOLIA	17360	CPT	outpatient			659	263.3	Corrections	Corrections		527.2	80			87.7	1782	percent of total billed charges	
CHEM EXFOLIA	17360	CPT	outpatient			659	263.3	First Health	First Health		461.3	70			87.7	1782	percent of total billed charges	
CHEM EXFOLIA	17360	CPT	outpatient			659	263.3	First Trentron	First Trentron		593.1	90			87.7	1782	percent of total billed charges	
CHEM EXFOLIA	17360	CPT	outpatient			659	263.3	Horizon	PPO		426.09				87.7	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEM EXFOLIA	17360	CPT	outpatient			659	263.3	Horizon	Medicare Blue		228.96				87.7	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEM EXFOLIA	17360	CPT	outpatient			659	263.3	Horizon	MGD		426.09				87.7	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEM EXFOLIA	17360	CPT	outpatient			659	263.3	Horizon	Indemnity		426.09				87.7	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEM EXFOLIA	17360	CPT	outpatient			659	263.3	Horizon	NJ Health		87.7				87.7	1782	fee schedule	
CHEM EXFOLIA	17360	CPT	outpatient			659	263.3	Managed Care Inc	Managed Care Inc		593.1	90			87.7	1782	percent of total billed charges	
CHEM EXFOLIA	17360	CPT	outpatient			659	263.3	Multiplan	Multiplan		527.2	80			87.7	1782	percent of total billed charges	
CHEM EXFOLIA	17360	CPT	outpatient			659	263.3	Qualcare	Qualcare		494.25	75			87.7	1782	percent of total billed charges	
CHEM EXFOLIA	17360	CPT	outpatient			659	263.3	Three Rivers	Three Rivers		626.05	95			87.7	1782	percent of total billed charges	
CHEM EXFOLIA	17360	CPT	outpatient			659	263.3	UHC	Medicaid		207.91	31.55			87.7	1782	percent of total billed charges	
CHEM EXFOLIA	17360	CPT	outpatient			659	263.3	UHC	Medicare		228.96				87.7	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEM EXFOLIA	17360	CPT	outpatient			659	263.3	United	Commercial|PPO		1782				87.7	1782	case rate	
CHEM EXFOLIA	17360	CPT	outpatient			659	263.3	United	Oxford		1782				87.7	1782	case rate	
CHEM EXFOLIA	17360	CPT	outpatient			659	263.3	Wellcare	Medicaid		207.91	31.55			87.7	1782	percent of total billed charges	
CHEM EXFOLIA	17360	CPT	outpatient			659	263.3	Wellcare	Medicare		228.96				87.7	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEM EXFOLIA	17360	CPT	outpatient			659	263.3	WellPoint	WellPoint		212.97	32.18			87.7	1782	percent of total billed charges	
ELECTROLYSIS EPILATION 1/2HR	17380	CPT	outpatient			2117	826.02	Aetna	Better Health		667.91	31.55			37.9	2011.15	percent of total billed charges	
ELECTROLYSIS EPILATION 1/2HR	17380	CPT	outpatient			2117	826.02	Aetna	Medicare		718.28				37.9	2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECTROLYSIS EPILATION 1/2HR	17380	CPT	outpatient			2117	826.02	Aetna	Commercial		1143.5				37.9	2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECTROLYSIS EPILATION 1/2HR	17380	CPT	outpatient			2117	826.02	Americare	Americare		1587.75	75			37.9	2011.15	percent of total billed charges	
ELECTROLYSIS EPILATION 1/2HR	17380	CPT	outpatient			2117	826.02	Amerihealth	HMO/PPO		1376.05	65			37.9	2011.15	percent of total billed charges	
ELECTROLYSIS EPILATION 1/2HR	17380	CPT	outpatient			2117	826.02	Amerihealth	Medicare		718.28				37.9	2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECTROLYSIS EPILATION 1/2HR	17380	CPT	outpatient			2117	826.02	Consumer	Consumer		2011.15	95			37.9	2011.15	percent of total billed charges	
ELECTROLYSIS EPILATION 1/2HR	17380	CPT	outpatient			2117	826.02	Corrections	Corrections		1693.6	80			37.9	2011.15	percent of total billed charges	
ELECTROLYSIS EPILATION 1/2HR	17380	CPT	outpatient			2117	826.02	First Health	First Health		1481.9	70			37.9	2011.15	percent of total billed charges	
ELECTROLYSIS EPILATION 1/2HR	17380	CPT	outpatient			2117	826.02	First Trentron	First Trentron		1905.3	90			37.9	2011.15	percent of total billed charges	
ELECTROLYSIS EPILATION 1/2HR	17380	CPT	outpatient			2117	826.02	Horizon	Medicare Blue		718.28				37.9	2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECTROLYSIS EPILATION 1/2HR	17380	CPT	outpatient			2117	826.02	Horizon	PPO		1336.72				37.9	2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECTROLYSIS EPILATION 1/2HR	17380	CPT	outpatient			2117	826.02	Horizon	NJ Health		37.9				37.9	2011.15	fee schedule	
ELECTROLYSIS EPILATION 1/2HR	17380	CPT	outpatient			2117	826.02	Horizon	Indemnity		1336.72				37.9	2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECTROLYSIS EPILATION 1/2HR	17380	CPT	outpatient			2117	826.02	Horizon	MGD		1336.72				37.9	2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECTROLYSIS EPILATION 1/2HR	17380	CPT	outpatient			2117	826.02	Managed Care Inc	Managed Care Inc		1905.3	90			37.9	2011.15	percent of total billed charges	
ELECTROLYSIS EPILATION 1/2HR	17380	CPT	outpatient			2117	826.02	Multiplan	Multiplan		1693.6	80			37.9	2011.15	percent of total billed charges	
ELECTROLYSIS EPILATION 1/2HR	17380	CPT	outpatient			2117	826.02	Qualcare	Qualcare		1587.75	75			37.9	2011.15	percent of total billed charges	
ELECTROLYSIS EPILATION 1/2HR	17380	CPT	outpatient			2117	826.02	Three Rivers	Three Rivers		2011.15	95			37.9	2011.15	percent of total billed charges	
ELECTROLYSIS EPILATION 1/2HR	17380	CPT	outpatient			2117	826.02	UHC	Medicaid		667.91	31.55			37.9	2011.15	percent of total billed charges	
ELECTROLYSIS EPILATION 1/2HR	17380	CPT	outpatient			2117	826.02	UHC	Medicare		718.28				37.9	2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECTROLYSIS EPILATION 1/2HR	17380	CPT	outpatient			2117	826.02	United	Commercial|PPO		1782				37.9	2011.15	case rate	
ELECTROLYSIS EPILATION 1/2HR	17380	CPT	outpatient			2117	826.02	United	Oxford		1782				37.9	2011.15	case rate	
ELECTROLYSIS EPILATION 1/2HR	17380	CPT	outpatient			2117	826.02	Wellcare	Medicaid		667.91	31.55			37.9	2011.15	percent of total billed charges	
ELECTROLYSIS EPILATION 1/2HR	17380	CPT	outpatient			2117	826.02	Wellcare	Medicare		718.28				37.9	2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECTROLYSIS EPILATION 1/2HR	17380	CPT	outpatient			2117	826.02	WellPoint	WellPoint		681.25	32.18			37.9	2011.15	percent of total billed charges	
UNLSTD PROC SKI MM/SQ TISS	17999	CPT	outpatient			666	263.3	Aetna	Commercial		364.5				207.91	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLSTD PROC SKI MM/SQ TISS	17999	CPT	outpatient			666	263.3	Aetna	Better Health		210.12	31.55			207.91	1782	percent of total billed charges	
UNLSTD PROC SKI MM/SQ TISS	17999	CPT	outpatient			666	263.3	Aetna	Medicare		228.96				207.91	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLSTD PROC SKI MM/SQ TISS	17999	CPT	outpatient			666	263.3	Americare	Americare		499.5	75			207.91	1782	percent of total billed charges	
UNLSTD PROC SKI MM/SQ TISS	17999	CPT	outpatient			666	263.3	Amerihealth	Medicare		228.96				207.91	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLSTD PROC SKI MM/SQ TISS	17999	CPT	outpatient			666	263.3	Amerihealth	HMO/PPO		432.9	65			207.91	1782	percent of total billed charges	
UNLSTD PROC SKI MM/SQ TISS	17999	CPT	outpatient			666	263.3	Consumer	Consumer		632.7	95			207.91	1782	percent of total billed charges	
UNLSTD PROC SKI MM/SQ TISS	17999	CPT	outpatient			666	263.3	Corrections	Corrections		532.8	80			207.91	1782	percent of total billed charges	
UNLSTD PROC SKI MM/SQ TISS	17999	CPT	outpatient			666	263.3	First Health	First Health		466.2	70			207.91	1782	percent of total billed charges	
UNLSTD PROC SKI MM/SQ TISS	17999	CPT	outpatient			666	263.3	First Trentron	First Trentron		599.4	90			207.91	1782	percent of total billed charges	
UNLSTD PROC SKI MM/SQ TISS	17999	CPT	outpatient			666	263.3	Horizon	PPO		426.09				207.91	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLSTD PROC SKI MM/SQ TISS	17999	CPT	outpatient			666	263.3	Horizon	Medicare Blue		228.96				207.91	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLSTD PROC SKI MM/SQ TISS	17999	CPT	outpatient			666	263.3	Horizon	MGD		426.09				207.91	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLSTD PROC SKI MM/SQ TISS	17999	CPT	outpatient			666	263.3	Horizon	Indemnity		426.09				207.91	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLSTD PROC SKI MM/SQ TISS	17999	CPT	outpatient			666	263.3	Managed Care Inc	Managed Care Inc		599.4	90			207.91	1782	percent of total billed charges	
UNLSTD PROC SKI MM/SQ TISS	17999	CPT	outpatient			666	263.3	Multiplan	Multiplan		532.8	80			207.91	1782	percent of total billed charges	
UNLSTD PROC SKI MM/SQ TISS	17999	CPT	outpatient			666	263.3	Qualcare	Qualcare		499.5	75			207.91	1782	percent of total billed charges	
UNLSTD PROC SKI MM/SQ TISS	17999	CPT	outpatient			666	263.3	Three Rivers	Three Rivers		632.7	95			207.91	1782	percent of total billed charges	
UNLSTD PROC SKI MM/SQ TISS	17999	CPT	outpatient			666	263.3	UHC	Medicaid		210.12	31.55			207.91	1782	percent of total billed charges	
UNLSTD PROC SKI MM/SQ TISS	17999	CPT	outpatient			666	263.3	UHC	Medicare		228.96				207.91	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLSTD PROC SKI MM/SQ TISS	17999	CPT	outpatient			666	263.3	United	Commercial|PPO		1782				207.91	1782	case rate	
UNLSTD PROC SKI MM/SQ TISS	17999	CPT	outpatient			666	263.3	United	Oxford		1782				207.91	1782	case rate	
UNLSTD PROC SKI MM/SQ TISS	17999	CPT	outpatient			666	263.3	Wellcare	Medicare		228.96				207.91	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLSTD PROC SKI MM/SQ TISS	17999	CPT	outpatient			666	263.3	Wellcare	Medicaid		210.12	31.55			207.91	1782	percent of total billed charges	
UNLSTD PROC SKI MM/SQ TISS	17999	CPT	outpatient			666	263.3	WellPoint	WellPoint		214.32	32.18			207.91	1782	percent of total billed charges	
U/S ASPIRATION BREAST CYST RT	19000	CPT	outpatient			2436	925.36	Aetna	Commercial		1281.02				164.72	2314.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
U/S ASPIRATION BREAST CYST RT	19000	CPT	outpatient			2436	925.36	Aetna	Medicare		804.66				164.72	2314.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
U/S ASPIRATION BREAST CYST RT	19000	CPT	outpatient			2436	925.36	Aetna	Better Health		768.56	31.55			164.72	2314.2	percent of total billed charges	
U/S ASPIRATION BREAST CYST RT	19000	CPT	outpatient			2436	925.36	Americare	Americare		1827	75			164.72	2314.2	percent of total billed charges	
U/S ASPIRATION BREAST CYST RT	19000	CPT	outpatient			2436	925.36	Amerihealth	HMO/PPO		1583.4	65			164.72	2314.2	percent of total billed charges	
U/S ASPIRATION BREAST CYST RT	19000	CPT	outpatient			2436	925.36	Amerihealth	Medicare		804.66				164.72	2314.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
U/S ASPIRATION BREAST CYST RT	19000	CPT	outpatient			2436	925.36	Consumer	Consumer		2314.2	95			164.72	2314.2	percent of total billed charges	
U/S ASPIRATION BREAST CYST RT	19000	CPT	outpatient			2436	925.36	Corrections	Corrections		1948.8	80			164.72	2314.2	percent of total billed charges	
U/S ASPIRATION BREAST CYST RT	19000	CPT	outpatient			2436	925.36	First Health	First Health		1705.2	70			164.72	2314.2	percent of total billed charges	
U/S ASPIRATION BREAST CYST RT	19000	CPT	outpatient			2436	925.36	First Trentron	First Trentron		2192.4	90			164.72	2314.2	percent of total billed charges	
U/S ASPIRATION BREAST CYST RT	19000	CPT	outpatient			2436	925.36	Horizon	MGD		1497.47				164.72	2314.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
U/S ASPIRATION BREAST CYST RT	19000	CPT	outpatient			2436	925.36	Horizon	Medicare Blue		804.66				164.72	2314.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
U/S ASPIRATION BREAST CYST RT	19000	CPT	outpatient			2436	925.36	Horizon	PPO		1497.47				164.72	2314.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
U/S ASPIRATION BREAST CYST RT	19000	CPT	outpatient			2436	925.36	Horizon	Indemnity		1497.47				164.72	2314.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
U/S ASPIRATION BREAST CYST RT	19000	CPT	outpatient			2436	925.36	Horizon	NJ Health		164.72				164.72	2314.2	fee schedule	
U/S ASPIRATION BREAST CYST RT	19000	CPT	outpatient			2436	925.36	Managed Care Inc	Managed Care Inc		2192.4	90			164.72	2314.2	percent of total billed charges	
U/S ASPIRATION BREAST CYST RT	19000	CPT	outpatient			2436	925.36	Multiplan	Multiplan		1948.8	80			164.72	2314.2	percent of total billed charges	
U/S ASPIRATION BREAST CYST RT	19000	CPT	outpatient			2436	925.36	Qualcare	Qualcare		1827	75			164.72	2314.2	percent of total billed charges	
U/S ASPIRATION BREAST CYST RT	19000	CPT	outpatient			2436	925.36	Three Rivers	Three Rivers		2314.2	95			164.72	2314.2	percent of total billed charges	
U/S ASPIRATION BREAST CYST RT	19000	CPT	outpatient			2436	925.36	UHC	Medicaid		768.56	31.55			164.72	2314.2	percent of total billed charges	
U/S ASPIRATION BREAST CYST RT	19000	CPT	outpatient			2436	925.36	UHC	Medicare		804.66				164.72	2314.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
U/S ASPIRATION BREAST CYST RT	19000	CPT	outpatient			2436	925.36	United	Commercial|PPO		1817				164.72	2314.2	case rate	
U/S ASPIRATION BREAST CYST RT	19000	CPT	outpatient			2436	925.36	United	Oxford		1817				164.72	2314.2	case rate	
U/S ASPIRATION BREAST CYST RT	19000	CPT	outpatient			2436	925.36	Wellcare	Medicare		804.66				164.72	2314.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
U/S ASPIRATION BREAST CYST RT	19000	CPT	outpatient			2436	925.36	Wellcare	Medicaid		768.56	31.55			164.72	2314.2	percent of total billed charges	
U/S ASPIRATION BREAST CYST RT	19000	CPT	outpatient			2436	925.36	WellPoint	WellPoint		783.9	32.18			164.72	2314.2	percent of total billed charges	
PUNCTURE ASPIRATION,CYST,BREAST;ADDL	19001	CPT	outpatient			1333		Aetna	Better Health		420.56	31.55			37.61	1782	percent of total billed charges	
PUNCTURE ASPIRATION,CYST,BREAST;ADDL	19001	CPT	outpatient			1333		Aetna	Commercial		506.54	38			37.61	1782	percent of total billed charges	
PUNCTURE ASPIRATION,CYST,BREAST;ADDL	19001	CPT	outpatient			1333		Aetna	Medicare		410.56	30.8			37.61	1782	percent of total billed charges	
PUNCTURE ASPIRATION,CYST,BREAST;ADDL	19001	CPT	outpatient			1333		Americare	Americare		999.75	75			37.61	1782	percent of total billed charges	
PUNCTURE ASPIRATION,CYST,BREAST;ADDL	19001	CPT	outpatient			1333		Amerihealth	HMO/PPO		866.45	65			37.61	1782	percent of total billed charges	
PUNCTURE ASPIRATION,CYST,BREAST;ADDL	19001	CPT	outpatient			1333		Consumer	Consumer		1266.35	95			37.61	1782	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
PUNCTURE ASPIRATION,CYST,BREAST;ADDL	19001	CPT	outpatient			1333		Corrections	Corrections		1066.4	80			37.61	1782	percent of total billed charges	
PUNCTURE ASPIRATION,CYST,BREAST;ADDL	19001	CPT	outpatient			1333		First Health	First Health		933.1	70			37.61	1782	percent of total billed charges	
PUNCTURE ASPIRATION,CYST,BREAST;ADDL	19001	CPT	outpatient			1333		First Trenton	First Trenton		1199.7	90			37.61	1782	percent of total billed charges	
PUNCTURE ASPIRATION,CYST,BREAST;ADDL	19001	CPT	outpatient			1333		Horizon	Medicare Blue		399.9	30			37.61	1782	percent of total billed charges	
PUNCTURE ASPIRATION,CYST,BREAST;ADDL	19001	CPT	outpatient			1333		Horizon	MGD		510.27	38.28			37.61	1782	percent of total billed charges	
PUNCTURE ASPIRATION,CYST,BREAST;ADDL	19001	CPT	outpatient			1333		Horizon	Indemnity		510.27	38.28			37.61	1782	percent of total billed charges	
PUNCTURE ASPIRATION,CYST,BREAST;ADDL	19001	CPT	outpatient			1333		Horizon	NJ Health		37.61				37.61	1782	fee schedule	
PUNCTURE ASPIRATION,CYST,BREAST;ADDL	19001	CPT	outpatient			1333		Horizon	PPO		510.27	38.28			37.61	1782	percent of total billed charges	
PUNCTURE ASPIRATION,CYST,BREAST;ADDL	19001	CPT	outpatient			1333		Managed Care Inc	Managed Care Inc		1199.7	90			37.61	1782	percent of total billed charges	
PUNCTURE ASPIRATION,CYST,BREAST;ADDL	19001	CPT	outpatient			1333		Multiplan	Multiplan		1066.4	80			37.61	1782	percent of total billed charges	
PUNCTURE ASPIRATION,CYST,BREAST;ADDL	19001	CPT	outpatient			1333		Qualcare	Qualcare		999.75	75			37.61	1782	percent of total billed charges	
PUNCTURE ASPIRATION,CYST,BREAST;ADDL	19001	CPT	outpatient			1333		Three Rivers	Three Rivers		1266.35	95			37.61	1782	percent of total billed charges	
PUNCTURE ASPIRATION,CYST,BREAST;ADDL	19001	CPT	outpatient			1333		UHC	Medicaid		420.56	31.55			37.61	1782	percent of total billed charges	
PUNCTURE ASPIRATION,CYST,BREAST;ADDL	19001	CPT	outpatient			1333		United	Oxford		1782				37.61	1782	case rate	
PUNCTURE ASPIRATION,CYST,BREAST;ADDL	19001	CPT	outpatient			1333		United	CommercialPPO		1782				37.61	1782	case rate	
PUNCTURE ASPIRATION,CYST,BREAST;ADDL	19001	CPT	outpatient			1333		Wellcare	Medicaid		420.56	31.55			37.61	1782	percent of total billed charges	
PUNCTURE ASPIRATION,CYST,BREAST;ADDL	19001	CPT	outpatient			1333		WellPoint	WellPoint		428.96	32.18			37.61	1782	percent of total billed charges	
MASTOTOMY, DEEP	19020	CPT	outpatient			7361	2132.36	Aetna	Better Health		2322.4	31.55			293.29	6992.95	percent of total billed charges	
MASTOTOMY, DEEP	19020	CPT	outpatient			7361	2132.36	Aetna	Commercial		2951.93				293.29	6992.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MASTOTOMY, DEEP	19020	CPT	outpatient			7361	2132.36	Aetna	Medicare		1854.23				293.29	6992.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MASTOTOMY, DEEP	19020	CPT	outpatient			7361	2132.36	Americare	Americare		5520.75	75			293.29	6992.95	percent of total billed charges	
MASTOTOMY, DEEP	19020	CPT	outpatient			7361	2132.36	Amerihealth	HMO/PPO		4784.65	65			293.29	6992.95	percent of total billed charges	
MASTOTOMY, DEEP	19020	CPT	outpatient			7361	2132.36	Amerihealth	Medicare		1854.23				293.29	6992.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MASTOTOMY, DEEP	19020	CPT	outpatient			7361	2132.36	Consumer	Consumer		6992.95	95			293.29	6992.95	percent of total billed charges	
MASTOTOMY, DEEP	19020	CPT	outpatient			7361	2132.36	Corrections	Corrections		5888.8	80			293.29	6992.95	percent of total billed charges	
MASTOTOMY, DEEP	19020	CPT	outpatient			7361	2132.36	First Health	First Health		5152.7	70			293.29	6992.95	percent of total billed charges	
MASTOTOMY, DEEP	19020	CPT	outpatient			7361	2132.36	First Trenton	First Trenton		6624.9	90			293.29	6992.95	percent of total billed charges	
MASTOTOMY, DEEP	19020	CPT	outpatient			7361	2132.36	Horizon	Indemnity		3450.72				293.29	6992.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MASTOTOMY, DEEP	19020	CPT	outpatient			7361	2132.36	Horizon	Medicare Blue		1854.23				293.29	6992.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MASTOTOMY, DEEP	19020	CPT	outpatient			7361	2132.36	Horizon	NJ Health		293.29				293.29	6992.95	fee schedule	
MASTOTOMY, DEEP	19020	CPT	outpatient			7361	2132.36	Horizon	PPO		3450.72				293.29	6992.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MASTOTOMY, DEEP	19020	CPT	outpatient			7361	2132.36	Horizon	MGD		3450.72				293.29	6992.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MASTOTOMY, DEEP	19020	CPT	outpatient			7361	2132.36	Managed Care Inc	Managed Care Inc		6624.9	90			293.29	6992.95	percent of total billed charges	
MASTOTOMY, DEEP	19020	CPT	outpatient			7361	2132.36	Multiplan	Multiplan		5888.8	80			293.29	6992.95	percent of total billed charges	
MASTOTOMY, DEEP	19020	CPT	outpatient			7361	2132.36	Qualcare	Qualcare		5520.75	75			293.29	6992.95	percent of total billed charges	
MASTOTOMY, DEEP	19020	CPT	outpatient			7361	2132.36	Three Rivers	Three Rivers		6992.95	95			293.29	6992.95	percent of total billed charges	
MASTOTOMY, DEEP	19020	CPT	outpatient			7361	2132.36	UHC	Medicaid		2322.4	31.55			293.29	6992.95	percent of total billed charges	
MASTOTOMY, DEEP	19020	CPT	outpatient			7361	2132.36	UHC	Medicare		1854.23				293.29	6992.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MASTOTOMY, DEEP	19020	CPT	outpatient			7361	2132.36	United	Oxford		2776				293.29	6992.95	case rate	
MASTOTOMY, DEEP	19020	CPT	outpatient			7361	2132.36	United	CommercialPPO		2776				293.29	6992.95	case rate	
MASTOTOMY, DEEP	19020	CPT	outpatient			7361	2132.36	Wellcare	Medicare		1854.23				293.29	6992.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MASTOTOMY, DEEP	19020	CPT	outpatient			7361	2132.36	Wellcare	Medicaid		2322.4	31.55			293.29	6992.95	percent of total billed charges	
MASTOTOMY, DEEP	19020	CPT	outpatient			7361	2132.36	WellPoint	WellPoint		2368.77	32.18			293.29	6992.95	percent of total billed charges	
INJECTION FOR GALACTOGRAM	19030	CPT	outpatient			3597		Aetna	Medicare		1107.88	30.8			56.92	3417.15	percent of total billed charges	
INJECTION FOR GALACTOGRAM	19030	CPT	outpatient			3597		Aetna	Better Health		1134.85	31.55			56.92	3417.15	percent of total billed charges	
INJECTION FOR GALACTOGRAM	19030	CPT	outpatient			3597		Aetna	Commercial		1366.86	38			56.92	3417.15	percent of total billed charges	
INJECTION FOR GALACTOGRAM	19030	CPT	outpatient			3597		Americare	Americare		2697.75	75			56.92	3417.15	percent of total billed charges	
INJECTION FOR GALACTOGRAM	19030	CPT	outpatient			3597		Amerihealth	HMO/PPO		2338.05	65			56.92	3417.15	percent of total billed charges	
INJECTION FOR GALACTOGRAM	19030	CPT	outpatient			3597		Consumer	Consumer		3417.15	95			56.92	3417.15	percent of total billed charges	
INJECTION FOR GALACTOGRAM	19030	CPT	outpatient			3597		Corrections	Corrections		2877.6	80			56.92	3417.15	percent of total billed charges	
INJECTION FOR GALACTOGRAM	19030	CPT	outpatient			3597		First Health	First Health		2517.9	70			56.92	3417.15	percent of total billed charges	
INJECTION FOR GALACTOGRAM	19030	CPT	outpatient			3597		First Trenton	First Trenton		3237.3	90			56.92	3417.15	percent of total billed charges	
INJECTION FOR GALACTOGRAM	19030	CPT	outpatient			3597		Horizon	Medicare Blue		1079.1	30			56.92	3417.15	percent of total billed charges	
INJECTION FOR GALACTOGRAM	19030	CPT	outpatient			3597		Horizon	NJ Health		56.92				56.92	3417.15	fee schedule	
INJECTION FOR GALACTOGRAM	19030	CPT	outpatient			3597		Horizon	MGD		1376.93	38.28			56.92	3417.15	percent of total billed charges	
INJECTION FOR GALACTOGRAM	19030	CPT	outpatient			3597		Horizon	Indemnity		1376.93	38.28			56.92	3417.15	percent of total billed charges	
INJECTION FOR GALACTOGRAM	19030	CPT	outpatient			3597		Horizon	PPO		1376.93	38.28			56.92	3417.15	percent of total billed charges	
INJECTION FOR GALACTOGRAM	19030	CPT	outpatient			3597		Managed Care Inc	Managed Care Inc		3237.3	90			56.92	3417.15	percent of total billed charges	
INJECTION FOR GALACTOGRAM	19030	CPT	outpatient			3597		Multiplan	Multiplan		2877.6	80			56.92	3417.15	percent of total billed charges	
INJECTION FOR GALACTOGRAM	19030	CPT	outpatient			3597		Qualcare	Qualcare		2697.75	75			56.92	3417.15	percent of total billed charges	
INJECTION FOR GALACTOGRAM	19030	CPT	outpatient			3597		Three Rivers	Three Rivers		3417.15	95			56.92	3417.15	percent of total billed charges	
INJECTION FOR GALACTOGRAM	19030	CPT	outpatient			3597		UHC	Medicaid		1134.85	31.55			56.92	3417.15	percent of total billed charges	
INJECTION FOR GALACTOGRAM	19030	CPT	outpatient			3597		United	CommercialPPO		1782				56.92	3417.15	case rate	
INJECTION FOR GALACTOGRAM	19030	CPT	outpatient			3597		United	Oxford		1782				56.92	3417.15	case rate	
INJECTION FOR GALACTOGRAM	19030	CPT	outpatient			3597		Wellcare	Medicaid		1134.85	31.55			56.92	3417.15	percent of total billed charges	
INJECTION FOR GALACTOGRAM	19030	CPT	outpatient			3597		WellPoint	WellPoint		1157.51	32.18			56.92	3417.15	percent of total billed charges	
STEREO BX W/CLIP, 1ST LESION RIGHT	19081	CPT	outpatient			5464	2132.36	Aetna	Commercial		2951.93				154.68	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STEREO BX W/CLIP, 1ST LESION RIGHT	19081	CPT	outpatient			5464	2132.36	Aetna	Better Health		1723.89	31.55			154.68	5190.8	percent of total billed charges	
STEREO BX W/CLIP, 1ST LESION RIGHT	19081	CPT	outpatient			5464	2132.36	Aetna	Medicare		1854.23				154.68	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STEREO BX W/CLIP, 1ST LESION RIGHT	19081	CPT	outpatient			5464	2132.36	Americare	Americare		4098	75			154.68	5190.8	percent of total billed charges	
STEREO BX W/CLIP, 1ST LESION RIGHT	19081	CPT	outpatient			5464	2132.36	Amerihealth	Medicare		1854.23				154.68	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STEREO BX W/CLIP, 1ST LESION RIGHT	19081	CPT	outpatient			5464	2132.36	Amerihealth	HMO/PPO		3551.6	65			154.68	5190.8	percent of total billed charges	
STEREO BX W/CLIP, 1ST LESION RIGHT	19081	CPT	outpatient			5464	2132.36	Consumer	Consumer		5190.8	95			154.68	5190.8	percent of total billed charges	
STEREO BX W/CLIP, 1ST LESION RIGHT	19081	CPT	outpatient			5464	2132.36	Corrections	Corrections		4371.2	80			154.68	5190.8	percent of total billed charges	
STEREO BX W/CLIP, 1ST LESION RIGHT	19081	CPT	outpatient			5464	2132.36	First Health	First Health		3824.8	70			154.68	5190.8	percent of total billed charges	
STEREO BX W/CLIP, 1ST LESION RIGHT	19081	CPT	outpatient			5464	2132.36	First Trenton	First Trenton		4917.6	90			154.68	5190.8	percent of total billed charges	
STEREO BX W/CLIP, 1ST LESION RIGHT	19081	CPT	outpatient			5464	2132.36	Horizon	Indemnity		3450.72				154.68	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STEREO BX W/CLIP, 1ST LESION RIGHT	19081	CPT	outpatient			5464	2132.36	Horizon	MGD		3450.72				154.68	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STEREO BX W/CLIP, 1ST LESION RIGHT	19081	CPT	outpatient			5464	2132.36	Horizon	Medicare Blue		1854.23				154.68	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STEREO BX W/CLIP, 1ST LESION RIGHT	19081	CPT	outpatient			5464	2132.36	Horizon	PPO		3450.72				154.68	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STEREO BX W/CLIP, 1ST LESION RIGHT	19081	CPT	outpatient			5464	2132.36	Horizon	NJ Health		154.68				154.68	5190.8	fee schedule	
STEREO BX W/CLIP, 1ST LESION RIGHT	19081	CPT	outpatient			5464	2132.36	Managed Care Inc	Managed Care Inc		4917.6	90			154.68	5190.8	percent of total billed charges	
STEREO BX W/CLIP, 1ST LESION RIGHT	19081	CPT	outpatient			5464	2132.36	Multiplan	Multiplan		4371.2	80			154.68	5190.8	percent of total billed charges	
STEREO BX W/CLIP, 1ST LESION RIGHT	19081	CPT	outpatient			5464	2132.36	Qualcare	Qualcare		4098	75			154.68	5190.8	percent of total billed charges	
STEREO BX W/CLIP, 1ST LESION RIGHT	19081	CPT	outpatient			5464	2132.36	Three Rivers	Three Rivers		5190.8	95			154.68	5190.8	percent of total billed charges	
STEREO BX W/CLIP, 1ST LESION RIGHT	19081	CPT	outpatient			5464	2132.36	UHC	Medicaid		1723.89	31.55			154.68	5190.8	percent of total billed charges	
STEREO BX W/CLIP, 1ST LESION RIGHT	19081	CPT	outpatient			5464	2132.36	UHC	Medicare		1854.23				154.68	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STEREO BX W/CLIP, 1ST LESION RIGHT	19081	CPT	outpatient			5464	2132.36	United	Oxford		2493				154.68	5190.8	case rate	
STEREO BX W/CLIP, 1ST LESION RIGHT	19081	CPT	outpatient			5464	2132.36	United	CommercialPPO		2493				154.68	5190.8	case rate	
STEREO BX W/CLIP, 1ST LESION RIGHT	19081	CPT	outpatient			5464	2132.36	Wellcare	Medicare		1854.23				154.68	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STEREO BX W/CLIP, 1ST LESION RIGHT	19081	CPT	outpatient			5464	2132.36	Wellcare	Medicaid		1723.89	31.55			154.68	5190.8	percent of total billed charges	
STEREO BX W/CLIP, 1ST LESION RIGHT	19081	CPT	outpatient			5464	2132.36	WellPoint	WellPoint		1758.32	32.18			154.68	5190.8	percent of total billed charges	
STEREO BX W/CLIP, EACH ADD LESION RIGHT	19082	CPT	outpatient			3363		Aetna	Commercial		1277.94	38			73.58	3194.85	percent of total billed charges	
STEREO BX W/CLIP, EACH ADD LESION RIGHT	19082	CPT	outpatient			3363		Aetna	Better Health		1061.03	31.55			73.58	3194.85	percent of total billed charges	
STEREO BX W/CLIP, EACH ADD LESION RIGHT	19082	CPT	outpatient			3363		Aetna	Medicare		1035.8	30.8			73.58	3194.85	percent of total billed charges	
STEREO BX W/CLIP, EACH ADD LESION RIGHT	19082	CPT	outpatient			3363		Americare	Americare		2522.25	75			73.58	3194.85	percent of total billed charges	
STEREO BX W/CLIP, EACH ADD LESION RIGHT	19082	CPT	outpatient			3363		Amerihealth	HMO/PPO		2185.95	65			73.58	3194.85	percent of total billed charges	
STEREO BX W/CLIP, EACH ADD LESION RIGHT	19082	CPT	outpatient			3363		Consumer	Consumer		3194.85	95			73.58	3194.85	percent of total billed charges	
STEREO BX W/CLIP, EACH ADD LESION RIGHT	19082	CPT	outpatient			3363		Corrections	Corrections		2690.4	80			73.58	3194.85	percent of total billed charges	
STEREO BX W/CLIP, EACH ADD LESION RIGHT	19082	CPT	outpatient			3363		First Health	First Health		2354.1	70			73.58	3194.85	percent of total billed charges	
STEREO BX W/CLIP, EACH ADD LESION RIGHT	19082	CPT	outpatient			3363		First Trenton	First Trenton		3026.7	90			73.58	3194.85	percent of total billed charges	
STEREO BX W/CLIP, EACH ADD LESION RIGHT	19082	CPT	outpatient			3363		Horizon	Medicare Blue		1008.9	30			73.58	3194.85	percent of total billed charges	
STEREO BX W/CLIP, EACH ADD LESION RIGHT	19082	CPT	outpatient			3363		Horizon	MGD		1287.36	38.28			73.58	3194.85	percent of total billed charges	
STEREO BX W/CLIP, EACH ADD LESION RIGHT	19082	CPT	outpatient			3363		Horizon	NJ Health		73.58				73.58	3194.85	fee schedule	
STEREO BX W/CLIP, EACH ADD LESION RIGHT	19082	CPT	outpatient			3363		Horizon	Indemnity		1287.36	38.28			73.58	3194.85	percent of total billed charges	
STEREO BX W/CLIP, EACH ADD LESION RIGHT	19082	CPT	outpatient			3363		Horizon	PPO		1287.36	38.28			73.58	3194.85	percent of total billed charges	
STEREO BX W/CLIP, EACH ADD LESION RIGHT	19082	CPT	outpatient			3363		Managed Care Inc	Managed Care Inc		3026.7	90			73.58	3194.85	percent of total billed charges	
STEREO BX W/CLIP, EACH ADD LESION RIGHT	19082	CPT	outpatient			3363		Multiplan	Multiplan		2690.4	80			73.58	3194.85	percent of total billed charges	
STEREO BX W/CLIP, EACH ADD LESION RIGHT	19082	CPT	outpatient			3363		Qualcare	Qualcare		2522.25	75			73.58	3194.85	percent of total billed charges	
STEREO BX W/CLIP, EACH ADD LESION RIGHT	19082	CPT	outpatient			3363		Three Rivers	Three Rivers		3194.85	95			73.58	3194.85	percent of total billed charges	
STEREO BX W/CLIP, EACH ADD LESION RIGHT	19082	CPT	outpatient			3363		UHC	Medicaid		1061.03	31.55			73.58	3194.85	percent of total billed charges	
STEREO BX W/CLIP, EACH ADD LESION RIGHT	19082	CPT	outpatient			3363		United	Oxford		1782				73.58	3194.85	case rate	
STEREO BX W/CLIP, EACH ADD LESION RIGHT	19082	CPT	outpatient			3363		United	CommercialPPO		1782				73.58	3194.85	case rate	
STEREO BX W/CLIP, EACH ADD LESION RIGHT	19082	CPT	outpatient			3363		Wellcare	Medicaid		1061.03	31.55			73.58	3194.85	percent of total billed charges	
STEREO BX W/CLIP, EACH ADD LESION RIGHT	19082	CPT	outpatient			3363		WellPoint	WellPoint		1082.21	32.18			73.58	3194.85	percent of total billed charges	
US GUID BX W/CLIP, 1ST LESION RIGHT	19083	CPT	both			5628	2132.36	Aetna	Commercial		2951.93				144.92	5346.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US GUID BX W/CLIP, 1ST LESION RIGHT	19083	CPT	both			5628	2132.36	Aetna	Medicare		1733.42	30.8			144.92	5346.6	percent of total billed charges	
US GUID BX W/CLIP, 1ST LESION RIGHT	19083	CPT	both			5628	2132.36	Aetna	Better Health		1775.63	31.55			144.92	5346.6	percent of total billed charges	
US GUID BX W/CLIP, 1ST LESION RIGHT	19083	CPT	both			5628	2132.36	Americare	Americare		4221	75			144.92	5346.6	percent of total billed charges	
US GUID BX W/CLIP, 1ST LESION RIGHT	19083	CPT	both			5628	2132.36	Amerihealth	HMO/PPO		3658.2	65			144.92	5346.6	percent of total billed charges	
US GUID BX W/CLIP, 1ST LESION RIGHT	19083	CPT	both			5628	2132.36	Amerihealth	Medicare		1854.23				144.92	5346.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US GUID BX W/CLIP, 1ST LESION RIGHT	19083	CPT	both			5628	2132.36	Consumer	Consumer		5346.6	95			144.92	5346.6	percent of total billed charges	
US GUID BX W/CLIP, 1ST LESION RIGHT	19083	CPT	both			5628	2132.36	Corrections	Corrections		4502.4	80			144.92	5346.6	percent of total billed charges	
US GUID BX W/CLIP, 1ST LESION RIGHT	19083	CPT	both			5628	2132.36	First Health	First Health		3939.6	70			144.92	5346.6	percent of total billed charges	
US GUID BX W/CLIP, 1ST LESION RIGHT	19083	CPT	both			5628	2132.36	First Trenton	First Trenton		5065.2	90			144.92	5346.6	percent of total billed charges	
US GUID BX W/CLIP, 1ST LESION RIGHT	19083	CPT	both			5628	2132.36	Horizon	PPO		3450.72				144.92	5346.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US GUID BX W/CLIP, 1ST LESION RIGHT	19083	CPT	both			5628	2132.36	Horizon	Indemnity		3450.72				144.92	5346.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US GUID BX W/CLIP, 1ST LESION RIGHT	19083	CPT	both			5628	2132.36	Horizon	MGD		3450.72				144.92	5346.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US GUID BX W/CLIP, 1ST LESION RIGHT	19083	CPT	both			5628	2132.36	Horizon	Medicare Blue		1854.23				144.92	5346.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US GUID BX W/CLIP, 1ST LESION RIGHT	19083	CPT	both			5628	2132.36	Horizon	NJ Health		144.92				144.92	5346.6	fee schedule	
US GUID BX W/CLIP, 1ST LESION RIGHT	19083	CPT	both			5628	2132.36	Managed Care Inc	Managed Care Inc		5065.2	90			144.92	5346.6	percent of total billed charges	
US GUID BX W/CLIP, 1ST LESION RIGHT	19083	CPT	both			5628	2132.36	Multiplan	Multiplan		4502.4	80			144.92	5346.6	percent of total billed charges	
US GUID BX W/CLIP, 1ST LESION RIGHT	19083	CPT	both			5628	2132.36	Qualcare	Qualcare		4221	75			144.92	5346.6	percent of total billed charges	
US GUID BX W/CLIP, 1ST LESION RIGHT	19083	CPT	both			5628	2132.36	Three Rivers	Three Rivers		5346.6	95			144.92	5346.6	percent of total billed charges	
US GUID BX W/CLIP, 1ST LESION RIGHT	19083	CPT	both			5628	2132.36	UHC	Medicaid		1775.63	31.55			144.92	5346.6	percent of total billed charges	
US GUID BX W/CLIP, 1ST LESION RIGHT	19083	CPT	both			5628	2132.36	UHC	Medicare		1854.23				144.92	5346.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US GUID BX W/CLIP, 1ST LESION RIGHT	19083	CPT	both			5628	2132.36	United	CommercialPPO		2493				144.92	5346.6	case rate	
US GUID BX W/CLIP, 1ST LESION RIGHT	19083	CPT	both			5628	2132.36	United	Oxford		2493				144.92	5346.6	case rate	
US GUID BX W/CLIP, 1ST LESION RIGHT	19083	CPT	both			5628	2132.36	Wellcare	Medicare		1854.23				144.92	5346.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US GUID BX W/CLIP, 1ST LESION RIGHT	19083	CPT	both			5628	2132.36	Wellcare	Medicaid		1775.63	31.55			144.92	5346.6	percent of total billed charges	
US GUID BX W/CLIP, 1ST LESION RIGHT	19083	CPT	both			5628	2132.36	WellPoint	WellPoint		1811.09	32.18			144.92	5346.6	percent of total billed charges	
US GUID BX W/CLIP, EACH ADD LESION RIGHT	19084	CPT	both			3363		Aetna	Medicare		1035.8	30.8			69.15	3194.85	percent of total billed charges	
US GUID BX W/CLIP, EACH ADD LESION RIGHT	19084	CPT	both			3363		Aetna	Better Health		1061.03	31.55			69.15	3194.85	percent of total billed charges	
US GUID BX W/CLIP, EACH ADD LESION RIGHT	19084	CPT	both			3363		Aetna	Commercial		1277.94	38			69.15	3194.85	percent of total billed charges	
US GUID BX W/CLIP, EACH ADD LESION RIGHT	19084	CPT	both			3363		Americare	Americare		2522.25	75			69.15	3194.85	percent of total billed charges	
US GUID BX W/CLIP, EACH ADD LESION RIGHT	19084	CPT	both			3363		Amerihealth	HMO/PPO		2185.95	65			69.15	3194.85	percent of total billed charges	
US GUID BX W/CLIP, EACH ADD LESION RIGHT	19084	CPT	both			3363		Consumer	Consumer		3194.85	95			69.15	3194.85	percent of total billed charges	
US GUID BX W/CLIP, EACH ADD LESION RIGHT	19084	CPT	both			3363		Corrections	Corrections		2690.4	80			69.15	3194.85	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
US GUID BX WICLIP, EACH ADD LESION RIGHT	19084	CPT	both			3363		First Health	First Health		2354.1	70			69.15	3194.85	percent of total billed charges	
US GUID BX WICLIP, EACH ADD LESION RIGHT	19084	CPT	both			3363		First Trenton	First Trenton		3026.7	90			69.15	3194.85	percent of total billed charges	
US GUID BX WICLIP, EACH ADD LESION RIGHT	19084	CPT	both			3363		Horizon	Medicare Blue		1008.9	30			69.15	3194.85	percent of total billed charges	
US GUID BX WICLIP, EACH ADD LESION RIGHT	19084	CPT	both			3363		Horizon	Indemnity		1287.36	38.28			69.15	3194.85	percent of total billed charges	
US GUID BX WICLIP, EACH ADD LESION RIGHT	19084	CPT	both			3363		Horizon	MGD		1287.36	38.28			69.15	3194.85	percent of total billed charges	
US GUID BX WICLIP, EACH ADD LESION RIGHT	19084	CPT	both			3363		Horizon	PPO		1287.36	38.28			69.15	3194.85	percent of total billed charges	
US GUID BX WICLIP, EACH ADD LESION RIGHT	19084	CPT	both			3363		Horizon	NJ Health		69.15				69.15	3194.85	fee schedule	
US GUID BX WICLIP, EACH ADD LESION RIGHT	19084	CPT	both			3363		Managed Care Inc	Managed Care Inc		3026.7	90			69.15	3194.85	percent of total billed charges	
US GUID BX WICLIP, EACH ADD LESION RIGHT	19084	CPT	both			3363		Multiplan	Multiplan		2690.4	80			69.15	3194.85	percent of total billed charges	
US GUID BX WICLIP, EACH ADD LESION RIGHT	19084	CPT	both			3363		Qualcare	Qualcare		2522.25	75			69.15	3194.85	percent of total billed charges	
US GUID BX WICLIP, EACH ADD LESION RIGHT	19084	CPT	both			3363		Three Rivers	Three Rivers		3194.85	95			69.15	3194.85	percent of total billed charges	
US GUID BX WICLIP, EACH ADD LESION RIGHT	19084	CPT	both			3363		UHC	Medicaid		1061.03	31.55			69.15	3194.85	percent of total billed charges	
US GUID BX WICLIP, EACH ADD LESION RIGHT	19084	CPT	both			3363		United	Oxford		1782				69.15	3194.85	case rate	
US GUID BX WICLIP, EACH ADD LESION RIGHT	19084	CPT	both			3363		United	CommercialPPO		1782				69.15	3194.85	case rate	
US GUID BX WICLIP, EACH ADD LESION RIGHT	19084	CPT	both			3363		Wellcare	Medicaid		1061.03	31.55			69.15	3194.85	percent of total billed charges	
US GUID BX WICLIP, EACH ADD LESION RIGHT	19084	CPT	both			3363		WellPoint	WellPoint		1082.21	32.18			69.15	3194.85	percent of total billed charges	
BX BREAST, W/MR GUIDANCE AND CLIP, RIGH	19085	CPT	outpatient			6377	2132.36	Aetna	Better Health		2011.94	31.55			169.15	6058.15	percent of total billed charges	
BX BREAST, W/MR GUIDANCE AND CLIP, RIGH	19085	CPT	outpatient			6377	2132.36	Aetna	Medicare		1854.23				169.15	6058.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX BREAST, W/MR GUIDANCE AND CLIP, RIGH	19085	CPT	outpatient			6377	2132.36	Aetna	Commercial		2951.93				169.15	6058.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX BREAST, W/MR GUIDANCE AND CLIP, RIGH	19085	CPT	outpatient			6377	2132.36	Americare	Americare		4782.75	75			169.15	6058.15	percent of total billed charges	
BX BREAST, W/MR GUIDANCE AND CLIP, RIGH	19085	CPT	outpatient			6377	2132.36	Amerihealth	HMO/PPO		4145.05	65			169.15	6058.15	percent of total billed charges	
BX BREAST, W/MR GUIDANCE AND CLIP, RIGH	19085	CPT	outpatient			6377	2132.36	Amerihealth	Medicare		1854.23				169.15	6058.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX BREAST, W/MR GUIDANCE AND CLIP, RIGH	19085	CPT	outpatient			6377	2132.36	Consumer	Consumer		6058.15	95			169.15	6058.15	percent of total billed charges	
BX BREAST, W/MR GUIDANCE AND CLIP, RIGH	19085	CPT	outpatient			6377	2132.36	Corrections	Corrections		5101.6	80			169.15	6058.15	percent of total billed charges	
BX BREAST, W/MR GUIDANCE AND CLIP, RIGH	19085	CPT	outpatient			6377	2132.36	First Health	First Health		4463.9	70			169.15	6058.15	percent of total billed charges	
BX BREAST, W/MR GUIDANCE AND CLIP, RIGH	19085	CPT	outpatient			6377	2132.36	First Trenton	First Trenton		5739.3	90			169.15	6058.15	percent of total billed charges	
BX BREAST, W/MR GUIDANCE AND CLIP, RIGH	19085	CPT	outpatient			6377	2132.36	Horizon	MGD		3450.72				169.15	6058.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX BREAST, W/MR GUIDANCE AND CLIP, RIGH	19085	CPT	outpatient			6377	2132.36	Horizon	Medicare Blue		1854.23				169.15	6058.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX BREAST, W/MR GUIDANCE AND CLIP, RIGH	19085	CPT	outpatient			6377	2132.36	Horizon	NJ Health		169.15				169.15	6058.15	fee schedule	
BX BREAST, W/MR GUIDANCE AND CLIP, RIGH	19085	CPT	outpatient			6377	2132.36	Horizon	PPO		3450.72				169.15	6058.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX BREAST, W/MR GUIDANCE AND CLIP, RIGH	19085	CPT	outpatient			6377	2132.36	Horizon	Indemnity		3450.72				169.15	6058.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX BREAST, W/MR GUIDANCE AND CLIP, RIGH	19085	CPT	outpatient			6377	2132.36	Managed Care Inc	Managed Care Inc		5739.3	90			169.15	6058.15	percent of total billed charges	
BX BREAST, W/MR GUIDANCE AND CLIP, RIGH	19085	CPT	outpatient			6377	2132.36	Multiplan	Multiplan		5101.6	80			169.15	6058.15	percent of total billed charges	
BX BREAST, W/MR GUIDANCE AND CLIP, RIGH	19085	CPT	outpatient			6377	2132.36	Qualcare	Qualcare		4782.75	75			169.15	6058.15	percent of total billed charges	
BX BREAST, W/MR GUIDANCE AND CLIP, RIGH	19085	CPT	outpatient			6377	2132.36	Three Rivers	Three Rivers		6058.15	95			169.15	6058.15	percent of total billed charges	
BX BREAST, W/MR GUIDANCE AND CLIP, RIGH	19085	CPT	outpatient			6377	2132.36	UHC	Medicaid		2011.94	31.55			169.15	6058.15	percent of total billed charges	
BX BREAST, W/MR GUIDANCE AND CLIP, RIGH	19085	CPT	outpatient			6377	2132.36	UHC	Medicare		1854.23				169.15	6058.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX BREAST, W/MR GUIDANCE AND CLIP, RIGH	19085	CPT	outpatient			6377	2132.36	United	CommercialPPO		2493				169.15	6058.15	case rate	
BX BREAST, W/MR GUIDANCE AND CLIP, RIGH	19085	CPT	outpatient			6377	2132.36	United	Oxford		2493				169.15	6058.15	case rate	
BX BREAST, W/MR GUIDANCE AND CLIP, RIGH	19085	CPT	outpatient			6377	2132.36	Wellcare	Medicare		1854.23				169.15	6058.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX BREAST, W/MR GUIDANCE AND CLIP, RIGH	19085	CPT	outpatient			6377	2132.36	Wellcare	Medicaid		2011.94	31.55			169.15	6058.15	percent of total billed charges	
BX BREAST, W/MR GUIDANCE AND CLIP, RIGH	19085	CPT	outpatient			6377	2132.36	WellPoint	WellPoint		2052.12	32.18			169.15	6058.15	percent of total billed charges	
BX BREAST, W/MR GUIDE R-ADDITIONAL LES	19086	CPT	outpatient			3192		Aetna	Better Health		1007.08	31.55			75.28	3032.4	percent of total billed charges	
BX BREAST, W/MR GUIDE R-ADDITIONAL LES	19086	CPT	outpatient			3192		Aetna	Commercial		1212.96	38			75.28	3032.4	percent of total billed charges	
BX BREAST, W/MR GUIDE R-ADDITIONAL LES	19086	CPT	outpatient			3192		Aetna	Medicare		983.14	30.8			75.28	3032.4	percent of total billed charges	
BX BREAST, W/MR GUIDE R-ADDITIONAL LES	19086	CPT	outpatient			3192		Americare	Americare		2394	75			75.28	3032.4	percent of total billed charges	
BX BREAST, W/MR GUIDE R-ADDITIONAL LES	19086	CPT	outpatient			3192		Amerihealth	HMO/PPO		2074.8	65			75.28	3032.4	percent of total billed charges	
BX BREAST, W/MR GUIDE R-ADDITIONAL LES	19086	CPT	outpatient			3192		Consumer	Consumer		3032.4	95			75.28	3032.4	percent of total billed charges	
BX BREAST, W/MR GUIDE R-ADDITIONAL LES	19086	CPT	outpatient			3192		Corrections	Corrections		2553.6	80			75.28	3032.4	percent of total billed charges	
BX BREAST, W/MR GUIDE R-ADDITIONAL LES	19086	CPT	outpatient			3192		First Health	First Health		2234.4	70			75.28	3032.4	percent of total billed charges	
BX BREAST, W/MR GUIDE R-ADDITIONAL LES	19086	CPT	outpatient			3192		First Trenton	First Trenton		2872.8	90			75.28	3032.4	percent of total billed charges	
BX BREAST, W/MR GUIDE R-ADDITIONAL LES	19086	CPT	outpatient			3192		Horizon	Indemnity		1221.9	38.28			75.28	3032.4	percent of total billed charges	
BX BREAST, W/MR GUIDE R-ADDITIONAL LES	19086	CPT	outpatient			3192		Horizon	Medicare Blue		957.6	30			75.28	3032.4	percent of total billed charges	
BX BREAST, W/MR GUIDE R-ADDITIONAL LES	19086	CPT	outpatient			3192		Horizon	NJ Health		75.28				75.28	3032.4	fee schedule	
BX BREAST, W/MR GUIDE R-ADDITIONAL LES	19086	CPT	outpatient			3192		Horizon	MGD		1221.9	38.28			75.28	3032.4	percent of total billed charges	
BX BREAST, W/MR GUIDE R-ADDITIONAL LES	19086	CPT	outpatient			3192		Horizon	PPO		1221.9	38.28			75.28	3032.4	percent of total billed charges	
BX BREAST, W/MR GUIDE R-ADDITIONAL LES	19086	CPT	outpatient			3192		Managed Care Inc	Managed Care Inc		2872.8	90			75.28	3032.4	percent of total billed charges	
BX BREAST, W/MR GUIDE R-ADDITIONAL LES	19086	CPT	outpatient			3192		Multiplan	Multiplan		2553.6	80			75.28	3032.4	percent of total billed charges	
BX BREAST, W/MR GUIDE R-ADDITIONAL LES	19086	CPT	outpatient			3192		Qualcare	Qualcare		2394	75			75.28	3032.4	percent of total billed charges	
BX BREAST, W/MR GUIDE R-ADDITIONAL LES	19086	CPT	outpatient			3192		Three Rivers	Three Rivers		3032.4	95			75.28	3032.4	percent of total billed charges	
BX BREAST, W/MR GUIDE R-ADDITIONAL LES	19086	CPT	outpatient			3192		UHC	Medicaid		1007.08	31.55			75.28	3032.4	percent of total billed charges	
BX BREAST, W/MR GUIDE R-ADDITIONAL LES	19086	CPT	outpatient			3192		United	CommercialPPO		1782				75.28	3032.4	case rate	
BX BREAST, W/MR GUIDE R-ADDITIONAL LES	19086	CPT	outpatient			3192		United	Oxford		1782				75.28	3032.4	case rate	
BX BREAST, W/MR GUIDE R-ADDITIONAL LES	19086	CPT	outpatient			3192		Wellcare	Medicaid		1007.08	31.55			75.28	3032.4	percent of total billed charges	
BX BREAST, W/MR GUIDE R-ADDITIONAL LES	19086	CPT	outpatient			3192		WellPoint	WellPoint		1027.19	32.18			75.28	3032.4	percent of total billed charges	
U/S BREAST NEEDLE BIOPSY RT	19100	CPT	outpatient			5653	2132.36	Aetna	Commercial		2951.93				96.47	5370.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
U/S BREAST NEEDLE BIOPSY RT	19100	CPT	outpatient			5653	2132.36	Aetna	Better Health		1783.52	31.55			96.47	5370.35	percent of total billed charges	
U/S BREAST NEEDLE BIOPSY RT	19100	CPT	outpatient			5653	2132.36	Aetna	Medicare		1854.23				96.47	5370.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
U/S BREAST NEEDLE BIOPSY RT	19100	CPT	outpatient			5653	2132.36	Americare	Americare		4239.75	75			96.47	5370.35	percent of total billed charges	
U/S BREAST NEEDLE BIOPSY RT	19100	CPT	outpatient			5653	2132.36	Amerihealth	Medicare		1854.23				96.47	5370.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
U/S BREAST NEEDLE BIOPSY RT	19100	CPT	outpatient			5653	2132.36	Amerihealth	HMO/PPO		3674.45	65			96.47	5370.35	percent of total billed charges	
U/S BREAST NEEDLE BIOPSY RT	19100	CPT	outpatient			5653	2132.36	Consumer	Consumer		5370.35	95			96.47	5370.35	percent of total billed charges	
U/S BREAST NEEDLE BIOPSY RT	19100	CPT	outpatient			5653	2132.36	Corrections	Corrections		4522.4	80			96.47	5370.35	percent of total billed charges	
U/S BREAST NEEDLE BIOPSY RT	19100	CPT	outpatient			5653	2132.36	First Health	First Health		3957.1	70			96.47	5370.35	percent of total billed charges	
U/S BREAST NEEDLE BIOPSY RT	19100	CPT	outpatient			5653	2132.36	First Trenton	First Trenton		5087.7	90			96.47	5370.35	percent of total billed charges	
U/S BREAST NEEDLE BIOPSY RT	19100	CPT	outpatient			5653	2132.36	Horizon	MGD		3450.72				96.47	5370.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
U/S BREAST NEEDLE BIOPSY RT	19100	CPT	outpatient			5653	2132.36	Horizon	Indemnity		3450.72				96.47	5370.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
U/S BREAST NEEDLE BIOPSY RT	19100	CPT	outpatient			5653	2132.36	Horizon	Medicare Blue		1854.23				96.47	5370.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
U/S BREAST NEEDLE BIOPSY RT	19100	CPT	outpatient			5653	2132.36	Horizon	NJ Health		96.47				96.47	5370.35	fee schedule	
U/S BREAST NEEDLE BIOPSY RT	19100	CPT	outpatient			5653	2132.36	Horizon	PPO		3450.72				96.47	5370.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
U/S BREAST NEEDLE BIOPSY RT	19100	CPT	outpatient			5653	2132.36	Managed Care Inc	Managed Care Inc		5087.7	90			96.47	5370.35	percent of total billed charges	
U/S BREAST NEEDLE BIOPSY RT	19100	CPT	outpatient			5653	2132.36	Multiplan	Multiplan		4522.4	80			96.47	5370.35	percent of total billed charges	
U/S BREAST NEEDLE BIOPSY RT	19100	CPT	outpatient			5653	2132.36	Qualcare	Qualcare		4239.75	75			96.47	5370.35	percent of total billed charges	
U/S BREAST NEEDLE BIOPSY RT	19100	CPT	outpatient			5653	2132.36	Three Rivers	Three Rivers		5370.35	95			96.47	5370.35	percent of total billed charges	
U/S BREAST NEEDLE BIOPSY RT	19100	CPT	outpatient			5653	2132.36	UHC	Medicaid		1783.52	31.55			96.47	5370.35	percent of total billed charges	
U/S BREAST NEEDLE BIOPSY RT	19100	CPT	outpatient			5653	2132.36	UHC	Medicare		1854.23				96.47	5370.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
U/S BREAST NEEDLE BIOPSY RT	19100	CPT	outpatient			5653	2132.36	United	CommercialPPO		2493				96.47	5370.35	case rate	
U/S BREAST NEEDLE BIOPSY RT	19100	CPT	outpatient			5653	2132.36	United	Oxford		2493				96.47	5370.35	case rate	
U/S BREAST NEEDLE BIOPSY RT	19100	CPT	outpatient			5653	2132.36	Wellcare	Medicare		1854.23				96.47	5370.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
U/S BREAST NEEDLE BIOPSY RT	19100	CPT	outpatient			5653	2132.36	Wellcare	Medicaid		1783.52	31.55			96.47	5370.35	percent of total billed charges	
U/S BREAST NEEDLE BIOPSY RT	19100	CPT	outpatient			5653	2132.36	WellPoint	WellPoint		1819.14	32.18			96.47	5370.35	percent of total billed charges	
BREAST BX OPEN	19101	CPT	outpatient			12524	5013.29	Aetna	Medicare		4359.38				334.34	11897.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BREAST BX OPEN	19101	CPT	outpatient			12524	5013.29	Aetna	Better Health		3951.32	31.55			334.34	11897.8	percent of total billed charges	
BREAST BX OPEN	19101	CPT	outpatient			12524	5013.29	Aetna	Commercial		6940.13				334.34	11897.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BREAST BX OPEN	19101	CPT	outpatient			12524	5013.29	Americare	Americare		9393	75			334.34	11897.8	percent of total billed charges	
BREAST BX OPEN	19101	CPT	outpatient			12524	5013.29	Amerihealth	Medicare		4359.38				334.34	11897.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BREAST BX OPEN	19101	CPT	outpatient			12524	5013.29	Amerihealth	HMO/PPO		8140.6	65			334.34	11897.8	percent of total billed charges	
BREAST BX OPEN	19101	CPT	outpatient			12524	5013.29	Consumer	Consumer		11897.8	95			334.34	11897.8	percent of total billed charges	
BREAST BX OPEN	19101	CPT	outpatient			12524	5013.29	Corrections	Corrections		10019.2	80			334.34	11897.8	percent of total billed charges	
BREAST BX OPEN	19101	CPT	outpatient			12524	5013.29	First Health	First Health		8766.8	70			334.34	11897.8	percent of total billed charges	
BREAST BX OPEN	19101	CPT	outpatient			12524	5013.29	First Trenton	First Trenton		11271.6	90			334.34	11897.8	percent of total billed charges	
BREAST BX OPEN	19101	CPT	outpatient			12524	5013.29	Horizon	Indemnity		8112.81				334.34	11897.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BREAST BX OPEN	19101	CPT	outpatient			12524	5013.29	Horizon	Medicare Blue		4359.38				334.34	11897.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BREAST BX OPEN	19101	CPT	outpatient			12524	5013.29	Horizon	NJ Health		334.34				334.34	11897.8	fee schedule	
BREAST BX OPEN	19101	CPT	outpatient			12524	5013.29	Horizon	MGD		8112.81				334.34	11897.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BREAST BX OPEN	19101	CPT	outpatient			12524	5013.29	Horizon	PPO		8112.81				334.34	11897.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BREAST BX OPEN	19101	CPT	outpatient			12524	5013.29	Managed Care Inc	Managed Care Inc		11271.6	90			334.34	11897.8	percent of total billed charges	
BREAST BX OPEN	19101	CPT	outpatient			12524	5013.29	Multiplan	Multiplan		10019.2	80			334.34	11897.8	percent of total billed charges	
BREAST BX OPEN	19101	CPT	outpatient			12524	5013.29	Qualcare	Qualcare		9393	75			334.34	11897.8	percent of total billed charges	
BREAST BX OPEN	19101	CPT	outpatient			12524	5013.29	Three Rivers	Three Rivers		11897.8	95			334.34	11897.8	percent of total billed charges	
BREAST BX OPEN	19101	CPT	outpatient			12524	5013.29	UHC	Medicaid		3951.32	31.55			334.34	11897.8	percent of total billed charges	
BREAST BX OPEN	19101	CPT	outpatient			12524	5013.29	UHC	Medicare		4359.38				334.34	11897.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BREAST BX OPEN	19101	CPT	outpatient			12524	5013.29	United	Oxford		2776				334.34	11897.8	case rate	
BREAST BX OPEN	19101	CPT	outpatient			12524	5013.29	United	CommercialPPO		2776				334.34	11897.8	case rate	
BREAST BX OPEN	19101	CPT	outpatient			12524	5013.29	Wellcare	Medicare		4359.38				334.34	11897.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BREAST BX OPEN	19101	CPT	outpatient			12524	5013.29	Wellcare	Medicaid		3951.32	31.55			334.34	11897.8	percent of total billed charges	
BREAST BX OPEN	19101	CPT	outpatient			12524	5013.29	WellPoint	WellPoint		4030.22	32.18			334.34	11897.8	percent of total billed charges	
BREAST BIOPSY EXCISIONAL	19120	CPT	outpatient			12524	5013.29	Aetna	Commercial		6940.13				469.3	11897.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BREAST BIOPSY EXCISIONAL	19120	CPT	outpatient			12524	5013.29	Aetna	Better Health		3951.32	31.55			469.3	11897.8	percent of total billed charges	
BREAST BIOPSY EXCISIONAL	19120	CPT	outpatient			12524	5013.29	Aetna	Medicare		4359.38				469.3	11897.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BREAST BIOPSY EXCISIONAL	19120	CPT	outpatient			12524	5013.29	Americare	Americare		9393	75			469.3	11897.8	percent of total billed charges	
BREAST BIOPSY EXCISIONAL	19120	CPT	outpatient			12524	5013.29	Amerihealth	Medicare		4359.38				469.3	11897.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BREAST BIOPSY EXCISIONAL	19120	CPT	outpatient			12524	5013.29	Amerihealth	HMO/PPO		8140.6	65			469.3	11897.8	percent of total billed charges	
BREAST BIOPSY EXCISIONAL	19120	CPT	outpatient			12524	5013.29	Consumer	Consumer		11897.8	95			469.3	11897.8	percent of total billed charges	
BREAST BIOPSY EXCISIONAL	19120	CPT	outpatient			12524	5013.29	Corrections	Corrections		10019.2	80			469.3	11897.8	percent of total billed charges	
BREAST BIOPSY EXCISIONAL	19120	CPT	outpatient			12524	5013.29	First Health	First Health		8766.8	70			469.3	11897.8	percent of total billed charges	
BREAST BIOPSY EXCISIONAL	19120	CPT	outpatient			12524	5013.29	First Trenton	First Trenton		11271.6	90			469.3	11897.8	percent of total billed charges	
BREAST BIOPSY EXCISIONAL	19120	CPT	outpatient			12524	5013.29	Horizon	MGD		8112.81				469.3	11897.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BREAST BIOPSY EXCISIONAL	19120	CPT	outpatient			12524	5013.29	Horizon	Medicare Blue		4359.38				469.3	11897.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BREAST BIOPSY EXCISIONAL	19120	CPT	outpatient			12524	5013.29	Horizon	Indemnity		8112.81				469.3	11897.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BREAST BIOPSY EXCISIONAL	19120	CPT	outpatient			12524	5013.29	Horizon	NJ Health		469.3				469.3	11897.8	fee schedule	
BREAST BIOPSY EXCISIONAL	19120	CPT	outpatient			12524	5013.29	Horizon	PPO		8112.81				469.3	11897.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BREAST BIOPSY EXCISIONAL	19120	CPT	outpatient			12524	5013.29	Managed Care Inc	Managed Care Inc		11271.6	90			469.3	11897.8	percent of total billed charges	
BREAST BIOPSY EXCISIONAL	19120	CPT	outpatient			12524	5013.29	Multiplan	Multiplan		10019.2	80			469.3	11897.8	percent of total billed charges	
BREAST BIOPSY EXCISIONAL	19120	CPT	outpatient			12524	5013.29	Qualcare	Qualcare		9393	75			469.3	11897.8	percent of total billed charges	
BREAST BIOPSY EXCISIONAL	19120	CPT	outpatient			12524	5013.29	Three Rivers	Three Rivers		11897.8	95			469.3	11897.8	percent of total billed charges	
BREAST BIOPSY EXCISIONAL	19120	CPT	outpatient			12524	5013.29	UHC	Medicare		4359.38				469.3	11897.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BREAST BIOPSY EXCISIONAL	19120	CPT	outpatient			12524	5013.29	UHC	Medicaid		3951.32	31.55			469.3	11897.8	percent of total billed charges	
BREAST BIOPSY EXCISIONAL	19120	CPT	outpatient			12524	5013.29	United	Oxford		2776				469.3	11897.8	case rate	
BREAST BIOPSY EXCISIONAL	19120	CPT	outpatient			12524	5013.29	United	CommercialPPO		2776				469.3	11897.8	case rate	
BREAST BIOPSY EXCISIONAL	19120	CPT	outpatient			12524	5013.29	Wellcare	Medicaid		3951.32	31.55			469.3	11897.8	percent of total billed charges	
BREAST BIOPSY EXCISIONAL	19120	CPT	outpatient			12524	5013.29	Wellcare	Medicare		4359.38				469.3	11897.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BREAST BIOPSY EXCISIONAL	19120	CPT	outpatient			12524	5013.29	WellPoint	WellPoint		4030.22	32.18			469.3	11897.8	percent of total billed charges	
EXC BREASTLESION BY PREOP MARKER,SNG	19125	CPT	outpatient			11526	5013.29	Aetna	Commercial		6940.13				408.88	10949.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC BREASTLESION BY PREOP MARKER,SNG	19125	CPT	outpatient			11526	5013.29	Aetna	Better Health		3636.45	31.55			408.88	10949.7	percent of total billed charges	
EXC BREASTLESION BY PREOP MARKER,SNG	19125	CPT	outpatient			11526	5013.29	Aetna	Medicare		4359.38				408.88	10949.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC BREASTLESION BY PREOP MARKER,SNG	19125	CPT	outpatient			11526	5013.29	Americare	Americare		8644.5	75			408.88	10949.7	percent of total billed charges	
EXC BREASTLESION BY PREOP MARKER,SNG	19125	CPT	outpatient			11526	5013.29	Amerihealth	HMO/PPO		7491.9	65			408.88	10949.7	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
EXC BREAST,LESION BY PREOP MARKER,SNG	19125	CPT	outpatient			11526		5013.29 Ameriheath	Medicare		4359.38				408.88	10949.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC BREAST,LESION BY PREOP MARKER,SNG	19125	CPT	outpatient			11526		5013.29 Consumer	Consumer		10949.7	95			408.88	10949.7	percent of total billed charges	
EXC BREAST,LESION BY PREOP MARKER,SNG	19125	CPT	outpatient			11526		5013.29 Corrections	Corrections		9220.8	80			408.88	10949.7	percent of total billed charges	
EXC BREAST,LESION BY PREOP MARKER,SNG	19125	CPT	outpatient			11526		5013.29 First Health	First Health		8068.2	70			408.88	10949.7	percent of total billed charges	
EXC BREAST,LESION BY PREOP MARKER,SNG	19125	CPT	outpatient			11526		5013.29 First Trenton	First Trenton		10373.4	90			408.88	10949.7	percent of total billed charges	
EXC BREAST,LESION BY PREOP MARKER,SNG	19125	CPT	outpatient			11526		5013.29 Horizon	Indemnity		8112.81				408.88	10949.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC BREAST,LESION BY PREOP MARKER,SNG	19125	CPT	outpatient			11526		5013.29 Horizon	Medicare Blue		4359.38				408.88	10949.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC BREAST,LESION BY PREOP MARKER,SNG	19125	CPT	outpatient			11526		5013.29 Horizon	MGD		8112.81				408.88	10949.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC BREAST,LESION BY PREOP MARKER,SNG	19125	CPT	outpatient			11526		5013.29 Horizon	PPO		8112.81				408.88	10949.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC BREAST,LESION BY PREOP MARKER,SNG	19125	CPT	outpatient			11526		5013.29 Horizon	NJ Health		408.88				408.88	10949.7	fee schedule	
EXC BREAST,LESION BY PREOP MARKER,SNG	19125	CPT	outpatient			11526		5013.29 Managed Care Inc	Managed Care Inc		10373.4	90			408.88	10949.7	percent of total billed charges	
EXC BREAST,LESION BY PREOP MARKER,SNG	19125	CPT	outpatient			11526		5013.29 Multiplan	Multiplan		9220.8	80			408.88	10949.7	percent of total billed charges	
EXC BREAST,LESION BY PREOP MARKER,SNG	19125	CPT	outpatient			11526		5013.29 Qualcare	Qualcare		8644.5	75			408.88	10949.7	percent of total billed charges	
EXC BREAST,LESION BY PREOP MARKER,SNG	19125	CPT	outpatient			11526		5013.29 Three Rivers	Three Rivers		10949.7	95			408.88	10949.7	percent of total billed charges	
EXC BREAST,LESION BY PREOP MARKER,SNG	19125	CPT	outpatient			11526		5013.29 UHC	Medicaid		3636.45	31.55			408.88	10949.7	percent of total billed charges	
EXC BREAST,LESION BY PREOP MARKER,SNG	19125	CPT	outpatient			11526		5013.29 UHC	Medicare		4359.38				408.88	10949.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC BREAST,LESION BY PREOP MARKER,SNG	19125	CPT	outpatient			11526		5013.29 United	Oxford		2776				408.88	10949.7	case rate	
EXC BREAST,LESION BY PREOP MARKER,SNG	19125	CPT	outpatient			11526		5013.29 United	CommercialPPO		2776				408.88	10949.7	case rate	
EXC BREAST,LESION BY PREOP MARKER,SNG	19125	CPT	outpatient			11526		5013.29 Wellcare	Medicare		4359.38				408.88	10949.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC BREAST,LESION BY PREOP MARKER,SNG	19125	CPT	outpatient			11526		5013.29 Wellcare	Medicaid		3636.45	31.55			408.88	10949.7	percent of total billed charges	
EXC BREAST,LESION BY PREOP MARKER,SNG	19125	CPT	outpatient			11526		5013.29 WellPoint	WellPoint		3709.07	32.18			408.88	10949.7	percent of total billed charges	
EXC BREAST,LESION BY PREOP MARKER,EACH	19126	CPT	outpatient			6796		Aetna	Commercial		2682.48	38			204.86	6456.2	percent of total billed charges	
EXC BREAST,LESION BY PREOP MARKER,EACH	19126	CPT	outpatient			6796		Aetna	Medicare		2093.17	30.8			204.86	6456.2	percent of total billed charges	
EXC BREAST,LESION BY PREOP MARKER,EACH	19126	CPT	outpatient			6796		Aetna	Better Health		2144.14	31.55			204.86	6456.2	percent of total billed charges	
EXC BREAST,LESION BY PREOP MARKER,EACH	19126	CPT	outpatient			6796		Americare	Americare		5097	75			204.86	6456.2	percent of total billed charges	
EXC BREAST,LESION BY PREOP MARKER,EACH	19126	CPT	outpatient			6796		Ameriheath	HMO/PPO		4417.4	65			204.86	6456.2	percent of total billed charges	
EXC BREAST,LESION BY PREOP MARKER,EACH	19126	CPT	outpatient			6796		Consumer	Consumer		6456.2	95			204.86	6456.2	percent of total billed charges	
EXC BREAST,LESION BY PREOP MARKER,EACH	19126	CPT	outpatient			6796		Corrections	Corrections		5436.8	80			204.86	6456.2	percent of total billed charges	
EXC BREAST,LESION BY PREOP MARKER,EACH	19126	CPT	outpatient			6796		First Health	First Health		4757.2	70			204.86	6456.2	percent of total billed charges	
EXC BREAST,LESION BY PREOP MARKER,EACH	19126	CPT	outpatient			6796		First Trenton	First Trenton		6116.4	90			204.86	6456.2	percent of total billed charges	
EXC BREAST,LESION BY PREOP MARKER,EACH	19126	CPT	outpatient			6796		Horizon	MGD		2601.51	38.28			204.86	6456.2	percent of total billed charges	
EXC BREAST,LESION BY PREOP MARKER,EACH	19126	CPT	outpatient			6796		Horizon	NJ Health		204.86				204.86	6456.2	fee schedule	
EXC BREAST,LESION BY PREOP MARKER,EACH	19126	CPT	outpatient			6796		Horizon	Indemnity		2601.51	38.28			204.86	6456.2	percent of total billed charges	
EXC BREAST,LESION BY PREOP MARKER,EACH	19126	CPT	outpatient			6796		Horizon	PPO		2601.51	38.28			204.86	6456.2	percent of total billed charges	
EXC BREAST,LESION BY PREOP MARKER,EACH	19126	CPT	outpatient			6796		Horizon	Medicare Blue		2038.8	30			204.86	6456.2	percent of total billed charges	
EXC BREAST,LESION BY PREOP MARKER,EACH	19126	CPT	outpatient			6796		Managed Care Inc	Managed Care Inc		6116.4	90			204.86	6456.2	percent of total billed charges	
EXC BREAST,LESION BY PREOP MARKER,EACH	19126	CPT	outpatient			6796		Multiplan	Multiplan		5436.8	80			204.86	6456.2	percent of total billed charges	
EXC BREAST,LESION BY PREOP MARKER,EACH	19126	CPT	outpatient			6796		Qualcare	Qualcare		5097	75			204.86	6456.2	percent of total billed charges	
EXC BREAST,LESION BY PREOP MARKER,EACH	19126	CPT	outpatient			6796		Three Rivers	Three Rivers		6456.2	95			204.86	6456.2	percent of total billed charges	
EXC BREAST,LESION BY PREOP MARKER,EACH	19126	CPT	outpatient			6796		UHC	Medicaid		2144.14	31.55			204.86	6456.2	percent of total billed charges	
EXC BREAST,LESION BY PREOP MARKER,EACH	19126	CPT	outpatient			6796		United	CommercialPPO		1782				204.86	6456.2	case rate	
EXC BREAST,LESION BY PREOP MARKER,EACH	19126	CPT	outpatient			6796		United	Oxford		1782				204.86	6456.2	case rate	
EXC BREAST,LESION BY PREOP MARKER,EACH	19126	CPT	outpatient			6796		Wellcare	Medicaid		2144.14	31.55			204.86	6456.2	percent of total billed charges	
EXC BREAST,LESION BY PREOP MARKER,EACH	19126	CPT	outpatient			6796		WellPoint	WellPoint		2186.95	32.18			204.86	6456.2	percent of total billed charges	
MAMMO GUID NEEDLE LOC 1ST LESION RIGHT	19281	CPT	both			5464	2132.36	Aetna	Medicare		1682.91	30.8			86.55	5190.8	percent of total billed charges	
MAMMO GUID NEEDLE LOC 1ST LESION RIGHT	19281	CPT	both			5464	2132.36	Aetna	Commercial		2951.93				86.55	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MAMMO GUID NEEDLE LOC 1ST LESION RIGHT	19281	CPT	both			5464	2132.36	Aetna	Better Health		1723.89	31.55			86.55	5190.8	percent of total billed charges	
MAMMO GUID NEEDLE LOC 1ST LESION RIGHT	19281	CPT	both			5464	2132.36	Americare	Americare		4098	75			86.55	5190.8	percent of total billed charges	
MAMMO GUID NEEDLE LOC 1ST LESION RIGHT	19281	CPT	both			5464	2132.36	Ameriheath	HMO/PPO		3551.6	65			86.55	5190.8	percent of total billed charges	
MAMMO GUID NEEDLE LOC 1ST LESION RIGHT	19281	CPT	both			5464	2132.36	Ameriheath	Medicare		1854.23				86.55	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MAMMO GUID NEEDLE LOC 1ST LESION RIGHT	19281	CPT	both			5464	2132.36	Consumer	Consumer		5190.8	95			86.55	5190.8	percent of total billed charges	
MAMMO GUID NEEDLE LOC 1ST LESION RIGHT	19281	CPT	both			5464	2132.36	Corrections	Corrections		4371.2	80			86.55	5190.8	percent of total billed charges	
MAMMO GUID NEEDLE LOC 1ST LESION RIGHT	19281	CPT	both			5464	2132.36	First Health	First Health		3824.8	70			86.55	5190.8	percent of total billed charges	
MAMMO GUID NEEDLE LOC 1ST LESION RIGHT	19281	CPT	both			5464	2132.36	First Trenton	First Trenton		4917.6	90			86.55	5190.8	percent of total billed charges	
MAMMO GUID NEEDLE LOC 1ST LESION RIGHT	19281	CPT	both			5464	2132.36	Horizon	Medicare Blue		1854.23				86.55	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MAMMO GUID NEEDLE LOC 1ST LESION RIGHT	19281	CPT	both			5464	2132.36	Horizon	MGD		3450.72				86.55	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MAMMO GUID NEEDLE LOC 1ST LESION RIGHT	19281	CPT	both			5464	2132.36	Horizon	Indemnity		3450.72				86.55	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MAMMO GUID NEEDLE LOC 1ST LESION RIGHT	19281	CPT	both			5464	2132.36	Horizon	NJ Health		86.55				86.55	5190.8	fee schedule	
MAMMO GUID NEEDLE LOC 1ST LESION RIGHT	19281	CPT	both			5464	2132.36	Horizon	PPO		3450.72				86.55	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MAMMO GUID NEEDLE LOC 1ST LESION RIGHT	19281	CPT	both			5464	2132.36	Managed Care Inc	Managed Care Inc		4917.6	90			86.55	5190.8	percent of total billed charges	
MAMMO GUID NEEDLE LOC 1ST LESION RIGHT	19281	CPT	both			5464	2132.36	Multiplan	Multiplan		4371.2	80			86.55	5190.8	percent of total billed charges	
MAMMO GUID NEEDLE LOC 1ST LESION RIGHT	19281	CPT	both			5464	2132.36	Qualcare	Qualcare		4098	75			86.55	5190.8	percent of total billed charges	
MAMMO GUID NEEDLE LOC 1ST LESION RIGHT	19281	CPT	both			5464	2132.36	Three Rivers	Three Rivers		5190.8	95			86.55	5190.8	percent of total billed charges	
MAMMO GUID NEEDLE LOC 1ST LESION RIGHT	19281	CPT	both			5464	2132.36	UHC	Medicare		1854.23				86.55	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MAMMO GUID NEEDLE LOC 1ST LESION RIGHT	19281	CPT	both			5464	2132.36	UHC	Medicaid		1723.89	31.55			86.55	5190.8	percent of total billed charges	
MAMMO GUID NEEDLE LOC 1ST LESION RIGHT	19281	CPT	both			5464	2132.36	United	CommercialPPO		2493				86.55	5190.8	case rate	
MAMMO GUID NEEDLE LOC 1ST LESION RIGHT	19281	CPT	both			5464	2132.36	United	Oxford		2493				86.55	5190.8	case rate	
MAMMO GUID NEEDLE LOC 1ST LESION RIGHT	19281	CPT	both			5464	2132.36	Wellcare	Medicare		1854.23				86.55	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MAMMO GUID NEEDLE LOC 1ST LESION RIGHT	19281	CPT	both			5464	2132.36	Wellcare	Medicaid		1723.89	31.55			86.55	5190.8	percent of total billed charges	
MAMMO GUID NEEDLE LOC 1ST LESION RIGHT	19281	CPT	both			5464	2132.36	WellPoint	WellPoint		1758.32	32.18			86.55	5190.8	percent of total billed charges	
MAMMO GUID NEEDLE LOC EACH ADD LESION R	19282	CPT	outpatient			477		Aetna	Commercial		181.26	38			41.34	1782	percent of total billed charges	
MAMMO GUID NEEDLE LOC EACH ADD LESION R	19282	CPT	outpatient			477		Aetna	Medicare		146.92	30.8			41.34	1782	percent of total billed charges	
MAMMO GUID NEEDLE LOC EACH ADD LESION R	19282	CPT	outpatient			477		Aetna	Better Health		150.49	31.55			41.34	1782	percent of total billed charges	
MAMMO GUID NEEDLE LOC EACH ADD LESION R	19282	CPT	outpatient			477		Americare	Americare		357.75	75			41.34	1782	percent of total billed charges	
MAMMO GUID NEEDLE LOC EACH ADD LESION R	19282	CPT	outpatient			477		Ameriheath	HMO/PPO		310.05	65			41.34	1782	percent of total billed charges	
MAMMO GUID NEEDLE LOC EACH ADD LESION R	19282	CPT	outpatient			477		Consumer	Consumer		453.15	95			41.34	1782	percent of total billed charges	
MAMMO GUID NEEDLE LOC EACH ADD LESION R	19282	CPT	outpatient			477		Corrections	Corrections		381.6	80			41.34	1782	percent of total billed charges	
MAMMO GUID NEEDLE LOC EACH ADD LESION R	19282	CPT	outpatient			477		First Health	First Health		333.9	70			41.34	1782	percent of total billed charges	
MAMMO GUID NEEDLE LOC EACH ADD LESION R	19282	CPT	outpatient			477		First Trenton	First Trenton		429.3	90			41.34	1782	percent of total billed charges	
MAMMO GUID NEEDLE LOC EACH ADD LESION R	19282	CPT	outpatient			477		Horizon	MGD		182.6	38.28			41.34	1782	percent of total billed charges	
MAMMO GUID NEEDLE LOC EACH ADD LESION R	19282	CPT	outpatient			477		Horizon	Indemnity		182.6	38.28			41.34	1782	percent of total billed charges	
MAMMO GUID NEEDLE LOC EACH ADD LESION R	19282	CPT	outpatient			477		Horizon	Medicare Blue		143.1	30			41.34	1782	percent of total billed charges	
MAMMO GUID NEEDLE LOC EACH ADD LESION R	19282	CPT	outpatient			477		Horizon	NJ Health		41.34				41.34	1782	fee schedule	
MAMMO GUID NEEDLE LOC EACH ADD LESION R	19282	CPT	outpatient			477		Horizon	PPO		182.6	38.28			41.34	1782	percent of total billed charges	
MAMMO GUID NEEDLE LOC EACH ADD LESION R	19282	CPT	outpatient			477		Managed Care Inc	Managed Care Inc		429.3	90			41.34	1782	percent of total billed charges	
MAMMO GUID NEEDLE LOC EACH ADD LESION R	19282	CPT	outpatient			477		Multiplan	Multiplan		381.6	80			41.34	1782	percent of total billed charges	
MAMMO GUID NEEDLE LOC EACH ADD LESION R	19282	CPT	outpatient			477		Qualcare	Qualcare		357.75	75			41.34	1782	percent of total billed charges	
MAMMO GUID NEEDLE LOC EACH ADD LESION R	19282	CPT	outpatient			477		Three Rivers	Three Rivers		453.15	95			41.34	1782	percent of total billed charges	
MAMMO GUID NEEDLE LOC EACH ADD LESION R	19282	CPT	outpatient			477		UHC	Medicaid		150.49	31.55			41.34	1782	percent of total billed charges	
MAMMO GUID NEEDLE LOC EACH ADD LESION R	19282	CPT	outpatient			477		United	Oxford		1782				41.34	1782	case rate	
MAMMO GUID NEEDLE LOC EACH ADD LESION R	19282	CPT	outpatient			477		United	CommercialPPO		1782				41.34	1782	case rate	
MAMMO GUID NEEDLE LOC EACH ADD LESION R	19282	CPT	outpatient			477		Wellcare	Medicaid		150.49	31.55			41.34	1782	percent of total billed charges	
MAMMO GUID NEEDLE LOC EACH ADD LESION R	19282	CPT	outpatient			477		WellPoint	WellPoint		153.5	32.18			41.34	1782	percent of total billed charges	
STEREO GUID NEEDLE LOC 1ST LESION RIGHT	19283	CPT	outpatient			2374	925.36	Aetna	Commercial		1281.02				87.51	2255.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STEREO GUID NEEDLE LOC 1ST LESION RIGHT	19283	CPT	outpatient			2374	925.36	Aetna	Medicare		731.19	30.8			87.51	2255.3	percent of total billed charges	
STEREO GUID NEEDLE LOC 1ST LESION RIGHT	19283	CPT	outpatient			2374	925.36	Aetna	Better Health		749	31.55			87.51	2255.3	percent of total billed charges	
STEREO GUID NEEDLE LOC 1ST LESION RIGHT	19283	CPT	outpatient			2374	925.36	Americare	Americare		1780.5	75			87.51	2255.3	percent of total billed charges	
STEREO GUID NEEDLE LOC 1ST LESION RIGHT	19283	CPT	outpatient			2374	925.36	Ameriheath	HMO/PPO		1543.1	65			87.51	2255.3	percent of total billed charges	
STEREO GUID NEEDLE LOC 1ST LESION RIGHT	19283	CPT	outpatient			2374	925.36	Ameriheath	Medicare		804.66				87.51	2255.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STEREO GUID NEEDLE LOC 1ST LESION RIGHT	19283	CPT	outpatient			2374	925.36	Consumer	Consumer		2255.3	95			87.51	2255.3	percent of total billed charges	
STEREO GUID NEEDLE LOC 1ST LESION RIGHT	19283	CPT	outpatient			2374	925.36	Corrections	Corrections		1899.2	80			87.51	2255.3	percent of total billed charges	
STEREO GUID NEEDLE LOC 1ST LESION RIGHT	19283	CPT	outpatient			2374	925.36	First Health	First Health		1661.8	70			87.51	2255.3	percent of total billed charges	
STEREO GUID NEEDLE LOC 1ST LESION RIGHT	19283	CPT	outpatient			2374	925.36	First Trenton	First Trenton		2136.6	90			87.51	2255.3	percent of total billed charges	
STEREO GUID NEEDLE LOC 1ST LESION RIGHT	19283	CPT	outpatient			2374	925.36	Horizon	MGD		1497.47				87.51	2255.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STEREO GUID NEEDLE LOC 1ST LESION RIGHT	19283	CPT	outpatient			2374	925.36	Horizon	Indemnity		1497.47				87.51	2255.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STEREO GUID NEEDLE LOC 1ST LESION RIGHT	19283	CPT	outpatient			2374	925.36	Horizon	Medicare Blue		804.66				87.51	2255.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STEREO GUID NEEDLE LOC 1ST LESION RIGHT	19283	CPT	outpatient			2374	925.36	Horizon	NJ Health		87.51				87.51	2255.3	fee schedule	
STEREO GUID NEEDLE LOC 1ST LESION RIGHT	19283	CPT	outpatient			2374	925.36	Horizon	PPO		1497.47				87.51	2255.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STEREO GUID NEEDLE LOC 1ST LESION RIGHT	19283	CPT	outpatient			2374	925.36	Managed Care Inc	Managed Care Inc		2136.6	90			87.51	2255.3	percent of total billed charges	
STEREO GUID NEEDLE LOC 1ST LESION RIGHT	19283	CPT	outpatient			2374	925.36	Multiplan	Multiplan		1899.2	80			87.51	2255.3	percent of total billed charges	
STEREO GUID NEEDLE LOC 1ST LESION RIGHT	19283	CPT	outpatient			2374	925.36	Qualcare	Qualcare		1780.5	75			87.51	2255.3	percent of total billed charges	
STEREO GUID NEEDLE LOC 1ST LESION RIGHT	19283	CPT	outpatient			2374	925.36	Three Rivers	Three Rivers		2255.3	95			87.51	2255.3	percent of total billed charges	
STEREO GUID NEEDLE LOC 1ST LESION RIGHT	19283	CPT	outpatient			2374	925.36	UHC	Medicare		804.66				87.51	2255.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STEREO GUID NEEDLE LOC 1ST LESION RIGHT	19283	CPT	outpatient			2374	925.36	UHC	Medicaid		749	31.55			87.51	2255.3	percent of total billed charges	
STEREO GUID NEEDLE LOC 1ST LESION RIGHT	19283	CPT	outpatient			2374	925.36	United	CommercialPPO		1817				87.51	2255.3	case rate	
STEREO GUID NEEDLE LOC 1ST LESION RIGHT	19283	CPT	outpatient			2374	925.36	United	Oxford		1817				87.51	2255.3	case rate	
STEREO GUID NEEDLE LOC 1ST LESION RIGHT	19283	CPT	outpatient			2374	925.36	Wellcare	Medicare		804.66				87.51	2255.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STEREO GUID NEEDLE LOC 1ST LESION RIGHT	19283	CPT	outpatient			2374	925.36	Wellcare	Medicaid		749	31.55			87.51	2255.3	percent of total billed charges	
STEREO GUID NEEDLE LOC 1ST LESION RIGHT	19283	CPT	outpatient			2374	925.36	WellPoint	WellPoint		763.95	32.18			87.51	2255.3	percent of total billed charges	
STEREO GUID NEEDLE LOC ADD LESION RIGHT	19284	CPT	outpatient			477		Aetna	Commercial		181.26	38			41.65	1782	percent of total billed charges	
STEREO GUID NEEDLE LOC ADD LESION RIGHT	19284	CPT	outpatient			477		Aetna	Medicare		146.92	30.8			41.65	1782	percent of total billed charges	
STEREO GUID NEEDLE LOC ADD LESION RIGHT	19284	CPT	outpatient			477		Aetna	Better Health		150.49	31.55			41.65	1782	percent of total billed charges	
STEREO GUID NEEDLE LOC ADD LESION RIGHT	19284	CPT	outpatient			477		Americare	Americare		357.75	75			41.65	1782	percent of total billed charges	
STEREO GUID NEEDLE LOC ADD LESION RIGHT	19284	CPT	outpatient			477		Ameriheath	HMO/PPO		310.05	65			41.65	1782	percent of total billed charges	
STEREO GUID NEEDLE LOC ADD LESION RIGHT	19284	CPT	outpatient			477		Consumer	Consumer		453.15	95			41.65	1782	percent of total billed charges	
STEREO GUID NEEDLE LOC ADD LESION RIGHT	19284	CPT	outpatient			477		Corrections	Corrections		381.6	80			41.65	1782	percent of total billed charges	
STEREO GUID NEEDLE LOC ADD LESION RIGHT	19284	CPT	outpatient			477		First Health	First Health		333.9	70			41.65	1782	percent of total billed charges	
STEREO GUID NEEDLE LOC ADD LESION RIGHT	19284	CPT	outpatient			477		First Trenton	First Trenton		429.3	90			41.65	1782	percent of total billed charges	
STEREO GUID NEEDLE LOC ADD LESION RIGHT	19284	CPT	outpatient			477		Horizon	NJ Health		41.65				41.65	1782	fee schedule	
STEREO GUID NEEDLE LOC ADD LESION RIGHT	19284	CPT	outpatient			477		Horizon	Indemnity		182.6	38.28			41.65	1782	percent of total billed charges	
STEREO GUID NEEDLE LOC ADD LESION RIGHT	19284	CPT	outpatient			477		Horizon	Medicare Blue		143.1	30			41.65	1782	percent of total billed charges	
STEREO GUID NEEDLE LOC ADD LESION RIGHT	19284	CPT	outpatient			477		Horizon	MGD		182.6	38.28			41.65	1782	percent of total billed charges	
STEREO GUID NEEDLE LOC ADD LESION RIGHT	19284	CPT	outpatient			477		Horizon	PPO		182.6	38.28			41.65	1782	percent of total billed charges	
STEREO GUID NEEDLE LOC ADD LESION RIGHT	19284	CPT	outpatient			477		Managed Care Inc	Managed Care Inc		429.3	90			41.65	1782	percent of total billed charges	
STEREO GUID NEEDLE LOC ADD LESION RIGHT	19284	CPT	outpatient			477		Multiplan	Multiplan		381.6	80			41.65	1782	percent of total billed charges	
STEREO GUID NEEDLE LOC ADD LESION RIGHT	19284	CPT	outpatient			477		Qualcare	Qualcare		357.75	75			41.65	1782	percent of total billed charges	
STEREO GUID NEEDLE LOC ADD LESION RIGHT	19284	CPT	outpatient			477		Three Rivers	Three Rivers		453.15	95			41.65	1782	percent of total billed charges	
STEREO GUID NEEDLE LOC ADD LESION RIGHT	19284	CPT	outpatient			477		UHC	Medicaid		150.49	31.55			41.65	1782	percent of total billed charges	
STEREO GUID NEEDLE LOC ADD LESION RIGHT	19284	CPT	outpatient			477		United	CommercialPPO		1782				41.65	1782	case rate	
STEREO GUID NEEDLE LOC ADD LESION RIGHT	19284	CPT	outpatient			477		United	Oxford		1782				41.65	1782	case rate	
STEREO GUID NEEDLE LOC ADD LESION RIGHT	19284	CPT	outpatient			477		Wellcare	Medicaid		150.49	31.55			41.65	1782	percent of total billed charges	
STEREO GUID NEEDLE LOC ADD LESION RIGHT	19284	CPT	outpatient			477		WellPoint	WellPoint		153.5	32.18			41.65	1782	percent of total billed charges	
US GUID NEEDLE LOC 1ST LESION RIGHT	19285	CPT	outpatient			2374	925.36	Aetna	Commercial		1281.02				74.21	2255.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US GUID NEEDLE LOC 1ST LESION RIGHT	19285	CPT	outpatient			2374	925.36	Aetna	Better Health		749	31.55			74.21	2255.3	percent of total billed charges	
US GUID NEEDLE LOC 1ST LESION RIGHT	19285	CPT	outpatient			2374	925.36	Aetna	Medicare		804.66				74.21	2255.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US GUID NEEDLE LOC 1ST LESION RIGHT	19285	CPT	outpatient			2374	925.36	Americare	Americare		1780.5	75			74.21	2255.3	percent of total billed charges	
US GUID NEEDLE LOC 1ST LESION RIGHT	19285	CPT	outpatient			2374	925.36	Ameriheath	HMO/PPO		1543.1	65			74.21	2255.3	percent of total billed charges	
US GUID NEEDLE LOC 1ST LESION RIGHT	19285	CPT	outpatient			2374	925.36	Ameriheath	Medicare		804.66				74.21	2255.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.															
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true														
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
US GUID NEEDLE LOC 1ST LESION RIGHT	19285	CPT	outpatient			2374	925.36	Consumer	Consumer		2255.3	95			74.21	2255.3	percent of total billed charges	
US GUID NEEDLE LOC 1ST LESION RIGHT	19285	CPT	outpatient			2374	925.36	Corrections	Corrections		1899.2	80			74.21	2255.3	percent of total billed charges	
US GUID NEEDLE LOC 1ST LESION RIGHT	19285	CPT	outpatient			2374	925.36	First Health	First Health		1661.8	70			74.21	2255.3	percent of total billed charges	
US GUID NEEDLE LOC 1ST LESION RIGHT	19285	CPT	outpatient			2374	925.36	First Trenton	First Trenton		2136.6	90			74.21	2255.3	percent of total billed charges	
US GUID NEEDLE LOC 1ST LESION RIGHT	19285	CPT	outpatient			2374	925.36	Horizon	MGD		1497.47				74.21	2255.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US GUID NEEDLE LOC 1ST LESION RIGHT	19285	CPT	outpatient			2374	925.36	Horizon	Medicare Blue		804.66				74.21	2255.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US GUID NEEDLE LOC 1ST LESION RIGHT	19285	CPT	outpatient			2374	925.36	Horizon	Indemnity		1497.47				74.21	2255.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US GUID NEEDLE LOC 1ST LESION RIGHT	19285	CPT	outpatient			2374	925.36	Horizon	NJ Health		74.21				74.21	2255.3	fee schedule	
US GUID NEEDLE LOC 1ST LESION RIGHT	19285	CPT	outpatient			2374	925.36	Horizon	PPO		1497.47				74.21	2255.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US GUID NEEDLE LOC 1ST LESION RIGHT	19285	CPT	outpatient			2374	925.36	Managed Care Inc	Managed Care Inc		2136.6	90			74.21	2255.3	percent of total billed charges	
US GUID NEEDLE LOC 1ST LESION RIGHT	19285	CPT	outpatient			2374	925.36	Multiplan	Multiplan		1899.2	80			74.21	2255.3	percent of total billed charges	
US GUID NEEDLE LOC 1ST LESION RIGHT	19285	CPT	outpatient			2374	925.36	Qualcare	Qualcare		1780.5	75			74.21	2255.3	percent of total billed charges	
US GUID NEEDLE LOC 1ST LESION RIGHT	19285	CPT	outpatient			2374	925.36	Three Rivers	Three Rivers		2255.3	95			74.21	2255.3	percent of total billed charges	
US GUID NEEDLE LOC 1ST LESION RIGHT	19285	CPT	outpatient			2374	925.36	UHC	Medicaid		749	31.55			74.21	2255.3	percent of total billed charges	
US GUID NEEDLE LOC 1ST LESION RIGHT	19285	CPT	outpatient			2374	925.36	UHC	Medicare		804.66				74.21	2255.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US GUID NEEDLE LOC 1ST LESION RIGHT	19285	CPT	outpatient			2374	925.36	United	Commercial|PPO		1817				74.21	2255.3	case rate	
US GUID NEEDLE LOC 1ST LESION RIGHT	19285	CPT	outpatient			2374	925.36	United	Oxford		1817				74.21	2255.3	case rate	
US GUID NEEDLE LOC 1ST LESION RIGHT	19285	CPT	outpatient			2374	925.36	Wellcare	Medicaid		749	31.55			74.21	2255.3	percent of total billed charges	
US GUID NEEDLE LOC 1ST LESION RIGHT	19285	CPT	outpatient			2374	925.36	Wellcare	Medicare		804.66				74.21	2255.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US GUID NEEDLE LOC 1ST LESION RIGHT	19285	CPT	outpatient			2374	925.36	WellPoint	WellPoint		763.95	32.18			74.21	2255.3	percent of total billed charges	
US GUID NEEDLE LOC ADD LESION RIGHT	19286	CPT	outpatient			477		Aetna	Better Health		150.49	31.55			35.75	1782	percent of total billed charges	
US GUID NEEDLE LOC ADD LESION RIGHT	19286	CPT	outpatient			477		Aetna	Medicare		146.92	30.8			35.75	1782	percent of total billed charges	
US GUID NEEDLE LOC ADD LESION RIGHT	19286	CPT	outpatient			477		Aetna	Commercial		181.26	38			35.75	1782	percent of total billed charges	
US GUID NEEDLE LOC ADD LESION RIGHT	19286	CPT	outpatient			477		Americare	Americare		357.75	75			35.75	1782	percent of total billed charges	
US GUID NEEDLE LOC ADD LESION RIGHT	19286	CPT	outpatient			477		Amerihealth	HMO/PPO		310.05	65			35.75	1782	percent of total billed charges	
US GUID NEEDLE LOC ADD LESION RIGHT	19286	CPT	outpatient			477		Consumer	Consumer		453.15	95			35.75	1782	percent of total billed charges	
US GUID NEEDLE LOC ADD LESION RIGHT	19286	CPT	outpatient			477		Corrections	Corrections		381.6	80			35.75	1782	percent of total billed charges	
US GUID NEEDLE LOC ADD LESION RIGHT	19286	CPT	outpatient			477		First Health	First Health		333.9	70			35.75	1782	percent of total billed charges	
US GUID NEEDLE LOC ADD LESION RIGHT	19286	CPT	outpatient			477		First Trenton	First Trenton		429.3	90			35.75	1782	percent of total billed charges	
US GUID NEEDLE LOC ADD LESION RIGHT	19286	CPT	outpatient			477		Horizon	Medicare Blue		143.1	30			35.75	1782	percent of total billed charges	
US GUID NEEDLE LOC ADD LESION RIGHT	19286	CPT	outpatient			477		Horizon	Indemnity		182.6	38.28			35.75	1782	percent of total billed charges	
US GUID NEEDLE LOC ADD LESION RIGHT	19286	CPT	outpatient			477		Horizon	MGD		182.6	38.28			35.75	1782	percent of total billed charges	
US GUID NEEDLE LOC ADD LESION RIGHT	19286	CPT	outpatient			477		Horizon	PPO		182.6	38.28			35.75	1782	percent of total billed charges	
US GUID NEEDLE LOC ADD LESION RIGHT	19286	CPT	outpatient			477		Horizon	NJ Health		35.75				35.75	1782	fee schedule	
US GUID NEEDLE LOC ADD LESION RIGHT	19286	CPT	outpatient			477		Managed Care Inc	Managed Care Inc		429.3	90			35.75	1782	percent of total billed charges	
US GUID NEEDLE LOC ADD LESION RIGHT	19286	CPT	outpatient			477		Multiplan	Multiplan		381.6	80			35.75	1782	percent of total billed charges	
US GUID NEEDLE LOC ADD LESION RIGHT	19286	CPT	outpatient			477		Qualcare	Qualcare		357.75	75			35.75	1782	percent of total billed charges	
US GUID NEEDLE LOC ADD LESION RIGHT	19286	CPT	outpatient			477		Three Rivers	Three Rivers		453.15	95			35.75	1782	percent of total billed charges	
US GUID NEEDLE LOC ADD LESION RIGHT	19286	CPT	outpatient			477		UHC	Medicaid		150.49	31.55			35.75	1782	percent of total billed charges	
US GUID NEEDLE LOC ADD LESION RIGHT	19286	CPT	outpatient			477		United	Oxford		1782				35.75	1782	case rate	
US GUID NEEDLE LOC ADD LESION RIGHT	19286	CPT	outpatient			477		United	Commercial|PPO		1782				35.75	1782	case rate	
US GUID NEEDLE LOC ADD LESION RIGHT	19286	CPT	outpatient			477		Wellcare	Medicaid		150.49	31.55			35.75	1782	percent of total billed charges	
US GUID NEEDLE LOC ADD LESION RIGHT	19286	CPT	outpatient			477		WellPoint	WellPoint		153.5	32.18			35.75	1782	percent of total billed charges	
UNLISTED PROC,BREAST RT	19499	CPT	outpatient			12812	5013.29	Aetna	Commercial		6940.13				2573.22	12171.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC,BREAST RT	19499	CPT	outpatient			12812	5013.29	Aetna	Medicare		4359.38				2573.22	12171.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC,BREAST RT	19499	CPT	outpatient			12812	5013.29	Aetna	Better Health		4042.19	31.55			2573.22	12171.4	percent of total billed charges	
UNLISTED PROC,BREAST RT	19499	CPT	outpatient			12812	5013.29	Americare	Americare		9609	75			2573.22	12171.4	percent of total billed charges	
UNLISTED PROC,BREAST RT	19499	CPT	outpatient			12812	5013.29	Amerihealth	HMO/PPO		8327.8	65			2573.22	12171.4	percent of total billed charges	
UNLISTED PROC,BREAST RT	19499	CPT	outpatient			12812	5013.29	Amerihealth	Medicare		4359.38				2573.22	12171.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC,BREAST RT	19499	CPT	outpatient			12812	5013.29	Consumer	Consumer		12171.4	95			2573.22	12171.4	percent of total billed charges	
UNLISTED PROC,BREAST RT	19499	CPT	outpatient			12812	5013.29	Corrections	Corrections		10249.6	80			2573.22	12171.4	percent of total billed charges	
UNLISTED PROC,BREAST RT	19499	CPT	outpatient			12812	5013.29	First Health	First Health		8968.4	70			2573.22	12171.4	percent of total billed charges	
UNLISTED PROC,BREAST RT	19499	CPT	outpatient			12812	5013.29	First Trenton	First Trenton		11530.8	90			2573.22	12171.4	percent of total billed charges	
UNLISTED PROC,BREAST RT	19499	CPT	outpatient			12812	5013.29	Horizon	Indemnity		8112.81				2573.22	12171.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC,BREAST RT	19499	CPT	outpatient			12812	5013.29	Horizon	Medicare Blue		4359.38				2573.22	12171.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC,BREAST RT	19499	CPT	outpatient			12812	5013.29	Horizon	PPO		8112.81				2573.22	12171.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC,BREAST RT	19499	CPT	outpatient			12812	5013.29	Horizon	MGD		8112.81				2573.22	12171.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC,BREAST RT	19499	CPT	outpatient			12812	5013.29	Managed Care Inc	Managed Care Inc		11530.8	90			2573.22	12171.4	percent of total billed charges	
UNLISTED PROC,BREAST RT	19499	CPT	outpatient			12812	5013.29	Multiplan	Multiplan		10249.6	80			2573.22	12171.4	percent of total billed charges	
UNLISTED PROC,BREAST RT	19499	CPT	outpatient			12812	5013.29	Qualcare	Qualcare		9609	75			2573.22	12171.4	percent of total billed charges	
UNLISTED PROC,BREAST RT	19499	CPT	outpatient			12812	5013.29	Three Rivers	Three Rivers		12171.4	95			2573.22	12171.4	percent of total billed charges	
UNLISTED PROC,BREAST RT	19499	CPT	outpatient			12812	5013.29	UHC	Medicare		4359.38				2573.22	12171.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC,BREAST RT	19499	CPT	outpatient			12812	5013.29	UHC	Medicaid		4042.19	31.55			2573.22	12171.4	percent of total billed charges	
UNLISTED PROC,BREAST RT	19499	CPT	outpatient			12812	5013.29	United	Commercial|PPO		2776				2573.22	12171.4	case rate	
UNLISTED PROC,BREAST RT	19499	CPT	outpatient			12812	5013.29	United	Oxford		2776				2573.22	12171.4	case rate	
UNLISTED PROC,BREAST RT	19499	CPT	outpatient			12812	5013.29	Wellcare	Medicare		4359.38				2573.22	12171.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC,BREAST RT	19499	CPT	outpatient			12812	5013.29	Wellcare	Medicaid		4042.19	31.55			2573.22	12171.4	percent of total billed charges	
UNLISTED PROC,BREAST RT	19499	CPT	outpatient			12812	5013.29	WellPoint	WellPoint		4122.9	32.18			2573.22	12171.4	percent of total billed charges	
EXPLORE WOUND, NECK	20100	CPT	outpatient			1913	723.64	Aetna	Commercial		1021.77				603.55	1817.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXPLORE WOUND, NECK	20100	CPT	outpatient			1913	723.64	Aetna	Better Health		603.55	31.55			603.55	1817.35	percent of total billed charges	
EXPLORE WOUND, NECK	20100	CPT	outpatient			1913	723.64	Aetna	Medicare		629.25				603.55	1817.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXPLORE WOUND, NECK	20100	CPT	outpatient			1913	723.64	Americare	Americare		1434.75	75			603.55	1817.35	percent of total billed charges	
EXPLORE WOUND, NECK	20100	CPT	outpatient			1913	723.64	Amerihealth	HMO/PPO		1243.45	65			603.55	1817.35	percent of total billed charges	
EXPLORE WOUND, NECK	20100	CPT	outpatient			1913	723.64	Amerihealth	Medicare		629.25				603.55	1817.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXPLORE WOUND, NECK	20100	CPT	outpatient			1913	723.64	Consumer	Consumer		1817.35	95			603.55	1817.35	percent of total billed charges	
EXPLORE WOUND, NECK	20100	CPT	outpatient			1913	723.64	Corrections	Corrections		1530.4	80			603.55	1817.35	percent of total billed charges	
EXPLORE WOUND, NECK	20100	CPT	outpatient			1913	723.64	First Health	First Health		1339.1	70			603.55	1817.35	percent of total billed charges	
EXPLORE WOUND, NECK	20100	CPT	outpatient			1913	723.64	First Trenton	First Trenton		1721.7	90			603.55	1817.35	percent of total billed charges	
EXPLORE WOUND, NECK	20100	CPT	outpatient			1913	723.64	Horizon	Medicare Blue		629.25				603.55	1817.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXPLORE WOUND, NECK	20100	CPT	outpatient			1913	723.64	Horizon	MGD		1171.03				603.55	1817.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXPLORE WOUND, NECK	20100	CPT	outpatient			1913	723.64	Horizon	Indemnity		1171.03				603.55	1817.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXPLORE WOUND, NECK	20100	CPT	outpatient			1913	723.64	Horizon	NJ Health		671.53				603.55	1817.35	fee schedule	
EXPLORE WOUND, NECK	20100	CPT	outpatient			1913	723.64	Horizon	PPO		1171.03				603.55	1817.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXPLORE WOUND, NECK	20100	CPT	outpatient			1913	723.64	Managed Care Inc	Managed Care Inc		1721.7	90			603.55	1817.35	percent of total billed charges	
EXPLORE WOUND, NECK	20100	CPT	outpatient			1913	723.64	Multiplan	Multiplan		1530.4	80			603.55	1817.35	percent of total billed charges	
EXPLORE WOUND, NECK	20100	CPT	outpatient			1913	723.64	Qualcare	Qualcare		1434.75	75			603.55	1817.35	percent of total billed charges	
EXPLORE WOUND, NECK	20100	CPT	outpatient			1913	723.64	Three Rivers	Three Rivers		1817.35	95			603.55	1817.35	percent of total billed charges	
EXPLORE WOUND, NECK	20100	CPT	outpatient			1913	723.64	UHC	Medicaid		603.55	31.55			603.55	1817.35	percent of total billed charges	
EXPLORE WOUND, NECK	20100	CPT	outpatient			1913	723.64	UHC	Medicare		629.25				603.55	1817.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXPLORE WOUND, NECK	20100	CPT	outpatient			1913	723.64	United	Commercial|PPO		1782				603.55	1817.35	case rate	
EXPLORE WOUND, NECK	20100	CPT	outpatient			1913	723.64	United	Oxford		1782				603.55	1817.35	case rate	
EXPLORE WOUND, NECK	20100	CPT	outpatient			1913	723.64	Wellcare	Medicare		629.25				603.55	1817.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXPLORE WOUND, NECK	20100	CPT	outpatient			1913	723.64	Wellcare	Medicaid		603.55	31.55			603.55	1817.35	percent of total billed charges	
EXPLORE WOUND, NECK	20100	CPT	outpatient			1913	723.64	WellPoint	WellPoint		615.6	32.18			603.55	1817.35	percent of total billed charges	
EXPLORE WOUND, CHEST	20101	CPT	outpatient			4750	2398.47	Aetna	Commercial		3320.32				1498.63	4512.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXPLORE WOUND, CHEST	20101	CPT	outpatient			4750	2398.47	Aetna	Better Health		1498.63	31.55			1498.63	4512.5	percent of total billed charges	
EXPLORE WOUND, CHEST	20101	CPT	outpatient			4750	2398.47	Aetna	Medicare		2085.63				1498.63	4512.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXPLORE WOUND, CHEST	20101	CPT	outpatient			4750	2398.47	Americare	Americare		3562.5	75			1498.63	4512.5	percent of total billed charges	
EXPLORE WOUND, CHEST	20101	CPT	outpatient			4750	2398.47	Amerihealth	HMO/PPO		3087.5	65			1498.63	4512.5	percent of total billed charges	
EXPLORE WOUND, CHEST	20101	CPT	outpatient			4750	2398.47	Amerihealth	Medicare		2085.63				1498.63	4512.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXPLORE WOUND, CHEST	20101	CPT	outpatient			4750	2398.47	Consumer	Consumer		4512.5	95			1498.63	4512.5	percent of total billed charges	
EXPLORE WOUND, CHEST	20101	CPT	outpatient			4750	2398.47	Corrections	Corrections		3800	80			1498.63	4512.5	percent of total billed charges	
EXPLORE WOUND, CHEST	20101	CPT	outpatient			4750	2398.47	First Health	First Health		3325	70			1498.63	4512.5	percent of total billed charges	
EXPLORE WOUND, CHEST	20101	CPT	outpatient			4750	2398.47	First Trenton	First Trenton		4275	90			1498.63	4512.5	percent of total billed charges	
EXPLORE WOUND, CHEST	20101	CPT	outpatient			4750	2398.47	Horizon	Indemnity		3881.36				1498.63	4512.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXPLORE WOUND, CHEST	20101	CPT	outpatient			4750	2398.47	Horizon	Medicare Blue		2085.63				1498.63	4512.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXPLORE WOUND, CHEST	20101	CPT	outpatient			4750	2398.47	Horizon	MGD		3881.36				1498.63	4512.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXPLORE WOUND, CHEST	20101	CPT	outpatient			4750	2398.47	Horizon	PPO		3881.36				1498.63	4512.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXPLORE WOUND, CHEST	20101	CPT	outpatient			4750	2398.47	Managed Care Inc	Managed Care Inc		4275	90			1498.63	4512.5	percent of total billed charges	
EXPLORE WOUND, CHEST	20101	CPT	outpatient			4750	2398.47	Multiplan	Multiplan		3800	80			1498.63	4512.5	percent of total billed charges	
EXPLORE WOUND, CHEST	20101	CPT	outpatient			4750	2398.47	Qualcare	Qualcare		3562.5	75			1498.63	4512.5	percent of total billed charges	
EXPLORE WOUND, CHEST	20101	CPT	outpatient			4750	2398.47	Three Rivers	Three Rivers		4512.5	95			1498.63	4512.5	percent of total billed charges	
EXPLORE WOUND, CHEST	20101	CPT	outpatient			4750	2398.47	UHC	Medicaid		1498.63	31.55			1498.63	4512.5	percent of total billed charges	
EXPLORE WOUND, CHEST	20101	CPT	outpatient			4750	2398.47	UHC	Medicare		2085.63				1498.63	4512.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXPLORE WOUND, CHEST	20101	CPT	outpatient			4750	2398.47	United	Oxford		2493				1498.63	4512.5	case rate	
EXPLORE WOUND, CHEST	20101	CPT	outpatient			4750	2398.47	United	Commercial|PPO		2493				1498.63	4512.5	case rate	
EXPLORE WOUND, CHEST	20101	CPT	outpatient			4750	2398.47	Wellcare	Medicare		2085.63				1498.63	4512.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXPLORE WOUND, CHEST	20101	CPT	outpatient			4750	2398.47	Wellcare	Medicaid		1498.63	31.55			1498.63	4512.5	percent of total billed charges	
EXPLORE WOUND, CHEST	20101	CPT	outpatient			4750	2398.47	WellPoint	WellPoint		1528.55	32.18			1498.63	4512.5	percent of total billed charges	
EXPLORE WOUND, ABDOMEN	20102	CPT	outpatient			6120	2398.47	Aetna	Medicare		2085.63				285.59	5814	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXPLORE WOUND, ABDOMEN	20102	CPT	outpatient			6120	2398.47	Aetna	Better Health		1930.86	31.55			285.59	5814	percent of total billed charges	
EXPLORE WOUND, ABDOMEN	20102	CPT	outpatient			6120	2398.47	Aetna	Commercial		3320.32				285.59	5814	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXPLORE WOUND, ABDOMEN	20102	CPT	outpatient			6120	2398.47	Americare	Americare		4590	75			285.59	5814	percent of total billed charges	
EXPLORE WOUND, ABDOMEN	20102	CPT	outpatient			6120	2398.47	Amerihealth	HMO/PPO		3978	65			285.59	5814	percent of total billed charges	
EXPLORE WOUND, ABDOMEN	20102	CPT	outpatient			6120	2398.47	Amerihealth	Medicare		2085.63				285.59	5814	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXPLORE WOUND, ABDOMEN	20102	CPT	outpatient			6120	2398.47	Consumer	Consumer		5814	95			285.59	5814	percent of total billed charges	
EXPLORE WOUND, ABDOMEN	20102	CPT	outpatient			6120	2398.47	Corrections	Corrections		4896	80			285.59	5814	percent of total billed charges	
EXPLORE WOUND, ABDOMEN	20102	CPT	outpatient			6120	2398.47	First Health	First Health		4284	70			285.59	5814	percent of total billed charges	
EXPLORE WOUND, ABDOMEN	20102	CPT	outpatient			6120	2398.47	First Trenton	First Trenton		5508	90			285.59	5814	percent of total billed charges	
EXPLORE WOUND, ABDOMEN	20102	CPT	outpatient			6120	2398.47	Horizon	MGD		3881.36				285.59	5814	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXPLORE WOUND, ABDOMEN	20102	CPT	outpatient			6120	2398.47	Horizon	Medicare Blue		2085.63				285.59	5814	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXPLORE WOUND, ABDOMEN	20102	CPT	outpatient			6120	2398.47	Horizon	Indemnity		3881.36				285.59	5814	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXPLORE WOUND, ABDOMEN	20102	CPT	outpatient			6120	2398.47	Horizon	NJ Health		285.59				285.59	5814	fee schedule	
EXPLORE WOUND, ABDOMEN	20102	CPT	outpatient			6120	2398.47	Horizon	PPO		3881.36				285.59	5814	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXPLORE WOUND, ABDOMEN	20102	CPT	outpatient			6120	2398.47	Managed Care Inc	Managed Care Inc		5508	90			285.59	5814	percent of total billed charges	
EXPLORE WOUND, ABDOMEN	20102	CPT	outpatient			6120	2398.47	Multiplan	Multiplan		4896	80			285.59	5814	percent of total billed charges	
EXPLORE WOUND, ABDOMEN	20102	CPT	outpatient			6120	2398.47	Qualcare	Qualcare		4590	75			285.59	5814	percent of total billed charges	
EXPLORE WOUND, ABDOMEN	20102	CPT	outpatient			6120	2398.47	Three Rivers	Three Rivers		5814	95			285.59	5814	percent of total billed charges	
EXPLORE WOUND, ABDOMEN	20102	CPT	outpatient			6120	2398.47	UHC	Medicaid		1930.86	31.55			285.59	5814	percent of total billed charges	
EXPLORE WOUND, ABDOMEN	20102	CPT	outpatient			6120	2398.47	UHC	Medicare		2085.63				285.59	5814	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXPLORE WOUND, ABDOMEN	20102	CPT	outpatient			6120	2398.47	United	Oxford		2493				285.59	5814	case rate	
EXPLORE WOUND, ABDOMEN	20102	CPT	outpatient			6120	2398.47	United	Commercial|PPO		2493				285.59	5814	case rate	
EXPLORE WOUND, ABDOMEN	20102	CPT	outpatient			6120	2398.47	Wellcare	Medicaid		1930.86	31.55			285.59	5814	percent of total billed charges	
EXPLORE WOUND, ABDOMEN	20102	CPT	outpatient			6120	2398.47	Wellcare	Medicare		2085.63				285.59	5814	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXPLORE WOUND, ABDOMEN	20102	CPT	outpatient			6120	2398.47	WellPoint	WellPoint		1969.42	32.18			285.59	5814	percent of total billed charges	
EXPLORE WOUND, EXTREMITY	20103	CPT	outpatient			5464	2132.36	Aetna	Commercial		2951.93				317.45	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXPLORE WOUND, EXTREMITY	20103	CPT	outpatient			5464	2132.36	Aetna	Better Health		1723.89	31.55			317.45	5190.8	percent of total billed charges	
EXPLORE WOUND, EXTREMITY	20103	CPT	outpatient			5464	2132.36	Aetna	Medicare		1854.23				317.45	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101191	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
EXPLORE WOUND, EXTREMITY	20103	CPT	outpatient			5464		2132.36 Americare	Americare		4098	75			317.45		5190.8 percent of total billed charges	
EXPLORE WOUND, EXTREMITY	20103	CPT	outpatient			5464		2132.36 Amerihealth	HMO/PPO		3551.6	65			317.45		5190.8 other	
EXPLORE WOUND, EXTREMITY	20103	CPT	outpatient			5464		2132.36 Amerihealth	Medicare		1854.23				317.45		5190.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXPLORE WOUND, EXTREMITY	20103	CPT	outpatient			5464		2132.36 Consumer	Consumer		5190.8	95			317.45		5190.8 percent of total billed charges	
EXPLORE WOUND, EXTREMITY	20103	CPT	outpatient			5464		2132.36 Corrections	Corrections		4371.2	80			317.45		5190.8 percent of total billed charges	
EXPLORE WOUND, EXTREMITY	20103	CPT	outpatient			5464		2132.36 First Health	First Health		3824.8	70			317.45		5190.8 percent of total billed charges	
EXPLORE WOUND, EXTREMITY	20103	CPT	outpatient			5464		2132.36 First Trenton	First Trenton		4917.6	90			317.45		5190.8 percent of total billed charges	
EXPLORE WOUND, EXTREMITY	20103	CPT	outpatient			5464		2132.36 Horizon	Medicare Blue		1854.23				317.45		5190.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXPLORE WOUND, EXTREMITY	20103	CPT	outpatient			5464		2132.36 Horizon	MGD		3450.72				317.45		5190.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXPLORE WOUND, EXTREMITY	20103	CPT	outpatient			5464		2132.36 Horizon	Indemnity		3450.72				317.45		5190.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXPLORE WOUND, EXTREMITY	20103	CPT	outpatient			5464		2132.36 Horizon	PPO		3450.72				317.45		5190.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXPLORE WOUND, EXTREMITY	20103	CPT	outpatient			5464		2132.36 Horizon	NJ Health		317.45				317.45		5190.8 fee schedule	
EXPLORE WOUND, EXTREMITY	20103	CPT	outpatient			5464		2132.36 Managed Care Inc	Managed Care Inc		4917.6	90			317.45		5190.8 percent of total billed charges	
EXPLORE WOUND, EXTREMITY	20103	CPT	outpatient			5464		2132.36 Multiplan	Multiplan		4371.2	80			317.45		5190.8 percent of total billed charges	
EXPLORE WOUND, EXTREMITY	20103	CPT	outpatient			5464		2132.36 Qualcare	Qualcare		4098	75			317.45		5190.8 percent of total billed charges	
EXPLORE WOUND, EXTREMITY	20103	CPT	outpatient			5464		2132.36 Three Rivers	Three Rivers		5190.8	95			317.45		5190.8 percent of total billed charges	
EXPLORE WOUND, EXTREMITY	20103	CPT	outpatient			5464		2132.36 UHC	Medicare		1854.23				317.45		5190.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXPLORE WOUND, EXTREMITY	20103	CPT	outpatient			5464		2132.36 UHC	Medicaid		1723.89	31.55			317.45		5190.8 percent of total billed charges	
EXPLORE WOUND, EXTREMITY	20103	CPT	outpatient			5464		2132.36 United	Commercial|PPO		1817				317.45		5190.8 case rate	
EXPLORE WOUND, EXTREMITY	20103	CPT	outpatient			5464		2132.36 United	Oxford		1817				317.45		5190.8 case rate	
EXPLORE WOUND, EXTREMITY	20103	CPT	outpatient			5464		2132.36 Wellcare	Medicare		1854.23				317.45		5190.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXPLORE WOUND, EXTREMITY	20103	CPT	outpatient			5464		2132.36 Wellcare	Medicaid		1723.89	31.55			317.45		5190.8 percent of total billed charges	
EXPLORE WOUND, EXTREMITY	20103	CPT	outpatient			5464		2132.36 WellPoint	WellPoint		1758.32	32.18			317.45		5190.8 percent of total billed charges	
MUSCLE BIOPSY	20200	CPT	outpatient			5464		2132.36 Aetna	Medicare		1854.23				307.46		5190.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MUSCLE BIOPSY	20200	CPT	outpatient			5464		2132.36 Aetna	Better Health		1723.89	31.55			307.46		5190.8 percent of total billed charges	
MUSCLE BIOPSY	20200	CPT	outpatient			5464		2132.36 Aetna	Commercial		2951.93				307.46		5190.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MUSCLE BIOPSY	20200	CPT	outpatient			5464		2132.36 Americare	Americare		4098	75			307.46		5190.8 percent of total billed charges	
MUSCLE BIOPSY	20200	CPT	outpatient			5464		2132.36 Amerihealth	HMO/PPO		3551.6	65			307.46		5190.8 percent of total billed charges	
MUSCLE BIOPSY	20200	CPT	outpatient			5464		2132.36 Amerihealth	Medicare		1854.23				307.46		5190.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MUSCLE BIOPSY	20200	CPT	outpatient			5464		2132.36 Consumer	Consumer		5190.8	95			307.46		5190.8 percent of total billed charges	
MUSCLE BIOPSY	20200	CPT	outpatient			5464		2132.36 Corrections	Corrections		4371.2	80			307.46		5190.8 percent of total billed charges	
MUSCLE BIOPSY	20200	CPT	outpatient			5464		2132.36 First Health	First Health		3824.8	70			307.46		5190.8 percent of total billed charges	
MUSCLE BIOPSY	20200	CPT	outpatient			5464		2132.36 First Trenton	First Trenton		4917.6	90			307.46		5190.8 percent of total billed charges	
MUSCLE BIOPSY	20200	CPT	outpatient			5464		2132.36 Horizon	MGD		3450.72				307.46		5190.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MUSCLE BIOPSY	20200	CPT	outpatient			5464		2132.36 Horizon	Medicare Blue		1854.23				307.46		5190.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MUSCLE BIOPSY	20200	CPT	outpatient			5464		2132.36 Horizon	Indemnity		3450.72				307.46		5190.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MUSCLE BIOPSY	20200	CPT	outpatient			5464		2132.36 Horizon	NJ Health		307.46				307.46		5190.8 fee schedule	
MUSCLE BIOPSY	20200	CPT	outpatient			5464		2132.36 Horizon	PPO		3450.72				307.46		5190.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MUSCLE BIOPSY	20200	CPT	outpatient			5464		2132.36 Managed Care Inc	Managed Care Inc		4917.6	90			307.46		5190.8 percent of total billed charges	
MUSCLE BIOPSY	20200	CPT	outpatient			5464		2132.36 Multiplan	Multiplan		4371.2	80			307.46		5190.8 percent of total billed charges	
MUSCLE BIOPSY	20200	CPT	outpatient			5464		2132.36 Qualcare	Qualcare		4098	75			307.46		5190.8 percent of total billed charges	
MUSCLE BIOPSY	20200	CPT	outpatient			5464		2132.36 Three Rivers	Three Rivers		5190.8	95			307.46		5190.8 percent of total billed charges	
MUSCLE BIOPSY	20200	CPT	outpatient			5464		2132.36 UHC	Medicaid		1723.89	31.55			307.46		5190.8 percent of total billed charges	
MUSCLE BIOPSY	20200	CPT	outpatient			5464		2132.36 UHC	Medicare		1854.23				307.46		5190.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MUSCLE BIOPSY	20200	CPT	outpatient			5464		2132.36 United	Oxford		2493				307.46		5190.8 case rate	
MUSCLE BIOPSY	20200	CPT	outpatient			5464		2132.36 United	Commercial|PPO		2493				307.46		5190.8 case rate	
MUSCLE BIOPSY	20200	CPT	outpatient			5464		2132.36 Wellcare	Medicaid		1723.89	31.55			307.46		5190.8 percent of total billed charges	
MUSCLE BIOPSY	20200	CPT	outpatient			5464		2132.36 Wellcare	Medicare		1854.23				307.46		5190.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MUSCLE BIOPSY	20200	CPT	outpatient			5464		2132.36 WellPoint	WellPoint		1758.32	32.18			307.46		5190.8 percent of total billed charges	
MUSCLE BIOPSY; DEEP	20205	CPT	outpatient			9413		3737.2 Aetna	Commercial		5173.58				414.7		8942.35 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MUSCLE BIOPSY; DEEP	20205	CPT	outpatient			9413		3737.2 Aetna	Better Health		2969.8	31.55			414.7		8942.35 percent of total billed charges	
MUSCLE BIOPSY; DEEP	20205	CPT	outpatient			9413		3737.2 Aetna	Medicare		3249.74				414.7		8942.35 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MUSCLE BIOPSY; DEEP	20205	CPT	outpatient			9413		3737.2 Americare	Americare		7059.75	75			414.7		8942.35 percent of total billed charges	
MUSCLE BIOPSY; DEEP	20205	CPT	outpatient			9413		3737.2 Amerihealth	HMO/PPO		6118.45	65			414.7		8942.35 percent of total billed charges	
MUSCLE BIOPSY; DEEP	20205	CPT	outpatient			9413		3737.2 Amerihealth	Medicare		3249.74				414.7		8942.35 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MUSCLE BIOPSY; DEEP	20205	CPT	outpatient			9413		3737.2 Consumer	Consumer		8942.35	95			414.7		8942.35 percent of total billed charges	
MUSCLE BIOPSY; DEEP	20205	CPT	outpatient			9413		3737.2 Corrections	Corrections		7530.4	80			414.7		8942.35 percent of total billed charges	
MUSCLE BIOPSY; DEEP	20205	CPT	outpatient			9413		3737.2 First Health	First Health		6588.1	70			414.7		8942.35 percent of total billed charges	
MUSCLE BIOPSY; DEEP	20205	CPT	outpatient			9413		3737.2 First Trenton	First Trenton		8471.7	90			414.7		8942.35 percent of total billed charges	
MUSCLE BIOPSY; DEEP	20205	CPT	outpatient			9413		3737.2 Horizon	Indemnity		6047.77				414.7		8942.35 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MUSCLE BIOPSY; DEEP	20205	CPT	outpatient			9413		3737.2 Horizon	Medicare Blue		3249.74				414.7		8942.35 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MUSCLE BIOPSY; DEEP	20205	CPT	outpatient			9413		3737.2 Horizon	MGD		6047.77				414.7		8942.35 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MUSCLE BIOPSY; DEEP	20205	CPT	outpatient			9413		3737.2 Horizon	NJ Health		414.7				414.7		8942.35 fee schedule	
MUSCLE BIOPSY; DEEP	20205	CPT	outpatient			9413		3737.2 Horizon	PPO		6047.77				414.7		8942.35 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MUSCLE BIOPSY; DEEP	20205	CPT	outpatient			9413		3737.2 Managed Care Inc	Managed Care Inc		8471.7	90			414.7		8942.35 percent of total billed charges	
MUSCLE BIOPSY; DEEP	20205	CPT	outpatient			9413		3737.2 Multiplan	Multiplan		7530.4	80			414.7		8942.35 percent of total billed charges	
MUSCLE BIOPSY; DEEP	20205	CPT	outpatient			9413		3737.2 Qualcare	Qualcare		7059.75	75			414.7		8942.35 percent of total billed charges	
MUSCLE BIOPSY; DEEP	20205	CPT	outpatient			9413		3737.2 Three Rivers	Three Rivers		8942.35	95			414.7		8942.35 percent of total billed charges	
MUSCLE BIOPSY; DEEP	20205	CPT	outpatient			9413		3737.2 UHC	Medicaid		2969.8	31.55			414.7		8942.35 percent of total billed charges	
MUSCLE BIOPSY; DEEP	20205	CPT	outpatient			9413		3737.2 UHC	Medicare		3249.74				414.7		8942.35 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MUSCLE BIOPSY; DEEP	20205	CPT	outpatient			9413		3737.2 United	Oxford		2493				414.7		8942.35 case rate	
MUSCLE BIOPSY; DEEP	20205	CPT	outpatient			9413		3737.2 United	Commercial|PPO		2493				414.7		8942.35 case rate	
MUSCLE BIOPSY; DEEP	20205	CPT	outpatient			9413		3737.2 Wellcare	Medicare		3249.74				414.7		8942.35 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MUSCLE BIOPSY; DEEP	20205	CPT	outpatient			9413		3737.2 Wellcare	Medicaid		2969.8	31.55			414.7		8942.35 percent of total billed charges	
MUSCLE BIOPSY; DEEP	20205	CPT	outpatient			9413		3737.2 WellPoint	WellPoint		3029.1	32.18			414.7		8942.35 percent of total billed charges	
NEEDLE PERC MUSCLE BX	20206	CPT	both			5633		2132.36 Aetna	Medicare		1854.23				375.08		5351.35 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEEDLE PERC MUSCLE BX	20206	CPT	both			5633		2132.36 Aetna	Commercial		2951.93				375.08		5351.35 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEEDLE PERC MUSCLE BX	20206	CPT	both			5633		2132.36 Aetna	Better Health		1777.21	31.55			375.08		5351.35 percent of total billed charges	
NEEDLE PERC MUSCLE BX	20206	CPT	both			5633		2132.36 Americare	Americare		4224.75	75			375.08		5351.35 percent of total billed charges	
NEEDLE PERC MUSCLE BX	20206	CPT	both			5633		2132.36 Amerihealth	HMO/PPO		3661.45	65			375.08		5351.35 percent of total billed charges	
NEEDLE PERC MUSCLE BX	20206	CPT	both			5633		2132.36 Amerihealth	Medicare		1854.23				375.08		5351.35 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEEDLE PERC MUSCLE BX	20206	CPT	both			5633		2132.36 Consumer	Consumer		5351.35	95			375.08		5351.35 percent of total billed charges	
NEEDLE PERC MUSCLE BX	20206	CPT	both			5633		2132.36 Corrections	Corrections		4506.4	80			375.08		5351.35 percent of total billed charges	
NEEDLE PERC MUSCLE BX	20206	CPT	both			5633		2132.36 First Health	First Health		3943.1	70			375.08		5351.35 percent of total billed charges	
NEEDLE PERC MUSCLE BX	20206	CPT	both			5633		2132.36 First Trenton	First Trenton		5069.7	90			375.08		5351.35 percent of total billed charges	
NEEDLE PERC MUSCLE BX	20206	CPT	both			5633		2132.36 Horizon	Indemnity		3450.72				375.08		5351.35 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEEDLE PERC MUSCLE BX	20206	CPT	both			5633		2132.36 Horizon	PPO		3450.72				375.08		5351.35 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEEDLE PERC MUSCLE BX	20206	CPT	both			5633		2132.36 Horizon	NJ Health		375.08				375.08		5351.35 fee schedule	
NEEDLE PERC MUSCLE BX	20206	CPT	both			5633		2132.36 Horizon	Medicare Blue		1854.23				375.08		5351.35 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEEDLE PERC MUSCLE BX	20206	CPT	both			5633		2132.36 Horizon	MGD		3450.72				375.08		5351.35 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEEDLE PERC MUSCLE BX	20206	CPT	both			5633		2132.36 Managed Care Inc	Managed Care Inc		5069.7	90			375.08		5351.35 percent of total billed charges	
NEEDLE PERC MUSCLE BX	20206	CPT	both			5633		2132.36 Multiplan	Multiplan		4506.4	80			375.08		5351.35 percent of total billed charges	
NEEDLE PERC MUSCLE BX	20206	CPT	both			5633		2132.36 Qualcare	Qualcare		4224.75	75			375.08		5351.35 percent of total billed charges	
NEEDLE PERC MUSCLE BX	20206	CPT	both			5633		2132.36 Three Rivers	Three Rivers		5351.35	95			375.08		5351.35 percent of total billed charges	
NEEDLE PERC MUSCLE BX	20206	CPT	both			5633		2132.36 UHC	Medicaid		1777.21	31.55			375.08		5351.35 percent of total billed charges	
NEEDLE PERC MUSCLE BX	20206	CPT	both			5633		2132.36 UHC	Medicare		1854.23				375.08		5351.35 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEEDLE PERC MUSCLE BX	20206	CPT	both			5633		2132.36 United	Commercial|PPO		2493				375.08		5351.35 case rate	
NEEDLE PERC MUSCLE BX	20206	CPT	both			5633		2132.36 United	Oxford		2493				375.08		5351.35 case rate	
NEEDLE PERC MUSCLE BX	20206	CPT	both			5633		2132.36 Wellcare	Medicare		1854.23				375.08		5351.35 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEEDLE PERC MUSCLE BX	20206	CPT	both			5633		2132.36 Wellcare	Medicaid		1777.21	31.55			375.08		5351.35 percent of total billed charges	
NEEDLE PERC MUSCLE BX	20206	CPT	both			5633		2132.36 WellPoint	WellPoint		1812.7	32.18			375.08		5351.35 percent of total billed charges	
CT/BONE BIOPSY-VERTEBRAL/FEM	20220	CPT	both			5653		2132.36 Aetna	Commercial		2951.93				248.92		5370.35 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT/BONE BIOPSY-VERTEBRAL/FEM	20220	CPT	both			5653		2132.36 Aetna	Medicare		1741.12	30.8			248.92		5370.35 percent of total billed charges	
CT/BONE BIOPSY-VERTEBRAL/FEM	20220	CPT	both			5653		2132.36 Aetna	Better Health		1783.52	31.55			248.92		5370.35 percent of total billed charges	
CT/BONE BIOPSY-VERTEBRAL/FEM	20220	CPT	both			5653		2132.36 Americare	Americare		4239.75	75			248.92		5370.35 percent of total billed charges	
CT/BONE BIOPSY-VERTEBRAL/FEM	20220	CPT	both			5653		2132.36 Amerihealth	HMO/PPO		3674.45	65			248.92		5370.35 percent of total billed charges	
CT/BONE BIOPSY-VERTEBRAL/FEM	20220	CPT	both			5653		2132.36 Amerihealth	Medicare		1854.23				248.92		5370.35 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT/BONE BIOPSY-VERTEBRAL/FEM	20220	CPT	both			5653		2132.36 Consumer	Consumer		5370.35	95			248.92		5370.35 percent of total billed charges	
CT/BONE BIOPSY-VERTEBRAL/FEM	20220	CPT	both			5653		2132.36 Corrections	Corrections		4522.4	80			248.92		5370.35 percent of total billed charges	
CT/BONE BIOPSY-VERTEBRAL/FEM	20220	CPT	both			5653		2132.36 First Health	First Health		3957.1	70			248.92		5370.35 percent of total billed charges	
CT/BONE BIOPSY-VERTEBRAL/FEM	20220	CPT	both			5653		2132.36 First Trenton	First Trenton		5087.7	90			248.92		5370.35 percent of total billed charges	
CT/BONE BIOPSY-VERTEBRAL/FEM	20220	CPT	both			5653		2132.36 Horizon	Indemnity		3450.72				248.92		5370.35 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT/BONE BIOPSY-VERTEBRAL/FEM	20220	CPT	both			5653		2132.36 Horizon	Medicare Blue		1854.23				248.92		5370.35 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT/BONE BIOPSY-VERTEBRAL/FEM	20220	CPT	both			5653		2132.36 Horizon	NJ Health		248.92				248.92		5370.35 fee schedule	
CT/BONE BIOPSY-VERTEBRAL/FEM	20220	CPT	both			5653		2132.36 Horizon	MGD		3450.72				248.92		5370.35 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT/BONE BIOPSY-VERTEBRAL/FEM	20220	CPT	both			5653		2132.36 Horizon	PPO		3450.72				248.92		5370.35 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT/BONE BIOPSY-VERTEBRAL/FEM	20220	CPT	both			5653		2132.36 Managed Care Inc	Managed Care Inc		5087.7	90			248.92		5370.35 percent of total billed charges	
CT/BONE BIOPSY-VERTEBRAL/FEM	20220	CPT	both			5653		2132.36 Multiplan	Multiplan		4522.4	80			248.92		5370.35 percent of total billed charges	
CT/BONE BIOPSY-VERTEBRAL/FEM	20220	CPT	both			5653		2132.36 Qualcare	Qualcare		4239.75	75			248.92		5370.35 percent of total billed charges	
CT/BONE BIOPSY-VERTEBRAL/FEM	20220	CPT	both			5653		2132.36 Three Rivers	Three Rivers		5370.35	95			248.92		5370.35 percent of total billed charges	
CT/BONE BIOPSY-VERTEBRAL/FEM	20220	CPT	both			5653		2132.36 UHC	Medicare		1854.23				248.92		5370.35 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT/BONE BIOPSY-VERTEBRAL/FEM	20220	CPT	both			5653		2132.36 UHC	Medicaid		1783.52	31.55			248.92		5370.35 percent of total billed charges	
CT/BONE BIOPSY-VERTEBRAL/FEM	20220	CPT	both			5653		2132.36 United	Oxford		1817				248.92		5370.35 case rate	
CT/BONE BIOPSY-VERTEBRAL/FEM	20220	CPT	both			5653		2132.36 United	Commercial|PPO		1817				248.92		5370.35 case rate	
CT/BONE BIOPSY-VERTEBRAL/FEM	20220	CPT	both			5653		2132.36 Wellcare	Medicare		1854.23				248.92		5370.35 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT/BONE BIOPSY-VERTEBRAL/FEM	20220	CPT	both			5653		2132.36 Wellcare	Medicaid		1783.52	31.55			248.92		5370.35 percent of total billed charges	
CT/BONE BIOPSY-VERTEBRAL/FEM	20220	CPT	both			5653		2132.36 WellPoint	WellPoint		1819.14	32.18			248.92		5370.35 percent of total billed charges	
CT/BONE BIOPSY - VERTEBRAL/FEM	20225	CPT	both			6103		2132.36 Aetna	Better Health		1925.5	31.55			894.47		5797.85 percent of total billed charges	
CT/BONE BIOPSY - VERTEBRAL/FEM	20225	CPT	both			6103		2132.36 Aetna	Medicare		1854.23				894.47		5797.85 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT/BONE BIOPSY - VERTEBRAL/FEM	20225	CPT	both			6103		2132.36 Aetna	Commercial		2951.93				894.47		5797.85 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT/BONE BIOPSY - VERTEBRAL/FEM	20225	CPT	both			6103		2132.36 Americare	Americare		4577.25	75			894.47		5797.85 percent of total billed charges	
CT/BONE BIOPSY - VERTEBRAL/FEM	20225	CPT	both			6103		2132.36 Amerihealth	Medicare		1854.23				894.47		5797.85 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT/BONE BIOPSY - VERTEBRAL/FEM	20225	CPT	both			6103		2132.36 Amerihealth	HMO/PPO		3966.95	65			894.47		5797.85 percent of total billed charges	
CT/BONE BIOPSY - VERTEBRAL/FEM	20225	CPT	both			6103		2132.36 Consumer	Consumer		5797.85	95			894.47		5797.85 percent of total billed charges	
CT/BONE BIOPSY - VERTEBRAL/FEM	20225	CPT	both			6103		2132.36 Corrections	Corrections		4862.4	80			894.47		5797.85 percent of total billed charges	
CT/BONE BIOPSY - VERTEBRAL/FEM	20225	CPT	both			6103		2132.36 First Health	First Health		4272.1	70			894.47		5797.85 percent of total billed charges	
CT/BONE BIOPSY - VERTEBRAL/FEM	20225	CPT	both			6103		2132.36 First Trenton	First Trenton		5492.7	90			894.47		5797.85 percent of total billed charges	
CT/BONE BIOPSY - VERTEBRAL/FEM	20225	CPT	both			6103		2132.36 Horizon	PPO		3450.72				894.47		5797.85 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT/BONE BIOPSY - VERTEBRAL/FEM	20225	CPT	both			6103		2132.36 Horizon	Medicare Blue		1854.23				894.47		5797.85 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT/BONE BIOPSY - VERTEBRAL/FEM	20225	CPT	both			6103		2132.36 Horizon	Indemnity		3450.72				894.47		5797.85 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT/BONE BIOPSY - VERTEBRAL/FEM	20225	CPT	both			6103		2132.36 Horizon	NJ Health		894.47				894.47		5797.85 fee schedule	
CT/BONE BIOPSY - VERTEBRAL/FEM	20225	CPT	both			6103		2132.36 Horizon	MGD		3450.72				894.47		5797.85 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT/BONE BIOPSY - VERTEBRAL/FEM	20225	CPT	both			6103		2132.36 Managed Care Inc	Managed Care Inc		5492.7	90			894.47		5797.85 percent of total billed charges	
CT/BONE BIOPSY - VERTEBRAL/FEM	20225	CPT	both			6103		2132.36 Multiplan	Multiplan		4862.4	80			894.47		5797.85 percent of total billed charges	
CT/BONE BIOPSY - VERTEBRAL/FEM	20225	CPT	both			6103		2132.36 Qualcare	Qualcare		4577.25	75			894.47		5797.85 percent of total billed charges	
CT/BONE BIOPSY - VERTEBRAL/FEM	20225	CPT	both			6103		2132.36 Three Rivers	Three Rivers		5797.85	95			894.47		5797.85 percent of total billed charges	
CT/BONE BIOPSY - VERTEBRAL/FEM	20225	CPT	both			6103		2132.36 UHC	Medicare		1854.23				894.47		5797.85 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT/BONE BIOPSY - VERTEBRAL/FEM	20225	CPT	both			6103		2132.36 UHC	Medicaid		1925.5	31.55			894.47		5797.85 percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CT/BONE BIOPSY - VERTEBRAL/FEM	20225	CPT	both			6103		2132.36 United	Oxford		2493				894.47	5797.85	case rate	
CT/BONE BIOPSY - VERTEBRAL/FEM	20225	CPT	both			6103		2132.36 United	Commercial/PPO		2493				894.47	5797.85	case rate	
CT/BONE BIOPSY - VERTEBRAL/FEM	20225	CPT	both			6103		2132.36 Wellcare	Medicaid		1925.5	31.55			894.47	5797.85	percent of total billed charges	
CT/BONE BIOPSY - VERTEBRAL/FEM	20225	CPT	both			6103		2132.36 Wellcare	Medicare		1854.23				894.47	5797.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT/BONE BIOPSY - VERTEBRAL/FEM	20225	CPT	both			6103		2132.36 WellPoint	WellPoint		1963.95	32.18			894.47	5797.85	percent of total billed charges	
BIOSPY BONE SUPERFICIAL	20240	CPT	outpatient			8822		3737.2 Aetna	Medicare		3249.74				164.43	8380.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOSPY BONE SUPERFICIAL	20240	CPT	outpatient			8822		3737.2 Aetna	Commercial		5173.59				164.43	8380.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOSPY BONE SUPERFICIAL	20240	CPT	outpatient			8822		3737.2 Aetna	Better Health		2783.34	31.55			164.43	8380.9	percent of total billed charges	
BIOSPY BONE SUPERFICIAL	20240	CPT	outpatient			8822		3737.2 Americare	Americare		6816.5	75			164.43	8380.9	percent of total billed charges	
BIOSPY BONE SUPERFICIAL	20240	CPT	outpatient			8822		3737.2 Amerihealth	Medicare		3249.74				164.43	8380.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOSPY BONE SUPERFICIAL	20240	CPT	outpatient			8822		3737.2 Amerihealth	HMO/PPO		5734.3	65			164.43	8380.9	percent of total billed charges	
BIOSPY BONE SUPERFICIAL	20240	CPT	outpatient			8822		3737.2 Consumer	Consumer		8380.9	95			164.43	8380.9	percent of total billed charges	
BIOSPY BONE SUPERFICIAL	20240	CPT	outpatient			8822		3737.2 Corrections	Corrections		7057.6	80			164.43	8380.9	percent of total billed charges	
BIOSPY BONE SUPERFICIAL	20240	CPT	outpatient			8822		3737.2 First Health	First Health		6175.4	70			164.43	8380.9	percent of total billed charges	
BIOSPY BONE SUPERFICIAL	20240	CPT	outpatient			8822		3737.2 First Trenton	First Trenton		7939.8	90			164.43	8380.9	percent of total billed charges	
BIOSPY BONE SUPERFICIAL	20240	CPT	outpatient			8822		3737.2 Horizon	MGD		6047.77				164.43	8380.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOSPY BONE SUPERFICIAL	20240	CPT	outpatient			8822		3737.2 Horizon	Indemnity		6047.77				164.43	8380.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOSPY BONE SUPERFICIAL	20240	CPT	outpatient			8822		3737.2 Horizon	NJ Health		164.43				164.43	8380.9	fee schedule	
BIOSPY BONE SUPERFICIAL	20240	CPT	outpatient			8822		3737.2 Horizon	PPO		6047.77				164.43	8380.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOSPY BONE SUPERFICIAL	20240	CPT	outpatient			8822		3737.2 Horizon	Medicare Blue		3249.74				164.43	8380.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOSPY BONE SUPERFICIAL	20240	CPT	outpatient			8822		3737.2 Managed Care Inc	Managed Care Inc		7939.8	90			164.43	8380.9	percent of total billed charges	
BIOSPY BONE SUPERFICIAL	20240	CPT	outpatient			8822		3737.2 Multiplan	Multiplan		7057.6	80			164.43	8380.9	percent of total billed charges	
BIOSPY BONE SUPERFICIAL	20240	CPT	outpatient			8822		3737.2 Qualcare	Qualcare		6816.5	75			164.43	8380.9	percent of total billed charges	
BIOSPY BONE SUPERFICIAL	20240	CPT	outpatient			8822		3737.2 Three Rivers	Three Rivers		8380.9	95			164.43	8380.9	percent of total billed charges	
BIOSPY BONE SUPERFICIAL	20240	CPT	outpatient			8822		3737.2 UHC	Medicare		3249.74				164.43	8380.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOSPY BONE SUPERFICIAL	20240	CPT	outpatient			8822		3737.2 UHC	Medicaid		2783.34	31.55			164.43	8380.9	percent of total billed charges	
BIOSPY BONE SUPERFICIAL	20240	CPT	outpatient			8822		3737.2 United	Oxford		2776				164.43	8380.9	case rate	
BIOSPY BONE SUPERFICIAL	20240	CPT	outpatient			8822		3737.2 United	Commercial/PPO		2776				164.43	8380.9	case rate	
BIOSPY BONE SUPERFICIAL	20240	CPT	outpatient			8822		3737.2 Wellcare	Medicaid		2783.34	31.55			164.43	8380.9	percent of total billed charges	
BIOSPY BONE SUPERFICIAL	20240	CPT	outpatient			8822		3737.2 Wellcare	Medicare		3249.74				164.43	8380.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOSPY BONE SUPERFICIAL	20240	CPT	outpatient			8822		3737.2 WellPoint	WellPoint		2838.92	32.18			164.43	8380.9	percent of total billed charges	
SINUS TRACT INJ; THERAPEUTIC	20500	CPT	outpatient			5034		2005.77 Aetna	Medicare		1550.47	30.8			65.86	4782.3	percent of total billed charges	
SINUS TRACT INJ; THERAPEUTIC	20500	CPT	outpatient			5034		2005.77 Aetna	Better Health		1588.23	31.55			65.86	4782.3	percent of total billed charges	
SINUS TRACT INJ; THERAPEUTIC	20500	CPT	outpatient			5034		2005.77 Aetna	Commercial		2776.69				65.86	4782.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SINUS TRACT INJ; THERAPEUTIC	20500	CPT	outpatient			5034		2005.77 Americare	Americare		3775.5	75			65.86	4782.3	percent of total billed charges	
SINUS TRACT INJ; THERAPEUTIC	20500	CPT	outpatient			5034		2005.77 Amerihealth	HMO/PPO		3272.1	65			65.86	4782.3	percent of total billed charges	
SINUS TRACT INJ; THERAPEUTIC	20500	CPT	outpatient			5034		2005.77 Amerihealth	Medicare		1744.15				65.86	4782.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SINUS TRACT INJ; THERAPEUTIC	20500	CPT	outpatient			5034		2005.77 Consumer	Consumer		4782.3	95			65.86	4782.3	percent of total billed charges	
SINUS TRACT INJ; THERAPEUTIC	20500	CPT	outpatient			5034		2005.77 Corrections	Corrections		4027.2	80			65.86	4782.3	percent of total billed charges	
SINUS TRACT INJ; THERAPEUTIC	20500	CPT	outpatient			5034		2005.77 First Health	First Health		3523.8	70			65.86	4782.3	percent of total billed charges	
SINUS TRACT INJ; THERAPEUTIC	20500	CPT	outpatient			5034		2005.77 First Trenton	First Trenton		4530.6	90			65.86	4782.3	percent of total billed charges	
SINUS TRACT INJ; THERAPEUTIC	20500	CPT	outpatient			5034		2005.77 Horizon	Indemnity		3245.86				65.86	4782.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SINUS TRACT INJ; THERAPEUTIC	20500	CPT	outpatient			5034		2005.77 Horizon	PPO		3245.86				65.86	4782.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SINUS TRACT INJ; THERAPEUTIC	20500	CPT	outpatient			5034		2005.77 Horizon	MGD		3245.86				65.86	4782.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SINUS TRACT INJ; THERAPEUTIC	20500	CPT	outpatient			5034		2005.77 Horizon	Medicare Blue		1744.15				65.86	4782.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SINUS TRACT INJ; THERAPEUTIC	20500	CPT	outpatient			5034		2005.77 Horizon	NJ Health		65.86				65.86	4782.3	fee schedule	
SINUS TRACT INJ; THERAPEUTIC	20500	CPT	outpatient			5034		2005.77 Managed Care Inc	Managed Care Inc		4530.6	90			65.86	4782.3	percent of total billed charges	
SINUS TRACT INJ; THERAPEUTIC	20500	CPT	outpatient			5034		2005.77 Multiplan	Multiplan		4027.2	80			65.86	4782.3	percent of total billed charges	
SINUS TRACT INJ; THERAPEUTIC	20500	CPT	outpatient			5034		2005.77 Qualcare	Qualcare		3775.5	75			65.86	4782.3	percent of total billed charges	
SINUS TRACT INJ; THERAPEUTIC	20500	CPT	outpatient			5034		2005.77 Three Rivers	Three Rivers		4782.3	95			65.86	4782.3	percent of total billed charges	
SINUS TRACT INJ; THERAPEUTIC	20500	CPT	outpatient			5034		2005.77 UHC	Medicaid		1588.23	31.55			65.86	4782.3	percent of total billed charges	
SINUS TRACT INJ; THERAPEUTIC	20500	CPT	outpatient			5034		2005.77 UHC	Medicare		1744.15				65.86	4782.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SINUS TRACT INJ; THERAPEUTIC	20500	CPT	outpatient			5034		2005.77 United	Commercial/PPO		2493				65.86	4782.3	case rate	
SINUS TRACT INJ; THERAPEUTIC	20500	CPT	outpatient			5034		2005.77 United	Oxford		2493				65.86	4782.3	case rate	
SINUS TRACT INJ; THERAPEUTIC	20500	CPT	outpatient			5034		2005.77 Wellcare	Medicare		1744.15				65.86	4782.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SINUS TRACT INJ; THERAPEUTIC	20500	CPT	outpatient			5034		2005.77 Wellcare	Medicaid		1588.23	31.55			65.86	4782.3	percent of total billed charges	
SINUS TRACT INJ; THERAPEUTIC	20500	CPT	outpatient			5034		2005.77 WellPoint	WellPoint		1619.94	32.18			65.86	4782.3	percent of total billed charges	
INJECTION,SINUS TRACT;DX(SINOGRAM)	20501	CPT	inpatient			2014		Aetna	Commercial		765.32	38			51.74	1913.3	percent of total billed charges	
INJECTION,SINUS TRACT;DX(SINOGRAM)	20501	CPT	inpatient			2014		Aetna	Better Health		635.42	31.55			51.74	1913.3	percent of total billed charges	
INJECTION,SINUS TRACT;DX(SINOGRAM)	20501	CPT	inpatient			2014		Aetna	Medicare		620.31	30.8			51.74	1913.3	percent of total billed charges	
INJECTION,SINUS TRACT;DX(SINOGRAM)	20501	CPT	inpatient			2014		Americare	Americare		1510.5	75			51.74	1913.3	percent of total billed charges	
INJECTION,SINUS TRACT;DX(SINOGRAM)	20501	CPT	inpatient			2014		Amerihealth	HMO/PPO		1309.1	65			51.74	1913.3	percent of total billed charges	
INJECTION,SINUS TRACT;DX(SINOGRAM)	20501	CPT	inpatient			2014		Consumer	Consumer		1913.3	95			51.74	1913.3	percent of total billed charges	
INJECTION,SINUS TRACT;DX(SINOGRAM)	20501	CPT	inpatient			2014		Corrections	Corrections		1611.2	80			51.74	1913.3	percent of total billed charges	
INJECTION,SINUS TRACT;DX(SINOGRAM)	20501	CPT	inpatient			2014		First Health	First Health		1409.8	70			51.74	1913.3	percent of total billed charges	
INJECTION,SINUS TRACT;DX(SINOGRAM)	20501	CPT	inpatient			2014		First Trenton	First Trenton		1812.6	90			51.74	1913.3	percent of total billed charges	
INJECTION,SINUS TRACT;DX(SINOGRAM)	20501	CPT	inpatient			2014		Horizon	MGD		770.96	38.28			51.74	1913.3	percent of total billed charges	
INJECTION,SINUS TRACT;DX(SINOGRAM)	20501	CPT	inpatient			2014		Horizon	PPO		770.96	38.28			51.74	1913.3	percent of total billed charges	
INJECTION,SINUS TRACT;DX(SINOGRAM)	20501	CPT	inpatient			2014		Horizon	Indemnity		770.96	38.28			51.74	1913.3	percent of total billed charges	
INJECTION,SINUS TRACT;DX(SINOGRAM)	20501	CPT	inpatient			2014		Horizon	NJ Health		51.74				51.74	1913.3	fee schedule	
INJECTION,SINUS TRACT;DX(SINOGRAM)	20501	CPT	inpatient			2014		Horizon	Medicare Blue		604.2	30			51.74	1913.3	percent of total billed charges	
INJECTION,SINUS TRACT;DX(SINOGRAM)	20501	CPT	inpatient			2014		Managed Care Inc	Managed Care Inc		1812.6	90			51.74	1913.3	percent of total billed charges	
INJECTION,SINUS TRACT;DX(SINOGRAM)	20501	CPT	inpatient			2014		Multiplan	Multiplan		1611.2	80			51.74	1913.3	percent of total billed charges	
INJECTION,SINUS TRACT;DX(SINOGRAM)	20501	CPT	inpatient			2014		Qualcare	Qualcare		1510.5	75			51.74	1913.3	percent of total billed charges	
INJECTION,SINUS TRACT;DX(SINOGRAM)	20501	CPT	inpatient			2014		Three Rivers	Three Rivers		1913.3	95			51.74	1913.3	percent of total billed charges	
INJECTION,SINUS TRACT;DX(SINOGRAM)	20501	CPT	inpatient			2014		UHC	Medicaid		635.42	31.55			51.74	1913.3	percent of total billed charges	
INJECTION,SINUS TRACT;DX(SINOGRAM)	20501	CPT	inpatient			2014		United	Commercial/PPO		1782				51.74	1913.3	case rate	
INJECTION,SINUS TRACT;DX(SINOGRAM)	20501	CPT	inpatient			2014		United	Oxford		1782				51.74	1913.3	case rate	
INJECTION,SINUS TRACT;DX(SINOGRAM)	20501	CPT	inpatient			2014		Wellcare	Medicaid		635.42	31.55			51.74	1913.3	percent of total billed charges	
INJECTION,SINUS TRACT;DX(SINOGRAM)	20501	CPT	inpatient			2014		WellPoint	WellPoint		648.11	32.18			51.74	1913.3	percent of total billed charges	
REMOVAL OF FOREIGN BODY	20520	CPT	outpatient			5339		2132.36 Aetna	Better Health		1684.45	31.55			219.63	5072.05	percent of total billed charges	
REMOVAL OF FOREIGN BODY	20520	CPT	outpatient			5339		2132.36 Aetna	Commercial		2951.93				219.63	5072.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF FOREIGN BODY	20520	CPT	outpatient			5339		2132.36 Aetna	Medicare		1854.23				219.63	5072.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF FOREIGN BODY	20520	CPT	outpatient			5339		2132.36 Americare	Americare		4004.25	75			219.63	5072.05	percent of total billed charges	
REMOVAL OF FOREIGN BODY	20520	CPT	outpatient			5339		2132.36 Amerihealth	Medicare		1854.23				219.63	5072.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF FOREIGN BODY	20520	CPT	outpatient			5339		2132.36 Amerihealth	HMO/PPO		3470.35	65			219.63	5072.05	percent of total billed charges	
REMOVAL OF FOREIGN BODY	20520	CPT	outpatient			5339		2132.36 Consumer	Consumer		5072.05	95			219.63	5072.05	percent of total billed charges	
REMOVAL OF FOREIGN BODY	20520	CPT	outpatient			5339		2132.36 Corrections	Corrections		4271.2	80			219.63	5072.05	percent of total billed charges	
REMOVAL OF FOREIGN BODY	20520	CPT	outpatient			5339		2132.36 First Health	First Health		3737.3	70			219.63	5072.05	percent of total billed charges	
REMOVAL OF FOREIGN BODY	20520	CPT	outpatient			5339		2132.36 First Trenton	First Trenton		4805.1	90			219.63	5072.05	percent of total billed charges	
REMOVAL OF FOREIGN BODY	20520	CPT	outpatient			5339		2132.36 Horizon	PPO		3450.72				219.63	5072.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF FOREIGN BODY	20520	CPT	outpatient			5339		2132.36 Horizon	Indemnity		3450.72				219.63	5072.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF FOREIGN BODY	20520	CPT	outpatient			5339		2132.36 Horizon	MGD		3450.72				219.63	5072.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF FOREIGN BODY	20520	CPT	outpatient			5339		2132.36 Horizon	NJ Health		219.63				219.63	5072.05	fee schedule	
REMOVAL OF FOREIGN BODY	20520	CPT	outpatient			5339		2132.36 Horizon	Medicare Blue		1854.23				219.63	5072.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF FOREIGN BODY	20520	CPT	outpatient			5339		2132.36 Managed Care Inc	Managed Care Inc		4805.1	90			219.63	5072.05	percent of total billed charges	
REMOVAL OF FOREIGN BODY	20520	CPT	outpatient			5339		2132.36 Multiplan	Multiplan		4271.2	80			219.63	5072.05	percent of total billed charges	
REMOVAL OF FOREIGN BODY	20520	CPT	outpatient			5339		2132.36 Qualcare	Qualcare		4004.25	75			219.63	5072.05	percent of total billed charges	
REMOVAL OF FOREIGN BODY	20520	CPT	outpatient			5339		2132.36 Three Rivers	Three Rivers		5072.05	95			219.63	5072.05	percent of total billed charges	
REMOVAL OF FOREIGN BODY	20520	CPT	outpatient			5339		2132.36 UHC	Medicaid		1684.45	31.55			219.63	5072.05	percent of total billed charges	
REMOVAL OF FOREIGN BODY	20520	CPT	outpatient			5339		2132.36 UHC	Medicare		1854.23				219.63	5072.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF FOREIGN BODY	20520	CPT	outpatient			5339		2132.36 United	Commercial/PPO		1817				219.63	5072.05	case rate	
REMOVAL OF FOREIGN BODY	20520	CPT	outpatient			5339		2132.36 United	Oxford		1817				219.63	5072.05	case rate	
REMOVAL OF FOREIGN BODY	20520	CPT	outpatient			5339		2132.36 Wellcare	Medicare		1854.23				219.63	5072.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF FOREIGN BODY	20520	CPT	outpatient			5339		2132.36 Wellcare	Medicaid		1684.45	31.55			219.63	5072.05	percent of total billed charges	
REMOVAL OF FOREIGN BODY	20520	CPT	outpatient			5339		2132.36 WellPoint	WellPoint		1718.09	32.18			219.63	5072.05	percent of total billed charges	
REMOVAL FB DEEP	20525	CPT	outpatient			8822		3737.2 Aetna	Commercial		5173.59				439.26	8380.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL FB DEEP	20525	CPT	outpatient			8822		3737.2 Aetna	Better Health		2783.34	31.55			439.26	8380.9	percent of total billed charges	
REMOVAL FB DEEP	20525	CPT	outpatient			8822		3737.2 Aetna	Medicare		3249.74				439.26	8380.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL FB DEEP	20525	CPT	outpatient			8822		3737.2 Americare	Americare		6816.5	75			439.26	8380.9	percent of total billed charges	
REMOVAL FB DEEP	20525	CPT	outpatient			8822		3737.2 Amerihealth	HMO/PPO		5734.3	65			439.26	8380.9	percent of total billed charges	
REMOVAL FB DEEP	20525	CPT	outpatient			8822		3737.2 Amerihealth	Medicare		3249.74				439.26	8380.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL FB DEEP	20525	CPT	outpatient			8822		3737.2 Consumer	Consumer		8380.9	95			439.26	8380.9	percent of total billed charges	
REMOVAL FB DEEP	20525	CPT	outpatient			8822		3737.2 Corrections	Corrections		7057.6	80			439.26	8380.9	percent of total billed charges	
REMOVAL FB DEEP	20525	CPT	outpatient			8822		3737.2 First Health	First Health		6175.4	70			439.26	8380.9	percent of total billed charges	
REMOVAL FB DEEP	20525	CPT	outpatient			8822		3737.2 First Trenton	First Trenton		7939.8	90			439.26	8380.9	percent of total billed charges	
REMOVAL FB DEEP	20525	CPT	outpatient			8822		3737.2 Horizon	Medicare Blue		3249.74				439.26	8380.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL FB DEEP	20525	CPT	outpatient			8822		3737.2 Horizon	MGD		6047.77				439.26	8380.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL FB DEEP	20525	CPT	outpatient			8822		3737.2 Horizon	Indemnity		6047.77				439.26	8380.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL FB DEEP	20525	CPT	outpatient			8822		3737.2 Horizon	NJ Health		439.26				439.26	8380.9	fee schedule	
REMOVAL FB DEEP	20525	CPT	outpatient			8822		3737.2 Horizon	PPO		6047.77				439.26	8380.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL FB DEEP	20525	CPT	outpatient			8822		3737.2 Managed Care Inc	Managed Care Inc		7939.8	90			439.26	8380.9	percent of total billed charges	
REMOVAL FB DEEP	20525	CPT	outpatient			8822		3737.2 Multiplan	Multiplan		7057.6	80			439.26	8380.9	percent of total billed charges	
REMOVAL FB DEEP	20525	CPT	outpatient			8822		3737.2 Qualcare	Qualcare		6816.5	75			439.26	8380.9	percent of total billed charges	
REMOVAL FB DEEP	20525	CPT	outpatient			8822		3737.2 Three Rivers	Three Rivers		8380.9	95			439.26	8380.9	percent of total billed charges	
REMOVAL FB DEEP	20525	CPT	outpatient			8822		3737.2 UHC	Medicaid		2783.34	31.55			439.26	8380.9	percent of total billed charges	
REMOVAL FB DEEP	20525	CPT	outpatient			8822		3737.2 UHC	Medicare		3249.74				439.26	8380.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL FB DEEP	20525	CPT	outpatient			8822		3737.2 United	Commercial/PPO		2776				439.26	8380.9	case rate	
REMOVAL FB DEEP	20525	CPT	outpatient			8822		3737.2 United	Oxford		2776				439.26	8380.9	case rate	
REMOVAL FB DEEP	20525	CPT	outpatient			8822		3737.2 Wellcare	Medicaid		2783.34	31.55			439.26	8380.9	percent of total billed charges	
REMOVAL FB DEEP	20525	CPT	outpatient			8822		3737.2 Wellcare	Medicare		3249.74				439.26	8380.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL FB DEEP	20525	CPT	outpatient			8822		3737.2 WellPoint	WellPoint		2838.92	32.18			439.26	8380.9	percent of total billed charges	
THERAPEUTIC INJ. CARPAL TUNNEL	20526	CPT	outpatient			1050		389.55 Aetna	Better Health		331.28	31.55			78.33	1782	percent of total billed charges	
THERAPEUTIC INJ. CARPAL TUNNEL	20526	CPT	outpatient			1050		389.55 Aetna	Medicare		338.74				78.33	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THERAPEUTIC INJ. CARPAL TUNNEL	20526	CPT	outpatient			1050		389.55 Aetna	Commercial		539.27				78.33	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THERAPEUTIC INJ. CARPAL TUNNEL	20526	CPT	outpatient			1050		389.55 Americare	Americare		787.5	75			78.33	1782	percent of total billed charges	
THERAPEUTIC INJ. CARPAL TUNNEL	20526	CPT	outpatient			1050		389.55 Amerihealth	HMO/PPO		682.5	65			78.33	1782	percent of total billed charges	
THERAPEUTIC INJ. CARPAL TUNNEL	20526	CPT	outpatient			1050		389.55 Amerihealth	Medicare		338.74				78.33	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THERAPEUTIC INJ. CARPAL TUNNEL	20526	CPT	outpatient			1050		389.55 Consumer	Consumer		997.5	95			78.33	1782	percent of total billed charges	
THERAPEUTIC INJ. CARPAL TUNNEL	20526	CPT	outpatient			1050		389.55 Corrections	Corrections		840	80			78.33	1782	percent of total billed charges	
THERAPEUTIC INJ. CARPAL TUNNEL	20526	CPT	outpatient			1050		389.55 First Health	First Health		735	70			78.33	1782	percent of total billed charges	
THERAPEUTIC INJ. CARPAL TUNNEL	20526	CPT	outpatient			1050		389.55 First Trenton	First Trenton		945	90			78.33	1782	percent of total billed charges	
THERAPEUTIC INJ. CARPAL TUNNEL	20526	CPT	outpatient			1050		389.55 Horizon	MGD		630.4				78.33	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THERAPEUTIC INJ. CARPAL TUNNEL	20526	CPT	outpatient			1050		389.55 Horizon	Medicare Blue		338.74				78.33	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THERAPEUTIC INJ. CARPAL TUNNEL	20526	CPT	outpatient			1050		389.55 Horizon	PPO		630.4				78.33	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THERAPEUTIC INJ. CARPAL TUNNEL	20526	CPT	outpatient			1050		389.55 Horizon	Indemnity		630.4				78.33	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THERAPEUTIC INJ. CARPAL TUNNEL	20526	CPT	outpatient			1050		389.55 Horizon	NJ Health		78.33				78.33	1782	fee schedule	
THERAPEUTIC INJ. CARPAL TUNNEL	20526	CPT	outpatient			1050		389.55 Managed Care Inc	Managed Care Inc		945	90			78.33	1782	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
THERAPEUTIC INJ. CARPAL TUNNEL	20526	CPT	outpatient			1050		389.55 Multiplan	Multiplan		840				78.33		1782 percent of total billed charges	
THERAPEUTIC INJ. CARPAL TUNNEL	20526	CPT	outpatient			1050		389.55 Qualcare	Qualcare		787.5				78.33		1782 percent of total billed charges	
THERAPEUTIC INJ. CARPAL TUNNEL	20526	CPT	outpatient			1050		389.55 Three Rivers	Three Rivers		997.5				78.33		1782 percent of total billed charges	
THERAPEUTIC INJ. CARPAL TUNNEL	20526	CPT	outpatient			1050		389.55 UHC	Medicaid		331.28				78.33		1782 percent of total billed charges	
THERAPEUTIC INJ. CARPAL TUNNEL	20526	CPT	outpatient			1050		389.55 UHC	Medicare		338.74				78.33		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THERAPEUTIC INJ. CARPAL TUNNEL	20526	CPT	outpatient			1050		389.55 United	Oxford		1782				78.33		1782 case rate	
THERAPEUTIC INJ. CARPAL TUNNEL	20526	CPT	outpatient			1050		389.55 United	CommercialPPO		1782				78.33		1782 case rate	
THERAPEUTIC INJ. CARPAL TUNNEL	20526	CPT	outpatient			1050		389.55 Wellcare	Medicaid		331.28				78.33		1782 percent of total billed charges	
THERAPEUTIC INJ. CARPAL TUNNEL	20526	CPT	outpatient			1050		389.55 Wellcare	Medicare		338.74				78.33		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THERAPEUTIC INJ. CARPAL TUNNEL	20526	CPT	outpatient			1050		389.55 WellPoint	WellPoint		337.89	32.18			78.33		1782 percent of total billed charges	
INJ ENZYME PALMAR FASCIAL CORD	20527	CPT	outpatient			974		389.55 Aetna	Commercial		539.27				85.06		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ ENZYME PALMAR FASCIAL CORD	20527	CPT	outpatient			974		389.55 Aetna	Medicare		299.99	30.8			85.06		1782 percent of total billed charges	
INJ ENZYME PALMAR FASCIAL CORD	20527	CPT	outpatient			974		389.55 Aetna	Better Health		307.3	31.55			85.06		1782 percent of total billed charges	
INJ ENZYME PALMAR FASCIAL CORD	20527	CPT	outpatient			974		389.55 Americare	Americare		730.5	75			85.06		1782 percent of total billed charges	
INJ ENZYME PALMAR FASCIAL CORD	20527	CPT	outpatient			974		389.55 Amerihealth	Medicare		338.74				85.06		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ ENZYME PALMAR FASCIAL CORD	20527	CPT	outpatient			974		389.55 Amerihealth	HMO/PPO		633.1	65			85.06		1782 percent of total billed charges	
INJ ENZYME PALMAR FASCIAL CORD	20527	CPT	outpatient			974		389.55 Consumer	Consumer		925.3	95			85.06		1782 percent of total billed charges	
INJ ENZYME PALMAR FASCIAL CORD	20527	CPT	outpatient			974		389.55 Corrections	Corrections		779.2	80			85.06		1782 percent of total billed charges	
INJ ENZYME PALMAR FASCIAL CORD	20527	CPT	outpatient			974		389.55 First Health	First Health		681.8	70			85.06		1782 percent of total billed charges	
INJ ENZYME PALMAR FASCIAL CORD	20527	CPT	outpatient			974		389.55 First Trenton	First Trenton		876.6	90			85.06		1782 percent of total billed charges	
INJ ENZYME PALMAR FASCIAL CORD	20527	CPT	outpatient			974		389.55 Horizon	MGD		630.4				85.06		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ ENZYME PALMAR FASCIAL CORD	20527	CPT	outpatient			974		389.55 Horizon	Medicare Blue		338.74				85.06		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ ENZYME PALMAR FASCIAL CORD	20527	CPT	outpatient			974		389.55 Horizon	NJ Health		85.06				85.06		1782 fee schedule	
INJ ENZYME PALMAR FASCIAL CORD	20527	CPT	outpatient			974		389.55 Horizon	Indemnity		630.4				85.06		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ ENZYME PALMAR FASCIAL CORD	20527	CPT	outpatient			974		389.55 Horizon	PPO		630.4				85.06		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ ENZYME PALMAR FASCIAL CORD	20527	CPT	outpatient			974		389.55 Managed Care Inc	Managed Care Inc		876.6	90			85.06		1782 percent of total billed charges	
INJ ENZYME PALMAR FASCIAL CORD	20527	CPT	outpatient			974		389.55 Multiplan	Multiplan		779.2	80			85.06		1782 percent of total billed charges	
INJ ENZYME PALMAR FASCIAL CORD	20527	CPT	outpatient			974		389.55 Qualcare	Qualcare		730.5	75			85.06		1782 percent of total billed charges	
INJ ENZYME PALMAR FASCIAL CORD	20527	CPT	outpatient			974		389.55 Three Rivers	Three Rivers		925.3	95			85.06		1782 percent of total billed charges	
INJ ENZYME PALMAR FASCIAL CORD	20527	CPT	outpatient			974		389.55 UHC	Medicare		338.74				85.06		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ ENZYME PALMAR FASCIAL CORD	20527	CPT	outpatient			974		389.55 UHC	Medicaid		307.3	31.55			85.06		1782 percent of total billed charges	
INJ ENZYME PALMAR FASCIAL CORD	20527	CPT	outpatient			974		389.55 United	CommercialPPO		1782				85.06		1782 case rate	
INJ ENZYME PALMAR FASCIAL CORD	20527	CPT	outpatient			974		389.55 United	Oxford		1782				85.06		1782 case rate	
INJ ENZYME PALMAR FASCIAL CORD	20527	CPT	outpatient			974		389.55 Wellcare	Medicare		338.74				85.06		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ ENZYME PALMAR FASCIAL CORD	20527	CPT	outpatient			974		389.55 Wellcare	Medicaid		307.3	31.55			85.06		1782 percent of total billed charges	
INJ ENZYME PALMAR FASCIAL CORD	20527	CPT	outpatient			974		389.55 WellPoint	WellPoint		313.43	32.18			85.06		1782 percent of total billed charges	
LOCAL ANESTHESIA(NERVE BLOCK)	20550	CPT	outpatient			1548		389.55 Aetna	Commercial		539.27				83.29		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LOCAL ANESTHESIA(NERVE BLOCK)	20550	CPT	outpatient			1548		389.55 Aetna	Better Health		486.39	31.55			83.29		1782 percent of total billed charges	
LOCAL ANESTHESIA(NERVE BLOCK)	20550	CPT	outpatient			1548		389.55 Aetna	Medicare		338.74				83.29		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LOCAL ANESTHESIA(NERVE BLOCK)	20550	CPT	outpatient			1548		389.55 Americare	Americare		1161	75			83.29		1782 percent of total billed charges	
LOCAL ANESTHESIA(NERVE BLOCK)	20550	CPT	outpatient			1548		389.55 Amerihealth	HMO/PPO		1006.2	65			83.29		1782 percent of total billed charges	
LOCAL ANESTHESIA(NERVE BLOCK)	20550	CPT	outpatient			1548		389.55 Amerihealth	Medicare		338.74				83.29		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LOCAL ANESTHESIA(NERVE BLOCK)	20550	CPT	outpatient			1548		389.55 Consumer	Consumer		1470.6	95			83.29		1782 percent of total billed charges	
LOCAL ANESTHESIA(NERVE BLOCK)	20550	CPT	outpatient			1548		389.55 Corrections	Corrections		1238.4	80			83.29		1782 percent of total billed charges	
LOCAL ANESTHESIA(NERVE BLOCK)	20550	CPT	outpatient			1548		389.55 First Health	First Health		1083.6	70			83.29		1782 percent of total billed charges	
LOCAL ANESTHESIA(NERVE BLOCK)	20550	CPT	outpatient			1548		389.55 First Trenton	First Trenton		1393.2	90			83.29		1782 percent of total billed charges	
LOCAL ANESTHESIA(NERVE BLOCK)	20550	CPT	outpatient			1548		389.55 Horizon	Indemnity		630.4				83.29		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LOCAL ANESTHESIA(NERVE BLOCK)	20550	CPT	outpatient			1548		389.55 Horizon	MGD		630.4				83.29		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LOCAL ANESTHESIA(NERVE BLOCK)	20550	CPT	outpatient			1548		389.55 Horizon	Medicare Blue		338.74				83.29		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LOCAL ANESTHESIA(NERVE BLOCK)	20550	CPT	outpatient			1548		389.55 Horizon	PPO		630.4				83.29		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LOCAL ANESTHESIA(NERVE BLOCK)	20550	CPT	outpatient			1548		389.55 Horizon	NJ Health		83.29				83.29		1782 fee schedule	
LOCAL ANESTHESIA(NERVE BLOCK)	20550	CPT	outpatient			1548		389.55 Managed Care Inc	Managed Care Inc		1393.2	90			83.29		1782 percent of total billed charges	
LOCAL ANESTHESIA(NERVE BLOCK)	20550	CPT	outpatient			1548		389.55 Multiplan	Multiplan		1238.4	80			83.29		1782 percent of total billed charges	
LOCAL ANESTHESIA(NERVE BLOCK)	20550	CPT	outpatient			1548		389.55 Qualcare	Qualcare		1161	75			83.29		1782 percent of total billed charges	
LOCAL ANESTHESIA(NERVE BLOCK)	20550	CPT	outpatient			1548		389.55 Three Rivers	Three Rivers		1470.6	95			83.29		1782 percent of total billed charges	
LOCAL ANESTHESIA(NERVE BLOCK)	20550	CPT	outpatient			1548		389.55 UHC	Medicaid		488.39	31.55			83.29		1782 percent of total billed charges	
LOCAL ANESTHESIA(NERVE BLOCK)	20550	CPT	outpatient			1548		389.55 UHC	Medicare		338.74				83.29		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LOCAL ANESTHESIA(NERVE BLOCK)	20550	CPT	outpatient			1548		389.55 United	CommercialPPO		1782				83.29		1782 case rate	
LOCAL ANESTHESIA(NERVE BLOCK)	20550	CPT	outpatient			1548		389.55 United	Oxford		1782				83.29		1782 case rate	
LOCAL ANESTHESIA(NERVE BLOCK)	20550	CPT	outpatient			1548		389.55 Wellcare	Medicare		338.74				83.29		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LOCAL ANESTHESIA(NERVE BLOCK)	20550	CPT	outpatient			1548		389.55 Wellcare	Medicaid		488.39	31.55			83.29		1782 percent of total billed charges	
LOCAL ANESTHESIA(NERVE BLOCK)	20550	CPT	outpatient			1548		389.55 WellPoint	WellPoint		498.15	32.18			83.29		1782 percent of total billed charges	
INJECTION SINGLE TENDON ORIGIN/INSSERTIO	20551	CPT	outpatient			1050		389.55 Aetna	Commercial		539.27				65.72		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION SINGLE TENDON ORIGIN/INSSERTIO	20551	CPT	outpatient			1050		389.55 Aetna	Better Health		331.28	31.55			65.72		1782 percent of total billed charges	
INJECTION SINGLE TENDON ORIGIN/INSSERTIO	20551	CPT	outpatient			1050		389.55 Aetna	Medicare		338.74				65.72		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION SINGLE TENDON ORIGIN/INSSERTIO	20551	CPT	outpatient			1050		389.55 Americare	Americare		787.5	75			65.72		1782 percent of total billed charges	
INJECTION SINGLE TENDON ORIGIN/INSSERTIO	20551	CPT	outpatient			1050		389.55 Amerihealth	HMO/PPO		682.5	65			65.72		1782 percent of total billed charges	
INJECTION SINGLE TENDON ORIGIN/INSSERTIO	20551	CPT	outpatient			1050		389.55 Amerihealth	Medicare		338.74				65.72		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION SINGLE TENDON ORIGIN/INSSERTIO	20551	CPT	outpatient			1050		389.55 Consumer	Consumer		997.5	95			65.72		1782 percent of total billed charges	
INJECTION SINGLE TENDON ORIGIN/INSSERTIO	20551	CPT	outpatient			1050		389.55 Corrections	Corrections		840	80			65.72		1782 percent of total billed charges	
INJECTION SINGLE TENDON ORIGIN/INSSERTIO	20551	CPT	outpatient			1050		389.55 First Health	First Health		735	70			65.72		1782 percent of total billed charges	
INJECTION SINGLE TENDON ORIGIN/INSSERTIO	20551	CPT	outpatient			1050		389.55 First Trenton	First Trenton		945	90			65.72		1782 percent of total billed charges	
INJECTION SINGLE TENDON ORIGIN/INSSERTIO	20551	CPT	outpatient			1050		389.55 Horizon	MGD		630.4				65.72		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION SINGLE TENDON ORIGIN/INSSERTIO	20551	CPT	outpatient			1050		389.55 Horizon	Indemnity		630.4				65.72		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION SINGLE TENDON ORIGIN/INSSERTIO	20551	CPT	outpatient			1050		389.55 Horizon	PPO		630.4				65.72		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION SINGLE TENDON ORIGIN/INSSERTIO	20551	CPT	outpatient			1050		389.55 Horizon	NJ Health		65.72				65.72		1782 fee schedule	
INJECTION SINGLE TENDON ORIGIN/INSSERTIO	20551	CPT	outpatient			1050		389.55 Horizon	Medicare Blue		338.74				65.72		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION SINGLE TENDON ORIGIN/INSSERTIO	20551	CPT	outpatient			1050		389.55 Managed Care Inc	Managed Care Inc		945	90			65.72		1782 percent of total billed charges	
INJECTION SINGLE TENDON ORIGIN/INSSERTIO	20551	CPT	outpatient			1050		389.55 Multiplan	Multiplan		840	80			65.72		1782 percent of total billed charges	
INJECTION SINGLE TENDON ORIGIN/INSSERTIO	20551	CPT	outpatient			1050		389.55 Qualcare	Qualcare		787.5	75			65.72		1782 percent of total billed charges	
INJECTION SINGLE TENDON ORIGIN/INSSERTIO	20551	CPT	outpatient			1050		389.55 Three Rivers	Three Rivers		997.5	95			65.72		1782 percent of total billed charges	
INJECTION SINGLE TENDON ORIGIN/INSSERTIO	20551	CPT	outpatient			1050		389.55 UHC	Medicaid		331.28	31.55			65.72		1782 percent of total billed charges	
INJECTION SINGLE TENDON ORIGIN/INSSERTIO	20551	CPT	outpatient			1050		389.55 UHC	Medicare		338.74				65.72		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION SINGLE TENDON ORIGIN/INSSERTIO	20551	CPT	outpatient			1050		389.55 United	Oxford		1782				65.72		1782 case rate	
INJECTION SINGLE TENDON ORIGIN/INSSERTIO	20551	CPT	outpatient			1050		389.55 United	CommercialPPO		1782				65.72		1782 case rate	
INJECTION SINGLE TENDON ORIGIN/INSSERTIO	20551	CPT	outpatient			1050		389.55 Wellcare	Medicare		338.74				65.72		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION SINGLE TENDON ORIGIN/INSSERTIO	20551	CPT	outpatient			1050		389.55 Wellcare	Medicaid		331.28	31.55			65.72		1782 percent of total billed charges	
INJECTION SINGLE TENDON ORIGIN/INSSERTIO	20551	CPT	outpatient			1050		389.55 WellPoint	WellPoint		337.89	32.18			65.72		1782 percent of total billed charges	
TRIGGER PT INJ 1OR 2 MUS GRPS	20552	CPT	outpatient			1045		389.55 Aetna	Medicare		338.74				78.64		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRIGGER PT INJ 1OR 2 MUS GRPS	20552	CPT	outpatient			1045		389.55 Aetna	Better Health		329.7	31.55			78.64		1782 percent of total billed charges	
TRIGGER PT INJ 1OR 2 MUS GRPS	20552	CPT	outpatient			1045		389.55 Aetna	Commercial		539.27				78.64		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRIGGER PT INJ 1OR 2 MUS GRPS	20552	CPT	outpatient			1045		389.55 Americare	Americare		783.75	75			78.64		1782 percent of total billed charges	
TRIGGER PT INJ 1OR 2 MUS GRPS	20552	CPT	outpatient			1045		389.55 Amerihealth	Medicare		338.74				78.64		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRIGGER PT INJ 1OR 2 MUS GRPS	20552	CPT	outpatient			1045		389.55 Amerihealth	HMO/PPO		679.25	65			78.64		1782 percent of total billed charges	
TRIGGER PT INJ 1OR 2 MUS GRPS	20552	CPT	outpatient			1045		389.55 Consumer	Consumer		992.75	95			78.64		1782 percent of total billed charges	
TRIGGER PT INJ 1OR 2 MUS GRPS	20552	CPT	outpatient			1045		389.55 Corrections	Corrections		836	80			78.64		1782 percent of total billed charges	
TRIGGER PT INJ 1OR 2 MUS GRPS	20552	CPT	outpatient			1045		389.55 First Health	First Health		731.5	70			78.64		1782 percent of total billed charges	
TRIGGER PT INJ 1OR 2 MUS GRPS	20552	CPT	outpatient			1045		389.55 First Trenton	First Trenton		940.5	90			78.64		1782 percent of total billed charges	
TRIGGER PT INJ 1OR 2 MUS GRPS	20552	CPT	outpatient			1045		389.55 Horizon	NJ Health		78.64				78.64		1782 fee schedule	
TRIGGER PT INJ 1OR 2 MUS GRPS	20552	CPT	outpatient			1045		389.55 Horizon	Indemnity		630.4				78.64		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRIGGER PT INJ 1OR 2 MUS GRPS	20552	CPT	outpatient			1045		389.55 Horizon	Medicare Blue		338.74				78.64		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRIGGER PT INJ 1OR 2 MUS GRPS	20552	CPT	outpatient			1045		389.55 Horizon	MGD		630.4				78.64		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRIGGER PT INJ 1OR 2 MUS GRPS	20552	CPT	outpatient			1045		389.55 Horizon	PPO		630.4				78.64		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRIGGER PT INJ 1OR 2 MUS GRPS	20552	CPT	outpatient			1045		389.55 Managed Care Inc	Managed Care Inc		940.5	90			78.64		1782 percent of total billed charges	
TRIGGER PT INJ 1OR 2 MUS GRPS	20552	CPT	outpatient			1045		389.55 Multiplan	Multiplan		836	80			78.64		1782 percent of total billed charges	
TRIGGER PT INJ 1OR 2 MUS GRPS	20552	CPT	outpatient			1045		389.55 Qualcare	Qualcare		783.75	75			78.64		1782 percent of total billed charges	
TRIGGER PT INJ 1OR 2 MUS GRPS	20552	CPT	outpatient			1045		389.55 Three Rivers	Three Rivers		992.75	95			78.64		1782 percent of total billed charges	
TRIGGER PT INJ 1OR 2 MUS GRPS	20552	CPT	outpatient			1045		389.55 UHC	Medicaid		329.7	31.55			78.64		1782 percent of total billed charges	
TRIGGER PT INJ 1OR 2 MUS GRPS	20552	CPT	outpatient			1045		389.55 UHC	Medicare		338.74				78.64		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRIGGER PT INJ 1OR 2 MUS GRPS	20552	CPT	outpatient			1045		389.55 United	CommercialPPO		1782				78.64		1782 case rate	
TRIGGER PT INJ 1OR 2 MUS GRPS	20552	CPT	outpatient			1045		389.55 United	Oxford		1782				78.64		1782 case rate	
TRIGGER PT INJ 1OR 2 MUS GRPS	20552	CPT	outpatient			1045		389.55 Wellcare	Medicaid		329.7	31.55			78.64		1782 percent of total billed charges	
TRIGGER PT INJ 1OR 2 MUS GRPS	20552	CPT	outpatient			1045		389.55 Wellcare	Medicare		338.74				78.64		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRIGGER PT INJ 1OR 2 MUS GRPS	20552	CPT	outpatient			1045		389.55 WellPoint	WellPoint		336.28	32.18			78.64		1782 percent of total billed charges	
TRIGGER PT INJ >=3 MUSCLES	20553	CPT	outpatient			1051		389.55 Aetna	Better Health		331.59	31.55			70.65		1782 percent of total billed charges	
TRIGGER PT INJ >=3 MUSCLES	20553	CPT	outpatient			1051		389.55 Aetna	Commercial		539.27				70.65		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRIGGER PT INJ >=3 MUSCLES	20553	CPT	outpatient			1051		389.55 Aetna	Medicare		338.74				70.65		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRIGGER PT INJ >=3 MUSCLES	20553	CPT	outpatient			1051		389.55 Americare	Americare		788.25	75			70.65		1782 percent of total billed charges	
TRIGGER PT INJ >=3 MUSCLES	20553	CPT	outpatient			1051		389.55 Amerihealth	HMO/PPO		683.15	65			70.65		1782 percent of total billed charges	
TRIGGER PT INJ >=3 MUSCLES	20553	CPT	outpatient			1051		389.55 Amerihealth	Medicare		338.74				70.65		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRIGGER PT INJ >=3 MUSCLES	20553	CPT	outpatient			1051		389.55 Consumer	Consumer		998.45	95			70.65		1782 percent of total billed charges	
TRIGGER PT INJ >=3 MUSCLES	20553	CPT	outpatient			1051		389.55 Corrections	Corrections		840.8	80			70.65		1782 percent of total billed charges	
TRIGGER PT INJ >=3 MUSCLES	20553	CPT	outpatient			1051		389.55 First Health	First Health		735.7	70			70.65		1782 percent of total billed charges	
TRIGGER PT INJ >=3 MUSCLES	20553	CPT	outpatient			1051		389.55 First Trenton	First Trenton		945.9	90			70.65		1782 percent of total billed charges	
TRIGGER PT INJ >=3 MUSCLES	20553	CPT	outpatient			1051		389.55 Horizon	PPO		630.4				70.65		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRIGGER PT INJ >=3 MUSCLES	20553	CPT	outpatient			1051		389.55 Horizon	MGD		630.4				70.65		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRIGGER PT INJ >=3 MUSCLES	20553	CPT	outpatient			1051		389.55 Horizon	NJ Health		70.65				70.65		1782 fee schedule	
TRIGGER PT INJ >=3 MUSCLES	20553	CPT	outpatient			1051		389.55 Horizon	Medicare Blue		338.74				70.65		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRIGGER PT INJ >=3 MUSCLES	20553	CPT	outpatient			1051		389.55 Horizon	Indemnity		630.4				70.65		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRIGGER PT INJ >=3 MUSCLES	20553	CPT	outpatient			1051		389.55 Managed Care Inc	Managed Care Inc		945.9	90			70.65		1782 percent of total billed charges	
TRIGGER PT INJ >=3 MUSCLES	20553	CPT	outpatient			1051		389.55 Multiplan	Multiplan		840.8	80			70.65		1782 percent of total billed charges	
TRIGGER PT INJ >=3 MUSCLES	20553	CPT	outpatient			1051		389.55 Qualcare	Qualcare		788.25	75			70.65		1782 percent of total billed charges	
TRIGGER PT INJ >=3 MUSCLES	20553	CPT	outpatient			1051		389.55 Three Rivers	Three Rivers		998.45	95			70.65		1782 percent of total billed charges	
TRIGGER PT INJ >=3 MUSCLES	20553	CPT	outpatient			1051		389.55 UHC	Medicaid		331.59	31.55			70.65		1782 percent of total billed charges	
TRIGGER PT INJ >=3 MUSCLES	20553	CPT	outpatient			1051		389.55 UHC	Medicare		338.74				70.65		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRIGGER PT INJ >=3 MUSCLES	20553	CPT	outpatient			1051		389.55 United	Oxford		1782				70.65		1782 case rate	
TRIGGER PT INJ >=3 MUSCLES	20553	CPT	outpatient			1051		389.55 United	CommercialPPO		1782				70.65		1782 case rate	
TRIGGER PT INJ >=3 MUSCLES	20553	CPT	outpatient			1051		389.55 Wellcare	Medicare		338.74				70.65		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRIGGER PT INJ >=3 MUSCLES	20553	CPT	outpatient			1051		389.55 Wellcare	Medicaid		331.59	31.55			70.65		1782 percent of total billed charges	
TRIGGER PT INJ >=3 MUSCLES	20553	CPT	outpatient			1051		389.55 WellPoint	WellPoint		338.21	32.18			70.65		1782 percent of total billed charges	
SMALL JOINT ASPIRATION/INJECTION	20600	CPT	outpatient			1422		389.55 Aetna	Medicare		338.74				14.83		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALL JOINT ASPIRATION/INJECTION	20600	CPT	outpatient			1422		389.55 Aetna	Better Health		448.64	31.55			14.83		1782 percent of total billed charges	
SMALL JOINT ASPIRATION/INJECTION	20600	CPT	outpatient			1422		389.55 Aetna	Commercial		539.27				14.83		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALL JOINT ASPIRATION/INJECTION	20600	CPT	outpatient			1422		389.55 Americare	Americare		1066.5	75			14.83		1782 percent of total billed charges	
SMALL JOINT ASPIRATION/INJECTION	20600	CPT	outpatient			1422		389.55 Amerihealth	Medicare		338.74				14.83		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALL JOINT ASPIRATION/INJECTION	20600	CPT	outpatient			1422		389.55 Amerihealth	HMO/PPO		924.3	65			14.83		1782 percent of total billed charges	
SMALL JOINT ASPIRATION/INJECTION	20600	CPT	outpatient			1422		389.55 Consumer	Consumer		1350.9	95			14.83		1782 percent of total billed charges	
SMALL JOINT ASPIRATION/INJECTION	20600	CPT	outpatient			1422		389.55 Corrections	Corrections		1137.6	80			14.83		1782 percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.														
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103		310119 true													
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
SMALL JOINT ASPIRATION/INJECTION	20600	CPT	outpatient			1422		389.55	First Health	First Health		70			14.83	1782	percent of total billed charges	
SMALL JOINT ASPIRATION/INJECTION	20600	CPT	outpatient			1422		389.55	First Trenton	First Trenton		90			14.83	1782	percent of total billed charges	
SMALL JOINT ASPIRATION/INJECTION	20600	CPT	outpatient			1422		389.55	Horizon	MGD		630.4			14.83	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALL JOINT ASPIRATION/INJECTION	20600	CPT	outpatient			1422		389.55	Horizon	Indemnity		630.4			14.83	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALL JOINT ASPIRATION/INJECTION	20600	CPT	outpatient			1422		389.55	Horizon	Medicare Blue		338.74			14.83	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALL JOINT ASPIRATION/INJECTION	20600	CPT	outpatient			1422		389.55	Horizon	NJ Health		78.48			14.83	1782	fee schedule	
SMALL JOINT ASPIRATION/INJECTION	20600	CPT	outpatient			1422		389.55	Horizon	PPO		630.4			14.83	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALL JOINT ASPIRATION/INJECTION	20600	CPT	outpatient			1422		389.55	Managed Care Inc	Managed Care Inc		1279.8	90		14.83	1782	percent of total billed charges	
SMALL JOINT ASPIRATION/INJECTION	20600	CPT	outpatient			1422		389.55	Multiplan	Multiplan		1137.6	80		14.83	1782	percent of total billed charges	
SMALL JOINT ASPIRATION/INJECTION	20600	CPT	outpatient			1422		389.55	Qualcare	Qualcare		1066.5	75		14.83	1782	percent of total billed charges	
SMALL JOINT ASPIRATION/INJECTION	20600	CPT	outpatient			1422		389.55	Three Rivers	Three Rivers		1350.9	95		14.83	1782	percent of total billed charges	
SMALL JOINT ASPIRATION/INJECTION	20600	CPT	outpatient			1422		389.55	UHC	Medicaid		448.64	31.55		14.83	1782	percent of total billed charges	
SMALL JOINT ASPIRATION/INJECTION	20600	CPT	outpatient			1422		389.55	UHC	Medicare		338.74			14.83	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALL JOINT ASPIRATION/INJECTION	20600	CPT	outpatient			1422		389.55	United	Oxford		1782			14.83	1782	case rate	
SMALL JOINT ASPIRATION/INJECTION	20600	CPT	outpatient			1422		389.55	United	CommercialPPO		1782			14.83	1782	case rate	
SMALL JOINT ASPIRATION/INJECTION	20600	CPT	outpatient			1422		389.55	Wellcare	Medicare		338.74			14.83	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALL JOINT ASPIRATION/INJECTION	20600	CPT	outpatient			1422		389.55	Wellcare	Medicaid		448.64	31.55		14.83	1782	percent of total billed charges	
SMALL JOINT ASPIRATION/INJECTION	20600	CPT	outpatient			1422		389.55	WellPoint	WellPoint		457.6	32.18		14.83	1782	percent of total billed charges	
PORTABLE ARTHRO ASPIRATE SMALL JT	20604	CPT	outpatient			1048		389.55	Aetna	Medicare		322.78	30.8		106.75	1782	percent of total billed charges	
PORTABLE ARTHRO ASPIRATE SMALL JT	20604	CPT	outpatient			1048		389.55	Aetna	Better Health		330.64	31.55		106.75	1782	percent of total billed charges	
PORTABLE ARTHRO ASPIRATE SMALL JT	20604	CPT	outpatient			1048		389.55	Aetna	Commercial		539.27			106.75	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PORTABLE ARTHRO ASPIRATE SMALL JT	20604	CPT	outpatient			1048		389.55	Americare	Americare		786	75		106.75	1782	percent of total billed charges	
PORTABLE ARTHRO ASPIRATE SMALL JT	20604	CPT	outpatient			1048		389.55	Amerihealth	Medicare		338.74			106.75	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PORTABLE ARTHRO ASPIRATE SMALL JT	20604	CPT	outpatient			1048		389.55	Amerihealth	HMO/PPO		681.2	65		106.75	1782	percent of total billed charges	
PORTABLE ARTHRO ASPIRATE SMALL JT	20604	CPT	outpatient			1048		389.55	Consumer	Consumer		995.6	95		106.75	1782	percent of total billed charges	
PORTABLE ARTHRO ASPIRATE SMALL JT	20604	CPT	outpatient			1048		389.55	Corrections	Corrections		838.4	80		106.75	1782	percent of total billed charges	
PORTABLE ARTHRO ASPIRATE SMALL JT	20604	CPT	outpatient			1048		389.55	First Health	First Health		733.6	70		106.75	1782	percent of total billed charges	
PORTABLE ARTHRO ASPIRATE SMALL JT	20604	CPT	outpatient			1048		389.55	First Trenton	First Trenton		943.2	90		106.75	1782	percent of total billed charges	
PORTABLE ARTHRO ASPIRATE SMALL JT	20604	CPT	outpatient			1048		389.55	Horizon	Medicare Blue		338.74			106.75	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PORTABLE ARTHRO ASPIRATE SMALL JT	20604	CPT	outpatient			1048		389.55	Horizon	Indemnity		630.4			106.75	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PORTABLE ARTHRO ASPIRATE SMALL JT	20604	CPT	outpatient			1048		389.55	Horizon	MGD		630.4			106.75	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PORTABLE ARTHRO ASPIRATE SMALL JT	20604	CPT	outpatient			1048		389.55	Horizon	NJ Health		106.75			106.75	1782	fee schedule	
PORTABLE ARTHRO ASPIRATE SMALL JT	20604	CPT	outpatient			1048		389.55	Horizon	PPO		630.4			106.75	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PORTABLE ARTHRO ASPIRATE SMALL JT	20604	CPT	outpatient			1048		389.55	Managed Care Inc	Managed Care Inc		943.2	90		106.75	1782	percent of total billed charges	
PORTABLE ARTHRO ASPIRATE SMALL JT	20604	CPT	outpatient			1048		389.55	Multiplan	Multiplan		838.4	80		106.75	1782	percent of total billed charges	
PORTABLE ARTHRO ASPIRATE SMALL JT	20604	CPT	outpatient			1048		389.55	Qualcare	Qualcare		786	75		106.75	1782	percent of total billed charges	
PORTABLE ARTHRO ASPIRATE SMALL JT	20604	CPT	outpatient			1048		389.55	Three Rivers	Three Rivers		995.6	95		106.75	1782	percent of total billed charges	
PORTABLE ARTHRO ASPIRATE SMALL JT	20604	CPT	outpatient			1048		389.55	UHC	Medicaid		330.64	31.55		106.75	1782	percent of total billed charges	
PORTABLE ARTHRO ASPIRATE SMALL JT	20604	CPT	outpatient			1048		389.55	UHC	Medicare		338.74			106.75	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PORTABLE ARTHRO ASPIRATE SMALL JT	20604	CPT	outpatient			1048		389.55	United	CommercialPPO		1782			106.75	1782	case rate	
PORTABLE ARTHRO ASPIRATE SMALL JT	20604	CPT	outpatient			1048		389.55	United	Oxford		1782			106.75	1782	case rate	
PORTABLE ARTHRO ASPIRATE SMALL JT	20604	CPT	outpatient			1048		389.55	Wellcare	Medicaid		330.64	31.55		106.75	1782	percent of total billed charges	
PORTABLE ARTHRO ASPIRATE SMALL JT	20604	CPT	outpatient			1048		389.55	Wellcare	Medicare		338.74			106.75	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PORTABLE ARTHRO ASPIRATE SMALL JT	20604	CPT	outpatient			1048		389.55	WellPoint	WellPoint		337.25	32.18		106.75	1782	percent of total billed charges	
JT/BURSA INJ/ASPIRATION-INTER	20605	CPT	outpatient			1422		389.55	Aetna	Better Health		448.64	31.55		66.5	1782	percent of total billed charges	
JT/BURSA INJ/ASPIRATION-INTER	20605	CPT	outpatient			1422		389.55	Aetna	Medicare		437.98	30.8		66.5	1782	percent of total billed charges	
JT/BURSA INJ/ASPIRATION-INTER	20605	CPT	outpatient			1422		389.55	Aetna	Commercial		539.27			66.5	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
JT/BURSA INJ/ASPIRATION-INTER	20605	CPT	outpatient			1422		389.55	Americare	Americare		1066.5	75		66.5	1782	percent of total billed charges	
JT/BURSA INJ/ASPIRATION-INTER	20605	CPT	outpatient			1422		389.55	Amerihealth	Medicare		338.74			66.5	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
JT/BURSA INJ/ASPIRATION-INTER	20605	CPT	outpatient			1422		389.55	Amerihealth	HMO/PPO		924.3	65		66.5	1782	percent of total billed charges	
JT/BURSA INJ/ASPIRATION-INTER	20605	CPT	outpatient			1422		389.55	Consumer	Consumer		1350.9	95		66.5	1782	percent of total billed charges	
JT/BURSA INJ/ASPIRATION-INTER	20605	CPT	outpatient			1422		389.55	Corrections	Corrections		1137.6	80		66.5	1782	percent of total billed charges	
JT/BURSA INJ/ASPIRATION-INTER	20605	CPT	outpatient			1422		389.55	First Health	First Health		995.4	70		66.5	1782	percent of total billed charges	
JT/BURSA INJ/ASPIRATION-INTER	20605	CPT	outpatient			1422		389.55	First Trenton	First Trenton		1279.8	90		66.5	1782	percent of total billed charges	
JT/BURSA INJ/ASPIRATION-INTER	20605	CPT	outpatient			1422		389.55	Horizon	PPO		630.4			66.5	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
JT/BURSA INJ/ASPIRATION-INTER	20605	CPT	outpatient			1422		389.55	Horizon	Medicare Blue		338.74			66.5	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
JT/BURSA INJ/ASPIRATION-INTER	20605	CPT	outpatient			1422		389.55	Horizon	MGD		630.4			66.5	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
JT/BURSA INJ/ASPIRATION-INTER	20605	CPT	outpatient			1422		389.55	Horizon	Indemnity		630.4			66.5	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
JT/BURSA INJ/ASPIRATION-INTER	20605	CPT	outpatient			1422		389.55	Horizon	NJ Health		66.5			66.5	1782	fee schedule	
JT/BURSA INJ/ASPIRATION-INTER	20605	CPT	outpatient			1422		389.55	Managed Care Inc	Managed Care Inc		1279.8	90		66.5	1782	percent of total billed charges	
JT/BURSA INJ/ASPIRATION-INTER	20605	CPT	outpatient			1422		389.55	Multiplan	Multiplan		1137.6	80		66.5	1782	percent of total billed charges	
JT/BURSA INJ/ASPIRATION-INTER	20605	CPT	outpatient			1422		389.55	Qualcare	Qualcare		1066.5	75		66.5	1782	percent of total billed charges	
JT/BURSA INJ/ASPIRATION-INTER	20605	CPT	outpatient			1422		389.55	Three Rivers	Three Rivers		1350.9	95		66.5	1782	percent of total billed charges	
JT/BURSA INJ/ASPIRATION-INTER	20605	CPT	outpatient			1422		389.55	UHC	Medicaid		448.64	31.55		66.5	1782	percent of total billed charges	
JT/BURSA INJ/ASPIRATION-INTER	20605	CPT	outpatient			1422		389.55	UHC	Medicare		338.74			66.5	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
JT/BURSA INJ/ASPIRATION-INTER	20605	CPT	outpatient			1422		389.55	United	CommercialPPO		1782			66.5	1782	case rate	
JT/BURSA INJ/ASPIRATION-INTER	20605	CPT	outpatient			1422		389.55	United	Oxford		1782			66.5	1782	case rate	
JT/BURSA INJ/ASPIRATION-INTER	20605	CPT	outpatient			1422		389.55	Wellcare	Medicare		338.74			66.5	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
JT/BURSA INJ/ASPIRATION-INTER	20605	CPT	outpatient			1422		389.55	Wellcare	Medicaid		448.64	31.55		66.5	1782	percent of total billed charges	
JT/BURSA INJ/ASPIRATION-INTER	20605	CPT	outpatient			1422		389.55	WellPoint	WellPoint		457.6	32.18		66.5	1782	percent of total billed charges	
PORTABLE ARTHRO ASPIRATE INTERM JT	20606	CPT	outpatient			2536		909.54	Aetna	Better Health		800.11	31.55		118.05	2409.2	percent of total billed charges	
PORTABLE ARTHRO ASPIRATE INTERM JT	20606	CPT	outpatient			2536		909.54	Aetna	Commercial		1259.11			118.05	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PORTABLE ARTHRO ASPIRATE INTERM JT	20606	CPT	outpatient			2536		909.54	Aetna	Medicare		790.9			118.05	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PORTABLE ARTHRO ASPIRATE INTERM JT	20606	CPT	outpatient			2536		909.54	Americare	Americare		1902	75		118.05	2409.2	percent of total billed charges	
PORTABLE ARTHRO ASPIRATE INTERM JT	20606	CPT	outpatient			2536		909.54	Amerihealth	Medicare		790.9			118.05	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PORTABLE ARTHRO ASPIRATE INTERM JT	20606	CPT	outpatient			2536		909.54	Amerihealth	HMO/PPO		1648.4	65		118.05	2409.2	percent of total billed charges	
PORTABLE ARTHRO ASPIRATE INTERM JT	20606	CPT	outpatient			2536		909.54	Consumer	Consumer		2409.2	95		118.05	2409.2	percent of total billed charges	
PORTABLE ARTHRO ASPIRATE INTERM JT	20606	CPT	outpatient			2536		909.54	Corrections	Corrections		2028.8	80		118.05	2409.2	percent of total billed charges	
PORTABLE ARTHRO ASPIRATE INTERM JT	20606	CPT	outpatient			2536		909.54	First Health	First Health		1775.2	70		118.05	2409.2	percent of total billed charges	
PORTABLE ARTHRO ASPIRATE INTERM JT	20606	CPT	outpatient			2536		909.54	First Trenton	First Trenton		2282.4	90		118.05	2409.2	percent of total billed charges	
PORTABLE ARTHRO ASPIRATE INTERM JT	20606	CPT	outpatient			2536		909.54	Horizon	Indemnity		1471.86			118.05	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PORTABLE ARTHRO ASPIRATE INTERM JT	20606	CPT	outpatient			2536		909.54	Horizon	Medicare Blue		790.9			118.05	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PORTABLE ARTHRO ASPIRATE INTERM JT	20606	CPT	outpatient			2536		909.54	Horizon	MGD		1471.86			118.05	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PORTABLE ARTHRO ASPIRATE INTERM JT	20606	CPT	outpatient			2536		909.54	Horizon	PPO		1471.86			118.05	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PORTABLE ARTHRO ASPIRATE INTERM JT	20606	CPT	outpatient			2536		909.54	Horizon	NJ Health		118.05			118.05	2409.2	fee schedule	
PORTABLE ARTHRO ASPIRATE INTERM JT	20606	CPT	outpatient			2536		909.54	Managed Care Inc	Managed Care Inc		2262.4	90		118.05	2409.2	percent of total billed charges	
PORTABLE ARTHRO ASPIRATE INTERM JT	20606	CPT	outpatient			2536		909.54	Multiplan	Multiplan		2028.8	80		118.05	2409.2	percent of total billed charges	
PORTABLE ARTHRO ASPIRATE INTERM JT	20606	CPT	outpatient			2536		909.54	Qualcare	Qualcare		1902	75		118.05	2409.2	percent of total billed charges	
PORTABLE ARTHRO ASPIRATE INTERM JT	20606	CPT	outpatient			2536		909.54	Three Rivers	Three Rivers		2409.2	95		118.05	2409.2	percent of total billed charges	
PORTABLE ARTHRO ASPIRATE INTERM JT	20606	CPT	outpatient			2536		909.54	UHC	Medicaid		800.11	31.55		118.05	2409.2	percent of total billed charges	
PORTABLE ARTHRO ASPIRATE INTERM JT	20606	CPT	outpatient			2536		909.54	UHC	Medicare		790.9			118.05	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PORTABLE ARTHRO ASPIRATE INTERM JT	20606	CPT	outpatient			2536		909.54	United	CommercialPPO		1817			118.05	2409.2	case rate	
PORTABLE ARTHRO ASPIRATE INTERM JT	20606	CPT	outpatient			2536		909.54	United	Oxford		1817			118.05	2409.2	case rate	
PORTABLE ARTHRO ASPIRATE INTERM JT	20606	CPT	outpatient			2536		909.54	Wellcare	Medicare		790.9			118.05	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PORTABLE ARTHRO ASPIRATE INTERM JT	20606	CPT	outpatient			2536		909.54	Wellcare	Medicaid		800.11	31.55		118.05	2409.2	percent of total billed charges	
PORTABLE ARTHRO ASPIRATE INTERM JT	20606	CPT	outpatient			2536		909.54	WellPoint	WellPoint		816.08	32.18		118.05	2409.2	percent of total billed charges	
PMR MAJ JT INJECT-SHOULDER/HIP	20610	CPT	both			1422		389.55	Aetna	Better Health		448.64	31.55		102.26	1782	percent of total billed charges	
PMR MAJ JT INJECT-SHOULDER/HIP	20610	CPT	both			1422		389.55	Aetna	Medicare		338.74			102.26	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PMR MAJ JT INJECT-SHOULDER/HIP	20610	CPT	both			1422		389.55	Aetna	Commercial		539.27			102.26	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PMR MAJ JT INJECT-SHOULDER/HIP	20610	CPT	both			1422		389.55	Americare	Americare		1066.5	75		102.26	1782	percent of total billed charges	
PMR MAJ JT INJECT-SHOULDER/HIP	20610	CPT	both			1422		389.55	Amerihealth	HMO/PPO		924.3	65		102.26	1782	percent of total billed charges	
PMR MAJ JT INJECT-SHOULDER/HIP	20610	CPT	both			1422		389.55	Amerihealth	Medicare		338.74			102.26	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PMR MAJ JT INJECT-SHOULDER/HIP	20610	CPT	both			1422		389.55	Consumer	Consumer		1350.9	95		102.26	1782	percent of total billed charges	
PMR MAJ JT INJECT-SHOULDER/HIP	20610	CPT	both			1422		389.55	Corrections	Corrections		1137.6	80		102.26	1782	percent of total billed charges	
PMR MAJ JT INJECT-SHOULDER/HIP	20610	CPT	both			1422		389.55	First Health	First Health		995.4	70		102.26	1782	percent of total billed charges	
PMR MAJ JT INJECT-SHOULDER/HIP	20610	CPT	both			1422		389.55	First Trenton	First Trenton		1279.8	90		102.26	1782	percent of total billed charges	
PMR MAJ JT INJECT-SHOULDER/HIP	20610	CPT	both			1422		389.55	Horizon	MGD		630.4			102.26	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PMR MAJ JT INJECT-SHOULDER/HIP	20610	CPT	both			1422		389.55	Horizon	Medicare Blue		338.74			102.26	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PMR MAJ JT INJECT-SHOULDER/HIP	20610	CPT	both			1422		389.55	Horizon	Indemnity		630.4			102.26	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PMR MAJ JT INJECT-SHOULDER/HIP	20610	CPT	both			1422		389.55	Horizon	NJ Health		102.26			102.26	1782	fee schedule	
PMR MAJ JT INJECT-SHOULDER/HIP	20610	CPT	both			1422		389.55	Horizon	PPO		630.4			102.26	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PMR MAJ JT INJECT-SHOULDER/HIP	20610	CPT	both			1422		389.55	Managed Care Inc	Managed Care Inc		1279.8	90		102.26	1782	percent of total billed charges	
PMR MAJ JT INJECT-SHOULDER/HIP	20610	CPT	both			1422		389.55	Multiplan	Multiplan		1137.6	80		102.26	1782	percent of total billed charges	
PMR MAJ JT INJECT-SHOULDER/HIP	20610	CPT	both			1422		389.55	Qualcare	Qualcare		1066.5	75		102.26	1782	percent of total billed charges	
PMR MAJ JT INJECT-SHOULDER/HIP	20610	CPT	both			1422		389.55	Three Rivers	Three Rivers		1350.9	95		102.26	1782	percent of total billed charges	
PMR MAJ JT INJECT-SHOULDER/HIP	20610	CPT	both			1422		389.55	UHC	Medicaid		448.64	31.55		102.26	1782	percent of total billed charges	
PMR MAJ JT INJECT-SHOULDER/HIP	20610	CPT	both			1422		389.55	UHC	Medicare		338.74			102.26	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PMR MAJ JT INJECT-SHOULDER/HIP	20610	CPT	both			1422		389.55	United	Oxford		1782			102.26	1782	case rate	
PMR MAJ JT INJECT-SHOULDER/HIP	20610	CPT	both			1422		389.55	United	CommercialPPO		1782			102.26	1782	case rate	
PMR MAJ JT INJECT-SHOULDER/HIP	20610	CPT	both			1422		389.55	Wellcare	Medicaid		448.64	31.55		102.26	1782	percent of total billed charges	
PMR MAJ JT INJECT-SHOULDER/HIP	20610	CPT	both			1422		389.55	Wellcare	Medicare		338.74			102.26	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PMR MAJ JT INJECT-SHOULDER/HIP	20610	CPT	both			1422		389.55	WellPoint	WellPoint		457.6	32.18		102.26	1782	percent of total billed charges	
US-GUIDED MAJOR JOINT OR BURSA STEROID	20611	CPT	both			1048		389.55	Aetna	Better Health		330.64	31.55		136.48	1782	percent of total billed charges	
US-GUIDED MAJOR JOINT OR BURSA STEROID	20611	CPT	both			1048		389.55	Aetna	Medicare		322.78	30.8		136.48	1782	percent of total billed charges	
US-GUIDED MAJOR JOINT OR BURSA STEROID	20611	CPT	both			1048		389.55	Aetna	Commercial		539.27			136.48	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US-GUIDED MAJOR JOINT OR BURSA STEROID	20611	CPT	both			1048		389.55	Americare	Americare		786	75		136.48	1782	percent of total billed charges	
US-GUIDED MAJOR JOINT OR BURSA STEROID	20611	CPT	both			1048		389.55	Amerihealth	Medicare		338.74			136.48	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US-GUIDED MAJOR JOINT OR BURSA STEROID	20611	CPT	both			1048		389.55	Amerihealth	HMO/PPO		681.2	65		136.48	1782	percent of total billed charges	
US-GUIDED MAJOR JOINT OR BURSA STEROID	20611	CPT	both			1048		389.55	Consumer	Consumer		995.6	95		136.48	1782	percent of total billed charges	
US-GUIDED MAJOR JOINT OR BURSA STEROID	20611	CPT	both			1048		389.55	Corrections	Corrections		838.4	80		136.48	1782	percent of total billed charges	
US-GUIDED MAJOR JOINT OR BURSA STEROID	20611	CPT	both			1048		389.55	First Health	First Health		733.6	70		136.48	1782	percent of total billed charges	
US-GUIDED MAJOR JOINT OR BURSA STEROID	20611	CPT	both			1048		389.55	First Trenton	First Trenton		943.2	90		136.48	1782	percent of total billed charges	
US-GUIDED MAJOR JOINT OR BURSA STEROID	20611	CPT	both			1048		389.55	Horizon	Indemnity		630.4			136.48	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US-GUIDED MAJOR JOINT OR BURSA STEROID	20611	CPT	both			1048		389.55	Horizon	Medicare Blue		338.74			136.48	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US-GUIDED MAJOR JOINT OR BURSA STEROID	20611	CPT	both			1048		389.55	Horizon	PPO		630.4			136.48	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US-GUIDED MAJOR JOINT OR BURSA STEROID	20611	CPT	both			1048		389.55	Horizon	MGD		630.4			136.48	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US-GUIDED MAJOR JOINT OR BURSA STEROID	20611	CPT	both			1048		389.55	Horizon	NJ Health		136.48			136.48	1782	fee schedule	
US-GUIDED MAJOR JOINT OR BURSA STEROID	20611	CPT	both			1048		389.55	Managed Care Inc	Managed Care Inc		943.2	90		136.48	1782	percent of total billed charges	
US-GUIDED MAJOR JOINT OR BURSA STEROID	20611	CPT	both			1048		389.55	Multiplan	Multiplan		838.4	80		136.48	1782	percent of total billed charges	
US-GUIDED MAJOR JOINT OR BURSA STEROID	20611	CPT	both			1048		389.55	Qualcare	Qualcare		786	75		136.48	1782	percent of total billed charges	
US-GUIDED MAJOR JOINT OR BURSA STEROID	20611	CPT	both			1048		389.55	Three Rivers	Three Rivers		995.6	95		136.48	1782	percent of total billed charges	
US-GUIDED MAJOR JOINT OR BURSA STEROID	20611	CPT	both			1048		389.55	UHC	Medicare		338.74			136.48	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US-GUIDED MAJOR JOINT OR BURSA STEROID	20611	CPT	both			1048		389.55	UHC	Medicaid		330.64	31.55		136.48	1782	percent of total billed charges	
US-GUIDED MAJOR JOINT OR BURSA STEROID	20611	CPT	both			1048		389.55	United	Oxford		1782			136.48	1782	case rate	
US-GUIDED MAJOR JOINT OR BURSA STEROID	20611	CPT	both			1048		389.55	United	CommercialPPO		1782			136.48	1782	case rate	
US-GUIDED MAJOR JOINT OR BURSA STEROID	20611	CPT	both			1048		389.55	Wellcare	Medicare		338.74			136.48	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US-GUIDED MAJOR JOINT OR BURSA STEROID	20611	CPT	both			1048		389.55	Wellcare	Medicaid		330.64	31.55		136.48	1782	percent of total billed charges	
US-GUIDED MAJOR JOINT OR BURSA STEROID	20611	CPT	both			1048		389.55	WellPoint	WellPoint		337.25	32.18		136.48	1782	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.																	
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true																
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
INJ(S) SINGLE TENDON SHEATH OR LIG.APON	20612	CPT	outpatient			1422	389.55	Aetna	Better Health		448.64	31.55			75.69	1782	percent of total billed charges	
INJ(S) SINGLE TENDON SHEATH OR LIG.APON	20612	CPT	outpatient			1422	389.55	Aetna	Commercial		539.27				75.69	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ(S) SINGLE TENDON SHEATH OR LIG.APON	20612	CPT	outpatient			1422	389.55	Aetna	Medicare		338.74				75.69	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ(S) SINGLE TENDON SHEATH OR LIG.APON	20612	CPT	outpatient			1422	389.55	Americare	Americare		1066.5	75			75.69	1782	percent of total billed charges	
INJ(S) SINGLE TENDON SHEATH OR LIG.APON	20612	CPT	outpatient			1422	389.55	Amerihealth	HMO/PPO		924.3	65			75.69	1782	percent of total billed charges	
INJ(S) SINGLE TENDON SHEATH OR LIG.APON	20612	CPT	outpatient			1422	389.55	Amerihealth	Medicare		338.74				75.69	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ(S) SINGLE TENDON SHEATH OR LIG.APON	20612	CPT	outpatient			1422	389.55	Consumer	Consumer		1350.9	95			75.69	1782	percent of total billed charges	
INJ(S) SINGLE TENDON SHEATH OR LIG.APON	20612	CPT	outpatient			1422	389.55	Corrections	Corrections		1137.6	80			75.69	1782	percent of total billed charges	
INJ(S) SINGLE TENDON SHEATH OR LIG.APON	20612	CPT	outpatient			1422	389.55	First Health	First Health		995.4	70			75.69	1782	percent of total billed charges	
INJ(S) SINGLE TENDON SHEATH OR LIG.APON	20612	CPT	outpatient			1422	389.55	First Trenton	First Trenton		1279.8	90			75.69	1782	percent of total billed charges	
INJ(S) SINGLE TENDON SHEATH OR LIG.APON	20612	CPT	outpatient			1422	389.55	Horizon	MGD		630.4				75.69	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ(S) SINGLE TENDON SHEATH OR LIG.APON	20612	CPT	outpatient			1422	389.55	Horizon	Indemnity		630.4				75.69	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ(S) SINGLE TENDON SHEATH OR LIG.APON	20612	CPT	outpatient			1422	389.55	Horizon	PPO		630.4				75.69	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ(S) SINGLE TENDON SHEATH OR LIG.APON	20612	CPT	outpatient			1422	389.55	Horizon	Medicare Blue		338.74				75.69	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ(S) SINGLE TENDON SHEATH OR LIG.APON	20612	CPT	outpatient			1422	389.55	Horizon	NJ Health		75.69				75.69	1782	fee schedule	
INJ(S) SINGLE TENDON SHEATH OR LIG.APON	20612	CPT	outpatient			1422	389.55	Managed Care Inc	Managed Care Inc		1279.8	90			75.69	1782	percent of total billed charges	
INJ(S) SINGLE TENDON SHEATH OR LIG.APON	20612	CPT	outpatient			1422	389.55	Multiplan	Multiplan		1137.6	80			75.69	1782	percent of total billed charges	
INJ(S) SINGLE TENDON SHEATH OR LIG.APON	20612	CPT	outpatient			1422	389.55	Qualcare	Qualcare		1066.5	75			75.69	1782	percent of total billed charges	
INJ(S) SINGLE TENDON SHEATH OR LIG.APON	20612	CPT	outpatient			1422	389.55	Three Rivers	Three Rivers		1350.9	95			75.69	1782	percent of total billed charges	
INJ(S) SINGLE TENDON SHEATH OR LIG.APON	20612	CPT	outpatient			1422	389.55	UHC	Medicare		338.74				75.69	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ(S) SINGLE TENDON SHEATH OR LIG.APON	20612	CPT	outpatient			1422	389.55	UHC	Medicaid		448.64	31.55			75.69	1782	percent of total billed charges	
INJ(S) SINGLE TENDON SHEATH OR LIG.APON	20612	CPT	outpatient			1422	389.55	United	Commercial|PPO		1782				75.69	1782	case rate	
INJ(S) SINGLE TENDON SHEATH OR LIG.APON	20612	CPT	outpatient			1422	389.55	United	Oxford		1782				75.69	1782	case rate	
INJ(S) SINGLE TENDON SHEATH OR LIG.APON	20612	CPT	outpatient			1422	389.55	Wellcare	Medicare		338.74				75.69	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ(S) SINGLE TENDON SHEATH OR LIG.APON	20612	CPT	outpatient			1422	389.55	Wellcare	Medicaid		448.64	31.55			75.69	1782	percent of total billed charges	
INJ(S) SINGLE TENDON SHEATH OR LIG.APON	20612	CPT	outpatient			1422	389.55	WellPoint	WellPoint		457.6	32.18			75.69	1782	percent of total billed charges	
ASPIR&INJ FOR TREAT.BONE CYST	20615	CPT	outpatient			2315	925.36	Aetna	Medicare		804.66				262.49	2199.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ASPIR&INJ FOR TREAT.BONE CYST	20615	CPT	outpatient			2315	925.36	Aetna	Better Health		730.38	31.55			262.49	2199.25	percent of total billed charges	
ASPIR&INJ FOR TREAT.BONE CYST	20615	CPT	outpatient			2315	925.36	Aetna	Commercial		1281.02				262.49	2199.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ASPIR&INJ FOR TREAT.BONE CYST	20615	CPT	outpatient			2315	925.36	Americare	Americare		1736.25	75			262.49	2199.25	percent of total billed charges	
ASPIR&INJ FOR TREAT.BONE CYST	20615	CPT	outpatient			2315	925.36	Amerihealth	HMO/PPO		1504.75	65			262.49	2199.25	percent of total billed charges	
ASPIR&INJ FOR TREAT.BONE CYST	20615	CPT	outpatient			2315	925.36	Amerihealth	Medicare		804.66				262.49	2199.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ASPIR&INJ FOR TREAT.BONE CYST	20615	CPT	outpatient			2315	925.36	Consumer	Consumer		2199.25	95			262.49	2199.25	percent of total billed charges	
ASPIR&INJ FOR TREAT.BONE CYST	20615	CPT	outpatient			2315	925.36	Corrections	Corrections		1852	80			262.49	2199.25	percent of total billed charges	
ASPIR&INJ FOR TREAT.BONE CYST	20615	CPT	outpatient			2315	925.36	First Health	First Health		1620.5	70			262.49	2199.25	percent of total billed charges	
ASPIR&INJ FOR TREAT.BONE CYST	20615	CPT	outpatient			2315	925.36	First Trenton	First Trenton		2083.5	90			262.49	2199.25	percent of total billed charges	
ASPIR&INJ FOR TREAT.BONE CYST	20615	CPT	outpatient			2315	925.36	Horizon	MGD		1497.47				262.49	2199.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ASPIR&INJ FOR TREAT.BONE CYST	20615	CPT	outpatient			2315	925.36	Horizon	Indemnity		1497.47				262.49	2199.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ASPIR&INJ FOR TREAT.BONE CYST	20615	CPT	outpatient			2315	925.36	Horizon	PPO		1497.47				262.49	2199.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ASPIR&INJ FOR TREAT.BONE CYST	20615	CPT	outpatient			2315	925.36	Horizon	Medicare Blue		804.66				262.49	2199.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ASPIR&INJ FOR TREAT.BONE CYST	20615	CPT	outpatient			2315	925.36	Horizon	NJ Health		262.49				262.49	2199.25	fee schedule	
ASPIR&INJ FOR TREAT.BONE CYST	20615	CPT	outpatient			2315	925.36	Managed Care Inc	Managed Care Inc		2083.5	90			262.49	2199.25	percent of total billed charges	
ASPIR&INJ FOR TREAT.BONE CYST	20615	CPT	outpatient			2315	925.36	Multiplan	Multiplan		1852	80			262.49	2199.25	percent of total billed charges	
ASPIR&INJ FOR TREAT.BONE CYST	20615	CPT	outpatient			2315	925.36	Qualcare	Qualcare		1736.25	75			262.49	2199.25	percent of total billed charges	
ASPIR&INJ FOR TREAT.BONE CYST	20615	CPT	outpatient			2315	925.36	Three Rivers	Three Rivers		2199.25	95			262.49	2199.25	percent of total billed charges	
ASPIR&INJ FOR TREAT.BONE CYST	20615	CPT	outpatient			2315	925.36	UHC	Medicaid		730.38	31.55			262.49	2199.25	percent of total billed charges	
ASPIR&INJ FOR TREAT.BONE CYST	20615	CPT	outpatient			2315	925.36	UHC	Medicare		804.66				262.49	2199.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ASPIR&INJ FOR TREAT.BONE CYST	20615	CPT	outpatient			2315	925.36	United	Commercial|PPO		1817				262.49	2199.25	case rate	
ASPIR&INJ FOR TREAT.BONE CYST	20615	CPT	outpatient			2315	925.36	United	Oxford		1817				262.49	2199.25	case rate	
ASPIR&INJ FOR TREAT.BONE CYST	20615	CPT	outpatient			2315	925.36	Wellcare	Medicare		804.66				262.49	2199.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ASPIR&INJ FOR TREAT.BONE CYST	20615	CPT	outpatient			2315	925.36	Wellcare	Medicaid		730.38	31.55			262.49	2199.25	percent of total billed charges	
ASPIR&INJ FOR TREAT.BONE CYST	20615	CPT	outpatient			2315	925.36	WellPoint	WellPoint		744.97	32.18			262.49	2199.25	percent of total billed charges	
WIRE/PAN W/SKELETAL TRACT	20650	CPT	outpatient			10537	4257.16	Aetna	Commercial		5893.39				214.28	10010.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WIRE/PAN W/SKELETAL TRACT	20650	CPT	outpatient			10537	4257.16	Aetna	Better Health		3324.42	31.55			214.28	10010.15	percent of total billed charges	
WIRE/PAN W/SKELETAL TRACT	20650	CPT	outpatient			10537	4257.16	Aetna	Medicare		3701.88				214.28	10010.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WIRE/PAN W/SKELETAL TRACT	20650	CPT	outpatient			10537	4257.16	Americare	Americare		7902.75	75			214.28	10010.15	percent of total billed charges	
WIRE/PAN W/SKELETAL TRACT	20650	CPT	outpatient			10537	4257.16	Amerihealth	HMO/PPO		6949.05	65			214.28	10010.15	percent of total billed charges	
WIRE/PAN W/SKELETAL TRACT	20650	CPT	outpatient			10537	4257.16	Amerihealth	Medicare		3701.88				214.28	10010.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WIRE/PAN W/SKELETAL TRACT	20650	CPT	outpatient			10537	4257.16	Consumer	Consumer		10010.15	95			214.28	10010.15	percent of total billed charges	
WIRE/PAN W/SKELETAL TRACT	20650	CPT	outpatient			10537	4257.16	Corrections	Corrections		8429.6	80			214.28	10010.15	percent of total billed charges	
WIRE/PAN W/SKELETAL TRACT	20650	CPT	outpatient			10537	4257.16	First Health	First Health		7375.9	70			214.28	10010.15	percent of total billed charges	
WIRE/PAN W/SKELETAL TRACT	20650	CPT	outpatient			10537	4257.16	First Trenton	First Trenton		9483.3	90			214.28	10010.15	percent of total billed charges	
WIRE/PAN W/SKELETAL TRACT	20650	CPT	outpatient			10537	4257.16	Horizon	Indemnity		6889.2				214.28	10010.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WIRE/PAN W/SKELETAL TRACT	20650	CPT	outpatient			10537	4257.16	Horizon	MGD		6889.2				214.28	10010.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WIRE/PAN W/SKELETAL TRACT	20650	CPT	outpatient			10537	4257.16	Horizon	PPO		6889.2				214.28	10010.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WIRE/PAN W/SKELETAL TRACT	20650	CPT	outpatient			10537	4257.16	Horizon	NJ Health		214.28				214.28	10010.15	fee schedule	
WIRE/PAN W/SKELETAL TRACT	20650	CPT	outpatient			10537	4257.16	Horizon	Medicare Blue		3701.88				214.28	10010.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WIRE/PAN W/SKELETAL TRACT	20650	CPT	outpatient			10537	4257.16	Managed Care Inc	Managed Care Inc		9483.3	90			214.28	10010.15	percent of total billed charges	
WIRE/PAN W/SKELETAL TRACT	20650	CPT	outpatient			10537	4257.16	Multiplan	Multiplan		8429.6	80			214.28	10010.15	percent of total billed charges	
WIRE/PAN W/SKELETAL TRACT	20650	CPT	outpatient			10537	4257.16	Qualcare	Qualcare		7902.75	75			214.28	10010.15	percent of total billed charges	
WIRE/PAN W/SKELETAL TRACT	20650	CPT	outpatient			10537	4257.16	Three Rivers	Three Rivers		10010.15	95			214.28	10010.15	percent of total billed charges	
WIRE/PAN W/SKELETAL TRACT	20650	CPT	outpatient			10537	4257.16	UHC	Medicare		3701.88				214.28	10010.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WIRE/PAN W/SKELETAL TRACT	20650	CPT	outpatient			10537	4257.16	UHC	Medicaid		3324.42	31.55			214.28	10010.15	percent of total billed charges	
WIRE/PAN W/SKELETAL TRACT	20650	CPT	outpatient			10537	4257.16	United	Oxford		3492				214.28	10010.15	case rate	
WIRE/PAN W/SKELETAL TRACT	20650	CPT	outpatient			10537	4257.16	United	Commercial|PPO		3492				214.28	10010.15	case rate	
WIRE/PAN W/SKELETAL TRACT	20650	CPT	outpatient			10537	4257.16	Wellcare	Medicaid		3324.42	31.55			214.28	10010.15	percent of total billed charges	
WIRE/PAN W/SKELETAL TRACT	20650	CPT	outpatient			10537	4257.16	Wellcare	Medicare		3701.88				214.28	10010.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WIRE/PAN W/SKELETAL TRACT	20650	CPT	outpatient			10537	4257.16	WellPoint	WellPoint		3390.81	32.18			214.28	10010.15	percent of total billed charges	
APPLICATION CRANIAL TONG	20660	CPT	outpatient			5182	2113.84	Aetna	Better Health		1634.92	31.55			74.09	4922.9	percent of total billed charges	
APPLICATION CRANIAL TONG	20660	CPT	outpatient			5182	2113.84	Aetna	Commercial		2926.29				74.09	4922.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLICATION CRANIAL TONG	20660	CPT	outpatient			5182	2113.84	Aetna	Medicare		1838.12				74.09	4922.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLICATION CRANIAL TONG	20660	CPT	outpatient			5182	2113.84	Americare	Americare		3886.5	75			74.09	4922.9	percent of total billed charges	
APPLICATION CRANIAL TONG	20660	CPT	outpatient			5182	2113.84	Amerihealth	HMO/PPO		3368.3	65			74.09	4922.9	percent of total billed charges	
APPLICATION CRANIAL TONG	20660	CPT	outpatient			5182	2113.84	Amerihealth	Medicare		1838.12				74.09	4922.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLICATION CRANIAL TONG	20660	CPT	outpatient			5182	2113.84	Consumer	Consumer		4922.9	95			74.09	4922.9	percent of total billed charges	
APPLICATION CRANIAL TONG	20660	CPT	outpatient			5182	2113.84	Corrections	Corrections		4145.6	80			74.09	4922.9	percent of total billed charges	
APPLICATION CRANIAL TONG	20660	CPT	outpatient			5182	2113.84	First Health	First Health		3627.4	70			74.09	4922.9	percent of total billed charges	
APPLICATION CRANIAL TONG	20660	CPT	outpatient			5182	2113.84	First Trenton	First Trenton		4663.8	90			74.09	4922.9	percent of total billed charges	
APPLICATION CRANIAL TONG	20660	CPT	outpatient			5182	2113.84	Horizon	Indemnity		3420.74				74.09	4922.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLICATION CRANIAL TONG	20660	CPT	outpatient			5182	2113.84	Horizon	NJ Health		74.09				74.09	4922.9	fee schedule	
APPLICATION CRANIAL TONG	20660	CPT	outpatient			5182	2113.84	Horizon	MGD		3420.74				74.09	4922.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLICATION CRANIAL TONG	20660	CPT	outpatient			5182	2113.84	Horizon	Medicare Blue		1838.12				74.09	4922.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLICATION CRANIAL TONG	20660	CPT	outpatient			5182	2113.84	Horizon	PPO		3420.74				74.09	4922.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLICATION CRANIAL TONG	20660	CPT	outpatient			5182	2113.84	Managed Care Inc	Managed Care Inc		4663.8	90			74.09	4922.9	percent of total billed charges	
APPLICATION CRANIAL TONG	20660	CPT	outpatient			5182	2113.84	Multiplan	Multiplan		4145.6	80			74.09	4922.9	percent of total billed charges	
APPLICATION CRANIAL TONG	20660	CPT	outpatient			5182	2113.84	Qualcare	Qualcare		3886.5	75			74.09	4922.9	percent of total billed charges	
APPLICATION CRANIAL TONG	20660	CPT	outpatient			5182	2113.84	Three Rivers	Three Rivers		4922.9	95			74.09	4922.9	percent of total billed charges	
APPLICATION CRANIAL TONG	20660	CPT	outpatient			5182	2113.84	UHC	Medicaid		1634.92	31.55			74.09	4922.9	percent of total billed charges	
APPLICATION CRANIAL TONG	20660	CPT	outpatient			5182	2113.84	UHC	Medicare		1838.12				74.09	4922.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLICATION CRANIAL TONG	20660	CPT	outpatient			5182	2113.84	United	Oxford		2493				74.09	4922.9	case rate	
APPLICATION CRANIAL TONG	20660	CPT	outpatient			5182	2113.84	United	Commercial|PPO		2493				74.09	4922.9	case rate	
APPLICATION CRANIAL TONG	20660	CPT	outpatient			5182	2113.84	Wellcare	Medicaid		1634.92	31.55			74.09	4922.9	percent of total billed charges	
APPLICATION CRANIAL TONG	20660	CPT	outpatient			5182	2113.84	Wellcare	Medicare		1838.12				74.09	4922.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLICATION CRANIAL TONG	20660	CPT	outpatient			5182	2113.84	WellPoint	WellPoint		1667.57	32.18			74.09	4922.9	percent of total billed charges	
APPLICATION, CRANIAL HALO	20661	CPT	outpatient			11084		Aetna	Medicare		3413.87	30.8			356.23	10529.8	percent of total billed charges	
APPLICATION, CRANIAL HALO	20661	CPT	outpatient			11084		Aetna	Better Health		3497	31.55			356.23	10529.8	percent of total billed charges	
APPLICATION, CRANIAL HALO	20661	CPT	outpatient			11084		Aetna	Commercial		4211.92	38			356.23	10529.8	percent of total billed charges	
APPLICATION, CRANIAL HALO	20661	CPT	outpatient			11084		Americare	Americare		8313	75			356.23	10529.8	percent of total billed charges	
APPLICATION, CRANIAL HALO	20661	CPT	outpatient			11084		Amerihealth	HMO/PPO		7204.6	65			356.23	10529.8	percent of total billed charges	
APPLICATION, CRANIAL HALO	20661	CPT	outpatient			11084		Consumer	Consumer		10529.8	95			356.23	10529.8	percent of total billed charges	
APPLICATION, CRANIAL HALO	20661	CPT	outpatient			11084		Corrections	Corrections		8867.2	80			356.23	10529.8	percent of total billed charges	
APPLICATION, CRANIAL HALO	20661	CPT	outpatient			11084		First Health	First Health		7758.8	70			356.23	10529.8	percent of total billed charges	
APPLICATION, CRANIAL HALO	20661	CPT	outpatient			11084		First Trenton	First Trenton		9975.6	90			356.23	10529.8	percent of total billed charges	
APPLICATION, CRANIAL HALO	20661	CPT	outpatient			11084		Horizon	NJ Health		356.23				356.23	10529.8	fee schedule	
APPLICATION, CRANIAL HALO	20661	CPT	outpatient			11084		Horizon	MGD		4242.96	38.28			356.23	10529.8	percent of total billed charges	
APPLICATION, CRANIAL HALO	20661	CPT	outpatient			11084		Horizon	Medicare Blue		3325.2	30			356.23	10529.8	percent of total billed charges	
APPLICATION, CRANIAL HALO	20661	CPT	outpatient			11084		Horizon	Indemnity		4242.96	38.28			356.23	10529.8	percent of total billed charges	
APPLICATION, CRANIAL HALO	20661	CPT	outpatient			11084		Horizon	PPO		4242.96	38.28			356.23	10529.8	percent of total billed charges	
APPLICATION, CRANIAL HALO	20661	CPT	outpatient			11084		Managed Care Inc	Managed Care Inc		9975.6	90			356.23	10529.8	percent of total billed charges	
APPLICATION, CRANIAL HALO	20661	CPT	outpatient			11084		Multiplan	Multiplan		8867.2	80			356.23	10529.8	percent of total billed charges	
APPLICATION, CRANIAL HALO	20661	CPT	outpatient			11084		Qualcare	Qualcare		8313	75			356.23	10529.8	percent of total billed charges	
APPLICATION, CRANIAL HALO	20661	CPT	outpatient			11084		Three Rivers	Three Rivers		10529.8	95			356.23	10529.8	percent of total billed charges	
APPLICATION, CRANIAL HALO	20661	CPT	outpatient			11084		UHC	Medicaid		3497	31.55			356.23	10529.8	percent of total billed charges	
APPLICATION, CRANIAL HALO	20661	CPT	outpatient			11084		United	Commercial|PPO		1782				356.23	10529.8	case rate	
APPLICATION, CRANIAL HALO	20661	CPT	outpatient			11084		United	Oxford		1782				356.23	10529.8	case rate	
APPLICATION, CRANIAL HALO	20661	CPT	outpatient			11084		Wellcare	Medicaid		3497	31.55			356.23	10529.8	percent of total billed charges	
APPLICATION, CRANIAL HALO	20661	CPT	outpatient			11084		WellPoint	WellPoint		3566.83	32.18			356.23	10529.8	percent of total billed charges	
HALO REMOVAL	20665	CPT	outpatient			1011	524.04	Aetna	Commercial		725.46				75.79	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HALO REMOVAL	20665	CPT	outpatient			1011	524.04	Aetna	Better Health		318.97	31.55			75.79	1782	percent of total billed charges	
HALO REMOVAL	20665	CPT	outpatient			1011	524.04	Aetna	Medicare		455.69				75.79	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HALO REMOVAL	20665	CPT	outpatient			1011	524.04	Americare	Americare		758.25	75			75.79	1782	percent of total billed charges	
HALO REMOVAL	20665	CPT	outpatient			1011	524.04	Amerihealth	HMO/PPO		657.15	65			75.79	1782	percent of total billed charges	
HALO REMOVAL	20665	CPT	outpatient			1011	524.04	Amerihealth	Medicare		455.69				75.79	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HALO REMOVAL	20665	CPT	outpatient			1011	524.04	Consumer	Consumer		960.45	95			75.79	1782	percent of total billed charges	
HALO REMOVAL	20665	CPT	outpatient			1011	524.04	Corrections	Corrections		808.8	80			75.79	1782	percent of total billed charges	
HALO REMOVAL	20665	CPT	outpatient			1011	524.04	First Health	First Health		707.7	70			75.79	1782	percent of total billed charges	
HALO REMOVAL	20665	CPT	outpatient			1011	524.04	First Trenton	First Trenton		909.9	90			75.79	1782	percent of total billed charges	
HALO REMOVAL	20665	CPT	outpatient			1011	524.04	Horizon	Indemnity		848.04				75.79	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HALO REMOVAL	20665	CPT	outpatient			1011	524.04	Horizon	MGD		848.04				75.79	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HALO REMOVAL	20665	CPT	outpatient			1011	524.04	Horizon	NJ Health		75.79				75.79	1782	fee schedule	
HALO REMOVAL	20665	CPT	outpatient			1011	524.04	Horizon	Medicare Blue		455.69				75.79	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HALO REMOVAL	20665	CPT	outpatient			1011	524.04	Horizon	PPO		848.04				75.79	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HALO REMOVAL	20665	CPT	outpatient			1011	524.04	Managed Care Inc	Managed Care Inc		909.9	90			75.79	1782	percent of total billed charges	
HALO REMOVAL	20665	CPT	outpatient			1011	524.04	Multiplan	Multiplan		808.8	80			75.79	1782	percent of total billed charges	
HALO REMOVAL	20665	CPT	outpatient			1011	524.04	Qualcare	Qualcare		758.25	75			75.79	1782	percent of total billed charges	
HALO REMOVAL	20665	CPT	outpatient			1011	524.04	Three Rivers	Three Rivers		960.45	95			75.79	1782	percent of total billed charges	
HALO REMOVAL	20665	CPT	outpatient			1011	524.04	UHC	Medicaid		318.97	31.55			75.79	1782	percent of total billed charges	
HALO REMOVAL	20665	CPT	outpatient			1011	524.04	UHC	Medicare		455.69				75.79	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
HALO REMOVAL	20665	CPT	outpatient			1011	524.04	United	Commercial|PPO		1782				75.79	1782	case rate	
HALO REMOVAL	20665	CPT	outpatient			1011	524.04	United	Oxford		1782				75.79	1782	case rate	
HALO REMOVAL	20665	CPT	outpatient			1011	524.04	Wellcare	Medicare		455.69				75.79	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HALO REMOVAL	20665	CPT	outpatient			1011	524.04	Wellcare	Medicaid		318.97	31.55			75.79	1782	percent of total billed charges	
HALO REMOVAL	20665	CPT	outpatient			1011	524.04	WellPoint	WellPoint		325.34	32.18			75.79	1782	percent of total billed charges	
REMOVEL OF IMPLANT: SUPERFICIAL	20670	CPT	outpatient			6134	2132.36	Aetna	Commercial		2951.93				131.54	5827.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVEL OF IMPLANT: SUPERFICIAL	20670	CPT	outpatient			6134	2132.36	Aetna	Better Health		1935.28	31.55			131.54	5827.3	percent of total billed charges	
REMOVEL OF IMPLANT: SUPERFICIAL	20670	CPT	outpatient			6134	2132.36	Aetna	Medicare		1854.23				131.54	5827.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVEL OF IMPLANT: SUPERFICIAL	20670	CPT	outpatient			6134	2132.36	Americare	Americare		4600.5	75			131.54	5827.3	percent of total billed charges	
REMOVEL OF IMPLANT: SUPERFICIAL	20670	CPT	outpatient			6134	2132.36	Amerihealth	Medicare		1854.23				131.54	5827.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVEL OF IMPLANT: SUPERFICIAL	20670	CPT	outpatient			6134	2132.36	Amerihealth	HMO/PPO		3987.1	65			131.54	5827.3	percent of total billed charges	
REMOVEL OF IMPLANT: SUPERFICIAL	20670	CPT	outpatient			6134	2132.36	Consumer	Consumer		5827.3	95			131.54	5827.3	percent of total billed charges	
REMOVEL OF IMPLANT: SUPERFICIAL	20670	CPT	outpatient			6134	2132.36	Corrections	Corrections		4907.2	80			131.54	5827.3	percent of total billed charges	
REMOVEL OF IMPLANT: SUPERFICIAL	20670	CPT	outpatient			6134	2132.36	First Health	First Health		4293.8	70			131.54	5827.3	percent of total billed charges	
REMOVEL OF IMPLANT: SUPERFICIAL	20670	CPT	outpatient			6134	2132.36	First Trenton	First Trenton		5520.6	90			131.54	5827.3	percent of total billed charges	
REMOVEL OF IMPLANT: SUPERFICIAL	20670	CPT	outpatient			6134	2132.36	Horizon	Indemnity		3450.72				131.54	5827.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVEL OF IMPLANT: SUPERFICIAL	20670	CPT	outpatient			6134	2132.36	Horizon	Medicare Blue		1854.23				131.54	5827.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVEL OF IMPLANT: SUPERFICIAL	20670	CPT	outpatient			6134	2132.36	Horizon	PPO		3450.72				131.54	5827.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVEL OF IMPLANT: SUPERFICIAL	20670	CPT	outpatient			6134	2132.36	Horizon	MGD		3450.72				131.54	5827.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVEL OF IMPLANT: SUPERFICIAL	20670	CPT	outpatient			6134	2132.36	Horizon	NJ Health		131.54				131.54	5827.3	fee schedule	
REMOVEL OF IMPLANT: SUPERFICIAL	20670	CPT	outpatient			6134	2132.36	Managed Care Inc	Managed Care Inc		5520.6	90			131.54	5827.3	percent of total billed charges	
REMOVEL OF IMPLANT: SUPERFICIAL	20670	CPT	outpatient			6134	2132.36	Multiplan	Multiplan		4907.2	80			131.54	5827.3	percent of total billed charges	
REMOVEL OF IMPLANT: SUPERFICIAL	20670	CPT	outpatient			6134	2132.36	Qualcare	Qualcare		4600.5	75			131.54	5827.3	percent of total billed charges	
REMOVEL OF IMPLANT: SUPERFICIAL	20670	CPT	outpatient			6134	2132.36	Three Rivers	Three Rivers		5827.3	95			131.54	5827.3	percent of total billed charges	
REMOVEL OF IMPLANT: SUPERFICIAL	20670	CPT	outpatient			6134	2132.36	UHC	Medicare		1854.23				131.54	5827.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVEL OF IMPLANT: SUPERFICIAL	20670	CPT	outpatient			6134	2132.36	UHC	Medicaid		1935.28	31.55			131.54	5827.3	percent of total billed charges	
REMOVEL OF IMPLANT: SUPERFICIAL	20670	CPT	outpatient			6134	2132.36	United	Commercial|PPO		2493				131.54	5827.3	case rate	
REMOVEL OF IMPLANT: SUPERFICIAL	20670	CPT	outpatient			6134	2132.36	United	Oxford		2493				131.54	5827.3	case rate	
REMOVEL OF IMPLANT: SUPERFICIAL	20670	CPT	outpatient			6134	2132.36	Wellcare	Medicare		1854.23				131.54	5827.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVEL OF IMPLANT: SUPERFICIAL	20670	CPT	outpatient			6134	2132.36	Wellcare	Medicaid		1935.28	31.55			131.54	5827.3	percent of total billed charges	
REMOVEL OF IMPLANT: SUPERFICIAL	20670	CPT	outpatient			6134	2132.36	WellPoint	WellPoint		1973.92	32.18			131.54	5827.3	percent of total billed charges	
ROMAVL OF IMPLANT, DEEP	20680	CPT	outpatient			9405	3737.2	Aetna	Commercial		5173.59				568.04	8934.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ROMAVL OF IMPLANT, DEEP	20680	CPT	outpatient			9405	3737.2	Aetna	Better Health		2967.28	31.55			568.04	8934.75	percent of total billed charges	
ROMAVL OF IMPLANT, DEEP	20680	CPT	outpatient			9405	3737.2	Aetna	Medicare		3249.74				568.04	8934.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ROMAVL OF IMPLANT, DEEP	20680	CPT	outpatient			9405	3737.2	Americare	Americare		7053.75	75			568.04	8934.75	percent of total billed charges	
ROMAVL OF IMPLANT, DEEP	20680	CPT	outpatient			9405	3737.2	Amerihealth	HMO/PPO		6113.25	65			568.04	8934.75	percent of total billed charges	
ROMAVL OF IMPLANT, DEEP	20680	CPT	outpatient			9405	3737.2	Amerihealth	Medicare		3249.74				568.04	8934.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ROMAVL OF IMPLANT, DEEP	20680	CPT	outpatient			9405	3737.2	Consumer	Consumer		8934.75	95			568.04	8934.75	percent of total billed charges	
ROMAVL OF IMPLANT, DEEP	20680	CPT	outpatient			9405	3737.2	Corrections	Corrections		7524	80			568.04	8934.75	percent of total billed charges	
ROMAVL OF IMPLANT, DEEP	20680	CPT	outpatient			9405	3737.2	First Health	First Health		6583.5	70			568.04	8934.75	percent of total billed charges	
ROMAVL OF IMPLANT, DEEP	20680	CPT	outpatient			9405	3737.2	First Trenton	First Trenton		8464.5	90			568.04	8934.75	percent of total billed charges	
ROMAVL OF IMPLANT, DEEP	20680	CPT	outpatient			9405	3737.2	Horizon	Medicare Blue		3249.74				568.04	8934.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ROMAVL OF IMPLANT, DEEP	20680	CPT	outpatient			9405	3737.2	Horizon	PPO		6047.77				568.04	8934.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ROMAVL OF IMPLANT, DEEP	20680	CPT	outpatient			9405	3737.2	Horizon	NJ Health		568.04				568.04	8934.75	fee schedule	
ROMAVL OF IMPLANT, DEEP	20680	CPT	outpatient			9405	3737.2	Horizon	MGD		6047.77				568.04	8934.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ROMAVL OF IMPLANT, DEEP	20680	CPT	outpatient			9405	3737.2	Horizon	Indemnity		6047.77				568.04	8934.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ROMAVL OF IMPLANT, DEEP	20680	CPT	outpatient			9405	3737.2	Managed Care Inc	Managed Care Inc		8464.5	90			568.04	8934.75	percent of total billed charges	
ROMAVL OF IMPLANT, DEEP	20680	CPT	outpatient			9405	3737.2	Multiplan	Multiplan		7524	80			568.04	8934.75	percent of total billed charges	
ROMAVL OF IMPLANT, DEEP	20680	CPT	outpatient			9405	3737.2	Qualcare	Qualcare		7053.75	75			568.04	8934.75	percent of total billed charges	
ROMAVL OF IMPLANT, DEEP	20680	CPT	outpatient			9405	3737.2	Three Rivers	Three Rivers		8934.75	95			568.04	8934.75	percent of total billed charges	
ROMAVL OF IMPLANT, DEEP	20680	CPT	outpatient			9405	3737.2	UHC	Medicaid		2967.28	31.55			568.04	8934.75	percent of total billed charges	
ROMAVL OF IMPLANT, DEEP	20680	CPT	outpatient			9405	3737.2	UHC	Medicare		3249.74				568.04	8934.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ROMAVL OF IMPLANT, DEEP	20680	CPT	outpatient			9405	3737.2	United	Commercial|PPO		2776				568.04	8934.75	case rate	
ROMAVL OF IMPLANT, DEEP	20680	CPT	outpatient			9405	3737.2	United	Oxford		2776				568.04	8934.75	case rate	
ROMAVL OF IMPLANT, DEEP	20680	CPT	outpatient			9405	3737.2	Wellcare	Medicare		3249.74				568.04	8934.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ROMAVL OF IMPLANT, DEEP	20680	CPT	outpatient			9405	3737.2	Wellcare	Medicaid		2967.28	31.55			568.04	8934.75	percent of total billed charges	
ROMAVL OF IMPLANT, DEEP	20680	CPT	outpatient			9405	3737.2	WellPoint	WellPoint		3036.53	32.18			568.04	8934.75	percent of total billed charges	
APPLY UNILAT EXT FIX SYSTEM	20690	CPT	outpatient			10815	9409.2	Aetna	Commercial		13025.6				285.19	15226.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLY UNILAT EXT FIX SYSTEM	20690	CPT	outpatient			10815	9409.2	Aetna	Better Health		3412.13	31.55			285.19	15226.53	percent of total billed charges	
APPLY UNILAT EXT FIX SYSTEM	20690	CPT	outpatient			10815	9409.2	Aetna	Medicare		8181.91				285.19	15226.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLY UNILAT EXT FIX SYSTEM	20690	CPT	outpatient			10815	9409.2	Americare	Americare		8111.25	75			285.19	15226.53	percent of total billed charges	
APPLY UNILAT EXT FIX SYSTEM	20690	CPT	outpatient			10815	9409.2	Amerihealth	Medicare		8181.91				285.19	15226.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLY UNILAT EXT FIX SYSTEM	20690	CPT	outpatient			10815	9409.2	Amerihealth	HMO/PPO		7029.75	65			285.19	15226.53	percent of total billed charges	
APPLY UNILAT EXT FIX SYSTEM	20690	CPT	outpatient			10815	9409.2	Consumer	Consumer		10274.25	95			285.19	15226.53	percent of total billed charges	
APPLY UNILAT EXT FIX SYSTEM	20690	CPT	outpatient			10815	9409.2	Corrections	Corrections		8652	80			285.19	15226.53	percent of total billed charges	
APPLY UNILAT EXT FIX SYSTEM	20690	CPT	outpatient			10815	9409.2	First Health	First Health		7570.5	70			285.19	15226.53	percent of total billed charges	
APPLY UNILAT EXT FIX SYSTEM	20690	CPT	outpatient			10815	9409.2	First Trenton	First Trenton		9733.5	90			285.19	15226.53	percent of total billed charges	
APPLY UNILAT EXT FIX SYSTEM	20690	CPT	outpatient			10815	9409.2	Horizon	MGD		15226.53				285.19	15226.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLY UNILAT EXT FIX SYSTEM	20690	CPT	outpatient			10815	9409.2	Horizon	Indemnity		15226.53				285.19	15226.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLY UNILAT EXT FIX SYSTEM	20690	CPT	outpatient			10815	9409.2	Horizon	Medicare Blue		8181.91				285.19	15226.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLY UNILAT EXT FIX SYSTEM	20690	CPT	outpatient			10815	9409.2	Horizon	NJ Health		285.19				285.19	15226.53	fee schedule	
APPLY UNILAT EXT FIX SYSTEM	20690	CPT	outpatient			10815	9409.2	Horizon	PPO		15226.53				285.19	15226.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLY UNILAT EXT FIX SYSTEM	20690	CPT	outpatient			10815	9409.2	Managed Care Inc	Managed Care Inc		9733.5	90			285.19	15226.53	percent of total billed charges	
APPLY UNILAT EXT FIX SYSTEM	20690	CPT	outpatient			10815	9409.2	Multiplan	Multiplan		8652	80			285.19	15226.53	percent of total billed charges	
APPLY UNILAT EXT FIX SYSTEM	20690	CPT	outpatient			10815	9409.2	Qualcare	Qualcare		8111.25	75			285.19	15226.53	percent of total billed charges	
APPLY UNILAT EXT FIX SYSTEM	20690	CPT	outpatient			10815	9409.2	Three Rivers	Three Rivers		10274.25	95			285.19	15226.53	percent of total billed charges	
APPLY UNILAT EXT FIX SYSTEM	20690	CPT	outpatient			10815	9409.2	UHC	Medicare		8181.91				285.19	15226.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLY UNILAT EXT FIX SYSTEM	20690	CPT	outpatient			10815	9409.2	UHC	Medicaid		3412.13	31.55			285.19	15226.53	percent of total billed charges	
APPLY UNILAT EXT FIX SYSTEM	20690	CPT	outpatient			10815	9409.2	United	Oxford		3492				285.19	15226.53	case rate	
APPLY UNILAT EXT FIX SYSTEM	20690	CPT	outpatient			10815	9409.2	United	Commercial|PPO		3492				285.19	15226.53	case rate	
APPLY UNILAT EXT FIX SYSTEM	20690	CPT	outpatient			10815	9409.2	Wellcare	Medicaid		3412.13	31.55			285.19	15226.53	percent of total billed charges	
APPLY UNILAT EXT FIX SYSTEM	20690	CPT	outpatient			10815	9409.2	Wellcare	Medicare		8181.91				285.19	15226.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLY UNILAT EXT FIX SYSTEM	20690	CPT	outpatient			10815	9409.2	WellPoint	WellPoint		3480.27	32.18			285.19	15226.53	percent of total billed charges	
REMOVAL OF EXTERNAL FIXATION	20694	CPT	outpatient			5257	2113.84	Aetna	Better Health		1658.58	31.55			331.6	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF EXTERNAL FIXATION	20694	CPT	outpatient			5257	2113.84	Aetna	Commercial		2926.29				331.6	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF EXTERNAL FIXATION	20694	CPT	outpatient			5257	2113.84	Aetna	Medicare		1838.12				331.6	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF EXTERNAL FIXATION	20694	CPT	outpatient			5257	2113.84	Americare	Americare		3942.75	75			331.6	4994.15	percent of total billed charges	
REMOVAL OF EXTERNAL FIXATION	20694	CPT	outpatient			5257	2113.84	Amerihealth	HMO/PPO		3417.05	65			331.6	4994.15	percent of total billed charges	
REMOVAL OF EXTERNAL FIXATION	20694	CPT	outpatient			5257	2113.84	Amerihealth	Medicare		1838.12				331.6	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF EXTERNAL FIXATION	20694	CPT	outpatient			5257	2113.84	Consumer	Consumer		4994.15	95			331.6	4994.15	percent of total billed charges	
REMOVAL OF EXTERNAL FIXATION	20694	CPT	outpatient			5257	2113.84	Corrections	Corrections		4205.6	80			331.6	4994.15	percent of total billed charges	
REMOVAL OF EXTERNAL FIXATION	20694	CPT	outpatient			5257	2113.84	First Health	First Health		3679.9	70			331.6	4994.15	percent of total billed charges	
REMOVAL OF EXTERNAL FIXATION	20694	CPT	outpatient			5257	2113.84	First Trenton	First Trenton		4731.3	90			331.6	4994.15	percent of total billed charges	
REMOVAL OF EXTERNAL FIXATION	20694	CPT	outpatient			5257	2113.84	Horizon	MGD		3420.74				331.6	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF EXTERNAL FIXATION	20694	CPT	outpatient			5257	2113.84	Horizon	Indemnity		3420.74				331.6	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF EXTERNAL FIXATION	20694	CPT	outpatient			5257	2113.84	Horizon	NJ Health		331.6				331.6	4994.15	fee schedule	
REMOVAL OF EXTERNAL FIXATION	20694	CPT	outpatient			5257	2113.84	Horizon	PPO		3420.74				331.6	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF EXTERNAL FIXATION	20694	CPT	outpatient			5257	2113.84	Horizon	Medicare Blue		1838.12				331.6	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF EXTERNAL FIXATION	20694	CPT	outpatient			5257	2113.84	Managed Care Inc	Managed Care Inc		4731.3	90			331.6	4994.15	percent of total billed charges	
REMOVAL OF EXTERNAL FIXATION	20694	CPT	outpatient			5257	2113.84	Multiplan	Multiplan		4205.6	80			331.6	4994.15	percent of total billed charges	
REMOVAL OF EXTERNAL FIXATION	20694	CPT	outpatient			5257	2113.84	Qualcare	Qualcare		3942.75	75			331.6	4994.15	percent of total billed charges	
REMOVAL OF EXTERNAL FIXATION	20694	CPT	outpatient			5257	2113.84	Three Rivers	Three Rivers		4994.15	95			331.6	4994.15	percent of total billed charges	
REMOVAL OF EXTERNAL FIXATION	20694	CPT	outpatient			5257	2113.84	UHC	Medicaid		1658.58	31.55			331.6	4994.15	percent of total billed charges	
REMOVAL OF EXTERNAL FIXATION	20694	CPT	outpatient			5257	2113.84	UHC	Medicare		1838.12				331.6	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF EXTERNAL FIXATION	20694	CPT	outpatient			5257	2113.84	United	Oxford		2493				331.6	4994.15	case rate	
REMOVAL OF EXTERNAL FIXATION	20694	CPT	outpatient			5257	2113.84	United	Commercial|PPO		2493				331.6	4994.15	case rate	
REMOVAL OF EXTERNAL FIXATION	20694	CPT	outpatient			5257	2113.84	Wellcare	Medicaid		1658.58	31.55			331.6	4994.15	percent of total billed charges	
REMOVAL OF EXTERNAL FIXATION	20694	CPT	outpatient			5257	2113.84	Wellcare	Medicare		1838.12				331.6	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF EXTERNAL FIXATION	20694	CPT	outpatient			5257	2113.84	WellPoint	WellPoint		1691.7	32.18			331.6	4994.15	percent of total billed charges	
REPLANT DIGIT COMPLETE AMP	20816	CPT	outpatient			24532		Aetna	Better Health		7739.85	31.55			710.57	23305.4	percent of total billed charges	
REPLANT DIGIT COMPLETE AMP	20816	CPT	outpatient			24532		Aetna	Commercial		9322.16	38			710.57	23305.4	percent of total billed charges	
REPLANT DIGIT COMPLETE AMP	20816	CPT	outpatient			24532		Aetna	Medicare		7555.86	30.8			710.57	23305.4	percent of total billed charges	
REPLANT DIGIT COMPLETE AMP	20816	CPT	outpatient			24532		Americare	Americare		18399	75			710.57	23305.4	percent of total billed charges	
REPLANT DIGIT COMPLETE AMP	20816	CPT	outpatient			24532		Amerihealth	HMO/PPO		15945.8	65			710.57	23305.4	percent of total billed charges	
REPLANT DIGIT COMPLETE AMP	20816	CPT	outpatient			24532		Consumer	Consumer		23305.4	95			710.57	23305.4	percent of total billed charges	
REPLANT DIGIT COMPLETE AMP	20816	CPT	outpatient			24532		Corrections	Corrections		19625.6	80			710.57	23305.4	percent of total billed charges	
REPLANT DIGIT COMPLETE AMP	20816	CPT	outpatient			24532		First Health	First Health		17172.4	70			710.57	23305.4	percent of total billed charges	
REPLANT DIGIT COMPLETE AMP	20816	CPT	outpatient			24532		First Trenton	First Trenton		22078.8	90			710.57	23305.4	percent of total billed charges	
REPLANT DIGIT COMPLETE AMP	20816	CPT	outpatient			24532		Horizon	Indemnity		9390.85	38.28			710.57	23305.4	percent of total billed charges	
REPLANT DIGIT COMPLETE AMP	20816	CPT	outpatient			24532		Horizon	Medicare Blue		7359.6	30			710.57	23305.4	percent of total billed charges	
REPLANT DIGIT COMPLETE AMP	20816	CPT	outpatient			24532		Horizon	NJ Health		710.57				710.57	23305.4	fee schedule	
REPLANT DIGIT COMPLETE AMP	20816	CPT	outpatient			24532		Horizon	MGD		9390.85	38.28			710.57	23305.4	percent of total billed charges	
REPLANT DIGIT COMPLETE AMP	20816	CPT	outpatient			24532		Horizon	PPO		9390.85	38.28			710.57	23305.4	percent of total billed charges	
REPLANT DIGIT COMPLETE AMP	20816	CPT	outpatient			24532		Managed Care Inc	Managed Care Inc		22078.8	90			710.57	23305.4	percent of total billed charges	
REPLANT DIGIT COMPLETE AMP	20816	CPT	outpatient			24532		Multiplan	Multiplan		19625.6	80			710.57	23305.4	percent of total billed charges	
REPLANT DIGIT COMPLETE AMP	20816	CPT	outpatient			24532		Qualcare	Qualcare		18399	75			710.57	23305.4	percent of total billed charges	
REPLANT DIGIT COMPLETE AMP	20816	CPT	outpatient			24532		Three Rivers	Three Rivers		23305.4	95			710.57	23305.4	percent of total billed charges	
REPLANT DIGIT COMPLETE AMP	20816	CPT	outpatient			24532		UHC	Medicaid		7739.85	31.55			710.57	23305.4	percent of total billed charges	
REPLANT DIGIT COMPLETE AMP	20816	CPT	outpatient			24532		United	Commercial|PPO		4702				710.57	23305.4	case rate	
REPLANT DIGIT COMPLETE AMP	20816	CPT	outpatient			24532		United	Oxford		4702				710.57	23305.4	case rate	
REPLANT DIGIT COMPLETE AMP	20816	CPT	outpatient			24532		Wellcare	Medicaid		7739.85	31.55			710.57	23305.4	percent of total billed charges	
REPLANT DIGIT COMPLETE AMP	20816	CPT	outpatient			24532		WellPoint	WellPoint		7894.4	32.18			710.57	23305.4	percent of total billed charges	
REPLANTAT DIGIT EX THUMB	20822	CPT	outpatient			10522	2113.84	Aetna	Better Health		3319.69	31.55			535.31	9995.9	percent of total billed charges	
REPLANTAT DIGIT EX THUMB	20822	CPT	outpatient			10522	2113.84	Aetna	Medicare		3240.78	30.8			535.31	9995.9	percent of total billed charges	
REPLANTAT DIGIT EX THUMB	20822	CPT	outpatient			10522	2113.84	Aetna	Commercial		2926.29				535.31	9995.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPLANTAT DIGIT EX THUMB	20822	CPT	outpatient			10522	2113.84	Americare	Americare		7891.5	75			535.31	9995.9	percent of total billed charges	
REPLANTAT DIGIT EX THUMB	20822	CPT	outpatient			10522	2113.84	Amerihealth	Medicare		1838.12				535.31	9995.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPLANTAT DIGIT EX THUMB	20822	CPT	outpatient			10522	2113.84	Amerihealth	HMO/PPO		6839.3	65			535.31	9995.9	percent of total billed charges	
REPLANTAT DIGIT EX THUMB	20822	CPT	outpatient			10522	2113.84	Consumer	Consumer		9995.9	95			535.31	9995.9	percent of total billed charges	
REPLANTAT DIGIT EX THUMB	20822	CPT	outpatient			10522	2113.84	Corrections	Corrections		8417.6	80			535.31	9995.9	percent of total billed charges	
REPLANTAT DIGIT EX THUMB	20822	CPT	outpatient			10522	2113.84	First Health	First Health		7365.4	70			535.31	9995.9	percent of total billed charges	
REPLANTAT DIGIT EX THUMB	20822	CPT	outpatient			10522	2113.84	First Trenton	First Trenton		9469.8	90			535.31	9995.9	percent of total billed charges	
REPLANTAT DIGIT EX THUMB	20822	CPT	outpatient			10522	2113.84	Horizon	Indemnity		3420.74				535.31	9995.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPLANTAT DIGIT EX THUMB	20822	CPT	outpatient			10522	2113.84	Horizon	Medicare Blue		1838.12				535.31	9995.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPLANTAT DIGIT EX THUMB	20822	CPT	outpatient			10522	2113.84	Horizon	PPO		3420.74				535.31	9995.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPLANTAT DIGIT EX THUMB	20822	CPT	outpatient			10522	2113.84	Horizon	MGD		3420.74				535.31	9995.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPLANTAT DIGIT EX THUMB	20822	CPT	outpatient			10522	2113.84	Horizon	NJ Health		535.31				535.31	9995.9	fee schedule	
REPLANTAT DIGIT EX THUMB	20822	CPT	outpatient			10522	2113.84	Managed Care Inc	Managed Care Inc		9469.8	90			535.31	9995.9	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
REPLANTAT DIGIT EX THUMB	20822	CPT	outpatient			10522		2113.84	Multiplan		8417.6	80			535.31	9999.9	percent of total billed charges	
REPLANTAT DIGIT EX THUMB	20822	CPT	outpatient			10522		2113.84	Qualcare		7891.5	75			535.31	9999.9	percent of total billed charges	
REPLANTAT DIGIT EX THUMB	20822	CPT	outpatient			10522		2113.84	Three Rivers		9995.9	95			535.31	9999.9	percent of total billed charges	
REPLANTAT DIGIT EX THUMB	20822	CPT	outpatient			10522		2113.84	UHC		1838.12				535.31	9999.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPLANTAT DIGIT EX THUMB	20822	CPT	outpatient			10522		2113.84	UHC		3319.69	31.55			535.31	9999.9	percent of total billed charges	
REPLANTAT DIGIT EX THUMB	20822	CPT	outpatient			10522		2113.84	United		2776				535.31	9999.9	case rate	
REPLANTAT DIGIT EX THUMB	20822	CPT	outpatient			10522		2113.84	United		2776				535.31	9999.9	case rate	
REPLANTAT DIGIT EX THUMB	20822	CPT	outpatient			10522		2113.84	Wellcare		1838.12				535.31	9999.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPLANTAT DIGIT EX THUMB	20822	CPT	outpatient			10522		2113.84	Wellcare		3319.69	31.55			535.31	9999.9	percent of total billed charges	
REPLANTAT DIGIT EX THUMB	20822	CPT	outpatient			10522		2113.84	WellPoint		3385.98	32.18			535.31	9999.9	percent of total billed charges	
REPLANTATION THUMB	20824	CPT	outpatient			9600			Aetna		3648	38			568.46	9120	percent of total billed charges	
REPLANTATION THUMB	20824	CPT	outpatient			9600			Aetna		3028.8	31.55			568.46	9120	percent of total billed charges	
REPLANTATION THUMB	20824	CPT	outpatient			9600			Aetna		2956.8	30.8			568.46	9120	percent of total billed charges	
REPLANTATION THUMB	20824	CPT	outpatient			9600			Americare		7200	75			568.46	9120	percent of total billed charges	
REPLANTATION THUMB	20824	CPT	outpatient			9600			Amerihealth		6240	65			568.46	9120	percent of total billed charges	
REPLANTATION THUMB	20824	CPT	outpatient			9600			Consumer		9120	95			568.46	9120	percent of total billed charges	
REPLANTATION THUMB	20824	CPT	outpatient			9600			Corrections		7680	80			568.46	9120	percent of total billed charges	
REPLANTATION THUMB	20824	CPT	outpatient			9600			First Health		6720	70			568.46	9120	percent of total billed charges	
REPLANTATION THUMB	20824	CPT	outpatient			9600			First Trenton		8640	90			568.46	9120	percent of total billed charges	
REPLANTATION THUMB	20824	CPT	outpatient			9600			Horizon		2880	30			568.46	9120	percent of total billed charges	
REPLANTATION THUMB	20824	CPT	outpatient			9600			Horizon		3674.88	38.28			568.46	9120	percent of total billed charges	
REPLANTATION THUMB	20824	CPT	outpatient			9600			Horizon		3674.88	38.28			568.46	9120	percent of total billed charges	
REPLANTATION THUMB	20824	CPT	outpatient			9600			Horizon		568.46				568.46	9120	fee schedule	
REPLANTATION THUMB	20824	CPT	outpatient			9600			Horizon		3674.88	38.28			568.46	9120	percent of total billed charges	
REPLANTATION THUMB	20824	CPT	outpatient			9600			Managed Care Inc		8640	90			568.46	9120	percent of total billed charges	
REPLANTATION THUMB	20824	CPT	outpatient			9600			Multiplan		7680	80			568.46	9120	percent of total billed charges	
REPLANTATION THUMB	20824	CPT	outpatient			9600			Qualcare		7200	75			568.46	9120	percent of total billed charges	
REPLANTATION THUMB	20824	CPT	outpatient			9600			Three Rivers		9120	95			568.46	9120	percent of total billed charges	
REPLANTATION THUMB	20824	CPT	outpatient			9600			UHC		3028.8	31.55			568.46	9120	percent of total billed charges	
REPLANTATION THUMB	20824	CPT	outpatient			9600			United		4702				568.46	9120	case rate	
REPLANTATION THUMB	20824	CPT	outpatient			9600			United		4702				568.46	9120	case rate	
REPLANTATION THUMB	20824	CPT	outpatient			9600			Wellcare		3028.8	31.55			568.46	9120	percent of total billed charges	
REPLANTATION THUMB	20824	CPT	outpatient			9600			WellPoint		3089.28	32.18			568.46	9120	percent of total billed charges	
REPLANTATION THUMB	20827	CPT	outpatient			24532			Aetna		7739.85	31.55			416.87	23305.4	percent of total billed charges	
REPLANTATION THUMB	20827	CPT	outpatient			24532			Aetna		9322.16	38			416.87	23305.4	percent of total billed charges	
REPLANTATION THUMB	20827	CPT	outpatient			24532			Aetna		7555.86	30.8			416.87	23305.4	percent of total billed charges	
REPLANTATION THUMB	20827	CPT	outpatient			24532			Americare		18399	75			416.87	23305.4	percent of total billed charges	
REPLANTATION THUMB	20827	CPT	outpatient			24532			Amerihealth		15945.8	65			416.87	23305.4	percent of total billed charges	
REPLANTATION THUMB	20827	CPT	outpatient			24532			Consumer		23305.4	95			416.87	23305.4	percent of total billed charges	
REPLANTATION THUMB	20827	CPT	outpatient			24532			Corrections		19625.6	80			416.87	23305.4	percent of total billed charges	
REPLANTATION THUMB	20827	CPT	outpatient			24532			First Health		17172.4	70			416.87	23305.4	percent of total billed charges	
REPLANTATION THUMB	20827	CPT	outpatient			24532			First Trenton		22078.8	90			416.87	23305.4	percent of total billed charges	
REPLANTATION THUMB	20827	CPT	outpatient			24532			Horizon		9390.85	38.28			416.87	23305.4	percent of total billed charges	
REPLANTATION THUMB	20827	CPT	outpatient			24532			Horizon		7359.6	30			416.87	23305.4	percent of total billed charges	
REPLANTATION THUMB	20827	CPT	outpatient			24532			Horizon		416.87				416.87	23305.4	fee schedule	
REPLANTATION THUMB	20827	CPT	outpatient			24532			Horizon		9390.85	38.28			416.87	23305.4	percent of total billed charges	
REPLANTATION THUMB	20827	CPT	outpatient			24532			Horizon		9390.85	38.28			416.87	23305.4	percent of total billed charges	
REPLANTATION THUMB	20827	CPT	outpatient			24532			Managed Care Inc		22078.8	90			416.87	23305.4	percent of total billed charges	
REPLANTATION THUMB	20827	CPT	outpatient			24532			Multiplan		19625.6	80			416.87	23305.4	percent of total billed charges	
REPLANTATION THUMB	20827	CPT	outpatient			24532			Qualcare		18399	75			416.87	23305.4	percent of total billed charges	
REPLANTATION THUMB	20827	CPT	outpatient			24532			Three Rivers		23305.4	95			416.87	23305.4	percent of total billed charges	
REPLANTATION THUMB	20827	CPT	outpatient			24532			UHC		7739.85	31.55			416.87	23305.4	percent of total billed charges	
REPLANTATION THUMB	20827	CPT	outpatient			24532			United		4702				416.87	23305.4	case rate	
REPLANTATION THUMB	20827	CPT	outpatient			24532			United		4702				416.87	23305.4	case rate	
REPLANTATION THUMB	20827	CPT	outpatient			24532			Wellcare		7739.85	31.55			416.87	23305.4	percent of total billed charges	
REPLANTATION THUMB	20827	CPT	outpatient			24532			WellPoint		7894.4	32.18			416.87	23305.4	percent of total billed charges	
MONITOR INTERST FLD PRESSURE	20950	CPT	outpatient			2328		925.36	Aetna		804.66				193.79	2211.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MONITOR INTERST FLD PRESSURE	20950	CPT	outpatient			2328		925.36	Aetna		1281.02				193.79	2211.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MONITOR INTERST FLD PRESSURE	20950	CPT	outpatient			2328		925.36	Aetna		734.48	31.55			193.79	2211.6	percent of total billed charges	
MONITOR INTERST FLD PRESSURE	20950	CPT	outpatient			2328		925.36	Americare		1746	75			193.79	2211.6	percent of total billed charges	
MONITOR INTERST FLD PRESSURE	20950	CPT	outpatient			2328		925.36	Amerihealth		804.66				193.79	2211.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MONITOR INTERST FLD PRESSURE	20950	CPT	outpatient			2328		925.36	Amerihealth		HMO/PPO	1513.2	65			193.79	2211.6	percent of total billed charges	
MONITOR INTERST FLD PRESSURE	20950	CPT	outpatient			2328		925.36	Consumer		Consumer	2211.6	95			193.79	2211.6	percent of total billed charges	
MONITOR INTERST FLD PRESSURE	20950	CPT	outpatient			2328		925.36	Corrections		Corrections	1862.4	80			193.79	2211.6	percent of total billed charges	
MONITOR INTERST FLD PRESSURE	20950	CPT	outpatient			2328		925.36	First Health		First Health	1629.6	70			193.79	2211.6	percent of total billed charges	
MONITOR INTERST FLD PRESSURE	20950	CPT	outpatient			2328		925.36	First Trenton		First Trenton	2095.2	90			193.79	2211.6	percent of total billed charges	
MONITOR INTERST FLD PRESSURE	20950	CPT	outpatient			2328		925.36	Horizon		MGD	1497.47				193.79	2211.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MONITOR INTERST FLD PRESSURE	20950	CPT	outpatient			2328		925.36	Horizon		Indemnity	1497.47				193.79	2211.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MONITOR INTERST FLD PRESSURE	20950	CPT	outpatient			2328		925.36	Horizon		Medicare Blue	804.66				193.79	2211.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MONITOR INTERST FLD PRESSURE	20950	CPT	outpatient			2328		925.36	Horizon		NJ Health	193.79				193.79	2211.6	fee schedule	
MONITOR INTERST FLD PRESSURE	20950	CPT	outpatient			2328		925.36	Horizon		PPO	1497.47				193.79	2211.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MONITOR INTERST FLD PRESSURE	20950	CPT	outpatient			2328		925.36	Managed Care Inc		Managed Care Inc	2095.2	90			193.79	2211.6	percent of total billed charges	
MONITOR INTERST FLD PRESSURE	20950	CPT	outpatient			2328		925.36	Multiplan		Multiplan	1862.4	80			193.79	2211.6	percent of total billed charges	
MONITOR INTERST FLD PRESSURE	20950	CPT	outpatient			2328		925.36	Qualcare		Qualcare	1746	75			193.79	2211.6	percent of total billed charges	
MONITOR INTERST FLD PRESSURE	20950	CPT	outpatient			2328		925.36	Three Rivers		Three Rivers	2211.6	95			193.79	2211.6	percent of total billed charges	
MONITOR INTERST FLD PRESSURE	20950	CPT	outpatient			2328		925.36	UHC		Medicaid	734.48	31.55			193.79	2211.6	percent of total billed charges	
MONITOR INTERST FLD PRESSURE	20950	CPT	outpatient			2328		925.36	UHC		Medicare	804.66				193.79	2211.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MONITOR INTERST FLD PRESSURE	20950	CPT	outpatient			2328		925.36	United		Oxford	1817				193.79	2211.6	case rate	
MONITOR INTERST FLD PRESSURE	20950	CPT	outpatient			2328		925.36	United		CommercialPPO	1817				193.79	2211.6	case rate	
MONITOR INTERST FLD PRESSURE	20950	CPT	outpatient			2328		925.36	Wellcare		Medicare	804.66				193.79	2211.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MONITOR INTERST FLD PRESSURE	20950	CPT	outpatient			2328		925.36	Wellcare		Medicaid	734.48	31.55			193.79	2211.6	percent of total billed charges	
MONITOR INTERST FLD PRESSURE	20950	CPT	outpatient			2328		925.36	WellPoint		WellPoint	749.15	32.18			193.79	2211.6	percent of total billed charges	
ABLATION,BONE TUMOR, *59*	20982	CPT	both			17042		17309.86	Aetna		Commercial	23962.86				5248.94	28011.87	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ABLATION,BONE TUMOR, *59*	20982	CPT	both			17042		17309.86	Aetna		Better Health	5376.75	31.55			5248.94	28011.87	percent of total billed charges	
ABLATION,BONE TUMOR, *59*	20982	CPT	both			17042		17309.86	Aetna		Medicare	5248.94	30.8			5248.94	28011.87	percent of total billed charges	
ABLATION,BONE TUMOR, *59*	20982	CPT	both			17042		17309.86	Americare		Americare	12781.5	75			5248.94	28011.87	percent of total billed charges	
ABLATION,BONE TUMOR, *59*	20982	CPT	both			17042		17309.86	Amerihealth		HMO/PPO	11077.3	65			5248.94	28011.87	percent of total billed charges	
ABLATION,BONE TUMOR, *59*	20982	CPT	both			17042		17309.86	Amerihealth		Medicare	15052.05				5248.94	28011.87	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ABLATION,BONE TUMOR, *59*	20982	CPT	both			17042		17309.86	Consumer		Consumer	16189.9	95			5248.94	28011.87	percent of total billed charges	
ABLATION,BONE TUMOR, *59*	20982	CPT	both			17042		17309.86	Corrections		Corrections	13633.6	80			5248.94	28011.87	percent of total billed charges	
ABLATION,BONE TUMOR, *59*	20982	CPT	both			17042		17309.86	First Health		First Health	11929.4	70			5248.94	28011.87	percent of total billed charges	
ABLATION,BONE TUMOR, *59*	20982	CPT	both			17042		17309.86	First Trenton		First Trenton	15337.8	90			5248.94	28011.87	percent of total billed charges	
ABLATION,BONE TUMOR, *59*	20982	CPT	both			17042		17309.86	Horizon		Medicare Blue	15052.05				5248.94	28011.87	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ABLATION,BONE TUMOR, *59*	20982	CPT	both			17042		17309.86	Horizon		NJ Health	5412.07				5248.94	28011.87	fee schedule	
ABLATION,BONE TUMOR, *59*	20982	CPT	both			17042		17309.86	Horizon		MGD	28011.87				5248.94	28011.87	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ABLATION,BONE TUMOR, *59*	20982	CPT	both			17042		17309.86	Horizon		Indemnity	28011.87				5248.94	28011.87	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ABLATION,BONE TUMOR, *59*	20982	CPT	both			17042		17309.86	Horizon		PPO	28011.87				5248.94	28011.87	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ABLATION,BONE TUMOR, *59*	20982	CPT	both			17042		17309.86	Managed Care Inc		Managed Care Inc	15337.8	90			5248.94	28011.87	percent of total billed charges	
ABLATION,BONE TUMOR, *59*	20982	CPT	both			17042		17309.86	Multiplan		Multiplan	13633.6	80			5248.94	28011.87	percent of total billed charges	
ABLATION,BONE TUMOR, *59*	20982	CPT	both			17042		17309.86	Qualcare		Qualcare	12781.5	75			5248.94	28011.87	percent of total billed charges	
ABLATION,BONE TUMOR, *59*	20982	CPT	both			17042		17309.86	Three Rivers		Three Rivers	16189.9	95			5248.94	28011.87	percent of total billed charges	
ABLATION,BONE TUMOR, *59*	20982	CPT	both			17042		17309.86	UHC		Medicaid	5376.75	31.55			5248.94	28011.87	percent of total billed charges	
ABLATION,BONE TUMOR, *59*	20982	CPT	both			17042		17309.86	UHC		Medicare	15052.05				5248.94	28011.87	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ABLATION,BONE TUMOR, *59*	20982	CPT	both			17042		17309.86	United		Oxford	6362				5248.94	28011.87	case rate	
ABLATION,BONE TUMOR, *59*	20982	CPT	both			17042		17309.86	United		CommercialPPO	6362				5248.94	28011.87	case rate	
ABLATION,BONE TUMOR, *59*	20982	CPT	both			17042		17309.86	Wellcare		Medicare	15052.05				5248.94	28011.87	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ABLATION,BONE TUMOR, *59*	20982	CPT	both			17042		17309.86	Wellcare		Medicaid	5376.75	31.55			5248.94	28011.87	percent of total billed charges	
ABLATION,BONE TUMOR, *59*	20982	CPT	both			17042		17309.86	WellPoint		WellPoint	5484.12	32.18			5248.94	28011.87	percent of total billed charges	
ABLATION THERAPY 1 OR MORE BONE TUMORS	20983	CPT	outpatient			17650		9409.2	Aetna		Better Health	5568.58	31.55			4702	16767.5	percent of total billed charges	
ABLATION THERAPY 1 OR MORE BONE TUMORS	20983	CPT	outpatient			17650		9409.2	Aetna		Medicare	8181.91				4702	16767.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ABLATION THERAPY 1 OR MORE BONE TUMORS	20983	CPT	outpatient			17650		9409.2	Aetna		Commercial	13025.6				4702	16767.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ABLATION THERAPY 1 OR MORE BONE TUMORS	20983	CPT	outpatient			17650		9409.2	Americare		Americare	13237.5	75			4702	16767.5	percent of total billed charges	
ABLATION THERAPY 1 OR MORE BONE TUMORS	20983	CPT	outpatient			17650		9409.2	Amerihealth		Medicare	8181.91				4702	16767.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ABLATION THERAPY 1 OR MORE BONE TUMORS	20983	CPT	outpatient			17650		9409.2	Amerihealth		HMO/PPO	11472.5	65			4702	16767.5	percent of total billed charges	
ABLATION THERAPY 1 OR MORE BONE TUMORS	20983	CPT	outpatient			17650		9409.2	Consumer		Consumer	16767.5	95			4702	16767.5	percent of total billed charges	
ABLATION THERAPY 1 OR MORE BONE TUMORS	20983	CPT	outpatient			17650		9409.2	Corrections		Corrections	14120	80			4702	16767.5	percent of total billed charges	
ABLATION THERAPY 1 OR MORE BONE TUMORS	20983	CPT	outpatient			17650		9409.2	First Health		First Health	12355	70			4702	16767.5	percent of total billed charges	
ABLATION THERAPY 1 OR MORE BONE TUMORS	20983	CPT	outpatient			17650		9409.2	First Trenton		First Trenton	15885	90			4702	16767.5	percent of total billed charges	
ABLATION THERAPY 1 OR MORE BONE TUMORS	20983	CPT	outpatient			17650		9409.2	Horizon		Indemnity	15226.53				4702	16767.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ABLATION THERAPY 1 OR MORE BONE TUMORS	20983	CPT	outpatient			17650		9409.2	Horizon		Medicare Blue	8181.91				4702	16767.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ABLATION THERAPY 1 OR MORE BONE TUMORS	20983	CPT	outpatient			17650		9409.2	Horizon		NJ Health	10771.13				4702	16767.5	fee schedule	
ABLATION THERAPY 1 OR MORE BONE TUMORS	20983	CPT	outpatient			17650		9409.2	Horizon		MGD	15226.53				4702	16767.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ABLATION THERAPY 1 OR MORE BONE TUMORS	20983	CPT	outpatient			17650		9409.2	Horizon		PPO	15226.53				4702	16767.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ABLATION THERAPY 1 OR MORE BONE TUMORS	20983	CPT	outpatient			17650		9409.2	Managed Care Inc		Managed Care Inc	15885	90			4702	16767.5	percent of total billed charges	
ABLATION THERAPY 1 OR MORE BONE TUMORS	20983	CPT	outpatient			17650		9409.2	Multiplan		Multiplan	14120	80			4702	16767.5	percent of total billed charges	
ABLATION THERAPY 1 OR MORE BONE TUMORS	20983	CPT	outpatient			17650		9409.2	Qualcare		Qualcare	13237.5	75			4702	16767.5	percent of total billed charges	
ABLATION THERAPY 1 OR MORE BONE TUMORS	20983	CPT	outpatient			17650		9409.2	Three Rivers		Three Rivers	16767.5	95			4702	16767.5	percent of total billed charges	
ABLATION THERAPY 1 OR MORE BONE TUMORS	20983	CPT	outpatient			17650		9409.2	UHC		Medicaid	5568.58	31.55			4702	16767.5	percent of total billed charges	
ABLATION THERAPY 1 OR MORE BONE TUMORS	20983	CPT	outpatient			17650		9409.2	UHC		Medicare	8181.91				4702	16767.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ABLATION THERAPY 1 OR MORE BONE TUMORS	20983	CPT	outpatient			17650		9409.2	United		CommercialPPO	4702				4702	16767.5	case rate	
ABLATION THERAPY 1 OR MORE BONE TUMORS	20983	CPT	outpatient			17650		9409.2	United		Oxford	4702				4702	16767.5	case rate	
ABLATION THERAPY 1 OR MORE BONE TUMORS	20983	CPT	outpatient			17650		9409.2	Wellcare		Medicaid	5568.58	31.55			4702	16767.5	percent of total billed charges	
ABLATION THERAPY 1 OR MORE BONE TUMORS	20983	CPT	outpatient			17650		9409.2	Wellcare		Medicare	8181.91				4702	16767.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ABLATION THERAPY 1 OR MORE BONE TUMORS	20983	CPT	outpatient			17650		9409.2	WellPoint		WellPoint	5679.77	32.18			4702	16767.5	percent of total billed charges	
UNLIST PROC, MUSCULO SYS, GEN	20999	CPT	outpatient			767		310.16	Aetna		Commercial	429.36				241.99	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLIST PROC, MUSCULO SYS, GEN	20999	CPT	outpatient			767		310.16	Aetna		Medicare	269.7				241.99	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLIST PROC, MUSCULO SYS, GEN	20999	CPT	outpatient			767		310.16	Aetna		Better Health	241.99	31.55			241.99	1782	percent of total billed charges	
UNLIST PROC, MUSCULO SYS, GEN	20999	CPT	outpatient			767		310.16	Americare		Americare	575.25	75			241.99	1782	percent of total billed charges	
UNLIST PROC, MUSCULO SYS, GEN	20999	CPT	outpatient			767		310.16	Amerihealth		Medicare	269.7				241.99	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLIST PROC, MUSCULO SYS, GEN	20999	CPT	outpatient			767		310.16	Amerihealth		HMO/PPO	498.55	65			241.99	1782	percent of total billed charges	
UNLIST PROC, MUSCULO SYS, GEN	20999	CPT	outpatient			767		310.16	Consumer		Consumer	728.65	95			241.99	1782	percent of total billed charges	
UNLIST PROC, MUSCULO SYS, GEN	20999	CPT	outpatient			767		310.16	Corrections		Corrections	613.6	80			241.99	1782	percent of total billed charges	
UNLIST PROC, MUSCULO SYS, GEN	20999	CPT	outpatient			767		310.16	First Health		First Health	536.9	70			241.99	1782	percent of total billed charges	
UNLIST PROC, MUSCULO SYS, GEN	20999	CPT	outpatient			767		310.16	First Trenton		First Trenton	690.3	90			241.99	1782	percent of total billed charges	
UNLIST PROC, MUSCULO SYS, GEN	20999	CPT	outpatient			767		310.16	Horizon		Indemnity	501.91				241.99	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLIST PROC, MUSCULO SYS, GEN	20999	CPT	outpatient			767		310.16	Horizon		Medicare Blue	269.7				241.99	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLIST PROC, MUSCULO SYS, GEN	20999	CPT	outpatient			767		310.16	Horizon		PPO	501.91				241.99	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLIST PROC, MUSCULO SYS, GEN	20999	CPT	outpatient			767		310.16	Horizon		MGD	501.91				241.99	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
UNLIST PROC, MUSCULO SYS, GEN	20999	CPT	outpatient			767		310.16 Managed Care Inc	Managed Care Inc		690.3	90			241.99	1782	percent of total billed charges	
UNLIST PROC, MUSCULO SYS, GEN	20999	CPT	outpatient			767		310.16 Multiplan	Multiplan		613.6	80			241.99	1782	percent of total billed charges	
UNLIST PROC, MUSCULO SYS, GEN	20999	CPT	outpatient			767		310.16 Qualcare	Qualcare		575.25	75			241.99	1782	percent of total billed charges	
UNLIST PROC, MUSCULO SYS, GEN	20999	CPT	outpatient			767		310.16 Three Rivers	Three Rivers		728.65	95			241.99	1782	percent of total billed charges	
UNLIST PROC, MUSCULO SYS, GEN	20999	CPT	outpatient			767		310.16 UHC	Medicare		269.7				241.99	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLIST PROC, MUSCULO SYS, GEN	20999	CPT	outpatient			767		310.16 UHC	Medicaid		241.99	31.55			241.99	1782	percent of total billed charges	
UNLIST PROC, MUSCULO SYS, GEN	20999	CPT	outpatient			767		310.16 United	CommercialPPO		1782				241.99	1782	case rate	
UNLIST PROC, MUSCULO SYS, GEN	20999	CPT	outpatient			767		310.16 United	Oxford		1782				241.99	1782	case rate	
UNLIST PROC, MUSCULO SYS, GEN	20999	CPT	outpatient			767		310.16 Wellcare	Medicare		269.7				241.99	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLIST PROC, MUSCULO SYS, GEN	20999	CPT	outpatient			767		310.16 Wellcare	Medicaid		241.99	31.55			241.99	1782	percent of total billed charges	
UNLIST PROC, MUSCULO SYS, GEN	20999	CPT	outpatient			767		310.16 WellPoint	WellPoint		246.82	32.18			241.99	1782	percent of total billed charges	
EXCISION BONE MANDIBLE	21025	CPT	outpatient			18927		7702.18 Aetna	Medicare		6697.55				1184.94	17980.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION BONE MANDIBLE	21025	CPT	outpatient			18927		7702.18 Aetna	Better Health		5971.47	31.55			1184.94	17980.65	percent of total billed charges	
EXCISION BONE MANDIBLE	21025	CPT	outpatient			18927		7702.18 Aetna	Commercial		10662.5				1184.94	17980.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION BONE MANDIBLE	21025	CPT	outpatient			18927		7702.18 Americare	Americare		14195.25	75			1184.94	17980.65	percent of total billed charges	
EXCISION BONE MANDIBLE	21025	CPT	outpatient			18927		7702.18 Amerihealth	HMO/PPO		12302.55	65			1184.94	17980.65	percent of total billed charges	
EXCISION BONE MANDIBLE	21025	CPT	outpatient			18927		7702.18 Amerihealth	Medicare		6697.55				1184.94	17980.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION BONE MANDIBLE	21025	CPT	outpatient			18927		7702.18 Consumer	Consumer		17980.65	95			1184.94	17980.65	percent of total billed charges	
EXCISION BONE MANDIBLE	21025	CPT	outpatient			18927		7702.18 Corrections	Corrections		15141.6	80			1184.94	17980.65	percent of total billed charges	
EXCISION BONE MANDIBLE	21025	CPT	outpatient			18927		7702.18 First Health	First Health		13248.9	70			1184.94	17980.65	percent of total billed charges	
EXCISION BONE MANDIBLE	21025	CPT	outpatient			18927		7702.18 First Trenton	First Trenton		17034.3	90			1184.94	17980.65	percent of total billed charges	
EXCISION BONE MANDIBLE	21025	CPT	outpatient			18927		7702.18 Horizon	Medicare Blue		6697.55				1184.94	17980.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION BONE MANDIBLE	21025	CPT	outpatient			18927		7702.18 Horizon	PPO		12464.14				1184.94	17980.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION BONE MANDIBLE	21025	CPT	outpatient			18927		7702.18 Horizon	MGD		12464.14				1184.94	17980.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION BONE MANDIBLE	21025	CPT	outpatient			18927		7702.18 Horizon	Indemnity		12464.14				1184.94	17980.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION BONE MANDIBLE	21025	CPT	outpatient			18927		7702.18 Horizon	NJ Health		1184.94				1184.94	17980.65	fee schedule	
EXCISION BONE MANDIBLE	21025	CPT	outpatient			18927		7702.18 Managed Care Inc	Managed Care Inc		17034.3	90			1184.94	17980.65	percent of total billed charges	
EXCISION BONE MANDIBLE	21025	CPT	outpatient			18927		7702.18 Multiplan	Multiplan		15141.6	80			1184.94	17980.65	percent of total billed charges	
EXCISION BONE MANDIBLE	21025	CPT	outpatient			18927		7702.18 Qualcare	Qualcare		14195.25	75			1184.94	17980.65	percent of total billed charges	
EXCISION BONE MANDIBLE	21025	CPT	outpatient			18927		7702.18 Three Rivers	Three Rivers		17980.65	95			1184.94	17980.65	percent of total billed charges	
EXCISION BONE MANDIBLE	21025	CPT	outpatient			18927		7702.18 UHC	Medicaid		5971.47	31.55			1184.94	17980.65	percent of total billed charges	
EXCISION BONE MANDIBLE	21025	CPT	outpatient			18927		7702.18 UHC	Medicare		6697.55				1184.94	17980.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION BONE MANDIBLE	21025	CPT	outpatient			18927		7702.18 United	CommercialIPPO		6362				1184.94	17980.65	case rate	
EXCISION BONE MANDIBLE	21025	CPT	outpatient			18927		7702.18 United	Oxford		6362				1184.94	17980.65	case rate	
EXCISION BONE MANDIBLE	21025	CPT	outpatient			18927		7702.18 Wellcare	Medicaid		5971.47	31.55			1184.94	17980.65	percent of total billed charges	
EXCISION BONE MANDIBLE	21025	CPT	outpatient			18927		7702.18 Wellcare	Medicare		6697.55				1184.94	17980.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION BONE MANDIBLE	21025	CPT	outpatient			18927		7702.18 WellPoint	WellPoint		6090.71	32.18			1184.94	17980.65	percent of total billed charges	
EXC OF TORUS MANDIBULARIS	21031	CPT	outpatient			10182		4234.52 Aetna	Better Health		3212.42	31.55			392.83	9672.9	percent of total billed charges	
EXC OF TORUS MANDIBULARIS	21031	CPT	outpatient			10182		4234.52 Aetna	Commercial		5862.05				392.83	9672.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC OF TORUS MANDIBULARIS	21031	CPT	outpatient			10182		4234.52 Aetna	Medicare		3682.19				392.83	9672.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC OF TORUS MANDIBULARIS	21031	CPT	outpatient			10182		4234.52 Americare	Americare		7636.5	75			392.83	9672.9	percent of total billed charges	
EXC OF TORUS MANDIBULARIS	21031	CPT	outpatient			10182		4234.52 Amerihealth	HMO/PPO		6818.3	65			392.83	9672.9	percent of total billed charges	
EXC OF TORUS MANDIBULARIS	21031	CPT	outpatient			10182		4234.52 Amerihealth	Medicare		3682.19				392.83	9672.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC OF TORUS MANDIBULARIS	21031	CPT	outpatient			10182		4234.52 Consumer	Consumer		9672.9	95			392.83	9672.9	percent of total billed charges	
EXC OF TORUS MANDIBULARIS	21031	CPT	outpatient			10182		4234.52 Corrections	Corrections		8145.6	80			392.83	9672.9	percent of total billed charges	
EXC OF TORUS MANDIBULARIS	21031	CPT	outpatient			10182		4234.52 First Health	First Health		7127.4	70			392.83	9672.9	percent of total billed charges	
EXC OF TORUS MANDIBULARIS	21031	CPT	outpatient			10182		4234.52 First Trenton	First Trenton		9163.8	90			392.83	9672.9	percent of total billed charges	
EXC OF TORUS MANDIBULARIS	21031	CPT	outpatient			10182		4234.52 Horizon	PPO		6852.56				392.83	9672.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC OF TORUS MANDIBULARIS	21031	CPT	outpatient			10182		4234.52 Horizon	MGD		6852.56				392.83	9672.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC OF TORUS MANDIBULARIS	21031	CPT	outpatient			10182		4234.52 Horizon	Indemnity		6852.56				392.83	9672.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC OF TORUS MANDIBULARIS	21031	CPT	outpatient			10182		4234.52 Horizon	NJ Health		392.83				392.83	9672.9	fee schedule	
EXC OF TORUS MANDIBULARIS	21031	CPT	outpatient			10182		4234.52 Horizon	Medicare Blue		3682.19				392.83	9672.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC OF TORUS MANDIBULARIS	21031	CPT	outpatient			10182		4234.52 Managed Care Inc	Managed Care Inc		9163.8	90			392.83	9672.9	percent of total billed charges	
EXC OF TORUS MANDIBULARIS	21031	CPT	outpatient			10182		4234.52 Multiplan	Multiplan		8145.6	80			392.83	9672.9	percent of total billed charges	
EXC OF TORUS MANDIBULARIS	21031	CPT	outpatient			10182		4234.52 Qualcare	Qualcare		7636.5	75			392.83	9672.9	percent of total billed charges	
EXC OF TORUS MANDIBULARIS	21031	CPT	outpatient			10182		4234.52 Three Rivers	Three Rivers		9672.9	95			392.83	9672.9	percent of total billed charges	
EXC OF TORUS MANDIBULARIS	21031	CPT	outpatient			10182		4234.52 UHC	Medicaid		3212.42	31.55			392.83	9672.9	percent of total billed charges	
EXC OF TORUS MANDIBULARIS	21031	CPT	outpatient			10182		4234.52 UHC	Medicare		3682.19				392.83	9672.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC OF TORUS MANDIBULARIS	21031	CPT	outpatient			10182		4234.52 United	CommercialIPPO		2776				392.83	9672.9	case rate	
EXC OF TORUS MANDIBULARIS	21031	CPT	outpatient			10182		4234.52 United	Oxford		2776				392.83	9672.9	case rate	
EXC OF TORUS MANDIBULARIS	21031	CPT	outpatient			10182		4234.52 Wellcare	Medicare		3682.19				392.83	9672.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC OF TORUS MANDIBULARIS	21031	CPT	outpatient			10182		4234.52 Wellcare	Medicaid		3212.42	31.55			392.83	9672.9	percent of total billed charges	
EXC OF TORUS MANDIBULARIS	21031	CPT	outpatient			10182		4234.52 WellPoint	WellPoint		3276.57	32.18			392.83	9672.9	percent of total billed charges	
EXC MAXILLARY TORUS PALATINUS	21032	CPT	outpatient			10182		4234.52 Aetna	Medicare		3682.19				400.77	9672.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC MAXILLARY TORUS PALATINUS	21032	CPT	outpatient			10182		4234.52 Aetna	Commercial		5862.05				400.77	9672.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC MAXILLARY TORUS PALATINUS	21032	CPT	outpatient			10182		4234.52 Aetna	Better Health		3212.42	31.55			400.77	9672.9	percent of total billed charges	
EXC MAXILLARY TORUS PALATINUS	21032	CPT	outpatient			10182		4234.52 Americare	Americare		7636.5	75			400.77	9672.9	percent of total billed charges	
EXC MAXILLARY TORUS PALATINUS	21032	CPT	outpatient			10182		4234.52 Amerihealth	HMO/PPO		6818.3	65			400.77	9672.9	percent of total billed charges	
EXC MAXILLARY TORUS PALATINUS	21032	CPT	outpatient			10182		4234.52 Amerihealth	Medicare		3682.19				400.77	9672.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC MAXILLARY TORUS PALATINUS	21032	CPT	outpatient			10182		4234.52 Consumer	Consumer		9672.9	95			400.77	9672.9	percent of total billed charges	
EXC MAXILLARY TORUS PALATINUS	21032	CPT	outpatient			10182		4234.52 Corrections	Corrections		8145.6	80			400.77	9672.9	percent of total billed charges	
EXC MAXILLARY TORUS PALATINUS	21032	CPT	outpatient			10182		4234.52 First Health	First Health		7127.4	70			400.77	9672.9	percent of total billed charges	
EXC MAXILLARY TORUS PALATINUS	21032	CPT	outpatient			10182		4234.52 First Trenton	First Trenton		9163.8	90			400.77	9672.9	percent of total billed charges	
EXC MAXILLARY TORUS PALATINUS	21032	CPT	outpatient			10182		4234.52 Horizon	MGD		6852.56				400.77	9672.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC MAXILLARY TORUS PALATINUS	21032	CPT	outpatient			10182		4234.52 Horizon	Indemnity		6852.56				400.77	9672.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC MAXILLARY TORUS PALATINUS	21032	CPT	outpatient			10182		4234.52 Horizon	PPO		6852.56				400.77	9672.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC MAXILLARY TORUS PALATINUS	21032	CPT	outpatient			10182		4234.52 Horizon	NJ Health		400.77				400.77	9672.9	fee schedule	
EXC MAXILLARY TORUS PALATINUS	21032	CPT	outpatient			10182		4234.52 Horizon	Medicare Blue		3682.19				400.77	9672.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC MAXILLARY TORUS PALATINUS	21032	CPT	outpatient			10182		4234.52 Managed Care Inc	Managed Care Inc		9163.8	90			400.77	9672.9	percent of total billed charges	
EXC MAXILLARY TORUS PALATINUS	21032	CPT	outpatient			10182		4234.52 Multiplan	Multiplan		8145.6	80			400.77	9672.9	percent of total billed charges	
EXC MAXILLARY TORUS PALATINUS	21032	CPT	outpatient			10182		4234.52 Qualcare	Qualcare		7636.5	75			400.77	9672.9	percent of total billed charges	
EXC MAXILLARY TORUS PALATINUS	21032	CPT	outpatient			10182		4234.52 Three Rivers	Three Rivers		9672.9	95			400.77	9672.9	percent of total billed charges	
EXC MAXILLARY TORUS PALATINUS	21032	CPT	outpatient			10182		4234.52 UHC	Medicaid		3212.42	31.55			400.77	9672.9	percent of total billed charges	
EXC MAXILLARY TORUS PALATINUS	21032	CPT	outpatient			10182		4234.52 UHC	Medicare		3682.19				400.77	9672.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC MAXILLARY TORUS PALATINUS	21032	CPT	outpatient			10182		4234.52 United	CommercialIPPO		2776				400.77	9672.9	case rate	
EXC MAXILLARY TORUS PALATINUS	21032	CPT	outpatient			10182		4234.52 United	Oxford		2776				400.77	9672.9	case rate	
EXC MAXILLARY TORUS PALATINUS	21032	CPT	outpatient			10182		4234.52 Wellcare	Medicare		3682.19				400.77	9672.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC MAXILLARY TORUS PALATINUS	21032	CPT	outpatient			10182		4234.52 Wellcare	Medicaid		3212.42	31.55			400.77	9672.9	percent of total billed charges	
EXC MAXILLARY TORUS PALATINUS	21032	CPT	outpatient			10182		4234.52 WellPoint	WellPoint		3276.57	32.18			400.77	9672.9	percent of total billed charges	
EXC BENIGN CYTS/TUMOR NON ODONTO <1.25	21040	CPT	outpatient			10182		4234.52 Aetna	Medicare		3136.06	30.8			504.02	9672.9	percent of total billed charges	
EXC BENIGN CYTS/TUMOR NON ODONTO <1.25	21040	CPT	outpatient			10182		4234.52 Aetna	Better Health		3212.42	31.55			504.02	9672.9	percent of total billed charges	
EXC BENIGN CYTS/TUMOR NON ODONTO <1.25	21040	CPT	outpatient			10182		4234.52 Aetna	Commercial		5862.05				504.02	9672.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC BENIGN CYTS/TUMOR NON ODONTO <1.25	21040	CPT	outpatient			10182		4234.52 Americare	Americare		7636.5	75			504.02	9672.9	percent of total billed charges	
EXC BENIGN CYTS/TUMOR NON ODONTO <1.25	21040	CPT	outpatient			10182		4234.52 Amerihealth	HMO/PPO		6818.3	65			504.02	9672.9	percent of total billed charges	
EXC BENIGN CYTS/TUMOR NON ODONTO <1.25	21040	CPT	outpatient			10182		4234.52 Amerihealth	Medicare		3682.19				504.02	9672.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC BENIGN CYTS/TUMOR NON ODONTO <1.25	21040	CPT	outpatient			10182		4234.52 Consumer	Consumer		9672.9	95			504.02	9672.9	percent of total billed charges	
EXC BENIGN CYTS/TUMOR NON ODONTO <1.25	21040	CPT	outpatient			10182		4234.52 Corrections	Corrections		8145.6	80			504.02	9672.9	percent of total billed charges	
EXC BENIGN CYTS/TUMOR NON ODONTO <1.25	21040	CPT	outpatient			10182		4234.52 First Health	First Health		7127.4	70			504.02	9672.9	percent of total billed charges	
EXC BENIGN CYTS/TUMOR NON ODONTO <1.25	21040	CPT	outpatient			10182		4234.52 First Trenton	First Trenton		9163.8	90			504.02	9672.9	percent of total billed charges	
EXC BENIGN CYTS/TUMOR NON ODONTO <1.25	21040	CPT	outpatient			10182		4234.52 Horizon	MGD		6852.56				504.02	9672.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC BENIGN CYTS/TUMOR NON ODONTO <1.25	21040	CPT	outpatient			10182		4234.52 Horizon	Medicare Blue		3682.19				504.02	9672.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC BENIGN CYTS/TUMOR NON ODONTO <1.25	21040	CPT	outpatient			10182		4234.52 Horizon	PPO		6852.56				504.02	9672.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC BENIGN CYTS/TUMOR NON ODONTO <1.25	21040	CPT	outpatient			10182		4234.52 Horizon	Indemnity		6852.56				504.02	9672.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC BENIGN CYTS/TUMOR NON ODONTO <1.25	21040	CPT	outpatient			10182		4234.52 Horizon	NJ Health		504.02				504.02	9672.9	fee schedule	
EXC BENIGN CYTS/TUMOR NON ODONTO <1.25	21040	CPT	outpatient			10182		4234.52 Managed Care Inc	Managed Care Inc		9163.8	90			504.02	9672.9	percent of total billed charges	
EXC BENIGN CYTS/TUMOR NON ODONTO <1.25	21040	CPT	outpatient			10182		4234.52 Multiplan	Multiplan		8145.6	80			504.02	9672.9	percent of total billed charges	
EXC BENIGN CYTS/TUMOR NON ODONTO <1.25	21040	CPT	outpatient			10182		4234.52 Qualcare	Qualcare		7636.5	75			504.02	9672.9	percent of total billed charges	
EXC BENIGN CYTS/TUMOR NON ODONTO <1.25	21040	CPT	outpatient			10182		4234.52 Three Rivers	Three Rivers		9672.9	95			504.02	9672.9	percent of total billed charges	
EXC BENIGN CYTS/TUMOR NON ODONTO <1.25	21040	CPT	outpatient			10182		4234.52 UHC	Medicaid		3212.42	31.55			504.02	9672.9	percent of total billed charges	
EXC BENIGN CYTS/TUMOR NON ODONTO <1.25	21040	CPT	outpatient			10182		4234.52 UHC	Medicare		3682.19				504.02	9672.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC BENIGN CYTS/TUMOR NON ODONTO <1.25	21040	CPT	outpatient			10182		4234.52 United	Oxford		2776				504.02	9672.9	case rate	
EXC BENIGN CYTS/TUMOR NON ODONTO <1.25	21040	CPT	outpatient			10182		4234.52 United	CommercialIPPO		2776				504.02	9672.9	case rate	
EXC BENIGN CYTS/TUMOR NON ODONTO <1.25	21040	CPT	outpatient			10182		4234.52 Wellcare	Medicare		3682.19				504.02	9672.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC BENIGN CYTS/TUMOR NON ODONTO <1.25	21040	CPT	outpatient			10182		4234.52 Wellcare	Medicaid		3212.42	31.55			504.02	9672.9	percent of total billed charges	
EXC BENIGN CYTS/TUMOR NON ODONTO <1.25	21040	CPT	outpatient			10182		4234.52 WellPoint	WellPoint		3276.57	32.18			504.02	9672.9	percent of total billed charges	
EXC MAXILLA TUMOR CMPLX	21048	CPT	outpatient			18927		7702.18 Aetna	Better Health		5971.47	31.55			1305	17980.65	percent of total billed charges	
EXC MAXILLA TUMOR CMPLX	21048	CPT	outpatient			18927		7702.18 Aetna	Medicare		5829.52	30.8			1305	17980.65	percent of total billed charges	
EXC MAXILLA TUMOR CMPLX	21048	CPT	outpatient			18927		7702.18 Aetna	Commercial		10662.5				1305	17980.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC MAXILLA TUMOR CMPLX	21048	CPT	outpatient			18927		7702.18 Americare	Americare		14195.25	75			1305	17980.65	percent of total billed charges	
EXC MAXILLA TUMOR CMPLX	21048	CPT	outpatient			18927		7702.18 Amerihealth	Medicare		6697.55				1305	17980.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC MAXILLA TUMOR CMPLX	21048	CPT	outpatient			18927		7702.18 Amerihealth	HMO/PPO		12302.55	65			1305	17980.65	percent of total billed charges	
EXC MAXILLA TUMOR CMPLX	21048	CPT	outpatient			18927		7702.18 Consumer	Consumer		17980.65	95			1305	17980.65	percent of total billed charges	
EXC MAXILLA TUMOR CMPLX	21048	CPT	outpatient			18927		7702.18 Corrections	Corrections		15141.6	80			1305	17980.65	percent of total billed charges	
EXC MAXILLA TUMOR CMPLX	21048	CPT	outpatient			18927		7702.18 First Health	First Health		13248.9	70			1305	17980.65	percent of total billed charges	
EXC MAXILLA TUMOR CMPLX	21048	CPT	outpatient			18927		7702.18 First Trenton	First Trenton		17034.3	90			1305	17980.65	percent of total billed charges	
EXC MAXILLA TUMOR CMPLX	21048	CPT	outpatient			18927		7702.18 Horizon	MGD		12464.14				1305	17980.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC MAXILLA TUMOR CMPLX	21048	CPT	outpatient			18927		7702.18 Horizon	Medicare Blue		6697.55				1305	17980.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC MAXILLA TUMOR CMPLX	21048	CPT	outpatient			18927		7702.18 Horizon	Indemnity		12464.14				1305	17980.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC MAXILLA TUMOR CMPLX	21048	CPT	outpatient			18927		7702.18 Horizon	NJ Health		1305				1305	17980.65	fee schedule	
EXC MAXILLA TUMOR CMPLX	21048	CPT	outpatient			18927		7702.18 Horizon	PPO		12464.14				1305	17980.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC MAXILLA TUMOR CMPLX	21048	CPT	outpatient			18927		7702.18 Managed Care Inc	Managed Care Inc		17034.3	90			1305	17980.65	percent of total billed charges	
EXC MAXILLA TUMOR CMPLX	21048	CPT	outpatient			18927		7702.18 Multiplan	Multiplan		15141.6	80			1305	17980.65	percent of total billed charges	
EXC MAXILLA TUMOR CMPLX	21048	CPT	outpatient			18927		7702.18 Qualcare	Qualcare		14195.25	75			1305	17980.65	percent of total billed charges	
EXC MAXILLA TUMOR CMPLX	21048	CPT	outpatient			18927		7702.18 Three Rivers	Three Rivers		17980.65	95			1305	17980.65	percent of total billed charges	
EXC MAXILLA TUMOR CMPLX	21048	CPT	outpatient			18927		7702.18 UHC	Medicare		6697.55				1305	17980.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC MAXILLA TUMOR CMPLX	21048	CPT	outpatient			18927		7702.18 UHC	Medicaid		5971.47	31.55			1305	17980.65	percent of total billed charges	
EXC MAXILLA TUMOR CMPLX	21048	CPT	outpatient			18927		7702.18 United	Oxford		6362				1305	17980.65	case rate	
EXC MAXILLA TUMOR CMPLX	21048	CPT	outpatient			18927		7702.18 United	CommercialIPPO		6362				1305	17980.65	case rate	
EXC MAXILLA TUMOR CMPLX	21048	CPT	outpatient			18927		7702.18 Wellcare	Medicaid		5971.47	31.55			1305	17980.65	percent of total billed charges	
EXC MAXILLA TUMOR CMPLX	21048	CPT	outpatient			18927		7702.18 Wellcare	Medicare		6697.55				1305	17980.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC MAXILLA TUMOR CMPLX	21048	CPT	outpatient			18927		7702.18 WellPoint	WellPoint		6090.71	32.18			1305	17980.65	percent of total billed charges	
MANIPULATION TMJ, THERA, W/ANES	21073	CPT	outpatient			5034		2005.77 Aetna	Commercial		2776.69				1588.23	4782.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MANIPULATION TMJ, THERA, W/ANES	21073	CPT	outpatient			5034		2005.77 Aetna	Better Health		1588.23	31.55			1588.23	4782.3	percent of total billed charges	
MANIPULATION TMJ, THERA, W/ANES	21073	CPT	outpatient			5034		2005.77 Aetna	Medicare		1744.15				1588.23	4782.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MANIPULATION TMJ, THERA, W/ANES	21073	CPT	outpatient			5034		2005.77 Americare	Americare		3775.5	75			1588.23	4782.3	percent of total billed charges	
MANIPULATION TMJ, THERA, W/ANES	21073	CPT	outpatient			5034		2005.77 Amerihealth	HMO/PPO		3272.1	65			1588.23	4782.3	percent of total billed charges	
MANIPULATION TMJ, THERA, W/ANES	21073	CPT	outpatient			5034		2005.77 Amerihealth	Medicare		1744.15				1588.23	4782.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MANIPULATION TMJ, THERA, W/ANES	21073	CPT	outpatient			5034		2005.77 Consumer	Consumer		4782.3	95			1588.23	4782.3	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
MANIPULATION TMJ, THERA, W/ANES	21073	CPT	outpatient			5034		Corrections	Corrections		4027.2	80			1588.23		4782.3 percent of total billed charges	
MANIPULATION TMJ, THERA, W/ANES	21073	CPT	outpatient			5034		First Health	First Health		3523.8	70			1588.23		4782.3 percent of total billed charges	
MANIPULATION TMJ, THERA, W/ANES	21073	CPT	outpatient			5034		First Trenton	First Trenton		4530.6	90			1588.23		4782.3 percent of total billed charges	
MANIPULATION TMJ, THERA, W/ANES	21073	CPT	outpatient			5034		Horizon	Medicare Blue		1744.15				1588.23		4782.3 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MANIPULATION TMJ, THERA, W/ANES	21073	CPT	outpatient			5034		Horizon	Indemnity		3245.86				1588.23		4782.3 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MANIPULATION TMJ, THERA, W/ANES	21073	CPT	outpatient			5034		Horizon	MGD		3245.86				1588.23		4782.3 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MANIPULATION TMJ, THERA, W/ANES	21073	CPT	outpatient			5034		Horizon	PPO		3245.86				1588.23		4782.3 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MANIPULATION TMJ, THERA, W/ANES	21073	CPT	outpatient			5034		Managed Care Inc	Managed Care Inc		4530.6	90			1588.23		4782.3 percent of total billed charges	
MANIPULATION TMJ, THERA, W/ANES	21073	CPT	outpatient			5034		Multiplan	Multiplan		4027.2	80			1588.23		4782.3 percent of total billed charges	
MANIPULATION TMJ, THERA, W/ANES	21073	CPT	outpatient			5034		Qualcare	Qualcare		3775.5	75			1588.23		4782.3 percent of total billed charges	
MANIPULATION TMJ, THERA, W/ANES	21073	CPT	outpatient			5034		Three Rivers	Three Rivers		4782.3	95			1588.23		4782.3 percent of total billed charges	
MANIPULATION TMJ, THERA, W/ANES	21073	CPT	outpatient			5034		UHC	Medicaid		1588.23	31.55			1588.23		4782.3 percent of total billed charges	
MANIPULATION TMJ, THERA, W/ANES	21073	CPT	outpatient			5034		UHC	Medicare		1744.15				1588.23		4782.3 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MANIPULATION TMJ, THERA, W/ANES	21073	CPT	outpatient			5034		United	Oxford		2493				1588.23		4782.3 case rate	
MANIPULATION TMJ, THERA, W/ANES	21073	CPT	outpatient			5034		United	CommercialPPO		2493				1588.23		4782.3 case rate	
MANIPULATION TMJ, THERA, W/ANES	21073	CPT	outpatient			5034		Wellcare	Medicaid		1588.23	31.55			1588.23		4782.3 percent of total billed charges	
MANIPULATION TMJ, THERA, W/ANES	21073	CPT	outpatient			5034		Wellcare	Medicare		1744.15				1588.23		4782.3 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MANIPULATION TMJ, THERA, W/ANES	21073	CPT	outpatient			5034		WellPoint	WellPoint		1619.94	32.18			1588.23		4782.3 percent of total billed charges	
SURGICAL SPLINT	21085	CPT	outpatient			5908		Aetna	Better Health		1863.97	31.55			248.61		5612.6 percent of total billed charges	
SURGICAL SPLINT	21085	CPT	outpatient			5908		Aetna	Commercial		444.74				248.61		5612.6 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURGICAL SPLINT	21085	CPT	outpatient			5908		Aetna	Medicare		279.36				248.61		5612.6 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURGICAL SPLINT	21085	CPT	outpatient			5908		Americare	Americare		4431	75			248.61		5612.6 percent of total billed charges	
SURGICAL SPLINT	21085	CPT	outpatient			5908		Amerihealth	HMO/PPO		3840.2	65			248.61		5612.6 percent of total billed charges	
SURGICAL SPLINT	21085	CPT	outpatient			5908		Amerihealth	Medicare		279.36				248.61		5612.6 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURGICAL SPLINT	21085	CPT	outpatient			5908		Consumer	Consumer		5612.6	95			248.61		5612.6 percent of total billed charges	
SURGICAL SPLINT	21085	CPT	outpatient			5908		Corrections	Corrections		4726.4	80			248.61		5612.6 percent of total billed charges	
SURGICAL SPLINT	21085	CPT	outpatient			5908		First Health	First Health		4135.6	70			248.61		5612.6 percent of total billed charges	
SURGICAL SPLINT	21085	CPT	outpatient			5908		First Trenton	First Trenton		5317.2	90			248.61		5612.6 percent of total billed charges	
SURGICAL SPLINT	21085	CPT	outpatient			5908		Horizon	Indemnity		519.89				248.61		5612.6 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURGICAL SPLINT	21085	CPT	outpatient			5908		Horizon	MGD		519.89				248.61		5612.6 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURGICAL SPLINT	21085	CPT	outpatient			5908		Horizon	Medicare Blue		279.36				248.61		5612.6 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURGICAL SPLINT	21085	CPT	outpatient			5908		Horizon	PPO		519.89				248.61		5612.6 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURGICAL SPLINT	21085	CPT	outpatient			5908		Managed Care Inc	Managed Care Inc		5317.2	90			248.61		5612.6 percent of total billed charges	
SURGICAL SPLINT	21085	CPT	outpatient			5908		Multiplan	Multiplan		4726.4	80			248.61		5612.6 percent of total billed charges	
SURGICAL SPLINT	21085	CPT	outpatient			5908		Qualcare	Qualcare		4431	75			248.61		5612.6 percent of total billed charges	
SURGICAL SPLINT	21085	CPT	outpatient			5908		Three Rivers	Three Rivers		5612.6	95			248.61		5612.6 percent of total billed charges	
SURGICAL SPLINT	21085	CPT	outpatient			5908		UHC	Medicaid		1863.97	31.55			248.61		5612.6 percent of total billed charges	
SURGICAL SPLINT	21085	CPT	outpatient			5908		UHC	Medicare		279.36				248.61		5612.6 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURGICAL SPLINT	21085	CPT	outpatient			5908		United	CommercialPPO		1782				248.61		5612.6 case rate	
SURGICAL SPLINT	21085	CPT	outpatient			5908		United	Oxford		1782				248.61		5612.6 case rate	
SURGICAL SPLINT	21085	CPT	outpatient			5908		Wellcare	Medicare		279.36				248.61		5612.6 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURGICAL SPLINT	21085	CPT	outpatient			5908		Wellcare	Medicaid		1863.97	31.55			248.61		5612.6 percent of total billed charges	
SURGICAL SPLINT	21085	CPT	outpatient			5908		WellPoint	WellPoint		1901.19	32.18			248.61		5612.6 percent of total billed charges	
APPL HALO FOR MAXFACIAL FIXTN	21100	CPT	outpatient			8799	7702.18	Aetna	Commercial		10662.5				219.24	12464.14	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPL HALO FOR MAXFACIAL FIXTN	21100	CPT	outpatient			8799	7702.18	Aetna	Medicare		2710.09	30.8			219.24	12464.14	percent of total billed charges	
APPL HALO FOR MAXFACIAL FIXTN	21100	CPT	outpatient			8799	7702.18	Aetna	Better Health		2776.08	31.55			219.24	12464.14	percent of total billed charges	
APPL HALO FOR MAXFACIAL FIXTN	21100	CPT	outpatient			8799	7702.18	Americare	Americare		6599.25	75			219.24	12464.14	percent of total billed charges	
APPL HALO FOR MAXFACIAL FIXTN	21100	CPT	outpatient			8799	7702.18	Amerihealth	Medicare		6697.55				219.24	12464.14	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPL HALO FOR MAXFACIAL FIXTN	21100	CPT	outpatient			8799	7702.18	Amerihealth	HMO/PPO		5719.35	65			219.24	12464.14	percent of total billed charges	
APPL HALO FOR MAXFACIAL FIXTN	21100	CPT	outpatient			8799	7702.18	Consumer	Consumer		8359.05	95			219.24	12464.14	percent of total billed charges	
APPL HALO FOR MAXFACIAL FIXTN	21100	CPT	outpatient			8799	7702.18	Corrections	Corrections		7039.2	80			219.24	12464.14	percent of total billed charges	
APPL HALO FOR MAXFACIAL FIXTN	21100	CPT	outpatient			8799	7702.18	First Health	First Health		6159.3	70			219.24	12464.14	percent of total billed charges	
APPL HALO FOR MAXFACIAL FIXTN	21100	CPT	outpatient			8799	7702.18	First Trenton	First Trenton		7919.1	90			219.24	12464.14	percent of total billed charges	
APPL HALO FOR MAXFACIAL FIXTN	21100	CPT	outpatient			8799	7702.18	Horizon	Medicare Blue		6697.55				219.24	12464.14	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPL HALO FOR MAXFACIAL FIXTN	21100	CPT	outpatient			8799	7702.18	Horizon	MGD		12464.14				219.24	12464.14	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPL HALO FOR MAXFACIAL FIXTN	21100	CPT	outpatient			8799	7702.18	Horizon	Indemnity		12464.14				219.24	12464.14	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPL HALO FOR MAXFACIAL FIXTN	21100	CPT	outpatient			8799	7702.18	Horizon	PPO		12464.14				219.24	12464.14	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPL HALO FOR MAXFACIAL FIXTN	21100	CPT	outpatient			8799	7702.18	Horizon	NJ Health		219.24				219.24	12464.14	fee schedule	
APPL HALO FOR MAXFACIAL FIXTN	21100	CPT	outpatient			8799	7702.18	Managed Care Inc	Managed Care Inc		7919.1	90			219.24	12464.14	percent of total billed charges	
APPL HALO FOR MAXFACIAL FIXTN	21100	CPT	outpatient			8799	7702.18	Multiplan	Multiplan		7039.2	80			219.24	12464.14	percent of total billed charges	
APPL HALO FOR MAXFACIAL FIXTN	21100	CPT	outpatient			8799	7702.18	Qualcare	Qualcare		6599.25	75			219.24	12464.14	percent of total billed charges	
APPL HALO FOR MAXFACIAL FIXTN	21100	CPT	outpatient			8799	7702.18	Three Rivers	Three Rivers		8359.05	95			219.24	12464.14	percent of total billed charges	
APPL HALO FOR MAXFACIAL FIXTN	21100	CPT	outpatient			8799	7702.18	UHC	Medicare		6697.55				219.24	12464.14	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPL HALO FOR MAXFACIAL FIXTN	21100	CPT	outpatient			8799	7702.18	UHC	Medicaid		2776.08	31.55			219.24	12464.14	percent of total billed charges	
APPL HALO FOR MAXFACIAL FIXTN	21100	CPT	outpatient			8799	7702.18	United	CommercialPPO		6362				219.24	12464.14	case rate	
APPL HALO FOR MAXFACIAL FIXTN	21100	CPT	outpatient			8799	7702.18	United	Oxford		6362				219.24	12464.14	case rate	
APPL HALO FOR MAXFACIAL FIXTN	21100	CPT	outpatient			8799	7702.18	Wellcare	Medicare		6697.55				219.24	12464.14	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPL HALO FOR MAXFACIAL FIXTN	21100	CPT	outpatient			8799	7702.18	Wellcare	Medicaid		2776.08	31.55			219.24	12464.14	percent of total billed charges	
APPL HALO FOR MAXFACIAL FIXTN	21100	CPT	outpatient			8799	7702.18	WellPoint	WellPoint		2831.52	32.18			219.24	12464.14	percent of total billed charges	
INDERDENTAL FIXATION	21110	CPT	outpatient			2247	2005.77	Aetna	Commercial		2776.69				687.58	3245.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INDERDENTAL FIXATION	21110	CPT	outpatient			2247	2005.77	Aetna	Medicare		1744.15				687.58	3245.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INDERDENTAL FIXATION	21110	CPT	outpatient			2247	2005.77	Aetna	Better Health		708.93	31.55			687.58	3245.86	percent of total billed charges	
INDERDENTAL FIXATION	21110	CPT	outpatient			2247	2005.77	Americare	Americare		1685.25	75			687.58	3245.86	percent of total billed charges	
INDERDENTAL FIXATION	21110	CPT	outpatient			2247	2005.77	Amerihealth	Medicare		1744.15				687.58	3245.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INDERDENTAL FIXATION	21110	CPT	outpatient			2247	2005.77	Amerihealth	HMO/PPO		1460.55	65			687.58	3245.86	percent of total billed charges	
INDERDENTAL FIXATION	21110	CPT	outpatient			2247	2005.77	Consumer	Consumer		2134.65	95			687.58	3245.86	percent of total billed charges	
INDERDENTAL FIXATION	21110	CPT	outpatient			2247	2005.77	Corrections	Corrections		1797.6	80			687.58	3245.86	percent of total billed charges	
INDERDENTAL FIXATION	21110	CPT	outpatient			2247	2005.77	First Health	First Health		1572.9	70			687.58	3245.86	percent of total billed charges	
INDERDENTAL FIXATION	21110	CPT	outpatient			2247	2005.77	First Trenton	First Trenton		2022.3	90			687.58	3245.86	percent of total billed charges	
INDERDENTAL FIXATION	21110	CPT	outpatient			2247	2005.77	Horizon	MGD		3245.86				687.58	3245.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INDERDENTAL FIXATION	21110	CPT	outpatient			2247	2005.77	Horizon	Indemnity		3245.86				687.58	3245.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INDERDENTAL FIXATION	21110	CPT	outpatient			2247	2005.77	Horizon	Medicare Blue		1744.15				687.58	3245.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INDERDENTAL FIXATION	21110	CPT	outpatient			2247	2005.77	Horizon	NJ Health		687.58				687.58	3245.86	fee schedule	
INDERDENTAL FIXATION	21110	CPT	outpatient			2247	2005.77	Horizon	PPO		3245.86				687.58	3245.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INDERDENTAL FIXATION	21110	CPT	outpatient			2247	2005.77	Managed Care Inc	Managed Care Inc		2022.3	90			687.58	3245.86	percent of total billed charges	
INDERDENTAL FIXATION	21110	CPT	outpatient			2247	2005.77	Multiplan	Multiplan		1797.6	80			687.58	3245.86	percent of total billed charges	
INDERDENTAL FIXATION	21110	CPT	outpatient			2247	2005.77	Qualcare	Qualcare		1685.25	75			687.58	3245.86	percent of total billed charges	
INDERDENTAL FIXATION	21110	CPT	outpatient			2247	2005.77	Three Rivers	Three Rivers		2134.65	95			687.58	3245.86	percent of total billed charges	
INDERDENTAL FIXATION	21110	CPT	outpatient			2247	2005.77	UHC	Medicare		1744.15				687.58	3245.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INDERDENTAL FIXATION	21110	CPT	outpatient			2247	2005.77	UHC	Medicaid		708.93	31.55			687.58	3245.86	percent of total billed charges	
INDERDENTAL FIXATION	21110	CPT	outpatient			2247	2005.77	United	CommercialPPO		2493				687.58	3245.86	case rate	
INDERDENTAL FIXATION	21110	CPT	outpatient			2247	2005.77	United	Oxford		2493				687.58	3245.86	case rate	
INDERDENTAL FIXATION	21110	CPT	outpatient			2247	2005.77	Wellcare	Medicare		1744.15				687.58	3245.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INDERDENTAL FIXATION	21110	CPT	outpatient			2247	2005.77	Wellcare	Medicaid		708.93	31.55			687.58	3245.86	percent of total billed charges	
INDERDENTAL FIXATION	21110	CPT	outpatient			2247	2005.77	WellPoint	WellPoint		723.08	32.18			687.58	3245.86	percent of total billed charges	
INJECT PROC, TMJ ARTHRO RT	21116	CPT	outpatient			2681		Aetna	Better Health		845.86	31.55			56.92	2546.95	percent of total billed charges	
INJECT PROC, TMJ ARTHRO RT	21116	CPT	outpatient			2681		Aetna	Medicare		825.75	30.8			56.92	2546.95	percent of total billed charges	
INJECT PROC, TMJ ARTHRO RT	21116	CPT	outpatient			2681		Aetna	Commercial		1018.78	38			56.92	2546.95	percent of total billed charges	
INJECT PROC, TMJ ARTHRO RT	21116	CPT	outpatient			2681		Americare	Americare		2010.75	75			56.92	2546.95	percent of total billed charges	
INJECT PROC, TMJ ARTHRO RT	21116	CPT	outpatient			2681		Amerihealth	HMO/PPO		1742.65	65			56.92	2546.95	percent of total billed charges	
INJECT PROC, TMJ ARTHRO RT	21116	CPT	outpatient			2681		Consumer	Consumer		2546.95	95			56.92	2546.95	percent of total billed charges	
INJECT PROC, TMJ ARTHRO RT	21116	CPT	outpatient			2681		Corrections	Corrections		2144.8	80			56.92	2546.95	percent of total billed charges	
INJECT PROC, TMJ ARTHRO RT	21116	CPT	outpatient			2681		First Health	First Health		1876.7	70			56.92	2546.95	percent of total billed charges	
INJECT PROC, TMJ ARTHRO RT	21116	CPT	outpatient			2681		First Trenton	First Trenton		2412.9	90			56.92	2546.95	percent of total billed charges	
INJECT PROC, TMJ ARTHRO RT	21116	CPT	outpatient			2681		Horizon	MGD		1026.29	38.28			56.92	2546.95	percent of total billed charges	
INJECT PROC, TMJ ARTHRO RT	21116	CPT	outpatient			2681		Horizon	Indemnity		1026.29	38.28			56.92	2546.95	percent of total billed charges	
INJECT PROC, TMJ ARTHRO RT	21116	CPT	outpatient			2681		Horizon	Medicare Blue		804.3	30			56.92	2546.95	percent of total billed charges	
INJECT PROC, TMJ ARTHRO RT	21116	CPT	outpatient			2681		Horizon	PPO		1026.29	38.28			56.92	2546.95	percent of total billed charges	
INJECT PROC, TMJ ARTHRO RT	21116	CPT	outpatient			2681		Horizon	NJ Health		56.92				56.92	2546.95	fee schedule	
INJECT PROC, TMJ ARTHRO RT	21116	CPT	outpatient			2681		Managed Care Inc	Managed Care Inc		2412.9	90			56.92	2546.95	percent of total billed charges	
INJECT PROC, TMJ ARTHRO RT	21116	CPT	outpatient			2681		Multiplan	Multiplan		2144.8	80			56.92	2546.95	percent of total billed charges	
INJECT PROC, TMJ ARTHRO RT	21116	CPT	outpatient			2681		Qualcare	Qualcare		2010.75	75			56.92	2546.95	percent of total billed charges	
INJECT PROC, TMJ ARTHRO RT	21116	CPT	outpatient			2681		Three Rivers	Three Rivers		2546.95	95			56.92	2546.95	percent of total billed charges	
INJECT PROC, TMJ ARTHRO RT	21116	CPT	outpatient			2681		UHC	Medicaid		845.86	31.55			56.92	2546.95	percent of total billed charges	
INJECT PROC, TMJ ARTHRO RT	21116	CPT	outpatient			2681		United	CommercialPPO		1782				56.92	2546.95	case rate	
INJECT PROC, TMJ ARTHRO RT	21116	CPT	outpatient			2681		United	Oxford		1782				56.92	2546.95	case rate	
INJECT PROC, TMJ ARTHRO RT	21116	CPT	outpatient			2681		Wellcare	Medicaid		845.86	31.55			56.92	2546.95	percent of total billed charges	
INJECT PROC, TMJ ARTHRO RT	21116	CPT	outpatient			2681		WellPoint	WellPoint		862.75	32.18			56.92	2546.95	percent of total billed charges	
OSTEOPLAS FACIAL BONES W/ RED	21209	CPT	outpatient			18927	7702.18	Aetna	Better Health		5971.47	31.55			814.66	17980.65	percent of total billed charges	
OSTEOPLAS FACIAL BONES W/ RED	21209	CPT	outpatient			18927	7702.18	Aetna	Medicare		5829.52	30.8			814.66	17980.65	percent of total billed charges	
OSTEOPLAS FACIAL BONES W/ RED	21209	CPT	outpatient			18927	7702.18	Aetna	Commercial		10662.5				814.66	17980.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OSTEOPLAS FACIAL BONES W/ RED	21209	CPT	outpatient			18927	7702.18	Americare	Americare		14195.25	75			814.66	17980.65	percent of total billed charges	
OSTEOPLAS FACIAL BONES W/ RED	21209	CPT	outpatient			18927	7702.18	Amerihealth	Medicare		6697.55				814.66	17980.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OSTEOPLAS FACIAL BONES W/ RED	21209	CPT	outpatient			18927	7702.18	Amerihealth	HMO/PPO		12302.55	65			814.66	17980.65	percent of total billed charges	
OSTEOPLAS FACIAL BONES W/ RED	21209	CPT	outpatient			18927	7702.18	Consumer	Consumer		17980.65	95			814.66	17980.65	percent of total billed charges	
OSTEOPLAS FACIAL BONES W/ RED	21209	CPT	outpatient			18927	7702.18	Corrections	Corrections		15141.6	80			814.66	17980.65	percent of total billed charges	
OSTEOPLAS FACIAL BONES W/ RED	21209	CPT	outpatient			18927	7702.18	First Health	First Health		13248.9	70			814.66	17980.65	percent of total billed charges	
OSTEOPLAS FACIAL BONES W/ RED	21209	CPT	outpatient			18927	7702.18	First Trenton	First Trenton		17034.3	90			814.66	17980.65	percent of total billed charges	
OSTEOPLAS FACIAL BONES W/ RED	21209	CPT	outpatient			18927	7702.18	Horizon	Indemnity		12464.14				814.66	17980.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OSTEOPLAS FACIAL BONES W/ RED	21209	CPT	outpatient			18927	7702.18	Horizon	PPO		12464.14				814.66	17980.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OSTEOPLAS FACIAL BONES W/ RED	21209	CPT	outpatient			18927	7702.18	Horizon	MGD		12464.14				814.66	17980.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OSTEOPLAS FACIAL BONES W/ RED	21209	CPT	outpatient			18927	7702.18	Horizon	Medicare Blue		6697.55				814.66	17980.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OSTEOPLAS FACIAL BONES W/ RED	21209	CPT	outpatient			18927	7702.18	Horizon	NJ Health		814.66				814.66	17980.65	fee schedule	
OSTEOPLAS FACIAL BONES W/ RED	21209	CPT	outpatient			18927	7702.18	Managed Care Inc	Managed Care Inc		17034.3	90			814.66	17980.65	percent of total billed charges	
OSTEOPLAS FACIAL BONES W/ RED	21209	CPT	outpatient			18927	7702.18	Multiplan	Multiplan		15141.6	80			814.66	17980.65	percent of total billed charges	
OSTEOPLAS FACIAL BONES W/ RED	21209	CPT	outpatient			18927	7702.18	Qualcare	Qualcare		14195.25	75			814.66	17980.65	percent of total billed charges	
OSTEOPLAS FACIAL BONES W/ RED	21209	CPT	outpatient			18927	7702.18	Three Rivers	Three Rivers		17980.65	95			814.66	17980.65	percent of total billed charges	
OSTEOPLAS FACIAL BONES W/ RED	21209	CPT	outpatient			18927	7702.18	UHC	Medicaid		5971.47	31.55			814.66	17980.65	percent of total billed charges	
OSTEOPLAS FACIAL BONES W/ RED	21209	CPT	outpatient			18927	7702.18	UHC	Medicare		6697.55				814.66	17980.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OSTEOPLAS FACIAL BONES W/ RED	21209	CPT	outpatient			18927	7702.18	United	CommercialPPO		6362				814.66	17980.65	case rate	
OSTEOPLAS FACIAL BONES W/ RED	21209	CPT	outpatient			18927	7702.18	United	Oxford		6362				814.66	17980.65	case rate	
OSTEOPLAS FACIAL BONES W/ RED	21209	CPT	outpatient			18927	7702.18	Wellcare	Medicare		6697.55				814.66	17980.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OSTEOPLAS FACIAL BONES W/ RED	21209	CPT	outpatient			18927	7702.18	Wellcare	Medicaid		5971.47	31.55			814.66	17980.65	percent of total billed charges	
OSTEOPLAS FACIAL BONES W/ RED	21209	CPT	outpatient			18927	7702.18	WellPoint	WellPoint		6090.71	32.18			814.66	17980.65	percent of total billed charges	
LATERAL CANTHOPEXY	21282	CPT	outpatient			10182	4234.52	Aetna	Commercial		5862.05				391.5	9672.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LATERAL CANTHOPEXY	21282	CPT	outpatient			10182	4234.52	Aetna	Better Health		3212.42	31.55			391.5	9672.9	percent of total billed charges	
LATERAL CANTHOPEXY	21282	CPT	outpatient			10182	4234.52	Aetna	Medicare		3082.19				391.5	9672.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LATERAL CANTHOPEXY	21282	CPT	outpatient			10182	4234.52	Americare	Americare		7636.5	75			391.5	9672.9	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
LATERAL CANTHOPEXY	21282	CPT	outpatient					10182	4234.52 Amerihealth	Medicare	3682.19				391.5		9672.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LATERAL CANTHOPEXY	21282	CPT	outpatient					10182	4234.52 Amerihealth	HMO/PPO	6618.3	65			391.5		9672.9 percent of total billed charges	
LATERAL CANTHOPEXY	21282	CPT	outpatient					10182	4234.52 Consumer	Consumer	9672.9	95			391.5		9672.9 percent of total billed charges	
LATERAL CANTHOPEXY	21282	CPT	outpatient					10182	4234.52 Corrections	Corrections	8145.6	80			391.5		9672.9 percent of total billed charges	
LATERAL CANTHOPEXY	21282	CPT	outpatient					10182	4234.52 First Health	First Health	7127.4	70			391.5		9672.9 percent of total billed charges	
LATERAL CANTHOPEXY	21282	CPT	outpatient					10182	4234.52 First Trenton	First Trenton	9163.8	90			391.5		9672.9 percent of total billed charges	
LATERAL CANTHOPEXY	21282	CPT	outpatient					10182	4234.52 Horizon	NJ Health	391.5				391.5		9672.9 fee schedule	
LATERAL CANTHOPEXY	21282	CPT	outpatient					10182	4234.52 Horizon	Indemnity	6852.56				391.5		9672.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LATERAL CANTHOPEXY	21282	CPT	outpatient					10182	4234.52 Horizon	Medicare Blue	3682.19				391.5		9672.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LATERAL CANTHOPEXY	21282	CPT	outpatient					10182	4234.52 Horizon	PPO	6852.56				391.5		9672.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LATERAL CANTHOPEXY	21282	CPT	outpatient					10182	4234.52 Horizon	MGD	6852.56				391.5		9672.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LATERAL CANTHOPEXY	21282	CPT	outpatient					10182	4234.52 Managed Care Inc	Managed Care Inc	9163.8	90			391.5		9672.9 percent of total billed charges	
LATERAL CANTHOPEXY	21282	CPT	outpatient					10182	4234.52 Multiplan	Multiplan	8145.6	80			391.5		9672.9 percent of total billed charges	
LATERAL CANTHOPEXY	21282	CPT	outpatient					10182	4234.52 Qualcare	Qualcare	7636.5	75			391.5		9672.9 percent of total billed charges	
LATERAL CANTHOPEXY	21282	CPT	outpatient					10182	4234.52 Three Rivers	Three Rivers	9672.9	95			391.5		9672.9 percent of total billed charges	
LATERAL CANTHOPEXY	21282	CPT	outpatient					10182	4234.52 UHC	Medicare	3682.19				391.5		9672.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LATERAL CANTHOPEXY	21282	CPT	outpatient					10182	4234.52 UHC	Medicaid	3212.42	31.55			391.5		9672.9 percent of total billed charges	
LATERAL CANTHOPEXY	21282	CPT	outpatient					10182	4234.52 United	Commercial|PPO	2493				391.5		9672.9 case rate	
LATERAL CANTHOPEXY	21282	CPT	outpatient					10182	4234.52 United	Oxford	2493				391.5		9672.9 case rate	
LATERAL CANTHOPEXY	21282	CPT	outpatient					10182	4234.52 Wellcare	Medicare	3682.19				391.5		9672.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LATERAL CANTHOPEXY	21282	CPT	outpatient					10182	4234.52 Wellcare	Medicaid	3212.42	31.55			391.5		9672.9 percent of total billed charges	
LATERAL CANTHOPEXY	21282	CPT	outpatient					10182	4234.52 WellPoint	WellPoint	3276.57	32.18			391.5		9672.9 percent of total billed charges	
REDUC MASSETER MUSCLE & BONE	21295	CPT	outpatient					5034	2005.77 Aetna	Commercial	2776.69				391.5		4782.3 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REDUC MASSETER MUSCLE & BONE	21295	CPT	outpatient					5034	2005.77 Aetna	Better Health	1588.23	31.55			391.5		4782.3 percent of total billed charges	
REDUC MASSETER MUSCLE & BONE	21295	CPT	outpatient					5034	2005.77 Aetna	Medicare	1744.15				391.5		4782.3 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REDUC MASSETER MUSCLE & BONE	21295	CPT	outpatient					5034	2005.77 Americare	Americare	3775.5	75			391.5		4782.3 percent of total billed charges	
REDUC MASSETER MUSCLE & BONE	21295	CPT	outpatient					5034	2005.77 Amerihealth	HMO/PPO	3272.1	65			391.5		4782.3 percent of total billed charges	
REDUC MASSETER MUSCLE & BONE	21295	CPT	outpatient					5034	2005.77 Amerihealth	Medicare	1744.15				391.5		4782.3 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REDUC MASSETER MUSCLE & BONE	21295	CPT	outpatient					5034	2005.77 Consumer	Consumer	4782.3	95			391.5		4782.3 percent of total billed charges	
REDUC MASSETER MUSCLE & BONE	21295	CPT	outpatient					5034	2005.77 Corrections	Corrections	4027.2	80			391.5		4782.3 percent of total billed charges	
REDUC MASSETER MUSCLE & BONE	21295	CPT	outpatient					5034	2005.77 First Health	First Health	3523.8	70			391.5		4782.3 percent of total billed charges	
REDUC MASSETER MUSCLE & BONE	21295	CPT	outpatient					5034	2005.77 First Trenton	First Trenton	4530.6	90			391.5		4782.3 percent of total billed charges	
REDUC MASSETER MUSCLE & BONE	21295	CPT	outpatient					5034	2005.77 Horizon	NJ Health	391.5				391.5		4782.3 fee schedule	
REDUC MASSETER MUSCLE & BONE	21295	CPT	outpatient					5034	2005.77 Horizon	Indemnity	3245.86				391.5		4782.3 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REDUC MASSETER MUSCLE & BONE	21295	CPT	outpatient					5034	2005.77 Horizon	Medicare Blue	1744.15				391.5		4782.3 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REDUC MASSETER MUSCLE & BONE	21295	CPT	outpatient					5034	2005.77 Horizon	MGD	3245.86				391.5		4782.3 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REDUC MASSETER MUSCLE & BONE	21295	CPT	outpatient					5034	2005.77 Horizon	PPO	3245.86				391.5		4782.3 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REDUC MASSETER MUSCLE & BONE	21295	CPT	outpatient					5034	2005.77 Managed Care Inc	Managed Care Inc	4530.6	90			391.5		4782.3 percent of total billed charges	
REDUC MASSETER MUSCLE & BONE	21295	CPT	outpatient					5034	2005.77 Multiplan	Multiplan	4027.2	80			391.5		4782.3 percent of total billed charges	
REDUC MASSETER MUSCLE & BONE	21295	CPT	outpatient					5034	2005.77 Qualcare	Qualcare	3775.5	75			391.5		4782.3 percent of total billed charges	
REDUC MASSETER MUSCLE & BONE	21295	CPT	outpatient					5034	2005.77 Three Rivers	Three Rivers	4782.3	95			391.5		4782.3 percent of total billed charges	
REDUC MASSETER MUSCLE & BONE	21295	CPT	outpatient					5034	2005.77 UHC	Medicare	1744.15				391.5		4782.3 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REDUC MASSETER MUSCLE & BONE	21295	CPT	outpatient					5034	2005.77 UHC	Medicaid	1588.23	31.55			391.5		4782.3 percent of total billed charges	
REDUC MASSETER MUSCLE & BONE	21295	CPT	outpatient					5034	2005.77 United	Oxford	2493				391.5		4782.3 case rate	
REDUC MASSETER MUSCLE & BONE	21295	CPT	outpatient					5034	2005.77 United	Commercial|PPO	2493				391.5		4782.3 case rate	
REDUC MASSETER MUSCLE & BONE	21295	CPT	outpatient					5034	2005.77 Wellcare	Medicare	1744.15				391.5		4782.3 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REDUC MASSETER MUSCLE & BONE	21295	CPT	outpatient					5034	2005.77 Wellcare	Medicaid	1588.23	31.55			391.5		4782.3 percent of total billed charges	
REDUC MASSETER MUSCLE & BONE	21295	CPT	outpatient					5034	2005.77 WellPoint	WellPoint	1619.94	32.18			391.5		4782.3 percent of total billed charges	
UNLISTED CRANIO/MAXILLO PROC	21299	CPT	outpatient					795	321.26 Aetna	Medicare	244.86	30.8			242.7		1782 percent of total billed charges	
UNLISTED CRANIO/MAXILLO PROC	21299	CPT	outpatient					795	321.26 Aetna	Commercial	444.74				242.7		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED CRANIO/MAXILLO PROC	21299	CPT	outpatient					795	321.26 Aetna	Better Health	250.82	31.55			242.7		1782 percent of total billed charges	
UNLISTED CRANIO/MAXILLO PROC	21299	CPT	outpatient					795	321.26 Americare	Americare	596.25	75			242.7		1782 percent of total billed charges	
UNLISTED CRANIO/MAXILLO PROC	21299	CPT	outpatient					795	321.26 Amerihealth	HMO/PPO	516.75	65			242.7		1782 percent of total billed charges	
UNLISTED CRANIO/MAXILLO PROC	21299	CPT	outpatient					795	321.26 Amerihealth	Medicare	279.36				242.7		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED CRANIO/MAXILLO PROC	21299	CPT	outpatient					795	321.26 Consumer	Consumer	755.25	95			242.7		1782 percent of total billed charges	
UNLISTED CRANIO/MAXILLO PROC	21299	CPT	outpatient					795	321.26 Corrections	Corrections	636	80			242.7		1782 percent of total billed charges	
UNLISTED CRANIO/MAXILLO PROC	21299	CPT	outpatient					795	321.26 First Health	First Health	556.5	70			242.7		1782 percent of total billed charges	
UNLISTED CRANIO/MAXILLO PROC	21299	CPT	outpatient					795	321.26 First Trenton	First Trenton	715.5	90			242.7		1782 percent of total billed charges	
UNLISTED CRANIO/MAXILLO PROC	21299	CPT	outpatient					795	321.26 Horizon	MGD	519.89				242.7		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED CRANIO/MAXILLO PROC	21299	CPT	outpatient					795	321.26 Horizon	Indemnity	519.89				242.7		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED CRANIO/MAXILLO PROC	21299	CPT	outpatient					795	321.26 Horizon	Medicare Blue	279.36				242.7		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED CRANIO/MAXILLO PROC	21299	CPT	outpatient					795	321.26 Horizon	PPO	519.89				242.7		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED CRANIO/MAXILLO PROC	21299	CPT	outpatient					795	321.26 Managed Care Inc	Managed Care Inc	715.5	90			242.7		1782 percent of total billed charges	
UNLISTED CRANIO/MAXILLO PROC	21299	CPT	outpatient					795	321.26 Multiplan	Multiplan	636	80			242.7		1782 percent of total billed charges	
UNLISTED CRANIO/MAXILLO PROC	21299	CPT	outpatient					795	321.26 Qualcare	Qualcare	596.25	75			242.7		1782 percent of total billed charges	
UNLISTED CRANIO/MAXILLO PROC	21299	CPT	outpatient					795	321.26 Three Rivers	Three Rivers	755.25	95			242.7		1782 percent of total billed charges	
UNLISTED CRANIO/MAXILLO PROC	21299	CPT	outpatient					795	321.26 UHC	Medicare	279.36				242.7		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED CRANIO/MAXILLO PROC	21299	CPT	outpatient					795	321.26 UHC	Medicaid	250.82	31.55			242.7		1782 percent of total billed charges	
UNLISTED CRANIO/MAXILLO PROC	21299	CPT	outpatient					795	321.26 United	Oxford	1782				242.7		1782 case rate	
UNLISTED CRANIO/MAXILLO PROC	21299	CPT	outpatient					795	321.26 United	Commercial|PPO	1782				242.7		1782 case rate	
UNLISTED CRANIO/MAXILLO PROC	21299	CPT	outpatient					795	321.26 Wellcare	Medicare	279.36				242.7		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED CRANIO/MAXILLO PROC	21299	CPT	outpatient					795	321.26 Wellcare	Medicaid	250.82	31.55			242.7		1782 percent of total billed charges	
UNLISTED CRANIO/MAXILLO PROC	21299	CPT	outpatient					795	321.26 WellPoint	WellPoint	255.83	32.18			242.7		1782 percent of total billed charges	
CLSED TRT NOSE FRACT WO STABL	21315	CPT	outpatient					5393	2005.77 Aetna	Better Health	1701.49	31.55			164.43		5123.35 percent of total billed charges	
CLSED TRT NOSE FRACT WO STABL	21315	CPT	outpatient					5393	2005.77 Aetna	Medicare	1661.04	30.8			164.43		5123.35 percent of total billed charges	
CLSED TRT NOSE FRACT WO STABL	21315	CPT	outpatient					5393	2005.77 Aetna	Commercial	2776.69				164.43		5123.35 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSED TRT NOSE FRACT WO STABL	21315	CPT	outpatient					5393	2005.77 Americare	Americare	4044.75	75			164.43		5123.35 percent of total billed charges	
CLSED TRT NOSE FRACT WO STABL	21315	CPT	outpatient					5393	2005.77 Amerihealth	HMO/PPO	3605.45	65			164.43		5123.35 percent of total billed charges	
CLSED TRT NOSE FRACT WO STABL	21315	CPT	outpatient					5393	2005.77 Amerihealth	Medicare	1744.15				164.43		5123.35 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSED TRT NOSE FRACT WO STABL	21315	CPT	outpatient					5393	2005.77 Consumer	Consumer	5123.35	95			164.43		5123.35 percent of total billed charges	
CLSED TRT NOSE FRACT WO STABL	21315	CPT	outpatient					5393	2005.77 Corrections	Corrections	4314.4	80			164.43		5123.35 percent of total billed charges	
CLSED TRT NOSE FRACT WO STABL	21315	CPT	outpatient					5393	2005.77 First Health	First Health	3775.1	70			164.43		5123.35 percent of total billed charges	
CLSED TRT NOSE FRACT WO STABL	21315	CPT	outpatient					5393	2005.77 First Trenton	First Trenton	4853.7	90			164.43		5123.35 percent of total billed charges	
CLSED TRT NOSE FRACT WO STABL	21315	CPT	outpatient					5393	2005.77 Horizon	Medicare Blue	1744.15				164.43		5123.35 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSED TRT NOSE FRACT WO STABL	21315	CPT	outpatient					5393	2005.77 Horizon	PPO	3245.86				164.43		5123.35 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSED TRT NOSE FRACT WO STABL	21315	CPT	outpatient					5393	2005.77 Horizon	NJ Health	164.43				164.43		5123.35 fee schedule	
CLSED TRT NOSE FRACT WO STABL	21315	CPT	outpatient					5393	2005.77 Horizon	Indemnity	3245.86				164.43		5123.35 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSED TRT NOSE FRACT WO STABL	21315	CPT	outpatient					5393	2005.77 Horizon	MGD	3245.86				164.43		5123.35 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSED TRT NOSE FRACT WO STABL	21315	CPT	outpatient					5393	2005.77 Managed Care Inc	Managed Care Inc	4853.7	90			164.43		5123.35 percent of total billed charges	
CLSED TRT NOSE FRACT WO STABL	21315	CPT	outpatient					5393	2005.77 Multiplan	Multiplan	4314.4	80			164.43		5123.35 percent of total billed charges	
CLSED TRT NOSE FRACT WO STABL	21315	CPT	outpatient					5393	2005.77 Qualcare	Qualcare	4044.75	75			164.43		5123.35 percent of total billed charges	
CLSED TRT NOSE FRACT WO STABL	21315	CPT	outpatient					5393	2005.77 Three Rivers	Three Rivers	5123.35	95			164.43		5123.35 percent of total billed charges	
CLSED TRT NOSE FRACT WO STABL	21315	CPT	outpatient					5393	2005.77 UHC	Medicaid	1701.49	31.55			164.43		5123.35 percent of total billed charges	
CLSED TRT NOSE FRACT WO STABL	21315	CPT	outpatient					5393	2005.77 UHC	Medicare	1744.15				164.43		5123.35 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSED TRT NOSE FRACT WO STABL	21315	CPT	outpatient					5393	2005.77 United	Commercial|PPO	2493				164.43		5123.35 case rate	
CLSED TRT NOSE FRACT WO STABL	21315	CPT	outpatient					5393	2005.77 United	Oxford	2493				164.43		5123.35 case rate	
CLSED TRT NOSE FRACT WO STABL	21315	CPT	outpatient					5393	2005.77 Wellcare	Medicaid	1701.49	31.55			164.43		5123.35 percent of total billed charges	
CLSED TRT NOSE FRACT WO STABL	21315	CPT	outpatient					5393	2005.77 Wellcare	Medicare	1744.15				164.43		5123.35 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSED TRT NOSE FRACT WO STABL	21315	CPT	outpatient					5393	2005.77 WellPoint	WellPoint	1735.47	32.18			164.43		5123.35 percent of total billed charges	
RED NASAL FX-CLOSED INSTR	21320	CPT	outpatient					10367	4234.52 Aetna	Better Health	3270.79	31.55			265.2		9848.65 percent of total billed charges	
RED NASAL FX-CLOSED INSTR	21320	CPT	outpatient					10367	4234.52 Aetna	Commercial	5862.05				265.2		9848.65 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RED NASAL FX-CLOSED INSTR	21320	CPT	outpatient					10367	4234.52 Aetna	Medicare	3682.19				265.2		9848.65 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RED NASAL FX-CLOSED INSTR	21320	CPT	outpatient					10367	4234.52 Americare	Americare	7775.25	75			265.2		9848.65 percent of total billed charges	
RED NASAL FX-CLOSED INSTR	21320	CPT	outpatient					10367	4234.52 Amerihealth	Medicare	3682.19				265.2		9848.65 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RED NASAL FX-CLOSED INSTR	21320	CPT	outpatient					10367	4234.52 Amerihealth	HMO/PPO	6738.55	65			265.2		9848.65 percent of total billed charges	
RED NASAL FX-CLOSED INSTR	21320	CPT	outpatient					10367	4234.52 Consumer	Consumer	9848.65	95			265.2		9848.65 percent of total billed charges	
RED NASAL FX-CLOSED INSTR	21320	CPT	outpatient					10367	4234.52 Corrections	Corrections	8293.6	80			265.2		9848.65 percent of total billed charges	
RED NASAL FX-CLOSED INSTR	21320	CPT	outpatient					10367	4234.52 First Health	First Health	7256.9	70			265.2		9848.65 percent of total billed charges	
RED NASAL FX-CLOSED INSTR	21320	CPT	outpatient					10367	4234.52 First Trenton	First Trenton	9330.3	90			265.2		9848.65 percent of total billed charges	
RED NASAL FX-CLOSED INSTR	21320	CPT	outpatient					10367	4234.52 Horizon	MGD	6852.56				265.2		9848.65 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RED NASAL FX-CLOSED INSTR	21320	CPT	outpatient					10367	4234.52 Horizon	Medicare Blue	3682.19				265.2		9848.65 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RED NASAL FX-CLOSED INSTR	21320	CPT	outpatient					10367	4234.52 Horizon	Indemnity	6852.56				265.2		9848.65 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RED NASAL FX-CLOSED INSTR	21320	CPT	outpatient					10367	4234.52 Horizon	NJ Health	265.2				265.2		9848.65 fee schedule	
RED NASAL FX-CLOSED INSTR	21320	CPT	outpatient					10367	4234.52 Horizon	PPO	6852.56				265.2		9848.65 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RED NASAL FX-CLOSED INSTR	21320	CPT	outpatient					10367	4234.52 Managed Care Inc	Managed Care Inc	9330.3	90			265.2		9848.65 percent of total billed charges	
RED NASAL FX-CLOSED INSTR	21320	CPT	outpatient					10367	4234.52 Multiplan	Multiplan	8293.6	80			265.2		9848.65 percent of total billed charges	
RED NASAL FX-CLOSED INSTR	21320	CPT	outpatient					10367	4234.52 Qualcare	Qualcare	7775.25	75			265.2		9848.65 percent of total billed charges	
RED NASAL FX-CLOSED INSTR	21320	CPT	outpatient					10367	4234.52 Three Rivers	Three Rivers	9848.65	95			265.2		9848.65 percent of total billed charges	
RED NASAL FX-CLOSED INSTR	21320	CPT	outpatient					10367	4234.52 UHC	Medicare	3682.19				265.2		9848.65 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RED NASAL FX-CLOSED INSTR	21320	CPT	outpatient					10367	4234.52 UHC	Medicaid	3270.79	31.55			265.2		9848.65 percent of total billed charges	
RED NASAL FX-CLOSED INSTR	21320	CPT	outpatient					10367	4234.52 United	Oxford	2493				265.2		9848.65 case rate	
RED NASAL FX-CLOSED INSTR	21320	CPT	outpatient					10367	4234.52 United	Commercial|PPO	2493				265.2		9848.65 case rate	
RED NASAL FX-CLOSED INSTR	21320	CPT	outpatient					10367	4234.52 Wellcare	Medicaid	3270.79	31.55			265.2		9848.65 percent of total billed charges	
RED NASAL FX-CLOSED INSTR	21320	CPT	outpatient					10367	4234.52 Wellcare	Medicare	3682.19				265.2		9848.65 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RED NASAL FX-CLOSED INSTR	21320	CPT	outpatient					10367	4234.52 WellPoint	WellPoint	3336.1	32.18			265.2		9848.65 percent of total billed charges	
OPEN TREAT NASAL FX UNC	21325	CPT	outpatient					9383	4234.52 Aetna	Better Health	2960.34	31.55			474.26		8913.85 percent of total billed charges	
OPEN TREAT NASAL FX UNC	21325	CPT	outpatient					9383	4234.52 Aetna	Commercial	5862.05				474.26		8913.85 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TREAT NASAL FX UNC	21325	CPT	outpatient					9383	4234.52 Aetna	Medicare	3682.19				474.26		8913.85 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TREAT NASAL FX UNC	21325	CPT	outpatient					9383	4234.52 Americare	Americare	7037.25	75			474.26		8913.85 percent of total billed charges	
OPEN TREAT NASAL FX UNC	21325	CPT	outpatient					9383	4234.52 Amerihealth	HMO/PPO	6098.95	65			474.26		8913.85 percent of total billed charges	
OPEN TREAT NASAL FX UNC	21325	CPT	outpatient					9383	4234.52 Amerihealth	Medicare	3682.19				474.26		8913.85 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TREAT NASAL FX UNC	21325	CPT	outpatient					9383	4234.52 Consumer	Consumer	8913.85	95			474.26		8913.85 percent of total billed charges	
OPEN TREAT NASAL FX UNC	21325	CPT	outpatient					9383	4234.52 Corrections	Corrections	7506.4	80			474.26		8913.85 percent of total billed charges	
OPEN TREAT NASAL FX UNC	21325	CPT	outpatient					9383	4234.52 First Health	First Health	6568.1	70			474.26		8913.85 percent of total billed charges	
OPEN TREAT NASAL FX UNC	21325	CPT	outpatient					9383	4234.52 First Trenton	First Trenton	8444.7	90			474.26		8913.85 percent of total billed charges	
OPEN TREAT NASAL FX UNC	21325	CPT	outpatient					9383	4234.52 Horizon	Medicare Blue	3682.19				474.26		8913.85 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TREAT NASAL FX UNC	21325	CPT	outpatient					9383	4234.52 Horizon	MGD	6852.56				474.26		8913.85 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TREAT NASAL FX UNC	21325	CPT	outpatient					9383	4234.52 Horizon	Indemnity	6852.56				474.26		8913.85 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TREAT NASAL FX UNC	21325	CPT	outpatient					9383	4234.52 Horizon	PPO	6852.56				474.26		8913.85 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TREAT NASAL FX UNC	21325	CPT	outpatient					9383	4234.52 Horizon	NJ Health	474.26				474.26		8913.85 fee schedule	
OPEN TREAT NASAL FX UNC	21325	CPT	outpatient					9383	4234.52 Managed Care Inc	Managed Care Inc	8444.7	90			474.26		8913.85 percent of total billed charges	
OPEN TREAT NASAL FX UNC	21325	CPT	outpatient					9383	4234.52 Multiplan	Multiplan	7506.4	80			474.26		8913.85 percent of total billed charges	
OPEN TREAT NASAL FX UNC	21325	CPT	outpatient					9383	4234.52 Qualcare	Qualcare	7037.25	75			474.26		8913.85 percent of total billed charges	
OPEN TREAT NASAL FX UNC	21325	CPT	outpatient					9383	4234.52 Three Rivers	Three Rivers	8913.85	95			474.26		8913.85 percent of total billed charges	
OPEN TREAT NASAL FX UNC	21325	CPT	outpatient					9383	4234.52 UHC	Medicaid	2960.34	31.55			474.26		8913.85 percent of total billed charges	
OPEN TREAT NASAL FX UNC	21325	CPT	outpatient					9383	4234.52 UHC	Medicare	3682.19				474.26		8913.85 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TREAT NASAL FX UNC	21325	CPT	outpatient					9383	4234.52 United	Commercial|PPO	2776				474.26		8913.85 case rate	
OPEN TREAT NASAL FX UNC	21325	CPT	outpatient					9383	4234.52 United	Oxford	2776				474.26		8913.85 case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.														
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103		310119 true													
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
OPEN TREAT NASAL FX UNC	21325	CPT	outpatient			9383	4234.52	Wellcare	Medicare		3682.19				474.26	8913.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TREAT NASAL FX UNC	21325	CPT	outpatient			9383	4234.52	Wellcare	Medicaid		2960.34	31.55			474.26	8913.85	percent of total billed charges	
OPEN TREAT NASAL FX UNC	21325	CPT	outpatient			9383	4234.52	WellPoint	WellPoint		3019.45	32.18			474.26	8913.85	percent of total billed charges	
OPEN NASAL FRACTURE	21336	CPT	outpatient			9199	4257.16	Aetna	Commercial		5893.39				414.49	8739.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN NASAL FRACTURE	21336	CPT	outpatient			9199	4257.16	Aetna	Medicare		3701.88				414.49	8739.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN NASAL FRACTURE	21336	CPT	outpatient			9199	4257.16	Aetna	Better Health		2902.28	31.55			414.49	8739.05	percent of total billed charges	
OPEN NASAL FRACTURE	21336	CPT	outpatient			9199	4257.16	Americare	Americare		6899.25	75			414.49	8739.05	percent of total billed charges	
OPEN NASAL FRACTURE	21336	CPT	outpatient			9199	4257.16	Amerihealth	HMO/PPO		5979.35	65			414.49	8739.05	percent of total billed charges	
OPEN NASAL FRACTURE	21336	CPT	outpatient			9199	4257.16	Amerihealth	Medicare		3701.88				414.49	8739.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN NASAL FRACTURE	21336	CPT	outpatient			9199	4257.16	Consumer	Consumer		8739.05	95			414.49	8739.05	percent of total billed charges	
OPEN NASAL FRACTURE	21336	CPT	outpatient			9199	4257.16	Corrections	Corrections		7359.2	80			414.49	8739.05	percent of total billed charges	
OPEN NASAL FRACTURE	21336	CPT	outpatient			9199	4257.16	First Health	First Health		6439.3	70			414.49	8739.05	percent of total billed charges	
OPEN NASAL FRACTURE	21336	CPT	outpatient			9199	4257.16	First Trenton	First Trenton		8279.1	90			414.49	8739.05	percent of total billed charges	
OPEN NASAL FRACTURE	21336	CPT	outpatient			9199	4257.16	Horizon	Indemnity		6889.2				414.49	8739.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN NASAL FRACTURE	21336	CPT	outpatient			9199	4257.16	Horizon	Medicare Blue		3701.88				414.49	8739.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN NASAL FRACTURE	21336	CPT	outpatient			9199	4257.16	Horizon	NJ Health		414.49				414.49	8739.05	fee schedule	
OPEN NASAL FRACTURE	21336	CPT	outpatient			9199	4257.16	Horizon	MGD		6889.2				414.49	8739.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN NASAL FRACTURE	21336	CPT	outpatient			9199	4257.16	Horizon	PPO		6889.2				414.49	8739.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN NASAL FRACTURE	21336	CPT	outpatient			9199	4257.16	Managed Care Inc	Managed Care Inc		8279.1	90			414.49	8739.05	percent of total billed charges	
OPEN NASAL FRACTURE	21336	CPT	outpatient			9199	4257.16	Multiplan	Multiplan		7359.2	80			414.49	8739.05	percent of total billed charges	
OPEN NASAL FRACTURE	21336	CPT	outpatient			9199	4257.16	Qualcare	Qualcare		6899.25	75			414.49	8739.05	percent of total billed charges	
OPEN NASAL FRACTURE	21336	CPT	outpatient			9199	4257.16	Three Rivers	Three Rivers		8739.05	95			414.49	8739.05	percent of total billed charges	
OPEN NASAL FRACTURE	21336	CPT	outpatient			9199	4257.16	UHC	Medicaid		2902.28	31.55			414.49	8739.05	percent of total billed charges	
OPEN NASAL FRACTURE	21336	CPT	outpatient			9199	4257.16	UHC	Medicare		3701.88				414.49	8739.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN NASAL FRACTURE	21336	CPT	outpatient			9199	4257.16	United	CommercialPPO		2776				414.49	8739.05	case rate	
OPEN NASAL FRACTURE	21336	CPT	outpatient			9199	4257.16	United	Oxford		2776				414.49	8739.05	case rate	
OPEN NASAL FRACTURE	21336	CPT	outpatient			9199	4257.16	Wellcare	Medicaid		2902.28	31.55			414.49	8739.05	percent of total billed charges	
OPEN NASAL FRACTURE	21336	CPT	outpatient			9199	4257.16	Wellcare	Medicare		3701.88				414.49	8739.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN NASAL FRACTURE	21336	CPT	outpatient			9199	4257.16	WellPoint	WellPoint		2960.24	32.18			414.49	8739.05	percent of total billed charges	
CLSD TRT NASAL FX	21337	CPT	outpatient			10367	4234.52	Aetna	Commercial		5862.05				164.43	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT NASAL FX	21337	CPT	outpatient			10367	4234.52	Aetna	Better Health		3270.79	31.55			164.43	9848.65	percent of total billed charges	
CLSD TRT NASAL FX	21337	CPT	outpatient			10367	4234.52	Aetna	Medicare		3682.19				164.43	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT NASAL FX	21337	CPT	outpatient			10367	4234.52	Americare	Americare		7775.25	75			164.43	9848.65	percent of total billed charges	
CLSD TRT NASAL FX	21337	CPT	outpatient			10367	4234.52	Amerihealth	HMO/PPO		6736.55	65			164.43	9848.65	percent of total billed charges	
CLSD TRT NASAL FX	21337	CPT	outpatient			10367	4234.52	Amerihealth	Medicare		3682.19				164.43	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT NASAL FX	21337	CPT	outpatient			10367	4234.52	Consumer	Consumer		9848.65	95			164.43	9848.65	percent of total billed charges	
CLSD TRT NASAL FX	21337	CPT	outpatient			10367	4234.52	Corrections	Corrections		8293.6	80			164.43	9848.65	percent of total billed charges	
CLSD TRT NASAL FX	21337	CPT	outpatient			10367	4234.52	First Health	First Health		7256.9	70			164.43	9848.65	percent of total billed charges	
CLSD TRT NASAL FX	21337	CPT	outpatient			10367	4234.52	First Trenton	First Trenton		9330.3	90			164.43	9848.65	percent of total billed charges	
CLSD TRT NASAL FX	21337	CPT	outpatient			10367	4234.52	Horizon	NJ Health		164.43				164.43	9848.65	fee schedule	
CLSD TRT NASAL FX	21337	CPT	outpatient			10367	4234.52	Horizon	Indemnity		6852.56				164.43	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT NASAL FX	21337	CPT	outpatient			10367	4234.52	Horizon	MGD		6852.56				164.43	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT NASAL FX	21337	CPT	outpatient			10367	4234.52	Horizon	Medicare Blue		3682.19				164.43	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT NASAL FX	21337	CPT	outpatient			10367	4234.52	Horizon	PPO		6852.56				164.43	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT NASAL FX	21337	CPT	outpatient			10367	4234.52	Managed Care Inc	Managed Care Inc		9330.3	90			164.43	9848.65	percent of total billed charges	
CLSD TRT NASAL FX	21337	CPT	outpatient			10367	4234.52	Multiplan	Multiplan		8293.6	80			164.43	9848.65	percent of total billed charges	
CLSD TRT NASAL FX	21337	CPT	outpatient			10367	4234.52	Qualcare	Qualcare		7775.25	75			164.43	9848.65	percent of total billed charges	
CLSD TRT NASAL FX	21337	CPT	outpatient			10367	4234.52	Three Rivers	Three Rivers		9848.65	95			164.43	9848.65	percent of total billed charges	
CLSD TRT NASAL FX	21337	CPT	outpatient			10367	4234.52	UHC	Medicaid		3270.79	31.55			164.43	9848.65	percent of total billed charges	
CLSD TRT NASAL FX	21337	CPT	outpatient			10367	4234.52	UHC	Medicare		3682.19				164.43	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT NASAL FX	21337	CPT	outpatient			10367	4234.52	United	CommercialPPO		2493				164.43	9848.65	case rate	
CLSD TRT NASAL FX	21337	CPT	outpatient			10367	4234.52	United	Oxford		2493				164.43	9848.65	case rate	
CLSD TRT NASAL FX	21337	CPT	outpatient			10367	4234.52	Wellcare	Medicare		3682.19				164.43	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT NASAL FX	21337	CPT	outpatient			10367	4234.52	Wellcare	Medicaid		3270.79	31.55			164.43	9848.65	percent of total billed charges	
CLSD TRT NASAL FX	21337	CPT	outpatient			10367	4234.52	WellPoint	WellPoint		3336.1	32.18			164.43	9848.65	percent of total billed charges	
FX.MAX.-CLOSED,SIMPLE	21345	CPT	outpatient			5059	2005.77	Aetna	Better Health		1696.11	31.55			830.84	4806.05	percent of total billed charges	
FX.MAX.-CLOSED,SIMPLE	21345	CPT	outpatient			5059	2005.77	Aetna	Commercial		2776.69				830.84	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FX.MAX.-CLOSED,SIMPLE	21345	CPT	outpatient			5059	2005.77	Aetna	Medicare		1744.15				830.84	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FX.MAX.-CLOSED,SIMPLE	21345	CPT	outpatient			5059	2005.77	Americare	Americare		3794.25	75			830.84	4806.05	percent of total billed charges	
FX.MAX.-CLOSED,SIMPLE	21345	CPT	outpatient			5059	2005.77	Amerihealth	HMO/PPO		3288.35	65			830.84	4806.05	percent of total billed charges	
FX.MAX.-CLOSED,SIMPLE	21345	CPT	outpatient			5059	2005.77	Amerihealth	Medicare		1744.15				830.84	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FX.MAX.-CLOSED,SIMPLE	21345	CPT	outpatient			5059	2005.77	Consumer	Consumer		4806.05	95			830.84	4806.05	percent of total billed charges	
FX.MAX.-CLOSED,SIMPLE	21345	CPT	outpatient			5059	2005.77	Corrections	Corrections		4047.2	80			830.84	4806.05	percent of total billed charges	
FX.MAX.-CLOSED,SIMPLE	21345	CPT	outpatient			5059	2005.77	First Health	First Health		3541.3	70			830.84	4806.05	percent of total billed charges	
FX.MAX.-CLOSED,SIMPLE	21345	CPT	outpatient			5059	2005.77	First Trenton	First Trenton		4553.1	90			830.84	4806.05	percent of total billed charges	
FX.MAX.-CLOSED,SIMPLE	21345	CPT	outpatient			5059	2005.77	Horizon	Indemnity		3245.86				830.84	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FX.MAX.-CLOSED,SIMPLE	21345	CPT	outpatient			5059	2005.77	Horizon	MGD		3245.86				830.84	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FX.MAX.-CLOSED,SIMPLE	21345	CPT	outpatient			5059	2005.77	Horizon	Medicare Blue		1744.15				830.84	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FX.MAX.-CLOSED,SIMPLE	21345	CPT	outpatient			5059	2005.77	Horizon	NJ Health		830.84				830.84	4806.05	fee schedule	
FX.MAX.-CLOSED,SIMPLE	21345	CPT	outpatient			5059	2005.77	Horizon	PPO		3245.86				830.84	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FX.MAX.-CLOSED,SIMPLE	21345	CPT	outpatient			5059	2005.77	Managed Care Inc	Managed Care Inc		4553.1	90			830.84	4806.05	percent of total billed charges	
FX.MAX.-CLOSED,SIMPLE	21345	CPT	outpatient			5059	2005.77	Multiplan	Multiplan		4047.2	80			830.84	4806.05	percent of total billed charges	
FX.MAX.-CLOSED,SIMPLE	21345	CPT	outpatient			5059	2005.77	Qualcare	Qualcare		3794.25	75			830.84	4806.05	percent of total billed charges	
FX.MAX.-CLOSED,SIMPLE	21345	CPT	outpatient			5059	2005.77	Three Rivers	Three Rivers		4806.05	95			830.84	4806.05	percent of total billed charges	
FX.MAX.-CLOSED,SIMPLE	21345	CPT	outpatient			5059	2005.77	UHC	Medicare		1744.15				830.84	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FX.MAX.-CLOSED,SIMPLE	21345	CPT	outpatient			5059	2005.77	UHC	Medicaid		1596.11	31.55			830.84	4806.05	percent of total billed charges	
FX.MAX.-CLOSED,SIMPLE	21345	CPT	outpatient			5059	2005.77	United	Oxford		2493				830.84	4806.05	case rate	
FX.MAX.-CLOSED,SIMPLE	21345	CPT	outpatient			5059	2005.77	United	CommercialPPO		2493				830.84	4806.05	case rate	
FX.MAX.-CLOSED,SIMPLE	21345	CPT	outpatient			5059	2005.77	Wellcare	Medicare		1744.15				830.84	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FX.MAX.-CLOSED,SIMPLE	21345	CPT	outpatient			5059	2005.77	Wellcare	Medicaid		1596.11	31.55			830.84	4806.05	percent of total billed charges	
FX.MAX.-CLOSED,SIMPLE	21345	CPT	outpatient			5059	2005.77	WellPoint	WellPoint		1627.99	32.18			830.84	4806.05	percent of total billed charges	
CLSD TRT ORBIT FX W/O MAN	21400	CPT	outpatient			2722	723.64	Aetna	Medicare		838.38	30.8			185.21	2585.9	percent of total billed charges	
CLSD TRT ORBIT FX W/O MAN	21400	CPT	outpatient			2722	723.64	Aetna	Better Health		898.79	31.55			185.21	2585.9	percent of total billed charges	
CLSD TRT ORBIT FX W/O MAN	21400	CPT	outpatient			2722	723.64	Aetna	Commercial		1001.77				185.21	2585.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT ORBIT FX W/O MAN	21400	CPT	outpatient			2722	723.64	Americare	Americare		2041.5	75			185.21	2585.9	percent of total billed charges	
CLSD TRT ORBIT FX W/O MAN	21400	CPT	outpatient			2722	723.64	Amerihealth	HMO/PPO		1769.3	65			185.21	2585.9	percent of total billed charges	
CLSD TRT ORBIT FX W/O MAN	21400	CPT	outpatient			2722	723.64	Amerihealth	Medicare		629.25				185.21	2585.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT ORBIT FX W/O MAN	21400	CPT	outpatient			2722	723.64	Consumer	Consumer		2585.9	95			185.21	2585.9	percent of total billed charges	
CLSD TRT ORBIT FX W/O MAN	21400	CPT	outpatient			2722	723.64	Corrections	Corrections		2177.6	80			185.21	2585.9	percent of total billed charges	
CLSD TRT ORBIT FX W/O MAN	21400	CPT	outpatient			2722	723.64	First Health	First Health		1905.4	70			185.21	2585.9	percent of total billed charges	
CLSD TRT ORBIT FX W/O MAN	21400	CPT	outpatient			2722	723.64	First Trenton	First Trenton		2449.8	90			185.21	2585.9	percent of total billed charges	
CLSD TRT ORBIT FX W/O MAN	21400	CPT	outpatient			2722	723.64	Horizon	Indemnity		1171.03				185.21	2585.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT ORBIT FX W/O MAN	21400	CPT	outpatient			2722	723.64	Horizon	MGD		1171.03				185.21	2585.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT ORBIT FX W/O MAN	21400	CPT	outpatient			2722	723.64	Horizon	NJ Health		185.21				185.21	2585.9	fee schedule	
CLSD TRT ORBIT FX W/O MAN	21400	CPT	outpatient			2722	723.64	Horizon	Medicare Blue		629.25				185.21	2585.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT ORBIT FX W/O MAN	21400	CPT	outpatient			2722	723.64	Horizon	PPO		1171.03				185.21	2585.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT ORBIT FX W/O MAN	21400	CPT	outpatient			2722	723.64	Managed Care Inc	Managed Care Inc		2449.8	90			185.21	2585.9	percent of total billed charges	
CLSD TRT ORBIT FX W/O MAN	21400	CPT	outpatient			2722	723.64	Multiplan	Multiplan		2177.6	80			185.21	2585.9	percent of total billed charges	
CLSD TRT ORBIT FX W/O MAN	21400	CPT	outpatient			2722	723.64	Qualcare	Qualcare		2041.5	75			185.21	2585.9	percent of total billed charges	
CLSD TRT ORBIT FX W/O MAN	21400	CPT	outpatient			2722	723.64	Three Rivers	Three Rivers		2585.9	95			185.21	2585.9	percent of total billed charges	
CLSD TRT ORBIT FX W/O MAN	21400	CPT	outpatient			2722	723.64	UHC	Medicare		629.25				185.21	2585.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT ORBIT FX W/O MAN	21400	CPT	outpatient			2722	723.64	UHC	Medicaid		898.79	31.55			185.21	2585.9	percent of total billed charges	
CLSD TRT ORBIT FX W/O MAN	21400	CPT	outpatient			2722	723.64	United	Oxford		1782				185.21	2585.9	case rate	
CLSD TRT ORBIT FX W/O MAN	21400	CPT	outpatient			2722	723.64	United	CommercialPPO		1782				185.21	2585.9	case rate	
CLSD TRT ORBIT FX W/O MAN	21400	CPT	outpatient			2722	723.64	Wellcare	Medicare		629.25				185.21	2585.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT ORBIT FX W/O MAN	21400	CPT	outpatient			2722	723.64	Wellcare	Medicaid		898.79	31.55			185.21	2585.9	percent of total billed charges	
CLSD TRT ORBIT FX W/O MAN	21400	CPT	outpatient			2722	723.64	WellPoint	WellPoint		875.94	32.18			185.21	2585.9	percent of total billed charges	
CLOSE TREAT PALATE/MAXILL FX	21421	CPT	outpatient			8885	4234.52	Aetna	Commercial		5862.05				573.21	8440.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSE TREAT PALATE/MAXILL FX	21421	CPT	outpatient			8885	4234.52	Aetna	Better Health		2803.22	31.55			573.21	8440.75	percent of total billed charges	
CLOSE TREAT PALATE/MAXILL FX	21421	CPT	outpatient			8885	4234.52	Aetna	Medicare		3682.19				573.21	8440.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSE TREAT PALATE/MAXILL FX	21421	CPT	outpatient			8885	4234.52	Americare	Americare		6663.75	75			573.21	8440.75	percent of total billed charges	
CLOSE TREAT PALATE/MAXILL FX	21421	CPT	outpatient			8885	4234.52	Amerihealth	HMO/PPO		5775.25	65			573.21	8440.75	percent of total billed charges	
CLOSE TREAT PALATE/MAXILL FX	21421	CPT	outpatient			8885	4234.52	Amerihealth	Medicare		3682.19				573.21	8440.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSE TREAT PALATE/MAXILL FX	21421	CPT	outpatient			8885	4234.52	Consumer	Consumer		8440.75	95			573.21	8440.75	percent of total billed charges	
CLOSE TREAT PALATE/MAXILL FX	21421	CPT	outpatient			8885	4234.52	Corrections	Corrections		7108	80			573.21	8440.75	percent of total billed charges	
CLOSE TREAT PALATE/MAXILL FX	21421	CPT	outpatient			8885	4234.52	First Health	First Health		6219.5	70			573.21	8440.75	percent of total billed charges	
CLOSE TREAT PALATE/MAXILL FX	21421	CPT	outpatient			8885	4234.52	First Trenton	First Trenton		7996.5	90			573.21	8440.75	percent of total billed charges	
CLOSE TREAT PALATE/MAXILL FX	21421	CPT	outpatient			8885	4234.52	Horizon	MGD		6852.56				573.21	8440.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSE TREAT PALATE/MAXILL FX	21421	CPT	outpatient			8885	4234.52	Horizon	Medicare Blue		3682.19				573.21	8440.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSE TREAT PALATE/MAXILL FX	21421	CPT	outpatient			8885	4234.52	Horizon	PPO		6852.56				573.21	8440.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSE TREAT PALATE/MAXILL FX	21421	CPT	outpatient			8885	4234.52	Horizon	Indemnity		6852.56				573.21	8440.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSE TREAT PALATE/MAXILL FX	21421	CPT	outpatient			8885	4234.52	Horizon	NJ Health		573.21				573.21	8440.75	fee schedule	
CLOSE TREAT PALATE/MAXILL FX	21421	CPT	outpatient			8885	4234.52	Managed Care Inc	Managed Care Inc		7996.5	90			573.21	8440.75	percent of total billed charges	
CLOSE TREAT PALATE/MAXILL FX	21421	CPT	outpatient			8885	4234.52	Multiplan	Multiplan		7198	80			573.21	8440.75	percent of total billed charges	
CLOSE TREAT PALATE/MAXILL FX	21421	CPT	outpatient			8885	4234.52	Qualcare	Qualcare		6663.75	75			573.21	8440.75	percent of total billed charges	
CLOSE TREAT PALATE/MAXILL FX	21421	CPT	outpatient			8885	4234.52	Three Rivers	Three Rivers		8440.75	95			573.21	8440.75	percent of total billed charges	
CLOSE TREAT PALATE/MAXILL FX	21421	CPT	outpatient			8885	4234.52	UHC	Medicaid		2803.22	31.55			573.21	8440.75	percent of total billed charges	
CLOSE TREAT PALATE/MAXILL FX	21421	CPT	outpatient			8885	4234.52	UHC	Medicare		3682.19				573.21	8440.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSE TREAT PALATE/MAXILL FX	21421	CPT	outpatient			8885	4234.52	United	Oxford		2776				573.21	8440.75	case rate	
CLOSE TREAT PALATE/MAXILL FX	21421	CPT	outpatient			8885	4234.52	United	CommercialPPO		2776				573.21	8440.75	case rate	
CLOSE TREAT PALATE/MAXILL FX	21421	CPT	outpatient			8885	4234.52	Wellcare	Medicare		3682.19				573.21	8440.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSE TREAT PALATE/MAXILL FX	21421	CPT	outpatient			8885	4234.52	Wellcare	Medicaid		2803.22	31.55			573.21	8440.75	percent of total billed charges	
CLOSE TREAT PALATE/MAXILL FX	21421	CPT	outpatient			8885	4234.52	WellPoint	WellPoint		2859.19	32.18			573.21	8440.75	percent of total billed charges	
FX.ALVEOLUS,OPEN,SPLINT,COM	21422	CPT	outpatient			19455	7702.18	Aetna	Better Health		6138.05	31.55			652.5	18482.25	percent of total billed charges	
FX.ALVEOLUS,OPEN,SPLINT,COM	21422	CPT	outpatient			19455	7702.18	Aetna	Commercial		10662.5				652.5	18482.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FX.ALVEOLUS,OPEN,SPLINT,COM	21422	CPT	outpatient			19455	7702.18	Aetna	Medicare		6697.55				652.5	18482.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FX.ALVEOLUS,OPEN,SPLINT,COM	21422	CPT	outpatient			19455	7702.18	Americare	Americare		14591.25	75			652.5	18482.25	percent of total billed charges	
FX.ALVEOLUS,OPEN,SPLINT,COM	21422	CPT	outpatient			19455	7702.18	Amerihealth	HMO/PPO		12645.75	65			652.5	18482.25	percent of total billed charges	
FX.ALVEOLUS,OPEN,SPLINT,COM	21422	CPT	outpatient			19455	7702.18	Amerihealth	Medicare		6697.55				652.5	18482.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FX.ALVEOLUS,OPEN,SPLINT,COM	21422	CPT	outpatient			19455	7702.18	Consumer	Consumer		18482.25	95			652.5	18482.25	percent of total billed charges	
FX.ALVEOLUS,OPEN,SPLINT,COM	21422	CPT	outpatient			19455	7702.18	Corrections	Corrections		15564	80			652.5	18482.25	percent of total billed charges	
FX.ALVEOLUS,OPEN,SPLINT,COM	21422	CPT	outpatient			19455	7702.18	First Health	First Health		13618.5	70			652.5	18482.25	percent of total billed charges	
FX.ALVEOLUS,OPEN,SPLINT,COM	21422	CPT	outpatient			19455	7702.18	First Trenton	First Trenton		17509.5	90			652.5	18482.25	percent of total billed charges	
FX.ALVEOLUS,OPEN,SPLINT,COM	21422	CPT	outpatient			19455	7702.18	Horizon	Medicare Blue		6697.55				652.5	18482.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FX.ALVEOLUS,OPEN,SPLINT,COM	21422	CPT	outpatient			19455	7702.18	Horizon	MGD		12464.14				652.5	18482.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FX.ALVEOLUS,OPEN,SPLINT,COM	21422	CPT	outpatient			19455	7702.18	Horizon	Indemnity		12464.14				652.5	18482.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FX.ALVEOLUS,OPEN,SPLINT,COM	21422	CPT	outpatient			19455	7702.18	Horizon	NJ Health		652.5				652.5	18482.25	fee schedule	
FX.ALVEOLUS,OPEN,SPLINT,COM	21422	CPT	outpatient			19455	7702.18	Horizon	PPO		12464.14				652.5	18482.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101191	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
FX ALVEOLUS,OPEN,SPLINT,COM	21422	CPT	outpatient			19455		7702.18 Managed Care Inc	Managed Care Inc		17509.5	90			652.5	18482.25	percent of total billed charges	
FX ALVEOLUS,OPEN,SPLINT,COM	21422	CPT	outpatient			19455		7702.18 Multiplan	Multiplan		15564	80			652.5	18482.25	percent of total billed charges	
FX ALVEOLUS,OPEN,SPLINT,COM	21422	CPT	outpatient			19455		7702.18 Qualcare	Qualcare		14591.25	75			652.5	18482.25	percent of total billed charges	
FX ALVEOLUS,OPEN,SPLINT,COM	21422	CPT	outpatient			19455		7702.18 Three Rivers	Three Rivers		18482.25	95			652.5	18482.25	percent of total billed charges	
FX ALVEOLUS,OPEN,SPLINT,COM	21422	CPT	outpatient			19455		7702.18 UHC	Medicaid		6138.05	31.55			652.5	18482.25	percent of total billed charges	
FX ALVEOLUS,OPEN,SPLINT,COM	21422	CPT	outpatient			19455		7702.18 UHC	Medicare		6697.55				652.5	18482.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FX ALVEOLUS,OPEN,SPLINT,COM	21422	CPT	outpatient			19455		7702.18 United	Oxford		6362				652.5	18482.25	case rate	
FX ALVEOLUS,OPEN,SPLINT,COM	21422	CPT	outpatient			19455		7702.18 United	CommercialPPO		6362				652.5	18482.25	case rate	
FX ALVEOLUS,OPEN,SPLINT,COM	21422	CPT	outpatient			19455		7702.18 Wellcare	Medicare		6697.55				652.5	18482.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FX ALVEOLUS,OPEN,SPLINT,COM	21422	CPT	outpatient			19455		7702.18 Wellcare	Medicaid		6138.05	31.55			652.5	18482.25	percent of total billed charges	
FX ALVEOLUS,OPEN,SPLINT,COM	21422	CPT	outpatient			19455		7702.18 WellPoint	WellPoint		6260.62	32.18			652.5	18482.25	percent of total billed charges	
FX ALVEOLUS,OPEN,SPLINT,SIM	21440	CPT	outpatient			10367		4234.52 Aetna	Better Health		3270.79	31.55			142.11	9848.65	percent of total billed charges	
FX ALVEOLUS,OPEN,SPLINT,SIM	21440	CPT	outpatient			10367		4234.52 Aetna	Commercial		5862.05				142.11	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FX ALVEOLUS,OPEN,SPLINT,SIM	21440	CPT	outpatient			10367		4234.52 Aetna	Medicare		3682.19				142.11	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FX ALVEOLUS,OPEN,SPLINT,SIM	21440	CPT	outpatient			10367		4234.52 Americare	Americare		7775.25	75			142.11	9848.65	percent of total billed charges	
FX ALVEOLUS,OPEN,SPLINT,SIM	21440	CPT	outpatient			10367		4234.52 Amerihealth	Medicare		3682.19				142.11	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FX ALVEOLUS,OPEN,SPLINT,SIM	21440	CPT	outpatient			10367		4234.52 Amerihealth	HMO/PPO		6738.55	65			142.11	9848.65	percent of total billed charges	
FX ALVEOLUS,OPEN,SPLINT,SIM	21440	CPT	outpatient			10367		4234.52 Consumer	Consumer		9848.65	95			142.11	9848.65	percent of total billed charges	
FX ALVEOLUS,OPEN,SPLINT,SIM	21440	CPT	outpatient			10367		4234.52 Corrections	Corrections		8293.6	80			142.11	9848.65	percent of total billed charges	
FX ALVEOLUS,OPEN,SPLINT,SIM	21440	CPT	outpatient			10367		4234.52 First Health	First Health		7256.9	70			142.11	9848.65	percent of total billed charges	
FX ALVEOLUS,OPEN,SPLINT,SIM	21440	CPT	outpatient			10367		4234.52 First Trenton	First Trenton		9330.3	90			142.11	9848.65	percent of total billed charges	
FX ALVEOLUS,OPEN,SPLINT,SIM	21440	CPT	outpatient			10367		4234.52 Horizon	MGD		6852.56				142.11	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FX ALVEOLUS,OPEN,SPLINT,SIM	21440	CPT	outpatient			10367		4234.52 Horizon	Indemnity		6852.56				142.11	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FX ALVEOLUS,OPEN,SPLINT,SIM	21440	CPT	outpatient			10367		4234.52 Horizon	Medicare Blue		3682.19				142.11	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FX ALVEOLUS,OPEN,SPLINT,SIM	21440	CPT	outpatient			10367		4234.52 Horizon	NJ Health		142.11				142.11	9848.65	fee schedule	
FX ALVEOLUS,OPEN,SPLINT,SIM	21440	CPT	outpatient			10367		4234.52 Horizon	PPO		6852.56				142.11	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FX ALVEOLUS,OPEN,SPLINT,SIM	21440	CPT	outpatient			10367		4234.52 Managed Care Inc	Managed Care Inc		9330.3	90			142.11	9848.65	percent of total billed charges	
FX ALVEOLUS,OPEN,SPLINT,SIM	21440	CPT	outpatient			10367		4234.52 Multiplan	Multiplan		8293.6	80			142.11	9848.65	percent of total billed charges	
FX ALVEOLUS,OPEN,SPLINT,SIM	21440	CPT	outpatient			10367		4234.52 Qualcare	Qualcare		7775.25	75			142.11	9848.65	percent of total billed charges	
FX ALVEOLUS,OPEN,SPLINT,SIM	21440	CPT	outpatient			10367		4234.52 Three Rivers	Three Rivers		9848.65	95			142.11	9848.65	percent of total billed charges	
FX ALVEOLUS,OPEN,SPLINT,SIM	21440	CPT	outpatient			10367		4234.52 UHC	Medicaid		3270.79	31.55			142.11	9848.65	percent of total billed charges	
FX ALVEOLUS,OPEN,SPLINT,SIM	21440	CPT	outpatient			10367		4234.52 UHC	Medicare		3682.19				142.11	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FX ALVEOLUS,OPEN,SPLINT,SIM	21440	CPT	outpatient			10367		4234.52 United	CommercialPPO		2776				142.11	9848.65	case rate	
FX ALVEOLUS,OPEN,SPLINT,SIM	21440	CPT	outpatient			10367		4234.52 United	Oxford		2776				142.11	9848.65	case rate	
FX ALVEOLUS,OPEN,SPLINT,SIM	21440	CPT	outpatient			10367		4234.52 Wellcare	Medicare		3682.19				142.11	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FX ALVEOLUS,OPEN,SPLINT,SIM	21440	CPT	outpatient			10367		4234.52 Wellcare	Medicaid		3270.79	31.55			142.11	9848.65	percent of total billed charges	
FX ALVEOLUS,OPEN,SPLINT,SIM	21440	CPT	outpatient			10367		4234.52 WellPoint	WellPoint		3336.1	32.18			142.11	9848.65	percent of total billed charges	
FX MAND.-CLOSED,SIMPLE	21450	CPT	outpatient			1666		723.64 Aetna	Commercial		1001.77				94.74	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FX MAND.-CLOSED,SIMPLE	21450	CPT	outpatient			1666		723.64 Aetna	Medicare		513.13	30.8			94.74	1782	percent of total billed charges	
FX MAND.-CLOSED,SIMPLE	21450	CPT	outpatient			1666		723.64 Aetna	Better Health		525.62	31.55			94.74	1782	percent of total billed charges	
FX MAND.-CLOSED,SIMPLE	21450	CPT	outpatient			1666		723.64 Americare	Americare		1249.5	75			94.74	1782	percent of total billed charges	
FX MAND.-CLOSED,SIMPLE	21450	CPT	outpatient			1666		723.64 Amerihealth	HMO/PPO		1082.9	65			94.74	1782	percent of total billed charges	
FX MAND.-CLOSED,SIMPLE	21450	CPT	outpatient			1666		723.64 Amerihealth	Medicare		629.25				94.74	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FX MAND.-CLOSED,SIMPLE	21450	CPT	outpatient			1666		723.64 Consumer	Consumer		1582.7	95			94.74	1782	percent of total billed charges	
FX MAND.-CLOSED,SIMPLE	21450	CPT	outpatient			1666		723.64 Corrections	Corrections		1332.8	80			94.74	1782	percent of total billed charges	
FX MAND.-CLOSED,SIMPLE	21450	CPT	outpatient			1666		723.64 First Health	First Health		1166.2	70			94.74	1782	percent of total billed charges	
FX MAND.-CLOSED,SIMPLE	21450	CPT	outpatient			1666		723.64 First Trenton	First Trenton		1499.4	90			94.74	1782	percent of total billed charges	
FX MAND.-CLOSED,SIMPLE	21450	CPT	outpatient			1666		723.64 Horizon	Medicare Blue		629.25				94.74	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FX MAND.-CLOSED,SIMPLE	21450	CPT	outpatient			1666		723.64 Horizon	NJ Health		94.74				94.74	1782	fee schedule	
FX MAND.-CLOSED,SIMPLE	21450	CPT	outpatient			1666		723.64 Horizon	Indemnity		1171.03				94.74	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FX MAND.-CLOSED,SIMPLE	21450	CPT	outpatient			1666		723.64 Horizon	MGD		1171.03				94.74	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FX MAND.-CLOSED,SIMPLE	21450	CPT	outpatient			1666		723.64 Horizon	PPO		1171.03				94.74	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FX MAND.-CLOSED,SIMPLE	21450	CPT	outpatient			1666		723.64 Managed Care Inc	Managed Care Inc		1499.4	90			94.74	1782	percent of total billed charges	
FX MAND.-CLOSED,SIMPLE	21450	CPT	outpatient			1666		723.64 Multiplan	Multiplan		1332.8	80			94.74	1782	percent of total billed charges	
FX MAND.-CLOSED,SIMPLE	21450	CPT	outpatient			1666		723.64 Qualcare	Qualcare		1249.5	75			94.74	1782	percent of total billed charges	
FX MAND.-CLOSED,SIMPLE	21450	CPT	outpatient			1666		723.64 Three Rivers	Three Rivers		1582.7	95			94.74	1782	percent of total billed charges	
FX MAND.-CLOSED,SIMPLE	21450	CPT	outpatient			1666		723.64 UHC	Medicare		629.25				94.74	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FX MAND.-CLOSED,SIMPLE	21450	CPT	outpatient			1666		723.64 UHC	Medicaid		525.62	31.55			94.74	1782	percent of total billed charges	
FX MAND.-CLOSED,SIMPLE	21450	CPT	outpatient			1666		723.64 United	Oxford		1782				94.74	1782	case rate	
FX MAND.-CLOSED,SIMPLE	21450	CPT	outpatient			1666		723.64 United	CommercialPPO		1782				94.74	1782	case rate	
FX MAND.-CLOSED,SIMPLE	21450	CPT	outpatient			1666		723.64 Wellcare	Medicaid		525.62	31.55			94.74	1782	percent of total billed charges	
FX MAND.-CLOSED,SIMPLE	21450	CPT	outpatient			1666		723.64 Wellcare	Medicare		629.25				94.74	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FX MAND.-CLOSED,SIMPLE	21450	CPT	outpatient			1666		723.64 WellPoint	WellPoint		536.12	32.18			94.74	1782	percent of total billed charges	
CLOSED TREATMENT, MANDIBULAR FX	21451	CPT	outpatient			7013		2005.77 Aetna	Better Health		2212.6	31.55			94.74	6662.35	percent of total billed charges	
CLOSED TREATMENT, MANDIBULAR FX	21451	CPT	outpatient			7013		2005.77 Aetna	Medicare		1744.15				94.74	6662.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TREATMENT, MANDIBULAR FX	21451	CPT	outpatient			7013		2005.77 Aetna	Commercial		2776.69				94.74	6662.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TREATMENT, MANDIBULAR FX	21451	CPT	outpatient			7013		2005.77 Americare	Americare		5259.75	75			94.74	6662.35	percent of total billed charges	
CLOSED TREATMENT, MANDIBULAR FX	21451	CPT	outpatient			7013		2005.77 Amerihealth	HMO/PPO		4598.45	65			94.74	6662.35	percent of total billed charges	
CLOSED TREATMENT, MANDIBULAR FX	21451	CPT	outpatient			7013		2005.77 Amerihealth	Medicare		1744.15				94.74	6662.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TREATMENT, MANDIBULAR FX	21451	CPT	outpatient			7013		2005.77 Consumer	Consumer		6662.35	95			94.74	6662.35	percent of total billed charges	
CLOSED TREATMENT, MANDIBULAR FX	21451	CPT	outpatient			7013		2005.77 Corrections	Corrections		5610.4	80			94.74	6662.35	percent of total billed charges	
CLOSED TREATMENT, MANDIBULAR FX	21451	CPT	outpatient			7013		2005.77 First Health	First Health		4909.1	70			94.74	6662.35	percent of total billed charges	
CLOSED TREATMENT, MANDIBULAR FX	21451	CPT	outpatient			7013		2005.77 First Trenton	First Trenton		6311.7	90			94.74	6662.35	percent of total billed charges	
CLOSED TREATMENT, MANDIBULAR FX	21451	CPT	outpatient			7013		2005.77 Horizon	MGD		3245.86				94.74	6662.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TREATMENT, MANDIBULAR FX	21451	CPT	outpatient			7013		2005.77 Horizon	Medicare Blue		1744.15				94.74	6662.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TREATMENT, MANDIBULAR FX	21451	CPT	outpatient			7013		2005.77 Horizon	PPO		3245.86				94.74	6662.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TREATMENT, MANDIBULAR FX	21451	CPT	outpatient			7013		2005.77 Horizon	Indemnity		3245.86				94.74	6662.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TREATMENT, MANDIBULAR FX	21451	CPT	outpatient			7013		2005.77 Horizon	NJ Health		94.74				94.74	6662.35	fee schedule	
CLOSED TREATMENT, MANDIBULAR FX	21451	CPT	outpatient			7013		2005.77 Managed Care Inc	Managed Care Inc		6311.7	90			94.74	6662.35	percent of total billed charges	
CLOSED TREATMENT, MANDIBULAR FX	21451	CPT	outpatient			7013		2005.77 Multiplan	Multiplan		5610.4	80			94.74	6662.35	percent of total billed charges	
CLOSED TREATMENT, MANDIBULAR FX	21451	CPT	outpatient			7013		2005.77 Qualcare	Qualcare		5259.75	75			94.74	6662.35	percent of total billed charges	
CLOSED TREATMENT, MANDIBULAR FX	21451	CPT	outpatient			7013		2005.77 Three Rivers	Three Rivers		6662.35	95			94.74	6662.35	percent of total billed charges	
CLOSED TREATMENT, MANDIBULAR FX	21451	CPT	outpatient			7013		2005.77 UHC	Medicaid		2212.6	31.55			94.74	6662.35	percent of total billed charges	
CLOSED TREATMENT, MANDIBULAR FX	21451	CPT	outpatient			7013		2005.77 UHC	Medicare		1744.15				94.74	6662.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TREATMENT, MANDIBULAR FX	21451	CPT	outpatient			7013		2005.77 United	Oxford		2493				94.74	6662.35	case rate	
CLOSED TREATMENT, MANDIBULAR FX	21451	CPT	outpatient			7013		2005.77 United	CommercialPPO		2493				94.74	6662.35	case rate	
CLOSED TREATMENT, MANDIBULAR FX	21451	CPT	outpatient			7013		2005.77 Wellcare	Medicare		1744.15				94.74	6662.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TREATMENT, MANDIBULAR FX	21451	CPT	outpatient			7013		2005.77 Wellcare	Medicaid		2212.6	31.55			94.74	6662.35	percent of total billed charges	
CLOSED TREATMENT, MANDIBULAR FX	21451	CPT	outpatient			7013		2005.77 WellPoint	WellPoint		2256.78	32.18			94.74	6662.35	percent of total billed charges	
TRT MAND FX W FIXATION	21452	CPT	outpatient			17826		7702.18 Aetna	Better Health		5824.1	31.55			94.74	16934.7	percent of total billed charges	
TRT MAND FX W FIXATION	21452	CPT	outpatient			17826		7702.18 Aetna	Commercial		10662.5				94.74	16934.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT MAND FX W FIXATION	21452	CPT	outpatient			17826		7702.18 Aetna	Medicare		6697.55				94.74	16934.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT MAND FX W FIXATION	21452	CPT	outpatient			17826		7702.18 Americare	Americare		13369.5	75			94.74	16934.7	percent of total billed charges	
TRT MAND FX W FIXATION	21452	CPT	outpatient			17826		7702.18 Amerihealth	HMO/PPO		11586.9	65			94.74	16934.7	percent of total billed charges	
TRT MAND FX W FIXATION	21452	CPT	outpatient			17826		7702.18 Amerihealth	Medicare		6697.55				94.74	16934.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT MAND FX W FIXATION	21452	CPT	outpatient			17826		7702.18 Consumer	Consumer		16934.7	95			94.74	16934.7	percent of total billed charges	
TRT MAND FX W FIXATION	21452	CPT	outpatient			17826		7702.18 Corrections	Corrections		14260.8	80			94.74	16934.7	percent of total billed charges	
TRT MAND FX W FIXATION	21452	CPT	outpatient			17826		7702.18 First Health	First Health		12478.2	70			94.74	16934.7	percent of total billed charges	
TRT MAND FX W FIXATION	21452	CPT	outpatient			17826		7702.18 First Trenton	First Trenton		16043.4	90			94.74	16934.7	percent of total billed charges	
TRT MAND FX W FIXATION	21452	CPT	outpatient			17826		7702.18 Horizon	Medicare Blue		6697.55				94.74	16934.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT MAND FX W FIXATION	21452	CPT	outpatient			17826		7702.18 Horizon	PPO		12464.14				94.74	16934.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT MAND FX W FIXATION	21452	CPT	outpatient			17826		7702.18 Horizon	MGD		12464.14				94.74	16934.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT MAND FX W FIXATION	21452	CPT	outpatient			17826		7702.18 Horizon	NJ Health		94.74				94.74	16934.7	fee schedule	
TRT MAND FX W FIXATION	21452	CPT	outpatient			17826		7702.18 Horizon	Indemnity		12464.14				94.74	16934.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT MAND FX W FIXATION	21452	CPT	outpatient			17826		7702.18 Managed Care Inc	Managed Care Inc		16043.4	90			94.74	16934.7	percent of total billed charges	
TRT MAND FX W FIXATION	21452	CPT	outpatient			17826		7702.18 Multiplan	Multiplan		14260.8	80			94.74	16934.7	percent of total billed charges	
TRT MAND FX W FIXATION	21452	CPT	outpatient			17826		7702.18 Qualcare	Qualcare		13369.5	75			94.74	16934.7	percent of total billed charges	
TRT MAND FX W FIXATION	21452	CPT	outpatient			17826		7702.18 Three Rivers	Three Rivers		16934.7	95			94.74	16934.7	percent of total billed charges	
TRT MAND FX W FIXATION	21452	CPT	outpatient			17826		7702.18 UHC	Medicare		6697.55				94.74	16934.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT MAND FX W FIXATION	21452	CPT	outpatient			17826		7702.18 UHC	Medicaid		5824.1	31.55			94.74	16934.7	percent of total billed charges	
TRT MAND FX W FIXATION	21452	CPT	outpatient			17826		7702.18 United	CommercialPPO		2493				94.74	16934.7	case rate	
TRT MAND FX W FIXATION	21452	CPT	outpatient			17826		7702.18 United	Oxford		2493				94.74	16934.7	case rate	
TRT MAND FX W FIXATION	21452	CPT	outpatient			17826		7702.18 Wellcare	Medicaid		5824.1	31.55			94.74	16934.7	percent of total billed charges	
TRT MAND FX W FIXATION	21452	CPT	outpatient			17826		7702.18 Wellcare	Medicare		6697.55				94.74	16934.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT MAND FX W FIXATION	21452	CPT	outpatient			17826		7702.18 WellPoint	WellPoint		5736.41	32.18			94.74	16934.7	percent of total billed charges	
FX MAND.-CLOSED,COMPOUND	21453	CPT	outpatient			19586		7702.18 Aetna	Better Health		6179.38	31.55			274.05	18606.7	percent of total billed charges	
FX MAND.-CLOSED,COMPOUND	21453	CPT	outpatient			19586		7702.18 Aetna	Commercial		10662.5				274.05	18606.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FX MAND.-CLOSED,COMPOUND	21453	CPT	outpatient			19586		7702.18 Aetna	Medicare		6697.55				274.05	18606.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FX MAND.-CLOSED,COMPOUND	21453	CPT	outpatient			19586		7702.18 Americare	Americare		14689.5	75			274.05	18606.7	percent of total billed charges	
FX MAND.-CLOSED,COMPOUND	21453	CPT	outpatient			19586		7702.18 Amerihealth	HMO/PPO		12730.9	65			274.05	18606.7	percent of total billed charges	
FX MAND.-CLOSED,COMPOUND	21453	CPT	outpatient			19586		7702.18 Amerihealth	Medicare		6697.55				274.05	18606.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FX MAND.-CLOSED,COMPOUND	21453	CPT	outpatient			19586		7702.18 Consumer	Consumer		18606.7	95			274.05	18606.7	percent of total billed charges	
FX MAND.-CLOSED,COMPOUND	21453	CPT	outpatient			19586		7702.18 Corrections	Corrections		15668.8	80			274.05	18606.7	percent of total billed charges	
FX MAND.-CLOSED,COMPOUND	21453	CPT	outpatient			19586		7702.18 First Health	First Health		13710.2	70			274.05	18606.7	percent of total billed charges	
FX MAND.-CLOSED,COMPOUND	21453	CPT	outpatient			19586		7702.18 First Trenton	First Trenton		17627.4	90			274.05	18606.7	percent of total billed charges	
FX MAND.-CLOSED,COMPOUND	21453	CPT	outpatient			19586		7702.18 Horizon	PPO		12464.14				274.05	18606.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FX MAND.-CLOSED,COMPOUND	21453	CPT	outpatient			19586		7702.18 Horizon	Medicare Blue		6697.55				274.05	18606.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FX MAND.-CLOSED,COMPOUND	21453	CPT	outpatient			19586		7702.18 Horizon	MGD		12464.14				274.05	18606.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FX MAND.-CLOSED,COMPOUND	21453	CPT	outpatient			19586		7702.18 Horizon	Indemnity		12464.14				274.05	18606.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FX MAND.-CLOSED,COMPOUND	21453	CPT	outpatient			19586		7702.18 Horizon	NJ Health		274.05				274.05	18606.7	fee schedule	
FX MAND.-CLOSED,COMPOUND	21453	CPT	outpatient			19586		7702.18 Managed Care Inc	Managed Care Inc		17627.4	90			274.05	18606.7	percent of total billed charges	
FX MAND.-CLOSED,COMPOUND	21453	CPT	outpatient			19586		7702.18 Multiplan	Multiplan		15668.8	80			274.05	18606.7	percent of total billed charges	
FX MAND.-CLOSED,COMPOUND	21453	CPT	outpatient			19586		7702.18 Qualcare	Qualcare		14689.5	75			274.05	18606.7	percent of total billed charges	
FX MAND.-CLOSED,COMPOUND	21453	CPT	outpatient			19586		7702.18 Three Rivers	Three Rivers		18606.7	95			274.05	18606.7	percent of total billed charges	
FX MAND.-CLOSED,COMPOUND	21453	CPT	outpatient			19586		7702.18 UHC	Medicaid		6179.38	31.55			274.05	18606.7	percent of total billed charges	
FX MAND.-CLOSED,COMPOUND	21453	CPT	outpatient			19586		7702.18 UHC	Medicare		6697.55				274.05	18606.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FX MAND.-CLOSED,COMPOUND	21453	CPT	outpatient			19586		7702.18 United	CommercialPPO		6362				274.05	18606.7	case rate	
FX MAND.-CLOSED,COMPOUND	21453	CPT	outpatient			19586		7702.18 United	Oxford		6362				274.05	18606.7	case rate	
FX MAND.-CLOSED,COMPOUND	21453	CPT	outpatient			19586		7702.18 Wellcare	Medicaid		6179.38	31.55			274.05	18606.7	percent of total billed charges	
FX MAND.-CLOSED,COMPOUND	21453	CPT	outpatient			19586		7702.18 Wellcare	Medicare		6697.55				274.05	18606.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FX MAND.-CLOSED,COMPOUND	21453	CPT	outpatient			19586		7702.18 WellPoint	WellPoint		6302.77	32.18			274.05	18606.7	percent of total billed charges	
OPEN TRT MAND FX W/FLX	21454	CPT	outpatient			7229		7702.18 Aetna	Better Health		2280.75	31.55			590.23	12464.14	percent of total billed charges	
OPEN TRT MAND FX W/FLX	21454	CPT	outpatient			7229		7702.18 Aetna	Commercial		10662.5				590.23	12464.14	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TRT MAND FX W/FLX	21454	CPT	outpatient			7229		7702.18 Aetna	Medicare		6697.55				590.23	12464.14	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TRT MAND FX W/FLX	21454	CPT	outpatient			7229		7702.18 Americare	Americare		5421.75	75			590.23	12464.14	percent of total billed charges	
OPEN TRT MAND FX W/FLX	21454	CPT	outpatient			7229		7702.18 Amerihealth	HMO/PPO		4698.85	65			590.23	12464.14	percent of total billed charges	
OPEN TRT MAND FX W/FLX	21454	CPT	outpatient			7229		7702.18 Amerihealth	Medicare		6697.55				590.23	12464.14	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TRT MAND FX W/FLX	21454	CPT	outpatient			7229		7702.18 Consumer	Consumer		6867.55	95			590.23	12464.14	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
OPEN TRT MAND FX W/FLX	21454	CPT	outpatient			7229		7702.18 Corrections	Corrections		5783.2	80			590.23	12464.14	percent of total billed charges	
OPEN TRT MAND FX W/FLX	21454	CPT	outpatient			7229		7702.18 First Health	First Health		5060.3	70			590.23	12464.14	percent of total billed charges	
OPEN TRT MAND FX W/FLX	21454	CPT	outpatient			7229		7702.18 First Trenton	First Trenton		6506.1	90			590.23	12464.14	percent of total billed charges	
OPEN TRT MAND FX W/FLX	21454	CPT	outpatient			7229		7702.18 Horizon	PPO		12464.14				590.23	12464.14	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TRT MAND FX W/FLX	21454	CPT	outpatient			7229		7702.18 Horizon	MGD		12464.14				590.23	12464.14	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TRT MAND FX W/FLX	21454	CPT	outpatient			7229		7702.18 Horizon	Indemnity		12464.14				590.23	12464.14	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TRT MAND FX W/FLX	21454	CPT	outpatient			7229		7702.18 Horizon	NJ Health		590.23				590.23	12464.14	fee schedule	
OPEN TRT MAND FX W/FLX	21454	CPT	outpatient			7229		7702.18 Horizon	Medicare Blue		6697.55				590.23	12464.14	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TRT MAND FX W/FLX	21454	CPT	outpatient			7229		7702.18 Managed Care Inc	Managed Care Inc		6506.1	90			590.23	12464.14	percent of total billed charges	
OPEN TRT MAND FX W/FLX	21454	CPT	outpatient			7229		7702.18 Multiplan	Multiplan		5783.2	80			590.23	12464.14	percent of total billed charges	
OPEN TRT MAND FX W/FLX	21454	CPT	outpatient			7229		7702.18 Qualcare	Qualcare		5421.75	75			590.23	12464.14	percent of total billed charges	
OPEN TRT MAND FX W/FLX	21454	CPT	outpatient			7229		7702.18 Three Rivers	Three Rivers		6867.55	95			590.23	12464.14	percent of total billed charges	
OPEN TRT MAND FX W/FLX	21454	CPT	outpatient			7229		7702.18 UHC	Medicaid		2280.75	31.55			590.23	12464.14	percent of total billed charges	
OPEN TRT MAND FX W/FLX	21454	CPT	outpatient			7229		7702.18 UHC	Medicare		6697.55				590.23	12464.14	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TRT MAND FX W/FLX	21454	CPT	outpatient			7229		7702.18 United	Commercial|PPO		2776				590.23	12464.14	case rate	
OPEN TRT MAND FX W/FLX	21454	CPT	outpatient			7229		7702.18 United	Oxford		2776				590.23	12464.14	case rate	
OPEN TRT MAND FX W/FLX	21454	CPT	outpatient			7229		7702.18 Wellcare	Medicare		6697.55				590.23	12464.14	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TRT MAND FX W/FLX	21454	CPT	outpatient			7229		7702.18 Wellcare	Medicaid		2280.75	31.55			590.23	12464.14	percent of total billed charges	
OPEN TRT MAND FX W/FLX	21454	CPT	outpatient			7229		7702.18 WellPoint	WellPoint		2326.29	32.18			590.23	12464.14	percent of total billed charges	
OPEN TRT MAND FX W/O FIXATION	21461	CPT	outpatient			17832		7702.18 Aetna	Commercial		10662.5				573.21	16940.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TRT MAND FX W/O FIXATION	21461	CPT	outpatient			17832		7702.18 Aetna	Better Health		5626	31.55			573.21	16940.4	percent of total billed charges	
OPEN TRT MAND FX W/O FIXATION	21461	CPT	outpatient			17832		7702.18 Aetna	Medicare		6697.55				573.21	16940.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TRT MAND FX W/O FIXATION	21461	CPT	outpatient			17832		7702.18 Americare	Americare		13374	75			573.21	16940.4	percent of total billed charges	
OPEN TRT MAND FX W/O FIXATION	21461	CPT	outpatient			17832		7702.18 Amerihealth	HMO|PPO		11560.8	65			573.21	16940.4	percent of total billed charges	
OPEN TRT MAND FX W/O FIXATION	21461	CPT	outpatient			17832		7702.18 Amerihealth	Medicare		6697.55				573.21	16940.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TRT MAND FX W/O FIXATION	21461	CPT	outpatient			17832		7702.18 Consumer	Consumer		16940.4	95			573.21	16940.4	percent of total billed charges	
OPEN TRT MAND FX W/O FIXATION	21461	CPT	outpatient			17832		7702.18 Corrections	Corrections		14265.6	80			573.21	16940.4	percent of total billed charges	
OPEN TRT MAND FX W/O FIXATION	21461	CPT	outpatient			17832		7702.18 First Health	First Health		12482.4	70			573.21	16940.4	percent of total billed charges	
OPEN TRT MAND FX W/O FIXATION	21461	CPT	outpatient			17832		7702.18 First Trenton	First Trenton		16048.8	90			573.21	16940.4	percent of total billed charges	
OPEN TRT MAND FX W/O FIXATION	21461	CPT	outpatient			17832		7702.18 Horizon	Indemnity		12464.14				573.21	16940.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TRT MAND FX W/O FIXATION	21461	CPT	outpatient			17832		7702.18 Horizon	Medicare Blue		6697.55				573.21	16940.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TRT MAND FX W/O FIXATION	21461	CPT	outpatient			17832		7702.18 Horizon	NJ Health		573.21				573.21	16940.4	fee schedule	
OPEN TRT MAND FX W/O FIXATION	21461	CPT	outpatient			17832		7702.18 Horizon	MGD		12464.14				573.21	16940.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TRT MAND FX W/O FIXATION	21461	CPT	outpatient			17832		7702.18 Horizon	PPO		12464.14				573.21	16940.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TRT MAND FX W/O FIXATION	21461	CPT	outpatient			17832		7702.18 Managed Care Inc	Managed Care Inc		16048.8	90			573.21	16940.4	percent of total billed charges	
OPEN TRT MAND FX W/O FIXATION	21461	CPT	outpatient			17832		7702.18 Multiplan	Multiplan		14265.6	80			573.21	16940.4	percent of total billed charges	
OPEN TRT MAND FX W/O FIXATION	21461	CPT	outpatient			17832		7702.18 Qualcare	Qualcare		13374	75			573.21	16940.4	percent of total billed charges	
OPEN TRT MAND FX W/O FIXATION	21461	CPT	outpatient			17832		7702.18 Three Rivers	Three Rivers		16940.4	95			573.21	16940.4	percent of total billed charges	
OPEN TRT MAND FX W/O FIXATION	21461	CPT	outpatient			17832		7702.18 UHC	Medicare		6697.55				573.21	16940.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TRT MAND FX W/O FIXATION	21461	CPT	outpatient			17832		7702.18 UHC	Medicaid		5626	31.55			573.21	16940.4	percent of total billed charges	
OPEN TRT MAND FX W/O FIXATION	21461	CPT	outpatient			17832		7702.18 United	Oxford		6362				573.21	16940.4	case rate	
OPEN TRT MAND FX W/O FIXATION	21461	CPT	outpatient			17832		7702.18 United	Commercial|PPO		6362				573.21	16940.4	case rate	
OPEN TRT MAND FX W/O FIXATION	21461	CPT	outpatient			17832		7702.18 Wellcare	Medicare		6697.55				573.21	16940.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TRT MAND FX W/O FIXATION	21461	CPT	outpatient			17832		7702.18 Wellcare	Medicaid		5626	31.55			573.21	16940.4	percent of total billed charges	
OPEN TRT MAND FX W/O FIXATION	21461	CPT	outpatient			17832		7702.18 WellPoint	WellPoint		5738.34	32.18			573.21	16940.4	percent of total billed charges	
OPEN TRT MANDIB FX, W/ IF	21462	CPT	outpatient			19455		7702.18 Aetna	Commercial		10662.5				1146.39	18482.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TRT MANDIB FX, W/ IF	21462	CPT	outpatient			19455		7702.18 Aetna	Better Health		6138.05	31.55			1146.39	18482.25	percent of total billed charges	
OPEN TRT MANDIB FX, W/ IF	21462	CPT	outpatient			19455		7702.18 Aetna	Medicare		6697.55				1146.39	18482.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TRT MANDIB FX, W/ IF	21462	CPT	outpatient			19455		7702.18 Americare	Americare		14591.25	75			1146.39	18482.25	percent of total billed charges	
OPEN TRT MANDIB FX, W/ IF	21462	CPT	outpatient			19455		7702.18 Amerihealth	HMO|PPO		12545.75	65			1146.39	18482.25	percent of total billed charges	
OPEN TRT MANDIB FX, W/ IF	21462	CPT	outpatient			19455		7702.18 Amerihealth	Medicare		6697.55				1146.39	18482.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TRT MANDIB FX, W/ IF	21462	CPT	outpatient			19455		7702.18 Consumer	Consumer		18482.25	95			1146.39	18482.25	percent of total billed charges	
OPEN TRT MANDIB FX, W/ IF	21462	CPT	outpatient			19455		7702.18 Corrections	Corrections		15564	80			1146.39	18482.25	percent of total billed charges	
OPEN TRT MANDIB FX, W/ IF	21462	CPT	outpatient			19455		7702.18 First Health	First Health		13618.5	70			1146.39	18482.25	percent of total billed charges	
OPEN TRT MANDIB FX, W/ IF	21462	CPT	outpatient			19455		7702.18 First Trenton	First Trenton		17509.5	90			1146.39	18482.25	percent of total billed charges	
OPEN TRT MANDIB FX, W/ IF	21462	CPT	outpatient			19455		7702.18 Horizon	MGD		12464.14				1146.39	18482.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TRT MANDIB FX, W/ IF	21462	CPT	outpatient			19455		7702.18 Horizon	Indemnity		12464.14				1146.39	18482.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TRT MANDIB FX, W/ IF	21462	CPT	outpatient			19455		7702.18 Horizon	NJ Health		1146.39				1146.39	18482.25	fee schedule	
OPEN TRT MANDIB FX, W/ IF	21462	CPT	outpatient			19455		7702.18 Horizon	Medicare Blue		6697.55				1146.39	18482.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TRT MANDIB FX, W/ IF	21462	CPT	outpatient			19455		7702.18 Horizon	PPO		12464.14				1146.39	18482.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TRT MANDIB FX, W/ IF	21462	CPT	outpatient			19455		7702.18 Managed Care Inc	Managed Care Inc		17509.5	90			1146.39	18482.25	percent of total billed charges	
OPEN TRT MANDIB FX, W/ IF	21462	CPT	outpatient			19455		7702.18 Multiplan	Multiplan		15564	80			1146.39	18482.25	percent of total billed charges	
OPEN TRT MANDIB FX, W/ IF	21462	CPT	outpatient			19455		7702.18 Qualcare	Qualcare		14591.25	75			1146.39	18482.25	percent of total billed charges	
OPEN TRT MANDIB FX, W/ IF	21462	CPT	outpatient			19455		7702.18 Three Rivers	Three Rivers		18482.25	95			1146.39	18482.25	percent of total billed charges	
OPEN TRT MANDIB FX, W/ IF	21462	CPT	outpatient			19455		7702.18 UHC	Medicaid		6138.05	31.55			1146.39	18482.25	percent of total billed charges	
OPEN TRT MANDIB FX, W/ IF	21462	CPT	outpatient			19455		7702.18 UHC	Medicare		6697.55				1146.39	18482.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TRT MANDIB FX, W/ IF	21462	CPT	outpatient			19455		7702.18 United	Oxford		6362				1146.39	18482.25	case rate	
OPEN TRT MANDIB FX, W/ IF	21462	CPT	outpatient			19455		7702.18 United	Commercial|PPO		6362				1146.39	18482.25	case rate	
OPEN TRT MANDIB FX, W/ IF	21462	CPT	outpatient			19455		7702.18 Wellcare	Medicaid		6138.05	31.55			1146.39	18482.25	percent of total billed charges	
OPEN TRT MANDIB FX, W/ IF	21462	CPT	outpatient			19455		7702.18 Wellcare	Medicare		6697.55				1146.39	18482.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TRT MANDIB FX, W/ IF	21462	CPT	outpatient			19455		7702.18 WellPoint	WellPoint		6260.62	32.18			1146.39	18482.25	percent of total billed charges	
OPEN FX MAND W/FIXATION/WIRE	21470	CPT	outpatient			12929		7702.18 Aetna	Medicare		3982.13	30.8			1269.77	12464.14	percent of total billed charges	
OPEN FX MAND W/FIXATION/WIRE	21470	CPT	outpatient			12929		7702.18 Aetna	Commercial		10662.5				1269.77	12464.14	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN FX MAND W/FIXATION/WIRE	21470	CPT	outpatient			12929		7702.18 Aetna	Better Health		4079.1	31.55			1269.77	12464.14	percent of total billed charges	
OPEN FX MAND W/FIXATION/WIRE	21470	CPT	outpatient			12929		7702.18 Americare	Americare		9696.75	75			1269.77	12464.14	percent of total billed charges	
OPEN FX MAND W/FIXATION/WIRE	21470	CPT	outpatient			12929		7702.18 Amerihealth	Medicare		6697.55				1269.77	12464.14	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN FX MAND W/FIXATION/WIRE	21470	CPT	outpatient			12929		7702.18 Amerihealth	HMO|PPO		8403.85	65			1269.77	12464.14	percent of total billed charges	
OPEN FX MAND W/FIXATION/WIRE	21470	CPT	outpatient			12929		7702.18 Consumer	Consumer		12282.55	95			1269.77	12464.14	percent of total billed charges	
OPEN FX MAND W/FIXATION/WIRE	21470	CPT	outpatient			12929		7702.18 Corrections	Corrections		10343.2	80			1269.77	12464.14	percent of total billed charges	
OPEN FX MAND W/FIXATION/WIRE	21470	CPT	outpatient			12929		7702.18 First Health	First Health		9050.3	70			1269.77	12464.14	percent of total billed charges	
OPEN FX MAND W/FIXATION/WIRE	21470	CPT	outpatient			12929		7702.18 First Trenton	First Trenton		11636.1	90			1269.77	12464.14	percent of total billed charges	
OPEN FX MAND W/FIXATION/WIRE	21470	CPT	outpatient			12929		7702.18 Horizon	Indemnity		12464.14				1269.77	12464.14	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN FX MAND W/FIXATION/WIRE	21470	CPT	outpatient			12929		7702.18 Horizon	MGD		12464.14				1269.77	12464.14	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN FX MAND W/FIXATION/WIRE	21470	CPT	outpatient			12929		7702.18 Horizon	NJ Health		1269.77				1269.77	12464.14	fee schedule	
OPEN FX MAND W/FIXATION/WIRE	21470	CPT	outpatient			12929		7702.18 Horizon	Medicare Blue		6697.55				1269.77	12464.14	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN FX MAND W/FIXATION/WIRE	21470	CPT	outpatient			12929		7702.18 Horizon	PPO		12464.14				1269.77	12464.14	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN FX MAND W/FIXATION/WIRE	21470	CPT	outpatient			12929		7702.18 Managed Care Inc	Managed Care Inc		11636.1	90			1269.77	12464.14	percent of total billed charges	
OPEN FX MAND W/FIXATION/WIRE	21470	CPT	outpatient			12929		7702.18 Multiplan	Multiplan		10343.2	80			1269.77	12464.14	percent of total billed charges	
OPEN FX MAND W/FIXATION/WIRE	21470	CPT	outpatient			12929		7702.18 Qualcare	Qualcare		9696.75	75			1269.77	12464.14	percent of total billed charges	
OPEN FX MAND W/FIXATION/WIRE	21470	CPT	outpatient			12929		7702.18 Three Rivers	Three Rivers		12282.55	95			1269.77	12464.14	percent of total billed charges	
OPEN FX MAND W/FIXATION/WIRE	21470	CPT	outpatient			12929		7702.18 UHC	Medicaid		4079.1	31.55			1269.77	12464.14	percent of total billed charges	
OPEN FX MAND W/FIXATION/WIRE	21470	CPT	outpatient			12929		7702.18 UHC	Medicare		6697.55				1269.77	12464.14	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN FX MAND W/FIXATION/WIRE	21470	CPT	outpatient			12929		7702.18 United	Commercial|PPO		6362				1269.77	12464.14	case rate	
OPEN FX MAND W/FIXATION/WIRE	21470	CPT	outpatient			12929		7702.18 United	Oxford		6362				1269.77	12464.14	case rate	
OPEN FX MAND W/FIXATION/WIRE	21470	CPT	outpatient			12929		7702.18 Wellcare	Medicare		6697.55				1269.77	12464.14	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN FX MAND W/FIXATION/WIRE	21470	CPT	outpatient			12929		7702.18 Wellcare	Medicaid		4079.1	31.55			1269.77	12464.14	percent of total billed charges	
OPEN FX MAND W/FIXATION/WIRE	21470	CPT	outpatient			12929		7702.18 WellPoint	WellPoint		4160.55	32.18			1269.77	12464.14	percent of total billed charges	
RESET DISLOCATED JAW	21480	CPT	outpatient			865		310.16 Aetna	Commercial		429.36				98.66	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESET DISLOCATED JAW	21480	CPT	outpatient			865		310.16 Aetna	Medicare		269.7				98.66	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESET DISLOCATED JAW	21480	CPT	outpatient			865		310.16 Aetna	Better Health		272.91	31.55			98.66	1782	percent of total billed charges	
RESET DISLOCATED JAW	21480	CPT	outpatient			865		310.16 Americare	Americare		648.75	75			98.66	1782	percent of total billed charges	
RESET DISLOCATED JAW	21480	CPT	outpatient			865		310.16 Amerihealth	HMO|PPO		562.25	65			98.66	1782	percent of total billed charges	
RESET DISLOCATED JAW	21480	CPT	outpatient			865		310.16 Amerihealth	Medicare		269.7				98.66	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESET DISLOCATED JAW	21480	CPT	outpatient			865		310.16 Consumer	Consumer		821.75	95			98.66	1782	percent of total billed charges	
RESET DISLOCATED JAW	21480	CPT	outpatient			865		310.16 Corrections	Corrections		692	80			98.66	1782	percent of total billed charges	
RESET DISLOCATED JAW	21480	CPT	outpatient			865		310.16 First Health	First Health		605.5	70			98.66	1782	percent of total billed charges	
RESET DISLOCATED JAW	21480	CPT	outpatient			865		310.16 First Trenton	First Trenton		778.5	90			98.66	1782	percent of total billed charges	
RESET DISLOCATED JAW	21480	CPT	outpatient			865		310.16 Horizon	MGD		501.91				98.66	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESET DISLOCATED JAW	21480	CPT	outpatient			865		310.16 Horizon	Medicare Blue		269.7				98.66	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESET DISLOCATED JAW	21480	CPT	outpatient			865		310.16 Horizon	PPO		501.91				98.66	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESET DISLOCATED JAW	21480	CPT	outpatient			865		310.16 Horizon	Indemnity		501.91				98.66	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESET DISLOCATED JAW	21480	CPT	outpatient			865		310.16 Horizon	NJ Health		98.66				98.66	1782	fee schedule	
RESET DISLOCATED JAW	21480	CPT	outpatient			865		310.16 Managed Care Inc	Managed Care Inc		778.5	90			98.66	1782	percent of total billed charges	
RESET DISLOCATED JAW	21480	CPT	outpatient			865		310.16 Multiplan	Multiplan		692	80			98.66	1782	percent of total billed charges	
RESET DISLOCATED JAW	21480	CPT	outpatient			865		310.16 Qualcare	Qualcare		648.75	75			98.66	1782	percent of total billed charges	
RESET DISLOCATED JAW	21480	CPT	outpatient			865		310.16 Three Rivers	Three Rivers		821.75	95			98.66	1782	percent of total billed charges	
RESET DISLOCATED JAW	21480	CPT	outpatient			865		310.16 UHC	Medicaid		272.91	31.55			98.66	1782	percent of total billed charges	
RESET DISLOCATED JAW	21480	CPT	outpatient			865		310.16 UHC	Medicare		269.7				98.66	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESET DISLOCATED JAW	21480	CPT	outpatient			865		310.16 United	Commercial|PPO		1782				98.66	1782	case rate	
RESET DISLOCATED JAW	21480	CPT	outpatient			865		310.16 United	Oxford		1782				98.66	1782	case rate	
RESET DISLOCATED JAW	21480	CPT	outpatient			865		310.16 Wellcare	Medicare		269.7				98.66	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESET DISLOCATED JAW	21480	CPT	outpatient			865		310.16 Wellcare	Medicaid		272.91	31.55			98.66	1782	percent of total billed charges	
RESET DISLOCATED JAW	21480	CPT	outpatient			865		310.16 WellPoint	WellPoint		278.36	32.18			98.66	1782	percent of total billed charges	
CL TX TMJ DISLOCATION; COMPLIC	21485	CPT	outpatient			8732		2005.77 Aetna	Better Health		2754.95	31.55			255.81	8295.4	percent of total billed charges	
CL TX TMJ DISLOCATION; COMPLIC	21485	CPT	outpatient			8732		2005.77 Aetna	Commercial		2776.69				255.81	8295.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX TMJ DISLOCATION; COMPLIC	21485	CPT	outpatient			8732		2005.77 Aetna	Medicare		1744.15				255.81	8295.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX TMJ DISLOCATION; COMPLIC	21485	CPT	outpatient			8732		2005.77 Americare	Americare		6549	75			255.81	8295.4	percent of total billed charges	
CL TX TMJ DISLOCATION; COMPLIC	21485	CPT	outpatient			8732		2005.77 Amerihealth	HMO|PPO		5075.8	65			255.81	8295.4	percent of total billed charges	
CL TX TMJ DISLOCATION; COMPLIC	21485	CPT	outpatient			8732		2005.77 Amerihealth	Medicare		1744.15				255.81	8295.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX TMJ DISLOCATION; COMPLIC	21485	CPT	outpatient			8732		2005.77 Consumer	Consumer		8295.4	95			255.81	8295.4	percent of total billed charges	
CL TX TMJ DISLOCATION; COMPLIC	21485	CPT	outpatient			8732		2005.77 Corrections	Corrections		6965.6	80			255.81	8295.4	percent of total billed charges	
CL TX TMJ DISLOCATION; COMPLIC	21485	CPT	outpatient			8732		2005.77 First Health	First Health		6112.4	70			255.81	8295.4	percent of total billed charges	
CL TX TMJ DISLOCATION; COMPLIC	21485	CPT	outpatient			8732		2005.77 First Trenton	First Trenton		7858.8	90			255.81	8295.4	percent of total billed charges	
CL TX TMJ DISLOCATION; COMPLIC	21485	CPT	outpatient			8732		2005.77 Horizon	PPO		3245.86				255.81	8295.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX TMJ DISLOCATION; COMPLIC	21485	CPT	outpatient			8732		2005.77 Horizon	MGD		3245.86				255.81	8295.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX TMJ DISLOCATION; COMPLIC	21485	CPT	outpatient			8732		2005.77 Horizon	Medicare Blue		1744.15				255.81	8295.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX TMJ DISLOCATION; COMPLIC	21485	CPT	outpatient			8732		2005.77 Horizon	NJ Health		255.81				255.81	8295.4	fee schedule	
CL TX TMJ DISLOCATION; COMPLIC	21485	CPT	outpatient			8732		2005.77 Horizon	Indemnity		3245.86				255.81	8295.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX TMJ DISLOCATION; COMPLIC	21485	CPT	outpatient			8732		2005.77 Managed Care Inc	Managed Care Inc		7858.8	90			255.81	8295.4	percent of total billed charges	
CL TX TMJ DISLOCATION; COMPLIC	21485	CPT	outpatient			8732		2005.77 Multiplan	Multiplan		6965.6	80			255.81	8295.4	percent of total billed charges	
CL TX TMJ DISLOCATION; COMPLIC	21485	CPT	outpatient			8732		2005.77 Qualcare	Qualcare		6549	75			255.81	8295.4	percent of total billed charges	
CL TX TMJ DISLOCATION; COMPLIC	21485	CPT	outpatient			8732		2005.77 Three Rivers	Three Rivers		8295.4	95			255.81	8295.4	percent of total billed charges	
CL TX TMJ DISLOCATION; COMPLIC	21485	CPT	outpatient			8732		2005.77 UHC	Medicaid		2754.95	31.55			255.81	8295.4	percent of total billed charges	
CL TX TMJ DISLOCATION; COMPLIC	21485	CPT	outpatient			8732		2005.77 UHC	Medicare		1744.15				255.81	8295.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX TMJ DISLOCATION; COMPLIC	21485	CPT	outpatient			8732		2005.77 United	Oxford		2493				255.81	8295.4	case rate	
CL TX TMJ DISLOCATION; COMPLIC	21485	CPT	outpatient			8732		2005.77 United	Commercial|PPO		2493				255.81	8295.4	case rate	
CL TX TMJ DISLOCATION; COMPLIC	21485	CPT	outpatient			8732		2005.77 Wellcare	Medicare		1744.15				255.81	8295.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX TMJ DISLOCATION; COMPLIC	21485	CPT	outpatient			8732		2005.77 Wellcare	Medicaid		2754.95	31.55			255.81	8295.4	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CL TX TMJ DISLOCATION; COMPLIC	21485	CPT	outpatient			8732		2005.77 WellPoint	WellPoint		2809.96	32.18			265.81	8295.4	percent of total billed charges	
INTERDENTAL WIRING	21497	CPT	outpatient			6053		2005.77 Aetna	Commercial		2776.69				463.77	5750.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERDENTAL WIRING	21497	CPT	outpatient			6053		2005.77 Aetna	Better Health		1909.72	31.55			463.77	5750.35	percent of total billed charges	
INTERDENTAL WIRING	21497	CPT	outpatient			6053		2005.77 Aetna	Medicare		1744.15				463.77	5750.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERDENTAL WIRING	21497	CPT	outpatient			6053		2005.77 Aetna	Americare		4539.75	75			463.77	5750.35	percent of total billed charges	
INTERDENTAL WIRING	21497	CPT	outpatient			6053		2005.77 Amerihealth	Medicare		1744.15				463.77	5750.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERDENTAL WIRING	21497	CPT	outpatient			6053		2005.77 Amerihealth	HMO/PPO		3934.45	65			463.77	5750.35	percent of total billed charges	
INTERDENTAL WIRING	21497	CPT	outpatient			6053		2005.77 Consumer	Consumer		5750.35	95			463.77	5750.35	percent of total billed charges	
INTERDENTAL WIRING	21497	CPT	outpatient			6053		2005.77 Corrections	Corrections		4842.4	80			463.77	5750.35	percent of total billed charges	
INTERDENTAL WIRING	21497	CPT	outpatient			6053		2005.77 First Health	First Health		4237.1	70			463.77	5750.35	percent of total billed charges	
INTERDENTAL WIRING	21497	CPT	outpatient			6053		2005.77 First Trenton	First Trenton		5447.7	90			463.77	5750.35	percent of total billed charges	
INTERDENTAL WIRING	21497	CPT	outpatient			6053		2005.77 Horizon	Indemnity		3245.86				463.77	5750.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERDENTAL WIRING	21497	CPT	outpatient			6053		2005.77 Horizon	MGD		3245.86				463.77	5750.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERDENTAL WIRING	21497	CPT	outpatient			6053		2005.77 Horizon	NJ Health		463.77					5750.35	fee schedule	
INTERDENTAL WIRING	21497	CPT	outpatient			6053		2005.77 Horizon	Medicare Blue		1744.15				463.77	5750.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERDENTAL WIRING	21497	CPT	outpatient			6053		2005.77 Horizon	PPO		3245.86				463.77	5750.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERDENTAL WIRING	21497	CPT	outpatient			6053		2005.77 Managed Care Inc	Managed Care Inc		5447.7	90			463.77	5750.35	percent of total billed charges	
INTERDENTAL WIRING	21497	CPT	outpatient			6053		2005.77 Multiplan	Multiplan		4842.4	80			463.77	5750.35	percent of total billed charges	
INTERDENTAL WIRING	21497	CPT	outpatient			6053		2005.77 Qualcare	Qualcare		4539.75	75			463.77	5750.35	percent of total billed charges	
INTERDENTAL WIRING	21497	CPT	outpatient			6053		2005.77 Three Rivers	Three Rivers		5750.35	95			463.77	5750.35	percent of total billed charges	
INTERDENTAL WIRING	21497	CPT	outpatient			6053		2005.77 UHC	Medicaid		1909.72	31.55			463.77	5750.35	percent of total billed charges	
INTERDENTAL WIRING	21497	CPT	outpatient			6053		2005.77 UHC	Medicare		1744.15				463.77	5750.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERDENTAL WIRING	21497	CPT	outpatient			6053		2005.77 United	Commercial|PPO		2493				463.77	5750.35	case rate	
INTERDENTAL WIRING	21497	CPT	outpatient			6053		2005.77 United	Oxford		2493				463.77	5750.35	case rate	
INTERDENTAL WIRING	21497	CPT	outpatient			6053		2005.77 Wellcare	Medicare		1744.15				463.77	5750.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERDENTAL WIRING	21497	CPT	outpatient			6053		2005.77 Wellcare	Medicaid		1909.72	31.55			463.77	5750.35	percent of total billed charges	
INTERDENTAL WIRING	21497	CPT	outpatient			6053		2005.77 WellPoint	WellPoint		1947.86	32.18			463.77	5750.35	percent of total billed charges	
INCISION AND DRAINAGE DEEP AB	21501	CPT	outpatient			9746		3737.2 Aetna	Commercial		5173.59				472.49	9258.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION AND DRAINAGE DEEP AB	21501	CPT	outpatient			9746		3737.2 Aetna	Better Health		3074.86	31.55			472.49	9258.7	percent of total billed charges	
INCISION AND DRAINAGE DEEP AB	21501	CPT	outpatient			9746		3737.2 Aetna	Medicare		3249.74				472.49	9258.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION AND DRAINAGE DEEP AB	21501	CPT	outpatient			9746		3737.2 Americare	Americare		7309.5	75			472.49	9258.7	percent of total billed charges	
INCISION AND DRAINAGE DEEP AB	21501	CPT	outpatient			9746		3737.2 Amerihealth	HMO/PPO		6334.9	65			472.49	9258.7	percent of total billed charges	
INCISION AND DRAINAGE DEEP AB	21501	CPT	outpatient			9746		3737.2 Amerihealth	Medicare		3249.74				472.49	9258.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION AND DRAINAGE DEEP AB	21501	CPT	outpatient			9746		3737.2 Consumer	Consumer		9258.7	95			472.49	9258.7	percent of total billed charges	
INCISION AND DRAINAGE DEEP AB	21501	CPT	outpatient			9746		3737.2 Corrections	Corrections		7796.8	80			472.49	9258.7	percent of total billed charges	
INCISION AND DRAINAGE DEEP AB	21501	CPT	outpatient			9746		3737.2 First Health	First Health		6822.2	70			472.49	9258.7	percent of total billed charges	
INCISION AND DRAINAGE DEEP AB	21501	CPT	outpatient			9746		3737.2 First Trenton	First Trenton		8771.4	90			472.49	9258.7	percent of total billed charges	
INCISION AND DRAINAGE DEEP AB	21501	CPT	outpatient			9746		3737.2 Horizon	MGD		6047.77				472.49	9258.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION AND DRAINAGE DEEP AB	21501	CPT	outpatient			9746		3737.2 Horizon	Medicare Blue		3249.74				472.49	9258.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION AND DRAINAGE DEEP AB	21501	CPT	outpatient			9746		3737.2 Horizon	NJ Health		472.49				472.49	9258.7	fee schedule	
INCISION AND DRAINAGE DEEP AB	21501	CPT	outpatient			9746		3737.2 Horizon	PPO		6047.77				472.49	9258.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION AND DRAINAGE DEEP AB	21501	CPT	outpatient			9746		3737.2 Horizon	Indemnity		6047.77				472.49	9258.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION AND DRAINAGE DEEP AB	21501	CPT	outpatient			9746		3737.2 Managed Care Inc	Managed Care Inc		8771.4	90			472.49	9258.7	percent of total billed charges	
INCISION AND DRAINAGE DEEP AB	21501	CPT	outpatient			9746		3737.2 Multiplan	Multiplan		7796.8	80			472.49	9258.7	percent of total billed charges	
INCISION AND DRAINAGE DEEP AB	21501	CPT	outpatient			9746		3737.2 Qualcare	Qualcare		7309.5	75			472.49	9258.7	percent of total billed charges	
INCISION AND DRAINAGE DEEP AB	21501	CPT	outpatient			9746		3737.2 Three Rivers	Three Rivers		9258.7	95			472.49	9258.7	percent of total billed charges	
INCISION AND DRAINAGE DEEP AB	21501	CPT	outpatient			9746		3737.2 UHC	Medicaid		3074.86	31.55			472.49	9258.7	percent of total billed charges	
INCISION AND DRAINAGE DEEP AB	21501	CPT	outpatient			9746		3737.2 UHC	Medicare		3249.74				472.49	9258.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION AND DRAINAGE DEEP AB	21501	CPT	outpatient			9746		3737.2 United	Commercial|PPO		2776				472.49	9258.7	case rate	
INCISION AND DRAINAGE DEEP AB	21501	CPT	outpatient			9746		3737.2 United	Oxford		2776				472.49	9258.7	case rate	
INCISION AND DRAINAGE DEEP AB	21501	CPT	outpatient			9746		3737.2 Wellcare	Medicaid		3074.86	31.55			472.49	9258.7	percent of total billed charges	
INCISION AND DRAINAGE DEEP AB	21501	CPT	outpatient			9746		3737.2 Wellcare	Medicare		3249.74				472.49	9258.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION AND DRAINAGE DEEP AB	21501	CPT	outpatient			9746		3737.2 WellPoint	WellPoint		3136.26	32.18			472.49	9258.7	percent of total billed charges	
SFT TISS BX - NECK/THRX	21550	CPT	both			6038		2132.36 Aetna	Commercial		2951.93				71.25	5736.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SFT TISS BX - NECK/THRX	21550	CPT	both			6038		2132.36 Aetna	Better Health		1904.99	31.55			71.25	5736.1	percent of total billed charges	
SFT TISS BX - NECK/THRX	21550	CPT	both			6038		2132.36 Aetna	Medicare		1854.23				71.25	5736.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SFT TISS BX - NECK/THRX	21550	CPT	both			6038		2132.36 Americare	Americare		4528.5	75			71.25	5736.1	percent of total billed charges	
SFT TISS BX - NECK/THRX	21550	CPT	both			6038		2132.36 Amerihealth	HMO/PPO		3924.7	65			71.25	5736.1	percent of total billed charges	
SFT TISS BX - NECK/THRX	21550	CPT	both			6038		2132.36 Amerihealth	Medicare		1854.23				71.25	5736.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SFT TISS BX - NECK/THRX	21550	CPT	both			6038		2132.36 Consumer	Consumer		5736.1	95			71.25	5736.1	percent of total billed charges	
SFT TISS BX - NECK/THRX	21550	CPT	both			6038		2132.36 Corrections	Corrections		4830.4	80			71.25	5736.1	percent of total billed charges	
SFT TISS BX - NECK/THRX	21550	CPT	both			6038		2132.36 First Health	First Health		4226.6	70			71.25	5736.1	percent of total billed charges	
SFT TISS BX - NECK/THRX	21550	CPT	both			6038		2132.36 First Trenton	First Trenton		5434.2	90			71.25	5736.1	percent of total billed charges	
SFT TISS BX - NECK/THRX	21550	CPT	both			6038		2132.36 Horizon	NJ Health		71.25				71.25	5736.1	fee schedule	
SFT TISS BX - NECK/THRX	21550	CPT	both			6038		2132.36 Horizon	Indemnity		3450.72				71.25	5736.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SFT TISS BX - NECK/THRX	21550	CPT	both			6038		2132.36 Horizon	Medicare Blue		1854.23				71.25	5736.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SFT TISS BX - NECK/THRX	21550	CPT	both			6038		2132.36 Horizon	MGD		3450.72				71.25	5736.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SFT TISS BX - NECK/THRX	21550	CPT	both			6038		2132.36 Horizon	PPO		3450.72				71.25	5736.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SFT TISS BX - NECK/THRX	21550	CPT	both			6038		2132.36 Managed Care Inc	Managed Care Inc		5434.2	90			71.25	5736.1	percent of total billed charges	
SFT TISS BX - NECK/THRX	21550	CPT	both			6038		2132.36 Multiplan	Multiplan		4830.4	80			71.25	5736.1	percent of total billed charges	
SFT TISS BX - NECK/THRX	21550	CPT	both			6038		2132.36 Qualcare	Qualcare		4528.5	75			71.25	5736.1	percent of total billed charges	
SFT TISS BX - NECK/THRX	21550	CPT	both			6038		2132.36 Three Rivers	Three Rivers		5736.1	95			71.25	5736.1	percent of total billed charges	
SFT TISS BX - NECK/THRX	21550	CPT	both			6038		2132.36 UHC	Medicaid		1904.99	31.55			71.25	5736.1	percent of total billed charges	
SFT TISS BX - NECK/THRX	21550	CPT	both			6038		2132.36 UHC	Medicare		1854.23				71.25	5736.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SFT TISS BX - NECK/THRX	21550	CPT	both			6038		2132.36 United	Oxford		2493				71.25	5736.1	case rate	
SFT TISS BX - NECK/THRX	21550	CPT	both			6038		2132.36 United	Commercial|PPO		2493				71.25	5736.1	case rate	
SFT TISS BX - NECK/THRX	21550	CPT	both			6038		2132.36 Wellcare	Medicaid		1904.99	31.55			71.25	5736.1	percent of total billed charges	
SFT TISS BX - NECK/THRX	21550	CPT	both			6038		2132.36 Wellcare	Medicare		1854.23				71.25	5736.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SFT TISS BX - NECK/THRX	21550	CPT	both			6038		2132.36 WellPoint	WellPoint		1943.03	32.18			71.25	5736.1	percent of total billed charges	
EXC TMR SFT TIS NK/ANT THRX<3CM	21555	CPT	outpatient			5464		2132.36 Aetna	Better Health		1723.89	31.55			98.66	5190.8	percent of total billed charges	
EXC TMR SFT TIS NK/ANT THRX<3CM	21555	CPT	outpatient			5464		2132.36 Aetna	Commercial		2951.93				98.66	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC TMR SFT TIS NK/ANT THRX<3CM	21555	CPT	outpatient			5464		2132.36 Aetna	Medicare		1854.23				98.66	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC TMR SFT TIS NK/ANT THRX<3CM	21555	CPT	outpatient			5464		2132.36 Americare	Americare		4098	75			98.66	5190.8	percent of total billed charges	
EXC TMR SFT TIS NK/ANT THRX<3CM	21555	CPT	outpatient			5464		2132.36 Amerihealth	HMO/PPO		3551.6	65			98.66	5190.8	percent of total billed charges	
EXC TMR SFT TIS NK/ANT THRX<3CM	21555	CPT	outpatient			5464		2132.36 Amerihealth	Medicare		1854.23				98.66	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC TMR SFT TIS NK/ANT THRX<3CM	21555	CPT	outpatient			5464		2132.36 Consumer	Consumer		5190.8	95			98.66	5190.8	percent of total billed charges	
EXC TMR SFT TIS NK/ANT THRX<3CM	21555	CPT	outpatient			5464		2132.36 Corrections	Corrections		4371.2	80			98.66	5190.8	percent of total billed charges	
EXC TMR SFT TIS NK/ANT THRX<3CM	21555	CPT	outpatient			5464		2132.36 First Health	First Health		3824.8	70			98.66	5190.8	percent of total billed charges	
EXC TMR SFT TIS NK/ANT THRX<3CM	21555	CPT	outpatient			5464		2132.36 First Trenton	First Trenton		4917.6	90			98.66	5190.8	percent of total billed charges	
EXC TMR SFT TIS NK/ANT THRX<3CM	21555	CPT	outpatient			5464		2132.36 Horizon	NJ Health		98.66				98.66	5190.8	fee schedule	
EXC TMR SFT TIS NK/ANT THRX<3CM	21555	CPT	outpatient			5464		2132.36 Horizon	Indemnity		3450.72				98.66	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC TMR SFT TIS NK/ANT THRX<3CM	21555	CPT	outpatient			5464		2132.36 Horizon	Medicare Blue		1854.23				98.66	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC TMR SFT TIS NK/ANT THRX<3CM	21555	CPT	outpatient			5464		2132.36 Horizon	MGD		3450.72				98.66	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC TMR SFT TIS NK/ANT THRX<3CM	21555	CPT	outpatient			5464		2132.36 Horizon	PPO		3450.72				98.66	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC TMR SFT TIS NK/ANT THRX<3CM	21555	CPT	outpatient			5464		2132.36 Managed Care Inc	Managed Care Inc		4917.6	90			98.66	5190.8	percent of total billed charges	
EXC TMR SFT TIS NK/ANT THRX<3CM	21555	CPT	outpatient			5464		2132.36 Multiplan	Multiplan		4371.2	80			98.66	5190.8	percent of total billed charges	
EXC TMR SFT TIS NK/ANT THRX<3CM	21555	CPT	outpatient			5464		2132.36 Qualcare	Qualcare		4098	75			98.66	5190.8	percent of total billed charges	
EXC TMR SFT TIS NK/ANT THRX<3CM	21555	CPT	outpatient			5464		2132.36 Three Rivers	Three Rivers		5190.8	95			98.66	5190.8	percent of total billed charges	
EXC TMR SFT TIS NK/ANT THRX<3CM	21555	CPT	outpatient			5464		2132.36 UHC	Medicare		1854.23				98.66	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC TMR SFT TIS NK/ANT THRX<3CM	21555	CPT	outpatient			5464		2132.36 UHC	Medicaid		1723.89	31.55			98.66	5190.8	percent of total billed charges	
EXC TMR SFT TIS NK/ANT THRX<3CM	21555	CPT	outpatient			5464		2132.36 United	Oxford		2493				98.66	5190.8	case rate	
EXC TMR SFT TIS NK/ANT THRX<3CM	21555	CPT	outpatient			5464		2132.36 United	Commercial|PPO		2493				98.66	5190.8	case rate	
EXC TMR SFT TIS NK/ANT THRX<3CM	21555	CPT	outpatient			5464		2132.36 Wellcare	Medicare		1854.23				98.66	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC TMR SFT TIS NK/ANT THRX<3CM	21555	CPT	outpatient			5464		2132.36 Wellcare	Medicaid		1723.89	31.55			98.66	5190.8	percent of total billed charges	
EXC TMR SFT TIS NK/ANT THRX<3CM	21555	CPT	outpatient			5464		2132.36 WellPoint	WellPoint		1758.32	32.18			98.66	5190.8	percent of total billed charges	
ST BX BACK/FLNK; SUPF	21920	CPT	outpatient			5653		2132.36 Aetna	Better Health		1783.52	31.55			147.99	5370.35	percent of total billed charges	
ST BX BACK/FLNK; SUPF	21920	CPT	outpatient			5653		2132.36 Aetna	Commercial		2951.93				147.99	5370.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ST BX BACK/FLNK; SUPF	21920	CPT	outpatient			5653		2132.36 Aetna	Medicare		1854.23				147.99	5370.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ST BX BACK/FLNK; SUPF	21920	CPT	outpatient			5653		2132.36 Americare	Americare		4239.75	75			147.99	5370.35	percent of total billed charges	
ST BX BACK/FLNK; SUPF	21920	CPT	outpatient			5653		2132.36 Amerihealth	HMO/PPO		3674.45	65			147.99	5370.35	percent of total billed charges	
ST BX BACK/FLNK; SUPF	21920	CPT	outpatient			5653		2132.36 Amerihealth	Medicare		1854.23				147.99	5370.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ST BX BACK/FLNK; SUPF	21920	CPT	outpatient			5653		2132.36 Consumer	Consumer		5370.35	95			147.99	5370.35	percent of total billed charges	
ST BX BACK/FLNK; SUPF	21920	CPT	outpatient			5653		2132.36 Corrections	Corrections		4522.4	80			147.99	5370.35	percent of total billed charges	
ST BX BACK/FLNK; SUPF	21920	CPT	outpatient			5653		2132.36 First Health	First Health		3957.1	70			147.99	5370.35	percent of total billed charges	
ST BX BACK/FLNK; SUPF	21920	CPT	outpatient			5653		2132.36 First Trenton	First Trenton		5087.7	90			147.99	5370.35	percent of total billed charges	
ST BX BACK/FLNK; SUPF	21920	CPT	outpatient			5653		2132.36 Horizon	Indemnity		3450.72				147.99	5370.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ST BX BACK/FLNK; SUPF	21920	CPT	outpatient			5653		2132.36 Horizon	MGD		3450.72				147.99	5370.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ST BX BACK/FLNK; SUPF	21920	CPT	outpatient			5653		2132.36 Horizon	PPO		3450.72				147.99	5370.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ST BX BACK/FLNK; SUPF	21920	CPT	outpatient			5653		2132.36 Horizon	NJ Health		147.99				147.99	5370.35	fee schedule	
ST BX BACK/FLNK; SUPF	21920	CPT	outpatient			5653		2132.36 Horizon	Medicare Blue		1854.23				147.99	5370.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ST BX BACK/FLNK; SUPF	21920	CPT	outpatient			5653		2132.36 Managed Care Inc	Managed Care Inc		5087.7	90			147.99	5370.35	percent of total billed charges	
ST BX BACK/FLNK; SUPF	21920	CPT	outpatient			5653		2132.36 Multiplan	Multiplan		4522.4	80			147.99	5370.35	percent of total billed charges	
ST BX BACK/FLNK; SUPF	21920	CPT	outpatient			5653		2132.36 Qualcare	Qualcare		4239.75	75			147.99	5370.35	percent of total billed charges	
ST BX BACK/FLNK; SUPF	21920	CPT	outpatient			5653		2132.36 Three Rivers	Three Rivers		5370.35	95			147.99	5370.35	percent of total billed charges	
ST BX BACK/FLNK; SUPF	21920	CPT	outpatient			5653		2132.36 UHC	Medicaid		1783.52	31.55			147.99	5370.35	percent of total billed charges	
ST BX BACK/FLNK; SUPF	21920	CPT	outpatient			5653		2132.36 UHC	Medicare		1854.23				147.99	5370.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ST BX BACK/FLNK; SUPF	21920	CPT	outpatient			5653		2132.36 United	Commercial|PPO		1817				147.99	5370.35	case rate	
ST BX BACK/FLNK; SUPF	21920	CPT	outpatient			5653		2132.36 United	Oxford		1817				147.99	5370.35	case rate	
ST BX BACK/FLNK; SUPF	21920	CPT	outpatient			5653		2132.36 Wellcare	Medicare		1854.23				147.99	5370.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ST BX BACK/FLNK; SUPF	21920	CPT	outpatient			5653		2132.36 Wellcare	Medicaid		1783.52	31.55			147.99	5370.35	percent of total billed charges	
ST BX BACK/FLNK; SUPF	21920	CPT	outpatient			5653		2132.36 WellPoint	WellPoint		1619.14	32.18			147.99	5370.35	percent of total billed charges	
BX SOFT TISSUE BACK/FLANK DEEP	21925	CPT	outpatient			5464		2132.36 Aetna	Commercial		2951.93				356.27	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX SOFT TISSUE BACK/FLANK DEEP	21925	CPT	outpatient			5464		2132.36 Aetna	Better Health		1723.89	31.55			356.27	5190.8	percent of total billed charges	
BX SOFT TISSUE BACK/FLANK DEEP	21925	CPT	outpatient			5464		2132.36 Aetna	Medicare		1854.23				356.27	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX SOFT TISSUE BACK/FLANK DEEP	21925	CPT	outpatient			5464		2132.36 Americare	Americare		4098	75			356.27	5190.8	percent of total billed charges	
BX SOFT TISSUE BACK/FLANK DEEP	21925	CPT	outpatient			5464		2132.36 Amerihealth	HMO/PPO		3551.6	65			356.27	5190.8	percent of total billed charges	
BX SOFT TISSUE BACK/FLANK DEEP	21925	CPT	outpatient			5464		2132.36 Amerihealth	Medicare		1854.23				356.27	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX SOFT TISSUE BACK/FLANK DEEP	21925	CPT	outpatient			5464		2132.36 Consumer	Consumer		5190.8	95			356.27	5190.8	percent of total billed charges	
BX SOFT TISSUE BACK/FLANK DEEP	21925	CPT	outpatient			5464		2132.36 Corrections	Corrections		4371.2	80			356.27	5190.8	percent of total billed charges	
BX SOFT TISSUE BACK/FLANK DEEP	21925	CPT	outpatient			5464		2132.36 First Health	First Health		3824.8	70			356.27	5190.8	percent of total billed charges	
BX SOFT TISSUE BACK/FLANK DEEP	21925	CPT	outpatient			5464		2132.36 First Trenton	First Trenton		4917.6	90			356.27	5190.8	percent of total billed charges	
BX SOFT TISSUE BACK/FLANK DEEP	21925	CPT	outpatient			5464		2132.36 Horizon	Medicare Blue		1854.23				356.27	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX SOFT TISSUE BACK/FLANK DEEP	21925	CPT	outpatient			5464		2132.36 Horizon	PPO		3450.72				356.27	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX SOFT TISSUE BACK/FLANK DEEP	21925	CPT	outpatient			5464		2132.36 Horizon	Indemnity		3450.72				356.27	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX SOFT TISSUE BACK/FLANK DEEP	21925	CPT	outpatient			5464		2132.36 Horizon	MGD		3450.72				356.27	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX SOFT TISSUE BACK/FLANK DEEP	21925	CPT	outpatient			5464		2132.36 Horizon	NJ Health		356.27				356.27	5190.8	fee schedule	
BX SOFT TISSUE BACK/FLANK DEEP	21925	CPT	outpatient			5464		2132.36 Managed Care Inc	Managed Care Inc		4917.6	90			356.27	5190.8	percent of total billed charges	
BX SOFT TISSUE BACK/FLANK DEEP	21925	CPT	outpatient			5464		2132.36 Multiplan	Multiplan		4371.2	80			356.27	5190.8	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
BX SOFT TISSUE BACK/FLANK DEEP	21925	CPT	outpatient			5464		2132.36 Qualcare	Qualcare		4098	75			356.27	5190.8	percent of total billed charges	
BX SOFT TISSUE BACK/FLANK DEEP	21925	CPT	outpatient			5464		2132.36 Three Rivers	Three Rivers		5190.8	95			356.27	5190.8	percent of total billed charges	
BX SOFT TISSUE BACK/FLANK DEEP	21925	CPT	outpatient			5464		2132.36 UHC	Medicaid		1723.89	31.55			356.27	5190.8	percent of total billed charges	
BX SOFT TISSUE BACK/FLANK DEEP	21925	CPT	outpatient			5464		2132.36 UHC	Medicare		1854.23				356.27	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX SOFT TISSUE BACK/FLANK DEEP	21925	CPT	outpatient			5464		2132.36 United	CommercialPPO		2776				356.27	5190.8	case rate	
BX SOFT TISSUE BACK/FLANK DEEP	21925	CPT	outpatient			5464		2132.36 United	Oxford		2776				356.27	5190.8	case rate	
BX SOFT TISSUE BACK/FLANK DEEP	21925	CPT	outpatient			5464		2132.36 Wellcare	Medicare		1854.23				356.27	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX SOFT TISSUE BACK/FLANK DEEP	21925	CPT	outpatient			5464		2132.36 Wellcare	Medicaid		1723.89	31.55			356.27	5190.8	percent of total billed charges	
BX SOFT TISSUE BACK/FLANK DEEP	21925	CPT	outpatient			5464		2132.36 WellPoint	WellPoint		1758.32	32.18			356.27	5190.8	percent of total billed charges	
EXC. TUMOR SOFT TIS BACK/FLANK 3CM/>	21931	CPT	outpatient			5464		2132.36 Aetna	Commercial		2951.93				1723.89	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC. TUMOR SOFT TIS BACK/FLANK 3CM/>	21931	CPT	outpatient			5464		2132.36 Aetna	Better Health		1723.89	31.55			1723.89	5190.8	percent of total billed charges	
EXC. TUMOR SOFT TIS BACK/FLANK 3CM/>	21931	CPT	outpatient			5464		2132.36 Aetna	Medicare		1854.23				1723.89	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC. TUMOR SOFT TIS BACK/FLANK 3CM/>	21931	CPT	outpatient			5464		2132.36 Americare	Americare		4098	75			1723.89	5190.8	percent of total billed charges	
EXC. TUMOR SOFT TIS BACK/FLANK 3CM/>	21931	CPT	outpatient			5464		2132.36 Amerihealth	Medicare		1854.23				1723.89	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC. TUMOR SOFT TIS BACK/FLANK 3CM/>	21931	CPT	outpatient			5464		2132.36 Amerihealth	HMO/PPO		3551.6	65			1723.89	5190.8	percent of total billed charges	
EXC. TUMOR SOFT TIS BACK/FLANK 3CM/>	21931	CPT	outpatient			5464		2132.36 Consumer	Consumer		5190.8	95			1723.89	5190.8	percent of total billed charges	
EXC. TUMOR SOFT TIS BACK/FLANK 3CM/>	21931	CPT	outpatient			5464		2132.36 Corrections	Corrections		4371.2	80			1723.89	5190.8	percent of total billed charges	
EXC. TUMOR SOFT TIS BACK/FLANK 3CM/>	21931	CPT	outpatient			5464		2132.36 First Health	First Health		3824.8	70			1723.89	5190.8	percent of total billed charges	
EXC. TUMOR SOFT TIS BACK/FLANK 3CM/>	21931	CPT	outpatient			5464		2132.36 First Trenton	First Trenton		4917.6	90			1723.89	5190.8	percent of total billed charges	
EXC. TUMOR SOFT TIS BACK/FLANK 3CM/>	21931	CPT	outpatient			5464		2132.36 Horizon	MGD		3450.72				1723.89	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC. TUMOR SOFT TIS BACK/FLANK 3CM/>	21931	CPT	outpatient			5464		2132.36 Horizon	Indemnity		3450.72				1723.89	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC. TUMOR SOFT TIS BACK/FLANK 3CM/>	21931	CPT	outpatient			5464		2132.36 Horizon	Medicare Blue		1854.23				1723.89	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC. TUMOR SOFT TIS BACK/FLANK 3CM/>	21931	CPT	outpatient			5464		2132.36 Horizon	PPO		3450.72				1723.89	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC. TUMOR SOFT TIS BACK/FLANK 3CM/>	21931	CPT	outpatient			5464		2132.36 Managed Care Inc	Managed Care Inc		4917.6	90			1723.89	5190.8	percent of total billed charges	
EXC. TUMOR SOFT TIS BACK/FLANK 3CM/>	21931	CPT	outpatient			5464		2132.36 Multiplan	Multiplan		4371.2	80			1723.89	5190.8	percent of total billed charges	
EXC. TUMOR SOFT TIS BACK/FLANK 3CM/>	21931	CPT	outpatient			5464		2132.36 Qualcare	Qualcare		4098	75			1723.89	5190.8	percent of total billed charges	
EXC. TUMOR SOFT TIS BACK/FLANK 3CM/>	21931	CPT	outpatient			5464		2132.36 Three Rivers	Three Rivers		5190.8	95			1723.89	5190.8	percent of total billed charges	
EXC. TUMOR SOFT TIS BACK/FLANK 3CM/>	21931	CPT	outpatient			5464		2132.36 UHC	Medicaid		1723.89	31.55			1723.89	5190.8	percent of total billed charges	
EXC. TUMOR SOFT TIS BACK/FLANK 3CM/>	21931	CPT	outpatient			5464		2132.36 UHC	Medicare		1854.23				1723.89	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC. TUMOR SOFT TIS BACK/FLANK 3CM/>	21931	CPT	outpatient			5464		2132.36 United	CommercialPPO		2776				1723.89	5190.8	case rate	
EXC. TUMOR SOFT TIS BACK/FLANK 3CM/>	21931	CPT	outpatient			5464		2132.36 United	Oxford		2776				1723.89	5190.8	case rate	
EXC. TUMOR SOFT TIS BACK/FLANK 3CM/>	21931	CPT	outpatient			5464		2132.36 Wellcare	Medicare		1854.23				1723.89	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC. TUMOR SOFT TIS BACK/FLANK 3CM/>	21931	CPT	outpatient			5464		2132.36 Wellcare	Medicaid		1723.89	31.55			1723.89	5190.8	percent of total billed charges	
EXC. TUMOR SOFT TIS BACK/FLANK 3CM/>	21931	CPT	outpatient			5464		2132.36 WellPoint	WellPoint		1758.32	32.18			1723.89	5190.8	percent of total billed charges	
CL TX VERTEBRAL FX W/O MAN	22310	CPT	outpatient			866		310.16 Aetna	Commercial		429.36				257.76	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX VERTEBRAL FX W/O MAN	22310	CPT	outpatient			866		310.16 Aetna	Better Health		273.22	31.55			257.76	1782	percent of total billed charges	
CL TX VERTEBRAL FX W/O MAN	22310	CPT	outpatient			866		310.16 Aetna	Medicare		269.7				257.76	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX VERTEBRAL FX W/O MAN	22310	CPT	outpatient			866		310.16 Americare	Americare		649.5	75			257.76	1782	percent of total billed charges	
CL TX VERTEBRAL FX W/O MAN	22310	CPT	outpatient			866		310.16 Amerihealth	HMO/PPO		562.9	65			257.76	1782	percent of total billed charges	
CL TX VERTEBRAL FX W/O MAN	22310	CPT	outpatient			866		310.16 Amerihealth	Medicare		269.7				257.76	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX VERTEBRAL FX W/O MAN	22310	CPT	outpatient			866		310.16 Consumer	Consumer		822.7	95			257.76	1782	percent of total billed charges	
CL TX VERTEBRAL FX W/O MAN	22310	CPT	outpatient			866		310.16 Corrections	Corrections		692.8	80			257.76	1782	percent of total billed charges	
CL TX VERTEBRAL FX W/O MAN	22310	CPT	outpatient			866		310.16 First Health	First Health		606.2	70			257.76	1782	percent of total billed charges	
CL TX VERTEBRAL FX W/O MAN	22310	CPT	outpatient			866		310.16 First Trenton	First Trenton		779.4	90			257.76	1782	percent of total billed charges	
CL TX VERTEBRAL FX W/O MAN	22310	CPT	outpatient			866		310.16 Horizon	PPO		501.91				257.76	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX VERTEBRAL FX W/O MAN	22310	CPT	outpatient			866		310.16 Horizon	Medicare Blue		269.7				257.76	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX VERTEBRAL FX W/O MAN	22310	CPT	outpatient			866		310.16 Horizon	MGD		501.91				257.76	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX VERTEBRAL FX W/O MAN	22310	CPT	outpatient			866		310.16 Horizon	Indemnity		501.91				257.76	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX VERTEBRAL FX W/O MAN	22310	CPT	outpatient			866		310.16 Horizon	NJ Health		257.76				257.76	1782	fee schedule	
CL TX VERTEBRAL FX W/O MAN	22310	CPT	outpatient			866		310.16 Managed Care Inc	Managed Care Inc		779.4	90			257.76	1782	percent of total billed charges	
CL TX VERTEBRAL FX W/O MAN	22310	CPT	outpatient			866		310.16 Multiplan	Multiplan		692.8	80			257.76	1782	percent of total billed charges	
CL TX VERTEBRAL FX W/O MAN	22310	CPT	outpatient			866		310.16 Qualcare	Qualcare		649.5	75			257.76	1782	percent of total billed charges	
CL TX VERTEBRAL FX W/O MAN	22310	CPT	outpatient			866		310.16 Three Rivers	Three Rivers		822.7	95			257.76	1782	percent of total billed charges	
CL TX VERTEBRAL FX W/O MAN	22310	CPT	outpatient			866		310.16 UHC	Medicaid		273.22	31.55			257.76	1782	percent of total billed charges	
CL TX VERTEBRAL FX W/O MAN	22310	CPT	outpatient			866		310.16 UHC	Medicare		269.7				257.76	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX VERTEBRAL FX W/O MAN	22310	CPT	outpatient			866		310.16 United	CommercialPPO		1782				257.76	1782	case rate	
CL TX VERTEBRAL FX W/O MAN	22310	CPT	outpatient			866		310.16 United	Oxford		1782				257.76	1782	case rate	
CL TX VERTEBRAL FX W/O MAN	22310	CPT	outpatient			866		310.16 Wellcare	Medicaid		273.22	31.55			257.76	1782	percent of total billed charges	
CL TX VERTEBRAL FX W/O MAN	22310	CPT	outpatient			866		310.16 Wellcare	Medicare		269.7				257.76	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX VERTEBRAL FX W/O MAN	22310	CPT	outpatient			866		310.16 WellPoint	WellPoint		276.68	32.18			257.76	1782	percent of total billed charges	
CLTX VRT FXAND/DISLC	22315	CPT	outpatient			7369		4257.16 Aetna	Better Health		2324.92	31.55			887.5	7000.55	percent of total billed charges	
CLTX VRT FXAND/DISLC	22315	CPT	outpatient			7369		4257.16 Aetna	Medicare		2269.65	30.8			887.5	7000.55	percent of total billed charges	
CLTX VRT FXAND/DISLC	22315	CPT	outpatient			7369		4257.16 Aetna	Commercial		5893.39				887.5	7000.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX VRT FXAND/DISLC	22315	CPT	outpatient			7369		4257.16 Americare	Americare		5526.75	75			887.5	7000.55	percent of total billed charges	
CLTX VRT FXAND/DISLC	22315	CPT	outpatient			7369		4257.16 Amerihealth	Medicare		3701.88				887.5	7000.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX VRT FXAND/DISLC	22315	CPT	outpatient			7369		4257.16 Amerihealth	HMO/PPO		4789.85	65			887.5	7000.55	percent of total billed charges	
CLTX VRT FXAND/DISLC	22315	CPT	outpatient			7369		4257.16 Consumer	Consumer		7000.55	95			887.5	7000.55	percent of total billed charges	
CLTX VRT FXAND/DISLC	22315	CPT	outpatient			7369		4257.16 Corrections	Corrections		5895.2	80			887.5	7000.55	percent of total billed charges	
CLTX VRT FXAND/DISLC	22315	CPT	outpatient			7369		4257.16 First Health	First Health		5158.3	70			887.5	7000.55	percent of total billed charges	
CLTX VRT FXAND/DISLC	22315	CPT	outpatient			7369		4257.16 First Trenton	First Trenton		6632.1	90			887.5	7000.55	percent of total billed charges	
CLTX VRT FXAND/DISLC	22315	CPT	outpatient			7369		4257.16 Horizon	MGD		6889.2				887.5	7000.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX VRT FXAND/DISLC	22315	CPT	outpatient			7369		4257.16 Horizon	Indemnity		6889.2				887.5	7000.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX VRT FXAND/DISLC	22315	CPT	outpatient			7369		4257.16 Horizon	Medicare Blue		3701.88				887.5	7000.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX VRT FXAND/DISLC	22315	CPT	outpatient			7369		4257.16 Horizon	NJ Health		887.5				887.5	7000.55	fee schedule	
CLTX VRT FXAND/DISLC	22315	CPT	outpatient			7369		4257.16 Horizon	PPO		6889.2				887.5	7000.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX VRT FXAND/DISLC	22315	CPT	outpatient			7369		4257.16 Managed Care Inc	Managed Care Inc		6632.1	90			887.5	7000.55	percent of total billed charges	
CLTX VRT FXAND/DISLC	22315	CPT	outpatient			7369		4257.16 Multiplan	Multiplan		5895.2	80			887.5	7000.55	percent of total billed charges	
CLTX VRT FXAND/DISLC	22315	CPT	outpatient			7369		4257.16 Qualcare	Qualcare		5526.75	75			887.5	7000.55	percent of total billed charges	
CLTX VRT FXAND/DISLC	22315	CPT	outpatient			7369		4257.16 Three Rivers	Three Rivers		7000.55	95			887.5	7000.55	percent of total billed charges	
CLTX VRT FXAND/DISLC	22315	CPT	outpatient			7369		4257.16 UHC	Medicaid		2324.92	31.55			887.5	7000.55	percent of total billed charges	
CLTX VRT FXAND/DISLC	22315	CPT	outpatient			7369		4257.16 UHC	Medicare		3701.88				887.5	7000.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX VRT FXAND/DISLC	22315	CPT	outpatient			7369		4257.16 United	CommercialPPO		2493				887.5	7000.55	case rate	
CLTX VRT FXAND/DISLC	22315	CPT	outpatient			7369		4257.16 United	Oxford		2493				887.5	7000.55	case rate	
CLTX VRT FXAND/DISLC	22315	CPT	outpatient			7369		4257.16 Wellcare	Medicaid		2324.92	31.55			887.5	7000.55	percent of total billed charges	
CLTX VRT FXAND/DISLC	22315	CPT	outpatient			7369		4257.16 Wellcare	Medicare		3701.88				887.5	7000.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX VRT FXAND/DISLC	22315	CPT	outpatient			7369		4257.16 WellPoint	WellPoint		2371.34	32.18			887.5	7000.55	percent of total billed charges	
PERCU VERTEBROPLASTY W/IMAGING CERVICO	22510	CPT	inpatient			12207		4257.16 Aetna	Commercial		5893.39				2705.16	11596.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCU VERTEBROPLASTY W/IMAGING CERVICO	22510	CPT	inpatient			12207		4257.16 Aetna	Better Health		3851.31	31.55			2705.16	11596.65	percent of total billed charges	
PERCU VERTEBROPLASTY W/IMAGING CERVICO	22510	CPT	inpatient			12207		4257.16 Aetna	Medicare		3701.88				2705.16	11596.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCU VERTEBROPLASTY W/IMAGING CERVICO	22510	CPT	inpatient			12207		4257.16 Americare	Americare		9155.25	75			2705.16	11596.65	percent of total billed charges	
PERCU VERTEBROPLASTY W/IMAGING CERVICO	22510	CPT	inpatient			12207		4257.16 Amerihealth	HMO/PPO		7934.55	65			2705.16	11596.65	percent of total billed charges	
PERCU VERTEBROPLASTY W/IMAGING CERVICO	22510	CPT	inpatient			12207		4257.16 Amerihealth	Medicare		3701.88				2705.16	11596.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCU VERTEBROPLASTY W/IMAGING CERVICO	22510	CPT	inpatient			12207		4257.16 Consumer	Consumer		11596.65	95			2705.16	11596.65	percent of total billed charges	
PERCU VERTEBROPLASTY W/IMAGING CERVICO	22510	CPT	inpatient			12207		4257.16 Corrections	Corrections		9765.6	80			2705.16	11596.65	percent of total billed charges	
PERCU VERTEBROPLASTY W/IMAGING CERVICO	22510	CPT	inpatient			12207		4257.16 First Health	First Health		8544.9	70			2705.16	11596.65	percent of total billed charges	
PERCU VERTEBROPLASTY W/IMAGING CERVICO	22510	CPT	inpatient			12207		4257.16 First Trenton	First Trenton		10986.3	90			2705.16	11596.65	percent of total billed charges	
PERCU VERTEBROPLASTY W/IMAGING CERVICO	22510	CPT	inpatient			12207		4257.16 Horizon	PPO		6889.2				2705.16	11596.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCU VERTEBROPLASTY W/IMAGING CERVICO	22510	CPT	inpatient			12207		4257.16 Horizon	Medicare Blue		3701.88				2705.16	11596.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCU VERTEBROPLASTY W/IMAGING CERVICO	22510	CPT	inpatient			12207		4257.16 Horizon	MGD		6889.2				2705.16	11596.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCU VERTEBROPLASTY W/IMAGING CERVICO	22510	CPT	inpatient			12207		4257.16 Horizon	Indemnity		6889.2				2705.16	11596.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCU VERTEBROPLASTY W/IMAGING CERVICO	22510	CPT	inpatient			12207		4257.16 Horizon	NJ Health		2705.16				2705.16	11596.65	fee schedule	
PERCU VERTEBROPLASTY W/IMAGING CERVICO	22510	CPT	inpatient			12207		4257.16 Managed Care Inc	Managed Care Inc		10986.3	90			2705.16	11596.65	percent of total billed charges	
PERCU VERTEBROPLASTY W/IMAGING CERVICO	22510	CPT	inpatient			12207		4257.16 Multiplan	Multiplan		9765.6	80			2705.16	11596.65	percent of total billed charges	
PERCU VERTEBROPLASTY W/IMAGING CERVICO	22510	CPT	inpatient			12207		4257.16 Qualcare	Qualcare		9155.25	75			2705.16	11596.65	percent of total billed charges	
PERCU VERTEBROPLASTY W/IMAGING CERVICO	22510	CPT	inpatient			12207		4257.16 Three Rivers	Three Rivers		11596.65	95			2705.16	11596.65	percent of total billed charges	
PERCU VERTEBROPLASTY W/IMAGING CERVICO	22510	CPT	inpatient			12207		4257.16 UHC	Medicare		3701.88				2705.16	11596.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCU VERTEBROPLASTY W/IMAGING CERVICO	22510	CPT	inpatient			12207		4257.16 UHC	Medicaid		3851.31	31.55			2705.16	11596.65	percent of total billed charges	
PERCU VERTEBROPLASTY W/IMAGING CERVICO	22510	CPT	inpatient			12207		4257.16 United	CommercialPPO		3492				2705.16	11596.65	case rate	
PERCU VERTEBROPLASTY W/IMAGING CERVICO	22510	CPT	inpatient			12207		4257.16 United	Oxford		3492				2705.16	11596.65	case rate	
PERCU VERTEBROPLASTY W/IMAGING CERVICO	22510	CPT	inpatient			12207		4257.16 Wellcare	Medicare		3701.88				2705.16	11596.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCU VERTEBROPLASTY W/IMAGING CERVICO	22510	CPT	inpatient			12207		4257.16 Wellcare	Medicaid		3851.31	31.55			2705.16	11596.65	percent of total billed charges	
PERCU VERTEBROPLASTY W/IMAGING CERVICO	22510	CPT	inpatient			12207		4257.16 WellPoint	WellPoint		3926.21	32.18			2705.16	11596.65	percent of total billed charges	
PERCU VERTEBROPLASTY W/IMAGING LUMBAR	22511	CPT	inpatient			12207		4257.16 Aetna	Commercial		5893.39				2683.78	11596.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCU VERTEBROPLASTY W/IMAGING LUMBAR	22511	CPT	inpatient			12207		4257.16 Aetna	Better Health		3851.31	31.55			2683.78	11596.65	percent of total billed charges	
PERCU VERTEBROPLASTY W/IMAGING LUMBAR	22511	CPT	inpatient			12207		4257.16 Aetna	Medicare		3701.88				2683.78	11596.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCU VERTEBROPLASTY W/IMAGING LUMBAR	22511	CPT	inpatient			12207		4257.16 Americare	Americare		9155.25	75			2683.78	11596.65	percent of total billed charges	
PERCU VERTEBROPLASTY W/IMAGING LUMBAR	22511	CPT	inpatient			12207		4257.16 Amerihealth	HMO/PPO		7934.55	65			2683.78	11596.65	percent of total billed charges	
PERCU VERTEBROPLASTY W/IMAGING LUMBAR	22511	CPT	inpatient			12207		4257.16 Amerihealth	Medicare		3701.88				2683.78	11596.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCU VERTEBROPLASTY W/IMAGING LUMBAR	22511	CPT	inpatient			12207		4257.16 Consumer	Consumer		11596.65	95			2683.78	11596.65	percent of total billed charges	
PERCU VERTEBROPLASTY W/IMAGING LUMBAR	22511	CPT	inpatient			12207		4257.16 Corrections	Corrections		9765.6	80			2683.78	11596.65	percent of total billed charges	
PERCU VERTEBROPLASTY W/IMAGING LUMBAR	22511	CPT	inpatient			12207		4257.16 First Health	First Health		8544.9	70			2683.78	11596.65	percent of total billed charges	
PERCU VERTEBROPLASTY W/IMAGING LUMBAR	22511	CPT	inpatient			12207		4257.16 First Trenton	First Trenton		10986.3	90			2683.78	11596.65	percent of total billed charges	
PERCU VERTEBROPLASTY W/IMAGING LUMBAR	22511	CPT	inpatient			12207		4257.16 Horizon	MGD		6889.2				2683.78	11596.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCU VERTEBROPLASTY W/IMAGING LUMBAR	22511	CPT	inpatient			12207		4257.16 Horizon	Indemnity		6889.2				2683.78	11596.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCU VERTEBROPLASTY W/IMAGING LUMBAR	22511	CPT	inpatient			12207		4257.16 Horizon	Medicare Blue		3701.88				2683.78	11596.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCU VERTEBROPLASTY W/IMAGING LUMBAR	22511	CPT	inpatient			12207		4257.16 Horizon	PPO		6889.2				2683.78	11596.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCU VERTEBROPLASTY W/IMAGING LUMBAR	22511	CPT	inpatient			12207		4257.16 Horizon	NJ Health		2683.78				2683.78	11596.65	fee schedule	
PERCU VERTEBROPLASTY W/IMAGING LUMBAR	22511	CPT	inpatient			12207		4257.16 Managed Care Inc	Managed Care Inc		10986.3	90			2683.78	11596.65	percent of total billed charges	
PERCU VERTEBROPLASTY W/IMAGING LUMBAR	22511	CPT	inpatient			12207		4257.16 Multiplan	Multiplan		9765.6	80			2683.78	11596.65	percent of total billed charges	
PERCU VERTEBROPLASTY W/IMAGING LUMBAR	22511	CPT	inpatient			12207		4257.16 Qualcare	Qualcare		9155.25	75			2683.78	11596.65	percent of total billed charges	
PERCU VERTEBROPLASTY W/IMAGING LUMBAR	22511	CPT	inpatient			12207		4257.16 Three Rivers	Three Rivers		11596.65	95			2683.78	11596.65	percent of total billed charges	
PERCU VERTEBROPLASTY W/IMAGING LUMBAR	22511	CPT	inpatient			12207		4257.16 UHC	Medicaid		3851.31	31.55			2683.78	11596.65	percent of total billed charges	
PERCU VERTEBROPLASTY W/IMAGING LUMBAR	22511	CPT	inpatient			12207		4257.16 UHC	Medicare		3701.88				2683.78	11596.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCU VERTEBROPLASTY W/IMAGING LUMBAR	22511	CPT	inpatient			12207		4257.16 United	CommercialPPO		3492				2683.78	11596.65	case rate	
PERCU VERTEBROPLASTY W/IMAGING LUMBAR	22511	CPT	inpatient			12207		4257.16 United	Oxford		3492				2683.78	11596.65	case rate	
PERCU VERTEBROPLASTY W/IMAGING LUMBAR	22511	CPT	inpatient			12207		4257.16 Wellcare	Medicaid		3851.31	31.55			2683.78	11596.65	percent of total billed charges	
PERCU VERTEBROPLASTY W/IMAGING LUMBAR	22511	CPT	inpatient			12207		4257.16 Wellcare	Medicare		3701.88				2683.78	11596.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCU VERTEBROPLASTY W/IMAGING LUMBAR	22511	CPT	inpatient			12207		4257.16 WellPoint	WellPoint		3926.21	32.18			2683.78	11596.65	percent of total billed charges	
PERCU VERTEBROPLASTY W/IMAGING EACH ADD	22512	CPT	inpatient			12207		Aetna	Medicare		3759.76	30.8			1507.93	11596.65	percent of total billed charges	
PERCU VERTEBROPLASTY W/IMAGING EACH ADD	22512	CPT	inpatient			12207		Aetna	Better Health		3851.31	31.55			1507.93	11596.65	percent of total billed charges	
PERCU VERTEBROPLASTY W/IMAGING EACH ADD	22512	CPT	inpatient			12207		Aetna	Commercial		4638.66	38			1507.93	11596.65	percent of total billed charges	
PERCU VERTEBROPLASTY W/IMAGING EACH ADD	22512	CPT	inpatient			12207		Americare	Americare		9155.25	75			1507.93	11596.65	percent of total billed charges	
PERCU VERTEBROPLASTY W/IMAGING EACH ADD	22512	CPT	inpatient			12207		Amerihealth	HMO/PPO		7934.55	65			1507.93	11596.65	percent of total billed charges	
PERCU VERTEBROPLASTY W/IMAGING EACH ADD	22512	CPT	inpatient			12207		Consumer	Consumer		11596.65	95			1507.93	11596.65	percent of total billed charges	
PERCU VERTEBROPLASTY W/IMAGING EACH ADD	22512	CPT	inpatient			12207		Corrections	Corrections		9765.6	80			1507.93	11596.65	percent of total billed charges	
PERCU VERTEBROPLASTY W/IMAGING EACH ADD	22512	CPT	inpatient			12207		First Health	First Health		8544.9	70

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
PERCU VERTEBROPLASTY W/IMAGING EACH ADD	22512	CPT	inpatient			12207		Horizon	NJ Health		1507.93				1507.93	11596.65	fee schedule	
PERCU VERTEBROPLASTY W/IMAGING EACH ADD	22512	CPT	inpatient			12207		Horizon	Medicare Blue		3662.1	30			1507.93	11596.65	percent of total billed charges	
PERCU VERTEBROPLASTY W/IMAGING EACH ADD	22512	CPT	inpatient			12207		Horizon	Indemnity		4672.84	38.28			1507.93	11596.65	percent of total billed charges	
PERCU VERTEBROPLASTY W/IMAGING EACH ADD	22512	CPT	inpatient			12207		Horizon	PPO		4672.84	38.28			1507.93	11596.65	percent of total billed charges	
PERCU VERTEBROPLASTY W/IMAGING EACH ADD	22512	CPT	inpatient			12207		Managed Care Inc	Managed Care Inc		10986.3	90			1507.93	11596.65	percent of total billed charges	
PERCU VERTEBROPLASTY W/IMAGING EACH ADD	22512	CPT	inpatient			12207		Multiplan	Multiplan		9765.6	80			1507.93	11596.65	percent of total billed charges	
PERCU VERTEBROPLASTY W/IMAGING EACH ADD	22512	CPT	inpatient			12207		Qualcare	Qualcare		9155.25	75			1507.93	11596.65	percent of total billed charges	
PERCU VERTEBROPLASTY W/IMAGING EACH ADD	22512	CPT	inpatient			12207		Three Rivers	Three Rivers		11596.65	95			1507.93	11596.65	percent of total billed charges	
PERCU VERTEBROPLASTY W/IMAGING EACH ADD	22512	CPT	inpatient			12207		UHC	Medicaid		3851.31	31.55			1507.93	11596.65	percent of total billed charges	
PERCU VERTEBROPLASTY W/IMAGING EACH ADD	22512	CPT	inpatient			12207		United	Commercial|PPO		1782				1507.93	11596.65	case rate	
PERCU VERTEBROPLASTY W/IMAGING EACH ADD	22512	CPT	inpatient			12207		United	Oxford		1782				1507.93	11596.65	case rate	
PERCU VERTEBROPLASTY W/IMAGING EACH ADD	22512	CPT	inpatient			12207		Wellcare	Medicaid		3851.31	31.55			1507.93	11596.65	percent of total billed charges	
PERCU VERTEBROPLASTY W/IMAGING EACH ADD	22512	CPT	inpatient			12207		WellPoint	WellPoint		3928.21	32.18			1507.93	11596.65	percent of total billed charges	
PERCU VERTEBRAL AUGMENT W/IMAGING, THO	22513	CPT	outpatient			29652		9409.2 Aetna	Better Health		9355.21	31.55			4702	28169.4	percent of total billed charges	
PERCU VERTEBRAL AUGMENT W/IMAGING, THO	22513	CPT	outpatient			29652		9409.2 Aetna	Commercial		13025.6				4702	28169.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCU VERTEBRAL AUGMENT W/IMAGING, THO	22513	CPT	outpatient			29652		9409.2 Aetna	Medicare		9132.82	30.8			4702	28169.4	percent of total billed charges	
PERCU VERTEBRAL AUGMENT W/IMAGING, THO	22513	CPT	outpatient			29652		9409.2 Americare	Americare		22239	75			4702	28169.4	percent of total billed charges	
PERCU VERTEBRAL AUGMENT W/IMAGING, THO	22513	CPT	outpatient			29652		9409.2 Amerihealth	HMO|PPO		19273.8	65			4702	28169.4	percent of total billed charges	
PERCU VERTEBRAL AUGMENT W/IMAGING, THO	22513	CPT	outpatient			29652		9409.2 Amerihealth	Medicare		8181.91				4702	28169.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCU VERTEBRAL AUGMENT W/IMAGING, THO	22513	CPT	outpatient			29652		9409.2 Consumer	Consumer		28169.4	95			4702	28169.4	percent of total billed charges	
PERCU VERTEBRAL AUGMENT W/IMAGING, THO	22513	CPT	outpatient			29652		9409.2 Corrections	Corrections		23721.6	80			4702	28169.4	percent of total billed charges	
PERCU VERTEBRAL AUGMENT W/IMAGING, THO	22513	CPT	outpatient			29652		9409.2 First Health	First Health		20756.4	70			4702	28169.4	percent of total billed charges	
PERCU VERTEBRAL AUGMENT W/IMAGING, THO	22513	CPT	outpatient			29652		9409.2 First Trenton	First Trenton		26886.8	90			4702	28169.4	percent of total billed charges	
PERCU VERTEBRAL AUGMENT W/IMAGING, THO	22513	CPT	outpatient			29652		9409.2 Horizon	Medicare Blue		8181.91				4702	28169.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCU VERTEBRAL AUGMENT W/IMAGING, THO	22513	CPT	outpatient			29652		9409.2 Horizon	MGD		15226.53				4702	28169.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCU VERTEBRAL AUGMENT W/IMAGING, THO	22513	CPT	outpatient			29652		9409.2 Horizon	Indemnity		15226.53				4702	28169.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCU VERTEBRAL AUGMENT W/IMAGING, THO	22513	CPT	outpatient			29652		9409.2 Horizon	NJ Health		11436.61				4702	28169.4	fee schedule	
PERCU VERTEBRAL AUGMENT W/IMAGING, THO	22513	CPT	outpatient			29652		9409.2 Horizon	PPO		15226.53				4702	28169.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCU VERTEBRAL AUGMENT W/IMAGING, THO	22513	CPT	outpatient			29652		9409.2 Managed Care Inc	Managed Care Inc		26886.8	90			4702	28169.4	percent of total billed charges	
PERCU VERTEBRAL AUGMENT W/IMAGING, THO	22513	CPT	outpatient			29652		9409.2 Multiplan	Multiplan		23721.6	80			4702	28169.4	percent of total billed charges	
PERCU VERTEBRAL AUGMENT W/IMAGING, THO	22513	CPT	outpatient			29652		9409.2 Qualcare	Qualcare		22239	75			4702	28169.4	percent of total billed charges	
PERCU VERTEBRAL AUGMENT W/IMAGING, THO	22513	CPT	outpatient			29652		9409.2 Three Rivers	Three Rivers		28169.4	95			4702	28169.4	percent of total billed charges	
PERCU VERTEBRAL AUGMENT W/IMAGING, THO	22513	CPT	outpatient			29652		9409.2 UHC	Medicaid		9355.21	31.55			4702	28169.4	percent of total billed charges	
PERCU VERTEBRAL AUGMENT W/IMAGING, THO	22513	CPT	outpatient			29652		9409.2 UHC	Medicare		8181.91				4702	28169.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCU VERTEBRAL AUGMENT W/IMAGING, THO	22513	CPT	outpatient			29652		9409.2 United	Oxford		4702				4702	28169.4	case rate	
PERCU VERTEBRAL AUGMENT W/IMAGING, THO	22513	CPT	outpatient			29652		9409.2 United	Commercial|PPO		4702				4702	28169.4	case rate	
PERCU VERTEBRAL AUGMENT W/IMAGING, THO	22513	CPT	outpatient			29652		9409.2 Wellcare	Medicare		8181.91				4702	28169.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCU VERTEBRAL AUGMENT W/IMAGING, THO	22513	CPT	outpatient			29652		9409.2 Wellcare	Medicaid		9355.21	31.55			4702	28169.4	percent of total billed charges	
PERCU VERTEBRAL AUGMENT W/IMAGING, THO	22513	CPT	outpatient			29652		9409.2 WellPoint	WellPoint		9542.01	32.18			4702	28169.4	percent of total billed charges	
PERCU VERTEBRAL AUGMENT W/IMAGING, LUM	22514	CPT	outpatient			29652		9409.2 Aetna	Better Health		9355.21	31.55			4702	28169.4	percent of total billed charges	
PERCU VERTEBRAL AUGMENT W/IMAGING, LUM	22514	CPT	outpatient			29652		9409.2 Aetna	Medicare		9132.82	30.8			4702	28169.4	percent of total billed charges	
PERCU VERTEBRAL AUGMENT W/IMAGING, LUM	22514	CPT	outpatient			29652		9409.2 Aetna	Commercial		13025.6				4702	28169.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCU VERTEBRAL AUGMENT W/IMAGING, LUM	22514	CPT	outpatient			29652		9409.2 Americare	Americare		22239	75			4702	28169.4	percent of total billed charges	
PERCU VERTEBRAL AUGMENT W/IMAGING, LUM	22514	CPT	outpatient			29652		9409.2 Amerihealth	HMO|PPO		19273.8	65			4702	28169.4	percent of total billed charges	
PERCU VERTEBRAL AUGMENT W/IMAGING, LUM	22514	CPT	outpatient			29652		9409.2 Amerihealth	Medicare		8181.91				4702	28169.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCU VERTEBRAL AUGMENT W/IMAGING, LUM	22514	CPT	outpatient			29652		9409.2 Consumer	Consumer		28169.4	95			4702	28169.4	percent of total billed charges	
PERCU VERTEBRAL AUGMENT W/IMAGING, LUM	22514	CPT	outpatient			29652		9409.2 Corrections	Corrections		23721.6	80			4702	28169.4	percent of total billed charges	
PERCU VERTEBRAL AUGMENT W/IMAGING, LUM	22514	CPT	outpatient			29652		9409.2 First Health	First Health		20756.4	70			4702	28169.4	percent of total billed charges	
PERCU VERTEBRAL AUGMENT W/IMAGING, LUM	22514	CPT	outpatient			29652		9409.2 First Trenton	First Trenton		26886.8	90			4702	28169.4	percent of total billed charges	
PERCU VERTEBRAL AUGMENT W/IMAGING, LUM	22514	CPT	outpatient			29652		9409.2 Horizon	MGD		15226.53				4702	28169.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCU VERTEBRAL AUGMENT W/IMAGING, LUM	22514	CPT	outpatient			29652		9409.2 Horizon	Medicare Blue		8181.91				4702	28169.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCU VERTEBRAL AUGMENT W/IMAGING, LUM	22514	CPT	outpatient			29652		9409.2 Horizon	Indemnity		15226.53				4702	28169.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCU VERTEBRAL AUGMENT W/IMAGING, LUM	22514	CPT	outpatient			29652		9409.2 Horizon	NJ Health		11382.91				4702	28169.4	fee schedule	
PERCU VERTEBRAL AUGMENT W/IMAGING, LUM	22514	CPT	outpatient			29652		9409.2 Horizon	PPO		15226.53				4702	28169.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCU VERTEBRAL AUGMENT W/IMAGING, LUM	22514	CPT	outpatient			29652		9409.2 Managed Care Inc	Managed Care Inc		26886.8	90			4702	28169.4	percent of total billed charges	
PERCU VERTEBRAL AUGMENT W/IMAGING, LUM	22514	CPT	outpatient			29652		9409.2 Multiplan	Multiplan		23721.6	80			4702	28169.4	percent of total billed charges	
PERCU VERTEBRAL AUGMENT W/IMAGING, LUM	22514	CPT	outpatient			29652		9409.2 Qualcare	Qualcare		22239	75			4702	28169.4	percent of total billed charges	
PERCU VERTEBRAL AUGMENT W/IMAGING, LUM	22514	CPT	outpatient			29652		9409.2 Three Rivers	Three Rivers		28169.4	95			4702	28169.4	percent of total billed charges	
PERCU VERTEBRAL AUGMENT W/IMAGING, LUM	22514	CPT	outpatient			29652		9409.2 UHC	Medicaid		9355.21	31.55			4702	28169.4	percent of total billed charges	
PERCU VERTEBRAL AUGMENT W/IMAGING, LUM	22514	CPT	outpatient			29652		9409.2 UHC	Medicare		8181.91				4702	28169.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCU VERTEBRAL AUGMENT W/IMAGING, LUM	22514	CPT	outpatient			29652		9409.2 United	Commercial|PPO		4702				4702	28169.4	case rate	
PERCU VERTEBRAL AUGMENT W/IMAGING, LUM	22514	CPT	outpatient			29652		9409.2 United	Oxford		4702				4702	28169.4	case rate	
PERCU VERTEBRAL AUGMENT W/IMAGING, LUM	22514	CPT	outpatient			29652		9409.2 Wellcare	Medicare		8181.91				4702	28169.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCU VERTEBRAL AUGMENT W/IMAGING, LUM	22514	CPT	outpatient			29652		9409.2 Wellcare	Medicaid		9355.21	31.55			4702	28169.4	percent of total billed charges	
PERCU VERTEBRAL AUGMENT W/IMAGING, LUM	22514	CPT	outpatient			29652		9409.2 WellPoint	WellPoint		9542.01	32.18			4702	28169.4	percent of total billed charges	
PERCU VERTEBRAL AUGMENT W/IMAGING EACH	22515	CPT	outpatient			29652		Aetna	Commercial		11267.76	38			1782	28169.4	percent of total billed charges	
PERCU VERTEBRAL AUGMENT W/IMAGING EACH	22515	CPT	outpatient			29652		Aetna	Better Health		9355.21	31.55			1782	28169.4	percent of total billed charges	
PERCU VERTEBRAL AUGMENT W/IMAGING EACH	22515	CPT	outpatient			29652		Aetna	Medicare		9132.82	30.8			1782	28169.4	percent of total billed charges	
PERCU VERTEBRAL AUGMENT W/IMAGING EACH	22515	CPT	outpatient			29652		Americare	Americare		22239	75			1782	28169.4	percent of total billed charges	
PERCU VERTEBRAL AUGMENT W/IMAGING EACH	22515	CPT	outpatient			29652		Amerihealth	HMO|PPO		19273.8	65			1782	28169.4	percent of total billed charges	
PERCU VERTEBRAL AUGMENT W/IMAGING EACH	22515	CPT	outpatient			29652		Consumer	Consumer		28169.4	95			1782	28169.4	percent of total billed charges	
PERCU VERTEBRAL AUGMENT W/IMAGING EACH	22515	CPT	outpatient			29652		Corrections	Corrections		23721.6	80			1782	28169.4	percent of total billed charges	
PERCU VERTEBRAL AUGMENT W/IMAGING EACH	22515	CPT	outpatient			29652		First Health	First Health		20756.4	70			1782	28169.4	percent of total billed charges	
PERCU VERTEBRAL AUGMENT W/IMAGING EACH	22515	CPT	outpatient			29652		First Trenton	First Trenton		26886.8	90			1782	28169.4	percent of total billed charges	
PERCU VERTEBRAL AUGMENT W/IMAGING EACH	22515	CPT	outpatient			29652		Horizon	Indemnity		11350.79	38.28			1782	28169.4	percent of total billed charges	
PERCU VERTEBRAL AUGMENT W/IMAGING EACH	22515	CPT	outpatient			29652		Horizon	Medicare Blue		8895.6	30			1782	28169.4	percent of total billed charges	
PERCU VERTEBRAL AUGMENT W/IMAGING EACH	22515	CPT	outpatient			29652		Horizon	NJ Health		6913.45				1782	28169.4	fee schedule	
PERCU VERTEBRAL AUGMENT W/IMAGING EACH	22515	CPT	outpatient			29652		Horizon	MGD		11350.79	38.28			1782	28169.4	percent of total billed charges	
PERCU VERTEBRAL AUGMENT W/IMAGING EACH	22515	CPT	outpatient			29652		Horizon	PPO		11350.79	38.28			1782	28169.4	percent of total billed charges	
PERCU VERTEBRAL AUGMENT W/IMAGING EACH	22515	CPT	outpatient			29652		Managed Care Inc	Managed Care Inc		26886.8	90			1782	28169.4	percent of total billed charges	
PERCU VERTEBRAL AUGMENT W/IMAGING EACH	22515	CPT	outpatient			29652		Multiplan	Multiplan		23721.6	80			1782	28169.4	percent of total billed charges	
PERCU VERTEBRAL AUGMENT W/IMAGING EACH	22515	CPT	outpatient			29652		Qualcare	Qualcare		22239	75			1782	28169.4	percent of total billed charges	
PERCU VERTEBRAL AUGMENT W/IMAGING EACH	22515	CPT	outpatient			29652		Three Rivers	Three Rivers		28169.4	95			1782	28169.4	percent of total billed charges	
PERCU VERTEBRAL AUGMENT W/IMAGING EACH	22515	CPT	outpatient			29652		UHC	Medicaid		9355.21	31.55			1782	28169.4	percent of total billed charges	
PERCU VERTEBRAL AUGMENT W/IMAGING EACH	22515	CPT	outpatient			29652		United	Commercial|PPO		1782				1782	28169.4	case rate	
PERCU VERTEBRAL AUGMENT W/IMAGING EACH	22515	CPT	outpatient			29652		United	Oxford		1782				1782	28169.4	case rate	
PERCU VERTEBRAL AUGMENT W/IMAGING EACH	22515	CPT	outpatient			29652		Wellcare	Medicaid		9355.21	31.55			1782	28169.4	percent of total billed charges	
PERCU VERTEBRAL AUGMENT W/IMAGING EACH	22515	CPT	outpatient			29652		WellPoint	WellPoint		9542.01	32.18			1782	28169.4	percent of total billed charges	
UNLISTED PROCED,SPINE	22899	CPT	outpatient			8271		310.16 Aetna	Commercial		429.36				237.89	7857.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCED,SPINE	22899	CPT	outpatient			8271		310.16 Aetna	Better Health		2609.5	31.55			237.89	7857.45	percent of total billed charges	
UNLISTED PROCED,SPINE	22899	CPT	outpatient			8271		310.16 Aetna	Medicare		269.7				237.89	7857.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCED,SPINE	22899	CPT	outpatient			8271		310.16 Americare	Americare		6203.25	75			237.89	7857.45	percent of total billed charges	
UNLISTED PROCED,SPINE	22899	CPT	outpatient			8271		310.16 Amerihealth	Medicare		269.7				237.89	7857.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCED,SPINE	22899	CPT	outpatient			8271		310.16 Amerihealth	HMO|PPO		5376.15	65			237.89	7857.45	percent of total billed charges	
UNLISTED PROCED,SPINE	22899	CPT	outpatient			8271		310.16 Consumer	Consumer		7857.45	95			237.89	7857.45	percent of total billed charges	
UNLISTED PROCED,SPINE	22899	CPT	outpatient			8271		310.16 Corrections	Corrections		6616.8	80			237.89	7857.45	percent of total billed charges	
UNLISTED PROCED,SPINE	22899	CPT	outpatient			8271		310.16 First Health	First Health		5789.7	70			237.89	7857.45	percent of total billed charges	
UNLISTED PROCED,SPINE	22899	CPT	outpatient			8271		310.16 First Trenton	First Trenton		7443.9	90			237.89	7857.45	percent of total billed charges	
UNLISTED PROCED,SPINE	22899	CPT	outpatient			8271		310.16 Horizon	PPO		501.91				237.89	7857.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCED,SPINE	22899	CPT	outpatient			8271		310.16 Horizon	Indemnity		501.91				237.89	7857.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCED,SPINE	22899	CPT	outpatient			8271		310.16 Horizon	Medicare Blue		269.7				237.89	7857.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCED,SPINE	22899	CPT	outpatient			8271		310.16 Horizon	MGD		501.91				237.89	7857.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCED,SPINE	22899	CPT	outpatient			8271		310.16 Managed Care Inc	Managed Care Inc		7443.9	90			237.89	7857.45	percent of total billed charges	
UNLISTED PROCED,SPINE	22899	CPT	outpatient			8271		310.16 Multiplan	Multiplan		6616.8	80			237.89	7857.45	percent of total billed charges	
UNLISTED PROCED,SPINE	22899	CPT	outpatient			8271		310.16 Qualcare	Qualcare		6203.25	75			237.89	7857.45	percent of total billed charges	
UNLISTED PROCED,SPINE	22899	CPT	outpatient			8271		310.16 Three Rivers	Three Rivers		7857.45	95			237.89	7857.45	percent of total billed charges	
UNLISTED PROCED,SPINE	22899	CPT	outpatient			8271		310.16 UHC	Medicare		269.7				237.89	7857.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCED,SPINE	22899	CPT	outpatient			8271		310.16 UHC	Medicaid		2609.5	31.55			237.89	7857.45	percent of total billed charges	
UNLISTED PROCED,SPINE	22899	CPT	outpatient			8271		310.16 United	Oxford		1782				237.89	7857.45	case rate	
UNLISTED PROCED,SPINE	22899	CPT	outpatient			8271		310.16 United	Commercial|PPO		1782				237.89	7857.45	case rate	
UNLISTED PROCED,SPINE	22899	CPT	outpatient			8271		310.16 Wellcare	Medicaid		2609.5	31.55			237.89	7857.45	percent of total billed charges	
UNLISTED PROCED,SPINE	22899	CPT	outpatient			8271		310.16 Wellcare	Medicare		269.7				237.89	7857.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCED,SPINE	22899	CPT	outpatient			8271		310.16 WellPoint	WellPoint		2661.61	32.18			237.89	7857.45	percent of total billed charges	
REM,SUBDELT/INTRATEND CALC	23000	CPT	outpatient			3823		3737.2 Aetna	Better Health		1206.16	31.55			602.6	6047.77	percent of total billed charges	
REM,SUBDELT/INTRATEND CALC	23000	CPT	outpatient			3823		3737.2 Aetna	Commercial		5173.59				602.6	6047.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM,SUBDELT/INTRATEND CALC	23000	CPT	outpatient			3823		3737.2 Aetna	Medicare		3249.74				602.6	6047.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM,SUBDELT/INTRATEND CALC	23000	CPT	outpatient			3823		3737.2 Americare	Americare		2867.25	75			602.6	6047.77	percent of total billed charges	
REM,SUBDELT/INTRATEND CALC	23000	CPT	outpatient			3823		3737.2 Amerihealth	HMO|PPO		2484.95	65			602.6	6047.77	percent of total billed charges	
REM,SUBDELT/INTRATEND CALC	23000	CPT	outpatient			3823		3737.2 Amerihealth	Medicare		3249.74				602.6	6047.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM,SUBDELT/INTRATEND CALC	23000	CPT	outpatient			3823		3737.2 Consumer	Consumer		3631.85	95			602.6	6047.77	percent of total billed charges	
REM,SUBDELT/INTRATEND CALC	23000	CPT	outpatient			3823		3737.2 Corrections	Corrections		3058.4	80			602.6	6047.77	percent of total billed charges	
REM,SUBDELT/INTRATEND CALC	23000	CPT	outpatient			3823		3737.2 First Health	First Health		2676.1	70			602.6	6047.77	percent of total billed charges	
REM,SUBDELT/INTRATEND CALC	23000	CPT	outpatient			3823		3737.2 First Trenton	First Trenton		3440.7	90			602.6	6047.77	percent of total billed charges	
REM,SUBDELT/INTRATEND CALC	23000	CPT	outpatient			3823		3737.2 Horizon	MGD		6047.77				602.6	6047.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM,SUBDELT/INTRATEND CALC	23000	CPT	outpatient			3823		3737.2 Horizon	Indemnity		6047.77				602.6	6047.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM,SUBDELT/INTRATEND CALC	23000	CPT	outpatient			3823		3737.2 Horizon	Medicare Blue		3249.74				602.6	6047.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM,SUBDELT/INTRATEND CALC	23000	CPT	outpatient			3823		3737.2 Horizon	NJ Health		602.6				602.6	6047.77	fee schedule	
REM,SUBDELT/INTRATEND CALC	23000	CPT	outpatient			3823		3737.2 Horizon	PPO		6047.77				602.6	6047.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM,SUBDELT/INTRATEND CALC	23000	CPT	outpatient			3823		3737.2 Managed Care Inc	Managed Care Inc		3440.7	90			602.6	6047.77	percent of total billed charges	
REM,SUBDELT/INTRATEND CALC	23000	CPT	outpatient			3823		3737.2 Multiplan	Multiplan		3058.4	80			602.6	6047.77	percent of total billed charges	
REM,SUBDELT/INTRATEND CALC	23000	CPT	outpatient			3823		3737.2 Qualcare	Qualcare		2867.25	75			602.6	6047.77	percent of total billed charges	
REM,SUBDELT/INTRATEND CALC	23000	CPT	outpatient			3823		3737.2 Three Rivers	Three Rivers		3631.85	95			602.6	6047.77	percent of total billed charges	
REM,SUBDELT/INTRATEND CALC	23000	CPT	outpatient			3823		3737.2 UHC	Medicaid		1206.16	31.55			602.6	6047.77	percent of total billed charges	
REM,SUBDELT/INTRATEND CALC	23000	CPT	outpatient			3823		3737.2 UHC	Medicare		3249.74				602.6	6047.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM,SUBDELT/INTRATEND CALC	23000	CPT	outpatient			3823		3737.2 United	Commercial|PPO		2493				602.6	6047.77	case rate	
REM,SUBDELT/INTRATEND CALC	23000	CPT	outpatient			3823		3737.2 United	Oxford		2493				602.6	6047.77	case rate	
REM,SUBDELT/INTRATEND CALC	23000	CPT	outpatient			3823		3737.2 Wellcare	Medicare		3249.74				602.6	6047.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM,SUBDELT/INTRATEND CALC	23000	CPT	outpatient			3823		3737.2 Wellcare	Medicaid		1206.16	31.55			602.6	6047.77	percent of total billed charges	
REM,SUBDELT/INTRATEND CALC	23000	CPT	outpatient			3823		3737.2 WellPoint	WellPoint		1230.24	32.18			602.6	6047.77	percent of total billed charges	
BIOPSY SOFT TISSUE SHOULDER	23065	CPT	outpatient			5464		2132.36 Aetna	Commercial		2951.93				71.25	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY SOFT TISSUE SHOULDER	23065	CPT	outpatient			5464		2132.36 Aetna	Medicare		1854.23				71.25	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY SOFT TISSUE SHOULDER	23065	CPT	outpatient			5464		2132.36 Aetna	Better Health		1723.89	31.55			71.25	5190.8	percent of total billed charges	
BIOPSY SOFT TISSUE SHOULDER	23065	CPT	outpatient			5464		2132.36 Americare	Americare		4098	75			71.25	5190.8	percent of total billed charges	
BIOPSY SOFT TISSUE SHOULDER	23065	CPT	outpatient			5464		2132.36 Amerihealth	HMO|PPO		3551.6	65			71.25	5190.8	percent of total billed charges	
BIOPSY SOFT TISSUE SHOULDER	23065	CPT	outpatient			5464		2132.36 Amerihealth	Medicare		1854.23				71.25	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY SOFT TISSUE SHOULDER	23065	CPT	outpatient			5464		2132.36 Consumer	Consumer		5190.8	95			71.25	5190.8	percent of total billed charges	
BIOPSY SOFT TISSUE SHOULDER	23065	CPT	outpatient			5464		2132.36 Corrections	Corrections		4371.2	80			71.25	5190.8	percent of total billed charges	
BIOPSY SOFT TISSUE SHOULDER	23065	CPT	outpatient			5464		2132.36 First Health	First Health		3824.8	70			71.25	5190.8	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
BIOPSY SOFT TISSUE SHOULDER	23065	CPT	outpatient			5464	2132.36	First Trenton	First Trenton		4917.6	90			71.25	5190.8	percent of total billed charges	
BIOPSY SOFT TISSUE SHOULDER	23065	CPT	outpatient			5464	2132.36	Horizon	Indemnity		3450.72				71.25	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY SOFT TISSUE SHOULDER	23065	CPT	outpatient			5464	2132.36	Horizon	Medicare Blue		1854.23				71.25	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY SOFT TISSUE SHOULDER	23065	CPT	outpatient			5464	2132.36	Horizon	PPO		3450.72				71.25	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY SOFT TISSUE SHOULDER	23065	CPT	outpatient			5464	2132.36	Horizon	MGD		3450.72				71.25	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY SOFT TISSUE SHOULDER	23065	CPT	outpatient			5464	2132.36	Horizon	NJ Health		71.25				71.25	5190.8	fee schedule	
BIOPSY SOFT TISSUE SHOULDER	23065	CPT	outpatient			5464	2132.36	Managed Care Inc	Managed Care Inc		4917.6	90			71.25	5190.8	percent of total billed charges	
BIOPSY SOFT TISSUE SHOULDER	23065	CPT	outpatient			5464	2132.36	Multiplan	Multiplan		4371.2	80			71.25	5190.8	percent of total billed charges	
BIOPSY SOFT TISSUE SHOULDER	23065	CPT	outpatient			5464	2132.36	Qualcare	Qualcare		4098	75			71.25	5190.8	percent of total billed charges	
BIOPSY SOFT TISSUE SHOULDER	23065	CPT	outpatient			5464	2132.36	Three Rivers	Three Rivers		5190.8	95			71.25	5190.8	percent of total billed charges	
BIOPSY SOFT TISSUE SHOULDER	23065	CPT	outpatient			5464	2132.36	UHC	Medicare		1854.23				71.25	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY SOFT TISSUE SHOULDER	23065	CPT	outpatient			5464	2132.36	UHC	Medicaid		1723.89	31.55			71.25	5190.8	percent of total billed charges	
BIOPSY SOFT TISSUE SHOULDER	23065	CPT	outpatient			5464	2132.36	United	Oxford		1817				71.25	5190.8	case rate	
BIOPSY SOFT TISSUE SHOULDER	23065	CPT	outpatient			5464	2132.36	United	Commercial|PPO		1817				71.25	5190.8	case rate	
BIOPSY SOFT TISSUE SHOULDER	23065	CPT	outpatient			5464	2132.36	Wellcare	Medicare		1854.23				71.25	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY SOFT TISSUE SHOULDER	23065	CPT	outpatient			5464	2132.36	Wellcare	Medicaid		1723.89	31.55			71.25	5190.8	percent of total billed charges	
BIOPSY SOFT TISSUE SHOULDER	23065	CPT	outpatient			5464	2132.36	WellPoint	WellPoint		1758.32	32.18			71.25	5190.8	percent of total billed charges	
BX SOFT TISS	23066	CPT	outpatient			9413	3737.2	Aetna	Better Health		2969.8	31.55			156.34	8942.35	percent of total billed charges	
BX SOFT TISS	23066	CPT	outpatient			9413	3737.2	Aetna	Commercial		5173.59				156.34	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX SOFT TISS	23066	CPT	outpatient			9413	3737.2	Aetna	Medicare		3249.74				156.34	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX SOFT TISS	23066	CPT	outpatient			9413	3737.2	Americare	Americare		7059.75	75			156.34	8942.35	percent of total billed charges	
BX SOFT TISS	23066	CPT	outpatient			9413	3737.2	Amerihealth	HMO|PPO		6118.45	65			156.34	8942.35	percent of total billed charges	
BX SOFT TISS	23066	CPT	outpatient			9413	3737.2	Amerihealth	Medicare		3249.74				156.34	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX SOFT TISS	23066	CPT	outpatient			9413	3737.2	Consumer	Consumer		8942.35	95			156.34	8942.35	percent of total billed charges	
BX SOFT TISS	23066	CPT	outpatient			9413	3737.2	Corrections	Corrections		7530.4	80			156.34	8942.35	percent of total billed charges	
BX SOFT TISS	23066	CPT	outpatient			9413	3737.2	First Health	First Health		6589.1	70			156.34	8942.35	percent of total billed charges	
BX SOFT TISS	23066	CPT	outpatient			9413	3737.2	First Trenton	First Trenton		8471.7	90			156.34	8942.35	percent of total billed charges	
BX SOFT TISS	23066	CPT	outpatient			9413	3737.2	Horizon	NJ Health		156.34				156.34	8942.35	fee schedule	
BX SOFT TISS	23066	CPT	outpatient			9413	3737.2	Horizon	Indemnity		6047.77				156.34	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX SOFT TISS	23066	CPT	outpatient			9413	3737.2	Horizon	MGD		6047.77				156.34	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX SOFT TISS	23066	CPT	outpatient			9413	3737.2	Horizon	Medicare Blue		3249.74				156.34	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX SOFT TISS	23066	CPT	outpatient			9413	3737.2	Horizon	PPO		6047.77				156.34	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX SOFT TISS	23066	CPT	outpatient			9413	3737.2	Managed Care Inc	Managed Care Inc		8471.7	90			156.34	8942.35	percent of total billed charges	
BX SOFT TISS	23066	CPT	outpatient			9413	3737.2	Multiplan	Multiplan		7530.4	80			156.34	8942.35	percent of total billed charges	
BX SOFT TISS	23066	CPT	outpatient			9413	3737.2	Qualcare	Qualcare		7059.75	75			156.34	8942.35	percent of total billed charges	
BX SOFT TISS	23066	CPT	outpatient			9413	3737.2	Three Rivers	Three Rivers		8942.35	95			156.34	8942.35	percent of total billed charges	
BX SOFT TISS	23066	CPT	outpatient			9413	3737.2	UHC	Medicaid		2969.8	31.55			156.34	8942.35	percent of total billed charges	
BX SOFT TISS	23066	CPT	outpatient			9413	3737.2	UHC	Medicare		3249.74				156.34	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX SOFT TISS	23066	CPT	outpatient			9413	3737.2	United	Commercial|PPO		2776				156.34	8942.35	case rate	
BX SOFT TISS	23066	CPT	outpatient			9413	3737.2	United	Oxford		2776				156.34	8942.35	case rate	
BX SOFT TISS	23066	CPT	outpatient			9413	3737.2	Wellcare	Medicare		3249.74				156.34	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX SOFT TISS	23066	CPT	outpatient			9413	3737.2	Wellcare	Medicaid		2969.8	31.55			156.34	8942.35	percent of total billed charges	
BX SOFT TISS	23066	CPT	outpatient			9413	3737.2	WellPoint	WellPoint		3029.1	32.18			156.34	8942.35	percent of total billed charges	
TREAT FX HUM SUPRACOND FIX	23155	CPT	outpatient			12346	9409.2	Aetna	Medicare		8181.91				885	15226.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT FX HUM SUPRACOND FIX	23155	CPT	outpatient			12346	9409.2	Aetna	Better Health		3895.16	31.55			885	15226.53	percent of total billed charges	
TREAT FX HUM SUPRACOND FIX	23155	CPT	outpatient			12346	9409.2	Aetna	Commercial		13025.6				885	15226.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT FX HUM SUPRACOND FIX	23155	CPT	outpatient			12346	9409.2	Americare	Americare		9259.5	75			885	15226.53	percent of total billed charges	
TREAT FX HUM SUPRACOND FIX	23155	CPT	outpatient			12346	9409.2	Amerihealth	HMO|PPO		8024.9	65			885	15226.53	percent of total billed charges	
TREAT FX HUM SUPRACOND FIX	23155	CPT	outpatient			12346	9409.2	Amerihealth	Medicare		8181.91				885	15226.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT FX HUM SUPRACOND FIX	23155	CPT	outpatient			12346	9409.2	Consumer	Consumer		11728.7	95			885	15226.53	percent of total billed charges	
TREAT FX HUM SUPRACOND FIX	23155	CPT	outpatient			12346	9409.2	Corrections	Corrections		9876.8	80			885	15226.53	percent of total billed charges	
TREAT FX HUM SUPRACOND FIX	23155	CPT	outpatient			12346	9409.2	First Health	First Health		8642.2	70			885	15226.53	percent of total billed charges	
TREAT FX HUM SUPRACOND FIX	23155	CPT	outpatient			12346	9409.2	First Trenton	First Trenton		11111.4	90			885	15226.53	percent of total billed charges	
TREAT FX HUM SUPRACOND FIX	23155	CPT	outpatient			12346	9409.2	Horizon	MGD		15226.53				885	15226.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT FX HUM SUPRACOND FIX	23155	CPT	outpatient			12346	9409.2	Horizon	Indemnity		15226.53				885	15226.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT FX HUM SUPRACOND FIX	23155	CPT	outpatient			12346	9409.2	Horizon	NJ Health		885				885	15226.53	fee schedule	
TREAT FX HUM SUPRACOND FIX	23155	CPT	outpatient			12346	9409.2	Horizon	PPO		15226.53				885	15226.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT FX HUM SUPRACOND FIX	23155	CPT	outpatient			12346	9409.2	Horizon	Medicare Blue		8181.91				885	15226.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT FX HUM SUPRACOND FIX	23155	CPT	outpatient			12346	9409.2	Managed Care Inc	Managed Care Inc		11111.4	90			885	15226.53	percent of total billed charges	
TREAT FX HUM SUPRACOND FIX	23155	CPT	outpatient			12346	9409.2	Multiplan	Multiplan		9876.8	80			885	15226.53	percent of total billed charges	
TREAT FX HUM SUPRACOND FIX	23155	CPT	outpatient			12346	9409.2	Qualcare	Qualcare		9259.5	75			885	15226.53	percent of total billed charges	
TREAT FX HUM SUPRACOND FIX	23155	CPT	outpatient			12346	9409.2	Three Rivers	Three Rivers		11728.7	95			885	15226.53	percent of total billed charges	
TREAT FX HUM SUPRACOND FIX	23155	CPT	outpatient			12346	9409.2	UHC	Medicaid		3895.16	31.55			885	15226.53	percent of total billed charges	
TREAT FX HUM SUPRACOND FIX	23155	CPT	outpatient			12346	9409.2	UHC	Medicare		8181.91				885	15226.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT FX HUM SUPRACOND FIX	23155	CPT	outpatient			12346	9409.2	United	Oxford		3492				885	15226.53	case rate	
TREAT FX HUM SUPRACOND FIX	23155	CPT	outpatient			12346	9409.2	United	Commercial|PPO		3492				885	15226.53	case rate	
TREAT FX HUM SUPRACOND FIX	23155	CPT	outpatient			12346	9409.2	Wellcare	Medicare		8181.91				885	15226.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT FX HUM SUPRACOND FIX	23155	CPT	outpatient			12346	9409.2	Wellcare	Medicaid		3895.16	31.55			885	15226.53	percent of total billed charges	
TREAT FX HUM SUPRACOND FIX	23155	CPT	outpatient			12346	9409.2	WellPoint	WellPoint		3972.94	32.18			885	15226.53	percent of total billed charges	
REMOVE SHOULDER FOREIGN BODY	23330	CPT	outpatient			1782	2132.36	Aetna	Better Health		562.22	31.55			98.66	3450.72	percent of total billed charges	
REMOVE SHOULDER FOREIGN BODY	23330	CPT	outpatient			1782	2132.36	Aetna	Commercial		2951.93				98.66	3450.72	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE SHOULDER FOREIGN BODY	23330	CPT	outpatient			1782	2132.36	Aetna	Medicare		548.86	30.8			98.66	3450.72	percent of total billed charges	
REMOVE SHOULDER FOREIGN BODY	23330	CPT	outpatient			1782	2132.36	Americare	Americare		1336.5	75			98.66	3450.72	percent of total billed charges	
REMOVE SHOULDER FOREIGN BODY	23330	CPT	outpatient			1782	2132.36	Amerihealth	Medicare		1854.23				98.66	3450.72	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE SHOULDER FOREIGN BODY	23330	CPT	outpatient			1782	2132.36	Amerihealth	HMO|PPO		1158.3	65			98.66	3450.72	percent of total billed charges	
REMOVE SHOULDER FOREIGN BODY	23330	CPT	outpatient			1782	2132.36	Consumer	Consumer		1692.9	95			98.66	3450.72	percent of total billed charges	
REMOVE SHOULDER FOREIGN BODY	23330	CPT	outpatient			1782	2132.36	Corrections	Corrections		1425.6	80			98.66	3450.72	percent of total billed charges	
REMOVE SHOULDER FOREIGN BODY	23330	CPT	outpatient			1782	2132.36	First Health	First Health		1247.4	70			98.66	3450.72	percent of total billed charges	
REMOVE SHOULDER FOREIGN BODY	23330	CPT	outpatient			1782	2132.36	First Trenton	First Trenton		1603.8	90			98.66	3450.72	percent of total billed charges	
REMOVE SHOULDER FOREIGN BODY	23330	CPT	outpatient			1782	2132.36	Horizon	MGD		3450.72				98.66	3450.72	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE SHOULDER FOREIGN BODY	23330	CPT	outpatient			1782	2132.36	Horizon	Medicare Blue		1854.23				98.66	3450.72	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE SHOULDER FOREIGN BODY	23330	CPT	outpatient			1782	2132.36	Horizon	Indemnity		3450.72				98.66	3450.72	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE SHOULDER FOREIGN BODY	23330	CPT	outpatient			1782	2132.36	Horizon	NJ Health		98.66				98.66	3450.72	fee schedule	
REMOVE SHOULDER FOREIGN BODY	23330	CPT	outpatient			1782	2132.36	Horizon	PPO		3450.72				98.66	3450.72	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE SHOULDER FOREIGN BODY	23330	CPT	outpatient			1782	2132.36	Managed Care Inc	Managed Care Inc		1603.8	90			98.66	3450.72	percent of total billed charges	
REMOVE SHOULDER FOREIGN BODY	23330	CPT	outpatient			1782	2132.36	Multiplan	Multiplan		1425.6	80			98.66	3450.72	percent of total billed charges	
REMOVE SHOULDER FOREIGN BODY	23330	CPT	outpatient			1782	2132.36	Qualcare	Qualcare		1336.5	75			98.66	3450.72	percent of total billed charges	
REMOVE SHOULDER FOREIGN BODY	23330	CPT	outpatient			1782	2132.36	Three Rivers	Three Rivers		1692.9	95			98.66	3450.72	percent of total billed charges	
REMOVE SHOULDER FOREIGN BODY	23330	CPT	outpatient			1782	2132.36	UHC	Medicare		1854.23				98.66	3450.72	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE SHOULDER FOREIGN BODY	23330	CPT	outpatient			1782	2132.36	UHC	Medicaid		562.22	31.55			98.66	3450.72	percent of total billed charges	
REMOVE SHOULDER FOREIGN BODY	23330	CPT	outpatient			1782	2132.36	United	Oxford		1817				98.66	3450.72	case rate	
REMOVE SHOULDER FOREIGN BODY	23330	CPT	outpatient			1782	2132.36	United	Commercial|PPO		1817				98.66	3450.72	case rate	
REMOVE SHOULDER FOREIGN BODY	23330	CPT	outpatient			1782	2132.36	Wellcare	Medicaid		562.22	31.55			98.66	3450.72	percent of total billed charges	
REMOVE SHOULDER FOREIGN BODY	23330	CPT	outpatient			1782	2132.36	Wellcare	Medicare		1854.23				98.66	3450.72	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE SHOULDER FOREIGN BODY	23330	CPT	outpatient			1782	2132.36	WellPoint	WellPoint		573.45	32.18			98.66	3450.72	percent of total billed charges	
FEM FB SHOULDER DEEP	23333	CPT	outpatient			6029	3737.2	Aetna	Medicare		1856.93	30.8			522.31	6047.77	percent of total billed charges	
FEM FB SHOULDER DEEP	23333	CPT	outpatient			6029	3737.2	Aetna	Better Health		1902.15	31.55			522.31	6047.77	percent of total billed charges	
FEM FB SHOULDER DEEP	23333	CPT	outpatient			6029	3737.2	Aetna	Commercial		5173.59				522.31	6047.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FEM FB SHOULDER DEEP	23333	CPT	outpatient			6029	3737.2	Americare	Americare		4521.75	75			522.31	6047.77	percent of total billed charges	
FEM FB SHOULDER DEEP	23333	CPT	outpatient			6029	3737.2	Amerihealth	Medicare		3249.74				522.31	6047.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FEM FB SHOULDER DEEP	23333	CPT	outpatient			6029	3737.2	Amerihealth	HMO|PPO		3918.85	65			522.31	6047.77	percent of total billed charges	
FEM FB SHOULDER DEEP	23333	CPT	outpatient			6029	3737.2	Consumer	Consumer		5727.55	95			522.31	6047.77	percent of total billed charges	
FEM FB SHOULDER DEEP	23333	CPT	outpatient			6029	3737.2	Corrections	Corrections		4823.2	80			522.31	6047.77	percent of total billed charges	
FEM FB SHOULDER DEEP	23333	CPT	outpatient			6029	3737.2	First Health	First Health		4220.3	70			522.31	6047.77	percent of total billed charges	
FEM FB SHOULDER DEEP	23333	CPT	outpatient			6029	3737.2	First Trenton	First Trenton		5426.1	90			522.31	6047.77	percent of total billed charges	
FEM FB SHOULDER DEEP	23333	CPT	outpatient			6029	3737.2	Horizon	PPO		6047.77				522.31	6047.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FEM FB SHOULDER DEEP	23333	CPT	outpatient			6029	3737.2	Horizon	Indemnity		6047.77				522.31	6047.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FEM FB SHOULDER DEEP	23333	CPT	outpatient			6029	3737.2	Horizon	Medicare Blue		3249.74				522.31	6047.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FEM FB SHOULDER DEEP	23333	CPT	outpatient			6029	3737.2	Horizon	NJ Health		522.31				522.31	6047.77	fee schedule	
FEM FB SHOULDER DEEP	23333	CPT	outpatient			6029	3737.2	Horizon	MGD		6047.77				522.31	6047.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FEM FB SHOULDER DEEP	23333	CPT	outpatient			6029	3737.2	Managed Care Inc	Managed Care Inc		5426.1	90			522.31	6047.77	percent of total billed charges	
FEM FB SHOULDER DEEP	23333	CPT	outpatient			6029	3737.2	Multiplan	Multiplan		4823.2	80			522.31	6047.77	percent of total billed charges	
FEM FB SHOULDER DEEP	23333	CPT	outpatient			6029	3737.2	Qualcare	Qualcare		4521.75	75			522.31	6047.77	percent of total billed charges	
FEM FB SHOULDER DEEP	23333	CPT	outpatient			6029	3737.2	Three Rivers	Three Rivers		5727.55	95			522.31	6047.77	percent of total billed charges	
FEM FB SHOULDER DEEP	23333	CPT	outpatient			6029	3737.2	UHC	Medicare		3249.74				522.31	6047.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FEM FB SHOULDER DEEP	23333	CPT	outpatient			6029	3737.2	UHC	Medicaid		1902.15	31.55			522.31	6047.77	percent of total billed charges	
FEM FB SHOULDER DEEP	23333	CPT	outpatient			6029	3737.2	United	Commercial|PPO		1817				522.31	6047.77	case rate	
FEM FB SHOULDER DEEP	23333	CPT	outpatient			6029	3737.2	United	Oxford		1817				522.31	6047.77	case rate	
FEM FB SHOULDER DEEP	23333	CPT	outpatient			6029	3737.2	Wellcare	Medicare		3249.74				522.31	6047.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FEM FB SHOULDER DEEP	23333	CPT	outpatient			6029	3737.2	Wellcare	Medicaid		1902.15	31.55			522.31	6047.77	percent of total billed charges	
FEM FB SHOULDER DEEP	23333	CPT	outpatient			6029	3737.2	WellPoint	WellPoint		1940.13	32.18			522.31	6047.77	percent of total billed charges	
SHOULDER ARTHROGRAM	23350	CPT	outpatient			2292		Aetna	Better Health		723.13	31.55			68.91	2177.4	percent of total billed charges	
SHOULDER ARTHROGRAM	23350	CPT	outpatient			2292		Aetna	Commercial		870.96	38			68.91	2177.4	percent of total billed charges	
SHOULDER ARTHROGRAM	23350	CPT	outpatient			2292		Aetna	Medicare		705.94	30.8			68.91	2177.4	percent of total billed charges	
SHOULDER ARTHROGRAM	23350	CPT	outpatient			2292		Americare	Americare		1719	75			68.91	2177.4	percent of total billed charges	
SHOULDER ARTHROGRAM	23350	CPT	outpatient			2292		Amerihealth	HMO|PPO		1489.8	65			68.91	2177.4	percent of total billed charges	
SHOULDER ARTHROGRAM	23350	CPT	outpatient			2292		Consumer	Consumer		2177.4	95			68.91	2177.4	percent of total billed charges	
SHOULDER ARTHROGRAM	23350	CPT	outpatient			2292		Corrections	Corrections		1833.6	80			68.91	2177.4	percent of total billed charges	
SHOULDER ARTHROGRAM	23350	CPT	outpatient			2292		First Health	First Health		1604.4	70			68.91	2177.4	percent of total billed charges	
SHOULDER ARTHROGRAM	23350	CPT	outpatient			2292		First Trenton	First Trenton		2062.8	90			68.91	2177.4	percent of total billed charges	
SHOULDER ARTHROGRAM	23350	CPT	outpatient			2292		Horizon	MGD		877.38	38.28			68.91	2177.4	percent of total billed charges	
SHOULDER ARTHROGRAM	23350	CPT	outpatient			2292		Horizon	Medicare Blue		687.6	30			68.91	2177.4	percent of total billed charges	
SHOULDER ARTHROGRAM	23350	CPT	outpatient			2292		Horizon	Indemnity		877.38	38.28			68.91	2177.4	percent of total billed charges	
SHOULDER ARTHROGRAM	23350	CPT	outpatient			2292		Horizon	NJ Health		68.91				68.91	2177.4	fee schedule	
SHOULDER ARTHROGRAM	23350	CPT	outpatient			2292		Horizon	PPO		877.38	38.28			68.91	2177.4	percent of total billed charges	
SHOULDER ARTHROGRAM	23350	CPT	outpatient			2292		Managed Care Inc	Managed Care Inc		2062.8	90			68.91	2177.4	percent of total billed charges	
SHOULDER ARTHROGRAM	23350	CPT	outpatient			2292		Multiplan	Multiplan		1833.6	80			68.91	2177.4	percent of total billed charges	
SHOULDER ARTHROGRAM	23350	CPT	outpatient			2292		Qualcare	Qualcare		1719	75			68.91	2177.4	percent of total billed charges	
SHOULDER ARTHROGRAM	23350	CPT	outpatient			2292		Three Rivers	Three Rivers		2177.4	95			68.91	2177.4	percent of total billed charges	
SHOULDER ARTHROGRAM	23350	CPT	outpatient			2292		UHC	Medicaid		723.13	31.55			68.91	2177.4	percent of total billed charges	
SHOULDER ARTHROGRAM	23350	CPT	outpatient			2292		United	Commercial|PPO		1782				68.91	2177.4	case rate	
SHOULDER ARTHROGRAM	23350	CPT	outpatient			2292		United	Oxford		1782				68.91	2177.4	case rate	
SHOULDER ARTHROGRAM	23350	CPT	outpatient			2292		Wellcare	Medicaid		723.13	31.55			68.91	2177.4	percent of total billed charges	
SHOULDER ARTHROGRAM	23350	CPT	outpatient			2292		WellPoint	WellPoint		737.57	32.18			68.91	2177.4	percent of total billed charges	
CLSD TRT CLAVIC FRACT W/O MAN	23500	CPT	outpatient			2194	310.16	Aetna	Commercial		429.36				222.22	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT CLAVIC FRACT W/O MAN	23500	CPT	outpatient			2194	310.16	Aetna	Better Health		692.21	31.55			222.22	2084.3	percent of total billed charges	
CLSD TRT CLAVIC FRACT W/O MAN	23500	CPT	outpatient			2194	310.16	Aetna	Medicare		269.7				222.22	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT CLAVIC FRACT W/O MAN	23500	CPT	outpatient			2194	310.16	Americare	Americare		1645.5	75			222.22	2084.3	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CLSD TRT CLAVIC FRACT W/O MAN	23500	CPT	outpatient			2194		310.16 Amerihealth	Medicare		269.7				222.22	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT CLAVIC FRACT W/O MAN	23500	CPT	outpatient			2194		310.16 Amerihealth	HMO/PPO		1426.1	65			222.22	2084.3	percent of total billed charges	
CLSD TRT CLAVIC FRACT W/O MAN	23500	CPT	outpatient			2194		310.16 Consumer	Consumer		2084.3	95			222.22	2084.3	percent of total billed charges	
CLSD TRT CLAVIC FRACT W/O MAN	23500	CPT	outpatient			2194		310.16 Corrections	Corrections		1755.2	80			222.22	2084.3	percent of total billed charges	
CLSD TRT CLAVIC FRACT W/O MAN	23500	CPT	outpatient			2194		310.16 First Health	First Health		1535.8	70			222.22	2084.3	percent of total billed charges	
CLSD TRT CLAVIC FRACT W/O MAN	23500	CPT	outpatient			2194		310.16 First Trenton	First Trenton		1974.6	90			222.22	2084.3	percent of total billed charges	
CLSD TRT CLAVIC FRACT W/O MAN	23500	CPT	outpatient			2194		310.16 Horizon	Indemnity		501.91				222.22	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT CLAVIC FRACT W/O MAN	23500	CPT	outpatient			2194		310.16 Horizon	MGD		501.91				222.22	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT CLAVIC FRACT W/O MAN	23500	CPT	outpatient			2194		310.16 Horizon	PPO		501.91				222.22	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT CLAVIC FRACT W/O MAN	23500	CPT	outpatient			2194		310.16 Horizon	NJ Health		222.22				222.22	2084.3	fee schedule	
CLSD TRT CLAVIC FRACT W/O MAN	23500	CPT	outpatient			2194		310.16 Horizon	Medicare Blue		269.7				222.22	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT CLAVIC FRACT W/O MAN	23500	CPT	outpatient			2194		310.16 Managed Care Inc	Managed Care Inc		1974.6	90			222.22	2084.3	percent of total billed charges	
CLSD TRT CLAVIC FRACT W/O MAN	23500	CPT	outpatient			2194		310.16 Multiplan	Multiplan		1755.2	80			222.22	2084.3	percent of total billed charges	
CLSD TRT CLAVIC FRACT W/O MAN	23500	CPT	outpatient			2194		310.16 Qualcare	Qualcare		1645.5	75			222.22	2084.3	percent of total billed charges	
CLSD TRT CLAVIC FRACT W/O MAN	23500	CPT	outpatient			2194		310.16 Three Rivers	Three Rivers		2084.3	95			222.22	2084.3	percent of total billed charges	
CLSD TRT CLAVIC FRACT W/O MAN	23500	CPT	outpatient			2194		310.16 UHC	Medicare		269.7				222.22	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT CLAVIC FRACT W/O MAN	23500	CPT	outpatient			2194		310.16 UHC	Medicaid		692.21	31.55			222.22	2084.3	percent of total billed charges	
CLSD TRT CLAVIC FRACT W/O MAN	23500	CPT	outpatient			2194		310.16 United	Oxford		1782				222.22	2084.3	case rate	
CLSD TRT CLAVIC FRACT W/O MAN	23500	CPT	outpatient			2194		310.16 United	Commercial|PPO		1782				222.22	2084.3	case rate	
CLSD TRT CLAVIC FRACT W/O MAN	23500	CPT	outpatient			2194		310.16 Wellcare	Medicaid		692.21	31.55			222.22	2084.3	percent of total billed charges	
CLSD TRT CLAVIC FRACT W/O MAN	23500	CPT	outpatient			2194		310.16 Wellcare	Medicare		269.7				222.22	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT CLAVIC FRACT W/O MAN	23500	CPT	outpatient			2194		310.16 WellPoint	WellPoint		706.03	32.18			222.22	2084.3	percent of total billed charges	
CLSD TRT CLAVIC FRACT W MAN	23505	CPT	outpatient			2194		2113.84 Aetna	Medicare		675.75	30.8			334.34	3420.74	percent of total billed charges	
CLSD TRT CLAVIC FRACT W MAN	23505	CPT	outpatient			2194		2113.84 Aetna	Commercial		2926.29				334.34	3420.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT CLAVIC FRACT W MAN	23505	CPT	outpatient			2194		2113.84 Aetna	Better Health		692.21	31.55			334.34	3420.74	percent of total billed charges	
CLSD TRT CLAVIC FRACT W MAN	23505	CPT	outpatient			2194		2113.84 Americare	Americare		1645.5	75			334.34	3420.74	percent of total billed charges	
CLSD TRT CLAVIC FRACT W MAN	23505	CPT	outpatient			2194		2113.84 Amerihealth	HMO/PPO		1426.1	65			334.34	3420.74	percent of total billed charges	
CLSD TRT CLAVIC FRACT W MAN	23505	CPT	outpatient			2194		2113.84 Amerihealth	Medicare		1838.12				334.34	3420.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT CLAVIC FRACT W MAN	23505	CPT	outpatient			2194		2113.84 Consumer	Consumer		2084.3	95			334.34	3420.74	percent of total billed charges	
CLSD TRT CLAVIC FRACT W MAN	23505	CPT	outpatient			2194		2113.84 Corrections	Corrections		1755.2	80			334.34	3420.74	percent of total billed charges	
CLSD TRT CLAVIC FRACT W MAN	23505	CPT	outpatient			2194		2113.84 First Health	First Health		1535.8	70			334.34	3420.74	percent of total billed charges	
CLSD TRT CLAVIC FRACT W MAN	23505	CPT	outpatient			2194		2113.84 First Trenton	First Trenton		1974.6	90			334.34	3420.74	percent of total billed charges	
CLSD TRT CLAVIC FRACT W MAN	23505	CPT	outpatient			2194		2113.84 Horizon	Indemnity		3420.74				334.34	3420.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT CLAVIC FRACT W MAN	23505	CPT	outpatient			2194		2113.84 Horizon	MGD		3420.74				334.34	3420.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT CLAVIC FRACT W MAN	23505	CPT	outpatient			2194		2113.84 Horizon	Medicare Blue		1838.12				334.34	3420.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT CLAVIC FRACT W MAN	23505	CPT	outpatient			2194		2113.84 Horizon	NJ Health		334.34				334.34	3420.74	fee schedule	
CLSD TRT CLAVIC FRACT W MAN	23505	CPT	outpatient			2194		2113.84 Horizon	PPO		3420.74				334.34	3420.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT CLAVIC FRACT W MAN	23505	CPT	outpatient			2194		2113.84 Managed Care Inc	Managed Care Inc		1974.6	90			334.34	3420.74	percent of total billed charges	
CLSD TRT CLAVIC FRACT W MAN	23505	CPT	outpatient			2194		2113.84 Multiplan	Multiplan		1755.2	80			334.34	3420.74	percent of total billed charges	
CLSD TRT CLAVIC FRACT W MAN	23505	CPT	outpatient			2194		2113.84 Qualcare	Qualcare		1645.5	75			334.34	3420.74	percent of total billed charges	
CLSD TRT CLAVIC FRACT W MAN	23505	CPT	outpatient			2194		2113.84 Three Rivers	Three Rivers		2084.3	95			334.34	3420.74	percent of total billed charges	
CLSD TRT CLAVIC FRACT W MAN	23505	CPT	outpatient			2194		2113.84 UHC	Medicare		1838.12				334.34	3420.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT CLAVIC FRACT W MAN	23505	CPT	outpatient			2194		2113.84 UHC	Medicaid		692.21	31.55			334.34	3420.74	percent of total billed charges	
CLSD TRT CLAVIC FRACT W MAN	23505	CPT	outpatient			2194		2113.84 United	Oxford		1817				334.34	3420.74	case rate	
CLSD TRT CLAVIC FRACT W MAN	23505	CPT	outpatient			2194		2113.84 United	Commercial|PPO		1817				334.34	3420.74	case rate	
CLSD TRT CLAVIC FRACT W MAN	23505	CPT	outpatient			2194		2113.84 Wellcare	Medicare		1838.12				334.34	3420.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT CLAVIC FRACT W MAN	23505	CPT	outpatient			2194		2113.84 Wellcare	Medicaid		692.21	31.55			334.34	3420.74	percent of total billed charges	
CLSD TRT CLAVIC FRACT W MAN	23505	CPT	outpatient			2194		2113.84 WellPoint	WellPoint		706.03	32.18			334.34	3420.74	percent of total billed charges	
CLSD TRT CLAVICLE DISLOC W MAN	23525	CPT	outpatient			1782		310.16 Aetna	Medicare		269.7				269.7	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT CLAVICLE DISLOC W MAN	23525	CPT	outpatient			1782		310.16 Aetna	Commercial		429.36				269.7	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT CLAVICLE DISLOC W MAN	23525	CPT	outpatient			1782		310.16 Aetna	Better Health		562.22	31.55			269.7	1782	percent of total billed charges	
CLSD TRT CLAVICLE DISLOC W MAN	23525	CPT	outpatient			1782		310.16 Americare	Americare		1336.5	75			269.7	1782	percent of total billed charges	
CLSD TRT CLAVICLE DISLOC W MAN	23525	CPT	outpatient			1782		310.16 Amerihealth	HMO/PPO		1158.3	65			269.7	1782	percent of total billed charges	
CLSD TRT CLAVICLE DISLOC W MAN	23525	CPT	outpatient			1782		310.16 Amerihealth	Medicare		269.7				269.7	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT CLAVICLE DISLOC W MAN	23525	CPT	outpatient			1782		310.16 Consumer	Consumer		1692.9	95			269.7	1782	percent of total billed charges	
CLSD TRT CLAVICLE DISLOC W MAN	23525	CPT	outpatient			1782		310.16 Corrections	Corrections		1425.6	80			269.7	1782	percent of total billed charges	
CLSD TRT CLAVICLE DISLOC W MAN	23525	CPT	outpatient			1782		310.16 First Health	First Health		1247.4	70			269.7	1782	percent of total billed charges	
CLSD TRT CLAVICLE DISLOC W MAN	23525	CPT	outpatient			1782		310.16 First Trenton	First Trenton		1603.8	90			269.7	1782	percent of total billed charges	
CLSD TRT CLAVICLE DISLOC W MAN	23525	CPT	outpatient			1782		310.16 Horizon	Indemnity		501.91				269.7	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT CLAVICLE DISLOC W MAN	23525	CPT	outpatient			1782		310.16 Horizon	PPO		501.91				269.7	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT CLAVICLE DISLOC W MAN	23525	CPT	outpatient			1782		310.16 Horizon	Medicare Blue		269.7				269.7	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT CLAVICLE DISLOC W MAN	23525	CPT	outpatient			1782		310.16 Horizon	MGD		501.91				269.7	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT CLAVICLE DISLOC W MAN	23525	CPT	outpatient			1782		310.16 Horizon	NJ Health		288.98				269.7	1782	fee schedule	
CLSD TRT CLAVICLE DISLOC W MAN	23525	CPT	outpatient			1782		310.16 Managed Care Inc	Managed Care Inc		1603.8	90			269.7	1782	percent of total billed charges	
CLSD TRT CLAVICLE DISLOC W MAN	23525	CPT	outpatient			1782		310.16 Multiplan	Multiplan		1425.6	80			269.7	1782	percent of total billed charges	
CLSD TRT CLAVICLE DISLOC W MAN	23525	CPT	outpatient			1782		310.16 Qualcare	Qualcare		1336.5	75			269.7	1782	percent of total billed charges	
CLSD TRT CLAVICLE DISLOC W MAN	23525	CPT	outpatient			1782		310.16 Three Rivers	Three Rivers		1692.9	95			269.7	1782	percent of total billed charges	
CLSD TRT CLAVICLE DISLOC W MAN	23525	CPT	outpatient			1782		310.16 UHC	Medicaid		562.22	31.55			269.7	1782	percent of total billed charges	
CLSD TRT CLAVICLE DISLOC W MAN	23525	CPT	outpatient			1782		310.16 UHC	Medicare		269.7				269.7	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT CLAVICLE DISLOC W MAN	23525	CPT	outpatient			1782		310.16 United	Commercial|PPO		1782				269.7	1782	case rate	
CLSD TRT CLAVICLE DISLOC W MAN	23525	CPT	outpatient			1782		310.16 United	Oxford		1782				269.7	1782	case rate	
CLSD TRT CLAVICLE DISLOC W MAN	23525	CPT	outpatient			1782		310.16 Wellcare	Medicare		269.7				269.7	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT CLAVICLE DISLOC W MAN	23525	CPT	outpatient			1782		310.16 Wellcare	Medicaid		562.22	31.55			269.7	1782	percent of total billed charges	
CLSD TRT CLAVICLE DISLOC W MAN	23525	CPT	outpatient			1782		310.16 WellPoint	WellPoint		573.45	32.18			269.7	1782	percent of total billed charges	
OPEN TRT CLAVICLE DISLOC	23530	CPT	outpatient			23326		9409.2 Aetna	Better Health		7359.35	31.55			678.6	22159.7	percent of total billed charges	
OPEN TRT CLAVICLE DISLOC	23530	CPT	outpatient			23326		9409.2 Aetna	Medicare		8181.91				678.6	22159.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TRT CLAVICLE DISLOC	23530	CPT	outpatient			23326		9409.2 Aetna	Commercial		13025.6				678.6	22159.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TRT CLAVICLE DISLOC	23530	CPT	outpatient			23326		9409.2 Americare	Americare		17494.5	75			678.6	22159.7	percent of total billed charges	
OPEN TRT CLAVICLE DISLOC	23530	CPT	outpatient			23326		9409.2 Amerihealth	Medicare		8181.91				678.6	22159.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TRT CLAVICLE DISLOC	23530	CPT	outpatient			23326		9409.2 Amerihealth	HMO/PPO		15161.9	65			678.6	22159.7	percent of total billed charges	
OPEN TRT CLAVICLE DISLOC	23530	CPT	outpatient			23326		9409.2 Consumer	Consumer		22159.7	95			678.6	22159.7	percent of total billed charges	
OPEN TRT CLAVICLE DISLOC	23530	CPT	outpatient			23326		9409.2 Corrections	Corrections		18660.8	80			678.6	22159.7	percent of total billed charges	
OPEN TRT CLAVICLE DISLOC	23530	CPT	outpatient			23326		9409.2 First Health	First Health		16328.2	70			678.6	22159.7	percent of total billed charges	
OPEN TRT CLAVICLE DISLOC	23530	CPT	outpatient			23326		9409.2 First Trenton	First Trenton		20993.4	90			678.6	22159.7	percent of total billed charges	
OPEN TRT CLAVICLE DISLOC	23530	CPT	outpatient			23326		9409.2 Horizon	Indemnity		15226.53				678.6	22159.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TRT CLAVICLE DISLOC	23530	CPT	outpatient			23326		9409.2 Horizon	NJ Health		678.6				678.6	22159.7	fee schedule	
OPEN TRT CLAVICLE DISLOC	23530	CPT	outpatient			23326		9409.2 Horizon	Medicare Blue		8181.91				678.6	22159.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TRT CLAVICLE DISLOC	23530	CPT	outpatient			23326		9409.2 Horizon	MGD		15226.53				678.6	22159.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TRT CLAVICLE DISLOC	23530	CPT	outpatient			23326		9409.2 Horizon	PPO		15226.53				678.6	22159.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TRT CLAVICLE DISLOC	23530	CPT	outpatient			23326		9409.2 Managed Care Inc	Managed Care Inc		20993.4	90			678.6	22159.7	percent of total billed charges	
OPEN TRT CLAVICLE DISLOC	23530	CPT	outpatient			23326		9409.2 Multiplan	Multiplan		18660.8	80			678.6	22159.7	percent of total billed charges	
OPEN TRT CLAVICLE DISLOC	23530	CPT	outpatient			23326		9409.2 Qualcare	Qualcare		17494.5	75			678.6	22159.7	percent of total billed charges	
OPEN TRT CLAVICLE DISLOC	23530	CPT	outpatient			23326		9409.2 Three Rivers	Three Rivers		22159.7	95			678.6	22159.7	percent of total billed charges	
OPEN TRT CLAVICLE DISLOC	23530	CPT	outpatient			23326		9409.2 UHC	Medicaid		7359.35	31.55			678.6	22159.7	percent of total billed charges	
OPEN TRT CLAVICLE DISLOC	23530	CPT	outpatient			23326		9409.2 UHC	Medicare		8181.91				678.6	22159.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TRT CLAVICLE DISLOC	23530	CPT	outpatient			23326		9409.2 United	Commercial|PPO		4702				678.6	22159.7	case rate	
OPEN TRT CLAVICLE DISLOC	23530	CPT	outpatient			23326		9409.2 United	Oxford		4702				678.6	22159.7	case rate	
OPEN TRT CLAVICLE DISLOC	23530	CPT	outpatient			23326		9409.2 Wellcare	Medicare		8181.91				678.6	22159.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TRT CLAVICLE DISLOC	23530	CPT	outpatient			23326		9409.2 Wellcare	Medicaid		7359.35	31.55			678.6	22159.7	percent of total billed charges	
OPEN TRT CLAVICLE DISLOC	23530	CPT	outpatient			23326		9409.2 WellPoint	WellPoint		7606.31	32.18			678.6	22159.7	percent of total billed charges	
CLSD TRT ACRMCLV DISCL WO MAN	23540	CPT	outpatient			1566		310.16 Aetna	Medicare		492.33	30.8			164.43	1782	percent of total billed charges	
CLSD TRT ACRMCLV DISCL WO MAN	23540	CPT	outpatient			1566		310.16 Aetna	Commercial		429.36				164.43	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT ACRMCLV DISCL WO MAN	23540	CPT	outpatient			1566		310.16 Aetna	Better Health		494.07	31.55			164.43	1782	percent of total billed charges	
CLSD TRT ACRMCLV DISCL WO MAN	23540	CPT	outpatient			1566		310.16 Americare	Americare		1174.5	75			164.43	1782	percent of total billed charges	
CLSD TRT ACRMCLV DISCL WO MAN	23540	CPT	outpatient			1566		310.16 Amerihealth	HMO/PPO		1017.9	65			164.43	1782	percent of total billed charges	
CLSD TRT ACRMCLV DISCL WO MAN	23540	CPT	outpatient			1566		310.16 Amerihealth	Medicare		269.7				164.43	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT ACRMCLV DISCL WO MAN	23540	CPT	outpatient			1566		310.16 Consumer	Consumer		1487.7	95			164.43	1782	percent of total billed charges	
CLSD TRT ACRMCLV DISCL WO MAN	23540	CPT	outpatient			1566		310.16 Corrections	Corrections		1252.8	80			164.43	1782	percent of total billed charges	
CLSD TRT ACRMCLV DISCL WO MAN	23540	CPT	outpatient			1566		310.16 First Health	First Health		1096.2	70			164.43	1782	percent of total billed charges	
CLSD TRT ACRMCLV DISCL WO MAN	23540	CPT	outpatient			1566		310.16 First Trenton	First Trenton		1409.4	90			164.43	1782	percent of total billed charges	
CLSD TRT ACRMCLV DISCL WO MAN	23540	CPT	outpatient			1566		310.16 Horizon	NJ Health		164.43				164.43	1782	fee schedule	
CLSD TRT ACRMCLV DISCL WO MAN	23540	CPT	outpatient			1566		310.16 Horizon	Indemnity		501.91				164.43	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT ACRMCLV DISCL WO MAN	23540	CPT	outpatient			1566		310.16 Horizon	Medicare Blue		269.7				164.43	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT ACRMCLV DISCL WO MAN	23540	CPT	outpatient			1566		310.16 Horizon	PPO		501.91				164.43	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT ACRMCLV DISCL WO MAN	23540	CPT	outpatient			1566		310.16 Horizon	MGD		501.91				164.43	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT ACRMCLV DISCL WO MAN	23540	CPT	outpatient			1566		310.16 Managed Care Inc	Managed Care Inc		1409.4	90			164.43	1782	percent of total billed charges	
CLSD TRT ACRMCLV DISCL WO MAN	23540	CPT	outpatient			1566		310.16 Multiplan	Multiplan		1252.8	80			164.43	1782	percent of total billed charges	
CLSD TRT ACRMCLV DISCL WO MAN	23540	CPT	outpatient			1566		310.16 Qualcare	Qualcare		1174.5	75			164.43	1782	percent of total billed charges	
CLSD TRT ACRMCLV DISCL WO MAN	23540	CPT	outpatient			1566		310.16 Three Rivers	Three Rivers		1487.7	95			164.43	1782	percent of total billed charges	
CLSD TRT ACRMCLV DISCL WO MAN	23540	CPT	outpatient			1566		310.16 UHC	Medicare		269.7				164.43	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT ACRMCLV DISCL WO MAN	23540	CPT	outpatient			1566		310.16 UHC	Medicaid		494.07	31.55			164.43	1782	percent of total billed charges	
CLSD TRT ACRMCLV DISCL WO MAN	23540	CPT	outpatient			1566		310.16 United	Commercial|PPO		1782				164.43	1782	case rate	
CLSD TRT ACRMCLV DISCL WO MAN	23540	CPT	outpatient			1566		310.16 United	Oxford		1782				164.43	1782	case rate	
CLSD TRT ACRMCLV DISCL WO MAN	23540	CPT	outpatient			1566		310.16 Wellcare	Medicare		269.7				164.43	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT ACRMCLV DISCL WO MAN	23540	CPT	outpatient			1566		310.16 Wellcare	Medicaid		494.07	31.55			164.43	1782	percent of total billed charges	
CLSD TRT ACRMCLV DISCL WO MAN	23540	CPT	outpatient			1566		310.16 WellPoint	WellPoint		503.94	32.18			164.43	1782	percent of total billed charges	
CLSD TRT ACRMCLV DISLC W MAN	23545	CPT	outpatient			1566		310.16 Aetna	Better Health		494.07	31.55			269.7	1782	percent of total billed charges	
CLSD TRT ACRMCLV DISLC W MAN	23545	CPT	outpatient			1566		310.16 Aetna	Commercial		429.36				269.7	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT ACRMCLV DISLC W MAN	23545	CPT	outpatient			1566		310.16 Aetna	Medicare		482.33	30.8			269.7	1782	percent of total billed charges	
CLSD TRT ACRMCLV DISLC W MAN	23545	CPT	outpatient			1566		310.16 Americare	Americare		1174.5	75			269.7	1782	percent of total billed charges	
CLSD TRT ACRMCLV DISLC W MAN	23545	CPT	outpatient			1566		310.16 Amerihealth	HMO/PPO		1017.9	65			269.7	1782	percent of total billed charges	
CLSD TRT ACRMCLV DISLC W MAN	23545	CPT	outpatient			1566		310.16 Amerihealth	Medicare		269.7				269.7	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT ACRMCLV DISLC W MAN	23545	CPT	outpatient			1566		310.16 Consumer	Consumer		1487.7	95			269.7	1782	percent of total billed charges	
CLSD TRT ACRMCLV DISLC W MAN	23545	CPT	outpatient			1566		310.16 Corrections	Corrections		1252.8	80			269.7	1782	percent of total billed charges	
CLSD TRT ACRMCLV DISLC W MAN	23545	CPT	outpatient			1566		310.16 First Health	First Health		1096.2	70			269.7	1782	percent of total billed charges	
CLSD TRT ACRMCLV DISLC W MAN	23545	CPT	outpatient			1566		310.16 First Trenton	First Trenton		1409.4	90			269.7	1782	percent of total billed charges	
CLSD TRT ACRMCLV DISLC W MAN	23545	CPT	outpatient			1566		310.16 Horizon	Indemnity		501.91				269.7	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT ACRMCLV DISLC W MAN	23545	CPT	outpatient			1566		310.16 Horizon	NJ Health		310.67				269.7	1782	fee schedule	
CLSD TRT ACRMCLV DISLC W MAN	23545	CPT	outpatient			1566		310.16 Horizon	PPO		501.91				269.7	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT ACRMCLV DISLC W MAN	23545	CPT	outpatient			1566		310.16 Horizon	Medicare Blue		269.7				269.7	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT ACRMCLV DISLC W MAN	23545	CPT	outpatient			1566		310.16 Horizon	MGD		501.91				269.7	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT ACRMCLV DISLC W MAN	23545	CPT	outpatient			1566		310.16 Managed Care Inc	Managed Care Inc		1409.4	90			269.7	1782	percent of total billed charges	
CLSD TRT ACRMCLV DISLC W MAN	23545	CPT	outpatient			1566		310.16 Multiplan	Multiplan		1252.8	80			269.7	1782	percent of total billed charges	
CLSD TRT ACRMCLV DISLC W MAN	23545	CPT	outpatient			1566		310.16 Qualcare	Qualcare		1174.5	75			269.7	1782	percent of total billed charges	
CLSD TRT ACRMCLV DISLC W MAN	23545	CPT	outpatient			1566		310.16 Three Rivers	Three Rivers		1487.7	95			269.7	1782	percent of total billed charges	
CLSD TRT ACRMCLV DISLC W MAN	23545	CPT	outpatient			1566		310.16 UHC	Medicare		269.7				269.7	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT ACRMCLV DISLC W MAN	23545	CPT	outpatient			1566		310.16 UHC	Medicaid		494.07	31.55			269.7	1782	percent of total billed charges	
CLSD TRT ACRMCLV DISLC W MAN	23545	CPT	outpatient			1566		310.16 United	Oxford		1782				269.7	1782	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CLSD TRT ACRMCLV DISLC W MAN	23545	CPT	outpatient			1566		310.16 United	CommercialPPO		1782				269.7	1782	case rate	
CLSD TRT ACRMCLV DISLC W MAN	23545	CPT	outpatient			1566		310.16 Wellcare	Medicare		269.7				269.7	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT ACRMCLV DISLC W MAN	23545	CPT	outpatient			1566		310.16 Wellcare	Medicaid		494.07	31.55			269.7	1782	percent of total billed charges	
CLSD TRT ACRMCLV DISLC W MAN	23545	CPT	outpatient			1566		310.16 WellPoint	WellPoint		503.94	32.18			269.7	1782	percent of total billed charges	
REP ACROMIOCLAV DISL OPEN	23550	CPT	outpatient			24099		9409.2 Aetna	Better Health		7603.23	31.55			678.6	22894.05	percent of total billed charges	
REP ACROMIOCLAV DISL OPEN	23550	CPT	outpatient			24099		9409.2 Aetna	Commercial		13025.6				678.6	22894.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP ACROMIOCLAV DISL OPEN	23550	CPT	outpatient			24099		9409.2 Aetna	Medicare		7422.49	30.8			678.6	22894.05	percent of total billed charges	
REP ACROMIOCLAV DISL OPEN	23550	CPT	outpatient			24099		9409.2 Americare	Americare		18074.25	75			678.6	22894.05	percent of total billed charges	
REP ACROMIOCLAV DISL OPEN	23550	CPT	outpatient			24099		9409.2 Amerihealth	HMO/PPO		15664.35	65			678.6	22894.05	percent of total billed charges	
REP ACROMIOCLAV DISL OPEN	23550	CPT	outpatient			24099		9409.2 Amerihealth	Medicare		8181.91				678.6	22894.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP ACROMIOCLAV DISL OPEN	23550	CPT	outpatient			24099		9409.2 Consumer	Consumer		22894.05	95			678.6	22894.05	percent of total billed charges	
REP ACROMIOCLAV DISL OPEN	23550	CPT	outpatient			24099		9409.2 Corrections	Corrections		19279.2	80			678.6	22894.05	percent of total billed charges	
REP ACROMIOCLAV DISL OPEN	23550	CPT	outpatient			24099		9409.2 First Health	First Health		16869.3	70			678.6	22894.05	percent of total billed charges	
REP ACROMIOCLAV DISL OPEN	23550	CPT	outpatient			24099		9409.2 First Trenton	First Trenton		21689.1	90			678.6	22894.05	percent of total billed charges	
REP ACROMIOCLAV DISL OPEN	23550	CPT	outpatient			24099		9409.2 Horizon	NJ Health		678.6				678.6	22894.05	fee schedule	
REP ACROMIOCLAV DISL OPEN	23550	CPT	outpatient			24099		9409.2 Horizon	Indemnity		15226.53				678.6	22894.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP ACROMIOCLAV DISL OPEN	23550	CPT	outpatient			24099		9409.2 Horizon	MGD		15226.53				678.6	22894.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP ACROMIOCLAV DISL OPEN	23550	CPT	outpatient			24099		9409.2 Horizon	Medicare Blue		8181.91				678.6	22894.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP ACROMIOCLAV DISL OPEN	23550	CPT	outpatient			24099		9409.2 Horizon	PPO		15226.53				678.6	22894.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP ACROMIOCLAV DISL OPEN	23550	CPT	outpatient			24099		9409.2 Managed Care Inc	Managed Care Inc		21689.1	90			678.6	22894.05	percent of total billed charges	
REP ACROMIOCLAV DISL OPEN	23550	CPT	outpatient			24099		9409.2 Multiplan	Multiplan		19279.2	80			678.6	22894.05	percent of total billed charges	
REP ACROMIOCLAV DISL OPEN	23550	CPT	outpatient			24099		9409.2 Qualcare	Qualcare		18074.25	75			678.6	22894.05	percent of total billed charges	
REP ACROMIOCLAV DISL OPEN	23550	CPT	outpatient			24099		9409.2 Three Rivers	Three Rivers		22894.05	95			678.6	22894.05	percent of total billed charges	
REP ACROMIOCLAV DISL OPEN	23550	CPT	outpatient			24099		9409.2 UHC	Medicare		8181.91				678.6	22894.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP ACROMIOCLAV DISL OPEN	23550	CPT	outpatient			24099		9409.2 UHC	Medicaid		7603.23	31.55			678.6	22894.05	percent of total billed charges	
REP ACROMIOCLAV DISL OPEN	23550	CPT	outpatient			24099		9409.2 United	CommercialPPO		4702				678.6	22894.05	case rate	
REP ACROMIOCLAV DISL OPEN	23550	CPT	outpatient			24099		9409.2 United	Oxford		4702				678.6	22894.05	case rate	
REP ACROMIOCLAV DISL OPEN	23550	CPT	outpatient			24099		9409.2 Wellcare	Medicare		8181.91				678.6	22894.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP ACROMIOCLAV DISL OPEN	23550	CPT	outpatient			24099		9409.2 Wellcare	Medicaid		7603.23	31.55			678.6	22894.05	percent of total billed charges	
REP ACROMIOCLAV DISL OPEN	23550	CPT	outpatient			24099		9409.2 WellPoint	WellPoint		7755.06	32.18			678.6	22894.05	percent of total billed charges	
CLSD TRT SCAPULAR FRACTWO MAN	23570	CPT	outpatient			2194		310.16 Aetna	Better Health		692.21	31.55			224.72	2084.3	percent of total billed charges	
CLSD TRT SCAPULAR FRACTWO MAN	23570	CPT	outpatient			2194		310.16 Aetna	Medicare		269.7				224.72	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT SCAPULAR FRACTWO MAN	23570	CPT	outpatient			2194		310.16 Aetna	Commercial		429.36				224.72	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT SCAPULAR FRACTWO MAN	23570	CPT	outpatient			2194		310.16 Americare	Americare		1645.5	75			224.72	2084.3	percent of total billed charges	
CLSD TRT SCAPULAR FRACTWO MAN	23570	CPT	outpatient			2194		310.16 Amerihealth	Medicare		269.7				224.72	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT SCAPULAR FRACTWO MAN	23570	CPT	outpatient			2194		310.16 Amerihealth	HMO/PPO		1426.1	65			224.72	2084.3	percent of total billed charges	
CLSD TRT SCAPULAR FRACTWO MAN	23570	CPT	outpatient			2194		310.16 Consumer	Consumer		2084.3	95			224.72	2084.3	percent of total billed charges	
CLSD TRT SCAPULAR FRACTWO MAN	23570	CPT	outpatient			2194		310.16 Corrections	Corrections		1755.2	80			224.72	2084.3	percent of total billed charges	
CLSD TRT SCAPULAR FRACTWO MAN	23570	CPT	outpatient			2194		310.16 First Health	First Health		1535.8	70			224.72	2084.3	percent of total billed charges	
CLSD TRT SCAPULAR FRACTWO MAN	23570	CPT	outpatient			2194		310.16 First Trenton	First Trenton		1974.6	90			224.72	2084.3	percent of total billed charges	
CLSD TRT SCAPULAR FRACTWO MAN	23570	CPT	outpatient			2194		310.16 Horizon	Medicare Blue		269.7				224.72	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT SCAPULAR FRACTWO MAN	23570	CPT	outpatient			2194		310.16 Horizon	MGD		501.91				224.72	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT SCAPULAR FRACTWO MAN	23570	CPT	outpatient			2194		310.16 Horizon	Indemnity		501.91				224.72	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT SCAPULAR FRACTWO MAN	23570	CPT	outpatient			2194		310.16 Horizon	NJ Health		224.72				224.72	2084.3	fee schedule	
CLSD TRT SCAPULAR FRACTWO MAN	23570	CPT	outpatient			2194		310.16 Horizon	PPO		501.91				224.72	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT SCAPULAR FRACTWO MAN	23570	CPT	outpatient			2194		310.16 Managed Care Inc	Managed Care Inc		1974.6	90			224.72	2084.3	percent of total billed charges	
CLSD TRT SCAPULAR FRACTWO MAN	23570	CPT	outpatient			2194		310.16 Multiplan	Multiplan		1755.2	80			224.72	2084.3	percent of total billed charges	
CLSD TRT SCAPULAR FRACTWO MAN	23570	CPT	outpatient			2194		310.16 Qualcare	Qualcare		1645.5	75			224.72	2084.3	percent of total billed charges	
CLSD TRT SCAPULAR FRACTWO MAN	23570	CPT	outpatient			2194		310.16 Three Rivers	Three Rivers		2084.3	95			224.72	2084.3	percent of total billed charges	
CLSD TRT SCAPULAR FRACTWO MAN	23570	CPT	outpatient			2194		310.16 UHC	Medicare		269.7				224.72	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT SCAPULAR FRACTWO MAN	23570	CPT	outpatient			2194		310.16 UHC	Medicaid		692.21	31.55			224.72	2084.3	percent of total billed charges	
CLSD TRT SCAPULAR FRACTWO MAN	23570	CPT	outpatient			2194		310.16 United	CommercialPPO		1782				224.72	2084.3	case rate	
CLSD TRT SCAPULAR FRACTWO MAN	23570	CPT	outpatient			2194		310.16 United	Oxford		1782				224.72	2084.3	case rate	
CLSD TRT SCAPULAR FRACTWO MAN	23570	CPT	outpatient			2194		310.16 Wellcare	Medicaid		692.21	31.55			224.72	2084.3	percent of total billed charges	
CLSD TRT SCAPULAR FRACTWO MAN	23570	CPT	outpatient			2194		310.16 Wellcare	Medicare		269.7				224.72	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT SCAPULAR FRACTWO MAN	23570	CPT	outpatient			2194		310.16 WellPoint	WellPoint		706.03	32.18			224.72	2084.3	percent of total billed charges	
CLSD TRT SCAPULAR FRACT W MAN	23575	CPT	outpatient			5378		2113.84 Aetna	Better Health		1696.76	31.55			307.93	5109.1	percent of total billed charges	
CLSD TRT SCAPULAR FRACT W MAN	23575	CPT	outpatient			5378		2113.84 Aetna	Medicare		1656.42	30.8			307.93	5109.1	percent of total billed charges	
CLSD TRT SCAPULAR FRACT W MAN	23575	CPT	outpatient			5378		2113.84 Aetna	Commercial		2926.29				307.93	5109.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT SCAPULAR FRACT W MAN	23575	CPT	outpatient			5378		2113.84 Americare	Americare		4033.5	75			307.93	5109.1	percent of total billed charges	
CLSD TRT SCAPULAR FRACT W MAN	23575	CPT	outpatient			5378		2113.84 Amerihealth	Medicare		1838.12				307.93	5109.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT SCAPULAR FRACT W MAN	23575	CPT	outpatient			5378		2113.84 Amerihealth	HMO/PPO		3495.7	65			307.93	5109.1	percent of total billed charges	
CLSD TRT SCAPULAR FRACT W MAN	23575	CPT	outpatient			5378		2113.84 Consumer	Consumer		5109.1	95			307.93	5109.1	percent of total billed charges	
CLSD TRT SCAPULAR FRACT W MAN	23575	CPT	outpatient			5378		2113.84 Corrections	Corrections		4302.4	80			307.93	5109.1	percent of total billed charges	
CLSD TRT SCAPULAR FRACT W MAN	23575	CPT	outpatient			5378		2113.84 First Health	First Health		3764.6	70			307.93	5109.1	percent of total billed charges	
CLSD TRT SCAPULAR FRACT W MAN	23575	CPT	outpatient			5378		2113.84 First Trenton	First Trenton		4840.2	90			307.93	5109.1	percent of total billed charges	
CLSD TRT SCAPULAR FRACT W MAN	23575	CPT	outpatient			5378		2113.84 Horizon	PPO		3420.74				307.93	5109.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT SCAPULAR FRACT W MAN	23575	CPT	outpatient			5378		2113.84 Horizon	Indemnity		3420.74				307.93	5109.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT SCAPULAR FRACT W MAN	23575	CPT	outpatient			5378		2113.84 Horizon	MGD		3420.74				307.93	5109.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT SCAPULAR FRACT W MAN	23575	CPT	outpatient			5378		2113.84 Horizon	Medicare Blue		1838.12				307.93	5109.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT SCAPULAR FRACT W MAN	23575	CPT	outpatient			5378		2113.84 Horizon	NJ Health		307.93				307.93	5109.1	fee schedule	
CLSD TRT SCAPULAR FRACT W MAN	23575	CPT	outpatient			5378		2113.84 Managed Care Inc	Managed Care Inc		4840.2	90			307.93	5109.1	percent of total billed charges	
CLSD TRT SCAPULAR FRACT W MAN	23575	CPT	outpatient			5378		2113.84 Multiplan	Multiplan		4302.4	80			307.93	5109.1	percent of total billed charges	
CLSD TRT SCAPULAR FRACT W MAN	23575	CPT	outpatient			5378		2113.84 Qualcare	Qualcare		4033.5	75			307.93	5109.1	percent of total billed charges	
CLSD TRT SCAPULAR FRACT W MAN	23575	CPT	outpatient			5378		2113.84 Three Rivers	Three Rivers		5109.1	95			307.93	5109.1	percent of total billed charges	
CLSD TRT SCAPULAR FRACT W MAN	23575	CPT	outpatient			5378		2113.84 UHC	Medicare		1838.12				307.93	5109.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT SCAPULAR FRACT W MAN	23575	CPT	outpatient			5378		2113.84 UHC	Medicaid		1696.76	31.55			307.93	5109.1	percent of total billed charges	
CLSD TRT SCAPULAR FRACT W MAN	23575	CPT	outpatient			5378		2113.84 United	CommercialPPO		1782				307.93	5109.1	case rate	
CLSD TRT SCAPULAR FRACT W MAN	23575	CPT	outpatient			5378		2113.84 United	Oxford		1782				307.93	5109.1	case rate	
CLSD TRT SCAPULAR FRACT W MAN	23575	CPT	outpatient			5378		2113.84 Wellcare	Medicare		1838.12				307.93	5109.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT SCAPULAR FRACT W MAN	23575	CPT	outpatient			5378		2113.84 Wellcare	Medicaid		1696.76	31.55			307.93	5109.1	percent of total billed charges	
CLSD TRT SCAPULAR FRACT W MAN	23575	CPT	outpatient			5378		2113.84 WellPoint	WellPoint		1730.64	32.18			307.93	5109.1	percent of total billed charges	
PROX HUMERAL FX W/O MANIPULATI	23600	CPT	outpatient			2194		310.16 Aetna	Better Health		692.21	31.55			237.89	2084.3	percent of total billed charges	
PROX HUMERAL FX W/O MANIPULATI	23600	CPT	outpatient			2194		310.16 Aetna	Commercial		429.36				237.89	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROX HUMERAL FX W/O MANIPULATI	23600	CPT	outpatient			2194		310.16 Aetna	Medicare		269.7				237.89	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROX HUMERAL FX W/O MANIPULATI	23600	CPT	outpatient			2194		310.16 Americare	Americare		1645.5	75			237.89	2084.3	percent of total billed charges	
PROX HUMERAL FX W/O MANIPULATI	23600	CPT	outpatient			2194		310.16 Amerihealth	HMO/PPO		1426.1	65			237.89	2084.3	percent of total billed charges	
PROX HUMERAL FX W/O MANIPULATI	23600	CPT	outpatient			2194		310.16 Amerihealth	Medicare		269.7				237.89	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROX HUMERAL FX W/O MANIPULATI	23600	CPT	outpatient			2194		310.16 Consumer	Consumer		2084.3	95			237.89	2084.3	percent of total billed charges	
PROX HUMERAL FX W/O MANIPULATI	23600	CPT	outpatient			2194		310.16 Corrections	Corrections		1755.2	80			237.89	2084.3	percent of total billed charges	
PROX HUMERAL FX W/O MANIPULATI	23600	CPT	outpatient			2194		310.16 First Health	First Health		1535.8	70			237.89	2084.3	percent of total billed charges	
PROX HUMERAL FX W/O MANIPULATI	23600	CPT	outpatient			2194		310.16 First Trenton	First Trenton		1974.6	90			237.89	2084.3	percent of total billed charges	
PROX HUMERAL FX W/O MANIPULATI	23600	CPT	outpatient			2194		310.16 Horizon	Indemnity		501.91				237.89	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROX HUMERAL FX W/O MANIPULATI	23600	CPT	outpatient			2194		310.16 Horizon	Medicare Blue		269.7				237.89	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROX HUMERAL FX W/O MANIPULATI	23600	CPT	outpatient			2194		310.16 Horizon	PPO		501.91				237.89	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROX HUMERAL FX W/O MANIPULATI	23600	CPT	outpatient			2194		310.16 Horizon	MGD		501.91				237.89	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROX HUMERAL FX W/O MANIPULATI	23600	CPT	outpatient			2194		310.16 Horizon	NJ Health		334.34				237.89	2084.3	fee schedule	
PROX HUMERAL FX W/O MANIPULATI	23600	CPT	outpatient			2194		310.16 Managed Care Inc	Managed Care Inc		1974.6	90			237.89	2084.3	percent of total billed charges	
PROX HUMERAL FX W/O MANIPULATI	23600	CPT	outpatient			2194		310.16 Multiplan	Multiplan		1755.2	80			237.89	2084.3	percent of total billed charges	
PROX HUMERAL FX W/O MANIPULATI	23600	CPT	outpatient			2194		310.16 Qualcare	Qualcare		1645.5	75			237.89	2084.3	percent of total billed charges	
PROX HUMERAL FX W/O MANIPULATI	23600	CPT	outpatient			2194		310.16 Three Rivers	Three Rivers		2084.3	95			237.89	2084.3	percent of total billed charges	
PROX HUMERAL FX W/O MANIPULATI	23600	CPT	outpatient			2194		310.16 UHC	Medicare		269.7				237.89	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROX HUMERAL FX W/O MANIPULATI	23600	CPT	outpatient			2194		310.16 UHC	Medicaid		692.21	31.55			237.89	2084.3	percent of total billed charges	
PROX HUMERAL FX W/O MANIPULATI	23600	CPT	outpatient			2194		310.16 United	Oxford		1782				237.89	2084.3	case rate	
PROX HUMERAL FX W/O MANIPULATI	23600	CPT	outpatient			2194		310.16 United	CommercialPPO		1782				237.89	2084.3	case rate	
PROX HUMERAL FX W/O MANIPULATI	23600	CPT	outpatient			2194		310.16 Wellcare	Medicare		269.7				237.89	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROX HUMERAL FX W/O MANIPULATI	23600	CPT	outpatient			2194		310.16 Wellcare	Medicaid		692.21	31.55			237.89	2084.3	percent of total billed charges	
PROX HUMERAL FX W/O MANIPULATI	23600	CPT	outpatient			2194		310.16 WellPoint	WellPoint		706.03	32.18			237.89	2084.3	percent of total billed charges	
CLSD TRT PROX HUM W MAN	23605	CPT	outpatient			6312		2113.84 Aetna	Better Health		1991.44	31.55			519.83	5996.4	percent of total billed charges	
CLSD TRT PROX HUM W MAN	23605	CPT	outpatient			6312		2113.84 Aetna	Medicare		1944.1	30.8			519.83	5996.4	percent of total billed charges	
CLSD TRT PROX HUM W MAN	23605	CPT	outpatient			6312		2113.84 Aetna	Commercial		2926.29				519.83	5996.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT PROX HUM W MAN	23605	CPT	outpatient			6312		2113.84 Americare	Americare		4734	75			519.83	5996.4	percent of total billed charges	
CLSD TRT PROX HUM W MAN	23605	CPT	outpatient			6312		2113.84 Amerihealth	Medicare		1838.12				519.83	5996.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT PROX HUM W MAN	23605	CPT	outpatient			6312		2113.84 Amerihealth	HMO/PPO		4102.8	65			519.83	5996.4	percent of total billed charges	
CLSD TRT PROX HUM W MAN	23605	CPT	outpatient			6312		2113.84 Consumer	Consumer		5996.4	95			519.83	5996.4	percent of total billed charges	
CLSD TRT PROX HUM W MAN	23605	CPT	outpatient			6312		2113.84 Corrections	Corrections		5049.6	80			519.83	5996.4	percent of total billed charges	
CLSD TRT PROX HUM W MAN	23605	CPT	outpatient			6312		2113.84 First Health	First Health		4418.4	70			519.83	5996.4	percent of total billed charges	
CLSD TRT PROX HUM W MAN	23605	CPT	outpatient			6312		2113.84 First Trenton	First Trenton		5680.8	90			519.83	5996.4	percent of total billed charges	
CLSD TRT PROX HUM W MAN	23605	CPT	outpatient			6312		2113.84 Horizon	MGD		3420.74				519.83	5996.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT PROX HUM W MAN	23605	CPT	outpatient			6312		2113.84 Horizon	Indemnity		3420.74				519.83	5996.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT PROX HUM W MAN	23605	CPT	outpatient			6312		2113.84 Horizon	Medicare Blue		1838.12				519.83	5996.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT PROX HUM W MAN	23605	CPT	outpatient			6312		2113.84 Horizon	NJ Health		519.83				519.83	5996.4	fee schedule	
CLSD TRT PROX HUM W MAN	23605	CPT	outpatient			6312		2113.84 Horizon	PPO		3420.74				519.83	5996.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT PROX HUM W MAN	23605	CPT	outpatient			6312		2113.84 Managed Care Inc	Managed Care Inc		5680.8	90			519.83	5996.4	percent of total billed charges	
CLSD TRT PROX HUM W MAN	23605	CPT	outpatient			6312		2113.84 Multiplan	Multiplan		5049.6	80			519.83	5996.4	percent of total billed charges	
CLSD TRT PROX HUM W MAN	23605	CPT	outpatient			6312		2113.84 Qualcare	Qualcare		4734	75			519.83	5996.4	percent of total billed charges	
CLSD TRT PROX HUM W MAN	23605	CPT	outpatient			6312		2113.84 Three Rivers	Three Rivers		5996.4	95			519.83	5996.4	percent of total billed charges	
CLSD TRT PROX HUM W MAN	23605	CPT	outpatient			6312		2113.84 UHC	Medicaid		1991.44	31.55			519.83	5996.4	percent of total billed charges	
CLSD TRT PROX HUM W MAN	23605	CPT	outpatient			6312		2113.84 UHC	Medicare		1838.12				519.83	5996.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT PROX HUM W MAN	23605	CPT	outpatient			6312		2113.84 United	CommercialPPO		2776				519.83	5996.4	case rate	
CLSD TRT PROX HUM W MAN	23605	CPT	outpatient			6312		2113.84 United	Oxford		2776				519.83	5996.4	case rate	
CLSD TRT PROX HUM W MAN	23605	CPT	outpatient			6312		2113.84 Wellcare	Medicare		1838.12				519.83	5996.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT PROX HUM W MAN	23605	CPT	outpatient			6312		2113.84 Wellcare	Medicaid		1991.44	31.55			519.83	5996.4	percent of total billed charges	
CLSD TRT PROX HUM W MAN	23605	CPT	outpatient			6312		2113.84 WellPoint	WellPoint		2031.2	32.18			519.83	5996.4	percent of total billed charges	
GREATER TUBEROSITY FX W/O MANI	23620	CPT	outpatient			1004		310.16 Aetna	Commercial		429.36				237.89	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GREATER TUBEROSITY FX W/O MANI	23620	CPT	outpatient			1004		310.16 Aetna	Better Health		316.76	31.55			237.89	1782	percent of total billed charges	
GREATER TUBEROSITY FX W/O MANI	23620	CPT	outpatient			1004		310.16 Aetna	Medicare		269.7				237.89	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GREATER TUBEROSITY FX W/O MANI	23620	CPT	outpatient			1004		310.16 Americare	Americare		753	75			237.89	1782	percent of total billed charges	
GREATER TUBEROSITY FX W/O MANI	23620	CPT	outpatient			1004		310.16 Amerihealth	Medicare		269.7				237.89	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GREATER TUBEROSITY FX W/O MANI	23620	CPT	outpatient			1004		310.16 Amerihealth	HMO/PPO		652.6	65			237.89	1782	percent of total billed charges	
GREATER TUBEROSITY FX W/O MANI	23620	CPT	outpatient			1004		310.16 Consumer	Consumer		953.8	95			237.89	1782	percent of total billed charges	
GREATER TUBEROSITY FX W/O MANI	23620	CPT	outpatient			1004		310.16 Corrections	Corrections		803.2	80			237.89	1782	percent of total billed charges	
GREATER TUBEROSITY FX W/O MANI	23620	CPT	outpatient			1004		310.16 First Health	First Health		702.8	70			237.89	1782	percent of total billed charges	
GREATER TUBEROSITY FX W/O MANI	23620	CPT	outpatient			1004		310.16 First Trenton	First Trenton		903.6	90			237.89	1782	percent of total billed charges	
GREATER TUBEROSITY FX W/O MANI	23620	CPT	outpatient			1004		310.16 Horizon	Indemnity		501.91				237.89	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GREATER TUBEROSITY FX W/O MANI	23620	CPT	outpatient			1004		310.16 Horizon	MGD		501.91				237.89	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GREATER TUBEROSITY FX W/O MANI	23620	CPT	outpatient			1004		310.16 Horizon	Medicare Blue		269.7				237.89	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GREATER TUBEROSITY FX W/O MANI	23620	CPT	outpatient			1004		310.16 Horizon	NJ Health		282.64				237.89	1782	fee schedule	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
GREATER TUBEROSITY FX W/O MANI	23620	CPT	outpatient			1004		310.16 Horizon	PPO		501.91				237.89	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GREATER TUBEROSITY FX W/O MANI	23620	CPT	outpatient			1004		310.16 Managed Care Inc	Managed Care Inc		903.6	90			237.89	1782	percent of total billed charges	
GREATER TUBEROSITY FX W/O MANI	23620	CPT	outpatient			1004		310.16 Multiplan	Multiplan		803.2	80			237.89	1782	percent of total billed charges	
GREATER TUBEROSITY FX W/O MANI	23620	CPT	outpatient			1004		310.16 Qualcare	Qualcare		753	75			237.89	1782	percent of total billed charges	
GREATER TUBEROSITY FX W/O MANI	23620	CPT	outpatient			1004		310.16 Three Rivers	Three Rivers		953.8	95			237.89	1782	percent of total billed charges	
GREATER TUBEROSITY FX W/O MANI	23620	CPT	outpatient			1004		310.16 UHC	Medicaid		316.76	31.55			237.89	1782	percent of total billed charges	
GREATER TUBEROSITY FX W/O MANI	23620	CPT	outpatient			1004		310.16 UHC	Medicare		269.7				237.89	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GREATER TUBEROSITY FX W/O MANI	23620	CPT	outpatient			1004		310.16 United	CommercialPPO		1782				237.89	1782	case rate	
GREATER TUBEROSITY FX W/O MANI	23620	CPT	outpatient			1004		310.16 United	Oxford		1782				237.89	1782	case rate	
GREATER TUBEROSITY FX W/O MANI	23620	CPT	outpatient			1004		310.16 Wellcare	Medicare		269.7				237.89	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GREATER TUBEROSITY FX W/O MANI	23620	CPT	outpatient			1004		310.16 Wellcare	Medicaid		316.76	31.55			237.89	1782	percent of total billed charges	
GREATER TUBEROSITY FX W/O MANI	23620	CPT	outpatient			1004		310.16 WellPoint	WellPoint		323.09	32.18			237.89	1782	percent of total billed charges	
CLSD TRT GRT HUM TUBER W MAN	23625	CPT	outpatient			5257		2113.84 Aetna	Commercial		2926.29				417.76	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT GRT HUM TUBER W MAN	23625	CPT	outpatient			5257		2113.84 Aetna	Better Health		1658.58	31.55			417.76	4994.15	percent of total billed charges	
CLSD TRT GRT HUM TUBER W MAN	23625	CPT	outpatient			5257		2113.84 Aetna	Medicare		1838.12				417.76	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT GRT HUM TUBER W MAN	23625	CPT	outpatient			5257		2113.84 Americare	Americare		3942.75	75			417.76	4994.15	percent of total billed charges	
CLSD TRT GRT HUM TUBER W MAN	23625	CPT	outpatient			5257		2113.84 Amerihealth	HMO/PPO		3417.05	65			417.76	4994.15	percent of total billed charges	
CLSD TRT GRT HUM TUBER W MAN	23625	CPT	outpatient			5257		2113.84 Amerihealth	Medicare		1838.12				417.76	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT GRT HUM TUBER W MAN	23625	CPT	outpatient			5257		2113.84 Consumer	Consumer		4994.15	95			417.76	4994.15	percent of total billed charges	
CLSD TRT GRT HUM TUBER W MAN	23625	CPT	outpatient			5257		2113.84 Corrections	Corrections		4205.6	80			417.76	4994.15	percent of total billed charges	
CLSD TRT GRT HUM TUBER W MAN	23625	CPT	outpatient			5257		2113.84 First Health	First Health		3679.9	70			417.76	4994.15	percent of total billed charges	
CLSD TRT GRT HUM TUBER W MAN	23625	CPT	outpatient			5257		2113.84 First Trenton	First Trenton		4731.3	90			417.76	4994.15	percent of total billed charges	
CLSD TRT GRT HUM TUBER W MAN	23625	CPT	outpatient			5257		2113.84 Horizon	Medicare Blue		1838.12				417.76	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT GRT HUM TUBER W MAN	23625	CPT	outpatient			5257		2113.84 Horizon	MGD		3420.74				417.76	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT GRT HUM TUBER W MAN	23625	CPT	outpatient			5257		2113.84 Horizon	Indemnity		3420.74				417.76	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT GRT HUM TUBER W MAN	23625	CPT	outpatient			5257		2113.84 Horizon	NJ Health		417.76				417.76	4994.15	fee schedule	
CLSD TRT GRT HUM TUBER W MAN	23625	CPT	outpatient			5257		2113.84 Horizon	PPO		3420.74				417.76	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT GRT HUM TUBER W MAN	23625	CPT	outpatient			5257		2113.84 Managed Care Inc	Managed Care Inc		4731.3	90			417.76	4994.15	percent of total billed charges	
CLSD TRT GRT HUM TUBER W MAN	23625	CPT	outpatient			5257		2113.84 Multiplan	Multiplan		4205.6	80			417.76	4994.15	percent of total billed charges	
CLSD TRT GRT HUM TUBER W MAN	23625	CPT	outpatient			5257		2113.84 Qualcare	Qualcare		3942.75	75			417.76	4994.15	percent of total billed charges	
CLSD TRT GRT HUM TUBER W MAN	23625	CPT	outpatient			5257		2113.84 Three Rivers	Three Rivers		4994.15	95			417.76	4994.15	percent of total billed charges	
CLSD TRT GRT HUM TUBER W MAN	23625	CPT	outpatient			5257		2113.84 UHC	Medicare		1838.12				417.76	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT GRT HUM TUBER W MAN	23625	CPT	outpatient			5257		2113.84 UHC	Medicaid		1658.58	31.55			417.76	4994.15	percent of total billed charges	
CLSD TRT GRT HUM TUBER W MAN	23625	CPT	outpatient			5257		2113.84 United	Oxford		2493				417.76	4994.15	case rate	
CLSD TRT GRT HUM TUBER W MAN	23625	CPT	outpatient			5257		2113.84 United	CommercialPPO		2493				417.76	4994.15	case rate	
CLSD TRT GRT HUM TUBER W MAN	23625	CPT	outpatient			5257		2113.84 Wellcare	Medicare		1838.12				417.76	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT GRT HUM TUBER W MAN	23625	CPT	outpatient			5257		2113.84 Wellcare	Medicaid		1658.58	31.55			417.76	4994.15	percent of total billed charges	
CLSD TRT GRT HUM TUBER W MAN	23625	CPT	outpatient			5257		2113.84 WellPoint	WellPoint		1691.7	32.18			417.76	4994.15	percent of total billed charges	
CLSD TX SH DISLC W/MAN W/O ANE	23650	CPT	outpatient			2194		310.16 Aetna	Commercial		429.36				142.51	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TX SH DISLC W/MAN W/O ANE	23650	CPT	outpatient			2194		310.16 Aetna	Better Health		692.21	31.55			142.51	2084.3	percent of total billed charges	
CLSD TX SH DISLC W/MAN W/O ANE	23650	CPT	outpatient			2194		310.16 Aetna	Medicare		269.7				142.51	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TX SH DISLC W/MAN W/O ANE	23650	CPT	outpatient			2194		310.16 Americare	Americare		1645.5	75			142.51	2084.3	percent of total billed charges	
CLSD TX SH DISLC W/MAN W/O ANE	23650	CPT	outpatient			2194		310.16 Amerihealth	HMO/PPO		1426.1	65			142.51	2084.3	percent of total billed charges	
CLSD TX SH DISLC W/MAN W/O ANE	23650	CPT	outpatient			2194		310.16 Amerihealth	Medicare		269.7				142.51	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TX SH DISLC W/MAN W/O ANE	23650	CPT	outpatient			2194		310.16 Consumer	Consumer		2084.3	95			142.51	2084.3	percent of total billed charges	
CLSD TX SH DISLC W/MAN W/O ANE	23650	CPT	outpatient			2194		310.16 Corrections	Corrections		1755.2	80			142.51	2084.3	percent of total billed charges	
CLSD TX SH DISLC W/MAN W/O ANE	23650	CPT	outpatient			2194		310.16 First Health	First Health		1535.8	70			142.51	2084.3	percent of total billed charges	
CLSD TX SH DISLC W/MAN W/O ANE	23650	CPT	outpatient			2194		310.16 First Trenton	First Trenton		1974.6	90			142.51	2084.3	percent of total billed charges	
CLSD TX SH DISLC W/MAN W/O ANE	23650	CPT	outpatient			2194		310.16 Horizon	MGD		501.91				142.51	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TX SH DISLC W/MAN W/O ANE	23650	CPT	outpatient			2194		310.16 Horizon	Medicare Blue		269.7				142.51	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TX SH DISLC W/MAN W/O ANE	23650	CPT	outpatient			2194		310.16 Horizon	PPO		501.91				142.51	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TX SH DISLC W/MAN W/O ANE	23650	CPT	outpatient			2194		310.16 Horizon	Indemnity		501.91				142.51	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TX SH DISLC W/MAN W/O ANE	23650	CPT	outpatient			2194		310.16 Horizon	NJ Health		142.51				142.51	2084.3	fee schedule	
CLSD TX SH DISLC W/MAN W/O ANE	23650	CPT	outpatient			2194		310.16 Managed Care Inc	Managed Care Inc		1974.6	90			142.51	2084.3	percent of total billed charges	
CLSD TX SH DISLC W/MAN W/O ANE	23650	CPT	outpatient			2194		310.16 Multiplan	Multiplan		1755.2	80			142.51	2084.3	percent of total billed charges	
CLSD TX SH DISLC W/MAN W/O ANE	23650	CPT	outpatient			2194		310.16 Qualcare	Qualcare		1645.5	75			142.51	2084.3	percent of total billed charges	
CLSD TX SH DISLC W/MAN W/O ANE	23650	CPT	outpatient			2194		310.16 Three Rivers	Three Rivers		2084.3	95			142.51	2084.3	percent of total billed charges	
CLSD TX SH DISLC W/MAN W/O ANE	23650	CPT	outpatient			2194		310.16 UHC	Medicaid		692.21	31.55			142.51	2084.3	percent of total billed charges	
CLSD TX SH DISLC W/MAN W/O ANE	23650	CPT	outpatient			2194		310.16 UHC	Medicare		269.7				142.51	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TX SH DISLC W/MAN W/O ANE	23650	CPT	outpatient			2194		310.16 United	Oxford		1782				142.51	2084.3	case rate	
CLSD TX SH DISLC W/MAN W/O ANE	23650	CPT	outpatient			2194		310.16 United	CommercialPPO		1782				142.51	2084.3	case rate	
CLSD TX SH DISLC W/MAN W/O ANE	23650	CPT	outpatient			2194		310.16 Wellcare	Medicare		269.7				142.51	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TX SH DISLC W/MAN W/O ANE	23650	CPT	outpatient			2194		310.16 Wellcare	Medicaid		692.21	31.55			142.51	2084.3	percent of total billed charges	
CLSD TX SH DISLC W/MAN W/O ANE	23650	CPT	outpatient			2194		310.16 WellPoint	WellPoint		706.03	32.18			142.51	2084.3	percent of total billed charges	
CLSD TRT SHLD FX W MAN W ANE	23655	CPT	outpatient			6046		2113.84 Aetna	Commercial		2926.29				334.34	5743.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT SHLD FX W MAN W ANE	23655	CPT	outpatient			6046		2113.84 Aetna	Medicare		1838.12				334.34	5743.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT SHLD FX W MAN W ANE	23655	CPT	outpatient			6046		2113.84 Aetna	Better Health		1907.51	31.55			334.34	5743.7	percent of total billed charges	
CLSD TRT SHLD FX W MAN W ANE	23655	CPT	outpatient			6046		2113.84 Americare	Americare		4534.5	75			334.34	5743.7	percent of total billed charges	
CLSD TRT SHLD FX W MAN W ANE	23655	CPT	outpatient			6046		2113.84 Amerihealth	Medicare		1838.12				334.34	5743.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT SHLD FX W MAN W ANE	23655	CPT	outpatient			6046		2113.84 Amerihealth	HMO/PPO		3929.9	65			334.34	5743.7	percent of total billed charges	
CLSD TRT SHLD FX W MAN W ANE	23655	CPT	outpatient			6046		2113.84 Consumer	Consumer		5743.7	95			334.34	5743.7	percent of total billed charges	
CLSD TRT SHLD FX W MAN W ANE	23655	CPT	outpatient			6046		2113.84 Corrections	Corrections		4836.8	80			334.34	5743.7	percent of total billed charges	
CLSD TRT SHLD FX W MAN W ANE	23655	CPT	outpatient			6046		2113.84 First Health	First Health		4232.2	70			334.34	5743.7	percent of total billed charges	
CLSD TRT SHLD FX W MAN W ANE	23655	CPT	outpatient			6046		2113.84 First Trenton	First Trenton		5441.4	90			334.34	5743.7	percent of total billed charges	
CLSD TRT SHLD FX W MAN W ANE	23655	CPT	outpatient			6046		2113.84 Horizon	MGD		3420.74				334.34	5743.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT SHLD FX W MAN W ANE	23655	CPT	outpatient			6046		2113.84 Horizon	Indemnity		3420.74				334.34	5743.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT SHLD FX W MAN W ANE	23655	CPT	outpatient			6046		2113.84 Horizon	Medicare Blue		1838.12				334.34	5743.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT SHLD FX W MAN W ANE	23655	CPT	outpatient			6046		2113.84 Horizon	NJ Health		334.34				334.34	5743.7	fee schedule	
CLSD TRT SHLD FX W MAN W ANE	23655	CPT	outpatient			6046		2113.84 Horizon	PPO		3420.74				334.34	5743.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT SHLD FX W MAN W ANE	23655	CPT	outpatient			6046		2113.84 Managed Care Inc	Managed Care Inc		5441.4	90			334.34	5743.7	percent of total billed charges	
CLSD TRT SHLD FX W MAN W ANE	23655	CPT	outpatient			6046		2113.84 Multiplan	Multiplan		4836.8	80			334.34	5743.7	percent of total billed charges	
CLSD TRT SHLD FX W MAN W ANE	23655	CPT	outpatient			6046		2113.84 Qualcare	Qualcare		4534.5	75			334.34	5743.7	percent of total billed charges	
CLSD TRT SHLD FX W MAN W ANE	23655	CPT	outpatient			6046		2113.84 Three Rivers	Three Rivers		5743.7	95			334.34	5743.7	percent of total billed charges	
CLSD TRT SHLD FX W MAN W ANE	23655	CPT	outpatient			6046		2113.84 UHC	Medicaid		1907.51	31.55			334.34	5743.7	percent of total billed charges	
CLSD TRT SHLD FX W MAN W ANE	23655	CPT	outpatient			6046		2113.84 UHC	Medicare		1838.12				334.34	5743.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT SHLD FX W MAN W ANE	23655	CPT	outpatient			6046		2113.84 United	Oxford		2493				334.34	5743.7	case rate	
CLSD TRT SHLD FX W MAN W ANE	23655	CPT	outpatient			6046		2113.84 United	CommercialPPO		2493				334.34	5743.7	case rate	
CLSD TRT SHLD FX W MAN W ANE	23655	CPT	outpatient			6046		2113.84 Wellcare	Medicare		1838.12				334.34	5743.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT SHLD FX W MAN W ANE	23655	CPT	outpatient			6046		2113.84 Wellcare	Medicaid		1907.51	31.55			334.34	5743.7	percent of total billed charges	
CLSD TRT SHLD FX W MAN W ANE	23655	CPT	outpatient			6046		2113.84 WellPoint	WellPoint		1945.6	32.18			334.34	5743.7	percent of total billed charges	
TRT SHLDR DISL FX MAN	23665	CPT	outpatient			5257		2113.84 Aetna	Medicare		1838.12				427.52	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT SHLDR DISL FX MAN	23665	CPT	outpatient			5257		2113.84 Aetna	Better Health		1658.58	31.55			427.52	4994.15	percent of total billed charges	
TRT SHLDR DISL FX MAN	23665	CPT	outpatient			5257		2113.84 Aetna	Commercial		2926.29				427.52	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT SHLDR DISL FX MAN	23665	CPT	outpatient			5257		2113.84 Americare	Americare		3942.75	75			427.52	4994.15	percent of total billed charges	
TRT SHLDR DISL FX MAN	23665	CPT	outpatient			5257		2113.84 Amerihealth	Medicare		1838.12				427.52	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT SHLDR DISL FX MAN	23665	CPT	outpatient			5257		2113.84 Amerihealth	HMO/PPO		3417.05	65			427.52	4994.15	percent of total billed charges	
TRT SHLDR DISL FX MAN	23665	CPT	outpatient			5257		2113.84 Consumer	Consumer		4994.15	95			427.52	4994.15	percent of total billed charges	
TRT SHLDR DISL FX MAN	23665	CPT	outpatient			5257		2113.84 Corrections	Corrections		4205.6	80			427.52	4994.15	percent of total billed charges	
TRT SHLDR DISL FX MAN	23665	CPT	outpatient			5257		2113.84 First Health	First Health		3679.9	70			427.52	4994.15	percent of total billed charges	
TRT SHLDR DISL FX MAN	23665	CPT	outpatient			5257		2113.84 First Trenton	First Trenton		4731.3	90			427.52	4994.15	percent of total billed charges	
TRT SHLDR DISL FX MAN	23665	CPT	outpatient			5257		2113.84 Horizon	Indemnity		3420.74				427.52	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT SHLDR DISL FX MAN	23665	CPT	outpatient			5257		2113.84 Horizon	Medicare Blue		1838.12				427.52	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT SHLDR DISL FX MAN	23665	CPT	outpatient			5257		2113.84 Horizon	PPO		3420.74				427.52	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT SHLDR DISL FX MAN	23665	CPT	outpatient			5257		2113.84 Horizon	MGD		3420.74				427.52	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT SHLDR DISL FX MAN	23665	CPT	outpatient			5257		2113.84 Horizon	NJ Health		427.52				427.52	4994.15	fee schedule	
TRT SHLDR DISL FX MAN	23665	CPT	outpatient			5257		2113.84 Managed Care Inc	Managed Care Inc		4731.3	90			427.52	4994.15	percent of total billed charges	
TRT SHLDR DISL FX MAN	23665	CPT	outpatient			5257		2113.84 Multiplan	Multiplan		4205.6	80			427.52	4994.15	percent of total billed charges	
TRT SHLDR DISL FX MAN	23665	CPT	outpatient			5257		2113.84 Qualcare	Qualcare		3942.75	75			427.52	4994.15	percent of total billed charges	
TRT SHLDR DISL FX MAN	23665	CPT	outpatient			5257		2113.84 Three Rivers	Three Rivers		4994.15	95			427.52	4994.15	percent of total billed charges	
TRT SHLDR DISL FX MAN	23665	CPT	outpatient			5257		2113.84 UHC	Medicare		1838.12				427.52	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT SHLDR DISL FX MAN	23665	CPT	outpatient			5257		2113.84 UHC	Medicaid		1658.58	31.55			427.52	4994.15	percent of total billed charges	
TRT SHLDR DISL FX MAN	23665	CPT	outpatient			5257		2113.84 United	CommercialPPO		1817				427.52	4994.15	case rate	
TRT SHLDR DISL FX MAN	23665	CPT	outpatient			5257		2113.84 United	Oxford		1817				427.52	4994.15	case rate	
TRT SHLDR DISL FX MAN	23665	CPT	outpatient			5257		2113.84 Wellcare	Medicare		1838.12				427.52	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT SHLDR DISL FX MAN	23665	CPT	outpatient			5257		2113.84 Wellcare	Medicaid		1658.58	31.55			427.52	4994.15	percent of total billed charges	
TRT SHLDR DISL FX MAN	23665	CPT	outpatient			5257		2113.84 WellPoint	WellPoint		1691.7	32.18			427.52	4994.15	percent of total billed charges	
CL TX SHOULDER DISLOC W MAN	23675	CPT	outpatient			5257		2113.84 Aetna	Better Health		1658.58	31.55			492.66	4994.15	percent of total billed charges	
CL TX SHOULDER DISLOC W MAN	23675	CPT	outpatient			5257		2113.84 Aetna	Commercial		2926.29				492.66	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX SHOULDER DISLOC W MAN	23675	CPT	outpatient			5257		2113.84 Aetna	Medicare		1838.12				492.66	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX SHOULDER DISLOC W MAN	23675	CPT	outpatient			5257		2113.84 Americare	Americare		3942.75	75			492.66	4994.15	percent of total billed charges	
CL TX SHOULDER DISLOC W MAN	23675	CPT	outpatient			5257		2113.84 Amerihealth	HMO/PPO		3417.05	65			492.66	4994.15	percent of total billed charges	
CL TX SHOULDER DISLOC W MAN	23675	CPT	outpatient			5257		2113.84 Amerihealth	Medicare		1838.12				492.66	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX SHOULDER DISLOC W MAN	23675	CPT	outpatient			5257		2113.84 Consumer	Consumer		4994.15	95			492.66	4994.15	percent of total billed charges	
CL TX SHOULDER DISLOC W MAN	23675	CPT	outpatient			5257		2113.84 Corrections	Corrections		4205.6	80			492.66	4994.15	percent of total billed charges	
CL TX SHOULDER DISLOC W MAN	23675	CPT	outpatient			5257		2113.84 First Health	First Health		3679.9	70			492.66	4994.15	percent of total billed charges	
CL TX SHOULDER DISLOC W MAN	23675	CPT	outpatient			5257		2113.84 First Trenton	First Trenton		4731.3	90			492.66	4994.15	percent of total billed charges	
CL TX SHOULDER DISLOC W MAN	23675	CPT	outpatient			5257		2113.84 Horizon	NJ Health		492.66				492.66	4994.15	fee schedule	
CL TX SHOULDER DISLOC W MAN	23675	CPT	outpatient			5257		2113.84 Horizon	Indemnity		3420.74				492.66	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX SHOULDER DISLOC W MAN	23675	CPT	outpatient			5257		2113.84 Horizon	MGD		3420.74				492.66	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX SHOULDER DISLOC W MAN	23675	CPT	outpatient			5257		2113.84 Horizon	PPO		3420.74				492.66	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX SHOULDER DISLOC W MAN	23675	CPT	outpatient			5257		2113.84 Horizon	Medicare Blue		1838.12				492.66	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX SHOULDER DISLOC W MAN	23675	CPT	outpatient			5257		2113.84 Managed Care Inc	Managed Care Inc		4731.3	90			492.66	4994.15	percent of total billed charges	
CL TX SHOULDER DISLOC W MAN	23675	CPT	outpatient			5257		2113.84 Multiplan	Multiplan		4205.6	80			492.66	4994.15	percent of total billed charges	
CL TX SHOULDER DISLOC W MAN	23675	CPT	outpatient			5257		2113.84 Qualcare	Qualcare		3942.75	75			492.66	4994.15	percent of total billed charges	
CL TX SHOULDER DISLOC W MAN	23675	CPT	outpatient			5257		2113.84 Three Rivers	Three Rivers		4994.15	95			492.66	4994.15	percent of total billed charges	
CL TX SHOULDER DISLOC W MAN	23675	CPT	outpatient			5257		2113.84 UHC	Medicaid		1658.58	31.55			492.66	4994.15	percent of total billed charges	
CL TX SHOULDER DISLOC W MAN	23675	CPT	outpatient			5257		2113.84 UHC	Medicare		1838.12				492.66	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX SHOULDER DISLOC W MAN	23675	CPT	outpatient			5257		2113.84 United	CommercialPPO		1782				492.66	4994.15	case rate	
CL TX SHOULDER DISLOC W MAN	23675	CPT	outpatient			5257		2113.84 United	Oxford		1782				492.66	4994.15	case rate	
CL TX SHOULDER DISLOC W MAN	23675	CPT	outpatient			5257		2113.84 Wellcare	Medicare		1838.12				492.66	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX SHOULDER DISLOC W MAN	23675	CPT	outpatient			5257		2113.84 Wellcare	Medicaid		1658.58	31.55			492.66	4994.15	percent of total billed charges	
CL TX SHOULDER DISLOC W MAN	23675	CPT	outpatient			5257		2113.84 WellPoint	WellPoint		1691.7	32.18			492.66	4994.15	percent of total billed charges	
UNLISTED PROC, SHOULDER	23929	CPT	outpatient			754		310.16 Aetna	Medicare		269.7				237.89	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC, SHOULDER	23929	CPT	outpatient			754		310.16 Aetna	Better Health		237.89	31.55			237.89	1782	percent of total billed charges	
UNLISTED PROC, SHOULDER	23929	CPT	outpatient			754		310.16 Aetna	Commercial		429.36				237.89	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC, SHOULDER	23929	CPT	outpatient			754		310.16 Americare	Americare		565.5	75			237.89	1782	percent of total billed charges	
UNLISTED PROC, SHOULDER	23929	CPT	outpatient			754		310.16 Amerihealth	HMO/PPO		490.1	65			237.89	1782	percent of total billed charges	
UNLISTED PROC, SHOULDER	23929	CPT	outpatient			754		310.16 Amerihealth	Medicare		269.7				237.89	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.																
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103		310119 true															
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
UNLISTED PROC, SHOULDER	23929	CPT	outpatient			754		310.16 Consumer	Consumer		716.3	95			237.89	1782	percent of total billed charges	
UNLISTED PROC, SHOULDER	23929	CPT	outpatient			754		310.16 Corrections	Corrections		603.2	80			237.89	1782	percent of total billed charges	
UNLISTED PROC, SHOULDER	23929	CPT	outpatient			754		310.16 First Health	First Health		527.8	70			237.89	1782	percent of total billed charges	
UNLISTED PROC, SHOULDER	23929	CPT	outpatient			754		310.16 First Trenton	First Trenton		678.6	90			237.89	1782	percent of total billed charges	
UNLISTED PROC, SHOULDER	23929	CPT	outpatient			754		310.16 Horizon	Medicare Blue		269.7				237.89	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC, SHOULDER	23929	CPT	outpatient			754		310.16 Horizon	Indemnity		501.91				237.89	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC, SHOULDER	23929	CPT	outpatient			754		310.16 Horizon	PPO		501.91				237.89	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC, SHOULDER	23929	CPT	outpatient			754		310.16 Horizon	MGD		501.91				237.89	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC, SHOULDER	23929	CPT	outpatient			754		310.16 Managed Care Inc	Managed Care Inc		678.6	90			237.89	1782	percent of total billed charges	
UNLISTED PROC, SHOULDER	23929	CPT	outpatient			754		310.16 Multiplan	Multiplan		603.2	80			237.89	1782	percent of total billed charges	
UNLISTED PROC, SHOULDER	23929	CPT	outpatient			754		310.16 Qualcare	Qualcare		565.5	75			237.89	1782	percent of total billed charges	
UNLISTED PROC, SHOULDER	23929	CPT	outpatient			754		310.16 Three Rivers	Three Rivers		716.3	95			237.89	1782	percent of total billed charges	
UNLISTED PROC, SHOULDER	23929	CPT	outpatient			754		310.16 UHC	Medicare		269.7				237.89	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC, SHOULDER	23929	CPT	outpatient			754		310.16 UHC	Medicaid		237.89	31.55			237.89	1782	percent of total billed charges	
UNLISTED PROC, SHOULDER	23929	CPT	outpatient			754		310.16 United	Commercial|PPO		1782				237.89	1782	case rate	
UNLISTED PROC, SHOULDER	23929	CPT	outpatient			754		310.16 United	Oxford		1782				237.89	1782	case rate	
UNLISTED PROC, SHOULDER	23929	CPT	outpatient			754		310.16 Wellcare	Medicare		269.7				237.89	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC, SHOULDER	23929	CPT	outpatient			754		310.16 Wellcare	Medicaid		237.89	31.55			237.89	1782	percent of total billed charges	
UNLISTED PROC, SHOULDER	23929	CPT	outpatient			754		310.16 WellPoint	WellPoint		242.64	32.18			237.89	1782	percent of total billed charges	
I&D UPPER ARM BURSA	23931	CPT	outpatient			3860		2132.36 Aetna	Commercial		2951.93				61.6	3667	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D UPPER ARM BURSA	23931	CPT	outpatient			3860		2132.36 Aetna	Medicare		1188.88	30.8			61.6	3667	percent of total billed charges	
I&D UPPER ARM BURSA	23931	CPT	outpatient			3860		2132.36 Aetna	Better Health		1217.83	31.55			61.6	3667	percent of total billed charges	
I&D UPPER ARM BURSA	23931	CPT	outpatient			3860		2132.36 Americare	Americare		2895	75			61.6	3667	percent of total billed charges	
I&D UPPER ARM BURSA	23931	CPT	outpatient			3860		2132.36 Amerihealth	HMO|PPO		2509	65			61.6	3667	percent of total billed charges	
I&D UPPER ARM BURSA	23931	CPT	outpatient			3860		2132.36 Amerihealth	Medicare		1854.23				61.6	3667	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D UPPER ARM BURSA	23931	CPT	outpatient			3860		2132.36 Consumer	Consumer		3667	95			61.6	3667	percent of total billed charges	
I&D UPPER ARM BURSA	23931	CPT	outpatient			3860		2132.36 Corrections	Corrections		3088	80			61.6	3667	percent of total billed charges	
I&D UPPER ARM BURSA	23931	CPT	outpatient			3860		2132.36 First Health	First Health		2702	70			61.6	3667	percent of total billed charges	
I&D UPPER ARM BURSA	23931	CPT	outpatient			3860		2132.36 First Trenton	First Trenton		3474	90			61.6	3667	percent of total billed charges	
I&D UPPER ARM BURSA	23931	CPT	outpatient			3860		2132.36 Horizon	Medicare Blue		1854.23				61.6	3667	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D UPPER ARM BURSA	23931	CPT	outpatient			3860		2132.36 Horizon	Indemnity		3450.72				61.6	3667	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D UPPER ARM BURSA	23931	CPT	outpatient			3860		2132.36 Horizon	PPO		3450.72				61.6	3667	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D UPPER ARM BURSA	23931	CPT	outpatient			3860		2132.36 Horizon	MGD		3450.72				61.6	3667	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D UPPER ARM BURSA	23931	CPT	outpatient			3860		2132.36 Horizon	NJ Health		61.6				61.6	3667	fee schedule	
I&D UPPER ARM BURSA	23931	CPT	outpatient			3860		2132.36 Managed Care Inc	Managed Care Inc		3474	90			61.6	3667	percent of total billed charges	
I&D UPPER ARM BURSA	23931	CPT	outpatient			3860		2132.36 Multiplan	Multiplan		3088	80			61.6	3667	percent of total billed charges	
I&D UPPER ARM BURSA	23931	CPT	outpatient			3860		2132.36 Qualcare	Qualcare		2895	75			61.6	3667	percent of total billed charges	
I&D UPPER ARM BURSA	23931	CPT	outpatient			3860		2132.36 Three Rivers	Three Rivers		3667	95			61.6	3667	percent of total billed charges	
I&D UPPER ARM BURSA	23931	CPT	outpatient			3860		2132.36 UHC	Medicare		1854.23				61.6	3667	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D UPPER ARM BURSA	23931	CPT	outpatient			3860		2132.36 UHC	Medicaid		1217.83	31.55			61.6	3667	percent of total billed charges	
I&D UPPER ARM BURSA	23931	CPT	outpatient			3860		2132.36 United	Commercial|PPO		2493				61.6	3667	case rate	
I&D UPPER ARM BURSA	23931	CPT	outpatient			3860		2132.36 United	Oxford		2493				61.6	3667	case rate	
I&D UPPER ARM BURSA	23931	CPT	outpatient			3860		2132.36 Wellcare	Medicare		1854.23				61.6	3667	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D UPPER ARM BURSA	23931	CPT	outpatient			3860		2132.36 Wellcare	Medicaid		1217.83	31.55			61.6	3667	percent of total billed charges	
I&D UPPER ARM BURSA	23931	CPT	outpatient			3860		2132.36 WellPoint	WellPoint		1242.15	32.18			61.6	3667	percent of total billed charges	
ARTHROTOMY, ELBOW	24000	CPT	outpatient			11077		4257.16 Aetna	Commercial		5893.39				743.85	10523.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTHROTOMY, ELBOW	24000	CPT	outpatient			11077		4257.16 Aetna	Medicare		3411.72	30.8			743.85	10523.15	percent of total billed charges	
ARTHROTOMY, ELBOW	24000	CPT	outpatient			11077		4257.16 Aetna	Better Health		3494.79	31.55			743.85	10523.15	percent of total billed charges	
ARTHROTOMY, ELBOW	24000	CPT	outpatient			11077		4257.16 Americare	Americare		8307.75	75			743.85	10523.15	percent of total billed charges	
ARTHROTOMY, ELBOW	24000	CPT	outpatient			11077		4257.16 Amerihealth	HMO|PPO		7200.05	65			743.85	10523.15	percent of total billed charges	
ARTHROTOMY, ELBOW	24000	CPT	outpatient			11077		4257.16 Amerihealth	Medicare		3701.88				743.85	10523.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTHROTOMY, ELBOW	24000	CPT	outpatient			11077		4257.16 Consumer	Consumer		10523.15	95			743.85	10523.15	percent of total billed charges	
ARTHROTOMY, ELBOW	24000	CPT	outpatient			11077		4257.16 Corrections	Corrections		8861.6	80			743.85	10523.15	percent of total billed charges	
ARTHROTOMY, ELBOW	24000	CPT	outpatient			11077		4257.16 First Health	First Health		7753.9	70			743.85	10523.15	percent of total billed charges	
ARTHROTOMY, ELBOW	24000	CPT	outpatient			11077		4257.16 First Trenton	First Trenton		9969.3	90			743.85	10523.15	percent of total billed charges	
ARTHROTOMY, ELBOW	24000	CPT	outpatient			11077		4257.16 Horizon	Indemnity		6889.2				743.85	10523.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTHROTOMY, ELBOW	24000	CPT	outpatient			11077		4257.16 Horizon	MGD		6889.2				743.85	10523.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTHROTOMY, ELBOW	24000	CPT	outpatient			11077		4257.16 Horizon	NJ Health		743.85				743.85	10523.15	fee schedule	
ARTHROTOMY, ELBOW	24000	CPT	outpatient			11077		4257.16 Horizon	Medicare Blue		3701.88				743.85	10523.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTHROTOMY, ELBOW	24000	CPT	outpatient			11077		4257.16 Horizon	PPO		6889.2				743.85	10523.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTHROTOMY, ELBOW	24000	CPT	outpatient			11077		4257.16 Managed Care Inc	Managed Care Inc		9969.3	90			743.85	10523.15	percent of total billed charges	
ARTHROTOMY, ELBOW	24000	CPT	outpatient			11077		4257.16 Multiplan	Multiplan		8861.6	80			743.85	10523.15	percent of total billed charges	
ARTHROTOMY, ELBOW	24000	CPT	outpatient			11077		4257.16 Qualcare	Qualcare		8307.75	75			743.85	10523.15	percent of total billed charges	
ARTHROTOMY, ELBOW	24000	CPT	outpatient			11077		4257.16 Three Rivers	Three Rivers		10523.15	95			743.85	10523.15	percent of total billed charges	
ARTHROTOMY, ELBOW	24000	CPT	outpatient			11077		4257.16 UHC	Medicaid		3494.79	31.55			743.85	10523.15	percent of total billed charges	
ARTHROTOMY, ELBOW	24000	CPT	outpatient			11077		4257.16 UHC	Medicare		3701.88				743.85	10523.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTHROTOMY, ELBOW	24000	CPT	outpatient			11077		4257.16 United	Commercial|PPO		3492				743.85	10523.15	case rate	
ARTHROTOMY, ELBOW	24000	CPT	outpatient			11077		4257.16 United	Oxford		3492				743.85	10523.15	case rate	
ARTHROTOMY, ELBOW	24000	CPT	outpatient			11077		4257.16 Wellcare	Medicare		3701.88				743.85	10523.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTHROTOMY, ELBOW	24000	CPT	outpatient			11077		4257.16 Wellcare	Medicaid		3494.79	31.55			743.85	10523.15	percent of total billed charges	
ARTHROTOMY, ELBOW	24000	CPT	outpatient			11077		4257.16 WellPoint	WellPoint		3564.58	32.18			743.85	10523.15	percent of total billed charges	
ST BX U ARM/ELB; SUPERF	24065	CPT	outpatient			5464		2132.36 Aetna	Commercial		2951.93				71.25	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ST BX U ARM/ELB; SUPERF	24065	CPT	outpatient			5464		2132.36 Aetna	Better Health		1723.89	31.55			71.25	5190.8	percent of total billed charges	
ST BX U ARM/ELB; SUPERF	24065	CPT	outpatient			5464		2132.36 Aetna	Medicare		1854.23				71.25	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ST BX U ARM/ELB; SUPERF	24065	CPT	outpatient			5464		2132.36 Americare	Americare		4098	75			71.25	5190.8	percent of total billed charges	
ST BX U ARM/ELB; SUPERF	24065	CPT	outpatient			5464		2132.36 Amerihealth	HMO|PPO		3551.6	65			71.25	5190.8	percent of total billed charges	
ST BX U ARM/ELB; SUPERF	24065	CPT	outpatient			5464		2132.36 Amerihealth	Medicare		1854.23				71.25	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ST BX U ARM/ELB; SUPERF	24065	CPT	outpatient			5464		2132.36 Consumer	Consumer		5190.8	95			71.25	5190.8	percent of total billed charges	
ST BX U ARM/ELB; SUPERF	24065	CPT	outpatient			5464		2132.36 Corrections	Corrections		4371.2	80			71.25	5190.8	percent of total billed charges	
ST BX U ARM/ELB; SUPERF	24065	CPT	outpatient			5464		2132.36 First Health	First Health		3824.8	70			71.25	5190.8	percent of total billed charges	
ST BX U ARM/ELB; SUPERF	24065	CPT	outpatient			5464		2132.36 First Trenton	First Trenton		4917.6	90			71.25	5190.8	percent of total billed charges	
ST BX U ARM/ELB; SUPERF	24065	CPT	outpatient			5464		2132.36 Horizon	PPO		3450.72				71.25	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ST BX U ARM/ELB; SUPERF	24065	CPT	outpatient			5464		2132.36 Horizon	MGD		3450.72				71.25	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ST BX U ARM/ELB; SUPERF	24065	CPT	outpatient			5464		2132.36 Horizon	Indemnity		3450.72				71.25	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ST BX U ARM/ELB; SUPERF	24065	CPT	outpatient			5464		2132.36 Horizon	Medicare Blue		1854.23				71.25	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ST BX U ARM/ELB; SUPERF	24065	CPT	outpatient			5464		2132.36 Horizon	NJ Health		71.25				71.25	5190.8	fee schedule	
ST BX U ARM/ELB; SUPERF	24065	CPT	outpatient			5464		2132.36 Managed Care Inc	Managed Care Inc		4917.6	90			71.25	5190.8	percent of total billed charges	
ST BX U ARM/ELB; SUPERF	24065	CPT	outpatient			5464		2132.36 Multiplan	Multiplan		4371.2	80			71.25	5190.8	percent of total billed charges	
ST BX U ARM/ELB; SUPERF	24065	CPT	outpatient			5464		2132.36 Qualcare	Qualcare		4098	75			71.25	5190.8	percent of total billed charges	
ST BX U ARM/ELB; SUPERF	24065	CPT	outpatient			5464		2132.36 Three Rivers	Three Rivers		5190.8	95			71.25	5190.8	percent of total billed charges	
ST BX U ARM/ELB; SUPERF	24065	CPT	outpatient			5464		2132.36 UHC	Medicaid		1723.89	31.55			71.25	5190.8	percent of total billed charges	
ST BX U ARM/ELB; SUPERF	24065	CPT	outpatient			5464		2132.36 UHC	Medicare		1854.23				71.25	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ST BX U ARM/ELB; SUPERF	24065	CPT	outpatient			5464		2132.36 United	Commercial|PPO		2493				71.25	5190.8	case rate	
ST BX U ARM/ELB; SUPERF	24065	CPT	outpatient			5464		2132.36 United	Oxford		2493				71.25	5190.8	case rate	
ST BX U ARM/ELB; SUPERF	24065	CPT	outpatient			5464		2132.36 Wellcare	Medicare		1854.23				71.25	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ST BX U ARM/ELB; SUPERF	24065	CPT	outpatient			5464		2132.36 Wellcare	Medicaid		1723.89	31.55			71.25	5190.8	percent of total billed charges	
ST BX U ARM/ELB; SUPERF	24065	CPT	outpatient			5464		2132.36 WellPoint	WellPoint		1758.32	32.18			71.25	5190.8	percent of total billed charges	
REMOVAL OF ARM FOREIGN BODY	24200	CPT	outpatient			5634		2132.36 Aetna	Commercial		2951.93				150.73	5352.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF ARM FOREIGN BODY	24200	CPT	outpatient			5634		2132.36 Aetna	Better Health		1777.53	31.55			150.73	5352.3	percent of total billed charges	
REMOVAL OF ARM FOREIGN BODY	24200	CPT	outpatient			5634		2132.36 Aetna	Medicare		1854.23				150.73	5352.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF ARM FOREIGN BODY	24200	CPT	outpatient			5634		2132.36 Americare	Americare		4225.5	75			150.73	5352.3	percent of total billed charges	
REMOVAL OF ARM FOREIGN BODY	24200	CPT	outpatient			5634		2132.36 Amerihealth	Medicare		1854.23				150.73	5352.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF ARM FOREIGN BODY	24200	CPT	outpatient			5634		2132.36 Amerihealth	HMO|PPO		3662.1	65			150.73	5352.3	percent of total billed charges	
REMOVAL OF ARM FOREIGN BODY	24200	CPT	outpatient			5634		2132.36 Consumer	Consumer		5352.3	95			150.73	5352.3	percent of total billed charges	
REMOVAL OF ARM FOREIGN BODY	24200	CPT	outpatient			5634		2132.36 Corrections	Corrections		4507.2	80			150.73	5352.3	percent of total billed charges	
REMOVAL OF ARM FOREIGN BODY	24200	CPT	outpatient			5634		2132.36 First Health	First Health		3943.8	70			150.73	5352.3	percent of total billed charges	
REMOVAL OF ARM FOREIGN BODY	24200	CPT	outpatient			5634		2132.36 First Trenton	First Trenton		5070.6	90			150.73	5352.3	percent of total billed charges	
REMOVAL OF ARM FOREIGN BODY	24200	CPT	outpatient			5634		2132.36 Horizon	Indemnity		3450.72				150.73	5352.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF ARM FOREIGN BODY	24200	CPT	outpatient			5634		2132.36 Horizon	PPO		3450.72				150.73	5352.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF ARM FOREIGN BODY	24200	CPT	outpatient			5634		2132.36 Horizon	MGD		3450.72				150.73	5352.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF ARM FOREIGN BODY	24200	CPT	outpatient			5634		2132.36 Horizon	Medicare Blue		1854.23				150.73	5352.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF ARM FOREIGN BODY	24200	CPT	outpatient			5634		2132.36 Horizon	NJ Health		150.73				150.73	5352.3	fee schedule	
REMOVAL OF ARM FOREIGN BODY	24200	CPT	outpatient			5634		2132.36 Managed Care Inc	Managed Care Inc		5070.6	90			150.73	5352.3	percent of total billed charges	
REMOVAL OF ARM FOREIGN BODY	24200	CPT	outpatient			5634		2132.36 Multiplan	Multiplan		4507.2	80			150.73	5352.3	percent of total billed charges	
REMOVAL OF ARM FOREIGN BODY	24200	CPT	outpatient			5634		2132.36 Qualcare	Qualcare		4225.5	75			150.73	5352.3	percent of total billed charges	
REMOVAL OF ARM FOREIGN BODY	24200	CPT	outpatient			5634		2132.36 Three Rivers	Three Rivers		5352.3	95			150.73	5352.3	percent of total billed charges	
REMOVAL OF ARM FOREIGN BODY	24200	CPT	outpatient			5634		2132.36 UHC	Medicare		1854.23				150.73	5352.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF ARM FOREIGN BODY	24200	CPT	outpatient			5634		2132.36 UHC	Medicaid		1777.53	31.55			150.73	5352.3	percent of total billed charges	
REMOVAL OF ARM FOREIGN BODY	24200	CPT	outpatient			5634		2132.36 United	Commercial|PPO		1817				150.73	5352.3	case rate	
REMOVAL OF ARM FOREIGN BODY	24200	CPT	outpatient			5634		2132.36 United	Oxford		1817				150.73	5352.3	case rate	
REMOVAL OF ARM FOREIGN BODY	24200	CPT	outpatient			5634		2132.36 Wellcare	Medicare		1854.23				150.73	5352.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF ARM FOREIGN BODY	24200	CPT	outpatient			5634		2132.36 Wellcare	Medicaid		1777.53	31.55			150.73	5352.3	percent of total billed charges	
REMOVAL OF ARM FOREIGN BODY	24200	CPT	outpatient			5634		2132.36 WellPoint	WellPoint		1813.02	32.18			150.73	5352.3	percent of total billed charges	
INJECTION FOR ELBOW X-RAY	24220	CPT	outpatient			2589		Aetna	Commercial		983.82	38			74.09	2459.55	percent of total billed charges	
INJECTION FOR ELBOW X-RAY	24220	CPT	outpatient			2589		Aetna	Medicare		797.41	30.8			74.09	2459.55	percent of total billed charges	
INJECTION FOR ELBOW X-RAY	24220	CPT	outpatient			2589		Aetna	Better Health		816.83	31.55			74.09	2459.55	percent of total billed charges	
INJECTION FOR ELBOW X-RAY	24220	CPT	outpatient			2589		Americare	Americare		1941.75	75			74.09	2459.55	percent of total billed charges	
INJECTION FOR ELBOW X-RAY	24220	CPT	outpatient			2589		Amerihealth	HMO|PPO		1682.85	65			74.09	2459.55	percent of total billed charges	
INJECTION FOR ELBOW X-RAY	24220	CPT	outpatient			2589		Consumer	Consumer		2459.55	95			74.09	2459.55	percent of total billed charges	
INJECTION FOR ELBOW X-RAY	24220	CPT	outpatient			2589		Corrections	Corrections		2071.2	80			74.09	2459.55	percent of total billed charges	
INJECTION FOR ELBOW X-RAY	24220	CPT	outpatient			2589		First Health	First Health		1812.3	70			74.09	2459.55	percent of total billed charges	
INJECTION FOR ELBOW X-RAY	24220	CPT	outpatient			2589		First Trenton	First Trenton		2330.1	90			74.09	2459.55	percent of total billed charges	
INJECTION FOR ELBOW X-RAY	24220	CPT	outpatient			2589		Horizon	MGD		991.07	38.28			74.09	2459.55	percent of total billed charges	
INJECTION FOR ELBOW X-RAY	24220	CPT	outpatient			2589		Horizon	Indemnity		991.07	38.28			74.09	2459.55	percent of total billed charges	
INJECTION FOR ELBOW X-RAY	24220	CPT	outpatient			2589		Horizon	Medicare Blue		776.7	30			74.09	2459.55	percent of total billed charges	
INJECTION FOR ELBOW X-RAY	24220	CPT	outpatient			2589		Horizon	NJ Health		74.09				74.09	2459.55	fee schedule	
INJECTION FOR ELBOW X-RAY	24220	CPT	outpatient			2589		Horizon	PPO		991.07	38.28			74.09	2459.55	percent of total billed charges	
INJECTION FOR ELBOW X-RAY	24220	CPT	outpatient			2589		Managed Care Inc	Managed Care Inc		2330.1	90			74.09	2459.55	percent of total billed charges	
INJECTION FOR ELBOW X-RAY	24220	CPT	outpatient			2589		Multiplan	Multiplan		2071.2	80			74.09	2459.55	percent of total billed charges	
INJECTION FOR ELBOW X-RAY	24220	CPT	outpatient			2589		Qualcare	Qualcare		1941.75	75			74.09	2459.55	percent of total billed charges	
INJECTION FOR ELBOW X-RAY	24220	CPT	outpatient			2589		Three Rivers	Three Rivers		2459.55	95			74.09	2459.55	percent of total billed charges	
INJECTION FOR ELBOW X-RAY	24220	CPT	outpatient			2589		UHC	Medicaid		816.83	31.55			74.09	2459.55	percent of total billed charges	
INJECTION FOR ELBOW X-RAY	24220	CPT	outpatient			2589		United	Oxford		1782				74.09	2459.55	case rate	
INJECTION FOR ELBOW X-RAY	24220	CPT	outpatient			2589		United	Commercial|PPO		1782				74.09	2459.55	case rate	
INJECTION FOR ELBOW X-RAY	24220	CPT	outpatient			2589		Wellcare	Medicaid		816.83	31.55			74.09	2459.55	percent of total billed charges	
INJECTION FOR ELBOW X-RAY	24220	CPT	outpatient			2589		WellPoint	WellPoint		833.14	32.18			74.09	2459.55	percent of total billed charges	
REPAIR TENDON/ MUSCLE ARM	24341	CPT	outpatient			14780		9409.2 Aetna	Commercial		13025.6				4663.09	15226.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR TENDON/ MUSCLE ARM	24341	CPT	outpatient			14780		9409.2 Aetna	Better Health		4663.09	31.55			4663.09	15226.53	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
REPAIR TENDON/ MUSCLE ARM	24341	CPT	outpatient			14780		9409.2 Aetna	Medicare		8181.91				4663.09	15226.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR TENDON/ MUSCLE ARM	24341	CPT	outpatient			14780		9409.2 Americare	Americare		11085	75			4663.09	15226.53	percent of total billed charges	
REPAIR TENDON/ MUSCLE ARM	24341	CPT	outpatient			14780		9409.2 Amerihealth	Medicare		8181.91				4663.09	15226.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR TENDON/ MUSCLE ARM	24341	CPT	outpatient			14780		9409.2 Amerihealth	HMO/PPO		9607	65			4663.09	15226.53	percent of total billed charges	
REPAIR TENDON/ MUSCLE ARM	24341	CPT	outpatient			14780		9409.2 Consumer	Consumer		14041	95			4663.09	15226.53	percent of total billed charges	
REPAIR TENDON/ MUSCLE ARM	24341	CPT	outpatient			14780		9409.2 Corrections	Corrections		11824	80			4663.09	15226.53	percent of total billed charges	
REPAIR TENDON/ MUSCLE ARM	24341	CPT	outpatient			14780		9409.2 First Health	First Health		10346	70			4663.09	15226.53	percent of total billed charges	
REPAIR TENDON/ MUSCLE ARM	24341	CPT	outpatient			14780		9409.2 First Trenton	First Trenton		13302	90			4663.09	15226.53	percent of total billed charges	
REPAIR TENDON/ MUSCLE ARM	24341	CPT	outpatient			14780		9409.2 Horizon	Indemnity		15226.53				4663.09	15226.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR TENDON/ MUSCLE ARM	24341	CPT	outpatient			14780		9409.2 Horizon	PPO		15226.53				4663.09	15226.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR TENDON/ MUSCLE ARM	24341	CPT	outpatient			14780		9409.2 Horizon	MGD		15226.53				4663.09	15226.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR TENDON/ MUSCLE ARM	24341	CPT	outpatient			14780		9409.2 Horizon	Medicare Blue		8181.91				4663.09	15226.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR TENDON/ MUSCLE ARM	24341	CPT	outpatient			14780		9409.2 Managed Care Inc	Managed Care Inc		13302	90			4663.09	15226.53	percent of total billed charges	
REPAIR TENDON/ MUSCLE ARM	24341	CPT	outpatient			14780		9409.2 Multiplan	Multiplan		11824	80			4663.09	15226.53	percent of total billed charges	
REPAIR TENDON/ MUSCLE ARM	24341	CPT	outpatient			14780		9409.2 Qualcare	Qualcare		11085	75			4663.09	15226.53	percent of total billed charges	
REPAIR TENDON/ MUSCLE ARM	24341	CPT	outpatient			14780		9409.2 Three Rivers	Three Rivers		14041	95			4663.09	15226.53	percent of total billed charges	
REPAIR TENDON/ MUSCLE ARM	24341	CPT	outpatient			14780		9409.2 UHC	Medicaid		4663.09	31.55			4663.09	15226.53	percent of total billed charges	
REPAIR TENDON/ MUSCLE ARM	24341	CPT	outpatient			14780		9409.2 UHC	Medicare		8181.91				4663.09	15226.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR TENDON/ MUSCLE ARM	24341	CPT	outpatient			14780		9409.2 United	Oxford		6362				4663.09	15226.53	case rate	
REPAIR TENDON/ MUSCLE ARM	24341	CPT	outpatient			14780		9409.2 United	CommercialPPO		6362				4663.09	15226.53	case rate	
REPAIR TENDON/ MUSCLE ARM	24341	CPT	outpatient			14780		9409.2 Wellcare	Medicare		8181.91				4663.09	15226.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR TENDON/ MUSCLE ARM	24341	CPT	outpatient			14780		9409.2 Wellcare	Medicaid		4663.09	31.55			4663.09	15226.53	percent of total billed charges	
REPAIR TENDON/ MUSCLE ARM	24341	CPT	outpatient			14780		9409.2 WellPoint	WellPoint		4756.2	32.18			4663.09	15226.53	percent of total billed charges	
TENOTOMY ELBOW, LATERAL OR MEDIAL, R	24357	CPT	outpatient			12080		4257.16 Aetna	Medicare		3701.88				2776	11476	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENOTOMY ELBOW, LATERAL OR MEDIAL, R	24357	CPT	outpatient			12080		4257.16 Aetna	Commercial		5893.39				2776	11476	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENOTOMY ELBOW, LATERAL OR MEDIAL, R	24357	CPT	outpatient			12080		4257.16 Aetna	Better Health		3811.24	31.55			2776	11476	percent of total billed charges	
TENOTOMY ELBOW, LATERAL OR MEDIAL, R	24357	CPT	outpatient			12080		4257.16 Americare	Americare		9060	75			2776	11476	percent of total billed charges	
TENOTOMY ELBOW, LATERAL OR MEDIAL, R	24357	CPT	outpatient			12080		4257.16 Amerihealth	HMO/PPO		7852	65			2776	11476	percent of total billed charges	
TENOTOMY ELBOW, LATERAL OR MEDIAL, R	24357	CPT	outpatient			12080		4257.16 Amerihealth	Medicare		3701.88				2776	11476	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENOTOMY ELBOW, LATERAL OR MEDIAL, R	24357	CPT	outpatient			12080		4257.16 Consumer	Consumer		11476	95			2776	11476	percent of total billed charges	
TENOTOMY ELBOW, LATERAL OR MEDIAL, R	24357	CPT	outpatient			12080		4257.16 Corrections	Corrections		9664	80			2776	11476	percent of total billed charges	
TENOTOMY ELBOW, LATERAL OR MEDIAL, R	24357	CPT	outpatient			12080		4257.16 First Health	First Health		8456	70			2776	11476	percent of total billed charges	
TENOTOMY ELBOW, LATERAL OR MEDIAL, R	24357	CPT	outpatient			12080		4257.16 First Trenton	First Trenton		10872	90			2776	11476	percent of total billed charges	
TENOTOMY ELBOW, LATERAL OR MEDIAL, R	24357	CPT	outpatient			12080		4257.16 Horizon	PPO		6889.2				2776	11476	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENOTOMY ELBOW, LATERAL OR MEDIAL, R	24357	CPT	outpatient			12080		4257.16 Horizon	Indemnity		6889.2				2776	11476	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENOTOMY ELBOW, LATERAL OR MEDIAL, R	24357	CPT	outpatient			12080		4257.16 Horizon	Medicare Blue		3701.88				2776	11476	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENOTOMY ELBOW, LATERAL OR MEDIAL, R	24357	CPT	outpatient			12080		4257.16 Horizon	MGD		6889.2				2776	11476	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENOTOMY ELBOW, LATERAL OR MEDIAL, R	24357	CPT	outpatient			12080		4257.16 Managed Care Inc	Managed Care Inc		10872	90			2776	11476	percent of total billed charges	
TENOTOMY ELBOW, LATERAL OR MEDIAL, R	24357	CPT	outpatient			12080		4257.16 Multiplan	Multiplan		9664	80			2776	11476	percent of total billed charges	
TENOTOMY ELBOW, LATERAL OR MEDIAL, R	24357	CPT	outpatient			12080		4257.16 Qualcare	Qualcare		9060	75			2776	11476	percent of total billed charges	
TENOTOMY ELBOW, LATERAL OR MEDIAL, R	24357	CPT	outpatient			12080		4257.16 Three Rivers	Three Rivers		11476	95			2776	11476	percent of total billed charges	
TENOTOMY ELBOW, LATERAL OR MEDIAL, R	24357	CPT	outpatient			12080		4257.16 UHC	Medicaid		3811.24	31.55			2776	11476	percent of total billed charges	
TENOTOMY ELBOW, LATERAL OR MEDIAL, R	24357	CPT	outpatient			12080		4257.16 UHC	Medicare		3701.88				2776	11476	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENOTOMY ELBOW, LATERAL OR MEDIAL, R	24357	CPT	outpatient			12080		4257.16 United	CommercialPPO		2776				2776	11476	case rate	
TENOTOMY ELBOW, LATERAL OR MEDIAL, R	24357	CPT	outpatient			12080		4257.16 United	Oxford		2776				2776	11476	case rate	
TENOTOMY ELBOW, LATERAL OR MEDIAL, R	24357	CPT	outpatient			12080		4257.16 Wellcare	Medicare		3701.88				2776	11476	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENOTOMY ELBOW, LATERAL OR MEDIAL, R	24357	CPT	outpatient			12080		4257.16 Wellcare	Medicaid		3811.24	31.55			2776	11476	percent of total billed charges	
TENOTOMY ELBOW, LATERAL OR MEDIAL, R	24357	CPT	outpatient			12080		4257.16 WellPoint	WellPoint		3887.34	32.18			2776	11476	percent of total billed charges	
HUMERAL SHAFT FX W/O MANIP	24500	CPT	outpatient			2194		310.16 Aetna	Commercial		429.36				237.89	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HUMERAL SHAFT FX W/O MANIP	24500	CPT	outpatient			2194		310.16 Aetna	Better Health		692.21	31.55			237.89	2084.3	percent of total billed charges	
HUMERAL SHAFT FX W/O MANIP	24500	CPT	outpatient			2194		310.16 Aetna	Medicare		269.7				237.89	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HUMERAL SHAFT FX W/O MANIP	24500	CPT	outpatient			2194		310.16 Americare	Americare		1645.5	75			237.89	2084.3	percent of total billed charges	
HUMERAL SHAFT FX W/O MANIP	24500	CPT	outpatient			2194		310.16 Amerihealth	HMO/PPO		1426.1	65			237.89	2084.3	percent of total billed charges	
HUMERAL SHAFT FX W/O MANIP	24500	CPT	outpatient			2194		310.16 Amerihealth	Medicare		269.7				237.89	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HUMERAL SHAFT FX W/O MANIP	24500	CPT	outpatient			2194		310.16 Consumer	Consumer		2084.3	95			237.89	2084.3	percent of total billed charges	
HUMERAL SHAFT FX W/O MANIP	24500	CPT	outpatient			2194		310.16 Corrections	Corrections		1755.2	80			237.89	2084.3	percent of total billed charges	
HUMERAL SHAFT FX W/O MANIP	24500	CPT	outpatient			2194		310.16 First Health	First Health		1535.8	70			237.89	2084.3	percent of total billed charges	
HUMERAL SHAFT FX W/O MANIP	24500	CPT	outpatient			2194		310.16 First Trenton	First Trenton		1974.6	90			237.89	2084.3	percent of total billed charges	
HUMERAL SHAFT FX W/O MANIP	24500	CPT	outpatient			2194		310.16 Horizon	Indemnity		501.91				237.89	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HUMERAL SHAFT FX W/O MANIP	24500	CPT	outpatient			2194		310.16 Horizon	PPO		501.91				237.89	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HUMERAL SHAFT FX W/O MANIP	24500	CPT	outpatient			2194		310.16 Horizon	NJ Health		344.52				237.89	2084.3	fee schedule	
HUMERAL SHAFT FX W/O MANIP	24500	CPT	outpatient			2194		310.16 Horizon	Medicare Blue		269.7				237.89	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HUMERAL SHAFT FX W/O MANIP	24500	CPT	outpatient			2194		310.16 Horizon	MGD		501.91				237.89	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HUMERAL SHAFT FX W/O MANIP	24500	CPT	outpatient			2194		310.16 Managed Care Inc	Managed Care Inc		1974.6	90			237.89	2084.3	percent of total billed charges	
HUMERAL SHAFT FX W/O MANIP	24500	CPT	outpatient			2194		310.16 Multiplan	Multiplan		1755.2	80			237.89	2084.3	percent of total billed charges	
HUMERAL SHAFT FX W/O MANIP	24500	CPT	outpatient			2194		310.16 Qualcare	Qualcare		1645.5	75			237.89	2084.3	percent of total billed charges	
HUMERAL SHAFT FX W/O MANIP	24500	CPT	outpatient			2194		310.16 Three Rivers	Three Rivers		2084.3	95			237.89	2084.3	percent of total billed charges	
HUMERAL SHAFT FX W/O MANIP	24500	CPT	outpatient			2194		310.16 UHC	Medicaid		692.21	31.55			237.89	2084.3	percent of total billed charges	
HUMERAL SHAFT FX W/O MANIP	24500	CPT	outpatient			2194		310.16 UHC	Medicare		269.7				237.89	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HUMERAL SHAFT FX W/O MANIP	24500	CPT	outpatient			2194		310.16 United	CommercialPPO		1782				237.89	2084.3	case rate	
HUMERAL SHAFT FX W/O MANIP	24500	CPT	outpatient			2194		310.16 United	Oxford		1782				237.89	2084.3	case rate	
HUMERAL SHAFT FX W/O MANIP	24500	CPT	outpatient			2194		310.16 Wellcare	Medicare		269.7				237.89	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HUMERAL SHAFT FX W/O MANIP	24500	CPT	outpatient			2194		310.16 Wellcare	Medicaid		692.21	31.55			237.89	2084.3	percent of total billed charges	
HUMERAL SHAFT FX W/O MANIP	24500	CPT	outpatient			2194		310.16 WellPoint	WellPoint		706.03	32.18			237.89	2084.3	percent of total billed charges	
CLSD TRT HUM SHAFT W MAN	24505	CPT	outpatient			4757		2113.84 Aetna	Commercial		2926.29				555.04	4519.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT HUM SHAFT W MAN	24505	CPT	outpatient			4757		2113.84 Aetna	Medicare		1465.16	30.8			555.04	4519.15	percent of total billed charges	
CLSD TRT HUM SHAFT W MAN	24505	CPT	outpatient			4757		2113.84 Aetna	Better Health		1500.83	31.55			555.04	4519.15	percent of total billed charges	
CLSD TRT HUM SHAFT W MAN	24505	CPT	outpatient			4757		2113.84 Americare	Americare		3567.75	75			555.04	4519.15	percent of total billed charges	
CLSD TRT HUM SHAFT W MAN	24505	CPT	outpatient			4757		2113.84 Amerihealth	Medicare		1838.12				555.04	4519.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT HUM SHAFT W MAN	24505	CPT	outpatient			4757		2113.84 Amerihealth	HMO/PPO		3092.05	65			555.04	4519.15	percent of total billed charges	
CLSD TRT HUM SHAFT W MAN	24505	CPT	outpatient			4757		2113.84 Consumer	Consumer		4519.15	95			555.04	4519.15	percent of total billed charges	
CLSD TRT HUM SHAFT W MAN	24505	CPT	outpatient			4757		2113.84 Corrections	Corrections		3805.6	80			555.04	4519.15	percent of total billed charges	
CLSD TRT HUM SHAFT W MAN	24505	CPT	outpatient			4757		2113.84 First Health	First Health		3329.9	70			555.04	4519.15	percent of total billed charges	
CLSD TRT HUM SHAFT W MAN	24505	CPT	outpatient			4757		2113.84 First Trenton	First Trenton		4281.3	90			555.04	4519.15	percent of total billed charges	
CLSD TRT HUM SHAFT W MAN	24505	CPT	outpatient			4757		2113.84 Horizon	Indemnity		3420.74				555.04	4519.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT HUM SHAFT W MAN	24505	CPT	outpatient			4757		2113.84 Horizon	NJ Health		555.04				555.04	4519.15	fee schedule	
CLSD TRT HUM SHAFT W MAN	24505	CPT	outpatient			4757		2113.84 Horizon	MGD		3420.74				555.04	4519.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT HUM SHAFT W MAN	24505	CPT	outpatient			4757		2113.84 Horizon	PPO		3420.74				555.04	4519.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT HUM SHAFT W MAN	24505	CPT	outpatient			4757		2113.84 Horizon	Medicare Blue		1838.12				555.04	4519.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT HUM SHAFT W MAN	24505	CPT	outpatient			4757		2113.84 Managed Care Inc	Managed Care Inc		4281.3	90			555.04	4519.15	percent of total billed charges	
CLSD TRT HUM SHAFT W MAN	24505	CPT	outpatient			4757		2113.84 Multiplan	Multiplan		3805.6	80			555.04	4519.15	percent of total billed charges	
CLSD TRT HUM SHAFT W MAN	24505	CPT	outpatient			4757		2113.84 Qualcare	Qualcare		3567.75	75			555.04	4519.15	percent of total billed charges	
CLSD TRT HUM SHAFT W MAN	24505	CPT	outpatient			4757		2113.84 Three Rivers	Three Rivers		4519.15	95			555.04	4519.15	percent of total billed charges	
CLSD TRT HUM SHAFT W MAN	24505	CPT	outpatient			4757		2113.84 UHC	Medicare		1838.12				555.04	4519.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT HUM SHAFT W MAN	24505	CPT	outpatient			4757		2113.84 UHC	Medicaid		1500.83	31.55			555.04	4519.15	percent of total billed charges	
CLSD TRT HUM SHAFT W MAN	24505	CPT	outpatient			4757		2113.84 United	Oxford		1782				555.04	4519.15	case rate	
CLSD TRT HUM SHAFT W MAN	24505	CPT	outpatient			4757		2113.84 United	CommercialPPO		1782				555.04	4519.15	case rate	
CLSD TRT HUM SHAFT W MAN	24505	CPT	outpatient			4757		2113.84 Wellcare	Medicare		1838.12				555.04	4519.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT HUM SHAFT W MAN	24505	CPT	outpatient			4757		2113.84 Wellcare	Medicaid		1500.83	31.55			555.04	4519.15	percent of total billed charges	
CLSD TRT HUM SHAFT W MAN	24505	CPT	outpatient			4757		2113.84 WellPoint	WellPoint		1530.8	32.18			555.04	4519.15	percent of total billed charges	
SUPR/TRANSDYLAR HUMERAL FX	24530	CPT	outpatient			1105		310.16 Aetna	Commercial		429.36				237.89	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUPR/TRANSDYLAR HUMERAL FX	24530	CPT	outpatient			1105		310.16 Aetna	Better Health		348.63	31.55			237.89	1782	percent of total billed charges	
SUPR/TRANSDYLAR HUMERAL FX	24530	CPT	outpatient			1105		310.16 Aetna	Medicare		269.7				237.89	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUPR/TRANSDYLAR HUMERAL FX	24530	CPT	outpatient			1105		310.16 Americare	Americare		828.75	75			237.89	1782	percent of total billed charges	
SUPR/TRANSDYLAR HUMERAL FX	24530	CPT	outpatient			1105		310.16 Amerihealth	Medicare		269.7				237.89	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUPR/TRANSDYLAR HUMERAL FX	24530	CPT	outpatient			1105		310.16 Amerihealth	HMO/PPO		718.25	65			237.89	1782	percent of total billed charges	
SUPR/TRANSDYLAR HUMERAL FX	24530	CPT	outpatient			1105		310.16 Consumer	Consumer		1049.75	95			237.89	1782	percent of total billed charges	
SUPR/TRANSDYLAR HUMERAL FX	24530	CPT	outpatient			1105		310.16 Corrections	Corrections		884	80			237.89	1782	percent of total billed charges	
SUPR/TRANSDYLAR HUMERAL FX	24530	CPT	outpatient			1105		310.16 First Health	First Health		773.5	70			237.89	1782	percent of total billed charges	
SUPR/TRANSDYLAR HUMERAL FX	24530	CPT	outpatient			1105		310.16 First Trenton	First Trenton		994.5	90			237.89	1782	percent of total billed charges	
SUPR/TRANSDYLAR HUMERAL FX	24530	CPT	outpatient			1105		310.16 Horizon	MGD		501.91				237.89	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUPR/TRANSDYLAR HUMERAL FX	24530	CPT	outpatient			1105		310.16 Horizon	NJ Health		396.2				237.89	1782	fee schedule	
SUPR/TRANSDYLAR HUMERAL FX	24530	CPT	outpatient			1105		310.16 Horizon	Indemnity		501.91				237.89	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUPR/TRANSDYLAR HUMERAL FX	24530	CPT	outpatient			1105		310.16 Horizon	Medicare Blue		269.7				237.89	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUPR/TRANSDYLAR HUMERAL FX	24530	CPT	outpatient			1105		310.16 Horizon	PPO		501.91				237.89	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUPR/TRANSDYLAR HUMERAL FX	24530	CPT	outpatient			1105		310.16 Managed Care Inc	Managed Care Inc		994.5	90			237.89	1782	percent of total billed charges	
SUPR/TRANSDYLAR HUMERAL FX	24530	CPT	outpatient			1105		310.16 Multiplan	Multiplan		884	80			237.89	1782	percent of total billed charges	
SUPR/TRANSDYLAR HUMERAL FX	24530	CPT	outpatient			1105		310.16 Qualcare	Qualcare		828.75	75			237.89	1782	percent of total billed charges	
SUPR/TRANSDYLAR HUMERAL FX	24530	CPT	outpatient			1105		310.16 Three Rivers	Three Rivers		1049.75	95			237.89	1782	percent of total billed charges	
SUPR/TRANSDYLAR HUMERAL FX	24530	CPT	outpatient			1105		310.16 UHC	Medicare		269.7				237.89	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUPR/TRANSDYLAR HUMERAL FX	24530	CPT	outpatient			1105		310.16 UHC	Medicaid		348.63	31.55			237.89	1782	percent of total billed charges	
SUPR/TRANSDYLAR HUMERAL FX	24530	CPT	outpatient			1105		310.16 United	CommercialPPO		1782				237.89	1782	case rate	
SUPR/TRANSDYLAR HUMERAL FX	24530	CPT	outpatient			1105		310.16 United	Oxford		1782				237.89	1782	case rate	
SUPR/TRANSDYLAR HUMERAL FX	24530	CPT	outpatient			1105		310.16 Wellcare	Medicare		269.7				237.89	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUPR/TRANSDYLAR HUMERAL FX	24530	CPT	outpatient			1105		310.16 Wellcare	Medicaid		348.63	31.55			237.89	1782	percent of total billed charges	
SUPR/TRANSDYLAR HUMERAL FX	24530	CPT	outpatient			1105		310.16 WellPoint	WellPoint		355.59	32.18			237.89	1782	percent of total billed charges	
CL TX SUPRA/TRANSCOND HUM FX W MANIP	24535	CPT	outpatient			5257		2113.84 Aetna	Commercial		2926.29				564.54	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX SUPRA/TRANSCOND HUM FX W MANIP	24535	CPT	outpatient			5257		2113.84 Aetna	Medicare		1838.12				564.54	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX SUPRA/TRANSCOND HUM FX W MANIP	24535	CPT	outpatient			5257		2113.84 Aetna	Better Health		1658.58	31.55			564.54	4994.15	percent of total billed charges	
CL TX SUPRA/TRANSCOND HUM FX W MANIP	24535	CPT	outpatient			5257		2113.84 Americare	Americare		3942.75	75			564.54	4994.15	percent of total billed charges	
CL TX SUPRA/TRANSCOND HUM FX W MANIP	24535	CPT	outpatient			5257		2113.84 Amerihealth	Medicare		1838.12				564.54	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX SUPRA/TRANSCOND HUM FX W MANIP	24535	CPT	outpatient			5257		2113.84 Amerihealth	HMO/PPO		3417.05	65			564.54	4994.15	percent of total billed charges	
CL TX SUPRA/TRANSCOND HUM FX W MANIP	24535	CPT	outpatient			5257		2113.84 Consumer	Consumer		4994.15	95			564.54	4994.15	percent of total billed charges	
CL TX SUPRA/TRANSCOND HUM FX W MANIP	24535	CPT	outpatient			5257		2113.84 Corrections	Corrections		4205.6	80			564.54	4994.15	percent of total billed charges	
CL TX SUPRA/TRANSCOND HUM FX W MANIP	24535	CPT	outpatient			5257		2113.84 First Health	First Health		3679.9	70			564.54	4994.15	percent of total billed charges	
CL TX SUPRA/TRANSCOND HUM FX W MANIP	24535	CPT	outpatient			5257		2113.84 First Trenton	First Trenton		4731.3	90			564.54	4994.15	percent of total billed charges	
CL TX SUPRA/TRANSCOND HUM FX W MANIP	24535	CPT	outpatient			5257		2113.84 Horizon	MGD		3420.74				564.54	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX SUPRA/TRANSCOND HUM FX W MANIP	24535	CPT	outpatient			5257		2113.84 Horizon	Indemnity		3420.74				564.54	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX SUPRA/TRANSCOND HUM FX W MANIP	24535	CPT	outpatient			5257		2113.84 Horizon	Medicare Blue		1838.12				564.54	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX SUPRA/TRANSCOND HUM FX W MANIP	24535	CPT	outpatient			5257		2113.84 Horizon	NJ Health		564.54				564.54	4994.15	fee schedule	
CL TX SUPRA/TRANSCOND HUM FX W MANIP	24535	CPT	outpatient			5257		2113.84 Horizon	PPO		3420.74				564.54	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX SUPRA/TRANSCOND HUM FX W MANIP	24535	CPT	outpatient			5257		2113.84 Managed Care Inc	Managed Care Inc		4731.3	90			564.54	4994.15	percent of total billed charges	
CL TX SUPRA/TRANSCOND HUM FX W MANIP	24535	CPT	outpatient			5257		2113.84 Multiplan	Multiplan		4205.6	80			564.54	4994.15	percent of total billed charges	
CL TX SUPRA/TRANSCOND HUM FX W MANIP	24535	CPT	outpatient			5257		2113.84 Qualcare	Qualcare		3942.75	75			564.54	4994.15	percent of total billed charges	
CL TX SUPRA/TRANSCOND HUM FX W MANIP	24535	CPT	outpatient			5257		2113.84 Three Rivers	Three Rivers		4994.15	95			564.54	4994.15	percent of total billed charges	
CL TX SUPRA/TRANSCOND HUM FX W MANIP	24535	CPT	outpatient			5257		2113.84 UHC	Medicaid		1658.58	31.55			564.54	4994.15	percent of total billed charges	
CL TX SUPRA/TRANSCOND HUM FX W MANIP	24535	CPT	outpatient			5257		2113.84 UHC	Medicare		1838.12				564.54	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX SUPRA/TRANSCOND HUM FX W MANIP	24535	CPT	outpatient			5257		2113.84 United	CommercialPPO		1782				564.54	4994.15	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101191	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CL TX SUPRA/TRANSCOND HUM FX W MANIP	24535	CPT	outpatient			5257		2113.84 United	Oxford		1782				564.54	4994.15	case rate	
CL TX SUPRA/TRANSCOND HUM FX W MANIP	24535	CPT	outpatient			5257		2113.84 Wellcare	Medicaid		1658.58	31.55			564.54	4994.15	percent of total billed charges	
CL TX SUPRA/TRANSCOND HUM FX W MANIP	24535	CPT	outpatient			5257		2113.84 Wellcare	Medicare		1838.12				564.54	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX SUPRA/TRANSCOND HUM FX W MANIP	24535	CPT	outpatient			5257		2113.84 WellPoint	WellPoint		1691.7	32.18			564.54	4994.15	percent of total billed charges	
HUMERAL EPICONDYLAR FX MED/LAT	24560	CPT	outpatient			1105		310.16 Aetna	Commercial		429.36				232.23	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HUMERAL EPICONDYLAR FX MED/LAT	24560	CPT	outpatient			1105		310.16 Aetna	Medicare		340.34	30.8			232.23	1782	percent of total billed charges	
HUMERAL EPICONDYLAR FX MED/LAT	24560	CPT	outpatient			1105		310.16 Aetna	Better Health		348.63	31.55			232.23	1782	percent of total billed charges	
HUMERAL EPICONDYLAR FX MED/LAT	24560	CPT	outpatient			1105		310.16 Americare	Americare		826.75	75			232.23	1782	percent of total billed charges	
HUMERAL EPICONDYLAR FX MED/LAT	24560	CPT	outpatient			1105		310.16 Amerihealth	HMO/PPO		718.25	65			232.23	1782	percent of total billed charges	
HUMERAL EPICONDYLAR FX MED/LAT	24560	CPT	outpatient			1105		310.16 Amerihealth	Medicare		269.7				232.23	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HUMERAL EPICONDYLAR FX MED/LAT	24560	CPT	outpatient			1105		310.16 Consumer	Consumer		1049.75	95			232.23	1782	percent of total billed charges	
HUMERAL EPICONDYLAR FX MED/LAT	24560	CPT	outpatient			1105		310.16 Corrections	Corrections		884	80			232.23	1782	percent of total billed charges	
HUMERAL EPICONDYLAR FX MED/LAT	24560	CPT	outpatient			1105		310.16 First Health	First Health		773.5	70			232.23	1782	percent of total billed charges	
HUMERAL EPICONDYLAR FX MED/LAT	24560	CPT	outpatient			1105		310.16 First Trenton	First Trenton		994.5	90			232.23	1782	percent of total billed charges	
HUMERAL EPICONDYLAR FX MED/LAT	24560	CPT	outpatient			1105		310.16 Horizon	NJ Health		301.46				232.23	1782	fee schedule	
HUMERAL EPICONDYLAR FX MED/LAT	24560	CPT	outpatient			1105		310.16 Horizon	Indemnity		501.91				232.23	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HUMERAL EPICONDYLAR FX MED/LAT	24560	CPT	outpatient			1105		310.16 Horizon	MGD		501.91				232.23	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HUMERAL EPICONDYLAR FX MED/LAT	24560	CPT	outpatient			1105		310.16 Horizon	PPO		501.91				232.23	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HUMERAL EPICONDYLAR FX MED/LAT	24560	CPT	outpatient			1105		310.16 Horizon	Medicare Blue		269.7				232.23	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HUMERAL EPICONDYLAR FX MED/LAT	24560	CPT	outpatient			1105		310.16 Managed Care Inc	Managed Care Inc		994.5	90			232.23	1782	percent of total billed charges	
HUMERAL EPICONDYLAR FX MED/LAT	24560	CPT	outpatient			1105		310.16 Multiplan	Multiplan		884	80			232.23	1782	percent of total billed charges	
HUMERAL EPICONDYLAR FX MED/LAT	24560	CPT	outpatient			1105		310.16 Qualcare	Qualcare		826.75	75			232.23	1782	percent of total billed charges	
HUMERAL EPICONDYLAR FX MED/LAT	24560	CPT	outpatient			1105		310.16 Three Rivers	Three Rivers		1049.75	95			232.23	1782	percent of total billed charges	
HUMERAL EPICONDYLAR FX MED/LAT	24560	CPT	outpatient			1105		310.16 UHC	Medicaid		348.63	31.55			232.23	1782	percent of total billed charges	
HUMERAL EPICONDYLAR FX MED/LAT	24560	CPT	outpatient			1105		310.16 UHC	Medicare		269.7				232.23	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HUMERAL EPICONDYLAR FX MED/LAT	24560	CPT	outpatient			1105		310.16 United	Oxford		1782				232.23	1782	case rate	
HUMERAL EPICONDYLAR FX MED/LAT	24560	CPT	outpatient			1105		310.16 United	Commercial|PPO		1782				232.23	1782	case rate	
HUMERAL EPICONDYLAR FX MED/LAT	24560	CPT	outpatient			1105		310.16 Wellcare	Medicaid		348.63	31.55			232.23	1782	percent of total billed charges	
HUMERAL EPICONDYLAR FX MED/LAT	24560	CPT	outpatient			1105		310.16 Wellcare	Medicare		269.7				232.23	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HUMERAL EPICONDYLAR FX MED/LAT	24560	CPT	outpatient			1105		310.16 WellPoint	WellPoint		355.59	32.18			232.23	1782	percent of total billed charges	
CLSD TX CONDYLAR FRACTURE	24576	CPT	outpatient			1105		310.16 Aetna	Medicare		269.7				219.24	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TX CONDYLAR FRACTURE	24576	CPT	outpatient			1105		310.16 Aetna	Commercial		429.36				219.24	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TX CONDYLAR FRACTURE	24576	CPT	outpatient			1105		310.16 Aetna	Better Health		348.63	31.55			219.24	1782	percent of total billed charges	
CLSD TX CONDYLAR FRACTURE	24576	CPT	outpatient			1105		310.16 Americare	Americare		826.75	75			219.24	1782	percent of total billed charges	
CLSD TX CONDYLAR FRACTURE	24576	CPT	outpatient			1105		310.16 Amerihealth	Medicare		269.7				219.24	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TX CONDYLAR FRACTURE	24576	CPT	outpatient			1105		310.16 Amerihealth	HMO/PPO		718.25	65			219.24	1782	percent of total billed charges	
CLSD TX CONDYLAR FRACTURE	24576	CPT	outpatient			1105		310.16 Consumer	Consumer		1049.75	95			219.24	1782	percent of total billed charges	
CLSD TX CONDYLAR FRACTURE	24576	CPT	outpatient			1105		310.16 Corrections	Corrections		884	80			219.24	1782	percent of total billed charges	
CLSD TX CONDYLAR FRACTURE	24576	CPT	outpatient			1105		310.16 First Health	First Health		773.5	70			219.24	1782	percent of total billed charges	
CLSD TX CONDYLAR FRACTURE	24576	CPT	outpatient			1105		310.16 First Trenton	First Trenton		994.5	90			219.24	1782	percent of total billed charges	
CLSD TX CONDYLAR FRACTURE	24576	CPT	outpatient			1105		310.16 Horizon	PPO		501.91				219.24	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TX CONDYLAR FRACTURE	24576	CPT	outpatient			1105		310.16 Horizon	NJ Health		219.24				219.24	1782	fee schedule	
CLSD TX CONDYLAR FRACTURE	24576	CPT	outpatient			1105		310.16 Horizon	Indemnity		501.91				219.24	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TX CONDYLAR FRACTURE	24576	CPT	outpatient			1105		310.16 Horizon	Medicare Blue		269.7				219.24	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TX CONDYLAR FRACTURE	24576	CPT	outpatient			1105		310.16 Horizon	MGD		501.91				219.24	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TX CONDYLAR FRACTURE	24576	CPT	outpatient			1105		310.16 Managed Care Inc	Managed Care Inc		994.5	90			219.24	1782	percent of total billed charges	
CLSD TX CONDYLAR FRACTURE	24576	CPT	outpatient			1105		310.16 Multiplan	Multiplan		884	80			219.24	1782	percent of total billed charges	
CLSD TX CONDYLAR FRACTURE	24576	CPT	outpatient			1105		310.16 Qualcare	Qualcare		826.75	75			219.24	1782	percent of total billed charges	
CLSD TX CONDYLAR FRACTURE	24576	CPT	outpatient			1105		310.16 Three Rivers	Three Rivers		1049.75	95			219.24	1782	percent of total billed charges	
CLSD TX CONDYLAR FRACTURE	24576	CPT	outpatient			1105		310.16 UHC	Medicare		269.7				219.24	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TX CONDYLAR FRACTURE	24576	CPT	outpatient			1105		310.16 UHC	Medicaid		348.63	31.55			219.24	1782	percent of total billed charges	
CLSD TX CONDYLAR FRACTURE	24576	CPT	outpatient			1105		310.16 United	Oxford		1782				219.24	1782	case rate	
CLSD TX CONDYLAR FRACTURE	24576	CPT	outpatient			1105		310.16 United	Commercial|PPO		1782				219.24	1782	case rate	
CLSD TX CONDYLAR FRACTURE	24576	CPT	outpatient			1105		310.16 Wellcare	Medicare		269.7				219.24	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TX CONDYLAR FRACTURE	24576	CPT	outpatient			1105		310.16 Wellcare	Medicaid		348.63	31.55			219.24	1782	percent of total billed charges	
CLSD TX CONDYLAR FRACTURE	24576	CPT	outpatient			1105		310.16 WellPoint	WellPoint		355.59	32.18			219.24	1782	percent of total billed charges	
CL TREAT HUM CONDYL FX, W/O MANIP.	24577	CPT	outpatient			5257		2113.84 Aetna	Better Health		1658.58	31.55			394.63	4994.15	percent of total billed charges	
CL TREAT HUM CONDYL FX, W/O MANIP.	24577	CPT	outpatient			5257		2113.84 Aetna	Commercial		2926.29				394.63	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TREAT HUM CONDYL FX, W/O MANIP.	24577	CPT	outpatient			5257		2113.84 Aetna	Medicare		1838.12				394.63	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TREAT HUM CONDYL FX, W/O MANIP.	24577	CPT	outpatient			5257		2113.84 Americare	Americare		3942.75	75			394.63	4994.15	percent of total billed charges	
CL TREAT HUM CONDYL FX, W/O MANIP.	24577	CPT	outpatient			5257		2113.84 Amerihealth	HMO/PPO		3417.05	65			394.63	4994.15	percent of total billed charges	
CL TREAT HUM CONDYL FX, W/O MANIP.	24577	CPT	outpatient			5257		2113.84 Amerihealth	Medicare		1838.12				394.63	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TREAT HUM CONDYL FX, W/O MANIP.	24577	CPT	outpatient			5257		2113.84 Consumer	Consumer		4994.15	95			394.63	4994.15	percent of total billed charges	
CL TREAT HUM CONDYL FX, W/O MANIP.	24577	CPT	outpatient			5257		2113.84 Corrections	Corrections		4205.6	80			394.63	4994.15	percent of total billed charges	
CL TREAT HUM CONDYL FX, W/O MANIP.	24577	CPT	outpatient			5257		2113.84 First Health	First Health		3679.9	70			394.63	4994.15	percent of total billed charges	
CL TREAT HUM CONDYL FX, W/O MANIP.	24577	CPT	outpatient			5257		2113.84 First Trenton	First Trenton		4731.3	90			394.63	4994.15	percent of total billed charges	
CL TREAT HUM CONDYL FX, W/O MANIP.	24577	CPT	outpatient			5257		2113.84 Horizon	PPO		3420.74				394.63	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TREAT HUM CONDYL FX, W/O MANIP.	24577	CPT	outpatient			5257		2113.84 Horizon	Medicare Blue		1838.12				394.63	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TREAT HUM CONDYL FX, W/O MANIP.	24577	CPT	outpatient			5257		2113.84 Horizon	Indemnity		3420.74				394.63	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TREAT HUM CONDYL FX, W/O MANIP.	24577	CPT	outpatient			5257		2113.84 Horizon	MGD		3420.74				394.63	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TREAT HUM CONDYL FX, W/O MANIP.	24577	CPT	outpatient			5257		2113.84 Horizon	NJ Health		394.63				394.63	4994.15	fee schedule	
CL TREAT HUM CONDYL FX, W/O MANIP.	24577	CPT	outpatient			5257		2113.84 Managed Care Inc	Managed Care Inc		4731.3	90			394.63	4994.15	percent of total billed charges	
CL TREAT HUM CONDYL FX, W/O MANIP.	24577	CPT	outpatient			5257		2113.84 Multiplan	Multiplan		4205.6	80			394.63	4994.15	percent of total billed charges	
CL TREAT HUM CONDYL FX, W/O MANIP.	24577	CPT	outpatient			5257		2113.84 Qualcare	Qualcare		3942.75	75			394.63	4994.15	percent of total billed charges	
CL TREAT HUM CONDYL FX, W/O MANIP.	24577	CPT	outpatient			5257		2113.84 Three Rivers	Three Rivers		4994.15	95			394.63	4994.15	percent of total billed charges	
CL TREAT HUM CONDYL FX, W/O MANIP.	24577	CPT	outpatient			5257		2113.84 UHC	Medicaid		1658.58	31.55			394.63	4994.15	percent of total billed charges	
CL TREAT HUM CONDYL FX, W/O MANIP.	24577	CPT	outpatient			5257		2113.84 UHC	Medicare		1838.12				394.63	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TREAT HUM CONDYL FX, W/O MANIP.	24577	CPT	outpatient			5257		2113.84 United	Commercial|PPO		1782				394.63	4994.15	case rate	
CL TREAT HUM CONDYL FX, W/O MANIP.	24577	CPT	outpatient			5257		2113.84 United	Oxford		1782				394.63	4994.15	case rate	
CL TREAT HUM CONDYL FX, W/O MANIP.	24577	CPT	outpatient			5257		2113.84 Wellcare	Medicare		1838.12				394.63	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TREAT HUM CONDYL FX, W/O MANIP.	24577	CPT	outpatient			5257		2113.84 Wellcare	Medicaid		1658.58	31.55			394.63	4994.15	percent of total billed charges	
CL TREAT HUM CONDYL FX, W/O MANIP.	24577	CPT	outpatient			5257		2113.84 WellPoint	WellPoint		1691.7	32.18			394.63	4994.15	percent of total billed charges	
TRT CLSD ELBOW DISLOC W/O ANES	24600	CPT	outpatient			2194		310.16 Aetna	Commercial		429.36				237.89	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT CLSD ELBOW DISLOC W/O ANES	24600	CPT	outpatient			2194		310.16 Aetna	Better Health		692.21	31.55			237.89	2084.3	percent of total billed charges	
TRT CLSD ELBOW DISLOC W/O ANES	24600	CPT	outpatient			2194		310.16 Aetna	Medicare		269.7				237.89	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT CLSD ELBOW DISLOC W/O ANES	24600	CPT	outpatient			2194		310.16 Americare	Americare		1645.5	75			237.89	2084.3	percent of total billed charges	
TRT CLSD ELBOW DISLOC W/O ANES	24600	CPT	outpatient			2194		310.16 Amerihealth	HMO/PPO		1426.1	65			237.89	2084.3	percent of total billed charges	
TRT CLSD ELBOW DISLOC W/O ANES	24600	CPT	outpatient			2194		310.16 Amerihealth	Medicare		269.7				237.89	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT CLSD ELBOW DISLOC W/O ANES	24600	CPT	outpatient			2194		310.16 Consumer	Consumer		2084.3	95			237.89	2084.3	percent of total billed charges	
TRT CLSD ELBOW DISLOC W/O ANES	24600	CPT	outpatient			2194		310.16 Corrections	Corrections		1755.2	80			237.89	2084.3	percent of total billed charges	
TRT CLSD ELBOW DISLOC W/O ANES	24600	CPT	outpatient			2194		310.16 First Health	First Health		1535.8	70			237.89	2084.3	percent of total billed charges	
TRT CLSD ELBOW DISLOC W/O ANES	24600	CPT	outpatient			2194		310.16 First Trenton	First Trenton		1974.6	90			237.89	2084.3	percent of total billed charges	
TRT CLSD ELBOW DISLOC W/O ANES	24600	CPT	outpatient			2194		310.16 Horizon	NJ Health		334.34				237.89	2084.3	fee schedule	
TRT CLSD ELBOW DISLOC W/O ANES	24600	CPT	outpatient			2194		310.16 Horizon	Medicare Blue		269.7				237.89	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT CLSD ELBOW DISLOC W/O ANES	24600	CPT	outpatient			2194		310.16 Horizon	MGD		501.91				237.89	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT CLSD ELBOW DISLOC W/O ANES	24600	CPT	outpatient			2194		310.16 Horizon	PPO		501.91				237.89	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT CLSD ELBOW DISLOC W/O ANES	24600	CPT	outpatient			2194		310.16 Horizon	Indemnity		501.91				237.89	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT CLSD ELBOW DISLOC W/O ANES	24600	CPT	outpatient			2194		310.16 Managed Care Inc	Managed Care Inc		1974.6	90			237.89	2084.3	percent of total billed charges	
TRT CLSD ELBOW DISLOC W/O ANES	24600	CPT	outpatient			2194		310.16 Multiplan	Multiplan		1755.2	80			237.89	2084.3	percent of total billed charges	
TRT CLSD ELBOW DISLOC W/O ANES	24600	CPT	outpatient			2194		310.16 Qualcare	Qualcare		1645.5	75			237.89	2084.3	percent of total billed charges	
TRT CLSD ELBOW DISLOC W/O ANES	24600	CPT	outpatient			2194		310.16 Three Rivers	Three Rivers		2084.3	95			237.89	2084.3	percent of total billed charges	
TRT CLSD ELBOW DISLOC W/O ANES	24600	CPT	outpatient			2194		310.16 UHC	Medicaid		692.21	31.55			237.89	2084.3	percent of total billed charges	
TRT CLSD ELBOW DISLOC W/O ANES	24600	CPT	outpatient			2194		310.16 UHC	Medicare		269.7				237.89	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT CLSD ELBOW DISLOC W/O ANES	24600	CPT	outpatient			2194		310.16 United	Commercial|PPO		1782				237.89	2084.3	case rate	
TRT CLSD ELBOW DISLOC W/O ANES	24600	CPT	outpatient			2194		310.16 United	Oxford		1782				237.89	2084.3	case rate	
TRT CLSD ELBOW DISLOC W/O ANES	24600	CPT	outpatient			2194		310.16 Wellcare	Medicare		269.7				237.89	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT CLSD ELBOW DISLOC W/O ANES	24600	CPT	outpatient			2194		310.16 Wellcare	Medicaid		692.21	31.55			237.89	2084.3	percent of total billed charges	
TRT CLSD ELBOW DISLOC W/O ANES	24600	CPT	outpatient			2194		310.16 WellPoint	WellPoint		706.03	32.18			237.89	2084.3	percent of total billed charges	
TREAT ELBOW DISLOC W/ANESTH	24605	CPT	outpatient			6179		2113.84 Aetna	Commercial		2926.29				451.06	5870.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT ELBOW DISLOC W/ANESTH	24605	CPT	outpatient			6179		2113.84 Aetna	Medicare		1838.12				451.06	5870.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT ELBOW DISLOC W/ANESTH	24605	CPT	outpatient			6179		2113.84 Aetna	Better Health		1949.47	31.55			451.06	5870.05	percent of total billed charges	
TREAT ELBOW DISLOC W/ANESTH	24605	CPT	outpatient			6179		2113.84 Americare	Americare		4634.25	75			451.06	5870.05	percent of total billed charges	
TREAT ELBOW DISLOC W/ANESTH	24605	CPT	outpatient			6179		2113.84 Amerihealth	HMO/PPO		4016.35	65			451.06	5870.05	percent of total billed charges	
TREAT ELBOW DISLOC W/ANESTH	24605	CPT	outpatient			6179		2113.84 Amerihealth	Medicare		1838.12				451.06	5870.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT ELBOW DISLOC W/ANESTH	24605	CPT	outpatient			6179		2113.84 Consumer	Consumer		5870.05	95			451.06	5870.05	percent of total billed charges	
TREAT ELBOW DISLOC W/ANESTH	24605	CPT	outpatient			6179		2113.84 Corrections	Corrections		4943.2	80			451.06	5870.05	percent of total billed charges	
TREAT ELBOW DISLOC W/ANESTH	24605	CPT	outpatient			6179		2113.84 First Health	First Health		4325.3	70			451.06	5870.05	percent of total billed charges	
TREAT ELBOW DISLOC W/ANESTH	24605	CPT	outpatient			6179		2113.84 First Trenton	First Trenton		5561.1	90			451.06	5870.05	percent of total billed charges	
TREAT ELBOW DISLOC W/ANESTH	24605	CPT	outpatient			6179		2113.84 Horizon	Indemnity		3420.74				451.06	5870.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT ELBOW DISLOC W/ANESTH	24605	CPT	outpatient			6179		2113.84 Horizon	Medicare Blue		1838.12				451.06	5870.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT ELBOW DISLOC W/ANESTH	24605	CPT	outpatient			6179		2113.84 Horizon	NJ Health		451.06				451.06	5870.05	fee schedule	
TREAT ELBOW DISLOC W/ANESTH	24605	CPT	outpatient			6179		2113.84 Horizon	MGD		3420.74				451.06	5870.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT ELBOW DISLOC W/ANESTH	24605	CPT	outpatient			6179		2113.84 Horizon	PPO		3420.74				451.06	5870.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT ELBOW DISLOC W/ANESTH	24605	CPT	outpatient			6179		2113.84 Managed Care Inc	Managed Care Inc		5561.1	90			451.06	5870.05	percent of total billed charges	
TREAT ELBOW DISLOC W/ANESTH	24605	CPT	outpatient			6179		2113.84 Multiplan	Multiplan		4943.2	80			451.06	5870.05	percent of total billed charges	
TREAT ELBOW DISLOC W/ANESTH	24605	CPT	outpatient			6179		2113.84 Qualcare	Qualcare		4634.25	75			451.06	5870.05	percent of total billed charges	
TREAT ELBOW DISLOC W/ANESTH	24605	CPT	outpatient			6179		2113.84 Three Rivers	Three Rivers		5870.05	95			451.06	5870.05	percent of total billed charges	
TREAT ELBOW DISLOC W/ANESTH	24605	CPT	outpatient			6179		2113.84 UHC	Medicare		1838.12				451.06	5870.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT ELBOW DISLOC W/ANESTH	24605	CPT	outpatient			6179		2113.84 UHC	Medicaid		1949.47	31.55			451.06	5870.05	percent of total billed charges	
TREAT ELBOW DISLOC W/ANESTH	24605	CPT	outpatient			6179		2113.84 United	Oxford		2493				451.06	5870.05	case rate	
TREAT ELBOW DISLOC W/ANESTH	24605	CPT	outpatient			6179		2113.84 United	Commercial|PPO		2493				451.06	5870.05	case rate	
TREAT ELBOW DISLOC W/ANESTH	24605	CPT	outpatient			6179		2113.84 Wellcare	Medicare		1838.12				451.06	5870.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT ELBOW DISLOC W/ANESTH	24605	CPT	outpatient			6179		2113.84 Wellcare	Medicaid		1949.47	31.55			451.06	5870.05	percent of total billed charges	
TREAT ELBOW DISLOC W/ANESTH	24605	CPT	outpatient			6179		2113.84 WellPoint	WellPoint		1988.4	32.18			451.06	5870.05	percent of total billed charges	
MONTEGGIA TYPE FX DISTAL ELBOW	24620	CPT	outpatient			5257		2113.84 Aetna	Commercial		2926.29				143.24	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MONTEGGIA TYPE FX DISTAL ELBOW	24620	CPT	outpatient			5257		2113.84 Aetna	Better Health		1658.58	31.55			143.24	4994.15	percent of total billed charges	
MONTEGGIA TYPE FX DISTAL ELBOW	24620	CPT	outpatient			5257		2113.84 Aetna	Medicare		1838.12				143.24	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MONTEGGIA TYPE FX DISTAL ELBOW	24620	CPT	outpatient			5257		2113.84 Americare	Americare		3942.75	75			143.24	4994.15	percent of total billed charges	
MONTEGGIA TYPE FX DISTAL ELBOW	24620	CPT	outpatient			5257		2113.84 Amerihealth	HMO/PPO		3417.05	65			143.24	4994.15	percent of total billed charges	
MONTEGGIA TYPE FX DISTAL ELBOW	24620	CPT	outpatient			5257		2113.84 Amerihealth	Medicare		1838.12				143.24	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MONTEGGIA TYPE FX DISTAL ELBOW	24620	CPT	outpatient			5257		2113.84 Consumer	Consumer		4994.15	95			143.24	4994.15	percent of total billed charges	
MONTEGGIA TYPE FX DISTAL ELBOW	24620	CPT	outpatient			5257		2113.84 Corrections	Corrections		4205.6	80			143.24	4994.15	percent of total billed charges	
MONTEGGIA TYPE FX DISTAL ELBOW	24620	CPT	outpatient			5257		2113.84 First Health	First Health		3679.9	70			143.24	4994.15	percent of total billed charges	
MONTEGGIA TYPE FX DISTAL ELBOW	24620	CPT	outpatient			5257		2113.84 First Trenton	First Trenton		4731.3	90			143.24	4994.15	percent of total billed charges	
MONTEGGIA TYPE FX DISTAL ELBOW	24620	CPT	outpatient			5257		2113.84 Horizon	Indemnity		3420.74				143.24	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MONTEGGIA TYPE FX DISTAL ELBOW	24620	CPT	outpatient			5257		2113.84 Horizon	Medicare Blue		1838.12				143.24	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MONTEGGIA TYPE FX DISTAL ELBOW	24620	CPT	outpatient			5257		2113.84 Horizon	NJ Health		573.21				143.24	4994.15	fee schedule	
MONTEGGIA TYPE FX DISTAL ELBOW	24620	CPT	outpatient			5257		2113.84 Horizon	MGD		3420.74				143.24	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
MONTEGGIA TYPE FX DISTAL ELBOW	24620	CPT	outpatient			5257		2113.84 Horizon	PPO		3420.74				143.24	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MONTEGGIA TYPE FX DISTAL ELBOW	24620	CPT	outpatient			5257		2113.84 Managed Care Inc	Managed Care Inc		4731.3	90			143.24	4994.15	percent of total billed charges	
MONTEGGIA TYPE FX DISTAL ELBOW	24620	CPT	outpatient			5257		2113.84 Multiplan	Multiplan		4205.6	80			143.24	4994.15	percent of total billed charges	
MONTEGGIA TYPE FX DISTAL ELBOW	24620	CPT	outpatient			5257		2113.84 Qualcare	Qualcare		3942.75	75			143.24	4994.15	percent of total billed charges	
MONTEGGIA TYPE FX DISTAL ELBOW	24620	CPT	outpatient			5257		2113.84 Three Rivers	Three Rivers		4994.15	95			143.24	4994.15	percent of total billed charges	
MONTEGGIA TYPE FX DISTAL ELBOW	24620	CPT	outpatient			5257		2113.84 UHC	Medicare		1838.12				143.24	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MONTEGGIA TYPE FX DISTAL ELBOW	24620	CPT	outpatient			5257		2113.84 UHC	Medicaid		1658.58	31.55			143.24	4994.15	percent of total billed charges	
MONTEGGIA TYPE FX DISTAL ELBOW	24620	CPT	outpatient			5257		2113.84 United	Oxford		2493				143.24	4994.15	case rate	
MONTEGGIA TYPE FX DISTAL ELBOW	24620	CPT	outpatient			5257		2113.84 United	Commercial|PPO		2493				143.24	4994.15	case rate	
MONTEGGIA TYPE FX DISTAL ELBOW	24620	CPT	outpatient			5257		2113.84 Wellcare	Medicare		1838.12				143.24	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MONTEGGIA TYPE FX DISTAL ELBOW	24620	CPT	outpatient			5257		2113.84 Wellcare	Medicaid		1658.58	31.55			143.24	4994.15	percent of total billed charges	
MONTEGGIA TYPE FX DISTAL ELBOW	24620	CPT	outpatient			5257		2113.84 WellPoint	WellPoint		1691.7	32.18			143.24	4994.15	percent of total billed charges	
RADIAL HEAD SUBLUX (NURSEMAID)	24640	CPT	outpatient			1034		310.16 Aetna	Better Health		326.23	31.55			98.66	1782	other	
RADIAL HEAD SUBLUX (NURSEMAID)	24640	CPT	outpatient			1034		310.16 Aetna	Commercial		429.36				98.66	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIAL HEAD SUBLUX (NURSEMAID)	24640	CPT	outpatient			1034		310.16 Aetna	Medicare		269.7				98.66	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIAL HEAD SUBLUX (NURSEMAID)	24640	CPT	outpatient			1034		310.16 Americare	Americare		775.5	75			98.66	1782	percent of total billed charges	
RADIAL HEAD SUBLUX (NURSEMAID)	24640	CPT	outpatient			1034		310.16 Amerihealth	HMO|PPO		672.1	65			98.66	1782	percent of total billed charges	
RADIAL HEAD SUBLUX (NURSEMAID)	24640	CPT	outpatient			1034		310.16 Amerihealth	Medicare		269.7				98.66	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIAL HEAD SUBLUX (NURSEMAID)	24640	CPT	outpatient			1034		310.16 Consumer	Consumer		982.3	95			98.66	1782	percent of total billed charges	
RADIAL HEAD SUBLUX (NURSEMAID)	24640	CPT	outpatient			1034		310.16 Corrections	Corrections		827.2	80			98.66	1782	percent of total billed charges	
RADIAL HEAD SUBLUX (NURSEMAID)	24640	CPT	outpatient			1034		310.16 First Health	First Health		723.8	70			98.66	1782	percent of total billed charges	
RADIAL HEAD SUBLUX (NURSEMAID)	24640	CPT	outpatient			1034		310.16 First Trenton	First Trenton		930.6	90			98.66	1782	percent of total billed charges	
RADIAL HEAD SUBLUX (NURSEMAID)	24640	CPT	outpatient			1034		310.16 Horizon	MGD		501.91				98.66	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIAL HEAD SUBLUX (NURSEMAID)	24640	CPT	outpatient			1034		310.16 Horizon	Indemnity		501.91				98.66	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIAL HEAD SUBLUX (NURSEMAID)	24640	CPT	outpatient			1034		310.16 Horizon	NJ Health		98.66				98.66	1782	fee schedule	
RADIAL HEAD SUBLUX (NURSEMAID)	24640	CPT	outpatient			1034		310.16 Horizon	Medicare Blue		269.7				98.66	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIAL HEAD SUBLUX (NURSEMAID)	24640	CPT	outpatient			1034		310.16 Horizon	PPO		501.91				98.66	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIAL HEAD SUBLUX (NURSEMAID)	24640	CPT	outpatient			1034		310.16 Managed Care Inc	Managed Care Inc		930.6	90			98.66	1782	percent of total billed charges	
RADIAL HEAD SUBLUX (NURSEMAID)	24640	CPT	outpatient			1034		310.16 Multiplan	Multiplan		827.2	80			98.66	1782	percent of total billed charges	
RADIAL HEAD SUBLUX (NURSEMAID)	24640	CPT	outpatient			1034		310.16 Qualcare	Qualcare		775.5	75			98.66	1782	percent of total billed charges	
RADIAL HEAD SUBLUX (NURSEMAID)	24640	CPT	outpatient			1034		310.16 Three Rivers	Three Rivers		982.3	95			98.66	1782	percent of total billed charges	
RADIAL HEAD SUBLUX (NURSEMAID)	24640	CPT	outpatient			1034		310.16 UHC	Medicaid		326.23	31.55			98.66	1782	percent of total billed charges	
RADIAL HEAD SUBLUX (NURSEMAID)	24640	CPT	outpatient			1034		310.16 UHC	Medicare		269.7				98.66	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIAL HEAD SUBLUX (NURSEMAID)	24640	CPT	outpatient			1034		310.16 United	Oxford		1782				98.66	1782	case rate	
RADIAL HEAD SUBLUX (NURSEMAID)	24640	CPT	outpatient			1034		310.16 United	Commercial|PPO		1782				98.66	1782	case rate	
RADIAL HEAD SUBLUX (NURSEMAID)	24640	CPT	outpatient			1034		310.16 Wellcare	Medicare		269.7				98.66	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIAL HEAD SUBLUX (NURSEMAID)	24640	CPT	outpatient			1034		310.16 Wellcare	Medicaid		326.23	31.55			98.66	1782	percent of total billed charges	
RADIAL HEAD SUBLUX (NURSEMAID)	24640	CPT	outpatient			1034		310.16 WellPoint	WellPoint		332.74	32.18			98.66	1782	percent of total billed charges	
RADIAL HEAD OR NECK FX W/O MAN	24650	CPT	outpatient			1550		310.16 Aetna	Medicare		269.7				159.21	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIAL HEAD OR NECK FX W/O MAN	24650	CPT	outpatient			1550		310.16 Aetna	Commercial		429.36				159.21	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIAL HEAD OR NECK FX W/O MAN	24650	CPT	outpatient			1550		310.16 Aetna	Better Health		489.03	31.55			159.21	1782	percent of total billed charges	
RADIAL HEAD OR NECK FX W/O MAN	24650	CPT	outpatient			1550		310.16 Americare	Americare		1162.5	75			159.21	1782	percent of total billed charges	
RADIAL HEAD OR NECK FX W/O MAN	24650	CPT	outpatient			1550		310.16 Amerihealth	HMO|PPO		1007.5	65			159.21	1782	percent of total billed charges	
RADIAL HEAD OR NECK FX W/O MAN	24650	CPT	outpatient			1550		310.16 Amerihealth	Medicare		269.7				159.21	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIAL HEAD OR NECK FX W/O MAN	24650	CPT	outpatient			1550		310.16 Consumer	Consumer		1472.5	95			159.21	1782	percent of total billed charges	
RADIAL HEAD OR NECK FX W/O MAN	24650	CPT	outpatient			1550		310.16 Corrections	Corrections		1240	80			159.21	1782	percent of total billed charges	
RADIAL HEAD OR NECK FX W/O MAN	24650	CPT	outpatient			1550		310.16 First Health	First Health		1085	70			159.21	1782	percent of total billed charges	
RADIAL HEAD OR NECK FX W/O MAN	24650	CPT	outpatient			1550		310.16 First Trenton	First Trenton		1395	90			159.21	1782	percent of total billed charges	
RADIAL HEAD OR NECK FX W/O MAN	24650	CPT	outpatient			1550		310.16 Horizon	Medicare Blue		269.7				159.21	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIAL HEAD OR NECK FX W/O MAN	24650	CPT	outpatient			1550		310.16 Horizon	MGD		501.91				159.21	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIAL HEAD OR NECK FX W/O MAN	24650	CPT	outpatient			1550		310.16 Horizon	PPO		501.91				159.21	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIAL HEAD OR NECK FX W/O MAN	24650	CPT	outpatient			1550		310.16 Horizon	Indemnity		501.91				159.21	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIAL HEAD OR NECK FX W/O MAN	24650	CPT	outpatient			1550		310.16 Horizon	NJ Health		159.21				159.21	1782	fee schedule	
RADIAL HEAD OR NECK FX W/O MAN	24650	CPT	outpatient			1550		310.16 Managed Care Inc	Managed Care Inc		1395	90			159.21	1782	percent of total billed charges	
RADIAL HEAD OR NECK FX W/O MAN	24650	CPT	outpatient			1550		310.16 Multiplan	Multiplan		1240	80			159.21	1782	percent of total billed charges	
RADIAL HEAD OR NECK FX W/O MAN	24650	CPT	outpatient			1550		310.16 Qualcare	Qualcare		1162.5	75			159.21	1782	percent of total billed charges	
RADIAL HEAD OR NECK FX W/O MAN	24650	CPT	outpatient			1550		310.16 Three Rivers	Three Rivers		1472.5	95			159.21	1782	percent of total billed charges	
RADIAL HEAD OR NECK FX W/O MAN	24650	CPT	outpatient			1550		310.16 UHC	Medicaid		489.03	31.55			159.21	1782	percent of total billed charges	
RADIAL HEAD OR NECK FX W/O MAN	24650	CPT	outpatient			1550		310.16 UHC	Medicare		269.7				159.21	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIAL HEAD OR NECK FX W/O MAN	24650	CPT	outpatient			1550		310.16 United	Commercial|PPO		1782				159.21	1782	case rate	
RADIAL HEAD OR NECK FX W/O MAN	24650	CPT	outpatient			1550		310.16 United	Oxford		1782				159.21	1782	case rate	
RADIAL HEAD OR NECK FX W/O MAN	24650	CPT	outpatient			1550		310.16 Wellcare	Medicaid		489.03	31.55			159.21	1782	percent of total billed charges	
RADIAL HEAD OR NECK FX W/O MAN	24650	CPT	outpatient			1550		310.16 Wellcare	Medicare		269.7				159.21	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIAL HEAD OR NECK FX W/O MAN	24650	CPT	outpatient			1550		310.16 WellPoint	WellPoint		496.79	32.18			159.21	1782	percent of total billed charges	
CI TX RADIAL HEAD FX W MANIP.	24655	CPT	outpatient			5257		2113.84 Aetna	Better Health		1658.58	31.55			334.34	4994.15	percent of total billed charges	
CI TX RADIAL HEAD FX W MANIP.	24655	CPT	outpatient			5257		2113.84 Aetna	Commercial		2926.29				334.34	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CI TX RADIAL HEAD FX W MANIP.	24655	CPT	outpatient			5257		2113.84 Aetna	Medicare		1838.12				334.34	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CI TX RADIAL HEAD FX W MANIP.	24655	CPT	outpatient			5257		2113.84 Americare	Americare		3942.75	75			334.34	4994.15	percent of total billed charges	
CI TX RADIAL HEAD FX W MANIP.	24655	CPT	outpatient			5257		2113.84 Amerihealth	HMO|PPO		3417.05	65			334.34	4994.15	percent of total billed charges	
CI TX RADIAL HEAD FX W MANIP.	24655	CPT	outpatient			5257		2113.84 Amerihealth	Medicare		1838.12				334.34	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CI TX RADIAL HEAD FX W MANIP.	24655	CPT	outpatient			5257		2113.84 Consumer	Consumer		4994.15	95			334.34	4994.15	percent of total billed charges	
CI TX RADIAL HEAD FX W MANIP.	24655	CPT	outpatient			5257		2113.84 Corrections	Corrections		4205.6	80			334.34	4994.15	percent of total billed charges	
CI TX RADIAL HEAD FX W MANIP.	24655	CPT	outpatient			5257		2113.84 First Health	First Health		3679.9	70			334.34	4994.15	percent of total billed charges	
CI TX RADIAL HEAD FX W MANIP.	24655	CPT	outpatient			5257		2113.84 First Trenton	First Trenton		4731.3	90			334.34	4994.15	percent of total billed charges	
CI TX RADIAL HEAD FX W MANIP.	24655	CPT	outpatient			5257		2113.84 Horizon	Indemnity		3420.74				334.34	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CI TX RADIAL HEAD FX W MANIP.	24655	CPT	outpatient			5257		2113.84 Horizon	Medicare Blue		1838.12				334.34	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CI TX RADIAL HEAD FX W MANIP.	24655	CPT	outpatient			5257		2113.84 Horizon	NJ Health		334.34				334.34	4994.15	fee schedule	
CI TX RADIAL HEAD FX W MANIP.	24655	CPT	outpatient			5257		2113.84 Horizon	MGD		3420.74				334.34	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CI TX RADIAL HEAD FX W MANIP.	24655	CPT	outpatient			5257		2113.84 Horizon	PPO		3420.74				334.34	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CI TX RADIAL HEAD FX W MANIP.	24655	CPT	outpatient			5257		2113.84 Managed Care Inc	Managed Care Inc		4731.3	90			334.34	4994.15	percent of total billed charges	
CI TX RADIAL HEAD FX W MANIP.	24655	CPT	outpatient			5257		2113.84 Multiplan	Multiplan		4205.6	80			334.34	4994.15	percent of total billed charges	
CI TX RADIAL HEAD FX W MANIP.	24655	CPT	outpatient			5257		2113.84 Qualcare	Qualcare		3942.75	75			334.34	4994.15	percent of total billed charges	
CI TX RADIAL HEAD FX W MANIP.	24655	CPT	outpatient			5257		2113.84 Three Rivers	Three Rivers		4994.15	95			334.34	4994.15	percent of total billed charges	
CI TX RADIAL HEAD FX W MANIP.	24655	CPT	outpatient			5257		2113.84 UHC	Medicaid		1658.58	31.55			334.34	4994.15	percent of total billed charges	
CI TX RADIAL HEAD FX W MANIP.	24655	CPT	outpatient			5257		2113.84 UHC	Medicare		1838.12				334.34	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CI TX RADIAL HEAD FX W MANIP.	24655	CPT	outpatient			5257		2113.84 United	Oxford		1782				334.34	4994.15	case rate	
CI TX RADIAL HEAD FX W MANIP.	24655	CPT	outpatient			5257		2113.84 United	Commercial|PPO		1782				334.34	4994.15	case rate	
CI TX RADIAL HEAD FX W MANIP.	24655	CPT	outpatient			5257		2113.84 Wellcare	Medicare		1838.12				334.34	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CI TX RADIAL HEAD FX W MANIP.	24655	CPT	outpatient			5257		2113.84 Wellcare	Medicaid		1658.58	31.55			334.34	4994.15	percent of total billed charges	
CI TX RADIAL HEAD FX W MANIP.	24655	CPT	outpatient			5257		2113.84 WellPoint	WellPoint		1691.7	32.18			334.34	4994.15	percent of total billed charges	
CLSD TRT ULNAR FRACT W/O MAN	24670	CPT	outpatient			2194		310.16 Aetna	Better Health		692.21	31.55			126.32	2084.3	other	
CLSD TRT ULNAR FRACT W/O MAN	24670	CPT	outpatient			2194		310.16 Aetna	Commercial		429.36				126.32	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT ULNAR FRACT W/O MAN	24670	CPT	outpatient			2194		310.16 Aetna	Medicare		269.7				126.32	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT ULNAR FRACT W/O MAN	24670	CPT	outpatient			2194		310.16 Americare	Americare		1645.5	75			126.32	2084.3	percent of total billed charges	
CLSD TRT ULNAR FRACT W/O MAN	24670	CPT	outpatient			2194		310.16 Amerihealth	HMO|PPO		1426.1	65			126.32	2084.3	percent of total billed charges	
CLSD TRT ULNAR FRACT W/O MAN	24670	CPT	outpatient			2194		310.16 Amerihealth	Medicare		269.7				126.32	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT ULNAR FRACT W/O MAN	24670	CPT	outpatient			2194		310.16 Consumer	Consumer		2084.3	95			126.32	2084.3	percent of total billed charges	
CLSD TRT ULNAR FRACT W/O MAN	24670	CPT	outpatient			2194		310.16 Corrections	Corrections		1755.2	80			126.32	2084.3	percent of total billed charges	
CLSD TRT ULNAR FRACT W/O MAN	24670	CPT	outpatient			2194		310.16 First Health	First Health		1535.8	70			126.32	2084.3	percent of total billed charges	
CLSD TRT ULNAR FRACT W/O MAN	24670	CPT	outpatient			2194		310.16 First Trenton	First Trenton		1974.6	90			126.32	2084.3	percent of total billed charges	
CLSD TRT ULNAR FRACT W/O MAN	24670	CPT	outpatient			2194		310.16 Horizon	NJ Health		126.32				126.32	2084.3	fee schedule	
CLSD TRT ULNAR FRACT W/O MAN	24670	CPT	outpatient			2194		310.16 Horizon	Indemnity		501.91				126.32	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT ULNAR FRACT W/O MAN	24670	CPT	outpatient			2194		310.16 Horizon	Medicare Blue		269.7				126.32	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT ULNAR FRACT W/O MAN	24670	CPT	outpatient			2194		310.16 Horizon	MGD		501.91				126.32	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT ULNAR FRACT W/O MAN	24670	CPT	outpatient			2194		310.16 Horizon	PPO		501.91				126.32	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT ULNAR FRACT W/O MAN	24670	CPT	outpatient			2194		310.16 Managed Care Inc	Managed Care Inc		1974.6	90			126.32	2084.3	percent of total billed charges	
CLSD TRT ULNAR FRACT W/O MAN	24670	CPT	outpatient			2194		310.16 Multiplan	Multiplan		1755.2	80			126.32	2084.3	percent of total billed charges	
CLSD TRT ULNAR FRACT W/O MAN	24670	CPT	outpatient			2194		310.16 Qualcare	Qualcare		1645.5	75			126.32	2084.3	percent of total billed charges	
CLSD TRT ULNAR FRACT W/O MAN	24670	CPT	outpatient			2194		310.16 Three Rivers	Three Rivers		2084.3	95			126.32	2084.3	percent of total billed charges	
CLSD TRT ULNAR FRACT W/O MAN	24670	CPT	outpatient			2194		310.16 UHC	Medicaid		692.21	31.55			126.32	2084.3	percent of total billed charges	
CLSD TRT ULNAR FRACT W/O MAN	24670	CPT	outpatient			2194		310.16 UHC	Medicare		269.7				126.32	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT ULNAR FRACT W/O MAN	24670	CPT	outpatient			2194		310.16 United	Oxford		1782				126.32	2084.3	case rate	
CLSD TRT ULNAR FRACT W/O MAN	24670	CPT	outpatient			2194		310.16 United	Commercial|PPO		1782				126.32	2084.3	case rate	
CLSD TRT ULNAR FRACT W/O MAN	24670	CPT	outpatient			2194		310.16 Wellcare	Medicaid		692.21	31.55			126.32	2084.3	percent of total billed charges	
CLSD TRT ULNAR FRACT W/O MAN	24670	CPT	outpatient			2194		310.16 Wellcare	Medicare		269.7				126.32	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT ULNAR FRACT W/O MAN	24670	CPT	outpatient			2194		310.16 WellPoint	WellPoint		706.03	32.18			126.32	2084.3	percent of total billed charges	
CLSD TRT ULNAR FRACT W MAN	24675	CPT	outpatient			5257		2113.84 Aetna	Commercial		2926.29				499.71	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT ULNAR FRACT W MAN	24675	CPT	outpatient			5257		2113.84 Aetna	Better Health		1658.58	31.55			499.71	4994.15	percent of total billed charges	
CLSD TRT ULNAR FRACT W MAN	24675	CPT	outpatient			5257		2113.84 Aetna	Medicare		1619.16	30.8			499.71	4994.15	percent of total billed charges	
CLSD TRT ULNAR FRACT W MAN	24675	CPT	outpatient			5257		2113.84 Americare	Americare		3942.75	75			499.71	4994.15	percent of total billed charges	
CLSD TRT ULNAR FRACT W MAN	24675	CPT	outpatient			5257		2113.84 Amerihealth	Medicare		1838.12				499.71	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT ULNAR FRACT W MAN	24675	CPT	outpatient			5257		2113.84 Amerihealth	HMO|PPO		3417.05	65			499.71	4994.15	percent of total billed charges	
CLSD TRT ULNAR FRACT W MAN	24675	CPT	outpatient			5257		2113.84 Consumer	Consumer		4994.15	95			499.71	4994.15	percent of total billed charges	
CLSD TRT ULNAR FRACT W MAN	24675	CPT	outpatient			5257		2113.84 Corrections	Corrections		4205.6	80			499.71	4994.15	percent of total billed charges	
CLSD TRT ULNAR FRACT W MAN	24675	CPT	outpatient			5257		2113.84 First Health	First Health		3679.9	70			499.71	4994.15	percent of total billed charges	
CLSD TRT ULNAR FRACT W MAN	24675	CPT	outpatient			5257		2113.84 First Trenton	First Trenton		4731.3	90			499.71	4994.15	percent of total billed charges	
CLSD TRT ULNAR FRACT W MAN	24675	CPT	outpatient			5257		2113.84 Horizon	MGD		3420.74				499.71	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT ULNAR FRACT W MAN	24675	CPT	outpatient			5257		2113.84 Horizon	Indemnity		3420.74				499.71	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT ULNAR FRACT W MAN	24675	CPT	outpatient			5257		2113.84 Horizon	Medicare Blue		1838.12				499.71	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT ULNAR FRACT W MAN	24675	CPT	outpatient			5257		2113.84 Horizon	NJ Health		499.71				499.71	4994.15	fee schedule	
CLSD TRT ULNAR FRACT W MAN	24675	CPT	outpatient			5257		2113.84 Horizon	PPO		3420.74				499.71	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT ULNAR FRACT W MAN	24675	CPT	outpatient			5257		2113.84 Managed Care Inc	Managed Care Inc		4731.3	90			499.71	4994.15	percent of total billed charges	
CLSD TRT ULNAR FRACT W MAN	24675	CPT	outpatient			5257		2113.84 Multiplan	Multiplan		4205.6	80			499.71	4994.15	percent of total billed charges	
CLSD TRT ULNAR FRACT W MAN	24675	CPT	outpatient			5257		2113.84 Qualcare	Qualcare		3942.75	75			499.71	4994.15	percent of total billed charges	
CLSD TRT ULNAR FRACT W MAN	24675	CPT	outpatient			5257		2113.84 Three Rivers	Three Rivers		4994.15	95			499.71	4994.15	percent of total billed charges	
CLSD TRT ULNAR FRACT W MAN	24675	CPT	outpatient			5257		2113.84 UHC	Medicaid		1658.58	31.55			499.71	4994.15	percent of total billed charges	
CLSD TRT ULNAR FRACT W MAN	24675	CPT	outpatient			5257		2113.84 UHC	Medicare		1838.12				499.71	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT ULNAR FRACT W MAN	24675	CPT	outpatient			5257		2113.84 United	Oxford		1782				499.71	4994.15	case rate	
CLSD TRT ULNAR FRACT W MAN	24675	CPT	outpatient			5257		2113.84 United	Commercial|PPO		1782				499.71	4994.15	case rate	
CLSD TRT ULNAR FRACT W MAN	24675	CPT	outpatient			5257		2113.84 Wellcare	Medicaid		1658.58	31.55			499.71	4994.15	percent of total billed charges	
CLSD TRT ULNAR FRACT W MAN	24675	CPT	outpatient			5257		2113.84 Wellcare	Medicare		1838.12				499.71	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT ULNAR FRACT W MAN	24675	CPT	outpatient			5257		2113.84 WellPoint	WellPoint		1691.7	32.18			499.71	4994.15	percent of total billed charges	
I&D FOREARM ABCESS DEEP	25028	CPT	outpatient			10522		4257.16 Aetna	Commercial		5893.39				766.64	9995.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D FOREARM ABCESS DEEP	25028	CPT	outpatient			10522		4257.16 Aetna	Better Health		3319.69	31.55			766.64	9995.9	percent of total billed charges	
I&D FOREARM ABCESS DEEP	25028	CPT	outpatient			10522		4257.16 Aetna	Medicare		3701.88				766.64	9995.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D FOREARM ABCESS DEEP	25028	CPT	outpatient			10522		4257.16 Americare	Americare		7891.5	75			766.64	9995.9	percent of total billed charges	
I&D FOREARM ABCESS DEEP	25028	CPT	outpatient			10522		4257.16 Amerihealth	HMO|PPO		6839.3	65			766.64	9995.9	percent of total billed charges	
I&D FOREARM ABCESS DEEP	25028	CPT	outpatient			10522		4257.16 Amerihealth	Medicare		3701.88				766.64	9995.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
I&D FOREARM ABCESS DEEP	25028	CPT	outpatient			10522		4257.16	Consumer	Consumer	9965.9	95			766.64	9995.9	percent of total billed charges	
I&D FOREARM ABCESS DEEP	25028	CPT	outpatient			10522		4257.16	Corrections	Corrections	8417.6	80			766.64	9995.9	percent of total billed charges	
I&D FOREARM ABCESS DEEP	25028	CPT	outpatient			10522		4257.16	First Health	First Health	7365.4	70			766.64	9995.9	percent of total billed charges	
I&D FOREARM ABCESS DEEP	25028	CPT	outpatient			10522		4257.16	First Trenton	First Trenton	9469.8	90			766.64	9995.9	percent of total billed charges	
I&D FOREARM ABCESS DEEP	25028	CPT	outpatient			10522		4257.16	Horizon	Indemnity	6889.2				766.64	9995.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D FOREARM ABCESS DEEP	25028	CPT	outpatient			10522		4257.16	Horizon	MGD	6889.2				766.64	9995.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D FOREARM ABCESS DEEP	25028	CPT	outpatient			10522		4257.16	Horizon	PPO	6889.2				766.64	9995.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D FOREARM ABCESS DEEP	25028	CPT	outpatient			10522		4257.16	Horizon	NJ Health	766.64				766.64	9995.9	fee schedule	
I&D FOREARM ABCESS DEEP	25028	CPT	outpatient			10522		4257.16	Horizon	Medicare Blue	3701.88				766.64	9995.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D FOREARM ABCESS DEEP	25028	CPT	outpatient			10522		4257.16	Managed Care Inc	Managed Care Inc	9469.8	90			766.64	9995.9	percent of total billed charges	
I&D FOREARM ABCESS DEEP	25028	CPT	outpatient			10522		4257.16	Multiplan	Multiplan	8417.6	80			766.64	9995.9	percent of total billed charges	
I&D FOREARM ABCESS DEEP	25028	CPT	outpatient			10522		4257.16	Qualcare	Qualcare	7891.5	75			766.64	9995.9	percent of total billed charges	
I&D FOREARM ABCESS DEEP	25028	CPT	outpatient			10522		4257.16	Three Rivers	Three Rivers	9965.9	95			766.64	9995.9	percent of total billed charges	
I&D FOREARM ABCESS DEEP	25028	CPT	outpatient			10522		4257.16	UHC	Medicare	3701.88				766.64	9995.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D FOREARM ABCESS DEEP	25028	CPT	outpatient			10522		4257.16	UHC	Medicaid	3319.69	31.55			766.64	9995.9	percent of total billed charges	
I&D FOREARM ABCESS DEEP	25028	CPT	outpatient			10522		4257.16	United	Oxford	2776				766.64	9995.9	case rate	
I&D FOREARM ABCESS DEEP	25028	CPT	outpatient			10522		4257.16	United	Commercial|PPO	2776				766.64	9995.9	case rate	
I&D FOREARM ABCESS DEEP	25028	CPT	outpatient			10522		4257.16	Wellcare	Medicaid	3319.69	31.55			766.64	9995.9	percent of total billed charges	
I&D FOREARM ABCESS DEEP	25028	CPT	outpatient			10522		4257.16	Wellcare	Medicare	3701.88				766.64	9995.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D FOREARM ABCESS DEEP	25028	CPT	outpatient			10522		4257.16	WellPoint	WellPoint	3385.98	32.18			766.64	9995.9	percent of total billed charges	
I&D FOREARM ABCESS BURSA	25031	CPT	outpatient			2379		2113.84	Aetna	Better Health	750.57	31.55			75.79	3420.74	percent of total billed charges	
I&D FOREARM ABCESS BURSA	25031	CPT	outpatient			2379		2113.84	Aetna	Commercial	2926.29				75.79	3420.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D FOREARM ABCESS BURSA	25031	CPT	outpatient			2379		2113.84	Aetna	Medicare	1838.12				75.79	3420.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D FOREARM ABCESS BURSA	25031	CPT	outpatient			2379		2113.84	Americare	Americare	1784.25	75			75.79	3420.74	percent of total billed charges	
I&D FOREARM ABCESS BURSA	25031	CPT	outpatient			2379		2113.84	Amerihealth	HMO/PPO	1546.35	65			75.79	3420.74	percent of total billed charges	
I&D FOREARM ABCESS BURSA	25031	CPT	outpatient			2379		2113.84	Amerihealth	Medicare	1838.12				75.79	3420.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D FOREARM ABCESS BURSA	25031	CPT	outpatient			2379		2113.84	Consumer	Consumer	2260.05	95			75.79	3420.74	percent of total billed charges	
I&D FOREARM ABCESS BURSA	25031	CPT	outpatient			2379		2113.84	Corrections	Corrections	1903.2	80			75.79	3420.74	percent of total billed charges	
I&D FOREARM ABCESS BURSA	25031	CPT	outpatient			2379		2113.84	First Health	First Health	1665.3	70			75.79	3420.74	percent of total billed charges	
I&D FOREARM ABCESS BURSA	25031	CPT	outpatient			2379		2113.84	First Trenton	First Trenton	2141.1	90			75.79	3420.74	percent of total billed charges	
I&D FOREARM ABCESS BURSA	25031	CPT	outpatient			2379		2113.84	Horizon	PPO	3420.74				75.79	3420.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D FOREARM ABCESS BURSA	25031	CPT	outpatient			2379		2113.84	Horizon	Medicare Blue	1838.12				75.79	3420.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D FOREARM ABCESS BURSA	25031	CPT	outpatient			2379		2113.84	Horizon	MGD	3420.74				75.79	3420.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D FOREARM ABCESS BURSA	25031	CPT	outpatient			2379		2113.84	Horizon	Indemnity	3420.74				75.79	3420.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D FOREARM ABCESS BURSA	25031	CPT	outpatient			2379		2113.84	Horizon	NJ Health	75.79				75.79	3420.74	fee schedule	
I&D FOREARM ABCESS BURSA	25031	CPT	outpatient			2379		2113.84	Managed Care Inc	Managed Care Inc	2141.1	90			75.79	3420.74	percent of total billed charges	
I&D FOREARM ABCESS BURSA	25031	CPT	outpatient			2379		2113.84	Multiplan	Multiplan	1903.2	80			75.79	3420.74	percent of total billed charges	
I&D FOREARM ABCESS BURSA	25031	CPT	outpatient			2379		2113.84	Qualcare	Qualcare	1784.25	75			75.79	3420.74	percent of total billed charges	
I&D FOREARM ABCESS BURSA	25031	CPT	outpatient			2379		2113.84	Three Rivers	Three Rivers	2260.05	95			75.79	3420.74	percent of total billed charges	
I&D FOREARM ABCESS BURSA	25031	CPT	outpatient			2379		2113.84	UHC	Medicaid	750.57	31.55			75.79	3420.74	percent of total billed charges	
I&D FOREARM ABCESS BURSA	25031	CPT	outpatient			2379		2113.84	UHC	Medicare	1838.12				75.79	3420.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D FOREARM ABCESS BURSA	25031	CPT	outpatient			2379		2113.84	United	Commercial|PPO	2776				75.79	3420.74	case rate	
I&D FOREARM ABCESS BURSA	25031	CPT	outpatient			2379		2113.84	United	Oxford	2776				75.79	3420.74	case rate	
I&D FOREARM ABCESS BURSA	25031	CPT	outpatient			2379		2113.84	Wellcare	Medicaid	750.57	31.55			75.79	3420.74	percent of total billed charges	
I&D FOREARM ABCESS BURSA	25031	CPT	outpatient			2379		2113.84	Wellcare	Medicare	1838.12				75.79	3420.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D FOREARM ABCESS BURSA	25031	CPT	outpatient			2379		2113.84	WellPoint	WellPoint	765.56	32.18			75.79	3420.74	percent of total billed charges	
BX,SOFT TISSUE SUPERFICIAL	25065	CPT	outpatient			5464		2132.36	Aetna	Commercial	2951.93				87.7	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX,SOFT TISSUE SUPERFICIAL	25065	CPT	outpatient			5464		2132.36	Aetna	Better Health	1723.89	31.55			87.7	5190.8	percent of total billed charges	
BX,SOFT TISSUE SUPERFICIAL	25065	CPT	outpatient			5464		2132.36	Aetna	Medicare	1854.23				87.7	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX,SOFT TISSUE SUPERFICIAL	25065	CPT	outpatient			5464		2132.36	Americare	Americare	4098	75			87.7	5190.8	percent of total billed charges	
BX,SOFT TISSUE SUPERFICIAL	25065	CPT	outpatient			5464		2132.36	Amerihealth	HMO/PPO	3551.6	65			87.7	5190.8	percent of total billed charges	
BX,SOFT TISSUE SUPERFICIAL	25065	CPT	outpatient			5464		2132.36	Amerihealth	Medicare	1854.23				87.7	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX,SOFT TISSUE SUPERFICIAL	25065	CPT	outpatient			5464		2132.36	Consumer	Consumer	5190.8	95			87.7	5190.8	percent of total billed charges	
BX,SOFT TISSUE SUPERFICIAL	25065	CPT	outpatient			5464		2132.36	Corrections	Corrections	4371.2	80			87.7	5190.8	percent of total billed charges	
BX,SOFT TISSUE SUPERFICIAL	25065	CPT	outpatient			5464		2132.36	First Health	First Health	3824.8	70			87.7	5190.8	percent of total billed charges	
BX,SOFT TISSUE SUPERFICIAL	25065	CPT	outpatient			5464		2132.36	First Trenton	First Trenton	4917.6	90			87.7	5190.8	percent of total billed charges	
BX,SOFT TISSUE SUPERFICIAL	25065	CPT	outpatient			5464		2132.36	Horizon	NJ Health	87.7				87.7	5190.8	fee schedule	
BX,SOFT TISSUE SUPERFICIAL	25065	CPT	outpatient			5464		2132.36	Horizon	Indemnity	3450.72				87.7	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX,SOFT TISSUE SUPERFICIAL	25065	CPT	outpatient			5464		2132.36	Horizon	Medicare Blue	1854.23				87.7	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX,SOFT TISSUE SUPERFICIAL	25065	CPT	outpatient			5464		2132.36	Horizon	MGD	3450.72				87.7	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX,SOFT TISSUE SUPERFICIAL	25065	CPT	outpatient			5464		2132.36	Horizon	PPO	3450.72				87.7	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX,SOFT TISSUE SUPERFICIAL	25065	CPT	outpatient			5464		2132.36	Managed Care Inc	Managed Care Inc	4917.6	90			87.7	5190.8	percent of total billed charges	
BX,SOFT TISSUE SUPERFICIAL	25065	CPT	outpatient			5464		2132.36	Multiplan	Multiplan	4371.2	80			87.7	5190.8	percent of total billed charges	
BX,SOFT TISSUE SUPERFICIAL	25065	CPT	outpatient			5464		2132.36	Qualcare	Qualcare	4098	75			87.7	5190.8	percent of total billed charges	
BX,SOFT TISSUE SUPERFICIAL	25065	CPT	outpatient			5464		2132.36	Three Rivers	Three Rivers	5190.8	95			87.7	5190.8	percent of total billed charges	
BX,SOFT TISSUE SUPERFICIAL	25065	CPT	outpatient			5464		2132.36	UHC	Medicaid	1723.89	31.55			87.7	5190.8	percent of total billed charges	
BX,SOFT TISSUE SUPERFICIAL	25065	CPT	outpatient			5464		2132.36	UHC	Medicare	1854.23				87.7	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX,SOFT TISSUE SUPERFICIAL	25065	CPT	outpatient			5464		2132.36	United	Commercial|PPO	1817				87.7	5190.8	case rate	
BX,SOFT TISSUE SUPERFICIAL	25065	CPT	outpatient			5464		2132.36	United	Oxford	1817				87.7	5190.8	case rate	
BX,SOFT TISSUE SUPERFICIAL	25065	CPT	outpatient			5464		2132.36	Wellcare	Medicare	1854.23				87.7	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX,SOFT TISSUE SUPERFICIAL	25065	CPT	outpatient			5464		2132.36	Wellcare	Medicaid	1723.89	31.55			87.7	5190.8	percent of total billed charges	
BX,SOFT TISSUE SUPERFICIAL	25065	CPT	outpatient			5464		2132.36	WellPoint	WellPoint	1758.32	32.18			87.7	5190.8	percent of total billed charges	
WRIST ARTHROGRAPHY INJ	25246	CPT	outpatient			1092		Aetna	Medicare		336.34	30.8			74.09	1782	percent of total billed charges	
WRIST ARTHROGRAPHY INJ	25246	CPT	outpatient			1092		Aetna	Better Health		344.53	31.55			74.09	1782	percent of total billed charges	
WRIST ARTHROGRAPHY INJ	25246	CPT	outpatient			1092		Aetna	Commercial		414.96	38			74.09	1782	percent of total billed charges	
WRIST ARTHROGRAPHY INJ	25246	CPT	outpatient			1092		Americare	Americare		819	75			74.09	1782	percent of total billed charges	
WRIST ARTHROGRAPHY INJ	25246	CPT	outpatient			1092		Amerihealth	HMO/PPO		709.8	65			74.09	1782	percent of total billed charges	
WRIST ARTHROGRAPHY INJ	25246	CPT	outpatient			1092		Consumer	Consumer		1037.4	95			74.09	1782	percent of total billed charges	
WRIST ARTHROGRAPHY INJ	25246	CPT	outpatient			1092		Corrections	Corrections		873.6	80			74.09	1782	percent of total billed charges	
WRIST ARTHROGRAPHY INJ	25246	CPT	outpatient			1092		First Health	First Health		764.4	70			74.09	1782	percent of total billed charges	
WRIST ARTHROGRAPHY INJ	25246	CPT	outpatient			1092		First Trenton	First Trenton		982.8	90			74.09	1782	percent of total billed charges	
WRIST ARTHROGRAPHY INJ	25246	CPT	outpatient			1092		Horizon	MGD		418.02	38.28			74.09	1782	percent of total billed charges	
WRIST ARTHROGRAPHY INJ	25246	CPT	outpatient			1092		Horizon	Indemnity		418.02	38.28			74.09	1782	percent of total billed charges	
WRIST ARTHROGRAPHY INJ	25246	CPT	outpatient			1092		Horizon	NJ Health		74.09				74.09	1782	fee schedule	
WRIST ARTHROGRAPHY INJ	25246	CPT	outpatient			1092		Horizon	PPO		418.02	38.28			74.09	1782	percent of total billed charges	
WRIST ARTHROGRAPHY INJ	25246	CPT	outpatient			1092		Horizon	Medicare Blue		327.6	30			74.09	1782	percent of total billed charges	
WRIST ARTHROGRAPHY INJ	25246	CPT	outpatient			1092		Managed Care Inc	Managed Care Inc		982.8	90			74.09	1782	percent of total billed charges	
WRIST ARTHROGRAPHY INJ	25246	CPT	outpatient			1092		Multiplan	Multiplan		873.6	80			74.09	1782	percent of total billed charges	
WRIST ARTHROGRAPHY INJ	25246	CPT	outpatient			1092		Qualcare	Qualcare		819	75			74.09	1782	percent of total billed charges	
WRIST ARTHROGRAPHY INJ	25246	CPT	outpatient			1092		Three Rivers	Three Rivers		1037.4	95			74.09	1782	percent of total billed charges	
WRIST ARTHROGRAPHY INJ	25246	CPT	outpatient			1092		UHC	Medicaid		344.53	31.55			74.09	1782	percent of total billed charges	
WRIST ARTHROGRAPHY INJ	25246	CPT	outpatient			1092		United	Oxford		1782				74.09	1782	case rate	
WRIST ARTHROGRAPHY INJ	25246	CPT	outpatient			1092		United	Commercial|PPO		1782				74.09	1782	case rate	
WRIST ARTHROGRAPHY INJ	25246	CPT	outpatient			1092		Wellcare	Medicaid		344.53	31.55			74.09	1782	percent of total billed charges	
WRIST ARTHROGRAPHY INJ	25246	CPT	outpatient			1092		WellPoint	WellPoint		351.41	32.18			74.09	1782	percent of total billed charges	
EXPLOR W/REM DEEP FB FOR/WRS	25248	CPT	outpatient			7507		2113.84	Aetna	Commercial	2926.29				439.26	7131.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXPLOR W/REM DEEP FB FOR/WRS	25248	CPT	outpatient			7507		2113.84	Aetna	Better Health	2368.46	31.55			439.26	7131.65	percent of total billed charges	
EXPLOR W/REM DEEP FB FOR/WRS	25248	CPT	outpatient			7507		2113.84	Aetna	Medicare	1838.12				439.26	7131.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXPLOR W/REM DEEP FB FOR/WRS	25248	CPT	outpatient			7507		2113.84	Americare	Americare	5630.25	75			439.26	7131.65	percent of total billed charges	
EXPLOR W/REM DEEP FB FOR/WRS	25248	CPT	outpatient			7507		2113.84	Amerihealth	Medicare	1838.12				439.26	7131.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXPLOR W/REM DEEP FB FOR/WRS	25248	CPT	outpatient			7507		2113.84	Amerihealth	HMO/PPO	4879.55	65			439.26	7131.65	percent of total billed charges	
EXPLOR W/REM DEEP FB FOR/WRS	25248	CPT	outpatient			7507		2113.84	Consumer	Consumer	7131.65	95			439.26	7131.65	percent of total billed charges	
EXPLOR W/REM DEEP FB FOR/WRS	25248	CPT	outpatient			7507		2113.84	Corrections	Corrections	6005.6	80			439.26	7131.65	percent of total billed charges	
EXPLOR W/REM DEEP FB FOR/WRS	25248	CPT	outpatient			7507		2113.84	First Health	First Health	5254.9	70			439.26	7131.65	percent of total billed charges	
EXPLOR W/REM DEEP FB FOR/WRS	25248	CPT	outpatient			7507		2113.84	First Trenton	First Trenton	6756.3	90			439.26	7131.65	percent of total billed charges	
EXPLOR W/REM DEEP FB FOR/WRS	25248	CPT	outpatient			7507		2113.84	Horizon	Indemnity	3420.74				439.26	7131.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXPLOR W/REM DEEP FB FOR/WRS	25248	CPT	outpatient			7507		2113.84	Horizon	PPO	3420.74				439.26	7131.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXPLOR W/REM DEEP FB FOR/WRS	25248	CPT	outpatient			7507		2113.84	Horizon	MGD	3420.74				439.26	7131.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXPLOR W/REM DEEP FB FOR/WRS	25248	CPT	outpatient			7507		2113.84	Horizon	Medicare Blue	1838.12				439.26	7131.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXPLOR W/REM DEEP FB FOR/WRS	25248	CPT	outpatient			7507		2113.84	Horizon	NJ Health	439.26				439.26	7131.65	fee schedule	
EXPLOR W/REM DEEP FB FOR/WRS	25248	CPT	outpatient			7507		2113.84	Managed Care Inc	Managed Care Inc	6756.3	90			439.26	7131.65	percent of total billed charges	
EXPLOR W/REM DEEP FB FOR/WRS	25248	CPT	outpatient			7507		2113.84	Multiplan	Multiplan	6005.6	80			439.26	7131.65	percent of total billed charges	
EXPLOR W/REM DEEP FB FOR/WRS	25248	CPT	outpatient			7507		2113.84	Qualcare	Qualcare	5630.25	75			439.26	7131.65	percent of total billed charges	
EXPLOR W/REM DEEP FB FOR/WRS	25248	CPT	outpatient			7507		2113.84	Three Rivers	Three Rivers	7131.65	95			439.26	7131.65	percent of total billed charges	
EXPLOR W/REM DEEP FB FOR/WRS	25248	CPT	outpatient			7507		2113.84	UHC	Medicaid	2368.46	31.55			439.26	7131.65	percent of total billed charges	
EXPLOR W/REM DEEP FB FOR/WRS	25248	CPT	outpatient			7507		2113.84	UHC	Medicare	1838.12				439.26	7131.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXPLOR W/REM DEEP FB FOR/WRS	25248	CPT	outpatient			7507		2113.84	United	Commercial|PPO	2776				439.26	7131.65	case rate	
EXPLOR W/REM DEEP FB FOR/WRS	25248	CPT	outpatient			7507		2113.84	United	Oxford	2776				439.26	7131.65	case rate	
EXPLOR W/REM DEEP FB FOR/WRS	25248	CPT	outpatient			7507		2113.84	Wellcare	Medicare	1838.12				439.26	7131.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXPLOR W/REM DEEP FB FOR/WRS	25248	CPT	outpatient			7507		2113.84	Wellcare	Medicaid	2368.46	31.55			439.26	7131.65	percent of total billed charges	
EXPLOR W/REM DEEP FB FOR/WRS	25248	CPT	outpatient			7507		2113.84	WellPoint	WellPoint	2415.75	32.18			439.26	7131.65	percent of total billed charges	
REP FOREARM TEN/MUSC	25260	CPT	outpatient			11232		4257.16	Aetna	Better Health	3543.7	31.55			663.2	10670.4	percent of total billed charges	
REP FOREARM TEN/MUSC	25260	CPT	outpatient			11232		4257.16	Aetna	Commercial	5893.39				663.2	10670.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP FOREARM TEN/MUSC	25260	CPT	outpatient			11232		4257.16	Aetna	Medicare	3701.88				663.2	10670.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP FOREARM TEN/MUSC	25260	CPT	outpatient			11232		4257.16	Americare	Americare	8424	75			663.2	10670.4	percent of total billed charges	
REP FOREARM TEN/MUSC	25260	CPT	outpatient			11232		4257.16	Amerihealth	Medicare	3701.88				663.2	10670.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP FOREARM TEN/MUSC	25260	CPT	outpatient			11232		4257.16	Amerihealth	HMO/PPO	7300.8	65			663.2	10670.4	percent of total billed charges	
REP FOREARM TEN/MUSC	25260	CPT	outpatient			11232		4257.16	Consumer	Consumer	10670.4	95			663.2	10670.4	percent of total billed charges	
REP FOREARM TEN/MUSC	25260	CPT	outpatient			11232		4257.16	Corrections	Corrections	8985.6	80			663.2	10670.4	percent of total billed charges	
REP FOREARM TEN/MUSC	25260	CPT	outpatient			11232		4257.16	First Health	First Health	7862.4	70			663.2	10670.4	percent of total billed charges	
REP FOREARM TEN/MUSC	25260	CPT	outpatient			11232		4257.16	First Trenton	First Trenton	10108.8	90			663.2	10670.4	percent of total billed charges	
REP FOREARM TEN/MUSC	25260	CPT	outpatient			11232		4257.16	Horizon	Medicare Blue	3701.88				663.2	10670.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP FOREARM TEN/MUSC	25260	CPT	outpatient			11232		4257.16	Horizon	PPO	6889.2				663.2	10670.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP FOREARM TEN/MUSC	25260	CPT	outpatient			11232		4257.16	Horizon	MGD	6889.2				663.2	10670.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP FOREARM TEN/MUSC	25260	CPT	outpatient			11232		4257.16	Horizon	Indemnity	6889.2				663.2	10670.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP FOREARM TEN/MUSC	25260	CPT	outpatient			11232		4257.16	Horizon	NJ Health	663.2				663.2	10670.4	fee schedule	
REP FOREARM TEN/MUSC	25260	CPT	outpatient			11232		4257.16	Managed Care Inc	Managed Care Inc	10108.8	90			663.2	10670.4	percent of total billed charges	
REP FOREARM TEN/MUSC	25260	CPT	outpatient			11232		4257.16	Multiplan	Multiplan	8985.6	80			663.2	10670.4	percent of total billed charges	
REP FOREARM TEN/MUSC	25260	CPT	outpatient			11232		4257.16	Qualcare	Qualcare	8424	75			663.2	10670.4	percent of total billed charges	
REP FOREARM TEN/MUSC	25260	CPT	outpatient			11232		4257.16	Three Rivers	Three Rivers	10670.4	95			663.2	10670.4	percent of total billed charges	
REP FOREARM TEN/MUSC	25260	CPT	outpatient			11232		4257.16	UHC	Medicare	3701.88				663.2	10670.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP FOREARM TEN/MUSC	25260	CPT	outpatient			11232		4257.16	UHC	Medicaid	3543.7	31.55			663.2	10670.4	percent of total billed charges	
REP FOREARM TEN/MUSC	25260	CPT	outpatient			11232		4257.16	United	Commercial|PPO	3492				663.2	10670.4	case rate	
REP FOREARM TEN/MUSC	25260	CPT	outpatient			11232		4257.16	United	Oxford	3492				663.2	10670.4	case rate	
REP FOREARM TEN/MUSC	25260	CPT	outpatient			11232		4257.16	Wellcare	Medicare	3701.88				663.2	10670.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP FOREARM TEN/MUSC	25260	CPT	outpatient			11232		4257.16	Wellcare	Medicaid	3543.7	31.55			663.2	10670.4	percent of total billed charges	
REP FOREARM TEN/MUSC	25260	CPT	outpatient			11232		4257.16	WellPoint	WellPoint	3614.46	32.18			663.2	10670.4	percent of total billed charges	
RPR TN/M F/ARM&/WRIST PR 1 EA TEN	25270	CPT	outpatient			10906		4257.16	Aetna	Medicare	3359.05	30.8			493.29	10360.7	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
RPR TN/M F/ARM&WRIST PR 1 EA TEN	25270	CPT	outpatient			10906		4257.16 Aetna	Commercial		5893.39				493.29	10360.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR TN/M F/ARM&WRIST PR 1 EA TEN	25270	CPT	outpatient			10906		4257.16 Aetna	Better Health		3440.84	31.55			493.29	10360.7	percent of total billed charges	
RPR TN/M F/ARM&WRIST PR 1 EA TEN	25270	CPT	outpatient			10906		4257.16 Americare	Americare		8179.5	75			493.29	10360.7	percent of total billed charges	
RPR TN/M F/ARM&WRIST PR 1 EA TEN	25270	CPT	outpatient			10906		4257.16 Amerihealth	HMO/PPO		7088.9	65			493.29	10360.7	percent of total billed charges	
RPR TN/M F/ARM&WRIST PR 1 EA TEN	25270	CPT	outpatient			10906		4257.16 Amerihealth	Medicare		3701.88				493.29	10360.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR TN/M F/ARM&WRIST PR 1 EA TEN	25270	CPT	outpatient			10906		4257.16 Consumer	Consumer		10360.7	95			493.29	10360.7	percent of total billed charges	
RPR TN/M F/ARM&WRIST PR 1 EA TEN	25270	CPT	outpatient			10906		4257.16 Corrections	Corrections		8724.8	80			493.29	10360.7	percent of total billed charges	
RPR TN/M F/ARM&WRIST PR 1 EA TEN	25270	CPT	outpatient			10906		4257.16 First Health	First Health		7634.2	70			493.29	10360.7	percent of total billed charges	
RPR TN/M F/ARM&WRIST PR 1 EA TEN	25270	CPT	outpatient			10906		4257.16 First Trenton	First Trenton		9815.4	90			493.29	10360.7	percent of total billed charges	
RPR TN/M F/ARM&WRIST PR 1 EA TEN	25270	CPT	outpatient			10906		4257.16 Horizon	Indemnity		6889.2				493.29	10360.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR TN/M F/ARM&WRIST PR 1 EA TEN	25270	CPT	outpatient			10906		4257.16 Horizon	NJ Health		493.29				493.29	10360.7	fee schedule	
RPR TN/M F/ARM&WRIST PR 1 EA TEN	25270	CPT	outpatient			10906		4257.16 Horizon	Medicare Blue		3701.88				493.29	10360.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR TN/M F/ARM&WRIST PR 1 EA TEN	25270	CPT	outpatient			10906		4257.16 Horizon	MGD		6889.2				493.29	10360.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR TN/M F/ARM&WRIST PR 1 EA TEN	25270	CPT	outpatient			10906		4257.16 Horizon	PPO		6889.2				493.29	10360.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR TN/M F/ARM&WRIST PR 1 EA TEN	25270	CPT	outpatient			10906		4257.16 Managed Care Inc	Managed Care Inc		9815.4	90			493.29	10360.7	percent of total billed charges	
RPR TN/M F/ARM&WRIST PR 1 EA TEN	25270	CPT	outpatient			10906		4257.16 Multiplan	Multiplan		8724.8	80			493.29	10360.7	percent of total billed charges	
RPR TN/M F/ARM&WRIST PR 1 EA TEN	25270	CPT	outpatient			10906		4257.16 Qualcare	Qualcare		8179.5	75			493.29	10360.7	percent of total billed charges	
RPR TN/M F/ARM&WRIST PR 1 EA TEN	25270	CPT	outpatient			10906		4257.16 Three Rivers	Three Rivers		10360.7	95			493.29	10360.7	percent of total billed charges	
RPR TN/M F/ARM&WRIST PR 1 EA TEN	25270	CPT	outpatient			10906		4257.16 UHC	Medicaid		3440.84	31.55			493.29	10360.7	percent of total billed charges	
RPR TN/M F/ARM&WRIST PR 1 EA TEN	25270	CPT	outpatient			10906		4257.16 UHC	Medicare		3701.88				493.29	10360.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR TN/M F/ARM&WRIST PR 1 EA TEN	25270	CPT	outpatient			10906		4257.16 United	Commercial|PPO		3492				493.29	10360.7	case rate	
RPR TN/M F/ARM&WRIST PR 1 EA TEN	25270	CPT	outpatient			10906		4257.16 United	Oxford		3492				493.29	10360.7	case rate	
RPR TN/M F/ARM&WRIST PR 1 EA TEN	25270	CPT	outpatient			10906		4257.16 Wellcare	Medicare		3701.88				493.29	10360.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR TN/M F/ARM&WRIST PR 1 EA TEN	25270	CPT	outpatient			10906		4257.16 Wellcare	Medicaid		3440.84	31.55			493.29	10360.7	percent of total billed charges	
RPR TN/M F/ARM&WRIST PR 1 EA TEN	25270	CPT	outpatient			10906		4257.16 WellPoint	WellPoint		3509.55	32.18			493.29	10360.7	percent of total billed charges	
REPAIR FOREARM TENDON/MUSCLE	25274	CPT	outpatient			12080		4257.16 Aetna	Better Health		3811.24	31.55			810.07	11476	percent of total billed charges	
REPAIR FOREARM TENDON/MUSCLE	25274	CPT	outpatient			12080		4257.16 Aetna	Commercial		5893.39				810.07	11476	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR FOREARM TENDON/MUSCLE	25274	CPT	outpatient			12080		4257.16 Aetna	Medicare		3720.64	30.8			810.07	11476	percent of total billed charges	
REPAIR FOREARM TENDON/MUSCLE	25274	CPT	outpatient			12080		4257.16 Americare	Americare		9060	75			810.07	11476	percent of total billed charges	
REPAIR FOREARM TENDON/MUSCLE	25274	CPT	outpatient			12080		4257.16 Amerihealth	HMO/PPO		7852	65			810.07	11476	percent of total billed charges	
REPAIR FOREARM TENDON/MUSCLE	25274	CPT	outpatient			12080		4257.16 Amerihealth	Medicare		3701.88				810.07	11476	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR FOREARM TENDON/MUSCLE	25274	CPT	outpatient			12080		4257.16 Consumer	Consumer		11476	95			810.07	11476	percent of total billed charges	
REPAIR FOREARM TENDON/MUSCLE	25274	CPT	outpatient			12080		4257.16 Corrections	Corrections		9664	80			810.07	11476	percent of total billed charges	
REPAIR FOREARM TENDON/MUSCLE	25274	CPT	outpatient			12080		4257.16 First Health	First Health		8456	70			810.07	11476	percent of total billed charges	
REPAIR FOREARM TENDON/MUSCLE	25274	CPT	outpatient			12080		4257.16 First Trenton	First Trenton		10872	90			810.07	11476	percent of total billed charges	
REPAIR FOREARM TENDON/MUSCLE	25274	CPT	outpatient			12080		4257.16 Horizon	MGD		6889.2				810.07	11476	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR FOREARM TENDON/MUSCLE	25274	CPT	outpatient			12080		4257.16 Horizon	Medicare Blue		3701.88				810.07	11476	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR FOREARM TENDON/MUSCLE	25274	CPT	outpatient			12080		4257.16 Horizon	Indemnity		6889.2				810.07	11476	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR FOREARM TENDON/MUSCLE	25274	CPT	outpatient			12080		4257.16 Horizon	NJ Health		810.07				810.07	11476	fee schedule	
REPAIR FOREARM TENDON/MUSCLE	25274	CPT	outpatient			12080		4257.16 Horizon	PPO		6889.2				810.07	11476	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR FOREARM TENDON/MUSCLE	25274	CPT	outpatient			12080		4257.16 Managed Care Inc	Managed Care Inc		10872	90			810.07	11476	percent of total billed charges	
REPAIR FOREARM TENDON/MUSCLE	25274	CPT	outpatient			12080		4257.16 Multiplan	Multiplan		9664	80			810.07	11476	percent of total billed charges	
REPAIR FOREARM TENDON/MUSCLE	25274	CPT	outpatient			12080		4257.16 Qualcare	Qualcare		9060	75			810.07	11476	percent of total billed charges	
REPAIR FOREARM TENDON/MUSCLE	25274	CPT	outpatient			12080		4257.16 Three Rivers	Three Rivers		11476	95			810.07	11476	percent of total billed charges	
REPAIR FOREARM TENDON/MUSCLE	25274	CPT	outpatient			12080		4257.16 UHC	Medicare		3701.88				810.07	11476	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR FOREARM TENDON/MUSCLE	25274	CPT	outpatient			12080		4257.16 UHC	Medicaid		3811.24	31.55			810.07	11476	percent of total billed charges	
REPAIR FOREARM TENDON/MUSCLE	25274	CPT	outpatient			12080		4257.16 United	Oxford		3492				810.07	11476	case rate	
REPAIR FOREARM TENDON/MUSCLE	25274	CPT	outpatient			12080		4257.16 United	Commercial|PPO		3492				810.07	11476	case rate	
REPAIR FOREARM TENDON/MUSCLE	25274	CPT	outpatient			12080		4257.16 Wellcare	Medicaid		3811.24	31.55			810.07	11476	percent of total billed charges	
REPAIR FOREARM TENDON/MUSCLE	25274	CPT	outpatient			12080		4257.16 Wellcare	Medicare		3701.88				810.07	11476	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR FOREARM TENDON/MUSCLE	25274	CPT	outpatient			12080		4257.16 WellPoint	WellPoint		3887.34	32.18			810.07	11476	percent of total billed charges	
RADIAL SHAFT FX W/O MANIP	25500	CPT	outpatient			1599		310.16 Aetna	Medicare		269.7				237.89	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIAL SHAFT FX W/O MANIP	25500	CPT	outpatient			1599		310.16 Aetna	Better Health		504.48	31.55			237.89	1782	percent of total billed charges	
RADIAL SHAFT FX W/O MANIP	25500	CPT	outpatient			1599		310.16 Aetna	Commercial		429.36				237.89	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIAL SHAFT FX W/O MANIP	25500	CPT	outpatient			1599		310.16 Americare	Americare		1199.25	75			237.89	1782	percent of total billed charges	
RADIAL SHAFT FX W/O MANIP	25500	CPT	outpatient			1599		310.16 Amerihealth	HMO/PPO		1039.35	65			237.89	1782	percent of total billed charges	
RADIAL SHAFT FX W/O MANIP	25500	CPT	outpatient			1599		310.16 Amerihealth	Medicare		269.7				237.89	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIAL SHAFT FX W/O MANIP	25500	CPT	outpatient			1599		310.16 Consumer	Consumer		1519.05	95			237.89	1782	percent of total billed charges	
RADIAL SHAFT FX W/O MANIP	25500	CPT	outpatient			1599		310.16 Corrections	Corrections		1279.2	80			237.89	1782	percent of total billed charges	
RADIAL SHAFT FX W/O MANIP	25500	CPT	outpatient			1599		310.16 First Health	First Health		1119.3	70			237.89	1782	percent of total billed charges	
RADIAL SHAFT FX W/O MANIP	25500	CPT	outpatient			1599		310.16 First Trenton	First Trenton		1439.1	90			237.89	1782	percent of total billed charges	
RADIAL SHAFT FX W/O MANIP	25500	CPT	outpatient			1599		310.16 Horizon	Medicare Blue		269.7				237.89	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIAL SHAFT FX W/O MANIP	25500	CPT	outpatient			1599		310.16 Horizon	MGD		501.91				237.89	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIAL SHAFT FX W/O MANIP	25500	CPT	outpatient			1599		310.16 Horizon	Indemnity		501.91				237.89	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIAL SHAFT FX W/O MANIP	25500	CPT	outpatient			1599		310.16 Horizon	NJ Health		280.94				237.89	1782	fee schedule	
RADIAL SHAFT FX W/O MANIP	25500	CPT	outpatient			1599		310.16 Horizon	PPO		501.91				237.89	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIAL SHAFT FX W/O MANIP	25500	CPT	outpatient			1599		310.16 Managed Care Inc	Managed Care Inc		1439.1	90			237.89	1782	percent of total billed charges	
RADIAL SHAFT FX W/O MANIP	25500	CPT	outpatient			1599		310.16 Multiplan	Multiplan		1279.2	80			237.89	1782	percent of total billed charges	
RADIAL SHAFT FX W/O MANIP	25500	CPT	outpatient			1599		310.16 Qualcare	Qualcare		1199.25	75			237.89	1782	percent of total billed charges	
RADIAL SHAFT FX W/O MANIP	25500	CPT	outpatient			1599		310.16 Three Rivers	Three Rivers		1519.05	95			237.89	1782	percent of total billed charges	
RADIAL SHAFT FX W/O MANIP	25500	CPT	outpatient			1599		310.16 UHC	Medicaid		504.48	31.55			237.89	1782	percent of total billed charges	
RADIAL SHAFT FX W/O MANIP	25500	CPT	outpatient			1599		310.16 UHC	Medicare		269.7				237.89	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIAL SHAFT FX W/O MANIP	25500	CPT	outpatient			1599		310.16 United	Commercial|PPO		1782				237.89	1782	case rate	
RADIAL SHAFT FX W/O MANIP	25500	CPT	outpatient			1599		310.16 United	Oxford		1782				237.89	1782	case rate	
RADIAL SHAFT FX W/O MANIP	25500	CPT	outpatient			1599		310.16 Wellcare	Medicaid		504.48	31.55			237.89	1782	percent of total billed charges	
RADIAL SHAFT FX W/O MANIP	25500	CPT	outpatient			1599		310.16 Wellcare	Medicare		269.7				237.89	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIAL SHAFT FX W/O MANIP	25500	CPT	outpatient			1599		310.16 WellPoint	WellPoint		514.56	32.18			237.89	1782	percent of total billed charges	
RADIAL SHAFT FX W/ MANIP	25505	CPT	outpatient			5229		2113.84 Aetna	Commercial		2926.29				394.63	4967.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIAL SHAFT FX W/ MANIP	25505	CPT	outpatient			5229		2113.84 Aetna	Better Health		1649.75	31.55			394.63	4967.55	percent of total billed charges	
RADIAL SHAFT FX W/ MANIP	25505	CPT	outpatient			5229		2113.84 Aetna	Medicare		1838.12				394.63	4967.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIAL SHAFT FX W/ MANIP	25505	CPT	outpatient			5229		2113.84 Americare	Americare		3921.75	75			394.63	4967.55	percent of total billed charges	
RADIAL SHAFT FX W/ MANIP	25505	CPT	outpatient			5229		2113.84 Amerihealth	Medicare		1838.12				394.63	4967.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIAL SHAFT FX W/ MANIP	25505	CPT	outpatient			5229		2113.84 Amerihealth	HMO/PPO		3398.85	65			394.63	4967.55	percent of total billed charges	
RADIAL SHAFT FX W/ MANIP	25505	CPT	outpatient			5229		2113.84 Consumer	Consumer		4967.55	95			394.63	4967.55	percent of total billed charges	
RADIAL SHAFT FX W/ MANIP	25505	CPT	outpatient			5229		2113.84 Corrections	Corrections		4183.2	80			394.63	4967.55	percent of total billed charges	
RADIAL SHAFT FX W/ MANIP	25505	CPT	outpatient			5229		2113.84 First Health	First Health		3660.3	70			394.63	4967.55	percent of total billed charges	
RADIAL SHAFT FX W/ MANIP	25505	CPT	outpatient			5229		2113.84 First Trenton	First Trenton		4706.1	90			394.63	4967.55	percent of total billed charges	
RADIAL SHAFT FX W/ MANIP	25505	CPT	outpatient			5229		2113.84 Horizon	MGD		3420.74				394.63	4967.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIAL SHAFT FX W/ MANIP	25505	CPT	outpatient			5229		2113.84 Horizon	Indemnity		3420.74				394.63	4967.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIAL SHAFT FX W/ MANIP	25505	CPT	outpatient			5229		2113.84 Horizon	Medicare Blue		1838.12				394.63	4967.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIAL SHAFT FX W/ MANIP	25505	CPT	outpatient			5229		2113.84 Horizon	NJ Health		394.63				394.63	4967.55	fee schedule	
RADIAL SHAFT FX W/ MANIP	25505	CPT	outpatient			5229		2113.84 Horizon	PPO		3420.74				394.63	4967.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIAL SHAFT FX W/ MANIP	25505	CPT	outpatient			5229		2113.84 Managed Care Inc	Managed Care Inc		4706.1	90			394.63	4967.55	percent of total billed charges	
RADIAL SHAFT FX W/ MANIP	25505	CPT	outpatient			5229		2113.84 Multiplan	Multiplan		4183.2	80			394.63	4967.55	percent of total billed charges	
RADIAL SHAFT FX W/ MANIP	25505	CPT	outpatient			5229		2113.84 Qualcare	Qualcare		3921.75	75			394.63	4967.55	percent of total billed charges	
RADIAL SHAFT FX W/ MANIP	25505	CPT	outpatient			5229		2113.84 Three Rivers	Three Rivers		4967.55	95			394.63	4967.55	percent of total billed charges	
RADIAL SHAFT FX W/ MANIP	25505	CPT	outpatient			5229		2113.84 UHC	Medicaid		1649.75	31.55			394.63	4967.55	percent of total billed charges	
RADIAL SHAFT FX W/ MANIP	25505	CPT	outpatient			5229		2113.84 UHC	Medicare		1838.12				394.63	4967.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIAL SHAFT FX W/ MANIP	25505	CPT	outpatient			5229		2113.84 United	Oxford		1817				394.63	4967.55	case rate	
RADIAL SHAFT FX W/ MANIP	25505	CPT	outpatient			5229		2113.84 United	Commercial|PPO		1817				394.63	4967.55	case rate	
RADIAL SHAFT FX W/ MANIP	25505	CPT	outpatient			5229		2113.84 Wellcare	Medicaid		1649.75	31.55			394.63	4967.55	percent of total billed charges	
RADIAL SHAFT FX W/ MANIP	25505	CPT	outpatient			5229		2113.84 Wellcare	Medicare		1838.12				394.63	4967.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIAL SHAFT FX W/ MANIP	25505	CPT	outpatient			5229		2113.84 WellPoint	WellPoint		1682.69	32.18			394.63	4967.55	percent of total billed charges	
CLOSE TREAT FX RADIUS	25520	CPT	outpatient			5257		2113.84 Aetna	Better Health		1658.58	31.55			561.88	4994.15	percent of total billed charges	
CLOSE TREAT FX RADIUS	25520	CPT	outpatient			5257		2113.84 Aetna	Commercial		2926.29				561.88	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSE TREAT FX RADIUS	25520	CPT	outpatient			5257		2113.84 Aetna	Medicare		1619.16	30.8			561.88	4994.15	percent of total billed charges	
CLOSE TREAT FX RADIUS	25520	CPT	outpatient			5257		2113.84 Americare	Americare		3942.75	75			561.88	4994.15	percent of total billed charges	
CLOSE TREAT FX RADIUS	25520	CPT	outpatient			5257		2113.84 Amerihealth	Medicare		1838.12				561.88	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSE TREAT FX RADIUS	25520	CPT	outpatient			5257		2113.84 Amerihealth	HMO/PPO		3417.05	65			561.88	4994.15	percent of total billed charges	
CLOSE TREAT FX RADIUS	25520	CPT	outpatient			5257		2113.84 Consumer	Consumer		4994.15	95			561.88	4994.15	percent of total billed charges	
CLOSE TREAT FX RADIUS	25520	CPT	outpatient			5257		2113.84 Corrections	Corrections		4205.6	80			561.88	4994.15	percent of total billed charges	
CLOSE TREAT FX RADIUS	25520	CPT	outpatient			5257		2113.84 First Health	First Health		3679.9	70			561.88	4994.15	percent of total billed charges	
CLOSE TREAT FX RADIUS	25520	CPT	outpatient			5257		2113.84 First Trenton	First Trenton		4731.3	90			561.88	4994.15	percent of total billed charges	
CLOSE TREAT FX RADIUS	25520	CPT	outpatient			5257		2113.84 Horizon	Indemnity		3420.74				561.88	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSE TREAT FX RADIUS	25520	CPT	outpatient			5257		2113.84 Horizon	Medicare Blue		1838.12				561.88	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSE TREAT FX RADIUS	25520	CPT	outpatient			5257		2113.84 Horizon	PPO		3420.74				561.88	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSE TREAT FX RADIUS	25520	CPT	outpatient			5257		2113.84 Horizon	MGD		3420.74				561.88	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSE TREAT FX RADIUS	25520	CPT	outpatient			5257		2113.84 Horizon	NJ Health		561.88				561.88	4994.15	fee schedule	
CLOSE TREAT FX RADIUS	25520	CPT	outpatient			5257		2113.84 Managed Care Inc	Managed Care Inc		4731.3	90			561.88	4994.15	percent of total billed charges	
CLOSE TREAT FX RADIUS	25520	CPT	outpatient			5257		2113.84 Multiplan	Multiplan		4205.6	80			561.88	4994.15	percent of total billed charges	
CLOSE TREAT FX RADIUS	25520	CPT	outpatient			5257		2113.84 Qualcare	Qualcare		3942.75	75			561.88	4994.15	percent of total billed charges	
CLOSE TREAT FX RADIUS	25520	CPT	outpatient			5257		2113.84 Three Rivers	Three Rivers		4994.15	95			561.88	4994.15	percent of total billed charges	
CLOSE TREAT FX RADIUS	25520	CPT	outpatient			5257		2113.84 UHC	Medicare		1838.12				561.88	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSE TREAT FX RADIUS	25520	CPT	outpatient			5257		2113.84 UHC	Medicaid		1658.58	31.55			561.88	4994.15	percent of total billed charges	
CLOSE TREAT FX RADIUS	25520	CPT	outpatient			5257		2113.84 United	Commercial|PPO		1782				561.88	4994.15	case rate	
CLOSE TREAT FX RADIUS	25520	CPT	outpatient			5257		2113.84 United	Oxford		1782				561.88	4994.15	case rate	
CLOSE TREAT FX RADIUS	25520	CPT	outpatient			5257		2113.84 Wellcare	Medicare		1838.12				561.88	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSE TREAT FX RADIUS	25520	CPT	outpatient			5257		2113.84 Wellcare	Medicaid		1658.58	31.55			561.88	4994.15	percent of total billed charges	
CLOSE TREAT FX RADIUS	25520	CPT	outpatient			5257		2113.84 WellPoint	WellPoint		1691.7	32.18			561.88	4994.15	percent of total billed charges	
ULNAR SHAFT FX W/O MANIP	25530	CPT	outpatient			1681		310.16 Aetna	Medicare		517.75	30.8			232.23	1782	percent of total billed charges	
ULNAR SHAFT FX W/O MANIP	25530	CPT	outpatient			1681		310.16 Aetna	Better Health		530.36	31.55			232.23	1782	percent of total billed charges	
ULNAR SHAFT FX W/O MANIP	25530	CPT	outpatient			1681		310.16 Aetna	Commercial		429.36				232.23	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULNAR SHAFT FX W/O MANIP	25530	CPT	outpatient			1681		310.16 Americare	Americare		1260.75	75			232.23	1782	percent of total billed charges	
ULNAR SHAFT FX W/O MANIP	25530	CPT	outpatient			1681		310.16 Amerihealth	HMO/PPO		1092.65	65			232.23	1782	percent of total billed charges	
ULNAR SHAFT FX W/O MANIP	25530	CPT	outpatient			1681		310.16 Amerihealth	Medicare		269.7				232.23	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULNAR SHAFT FX W/O MANIP	25530	CPT	outpatient			1681		310.16 Consumer	Consumer		1596.95	95			232.23	1782	percent of total billed charges	
ULNAR SHAFT FX W/O MANIP	25530	CPT	outpatient			1681		310.16 Corrections	Corrections		1344.8	80			232.23	1782	percent of total billed charges	
ULNAR SHAFT FX W/O MANIP	25530	CPT	outpatient			1681		310.16 First Health	First Health		1176.7	70			232.23	1782	percent of total billed charges	
ULNAR SHAFT FX W/O MANIP	25530	CPT	outpatient			1681		310.16 First Trenton	First Trenton		1512.9	90			232.23	1782	percent of total billed charges	
ULNAR SHAFT FX W/O MANIP	25530	CPT	outpatient			1681		310.16 Horizon	Medicare Blue		269.7				232.23	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULNAR SHAFT FX W/O MANIP	25530	CPT	outpatient			1681		310.16 Horizon	NJ Health		252.13				232.23	1782	fee schedule	
ULNAR SHAFT FX W/O MANIP	25530	CPT	outpatient			1681		310.16 Horizon	Indemnity		501.91				232.23	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULNAR SHAFT FX W/O MANIP	25530	CPT	outpatient			1681		310.16 Horizon	MGD		501.91				232.23	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULNAR SHAFT FX W/O MANIP	25530	CPT	outpatient			1681		310.16 Horizon	PPO		501.91				232.23	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULNAR SHAFT FX W/O MANIP	25530	CPT	outpatient			1681		310.16 Managed Care Inc	Managed Care Inc		1512.9	90			232.23	1782	percent of total billed charges	
ULNAR SHAFT FX W/O MANIP	25530	CPT	outpatient			1681		310.16 Multiplan	Multiplan		1344.8	80			232.23	1782	percent of total billed charges	
ULNAR SHAFT FX W/O MANIP	25530	CPT	outpatient			1681		310.16 Qualcare	Qualcare		1260.75	75			232.23	1782	percent of total billed charges	
ULNAR SHAFT FX W/O MANIP	25530	CPT	outpatient			1681		310.16 Three Rivers	Three Rivers		1596.95	95			232.23	1782	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ULNAR SHAFT FX W/O MANIP	25530	CPT	outpatient			1681		310.16 UHC	Medicaid		530.36	31.55			232.23	1782	percent of total billed charges	
ULNAR SHAFT FX W/O MANIP	25530	CPT	outpatient			1681		310.16 UHC	Medicare		269.7				232.23	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULNAR SHAFT FX W/O MANIP	25530	CPT	outpatient			1681		310.16 United	CommercialPPO		1782				232.23	1782	case rate	
ULNAR SHAFT FX W/O MANIP	25530	CPT	outpatient			1681		310.16 United	Oxford		1782				232.23	1782	case rate	
ULNAR SHAFT FX W/O MANIP	25530	CPT	outpatient			1681		310.16 Wellcare	Medicaid		530.36	31.55			232.23	1782	percent of total billed charges	
ULNAR SHAFT FX W/O MANIP	25530	CPT	outpatient			1681		310.16 Wellcare	Medicare		269.7				232.23	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULNAR SHAFT FX W/O MANIP	25530	CPT	outpatient			1681		310.16 WellPoint	WellPoint		540.95	32.18			232.23	1782	percent of total billed charges	
CLSD TREAT ULNAR SH FX W/MAN	25535	CPT	outpatient			865		310.16 Aetna	Better Health		272.91	31.55			258.39	1782	percent of total billed charges	
CLSD TREAT ULNAR SH FX W/MAN	25535	CPT	outpatient			865		310.16 Aetna	Commercial		429.36				258.39	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TREAT ULNAR SH FX W/MAN	25535	CPT	outpatient			865		310.16 Aetna	Medicare		269.7				258.39	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TREAT ULNAR SH FX W/MAN	25535	CPT	outpatient			865		310.16 Americare	Americare		648.75	75			258.39	1782	percent of total billed charges	
CLSD TREAT ULNAR SH FX W/MAN	25535	CPT	outpatient			865		310.16 Amerihealth	HMO/PPO		562.25	65			258.39	1782	percent of total billed charges	
CLSD TREAT ULNAR SH FX W/MAN	25535	CPT	outpatient			865		310.16 Amerihealth	Medicare		269.7				258.39	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TREAT ULNAR SH FX W/MAN	25535	CPT	outpatient			865		310.16 Consumer	Consumer		821.75	95			258.39	1782	percent of total billed charges	
CLSD TREAT ULNAR SH FX W/MAN	25535	CPT	outpatient			865		310.16 Corrections	Corrections		692	80			258.39	1782	percent of total billed charges	
CLSD TREAT ULNAR SH FX W/MAN	25535	CPT	outpatient			865		310.16 First Health	First Health		605.5	70			258.39	1782	percent of total billed charges	
CLSD TREAT ULNAR SH FX W/MAN	25535	CPT	outpatient			865		310.16 First Trenton	First Trenton		778.5	90			258.39	1782	percent of total billed charges	
CLSD TREAT ULNAR SH FX W/MAN	25535	CPT	outpatient			865		310.16 Horizon	PPO		501.91				258.39	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TREAT ULNAR SH FX W/MAN	25535	CPT	outpatient			865		310.16 Horizon	Medicare Blue		269.7				258.39	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TREAT ULNAR SH FX W/MAN	25535	CPT	outpatient			865		310.16 Horizon	Indemnity		501.91				258.39	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TREAT ULNAR SH FX W/MAN	25535	CPT	outpatient			865		310.16 Horizon	MGD		501.91				258.39	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TREAT ULNAR SH FX W/MAN	25535	CPT	outpatient			865		310.16 Horizon	NJ Health		334.34				258.39	1782	fee schedule	
CLSD TREAT ULNAR SH FX W/MAN	25535	CPT	outpatient			865		310.16 Managed Care Inc	Managed Care Inc		778.5	90			258.39	1782	percent of total billed charges	
CLSD TREAT ULNAR SH FX W/MAN	25535	CPT	outpatient			865		310.16 Multiplan	Multiplan		692	80			258.39	1782	percent of total billed charges	
CLSD TREAT ULNAR SH FX W/MAN	25535	CPT	outpatient			865		310.16 Qualcare	Qualcare		648.75	75			258.39	1782	percent of total billed charges	
CLSD TREAT ULNAR SH FX W/MAN	25535	CPT	outpatient			865		310.16 Three Rivers	Three Rivers		821.75	95			258.39	1782	percent of total billed charges	
CLSD TREAT ULNAR SH FX W/MAN	25535	CPT	outpatient			865		310.16 UHC	Medicaid		272.91	31.55			258.39	1782	percent of total billed charges	
CLSD TREAT ULNAR SH FX W/MAN	25535	CPT	outpatient			865		310.16 UHC	Medicare		269.7				258.39	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TREAT ULNAR SH FX W/MAN	25535	CPT	outpatient			865		310.16 United	CommercialPPO		1782				258.39	1782	case rate	
CLSD TREAT ULNAR SH FX W/MAN	25535	CPT	outpatient			865		310.16 United	Oxford		1782				258.39	1782	case rate	
CLSD TREAT ULNAR SH FX W/MAN	25535	CPT	outpatient			865		310.16 Wellcare	Medicare		269.7				258.39	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TREAT ULNAR SH FX W/MAN	25535	CPT	outpatient			865		310.16 Wellcare	Medicaid		272.91	31.55			258.39	1782	percent of total billed charges	
CLSD TREAT ULNAR SH FX W/MAN	25535	CPT	outpatient			865		310.16 WellPoint	WellPoint		278.36	32.18			258.39	1782	percent of total billed charges	
TREAT FRACTURE OF ULNA	25545	CPT	outpatient			22530		9409.2 Aetna	Better Health		7106.22	31.55			715.32	21403.5	percent of total billed charges	
TREAT FRACTURE OF ULNA	25545	CPT	outpatient			22530		9409.2 Aetna	Commercial		13025.6				715.32	21403.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT FRACTURE OF ULNA	25545	CPT	outpatient			22530		9409.2 Aetna	Medicare		8181.91				715.32	21403.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT FRACTURE OF ULNA	25545	CPT	outpatient			22530		9409.2 Americare	Americare		16897.5	75			715.32	21403.5	percent of total billed charges	
TREAT FRACTURE OF ULNA	25545	CPT	outpatient			22530		9409.2 Amerihealth	HMO/PPO		14644.5	65			715.32	21403.5	percent of total billed charges	
TREAT FRACTURE OF ULNA	25545	CPT	outpatient			22530		9409.2 Amerihealth	Medicare		8181.91				715.32	21403.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT FRACTURE OF ULNA	25545	CPT	outpatient			22530		9409.2 Consumer	Consumer		21403.5	95			715.32	21403.5	percent of total billed charges	
TREAT FRACTURE OF ULNA	25545	CPT	outpatient			22530		9409.2 Corrections	Corrections		18024	80			715.32	21403.5	percent of total billed charges	
TREAT FRACTURE OF ULNA	25545	CPT	outpatient			22530		9409.2 First Health	First Health		15771	70			715.32	21403.5	percent of total billed charges	
TREAT FRACTURE OF ULNA	25545	CPT	outpatient			22530		9409.2 First Trenton	First Trenton		20277	90			715.32	21403.5	percent of total billed charges	
TREAT FRACTURE OF ULNA	25545	CPT	outpatient			22530		9409.2 Horizon	Medicare Blue		8181.91				715.32	21403.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT FRACTURE OF ULNA	25545	CPT	outpatient			22530		9409.2 Horizon	PPO		15226.53				715.32	21403.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT FRACTURE OF ULNA	25545	CPT	outpatient			22530		9409.2 Horizon	Indemnity		15226.53				715.32	21403.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT FRACTURE OF ULNA	25545	CPT	outpatient			22530		9409.2 Horizon	MGD		15226.53				715.32	21403.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT FRACTURE OF ULNA	25545	CPT	outpatient			22530		9409.2 Horizon	NJ Health		715.32				715.32	21403.5	fee schedule	
TREAT FRACTURE OF ULNA	25545	CPT	outpatient			22530		9409.2 Managed Care Inc	Managed Care Inc		20277	90			715.32	21403.5	percent of total billed charges	
TREAT FRACTURE OF ULNA	25545	CPT	outpatient			22530		9409.2 Multiplan	Multiplan		18024	80			715.32	21403.5	percent of total billed charges	
TREAT FRACTURE OF ULNA	25545	CPT	outpatient			22530		9409.2 Qualcare	Qualcare		16897.5	75			715.32	21403.5	percent of total billed charges	
TREAT FRACTURE OF ULNA	25545	CPT	outpatient			22530		9409.2 Three Rivers	Three Rivers		21403.5	95			715.32	21403.5	percent of total billed charges	
TREAT FRACTURE OF ULNA	25545	CPT	outpatient			22530		9409.2 UHC	Medicaid		7106.22	31.55			715.32	21403.5	percent of total billed charges	
TREAT FRACTURE OF ULNA	25545	CPT	outpatient			22530		9409.2 UHC	Medicare		8181.91				715.32	21403.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT FRACTURE OF ULNA	25545	CPT	outpatient			22530		9409.2 United	CommercialPPO		4702				715.32	21403.5	case rate	
TREAT FRACTURE OF ULNA	25545	CPT	outpatient			22530		9409.2 United	Oxford		4702				715.32	21403.5	case rate	
TREAT FRACTURE OF ULNA	25545	CPT	outpatient			22530		9409.2 Wellcare	Medicare		8181.91				715.32	21403.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT FRACTURE OF ULNA	25545	CPT	outpatient			22530		9409.2 Wellcare	Medicaid		7108.22	31.55			715.32	21403.5	percent of total billed charges	
TREAT FRACTURE OF ULNA	25545	CPT	outpatient			22530		9409.2 WellPoint	WellPoint		7250.15	32.18			715.32	21403.5	percent of total billed charges	
RADIAL/ULNAR SHAFT FXS W/O MAN	25560	CPT	outpatient			1561		310.16 Aetna	Commercial		429.36				237.89	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIAL/ULNAR SHAFT FXS W/O MAN	25560	CPT	outpatient			1561		310.16 Aetna	Better Health		492.5	31.55			237.89	1782	percent of total billed charges	
RADIAL/ULNAR SHAFT FXS W/O MAN	25560	CPT	outpatient			1561		310.16 Aetna	Medicare		269.7				237.89	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIAL/ULNAR SHAFT FXS W/O MAN	25560	CPT	outpatient			1561		310.16 Americare	Americare		1170.75	75			237.89	1782	percent of total billed charges	
RADIAL/ULNAR SHAFT FXS W/O MAN	25560	CPT	outpatient			1561		310.16 Amerihealth	Medicare		269.7				237.89	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIAL/ULNAR SHAFT FXS W/O MAN	25560	CPT	outpatient			1561		310.16 Amerihealth	HMO/PPO		1014.85	65			237.89	1782	percent of total billed charges	
RADIAL/ULNAR SHAFT FXS W/O MAN	25560	CPT	outpatient			1561		310.16 Consumer	Consumer		1482.95	95			237.89	1782	percent of total billed charges	
RADIAL/ULNAR SHAFT FXS W/O MAN	25560	CPT	outpatient			1561		310.16 Corrections	Corrections		1248.8	80			237.89	1782	percent of total billed charges	
RADIAL/ULNAR SHAFT FXS W/O MAN	25560	CPT	outpatient			1561		310.16 First Health	First Health		1092.7	70			237.89	1782	percent of total billed charges	
RADIAL/ULNAR SHAFT FXS W/O MAN	25560	CPT	outpatient			1561		310.16 First Trenton	First Trenton		1404.9	90			237.89	1782	percent of total billed charges	
RADIAL/ULNAR SHAFT FXS W/O MAN	25560	CPT	outpatient			1561		310.16 Horizon	MGD		501.91				237.89	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIAL/ULNAR SHAFT FXS W/O MAN	25560	CPT	outpatient			1561		310.16 Horizon	Medicare Blue		269.7				237.89	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIAL/ULNAR SHAFT FXS W/O MAN	25560	CPT	outpatient			1561		310.16 Horizon	Indemnity		501.91				237.89	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIAL/ULNAR SHAFT FXS W/O MAN	25560	CPT	outpatient			1561		310.16 Horizon	NJ Health		286.08				237.89	1782	fee schedule	
RADIAL/ULNAR SHAFT FXS W/O MAN	25560	CPT	outpatient			1561		310.16 Horizon	PPO		501.91				237.89	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIAL/ULNAR SHAFT FXS W/O MAN	25560	CPT	outpatient			1561		310.16 Managed Care Inc	Managed Care Inc		1404.9	90			237.89	1782	percent of total billed charges	
RADIAL/ULNAR SHAFT FXS W/O MAN	25560	CPT	outpatient			1561		310.16 Multiplan	Multiplan		1248.8	80			237.89	1782	percent of total billed charges	
RADIAL/ULNAR SHAFT FXS W/O MAN	25560	CPT	outpatient			1561		310.16 Qualcare	Qualcare		1170.75	75			237.89	1782	percent of total billed charges	
RADIAL/ULNAR SHAFT FXS W/O MAN	25560	CPT	outpatient			1561		310.16 Three Rivers	Three Rivers		1482.95	95			237.89	1782	percent of total billed charges	
RADIAL/ULNAR SHAFT FXS W/O MAN	25560	CPT	outpatient			1561		310.16 UHC	Medicaid		492.5	31.55			237.89	1782	percent of total billed charges	
RADIAL/ULNAR SHAFT FXS W/O MAN	25560	CPT	outpatient			1561		310.16 UHC	Medicare		269.7				237.89	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIAL/ULNAR SHAFT FXS W/O MAN	25560	CPT	outpatient			1561		310.16 United	CommercialPPO		1782				237.89	1782	case rate	
RADIAL/ULNAR SHAFT FXS W/O MAN	25560	CPT	outpatient			1561		310.16 United	Oxford		1782				237.89	1782	case rate	
RADIAL/ULNAR SHAFT FXS W/O MAN	25560	CPT	outpatient			1561		310.16 Wellcare	Medicare		269.7				237.89	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIAL/ULNAR SHAFT FXS W/O MAN	25560	CPT	outpatient			1561		310.16 Wellcare	Medicaid		492.5	31.55			237.89	1782	percent of total billed charges	
RADIAL/ULNAR SHAFT FXS W/O MAN	25560	CPT	outpatient			1561		310.16 WellPoint	WellPoint		502.33	32.18			237.89	1782	percent of total billed charges	
RADIAL/ULNAR SHAFT FXS W/ MANI	25565	CPT	outpatient			5229		2113.84 Aetna	Medicare		1838.12				580.33	4967.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIAL/ULNAR SHAFT FXS W/ MANI	25565	CPT	outpatient			5229		2113.84 Aetna	Better Health		1649.75	31.55			580.33	4967.55	percent of total billed charges	
RADIAL/ULNAR SHAFT FXS W/ MANI	25565	CPT	outpatient			5229		2113.84 Aetna	Commercial		2926.29				580.33	4967.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIAL/ULNAR SHAFT FXS W/ MANI	25565	CPT	outpatient			5229		2113.84 Americare	Americare		3921.75	75			580.33	4967.55	percent of total billed charges	
RADIAL/ULNAR SHAFT FXS W/ MANI	25565	CPT	outpatient			5229		2113.84 Amerihealth	HMO/PPO		3398.85	65			580.33	4967.55	percent of total billed charges	
RADIAL/ULNAR SHAFT FXS W/ MANI	25565	CPT	outpatient			5229		2113.84 Amerihealth	Medicare		1838.12				580.33	4967.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIAL/ULNAR SHAFT FXS W/ MANI	25565	CPT	outpatient			5229		2113.84 Consumer	Consumer		4967.55	95			580.33	4967.55	percent of total billed charges	
RADIAL/ULNAR SHAFT FXS W/ MANI	25565	CPT	outpatient			5229		2113.84 Corrections	Corrections		4183.2	80			580.33	4967.55	percent of total billed charges	
RADIAL/ULNAR SHAFT FXS W/ MANI	25565	CPT	outpatient			5229		2113.84 First Health	First Health		3660.3	70			580.33	4967.55	percent of total billed charges	
RADIAL/ULNAR SHAFT FXS W/ MANI	25565	CPT	outpatient			5229		2113.84 First Trenton	First Trenton		4706.1	90			580.33	4967.55	percent of total billed charges	
RADIAL/ULNAR SHAFT FXS W/ MANI	25565	CPT	outpatient			5229		2113.84 Horizon	Indemnity		3420.74				580.33	4967.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIAL/ULNAR SHAFT FXS W/ MANI	25565	CPT	outpatient			5229		2113.84 Horizon	NJ Health		580.33				580.33	4967.55	fee schedule	
RADIAL/ULNAR SHAFT FXS W/ MANI	25565	CPT	outpatient			5229		2113.84 Horizon	MGD		3420.74				580.33	4967.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIAL/ULNAR SHAFT FXS W/ MANI	25565	CPT	outpatient			5229		2113.84 Horizon	Medicare Blue		1838.12				580.33	4967.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIAL/ULNAR SHAFT FXS W/ MANI	25565	CPT	outpatient			5229		2113.84 Horizon	PPO		3420.74				580.33	4967.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIAL/ULNAR SHAFT FXS W/ MANI	25565	CPT	outpatient			5229		2113.84 Managed Care Inc	Managed Care Inc		4706.1	90			580.33	4967.55	percent of total billed charges	
RADIAL/ULNAR SHAFT FXS W/ MANI	25565	CPT	outpatient			5229		2113.84 Multiplan	Multiplan		4183.2	80			580.33	4967.55	percent of total billed charges	
RADIAL/ULNAR SHAFT FXS W/ MANI	25565	CPT	outpatient			5229		2113.84 Qualcare	Qualcare		3921.75	75			580.33	4967.55	percent of total billed charges	
RADIAL/ULNAR SHAFT FXS W/ MANI	25565	CPT	outpatient			5229		2113.84 Three Rivers	Three Rivers		4967.55	95			580.33	4967.55	percent of total billed charges	
RADIAL/ULNAR SHAFT FXS W/ MANI	25565	CPT	outpatient			5229		2113.84 UHC	Medicaid		1649.75	31.55			580.33	4967.55	percent of total billed charges	
RADIAL/ULNAR SHAFT FXS W/ MANI	25565	CPT	outpatient			5229		2113.84 UHC	Medicare		1838.12				580.33	4967.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIAL/ULNAR SHAFT FXS W/ MANI	25565	CPT	outpatient			5229		2113.84 United	CommercialPPO		1782				580.33	4967.55	case rate	
RADIAL/ULNAR SHAFT FXS W/ MANI	25565	CPT	outpatient			5229		2113.84 United	Oxford		1782				580.33	4967.55	case rate	
RADIAL/ULNAR SHAFT FXS W/ MANI	25565	CPT	outpatient			5229		2113.84 Wellcare	Medicare		1838.12				580.33	4967.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIAL/ULNAR SHAFT FXS W/ MANI	25565	CPT	outpatient			5229		2113.84 Wellcare	Medicaid		1649.75	31.55			580.33	4967.55	percent of total billed charges	
RADIAL/ULNAR SHAFT FXS W/ MANI	25565	CPT	outpatient			5229		2113.84 WellPoint	WellPoint		1682.69	32.18			580.33	4967.55	percent of total billed charges	
CLSD TRT DISTLRAD FRCT W/O MAN	25600	CPT	outpatient			1952		310.16 Aetna	Commercial		429.36				237.89	1854.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT DISTLRAD FRCT W/O MAN	25600	CPT	outpatient			1952		310.16 Aetna	Better Health		615.86	31.55			237.89	1854.4	percent of total billed charges	
CLSD TRT DISTLRAD FRCT W/O MAN	25600	CPT	outpatient			1952		310.16 Aetna	Medicare		269.7				237.89	1854.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT DISTLRAD FRCT W/O MAN	25600	CPT	outpatient			1952		310.16 Americare	Americare		1464	75			237.89	1854.4	percent of total billed charges	
CLSD TRT DISTLRAD FRCT W/O MAN	25600	CPT	outpatient			1952		310.16 Amerihealth	HMO/PPO		1268.8	65			237.89	1854.4	percent of total billed charges	
CLSD TRT DISTLRAD FRCT W/O MAN	25600	CPT	outpatient			1952		310.16 Amerihealth	Medicare		269.7				237.89	1854.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT DISTLRAD FRCT W/O MAN	25600	CPT	outpatient			1952		310.16 Consumer	Consumer		1854.4	95			237.89	1854.4	percent of total billed charges	
CLSD TRT DISTLRAD FRCT W/O MAN	25600	CPT	outpatient			1952		310.16 Corrections	Corrections		1561.6	80			237.89	1854.4	percent of total billed charges	
CLSD TRT DISTLRAD FRCT W/O MAN	25600	CPT	outpatient			1952		310.16 First Health	First Health		1366.4	70			237.89	1854.4	percent of total billed charges	
CLSD TRT DISTLRAD FRCT W/O MAN	25600	CPT	outpatient			1952		310.16 First Trenton	First Trenton		1756.8	90			237.89	1854.4	percent of total billed charges	
CLSD TRT DISTLRAD FRCT W/O MAN	25600	CPT	outpatient			1952		310.16 Horizon	Medicare Blue		269.7				237.89	1854.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT DISTLRAD FRCT W/O MAN	25600	CPT	outpatient			1952		310.16 Horizon	PPO		501.91				237.89	1854.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT DISTLRAD FRCT W/O MAN	25600	CPT	outpatient			1952		310.16 Horizon	MGD		501.91				237.89	1854.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT DISTLRAD FRCT W/O MAN	25600	CPT	outpatient			1952		310.16 Horizon	Indemnity		501.91				237.89	1854.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT DISTLRAD FRCT W/O MAN	25600	CPT	outpatient			1952		310.16 Horizon	NJ Health		315.18				237.89	1854.4	fee schedule	
CLSD TRT DISTLRAD FRCT W/O MAN	25600	CPT	outpatient			1952		310.16 Managed Care Inc	Managed Care Inc		1756.8	90			237.89	1854.4	percent of total billed charges	
CLSD TRT DISTLRAD FRCT W/O MAN	25600	CPT	outpatient			1952		310.16 Multiplan	Multiplan		1561.6	80			237.89	1854.4	percent of total billed charges	
CLSD TRT DISTLRAD FRCT W/O MAN	25600	CPT	outpatient			1952		310.16 Qualcare	Qualcare		1464	75			237.89	1854.4	percent of total billed charges	
CLSD TRT DISTLRAD FRCT W/O MAN	25600	CPT	outpatient			1952		310.16 Three Rivers	Three Rivers		1854.4	95			237.89	1854.4	percent of total billed charges	
CLSD TRT DISTLRAD FRCT W/O MAN	25600	CPT	outpatient			1952		310.16 UHC	Medicare		269.7				237.89	1854.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT DISTLRAD FRCT W/O MAN	25600	CPT	outpatient			1952		310.16 UHC	Medicaid		615.86	31.55			237.89	1854.4	percent of total billed charges	
CLSD TRT DISTLRAD FRCT W/O MAN	25600	CPT	outpatient			1952		310.16 United	CommercialPPO		1782				237.89	1854.4	case rate	
CLSD TRT DISTLRAD FRCT W/O MAN	25600	CPT	outpatient			1952		310.16 United	Oxford		1782				237.89	1854.4	case rate	
CLSD TRT DISTLRAD FRCT W/O MAN	25600	CPT	outpatient			1952		310.16 Wellcare	Medicaid		615.86	31.55			237.89	1854.4	percent of total billed charges	
CLSD TRT DISTLRAD FRCT W/O MAN	25600	CPT	outpatient			1952		310.16 Wellcare	Medicare		269.7				237.89	1854.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT DISTLRAD FRCT W/O MAN	25600	CPT	outpatient			1952		310.16 WellPoint	WellPoint		628.15	32.18			237.89	1854.4	percent of total billed charges	
DISTAL RADIAL FX W/MANIP	25605	CPT	outpatient			5229		2113.84 Aetna	Commercial		2926.29				422.82	4967.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DISTAL RADIAL FX W/MANIP	25605	CPT	outpatient			5229		2113.84 Aetna	Better Health		1649.75	31.55			422.82	4967.55	percent of total billed charges	
DISTAL RADIAL FX W/MANIP	25605	CPT	outpatient			5229		2113.84 Aetna	Medicare		1610.53	30.8			422.82	4967.55	percent of total billed charges	
DISTAL RADIAL FX W/MANIP	25605	CPT	outpatient			5229		2113.84 Americare	Americare		3921.75	75			422.82	4967.55	percent of total billed charges	
DISTAL RADIAL FX W/MANIP	25605	CPT	outpatient			5229		2113.84 Amerihealth	Medicare		1838.12				422.82	4967.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DISTAL RADIAL FX W/MANIP	25605	CPT	outpatient			5229		2113.84 Amerihealth	HMO/PPO		3398.85	65			422.82	4967.55	percent of total billed charges	
DISTAL RADIAL FX W/MANIP	25605	CPT	outpatient			5229		2113.84 Consumer	Consumer		4967.55	95			422.82	4967.55	percent of total billed charges	
DISTAL RADIAL FX W/MANIP	25605	CPT	outpatient			5229		2113.84 Corrections	Corrections		4183.2	80			422.82	4967.55	percent of total billed charges	
DISTAL RADIAL FX W/MANIP	25605	CPT	outpatient			5229		2113.84 First Health	First Health		3660.3	70			422.82	4967.55	percent of total billed charges	
DISTAL RADIAL FX W/MANIP	25605	CPT	outpatient			5229		2113.84 First Trenton	First Trenton		4706.1	90			422.82	4967.55	percent of total billed charges	
DISTAL RADIAL FX W/MANIP	25605	CPT	outpatient			5229		2113.84 Horizon	Indemnity		3420.74				422.82	4967.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
DISTAL RADIAL FX W/MANIP	25605	CPT	outpatient			5229		2113.84 Horizon	NJ Health		422.82				422.82	4967.55	fee schedule	
DISTAL RADIAL FX W/MANIP	25605	CPT	outpatient			5229		2113.84 Horizon	Medicare Blue		1838.12				422.82	4967.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DISTAL RADIAL FX W/MANIP	25605	CPT	outpatient			5229		2113.84 Horizon	MGD		3420.74				422.82	4967.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DISTAL RADIAL FX W/MANIP	25605	CPT	outpatient			5229		2113.84 Horizon	PPO		3420.74				422.82	4967.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DISTAL RADIAL FX W/MANIP	25605	CPT	outpatient			5229		2113.84 Managed Care Inc	Managed Care Inc		4706.1	90			422.82	4967.55	percent of total billed charges	
DISTAL RADIAL FX W/MANIP	25605	CPT	outpatient			5229		2113.84 Multiplan	Multiplan		4183.2	80			422.82	4967.55	percent of total billed charges	
DISTAL RADIAL FX W/MANIP	25605	CPT	outpatient			5229		2113.84 Qualcare	Qualcare		3921.75	75			422.82	4967.55	percent of total billed charges	
DISTAL RADIAL FX W/MANIP	25605	CPT	outpatient			5229		2113.84 Three Rivers	Three Rivers		4967.55	95			422.82	4967.55	percent of total billed charges	
DISTAL RADIAL FX W/MANIP	25605	CPT	outpatient			5229		2113.84 UHC	Medicaid		1649.75	31.55			422.82	4967.55	percent of total billed charges	
DISTAL RADIAL FX W/MANIP	25605	CPT	outpatient			5229		2113.84 UHC	Medicare		1838.12				422.82	4967.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DISTAL RADIAL FX W/MANIP	25605	CPT	outpatient			5229		2113.84 United	CommercialPPO		1817				422.82	4967.55	case rate	
DISTAL RADIAL FX W/MANIP	25605	CPT	outpatient			5229		2113.84 United	Oxford		1817				422.82	4967.55	case rate	
DISTAL RADIAL FX W/MANIP	25605	CPT	outpatient			5229		2113.84 Wellcare	Medicare		1838.12				422.82	4967.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DISTAL RADIAL FX W/MANIP	25605	CPT	outpatient			5229		2113.84 Wellcare	Medicaid		1649.75	31.55			422.82	4967.55	percent of total billed charges	
DISTAL RADIAL FX W/MANIP	25605	CPT	outpatient			5229		2113.84 WellPoint	WellPoint		1682.69	32.18			422.82	4967.55	percent of total billed charges	
PERCU FIXA DISTAL RADIAL FX	25606	CPT	outpatient			9177		4257.16 Aetna	Better Health		2895.34	31.55			2776	8718.15	percent of total billed charges	
PERCU FIXA DISTAL RADIAL FX	25606	CPT	outpatient			9177		4257.16 Aetna	Medicare		3701.88				2776	8718.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCU FIXA DISTAL RADIAL FX	25606	CPT	outpatient			9177		4257.16 Aetna	Commercial		5893.39				2776	8718.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCU FIXA DISTAL RADIAL FX	25606	CPT	outpatient			9177		4257.16 Americare	Americare		6882.75	75			2776	8718.15	percent of total billed charges	
PERCU FIXA DISTAL RADIAL FX	25606	CPT	outpatient			9177		4257.16 Amerihealth	HMO/PPO		5965.05	65			2776	8718.15	percent of total billed charges	
PERCU FIXA DISTAL RADIAL FX	25606	CPT	outpatient			9177		4257.16 Amerihealth	Medicare		3701.88				2776	8718.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCU FIXA DISTAL RADIAL FX	25606	CPT	outpatient			9177		4257.16 Consumer	Consumer		8718.15	95			2776	8718.15	percent of total billed charges	
PERCU FIXA DISTAL RADIAL FX	25606	CPT	outpatient			9177		4257.16 Corrections	Corrections		7341.6	80			2776	8718.15	percent of total billed charges	
PERCU FIXA DISTAL RADIAL FX	25606	CPT	outpatient			9177		4257.16 First Health	First Health		6423.9	70			2776	8718.15	percent of total billed charges	
PERCU FIXA DISTAL RADIAL FX	25606	CPT	outpatient			9177		4257.16 First Trenton	First Trenton		8259.3	90			2776	8718.15	percent of total billed charges	
PERCU FIXA DISTAL RADIAL FX	25606	CPT	outpatient			9177		4257.16 Horizon	PPO		6889.2				2776	8718.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCU FIXA DISTAL RADIAL FX	25606	CPT	outpatient			9177		4257.16 Horizon	Indemnity		6889.2				2776	8718.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCU FIXA DISTAL RADIAL FX	25606	CPT	outpatient			9177		4257.16 Horizon	MGD		6889.2				2776	8718.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCU FIXA DISTAL RADIAL FX	25606	CPT	outpatient			9177		4257.16 Horizon	Medicare Blue		3701.88				2776	8718.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCU FIXA DISTAL RADIAL FX	25606	CPT	outpatient			9177		4257.16 Managed Care Inc	Managed Care Inc		8259.3	90			2776	8718.15	percent of total billed charges	
PERCU FIXA DISTAL RADIAL FX	25606	CPT	outpatient			9177		4257.16 Multiplan	Multiplan		7341.6	80			2776	8718.15	percent of total billed charges	
PERCU FIXA DISTAL RADIAL FX	25606	CPT	outpatient			9177		4257.16 Qualcare	Qualcare		6882.75	75			2776	8718.15	percent of total billed charges	
PERCU FIXA DISTAL RADIAL FX	25606	CPT	outpatient			9177		4257.16 Three Rivers	Three Rivers		8718.15	95			2776	8718.15	percent of total billed charges	
PERCU FIXA DISTAL RADIAL FX	25606	CPT	outpatient			9177		4257.16 UHC	Medicaid		2895.34	31.55			2776	8718.15	percent of total billed charges	
PERCU FIXA DISTAL RADIAL FX	25606	CPT	outpatient			9177		4257.16 UHC	Medicare		3701.88				2776	8718.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCU FIXA DISTAL RADIAL FX	25606	CPT	outpatient			9177		4257.16 United	Oxford		2776				2776	8718.15	case rate	
PERCU FIXA DISTAL RADIAL FX	25606	CPT	outpatient			9177		4257.16 United	CommercialPPO		2776				2776	8718.15	case rate	
PERCU FIXA DISTAL RADIAL FX	25606	CPT	outpatient			9177		4257.16 Wellcare	Medicare		3701.88				2776	8718.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCU FIXA DISTAL RADIAL FX	25606	CPT	outpatient			9177		4257.16 Wellcare	Medicaid		2895.34	31.55			2776	8718.15	percent of total billed charges	
PERCU FIXA DISTAL RADIAL FX	25606	CPT	outpatient			9177		4257.16 WellPoint	WellPoint		2953.16	32.18			2776	8718.15	percent of total billed charges	
OPEN TREAT RADI-ARTICUL FX	25607	CPT	outpatient			21932		9409.2 Aetna	Commercial		13025.6				4702	20835.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TREAT RADI-ARTICUL FX	25607	CPT	outpatient			21932		9409.2 Aetna	Medicare		8181.91				4702	20835.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TREAT RADI-ARTICUL FX	25607	CPT	outpatient			21932		9409.2 Aetna	Better Health		6919.55	31.55			4702	20835.4	percent of total billed charges	
OPEN TREAT RADI-ARTICUL FX	25607	CPT	outpatient			21932		9409.2 Americare	Americare		16449	75			4702	20835.4	percent of total billed charges	
OPEN TREAT RADI-ARTICUL FX	25607	CPT	outpatient			21932		9409.2 Amerihealth	HMO/PPO		14255.8	65			4702	20835.4	percent of total billed charges	
OPEN TREAT RADI-ARTICUL FX	25607	CPT	outpatient			21932		9409.2 Amerihealth	Medicare		8181.91				4702	20835.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TREAT RADI-ARTICUL FX	25607	CPT	outpatient			21932		9409.2 Consumer	Consumer		20835.4	95			4702	20835.4	percent of total billed charges	
OPEN TREAT RADI-ARTICUL FX	25607	CPT	outpatient			21932		9409.2 Corrections	Corrections		17545.6	80			4702	20835.4	percent of total billed charges	
OPEN TREAT RADI-ARTICUL FX	25607	CPT	outpatient			21932		9409.2 First Health	First Health		15352.4	70			4702	20835.4	percent of total billed charges	
OPEN TREAT RADI-ARTICUL FX	25607	CPT	outpatient			21932		9409.2 First Trenton	First Trenton		19738.8	90			4702	20835.4	percent of total billed charges	
OPEN TREAT RADI-ARTICUL FX	25607	CPT	outpatient			21932		9409.2 Horizon	MGD		15226.53				4702	20835.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TREAT RADI-ARTICUL FX	25607	CPT	outpatient			21932		9409.2 Horizon	Medicare Blue		8181.91				4702	20835.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TREAT RADI-ARTICUL FX	25607	CPT	outpatient			21932		9409.2 Horizon	PPO		15226.53				4702	20835.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TREAT RADI-ARTICUL FX	25607	CPT	outpatient			21932		9409.2 Horizon	Indemnity		15226.53				4702	20835.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TREAT RADI-ARTICUL FX	25607	CPT	outpatient			21932		9409.2 Managed Care Inc	Managed Care Inc		19738.8	90			4702	20835.4	percent of total billed charges	
OPEN TREAT RADI-ARTICUL FX	25607	CPT	outpatient			21932		9409.2 Multiplan	Multiplan		17545.6	80			4702	20835.4	percent of total billed charges	
OPEN TREAT RADI-ARTICUL FX	25607	CPT	outpatient			21932		9409.2 Qualcare	Qualcare		16449	75			4702	20835.4	percent of total billed charges	
OPEN TREAT RADI-ARTICUL FX	25607	CPT	outpatient			21932		9409.2 Three Rivers	Three Rivers		20835.4	95			4702	20835.4	percent of total billed charges	
OPEN TREAT RADI-ARTICUL FX	25607	CPT	outpatient			21932		9409.2 UHC	Medicaid		6919.55	31.55			4702	20835.4	percent of total billed charges	
OPEN TREAT RADI-ARTICUL FX	25607	CPT	outpatient			21932		9409.2 UHC	Medicare		8181.91				4702	20835.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TREAT RADI-ARTICUL FX	25607	CPT	outpatient			21932		9409.2 United	Oxford		4702				4702	20835.4	case rate	
OPEN TREAT RADI-ARTICUL FX	25607	CPT	outpatient			21932		9409.2 United	CommercialPPO		4702				4702	20835.4	case rate	
OPEN TREAT RADI-ARTICUL FX	25607	CPT	outpatient			21932		9409.2 Wellcare	Medicare		8181.91				4702	20835.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TREAT RADI-ARTICUL FX	25607	CPT	outpatient			21932		9409.2 Wellcare	Medicaid		6919.55	31.55			4702	20835.4	percent of total billed charges	
OPEN TREAT RADI-ARTICUL FX	25607	CPT	outpatient			21932		9409.2 WellPoint	WellPoint		7057.72	32.18			4702	20835.4	percent of total billed charges	
CLSD TX NAVICULAR FRACTURE	25622	CPT	outpatient			1105		310.16 Aetna	Better Health		348.63	31.55			191.84	1782	percent of total billed charges	
CLSD TX NAVICULAR FRACTURE	25622	CPT	outpatient			1105		310.16 Aetna	Commercial		429.36				191.84	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TX NAVICULAR FRACTURE	25622	CPT	outpatient			1105		310.16 Aetna	Medicare		269.7				191.84	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TX NAVICULAR FRACTURE	25622	CPT	outpatient			1105		310.16 Americare	Americare		828.75	75			191.84	1782	percent of total billed charges	
CLSD TX NAVICULAR FRACTURE	25622	CPT	outpatient			1105		310.16 Amerihealth	HMO/PPO		718.25	65			191.84	1782	percent of total billed charges	
CLSD TX NAVICULAR FRACTURE	25622	CPT	outpatient			1105		310.16 Amerihealth	Medicare		269.7				191.84	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TX NAVICULAR FRACTURE	25622	CPT	outpatient			1105		310.16 Consumer	Consumer		1049.75	95			191.84	1782	percent of total billed charges	
CLSD TX NAVICULAR FRACTURE	25622	CPT	outpatient			1105		310.16 Corrections	Corrections		884	80			191.84	1782	percent of total billed charges	
CLSD TX NAVICULAR FRACTURE	25622	CPT	outpatient			1105		310.16 First Health	First Health		773.5	70			191.84	1782	percent of total billed charges	
CLSD TX NAVICULAR FRACTURE	25622	CPT	outpatient			1105		310.16 First Trenton	First Trenton		994.5	90			191.84	1782	percent of total billed charges	
CLSD TX NAVICULAR FRACTURE	25622	CPT	outpatient			1105		310.16 Horizon	NJ Health		191.84				191.84	1782	fee schedule	
CLSD TX NAVICULAR FRACTURE	25622	CPT	outpatient			1105		310.16 Horizon	Indemnity		501.91				191.84	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TX NAVICULAR FRACTURE	25622	CPT	outpatient			1105		310.16 Horizon	Medicare Blue		269.7				191.84	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TX NAVICULAR FRACTURE	25622	CPT	outpatient			1105		310.16 Horizon	MGD		501.91				191.84	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TX NAVICULAR FRACTURE	25622	CPT	outpatient			1105		310.16 Horizon	PPO		501.91				191.84	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TX NAVICULAR FRACTURE	25622	CPT	outpatient			1105		310.16 Managed Care Inc	Managed Care Inc		994.5	90			191.84	1782	percent of total billed charges	
CLSD TX NAVICULAR FRACTURE	25622	CPT	outpatient			1105		310.16 Multiplan	Multiplan		884	80			191.84	1782	percent of total billed charges	
CLSD TX NAVICULAR FRACTURE	25622	CPT	outpatient			1105		310.16 Qualcare	Qualcare		828.75	75			191.84	1782	percent of total billed charges	
CLSD TX NAVICULAR FRACTURE	25622	CPT	outpatient			1105		310.16 Three Rivers	Three Rivers		1049.75	95			191.84	1782	percent of total billed charges	
CLSD TX NAVICULAR FRACTURE	25622	CPT	outpatient			1105		310.16 UHC	Medicaid		348.63	31.55			191.84	1782	percent of total billed charges	
CLSD TX NAVICULAR FRACTURE	25622	CPT	outpatient			1105		310.16 UHC	Medicare		269.7				191.84	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TX NAVICULAR FRACTURE	25622	CPT	outpatient			1105		310.16 United	CommercialPPO		1782				191.84	1782	case rate	
CLSD TX NAVICULAR FRACTURE	25622	CPT	outpatient			1105		310.16 United	Oxford		1782				191.84	1782	case rate	
CLSD TX NAVICULAR FRACTURE	25622	CPT	outpatient			1105		310.16 Wellcare	Medicaid		348.63	31.55			191.84	1782	percent of total billed charges	
CLSD TX NAVICULAR FRACTURE	25622	CPT	outpatient			1105		310.16 Wellcare	Medicare		269.7				191.84	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TX NAVICULAR FRACTURE	25622	CPT	outpatient			1105		310.16 WellPoint	WellPoint		355.59	32.18			191.84	1782	percent of total billed charges	
TRT FX CARPAL SCAPH W/MAN	25624	CPT	outpatient			5257		2113.84 Aetna	Better Health		1658.58	31.55			312.42	4994.15	percent of total billed charges	
TRT FX CARPAL SCAPH W/MAN	25624	CPT	outpatient			5257		2113.84 Aetna	Medicare		1619.16	30.8			312.42	4994.15	percent of total billed charges	
TRT FX CARPAL SCAPH W/MAN	25624	CPT	outpatient			5257		2113.84 Aetna	Commercial		2926.29				312.42	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT FX CARPAL SCAPH W/MAN	25624	CPT	outpatient			5257		2113.84 Americare	Americare		3942.75	75			312.42	4994.15	percent of total billed charges	
TRT FX CARPAL SCAPH W/MAN	25624	CPT	outpatient			5257		2113.84 Amerihealth	HMO/PPO		3417.05	65			312.42	4994.15	percent of total billed charges	
TRT FX CARPAL SCAPH W/MAN	25624	CPT	outpatient			5257		2113.84 Amerihealth	Medicare		1838.12				312.42	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT FX CARPAL SCAPH W/MAN	25624	CPT	outpatient			5257		2113.84 Consumer	Consumer		4994.15	95			312.42	4994.15	percent of total billed charges	
TRT FX CARPAL SCAPH W/MAN	25624	CPT	outpatient			5257		2113.84 Corrections	Corrections		4205.6	80			312.42	4994.15	percent of total billed charges	
TRT FX CARPAL SCAPH W/MAN	25624	CPT	outpatient			5257		2113.84 First Health	First Health		3679.9	70			312.42	4994.15	percent of total billed charges	
TRT FX CARPAL SCAPH W/MAN	25624	CPT	outpatient			5257		2113.84 First Trenton	First Trenton		4731.3	90			312.42	4994.15	percent of total billed charges	
TRT FX CARPAL SCAPH W/MAN	25624	CPT	outpatient			5257		2113.84 Horizon	NJ Health		312.42				312.42	4994.15	fee schedule	
TRT FX CARPAL SCAPH W/MAN	25624	CPT	outpatient			5257		2113.84 Horizon	Indemnity		3420.74				312.42	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT FX CARPAL SCAPH W/MAN	25624	CPT	outpatient			5257		2113.84 Horizon	Medicare Blue		1838.12				312.42	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT FX CARPAL SCAPH W/MAN	25624	CPT	outpatient			5257		2113.84 Horizon	PPO		3420.74				312.42	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT FX CARPAL SCAPH W/MAN	25624	CPT	outpatient			5257		2113.84 Horizon	MGD		3420.74				312.42	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT FX CARPAL SCAPH W/MAN	25624	CPT	outpatient			5257		2113.84 Managed Care Inc	Managed Care Inc		4731.3	90			312.42	4994.15	percent of total billed charges	
TRT FX CARPAL SCAPH W/MAN	25624	CPT	outpatient			5257		2113.84 Multiplan	Multiplan		4205.6	80			312.42	4994.15	percent of total billed charges	
TRT FX CARPAL SCAPH W/MAN	25624	CPT	outpatient			5257		2113.84 Qualcare	Qualcare		3942.75	75			312.42	4994.15	percent of total billed charges	
TRT FX CARPAL SCAPH W/MAN	25624	CPT	outpatient			5257		2113.84 Three Rivers	Three Rivers		4994.15	95			312.42	4994.15	percent of total billed charges	
TRT FX CARPAL SCAPH W/MAN	25624	CPT	outpatient			5257		2113.84 UHC	Medicare		1838.12				312.42	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT FX CARPAL SCAPH W/MAN	25624	CPT	outpatient			5257		2113.84 UHC	Medicaid		1658.58	31.55			312.42	4994.15	percent of total billed charges	
TRT FX CARPAL SCAPH W/MAN	25624	CPT	outpatient			5257		2113.84 United	Oxford		1817				312.42	4994.15	case rate	
TRT FX CARPAL SCAPH W/MAN	25624	CPT	outpatient			5257		2113.84 United	CommercialPPO		1817				312.42	4994.15	case rate	
TRT FX CARPAL SCAPH W/MAN	25624	CPT	outpatient			5257		2113.84 Wellcare	Medicare		1838.12				312.42	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT FX CARPAL SCAPH W/MAN	25624	CPT	outpatient			5257		2113.84 Wellcare	Medicaid		1658.58	31.55			312.42	4994.15	percent of total billed charges	
TRT FX CARPAL SCAPH W/MAN	25624	CPT	outpatient			5257		2113.84 WellPoint	WellPoint		1691.7	32.18			312.42	4994.15	percent of total billed charges	
CI TX CRPL FX W/O MANIP EACH BONE	25630	CPT	outpatient			858		310.16 Aetna	Better Health		270.7	31.55			237.89	1782	percent of total billed charges	
CI TX CRPL FX W/O MANIP EACH BONE	25630	CPT	outpatient			858		310.16 Aetna	Commercial		429.36				237.89	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CI TX CRPL FX W/O MANIP EACH BONE	25630	CPT	outpatient			858		310.16 Aetna	Medicare		269.7				237.89	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CI TX CRPL FX W/O MANIP EACH BONE	25630	CPT	outpatient			858		310.16 Americare	Americare		643.5	75			237.89	1782	percent of total billed charges	
CI TX CRPL FX W/O MANIP EACH BONE	25630	CPT	outpatient			858		310.16 Amerihealth	Medicare		269.7				237.89	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CI TX CRPL FX W/O MANIP EACH BONE	25630	CPT	outpatient			858		310.16 Amerihealth	HMO/PPO		557.7	65			237.89	1782	percent of total billed charges	
CI TX CRPL FX W/O MANIP EACH BONE	25630	CPT	outpatient			858		310.16 Consumer	Consumer		815.1	95			237.89	1782	percent of total billed charges	
CI TX CRPL FX W/O MANIP EACH BONE	25630	CPT	outpatient			858		310.16 Corrections	Corrections		686.4	80			237.89	1782	percent of total billed charges	
CI TX CRPL FX W/O MANIP EACH BONE	25630	CPT	outpatient			858		310.16 First Health	First Health		600.6	70			237.89	1782	percent of total billed charges	
CI TX CRPL FX W/O MANIP EACH BONE	25630	CPT	outpatient			858		310.16 First Trenton	First Trenton		772.2	90			237.89	1782	percent of total billed charges	
CI TX CRPL FX W/O MANIP EACH BONE	25630	CPT	outpatient			858		310.16 Horizon	MGD		501.91				237.89	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CI TX CRPL FX W/O MANIP EACH BONE	25630	CPT	outpatient			858		310.16 Horizon	Medicare Blue		269.7				237.89	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CI TX CRPL FX W/O MANIP EACH BONE	25630	CPT	outpatient			858		310.16 Horizon	Indemnity		501.91				237.89	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CI TX CRPL FX W/O MANIP EACH BONE	25630	CPT	outpatient			858		310.16 Horizon	NJ Health		310.07				237.89	1782	fee schedule	
CI TX CRPL FX W/O MANIP EACH BONE	25630	CPT	outpatient			858		310.16 Horizon	PPO		501.91				237.89	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CI TX CRPL FX W/O MANIP EACH BONE	25630	CPT	outpatient			858		310.16 Managed Care Inc	Managed Care Inc		772.2	90			237.89	1782	percent of total billed charges	
CI TX CRPL FX W/O MANIP EACH BONE	25630	CPT	outpatient			858		310.16 Multiplan	Multiplan		686.4	80			237.89	1782	percent of total billed charges	
CI TX CRPL FX W/O MANIP EACH BONE	25630	CPT	outpatient			858		310.16 Qualcare	Qualcare		643.5	75			237.89	1782	percent of total billed charges	
CI TX CRPL FX W/O MANIP EACH BONE	25630	CPT	outpatient			858		310.16 Three Rivers	Three Rivers		815.1	95			237.89	1782	percent of total billed charges	
CI TX CRPL FX W/O MANIP EACH BONE	25630	CPT	outpatient			858		310.16 UHC	Medicaid		270.7	31.55			237.89	1782	percent of total billed charges	
CI TX CRPL FX W/O MANIP EACH BONE	25630	CPT	outpatient			858		310.16 UHC	Medicare		269.7				237.89	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CI TX CRPL FX W/O MANIP EACH BONE	25630	CPT	outpatient			858		310.16 United	CommercialPPO		1782				237.89	1782	case rate	
CI TX CRPL FX W/O MANIP EACH BONE	25630	CPT	outpatient			858		310.16 United	Oxford		1782				237.89	1782	case rate	
CI TX CRPL FX W/O MANIP EACH BONE	25630	CPT	outpatient			858		310.16 Wellcare	Medicare		269.7				237.89	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CI TX CRPL FX W/O MANIP EACH BONE	25630	CPT	outpatient			858		310.16 Wellcare	Medicaid		270.7	31.55			237.89	1782	percent of total billed charges	
CI TX CRPL FX W/O MANIP EACH BONE	25630	CPT	outpatient			858		310.16 WellPoint	WellPoint		276.1	32.18			237.89	1782	percent of total billed charges	
TREAT FX CARPAL W/ MAN	25635	CPT	outpatient			2339		2113.84 Aetna	Medicare		720.41	30.8			394.63	3420.74	percent of total billed charges	
TREAT FX CARPAL W/ MAN	25635	CPT	outpatient			2339		2113.84 Aetna	Commercial		2926.29				394.63	3420.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT FX CARPAL W/ MAN	25635	CPT	outpatient			2339		2113.84 Aetna	Better Health		737.95	31.55			394.63	3420.74	percent of total billed charges	
TREAT FX CARPAL W/ MAN	25635	CPT	outpatient			2339		2113.84 Americare	Americare		1754.25	75			394.63	3420.74	percent of total billed charges	
TREAT FX CARPAL W/ MAN	25635	CPT	outpatient			2339		2113.84 Amerihealth	HMO/PPO		1520.35	65			394.63	3420.74	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
TREAT FX CARPAL W/ MAN	25635	CPT	outpatient			2339		2113.84 Ameritealth	Medicare		1838.12				394.63	3420.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT FX CARPAL W/ MAN	25635	CPT	outpatient			2339		2113.84 Consumer	Consumer		2222.05	95			394.63	3420.74	percent of total billed charges	
TREAT FX CARPAL W/ MAN	25635	CPT	outpatient			2339		2113.84 Corrections	Corrections		1871.2	80			394.63	3420.74	percent of total billed charges	
TREAT FX CARPAL W/ MAN	25635	CPT	outpatient			2339		2113.84 First Health	First Health		1637.3	70			394.63	3420.74	percent of total billed charges	
TREAT FX CARPAL W/ MAN	25635	CPT	outpatient			2339		2113.84 First Trenton	First Trenton		2105.1	90			394.63	3420.74	percent of total billed charges	
TREAT FX CARPAL W/ MAN	25635	CPT	outpatient			2339		2113.84 Horizon	PPO		3420.74				394.63	3420.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT FX CARPAL W/ MAN	25635	CPT	outpatient			2339		2113.84 Horizon	Indemnity		3420.74				394.63	3420.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT FX CARPAL W/ MAN	25635	CPT	outpatient			2339		2113.84 Horizon	Medicare Blue		1838.12				394.63	3420.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT FX CARPAL W/ MAN	25635	CPT	outpatient			2339		2113.84 Horizon	NJ Health		394.63				394.63	3420.74	fee schedule	
TREAT FX CARPAL W/ MAN	25635	CPT	outpatient			2339		2113.84 Horizon	MGD		3420.74				394.63	3420.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT FX CARPAL W/ MAN	25635	CPT	outpatient			2339		2113.84 Managed Care Inc	Managed Care Inc		2105.1	90			394.63	3420.74	percent of total billed charges	
TREAT FX CARPAL W/ MAN	25635	CPT	outpatient			2339		2113.84 Multiplan	Multiplan		1871.2	80			394.63	3420.74	percent of total billed charges	
TREAT FX CARPAL W/ MAN	25635	CPT	outpatient			2339		2113.84 Qualcare	Qualcare		1754.25	75			394.63	3420.74	percent of total billed charges	
TREAT FX CARPAL W/ MAN	25635	CPT	outpatient			2339		2113.84 Three Rivers	Three Rivers		2222.05	95			394.63	3420.74	percent of total billed charges	
TREAT FX CARPAL W/ MAN	25635	CPT	outpatient			2339		2113.84 UHC	Medicaid		737.95	31.55			394.63	3420.74	percent of total billed charges	
TREAT FX CARPAL W/ MAN	25635	CPT	outpatient			2339		2113.84 UHC	Medicare		1838.12				394.63	3420.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT FX CARPAL W/ MAN	25635	CPT	outpatient			2339		2113.84 United	Commercial|PPO		1782				394.63	3420.74	case rate	
TREAT FX CARPAL W/ MAN	25635	CPT	outpatient			2339		2113.84 United	Oxford		1782				394.63	3420.74	case rate	
TREAT FX CARPAL W/ MAN	25635	CPT	outpatient			2339		2113.84 Wellcare	Medicaid		737.95	31.55			394.63	3420.74	percent of total billed charges	
TREAT FX CARPAL W/ MAN	25635	CPT	outpatient			2339		2113.84 Wellcare	Medicare		1838.12				394.63	3420.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT FX CARPAL W/ MAN	25635	CPT	outpatient			2339		2113.84 WellPoint	WellPoint		752.69	32.18			394.63	3420.74	percent of total billed charges	
ULNAR STYLOID FX	25650	CPT	outpatient			1105		310.16 Aetna	Medicare		269.7				237.89	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULNAR STYLOID FX	25650	CPT	outpatient			1105		310.16 Aetna	Better Health		348.63	31.55			237.89	1782	percent of total billed charges	
ULNAR STYLOID FX	25650	CPT	outpatient			1105		310.16 Aetna	Commercial		429.36				237.89	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULNAR STYLOID FX	25650	CPT	outpatient			1105		310.16 Americare	Americare		828.75	75			237.89	1782	percent of total billed charges	
ULNAR STYLOID FX	25650	CPT	outpatient			1105		310.16 Ameritealth	Medicare		269.7				237.89	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULNAR STYLOID FX	25650	CPT	outpatient			1105		310.16 Ameritealth	HMO/PPO		716.25	65			237.89	1782	percent of total billed charges	
ULNAR STYLOID FX	25650	CPT	outpatient			1105		310.16 Consumer	Consumer		1049.75	95			237.89	1782	percent of total billed charges	
ULNAR STYLOID FX	25650	CPT	outpatient			1105		310.16 Corrections	Corrections		884	80			237.89	1782	percent of total billed charges	
ULNAR STYLOID FX	25650	CPT	outpatient			1105		310.16 First Health	First Health		773.5	70			237.89	1782	percent of total billed charges	
ULNAR STYLOID FX	25650	CPT	outpatient			1105		310.16 First Trenton	First Trenton		994.5	90			237.89	1782	percent of total billed charges	
ULNAR STYLOID FX	25650	CPT	outpatient			1105		310.16 Horizon	Indemnity		501.91				237.89	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULNAR STYLOID FX	25650	CPT	outpatient			1105		310.16 Horizon	NJ Health		456.75				237.89	1782	fee schedule	
ULNAR STYLOID FX	25650	CPT	outpatient			1105		310.16 Horizon	MGD		501.91				237.89	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULNAR STYLOID FX	25650	CPT	outpatient			1105		310.16 Horizon	PPO		501.91				237.89	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULNAR STYLOID FX	25650	CPT	outpatient			1105		310.16 Horizon	Medicare Blue		269.7				237.89	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULNAR STYLOID FX	25650	CPT	outpatient			1105		310.16 Managed Care Inc	Managed Care Inc		994.5	90			237.89	1782	percent of total billed charges	
ULNAR STYLOID FX	25650	CPT	outpatient			1105		310.16 Multiplan	Multiplan		884	80			237.89	1782	percent of total billed charges	
ULNAR STYLOID FX	25650	CPT	outpatient			1105		310.16 Qualcare	Qualcare		828.75	75			237.89	1782	percent of total billed charges	
ULNAR STYLOID FX	25650	CPT	outpatient			1105		310.16 Three Rivers	Three Rivers		1049.75	95			237.89	1782	percent of total billed charges	
ULNAR STYLOID FX	25650	CPT	outpatient			1105		310.16 UHC	Medicare		269.7				237.89	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULNAR STYLOID FX	25650	CPT	outpatient			1105		310.16 UHC	Medicaid		348.63	31.55			237.89	1782	percent of total billed charges	
ULNAR STYLOID FX	25650	CPT	outpatient			1105		310.16 United	Oxford		1782				237.89	1782	case rate	
ULNAR STYLOID FX	25650	CPT	outpatient			1105		310.16 United	Commercial|PPO		1782				237.89	1782	case rate	
ULNAR STYLOID FX	25650	CPT	outpatient			1105		310.16 Wellcare	Medicare		269.7				237.89	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULNAR STYLOID FX	25650	CPT	outpatient			1105		310.16 Wellcare	Medicaid		348.63	31.55			237.89	1782	percent of total billed charges	
ULNAR STYLOID FX	25650	CPT	outpatient			1105		310.16 WellPoint	WellPoint		355.59	32.18			237.89	1782	percent of total billed charges	
TREAT WRIST DISLOCATION	25660	CPT	outpatient			1182		310.16 Aetna	Better Health		372.92	31.55			269.7	1782	percent of total billed charges	
TREAT WRIST DISLOCATION	25660	CPT	outpatient			1182		310.16 Aetna	Commercial		429.36				269.7	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT WRIST DISLOCATION	25660	CPT	outpatient			1182		310.16 Aetna	Medicare		269.7				269.7	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT WRIST DISLOCATION	25660	CPT	outpatient			1182		310.16 Americare	Americare		886.5	75			269.7	1782	percent of total billed charges	
TREAT WRIST DISLOCATION	25660	CPT	outpatient			1182		310.16 Ameritealth	HMO/PPO		768.3	65			269.7	1782	percent of total billed charges	
TREAT WRIST DISLOCATION	25660	CPT	outpatient			1182		310.16 Ameritealth	Medicare		269.7				269.7	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT WRIST DISLOCATION	25660	CPT	outpatient			1182		310.16 Consumer	Consumer		1122.9	95			269.7	1782	percent of total billed charges	
TREAT WRIST DISLOCATION	25660	CPT	outpatient			1182		310.16 Corrections	Corrections		945.6	80			269.7	1782	percent of total billed charges	
TREAT WRIST DISLOCATION	25660	CPT	outpatient			1182		310.16 First Health	First Health		827.4	70			269.7	1782	percent of total billed charges	
TREAT WRIST DISLOCATION	25660	CPT	outpatient			1182		310.16 First Trenton	First Trenton		1063.8	90			269.7	1782	percent of total billed charges	
TREAT WRIST DISLOCATION	25660	CPT	outpatient			1182		310.16 Horizon	Indemnity		501.91				269.7	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT WRIST DISLOCATION	25660	CPT	outpatient			1182		310.16 Horizon	PPO		501.91				269.7	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT WRIST DISLOCATION	25660	CPT	outpatient			1182		310.16 Horizon	NJ Health		334.34				269.7	1782	fee schedule	
TREAT WRIST DISLOCATION	25660	CPT	outpatient			1182		310.16 Horizon	Medicare Blue		269.7				269.7	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT WRIST DISLOCATION	25660	CPT	outpatient			1182		310.16 Horizon	MGD		501.91				269.7	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT WRIST DISLOCATION	25660	CPT	outpatient			1182		310.16 Managed Care Inc	Managed Care Inc		1063.8	90			269.7	1782	percent of total billed charges	
TREAT WRIST DISLOCATION	25660	CPT	outpatient			1182		310.16 Multiplan	Multiplan		945.6	80			269.7	1782	percent of total billed charges	
TREAT WRIST DISLOCATION	25660	CPT	outpatient			1182		310.16 Qualcare	Qualcare		886.5	75			269.7	1782	percent of total billed charges	
TREAT WRIST DISLOCATION	25660	CPT	outpatient			1182		310.16 Three Rivers	Three Rivers		1122.9	95			269.7	1782	percent of total billed charges	
TREAT WRIST DISLOCATION	25660	CPT	outpatient			1182		310.16 UHC	Medicaid		372.92	31.55			269.7	1782	percent of total billed charges	
TREAT WRIST DISLOCATION	25660	CPT	outpatient			1182		310.16 UHC	Medicare		269.7				269.7	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT WRIST DISLOCATION	25660	CPT	outpatient			1182		310.16 United	Commercial|PPO		1782				269.7	1782	case rate	
TREAT WRIST DISLOCATION	25660	CPT	outpatient			1182		310.16 United	Oxford		1782				269.7	1782	case rate	
TREAT WRIST DISLOCATION	25660	CPT	outpatient			1182		310.16 Wellcare	Medicare		269.7				269.7	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT WRIST DISLOCATION	25660	CPT	outpatient			1182		310.16 Wellcare	Medicaid		372.92	31.55			269.7	1782	percent of total billed charges	
TREAT WRIST DISLOCATION	25660	CPT	outpatient			1182		310.16 WellPoint	WellPoint		380.37	32.18			269.7	1782	percent of total billed charges	
TRT FX/DISL TRANSSCAPHOPERIL	25680	CPT	outpatient			583		310.16 Aetna	Better Health		183.94	31.55			183.94	1782	percent of total billed charges	
TRT FX/DISL TRANSSCAPHOPERIL	25680	CPT	outpatient			583		310.16 Aetna	Commercial		429.36				183.94	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT FX/DISL TRANSSCAPHOPERIL	25680	CPT	outpatient			583		310.16 Aetna	Medicare		269.7				183.94	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT FX/DISL TRANSSCAPHOPERIL	25680	CPT	outpatient			583		310.16 Americare	Americare		437.25	75			183.94	1782	percent of total billed charges	
TRT FX/DISL TRANSSCAPHOPERIL	25680	CPT	outpatient			583		310.16 Ameritealth	HMO/PPO		378.95	65			183.94	1782	percent of total billed charges	
TRT FX/DISL TRANSSCAPHOPERIL	25680	CPT	outpatient			583		310.16 Ameritealth	Medicare		269.7				183.94	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT FX/DISL TRANSSCAPHOPERIL	25680	CPT	outpatient			583		310.16 Consumer	Consumer		553.85	95			183.94	1782	percent of total billed charges	
TRT FX/DISL TRANSSCAPHOPERIL	25680	CPT	outpatient			583		310.16 Corrections	Corrections		466.4	80			183.94	1782	percent of total billed charges	
TRT FX/DISL TRANSSCAPHOPERIL	25680	CPT	outpatient			583		310.16 First Health	First Health		408.1	70			183.94	1782	percent of total billed charges	
TRT FX/DISL TRANSSCAPHOPERIL	25680	CPT	outpatient			583		310.16 First Trenton	First Trenton		524.7	90			183.94	1782	percent of total billed charges	
TRT FX/DISL TRANSSCAPHOPERIL	25680	CPT	outpatient			583		310.16 Horizon	PPO		501.91				183.94	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT FX/DISL TRANSSCAPHOPERIL	25680	CPT	outpatient			583		310.16 Horizon	MGD		501.91				183.94	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT FX/DISL TRANSSCAPHOPERIL	25680	CPT	outpatient			583		310.16 Horizon	NJ Health		498.35				183.94	1782	fee schedule	
TRT FX/DISL TRANSSCAPHOPERIL	25680	CPT	outpatient			583		310.16 Horizon	Medicare Blue		269.7				183.94	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT FX/DISL TRANSSCAPHOPERIL	25680	CPT	outpatient			583		310.16 Horizon	Indemnity		501.91				183.94	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT FX/DISL TRANSSCAPHOPERIL	25680	CPT	outpatient			583		310.16 Managed Care Inc	Managed Care Inc		524.7	90			183.94	1782	percent of total billed charges	
TRT FX/DISL TRANSSCAPHOPERIL	25680	CPT	outpatient			583		310.16 Multiplan	Multiplan		466.4	80			183.94	1782	percent of total billed charges	
TRT FX/DISL TRANSSCAPHOPERIL	25680	CPT	outpatient			583		310.16 Qualcare	Qualcare		437.25	75			183.94	1782	percent of total billed charges	
TRT FX/DISL TRANSSCAPHOPERIL	25680	CPT	outpatient			583		310.16 Three Rivers	Three Rivers		553.85	95			183.94	1782	percent of total billed charges	
TRT FX/DISL TRANSSCAPHOPERIL	25680	CPT	outpatient			583		310.16 UHC	Medicaid		183.94	31.55			183.94	1782	percent of total billed charges	
TRT FX/DISL TRANSSCAPHOPERIL	25680	CPT	outpatient			583		310.16 UHC	Medicare		269.7				183.94	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT FX/DISL TRANSSCAPHOPERIL	25680	CPT	outpatient			583		310.16 United	Oxford		1782				183.94	1782	case rate	
TRT FX/DISL TRANSSCAPHOPERIL	25680	CPT	outpatient			583		310.16 United	Commercial|PPO		1782				183.94	1782	case rate	
TRT FX/DISL TRANSSCAPHOPERIL	25680	CPT	outpatient			583		310.16 Wellcare	Medicare		269.7				183.94	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT FX/DISL TRANSSCAPHOPERIL	25680	CPT	outpatient			583		310.16 Wellcare	Medicaid		183.94	31.55			183.94	1782	percent of total billed charges	
TRT FX/DISL TRANSSCAPHOPERIL	25680	CPT	outpatient			583		310.16 WellPoint	WellPoint		187.61	32.18			183.94	1782	percent of total billed charges	
CL TX LUNATE DISLOC W MANIP.	25690	CPT	outpatient			5257		2113.84 Aetna	Better Health		1658.58	31.55			517.48	4994.15	percent of total billed charges	
CL TX LUNATE DISLOC W MANIP.	25690	CPT	outpatient			5257		2113.84 Aetna	Commercial		2926.29				517.48	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX LUNATE DISLOC W MANIP.	25690	CPT	outpatient			5257		2113.84 Aetna	Medicare		1838.12				517.48	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX LUNATE DISLOC W MANIP.	25690	CPT	outpatient			5257		2113.84 Americare	Americare		3942.75	75			517.48	4994.15	percent of total billed charges	
CL TX LUNATE DISLOC W MANIP.	25690	CPT	outpatient			5257		2113.84 Ameritealth	Medicare		1838.12				517.48	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX LUNATE DISLOC W MANIP.	25690	CPT	outpatient			5257		2113.84 Ameritealth	HMO/PPO		3417.05	65			517.48	4994.15	percent of total billed charges	
CL TX LUNATE DISLOC W MANIP.	25690	CPT	outpatient			5257		2113.84 Consumer	Consumer		4994.15	95			517.48	4994.15	percent of total billed charges	
CL TX LUNATE DISLOC W MANIP.	25690	CPT	outpatient			5257		2113.84 Corrections	Corrections		4205.6	80			517.48	4994.15	percent of total billed charges	
CL TX LUNATE DISLOC W MANIP.	25690	CPT	outpatient			5257		2113.84 First Health	First Health		3679.9	70			517.48	4994.15	percent of total billed charges	
CL TX LUNATE DISLOC W MANIP.	25690	CPT	outpatient			5257		2113.84 First Trenton	First Trenton		4731.3	90			517.48	4994.15	percent of total billed charges	
CL TX LUNATE DISLOC W MANIP.	25690	CPT	outpatient			5257		2113.84 Horizon	MGD		3420.74				517.48	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX LUNATE DISLOC W MANIP.	25690	CPT	outpatient			5257		2113.84 Horizon	Medicare Blue		1838.12				517.48	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX LUNATE DISLOC W MANIP.	25690	CPT	outpatient			5257		2113.84 Horizon	Indemnity		3420.74				517.48	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX LUNATE DISLOC W MANIP.	25690	CPT	outpatient			5257		2113.84 Horizon	NJ Health		517.48				517.48	4994.15	fee schedule	
CL TX LUNATE DISLOC W MANIP.	25690	CPT	outpatient			5257		2113.84 Horizon	PPO		3420.74				517.48	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX LUNATE DISLOC W MANIP.	25690	CPT	outpatient			5257		2113.84 Managed Care Inc	Managed Care Inc		4731.3	90			517.48	4994.15	percent of total billed charges	
CL TX LUNATE DISLOC W MANIP.	25690	CPT	outpatient			5257		2113.84 Multiplan	Multiplan		4205.6	80			517.48	4994.15	percent of total billed charges	
CL TX LUNATE DISLOC W MANIP.	25690	CPT	outpatient			5257		2113.84 Qualcare	Qualcare		3942.75	75			517.48	4994.15	percent of total billed charges	
CL TX LUNATE DISLOC W MANIP.	25690	CPT	outpatient			5257		2113.84 Three Rivers	Three Rivers		4994.15	95			517.48	4994.15	percent of total billed charges	
CL TX LUNATE DISLOC W MANIP.	25690	CPT	outpatient			5257		2113.84 UHC	Medicare		1838.12				517.48	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX LUNATE DISLOC W MANIP.	25690	CPT	outpatient			5257		2113.84 UHC	Medicaid		1658.58	31.55			517.48	4994.15	percent of total billed charges	
CL TX LUNATE DISLOC W MANIP.	25690	CPT	outpatient			5257		2113.84 United	Commercial|PPO		2493				517.48	4994.15	case rate	
CL TX LUNATE DISLOC W MANIP.	25690	CPT	outpatient			5257		2113.84 United	Oxford		2493				517.48	4994.15	case rate	
CL TX LUNATE DISLOC W MANIP.	25690	CPT	outpatient			5257		2113.84 Wellcare	Medicare		1838.12				517.48	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX LUNATE DISLOC W MANIP.	25690	CPT	outpatient			5257		2113.84 Wellcare	Medicaid		1658.58	31.55			517.48	4994.15	percent of total billed charges	
CL TX LUNATE DISLOC W MANIP.	25690	CPT	outpatient			5257		2113.84 WellPoint	WellPoint		1691.7	32.18			517.48	4994.15	percent of total billed charges	
TRANSMET AMPUTATION	25931	CPT	outpatient			11088		4257.16 Aetna	Commercial		5893.39				900.11	10533.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSMET AMPUTATION	25931	CPT	outpatient			11088		4257.16 Aetna	Medicare		3415.1	30.8			900.11	10533.6	percent of total billed charges	
TRANSMET AMPUTATION	25931	CPT	outpatient			11088		4257.16 Aetna	Better Health		3498.26	31.55			900.11	10533.6	percent of total billed charges	
TRANSMET AMPUTATION	25931	CPT	outpatient			11088		4257.16 Americare	Americare		8316	75			900.11	10533.6	percent of total billed charges	
TRANSMET AMPUTATION	25931	CPT	outpatient			11088		4257.16 Ameritealth	HMO/PPO		7207.2	65			900.11	10533.6	percent of total billed charges	
TRANSMET AMPUTATION	25931	CPT	outpatient			11088		4257.16 Ameritealth	Medicare		3701.88				900.11	10533.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSMET AMPUTATION	25931	CPT	outpatient			11088		4257.16 Consumer	Consumer		10533.6	95			900.11	10533.6	percent of total billed charges	
TRANSMET AMPUTATION	25931	CPT	outpatient			11088		4257.16 Corrections	Corrections		8870.4	80			900.11	10533.6	percent of total billed charges	
TRANSMET AMPUTATION	25931	CPT	outpatient			11088		4257.16 First Health	First Health		7761.6	70			900.11	10533.6	percent of total billed charges	
TRANSMET AMPUTATION	25931	CPT	outpatient			11088		4257.16 First Trenton	First Trenton		9979.2	90			900.11	10533.6	percent of total billed charges	
TRANSMET AMPUTATION	25931	CPT	outpatient			11088		4257.16 Horizon	PPO		6889.2				900.11	10533.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSMET AMPUTATION	25931	CPT	outpatient			11088		4257.16 Horizon	MGD		6889.2				900.11	10533.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSMET AMPUTATION	25931	CPT	outpatient			11088		4257.16 Horizon	Medicare Blue		3701.88				900.11	10533.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSMET AMPUTATION	25931	CPT	outpatient			11088		4257.16 Horizon	NJ Health		900.11				900.11	10533.6	fee schedule	
TRANSMET AMPUTATION	25931	CPT	outpatient			11088		4257.16 Horizon	Indemnity		6889.2				900.11	10533.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSMET AMPUTATION	25931	CPT	outpatient			11088		4257.16 Managed Care Inc	Managed Care Inc		9979.2	90			900.11	10533.6	percent of total billed charges	
TRANSMET AMPUTATION	25931	CPT	outpatient			11088		4257.16 Multiplan	Multiplan		8870.4	80			900.11	10533.6	percent of total billed charges	
TRANSMET AMPUTATION	25931	CPT	outpatient			11088		4257.16 Qualcare	Qualcare		8316	75			900.11	10533.6	percent of total billed charges	
TRANSMET AMPUTATION	25931	CPT	outpatient			11088		4257.16 Three Rivers	Three Rivers		10533.6	95			900.11	10533.6	percent of total billed charges	
TRANSMET AMPUTATION	25931	CPT	outpatient			11088		4257.16 UHC	Medicaid		3498.26	31.55			900.11	10533.6	percent of total billed charges	
TRANSMET AMPUTATION	25931	CPT	outpatient			11088		4257.16 UHC	Medicare		3701.88				900.11	10533.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSMET AMPUTATION	25931	CPT	outpatient			11088		4257.16 United	Oxford		2776				900.11	10533.6	case rate	
TRANSMET AMPUTATION	25931	CPT	outpatient			11088		4257.16 United	Commercial|PPO		2776				900.11	10533.6	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.														
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true													
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
TRANSMET AMPUTATION	25931	CPT	outpatient			11088		4257.16 Wellcare	Medicare		3701.88				900.11	10533.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSMET AMPUTATION	25931	CPT	outpatient			11088		4257.16 Wellcare	Medicaid		3498.26	31.55			900.11	10533.6	percent of total billed charges	
TRANSMET AMPUTATION	25931	CPT	outpatient			11088		4257.16 WellPoint	WellPoint		3568.12	32.18			900.11	10533.6	percent of total billed charges	
I&D FINGER ABSCESS SIMPLES	26010	CPT	outpatient			992		263.3 Aetna	Better Health		312.98	31.55			98.66	1782	percent of total billed charges	
I&D FINGER ABSCESS SIMPLES	26010	CPT	outpatient			992		263.3 Aetna	Commercial		364.5				98.66	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D FINGER ABSCESS SIMPLES	26010	CPT	outpatient			992		263.3 Aetna	Medicare		228.96				98.66	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D FINGER ABSCESS SIMPLES	26010	CPT	outpatient			992		263.3 Americare	Americare		744	75			98.66	1782	percent of total billed charges	
I&D FINGER ABSCESS SIMPLES	26010	CPT	outpatient			992		263.3 Amerihealth	HMO/PPO		644.8	65			98.66	1782	percent of total billed charges	
I&D FINGER ABSCESS SIMPLES	26010	CPT	outpatient			992		263.3 Amerihealth	Medicare		228.96				98.66	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D FINGER ABSCESS SIMPLES	26010	CPT	outpatient			992		263.3 Consumer	Consumer		942.4	95			98.66	1782	percent of total billed charges	
I&D FINGER ABSCESS SIMPLES	26010	CPT	outpatient			992		263.3 Corrections	Corrections		793.6	80			98.66	1782	percent of total billed charges	
I&D FINGER ABSCESS SIMPLES	26010	CPT	outpatient			992		263.3 First Health	First Health		694.4	70			98.66	1782	percent of total billed charges	
I&D FINGER ABSCESS SIMPLES	26010	CPT	outpatient			992		263.3 First Trenton	First Trenton		892.8	90			98.66	1782	percent of total billed charges	
I&D FINGER ABSCESS SIMPLES	26010	CPT	outpatient			992		263.3 Horizon	MGD		426.09				98.66	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D FINGER ABSCESS SIMPLES	26010	CPT	outpatient			992		263.3 Horizon	Indemnity		426.09				98.66	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D FINGER ABSCESS SIMPLES	26010	CPT	outpatient			992		263.3 Horizon	PPO		426.09				98.66	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D FINGER ABSCESS SIMPLES	26010	CPT	outpatient			992		263.3 Horizon	NJ Health		98.66				98.66	1782	fee schedule	
I&D FINGER ABSCESS SIMPLES	26010	CPT	outpatient			992		263.3 Horizon	Medicare Blue		228.96				98.66	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D FINGER ABSCESS SIMPLES	26010	CPT	outpatient			992		263.3 Managed Care Inc	Managed Care Inc		892.8	90			98.66	1782	percent of total billed charges	
I&D FINGER ABSCESS SIMPLES	26010	CPT	outpatient			992		263.3 Multiplan	Multiplan		793.6	80			98.66	1782	percent of total billed charges	
I&D FINGER ABSCESS SIMPLES	26010	CPT	outpatient			992		263.3 Qualcare	Qualcare		744	75			98.66	1782	percent of total billed charges	
I&D FINGER ABSCESS SIMPLES	26010	CPT	outpatient			992		263.3 Three Rivers	Three Rivers		942.4	95			98.66	1782	percent of total billed charges	
I&D FINGER ABSCESS SIMPLES	26010	CPT	outpatient			992		263.3 UHC	Medicaid		312.98	31.55			98.66	1782	percent of total billed charges	
I&D FINGER ABSCESS SIMPLES	26010	CPT	outpatient			992		263.3 UHC	Medicare		228.96				98.66	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D FINGER ABSCESS SIMPLES	26010	CPT	outpatient			992		263.3 United	Oxford		1782				98.66	1782	case rate	
I&D FINGER ABSCESS SIMPLES	26010	CPT	outpatient			992		263.3 United	CommercialPPO		1782				98.66	1782	case rate	
I&D FINGER ABSCESS SIMPLES	26010	CPT	outpatient			992		263.3 Wellcare	Medicare		228.96				98.66	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D FINGER ABSCESS SIMPLES	26010	CPT	outpatient			992		263.3 Wellcare	Medicaid		312.98	31.55			98.66	1782	percent of total billed charges	
I&D FINGER ABSCESS SIMPLES	26010	CPT	outpatient			992		263.3 WellPoint	WellPoint		319.23	32.18			98.66	1782	percent of total billed charges	
I&D FINGER ABSCESS COMPLICATED	26011	CPT	outpatient			2194		2132.36 Aetna	Better Health		692.21	31.55			228.3	3450.72	percent of total billed charges	
I&D FINGER ABSCESS COMPLICATED	26011	CPT	outpatient			2194		2132.36 Aetna	Commercial		2951.93				228.3	3450.72	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D FINGER ABSCESS COMPLICATED	26011	CPT	outpatient			2194		2132.36 Aetna	Medicare		1854.23				228.3	3450.72	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D FINGER ABSCESS COMPLICATED	26011	CPT	outpatient			2194		2132.36 Americare	Americare		1645.5	75			228.3	3450.72	percent of total billed charges	
I&D FINGER ABSCESS COMPLICATED	26011	CPT	outpatient			2194		2132.36 Amerihealth	HMO/PPO		1426.1	65			228.3	3450.72	percent of total billed charges	
I&D FINGER ABSCESS COMPLICATED	26011	CPT	outpatient			2194		2132.36 Amerihealth	Medicare		1854.23				228.3	3450.72	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D FINGER ABSCESS COMPLICATED	26011	CPT	outpatient			2194		2132.36 Consumer	Consumer		2084.3	95			228.3	3450.72	percent of total billed charges	
I&D FINGER ABSCESS COMPLICATED	26011	CPT	outpatient			2194		2132.36 Corrections	Corrections		1755.2	80			228.3	3450.72	percent of total billed charges	
I&D FINGER ABSCESS COMPLICATED	26011	CPT	outpatient			2194		2132.36 First Health	First Health		1535.8	70			228.3	3450.72	percent of total billed charges	
I&D FINGER ABSCESS COMPLICATED	26011	CPT	outpatient			2194		2132.36 First Trenton	First Trenton		1974.6	90			228.3	3450.72	percent of total billed charges	
I&D FINGER ABSCESS COMPLICATED	26011	CPT	outpatient			2194		2132.36 Horizon	PPO		3450.72				228.3	3450.72	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D FINGER ABSCESS COMPLICATED	26011	CPT	outpatient			2194		2132.36 Horizon	MGD		3450.72				228.3	3450.72	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D FINGER ABSCESS COMPLICATED	26011	CPT	outpatient			2194		2132.36 Horizon	Medicare Blue		1854.23				228.3	3450.72	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D FINGER ABSCESS COMPLICATED	26011	CPT	outpatient			2194		2132.36 Horizon	NJ Health		228.3				228.3	3450.72	fee schedule	
I&D FINGER ABSCESS COMPLICATED	26011	CPT	outpatient			2194		2132.36 Horizon	Indemnity		3450.72				228.3	3450.72	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D FINGER ABSCESS COMPLICATED	26011	CPT	outpatient			2194		2132.36 Managed Care Inc	Managed Care Inc		1974.6	90			228.3	3450.72	percent of total billed charges	
I&D FINGER ABSCESS COMPLICATED	26011	CPT	outpatient			2194		2132.36 Multiplan	Multiplan		1755.2	80			228.3	3450.72	percent of total billed charges	
I&D FINGER ABSCESS COMPLICATED	26011	CPT	outpatient			2194		2132.36 Qualcare	Qualcare		1645.5	75			228.3	3450.72	percent of total billed charges	
I&D FINGER ABSCESS COMPLICATED	26011	CPT	outpatient			2194		2132.36 Three Rivers	Three Rivers		2084.3	95			228.3	3450.72	percent of total billed charges	
I&D FINGER ABSCESS COMPLICATED	26011	CPT	outpatient			2194		2132.36 UHC	Medicaid		692.21	31.55			228.3	3450.72	percent of total billed charges	
I&D FINGER ABSCESS COMPLICATED	26011	CPT	outpatient			2194		2132.36 UHC	Medicare		1854.23				228.3	3450.72	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D FINGER ABSCESS COMPLICATED	26011	CPT	outpatient			2194		2132.36 United	CommercialPPO		2493				228.3	3450.72	case rate	
I&D FINGER ABSCESS COMPLICATED	26011	CPT	outpatient			2194		2132.36 United	Oxford		2493				228.3	3450.72	case rate	
I&D FINGER ABSCESS COMPLICATED	26011	CPT	outpatient			2194		2132.36 Wellcare	Medicare		1854.23				228.3	3450.72	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D FINGER ABSCESS COMPLICATED	26011	CPT	outpatient			2194		2132.36 Wellcare	Medicaid		692.21	31.55			228.3	3450.72	percent of total billed charges	
I&D FINGER ABSCESS COMPLICATED	26011	CPT	outpatient			2194		2132.36 WellPoint	WellPoint		706.03	32.18			228.3	3450.72	percent of total billed charges	
FASCIOTOMY, PALMAR, PERC	26040	CPT	outpatient			5229		2113.84 Aetna	Better Health		1649.75	31.55			288.98	4967.55	percent of total billed charges	
FASCIOTOMY, PALMAR, PERC	26040	CPT	outpatient			5229		2113.84 Aetna	Commercial		2926.29				288.98	4967.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FASCIOTOMY, PALMAR, PERC	26040	CPT	outpatient			5229		2113.84 Aetna	Medicare		1610.53	30.8			288.98	4967.55	percent of total billed charges	
FASCIOTOMY, PALMAR, PERC	26040	CPT	outpatient			5229		2113.84 Americare	Americare		3921.75	75			288.98	4967.55	percent of total billed charges	
FASCIOTOMY, PALMAR, PERC	26040	CPT	outpatient			5229		2113.84 Amerihealth	Medicare		1838.12				288.98	4967.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FASCIOTOMY, PALMAR, PERC	26040	CPT	outpatient			5229		2113.84 Amerihealth	HMO/PPO		3398.85	65			288.98	4967.55	percent of total billed charges	
FASCIOTOMY, PALMAR, PERC	26040	CPT	outpatient			5229		2113.84 Consumer	Consumer		4967.55	95			288.98	4967.55	percent of total billed charges	
FASCIOTOMY, PALMAR, PERC	26040	CPT	outpatient			5229		2113.84 Corrections	Corrections		4183.2	80			288.98	4967.55	percent of total billed charges	
FASCIOTOMY, PALMAR, PERC	26040	CPT	outpatient			5229		2113.84 First Health	First Health		3660.3	70			288.98	4967.55	percent of total billed charges	
FASCIOTOMY, PALMAR, PERC	26040	CPT	outpatient			5229		2113.84 First Trenton	First Trenton		4706.1	90			288.98	4967.55	percent of total billed charges	
FASCIOTOMY, PALMAR, PERC	26040	CPT	outpatient			5229		2113.84 Horizon	PPO		3420.74				288.98	4967.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FASCIOTOMY, PALMAR, PERC	26040	CPT	outpatient			5229		2113.84 Horizon	Indemnity		3420.74				288.98	4967.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FASCIOTOMY, PALMAR, PERC	26040	CPT	outpatient			5229		2113.84 Horizon	MGD		3420.74				288.98	4967.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FASCIOTOMY, PALMAR, PERC	26040	CPT	outpatient			5229		2113.84 Horizon	Medicare Blue		1838.12				288.98	4967.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FASCIOTOMY, PALMAR, PERC	26040	CPT	outpatient			5229		2113.84 Horizon	NJ Health		288.98				288.98	4967.55	fee schedule	
FASCIOTOMY, PALMAR, PERC	26040	CPT	outpatient			5229		2113.84 Managed Care Inc	Managed Care Inc		4706.1	90			288.98	4967.55	percent of total billed charges	
FASCIOTOMY, PALMAR, PERC	26040	CPT	outpatient			5229		2113.84 Multiplan	Multiplan		4183.2	80			288.98	4967.55	percent of total billed charges	
FASCIOTOMY, PALMAR, PERC	26040	CPT	outpatient			5229		2113.84 Qualcare	Qualcare		3921.75	75			288.98	4967.55	percent of total billed charges	
FASCIOTOMY, PALMAR, PERC	26040	CPT	outpatient			5229		2113.84 Three Rivers	Three Rivers		4967.55	95			288.98	4967.55	percent of total billed charges	
FASCIOTOMY, PALMAR, PERC	26040	CPT	outpatient			5229		2113.84 UHC	Medicare		1838.12				288.98	4967.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FASCIOTOMY, PALMAR, PERC	26040	CPT	outpatient			5229		2113.84 UHC	Medicaid		1649.75	31.55			288.98	4967.55	percent of total billed charges	
FASCIOTOMY, PALMAR, PERC	26040	CPT	outpatient			5229		2113.84 United	CommercialPPO		2493				288.98	4967.55	case rate	
FASCIOTOMY, PALMAR, PERC	26040	CPT	outpatient			5229		2113.84 United	Oxford		2493				288.98	4967.55	case rate	
FASCIOTOMY, PALMAR, PERC	26040	CPT	outpatient			5229		2113.84 Wellcare	Medicare		1838.12				288.98	4967.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FASCIOTOMY, PALMAR, PERC	26040	CPT	outpatient			5229		2113.84 Wellcare	Medicaid		1649.75	31.55			288.98	4967.55	percent of total billed charges	
FASCIOTOMY, PALMAR, PERC	26040	CPT	outpatient			5229		2113.84 WellPoint	WellPoint		1682.69	32.18			288.98	4967.55	percent of total billed charges	
ARTH EXPL DRG/RMVL LOI/FB MTC JT EA	26075	CPT	outpatient			11306		4257.16 Aetna	Commercial		5893.39				446.31	10740.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTH EXPL DRG/RMVL LOI/FB MTC JT EA	26075	CPT	outpatient			11306		4257.16 Aetna	Better Health		3567.04	31.55			446.31	10740.7	percent of total billed charges	
ARTH EXPL DRG/RMVL LOI/FB MTC JT EA	26075	CPT	outpatient			11306		4257.16 Aetna	Medicare		3482.25	30.8			446.31	10740.7	percent of total billed charges	
ARTH EXPL DRG/RMVL LOI/FB MTC JT EA	26075	CPT	outpatient			11306		4257.16 Americare	Americare		8479.5	75			446.31	10740.7	percent of total billed charges	
ARTH EXPL DRG/RMVL LOI/FB MTC JT EA	26075	CPT	outpatient			11306		4257.16 Amerihealth	HMO/PPO		7348.9	65			446.31	10740.7	percent of total billed charges	
ARTH EXPL DRG/RMVL LOI/FB MTC JT EA	26075	CPT	outpatient			11306		4257.16 Amerihealth	Medicare		3701.88				446.31	10740.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTH EXPL DRG/RMVL LOI/FB MTC JT EA	26075	CPT	outpatient			11306		4257.16 Consumer	Consumer		10740.7	95			446.31	10740.7	percent of total billed charges	
ARTH EXPL DRG/RMVL LOI/FB MTC JT EA	26075	CPT	outpatient			11306		4257.16 Corrections	Corrections		9044.8	80			446.31	10740.7	percent of total billed charges	
ARTH EXPL DRG/RMVL LOI/FB MTC JT EA	26075	CPT	outpatient			11306		4257.16 First Health	First Health		7914.2	70			446.31	10740.7	percent of total billed charges	
ARTH EXPL DRG/RMVL LOI/FB MTC JT EA	26075	CPT	outpatient			11306		4257.16 First Trenton	First Trenton		10175.4	90			446.31	10740.7	percent of total billed charges	
ARTH EXPL DRG/RMVL LOI/FB MTC JT EA	26075	CPT	outpatient			11306		4257.16 Horizon	Indemnity		6889.2				446.31	10740.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTH EXPL DRG/RMVL LOI/FB MTC JT EA	26075	CPT	outpatient			11306		4257.16 Horizon	Medicare Blue		3701.88				446.31	10740.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTH EXPL DRG/RMVL LOI/FB MTC JT EA	26075	CPT	outpatient			11306		4257.16 Horizon	NJ Health		446.31				446.31	10740.7	fee schedule	
ARTH EXPL DRG/RMVL LOI/FB MTC JT EA	26075	CPT	outpatient			11306		4257.16 Horizon	PPO		6889.2				446.31	10740.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTH EXPL DRG/RMVL LOI/FB MTC JT EA	26075	CPT	outpatient			11306		4257.16 Horizon	MGD		6889.2				446.31	10740.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTH EXPL DRG/RMVL LOI/FB MTC JT EA	26075	CPT	outpatient			11306		4257.16 Managed Care Inc	Managed Care Inc		10175.4	90			446.31	10740.7	percent of total billed charges	
ARTH EXPL DRG/RMVL LOI/FB MTC JT EA	26075	CPT	outpatient			11306		4257.16 Multiplan	Multiplan		9044.8	80			446.31	10740.7	percent of total billed charges	
ARTH EXPL DRG/RMVL LOI/FB MTC JT EA	26075	CPT	outpatient			11306		4257.16 Qualcare	Qualcare		8479.5	75			446.31	10740.7	percent of total billed charges	
ARTH EXPL DRG/RMVL LOI/FB MTC JT EA	26075	CPT	outpatient			11306		4257.16 Three Rivers	Three Rivers		10740.7	95			446.31	10740.7	percent of total billed charges	
ARTH EXPL DRG/RMVL LOI/FB MTC JT EA	26075	CPT	outpatient			11306		4257.16 UHC	Medicaid		3567.04	31.55			446.31	10740.7	percent of total billed charges	
ARTH EXPL DRG/RMVL LOI/FB MTC JT EA	26075	CPT	outpatient			11306		4257.16 UHC	Medicare		3701.88				446.31	10740.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTH EXPL DRG/RMVL LOI/FB MTC JT EA	26075	CPT	outpatient			11306		4257.16 United	CommercialPPO		2493				446.31	10740.7	case rate	
ARTH EXPL DRG/RMVL LOI/FB MTC JT EA	26075	CPT	outpatient			11306		4257.16 United	Oxford		2493				446.31	10740.7	case rate	
ARTH EXPL DRG/RMVL LOI/FB MTC JT EA	26075	CPT	outpatient			11306		4257.16 Wellcare	Medicare		3701.88				446.31	10740.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTH EXPL DRG/RMVL LOI/FB MTC JT EA	26075	CPT	outpatient			11306		4257.16 Wellcare	Medicaid		3567.04	31.55			446.31	10740.7	percent of total billed charges	
ARTH EXPL DRG/RMVL LOI/FB MTC JT EA	26075	CPT	outpatient			11306		4257.16 WellPoint	WellPoint		3638.27	32.18			446.31	10740.7	percent of total billed charges	
EXPLORE/TREAT PP JOINT	26080	CPT	outpatient			5811		2113.84 Aetna	Medicare		1838.12				426.11	5520.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXPLORE/TREAT PP JOINT	26080	CPT	outpatient			5811		2113.84 Aetna	Better Health		1833.37	31.55			426.11	5520.45	percent of total billed charges	
EXPLORE/TREAT PP JOINT	26080	CPT	outpatient			5811		2113.84 Aetna	Commercial		2926.29				426.11	5520.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXPLORE/TREAT PP JOINT	26080	CPT	outpatient			5811		2113.84 Americare	Americare		4358.25	75			426.11	5520.45	percent of total billed charges	
EXPLORE/TREAT PP JOINT	26080	CPT	outpatient			5811		2113.84 Amerihealth	HMO/PPO		3777.15	65			426.11	5520.45	percent of total billed charges	
EXPLORE/TREAT PP JOINT	26080	CPT	outpatient			5811		2113.84 Amerihealth	Medicare		1838.12				426.11	5520.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXPLORE/TREAT PP JOINT	26080	CPT	outpatient			5811		2113.84 Consumer	Consumer		5520.45	95			426.11	5520.45	percent of total billed charges	
EXPLORE/TREAT PP JOINT	26080	CPT	outpatient			5811		2113.84 Corrections	Corrections		4648.8	80			426.11	5520.45	percent of total billed charges	
EXPLORE/TREAT PP JOINT	26080	CPT	outpatient			5811		2113.84 First Health	First Health		4067.7	70			426.11	5520.45	percent of total billed charges	
EXPLORE/TREAT PP JOINT	26080	CPT	outpatient			5811		2113.84 First Trenton	First Trenton		5229.9	90			426.11	5520.45	percent of total billed charges	
EXPLORE/TREAT PP JOINT	26080	CPT	outpatient			5811		2113.84 Horizon	MGD		3420.74				426.11	5520.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXPLORE/TREAT PP JOINT	26080	CPT	outpatient			5811		2113.84 Horizon	Medicare Blue		1838.12				426.11	5520.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXPLORE/TREAT PP JOINT	26080	CPT	outpatient			5811		2113.84 Horizon	PPO		3420.74				426.11	5520.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXPLORE/TREAT PP JOINT	26080	CPT	outpatient			5811		2113.84 Horizon	Indemnity		3420.74				426.11	5520.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXPLORE/TREAT PP JOINT	26080	CPT	outpatient			5811		2113.84 Horizon	NJ Health		426.11				426.11	5520.45	fee schedule	
EXPLORE/TREAT PP JOINT	26080	CPT	outpatient			5811		2113.84 Managed Care Inc	Managed Care Inc		5229.9	90			426.11	5520.45	percent of total billed charges	
EXPLORE/TREAT PP JOINT	26080	CPT	outpatient			5811		2113.84 Multiplan	Multiplan		4648.8	80			426.11	5520.45	percent of total billed charges	
EXPLORE/TREAT PP JOINT	26080	CPT	outpatient			5811		2113.84 Qualcare	Qualcare		4358.25	75			426.11	5520.45	percent of total billed charges	
EXPLORE/TREAT PP JOINT	26080	CPT	outpatient			5811		2113.84 Three Rivers	Three Rivers		5520.45	95			426.11	5520.45	percent of total billed charges	
EXPLORE/TREAT PP JOINT	26080	CPT	outpatient			5811		2113.84 UHC	Medicaid		1833.37	31.55			426.11	5520.45	percent of total billed charges	
EXPLORE/TREAT PP JOINT	26080	CPT	outpatient			5811		2113.84 UHC	Medicare		1838.12				426.11	5520.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXPLORE/TREAT PP JOINT	26080	CPT	outpatient			5811		2113.84 United	Oxford		2493				426.11	5520.45	case rate	
EXPLORE/TREAT PP JOINT	26080	CPT	outpatient			5811		2113.84 United	CommercialPPO		2493				426.11	5520.45	case rate	
EXPLORE/TREAT PP JOINT	26080	CPT	outpatient			5811		2113.84 Wellcare	Medicaid		1833.37	31.55			426.11	5520.45	percent of total billed charges	
EXPLORE/TREAT PP JOINT	26080	CPT	outpatient			5811		2113.84 Wellcare	Medicare		1838.12				426.11	5520.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXPLORE/TREAT PP JOINT	26080	CPT	outpatient			5811		2113.84 WellPoint	WellPoint		1869.98	32.18			426.11	5520.45	percent of total billed charges	
EX TUM/VASC MAL SFT TISS H/F SQ	26115	CPT	outpatient			5464		2132.36 Aetna	Medicare		1854.23				191.84	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EX TUM/VASC MAL SFT TISS H/F SQ	26115	CPT	outpatient			5464		2132.36 Aetna	Better Health		1723.89	31.55			191.84	5190.8	percent of total billed charges	
EX TUM/VASC MAL SFT TISS H/F SQ	26115	CPT	outpatient			5464		2132.36 Aetna	Commercial		2951.93				191.84	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EX TUM/VASC MAL SFT TISS H/F SQ	26115	CPT	outpatient			5464		2132.36 Americare	Americare		4098	75			191.84	5190.8	percent of total billed charges	
EX TUM/VASC MAL SFT TISS H/F SQ	26115	CPT	outpatient			5464		2132.36 Amerihealth	HMO/PPO		3551.6	65			191.84	5190.8	percent of total billed charges	
EX TUM/VASC MAL SFT TISS H/F SQ	26115	CPT	outpatient			5464		2132.36 Amerihealth	Medicare		1854.23				191.84	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EX TUM/VASC MAL SFT TISS H/F SQ	26115	CPT	outpatient			5464		2132.36 Consumer	Consumer		5190.8	95			191.84	5190.8	percent of total billed charges	
EX TUM/VASC MAL SFT TISS H/F SQ	26115	CPT	outpatient			5464		2132.36 Corrections	Corrections		4371.2	80			191.84	5190.8	percent of total billed charges	
EX TUM/VASC MAL SFT TISS H/F SQ	26115	CPT	outpatient			5464		2132.36 First Health	First Health		3824.8	70			191.84	5190.8	percent of total billed charges	
EX TUM/VASC MAL SFT TISS H/F SQ	26115	CPT	outpatient			5464		2132.36 First Trenton	First Trenton		4917.6	90			191.84	5190.8	percent of total billed charges	
EX TUM/VASC MAL SFT TISS H/F SQ	26115	CPT	outpatient			5464		2132.36 Horizon	MGD		3450.72				191.84	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EX TUM/VASC MAL SFT TISS H/F SQ	26115	CPT	outpatient			5464		2132.36 Horizon	Medicare Blue		1854.23				191.84	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EX TUM/VASC MAL SFT TISS H/F SQ	26115	CPT	outpatient			5464		2132.36 Horizon	PPO		3450.72				191.84	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EX TUM/VASC MAL SFT TISS H/F SQ	26115	CPT	outpatient			5464		2132.36 Horizon	Indemnity		3450.72				191.84	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EX TUM/VASC MAL SFT TISS H/F SQ	26115	CPT	outpatient			5464		2132.36 Horizon	NJ Health		191.84				191.84	5190.8	fee schedule	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
EX TUM/VASC MAL SFT TISS H/F SQ	26115	CPT	outpatient			5464		2132.36 Managed Care Inc	Managed Care Inc		4917.6	90			191.84	5190.8	percent of total billed charges	
EX TUM/VASC MAL SFT TISS H/F SQ	26115	CPT	outpatient			5464		2132.36 Multiplan	Multiplan		4371.2	80			191.84	5190.8	percent of total billed charges	
EX TUM/VASC MAL SFT TISS H/F SQ	26115	CPT	outpatient			5464		2132.36 Qualcare	Qualcare		4098	75			191.84	5190.8	percent of total billed charges	
EX TUM/VASC MAL SFT TISS H/F SQ	26115	CPT	outpatient			5464		2132.36 Three Rivers	Three Rivers		5190.8	95			191.84	5190.8	percent of total billed charges	
EX TUM/VASC MAL SFT TISS H/F SQ	26115	CPT	outpatient			5464		2132.36 UHC	Medicaid		1723.89	31.55			191.84	5190.8	percent of total billed charges	
EX TUM/VASC MAL SFT TISS H/F SQ	26115	CPT	outpatient			5464		2132.36 UHC	Medicare		1854.23				191.84	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EX TUM/VASC MAL SFT TISS H/F SQ	26115	CPT	outpatient			5464		2132.36 United	Oxford		2493				191.84	5190.8	case rate	
EX TUM/VASC MAL SFT TISS H/F SQ	26115	CPT	outpatient			5464		2132.36 United	CommercialPPO		2493				191.84	5190.8	case rate	
EX TUM/VASC MAL SFT TISS H/F SQ	26115	CPT	outpatient			5464		2132.36 Wellcare	Medicare		1854.23				191.84	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EX TUM/VASC MAL SFT TISS H/F SQ	26115	CPT	outpatient			5464		2132.36 Wellcare	Medicaid		1723.89	31.55			191.84	5190.8	percent of total billed charges	
EX TUM/VASC MAL SFT TISS H/F SQ	26115	CPT	outpatient			5464		2132.36 WellPoint	WellPoint		1758.32	32.18			191.84	5190.8	percent of total billed charges	
PART EXC. BONE; DISTAL PHALANX	26236	CPT	outpatient			5257		2113.84 Aetna	Medicare		1619.16	30.8			498.98	4994.15	percent of total billed charges	
PART EXC. BONE; DISTAL PHALANX	26236	CPT	outpatient			5257		2113.84 Aetna	Better Health		1658.58	31.55			498.98	4994.15	percent of total billed charges	
PART EXC. BONE; DISTAL PHALANX	26236	CPT	outpatient			5257		2113.84 Aetna	Commercial		2926.29				498.98	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PART EXC. BONE; DISTAL PHALANX	26236	CPT	outpatient			5257		2113.84 Americare	Americare		3942.75	75			498.98	4994.15	percent of total billed charges	
PART EXC. BONE; DISTAL PHALANX	26236	CPT	outpatient			5257		2113.84 Amerihealth	HMO/PPO		3417.05	65			498.98	4994.15	percent of total billed charges	
PART EXC. BONE; DISTAL PHALANX	26236	CPT	outpatient			5257		2113.84 Amerihealth	Medicare		1838.12				498.98	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PART EXC. BONE; DISTAL PHALANX	26236	CPT	outpatient			5257		2113.84 Consumer	Consumer		4994.15	95			498.98	4994.15	percent of total billed charges	
PART EXC. BONE; DISTAL PHALANX	26236	CPT	outpatient			5257		2113.84 Corrections	Corrections		4205.6	80			498.98	4994.15	percent of total billed charges	
PART EXC. BONE; DISTAL PHALANX	26236	CPT	outpatient			5257		2113.84 First Health	First Health		3679.9	70			498.98	4994.15	percent of total billed charges	
PART EXC. BONE; DISTAL PHALANX	26236	CPT	outpatient			5257		2113.84 First Trenton	First Trenton		4731.3	90			498.98	4994.15	percent of total billed charges	
PART EXC. BONE; DISTAL PHALANX	26236	CPT	outpatient			5257		2113.84 Horizon	NJ Health		498.98				498.98	4994.15	fee schedule	
PART EXC. BONE; DISTAL PHALANX	26236	CPT	outpatient			5257		2113.84 Horizon	Indemnity		3420.74				498.98	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PART EXC. BONE; DISTAL PHALANX	26236	CPT	outpatient			5257		2113.84 Horizon	Medicare Blue		1838.12				498.98	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PART EXC. BONE; DISTAL PHALANX	26236	CPT	outpatient			5257		2113.84 Horizon	MGD		3420.74				498.98	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PART EXC. BONE; DISTAL PHALANX	26236	CPT	outpatient			5257		2113.84 Horizon	PPO		3420.74				498.98	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PART EXC. BONE; DISTAL PHALANX	26236	CPT	outpatient			5257		2113.84 Managed Care Inc	Managed Care Inc		4731.3	90			498.98	4994.15	percent of total billed charges	
PART EXC. BONE; DISTAL PHALANX	26236	CPT	outpatient			5257		2113.84 Multiplan	Multiplan		4205.6	80			498.98	4994.15	percent of total billed charges	
PART EXC. BONE; DISTAL PHALANX	26236	CPT	outpatient			5257		2113.84 Qualcare	Qualcare		3942.75	75			498.98	4994.15	percent of total billed charges	
PART EXC. BONE; DISTAL PHALANX	26236	CPT	outpatient			5257		2113.84 Three Rivers	Three Rivers		4994.15	95			498.98	4994.15	percent of total billed charges	
PART EXC. BONE; DISTAL PHALANX	26236	CPT	outpatient			5257		2113.84 UHC	Medicare		1838.12				498.98	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PART EXC. BONE; DISTAL PHALANX	26236	CPT	outpatient			5257		2113.84 UHC	Medicaid		1658.58	31.55			498.98	4994.15	percent of total billed charges	
PART EXC. BONE; DISTAL PHALANX	26236	CPT	outpatient			5257		2113.84 United	Oxford		2493				498.98	4994.15	case rate	
PART EXC. BONE; DISTAL PHALANX	26236	CPT	outpatient			5257		2113.84 United	CommercialPPO		2493				498.98	4994.15	case rate	
PART EXC. BONE; DISTAL PHALANX	26236	CPT	outpatient			5257		2113.84 Wellcare	Medicare		1838.12				498.98	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PART EXC. BONE; DISTAL PHALANX	26236	CPT	outpatient			5257		2113.84 Wellcare	Medicaid		1658.58	31.55			498.98	4994.15	percent of total billed charges	
PART EXC. BONE; DISTAL PHALANX	26236	CPT	outpatient			5257		2113.84 WellPoint	WellPoint		1691.7	32.18			498.98	4994.15	percent of total billed charges	
REPAIR FINGER/HAND TENDON	26350	CPT	outpatient			7738		4257.16 Aetna	Commercial		5893.39				537.66	7351.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR FINGER/HAND TENDON	26350	CPT	outpatient			7738		4257.16 Aetna	Better Health		2441.34	31.55			537.66	7351.1	percent of total billed charges	
REPAIR FINGER/HAND TENDON	26350	CPT	outpatient			7738		4257.16 Aetna	Medicare		3701.88				537.66	7351.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR FINGER/HAND TENDON	26350	CPT	outpatient			7738		4257.16 Americare	Americare		5803.5	75			537.66	7351.1	percent of total billed charges	
REPAIR FINGER/HAND TENDON	26350	CPT	outpatient			7738		4257.16 Amerihealth	HMO/PPO		5029.7	65			537.66	7351.1	percent of total billed charges	
REPAIR FINGER/HAND TENDON	26350	CPT	outpatient			7738		4257.16 Amerihealth	Medicare		3701.88				537.66	7351.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR FINGER/HAND TENDON	26350	CPT	outpatient			7738		4257.16 Consumer	Consumer		7351.1	95			537.66	7351.1	percent of total billed charges	
REPAIR FINGER/HAND TENDON	26350	CPT	outpatient			7738		4257.16 Corrections	Corrections		6190.4	80			537.66	7351.1	percent of total billed charges	
REPAIR FINGER/HAND TENDON	26350	CPT	outpatient			7738		4257.16 First Health	First Health		5416.6	70			537.66	7351.1	percent of total billed charges	
REPAIR FINGER/HAND TENDON	26350	CPT	outpatient			7738		4257.16 First Trenton	First Trenton		6964.2	90			537.66	7351.1	percent of total billed charges	
REPAIR FINGER/HAND TENDON	26350	CPT	outpatient			7738		4257.16 Horizon	MGD		6889.2				537.66	7351.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR FINGER/HAND TENDON	26350	CPT	outpatient			7738		4257.16 Horizon	Indemnity		6889.2				537.66	7351.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR FINGER/HAND TENDON	26350	CPT	outpatient			7738		4257.16 Horizon	NJ Health		537.66				537.66	7351.1	fee schedule	
REPAIR FINGER/HAND TENDON	26350	CPT	outpatient			7738		4257.16 Horizon	PPO		6889.2				537.66	7351.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR FINGER/HAND TENDON	26350	CPT	outpatient			7738		4257.16 Horizon	Medicare Blue		3701.88				537.66	7351.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR FINGER/HAND TENDON	26350	CPT	outpatient			7738		4257.16 Managed Care Inc	Managed Care Inc		6964.2	90			537.66	7351.1	percent of total billed charges	
REPAIR FINGER/HAND TENDON	26350	CPT	outpatient			7738		4257.16 Multiplan	Multiplan		6190.4	80			537.66	7351.1	percent of total billed charges	
REPAIR FINGER/HAND TENDON	26350	CPT	outpatient			7738		4257.16 Qualcare	Qualcare		5803.5	75			537.66	7351.1	percent of total billed charges	
REPAIR FINGER/HAND TENDON	26350	CPT	outpatient			7738		4257.16 Three Rivers	Three Rivers		7351.1	95			537.66	7351.1	percent of total billed charges	
REPAIR FINGER/HAND TENDON	26350	CPT	outpatient			7738		4257.16 UHC	Medicare		3701.88				537.66	7351.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR FINGER/HAND TENDON	26350	CPT	outpatient			7738		4257.16 UHC	Medicaid		2441.34	31.55			537.66	7351.1	percent of total billed charges	
REPAIR FINGER/HAND TENDON	26350	CPT	outpatient			7738		4257.16 United	CommercialPPO		3492				537.66	7351.1	case rate	
REPAIR FINGER/HAND TENDON	26350	CPT	outpatient			7738		4257.16 United	Oxford		3492				537.66	7351.1	case rate	
REPAIR FINGER/HAND TENDON	26350	CPT	outpatient			7738		4257.16 Wellcare	Medicare		3701.88				537.66	7351.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR FINGER/HAND TENDON	26350	CPT	outpatient			7738		4257.16 Wellcare	Medicaid		2441.34	31.55			537.66	7351.1	percent of total billed charges	
REPAIR FINGER/HAND TENDON	26350	CPT	outpatient			7738		4257.16 WellPoint	WellPoint		2490.09	32.18			537.66	7351.1	percent of total billed charges	
REPAIR HAND TENDON	26410	CPT	outpatient			5274		2113.84 Aetna	Commercial		2926.29				427.52	5010.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR HAND TENDON	26410	CPT	outpatient			5274		2113.84 Aetna	Better Health		1663.95	31.55			427.52	5010.3	percent of total billed charges	
REPAIR HAND TENDON	26410	CPT	outpatient			5274		2113.84 Aetna	Medicare		1838.12				427.52	5010.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR HAND TENDON	26410	CPT	outpatient			5274		2113.84 Americare	Americare		3955.5	75			427.52	5010.3	percent of total billed charges	
REPAIR HAND TENDON	26410	CPT	outpatient			5274		2113.84 Amerihealth	HMO/PPO		3428.1	65			427.52	5010.3	percent of total billed charges	
REPAIR HAND TENDON	26410	CPT	outpatient			5274		2113.84 Amerihealth	Medicare		1838.12				427.52	5010.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR HAND TENDON	26410	CPT	outpatient			5274		2113.84 Consumer	Consumer		5010.3	95			427.52	5010.3	percent of total billed charges	
REPAIR HAND TENDON	26410	CPT	outpatient			5274		2113.84 Corrections	Corrections		4219.2	80			427.52	5010.3	percent of total billed charges	
REPAIR HAND TENDON	26410	CPT	outpatient			5274		2113.84 First Health	First Health		3691.8	70			427.52	5010.3	percent of total billed charges	
REPAIR HAND TENDON	26410	CPT	outpatient			5274		2113.84 First Trenton	First Trenton		4746.6	90			427.52	5010.3	percent of total billed charges	
REPAIR HAND TENDON	26410	CPT	outpatient			5274		2113.84 Horizon	PPO		3420.74				427.52	5010.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR HAND TENDON	26410	CPT	outpatient			5274		2113.84 Horizon	MGD		3420.74				427.52	5010.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR HAND TENDON	26410	CPT	outpatient			5274		2113.84 Horizon	Indemnity		3420.74				427.52	5010.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR HAND TENDON	26410	CPT	outpatient			5274		2113.84 Horizon	NJ Health		427.52				427.52	5010.3	fee schedule	
REPAIR HAND TENDON	26410	CPT	outpatient			5274		2113.84 Horizon	Medicare Blue		1838.12				427.52	5010.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR HAND TENDON	26410	CPT	outpatient			5274		2113.84 Managed Care Inc	Managed Care Inc		4746.6	90			427.52	5010.3	percent of total billed charges	
REPAIR HAND TENDON	26410	CPT	outpatient			5274		2113.84 Multiplan	Multiplan		4219.2	80			427.52	5010.3	percent of total billed charges	
REPAIR HAND TENDON	26410	CPT	outpatient			5274		2113.84 Qualcare	Qualcare		3955.5	75			427.52	5010.3	percent of total billed charges	
REPAIR HAND TENDON	26410	CPT	outpatient			5274		2113.84 Three Rivers	Three Rivers		5010.3	95			427.52	5010.3	percent of total billed charges	
REPAIR HAND TENDON	26410	CPT	outpatient			5274		2113.84 UHC	Medicare		1838.12				427.52	5010.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR HAND TENDON	26410	CPT	outpatient			5274		2113.84 UHC	Medicaid		1663.95	31.55			427.52	5010.3	percent of total billed charges	
REPAIR HAND TENDON	26410	CPT	outpatient			5274		2113.84 United	Oxford		2493				427.52	5010.3	case rate	
REPAIR HAND TENDON	26410	CPT	outpatient			5274		2113.84 United	CommercialPPO		2493				427.52	5010.3	case rate	
REPAIR HAND TENDON	26410	CPT	outpatient			5274		2113.84 Wellcare	Medicaid		1663.95	31.55			427.52	5010.3	percent of total billed charges	
REPAIR HAND TENDON	26410	CPT	outpatient			5274		2113.84 Wellcare	Medicare		1838.12				427.52	5010.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR HAND TENDON	26410	CPT	outpatient			5274		2113.84 WellPoint	WellPoint		1697.17	32.18			427.52	5010.3	percent of total billed charges	
TENDON REPAIR	26418	CPT	outpatient			6724		2113.84 Aetna	Better Health		2121.42	31.55			332.64	6387.8	percent of total billed charges	
TENDON REPAIR	26418	CPT	outpatient			6724		2113.84 Aetna	Commercial		2926.29				332.64	6387.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENDON REPAIR	26418	CPT	outpatient			6724		2113.84 Aetna	Medicare		1838.12				332.64	6387.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENDON REPAIR	26418	CPT	outpatient			6724		2113.84 Americare	Americare		5043	75			332.64	6387.8	percent of total billed charges	
TENDON REPAIR	26418	CPT	outpatient			6724		2113.84 Amerihealth	HMO/PPO		4370.6	65			332.64	6387.8	percent of total billed charges	
TENDON REPAIR	26418	CPT	outpatient			6724		2113.84 Amerihealth	Medicare		1838.12				332.64	6387.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENDON REPAIR	26418	CPT	outpatient			6724		2113.84 Consumer	Consumer		6387.8	95			332.64	6387.8	percent of total billed charges	
TENDON REPAIR	26418	CPT	outpatient			6724		2113.84 Corrections	Corrections		5379.2	80			332.64	6387.8	percent of total billed charges	
TENDON REPAIR	26418	CPT	outpatient			6724		2113.84 First Health	First Health		4706.8	70			332.64	6387.8	percent of total billed charges	
TENDON REPAIR	26418	CPT	outpatient			6724		2113.84 First Trenton	First Trenton		6051.6	90			332.64	6387.8	percent of total billed charges	
TENDON REPAIR	26418	CPT	outpatient			6724		2113.84 Horizon	Indemnity		3420.74				332.64	6387.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENDON REPAIR	26418	CPT	outpatient			6724		2113.84 Horizon	NJ Health		332.64				332.64	6387.8	fee schedule	
TENDON REPAIR	26418	CPT	outpatient			6724		2113.84 Horizon	PPO		3420.74				332.64	6387.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENDON REPAIR	26418	CPT	outpatient			6724		2113.84 Horizon	Medicare Blue		1838.12				332.64	6387.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENDON REPAIR	26418	CPT	outpatient			6724		2113.84 Horizon	MGD		3420.74				332.64	6387.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENDON REPAIR	26418	CPT	outpatient			6724		2113.84 Managed Care Inc	Managed Care Inc		6051.6	90			332.64	6387.8	percent of total billed charges	
TENDON REPAIR	26418	CPT	outpatient			6724		2113.84 Multiplan	Multiplan		5379.2	80			332.64	6387.8	percent of total billed charges	
TENDON REPAIR	26418	CPT	outpatient			6724		2113.84 Qualcare	Qualcare		5043	75			332.64	6387.8	percent of total billed charges	
TENDON REPAIR	26418	CPT	outpatient			6724		2113.84 Three Rivers	Three Rivers		6387.8	95			332.64	6387.8	percent of total billed charges	
TENDON REPAIR	26418	CPT	outpatient			6724		2113.84 UHC	Medicare		1838.12				332.64	6387.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENDON REPAIR	26418	CPT	outpatient			6724		2113.84 UHC	Medicaid		2121.42	31.55			332.64	6387.8	percent of total billed charges	
TENDON REPAIR	26418	CPT	outpatient			6724		2113.84 United	CommercialPPO		2493				332.64	6387.8	case rate	
TENDON REPAIR	26418	CPT	outpatient			6724		2113.84 United	Oxford		2493				332.64	6387.8	case rate	
TENDON REPAIR	26418	CPT	outpatient			6724		2113.84 Wellcare	Medicare		1838.12				332.64	6387.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENDON REPAIR	26418	CPT	outpatient			6724		2113.84 Wellcare	Medicaid		2121.42	31.55			332.64	6387.8	percent of total billed charges	
TENDON REPAIR	26418	CPT	outpatient			6724		2113.84 WellPoint	WellPoint		2163.78	32.18			332.64	6387.8	percent of total billed charges	
TENOLYSIS, FINGER	26440	CPT	outpatient			5471		2113.84 Aetna	Medicare		1838.12				677.43	5197.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENOLYSIS, FINGER	26440	CPT	outpatient			5471		2113.84 Aetna	Commercial		2926.29				677.43	5197.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENOLYSIS, FINGER	26440	CPT	outpatient			5471		2113.84 Aetna	Better Health		1726.1	31.55			677.43	5197.45	percent of total billed charges	
TENOLYSIS, FINGER	26440	CPT	outpatient			5471		2113.84 Americare	Americare		4103.25	75			677.43	5197.45	percent of total billed charges	
TENOLYSIS, FINGER	26440	CPT	outpatient			5471		2113.84 Amerihealth	Medicare		1838.12				677.43	5197.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENOLYSIS, FINGER	26440	CPT	outpatient			5471		2113.84 Amerihealth	HMO/PPO		3556.15	65			677.43	5197.45	percent of total billed charges	
TENOLYSIS, FINGER	26440	CPT	outpatient			5471		2113.84 Consumer	Consumer		5197.45	95			677.43	5197.45	percent of total billed charges	
TENOLYSIS, FINGER	26440	CPT	outpatient			5471		2113.84 Corrections	Corrections		4376.8	80			677.43	5197.45	percent of total billed charges	
TENOLYSIS, FINGER	26440	CPT	outpatient			5471		2113.84 First Health	First Health		3829.7	70			677.43	5197.45	percent of total billed charges	
TENOLYSIS, FINGER	26440	CPT	outpatient			5471		2113.84 First Trenton	First Trenton		4923.9	90			677.43	5197.45	percent of total billed charges	
TENOLYSIS, FINGER	26440	CPT	outpatient			5471		2113.84 Horizon	MGD		3420.74				677.43	5197.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENOLYSIS, FINGER	26440	CPT	outpatient			5471		2113.84 Horizon	Indemnity		3420.74				677.43	5197.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENOLYSIS, FINGER	26440	CPT	outpatient			5471		2113.84 Horizon	NJ Health		677.43				677.43	5197.45	fee schedule	
TENOLYSIS, FINGER	26440	CPT	outpatient			5471		2113.84 Horizon	Medicare Blue		1838.12				677.43	5197.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENOLYSIS, FINGER	26440	CPT	outpatient			5471		2113.84 Horizon	PPO		3420.74				677.43	5197.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENOLYSIS, FINGER	26440	CPT	outpatient			5471		2113.84 Managed Care Inc	Managed Care Inc		4923.9	90			677.43	5197.45	percent of total billed charges	
TENOLYSIS, FINGER	26440	CPT	outpatient			5471		2113.84 Multiplan	Multiplan		4376.8	80			677.43	5197.45	percent of total billed charges	
TENOLYSIS, FINGER	26440	CPT	outpatient			5471		2113.84 Qualcare	Qualcare		4103.25	75			677.43	5197.45	percent of total billed charges	
TENOLYSIS, FINGER	26440	CPT	outpatient			5471		2113.84 Three Rivers	Three Rivers		5197.45	95			677.43	5197.45	percent of total billed charges	
TENOLYSIS, FINGER	26440	CPT	outpatient			5471		2113.84 UHC	Medicare		1838.12				677.43	5197.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENOLYSIS, FINGER	26440	CPT	outpatient			5471		2113.84 UHC	Medicaid		1726.1	31.55			677.43	5197.45	percent of total billed charges	
TENOLYSIS, FINGER	26440	CPT	outpatient			5471		2113.84 United	CommercialPPO		2493				677.43	5197.45	case rate	
TENOLYSIS, FINGER	26440	CPT	outpatient			5471		2113.84 United	Oxford		2493				677.43	5197.45	case rate	
TENOLYSIS, FINGER	26440	CPT	outpatient			5471		2113.84 Wellcare	Medicare		1838.12				677.43	5197.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENOLYSIS, FINGER	26440	CPT	outpatient			5471		2113.84 Wellcare	Medicaid		1726.1	31.55			677.43	5197.45	percent of total billed charges	
TENOLYSIS, FINGER	26440	CPT	outpatient			5471		2113.84 WellPoint	WellPoint		1760.57	32.18			677.43	5197.45	percent of total billed charges	
RADIAL HEAD SUBLUX (NURSEMAID)	26460	CPT	outpatient			5229		2113.84 Aetna	Medicare		1838.12				326.88	4967.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIAL HEAD SUBLUX (NURSEMAID)	26460	CPT	outpatient			5229		2113.84 Aetna	Better Health		1649.75	31.55			326.88	4967.55	percent of total billed charges	
RADIAL HEAD SUBLUX (NURSEMAID)	26460	CPT	outpatient			5229		2113.84 Aetna	Commercial		2926.29				326.88	4967.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIAL HEAD SUBLUX (NURSEMAID)	26460	CPT	outpatient			5229		2113.84 Americare	Americare		3921.75	75			326.88	4967.55	percent of total billed charges	
RADIAL HEAD SUBLUX (NURSEMAID)	26460	CPT	outpatient			5229		2113.84 Amerihealth	Medicare		1838.12				326.88	4967.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIAL HEAD SUBLUX (NURSEMAID)	26460	CPT	outpatient			5229		2113.84 Amerihealth	HMO/PPO		3398.85	65			326.88	4967.55	percent of total billed charges	
RADIAL HEAD SUBLUX (NURSEMAID)	26460	CPT	outpatient			5229		2113.84 Consumer	Consumer		4967.55	95			326.88	4967.55	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
RADIAL HEAD SUBLUX (NURSEMAID)	26460	CPT	outpatient			5229		Corrections	Corrections		4183.2	80			326.88	4967.55	percent of total billed charges	
RADIAL HEAD SUBLUX (NURSEMAID)	26460	CPT	outpatient			5229		First Health	First Health		3660.3	70			326.88	4967.55	percent of total billed charges	
RADIAL HEAD SUBLUX (NURSEMAID)	26460	CPT	outpatient			5229		First Trenton	First Trenton		4706.1	90			326.88	4967.55	percent of total billed charges	
RADIAL HEAD SUBLUX (NURSEMAID)	26460	CPT	outpatient			5229		Horizon	Indemnity		3420.74				326.88	4967.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIAL HEAD SUBLUX (NURSEMAID)	26460	CPT	outpatient			5229		Horizon	NJ Health		326.88				326.88	4967.55	fee schedule	
RADIAL HEAD SUBLUX (NURSEMAID)	26460	CPT	outpatient			5229		Horizon	MGD		3420.74				326.88	4967.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIAL HEAD SUBLUX (NURSEMAID)	26460	CPT	outpatient			5229		Horizon	PPO		3420.74				326.88	4967.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIAL HEAD SUBLUX (NURSEMAID)	26460	CPT	outpatient			5229		Horizon	Medicare Blue		1838.12				326.88	4967.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIAL HEAD SUBLUX (NURSEMAID)	26460	CPT	outpatient			5229		Managed Care Inc	Managed Care Inc		4706.1	90			326.88	4967.55	percent of total billed charges	
RADIAL HEAD SUBLUX (NURSEMAID)	26460	CPT	outpatient			5229		Multiplan	Multiplan		4183.2	80			326.88	4967.55	percent of total billed charges	
RADIAL HEAD SUBLUX (NURSEMAID)	26460	CPT	outpatient			5229		Qualcare	Qualcare		3921.75	75			326.88	4967.55	percent of total billed charges	
RADIAL HEAD SUBLUX (NURSEMAID)	26460	CPT	outpatient			5229		Three Rivers	Three Rivers		4967.55	95			326.88	4967.55	percent of total billed charges	
RADIAL HEAD SUBLUX (NURSEMAID)	26460	CPT	outpatient			5229		UHC	Medicare		1838.12				326.88	4967.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIAL HEAD SUBLUX (NURSEMAID)	26460	CPT	outpatient			5229		UHC	Medicaid		1649.75	31.55			326.88	4967.55	percent of total billed charges	
RADIAL HEAD SUBLUX (NURSEMAID)	26460	CPT	outpatient			5229		United	Oxford		2493				326.88	4967.55	case rate	
RADIAL HEAD SUBLUX (NURSEMAID)	26460	CPT	outpatient			5229		United	Commercial|PPO		2493				326.88	4967.55	case rate	
RADIAL HEAD SUBLUX (NURSEMAID)	26460	CPT	outpatient			5229		Wellcare	Medicare		1838.12				326.88	4967.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIAL HEAD SUBLUX (NURSEMAID)	26460	CPT	outpatient			5229		Wellcare	Medicaid		1649.75	31.55			326.88	4967.55	percent of total billed charges	
RADIAL HEAD SUBLUX (NURSEMAID)	26460	CPT	outpatient			5229		WellPoint	WellPoint		1682.69	32.18			326.88	4967.55	percent of total billed charges	
CAPSULODESIS MCP JNT; 1 DIGIT	26516	CPT	outpatient			7703		Aetna	Better Health		2430.3	31.55			689.04	7317.85	percent of total billed charges	
CAPSULODESIS MCP JNT; 1 DIGIT	26516	CPT	outpatient			7703		Aetna	Medicare		2372.52	30.8			689.04	7317.85	percent of total billed charges	
CAPSULODESIS MCP JNT; 1 DIGIT	26516	CPT	outpatient			7703		Aetna	Commercial		5893.39				689.04	7317.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CAPSULODESIS MCP JNT; 1 DIGIT	26516	CPT	outpatient			7703		Americare	Americare		5777.25	75			689.04	7317.85	percent of total billed charges	
CAPSULODESIS MCP JNT; 1 DIGIT	26516	CPT	outpatient			7703		Amerihealth	HMO|PPO		5006.95	65			689.04	7317.85	percent of total billed charges	
CAPSULODESIS MCP JNT; 1 DIGIT	26516	CPT	outpatient			7703		Amerihealth	Medicare		3701.88				689.04	7317.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CAPSULODESIS MCP JNT; 1 DIGIT	26516	CPT	outpatient			7703		Consumer	Consumer		7317.85	95			689.04	7317.85	percent of total billed charges	
CAPSULODESIS MCP JNT; 1 DIGIT	26516	CPT	outpatient			7703		Corrections	Corrections		6162.4	80			689.04	7317.85	percent of total billed charges	
CAPSULODESIS MCP JNT; 1 DIGIT	26516	CPT	outpatient			7703		First Health	First Health		5362.1	70			689.04	7317.85	percent of total billed charges	
CAPSULODESIS MCP JNT; 1 DIGIT	26516	CPT	outpatient			7703		First Trenton	First Trenton		6932.7	90			689.04	7317.85	percent of total billed charges	
CAPSULODESIS MCP JNT; 1 DIGIT	26516	CPT	outpatient			7703		Horizon	MGD		6889.2				689.04	7317.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CAPSULODESIS MCP JNT; 1 DIGIT	26516	CPT	outpatient			7703		Horizon	Indemnity		6889.2				689.04	7317.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CAPSULODESIS MCP JNT; 1 DIGIT	26516	CPT	outpatient			7703		Horizon	PPO		6889.2				689.04	7317.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CAPSULODESIS MCP JNT; 1 DIGIT	26516	CPT	outpatient			7703		Horizon	NJ Health		689.04				689.04	7317.85	fee schedule	
CAPSULODESIS MCP JNT; 1 DIGIT	26516	CPT	outpatient			7703		Horizon	Medicare Blue		3701.88				689.04	7317.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CAPSULODESIS MCP JNT; 1 DIGIT	26516	CPT	outpatient			7703		Managed Care Inc	Managed Care Inc		6932.7	90			689.04	7317.85	percent of total billed charges	
CAPSULODESIS MCP JNT; 1 DIGIT	26516	CPT	outpatient			7703		Multiplan	Multiplan		6162.4	80			689.04	7317.85	percent of total billed charges	
CAPSULODESIS MCP JNT; 1 DIGIT	26516	CPT	outpatient			7703		Qualcare	Qualcare		5777.25	75			689.04	7317.85	percent of total billed charges	
CAPSULODESIS MCP JNT; 1 DIGIT	26516	CPT	outpatient			7703		Three Rivers	Three Rivers		7317.85	95			689.04	7317.85	percent of total billed charges	
CAPSULODESIS MCP JNT; 1 DIGIT	26516	CPT	outpatient			7703		UHC	Medicaid		2430.3	31.55			689.04	7317.85	percent of total billed charges	
CAPSULODESIS MCP JNT; 1 DIGIT	26516	CPT	outpatient			7703		UHC	Medicare		3701.88				689.04	7317.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CAPSULODESIS MCP JNT; 1 DIGIT	26516	CPT	outpatient			7703		United	Oxford		3492				689.04	7317.85	case rate	
CAPSULODESIS MCP JNT; 1 DIGIT	26516	CPT	outpatient			7703		United	Commercial|PPO		3492				689.04	7317.85	case rate	
CAPSULODESIS MCP JNT; 1 DIGIT	26516	CPT	outpatient			7703		Wellcare	Medicare		3701.88				689.04	7317.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CAPSULODESIS MCP JNT; 1 DIGIT	26516	CPT	outpatient			7703		Wellcare	Medicaid		2430.3	31.55			689.04	7317.85	percent of total billed charges	
CAPSULODESIS MCP JNT; 1 DIGIT	26516	CPT	outpatient			7703		WellPoint	WellPoint		2478.83	32.18			689.04	7317.85	percent of total billed charges	
REP & RECNSTR FINGER VP IP JNT	26548	CPT	outpatient			9971		Aetna	Better Health		3145.85	31.55			861.3	9472.45	percent of total billed charges	
REP & RECNSTR FINGER VP IP JNT	26548	CPT	outpatient			9971		Aetna	Medicare		3701.88				861.3	9472.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP & RECNSTR FINGER VP IP JNT	26548	CPT	outpatient			9971		Aetna	Commercial		5893.39				861.3	9472.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP & RECNSTR FINGER VP IP JNT	26548	CPT	outpatient			9971		Americare	Americare		7478.25	75			861.3	9472.45	percent of total billed charges	
REP & RECNSTR FINGER VP IP JNT	26548	CPT	outpatient			9971		Amerihealth	Medicare		3701.88				861.3	9472.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP & RECNSTR FINGER VP IP JNT	26548	CPT	outpatient			9971		Amerihealth	HMO|PPO		6481.15	65			861.3	9472.45	percent of total billed charges	
REP & RECNSTR FINGER VP IP JNT	26548	CPT	outpatient			9971		Consumer	Consumer		9472.45	95			861.3	9472.45	percent of total billed charges	
REP & RECNSTR FINGER VP IP JNT	26548	CPT	outpatient			9971		Corrections	Corrections		7976.8	80			861.3	9472.45	percent of total billed charges	
REP & RECNSTR FINGER VP IP JNT	26548	CPT	outpatient			9971		First Health	First Health		6979.7	70			861.3	9472.45	percent of total billed charges	
REP & RECNSTR FINGER VP IP JNT	26548	CPT	outpatient			9971		First Trenton	First Trenton		8973.9	90			861.3	9472.45	percent of total billed charges	
REP & RECNSTR FINGER VP IP JNT	26548	CPT	outpatient			9971		Horizon	Indemnity		6889.2				861.3	9472.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP & RECNSTR FINGER VP IP JNT	26548	CPT	outpatient			9971		Horizon	MGD		6889.2				861.3	9472.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP & RECNSTR FINGER VP IP JNT	26548	CPT	outpatient			9971		Horizon	PPO		6889.2				861.3	9472.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP & RECNSTR FINGER VP IP JNT	26548	CPT	outpatient			9971		Horizon	Medicare Blue		3701.88				861.3	9472.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP & RECNSTR FINGER VP IP JNT	26548	CPT	outpatient			9971		Horizon	NJ Health		861.3				861.3	9472.45	fee schedule	
REP & RECNSTR FINGER VP IP JNT	26548	CPT	outpatient			9971		Managed Care Inc	Managed Care Inc		8973.9	90			861.3	9472.45	percent of total billed charges	
REP & RECNSTR FINGER VP IP JNT	26548	CPT	outpatient			9971		Multiplan	Multiplan		7976.8	80			861.3	9472.45	percent of total billed charges	
REP & RECNSTR FINGER VP IP JNT	26548	CPT	outpatient			9971		Qualcare	Qualcare		7478.25	75			861.3	9472.45	percent of total billed charges	
REP & RECNSTR FINGER VP IP JNT	26548	CPT	outpatient			9971		Three Rivers	Three Rivers		9472.45	95			861.3	9472.45	percent of total billed charges	
REP & RECNSTR FINGER VP IP JNT	26548	CPT	outpatient			9971		UHC	Medicare		3701.88				861.3	9472.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP & RECNSTR FINGER VP IP JNT	26548	CPT	outpatient			9971		UHC	Medicaid		3145.85	31.55			861.3	9472.45	percent of total billed charges	
REP & RECNSTR FINGER VP IP JNT	26548	CPT	outpatient			9971		United	Oxford		3492				861.3	9472.45	case rate	
REP & RECNSTR FINGER VP IP JNT	26548	CPT	outpatient			9971		United	Commercial|PPO		3492				861.3	9472.45	case rate	
REP & RECNSTR FINGER VP IP JNT	26548	CPT	outpatient			9971		Wellcare	Medicare		3701.88				861.3	9472.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP & RECNSTR FINGER VP IP JNT	26548	CPT	outpatient			9971		Wellcare	Medicaid		3145.85	31.55			861.3	9472.45	percent of total billed charges	
REP & RECNSTR FINGER VP IP JNT	26548	CPT	outpatient			9971		WellPoint	WellPoint		3208.67	32.18			861.3	9472.45	percent of total billed charges	
REM SUPRANUMRY DGTS S & BONE	26587	CPT	outpatient			10846		Aetna	Commercial		5893.39				277.34	10303.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM SUPRANUMRY DGTS S & BONE	26587	CPT	outpatient			10846		Aetna	Better Health		3421.91	31.55			277.34	10303.7	percent of total billed charges	
REM SUPRANUMRY DGTS S & BONE	26587	CPT	outpatient			10846		Aetna	Medicare		3701.88				277.34	10303.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM SUPRANUMRY DGTS S & BONE	26587	CPT	outpatient			10846		Americare	Americare		8134.5	75			277.34	10303.7	percent of total billed charges	
REM SUPRANUMRY DGTS S & BONE	26587	CPT	outpatient			10846		Amerihealth	Medicare		3701.88				277.34	10303.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM SUPRANUMRY DGTS S & BONE	26587	CPT	outpatient			10846		Amerihealth	HMO|PPO		7049.9	65			277.34	10303.7	percent of total billed charges	
REM SUPRANUMRY DGTS S & BONE	26587	CPT	outpatient			10846		Consumer	Consumer		10303.7	95			277.34	10303.7	percent of total billed charges	
REM SUPRANUMRY DGTS S & BONE	26587	CPT	outpatient			10846		Corrections	Corrections		8676.8	80			277.34	10303.7	percent of total billed charges	
REM SUPRANUMRY DGTS S & BONE	26587	CPT	outpatient			10846		First Health	First Health		7592.2	70			277.34	10303.7	percent of total billed charges	
REM SUPRANUMRY DGTS S & BONE	26587	CPT	outpatient			10846		First Trenton	First Trenton		9761.4	90			277.34	10303.7	percent of total billed charges	
REM SUPRANUMRY DGTS S & BONE	26587	CPT	outpatient			10846		Horizon	Medicare Blue		3701.88				277.34	10303.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM SUPRANUMRY DGTS S & BONE	26587	CPT	outpatient			10846		Horizon	MGD		6889.2				277.34	10303.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM SUPRANUMRY DGTS S & BONE	26587	CPT	outpatient			10846		Horizon	NJ Health		277.34				277.34	10303.7	fee schedule	
REM SUPRANUMRY DGTS S & BONE	26587	CPT	outpatient			10846		Horizon	Indemnity		6889.2				277.34	10303.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM SUPRANUMRY DGTS S & BONE	26587	CPT	outpatient			10846		Horizon	PPO		6889.2				277.34	10303.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM SUPRANUMRY DGTS S & BONE	26587	CPT	outpatient			10846		Managed Care Inc	Managed Care Inc		9761.4	90			277.34	10303.7	percent of total billed charges	
REM SUPRANUMRY DGTS S & BONE	26587	CPT	outpatient			10846		Multiplan	Multiplan		8676.8	80			277.34	10303.7	percent of total billed charges	
REM SUPRANUMRY DGTS S & BONE	26587	CPT	outpatient			10846		Qualcare	Qualcare		8134.5	75			277.34	10303.7	percent of total billed charges	
REM SUPRANUMRY DGTS S & BONE	26587	CPT	outpatient			10846		Three Rivers	Three Rivers		10303.7	95			277.34	10303.7	percent of total billed charges	
REM SUPRANUMRY DGTS S & BONE	26587	CPT	outpatient			10846		UHC	Medicare		3701.88				277.34	10303.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM SUPRANUMRY DGTS S & BONE	26587	CPT	outpatient			10846		UHC	Medicaid		3421.91	31.55			277.34	10303.7	percent of total billed charges	
REM SUPRANUMRY DGTS S & BONE	26587	CPT	outpatient			10846		United	CommercialIPPO		2493				277.34	10303.7	case rate	
REM SUPRANUMRY DGTS S & BONE	26587	CPT	outpatient			10846		United	Oxford		2493				277.34	10303.7	case rate	
REM SUPRANUMRY DGTS S & BONE	26587	CPT	outpatient			10846		Wellcare	Medicare		3701.88				277.34	10303.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM SUPRANUMRY DGTS S & BONE	26587	CPT	outpatient			10846		Wellcare	Medicaid		3421.91	31.55			277.34	10303.7	percent of total billed charges	
REM SUPRANUMRY DGTS S & BONE	26587	CPT	outpatient			10846		WellPoint	WellPoint		3490.24	32.18			277.34	10303.7	percent of total billed charges	
REPR INTRIN MUSC HAND	26591	CPT	outpatient			10388		Aetna	Better Health		3277.41	31.55			743.85	9868.6	percent of total billed charges	
REPR INTRIN MUSC HAND	26591	CPT	outpatient			10388		Aetna	Medicare		3701.88				743.85	9868.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPR INTRIN MUSC HAND	26591	CPT	outpatient			10388		Aetna	Commercial		5893.39				743.85	9868.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPR INTRIN MUSC HAND	26591	CPT	outpatient			10388		Americare	Americare		7791	75			743.85	9868.6	percent of total billed charges	
REPR INTRIN MUSC HAND	26591	CPT	outpatient			10388		Amerihealth	HMO|PPO		6752.2	65			743.85	9868.6	percent of total billed charges	
REPR INTRIN MUSC HAND	26591	CPT	outpatient			10388		Amerihealth	Medicare		3701.88				743.85	9868.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPR INTRIN MUSC HAND	26591	CPT	outpatient			10388		Consumer	Consumer		9868.6	95			743.85	9868.6	percent of total billed charges	
REPR INTRIN MUSC HAND	26591	CPT	outpatient			10388		Corrections	Corrections		8310.4	80			743.85	9868.6	percent of total billed charges	
REPR INTRIN MUSC HAND	26591	CPT	outpatient			10388		First Health	First Health		7271.6	70			743.85	9868.6	percent of total billed charges	
REPR INTRIN MUSC HAND	26591	CPT	outpatient			10388		First Trenton	First Trenton		9349.2	90			743.85	9868.6	percent of total billed charges	
REPR INTRIN MUSC HAND	26591	CPT	outpatient			10388		Horizon	Indemnity		6889.2				743.85	9868.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPR INTRIN MUSC HAND	26591	CPT	outpatient			10388		Horizon	NJ Health		743.85				743.85	9868.6	fee schedule	
REPR INTRIN MUSC HAND	26591	CPT	outpatient			10388		Horizon	MGD		6889.2				743.85	9868.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPR INTRIN MUSC HAND	26591	CPT	outpatient			10388		Horizon	PPO		6889.2				743.85	9868.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPR INTRIN MUSC HAND	26591	CPT	outpatient			10388		Horizon	Medicare Blue		3701.88				743.85	9868.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPR INTRIN MUSC HAND	26591	CPT	outpatient			10388		Managed Care Inc	Managed Care Inc		9349.2	90			743.85	9868.6	percent of total billed charges	
REPR INTRIN MUSC HAND	26591	CPT	outpatient			10388		Multiplan	Multiplan		8310.4	80			743.85	9868.6	percent of total billed charges	
REPR INTRIN MUSC HAND	26591	CPT	outpatient			10388		Qualcare	Qualcare		7791	75			743.85	9868.6	percent of total billed charges	
REPR INTRIN MUSC HAND	26591	CPT	outpatient			10388		Three Rivers	Three Rivers		9868.6	95			743.85	9868.6	percent of total billed charges	
REPR INTRIN MUSC HAND	26591	CPT	outpatient			10388		UHC	Medicaid		3277.41	31.55			743.85	9868.6	percent of total billed charges	
REPR INTRIN MUSC HAND	26591	CPT	outpatient			10388		UHC	Medicare		3701.88				743.85	9868.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPR INTRIN MUSC HAND	26591	CPT	outpatient			10388		United	CommercialIPPO		2776				743.85	9868.6	case rate	
REPR INTRIN MUSC HAND	26591	CPT	outpatient			10388		United	Oxford		2776				743.85	9868.6	case rate	
REPR INTRIN MUSC HAND	26591	CPT	outpatient			10388		Wellcare	Medicare		3701.88				743.85	9868.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPR INTRIN MUSC HAND	26591	CPT	outpatient			10388		Wellcare	Medicaid		3277.41	31.55			743.85	9868.6	percent of total billed charges	
REPR INTRIN MUSC HAND	26591	CPT	outpatient			10388		WellPoint	WellPoint		3342.86	32.18			743.85	9868.6	percent of total billed charges	
METCARPL FX SNGL W/O MANIP,EA	26600	CPT	outpatient			1066		Aetna	Commercial		429.36				176.18	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
METCARPL FX SNGL W/O MANIP,EA	26600	CPT	outpatient			1066		Aetna	Better Health		336.32	31.55			176.18	1782	percent of total billed charges	
METCARPL FX SNGL W/O MANIP,EA	26600	CPT	outpatient			1066		Aetna	Medicare		269.7				176.18	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
METCARPL FX SNGL W/O MANIP,EA	26600	CPT	outpatient			1066		Americare	Americare		799.5	75			176.18	1782	percent of total billed charges	
METCARPL FX SNGL W/O MANIP,EA	26600	CPT	outpatient			1066		Amerihealth	HMO|PPO		692.9	65			176.18	1782	percent of total billed charges	
METCARPL FX SNGL W/O MANIP,EA	26600	CPT	outpatient			1066		Amerihealth	Medicare		269.7				176.18	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
METCARPL FX SNGL W/O MANIP,EA	26600	CPT	outpatient			1066		Consumer	Consumer		1012.7	95			176.18	1782	percent of total billed charges	
METCARPL FX SNGL W/O MANIP,EA	26600	CPT	outpatient			1066		Corrections	Corrections		852.8	80			176.18	1782	percent of total billed charges	
METCARPL FX SNGL W/O MANIP,EA	26600	CPT	outpatient			1066		First Health	First Health		746.2	70			176.18	1782	percent of total billed charges	
METCARPL FX SNGL W/O MANIP,EA	26600	CPT	outpatient			1066		First Trenton	First Trenton		959.4	90			176.18	1782	percent of total billed charges	
METCARPL FX SNGL W/O MANIP,EA	26600	CPT	outpatient			1066		Horizon	MGD		501.91				176.18	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
METCARPL FX SNGL W/O MANIP,EA	26600	CPT	outpatient			1066		Horizon	Indemnity		501.91				176.18	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
METCARPL FX SNGL W/O MANIP,EA	26600	CPT	outpatient			1066		Horizon	Medicare Blue		269.7				176.18	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
METCARPL FX SNGL W/O MANIP,EA	26600	CPT	outpatient			1066		Horizon	NJ Health		176.18				176.18	1782	fee schedule	
METCARPL FX SNGL W/O MANIP,EA	26600	CPT	outpatient			1066		Horizon	PPO		501.91				176.18	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
METCARPL FX SNGL W/O MANIP,EA	26600	CPT	outpatient			1066		Managed Care Inc	Managed Care Inc		959.4	90			176.18	1782	percent of total billed charges	
METCARPL FX SNGL W/O MANIP,EA	26600	CPT	outpatient			1066		Multiplan	Multiplan		852.8	80			176.18	1782	percent of total billed charges	
METCARPL FX SNGL W/O MANIP,EA	26600	CPT	outpatient			1066		Qualcare	Qualcare		799.5	75			176.18	1782	percent of total billed charges	
METCARPL FX SNGL W/O MANIP,EA	26600	CPT	outpatient			1066		Three Rivers	Three Rivers		1012.7	95			176.18	1782	percent of total billed charges	
METCARPL FX SNGL W/O MANIP,EA	26600	CPT	outpatient			1066		UHC	Medicare		269.7				176.18	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
METCARPL FX SNGL W/O MANIP,EA	26600	CPT	outpatient			1066		UHC	Medicaid		336.32	31.55			176.18	1782	percent of total billed charges	
METCARPL FX SNGL W/O MANIP,EA	26600	CPT	outpatient			1066		United	CommercialIPPO		1782				176.18	1782	case rate	
METCARPL FX SNGL W/O MANIP,EA	26600	CPT	outpatient			1066		United	Oxford		1782				176.18	1782	case rate	
METCARPL FX SNGL W/O MANIP,EA	26600	CPT	outpatient			1066		Wellcare	Medicare		269.7				176.18	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
METCARPL FX SNGL W/O MANIP,EA	26600	CPT	outpatient			1066		Wellcare	Medicaid		336.32	31.55			176.18	1782	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
METCARPL FX SNGL W/O MANIP,EA	26600	CPT	outpatient			1066		310.16	WellPoint		343.04	32.18			176.18	1782	percent of total billed charges	
METCARPL FX SNGL W/MANIP,EA BO	26605	CPT	outpatient			2926		310.16	Aetna		Medicare	901.21	30.8			232.23	2779.7	percent of total billed charges	
METCARPL FX SNGL W/MANIP,EA BO	26605	CPT	outpatient			2926		310.16	Aetna		Better Health	923.15	31.55			232.23	2779.7	percent of total billed charges	
METCARPL FX SNGL W/MANIP,EA BO	26605	CPT	outpatient			2926		310.16	Aetna		Commercial	429.36				232.23	2779.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
METCARPL FX SNGL W/MANIP,EA BO	26605	CPT	outpatient			2926		310.16	Americare		Americare	2194.5	75			232.23	2779.7	percent of total billed charges	
METCARPL FX SNGL W/MANIP,EA BO	26605	CPT	outpatient			2926		310.16	Amerihealth		HMO/PPO	1901.9	65			232.23	2779.7	percent of total billed charges	
METCARPL FX SNGL W/MANIP,EA BO	26605	CPT	outpatient			2926		310.16	Amerihealth		Medicare	269.7				232.23	2779.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
METCARPL FX SNGL W/MANIP,EA BO	26605	CPT	outpatient			2926		310.16	Consumer		Consumer	2779.7	95			232.23	2779.7	percent of total billed charges	
METCARPL FX SNGL W/MANIP,EA BO	26605	CPT	outpatient			2926		310.16	Corrections		Corrections	2340.8	80			232.23	2779.7	percent of total billed charges	
METCARPL FX SNGL W/MANIP,EA BO	26605	CPT	outpatient			2926		310.16	First Health		First Health	2048.2	70			232.23	2779.7	percent of total billed charges	
METCARPL FX SNGL W/MANIP,EA BO	26605	CPT	outpatient			2926		310.16	First Trenton		First Trenton	2633.4	90			232.23	2779.7	percent of total billed charges	
METCARPL FX SNGL W/MANIP,EA BO	26605	CPT	outpatient			2926		310.16	Horizon		Medicare Blue	269.7				232.23	2779.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
METCARPL FX SNGL W/MANIP,EA BO	26605	CPT	outpatient			2926		310.16	Horizon		MGD	501.91				232.23	2779.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
METCARPL FX SNGL W/MANIP,EA BO	26605	CPT	outpatient			2926		310.16	Horizon		Indemnity	501.91				232.23	2779.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
METCARPL FX SNGL W/MANIP,EA BO	26605	CPT	outpatient			2926		310.16	Horizon		NJ Health	310.12				232.23	2779.7	fee schedule	
METCARPL FX SNGL W/MANIP,EA BO	26605	CPT	outpatient			2926		310.16	Horizon		PPO	501.91				232.23	2779.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
METCARPL FX SNGL W/MANIP,EA BO	26605	CPT	outpatient			2926		310.16	Managed Care Inc	Managed Care Inc		2633.4	90			232.23	2779.7	percent of total billed charges	
METCARPL FX SNGL W/MANIP,EA BO	26605	CPT	outpatient			2926		310.16	Multiplan	Multiplan		2340.8	80			232.23	2779.7	percent of total billed charges	
METCARPL FX SNGL W/MANIP,EA BO	26605	CPT	outpatient			2926		310.16	Qualcare	Qualcare		2194.5	75			232.23	2779.7	percent of total billed charges	
METCARPL FX SNGL W/MANIP,EA BO	26605	CPT	outpatient			2926		310.16	Three Rivers	Three Rivers		2779.7	95			232.23	2779.7	percent of total billed charges	
METCARPL FX SNGL W/MANIP,EA BO	26605	CPT	outpatient			2926		310.16	UHC	Medicaid		923.15	31.55			232.23	2779.7	percent of total billed charges	
METCARPL FX SNGL W/MANIP,EA BO	26605	CPT	outpatient			2926		310.16	UHC	Medicare		269.7				232.23	2779.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
METCARPL FX SNGL W/MANIP,EA BO	26605	CPT	outpatient			2926		310.16	United	Commercial|PPO		1782				232.23	2779.7	case rate	
METCARPL FX SNGL W/MANIP,EA BO	26605	CPT	outpatient			2926		310.16	United	Oxford		1782				232.23	2779.7	case rate	
METCARPL FX SNGL W/MANIP,EA BO	26605	CPT	outpatient			2926		310.16	Wellcare	Medicare		269.7				232.23	2779.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
METCARPL FX SNGL W/MANIP,EA BO	26605	CPT	outpatient			2926		310.16	Wellcare	Medicaid		923.15	31.55			232.23	2779.7	percent of total billed charges	
METCARPL FX SNGL W/MANIP,EA BO	26605	CPT	outpatient			2926		310.16	WellPoint	WellPoint		941.59	32.18			232.23	2779.7	percent of total billed charges	
CLSD TRT MCRPL FRCT W MN W FIX	26607	CPT	outpatient			10522		4257.16	Aetna	Medicare		3701.88				546.9	9995.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT MCRPL FRCT W MN W FIX	26607	CPT	outpatient			10522		4257.16	Aetna	Better Health		3319.69	31.55			546.9	9995.9	percent of total billed charges	
CLSD TRT MCRPL FRCT W MN W FIX	26607	CPT	outpatient			10522		4257.16	Aetna	Commercial		5893.39				546.9	9995.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT MCRPL FRCT W MN W FIX	26607	CPT	outpatient			10522		4257.16	Americare	Americare		7891.5	75			546.9	9995.9	percent of total billed charges	
CLSD TRT MCRPL FRCT W MN W FIX	26607	CPT	outpatient			10522		4257.16	Amerihealth	Medicare		3701.88				546.9	9995.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT MCRPL FRCT W MN W FIX	26607	CPT	outpatient			10522		4257.16	Amerihealth	HMO/PPO		6839.3	65			546.9	9995.9	percent of total billed charges	
CLSD TRT MCRPL FRCT W MN W FIX	26607	CPT	outpatient			10522		4257.16	Consumer	Consumer		9995.9	95			546.9	9995.9	percent of total billed charges	
CLSD TRT MCRPL FRCT W MN W FIX	26607	CPT	outpatient			10522		4257.16	Corrections	Corrections		8417.6	80			546.9	9995.9	percent of total billed charges	
CLSD TRT MCRPL FRCT W MN W FIX	26607	CPT	outpatient			10522		4257.16	First Health	First Health		7365.4	70			546.9	9995.9	percent of total billed charges	
CLSD TRT MCRPL FRCT W MN W FIX	26607	CPT	outpatient			10522		4257.16	First Trenton	First Trenton		9469.8	90			546.9	9995.9	percent of total billed charges	
CLSD TRT MCRPL FRCT W MN W FIX	26607	CPT	outpatient			10522		4257.16	Horizon	MGD		6889.2				546.9	9995.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT MCRPL FRCT W MN W FIX	26607	CPT	outpatient			10522		4257.16	Horizon	Indemnity		6889.2				546.9	9995.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT MCRPL FRCT W MN W FIX	26607	CPT	outpatient			10522		4257.16	Horizon	Medicare Blue		3701.88				546.9	9995.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT MCRPL FRCT W MN W FIX	26607	CPT	outpatient			10522		4257.16	Horizon	NJ Health		546.9				546.9	9995.9	fee schedule	
CLSD TRT MCRPL FRCT W MN W FIX	26607	CPT	outpatient			10522		4257.16	Horizon	PPO		6889.2				546.9	9995.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT MCRPL FRCT W MN W FIX	26607	CPT	outpatient			10522		4257.16	Managed Care Inc	Managed Care Inc		9469.8	90			546.9	9995.9	percent of total billed charges	
CLSD TRT MCRPL FRCT W MN W FIX	26607	CPT	outpatient			10522		4257.16	Multiplan	Multiplan		8417.6	80			546.9	9995.9	percent of total billed charges	
CLSD TRT MCRPL FRCT W MN W FIX	26607	CPT	outpatient			10522		4257.16	Qualcare	Qualcare		7891.5	75			546.9	9995.9	percent of total billed charges	
CLSD TRT MCRPL FRCT W MN W FIX	26607	CPT	outpatient			10522		4257.16	Three Rivers	Three Rivers		9995.9	95			546.9	9995.9	percent of total billed charges	
CLSD TRT MCRPL FRCT W MN W FIX	26607	CPT	outpatient			10522		4257.16	UHC	Medicaid		3319.69	31.55			546.9	9995.9	percent of total billed charges	
CLSD TRT MCRPL FRCT W MN W FIX	26607	CPT	outpatient			10522		4257.16	UHC	Medicare		3701.88				546.9	9995.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT MCRPL FRCT W MN W FIX	26607	CPT	outpatient			10522		4257.16	United	Oxford		2493				546.9	9995.9	case rate	
CLSD TRT MCRPL FRCT W MN W FIX	26607	CPT	outpatient			10522		4257.16	United	Commercial|PPO		2493				546.9	9995.9	case rate	
CLSD TRT MCRPL FRCT W MN W FIX	26607	CPT	outpatient			10522		4257.16	Wellcare	Medicaid		3319.69	31.55			546.9	9995.9	percent of total billed charges	
CLSD TRT MCRPL FRCT W MN W FIX	26607	CPT	outpatient			10522		4257.16	Wellcare	Medicare		3701.88				546.9	9995.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT MCRPL FRCT W MN W FIX	26607	CPT	outpatient			10522		4257.16	WellPoint	WellPoint		3385.98	32.18			546.9	9995.9	percent of total billed charges	
PERCU FIXATION METACARPAL FX	26608	CPT	outpatient			15215		4257.16	Aetna	Medicare		3701.88				501.12	14454.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCU FIXATION METACARPAL FX	26608	CPT	outpatient			15215		4257.16	Aetna	Better Health		4800.33	31.55			501.12	14454.25	percent of total billed charges	
PERCU FIXATION METACARPAL FX	26608	CPT	outpatient			15215		4257.16	Aetna	Commercial		5893.39				501.12	14454.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCU FIXATION METACARPAL FX	26608	CPT	outpatient			15215		4257.16	Americare	Americare		11411.25	75			501.12	14454.25	percent of total billed charges	
PERCU FIXATION METACARPAL FX	26608	CPT	outpatient			15215		4257.16	Amerihealth	HMO/PPO		9889.75	65			501.12	14454.25	percent of total billed charges	
PERCU FIXATION METACARPAL FX	26608	CPT	outpatient			15215		4257.16	Amerihealth	Medicare		3701.88				501.12	14454.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCU FIXATION METACARPAL FX	26608	CPT	outpatient			15215		4257.16	Consumer	Consumer		14454.25	95			501.12	14454.25	percent of total billed charges	
PERCU FIXATION METACARPAL FX	26608	CPT	outpatient			15215		4257.16	Corrections	Corrections		12172	80			501.12	14454.25	percent of total billed charges	
PERCU FIXATION METACARPAL FX	26608	CPT	outpatient			15215		4257.16	First Health	First Health		10650.5	70			501.12	14454.25	percent of total billed charges	
PERCU FIXATION METACARPAL FX	26608	CPT	outpatient			15215		4257.16	First Trenton	First Trenton		13693.5	90			501.12	14454.25	percent of total billed charges	
PERCU FIXATION METACARPAL FX	26608	CPT	outpatient			15215		4257.16	Horizon	PPO		6889.2				501.12	14454.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCU FIXATION METACARPAL FX	26608	CPT	outpatient			15215		4257.16	Horizon	Indemnity		6889.2				501.12	14454.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCU FIXATION METACARPAL FX	26608	CPT	outpatient			15215		4257.16	Horizon	Medicare Blue		3701.88				501.12	14454.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCU FIXATION METACARPAL FX	26608	CPT	outpatient			15215		4257.16	Horizon	MGD		6889.2				501.12	14454.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCU FIXATION METACARPAL FX	26608	CPT	outpatient			15215		4257.16	Horizon	NJ Health		501.12				501.12	14454.25	fee schedule	
PERCU FIXATION METACARPAL FX	26608	CPT	outpatient			15215		4257.16	Managed Care Inc	Managed Care Inc		13693.5	90			501.12	14454.25	percent of total billed charges	
PERCU FIXATION METACARPAL FX	26608	CPT	outpatient			15215		4257.16	Multiplan	Multiplan		12172	80			501.12	14454.25	percent of total billed charges	
PERCU FIXATION METACARPAL FX	26608	CPT	outpatient			15215		4257.16	Qualcare	Qualcare		11411.25	75			501.12	14454.25	percent of total billed charges	
PERCU FIXATION METACARPAL FX	26608	CPT	outpatient			15215		4257.16	Three Rivers	Three Rivers		14454.25	95			501.12	14454.25	percent of total billed charges	
PERCU FIXATION METACARPAL FX	26608	CPT	outpatient			15215		4257.16	UHC	Medicaid		4800.33	31.55			501.12	14454.25	percent of total billed charges	
PERCU FIXATION METACARPAL FX	26608	CPT	outpatient			15215		4257.16	UHC	Medicare		3701.88				501.12	14454.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCU FIXATION METACARPAL FX	26608	CPT	outpatient			15215		4257.16	United	Oxford		2776				501.12	14454.25	case rate	
PERCU FIXATION METACARPAL FX	26608	CPT	outpatient			15215		4257.16	United	Commercial|PPO		2776				501.12	14454.25	case rate	
PERCU FIXATION METACARPAL FX	26608	CPT	outpatient			15215		4257.16	Wellcare	Medicare		3701.88				501.12	14454.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCU FIXATION METACARPAL FX	26608	CPT	outpatient			15215		4257.16	Wellcare	Medicaid		4800.33	31.55			501.12	14454.25	percent of total billed charges	
PERCU FIXATION METACARPAL FX	26608	CPT	outpatient			15215		4257.16	WellPoint	WellPoint		4896.19	32.18			501.12	14454.25	percent of total billed charges	
OPEN TRT METACARPAL FX	26615	CPT	outpatient			15215		4257.16	Aetna	Medicare		4686.22	30.8			493.29	14454.25	other	
OPEN TRT METACARPAL FX	26615	CPT	outpatient			15215		4257.16	Aetna	Commercial		5893.39				493.29	14454.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TRT METACARPAL FX	26615	CPT	outpatient			15215		4257.16	Aetna	Better Health		4800.33	31.55			493.29	14454.25	percent of total billed charges	
OPEN TRT METACARPAL FX	26615	CPT	outpatient			15215		4257.16	Americare	Americare		11411.25	75			493.29	14454.25	percent of total billed charges	
OPEN TRT METACARPAL FX	26615	CPT	outpatient			15215		4257.16	Amerihealth	HMO/PPO		9889.75	65			493.29	14454.25	percent of total billed charges	
OPEN TRT METACARPAL FX	26615	CPT	outpatient			15215		4257.16	Amerihealth	Medicare		3701.88				493.29	14454.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TRT METACARPAL FX	26615	CPT	outpatient			15215		4257.16	Consumer	Consumer		14454.25	95			493.29	14454.25	percent of total billed charges	
OPEN TRT METACARPAL FX	26615	CPT	outpatient			15215		4257.16	Corrections	Corrections		12172	80			493.29	14454.25	percent of total billed charges	
OPEN TRT METACARPAL FX	26615	CPT	outpatient			15215		4257.16	First Health	First Health		10650.5	70			493.29	14454.25	percent of total billed charges	
OPEN TRT METACARPAL FX	26615	CPT	outpatient			15215		4257.16	First Trenton	First Trenton		13693.5	90			493.29	14454.25	percent of total billed charges	
OPEN TRT METACARPAL FX	26615	CPT	outpatient			15215		4257.16	Horizon	Medicare Blue		3701.88				493.29	14454.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TRT METACARPAL FX	26615	CPT	outpatient			15215		4257.16	Horizon	PPO		6889.2				493.29	14454.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TRT METACARPAL FX	26615	CPT	outpatient			15215		4257.16	Horizon	MGD		6889.2				493.29	14454.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TRT METACARPAL FX	26615	CPT	outpatient			15215		4257.16	Horizon	Indemnity		6889.2				493.29	14454.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TRT METACARPAL FX	26615	CPT	outpatient			15215		4257.16	Horizon	NJ Health		493.29				493.29	14454.25	fee schedule	
OPEN TRT METACARPAL FX	26615	CPT	outpatient			15215		4257.16	Managed Care Inc	Managed Care Inc		13693.5	90			493.29	14454.25	percent of total billed charges	
OPEN TRT METACARPAL FX	26615	CPT	outpatient			15215		4257.16	Multiplan	Multiplan		12172	80			493.29	14454.25	percent of total billed charges	
OPEN TRT METACARPAL FX	26615	CPT	outpatient			15215		4257.16	Qualcare	Qualcare		11411.25	75			493.29	14454.25	percent of total billed charges	
OPEN TRT METACARPAL FX	26615	CPT	outpatient			15215		4257.16	Three Rivers	Three Rivers		14454.25	95			493.29	14454.25	percent of total billed charges	
OPEN TRT METACARPAL FX	26615	CPT	outpatient			15215		4257.16	UHC	Medicaid		4800.33	31.55			493.29	14454.25	percent of total billed charges	
OPEN TRT METACARPAL FX	26615	CPT	outpatient			15215		4257.16	UHC	Medicare		3701.88				493.29	14454.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TRT METACARPAL FX	26615	CPT	outpatient			15215		4257.16	United	Oxford		4702				493.29	14454.25	case rate	
OPEN TRT METACARPAL FX	26615	CPT	outpatient			15215		4257.16	United	Commercial|PPO		4702				493.29	14454.25	case rate	
OPEN TRT METACARPAL FX	26615	CPT	outpatient			15215		4257.16	Wellcare	Medicaid		4800.33	31.55			493.29	14454.25	percent of total billed charges	
OPEN TRT METACARPAL FX	26615	CPT	outpatient			15215		4257.16	Wellcare	Medicare		3701.88				493.29	14454.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TRT METACARPAL FX	26615	CPT	outpatient			15215		4257.16	WellPoint	WellPoint		4896.19	32.18			493.29	14454.25	percent of total billed charges	
CLSDTRT CRPMET DILC THMB WMAN	26641	CPT	outpatient			555		310.16	Aetna	Better Health		175.1	31.55			142.11	1782	percent of total billed charges	
CLSDTRT CRPMET DILC THMB WMAN	26641	CPT	outpatient			555		310.16	Aetna	Commercial		429.36				142.11	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSDTRT CRPMET DILC THMB WMAN	26641	CPT	outpatient			555		310.16	Aetna	Medicare		269.7				142.11	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSDTRT CRPMET DILC THMB WMAN	26641	CPT	outpatient			555		310.16	Americare	Americare		416.25	75			142.11	1782	percent of total billed charges	
CLSDTRT CRPMET DILC THMB WMAN	26641	CPT	outpatient			555		310.16	Amerihealth	HMO/PPO		360.75	65			142.11	1782	percent of total billed charges	
CLSDTRT CRPMET DILC THMB WMAN	26641	CPT	outpatient			555		310.16	Amerihealth	Medicare		269.7				142.11	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSDTRT CRPMET DILC THMB WMAN	26641	CPT	outpatient			555		310.16	Consumer	Consumer		527.25	95			142.11	1782	percent of total billed charges	
CLSDTRT CRPMET DILC THMB WMAN	26641	CPT	outpatient			555		310.16	Corrections	Corrections		444	80			142.11	1782	percent of total billed charges	
CLSDTRT CRPMET DILC THMB WMAN	26641	CPT	outpatient			555		310.16	First Health	First Health		388.5	70			142.11	1782	percent of total billed charges	
CLSDTRT CRPMET DILC THMB WMAN	26641	CPT	outpatient			555		310.16	First Trenton	First Trenton		499.5	90			142.11	1782	percent of total billed charges	
CLSDTRT CRPMET DILC THMB WMAN	26641	CPT	outpatient			555		310.16	Horizon	MGD		501.91				142.11	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSDTRT CRPMET DILC THMB WMAN	26641	CPT	outpatient			555		310.16	Horizon	Medicare Blue		269.7				142.11	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSDTRT CRPMET DILC THMB WMAN	26641	CPT	outpatient			555		310.16	Horizon	NJ Health		142.11				142.11	1782	fee schedule	
CLSDTRT CRPMET DILC THMB WMAN	26641	CPT	outpatient			555		310.16	Horizon	Indemnity		501.91				142.11	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSDTRT CRPMET DILC THMB WMAN	26641	CPT	outpatient			555		310.16	Horizon	PPO		501.91				142.11	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSDTRT CRPMET DILC THMB WMAN	26641	CPT	outpatient			555		310.16	Managed Care Inc	Managed Care Inc		499.5	90			142.11	1782	percent of total billed charges	
CLSDTRT CRPMET DILC THMB WMAN	26641	CPT	outpatient			555		310.16	Multiplan	Multiplan		444	80			142.11	1782	percent of total billed charges	
CLSDTRT CRPMET DILC THMB WMAN	26641	CPT	outpatient			555		310.16	Qualcare	Qualcare		416.25	75			142.11	1782	percent of total billed charges	
CLSDTRT CRPMET DILC THMB WMAN	26641	CPT	outpatient			555		310.16	Three Rivers	Three Rivers		527.25	95			142.11	1782	percent of total billed charges	
CLSDTRT CRPMET DILC THMB WMAN	26641	CPT	outpatient			555		310.16	UHC	Medicaid		175.1	31.55			142.11	1782	percent of total billed charges	
CLSDTRT CRPMET DILC THMB WMAN	26641	CPT	outpatient			555		310.16	UHC	Medicare		269.7				142.11	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSDTRT CRPMET DILC THMB WMAN	26641	CPT	outpatient			555		310.16	United	Oxford		1782				142.11	1782	case rate	
CLSDTRT CRPMET DILC THMB WMAN	26641	CPT	outpatient			555		310.16	United	Commercial|PPO		1782				142.11	1782	case rate	
CLSDTRT CRPMET DILC THMB WMAN	26641	CPT	outpatient			555		310.16	Wellcare	Medicaid		175.1	31.55			142.11	1782	percent of total billed charges	
CLSDTRT CRPMET DILC THMB WMAN	26641	CPT	outpatient			555		310.16	Wellcare	Medicare		269.7				142.11	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSDTRT CRPMET DILC THMB WMAN	26641	CPT	outpatient			555		310.16	WellPoint	WellPoint		178.6	32.18			142.11	1782	percent of total billed charges	
TENOLYSIS HAND/FINGER	26645	CPT	outpatient			5257		2113.84	Aetna	Medicare		1838.12				407.39	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENOLYSIS HAND/FINGER	26645	CPT	outpatient			5257		2113.84	Aetna	Commercial		2926.29				407.39	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENOLYSIS HAND/FINGER	26645	CPT	outpatient			5257		2113.84	Aetna	Better Health		1658.58	31.55			407.39	4994.15	percent of total billed charges	
TENOLYSIS HAND/FINGER	26645	CPT	outpatient			5257		2113.84	Americare	Americare		3942.75	75			407.39	4994.15	percent of total billed charges	
TENOLYSIS HAND/FINGER	26645	CPT	outpatient			5257		2113.84	Amerihealth	HMO/PPO		3417.05	65			407.39	4994.15	percent of total billed charges	
TENOLYSIS HAND/FINGER	26645	CPT	outpatient			5257		2113.84	Amerihealth	Medicare		1838.12				407.39	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENOLYSIS HAND/FINGER	26645	CPT	outpatient			5257		2113.84	Consumer	Consumer		4994.15	95			407.39	4994.15	percent of total billed charges	
TENOLYSIS HAND/FINGER	26645	CPT	outpatient			5257		2113.84	Corrections	Corrections		4205.6	80			407.39	4994.15	percent of total billed charges	
TENOLYSIS HAND/FINGER	26645	CPT	outpatient			5257		2113.84	First Health	First Health		3679.9	70			407.39	4994.15	percent of total billed charges	
TENOLYSIS HAND/FINGER	26645	CPT	outpatient			5257		2113.84	First Trenton	First Trenton		4731.3	90			407.39	4994.15	percent of total billed charges	
TENOLYSIS HAND/FINGER	26645	CPT	outpatient			5257		2113.84	Horizon	PPO		3420.74				407.39	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENOLYSIS HAND/FINGER	26645	CPT	outpatient			5257		2113.84	Horizon	Medicare Blue		1838.12				407.39	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENOLYSIS HAND/FINGER	26645	CPT	outpatient			5257		2113.84	Horizon	MGD		3420.74				407.39	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENOLYSIS HAND/FINGER	26645	CPT	outpatient			5257		2113.84	Horizon	Indemnity		3420.74				407.39	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENOLYSIS HAND/FINGER	26645	CPT	outpatient			5257		2113.84	Horizon	NJ Health		407.39				407.39	4994.15	fee schedule	
TENOLYSIS HAND/FINGER	26645	CPT	outpatient			5257		2113.84	Managed Care Inc	Managed Care Inc		4731.3	90			407.39	4994.15	percent of total billed charges	
TENOLYSIS HAND/FINGER	26645	CPT	outpatient			5257		2113.84	Multiplan	Multiplan		4205.6	80			407.39	4994.15	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.																
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103		310119 true															
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
TENOLYSIS HAND/FINGER	26645	CPT	outpatient			5257		2113.84 Qualcare	Qualcare		3942.75				407.39	4994.15	percent of total billed charges	
TENOLYSIS HAND/FINGER	26645	CPT	outpatient			5257		2113.84 Three Rivers	Three Rivers		4994.15				407.39	4994.15	percent of total billed charges	
TENOLYSIS HAND/FINGER	26645	CPT	outpatient			5257		2113.84 UHC	Medicaid		1658.58	31.55			407.39	4994.15	percent of total billed charges	
TENOLYSIS HAND/FINGER	26645	CPT	outpatient			5257		2113.84 UHC	Medicare		1838.12				407.39	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENOLYSIS HAND/FINGER	26645	CPT	outpatient			5257		2113.84 United	Commercial|PPO		1782				407.39	4994.15	case rate	
TENOLYSIS HAND/FINGER	26645	CPT	outpatient			5257		2113.84 United	Oxford		1782				407.39	4994.15	case rate	
TENOLYSIS HAND/FINGER	26645	CPT	outpatient			5257		2113.84 Wellcare	Medicare		1838.12				407.39	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENOLYSIS HAND/FINGER	26645	CPT	outpatient			5257		2113.84 Wellcare	Medicaid		1658.58	31.55			407.39	4994.15	percent of total billed charges	
TENOLYSIS HAND/FINGER	26645	CPT	outpatient			5257		2113.84 WellPoint	WellPoint		1691.7	32.18			407.39	4994.15	percent of total billed charges	
CLSD TRT CRPMET DISLC WO ANES	26670	CPT	outpatient			665		310.16 Aetna	Commercial		429.36				142.11	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT CRPMET DISLC WO ANES	26670	CPT	outpatient			665		310.16 Aetna	Better Health		209.81	31.55			142.11	1782	percent of total billed charges	
CLSD TRT CRPMET DISLC WO ANES	26670	CPT	outpatient			665		310.16 Aetna	Medicare		269.7				142.11	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT CRPMET DISLC WO ANES	26670	CPT	outpatient			665		310.16 Americare	Americare		498.75	75			142.11	1782	percent of total billed charges	
CLSD TRT CRPMET DISLC WO ANES	26670	CPT	outpatient			665		310.16 Amerihealth	HMO/PPO		432.25	65			142.11	1782	percent of total billed charges	
CLSD TRT CRPMET DISLC WO ANES	26670	CPT	outpatient			665		310.16 Amerihealth	Medicare		269.7				142.11	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT CRPMET DISLC WO ANES	26670	CPT	outpatient			665		310.16 Consumer	Consumer		631.75	95			142.11	1782	percent of total billed charges	
CLSD TRT CRPMET DISLC WO ANES	26670	CPT	outpatient			665		310.16 Corrections	Corrections		532	80			142.11	1782	percent of total billed charges	
CLSD TRT CRPMET DISLC WO ANES	26670	CPT	outpatient			665		310.16 First Health	First Health		465.5	70			142.11	1782	percent of total billed charges	
CLSD TRT CRPMET DISLC WO ANES	26670	CPT	outpatient			665		310.16 First Trenton	First Trenton		598.5	90			142.11	1782	percent of total billed charges	
CLSD TRT CRPMET DISLC WO ANES	26670	CPT	outpatient			665		310.16 Horizon	Indemnity		501.91				142.11	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT CRPMET DISLC WO ANES	26670	CPT	outpatient			665		310.16 Horizon	PPO		501.91				142.11	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT CRPMET DISLC WO ANES	26670	CPT	outpatient			665		310.16 Horizon	MGD		501.91				142.11	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT CRPMET DISLC WO ANES	26670	CPT	outpatient			665		310.16 Horizon	Medicare Blue		269.7				142.11	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT CRPMET DISLC WO ANES	26670	CPT	outpatient			665		310.16 Horizon	NJ Health		142.11				142.11	1782	fee schedule	
CLSD TRT CRPMET DISLC WO ANES	26670	CPT	outpatient			665		310.16 Managed Care Inc	Managed Care Inc		598.5	90			142.11	1782	percent of total billed charges	
CLSD TRT CRPMET DISLC WO ANES	26670	CPT	outpatient			665		310.16 Multiplan	Multiplan		532	80			142.11	1782	percent of total billed charges	
CLSD TRT CRPMET DISLC WO ANES	26670	CPT	outpatient			665		310.16 Qualcare	Qualcare		498.75	75			142.11	1782	percent of total billed charges	
CLSD TRT CRPMET DISLC WO ANES	26670	CPT	outpatient			665		310.16 Three Rivers	Three Rivers		631.75	95			142.11	1782	percent of total billed charges	
CLSD TRT CRPMET DISLC WO ANES	26670	CPT	outpatient			665		310.16 UHC	Medicare		269.7				142.11	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT CRPMET DISLC WO ANES	26670	CPT	outpatient			665		310.16 UHC	Medicaid		209.81	31.55			142.11	1782	percent of total billed charges	
CLSD TRT CRPMET DISLC WO ANES	26670	CPT	outpatient			665		310.16 United	Oxford		1782				142.11	1782	case rate	
CLSD TRT CRPMET DISLC WO ANES	26670	CPT	outpatient			665		310.16 United	Commercial|PPO		1782				142.11	1782	case rate	
CLSD TRT CRPMET DISLC WO ANES	26670	CPT	outpatient			665		310.16 Wellcare	Medicare		269.7				142.11	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT CRPMET DISLC WO ANES	26670	CPT	outpatient			665		310.16 Wellcare	Medicaid		209.81	31.55			142.11	1782	percent of total billed charges	
CLSD TRT CRPMET DISLC WO ANES	26670	CPT	outpatient			665		310.16 WellPoint	WellPoint		214	32.18			142.11	1782	percent of total billed charges	
CTX CARP/MTC DIS THUMB MANJ	26675	CPT	outpatient			5274		2113.84 Aetna	Commercial		2926.29				356.27	5010.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTX CARP/MTC DIS THUMB MANJ	26675	CPT	outpatient			5274		2113.84 Aetna	Medicare		1838.12				356.27	5010.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTX CARP/MTC DIS THUMB MANJ	26675	CPT	outpatient			5274		2113.84 Aetna	Better Health		1663.95	31.55			356.27	5010.3	percent of total billed charges	
CTX CARP/MTC DIS THUMB MANJ	26675	CPT	outpatient			5274		2113.84 Americare	Americare		3955.5	75			356.27	5010.3	percent of total billed charges	
CTX CARP/MTC DIS THUMB MANJ	26675	CPT	outpatient			5274		2113.84 Amerihealth	HMO/PPO		3428.1	65			356.27	5010.3	percent of total billed charges	
CTX CARP/MTC DIS THUMB MANJ	26675	CPT	outpatient			5274		2113.84 Amerihealth	Medicare		1838.12				356.27	5010.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTX CARP/MTC DIS THUMB MANJ	26675	CPT	outpatient			5274		2113.84 Consumer	Consumer		5010.3	95			356.27	5010.3	percent of total billed charges	
CTX CARP/MTC DIS THUMB MANJ	26675	CPT	outpatient			5274		2113.84 Corrections	Corrections		4219.2	80			356.27	5010.3	percent of total billed charges	
CTX CARP/MTC DIS THUMB MANJ	26675	CPT	outpatient			5274		2113.84 First Health	First Health		3691.8	70			356.27	5010.3	percent of total billed charges	
CTX CARP/MTC DIS THUMB MANJ	26675	CPT	outpatient			5274		2113.84 First Trenton	First Trenton		4746.6	90			356.27	5010.3	percent of total billed charges	
CTX CARP/MTC DIS THUMB MANJ	26675	CPT	outpatient			5274		2113.84 Horizon	MGD		3420.74				356.27	5010.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTX CARP/MTC DIS THUMB MANJ	26675	CPT	outpatient			5274		2113.84 Horizon	Indemnity		3420.74				356.27	5010.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTX CARP/MTC DIS THUMB MANJ	26675	CPT	outpatient			5274		2113.84 Horizon	Medicare Blue		1838.12				356.27	5010.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTX CARP/MTC DIS THUMB MANJ	26675	CPT	outpatient			5274		2113.84 Horizon	NJ Health		356.27				356.27	5010.3	fee schedule	
CTX CARP/MTC DIS THUMB MANJ	26675	CPT	outpatient			5274		2113.84 Horizon	PPO		3420.74				356.27	5010.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTX CARP/MTC DIS THUMB MANJ	26675	CPT	outpatient			5274		2113.84 Managed Care Inc	Managed Care Inc		4746.6	90			356.27	5010.3	percent of total billed charges	
CTX CARP/MTC DIS THUMB MANJ	26675	CPT	outpatient			5274		2113.84 Multiplan	Multiplan		4219.2	80			356.27	5010.3	percent of total billed charges	
CTX CARP/MTC DIS THUMB MANJ	26675	CPT	outpatient			5274		2113.84 Qualcare	Qualcare		3955.5	75			356.27	5010.3	percent of total billed charges	
CTX CARP/MTC DIS THUMB MANJ	26675	CPT	outpatient			5274		2113.84 Three Rivers	Three Rivers		5010.3	95			356.27	5010.3	percent of total billed charges	
CTX CARP/MTC DIS THUMB MANJ	26675	CPT	outpatient			5274		2113.84 UHC	Medicaid		1663.95	31.55			356.27	5010.3	percent of total billed charges	
CTX CARP/MTC DIS THUMB MANJ	26675	CPT	outpatient			5274		2113.84 UHC	Medicare		1838.12				356.27	5010.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTX CARP/MTC DIS THUMB MANJ	26675	CPT	outpatient			5274		2113.84 United	Commercial|PPO		1782				356.27	5010.3	case rate	
CTX CARP/MTC DIS THUMB MANJ	26675	CPT	outpatient			5274		2113.84 United	Oxford		1782				356.27	5010.3	case rate	
CTX CARP/MTC DIS THUMB MANJ	26675	CPT	outpatient			5274		2113.84 Wellcare	Medicare		1838.12				356.27	5010.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTX CARP/MTC DIS THUMB MANJ	26675	CPT	outpatient			5274		2113.84 Wellcare	Medicaid		1663.95	31.55			356.27	5010.3	percent of total billed charges	
CTX CARP/MTC DIS THUMB MANJ	26675	CPT	outpatient			5274		2113.84 WellPoint	WellPoint		1697.17	32.18			356.27	5010.3	percent of total billed charges	
CLSD TRT MCP DISLO W/MANIP	26700	CPT	outpatient			865		310.16 Aetna	Better Health		272.91	31.55			164.43	1782	percent of total billed charges	
CLSD TRT MCP DISLO W/MANIP	26700	CPT	outpatient			865		310.16 Aetna	Commercial		429.36				164.43	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT MCP DISLO W/MANIP	26700	CPT	outpatient			865		310.16 Aetna	Medicare		269.7				164.43	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT MCP DISLO W/MANIP	26700	CPT	outpatient			865		310.16 Americare	Americare		648.75	75			164.43	1782	percent of total billed charges	
CLSD TRT MCP DISLO W/MANIP	26700	CPT	outpatient			865		310.16 Amerihealth	HMO/PPO		562.25	65			164.43	1782	percent of total billed charges	
CLSD TRT MCP DISLO W/MANIP	26700	CPT	outpatient			865		310.16 Amerihealth	Medicare		269.7				164.43	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT MCP DISLO W/MANIP	26700	CPT	outpatient			865		310.16 Consumer	Consumer		821.75	95			164.43	1782	percent of total billed charges	
CLSD TRT MCP DISLO W/MANIP	26700	CPT	outpatient			865		310.16 Corrections	Corrections		692	80			164.43	1782	percent of total billed charges	
CLSD TRT MCP DISLO W/MANIP	26700	CPT	outpatient			865		310.16 First Health	First Health		605.5	70			164.43	1782	percent of total billed charges	
CLSD TRT MCP DISLO W/MANIP	26700	CPT	outpatient			865		310.16 First Trenton	First Trenton		778.5	90			164.43	1782	percent of total billed charges	
CLSD TRT MCP DISLO W/MANIP	26700	CPT	outpatient			865		310.16 Horizon	PPO		501.91				164.43	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT MCP DISLO W/MANIP	26700	CPT	outpatient			865		310.16 Horizon	Medicare Blue		269.7				164.43	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT MCP DISLO W/MANIP	26700	CPT	outpatient			865		310.16 Horizon	Indemnity		501.91				164.43	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT MCP DISLO W/MANIP	26700	CPT	outpatient			865		310.16 Horizon	MGD		501.91				164.43	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT MCP DISLO W/MANIP	26700	CPT	outpatient			865		310.16 Horizon	NJ Health		164.43				164.43	1782	fee schedule	
CLSD TRT MCP DISLO W/MANIP	26700	CPT	outpatient			865		310.16 Managed Care Inc	Managed Care Inc		778.5	90			164.43	1782	percent of total billed charges	
CLSD TRT MCP DISLO W/MANIP	26700	CPT	outpatient			865		310.16 Multiplan	Multiplan		692	80			164.43	1782	percent of total billed charges	
CLSD TRT MCP DISLO W/MANIP	26700	CPT	outpatient			865		310.16 Qualcare	Qualcare		648.75	75			164.43	1782	percent of total billed charges	
CLSD TRT MCP DISLO W/MANIP	26700	CPT	outpatient			865		310.16 Three Rivers	Three Rivers		821.75	95			164.43	1782	percent of total billed charges	
CLSD TRT MCP DISLO W/MANIP	26700	CPT	outpatient			865		310.16 UHC	Medicaid		272.91	31.55			164.43	1782	percent of total billed charges	
CLSD TRT MCP DISLO W/MANIP	26700	CPT	outpatient			865		310.16 UHC	Medicare		269.7				164.43	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT MCP DISLO W/MANIP	26700	CPT	outpatient			865		310.16 United	Commercial|PPO		1782				164.43	1782	case rate	
CLSD TRT MCP DISLO W/MANIP	26700	CPT	outpatient			865		310.16 United	Oxford		1782				164.43	1782	case rate	
CLSD TRT MCP DISLO W/MANIP	26700	CPT	outpatient			865		310.16 Wellcare	Medicare		269.7				164.43	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT MCP DISLO W/MANIP	26700	CPT	outpatient			865		310.16 Wellcare	Medicaid		272.91	31.55			164.43	1782	percent of total billed charges	
CLSD TRT MCP DISLO W/MANIP	26700	CPT	outpatient			865		310.16 WellPoint	WellPoint		278.36	32.18			164.43	1782	percent of total billed charges	
TRT KNUCKLE DISLOC W/ANES	26705	CPT	outpatient			5257		2113.84 Aetna	Medicare		1619.16	30.8			351.02	4994.15	percent of total billed charges	
TRT KNUCKLE DISLOC W/ANES	26705	CPT	outpatient			5257		2113.84 Aetna	Commercial		2926.29				351.02	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT KNUCKLE DISLOC W/ANES	26705	CPT	outpatient			5257		2113.84 Aetna	Better Health		1658.58	31.55			351.02	4994.15	percent of total billed charges	
TRT KNUCKLE DISLOC W/ANES	26705	CPT	outpatient			5257		2113.84 Americare	Americare		3942.75	75			351.02	4994.15	percent of total billed charges	
TRT KNUCKLE DISLOC W/ANES	26705	CPT	outpatient			5257		2113.84 Amerihealth	HMO/PPO		3417.05	65			351.02	4994.15	percent of total billed charges	
TRT KNUCKLE DISLOC W/ANES	26705	CPT	outpatient			5257		2113.84 Amerihealth	Medicare		1838.12				351.02	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT KNUCKLE DISLOC W/ANES	26705	CPT	outpatient			5257		2113.84 Consumer	Consumer		4994.15	95			351.02	4994.15	percent of total billed charges	
TRT KNUCKLE DISLOC W/ANES	26705	CPT	outpatient			5257		2113.84 Corrections	Corrections		4205.6	80			351.02	4994.15	percent of total billed charges	
TRT KNUCKLE DISLOC W/ANES	26705	CPT	outpatient			5257		2113.84 First Health	First Health		3679.9	70			351.02	4994.15	percent of total billed charges	
TRT KNUCKLE DISLOC W/ANES	26705	CPT	outpatient			5257		2113.84 First Trenton	First Trenton		4731.3	90			351.02	4994.15	percent of total billed charges	
TRT KNUCKLE DISLOC W/ANES	26705	CPT	outpatient			5257		2113.84 Horizon	Indemnity		3420.74				351.02	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT KNUCKLE DISLOC W/ANES	26705	CPT	outpatient			5257		2113.84 Horizon	MGD		3420.74				351.02	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT KNUCKLE DISLOC W/ANES	26705	CPT	outpatient			5257		2113.84 Horizon	Medicare Blue		1838.12				351.02	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT KNUCKLE DISLOC W/ANES	26705	CPT	outpatient			5257		2113.84 Horizon	NJ Health		351.02				351.02	4994.15	fee schedule	
TRT KNUCKLE DISLOC W/ANES	26705	CPT	outpatient			5257		2113.84 Horizon	PPO		3420.74				351.02	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT KNUCKLE DISLOC W/ANES	26705	CPT	outpatient			5257		2113.84 Managed Care Inc	Managed Care Inc		4731.3	90			351.02	4994.15	percent of total billed charges	
TRT KNUCKLE DISLOC W/ANES	26705	CPT	outpatient			5257		2113.84 Multiplan	Multiplan		4205.6	80			351.02	4994.15	percent of total billed charges	
TRT KNUCKLE DISLOC W/ANES	26705	CPT	outpatient			5257		2113.84 Qualcare	Qualcare		3942.75	75			351.02	4994.15	percent of total billed charges	
TRT KNUCKLE DISLOC W/ANES	26705	CPT	outpatient			5257		2113.84 Three Rivers	Three Rivers		4994.15	95			351.02	4994.15	percent of total billed charges	
TRT KNUCKLE DISLOC W/ANES	26705	CPT	outpatient			5257		2113.84 UHC	Medicaid		1658.58	31.55			351.02	4994.15	percent of total billed charges	
TRT KNUCKLE DISLOC W/ANES	26705	CPT	outpatient			5257		2113.84 UHC	Medicare		1838.12				351.02	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT KNUCKLE DISLOC W/ANES	26705	CPT	outpatient			5257		2113.84 United	Commercial|PPO		1782				351.02	4994.15	case rate	
TRT KNUCKLE DISLOC W/ANES	26705	CPT	outpatient			5257		2113.84 United	Oxford		1782				351.02	4994.15	case rate	
TRT KNUCKLE DISLOC W/ANES	26705	CPT	outpatient			5257		2113.84 Wellcare	Medicaid		1658.58	31.55			351.02	4994.15	percent of total billed charges	
TRT KNUCKLE DISLOC W/ANES	26705	CPT	outpatient			5257		2113.84 Wellcare	Medicare		1838.12				351.02	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT KNUCKLE DISLOC W/ANES	26705	CPT	outpatient			5257		2113.84 WellPoint	WellPoint		1691.7	32.18			351.02	4994.15	percent of total billed charges	
PHALNGL SHAFT FX FNGR/THB W/O	26720	CPT	both			754		310.16 Aetna	Better Health		237.89	31.55			129.2	1782	percent of total billed charges	
PHALNGL SHAFT FX FNGR/THB W/O	26720	CPT	both			754		310.16 Aetna	Medicare		269.7				129.2	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PHALNGL SHAFT FX FNGR/THB W/O	26720	CPT	both			754		310.16 Aetna	Commercial		429.36				129.2	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PHALNGL SHAFT FX FNGR/THB W/O	26720	CPT	both			754		310.16 Americare	Americare		565.5	75			129.2	1782	percent of total billed charges	
PHALNGL SHAFT FX FNGR/THB W/O	26720	CPT	both			754		310.16 Amerihealth	HMO/PPO		490.1	65			129.2	1782	percent of total billed charges	
PHALNGL SHAFT FX FNGR/THB W/O	26720	CPT	both			754		310.16 Amerihealth	Medicare		269.7				129.2	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PHALNGL SHAFT FX FNGR/THB W/O	26720	CPT	both			754		310.16 Consumer	Consumer		716.3	95			129.2	1782	percent of total billed charges	
PHALNGL SHAFT FX FNGR/THB W/O	26720	CPT	both			754		310.16 Corrections	Corrections		603.2	80			129.2	1782	percent of total billed charges	
PHALNGL SHAFT FX FNGR/THB W/O	26720	CPT	both			754		310.16 First Health	First Health		527.8	70			129.2	1782	percent of total billed charges	
PHALNGL SHAFT FX FNGR/THB W/O	26720	CPT	both			754		310.16 First Trenton	First Trenton		678.6	90			129.2	1782	percent of total billed charges	
PHALNGL SHAFT FX FNGR/THB W/O	26720	CPT	both			754		310.16 Horizon	MGD		501.91				129.2	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PHALNGL SHAFT FX FNGR/THB W/O	26720	CPT	both			754		310.16 Horizon	Indemnity		501.91				129.2	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PHALNGL SHAFT FX FNGR/THB W/O	26720	CPT	both			754		310.16 Horizon	PPO		501.91				129.2	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PHALNGL SHAFT FX FNGR/THB W/O	26720	CPT	both			754		310.16 Horizon	Medicare Blue		269.7				129.2	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PHALNGL SHAFT FX FNGR/THB W/O	26720	CPT	both			754		310.16 Horizon	NJ Health		129.2				129.2	1782	fee schedule	
PHALNGL SHAFT FX FNGR/THB W/O	26720	CPT	both			754		310.16 Managed Care Inc	Managed Care Inc		678.6	90			129.2	1782	percent of total billed charges	
PHALNGL SHAFT FX FNGR/THB W/O	26720	CPT	both			754		310.16 Multiplan	Multiplan		603.2	80			129.2	1782	percent of total billed charges	
PHALNGL SHAFT FX FNGR/THB W/O	26720	CPT	both			754		310.16 Qualcare	Qualcare		565.5	75			129.2	1782	percent of total billed charges	
PHALNGL SHAFT FX FNGR/THB W/O	26720	CPT	both			754		310.16 Three Rivers	Three Rivers		716.3	95			129.2	1782	percent of total billed charges	
PHALNGL SHAFT FX FNGR/THB W/O	26720	CPT	both			754		310.16 UHC	Medicaid		237.89	31.55			129.2	1782	percent of total billed charges	
PHALNGL SHAFT FX FNGR/THB W/O	26720	CPT	both			754		310.16 UHC	Medicare		269.7				129.2	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PHALNGL SHAFT FX FNGR/THB W/O	26720	CPT	both			754		310.16 United	Commercial|PPO		1782				129.2	1782	case rate	
PHALNGL SHAFT FX FNGR/THB W/O	26720	CPT	both			754		310.16 United	Oxford		1782				129.2	1782	case rate	
PHALNGL SHAFT FX FNGR/THB W/O	26720	CPT	both			754		310.16 Wellcare	Medicare		269.7				129.2	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PHALNGL SHAFT FX FNGR/THB W/O	26720	CPT	both			754		310.16 Wellcare	Medicaid		237.89	31.55			129.2	1782	percent of total billed charges	
PHALNGL SHAFT FX FNGR/THB W/O	26720	CPT	both			754		310.16 WellPoint	WellPoint		242.64	32.18			129.2	1782	percent of total billed charges	
CLTX PHL FX PRX/MID W MANJ EA	26725	CPT	outpatient			1034		310.16 Aetna	Commercial		429.36				237.89	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX PHL FX PRX/MID W MANJ EA	26725	CPT	outpatient			1034		310.16 Aetna	Better Health		326.23	31.55			237.89	1782	percent of total billed charges	
CLTX PHL FX PRX/MID W MANJ EA	26725	CPT	outpatient			1034		310.16 Aetna	Medicare		269.7				237.89	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX PHL FX PRX/MID W MANJ EA	26725	CPT	outpatient			1034		310.16 Americare	Americare		775.5	75			237.89	1782	percent of total billed charges	
CLTX PHL FX PRX/MID W MANJ EA	26725	CPT	outpatient			1034		310.16 Amerihealth	HMO/PPO		672.1	65			237.89	1782	percent of total billed charges	
CLTX PHL FX PRX/MID W MANJ EA	26725	CPT	outpatient			1034		310.16 Amerihealth	Medicare		269.7				237.89	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX PHL FX PRX/MID W MANJ EA	26725	CPT	outpatient			1034		310.16 Consumer	Consumer		982.3	95			237.89	1782	percent of total billed charges	
CLTX PHL FX PRX/MID W MANJ EA	26725	CPT	outpatient			1034		310.16 Corrections	Corrections		827.2	80			237.89	1782	percent of total billed charges	
CLTX PHL FX PRX/MID W MANJ EA	26725	CPT	outpatient			1034		310.16 First Health	First Health		723.8	70			237.89	1782	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101191	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CLTX PHL FX PRX/MID W MANJ EA	26725	CPT	outpatient			1034		310.16 First Trenton	First Trenton		930.6	90			237.89		1782 percent of total billed charges	
CLTX PHL FX PRX/MID W MANJ EA	26725	CPT	outpatient			1034		310.16 Horizon	PPO		501.91				237.89		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX PHL FX PRX/MID W MANJ EA	26725	CPT	outpatient			1034		310.16 Horizon	MGD		501.91				237.89		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX PHL FX PRX/MID W MANJ EA	26725	CPT	outpatient			1034		310.16 Horizon	Indemnity		501.91				237.89		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX PHL FX PRX/MID W MANJ EA	26725	CPT	outpatient			1034		310.16 Horizon	Medicare Blue		269.7				237.89		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX PHL FX PRX/MID W MANJ EA	26725	CPT	outpatient			1034		310.16 Horizon	NJ Health		263.09				237.89		1782 fee schedule	
CLTX PHL FX PRX/MID W MANJ EA	26725	CPT	outpatient			1034		310.16 Managed Care Inc	Managed Care Inc		930.6	90			237.89		1782 percent of total billed charges	
CLTX PHL FX PRX/MID W MANJ EA	26725	CPT	outpatient			1034		310.16 Multiplan	Multiplan		827.2	80			237.89		1782 percent of total billed charges	
CLTX PHL FX PRX/MID W MANJ EA	26725	CPT	outpatient			1034		310.16 Qualcare	Qualcare		775.5	75			237.89		1782 percent of total billed charges	
CLTX PHL FX PRX/MID W MANJ EA	26725	CPT	outpatient			1034		310.16 Three Rivers	Three Rivers		982.3	95			237.89		1782 percent of total billed charges	
CLTX PHL FX PRX/MID W MANJ EA	26725	CPT	outpatient			1034		310.16 UHC	Medicare		269.7				237.89		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX PHL FX PRX/MID W MANJ EA	26725	CPT	outpatient			1034		310.16 UHC	Medicaid		326.23	31.55			237.89		1782 percent of total billed charges	
CLTX PHL FX PRX/MID W MANJ EA	26725	CPT	outpatient			1034		310.16 United	Oxford		1782				237.89		1782 case rate	
CLTX PHL FX PRX/MID W MANJ EA	26725	CPT	outpatient			1034		310.16 United	Commercial|PPO		1782				237.89		1782 case rate	
CLTX PHL FX PRX/MID W MANJ EA	26725	CPT	outpatient			1034		310.16 Wellcare	Medicare		269.7				237.89		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX PHL FX PRX/MID W MANJ EA	26725	CPT	outpatient			1034		310.16 Wellcare	Medicaid		326.23	31.55			237.89		1782 percent of total billed charges	
CLTX PHL FX PRX/MID W MANJ EA	26725	CPT	outpatient			1034		310.16 WellPoint	WellPoint		332.74	32.18			237.89		1782 percent of total billed charges	
OPEN REP PHAL SHAFT FX	26735	CPT	outpatient			13239		4257.16 Aetna	Commercial		5893.39				493.29		12577.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN REP PHAL SHAFT FX	26735	CPT	outpatient			13239		4257.16 Aetna	Better Health		4176.9	31.55			493.29		12577.05 percent of total billed charges	
OPEN REP PHAL SHAFT FX	26735	CPT	outpatient			13239		4257.16 Aetna	Medicare		3701.88				493.29		12577.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN REP PHAL SHAFT FX	26735	CPT	outpatient			13239		4257.16 Americare	Americare		9929.25	75			493.29		12577.05 percent of total billed charges	
OPEN REP PHAL SHAFT FX	26735	CPT	outpatient			13239		4257.16 Amerihealth	Medicare		3701.88				493.29		12577.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN REP PHAL SHAFT FX	26735	CPT	outpatient			13239		4257.16 Amerihealth	HMO|PPO		8605.35	65			493.29		12577.05 percent of total billed charges	
OPEN REP PHAL SHAFT FX	26735	CPT	outpatient			13239		4257.16 Consumer	Consumer		12577.05	95			493.29		12577.05 percent of total billed charges	
OPEN REP PHAL SHAFT FX	26735	CPT	outpatient			13239		4257.16 Corrections	Corrections		10591.2	80			493.29		12577.05 percent of total billed charges	
OPEN REP PHAL SHAFT FX	26735	CPT	outpatient			13239		4257.16 First Health	First Health		9267.3	70			493.29		12577.05 percent of total billed charges	
OPEN REP PHAL SHAFT FX	26735	CPT	outpatient			13239		4257.16 First Trenton	First Trenton		11915.1	90			493.29		12577.05 percent of total billed charges	
OPEN REP PHAL SHAFT FX	26735	CPT	outpatient			13239		4257.16 Horizon	MGD		6889.2				493.29		12577.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN REP PHAL SHAFT FX	26735	CPT	outpatient			13239		4257.16 Horizon	Indemnity		6889.2				493.29		12577.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN REP PHAL SHAFT FX	26735	CPT	outpatient			13239		4257.16 Horizon	Medicare Blue		3701.88				493.29		12577.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN REP PHAL SHAFT FX	26735	CPT	outpatient			13239		4257.16 Horizon	NJ Health		493.29				493.29		12577.05 fee schedule	
OPEN REP PHAL SHAFT FX	26735	CPT	outpatient			13239		4257.16 Horizon	PPO		6889.2				493.29		12577.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN REP PHAL SHAFT FX	26735	CPT	outpatient			13239		4257.16 Managed Care Inc	Managed Care Inc		11915.1	90			493.29		12577.05 percent of total billed charges	
OPEN REP PHAL SHAFT FX	26735	CPT	outpatient			13239		4257.16 Multiplan	Multiplan		10591.2	80			493.29		12577.05 percent of total billed charges	
OPEN REP PHAL SHAFT FX	26735	CPT	outpatient			13239		4257.16 Qualcare	Qualcare		9929.25	75			493.29		12577.05 percent of total billed charges	
OPEN REP PHAL SHAFT FX	26735	CPT	outpatient			13239		4257.16 Three Rivers	Three Rivers		12577.05	95			493.29		12577.05 percent of total billed charges	
OPEN REP PHAL SHAFT FX	26735	CPT	outpatient			13239		4257.16 UHC	Medicare		3701.88				493.29		12577.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN REP PHAL SHAFT FX	26735	CPT	outpatient			13239		4257.16 UHC	Medicaid		4176.9	31.55			493.29		12577.05 percent of total billed charges	
OPEN REP PHAL SHAFT FX	26735	CPT	outpatient			13239		4257.16 United	Oxford		2776				493.29		12577.05 case rate	
OPEN REP PHAL SHAFT FX	26735	CPT	outpatient			13239		4257.16 United	Commercial|PPO		2776				493.29		12577.05 case rate	
OPEN REP PHAL SHAFT FX	26735	CPT	outpatient			13239		4257.16 Wellcare	Medicaid		4176.9	31.55			493.29		12577.05 percent of total billed charges	
OPEN REP PHAL SHAFT FX	26735	CPT	outpatient			13239		4257.16 Wellcare	Medicare		3701.88				493.29		12577.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN REP PHAL SHAFT FX	26735	CPT	outpatient			13239		4257.16 WellPoint	WellPoint		4260.31	32.18			493.29		12577.05 percent of total billed charges	
CLSD TRT FX METACRPL/INTRPHL JT W/O MAN	26740	CPT	outpatient			1430		310.16 Aetna	Commercial		429.36				158.95		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT FX METACRPL/INTRPHL JT W/O MAN	26740	CPT	outpatient			1430		310.16 Aetna	Better Health		451.17	31.55			158.95		1782 percent of total billed charges	
CLSD TRT FX METACRPL/INTRPHL JT W/O MAN	26740	CPT	outpatient			1430		310.16 Aetna	Medicare		269.7				158.95		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT FX METACRPL/INTRPHL JT W/O MAN	26740	CPT	outpatient			1430		310.16 Americare	Americare		1072.5	75			158.95		1782 percent of total billed charges	
CLSD TRT FX METACRPL/INTRPHL JT W/O MAN	26740	CPT	outpatient			1430		310.16 Amerihealth	HMO|PPO		929.5	65			158.95		1782 percent of total billed charges	
CLSD TRT FX METACRPL/INTRPHL JT W/O MAN	26740	CPT	outpatient			1430		310.16 Amerihealth	Medicare		269.7				158.95		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT FX METACRPL/INTRPHL JT W/O MAN	26740	CPT	outpatient			1430		310.16 Consumer	Consumer		1358.5	95			158.95		1782 percent of total billed charges	
CLSD TRT FX METACRPL/INTRPHL JT W/O MAN	26740	CPT	outpatient			1430		310.16 Corrections	Corrections		1144	80			158.95		1782 percent of total billed charges	
CLSD TRT FX METACRPL/INTRPHL JT W/O MAN	26740	CPT	outpatient			1430		310.16 First Health	First Health		1001	70			158.95		1782 percent of total billed charges	
CLSD TRT FX METACRPL/INTRPHL JT W/O MAN	26740	CPT	outpatient			1430		310.16 First Trenton	First Trenton		1287	90			158.95		1782 percent of total billed charges	
CLSD TRT FX METACRPL/INTRPHL JT W/O MAN	26740	CPT	outpatient			1430		310.16 Horizon	MGD		501.91				158.95		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT FX METACRPL/INTRPHL JT W/O MAN	26740	CPT	outpatient			1430		310.16 Horizon	Indemnity		501.91				158.95		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT FX METACRPL/INTRPHL JT W/O MAN	26740	CPT	outpatient			1430		310.16 Horizon	NJ Health		158.95				158.95		1782 fee schedule	
CLSD TRT FX METACRPL/INTRPHL JT W/O MAN	26740	CPT	outpatient			1430		310.16 Horizon	PPO		501.91				158.95		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT FX METACRPL/INTRPHL JT W/O MAN	26740	CPT	outpatient			1430		310.16 Horizon	Medicare Blue		269.7				158.95		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT FX METACRPL/INTRPHL JT W/O MAN	26740	CPT	outpatient			1430		310.16 Managed Care Inc	Managed Care Inc		1287	90			158.95		1782 percent of total billed charges	
CLSD TRT FX METACRPL/INTRPHL JT W/O MAN	26740	CPT	outpatient			1430		310.16 Multiplan	Multiplan		1144	80			158.95		1782 percent of total billed charges	
CLSD TRT FX METACRPL/INTRPHL JT W/O MAN	26740	CPT	outpatient			1430		310.16 Qualcare	Qualcare		1072.5	75			158.95		1782 percent of total billed charges	
CLSD TRT FX METACRPL/INTRPHL JT W/O MAN	26740	CPT	outpatient			1430		310.16 Three Rivers	Three Rivers		1358.5	95			158.95		1782 percent of total billed charges	
CLSD TRT FX METACRPL/INTRPHL JT W/O MAN	26740	CPT	outpatient			1430		310.16 UHC	Medicare		269.7				158.95		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT FX METACRPL/INTRPHL JT W/O MAN	26740	CPT	outpatient			1430		310.16 UHC	Medicaid		451.17	31.55			158.95		1782 percent of total billed charges	
CLSD TRT FX METACRPL/INTRPHL JT W/O MAN	26740	CPT	outpatient			1430		310.16 United	Oxford		1782				158.95		1782 case rate	
CLSD TRT FX METACRPL/INTRPHL JT W/O MAN	26740	CPT	outpatient			1430		310.16 United	Commercial|PPO		1782				158.95		1782 case rate	
CLSD TRT FX METACRPL/INTRPHL JT W/O MAN	26740	CPT	outpatient			1430		310.16 Wellcare	Medicare		269.7				158.95		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT FX METACRPL/INTRPHL JT W/O MAN	26740	CPT	outpatient			1430		310.16 Wellcare	Medicaid		451.17	31.55			158.95		1782 percent of total billed charges	
CLSD TRT FX METACRPL/INTRPHL JT W/O MAN	26740	CPT	outpatient			1430		310.16 WellPoint	WellPoint		460.17	32.18			158.95		1782 percent of total billed charges	
CLSD TRT FX METACRPL/INTRPHL JT W/MANIP	26742	CPT	outpatient			5257		2113.84 Aetna	Commercial		2926.29				312.42		4994.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT FX METACRPL/INTRPHL JT W/MANIP	26742	CPT	outpatient			5257		2113.84 Aetna	Better Health		1658.58	31.55			312.42		4994.15 percent of total billed charges	
CLSD TRT FX METACRPL/INTRPHL JT W/MANIP	26742	CPT	outpatient			5257		2113.84 Aetna	Medicare		1838.12				312.42		4994.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT FX METACRPL/INTRPHL JT W/MANIP	26742	CPT	outpatient			5257		2113.84 Americare	Americare		3942.75	75			312.42		4994.15 percent of total billed charges	
CLSD TRT FX METACRPL/INTRPHL JT W/MANIP	26742	CPT	outpatient			5257		2113.84 Amerihealth	Medicare		1838.12				312.42		4994.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT FX METACRPL/INTRPHL JT W/MANIP	26742	CPT	outpatient			5257		2113.84 Amerihealth	HMO|PPO		3417.05	65			312.42		4994.15 percent of total billed charges	
CLSD TRT FX METACRPL/INTRPHL JT W/MANIP	26742	CPT	outpatient			5257		2113.84 Consumer	Consumer		4994.15	95			312.42		4994.15 percent of total billed charges	
CLSD TRT FX METACRPL/INTRPHL JT W/MANIP	26742	CPT	outpatient			5257		2113.84 Corrections	Corrections		4205.6	80			312.42		4994.15 percent of total billed charges	
CLSD TRT FX METACRPL/INTRPHL JT W/MANIP	26742	CPT	outpatient			5257		2113.84 First Health	First Health		3679.9	70			312.42		4994.15 percent of total billed charges	
CLSD TRT FX METACRPL/INTRPHL JT W/MANIP	26742	CPT	outpatient			5257		2113.84 First Trenton	First Trenton		4731.3	90			312.42		4994.15 percent of total billed charges	
CLSD TRT FX METACRPL/INTRPHL JT W/MANIP	26742	CPT	outpatient			5257		2113.84 Horizon	Medicare Blue		1838.12				312.42		4994.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT FX METACRPL/INTRPHL JT W/MANIP	26742	CPT	outpatient			5257		2113.84 Horizon	MGD		3420.74				312.42		4994.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT FX METACRPL/INTRPHL JT W/MANIP	26742	CPT	outpatient			5257		2113.84 Horizon	NJ Health		312.42				312.42		4994.15 fee schedule	
CLSD TRT FX METACRPL/INTRPHL JT W/MANIP	26742	CPT	outpatient			5257		2113.84 Horizon	Indemnity		3420.74				312.42		4994.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT FX METACRPL/INTRPHL JT W/MANIP	26742	CPT	outpatient			5257		2113.84 Horizon	PPO		3420.74				312.42		4994.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT FX METACRPL/INTRPHL JT W/MANIP	26742	CPT	outpatient			5257		2113.84 Managed Care Inc	Managed Care Inc		4731.3	90			312.42		4994.15 percent of total billed charges	
CLSD TRT FX METACRPL/INTRPHL JT W/MANIP	26742	CPT	outpatient			5257		2113.84 Multiplan	Multiplan		4205.6	80			312.42		4994.15 percent of total billed charges	
CLSD TRT FX METACRPL/INTRPHL JT W/MANIP	26742	CPT	outpatient			5257		2113.84 Qualcare	Qualcare		3942.75	75			312.42		4994.15 percent of total billed charges	
CLSD TRT FX METACRPL/INTRPHL JT W/MANIP	26742	CPT	outpatient			5257		2113.84 Three Rivers	Three Rivers		4994.15	95			312.42		4994.15 percent of total billed charges	
CLSD TRT FX METACRPL/INTRPHL JT W/MANIP	26742	CPT	outpatient			5257		2113.84 UHC	Medicare		1838.12				312.42		4994.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT FX METACRPL/INTRPHL JT W/MANIP	26742	CPT	outpatient			5257		2113.84 UHC	Medicaid		1658.58	31.55			312.42		4994.15 percent of total billed charges	
CLSD TRT FX METACRPL/INTRPHL JT W/MANIP	26742	CPT	outpatient			5257		2113.84 United	CommercialIPPO		1782				312.42		4994.15 case rate	
CLSD TRT FX METACRPL/INTRPHL JT W/MANIP	26742	CPT	outpatient			5257		2113.84 United	Oxford		1782				312.42		4994.15 case rate	
CLSD TRT FX METACRPL/INTRPHL JT W/MANIP	26742	CPT	outpatient			5257		2113.84 Wellcare	Medicare		1838.12				312.42		4994.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT FX METACRPL/INTRPHL JT W/MANIP	26742	CPT	outpatient			5257		2113.84 Wellcare	Medicaid		1658.58	31.55			312.42		4994.15 percent of total billed charges	
CLSD TRT FX METACRPL/INTRPHL JT W/MANIP	26742	CPT	outpatient			5257		2113.84 WellPoint	WellPoint		1691.7	32.18			312.42		4994.15 percent of total billed charges	
DISTAL PHALNGL FX FNGR/THB W/O	26750	CPT	outpatient			865		310.16 Aetna	Commercial		429.36				147.05		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DISTAL PHALNGL FX FNGR/THB W/O	26750	CPT	outpatient			865		310.16 Aetna	Better Health		272.91	31.55			147.05		1782 percent of total billed charges	
DISTAL PHALNGL FX FNGR/THB W/O	26750	CPT	outpatient			865		310.16 Aetna	Medicare		269.7				147.05		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DISTAL PHALNGL FX FNGR/THB W/O	26750	CPT	outpatient			865		310.16 Americare	Americare		648.75	75			147.05		1782 percent of total billed charges	
DISTAL PHALNGL FX FNGR/THB W/O	26750	CPT	outpatient			865		310.16 Amerihealth	HMO|PPO		562.25	65			147.05		1782 percent of total billed charges	
DISTAL PHALNGL FX FNGR/THB W/O	26750	CPT	outpatient			865		310.16 Amerihealth	Medicare		269.7				147.05		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DISTAL PHALNGL FX FNGR/THB W/O	26750	CPT	outpatient			865		310.16 Consumer	Consumer		821.75	95			147.05		1782 percent of total billed charges	
DISTAL PHALNGL FX FNGR/THB W/O	26750	CPT	outpatient			865		310.16 Corrections	Corrections		692	80			147.05		1782 percent of total billed charges	
DISTAL PHALNGL FX FNGR/THB W/O	26750	CPT	outpatient			865		310.16 First Health	First Health		605.5	70			147.05		1782 percent of total billed charges	
DISTAL PHALNGL FX FNGR/THB W/O	26750	CPT	outpatient			865		310.16 First Trenton	First Trenton		778.5	90			147.05		1782 percent of total billed charges	
DISTAL PHALNGL FX FNGR/THB W/O	26750	CPT	outpatient			865		310.16 Horizon	NJ Health		147.05				147.05		1782 fee schedule	
DISTAL PHALNGL FX FNGR/THB W/O	26750	CPT	outpatient			865		310.16 Horizon	Indemnity		501.91				147.05		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DISTAL PHALNGL FX FNGR/THB W/O	26750	CPT	outpatient			865		310.16 Horizon	Medicare Blue		269.7				147.05		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DISTAL PHALNGL FX FNGR/THB W/O	26750	CPT	outpatient			865		310.16 Horizon	MGD		501.91				147.05		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DISTAL PHALNGL FX FNGR/THB W/O	26750	CPT	outpatient			865		310.16 Horizon	PPO		501.91				147.05		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DISTAL PHALNGL FX FNGR/THB W/O	26750	CPT	outpatient			865		310.16 Managed Care Inc	Managed Care Inc		778.5	90			147.05		1782 percent of total billed charges	
DISTAL PHALNGL FX FNGR/THB W/O	26750	CPT	outpatient			865		310.16 Multiplan	Multiplan		692	80			147.05		1782 percent of total billed charges	
DISTAL PHALNGL FX FNGR/THB W/O	26750	CPT	outpatient			865		310.16 Qualcare	Qualcare		648.75	75			147.05		1782 percent of total billed charges	
DISTAL PHALNGL FX FNGR/THB W/O	26750	CPT	outpatient			865		310.16 Three Rivers	Three Rivers		821.75	95			147.05		1782 percent of total billed charges	
DISTAL PHALNGL FX FNGR/THB W/O	26750	CPT	outpatient			865		310.16 UHC	Medicaid		272.91	31.55			147.05		1782 percent of total billed charges	
DISTAL PHALNGL FX FNGR/THB W/O	26750	CPT	outpatient			865		310.16 UHC	Medicare		269.7				147.05		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DISTAL PHALNGL FX FNGR/THB W/O	26750	CPT	outpatient			865		310.16 United	CommercialIPPO		1782				147.05		1782 case rate	
DISTAL PHALNGL FX FNGR/THB W/O	26750	CPT	outpatient			865		310.16 United	Oxford		1782				147.05		1782 case rate	
DISTAL PHALNGL FX FNGR/THB W/O	26750	CPT	outpatient			865		310.16 Wellcare	Medicaid		272.91	31.55			147.05		1782 percent of total billed charges	
DISTAL PHALNGL FX FNGR/THB W/O	26750	CPT	outpatient			865		310.16 Wellcare	Medicare		269.7				147.05		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DISTAL PHALNGL FX FNGR/THB W/O	26750	CPT	outpatient			865		310.16 WellPoint	WellPoint		278.36	32.18			147.05		1782 percent of total billed charges	
CLSD TRT DISTPHLNGL FRCT W MAN	26755	CPT	outpatient			865		310.16 Aetna	Better Health		272.91	31.55			245.47		1782 percent of total billed charges	
CLSD TRT DISTPHLNGL FRCT W MAN	26755	CPT	outpatient			865		310.16 Aetna	Medicare		269.7				245.47		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT DISTPHLNGL FRCT W MAN	26755	CPT	outpatient			865		310.16 Aetna	Commercial		429.36				245.47		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT DISTPHLNGL FRCT W MAN	26755	CPT	outpatient			865		310.16 Americare	Americare		648.75	75			245.47		1782 percent of total billed charges	
CLSD TRT DISTPHLNGL FRCT W MAN	26755	CPT	outpatient			865		310.16 Amerihealth	HMO|PPO		562.25	65			245.47		1782 percent of total billed charges	
CLSD TRT DISTPHLNGL FRCT W MAN	26755	CPT	outpatient			865		310.16 Amerihealth	Medicare		269.7				245.47		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT DISTPHLNGL FRCT W MAN	26755	CPT	outpatient			865		310.16 Consumer	Consumer		821.75	95			245.47		1782 percent of total billed charges	
CLSD TRT DISTPHLNGL FRCT W MAN	26755	CPT	outpatient			865		310.16 Corrections	Corrections		692	80			245.47		1782 percent of total billed charges	
CLSD TRT DISTPHLNGL FRCT W MAN	26755	CPT	outpatient			865		310.16 First Health	First Health		605.5	70			245.47		1782 percent of total billed charges	
CLSD TRT DISTPHLNGL FRCT W MAN	26755	CPT	outpatient			865		310.16 First Trenton	First Trenton		778.5	90			245.47		1782 percent of total billed charges	
CLSD TRT DISTPHLNGL FRCT W MAN	26755	CPT	outpatient			865		310.16 Horizon	Indemnity		501.91				245.47		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT DISTPHLNGL FRCT W MAN	26755	CPT	outpatient			865		310.16 Horizon	Medicare Blue		269.7				245.47		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT DISTPHLNGL FRCT W MAN	26755	CPT	outpatient			865		310.16 Horizon	NJ Health		245.47				245.47		1782 fee schedule	
CLSD TRT DISTPHLNGL FRCT W MAN	26755	CPT	outpatient			865		310.16 Horizon	PPO		501.91				245.47		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT DISTPHLNGL FRCT W MAN	26755	CPT	outpatient			865		310.16 Horizon	MGD		501.91				245.47		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT DISTPHLNGL FRCT W MAN	26755	CPT	outpatient			865		310.16 Managed Care Inc	Managed Care Inc		778.5	90			245.47		1782 percent of total billed charges	
CLSD TRT DISTPHLNGL FRCT W MAN	26755	CPT	outpatient			865		310.16 Multiplan	Multiplan		692	80			245.47		1782 percent of total billed charges	
CLSD TRT DISTPHLNGL FRCT W MAN	26755	CPT	outpatient			865		310.16 Qualcare	Qualcare		648.75	75			245.47		1782 percent of total billed charges	
CLSD TRT DISTPHLNGL FRCT W MAN	26755	CPT	outpatient			865		310.16 Three Rivers	Three Rivers		821.75	95			245.47		1782 percent of total billed charges	
CLSD TRT DISTPHLNGL FRCT W MAN	26755	CPT	outpatient			865		310.16 UHC	Medicaid		272.91	31.55			245.47		1782 percent of total billed charges	
CLSD TRT DISTPHLNGL FRCT W MAN	26755	CPT	outpatient			865		310.16 UHC	Medicare		269.7				245.47		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT DISTPHLNGL FRCT W MAN	26755	CPT	outpatient			865		310.16 United	CommercialIPPO		1782				245.47		1782 case rate	
CLSD TRT DISTPHLNGL FRCT W MAN	26755	CPT	outpatient			865		310.16 United	Oxford		1782				245.47		1782 case rate	
CLSD TRT DISTPHLNGL FRCT W MAN	26755	CPT	outpatient			865		310.16 Wellcare	Medicare		269.7				245.47		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT DISTPHLNGL FRCT W MAN	26755	CPT	outpatient			865		310.16 Wellcare	Medicaid		272.91	31.55			245.47		1782 percent of total billed charges	
CLSD TRT DISTPHLNGL FRCT W MAN	26755	CPT	outpatient			865		310.16 WellPoint	WellPoint		278.36	32.18			245.47		1782 percent of total billed charges	
CI TREAT DISTAL PHALANX W PERC	26756	CPT	outpatient			12991		4257.16 Aetna	Commercial		5893.39				430.65		12341.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CI TREAT DISTAL PHALANX W PERC	26756	CPT	outpatient			12991		4257.16 Aetna	Better Health		4098.66	31.55			430.65		12341.45 percent of total billed charges	
CI TREAT DISTAL PHALANX W PERC	26756	CPT	outpatient			12991		4257.16 Aetna	Medicare		3701.88				430.65		12341.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CI TREAT DISTAL PHALANX W PERC	26756	CPT	outpatient			12991		4257.16 Americare	Americare		9743.25	75			430.65		12341.45 percent of total billed charges	
CI TREAT DISTAL PHALANX W PERC	26756	CPT	outpatient			12991		4257.16 Amerihealth	HMO/PPO		8444.15	65			430.65		12341.45 percent of total billed charges	
CI TREAT DISTAL PHALANX W PERC	26756	CPT	outpatient			12991		4257.16 Amerihealth	Medicare		3701.88				430.65		12341.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CI TREAT DISTAL PHALANX W PERC	26756	CPT	outpatient			12991		4257.16 Consumer	Consumer		12341.45	95			430.65		12341.45 percent of total billed charges	
CI TREAT DISTAL PHALANX W PERC	26756	CPT	outpatient			12991		4257.16 Corrections	Corrections		10392.8	80			430.65		12341.45 percent of total billed charges	
CI TREAT DISTAL PHALANX W PERC	26756	CPT	outpatient			12991		4257.16 First Health	First Health		9093.7	70			430.65		12341.45 percent of total billed charges	
CI TREAT DISTAL PHALANX W PERC	26756	CPT	outpatient			12991		4257.16 First Trenton	First Trenton		11691.9	90			430.65		12341.45 percent of total billed charges	
CI TREAT DISTAL PHALANX W PERC	26756	CPT	outpatient			12991		4257.16 Horizon	Medicare Blue		3701.88				430.65		12341.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CI TREAT DISTAL PHALANX W PERC	26756	CPT	outpatient			12991		4257.16 Horizon	MGD		6889.2				430.65		12341.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CI TREAT DISTAL PHALANX W PERC	26756	CPT	outpatient			12991		4257.16 Horizon	Indemnity		6889.2				430.65		12341.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CI TREAT DISTAL PHALANX W PERC	26756	CPT	outpatient			12991		4257.16 Horizon	NJ Health		430.65				430.65		12341.45 fee schedule	
CI TREAT DISTAL PHALANX W PERC	26756	CPT	outpatient			12991		4257.16 Horizon	PPO		6889.2				430.65		12341.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CI TREAT DISTAL PHALANX W PERC	26756	CPT	outpatient			12991		4257.16 Managed Care Inc	Managed Care Inc		11691.9	90			430.65		12341.45 percent of total billed charges	
CI TREAT DISTAL PHALANX W PERC	26756	CPT	outpatient			12991		4257.16 Multiplan	Multiplan		10392.8	80			430.65		12341.45 percent of total billed charges	
CI TREAT DISTAL PHALANX W PERC	26756	CPT	outpatient			12991		4257.16 Qualcare	Qualcare		9743.25	75			430.65		12341.45 percent of total billed charges	
CI TREAT DISTAL PHALANX W PERC	26756	CPT	outpatient			12991		4257.16 Three Rivers	Three Rivers		12341.45	95			430.65		12341.45 percent of total billed charges	
CI TREAT DISTAL PHALANX W PERC	26756	CPT	outpatient			12991		4257.16 UHC	Medicaid		4098.66	31.55			430.65		12341.45 percent of total billed charges	
CI TREAT DISTAL PHALANX W PERC	26756	CPT	outpatient			12991		4257.16 UHC	Medicare		3701.88				430.65		12341.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CI TREAT DISTAL PHALANX W PERC	26756	CPT	outpatient			12991		4257.16 United	Commercial|PPO		2776				430.65		12341.45 case rate	
CI TREAT DISTAL PHALANX W PERC	26756	CPT	outpatient			12991		4257.16 United	Oxford		2776				430.65		12341.45 case rate	
CI TREAT DISTAL PHALANX W PERC	26756	CPT	outpatient			12991		4257.16 Wellcare	Medicaid		4098.66	31.55			430.65		12341.45 percent of total billed charges	
CI TREAT DISTAL PHALANX W PERC	26756	CPT	outpatient			12991		4257.16 Wellcare	Medicare		3701.88				430.65		12341.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CI TREAT DISTAL PHALANX W PERC	26756	CPT	outpatient			12991		4257.16 WellPoint	WellPoint		4180.5	32.18			430.65		12341.45 percent of total billed charges	
OPEN TRT DISTAL PHAL FX	26765	CPT	outpatient			15215		4257.16 Aetna	Better Health		4800.33	31.55			394.63		14454.25 percent of total billed charges	
OPEN TRT DISTAL PHAL FX	26765	CPT	outpatient			15215		4257.16 Aetna	Commercial		5893.39				394.63		14454.25 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TRT DISTAL PHAL FX	26765	CPT	outpatient			15215		4257.16 Aetna	Medicare		3701.88				394.63		14454.25 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TRT DISTAL PHAL FX	26765	CPT	outpatient			15215		4257.16 Americare	Americare		11411.25	75			394.63		14454.25 percent of total billed charges	
OPEN TRT DISTAL PHAL FX	26765	CPT	outpatient			15215		4257.16 Amerihealth	HMO/PPO		9889.75	65			394.63		14454.25 percent of total billed charges	
OPEN TRT DISTAL PHAL FX	26765	CPT	outpatient			15215		4257.16 Amerihealth	Medicare		3701.88				394.63		14454.25 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TRT DISTAL PHAL FX	26765	CPT	outpatient			15215		4257.16 Consumer	Consumer		14454.25	95			394.63		14454.25 percent of total billed charges	
OPEN TRT DISTAL PHAL FX	26765	CPT	outpatient			15215		4257.16 Corrections	Corrections		12172	80			394.63		14454.25 percent of total billed charges	
OPEN TRT DISTAL PHAL FX	26765	CPT	outpatient			15215		4257.16 First Health	First Health		10650.5	70			394.63		14454.25 percent of total billed charges	
OPEN TRT DISTAL PHAL FX	26765	CPT	outpatient			15215		4257.16 First Trenton	First Trenton		13693.5	90			394.63		14454.25 percent of total billed charges	
OPEN TRT DISTAL PHAL FX	26765	CPT	outpatient			15215		4257.16 Horizon	PPO		6889.2				394.63		14454.25 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TRT DISTAL PHAL FX	26765	CPT	outpatient			15215		4257.16 Horizon	MGD		6889.2				394.63		14454.25 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TRT DISTAL PHAL FX	26765	CPT	outpatient			15215		4257.16 Horizon	NJ Health		394.63				394.63		14454.25 fee schedule	
OPEN TRT DISTAL PHAL FX	26765	CPT	outpatient			15215		4257.16 Horizon	Medicare Blue		3701.88				394.63		14454.25 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TRT DISTAL PHAL FX	26765	CPT	outpatient			15215		4257.16 Horizon	Indemnity		6889.2				394.63		14454.25 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TRT DISTAL PHAL FX	26765	CPT	outpatient			15215		4257.16 Managed Care Inc	Managed Care Inc		13693.5	90			394.63		14454.25 percent of total billed charges	
OPEN TRT DISTAL PHAL FX	26765	CPT	outpatient			15215		4257.16 Multiplan	Multiplan		12172	80			394.63		14454.25 percent of total billed charges	
OPEN TRT DISTAL PHAL FX	26765	CPT	outpatient			15215		4257.16 Qualcare	Qualcare		11411.25	75			394.63		14454.25 percent of total billed charges	
OPEN TRT DISTAL PHAL FX	26765	CPT	outpatient			15215		4257.16 Three Rivers	Three Rivers		14454.25	95			394.63		14454.25 percent of total billed charges	
OPEN TRT DISTAL PHAL FX	26765	CPT	outpatient			15215		4257.16 UHC	Medicare		3701.88				394.63		14454.25 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TRT DISTAL PHAL FX	26765	CPT	outpatient			15215		4257.16 UHC	Medicaid		4800.33	31.55			394.63		14454.25 percent of total billed charges	
OPEN TRT DISTAL PHAL FX	26765	CPT	outpatient			15215		4257.16 United	Commercial|PPO		2776				394.63		14454.25 case rate	
OPEN TRT DISTAL PHAL FX	26765	CPT	outpatient			15215		4257.16 United	Oxford		2776				394.63		14454.25 case rate	
OPEN TRT DISTAL PHAL FX	26765	CPT	outpatient			15215		4257.16 Wellcare	Medicare		3701.88				394.63		14454.25 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TRT DISTAL PHAL FX	26765	CPT	outpatient			15215		4257.16 Wellcare	Medicaid		4800.33	31.55			394.63		14454.25 percent of total billed charges	
OPEN TRT DISTAL PHAL FX	26765	CPT	outpatient			15215		4257.16 WellPoint	WellPoint		4896.19	32.18			394.63		14454.25 percent of total billed charges	
CLSD TRT IPJ DISLOC W MAN WO AN	26770	CPT	outpatient			751		310.16 Aetna	Better Health		236.94	31.55			109.62		1782 percent of total billed charges	
CLSD TRT IPJ DISLOC W MAN WO AN	26770	CPT	outpatient			751		310.16 Aetna	Commercial		429.36				109.62		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT IPJ DISLOC W MAN WO AN	26770	CPT	outpatient			751		310.16 Aetna	Medicare		269.7				109.62		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT IPJ DISLOC W MAN WO AN	26770	CPT	outpatient			751		310.16 Americare	Americare		563.25	75			109.62		1782 percent of total billed charges	
CLSD TRT IPJ DISLOC W MAN WO AN	26770	CPT	outpatient			751		310.16 Amerihealth	HMO/PPO		488.15	65			109.62		1782 percent of total billed charges	
CLSD TRT IPJ DISLOC W MAN WO AN	26770	CPT	outpatient			751		310.16 Amerihealth	Medicare		269.7				109.62		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT IPJ DISLOC W MAN WO AN	26770	CPT	outpatient			751		310.16 Consumer	Consumer		713.45	95			109.62		1782 percent of total billed charges	
CLSD TRT IPJ DISLOC W MAN WO AN	26770	CPT	outpatient			751		310.16 Corrections	Corrections		600.8	80			109.62		1782 percent of total billed charges	
CLSD TRT IPJ DISLOC W MAN WO AN	26770	CPT	outpatient			751		310.16 First Health	First Health		525.7	70			109.62		1782 percent of total billed charges	
CLSD TRT IPJ DISLOC W MAN WO AN	26770	CPT	outpatient			751		310.16 First Trenton	First Trenton		675.9	90			109.62		1782 percent of total billed charges	
CLSD TRT IPJ DISLOC W MAN WO AN	26770	CPT	outpatient			751		310.16 Horizon	PPO		501.91				109.62		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT IPJ DISLOC W MAN WO AN	26770	CPT	outpatient			751		310.16 Horizon	MGD		501.91				109.62		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT IPJ DISLOC W MAN WO AN	26770	CPT	outpatient			751		310.16 Horizon	Medicare Blue		269.7				109.62		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT IPJ DISLOC W MAN WO AN	26770	CPT	outpatient			751		310.16 Horizon	NJ Health		109.62				109.62		1782 fee schedule	
CLSD TRT IPJ DISLOC W MAN WO AN	26770	CPT	outpatient			751		310.16 Horizon	Indemnity		501.91				109.62		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT IPJ DISLOC W MAN WO AN	26770	CPT	outpatient			751		310.16 Managed Care Inc	Managed Care Inc		675.9	90			109.62		1782 percent of total billed charges	
CLSD TRT IPJ DISLOC W MAN WO AN	26770	CPT	outpatient			751		310.16 Multiplan	Multiplan		600.8	80			109.62		1782 percent of total billed charges	
CLSD TRT IPJ DISLOC W MAN WO AN	26770	CPT	outpatient			751		310.16 Qualcare	Qualcare		563.25	75			109.62		1782 percent of total billed charges	
CLSD TRT IPJ DISLOC W MAN WO AN	26770	CPT	outpatient			751		310.16 Three Rivers	Three Rivers		713.45	95			109.62		1782 percent of total billed charges	
CLSD TRT IPJ DISLOC W MAN WO AN	26770	CPT	outpatient			751		310.16 UHC	Medicaid		236.94	31.55			109.62		1782 percent of total billed charges	
CLSD TRT IPJ DISLOC W MAN WO AN	26770	CPT	outpatient			751		310.16 UHC	Medicare		269.7				109.62		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT IPJ DISLOC W MAN WO AN	26770	CPT	outpatient			751		310.16 United	Commercial|PPO		1782				109.62		1782 case rate	
CLSD TRT IPJ DISLOC W MAN WO AN	26770	CPT	outpatient			751		310.16 United	Oxford		1782				109.62		1782 case rate	
CLSD TRT IPJ DISLOC W MAN WO AN	26770	CPT	outpatient			751		310.16 Wellcare	Medicare		269.7				109.62		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT IPJ DISLOC W MAN WO AN	26770	CPT	outpatient			751		310.16 Wellcare	Medicaid		236.94	31.55			109.62		1782 percent of total billed charges	
CLSD TRT IPJ DISLOC W MAN WO AN	26770	CPT	outpatient			751		310.16 WellPoint	WellPoint		241.67	32.18			109.62		1782 percent of total billed charges	
TREAT FINGER DISLOC W/ANESTH	26775	CPT	outpatient			6165		353.21 Aetna	Commercial		488.97				260.56		5856.75 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT FINGER DISLOC W/ANESTH	26775	CPT	outpatient			6165		353.21 Aetna	Better Health		1945.06	31.55			260.56		5856.75 percent of total billed charges	
TREAT FINGER DISLOC W/ANESTH	26775	CPT	outpatient			6165		353.21 Aetna	Medicare		1898.82	30.8			260.56		5856.75 percent of total billed charges	
TREAT FINGER DISLOC W/ANESTH	26775	CPT	outpatient			6165		353.21 Americare	Americare		4623.75	75			260.56		5856.75 percent of total billed charges	
TREAT FINGER DISLOC W/ANESTH	26775	CPT	outpatient			6165		353.21 Amerihealth	HMO/PPO		4007.25	65			260.56		5856.75 percent of total billed charges	
TREAT FINGER DISLOC W/ANESTH	26775	CPT	outpatient			6165		353.21 Amerihealth	Medicare		307.14				260.56		5856.75 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT FINGER DISLOC W/ANESTH	26775	CPT	outpatient			6165		353.21 Consumer	Consumer		5856.75	95			260.56		5856.75 percent of total billed charges	
TREAT FINGER DISLOC W/ANESTH	26775	CPT	outpatient			6165		353.21 Corrections	Corrections		4932	80			260.56		5856.75 percent of total billed charges	
TREAT FINGER DISLOC W/ANESTH	26775	CPT	outpatient			6165		353.21 First Health	First Health		4315.5	70			260.56		5856.75 percent of total billed charges	
TREAT FINGER DISLOC W/ANESTH	26775	CPT	outpatient			6165		353.21 First Trenton	First Trenton		5548.5	90			260.56		5856.75 percent of total billed charges	
TREAT FINGER DISLOC W/ANESTH	26775	CPT	outpatient			6165		353.21 Horizon	MGD		571.59				260.56		5856.75 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT FINGER DISLOC W/ANESTH	26775	CPT	outpatient			6165		353.21 Horizon	Indemnity		571.59				260.56		5856.75 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT FINGER DISLOC W/ANESTH	26775	CPT	outpatient			6165		353.21 Horizon	PPO		571.59				260.56		5856.75 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT FINGER DISLOC W/ANESTH	26775	CPT	outpatient			6165		353.21 Horizon	Medicare Blue		307.14				260.56		5856.75 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT FINGER DISLOC W/ANESTH	26775	CPT	outpatient			6165		353.21 Horizon	NJ Health		260.56				260.56		5856.75 fee schedule	
TREAT FINGER DISLOC W/ANESTH	26775	CPT	outpatient			6165		353.21 Managed Care Inc	Managed Care Inc		5548.5	90			260.56		5856.75 percent of total billed charges	
TREAT FINGER DISLOC W/ANESTH	26775	CPT	outpatient			6165		353.21 Multiplan	Multiplan		4932	80			260.56		5856.75 percent of total billed charges	
TREAT FINGER DISLOC W/ANESTH	26775	CPT	outpatient			6165		353.21 Qualcare	Qualcare		4623.75	75			260.56		5856.75 percent of total billed charges	
TREAT FINGER DISLOC W/ANESTH	26775	CPT	outpatient			6165		353.21 Three Rivers	Three Rivers		5856.75	95			260.56		5856.75 percent of total billed charges	
TREAT FINGER DISLOC W/ANESTH	26775	CPT	outpatient			6165		353.21 UHC	Medicaid		1945.06	31.55			260.56		5856.75 percent of total billed charges	
TREAT FINGER DISLOC W/ANESTH	26775	CPT	outpatient			6165		353.21 UHC	Medicare		307.14				260.56		5856.75 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT FINGER DISLOC W/ANESTH	26775	CPT	outpatient			6165		353.21 United	Oxford		1782				260.56		5856.75 case rate	
TREAT FINGER DISLOC W/ANESTH	26775	CPT	outpatient			6165		353.21 United	Commercial|PPO		1782				260.56		5856.75 case rate	
TREAT FINGER DISLOC W/ANESTH	26775	CPT	outpatient			6165		353.21 Wellcare	Medicare		307.14				260.56		5856.75 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT FINGER DISLOC W/ANESTH	26775	CPT	outpatient			6165		353.21 Wellcare	Medicaid		1945.06	31.55			260.56		5856.75 percent of total billed charges	
TREAT FINGER DISLOC W/ANESTH	26775	CPT	outpatient			6165		353.21 WellPoint	WellPoint		1983.9	32.18			260.56		5856.75 percent of total billed charges	
OPEN TREAT IP JOINT DISLOCATION	26785	CPT	outpatient			9659		4257.16 Aetna	Commercial		5893.39				334.34		9176.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TREAT IP JOINT DISLOCATION	26785	CPT	outpatient			9659		4257.16 Aetna	Medicare		3701.88				334.34		9176.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TREAT IP JOINT DISLOCATION	26785	CPT	outpatient			9659		4257.16 Aetna	Better Health		3047.41	31.55			334.34		9176.05 percent of total billed charges	
OPEN TREAT IP JOINT DISLOCATION	26785	CPT	outpatient			9659		4257.16 Americare	Americare		7244.25	75			334.34		9176.05 percent of total billed charges	
OPEN TREAT IP JOINT DISLOCATION	26785	CPT	outpatient			9659		4257.16 Amerihealth	Medicare		3701.88				334.34		9176.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TREAT IP JOINT DISLOCATION	26785	CPT	outpatient			9659		4257.16 Amerihealth	HMO/PPO		6278.35	65			334.34		9176.05 percent of total billed charges	
OPEN TREAT IP JOINT DISLOCATION	26785	CPT	outpatient			9659		4257.16 Consumer	Consumer		9176.05	95			334.34		9176.05 percent of total billed charges	
OPEN TREAT IP JOINT DISLOCATION	26785	CPT	outpatient			9659		4257.16 Corrections	Corrections		7727.2	80			334.34		9176.05 percent of total billed charges	
OPEN TREAT IP JOINT DISLOCATION	26785	CPT	outpatient			9659		4257.16 First Health	First Health		6761.3	70			334.34		9176.05 percent of total billed charges	
OPEN TREAT IP JOINT DISLOCATION	26785	CPT	outpatient			9659		4257.16 First Trenton	First Trenton		8693.1	90			334.34		9176.05 percent of total billed charges	
OPEN TREAT IP JOINT DISLOCATION	26785	CPT	outpatient			9659		4257.16 Horizon	Indemnity		6889.2				334.34		9176.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TREAT IP JOINT DISLOCATION	26785	CPT	outpatient			9659		4257.16 Horizon	MGD		6889.2				334.34		9176.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TREAT IP JOINT DISLOCATION	26785	CPT	outpatient			9659		4257.16 Horizon	PPO		6889.2				334.34		9176.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TREAT IP JOINT DISLOCATION	26785	CPT	outpatient			9659		4257.16 Horizon	Medicare Blue		3701.88				334.34		9176.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TREAT IP JOINT DISLOCATION	26785	CPT	outpatient			9659		4257.16 Horizon	NJ Health		334.34				334.34		9176.05 fee schedule	
OPEN TREAT IP JOINT DISLOCATION	26785	CPT	outpatient			9659		4257.16 Managed Care Inc	Managed Care Inc		8693.1	90			334.34		9176.05 percent of total billed charges	
OPEN TREAT IP JOINT DISLOCATION	26785	CPT	outpatient			9659		4257.16 Multiplan	Multiplan		7727.2	80			334.34		9176.05 percent of total billed charges	
OPEN TREAT IP JOINT DISLOCATION	26785	CPT	outpatient			9659		4257.16 Qualcare	Qualcare		7244.25	75			334.34		9176.05 percent of total billed charges	
OPEN TREAT IP JOINT DISLOCATION	26785	CPT	outpatient			9659		4257.16 Three Rivers	Three Rivers		9176.05	95			334.34		9176.05 percent of total billed charges	
OPEN TREAT IP JOINT DISLOCATION	26785	CPT	outpatient			9659		4257.16 UHC	Medicaid		3047.41	31.55			334.34		9176.05 percent of total billed charges	
OPEN TREAT IP JOINT DISLOCATION	26785	CPT	outpatient			9659		4257.16 UHC	Medicare		3701.88				334.34		9176.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TREAT IP JOINT DISLOCATION	26785	CPT	outpatient			9659		4257.16 United	Oxford		2776				334.34		9176.05 case rate	
OPEN TREAT IP JOINT DISLOCATION	26785	CPT	outpatient			9659		4257.16 United	Commercial|PPO		2776				334.34		9176.05 case rate	
OPEN TREAT IP JOINT DISLOCATION	26785	CPT	outpatient			9659		4257.16 Wellcare	Medicaid		3047.41	31.55			334.34		9176.05 percent of total billed charges	
OPEN TREAT IP JOINT DISLOCATION	26785	CPT	outpatient			9659		4257.16 Wellcare	Medicare		3701.88				334.34		9176.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TREAT IP JOINT DISLOCATION	26785	CPT	outpatient			9659		4257.16 WellPoint	WellPoint		3108.27	32.18			334.34		9176.05 percent of total billed charges	
AMPUTATION METACARPAL	26910	CPT	outpatient			10388		4257.16 Aetna	Medicare		3701.88				663.2		9868.6 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMPUTATION METACARPAL	26910	CPT	outpatient			10388		4257.16 Aetna	Better Health		3277.41	31.55			663.2		9868.6 percent of total billed charges	
AMPUTATION METACARPAL	26910	CPT	outpatient			10388		4257.16 Aetna	Commercial		5893.39				663.2		9868.6 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMPUTATION METACARPAL	26910	CPT	outpatient			10388		4257.16 Americare	Americare		7791	75			663.2		9868.6 percent of total billed charges	
AMPUTATION METACARPAL	26910	CPT	outpatient			10388		4257.16 Amerihealth	HMO/PPO		6752.2	65			663.2		9868.6 percent of total billed charges	
AMPUTATION METACARPAL	26910	CPT	outpatient			10388		4257.16 Amerihealth	Medicare		3701.88				663.2		9868.6 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMPUTATION METACARPAL	26910	CPT	outpatient			10388		4257.16 Consumer	Consumer		9868.6	95			663.2		9868.6 percent of total billed charges	
AMPUTATION METACARPAL	26910	CPT	outpatient			10388		4257.16 Corrections	Corrections		8310.4	80			663.2		9868.6 percent of total billed charges	
AMPUTATION METACARPAL	26910	CPT	outpatient			10388		4257.16 First Health	First Health		7271.6	70			663.2		9868.6 percent of total billed charges	
AMPUTATION METACARPAL	26910	CPT	outpatient			10388		4257.16 First Trenton	First Trenton		9349.2	90			663.2		9868.6 percent of total billed charges	
AMPUTATION METACARPAL	26910	CPT	outpatient			10388		4257.16 Horizon	MGD		6889.2				663.2		9868.6 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMPUTATION METACARPAL	26910	CPT	outpatient			10388		4257.16 Horizon	Medicare Blue		3701.88				663.2		9868.6 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMPUTATION METACARPAL	26910	CPT	outpatient			10388		4257.16 Horizon	Indemnity		6889.2				663.2		9868.6 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMPUTATION METACARPAL	26910	CPT	outpatient			10388		4257.16 Horizon	NJ Health		663.2				663.2		9868.6 fee schedule	
AMPUTATION METACARPAL	26910	CPT	outpatient			10388		4257.16 Horizon	PPO		6889.2				663.2		9868.6 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMPUTATION METACARPAL	26910	CPT	outpatient			10388		4257.16 Managed Care Inc	Managed Care Inc		9349.2	90			663.2		9868.6 percent of total billed charges	
AMPUTATION METACARPAL	26910	CPT	outpatient			10388		4257.16 Multiplan	Multiplan		8310.4	80			663.2		9868.6 percent of total billed charges	
AMPUTATION METACARPAL	26910	CPT	outpatient			10388		4257.16 Qualcare	Qualcare		7791	75			663.2		9868.6 percent of total billed charges	
AMPUTATION METACARPAL	26910	CPT	outpatient			10388		4257.16 Three Rivers	Three Rivers		9868.6	95			663.2		9868.6 percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
AMPUTATION METACARPAL	26910	CPT	outpatient			10388		4257.16	UHC	Medicaid	3277.41	31.55			663.2	9868.6	percent of total billed charges	
AMPUTATION METACARPAL	26910	CPT	outpatient			10388		4257.16	UHC	Medicare	3701.88				663.2	9868.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMPUTATION METACARPAL	26910	CPT	outpatient			10388		4257.16	United	Oxford	3492				663.2	9868.6	case rate	
AMPUTATION METACARPAL	26910	CPT	outpatient			10388		4257.16	United	CommercialPPO	3492				663.2	9868.6	case rate	
AMPUTATION METACARPAL	26910	CPT	outpatient			10388		4257.16	Wellcare	Medicaid	3277.41	31.55			663.2	9868.6	percent of total billed charges	
AMPUTATION METACARPAL	26910	CPT	outpatient			10388		4257.16	Wellcare	Medicare	3701.88				663.2	9868.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMPUTATION METACARPAL	26910	CPT	outpatient			10388		4257.16	WellPoint	WellPoint	3342.86	32.18			663.2	9868.6	percent of total billed charges	
AMPUTATION,FINGER/THUMB,PRIM/SECON SING	26951	CPT	outpatient			10522		4257.16	Aetna	Commercial	5893.39				334.34	9995.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMPUTATION,FINGER/THUMB,PRIM/SECON SING	26951	CPT	outpatient			10522		4257.16	Aetna	Better Health	3319.69	31.55			334.34	9995.9	percent of total billed charges	
AMPUTATION,FINGER/THUMB,PRIM/SECON SING	26951	CPT	outpatient			10522		4257.16	Aetna	Medicare	3701.88				334.34	9995.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMPUTATION,FINGER/THUMB,PRIM/SECON SING	26951	CPT	outpatient			10522		4257.16	Americare	Americare	7891.5	75			334.34	9995.9	percent of total billed charges	
AMPUTATION,FINGER/THUMB,PRIM/SECON SING	26951	CPT	outpatient			10522		4257.16	Amerihealth	HMO/PPO	6839.3	65			334.34	9995.9	percent of total billed charges	
AMPUTATION,FINGER/THUMB,PRIM/SECON SING	26951	CPT	outpatient			10522		4257.16	Amerihealth	Medicare	3701.88				334.34	9995.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMPUTATION,FINGER/THUMB,PRIM/SECON SING	26951	CPT	outpatient			10522		4257.16	Consumer	Consumer	9995.9	95			334.34	9995.9	percent of total billed charges	
AMPUTATION,FINGER/THUMB,PRIM/SECON SING	26951	CPT	outpatient			10522		4257.16	Corrections	Corrections	8417.6	80			334.34	9995.9	percent of total billed charges	
AMPUTATION,FINGER/THUMB,PRIM/SECON SING	26951	CPT	outpatient			10522		4257.16	First Health	First Health	7365.4	70			334.34	9995.9	percent of total billed charges	
AMPUTATION,FINGER/THUMB,PRIM/SECON SING	26951	CPT	outpatient			10522		4257.16	First Trenton	First Trenton	9469.8	90			334.34	9995.9	percent of total billed charges	
AMPUTATION,FINGER/THUMB,PRIM/SECON SING	26951	CPT	outpatient			10522		4257.16	Horizon	Indemnity	6889.2				334.34	9995.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMPUTATION,FINGER/THUMB,PRIM/SECON SING	26951	CPT	outpatient			10522		4257.16	Horizon	Medicare Blue	3701.88				334.34	9995.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMPUTATION,FINGER/THUMB,PRIM/SECON SING	26951	CPT	outpatient			10522		4257.16	Horizon	PPO	6889.2				334.34	9995.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMPUTATION,FINGER/THUMB,PRIM/SECON SING	26951	CPT	outpatient			10522		4257.16	Horizon	MGD	6889.2				334.34	9995.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMPUTATION,FINGER/THUMB,PRIM/SECON SING	26951	CPT	outpatient			10522		4257.16	Horizon	NJ Health	334.34				334.34	9995.9	fee schedule	
AMPUTATION,FINGER/THUMB,PRIM/SECON SING	26951	CPT	outpatient			10522		4257.16	Managed Care Inc	Managed Care Inc	9469.8	90			334.34	9995.9	percent of total billed charges	
AMPUTATION,FINGER/THUMB,PRIM/SECON SING	26951	CPT	outpatient			10522		4257.16	Multiplan	Multiplan	8417.6	80			334.34	9995.9	percent of total billed charges	
AMPUTATION,FINGER/THUMB,PRIM/SECON SING	26951	CPT	outpatient			10522		4257.16	Qualcare	Qualcare	7891.5	75			334.34	9995.9	percent of total billed charges	
AMPUTATION,FINGER/THUMB,PRIM/SECON SING	26951	CPT	outpatient			10522		4257.16	Three Rivers	Three Rivers	9995.9	95			334.34	9995.9	percent of total billed charges	
AMPUTATION,FINGER/THUMB,PRIM/SECON SING	26951	CPT	outpatient			10522		4257.16	UHC	Medicaid	3319.69	31.55			334.34	9995.9	percent of total billed charges	
AMPUTATION,FINGER/THUMB,PRIM/SECON SING	26951	CPT	outpatient			10522		4257.16	UHC	Medicare	3701.88				334.34	9995.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMPUTATION,FINGER/THUMB,PRIM/SECON SING	26951	CPT	outpatient			10522		4257.16	United	Oxford	2493				334.34	9995.9	case rate	
AMPUTATION,FINGER/THUMB,PRIM/SECON SING	26951	CPT	outpatient			10522		4257.16	United	CommercialPPO	2493				334.34	9995.9	case rate	
AMPUTATION,FINGER/THUMB,PRIM/SECON SING	26951	CPT	outpatient			10522		4257.16	Wellcare	Medicare	3701.88				334.34	9995.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMPUTATION,FINGER/THUMB,PRIM/SECON SING	26951	CPT	outpatient			10522		4257.16	Wellcare	Medicaid	3319.69	31.55			334.34	9995.9	percent of total billed charges	
AMPUTATION,FINGER/THUMB,PRIM/SECON SING	26951	CPT	outpatient			10522		4257.16	WellPoint	WellPoint	3385.98	32.18			334.34	9995.9	percent of total billed charges	
AMPUTATION WITH V-Y PLASTY	26952	CPT	outpatient			5068		4257.16	Aetna	Commercial	5893.39				334.34	6889.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMPUTATION WITH V-Y PLASTY	26952	CPT	outpatient			5068		4257.16	Aetna	Medicare	1560.94	30.8			334.34	6889.2	percent of total billed charges	
AMPUTATION WITH V-Y PLASTY	26952	CPT	outpatient			5068		4257.16	Aetna	Better Health	1598.95	31.55			334.34	6889.2	percent of total billed charges	
AMPUTATION WITH V-Y PLASTY	26952	CPT	outpatient			5068		4257.16	Americare	Americare	3801	75			334.34	6889.2	percent of total billed charges	
AMPUTATION WITH V-Y PLASTY	26952	CPT	outpatient			5068		4257.16	Amerihealth	HMO/PPO	3294.2	65			334.34	6889.2	percent of total billed charges	
AMPUTATION WITH V-Y PLASTY	26952	CPT	outpatient			5068		4257.16	Amerihealth	Medicare	3701.88				334.34	6889.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMPUTATION WITH V-Y PLASTY	26952	CPT	outpatient			5068		4257.16	Consumer	Consumer	4814.6	95			334.34	6889.2	percent of total billed charges	
AMPUTATION WITH V-Y PLASTY	26952	CPT	outpatient			5068		4257.16	Corrections	Corrections	4054.4	80			334.34	6889.2	percent of total billed charges	
AMPUTATION WITH V-Y PLASTY	26952	CPT	outpatient			5068		4257.16	First Health	First Health	3547.6	70			334.34	6889.2	percent of total billed charges	
AMPUTATION WITH V-Y PLASTY	26952	CPT	outpatient			5068		4257.16	First Trenton	First Trenton	4561.2	90			334.34	6889.2	percent of total billed charges	
AMPUTATION WITH V-Y PLASTY	26952	CPT	outpatient			5068		4257.16	Horizon	MGD	6889.2				334.34	6889.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMPUTATION WITH V-Y PLASTY	26952	CPT	outpatient			5068		4257.16	Horizon	Indemnity	6889.2				334.34	6889.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMPUTATION WITH V-Y PLASTY	26952	CPT	outpatient			5068		4257.16	Horizon	NJ Health	334.34				334.34	6889.2	fee schedule	
AMPUTATION WITH V-Y PLASTY	26952	CPT	outpatient			5068		4257.16	Horizon	Medicare Blue	3701.88				334.34	6889.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMPUTATION WITH V-Y PLASTY	26952	CPT	outpatient			5068		4257.16	Horizon	PPO	6889.2				334.34	6889.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMPUTATION WITH V-Y PLASTY	26952	CPT	outpatient			5068		4257.16	Managed Care Inc	Managed Care Inc	4561.2	90			334.34	6889.2	percent of total billed charges	
AMPUTATION WITH V-Y PLASTY	26952	CPT	outpatient			5068		4257.16	Multiplan	Multiplan	4054.4	80			334.34	6889.2	percent of total billed charges	
AMPUTATION WITH V-Y PLASTY	26952	CPT	outpatient			5068		4257.16	Qualcare	Qualcare	3801	75			334.34	6889.2	percent of total billed charges	
AMPUTATION WITH V-Y PLASTY	26952	CPT	outpatient			5068		4257.16	Three Rivers	Three Rivers	4814.6	95			334.34	6889.2	percent of total billed charges	
AMPUTATION WITH V-Y PLASTY	26952	CPT	outpatient			5068		4257.16	UHC	Medicaid	1598.95	31.55			334.34	6889.2	percent of total billed charges	
AMPUTATION WITH V-Y PLASTY	26952	CPT	outpatient			5068		4257.16	UHC	Medicare	3701.88				334.34	6889.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMPUTATION WITH V-Y PLASTY	26952	CPT	outpatient			5068		4257.16	United	CommercialPPO	2493				334.34	6889.2	case rate	
AMPUTATION WITH V-Y PLASTY	26952	CPT	outpatient			5068		4257.16	United	Oxford	2493				334.34	6889.2	case rate	
AMPUTATION WITH V-Y PLASTY	26952	CPT	outpatient			5068		4257.16	Wellcare	Medicare	3701.88				334.34	6889.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMPUTATION WITH V-Y PLASTY	26952	CPT	outpatient			5068		4257.16	Wellcare	Medicaid	1598.95	31.55			334.34	6889.2	percent of total billed charges	
AMPUTATION WITH V-Y PLASTY	26952	CPT	outpatient			5068		4257.16	WellPoint	WellPoint	1630.88	32.18			334.34	6889.2	percent of total billed charges	
UNLISTED PROCEDURE HANDS/FINGERS	26989	CPT	outpatient			754		310.16	Aetna	Better Health	237.89	31.55			237.89	1782	percent of total billed charges	
UNLISTED PROCEDURE HANDS/FINGERS	26989	CPT	outpatient			754		310.16	Aetna	Medicare	269.7				237.89	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE HANDS/FINGERS	26989	CPT	outpatient			754		310.16	Aetna	Commercial	429.36				237.89	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE HANDS/FINGERS	26989	CPT	outpatient			754		310.16	Americare	Americare	565.5	75			237.89	1782	percent of total billed charges	
UNLISTED PROCEDURE HANDS/FINGERS	26989	CPT	outpatient			754		310.16	Amerihealth	HMO/PPO	490.1	65			237.89	1782	percent of total billed charges	
UNLISTED PROCEDURE HANDS/FINGERS	26989	CPT	outpatient			754		310.16	Amerihealth	Medicare	269.7				237.89	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE HANDS/FINGERS	26989	CPT	outpatient			754		310.16	Consumer	Consumer	716.3	95			237.89	1782	percent of total billed charges	
UNLISTED PROCEDURE HANDS/FINGERS	26989	CPT	outpatient			754		310.16	Corrections	Corrections	603.2	80			237.89	1782	percent of total billed charges	
UNLISTED PROCEDURE HANDS/FINGERS	26989	CPT	outpatient			754		310.16	First Health	First Health	527.8	70			237.89	1782	percent of total billed charges	
UNLISTED PROCEDURE HANDS/FINGERS	26989	CPT	outpatient			754		310.16	First Trenton	First Trenton	678.6	90			237.89	1782	percent of total billed charges	
UNLISTED PROCEDURE HANDS/FINGERS	26989	CPT	outpatient			754		310.16	Horizon	MGD	501.91				237.89	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE HANDS/FINGERS	26989	CPT	outpatient			754		310.16	Horizon	Indemnity	501.91				237.89	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE HANDS/FINGERS	26989	CPT	outpatient			754		310.16	Horizon	PPO	501.91				237.89	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE HANDS/FINGERS	26989	CPT	outpatient			754		310.16	Horizon	Medicare Blue	269.7				237.89	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE HANDS/FINGERS	26989	CPT	outpatient			754		310.16	Managed Care Inc	Managed Care Inc	678.6	90			237.89	1782	percent of total billed charges	
UNLISTED PROCEDURE HANDS/FINGERS	26989	CPT	outpatient			754		310.16	Multiplan	Multiplan	603.2	80			237.89	1782	percent of total billed charges	
UNLISTED PROCEDURE HANDS/FINGERS	26989	CPT	outpatient			754		310.16	Qualcare	Qualcare	565.5	75			237.89	1782	percent of total billed charges	
UNLISTED PROCEDURE HANDS/FINGERS	26989	CPT	outpatient			754		310.16	Three Rivers	Three Rivers	716.3	95			237.89	1782	percent of total billed charges	
UNLISTED PROCEDURE HANDS/FINGERS	26989	CPT	outpatient			754		310.16	UHC	Medicare	269.7				237.89	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE HANDS/FINGERS	26989	CPT	outpatient			754		310.16	UHC	Medicaid	237.89	31.55			237.89	1782	percent of total billed charges	
UNLISTED PROCEDURE HANDS/FINGERS	26989	CPT	outpatient			754		310.16	United	CommercialPPO	1782				237.89	1782	case rate	
UNLISTED PROCEDURE HANDS/FINGERS	26989	CPT	outpatient			754		310.16	United	Oxford	1782				237.89	1782	case rate	
UNLISTED PROCEDURE HANDS/FINGERS	26989	CPT	outpatient			754		310.16	Wellcare	Medicare	269.7				237.89	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE HANDS/FINGERS	26989	CPT	outpatient			754		310.16	Wellcare	Medicaid	237.89	31.55			237.89	1782	percent of total billed charges	
UNLISTED PROCEDURE HANDS/FINGERS	26989	CPT	outpatient			754		310.16	WellPoint	WellPoint	242.64	32.18			237.89	1782	percent of total billed charges	
FASCIOTOMY HIP THIGH ANY TYPE RT	27025	CPT	outpatient			24532			Aetna	Better Health	7739.85	31.55			930.39	23305.4	percent of total billed charges	
FASCIOTOMY HIP THIGH ANY TYPE RT	27025	CPT	outpatient			24532			Aetna	Medicare	7555.86	30.8			930.39	23305.4	percent of total billed charges	
FASCIOTOMY HIP THIGH ANY TYPE RT	27025	CPT	outpatient			24532			Aetna	Commercial	9022.16	38			930.39	23305.4	percent of total billed charges	
FASCIOTOMY HIP THIGH ANY TYPE RT	27025	CPT	outpatient			24532			Americare	Americare	18399	75			930.39	23305.4	percent of total billed charges	
FASCIOTOMY HIP THIGH ANY TYPE RT	27025	CPT	outpatient			24532			Amerihealth	HMO/PPO	15945.8	65			930.39	23305.4	percent of total billed charges	
FASCIOTOMY HIP THIGH ANY TYPE RT	27025	CPT	outpatient			24532			Consumer	Consumer	23305.4	95			930.39	23305.4	percent of total billed charges	
FASCIOTOMY HIP THIGH ANY TYPE RT	27025	CPT	outpatient			24532			Corrections	Corrections	19625.6	80			930.39	23305.4	percent of total billed charges	
FASCIOTOMY HIP THIGH ANY TYPE RT	27025	CPT	outpatient			24532			First Health	First Health	17172.4	70			930.39	23305.4	percent of total billed charges	
FASCIOTOMY HIP THIGH ANY TYPE RT	27025	CPT	outpatient			24532			First Trenton	First Trenton	22078.8	90			930.39	23305.4	percent of total billed charges	
FASCIOTOMY HIP THIGH ANY TYPE RT	27025	CPT	outpatient			24532			Horizon	Medicare Blue	7359.6	30			930.39	23305.4	percent of total billed charges	
FASCIOTOMY HIP THIGH ANY TYPE RT	27025	CPT	outpatient			24532			Horizon	Indemnity	9390.85	38.28			930.39	23305.4	percent of total billed charges	
FASCIOTOMY HIP THIGH ANY TYPE RT	27025	CPT	outpatient			24532			Horizon	NJ Health	930.39				930.39	23305.4	fee schedule	
FASCIOTOMY HIP THIGH ANY TYPE RT	27025	CPT	outpatient			24532			Horizon	MGD	9390.85	38.28			930.39	23305.4	percent of total billed charges	
FASCIOTOMY HIP THIGH ANY TYPE RT	27025	CPT	outpatient			24532			Horizon	PPO	9390.85	38.28			930.39	23305.4	percent of total billed charges	
FASCIOTOMY HIP THIGH ANY TYPE RT	27025	CPT	outpatient			24532			Managed Care Inc	Managed Care Inc	22078.8	90			930.39	23305.4	percent of total billed charges	
FASCIOTOMY HIP THIGH ANY TYPE RT	27025	CPT	outpatient			24532			Multiplan	Multiplan	19625.6	80			930.39	23305.4	percent of total billed charges	
FASCIOTOMY HIP THIGH ANY TYPE RT	27025	CPT	outpatient			24532			Qualcare	Qualcare	18399	75			930.39	23305.4	percent of total billed charges	
FASCIOTOMY HIP THIGH ANY TYPE RT	27025	CPT	outpatient			24532			Three Rivers	Three Rivers	23305.4	95			930.39	23305.4	percent of total billed charges	
FASCIOTOMY HIP THIGH ANY TYPE RT	27025	CPT	outpatient			24532			UHC	Medicaid	7739.85	31.55			930.39	23305.4	percent of total billed charges	
FASCIOTOMY HIP THIGH ANY TYPE RT	27025	CPT	outpatient			24532			United	Oxford	4702				930.39	23305.4	case rate	
FASCIOTOMY HIP THIGH ANY TYPE RT	27025	CPT	outpatient			24532			United	CommercialPPO	4702				930.39	23305.4	case rate	
FASCIOTOMY HIP THIGH ANY TYPE RT	27025	CPT	outpatient			24532			Wellcare	Medicaid	7739.85	31.55			930.39	23305.4	percent of total billed charges	
FASCIOTOMY HIP THIGH ANY TYPE RT	27025	CPT	outpatient			24532			WellPoint	WellPoint	7894.4	32.18			930.39	23305.4	percent of total billed charges	
PELVIS SOFT TISSUE, BIOPSY SUPERFICIAL	27040	CPT	outpatient			5653		2132.36	Aetna	Better Health	1783.52	31.55			85.27	5370.35	percent of total billed charges	
PELVIS SOFT TISSUE, BIOPSY SUPERFICIAL	27040	CPT	outpatient			5653		2132.36	Aetna	Commercial	2961.93				85.27	5370.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PELVIS SOFT TISSUE, BIOPSY SUPERFICIAL	27040	CPT	outpatient			5653		2132.36	Aetna	Medicare	1741.12	30.8			85.27	5370.35	percent of total billed charges	
PELVIS SOFT TISSUE, BIOPSY SUPERFICIAL	27040	CPT	outpatient			5653		2132.36	Americare	Americare	4239.75	75			85.27	5370.35	percent of total billed charges	
PELVIS SOFT TISSUE, BIOPSY SUPERFICIAL	27040	CPT	outpatient			5653		2132.36	Amerihealth	Medicare	1854.23				85.27	5370.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PELVIS SOFT TISSUE, BIOPSY SUPERFICIAL	27040	CPT	outpatient			5653		2132.36	Amerihealth	HMO/PPO	3674.45	65			85.27	5370.35	percent of total billed charges	
PELVIS SOFT TISSUE, BIOPSY SUPERFICIAL	27040	CPT	outpatient			5653		2132.36	Consumer	Consumer	5370.35	95			85.27	5370.35	percent of total billed charges	
PELVIS SOFT TISSUE, BIOPSY SUPERFICIAL	27040	CPT	outpatient			5653		2132.36	Corrections	Corrections	4522.4	80			85.27	5370.35	percent of total billed charges	
PELVIS SOFT TISSUE, BIOPSY SUPERFICIAL	27040	CPT	outpatient			5653		2132.36	First Health	First Health	3957.1	70			85.27	5370.35	percent of total billed charges	
PELVIS SOFT TISSUE, BIOPSY SUPERFICIAL	27040	CPT	outpatient			5653		2132.36	First Trenton	First Trenton	5087.7	90			85.27	5370.35	percent of total billed charges	
PELVIS SOFT TISSUE, BIOPSY SUPERFICIAL	27040	CPT	outpatient			5653		2132.36	Horizon	Indemnity	3450.72				85.27	5370.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PELVIS SOFT TISSUE, BIOPSY SUPERFICIAL	27040	CPT	outpatient			5653		2132.36	Horizon	Medicare Blue	1854.23				85.27	5370.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PELVIS SOFT TISSUE, BIOPSY SUPERFICIAL	27040	CPT	outpatient			5653		2132.36	Horizon	PPO	3450.72				85.27	5370.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PELVIS SOFT TISSUE, BIOPSY SUPERFICIAL	27040	CPT	outpatient			5653		2132.36	Horizon	NJ Health	85.27				85.27	5370.35	fee schedule	
PELVIS SOFT TISSUE, BIOPSY SUPERFICIAL	27040	CPT	outpatient			5653		2132.36	Horizon	MGD	3450.72				85.27	5370.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PELVIS SOFT TISSUE, BIOPSY SUPERFICIAL	27040	CPT	outpatient			5653		2132.36	Managed Care Inc	Managed Care Inc	5087.7	90			85.27	5370.35	percent of total billed charges	
PELVIS SOFT TISSUE, BIOPSY SUPERFICIAL	27040	CPT	outpatient			5653		2132.36	Multiplan	Multiplan	4522.4	80			85.27	5370.35	percent of total billed charges	
PELVIS SOFT TISSUE, BIOPSY SUPERFICIAL	27040	CPT	outpatient			5653		2132.36	Qualcare	Qualcare	4239.75	75			85.27	5370.35	percent of total billed charges	
PELVIS SOFT TISSUE, BIOPSY SUPERFICIAL	27040	CPT	outpatient			5653		2132.36	Three Rivers	Three Rivers	5370.35	95			85.27	5370.35	percent of total billed charges	
PELVIS SOFT TISSUE, BIOPSY SUPERFICIAL	27040	CPT	outpatient			5653		2132.36	UHC	Medicare	1854.23				85.27	5370.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PELVIS SOFT TISSUE, BIOPSY SUPERFICIAL	27040	CPT	outpatient			5653		2132.36	UHC	Medicaid	1783.52	31.55			85.27	5370.35	percent of total billed charges	
PELVIS SOFT TISSUE, BIOPSY SUPERFICIAL	27040	CPT	outpatient			5653		2132.36	United	Oxford	1817				85.27	5370.35	case rate	
PELVIS SOFT TISSUE, BIOPSY SUPERFICIAL	27040	CPT	outpatient			5653		2132.36	United	CommercialPPO	1817				85.27	5370.35	case rate	
PELVIS SOFT TISSUE, BIOPSY SUPERFICIAL	27040	CPT	outpatient			5653		2132.36	Wellcare	Medicare	1854.23				85.27	5370.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PELVIS SOFT TISSUE, BIOPSY SUPERFICIAL	27040	CPT	outpatient			5653		2132.36	Wellcare	Medicaid	1783.52	31.55			85.27	5370.35	percent of total billed charges	
PELVIS SOFT TISSUE, BIOPSY SUPERFICIAL	27040	CPT	outpatient			5653		2132.36	WellPoint	WellPoint	1819.14	32.18			85.27	5370.35	percent of total billed charges	
PELVIS SOFT TISSUE, BIOPSY DEE	27041	CPT	outpatient			5335		2132.36	Aetna	Medicare	1854.23				312.42	5068.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PELVIS SOFT TISSUE, BIOPSY DEE	27041	CPT	outpatient			5335		2132.36	Aetna	Commercial	2951.93				312.42	5068.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PELVIS SOFT TISSUE, BIOPSY DEE	27041	CPT	outpatient			5335		2132.36	Aetna	Better Health	1683.19	31.55			312.42	5068.25	percent of total billed charges	
PELVIS SOFT TISSUE, BIOPSY DEE	27041	CPT	outpatient			5335		2132.36	Americare	Americare	4001.25	75			312.42	5068.25	percent of total billed charges	
PELVIS SOFT TISSUE, BIOPSY DEE	27041	CPT	outpatient			5335		2132.36	Amerihealth	Medicare	1854.23				312.42	5068.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PELVIS SOFT TISSUE, BIOPSY DEE	27041	CPT	outpatient			5335		2132.36	Amerihealth	HMO/PPO	3467.75	65			312.42	5068.25	percent of total billed charges	
PELVIS SOFT TISSUE, BIOPSY DEE	27041	CPT	outpatient			5335		2132.36	Consumer	Consumer	5068.25	95			312.42	5068.25	percent of total billed charges	
PELVIS SOFT TISSUE, BIOPSY DEE	27041	CPT	outpatient			5335		2132.36	Corrections	Corrections	4268	80			312.42	5068.25	percent of total billed charges	
PELVIS SOFT TISSUE, BIOPSY DEE	27041	CPT	outpatient			5335		2132.36	First Health	First Health	3734.5	70			312.42	5068.25	percent of total billed charges	
PELVIS SOFT TISSUE, BIOPSY DEE	27041	CPT	outpatient			5335		2132.36	First Trenton	First Trenton	4801.5	90			312.42	5068.25	percent of total billed charges	
PELVIS SOFT TISSUE, BIOPSY DEE	27041	CPT	outpatient			5335		2132.36	Horizon	MGD	3450.72				312.42	5068.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PELVIS SOFT TISSUE, BIOPSY DEE	27041	CPT	outpatient			5335		2132.36	Horizon	Indemnity	3450.72				312.42	5068.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PELVIS SOFT TISSUE, BIOPSY DEE	27041	CPT	outpatient			5335		2132.36	Horizon	Medicare Blue	1854.23				312.42	5068.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PELVIS SOFT TISSUE, BIOPSY DEE	27041	CPT	outpatient			5335		2132.36	Horizon	NJ Health	312.42				312.42	5068.25	fee schedule	
PELVIS SOFT TISSUE, BIOPSY DEE	27041	CPT	outpatient			5335		2132.36	Horizon	PPO	3450.72				312.42	5068.25	other	Payer-specific negotiated charge

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
PELVIS SOFT TISSUE, BIOPSY DEE	27041	CPT	outpatient			5335		2132.36 Managed Care Inc	Managed Care Inc		4801.5	90			312.42		5068.25 percent of total billed charges	
PELVIS SOFT TISSUE, BIOPSY DEE	27041	CPT	outpatient			5335		2132.36 Multiplan	Multiplan		4268	80			312.42		5068.25 percent of total billed charges	
PELVIS SOFT TISSUE, BIOPSY DEE	27041	CPT	outpatient			5335		2132.36 Qualcare	Qualcare		4001.25	75			312.42		5068.25 percent of total billed charges	
PELVIS SOFT TISSUE, BIOPSY DEE	27041	CPT	outpatient			5335		2132.36 Three Rivers	Three Rivers		5068.25	95			312.42		5068.25 percent of total billed charges	
PELVIS SOFT TISSUE, BIOPSY DEE	27041	CPT	outpatient			5335		2132.36 UHC	Medicaid		1683.19	31.55			312.42		5068.25 percent of total billed charges	
PELVIS SOFT TISSUE, BIOPSY DEE	27041	CPT	outpatient			5335		2132.36 UHC	Medicare		1854.23				312.42		5068.25 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PELVIS SOFT TISSUE, BIOPSY DEE	27041	CPT	outpatient			5335		2132.36 United	Oxford		1817				312.42		5068.25 case rate	
PELVIS SOFT TISSUE, BIOPSY DEE	27041	CPT	outpatient			5335		2132.36 United	Commercial|PPO		1817				312.42		5068.25 case rate	
PELVIS SOFT TISSUE, BIOPSY DEE	27041	CPT	outpatient			5335		2132.36 Wellcare	Medicare		1854.23				312.42		5068.25 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PELVIS SOFT TISSUE, BIOPSY DEE	27041	CPT	outpatient			5335		2132.36 Wellcare	Medicaid		1683.19	31.55			312.42		5068.25 percent of total billed charges	
PELVIS SOFT TISSUE, BIOPSY DEE	27041	CPT	outpatient			5335		2132.36 WellPoint	WellPoint		1716.8	32.18			312.42		5068.25 percent of total billed charges	
REMOVE HIP FOREIGN BODY	27086	CPT	outpatient			9413		3737.2 Aetna	Better Health		2969.8	31.55			85.27		8942.35 percent of total billed charges	
REMOVE HIP FOREIGN BODY	27086	CPT	outpatient			9413		3737.2 Aetna	Medicare		3249.74				85.27		8942.35 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE HIP FOREIGN BODY	27086	CPT	outpatient			9413		3737.2 Aetna	Commercial		5173.59				85.27		8942.35 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE HIP FOREIGN BODY	27086	CPT	outpatient			9413		3737.2 Americare	Americare		7059.75	75			85.27		8942.35 percent of total billed charges	
REMOVE HIP FOREIGN BODY	27086	CPT	outpatient			9413		3737.2 Amerihealth	Medicare		3249.74				85.27		8942.35 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE HIP FOREIGN BODY	27086	CPT	outpatient			9413		3737.2 Amerihealth	HMO|PPO		6118.45	65			85.27		8942.35 percent of total billed charges	
REMOVE HIP FOREIGN BODY	27086	CPT	outpatient			9413		3737.2 Consumer	Consumer		8942.35	95			85.27		8942.35 percent of total billed charges	
REMOVE HIP FOREIGN BODY	27086	CPT	outpatient			9413		3737.2 Corrections	Corrections		7530.4	80			85.27		8942.35 percent of total billed charges	
REMOVE HIP FOREIGN BODY	27086	CPT	outpatient			9413		3737.2 First Health	First Health		6589.1	70			85.27		8942.35 percent of total billed charges	
REMOVE HIP FOREIGN BODY	27086	CPT	outpatient			9413		3737.2 First Trenton	First Trenton		8471.7	90			85.27		8942.35 percent of total billed charges	
REMOVE HIP FOREIGN BODY	27086	CPT	outpatient			9413		3737.2 Horizon	Indemnity		6047.77				85.27		8942.35 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE HIP FOREIGN BODY	27086	CPT	outpatient			9413		3737.2 Horizon	MGD		6047.77				85.27		8942.35 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE HIP FOREIGN BODY	27086	CPT	outpatient			9413		3737.2 Horizon	PPO		6047.77				85.27		8942.35 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE HIP FOREIGN BODY	27086	CPT	outpatient			9413		3737.2 Horizon	Medicare Blue		3249.74				85.27		8942.35 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE HIP FOREIGN BODY	27086	CPT	outpatient			9413		3737.2 Horizon	NJ Health		85.27				85.27		8942.35 fee schedule	
REMOVE HIP FOREIGN BODY	27086	CPT	outpatient			9413		3737.2 Managed Care Inc	Managed Care Inc		8471.7	90			85.27		8942.35 percent of total billed charges	
REMOVE HIP FOREIGN BODY	27086	CPT	outpatient			9413		3737.2 Multiplan	Multiplan		7530.4	80			85.27		8942.35 percent of total billed charges	
REMOVE HIP FOREIGN BODY	27086	CPT	outpatient			9413		3737.2 Qualcare	Qualcare		7059.75	75			85.27		8942.35 percent of total billed charges	
REMOVE HIP FOREIGN BODY	27086	CPT	outpatient			9413		3737.2 Three Rivers	Three Rivers		8942.35	95			85.27		8942.35 percent of total billed charges	
REMOVE HIP FOREIGN BODY	27086	CPT	outpatient			9413		3737.2 UHC	Medicaid		2969.8	31.55			85.27		8942.35 percent of total billed charges	
REMOVE HIP FOREIGN BODY	27086	CPT	outpatient			9413		3737.2 UHC	Medicare		3249.74				85.27		8942.35 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE HIP FOREIGN BODY	27086	CPT	outpatient			9413		3737.2 United	Commercial|PPO		2493				85.27		8942.35 case rate	
REMOVE HIP FOREIGN BODY	27086	CPT	outpatient			9413		3737.2 United	Oxford		2493				85.27		8942.35 case rate	
REMOVE HIP FOREIGN BODY	27086	CPT	outpatient			9413		3737.2 Wellcare	Medicaid		2969.8	31.55			85.27		8942.35 percent of total billed charges	
REMOVE HIP FOREIGN BODY	27086	CPT	outpatient			9413		3737.2 Wellcare	Medicare		3249.74				85.27		8942.35 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE HIP FOREIGN BODY	27086	CPT	outpatient			9413		3737.2 WellPoint	WellPoint		3029.1	32.18			85.27		8942.35 percent of total billed charges	
INJEC PROC, HIP ARTHRO; W/O A	27093	CPT	outpatient			2742		Aetna	Medicare		844.54	30.8			74.09		2604.9 percent of total billed charges	
INJEC PROC, HIP ARTHRO; W/O A	27093	CPT	outpatient			2742		Aetna	Better Health		865.1	31.55			74.09		2604.9 percent of total billed charges	
INJEC PROC, HIP ARTHRO; W/O A	27093	CPT	outpatient			2742		Aetna	Commercial		1041.96	38			74.09		2604.9 percent of total billed charges	
INJEC PROC, HIP ARTHRO; W/O A	27093	CPT	outpatient			2742		Americare	Americare		2056.5	75			74.09		2604.9 percent of total billed charges	
INJEC PROC, HIP ARTHRO; W/O A	27093	CPT	outpatient			2742		Amerihealth	HMO|PPO		1782.3	65			74.09		2604.9 percent of total billed charges	
INJEC PROC, HIP ARTHRO; W/O A	27093	CPT	outpatient			2742		Consumer	Consumer		2604.9	95			74.09		2604.9 percent of total billed charges	
INJEC PROC, HIP ARTHRO; W/O A	27093	CPT	outpatient			2742		Corrections	Corrections		2193.6	80			74.09		2604.9 percent of total billed charges	
INJEC PROC, HIP ARTHRO; W/O A	27093	CPT	outpatient			2742		First Health	First Health		1919.4	70			74.09		2604.9 percent of total billed charges	
INJEC PROC, HIP ARTHRO; W/O A	27093	CPT	outpatient			2742		First Trenton	First Trenton		2467.8	90			74.09		2604.9 percent of total billed charges	
INJEC PROC, HIP ARTHRO; W/O A	27093	CPT	outpatient			2742		Horizon	MGD		1049.64	38.28			74.09		2604.9 percent of total billed charges	
INJEC PROC, HIP ARTHRO; W/O A	27093	CPT	outpatient			2742		Horizon	Indemnity		1049.64	38.28			74.09		2604.9 percent of total billed charges	
INJEC PROC, HIP ARTHRO; W/O A	27093	CPT	outpatient			2742		Horizon	Medicare Blue		822.6	30			74.09		2604.9 percent of total billed charges	
INJEC PROC, HIP ARTHRO; W/O A	27093	CPT	outpatient			2742		Horizon	NJ Health		74.09				74.09		2604.9 fee schedule	
INJEC PROC, HIP ARTHRO; W/O A	27093	CPT	outpatient			2742		Horizon	PPO		1049.64	38.28			74.09		2604.9 percent of total billed charges	
INJEC PROC, HIP ARTHRO; W/O A	27093	CPT	outpatient			2742		Managed Care Inc	Managed Care Inc		2467.8	90			74.09		2604.9 percent of total billed charges	
INJEC PROC, HIP ARTHRO; W/O A	27093	CPT	outpatient			2742		Multiplan	Multiplan		2193.6	80			74.09		2604.9 percent of total billed charges	
INJEC PROC, HIP ARTHRO; W/O A	27093	CPT	outpatient			2742		Qualcare	Qualcare		2056.5	75			74.09		2604.9 percent of total billed charges	
INJEC PROC, HIP ARTHRO; W/O A	27093	CPT	outpatient			2742		Three Rivers	Three Rivers		2604.9	95			74.09		2604.9 percent of total billed charges	
INJEC PROC, HIP ARTHRO; W/O A	27093	CPT	outpatient			2742		UHC	Medicaid		865.1	31.55			74.09		2604.9 percent of total billed charges	
INJEC PROC, HIP ARTHRO; W/O A	27093	CPT	outpatient			2742		United	Commercial|PPO		1782				74.09		2604.9 case rate	
INJEC PROC, HIP ARTHRO; W/O A	27093	CPT	outpatient			2742		United	Oxford		1782				74.09		2604.9 case rate	
INJEC PROC, HIP ARTHRO; W/O A	27093	CPT	outpatient			2742		Wellcare	Medicaid		865.1	31.55			74.09		2604.9 percent of total billed charges	
INJEC PROC, HIP ARTHRO; W/O A	27093	CPT	outpatient			2742		WellPoint	WellPoint		882.38	32.18			74.09		2604.9 percent of total billed charges	
INJECTION PROC, HIP ARTHROGRAPHY; W/	27095	CPT	outpatient			4057		Aetna	Better Health		1279.98	31.55			74.09		3854.15 percent of total billed charges	
INJECTION PROC, HIP ARTHROGRAPHY; W/	27095	CPT	outpatient			4057		Aetna	Commercial		1541.66	38			74.09		3854.15 percent of total billed charges	
INJECTION PROC, HIP ARTHROGRAPHY; W/	27095	CPT	outpatient			4057		Aetna	Medicare		1249.56	30.8			74.09		3854.15 percent of total billed charges	
INJECTION PROC, HIP ARTHROGRAPHY; W/	27095	CPT	outpatient			4057		Americare	Americare		3042.75	75			74.09		3854.15 percent of total billed charges	
INJECTION PROC, HIP ARTHROGRAPHY; W/	27095	CPT	outpatient			4057		Amerihealth	HMO|PPO		2637.05	65			74.09		3854.15 percent of total billed charges	
INJECTION PROC, HIP ARTHROGRAPHY; W/	27095	CPT	outpatient			4057		Consumer	Consumer		3854.15	95			74.09		3854.15 percent of total billed charges	
INJECTION PROC, HIP ARTHROGRAPHY; W/	27095	CPT	outpatient			4057		Corrections	Corrections		3245.6	80			74.09		3854.15 percent of total billed charges	
INJECTION PROC, HIP ARTHROGRAPHY; W/	27095	CPT	outpatient			4057		First Health	First Health		2839.9	70			74.09		3854.15 percent of total billed charges	
INJECTION PROC, HIP ARTHROGRAPHY; W/	27095	CPT	outpatient			4057		First Trenton	First Trenton		3651.3	90			74.09		3854.15 percent of total billed charges	
INJECTION PROC, HIP ARTHROGRAPHY; W/	27095	CPT	outpatient			4057		Horizon	MGD		1553.02	38.28			74.09		3854.15 percent of total billed charges	
INJECTION PROC, HIP ARTHROGRAPHY; W/	27095	CPT	outpatient			4057		Horizon	Indemnity		1553.02	38.28			74.09		3854.15 percent of total billed charges	
INJECTION PROC, HIP ARTHROGRAPHY; W/	27095	CPT	outpatient			4057		Horizon	PPO		1553.02	38.28			74.09		3854.15 percent of total billed charges	
INJECTION PROC, HIP ARTHROGRAPHY; W/	27095	CPT	outpatient			4057		Horizon	Medicare Blue		1217.1	30			74.09		3854.15 percent of total billed charges	
INJECTION PROC, HIP ARTHROGRAPHY; W/	27095	CPT	outpatient			4057		Horizon	NJ Health		74.09				74.09		3854.15 fee schedule	
INJECTION PROC, HIP ARTHROGRAPHY; W/	27095	CPT	outpatient			4057		Managed Care Inc	Managed Care Inc		3651.3	90			74.09		3854.15 percent of total billed charges	
INJECTION PROC, HIP ARTHROGRAPHY; W/	27095	CPT	outpatient			4057		Multiplan	Multiplan		3245.6	80			74.09		3854.15 percent of total billed charges	
INJECTION PROC, HIP ARTHROGRAPHY; W/	27095	CPT	outpatient			4057		Qualcare	Qualcare		3042.75	75			74.09		3854.15 percent of total billed charges	
INJECTION PROC, HIP ARTHROGRAPHY; W/	27095	CPT	outpatient			4057		Three Rivers	Three Rivers		3854.15	95			74.09		3854.15 percent of total billed charges	
INJECTION PROC, HIP ARTHROGRAPHY; W/	27095	CPT	outpatient			4057		UHC	Medicaid		1279.98	31.55			74.09		3854.15 percent of total billed charges	
INJECTION PROC, HIP ARTHROGRAPHY; W/	27095	CPT	outpatient			4057		United	Oxford		1782				74.09		3854.15 case rate	
INJECTION PROC, HIP ARTHROGRAPHY; W/	27095	CPT	outpatient			4057		United	Commercial|PPO		1782				74.09		3854.15 case rate	
INJECTION PROC, HIP ARTHROGRAPHY; W/	27095	CPT	outpatient			4057		Wellcare	Medicaid		1279.98	31.55			74.09		3854.15 percent of total billed charges	
INJECTION PROC, HIP ARTHROGRAPHY; W/	27095	CPT	outpatient			4057		WellPoint	WellPoint		1305.54	32.18			74.09		3854.15 percent of total billed charges	
INJECT PROC S-I JOINT FLUIRO	27096	CPT	both			2729		Aetna	Better Health		861	31.55			82.32		2592.55 percent of total billed charges	
INJECT PROC S-I JOINT FLUIRO	27096	CPT	both			2729		Aetna	Medicare		840.53	30.8			82.32		2592.55 percent of total billed charges	
INJECT PROC S-I JOINT FLUIRO	27096	CPT	both			2729		Aetna	Commercial		1037.02	38			82.32		2592.55 percent of total billed charges	
INJECT PROC S-I JOINT FLUIRO	27096	CPT	both			2729		Americare	Americare		2046.75	75			82.32		2592.55 percent of total billed charges	
INJECT PROC S-I JOINT FLUIRO	27096	CPT	both			2729		Amerihealth	HMO|PPO		1773.85	65			82.32		2592.55 percent of total billed charges	
INJECT PROC S-I JOINT FLUIRO	27096	CPT	both			2729		Consumer	Consumer		2592.55	95			82.32		2592.55 percent of total billed charges	
INJECT PROC S-I JOINT FLUIRO	27096	CPT	both			2729		Corrections	Corrections		2183.2	80			82.32		2592.55 percent of total billed charges	
INJECT PROC S-I JOINT FLUIRO	27096	CPT	both			2729		First Health	First Health		1910.3	70			82.32		2592.55 percent of total billed charges	
INJECT PROC S-I JOINT FLUIRO	27096	CPT	both			2729		First Trenton	First Trenton		2456.1	90			82.32		2592.55 percent of total billed charges	
INJECT PROC S-I JOINT FLUIRO	27096	CPT	both			2729		Horizon	MGD		1044.66	38.28			82.32		2592.55 percent of total billed charges	
INJECT PROC S-I JOINT FLUIRO	27096	CPT	both			2729		Horizon	Medicare Blue		818.7	30			82.32		2592.55 percent of total billed charges	
INJECT PROC S-I JOINT FLUIRO	27096	CPT	both			2729		Horizon	NJ Health		82.32				82.32		2592.55 fee schedule	
INJECT PROC S-I JOINT FLUIRO	27096	CPT	both			2729		Horizon	Indemnity		1044.66	38.28			82.32		2592.55 percent of total billed charges	
INJECT PROC S-I JOINT FLUIRO	27096	CPT	both			2729		Horizon	PPO		1044.66	38.28			82.32		2592.55 percent of total billed charges	
INJECT PROC S-I JOINT FLUIRO	27096	CPT	both			2729		Managed Care Inc	Managed Care Inc		2456.1	90			82.32		2592.55 percent of total billed charges	
INJECT PROC S-I JOINT FLUIRO	27096	CPT	both			2729		Multiplan	Multiplan		2183.2	80			82.32		2592.55 percent of total billed charges	
INJECT PROC S-I JOINT FLUIRO	27096	CPT	both			2729		Qualcare	Qualcare		2046.75	75			82.32		2592.55 percent of total billed charges	
INJECT PROC S-I JOINT FLUIRO	27096	CPT	both			2729		Three Rivers	Three Rivers		2592.55	95			82.32		2592.55 percent of total billed charges	
INJECT PROC S-I JOINT FLUIRO	27096	CPT	both			2729		UHC	Medicaid		861	31.55			82.32		2592.55 percent of total billed charges	
INJECT PROC S-I JOINT FLUIRO	27096	CPT	both			2729		United	Oxford		1782				82.32		2592.55 case rate	
INJECT PROC S-I JOINT FLUIRO	27096	CPT	both			2729		United	Commercial|PPO		1782				82.32		2592.55 case rate	
INJECT PROC S-I JOINT FLUIRO	27096	CPT	both			2729		Wellcare	Medicaid		861	31.55			82.32		2592.55 percent of total billed charges	
INJECT PROC S-I JOINT FLUIRO	27096	CPT	both			2729		WellPoint	WellPoint		878.19	32.18			82.32		2592.55 percent of total billed charges	
CLSD TX PELVIC RING FX	27197	CPT	outpatient			865		310.16 Aetna	Commercial		429.36				95.97		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TX PELVIC RING FX	27197	CPT	outpatient			865		310.16 Aetna	Better Health		272.91	31.55			95.97		1782 percent of total billed charges	
CLSD TX PELVIC RING FX	27197	CPT	outpatient			865		310.16 Aetna	Medicare		269.7				95.97		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TX PELVIC RING FX	27197	CPT	outpatient			865		310.16 Americare	Americare		648.75	75			95.97		1782 percent of total billed charges	
CLSD TX PELVIC RING FX	27197	CPT	outpatient			865		310.16 Amerihealth	Medicare		269.7				95.97		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TX PELVIC RING FX	27197	CPT	outpatient			865		310.16 Amerihealth	HMO|PPO		592.25	65			95.97		1782 percent of total billed charges	
CLSD TX PELVIC RING FX	27197	CPT	outpatient			865		310.16 Consumer	Consumer		821.75	95			95.97		1782 percent of total billed charges	
CLSD TX PELVIC RING FX	27197	CPT	outpatient			865		310.16 Corrections	Corrections		692	80			95.97		1782 percent of total billed charges	
CLSD TX PELVIC RING FX	27197	CPT	outpatient			865		310.16 First Health	First Health		605.5	70			95.97		1782 percent of total billed charges	
CLSD TX PELVIC RING FX	27197	CPT	outpatient			865		310.16 First Trenton	First Trenton		778.5	90			95.97		1782 percent of total billed charges	
CLSD TX PELVIC RING FX	27197	CPT	outpatient			865		310.16 Horizon	MGD		501.91				95.97		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TX PELVIC RING FX	27197	CPT	outpatient			865		310.16 Horizon	PPO		501.91				95.97		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TX PELVIC RING FX	27197	CPT	outpatient			865		310.16 Horizon	Medicare Blue		269.7				95.97		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TX PELVIC RING FX	27197	CPT	outpatient			865		310.16 Horizon	NJ Health		95.97				95.97		1782 fee schedule	
CLSD TX PELVIC RING FX	27197	CPT	outpatient			865		310.16 Horizon	Indemnity		501.91				95.97		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TX PELVIC RING FX	27197	CPT	outpatient			865		310.16 Managed Care Inc	Managed Care Inc		778.5	90			95.97		1782 percent of total billed charges	
CLSD TX PELVIC RING FX	27197	CPT	outpatient			865		310.16 Multiplan	Multiplan		692	80			95.97		1782 percent of total billed charges	
CLSD TX PELVIC RING FX	27197	CPT	outpatient			865		310.16 Qualcare	Qualcare		648.75	75			95.97		1782 percent of total billed charges	
CLSD TX PELVIC RING FX	27197	CPT	outpatient			865		310.16 Three Rivers	Three Rivers		821.75	95			95.97		1782 percent of total billed charges	
CLSD TX PELVIC RING FX	27197	CPT	outpatient			865		310.16 UHC	Medicaid		272.91	31.55			95.97		1782 percent of total billed charges	
CLSD TX PELVIC RING FX	27197	CPT	outpatient			865		310.16 UHC	Medicare		269.7				95.97		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TX PELVIC RING FX	27197	CPT	outpatient			865		310.16 United	Oxford		1782				95.97		1782 case rate	
CLSD TX PELVIC RING FX	27197	CPT	outpatient			865		310.16 United	Commercial|PPO		1782				95.97		1782 case rate	
CLSD TX PELVIC RING FX	27197	CPT	outpatient			865		310.16 Wellcare	Medicaid		272.91	31.55			95.97		1782 percent of total billed charges	
CLSD TX PELVIC RING FX	27197	CPT	outpatient			865		310.16 Wellcare	Medicare		269.7				95.97		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TX PELVIC RING FX	27197	CPT	outpatient			865		310.16 WellPoint	WellPoint		278.36	32.18			95.97		1782 percent of total billed charges	
PERCUT EXTERN.FIX.OF PELVIC RING FRACTUR	27216	CPT	outpatient			2390		Aetna	Medicare		736.12	30.8			717		3492 percent of total billed charges	
PERCUT EXTERN.FIX.OF PELVIC RING FRACTUR	27216	CPT	outpatient			2390		Aetna	Commercial		908.2	38			717		3492 percent of total billed charges	
PERCUT EXTERN.FIX.OF PELVIC RING FRACTUR	27216	CPT	outpatient			2390		Aetna	Better Health		754.05	31.55			717		3492 percent of total billed charges	
PERCUT EXTERN.FIX.OF PELVIC RING FRACTUR	27216	CPT	outpatient			2390		Americare	Americare		1762.5	75			717		3492 percent of total billed charges	
PERCUT EXTERN.FIX.OF PELVIC RING FRACTUR	27216	CPT	outpatient			2390		Amerihealth	HMO|PPO		1553.5	65			717		3492 percent of total billed charges	
PERCUT EXTERN.FIX.OF PELVIC RING FRACTUR	27216	CPT	outpatient			2390		Consumer	Consumer		2270.5	95			717		3492 percent of total billed charges	
PERCUT EXTERN.FIX.OF PELVIC RING FRACTUR	27216	CPT	outpatient			2390		Corrections	Corrections		1912	80			717		3492 percent of total billed charges	
PERCUT EXTERN.FIX.OF PELVIC RING FRACTUR	27216	CPT	outpatient			2390		First Health	First Health		1673	70			717		3492 percent of total billed charges	
PERCUT EXTERN.FIX.OF PELVIC RING FRACTUR	27216	CPT	outpatient			2390		First Trenton	First Trenton		2151	90			717		3492 percent of total billed charges	
PERCUT EXTERN.FIX.OF PELVIC RING FRACTUR	27216	CPT	outpatient			2390		Horizon	Medicare Blue		717	30			717		3492 percent of total billed charges	
PERCUT EXTERN.FIX.OF PELVIC RING FRACTUR	27216	CPT	outpatient			2390		Horizon	MGD		914.89	38.28			717		3492 percent of total billed charges	
PERCUT EXTERN.FIX.OF PELVIC RING FRACTUR	27216	CPT	outpatient			2390		Horizon	Indemnity		914.89	38.28			717		3492 percent of total billed charges	
PERCUT EXTERN.FIX.OF PELVIC RING FRACTUR	27216	CPT	outpatient			2390		Horizon	PPO		914.89	38.28			717		3492 percent of total billed charges	
PERCUT EXTERN.FIX.OF PELVIC RING FRACTUR	27216	CPT	outpatient			2390		Horizon	NJ Health		808.24				717		3492 fee schedule	
PERCUT EXTERN.FIX.OF PELVIC RING FRACTUR	27216	CPT	outpatient			2390		Managed Care Inc	Managed Care Inc		2151	90			717		3492 percent of total billed charges	
PERCUT EXTERN.FIX.OF PELVIC RING FRACTUR	27216	CPT	outpatient			2390		Multiplan	Multiplan		1912	80			717		3492 percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
PERCUT EXTERN.FIX.OF PELVIC RING FRACTUR	27216	CPT	outpatient			2390		Qualcare	Qualcare		1782.5	75			717	3492	percent of total billed charges	
PERCUT EXTERN.FIX.OF PELVIC RING FRACTUR	27216	CPT	outpatient			2390		Three Rivers	Three Rivers		2270.5	95			717	3492	percent of total billed charges	
PERCUT EXTERN.FIX.OF PELVIC RING FRACTUR	27216	CPT	outpatient			2390		UHC	Medicaid		754.05	31.55			717	3492	percent of total billed charges	
PERCUT EXTERN.FIX.OF PELVIC RING FRACTUR	27216	CPT	outpatient			2390		United	Oxford		3492				717	3492	case rate	
PERCUT EXTERN.FIX.OF PELVIC RING FRACTUR	27216	CPT	outpatient			2390		United	CommercialPPO		3492				717	3492	case rate	
PERCUT EXTERN.FIX.OF PELVIC RING FRACTUR	27216	CPT	outpatient			2390		Wellcare	Medicaid		754.05	31.55			717	3492	percent of total billed charges	
PERCUT EXTERN.FIX.OF PELVIC RING FRACTUR	27216	CPT	outpatient			2390		WellPoint	WellPoint		769.1	32.18			717	3492	percent of total billed charges	
CL TX OF ACETAB W/O MAN	27220	CPT	outpatient			656	310.16	Aetna	Medicare		202.05	30.8			202.05	1782	percent of total billed charges	
CL TX OF ACETAB W/O MAN	27220	CPT	outpatient			656	310.16	Aetna	Better Health		206.97	31.55			202.05	1782	percent of total billed charges	
CL TX OF ACETAB W/O MAN	27220	CPT	outpatient			656	310.16	Aetna	Commercial		429.36				202.05	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX OF ACETAB W/O MAN	27220	CPT	outpatient			656	310.16	Americare	Americare		492	75			202.05	1782	percent of total billed charges	
CL TX OF ACETAB W/O MAN	27220	CPT	outpatient			656	310.16	Amerihealth	HMO/PPO		426.4	65			202.05	1782	percent of total billed charges	
CL TX OF ACETAB W/O MAN	27220	CPT	outpatient			656	310.16	Amerihealth	Medicare		269.7				202.05	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX OF ACETAB W/O MAN	27220	CPT	outpatient			656	310.16	Consumer	Consumer		623.2	95			202.05	1782	percent of total billed charges	
CL TX OF ACETAB W/O MAN	27220	CPT	outpatient			656	310.16	Corrections	Corrections		524.8	80			202.05	1782	percent of total billed charges	
CL TX OF ACETAB W/O MAN	27220	CPT	outpatient			656	310.16	First Health	First Health		459.2	70			202.05	1782	percent of total billed charges	
CL TX OF ACETAB W/O MAN	27220	CPT	outpatient			656	310.16	First Trenton	First Trenton		590.4	90			202.05	1782	percent of total billed charges	
CL TX OF ACETAB W/O MAN	27220	CPT	outpatient			656	310.16	Horizon	PPO		501.91				202.05	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX OF ACETAB W/O MAN	27220	CPT	outpatient			656	310.16	Horizon	MGD		501.91				202.05	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX OF ACETAB W/O MAN	27220	CPT	outpatient			656	310.16	Horizon	Indemnity		501.91				202.05	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX OF ACETAB W/O MAN	27220	CPT	outpatient			656	310.16	Horizon	NJ Health		227.38				202.05	1782	fee schedule	
CL TX OF ACETAB W/O MAN	27220	CPT	outpatient			656	310.16	Horizon	Medicare Blue		269.7				202.05	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX OF ACETAB W/O MAN	27220	CPT	outpatient			656	310.16	Managed Care Inc	Managed Care Inc		590.4	90			202.05	1782	percent of total billed charges	
CL TX OF ACETAB W/O MAN	27220	CPT	outpatient			656	310.16	Multiplan	Multiplan		524.8	80			202.05	1782	percent of total billed charges	
CL TX OF ACETAB W/O MAN	27220	CPT	outpatient			656	310.16	Qualcare	Qualcare		492	75			202.05	1782	percent of total billed charges	
CL TX OF ACETAB W/O MAN	27220	CPT	outpatient			656	310.16	Three Rivers	Three Rivers		623.2	95			202.05	1782	percent of total billed charges	
CL TX OF ACETAB W/O MAN	27220	CPT	outpatient			656	310.16	UHC	Medicare		269.7				202.05	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX OF ACETAB W/O MAN	27220	CPT	outpatient			656	310.16	UHC	Medicaid		206.97	31.55			202.05	1782	percent of total billed charges	
CL TX OF ACETAB W/O MAN	27220	CPT	outpatient			656	310.16	United	CommercialPPO		1782				202.05	1782	case rate	
CL TX OF ACETAB W/O MAN	27220	CPT	outpatient			656	310.16	United	Oxford		1782				202.05	1782	case rate	
CL TX OF ACETAB W/O MAN	27220	CPT	outpatient			656	310.16	Wellcare	Medicare		269.7				202.05	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX OF ACETAB W/O MAN	27220	CPT	outpatient			656	310.16	Wellcare	Medicaid		206.97	31.55			202.05	1782	percent of total billed charges	
CL TX OF ACETAB W/O MAN	27220	CPT	outpatient			656	310.16	WellPoint	WellPoint		211.1	32.18			202.05	1782	percent of total billed charges	
TRT HIP SOCKET FX W/WO TRACT	27222	CPT	outpatient			612		Aetna	Better Health		193.09	31.55			183.6	1782	percent of total billed charges	
TRT HIP SOCKET FX W/WO TRACT	27222	CPT	outpatient			612		Aetna	Medicare		188.5	30.8			183.6	1782	percent of total billed charges	
TRT HIP SOCKET FX W/WO TRACT	27222	CPT	outpatient			612		Aetna	Commercial		232.56	38			183.6	1782	percent of total billed charges	
TRT HIP SOCKET FX W/WO TRACT	27222	CPT	outpatient			612		Americare	Americare		459	75			183.6	1782	percent of total billed charges	
TRT HIP SOCKET FX W/WO TRACT	27222	CPT	outpatient			612		Amerihealth	HMO/PPO		397.8	65			183.6	1782	percent of total billed charges	
TRT HIP SOCKET FX W/WO TRACT	27222	CPT	outpatient			612		Consumer	Consumer		581.4	95			183.6	1782	percent of total billed charges	
TRT HIP SOCKET FX W/WO TRACT	27222	CPT	outpatient			612		Corrections	Corrections		489.6	80			183.6	1782	percent of total billed charges	
TRT HIP SOCKET FX W/WO TRACT	27222	CPT	outpatient			612		First Health	First Health		428.4	70			183.6	1782	percent of total billed charges	
TRT HIP SOCKET FX W/WO TRACT	27222	CPT	outpatient			612		First Trenton	First Trenton		550.8	90			183.6	1782	percent of total billed charges	
TRT HIP SOCKET FX W/WO TRACT	27222	CPT	outpatient			612		Horizon	Medicare Blue		183.6	30			183.6	1782	percent of total billed charges	
TRT HIP SOCKET FX W/WO TRACT	27222	CPT	outpatient			612		Horizon	Indemnity		234.27	38.28			183.6	1782	percent of total billed charges	
TRT HIP SOCKET FX W/WO TRACT	27222	CPT	outpatient			612		Horizon	NJ Health		1074.04				183.6	1782	fee schedule	
TRT HIP SOCKET FX W/WO TRACT	27222	CPT	outpatient			612		Horizon	MGD		234.27	38.28			183.6	1782	percent of total billed charges	
TRT HIP SOCKET FX W/WO TRACT	27222	CPT	outpatient			612		Horizon	PPO		234.27	38.28			183.6	1782	percent of total billed charges	
TRT HIP SOCKET FX W/WO TRACT	27222	CPT	outpatient			612		Managed Care Inc	Managed Care Inc		550.8	90			183.6	1782	percent of total billed charges	
TRT HIP SOCKET FX W/WO TRACT	27222	CPT	outpatient			612		Multiplan	Multiplan		489.6	80			183.6	1782	percent of total billed charges	
TRT HIP SOCKET FX W/WO TRACT	27222	CPT	outpatient			612		Qualcare	Qualcare		459	75			183.6	1782	percent of total billed charges	
TRT HIP SOCKET FX W/WO TRACT	27222	CPT	outpatient			612		Three Rivers	Three Rivers		581.4	95			183.6	1782	percent of total billed charges	
TRT HIP SOCKET FX W/WO TRACT	27222	CPT	outpatient			612		UHC	Medicaid		193.09	31.55			183.6	1782	percent of total billed charges	
TRT HIP SOCKET FX W/WO TRACT	27222	CPT	outpatient			612		United	Oxford		1782				183.6	1782	case rate	
TRT HIP SOCKET FX W/WO TRACT	27222	CPT	outpatient			612		United	CommercialPPO		1782				183.6	1782	case rate	
TRT HIP SOCKET FX W/WO TRACT	27222	CPT	outpatient			612		Wellcare	Medicaid		193.09	31.55			183.6	1782	percent of total billed charges	
TRT HIP SOCKET FX W/WO TRACT	27222	CPT	outpatient			612		WellPoint	WellPoint		196.94	32.18			183.6	1782	percent of total billed charges	
TREAT PELVIC RING PERCU FX	27226	CPT	outpatient			24532		Aetna	Better Health		7739.85	31.55			1398.65	23305.4	percent of total billed charges	
TREAT PELVIC RING PERCU FX	27226	CPT	outpatient			24532		Aetna	Medicare		7555.86	30.8			1398.65	23305.4	percent of total billed charges	
TREAT PELVIC RING PERCU FX	27226	CPT	outpatient			24532		Aetna	Commercial		9322.16	38			1398.65	23305.4	percent of total billed charges	
TREAT PELVIC RING PERCU FX	27226	CPT	outpatient			24532		Americare	Americare		18399	75			1398.65	23305.4	percent of total billed charges	
TREAT PELVIC RING PERCU FX	27226	CPT	outpatient			24532		Amerihealth	HMO/PPO		15945.8	65			1398.65	23305.4	percent of total billed charges	
TREAT PELVIC RING PERCU FX	27226	CPT	outpatient			24532		Consumer	Consumer		23305.4	95			1398.65	23305.4	percent of total billed charges	
TREAT PELVIC RING PERCU FX	27226	CPT	outpatient			24532		Corrections	Corrections		19625.6	80			1398.65	23305.4	percent of total billed charges	
TREAT PELVIC RING PERCU FX	27226	CPT	outpatient			24532		First Health	First Health		17172.4	70			1398.65	23305.4	percent of total billed charges	
TREAT PELVIC RING PERCU FX	27226	CPT	outpatient			24532		First Trenton	First Trenton		22078.8	90			1398.65	23305.4	percent of total billed charges	
TREAT PELVIC RING PERCU FX	27226	CPT	outpatient			24532		Horizon	MGD		9390.85	38.28			1398.65	23305.4	percent of total billed charges	
TREAT PELVIC RING PERCU FX	27226	CPT	outpatient			24532		Horizon	Indemnity		9390.85	38.28			1398.65	23305.4	percent of total billed charges	
TREAT PELVIC RING PERCU FX	27226	CPT	outpatient			24532		Horizon	Medicare Blue		7359.6	30			1398.65	23305.4	percent of total billed charges	
TREAT PELVIC RING PERCU FX	27226	CPT	outpatient			24532		Horizon	NJ Health		1398.65				1398.65	23305.4	fee schedule	
TREAT PELVIC RING PERCU FX	27226	CPT	outpatient			24532		Horizon	PPO		9390.85	38.28			1398.65	23305.4	percent of total billed charges	
TREAT PELVIC RING PERCU FX	27226	CPT	outpatient			24532		Managed Care Inc	Managed Care Inc		22078.8	90			1398.65	23305.4	percent of total billed charges	
TREAT PELVIC RING PERCU FX	27226	CPT	outpatient			24532		Multiplan	Multiplan		19625.6	80			1398.65	23305.4	percent of total billed charges	
TREAT PELVIC RING PERCU FX	27226	CPT	outpatient			24532		Qualcare	Qualcare		18399	75			1398.65	23305.4	percent of total billed charges	
TREAT PELVIC RING PERCU FX	27226	CPT	outpatient			24532		Three Rivers	Three Rivers		23305.4	95			1398.65	23305.4	percent of total billed charges	
TREAT PELVIC RING PERCU FX	27226	CPT	outpatient			24532		UHC	Medicaid		7739.85	31.55			1398.65	23305.4	percent of total billed charges	
TREAT PELVIC RING PERCU FX	27226	CPT	outpatient			24532		United	CommercialPPO		6362				1398.65	23305.4	case rate	
TREAT PELVIC RING PERCU FX	27226	CPT	outpatient			24532		United	Oxford		6362				1398.65	23305.4	case rate	
TREAT PELVIC RING PERCU FX	27226	CPT	outpatient			24532		Wellcare	Medicaid		7739.85	31.55			1398.65	23305.4	percent of total billed charges	
TREAT PELVIC RING PERCU FX	27226	CPT	outpatient			24532		WellPoint	WellPoint		7894.4	32.18			1398.65	23305.4	percent of total billed charges	
TREAT FX THIGH, W/O MAN	27230	CPT	outpatient			609	310.16	Aetna	Medicare		187.57	30.8			187.57	1782	percent of total billed charges	
TREAT FX THIGH, W/O MAN	27230	CPT	outpatient			609	310.16	Aetna	Commercial		429.36				187.57	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT FX THIGH, W/O MAN	27230	CPT	outpatient			609	310.16	Aetna	Better Health		192.14	31.55			187.57	1782	percent of total billed charges	
TREAT FX THIGH, W/O MAN	27230	CPT	outpatient			609	310.16	Americare	Americare		456.75	75			187.57	1782	percent of total billed charges	
TREAT FX THIGH, W/O MAN	27230	CPT	outpatient			609	310.16	Amerihealth	HMO/PPO		395.85	65			187.57	1782	percent of total billed charges	
TREAT FX THIGH, W/O MAN	27230	CPT	outpatient			609	310.16	Amerihealth	Medicare		269.7				187.57	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT FX THIGH, W/O MAN	27230	CPT	outpatient			609	310.16	Consumer	Consumer		578.55	95			187.57	1782	percent of total billed charges	
TREAT FX THIGH, W/O MAN	27230	CPT	outpatient			609	310.16	Corrections	Corrections		487.2	80			187.57	1782	percent of total billed charges	
TREAT FX THIGH, W/O MAN	27230	CPT	outpatient			609	310.16	First Health	First Health		426.3	70			187.57	1782	percent of total billed charges	
TREAT FX THIGH, W/O MAN	27230	CPT	outpatient			609	310.16	First Trenton	First Trenton		548.1	90			187.57	1782	percent of total billed charges	
TREAT FX THIGH, W/O MAN	27230	CPT	outpatient			609	310.16	Horizon	PPO		501.91				187.57	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT FX THIGH, W/O MAN	27230	CPT	outpatient			609	310.16	Horizon	MGD		501.91				187.57	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT FX THIGH, W/O MAN	27230	CPT	outpatient			609	310.16	Horizon	Medicare Blue		269.7				187.57	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT FX THIGH, W/O MAN	27230	CPT	outpatient			609	310.16	Horizon	NJ Health		522				187.57	1782	fee schedule	
TREAT FX THIGH, W/O MAN	27230	CPT	outpatient			609	310.16	Horizon	Indemnity		501.91				187.57	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT FX THIGH, W/O MAN	27230	CPT	outpatient			609	310.16	Managed Care Inc	Managed Care Inc		548.1	90			187.57	1782	percent of total billed charges	
TREAT FX THIGH, W/O MAN	27230	CPT	outpatient			609	310.16	Multiplan	Multiplan		487.2	80			187.57	1782	percent of total billed charges	
TREAT FX THIGH, W/O MAN	27230	CPT	outpatient			609	310.16	Qualcare	Qualcare		456.75	75			187.57	1782	percent of total billed charges	
TREAT FX THIGH, W/O MAN	27230	CPT	outpatient			609	310.16	Three Rivers	Three Rivers		578.55	95			187.57	1782	percent of total billed charges	
TREAT FX THIGH, W/O MAN	27230	CPT	outpatient			609	310.16	UHC	Medicaid		192.14	31.55			187.57	1782	percent of total billed charges	
TREAT FX THIGH, W/O MAN	27230	CPT	outpatient			609	310.16	UHC	Medicare		269.7				187.57	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT FX THIGH, W/O MAN	27230	CPT	outpatient			609	310.16	United	Oxford		1782				187.57	1782	case rate	
TREAT FX THIGH, W/O MAN	27230	CPT	outpatient			609	310.16	United	CommercialPPO		1782				187.57	1782	case rate	
TREAT FX THIGH, W/O MAN	27230	CPT	outpatient			609	310.16	Wellcare	Medicare		269.7				187.57	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT FX THIGH, W/O MAN	27230	CPT	outpatient			609	310.16	Wellcare	Medicaid		192.14	31.55			187.57	1782	percent of total billed charges	
TREAT FX THIGH, W/O MAN	27230	CPT	outpatient			609	310.16	WellPoint	WellPoint		195.98	32.18			187.57	1782	percent of total billed charges	
TREAT FX THIGH, W/MANIP	27232	CPT	outpatient			3933		Aetna	Commercial		1494.54	38			846.97	3736.35	percent of total billed charges	
TREAT FX THIGH, W/MANIP	27232	CPT	outpatient			3933		Aetna	Better Health		1240.86	31.55			846.97	3736.35	percent of total billed charges	
TREAT FX THIGH, W/MANIP	27232	CPT	outpatient			3933		Aetna	Medicare		1211.36	30.8			846.97	3736.35	percent of total billed charges	
TREAT FX THIGH, W/MANIP	27232	CPT	outpatient			3933		Americare	Americare		2949.75	75			846.97	3736.35	percent of total billed charges	
TREAT FX THIGH, W/MANIP	27232	CPT	outpatient			3933		Amerihealth	HMO/PPO		2556.45	65			846.97	3736.35	percent of total billed charges	
TREAT FX THIGH, W/MANIP	27232	CPT	outpatient			3933		Consumer	Consumer		3736.35	95			846.97	3736.35	percent of total billed charges	
TREAT FX THIGH, W/MANIP	27232	CPT	outpatient			3933		Corrections	Corrections		3146.4	80			846.97	3736.35	percent of total billed charges	
TREAT FX THIGH, W/MANIP	27232	CPT	outpatient			3933		First Health	First Health		2753.1	70			846.97	3736.35	percent of total billed charges	
TREAT FX THIGH, W/MANIP	27232	CPT	outpatient			3933		First Trenton	First Trenton		3539.7	90			846.97	3736.35	percent of total billed charges	
TREAT FX THIGH, W/MANIP	27232	CPT	outpatient			3933		Horizon	MGD		1505.55	38.28			846.97	3736.35	percent of total billed charges	
TREAT FX THIGH, W/MANIP	27232	CPT	outpatient			3933		Horizon	Indemnity		1505.55	38.28			846.97	3736.35	percent of total billed charges	
TREAT FX THIGH, W/MANIP	27232	CPT	outpatient			3933		Horizon	Medicare Blue		1179.9	30			846.97	3736.35	percent of total billed charges	
TREAT FX THIGH, W/MANIP	27232	CPT	outpatient			3933		Horizon	PPO		1505.55	38.28			846.97	3736.35	percent of total billed charges	
TREAT FX THIGH, W/MANIP	27232	CPT	outpatient			3933		Horizon	NJ Health		846.97				846.97	3736.35	fee schedule	
TREAT FX THIGH, W/MANIP	27232	CPT	outpatient			3933		Managed Care Inc	Managed Care Inc		3539.7	90			846.97	3736.35	percent of total billed charges	
TREAT FX THIGH, W/MANIP	27232	CPT	outpatient			3933		Multiplan	Multiplan		3146.4	80			846.97	3736.35	percent of total billed charges	
TREAT FX THIGH, W/MANIP	27232	CPT	outpatient			3933		Qualcare	Qualcare		2949.75	75			846.97	3736.35	percent of total billed charges	
TREAT FX THIGH, W/MANIP	27232	CPT	outpatient			3933		Three Rivers	Three Rivers		3736.35	95			846.97	3736.35	percent of total billed charges	
TREAT FX THIGH, W/MANIP	27232	CPT	outpatient			3933		UHC	Medicaid		1240.86	31.55			846.97	3736.35	percent of total billed charges	
TREAT FX THIGH, W/MANIP	27232	CPT	outpatient			3933		United	CommercialPPO		2493				846.97	3736.35	case rate	
TREAT FX THIGH, W/MANIP	27232	CPT	outpatient			3933		United	Oxford		2493				846.97	3736.35	case rate	
TREAT FX THIGH, W/MANIP	27232	CPT	outpatient			3933		Wellcare	Medicaid		1240.86	31.55			846.97	3736.35	percent of total billed charges	
TREAT FX THIGH, W/MANIP	27232	CPT	outpatient			3933		WellPoint	WellPoint		1265.64	32.18			846.97	3736.35	percent of total billed charges	
TREATMENT THIGH FX W/O MAN	27238	CPT	outpatient			5257	2113.84	Aetna	Commercial		2926.29				501.56	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREATMENT THIGH FX W/O MAN	27238	CPT	outpatient			5257	2113.84	Aetna	Better Health		1658.58	31.55			501.56	4994.15	percent of total billed charges	
TREATMENT THIGH FX W/O MAN	27238	CPT	outpatient			5257	2113.84	Aetna	Medicare		1638.12				501.56	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREATMENT THIGH FX W/O MAN	27238	CPT	outpatient			5257	2113.84	Americare	Americare		3942.75	75			501.56	4994.15	percent of total billed charges	
TREATMENT THIGH FX W/O MAN	27238	CPT	outpatient			5257	2113.84	Amerihealth	HMO/PPO		3417.05	65			501.56	4994.15	percent of total billed charges	
TREATMENT THIGH FX W/O MAN	27238	CPT	outpatient			5257	2113.84	Amerihealth	Medicare		1638.12				501.56	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREATMENT THIGH FX W/O MAN	27238	CPT	outpatient			5257	2113.84	Consumer	Consumer		4994.15	95			501.56	4994.15	percent of total billed charges	
TREATMENT THIGH FX W/O MAN	27238	CPT	outpatient			5257	2113.84	Corrections	Corrections		4205.6	80			501.56	4994.15	percent of total billed charges	
TREATMENT THIGH FX W/O MAN	27238	CPT	outpatient			5257	2113.84	First Health	First Health		3679.9	70			501.56	4994.15	percent of total billed charges	
TREATMENT THIGH FX W/O MAN	27238	CPT	outpatient			5257	2113.84	First Trenton	First Trenton		4731.3	90			501.56	4994.15	percent of total billed charges	
TREATMENT THIGH FX W/O MAN	27238	CPT	outpatient			5257	2113.84	Horizon	Indemnity		3420.74				501.56	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREATMENT THIGH FX W/O MAN	27238	CPT	outpatient			5257	2113.84	Horizon	PPO		3420.74				501.56	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREATMENT THIGH FX W/O MAN	27238	CPT	outpatient			5257	2113.84	Horizon	MGD		3420.74				501.56	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREATMENT THIGH FX W/O MAN	27238	CPT	outpatient			5257	2113.84	Horizon	NJ Health		501.56				501.56	4994.15	fee schedule	
TREATMENT THIGH FX W/O MAN	27238	CPT	outpatient			5257	2113.84	Horizon	Medicare Blue		1638.12				501.56	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREATMENT THIGH FX W/O MAN	27238	CPT	outpatient			5257	2113.84	Managed Care Inc	Managed Care Inc		4731.3	90			501.56	4994.15	percent of total billed charges	
TREATMENT THIGH FX W/O MAN	27238	CPT	outpatient			5257	2113.84	Multiplan	Multiplan		4205.6	80			501.56	4994.15	percent of total billed charges	
TREATMENT THIGH FX W/O MAN	27238	CPT	outpatient			5257	2113.84	Qualcare	Qualcare		3942.75	75			501.56	4994.15	percent of total billed charges	
TREATMENT THIGH FX W/O MAN	27238	CPT	outpatient			5257	2113.84	Three Rivers	Three Rivers		4994.15	95			501.56	4994.15	percent of total billed charges	
TREATMENT THIGH FX W/O MAN	27238	CPT	outpatient			5257	2113.84	UHC	Medicare		1638.12				501.56	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
TREATMENT THIGH FX W/O MAN	27238	CPT	outpatient			5257		2113.84 UHC	Medicaid		1658.58	31.55			501.56	4994.15	percent of total billed charges	
TREATMENT THIGH FX W/O MAN	27238	CPT	outpatient			5257		2113.84 United	Oxford		1782				501.56	4994.15	case rate	
TREATMENT THIGH FX W/O MAN	27238	CPT	outpatient			5257		2113.84 United	Commercial|PPO		1782				501.56	4994.15	case rate	
TREATMENT THIGH FX W/O MAN	27238	CPT	outpatient			5257		2113.84 Wellcare	Medicare		1838.12				501.56	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREATMENT THIGH FX W/O MAN	27238	CPT	outpatient			5257		2113.84 Wellcare	Medicaid		1658.58	31.55			501.56	4994.15	percent of total billed charges	
TREATMENT THIGH FX W/O MAN	27238	CPT	outpatient			5257		2113.84 WellPoint	WellPoint		1691.7	32.18			501.56	4994.15	percent of total billed charges	
TRT GRT TROCHANT FX W/O MAN	27246	CPT	outpatient			1009		310.16 Aetna	Commercial		429.36				269.7	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT GRT TROCHANT FX W/O MAN	27246	CPT	outpatient			1009		310.16 Aetna	Better Health		318.34	31.55			269.7	1782	percent of total billed charges	
TRT GRT TROCHANT FX W/O MAN	27246	CPT	outpatient			1009		310.16 Aetna	Medicare		269.7				269.7	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT GRT TROCHANT FX W/O MAN	27246	CPT	outpatient			1009		310.16 Americare	Americare		756.75	75			269.7	1782	percent of total billed charges	
TRT GRT TROCHANT FX W/O MAN	27246	CPT	outpatient			1009		310.16 Amerihealth	Medicare		269.7				269.7	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT GRT TROCHANT FX W/O MAN	27246	CPT	outpatient			1009		310.16 Amerihealth	HMO/PPO		655.85	65			269.7	1782	percent of total billed charges	
TRT GRT TROCHANT FX W/O MAN	27246	CPT	outpatient			1009		310.16 Consumer	Consumer		958.55	95			269.7	1782	percent of total billed charges	
TRT GRT TROCHANT FX W/O MAN	27246	CPT	outpatient			1009		310.16 Corrections	Corrections		807.2	80			269.7	1782	percent of total billed charges	
TRT GRT TROCHANT FX W/O MAN	27246	CPT	outpatient			1009		310.16 First Health	First Health		706.3	70			269.7	1782	percent of total billed charges	
TRT GRT TROCHANT FX W/O MAN	27246	CPT	outpatient			1009		310.16 First Trenton	First Trenton		908.1	90			269.7	1782	percent of total billed charges	
TRT GRT TROCHANT FX W/O MAN	27246	CPT	outpatient			1009		310.16 Horizon	Indemnity		501.91				269.7	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT GRT TROCHANT FX W/O MAN	27246	CPT	outpatient			1009		310.16 Horizon	MGD		501.91				269.7	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT GRT TROCHANT FX W/O MAN	27246	CPT	outpatient			1009		310.16 Horizon	Medicare Blue		269.7				269.7	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT GRT TROCHANT FX W/O MAN	27246	CPT	outpatient			1009		310.16 Horizon	NJ Health		433.36				269.7	1782	fee schedule	
TRT GRT TROCHANT FX W/O MAN	27246	CPT	outpatient			1009		310.16 Horizon	PPO		501.91				269.7	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT GRT TROCHANT FX W/O MAN	27246	CPT	outpatient			1009		310.16 Managed Care Inc	Managed Care Inc		908.1	90			269.7	1782	percent of total billed charges	
TRT GRT TROCHANT FX W/O MAN	27246	CPT	outpatient			1009		310.16 Multiplan	Multiplan		807.2	80			269.7	1782	percent of total billed charges	
TRT GRT TROCHANT FX W/O MAN	27246	CPT	outpatient			1009		310.16 Qualcare	Qualcare		756.75	75			269.7	1782	percent of total billed charges	
TRT GRT TROCHANT FX W/O MAN	27246	CPT	outpatient			1009		310.16 Three Rivers	Three Rivers		958.55	95			269.7	1782	percent of total billed charges	
TRT GRT TROCHANT FX W/O MAN	27246	CPT	outpatient			1009		310.16 UHC	Medicare		269.7				269.7	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT GRT TROCHANT FX W/O MAN	27246	CPT	outpatient			1009		310.16 UHC	Medicaid		316.34	31.55			269.7	1782	percent of total billed charges	
TRT GRT TROCHANT FX W/O MAN	27246	CPT	outpatient			1009		310.16 United	Oxford		1782				269.7	1782	case rate	
TRT GRT TROCHANT FX W/O MAN	27246	CPT	outpatient			1009		310.16 United	Commercial|PPO		1782				269.7	1782	case rate	
TRT GRT TROCHANT FX W/O MAN	27246	CPT	outpatient			1009		310.16 Wellcare	Medicare		269.7				269.7	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT GRT TROCHANT FX W/O MAN	27246	CPT	outpatient			1009		310.16 Wellcare	Medicaid		318.34	31.55			269.7	1782	percent of total billed charges	
TRT GRT TROCHANT FX W/O MAN	27246	CPT	outpatient			1009		310.16 WellPoint	WellPoint		324.7	32.18			269.7	1782	percent of total billed charges	
CL TX TRAU HIP DISLO W/O ANES	27250	CPT	outpatient			858		310.16 Aetna	Better Health		270.7	31.55			240.86	1782	percent of total billed charges	
CL TX TRAU HIP DISLO W/O ANES	27250	CPT	outpatient			858		310.16 Aetna	Medicare		264.26	30.8			240.86	1782	percent of total billed charges	
CL TX TRAU HIP DISLO W/O ANES	27250	CPT	outpatient			858		310.16 Aetna	Commercial		429.36				240.86	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX TRAU HIP DISLO W/O ANES	27250	CPT	outpatient			858		310.16 Americare	Americare		643.5	75			240.86	1782	percent of total billed charges	
CL TX TRAU HIP DISLO W/O ANES	27250	CPT	outpatient			858		310.16 Amerihealth	HMO/PPO		557.7	65			240.86	1782	percent of total billed charges	
CL TX TRAU HIP DISLO W/O ANES	27250	CPT	outpatient			858		310.16 Amerihealth	Medicare		269.7				240.86	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX TRAU HIP DISLO W/O ANES	27250	CPT	outpatient			858		310.16 Consumer	Consumer		815.1	95			240.86	1782	percent of total billed charges	
CL TX TRAU HIP DISLO W/O ANES	27250	CPT	outpatient			858		310.16 Corrections	Corrections		686.4	80			240.86	1782	percent of total billed charges	
CL TX TRAU HIP DISLO W/O ANES	27250	CPT	outpatient			858		310.16 First Health	First Health		600.6	70			240.86	1782	percent of total billed charges	
CL TX TRAU HIP DISLO W/O ANES	27250	CPT	outpatient			858		310.16 First Trenton	First Trenton		772.2	90			240.86	1782	percent of total billed charges	
CL TX TRAU HIP DISLO W/O ANES	27250	CPT	outpatient			858		310.16 Horizon	Medicare Blue		269.7				240.86	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX TRAU HIP DISLO W/O ANES	27250	CPT	outpatient			858		310.16 Horizon	PPO		501.91				240.86	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX TRAU HIP DISLO W/O ANES	27250	CPT	outpatient			858		310.16 Horizon	Indemnity		501.91				240.86	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX TRAU HIP DISLO W/O ANES	27250	CPT	outpatient			858		310.16 Horizon	MGD		501.91				240.86	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX TRAU HIP DISLO W/O ANES	27250	CPT	outpatient			858		310.16 Horizon	NJ Health		526.54				240.86	1782	fee schedule	
CL TX TRAU HIP DISLO W/O ANES	27250	CPT	outpatient			858		310.16 Managed Care Inc	Managed Care Inc		772.2	90			240.86	1782	percent of total billed charges	
CL TX TRAU HIP DISLO W/O ANES	27250	CPT	outpatient			858		310.16 Multiplan	Multiplan		686.4	80			240.86	1782	percent of total billed charges	
CL TX TRAU HIP DISLO W/O ANES	27250	CPT	outpatient			858		310.16 Qualcare	Qualcare		643.5	75			240.86	1782	percent of total billed charges	
CL TX TRAU HIP DISLO W/O ANES	27250	CPT	outpatient			858		310.16 Three Rivers	Three Rivers		815.1	95			240.86	1782	percent of total billed charges	
CL TX TRAU HIP DISLO W/O ANES	27250	CPT	outpatient			858		310.16 UHC	Medicare		269.7				240.86	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX TRAU HIP DISLO W/O ANES	27250	CPT	outpatient			858		310.16 UHC	Medicaid		270.7	31.55			240.86	1782	percent of total billed charges	
CL TX TRAU HIP DISLO W/O ANES	27250	CPT	outpatient			858		310.16 United	Commercial|PPO		1782				240.86	1782	case rate	
CL TX TRAU HIP DISLO W/O ANES	27250	CPT	outpatient			858		310.16 United	Oxford		1782				240.86	1782	case rate	
CL TX TRAU HIP DISLO W/O ANES	27250	CPT	outpatient			858		310.16 Wellcare	Medicare		269.7				240.86	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX TRAU HIP DISLO W/O ANES	27250	CPT	outpatient			858		310.16 Wellcare	Medicaid		270.7	31.55			240.86	1782	percent of total billed charges	
CL TX TRAU HIP DISLO W/O ANES	27250	CPT	outpatient			858		310.16 WellPoint	WellPoint		276.1	32.18			240.86	1782	percent of total billed charges	
TREAT HIP DISLOCAT W/ ANESTH	27252	CPT	outpatient			5630		2113.84 Aetna	Commercial		2926.29				822.15	5348.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT HIP DISLOCAT W/ ANESTH	27252	CPT	outpatient			5630		2113.84 Aetna	Better Health		1776.27	31.55			822.15	5348.5	percent of total billed charges	
TREAT HIP DISLOCAT W/ ANESTH	27252	CPT	outpatient			5630		2113.84 Aetna	Medicare		1838.12				822.15	5348.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT HIP DISLOCAT W/ ANESTH	27252	CPT	outpatient			5630		2113.84 Americare	Americare		4222.5	75			822.15	5348.5	percent of total billed charges	
TREAT HIP DISLOCAT W/ ANESTH	27252	CPT	outpatient			5630		2113.84 Amerihealth	HMO/PPO		3659.5	65			822.15	5348.5	percent of total billed charges	
TREAT HIP DISLOCAT W/ ANESTH	27252	CPT	outpatient			5630		2113.84 Amerihealth	Medicare		1838.12				822.15	5348.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT HIP DISLOCAT W/ ANESTH	27252	CPT	outpatient			5630		2113.84 Consumer	Consumer		5348.5	95			822.15	5348.5	percent of total billed charges	
TREAT HIP DISLOCAT W/ ANESTH	27252	CPT	outpatient			5630		2113.84 Corrections	Corrections		4504	80			822.15	5348.5	percent of total billed charges	
TREAT HIP DISLOCAT W/ ANESTH	27252	CPT	outpatient			5630		2113.84 First Health	First Health		3941	70			822.15	5348.5	percent of total billed charges	
TREAT HIP DISLOCAT W/ ANESTH	27252	CPT	outpatient			5630		2113.84 First Trenton	First Trenton		5067	90			822.15	5348.5	percent of total billed charges	
TREAT HIP DISLOCAT W/ ANESTH	27252	CPT	outpatient			5630		2113.84 Horizon	Medicare Blue		1838.12				822.15	5348.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT HIP DISLOCAT W/ ANESTH	27252	CPT	outpatient			5630		2113.84 Horizon	PPO		3420.74				822.15	5348.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT HIP DISLOCAT W/ ANESTH	27252	CPT	outpatient			5630		2113.84 Horizon	Indemnity		3420.74				822.15	5348.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT HIP DISLOCAT W/ ANESTH	27252	CPT	outpatient			5630		2113.84 Horizon	MGD		3420.74				822.15	5348.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT HIP DISLOCAT W/ ANESTH	27252	CPT	outpatient			5630		2113.84 Horizon	NJ Health		822.15				822.15	5348.5	fee schedule	
TREAT HIP DISLOCAT W/ ANESTH	27252	CPT	outpatient			5630		2113.84 Managed Care Inc	Managed Care Inc		5067	90			822.15	5348.5	percent of total billed charges	
TREAT HIP DISLOCAT W/ ANESTH	27252	CPT	outpatient			5630		2113.84 Multiplan	Multiplan		4504	80			822.15	5348.5	percent of total billed charges	
TREAT HIP DISLOCAT W/ ANESTH	27252	CPT	outpatient			5630		2113.84 Qualcare	Qualcare		4222.5	75			822.15	5348.5	percent of total billed charges	
TREAT HIP DISLOCAT W/ ANESTH	27252	CPT	outpatient			5630		2113.84 Three Rivers	Three Rivers		5348.5	95			822.15	5348.5	percent of total billed charges	
TREAT HIP DISLOCAT W/ ANESTH	27252	CPT	outpatient			5630		2113.84 UHC	Medicare		1838.12				822.15	5348.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT HIP DISLOCAT W/ ANESTH	27252	CPT	outpatient			5630		2113.84 UHC	Medicaid		1776.27	31.55			822.15	5348.5	percent of total billed charges	
TREAT HIP DISLOCAT W/ ANESTH	27252	CPT	outpatient			5630		2113.84 United	Commercial|PPO		1817				822.15	5348.5	case rate	
TREAT HIP DISLOCAT W/ ANESTH	27252	CPT	outpatient			5630		2113.84 United	Oxford		1817				822.15	5348.5	case rate	
TREAT HIP DISLOCAT W/ ANESTH	27252	CPT	outpatient			5630		2113.84 Wellcare	Medicare		1838.12				822.15	5348.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT HIP DISLOCAT W/ ANESTH	27252	CPT	outpatient			5630		2113.84 Wellcare	Medicaid		1776.27	31.55			822.15	5348.5	percent of total billed charges	
TREAT HIP DISLOCAT W/ ANESTH	27252	CPT	outpatient			5630		2113.84 WellPoint	WellPoint		1811.73	32.18			822.15	5348.5	percent of total billed charges	
TX SPON HIP DISIC ABDCT SPLINT	27257	CPT	outpatient			5524		2113.84 Aetna	Commercial		2926.29				373.6	5247.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TX SPON HIP DISIC ABDCT SPLINT	27257	CPT	outpatient			5524		2113.84 Aetna	Better Health		1742.82	31.55			373.6	5247.8	percent of total billed charges	
TX SPON HIP DISIC ABDCT SPLINT	27257	CPT	outpatient			5524		2113.84 Aetna	Medicare		1838.12				373.6	5247.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TX SPON HIP DISIC ABDCT SPLINT	27257	CPT	outpatient			5524		2113.84 Americare	Americare		4143	75			373.6	5247.8	percent of total billed charges	
TX SPON HIP DISIC ABDCT SPLINT	27257	CPT	outpatient			5524		2113.84 Amerihealth	HMO/PPO		3590.6	65			373.6	5247.8	percent of total billed charges	
TX SPON HIP DISIC ABDCT SPLINT	27257	CPT	outpatient			5524		2113.84 Amerihealth	Medicare		1838.12				373.6	5247.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TX SPON HIP DISIC ABDCT SPLINT	27257	CPT	outpatient			5524		2113.84 Consumer	Consumer		5247.8	95			373.6	5247.8	percent of total billed charges	
TX SPON HIP DISIC ABDCT SPLINT	27257	CPT	outpatient			5524		2113.84 Corrections	Corrections		4419.2	80			373.6	5247.8	percent of total billed charges	
TX SPON HIP DISIC ABDCT SPLINT	27257	CPT	outpatient			5524		2113.84 First Health	First Health		3866.8	70			373.6	5247.8	percent of total billed charges	
TX SPON HIP DISIC ABDCT SPLINT	27257	CPT	outpatient			5524		2113.84 First Trenton	First Trenton		4971.6	90			373.6	5247.8	percent of total billed charges	
TX SPON HIP DISIC ABDCT SPLINT	27257	CPT	outpatient			5524		2113.84 Horizon	MGD		3420.74				373.6	5247.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TX SPON HIP DISIC ABDCT SPLINT	27257	CPT	outpatient			5524		2113.84 Horizon	Indemnity		3420.74				373.6	5247.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TX SPON HIP DISIC ABDCT SPLINT	27257	CPT	outpatient			5524		2113.84 Horizon	NJ Health		373.6				373.6	5247.8	fee schedule	
TX SPON HIP DISIC ABDCT SPLINT	27257	CPT	outpatient			5524		2113.84 Horizon	Medicare Blue		1838.12				373.6	5247.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TX SPON HIP DISIC ABDCT SPLINT	27257	CPT	outpatient			5524		2113.84 Horizon	PPO		3420.74				373.6	5247.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TX SPON HIP DISIC ABDCT SPLINT	27257	CPT	outpatient			5524		2113.84 Managed Care Inc	Managed Care Inc		4971.6	90			373.6	5247.8	percent of total billed charges	
TX SPON HIP DISIC ABDCT SPLINT	27257	CPT	outpatient			5524		2113.84 Multiplan	Multiplan		4419.2	80			373.6	5247.8	percent of total billed charges	
TX SPON HIP DISIC ABDCT SPLINT	27257	CPT	outpatient			5524		2113.84 Qualcare	Qualcare		4143	75			373.6	5247.8	percent of total billed charges	
TX SPON HIP DISIC ABDCT SPLINT	27257	CPT	outpatient			5524		2113.84 Three Rivers	Three Rivers		5247.8	95			373.6	5247.8	percent of total billed charges	
TX SPON HIP DISIC ABDCT SPLINT	27257	CPT	outpatient			5524		2113.84 UHC	Medicaid		1742.82	31.55			373.6	5247.8	percent of total billed charges	
TX SPON HIP DISIC ABDCT SPLINT	27257	CPT	outpatient			5524		2113.84 UHC	Medicare		1838.12				373.6	5247.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TX SPON HIP DISIC ABDCT SPLINT	27257	CPT	outpatient			5524		2113.84 United	Commercial|PPO		1817				373.6	5247.8	case rate	
TX SPON HIP DISIC ABDCT SPLINT	27257	CPT	outpatient			5524		2113.84 United	Oxford		1817				373.6	5247.8	case rate	
TX SPON HIP DISIC ABDCT SPLINT	27257	CPT	outpatient			5524		2113.84 Wellcare	Medicare		1838.12				373.6	5247.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TX SPON HIP DISIC ABDCT SPLINT	27257	CPT	outpatient			5524		2113.84 Wellcare	Medicaid		1742.82	31.55			373.6	5247.8	percent of total billed charges	
TX SPON HIP DISIC ABDCT SPLINT	27257	CPT	outpatient			5524		2113.84 WellPoint	WellPoint		1777.62	32.18			373.6	5247.8	percent of total billed charges	
CL TX POST HIP ARTHROPLASTY,WO ANES	27265	CPT	outpatient			612		310.16 Aetna	Better Health		193.09	31.55			188.5	1782	percent of total billed charges	
CL TX POST HIP ARTHROPLASTY,WO ANES	27265	CPT	outpatient			612		310.16 Aetna	Medicare		188.5	30.8			188.5	1782	percent of total billed charges	
CL TX POST HIP ARTHROPLASTY,WO ANES	27265	CPT	outpatient			612		310.16 Aetna	Commercial		429.36				188.5	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX POST HIP ARTHROPLASTY,WO ANES	27265	CPT	outpatient			612		310.16 Americare	Americare		459	75			188.5	1782	percent of total billed charges	
CL TX POST HIP ARTHROPLASTY,WO ANES	27265	CPT	outpatient			612		310.16 Amerihealth	Medicare		269.7				188.5	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX POST HIP ARTHROPLASTY,WO ANES	27265	CPT	outpatient			612		310.16 Amerihealth	HMO/PPO		397.8	65			188.5	1782	percent of total billed charges	
CL TX POST HIP ARTHROPLASTY,WO ANES	27265	CPT	outpatient			612		310.16 Consumer	Consumer		581.4	95			188.5	1782	percent of total billed charges	
CL TX POST HIP ARTHROPLASTY,WO ANES	27265	CPT	outpatient			612		310.16 Corrections	Corrections		489.6	80			188.5	1782	percent of total billed charges	
CL TX POST HIP ARTHROPLASTY,WO ANES	27265	CPT	outpatient			612		310.16 First Health	First Health		428.4	70			188.5	1782	percent of total billed charges	
CL TX POST HIP ARTHROPLASTY,WO ANES	27265	CPT	outpatient			612		310.16 First Trenton	First Trenton		550.8	90			188.5	1782	percent of total billed charges	
CL TX POST HIP ARTHROPLASTY,WO ANES	27265	CPT	outpatient			612		310.16 Horizon	Indemnity		501.91				188.5	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX POST HIP ARTHROPLASTY,WO ANES	27265	CPT	outpatient			612		310.16 Horizon	Medicare Blue		269.7				188.5	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX POST HIP ARTHROPLASTY,WO ANES	27265	CPT	outpatient			612		310.16 Horizon	PPO		501.91				188.5	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX POST HIP ARTHROPLASTY,WO ANES	27265	CPT	outpatient			612		310.16 Horizon	MGD		501.91				188.5	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX POST HIP ARTHROPLASTY,WO ANES	27265	CPT	outpatient			612		310.16 Horizon	NJ Health		455.84				188.5	1782	fee schedule	
CL TX POST HIP ARTHROPLASTY,WO ANES	27265	CPT	outpatient			612		310.16 Managed Care Inc	Managed Care Inc		550.8	90			188.5	1782	percent of total billed charges	
CL TX POST HIP ARTHROPLASTY,WO ANES	27265	CPT	outpatient			612		310.16 Multiplan	Multiplan		489.6	80			188.5	1782	percent of total billed charges	
CL TX POST HIP ARTHROPLASTY,WO ANES	27265	CPT	outpatient			612		310.16 Qualcare	Qualcare		459	75			188.5	1782	percent of total billed charges	
CL TX POST HIP ARTHROPLASTY,WO ANES	27265	CPT	outpatient			612		310.16 Three Rivers	Three Rivers		581.4	95			188.5	1782	percent of total billed charges	
CL TX POST HIP ARTHROPLASTY,WO ANES	27265	CPT	outpatient			612		310.16 UHC	Medicaid		193.09	31.55			188.5	1782	percent of total billed charges	
CL TX POST HIP ARTHROPLASTY,WO ANES	27265	CPT	outpatient			612		310.16 UHC	Medicare		269.7				188.5	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX POST HIP ARTHROPLASTY,WO ANES	27265	CPT	outpatient			612		310.16 United	Oxford		1782				188.5	1782	case rate	
CL TX POST HIP ARTHROPLASTY,WO ANES	27265	CPT	outpatient			612		310.16 United	Commercial|PPO		1782				188.5	1782	case rate	
CL TX POST HIP ARTHROPLASTY,WO ANES	27265	CPT	outpatient			612		310.16 Wellcare	Medicare		269.7				188.5	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX POST HIP ARTHROPLASTY,WO ANES	27265	CPT	outpatient			612		310.16 Wellcare	Medicaid		193.09	31.55			188.5	1782	percent of total billed charges	
CL TX POST HIP ARTHROPLASTY,WO ANES	27265	CPT	outpatient			612		310.16 WellPoint	WellPoint		196.94	32.18			188.5	1782	percent of total billed charges	
TREATMT HIP DISLOCAT W/ ANES	27266	CPT	outpatient			5630		2113.84 Aetna	Medicare		1838.12				654.82	5348.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREATMT HIP DISLOCAT W/ ANES	27266	CPT	outpatient			5630		2113.84 Aetna	Commercial		2926.29				654.82	5348.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREATMT HIP DISLOCAT W/ ANES	27266	CPT	outpatient			5630		2113.84 Aetna	Better Health		1776.27	31.55			654.82	5348.5	percent of total billed charges	
TREATMT HIP DISLOCAT W/ ANES	27266	CPT	outpatient			5630		2113.84 Americare	Americare		4222.5	75			654.82	5348.5	percent of total billed charges	
TREATMT HIP DISLOCAT W/ ANES	27266	CPT	outpatient			5630		2113.84 Amerihealth	Medicare		1838.12				654.82	5348.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREATMT HIP DISLOCAT W/ ANES	27266	CPT	outpatient			5630		2113.84 Amerihealth	HMO/PPO		3659.5	65			654.82	5348.5	percent of total billed charges	
TREATMT HIP DISLOCAT W/ ANES	27266	CPT	outpatient			5630		2113.84 Consumer	Consumer		5348.5	95			654.82	5348.5	percent of total billed charges	
TREATMT HIP DISLOCAT W/ ANES	27266	CPT	outpatient			5630		2113.84 Corrections	Corrections		4504	80			654.82	5348.5	percent of total billed charges	
TREATMT HIP DISLOCAT W/ ANES	27266	CPT	outpatient			5630		2113.84 First Health	First Health		3941	70			654.82	5348.5	percent of total billed charges	
TREATMT HIP DISLOCAT W/ ANES	27266	CPT	outpatient			5630		2113.84 First Trenton	First Trenton		5067	90			654.82	5348.5	percent of total billed charges	
TREATMT HIP DISLOCAT W/ ANES	27266	CPT	outpatient			5630		2113.84 Horizon	Indemnity		3420.74				654.82	5348.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREATMT HIP DISLOCAT W/ ANES	27266	CPT	outpatient			5630		2113.84 Horizon	Medicare Blue		1838.12				654.82	5348.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101191	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
TREATMT HIP DISLOCAT W/ ANES	27266	CPT	outpatient			5630		2113.84 Horizon	PPO		3420.74				654.82	5348.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREATMT HIP DISLOCAT W/ ANES	27266	CPT	outpatient			5630		2113.84 Horizon	MGD		3420.74				654.82	5348.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREATMT HIP DISLOCAT W/ ANES	27266	CPT	outpatient			5630		2113.84 Horizon	NJ Health		654.82				654.82	5348.5	fee schedule	
TREATMT HIP DISLOCAT W/ ANES	27266	CPT	outpatient			5630		2113.84 Managed Care Inc	Managed Care Inc		5067	90			654.82	5348.5	percent of total billed charges	
TREATMT HIP DISLOCAT W/ ANES	27266	CPT	outpatient			5630		2113.84 Multiplan	Multiplan		4594	80			654.82	5348.5	percent of total billed charges	
TREATMT HIP DISLOCAT W/ ANES	27266	CPT	outpatient			5630		2113.84 Qualcare	Qualcare		4222.5	75			654.82	5348.5	percent of total billed charges	
TREATMT HIP DISLOCAT W/ ANES	27266	CPT	outpatient			5630		2113.84 Three Rivers	Three Rivers		5348.5	95			654.82	5348.5	percent of total billed charges	
TREATMT HIP DISLOCAT W/ ANES	27266	CPT	outpatient			5630		2113.84 UHC	Medicare		1838.12				654.82	5348.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREATMT HIP DISLOCAT W/ ANES	27266	CPT	outpatient			5630		2113.84 UHC	Medicaid		1776.27	31.55			654.82	5348.5	percent of total billed charges	
TREATMT HIP DISLOCAT W/ ANES	27266	CPT	outpatient			5630		2113.84 United	Oxford		2493				654.82	5348.5	case rate	
TREATMT HIP DISLOCAT W/ ANES	27266	CPT	outpatient			5630		2113.84 United	CommercialPPO		2493				654.82	5348.5	case rate	
TREATMT HIP DISLOCAT W/ ANES	27266	CPT	outpatient			5630		2113.84 Wellcare	Medicare		1838.12				654.82	5348.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREATMT HIP DISLOCAT W/ ANES	27266	CPT	outpatient			5630		2113.84 Wellcare	Medicaid		1776.27	31.55			654.82	5348.5	percent of total billed charges	
TREATMT HIP DISLOCAT W/ ANES	27266	CPT	outpatient			5630		2113.84 WellPoint	WellPoint		1811.73	32.18			654.82	5348.5	percent of total billed charges	
UNLISTED PROC, PELVIS/HIP JOINT	27299	CPT	outpatient			754		310.16 Aetna	Commercial		429.36				237.89	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC, PELVIS/HIP JOINT	27299	CPT	outpatient			754		310.16 Aetna	Better Health		237.89	31.55			237.89	1782	percent of total billed charges	
UNLISTED PROC, PELVIS/HIP JOINT	27299	CPT	outpatient			754		310.16 Aetna	Medicare		269.7				237.89	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC, PELVIS/HIP JOINT	27299	CPT	outpatient			754		310.16 Americare	Americare		565.5	75			237.89	1782	percent of total billed charges	
UNLISTED PROC, PELVIS/HIP JOINT	27299	CPT	outpatient			754		310.16 Amerihealth	HMO/PPO		490.1	65			237.89	1782	percent of total billed charges	
UNLISTED PROC, PELVIS/HIP JOINT	27299	CPT	outpatient			754		310.16 Amerihealth	Medicare		269.7				237.89	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC, PELVIS/HIP JOINT	27299	CPT	outpatient			754		310.16 Consumer	Consumer		716.3	95			237.89	1782	percent of total billed charges	
UNLISTED PROC, PELVIS/HIP JOINT	27299	CPT	outpatient			754		310.16 Corrections	Corrections		603.2	80			237.89	1782	percent of total billed charges	
UNLISTED PROC, PELVIS/HIP JOINT	27299	CPT	outpatient			754		310.16 First Health	First Health		527.8	70			237.89	1782	percent of total billed charges	
UNLISTED PROC, PELVIS/HIP JOINT	27299	CPT	outpatient			754		310.16 First Trenton	First Trenton		678.6	90			237.89	1782	percent of total billed charges	
UNLISTED PROC, PELVIS/HIP JOINT	27299	CPT	outpatient			754		310.16 Horizon	Medicare Blue		269.7				237.89	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC, PELVIS/HIP JOINT	27299	CPT	outpatient			754		310.16 Horizon	Indemnity		501.91				237.89	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC, PELVIS/HIP JOINT	27299	CPT	outpatient			754		310.16 Horizon	MGD		501.91				237.89	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC, PELVIS/HIP JOINT	27299	CPT	outpatient			754		310.16 Horizon	PPO		501.91				237.89	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC, PELVIS/HIP JOINT	27299	CPT	outpatient			754		310.16 Managed Care Inc	Managed Care Inc		678.6	90			237.89	1782	percent of total billed charges	
UNLISTED PROC, PELVIS/HIP JOINT	27299	CPT	outpatient			754		310.16 Multiplan	Multiplan		603.2	80			237.89	1782	percent of total billed charges	
UNLISTED PROC, PELVIS/HIP JOINT	27299	CPT	outpatient			754		310.16 Qualcare	Qualcare		565.5	75			237.89	1782	percent of total billed charges	
UNLISTED PROC, PELVIS/HIP JOINT	27299	CPT	outpatient			754		310.16 Three Rivers	Three Rivers		716.3	95			237.89	1782	percent of total billed charges	
UNLISTED PROC, PELVIS/HIP JOINT	27299	CPT	outpatient			754		310.16 UHC	Medicaid		237.89	31.55			237.89	1782	percent of total billed charges	
UNLISTED PROC, PELVIS/HIP JOINT	27299	CPT	outpatient			754		310.16 UHC	Medicare		269.7				237.89	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC, PELVIS/HIP JOINT	27299	CPT	outpatient			754		310.16 United	Oxford		1782				237.89	1782	case rate	
UNLISTED PROC, PELVIS/HIP JOINT	27299	CPT	outpatient			754		310.16 United	CommercialPPO		1782				237.89	1782	case rate	
UNLISTED PROC, PELVIS/HIP JOINT	27299	CPT	outpatient			754		310.16 Wellcare	Medicare		269.7				237.89	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC, PELVIS/HIP JOINT	27299	CPT	outpatient			754		310.16 Wellcare	Medicaid		237.89	31.55			237.89	1782	percent of total billed charges	
UNLISTED PROC, PELVIS/HIP JOINT	27299	CPT	outpatient			754		310.16 WellPoint	WellPoint		242.64	32.18			237.89	1782	percent of total billed charges	
DEEP I&D THIGH/KNEE	27301	CPT	outpatient			6134		3737.2 Aetna	Commercial		5173.59				984.36	6047.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEEP I&D THIGH/KNEE	27301	CPT	outpatient			6134		3737.2 Aetna	Better Health		1935.28	31.55			984.36	6047.77	percent of total billed charges	
DEEP I&D THIGH/KNEE	27301	CPT	outpatient			6134		3737.2 Aetna	Medicare		3249.74				984.36	6047.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEEP I&D THIGH/KNEE	27301	CPT	outpatient			6134		3737.2 Americare	Americare		4600.5	75			984.36	6047.77	percent of total billed charges	
DEEP I&D THIGH/KNEE	27301	CPT	outpatient			6134		3737.2 Amerihealth	HMO/PPO		3987.1	65			984.36	6047.77	percent of total billed charges	
DEEP I&D THIGH/KNEE	27301	CPT	outpatient			6134		3737.2 Amerihealth	Medicare		3249.74				984.36	6047.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEEP I&D THIGH/KNEE	27301	CPT	outpatient			6134		3737.2 Consumer	Consumer		5827.3	95			984.36	6047.77	percent of total billed charges	
DEEP I&D THIGH/KNEE	27301	CPT	outpatient			6134		3737.2 Corrections	Corrections		4907.2	80			984.36	6047.77	percent of total billed charges	
DEEP I&D THIGH/KNEE	27301	CPT	outpatient			6134		3737.2 First Health	First Health		4293.8	70			984.36	6047.77	percent of total billed charges	
DEEP I&D THIGH/KNEE	27301	CPT	outpatient			6134		3737.2 First Trenton	First Trenton		5520.6	90			984.36	6047.77	percent of total billed charges	
DEEP I&D THIGH/KNEE	27301	CPT	outpatient			6134		3737.2 Horizon	PPO		6047.77				984.36	6047.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEEP I&D THIGH/KNEE	27301	CPT	outpatient			6134		3737.2 Horizon	MGD		6047.77				984.36	6047.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEEP I&D THIGH/KNEE	27301	CPT	outpatient			6134		3737.2 Horizon	Indemnity		6047.77				984.36	6047.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEEP I&D THIGH/KNEE	27301	CPT	outpatient			6134		3737.2 Horizon	NJ Health		984.36				984.36	6047.77	fee schedule	
DEEP I&D THIGH/KNEE	27301	CPT	outpatient			6134		3737.2 Horizon	Medicare Blue		3249.74				984.36	6047.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEEP I&D THIGH/KNEE	27301	CPT	outpatient			6134		3737.2 Managed Care Inc	Managed Care Inc		5520.6	90			984.36	6047.77	percent of total billed charges	
DEEP I&D THIGH/KNEE	27301	CPT	outpatient			6134		3737.2 Multiplan	Multiplan		4907.2	80			984.36	6047.77	percent of total billed charges	
DEEP I&D THIGH/KNEE	27301	CPT	outpatient			6134		3737.2 Qualcare	Qualcare		4600.5	75			984.36	6047.77	percent of total billed charges	
DEEP I&D THIGH/KNEE	27301	CPT	outpatient			6134		3737.2 Three Rivers	Three Rivers		5827.3	95			984.36	6047.77	percent of total billed charges	
DEEP I&D THIGH/KNEE	27301	CPT	outpatient			6134		3737.2 UHC	Medicaid		1935.28	31.55			984.36	6047.77	percent of total billed charges	
DEEP I&D THIGH/KNEE	27301	CPT	outpatient			6134		3737.2 UHC	Medicare		3249.74				984.36	6047.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEEP I&D THIGH/KNEE	27301	CPT	outpatient			6134		3737.2 United	Oxford		2776				984.36	6047.77	case rate	
DEEP I&D THIGH/KNEE	27301	CPT	outpatient			6134		3737.2 United	CommercialPPO		2776				984.36	6047.77	case rate	
DEEP I&D THIGH/KNEE	27301	CPT	outpatient			6134		3737.2 Wellcare	Medicare		3249.74				984.36	6047.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEEP I&D THIGH/KNEE	27301	CPT	outpatient			6134		3737.2 Wellcare	Medicaid		1935.28	31.55			984.36	6047.77	percent of total billed charges	
DEEP I&D THIGH/KNEE	27301	CPT	outpatient			6134		3737.2 WellPoint	WellPoint		1973.92	32.18			984.36	6047.77	percent of total billed charges	
TENOTOMY ADDUCTOR OR HAMSTRING PERCUT R	27306	CPT	outpatient			7689		4257.16 Aetna	Better Health		2425.88	31.55			407.39	7304.55	percent of total billed charges	
TENOTOMY ADDUCTOR OR HAMSTRING PERCUT R	27306	CPT	outpatient			7689		4257.16 Aetna	Commercial		5893.39				407.39	7304.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENOTOMY ADDUCTOR OR HAMSTRING PERCUT R	27306	CPT	outpatient			7689		4257.16 Aetna	Medicare		3701.88				407.39	7304.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENOTOMY ADDUCTOR OR HAMSTRING PERCUT R	27306	CPT	outpatient			7689		4257.16 Americare	Americare		5766.75	75			407.39	7304.55	percent of total billed charges	
TENOTOMY ADDUCTOR OR HAMSTRING PERCUT R	27306	CPT	outpatient			7689		4257.16 Amerihealth	HMO/PPO		4997.85	65			407.39	7304.55	percent of total billed charges	
TENOTOMY ADDUCTOR OR HAMSTRING PERCUT R	27306	CPT	outpatient			7689		4257.16 Amerihealth	Medicare		3701.88				407.39	7304.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENOTOMY ADDUCTOR OR HAMSTRING PERCUT R	27306	CPT	outpatient			7689		4257.16 Consumer	Consumer		7304.55	95			407.39	7304.55	percent of total billed charges	
TENOTOMY ADDUCTOR OR HAMSTRING PERCUT R	27306	CPT	outpatient			7689		4257.16 Corrections	Corrections		6151.2	80			407.39	7304.55	percent of total billed charges	
TENOTOMY ADDUCTOR OR HAMSTRING PERCUT R	27306	CPT	outpatient			7689		4257.16 First Health	First Health		5382.3	70			407.39	7304.55	percent of total billed charges	
TENOTOMY ADDUCTOR OR HAMSTRING PERCUT R	27306	CPT	outpatient			7689		4257.16 First Trenton	First Trenton		6920.1	90			407.39	7304.55	percent of total billed charges	
TENOTOMY ADDUCTOR OR HAMSTRING PERCUT R	27306	CPT	outpatient			7689		4257.16 Horizon	PPO		6889.2				407.39	7304.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENOTOMY ADDUCTOR OR HAMSTRING PERCUT R	27306	CPT	outpatient			7689		4257.16 Horizon	MGD		6889.2				407.39	7304.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENOTOMY ADDUCTOR OR HAMSTRING PERCUT R	27306	CPT	outpatient			7689		4257.16 Horizon	Indemnity		6889.2				407.39	7304.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENOTOMY ADDUCTOR OR HAMSTRING PERCUT R	27306	CPT	outpatient			7689		4257.16 Horizon	NJ Health		407.39				407.39	7304.55	fee schedule	
TENOTOMY ADDUCTOR OR HAMSTRING PERCUT R	27306	CPT	outpatient			7689		4257.16 Horizon	Medicare Blue		3701.88				407.39	7304.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENOTOMY ADDUCTOR OR HAMSTRING PERCUT R	27306	CPT	outpatient			7689		4257.16 Managed Care Inc	Managed Care Inc		6920.1	90			407.39	7304.55	percent of total billed charges	
TENOTOMY ADDUCTOR OR HAMSTRING PERCUT R	27306	CPT	outpatient			7689		4257.16 Multiplan	Multiplan		6151.2	80			407.39	7304.55	percent of total billed charges	
TENOTOMY ADDUCTOR OR HAMSTRING PERCUT R	27306	CPT	outpatient			7689		4257.16 Qualcare	Qualcare		5766.75	75			407.39	7304.55	percent of total billed charges	
TENOTOMY ADDUCTOR OR HAMSTRING PERCUT R	27306	CPT	outpatient			7689		4257.16 Three Rivers	Three Rivers		7304.55	95			407.39	7304.55	percent of total billed charges	
TENOTOMY ADDUCTOR OR HAMSTRING PERCUT R	27306	CPT	outpatient			7689		4257.16 UHC	Medicaid		2425.88	31.55			407.39	7304.55	percent of total billed charges	
TENOTOMY ADDUCTOR OR HAMSTRING PERCUT R	27306	CPT	outpatient			7689		4257.16 UHC	Medicare		3701.88				407.39	7304.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENOTOMY ADDUCTOR OR HAMSTRING PERCUT R	27306	CPT	outpatient			7689		4257.16 United	CommercialPPO		2776				407.39	7304.55	case rate	
TENOTOMY ADDUCTOR OR HAMSTRING PERCUT R	27306	CPT	outpatient			7689		4257.16 United	Oxford		2776				407.39	7304.55	case rate	
TENOTOMY ADDUCTOR OR HAMSTRING PERCUT R	27306	CPT	outpatient			7689		4257.16 Wellcare	Medicaid		2425.88	31.55			407.39	7304.55	percent of total billed charges	
TENOTOMY ADDUCTOR OR HAMSTRING PERCUT R	27306	CPT	outpatient			7689		4257.16 Wellcare	Medicare		3701.88				407.39	7304.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENOTOMY ADDUCTOR OR HAMSTRING PERCUT R	27306	CPT	outpatient			7689		4257.16 WellPoint	WellPoint		2474.32	32.18			407.39	7304.55	percent of total billed charges	
TENOTOMY ADDUCTOR OR HAMSTRING PERCUT R	27307	CPT	outpatient			12080		4257.16 Aetna	Medicare		3720.64	30.8			530.56	11476	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENOTOMY ADDUCTOR OR HAMSTRING PERCUT R	27307	CPT	outpatient			12080		4257.16 Aetna	Commercial		5893.39				530.56	11476	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENOTOMY ADDUCTOR OR HAMSTRING PERCUT R	27307	CPT	outpatient			12080		4257.16 Aetna	Better Health		3811.24	31.55			530.56	11476	percent of total billed charges	
TENOTOMY ADDUCTOR OR HAMSTRING PERCUT R	27307	CPT	outpatient			12080		4257.16 Americare	Americare		9060	75			530.56	11476	percent of total billed charges	
TENOTOMY ADDUCTOR OR HAMSTRING PERCUT R	27307	CPT	outpatient			12080		4257.16 Amerihealth	HMO/PPO		7852	65			530.56	11476	percent of total billed charges	
TENOTOMY ADDUCTOR OR HAMSTRING PERCUT R	27307	CPT	outpatient			12080		4257.16 Amerihealth	Medicare		3701.88				530.56	11476	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENOTOMY ADDUCTOR OR HAMSTRING PERCUT R	27307	CPT	outpatient			12080		4257.16 Consumer	Consumer		11476	95			530.56	11476	percent of total billed charges	
TENOTOMY ADDUCTOR OR HAMSTRING PERCUT R	27307	CPT	outpatient			12080		4257.16 Corrections	Corrections		9664	80			530.56	11476	percent of total billed charges	
TENOTOMY ADDUCTOR OR HAMSTRING PERCUT R	27307	CPT	outpatient			12080		4257.16 First Health	First Health		8456	70			530.56	11476	percent of total billed charges	
TENOTOMY ADDUCTOR OR HAMSTRING PERCUT R	27307	CPT	outpatient			12080		4257.16 First Trenton	First Trenton		10872	90			530.56	11476	percent of total billed charges	
TENOTOMY ADDUCTOR OR HAMSTRING PERCUT R	27307	CPT	outpatient			12080		4257.16 Horizon	Medicare Blue		3701.88				530.56	11476	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENOTOMY ADDUCTOR OR HAMSTRING PERCUT R	27307	CPT	outpatient			12080		4257.16 Horizon	MGD		6889.2				530.56	11476	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENOTOMY ADDUCTOR OR HAMSTRING PERCUT R	27307	CPT	outpatient			12080		4257.16 Horizon	PPO		6889.2				530.56	11476	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENOTOMY ADDUCTOR OR HAMSTRING PERCUT R	27307	CPT	outpatient			12080		4257.16 Horizon	Indemnity		6889.2				530.56	11476	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENOTOMY ADDUCTOR OR HAMSTRING PERCUT R	27307	CPT	outpatient			12080		4257.16 Horizon	NJ Health		530.56				530.56	11476	fee schedule	
TENOTOMY ADDUCTOR OR HAMSTRING PERCUT R	27307	CPT	outpatient			12080		4257.16 Managed Care Inc	Managed Care Inc		10872	90			530.56	11476	percent of total billed charges	
TENOTOMY ADDUCTOR OR HAMSTRING PERCUT R	27307	CPT	outpatient			12080		4257.16 Multiplan	Multiplan		9664	80			530.56	11476	percent of total billed charges	
TENOTOMY ADDUCTOR OR HAMSTRING PERCUT R	27307	CPT	outpatient			12080		4257.16 Qualcare	Qualcare		9060	75			530.56	11476	percent of total billed charges	
TENOTOMY ADDUCTOR OR HAMSTRING PERCUT R	27307	CPT	outpatient			12080		4257.16 Three Rivers	Three Rivers		11476	95			530.56	11476	percent of total billed charges	
TENOTOMY ADDUCTOR OR HAMSTRING PERCUT R	27307	CPT	outpatient			12080		4257.16 UHC	Medicaid		3811.24	31.55			530.56	11476	percent of total billed charges	
TENOTOMY ADDUCTOR OR HAMSTRING PERCUT R	27307	CPT	outpatient			12080		4257.16 UHC	Medicare		3701.88				530.56	11476	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENOTOMY ADDUCTOR OR HAMSTRING PERCUT R	27307	CPT	outpatient			12080		4257.16 United	Oxford		3492				530.56	11476	case rate	
TENOTOMY ADDUCTOR OR HAMSTRING PERCUT R	27307	CPT	outpatient			12080		4257.16 United	CommercialPPO		3492				530.56	11476	case rate	
TENOTOMY ADDUCTOR OR HAMSTRING PERCUT R	27307	CPT	outpatient			12080		4257.16 Wellcare	Medicare		3701.88				530.56	11476	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENOTOMY ADDUCTOR OR HAMSTRING PERCUT R	27307	CPT	outpatient			12080		4257.16 Wellcare	Medicaid		3811.24	31.55			530.56	11476	percent of total billed charges	
TENOTOMY ADDUCTOR OR HAMSTRING PERCUT R	27307	CPT	outpatient			12080		4257.16 WellPoint	WellPoint		3887.34	32.18			530.56	11476	percent of total billed charges	
KNEE ARTHROTOMY EXPLOR REM FB	27310	CPT	outpatient			10522		4257.16 Aetna	Better Health		3319.69	31.55			798.5	9995.9	percent of total billed charges	
KNEE ARTHROTOMY EXPLOR REM FB	27310	CPT	outpatient			10522		4257.16 Aetna	Commercial		5893.39				798.5	9995.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
KNEE ARTHROTOMY EXPLOR REM FB	27310	CPT	outpatient			10522		4257.16 Aetna	Medicare		3701.88				798.5	9995.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
KNEE ARTHROTOMY EXPLOR REM FB	27310	CPT	outpatient			10522		4257.16 Americare	Americare		7891.5	75			798.5	9995.9	percent of total billed charges	
KNEE ARTHROTOMY EXPLOR REM FB	27310	CPT	outpatient			10522		4257.16 Amerihealth	HMO/PPO		6839.3	65			798.5	9995.9	percent of total billed charges	
KNEE ARTHROTOMY EXPLOR REM FB	27310	CPT	outpatient			10522		4257.16 Amerihealth	Medicare		3701.88				798.5	9995.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
KNEE ARTHROTOMY EXPLOR REM FB	27310	CPT	outpatient			10522		4257.16 Consumer	Consumer		9995.9	95			798.5	9995.9	percent of total billed charges	
KNEE ARTHROTOMY EXPLOR REM FB	27310	CPT	outpatient			10522		4257.16 Corrections	Corrections		8417.6	80			798.5	9995.9	percent of total billed charges	
KNEE ARTHROTOMY EXPLOR REM FB	27310	CPT	outpatient			10522		4257.16 First Health	First Health		7365.4	70			798.5	9995.9	percent of total billed charges	
KNEE ARTHROTOMY EXPLOR REM FB	27310	CPT	outpatient			10522		4257.16 First Trenton	First Trenton		9469.8	90			798.5	9995.9	percent of total billed charges	
KNEE ARTHROTOMY EXPLOR REM FB	27310	CPT	outpatient			10522		4257.16 Horizon	MGD		6889.2				798.5	9995.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
KNEE ARTHROTOMY EXPLOR REM FB	27310	CPT	outpatient			10522		4257.16 Horizon	Medicare Blue		3701.88				798.5	9995.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
KNEE ARTHROTOMY EXPLOR REM FB	27310	CPT	outpatient			10522		4257.16 Horizon	Indemnity		6889.2				798.5	9995.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
KNEE ARTHROTOMY EXPLOR REM FB	27310	CPT	outpatient			10522		4257.16 Horizon	NJ Health		798.5				798.5	9995.9	fee schedule	
KNEE ARTHROTOMY EXPLOR REM FB	27310	CPT	outpatient			10522		4257.16 Horizon	PPO		6889.2				798.5	9995.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
KNEE ARTHROTOMY EXPLOR REM FB	27310	CPT	outpatient			10522		4257.16 Managed Care Inc	Managed Care Inc		9469.8	90			798.5	9995.9	percent of total billed charges	
KNEE ARTHROTOMY EXPLOR REM FB	27310	CPT	outpatient			10522		4257.16 Multiplan	Multiplan		8417.6	80			798.5	9995.9	percent of total billed charges	
KNEE ARTHROTOMY EXPLOR REM FB	27310	CPT	outpatient			10522		4257.16 Qualcare	Qualcare		7891.5	75			798.5	9995.9	percent of total billed charges	
KNEE ARTHROTOMY EXPLOR REM FB	27310	CPT	outpatient			10522		4257.16 Three Rivers	Three Rivers		9995.9	95			798.5	9995.9	percent of total billed charges	
KNEE ARTHROTOMY EXPLOR REM FB	27310	CPT	outpatient			10522		4257.16 UHC	Medicaid		3319.69	31.55			798.5	9995.9	percent of total billed charges	
KNEE ARTHROTOMY EXPLOR REM FB	27310	CPT	outpatient			10522		4257.16 UHC	Medicare		3701.88				798.5	9995.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
KNEE ARTHROTOMY EXPLOR REM FB	27310	CPT	outpatient			10522		4257.16 United	CommercialPPO		3492				798.5	9995.9	case rate	
KNEE ARTHROTOMY EXPLOR REM FB	27310	CPT	outpatient			10522		4257.16 United	Oxford		3492				798.5	9995.9	case rate	
KNEE ARTHROTOMY EXPLOR REM FB	27310	CPT	outpatient			10522		4257.16 Wellcare	Medicaid		3319.69	31.55			798.5	9995.9	percent of total billed charges	
KNEE ARTHROTOMY EXPLOR REM FB	27310	CPT	outpatient			10522		4257.16 Wellcare	Medicare		3701.88				798.5	9995.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
KNEE ARTHROTOMY EXPLOR REM FB	27310	CPT	outpatient			10522		4257.16 WellPoint	WellPoint		3385.98	32.18			798.5	9995.9	percent of total billed charges	
BX SOFT TISSUE THIGH/KNEE	27323	CPT	outpatient			5464		2132.36 Aetna	Commercial		2951.93				75.79	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX SOFT TISSUE THIGH/KNEE	27323	CPT	outpatient			5464		2132.36 Aetna	Better Health		1723.89	31.55			75.79	5190.8	percent of total billed charges	
BX SOFT TISSUE THIGH/KNEE	27323	CPT	outpatient			5464		2132.36 Aetna	Medicare		1854.23				75.79	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX SOFT TISSUE THIGH/KNEE	27323	CPT	outpatient	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
BX SOFT TISSUE THIGH/KNEE	27323	CPT	outpatient			5464		2132.36 Amerihealth	HMO/PPO		3551.6	65			75.79	5190.8	percent of total billed charges	
BX SOFT TISSUE THIGH/KNEE	27323	CPT	outpatient			5464		2132.36 Consumer	Consumer		5190.8	95			75.79	5190.8	percent of total billed charges	
BX SOFT TISSUE THIGH/KNEE	27323	CPT	outpatient			5464		2132.36 Corrections	Corrections		4371.2	80			75.79	5190.8	percent of total billed charges	
BX SOFT TISSUE THIGH/KNEE	27323	CPT	outpatient			5464		2132.36 First Health	First Health		3824.6	70			75.79	5190.8	percent of total billed charges	
BX SOFT TISSUE THIGH/KNEE	27323	CPT	outpatient			5464		2132.36 First Trenton	First Trenton		4917.6	90			75.79	5190.8	percent of total billed charges	
BX SOFT TISSUE THIGH/KNEE	27323	CPT	outpatient			5464		2132.36 Horizon	MGD		3450.72				75.79	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX SOFT TISSUE THIGH/KNEE	27323	CPT	outpatient			5464		2132.36 Horizon	Medicare Blue		1854.23				75.79	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX SOFT TISSUE THIGH/KNEE	27323	CPT	outpatient			5464		2132.36 Horizon	NJ Health		75.79				75.79	5190.8	fee schedule	
BX SOFT TISSUE THIGH/KNEE	27323	CPT	outpatient			5464		2132.36 Horizon	Indemnity		3450.72				75.79	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX SOFT TISSUE THIGH/KNEE	27323	CPT	outpatient			5464		2132.36 Horizon	PPO		3450.72				75.79	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX SOFT TISSUE THIGH/KNEE	27323	CPT	outpatient			5464		2132.36 Managed Care Inc	Managed Care Inc		4917.6	90			75.79	5190.8	percent of total billed charges	
BX SOFT TISSUE THIGH/KNEE	27323	CPT	outpatient			5464		2132.36 Multiplan	Multiplan		4371.2	80			75.79	5190.8	percent of total billed charges	
BX SOFT TISSUE THIGH/KNEE	27323	CPT	outpatient			5464		2132.36 Qualcare	Qualcare		4098	75			75.79	5190.8	percent of total billed charges	
BX SOFT TISSUE THIGH/KNEE	27323	CPT	outpatient			5464		2132.36 Three Rivers	Three Rivers		5190.8	95			75.79	5190.8	percent of total billed charges	
BX SOFT TISSUE THIGH/KNEE	27323	CPT	outpatient			5464		2132.36 UHC	Medicare		1854.23				75.79	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX SOFT TISSUE THIGH/KNEE	27323	CPT	outpatient			5464		2132.36 UHC	Medicaid		1723.89	31.55			75.79	5190.8	percent of total billed charges	
BX SOFT TISSUE THIGH/KNEE	27323	CPT	outpatient			5464		2132.36 United	Commercial|PPO		1817				75.79	5190.8	case rate	
BX SOFT TISSUE THIGH/KNEE	27323	CPT	outpatient			5464		2132.36 United	Oxford		1817				75.79	5190.8	case rate	
BX SOFT TISSUE THIGH/KNEE	27323	CPT	outpatient			5464		2132.36 Wellcare	Medicare		1854.23				75.79	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX SOFT TISSUE THIGH/KNEE	27323	CPT	outpatient			5464		2132.36 Wellcare	Medicaid		1723.89	31.55			75.79	5190.8	percent of total billed charges	
BX SOFT TISSUE THIGH/KNEE	27323	CPT	outpatient			5464		2132.36 WellPoint	WellPoint		1758.32	32.18			75.79	5190.8	percent of total billed charges	
BIOPSY,SOFT TISSUE,DEEP	27324	CPT	outpatient			9413		3737.2 Aetna	Commercial		5173.59				158.95	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY,SOFT TISSUE,DEEP	27324	CPT	outpatient			9413		3737.2 Aetna	Better Health		2969.8	31.55			158.95	8942.35	percent of total billed charges	
BIOPSY,SOFT TISSUE,DEEP	27324	CPT	outpatient			9413		3737.2 Aetna	Medicare		3249.74				158.95	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY,SOFT TISSUE,DEEP	27324	CPT	outpatient			9413		3737.2 Americare	Americare		7059.75	75			158.95	8942.35	percent of total billed charges	
BIOPSY,SOFT TISSUE,DEEP	27324	CPT	outpatient			9413		3737.2 Amerihealth	Medicare		3249.74				158.95	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY,SOFT TISSUE,DEEP	27324	CPT	outpatient			9413		3737.2 Amerihealth	HMO/PPO		6118.45	65			158.95	8942.35	percent of total billed charges	
BIOPSY,SOFT TISSUE,DEEP	27324	CPT	outpatient			9413		3737.2 Consumer	Consumer		8942.35	95			158.95	8942.35	percent of total billed charges	
BIOPSY,SOFT TISSUE,DEEP	27324	CPT	outpatient			9413		3737.2 Corrections	Corrections		7530.4	80			158.95	8942.35	percent of total billed charges	
BIOPSY,SOFT TISSUE,DEEP	27324	CPT	outpatient			9413		3737.2 First Health	First Health		6589.1	70			158.95	8942.35	percent of total billed charges	
BIOPSY,SOFT TISSUE,DEEP	27324	CPT	outpatient			9413		3737.2 First Trenton	First Trenton		8471.7	90			158.95	8942.35	percent of total billed charges	
BIOPSY,SOFT TISSUE,DEEP	27324	CPT	outpatient			9413		3737.2 Horizon	NJ Health		158.95				158.95	8942.35	fee schedule	
BIOPSY,SOFT TISSUE,DEEP	27324	CPT	outpatient			9413		3737.2 Horizon	Indemnity		6047.77				158.95	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY,SOFT TISSUE,DEEP	27324	CPT	outpatient			9413		3737.2 Horizon	Medicare Blue		3249.74				158.95	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY,SOFT TISSUE,DEEP	27324	CPT	outpatient			9413		3737.2 Horizon	MGD		6047.77				158.95	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY,SOFT TISSUE,DEEP	27324	CPT	outpatient			9413		3737.2 Horizon	PPO		6047.77				158.95	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY,SOFT TISSUE,DEEP	27324	CPT	outpatient			9413		3737.2 Managed Care Inc	Managed Care Inc		8471.7	90			158.95	8942.35	percent of total billed charges	
BIOPSY,SOFT TISSUE,DEEP	27324	CPT	outpatient			9413		3737.2 Multiplan	Multiplan		7530.4	80			158.95	8942.35	percent of total billed charges	
BIOPSY,SOFT TISSUE,DEEP	27324	CPT	outpatient			9413		3737.2 Qualcare	Qualcare		7059.75	75			158.95	8942.35	percent of total billed charges	
BIOPSY,SOFT TISSUE,DEEP	27324	CPT	outpatient			9413		3737.2 Three Rivers	Three Rivers		8942.35	95			158.95	8942.35	percent of total billed charges	
BIOPSY,SOFT TISSUE,DEEP	27324	CPT	outpatient			9413		3737.2 UHC	Medicaid		2969.8	31.55			158.95	8942.35	percent of total billed charges	
BIOPSY,SOFT TISSUE,DEEP	27324	CPT	outpatient			9413		3737.2 UHC	Medicare		3249.74				158.95	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY,SOFT TISSUE,DEEP	27324	CPT	outpatient			9413		3737.2 United	Commercial|PPO		2776				158.95	8942.35	case rate	
BIOPSY,SOFT TISSUE,DEEP	27324	CPT	outpatient			9413		3737.2 United	Oxford		2776				158.95	8942.35	case rate	
BIOPSY,SOFT TISSUE,DEEP	27324	CPT	outpatient			9413		3737.2 Wellcare	Medicaid		2969.8	31.55			158.95	8942.35	percent of total billed charges	
BIOPSY,SOFT TISSUE,DEEP	27324	CPT	outpatient			9413		3737.2 Wellcare	Medicare		3249.74				158.95	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY,SOFT TISSUE,DEEP	27324	CPT	outpatient			9413		3737.2 WellPoint	WellPoint		3029.1	32.18			158.95	8942.35	percent of total billed charges	
DRAINAGE OF KNEE BAKER'S CYST	27345	CPT	outpatient			11305		4257.16 Aetna	Commercial		5893.39				545.1	10739.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAINAGE OF KNEE BAKER'S CYST	27345	CPT	outpatient			11305		4257.16 Aetna	Medicare		3701.88				545.1	10739.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAINAGE OF KNEE BAKER'S CYST	27345	CPT	outpatient			11305		4257.16 Aetna	Better Health		3566.73	31.55			545.1	10739.75	percent of total billed charges	
DRAINAGE OF KNEE BAKER'S CYST	27345	CPT	outpatient			11305		4257.16 Americare	Americare		8478.75	75			545.1	10739.75	percent of total billed charges	
DRAINAGE OF KNEE BAKER'S CYST	27345	CPT	outpatient			11305		4257.16 Amerihealth	Medicare		3701.88				545.1	10739.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAINAGE OF KNEE BAKER'S CYST	27345	CPT	outpatient			11305		4257.16 Amerihealth	HMO/PPO		7348.25	65			545.1	10739.75	percent of total billed charges	
DRAINAGE OF KNEE BAKER'S CYST	27345	CPT	outpatient			11305		4257.16 Consumer	Consumer		10739.75	95			545.1	10739.75	percent of total billed charges	
DRAINAGE OF KNEE BAKER'S CYST	27345	CPT	outpatient			11305		4257.16 Corrections	Corrections		9044	80			545.1	10739.75	percent of total billed charges	
DRAINAGE OF KNEE BAKER'S CYST	27345	CPT	outpatient			11305		4257.16 First Health	First Health		7913.5	70			545.1	10739.75	percent of total billed charges	
DRAINAGE OF KNEE BAKER'S CYST	27345	CPT	outpatient			11305		4257.16 First Trenton	First Trenton		10174.5	90			545.1	10739.75	percent of total billed charges	
DRAINAGE OF KNEE BAKER'S CYST	27345	CPT	outpatient			11305		4257.16 Horizon	Indemnity		6889.2				545.1	10739.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAINAGE OF KNEE BAKER'S CYST	27345	CPT	outpatient			11305		4257.16 Horizon	NJ Health		545.1				545.1	10739.75	fee schedule	
DRAINAGE OF KNEE BAKER'S CYST	27345	CPT	outpatient			11305		4257.16 Horizon	PPO		6889.2				545.1	10739.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAINAGE OF KNEE BAKER'S CYST	27345	CPT	outpatient			11305		4257.16 Horizon	Medicare Blue		3701.88				545.1	10739.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAINAGE OF KNEE BAKER'S CYST	27345	CPT	outpatient			11305		4257.16 Horizon	MGD		6889.2				545.1	10739.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAINAGE OF KNEE BAKER'S CYST	27345	CPT	outpatient			11305		4257.16 Managed Care Inc	Managed Care Inc		10174.5	90			545.1	10739.75	percent of total billed charges	
DRAINAGE OF KNEE BAKER'S CYST	27345	CPT	outpatient			11305		4257.16 Multiplan	Multiplan		9044	80			545.1	10739.75	percent of total billed charges	
DRAINAGE OF KNEE BAKER'S CYST	27345	CPT	outpatient			11305		4257.16 Qualcare	Qualcare		8478.75	75			545.1	10739.75	percent of total billed charges	
DRAINAGE OF KNEE BAKER'S CYST	27345	CPT	outpatient			11305		4257.16 Three Rivers	Three Rivers		10739.75	95			545.1	10739.75	percent of total billed charges	
DRAINAGE OF KNEE BAKER'S CYST	27345	CPT	outpatient			11305		4257.16 UHC	Medicare		3701.88				545.1	10739.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAINAGE OF KNEE BAKER'S CYST	27345	CPT	outpatient			11305		4257.16 UHC	Medicaid		3566.73	31.55			545.1	10739.75	percent of total billed charges	
DRAINAGE OF KNEE BAKER'S CYST	27345	CPT	outpatient			11305		4257.16 United	Commercial|PPO		2776				545.1	10739.75	case rate	
DRAINAGE OF KNEE BAKER'S CYST	27345	CPT	outpatient			11305		4257.16 United	Oxford		2776				545.1	10739.75	case rate	
DRAINAGE OF KNEE BAKER'S CYST	27345	CPT	outpatient			11305		4257.16 Wellcare	Medicare		3701.88				545.1	10739.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAINAGE OF KNEE BAKER'S CYST	27345	CPT	outpatient			11305		4257.16 Wellcare	Medicaid		3566.73	31.55			545.1	10739.75	percent of total billed charges	
DRAINAGE OF KNEE BAKER'S CYST	27345	CPT	outpatient			11305		4257.16 WellPoint	WellPoint		3637.95	32.18			545.1	10739.75	percent of total billed charges	
MRI ARTHROGRAP KNEE W/CONTRAST	27369	CPT	outpatient			829		Aetna	Commercial		315.02	38			126.2	1782	percent of total billed charges	
MRI ARTHROGRAP KNEE W/CONTRAST	27369	CPT	outpatient			829		Aetna	Medicare		255.33	30.8			126.2	1782	percent of total billed charges	
MRI ARTHROGRAP KNEE W/CONTRAST	27369	CPT	outpatient			829		Aetna	Better Health		261.55	31.55			126.2	1782	percent of total billed charges	
MRI ARTHROGRAP KNEE W/CONTRAST	27369	CPT	outpatient			829		Americare	Americare		621.75	75			126.2	1782	percent of total billed charges	
MRI ARTHROGRAP KNEE W/CONTRAST	27369	CPT	outpatient			829		Amerihealth	HMO/PPO		538.85	65			126.2	1782	percent of total billed charges	
MRI ARTHROGRAP KNEE W/CONTRAST	27369	CPT	outpatient			829		Consumer	Consumer		787.55	95			126.2	1782	percent of total billed charges	
MRI ARTHROGRAP KNEE W/CONTRAST	27369	CPT	outpatient			829		Corrections	Corrections		663.2	80			126.2	1782	percent of total billed charges	
MRI ARTHROGRAP KNEE W/CONTRAST	27369	CPT	outpatient			829		First Health	First Health		580.3	70			126.2	1782	percent of total billed charges	
MRI ARTHROGRAP KNEE W/CONTRAST	27369	CPT	outpatient			829		First Trenton	First Trenton		746.1	90			126.2	1782	percent of total billed charges	
MRI ARTHROGRAP KNEE W/CONTRAST	27369	CPT	outpatient			829		Horizon	Medicare Blue		248.7	30			126.2	1782	percent of total billed charges	
MRI ARTHROGRAP KNEE W/CONTRAST	27369	CPT	outpatient			829		Horizon	MGD		317.34	38.28			126.2	1782	percent of total billed charges	
MRI ARTHROGRAP KNEE W/CONTRAST	27369	CPT	outpatient			829		Horizon	Indemnity		317.34	38.28			126.2	1782	percent of total billed charges	
MRI ARTHROGRAP KNEE W/CONTRAST	27369	CPT	outpatient			829		Horizon	NJ Health		126.2				126.2	1782	fee schedule	
MRI ARTHROGRAP KNEE W/CONTRAST	27369	CPT	outpatient			829		Horizon	PPO		317.34	38.28			126.2	1782	percent of total billed charges	
MRI ARTHROGRAP KNEE W/CONTRAST	27369	CPT	outpatient			829		Managed Care Inc	Managed Care Inc		746.1	90			126.2	1782	percent of total billed charges	
MRI ARTHROGRAP KNEE W/CONTRAST	27369	CPT	outpatient			829		Multiplan	Multiplan		663.2	80			126.2	1782	percent of total billed charges	
MRI ARTHROGRAP KNEE W/CONTRAST	27369	CPT	outpatient			829		Qualcare	Qualcare		621.75	75			126.2	1782	percent of total billed charges	
MRI ARTHROGRAP KNEE W/CONTRAST	27369	CPT	outpatient			829		Three Rivers	Three Rivers		787.55	95			126.2	1782	percent of total billed charges	
MRI ARTHROGRAP KNEE W/CONTRAST	27369	CPT	outpatient			829		UHC	Medicaid		261.55	31.55			126.2	1782	percent of total billed charges	
MRI ARTHROGRAP KNEE W/CONTRAST	27369	CPT	outpatient			829		United	Oxford		1782				126.2	1782	case rate	
MRI ARTHROGRAP KNEE W/CONTRAST	27369	CPT	outpatient			829		United	Commercial|PPO		1782				126.2	1782	case rate	
MRI ARTHROGRAP KNEE W/CONTRAST	27369	CPT	outpatient			829		Wellcare	Medicaid		261.55	31.55			126.2	1782	percent of total billed charges	
MRI ARTHROGRAP KNEE W/CONTRAST	27369	CPT	outpatient			829		WellPoint	WellPoint		266.77	32.18			126.2	1782	percent of total billed charges	
KNEE ARTHROGRAM	27370	CPT	outpatient			3298		Aetna	Commercial		1253.24	38			468	3133.1	percent of total billed charges	
KNEE ARTHROGRAM	27370	CPT	outpatient			3298		Aetna	Better Health		1040.52	31.55			468	3133.1	percent of total billed charges	
KNEE ARTHROGRAM	27370	CPT	outpatient			3298		Aetna	Medicare		1015.78	30.8			468	3133.1	percent of total billed charges	
KNEE ARTHROGRAM	27370	CPT	outpatient			3298		Americare	Americare		2473.5	75			468	3133.1	percent of total billed charges	
KNEE ARTHROGRAM	27370	CPT	outpatient			3298		Amerihealth	HMO/PPO		2143.7	65			468	3133.1	percent of total billed charges	
KNEE ARTHROGRAM	27370	CPT	outpatient			3298		Consumer	Consumer		3133.1	95			468	3133.1	percent of total billed charges	
KNEE ARTHROGRAM	27370	CPT	outpatient			3298		Corrections	Corrections		2638.4	80			468	3133.1	percent of total billed charges	
KNEE ARTHROGRAM	27370	CPT	outpatient			3298		First Health	First Health		2308.6	70			468	3133.1	percent of total billed charges	
KNEE ARTHROGRAM	27370	CPT	outpatient			3298		First Trenton	First Trenton		2968.2	90			468	3133.1	percent of total billed charges	
KNEE ARTHROGRAM	27370	CPT	outpatient			3298		Horizon	Indemnity		1262.47	38.28			468	3133.1	percent of total billed charges	
KNEE ARTHROGRAM	27370	CPT	outpatient			3298		Horizon	MGD		1262.47	38.28			468	3133.1	percent of total billed charges	
KNEE ARTHROGRAM	27370	CPT	outpatient			3298		Horizon	Medicare Blue		989.4	30			468	3133.1	percent of total billed charges	
KNEE ARTHROGRAM	27370	CPT	outpatient			3298		Horizon	PPO		1262.47	38.28			468	3133.1	percent of total billed charges	
KNEE ARTHROGRAM	27370	CPT	outpatient			3298		Managed Care Inc	Managed Care Inc		2968.2	90			468	3133.1	percent of total billed charges	
KNEE ARTHROGRAM	27370	CPT	outpatient			3298		Multiplan	Multiplan		2638.4	80			468	3133.1	percent of total billed charges	
KNEE ARTHROGRAM	27370	CPT	outpatient			3298		Qualcare	Qualcare		2473.5	75			468	3133.1	percent of total billed charges	
KNEE ARTHROGRAM	27370	CPT	outpatient			3298		Three Rivers	Three Rivers		3133.1	95			468	3133.1	percent of total billed charges	
KNEE ARTHROGRAM	27370	CPT	outpatient			3298		UHC	Medicaid		1040.52	31.55			468	3133.1	percent of total billed charges	
KNEE ARTHROGRAM	27370	CPT	outpatient			3298		Wellcare	Medicaid		1040.52	31.55			468	3133.1	percent of total billed charges	
KNEE ARTHROGRAM	27370	CPT	outpatient			3298		WellPoint	WellPoint		1061.3	32.18			468	3133.1	percent of total billed charges	
REMOVAL FB DEEP THIGH/KNEE	27372	CPT	outpatient			9413		3737.2 Aetna	Commercial		5173.59				312.42	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL FB DEEP THIGH/KNEE	27372	CPT	outpatient			9413		3737.2 Aetna	Medicare		3249.74				312.42	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL FB DEEP THIGH/KNEE	27372	CPT	outpatient			9413		3737.2 Aetna	Better Health		2969.8	31.55			312.42	8942.35	percent of total billed charges	
REMOVAL FB DEEP THIGH/KNEE	27372	CPT	outpatient			9413		3737.2 Americare	Americare		7059.75	75			312.42	8942.35	percent of total billed charges	
REMOVAL FB DEEP THIGH/KNEE	27372	CPT	outpatient			9413		3737.2 Amerihealth	Medicare		3249.74				312.42	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL FB DEEP THIGH/KNEE	27372	CPT	outpatient			9413		3737.2 Amerihealth	HMO/PPO		6118.45	65			312.42	8942.35	percent of total billed charges	
REMOVAL FB DEEP THIGH/KNEE	27372	CPT	outpatient			9413		3737.2 Consumer	Consumer		8942.35	95			312.42	8942.35	percent of total billed charges	
REMOVAL FB DEEP THIGH/KNEE	27372	CPT	outpatient			9413		3737.2 Corrections	Corrections		7530.4	80			312.42	8942.35	percent of total billed charges	
REMOVAL FB DEEP THIGH/KNEE	27372	CPT	outpatient			9413		3737.2 First Health	First Health		6589.1	70			312.42	8942.35	percent of total billed charges	
REMOVAL FB DEEP THIGH/KNEE	27372	CPT	outpatient			9413		3737.2 First Trenton	First Trenton		8471.7	90			312.42	8942.35	percent of total billed charges	
REMOVAL FB DEEP THIGH/KNEE	27372	CPT	outpatient			9413		3737.2 Horizon	Medicare Blue		3249.74				312.42	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL FB DEEP THIGH/KNEE	27372	CPT	outpatient			9413		3737.2 Horizon	NJ Health		312.42				312.42	8942.35	fee schedule	
REMOVAL FB DEEP THIGH/KNEE	27372	CPT	outpatient			9413		3737.2 Horizon	Indemnity		6047.77				312.42	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL FB DEEP THIGH/KNEE	27372	CPT	outpatient			9413		3737.2 Horizon	MGD		6047.77				312.42	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL FB DEEP THIGH/KNEE	27372	CPT	outpatient			9413		3737.2 Horizon	PPO		6047.77				312.42	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL FB DEEP THIGH/KNEE	27372	CPT	outpatient			9413		3737.2 Managed Care Inc	Managed Care Inc		8471.7	90			312.42	8942.35	percent of total billed charges	
REMOVAL FB DEEP THIGH/KNEE	27372	CPT	outpatient			9413		3737.2 Multiplan	Multiplan		7530.4	80			312.42	8942.35	percent of total billed charges	
REMOVAL FB DEEP THIGH/KNEE	27372	CPT	outpatient			9413		3737.2 Qualcare	Qualcare		7059.75	75			312.42	8942.35	percent of total billed charges	
REMOVAL FB DEEP THIGH/KNEE	27372	CPT	outpatient			9413		3737.2 Three Rivers	Three Rivers		8942.35	95			312.42	8942.35	percent of total billed charges	
REMOVAL FB DEEP THIGH/KNEE	27372	CPT	outpatient			9413		3737.2 UHC	Medicare		3249.74				312.42	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL FB DEEP THIGH/KNEE	27372	CPT	outpatient			9413		3737.2 UHC	Medicaid		2969.8	31.55			312.42	8942.35	percent of total billed charges	
REMOVAL FB DEEP THIGH/KNEE	27372	CPT	outpatient			9413		3737.2 United	Oxford		2776				312.42	8942.35	case rate	
REMOVAL FB DEEP THIGH/KNEE	27372	CPT	outpatient			9413		3737.2 United	Commercial|PPO		2776				312.42	8942.35	case rate	
REMOVAL FB DEEP THIGH/KNEE	27372	CPT	outpatient			9413		3737.2 Wellcare	Medicare		3249.74				312.42	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL FB DEEP THIGH/KNEE	27372	CPT	outpatient			9413		3737.2 Wellcare	Medicaid		2969.8	31.55			312.42	8942.35	percent of total billed charges	
REMOVAL FB DEEP THIGH/KNEE	27372	CPT	outpatient			9413		3737.2 WellPoint	WellPoint		3029.1	32.18			312.42	8942.35	percent of total billed charges	
CI TX FX TEMUR SHAFT	27500	CPT	outpatient			698		310.16 Aetna	Medicare		269.7				220.22	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CI TX FX TEMUR SHAFT	27500	CPT	outpatient			698		310.16 Aetna	Commercial		429.36				220.22	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CI TX FX TEMUR SHAFT	27500	CPT	outpatient			698		310.16 Aetna	Better Health		220.22	31.55			220.22	1782	percent of total billed charges	
CI TX FX TEMUR SHAFT	27500	CPT	outpatient			698		310.16 Americare	Americare		523.5	75			220.22	1782	percent of total billed charges	
CI TX FX TEMUR SHAFT	27500	CPT	outpatient			698		310.16 Amerihealth	HMO/PPO		453.7	65			220.22	1782	percent of total billed charges	
CI TX FX TEMUR SHAFT	27500	CPT	outpatient			698		310.16 Amerihealth	Medicare		269.7				220.22	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101191	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CI TX FX TEMUR SHAFT	27500	CPT	outpatient			698		310.16 Consumer	Consumer		663.1	95			220.22		1782 percent of total billed charges	
CI TX FX TEMUR SHAFT	27500	CPT	outpatient			698		310.16 Corrections	Corrections		558.4	80			220.22		1782 percent of total billed charges	
CI TX FX TEMUR SHAFT	27500	CPT	outpatient			698		310.16 First Health	First Health		488.6	70			220.22		1782 percent of total billed charges	
CI TX FX TEMUR SHAFT	27500	CPT	outpatient			698		310.16 First Trenton	First Trenton		628.2	90			220.22		1782 percent of total billed charges	
CI TX FX TEMUR SHAFT	27500	CPT	outpatient			698		310.16 Horizon	Indemnity		501.91				220.22		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CI TX FX TEMUR SHAFT	27500	CPT	outpatient			698		310.16 Horizon	Medicare Blue		269.7				220.22		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CI TX FX TEMUR SHAFT	27500	CPT	outpatient			698		310.16 Horizon	MGD		501.91				220.22		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CI TX FX TEMUR SHAFT	27500	CPT	outpatient			698		310.16 Horizon	NJ Health		569.01				220.22		1782 fee schedule	
CI TX FX TEMUR SHAFT	27500	CPT	outpatient			698		310.16 Horizon	PPO		501.91				220.22		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CI TX FX TEMUR SHAFT	27500	CPT	outpatient			698		310.16 Managed Care Inc	Managed Care Inc		628.2	90			220.22		1782 percent of total billed charges	
CI TX FX TEMUR SHAFT	27500	CPT	outpatient			698		310.16 Multiplan	Multiplan		558.4	80			220.22		1782 percent of total billed charges	
CI TX FX TEMUR SHAFT	27500	CPT	outpatient			698		310.16 Qualcare	Qualcare		523.5	75			220.22		1782 percent of total billed charges	
CI TX FX TEMUR SHAFT	27500	CPT	outpatient			698		310.16 Three Rivers	Three Rivers		663.1	95			220.22		1782 percent of total billed charges	
CI TX FX TEMUR SHAFT	27500	CPT	outpatient			698		310.16 UHC	Medicaid		220.22	31.55			220.22		1782 percent of total billed charges	
CI TX FX TEMUR SHAFT	27500	CPT	outpatient			698		310.16 UHC	Medicare		269.7				220.22		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CI TX FX TEMUR SHAFT	27500	CPT	outpatient			698		310.16 United	Oxford		1782				220.22		1782 case rate	
CI TX FX TEMUR SHAFT	27500	CPT	outpatient			698		310.16 United	Commercial|PPO		1782				220.22		1782 case rate	
CI TX FX TEMUR SHAFT	27500	CPT	outpatient			698		310.16 Wellcare	Medicare		269.7				220.22		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CI TX FX TEMUR SHAFT	27500	CPT	outpatient			698		310.16 Wellcare	Medicaid		220.22	31.55			220.22		1782 percent of total billed charges	
CI TX FX TEMUR SHAFT	27500	CPT	outpatient			698		310.16 WellPoint	WellPoint		224.62	32.18			220.22		1782 percent of total billed charges	
TREAT FEM SHAFT FX W/MAN	27502	CPT	outpatient			7545		2113.84 Aetna	Better Health		2380.45	31.55			883.62		7167.75 percent of total billed charges	
TREAT FEM SHAFT FX W/MAN	27502	CPT	outpatient			7545		2113.84 Aetna	Commercial		2926.29				883.62		7167.75 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT FEM SHAFT FX W/MAN	27502	CPT	outpatient			7545		2113.84 Aetna	Medicare		1838.12				883.62		7167.75 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT FEM SHAFT FX W/MAN	27502	CPT	outpatient			7545		2113.84 Americare	Americare		5658.75	75			883.62		7167.75 percent of total billed charges	
TREAT FEM SHAFT FX W/MAN	27502	CPT	outpatient			7545		2113.84 Amerihealth	HMO/PPO		4904.25	65			883.62		7167.75 percent of total billed charges	
TREAT FEM SHAFT FX W/MAN	27502	CPT	outpatient			7545		2113.84 Amerihealth	Medicare		1838.12				883.62		7167.75 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT FEM SHAFT FX W/MAN	27502	CPT	outpatient			7545		2113.84 Consumer	Consumer		7167.75	95			883.62		7167.75 percent of total billed charges	
TREAT FEM SHAFT FX W/MAN	27502	CPT	outpatient			7545		2113.84 Corrections	Corrections		6036	80			883.62		7167.75 percent of total billed charges	
TREAT FEM SHAFT FX W/MAN	27502	CPT	outpatient			7545		2113.84 First Health	First Health		5281.5	70			883.62		7167.75 percent of total billed charges	
TREAT FEM SHAFT FX W/MAN	27502	CPT	outpatient			7545		2113.84 First Trenton	First Trenton		6790.5	90			883.62		7167.75 percent of total billed charges	
TREAT FEM SHAFT FX W/MAN	27502	CPT	outpatient			7545		2113.84 Horizon	PPO		3420.74				883.62		7167.75 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT FEM SHAFT FX W/MAN	27502	CPT	outpatient			7545		2113.84 Horizon	MGD		3420.74				883.62		7167.75 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT FEM SHAFT FX W/MAN	27502	CPT	outpatient			7545		2113.84 Horizon	Indemnity		3420.74				883.62		7167.75 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT FEM SHAFT FX W/MAN	27502	CPT	outpatient			7545		2113.84 Horizon	NJ Health		883.62				883.62		7167.75 fee schedule	
TREAT FEM SHAFT FX W/MAN	27502	CPT	outpatient			7545		2113.84 Horizon	Medicare Blue		1838.12				883.62		7167.75 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT FEM SHAFT FX W/MAN	27502	CPT	outpatient			7545		2113.84 Managed Care Inc	Managed Care Inc		6790.5	90			883.62		7167.75 percent of total billed charges	
TREAT FEM SHAFT FX W/MAN	27502	CPT	outpatient			7545		2113.84 Multiplan	Multiplan		6036	80			883.62		7167.75 percent of total billed charges	
TREAT FEM SHAFT FX W/MAN	27502	CPT	outpatient			7545		2113.84 Qualcare	Qualcare		5658.75	75			883.62		7167.75 percent of total billed charges	
TREAT FEM SHAFT FX W/MAN	27502	CPT	outpatient			7545		2113.84 Three Rivers	Three Rivers		7167.75	95			883.62		7167.75 percent of total billed charges	
TREAT FEM SHAFT FX W/MAN	27502	CPT	outpatient			7545		2113.84 UHC	Medicaid		2380.45	31.55			883.62		7167.75 percent of total billed charges	
TREAT FEM SHAFT FX W/MAN	27502	CPT	outpatient			7545		2113.84 UHC	Medicare		1838.12				883.62		7167.75 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT FEM SHAFT FX W/MAN	27502	CPT	outpatient			7545		2113.84 United	Oxford		2493				883.62		7167.75 case rate	
TREAT FEM SHAFT FX W/MAN	27502	CPT	outpatient			7545		2113.84 United	Commercial|PPO		2493				883.62		7167.75 case rate	
TREAT FEM SHAFT FX W/MAN	27502	CPT	outpatient			7545		2113.84 Wellcare	Medicaid		2380.45	31.55			883.62		7167.75 percent of total billed charges	
TREAT FEM SHAFT FX W/MAN	27502	CPT	outpatient			7545		2113.84 Wellcare	Medicare		1838.12				883.62		7167.75 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT FEM SHAFT FX W/MAN	27502	CPT	outpatient			7545		2113.84 WellPoint	WellPoint		2427.98	32.18			883.62		7167.75 percent of total billed charges	
TRT FEM FX END/CONDYL W/OMAN	27508	CPT	outpatient			813		310.16 Aetna	Medicare		269.7				256.5		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT FEM FX END/CONDYL W/OMAN	27508	CPT	outpatient			813		310.16 Aetna	Commercial		429.36				256.5		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT FEM FX END/CONDYL W/OMAN	27508	CPT	outpatient			813		310.16 Aetna	Better Health		256.5	31.55			256.5		1782 percent of total billed charges	
TRT FEM FX END/CONDYL W/OMAN	27508	CPT	outpatient			813		310.16 Americare	Americare		609.75	75			256.5		1782 percent of total billed charges	
TRT FEM FX END/CONDYL W/OMAN	27508	CPT	outpatient			813		310.16 Amerihealth	HMO/PPO		528.45	65			256.5		1782 percent of total billed charges	
TRT FEM FX END/CONDYL W/OMAN	27508	CPT	outpatient			813		310.16 Amerihealth	Medicare		269.7				256.5		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT FEM FX END/CONDYL W/OMAN	27508	CPT	outpatient			813		310.16 Consumer	Consumer		772.35	95			256.5		1782 percent of total billed charges	
TRT FEM FX END/CONDYL W/OMAN	27508	CPT	outpatient			813		310.16 Corrections	Corrections		650.4	80			256.5		1782 percent of total billed charges	
TRT FEM FX END/CONDYL W/OMAN	27508	CPT	outpatient			813		310.16 First Health	First Health		569.1	70			256.5		1782 percent of total billed charges	
TRT FEM FX END/CONDYL W/OMAN	27508	CPT	outpatient			813		310.16 First Trenton	First Trenton		731.7	90			256.5		1782 percent of total billed charges	
TRT FEM FX END/CONDYL W/OMAN	27508	CPT	outpatient			813		310.16 Horizon	MGD		501.91				256.5		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT FEM FX END/CONDYL W/OMAN	27508	CPT	outpatient			813		310.16 Horizon	Medicare Blue		269.7				256.5		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT FEM FX END/CONDYL W/OMAN	27508	CPT	outpatient			813		310.16 Horizon	NJ Health		383.67				256.5		1782 fee schedule	
TRT FEM FX END/CONDYL W/OMAN	27508	CPT	outpatient			813		310.16 Horizon	PPO		501.91				256.5		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT FEM FX END/CONDYL W/OMAN	27508	CPT	outpatient			813		310.16 Horizon	Indemnity		501.91				256.5		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT FEM FX END/CONDYL W/OMAN	27508	CPT	outpatient			813		310.16 Managed Care Inc	Managed Care Inc		731.7	90			256.5		1782 percent of total billed charges	
TRT FEM FX END/CONDYL W/OMAN	27508	CPT	outpatient			813		310.16 Multiplan	Multiplan		650.4	80			256.5		1782 percent of total billed charges	
TRT FEM FX END/CONDYL W/OMAN	27508	CPT	outpatient			813		310.16 Qualcare	Qualcare		609.75	75			256.5		1782 percent of total billed charges	
TRT FEM FX END/CONDYL W/OMAN	27508	CPT	outpatient			813		310.16 Three Rivers	Three Rivers		772.35	95			256.5		1782 percent of total billed charges	
TRT FEM FX END/CONDYL W/OMAN	27508	CPT	outpatient			813		310.16 UHC	Medicaid		256.5	31.55			256.5		1782 percent of total billed charges	
TRT FEM FX END/CONDYL W/OMAN	27508	CPT	outpatient			813		310.16 UHC	Medicare		269.7				256.5		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT FEM FX END/CONDYL W/OMAN	27508	CPT	outpatient			813		310.16 United	Commercial|PPO		1782				256.5		1782 case rate	
TRT FEM FX END/CONDYL W/OMAN	27508	CPT	outpatient			813		310.16 United	Oxford		1782				256.5		1782 case rate	
TRT FEM FX END/CONDYL W/OMAN	27508	CPT	outpatient			813		310.16 Wellcare	Medicaid		256.5	31.55			256.5		1782 percent of total billed charges	
TRT FEM FX END/CONDYL W/OMAN	27508	CPT	outpatient			813		310.16 Wellcare	Medicare		269.7				256.5		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT FEM FX END/CONDYL W/OMAN	27508	CPT	outpatient			813		310.16 WellPoint	WellPoint		261.62	32.18			256.5		1782 percent of total billed charges	
SKELETAL FIX FEM FX DISTAL	27509	CPT	outpatient			21541		9409.2 Aetna	Commercial		13025.6				516.08		20463.95 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SKELETAL FIX FEM FX DISTAL	27509	CPT	outpatient			21541		9409.2 Aetna	Medicare		8181.91				516.08		20463.95 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SKELETAL FIX FEM FX DISTAL	27509	CPT	outpatient			21541		9409.2 Aetna	Better Health		6796.19	31.55			516.08		20463.95 percent of total billed charges	
SKELETAL FIX FEM FX DISTAL	27509	CPT	outpatient			21541		9409.2 Americare	Americare		16155.75	75			516.08		20463.95 percent of total billed charges	
SKELETAL FIX FEM FX DISTAL	27509	CPT	outpatient			21541		9409.2 Amerihealth	HMO/PPO		14001.65	65			516.08		20463.95 percent of total billed charges	
SKELETAL FIX FEM FX DISTAL	27509	CPT	outpatient			21541		9409.2 Amerihealth	Medicare		8181.91				516.08		20463.95 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SKELETAL FIX FEM FX DISTAL	27509	CPT	outpatient			21541		9409.2 Consumer	Consumer		20463.95	95			516.08		20463.95 percent of total billed charges	
SKELETAL FIX FEM FX DISTAL	27509	CPT	outpatient			21541		9409.2 Corrections	Corrections		17232.8	80			516.08		20463.95 percent of total billed charges	
SKELETAL FIX FEM FX DISTAL	27509	CPT	outpatient			21541		9409.2 First Health	First Health		15078.7	70			516.08		20463.95 percent of total billed charges	
SKELETAL FIX FEM FX DISTAL	27509	CPT	outpatient			21541		9409.2 First Trenton	First Trenton		19386.9	90			516.08		20463.95 percent of total billed charges	
SKELETAL FIX FEM FX DISTAL	27509	CPT	outpatient			21541		9409.2 Horizon	PPO		15226.53				516.08		20463.95 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SKELETAL FIX FEM FX DISTAL	27509	CPT	outpatient			21541		9409.2 Horizon	MGD		15226.53				516.08		20463.95 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SKELETAL FIX FEM FX DISTAL	27509	CPT	outpatient			21541		9409.2 Horizon	Medicare Blue		8181.91				516.08		20463.95 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SKELETAL FIX FEM FX DISTAL	27509	CPT	outpatient			21541		9409.2 Horizon	NJ Health		516.08				516.08		20463.95 fee schedule	
SKELETAL FIX FEM FX DISTAL	27509	CPT	outpatient			21541		9409.2 Horizon	Indemnity		15226.53				516.08		20463.95 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SKELETAL FIX FEM FX DISTAL	27509	CPT	outpatient			21541		9409.2 Managed Care Inc	Managed Care Inc		19386.9	90			516.08		20463.95 percent of total billed charges	
SKELETAL FIX FEM FX DISTAL	27509	CPT	outpatient			21541		9409.2 Multiplan	Multiplan		17232.8	80			516.08		20463.95 percent of total billed charges	
SKELETAL FIX FEM FX DISTAL	27509	CPT	outpatient			21541		9409.2 Qualcare	Qualcare		16155.75	75			516.08		20463.95 percent of total billed charges	
SKELETAL FIX FEM FX DISTAL	27509	CPT	outpatient			21541		9409.2 Three Rivers	Three Rivers		20463.95	95			516.08		20463.95 percent of total billed charges	
SKELETAL FIX FEM FX DISTAL	27509	CPT	outpatient			21541		9409.2 UHC	Medicaid		6796.19	31.55			516.08		20463.95 percent of total billed charges	
SKELETAL FIX FEM FX DISTAL	27509	CPT	outpatient			21541		9409.2 UHC	Medicare		8181.91				516.08		20463.95 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SKELETAL FIX FEM FX DISTAL	27509	CPT	outpatient			21541		9409.2 United	Commercial|PPO		2776				516.08		20463.95 case rate	
SKELETAL FIX FEM FX DISTAL	27509	CPT	outpatient			21541		9409.2 United	Oxford		2776				516.08		20463.95 case rate	
SKELETAL FIX FEM FX DISTAL	27509	CPT	outpatient			21541		9409.2 Wellcare	Medicare		8181.91				516.08		20463.95 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SKELETAL FIX FEM FX DISTAL	27509	CPT	outpatient			21541		9409.2 Wellcare	Medicaid		6796.19	31.55			516.08		20463.95 percent of total billed charges	
SKELETAL FIX FEM FX DISTAL	27509	CPT	outpatient			21541		9409.2 WellPoint	WellPoint		6931.89	32.18			516.08		20463.95 percent of total billed charges	
CL TX DISTAL FEMUR FRACTURE W RED.	27510	CPT	outpatient			5257		2113.84 Aetna	Better Health		1658.58	31.55			663.2		4994.15 percent of total billed charges	
CL TX DISTAL FEMUR FRACTURE W RED.	27510	CPT	outpatient			5257		2113.84 Aetna	Commercial		2926.29				663.2		4994.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX DISTAL FEMUR FRACTURE W RED.	27510	CPT	outpatient			5257		2113.84 Aetna	Medicare		1838.12				663.2		4994.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX DISTAL FEMUR FRACTURE W RED.	27510	CPT	outpatient			5257		2113.84 Americare	Americare		3942.75	75			663.2		4994.15 percent of total billed charges	
CL TX DISTAL FEMUR FRACTURE W RED.	27510	CPT	outpatient			5257		2113.84 Amerihealth	HMO/PPO		3417.05	65			663.2		4994.15 percent of total billed charges	
CL TX DISTAL FEMUR FRACTURE W RED.	27510	CPT	outpatient			5257		2113.84 Amerihealth	Medicare		1838.12				663.2		4994.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX DISTAL FEMUR FRACTURE W RED.	27510	CPT	outpatient			5257		2113.84 Consumer	Consumer		4994.15	95			663.2		4994.15 percent of total billed charges	
CL TX DISTAL FEMUR FRACTURE W RED.	27510	CPT	outpatient			5257		2113.84 Corrections	Corrections		4205.6	80			663.2		4994.15 percent of total billed charges	
CL TX DISTAL FEMUR FRACTURE W RED.	27510	CPT	outpatient			5257		2113.84 First Health	First Health		3679.9	70			663.2		4994.15 percent of total billed charges	
CL TX DISTAL FEMUR FRACTURE W RED.	27510	CPT	outpatient			5257		2113.84 First Trenton	First Trenton		4731.3	90			663.2		4994.15 percent of total billed charges	
CL TX DISTAL FEMUR FRACTURE W RED.	27510	CPT	outpatient			5257		2113.84 Horizon	MGD		3420.74				663.2		4994.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX DISTAL FEMUR FRACTURE W RED.	27510	CPT	outpatient			5257		2113.84 Horizon	Indemnity		3420.74				663.2		4994.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX DISTAL FEMUR FRACTURE W RED.	27510	CPT	outpatient			5257		2113.84 Horizon	NJ Health		663.2				663.2		4994.15 fee schedule	
CL TX DISTAL FEMUR FRACTURE W RED.	27510	CPT	outpatient			5257		2113.84 Horizon	Medicare Blue		1838.12				663.2		4994.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX DISTAL FEMUR FRACTURE W RED.	27510	CPT	outpatient			5257		2113.84 Horizon	PPO		3420.74				663.2		4994.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX DISTAL FEMUR FRACTURE W RED.	27510	CPT	outpatient			5257		2113.84 Managed Care Inc	Managed Care Inc		4731.3	90			663.2		4994.15 percent of total billed charges	
CL TX DISTAL FEMUR FRACTURE W RED.	27510	CPT	outpatient			5257		2113.84 Multiplan	Multiplan		4205.6	80			663.2		4994.15 percent of total billed charges	
CL TX DISTAL FEMUR FRACTURE W RED.	27510	CPT	outpatient			5257		2113.84 Qualcare	Qualcare		3942.75	75			663.2		4994.15 percent of total billed charges	
CL TX DISTAL FEMUR FRACTURE W RED.	27510	CPT	outpatient			5257		2113.84 Three Rivers	Three Rivers		4994.15	95			663.2		4994.15 percent of total billed charges	
CL TX DISTAL FEMUR FRACTURE W RED.	27510	CPT	outpatient			5257		2113.84 UHC	Medicare		1838.12				663.2		4994.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX DISTAL FEMUR FRACTURE W RED.	27510	CPT	outpatient			5257		2113.84 UHC	Medicaid		1658.58	31.55			663.2		4994.15 percent of total billed charges	
CL TX DISTAL FEMUR FRACTURE W RED.	27510	CPT	outpatient			5257		2113.84 United	Oxford		1782				663.2		4994.15 case rate	
CL TX DISTAL FEMUR FRACTURE W RED.	27510	CPT	outpatient			5257		2113.84 United	Commercial|PPO		1782				663.2		4994.15 case rate	
CL TX DISTAL FEMUR FRACTURE W RED.	27510	CPT	outpatient			5257		2113.84 Wellcare	Medicare		1838.12				663.2		4994.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX DISTAL FEMUR FRACTURE W RED.	27510	CPT	outpatient			5257		2113.84 Wellcare	Medicaid		1658.58	31.55			663.2		4994.15 percent of total billed charges	
CL TX DISTAL FEMUR FRACTURE W RED.	27510	CPT	outpatient			5257		2113.84 WellPoint	WellPoint		1691.7	32.18			663.2		4994.15 percent of total billed charges	
PATELLAR FX W/O MANIP	27520	CPT	outpatient			2194		310.16 Aetna	Medicare		269.7				237.89		2084.3 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PATELLAR FX W/O MANIP	27520	CPT	outpatient			2194		310.16 Aetna	Commercial		429.36				237.89		2084.3 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PATELLAR FX W/O MANIP	27520	CPT	outpatient			2194		310.16 Aetna	Better Health		692.21	31.55			237.89		2084.3 percent of total billed charges	
PATELLAR FX W/O MANIP	27520	CPT	outpatient			2194		310.16 Americare	Americare		1645.5	75			237.89		2084.3 percent of total billed charges	
PATELLAR FX W/O MANIP	27520	CPT	outpatient			2194		310.16 Amerihealth	Medicare		269.7				237.89		2084.3 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PATELLAR FX W/O MANIP	27520	CPT	outpatient			2194		310.16 Amerihealth	HMO/PPO		1426.1	65			237.89		2084.3 percent of total billed charges	
PATELLAR FX W/O MANIP	27520	CPT	outpatient			2194		310.16 Consumer	Consumer		2084.3	95			237.89		2084.3 percent of total billed charges	
PATELLAR FX W/O MANIP	27520	CPT	outpatient			2194		310.16 Corrections	Corrections		1755.2	80			237.89		2084.3 percent of total billed charges	
PATELLAR FX W/O MANIP	27520	CPT	outpatient			2194		310.16 First Health	First Health		1535.8	70			237.89		2084.3 percent of total billed charges	
PATELLAR FX W/O MANIP	27520	CPT	outpatient			2194		310.16 First Trenton	First Trenton		1974.6	90			237.89		2084.3 percent of total billed charges	
PATELLAR FX W/O MANIP	27520	CPT	outpatient			2194		310.16 Horizon	NJ Health		339.82				237.89		2084.3 fee schedule	
PATELLAR FX W/O MANIP	27520	CPT	outpatient			2194		310.16 Horizon	PPO		501.91				237.89		2084.3 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PATELLAR FX W/O MANIP	27520	CPT	outpatient			2194		310.16 Horizon	Indemnity		501.91				237.89		2084.3 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PATELLAR FX W/O MANIP	27520	CPT	outpatient			2194		310.16 Horizon	Medicare Blue		269.7				237.89		2084.3 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PATELLAR FX W/O MANIP	27520	CPT	outpatient			2194		310.16 Horizon	MGD		501.91				237.89		2084.3 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PATELLAR FX W/O MANIP	27520	CPT	outpatient			2194		310.16 Managed Care Inc	Managed Care Inc		1974.6	90			237.89		2084.3 percent of total billed charges	
PATELLAR FX W/O MANIP	27520	CPT	outpatient			2194		310.16 Multiplan	Multiplan		1755.2	80			237.89		2084.3 percent of total billed charges	
PATELLAR FX W/O MANIP	27520	CPT	outpatient			2194		310.16 Qualcare	Qualcare		1645.5	75			237.89		2084.3 percent of total billed charges	
PATELLAR FX W/O MANIP	27520	CPT	outpatient			2194		310.16 Three Rivers	Three Rivers		2084.3	95			237.89		2084.3 percent of total billed charges	
PATELLAR FX W/O MANIP	27520	CPT	outpatient			2194		310.16 UHC	Medicaid		692.21	31.55			237.89		2084.3 percent of total billed charges	
PATELLAR FX W/O MANIP	27520	CPT	outpatient			2194		310.16 UHC	Medicare		269.7				237.89		2084.3 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PATELLAR FX W/O MANIP	27520	CPT	outpatient			2194		310.16 United	Commercial|PPO		1782				237.89		2084.3 case rate	
PATELLAR FX W/O MANIP	27520	CPT	outpatient			2194		310.16 United	Oxford		1782				237.89		2084.3 case rate	
PATELLAR FX W/O MANIP	27520	CPT	outpatient			2194		310.16 Wellcare	Medicare		269.7				237.89		2084.3 other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
PATELLAR FX W/O MANIP	27520	CPT	outpatient			2194		310.16 Wellcare	Medicaid		692.21	31.55			237.89	2084.3	percent of total billed charges	
PATELLAR FX W/O MANIP	27520	CPT	outpatient			2194		310.16 WellPoint	WellPoint		706.03	32.18			237.89	2084.3	percent of total billed charges	
CLSD TRT TIBL FRCT PRX WO MAN	27530	CPT	outpatient			2194		310.16 Aetna	Commercial		429.36				237.89	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT TIBL FRCT PRX WO MAN	27530	CPT	outpatient			2194		310.16 Aetna	Better Health		692.21	31.55			237.89	2084.3	percent of total billed charges	
CLSD TRT TIBL FRCT PRX WO MAN	27530	CPT	outpatient			2194		310.16 Aetna	Medicare		269.7				237.89	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT TIBL FRCT PRX WO MAN	27530	CPT	outpatient			2194		310.16 Americare	Americare		1645.5	75			237.89	2084.3	percent of total billed charges	
CLSD TRT TIBL FRCT PRX WO MAN	27530	CPT	outpatient			2194		310.16 Amerihealth	Medicare		269.7				237.89	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT TIBL FRCT PRX WO MAN	27530	CPT	outpatient			2194		310.16 Amerihealth	HMO/PPO		1426.1	65			237.89	2084.3	percent of total billed charges	
CLSD TRT TIBL FRCT PRX WO MAN	27530	CPT	outpatient			2194		310.16 Consumer	Consumer		2084.3	95			237.89	2084.3	percent of total billed charges	
CLSD TRT TIBL FRCT PRX WO MAN	27530	CPT	outpatient			2194		310.16 Corrections	Corrections		1755.2	80			237.89	2084.3	percent of total billed charges	
CLSD TRT TIBL FRCT PRX WO MAN	27530	CPT	outpatient			2194		310.16 First Health	First Health		1535.8	70			237.89	2084.3	percent of total billed charges	
CLSD TRT TIBL FRCT PRX WO MAN	27530	CPT	outpatient			2194		310.16 First Trenton	First Trenton		1974.6	90			237.89	2084.3	percent of total billed charges	
CLSD TRT TIBL FRCT PRX WO MAN	27530	CPT	outpatient			2194		310.16 Horizon	MGD		501.91				237.89	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT TIBL FRCT PRX WO MAN	27530	CPT	outpatient			2194		310.16 Horizon	Indemnity		501.91				237.89	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT TIBL FRCT PRX WO MAN	27530	CPT	outpatient			2194		310.16 Horizon	Medicare Blue		269.7				237.89	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT TIBL FRCT PRX WO MAN	27530	CPT	outpatient			2194		310.16 Horizon	NJ Health		405.59				237.89	2084.3	fee schedule	
CLSD TRT TIBL FRCT PRX WO MAN	27530	CPT	outpatient			2194		310.16 Horizon	PPO		501.91				237.89	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT TIBL FRCT PRX WO MAN	27530	CPT	outpatient			2194		310.16 Managed Care Inc	Managed Care Inc		1974.6	90			237.89	2084.3	percent of total billed charges	
CLSD TRT TIBL FRCT PRX WO MAN	27530	CPT	outpatient			2194		310.16 Multiplan	Multiplan		1755.2	80			237.89	2084.3	percent of total billed charges	
CLSD TRT TIBL FRCT PRX WO MAN	27530	CPT	outpatient			2194		310.16 Qualcare	Qualcare		1645.5	75			237.89	2084.3	percent of total billed charges	
CLSD TRT TIBL FRCT PRX WO MAN	27530	CPT	outpatient			2194		310.16 Three Rivers	Three Rivers		2084.3	95			237.89	2084.3	percent of total billed charges	
CLSD TRT TIBL FRCT PRX WO MAN	27530	CPT	outpatient			2194		310.16 UHC	Medicare		269.7				237.89	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT TIBL FRCT PRX WO MAN	27530	CPT	outpatient			2194		310.16 UHC	Medicaid		692.21	31.55			237.89	2084.3	percent of total billed charges	
CLSD TRT TIBL FRCT PRX WO MAN	27530	CPT	outpatient			2194		310.16 United	Commercial|PPO		1782				237.89	2084.3	case rate	
CLSD TRT TIBL FRCT PRX WO MAN	27530	CPT	outpatient			2194		310.16 United	Oxford		1782				237.89	2084.3	case rate	
CLSD TRT TIBL FRCT PRX WO MAN	27530	CPT	outpatient			2194		310.16 Wellcare	Medicare		269.7				237.89	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT TIBL FRCT PRX WO MAN	27530	CPT	outpatient			2194		310.16 Wellcare	Medicaid		692.21	31.55			237.89	2084.3	percent of total billed charges	
CLSD TRT TIBL FRCT PRX WO MAN	27530	CPT	outpatient			2194		310.16 WellPoint	WellPoint		706.03	32.18			237.89	2084.3	percent of total billed charges	
CLSD TRT TIBL FRCT PRX WO TRCT	27532	CPT	outpatient			10522		4257.16 Aetna	Commercial		5893.39				663.2	9995.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT TIBL FRCT PRX WO TRCT	27532	CPT	outpatient			10522		4257.16 Aetna	Better Health		3319.69	31.55			663.2	9995.9	percent of total billed charges	
CLSD TRT TIBL FRCT PRX WO TRCT	27532	CPT	outpatient			10522		4257.16 Aetna	Medicare		3240.78	30.8			663.2	9995.9	percent of total billed charges	
CLSD TRT TIBL FRCT PRX WO TRCT	27532	CPT	outpatient			10522		4257.16 Americare	Americare		7891.5	75			663.2	9995.9	percent of total billed charges	
CLSD TRT TIBL FRCT PRX WO TRCT	27532	CPT	outpatient			10522		4257.16 Amerihealth	HMO/PPO		6839.3	65			663.2	9995.9	percent of total billed charges	
CLSD TRT TIBL FRCT PRX WO TRCT	27532	CPT	outpatient			10522		4257.16 Amerihealth	Medicare		3701.88				663.2	9995.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT TIBL FRCT PRX WO TRCT	27532	CPT	outpatient			10522		4257.16 Consumer	Consumer		9995.9	95			663.2	9995.9	percent of total billed charges	
CLSD TRT TIBL FRCT PRX WO TRCT	27532	CPT	outpatient			10522		4257.16 Corrections	Corrections		8417.6	80			663.2	9995.9	percent of total billed charges	
CLSD TRT TIBL FRCT PRX WO TRCT	27532	CPT	outpatient			10522		4257.16 First Health	First Health		7365.4	70			663.2	9995.9	percent of total billed charges	
CLSD TRT TIBL FRCT PRX WO TRCT	27532	CPT	outpatient			10522		4257.16 First Trenton	First Trenton		9469.8	90			663.2	9995.9	percent of total billed charges	
CLSD TRT TIBL FRCT PRX WO TRCT	27532	CPT	outpatient			10522		4257.16 Horizon	PPO		6889.2				663.2	9995.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT TIBL FRCT PRX WO TRCT	27532	CPT	outpatient			10522		4257.16 Horizon	MGD		6889.2				663.2	9995.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT TIBL FRCT PRX WO TRCT	27532	CPT	outpatient			10522		4257.16 Horizon	Medicare Blue		3701.88				663.2	9995.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT TIBL FRCT PRX WO TRCT	27532	CPT	outpatient			10522		4257.16 Horizon	NJ Health		683.2				663.2	9995.9	fee schedule	
CLSD TRT TIBL FRCT PRX WO TRCT	27532	CPT	outpatient			10522		4257.16 Horizon	Indemnity		6889.2				663.2	9995.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT TIBL FRCT PRX WO TRCT	27532	CPT	outpatient			10522		4257.16 Managed Care Inc	Managed Care Inc		9469.8	90			663.2	9995.9	percent of total billed charges	
CLSD TRT TIBL FRCT PRX WO TRCT	27532	CPT	outpatient			10522		4257.16 Multiplan	Multiplan		8417.6	80			663.2	9995.9	percent of total billed charges	
CLSD TRT TIBL FRCT PRX WO TRCT	27532	CPT	outpatient			10522		4257.16 Qualcare	Qualcare		7891.5	75			663.2	9995.9	percent of total billed charges	
CLSD TRT TIBL FRCT PRX WO TRCT	27532	CPT	outpatient			10522		4257.16 Three Rivers	Three Rivers		9995.9	95			663.2	9995.9	percent of total billed charges	
CLSD TRT TIBL FRCT PRX WO TRCT	27532	CPT	outpatient			10522		4257.16 UHC	Medicaid		3319.69	31.55			663.2	9995.9	percent of total billed charges	
CLSD TRT TIBL FRCT PRX WO TRCT	27532	CPT	outpatient			10522		4257.16 UHC	Medicare		3701.88				663.2	9995.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT TIBL FRCT PRX WO TRCT	27532	CPT	outpatient			10522		4257.16 United	Oxford		2493				663.2	9995.9	case rate	
CLSD TRT TIBL FRCT PRX WO TRCT	27532	CPT	outpatient			10522		4257.16 United	Commercial|PPO		2493				663.2	9995.9	case rate	
CLSD TRT TIBL FRCT PRX WO TRCT	27532	CPT	outpatient			10522		4257.16 Wellcare	Medicare		3701.88				663.2	9995.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT TIBL FRCT PRX WO TRCT	27532	CPT	outpatient			10522		4257.16 Wellcare	Medicaid		3319.69	31.55			663.2	9995.9	percent of total billed charges	
CLSD TRT TIBL FRCT PRX WO TRCT	27532	CPT	outpatient			10522		4257.16 WellPoint	WellPoint		3385.98	32.18			663.2	9995.9	percent of total billed charges	
CLSD TRT KNEE DISLOC WO ANES	27560	CPT	outpatient			2194		310.16 Aetna	Commercial		429.36				269.7	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT KNEE DISLOC WO ANES	27560	CPT	outpatient			2194		310.16 Aetna	Better Health		692.21	31.55			269.7	2084.3	percent of total billed charges	
CLSD TRT KNEE DISLOC WO ANES	27560	CPT	outpatient			2194		310.16 Aetna	Medicare		269.7				269.7	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT KNEE DISLOC WO ANES	27560	CPT	outpatient			2194		310.16 Americare	Americare		1645.5	75			269.7	2084.3	percent of total billed charges	
CLSD TRT KNEE DISLOC WO ANES	27560	CPT	outpatient			2194		310.16 Amerihealth	HMO/PPO		1426.1	65			269.7	2084.3	percent of total billed charges	
CLSD TRT KNEE DISLOC WO ANES	27560	CPT	outpatient			2194		310.16 Amerihealth	Medicare		269.7				269.7	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT KNEE DISLOC WO ANES	27560	CPT	outpatient			2194		310.16 Consumer	Consumer		2084.3	95			269.7	2084.3	percent of total billed charges	
CLSD TRT KNEE DISLOC WO ANES	27560	CPT	outpatient			2194		310.16 Corrections	Corrections		1755.2	80			269.7	2084.3	percent of total billed charges	
CLSD TRT KNEE DISLOC WO ANES	27560	CPT	outpatient			2194		310.16 First Health	First Health		1535.8	70			269.7	2084.3	percent of total billed charges	
CLSD TRT KNEE DISLOC WO ANES	27560	CPT	outpatient			2194		310.16 First Trenton	First Trenton		1974.6	90			269.7	2084.3	percent of total billed charges	
CLSD TRT KNEE DISLOC WO ANES	27560	CPT	outpatient			2194		310.16 Horizon	NJ Health		491.96				269.7	2084.3	fee schedule	
CLSD TRT KNEE DISLOC WO ANES	27560	CPT	outpatient			2194		310.16 Horizon	Indemnity		501.91				269.7	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT KNEE DISLOC WO ANES	27560	CPT	outpatient			2194		310.16 Horizon	Medicare Blue		269.7				269.7	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT KNEE DISLOC WO ANES	27560	CPT	outpatient			2194		310.16 Horizon	MGD		501.91				269.7	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT KNEE DISLOC WO ANES	27560	CPT	outpatient			2194		310.16 Horizon	PPO		501.91				269.7	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT KNEE DISLOC WO ANES	27560	CPT	outpatient			2194		310.16 Managed Care Inc	Managed Care Inc		1974.6	90			269.7	2084.3	percent of total billed charges	
CLSD TRT KNEE DISLOC WO ANES	27560	CPT	outpatient			2194		310.16 Multiplan	Multiplan		1755.2	80			269.7	2084.3	percent of total billed charges	
CLSD TRT KNEE DISLOC WO ANES	27560	CPT	outpatient			2194		310.16 Qualcare	Qualcare		1645.5	75			269.7	2084.3	percent of total billed charges	
CLSD TRT KNEE DISLOC WO ANES	27560	CPT	outpatient			2194		310.16 Three Rivers	Three Rivers		2084.3	95			269.7	2084.3	percent of total billed charges	
CLSD TRT KNEE DISLOC WO ANES	27560	CPT	outpatient			2194		310.16 UHC	Medicare		269.7				269.7	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT KNEE DISLOC WO ANES	27560	CPT	outpatient			2194		310.16 UHC	Medicaid		692.21	31.55			269.7	2084.3	percent of total billed charges	
CLSD TRT KNEE DISLOC WO ANES	27560	CPT	outpatient			2194		310.16 United	Oxford		1782				269.7	2084.3	case rate	
CLSD TRT KNEE DISLOC WO ANES	27560	CPT	outpatient			2194		310.16 United	Commercial|PPO		1782				269.7	2084.3	case rate	
CLSD TRT KNEE DISLOC WO ANES	27560	CPT	outpatient			2194		310.16 Wellcare	Medicare		269.7				269.7	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT KNEE DISLOC WO ANES	27560	CPT	outpatient			2194		310.16 Wellcare	Medicaid		692.21	31.55			269.7	2084.3	percent of total billed charges	
CLSD TRT KNEE DISLOC WO ANES	27560	CPT	outpatient			2194		310.16 WellPoint	WellPoint		706.03	32.18			269.7	2084.3	percent of total billed charges	
TREAT KNEE DISLOC W/ ANESTH	27562	CPT	outpatient			6165		2113.84 Aetna	Better Health		1945.06	31.55			493.29	5856.75	percent of total billed charges	
TREAT KNEE DISLOC W/ ANESTH	27562	CPT	outpatient			6165		2113.84 Aetna	Commercial		2926.29				493.29	5856.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT KNEE DISLOC W/ ANESTH	27562	CPT	outpatient			6165		2113.84 Aetna	Medicare		1838.12				493.29	5856.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT KNEE DISLOC W/ ANESTH	27562	CPT	outpatient			6165		2113.84 Americare	Americare		4623.75	75			493.29	5856.75	percent of total billed charges	
TREAT KNEE DISLOC W/ ANESTH	27562	CPT	outpatient			6165		2113.84 Amerihealth	HMO/PPO		4007.25	65			493.29	5856.75	percent of total billed charges	
TREAT KNEE DISLOC W/ ANESTH	27562	CPT	outpatient			6165		2113.84 Amerihealth	Medicare		1838.12				493.29	5856.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT KNEE DISLOC W/ ANESTH	27562	CPT	outpatient			6165		2113.84 Consumer	Consumer		5856.75	95			493.29	5856.75	percent of total billed charges	
TREAT KNEE DISLOC W/ ANESTH	27562	CPT	outpatient			6165		2113.84 Corrections	Corrections		4932	80			493.29	5856.75	percent of total billed charges	
TREAT KNEE DISLOC W/ ANESTH	27562	CPT	outpatient			6165		2113.84 First Health	First Health		4315.5	70			493.29	5856.75	percent of total billed charges	
TREAT KNEE DISLOC W/ ANESTH	27562	CPT	outpatient			6165		2113.84 First Trenton	First Trenton		5548.5	90			493.29	5856.75	percent of total billed charges	
TREAT KNEE DISLOC W/ ANESTH	27562	CPT	outpatient			6165		2113.84 Horizon	PPO		3420.74				493.29	5856.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT KNEE DISLOC W/ ANESTH	27562	CPT	outpatient			6165		2113.84 Horizon	MGD		3420.74				493.29	5856.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT KNEE DISLOC W/ ANESTH	27562	CPT	outpatient			6165		2113.84 Horizon	Indemnity		3420.74				493.29	5856.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT KNEE DISLOC W/ ANESTH	27562	CPT	outpatient			6165		2113.84 Horizon	NJ Health		493.29				493.29	5856.75	fee schedule	
TREAT KNEE DISLOC W/ ANESTH	27562	CPT	outpatient			6165		2113.84 Horizon	Medicare Blue		1838.12				493.29	5856.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT KNEE DISLOC W/ ANESTH	27562	CPT	outpatient			6165		2113.84 Managed Care Inc	Managed Care Inc		5548.5	90			493.29	5856.75	percent of total billed charges	
TREAT KNEE DISLOC W/ ANESTH	27562	CPT	outpatient			6165		2113.84 Multiplan	Multiplan		4932	80			493.29	5856.75	percent of total billed charges	
TREAT KNEE DISLOC W/ ANESTH	27562	CPT	outpatient			6165		2113.84 Qualcare	Qualcare		4623.75	75			493.29	5856.75	percent of total billed charges	
TREAT KNEE DISLOC W/ ANESTH	27562	CPT	outpatient			6165		2113.84 Three Rivers	Three Rivers		5856.75	95			493.29	5856.75	percent of total billed charges	
TREAT KNEE DISLOC W/ ANESTH	27562	CPT	outpatient			6165		2113.84 UHC	Medicare		1838.12				493.29	5856.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT KNEE DISLOC W/ ANESTH	27562	CPT	outpatient			6165		2113.84 UHC	Medicaid		1945.06	31.55			493.29	5856.75	percent of total billed charges	
TREAT KNEE DISLOC W/ ANESTH	27562	CPT	outpatient			6165		2113.84 United	Oxford		2493				493.29	5856.75	case rate	
TREAT KNEE DISLOC W/ ANESTH	27562	CPT	outpatient			6165		2113.84 United	Commercial|PPO		2493				493.29	5856.75	case rate	
TREAT KNEE DISLOC W/ ANESTH	27562	CPT	outpatient			6165		2113.84 Wellcare	Medicaid		1945.06	31.55			493.29	5856.75	percent of total billed charges	
TREAT KNEE DISLOC W/ ANESTH	27562	CPT	outpatient			6165		2113.84 Wellcare	Medicare		1838.12				493.29	5856.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT KNEE DISLOC W/ ANESTH	27562	CPT	outpatient			6165		2113.84 WellPoint	WellPoint		1983.9	32.18			493.29	5856.75	percent of total billed charges	
CLSD TRT PATELLAR DILOC WO ANE	27560	CPT	outpatient			2194		310.16 Aetna	Commercial		429.36				269.7	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT PATELLAR DILOC WO ANE	27560	CPT	outpatient			2194		310.16 Aetna	Better Health		692.21	31.55			269.7	2084.3	percent of total billed charges	
CLSD TRT PATELLAR DILOC WO ANE	27560	CPT	outpatient			2194		310.16 Aetna	Medicare		269.7				269.7	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT PATELLAR DILOC WO ANE	27560	CPT	outpatient			2194		310.16 Americare	Americare		1645.5	75			269.7	2084.3	percent of total billed charges	
CLSD TRT PATELLAR DILOC WO ANE	27560	CPT	outpatient			2194		310.16 Amerihealth	HMO/PPO		1426.1	65			269.7	2084.3	percent of total billed charges	
CLSD TRT PATELLAR DILOC WO ANE	27560	CPT	outpatient			2194		310.16 Amerihealth	Medicare		269.7				269.7	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT PATELLAR DILOC WO ANE	27560	CPT	outpatient			2194		310.16 Consumer	Consumer		2084.3	95			269.7	2084.3	percent of total billed charges	
CLSD TRT PATELLAR DILOC WO ANE	27560	CPT	outpatient			2194		310.16 Corrections	Corrections		1755.2	80			269.7	2084.3	percent of total billed charges	
CLSD TRT PATELLAR DILOC WO ANE	27560	CPT	outpatient			2194		310.16 First Health	First Health		1535.8	70			269.7	2084.3	percent of total billed charges	
CLSD TRT PATELLAR DILOC WO ANE	27560	CPT	outpatient			2194		310.16 First Trenton	First Trenton		1974.6	90			269.7	2084.3	percent of total billed charges	
CLSD TRT PATELLAR DILOC WO ANE	27560	CPT	outpatient			2194		310.16 Horizon	MGD		501.91				269.7	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT PATELLAR DILOC WO ANE	27560	CPT	outpatient			2194		310.16 Horizon	Medicare Blue		269.7				269.7	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT PATELLAR DILOC WO ANE	27560	CPT	outpatient			2194		310.16 Horizon	Indemnity		501.91				269.7	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT PATELLAR DILOC WO ANE	27560	CPT	outpatient			2194		310.16 Horizon	NJ Health		310.07				269.7	2084.3	fee schedule	
CLSD TRT PATELLAR DILOC WO ANE	27560	CPT	outpatient			2194		310.16 Horizon	PPO		501.91				269.7	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT PATELLAR DILOC WO ANE	27560	CPT	outpatient			2194		310.16 Managed Care Inc	Managed Care Inc		1974.6	90			269.7	2084.3	percent of total billed charges	
CLSD TRT PATELLAR DILOC WO ANE	27560	CPT	outpatient			2194		310.16 Multiplan	Multiplan		1755.2	80			269.7	2084.3	percent of total billed charges	
CLSD TRT PATELLAR DILOC WO ANE	27560	CPT	outpatient			2194		310.16 Qualcare	Qualcare		1645.5	75			269.7	2084.3	percent of total billed charges	
CLSD TRT PATELLAR DILOC WO ANE	27560	CPT	outpatient			2194		310.16 Three Rivers	Three Rivers		2084.3	95			269.7	2084.3	percent of total billed charges	
CLSD TRT PATELLAR DILOC WO ANE	27560	CPT	outpatient			2194		310.16 UHC	Medicare		269.7				269.7	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT PATELLAR DILOC WO ANE	27560	CPT	outpatient			2194		310.16 UHC	Medicaid		692.21	31.55			269.7	2084.3	percent of total billed charges	
CLSD TRT PATELLAR DILOC WO ANE	27560	CPT	outpatient			2194		310.16 United	Oxford		1782				269.7	2084.3	case rate	
CLSD TRT PATELLAR DILOC WO ANE	27560	CPT	outpatient			2194		310.16 United	Commercial|PPO		1782				269.7	2084.3	case rate	
CLSD TRT PATELLAR DILOC WO ANE	27560	CPT	outpatient			2194		310.16 Wellcare	Medicaid		692.21	31.55			269.7	2084.3	percent of total billed charges	
CLSD TRT PATELLAR DILOC WO ANE	27560	CPT	outpatient			2194		310.16 Wellcare	Medicare		269.7				269.7	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT PATELLAR DILOC WO ANE	27560	CPT	outpatient			2194		310.16 WellPoint	WellPoint		706.03	32.18			269.7	2084.3	percent of total billed charges	
CL TX PATLR DISLTN; W ANS	27562	CPT	outpatient			866		310.16 Aetna	Medicare		266.73	30.8			266.73	1782	percent of total billed charges	
CL TX PATLR DISLTN; W ANS	27562	CPT	outpatient			866		310.16 Aetna	Better Health		273.22	31.55			266.73	1782	percent of total billed charges	
CL TX PATLR DISLTN; W ANS	27562	CPT	outpatient			866		310.16 Aetna	Commercial		429.36				266.73	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX PATLR DISLTN; W ANS	27562	CPT	outpatient			866		310.16 Americare	Americare		649.5	75			266.73	1782	percent of total billed charges	
CL TX PATLR DISLTN; W ANS	27562	CPT	outpatient			866		310.16 Amerihealth	HMO/PPO		562.9	65			266.73	1782	percent of total billed charges	
CL TX PATLR DISLTN; W ANS	27562	CPT	outpatient			866		310.16 Amerihealth	Medicare		269.7				266.73	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX PATLR DISLTN; W ANS	27562	CPT	outpatient			866		310.16 Consumer	Consumer		822.7	95			266.73	1782	percent of total billed charges	
CL TX PATLR DISLTN; W ANS	27562	CPT	outpatient			866		310.16 Corrections	Corrections		692.8	80			266.73	1782	percent of total billed charges	
CL TX PATLR DISLTN; W ANS	27562	CPT	outpatient			866		310.16 First Health	First Health		606.2	70			266.73	1782	percent of total billed charges	
CL TX PATLR DISLTN; W ANS	27562	CPT	outpatient			866		310.16 First Trenton	First Trenton		779.4	90			266.73	1782	percent of total billed charges	
CL TX PATLR DISLTN; W ANS	27562	CPT	outpatient			866		310.16 Horizon	NJ Health		341.07				266.73	1782	fee schedule	
CL TX PATLR DISLTN; W ANS	27562	CPT	outpatient			866		310.16 Horizon	Indemnity		501.91				266.73	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX PATLR DISLTN; W ANS	27562	CPT	outpatient			866		310.16 Horizon	Medicare Blue		269.7				266.73	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX PATLR DISLTN; W ANS	27562	CPT	outpatient			866		310.16 Horizon	PPO		501.91				266.73	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX PATLR DISLTN; W ANS	27562	CPT	outpatient			866		310.16 Horizon	MGD		501.91				266.73	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX PATLR DISLTN; W ANS	27562	CPT	outpatient			866		310.16 Managed Care Inc	Managed Care Inc		779.4	90			266.73	1782	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.																	
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true																
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CL TX PATLR DISLTN; W ANS	27562	CPT	outpatient			866	310.16	Multiplan	Multiplan		692.8	80			266.73	1782	percent of total billed charges	
CL TX PATLR DISLTN; W ANS	27562	CPT	outpatient			866	310.16	Qualcare	Qualcare		649.5	75			266.73	1782	percent of total billed charges	
CL TX PATLR DISLTN; W ANS	27562	CPT	outpatient			866	310.16	Three Rivers	Three Rivers		822.7	95			266.73	1782	percent of total billed charges	
CL TX PATLR DISLTN; W ANS	27562	CPT	outpatient			866	310.16	UHC	Medicare		269.7				266.73	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX PATLR DISLTN; W ANS	27562	CPT	outpatient			866	310.16	UHC	Medicaid		273.22	31.55			266.73	1782	percent of total billed charges	
CL TX PATLR DISLTN; W ANS	27562	CPT	outpatient			866	310.16	United	Oxford		1782				266.73	1782	case rate	
CL TX PATLR DISLTN; W ANS	27562	CPT	outpatient			866	310.16	United	CommercialPPO		1782				266.73	1782	case rate	
CL TX PATLR DISLTN; W ANS	27562	CPT	outpatient			866	310.16	Wellcare	Medicare		269.7				266.73	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX PATLR DISLTN; W ANS	27562	CPT	outpatient			866	310.16	Wellcare	Medicaid		273.22	31.55			266.73	1782	percent of total billed charges	
CL TX PATLR DISLTN; W ANS	27562	CPT	outpatient			866	310.16	WellPoint	WellPoint		278.68	32.18			266.73	1782	percent of total billed charges	
MANIPULATION KNEE JNOIN U/ANES	27570	CPT	outpatient			4746	2113.84	Aetna	Commercial		2926.29				166.23	4508.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MANIPULATION KNEE JNOIN U/ANES	27570	CPT	outpatient			4746	2113.84	Aetna	Better Health		1497.36	31.55			166.23	4508.7	percent of total billed charges	
MANIPULATION KNEE JNOIN U/ANES	27570	CPT	outpatient			4746	2113.84	Aetna	Medicare		1838.12				166.23	4508.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MANIPULATION KNEE JNOIN U/ANES	27570	CPT	outpatient			4746	2113.84	Americare	Americare		3559.5	75			166.23	4508.7	percent of total billed charges	
MANIPULATION KNEE JNOIN U/ANES	27570	CPT	outpatient			4746	2113.84	Amerihealth	Medicare		1838.12				166.23	4508.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MANIPULATION KNEE JNOIN U/ANES	27570	CPT	outpatient			4746	2113.84	Amerihealth	HMO/PPO		3084.9	65			166.23	4508.7	percent of total billed charges	
MANIPULATION KNEE JNOIN U/ANES	27570	CPT	outpatient			4746	2113.84	Consumer	Consumer		4508.7	95			166.23	4508.7	percent of total billed charges	
MANIPULATION KNEE JNOIN U/ANES	27570	CPT	outpatient			4746	2113.84	Corrections	Corrections		3796.8	80			166.23	4508.7	percent of total billed charges	
MANIPULATION KNEE JNOIN U/ANES	27570	CPT	outpatient			4746	2113.84	First Health	First Health		3322.2	70			166.23	4508.7	percent of total billed charges	
MANIPULATION KNEE JNOIN U/ANES	27570	CPT	outpatient			4746	2113.84	First Trenton	First Trenton		4271.4	90			166.23	4508.7	percent of total billed charges	
MANIPULATION KNEE JNOIN U/ANES	27570	CPT	outpatient			4746	2113.84	Horizon	Indemnity		3420.74				166.23	4508.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MANIPULATION KNEE JNOIN U/ANES	27570	CPT	outpatient			4746	2113.84	Horizon	Medicare Blue		1838.12				166.23	4508.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MANIPULATION KNEE JNOIN U/ANES	27570	CPT	outpatient			4746	2113.84	Horizon	NJ Health		166.23				166.23	4508.7	fee schedule	
MANIPULATION KNEE JNOIN U/ANES	27570	CPT	outpatient			4746	2113.84	Horizon	MGD		3420.74				166.23	4508.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MANIPULATION KNEE JNOIN U/ANES	27570	CPT	outpatient			4746	2113.84	Horizon	PPO		3420.74				166.23	4508.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MANIPULATION KNEE JNOIN U/ANES	27570	CPT	outpatient			4746	2113.84	Managed Care Inc	Managed Care Inc		4271.4	90			166.23	4508.7	percent of total billed charges	
MANIPULATION KNEE JNOIN U/ANES	27570	CPT	outpatient			4746	2113.84	Multiplan	Multiplan		3796.8	80			166.23	4508.7	percent of total billed charges	
MANIPULATION KNEE JNOIN U/ANES	27570	CPT	outpatient			4746	2113.84	Qualcare	Qualcare		3559.5	75			166.23	4508.7	percent of total billed charges	
MANIPULATION KNEE JNOIN U/ANES	27570	CPT	outpatient			4746	2113.84	Three Rivers	Three Rivers		4508.7	95			166.23	4508.7	percent of total billed charges	
MANIPULATION KNEE JNOIN U/ANES	27570	CPT	outpatient			4746	2113.84	UHC	Medicaid		1497.36	31.55			166.23	4508.7	percent of total billed charges	
MANIPULATION KNEE JNOIN U/ANES	27570	CPT	outpatient			4746	2113.84	UHC	Medicare		1838.12				166.23	4508.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MANIPULATION KNEE JNOIN U/ANES	27570	CPT	outpatient			4746	2113.84	United	CommercialPPO		2493				166.23	4508.7	case rate	
MANIPULATION KNEE JNOIN U/ANES	27570	CPT	outpatient			4746	2113.84	United	Oxford		2493				166.23	4508.7	case rate	
MANIPULATION KNEE JNOIN U/ANES	27570	CPT	outpatient			4746	2113.84	Wellcare	Medicare		1838.12				166.23	4508.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MANIPULATION KNEE JNOIN U/ANES	27570	CPT	outpatient			4746	2113.84	Wellcare	Medicaid		1497.36	31.55			166.23	4508.7	percent of total billed charges	
MANIPULATION KNEE JNOIN U/ANES	27570	CPT	outpatient			4746	2113.84	WellPoint	WellPoint		1527.26	32.18			166.23	4508.7	percent of total billed charges	
DISARTICULATION AT KNEE	27598	CPT	outpatient			48220		Aetna	Better Health		15213.41	31.55			826.09	45809	percent of total billed charges	
DISARTICULATION AT KNEE	27598	CPT	outpatient			48220		Aetna	Commercial		18323.6	38			826.09	45809	percent of total billed charges	
DISARTICULATION AT KNEE	27598	CPT	outpatient			48220		Aetna	Medicare		14851.76	30.8			826.09	45809	percent of total billed charges	
DISARTICULATION AT KNEE	27598	CPT	outpatient			48220		Americare	Americare		36165	75			826.09	45809	percent of total billed charges	
DISARTICULATION AT KNEE	27598	CPT	outpatient			48220		Amerihealth	HMO/PPO		31343	65			826.09	45809	percent of total billed charges	
DISARTICULATION AT KNEE	27598	CPT	outpatient			48220		Consumer	Consumer		45809	95			826.09	45809	percent of total billed charges	
DISARTICULATION AT KNEE	27598	CPT	outpatient			48220		Corrections	Corrections		38576	80			826.09	45809	percent of total billed charges	
DISARTICULATION AT KNEE	27598	CPT	outpatient			48220		First Health	First Health		33754	70			826.09	45809	percent of total billed charges	
DISARTICULATION AT KNEE	27598	CPT	outpatient			48220		First Trenton	First Trenton		43398	90			826.09	45809	percent of total billed charges	
DISARTICULATION AT KNEE	27598	CPT	outpatient			48220		Horizon	NJ Health		826.09				826.09	45809	fee schedule	
DISARTICULATION AT KNEE	27598	CPT	outpatient			48220		Horizon	Indemnity		18458.62	38.28			826.09	45809	percent of total billed charges	
DISARTICULATION AT KNEE	27598	CPT	outpatient			48220		Horizon	Medicare Blue		14466	30			826.09	45809	percent of total billed charges	
DISARTICULATION AT KNEE	27598	CPT	outpatient			48220		Horizon	MGD		18458.62	38.28			826.09	45809	percent of total billed charges	
DISARTICULATION AT KNEE	27598	CPT	outpatient			48220		Horizon	PPO		18458.62	38.28			826.09	45809	percent of total billed charges	
DISARTICULATION AT KNEE	27598	CPT	outpatient			48220		Managed Care Inc	Managed Care Inc		43398	90			826.09	45809	percent of total billed charges	
DISARTICULATION AT KNEE	27598	CPT	outpatient			48220		Multiplan	Multiplan		38576	80			826.09	45809	percent of total billed charges	
DISARTICULATION AT KNEE	27598	CPT	outpatient			48220		Qualcare	Qualcare		36165	75			826.09	45809	percent of total billed charges	
DISARTICULATION AT KNEE	27598	CPT	outpatient			48220		Three Rivers	Three Rivers		45809	95			826.09	45809	percent of total billed charges	
DISARTICULATION AT KNEE	27598	CPT	outpatient			48220		UHC	Medicaid		15213.41	31.55			826.09	45809	percent of total billed charges	
DISARTICULATION AT KNEE	27598	CPT	outpatient			48220		United	CommercialPPO		4702				826.09	45809	case rate	
DISARTICULATION AT KNEE	27598	CPT	outpatient			48220		United	Oxford		4702				826.09	45809	case rate	
DISARTICULATION AT KNEE	27598	CPT	outpatient			48220		Wellcare	Medicaid		15213.41	31.55			826.09	45809	percent of total billed charges	
DISARTICULATION AT KNEE	27598	CPT	outpatient			48220		WellPoint	WellPoint		15517.2	32.18			826.09	45809	percent of total billed charges	
I&D LEG/ANKLE DEEP ABSC/HEMATOMA	27603	CPT	outpatient			9280	3737.2	Aetna	Commercial		5173.59				793.05	8816	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D LEG/ANKLE DEEP ABSC/HEMATOMA	27603	CPT	outpatient			9280	3737.2	Aetna	Better Health		2927.84	31.55			793.05	8816	percent of total billed charges	
I&D LEG/ANKLE DEEP ABSC/HEMATOMA	27603	CPT	outpatient			9280	3737.2	Aetna	Medicare		3249.74				793.05	8816	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D LEG/ANKLE DEEP ABSC/HEMATOMA	27603	CPT	outpatient			9280	3737.2	Americare	Americare		6960	75			793.05	8816	percent of total billed charges	
I&D LEG/ANKLE DEEP ABSC/HEMATOMA	27603	CPT	outpatient			9280	3737.2	Amerihealth	HMO/PPO		6032	65			793.05	8816	percent of total billed charges	
I&D LEG/ANKLE DEEP ABSC/HEMATOMA	27603	CPT	outpatient			9280	3737.2	Amerihealth	Medicare		3249.74				793.05	8816	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D LEG/ANKLE DEEP ABSC/HEMATOMA	27603	CPT	outpatient			9280	3737.2	Consumer	Consumer		8816	95			793.05	8816	percent of total billed charges	
I&D LEG/ANKLE DEEP ABSC/HEMATOMA	27603	CPT	outpatient			9280	3737.2	Corrections	Corrections		7424	80			793.05	8816	percent of total billed charges	
I&D LEG/ANKLE DEEP ABSC/HEMATOMA	27603	CPT	outpatient			9280	3737.2	First Health	First Health		6496	70			793.05	8816	percent of total billed charges	
I&D LEG/ANKLE DEEP ABSC/HEMATOMA	27603	CPT	outpatient			9280	3737.2	First Trenton	First Trenton		8352	90			793.05	8816	percent of total billed charges	
I&D LEG/ANKLE DEEP ABSC/HEMATOMA	27603	CPT	outpatient			9280	3737.2	Horizon	MGD		6047.77				793.05	8816	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D LEG/ANKLE DEEP ABSC/HEMATOMA	27603	CPT	outpatient			9280	3737.2	Horizon	PPO		6047.77				793.05	8816	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D LEG/ANKLE DEEP ABSC/HEMATOMA	27603	CPT	outpatient			9280	3737.2	Horizon	NJ Health		793.05				793.05	8816	fee schedule	
I&D LEG/ANKLE DEEP ABSC/HEMATOMA	27603	CPT	outpatient			9280	3737.2	Horizon	Medicare Blue		3249.74				793.05	8816	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D LEG/ANKLE DEEP ABSC/HEMATOMA	27603	CPT	outpatient			9280	3737.2	Horizon	Indemnity		6047.77				793.05	8816	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D LEG/ANKLE DEEP ABSC/HEMATOMA	27603	CPT	outpatient			9280	3737.2	Managed Care Inc	Managed Care Inc		8352	90			793.05	8816	percent of total billed charges	
I&D LEG/ANKLE DEEP ABSC/HEMATOMA	27603	CPT	outpatient			9280	3737.2	Multiplan	Multiplan		7424	80			793.05	8816	percent of total billed charges	
I&D LEG/ANKLE DEEP ABSC/HEMATOMA	27603	CPT	outpatient			9280	3737.2	Qualcare	Qualcare		6960	75			793.05	8816	percent of total billed charges	
I&D LEG/ANKLE DEEP ABSC/HEMATOMA	27603	CPT	outpatient			9280	3737.2	Three Rivers	Three Rivers		8816	95			793.05	8816	percent of total billed charges	
I&D LEG/ANKLE DEEP ABSC/HEMATOMA	27603	CPT	outpatient			9280	3737.2	UHC	Medicare		3249.74				793.05	8816	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D LEG/ANKLE DEEP ABSC/HEMATOMA	27603	CPT	outpatient			9280	3737.2	UHC	Medicaid		2927.84	31.55			793.05	8816	percent of total billed charges	
I&D LEG/ANKLE DEEP ABSC/HEMATOMA	27603	CPT	outpatient			9280	3737.2	United	CommercialPPO		2776				793.05	8816	case rate	
I&D LEG/ANKLE DEEP ABSC/HEMATOMA	27603	CPT	outpatient			9280	3737.2	United	Oxford		2776				793.05	8816	case rate	
I&D LEG/ANKLE DEEP ABSC/HEMATOMA	27603	CPT	outpatient			9280	3737.2	Wellcare	Medicare		3249.74				793.05	8816	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D LEG/ANKLE DEEP ABSC/HEMATOMA	27603	CPT	outpatient			9280	3737.2	Wellcare	Medicaid		2927.84	31.55			793.05	8816	percent of total billed charges	
I&D LEG/ANKLE DEEP ABSC/HEMATOMA	27603	CPT	outpatient			9280	3737.2	WellPoint	WellPoint		2986.3	32.18			793.05	8816	percent of total billed charges	
TENOTOMY ACHILLES TENDON PERCUT R, LOCA	27605	CPT	outpatient			7898	2113.84	Aetna	Medicare		2432.58	30.8			158.95	7503.1	percent of total billed charges	
TENOTOMY ACHILLES TENDON PERCUT R, LOCA	27605	CPT	outpatient			7898	2113.84	Aetna	Better Health		2491.82	31.55			158.95	7503.1	percent of total billed charges	
TENOTOMY ACHILLES TENDON PERCUT R, LOCA	27605	CPT	outpatient			7898	2113.84	Aetna	Commercial		2926.29				158.95	7503.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENOTOMY ACHILLES TENDON PERCUT R, LOCA	27605	CPT	outpatient			7898	2113.84	Americare	Americare		5923.5	75			158.95	7503.1	percent of total billed charges	
TENOTOMY ACHILLES TENDON PERCUT R, LOCA	27605	CPT	outpatient			7898	2113.84	Amerihealth	HMO/PPO		5133.7	65			158.95	7503.1	percent of total billed charges	
TENOTOMY ACHILLES TENDON PERCUT R, LOCA	27605	CPT	outpatient			7898	2113.84	Amerihealth	Medicare		1838.12				158.95	7503.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENOTOMY ACHILLES TENDON PERCUT R, LOCA	27605	CPT	outpatient			7898	2113.84	Consumer	Consumer		7503.1	95			158.95	7503.1	percent of total billed charges	
TENOTOMY ACHILLES TENDON PERCUT R, LOCA	27605	CPT	outpatient			7898	2113.84	Corrections	Corrections		6318.4	80			158.95	7503.1	percent of total billed charges	
TENOTOMY ACHILLES TENDON PERCUT R, LOCA	27605	CPT	outpatient			7898	2113.84	First Health	First Health		5528.6	70			158.95	7503.1	percent of total billed charges	
TENOTOMY ACHILLES TENDON PERCUT R, LOCA	27605	CPT	outpatient			7898	2113.84	First Trenton	First Trenton		7108.2	90			158.95	7503.1	percent of total billed charges	
TENOTOMY ACHILLES TENDON PERCUT R, LOCA	27605	CPT	outpatient			7898	2113.84	Horizon	Indemnity		3420.74				158.95	7503.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENOTOMY ACHILLES TENDON PERCUT R, LOCA	27605	CPT	outpatient			7898	2113.84	Horizon	Medicare Blue		1838.12				158.95	7503.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENOTOMY ACHILLES TENDON PERCUT R, LOCA	27605	CPT	outpatient			7898	2113.84	Horizon	PPO		3420.74				158.95	7503.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENOTOMY ACHILLES TENDON PERCUT R, LOCA	27605	CPT	outpatient			7898	2113.84	Horizon	MGD		3420.74				158.95	7503.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENOTOMY ACHILLES TENDON PERCUT R, LOCA	27605	CPT	outpatient			7898	2113.84	Horizon	NJ Health		158.95				158.95	7503.1	fee schedule	
TENOTOMY ACHILLES TENDON PERCUT R, LOCA	27605	CPT	outpatient			7898	2113.84	Managed Care Inc	Managed Care Inc		7108.2	90			158.95	7503.1	percent of total billed charges	
TENOTOMY ACHILLES TENDON PERCUT R, LOCA	27605	CPT	outpatient			7898	2113.84	Multiplan	Multiplan		6318.4	80			158.95	7503.1	percent of total billed charges	
TENOTOMY ACHILLES TENDON PERCUT R, LOCA	27605	CPT	outpatient			7898	2113.84	Qualcare	Qualcare		5923.5	75			158.95	7503.1	percent of total billed charges	
TENOTOMY ACHILLES TENDON PERCUT R, LOCA	27605	CPT	outpatient			7898	2113.84	Three Rivers	Three Rivers		7503.1	95			158.95	7503.1	percent of total billed charges	
TENOTOMY ACHILLES TENDON PERCUT R, LOCA	27605	CPT	outpatient			7898	2113.84	UHC	Medicare		1838.12				158.95	7503.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENOTOMY ACHILLES TENDON PERCUT R, LOCA	27605	CPT	outpatient			7898	2113.84	UHC	Medicaid		2491.82	31.55			158.95	7503.1	percent of total billed charges	
TENOTOMY ACHILLES TENDON PERCUT R, LOCA	27605	CPT	outpatient			7898	2113.84	United	Oxford		2776				158.95	7503.1	case rate	
TENOTOMY ACHILLES TENDON PERCUT R, LOCA	27605	CPT	outpatient			7898	2113.84	United	CommercialPPO		2776				158.95	7503.1	case rate	
TENOTOMY ACHILLES TENDON PERCUT R, LOCA	27605	CPT	outpatient			7898	2113.84	Wellcare	Medicare		1838.12				158.95	7503.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENOTOMY ACHILLES TENDON PERCUT R, LOCA	27605	CPT	outpatient			7898	2113.84	Wellcare	Medicaid		2491.82	31.55			158.95	7503.1	percent of total billed charges	
TENOTOMY ACHILLES TENDON PERCUT R, LOCA	27605	CPT	outpatient			7898	2113.84	WellPoint	WellPoint		2541.58	32.18			158.95	7503.1	percent of total billed charges	
BX SOFT TISSUE LEG/ANKLE	27613	CPT	outpatient			5464	2132.36	Aetna	Better Health		1723.89	31.55			378.63	5190.8	percent of total billed charges	
BX SOFT TISSUE LEG/ANKLE	27613	CPT	outpatient			5464	2132.36	Aetna	Medicare		1854.23				378.63	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX SOFT TISSUE LEG/ANKLE	27613	CPT	outpatient			5464	2132.36	Aetna	Commercial		2951.93				378.63	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX SOFT TISSUE LEG/ANKLE	27613	CPT	outpatient			5464	2132.36	Americare	Americare		4098	75			378.63	5190.8	percent of total billed charges	
BX SOFT TISSUE LEG/ANKLE	27613	CPT	outpatient			5464	2132.36	Amerihealth	Medicare		1854.23				378.63	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX SOFT TISSUE LEG/ANKLE	27613	CPT	outpatient			5464	2132.36	Amerihealth	HMO/PPO		3551.6	65			378.63	5190.8	percent of total billed charges	
BX SOFT TISSUE LEG/ANKLE	27613	CPT	outpatient			5464	2132.36	Consumer	Consumer		5190.8	95			378.63	5190.8	percent of total billed charges	
BX SOFT TISSUE LEG/ANKLE	27613	CPT	outpatient			5464	2132.36	Corrections	Corrections		4371.2	80			378.63	5190.8	percent of total billed charges	
BX SOFT TISSUE LEG/ANKLE	27613	CPT	outpatient			5464	2132.36	First Health	First Health		3824.8	70			378.63	5190.8	percent of total billed charges	
BX SOFT TISSUE LEG/ANKLE	27613	CPT	outpatient			5464	2132.36	First Trenton	First Trenton		4917.6	90			378.63	5190.8	percent of total billed charges	
BX SOFT TISSUE LEG/ANKLE	27613	CPT	outpatient			5464	2132.36	Horizon	MGD		3450.72				378.63	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX SOFT TISSUE LEG/ANKLE	27613	CPT	outpatient			5464	2132.36	Horizon	Indemnity		3450.72				378.63	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX SOFT TISSUE LEG/ANKLE	27613	CPT	outpatient			5464	2132.36	Horizon	Medicare Blue		1854.23				378.63	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX SOFT TISSUE LEG/ANKLE	27613	CPT	outpatient			5464	2132.36	Horizon	NJ Health		378.63				378.63	5190.8	fee schedule	
BX SOFT TISSUE LEG/ANKLE	27613	CPT	outpatient			5464	2132.36	Horizon	PPO		3450.72				378.63	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX SOFT TISSUE LEG/ANKLE	27613	CPT	outpatient			5464	2132.36	Managed Care Inc	Managed Care Inc		4917.6	90			378.63	5190.8	percent of total billed charges	
BX SOFT TISSUE LEG/ANKLE	27613	CPT	outpatient			5464	2132.36	Multiplan	Multiplan		4371.2	80			378.63	5190.8	percent of total billed charges	
BX SOFT TISSUE LEG/ANKLE	27613	CPT	outpatient			5464	2132.36	Qualcare	Qualcare		4098	75			378.63	5190.8	percent of total billed charges	
BX SOFT TISSUE LEG/ANKLE	27613	CPT	outpatient			5464	2132.36	Three Rivers	Three Rivers		5190.8	95			378.63	5190.8	percent of total billed charges	
BX SOFT TISSUE LEG/ANKLE	27613	CPT	outpatient			5464	2132.36	UHC	Medicare		1854.23				378.63	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX SOFT TISSUE LEG/ANKLE	27613	CPT	outpatient			5464	2132.36	UHC	Medicaid		1723.89	31.55			378.63	5190.8	percent of total billed charges	
BX SOFT TISSUE LEG/ANKLE	27613	CPT	outpatient			5464	2132.36	United	Oxford		1817				378.63	5190.8	case rate	
BX SOFT TISSUE LEG/ANKLE	27613	CPT	outpatient			5464	2132.36	United	CommercialPPO		1817				378.63	5190.8	case rate	
BX SOFT TISSUE LEG/ANKLE	27613	CPT	outpatient			5464	2132.36	Wellcare	Medicaid		1723.89	31.55			378.63	5190.8	percent of total billed charges	
BX SOFT TISSUE LEG/ANKLE	27613	CPT	outpatient			5464	2132.36	Wellcare	Medicare		1854.23				378.63	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX SOFT TISSUE LEG/ANKLE	27613	CPT	outpatient			5464	2132.36	WellPoint	WellPoint		1758.32	32.18			378.63	5190.8	percent of total billed charges	
ARTHROTOMY,ANKLE W/JNT EXPLOR	27620	CPT	outpatient			11451	4257.16	Aetna	Better Health		3612.79	31.55			475.02	10878.45	percent of total billed charges	
ARTHROTOMY,ANKLE W/JNT EXPLOR	27620	CPT	outpatient			11451	4257.16	Aetna	Medicare		3701.88				475.02	10878.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTHROTOMY,ANKLE W/JNT EXPLOR	27620	CPT	outpatient			11451	4257.16	Aetna	Commercial		5893.39				475.02	10878.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTHROTOMY,ANKLE W/JNT EXPLOR	27620	CPT	outpatient			11451	4257.16	Americare	Americare		8588.25	75			475.02	10878.45	percent of total billed charges	
ARTHROTOMY,ANKLE W/JNT EXPLOR	27620	CPT	outpatient			11451	4257.16	Amerihealth	HMO/PPO		7443.15	65			475.02	10878.45	percent of total billed charges	
ARTHROTOMY,ANKLE W/JNT EXPLOR	27620	CPT	outpatient			11451	4257.16	Amerihealth	Medicare		3701.88				475.02	10878.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTHROTOMY,ANKLE W/JNT EXPLOR	27620	CPT	outpatient			11451	4257.16	Consumer	Consumer		10878.45	95			475.02	10878.45	percent of total billed charges	
ARTHROTOMY,ANKLE W/JNT EXPLOR	27620	CPT	outpatient			11451	4257.16	Corrections	Corrections		9160.8	80			475.02	10878.45	percent of total billed charges	
ARTHROTOMY,ANKLE W/JNT EXPLOR	27620	CPT	outpatient			11451	4257.16	First Health	First Health		8015.7	70			475.02	10878.45	percent of total billed charges	
ARTHROTOMY,ANKLE W/JNT EXPLOR	27620	CPT	outpatient			11451	4257.16	First Trenton	First Trenton		10305.9	90			475.02	10878.45	percent of total billed charges	
ARTHROTOMY,ANKLE W/JNT EXPLOR	27620	CPT	outpatient			11451	4257.16	Horizon	Indemnity		6889.2				475.02	10878.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.															
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true														
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ARTHROTOMY,ANKLE W/JNT EXPLOR	27620	CPT	outpatient			11451		4257.16 Horizon	PPO		6889.2				475.02	10878.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTHROTOMY,ANKLE W/JNT EXPLOR	27620	CPT	outpatient			11451		4257.16 Horizon	MGD		6889.2				475.02	10878.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTHROTOMY,ANKLE W/JNT EXPLOR	27620	CPT	outpatient			11451		4257.16 Horizon	Medicare Blue		3701.88				475.02	10878.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTHROTOMY,ANKLE W/JNT EXPLOR	27620	CPT	outpatient			11451		4257.16 Horizon	NJ Health		475.02				475.02	10878.45	fee schedule	
ARTHROTOMY,ANKLE W/JNT EXPLOR	27620	CPT	outpatient			11451		4257.16 Managed Care Inc	Managed Care Inc		10305.9	90			475.02	10878.45	percent of total billed charges	
ARTHROTOMY,ANKLE W/JNT EXPLOR	27620	CPT	outpatient			11451		4257.16 Multiplan	Multiplan		9160.8	80			475.02	10878.45	percent of total billed charges	
ARTHROTOMY,ANKLE W/JNT EXPLOR	27620	CPT	outpatient			11451		4257.16 Qualcare	Qualcare		8586.25	75			475.02	10878.45	percent of total billed charges	
ARTHROTOMY,ANKLE W/JNT EXPLOR	27620	CPT	outpatient			11451		4257.16 Three Rivers	Three Rivers		10878.45	95			475.02	10878.45	percent of total billed charges	
ARTHROTOMY,ANKLE W/JNT EXPLOR	27620	CPT	outpatient			11451		4257.16 UHC	Medicaid		3612.79	31.55			475.02	10878.45	percent of total billed charges	
ARTHROTOMY,ANKLE W/JNT EXPLOR	27620	CPT	outpatient			11451		4257.16 UHC	Medicare		3701.88				475.02	10878.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTHROTOMY,ANKLE W/JNT EXPLOR	27620	CPT	outpatient			11451		4257.16 United	CommercialPPO		3492				475.02	10878.45	case rate	
ARTHROTOMY,ANKLE W/JNT EXPLOR	27620	CPT	outpatient			11451		4257.16 United	Oxford		3492				475.02	10878.45	case rate	
ARTHROTOMY,ANKLE W/JNT EXPLOR	27620	CPT	outpatient			11451		4257.16 Wellcare	Medicare		3701.88				475.02	10878.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTHROTOMY,ANKLE W/JNT EXPLOR	27620	CPT	outpatient			11451		4257.16 Wellcare	Medicaid		3612.79	31.55			475.02	10878.45	percent of total billed charges	
ARTHROTOMY,ANKLE W/JNT EXPLOR	27620	CPT	outpatient			11451		4257.16 WellPoint	WellPoint		3684.93	32.18			475.02	10878.45	percent of total billed charges	
EXC ISN TNDN SHTH/CPSL;LEG/ANKL	27630	CPT	outpatient			11171		4257.16 Aetna	Better Health		3524.45	31.55			478.15	10612.45	percent of total billed charges	
EXC ISN TNDN SHTH/CPSL;LEG/ANKL	27630	CPT	outpatient			11171		4257.16 Aetna	Medicare		3440.67	30.8			478.15	10612.45	percent of total billed charges	
EXC ISN TNDN SHTH/CPSL;LEG/ANKL	27630	CPT	outpatient			11171		4257.16 Aetna	Commercial		5893.39				478.15	10612.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC ISN TNDN SHTH/CPSL;LEG/ANKL	27630	CPT	outpatient			11171		4257.16 Americare	Americare		8378.25	75			478.15	10612.45	percent of total billed charges	
EXC ISN TNDN SHTH/CPSL;LEG/ANKL	27630	CPT	outpatient			11171		4257.16 Amerihealth	Medicare		3701.88				478.15	10612.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC ISN TNDN SHTH/CPSL;LEG/ANKL	27630	CPT	outpatient			11171		4257.16 Amerihealth	HMO/PPO		7261.15	65			478.15	10612.45	percent of total billed charges	
EXC ISN TNDN SHTH/CPSL;LEG/ANKL	27630	CPT	outpatient			11171		4257.16 Consumer	Consumer		10612.45	95			478.15	10612.45	percent of total billed charges	
EXC ISN TNDN SHTH/CPSL;LEG/ANKL	27630	CPT	outpatient			11171		4257.16 Corrections	Corrections		8936.8	80			478.15	10612.45	percent of total billed charges	
EXC ISN TNDN SHTH/CPSL;LEG/ANKL	27630	CPT	outpatient			11171		4257.16 First Health	First Health		7819.7	70			478.15	10612.45	percent of total billed charges	
EXC ISN TNDN SHTH/CPSL;LEG/ANKL	27630	CPT	outpatient			11171		4257.16 First Trenton	First Trenton		10053.9	90			478.15	10612.45	percent of total billed charges	
EXC ISN TNDN SHTH/CPSL;LEG/ANKL	27630	CPT	outpatient			11171		4257.16 Horizon	Indemnity		6889.2				478.15	10612.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC ISN TNDN SHTH/CPSL;LEG/ANKL	27630	CPT	outpatient			11171		4257.16 Horizon	MGD		6889.2				478.15	10612.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC ISN TNDN SHTH/CPSL;LEG/ANKL	27630	CPT	outpatient			11171		4257.16 Horizon	PPO		6889.2				478.15	10612.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC ISN TNDN SHTH/CPSL;LEG/ANKL	27630	CPT	outpatient			11171		4257.16 Horizon	NJ Health		478.15				478.15	10612.45	fee schedule	
EXC ISN TNDN SHTH/CPSL;LEG/ANKL	27630	CPT	outpatient			11171		4257.16 Horizon	Medicare Blue		3701.88				478.15	10612.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC ISN TNDN SHTH/CPSL;LEG/ANKL	27630	CPT	outpatient			11171		4257.16 Managed Care Inc	Managed Care Inc		10053.9	90			478.15	10612.45	percent of total billed charges	
EXC ISN TNDN SHTH/CPSL;LEG/ANKL	27630	CPT	outpatient			11171		4257.16 Multiplan	Multiplan		8936.8	80			478.15	10612.45	percent of total billed charges	
EXC ISN TNDN SHTH/CPSL;LEG/ANKL	27630	CPT	outpatient			11171		4257.16 Qualcare	Qualcare		8378.25	75			478.15	10612.45	percent of total billed charges	
EXC ISN TNDN SHTH/CPSL;LEG/ANKL	27630	CPT	outpatient			11171		4257.16 Three Rivers	Three Rivers		10612.45	95			478.15	10612.45	percent of total billed charges	
EXC ISN TNDN SHTH/CPSL;LEG/ANKL	27630	CPT	outpatient			11171		4257.16 UHC	Medicare		3701.88				478.15	10612.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC ISN TNDN SHTH/CPSL;LEG/ANKL	27630	CPT	outpatient			11171		4257.16 UHC	Medicaid		3524.45	31.55			478.15	10612.45	percent of total billed charges	
EXC ISN TNDN SHTH/CPSL;LEG/ANKL	27630	CPT	outpatient			11171		4257.16 United	Oxford		2776				478.15	10612.45	case rate	
EXC ISN TNDN SHTH/CPSL;LEG/ANKL	27630	CPT	outpatient			11171		4257.16 United	CommercialPPO		2776				478.15	10612.45	case rate	
EXC ISN TNDN SHTH/CPSL;LEG/ANKL	27630	CPT	outpatient			11171		4257.16 Wellcare	Medicare		3701.88				478.15	10612.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC ISN TNDN SHTH/CPSL;LEG/ANKL	27630	CPT	outpatient			11171		4257.16 Wellcare	Medicaid		3524.45	31.55			478.15	10612.45	percent of total billed charges	
EXC ISN TNDN SHTH/CPSL;LEG/ANKL	27630	CPT	outpatient			11171		4257.16 WellPoint	WellPoint		3594.83	32.18			478.15	10612.45	percent of total billed charges	
LEG/ ANKLE JOINT STEROID INJECTION	27648	CPT	outpatient			3060		Aetna	Commercial		1162.8	38			131.52	2907	percent of total billed charges	
LEG/ ANKLE JOINT STEROID INJECTION	27648	CPT	outpatient			3060		Aetna	Better Health		965.43	31.55			131.52	2907	percent of total billed charges	
LEG/ ANKLE JOINT STEROID INJECTION	27648	CPT	outpatient			3060		Aetna	Medicare		942.48	30.8			131.52	2907	percent of total billed charges	
LEG/ ANKLE JOINT STEROID INJECTION	27648	CPT	outpatient			3060		Americare	Americare		2295	75			131.52	2907	percent of total billed charges	
LEG/ ANKLE JOINT STEROID INJECTION	27648	CPT	outpatient			3060		Amerihealth	HMO/PPO		1989	65			131.52	2907	percent of total billed charges	
LEG/ ANKLE JOINT STEROID INJECTION	27648	CPT	outpatient			3060		Consumer	Consumer		2907	95			131.52	2907	percent of total billed charges	
LEG/ ANKLE JOINT STEROID INJECTION	27648	CPT	outpatient			3060		Corrections	Corrections		2448	80			131.52	2907	percent of total billed charges	
LEG/ ANKLE JOINT STEROID INJECTION	27648	CPT	outpatient			3060		First Health	First Health		2142	70			131.52	2907	percent of total billed charges	
LEG/ ANKLE JOINT STEROID INJECTION	27648	CPT	outpatient			3060		First Trenton	First Trenton		2754	90			131.52	2907	percent of total billed charges	
LEG/ ANKLE JOINT STEROID INJECTION	27648	CPT	outpatient			3060		Horizon	NJ Health		131.52				131.52	2907	fee schedule	
LEG/ ANKLE JOINT STEROID INJECTION	27648	CPT	outpatient			3060		Horizon	MGD		1171.37	38.28			131.52	2907	percent of total billed charges	
LEG/ ANKLE JOINT STEROID INJECTION	27648	CPT	outpatient			3060		Horizon	Indemnity		1171.37	38.28			131.52	2907	percent of total billed charges	
LEG/ ANKLE JOINT STEROID INJECTION	27648	CPT	outpatient			3060		Horizon	Medicare Blue		918	30			131.52	2907	percent of total billed charges	
LEG/ ANKLE JOINT STEROID INJECTION	27648	CPT	outpatient			3060		Horizon	PPO		1171.37	38.28			131.52	2907	percent of total billed charges	
LEG/ ANKLE JOINT STEROID INJECTION	27648	CPT	outpatient			3060		Managed Care Inc	Managed Care Inc		2754	90			131.52	2907	percent of total billed charges	
LEG/ ANKLE JOINT STEROID INJECTION	27648	CPT	outpatient			3060		Multiplan	Multiplan		2448	80			131.52	2907	percent of total billed charges	
LEG/ ANKLE JOINT STEROID INJECTION	27648	CPT	outpatient			3060		Qualcare	Qualcare		2295	75			131.52	2907	percent of total billed charges	
LEG/ ANKLE JOINT STEROID INJECTION	27648	CPT	outpatient			3060		Three Rivers	Three Rivers		2907	95			131.52	2907	percent of total billed charges	
LEG/ ANKLE JOINT STEROID INJECTION	27648	CPT	outpatient			3060		UHC	Medicaid		965.43	31.55			131.52	2907	percent of total billed charges	
LEG/ ANKLE JOINT STEROID INJECTION	27648	CPT	outpatient			3060		United	Oxford		1782				131.52	2907	case rate	
LEG/ ANKLE JOINT STEROID INJECTION	27648	CPT	outpatient			3060		United	CommercialPPO		1782				131.52	2907	case rate	
LEG/ ANKLE JOINT STEROID INJECTION	27648	CPT	outpatient			3060		Wellcare	Medicaid		965.43	31.55			131.52	2907	percent of total billed charges	
LEG/ ANKLE JOINT STEROID INJECTION	27648	CPT	outpatient			3060		WellPoint	WellPoint		984.71	32.18			131.52	2907	percent of total billed charges	
TIBIAL SHAFT FX W/O MANIP	27750	CPT	outpatient			2194		310.16 Aetna	Medicare		269.7				237.89	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TIBIAL SHAFT FX W/O MANIP	27750	CPT	outpatient			2194		310.16 Aetna	Commercial		429.36				237.89	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TIBIAL SHAFT FX W/O MANIP	27750	CPT	outpatient			2194		310.16 Aetna	Better Health		692.21	31.55			237.89	2084.3	percent of total billed charges	
TIBIAL SHAFT FX W/O MANIP	27750	CPT	outpatient			2194		310.16 Americare	Americare		1645.5	75			237.89	2084.3	percent of total billed charges	
TIBIAL SHAFT FX W/O MANIP	27750	CPT	outpatient			2194		310.16 Amerihealth	Medicare		269.7				237.89	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TIBIAL SHAFT FX W/O MANIP	27750	CPT	outpatient			2194		310.16 Amerihealth	HMO/PPO		1426.1	65			237.89	2084.3	percent of total billed charges	
TIBIAL SHAFT FX W/O MANIP	27750	CPT	outpatient			2194		310.16 Consumer	Consumer		2084.3	95			237.89	2084.3	percent of total billed charges	
TIBIAL SHAFT FX W/O MANIP	27750	CPT	outpatient			2194		310.16 Corrections	Corrections		1755.2	80			237.89	2084.3	percent of total billed charges	
TIBIAL SHAFT FX W/O MANIP	27750	CPT	outpatient			2194		310.16 First Health	First Health		1535.8	70			237.89	2084.3	percent of total billed charges	
TIBIAL SHAFT FX W/O MANIP	27750	CPT	outpatient			2194		310.16 First Trenton	First Trenton		1974.6	90			237.89	2084.3	percent of total billed charges	
TIBIAL SHAFT FX W/O MANIP	27750	CPT	outpatient			2194		310.16 Horizon	NJ Health		374.48				237.89	2084.3	fee schedule	
TIBIAL SHAFT FX W/O MANIP	27750	CPT	outpatient			2194		310.16 Horizon	PPO		501.91				237.89	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TIBIAL SHAFT FX W/O MANIP	27750	CPT	outpatient			2194		310.16 Horizon	Indemnity		501.91				237.89	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TIBIAL SHAFT FX W/O MANIP	27750	CPT	outpatient			2194		310.16 Horizon	Medicare Blue		269.7				237.89	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TIBIAL SHAFT FX W/O MANIP	27750	CPT	outpatient			2194		310.16 Horizon	MGD		501.91				237.89	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TIBIAL SHAFT FX W/O MANIP	27750	CPT	outpatient			2194		310.16 Managed Care Inc	Managed Care Inc		1974.6	90			237.89	2084.3	percent of total billed charges	
TIBIAL SHAFT FX W/O MANIP	27750	CPT	outpatient			2194		310.16 Multiplan	Multiplan		1755.2	80			237.89	2084.3	percent of total billed charges	
TIBIAL SHAFT FX W/O MANIP	27750	CPT	outpatient			2194		310.16 Qualcare	Qualcare		1645.5	75			237.89	2084.3	percent of total billed charges	
TIBIAL SHAFT FX W/O MANIP	27750	CPT	outpatient			2194		310.16 Three Rivers	Three Rivers		2084.3	95			237.89	2084.3	percent of total billed charges	
TIBIAL SHAFT FX W/O MANIP	27750	CPT	outpatient			2194		310.16 UHC	Medicaid		692.21	31.55			237.89	2084.3	percent of total billed charges	
TIBIAL SHAFT FX W/O MANIP	27750	CPT	outpatient			2194		310.16 UHC	Medicare		269.7				237.89	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TIBIAL SHAFT FX W/O MANIP	27750	CPT	outpatient			2194		310.16 United	CommercialPPO		1782				237.89	2084.3	case rate	
TIBIAL SHAFT FX W/O MANIP	27750	CPT	outpatient			2194		310.16 United	Oxford		1782				237.89	2084.3	case rate	
TIBIAL SHAFT FX W/O MANIP	27750	CPT	outpatient			2194		310.16 Wellcare	Medicare		269.7				237.89	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TIBIAL SHAFT FX W/O MANIP	27750	CPT	outpatient			2194		310.16 Wellcare	Medicaid		692.21	31.55			237.89	2084.3	percent of total billed charges	
TIBIAL SHAFT FX W/O MANIP	27750	CPT	outpatient			2194		310.16 WellPoint	WellPoint		706.03	32.18			237.89	2084.3	percent of total billed charges	
CLSD TRT TIB SHAFT FCT W MAN	27752	CPT	outpatient			4757		2113.84 Aetna	Better Health		1500.83	31.55			589.83	4519.15	percent of total billed charges	
CLSD TRT TIB SHAFT FCT W MAN	27752	CPT	outpatient			4757		2113.84 Aetna	Medicare		1465.16	30.8			589.83	4519.15	percent of total billed charges	
CLSD TRT TIB SHAFT FCT W MAN	27752	CPT	outpatient			4757		2113.84 Aetna	Commercial		2926.29				589.83	4519.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT TIB SHAFT FCT W MAN	27752	CPT	outpatient			4757		2113.84 Americare	Americare		3567.75	75			589.83	4519.15	percent of total billed charges	
CLSD TRT TIB SHAFT FCT W MAN	27752	CPT	outpatient			4757		2113.84 Amerihealth	HMO/PPO		3092.05	65			589.83	4519.15	percent of total billed charges	
CLSD TRT TIB SHAFT FCT W MAN	27752	CPT	outpatient			4757		2113.84 Amerihealth	Medicare		1838.12				589.83	4519.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT TIB SHAFT FCT W MAN	27752	CPT	outpatient			4757		2113.84 Consumer	Consumer		4519.15	95			589.83	4519.15	percent of total billed charges	
CLSD TRT TIB SHAFT FCT W MAN	27752	CPT	outpatient			4757		2113.84 Corrections	Corrections		3805.6	80			589.83	4519.15	percent of total billed charges	
CLSD TRT TIB SHAFT FCT W MAN	27752	CPT	outpatient			4757		2113.84 First Health	First Health		3329.9	70			589.83	4519.15	percent of total billed charges	
CLSD TRT TIB SHAFT FCT W MAN	27752	CPT	outpatient			4757		2113.84 First Trenton	First Trenton		4281.3	90			589.83	4519.15	percent of total billed charges	
CLSD TRT TIB SHAFT FCT W MAN	27752	CPT	outpatient			4757		2113.84 Horizon	MGD		3420.74				589.83	4519.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT TIB SHAFT FCT W MAN	27752	CPT	outpatient			4757		2113.84 Horizon	PPO		3420.74				589.83	4519.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT TIB SHAFT FCT W MAN	27752	CPT	outpatient			4757		2113.84 Horizon	NJ Health		589.83				589.83	4519.15	fee schedule	
CLSD TRT TIB SHAFT FCT W MAN	27752	CPT	outpatient			4757		2113.84 Horizon	Indemnity		3420.74				589.83	4519.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT TIB SHAFT FCT W MAN	27752	CPT	outpatient			4757		2113.84 Horizon	Medicare Blue		1838.12				589.83	4519.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT TIB SHAFT FCT W MAN	27752	CPT	outpatient			4757		2113.84 Managed Care Inc	Managed Care Inc		4281.3	90			589.83	4519.15	percent of total billed charges	
CLSD TRT TIB SHAFT FCT W MAN	27752	CPT	outpatient			4757		2113.84 Multiplan	Multiplan		3805.6	80			589.83	4519.15	percent of total billed charges	
CLSD TRT TIB SHAFT FCT W MAN	27752	CPT	outpatient			4757		2113.84 Qualcare	Qualcare		3567.75	75			589.83	4519.15	percent of total billed charges	
CLSD TRT TIB SHAFT FCT W MAN	27752	CPT	outpatient			4757		2113.84 Three Rivers	Three Rivers		4519.15	95			589.83	4519.15	percent of total billed charges	
CLSD TRT TIB SHAFT FCT W MAN	27752	CPT	outpatient			4757		2113.84 UHC	Medicaid		1500.83	31.55			589.83	4519.15	percent of total billed charges	
CLSD TRT TIB SHAFT FCT W MAN	27752	CPT	outpatient			4757		2113.84 UHC	Medicare		1838.12				589.83	4519.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT TIB SHAFT FCT W MAN	27752	CPT	outpatient			4757		2113.84 United	CommercialPPO		2493				589.83	4519.15	case rate	
CLSD TRT TIB SHAFT FCT W MAN	27752	CPT	outpatient			4757		2113.84 United	Oxford		2493				589.83	4519.15	case rate	
CLSD TRT TIB SHAFT FCT W MAN	27752	CPT	outpatient			4757		2113.84 Wellcare	Medicare		1838.12				589.83	4519.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT TIB SHAFT FCT W MAN	27752	CPT	outpatient			4757		2113.84 Wellcare	Medicaid		1500.83	31.55			589.83	4519.15	percent of total billed charges	
CLSD TRT TIB SHAFT FCT W MAN	27752	CPT	outpatient			4757		2113.84 WellPoint	WellPoint		1530.8	32.18			589.83	4519.15	percent of total billed charges	
OPEN RX TIBIAL SHAFT FX,FIX	27758	CPT	outpatient			17896		17309.86 Aetna	Commercial		23962.86				988.51	28011.87	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN RX TIBIAL SHAFT FX,FIX	27758	CPT	outpatient			17896		17309.86 Aetna	Better Health		5646.19	31.55			988.51	28011.87	percent of total billed charges	
OPEN RX TIBIAL SHAFT FX,FIX	27758	CPT	outpatient			17896		17309.86 Aetna	Medicare		5511.97	30.8			988.51	28011.87	percent of total billed charges	
OPEN RX TIBIAL SHAFT FX,FIX	27758	CPT	outpatient			17896		17309.86 Americare	Americare		13422	75			988.51	28011.87	percent of total billed charges	
OPEN RX TIBIAL SHAFT FX,FIX	27758	CPT	outpatient			17896		17309.86 Amerihealth	HMO/PPO		11632.4	65			988.51	28011.87	percent of total billed charges	
OPEN RX TIBIAL SHAFT FX,FIX	27758	CPT	outpatient			17896		17309.86 Amerihealth	Medicare		15052.05				988.51	28011.87	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN RX TIBIAL SHAFT FX,FIX	27758	CPT	outpatient			17896		17309.86 Consumer	Consumer		17001.2	95			988.51	28011.87	percent of total billed charges	
OPEN RX TIBIAL SHAFT FX,FIX	27758	CPT	outpatient			17896		17309.86 Corrections	Corrections		14316.8	80			988.51	28011.87	percent of total billed charges	
OPEN RX TIBIAL SHAFT FX,FIX	27758	CPT	outpatient			17896		17309.86 First Health	First Health		12527.2	70			988.51	28011.87	percent of total billed charges	
OPEN RX TIBIAL SHAFT FX,FIX	27758	CPT	outpatient			17896		17309.86 First Trenton	First Trenton		16106.4	90			988.51	28011.87	percent of total billed charges	
OPEN RX TIBIAL SHAFT FX,FIX	27758	CPT	outpatient			17896		17309.86 Horizon	PPO		28011.87				988.51	28011.87	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN RX TIBIAL SHAFT FX,FIX	27758	CPT	outpatient			17896		17309.86 Horizon	MGD		28011.87				988.51	28011.87	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN RX TIBIAL SHAFT FX,FIX	27758	CPT	outpatient			17896		17309.86 Horizon	Medicare Blue		15052.05				988.51	28011.87	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN RX TIBIAL SHAFT FX,FIX	27758	CPT	outpatient			17896		17309.86 Horizon	NJ Health		988.51				988.51	28011.87	fee schedule	
OPEN RX TIBIAL SHAFT FX,FIX	27758	CPT	outpatient			17896		17309.86 Horizon	Indemnity		28011.87				988.51	28011.87	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN RX TIBIAL SHAFT FX,FIX	27758	CPT	outpatient			17896		17309.86 Managed Care Inc	Managed Care Inc		16106.4	90			988.51	28011.87	percent of total billed charges	
OPEN RX TIBIAL SHAFT FX,FIX	27758	CPT	outpatient			17896		17309.86 Multiplan	Multiplan		14316.8	80			988.51	28011.87	percent of total billed charges	
OPEN RX TIBIAL SHAFT FX,FIX	27758	CPT	outpatient			17896		17309.86 Qualcare	Qualcare		13422	75			988.51	28011.87	percent of total billed charges	
OPEN RX TIBIAL SHAFT FX,FIX	27758	CPT	outpatient			17896		17309.86 Three Rivers	Three Rivers		17001.2	95			988.51	28011.87	percent of total billed charges	
OPEN RX TIBIAL SHAFT FX,FIX	27758	CPT	outpatient			17896		17309.86 UHC	Medicare		15052.05				988.51	28011.87	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN RX TIBIAL SHAFT FX,FIX	27758	CPT	outpatient			17896		17309.86 UHC	Medicaid		5646.19	31.55			988.51	28011.87	percent of total billed charges	
OPEN RX TIBIAL SHAFT FX,FIX	27758	CPT	outpatient			17896		17309.86 United	CommercialPPO		4702				988.51	28011.87	case rate	
OPEN RX TIBIAL SHAFT FX,FIX	27758	CPT	outpatient			17896		17309.86 United	Oxford		4702				988.51	28011.87	case rate	
OPEN RX TIBIAL SHAFT FX,FIX	27758	CPT	outpatient			17896		17309.86 Wellcare	Medicare		15052.05				988.51	28011.87	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN RX TIBIAL SHAFT FX,FIX	27758	CPT	outpatient			17896		17309.86 Wellcare	Medicaid		5646.19	31.55			988.51	28011.87	percent of total billed charges	
OPEN RX TIBIAL SHAFT FX,FIX	27758	CPT	outpatient			17896		17309.86 WellPoint	WellPoint		5758.93	32.18			988.51	28011.87	percent of total billed charges	
MEDIAL MALLEOLUS FX W/O MANIP	27760	CPT	outpatient			9536		310.16 Aetna	Commercial		429.36				237.89	9059.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MEDIAL MALLEOLUS FX W/O MANIP	27760	CPT	outpatient			9536		310.16 Aetna	Better Health		3008.61	31.55			237.89	9059.2	percent of total billed charges	
MEDIAL MALLEOLUS FX W/O MANIP	27760	CPT	outpatient			9536		310.16 Aetna	Medicare		269.7				237.89	9059.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MEDIAL MALLEOLUS FX W/O MANIP	27760	CPT	outpatient			9536		310.16 Americare	Americare		7152	75			237.89	9059.2	percent of total billed charges	
MEDIAL MALLEOLUS FX W/O MANIP	27760	CPT	outpatient			9536		310.16 Amerihealth	Medicare		269.7				237.89	9059.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MEDIAL MALLEOLUS FX W/O MANIP	27760	CPT	outpatient			9536		310.16 Amerihealth	HMO/PPO		6198.4	65			237.89	9059.2	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
MEDIAL MALLEOLUS FX W/O MANIP	27760	CPT	outpatient			9536	310.16	Consumer	Consumer		9059.2	95			237.89		9059.2 percent of total billed charges	
MEDIAL MALLEOLUS FX W/O MANIP	27760	CPT	outpatient			9536	310.16	Corrections	Corrections		7628.8	80			237.89		9059.2 percent of total billed charges	
MEDIAL MALLEOLUS FX W/O MANIP	27760	CPT	outpatient			9536	310.16	First Health	First Health		6675.2	70			237.89		9059.2 percent of total billed charges	
MEDIAL MALLEOLUS FX W/O MANIP	27760	CPT	outpatient			9536	310.16	First Trenton	First Trenton		8582.4	90			237.89		9059.2 percent of total billed charges	
MEDIAL MALLEOLUS FX W/O MANIP	27760	CPT	outpatient			9536	310.16	Horizon	Indemnity		501.91				237.89		9059.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MEDIAL MALLEOLUS FX W/O MANIP	27760	CPT	outpatient			9536	310.16	Horizon	NJ Health		340.21				237.89		9059.2 fee schedule	
MEDIAL MALLEOLUS FX W/O MANIP	27760	CPT	outpatient			9536	310.16	Horizon	PPO		501.91				237.89		9059.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MEDIAL MALLEOLUS FX W/O MANIP	27760	CPT	outpatient			9536	310.16	Horizon	Medicare Blue		269.7				237.89		9059.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MEDIAL MALLEOLUS FX W/O MANIP	27760	CPT	outpatient			9536	310.16	Horizon	MGD		501.91				237.89		9059.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MEDIAL MALLEOLUS FX W/O MANIP	27760	CPT	outpatient			9536	310.16	Managed Care Inc	Managed Care Inc		8582.4	90			237.89		9059.2 percent of total billed charges	
MEDIAL MALLEOLUS FX W/O MANIP	27760	CPT	outpatient			9536	310.16	Multiplan	Multiplan		7628.8	80			237.89		9059.2 percent of total billed charges	
MEDIAL MALLEOLUS FX W/O MANIP	27760	CPT	outpatient			9536	310.16	Qualcare	Qualcare		7152	75			237.89		9059.2 percent of total billed charges	
MEDIAL MALLEOLUS FX W/O MANIP	27760	CPT	outpatient			9536	310.16	Three Rivers	Three Rivers		9059.2	95			237.89		9059.2 percent of total billed charges	
MEDIAL MALLEOLUS FX W/O MANIP	27760	CPT	outpatient			9536	310.16	UHC	Medicare		269.7				237.89		9059.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MEDIAL MALLEOLUS FX W/O MANIP	27760	CPT	outpatient			9536	310.16	UHC	Medicaid		3008.61	31.55			237.89		9059.2 percent of total billed charges	
MEDIAL MALLEOLUS FX W/O MANIP	27760	CPT	outpatient			9536	310.16	United	Commercial|PPO		1782				237.89		9059.2 case rate	
MEDIAL MALLEOLUS FX W/O MANIP	27760	CPT	outpatient			9536	310.16	United	Oxford		1782				237.89		9059.2 case rate	
MEDIAL MALLEOLUS FX W/O MANIP	27760	CPT	outpatient			9536	310.16	Wellcare	Medicare		269.7				237.89		9059.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MEDIAL MALLEOLUS FX W/O MANIP	27760	CPT	outpatient			9536	310.16	Wellcare	Medicaid		3008.61	31.55			237.89		9059.2 percent of total billed charges	
MEDIAL MALLEOLUS FX W/O MANIP	27760	CPT	outpatient			9536	310.16	WellPoint	WellPoint		3068.68	32.18			237.89		9059.2 percent of total billed charges	
CI RED MED MALLEOUS FX	27762	CPT	outpatient			5257	2113.84	Aetna	Medicare		1838.12				433		4994.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CI RED MED MALLEOUS FX	27762	CPT	outpatient			5257	2113.84	Aetna	Better Health		1658.58	31.55			433		4994.15 percent of total billed charges	
CI RED MED MALLEOUS FX	27762	CPT	outpatient			5257	2113.84	Aetna	Commercial		2926.29				433		4994.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CI RED MED MALLEOUS FX	27762	CPT	outpatient			5257	2113.84	Americare	Americare		3942.75	75			433		4994.15 percent of total billed charges	
CI RED MED MALLEOUS FX	27762	CPT	outpatient			5257	2113.84	Amerihealth	HMO/PPO		3417.05	65			433		4994.15 percent of total billed charges	
CI RED MED MALLEOUS FX	27762	CPT	outpatient			5257	2113.84	Amerihealth	Medicare		1838.12				433		4994.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CI RED MED MALLEOUS FX	27762	CPT	outpatient			5257	2113.84	Consumer	Consumer		4994.15	95			433		4994.15 percent of total billed charges	
CI RED MED MALLEOUS FX	27762	CPT	outpatient			5257	2113.84	Corrections	Corrections		4205.6	80			433		4994.15 percent of total billed charges	
CI RED MED MALLEOUS FX	27762	CPT	outpatient			5257	2113.84	First Health	First Health		3679.9	70			433		4994.15 percent of total billed charges	
CI RED MED MALLEOUS FX	27762	CPT	outpatient			5257	2113.84	First Trenton	First Trenton		4731.3	90			433		4994.15 percent of total billed charges	
CI RED MED MALLEOUS FX	27762	CPT	outpatient			5257	2113.84	Horizon	PPO		3420.74				433		4994.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CI RED MED MALLEOUS FX	27762	CPT	outpatient			5257	2113.84	Horizon	Indemnity		3420.74				433		4994.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CI RED MED MALLEOUS FX	27762	CPT	outpatient			5257	2113.84	Horizon	MGD		3420.74				433		4994.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CI RED MED MALLEOUS FX	27762	CPT	outpatient			5257	2113.84	Horizon	Medicare Blue		1838.12				433		4994.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CI RED MED MALLEOUS FX	27762	CPT	outpatient			5257	2113.84	Horizon	NJ Health		433				433		4994.15 fee schedule	
CI RED MED MALLEOUS FX	27762	CPT	outpatient			5257	2113.84	Managed Care Inc	Managed Care Inc		4731.3	90			433		4994.15 percent of total billed charges	
CI RED MED MALLEOUS FX	27762	CPT	outpatient			5257	2113.84	Multiplan	Multiplan		4205.6	80			433		4994.15 percent of total billed charges	
CI RED MED MALLEOUS FX	27762	CPT	outpatient			5257	2113.84	Qualcare	Qualcare		3942.75	75			433		4994.15 percent of total billed charges	
CI RED MED MALLEOUS FX	27762	CPT	outpatient			5257	2113.84	Three Rivers	Three Rivers		4994.15	95			433		4994.15 percent of total billed charges	
CI RED MED MALLEOUS FX	27762	CPT	outpatient			5257	2113.84	UHC	Medicaid		1658.58	31.55			433		4994.15 percent of total billed charges	
CI RED MED MALLEOUS FX	27762	CPT	outpatient			5257	2113.84	UHC	Medicare		1838.12				433		4994.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CI RED MED MALLEOUS FX	27762	CPT	outpatient			5257	2113.84	United	Oxford		2493				433		4994.15 case rate	
CI RED MED MALLEOUS FX	27762	CPT	outpatient			5257	2113.84	United	Commercial|PPO		2493				433		4994.15 case rate	
CI RED MED MALLEOUS FX	27762	CPT	outpatient			5257	2113.84	Wellcare	Medicare		1838.12				433		4994.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CI RED MED MALLEOUS FX	27762	CPT	outpatient			5257	2113.84	Wellcare	Medicaid		1658.58	31.55			433		4994.15 percent of total billed charges	
CI RED MED MALLEOUS FX	27762	CPT	outpatient			5257	2113.84	WellPoint	WellPoint		1691.7	32.18			433		4994.15 percent of total billed charges	
CLSD TX MALLEOLUS FX W/O MANIP	27767	CPT	outpatient			583	310.16	Aetna	Medicare		179.56	30.8			179.56		1782 percent of total billed charges	
CLSD TX MALLEOLUS FX W/O MANIP	27767	CPT	outpatient			583	310.16	Aetna	Better Health		183.94	31.55			179.56		1782 percent of total billed charges	
CLSD TX MALLEOLUS FX W/O MANIP	27767	CPT	outpatient			583	310.16	Aetna	Commercial		429.36				179.56		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TX MALLEOLUS FX W/O MANIP	27767	CPT	outpatient			583	310.16	Americare	Americare		437.25	75			179.56		1782 percent of total billed charges	
CLSD TX MALLEOLUS FX W/O MANIP	27767	CPT	outpatient			583	310.16	Amerihealth	HMO/PPO		378.95	65			179.56		1782 percent of total billed charges	
CLSD TX MALLEOLUS FX W/O MANIP	27767	CPT	outpatient			583	310.16	Amerihealth	Medicare		269.7				179.56		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TX MALLEOLUS FX W/O MANIP	27767	CPT	outpatient			583	310.16	Consumer	Consumer		553.85	95			179.56		1782 percent of total billed charges	
CLSD TX MALLEOLUS FX W/O MANIP	27767	CPT	outpatient			583	310.16	Corrections	Corrections		466.4	80			179.56		1782 percent of total billed charges	
CLSD TX MALLEOLUS FX W/O MANIP	27767	CPT	outpatient			583	310.16	First Health	First Health		408.1	70			179.56		1782 percent of total billed charges	
CLSD TX MALLEOLUS FX W/O MANIP	27767	CPT	outpatient			583	310.16	First Trenton	First Trenton		524.7	90			179.56		1782 percent of total billed charges	
CLSD TX MALLEOLUS FX W/O MANIP	27767	CPT	outpatient			583	310.16	Horizon	PPO		501.91				179.56		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TX MALLEOLUS FX W/O MANIP	27767	CPT	outpatient			583	310.16	Horizon	Medicare Blue		269.7				179.56		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TX MALLEOLUS FX W/O MANIP	27767	CPT	outpatient			583	310.16	Horizon	MGD		501.91				179.56		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TX MALLEOLUS FX W/O MANIP	27767	CPT	outpatient			583	310.16	Horizon	Indemnity		501.91				179.56		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TX MALLEOLUS FX W/O MANIP	27767	CPT	outpatient			583	310.16	Managed Care Inc	Managed Care Inc		524.7	90			179.56		1782 percent of total billed charges	
CLSD TX MALLEOLUS FX W/O MANIP	27767	CPT	outpatient			583	310.16	Multiplan	Multiplan		466.4	80			179.56		1782 percent of total billed charges	
CLSD TX MALLEOLUS FX W/O MANIP	27767	CPT	outpatient			583	310.16	Qualcare	Qualcare		437.25	75			179.56		1782 percent of total billed charges	
CLSD TX MALLEOLUS FX W/O MANIP	27767	CPT	outpatient			583	310.16	Three Rivers	Three Rivers		553.85	95			179.56		1782 percent of total billed charges	
CLSD TX MALLEOLUS FX W/O MANIP	27767	CPT	outpatient			583	310.16	UHC	Medicaid		183.94	31.55			179.56		1782 percent of total billed charges	
CLSD TX MALLEOLUS FX W/O MANIP	27767	CPT	outpatient			583	310.16	UHC	Medicare		269.7				179.56		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TX MALLEOLUS FX W/O MANIP	27767	CPT	outpatient			583	310.16	United	Commercial|PPO		1782				179.56		1782 case rate	
CLSD TX MALLEOLUS FX W/O MANIP	27767	CPT	outpatient			583	310.16	United	Oxford		1782				179.56		1782 case rate	
CLSD TX MALLEOLUS FX W/O MANIP	27767	CPT	outpatient			583	310.16	Wellcare	Medicaid		183.94	31.55			179.56		1782 percent of total billed charges	
CLSD TX MALLEOLUS FX W/O MANIP	27767	CPT	outpatient			583	310.16	Wellcare	Medicare		269.7				179.56		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TX MALLEOLUS FX W/O MANIP	27767	CPT	outpatient			583	310.16	WellPoint	WellPoint		187.61	32.18			179.56		1782 percent of total billed charges	
CLOSED TX MALLEOLUS FX	27768	CPT	outpatient			5257	2113.84	Aetna	Commercial		2926.29				1658.58		4994.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX MALLEOLUS FX	27768	CPT	outpatient			5257	2113.84	Aetna	Better Health		1658.58	31.55			1658.58		4994.15 percent of total billed charges	
CLOSED TX MALLEOLUS FX	27768	CPT	outpatient			5257	2113.84	Aetna	Medicare		1838.12				1658.58		4994.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX MALLEOLUS FX	27768	CPT	outpatient			5257	2113.84	Americare	Americare		3942.75	75			1658.58		4994.15 percent of total billed charges	
CLOSED TX MALLEOLUS FX	27768	CPT	outpatient			5257	2113.84	Amerihealth	HMO/PPO		3417.05	65			1658.58		4994.15 percent of total billed charges	
CLOSED TX MALLEOLUS FX	27768	CPT	outpatient			5257	2113.84	Amerihealth	Medicare		1838.12				1658.58		4994.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX MALLEOLUS FX	27768	CPT	outpatient			5257	2113.84	Consumer	Consumer		4994.15	95			1658.58		4994.15 percent of total billed charges	
CLOSED TX MALLEOLUS FX	27768	CPT	outpatient			5257	2113.84	Corrections	Corrections		4205.6	80			1658.58		4994.15 percent of total billed charges	
CLOSED TX MALLEOLUS FX	27768	CPT	outpatient			5257	2113.84	First Health	First Health		3679.9	70			1658.58		4994.15 percent of total billed charges	
CLOSED TX MALLEOLUS FX	27768	CPT	outpatient			5257	2113.84	First Trenton	First Trenton		4731.3	90			1658.58		4994.15 percent of total billed charges	
CLOSED TX MALLEOLUS FX	27768	CPT	outpatient			5257	2113.84	Horizon	Indemnity		3420.74				1658.58		4994.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX MALLEOLUS FX	27768	CPT	outpatient			5257	2113.84	Horizon	MGD		3420.74				1658.58		4994.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX MALLEOLUS FX	27768	CPT	outpatient			5257	2113.84	Horizon	Medicare Blue		1838.12				1658.58		4994.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX MALLEOLUS FX	27768	CPT	outpatient			5257	2113.84	Horizon	PPO		3420.74				1658.58		4994.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX MALLEOLUS FX	27768	CPT	outpatient			5257	2113.84	Managed Care Inc	Managed Care Inc		4731.3	90			1658.58		4994.15 percent of total billed charges	
CLOSED TX MALLEOLUS FX	27768	CPT	outpatient			5257	2113.84	Multiplan	Multiplan		4205.6	80			1658.58		4994.15 percent of total billed charges	
CLOSED TX MALLEOLUS FX	27768	CPT	outpatient			5257	2113.84	Qualcare	Qualcare		3942.75	75			1658.58		4994.15 percent of total billed charges	
CLOSED TX MALLEOLUS FX	27768	CPT	outpatient			5257	2113.84	Three Rivers	Three Rivers		4994.15	95			1658.58		4994.15 percent of total billed charges	
CLOSED TX MALLEOLUS FX	27768	CPT	outpatient			5257	2113.84	UHC	Medicare		1838.12				1658.58		4994.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX MALLEOLUS FX	27768	CPT	outpatient			5257	2113.84	UHC	Medicaid		1658.58	31.55			1658.58		4994.15 percent of total billed charges	
CLOSED TX MALLEOLUS FX	27768	CPT	outpatient			5257	2113.84	United	Oxford		1782				1658.58		4994.15 case rate	
CLOSED TX MALLEOLUS FX	27768	CPT	outpatient			5257	2113.84	United	Commercial|PPO		1782				1658.58		4994.15 case rate	
CLOSED TX MALLEOLUS FX	27768	CPT	outpatient			5257	2113.84	Wellcare	Medicare		1838.12				1658.58		4994.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX MALLEOLUS FX	27768	CPT	outpatient			5257	2113.84	Wellcare	Medicaid		1658.58	31.55			1658.58		4994.15 percent of total billed charges	
CLOSED TX MALLEOLUS FX	27768	CPT	outpatient			5257	2113.84	WellPoint	WellPoint		1691.7	32.18			1658.58		4994.15 percent of total billed charges	
CLSD TRT PROX FIB/SHFT W/O MAN	27780	CPT	outpatient			2194	310.16	Aetna	Better Health		692.21	31.55			246.65		2084.3 percent of total billed charges	
CLSD TRT PROX FIB/SHFT W/O MAN	27780	CPT	outpatient			2194	310.16	Aetna	Medicare		675.75	30.8			246.65		2084.3 percent of total billed charges	
CLSD TRT PROX FIB/SHFT W/O MAN	27780	CPT	outpatient			2194	310.16	Aetna	Commercial		429.36				246.65		2084.3 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT PROX FIB/SHFT W/O MAN	27780	CPT	outpatient			2194	310.16	Americare	Americare		1645.5	75			246.65		2084.3 percent of total billed charges	
CLSD TRT PROX FIB/SHFT W/O MAN	27780	CPT	outpatient			2194	310.16	Amerihealth	Medicare		269.7				246.65		2084.3 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT PROX FIB/SHFT W/O MAN	27780	CPT	outpatient			2194	310.16	Amerihealth	HMO/PPO		1426.1	65			246.65		2084.3 percent of total billed charges	
CLSD TRT PROX FIB/SHFT W/O MAN	27780	CPT	outpatient			2194	310.16	Consumer	Consumer		2084.3	95			246.65		2084.3 percent of total billed charges	
CLSD TRT PROX FIB/SHFT W/O MAN	27780	CPT	outpatient			2194	310.16	Corrections	Corrections		1755.2	80			246.65		2084.3 percent of total billed charges	
CLSD TRT PROX FIB/SHFT W/O MAN	27780	CPT	outpatient			2194	310.16	First Health	First Health		1535.8	70			246.65		2084.3 percent of total billed charges	
CLSD TRT PROX FIB/SHFT W/O MAN	27780	CPT	outpatient			2194	310.16	First Trenton	First Trenton		1974.6	90			246.65		2084.3 percent of total billed charges	
CLSD TRT PROX FIB/SHFT W/O MAN	27780	CPT	outpatient			2194	310.16	Horizon	Indemnity		501.91				246.65		2084.3 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT PROX FIB/SHFT W/O MAN	27780	CPT	outpatient			2194	310.16	Horizon	MGD		501.91				246.65		2084.3 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT PROX FIB/SHFT W/O MAN	27780	CPT	outpatient			2194	310.16	Horizon	PPO		501.91				246.65		2084.3 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT PROX FIB/SHFT W/O MAN	27780	CPT	outpatient			2194	310.16	Horizon	Medicare Blue		269.7				246.65		2084.3 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT PROX FIB/SHFT W/O MAN	27780	CPT	outpatient			2194	310.16	Horizon	NJ Health		246.65				246.65		2084.3 fee schedule	
CLSD TRT PROX FIB/SHFT W/O MAN	27780	CPT	outpatient			2194	310.16	Managed Care Inc	Managed Care Inc		1974.6	90			246.65		2084.3 percent of total billed charges	
CLSD TRT PROX FIB/SHFT W/O MAN	27780	CPT	outpatient			2194	310.16	Multiplan	Multiplan		1755.2	80			246.65		2084.3 percent of total billed charges	
CLSD TRT PROX FIB/SHFT W/O MAN	27780	CPT	outpatient			2194	310.16	Qualcare	Qualcare		1645.5	75			246.65		2084.3 percent of total billed charges	
CLSD TRT PROX FIB/SHFT W/O MAN	27780	CPT	outpatient			2194	310.16	Three Rivers	Three Rivers		2084.3	95			246.65		2084.3 percent of total billed charges	
CLSD TRT PROX FIB/SHFT W/O MAN	27780	CPT	outpatient			2194	310.16	UHC	Medicare		269.7				246.65		2084.3 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT PROX FIB/SHFT W/O MAN	27780	CPT	outpatient			2194	310.16	UHC	Medicaid		692.21	31.55			246.65		2084.3 percent of total billed charges	
CLSD TRT PROX FIB/SHFT W/O MAN	27780	CPT	outpatient			2194	310.16	United	Commercial|PPO		1782				246.65		2084.3 case rate	
CLSD TRT PROX FIB/SHFT W/O MAN	27780	CPT	outpatient			2194	310.16	United	Oxford		1782				246.65		2084.3 case rate	
CLSD TRT PROX FIB/SHFT W/O MAN	27780	CPT	outpatient			2194	310.16	Wellcare	Medicaid		692.21	31.55			246.65		2084.3 percent of total billed charges	
CLSD TRT PROX FIB/SHFT W/O MAN	27780	CPT	outpatient			2194	310.16	Wellcare	Medicare		269.7				246.65		2084.3 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT PROX FIB/SHFT W/O MAN	27780	CPT	outpatient			2194	310.16	WellPoint	WellPoint		706.03	32.18			246.65		2084.3 percent of total billed charges	
CLSD TRT PROX FIB/SHFT W MAN	27781	CPT	outpatient			2194	2113.84	Aetna	Better Health		692.21	31.55			246.65		3420.74 percent of total billed charges	
CLSD TRT PROX FIB/SHFT W MAN	27781	CPT	outpatient			2194	2113.84	Aetna	Commercial		2926.29				246.65		3420.74 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT PROX FIB/SHFT W MAN	27781	CPT	outpatient			2194	2113.84	Aetna	Medicare		1838.12				246.65		3420.74 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT PROX FIB/SHFT W MAN	27781	CPT	outpatient			2194	2113.84	Americare	Americare		1645.5	75			246.65		3420.74 percent of total billed charges	
CLSD TRT PROX FIB/SHFT W MAN	27781	CPT	outpatient			2194	2113.84	Amerihealth	HMO/PPO		1426.1	65			246.65		3420.74 percent of total billed charges	
CLSD TRT PROX FIB/SHFT W MAN	27781	CPT	outpatient			2194	2113.84	Amerihealth	Medicare		1838.12				246.65		3420.74 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT PROX FIB/SHFT W MAN	27781	CPT	outpatient			2194	2113.84	Consumer	Consumer		2084.3	95			246.65		3420.74 percent of total billed charges	
CLSD TRT PROX FIB/SHFT W MAN	27781	CPT	outpatient			2194	2113.84	Corrections	Corrections		1755.2	80			246.65		3420.74 percent of total billed charges	
CLSD TRT PROX FIB/SHFT W MAN	27781	CPT	outpatient			2194	2113.84	First Health	First Health		1535.8	70			246.65		3420.74 percent of total billed charges	
CLSD TRT PROX FIB/SHFT W MAN	27781	CPT	outpatient			2194	2113.84	First Trenton	First Trenton		1974.6	90			246.65		3420.74 percent of total billed charges	
CLSD TRT PROX FIB/SHFT W MAN	27781	CPT	outpatient			2194	2113.84	Horizon	Indemnity		3420.74				246.65		3420.74 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT PROX FIB/SHFT W MAN	27781	CPT	outpatient			2194	2113.84	Horizon	PPO		3420.74				246.65		3420.74 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT PROX FIB/SHFT W MAN	27781	CPT	outpatient			2194	2113.84	Horizon	MGD		3420.74				246.65		3420.74 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT PROX FIB/SHFT W MAN	27781	CPT	outpatient			2194	2113.84	Horizon	Medicare Blue		1838.12				246.65		3420.74 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT PROX FIB/SHFT W MAN	27781	CPT	outpatient			2194	2113.84	Horizon	NJ Health		246.65				246.65		3420.74 fee schedule	
CLSD TRT PROX FIB/SHFT W MAN	27781	CPT	outpatient			2194	2113.84	Managed Care Inc	Managed Care Inc		1974.6	90			246.65		3420.74 percent of total billed charges	
CLSD TRT PROX FIB/SHFT W MAN	27781	CPT	outpatient			2194	2113.84	Multiplan	Multiplan		1755.2	80			246.65		3420.74 percent of total billed charges	
CLSD TRT PROX FIB/SHFT W MAN	27781	CPT	outpatient			2194	2113.84	Qualcare	Qualcare		1645.5	75			246.65		3420.74 percent of total billed charges	
CLSD TRT PROX FIB/SHFT W MAN	27781	CPT	outpatient			2194	2113.84	Three Rivers	Three Rivers		2084.3	95			246.65		3420.74 percent of total billed charges	
CLSD TRT PROX FIB/SHFT W MAN	27781	CPT	outpatient			2194	2113.84	UHC	Medicare		1838.12				246.65		3420.74 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT PROX FIB/SHFT W MAN	27781	CPT	outpatient			2194	2113.84	UHC	Medicaid		692.21	31.55			246.65		3420.74 percent of total billed charges	
CLSD TRT PROX FIB/SHFT W MAN	27781	CPT	outpatient			2194	2113.84	United	Oxford		1817				246.65		3420.74 case rate	
CLSD TRT PROX FIB/SHFT W MAN	27781	CPT	outpatient			2194	2113.84	United	Commercial|PPO		1817				246.65		3420.74 case rate	
CLSD TRT PROX FIB/SHFT W MAN	27781	CPT	outpatient			2194	2113.84	Wellcare	Medicare		1838.12				246.65		3420.74 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT PROX FIB/SHFT W MAN	27781	CPT	outpatient			2194	2113.84	Wellcare	Medicaid		692.21	31.55			246.65		3420.74 percent of total billed charges	
CLSD TRT PROX FIB/SHFT W MAN	27781	CPT	outpatient			2194	2113.84	WellPoint	WellPoint		706.03	32.18			246.65		3420.74 percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.														
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103		310119 true													
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
DISTAL FIBULAR FX W/O MANIP	27786	CPT	outpatient			858		310.16 Aetna	Commercial		429.36				237.89		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DISTAL FIBULAR FX W/O MANIP	27786	CPT	outpatient			858		310.16 Aetna	Better Health		270.7	31.55			237.89		1782 percent of total billed charges	
DISTAL FIBULAR FX W/O MANIP	27786	CPT	outpatient			858		310.16 Aetna	Medicare		269.7				237.89		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DISTAL FIBULAR FX W/O MANIP	27786	CPT	outpatient			858		310.16 Americare	Americare		643.5	75			237.89		1782 percent of total billed charges	
DISTAL FIBULAR FX W/O MANIP	27786	CPT	outpatient			858		310.16 Amerihealth	Medicare		269.7				237.89		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DISTAL FIBULAR FX W/O MANIP	27786	CPT	outpatient			858		310.16 Amerihealth	HMO/PPO		557.7	65			237.89		1782 percent of total billed charges	
DISTAL FIBULAR FX W/O MANIP	27786	CPT	outpatient			858		310.16 Consumer	Consumer		815.1	95			237.89		1782 percent of total billed charges	
DISTAL FIBULAR FX W/O MANIP	27786	CPT	outpatient			858		310.16 Corrections	Corrections		686.4	80			237.89		1782 percent of total billed charges	
DISTAL FIBULAR FX W/O MANIP	27786	CPT	outpatient			858		310.16 First Health	First Health		600.6	70			237.89		1782 percent of total billed charges	
DISTAL FIBULAR FX W/O MANIP	27786	CPT	outpatient			858		310.16 First Trenton	First Trenton		772.2	90			237.89		1782 percent of total billed charges	
DISTAL FIBULAR FX W/O MANIP	27786	CPT	outpatient			858		310.16 Horizon	MGD		501.91				237.89		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DISTAL FIBULAR FX W/O MANIP	27786	CPT	outpatient			858		310.16 Horizon	Indemnity		501.91				237.89		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DISTAL FIBULAR FX W/O MANIP	27786	CPT	outpatient			858		310.16 Horizon	PPO		501.91				237.89		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DISTAL FIBULAR FX W/O MANIP	27786	CPT	outpatient			858		310.16 Horizon	NJ Health		342.59				237.89		1782 fee schedule	
DISTAL FIBULAR FX W/O MANIP	27786	CPT	outpatient			858		310.16 Horizon	Medicare Blue		269.7				237.89		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DISTAL FIBULAR FX W/O MANIP	27786	CPT	outpatient			858		310.16 Managed Care Inc	Managed Care Inc		772.2	90			237.89		1782 percent of total billed charges	
DISTAL FIBULAR FX W/O MANIP	27786	CPT	outpatient			858		310.16 Multiplan	Multiplan		686.4	80			237.89		1782 percent of total billed charges	
DISTAL FIBULAR FX W/O MANIP	27786	CPT	outpatient			858		310.16 Qualcare	Qualcare		643.5	75			237.89		1782 percent of total billed charges	
DISTAL FIBULAR FX W/O MANIP	27786	CPT	outpatient			858		310.16 Three Rivers	Three Rivers		815.1	95			237.89		1782 percent of total billed charges	
DISTAL FIBULAR FX W/O MANIP	27786	CPT	outpatient			858		310.16 UHC	Medicare		269.7				237.89		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DISTAL FIBULAR FX W/O MANIP	27786	CPT	outpatient			858		310.16 UHC	Medicaid		270.7	31.55			237.89		1782 percent of total billed charges	
DISTAL FIBULAR FX W/O MANIP	27786	CPT	outpatient			858		310.16 United	Commercial|PPO		1782				237.89		1782 case rate	
DISTAL FIBULAR FX W/O MANIP	27786	CPT	outpatient			858		310.16 United	Oxford		1782				237.89		1782 case rate	
DISTAL FIBULAR FX W/O MANIP	27786	CPT	outpatient			858		310.16 Wellcare	Medicare		269.7				237.89		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DISTAL FIBULAR FX W/O MANIP	27786	CPT	outpatient			858		310.16 Wellcare	Medicaid		270.7	31.55			237.89		1782 percent of total billed charges	
DISTAL FIBULAR FX W/O MANIP	27786	CPT	outpatient			858		310.16 WellPoint	WellPoint		276.1	32.18			237.89		1782 percent of total billed charges	
CLTX DSTL FIB FX LAT MALLS W/MANJ	27788	CPT	outpatient			1196		310.16 Aetna	Commercial		429.36				237.89		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX DSTL FIB FX LAT MALLS W/MANJ	27788	CPT	outpatient			1196		310.16 Aetna	Better Health		377.34	31.55			237.89		1782 percent of total billed charges	
CLTX DSTL FIB FX LAT MALLS W/MANJ	27788	CPT	outpatient			1196		310.16 Aetna	Medicare		269.7				237.89		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX DSTL FIB FX LAT MALLS W/MANJ	27788	CPT	outpatient			1196		310.16 Americare	Americare		897	75			237.89		1782 percent of total billed charges	
CLTX DSTL FIB FX LAT MALLS W/MANJ	27788	CPT	outpatient			1196		310.16 Amerihealth	Medicare		269.7				237.89		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX DSTL FIB FX LAT MALLS W/MANJ	27788	CPT	outpatient			1196		310.16 Amerihealth	HMO/PPO		777.4	65			237.89		1782 percent of total billed charges	
CLTX DSTL FIB FX LAT MALLS W/MANJ	27788	CPT	outpatient			1196		310.16 Consumer	Consumer		1136.2	95			237.89		1782 percent of total billed charges	
CLTX DSTL FIB FX LAT MALLS W/MANJ	27788	CPT	outpatient			1196		310.16 Corrections	Corrections		956.8	80			237.89		1782 percent of total billed charges	
CLTX DSTL FIB FX LAT MALLS W/MANJ	27788	CPT	outpatient			1196		310.16 First Health	First Health		837.2	70			237.89		1782 percent of total billed charges	
CLTX DSTL FIB FX LAT MALLS W/MANJ	27788	CPT	outpatient			1196		310.16 First Trenton	First Trenton		1076.4	90			237.89		1782 percent of total billed charges	
CLTX DSTL FIB FX LAT MALLS W/MANJ	27788	CPT	outpatient			1196		310.16 Horizon	Indemnity		501.91				237.89		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX DSTL FIB FX LAT MALLS W/MANJ	27788	CPT	outpatient			1196		310.16 Horizon	MGD		501.91				237.89		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX DSTL FIB FX LAT MALLS W/MANJ	27788	CPT	outpatient			1196		310.16 Horizon	Medicare Blue		269.7				237.89		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX DSTL FIB FX LAT MALLS W/MANJ	27788	CPT	outpatient			1196		310.16 Horizon	NJ Health		433				237.89		1782 fee schedule	
CLTX DSTL FIB FX LAT MALLS W/MANJ	27788	CPT	outpatient			1196		310.16 Horizon	PPO		501.91				237.89		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX DSTL FIB FX LAT MALLS W/MANJ	27788	CPT	outpatient			1196		310.16 Managed Care Inc	Managed Care Inc		1076.4	90			237.89		1782 percent of total billed charges	
CLTX DSTL FIB FX LAT MALLS W/MANJ	27788	CPT	outpatient			1196		310.16 Multiplan	Multiplan		956.8	80			237.89		1782 percent of total billed charges	
CLTX DSTL FIB FX LAT MALLS W/MANJ	27788	CPT	outpatient			1196		310.16 Qualcare	Qualcare		897	75			237.89		1782 percent of total billed charges	
CLTX DSTL FIB FX LAT MALLS W/MANJ	27788	CPT	outpatient			1196		310.16 Three Rivers	Three Rivers		1136.2	95			237.89		1782 percent of total billed charges	
CLTX DSTL FIB FX LAT MALLS W/MANJ	27788	CPT	outpatient			1196		310.16 UHC	Medicare		269.7				237.89		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX DSTL FIB FX LAT MALLS W/MANJ	27788	CPT	outpatient			1196		310.16 UHC	Medicaid		377.34	31.55			237.89		1782 percent of total billed charges	
CLTX DSTL FIB FX LAT MALLS W/MANJ	27788	CPT	outpatient			1196		310.16 United	Oxford		1782				237.89		1782 case rate	
CLTX DSTL FIB FX LAT MALLS W/MANJ	27788	CPT	outpatient			1196		310.16 United	Commercial|PPO		1782				237.89		1782 case rate	
CLTX DSTL FIB FX LAT MALLS W/MANJ	27788	CPT	outpatient			1196		310.16 Wellcare	Medicare		269.7				237.89		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX DSTL FIB FX LAT MALLS W/MANJ	27788	CPT	outpatient			1196		310.16 Wellcare	Medicaid		377.34	31.55			237.89		1782 percent of total billed charges	
CLTX DSTL FIB FX LAT MALLS W/MANJ	27788	CPT	outpatient			1196		310.16 WellPoint	WellPoint		384.87	32.18			237.89		1782 percent of total billed charges	
OPEN TX DISTAL FIBULAR	27792	CPT	outpatient			23502		9409.2 Aetna	Medicare		7238.62	30.8			691.75		22326.9 percent of total billed charges	
OPEN TX DISTAL FIBULAR	27792	CPT	outpatient			23502		9409.2 Aetna	Better Health		7414.88	31.55			691.75		22326.9 percent of total billed charges	
OPEN TX DISTAL FIBULAR	27792	CPT	outpatient			23502		9409.2 Aetna	Commercial		13025.6				691.75		22326.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TX DISTAL FIBULAR	27792	CPT	outpatient			23502		9409.2 Americare	Americare		17626.5	75			691.75		22326.9 percent of total billed charges	
OPEN TX DISTAL FIBULAR	27792	CPT	outpatient			23502		9409.2 Amerihealth	HMO/PPO		15276.3	65			691.75		22326.9 percent of total billed charges	
OPEN TX DISTAL FIBULAR	27792	CPT	outpatient			23502		9409.2 Amerihealth	Medicare		8181.91				691.75		22326.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TX DISTAL FIBULAR	27792	CPT	outpatient			23502		9409.2 Consumer	Consumer		22326.9	95			691.75		22326.9 percent of total billed charges	
OPEN TX DISTAL FIBULAR	27792	CPT	outpatient			23502		9409.2 Corrections	Corrections		18801.6	80			691.75		22326.9 percent of total billed charges	
OPEN TX DISTAL FIBULAR	27792	CPT	outpatient			23502		9409.2 First Health	First Health		16451.4	70			691.75		22326.9 percent of total billed charges	
OPEN TX DISTAL FIBULAR	27792	CPT	outpatient			23502		9409.2 First Trenton	First Trenton		21151.8	90			691.75		22326.9 percent of total billed charges	
OPEN TX DISTAL FIBULAR	27792	CPT	outpatient			23502		9409.2 Horizon	PPO		15226.53				691.75		22326.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TX DISTAL FIBULAR	27792	CPT	outpatient			23502		9409.2 Horizon	MGD		15226.53				691.75		22326.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TX DISTAL FIBULAR	27792	CPT	outpatient			23502		9409.2 Horizon	Indemnity		15226.53				691.75		22326.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TX DISTAL FIBULAR	27792	CPT	outpatient			23502		9409.2 Horizon	NJ Health		691.75				691.75		22326.9 fee schedule	
OPEN TX DISTAL FIBULAR	27792	CPT	outpatient			23502		9409.2 Horizon	Medicare Blue		8181.91				691.75		22326.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TX DISTAL FIBULAR	27792	CPT	outpatient			23502		9409.2 Managed Care Inc	Managed Care Inc		21151.8	90			691.75		22326.9 percent of total billed charges	
OPEN TX DISTAL FIBULAR	27792	CPT	outpatient			23502		9409.2 Multiplan	Multiplan		18801.6	80			691.75		22326.9 percent of total billed charges	
OPEN TX DISTAL FIBULAR	27792	CPT	outpatient			23502		9409.2 Qualcare	Qualcare		17626.5	75			691.75		22326.9 percent of total billed charges	
OPEN TX DISTAL FIBULAR	27792	CPT	outpatient			23502		9409.2 Three Rivers	Three Rivers		22326.9	95			691.75		22326.9 percent of total billed charges	
OPEN TX DISTAL FIBULAR	27792	CPT	outpatient			23502		9409.2 UHC	Medicaid		7414.88	31.55			691.75		22326.9 percent of total billed charges	
OPEN TX DISTAL FIBULAR	27792	CPT	outpatient			23502		9409.2 UHC	Medicare		8181.91				691.75		22326.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TX DISTAL FIBULAR	27792	CPT	outpatient			23502		9409.2 United	Oxford		4702				691.75		22326.9 case rate	
OPEN TX DISTAL FIBULAR	27792	CPT	outpatient			23502		9409.2 United	Commercial|PPO		4702				691.75		22326.9 case rate	
OPEN TX DISTAL FIBULAR	27792	CPT	outpatient			23502		9409.2 Wellcare	Medicaid		7414.88	31.55			691.75		22326.9 percent of total billed charges	
OPEN TX DISTAL FIBULAR	27792	CPT	outpatient			23502		9409.2 Wellcare	Medicare		8181.91				691.75		22326.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TX DISTAL FIBULAR	27792	CPT	outpatient			23502		9409.2 WellPoint	WellPoint		7562.94	32.18			691.75		22326.9 percent of total billed charges	
CLSD TRT ANKLE FRCT BIM WO MAN	27808	CPT	outpatient			2194		310.16 Aetna	Better Health		692.21	31.55			237.89		2084.3 percent of total billed charges	
CLSD TRT ANKLE FRCT BIM WO MAN	27808	CPT	outpatient			2194		310.16 Aetna	Commercial		429.36				237.89		2084.3 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT ANKLE FRCT BIM WO MAN	27808	CPT	outpatient			2194		310.16 Aetna	Medicare		269.7				237.89		2084.3 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT ANKLE FRCT BIM WO MAN	27808	CPT	outpatient			2194		310.16 Americare	Americare		1645.5	75			237.89		2084.3 percent of total billed charges	
CLSD TRT ANKLE FRCT BIM WO MAN	27808	CPT	outpatient			2194		310.16 Amerihealth	HMO/PPO		1426.1	65			237.89		2084.3 percent of total billed charges	
CLSD TRT ANKLE FRCT BIM WO MAN	27808	CPT	outpatient			2194		310.16 Amerihealth	Medicare		269.7				237.89		2084.3 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT ANKLE FRCT BIM WO MAN	27808	CPT	outpatient			2194		310.16 Consumer	Consumer		2084.3	95			237.89		2084.3 percent of total billed charges	
CLSD TRT ANKLE FRCT BIM WO MAN	27808	CPT	outpatient			2194		310.16 Corrections	Corrections		1755.2	80			237.89		2084.3 percent of total billed charges	
CLSD TRT ANKLE FRCT BIM WO MAN	27808	CPT	outpatient			2194		310.16 First Health	First Health		1535.8	70			237.89		2084.3 percent of total billed charges	
CLSD TRT ANKLE FRCT BIM WO MAN	27808	CPT	outpatient			2194		310.16 First Trenton	First Trenton		1974.6	90			237.89		2084.3 percent of total billed charges	
CLSD TRT ANKLE FRCT BIM WO MAN	27808	CPT	outpatient			2194		310.16 Horizon	NJ Health		357.91				237.89		2084.3 fee schedule	
CLSD TRT ANKLE FRCT BIM WO MAN	27808	CPT	outpatient			2194		310.16 Horizon	Indemnity		501.91				237.89		2084.3 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT ANKLE FRCT BIM WO MAN	27808	CPT	outpatient			2194		310.16 Horizon	Medicare Blue		269.7				237.89		2084.3 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT ANKLE FRCT BIM WO MAN	27808	CPT	outpatient			2194		310.16 Horizon	MGD		501.91				237.89		2084.3 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT ANKLE FRCT BIM WO MAN	27808	CPT	outpatient			2194		310.16 Horizon	PPO		501.91				237.89		2084.3 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT ANKLE FRCT BIM WO MAN	27808	CPT	outpatient			2194		310.16 Managed Care Inc	Managed Care Inc		1974.6	90			237.89		2084.3 percent of total billed charges	
CLSD TRT ANKLE FRCT BIM WO MAN	27808	CPT	outpatient			2194		310.16 Multiplan	Multiplan		1755.2	80			237.89		2084.3 percent of total billed charges	
CLSD TRT ANKLE FRCT BIM WO MAN	27808	CPT	outpatient			2194		310.16 Qualcare	Qualcare		1645.5	75			237.89		2084.3 percent of total billed charges	
CLSD TRT ANKLE FRCT BIM WO MAN	27808	CPT	outpatient			2194		310.16 Three Rivers	Three Rivers		2084.3	95			237.89		2084.3 percent of total billed charges	
CLSD TRT ANKLE FRCT BIM WO MAN	27808	CPT	outpatient			2194		310.16 UHC	Medicare		269.7				237.89		2084.3 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT ANKLE FRCT BIM WO MAN	27808	CPT	outpatient			2194		310.16 UHC	Medicaid		692.21	31.55			237.89		2084.3 percent of total billed charges	
CLSD TRT ANKLE FRCT BIM WO MAN	27808	CPT	outpatient			2194		310.16 United	Oxford		1782				237.89		2084.3 case rate	
CLSD TRT ANKLE FRCT BIM WO MAN	27808	CPT	outpatient			2194		310.16 United	Commercial|PPO		1782				237.89		2084.3 case rate	
CLSD TRT ANKLE FRCT BIM WO MAN	27808	CPT	outpatient			2194		310.16 Wellcare	Medicare		269.7				237.89		2084.3 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT ANKLE FRCT BIM WO MAN	27808	CPT	outpatient			2194		310.16 Wellcare	Medicaid		692.21	31.55			237.89		2084.3 percent of total billed charges	
CLSD TRT ANKLE FRCT BIM WO MAN	27808	CPT	outpatient			2194		310.16 WellPoint	WellPoint		706.03	32.18			237.89		2084.3 percent of total billed charges	
CLSD TRT ANKLE FRCT BIMA W MAN	27810	CPT	outpatient			5257		2113.84 Aetna	Commercial		2926.29				534.03		4994.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT ANKLE FRCT BIMA W MAN	27810	CPT	outpatient			5257		2113.84 Aetna	Better Health		1658.58	31.55			534.03		4994.15 percent of total billed charges	
CLSD TRT ANKLE FRCT BIMA W MAN	27810	CPT	outpatient			5257		2113.84 Aetna	Medicare		1838.12				534.03		4994.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT ANKLE FRCT BIMA W MAN	27810	CPT	outpatient			5257		2113.84 Americare	Americare		3942.75	75			534.03		4994.15 percent of total billed charges	
CLSD TRT ANKLE FRCT BIMA W MAN	27810	CPT	outpatient			5257		2113.84 Amerihealth	Medicare		1838.12				534.03		4994.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT ANKLE FRCT BIMA W MAN	27810	CPT	outpatient			5257		2113.84 Amerihealth	HMO/PPO		3417.05	65			534.03		4994.15 percent of total billed charges	
CLSD TRT ANKLE FRCT BIMA W MAN	27810	CPT	outpatient			5257		2113.84 Consumer	Consumer		4994.15	95			534.03		4994.15 percent of total billed charges	
CLSD TRT ANKLE FRCT BIMA W MAN	27810	CPT	outpatient			5257		2113.84 Corrections	Corrections		4205.6	80			534.03		4994.15 percent of total billed charges	
CLSD TRT ANKLE FRCT BIMA W MAN	27810	CPT	outpatient			5257		2113.84 First Health	First Health		3679.9	70			534.03		4994.15 percent of total billed charges	
CLSD TRT ANKLE FRCT BIMA W MAN	27810	CPT	outpatient			5257		2113.84 First Trenton	First Trenton		4731.3	90			534.03		4994.15 percent of total billed charges	
CLSD TRT ANKLE FRCT BIMA W MAN	27810	CPT	outpatient			5257		2113.84 Horizon	PPO		3420.74				534.03		4994.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT ANKLE FRCT BIMA W MAN	27810	CPT	outpatient			5257		2113.84 Horizon	MGD		3420.74				534.03		4994.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT ANKLE FRCT BIMA W MAN	27810	CPT	outpatient			5257		2113.84 Horizon	Indemnity		3420.74				534.03		4994.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT ANKLE FRCT BIMA W MAN	27810	CPT	outpatient			5257		2113.84 Horizon	NJ Health		534.03				534.03		4994.15 fee schedule	
CLSD TRT ANKLE FRCT BIMA W MAN	27810	CPT	outpatient			5257		2113.84 Horizon	Medicare Blue		1838.12				534.03		4994.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT ANKLE FRCT BIMA W MAN	27810	CPT	outpatient			5257		2113.84 Managed Care Inc	Managed Care Inc		4731.3	90			534.03		4994.15 percent of total billed charges	
CLSD TRT ANKLE FRCT BIMA W MAN	27810	CPT	outpatient			5257		2113.84 Multiplan	Multiplan		4205.6	80			534.03		4994.15 percent of total billed charges	
CLSD TRT ANKLE FRCT BIMA W MAN	27810	CPT	outpatient			5257		2113.84 Qualcare	Qualcare		3942.75	75			534.03		4994.15 percent of total billed charges	
CLSD TRT ANKLE FRCT BIMA W MAN	27810	CPT	outpatient			5257		2113.84 Three Rivers	Three Rivers		4994.15	95			534.03		4994.15 percent of total billed charges	
CLSD TRT ANKLE FRCT BIMA W MAN	27810	CPT	outpatient			5257		2113.84 UHC	Medicaid		1658.58	31.55			534.03		4994.15 percent of total billed charges	
CLSD TRT ANKLE FRCT BIMA W MAN	27810	CPT	outpatient			5257		2113.84 UHC	Medicare		1838.12				534.03		4994.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT ANKLE FRCT BIMA W MAN	27810	CPT	outpatient			5257		2113.84 United	Commercial|PPO		1817				534.03		4994.15 case rate	
CLSD TRT ANKLE FRCT BIMA W MAN	27810	CPT	outpatient			5257		2113.84 United	Oxford		1817				534.03		4994.15 case rate	
CLSD TRT ANKLE FRCT BIMA W MAN	27810	CPT	outpatient			5257		2113.84 Wellcare	Medicare		1838.12				534.03		4994.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT ANKLE FRCT BIMA W MAN	27810	CPT	outpatient			5257		2113.84 Wellcare	Medicaid		1658.58	31.55			534.03		4994.15 percent of total billed charges	
CLSD TRT ANKLE FRCT BIMA W MAN	27810	CPT	outpatient			5257		2113.84 WellPoint	WellPoint		1691.7	32.18			534.03		4994.15 percent of total billed charges	
CLSD TRT ANKLE FRCT TRM WO MAN	27816	CPT	outpatient			1566		310.16 Aetna	Better Health		494.07	31.55			269.7		1782 percent of total billed charges	
CLSD TRT ANKLE FRCT TRM WO MAN	27816	CPT	outpatient			1566		310.16 Aetna	Medicare		269.7				269.7		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT ANKLE FRCT TRM WO MAN	27816	CPT	outpatient			1566		310.16 Aetna	Commercial		429.36				269.7		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT ANKLE FRCT TRM WO MAN	27816	CPT	outpatient			1566		310.16 Americare	Americare		1174.5	75			269.7		1782 percent of total billed charges	
CLSD TRT ANKLE FRCT TRM WO MAN	27816	CPT	outpatient			1566		310.16 Amerihealth	HMO/PPO		1017.9	65			269.7		1782 percent of total billed charges	
CLSD TRT ANKLE FRCT TRM WO MAN	27816	CPT	outpatient			1566		310.16 Amerihealth	Medicare		269.7				269.7		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT ANKLE FRCT TRM WO MAN	27816	CPT	outpatient			1566		310.16 Consumer	Consumer		1487.7	95			269.7		1782 percent of total billed charges	
CLSD TRT ANKLE FRCT TRM WO MAN	27816	CPT	outpatient			1566		310.16 Corrections	Corrections		1252.8	80			269.7		1782 percent of total billed charges	
CLSD TRT ANKLE FRCT TRM WO MAN	27816	CPT	outpatient			1566		310.16 First Health	First Health		1096.2	70			269.7		1782 percent of total billed charges	
CLSD TRT ANKLE FRCT TRM WO MAN	27816	CPT	outpatient			1566		310.16 First Trenton	First Trenton		1409.4	90			269.7		1782 percent of total billed charges	
CLSD TRT ANKLE FRCT TRM WO MAN	27816	CPT	outpatient			1566		310.16 Horizon	Medicare Blue		269.7				269.7		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT ANKLE FRCT TRM WO MAN	27816	CPT	outpatient			1566		310.16 Horizon	Indemnity		501.91				269.7		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT ANKLE FRCT TRM WO MAN	27816	CPT	outpatient			1566		310.16 Horizon	MGD		501.91				269.7		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT ANKLE FRCT TRM WO MAN	27816	CPT	outpatient			1566		310.16 Horizon	NJ Health		339.8				269.7		1782 fee schedule	
CLSD TRT ANKLE FRCT TRM WO MAN	27816	CPT	outpatient			1566		310.16 Horizon	PPO		501.91				269.7		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT ANKLE FRCT TRM WO MAN	27816	CPT	outpatient			1566		310.16 Managed Care Inc	Managed Care Inc		1409.4	90			269.7		1782 percent of total billed charges	
CLSD TRT ANKLE FRCT TRM WO MAN	27816	CPT	outpatient			1566		310.16 Multiplan	Multiplan		1252.8	80			269.7		1782 percent of total billed charges	
CLSD TRT ANKLE FRCT TRM WO MAN	27816	CPT	outpatient			1566		310.16 Qualcare	Qualcare		1174.5	75			269.7		1782 percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101191	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CLSD TRT ANKLE FRCT TRM WO MAN	27816	CPT	outpatient			1566		310.16 Three Rivers	Three Rivers		1487.7	95			269.7	1782	percent of total billed charges	
CLSD TRT ANKLE FRCT TRM WO MAN	27816	CPT	outpatient			1566		310.16 UHC	Medicaid		494.07	31.55			269.7	1782	percent of total billed charges	
CLSD TRT ANKLE FRCT TRM WO MAN	27816	CPT	outpatient			1566		310.16 UHC	Medicare		269.7				269.7	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT ANKLE FRCT TRM WO MAN	27816	CPT	outpatient			1566		310.16 United	Oxford		1782				269.7	1782	case rate	
CLSD TRT ANKLE FRCT TRM WO MAN	27816	CPT	outpatient			1566		310.16 United	Commercial|PPO		1782				269.7	1782	case rate	
CLSD TRT ANKLE FRCT TRM WO MAN	27816	CPT	outpatient			1566		310.16 Wellcare	Medicare		269.7				269.7	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT ANKLE FRCT TRM WO MAN	27816	CPT	outpatient			1566		310.16 Wellcare	Medicaid		494.07	31.55			269.7	1782	percent of total billed charges	
CLSD TRT ANKLE FRCT TRM WO MAN	27816	CPT	outpatient			1566		310.16 WellPoint	WellPoint		503.94	32.18			269.7	1782	percent of total billed charges	
CLSD TX TRIM FX WITH MANIP	27818	CPT	outpatient			5257		2113.84 Aetna	Commercial		2926.29				555.43	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TX TRIM FX WITH MANIP	27818	CPT	outpatient			5257		2113.84 Aetna	Better Health		1658.58	31.55			555.43	4994.15	percent of total billed charges	
CLSD TX TRIM FX WITH MANIP	27818	CPT	outpatient			5257		2113.84 Aetna	Medicare		1619.16	30.8			555.43	4994.15	percent of total billed charges	
CLSD TX TRIM FX WITH MANIP	27818	CPT	outpatient			5257		2113.84 Americare	Americare		3942.75	75			555.43	4994.15	percent of total billed charges	
CLSD TX TRIM FX WITH MANIP	27818	CPT	outpatient			5257		2113.84 Amerihealth	Medicare		1838.12				555.43	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TX TRIM FX WITH MANIP	27818	CPT	outpatient			5257		2113.84 Amerihealth	HMO|PPO		3417.05	65			555.43	4994.15	percent of total billed charges	
CLSD TX TRIM FX WITH MANIP	27818	CPT	outpatient			5257		2113.84 Consumer	Consumer		4994.15	95			555.43	4994.15	percent of total billed charges	
CLSD TX TRIM FX WITH MANIP	27818	CPT	outpatient			5257		2113.84 Corrections	Corrections		4205.6	80			555.43	4994.15	percent of total billed charges	
CLSD TX TRIM FX WITH MANIP	27818	CPT	outpatient			5257		2113.84 First Health	First Health		3679.9	70			555.43	4994.15	percent of total billed charges	
CLSD TX TRIM FX WITH MANIP	27818	CPT	outpatient			5257		2113.84 First Trenton	First Trenton		4731.3	90			555.43	4994.15	percent of total billed charges	
CLSD TX TRIM FX WITH MANIP	27818	CPT	outpatient			5257		2113.84 Horizon	Indemnity		3420.74				555.43	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TX TRIM FX WITH MANIP	27818	CPT	outpatient			5257		2113.84 Horizon	MGD		3420.74				555.43	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TX TRIM FX WITH MANIP	27818	CPT	outpatient			5257		2113.84 Horizon	PPO		3420.74				555.43	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TX TRIM FX WITH MANIP	27818	CPT	outpatient			5257		2113.84 Horizon	Medicare Blue		1838.12				555.43	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TX TRIM FX WITH MANIP	27818	CPT	outpatient			5257		2113.84 Horizon	NJ Health		555.43				555.43	4994.15	fee schedule	
CLSD TX TRIM FX WITH MANIP	27818	CPT	outpatient			5257		2113.84 Managed Care Inc	Managed Care Inc		4731.3	90			555.43	4994.15	percent of total billed charges	
CLSD TX TRIM FX WITH MANIP	27818	CPT	outpatient			5257		2113.84 Multiplan	Multiplan		4205.6	80			555.43	4994.15	percent of total billed charges	
CLSD TX TRIM FX WITH MANIP	27818	CPT	outpatient			5257		2113.84 Qualcare	Qualcare		3942.75	75			555.43	4994.15	percent of total billed charges	
CLSD TX TRIM FX WITH MANIP	27818	CPT	outpatient			5257		2113.84 Three Rivers	Three Rivers		4994.15	95			555.43	4994.15	percent of total billed charges	
CLSD TX TRIM FX WITH MANIP	27818	CPT	outpatient			5257		2113.84 UHC	Medicare		1838.12				555.43	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TX TRIM FX WITH MANIP	27818	CPT	outpatient			5257		2113.84 UHC	Medicaid		1658.58	31.55			555.43	4994.15	percent of total billed charges	
CLSD TX TRIM FX WITH MANIP	27818	CPT	outpatient			5257		2113.84 United	Oxford		1817				555.43	4994.15	case rate	
CLSD TX TRIM FX WITH MANIP	27818	CPT	outpatient			5257		2113.84 United	Commercial|PPO		1817				555.43	4994.15	case rate	
CLSD TX TRIM FX WITH MANIP	27818	CPT	outpatient			5257		2113.84 Wellcare	Medicare		1838.12				555.43	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TX TRIM FX WITH MANIP	27818	CPT	outpatient			5257		2113.84 Wellcare	Medicaid		1658.58	31.55			555.43	4994.15	percent of total billed charges	
CLSD TX TRIM FX WITH MANIP	27818	CPT	outpatient			5257		2113.84 WellPoint	WellPoint		1691.7	32.18			555.43	4994.15	percent of total billed charges	
TREAT DISTAL TIBIA FX	27824	CPT	outpatient			754		310.16 Aetna	Commercial		429.36				126.2	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT DISTAL TIBIA FX	27824	CPT	outpatient			754		310.16 Aetna	Better Health		237.89	31.55			126.2	1782	percent of total billed charges	
TREAT DISTAL TIBIA FX	27824	CPT	outpatient			754		310.16 Aetna	Medicare		269.7				126.2	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT DISTAL TIBIA FX	27824	CPT	outpatient			754		310.16 Americare	Americare		565.5	75			126.2	1782	percent of total billed charges	
TREAT DISTAL TIBIA FX	27824	CPT	outpatient			754		310.16 Amerihealth	HMO|PPO		490.1	65			126.2	1782	percent of total billed charges	
TREAT DISTAL TIBIA FX	27824	CPT	outpatient			754		310.16 Amerihealth	Medicare		269.7				126.2	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT DISTAL TIBIA FX	27824	CPT	outpatient			754		310.16 Consumer	Consumer		716.3	95			126.2	1782	percent of total billed charges	
TREAT DISTAL TIBIA FX	27824	CPT	outpatient			754		310.16 Corrections	Corrections		603.2	80			126.2	1782	percent of total billed charges	
TREAT DISTAL TIBIA FX	27824	CPT	outpatient			754		310.16 First Health	First Health		527.8	70			126.2	1782	percent of total billed charges	
TREAT DISTAL TIBIA FX	27824	CPT	outpatient			754		310.16 First Trenton	First Trenton		678.6	90			126.2	1782	percent of total billed charges	
TREAT DISTAL TIBIA FX	27824	CPT	outpatient			754		310.16 Horizon	MGD		501.91				126.2	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT DISTAL TIBIA FX	27824	CPT	outpatient			754		310.16 Horizon	Medicare Blue		269.7				126.2	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT DISTAL TIBIA FX	27824	CPT	outpatient			754		310.16 Horizon	NJ Health		314.22				126.2	1782	fee schedule	
TREAT DISTAL TIBIA FX	27824	CPT	outpatient			754		310.16 Horizon	PPO		501.91				126.2	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT DISTAL TIBIA FX	27824	CPT	outpatient			754		310.16 Horizon	Indemnity		501.91				126.2	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT DISTAL TIBIA FX	27824	CPT	outpatient			754		310.16 Managed Care Inc	Managed Care Inc		678.6	90			126.2	1782	percent of total billed charges	
TREAT DISTAL TIBIA FX	27824	CPT	outpatient			754		310.16 Multiplan	Multiplan		603.2	80			126.2	1782	percent of total billed charges	
TREAT DISTAL TIBIA FX	27824	CPT	outpatient			754		310.16 Qualcare	Qualcare		565.5	75			126.2	1782	percent of total billed charges	
TREAT DISTAL TIBIA FX	27824	CPT	outpatient			754		310.16 Three Rivers	Three Rivers		716.3	95			126.2	1782	percent of total billed charges	
TREAT DISTAL TIBIA FX	27824	CPT	outpatient			754		310.16 UHC	Medicaid		237.89	31.55			126.2	1782	percent of total billed charges	
TREAT DISTAL TIBIA FX	27824	CPT	outpatient			754		310.16 UHC	Medicare		269.7				126.2	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT DISTAL TIBIA FX	27824	CPT	outpatient			754		310.16 United	Commercial|PPO		1782				126.2	1782	case rate	
TREAT DISTAL TIBIA FX	27824	CPT	outpatient			754		310.16 United	Oxford		1782				126.2	1782	case rate	
TREAT DISTAL TIBIA FX	27824	CPT	outpatient			754		310.16 Wellcare	Medicaid		237.89	31.55			126.2	1782	percent of total billed charges	
TREAT DISTAL TIBIA FX	27824	CPT	outpatient			754		310.16 Wellcare	Medicare		269.7				126.2	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT DISTAL TIBIA FX	27824	CPT	outpatient			754		310.16 WellPoint	WellPoint		242.64	32.18			126.2	1782	percent of total billed charges	
CI TREAT DISTAL TIB/FIB W MANIPULATION	27825	CPT	outpatient			5257		2113.84 Aetna	Commercial		2926.29				567.07	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CI TREAT DISTAL TIB/FIB W MANIPULATION	27825	CPT	outpatient			5257		2113.84 Aetna	Better Health		1658.58	31.55			567.07	4994.15	percent of total billed charges	
CI TREAT DISTAL TIB/FIB W MANIPULATION	27825	CPT	outpatient			5257		2113.84 Aetna	Medicare		1838.12				567.07	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CI TREAT DISTAL TIB/FIB W MANIPULATION	27825	CPT	outpatient			5257		2113.84 Americare	Americare		3942.75	75			567.07	4994.15	percent of total billed charges	
CI TREAT DISTAL TIB/FIB W MANIPULATION	27825	CPT	outpatient			5257		2113.84 Amerihealth	HMO|PPO		3417.05	65			567.07	4994.15	percent of total billed charges	
CI TREAT DISTAL TIB/FIB W MANIPULATION	27825	CPT	outpatient			5257		2113.84 Amerihealth	Medicare		1838.12				567.07	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CI TREAT DISTAL TIB/FIB W MANIPULATION	27825	CPT	outpatient			5257		2113.84 Consumer	Consumer		4994.15	95			567.07	4994.15	percent of total billed charges	
CI TREAT DISTAL TIB/FIB W MANIPULATION	27825	CPT	outpatient			5257		2113.84 Corrections	Corrections		4205.6	80			567.07	4994.15	percent of total billed charges	
CI TREAT DISTAL TIB/FIB W MANIPULATION	27825	CPT	outpatient			5257		2113.84 First Health	First Health		3679.9	70			567.07	4994.15	percent of total billed charges	
CI TREAT DISTAL TIB/FIB W MANIPULATION	27825	CPT	outpatient			5257		2113.84 First Trenton	First Trenton		4731.3	90			567.07	4994.15	percent of total billed charges	
CI TREAT DISTAL TIB/FIB W MANIPULATION	27825	CPT	outpatient			5257		2113.84 Horizon	NJ Health		567.07				567.07	4994.15	fee schedule	
CI TREAT DISTAL TIB/FIB W MANIPULATION	27825	CPT	outpatient			5257		2113.84 Horizon	MGD		3420.74				567.07	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CI TREAT DISTAL TIB/FIB W MANIPULATION	27825	CPT	outpatient			5257		2113.84 Horizon	Medicare Blue		1838.12				567.07	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CI TREAT DISTAL TIB/FIB W MANIPULATION	27825	CPT	outpatient			5257		2113.84 Horizon	Indemnity		3420.74				567.07	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CI TREAT DISTAL TIB/FIB W MANIPULATION	27825	CPT	outpatient			5257		2113.84 Horizon	PPO		3420.74				567.07	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CI TREAT DISTAL TIB/FIB W MANIPULATION	27825	CPT	outpatient			5257		2113.84 Managed Care Inc	Managed Care Inc		4731.3	90			567.07	4994.15	percent of total billed charges	
CI TREAT DISTAL TIB/FIB W MANIPULATION	27825	CPT	outpatient			5257		2113.84 Multiplan	Multiplan		4205.6	80			567.07	4994.15	percent of total billed charges	
CI TREAT DISTAL TIB/FIB W MANIPULATION	27825	CPT	outpatient			5257		2113.84 Qualcare	Qualcare		3942.75	75			567.07	4994.15	percent of total billed charges	
CI TREAT DISTAL TIB/FIB W MANIPULATION	27825	CPT	outpatient			5257		2113.84 Three Rivers	Three Rivers		4994.15	95			567.07	4994.15	percent of total billed charges	
CI TREAT DISTAL TIB/FIB W MANIPULATION	27825	CPT	outpatient			5257		2113.84 UHC	Medicare		1838.12				567.07	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CI TREAT DISTAL TIB/FIB W MANIPULATION	27825	CPT	outpatient			5257		2113.84 UHC	Medicaid		1658.58	31.55			567.07	4994.15	percent of total billed charges	
CI TREAT DISTAL TIB/FIB W MANIPULATION	27825	CPT	outpatient			5257		2113.84 United	Commercial|PPO		2493				567.07	4994.15	case rate	
CI TREAT DISTAL TIB/FIB W MANIPULATION	27825	CPT	outpatient			5257		2113.84 United	Oxford		2493				567.07	4994.15	case rate	
CI TREAT DISTAL TIB/FIB W MANIPULATION	27825	CPT	outpatient			5257		2113.84 Wellcare	Medicare		1838.12				567.07	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CI TREAT DISTAL TIB/FIB W MANIPULATION	27825	CPT	outpatient			5257		2113.84 Wellcare	Medicaid		1658.58	31.55			567.07	4994.15	percent of total billed charges	
CI TREAT DISTAL TIB/FIB W MANIPULATION	27825	CPT	outpatient			5257		2113.84 WellPoint	WellPoint		1691.7	32.18			567.07	4994.15	percent of total billed charges	
CLST TRT ANKLE DISLOC W/O ANES	27840	CPT	outpatient			2194		310.16 Aetna	Commercial		429.36				269.7	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLST TRT ANKLE DISLOC W/O ANES	27840	CPT	outpatient			2194		310.16 Aetna	Medicare		269.7				269.7	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLST TRT ANKLE DISLOC W/O ANES	27840	CPT	outpatient			2194		310.16 Aetna	Better Health		692.21	31.55			269.7	2084.3	percent of total billed charges	
CLST TRT ANKLE DISLOC W/O ANES	27840	CPT	outpatient			2194		310.16 Americare	Americare		1645.5	75			269.7	2084.3	percent of total billed charges	
CLST TRT ANKLE DISLOC W/O ANES	27840	CPT	outpatient			2194		310.16 Amerihealth	HMO|PPO		1426.1	65			269.7	2084.3	percent of total billed charges	
CLST TRT ANKLE DISLOC W/O ANES	27840	CPT	outpatient			2194		310.16 Amerihealth	Medicare		269.7				269.7	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLST TRT ANKLE DISLOC W/O ANES	27840	CPT	outpatient			2194		310.16 Consumer	Consumer		2084.3	95			269.7	2084.3	percent of total billed charges	
CLST TRT ANKLE DISLOC W/O ANES	27840	CPT	outpatient			2194		310.16 Corrections	Corrections		1755.2	80			269.7	2084.3	percent of total billed charges	
CLST TRT ANKLE DISLOC W/O ANES	27840	CPT	outpatient			2194		310.16 First Health	First Health		1535.8	70			269.7	2084.3	percent of total billed charges	
CLST TRT ANKLE DISLOC W/O ANES	27840	CPT	outpatient			2194		310.16 First Trenton	First Trenton		1974.6	90			269.7	2084.3	percent of total billed charges	
CLST TRT ANKLE DISLOC W/O ANES	27840	CPT	outpatient			2194		310.16 Horizon	Indemnity		501.91				269.7	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLST TRT ANKLE DISLOC W/O ANES	27840	CPT	outpatient			2194		310.16 Horizon	Medicare Blue		269.7				269.7	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLST TRT ANKLE DISLOC W/O ANES	27840	CPT	outpatient			2194		310.16 Horizon	NJ Health		334.34				269.7	2084.3	fee schedule	
CLST TRT ANKLE DISLOC W/O ANES	27840	CPT	outpatient			2194		310.16 Horizon	MGD		501.91				269.7	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLST TRT ANKLE DISLOC W/O ANES	27840	CPT	outpatient			2194		310.16 Horizon	PPO		501.91				269.7	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLST TRT ANKLE DISLOC W/O ANES	27840	CPT	outpatient			2194		310.16 Managed Care Inc	Managed Care Inc		1974.6	90			269.7	2084.3	percent of total billed charges	
CLST TRT ANKLE DISLOC W/O ANES	27840	CPT	outpatient			2194		310.16 Multiplan	Multiplan		1755.2	80			269.7	2084.3	percent of total billed charges	
CLST TRT ANKLE DISLOC W/O ANES	27840	CPT	outpatient			2194		310.16 Qualcare	Qualcare		1645.5	75			269.7	2084.3	percent of total billed charges	
CLST TRT ANKLE DISLOC W/O ANES	27840	CPT	outpatient			2194		310.16 Three Rivers	Three Rivers		2084.3	95			269.7	2084.3	percent of total billed charges	
CLST TRT ANKLE DISLOC W/O ANES	27840	CPT	outpatient			2194		310.16 UHC	Medicaid		692.21	31.55			269.7	2084.3	percent of total billed charges	
CLST TRT ANKLE DISLOC W/O ANES	27840	CPT	outpatient			2194		310.16 UHC	Medicare		269.7				269.7	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLST TRT ANKLE DISLOC W/O ANES	27840	CPT	outpatient			2194		310.16 United	Commercial|PPO		1782				269.7	2084.3	case rate	
CLST TRT ANKLE DISLOC W/O ANES	27840	CPT	outpatient			2194		310.16 United	Oxford		1782				269.7	2084.3	case rate	
CLST TRT ANKLE DISLOC W/O ANES	27840	CPT	outpatient			2194		310.16 Wellcare	Medicare		269.7				269.7	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLST TRT ANKLE DISLOC W/O ANES	27840	CPT	outpatient			2194		310.16 Wellcare	Medicaid		692.21	31.55			269.7	2084.3	percent of total billed charges	
CLST TRT ANKLE DISLOC W/O ANES	27840	CPT	outpatient			2194		310.16 WellPoint	WellPoint		706.03	32.18			269.7	2084.3	percent of total billed charges	
TREAT ANKLE DISLOC W/ ANESTH	27842	CPT	outpatient			4404		2113.84 Aetna	Commercial		2926.29				334.34	4183.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT ANKLE DISLOC W/ ANESTH	27842	CPT	outpatient			4404		2113.84 Aetna	Better Health		1389.46	31.55			334.34	4183.8	percent of total billed charges	
TREAT ANKLE DISLOC W/ ANESTH	27842	CPT	outpatient			4404		2113.84 Aetna	Medicare		1838.12				334.34	4183.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT ANKLE DISLOC W/ ANESTH	27842	CPT	outpatient			4404		2113.84 Americare	Americare		3303	75			334.34	4183.8	percent of total billed charges	
TREAT ANKLE DISLOC W/ ANESTH	27842	CPT	outpatient			4404		2113.84 Amerihealth	Medicare		1838.12				334.34	4183.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT ANKLE DISLOC W/ ANESTH	27842	CPT	outpatient			4404		2113.84 Amerihealth	HMO|PPO		2862.6	65			334.34	4183.8	percent of total billed charges	
TREAT ANKLE DISLOC W/ ANESTH	27842	CPT	outpatient			4404		2113.84 Consumer	Consumer		4183.8	95			334.34	4183.8	percent of total billed charges	
TREAT ANKLE DISLOC W/ ANESTH	27842	CPT	outpatient			4404		2113.84 Corrections	Corrections		3523.2	80			334.34	4183.8	percent of total billed charges	
TREAT ANKLE DISLOC W/ ANESTH	27842	CPT	outpatient			4404		2113.84 First Health	First Health		3082.8	70			334.34	4183.8	percent of total billed charges	
TREAT ANKLE DISLOC W/ ANESTH	27842	CPT	outpatient			4404		2113.84 First Trenton	First Trenton		3963.6	90			334.34	4183.8	percent of total billed charges	
TREAT ANKLE DISLOC W/ ANESTH	27842	CPT	outpatient			4404		2113.84 Horizon	PPO		3420.74				334.34	4183.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT ANKLE DISLOC W/ ANESTH	27842	CPT	outpatient			4404		2113.84 Horizon	MGD		3420.74				334.34	4183.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT ANKLE DISLOC W/ ANESTH	27842	CPT	outpatient			4404		2113.84 Horizon	Indemnity		3420.74				334.34	4183.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT ANKLE DISLOC W/ ANESTH	27842	CPT	outpatient			4404		2113.84 Horizon	NJ Health		334.34				334.34	4183.8	fee schedule	
TREAT ANKLE DISLOC W/ ANESTH	27842	CPT	outpatient			4404		2113.84 Horizon	Medicare Blue		1838.12				334.34	4183.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT ANKLE DISLOC W/ ANESTH	27842	CPT	outpatient			4404		2113.84 Managed Care Inc	Managed Care Inc		3963.6	90			334.34	4183.8	percent of total billed charges	
TREAT ANKLE DISLOC W/ ANESTH	27842	CPT	outpatient			4404		2113.84 Multiplan	Multiplan		3523.2	80			334.34	4183.8	percent of total billed charges	
TREAT ANKLE DISLOC W/ ANESTH	27842	CPT	outpatient			4404		2113.84 Qualcare	Qualcare		3303	75			334.34	4183.8	percent of total billed charges	
TREAT ANKLE DISLOC W/ ANESTH	27842	CPT	outpatient			4404		2113.84 Three Rivers	Three Rivers		4183.8	95			334.34	4183.8	percent of total billed charges	
TREAT ANKLE DISLOC W/ ANESTH	27842	CPT	outpatient			4404		2113.84 UHC	Medicaid		1389.46	31.55			334.34	4183.8	percent of total billed charges	
TREAT ANKLE DISLOC W/ ANESTH	27842	CPT	outpatient			4404		2113.84 UHC	Medicare		1838.12				334.34	4183.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT ANKLE DISLOC W/ ANESTH	27842	CPT	outpatient			4404		2113.84 United	Commercial|PPO		2493				334.34	4183.8	case rate	
TREAT ANKLE DISLOC W/ ANESTH	27842	CPT	outpatient			4404		2113.84 United	Oxford		2493				334.34	4183.8	case rate	
TREAT ANKLE DISLOC W/ ANESTH	27842	CPT	outpatient			4404		2113.84 Wellcare	Medicare		1838.12				334.34	4183.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT ANKLE DISLOC W/ ANESTH	27842	CPT	outpatient			4404		2113.84 Wellcare	Medicaid		1389.46	31.55			334.34	4183.8	percent of total billed charges	
TREAT ANKLE DISLOC W/ ANESTH	27842	CPT	outpatient			4404		2113.84 WellPoint	WellPoint		1417.21	32.18			334.34	4183.8	percent of total billed charges	
DRAINAGE OF BURSA OF FOOT	28001	CPT	outpatient			5339		2132.36 Aetna	Commercial		2951.93				77.52	5072.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAINAGE OF BURSA OF FOOT	28001	CPT	outpatient			5339		2132.36 Aetna	Better Health		1684.45	31.55			77.52	5072.05	percent of total billed charges	
DRAINAGE OF BURSA OF FOOT	28001	CPT	outpatient			5339		2132.36 Aetna	Medicare		1854.23				77.52	5072.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAINAGE OF BURSA OF FOOT	28001	CPT	outpatient			5339		2132.36 Americare	Americare		4004.25	75			77.52	5072.05	percent of total billed charges	
DRAINAGE OF BURSA OF FOOT	28001	CPT	outpatient			5339		2132.36 Amerihealth	HMO|PPO		3470.35	65			77.52	5072.05	percent of total billed charges	
DRAINAGE OF BURSA OF FOOT	28001	CPT	outpatient			5339		2132.36 Amerihealth	Medicare		1854.23				77.52	5072.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAINAGE OF BURSA OF FOOT	28001	CPT	outpatient			5339		2132.36 Consumer	Consumer		5072.05	95			77.52	5072.05	percent of total billed charges	
DRAINAGE OF BURSA OF FOOT	28001	CPT	outpatient			5339		2132.36 Corrections	Corrections		4271.2	80			77.52	5072.05	percent of total billed charges	
DRAINAGE OF BURSA OF FOOT	28001	CPT	outpatient			5339		2132.36 First Health	First Health		3737.3	70			77.52	5072.05	percent of total billed charges	
DRAINAGE OF BURSA OF FOOT	28001	CPT	outpatient			5339		2132.36 First Trenton	First Trenton		4805.1	90			77.52	5072.05	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
DRAINAGE OF BURSA OF FOOT	28001	CPT	outpatient			5339		2132.36 Horizon	Indemnity		3450.72				77.52	5072.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAINAGE OF BURSA OF FOOT	28001	CPT	outpatient			5339		2132.36 Horizon	NJ Health		77.52				77.52	5072.05	fee schedule	
DRAINAGE OF BURSA OF FOOT	28001	CPT	outpatient			5339		2132.36 Horizon	MGD		3450.72				77.52	5072.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAINAGE OF BURSA OF FOOT	28001	CPT	outpatient			5339		2132.36 Horizon	Medicare Blue		1854.23				77.52	5072.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAINAGE OF BURSA OF FOOT	28001	CPT	outpatient			5339		2132.36 Horizon	PPO		3450.72				77.52	5072.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAINAGE OF BURSA OF FOOT	28001	CPT	outpatient			5339		2132.36 Managed Care Inc	Managed Care Inc		4805.1	90			77.52	5072.05	percent of total billed charges	
DRAINAGE OF BURSA OF FOOT	28001	CPT	outpatient			5339		2132.36 Multiplan	Multiplan		4271.2	80			77.52	5072.05	percent of total billed charges	
DRAINAGE OF BURSA OF FOOT	28001	CPT	outpatient			5339		2132.36 Qualcare	Qualcare		4004.25	75			77.52	5072.05	percent of total billed charges	
DRAINAGE OF BURSA OF FOOT	28001	CPT	outpatient			5339		2132.36 Three Rivers	Three Rivers		5072.05	95			77.52	5072.05	percent of total billed charges	
DRAINAGE OF BURSA OF FOOT	28001	CPT	outpatient			5339		2132.36 UHC	Medicare		1854.23				77.52	5072.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAINAGE OF BURSA OF FOOT	28001	CPT	outpatient			5339		2132.36 UHC	Medicaid		1684.45	31.55			77.52	5072.05	percent of total billed charges	
DRAINAGE OF BURSA OF FOOT	28001	CPT	outpatient			5339		2132.36 United	Commercial/PPO		2493				77.52	5072.05	case rate	
DRAINAGE OF BURSA OF FOOT	28001	CPT	outpatient			5339		2132.36 United	Oxford		2493				77.52	5072.05	case rate	
DRAINAGE OF BURSA OF FOOT	28001	CPT	outpatient			5339		2132.36 Wellcare	Medicare		1854.23				77.52	5072.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAINAGE OF BURSA OF FOOT	28001	CPT	outpatient			5339		2132.36 Wellcare	Medicaid		1684.45	31.55			77.52	5072.05	percent of total billed charges	
DRAINAGE OF BURSA OF FOOT	28001	CPT	outpatient			5339		2132.36 WellPoint	WellPoint		1718.09	32.18			77.52	5072.05	percent of total billed charges	
FASCIOTOMY, FOOT AND OR TOE PERCU/OPEN	28008	CPT	outpatient			7898		4257.16 Aetna	Commercial		5893.39				334.34	7503.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FASCIOTOMY, FOOT AND OR TOE PERCU/OPEN	28008	CPT	outpatient			7898		4257.16 Aetna	Medicare		3701.88				334.34	7503.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FASCIOTOMY, FOOT AND OR TOE PERCU/OPEN	28008	CPT	outpatient			7898		4257.16 Aetna	Better Health		2491.82	31.55			334.34	7503.1	percent of total billed charges	
FASCIOTOMY, FOOT AND OR TOE PERCU/OPEN	28008	CPT	outpatient			7898		4257.16 Americare	Americare		5923.5	75			334.34	7503.1	percent of total billed charges	
FASCIOTOMY, FOOT AND OR TOE PERCU/OPEN	28008	CPT	outpatient			7898		4257.16 Amerihealth	Medicare		3701.88				334.34	7503.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FASCIOTOMY, FOOT AND OR TOE PERCU/OPEN	28008	CPT	outpatient			7898		4257.16 Amerihealth	HMO/PPO		5133.7	65			334.34	7503.1	percent of total billed charges	
FASCIOTOMY, FOOT AND OR TOE PERCU/OPEN	28008	CPT	outpatient			7898		4257.16 Consumer	Consumer		7503.1	95			334.34	7503.1	percent of total billed charges	
FASCIOTOMY, FOOT AND OR TOE PERCU/OPEN	28008	CPT	outpatient			7898		4257.16 Corrections	Corrections		6318.4	80			334.34	7503.1	percent of total billed charges	
FASCIOTOMY, FOOT AND OR TOE PERCU/OPEN	28008	CPT	outpatient			7898		4257.16 First Health	First Health		5528.6	70			334.34	7503.1	percent of total billed charges	
FASCIOTOMY, FOOT AND OR TOE PERCU/OPEN	28008	CPT	outpatient			7898		4257.16 First Trenton	First Trenton		7108.2	90			334.34	7503.1	percent of total billed charges	
FASCIOTOMY, FOOT AND OR TOE PERCU/OPEN	28008	CPT	outpatient			7898		4257.16 Horizon	Indemnity		6889.2				334.34	7503.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FASCIOTOMY, FOOT AND OR TOE PERCU/OPEN	28008	CPT	outpatient			7898		4257.16 Horizon	Medicare Blue		3701.88				334.34	7503.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FASCIOTOMY, FOOT AND OR TOE PERCU/OPEN	28008	CPT	outpatient			7898		4257.16 Horizon	NJ Health		334.34				334.34	7503.1	fee schedule	
FASCIOTOMY, FOOT AND OR TOE PERCU/OPEN	28008	CPT	outpatient			7898		4257.16 Horizon	MGD		6889.2				334.34	7503.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FASCIOTOMY, FOOT AND OR TOE PERCU/OPEN	28008	CPT	outpatient			7898		4257.16 Horizon	PPO		6889.2				334.34	7503.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FASCIOTOMY, FOOT AND OR TOE PERCU/OPEN	28008	CPT	outpatient			7898		4257.16 Managed Care Inc	Managed Care Inc		7108.2	90			334.34	7503.1	percent of total billed charges	
FASCIOTOMY, FOOT AND OR TOE PERCU/OPEN	28008	CPT	outpatient			7898		4257.16 Multiplan	Multiplan		6318.4	80			334.34	7503.1	percent of total billed charges	
FASCIOTOMY, FOOT AND OR TOE PERCU/OPEN	28008	CPT	outpatient			7898		4257.16 Qualcare	Qualcare		5923.5	75			334.34	7503.1	percent of total billed charges	
FASCIOTOMY, FOOT AND OR TOE PERCU/OPEN	28008	CPT	outpatient			7898		4257.16 Three Rivers	Three Rivers		7503.1	95			334.34	7503.1	percent of total billed charges	
FASCIOTOMY, FOOT AND OR TOE PERCU/OPEN	28008	CPT	outpatient			7898		4257.16 UHC	Medicaid		2491.82	31.55			334.34	7503.1	percent of total billed charges	
FASCIOTOMY, FOOT AND OR TOE PERCU/OPEN	28008	CPT	outpatient			7898		4257.16 UHC	Medicare		3701.88				334.34	7503.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FASCIOTOMY, FOOT AND OR TOE PERCU/OPEN	28008	CPT	outpatient			7898		4257.16 United	Commercial/PPO		2776				334.34	7503.1	case rate	
FASCIOTOMY, FOOT AND OR TOE PERCU/OPEN	28008	CPT	outpatient			7898		4257.16 United	Oxford		2776				334.34	7503.1	case rate	
FASCIOTOMY, FOOT AND OR TOE PERCU/OPEN	28008	CPT	outpatient			7898		4257.16 Wellcare	Medicaid		2491.82	31.55			334.34	7503.1	percent of total billed charges	
FASCIOTOMY, FOOT AND OR TOE PERCU/OPEN	28008	CPT	outpatient			7898		4257.16 Wellcare	Medicare		3701.88				334.34	7503.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FASCIOTOMY, FOOT AND OR TOE PERCU/OPEN	28008	CPT	outpatient			7898		4257.16 WellPoint	WellPoint		2541.58	32.18			334.34	7503.1	percent of total billed charges	
TENOTOMY, TOE PERCUT R,SINGLE TENDON	28010	CPT	outpatient			7898		2113.84 Aetna	Commercial		2926.29				113.69	7503.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENOTOMY, TOE PERCUT R,SINGLE TENDON	28010	CPT	outpatient			7898		2113.84 Aetna	Medicare		2432.58	30.8			113.69	7503.1	percent of total billed charges	
TENOTOMY, TOE PERCUT R,SINGLE TENDON	28010	CPT	outpatient			7898		2113.84 Aetna	Better Health		2491.82	31.55			113.69	7503.1	percent of total billed charges	
TENOTOMY, TOE PERCUT R,SINGLE TENDON	28010	CPT	outpatient			7898		2113.84 Americare	Americare		5923.5	75			113.69	7503.1	percent of total billed charges	
TENOTOMY, TOE PERCUT R,SINGLE TENDON	28010	CPT	outpatient			7898		2113.84 Amerihealth	Medicare		1838.12				113.69	7503.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENOTOMY, TOE PERCUT R,SINGLE TENDON	28010	CPT	outpatient			7898		2113.84 Amerihealth	HMO/PPO		5133.7	65			113.69	7503.1	percent of total billed charges	
TENOTOMY, TOE PERCUT R,SINGLE TENDON	28010	CPT	outpatient			7898		2113.84 Consumer	Consumer		7503.1	95			113.69	7503.1	percent of total billed charges	
TENOTOMY, TOE PERCUT R,SINGLE TENDON	28010	CPT	outpatient			7898		2113.84 Corrections	Corrections		6318.4	80			113.69	7503.1	percent of total billed charges	
TENOTOMY, TOE PERCUT R,SINGLE TENDON	28010	CPT	outpatient			7898		2113.84 First Health	First Health		5528.6	70			113.69	7503.1	percent of total billed charges	
TENOTOMY, TOE PERCUT R,SINGLE TENDON	28010	CPT	outpatient			7898		2113.84 First Trenton	First Trenton		7108.2	90			113.69	7503.1	percent of total billed charges	
TENOTOMY, TOE PERCUT R,SINGLE TENDON	28010	CPT	outpatient			7898		2113.84 Horizon	MGD		3420.74				113.69	7503.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENOTOMY, TOE PERCUT R,SINGLE TENDON	28010	CPT	outpatient			7898		2113.84 Horizon	NJ Health		113.69				113.69	7503.1	fee schedule	
TENOTOMY, TOE PERCUT R,SINGLE TENDON	28010	CPT	outpatient			7898		2113.84 Horizon	Indemnity		3420.74				113.69	7503.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENOTOMY, TOE PERCUT R,SINGLE TENDON	28010	CPT	outpatient			7898		2113.84 Horizon	Medicare Blue		1838.12				113.69	7503.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENOTOMY, TOE PERCUT R,SINGLE TENDON	28010	CPT	outpatient			7898		2113.84 Horizon	PPO		3420.74				113.69	7503.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENOTOMY, TOE PERCUT R,SINGLE TENDON	28010	CPT	outpatient			7898		2113.84 Managed Care Inc	Managed Care Inc		7108.2	90			113.69	7503.1	percent of total billed charges	
TENOTOMY, TOE PERCUT R,SINGLE TENDON	28010	CPT	outpatient			7898		2113.84 Multiplan	Multiplan		6318.4	80			113.69	7503.1	percent of total billed charges	
TENOTOMY, TOE PERCUT R,SINGLE TENDON	28010	CPT	outpatient			7898		2113.84 Qualcare	Qualcare		5923.5	75			113.69	7503.1	percent of total billed charges	
TENOTOMY, TOE PERCUT R,SINGLE TENDON	28010	CPT	outpatient			7898		2113.84 Three Rivers	Three Rivers		7503.1	95			113.69	7503.1	percent of total billed charges	
TENOTOMY, TOE PERCUT R,SINGLE TENDON	28010	CPT	outpatient			7898		2113.84 UHC	Medicare		1838.12				113.69	7503.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENOTOMY, TOE PERCUT R,SINGLE TENDON	28010	CPT	outpatient			7898		2113.84 UHC	Medicaid		2491.82	31.55			113.69	7503.1	percent of total billed charges	
TENOTOMY, TOE PERCUT R,SINGLE TENDON	28010	CPT	outpatient			7898		2113.84 United	Oxford		2776				113.69	7503.1	case rate	
TENOTOMY, TOE PERCUT R,SINGLE TENDON	28010	CPT	outpatient			7898		2113.84 United	Commercial/PPO		2776				113.69	7503.1	case rate	
TENOTOMY, TOE PERCUT R,SINGLE TENDON	28010	CPT	outpatient			7898		2113.84 Wellcare	Medicare		1838.12				113.69	7503.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENOTOMY, TOE PERCUT R,SINGLE TENDON	28010	CPT	outpatient			7898		2113.84 Wellcare	Medicaid		2491.82	31.55			113.69	7503.1	percent of total billed charges	
TENOTOMY, TOE PERCUT R,SINGLE TENDON	28010	CPT	outpatient			7898		2113.84 WellPoint	WellPoint		2541.58	32.18			113.69	7503.1	percent of total billed charges	
TENOTOMY, TOE PERCUT R,MULTIPLE TENDONS	28011	CPT	outpatient			7898		2113.84 Aetna	Commercial		2926.29				175.29	7503.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENOTOMY, TOE PERCUT R,MULTIPLE TENDONS	28011	CPT	outpatient			7898		2113.84 Aetna	Better Health		2491.82	31.55			175.29	7503.1	percent of total billed charges	
TENOTOMY, TOE PERCUT R,MULTIPLE TENDONS	28011	CPT	outpatient			7898		2113.84 Aetna	Medicare		1838.12				175.29	7503.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENOTOMY, TOE PERCUT R,MULTIPLE TENDONS	28011	CPT	outpatient			7898		2113.84 Americare	Americare		5923.5	75			175.29	7503.1	percent of total billed charges	
TENOTOMY, TOE PERCUT R,MULTIPLE TENDONS	28011	CPT	outpatient			7898		2113.84 Amerihealth	HMO/PPO		5133.7	65			175.29	7503.1	percent of total billed charges	
TENOTOMY, TOE PERCUT R,MULTIPLE TENDONS	28011	CPT	outpatient			7898		2113.84 Amerihealth	Medicare		1838.12				175.29	7503.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENOTOMY, TOE PERCUT R,MULTIPLE TENDONS	28011	CPT	outpatient			7898		2113.84 Consumer	Consumer		7503.1	95			175.29	7503.1	percent of total billed charges	
TENOTOMY, TOE PERCUT R,MULTIPLE TENDONS	28011	CPT	outpatient			7898		2113.84 Corrections	Corrections		6318.4	80			175.29	7503.1	percent of total billed charges	
TENOTOMY, TOE PERCUT R,MULTIPLE TENDONS	28011	CPT	outpatient			7898		2113.84 First Health	First Health		5528.6	70			175.29	7503.1	percent of total billed charges	
TENOTOMY, TOE PERCUT R,MULTIPLE TENDONS	28011	CPT	outpatient			7898		2113.84 First Trenton	First Trenton		7108.2	90			175.29	7503.1	percent of total billed charges	
TENOTOMY, TOE PERCUT R,MULTIPLE TENDONS	28011	CPT	outpatient			7898		2113.84 Horizon	Indemnity		3420.74				175.29	7503.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENOTOMY, TOE PERCUT R,MULTIPLE TENDONS	28011	CPT	outpatient			7898		2113.84 Horizon	Medicare Blue		1838.12				175.29	7503.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENOTOMY, TOE PERCUT R,MULTIPLE TENDONS	28011	CPT	outpatient			7898		2113.84 Horizon	NJ Health		175.29				175.29	7503.1	fee schedule	
TENOTOMY, TOE PERCUT R,MULTIPLE TENDONS	28011	CPT	outpatient			7898		2113.84 Horizon	MGD		3420.74				175.29	7503.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENOTOMY, TOE PERCUT R,MULTIPLE TENDONS	28011	CPT	outpatient			7898		2113.84 Horizon	PPO		3420.74				175.29	7503.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENOTOMY, TOE PERCUT R,MULTIPLE TENDONS	28011	CPT	outpatient			7898		2113.84 Managed Care Inc	Managed Care Inc		7108.2	90			175.29	7503.1	percent of total billed charges	
TENOTOMY, TOE PERCUT R,MULTIPLE TENDONS	28011	CPT	outpatient			7898		2113.84 Multiplan	Multiplan		6318.4	80			175.29	7503.1	percent of total billed charges	
TENOTOMY, TOE PERCUT R,MULTIPLE TENDONS	28011	CPT	outpatient			7898		2113.84 Qualcare	Qualcare		5923.5	75			175.29	7503.1	percent of total billed charges	
TENOTOMY, TOE PERCUT R,MULTIPLE TENDONS	28011	CPT	outpatient			7898		2113.84 Three Rivers	Three Rivers		7503.1	95			175.29	7503.1	percent of total billed charges	
TENOTOMY, TOE PERCUT R,MULTIPLE TENDONS	28011	CPT	outpatient			7898		2113.84 UHC	Medicaid		2491.82	31.55			175.29	7503.1	percent of total billed charges	
TENOTOMY, TOE PERCUT R,MULTIPLE TENDONS	28011	CPT	outpatient			7898		2113.84 UHC	Medicare		1838.12				175.29	7503.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENOTOMY, TOE PERCUT R,MULTIPLE TENDONS	28011	CPT	outpatient			7898		2113.84 United	Commercial/PPO		2776				175.29	7503.1	case rate	
TENOTOMY, TOE PERCUT R,MULTIPLE TENDONS	28011	CPT	outpatient			7898		2113.84 United	Oxford		2776				175.29	7503.1	case rate	
TENOTOMY, TOE PERCUT R,MULTIPLE TENDONS	28011	CPT	outpatient			7898		2113.84 Wellcare	Medicare		1838.12				175.29	7503.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENOTOMY, TOE PERCUT R,MULTIPLE TENDONS	28011	CPT	outpatient			7898		2113.84 Wellcare	Medicaid		2491.82	31.55			175.29	7503.1	percent of total billed charges	
TENOTOMY, TOE PERCUT R,MULTIPLE TENDONS	28011	CPT	outpatient			7898		2113.84 WellPoint	WellPoint		2541.58	32.18			175.29	7503.1	percent of total billed charges	
EXCISION TUMOR FOOT SUBCUT	28043	CPT	outpatient			5464		2132.36 Aetna	Medicare		1854.23				124.89	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION TUMOR FOOT SUBCUT	28043	CPT	outpatient			5464		2132.36 Aetna	Better Health		1723.89	31.55			124.89	5190.8	percent of total billed charges	
EXCISION TUMOR FOOT SUBCUT	28043	CPT	outpatient			5464		2132.36 Aetna	Commercial		2951.93				124.89	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION TUMOR FOOT SUBCUT	28043	CPT	outpatient			5464		2132.36 Americare	Americare		4098	75			124.89	5190.8	percent of total billed charges	
EXCISION TUMOR FOOT SUBCUT	28043	CPT	outpatient			5464		2132.36 Amerihealth	Medicare		1854.23				124.89	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION TUMOR FOOT SUBCUT	28043	CPT	outpatient			5464		2132.36 Amerihealth	HMO/PPO		3551.6	65			124.89	5190.8	percent of total billed charges	
EXCISION TUMOR FOOT SUBCUT	28043	CPT	outpatient			5464		2132.36 Consumer	Consumer		5190.8	95			124.89	5190.8	percent of total billed charges	
EXCISION TUMOR FOOT SUBCUT	28043	CPT	outpatient			5464		2132.36 Corrections	Corrections		4371.2	80			124.89	5190.8	percent of total billed charges	
EXCISION TUMOR FOOT SUBCUT	28043	CPT	outpatient			5464		2132.36 First Health	First Health		3824.8	70			124.89	5190.8	percent of total billed charges	
EXCISION TUMOR FOOT SUBCUT	28043	CPT	outpatient			5464		2132.36 First Trenton	First Trenton		4917.6	90			124.89	5190.8	percent of total billed charges	
EXCISION TUMOR FOOT SUBCUT	28043	CPT	outpatient			5464		2132.36 Horizon	Indemnity		3450.72				124.89	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION TUMOR FOOT SUBCUT	28043	CPT	outpatient			5464		2132.36 Horizon	MGD		3450.72				124.89	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION TUMOR FOOT SUBCUT	28043	CPT	outpatient			5464		2132.36 Horizon	NJ Health		124.89				124.89	5190.8	fee schedule	
EXCISION TUMOR FOOT SUBCUT	28043	CPT	outpatient			5464		2132.36 Horizon	Medicare Blue		1854.23				124.89	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION TUMOR FOOT SUBCUT	28043	CPT	outpatient			5464		2132.36 Horizon	PPO		3450.72				124.89	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION TUMOR FOOT SUBCUT	28043	CPT	outpatient			5464		2132.36 Managed Care Inc	Managed Care Inc		4917.6	90			124.89	5190.8	percent of total billed charges	
EXCISION TUMOR FOOT SUBCUT	28043	CPT	outpatient			5464		2132.36 Multiplan	Multiplan		4371.2	80			124.89	5190.8	percent of total billed charges	
EXCISION TUMOR FOOT SUBCUT	28043	CPT	outpatient			5464		2132.36 Qualcare	Qualcare		4098	75			124.89	5190.8	percent of total billed charges	
EXCISION TUMOR FOOT SUBCUT	28043	CPT	outpatient			5464		2132.36 Three Rivers	Three Rivers		5190.8	95			124.89	5190.8	percent of total billed charges	
EXCISION TUMOR FOOT SUBCUT	28043	CPT	outpatient			5464		2132.36 UHC	Medicaid		1723.89	31.55			124.89	5190.8	percent of total billed charges	
EXCISION TUMOR FOOT SUBCUT	28043	CPT	outpatient			5464		2132.36 UHC	Medicare		1854.23				124.89	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION TUMOR FOOT SUBCUT	28043	CPT	outpatient			5464		2132.36 United	Commercial/PPO		2493				124.89	5190.8	case rate	
EXCISION TUMOR FOOT SUBCUT	28043	CPT	outpatient			5464		2132.36 United	Oxford		2493				124.89	5190.8	case rate	
EXCISION TUMOR FOOT SUBCUT	28043	CPT	outpatient			5464		2132.36 Wellcare	Medicaid		1723.89	31.55			124.89	5190.8	percent of total billed charges	
EXCISION TUMOR FOOT SUBCUT	28043	CPT	outpatient			5464		2132.36 Wellcare	Medicare		1854.23				124.89	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION TUMOR FOOT SUBCUT	28043	CPT	outpatient			5464		2132.36 WellPoint	WellPoint		1758.32	32.18			124.89	5190.8	percent of total billed charges	
EXCISION, TOE	28092	CPT	outpatient			5229		2113.84 Aetna	Commercial		2926.29				262.7	4967.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION LESION, TOE	28092	CPT	outpatient			5229		2113.84 Aetna	Medicare		1610.53	30.8			262.7	4967.55	percent of total billed charges	
EXCISION LESION, TOE	28092	CPT	outpatient			5229		2113.84 Aetna	Better Health		1649.75	31.55			262.7	4967.55	percent of total billed charges	
EXCISION LESION, TOE	28092	CPT	outpatient			5229		2113.84 Americare	Americare		3921.75	75			262.7	4967.55	percent of total billed charges	
EXCISION LESION, TOE	28092	CPT	outpatient			5229		2113.84 Amerihealth	HMO/PPO		3398.85	65			262.7	4967.55	percent of total billed charges	
EXCISION LESION, TOE	28092	CPT	outpatient			5229		2113.84 Amerihealth	Medicare		1838.12				262.7	4967.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION LESION, TOE	28092	CPT	outpatient			5229		2113.84 Consumer	Consumer		4967.55	95			262.7	4967.55	percent of total billed charges	
EXCISION LESION, TOE	28092	CPT	outpatient			5229		2113.84 Corrections	Corrections		4183.2	80			262.7	4967.55	percent of total billed charges	
EXCISION LESION, TOE	28092	CPT	outpatient			5229		2113.84 First Health	First Health		3660.3	70			262.7	4967.55	percent of total billed charges	
EXCISION LESION, TOE	28092	CPT	outpatient			5229		2113.84 First Trenton	First Trenton		4706.1	90			262.7	4967.55	percent of total billed charges	
EXCISION LESION, TOE	28092	CPT	outpatient			5229		2113.84 Horizon	MGD		3420.74				262.7	4967.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION LESION, TOE	28092	CPT	outpatient			5229		2113.84 Horizon	Medicare Blue		1838.12				262.7	4967.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION LESION, TOE	28092	CPT	outpatient			5229		2113.84 Horizon	NJ Health		262.7				262.7	4967.55	fee schedule	
EXCISION LESION, TOE	28092	CPT	outpatient			5229		2113.84 Horizon	Indemnity		3420.74				262.7	4967.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION LESION, TOE	28092	CPT	outpatient			5229		2113.84 Horizon	PPO		3420.74				262.7	4967.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION LESION, TOE	28092	CPT	outpatient			5229		2113.84 Managed Care Inc	Managed Care Inc		4706.1	90			262.7	4967.55	percent of total billed charges	
EXCISION LESION, TOE	28092	CPT	outpatient			5229		2113.84 Multiplan	Multiplan		4183.2	80			262.7	4967.55	percent of total billed charges	
EXCISION LESION, TOE	28092	CPT	outpatient			5229		2113.84 Qualcare	Qualcare		3921.75	75			262.7	4967.55	percent of total billed charges	
EXCISION LESION, TOE	28092	CPT	outpatient			5229		2113.84 Three Rivers	Three Rivers		4967.55	95			262.7	4967.55	percent of total billed charges	
EXCISION LESION, TOE	28092	CPT	outpatient			5229		2113.84 UHC	Medicaid		1649.75	31.55			262.7	4967.55	percent of total billed charges	
EXCISION LESION, TOE	28092	CPT	outpatient			5229		2113.84 UHC	Medicare		1838.12				262.7	4967.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION LESION, TOE	28092	CPT	outpatient			5229		2113.84 United	Oxford		2776				262.7	4967.55	case rate	
EXCISION LESION, TOE	28092	CPT	outpatient			5229		2113.84 United	Commercial/PPO		2776				262.7	4967.55	case rate	
EXCISION LESION, TOE	28092	CPT	outpatient			5229		2113.84 Wellcare	Medicaid		1649.75	31.55			262.7	4967.55	percent of total billed charges	
EXCISION LESION, TOE	28092	CPT	outpatient			5229		2113.84 Wellcare	Medicare		1838.12				262.7	4967.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION LESION, TOE	28092	CPT	outpatient			5229		2113.84 WellPoint	WellPoint		1682.69	32.18			262.7

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
OSTCTMY;CMPLT 1ST METATRSAL HD	28111	CPT	outpatient				11171	4257.16	Aetna	Medicare		3701.88				524.66	10612.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OSTCTMY;CMPLT 1ST METATRSAL HD	28111	CPT	outpatient				11171	4257.16	Americare	Americare		8378.25	75			524.66	10612.45	percent of total billed charges	
OSTCTMY;CMPLT 1ST METATRSAL HD	28111	CPT	outpatient				11171	4257.16	Amerihealth	HMO/PPO		7261.15	65			524.66	10612.45	percent of total billed charges	
OSTCTMY;CMPLT 1ST METATRSAL HD	28111	CPT	outpatient				11171	4257.16	Amerihealth	Medicare		3701.88				524.66	10612.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OSTCTMY;CMPLT 1ST METATRSAL HD	28111	CPT	outpatient				11171	4257.16	Consumer	Consumer		10612.45	95			524.66	10612.45	percent of total billed charges	
OSTCTMY;CMPLT 1ST METATRSAL HD	28111	CPT	outpatient				11171	4257.16	Corrections	Corrections		8936.8	80			524.66	10612.45	percent of total billed charges	
OSTCTMY;CMPLT 1ST METATRSAL HD	28111	CPT	outpatient				11171	4257.16	First Health	First Health		7819.7	70			524.66	10612.45	percent of total billed charges	
OSTCTMY;CMPLT 1ST METATRSAL HD	28111	CPT	outpatient				11171	4257.16	First Trenton	First Trenton		10053.9	90			524.66	10612.45	percent of total billed charges	
OSTCTMY;CMPLT 1ST METATRSAL HD	28111	CPT	outpatient				11171	4257.16	Horizon	NJ Health		524.66				524.66	10612.45	fee schedule	
OSTCTMY;CMPLT 1ST METATRSAL HD	28111	CPT	outpatient				11171	4257.16	Horizon	Indemnity		6889.2				524.66	10612.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OSTCTMY;CMPLT 1ST METATRSAL HD	28111	CPT	outpatient				11171	4257.16	Horizon	Medicare Blue		3701.88				524.66	10612.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OSTCTMY;CMPLT 1ST METATRSAL HD	28111	CPT	outpatient				11171	4257.16	Horizon	MGD		6889.2				524.66	10612.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OSTCTMY;CMPLT 1ST METATRSAL HD	28111	CPT	outpatient				11171	4257.16	Horizon	PPO		6889.2				524.66	10612.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OSTCTMY;CMPLT 1ST METATRSAL HD	28111	CPT	outpatient				11171	4257.16	Managed Care Inc	Managed Care Inc		10053.9	90			524.66	10612.45	percent of total billed charges	
OSTCTMY;CMPLT 1ST METATRSAL HD	28111	CPT	outpatient				11171	4257.16	Multiplan	Multiplan		8936.8	80			524.66	10612.45	percent of total billed charges	
OSTCTMY;CMPLT 1ST METATRSAL HD	28111	CPT	outpatient				11171	4257.16	Qualcare	Qualcare		8378.25	75			524.66	10612.45	percent of total billed charges	
OSTCTMY;CMPLT 1ST METATRSAL HD	28111	CPT	outpatient				11171	4257.16	Three Rivers	Three Rivers		10612.45	95			524.66	10612.45	percent of total billed charges	
OSTCTMY;CMPLT 1ST METATRSAL HD	28111	CPT	outpatient				11171	4257.16	UHC	Medicare		3701.88				524.66	10612.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OSTCTMY;CMPLT 1ST METATRSAL HD	28111	CPT	outpatient				11171	4257.16	UHC	Medicaid		3524.45	31.55			524.66	10612.45	percent of total billed charges	
OSTCTMY;CMPLT 1ST METATRSAL HD	28111	CPT	outpatient				11171	4257.16	United	Oxford		2776				524.66	10612.45	case rate	
OSTCTMY;CMPLT 1ST METATRSAL HD	28111	CPT	outpatient				11171	4257.16	United	Commercial|PPO		2776				524.66	10612.45	case rate	
OSTCTMY;CMPLT 1ST METATRSAL HD	28111	CPT	outpatient				11171	4257.16	Wellcare	Medicare		3701.88				524.66	10612.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OSTCTMY;CMPLT 1ST METATRSAL HD	28111	CPT	outpatient				11171	4257.16	Wellcare	Medicaid		3524.45	31.55			524.66	10612.45	percent of total billed charges	
OSTCTMY;CMPLT 1ST METATRSAL HD	28111	CPT	outpatient				11171	4257.16	WellPoint	WellPoint		3594.83	32.18			524.66	10612.45	percent of total billed charges	
REMOVAL FB SUBCUT FOOT	28190	CPT	outpatient				2375	925.36	Aetna	Commercial		1281.02				98.66	2256.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL FB SUBCUT FOOT	28190	CPT	outpatient				2375	925.36	Aetna	Medicare		804.66				98.66	2256.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL FB SUBCUT FOOT	28190	CPT	outpatient				2375	925.36	Aetna	Better Health		749.31	31.55			98.66	2256.25	percent of total billed charges	
REMOVAL FB SUBCUT FOOT	28190	CPT	outpatient				2375	925.36	Americare	Americare		1781.25	75			98.66	2256.25	percent of total billed charges	
REMOVAL FB SUBCUT FOOT	28190	CPT	outpatient				2375	925.36	Amerihealth	Medicare		804.66				98.66	2256.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL FB SUBCUT FOOT	28190	CPT	outpatient				2375	925.36	Amerihealth	HMO/PPO		1543.75	65			98.66	2256.25	percent of total billed charges	
REMOVAL FB SUBCUT FOOT	28190	CPT	outpatient				2375	925.36	Consumer	Consumer		2256.25	95			98.66	2256.25	percent of total billed charges	
REMOVAL FB SUBCUT FOOT	28190	CPT	outpatient				2375	925.36	Corrections	Corrections		1900	80			98.66	2256.25	percent of total billed charges	
REMOVAL FB SUBCUT FOOT	28190	CPT	outpatient				2375	925.36	First Health	First Health		1662.5	70			98.66	2256.25	percent of total billed charges	
REMOVAL FB SUBCUT FOOT	28190	CPT	outpatient				2375	925.36	First Trenton	First Trenton		2137.5	90			98.66	2256.25	percent of total billed charges	
REMOVAL FB SUBCUT FOOT	28190	CPT	outpatient				2375	925.36	Horizon	Medicare Blue		804.66				98.66	2256.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL FB SUBCUT FOOT	28190	CPT	outpatient				2375	925.36	Horizon	Indemnity		1497.47				98.66	2256.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL FB SUBCUT FOOT	28190	CPT	outpatient				2375	925.36	Horizon	MGD		1497.47				98.66	2256.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL FB SUBCUT FOOT	28190	CPT	outpatient				2375	925.36	Horizon	NJ Health		98.66				98.66	2256.25	fee schedule	
REMOVAL FB SUBCUT FOOT	28190	CPT	outpatient				2375	925.36	Horizon	PPO		1497.47				98.66	2256.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL FB SUBCUT FOOT	28190	CPT	outpatient				2375	925.36	Managed Care Inc	Managed Care Inc		2137.5	90			98.66	2256.25	percent of total billed charges	
REMOVAL FB SUBCUT FOOT	28190	CPT	outpatient				2375	925.36	Multiplan	Multiplan		1900	80			98.66	2256.25	percent of total billed charges	
REMOVAL FB SUBCUT FOOT	28190	CPT	outpatient				2375	925.36	Qualcare	Qualcare		1781.25	75			98.66	2256.25	percent of total billed charges	
REMOVAL FB SUBCUT FOOT	28190	CPT	outpatient				2375	925.36	Three Rivers	Three Rivers		2256.25	95			98.66	2256.25	percent of total billed charges	
REMOVAL FB SUBCUT FOOT	28190	CPT	outpatient				2375	925.36	UHC	Medicare		804.66				98.66	2256.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL FB SUBCUT FOOT	28190	CPT	outpatient				2375	925.36	UHC	Medicaid		749.31	31.55			98.66	2256.25	percent of total billed charges	
REMOVAL FB SUBCUT FOOT	28190	CPT	outpatient				2375	925.36	United	Commercial|PPO		1817				98.66	2256.25	case rate	
REMOVAL FB SUBCUT FOOT	28190	CPT	outpatient				2375	925.36	United	Oxford		1817				98.66	2256.25	case rate	
REMOVAL FB SUBCUT FOOT	28190	CPT	outpatient				2375	925.36	Wellcare	Medicare		804.66				98.66	2256.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL FB SUBCUT FOOT	28190	CPT	outpatient				2375	925.36	Wellcare	Medicaid		749.31	31.55			98.66	2256.25	percent of total billed charges	
REMOVAL FB SUBCUT FOOT	28190	CPT	outpatient				2375	925.36	WellPoint	WellPoint		764.28	32.18			98.66	2256.25	percent of total billed charges	
REMOVAL FB FOOT DEEP	28192	CPT	outpatient				5464	2132.36	Aetna	Better Health		1723.89	31.55			186.35	5190.8	percent of total billed charges	
REMOVAL FB FOOT DEEP	28192	CPT	outpatient				5464	2132.36	Aetna	Commercial		2951.93				186.35	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL FB FOOT DEEP	28192	CPT	outpatient				5464	2132.36	Aetna	Medicare		1854.23				186.35	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL FB FOOT DEEP	28192	CPT	outpatient				5464	2132.36	Americare	Americare		4098	75			186.35	5190.8	percent of total billed charges	
REMOVAL FB FOOT DEEP	28192	CPT	outpatient				5464	2132.36	Amerihealth	HMO/PPO		3551.6	65			186.35	5190.8	percent of total billed charges	
REMOVAL FB FOOT DEEP	28192	CPT	outpatient				5464	2132.36	Amerihealth	Medicare		1854.23				186.35	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL FB FOOT DEEP	28192	CPT	outpatient				5464	2132.36	Consumer	Consumer		5190.8	95			186.35	5190.8	percent of total billed charges	
REMOVAL FB FOOT DEEP	28192	CPT	outpatient				5464	2132.36	Corrections	Corrections		4371.2	80			186.35	5190.8	percent of total billed charges	
REMOVAL FB FOOT DEEP	28192	CPT	outpatient				5464	2132.36	First Health	First Health		3824.8	70			186.35	5190.8	percent of total billed charges	
REMOVAL FB FOOT DEEP	28192	CPT	outpatient				5464	2132.36	First Trenton	First Trenton		4917.6	90			186.35	5190.8	percent of total billed charges	
REMOVAL FB FOOT DEEP	28192	CPT	outpatient				5464	2132.36	Horizon	NJ Health		186.35				186.35	5190.8	fee schedule	
REMOVAL FB FOOT DEEP	28192	CPT	outpatient				5464	2132.36	Horizon	Indemnity		3450.72				186.35	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL FB FOOT DEEP	28192	CPT	outpatient				5464	2132.36	Horizon	Medicare Blue		1854.23				186.35	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL FB FOOT DEEP	28192	CPT	outpatient				5464	2132.36	Horizon	MGD		3450.72				186.35	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL FB FOOT DEEP	28192	CPT	outpatient				5464	2132.36	Horizon	PPO		3450.72				186.35	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL FB FOOT DEEP	28192	CPT	outpatient				5464	2132.36	Managed Care Inc	Managed Care Inc		4917.6	90			186.35	5190.8	percent of total billed charges	
REMOVAL FB FOOT DEEP	28192	CPT	outpatient				5464	2132.36	Multiplan	Multiplan		4371.2	80			186.35	5190.8	percent of total billed charges	
REMOVAL FB FOOT DEEP	28192	CPT	outpatient				5464	2132.36	Qualcare	Qualcare		4098	75			186.35	5190.8	percent of total billed charges	
REMOVAL FB FOOT DEEP	28192	CPT	outpatient				5464	2132.36	Three Rivers	Three Rivers		5190.8	95			186.35	5190.8	percent of total billed charges	
REMOVAL FB FOOT DEEP	28192	CPT	outpatient				5464	2132.36	UHC	Medicaid		1723.89	31.55			186.35	5190.8	percent of total billed charges	
REMOVAL FB FOOT DEEP	28192	CPT	outpatient				5464	2132.36	UHC	Medicare		1854.23				186.35	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL FB FOOT DEEP	28192	CPT	outpatient				5464	2132.36	United	Oxford		2493				186.35	5190.8	case rate	
REMOVAL FB FOOT DEEP	28192	CPT	outpatient				5464	2132.36	United	Commercial|PPO		2493				186.35	5190.8	case rate	
REMOVAL FB FOOT DEEP	28192	CPT	outpatient				5464	2132.36	Wellcare	Medicare		1854.23				186.35	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL FB FOOT DEEP	28192	CPT	outpatient				5464	2132.36	Wellcare	Medicaid		1723.89	31.55			186.35	5190.8	percent of total billed charges	
REMOVAL FB FOOT DEEP	28192	CPT	outpatient				5464	2132.36	WellPoint	WellPoint		1758.32	32.18			186.35	5190.8	percent of total billed charges	
REMOVAL FB COMPLICATED FOOT	28193	CPT	outpatient				5464	2132.36	Aetna	Better Health		1723.89	31.55			186.35	5190.8	percent of total billed charges	
REMOVAL FB COMPLICATED FOOT	28193	CPT	outpatient				5464	2132.36	Aetna	Commercial		2951.93				186.35	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL FB COMPLICATED FOOT	28193	CPT	outpatient				5464	2132.36	Aetna	Medicare		1854.23				186.35	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL FB COMPLICATED FOOT	28193	CPT	outpatient				5464	2132.36	Americare	Americare		4098	75			186.35	5190.8	percent of total billed charges	
REMOVAL FB COMPLICATED FOOT	28193	CPT	outpatient				5464	2132.36	Amerihealth	HMO/PPO		3551.6	65			186.35	5190.8	percent of total billed charges	
REMOVAL FB COMPLICATED FOOT	28193	CPT	outpatient				5464	2132.36	Amerihealth	Medicare		1854.23				186.35	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL FB COMPLICATED FOOT	28193	CPT	outpatient				5464	2132.36	Consumer	Consumer		5190.8	95			186.35	5190.8	percent of total billed charges	
REMOVAL FB COMPLICATED FOOT	28193	CPT	outpatient				5464	2132.36	Corrections	Corrections		4371.2	80			186.35	5190.8	percent of total billed charges	
REMOVAL FB COMPLICATED FOOT	28193	CPT	outpatient				5464	2132.36	First Health	First Health		3824.8	70			186.35	5190.8	percent of total billed charges	
REMOVAL FB COMPLICATED FOOT	28193	CPT	outpatient				5464	2132.36	First Trenton	First Trenton		4917.6	90			186.35	5190.8	percent of total billed charges	
REMOVAL FB COMPLICATED FOOT	28193	CPT	outpatient				5464	2132.36	Horizon	NJ Health		186.35				186.35	5190.8	fee schedule	
REMOVAL FB COMPLICATED FOOT	28193	CPT	outpatient				5464	2132.36	Horizon	Indemnity		3450.72				186.35	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL FB COMPLICATED FOOT	28193	CPT	outpatient				5464	2132.36	Horizon	Medicare Blue		1854.23				186.35	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL FB COMPLICATED FOOT	28193	CPT	outpatient				5464	2132.36	Horizon	MGD		3450.72				186.35	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL FB COMPLICATED FOOT	28193	CPT	outpatient				5464	2132.36	Horizon	PPO		3450.72				186.35	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL FB COMPLICATED FOOT	28193	CPT	outpatient				5464	2132.36	Managed Care Inc	Managed Care Inc		4917.6	90			186.35	5190.8	percent of total billed charges	
REMOVAL FB COMPLICATED FOOT	28193	CPT	outpatient				5464	2132.36	Multiplan	Multiplan		4371.2	80			186.35	5190.8	percent of total billed charges	
REMOVAL FB COMPLICATED FOOT	28193	CPT	outpatient				5464	2132.36	Qualcare	Qualcare		4098	75			186.35	5190.8	percent of total billed charges	
REMOVAL FB COMPLICATED FOOT	28193	CPT	outpatient				5464	2132.36	Three Rivers	Three Rivers		5190.8	95			186.35	5190.8	percent of total billed charges	
REMOVAL FB COMPLICATED FOOT	28193	CPT	outpatient				5464	2132.36	UHC	Medicaid		1723.89	31.55			186.35	5190.8	percent of total billed charges	
REMOVAL FB COMPLICATED FOOT	28193	CPT	outpatient				5464	2132.36	UHC	Medicare		1854.23				186.35	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL FB COMPLICATED FOOT	28193	CPT	outpatient				5464	2132.36	United	Commercial|PPO		1817				186.35	5190.8	case rate	
REMOVAL FB COMPLICATED FOOT	28193	CPT	outpatient				5464	2132.36	United	Oxford		1817				186.35	5190.8	case rate	
REMOVAL FB COMPLICATED FOOT	28193	CPT	outpatient				5464	2132.36	Wellcare	Medicare		1854.23				186.35	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL FB COMPLICATED FOOT	28193	CPT	outpatient				5464	2132.36	Wellcare	Medicaid		1723.89	31.55			186.35	5190.8	percent of total billed charges	
REMOVAL FB COMPLICATED FOOT	28193	CPT	outpatient				5464	2132.36	WellPoint	WellPoint		1758.32	32.18			186.35	5190.8	percent of total billed charges	
REP FLEX TEND 1ST W/O GRAFT	28200	CPT	outpatient				6807	4257.16	Aetna	Better Health		2147.61	31.55			450.25	6889.2	percent of total billed charges	
REP FLEX TEND 1ST W/O GRAFT	28200	CPT	outpatient				6807	4257.16	Aetna	Medicare		2096.56	30.8			450.25	6889.2	percent of total billed charges	
REP FLEX TEND 1ST W/O GRAFT	28200	CPT	outpatient				6807	4257.16	Aetna	Commercial		5893.39				450.25	6889.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP FLEX TEND 1ST W/O GRAFT	28200	CPT	outpatient				6807	4257.16	Americare	Americare		5105.25	75			450.25	6889.2	percent of total billed charges	
REP FLEX TEND 1ST W/O GRAFT	28200	CPT	outpatient				6807	4257.16	Amerihealth	HMO/PPO		4424.55	65			450.25	6889.2	percent of total billed charges	
REP FLEX TEND 1ST W/O GRAFT	28200	CPT	outpatient				6807	4257.16	Amerihealth	Medicare		3701.88				450.25	6889.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP FLEX TEND 1ST W/O GRAFT	28200	CPT	outpatient				6807	4257.16	Consumer	Consumer		6466.65	95			450.25	6889.2	percent of total billed charges	
REP FLEX TEND 1ST W/O GRAFT	28200	CPT	outpatient				6807	4257.16	Corrections	Corrections		5445.6	80			450.25	6889.2	percent of total billed charges	
REP FLEX TEND 1ST W/O GRAFT	28200	CPT	outpatient				6807	4257.16	First Health	First Health		4764.9	70			450.25	6889.2	percent of total billed charges	
REP FLEX TEND 1ST W/O GRAFT	28200	CPT	outpatient				6807	4257.16	First Trenton	First Trenton		6126.3	90			450.25	6889.2	percent of total billed charges	
REP FLEX TEND 1ST W/O GRAFT	28200	CPT	outpatient				6807	4257.16	Horizon	NJ Health		450.25				450.25	6889.2	fee schedule	
REP FLEX TEND 1ST W/O GRAFT	28200	CPT	outpatient				6807	4257.16	Horizon	Indemnity		6889.2				450.25	6889.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP FLEX TEND 1ST W/O GRAFT	28200	CPT	outpatient				6807	4257.16	Horizon	Medicare Blue		3701.88				450.25	6889.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP FLEX TEND 1ST W/O GRAFT	28200	CPT	outpatient				6807	4257.16	Horizon	PPO		6889.2				450.25	6889.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP FLEX TEND 1ST W/O GRAFT	28200	CPT	outpatient				6807	4257.16	Horizon	MGD		6889.2				450.25	6889.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP FLEX TEND 1ST W/O GRAFT	28200	CPT	outpatient				6807	4257.16	Managed Care Inc	Managed Care Inc		6126.3	90			450.25	6889.2	percent of total billed charges	
REP FLEX TEND 1ST W/O GRAFT	28200	CPT	outpatient				6807	4257.16	Multiplan	Multiplan		5445.6	80			450.25	6889.2	percent of total billed charges	
REP FLEX TEND 1ST W/O GRAFT	28200	CPT	outpatient				6807	4257.16	Qualcare	Qualcare		5105.25	75			450.25	6889.2	percent of total billed charges	
REP FLEX TEND 1ST W/O GRAFT	28200	CPT	outpatient				6807	4257.16	Three Rivers	Three Rivers		6466.65	95			450.25	6889.2	percent of total billed charges	
REP FLEX TEND 1ST W/O GRAFT	28200	CPT	outpatient				6807	4257.16	UHC	Medicare		3701.88				450.25	6889.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP FLEX TEND 1ST W/O GRAFT	28200	CPT	outpatient				6807	4257.16	UHC	Medicaid		2147.61	31.55			450.25	6889.2	percent of total billed charges	
REP FLEX TEND 1ST W/O GRAFT	28200	CPT	outpatient				6807	4257.16	United	Commercial|PPO		2776				450.25	6889.2	case rate	
REP FLEX TEND 1ST W/O GRAFT	28200	CPT	outpatient				6807	4257.16	United	Oxford		2776				450.25	6889.2	case rate	
REP FLEX TEND 1ST W/O GRAFT	28200	CPT	outpatient				6807	4257.16	Wellcare	Medicare		3701.88				450.25	6889.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP FLEX TEND 1ST W/O GRAFT	28200	CPT	outpatient				6807	4257.16	Wellcare	Medicaid		2147.61	31.55			450.25	6889.2	percent of total billed charges	
REP FLEX TEND 1ST W/O GRAFT	28200	CPT	outpatient				6807	4257.16	WellPoint	WellPoint		2190.49	32.18			450.25	6889.2	percent of total billed charges	
REP TENDON/EXT, FOOT, EACH	28208	CPT	outpatient				6765	4257.16	Aetna	Better Health		2134.36	31.55			334.34	6889.2	percent of total billed charges	
REP TENDON/EXT, FOOT, EACH	28208	CPT	outpatient				6765	4257.16	Aetna	Commercial		5893.39				334.34	6889.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP TENDON/EXT, FOOT, EACH	28208	CPT	outpatient				6765	4257.16	Aetna	Medicare		3701.88				334.34	6889.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP TENDON/EXT, FOOT, EACH	28208	CPT	outpatient				6765	4257.16	Americare	Americare		5073.75	75			334.34	6889.2	percent of total billed charges	
REP TENDON/EXT, FOOT, EACH	28208	CPT	outpatient				6765	4257.16	Amerihealth	HMO/PPO		4397.25	65			334.34	6889.2	percent of total billed charges	
REP TENDON/EXT, FOOT, EACH	28208	CPT	outpatient				6765	4257.16	Amerihealth	Medicare		3701.88				334.34	6889.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP TENDON/EXT, FOOT, EACH	28208	CPT	outpatient				6765	4257.16	Consumer	Consumer		6426.75	95			334.34	6889.2	percent of total billed charges	
REP TENDON/EXT, FOOT, EACH	28208	CPT	outpatient				6765	4257.16	Corrections	Corrections		5412	80			334.34	6889.2	percent of total billed charges	
REP TENDON/EXT, FOOT, EACH	28208	CPT	outpatient				6765	4257.16	First Health	First Health		4735.5	70			334.34	6889.2	percent of total billed charges	
REP TENDON/EXT, FOOT, EACH	28208	CPT	outpatient				6765	4257.16	First Trenton	First Trenton		6088.5	90			334.34	6889.2	percent of total billed charges	
REP TENDON/EXT, FOOT, EACH	28208	CPT	outpatient				6765	4257.16	Horizon	NJ Health		334.34				334.34	6889.2	fee schedule	
REP TENDON/EXT, FOOT, EACH	28208	CPT	outpatient				6765	4257.16	Horizon	MGD		6889.2				334.34	6889.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP TENDON/EXT, FOOT, EACH	28208	CPT	outpatient				6765	4257.16	Horizon	Indemnity		6889.2				334.34	6889.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP TENDON/EXT, FOOT, EACH	28208	CPT	outpatient				6765	4257.16	Horizon	Medicare Blue		3701.88				334.34	6889.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP TENDON/EXT, FOOT, EACH	28208	CPT	outpatient				6765	4257.16	Horizon	PPO		6889.2				334.34	6889.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP TENDON/EXT, FOOT, EACH	28208	CPT	outpatient				6765	4257.16	Managed Care Inc	Managed Care Inc		6088.5	90			334.34	6889.2	percent of total billed charges	
REP TENDON/EXT, FOOT, EACH	28208	CPT	outpatient				6765	4257.16	Multiplan	Multiplan		5412	80			334.34	6889.2	percent of total billed charges	
REP TENDON/EXT, FOOT, EACH	28208	CPT	outpatient				6765	4257.16	Qualcare	Qualcare		5073.75	75			334.34	6889.2	percent of total billed charges	
REP TENDON/EXT, FOOT, EACH	28208	CPT	outpatient				6765	4257.16	Three Rivers	Three Rivers		6426.75	95			334.34	6889.2	percent of total billed charges	
REP TENDON/EXT, FOOT, EACH	28208	CPT	outpatient				6765	4257.16	UHC	Medicare		3701.88				334.34	6889.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
REP TENDON/EXT, FOOT, EACH	28208	CPT	outpatient			6765	4257.16	UHC	Medicaid		2134.36	31.55			334.34	6889.2	percent of total billed charges	
REP TENDON/EXT, FOOT, EACH	28208	CPT	outpatient			6765	4257.16	United	Commercial|PPO		2776				334.34	6889.2	case rate	
REP TENDON/EXT, FOOT, EACH	28208	CPT	outpatient			6765	4257.16	United	Oxford		2776				334.34	6889.2	case rate	
REP TENDON/EXT, FOOT, EACH	28208	CPT	outpatient			6765	4257.16	Wellcare	Medicare		3701.88				334.34	6889.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP TENDON/EXT, FOOT, EACH	28208	CPT	outpatient			6765	4257.16	Wellcare	Medicaid		2134.36	31.55			334.34	6889.2	percent of total billed charges	
REP TENDON/EXT, FOOT, EACH	28208	CPT	outpatient			6765	4257.16	WellPoint	WellPoint		2176.98	32.18			334.34	6889.2	percent of total billed charges	
TENOTOMY	28240	CPT	outpatient			6807	4257.16	Aetna	Commercial		5893.39				334.34	6889.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENOTOMY	28240	CPT	outpatient			6807	4257.16	Aetna	Better Health		2147.61	31.55			334.34	6889.2	percent of total billed charges	
TENOTOMY	28240	CPT	outpatient			6807	4257.16	Aetna	Medicare		2096.56	30.8			334.34	6889.2	percent of total billed charges	
TENOTOMY	28240	CPT	outpatient			6807	4257.16	Americare	Americare		5105.25	75			334.34	6889.2	percent of total billed charges	
TENOTOMY	28240	CPT	outpatient			6807	4257.16	Amerihealth	HMO/PPO		4424.55	65			334.34	6889.2	percent of total billed charges	
TENOTOMY	28240	CPT	outpatient			6807	4257.16	Amerihealth	Medicare		3701.88				334.34	6889.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENOTOMY	28240	CPT	outpatient			6807	4257.16	Consumer	Consumer		6466.65	95			334.34	6889.2	percent of total billed charges	
TENOTOMY	28240	CPT	outpatient			6807	4257.16	Corrections	Corrections		5445.6	80			334.34	6889.2	percent of total billed charges	
TENOTOMY	28240	CPT	outpatient			6807	4257.16	First Health	First Health		4764.9	70			334.34	6889.2	percent of total billed charges	
TENOTOMY	28240	CPT	outpatient			6807	4257.16	First Trenton	First Trenton		6126.3	90			334.34	6889.2	percent of total billed charges	
TENOTOMY	28240	CPT	outpatient			6807	4257.16	Horizon	Indemnity		6889.2				334.34	6889.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENOTOMY	28240	CPT	outpatient			6807	4257.16	Horizon	Medicare Blue		3701.88				334.34	6889.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENOTOMY	28240	CPT	outpatient			6807	4257.16	Horizon	NJ Health		334.34				334.34	6889.2	fee schedule	
TENOTOMY	28240	CPT	outpatient			6807	4257.16	Horizon	MGD		6889.2				334.34	6889.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENOTOMY	28240	CPT	outpatient			6807	4257.16	Horizon	PPO		6889.2				334.34	6889.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENOTOMY	28240	CPT	outpatient			6807	4257.16	Managed Care Inc	Managed Care Inc		6126.3	90			334.34	6889.2	percent of total billed charges	
TENOTOMY	28240	CPT	outpatient			6807	4257.16	Multiplan	Multiplan		5445.6	80			334.34	6889.2	percent of total billed charges	
TENOTOMY	28240	CPT	outpatient			6807	4257.16	Qualicare	Qualicare		5105.25	75			334.34	6889.2	percent of total billed charges	
TENOTOMY	28240	CPT	outpatient			6807	4257.16	Three Rivers	Three Rivers		6466.65	95			334.34	6889.2	percent of total billed charges	
TENOTOMY	28240	CPT	outpatient			6807	4257.16	UHC	Medicaid		2147.61	31.55			334.34	6889.2	percent of total billed charges	
TENOTOMY	28240	CPT	outpatient			6807	4257.16	UHC	Medicare		3701.88				334.34	6889.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENOTOMY	28240	CPT	outpatient			6807	4257.16	United	Commercial|PPO		2776				334.34	6889.2	case rate	
TENOTOMY	28240	CPT	outpatient			6807	4257.16	United	Oxford		2776				334.34	6889.2	case rate	
TENOTOMY	28240	CPT	outpatient			6807	4257.16	Wellcare	Medicaid		2147.61	31.55			334.34	6889.2	percent of total billed charges	
TENOTOMY	28240	CPT	outpatient			6807	4257.16	Wellcare	Medicare		3701.88				334.34	6889.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENOTOMY	28240	CPT	outpatient			6807	4257.16	WellPoint	WellPoint		2190.49	32.18			334.34	6889.2	percent of total billed charges	
CLSD TRT CLCNEAL FRCT WO MAN	28400	CPT	outpatient			2194	310.16	Aetna	Commercial		429.36				232.23	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT CLCNEAL FRCT WO MAN	28400	CPT	outpatient			2194	310.16	Aetna	Medicare		675.75	30.8			232.23	2084.3	percent of total billed charges	
CLSD TRT CLCNEAL FRCT WO MAN	28400	CPT	outpatient			2194	310.16	Aetna	Better Health		692.21	31.55			232.23	2084.3	percent of total billed charges	
CLSD TRT CLCNEAL FRCT WO MAN	28400	CPT	outpatient			2194	310.16	Americare	Americare		1645.5	75			232.23	2084.3	percent of total billed charges	
CLSD TRT CLCNEAL FRCT WO MAN	28400	CPT	outpatient			2194	310.16	Amerihealth	Medicare		269.7				232.23	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT CLCNEAL FRCT WO MAN	28400	CPT	outpatient			2194	310.16	Amerihealth	HMO/PPO		1426.1	65			232.23	2084.3	percent of total billed charges	
CLSD TRT CLCNEAL FRCT WO MAN	28400	CPT	outpatient			2194	310.16	Consumer	Consumer		2084.3	95			232.23	2084.3	percent of total billed charges	
CLSD TRT CLCNEAL FRCT WO MAN	28400	CPT	outpatient			2194	310.16	Corrections	Corrections		1755.2	80			232.23	2084.3	percent of total billed charges	
CLSD TRT CLCNEAL FRCT WO MAN	28400	CPT	outpatient			2194	310.16	First Health	First Health		1535.8	70			232.23	2084.3	percent of total billed charges	
CLSD TRT CLCNEAL FRCT WO MAN	28400	CPT	outpatient			2194	310.16	First Trenton	First Trenton		1974.6	90			232.23	2084.3	percent of total billed charges	
CLSD TRT CLCNEAL FRCT WO MAN	28400	CPT	outpatient			2194	310.16	Horizon	Indemnity		501.91				232.23	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT CLCNEAL FRCT WO MAN	28400	CPT	outpatient			2194	310.16	Horizon	MGD		501.91				232.23	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT CLCNEAL FRCT WO MAN	28400	CPT	outpatient			2194	310.16	Horizon	PPO		501.91				232.23	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT CLCNEAL FRCT WO MAN	28400	CPT	outpatient			2194	310.16	Horizon	NJ Health		271.67				232.23	2084.3	fee schedule	
CLSD TRT CLCNEAL FRCT WO MAN	28400	CPT	outpatient			2194	310.16	Horizon	Medicare Blue		269.7				232.23	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT CLCNEAL FRCT WO MAN	28400	CPT	outpatient			2194	310.16	Managed Care Inc	Managed Care Inc		1974.6	90			232.23	2084.3	percent of total billed charges	
CLSD TRT CLCNEAL FRCT WO MAN	28400	CPT	outpatient			2194	310.16	Multiplan	Multiplan		1755.2	80			232.23	2084.3	percent of total billed charges	
CLSD TRT CLCNEAL FRCT WO MAN	28400	CPT	outpatient			2194	310.16	Qualicare	Qualicare		1645.5	75			232.23	2084.3	percent of total billed charges	
CLSD TRT CLCNEAL FRCT WO MAN	28400	CPT	outpatient			2194	310.16	Three Rivers	Three Rivers		2084.3	95			232.23	2084.3	percent of total billed charges	
CLSD TRT CLCNEAL FRCT WO MAN	28400	CPT	outpatient			2194	310.16	UHC	Medicare		269.7				232.23	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT CLCNEAL FRCT WO MAN	28400	CPT	outpatient			2194	310.16	UHC	Medicaid		692.21	31.55			232.23	2084.3	percent of total billed charges	
CLSD TRT CLCNEAL FRCT WO MAN	28400	CPT	outpatient			2194	310.16	United	Oxford		1782				232.23	2084.3	case rate	
CLSD TRT CLCNEAL FRCT WO MAN	28400	CPT	outpatient			2194	310.16	United	Commercial|PPO		1782				232.23	2084.3	case rate	
CLSD TRT CLCNEAL FRCT WO MAN	28400	CPT	outpatient			2194	310.16	Wellcare	Medicare		269.7				232.23	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT CLCNEAL FRCT WO MAN	28400	CPT	outpatient			2194	310.16	Wellcare	Medicaid		692.21	31.55			232.23	2084.3	percent of total billed charges	
CLSD TRT CLCNEAL FRCT WO MAN	28400	CPT	outpatient			2194	310.16	WellPoint	WellPoint		706.03	32.18			232.23	2084.3	percent of total billed charges	
CLSD TRT CLCNEAL FRCT W MAN	28405	CPT	outpatient			2379	310.16	Aetna	Commercial		429.36				269.7	2260.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT CLCNEAL FRCT W MAN	28405	CPT	outpatient			2379	310.16	Aetna	Better Health		750.57	31.55			269.7	2260.05	percent of total billed charges	
CLSD TRT CLCNEAL FRCT W MAN	28405	CPT	outpatient			2379	310.16	Aetna	Medicare		269.7				269.7	2260.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT CLCNEAL FRCT W MAN	28405	CPT	outpatient			2379	310.16	Americare	Americare		1784.25	75			269.7	2260.05	percent of total billed charges	
CLSD TRT CLCNEAL FRCT W MAN	28405	CPT	outpatient			2379	310.16	Amerihealth	Medicare		269.7				269.7	2260.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT CLCNEAL FRCT W MAN	28405	CPT	outpatient			2379	310.16	Amerihealth	HMO/PPO		1546.35	65			269.7	2260.05	percent of total billed charges	
CLSD TRT CLCNEAL FRCT W MAN	28405	CPT	outpatient			2379	310.16	Consumer	Consumer		2260.05	95			269.7	2260.05	percent of total billed charges	
CLSD TRT CLCNEAL FRCT W MAN	28405	CPT	outpatient			2379	310.16	Corrections	Corrections		1903.2	80			269.7	2260.05	percent of total billed charges	
CLSD TRT CLCNEAL FRCT W MAN	28405	CPT	outpatient			2379	310.16	First Health	First Health		1665.3	70			269.7	2260.05	percent of total billed charges	
CLSD TRT CLCNEAL FRCT W MAN	28405	CPT	outpatient			2379	310.16	First Trenton	First Trenton		2141.1	90			269.7	2260.05	percent of total billed charges	
CLSD TRT CLCNEAL FRCT W MAN	28405	CPT	outpatient			2379	310.16	Horizon	NJ Health		441.59				269.7	2260.05	fee schedule	
CLSD TRT CLCNEAL FRCT W MAN	28405	CPT	outpatient			2379	310.16	Horizon	MGD		501.91				269.7	2260.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT CLCNEAL FRCT W MAN	28405	CPT	outpatient			2379	310.16	Horizon	Indemnity		501.91				269.7	2260.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT CLCNEAL FRCT W MAN	28405	CPT	outpatient			2379	310.16	Horizon	Medicare Blue		269.7				269.7	2260.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT CLCNEAL FRCT W MAN	28405	CPT	outpatient			2379	310.16	Horizon	PPO		501.91				269.7	2260.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT CLCNEAL FRCT W MAN	28405	CPT	outpatient			2379	310.16	Managed Care Inc	Managed Care Inc		2141.1	90			269.7	2260.05	percent of total billed charges	
CLSD TRT CLCNEAL FRCT W MAN	28405	CPT	outpatient			2379	310.16	Multiplan	Multiplan		1903.2	80			269.7	2260.05	percent of total billed charges	
CLSD TRT CLCNEAL FRCT W MAN	28405	CPT	outpatient			2379	310.16	Qualicare	Qualicare		1784.25	75			269.7	2260.05	percent of total billed charges	
CLSD TRT CLCNEAL FRCT W MAN	28405	CPT	outpatient			2379	310.16	Three Rivers	Three Rivers		2260.05	95			269.7	2260.05	percent of total billed charges	
CLSD TRT CLCNEAL FRCT W MAN	28405	CPT	outpatient			2379	310.16	UHC	Medicare		269.7				269.7	2260.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT CLCNEAL FRCT W MAN	28405	CPT	outpatient			2379	310.16	UHC	Medicaid		750.57	31.55			269.7	2260.05	percent of total billed charges	
CLSD TRT CLCNEAL FRCT W MAN	28405	CPT	outpatient			2379	310.16	United	Commercial|PPO		1782				269.7	2260.05	case rate	
CLSD TRT CLCNEAL FRCT W MAN	28405	CPT	outpatient			2379	310.16	United	Oxford		1782				269.7	2260.05	case rate	
CLSD TRT CLCNEAL FRCT W MAN	28405	CPT	outpatient			2379	310.16	Wellcare	Medicare		269.7				269.7	2260.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT CLCNEAL FRCT W MAN	28405	CPT	outpatient			2379	310.16	Wellcare	Medicaid		750.57	31.55			269.7	2260.05	percent of total billed charges	
CLSD TRT CLCNEAL FRCT W MAN	28405	CPT	outpatient			2379	310.16	WellPoint	WellPoint		765.56	32.18			269.7	2260.05	percent of total billed charges	
OPEN TRT CALCANEAL FX	28415	CPT	outpatient			11656	9409.2	Aetna	Commercial		13025.6				827.63	15226.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TRT CALCANEAL FX	28415	CPT	outpatient			11656	9409.2	Aetna	Better Health		3677.47	31.55			827.63	15226.53	percent of total billed charges	
OPEN TRT CALCANEAL FX	28415	CPT	outpatient			11656	9409.2	Aetna	Medicare		8181.91				827.63	15226.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TRT CALCANEAL FX	28415	CPT	outpatient			11656	9409.2	Americare	Americare		8742	75			827.63	15226.53	percent of total billed charges	
OPEN TRT CALCANEAL FX	28415	CPT	outpatient			11656	9409.2	Amerihealth	HMO/PPO		7576.4	65			827.63	15226.53	percent of total billed charges	
OPEN TRT CALCANEAL FX	28415	CPT	outpatient			11656	9409.2	Amerihealth	Medicare		8181.91				827.63	15226.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TRT CALCANEAL FX	28415	CPT	outpatient			11656	9409.2	Consumer	Consumer		11073.2	95			827.63	15226.53	percent of total billed charges	
OPEN TRT CALCANEAL FX	28415	CPT	outpatient			11656	9409.2	Corrections	Corrections		9324.8	80			827.63	15226.53	percent of total billed charges	
OPEN TRT CALCANEAL FX	28415	CPT	outpatient			11656	9409.2	First Health	First Health		8159.2	70			827.63	15226.53	percent of total billed charges	
OPEN TRT CALCANEAL FX	28415	CPT	outpatient			11656	9409.2	First Trenton	First Trenton		10490.4	90			827.63	15226.53	percent of total billed charges	
OPEN TRT CALCANEAL FX	28415	CPT	outpatient			11656	9409.2	Horizon	NJ Health		827.63				827.63	15226.53	fee schedule	
OPEN TRT CALCANEAL FX	28415	CPT	outpatient			11656	9409.2	Horizon	Indemnity		15226.53				827.63	15226.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TRT CALCANEAL FX	28415	CPT	outpatient			11656	9409.2	Horizon	Medicare Blue		8181.91				827.63	15226.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TRT CALCANEAL FX	28415	CPT	outpatient			11656	9409.2	Horizon	MGD		15226.53				827.63	15226.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TRT CALCANEAL FX	28415	CPT	outpatient			11656	9409.2	Horizon	PPO		15226.53				827.63	15226.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TRT CALCANEAL FX	28415	CPT	outpatient			11656	9409.2	Managed Care Inc	Managed Care Inc		10490.4	90			827.63	15226.53	percent of total billed charges	
OPEN TRT CALCANEAL FX	28415	CPT	outpatient			11656	9409.2	Multiplan	Multiplan		9324.8	80			827.63	15226.53	percent of total billed charges	
OPEN TRT CALCANEAL FX	28415	CPT	outpatient			11656	9409.2	Qualicare	Qualicare		8742	75			827.63	15226.53	percent of total billed charges	
OPEN TRT CALCANEAL FX	28415	CPT	outpatient			11656	9409.2	Three Rivers	Three Rivers		11073.2	95			827.63	15226.53	percent of total billed charges	
OPEN TRT CALCANEAL FX	28415	CPT	outpatient			11656	9409.2	UHC	Medicaid		3677.47	31.55			827.63	15226.53	percent of total billed charges	
OPEN TRT CALCANEAL FX	28415	CPT	outpatient			11656	9409.2	UHC	Medicare		8181.91				827.63	15226.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TRT CALCANEAL FX	28415	CPT	outpatient			11656	9409.2	United	Oxford		4702				827.63	15226.53	case rate	
OPEN TRT CALCANEAL FX	28415	CPT	outpatient			11656	9409.2	United	Commercial|PPO		4702				827.63	15226.53	case rate	
OPEN TRT CALCANEAL FX	28415	CPT	outpatient			11656	9409.2	Wellcare	Medicaid		3677.47	31.55			827.63	15226.53	percent of total billed charges	
OPEN TRT CALCANEAL FX	28415	CPT	outpatient			11656	9409.2	Wellcare	Medicare		8181.91				827.63	15226.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TRT CALCANEAL FX	28415	CPT	outpatient			11656	9409.2	WellPoint	WellPoint		3750.9	32.18			827.63	15226.53	percent of total billed charges	
TALUS FX W/O MANIP	28430	CPT	outpatient			858	310.16	Aetna	Commercial		429.36				237.89	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TALUS FX W/O MANIP	28430	CPT	outpatient			858	310.16	Aetna	Medicare		269.7				237.89	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TALUS FX W/O MANIP	28430	CPT	outpatient			858	310.16	Aetna	Better Health		270.7	31.55			237.89	1782	percent of total billed charges	
TALUS FX W/O MANIP	28430	CPT	outpatient			858	310.16	Americare	Americare		643.5	75			237.89	1782	percent of total billed charges	
TALUS FX W/O MANIP	28430	CPT	outpatient			858	310.16	Amerihealth	Medicare		269.7				237.89	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TALUS FX W/O MANIP	28430	CPT	outpatient			858	310.16	Amerihealth	HMO/PPO		557.7	65			237.89	1782	percent of total billed charges	
TALUS FX W/O MANIP	28430	CPT	outpatient			858	310.16	Consumer	Consumer		815.1	95			237.89	1782	percent of total billed charges	
TALUS FX W/O MANIP	28430	CPT	outpatient			858	310.16	Corrections	Corrections		686.4	80			237.89	1782	percent of total billed charges	
TALUS FX W/O MANIP	28430	CPT	outpatient			858	310.16	First Health	First Health		600.6	70			237.89	1782	percent of total billed charges	
TALUS FX W/O MANIP	28430	CPT	outpatient			858	310.16	First Trenton	First Trenton		772.2	90			237.89	1782	percent of total billed charges	
TALUS FX W/O MANIP	28430	CPT	outpatient			858	310.16	Horizon	Indemnity		501.91				237.89	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TALUS FX W/O MANIP	28430	CPT	outpatient			858	310.16	Horizon	Medicare Blue		269.7				237.89	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TALUS FX W/O MANIP	28430	CPT	outpatient			858	310.16	Horizon	PPO		501.91				237.89	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TALUS FX W/O MANIP	28430	CPT	outpatient			858	310.16	Horizon	MGD		501.91				237.89	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TALUS FX W/O MANIP	28430	CPT	outpatient			858	310.16	Horizon	NJ Health		256.12				237.89	1782	fee schedule	
TALUS FX W/O MANIP	28430	CPT	outpatient			858	310.16	Managed Care Inc	Managed Care Inc		772.2	90			237.89	1782	percent of total billed charges	
TALUS FX W/O MANIP	28430	CPT	outpatient			858	310.16	Multiplan	Multiplan		686.4	80			237.89	1782	percent of total billed charges	
TALUS FX W/O MANIP	28430	CPT	outpatient			858	310.16	Qualicare	Qualicare		643.5	75			237.89	1782	percent of total billed charges	
TALUS FX W/O MANIP	28430	CPT	outpatient			858	310.16	Three Rivers	Three Rivers		815.1	95			237.89	1782	percent of total billed charges	
TALUS FX W/O MANIP	28430	CPT	outpatient			858	310.16	UHC	Medicare		269.7				237.89	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TALUS FX W/O MANIP	28430	CPT	outpatient			858	310.16	UHC	Medicaid		270.7	31.55			237.89	1782	percent of total billed charges	
TALUS FX W/O MANIP	28430	CPT	outpatient			858	310.16	United	Oxford		1782				237.89	1782	case rate	
TALUS FX W/O MANIP	28430	CPT	outpatient			858	310.16	United	Commercial|PPO		1782				237.89	1782	case rate	
TALUS FX W/O MANIP	28430	CPT	outpatient			858	310.16	Wellcare	Medicare		269.7				237.89	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TALUS FX W/O MANIP	28430	CPT	outpatient			858	310.16	Wellcare	Medicaid		270.7	31.55			237.89	1782	percent of total billed charges	
TALUS FX W/O MANIP	28430	CPT	outpatient			858	310.16	WellPoint	WellPoint		276.1	32.18			237.89	1782	percent of total billed charges	
CISD TRT TALUS FX W/ MANIP	28435	CPT	outpatient			5994	2113.84	Aetna	Medicare		1838.12				342.07	5694.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CISD TRT TALUS FX W/ MANIP	28435	CPT	outpatient			5994	2113.84	Aetna	Commercial		2926.29				342.07	5694.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CISD TRT TALUS FX W/ MANIP	28435	CPT	outpatient			5994	2113.84	Aetna	Better Health		1891.11	31.55			342.07	5694.3	percent of total billed charges	
CISD TRT TALUS FX W/ MANIP	28435	CPT	outpatient			5994	2113.84	Americare	Americare		4495.5	75			342.07	5694.3	percent of total billed charges	
CISD TRT TALUS FX W/ MANIP	28435	CPT	outpatient			5994	2113.84	Amerihealth	HMO/PPO		3896.1	65			342.07	5694.3	percent of total billed charges	
CISD TRT TALUS FX W/ MANIP	28435	CPT	outpatient			5994	2113.84	Amerihealth	Medicare		1838.12				342.07	5694.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CISD TRT TALUS FX W/ MANIP	28435	CPT	outpatient			5994	2113.84	Consumer	Consumer		5694.3	95			342.07	5694.3	percent of total billed charges	
CISD TRT TALUS FX W/ MANIP	28435	CPT	outpatient			5994	2113.84	Corrections	Corrections		4795.2	80			342.07	5694.3	percent of total billed charges	
CISD TRT TALUS FX W/ MANIP	28435	CPT	outpatient			5994	2113.84	First Health	First Health		4195.8	70			342.07	5694.3	percent of total billed charges	
CISD TRT TALUS FX W/ MANIP	28435	CPT	outpatient			5994	2113.84	First Trenton	First Trenton		5394.6	90			342.07	5694.3	percent of total billed charges	
CISD TRT TALUS FX W/ MANIP	28435	CPT	outpatient			5994	2113.84	Horizon	PPO		3420.74				342.07	5694.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CISD TRT TALUS FX W/ MANIP	28435	CPT	outpatient			5994	2113.84	Horizon	MGD		3420.74				342.07	5694.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.															
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103		310119	true													
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CISD TRT TALUS FX W/ MANIP	28435	CPT	outpatient			5994		2113.84 Horizon	Indemnity		3420.74				342.07	5694.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CISD TRT TALUS FX W/ MANIP	28435	CPT	outpatient			5994		2113.84 Horizon	NJ Health		342.07				342.07	5694.3	fee schedule	
CISD TRT TALUS FX W/ MANIP	28435	CPT	outpatient			5994		2113.84 Horizon	Medicare Blue		1838.12				342.07	5694.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CISD TRT TALUS FX W/ MANIP	28435	CPT	outpatient			5994		2113.84 Managed Care Inc	Managed Care Inc		5394.6	90			342.07	5694.3	percent of total billed charges	
CISD TRT TALUS FX W/ MANIP	28435	CPT	outpatient			5994		2113.84 Multiplan	Multiplan		4795.2	80			342.07	5694.3	percent of total billed charges	
CISD TRT TALUS FX W/ MANIP	28435	CPT	outpatient			5994		2113.84 Qualcare	Qualcare		4495.5	75			342.07	5694.3	percent of total billed charges	
CISD TRT TALUS FX W/ MANIP	28435	CPT	outpatient			5994		2113.84 Three Rivers	Three Rivers		5694.3	95			342.07	5694.3	percent of total billed charges	
CISD TRT TALUS FX W/ MANIP	28435	CPT	outpatient			5994		2113.84 UHC	Medicaid		1891.11	31.55			342.07	5694.3	percent of total billed charges	
CISD TRT TALUS FX W/ MANIP	28435	CPT	outpatient			5994		2113.84 UHC	Medicare		1838.12				342.07	5694.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CISD TRT TALUS FX W/ MANIP	28435	CPT	outpatient			5994		2113.84 United	Commercial|PPO		2493				342.07	5694.3	case rate	
CISD TRT TALUS FX W/ MANIP	28435	CPT	outpatient			5994		2113.84 United	Oxford		2493				342.07	5694.3	case rate	
CISD TRT TALUS FX W/ MANIP	28435	CPT	outpatient			5994		2113.84 Wellcare	Medicaid		1891.11	31.55			342.07	5694.3	percent of total billed charges	
CISD TRT TALUS FX W/ MANIP	28435	CPT	outpatient			5994		2113.84 Wellcare	Medicare		1838.12				342.07	5694.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CISD TRT TALUS FX W/ MANIP	28435	CPT	outpatient			5994		2113.84 WellPoint	WellPoint		1928.87	32.18			342.07	5694.3	percent of total billed charges	
OPEN TREATMENT, TALUS FX	28445	CPT	outpatient			13493		9409.2 Aetna	Better Health		4257.04	31.55			1184.29	15226.53	percent of total billed charges	
OPEN TREATMENT, TALUS FX	28445	CPT	outpatient			13493		9409.2 Aetna	Commercial		13025.6				1184.29	15226.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TREATMENT, TALUS FX	28445	CPT	outpatient			13493		9409.2 Aetna	Medicare		4155.84	30.8			1184.29	15226.53	percent of total billed charges	
OPEN TREATMENT, TALUS FX	28445	CPT	outpatient			13493		9409.2 Americare	Americare		10119.75	75			1184.29	15226.53	percent of total billed charges	
OPEN TREATMENT, TALUS FX	28445	CPT	outpatient			13493		9409.2 Amerihealth	HMO|PPO		8770.45	65			1184.29	15226.53	percent of total billed charges	
OPEN TREATMENT, TALUS FX	28445	CPT	outpatient			13493		9409.2 Amerihealth	Medicare		8181.91				1184.29	15226.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TREATMENT, TALUS FX	28445	CPT	outpatient			13493		9409.2 Consumer	Consumer		12818.35	95			1184.29	15226.53	percent of total billed charges	
OPEN TREATMENT, TALUS FX	28445	CPT	outpatient			13493		9409.2 Corrections	Corrections		10794.4	80			1184.29	15226.53	percent of total billed charges	
OPEN TREATMENT, TALUS FX	28445	CPT	outpatient			13493		9409.2 First Health	First Health		9445.1	70			1184.29	15226.53	percent of total billed charges	
OPEN TREATMENT, TALUS FX	28445	CPT	outpatient			13493		9409.2 First Trenton	First Trenton		12143.7	90			1184.29	15226.53	percent of total billed charges	
OPEN TREATMENT, TALUS FX	28445	CPT	outpatient			13493		9409.2 Horizon	MGD		15226.53				1184.29	15226.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TREATMENT, TALUS FX	28445	CPT	outpatient			13493		9409.2 Horizon	Indemnity		15226.53				1184.29	15226.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TREATMENT, TALUS FX	28445	CPT	outpatient			13493		9409.2 Horizon	PPO		15226.53				1184.29	15226.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TREATMENT, TALUS FX	28445	CPT	outpatient			13493		9409.2 Horizon	NJ Health		1184.29				1184.29	15226.53	fee schedule	
OPEN TREATMENT, TALUS FX	28445	CPT	outpatient			13493		9409.2 Horizon	Medicare Blue		8181.91				1184.29	15226.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TREATMENT, TALUS FX	28445	CPT	outpatient			13493		9409.2 Managed Care Inc	Managed Care Inc		12143.7	90			1184.29	15226.53	percent of total billed charges	
OPEN TREATMENT, TALUS FX	28445	CPT	outpatient			13493		9409.2 Multiplan	Multiplan		10794.4	80			1184.29	15226.53	percent of total billed charges	
OPEN TREATMENT, TALUS FX	28445	CPT	outpatient			13493		9409.2 Qualcare	Qualcare		10119.75	75			1184.29	15226.53	percent of total billed charges	
OPEN TREATMENT, TALUS FX	28445	CPT	outpatient			13493		9409.2 Three Rivers	Three Rivers		12818.35	95			1184.29	15226.53	percent of total billed charges	
OPEN TREATMENT, TALUS FX	28445	CPT	outpatient			13493		9409.2 UHC	Medicare		8181.91				1184.29	15226.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TREATMENT, TALUS FX	28445	CPT	outpatient			13493		9409.2 UHC	Medicaid		4257.04	31.55			1184.29	15226.53	percent of total billed charges	
OPEN TREATMENT, TALUS FX	28445	CPT	outpatient			13493		9409.2 United	Commercial|PPO		4702				1184.29	15226.53	case rate	
OPEN TREATMENT, TALUS FX	28445	CPT	outpatient			13493		9409.2 United	Oxford		4702				1184.29	15226.53	case rate	
OPEN TREATMENT, TALUS FX	28445	CPT	outpatient			13493		9409.2 Wellcare	Medicare		8181.91				1184.29	15226.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TREATMENT, TALUS FX	28445	CPT	outpatient			13493		9409.2 Wellcare	Medicaid		4257.04	31.55			1184.29	15226.53	percent of total billed charges	
OPEN TREATMENT, TALUS FX	28445	CPT	outpatient			13493		9409.2 WellPoint	WellPoint		4342.05	32.18			1184.29	15226.53	percent of total billed charges	
TARSAL BONE FX W/O MANIP	28450	CPT	outpatient			1105		310.16 Aetna	Better Health		348.63	31.55			224.72	1782	percent of total billed charges	
TARSAL BONE FX W/O MANIP	28450	CPT	outpatient			1105		310.16 Aetna	Commercial		429.36				224.72	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TARSAL BONE FX W/O MANIP	28450	CPT	outpatient			1105		310.16 Aetna	Medicare		269.7				224.72	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TARSAL BONE FX W/O MANIP	28450	CPT	outpatient			1105		310.16 Americare	Americare		828.75	75			224.72	1782	percent of total billed charges	
TARSAL BONE FX W/O MANIP	28450	CPT	outpatient			1105		310.16 Amerihealth	HMO|PPO		718.25	65			224.72	1782	percent of total billed charges	
TARSAL BONE FX W/O MANIP	28450	CPT	outpatient			1105		310.16 Amerihealth	Medicare		269.7				224.72	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TARSAL BONE FX W/O MANIP	28450	CPT	outpatient			1105		310.16 Consumer	Consumer		1049.75	95			224.72	1782	percent of total billed charges	
TARSAL BONE FX W/O MANIP	28450	CPT	outpatient			1105		310.16 Corrections	Corrections		884	80			224.72	1782	percent of total billed charges	
TARSAL BONE FX W/O MANIP	28450	CPT	outpatient			1105		310.16 First Health	First Health		773.5	70			224.72	1782	percent of total billed charges	
TARSAL BONE FX W/O MANIP	28450	CPT	outpatient			1105		310.16 First Trenton	First Trenton		994.5	90			224.72	1782	percent of total billed charges	
TARSAL BONE FX W/O MANIP	28450	CPT	outpatient			1105		310.16 Horizon	Indemnity		501.91				224.72	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TARSAL BONE FX W/O MANIP	28450	CPT	outpatient			1105		310.16 Horizon	Medicare Blue		269.7				224.72	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TARSAL BONE FX W/O MANIP	28450	CPT	outpatient			1105		310.16 Horizon	MGD		501.91				224.72	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TARSAL BONE FX W/O MANIP	28450	CPT	outpatient			1105		310.16 Horizon	NJ Health		224.72				224.72	1782	fee schedule	
TARSAL BONE FX W/O MANIP	28450	CPT	outpatient			1105		310.16 Horizon	PPO		501.91				224.72	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TARSAL BONE FX W/O MANIP	28450	CPT	outpatient			1105		310.16 Managed Care Inc	Managed Care Inc		994.5	90			224.72	1782	percent of total billed charges	
TARSAL BONE FX W/O MANIP	28450	CPT	outpatient			1105		310.16 Multiplan	Multiplan		884	80			224.72	1782	percent of total billed charges	
TARSAL BONE FX W/O MANIP	28450	CPT	outpatient			1105		310.16 Qualcare	Qualcare		828.75	75			224.72	1782	percent of total billed charges	
TARSAL BONE FX W/O MANIP	28450	CPT	outpatient			1105		310.16 Three Rivers	Three Rivers		1049.75	95			224.72	1782	percent of total billed charges	
TARSAL BONE FX W/O MANIP	28450	CPT	outpatient			1105		310.16 UHC	Medicaid		348.63	31.55			224.72	1782	percent of total billed charges	
TARSAL BONE FX W/O MANIP	28450	CPT	outpatient			1105		310.16 UHC	Medicare		269.7				224.72	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TARSAL BONE FX W/O MANIP	28450	CPT	outpatient			1105		310.16 United	Oxford		1782				224.72	1782	case rate	
TARSAL BONE FX W/O MANIP	28450	CPT	outpatient			1105		310.16 United	Commercial|PPO		1782				224.72	1782	case rate	
TARSAL BONE FX W/O MANIP	28450	CPT	outpatient			1105		310.16 Wellcare	Medicaid		348.63	31.55			224.72	1782	percent of total billed charges	
TARSAL BONE FX W/O MANIP	28450	CPT	outpatient			1105		310.16 Wellcare	Medicare		269.7				224.72	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TARSAL BONE FX W/O MANIP	28450	CPT	outpatient			1105		310.16 WellPoint	WellPoint		355.59	32.18			224.72	1782	percent of total billed charges	
TRT TARSAL BONE FX W/MAN EA	28455	CPT	outpatient			10522		2113.84 Aetna	Better Health		3319.69	31.55			288.98	9995.9	percent of total billed charges	
TRT TARSAL BONE FX W/MAN EA	28455	CPT	outpatient			10522		2113.84 Aetna	Commercial		2926.29				288.98	9995.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT TARSAL BONE FX W/MAN EA	28455	CPT	outpatient			10522		2113.84 Aetna	Medicare		3240.78	30.8			288.98	9995.9	percent of total billed charges	
TRT TARSAL BONE FX W/MAN EA	28455	CPT	outpatient			10522		2113.84 Americare	Americare		7891.5	75			288.98	9995.9	percent of total billed charges	
TRT TARSAL BONE FX W/MAN EA	28455	CPT	outpatient			10522		2113.84 Amerihealth	HMO|PPO		6839.3	65			288.98	9995.9	percent of total billed charges	
TRT TARSAL BONE FX W/MAN EA	28455	CPT	outpatient			10522		2113.84 Amerihealth	Medicare		1838.12				288.98	9995.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT TARSAL BONE FX W/MAN EA	28455	CPT	outpatient			10522		2113.84 Consumer	Consumer		9995.9	95			288.98	9995.9	percent of total billed charges	
TRT TARSAL BONE FX W/MAN EA	28455	CPT	outpatient			10522		2113.84 Corrections	Corrections		8417.6	80			288.98	9995.9	percent of total billed charges	
TRT TARSAL BONE FX W/MAN EA	28455	CPT	outpatient			10522		2113.84 First Health	First Health		7365.4	70			288.98	9995.9	percent of total billed charges	
TRT TARSAL BONE FX W/MAN EA	28455	CPT	outpatient			10522		2113.84 First Trenton	First Trenton		9469.8	90			288.98	9995.9	percent of total billed charges	
TRT TARSAL BONE FX W/MAN EA	28455	CPT	outpatient			10522		2113.84 Horizon	Medicare Blue		1838.12				288.98	9995.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT TARSAL BONE FX W/MAN EA	28455	CPT	outpatient			10522		2113.84 Horizon	Indemnity		3420.74				288.98	9995.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT TARSAL BONE FX W/MAN EA	28455	CPT	outpatient			10522		2113.84 Horizon	PPO		3420.74				288.98	9995.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT TARSAL BONE FX W/MAN EA	28455	CPT	outpatient			10522		2113.84 Horizon	MGD		3420.74				288.98	9995.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT TARSAL BONE FX W/MAN EA	28455	CPT	outpatient			10522		2113.84 Horizon	NJ Health		288.98				288.98	9995.9	fee schedule	
TRT TARSAL BONE FX W/MAN EA	28455	CPT	outpatient			10522		2113.84 Managed Care Inc	Managed Care Inc		9469.8	90			288.98	9995.9	percent of total billed charges	
TRT TARSAL BONE FX W/MAN EA	28455	CPT	outpatient			10522		2113.84 Multiplan	Multiplan		8417.6	80			288.98	9995.9	percent of total billed charges	
TRT TARSAL BONE FX W/MAN EA	28455	CPT	outpatient			10522		2113.84 Qualcare	Qualcare		7891.5	75			288.98	9995.9	percent of total billed charges	
TRT TARSAL BONE FX W/MAN EA	28455	CPT	outpatient			10522		2113.84 Three Rivers	Three Rivers		9995.9	95			288.98	9995.9	percent of total billed charges	
TRT TARSAL BONE FX W/MAN EA	28455	CPT	outpatient			10522		2113.84 UHC	Medicare		1838.12				288.98	9995.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT TARSAL BONE FX W/MAN EA	28455	CPT	outpatient			10522		2113.84 UHC	Medicaid		3319.69	31.55			288.98	9995.9	percent of total billed charges	
TRT TARSAL BONE FX W/MAN EA	28455	CPT	outpatient			10522		2113.84 United	Commercial|PPO		1782				288.98	9995.9	case rate	
TRT TARSAL BONE FX W/MAN EA	28455	CPT	outpatient			10522		2113.84 United	Oxford		1782				288.98	9995.9	case rate	
TRT TARSAL BONE FX W/MAN EA	28455	CPT	outpatient			10522		2113.84 Wellcare	Medicare		1838.12				288.98	9995.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT TARSAL BONE FX W/MAN EA	28455	CPT	outpatient			10522		2113.84 Wellcare	Medicaid		3319.69	31.55			288.98	9995.9	percent of total billed charges	
TRT TARSAL BONE FX W/MAN EA	28455	CPT	outpatient			10522		2113.84 WellPoint	WellPoint		3385.98	32.18			288.98	9995.9	percent of total billed charges	
METATARSAL FX W/O MANIP	28470	CPT	outpatient			1242		310.16 Aetna	Medicare		269.7				105.71	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
METATARSAL FX W/O MANIP	28470	CPT	outpatient			1242		310.16 Aetna	Better Health		391.85	31.55			105.71	1782	percent of total billed charges	
METATARSAL FX W/O MANIP	28470	CPT	outpatient			1242		310.16 Aetna	Commercial		429.36				105.71	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
METATARSAL FX W/O MANIP	28470	CPT	outpatient			1242		310.16 Americare	Americare		931.5	75			105.71	1782	percent of total billed charges	
METATARSAL FX W/O MANIP	28470	CPT	outpatient			1242		310.16 Amerihealth	Medicare		269.7				105.71	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
METATARSAL FX W/O MANIP	28470	CPT	outpatient			1242		310.16 Amerihealth	HMO|PPO		807.3	65			105.71	1782	percent of total billed charges	
METATARSAL FX W/O MANIP	28470	CPT	outpatient			1242		310.16 Consumer	Consumer		1179.9	95			105.71	1782	percent of total billed charges	
METATARSAL FX W/O MANIP	28470	CPT	outpatient			1242		310.16 Corrections	Corrections		993.6	80			105.71	1782	percent of total billed charges	
METATARSAL FX W/O MANIP	28470	CPT	outpatient			1242		310.16 First Health	First Health		869.4	70			105.71	1782	percent of total billed charges	
METATARSAL FX W/O MANIP	28470	CPT	outpatient			1242		310.16 First Trenton	First Trenton		1117.8	90			105.71	1782	percent of total billed charges	
METATARSAL FX W/O MANIP	28470	CPT	outpatient			1242		310.16 Horizon	PPO		501.91				105.71	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
METATARSAL FX W/O MANIP	28470	CPT	outpatient			1242		310.16 Horizon	MGD		501.91				105.71	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
METATARSAL FX W/O MANIP	28470	CPT	outpatient			1242		310.16 Horizon	Indemnity		501.91				105.71	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
METATARSAL FX W/O MANIP	28470	CPT	outpatient			1242		310.16 Horizon	NJ Health		105.71				105.71	1782	fee schedule	
METATARSAL FX W/O MANIP	28470	CPT	outpatient			1242		310.16 Horizon	Medicare Blue		269.7				105.71	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
METATARSAL FX W/O MANIP	28470	CPT	outpatient			1242		310.16 Managed Care Inc	Managed Care Inc		1117.8	90			105.71	1782	percent of total billed charges	
METATARSAL FX W/O MANIP	28470	CPT	outpatient			1242		310.16 Multiplan	Multiplan		993.6	80			105.71	1782	percent of total billed charges	
METATARSAL FX W/O MANIP	28470	CPT	outpatient			1242		310.16 Qualcare	Qualcare		931.5	75			105.71	1782	percent of total billed charges	
METATARSAL FX W/O MANIP	28470	CPT	outpatient			1242		310.16 Three Rivers	Three Rivers		1179.9	95			105.71	1782	percent of total billed charges	
METATARSAL FX W/O MANIP	28470	CPT	outpatient			1242		310.16 UHC	Medicare		269.7				105.71	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
METATARSAL FX W/O MANIP	28470	CPT	outpatient			1242		310.16 UHC	Medicaid		391.85	31.55			105.71	1782	percent of total billed charges	
METATARSAL FX W/O MANIP	28470	CPT	outpatient			1242		310.16 United	Commercial|PPO		1782				105.71	1782	case rate	
METATARSAL FX W/O MANIP	28470	CPT	outpatient			1242		310.16 United	Oxford		1782				105.71	1782	case rate	
METATARSAL FX W/O MANIP	28470	CPT	outpatient			1242		310.16 Wellcare	Medicare		269.7				105.71	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
METATARSAL FX W/O MANIP	28470	CPT	outpatient			1242		310.16 Wellcare	Medicaid		391.85	31.55			105.71	1782	percent of total billed charges	
METATARSAL FX W/O MANIP	28470	CPT	outpatient			1242		310.16 WellPoint	WellPoint		399.68	32.18			105.71	1782	percent of total billed charges	
CLSD TRT METTAR FRCT W MAN	28475	CPT	outpatient			1608		310.16 Aetna	Commercial		429.36				230.2	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT METTAR FRCT W MAN	28475	CPT	outpatient			1608		310.16 Aetna	Better Health		507.32	31.55			230.2	1782	percent of total billed charges	
CLSD TRT METTAR FRCT W MAN	28475	CPT	outpatient			1608		310.16 Aetna	Medicare		269.7				230.2	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT METTAR FRCT W MAN	28475	CPT	outpatient			1608		310.16 Americare	Americare		1206	75			230.2	1782	percent of total billed charges	
CLSD TRT METTAR FRCT W MAN	28475	CPT	outpatient			1608		310.16 Amerihealth	HMO|PPO		1045.2	65			230.2	1782	percent of total billed charges	
CLSD TRT METTAR FRCT W MAN	28475	CPT	outpatient			1608		310.16 Amerihealth	Medicare		269.7				230.2	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT METTAR FRCT W MAN	28475	CPT	outpatient			1608		310.16 Consumer	Consumer		1527.6	95			230.2	1782	percent of total billed charges	
CLSD TRT METTAR FRCT W MAN	28475	CPT	outpatient			1608		310.16 Corrections	Corrections		1286.4	80			230.2	1782	percent of total billed charges	
CLSD TRT METTAR FRCT W MAN	28475	CPT	outpatient			1608		310.16 First Health	First Health		1125.6	70			230.2	1782	percent of total billed charges	
CLSD TRT METTAR FRCT W MAN	28475	CPT	outpatient			1608		310.16 First Trenton	First Trenton		1447.2	90			230.2	1782	percent of total billed charges	
CLSD TRT METTAR FRCT W MAN	28475	CPT	outpatient			1608		310.16 Horizon	MGD		501.91				230.2	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT METTAR FRCT W MAN	28475	CPT	outpatient			1608		310.16 Horizon	Indemnity		501.91				230.2	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT METTAR FRCT W MAN	28475	CPT	outpatient			1606		310.16 Horizon	NJ Health		230.2				230.2	1782	fee schedule	
CLSD TRT METTAR FRCT W MAN	28475	CPT	outpatient			1608		310.16 Horizon	Medicare Blue		269.7				230.2	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT METTAR FRCT W MAN	28475	CPT	outpatient			1608		310.16 Horizon	PPO		501.91				230.2	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT METTAR FRCT W MAN	28475	CPT	outpatient			1608		310.16 Managed Care Inc	Managed Care Inc		1447.2	90			230.2	1782	percent of total billed charges	
CLSD TRT METTAR FRCT W MAN	28475	CPT	outpatient			1608		310.16 Multiplan	Multiplan		1286.4	80			230.2	1782	percent of total billed charges	
CLSD TRT METTAR FRCT W MAN	28475	CPT	outpatient			1608		310.16 Qualcare	Qualcare		1206	75			230.2	1782	percent of total billed charges	
CLSD TRT METTAR FRCT W MAN	28475	CPT	outpatient			1608		310.16 Three Rivers	Three Rivers		1527.6	95			230.2	1782	percent of total billed charges	
CLSD TRT METTAR FRCT W MAN	28475	CPT	outpatient			1608		310.16 UHC	Medicaid		507.32	31.55			230.2	1782	percent of total billed charges	
CLSD TRT METTAR FRCT W MAN	28475	CPT	outpatient			1608		310.16 UHC	Medicare		269.7				230.2	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT METTAR FRCT W MAN	28475	CPT	outpatient			1608		310.16 United	Commercial|PPO		1782				230.2	1782	case rate	
CLSD TRT METTAR FRCT W MAN	28475	CPT	outpatient			1608		310.16 United	Oxford		1782				230.2	1782	case rate	
CLSD TRT METTAR FRCT W MAN	28475	CPT	outpatient			1608		310.16 Wellcare	Medicaid		507.32	31.55			230.2	1782	percent of total billed charges	
CLSD TRT METTAR FRCT W MAN	28475	CPT	outpatient			1608		310.16 Wellcare	Medicare		269.7				230.2	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT METTAR FRCT W MAN	28475	CPT	outpatient			1608		310.16 WellPoint	WellPoint		517.45	32.18			230.2	1782	percent of total billed charges	
OPEN REPAIR METATARSAL FX	28485	CPT	outpatient			13493		9409.2 Aetna	Better Health		4257.04	31.55			493.29	15226.53	percent of total billed charges	
OPEN REPAIR METATARSAL FX	28485	CPT	outpatient			13493		9409.2 Aetna	Medicare		8181.91				493.29	15226.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN REPAIR METATARSAL FX	28485	CPT	outpatient			13493		9409.2 Aetna	Commercial		13025.6				493.29	15226.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN REPAIR METATARSAL FX	28485	CPT	outpatient			13493		9409.2 Americare	Americare		10119.75	75			493.29	15226.53	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
OPEN REPAIR METATARSAL FX	28485	CPT	outpatient			13493		9409.2 Amerihealth	Medicare		8181.91				493.29	15226.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN REPAIR METATARSAL FX	28485	CPT	outpatient			13493		9409.2 Amerihealth	HMO/PPO		8170.45	65			493.29	15226.53	percent of total billed charges	
OPEN REPAIR METATARSAL FX	28485	CPT	outpatient			13493		9409.2 Consumer	Consumer		12818.35	95			493.29	15226.53	percent of total billed charges	
OPEN REPAIR METATARSAL FX	28485	CPT	outpatient			13493		9409.2 Corrections	Corrections		10794.4	80			493.29	15226.53	percent of total billed charges	
OPEN REPAIR METATARSAL FX	28485	CPT	outpatient			13493		9409.2 First Health	First Health		9445.1	70			493.29	15226.53	percent of total billed charges	
OPEN REPAIR METATARSAL FX	28485	CPT	outpatient			13493		9409.2 First Trenton	First Trenton		12143.7	90			493.29	15226.53	percent of total billed charges	
OPEN REPAIR METATARSAL FX	28485	CPT	outpatient			13493		9409.2 Horizon	Indemnity		15226.53				493.29	15226.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN REPAIR METATARSAL FX	28485	CPT	outpatient			13493		9409.2 Horizon	Medicare Blue		8181.91				493.29	15226.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN REPAIR METATARSAL FX	28485	CPT	outpatient			13493		9409.2 Horizon	PPO		15226.53				493.29	15226.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN REPAIR METATARSAL FX	28485	CPT	outpatient			13493		9409.2 Horizon	NJ Health		493.29				493.29	15226.53	fee schedule	
OPEN REPAIR METATARSAL FX	28485	CPT	outpatient			13493		9409.2 Horizon	MGD		15226.53				493.29	15226.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN REPAIR METATARSAL FX	28485	CPT	outpatient			13493		9409.2 Managed Care Inc	Managed Care Inc		12143.7	90			493.29	15226.53	percent of total billed charges	
OPEN REPAIR METATARSAL FX	28485	CPT	outpatient			13493		9409.2 Multiplan	Multiplan		10794.4	80			493.29	15226.53	percent of total billed charges	
OPEN REPAIR METATARSAL FX	28485	CPT	outpatient			13493		9409.2 Qualcare	Qualcare		10119.75	75			493.29	15226.53	percent of total billed charges	
OPEN REPAIR METATARSAL FX	28485	CPT	outpatient			13493		9409.2 Three Rivers	Three Rivers		12818.35	95			493.29	15226.53	percent of total billed charges	
OPEN REPAIR METATARSAL FX	28485	CPT	outpatient			13493		9409.2 UHC	Medicare		8181.91				493.29	15226.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN REPAIR METATARSAL FX	28485	CPT	outpatient			13493		9409.2 UHC	Medicaid		4257.04	31.55			493.29	15226.53	percent of total billed charges	
OPEN REPAIR METATARSAL FX	28485	CPT	outpatient			13493		9409.2 United	CommercialPPO		4702				493.29	15226.53	case rate	
OPEN REPAIR METATARSAL FX	28485	CPT	outpatient			13493		9409.2 United	Oxford		4702				493.29	15226.53	case rate	
OPEN REPAIR METATARSAL FX	28485	CPT	outpatient			13493		9409.2 Wellcare	Medicaid		4257.04	31.55			493.29	15226.53	percent of total billed charges	
OPEN REPAIR METATARSAL FX	28485	CPT	outpatient			13493		9409.2 Wellcare	Medicare		8181.91				493.29	15226.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN REPAIR METATARSAL FX	28485	CPT	outpatient			13493		9409.2 WellPoint	WellPoint		4342.05	32.18			493.29	15226.53	percent of total billed charges	
TRT CLOSED FRACT GREAT TOE	28490	CPT	outpatient			754		310.16 Aetna	Better Health		237.89	31.55			98.66	1782	percent of total billed charges	
TRT CLOSED FRACT GREAT TOE	28490	CPT	outpatient			754		310.16 Aetna	Medicare		269.7				98.66	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT CLOSED FRACT GREAT TOE	28490	CPT	outpatient			754		310.16 Aetna	Commercial		429.36				98.66	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT CLOSED FRACT GREAT TOE	28490	CPT	outpatient			754		310.16 Americare	Americare		565.5	75			98.66	1782	percent of total billed charges	
TRT CLOSED FRACT GREAT TOE	28490	CPT	outpatient			754		310.16 Amerihealth	Medicare		269.7				98.66	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT CLOSED FRACT GREAT TOE	28490	CPT	outpatient			754		310.16 Amerihealth	HMO/PPO		480.1	65			98.66	1782	percent of total billed charges	
TRT CLOSED FRACT GREAT TOE	28490	CPT	outpatient			754		310.16 Consumer	Consumer		716.3	95			98.66	1782	percent of total billed charges	
TRT CLOSED FRACT GREAT TOE	28490	CPT	outpatient			754		310.16 Corrections	Corrections		603.2	80			98.66	1782	percent of total billed charges	
TRT CLOSED FRACT GREAT TOE	28490	CPT	outpatient			754		310.16 First Health	First Health		527.8	70			98.66	1782	percent of total billed charges	
TRT CLOSED FRACT GREAT TOE	28490	CPT	outpatient			754		310.16 First Trenton	First Trenton		678.6	90			98.66	1782	percent of total billed charges	
TRT CLOSED FRACT GREAT TOE	28490	CPT	outpatient			754		310.16 Horizon	Indemnity		501.91				98.66	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT CLOSED FRACT GREAT TOE	28490	CPT	outpatient			754		310.16 Horizon	Medicare Blue		269.7				98.66	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT CLOSED FRACT GREAT TOE	28490	CPT	outpatient			754		310.16 Horizon	MGD		501.91				98.66	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT CLOSED FRACT GREAT TOE	28490	CPT	outpatient			754		310.16 Horizon	PPO		501.91				98.66	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT CLOSED FRACT GREAT TOE	28490	CPT	outpatient			754		310.16 Horizon	NJ Health		98.66				98.66	1782	fee schedule	
TRT CLOSED FRACT GREAT TOE	28490	CPT	outpatient			754		310.16 Managed Care Inc	Managed Care Inc		678.6	90			98.66	1782	percent of total billed charges	
TRT CLOSED FRACT GREAT TOE	28490	CPT	outpatient			754		310.16 Multiplan	Multiplan		603.2	80			98.66	1782	percent of total billed charges	
TRT CLOSED FRACT GREAT TOE	28490	CPT	outpatient			754		310.16 Qualcare	Qualcare		565.5	75			98.66	1782	percent of total billed charges	
TRT CLOSED FRACT GREAT TOE	28490	CPT	outpatient			754		310.16 Three Rivers	Three Rivers		716.3	95			98.66	1782	percent of total billed charges	
TRT CLOSED FRACT GREAT TOE	28490	CPT	outpatient			754		310.16 UHC	Medicaid		237.89	31.55			98.66	1782	percent of total billed charges	
TRT CLOSED FRACT GREAT TOE	28490	CPT	outpatient			754		310.16 UHC	Medicare		269.7				98.66	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT CLOSED FRACT GREAT TOE	28490	CPT	outpatient			754		310.16 United	CommercialPPO		1782				98.66	1782	case rate	
TRT CLOSED FRACT GREAT TOE	28490	CPT	outpatient			754		310.16 United	Oxford		1782				98.66	1782	case rate	
TRT CLOSED FRACT GREAT TOE	28490	CPT	outpatient			754		310.16 Wellcare	Medicare		269.7				98.66	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT CLOSED FRACT GREAT TOE	28490	CPT	outpatient			754		310.16 WellPoint	WellPoint		242.64	32.18			98.66	1782	percent of total billed charges	
CLSD TRT FRCT GR TOE W MAN	28495	CPT	outpatient			632		310.16 Aetna	Better Health		199.4	31.55			158.09	1782	percent of total billed charges	
CLSD TRT FRCT GR TOE W MAN	28495	CPT	outpatient			632		310.16 Aetna	Commercial		429.36				158.09	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT FRCT GR TOE W MAN	28495	CPT	outpatient			632		310.16 Aetna	Medicare		269.7				158.09	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT FRCT GR TOE W MAN	28495	CPT	outpatient			632		310.16 Americare	Americare		474	75			158.09	1782	percent of total billed charges	
CLSD TRT FRCT GR TOE W MAN	28495	CPT	outpatient			632		310.16 Amerihealth	HMO/PPO		410.8	65			158.09	1782	percent of total billed charges	
CLSD TRT FRCT GR TOE W MAN	28495	CPT	outpatient			632		310.16 Amerihealth	Medicare		269.7				158.09	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT FRCT GR TOE W MAN	28495	CPT	outpatient			632		310.16 Consumer	Consumer		600.4	95			158.09	1782	percent of total billed charges	
CLSD TRT FRCT GR TOE W MAN	28495	CPT	outpatient			632		310.16 Corrections	Corrections		505.6	80			158.09	1782	percent of total billed charges	
CLSD TRT FRCT GR TOE W MAN	28495	CPT	outpatient			632		310.16 First Health	First Health		442.4	70			158.09	1782	percent of total billed charges	
CLSD TRT FRCT GR TOE W MAN	28495	CPT	outpatient			632		310.16 First Trenton	First Trenton		568.8	90			158.09	1782	percent of total billed charges	
CLSD TRT FRCT GR TOE W MAN	28495	CPT	outpatient			632		310.16 Horizon	PPO		501.91				158.09	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT FRCT GR TOE W MAN	28495	CPT	outpatient			632		310.16 Horizon	Indemnity		501.91				158.09	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT FRCT GR TOE W MAN	28495	CPT	outpatient			632		310.16 Horizon	MGD		501.91				158.09	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT FRCT GR TOE W MAN	28495	CPT	outpatient			632		310.16 Horizon	Medicare Blue		269.7				158.09	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT FRCT GR TOE W MAN	28495	CPT	outpatient			632		310.16 Horizon	NJ Health		158.09				158.09	1782	fee schedule	
CLSD TRT FRCT GR TOE W MAN	28495	CPT	outpatient			632		310.16 Managed Care Inc	Managed Care Inc		568.8	90			158.09	1782	percent of total billed charges	
CLSD TRT FRCT GR TOE W MAN	28495	CPT	outpatient			632		310.16 Multiplan	Multiplan		505.6	80			158.09	1782	percent of total billed charges	
CLSD TRT FRCT GR TOE W MAN	28495	CPT	outpatient			632		310.16 Qualcare	Qualcare		474	75			158.09	1782	percent of total billed charges	
CLSD TRT FRCT GR TOE W MAN	28495	CPT	outpatient			632		310.16 Three Rivers	Three Rivers		600.4	95			158.09	1782	percent of total billed charges	
CLSD TRT FRCT GR TOE W MAN	28495	CPT	outpatient			632		310.16 UHC	Medicaid		199.4	31.55			158.09	1782	percent of total billed charges	
CLSD TRT FRCT GR TOE W MAN	28495	CPT	outpatient			632		310.16 UHC	Medicare		269.7				158.09	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT FRCT GR TOE W MAN	28495	CPT	outpatient			632		310.16 United	CommercialPPO		1782				158.09	1782	case rate	
CLSD TRT FRCT GR TOE W MAN	28495	CPT	outpatient			632		310.16 United	Oxford		1782				158.09	1782	case rate	
CLSD TRT FRCT GR TOE W MAN	28495	CPT	outpatient			632		310.16 Wellcare	Medicare		269.7				158.09	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT FRCT GR TOE W MAN	28495	CPT	outpatient			632		310.16 Wellcare	Medicaid		199.4	31.55			158.09	1782	percent of total billed charges	
CLSD TRT FRCT GR TOE W MAN	28495	CPT	outpatient			632		310.16 WellPoint	WellPoint		203.38	32.18			158.09	1782	percent of total billed charges	
TRT CLOSED FRACT NOT GRT TOE	28510	CPT	outpatient			857		310.16 Aetna	Better Health		270.38	31.55			98.66	1782	percent of total billed charges	
TRT CLOSED FRACT NOT GRT TOE	28510	CPT	outpatient			857		310.16 Aetna	Commercial		429.36				98.66	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT CLOSED FRACT NOT GRT TOE	28510	CPT	outpatient			857		310.16 Aetna	Medicare		269.7				98.66	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT CLOSED FRACT NOT GRT TOE	28510	CPT	outpatient			857		310.16 Americare	Americare		642.75	75			98.66	1782	percent of total billed charges	
TRT CLOSED FRACT NOT GRT TOE	28510	CPT	outpatient			857		310.16 Amerihealth	HMO/PPO		557.05	65			98.66	1782	percent of total billed charges	
TRT CLOSED FRACT NOT GRT TOE	28510	CPT	outpatient			857		310.16 Amerihealth	Medicare		269.7				98.66	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT CLOSED FRACT NOT GRT TOE	28510	CPT	outpatient			857		310.16 Consumer	Consumer		814.15	95			98.66	1782	percent of total billed charges	
TRT CLOSED FRACT NOT GRT TOE	28510	CPT	outpatient			857		310.16 Corrections	Corrections		685.6	80			98.66	1782	percent of total billed charges	
TRT CLOSED FRACT NOT GRT TOE	28510	CPT	outpatient			857		310.16 First Health	First Health		599.9	70			98.66	1782	percent of total billed charges	
TRT CLOSED FRACT NOT GRT TOE	28510	CPT	outpatient			857		310.16 First Trenton	First Trenton		771.3	90			98.66	1782	percent of total billed charges	
TRT CLOSED FRACT NOT GRT TOE	28510	CPT	outpatient			857		310.16 Horizon	NJ Health		98.66				98.66	1782	fee schedule	
TRT CLOSED FRACT NOT GRT TOE	28510	CPT	outpatient			857		310.16 Horizon	Indemnity		501.91				98.66	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT CLOSED FRACT NOT GRT TOE	28510	CPT	outpatient			857		310.16 Horizon	Medicare Blue		269.7				98.66	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT CLOSED FRACT NOT GRT TOE	28510	CPT	outpatient			857		310.16 Horizon	MGD		501.91				98.66	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT CLOSED FRACT NOT GRT TOE	28510	CPT	outpatient			857		310.16 Horizon	PPO		501.91				98.66	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT CLOSED FRACT NOT GRT TOE	28510	CPT	outpatient			857		310.16 Managed Care Inc	Managed Care Inc		771.3	90			98.66	1782	percent of total billed charges	
TRT CLOSED FRACT NOT GRT TOE	28510	CPT	outpatient			857		310.16 Multiplan	Multiplan		685.6	80			98.66	1782	percent of total billed charges	
TRT CLOSED FRACT NOT GRT TOE	28510	CPT	outpatient			857		310.16 Qualcare	Qualcare		642.75	75			98.66	1782	percent of total billed charges	
TRT CLOSED FRACT NOT GRT TOE	28510	CPT	outpatient			857		310.16 Three Rivers	Three Rivers		814.15	95			98.66	1782	percent of total billed charges	
TRT CLOSED FRACT NOT GRT TOE	28510	CPT	outpatient			857		310.16 UHC	Medicare		269.7				98.66	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT CLOSED FRACT NOT GRT TOE	28510	CPT	outpatient			857		310.16 UHC	Medicaid		270.38	31.55			98.66	1782	percent of total billed charges	
TRT CLOSED FRACT NOT GRT TOE	28510	CPT	outpatient			857		310.16 United	Oxford		1782				98.66	1782	case rate	
TRT CLOSED FRACT NOT GRT TOE	28510	CPT	outpatient			857		310.16 United	CommercialPPO		1782				98.66	1782	case rate	
TRT CLOSED FRACT NOT GRT TOE	28510	CPT	outpatient			857		310.16 Wellcare	Medicare		269.7				98.66	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT CLOSED FRACT NOT GRT TOE	28510	CPT	outpatient			857		310.16 Wellcare	Medicaid		270.38	31.55			98.66	1782	percent of total billed charges	
TRT CLOSED FRACT NOT GRT TOE	28510	CPT	outpatient			857		310.16 WellPoint	WellPoint		275.78	32.18			98.66	1782	percent of total billed charges	
CLOSED TX FX TOE-NOT TOE W MANIP.	28515	CPT	outpatient			1366		310.16 Aetna	Better Health		430.97	31.55			150.34	1782	percent of total billed charges	
CLOSED TX FX TOE-NOT TOE W MANIP.	28515	CPT	outpatient			1366		310.16 Aetna	Commercial		429.36				150.34	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX FX TOE-NOT TOE W MANIP.	28515	CPT	outpatient			1366		310.16 Aetna	Medicare		269.7				150.34	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX FX TOE-NOT TOE W MANIP.	28515	CPT	outpatient			1366		310.16 Americare	Americare		1024.5	75			150.34	1782	percent of total billed charges	
CLOSED TX FX TOE-NOT TOE W MANIP.	28515	CPT	outpatient			1366		310.16 Amerihealth	HMO/PPO		887.9	65			150.34	1782	percent of total billed charges	
CLOSED TX FX TOE-NOT TOE W MANIP.	28515	CPT	outpatient			1366		310.16 Amerihealth	Medicare		269.7				150.34	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX FX TOE-NOT TOE W MANIP.	28515	CPT	outpatient			1366		310.16 Consumer	Consumer		1297.7	95			150.34	1782	percent of total billed charges	
CLOSED TX FX TOE-NOT TOE W MANIP.	28515	CPT	outpatient			1366		310.16 Corrections	Corrections		1092.8	80			150.34	1782	percent of total billed charges	
CLOSED TX FX TOE-NOT TOE W MANIP.	28515	CPT	outpatient			1366		310.16 First Health	First Health		956.2	70			150.34	1782	percent of total billed charges	
CLOSED TX FX TOE-NOT TOE W MANIP.	28515	CPT	outpatient			1366		310.16 First Trenton	First Trenton		1229.4	90			150.34	1782	percent of total billed charges	
CLOSED TX FX TOE-NOT TOE W MANIP.	28515	CPT	outpatient			1366		310.16 Horizon	Medicare Blue		269.7				150.34	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX FX TOE-NOT TOE W MANIP.	28515	CPT	outpatient			1366		310.16 Horizon	MGD		501.91				150.34	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX FX TOE-NOT TOE W MANIP.	28515	CPT	outpatient			1366		310.16 Horizon	PPO		501.91				150.34	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX FX TOE-NOT TOE W MANIP.	28515	CPT	outpatient			1366		310.16 Horizon	Indemnity		501.91				150.34	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX FX TOE-NOT TOE W MANIP.	28515	CPT	outpatient			1366		310.16 Horizon	NJ Health		150.34				150.34	1782	fee schedule	
CLOSED TX FX TOE-NOT TOE W MANIP.	28515	CPT	outpatient			1366		310.16 Managed Care Inc	Managed Care Inc		1229.4	90			150.34	1782	percent of total billed charges	
CLOSED TX FX TOE-NOT TOE W MANIP.	28515	CPT	outpatient			1366		310.16 Multiplan	Multiplan		1092.8	80			150.34	1782	percent of total billed charges	
CLOSED TX FX TOE-NOT TOE W MANIP.	28515	CPT	outpatient			1366		310.16 Qualcare	Qualcare		1024.5	75			150.34	1782	percent of total billed charges	
CLOSED TX FX TOE-NOT TOE W MANIP.	28515	CPT	outpatient			1366		310.16 Three Rivers	Three Rivers		1297.7	95			150.34	1782	percent of total billed charges	
CLOSED TX FX TOE-NOT TOE W MANIP.	28515	CPT	outpatient			1366		310.16 UHC	Medicaid		430.97	31.55			150.34	1782	percent of total billed charges	
CLOSED TX FX TOE-NOT TOE W MANIP.	28515	CPT	outpatient			1366		310.16 UHC	Medicare		269.7				150.34	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX FX TOE-NOT TOE W MANIP.	28515	CPT	outpatient			1366		310.16 United	CommercialPPO		1782				150.34	1782	case rate	
CLOSED TX FX TOE-NOT TOE W MANIP.	28515	CPT	outpatient			1366		310.16 United	Oxford		1782				150.34	1782	case rate	
CLOSED TX FX TOE-NOT TOE W MANIP.	28515	CPT	outpatient			1366		310.16 Wellcare	Medicare		269.7				150.34	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX FX TOE-NOT TOE W MANIP.	28515	CPT	outpatient			1366		310.16 Wellcare	Medicaid		430.97	31.55			150.34	1782	percent of total billed charges	
CLOSED TX FX TOE-NOT TOE W MANIP.	28515	CPT	outpatient			1366		310.16 WellPoint	WellPoint		439.58	32.18			150.34	1782	percent of total billed charges	
OPEN RX TOE FRACTURE	28525	CPT	outpatient			12346		4257.16 Aetna	Better Health		3895.16	31.55			387.59	11728.7	percent of total billed charges	
OPEN RX TOE FRACTURE	28525	CPT	outpatient			12346		4257.16 Aetna	Commercial		5893.39				387.59	11728.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN RX TOE FRACTURE	28525	CPT	outpatient			12346		4257.16 Aetna	Medicare		3701.88				387.59	11728.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN RX TOE FRACTURE	28525	CPT	outpatient			12346		4257.16 Americare	Americare		9259.5	75			387.59	11728.7	percent of total billed charges	
OPEN RX TOE FRACTURE	28525	CPT	outpatient			12346		4257.16 Amerihealth	HMO/PPO		8024.9	65			387.59	11728.7	percent of total billed charges	
OPEN RX TOE FRACTURE	28525	CPT	outpatient			12346		4257.16 Amerihealth	Medicare		3701.88				387.59	11728.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN RX TOE FRACTURE	28525	CPT	outpatient			12346		4257.16 Consumer	Consumer		11728.7	95			387.59	11728.7	percent of total billed charges	
OPEN RX TOE FRACTURE	28525	CPT	outpatient			12346		4257.16 Corrections	Corrections		9876.8	80			387.59	11728.7	percent of total billed charges	
OPEN RX TOE FRACTURE	28525	CPT	outpatient			12346		4257.16 First Health	First Health		8642.2	70			387.59	11728.7	percent of total billed charges	
OPEN RX TOE FRACTURE	28525	CPT	outpatient			12346		4257.16 First Trenton	First Trenton		11111.4	90			387.59	11728.7	percent of total billed charges	
OPEN RX TOE FRACTURE	28525	CPT	outpatient			12346		4257.16 Horizon	MGD		6889.2				387.59	11728.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN RX TOE FRACTURE	28525	CPT	outpatient			12346		4257.16 Horizon	Indemnity		6889.2				387.59	11728.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN RX TOE FRACTURE	28525	CPT	outpatient			12346		4257.16 Horizon	Medicare Blue		3701.88				387.59	11728.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN RX TOE FRACTURE	28525	CPT	outpatient			12346		4257.16 Horizon	NJ Health		387.59				387.59	11728.7	fee schedule	
OPEN RX TOE FRACTURE	28525	CPT	outpatient			12346		4257.16 Horizon	PPO		6889.2				387.59	11728.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN RX TOE FRACTURE	28525	CPT	outpatient			12346		4257.16 Managed Care Inc	Managed Care Inc		11111.4	90			387.59	11728.7	percent of total billed charges	
OPEN RX TOE FRACTURE	28525	CPT	outpatient			12346		4257.16 Multiplan	Multiplan		9876.8	80			387.59	11728.7	percent of total billed charges	
OPEN RX TOE FRACTURE	28525	CPT	outpatient			12346		4257.16 Qualcare	Qualcare		9259.5	75			387.59	11728.7	percent of total billed charges	
OPEN RX TOE FRACTURE	28525	CPT	outpatient			12346		4257.16 Three Rivers	Three Rivers		11728.7	95			387.59	11728.7	percent of total billed charges	
OPEN RX TOE FRACTURE	28525	CPT	outpatient			12346		4257.16 UHC	Medicaid		3895.16	31.55			387.59	11728.7	percent of total billed charges	
OPEN RX TOE FRACTURE	28525	CPT	outpatient			12346		4257.16 UHC	Medicare		3701.88				387.59	11728.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN RX TOE FRACTURE	28525	CPT	outpatient			12346		4257.16 United	CommercialPPO		2776				387.59	11728.7	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
OPEN RX TOE FRACTURE	28525	CPT	outpatient			12346	4257.16	United	Oxford		2776				387.59	11728.7	case rate	
OPEN RX TOE FRACTURE	28525	CPT	outpatient			12346	4257.16	Wellcare	Medicare		3701.88				387.59	11728.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN RX TOE FRACTURE	28525	CPT	outpatient			12346	4257.16	Wellcare	Medicaid		3895.16	31.55			387.59	11728.7	percent of total billed charges	
OPEN RX TOE FRACTURE	28525	CPT	outpatient			12346	4257.16	WellPoint	WellPoint		3972.94	32.18			387.59	11728.7	percent of total billed charges	
SESAMOID FX	28530	CPT	outpatient			798	310.16	Aetna	Better Health		251.77	31.55			85.27		1782 percent of total billed charges	
SESAMOID FX	28530	CPT	outpatient			798	310.16	Aetna	Medicare		269.7				85.27		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SESAMOID FX	28530	CPT	outpatient			798	310.16	Aetna	Commercial		429.36				85.27		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SESAMOID FX	28530	CPT	outpatient			798	310.16	Americare	Americare		598.5	75			85.27		1782 percent of total billed charges	
SESAMOID FX	28530	CPT	outpatient			798	310.16	Amerihealth	HMO/PPO		518.7	65			85.27		1782 percent of total billed charges	
SESAMOID FX	28530	CPT	outpatient			798	310.16	Amerihealth	Medicare		269.7				85.27		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SESAMOID FX	28530	CPT	outpatient			798	310.16	Consumer	Consumer		758.1	95			85.27		1782 percent of total billed charges	
SESAMOID FX	28530	CPT	outpatient			798	310.16	Corrections	Corrections		638.4	80			85.27		1782 percent of total billed charges	
SESAMOID FX	28530	CPT	outpatient			798	310.16	First Health	First Health		558.6	70			85.27		1782 percent of total billed charges	
SESAMOID FX	28530	CPT	outpatient			798	310.16	First Trenton	First Trenton		718.2	90			85.27		1782 percent of total billed charges	
SESAMOID FX	28530	CPT	outpatient			798	310.16	Horizon	Medicare Blue		269.7				85.27		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SESAMOID FX	28530	CPT	outpatient			798	310.16	Horizon	NJ Health		85.27				85.27		1782 fee schedule	
SESAMOID FX	28530	CPT	outpatient			798	310.16	Horizon	Indemnity		501.91				85.27		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SESAMOID FX	28530	CPT	outpatient			798	310.16	Horizon	MGD		501.91				85.27		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SESAMOID FX	28530	CPT	outpatient			798	310.16	Horizon	PPO		501.91				85.27		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SESAMOID FX	28530	CPT	outpatient			798	310.16	Managed Care Inc	Managed Care Inc		718.2	90			85.27		1782 percent of total billed charges	
SESAMOID FX	28530	CPT	outpatient			798	310.16	Multiplan	Multiplan		638.4	80			85.27		1782 percent of total billed charges	
SESAMOID FX	28530	CPT	outpatient			798	310.16	Qualcare	Qualcare		598.5	75			85.27		1782 percent of total billed charges	
SESAMOID FX	28530	CPT	outpatient			798	310.16	Three Rivers	Three Rivers		758.1	95			85.27		1782 percent of total billed charges	
SESAMOID FX	28530	CPT	outpatient			798	310.16	UHC	Medicaid		251.77	31.55			85.27		1782 percent of total billed charges	
SESAMOID FX	28530	CPT	outpatient			798	310.16	UHC	Medicare		269.7				85.27		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SESAMOID FX	28530	CPT	outpatient			798	310.16	United	Commercial|PPO		1782				85.27		1782 case rate	
SESAMOID FX	28530	CPT	outpatient			798	310.16	United	Oxford		1782				85.27		1782 case rate	
SESAMOID FX	28530	CPT	outpatient			798	310.16	Wellcare	Medicaid		251.77	31.55			85.27		1782 percent of total billed charges	
SESAMOID FX	28530	CPT	outpatient			798	310.16	Wellcare	Medicare		269.7				85.27		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SESAMOID FX	28530	CPT	outpatient			798	310.16	WellPoint	WellPoint		256.8	32.18			85.27		1782 percent of total billed charges	
CLTX TAR DIS OTH/THN TALO W/O ANES	28540	CPT	outpatient			819	310.16	Aetna	Better Health		258.39	31.55			206.32		1782 percent of total billed charges	
CLTX TAR DIS OTH/THN TALO W/O ANES	28540	CPT	outpatient			819	310.16	Aetna	Commercial		429.36				206.32		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX TAR DIS OTH/THN TALO W/O ANES	28540	CPT	outpatient			819	310.16	Aetna	Medicare		269.7				206.32		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX TAR DIS OTH/THN TALO W/O ANES	28540	CPT	outpatient			819	310.16	Americare	Americare		614.25	75			206.32		1782 percent of total billed charges	
CLTX TAR DIS OTH/THN TALO W/O ANES	28540	CPT	outpatient			819	310.16	Amerihealth	HMO/PPO		532.35	65			206.32		1782 percent of total billed charges	
CLTX TAR DIS OTH/THN TALO W/O ANES	28540	CPT	outpatient			819	310.16	Amerihealth	Medicare		269.7				206.32		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX TAR DIS OTH/THN TALO W/O ANES	28540	CPT	outpatient			819	310.16	Consumer	Consumer		778.05	95			206.32		1782 percent of total billed charges	
CLTX TAR DIS OTH/THN TALO W/O ANES	28540	CPT	outpatient			819	310.16	Corrections	Corrections		655.2	80			206.32		1782 percent of total billed charges	
CLTX TAR DIS OTH/THN TALO W/O ANES	28540	CPT	outpatient			819	310.16	First Health	First Health		573.3	70			206.32		1782 percent of total billed charges	
CLTX TAR DIS OTH/THN TALO W/O ANES	28540	CPT	outpatient			819	310.16	First Trenton	First Trenton		737.1	90			206.32		1782 percent of total billed charges	
CLTX TAR DIS OTH/THN TALO W/O ANES	28540	CPT	outpatient			819	310.16	Horizon	PPO		501.91				206.32		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX TAR DIS OTH/THN TALO W/O ANES	28540	CPT	outpatient			819	310.16	Horizon	MGD		501.91				206.32		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX TAR DIS OTH/THN TALO W/O ANES	28540	CPT	outpatient			819	310.16	Horizon	Indemnity		501.91				206.32		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX TAR DIS OTH/THN TALO W/O ANES	28540	CPT	outpatient			819	310.16	Horizon	NJ Health		206.32				206.32		1782 fee schedule	
CLTX TAR DIS OTH/THN TALO W/O ANES	28540	CPT	outpatient			819	310.16	Horizon	Medicare Blue		269.7				206.32		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX TAR DIS OTH/THN TALO W/O ANES	28540	CPT	outpatient			819	310.16	Managed Care Inc	Managed Care Inc		737.1	90			206.32		1782 percent of total billed charges	
CLTX TAR DIS OTH/THN TALO W/O ANES	28540	CPT	outpatient			819	310.16	Multiplan	Multiplan		655.2	80			206.32		1782 percent of total billed charges	
CLTX TAR DIS OTH/THN TALO W/O ANES	28540	CPT	outpatient			819	310.16	Qualcare	Qualcare		614.25	75			206.32		1782 percent of total billed charges	
CLTX TAR DIS OTH/THN TALO W/O ANES	28540	CPT	outpatient			819	310.16	Three Rivers	Three Rivers		778.05	95			206.32		1782 percent of total billed charges	
CLTX TAR DIS OTH/THN TALO W/O ANES	28540	CPT	outpatient			819	310.16	UHC	Medicare		269.7				206.32		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX TAR DIS OTH/THN TALO W/O ANES	28540	CPT	outpatient			819	310.16	UHC	Medicaid		258.39	31.55			206.32		1782 percent of total billed charges	
CLTX TAR DIS OTH/THN TALO W/O ANES	28540	CPT	outpatient			819	310.16	United	Oxford		1782				206.32		1782 case rate	
CLTX TAR DIS OTH/THN TALO W/O ANES	28540	CPT	outpatient			819	310.16	United	Commercial|PPO		1782				206.32		1782 case rate	
CLTX TAR DIS OTH/THN TALO W/O ANES	28540	CPT	outpatient			819	310.16	Wellcare	Medicare		269.7				206.32		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX TAR DIS OTH/THN TALO W/O ANES	28540	CPT	outpatient			819	310.16	Wellcare	Medicaid		258.39	31.55			206.32		1782 percent of total billed charges	
CLTX TAR DIS OTH/THN TALO W/O ANES	28540	CPT	outpatient			819	310.16	WellPoint	WellPoint		263.55	32.18			206.32		1782 percent of total billed charges	
TRT TALOTARSAL DISLOC	28570	CPT	outpatient			2226	310.16	Aetna	Medicare		685.61	30.8			190.3		2114.7 percent of total billed charges	
TRT TALOTARSAL DISLOC	28570	CPT	outpatient			2226	310.16	Aetna	Better Health		702.3	31.55			190.3		2114.7 percent of total billed charges	
TRT TALOTARSAL DISLOC	28570	CPT	outpatient			2226	310.16	Aetna	Commercial		429.36				190.3		2114.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT TALOTARSAL DISLOC	28570	CPT	outpatient			2226	310.16	Americare	Americare		1669.5	75			190.3		2114.7 percent of total billed charges	
TRT TALOTARSAL DISLOC	28570	CPT	outpatient			2226	310.16	Amerihealth	Medicare		269.7				190.3		2114.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT TALOTARSAL DISLOC	28570	CPT	outpatient			2226	310.16	Amerihealth	HMO/PPO		1446.9	65			190.3		2114.7 percent of total billed charges	
TRT TALOTARSAL DISLOC	28570	CPT	outpatient			2226	310.16	Consumer	Consumer		2114.7	95			190.3		2114.7 percent of total billed charges	
TRT TALOTARSAL DISLOC	28570	CPT	outpatient			2226	310.16	Corrections	Corrections		1780.8	80			190.3		2114.7 percent of total billed charges	
TRT TALOTARSAL DISLOC	28570	CPT	outpatient			2226	310.16	First Health	First Health		1558.2	70			190.3		2114.7 percent of total billed charges	
TRT TALOTARSAL DISLOC	28570	CPT	outpatient			2226	310.16	First Trenton	First Trenton		2003.4	90			190.3		2114.7 percent of total billed charges	
TRT TALOTARSAL DISLOC	28570	CPT	outpatient			2226	310.16	Horizon	MGD		501.91				190.3		2114.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT TALOTARSAL DISLOC	28570	CPT	outpatient			2226	310.16	Horizon	Indemnity		501.91				190.3		2114.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT TALOTARSAL DISLOC	28570	CPT	outpatient			2226	310.16	Horizon	Medicare Blue		269.7				190.3		2114.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT TALOTARSAL DISLOC	28570	CPT	outpatient			2226	310.16	Horizon	NJ Health		190.3				190.3		2114.7 fee schedule	
TRT TALOTARSAL DISLOC	28570	CPT	outpatient			2226	310.16	Horizon	PPO		501.91				190.3		2114.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT TALOTARSAL DISLOC	28570	CPT	outpatient			2226	310.16	Managed Care Inc	Managed Care Inc		2003.4	90			190.3		2114.7 percent of total billed charges	
TRT TALOTARSAL DISLOC	28570	CPT	outpatient			2226	310.16	Multiplan	Multiplan		1780.8	80			190.3		2114.7 percent of total billed charges	
TRT TALOTARSAL DISLOC	28570	CPT	outpatient			2226	310.16	Qualcare	Qualcare		1669.5	75			190.3		2114.7 percent of total billed charges	
TRT TALOTARSAL DISLOC	28570	CPT	outpatient			2226	310.16	Three Rivers	Three Rivers		2114.7	95			190.3		2114.7 percent of total billed charges	
TRT TALOTARSAL DISLOC	28570	CPT	outpatient			2226	310.16	UHC	Medicaid		702.3	31.55			190.3		2114.7 percent of total billed charges	
TRT TALOTARSAL DISLOC	28570	CPT	outpatient			2226	310.16	UHC	Medicare		269.7				190.3		2114.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT TALOTARSAL DISLOC	28570	CPT	outpatient			2226	310.16	United	Commercial|PPO		1782				190.3		2114.7 case rate	
TRT TALOTARSAL DISLOC	28570	CPT	outpatient			2226	310.16	United	Oxford		1782				190.3		2114.7 case rate	
TRT TALOTARSAL DISLOC	28570	CPT	outpatient			2226	310.16	Wellcare	Medicare		269.7				190.3		2114.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT TALOTARSAL DISLOC	28570	CPT	outpatient			2226	310.16	Wellcare	Medicaid		702.3	31.55			190.3		2114.7 percent of total billed charges	
TRT TALOTARSAL DISLOC	28570	CPT	outpatient			2226	310.16	WellPoint	WellPoint		716.33	32.18			190.3		2114.7 percent of total billed charges	
TRT TALOTARSAL DISLOC W/ANES	28575	CPT	outpatient			10846	4257.16	Aetna	Commercial		5863.39				288.98		10303.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT TALOTARSAL DISLOC W/ANES	28575	CPT	outpatient			10846	4257.16	Aetna	Better Health		3421.91	31.55			288.98		10303.7 percent of total billed charges	
TRT TALOTARSAL DISLOC W/ANES	28575	CPT	outpatient			10846	4257.16	Aetna	Medicare		3340.57	30.8			288.98		10303.7 percent of total billed charges	
TRT TALOTARSAL DISLOC W/ANES	28575	CPT	outpatient			10846	4257.16	Americare	Americare		8134.5	75			288.98		10303.7 percent of total billed charges	
TRT TALOTARSAL DISLOC W/ANES	28575	CPT	outpatient			10846	4257.16	Amerihealth	Medicare		3701.88				288.98		10303.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT TALOTARSAL DISLOC W/ANES	28575	CPT	outpatient			10846	4257.16	Amerihealth	HMO/PPO		7049.9	65			288.98		10303.7 percent of total billed charges	
TRT TALOTARSAL DISLOC W/ANES	28575	CPT	outpatient			10846	4257.16	Consumer	Consumer		10303.7	95			288.98		10303.7 percent of total billed charges	
TRT TALOTARSAL DISLOC W/ANES	28575	CPT	outpatient			10846	4257.16	Corrections	Corrections		8676.8	80			288.98		10303.7 percent of total billed charges	
TRT TALOTARSAL DISLOC W/ANES	28575	CPT	outpatient			10846	4257.16	First Health	First Health		7592.2	70			288.98		10303.7 percent of total billed charges	
TRT TALOTARSAL DISLOC W/ANES	28575	CPT	outpatient			10846	4257.16	First Trenton	First Trenton		9761.4	90			288.98		10303.7 percent of total billed charges	
TRT TALOTARSAL DISLOC W/ANES	28575	CPT	outpatient			10846	4257.16	Horizon	Indemnity		6889.2				288.98		10303.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT TALOTARSAL DISLOC W/ANES	28575	CPT	outpatient			10846	4257.16	Horizon	MGD		6889.2				288.98		10303.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT TALOTARSAL DISLOC W/ANES	28575	CPT	outpatient			10846	4257.16	Horizon	PPO		6889.2				288.98		10303.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT TALOTARSAL DISLOC W/ANES	28575	CPT	outpatient			10846	4257.16	Horizon	NJ Health		288.98				288.98		10303.7 fee schedule	
TRT TALOTARSAL DISLOC W/ANES	28575	CPT	outpatient			10846	4257.16	Horizon	Medicare Blue		3701.88				288.98		10303.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT TALOTARSAL DISLOC W/ANES	28575	CPT	outpatient			10846	4257.16	Managed Care Inc	Managed Care Inc		9761.4	90			288.98		10303.7 percent of total billed charges	
TRT TALOTARSAL DISLOC W/ANES	28575	CPT	outpatient			10846	4257.16	Multiplan	Multiplan		8676.8	80			288.98		10303.7 percent of total billed charges	
TRT TALOTARSAL DISLOC W/ANES	28575	CPT	outpatient			10846	4257.16	Qualcare	Qualcare		8134.5	75			288.98		10303.7 percent of total billed charges	
TRT TALOTARSAL DISLOC W/ANES	28575	CPT	outpatient			10846	4257.16	Three Rivers	Three Rivers		10303.7	95			288.98		10303.7 percent of total billed charges	
TRT TALOTARSAL DISLOC W/ANES	28575	CPT	outpatient			10846	4257.16	UHC	Medicare		3701.88				288.98		10303.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT TALOTARSAL DISLOC W/ANES	28575	CPT	outpatient			10846	4257.16	UHC	Medicaid		3421.91	31.55			288.98		10303.7 percent of total billed charges	
TRT TALOTARSAL DISLOC W/ANES	28575	CPT	outpatient			10846	4257.16	United	Oxford		2493				288.98		10303.7 case rate	
TRT TALOTARSAL DISLOC W/ANES	28575	CPT	outpatient			10846	4257.16	United	Commercial|PPO		2493				288.98		10303.7 case rate	
TRT TALOTARSAL DISLOC W/ANES	28575	CPT	outpatient			10846	4257.16	Wellcare	Medicare		3701.88				288.98		10303.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT TALOTARSAL DISLOC W/ANES	28575	CPT	outpatient			10846	4257.16	Wellcare	Medicaid		3421.91	31.55			288.98		10303.7 percent of total billed charges	
TRT TALOTARSAL DISLOC W/ANES	28575	CPT	outpatient			10846	4257.16	WellPoint	WellPoint		3490.24	32.18			288.98		10303.7 percent of total billed charges	
CL TX TAROMET DIS W/O ANES	28600	CPT	outpatient			842	310.16	Aetna	Commercial		429.36				219.42		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX TAROMET DIS W/O ANES	28600	CPT	outpatient			842	310.16	Aetna	Better Health		265.65	31.55			219.42		1782 percent of total billed charges	
CL TX TAROMET DIS W/O ANES	28600	CPT	outpatient			842	310.16	Aetna	Medicare		269.7				219.42		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX TAROMET DIS W/O ANES	28600	CPT	outpatient			842	310.16	Americare	Americare		631.5	75			219.42		1782 percent of total billed charges	
CL TX TAROMET DIS W/O ANES	28600	CPT	outpatient			842	310.16	Amerihealth	HMO/PPO		547.3	65			219.42		1782 percent of total billed charges	
CL TX TAROMET DIS W/O ANES	28600	CPT	outpatient			842	310.16	Amerihealth	Medicare		269.7				219.42		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX TAROMET DIS W/O ANES	28600	CPT	outpatient			842	310.16	Consumer	Consumer		799.9	95			219.42		1782 percent of total billed charges	
CL TX TAROMET DIS W/O ANES	28600	CPT	outpatient			842	310.16	Corrections	Corrections		673.6	80			219.42		1782 percent of total billed charges	
CL TX TAROMET DIS W/O ANES	28600	CPT	outpatient			842	310.16	First Health	First Health		589.4	70			219.42		1782 percent of total billed charges	
CL TX TAROMET DIS W/O ANES	28600	CPT	outpatient			842	310.16	First Trenton	First Trenton		757.8	90			219.42		1782 percent of total billed charges	
CL TX TAROMET DIS W/O ANES	28600	CPT	outpatient			842	310.16	Horizon	MGD		501.91				219.42		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX TAROMET DIS W/O ANES	28600	CPT	outpatient			842	310.16	Horizon	Medicare Blue		269.7				219.42		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX TAROMET DIS W/O ANES	28600	CPT	outpatient			842	310.16	Horizon	NJ Health		219.42				219.42		1782 fee schedule	
CL TX TAROMET DIS W/O ANES	28600	CPT	outpatient			842	310.16	Horizon	Indemnity		501.91				219.42		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX TAROMET DIS W/O ANES	28600	CPT	outpatient			842	310.16	Horizon	PPO		501.91				219.42		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX TAROMET DIS W/O ANES	28600	CPT	outpatient			842	310.16	Managed Care Inc	Managed Care Inc		757.8	90			219.42		1782 percent of total billed charges	
CL TX TAROMET DIS W/O ANES	28600	CPT	outpatient			842	310.16	Multiplan	Multiplan		673.6	80			219.42		1782 percent of total billed charges	
CL TX TAROMET DIS W/O ANES	28600	CPT	outpatient			842	310.16	Qualcare	Qualcare		631.5	75			219.42		1782 percent of total billed charges	
CL TX TAROMET DIS W/O ANES	28600	CPT	outpatient			842	310.16	Three Rivers	Three Rivers		799.9	95			219.42		1782 percent of total billed charges	
CL TX TAROMET DIS W/O ANES	28600	CPT	outpatient			842	310.16	UHC	Medicaid		265.65	31.55			219.42		1782 percent of total billed charges	
CL TX TAROMET DIS W/O ANES	28600	CPT	outpatient			842	310.16	UHC	Medicare		269.7				219.42		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX TAROMET DIS W/O ANES	28600	CPT	outpatient			842	310.16	United	Oxford		1782				219.42		1782 case rate	
CL TX TAROMET DIS W/O ANES	28600	CPT	outpatient			842	310.16	United	Commercial|PPO		1782				219.42		1782 case rate	
CL TX TAROMET DIS W/O ANES	28600	CPT	outpatient			842	310.16	Wellcare	Medicaid		265.65	31.55			219.42		1782 percent of total billed charges	
CL TX TAROMET DIS W/O ANES	28600	CPT	outpatient			842	310.16	Wellcare	Medicare		269.7				219.42		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX TAROMET DIS W/O ANES	28600	CPT	outpatient			842	310.16	WellPoint	WellPoint		270.96	32.18			219.42		1782 percent of total billed charges	
CL TX MTP DISLOC W/O ANES.	28630	CPT	outpatient			865	310.16	Aetna	Better Health		272.91	31.55			159.21		1782 percent of total billed charges	
CL TX MTP DISLOC W/O ANES.	28630	CPT	outpatient			865	310.16	Aetna	Commercial		429.36				159.21		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX MTP DISLOC W/O ANES.	28630	CPT	outpatient			865	310.16	Aetna	Medicare		269.7				159.21		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX MTP DISLOC W/O ANES.	28630	CPT	outpatient			865	310.16	Americare	Americare		648.75	75			159.21		1782 percent of total billed charges	
CL TX MTP DISLOC W/O ANES.	28630	CPT	outpatient			865	310.16	Amerihealth	HMO/PPO		562.25	65			159.21		1782 percent of total billed charges	
CL TX MTP DISLOC W/O ANES.	28630	CPT	outpatient			865	310.16	Amerihealth	Medicare		269.7				159.21		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX MTP DISLOC W/O ANES.	28630	CPT	outpatient			865	310.16	Consumer	Consumer		821.75	95			159.21		1782 percent of total billed charges	
CL TX MTP DISLOC W/O ANES.	28630	CPT	outpatient			865	310.16	Corrections	Corrections		692	80			159.21		1782 percent of total billed charges	
CL TX MTP DISLOC W/O ANES.	28630	CPT	outpatient			865	310.16	First Health	First Health		605.5	70			159.21		1782 percent of total billed charges	
CL TX MTP DISLOC W/O ANES.	28630	CPT	outpatient			865	310.16	First Trenton	First Trenton		778.5	90			159.21		1782 percent of total billed charges	
CL TX MTP DISLOC W/O ANES.	28630	CPT	outpatient			865	310.16	Horizon	MGD		501.91				159.21		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX MTP DISLOC W/O ANES.	28630	CPT	outpatient			865	310.16	Horizon	Indemnity		501.91				159.21		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX MTP DISLOC W/O ANES.	28630	CPT	outpatient			865	310.16	Horizon	NJ Health		159.21				159.21		1782 fee schedule	
CL TX MTP DISLOC W/O ANES.	28630	CPT	outpatient			865	310.16	Horizon	Medicare Blue		269.7				159.21		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CL TX MTP DISLOC W/O ANES.	28630	CPT	outpatient			865		310.16 Horizon	PPO		501.91				159.21	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX MTP DISLOC W/O ANES.	28630	CPT	outpatient			865		310.16 Managed Care Inc	Managed Care Inc		778.5	90			159.21	1782	percent of total billed charges	
CL TX MTP DISLOC W/O ANES.	28630	CPT	outpatient			865		310.16 Multiplan	Multiplan		692	80			159.21	1782	percent of total billed charges	
CL TX MTP DISLOC W/O ANES.	28630	CPT	outpatient			865		310.16 Qualcare	Qualcare		648.75	75			159.21	1782	percent of total billed charges	
CL TX MTP DISLOC W/O ANES.	28630	CPT	outpatient			865		310.16 Three Rivers	Three Rivers		821.75	95			159.21	1782	percent of total billed charges	
CL TX MTP DISLOC W/O ANES.	28630	CPT	outpatient			865		310.16 UHC	Medicare		269.7				159.21	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX MTP DISLOC W/O ANES.	28630	CPT	outpatient			865		310.16 UHC	Medicaid		272.91	31.55			159.21	1782	percent of total billed charges	
CL TX MTP DISLOC W/O ANES.	28630	CPT	outpatient			865		310.16 United	Oxford		1782				159.21	1782	case rate	
CL TX MTP DISLOC W/O ANES.	28630	CPT	outpatient			865		310.16 United	Commercial|PPO		1782				159.21	1782	case rate	
CL TX MTP DISLOC W/O ANES.	28630	CPT	outpatient			865		310.16 Wellcare	Medicare		269.7				159.21	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX MTP DISLOC W/O ANES.	28630	CPT	outpatient			865		310.16 Wellcare	Medicaid		272.91	31.55			159.21	1782	percent of total billed charges	
CL TX MTP DISLOC W/O ANES.	28630	CPT	outpatient			865		310.16 WellPoint	WellPoint		278.36	32.18			159.21	1782	percent of total billed charges	
CLSD TX OF META JOINT LOCATION	28635	CPT	outpatient			5661		2113.84 Aetna	Commercial		2926.29				183.33	5377.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TX OF META JOINT LOCATION	28635	CPT	outpatient			5661		2113.84 Aetna	Better Health		1786.05	31.55			183.33	5377.95	percent of total billed charges	
CLSD TX OF META JOINT LOCATION	28635	CPT	outpatient			5661		2113.84 Aetna	Medicare		1838.12				183.33	5377.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TX OF META JOINT LOCATION	28635	CPT	outpatient			5661		2113.84 Americare	Americare		4245.75	75			183.33	5377.95	percent of total billed charges	
CLSD TX OF META JOINT LOCATION	28635	CPT	outpatient			5661		2113.84 Amerihealth	HMO|PPO		3679.65	65			183.33	5377.95	percent of total billed charges	
CLSD TX OF META JOINT LOCATION	28635	CPT	outpatient			5661		2113.84 Amerihealth	Medicare		1838.12				183.33	5377.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TX OF META JOINT LOCATION	28635	CPT	outpatient			5661		2113.84 Consumer	Consumer		5377.95	95			183.33	5377.95	percent of total billed charges	
CLSD TX OF META JOINT LOCATION	28635	CPT	outpatient			5661		2113.84 Corrections	Corrections		4528.8	80			183.33	5377.95	percent of total billed charges	
CLSD TX OF META JOINT LOCATION	28635	CPT	outpatient			5661		2113.84 First Health	First Health		3962.7	70			183.33	5377.95	percent of total billed charges	
CLSD TX OF META JOINT LOCATION	28635	CPT	outpatient			5661		2113.84 First Trenton	First Trenton		5094.9	90			183.33	5377.95	percent of total billed charges	
CLSD TX OF META JOINT LOCATION	28635	CPT	outpatient			5661		2113.84 Horizon	Medicare Blue		1838.12				183.33	5377.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TX OF META JOINT LOCATION	28635	CPT	outpatient			5661		2113.84 Horizon	MGD		3420.74				183.33	5377.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TX OF META JOINT LOCATION	28635	CPT	outpatient			5661		2113.84 Horizon	Indemnity		3420.74				183.33	5377.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TX OF META JOINT LOCATION	28635	CPT	outpatient			5661		2113.84 Horizon	NJ Health		183.33				183.33	5377.95	fee schedule	
CLSD TX OF META JOINT LOCATION	28635	CPT	outpatient			5661		2113.84 Horizon	PPO		3420.74				183.33	5377.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TX OF META JOINT LOCATION	28635	CPT	outpatient			5661		2113.84 Managed Care Inc	Managed Care Inc		5094.9	90			183.33	5377.95	percent of total billed charges	
CLSD TX OF META JOINT LOCATION	28635	CPT	outpatient			5661		2113.84 Multiplan	Multiplan		4528.8	80			183.33	5377.95	percent of total billed charges	
CLSD TX OF META JOINT LOCATION	28635	CPT	outpatient			5661		2113.84 Qualcare	Qualcare		4245.75	75			183.33	5377.95	percent of total billed charges	
CLSD TX OF META JOINT LOCATION	28635	CPT	outpatient			5661		2113.84 Three Rivers	Three Rivers		5377.95	95			183.33	5377.95	percent of total billed charges	
CLSD TX OF META JOINT LOCATION	28635	CPT	outpatient			5661		2113.84 UHC	Medicaid		1786.05	31.55			183.33	5377.95	percent of total billed charges	
CLSD TX OF META JOINT LOCATION	28635	CPT	outpatient			5661		2113.84 UHC	Medicare		1838.12				183.33	5377.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TX OF META JOINT LOCATION	28635	CPT	outpatient			5661		2113.84 United	Oxford		2493				183.33	5377.95	case rate	
CLSD TX OF META JOINT LOCATION	28635	CPT	outpatient			5661		2113.84 United	Commercial|PPO		2493				183.33	5377.95	case rate	
CLSD TX OF META JOINT LOCATION	28635	CPT	outpatient			5661		2113.84 Wellcare	Medicare		1838.12				183.33	5377.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TX OF META JOINT LOCATION	28635	CPT	outpatient			5661		2113.84 Wellcare	Medicaid		1786.05	31.55			183.33	5377.95	percent of total billed charges	
CLSD TX OF META JOINT LOCATION	28635	CPT	outpatient			5661		2113.84 WellPoint	WellPoint		1821.71	32.18			183.33	5377.95	percent of total billed charges	
DISLOCATION CL INTERPHALANGEAL	28660	CPT	outpatient			1759		310.16 Aetna	Better Health		554.96	31.55			87.7	1782	percent of total billed charges	
DISLOCATION CL INTERPHALANGEAL	28660	CPT	outpatient			1759		310.16 Aetna	Medicare		269.7				87.7	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DISLOCATION CL INTERPHALANGEAL	28660	CPT	outpatient			1759		310.16 Aetna	Commercial		429.36				87.7	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DISLOCATION CL INTERPHALANGEAL	28660	CPT	outpatient			1759		310.16 Americare	Americare		1319.25	75			87.7	1782	percent of total billed charges	
DISLOCATION CL INTERPHALANGEAL	28660	CPT	outpatient			1759		310.16 Amerihealth	HMO|PPO		1143.35	65			87.7	1782	percent of total billed charges	
DISLOCATION CL INTERPHALANGEAL	28660	CPT	outpatient			1759		310.16 Amerihealth	Medicare		269.7				87.7	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DISLOCATION CL INTERPHALANGEAL	28660	CPT	outpatient			1759		310.16 Consumer	Consumer		1671.05	95			87.7	1782	percent of total billed charges	
DISLOCATION CL INTERPHALANGEAL	28660	CPT	outpatient			1759		310.16 Corrections	Corrections		1407.2	80			87.7	1782	percent of total billed charges	
DISLOCATION CL INTERPHALANGEAL	28660	CPT	outpatient			1759		310.16 First Health	First Health		1231.3	70			87.7	1782	percent of total billed charges	
DISLOCATION CL INTERPHALANGEAL	28660	CPT	outpatient			1759		310.16 First Trenton	First Trenton		1583.1	90			87.7	1782	percent of total billed charges	
DISLOCATION CL INTERPHALANGEAL	28660	CPT	outpatient			1759		310.16 Horizon	MGD		501.91				87.7	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DISLOCATION CL INTERPHALANGEAL	28660	CPT	outpatient			1759		310.16 Horizon	Medicare Blue		269.7				87.7	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DISLOCATION CL INTERPHALANGEAL	28660	CPT	outpatient			1759		310.16 Horizon	Indemnity		501.91				87.7	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DISLOCATION CL INTERPHALANGEAL	28660	CPT	outpatient			1759		310.16 Horizon	NJ Health		87.7				87.7	1782	fee schedule	
DISLOCATION CL INTERPHALANGEAL	28660	CPT	outpatient			1759		310.16 Horizon	PPO		501.91				87.7	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DISLOCATION CL INTERPHALANGEAL	28660	CPT	outpatient			1759		310.16 Managed Care Inc	Managed Care Inc		1583.1	90			87.7	1782	percent of total billed charges	
DISLOCATION CL INTERPHALANGEAL	28660	CPT	outpatient			1759		310.16 Multiplan	Multiplan		1407.2	80			87.7	1782	percent of total billed charges	
DISLOCATION CL INTERPHALANGEAL	28660	CPT	outpatient			1759		310.16 Qualcare	Qualcare		1319.25	75			87.7	1782	percent of total billed charges	
DISLOCATION CL INTERPHALANGEAL	28660	CPT	outpatient			1759		310.16 Three Rivers	Three Rivers		1671.05	95			87.7	1782	percent of total billed charges	
DISLOCATION CL INTERPHALANGEAL	28660	CPT	outpatient			1759		310.16 UHC	Medicare		269.7				87.7	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DISLOCATION CL INTERPHALANGEAL	28660	CPT	outpatient			1759		310.16 UHC	Medicaid		554.96	31.55			87.7	1782	percent of total billed charges	
DISLOCATION CL INTERPHALANGEAL	28660	CPT	outpatient			1759		310.16 United	Commercial|PPO		1782				87.7	1782	case rate	
DISLOCATION CL INTERPHALANGEAL	28660	CPT	outpatient			1759		310.16 United	Oxford		1782				87.7	1782	case rate	
DISLOCATION CL INTERPHALANGEAL	28660	CPT	outpatient			1759		310.16 Wellcare	Medicare		269.7				87.7	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DISLOCATION CL INTERPHALANGEAL	28660	CPT	outpatient			1759		310.16 Wellcare	Medicaid		554.96	31.55			87.7	1782	percent of total billed charges	
DISLOCATION CL INTERPHALANGEAL	28660	CPT	outpatient			1759		310.16 WellPoint	WellPoint		566.05	32.18			87.7	1782	percent of total billed charges	
CLTX INTERPH JT DISLC REQ ANES	28665	CPT	outpatient			897		353.21 Aetna	Better Health		283	31.55			155.97	1782	percent of total billed charges	
CLTX INTERPH JT DISLC REQ ANES	28665	CPT	outpatient			897		353.21 Aetna	Medicare		307.14				155.97	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX INTERPH JT DISLC REQ ANES	28665	CPT	outpatient			897		353.21 Aetna	Commercial		488.97				155.97	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX INTERPH JT DISLC REQ ANES	28665	CPT	outpatient			897		353.21 Americare	Americare		672.75	75			155.97	1782	percent of total billed charges	
CLTX INTERPH JT DISLC REQ ANES	28665	CPT	outpatient			897		353.21 Amerihealth	HMO|PPO		583.05	65			155.97	1782	percent of total billed charges	
CLTX INTERPH JT DISLC REQ ANES	28665	CPT	outpatient			897		353.21 Amerihealth	Medicare		307.14				155.97	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX INTERPH JT DISLC REQ ANES	28665	CPT	outpatient			897		353.21 Consumer	Consumer		852.15	95			155.97	1782	percent of total billed charges	
CLTX INTERPH JT DISLC REQ ANES	28665	CPT	outpatient			897		353.21 Corrections	Corrections		717.6	80			155.97	1782	percent of total billed charges	
CLTX INTERPH JT DISLC REQ ANES	28665	CPT	outpatient			897		353.21 First Health	First Health		627.9	70			155.97	1782	percent of total billed charges	
CLTX INTERPH JT DISLC REQ ANES	28665	CPT	outpatient			897		353.21 First Trenton	First Trenton		807.3	90			155.97	1782	percent of total billed charges	
CLTX INTERPH JT DISLC REQ ANES	28665	CPT	outpatient			897		353.21 Horizon	NJ Health		155.97				155.97	1782	fee schedule	
CLTX INTERPH JT DISLC REQ ANES	28665	CPT	outpatient			897		353.21 Horizon	Indemnity		571.59				155.97	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX INTERPH JT DISLC REQ ANES	28665	CPT	outpatient			897		353.21 Horizon	MGD		571.59				155.97	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX INTERPH JT DISLC REQ ANES	28665	CPT	outpatient			897		353.21 Horizon	PPO		571.59				155.97	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX INTERPH JT DISLC REQ ANES	28665	CPT	outpatient			897		353.21 Horizon	Medicare Blue		307.14				155.97	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX INTERPH JT DISLC REQ ANES	28665	CPT	outpatient			897		353.21 Managed Care Inc	Managed Care Inc		807.3	90			155.97	1782	percent of total billed charges	
CLTX INTERPH JT DISLC REQ ANES	28665	CPT	outpatient			897		353.21 Multiplan	Multiplan		717.6	80			155.97	1782	percent of total billed charges	
CLTX INTERPH JT DISLC REQ ANES	28665	CPT	outpatient			897		353.21 Qualcare	Qualcare		672.75	75			155.97	1782	percent of total billed charges	
CLTX INTERPH JT DISLC REQ ANES	28665	CPT	outpatient			897		353.21 Three Rivers	Three Rivers		852.15	95			155.97	1782	percent of total billed charges	
CLTX INTERPH JT DISLC REQ ANES	28665	CPT	outpatient			897		353.21 UHC	Medicare		307.14				155.97	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX INTERPH JT DISLC REQ ANES	28665	CPT	outpatient			897		353.21 UHC	Medicaid		283	31.55			155.97	1782	percent of total billed charges	
CLTX INTERPH JT DISLC REQ ANES	28665	CPT	outpatient			897		353.21 United	Oxford		1782				155.97	1782	case rate	
CLTX INTERPH JT DISLC REQ ANES	28665	CPT	outpatient			897		353.21 United	Commercial|PPO		1782				155.97	1782	case rate	
CLTX INTERPH JT DISLC REQ ANES	28665	CPT	outpatient			897		353.21 Wellcare	Medicare		307.14				155.97	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX INTERPH JT DISLC REQ ANES	28665	CPT	outpatient			897		353.21 Wellcare	Medicaid		283	31.55			155.97	1782	percent of total billed charges	
CLTX INTERPH JT DISLC REQ ANES	28665	CPT	outpatient			897		353.21 WellPoint	WellPoint		286.65	32.18			155.97	1782	percent of total billed charges	
AMPUTATION METATARSAL	28810	CPT	outpatient			7818		4257.16 Aetna	Medicare		2407.94	30.8			498.09	7427.1	percent of total billed charges	
AMPUTATION METATARSAL	28810	CPT	outpatient			7818		4257.16 Aetna	Commercial		5893.39				498.09	7427.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMPUTATION METATARSAL	28810	CPT	outpatient			7818		4257.16 Aetna	Better Health		2466.58	31.55			498.09	7427.1	percent of total billed charges	
AMPUTATION METATARSAL	28810	CPT	outpatient			7818		4257.16 Americare	Americare		5863.5	75			498.09	7427.1	percent of total billed charges	
AMPUTATION METATARSAL	28810	CPT	outpatient			7818		4257.16 Amerihealth	HMO|PPO		5081.7	65			498.09	7427.1	percent of total billed charges	
AMPUTATION METATARSAL	28810	CPT	outpatient			7818		4257.16 Amerihealth	Medicare		3701.88				498.09	7427.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMPUTATION METATARSAL	28810	CPT	outpatient			7818		4257.16 Consumer	Consumer		7427.1	95			498.09	7427.1	percent of total billed charges	
AMPUTATION METATARSAL	28810	CPT	outpatient			7818		4257.16 Corrections	Corrections		6254.4	80			498.09	7427.1	percent of total billed charges	
AMPUTATION METATARSAL	28810	CPT	outpatient			7818		4257.16 First Health	First Health		5472.6	70			498.09	7427.1	percent of total billed charges	
AMPUTATION METATARSAL	28810	CPT	outpatient			7818		4257.16 First Trenton	First Trenton		7036.2	90			498.09	7427.1	percent of total billed charges	
AMPUTATION METATARSAL	28810	CPT	outpatient			7818		4257.16 Horizon	MGD		6889.2				498.09	7427.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMPUTATION METATARSAL	28810	CPT	outpatient			7818		4257.16 Horizon	Medicare Blue		3701.88				498.09	7427.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMPUTATION METATARSAL	28810	CPT	outpatient			7818		4257.16 Horizon	Indemnity		6889.2				498.09	7427.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMPUTATION METATARSAL	28810	CPT	outpatient			7818		4257.16 Horizon	PPO		6889.2				498.09	7427.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMPUTATION METATARSAL	28810	CPT	outpatient			7818		4257.16 Horizon	NJ Health		498.09				498.09	7427.1	fee schedule	
AMPUTATION METATARSAL	28810	CPT	outpatient			7818		4257.16 Managed Care Inc	Managed Care Inc		7036.2	90			498.09	7427.1	percent of total billed charges	
AMPUTATION METATARSAL	28810	CPT	outpatient			7818		4257.16 Multiplan	Multiplan		6254.4	80			498.09	7427.1	percent of total billed charges	
AMPUTATION METATARSAL	28810	CPT	outpatient			7818		4257.16 Qualcare	Qualcare		5863.5	75			498.09	7427.1	percent of total billed charges	
AMPUTATION METATARSAL	28810	CPT	outpatient			7818		4257.16 Three Rivers	Three Rivers		7427.1	95			498.09	7427.1	percent of total billed charges	
AMPUTATION METATARSAL	28810	CPT	outpatient			7818		4257.16 UHC	Medicare		3701.88				498.09	7427.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMPUTATION METATARSAL	28810	CPT	outpatient			7818		4257.16 UHC	Medicaid		2466.58	31.55			498.09	7427.1	percent of total billed charges	
AMPUTATION METATARSAL	28810	CPT	outpatient			7818		4257.16 United	Oxford		2776				498.09	7427.1	case rate	
AMPUTATION METATARSAL	28810	CPT	outpatient			7818		4257.16 United	Commercial|PPO		2776				498.09	7427.1	case rate	
AMPUTATION METATARSAL	28810	CPT	outpatient			7818		4257.16 Wellcare	Medicaid		2466.58	31.55			498.09	7427.1	percent of total billed charges	
AMPUTATION METATARSAL	28810	CPT	outpatient			7818		4257.16 Wellcare	Medicare		3701.88				498.09	7427.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMPUTATION METATARSAL	28810	CPT	outpatient			7818		4257.16 WellPoint	WellPoint		2515.83	32.18			498.09	7427.1	percent of total billed charges	
AMP TOE; IP JOINT	28825	CPT	outpatient			11440		4257.16 Aetna	Commercial		5893.39				230.2	10868	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMP TOE; IP JOINT	28825	CPT	outpatient			11440		4257.16 Aetna	Better Health		3609.32	31.55			230.2	10868	percent of total billed charges	
AMP TOE; IP JOINT	28825	CPT	outpatient			11440		4257.16 Aetna	Medicare		3701.88				230.2	10868	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMP TOE; IP JOINT	28825	CPT	outpatient			11440		4257.16 Americare	Americare		8580	75			230.2	10868	percent of total billed charges	
AMP TOE; IP JOINT	28825	CPT	outpatient			11440		4257.16 Amerihealth	HMO|PPO		7436	65			230.2	10868	percent of total billed charges	
AMP TOE; IP JOINT	28825	CPT	outpatient			11440		4257.16 Amerihealth	Medicare		3701.88				230.2	10868	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMP TOE; IP JOINT	28825	CPT	outpatient			11440		4257.16 Consumer	Consumer		10868	95			230.2	10868	percent of total billed charges	
AMP TOE; IP JOINT	28825	CPT	outpatient			11440		4257.16 Corrections	Corrections		9152	80			230.2	10868	percent of total billed charges	
AMP TOE; IP JOINT	28825	CPT	outpatient			11440		4257.16 First Health	First Health		8008	70			230.2	10868	percent of total billed charges	
AMP TOE; IP JOINT	28825	CPT	outpatient			11440		4257.16 First Trenton	First Trenton		10296	90			230.2	10868	percent of total billed charges	
AMP TOE; IP JOINT	28825	CPT	outpatient			11440		4257.16 Horizon	MGD		6889.2				230.2	10868	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMP TOE; IP JOINT	28825	CPT	outpatient			11440		4257.16 Horizon	Indemnity		6889.2				230.2	10868	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMP TOE; IP JOINT	28825	CPT	outpatient			11440		4257.16 Horizon	PPO		6889.2				230.2	10868	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMP TOE; IP JOINT	28825	CPT	outpatient			11440		4257.16 Horizon	NJ Health		230.2				230.2	10868	fee schedule	
AMP TOE; IP JOINT	28825	CPT	outpatient			11440		4257.16 Horizon	Medicare Blue		3701.88				230.2	10868	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMP TOE; IP JOINT	28825	CPT	outpatient			11440		4257.16 Managed Care Inc	Managed Care Inc		10296	90			230.2	10868	percent of total billed charges	
AMP TOE; IP JOINT	28825	CPT	outpatient			11440		4257.16 Multiplan	Multiplan		9152	80			230.2	10868	percent of total billed charges	
AMP TOE; IP JOINT	28825	CPT	outpatient			11440		4257.16 Qualcare	Qualcare		8580	75			230.2	10868	percent of total billed charges	
AMP TOE; IP JOINT	28825	CPT	outpatient			11440		4257.16 Three Rivers	Three Rivers		10868	95			230.2	10868	percent of total billed charges	
AMP TOE; IP JOINT	28825	CPT	outpatient			11440		4257.16 UHC	Medicaid		3609.32	31.55			230.2	10868	percent of total billed charges	
AMP TOE; IP JOINT	28825	CPT	outpatient			11440		4257.16 UHC	Medicare		3701.88				230.2	10868	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMP TOE; IP JOINT	28825	CPT	outpatient			11440		4257.16 United	Oxford		2776				230.2	10868	case rate	
AMP TOE; IP JOINT	28825	CPT	outpatient			11440		4257.16 United	Commercial|PPO		2776				230.2	10868	case rate	
AMP TOE; IP JOINT	28825	CPT	outpatient			11440		4257.16 Wellcare	Medicare		3701.88				230.2	10868	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMP TOE; IP JOINT	28825	CPT	outpatient			11440		4257.16 Wellcare	Medicaid		3609.32	31.55			230.2	10868	percent of total billed charges	
AMP TOE; IP JOINT	28825	CPT	outpatient			11440		4257.16 WellPoint	WellPoint		3681.39	32.18			230.2	10868	percent of total billed charges	
BODY CAST APPLICATION	29035	CPT	outpatient			875		353.21 Aetna	Better Health		276.06	31.55			251.84	1782	percent of total billed charges	
BODY CAST APPLICATION	29035	CPT	outpatient			875		353.21 Aetna	Medicare		269.5	30.8			251.84	1782	percent of total billed charges	
BODY CAST APPLICATION	29035	CPT	outpatient			875		353.21 Aetna	Commercial		488.97				251.84	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BODY CAST APPLICATION	29035	CPT	outpatient			875		353.21 Americare	Americare		656.25	75			251.84	1782	percent of total billed charges	
BODY CAST APPLICATION	29035	CPT	outpatient			875		353.21 Amerihealth	HMO|PPO		568.75	65			251.84	1782	percent of total billed charges	
BODY CAST APPLICATION	29035	CPT	outpatient			875		353.21 Amerihealth	Medicare		307.14				251.84	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
BODY CAST APPLICATION	29035	CPT	outpatient			875		353.21 Consumer	Consumer		831.25	95			251.84		1782 percent of total billed charges	
BODY CAST APPLICATION	29035	CPT	outpatient			875		353.21 Corrections	Corrections		700	80			251.84		1782 percent of total billed charges	
BODY CAST APPLICATION	29035	CPT	outpatient			875		353.21 First Health	First Health		612.5	70			251.84		1782 percent of total billed charges	
BODY CAST APPLICATION	29035	CPT	outpatient			875		353.21 First Trenton	First Trenton		787.5	90			251.84		1782 percent of total billed charges	
BODY CAST APPLICATION	29035	CPT	outpatient			875		353.21 Horizon	MGD		571.59				251.84		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BODY CAST APPLICATION	29035	CPT	outpatient			875		353.21 Horizon	Medicare Blue		307.14				251.84		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BODY CAST APPLICATION	29035	CPT	outpatient			875		353.21 Horizon	PPO		571.59				251.84		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BODY CAST APPLICATION	29035	CPT	outpatient			875		353.21 Horizon	NJ Health		251.84				251.84		1782 fee schedule	
BODY CAST APPLICATION	29035	CPT	outpatient			875		353.21 Horizon	Indemnity		571.59				251.84		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BODY CAST APPLICATION	29035	CPT	outpatient			875		353.21 Managed Care Inc	Managed Care Inc		787.5	90			251.84		1782 percent of total billed charges	
BODY CAST APPLICATION	29035	CPT	outpatient			875		353.21 Multiplan	Multiplan		700	80			251.84		1782 percent of total billed charges	
BODY CAST APPLICATION	29035	CPT	outpatient			875		353.21 Qualcare	Qualcare		656.25	75			251.84		1782 percent of total billed charges	
BODY CAST APPLICATION	29035	CPT	outpatient			875		353.21 Three Rivers	Three Rivers		831.25	95			251.84		1782 percent of total billed charges	
BODY CAST APPLICATION	29035	CPT	outpatient			875		353.21 UHC	Medicare		307.14				251.84		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BODY CAST APPLICATION	29035	CPT	outpatient			875		353.21 UHC	Medicaid		276.06	31.55			251.84		1782 percent of total billed charges	
BODY CAST APPLICATION	29035	CPT	outpatient			875		353.21 United	Oxford		1782				251.84		1782 case rate	
BODY CAST APPLICATION	29035	CPT	outpatient			875		353.21 United	Commercial|PPO		1782				251.84		1782 case rate	
BODY CAST APPLICATION	29035	CPT	outpatient			875		353.21 Wellcare	Medicaid		276.06	31.55			251.84		1782 percent of total billed charges	
BODY CAST APPLICATION	29035	CPT	outpatient			875		353.21 Wellcare	Medicare		307.14				251.84		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BODY CAST APPLICATION	29035	CPT	outpatient			875		353.21 WellPoint	WellPoint		281.58	32.18			251.84		1782 percent of total billed charges	
APPLICATION OF SHOULDER CAST	29055	CPT	outpatient			682		353.21 Aetna	Commercial		488.97				215.17		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLICATION OF SHOULDER CAST	29055	CPT	outpatient			682		353.21 Aetna	Better Health		215.17	31.55			215.17		1782 percent of total billed charges	
APPLICATION OF SHOULDER CAST	29055	CPT	outpatient			682		353.21 Aetna	Medicare		307.14				215.17		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLICATION OF SHOULDER CAST	29055	CPT	outpatient			682		353.21 Americare	Americare		511.5	75			215.17		1782 percent of total billed charges	
APPLICATION OF SHOULDER CAST	29055	CPT	outpatient			682		353.21 Amerihealth	Medicare		307.14				215.17		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLICATION OF SHOULDER CAST	29055	CPT	outpatient			682		353.21 Amerihealth	HMO|PPO		443.3	65			215.17		1782 percent of total billed charges	
APPLICATION OF SHOULDER CAST	29055	CPT	outpatient			682		353.21 Consumer	Consumer		647.9	95			215.17		1782 percent of total billed charges	
APPLICATION OF SHOULDER CAST	29055	CPT	outpatient			682		353.21 Corrections	Corrections		545.6	80			215.17		1782 percent of total billed charges	
APPLICATION OF SHOULDER CAST	29055	CPT	outpatient			682		353.21 First Health	First Health		477.4	70			215.17		1782 percent of total billed charges	
APPLICATION OF SHOULDER CAST	29055	CPT	outpatient			682		353.21 First Trenton	First Trenton		613.8	90			215.17		1782 percent of total billed charges	
APPLICATION OF SHOULDER CAST	29055	CPT	outpatient			682		353.21 Horizon	MGD		571.59				215.17		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLICATION OF SHOULDER CAST	29055	CPT	outpatient			682		353.21 Horizon	Indemnity		571.59				215.17		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLICATION OF SHOULDER CAST	29055	CPT	outpatient			682		353.21 Horizon	Medicare Blue		307.14				215.17		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLICATION OF SHOULDER CAST	29055	CPT	outpatient			682		353.21 Horizon	NJ Health		223.89				215.17		1782 fee schedule	
APPLICATION OF SHOULDER CAST	29055	CPT	outpatient			682		353.21 Horizon	PPO		571.59				215.17		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLICATION OF SHOULDER CAST	29055	CPT	outpatient			682		353.21 Managed Care Inc	Managed Care Inc		613.8	90			215.17		1782 percent of total billed charges	
APPLICATION OF SHOULDER CAST	29055	CPT	outpatient			682		353.21 Multiplan	Multiplan		545.6	80			215.17		1782 percent of total billed charges	
APPLICATION OF SHOULDER CAST	29055	CPT	outpatient			682		353.21 Qualcare	Qualcare		511.5	75			215.17		1782 percent of total billed charges	
APPLICATION OF SHOULDER CAST	29055	CPT	outpatient			682		353.21 Three Rivers	Three Rivers		647.9	95			215.17		1782 percent of total billed charges	
APPLICATION OF SHOULDER CAST	29055	CPT	outpatient			682		353.21 UHC	Medicare		307.14				215.17		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLICATION OF SHOULDER CAST	29055	CPT	outpatient			682		353.21 UHC	Medicaid		215.17	31.55			215.17		1782 percent of total billed charges	
APPLICATION OF SHOULDER CAST	29055	CPT	outpatient			682		353.21 United	Commercial|PPO		1782				215.17		1782 case rate	
APPLICATION OF SHOULDER CAST	29055	CPT	outpatient			682		353.21 United	Oxford		1782				215.17		1782 case rate	
APPLICATION OF SHOULDER CAST	29055	CPT	outpatient			682		353.21 Wellcare	Medicare		307.14				215.17		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLICATION OF SHOULDER CAST	29055	CPT	outpatient			682		353.21 Wellcare	Medicaid		215.17	31.55			215.17		1782 percent of total billed charges	
APPLICATION OF SHOULDER CAST	29055	CPT	outpatient			682		353.21 WellPoint	WellPoint		219.47	32.18			215.17		1782 percent of total billed charges	
LONG ARM CAST APPLICATION	29065	CPT	outpatient			1011		353.21 Aetna	Medicare		307.14				136.95		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LONG ARM CAST APPLICATION	29065	CPT	outpatient			1011		353.21 Aetna	Commercial		488.97				136.95		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LONG ARM CAST APPLICATION	29065	CPT	outpatient			1011		353.21 Aetna	Better Health		318.97	31.55			136.95		1782 percent of total billed charges	
LONG ARM CAST APPLICATION	29065	CPT	outpatient			1011		353.21 Americare	Americare		758.25	75			136.95		1782 percent of total billed charges	
LONG ARM CAST APPLICATION	29065	CPT	outpatient			1011		353.21 Amerihealth	Medicare		307.14				136.95		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LONG ARM CAST APPLICATION	29065	CPT	outpatient			1011		353.21 Amerihealth	HMO|PPO		657.15	65			136.95		1782 percent of total billed charges	
LONG ARM CAST APPLICATION	29065	CPT	outpatient			1011		353.21 Consumer	Consumer		960.45	95			136.95		1782 percent of total billed charges	
LONG ARM CAST APPLICATION	29065	CPT	outpatient			1011		353.21 Corrections	Corrections		808.8	80			136.95		1782 percent of total billed charges	
LONG ARM CAST APPLICATION	29065	CPT	outpatient			1011		353.21 First Health	First Health		707.7	70			136.95		1782 percent of total billed charges	
LONG ARM CAST APPLICATION	29065	CPT	outpatient			1011		353.21 First Trenton	First Trenton		909.9	90			136.95		1782 percent of total billed charges	
LONG ARM CAST APPLICATION	29065	CPT	outpatient			1011		353.21 Horizon	Medicare Blue		307.14				136.95		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LONG ARM CAST APPLICATION	29065	CPT	outpatient			1011		353.21 Horizon	Indemnity		571.59				136.95		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LONG ARM CAST APPLICATION	29065	CPT	outpatient			1011		353.21 Horizon	MGD		571.59				136.95		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LONG ARM CAST APPLICATION	29065	CPT	outpatient			1011		353.21 Horizon	NJ Health		136.95				136.95		1782 fee schedule	
LONG ARM CAST APPLICATION	29065	CPT	outpatient			1011		353.21 Horizon	PPO		571.59				136.95		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LONG ARM CAST APPLICATION	29065	CPT	outpatient			1011		353.21 Managed Care Inc	Managed Care Inc		909.9	90			136.95		1782 percent of total billed charges	
LONG ARM CAST APPLICATION	29065	CPT	outpatient			1011		353.21 Multiplan	Multiplan		808.8	80			136.95		1782 percent of total billed charges	
LONG ARM CAST APPLICATION	29065	CPT	outpatient			1011		353.21 Qualcare	Qualcare		758.25	75			136.95		1782 percent of total billed charges	
LONG ARM CAST APPLICATION	29065	CPT	outpatient			1011		353.21 Three Rivers	Three Rivers		960.45	95			136.95		1782 percent of total billed charges	
LONG ARM CAST APPLICATION	29065	CPT	outpatient			1011		353.21 UHC	Medicaid		318.97	31.55			136.95		1782 percent of total billed charges	
LONG ARM CAST APPLICATION	29065	CPT	outpatient			1011		353.21 UHC	Medicare		307.14				136.95		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LONG ARM CAST APPLICATION	29065	CPT	outpatient			1011		353.21 United	Oxford		1782				136.95		1782 case rate	
LONG ARM CAST APPLICATION	29065	CPT	outpatient			1011		353.21 United	Commercial|PPO		1782				136.95		1782 case rate	
LONG ARM CAST APPLICATION	29065	CPT	outpatient			1011		353.21 Wellcare	Medicare		307.14				136.95		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LONG ARM CAST APPLICATION	29065	CPT	outpatient			1011		353.21 Wellcare	Medicaid		318.97	31.55			136.95		1782 percent of total billed charges	
LONG ARM CAST APPLICATION	29065	CPT	outpatient			1011		353.21 WellPoint	WellPoint		325.34	32.18			136.95		1782 percent of total billed charges	
SHORT ARM CAST APPLICATION	29075	CPT	outpatient			958		353.21 Aetna	Better Health		302.25	31.55			128.12		1782 percent of total billed charges	
SHORT ARM CAST APPLICATION	29075	CPT	outpatient			958		353.21 Aetna	Commercial		488.97				128.12		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHORT ARM CAST APPLICATION	29075	CPT	outpatient			958		353.21 Aetna	Medicare		307.14				128.12		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHORT ARM CAST APPLICATION	29075	CPT	outpatient			958		353.21 Americare	Americare		718.5	75			128.12		1782 percent of total billed charges	
SHORT ARM CAST APPLICATION	29075	CPT	outpatient			958		353.21 Amerihealth	Medicare		307.14				128.12		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHORT ARM CAST APPLICATION	29075	CPT	outpatient			958		353.21 Amerihealth	HMO|PPO		622.7	65			128.12		1782 percent of total billed charges	
SHORT ARM CAST APPLICATION	29075	CPT	outpatient			958		353.21 Consumer	Consumer		910.1	95			128.12		1782 percent of total billed charges	
SHORT ARM CAST APPLICATION	29075	CPT	outpatient			958		353.21 Corrections	Corrections		766.4	80			128.12		1782 percent of total billed charges	
SHORT ARM CAST APPLICATION	29075	CPT	outpatient			958		353.21 First Health	First Health		670.6	70			128.12		1782 percent of total billed charges	
SHORT ARM CAST APPLICATION	29075	CPT	outpatient			958		353.21 First Trenton	First Trenton		862.2	90			128.12		1782 percent of total billed charges	
SHORT ARM CAST APPLICATION	29075	CPT	outpatient			958		353.21 Horizon	MGD		571.59				128.12		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHORT ARM CAST APPLICATION	29075	CPT	outpatient			958		353.21 Horizon	Indemnity		571.59				128.12		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHORT ARM CAST APPLICATION	29075	CPT	outpatient			958		353.21 Horizon	Medicare Blue		307.14				128.12		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHORT ARM CAST APPLICATION	29075	CPT	outpatient			958		353.21 Horizon	NJ Health		128.12				128.12		1782 fee schedule	
SHORT ARM CAST APPLICATION	29075	CPT	outpatient			958		353.21 Horizon	PPO		571.59				128.12		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHORT ARM CAST APPLICATION	29075	CPT	outpatient			958		353.21 Managed Care Inc	Managed Care Inc		862.2	90			128.12		1782 percent of total billed charges	
SHORT ARM CAST APPLICATION	29075	CPT	outpatient			958		353.21 Multiplan	Multiplan		766.4	80			128.12		1782 percent of total billed charges	
SHORT ARM CAST APPLICATION	29075	CPT	outpatient			958		353.21 Qualcare	Qualcare		718.5	75			128.12		1782 percent of total billed charges	
SHORT ARM CAST APPLICATION	29075	CPT	outpatient			958		353.21 Three Rivers	Three Rivers		910.1	95			128.12		1782 percent of total billed charges	
SHORT ARM CAST APPLICATION	29075	CPT	outpatient			958		353.21 UHC	Medicaid		302.25	31.55			128.12		1782 percent of total billed charges	
SHORT ARM CAST APPLICATION	29075	CPT	outpatient			958		353.21 UHC	Medicare		307.14				128.12		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHORT ARM CAST APPLICATION	29075	CPT	outpatient			958		353.21 United	Commercial|PPO		1782				128.12		1782 case rate	
SHORT ARM CAST APPLICATION	29075	CPT	outpatient			958		353.21 United	Oxford		1782				128.12		1782 case rate	
SHORT ARM CAST APPLICATION	29075	CPT	outpatient			958		353.21 Wellcare	Medicare		307.14				128.12		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHORT ARM CAST APPLICATION	29075	CPT	outpatient			958		353.21 Wellcare	Medicaid		302.25	31.55			128.12		1782 percent of total billed charges	
SHORT ARM CAST APPLICATION	29075	CPT	outpatient			958		353.21 WellPoint	WellPoint		308.28	32.18			128.12		1782 percent of total billed charges	
THUMB SPICE CAST APPLICATION	29085	CPT	outpatient			555		207.24 Aetna	Commercial		286.89				84.56		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THUMB SPICE CAST APPLICATION	29085	CPT	outpatient			555		207.24 Aetna	Better Health		175.1	31.55			84.56		1782 percent of total billed charges	
THUMB SPICE CAST APPLICATION	29085	CPT	outpatient			555		207.24 Aetna	Medicare		180.21				84.56		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THUMB SPICE CAST APPLICATION	29085	CPT	outpatient			555		207.24 Americare	Americare		416.25	75			84.56		1782 percent of total billed charges	
THUMB SPICE CAST APPLICATION	29085	CPT	outpatient			555		207.24 Amerihealth	Medicare		180.21				84.56		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THUMB SPICE CAST APPLICATION	29085	CPT	outpatient			555		207.24 Amerihealth	HMO|PPO		360.75	65			84.56		1782 percent of total billed charges	
THUMB SPICE CAST APPLICATION	29085	CPT	outpatient			555		207.24 Consumer	Consumer		527.25	95			84.56		1782 percent of total billed charges	
THUMB SPICE CAST APPLICATION	29085	CPT	outpatient			555		207.24 Corrections	Corrections		444	80			84.56		1782 percent of total billed charges	
THUMB SPICE CAST APPLICATION	29085	CPT	outpatient			555		207.24 First Health	First Health		388.5	70			84.56		1782 percent of total billed charges	
THUMB SPICE CAST APPLICATION	29085	CPT	outpatient			555		207.24 First Trenton	First Trenton		499.5	90			84.56		1782 percent of total billed charges	
THUMB SPICE CAST APPLICATION	29085	CPT	outpatient			555		207.24 Horizon	MGD		335.37				84.56		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THUMB SPICE CAST APPLICATION	29085	CPT	outpatient			555		207.24 Horizon	Indemnity		335.37				84.56		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THUMB SPICE CAST APPLICATION	29085	CPT	outpatient			555		207.24 Horizon	NJ Health		84.56				84.56		1782 fee schedule	
THUMB SPICE CAST APPLICATION	29085	CPT	outpatient			555		207.24 Horizon	Medicare Blue		180.21				84.56		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THUMB SPICE CAST APPLICATION	29085	CPT	outpatient			555		207.24 Horizon	PPO		335.37				84.56		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THUMB SPICE CAST APPLICATION	29085	CPT	outpatient			555		207.24 Managed Care Inc	Managed Care Inc		499.5	90			84.56		1782 percent of total billed charges	
THUMB SPICE CAST APPLICATION	29085	CPT	outpatient			555		207.24 Multiplan	Multiplan		444	80			84.56		1782 percent of total billed charges	
THUMB SPICE CAST APPLICATION	29085	CPT	outpatient			555		207.24 Qualcare	Qualcare		416.25	75			84.56		1782 percent of total billed charges	
THUMB SPICE CAST APPLICATION	29085	CPT	outpatient			555		207.24 Three Rivers	Three Rivers		527.25	95			84.56		1782 percent of total billed charges	
THUMB SPICE CAST APPLICATION	29085	CPT	outpatient			555		207.24 UHC	Medicaid		175.1	31.55			84.56		1782 percent of total billed charges	
THUMB SPICE CAST APPLICATION	29085	CPT	outpatient			555		207.24 UHC	Medicare		180.21				84.56		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THUMB SPICE CAST APPLICATION	29085	CPT	outpatient			555		207.24 United	Commercial|PPO		1782				84.56		1782 case rate	
THUMB SPICE CAST APPLICATION	29085	CPT	outpatient			555		207.24 United	Oxford		1782				84.56		1782 case rate	
THUMB SPICE CAST APPLICATION	29085	CPT	outpatient			555		207.24 Wellcare	Medicare		180.21				84.56		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THUMB SPICE CAST APPLICATION	29085	CPT	outpatient			555		207.24 Wellcare	Medicaid		175.1	31.55			84.56		1782 percent of total billed charges	
THUMB SPICE CAST APPLICATION	29085	CPT	outpatient			555		207.24 WellPoint	WellPoint		178.6	32.18			84.56		1782 percent of total billed charges	
APPLY FINGER CAST	29086	CPT	outpatient			562		207.24 Aetna	Medicare		180.21				69.43		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLY FINGER CAST	29086	CPT	outpatient			562		207.24 Aetna	Commercial		286.89				69.43		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLY FINGER CAST	29086	CPT	outpatient			562		207.24 Aetna	Better Health		177.31	31.55			69.43		1782 percent of total billed charges	
APPLY FINGER CAST	29086	CPT	outpatient			562		207.24 Americare	Americare		421.5	75			69.43		1782 percent of total billed charges	
APPLY FINGER CAST	29086	CPT	outpatient			562		207.24 Amerihealth	Medicare		180.21				69.43		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLY FINGER CAST	29086	CPT	outpatient			562		207.24 Amerihealth	HMO|PPO		365.3	65			69.43		1782 percent of total billed charges	
APPLY FINGER CAST	29086	CPT	outpatient			562		207.24 Consumer	Consumer		533.9	95			69.43		1782 percent of total billed charges	
APPLY FINGER CAST	29086	CPT	outpatient			562		207.24 Corrections	Corrections		449.6	80			69.43		1782 percent of total billed charges	
APPLY FINGER CAST	29086	CPT	outpatient			562		207.24 First Health	First Health		393.4	70			69.43		1782 percent of total billed charges	
APPLY FINGER CAST	29086	CPT	outpatient			562		207.24 First Trenton	First Trenton		505.8	90			69.43		1782 percent of total billed charges	
APPLY FINGER CAST	29086	CPT	outpatient			562		207.24 Horizon	Medicare Blue		180.21				69.43		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLY FINGER CAST	29086	CPT	outpatient			562		207.24 Horizon	NJ Health		69.43				69.43		1782 fee schedule	
APPLY FINGER CAST	29086	CPT	outpatient			562		207.24 Horizon	MGD		335.37				69.43		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLY FINGER CAST	29086	CPT	outpatient			562		207.24 Horizon	Indemnity		335.37				69.43		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLY FINGER CAST	29086	CPT	outpatient			562		207.24 Horizon	PPO		335.37				69.43		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLY FINGER CAST	29086	CPT	outpatient			562		207.24 Managed Care Inc	Managed Care Inc		505.8	90			69.43		1782 percent of total billed charges	
APPLY FINGER CAST	29086	CPT	outpatient			562		207.24 Multiplan	Multiplan		449.6	80			69.43		1782 percent of total billed charges	
APPLY FINGER CAST	29086	CPT	outpatient			562		207.24 Qualcare	Qualcare		421.5	75			69.43		1782 percent of total billed charges	
APPLY FINGER CAST	29086	CPT	outpatient			562		207.24 Three Rivers	Three Rivers		533.9	95			69.43		1782 percent of total billed charges	
APPLY FINGER CAST	29086	CPT	outpatient			562		207.24 UHC	Medicaid		177.31	31.55			69.43		1782 percent of total billed charges	
APPLY FINGER CAST	29086	CPT	outpatient			562		207.24 UHC	Medicare		180.21				69.43		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLY FINGER CAST	29086	CPT	outpatient			562		207.24 United	Commercial|PPO		1782				69.43		1782 case rate	
APPLY FINGER CAST	29086	CPT	outpatient			562		207.24 United	Oxford		1782				69.43		1782 case rate	
APPLY FINGER CAST	29086	CPT	outpatient			562		207.24 Wellcare	Medicare		180.21				69.43		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
APPLY FINGER CAST	29086	CPT	outpatient			562		207.24 Wellcare	Medicaid		177.31	31.55			69.43		1782 percent of total billed charges	
APPLY FINGER CAST	29086	CPT	outpatient			562		207.24 WellPoint	WellPoint		180.85	32.18			69.43		1782 percent of total billed charges	
LONG ARM SPLINT APPLICATION	29105	CPT	outpatient			605		207.24 Aetna	Commercial		286.89				97.69		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LONG ARM SPLINT APPLICATION	29105	CPT	outpatient			605		207.24 Aetna	Better Health		190.88	31.55			97.69		1782 percent of total billed charges	
LONG ARM SPLINT APPLICATION	29105	CPT	outpatient			605		207.24 Aetna	Medicare		186.34	30.8			97.69		1782 percent of total billed charges	
LONG ARM SPLINT APPLICATION	29105	CPT	outpatient			605		207.24 Americare	Americare		453.75	75			97.69		1782 percent of total billed charges	
LONG ARM SPLINT APPLICATION	29105	CPT	outpatient			605		207.24 Amerihealth	Medicare		180.21				97.69		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LONG ARM SPLINT APPLICATION	29105	CPT	outpatient			605		207.24 Amerihealth	HMO/PPO		393.25	65			97.69		1782 percent of total billed charges	
LONG ARM SPLINT APPLICATION	29105	CPT	outpatient			605		207.24 Consumer	Consumer		574.75	95			97.69		1782 percent of total billed charges	
LONG ARM SPLINT APPLICATION	29105	CPT	outpatient			605		207.24 Corrections	Corrections		484	80			97.69		1782 percent of total billed charges	
LONG ARM SPLINT APPLICATION	29105	CPT	outpatient			605		207.24 First Health	First Health		423.5	70			97.69		1782 percent of total billed charges	
LONG ARM SPLINT APPLICATION	29105	CPT	outpatient			605		207.24 First Trenton	First Trenton		544.5	90			97.69		1782 percent of total billed charges	
LONG ARM SPLINT APPLICATION	29105	CPT	outpatient			605		207.24 Horizon	MGD		335.37				97.69		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LONG ARM SPLINT APPLICATION	29105	CPT	outpatient			605		207.24 Horizon	Indemnity		335.37				97.69		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LONG ARM SPLINT APPLICATION	29105	CPT	outpatient			605		207.24 Horizon	NJ Health		97.69				97.69		1782 fee schedule	
LONG ARM SPLINT APPLICATION	29105	CPT	outpatient			605		207.24 Horizon	Medicare Blue		180.21				97.69		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LONG ARM SPLINT APPLICATION	29105	CPT	outpatient			605		207.24 Horizon	PPO		335.37				97.69		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LONG ARM SPLINT APPLICATION	29105	CPT	outpatient			605		207.24 Managed Care Inc	Managed Care Inc		544.5	90			97.69		1782 percent of total billed charges	
LONG ARM SPLINT APPLICATION	29105	CPT	outpatient			605		207.24 Multiplan	Multiplan		484	80			97.69		1782 percent of total billed charges	
LONG ARM SPLINT APPLICATION	29105	CPT	outpatient			605		207.24 Qualcare	Qualcare		453.75	75			97.69		1782 percent of total billed charges	
LONG ARM SPLINT APPLICATION	29105	CPT	outpatient			605		207.24 Three Rivers	Three Rivers		574.75	95			97.69		1782 percent of total billed charges	
LONG ARM SPLINT APPLICATION	29105	CPT	outpatient			605		207.24 UHC	Medicare		180.21				97.69		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LONG ARM SPLINT APPLICATION	29105	CPT	outpatient			605		207.24 UHC	Medicaid		190.88	31.55			97.69		1782 percent of total billed charges	
LONG ARM SPLINT APPLICATION	29105	CPT	outpatient			605		207.24 United	Commercial|PPO		1782				97.69		1782 case rate	
LONG ARM SPLINT APPLICATION	29105	CPT	outpatient			605		207.24 United	Oxford		1782				97.69		1782 case rate	
LONG ARM SPLINT APPLICATION	29105	CPT	outpatient			605		207.24 Wellcare	Medicare		180.21				97.69		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LONG ARM SPLINT APPLICATION	29105	CPT	outpatient			605		207.24 Wellcare	Medicaid		190.88	31.55			97.69		1782 percent of total billed charges	
LONG ARM SPLINT APPLICATION	29105	CPT	outpatient			605		207.24 WellPoint	WellPoint		194.89	32.18			97.69		1782 percent of total billed charges	
SHORT ARM SPLINT APPLICATION	29125	CPT	outpatient			476		168 Aetna	Medicare		146.09				75.69		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHORT ARM SPLINT APPLICATION	29125	CPT	outpatient			476		168 Aetna	Better Health		150.18	31.55			75.69		1782 percent of total billed charges	
SHORT ARM SPLINT APPLICATION	29125	CPT	outpatient			476		168 Aetna	Commercial		232.58				75.69		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHORT ARM SPLINT APPLICATION	29125	CPT	outpatient			476		168 Americare	Americare		357	75			75.69		1782 percent of total billed charges	
SHORT ARM SPLINT APPLICATION	29125	CPT	outpatient			476		168 Amerihealth	HMO/PPO		309.4	65			75.69		1782 percent of total billed charges	
SHORT ARM SPLINT APPLICATION	29125	CPT	outpatient			476		168 Amerihealth	Medicare		146.09				75.69		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHORT ARM SPLINT APPLICATION	29125	CPT	outpatient			476		168 Consumer	Consumer		452.2	95			75.69		1782 percent of total billed charges	
SHORT ARM SPLINT APPLICATION	29125	CPT	outpatient			476		168 Corrections	Corrections		380.8	80			75.69		1782 percent of total billed charges	
SHORT ARM SPLINT APPLICATION	29125	CPT	outpatient			476		168 First Health	First Health		333.2	70			75.69		1782 percent of total billed charges	
SHORT ARM SPLINT APPLICATION	29125	CPT	outpatient			476		168 First Trenton	First Trenton		428.4	90			75.69		1782 percent of total billed charges	
SHORT ARM SPLINT APPLICATION	29125	CPT	outpatient			476		168 Horizon	MGD		271.87				75.69		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHORT ARM SPLINT APPLICATION	29125	CPT	outpatient			476		168 Horizon	PPO		271.87				75.69		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHORT ARM SPLINT APPLICATION	29125	CPT	outpatient			476		168 Horizon	NJ Health		75.69				75.69		1782 fee schedule	
SHORT ARM SPLINT APPLICATION	29125	CPT	outpatient			476		168 Horizon	Medicare Blue		146.09				75.69		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHORT ARM SPLINT APPLICATION	29125	CPT	outpatient			476		168 Horizon	Indemnity		271.87				75.69		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHORT ARM SPLINT APPLICATION	29125	CPT	outpatient			476		168 Managed Care Inc	Managed Care Inc		428.4	90			75.69		1782 percent of total billed charges	
SHORT ARM SPLINT APPLICATION	29125	CPT	outpatient			476		168 Multiplan	Multiplan		380.8	80			75.69		1782 percent of total billed charges	
SHORT ARM SPLINT APPLICATION	29125	CPT	outpatient			476		168 Qualcare	Qualcare		357	75			75.69		1782 percent of total billed charges	
SHORT ARM SPLINT APPLICATION	29125	CPT	outpatient			476		168 Three Rivers	Three Rivers		452.2	95			75.69		1782 percent of total billed charges	
SHORT ARM SPLINT APPLICATION	29125	CPT	outpatient			476		168 UHC	Medicaid		150.18	31.55			75.69		1782 percent of total billed charges	
SHORT ARM SPLINT APPLICATION	29125	CPT	outpatient			476		168 UHC	Medicare		146.09				75.69		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHORT ARM SPLINT APPLICATION	29125	CPT	outpatient			476		168 United	Commercial|PPO		1782				75.69		1782 case rate	
SHORT ARM SPLINT APPLICATION	29125	CPT	outpatient			476		168 United	Oxford		1782				75.69		1782 case rate	
SHORT ARM SPLINT APPLICATION	29125	CPT	outpatient			476		168 Wellcare	Medicaid		150.18	31.55			75.69		1782 percent of total billed charges	
SHORT ARM SPLINT APPLICATION	29125	CPT	outpatient			476		168 Wellcare	Medicare		146.09				75.69		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHORT ARM SPLINT APPLICATION	29125	CPT	outpatient			476		168 WellPoint	WellPoint		153.18	32.18			75.69		1782 percent of total billed charges	
SHORT ARM SPLINT (DYNAMIC)	29126	CPT	outpatient			424		168 Aetna	Medicare		130.59	30.8			64.37		1782 percent of total billed charges	
SHORT ARM SPLINT (DYNAMIC)	29126	CPT	outpatient			424		168 Aetna	Commercial		232.58				64.37		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHORT ARM SPLINT (DYNAMIC)	29126	CPT	outpatient			424		168 Aetna	Better Health		133.77	31.55			64.37		1782 percent of total billed charges	
SHORT ARM SPLINT (DYNAMIC)	29126	CPT	outpatient			424		168 Americare	Americare		318	75			64.37		1782 percent of total billed charges	
SHORT ARM SPLINT (DYNAMIC)	29126	CPT	outpatient			424		168 Amerihealth	HMO/PPO		275.6	65			64.37		1782 percent of total billed charges	
SHORT ARM SPLINT (DYNAMIC)	29126	CPT	outpatient			424		168 Amerihealth	Medicare		146.09				64.37		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHORT ARM SPLINT (DYNAMIC)	29126	CPT	outpatient			424		168 Consumer	Consumer		402.8	95			64.37		1782 percent of total billed charges	
SHORT ARM SPLINT (DYNAMIC)	29126	CPT	outpatient			424		168 Corrections	Corrections		339.2	80			64.37		1782 percent of total billed charges	
SHORT ARM SPLINT (DYNAMIC)	29126	CPT	outpatient			424		168 First Health	First Health		296.8	70			64.37		1782 percent of total billed charges	
SHORT ARM SPLINT (DYNAMIC)	29126	CPT	outpatient			424		168 First Trenton	First Trenton		381.6	90			64.37		1782 percent of total billed charges	
SHORT ARM SPLINT (DYNAMIC)	29126	CPT	outpatient			424		168 Horizon	NJ Health		90.7				64.37		1782 fee schedule	
SHORT ARM SPLINT (DYNAMIC)	29126	CPT	outpatient			424		168 Horizon	Indemnity		271.87				64.37		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHORT ARM SPLINT (DYNAMIC)	29126	CPT	outpatient			424		168 Horizon	Medicare Blue		146.09				64.37		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHORT ARM SPLINT (DYNAMIC)	29126	CPT	outpatient			424		168 Horizon	MGD		271.87				64.37		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHORT ARM SPLINT (DYNAMIC)	29126	CPT	outpatient			424		168 Horizon	PPO		271.87				64.37		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHORT ARM SPLINT (DYNAMIC)	29126	CPT	outpatient			424		168 Managed Care Inc	Managed Care Inc		381.6	90			64.37		1782 percent of total billed charges	
SHORT ARM SPLINT (DYNAMIC)	29126	CPT	outpatient			424		168 Multiplan	Multiplan		339.2	80			64.37		1782 percent of total billed charges	
SHORT ARM SPLINT (DYNAMIC)	29126	CPT	outpatient			424		168 Qualcare	Qualcare		318	75			64.37		1782 percent of total billed charges	
SHORT ARM SPLINT (DYNAMIC)	29126	CPT	outpatient			424		168 Three Rivers	Three Rivers		402.8	95			64.37		1782 percent of total billed charges	
SHORT ARM SPLINT (DYNAMIC)	29126	CPT	outpatient			424		168 UHC	Medicaid		133.77	31.55			64.37		1782 percent of total billed charges	
SHORT ARM SPLINT (DYNAMIC)	29126	CPT	outpatient			424		168 UHC	Medicare		146.09				64.37		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHORT ARM SPLINT (DYNAMIC)	29126	CPT	outpatient			424		168 United	Commercial|PPO		1782				64.37		1782 case rate	
SHORT ARM SPLINT (DYNAMIC)	29126	CPT	outpatient			424		168 United	Oxford		1782				64.37		1782 case rate	
SHORT ARM SPLINT (DYNAMIC)	29126	CPT	outpatient			424		168 Wellcare	Medicare		146.09				64.37		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHORT ARM SPLINT (DYNAMIC)	29126	CPT	outpatient			424		168 Wellcare	Medicaid		133.77	31.55			64.37		1782 percent of total billed charges	
SHORT ARM SPLINT (DYNAMIC)	29126	CPT	outpatient			424		168 WellPoint	WellPoint		136.44	32.18			64.37		1782 percent of total billed charges	
FINGER SPLINTING	29130	CPT	outpatient			424		168 Aetna	Medicare		146.09				46.98		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FINGER SPLINTING	29130	CPT	outpatient			424		168 Aetna	Commercial		232.58				46.98		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FINGER SPLINTING	29130	CPT	outpatient			424		168 Aetna	Better Health		133.77	31.55			46.98		1782 percent of total billed charges	
FINGER SPLINTING	29130	CPT	outpatient			424		168 Americare	Americare		318	75			46.98		1782 percent of total billed charges	
FINGER SPLINTING	29130	CPT	outpatient			424		168 Amerihealth	Medicare		146.09				46.98		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FINGER SPLINTING	29130	CPT	outpatient			424		168 Amerihealth	HMO/PPO		275.6	65			46.98		1782 percent of total billed charges	
FINGER SPLINTING	29130	CPT	outpatient			424		168 Consumer	Consumer		402.8	95			46.98		1782 percent of total billed charges	
FINGER SPLINTING	29130	CPT	outpatient			424		168 Corrections	Corrections		339.2	80			46.98		1782 percent of total billed charges	
FINGER SPLINTING	29130	CPT	outpatient			424		168 First Health	First Health		296.8	70			46.98		1782 percent of total billed charges	
FINGER SPLINTING	29130	CPT	outpatient			424		168 First Trenton	First Trenton		381.6	90			46.98		1782 percent of total billed charges	
FINGER SPLINTING	29130	CPT	outpatient			424		168 Horizon	Medicare Blue		146.09				46.98		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FINGER SPLINTING	29130	CPT	outpatient			424		168 Horizon	Indemnity		271.87				46.98		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FINGER SPLINTING	29130	CPT	outpatient			424		168 Horizon	MGD		271.87				46.98		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FINGER SPLINTING	29130	CPT	outpatient			424		168 Horizon	NJ Health		46.98				46.98		1782 fee schedule	
FINGER SPLINTING	29130	CPT	outpatient			424		168 Horizon	PPO		271.87				46.98		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FINGER SPLINTING	29130	CPT	outpatient			424		168 Managed Care Inc	Managed Care Inc		381.6	90			46.98		1782 percent of total billed charges	
FINGER SPLINTING	29130	CPT	outpatient			424		168 Multiplan	Multiplan		339.2	80			46.98		1782 percent of total billed charges	
FINGER SPLINTING	29130	CPT	outpatient			424		168 Qualcare	Qualcare		318	75			46.98		1782 percent of total billed charges	
FINGER SPLINTING	29130	CPT	outpatient			424		168 Three Rivers	Three Rivers		402.8	95			46.98		1782 percent of total billed charges	
FINGER SPLINTING	29130	CPT	outpatient			424		168 UHC	Medicaid		133.77	31.55			46.98		1782 percent of total billed charges	
FINGER SPLINTING	29130	CPT	outpatient			424		168 UHC	Medicare		146.09				46.98		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FINGER SPLINTING	29130	CPT	outpatient			424		168 United	Oxford		1782				46.98		1782 case rate	
FINGER SPLINTING	29130	CPT	outpatient			424		168 United	Commercial|PPO		1782				46.98		1782 case rate	
FINGER SPLINTING	29130	CPT	outpatient			424		168 Wellcare	Medicare		146.09				46.98		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FINGER SPLINTING	29130	CPT	outpatient			424		168 Wellcare	Medicaid		133.77	31.55			46.98		1782 percent of total billed charges	
FINGER SPLINTING	29130	CPT	outpatient			424		168 WellPoint	WellPoint		136.44	32.18			46.98		1782 percent of total billed charges	
FINGER SPLINT (DYNAMIC)	29131	CPT	outpatient			280		80.45 Aetna	Better Health		88.34	31.55			58.26		1782 percent of total billed charges	
FINGER SPLINT (DYNAMIC)	29131	CPT	outpatient			280		80.45 Aetna	Commercial		111.38				58.26		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FINGER SPLINT (DYNAMIC)	29131	CPT	outpatient			280		80.45 Aetna	Medicare		69.96				58.26		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FINGER SPLINT (DYNAMIC)	29131	CPT	outpatient			280		80.45 Americare	Americare		210	75			58.26		1782 percent of total billed charges	
FINGER SPLINT (DYNAMIC)	29131	CPT	outpatient			280		80.45 Amerihealth	HMO/PPO		182	65			58.26		1782 percent of total billed charges	
FINGER SPLINT (DYNAMIC)	29131	CPT	outpatient			280		80.45 Amerihealth	Medicare		69.96				58.26		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FINGER SPLINT (DYNAMIC)	29131	CPT	outpatient			280		80.45 Consumer	Consumer		266	95			58.26		1782 percent of total billed charges	
FINGER SPLINT (DYNAMIC)	29131	CPT	outpatient			280		80.45 Corrections	Corrections		224	80			58.26		1782 percent of total billed charges	
FINGER SPLINT (DYNAMIC)	29131	CPT	outpatient			280		80.45 First Health	First Health		196	70			58.26		1782 percent of total billed charges	
FINGER SPLINT (DYNAMIC)	29131	CPT	outpatient			280		80.45 First Trenton	First Trenton		252	90			58.26		1782 percent of total billed charges	
FINGER SPLINT (DYNAMIC)	29131	CPT	outpatient			280		80.45 Horizon	NJ Health		58.26				58.26		1782 fee schedule	
FINGER SPLINT (DYNAMIC)	29131	CPT	outpatient			280		80.45 Horizon	Indemnity		130.2				58.26		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FINGER SPLINT (DYNAMIC)	29131	CPT	outpatient			280		80.45 Horizon	Medicare Blue		69.96				58.26		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FINGER SPLINT (DYNAMIC)	29131	CPT	outpatient			280		80.45 Horizon	MGD		130.2				58.26		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FINGER SPLINT (DYNAMIC)	29131	CPT	outpatient			280		80.45 Horizon	PPO		130.2				58.26		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FINGER SPLINT (DYNAMIC)	29131	CPT	outpatient			280		80.45 Managed Care Inc	Managed Care Inc		252	90			58.26		1782 percent of total billed charges	
FINGER SPLINT (DYNAMIC)	29131	CPT	outpatient			280		80.45 Multiplan	Multiplan		224	80			58.26		1782 percent of total billed charges	
FINGER SPLINT (DYNAMIC)	29131	CPT	outpatient			280		80.45 Qualcare	Qualcare		210	75			58.26		1782 percent of total billed charges	
FINGER SPLINT (DYNAMIC)	29131	CPT	outpatient			280		80.45 Three Rivers	Three Rivers		266	95			58.26		1782 percent of total billed charges	
FINGER SPLINT (DYNAMIC)	29131	CPT	outpatient			280		80.45 UHC	Medicare		69.96				58.26		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FINGER SPLINT (DYNAMIC)	29131	CPT	outpatient			280		80.45 UHC	Medicaid		88.34	31.55			58.26		1782 percent of total billed charges	
FINGER SPLINT (DYNAMIC)	29131	CPT	outpatient			280		80.45 United	Commercial|PPO		1782				58.26		1782 case rate	
FINGER SPLINT (DYNAMIC)	29131	CPT	outpatient			280		80.45 United	Oxford		1782				58.26		1782 case rate	
FINGER SPLINT (DYNAMIC)	29131	CPT	outpatient			280		80.45 Wellcare	Medicare		69.96				58.26		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FINGER SPLINT (DYNAMIC)	29131	CPT	outpatient			280		80.45 Wellcare	Medicaid		88.34	31.55			58.26		1782 percent of total billed charges	
FINGER SPLINT (DYNAMIC)	29131	CPT	outpatient			280		80.45 WellPoint	WellPoint		90.1	32.18			58.26		1782 percent of total billed charges	
STRAPPING OF CHEST	29200	CPT	outpatient			555		207.24 Aetna	Better Health		175.1	31.55			61.86		1782 percent of total billed charges	
STRAPPING OF CHEST	29200	CPT	outpatient			555		207.24 Aetna	Commercial		286.89				61.86		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING OF CHEST	29200	CPT	outpatient			555		207.24 Aetna	Medicare		180.21				61.86		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING OF CHEST	29200	CPT	outpatient			555		207.24 Americare	Americare		416.25	75			61.86		1782 percent of total billed charges	
STRAPPING OF CHEST	29200	CPT	outpatient			555		207.24 Amerihealth	HMO/PPO		360.75	65			61.86		1782 percent of total billed charges	
STRAPPING OF CHEST	29200	CPT	outpatient			555		207.24 Amerihealth	Medicare		180.21				61.86		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING OF CHEST	29200	CPT	outpatient			555		207.24 Consumer	Consumer		527.25	95			61.86		1782 percent of total billed charges	
STRAPPING OF CHEST	29200	CPT	outpatient			555		207.24 Corrections	Corrections		444	80			61.86		1782 percent of total billed charges	
STRAPPING OF CHEST	29200	CPT	outpatient			555		207.24 First Health	First Health		388.5	70			61.86		1782 percent of total billed charges	
STRAPPING OF CHEST	29200	CPT	outpatient			555		207.24 First Trenton	First Trenton		499.5	90			61.86		1782 percent of total billed charges	
STRAPPING OF CHEST	29200	CPT	outpatient			555		207.24 Horizon	MGD		335.37				61.86		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING OF CHEST	29200	CPT	outpatient			555		207.24 Horizon	Indemnity		335.37				61.86		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING OF CHEST	29200	CPT	outpatient			555		207.24 Horizon	Medicare Blue		180.21				61.86		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING OF CHEST	29200	CPT	outpatient			555		207.24 Horizon	NJ Health		61.86				61.86		1782 fee schedule	
STRAPPING OF CHEST	29200	CPT	outpatient			555		207.24 Horizon	PPO		335.37				61.86		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING OF CHEST	29200	CPT	outpatient			555		207.24 Managed Care Inc	Managed Care Inc		499.5	90			61.86		1782 percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
STRAPPING OF CHEST	29200	CPT	outpatient			555	207.24	Multiplan	Multiplan		444	80			61.86		1782 percent of total billed charges	
STRAPPING OF CHEST	29200	CPT	outpatient			555	207.24	Qualcare	Qualcare		416.25	75			61.86		1782 percent of total billed charges	
STRAPPING OF CHEST	29200	CPT	outpatient			555	207.24	Three Rivers	Three Rivers		527.25	95			61.86		1782 percent of total billed charges	
STRAPPING OF CHEST	29200	CPT	outpatient			555	207.24	UHC	Medicaid		175.1	31.55			61.86		1782 percent of total billed charges	
STRAPPING OF CHEST	29200	CPT	outpatient			555	207.24	UHC	Medicare		180.21				61.86		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING OF CHEST	29200	CPT	outpatient			555	207.24	United	Commercial|PPO		1782				61.86		1782 case rate	
STRAPPING OF CHEST	29200	CPT	outpatient			555	207.24	United	Oxford		1782				61.86		1782 case rate	
STRAPPING OF CHEST	29200	CPT	outpatient			555	207.24	Wellcare	Medicare		180.21				61.86		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING OF CHEST	29200	CPT	outpatient			555	207.24	Wellcare	Medicaid		175.1	31.55			61.86		1782 percent of total billed charges	
STRAPPING OF CHEST	29200	CPT	outpatient			555	207.24	WellPoint	WellPoint		178.6	32.18			61.86		1782 percent of total billed charges	
STRAPPING, SHLDR	29240	CPT	outpatient			424	168	Aetna	Commercial		232.58				49.59		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING, SHLDR	29240	CPT	outpatient			424	168	Aetna	Medicare		130.59	30.8			49.59		1782 percent of total billed charges	
STRAPPING, SHLDR	29240	CPT	outpatient			424	168	Aetna	Better Health		133.77	31.55			49.59		1782 percent of total billed charges	
STRAPPING, SHLDR	29240	CPT	outpatient			424	168	Americare	Americare		318	75			49.59		1782 percent of total billed charges	
STRAPPING, SHLDR	29240	CPT	outpatient			424	168	Amerihealth	HMO|PPO		275.6	65			49.59		1782 percent of total billed charges	
STRAPPING, SHLDR	29240	CPT	outpatient			424	168	Amerihealth	Medicare		146.09				49.59		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING, SHLDR	29240	CPT	outpatient			424	168	Consumer	Consumer		402.8	95			49.59		1782 percent of total billed charges	
STRAPPING, SHLDR	29240	CPT	outpatient			424	168	Corrections	Corrections		339.2	80			49.59		1782 percent of total billed charges	
STRAPPING, SHLDR	29240	CPT	outpatient			424	168	First Health	First Health		296.8	70			49.59		1782 percent of total billed charges	
STRAPPING, SHLDR	29240	CPT	outpatient			424	168	First Trenton	First Trenton		381.6	90			49.59		1782 percent of total billed charges	
STRAPPING, SHLDR	29240	CPT	outpatient			424	168	Horizon	Medicare Blue		146.09				49.59		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING, SHLDR	29240	CPT	outpatient			424	168	Horizon	MGD		271.87				49.59		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING, SHLDR	29240	CPT	outpatient			424	168	Horizon	NJ Health		71.15				49.59		1782 fee schedule	
STRAPPING, SHLDR	29240	CPT	outpatient			424	168	Horizon	PPO		271.87				49.59		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING, SHLDR	29240	CPT	outpatient			424	168	Horizon	Indemnity		271.87				49.59		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING, SHLDR	29240	CPT	outpatient			424	168	Managed Care Inc	Managed Care Inc		381.6	90			49.59		1782 percent of total billed charges	
STRAPPING, SHLDR	29240	CPT	outpatient			424	168	Multiplan	Multiplan		339.2	80			49.59		1782 percent of total billed charges	
STRAPPING, SHLDR	29240	CPT	outpatient			424	168	Qualcare	Qualcare		318	75			49.59		1782 percent of total billed charges	
STRAPPING, SHLDR	29240	CPT	outpatient			424	168	Three Rivers	Three Rivers		402.8	95			49.59		1782 percent of total billed charges	
STRAPPING, SHLDR	29240	CPT	outpatient			424	168	UHC	Medicaid		133.77	31.55			49.59		1782 percent of total billed charges	
STRAPPING, SHLDR	29240	CPT	outpatient			424	168	UHC	Medicare		146.09				49.59		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING, SHLDR	29240	CPT	outpatient			424	168	United	Commercial|PPO		1782				49.59		1782 case rate	
STRAPPING, SHLDR	29240	CPT	outpatient			424	168	United	Oxford		1782				49.59		1782 case rate	
STRAPPING, SHLDR	29240	CPT	outpatient			424	168	Wellcare	Medicaid		133.77	31.55			49.59		1782 percent of total billed charges	
STRAPPING, SHLDR	29240	CPT	outpatient			424	168	Wellcare	Medicare		146.09				49.59		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING, SHLDR	29240	CPT	outpatient			424	168	WellPoint	WellPoint		136.44	32.18			49.59		1782 percent of total billed charges	
STRAPPING, ELBOW OR WRIST	29260	CPT	outpatient			211	80.45	Aetna	Medicare		69.96				44.49		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING, ELBOW OR WRIST	29260	CPT	outpatient			211	80.45	Aetna	Better Health		66.57	31.55			44.49		1782 percent of total billed charges	
STRAPPING, ELBOW OR WRIST	29260	CPT	outpatient			211	80.45	Aetna	Commercial		111.38				44.49		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING, ELBOW OR WRIST	29260	CPT	outpatient			211	80.45	Americare	Americare		158.25	75			44.49		1782 percent of total billed charges	
STRAPPING, ELBOW OR WRIST	29260	CPT	outpatient			211	80.45	Amerihealth	Medicare		69.96				44.49		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING, ELBOW OR WRIST	29260	CPT	outpatient			211	80.45	Amerihealth	HMO|PPO		137.15	65			44.49		1782 percent of total billed charges	
STRAPPING, ELBOW OR WRIST	29260	CPT	outpatient			211	80.45	Consumer	Consumer		200.45	95			44.49		1782 percent of total billed charges	
STRAPPING, ELBOW OR WRIST	29260	CPT	outpatient			211	80.45	Corrections	Corrections		168.8	80			44.49		1782 percent of total billed charges	
STRAPPING, ELBOW OR WRIST	29260	CPT	outpatient			211	80.45	First Health	First Health		147.7	70			44.49		1782 percent of total billed charges	
STRAPPING, ELBOW OR WRIST	29260	CPT	outpatient			211	80.45	First Trenton	First Trenton		189.9	90			44.49		1782 percent of total billed charges	
STRAPPING, ELBOW OR WRIST	29260	CPT	outpatient			211	80.45	Horizon	PPO		130.2				44.49		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING, ELBOW OR WRIST	29260	CPT	outpatient			211	80.45	Horizon	Indemnity		130.2				44.49		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING, ELBOW OR WRIST	29260	CPT	outpatient			211	80.45	Horizon	MGD		130.2				44.49		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING, ELBOW OR WRIST	29260	CPT	outpatient			211	80.45	Horizon	Medicare Blue		69.96				44.49		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING, ELBOW OR WRIST	29260	CPT	outpatient			211	80.45	Horizon	NJ Health		59.01				44.49		1782 fee schedule	
STRAPPING, ELBOW OR WRIST	29260	CPT	outpatient			211	80.45	Managed Care Inc	Managed Care Inc		189.9	90			44.49		1782 percent of total billed charges	
STRAPPING, ELBOW OR WRIST	29260	CPT	outpatient			211	80.45	Multiplan	Multiplan		168.8	80			44.49		1782 percent of total billed charges	
STRAPPING, ELBOW OR WRIST	29260	CPT	outpatient			211	80.45	Qualcare	Qualcare		158.25	75			44.49		1782 percent of total billed charges	
STRAPPING, ELBOW OR WRIST	29260	CPT	outpatient			211	80.45	Three Rivers	Three Rivers		200.45	95			44.49		1782 percent of total billed charges	
STRAPPING, ELBOW OR WRIST	29260	CPT	outpatient			211	80.45	UHC	Medicare		69.96				44.49		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING, ELBOW OR WRIST	29260	CPT	outpatient			211	80.45	UHC	Medicaid		66.57	31.55			44.49		1782 percent of total billed charges	
STRAPPING, ELBOW OR WRIST	29260	CPT	outpatient			211	80.45	United	Oxford		1782				44.49		1782 case rate	
STRAPPING, ELBOW OR WRIST	29260	CPT	outpatient			211	80.45	United	Commercial|PPO		1782				44.49		1782 case rate	
STRAPPING, ELBOW OR WRIST	29260	CPT	outpatient			211	80.45	Wellcare	Medicare		69.96				44.49		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING, ELBOW OR WRIST	29260	CPT	outpatient			211	80.45	Wellcare	Medicaid		66.57	31.55			44.49		1782 percent of total billed charges	
STRAPPING, ELBOW OR WRIST	29260	CPT	outpatient			211	80.45	WellPoint	WellPoint		67.9	32.18			44.49		1782 percent of total billed charges	
STRAPPING OF HAND OR FINGER	29280	CPT	outpatient			131	80.45	Aetna	Better Health		41.33	31.55			41.33		1782 percent of total billed charges	
STRAPPING OF HAND OR FINGER	29280	CPT	outpatient			131	80.45	Aetna	Commercial		111.38				41.33		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING OF HAND OR FINGER	29280	CPT	outpatient			131	80.45	Aetna	Medicare		69.96				41.33		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING OF HAND OR FINGER	29280	CPT	outpatient			131	80.45	Americare	Americare		98.25	75			41.33		1782 percent of total billed charges	
STRAPPING OF HAND OR FINGER	29280	CPT	outpatient			131	80.45	Amerihealth	HMO|PPO		85.15	65			41.33		1782 percent of total billed charges	
STRAPPING OF HAND OR FINGER	29280	CPT	outpatient			131	80.45	Amerihealth	Medicare		69.96				41.33		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING OF HAND OR FINGER	29280	CPT	outpatient			131	80.45	Consumer	Consumer		124.45	95			41.33		1782 percent of total billed charges	
STRAPPING OF HAND OR FINGER	29280	CPT	outpatient			131	80.45	Corrections	Corrections		104.8	80			41.33		1782 percent of total billed charges	
STRAPPING OF HAND OR FINGER	29280	CPT	outpatient			131	80.45	First Health	First Health		91.7	70			41.33		1782 percent of total billed charges	
STRAPPING OF HAND OR FINGER	29280	CPT	outpatient			131	80.45	First Trenton	First Trenton		117.9	90			41.33		1782 percent of total billed charges	
STRAPPING OF HAND OR FINGER	29280	CPT	outpatient			131	80.45	Horizon	Medicare Blue		69.96				41.33		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING OF HAND OR FINGER	29280	CPT	outpatient			131	80.45	Horizon	Indemnity		130.2				41.33		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING OF HAND OR FINGER	29280	CPT	outpatient			131	80.45	Horizon	NJ Health		73.45				41.33		1782 fee schedule	
STRAPPING OF HAND OR FINGER	29280	CPT	outpatient			131	80.45	Horizon	PPO		130.2				41.33		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING OF HAND OR FINGER	29280	CPT	outpatient			131	80.45	Horizon	MGD		130.2				41.33		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING OF HAND OR FINGER	29280	CPT	outpatient			131	80.45	Managed Care Inc	Managed Care Inc		117.9	90			41.33		1782 percent of total billed charges	
STRAPPING OF HAND OR FINGER	29280	CPT	outpatient			131	80.45	Multiplan	Multiplan		104.8	80			41.33		1782 percent of total billed charges	
STRAPPING OF HAND OR FINGER	29280	CPT	outpatient			131	80.45	Qualcare	Qualcare		98.25	75			41.33		1782 percent of total billed charges	
STRAPPING OF HAND OR FINGER	29280	CPT	outpatient			131	80.45	Three Rivers	Three Rivers		124.45	95			41.33		1782 percent of total billed charges	
STRAPPING OF HAND OR FINGER	29280	CPT	outpatient			131	80.45	UHC	Medicare		69.96				41.33		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING OF HAND OR FINGER	29280	CPT	outpatient			131	80.45	UHC	Medicaid		41.33	31.55			41.33		1782 percent of total billed charges	
STRAPPING OF HAND OR FINGER	29280	CPT	outpatient			131	80.45	United	Commercial|PPO		1782				41.33		1782 case rate	
STRAPPING OF HAND OR FINGER	29280	CPT	outpatient			131	80.45	United	Oxford		1782				41.33		1782 case rate	
STRAPPING OF HAND OR FINGER	29280	CPT	outpatient			131	80.45	Wellcare	Medicare		69.96				41.33		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING OF HAND OR FINGER	29280	CPT	outpatient			131	80.45	Wellcare	Medicaid		41.33	31.55			41.33		1782 percent of total billed charges	
STRAPPING OF HAND OR FINGER	29280	CPT	outpatient			131	80.45	WellPoint	WellPoint		42.16	32.18			41.33		1782 percent of total billed charges	
HIP SPICA CAST	29305	CPT	outpatient			946	353.21	Aetna	Commercial		488.97				252.86		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HIP SPICA CAST	29305	CPT	outpatient			946	353.21	Aetna	Medicare		307.14				252.86		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HIP SPICA CAST	29305	CPT	outpatient			946	353.21	Aetna	Better Health		298.46	31.55			252.86		1782 percent of total billed charges	
HIP SPICA CAST	29305	CPT	outpatient			946	353.21	Americare	Americare		709.5	75			252.86		1782 percent of total billed charges	
HIP SPICA CAST	29305	CPT	outpatient			946	353.21	Amerihealth	Medicare		307.14				252.86		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HIP SPICA CAST	29305	CPT	outpatient			946	353.21	Amerihealth	HMO|PPO		614.9	65			252.86		1782 percent of total billed charges	
HIP SPICA CAST	29305	CPT	outpatient			946	353.21	Consumer	Consumer		898.7	95			252.86		1782 percent of total billed charges	
HIP SPICA CAST	29305	CPT	outpatient			946	353.21	Corrections	Corrections		756.8	80			252.86		1782 percent of total billed charges	
HIP SPICA CAST	29305	CPT	outpatient			946	353.21	First Health	First Health		662.2	70			252.86		1782 percent of total billed charges	
HIP SPICA CAST	29305	CPT	outpatient			946	353.21	First Trenton	First Trenton		851.4	90			252.86		1782 percent of total billed charges	
HIP SPICA CAST	29305	CPT	outpatient			946	353.21	Horizon	NJ Health		252.86				252.86		1782 fee schedule	
HIP SPICA CAST	29305	CPT	outpatient			946	353.21	Horizon	Indemnity		571.59				252.86		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HIP SPICA CAST	29305	CPT	outpatient			946	353.21	Horizon	Medicare Blue		307.14				252.86		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HIP SPICA CAST	29305	CPT	outpatient			946	353.21	Horizon	PPO		571.59				252.86		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HIP SPICA CAST	29305	CPT	outpatient			946	353.21	Horizon	MGD		571.59				252.86		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HIP SPICA CAST	29305	CPT	outpatient			946	353.21	Managed Care Inc	Managed Care Inc		851.4	90			252.86		1782 percent of total billed charges	
HIP SPICA CAST	29305	CPT	outpatient			946	353.21	Multiplan	Multiplan		756.8	80			252.86		1782 percent of total billed charges	
HIP SPICA CAST	29305	CPT	outpatient			946	353.21	Qualcare	Qualcare		709.5	75			252.86		1782 percent of total billed charges	
HIP SPICA CAST	29305	CPT	outpatient			946	353.21	Three Rivers	Three Rivers		898.7	95			252.86		1782 percent of total billed charges	
HIP SPICA CAST	29305	CPT	outpatient			946	353.21	UHC	Medicare		307.14				252.86		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HIP SPICA CAST	29305	CPT	outpatient			946	353.21	UHC	Medicaid		298.46	31.55			252.86		1782 percent of total billed charges	
HIP SPICA CAST	29305	CPT	outpatient			946	353.21	United	Commercial|PPO		1782				252.86		1782 case rate	
HIP SPICA CAST	29305	CPT	outpatient			946	353.21	United	Oxford		1782				252.86		1782 case rate	
HIP SPICA CAST	29305	CPT	outpatient			946	353.21	Wellcare	Medicare		307.14				252.86		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HIP SPICA CAST	29305	CPT	outpatient			946	353.21	Wellcare	Medicaid		298.46	31.55			252.86		1782 percent of total billed charges	
HIP SPICA CAST	29305	CPT	outpatient			946	353.21	WellPoint	WellPoint		304.42	32.18			252.86		1782 percent of total billed charges	
APPL 1 1\2 SPICA OR BOTH LEG	29325	CPT	outpatient			875	353.21	Aetna	Commercial		488.97				269.5		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPL 1 1\2 SPICA OR BOTH LEG	29325	CPT	outpatient			875	353.21	Aetna	Medicare		269.5	30.8			269.5		1782 percent of total billed charges	
APPL 1 1\2 SPICA OR BOTH LEG	29325	CPT	outpatient			875	353.21	Aetna	Better Health		276.06	31.55			269.5		1782 percent of total billed charges	
APPL 1 1\2 SPICA OR BOTH LEG	29325	CPT	outpatient			875	353.21	Americare	Americare		656.25	75			269.5		1782 percent of total billed charges	
APPL 1 1\2 SPICA OR BOTH LEG	29325	CPT	outpatient			875	353.21	Amerihealth	HMO|PPO		568.75	65			269.5		1782 percent of total billed charges	
APPL 1 1\2 SPICA OR BOTH LEG	29325	CPT	outpatient			875	353.21	Amerihealth	Medicare		307.14				269.5		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPL 1 1\2 SPICA OR BOTH LEG	29325	CPT	outpatient			875	353.21	Consumer	Consumer		831.25	95			269.5		1782 percent of total billed charges	
APPL 1 1\2 SPICA OR BOTH LEG	29325	CPT	outpatient			875	353.21	Corrections	Corrections		700	80			269.5		1782 percent of total billed charges	
APPL 1 1\2 SPICA OR BOTH LEG	29325	CPT	outpatient			875	353.21	First Health	First Health		612.5	70			269.5		1782 percent of total billed charges	
APPL 1 1\2 SPICA OR BOTH LEG	29325	CPT	outpatient			875	353.21	First Trenton	First Trenton		787.5	90			269.5		1782 percent of total billed charges	
APPL 1 1\2 SPICA OR BOTH LEG	29325	CPT	outpatient			875	353.21	Horizon	Indemnity		571.59				269.5		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPL 1 1\2 SPICA OR BOTH LEG	29325	CPT	outpatient			875	353.21	Horizon	NJ Health		275.62				269.5		1782 fee schedule	
APPL 1 1\2 SPICA OR BOTH LEG	29325	CPT	outpatient			875	353.21	Horizon	PPO		571.59				269.5		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPL 1 1\2 SPICA OR BOTH LEG	29325	CPT	outpatient			875	353.21	Horizon	MGD		571.59				269.5		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPL 1 1\2 SPICA OR BOTH LEG	29325	CPT	outpatient			875	353.21	Horizon	Medicare Blue		307.14				269.5		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPL 1 1\2 SPICA OR BOTH LEG	29325	CPT	outpatient			875	353.21	Managed Care Inc	Managed Care Inc		787.5	90			269.5		1782 percent of total billed charges	
APPL 1 1\2 SPICA OR BOTH LEG	29325	CPT	outpatient			875	353.21	Multiplan	Multiplan		700	80			269.5		1782 percent of total billed charges	
APPL 1 1\2 SPICA OR BOTH LEG	29325	CPT	outpatient			875	353.21	Qualcare	Qualcare		656.25	75			269.5		1782 percent of total billed charges	
APPL 1 1\2 SPICA OR BOTH LEG	29325	CPT	outpatient			875	353.21	Three Rivers	Three Rivers		831.25	95			269.5		1782 percent of total billed charges	
APPL 1 1\2 SPICA OR BOTH LEG	29325	CPT	outpatient			875	353.21	UHC	Medicare		307.14				269.5		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPL 1 1\2 SPICA OR BOTH LEG	29325	CPT	outpatient			875	353.21	UHC	Medicaid		276.06	31.55			269.5		1782 percent of total billed charges	
APPL 1 1\2 SPICA OR BOTH LEG	29325	CPT	outpatient			875	353.21	United	Commercial|PPO		1782				269.5		1782 case rate	
APPL 1 1\2 SPICA OR BOTH LEG	29325	CPT	outpatient			875	353.21	United	Oxford		1782				269.5		1782 case rate	
APPL 1 1\2 SPICA OR BOTH LEG	29325	CPT	outpatient			875	353.21	Wellcare	Medicare		307.14				269.5		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPL 1 1\2 SPICA OR BOTH LEG	29325	CPT	outpatient			875	353.21	Wellcare	Medicaid		276.06	31.55			269.5		1782 percent of total billed charges	
APPL 1 1\2 SPICA OR BOTH LEG	29325	CPT	outpatient			875	353.21	WellPoint	WellPoint		281.58	32.18			269.5		1782 percent of total billed charges	
LONG LEG CAST	29345	CPT	outpatient			958	353.21	Aetna	Commercial		488.97				149.32		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LONG LEG CAST	29345	CPT	outpatient			958	353.21	Aetna	Better Health		302.25	31.55			149.32		1782 percent of total billed charges	
LONG LEG CAST	29345	CPT	outpatient			958	353.21	Aetna	Medicare		307.14				149.32		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LONG LEG CAST	29345	CPT	outpatient			958	353.21	Americare	Americare		718.5	75			149.32		1782 percent of total billed charges	
LONG LEG CAST	29345	CPT	outpatient			958	353.21	Amerihealth	Medicare		307.14				149.32		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LONG LEG CAST	29345	CPT	outpatient			958	353.21	Amerihealth	HMO|PPO		622.7	65			149.32		1782 percent of total billed charges	
LONG LEG CAST	29345	CPT	outpatient			958	353.21	Consumer	Consumer		910.1	95			149.32		1782 percent of total billed charges	
LONG LEG CAST	29345	CPT	outpatient			958	353.21	Corrections	Corrections		766.4	80			149.32		1782 percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.															
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true														
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
LONG LEG CAST	29345	CPT	outpatient			958	353.21	First Health	First Health		670.6	70			149.32		1782 percent of total billed charges	
LONG LEG CAST	29345	CPT	outpatient			958	353.21	First Trenton	First Trenton		862.2	90			149.32		1782 percent of total billed charges	
LONG LEG CAST	29345	CPT	outpatient			958	353.21	Horizon	Indemnity		571.59				149.32		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LONG LEG CAST	29345	CPT	outpatient			958	353.21	Horizon	MGD		571.59				149.32		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LONG LEG CAST	29345	CPT	outpatient			958	353.21	Horizon	NJ Health		149.32				149.32		1782 fee schedule	
LONG LEG CAST	29345	CPT	outpatient			958	353.21	Horizon	Medicare Blue		307.14				149.32		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LONG LEG CAST	29345	CPT	outpatient			958	353.21	Horizon	PPO		571.59				149.32		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LONG LEG CAST	29345	CPT	outpatient			958	353.21	Managed Care Inc	Managed Care Inc		862.2	90			149.32		1782 percent of total billed charges	
LONG LEG CAST	29345	CPT	outpatient			958	353.21	Multiplan	Multiplan		766.4	80			149.32		1782 percent of total billed charges	
LONG LEG CAST	29345	CPT	outpatient			958	353.21	Qualcare	Qualcare		718.5	75			149.32		1782 percent of total billed charges	
LONG LEG CAST	29345	CPT	outpatient			958	353.21	Three Rivers	Three Rivers		910.1	95			149.32		1782 percent of total billed charges	
LONG LEG CAST	29345	CPT	outpatient			958	353.21	UHC	Medicare		307.14				149.32		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LONG LEG CAST	29345	CPT	outpatient			958	353.21	UHC	Medicaid		302.25	31.55			149.32		1782 percent of total billed charges	
LONG LEG CAST	29345	CPT	outpatient			958	353.21	United	CommercialPPO		1782				149.32		1782 case rate	
LONG LEG CAST	29345	CPT	outpatient			958	353.21	United	Oxford		1782				149.32		1782 case rate	
LONG LEG CAST	29345	CPT	outpatient			958	353.21	Wellcare	Medicare		307.14				149.32		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LONG LEG CAST	29345	CPT	outpatient			958	353.21	Wellcare	Medicaid		302.25	31.55			149.32		1782 percent of total billed charges	
LONG LEG CAST	29345	CPT	outpatient			958	353.21	WellPoint	WellPoint		308.28	32.18			149.32		1782 percent of total billed charges	
LONG LEG WALKER TYPE	29355	CPT	outpatient			1210	353.21	Aetna	Commercial		488.97				152.74		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LONG LEG WALKER TYPE	29355	CPT	outpatient			1210	353.21	Aetna	Better Health		381.76	31.55			152.74		1782 percent of total billed charges	
LONG LEG WALKER TYPE	29355	CPT	outpatient			1210	353.21	Aetna	Medicare		372.68	30.8			152.74		1782 percent of total billed charges	
LONG LEG WALKER TYPE	29355	CPT	outpatient			1210	353.21	Americare	Americare		907.5	75			152.74		1782 percent of total billed charges	
LONG LEG WALKER TYPE	29355	CPT	outpatient			1210	353.21	Amerihealth	HMO/PPO		786.5	65			152.74		1782 percent of total billed charges	
LONG LEG WALKER TYPE	29355	CPT	outpatient			1210	353.21	Amerihealth	Medicare		307.14				152.74		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LONG LEG WALKER TYPE	29355	CPT	outpatient			1210	353.21	Consumer	Consumer		1149.5	95			152.74		1782 percent of total billed charges	
LONG LEG WALKER TYPE	29355	CPT	outpatient			1210	353.21	Corrections	Corrections		968	80			152.74		1782 percent of total billed charges	
LONG LEG WALKER TYPE	29355	CPT	outpatient			1210	353.21	First Health	First Health		847	70			152.74		1782 percent of total billed charges	
LONG LEG WALKER TYPE	29355	CPT	outpatient			1210	353.21	First Trenton	First Trenton		1089	90			152.74		1782 percent of total billed charges	
LONG LEG WALKER TYPE	29355	CPT	outpatient			1210	353.21	Horizon	MGD		571.59				152.74		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LONG LEG WALKER TYPE	29355	CPT	outpatient			1210	353.21	Horizon	PPO		571.59				152.74		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LONG LEG WALKER TYPE	29355	CPT	outpatient			1210	353.21	Horizon	NJ Health		152.74				152.74		1782 fee schedule	
LONG LEG WALKER TYPE	29355	CPT	outpatient			1210	353.21	Horizon	Indemnity		571.59				152.74		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LONG LEG WALKER TYPE	29355	CPT	outpatient			1210	353.21	Horizon	Medicare Blue		307.14				152.74		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LONG LEG WALKER TYPE	29355	CPT	outpatient			1210	353.21	Managed Care Inc	Managed Care Inc		1089	90			152.74		1782 percent of total billed charges	
LONG LEG WALKER TYPE	29355	CPT	outpatient			1210	353.21	Multiplan	Multiplan		968	80			152.74		1782 percent of total billed charges	
LONG LEG WALKER TYPE	29355	CPT	outpatient			1210	353.21	Qualcare	Qualcare		907.5	75			152.74		1782 percent of total billed charges	
LONG LEG WALKER TYPE	29355	CPT	outpatient			1210	353.21	Three Rivers	Three Rivers		1149.5	95			152.74		1782 percent of total billed charges	
LONG LEG WALKER TYPE	29355	CPT	outpatient			1210	353.21	UHC	Medicaid		381.76	31.55			152.74		1782 percent of total billed charges	
LONG LEG WALKER TYPE	29355	CPT	outpatient			1210	353.21	UHC	Medicare		307.14				152.74		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LONG LEG WALKER TYPE	29355	CPT	outpatient			1210	353.21	United	CommercialPPO		1782				152.74		1782 case rate	
LONG LEG WALKER TYPE	29355	CPT	outpatient			1210	353.21	United	Oxford		1782				152.74		1782 case rate	
LONG LEG WALKER TYPE	29355	CPT	outpatient			1210	353.21	Wellcare	Medicare		307.14				152.74		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LONG LEG WALKER TYPE	29355	CPT	outpatient			1210	353.21	Wellcare	Medicaid		381.76	31.55			152.74		1782 percent of total billed charges	
LONG LEG WALKER TYPE	29355	CPT	outpatient			1210	353.21	WellPoint	WellPoint		389.38	32.18			152.74		1782 percent of total billed charges	
LONG LEG CAST BRACE	29358	CPT	outpatient			957	353.21	Aetna	Better Health		301.93	31.55			164.85		1782 percent of total billed charges	
LONG LEG CAST BRACE	29358	CPT	outpatient			957	353.21	Aetna	Commercial		488.97				164.85		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LONG LEG CAST BRACE	29358	CPT	outpatient			957	353.21	Aetna	Medicare		294.76	30.8			164.85		1782 percent of total billed charges	
LONG LEG CAST BRACE	29358	CPT	outpatient			957	353.21	Americare	Americare		717.75	75			164.85		1782 percent of total billed charges	
LONG LEG CAST BRACE	29358	CPT	outpatient			957	353.21	Amerihealth	HMO/PPO		622.05	65			164.85		1782 percent of total billed charges	
LONG LEG CAST BRACE	29358	CPT	outpatient			957	353.21	Amerihealth	Medicare		307.14				164.85		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LONG LEG CAST BRACE	29358	CPT	outpatient			957	353.21	Consumer	Consumer		909.15	95			164.85		1782 percent of total billed charges	
LONG LEG CAST BRACE	29358	CPT	outpatient			957	353.21	Corrections	Corrections		765.6	80			164.85		1782 percent of total billed charges	
LONG LEG CAST BRACE	29358	CPT	outpatient			957	353.21	First Health	First Health		669.9	70			164.85		1782 percent of total billed charges	
LONG LEG CAST BRACE	29358	CPT	outpatient			957	353.21	First Trenton	First Trenton		861.3	90			164.85		1782 percent of total billed charges	
LONG LEG CAST BRACE	29358	CPT	outpatient			957	353.21	Horizon	MGD		571.59				164.85		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LONG LEG CAST BRACE	29358	CPT	outpatient			957	353.21	Horizon	Medicare Blue		307.14				164.85		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LONG LEG CAST BRACE	29358	CPT	outpatient			957	353.21	Horizon	PPO		571.59				164.85		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LONG LEG CAST BRACE	29358	CPT	outpatient			957	353.21	Horizon	NJ Health		164.85				164.85		1782 fee schedule	
LONG LEG CAST BRACE	29358	CPT	outpatient			957	353.21	Horizon	Indemnity		571.59				164.85		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LONG LEG CAST BRACE	29358	CPT	outpatient			957	353.21	Managed Care Inc	Managed Care Inc		861.3	90			164.85		1782 percent of total billed charges	
LONG LEG CAST BRACE	29358	CPT	outpatient			957	353.21	Multiplan	Multiplan		765.6	80			164.85		1782 percent of total billed charges	
LONG LEG CAST BRACE	29358	CPT	outpatient			957	353.21	Qualcare	Qualcare		717.75	75			164.85		1782 percent of total billed charges	
LONG LEG CAST BRACE	29358	CPT	outpatient			957	353.21	Three Rivers	Three Rivers		909.15	95			164.85		1782 percent of total billed charges	
LONG LEG CAST BRACE	29358	CPT	outpatient			957	353.21	UHC	Medicaid		301.93	31.55			164.85		1782 percent of total billed charges	
LONG LEG CAST BRACE	29358	CPT	outpatient			957	353.21	UHC	Medicare		307.14				164.85		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LONG LEG CAST BRACE	29358	CPT	outpatient			957	353.21	United	CommercialPPO		1782				164.85		1782 case rate	
LONG LEG CAST BRACE	29358	CPT	outpatient			957	353.21	United	Oxford		1782				164.85		1782 case rate	
LONG LEG CAST BRACE	29358	CPT	outpatient			957	353.21	Wellcare	Medicaid		301.93	31.55			164.85		1782 percent of total billed charges	
LONG LEG CAST BRACE	29358	CPT	outpatient			957	353.21	Wellcare	Medicare		307.14				164.85		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LONG LEG CAST BRACE	29358	CPT	outpatient			957	353.21	WellPoint	WellPoint		307.96	32.18			164.85		1782 percent of total billed charges	
CYLINDER CAST APPLICATION	29365	CPT	outpatient			875	353.21	Aetna	Commercial		488.97				138.33		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYLINDER CAST APPLICATION	29365	CPT	outpatient			875	353.21	Aetna	Better Health		276.06	31.55			138.33		1782 percent of total billed charges	
CYLINDER CAST APPLICATION	29365	CPT	outpatient			875	353.21	Aetna	Medicare		307.14				138.33		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYLINDER CAST APPLICATION	29365	CPT	outpatient			875	353.21	Americare	Americare		656.25	75			138.33		1782 percent of total billed charges	
CYLINDER CAST APPLICATION	29365	CPT	outpatient			875	353.21	Amerihealth	Medicare		307.14				138.33		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYLINDER CAST APPLICATION	29365	CPT	outpatient			875	353.21	Amerihealth	HMO/PPO		568.75	65			138.33		1782 percent of total billed charges	
CYLINDER CAST APPLICATION	29365	CPT	outpatient			875	353.21	Consumer	Consumer		831.25	95			138.33		1782 percent of total billed charges	
CYLINDER CAST APPLICATION	29365	CPT	outpatient			875	353.21	Corrections	Corrections		700	80			138.33		1782 percent of total billed charges	
CYLINDER CAST APPLICATION	29365	CPT	outpatient			875	353.21	First Health	First Health		612.5	70			138.33		1782 percent of total billed charges	
CYLINDER CAST APPLICATION	29365	CPT	outpatient			875	353.21	First Trenton	First Trenton		787.5	90			138.33		1782 percent of total billed charges	
CYLINDER CAST APPLICATION	29365	CPT	outpatient			875	353.21	Horizon	PPO		571.59				138.33		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYLINDER CAST APPLICATION	29365	CPT	outpatient			875	353.21	Horizon	NJ Health		138.33				138.33		1782 fee schedule	
CYLINDER CAST APPLICATION	29365	CPT	outpatient			875	353.21	Horizon	Indemnity		571.59				138.33		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYLINDER CAST APPLICATION	29365	CPT	outpatient			875	353.21	Horizon	Medicare Blue		307.14				138.33		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYLINDER CAST APPLICATION	29365	CPT	outpatient			875	353.21	Horizon	MGD		571.59				138.33		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYLINDER CAST APPLICATION	29365	CPT	outpatient			875	353.21	Managed Care Inc	Managed Care Inc		787.5	90			138.33		1782 percent of total billed charges	
CYLINDER CAST APPLICATION	29365	CPT	outpatient			875	353.21	Multiplan	Multiplan		700	80			138.33		1782 percent of total billed charges	
CYLINDER CAST APPLICATION	29365	CPT	outpatient			875	353.21	Qualcare	Qualcare		656.25	75			138.33		1782 percent of total billed charges	
CYLINDER CAST APPLICATION	29365	CPT	outpatient			875	353.21	Three Rivers	Three Rivers		831.25	95			138.33		1782 percent of total billed charges	
CYLINDER CAST APPLICATION	29365	CPT	outpatient			875	353.21	UHC	Medicaid		276.06	31.55			138.33		1782 percent of total billed charges	
CYLINDER CAST APPLICATION	29365	CPT	outpatient			875	353.21	UHC	Medicare		307.14				138.33		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYLINDER CAST APPLICATION	29365	CPT	outpatient			875	353.21	United	CommercialPPO		1782				138.33		1782 case rate	
CYLINDER CAST APPLICATION	29365	CPT	outpatient			875	353.21	United	Oxford		1782				138.33		1782 case rate	
CYLINDER CAST APPLICATION	29365	CPT	outpatient			875	353.21	Wellcare	Medicare		307.14				138.33		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYLINDER CAST APPLICATION	29365	CPT	outpatient			875	353.21	Wellcare	Medicaid		276.06	31.55			138.33		1782 percent of total billed charges	
CYLINDER CAST APPLICATION	29365	CPT	outpatient			875	353.21	WellPoint	WellPoint		281.58	32.18			138.33		1782 percent of total billed charges	
SHORT LEG CAST APPLICATION	29405	CPT	outpatient			1012	353.21	Aetna	Medicare		311.7	30.8			109.62		1782 percent of total billed charges	
SHORT LEG CAST APPLICATION	29405	CPT	outpatient			1012	353.21	Aetna	Better Health		319.29	31.55			109.62		1782 percent of total billed charges	
SHORT LEG CAST APPLICATION	29405	CPT	outpatient			1012	353.21	Aetna	Commercial		488.97				109.62		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHORT LEG CAST APPLICATION	29405	CPT	outpatient			1012	353.21	Americare	Americare		759	75			109.62		1782 percent of total billed charges	
SHORT LEG CAST APPLICATION	29405	CPT	outpatient			1012	353.21	Amerihealth	HMO/PPO		657.8	65			109.62		1782 percent of total billed charges	
SHORT LEG CAST APPLICATION	29405	CPT	outpatient			1012	353.21	Amerihealth	Medicare		307.14				109.62		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHORT LEG CAST APPLICATION	29405	CPT	outpatient			1012	353.21	Consumer	Consumer		961.4	95			109.62		1782 percent of total billed charges	
SHORT LEG CAST APPLICATION	29405	CPT	outpatient			1012	353.21	Corrections	Corrections		809.6	80			109.62		1782 percent of total billed charges	
SHORT LEG CAST APPLICATION	29405	CPT	outpatient			1012	353.21	First Health	First Health		708.4	70			109.62		1782 percent of total billed charges	
SHORT LEG CAST APPLICATION	29405	CPT	outpatient			1012	353.21	First Trenton	First Trenton		910.8	90			109.62		1782 percent of total billed charges	
SHORT LEG CAST APPLICATION	29405	CPT	outpatient			1012	353.21	Horizon	MGD		571.59				109.62		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHORT LEG CAST APPLICATION	29405	CPT	outpatient			1012	353.21	Horizon	Medicare Blue		307.14				109.62		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHORT LEG CAST APPLICATION	29405	CPT	outpatient			1012	353.21	Horizon	PPO		571.59				109.62		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHORT LEG CAST APPLICATION	29405	CPT	outpatient			1012	353.21	Horizon	NJ Health		109.62				109.62		1782 fee schedule	
SHORT LEG CAST APPLICATION	29405	CPT	outpatient			1012	353.21	Horizon	Indemnity		571.59				109.62		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHORT LEG CAST APPLICATION	29405	CPT	outpatient			1012	353.21	Managed Care Inc	Managed Care Inc		910.8	90			109.62		1782 percent of total billed charges	
SHORT LEG CAST APPLICATION	29405	CPT	outpatient			1012	353.21	Multiplan	Multiplan		809.6	80			109.62		1782 percent of total billed charges	
SHORT LEG CAST APPLICATION	29405	CPT	outpatient			1012	353.21	Qualcare	Qualcare		759	75			109.62		1782 percent of total billed charges	
SHORT LEG CAST APPLICATION	29405	CPT	outpatient			1012	353.21	Three Rivers	Three Rivers		961.4	95			109.62		1782 percent of total billed charges	
SHORT LEG CAST APPLICATION	29405	CPT	outpatient			1012	353.21	UHC	Medicare		307.14				109.62		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHORT LEG CAST APPLICATION	29405	CPT	outpatient			1012	353.21	UHC	Medicaid		319.29	31.55			109.62		1782 percent of total billed charges	
SHORT LEG CAST APPLICATION	29405	CPT	outpatient			1012	353.21	United	Oxford		1782				109.62		1782 case rate	
SHORT LEG CAST APPLICATION	29405	CPT	outpatient			1012	353.21	United	CommercialPPO		1782				109.62		1782 case rate	
SHORT LEG CAST APPLICATION	29405	CPT	outpatient			1012	353.21	Wellcare	Medicare		307.14				109.62		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHORT LEG CAST APPLICATION	29405	CPT	outpatient			1012	353.21	Wellcare	Medicaid		319.29	31.55			109.62		1782 percent of total billed charges	
SHORT LEG CAST APPLICATION	29405	CPT	outpatient			1012	353.21	WellPoint	WellPoint		325.66	32.18			109.62		1782 percent of total billed charges	
SHORT LEG CAST WALKING	29425	CPT	outpatient			1133	353.21	Aetna	Better Health		357.46	31.55			122.67		1782 percent of total billed charges	
SHORT LEG CAST WALKING	29425	CPT	outpatient			1133	353.21	Aetna	Medicare		307.14				122.67		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHORT LEG CAST WALKING	29425	CPT	outpatient			1133	353.21	Aetna	Commercial		488.97				122.67		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHORT LEG CAST WALKING	29425	CPT	outpatient			1133	353.21	Americare	Americare		849.75	75			122.67		1782 percent of total billed charges	
SHORT LEG CAST WALKING	29425	CPT	outpatient			1133	353.21	Amerihealth	HMO/PPO		736.45	65			122.67		1782 percent of total billed charges	
SHORT LEG CAST WALKING	29425	CPT	outpatient			1133	353.21	Amerihealth	Medicare		307.14				122.67		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHORT LEG CAST WALKING	29425	CPT	outpatient			1133	353.21	Consumer	Consumer		1076.35	95			122.67		1782 percent of total billed charges	
SHORT LEG CAST WALKING	29425	CPT	outpatient			1133	353.21	Corrections	Corrections		906.4	80			122.67		1782 percent of total billed charges	
SHORT LEG CAST WALKING	29425	CPT	outpatient			1133	353.21	First Health	First Health		793.1	70			122.67		1782 percent of total billed charges	
SHORT LEG CAST WALKING	29425	CPT	outpatient			1133	353.21	First Trenton	First Trenton		1019.7	90			122.67		1782 percent of total billed charges	
SHORT LEG CAST WALKING	29425	CPT	outpatient			1133	353.21	Horizon	Medicare Blue		307.14				122.67		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHORT LEG CAST WALKING	29425	CPT	outpatient			1133	353.21	Horizon	PPO		571.59				122.67		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHORT LEG CAST WALKING	29425	CPT	outpatient			1133	353.21	Horizon	MGD		571.59				122.67		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHORT LEG CAST WALKING	29425	CPT	outpatient			1133	353.21	Horizon	Indemnity		571.59				122.67		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHORT LEG CAST WALKING	29425	CPT	outpatient			1133	353.21	Horizon	NJ Health		122.67				122.67		1782 fee schedule	
SHORT LEG CAST WALKING	29425	CPT	outpatient			1133	353.21	Managed Care Inc	Managed Care Inc		1019.7	90			122.67		1782 percent of total billed charges	
SHORT LEG CAST WALKING	29425	CPT	outpatient			1133	353.21	Multiplan	Multiplan		906.4	80			122.67		1782 percent of total billed charges	
SHORT LEG CAST WALKING	29425	CPT	outpatient			1133	353.21	Qualcare	Qualcare		849.75	75			122.67		1782 percent of total billed charges	
SHORT LEG CAST WALKING	29425	CPT	outpatient			1133	353.21	Three Rivers	Three Rivers		1076.35	95			122.67		1782 percent of total billed charges	
SHORT LEG CAST WALKING	29425	CPT	outpatient			1133	353.21	UHC	Medicaid		357.46	31.55			122.67		1782 percent of total billed charges	
SHORT LEG CAST WALKING	29425	CPT	outpatient			1133	353.21	UHC	Medicare		307.14				122.67		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHORT LEG CAST WALKING	29425	CPT	outpatient			1133	353.21	United	CommercialPPO		1782				122.67		1782 case rate	
SHORT LEG CAST WALKING	29425	CPT	outpatient			1133	353.21	United	Oxford		1782				122.67		1782 case rate	
SHORT LEG CAST WALKING	29425	CPT	outpatient			1133	353.21	Wellcare	Medicaid		357.46	31.55			122.67		1782 percent of total billed charges	
SHORT LEG CAST WALKING	29425	CPT	outpatient			1133	353.21	Wellcare	Medicare		307.14				122.67		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHORT LEG CAST WALKING	29425	CPT	outpatient			1133	353.21	WellPoint	WellPoint		364.6	32.18			122.67		1782 percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
APPY PATELLAR TENDON BEARING CAST	29435	CPT	outpatient			875		353.21 Aetna	Medicare		307.14				144.5		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPY PATELLAR TENDON BEARING CAST	29435	CPT	outpatient			875		353.21 Aetna	Better Health		276.06	31.55			144.5		1782 percent of total billed charges	
APPY PATELLAR TENDON BEARING CAST	29435	CPT	outpatient			875		353.21 Aetna	Commercial		488.97				144.5		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPY PATELLAR TENDON BEARING CAST	29435	CPT	outpatient			875		353.21 Americare	Americare		656.25	75			144.5		1782 percent of total billed charges	
APPY PATELLAR TENDON BEARING CAST	29435	CPT	outpatient			875		353.21 Amerihealth	HMO/PPO		568.75	65			144.5		1782 percent of total billed charges	
APPY PATELLAR TENDON BEARING CAST	29435	CPT	outpatient			875		353.21 Amerihealth	Medicare		307.14				144.5		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPY PATELLAR TENDON BEARING CAST	29435	CPT	outpatient			875		353.21 Consumer	Consumer		831.25	95			144.5		1782 percent of total billed charges	
APPY PATELLAR TENDON BEARING CAST	29435	CPT	outpatient			875		353.21 Corrections	Corrections		700	80			144.5		1782 percent of total billed charges	
APPY PATELLAR TENDON BEARING CAST	29435	CPT	outpatient			875		353.21 First Health	First Health		612.5	70			144.5		1782 percent of total billed charges	
APPY PATELLAR TENDON BEARING CAST	29435	CPT	outpatient			875		353.21 First Trenton	First Trenton		787.5	90			144.5		1782 percent of total billed charges	
APPY PATELLAR TENDON BEARING CAST	29435	CPT	outpatient			875		353.21 Horizon	Indemnity		571.59				144.5		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPY PATELLAR TENDON BEARING CAST	29435	CPT	outpatient			875		353.21 Horizon	MGD		571.59				144.5		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPY PATELLAR TENDON BEARING CAST	29435	CPT	outpatient			875		353.21 Horizon	NJ Health		172.26				144.5		1782 fee schedule	
APPY PATELLAR TENDON BEARING CAST	29435	CPT	outpatient			875		353.21 Horizon	PPO		571.59				144.5		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPY PATELLAR TENDON BEARING CAST	29435	CPT	outpatient			875		353.21 Horizon	Medicare Blue		307.14				144.5		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPY PATELLAR TENDON BEARING CAST	29435	CPT	outpatient			875		353.21 Managed Care Inc	Managed Care Inc		787.5	90			144.5		1782 percent of total billed charges	
APPY PATELLAR TENDON BEARING CAST	29435	CPT	outpatient			875		353.21 Multiplan	Multiplan		700	80			144.5		1782 percent of total billed charges	
APPY PATELLAR TENDON BEARING CAST	29435	CPT	outpatient			875		353.21 Qualcare	Qualcare		656.25	75			144.5		1782 percent of total billed charges	
APPY PATELLAR TENDON BEARING CAST	29435	CPT	outpatient			875		353.21 Three Rivers	Three Rivers		831.25	95			144.5		1782 percent of total billed charges	
APPY PATELLAR TENDON BEARING CAST	29435	CPT	outpatient			875		353.21 UHC	Medicaid		276.06	31.55			144.5		1782 percent of total billed charges	
APPY PATELLAR TENDON BEARING CAST	29435	CPT	outpatient			875		353.21 UHC	Medicare		307.14				144.5		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPY PATELLAR TENDON BEARING CAST	29435	CPT	outpatient			875		353.21 United	Oxford		1782				144.5		1782 case rate	
APPY PATELLAR TENDON BEARING CAST	29435	CPT	outpatient			875		353.21 United	Commercial|PPO		1782				144.5		1782 case rate	
APPY PATELLAR TENDON BEARING CAST	29435	CPT	outpatient			875		353.21 Wellcare	Medicare		307.14				144.5		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPY PATELLAR TENDON BEARING CAST	29435	CPT	outpatient			875		353.21 Wellcare	Medicaid		276.06	31.55			144.5		1782 percent of total billed charges	
APPY PATELLAR TENDON BEARING CAST	29435	CPT	outpatient			875		353.21 WellPoint	WellPoint		281.58	32.18			144.5		1782 percent of total billed charges	
TOTAL CONTACT CAST	29445	CPT	outpatient			875		353.21 Aetna	Medicare		307.14				199.59		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TOTAL CONTACT CAST	29445	CPT	outpatient			875		353.21 Aetna	Better Health		276.06	31.55			199.59		1782 percent of total billed charges	
TOTAL CONTACT CAST	29445	CPT	outpatient			875		353.21 Aetna	Commercial		488.97				199.59		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TOTAL CONTACT CAST	29445	CPT	outpatient			875		353.21 Americare	Americare		656.25	75			199.59		1782 percent of total billed charges	
TOTAL CONTACT CAST	29445	CPT	outpatient			875		353.21 Amerihealth	HMO/PPO		568.75	65			199.59		1782 percent of total billed charges	
TOTAL CONTACT CAST	29445	CPT	outpatient			875		353.21 Amerihealth	Medicare		307.14				199.59		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TOTAL CONTACT CAST	29445	CPT	outpatient			875		353.21 Consumer	Consumer		831.25	95			199.59		1782 percent of total billed charges	
TOTAL CONTACT CAST	29445	CPT	outpatient			875		353.21 Corrections	Corrections		700	80			199.59		1782 percent of total billed charges	
TOTAL CONTACT CAST	29445	CPT	outpatient			875		353.21 First Health	First Health		612.5	70			199.59		1782 percent of total billed charges	
TOTAL CONTACT CAST	29445	CPT	outpatient			875		353.21 First Trenton	First Trenton		787.5	90			199.59		1782 percent of total billed charges	
TOTAL CONTACT CAST	29445	CPT	outpatient			875		353.21 Horizon	Medicare Blue		307.14				199.59		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TOTAL CONTACT CAST	29445	CPT	outpatient			875		353.21 Horizon	MGD		571.59				199.59		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TOTAL CONTACT CAST	29445	CPT	outpatient			875		353.21 Horizon	Indemnity		571.59				199.59		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TOTAL CONTACT CAST	29445	CPT	outpatient			875		353.21 Horizon	NJ Health		199.59				199.59		1782 fee schedule	
TOTAL CONTACT CAST	29445	CPT	outpatient			875		353.21 Horizon	PPO		571.59				199.59		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TOTAL CONTACT CAST	29445	CPT	outpatient			875		353.21 Managed Care Inc	Managed Care Inc		787.5	90			199.59		1782 percent of total billed charges	
TOTAL CONTACT CAST	29445	CPT	outpatient			875		353.21 Multiplan	Multiplan		700	80			199.59		1782 percent of total billed charges	
TOTAL CONTACT CAST	29445	CPT	outpatient			875		353.21 Qualcare	Qualcare		656.25	75			199.59		1782 percent of total billed charges	
TOTAL CONTACT CAST	29445	CPT	outpatient			875		353.21 Three Rivers	Three Rivers		831.25	95			199.59		1782 percent of total billed charges	
TOTAL CONTACT CAST	29445	CPT	outpatient			875		353.21 UHC	Medicaid		276.06	31.55			199.59		1782 percent of total billed charges	
TOTAL CONTACT CAST	29445	CPT	outpatient			875		353.21 UHC	Medicare		307.14				199.59		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TOTAL CONTACT CAST	29445	CPT	outpatient			875		353.21 United	Oxford		1782				199.59		1782 case rate	
TOTAL CONTACT CAST	29445	CPT	outpatient			875		353.21 United	Commercial|PPO		1782				199.59		1782 case rate	
TOTAL CONTACT CAST	29445	CPT	outpatient			875		353.21 Wellcare	Medicaid		276.06	31.55			199.59		1782 percent of total billed charges	
TOTAL CONTACT CAST	29445	CPT	outpatient			875		353.21 Wellcare	Medicare		307.14				199.59		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TOTAL CONTACT CAST	29445	CPT	outpatient			875		353.21 WellPoint	WellPoint		281.58	32.18			199.59		1782 percent of total billed charges	
APPLY CLUBFOOT CAST, LONG OR SHORT LEG	29450	CPT	outpatient			532		207.24 Aetna	Better Health		167.85	31.55			129.36		1782 percent of total billed charges	
APPLY CLUBFOOT CAST, LONG OR SHORT LEG	29450	CPT	outpatient			532		207.24 Aetna	Commercial		286.89				129.36		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLY CLUBFOOT CAST, LONG OR SHORT LEG	29450	CPT	outpatient			532		207.24 Aetna	Medicare		180.21				129.36		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLY CLUBFOOT CAST, LONG OR SHORT LEG	29450	CPT	outpatient			532		207.24 Americare	Americare		399	75			129.36		1782 percent of total billed charges	
APPLY CLUBFOOT CAST, LONG OR SHORT LEG	29450	CPT	outpatient			532		207.24 Amerihealth	HMO/PPO		345.8	65			129.36		1782 percent of total billed charges	
APPLY CLUBFOOT CAST, LONG OR SHORT LEG	29450	CPT	outpatient			532		207.24 Amerihealth	Medicare		180.21				129.36		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLY CLUBFOOT CAST, LONG OR SHORT LEG	29450	CPT	outpatient			532		207.24 Consumer	Consumer		505.4	95			129.36		1782 percent of total billed charges	
APPLY CLUBFOOT CAST, LONG OR SHORT LEG	29450	CPT	outpatient			532		207.24 Corrections	Corrections		425.6	80			129.36		1782 percent of total billed charges	
APPLY CLUBFOOT CAST, LONG OR SHORT LEG	29450	CPT	outpatient			532		207.24 First Health	First Health		372.4	70			129.36		1782 percent of total billed charges	
APPLY CLUBFOOT CAST, LONG OR SHORT LEG	29450	CPT	outpatient			532		207.24 First Trenton	First Trenton		478.8	90			129.36		1782 percent of total billed charges	
APPLY CLUBFOOT CAST, LONG OR SHORT LEG	29450	CPT	outpatient			532		207.24 Horizon	MGD		335.37				129.36		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLY CLUBFOOT CAST, LONG OR SHORT LEG	29450	CPT	outpatient			532		207.24 Horizon	PPO		335.37				129.36		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLY CLUBFOOT CAST, LONG OR SHORT LEG	29450	CPT	outpatient			532		207.24 Horizon	NJ Health		207.96				129.36		1782 fee schedule	
APPLY CLUBFOOT CAST, LONG OR SHORT LEG	29450	CPT	outpatient			532		207.24 Horizon	Medicare Blue		180.21				129.36		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLY CLUBFOOT CAST, LONG OR SHORT LEG	29450	CPT	outpatient			532		207.24 Horizon	Indemnity		335.37				129.36		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLY CLUBFOOT CAST, LONG OR SHORT LEG	29450	CPT	outpatient			532		207.24 Managed Care Inc	Managed Care Inc		478.8	90			129.36		1782 percent of total billed charges	
APPLY CLUBFOOT CAST, LONG OR SHORT LEG	29450	CPT	outpatient			532		207.24 Multiplan	Multiplan		425.6	80			129.36		1782 percent of total billed charges	
APPLY CLUBFOOT CAST, LONG OR SHORT LEG	29450	CPT	outpatient			532		207.24 Qualcare	Qualcare		399	75			129.36		1782 percent of total billed charges	
APPLY CLUBFOOT CAST, LONG OR SHORT LEG	29450	CPT	outpatient			532		207.24 Three Rivers	Three Rivers		505.4	95			129.36		1782 percent of total billed charges	
APPLY CLUBFOOT CAST, LONG OR SHORT LEG	29450	CPT	outpatient			532		207.24 UHC	Medicaid		167.85	31.55			129.36		1782 percent of total billed charges	
APPLY CLUBFOOT CAST, LONG OR SHORT LEG	29450	CPT	outpatient			532		207.24 UHC	Medicare		180.21				129.36		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLY CLUBFOOT CAST, LONG OR SHORT LEG	29450	CPT	outpatient			532		207.24 United	Commercial|PPO		1782				129.36		1782 case rate	
APPLY CLUBFOOT CAST, LONG OR SHORT LEG	29450	CPT	outpatient			532		207.24 United	Oxford		1782				129.36		1782 case rate	
APPLY CLUBFOOT CAST, LONG OR SHORT LEG	29450	CPT	outpatient			532		207.24 Wellcare	Medicare		180.21				129.36		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLY CLUBFOOT CAST, LONG OR SHORT LEG	29450	CPT	outpatient			532		207.24 Wellcare	Medicaid		167.85	31.55			129.36		1782 percent of total billed charges	
APPLY CLUBFOOT CAST, LONG OR SHORT LEG	29450	CPT	outpatient			532		207.24 WellPoint	WellPoint		171.2	32.18			129.36		1782 percent of total billed charges	
LONG LEG SPLINT APPLICATION	29505	CPT	outpatient			605		207.24 Aetna	Medicare		180.21				125.28		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LONG LEG SPLINT APPLICATION	29505	CPT	outpatient			605		207.24 Aetna	Commercial		286.89				125.28		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LONG LEG SPLINT APPLICATION	29505	CPT	outpatient			605		207.24 Aetna	Better Health		190.88	31.55			125.28		1782 percent of total billed charges	
LONG LEG SPLINT APPLICATION	29505	CPT	outpatient			605		207.24 Americare	Americare		453.75	75			125.28		1782 percent of total billed charges	
LONG LEG SPLINT APPLICATION	29505	CPT	outpatient			605		207.24 Amerihealth	HMO/PPO		393.25	65			125.28		1782 percent of total billed charges	
LONG LEG SPLINT APPLICATION	29505	CPT	outpatient			605		207.24 Amerihealth	Medicare		180.21				125.28		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LONG LEG SPLINT APPLICATION	29505	CPT	outpatient			605		207.24 Consumer	Consumer		574.75	95			125.28		1782 percent of total billed charges	
LONG LEG SPLINT APPLICATION	29505	CPT	outpatient			605		207.24 Corrections	Corrections		484	80			125.28		1782 percent of total billed charges	
LONG LEG SPLINT APPLICATION	29505	CPT	outpatient			605		207.24 First Health	First Health		423.5	70			125.28		1782 percent of total billed charges	
LONG LEG SPLINT APPLICATION	29505	CPT	outpatient			605		207.24 First Trenton	First Trenton		544.5	90			125.28		1782 percent of total billed charges	
LONG LEG SPLINT APPLICATION	29505	CPT	outpatient			605		207.24 Horizon	NJ Health		125.28				125.28		1782 fee schedule	
LONG LEG SPLINT APPLICATION	29505	CPT	outpatient			605		207.24 Horizon	Indemnity		335.37				125.28		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LONG LEG SPLINT APPLICATION	29505	CPT	outpatient			605		207.24 Horizon	Medicare Blue		180.21				125.28		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LONG LEG SPLINT APPLICATION	29505	CPT	outpatient			605		207.24 Horizon	MGD		335.37				125.28		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LONG LEG SPLINT APPLICATION	29505	CPT	outpatient			605		207.24 Horizon	PPO		335.37				125.28		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LONG LEG SPLINT APPLICATION	29505	CPT	outpatient			605		207.24 Managed Care Inc	Managed Care Inc		544.5	90			125.28		1782 percent of total billed charges	
LONG LEG SPLINT APPLICATION	29505	CPT	outpatient			605		207.24 Multiplan	Multiplan		484	80			125.28		1782 percent of total billed charges	
LONG LEG SPLINT APPLICATION	29505	CPT	outpatient			605		207.24 Qualcare	Qualcare		453.75	75			125.28		1782 percent of total billed charges	
LONG LEG SPLINT APPLICATION	29505	CPT	outpatient			605		207.24 Three Rivers	Three Rivers		574.75	95			125.28		1782 percent of total billed charges	
LONG LEG SPLINT APPLICATION	29505	CPT	outpatient			605		207.24 UHC	Medicare		180.21				125.28		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LONG LEG SPLINT APPLICATION	29505	CPT	outpatient			605		207.24 UHC	Medicaid		190.88	31.55			125.28		1782 percent of total billed charges	
LONG LEG SPLINT APPLICATION	29505	CPT	outpatient			605		207.24 United	Oxford		1782				125.28		1782 case rate	
LONG LEG SPLINT APPLICATION	29505	CPT	outpatient			605		207.24 United	Commercial|PPO		1782				125.28		1782 case rate	
LONG LEG SPLINT APPLICATION	29505	CPT	outpatient			605		207.24 Wellcare	Medicare		180.21				125.28		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LONG LEG SPLINT APPLICATION	29505	CPT	outpatient			605		207.24 Wellcare	Medicaid		190.88	31.55			125.28		1782 percent of total billed charges	
LONG LEG SPLINT APPLICATION	29505	CPT	outpatient			605		207.24 WellPoint	WellPoint		194.69	32.18			125.28		1782 percent of total billed charges	
SHORT LEG SPLINT APPLICATION	29515	CPT	outpatient			555		207.24 Aetna	Better Health		175.1	31.55			109.62		1782 percent of total billed charges	
SHORT LEG SPLINT APPLICATION	29515	CPT	outpatient			555		207.24 Aetna	Commercial		286.89				109.62		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHORT LEG SPLINT APPLICATION	29515	CPT	outpatient			555		207.24 Aetna	Medicare		180.21				109.62		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHORT LEG SPLINT APPLICATION	29515	CPT	outpatient			555		207.24 Americare	Americare		416.25	75			109.62		1782 percent of total billed charges	
SHORT LEG SPLINT APPLICATION	29515	CPT	outpatient			555		207.24 Amerihealth	HMO/PPO		360.75	65			109.62		1782 percent of total billed charges	
SHORT LEG SPLINT APPLICATION	29515	CPT	outpatient			555		207.24 Amerihealth	Medicare		180.21				109.62		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHORT LEG SPLINT APPLICATION	29515	CPT	outpatient			555		207.24 Consumer	Consumer		527.25	95			109.62		1782 percent of total billed charges	
SHORT LEG SPLINT APPLICATION	29515	CPT	outpatient			555		207.24 Corrections	Corrections		444	80			109.62		1782 percent of total billed charges	
SHORT LEG SPLINT APPLICATION	29515	CPT	outpatient			555		207.24 First Health	First Health		388.5	70			109.62		1782 percent of total billed charges	
SHORT LEG SPLINT APPLICATION	29515	CPT	outpatient			555		207.24 First Trenton	First Trenton		499.5	90			109.62		1782 percent of total billed charges	
SHORT LEG SPLINT APPLICATION	29515	CPT	outpatient			555		207.24 Horizon	Medicare Blue		180.21				109.62		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHORT LEG SPLINT APPLICATION	29515	CPT	outpatient			555		207.24 Horizon	PPO		335.37				109.62		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHORT LEG SPLINT APPLICATION	29515	CPT	outpatient			555		207.24 Horizon	Indemnity		335.37				109.62		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHORT LEG SPLINT APPLICATION	29515	CPT	outpatient			555		207.24 Horizon	MGD		335.37				109.62		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHORT LEG SPLINT APPLICATION	29515	CPT	outpatient			555		207.24 Horizon	NJ Health		109.62				109.62		1782 fee schedule	
SHORT LEG SPLINT APPLICATION	29515	CPT	outpatient			555		207.24 Managed Care Inc	Managed Care Inc		499.5	90			109.62		1782 percent of total billed charges	
SHORT LEG SPLINT APPLICATION	29515	CPT	outpatient			555		207.24 Multiplan	Multiplan		444	80			109.62		1782 percent of total billed charges	
SHORT LEG SPLINT APPLICATION	29515	CPT	outpatient			555		207.24 Qualcare	Qualcare		416.25	75			109.62		1782 percent of total billed charges	
SHORT LEG SPLINT APPLICATION	29515	CPT	outpatient			555		207.24 Three Rivers	Three Rivers		527.25	95			109.62		1782 percent of total billed charges	
SHORT LEG SPLINT APPLICATION	29515	CPT	outpatient			555		207.24 UHC	Medicare		180.21				109.62		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHORT LEG SPLINT APPLICATION	29515	CPT	outpatient			555		207.24 UHC	Medicaid		175.1	31.55			109.62		1782 percent of total billed charges	
SHORT LEG SPLINT APPLICATION	29515	CPT	outpatient			555		207.24 United	Commercial|PPO		1782				109.62		1782 case rate	
SHORT LEG SPLINT APPLICATION	29515	CPT	outpatient			555		207.24 United	Oxford		1782				109.62		1782 case rate	
SHORT LEG SPLINT APPLICATION	29515	CPT	outpatient			555		207.24 Wellcare	Medicare		180.21				109.62		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHORT LEG SPLINT APPLICATION	29515	CPT	outpatient			555		207.24 Wellcare	Medicaid		175.1	31.55			109.62		1782 percent of total billed charges	
SHORT LEG SPLINT APPLICATION	29515	CPT	outpatient			555		207.24 WellPoint	WellPoint		178.6	32.18			109.62		1782 percent of total billed charges	
STRAPPING; HIP	29520	CPT	outpatient			458		168 Aetna	Commercial		232.58				62.93		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING; HIP	29520	CPT	outpatient			458		168 Aetna	Better Health		144.5	31.55			62.93		1782 percent of total billed charges	
STRAPPING; HIP	29520	CPT	outpatient			458		168 Aetna	Medicare		146.09				62.93		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING; HIP	29520	CPT	outpatient			458		168 Americare	Americare		343.5	75			62.93		1782 percent of total billed charges	
STRAPPING; HIP	29520	CPT	outpatient			458		168 Amerihealth	HMO/PPO		297.7	65			62.93		1782 percent of total billed charges	
STRAPPING; HIP	29520	CPT	outpatient			458		168 Amerihealth	Medicare		146.09				62.93		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING; HIP	29520	CPT	outpatient			458		168 Consumer	Consumer		435.1	95			62.93		1782 percent of total billed charges	
STRAPPING; HIP	29520	CPT	outpatient			458		168 Corrections	Corrections		366.4	80			62.93		1782 percent of total billed charges	
STRAPPING; HIP	29520	CPT	outpatient			458		168 First Health	First Health		320.6	70			62.93		1782 percent of total billed charges	
STRAPPING; HIP	29520	CPT	outpatient			458		168 First Trenton	First Trenton		412.2	90			62.93		1782 percent of total billed charges	
STRAPPING; HIP	29520	CPT	outpatient			458		168 Horizon	Indemnity		271.87				62.93		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING; HIP	29520	CPT	outpatient			458		168 Horizon	MGD		271.87				62.93		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING; HIP	29520	CPT	outpatient			458		168 Horizon	NJ Health		62.93				62.93		1782 fee schedule	
STRAPPING; HIP	29520	CPT	outpatient			458		168 Horizon	PPO		271.87				62.93		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING; HIP	29520	CPT	outpatient			458		168 Horizon	Medicare Blue		146.09				62.93		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING; HIP	29520	CPT	outpatient			458		168 Managed Care Inc	Managed Care Inc		412.2	90			62.93		1782 percent of total billed charges	
STRAPPING; HIP	29520	CPT	outpatient			458		168 Multiplan	Multiplan		366.4	80			62.93		1782 percent of total billed charges	
STRAPPING; HIP	29520	CPT	outpatient			458		168 Qualcare	Qualcare		343.5	75			62.93		1782 percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.															
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103		310119 true														
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
STRAPPING; HIP	29520	CPT	outpatient			458	168	Three Rivers	Three Rivers		435.1	95			62.93	62.93	1782 percent of total billed charges	
STRAPPING; HIP	29520	CPT	outpatient			458	168	UHC	Medicaid		144.5	31.55			62.93	62.93	1782 percent of total billed charges	
STRAPPING; HIP	29520	CPT	outpatient			458	168	UHC	Medicare		146.09				62.93	62.93	1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING; HIP	29520	CPT	outpatient			458	168	United	Oxford		1782				62.93	62.93	1782 case rate	
STRAPPING; HIP	29520	CPT	outpatient			458	168	United	Commercial|PPO		1782				62.93	62.93	1782 case rate	
STRAPPING; HIP	29520	CPT	outpatient			458	168	Wellcare	Medicare		146.09				62.93	62.93	1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING; HIP	29520	CPT	outpatient			458	168	Wellcare	Medicaid		144.5	31.55			62.93	62.93	1782 percent of total billed charges	
STRAPPING; HIP	29520	CPT	outpatient			458	168	WellPoint	WellPoint		147.38	32.18			62.93	62.93	1782 percent of total billed charges	
STRAPPING OF KNEE	29530	CPT	outpatient			497	168	Aetna	Better Health		156.8	31.55			62.64	62.64	1782 percent of total billed charges	
STRAPPING OF KNEE	29530	CPT	outpatient			497	168	Aetna	Medicare		153.08	30.8			62.64	62.64	1782 percent of total billed charges	
STRAPPING OF KNEE	29530	CPT	outpatient			497	168	Aetna	Commercial		232.58				62.64	62.64	1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING OF KNEE	29530	CPT	outpatient			497	168	Americare	Americare		372.75	75			62.64	62.64	1782 percent of total billed charges	
STRAPPING OF KNEE	29530	CPT	outpatient			497	168	Amerihealth	Medicare		146.09				62.64	62.64	1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING OF KNEE	29530	CPT	outpatient			497	168	Amerihealth	HMO|PPO		323.05	65			62.64	62.64	1782 percent of total billed charges	
STRAPPING OF KNEE	29530	CPT	outpatient			497	168	Consumer	Consumer		472.15	95			62.64	62.64	1782 percent of total billed charges	
STRAPPING OF KNEE	29530	CPT	outpatient			497	168	Corrections	Corrections		397.6	80			62.64	62.64	1782 percent of total billed charges	
STRAPPING OF KNEE	29530	CPT	outpatient			497	168	First Health	First Health		347.9	70			62.64	62.64	1782 percent of total billed charges	
STRAPPING OF KNEE	29530	CPT	outpatient			497	168	First Trenton	First Trenton		447.3	90			62.64	62.64	1782 percent of total billed charges	
STRAPPING OF KNEE	29530	CPT	outpatient			497	168	Horizon	Medicare Blue		146.09				62.64	62.64	1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING OF KNEE	29530	CPT	outpatient			497	168	Horizon	NJ Health		62.64				62.64	62.64	1782 fee schedule	
STRAPPING OF KNEE	29530	CPT	outpatient			497	168	Horizon	MGD		271.87				62.64	62.64	1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING OF KNEE	29530	CPT	outpatient			497	168	Horizon	Indemnity		271.87				62.64	62.64	1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING OF KNEE	29530	CPT	outpatient			497	168	Horizon	PPO		271.87				62.64	62.64	1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING OF KNEE	29530	CPT	outpatient			497	168	Managed Care Inc	Managed Care Inc		447.3	90			62.64	62.64	1782 percent of total billed charges	
STRAPPING OF KNEE	29530	CPT	outpatient			497	168	Multiplan	Multiplan		397.6	80			62.64	62.64	1782 percent of total billed charges	
STRAPPING OF KNEE	29530	CPT	outpatient			497	168	Qualcare	Qualcare		372.75	75			62.64	62.64	1782 percent of total billed charges	
STRAPPING OF KNEE	29530	CPT	outpatient			497	168	Three Rivers	Three Rivers		472.15	95			62.64	62.64	1782 percent of total billed charges	
STRAPPING OF KNEE	29530	CPT	outpatient			497	168	UHC	Medicaid		156.8	31.55			62.64	62.64	1782 percent of total billed charges	
STRAPPING OF KNEE	29530	CPT	outpatient			497	168	UHC	Medicare		146.09				62.64	62.64	1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING OF KNEE	29530	CPT	outpatient			497	168	United	Oxford		1782				62.64	62.64	1782 case rate	
STRAPPING OF KNEE	29530	CPT	outpatient			497	168	United	Commercial|PPO		1782				62.64	62.64	1782 case rate	
STRAPPING OF KNEE	29530	CPT	outpatient			497	168	Wellcare	Medicare		146.09				62.64	62.64	1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING OF KNEE	29530	CPT	outpatient			497	168	Wellcare	Medicaid		156.8	31.55			62.64	62.64	1782 percent of total billed charges	
STRAPPING OF KNEE	29530	CPT	outpatient			497	168	WellPoint	WellPoint		159.93	32.18			62.64	62.64	1782 percent of total billed charges	
STRAPPING;ANKLE/FOOT	29540	CPT	outpatient			545	207.24	Aetna	Medicare		167.86	30.8			46.98	46.98	1782 percent of total billed charges	
STRAPPING;ANKLE/FOOT	29540	CPT	outpatient			545	207.24	Aetna	Better Health		171.95	31.55			46.98	46.98	1782 percent of total billed charges	
STRAPPING;ANKLE/FOOT	29540	CPT	outpatient			545	207.24	Aetna	Commercial		286.89				46.98	46.98	1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING;ANKLE/FOOT	29540	CPT	outpatient			545	207.24	Americare	Americare		408.75	75			46.98	46.98	1782 percent of total billed charges	
STRAPPING;ANKLE/FOOT	29540	CPT	outpatient			545	207.24	Amerihealth	Medicare		180.21				46.98	46.98	1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING;ANKLE/FOOT	29540	CPT	outpatient			545	207.24	Amerihealth	HMO|PPO		354.25	65			46.98	46.98	1782 percent of total billed charges	
STRAPPING;ANKLE/FOOT	29540	CPT	outpatient			545	207.24	Consumer	Consumer		517.75	95			46.98	46.98	1782 percent of total billed charges	
STRAPPING;ANKLE/FOOT	29540	CPT	outpatient			545	207.24	Corrections	Corrections		436	80			46.98	46.98	1782 percent of total billed charges	
STRAPPING;ANKLE/FOOT	29540	CPT	outpatient			545	207.24	First Health	First Health		381.5	70			46.98	46.98	1782 percent of total billed charges	
STRAPPING;ANKLE/FOOT	29540	CPT	outpatient			545	207.24	First Trenton	First Trenton		490.5	90			46.98	46.98	1782 percent of total billed charges	
STRAPPING;ANKLE/FOOT	29540	CPT	outpatient			545	207.24	Horizon	PPO		335.37				46.98	46.98	1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING;ANKLE/FOOT	29540	CPT	outpatient			545	207.24	Horizon	Indemnity		335.37				46.98	46.98	1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING;ANKLE/FOOT	29540	CPT	outpatient			545	207.24	Horizon	MGD		335.37				46.98	46.98	1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING;ANKLE/FOOT	29540	CPT	outpatient			545	207.24	Horizon	Medicare Blue		180.21				46.98	46.98	1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING;ANKLE/FOOT	29540	CPT	outpatient			545	207.24	Horizon	NJ Health		46.98				46.98	46.98	1782 fee schedule	
STRAPPING;ANKLE/FOOT	29540	CPT	outpatient			545	207.24	Managed Care Inc	Managed Care Inc		490.5	90			46.98	46.98	1782 percent of total billed charges	
STRAPPING;ANKLE/FOOT	29540	CPT	outpatient			545	207.24	Multiplan	Multiplan		436	80			46.98	46.98	1782 percent of total billed charges	
STRAPPING;ANKLE/FOOT	29540	CPT	outpatient			545	207.24	Qualcare	Qualcare		408.75	75			46.98	46.98	1782 percent of total billed charges	
STRAPPING;ANKLE/FOOT	29540	CPT	outpatient			545	207.24	Three Rivers	Three Rivers		517.75	95			46.98	46.98	1782 percent of total billed charges	
STRAPPING;ANKLE/FOOT	29540	CPT	outpatient			545	207.24	UHC	Medicaid		171.95	31.55			46.98	46.98	1782 percent of total billed charges	
STRAPPING;ANKLE/FOOT	29540	CPT	outpatient			545	207.24	UHC	Medicare		180.21				46.98	46.98	1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING;ANKLE/FOOT	29540	CPT	outpatient			545	207.24	United	Commercial|PPO		1782				46.98	46.98	1782 case rate	
STRAPPING;ANKLE/FOOT	29540	CPT	outpatient			545	207.24	United	Oxford		1782				46.98	46.98	1782 case rate	
STRAPPING;ANKLE/FOOT	29540	CPT	outpatient			545	207.24	Wellcare	Medicare		180.21				46.98	46.98	1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING;ANKLE/FOOT	29540	CPT	outpatient			545	207.24	Wellcare	Medicaid		171.95	31.55			46.98	46.98	1782 percent of total billed charges	
STRAPPING;ANKLE/FOOT	29540	CPT	outpatient			545	207.24	WellPoint	WellPoint		175.38	32.18			46.98	46.98	1782 percent of total billed charges	
STRAPPING TOES	29550	CPT	outpatient			247	80.45	Aetna	Commercial		111.38				41.76	41.76	1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING TOES	29550	CPT	outpatient			247	80.45	Aetna	Better Health		77.93	31.55			41.76	41.76	1782 percent of total billed charges	
STRAPPING TOES	29550	CPT	outpatient			247	80.45	Aetna	Medicare		69.96				41.76	41.76	1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING TOES	29550	CPT	outpatient			247	80.45	Americare	Americare		185.25	75			41.76	41.76	1782 percent of total billed charges	
STRAPPING TOES	29550	CPT	outpatient			247	80.45	Amerihealth	HMO|PPO		160.55	65			41.76	41.76	1782 percent of total billed charges	
STRAPPING TOES	29550	CPT	outpatient			247	80.45	Amerihealth	Medicare		69.96				41.76	41.76	1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING TOES	29550	CPT	outpatient			247	80.45	Consumer	Consumer		234.65	95			41.76	41.76	1782 percent of total billed charges	
STRAPPING TOES	29550	CPT	outpatient			247	80.45	Corrections	Corrections		197.6	80			41.76	41.76	1782 percent of total billed charges	
STRAPPING TOES	29550	CPT	outpatient			247	80.45	First Health	First Health		172.9	70			41.76	41.76	1782 percent of total billed charges	
STRAPPING TOES	29550	CPT	outpatient			247	80.45	First Trenton	First Trenton		222.3	90			41.76	41.76	1782 percent of total billed charges	
STRAPPING TOES	29550	CPT	outpatient			247	80.45	Horizon	PPO		130.2				41.76	41.76	1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING TOES	29550	CPT	outpatient			247	80.45	Horizon	Medicare Blue		69.96				41.76	41.76	1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING TOES	29550	CPT	outpatient			247	80.45	Horizon	Indemnity		130.2				41.76	41.76	1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING TOES	29550	CPT	outpatient			247	80.45	Horizon	MGD		130.2				41.76	41.76	1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING TOES	29550	CPT	outpatient			247	80.45	Horizon	NJ Health		41.76				41.76	41.76	1782 fee schedule	
STRAPPING TOES	29550	CPT	outpatient			247	80.45	Managed Care Inc	Managed Care Inc		222.3	90			41.76	41.76	1782 percent of total billed charges	
STRAPPING TOES	29550	CPT	outpatient			247	80.45	Multiplan	Multiplan		197.6	80			41.76	41.76	1782 percent of total billed charges	
STRAPPING TOES	29550	CPT	outpatient			247	80.45	Qualcare	Qualcare		185.25	75			41.76	41.76	1782 percent of total billed charges	
STRAPPING TOES	29550	CPT	outpatient			247	80.45	Three Rivers	Three Rivers		234.65	95			41.76	41.76	1782 percent of total billed charges	
STRAPPING TOES	29550	CPT	outpatient			247	80.45	UHC	Medicaid		77.93	31.55			41.76	41.76	1782 percent of total billed charges	
STRAPPING TOES	29550	CPT	outpatient			247	80.45	UHC	Medicare		69.96				41.76	41.76	1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING TOES	29550	CPT	outpatient			247	80.45	United	Commercial|PPO		1782				41.76	41.76	1782 case rate	
STRAPPING TOES	29550	CPT	outpatient			247	80.45	United	Oxford		1782				41.76	41.76	1782 case rate	
STRAPPING TOES	29550	CPT	outpatient			247	80.45	Wellcare	Medicare		69.96				41.76	41.76	1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING TOES	29550	CPT	outpatient			247	80.45	Wellcare	Medicaid		77.93	31.55			41.76	41.76	1782 percent of total billed charges	
STRAPPING TOES	29550	CPT	outpatient			247	80.45	WellPoint	WellPoint		79.48	32.18			41.76	41.76	1782 percent of total billed charges	
UNNA BOOT PLACEMENT	29580	CPT	both			532	207.24	Aetna	Better Health		167.85	31.55			76.03	76.03	1782 percent of total billed charges	
UNNA BOOT PLACEMENT	29580	CPT	both			532	207.24	Aetna	Commercial		286.89				76.03	76.03	1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNNA BOOT PLACEMENT	29580	CPT	both			532	207.24	Aetna	Medicare		180.21				76.03	76.03	1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNNA BOOT PLACEMENT	29580	CPT	both			532	207.24	Americare	Americare		399	75			76.03	76.03	1782 percent of total billed charges	
UNNA BOOT PLACEMENT	29580	CPT	both			532	207.24	Amerihealth	HMO|PPO		345.8	65			76.03	76.03	1782 percent of total billed charges	
UNNA BOOT PLACEMENT	29580	CPT	both			532	207.24	Amerihealth	Medicare		180.21				76.03	76.03	1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNNA BOOT PLACEMENT	29580	CPT	both			532	207.24	Consumer	Consumer		505.4	95			76.03	76.03	1782 percent of total billed charges	
UNNA BOOT PLACEMENT	29580	CPT	both			532	207.24	Corrections	Corrections		425.6	80			76.03	76.03	1782 percent of total billed charges	
UNNA BOOT PLACEMENT	29580	CPT	both			532	207.24	First Health	First Health		372.4	70			76.03	76.03	1782 percent of total billed charges	
UNNA BOOT PLACEMENT	29580	CPT	both			532	207.24	First Trenton	First Trenton		478.8	90			76.03	76.03	1782 percent of total billed charges	
UNNA BOOT PLACEMENT	29580	CPT	both			532	207.24	Horizon	Indemnity		335.37				76.03	76.03	1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNNA BOOT PLACEMENT	29580	CPT	both			532	207.24	Horizon	MGD		335.37				76.03	76.03	1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNNA BOOT PLACEMENT	29580	CPT	both			532	207.24	Horizon	PPO		335.37				76.03	76.03	1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNNA BOOT PLACEMENT	29580	CPT	both			532	207.24	Horizon	NJ Health		76.03				76.03	76.03	1782 fee schedule	
UNNA BOOT PLACEMENT	29580	CPT	both			532	207.24	Horizon	Medicare Blue		180.21				76.03	76.03	1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNNA BOOT PLACEMENT	29580	CPT	both			532	207.24	Managed Care Inc	Managed Care Inc		478.8	90			76.03	76.03	1782 percent of total billed charges	
UNNA BOOT PLACEMENT	29580	CPT	both			532	207.24	Multiplan	Multiplan		425.6	80			76.03	76.03	1782 percent of total billed charges	
UNNA BOOT PLACEMENT	29580	CPT	both			532	207.24	Qualcare	Qualcare		399	75			76.03	76.03	1782 percent of total billed charges	
UNNA BOOT PLACEMENT	29580	CPT	both			532	207.24	Three Rivers	Three Rivers		505.4	95			76.03	76.03	1782 percent of total billed charges	
UNNA BOOT PLACEMENT	29580	CPT	both			532	207.24	UHC	Medicare		180.21				76.03	76.03	1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNNA BOOT PLACEMENT	29580	CPT	both			532	207.24	UHC	Medicaid		167.85	31.55			76.03	76.03	1782 percent of total billed charges	
UNNA BOOT PLACEMENT	29580	CPT	both			532	207.24	United	Oxford		1782				76.03	76.03	1782 case rate	
UNNA BOOT PLACEMENT	29580	CPT	both			532	207.24	United	Commercial|PPO		1782				76.03	76.03	1782 case rate	
UNNA BOOT PLACEMENT	29580	CPT	both			532	207.24	Wellcare	Medicaid		167.85	31.55			76.03	76.03	1782 percent of total billed charges	
UNNA BOOT PLACEMENT	29580	CPT	both			532	207.24	Wellcare	Medicare		180.21				76.03	76.03	1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNNA BOOT PLACEMENT	29580	CPT	both			532	207.24	WellPoint	WellPoint		171.2	32.18			76.03	76.03	1782 percent of total billed charges	
APPL VENOUS WOUND COMPRESS	29581	CPT	outpatient			532	207.24	Aetna	Medicare		180.21				139.87	139.87	1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPL VENOUS WOUND COMPRESS	29581	CPT	outpatient			532	207.24	Aetna	Better Health		167.85	31.55			139.87	139.87	1782 percent of total billed charges	
APPL VENOUS WOUND COMPRESS	29581	CPT	outpatient			532	207.24	Aetna	Commercial		286.89				139.87	139.87	1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPL VENOUS WOUND COMPRESS	29581	CPT	outpatient			532	207.24	Americare	Americare		399	75			139.87	139.87	1782 percent of total billed charges	
APPL VENOUS WOUND COMPRESS	29581	CPT	outpatient			532	207.24	Amerihealth	HMO|PPO		345.8	65			139.87	139.87	1782 percent of total billed charges	
APPL VENOUS WOUND COMPRESS	29581	CPT	outpatient			532	207.24	Amerihealth	Medicare		180.21				139.87	139.87	1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPL VENOUS WOUND COMPRESS	29581	CPT	outpatient			532	207.24	Consumer	Consumer		505.4	95			139.87	139.87	1782 percent of total billed charges	
APPL VENOUS WOUND COMPRESS	29581	CPT	outpatient			532	207.24	Corrections	Corrections		425.6	80			139.87	139.87	1782 percent of total billed charges	
APPL VENOUS WOUND COMPRESS	29581	CPT	outpatient			532	207.24	First Health	First Health		372.4	70			139.87	139.87	1782 percent of total billed charges	
APPL VENOUS WOUND COMPRESS	29581	CPT	outpatient			532	207.24	First Trenton	First Trenton		478.8	90			139.87	139.87	1782 percent of total billed charges	
APPL VENOUS WOUND COMPRESS	29581	CPT	outpatient			532	207.24	Horizon	NJ Health		139.87				139.87	139.87	1782 fee schedule	
APPL VENOUS WOUND COMPRESS	29581	CPT	outpatient			532	207.24	Horizon	Medicare Blue		180.21				139.87	139.87	1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPL VENOUS WOUND COMPRESS	29581	CPT	outpatient			532	207.24	Horizon	Indemnity		335.37				139.87	139.87	1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPL VENOUS WOUND COMPRESS	29581	CPT	outpatient			532	207.24	Horizon	MGD		335.37				139.87	139.87	1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPL VENOUS WOUND COMPRESS	29581	CPT	outpatient			532	207.24	Horizon	PPO		335.37				139.87	139.87	1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPL VENOUS WOUND COMPRESS	29581	CPT	outpatient			532	207.24	Managed Care Inc	Managed Care Inc		478.8	90			139.87	139.87	1782 percent of total billed charges	
APPL VENOUS WOUND COMPRESS	29581	CPT	outpatient			532	207.24	Multiplan	Multiplan		425.6	80			139.87	139.87	1782 percent of total billed charges	
APPL VENOUS WOUND COMPRESS	29581	CPT	outpatient			532	207.24	Qualcare	Qualcare		399	75			139.87	139.87	1782 percent of total billed charges	
APPL VENOUS WOUND COMPRESS	29581	CPT	outpatient			532	207.24	Three Rivers	Three Rivers		505.4	95			139.87	139.87	1782 percent of total billed charges	
APPL VENOUS WOUND COMPRESS	29581	CPT	outpatient			532	207.24	UHC	Medicare		180.21				139.87	139.87	1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPL VENOUS WOUND COMPRESS	29581	CPT	outpatient			532	207.24	UHC	Medicaid		167.85	31.55			139.87	139.87	1782 percent of total billed charges	
APPL VENOUS WOUND COMPRESS	29581	CPT	outpatient			532	207.24	United	Oxford		1782				139.87	139.87	1782 case rate	
APPL VENOUS WOUND COMPRESS	29581	CPT	outpatient			532	207.24	United	Commercial|PPO		1782				139.87	139.87	1782 case rate	
APPL VENOUS WOUND COMPRESS	29581	CPT	outpatient			532	207.24	Wellcare	Medicare		180.21				139.87	139.87	1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPL VENOUS WOUND COMPRESS	29581	CPT	outpatient			532	207.24	Wellcare	Medicaid		167.85	31.55			139.87	139.87	1782 percent of total billed charges	
APPL VENOUS WOUND COMPRESS	29581	CPT	outpatient			532	207.24	WellPoint	WellPoint		171.2	32.18			139.87	139.87	1782 percent of total billed charges	
REMOV GAUNT/BOOT/BODY CAST	29700	CPT	outpatient			875	353.21	Aetna	Better Health		276.06	31.55			67.94	67.94	1782 percent of total billed charges	
REMOV GAUNT/BOOT/BODY CAST	29700	CPT	outpatient			875	353.21	Aetna	Commercial		488.97				67.94	67.94	1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOV GAUNT/BOOT/BODY CAST	29700	CPT	outpatient			875	353.21	Aetna	Medicare		307.14				67.94	67.94	1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOV GAUNT/BOOT/BODY CAST	29700	CPT	outpatient			875	353.21	Americare	Americare		656.25	75			67.94	67.94	1782 percent of total billed charges	
REMOV GAUNT/BOOT/BODY CAST	29700	CPT	outpatient			875	353.21	Amerihealth	Medicare		307.14				67.94	67.94	1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOV GAUNT/BOOT/BODY CAST	29700	CPT	outpatient			875	353.21	Amerihealth	HMO|PPO		568.75	65			67.94	67.94	1782 percent of total billed charges	
REMOV GAUNT/BOOT/BODY CAST	29700	CPT	outpatient			875	353.21	Consumer	Consumer		831.25	95			67.94	67.94	1782 percent of total billed charges	
REMOV GAUNT/BOOT/BODY CAST	29700	CPT	outpatient			875	353.21	Corrections	Corrections		700	80			67.94	67.94	1782 percent of total billed charges	
REMOV GAUNT/BOOT/BODY CAST	29700	CPT	outpatient			875	353.21	First Health	First Health		612.5	70			67.94	67.94	1782 percent of total billed charges	
REMOV GAUNT/BOOT/BODY CAST	29700	CPT	outpatient			875	353.21	First Trenton	First Trenton		787.5	90			67.94	67.94	1782 percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
REMOV GAUNT/BOOT/BODY CAST	29700	CPT	outpatient			875	353.21	Horizon	MCD		571.59				67.94	1782 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOV GAUNT/BOOT/BODY CAST	29700	CPT	outpatient			875	353.21	Horizon	Indemnity		571.59				67.94	1782 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOV GAUNT/BOOT/BODY CAST	29700	CPT	outpatient			875	353.21	Horizon	NJ Health		67.94				67.94	1782 fee schedule		
REMOV GAUNT/BOOT/BODY CAST	29700	CPT	outpatient			875	353.21	Horizon	PPO		571.59				67.94	1782 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOV GAUNT/BOOT/BODY CAST	29700	CPT	outpatient			875	353.21	Horizon	Medicare Blue		307.14				67.94	1782 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOV GAUNT/BOOT/BODY CAST	29700	CPT	outpatient			875	353.21	Managed Care Inc	Managed Care Inc		787.5	90			67.94	1782 percent of total billed charges		
REMOV GAUNT/BOOT/BODY CAST	29700	CPT	outpatient			875	353.21	Multiplan	Multiplan		700	80			67.94	1782 percent of total billed charges		
REMOV GAUNT/BOOT/BODY CAST	29700	CPT	outpatient			875	353.21	Qualcare	Qualcare		656.25	75			67.94	1782 percent of total billed charges		
REMOV GAUNT/BOOT/BODY CAST	29700	CPT	outpatient			875	353.21	Three Rivers	Three Rivers		831.25	95			67.94	1782 percent of total billed charges		
REMOV GAUNT/BOOT/BODY CAST	29700	CPT	outpatient			875	353.21	UHC	Medicaid		276.06	31.55			67.94	1782 percent of total billed charges		
REMOV GAUNT/BOOT/BODY CAST	29700	CPT	outpatient			875	353.21	UHC	Medicare		307.14				67.94	1782 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOV GAUNT/BOOT/BODY CAST	29700	CPT	outpatient			875	353.21	United	Commercial/PPO		1782				67.94	1782 case rate		
REMOV GAUNT/BOOT/BODY CAST	29700	CPT	outpatient			875	353.21	United	Oxford		1782				67.94	1782 case rate		
REMOV GAUNT/BOOT/BODY CAST	29700	CPT	outpatient			875	353.21	Wellcare	Medicare		307.14				67.94	1782 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOV GAUNT/BOOT/BODY CAST	29700	CPT	outpatient			875	353.21	Wellcare	Medicaid		276.06	31.55			67.94	1782 percent of total billed charges		
REMOV GAUNT/BOOT/BODY CAST	29700	CPT	outpatient			875	353.21	WellPoint	WellPoint		281.58	32.18			67.94	1782 percent of total billed charges		
RMVL/VIVAL/FULL ARM/LEG	29705	CPT	outpatient			999	353.21	Aetna	Medicare		307.14				95.71	1782 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL/VIVAL/FULL ARM/LEG	29705	CPT	outpatient			999	353.21	Aetna	Commercial		488.97				95.71	1782 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL/VIVAL/FULL ARM/LEG	29705	CPT	outpatient			999	353.21	Aetna	Better Health		315.18	31.55			95.71	1782 percent of total billed charges		
RMVL/VIVAL/FULL ARM/LEG	29705	CPT	outpatient			999	353.21	Americare	Americare		749.25	75			95.71	1782 percent of total billed charges		
RMVL/VIVAL/FULL ARM/LEG	29705	CPT	outpatient			999	353.21	Amerihealth	Medicare		307.14				95.71	1782 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL/VIVAL/FULL ARM/LEG	29705	CPT	outpatient			999	353.21	Amerihealth	HMO/PPO		649.35	65			95.71	1782 percent of total billed charges		
RMVL/VIVAL/FULL ARM/LEG	29705	CPT	outpatient			999	353.21	Consumer	Consumer		949.05	95			95.71	1782 percent of total billed charges		
RMVL/VIVAL/FULL ARM/LEG	29705	CPT	outpatient			999	353.21	Corrections	Corrections		799.2	80			95.71	1782 percent of total billed charges		
RMVL/VIVAL/FULL ARM/LEG	29705	CPT	outpatient			999	353.21	First Health	First Health		699.3	70			95.71	1782 percent of total billed charges		
RMVL/VIVAL/FULL ARM/LEG	29705	CPT	outpatient			999	353.21	First Trenton	First Trenton		899.1	90			95.71	1782 percent of total billed charges		
RMVL/VIVAL/FULL ARM/LEG	29705	CPT	outpatient			999	353.21	Horizon	PPO		571.59				95.71	1782 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL/VIVAL/FULL ARM/LEG	29705	CPT	outpatient			999	353.21	Horizon	Medicare Blue		307.14				95.71	1782 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL/VIVAL/FULL ARM/LEG	29705	CPT	outpatient			999	353.21	Horizon	Indemnity		571.59				95.71	1782 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL/VIVAL/FULL ARM/LEG	29705	CPT	outpatient			999	353.21	Horizon	NJ Health		95.71				95.71	1782 fee schedule		
RMVL/VIVAL/FULL ARM/LEG	29705	CPT	outpatient			999	353.21	Horizon	MCD		571.59				95.71	1782 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL/VIVAL/FULL ARM/LEG	29705	CPT	outpatient			999	353.21	Managed Care Inc	Managed Care Inc		899.1	90			95.71	1782 percent of total billed charges		
RMVL/VIVAL/FULL ARM/LEG	29705	CPT	outpatient			999	353.21	Multiplan	Multiplan		799.2	80			95.71	1782 percent of total billed charges		
RMVL/VIVAL/FULL ARM/LEG	29705	CPT	outpatient			999	353.21	Qualcare	Qualcare		749.25	75			95.71	1782 percent of total billed charges		
RMVL/VIVAL/FULL ARM/LEG	29705	CPT	outpatient			999	353.21	Three Rivers	Three Rivers		949.05	95			95.71	1782 percent of total billed charges		
RMVL/VIVAL/FULL ARM/LEG	29705	CPT	outpatient			999	353.21	UHC	Medicare		307.14				95.71	1782 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL/VIVAL/FULL ARM/LEG	29705	CPT	outpatient			999	353.21	UHC	Medicaid		315.18	31.55			95.71	1782 percent of total billed charges		
RMVL/VIVAL/FULL ARM/LEG	29705	CPT	outpatient			999	353.21	United	Commercial/PPO		1782				95.71	1782 case rate		
RMVL/VIVAL/FULL ARM/LEG	29705	CPT	outpatient			999	353.21	United	Oxford		1782				95.71	1782 case rate		
RMVL/VIVAL/FULL ARM/LEG	29705	CPT	outpatient			999	353.21	Wellcare	Medicare		307.14				95.71	1782 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL/VIVAL/FULL ARM/LEG	29705	CPT	outpatient			999	353.21	Wellcare	Medicaid		315.18	31.55			95.71	1782 percent of total billed charges		
RMVL/VIVAL/FULL ARM/LEG	29705	CPT	outpatient			999	353.21	WellPoint	WellPoint		321.48	32.18			95.71	1782 percent of total billed charges		
RMV/BIVAL,SHLDR,HIP SPICA/MIN	29710	CPT	outpatient			875	353.21	Aetna	Better Health		276.06	31.55			98.66	1782 percent of total billed charges		
RMV/BIVAL,SHLDR,HIP SPICA/MIN	29710	CPT	outpatient			875	353.21	Aetna	Commercial		488.97				98.66	1782 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
RMV/BIVAL,SHLDR,HIP SPICA/MIN	29710	CPT	outpatient			875	353.21	Aetna	Medicare		307.14				98.66	1782 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
RMV/BIVAL,SHLDR,HIP SPICA/MIN	29710	CPT	outpatient			875	353.21	Americare	Americare		656.25	75			98.66	1782 percent of total billed charges		
RMV/BIVAL,SHLDR,HIP SPICA/MIN	29710	CPT	outpatient			875	353.21	Amerihealth	HMO/PPO		568.75	65			98.66	1782 percent of total billed charges		
RMV/BIVAL,SHLDR,HIP SPICA/MIN	29710	CPT	outpatient			875	353.21	Amerihealth	Medicare		307.14				98.66	1782 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
RMV/BIVAL,SHLDR,HIP SPICA/MIN	29710	CPT	outpatient			875	353.21	Consumer	Consumer		831.25	95			98.66	1782 percent of total billed charges		
RMV/BIVAL,SHLDR,HIP SPICA/MIN	29710	CPT	outpatient			875	353.21	Corrections	Corrections		700	80			98.66	1782 percent of total billed charges		
RMV/BIVAL,SHLDR,HIP SPICA/MIN	29710	CPT	outpatient			875	353.21	First Health	First Health		612.5	70			98.66	1782 percent of total billed charges		
RMV/BIVAL,SHLDR,HIP SPICA/MIN	29710	CPT	outpatient			875	353.21	First Trenton	First Trenton		787.5	90			98.66	1782 percent of total billed charges		
RMV/BIVAL,SHLDR,HIP SPICA/MIN	29710	CPT	outpatient			875	353.21	Horizon	Indemnity		571.59				98.66	1782 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
RMV/BIVAL,SHLDR,HIP SPICA/MIN	29710	CPT	outpatient			875	353.21	Horizon	MCD		571.59				98.66	1782 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
RMV/BIVAL,SHLDR,HIP SPICA/MIN	29710	CPT	outpatient			875	353.21	Horizon	NJ Health		98.66				98.66	1782 fee schedule		
RMV/BIVAL,SHLDR,HIP SPICA/MIN	29710	CPT	outpatient			875	353.21	Horizon	Medicare Blue		307.14				98.66	1782 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
RMV/BIVAL,SHLDR,HIP SPICA/MIN	29710	CPT	outpatient			875	353.21	Horizon	PPO		571.59				98.66	1782 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
RMV/BIVAL,SHLDR,HIP SPICA/MIN	29710	CPT	outpatient			875	353.21	Managed Care Inc	Managed Care Inc		787.5	90			98.66	1782 percent of total billed charges		
RMV/BIVAL,SHLDR,HIP SPICA/MIN	29710	CPT	outpatient			875	353.21	Multiplan	Multiplan		700	80			98.66	1782 percent of total billed charges		
RMV/BIVAL,SHLDR,HIP SPICA/MIN	29710	CPT	outpatient			875	353.21	Qualcare	Qualcare		656.25	75			98.66	1782 percent of total billed charges		
RMV/BIVAL,SHLDR,HIP SPICA/MIN	29710	CPT	outpatient			875	353.21	Three Rivers	Three Rivers		831.25	95			98.66	1782 percent of total billed charges		
RMV/BIVAL,SHLDR,HIP SPICA/MIN	29710	CPT	outpatient			875	353.21	UHC	Medicaid		276.06	31.55			98.66	1782 percent of total billed charges		
RMV/BIVAL,SHLDR,HIP SPICA/MIN	29710	CPT	outpatient			875	353.21	UHC	Medicare		307.14				98.66	1782 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
RMV/BIVAL,SHLDR,HIP SPICA/MIN	29710	CPT	outpatient			875	353.21	United	Commercial/PPO		1782				98.66	1782 case rate		
RMV/BIVAL,SHLDR,HIP SPICA/MIN	29710	CPT	outpatient			875	353.21	United	Oxford		1782				98.66	1782 case rate		
RMV/BIVAL,SHLDR,HIP SPICA/MIN	29710	CPT	outpatient			875	353.21	Wellcare	Medicare		307.14				98.66	1782 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
RMV/BIVAL,SHLDR,HIP SPICA/MIN	29710	CPT	outpatient			875	353.21	Wellcare	Medicaid		276.06	31.55			98.66	1782 percent of total billed charges		
RMV/BIVAL,SHLDR,HIP SPICA/MIN	29710	CPT	outpatient			875	353.21	WellPoint	WellPoint		281.58	32.18			98.66	1782 percent of total billed charges		
REPAIR OF SPICA BODY CAST OR J	29720	CPT	outpatient			532	207.24	Aetna	Commercial		286.89				86.55	1782 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR OF SPICA BODY CAST OR J	29720	CPT	outpatient			532	207.24	Aetna	Better Health		167.85	31.55			86.55	1782 percent of total billed charges		
REPAIR OF SPICA BODY CAST OR J	29720	CPT	outpatient			532	207.24	Aetna	Medicare		180.21				86.55	1782 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR OF SPICA BODY CAST OR J	29720	CPT	outpatient			532	207.24	Americare	Americare		399	75			86.55	1782 percent of total billed charges		
REPAIR OF SPICA BODY CAST OR J	29720	CPT	outpatient			532	207.24	Amerihealth	Medicare		180.21				86.55	1782 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR OF SPICA BODY CAST OR J	29720	CPT	outpatient			532	207.24	Amerihealth	HMO/PPO		345.8	65			86.55	1782 percent of total billed charges		
REPAIR OF SPICA BODY CAST OR J	29720	CPT	outpatient			532	207.24	Consumer	Consumer		505.4	95			86.55	1782 percent of total billed charges		
REPAIR OF SPICA BODY CAST OR J	29720	CPT	outpatient			532	207.24	Corrections	Corrections		425.6	80			86.55	1782 percent of total billed charges		
REPAIR OF SPICA BODY CAST OR J	29720	CPT	outpatient			532	207.24	First Health	First Health		372.4	70			86.55	1782 percent of total billed charges		
REPAIR OF SPICA BODY CAST OR J	29720	CPT	outpatient			532	207.24	First Trenton	First Trenton		478.8	90			86.55	1782 percent of total billed charges		
REPAIR OF SPICA BODY CAST OR J	29720	CPT	outpatient			532	207.24	Horizon	MGD		335.37				86.55	1782 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR OF SPICA BODY CAST OR J	29720	CPT	outpatient			532	207.24	Horizon	Medicare Blue		180.21				86.55	1782 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR OF SPICA BODY CAST OR J	29720	CPT	outpatient			532	207.24	Horizon	NJ Health		86.55				86.55	1782 fee schedule		
REPAIR OF SPICA BODY CAST OR J	29720	CPT	outpatient			532	207.24	Horizon	Indemnity		335.37				86.55	1782 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR OF SPICA BODY CAST OR J	29720	CPT	outpatient			532	207.24	Horizon	PPO		335.37				86.55	1782 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR OF SPICA BODY CAST OR J	29720	CPT	outpatient			532	207.24	Managed Care Inc	Managed Care Inc		478.8	90			86.55	1782 percent of total billed charges		
REPAIR OF SPICA BODY CAST OR J	29720	CPT	outpatient			532	207.24	Multiplan	Multiplan		425.6	80			86.55	1782 percent of total billed charges		
REPAIR OF SPICA BODY CAST OR J	29720	CPT	outpatient			532	207.24	Qualcare	Qualcare		399	75			86.55	1782 percent of total billed charges		
REPAIR OF SPICA BODY CAST OR J	29720	CPT	outpatient			532	207.24	Three Rivers	Three Rivers		505.4	95			86.55	1782 percent of total billed charges		
REPAIR OF SPICA BODY CAST OR J	29720	CPT	outpatient			532	207.24	UHC	Medicare		180.21				86.55	1782 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR OF SPICA BODY CAST OR J	29720	CPT	outpatient			532	207.24	UHC	Medicaid		167.85	31.55			86.55	1782 percent of total billed charges		
REPAIR OF SPICA BODY CAST OR J	29720	CPT	outpatient			532	207.24	United	Commercial/PPO		1782				86.55	1782 case rate		
REPAIR OF SPICA BODY CAST OR J	29720	CPT	outpatient			532	207.24	United	Oxford		1782				86.55	1782 case rate		
REPAIR OF SPICA BODY CAST OR J	29720	CPT	outpatient			532	207.24	Wellcare	Medicare		180.21				86.55	1782 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR OF SPICA BODY CAST OR J	29720	CPT	outpatient			532	207.24	Wellcare	Medicaid		167.85	31.55			86.55	1782 percent of total billed charges		
REPAIR OF SPICA BODY CAST OR J	29720	CPT	outpatient			532	207.24	WellPoint	WellPoint		171.2	32.18			86.55	1782 percent of total billed charges		
WINDOWING OF CAST	29730	CPT	outpatient			532	207.24	Aetna	Commercial		286.89				49.33	1782 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
WINDOWING OF CAST	29730	CPT	outpatient			532	207.24	Aetna	Better Health		167.85	31.55			49.33	1782 percent of total billed charges		
WINDOWING OF CAST	29730	CPT	outpatient			532	207.24	Aetna	Medicare		180.21				49.33	1782 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
WINDOWING OF CAST	29730	CPT	outpatient			532	207.24	Americare	Americare		399	75			49.33	1782 percent of total billed charges		
WINDOWING OF CAST	29730	CPT	outpatient			532	207.24	Amerihealth	Medicare		180.21				49.33	1782 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
WINDOWING OF CAST	29730	CPT	outpatient			532	207.24	Amerihealth	HMO/PPO		345.8	65			49.33	1782 percent of total billed charges		
WINDOWING OF CAST	29730	CPT	outpatient			532	207.24	Consumer	Consumer		505.4	95			49.33	1782 percent of total billed charges		
WINDOWING OF CAST	29730	CPT	outpatient			532	207.24	Corrections	Corrections		425.6	80			49.33	1782 percent of total billed charges		
WINDOWING OF CAST	29730	CPT	outpatient			532	207.24	First Health	First Health		372.4	70			49.33	1782 percent of total billed charges		
WINDOWING OF CAST	29730	CPT	outpatient			532	207.24	First Trenton	First Trenton		478.8	90			49.33	1782 percent of total billed charges		
WINDOWING OF CAST	29730	CPT	outpatient			532	207.24	Horizon	MGD		335.37				49.33	1782 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
WINDOWING OF CAST	29730	CPT	outpatient			532	207.24	Horizon	Indemnity		335.37				49.33	1782 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
WINDOWING OF CAST	29730	CPT	outpatient			532	207.24	Horizon	Medicare Blue		180.21				49.33	1782 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
WINDOWING OF CAST	29730	CPT	outpatient			532	207.24	Horizon	NJ Health		49.33				49.33	1782 fee schedule		
WINDOWING OF CAST	29730	CPT	outpatient			532	207.24	Horizon	PPO		335.37				49.33	1782 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
WINDOWING OF CAST	29730	CPT	outpatient			532	207.24	Managed Care Inc	Managed Care Inc		478.8	90			49.33	1782 percent of total billed charges		
WINDOWING OF CAST	29730	CPT	outpatient			532	207.24	Multiplan	Multiplan		425.6	80			49.33	1782 percent of total billed charges		
WINDOWING OF CAST	29730	CPT	outpatient			532	207.24	Qualcare	Qualcare		399	75			49.33	1782 percent of total billed charges		
WINDOWING OF CAST	29730	CPT	outpatient			532	207.24	Three Rivers	Three Rivers		505.4	95			49.33	1782 percent of total billed charges		
WINDOWING OF CAST	29730	CPT	outpatient			532	207.24	UHC	Medicare		180.21				49.33	1782 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
WINDOWING OF CAST	29730	CPT	outpatient			532	207.24	UHC	Medicaid		167.85	31.55			49.33	1782 percent of total billed charges		
WINDOWING OF CAST	29730	CPT	outpatient			532	207.24	United	Oxford		1782				49.33	1782 case rate		
WINDOWING OF CAST	29730	CPT	outpatient			532	207.24	United	Commercial/PPO		1782				49.33	1782 case rate		
WINDOWING OF CAST	29730	CPT	outpatient			532	207.24	Wellcare	Medicaid		167.85	31.55			49.33	1782 percent of total billed charges		
WINDOWING OF CAST	29730	CPT	outpatient			532	207.24	Wellcare	Medicare		180.21				49.33	1782 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
WINDOWING OF CAST	29730	CPT	outpatient			532	207.24	WellPoint	WellPoint		171.2	32.18			49.33	1782 percent of total billed charges		
WEDGING OF CAST/EXPT.CLUBFOOT)	29740	CPT	outpatient			875	353.21	Aetna	Better Health		276.06	31.55			49.33	1782 percent of total billed charges		
WEDGING OF CAST/EXPT.CLUBFOOT)	29740	CPT	outpatient			875	353.21	Aetna	Commercial		488.97				49.33	1782 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
WEDGING OF CAST/EXPT.CLUBFOOT)	29740	CPT	outpatient			875	353.21	Aetna	Medicare		307.14				49.33	1782 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
WEDGING OF CAST/EXPT.CLUBFOOT)	29740	CPT	outpatient			875	353.21	Americare	Americare		656.25	75			49.33	1782 percent of total billed charges		
WEDGING OF CAST/EXPT.CLUBFOOT)	29740	CPT	outpatient			875	353.21	Amerihealth	Medicare		307.14				49.33	1782 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
WEDGING OF CAST/EXPT.CLUBFOOT)	29740	CPT	outpatient			875	353.21	Amerihealth	HMO/PPO		568.75	65			49.33	1782 percent of total billed charges		
WEDGING OF CAST/EXPT.CLUBFOOT)	29740	CPT	outpatient			875	353.21	Consumer	Consumer		831.25	95			49.33	1782 percent of total billed charges		
WEDGING OF CAST/EXPT.CLUBFOOT)	29740	CPT	outpatient			875	353.21	Corrections	Corrections		700	80			49.33	1782 percent of total billed charges		
WEDGING OF CAST/EXPT.CLUBFOOT)	29740	CPT	outpatient			875	353.21	First Health	First Health		612.5	70			49.33	1782 percent of total billed charges		
WEDGING OF CAST/EXPT.CLUBFOOT)	29740	CPT	outpatient			875	353.21	First Trenton	First Trenton		787.5	90			49.33	1782 percent of total billed charges		
WEDGING OF CAST/EXPT.CLUBFOOT)	29740	CPT	outpatient			875	353.21	Horizon	NJ Health		49.33				49.33	1782 fee schedule		
WEDGING OF CAST/EXPT.CLUBFOOT)	29740	CPT	outpatient			875	353.21	Horizon	Indemnity		571.59				49.33	1782 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
WEDGING OF CAST/EXPT.CLUBFOOT)	29740	CPT	outpatient			875	353.21	Horizon	Medicare Blue		307.14				49.33	1782 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
WEDGING OF CAST/EXPT.CLUBFOOT)	29740	CPT	outpatient			875	353.21	Horizon	MGD		571.59				49.33	1782 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
WEDGING OF CAST/EXPT.CLUBFOOT)	29740	CPT	outpatient			875	353.21	Horizon	PPO		571.59				49.33	1782 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
WEDGING OF CAST/EXPT.CLUBFOOT)	29740	CPT	outpatient			875	353.21	Managed Care Inc	Managed Care Inc		787.5	90			49.33	1782 percent of total billed charges		
WEDGING OF CAST/EXPT.CLUBFOOT)	29740	CPT	outpatient			875	353.21	Multiplan	Multiplan		700	80			49.33	1782 percent of total billed charges		
WEDGING OF CAST/EXPT.CLUBFOOT)	29740	CPT	outpatient			875	353.21	Qualcare	Qualcare		656.25	75			49.33	1782 percent of total billed charges		
WEDGING OF CAST/EXPT.CLUBFOOT)	29740	CPT	outpatient			875	353.21	Three Rivers	Three Rivers		831.25	95			49.33	1782 percent of total billed charges		
WEDGING OF CAST/EXPT.CLUBFOOT)	29740	CPT	outpatient			875	353.21	UHC	Medicaid		276.06	31.55			49.33	1782 percent of total billed charges		
WEDGING OF CAST/EXPT.CLUBFOOT)	29740	CPT	outpatient			875	353.21	UHC	Medicare		307.14				49.33	1782 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
WEDGING OF CAST/EXPT.CLUBFOOT)	29740	CPT	outpatient			875	353.21	United	Commercial/PPO		1782				49.33	1782 case rate		
WEDGING OF CAST/EXPT.CLUBFOOT)	29740	CPT	outpatient			875	353.21	United	Oxford		1782				49.33	1782 case rate		
WEDGING OF CAST/EXPT.CLUBFOOT)	29740	CPT	outpatient			875	353.21	Wellcare	Medicaid		276.06	31.55			49.33	1782 percent of total billed charges		
WEDGING OF CAST/EXPT.CLUBFOOT)	29740	CPT	outpatient			875	353.21	Wellcare	Medicare		307.14				49.33	1782 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
WEDGING OF CAST/EXPT.CLUBFOOT)	29740	CPT	outpatient			875	353.21	WellPoint	WellPoint		281.58	32.18			49.33	1782 percent of total billed charges		
WEDGING OF CLUBFOOT CAST	29750	CPT	outpatient			875	353.21	Aetna	Better Health		276.06	31.55			42.65	1782 percent of total billed charges		
WEDGING OF CLUBFOOT CAST	29750	CPT	outpatient			875	353.21	Aetna	Commercial		488.97				42.65	1782 other		Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
WEDGING OF CLUBFOOT CAST	29750	CPT	outpatient			875	353.21	Aetna	Medicare		307.14				42.65		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WEDGING OF CLUBFOOT CAST	29750	CPT	outpatient			875	353.21	Americare	Americare		656.25	75			42.65		1782 percent of total billed charges	
WEDGING OF CLUBFOOT CAST	29750	CPT	outpatient			875	353.21	Amerihealth	Medicare		307.14				42.65		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WEDGING OF CLUBFOOT CAST	29750	CPT	outpatient			875	353.21	Amerihealth	HMO/PPO		568.75	65			42.65		1782 percent of total billed charges	
WEDGING OF CLUBFOOT CAST	29750	CPT	outpatient			875	353.21	Consumer	Consumer		831.25	95			42.65		1782 percent of total billed charges	
WEDGING OF CLUBFOOT CAST	29750	CPT	outpatient			875	353.21	Corrections	Corrections		700	80			42.65		1782 percent of total billed charges	
WEDGING OF CLUBFOOT CAST	29750	CPT	outpatient			875	353.21	First Health	First Health		612.5	70			42.65		1782 percent of total billed charges	
WEDGING OF CLUBFOOT CAST	29750	CPT	outpatient			875	353.21	First Trenton	First Trenton		787.5	90			42.65		1782 percent of total billed charges	
WEDGING OF CLUBFOOT CAST	29750	CPT	outpatient			875	353.21	Horizon	Indemnity		571.59				42.65		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WEDGING OF CLUBFOOT CAST	29750	CPT	outpatient			875	353.21	Horizon	Medicare Blue		307.14				42.65		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WEDGING OF CLUBFOOT CAST	29750	CPT	outpatient			875	353.21	Horizon	NJ Health		42.65				42.65		1782 fee schedule	
WEDGING OF CLUBFOOT CAST	29750	CPT	outpatient			875	353.21	Horizon	MGD		571.59				42.65		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WEDGING OF CLUBFOOT CAST	29750	CPT	outpatient			875	353.21	Horizon	PPO		571.59				42.65		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WEDGING OF CLUBFOOT CAST	29750	CPT	outpatient			875	353.21	Managed Care Inc	Managed Care Inc		787.5	90			42.65		1782 percent of total billed charges	
WEDGING OF CLUBFOOT CAST	29750	CPT	outpatient			875	353.21	Multiplan	Multiplan		700	80			42.65		1782 percent of total billed charges	
WEDGING OF CLUBFOOT CAST	29750	CPT	outpatient			875	353.21	Qualcare	Qualcare		656.25	75			42.65		1782 percent of total billed charges	
WEDGING OF CLUBFOOT CAST	29750	CPT	outpatient			875	353.21	Three Rivers	Three Rivers		831.25	95			42.65		1782 percent of total billed charges	
WEDGING OF CLUBFOOT CAST	29750	CPT	outpatient			875	353.21	UHC	Medicaid		276.06	31.55			42.65		1782 percent of total billed charges	
WEDGING OF CLUBFOOT CAST	29750	CPT	outpatient			875	353.21	UHC	Medicare		307.14				42.65		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WEDGING OF CLUBFOOT CAST	29750	CPT	outpatient			875	353.21	United	Oxford		1782				42.65		1782 case rate	
WEDGING OF CLUBFOOT CAST	29750	CPT	outpatient			875	353.21	United	Commercial|PPO		1782				42.65		1782 case rate	
WEDGING OF CLUBFOOT CAST	29750	CPT	outpatient			875	353.21	Wellcare	Medicare		307.14				42.65		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WEDGING OF CLUBFOOT CAST	29750	CPT	outpatient			875	353.21	Wellcare	Medicaid		276.06	31.55			42.65		1782 percent of total billed charges	
WEDGING OF CLUBFOOT CAST	29750	CPT	outpatient			875	353.21	WellPoint	WellPoint		281.58	32.18			42.65		1782 percent of total billed charges	
DRAIN ABSC/NASAL	30000	CPT	outpatient			934	321.26	Aetna	Commercial		444.74				87.7		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAIN ABSC/NASAL	30000	CPT	outpatient			934	321.26	Aetna	Better Health		294.68	31.55			87.7		1782 percent of total billed charges	
DRAIN ABSC/NASAL	30000	CPT	outpatient			934	321.26	Aetna	Medicare		279.36				87.7		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAIN ABSC/NASAL	30000	CPT	outpatient			934	321.26	Americare	Americare		700.5	75			87.7		1782 percent of total billed charges	
DRAIN ABSC/NASAL	30000	CPT	outpatient			934	321.26	Amerihealth	HMO/PPO		607.1	65			87.7		1782 percent of total billed charges	
DRAIN ABSC/NASAL	30000	CPT	outpatient			934	321.26	Amerihealth	Medicare		279.36				87.7		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAIN ABSC/NASAL	30000	CPT	outpatient			934	321.26	Consumer	Consumer		887.3	95			87.7		1782 percent of total billed charges	
DRAIN ABSC/NASAL	30000	CPT	outpatient			934	321.26	Corrections	Corrections		747.2	80			87.7		1782 percent of total billed charges	
DRAIN ABSC/NASAL	30000	CPT	outpatient			934	321.26	First Health	First Health		653.8	70			87.7		1782 percent of total billed charges	
DRAIN ABSC/NASAL	30000	CPT	outpatient			934	321.26	First Trenton	First Trenton		840.6	90			87.7		1782 percent of total billed charges	
DRAIN ABSC/NASAL	30000	CPT	outpatient			934	321.26	Horizon	MGD		519.89				87.7		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAIN ABSC/NASAL	30000	CPT	outpatient			934	321.26	Horizon	Medicare Blue		279.36				87.7		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAIN ABSC/NASAL	30000	CPT	outpatient			934	321.26	Horizon	NJ Health		87.7				87.7		1782 fee schedule	
DRAIN ABSC/NASAL	30000	CPT	outpatient			934	321.26	Horizon	Indemnity		519.89				87.7		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAIN ABSC/NASAL	30000	CPT	outpatient			934	321.26	Horizon	PPO		519.89				87.7		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAIN ABSC/NASAL	30000	CPT	outpatient			934	321.26	Managed Care Inc	Managed Care Inc		840.6	90			87.7		1782 percent of total billed charges	
DRAIN ABSC/NASAL	30000	CPT	outpatient			934	321.26	Multiplan	Multiplan		747.2	80			87.7		1782 percent of total billed charges	
DRAIN ABSC/NASAL	30000	CPT	outpatient			934	321.26	Qualcare	Qualcare		700.5	75			87.7		1782 percent of total billed charges	
DRAIN ABSC/NASAL	30000	CPT	outpatient			934	321.26	Three Rivers	Three Rivers		887.3	95			87.7		1782 percent of total billed charges	
DRAIN ABSC/NASAL	30000	CPT	outpatient			934	321.26	UHC	Medicaid		294.68	31.55			87.7		1782 percent of total billed charges	
DRAIN ABSC/NASAL	30000	CPT	outpatient			934	321.26	UHC	Medicare		279.36				87.7		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAIN ABSC/NASAL	30000	CPT	outpatient			934	321.26	United	Commercial|PPO		1782				87.7		1782 case rate	
DRAIN ABSC/NASAL	30000	CPT	outpatient			934	321.26	United	Oxford		1782				87.7		1782 case rate	
DRAIN ABSC/NASAL	30000	CPT	outpatient			934	321.26	Wellcare	Medicaid		294.68	31.55			87.7		1782 percent of total billed charges	
DRAIN ABSC/NASAL	30000	CPT	outpatient			934	321.26	Wellcare	Medicare		279.36				87.7		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAIN ABSC/NASAL	30000	CPT	outpatient			934	321.26	WellPoint	WellPoint		300.56	32.18			87.7		1782 percent of total billed charges	
I & D SEPTIA,ABS/HEMATOMA	30020	CPT	outpatient			1914	723.64	Aetna	Medicare		629.25				94.74		1818.3 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I & D SEPTIA,ABS/HEMATOMA	30020	CPT	outpatient			1914	723.64	Aetna	Commercial		1001.77				94.74		1818.3 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I & D SEPTIA,ABS/HEMATOMA	30020	CPT	outpatient			1914	723.64	Aetna	Better Health		603.87	31.55			94.74		1818.3 percent of total billed charges	
I & D SEPTIA,ABS/HEMATOMA	30020	CPT	outpatient			1914	723.64	Americare	Americare		1435.5	75			94.74		1818.3 percent of total billed charges	
I & D SEPTIA,ABS/HEMATOMA	30020	CPT	outpatient			1914	723.64	Amerihealth	Medicare		629.25				94.74		1818.3 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I & D SEPTIA,ABS/HEMATOMA	30020	CPT	outpatient			1914	723.64	Amerihealth	HMO/PPO		1244.1	65			94.74		1818.3 percent of total billed charges	
I & D SEPTIA,ABS/HEMATOMA	30020	CPT	outpatient			1914	723.64	Consumer	Consumer		1818.3	95			94.74		1818.3 percent of total billed charges	
I & D SEPTIA,ABS/HEMATOMA	30020	CPT	outpatient			1914	723.64	Corrections	Corrections		1531.2	80			94.74		1818.3 percent of total billed charges	
I & D SEPTIA,ABS/HEMATOMA	30020	CPT	outpatient			1914	723.64	First Health	First Health		1339.8	70			94.74		1818.3 percent of total billed charges	
I & D SEPTIA,ABS/HEMATOMA	30020	CPT	outpatient			1914	723.64	First Trenton	First Trenton		1722.6	90			94.74		1818.3 percent of total billed charges	
I & D SEPTIA,ABS/HEMATOMA	30020	CPT	outpatient			1914	723.64	Horizon	Indemnity		1171.03				94.74		1818.3 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I & D SEPTIA,ABS/HEMATOMA	30020	CPT	outpatient			1914	723.64	Horizon	Medicare Blue		629.25				94.74		1818.3 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I & D SEPTIA,ABS/HEMATOMA	30020	CPT	outpatient			1914	723.64	Horizon	PPO		1171.03				94.74		1818.3 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I & D SEPTIA,ABS/HEMATOMA	30020	CPT	outpatient			1914	723.64	Horizon	MGD		1171.03				94.74		1818.3 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I & D SEPTIA,ABS/HEMATOMA	30020	CPT	outpatient			1914	723.64	Horizon	NJ Health		94.74				94.74		1818.3 fee schedule	
I & D SEPTIA,ABS/HEMATOMA	30020	CPT	outpatient			1914	723.64	Managed Care Inc	Managed Care Inc		1722.6	90			94.74		1818.3 percent of total billed charges	
I & D SEPTIA,ABS/HEMATOMA	30020	CPT	outpatient			1914	723.64	Multiplan	Multiplan		1531.2	80			94.74		1818.3 percent of total billed charges	
I & D SEPTIA,ABS/HEMATOMA	30020	CPT	outpatient			1914	723.64	Qualcare	Qualcare		1435.5	75			94.74		1818.3 percent of total billed charges	
I & D SEPTIA,ABS/HEMATOMA	30020	CPT	outpatient			1914	723.64	Three Rivers	Three Rivers		1818.3	95			94.74		1818.3 percent of total billed charges	
I & D SEPTIA,ABS/HEMATOMA	30020	CPT	outpatient			1914	723.64	UHC	Medicare		629.25				94.74		1818.3 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I & D SEPTIA,ABS/HEMATOMA	30020	CPT	outpatient			1914	723.64	UHC	Medicaid		603.87	31.55			94.74		1818.3 percent of total billed charges	
I & D SEPTIA,ABS/HEMATOMA	30020	CPT	outpatient			1914	723.64	United	Oxford		1782				94.74		1818.3 case rate	
I & D SEPTIA,ABS/HEMATOMA	30020	CPT	outpatient			1914	723.64	United	Commercial|PPO		1782				94.74		1818.3 case rate	
I & D SEPTIA,ABS/HEMATOMA	30020	CPT	outpatient			1914	723.64	Wellcare	Medicare		629.25				94.74		1818.3 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I & D SEPTIA,ABS/HEMATOMA	30020	CPT	outpatient			1914	723.64	Wellcare	Medicaid		603.87	31.55			94.74		1818.3 percent of total billed charges	
I & D SEPTIA,ABS/HEMATOMA	30020	CPT	outpatient			1914	723.64	WellPoint	WellPoint		615.93	32.18			94.74		1818.3 percent of total billed charges	
BX, INTRANASAL	30100	CPT	outpatient			5059	2005.77	Aetna	Better Health		1596.11	31.55			33.93		4806.05 percent of total billed charges	
BX, INTRANASAL	30100	CPT	outpatient			5059	2005.77	Aetna	Medicare		1744.15				33.93		4806.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX, INTRANASAL	30100	CPT	outpatient			5059	2005.77	Aetna	Commercial		2776.69				33.93		4806.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX, INTRANASAL	30100	CPT	outpatient			5059	2005.77	Americare	Americare		3794.25	75			33.93		4806.05 percent of total billed charges	
BX, INTRANASAL	30100	CPT	outpatient			5059	2005.77	Amerihealth	HMO/PPO		3288.35	65			33.93		4806.05 percent of total billed charges	
BX, INTRANASAL	30100	CPT	outpatient			5059	2005.77	Amerihealth	Medicare		1744.15				33.93		4806.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX, INTRANASAL	30100	CPT	outpatient			5059	2005.77	Consumer	Consumer		4806.05	95			33.93		4806.05 percent of total billed charges	
BX, INTRANASAL	30100	CPT	outpatient			5059	2005.77	Corrections	Corrections		4047.2	80			33.93		4806.05 percent of total billed charges	
BX, INTRANASAL	30100	CPT	outpatient			5059	2005.77	First Health	First Health		3541.3	70			33.93		4806.05 percent of total billed charges	
BX, INTRANASAL	30100	CPT	outpatient			5059	2005.77	First Trenton	First Trenton		4553.1	90			33.93		4806.05 percent of total billed charges	
BX, INTRANASAL	30100	CPT	outpatient			5059	2005.77	Horizon	Indemnity		3245.86				33.93		4806.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX, INTRANASAL	30100	CPT	outpatient			5059	2005.77	Horizon	Medicare Blue		1744.15				33.93		4806.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX, INTRANASAL	30100	CPT	outpatient			5059	2005.77	Horizon	MGD		3245.86				33.93		4806.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX, INTRANASAL	30100	CPT	outpatient			5059	2005.77	Horizon	NJ Health		33.93				33.93		4806.05 fee schedule	
BX, INTRANASAL	30100	CPT	outpatient			5059	2005.77	Horizon	PPO		3245.86				33.93		4806.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX, INTRANASAL	30100	CPT	outpatient			5059	2005.77	Managed Care Inc	Managed Care Inc		4553.1	90			33.93		4806.05 percent of total billed charges	
BX, INTRANASAL	30100	CPT	outpatient			5059	2005.77	Multiplan	Multiplan		4047.2	80			33.93		4806.05 percent of total billed charges	
BX, INTRANASAL	30100	CPT	outpatient			5059	2005.77	Qualcare	Qualcare		3794.25	75			33.93		4806.05 percent of total billed charges	
BX, INTRANASAL	30100	CPT	outpatient			5059	2005.77	Three Rivers	Three Rivers		4806.05	95			33.93		4806.05 percent of total billed charges	
BX, INTRANASAL	30100	CPT	outpatient			5059	2005.77	UHC	Medicaid		1596.11	31.55			33.93		4806.05 percent of total billed charges	
BX, INTRANASAL	30100	CPT	outpatient			5059	2005.77	UHC	Medicare		1744.15				33.93		4806.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX, INTRANASAL	30100	CPT	outpatient			5059	2005.77	United	Oxford		2493				33.93		4806.05 case rate	
BX, INTRANASAL	30100	CPT	outpatient			5059	2005.77	United	Commercial|PPO		2493				33.93		4806.05 case rate	
BX, INTRANASAL	30100	CPT	outpatient			5059	2005.77	Wellcare	Medicare		1744.15				33.93		4806.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX, INTRANASAL	30100	CPT	outpatient			5059	2005.77	Wellcare	Medicaid		1596.11	31.55			33.93		4806.05 percent of total billed charges	
BX, INTRANASAL	30100	CPT	outpatient			5059	2005.77	WellPoint	WellPoint		1627.99	32.18			33.93		4806.05 percent of total billed charges	
NASAL POLYPECTOMY UNILATERAL	30110	CPT	outpatient			5059	2005.77	Aetna	Better Health		1596.11	31.55			135.2		4806.05 percent of total billed charges	
NASAL POLYPECTOMY UNILATERAL	30110	CPT	outpatient			5059	2005.77	Aetna	Commercial		2776.69				135.2		4806.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NASAL POLYPECTOMY UNILATERAL	30110	CPT	outpatient			5059	2005.77	Aetna	Medicare		1744.15				135.2		4806.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NASAL POLYPECTOMY UNILATERAL	30110	CPT	outpatient			5059	2005.77	Americare	Americare		3794.25	75			135.2		4806.05 percent of total billed charges	
NASAL POLYPECTOMY UNILATERAL	30110	CPT	outpatient			5059	2005.77	Amerihealth	HMO/PPO		3288.35	65			135.2		4806.05 percent of total billed charges	
NASAL POLYPECTOMY UNILATERAL	30110	CPT	outpatient			5059	2005.77	Amerihealth	Medicare		1744.15				135.2		4806.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NASAL POLYPECTOMY UNILATERAL	30110	CPT	outpatient			5059	2005.77	Consumer	Consumer		4806.05	95			135.2		4806.05 percent of total billed charges	
NASAL POLYPECTOMY UNILATERAL	30110	CPT	outpatient			5059	2005.77	Corrections	Corrections		4047.2	80			135.2		4806.05 percent of total billed charges	
NASAL POLYPECTOMY UNILATERAL	30110	CPT	outpatient			5059	2005.77	First Health	First Health		3541.3	70			135.2		4806.05 percent of total billed charges	
NASAL POLYPECTOMY UNILATERAL	30110	CPT	outpatient			5059	2005.77	First Trenton	First Trenton		4553.1	90			135.2		4806.05 percent of total billed charges	
NASAL POLYPECTOMY UNILATERAL	30110	CPT	outpatient			5059	2005.77	Horizon	PPO		3245.86				135.2		4806.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NASAL POLYPECTOMY UNILATERAL	30110	CPT	outpatient			5059	2005.77	Horizon	MGD		3245.86				135.2		4806.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NASAL POLYPECTOMY UNILATERAL	30110	CPT	outpatient			5059	2005.77	Horizon	Indemnity		3245.86				135.2		4806.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NASAL POLYPECTOMY UNILATERAL	30110	CPT	outpatient			5059	2005.77	Horizon	NJ Health		135.2				135.2		4806.05 fee schedule	
NASAL POLYPECTOMY UNILATERAL	30110	CPT	outpatient			5059	2005.77	Horizon	Medicare Blue		1744.15				135.2		4806.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NASAL POLYPECTOMY UNILATERAL	30110	CPT	outpatient			5059	2005.77	Managed Care Inc	Managed Care Inc		4553.1	90			135.2		4806.05 percent of total billed charges	
NASAL POLYPECTOMY UNILATERAL	30110	CPT	outpatient			5059	2005.77	Multiplan	Multiplan		4047.2	80			135.2		4806.05 percent of total billed charges	
NASAL POLYPECTOMY UNILATERAL	30110	CPT	outpatient			5059	2005.77	Qualcare	Qualcare		3794.25	75			135.2		4806.05 percent of total billed charges	
NASAL POLYPECTOMY UNILATERAL	30110	CPT	outpatient			5059	2005.77	Three Rivers	Three Rivers		4806.05	95			135.2		4806.05 percent of total billed charges	
NASAL POLYPECTOMY UNILATERAL	30110	CPT	outpatient			5059	2005.77	UHC	Medicare		1744.15				135.2		4806.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NASAL POLYPECTOMY UNILATERAL	30110	CPT	outpatient			5059	2005.77	UHC	Medicaid		1596.11	31.55			135.2		4806.05 percent of total billed charges	
NASAL POLYPECTOMY UNILATERAL	30110	CPT	outpatient			5059	2005.77	United	Oxford		2493				135.2		4806.05 case rate	
NASAL POLYPECTOMY UNILATERAL	30110	CPT	outpatient			5059	2005.77	United	Commercial|PPO		2493				135.2		4806.05 case rate	
NASAL POLYPECTOMY UNILATERAL	30110	CPT	outpatient			5059	2005.77	Wellcare	Medicare		1744.15				135.2		4806.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NASAL POLYPECTOMY UNILATERAL	30110	CPT	outpatient			5059	2005.77	Wellcare	Medicaid		1596.11	31.55			135.2		4806.05 percent of total billed charges	
NASAL POLYPECTOMY UNILATERAL	30110	CPT	outpatient			5059	2005.77	WellPoint	WellPoint		1627.99	32.18			135.2		4806.05 percent of total billed charges	
REM INTRANASAL LESION	30117	CPT	outpatient			10367	4234.52	Aetna	Commercial		5862.05				373.23		9848.65 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM INTRANASAL LESION	30117	CPT	outpatient			10367	4234.52	Aetna	Medicare		3682.19				373.23		9848.65 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM INTRANASAL LESION	30117	CPT	outpatient			10367	4234.52	Aetna	Better Health		3270.79	31.55			373.23		9848.65 percent of total billed charges	
REM INTRANASAL LESION	30117	CPT	outpatient			10367	4234.52	Americare	Americare		7775.25	75			373.23		9848.65 percent of total billed charges	
REM INTRANASAL LESION	30117	CPT	outpatient			10367	4234.52	Amerihealth	HMO/PPO		6738.55	65			373.23		9848.65 percent of total billed charges	
REM INTRANASAL LESION	30117	CPT	outpatient			10367	4234.52	Amerihealth	Medicare		3682.19				373.23		9848.65 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM INTRANASAL LESION	30117	CPT	outpatient			10367	4234.52	Consumer	Consumer		9848.65	95			373.23		9848.65 percent of total billed charges	
REM INTRANASAL LESION	30117	CPT	outpatient			10367	4234.52	Corrections	Corrections		8293.6	80			373.23		9848.65 percent of total billed charges	
REM INTRANASAL LESION	30117	CPT	outpatient			10367	4234.52	First Health	First Health		7256.9	70			373.23		9848.65 percent of total billed charges	
REM INTRANASAL LESION	30117	CPT	outpatient			10367	4234.52	First Trenton	First Trenton		9330.3	90			373.23		9848.65 percent of total billed charges	
REM INTRANASAL LESION	30117	CPT	outpatient			10367	4234.52	Horizon	MGD		6852.56				373.23		9848.65 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM INTRANASAL LESION	30117	CPT	outpatient			10367	4234.52	Horizon	Medicare Blue		3682.19				373.23		9848.65 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM INTRANASAL LESION	30117	CPT	outpatient			10367	4234.52	Horizon	Indemnity		6852.56				373.23		9848.65 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM INTRANASAL LESION	30117	CPT	outpatient			10367	4234.52	Horizon	NJ Health		373.23				373.23		9848.65 fee schedule	
REM INTRANASAL LESION	30117	CPT	outpatient			10367	4234.52	Horizon	PPO		6852.56				373.23		9848.65 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM INTRANASAL LESION	30117	CPT	outpatient			10367	4234.52	Managed Care Inc	Managed Care Inc		9330.3	90			373.23		9848.65 percent of total billed charges	
REM INTRANASAL LESION	30117	CPT	outpatient			10367	4234.52	Multiplan	Multiplan		8293.6	80			373.23		9848.65 percent of total billed charges	
REM INTRANASAL LESION	30117	CPT	outpatient			10367	4234.52	Qualcare	Qualcare		7775.25	75			373.23		9848.65 percent of total billed charges	
REM INTRANASAL LESION	30117	CPT	outpatient			10367	4234.52	Three Rivers	Three Rivers		9848.65	95			373.23		9848.65 percent of total billed charges	
REM INTRANASAL LESION	30117	CPT	outpatient			10367	4234.52	UHC	Medicare		3682.19				373.23		9848.65 other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
REM INTRANASAL LESION	30117	CPT	outpatient			10367	4234.52	UHC	Medicaid		3270.79	31.55			373.23	9848.65	percent of total billed charges	
REM INTRANASAL LESION	30117	CPT	outpatient			10367	4234.52	United	Oxford		2493				373.23	9848.65	case rate	
REM INTRANASAL LESION	30117	CPT	outpatient			10367	4234.52	United	Commercial|PPO		2493				373.23	9848.65	case rate	
REM INTRANASAL LESION	30117	CPT	outpatient			10367	4234.52	Wellcare	Medicaid		3270.79	31.55			373.23	9848.65	percent of total billed charges	
REM INTRANASAL LESION	30117	CPT	outpatient			10367	4234.52	Wellcare	Medicare		3682.19				373.23	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM INTRANASAL LESION	30117	CPT	outpatient			10367	4234.52	WellPoint	WellPoint		3336.1	32.18			373.23	9848.65	percent of total billed charges	
INJ OF TURBINATE	30200	CPT	outpatient			1666	723.64	Aetna	Medicare		513.13	30.8			53.48	1782	percent of total billed charges	
INJ OF TURBINATE	30200	CPT	outpatient			1666	723.64	Aetna	Commercial		1001.77				53.48	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ OF TURBINATE	30200	CPT	outpatient			1666	723.64	Aetna	Better Health		525.62	31.55			53.48	1782	percent of total billed charges	
INJ OF TURBINATE	30200	CPT	outpatient			1666	723.64	Americare	Americare		1249.5	75			53.48	1782	percent of total billed charges	
INJ OF TURBINATE	30200	CPT	outpatient			1666	723.64	Amerihealth	HMO|PPO		1082.9	65			53.48	1782	percent of total billed charges	
INJ OF TURBINATE	30200	CPT	outpatient			1666	723.64	Amerihealth	Medicare		629.25				53.48	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ OF TURBINATE	30200	CPT	outpatient			1666	723.64	Consumer	Consumer		1582.7	95			53.48	1782	percent of total billed charges	
INJ OF TURBINATE	30200	CPT	outpatient			1666	723.64	Corrections	Corrections		1332.8	80			53.48	1782	percent of total billed charges	
INJ OF TURBINATE	30200	CPT	outpatient			1666	723.64	First Health	First Health		1166.2	70			53.48	1782	percent of total billed charges	
INJ OF TURBINATE	30200	CPT	outpatient			1666	723.64	First Trenton	First Trenton		1499.4	90			53.48	1782	percent of total billed charges	
INJ OF TURBINATE	30200	CPT	outpatient			1666	723.64	Horizon	PPO		1171.03				53.48	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ OF TURBINATE	30200	CPT	outpatient			1666	723.64	Horizon	Indemnity		1171.03				53.48	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ OF TURBINATE	30200	CPT	outpatient			1666	723.64	Horizon	Medicare Blue		629.25				53.48	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ OF TURBINATE	30200	CPT	outpatient			1666	723.64	Horizon	MGD		1171.03				53.48	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ OF TURBINATE	30200	CPT	outpatient			1666	723.64	Horizon	NJ Health		53.48				53.48	1782	fee schedule	
INJ OF TURBINATE	30200	CPT	outpatient			1666	723.64	Managed Care Inc	Managed Care Inc		1499.4	90			53.48	1782	percent of total billed charges	
INJ OF TURBINATE	30200	CPT	outpatient			1666	723.64	Multiplan	Multiplan		1332.8	80			53.48	1782	percent of total billed charges	
INJ OF TURBINATE	30200	CPT	outpatient			1666	723.64	Qualicare	Qualicare		1249.5	75			53.48	1782	percent of total billed charges	
INJ OF TURBINATE	30200	CPT	outpatient			1666	723.64	Three Rivers	Three Rivers		1582.7	95			53.48	1782	percent of total billed charges	
INJ OF TURBINATE	30200	CPT	outpatient			1666	723.64	UHC	Medicaid		525.62	31.55			53.48	1782	percent of total billed charges	
INJ OF TURBINATE	30200	CPT	outpatient			1666	723.64	UHC	Medicare		629.25				53.48	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ OF TURBINATE	30200	CPT	outpatient			1666	723.64	United	Oxford		1782				53.48	1782	case rate	
INJ OF TURBINATE	30200	CPT	outpatient			1666	723.64	United	Commercial|PPO		1782				53.48	1782	case rate	
INJ OF TURBINATE	30200	CPT	outpatient			1666	723.64	Wellcare	Medicare		629.25				53.48	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ OF TURBINATE	30200	CPT	outpatient			1666	723.64	Wellcare	Medicaid		525.62	31.55			53.48	1782	percent of total billed charges	
INJ OF TURBINATE	30200	CPT	outpatient			1666	723.64	WellPoint	WellPoint		536.12	32.18			53.48	1782	percent of total billed charges	
REMOVAL OF INTRANASAL FB	30300	CPT	outpatient			424	168	Aetna	Better Health		133.77	31.55			58.46	1782	percent of total billed charges	
REMOVAL OF INTRANASAL FB	30300	CPT	outpatient			424	168	Aetna	Medicare		146.09				58.46	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF INTRANASAL FB	30300	CPT	outpatient			424	168	Aetna	Commercial		232.58				58.46	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF INTRANASAL FB	30300	CPT	outpatient			424	168	Americare	Americare		318	75			58.46	1782	percent of total billed charges	
REMOVAL OF INTRANASAL FB	30300	CPT	outpatient			424	168	Amerihealth	HMO|PPO		275.6	65			58.46	1782	percent of total billed charges	
REMOVAL OF INTRANASAL FB	30300	CPT	outpatient			424	168	Amerihealth	Medicare		146.09				58.46	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF INTRANASAL FB	30300	CPT	outpatient			424	168	Consumer	Consumer		402.8	95			58.46	1782	percent of total billed charges	
REMOVAL OF INTRANASAL FB	30300	CPT	outpatient			424	168	Corrections	Corrections		339.2	80			58.46	1782	percent of total billed charges	
REMOVAL OF INTRANASAL FB	30300	CPT	outpatient			424	168	First Health	First Health		296.8	70			58.46	1782	percent of total billed charges	
REMOVAL OF INTRANASAL FB	30300	CPT	outpatient			424	168	First Trenton	First Trenton		381.6	90			58.46	1782	percent of total billed charges	
REMOVAL OF INTRANASAL FB	30300	CPT	outpatient			424	168	Horizon	MGD		271.87				58.46	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF INTRANASAL FB	30300	CPT	outpatient			424	168	Horizon	Medicare Blue		146.09				58.46	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF INTRANASAL FB	30300	CPT	outpatient			424	168	Horizon	PPO		271.87				58.46	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF INTRANASAL FB	30300	CPT	outpatient			424	168	Horizon	Indemnity		271.87				58.46	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF INTRANASAL FB	30300	CPT	outpatient			424	168	Horizon	NJ Health		58.46				58.46	1782	fee schedule	
REMOVAL OF INTRANASAL FB	30300	CPT	outpatient			424	168	Managed Care Inc	Managed Care Inc		381.6	90			58.46	1782	percent of total billed charges	
REMOVAL OF INTRANASAL FB	30300	CPT	outpatient			424	168	Multiplan	Multiplan		339.2	80			58.46	1782	percent of total billed charges	
REMOVAL OF INTRANASAL FB	30300	CPT	outpatient			424	168	Qualicare	Qualicare		318	75			58.46	1782	percent of total billed charges	
REMOVAL OF INTRANASAL FB	30300	CPT	outpatient			424	168	Three Rivers	Three Rivers		402.8	95			58.46	1782	percent of total billed charges	
REMOVAL OF INTRANASAL FB	30300	CPT	outpatient			424	168	UHC	Medicaid		133.77	31.55			58.46	1782	percent of total billed charges	
REMOVAL OF INTRANASAL FB	30300	CPT	outpatient			424	168	UHC	Medicare		146.09				58.46	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF INTRANASAL FB	30300	CPT	outpatient			424	168	United	Commercial|PPO		1782				58.46	1782	case rate	
REMOVAL OF INTRANASAL FB	30300	CPT	outpatient			424	168	United	Oxford		1782				58.46	1782	case rate	
REMOVAL OF INTRANASAL FB	30300	CPT	outpatient			424	168	Wellcare	Medicaid		133.77	31.55			58.46	1782	percent of total billed charges	
REMOVAL OF INTRANASAL FB	30300	CPT	outpatient			424	168	Wellcare	Medicare		146.09				58.46	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF INTRANASAL FB	30300	CPT	outpatient			424	168	WellPoint	WellPoint		136.44	32.18			58.46	1782	percent of total billed charges	
REM FB INTRANASAL GEN ANES	30310	CPT	outpatient			10189	4234.52	Aetna	Better Health		3214.63	31.55			148.77	9679.55	percent of total billed charges	
REM FB INTRANASAL GEN ANES	30310	CPT	outpatient			10189	4234.52	Aetna	Medicare		3682.19				148.77	9679.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM FB INTRANASAL GEN ANES	30310	CPT	outpatient			10189	4234.52	Aetna	Commercial		5862.05				148.77	9679.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM FB INTRANASAL GEN ANES	30310	CPT	outpatient			10189	4234.52	Americare	Americare		7641.75	75			148.77	9679.55	percent of total billed charges	
REM FB INTRANASAL GEN ANES	30310	CPT	outpatient			10189	4234.52	Amerihealth	Medicare		3682.19				148.77	9679.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM FB INTRANASAL GEN ANES	30310	CPT	outpatient			10189	4234.52	Amerihealth	HMO|PPO		6622.85	65			148.77	9679.55	percent of total billed charges	
REM FB INTRANASAL GEN ANES	30310	CPT	outpatient			10189	4234.52	Consumer	Consumer		9679.55	95			148.77	9679.55	percent of total billed charges	
REM FB INTRANASAL GEN ANES	30310	CPT	outpatient			10189	4234.52	Corrections	Corrections		8151.2	80			148.77	9679.55	percent of total billed charges	
REM FB INTRANASAL GEN ANES	30310	CPT	outpatient			10189	4234.52	First Health	First Health		7132.3	70			148.77	9679.55	percent of total billed charges	
REM FB INTRANASAL GEN ANES	30310	CPT	outpatient			10189	4234.52	First Trenton	First Trenton		9170.1	90			148.77	9679.55	percent of total billed charges	
REM FB INTRANASAL GEN ANES	30310	CPT	outpatient			10189	4234.52	Horizon	MGD		6852.56				148.77	9679.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM FB INTRANASAL GEN ANES	30310	CPT	outpatient			10189	4234.52	Horizon	Indemnity		6852.56				148.77	9679.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM FB INTRANASAL GEN ANES	30310	CPT	outpatient			10189	4234.52	Horizon	Medicare Blue		3682.19				148.77	9679.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM FB INTRANASAL GEN ANES	30310	CPT	outpatient			10189	4234.52	Horizon	NJ Health		148.77				148.77	9679.55	fee schedule	
REM FB INTRANASAL GEN ANES	30310	CPT	outpatient			10189	4234.52	Horizon	PPO		6852.56				148.77	9679.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM FB INTRANASAL GEN ANES	30310	CPT	outpatient			10189	4234.52	Managed Care Inc	Managed Care Inc		9170.1	90			148.77	9679.55	percent of total billed charges	
REM FB INTRANASAL GEN ANES	30310	CPT	outpatient			10189	4234.52	Multiplan	Multiplan		8151.2	80			148.77	9679.55	percent of total billed charges	
REM FB INTRANASAL GEN ANES	30310	CPT	outpatient			10189	4234.52	Qualicare	Qualicare		7641.75	75			148.77	9679.55	percent of total billed charges	
REM FB INTRANASAL GEN ANES	30310	CPT	outpatient			10189	4234.52	Three Rivers	Three Rivers		9679.55	95			148.77	9679.55	percent of total billed charges	
REM FB INTRANASAL GEN ANES	30310	CPT	outpatient			10189	4234.52	UHC	Medicaid		3214.63	31.55			148.77	9679.55	percent of total billed charges	
REM FB INTRANASAL GEN ANES	30310	CPT	outpatient			10189	4234.52	UHC	Medicare		3682.19				148.77	9679.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM FB INTRANASAL GEN ANES	30310	CPT	outpatient			10189	4234.52	United	Commercial|PPO		2493				148.77	9679.55	case rate	
REM FB INTRANASAL GEN ANES	30310	CPT	outpatient			10189	4234.52	United	Oxford		2493				148.77	9679.55	case rate	
REM FB INTRANASAL GEN ANES	30310	CPT	outpatient			10189	4234.52	Wellcare	Medicaid		3214.63	31.55			148.77	9679.55	percent of total billed charges	
REM FB INTRANASAL GEN ANES	30310	CPT	outpatient			10189	4234.52	Wellcare	Medicare		3682.19				148.77	9679.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM FB INTRANASAL GEN ANES	30310	CPT	outpatient			10189	4234.52	WellPoint	WellPoint		3278.82	32.18			148.77	9679.55	percent of total billed charges	
LYSIS INTRANASAL SYNCHIA	30560	CPT	outpatient			1666	723.64	Aetna	Better Health		525.62	31.55			65.77	1782	percent of total billed charges	
LYSIS INTRANASAL SYNCHIA	30560	CPT	outpatient			1666	723.64	Aetna	Commercial		1001.77				65.77	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYSIS INTRANASAL SYNCHIA	30560	CPT	outpatient			1666	723.64	Aetna	Medicare		513.13	30.8			65.77	1782	percent of total billed charges	
LYSIS INTRANASAL SYNCHIA	30560	CPT	outpatient			1666	723.64	Americare	Americare		1249.5	75			65.77	1782	percent of total billed charges	
LYSIS INTRANASAL SYNCHIA	30560	CPT	outpatient			1666	723.64	Amerihealth	Medicare		629.25				65.77	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYSIS INTRANASAL SYNCHIA	30560	CPT	outpatient			1666	723.64	Amerihealth	HMO|PPO		1082.9	65			65.77	1782	percent of total billed charges	
LYSIS INTRANASAL SYNCHIA	30560	CPT	outpatient			1666	723.64	Consumer	Consumer		1582.7	95			65.77	1782	percent of total billed charges	
LYSIS INTRANASAL SYNCHIA	30560	CPT	outpatient			1666	723.64	Corrections	Corrections		1332.8	80			65.77	1782	percent of total billed charges	
LYSIS INTRANASAL SYNCHIA	30560	CPT	outpatient			1666	723.64	First Health	First Health		1166.2	70			65.77	1782	percent of total billed charges	
LYSIS INTRANASAL SYNCHIA	30560	CPT	outpatient			1666	723.64	First Trenton	First Trenton		1499.4	90			65.77	1782	percent of total billed charges	
LYSIS INTRANASAL SYNCHIA	30560	CPT	outpatient			1666	723.64	Horizon	Indemnity		1171.03				65.77	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYSIS INTRANASAL SYNCHIA	30560	CPT	outpatient			1666	723.64	Horizon	MGD		1171.03				65.77	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYSIS INTRANASAL SYNCHIA	30560	CPT	outpatient			1666	723.64	Horizon	Medicare Blue		629.25				65.77	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYSIS INTRANASAL SYNCHIA	30560	CPT	outpatient			1666	723.64	Horizon	NJ Health		65.77				65.77	1782	fee schedule	
LYSIS INTRANASAL SYNCHIA	30560	CPT	outpatient			1666	723.64	Horizon	PPO		1171.03				65.77	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYSIS INTRANASAL SYNCHIA	30560	CPT	outpatient			1666	723.64	Managed Care Inc	Managed Care Inc		1499.4	90			65.77	1782	percent of total billed charges	
LYSIS INTRANASAL SYNCHIA	30560	CPT	outpatient			1666	723.64	Multiplan	Multiplan		1332.8	80			65.77	1782	percent of total billed charges	
LYSIS INTRANASAL SYNCHIA	30560	CPT	outpatient			1666	723.64	Qualicare	Qualicare		1249.5	75			65.77	1782	percent of total billed charges	
LYSIS INTRANASAL SYNCHIA	30560	CPT	outpatient			1666	723.64	Three Rivers	Three Rivers		1582.7	95			65.77	1782	percent of total billed charges	
LYSIS INTRANASAL SYNCHIA	30560	CPT	outpatient			1666	723.64	UHC	Medicaid		525.62	31.55			65.77	1782	percent of total billed charges	
LYSIS INTRANASAL SYNCHIA	30560	CPT	outpatient			1666	723.64	UHC	Medicare		629.25				65.77	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYSIS INTRANASAL SYNCHIA	30560	CPT	outpatient			1666	723.64	United	Commercial|PPO		1782				65.77	1782	case rate	
LYSIS INTRANASAL SYNCHIA	30560	CPT	outpatient			1666	723.64	United	Oxford		1782				65.77	1782	case rate	
LYSIS INTRANASAL SYNCHIA	30560	CPT	outpatient			1666	723.64	Wellcare	Medicaid		525.62	31.55			65.77	1782	percent of total billed charges	
LYSIS INTRANASAL SYNCHIA	30560	CPT	outpatient			1666	723.64	Wellcare	Medicare		629.25				65.77	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYSIS INTRANASAL SYNCHIA	30560	CPT	outpatient			1666	723.64	WellPoint	WellPoint		536.12	32.18			65.77	1782	percent of total billed charges	
REPAIR FISTULA ORAM/AXILLARY	30580	CPT	outpatient			19455	7702.18	Aetna	Better Health		6138.05	31.55			426.34	18482.25	percent of total billed charges	
REPAIR FISTULA ORAM/AXILLARY	30580	CPT	outpatient			19455	7702.18	Aetna	Commercial		10662.5				426.34	18482.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR FISTULA ORAM/AXILLARY	30580	CPT	outpatient			19455	7702.18	Aetna	Medicare		6697.55				426.34	18482.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR FISTULA ORAM/AXILLARY	30580	CPT	outpatient			19455	7702.18	Americare	Americare		14591.25	75			426.34	18482.25	percent of total billed charges	
REPAIR FISTULA ORAM/AXILLARY	30580	CPT	outpatient			19455	7702.18	Amerihealth	Medicare		6697.55				426.34	18482.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR FISTULA ORAM/AXILLARY	30580	CPT	outpatient			19455	7702.18	Amerihealth	HMO|PPO		12645.75	65			426.34	18482.25	percent of total billed charges	
REPAIR FISTULA ORAM/AXILLARY	30580	CPT	outpatient			19455	7702.18	Consumer	Consumer		18482.25	95			426.34	18482.25	percent of total billed charges	
REPAIR FISTULA ORAM/AXILLARY	30580	CPT	outpatient			19455	7702.18	Corrections	Corrections		15564	80			426.34	18482.25	percent of total billed charges	
REPAIR FISTULA ORAM/AXILLARY	30580	CPT	outpatient			19455	7702.18	First Health	First Health		13618.5	70			426.34	18482.25	percent of total billed charges	
REPAIR FISTULA ORAM/AXILLARY	30580	CPT	outpatient			19455	7702.18	First Trenton	First Trenton		17509.5	90			426.34	18482.25	percent of total billed charges	
REPAIR FISTULA ORAM/AXILLARY	30580	CPT	outpatient			19455	7702.18	Horizon	MGD		12464.14				426.34	18482.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR FISTULA ORAM/AXILLARY	30580	CPT	outpatient			19455	7702.18	Horizon	PPO		12464.14				426.34	18482.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR FISTULA ORAM/AXILLARY	30580	CPT	outpatient			19455	7702.18	Horizon	NJ Health		426.34				426.34	18482.25	fee schedule	
REPAIR FISTULA ORAM/AXILLARY	30580	CPT	outpatient			19455	7702.18	Horizon	Medicare Blue		6697.55				426.34	18482.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR FISTULA ORAM/AXILLARY	30580	CPT	outpatient			19455	7702.18	Horizon	Indemnity		12464.14				426.34	18482.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR FISTULA ORAM/AXILLARY	30580	CPT	outpatient			19455	7702.18	Managed Care Inc	Managed Care Inc		17509.5	90			426.34	18482.25	percent of total billed charges	
REPAIR FISTULA ORAM/AXILLARY	30580	CPT	outpatient			19455	7702.18	Multiplan	Multiplan		15564	80			426.34	18482.25	percent of total billed charges	
REPAIR FISTULA ORAM/AXILLARY	30580	CPT	outpatient			19455	7702.18	Qualicare	Qualicare		14591.25	75			426.34	18482.25	percent of total billed charges	
REPAIR FISTULA ORAM/AXILLARY	30580	CPT	outpatient			19455	7702.18	Three Rivers	Three Rivers		18482.25	95			426.34	18482.25	percent of total billed charges	
REPAIR FISTULA ORAM/AXILLARY	30580	CPT	outpatient			19455	7702.18	UHC	Medicare		6697.55				426.34	18482.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR FISTULA ORAM/AXILLARY	30580	CPT	outpatient			19455	7702.18	UHC	Medicaid		6138.05	31.55			426.34	18482.25	percent of total billed charges	
REPAIR FISTULA ORAM/AXILLARY	30580	CPT	outpatient			19455	7702.18	United	Commercial|PPO		6362				426.34	18482.25	case rate	
REPAIR FISTULA ORAM/AXILLARY	30580	CPT	outpatient			19455	7702.18	United	Oxford		6362				426.34	18482.25	case rate	
REPAIR FISTULA ORAM/AXILLARY	30580	CPT	outpatient			19455	7702.18	Wellcare	Medicare		6697.55				426.34	18482.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR FISTULA ORAM/AXILLARY	30580	CPT	outpatient			19455	7702.18	Wellcare	Medicaid		6138.05	31.55			426.34	18482.25	percent of total billed charges	
REPAIR FISTULA ORAM/AXILLARY	30580	CPT	outpatient			19455	7702.18	WellPoint	WellPoint		6260.62	32.18			426.34	18482.25	percent of total billed charges	
ORAL ANTRAL FISTULA CLOSURE	30600	CPT	outpatient			19455	7702.18	Aetna	Medicare		6697.55				284.23	18482.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORAL ANTRAL FISTULA CLOSURE	30600	CPT	outpatient			19455	7702.18	Aetna	Commercial		10662.5				284.23	18482.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORAL ANTRAL FISTULA CLOSURE	30600	CPT	outpatient			19455	7702.18	Aetna	Better Health		6138.05	31.55			284.23	18482.25	percent of total billed charges	
ORAL ANTRAL FISTULA CLOSURE	30600	CPT	outpatient			19455	7702.18	Americare	Americare		14591.25	75			284.23	18482.25	percent of total billed charges	
ORAL ANTRAL FISTULA CLOSURE	30600	CPT	outpatient			19455	7702.18	Amerihealth	HMO|PPO		12645.75	65			284.23	18482.25	percent of total billed charges	
ORAL ANTRAL FISTULA CLOSURE	30600	CPT	outpatient			19455	7702.18	Amerihealth	Medicare		6697.55				284.23	18482.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORAL ANTRAL FISTULA CLOSURE	30600	CPT	outpatient			19455	7702.18	Consumer	Consumer		18482.25	95			284.23	18482.25	percent of total billed charges	
ORAL ANTRAL FISTULA CLOSURE	30600	CPT	outpatient			19455	7702.18	Corrections	Corrections		15564	80			284.23	18482.25	percent of total billed charges	
ORAL ANTRAL FISTULA CLOSURE	30600	CPT	outpatient			19455	7702.18	First Health	First Health		13618.5	70			284.23	18482.25	percent of total billed charges	
ORAL ANTRAL FISTULA CLOSURE	30600	CPT	outpatient			19455	7702.18	First Trenton	First Trenton		17509.5	90			284.23	18482.25	percent of total billed charges	
ORAL ANTRAL FISTULA CLOSURE	30600	CPT	outpatient			19455	7702.18	Horizon	MGD		12464.14				284.23	18482.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORAL ANTRAL FISTULA CLOSURE	30600	CPT	outpatient			19455	7702.18	Horizon	Medicare Blue		6697.55				284.23	18482.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.																
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true															
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ORAL ANTRAL FISTULA CLOSURE	30600	CPT	outpatient			19455	7702.18	Horizon	PPO		12464.14				284.23	18482.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORAL ANTRAL FISTULA CLOSURE	30600	CPT	outpatient			19455	7702.18	Horizon	Indemnity		12464.14				284.23	18482.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORAL ANTRAL FISTULA CLOSURE	30600	CPT	outpatient			19455	7702.18	Horizon	NJ Health		284.23				284.23	18482.25	fee schedule	
ORAL ANTRAL FISTULA CLOSURE	30600	CPT	outpatient			19455	7702.18	Managed Care Inc	Managed Care Inc		17509.5	90			284.23	18482.25	percent of total billed charges	
ORAL ANTRAL FISTULA CLOSURE	30600	CPT	outpatient			19455	7702.18	Multiplan	Multiplan		15564	80			284.23	18482.25	percent of total billed charges	
ORAL ANTRAL FISTULA CLOSURE	30600	CPT	outpatient			19455	7702.18	Qualcare	Qualcare		14591.25	75			284.23	18482.25	percent of total billed charges	
ORAL ANTRAL FISTULA CLOSURE	30600	CPT	outpatient			19455	7702.18	Three Rivers	Three Rivers		18482.25	95			284.23	18482.25	percent of total billed charges	
ORAL ANTRAL FISTULA CLOSURE	30600	CPT	outpatient			19455	7702.18	UHC	Medicaid		6138.05	31.55			284.23	18482.25	percent of total billed charges	
ORAL ANTRAL FISTULA CLOSURE	30600	CPT	outpatient			19455	7702.18	UHC	Medicare		6697.55				284.23	18482.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORAL ANTRAL FISTULA CLOSURE	30600	CPT	outpatient			19455	7702.18	United	Oxford		6362				284.23	18482.25	case rate	
ORAL ANTRAL FISTULA CLOSURE	30600	CPT	outpatient			19455	7702.18	United	Commercial|PPO		6362				284.23	18482.25	case rate	
ORAL ANTRAL FISTULA CLOSURE	30600	CPT	outpatient			19455	7702.18	Wellcare	Medicare		6697.55				284.23	18482.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORAL ANTRAL FISTULA CLOSURE	30600	CPT	outpatient			19455	7702.18	Wellcare	Medicaid		6138.05	31.55			284.23	18482.25	percent of total billed charges	
ORAL ANTRAL FISTULA CLOSURE	30600	CPT	outpatient			19455	7702.18	WellPoint	WellPoint		6260.62	32.18			284.23	18482.25	percent of total billed charges	
EPISTAXIX CONTROL-ANTERIOR COM	30901	CPT	outpatient			599	168	Aetna	Commercial		232.58				87.7	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EPISTAXIX CONTROL-ANTERIOR COM	30901	CPT	outpatient			599	168	Aetna	Better Health		188.98	31.55			87.7	1782	percent of total billed charges	
EPISTAXIX CONTROL-ANTERIOR COM	30901	CPT	outpatient			599	168	Aetna	Medicare		146.09				87.7	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EPISTAXIX CONTROL-ANTERIOR COM	30901	CPT	outpatient			599	168	Americare	Americare		449.25	75			87.7	1782	percent of total billed charges	
EPISTAXIX CONTROL-ANTERIOR COM	30901	CPT	outpatient			599	168	Amerihealth	HMO|PPO		389.35	65			87.7	1782	percent of total billed charges	
EPISTAXIX CONTROL-ANTERIOR COM	30901	CPT	outpatient			599	168	Amerihealth	Medicare		146.09				87.7	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EPISTAXIX CONTROL-ANTERIOR COM	30901	CPT	outpatient			599	168	Consumer	Consumer		569.05	95			87.7	1782	percent of total billed charges	
EPISTAXIX CONTROL-ANTERIOR COM	30901	CPT	outpatient			599	168	Corrections	Corrections		479.2	80			87.7	1782	percent of total billed charges	
EPISTAXIX CONTROL-ANTERIOR COM	30901	CPT	outpatient			599	168	First Health	First Health		419.3	70			87.7	1782	percent of total billed charges	
EPISTAXIX CONTROL-ANTERIOR COM	30901	CPT	outpatient			599	168	First Trenton	First Trenton		539.1	90			87.7	1782	percent of total billed charges	
EPISTAXIX CONTROL-ANTERIOR COM	30901	CPT	outpatient			599	168	Horizon	MGD		271.87				87.7	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EPISTAXIX CONTROL-ANTERIOR COM	30901	CPT	outpatient			599	168	Horizon	Medicare Blue		146.09				87.7	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EPISTAXIX CONTROL-ANTERIOR COM	30901	CPT	outpatient			599	168	Horizon	PPO		271.87				87.7	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EPISTAXIX CONTROL-ANTERIOR COM	30901	CPT	outpatient			599	168	Horizon	Indemnity		271.87				87.7	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EPISTAXIX CONTROL-ANTERIOR COM	30901	CPT	outpatient			599	168	Horizon	NJ Health		87.7				87.7	1782	fee schedule	
EPISTAXIX CONTROL-ANTERIOR COM	30901	CPT	outpatient			599	168	Managed Care Inc	Managed Care Inc		539.1	90			87.7	1782	percent of total billed charges	
EPISTAXIX CONTROL-ANTERIOR COM	30901	CPT	outpatient			599	168	Multiplan	Multiplan		479.2	80			87.7	1782	percent of total billed charges	
EPISTAXIX CONTROL-ANTERIOR COM	30901	CPT	outpatient			599	168	Qualcare	Qualcare		449.25	75			87.7	1782	percent of total billed charges	
EPISTAXIX CONTROL-ANTERIOR COM	30901	CPT	outpatient			599	168	Three Rivers	Three Rivers		569.05	95			87.7	1782	percent of total billed charges	
EPISTAXIX CONTROL-ANTERIOR COM	30901	CPT	outpatient			599	168	UHC	Medicare		146.09				87.7	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EPISTAXIX CONTROL-ANTERIOR COM	30901	CPT	outpatient			599	168	UHC	Medicaid		188.98	31.55			87.7	1782	percent of total billed charges	
EPISTAXIX CONTROL-ANTERIOR COM	30901	CPT	outpatient			599	168	United	Oxford		1782				87.7	1782	case rate	
EPISTAXIX CONTROL-ANTERIOR COM	30901	CPT	outpatient			599	168	United	Commercial|PPO		1782				87.7	1782	case rate	
EPISTAXIX CONTROL-ANTERIOR COM	30901	CPT	outpatient			599	168	Wellcare	Medicaid		188.98	31.55			87.7	1782	percent of total billed charges	
EPISTAXIX CONTROL-ANTERIOR COM	30901	CPT	outpatient			599	168	Wellcare	Medicare		146.09				87.7	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EPISTAXIX CONTROL-ANTERIOR COM	30901	CPT	outpatient			599	168	WellPoint	WellPoint		192.76	32.18			87.7	1782	percent of total billed charges	
EPISTAX CONTROL-ANTERIOR CONPL	30903	CPT	outpatient			830	168	Aetna	Better Health		261.87	31.55			87.7	1782	percent of total billed charges	
EPISTAX CONTROL-ANTERIOR CONPL	30903	CPT	outpatient			830	168	Aetna	Medicare		146.09				87.7	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EPISTAX CONTROL-ANTERIOR CONPL	30903	CPT	outpatient			830	168	Aetna	Commercial		232.58				87.7	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EPISTAX CONTROL-ANTERIOR CONPL	30903	CPT	outpatient			830	168	Americare	Americare		622.5	75			87.7	1782	percent of total billed charges	
EPISTAX CONTROL-ANTERIOR CONPL	30903	CPT	outpatient			830	168	Amerihealth	HMO|PPO		539.5	65			87.7	1782	percent of total billed charges	
EPISTAX CONTROL-ANTERIOR CONPL	30903	CPT	outpatient			830	168	Amerihealth	Medicare		146.09				87.7	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EPISTAX CONTROL-ANTERIOR CONPL	30903	CPT	outpatient			830	168	Consumer	Consumer		788.5	95			87.7	1782	percent of total billed charges	
EPISTAX CONTROL-ANTERIOR CONPL	30903	CPT	outpatient			830	168	Corrections	Corrections		664	80			87.7	1782	percent of total billed charges	
EPISTAX CONTROL-ANTERIOR CONPL	30903	CPT	outpatient			830	168	First Health	First Health		581	70			87.7	1782	percent of total billed charges	
EPISTAX CONTROL-ANTERIOR CONPL	30903	CPT	outpatient			830	168	First Trenton	First Trenton		747	90			87.7	1782	percent of total billed charges	
EPISTAX CONTROL-ANTERIOR CONPL	30903	CPT	outpatient			830	168	Horizon	Indemnity		271.87				87.7	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EPISTAX CONTROL-ANTERIOR CONPL	30903	CPT	outpatient			830	168	Horizon	NJ Health		87.7				87.7	1782	fee schedule	
EPISTAX CONTROL-ANTERIOR CONPL	30903	CPT	outpatient			830	168	Horizon	Medicare Blue		146.09				87.7	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EPISTAX CONTROL-ANTERIOR CONPL	30903	CPT	outpatient			830	168	Horizon	MGD		271.87				87.7	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EPISTAX CONTROL-ANTERIOR CONPL	30903	CPT	outpatient			830	168	Horizon	PPO		271.87				87.7	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EPISTAX CONTROL-ANTERIOR CONPL	30903	CPT	outpatient			830	168	Managed Care Inc	Managed Care Inc		747	90			87.7	1782	percent of total billed charges	
EPISTAX CONTROL-ANTERIOR CONPL	30903	CPT	outpatient			830	168	Multiplan	Multiplan		664	80			87.7	1782	percent of total billed charges	
EPISTAX CONTROL-ANTERIOR CONPL	30903	CPT	outpatient			830	168	Qualcare	Qualcare		622.5	75			87.7	1782	percent of total billed charges	
EPISTAX CONTROL-ANTERIOR CONPL	30903	CPT	outpatient			830	168	Three Rivers	Three Rivers		788.5	95			87.7	1782	percent of total billed charges	
EPISTAX CONTROL-ANTERIOR CONPL	30903	CPT	outpatient			830	168	UHC	Medicaid		261.87	31.55			87.7	1782	percent of total billed charges	
EPISTAX CONTROL-ANTERIOR CONPL	30903	CPT	outpatient			830	168	UHC	Medicare		146.09				87.7	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EPISTAX CONTROL-ANTERIOR CONPL	30903	CPT	outpatient			830	168	United	Oxford		1782				87.7	1782	case rate	
EPISTAX CONTROL-ANTERIOR CONPL	30903	CPT	outpatient			830	168	United	Commercial|PPO		1782				87.7	1782	case rate	
EPISTAX CONTROL-ANTERIOR CONPL	30903	CPT	outpatient			830	168	Wellcare	Medicare		146.09				87.7	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EPISTAX CONTROL-ANTERIOR CONPL	30903	CPT	outpatient			830	168	Wellcare	Medicaid		261.87	31.55			87.7	1782	percent of total billed charges	
EPISTAX CONTROL-ANTERIOR CONPL	30903	CPT	outpatient			830	168	WellPoint	WellPoint		267.09	32.18			87.7	1782	percent of total billed charges	
EPISTAXIX CONTROL-POSTERIOR	30905	CPT	outpatient			1566	168	Aetna	Better Health		494.07	31.55			130.59	1782	percent of total billed charges	
EPISTAXIX CONTROL-POSTERIOR	30905	CPT	outpatient			1566	168	Aetna	Commercial		232.58				130.59	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EPISTAXIX CONTROL-POSTERIOR	30905	CPT	outpatient			1566	168	Aetna	Medicare		482.33	30.8			130.59	1782	percent of total billed charges	
EPISTAXIX CONTROL-POSTERIOR	30905	CPT	outpatient			1566	168	Americare	Americare		1174.5	75			130.59	1782	percent of total billed charges	
EPISTAXIX CONTROL-POSTERIOR	30905	CPT	outpatient			1566	168	Amerihealth	HMO|PPO		1017.9	65			130.59	1782	percent of total billed charges	
EPISTAXIX CONTROL-POSTERIOR	30905	CPT	outpatient			1566	168	Amerihealth	Medicare		146.09				130.59	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EPISTAXIX CONTROL-POSTERIOR	30905	CPT	outpatient			1566	168	Consumer	Consumer		1487.7	95			130.59	1782	percent of total billed charges	
EPISTAXIX CONTROL-POSTERIOR	30905	CPT	outpatient			1566	168	Corrections	Corrections		1252.8	80			130.59	1782	percent of total billed charges	
EPISTAXIX CONTROL-POSTERIOR	30905	CPT	outpatient			1566	168	First Health	First Health		1096.2	70			130.59	1782	percent of total billed charges	
EPISTAXIX CONTROL-POSTERIOR	30905	CPT	outpatient			1566	168	First Trenton	First Trenton		1409.4	90			130.59	1782	percent of total billed charges	
EPISTAXIX CONTROL-POSTERIOR	30905	CPT	outpatient			1566	168	Horizon	MGD		271.87				130.59	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EPISTAXIX CONTROL-POSTERIOR	30905	CPT	outpatient			1566	168	Horizon	Medicare Blue		146.09				130.59	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EPISTAXIX CONTROL-POSTERIOR	30905	CPT	outpatient			1566	168	Horizon	PPO		271.87				130.59	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EPISTAXIX CONTROL-POSTERIOR	30905	CPT	outpatient			1566	168	Horizon	NJ Health		135.2				130.59	1782	fee schedule	
EPISTAXIX CONTROL-POSTERIOR	30905	CPT	outpatient			1566	168	Horizon	Indemnity		271.87				130.59	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EPISTAXIX CONTROL-POSTERIOR	30905	CPT	outpatient			1566	168	Managed Care Inc	Managed Care Inc		1409.4	90			130.59	1782	percent of total billed charges	
EPISTAXIX CONTROL-POSTERIOR	30905	CPT	outpatient			1566	168	Multiplan	Multiplan		1252.8	80			130.59	1782	percent of total billed charges	
EPISTAXIX CONTROL-POSTERIOR	30905	CPT	outpatient			1566	168	Qualcare	Qualcare		1174.5	75			130.59	1782	percent of total billed charges	
EPISTAXIX CONTROL-POSTERIOR	30905	CPT	outpatient			1566	168	Three Rivers	Three Rivers		1487.7	95			130.59	1782	percent of total billed charges	
EPISTAXIX CONTROL-POSTERIOR	30905	CPT	outpatient			1566	168	UHC	Medicare		146.09				130.59	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EPISTAXIX CONTROL-POSTERIOR	30905	CPT	outpatient			1566	168	UHC	Medicaid		494.07	31.55			130.59	1782	percent of total billed charges	
EPISTAXIX CONTROL-POSTERIOR	30905	CPT	outpatient			1566	168	United	Commercial|PPO		1782				130.59	1782	case rate	
EPISTAXIX CONTROL-POSTERIOR	30905	CPT	outpatient			1566	168	United	Oxford		1782				130.59	1782	case rate	
EPISTAXIX CONTROL-POSTERIOR	30905	CPT	outpatient			1566	168	Wellcare	Medicaid		494.07	31.55			130.59	1782	percent of total billed charges	
EPISTAXIX CONTROL-POSTERIOR	30905	CPT	outpatient			1566	168	Wellcare	Medicare		146.09				130.59	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EPISTAXIX CONTROL-POSTERIOR	30905	CPT	outpatient			1566	168	WellPoint	WellPoint		503.94	32.18			130.59	1782	percent of total billed charges	
CONTROL NOSEBLEED SUBSEQUENT	30906	CPT	outpatient			758	321.26	Aetna	Commercial		444.74				87.7	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONTROL NOSEBLEED SUBSEQUENT	30906	CPT	outpatient			758	321.26	Aetna	Medicare		233.46	30.8			87.7	1782	percent of total billed charges	
CONTROL NOSEBLEED SUBSEQUENT	30906	CPT	outpatient			758	321.26	Aetna	Better Health		239.15	31.55			87.7	1782	percent of total billed charges	
CONTROL NOSEBLEED SUBSEQUENT	30906	CPT	outpatient			758	321.26	Americare	Americare		568.5	75			87.7	1782	percent of total billed charges	
CONTROL NOSEBLEED SUBSEQUENT	30906	CPT	outpatient			758	321.26	Amerihealth	Medicare		279.36				87.7	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONTROL NOSEBLEED SUBSEQUENT	30906	CPT	outpatient			758	321.26	Amerihealth	HMO|PPO		492.7	65			87.7	1782	percent of total billed charges	
CONTROL NOSEBLEED SUBSEQUENT	30906	CPT	outpatient			758	321.26	Consumer	Consumer		720.1	95			87.7	1782	percent of total billed charges	
CONTROL NOSEBLEED SUBSEQUENT	30906	CPT	outpatient			758	321.26	Corrections	Corrections		606.4	80			87.7	1782	percent of total billed charges	
CONTROL NOSEBLEED SUBSEQUENT	30906	CPT	outpatient			758	321.26	First Health	First Health		530.6	70			87.7	1782	percent of total billed charges	
CONTROL NOSEBLEED SUBSEQUENT	30906	CPT	outpatient			758	321.26	First Trenton	First Trenton		682.2	90			87.7	1782	percent of total billed charges	
CONTROL NOSEBLEED SUBSEQUENT	30906	CPT	outpatient			758	321.26	Horizon	PPO		519.89				87.7	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONTROL NOSEBLEED SUBSEQUENT	30906	CPT	outpatient			758	321.26	Horizon	MGD		519.89				87.7	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONTROL NOSEBLEED SUBSEQUENT	30906	CPT	outpatient			758	321.26	Horizon	Indemnity		519.89				87.7	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONTROL NOSEBLEED SUBSEQUENT	30906	CPT	outpatient			758	321.26	Horizon	NJ Health		87.7				87.7	1782	fee schedule	
CONTROL NOSEBLEED SUBSEQUENT	30906	CPT	outpatient			758	321.26	Horizon	Medicare Blue		279.36				87.7	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONTROL NOSEBLEED SUBSEQUENT	30906	CPT	outpatient			758	321.26	Managed Care Inc	Managed Care Inc		682.2	90			87.7	1782	percent of total billed charges	
CONTROL NOSEBLEED SUBSEQUENT	30906	CPT	outpatient			758	321.26	Multiplan	Multiplan		606.4	80			87.7	1782	percent of total billed charges	
CONTROL NOSEBLEED SUBSEQUENT	30906	CPT	outpatient			758	321.26	Qualcare	Qualcare		568.5	75			87.7	1782	percent of total billed charges	
CONTROL NOSEBLEED SUBSEQUENT	30906	CPT	outpatient			758	321.26	Three Rivers	Three Rivers		720.1	95			87.7	1782	percent of total billed charges	
CONTROL NOSEBLEED SUBSEQUENT	30906	CPT	outpatient			758	321.26	UHC	Medicare		279.36				87.7	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONTROL NOSEBLEED SUBSEQUENT	30906	CPT	outpatient			758	321.26	UHC	Medicaid		239.15	31.55			87.7	1782	percent of total billed charges	
CONTROL NOSEBLEED SUBSEQUENT	30906	CPT	outpatient			758	321.26	United	Oxford		1782				87.7	1782	case rate	
CONTROL NOSEBLEED SUBSEQUENT	30906	CPT	outpatient			758	321.26	United	Commercial|PPO		1782				87.7	1782	case rate	
CONTROL NOSEBLEED SUBSEQUENT	30906	CPT	outpatient			758	321.26	Wellcare	Medicare		279.36				87.7	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONTROL NOSEBLEED SUBSEQUENT	30906	CPT	outpatient			758	321.26	Wellcare	Medicaid		239.15	31.55			87.7	1782	percent of total billed charges	
CONTROL NOSEBLEED SUBSEQUENT	30906	CPT	outpatient			758	321.26	WellPoint	WellPoint		243.92	32.18			87.7	1782	percent of total billed charges	
NASAL ENDOSCOPY, DIAGNOSTI	31231	CPT	outpatient			652	260.52	Aetna	Medicare		226.54				79.08	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NASAL ENDOSCOPY, DIAGNOSTI	31231	CPT	outpatient			652	260.52	Aetna	Commercial		360.65				79.08	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NASAL ENDOSCOPY, DIAGNOSTI	31231	CPT	outpatient			652	260.52	Aetna	Better Health		205.71	31.55			79.08	1782	percent of total billed charges	
NASAL ENDOSCOPY, DIAGNOSTI	31231	CPT	outpatient			652	260.52	Americare	Americare		489	75			79.08	1782	percent of total billed charges	
NASAL ENDOSCOPY, DIAGNOSTI	31231	CPT	outpatient			652	260.52	Amerihealth	HMO|PPO		423.8	65			79.08	1782	percent of total billed charges	
NASAL ENDOSCOPY, DIAGNOSTI	31231	CPT	outpatient			652	260.52	Amerihealth	Medicare		226.54				79.08	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NASAL ENDOSCOPY, DIAGNOSTI	31231	CPT	outpatient			652	260.52	Consumer	Consumer		619.4	95			79.08	1782	percent of total billed charges	
NASAL ENDOSCOPY, DIAGNOSTI	31231	CPT	outpatient			652	260.52	Corrections	Corrections		521.6	80			79.08	1782	percent of total billed charges	
NASAL ENDOSCOPY, DIAGNOSTI	31231	CPT	outpatient			652	260.52	First Health	First Health		456.4	70			79.08	1782	percent of total billed charges	
NASAL ENDOSCOPY, DIAGNOSTI	31231	CPT	outpatient			652	260.52	First Trenton	First Trenton		586.8	90			79.08	1782	percent of total billed charges	
NASAL ENDOSCOPY, DIAGNOSTI	31231	CPT	outpatient			652	260.52	Horizon	Medicare Blue		226.54				79.08	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NASAL ENDOSCOPY, DIAGNOSTI	31231	CPT	outpatient			652	260.52	Horizon	PPO		421.59				79.08	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NASAL ENDOSCOPY, DIAGNOSTI	31231	CPT	outpatient			652	260.52	Horizon	NJ Health		79.08				79.08	1782	fee schedule	
NASAL ENDOSCOPY, DIAGNOSTI	31231	CPT	outpatient			652	260.52	Horizon	Indemnity		421.59				79.08	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NASAL ENDOSCOPY, DIAGNOSTI	31231	CPT	outpatient			652	260.52	Horizon	MGD		421.59				79.08	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NASAL ENDOSCOPY, DIAGNOSTI	31231	CPT	outpatient			652	260.52	Managed Care Inc	Managed Care Inc		586.8	90			79.08	1782	percent of total billed charges	
NASAL ENDOSCOPY, DIAGNOSTI	31231	CPT	outpatient			652	260.52	Multiplan	Multiplan		521.6	80			79.08	1782	percent of total billed charges	
NASAL ENDOSCOPY, DIAGNOSTI	31231	CPT	outpatient			652	260.52	Qualcare	Qualcare		489	75			79.08	1782	percent of total billed charges	
NASAL ENDOSCOPY, DIAGNOSTI	31231	CPT	outpatient			652	260.52	Three Rivers	Three Rivers		619.4	95			79.08	1782	percent of total billed charges	
NASAL ENDOSCOPY, DIAGNOSTI	31231	CPT	outpatient			652	260.52	UHC	Medicaid		205.71	31.55			79.08	1782	percent of total billed charges	
NASAL ENDOSCOPY, DIAGNOSTI	31231	CPT	outpatient			652	260.52	UHC	Medicare		226.54				79.08	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NASAL ENDOSCOPY, DIAGNOSTI	31231	CPT	outpatient			652	260.52	United	Commercial|PPO		1782				79.08	1782	case rate	
NASAL ENDOSCOPY, DIAGNOSTI	31231	CPT	outpatient			652	260.52	United	Oxford		1782				79.08	1782	case rate	
NASAL ENDOSCOPY, DIAGNOSTI	31231	CPT	outpatient			652	260.52	Wellcare	Medicare		226.54				79.08	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NASAL ENDOSCOPY, DIAGNOSTI	31231	CPT	outpatient			652	260.52	Wellcare	Medicaid		205.71	31.55			79.08	1782	percent of total billed charges	
NASAL ENDOSCOPY, DIAGNOSTI	31231	CPT	outpatient			652	260.52	WellPoint	WellPoint		209.81	32.18			79.08	1782	percent of total billed charges	
NSL/SNS ENDO W/BX,PLPCTY,DEBR	31237	CPT	outpatient			6000	2232.29	Aetna	Better Health		1893	31.55			224.46	5700	percent of total billed charges	
NSL/SNS ENDO W/BX,PLPCTY,DEBR	31237	CPT	outpatient			6000	2232.29	Aetna	Commercial		3090.26				224.46	5700	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NSL/SNS ENDO W/BX,PLPCTY,DEBR	31237	CPT	outpatient			6000	2232.29	Aetna	Medicare		1941.12				224.46	5700	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NSL/SNS ENDO W/BX,PLPCTY,DEBR	31237	CPT	outpatient			6000	2232.29	Americare	Americare		4500	75			224.46	5700	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
NSL/SNS ENDO W/BX,PLPCTY,DEBR	31237	CPT	outpatient			6000		2232.29 Amerihealth	Medicare		1941.12				224.46	5700	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NSL/SNS ENDO W/BX,PLPCTY,DEBR	31237	CPT	outpatient			6000		2232.29 Amerihealth	HMO/PPO		3900	65			224.46	5700	percent of total billed charges	
NSL/SNS ENDO W/BX,PLPCTY,DEBR	31237	CPT	outpatient			6000		2232.29 Consumer	Consumer		5700	95			224.46	5700	percent of total billed charges	
NSL/SNS ENDO W/BX,PLPCTY,DEBR	31237	CPT	outpatient			6000		2232.29 Corrections	Corrections		4800	80			224.46	5700	percent of total billed charges	
NSL/SNS ENDO W/BX,PLPCTY,DEBR	31237	CPT	outpatient			6000		2232.29 First Health	First Health		4200	70			224.46	5700	percent of total billed charges	
NSL/SNS ENDO W/BX,PLPCTY,DEBR	31237	CPT	outpatient			6000		2232.29 First Trenton	First Trenton		5400	90			224.46	5700	percent of total billed charges	
NSL/SNS ENDO W/BX,PLPCTY,DEBR	31237	CPT	outpatient			6000		2232.29 Horizon	Indemnity		3612.42				224.46	5700	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NSL/SNS ENDO W/BX,PLPCTY,DEBR	31237	CPT	outpatient			6000		2232.29 Horizon	PPO		3612.42				224.46	5700	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NSL/SNS ENDO W/BX,PLPCTY,DEBR	31237	CPT	outpatient			6000		2232.29 Horizon	MGD		3612.42				224.46	5700	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NSL/SNS ENDO W/BX,PLPCTY,DEBR	31237	CPT	outpatient			6000		2232.29 Horizon	Medicare Blue		1941.12				224.46	5700	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NSL/SNS ENDO W/BX,PLPCTY,DEBR	31237	CPT	outpatient			6000		2232.29 Horizon	NJ Health		224.46				224.46	5700	fee schedule	
NSL/SNS ENDO W/BX,PLPCTY,DEBR	31237	CPT	outpatient			6000		2232.29 Managed Care Inc	Managed Care Inc		5400	90			224.46	5700	percent of total billed charges	
NSL/SNS ENDO W/BX,PLPCTY,DEBR	31237	CPT	outpatient			6000		2232.29 Multiplan	Multiplan		4800	80			224.46	5700	percent of total billed charges	
NSL/SNS ENDO W/BX,PLPCTY,DEBR	31237	CPT	outpatient			6000		2232.29 Qualcare	Qualcare		4500	75			224.46	5700	percent of total billed charges	
NSL/SNS ENDO W/BX,PLPCTY,DEBR	31237	CPT	outpatient			6000		2232.29 Three Rivers	Three Rivers		5700	95			224.46	5700	percent of total billed charges	
NSL/SNS ENDO W/BX,PLPCTY,DEBR	31237	CPT	outpatient			6000		2232.29 UHC	Medicare		1941.12				224.46	5700	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NSL/SNS ENDO W/BX,PLPCTY,DEBR	31237	CPT	outpatient			6000		2232.29 UHC	Medicaid		1893	31.55			224.46	5700	percent of total billed charges	
NSL/SNS ENDO W/BX,PLPCTY,DEBR	31237	CPT	outpatient			6000		2232.29 United	Oxford		2493				224.46	5700	case rate	
NSL/SNS ENDO W/BX,PLPCTY,DEBR	31237	CPT	outpatient			6000		2232.29 United	CommercialPPO		2493				224.46	5700	case rate	
NSL/SNS ENDO W/BX,PLPCTY,DEBR	31237	CPT	outpatient			6000		2232.29 Wellcare	Medicare		1941.12				224.46	5700	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NSL/SNS ENDO W/BX,PLPCTY,DEBR	31237	CPT	outpatient			6000		2232.29 Wellcare	Medicaid		1893	31.55			224.46	5700	percent of total billed charges	
NSL/SNS ENDO W/BX,PLPCTY,DEBR	31237	CPT	outpatient			6000		2232.29 WellPoint	WellPoint		1930.8	32.18			224.46	5700	percent of total billed charges	
NASAL ENDOSCOPY W EPISTAXIS	31238	CPT	outpatient			7968		2232.29 Aetna	Medicare		1941.12				344.91	7569.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NASAL ENDOSCOPY W EPISTAXIS	31238	CPT	outpatient			7968		2232.29 Aetna	Better Health		2513.9	31.55			344.91	7569.6	percent of total billed charges	
NASAL ENDOSCOPY W EPISTAXIS	31238	CPT	outpatient			7968		2232.29 Aetna	Commercial		3090.26				344.91	7569.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NASAL ENDOSCOPY W EPISTAXIS	31238	CPT	outpatient			7968		2232.29 Americare	Americare		5976	75			344.91	7569.6	percent of total billed charges	
NASAL ENDOSCOPY W EPISTAXIS	31238	CPT	outpatient			7968		2232.29 Amerihealth	Medicare		1941.12				344.91	7569.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NASAL ENDOSCOPY W EPISTAXIS	31238	CPT	outpatient			7968		2232.29 Amerihealth	HMO/PPO		5179.2	65			344.91	7569.6	percent of total billed charges	
NASAL ENDOSCOPY W EPISTAXIS	31238	CPT	outpatient			7968		2232.29 Consumer	Consumer		7569.6	95			344.91	7569.6	percent of total billed charges	
NASAL ENDOSCOPY W EPISTAXIS	31238	CPT	outpatient			7968		2232.29 Corrections	Corrections		6374.4	80			344.91	7569.6	percent of total billed charges	
NASAL ENDOSCOPY W EPISTAXIS	31238	CPT	outpatient			7968		2232.29 First Health	First Health		5577.6	70			344.91	7569.6	percent of total billed charges	
NASAL ENDOSCOPY W EPISTAXIS	31238	CPT	outpatient			7968		2232.29 First Trenton	First Trenton		7171.2	90			344.91	7569.6	percent of total billed charges	
NASAL ENDOSCOPY W EPISTAXIS	31238	CPT	outpatient			7968		2232.29 Horizon	PPO		3612.42				344.91	7569.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NASAL ENDOSCOPY W EPISTAXIS	31238	CPT	outpatient			7968		2232.29 Horizon	Indemnity		3612.42				344.91	7569.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NASAL ENDOSCOPY W EPISTAXIS	31238	CPT	outpatient			7968		2232.29 Horizon	MGD		3612.42				344.91	7569.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NASAL ENDOSCOPY W EPISTAXIS	31238	CPT	outpatient			7968		2232.29 Horizon	Medicare Blue		1941.12				344.91	7569.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NASAL ENDOSCOPY W EPISTAXIS	31238	CPT	outpatient			7968		2232.29 Horizon	NJ Health		344.91				344.91	7569.6	fee schedule	
NASAL ENDOSCOPY W EPISTAXIS	31238	CPT	outpatient			7968		2232.29 Managed Care Inc	Managed Care Inc		7171.2	90			344.91	7569.6	percent of total billed charges	
NASAL ENDOSCOPY W EPISTAXIS	31238	CPT	outpatient			7968		2232.29 Multiplan	Multiplan		6374.4	80			344.91	7569.6	percent of total billed charges	
NASAL ENDOSCOPY W EPISTAXIS	31238	CPT	outpatient			7968		2232.29 Qualcare	Qualcare		5976	75			344.91	7569.6	percent of total billed charges	
NASAL ENDOSCOPY W EPISTAXIS	31238	CPT	outpatient			7968		2232.29 Three Rivers	Three Rivers		7569.6	95			344.91	7569.6	percent of total billed charges	
NASAL ENDOSCOPY W EPISTAXIS	31238	CPT	outpatient			7968		2232.29 UHC	Medicaid		2513.9	31.55			344.91	7569.6	percent of total billed charges	
NASAL ENDOSCOPY W EPISTAXIS	31238	CPT	outpatient			7968		2232.29 UHC	Medicare		1941.12				344.91	7569.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NASAL ENDOSCOPY W EPISTAXIS	31238	CPT	outpatient			7968		2232.29 United	Oxford		2493				344.91	7569.6	case rate	
NASAL ENDOSCOPY W EPISTAXIS	31238	CPT	outpatient			7968		2232.29 United	CommercialPPO		2493				344.91	7569.6	case rate	
NASAL ENDOSCOPY W EPISTAXIS	31238	CPT	outpatient			7968		2232.29 Wellcare	Medicare		1941.12				344.91	7569.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NASAL ENDOSCOPY W EPISTAXIS	31238	CPT	outpatient			7968		2232.29 Wellcare	Medicaid		2513.9	31.55			344.91	7569.6	percent of total billed charges	
NASAL ENDOSCOPY W EPISTAXIS	31238	CPT	outpatient			7968		2232.29 WellPoint	WellPoint		2564.1	32.18			344.91	7569.6	percent of total billed charges	
ENDOSCOPY MAXILLARY SINUS	31267	CPT	outpatient			22426		9001.8 Aetna	Medicare		7827.65				297.54	21304.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOSCOPY MAXILLARY SINUS	31267	CPT	outpatient			22426		9001.8 Aetna	Commercial		12461.62				297.54	21304.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOSCOPY MAXILLARY SINUS	31267	CPT	outpatient			22426		9001.8 Aetna	Better Health		7075.4	31.55			297.54	21304.7	percent of total billed charges	
ENDOSCOPY MAXILLARY SINUS	31267	CPT	outpatient			22426		9001.8 Americare	Americare		16819.5	75			297.54	21304.7	percent of total billed charges	
ENDOSCOPY MAXILLARY SINUS	31267	CPT	outpatient			22426		9001.8 Amerihealth	HMO/PPO		14576.9	65			297.54	21304.7	percent of total billed charges	
ENDOSCOPY MAXILLARY SINUS	31267	CPT	outpatient			22426		9001.8 Amerihealth	Medicare		7827.65				297.54	21304.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOSCOPY MAXILLARY SINUS	31267	CPT	outpatient			22426		9001.8 Consumer	Consumer		21304.7	95			297.54	21304.7	percent of total billed charges	
ENDOSCOPY MAXILLARY SINUS	31267	CPT	outpatient			22426		9001.8 Corrections	Corrections		17940.8	80			297.54	21304.7	percent of total billed charges	
ENDOSCOPY MAXILLARY SINUS	31267	CPT	outpatient			22426		9001.8 First Health	First Health		15698.2	70			297.54	21304.7	percent of total billed charges	
ENDOSCOPY MAXILLARY SINUS	31267	CPT	outpatient			22426		9001.8 First Trenton	First Trenton		20183.4	90			297.54	21304.7	percent of total billed charges	
ENDOSCOPY MAXILLARY SINUS	31267	CPT	outpatient			22426		9001.8 Horizon	MGD		14567.26				297.54	21304.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOSCOPY MAXILLARY SINUS	31267	CPT	outpatient			22426		9001.8 Horizon	Indemnity		14567.26				297.54	21304.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOSCOPY MAXILLARY SINUS	31267	CPT	outpatient			22426		9001.8 Horizon	NJ Health		297.54				297.54	21304.7	fee schedule	
ENDOSCOPY MAXILLARY SINUS	31267	CPT	outpatient			22426		9001.8 Horizon	Medicare Blue		7827.65				297.54	21304.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOSCOPY MAXILLARY SINUS	31267	CPT	outpatient			22426		9001.8 Horizon	PPO		14567.26				297.54	21304.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOSCOPY MAXILLARY SINUS	31267	CPT	outpatient			22426		9001.8 Managed Care Inc	Managed Care Inc		20183.4	90			297.54	21304.7	percent of total billed charges	
ENDOSCOPY MAXILLARY SINUS	31267	CPT	outpatient			22426		9001.8 Multiplan	Multiplan		17940.8	80			297.54	21304.7	percent of total billed charges	
ENDOSCOPY MAXILLARY SINUS	31267	CPT	outpatient			22426		9001.8 Qualcare	Qualcare		16819.5	75			297.54	21304.7	percent of total billed charges	
ENDOSCOPY MAXILLARY SINUS	31267	CPT	outpatient			22426		9001.8 Three Rivers	Three Rivers		21304.7	95			297.54	21304.7	percent of total billed charges	
ENDOSCOPY MAXILLARY SINUS	31267	CPT	outpatient			22426		9001.8 UHC	Medicare		7827.65				297.54	21304.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOSCOPY MAXILLARY SINUS	31267	CPT	outpatient			22426		9001.8 UHC	Medicaid		7075.4	31.55			297.54	21304.7	percent of total billed charges	
ENDOSCOPY MAXILLARY SINUS	31267	CPT	outpatient			22426		9001.8 United	CommercialPPO		2776				297.54	21304.7	case rate	
ENDOSCOPY MAXILLARY SINUS	31267	CPT	outpatient			22426		9001.8 United	Oxford		2776				297.54	21304.7	case rate	
ENDOSCOPY MAXILLARY SINUS	31267	CPT	outpatient			22426		9001.8 Wellcare	Medicare		7827.65				297.54	21304.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOSCOPY MAXILLARY SINUS	31267	CPT	outpatient			22426		9001.8 Wellcare	Medicaid		7075.4	31.55			297.54	21304.7	percent of total billed charges	
ENDOSCOPY MAXILLARY SINUS	31267	CPT	outpatient			22426		9001.8 WellPoint	WellPoint		7216.69	32.18			297.54	21304.7	percent of total billed charges	
INTUBATION	31500	CPT	both			858		321.26 Aetna	Medicare		279.36				128.83	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTUBATION	31500	CPT	both			858		321.26 Aetna	Better Health		270.7	31.55			128.83	1782	percent of total billed charges	
INTUBATION	31500	CPT	both			858		321.26 Aetna	Commercial		444.74				128.83	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTUBATION	31500	CPT	both			858		321.26 Americare	Americare		643.5	75			128.83	1782	percent of total billed charges	
INTUBATION	31500	CPT	both			858		321.26 Amerihealth	HMO/PPO		557.7	65			128.83	1782	percent of total billed charges	
INTUBATION	31500	CPT	both			858		321.26 Amerihealth	Medicare		279.36				128.83	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTUBATION	31500	CPT	both			858		321.26 Consumer	Consumer		815.1	95			128.83	1782	percent of total billed charges	
INTUBATION	31500	CPT	both			858		321.26 Corrections	Corrections		686.4	80			128.83	1782	percent of total billed charges	
INTUBATION	31500	CPT	both			858		321.26 First Health	First Health		600.6	70			128.83	1782	percent of total billed charges	
INTUBATION	31500	CPT	both			858		321.26 First Trenton	First Trenton		772.2	90			128.83	1782	percent of total billed charges	
INTUBATION	31500	CPT	both			858		321.26 Horizon	PPO		519.89				128.83	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTUBATION	31500	CPT	both			858		321.26 Horizon	MGD		519.89				128.83	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTUBATION	31500	CPT	both			858		321.26 Horizon	Medicare Blue		279.36				128.83	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTUBATION	31500	CPT	both			858		321.26 Horizon	NJ Health		128.83				128.83	1782	fee schedule	
INTUBATION	31500	CPT	both			858		321.26 Horizon	Indemnity		519.89				128.83	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTUBATION	31500	CPT	both			858		321.26 Managed Care Inc	Managed Care Inc		772.2	90			128.83	1782	percent of total billed charges	
INTUBATION	31500	CPT	both			858		321.26 Multiplan	Multiplan		686.4	80			128.83	1782	percent of total billed charges	
INTUBATION	31500	CPT	both			858		321.26 Qualcare	Qualcare		643.5	75			128.83	1782	percent of total billed charges	
INTUBATION	31500	CPT	both			858		321.26 Three Rivers	Three Rivers		815.1	95			128.83	1782	percent of total billed charges	
INTUBATION	31500	CPT	both			858		321.26 UHC	Medicare		279.36				128.83	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTUBATION	31500	CPT	both			858		321.26 UHC	Medicaid		270.7	31.55			128.83	1782	percent of total billed charges	
INTUBATION	31500	CPT	both			858		321.26 United	Oxford		1782				128.83	1782	case rate	
INTUBATION	31500	CPT	both			858		321.26 United	CommercialPPO		1782				128.83	1782	case rate	
INTUBATION	31500	CPT	both			858		321.26 Wellcare	Medicaid		270.7	31.55			128.83	1782	percent of total billed charges	
INTUBATION	31500	CPT	both			858		321.26 Wellcare	Medicare		279.36				128.83	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTUBATION	31500	CPT	both			858		321.26 WellPoint	WellPoint		276.1	32.18			128.83	1782	percent of total billed charges	
TRACHEOSTOMY CHANGE	31502	CPT	outpatient			953		321.26 Aetna	Commercial		444.74				73.08	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRACHEOSTOMY CHANGE	31502	CPT	outpatient			953		321.26 Aetna	Better Health		300.67	31.55			73.08	1782	percent of total billed charges	
TRACHEOSTOMY CHANGE	31502	CPT	outpatient			953		321.26 Aetna	Medicare		279.36				73.08	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRACHEOSTOMY CHANGE	31502	CPT	outpatient			953		321.26 Americare	Americare		714.75	75			73.08	1782	percent of total billed charges	
TRACHEOSTOMY CHANGE	31502	CPT	outpatient			953		321.26 Amerihealth	HMO/PPO		619.45	65			73.08	1782	percent of total billed charges	
TRACHEOSTOMY CHANGE	31502	CPT	outpatient			953		321.26 Amerihealth	Medicare		279.36				73.08	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRACHEOSTOMY CHANGE	31502	CPT	outpatient			953		321.26 Consumer	Consumer		905.35	95			73.08	1782	percent of total billed charges	
TRACHEOSTOMY CHANGE	31502	CPT	outpatient			953		321.26 Corrections	Corrections		762.4	80			73.08	1782	percent of total billed charges	
TRACHEOSTOMY CHANGE	31502	CPT	outpatient			953		321.26 First Health	First Health		667.1	70			73.08	1782	percent of total billed charges	
TRACHEOSTOMY CHANGE	31502	CPT	outpatient			953		321.26 First Trenton	First Trenton		857.7	90			73.08	1782	percent of total billed charges	
TRACHEOSTOMY CHANGE	31502	CPT	outpatient			953		321.26 Horizon	MGD		519.89				73.08	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRACHEOSTOMY CHANGE	31502	CPT	outpatient			953		321.26 Horizon	PPO		519.89				73.08	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRACHEOSTOMY CHANGE	31502	CPT	outpatient			953		321.26 Horizon	NJ Health		73.08				73.08	1782	fee schedule	
TRACHEOSTOMY CHANGE	31502	CPT	outpatient			953		321.26 Horizon	Medicare Blue		279.36				73.08	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRACHEOSTOMY CHANGE	31502	CPT	outpatient			953		321.26 Horizon	Indemnity		519.89				73.08	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRACHEOSTOMY CHANGE	31502	CPT	outpatient			953		321.26 Managed Care Inc	Managed Care Inc		857.7	90			73.08	1782	percent of total billed charges	
TRACHEOSTOMY CHANGE	31502	CPT	outpatient			953		321.26 Multiplan	Multiplan		762.4	80			73.08	1782	percent of total billed charges	
TRACHEOSTOMY CHANGE	31502	CPT	outpatient			953		321.26 Qualcare	Qualcare		714.75	75			73.08	1782	percent of total billed charges	
TRACHEOSTOMY CHANGE	31502	CPT	outpatient			953		321.26 Three Rivers	Three Rivers		905.35	95			73.08	1782	percent of total billed charges	
TRACHEOSTOMY CHANGE	31502	CPT	outpatient			953		321.26 UHC	Medicaid		300.67	31.55			73.08	1782	percent of total billed charges	
TRACHEOSTOMY CHANGE	31502	CPT	outpatient			953		321.26 UHC	Medicare		279.36				73.08	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRACHEOSTOMY CHANGE	31502	CPT	outpatient			953		321.26 United	Oxford		1782				73.08	1782	case rate	
TRACHEOSTOMY CHANGE	31502	CPT	outpatient			953		321.26 United	CommercialPPO		1782				73.08	1782	case rate	
TRACHEOSTOMY CHANGE	31502	CPT	outpatient			953		321.26 Wellcare	Medicare		279.36				73.08	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRACHEOSTOMY CHANGE	31502	CPT	outpatient			953		321.26 Wellcare	Medicaid		300.67	31.55			73.08	1782	percent of total billed charges	
TRACHEOSTOMY CHANGE	31502	CPT	outpatient			953		321.26 WellPoint	WellPoint		306.68	32.18			73.08	1782	percent of total billed charges	
LARYNGOSCOPY,IND,DIAGNOSTIC	31505	CPT	outpatient			652		260.52 Aetna	Medicare		226.54				41.76	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGOSCOPY,IND,DIAGNOSTIC	31505	CPT	outpatient			652		260.52 Aetna	Better Health		205.71	31.55			41.76	1782	percent of total billed charges	
LARYNGOSCOPY,IND,DIAGNOSTIC	31505	CPT	outpatient			652		260.52 Aetna	Commercial		360.65				41.76	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGOSCOPY,IND,DIAGNOSTIC	31505	CPT	outpatient			652		260.52 Americare	Americare		489	75			41.76	1782	percent of total billed charges	
LARYNGOSCOPY,IND,DIAGNOSTIC	31505	CPT	outpatient			652		260.52 Amerihealth	HMO/PPO		423.8	65			41.76	1782	percent of total billed charges	
LARYNGOSCOPY,IND,DIAGNOSTIC	31505	CPT	outpatient			652		260.52 Amerihealth	Medicare		226.54				41.76	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGOSCOPY,IND,DIAGNOSTIC	31505	CPT	outpatient			652		260.52 Consumer	Consumer		619.4	95			41.76	1782	percent of total billed charges	
LARYNGOSCOPY,IND,DIAGNOSTIC	31505	CPT	outpatient			652		260.52 Corrections	Corrections		521.6	80			41.76	1782	percent of total billed charges	
LARYNGOSCOPY,IND,DIAGNOSTIC	31505	CPT	outpatient			652		260.52 First Health	First Health		456.4	70			41.76	1782	percent of total billed charges	
LARYNGOSCOPY,IND,DIAGNOSTIC	31505	CPT	outpatient			652		260.52 First Trenton	First Trenton		586.8	90			41.76	1782	percent of total billed charges	
LARYNGOSCOPY,IND,DIAGNOSTIC	31505	CPT	outpatient			652		260.52 Horizon	PPO		421.59				41.76	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGOSCOPY,IND,DIAGNOSTIC	31505	CPT	outpatient			652		260.52 Horizon	Indemnity		421.59				41.76	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGOSCOPY,IND,DIAGNOSTIC	31505	CPT	outpatient			652		260.52 Horizon	Medicare Blue		226.54				41.76	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGOSCOPY,IND,DIAGNOSTIC	31505	CPT	outpatient			652		260.52 Horizon	MGD		421.59				41.76	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGOSCOPY,IND,DIAGNOSTIC	31505	CPT	outpatient			652		260.52 Horizon	NJ Health		41.76				41.76	1782	fee schedule	
LARYNGOSCOPY,IND,DIAGNOSTIC	31505	CPT	outpatient			652		260.52 Managed Care Inc	Managed Care Inc		586.8	90			41.76	1782	percent of total billed charges	
LARYNGOSCOPY,IND,DIAGNOSTIC	31505	CPT	outpatient			652		260.52 Multiplan	Multiplan		521.6	80			41.76	1782	percent of total billed charges	
LARYNGOSCOPY,IND,DIAGNOSTIC	31505	CPT	outpatient			652		260.52 Qualcare	Qualcare		489	75			41.76	1782	percent of total billed charges	
LARYNGOSCOPY,IND,DIAGNOSTIC	31505	CPT	outpatient			652		260.52 Three Rivers	Three Rivers		619.4	95			41.76	1782	percent of total billed charges	
LARYNGOSCOPY,IND,DIAGNOSTIC	31505	CPT	outpatient			652		260.52 UHC	Medicaid		205.71	31.55			41.76	1782	percent of total billed charges	
LARYNGOSCOPY,IND,DIAGNOSTIC	31505	CPT	outpatient			652		260.52 UHC	Medicare		226.54				41.76	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGOSCOPY,IND,DIAGNOSTIC	31505	CPT	outpatient			652		260.52 United	Oxford		1782				41.76	1782	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
LARYNGOSCOPY,IND,DIAGNOSTIC	31505	CPT	outpatient			652	260.52	United	Commercial|PPO		1782				41.76	1782	case rate	
LARYNGOSCOPY,IND,DIAGNOSTIC	31505	CPT	outpatient			652	260.52	Wellcare	Medicare		226.54				41.76	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGOSCOPY,IND,DIAGNOSTIC	31505	CPT	outpatient			652	260.52	Wellcare	Medicaid		205.71	31.55			41.76	1782	percent of total billed charges	
LARYNGOSCOPY,IND,DIAGNOSTIC	31505	CPT	outpatient			652	260.52	WellPoint	WellPoint		209.81	32.18			41.76	1782	percent of total billed charges	
LARYNGOSCOPY W/BX	31510	CPT	outpatient			12147	4925.3	Aetna	Better Health		3832.38	31.55			115.99	11539.65	percent of total billed charges	
LARYNGOSCOPY W/BX	31510	CPT	outpatient			12147	4925.3	Aetna	Commercial		6818.33				115.99	11539.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGOSCOPY W/BX	31510	CPT	outpatient			12147	4925.3	Aetna	Medicare		4282.87				115.99	11539.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGOSCOPY W/BX	31510	CPT	outpatient			12147	4925.3	Americare	Americare		9110.25	75			115.99	11539.65	percent of total billed charges	
LARYNGOSCOPY W/BX	31510	CPT	outpatient			12147	4925.3	Amerihealth	HMO|PPO		7895.55	65			115.99	11539.65	percent of total billed charges	
LARYNGOSCOPY W/BX	31510	CPT	outpatient			12147	4925.3	Amerihealth	Medicare		4282.87				115.99	11539.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGOSCOPY W/BX	31510	CPT	outpatient			12147	4925.3	Consumer	Consumer		11539.65	95			115.99	11539.65	percent of total billed charges	
LARYNGOSCOPY W/BX	31510	CPT	outpatient			12147	4925.3	Corrections	Corrections		9717.6	80			115.99	11539.65	percent of total billed charges	
LARYNGOSCOPY W/BX	31510	CPT	outpatient			12147	4925.3	First Health	First Health		8502.9	70			115.99	11539.65	percent of total billed charges	
LARYNGOSCOPY W/BX	31510	CPT	outpatient			12147	4925.3	First Trenton	First Trenton		10932.3	90			115.99	11539.65	percent of total billed charges	
LARYNGOSCOPY W/BX	31510	CPT	outpatient			12147	4925.3	Horizon	Medicare Blue		4282.87				115.99	11539.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGOSCOPY W/BX	31510	CPT	outpatient			12147	4925.3	Horizon	NJ Health		115.99				115.99	11539.65	fee schedule	
LARYNGOSCOPY W/BX	31510	CPT	outpatient			12147	4925.3	Horizon	MGD		7970.42				115.99	11539.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGOSCOPY W/BX	31510	CPT	outpatient			12147	4925.3	Horizon	Indemnity		7970.42				115.99	11539.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGOSCOPY W/BX	31510	CPT	outpatient			12147	4925.3	Horizon	PPO		7970.42				115.99	11539.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGOSCOPY W/BX	31510	CPT	outpatient			12147	4925.3	Managed Care Inc	Managed Care Inc		10932.3	90			115.99	11539.65	percent of total billed charges	
LARYNGOSCOPY W/BX	31510	CPT	outpatient			12147	4925.3	Multiplan	Multiplan		9717.6	80			115.99	11539.65	percent of total billed charges	
LARYNGOSCOPY W/BX	31510	CPT	outpatient			12147	4925.3	Qualcare	Qualcare		9110.25	75			115.99	11539.65	percent of total billed charges	
LARYNGOSCOPY W/BX	31510	CPT	outpatient			12147	4925.3	Three Rivers	Three Rivers		11539.65	95			115.99	11539.65	percent of total billed charges	
LARYNGOSCOPY W/BX	31510	CPT	outpatient			12147	4925.3	UHC	Medicare		4282.87				115.99	11539.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGOSCOPY W/BX	31510	CPT	outpatient			12147	4925.3	UHC	Medicaid		3832.38	31.55			115.99	11539.65	percent of total billed charges	
LARYNGOSCOPY W/BX	31510	CPT	outpatient			12147	4925.3	United	Oxford		2493				115.99	11539.65	case rate	
LARYNGOSCOPY W/BX	31510	CPT	outpatient			12147	4925.3	United	Commercial|PPO		2493				115.99	11539.65	case rate	
LARYNGOSCOPY W/BX	31510	CPT	outpatient			12147	4925.3	Wellcare	Medicare		4282.87				115.99	11539.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGOSCOPY W/BX	31510	CPT	outpatient			12147	4925.3	Wellcare	Medicaid		3832.38	31.55			115.99	11539.65	percent of total billed charges	
LARYNGOSCOPY W/BX	31510	CPT	outpatient			12147	4925.3	WellPoint	WellPoint		3908.9	32.18			115.99	11539.65	percent of total billed charges	
LARYNGOSCOPY, INDIR, REM FB	31511	CPT	outpatient			684	260.52	Aetna	Commercial		360.65				142.11	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGOSCOPY, INDIR, REM FB	31511	CPT	outpatient			684	260.52	Aetna	Medicare		210.67	30.8			142.11	1782	percent of total billed charges	
LARYNGOSCOPY, INDIR, REM FB	31511	CPT	outpatient			684	260.52	Aetna	Better Health		215.8	31.55			142.11	1782	percent of total billed charges	
LARYNGOSCOPY, INDIR, REM FB	31511	CPT	outpatient			684	260.52	Americare	Americare		513	75			142.11	1782	percent of total billed charges	
LARYNGOSCOPY, INDIR, REM FB	31511	CPT	outpatient			684	260.52	Amerihealth	HMO|PPO		444.6	65			142.11	1782	percent of total billed charges	
LARYNGOSCOPY, INDIR, REM FB	31511	CPT	outpatient			684	260.52	Amerihealth	Medicare		226.54				142.11	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGOSCOPY, INDIR, REM FB	31511	CPT	outpatient			684	260.52	Consumer	Consumer		649.8	95			142.11	1782	percent of total billed charges	
LARYNGOSCOPY, INDIR, REM FB	31511	CPT	outpatient			684	260.52	Corrections	Corrections		547.2	80			142.11	1782	percent of total billed charges	
LARYNGOSCOPY, INDIR, REM FB	31511	CPT	outpatient			684	260.52	First Health	First Health		478.8	70			142.11	1782	percent of total billed charges	
LARYNGOSCOPY, INDIR, REM FB	31511	CPT	outpatient			684	260.52	First Trenton	First Trenton		615.6	90			142.11	1782	percent of total billed charges	
LARYNGOSCOPY, INDIR, REM FB	31511	CPT	outpatient			684	260.52	Horizon	NJ Health		142.11				142.11	1782	fee schedule	
LARYNGOSCOPY, INDIR, REM FB	31511	CPT	outpatient			684	260.52	Horizon	Medicare Blue		226.54				142.11	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGOSCOPY, INDIR, REM FB	31511	CPT	outpatient			684	260.52	Horizon	MGD		421.59				142.11	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGOSCOPY, INDIR, REM FB	31511	CPT	outpatient			684	260.52	Horizon	Indemnity		421.59				142.11	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGOSCOPY, INDIR, REM FB	31511	CPT	outpatient			684	260.52	Horizon	PPO		421.59				142.11	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGOSCOPY, INDIR, REM FB	31511	CPT	outpatient			684	260.52	Managed Care Inc	Managed Care Inc		615.6	90			142.11	1782	percent of total billed charges	
LARYNGOSCOPY, INDIR, REM FB	31511	CPT	outpatient			684	260.52	Multiplan	Multiplan		547.2	80			142.11	1782	percent of total billed charges	
LARYNGOSCOPY, INDIR, REM FB	31511	CPT	outpatient			684	260.52	Qualcare	Qualcare		513	75			142.11	1782	percent of total billed charges	
LARYNGOSCOPY, INDIR, REM FB	31511	CPT	outpatient			684	260.52	Three Rivers	Three Rivers		649.8	95			142.11	1782	percent of total billed charges	
LARYNGOSCOPY, INDIR, REM FB	31511	CPT	outpatient			684	260.52	UHC	Medicaid		215.8	31.55			142.11	1782	percent of total billed charges	
LARYNGOSCOPY, INDIR, REM FB	31511	CPT	outpatient			684	260.52	UHC	Medicare		226.54				142.11	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGOSCOPY, INDIR, REM FB	31511	CPT	outpatient			684	260.52	United	Commercial|PPO		1782				142.11	1782	case rate	
LARYNGOSCOPY, INDIR, REM FB	31511	CPT	outpatient			684	260.52	United	Oxford		1782				142.11	1782	case rate	
LARYNGOSCOPY, INDIR, REM FB	31511	CPT	outpatient			684	260.52	Wellcare	Medicaid		215.8	31.55			142.11	1782	percent of total billed charges	
LARYNGOSCOPY, INDIR, REM FB	31511	CPT	outpatient			684	260.52	Wellcare	Medicare		226.54				142.11	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGOSCOPY, INDIR, REM FB	31511	CPT	outpatient			684	260.52	WellPoint	WellPoint		220.11	32.18			142.11	1782	percent of total billed charges	
LARYNGOSCOPY DIRECT	31515	CPT	outpatient			5331	537.04	Aetna	Medicare		1641.95	30.8			238.82	5064.45	percent of total billed charges	
LARYNGOSCOPY DIRECT	31515	CPT	outpatient			5331	537.04	Aetna	Better Health		1681.93	31.55			238.82	5064.45	percent of total billed charges	
LARYNGOSCOPY DIRECT	31515	CPT	outpatient			5331	537.04	Aetna	Commercial		743.45				238.82	5064.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGOSCOPY DIRECT	31515	CPT	outpatient			5331	537.04	Americare	Americare		3998.25	75			238.82	5064.45	percent of total billed charges	
LARYNGOSCOPY DIRECT	31515	CPT	outpatient			5331	537.04	Amerihealth	HMO|PPO		3465.15	65			238.82	5064.45	percent of total billed charges	
LARYNGOSCOPY DIRECT	31515	CPT	outpatient			5331	537.04	Amerihealth	Medicare		466.99				238.82	5064.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGOSCOPY DIRECT	31515	CPT	outpatient			5331	537.04	Consumer	Consumer		5064.45	95			238.82	5064.45	percent of total billed charges	
LARYNGOSCOPY DIRECT	31515	CPT	outpatient			5331	537.04	Corrections	Corrections		4264.8	80			238.82	5064.45	percent of total billed charges	
LARYNGOSCOPY DIRECT	31515	CPT	outpatient			5331	537.04	First Health	First Health		3731.7	70			238.82	5064.45	percent of total billed charges	
LARYNGOSCOPY DIRECT	31515	CPT	outpatient			5331	537.04	First Trenton	First Trenton		4797.9	90			238.82	5064.45	percent of total billed charges	
LARYNGOSCOPY DIRECT	31515	CPT	outpatient			5331	537.04	Horizon	PPO		869.07				238.82	5064.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGOSCOPY DIRECT	31515	CPT	outpatient			5331	537.04	Horizon	MGD		869.07				238.82	5064.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGOSCOPY DIRECT	31515	CPT	outpatient			5331	537.04	Horizon	Medicare Blue		466.99				238.82	5064.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGOSCOPY DIRECT	31515	CPT	outpatient			5331	537.04	Horizon	NJ Health		238.82				238.82	5064.45	fee schedule	
LARYNGOSCOPY DIRECT	31515	CPT	outpatient			5331	537.04	Horizon	Indemnity		869.07				238.82	5064.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGOSCOPY DIRECT	31515	CPT	outpatient			5331	537.04	Managed Care Inc	Managed Care Inc		4797.9	90			238.82	5064.45	percent of total billed charges	
LARYNGOSCOPY DIRECT	31515	CPT	outpatient			5331	537.04	Multiplan	Multiplan		4264.8	80			238.82	5064.45	percent of total billed charges	
LARYNGOSCOPY DIRECT	31515	CPT	outpatient			5331	537.04	Qualcare	Qualcare		3998.25	75			238.82	5064.45	percent of total billed charges	
LARYNGOSCOPY DIRECT	31515	CPT	outpatient			5331	537.04	Three Rivers	Three Rivers		5064.45	95			238.82	5064.45	percent of total billed charges	
LARYNGOSCOPY DIRECT	31515	CPT	outpatient			5331	537.04	UHC	Medicaid		1681.93	31.55			238.82	5064.45	percent of total billed charges	
LARYNGOSCOPY DIRECT	31515	CPT	outpatient			5331	537.04	UHC	Medicare		466.99				238.82	5064.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGOSCOPY DIRECT	31515	CPT	outpatient			5331	537.04	United	Commercial|PPO		1782				238.82	5064.45	case rate	
LARYNGOSCOPY DIRECT	31515	CPT	outpatient			5331	537.04	United	Oxford		1782				238.82	5064.45	case rate	
LARYNGOSCOPY DIRECT	31515	CPT	outpatient			5331	537.04	Wellcare	Medicare		466.99				238.82	5064.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGOSCOPY DIRECT	31515	CPT	outpatient			5331	537.04	Wellcare	Medicaid		1681.93	31.55			238.82	5064.45	percent of total billed charges	
LARYNGOSCOPY DIRECT	31515	CPT	outpatient			5331	537.04	WellPoint	WellPoint		1715.52	32.18			238.82	5064.45	percent of total billed charges	
LARYNGOSCOPY W/TRACHSCO DX	31525	CPT	outpatient			5825	2232.29	Aetna	Commercial		3090.26				175.39	5533.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGOSCOPY W/TRACHSCO DX	31525	CPT	outpatient			5825	2232.29	Aetna	Better Health		1837.79	31.55			175.39	5533.75	percent of total billed charges	
LARYNGOSCOPY W/TRACHSCO DX	31525	CPT	outpatient			5825	2232.29	Aetna	Medicare		1941.12				175.39	5533.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGOSCOPY W/TRACHSCO DX	31525	CPT	outpatient			5825	2232.29	Americare	Americare		4368.75	75			175.39	5533.75	percent of total billed charges	
LARYNGOSCOPY W/TRACHSCO DX	31525	CPT	outpatient			5825	2232.29	Amerihealth	Medicare		1941.12				175.39	5533.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGOSCOPY W/TRACHSCO DX	31525	CPT	outpatient			5825	2232.29	Amerihealth	HMO|PPO		3786.25	65			175.39	5533.75	percent of total billed charges	
LARYNGOSCOPY W/TRACHSCO DX	31525	CPT	outpatient			5825	2232.29	Consumer	Consumer		5533.75	95			175.39	5533.75	percent of total billed charges	
LARYNGOSCOPY W/TRACHSCO DX	31525	CPT	outpatient			5825	2232.29	Corrections	Corrections		4660	80			175.39	5533.75	percent of total billed charges	
LARYNGOSCOPY W/TRACHSCO DX	31525	CPT	outpatient			5825	2232.29	First Health	First Health		4077.5	70			175.39	5533.75	percent of total billed charges	
LARYNGOSCOPY W/TRACHSCO DX	31525	CPT	outpatient			5825	2232.29	First Trenton	First Trenton		5242.5	90			175.39	5533.75	percent of total billed charges	
LARYNGOSCOPY W/TRACHSCO DX	31525	CPT	outpatient			5825	2232.29	Horizon	MGD		3612.42				175.39	5533.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGOSCOPY W/TRACHSCO DX	31525	CPT	outpatient			5825	2232.29	Horizon	PPO		3612.42				175.39	5533.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGOSCOPY W/TRACHSCO DX	31525	CPT	outpatient			5825	2232.29	Horizon	Indemnity		3612.42				175.39	5533.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGOSCOPY W/TRACHSCO DX	31525	CPT	outpatient			5825	2232.29	Horizon	NJ Health		175.39				175.39	5533.75	fee schedule	
LARYNGOSCOPY W/TRACHSCO DX	31525	CPT	outpatient			5825	2232.29	Horizon	Medicare Blue		1941.12				175.39	5533.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGOSCOPY W/TRACHSCO DX	31525	CPT	outpatient			5825	2232.29	Managed Care Inc	Managed Care Inc		5242.5	90			175.39	5533.75	percent of total billed charges	
LARYNGOSCOPY W/TRACHSCO DX	31525	CPT	outpatient			5825	2232.29	Multiplan	Multiplan		4660	80			175.39	5533.75	percent of total billed charges	
LARYNGOSCOPY W/TRACHSCO DX	31525	CPT	outpatient			5825	2232.29	Qualcare	Qualcare		4368.75	75			175.39	5533.75	percent of total billed charges	
LARYNGOSCOPY W/TRACHSCO DX	31525	CPT	outpatient			5825	2232.29	Three Rivers	Three Rivers		5533.75	95			175.39	5533.75	percent of total billed charges	
LARYNGOSCOPY W/TRACHSCO DX	31525	CPT	outpatient			5825	2232.29	UHC	Medicaid		1837.79	31.55			175.39	5533.75	percent of total billed charges	
LARYNGOSCOPY W/TRACHSCO DX	31525	CPT	outpatient			5825	2232.29	UHC	Medicare		1941.12				175.39	5533.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGOSCOPY W/TRACHSCO DX	31525	CPT	outpatient			5825	2232.29	United	Commercial|PPO		2493				175.39	5533.75	case rate	
LARYNGOSCOPY W/TRACHSCO DX	31525	CPT	outpatient			5825	2232.29	United	Oxford		2493				175.39	5533.75	case rate	
LARYNGOSCOPY W/TRACHSCO DX	31525	CPT	outpatient			5825	2232.29	Wellcare	Medicare		1941.12				175.39	5533.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGOSCOPY W/TRACHSCO DX	31525	CPT	outpatient			5825	2232.29	Wellcare	Medicaid		1837.79	31.55			175.39	5533.75	percent of total billed charges	
LARYNGOSCOPY W/TRACHSCO DX	31525	CPT	outpatient			5825	2232.29	WellPoint	WellPoint		1874.49	32.18			175.39	5533.75	percent of total billed charges	
LARYN DIR INJ VOC CRD THERAPY	31570	CPT	outpatient			12147	4925.3	Aetna	Better Health		3832.38	31.55			435.66	11539.65	percent of total billed charges	
LARYN DIR INJ VOC CRD THERAPY	31570	CPT	outpatient			12147	4925.3	Aetna	Commercial		6818.33				435.66	11539.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYN DIR INJ VOC CRD THERAPY	31570	CPT	outpatient			12147	4925.3	Aetna	Medicare		4282.87				435.66	11539.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYN DIR INJ VOC CRD THERAPY	31570	CPT	outpatient			12147	4925.3	Americare	Americare		9110.25	75			435.66	11539.65	percent of total billed charges	
LARYN DIR INJ VOC CRD THERAPY	31570	CPT	outpatient			12147	4925.3	Amerihealth	HMO|PPO		7895.55	65			435.66	11539.65	percent of total billed charges	
LARYN DIR INJ VOC CRD THERAPY	31570	CPT	outpatient			12147	4925.3	Amerihealth	Medicare		4282.87				435.66	11539.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYN DIR INJ VOC CRD THERAPY	31570	CPT	outpatient			12147	4925.3	Consumer	Consumer		11539.65	95			435.66	11539.65	percent of total billed charges	
LARYN DIR INJ VOC CRD THERAPY	31570	CPT	outpatient			12147	4925.3	Corrections	Corrections		9717.6	80			435.66	11539.65	percent of total billed charges	
LARYN DIR INJ VOC CRD THERAPY	31570	CPT	outpatient			12147	4925.3	First Health	First Health		8502.9	70			435.66	11539.65	percent of total billed charges	
LARYN DIR INJ VOC CRD THERAPY	31570	CPT	outpatient			12147	4925.3	First Trenton	First Trenton		10932.3	90			435.66	11539.65	percent of total billed charges	
LARYN DIR INJ VOC CRD THERAPY	31570	CPT	outpatient			12147	4925.3	Horizon	Indemnity		7970.42				435.66	11539.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYN DIR INJ VOC CRD THERAPY	31570	CPT	outpatient			12147	4925.3	Horizon	Medicare Blue		4282.87				435.66	11539.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYN DIR INJ VOC CRD THERAPY	31570	CPT	outpatient			12147	4925.3	Horizon	NJ Health		435.66				435.66	11539.65	fee schedule	
LARYN DIR INJ VOC CRD THERAPY	31570	CPT	outpatient			12147	4925.3	Horizon	MGD		7970.42				435.66	11539.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYN DIR INJ VOC CRD THERAPY	31570	CPT	outpatient			12147	4925.3	Horizon	PPO		7970.42				435.66	11539.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYN DIR INJ VOC CRD THERAPY	31570	CPT	outpatient			12147	4925.3	Managed Care Inc	Managed Care Inc		10932.3	90			435.66	11539.65	percent of total billed charges	
LARYN DIR INJ VOC CRD THERAPY	31570	CPT	outpatient			12147	4925.3	Multiplan	Multiplan		9717.6	80			435.66	11539.65	percent of total billed charges	
LARYN DIR INJ VOC CRD THERAPY	31570	CPT	outpatient			12147	4925.3	Qualcare	Qualcare		9110.25	75			435.66	11539.65	percent of total billed charges	
LARYN DIR INJ VOC CRD THERAPY	31570	CPT	outpatient			12147	4925.3	Three Rivers	Three Rivers		11539.65	95			435.66	11539.65	percent of total billed charges	
LARYN DIR INJ VOC CRD THERAPY	31570	CPT	outpatient			12147	4925.3	UHC	Medicaid		3832.38	31.55			435.66	11539.65	percent of total billed charges	
LARYN DIR INJ VOC CRD THERAPY	31570	CPT	outpatient			12147	4925.3	UHC	Medicare		4282.87				435.66	11539.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYN DIR INJ VOC CRD THERAPY	31570	CPT	outpatient			12147	4925.3	United	Commercial|PPO		2493				435.66	11539.65	case rate	
LARYN DIR INJ VOC CRD THERAPY	31570	CPT	outpatient			12147	4925.3	United	Oxford		2493				435.66	11539.65	case rate	
LARYN DIR INJ VOC CRD THERAPY	31570	CPT	outpatient			12147	4925.3	Wellcare	Medicare		4282.87				435.66	11539.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYN DIR INJ VOC CRD THERAPY	31570	CPT	outpatient			12147	4925.3	Wellcare	Medicaid		3832.38	31.55			435.66	11539.65	percent of total billed charges	
LARYN DIR INJ VOC CRD THERAPY	31570	CPT	outpatient			12147	4925.3	WellPoint	WellPoint		3908.9	32.18			435.66	11539.65	percent of total billed charges	
LARYNGO FLX THERAP INJ	31573	CPT	outpatient			5825	2232.29	Aetna	Commercial		3090.26				327.74	5533.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGO FLX THERAP INJ	31573	CPT	outpatient			5825	2232.29	Aetna	Better Health		1837.79	31.55			327.74	5533.75	percent of total billed charges	
LARYNGO FLX THERAP INJ	31573	CPT	outpatient			5825	2232.29	Aetna	Medicare		1941.12				327.74	5533.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGO FLX THERAP INJ	31573	CPT	outpatient			5825	2232.29	Americare	Americare		4368.75	75			327.74	5533.75	percent of total billed charges	
LARYNGO FLX THERAP INJ	31573	CPT	outpatient			5825	2232.29	Amerihealth	HMO|PPO		3786.25	65			327.74	5533.75	percent of total billed charges	
LARYNGO FLX THERAP INJ	31573	CPT	outpatient			5825	2232.29	Amerihealth	Medicare		1941.12				327.74	5533.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGO FLX THERAP INJ	31573	CPT	outpatient			5825	2232.29	Consumer	Consumer		5533.75	95			327.74	5533.75	percent of total billed charges	
LARYNGO FLX THERAP INJ	31573	CPT	outpatient			5825	2232.29	Corrections	Corrections		4660	80			327.74	5533.75	percent of total billed charges	
LARYNGO FLX THERAP INJ	31573	CPT	outpatient			5825	2232.29	First Health	First Health		4077.5	70			327.74	5533.75	percent of total billed charges	
LARYNGO FLX THERAP INJ	31573	CPT	outpatient			5825	2232.29	First Trenton	First Trenton		5242.5	90			327.74	5533.75	percent of total billed charges	
LARYNGO FLX THERAP INJ	31573	CPT	outpatient			5825	2232.29	Horizon	PPO		3612.42				327.74	5533.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGO FLX THERAP INJ	31573	CPT	outpatient			5825	2232.29	Horizon	MGD		3612.42				327.74	5533.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGO FLX THERAP INJ	31573	CPT	outpatient			5825	2232.29	Horizon	Indemnity		3612.42				327.74	5533.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGO FLX THERAP INJ	31573	CPT	outpatient			5825	2232.29	Horizon	NJ Health		327.74				327.74	5533.75	fee schedule	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101191	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
LARYNGO FLX THERAP INJ	31573	CPT	outpatient			5825		2232.29 Horizon	Medicare Blue		1941.12				327.74	5533.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGO FLX THERAP INJ	31573	CPT	outpatient			5825		2232.29 Managed Care Inc	Managed Care Inc		5242.5	90			327.74	5533.75	percent of total billed charges	
LARYNGO FLX THERAP INJ	31573	CPT	outpatient			5825		2232.29 Multiplan	Multiplan		4660	80			327.74	5533.75	percent of total billed charges	
LARYNGO FLX THERAP INJ	31573	CPT	outpatient			5825		2232.29 Qualcare	Qualcare		4368.75	75			327.74	5533.75	percent of total billed charges	
LARYNGO FLX THERAP INJ	31573	CPT	outpatient			5825		2232.29 Three Rivers	Three Rivers		5533.75	95			327.74	5533.75	percent of total billed charges	
LARYNGO FLX THERAP INJ	31573	CPT	outpatient			5825		2232.29 UHC	Medicaid		1837.79	31.55			327.74	5533.75	percent of total billed charges	
LARYNGO FLX THERAP INJ	31573	CPT	outpatient			5825		2232.29 UHC	Medicare		1941.12				327.74	5533.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGO FLX THERAP INJ	31573	CPT	outpatient			5825		2232.29 United	Oxford		2493				327.74	5533.75	case rate	
LARYNGO FLX THERAP INJ	31573	CPT	outpatient			5825		2232.29 United	Commercial|PPO		2493				327.74	5533.75	case rate	
LARYNGO FLX THERAP INJ	31573	CPT	outpatient			5825		2232.29 Wellcare	Medicare		1941.12				327.74	5533.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGO FLX THERAP INJ	31573	CPT	outpatient			5825		2232.29 Wellcare	Medicaid		1837.79	31.55			327.74	5533.75	percent of total billed charges	
LARYNGO FLX THERAP INJ	31573	CPT	outpatient			5825		2232.29 WellPoint	WellPoint		1874.49	32.18			327.74	5533.75	percent of total billed charges	
LYNGSCPY FLX W/INJ FOR AUG, UNI	31574	CPT	outpatient			5825		2232.29 Aetna	Medicare		1794.1	30.8			1269.14	5533.75	percent of total billed charges	
LYNGSCPY FLX W/INJ FOR AUG, UNI	31574	CPT	outpatient			5825		2232.29 Aetna	Commercial		3090.26				1269.14	5533.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYNGSCPY FLX W/INJ FOR AUG, UNI	31574	CPT	outpatient			5825		2232.29 Aetna	Better Health		1837.79	31.55			1269.14	5533.75	percent of total billed charges	
LYNGSCPY FLX W/INJ FOR AUG, UNI	31574	CPT	outpatient			5825		2232.29 Americare	Americare		4368.75	75			1269.14	5533.75	percent of total billed charges	
LYNGSCPY FLX W/INJ FOR AUG, UNI	31574	CPT	outpatient			5825		2232.29 Amerihealth	HMO|PPO		3786.25	65			1269.14	5533.75	percent of total billed charges	
LYNGSCPY FLX W/INJ FOR AUG, UNI	31574	CPT	outpatient			5825		2232.29 Amerihealth	Medicare		1941.12				1269.14	5533.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYNGSCPY FLX W/INJ FOR AUG, UNI	31574	CPT	outpatient			5825		2232.29 Consumer	Consumer		5533.75	95			1269.14	5533.75	percent of total billed charges	
LYNGSCPY FLX W/INJ FOR AUG, UNI	31574	CPT	outpatient			5825		2232.29 Corrections	Corrections		4660	80			1269.14	5533.75	percent of total billed charges	
LYNGSCPY FLX W/INJ FOR AUG, UNI	31574	CPT	outpatient			5825		2232.29 First Health	First Health		4077.5	70			1269.14	5533.75	percent of total billed charges	
LYNGSCPY FLX W/INJ FOR AUG, UNI	31574	CPT	outpatient			5825		2232.29 First Trenton	First Trenton		5242.5	90			1269.14	5533.75	percent of total billed charges	
LYNGSCPY FLX W/INJ FOR AUG, UNI	31574	CPT	outpatient			5825		2232.29 Horizon	MGD		3612.42				1269.14	5533.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYNGSCPY FLX W/INJ FOR AUG, UNI	31574	CPT	outpatient			5825		2232.29 Horizon	NJ Health		1269.14				1269.14	5533.75	fee schedule	
LYNGSCPY FLX W/INJ FOR AUG, UNI	31574	CPT	outpatient			5825		2232.29 Horizon	Indemnity		3612.42				1269.14	5533.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYNGSCPY FLX W/INJ FOR AUG, UNI	31574	CPT	outpatient			5825		2232.29 Horizon	Medicare Blue		1941.12				1269.14	5533.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYNGSCPY FLX W/INJ FOR AUG, UNI	31574	CPT	outpatient			5825		2232.29 Horizon	PPO		3612.42				1269.14	5533.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYNGSCPY FLX W/INJ FOR AUG, UNI	31574	CPT	outpatient			5825		2232.29 Managed Care Inc	Managed Care Inc		5242.5	90			1269.14	5533.75	percent of total billed charges	
LYNGSCPY FLX W/INJ FOR AUG, UNI	31574	CPT	outpatient			5825		2232.29 Multiplan	Multiplan		4660	80			1269.14	5533.75	percent of total billed charges	
LYNGSCPY FLX W/INJ FOR AUG, UNI	31574	CPT	outpatient			5825		2232.29 Qualcare	Qualcare		4368.75	75			1269.14	5533.75	percent of total billed charges	
LYNGSCPY FLX W/INJ FOR AUG, UNI	31574	CPT	outpatient			5825		2232.29 Three Rivers	Three Rivers		5533.75	95			1269.14	5533.75	percent of total billed charges	
LYNGSCPY FLX W/INJ FOR AUG, UNI	31574	CPT	outpatient			5825		2232.29 UHC	Medicaid		1837.79	31.55			1269.14	5533.75	percent of total billed charges	
LYNGSCPY FLX W/INJ FOR AUG, UNI	31574	CPT	outpatient			5825		2232.29 UHC	Medicare		1941.12				1269.14	5533.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYNGSCPY FLX W/INJ FOR AUG, UNI	31574	CPT	outpatient			5825		2232.29 United	Commercial|PPO		2493				1269.14	5533.75	case rate	
LYNGSCPY FLX W/INJ FOR AUG, UNI	31574	CPT	outpatient			5825		2232.29 United	Oxford		2493				1269.14	5533.75	case rate	
LYNGSCPY FLX W/INJ FOR AUG, UNI	31574	CPT	outpatient			5825		2232.29 Wellcare	Medicare		1941.12				1269.14	5533.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYNGSCPY FLX W/INJ FOR AUG, UNI	31574	CPT	outpatient			5825		2232.29 Wellcare	Medicaid		1837.79	31.55			1269.14	5533.75	percent of total billed charges	
LYNGSCPY FLX W/INJ FOR AUG, UNI	31574	CPT	outpatient			5825		2232.29 WellPoint	WellPoint		1874.49	32.18			1269.14	5533.75	percent of total billed charges	
SCOPE,FLEX/RIGID,THROAT	31575	CPT	both			712		260.52 Aetna	Better Health		224.64	31.55			137.55	1782	percent of total billed charges	
SCOPE,FLEX/RIGID,THROAT	31575	CPT	both			712		260.52 Aetna	Medicare		226.54				137.55	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCOPE,FLEX/RIGID,THROAT	31575	CPT	both			712		260.52 Aetna	Commercial		360.65				137.55	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCOPE,FLEX/RIGID,THROAT	31575	CPT	both			712		260.52 Americare	Americare		534	75			137.55	1782	percent of total billed charges	
SCOPE,FLEX/RIGID,THROAT	31575	CPT	both			712		260.52 Amerihealth	Medicare		226.54				137.55	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCOPE,FLEX/RIGID,THROAT	31575	CPT	both			712		260.52 Amerihealth	HMO|PPO		462.8	65			137.55	1782	percent of total billed charges	
SCOPE,FLEX/RIGID,THROAT	31575	CPT	both			712		260.52 Consumer	Consumer		676.4	95			137.55	1782	percent of total billed charges	
SCOPE,FLEX/RIGID,THROAT	31575	CPT	both			712		260.52 Corrections	Corrections		569.6	80			137.55	1782	percent of total billed charges	
SCOPE,FLEX/RIGID,THROAT	31575	CPT	both			712		260.52 First Health	First Health		498.4	70			137.55	1782	percent of total billed charges	
SCOPE,FLEX/RIGID,THROAT	31575	CPT	both			712		260.52 First Trenton	First Trenton		640.8	90			137.55	1782	percent of total billed charges	
SCOPE,FLEX/RIGID,THROAT	31575	CPT	both			712		260.52 Horizon	Indemnity		421.59				137.55	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCOPE,FLEX/RIGID,THROAT	31575	CPT	both			712		260.52 Horizon	MGD		421.59				137.55	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCOPE,FLEX/RIGID,THROAT	31575	CPT	both			712		260.52 Horizon	NJ Health		137.55				137.55	1782	fee schedule	
SCOPE,FLEX/RIGID,THROAT	31575	CPT	both			712		260.52 Horizon	Medicare Blue		226.54				137.55	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCOPE,FLEX/RIGID,THROAT	31575	CPT	both			712		260.52 Horizon	PPO		421.59				137.55	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCOPE,FLEX/RIGID,THROAT	31575	CPT	both			712		260.52 Managed Care Inc	Managed Care Inc		640.8	90			137.55	1782	percent of total billed charges	
SCOPE,FLEX/RIGID,THROAT	31575	CPT	both			712		260.52 Multiplan	Multiplan		569.6	80			137.55	1782	percent of total billed charges	
SCOPE,FLEX/RIGID,THROAT	31575	CPT	both			712		260.52 Qualcare	Qualcare		534	75			137.55	1782	percent of total billed charges	
SCOPE,FLEX/RIGID,THROAT	31575	CPT	both			712		260.52 Three Rivers	Three Rivers		676.4	95			137.55	1782	percent of total billed charges	
SCOPE,FLEX/RIGID,THROAT	31575	CPT	both			712		260.52 UHC	Medicaid		224.64	31.55			137.55	1782	percent of total billed charges	
SCOPE,FLEX/RIGID,THROAT	31575	CPT	both			712		260.52 UHC	Medicare		226.54				137.55	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCOPE,FLEX/RIGID,THROAT	31575	CPT	both			712		260.52 United	Commercial|PPO		1782				137.55	1782	case rate	
SCOPE,FLEX/RIGID,THROAT	31575	CPT	both			712		260.52 United	Oxford		1782				137.55	1782	case rate	
SCOPE,FLEX/RIGID,THROAT	31575	CPT	both			712		260.52 Wellcare	Medicaid		224.64	31.55			137.55	1782	percent of total billed charges	
SCOPE,FLEX/RIGID,THROAT	31575	CPT	both			712		260.52 Wellcare	Medicare		226.54				137.55	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCOPE,FLEX/RIGID,THROAT	31575	CPT	both			712		260.52 WellPoint	WellPoint		229.12	32.18			137.55	1782	percent of total billed charges	
LARYNGOSCOPY W/ BX	31576	CPT	outpatient			5825		2232.29 Aetna	Medicare		1941.12				241.48	5533.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGOSCOPY W/ BX	31576	CPT	outpatient			5825		2232.29 Aetna	Better Health		1837.79	31.55			241.48	5533.75	percent of total billed charges	
LARYNGOSCOPY W/ BX	31576	CPT	outpatient			5825		2232.29 Aetna	Commercial		3090.26				241.48	5533.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGOSCOPY W/ BX	31576	CPT	outpatient			5825		2232.29 Americare	Americare		4368.75	75			241.48	5533.75	percent of total billed charges	
LARYNGOSCOPY W/ BX	31576	CPT	outpatient			5825		2232.29 Amerihealth	HMO|PPO		3786.25	65			241.48	5533.75	percent of total billed charges	
LARYNGOSCOPY W/ BX	31576	CPT	outpatient			5825		2232.29 Amerihealth	Medicare		1941.12				241.48	5533.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGOSCOPY W/ BX	31576	CPT	outpatient			5825		2232.29 Consumer	Consumer		5533.75	95			241.48	5533.75	percent of total billed charges	
LARYNGOSCOPY W/ BX	31576	CPT	outpatient			5825		2232.29 Corrections	Corrections		4660	80			241.48	5533.75	percent of total billed charges	
LARYNGOSCOPY W/ BX	31576	CPT	outpatient			5825		2232.29 First Health	First Health		4077.5	70			241.48	5533.75	percent of total billed charges	
LARYNGOSCOPY W/ BX	31576	CPT	outpatient			5825		2232.29 First Trenton	First Trenton		5242.5	90			241.48	5533.75	percent of total billed charges	
LARYNGOSCOPY W/ BX	31576	CPT	outpatient			5825		2232.29 Horizon	Medicare Blue		1941.12				241.48	5533.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGOSCOPY W/ BX	31576	CPT	outpatient			5825		2232.29 Horizon	MGD		3612.42				241.48	5533.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGOSCOPY W/ BX	31576	CPT	outpatient			5825		2232.29 Horizon	PPO		3612.42				241.48	5533.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGOSCOPY W/ BX	31576	CPT	outpatient			5825		2232.29 Horizon	Indemnity		3612.42				241.48	5533.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGOSCOPY W/ BX	31576	CPT	outpatient			5825		2232.29 Horizon	NJ Health		241.48				241.48	5533.75	fee schedule	
LARYNGOSCOPY W/ BX	31576	CPT	outpatient			5825		2232.29 Managed Care Inc	Managed Care Inc		5242.5	90			241.48	5533.75	percent of total billed charges	
LARYNGOSCOPY W/ BX	31576	CPT	outpatient			5825		2232.29 Multiplan	Multiplan		4660	80			241.48	5533.75	percent of total billed charges	
LARYNGOSCOPY W/ BX	31576	CPT	outpatient			5825		2232.29 Qualcare	Qualcare		4368.75	75			241.48	5533.75	percent of total billed charges	
LARYNGOSCOPY W/ BX	31576	CPT	outpatient			5825		2232.29 Three Rivers	Three Rivers		5533.75	95			241.48	5533.75	percent of total billed charges	
LARYNGOSCOPY W/ BX	31576	CPT	outpatient			5825		2232.29 UHC	Medicaid		1837.79	31.55			241.48	5533.75	percent of total billed charges	
LARYNGOSCOPY W/ BX	31576	CPT	outpatient			5825		2232.29 UHC	Medicare		1941.12				241.48	5533.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGOSCOPY W/ BX	31576	CPT	outpatient			5825		2232.29 United	Commercial|PPO		2493				241.48	5533.75	case rate	
LARYNGOSCOPY W/ BX	31576	CPT	outpatient			5825		2232.29 United	Oxford		2493				241.48	5533.75	case rate	
LARYNGOSCOPY W/ BX	31576	CPT	outpatient			5825		2232.29 Wellcare	Medicaid		1837.79	31.55			241.48	5533.75	percent of total billed charges	
LARYNGOSCOPY W/ BX	31576	CPT	outpatient			5825		2232.29 Wellcare	Medicare		1941.12				241.48	5533.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGOSCOPY W/ BX	31576	CPT	outpatient			5825		2232.29 WellPoint	WellPoint		1874.49	32.18			241.48	5533.75	percent of total billed charges	
LARYNGOSCOPY W/REM FB	31577	CPT	outpatient			1393		537.04 Aetna	Commercial		743.45				375.84	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGOSCOPY W/REM FB	31577	CPT	outpatient			1393		537.04 Aetna	Better Health		439.49	31.55			375.84	1782	percent of total billed charges	
LARYNGOSCOPY W/REM FB	31577	CPT	outpatient			1393		537.04 Aetna	Medicare		429.04	30.8			375.84	1782	percent of total billed charges	
LARYNGOSCOPY W/REM FB	31577	CPT	outpatient			1393		537.04 Americare	Americare		1044.75	75			375.84	1782	percent of total billed charges	
LARYNGOSCOPY W/REM FB	31577	CPT	outpatient			1393		537.04 Amerihealth	HMO|PPO		905.45	65			375.84	1782	percent of total billed charges	
LARYNGOSCOPY W/REM FB	31577	CPT	outpatient			1393		537.04 Amerihealth	Medicare		466.99				375.84	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGOSCOPY W/REM FB	31577	CPT	outpatient			1393		537.04 Consumer	Consumer		1323.35	95			375.84	1782	percent of total billed charges	
LARYNGOSCOPY W/REM FB	31577	CPT	outpatient			1393		537.04 Corrections	Corrections		1114.4	80			375.84	1782	percent of total billed charges	
LARYNGOSCOPY W/REM FB	31577	CPT	outpatient			1393		537.04 First Health	First Health		975.1	70			375.84	1782	percent of total billed charges	
LARYNGOSCOPY W/REM FB	31577	CPT	outpatient			1393		537.04 First Trenton	First Trenton		1253.7	90			375.84	1782	percent of total billed charges	
LARYNGOSCOPY W/REM FB	31577	CPT	outpatient			1393		537.04 Horizon	Medicare Blue		466.99				375.84	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGOSCOPY W/REM FB	31577	CPT	outpatient			1393		537.04 Horizon	Indemnity		869.07				375.84	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGOSCOPY W/REM FB	31577	CPT	outpatient			1393		537.04 Horizon	MGD		869.07				375.84	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGOSCOPY W/REM FB	31577	CPT	outpatient			1393		537.04 Horizon	PPO		869.07				375.84	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGOSCOPY W/REM FB	31577	CPT	outpatient			1393		537.04 Horizon	NJ Health		375.84				375.84	1782	fee schedule	
LARYNGOSCOPY W/REM FB	31577	CPT	outpatient			1393		537.04 Managed Care Inc	Managed Care Inc		1253.7	90			375.84	1782	percent of total billed charges	
LARYNGOSCOPY W/REM FB	31577	CPT	outpatient			1393		537.04 Multiplan	Multiplan		1114.4	80			375.84	1782	percent of total billed charges	
LARYNGOSCOPY W/REM FB	31577	CPT	outpatient			1393		537.04 Qualcare	Qualcare		1044.75	75			375.84	1782	percent of total billed charges	
LARYNGOSCOPY W/REM FB	31577	CPT	outpatient			1393		537.04 Three Rivers	Three Rivers		1323.35	95			375.84	1782	percent of total billed charges	
LARYNGOSCOPY W/REM FB	31577	CPT	outpatient			1393		537.04 UHC	Medicaid		439.49	31.55			375.84	1782	percent of total billed charges	
LARYNGOSCOPY W/REM FB	31577	CPT	outpatient			1393		537.04 UHC	Medicare		466.99				375.84	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGOSCOPY W/REM FB	31577	CPT	outpatient			1393		537.04 United	Commercial|PPO		1782				375.84	1782	case rate	
LARYNGOSCOPY W/REM FB	31577	CPT	outpatient			1393		537.04 United	Oxford		1782				375.84	1782	case rate	
LARYNGOSCOPY W/REM FB	31577	CPT	outpatient			1393		537.04 Wellcare	Medicaid		439.49	31.55			375.84	1782	percent of total billed charges	
LARYNGOSCOPY W/REM FB	31577	CPT	outpatient			1393		537.04 Wellcare	Medicare		466.99				375.84	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGOSCOPY W/REM FB	31577	CPT	outpatient			1393		537.04 WellPoint	WellPoint		448.27	32.18			375.84	1782	percent of total billed charges	
LARYNGSCOP FLEX/RIGID STROBSCOPY	31579	CPT	outpatient			1739		537.04 Aetna	Commercial		743.45				220.78	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGSCOP FLEX/RIGID STROBSCOPY	31579	CPT	outpatient			1739		537.04 Aetna	Better Health		548.65	31.55			220.78	1782	percent of total billed charges	
LARYNGSCOP FLEX/RIGID STROBSCOPY	31579	CPT	outpatient			1739		537.04 Aetna	Medicare		466.99				220.78	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGSCOP FLEX/RIGID STROBSCOPY	31579	CPT	outpatient			1739		537.04 Americare	Americare		1304.25	75			220.78	1782	percent of total billed charges	
LARYNGSCOP FLEX/RIGID STROBSCOPY	31579	CPT	outpatient			1739		537.04 Amerihealth	HMO|PPO		1130.35	65			220.78	1782	percent of total billed charges	
LARYNGSCOP FLEX/RIGID STROBSCOPY	31579	CPT	outpatient			1739		537.04 Amerihealth	Medicare		466.99				220.78	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGSCOP FLEX/RIGID STROBSCOPY	31579	CPT	outpatient			1739		537.04 Consumer	Consumer		1652.05	95			220.78	1782	percent of total billed charges	
LARYNGSCOP FLEX/RIGID STROBSCOPY	31579	CPT	outpatient			1739		537.04 Corrections	Corrections		1391.2	80			220.78	1782	percent of total billed charges	
LARYNGSCOP FLEX/RIGID STROBSCOPY	31579	CPT	outpatient			1739		537.04 First Health	First Health		1217.3	70			220.78	1782	percent of total billed charges	
LARYNGSCOP FLEX/RIGID STROBSCOPY	31579	CPT	outpatient			1739		537.04 First Trenton	First Trenton		1565.1	90			220.78	1782	percent of total billed charges	
LARYNGSCOP FLEX/RIGID STROBSCOPY	31579	CPT	outpatient			1739		537.04 Horizon	Indemnity		869.07				220.78	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGSCOP FLEX/RIGID STROBSCOPY	31579	CPT	outpatient			1739		537.04 Horizon	Medicare Blue		466.99				220.78	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGSCOP FLEX/RIGID STROBSCOPY	31579	CPT	outpatient			1739		537.04 Horizon	NJ Health		220.78				220.78	1782	fee schedule	
LARYNGSCOP FLEX/RIGID STROBSCOPY	31579	CPT	outpatient			1739		537.04 Horizon	MGD		869.07				220.78	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGSCOP FLEX/RIGID STROBSCOPY	31579	CPT	outpatient			1739		537.04 Horizon	PPO		869.07				220.78	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGSCOP FLEX/RIGID STROBSCOPY	31579	CPT	outpatient			1739		537.04 Managed Care Inc	Managed Care Inc		1565.1	90			220.78	1782	percent of total billed charges	
LARYNGSCOP FLEX/RIGID STROBSCOPY	31579	CPT	outpatient			1739		537.04 Multiplan	Multiplan		1391.2	80			220.78	1782	percent of total billed charges	
LARYNGSCOP FLEX/RIGID STROBSCOPY	31579	CPT	outpatient			1739		537.04 Qualcare	Qualcare		1304.25	75			220.78	1782	percent of total billed charges	
LARYNGSCOP FLEX/RIGID STROBSCOPY	31579	CPT	outpatient			1739		537.04 Three Rivers	Three Rivers		1652.05	95			220.78	1782	percent of total billed charges	
LARYNGSCOP FLEX/RIGID STROBSCOPY	31579	CPT	outpatient			1739		537.04 UHC	Medicare		466.99				220.78	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGSCOP FLEX/RIGID STROBSCOPY	31579	CPT	outpatient			1739		537.04 UHC	Medicaid		548.65	31.55			220.78	1782	percent of total billed charges	
LARYNGSCOP FLEX/RIGID STROBSCOPY	31579	CPT	outpatient			1739		537.04 United	Oxford		1782				220.78	1782	case rate	
LARYNGSCOP FLEX/RIGID STROBSCOPY	31579	CPT	outpatient			1739		537.04 United	Commercial|PPO		1782				220.78	1782	case rate	
LARYNGSCOP FLEX/RIGID STROBSCOPY	31579	CPT	outpatient			1739		537.04 Wellcare	Medicare		466.99				220.78	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGSCOP FLEX/RIGID STROBSCOPY	31579	CPT	outpatient			1739		537.04 Wellcare	Medicaid		548.65	31.55			220.78	1782	percent of total billed charges	
LARYNGSCOP FLEX/RIGID STROBSCOPY	31579	CPT	outpatient			1739		537.04 WellPoint	WellPoint		559.61	32.18			220.78	1782	percent of total billed charges	
TRACHEOSTOMY PLANNED	31600	CPT	outpatient			9183		4234.52 Aetna	Better Health		2897.24	31.55			419.14	8723.85	percent of total billed charges	
TRACHEOSTOMY PLANNED	31600	CPT	outpatient			9183		4234.52 Aetna	Medicare		3682.19				419.14	8723.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRACHEOSTOMY PLANNED	31600	CPT	outpatient			9183		4234.52 Aetna	Commercial		5862.05				419.14	8723.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRACHEOSTOMY PLANNED	31600	CPT	outpatient			9183		4234.52 Americare	Americare		6867.25	75			419.14	8723.85	percent of total billed charges	
TRACHEOSTOMY PLANNED	31600	CPT	outpatient			9183		4234.52 Amerihealth	Medicare		3682.19				419.14	8723.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRACHEOSTOMY PLANNED	31600	CPT	outpatient			9183		4234.52 Amerihealth	HMO|PPO		5968.95	65			419.14	8723.85	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
TRACHEOSTOMY PLANNED	31600	CPT	outpatient			9183	4234.52	Consumer	Consumer		8728.85	95			419.14	8723.85	percent of total billed charges	
TRACHEOSTOMY PLANNED	31600	CPT	outpatient			9183	4234.52	Corrections	Corrections		7346.4	80			419.14	8723.85	percent of total billed charges	
TRACHEOSTOMY PLANNED	31600	CPT	outpatient			9183	4234.52	First Health	First Health		6428.1	70			419.14	8723.85	percent of total billed charges	
TRACHEOSTOMY PLANNED	31600	CPT	outpatient			9183	4234.52	First Trenton	First Trenton		8264.7	90			419.14	8723.85	percent of total billed charges	
TRACHEOSTOMY PLANNED	31600	CPT	outpatient			9183	4234.52	Horizon	Medicare Blue		3682.19				419.14	8723.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRACHEOSTOMY PLANNED	31600	CPT	outpatient			9183	4234.52	Horizon	Indemnity		6852.56				419.14	8723.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRACHEOSTOMY PLANNED	31600	CPT	outpatient			9183	4234.52	Horizon	MGD		6852.56				419.14	8723.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRACHEOSTOMY PLANNED	31600	CPT	outpatient			9183	4234.52	Horizon	PPO		6852.56				419.14	8723.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRACHEOSTOMY PLANNED	31600	CPT	outpatient			9183	4234.52	Horizon	NJ Health		419.14				419.14	8723.85	fee schedule	
TRACHEOSTOMY PLANNED	31600	CPT	outpatient			9183	4234.52	Managed Care Inc	Managed Care Inc		8264.7	90			419.14	8723.85	percent of total billed charges	
TRACHEOSTOMY PLANNED	31600	CPT	outpatient			9183	4234.52	Multiplan	Multiplan		7346.4	80			419.14	8723.85	percent of total billed charges	
TRACHEOSTOMY PLANNED	31600	CPT	outpatient			9183	4234.52	Qualcare	Qualcare		6887.25	75			419.14	8723.85	percent of total billed charges	
TRACHEOSTOMY PLANNED	31600	CPT	outpatient			9183	4234.52	Three Rivers	Three Rivers		8728.85	95			419.14	8723.85	percent of total billed charges	
TRACHEOSTOMY PLANNED	31600	CPT	outpatient			9183	4234.52	UHC	Medicare		3682.19				419.14	8723.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRACHEOSTOMY PLANNED	31600	CPT	outpatient			9183	4234.52	UHC	Medicaid		2897.24	31.55			419.14	8723.85	percent of total billed charges	
TRACHEOSTOMY PLANNED	31600	CPT	outpatient			9183	4234.52	United	Commercial|PPO		2776				419.14	8723.85	case rate	
TRACHEOSTOMY PLANNED	31600	CPT	outpatient			9183	4234.52	United	Oxford		2776				419.14	8723.85	case rate	
TRACHEOSTOMY PLANNED	31600	CPT	outpatient			9183	4234.52	Wellcare	Medicare		3682.19				419.14	8723.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRACHEOSTOMY PLANNED	31600	CPT	outpatient			9183	4234.52	Wellcare	Medicaid		2897.24	31.55			419.14	8723.85	percent of total billed charges	
TRACHEOSTOMY PLANNED	31600	CPT	outpatient			9183	4234.52	WellPoint	WellPoint		2955.09	32.18			419.14	8723.85	percent of total billed charges	
TRACHEOSTOMY	31603	CPT	outpatient			2355	2005.77	Aetna	Commercial		2776.69				315.81	3245.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRACHEOSTOMY	31603	CPT	outpatient			2355	2005.77	Aetna	Better Health		743	31.55			315.81	3245.86	percent of total billed charges	
TRACHEOSTOMY	31603	CPT	outpatient			2355	2005.77	Aetna	Medicare		1744.15				315.81	3245.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRACHEOSTOMY	31603	CPT	outpatient			2355	2005.77	Americare	Americare		1766.25	75			315.81	3245.86	percent of total billed charges	
TRACHEOSTOMY	31603	CPT	outpatient			2355	2005.77	Amerihealth	HMO|PPO		1530.75	65			315.81	3245.86	percent of total billed charges	
TRACHEOSTOMY	31603	CPT	outpatient			2355	2005.77	Amerihealth	Medicare		1744.15				315.81	3245.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRACHEOSTOMY	31603	CPT	outpatient			2355	2005.77	Consumer	Consumer		2237.25	95			315.81	3245.86	percent of total billed charges	
TRACHEOSTOMY	31603	CPT	outpatient			2355	2005.77	Corrections	Corrections		1884	80			315.81	3245.86	percent of total billed charges	
TRACHEOSTOMY	31603	CPT	outpatient			2355	2005.77	First Health	First Health		1648.5	70			315.81	3245.86	percent of total billed charges	
TRACHEOSTOMY	31603	CPT	outpatient			2355	2005.77	First Trenton	First Trenton		2119.5	90			315.81	3245.86	percent of total billed charges	
TRACHEOSTOMY	31603	CPT	outpatient			2355	2005.77	Horizon	Indemnity		3245.86				315.81	3245.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRACHEOSTOMY	31603	CPT	outpatient			2355	2005.77	Horizon	MGD		3245.86				315.81	3245.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRACHEOSTOMY	31603	CPT	outpatient			2355	2005.77	Horizon	Medicare Blue		1744.15				315.81	3245.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRACHEOSTOMY	31603	CPT	outpatient			2355	2005.77	Horizon	NJ Health		315.81				315.81	3245.86	fee schedule	
TRACHEOSTOMY	31603	CPT	outpatient			2355	2005.77	Horizon	PPO		3245.86				315.81	3245.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRACHEOSTOMY	31603	CPT	outpatient			2355	2005.77	Managed Care Inc	Managed Care Inc		2119.5	90			315.81	3245.86	percent of total billed charges	
TRACHEOSTOMY	31603	CPT	outpatient			2355	2005.77	Multiplan	Multiplan		1884	80			315.81	3245.86	percent of total billed charges	
TRACHEOSTOMY	31603	CPT	outpatient			2355	2005.77	Qualcare	Qualcare		1766.25	75			315.81	3245.86	percent of total billed charges	
TRACHEOSTOMY	31603	CPT	outpatient			2355	2005.77	Three Rivers	Three Rivers		2237.25	95			315.81	3245.86	percent of total billed charges	
TRACHEOSTOMY	31603	CPT	outpatient			2355	2005.77	UHC	Medicare		1744.15				315.81	3245.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRACHEOSTOMY	31603	CPT	outpatient			2355	2005.77	UHC	Medicaid		743	31.55			315.81	3245.86	percent of total billed charges	
TRACHEOSTOMY	31603	CPT	outpatient			2355	2005.77	United	Oxford		2493				315.81	3245.86	case rate	
TRACHEOSTOMY	31603	CPT	outpatient			2355	2005.77	United	Commercial|PPO		2493				315.81	3245.86	case rate	
TRACHEOSTOMY	31603	CPT	outpatient			2355	2005.77	Wellcare	Medicare		1744.15				315.81	3245.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRACHEOSTOMY	31603	CPT	outpatient			2355	2005.77	Wellcare	Medicaid		743	31.55			315.81	3245.86	percent of total billed charges	
TRACHEOSTOMY	31603	CPT	outpatient			2355	2005.77	WellPoint	WellPoint		757.84	32.18			315.81	3245.86	percent of total billed charges	
TRACHEO EMREG CRICOTHROID	31605	CPT	outpatient			2330	321.26	Aetna	Better Health		735.12	31.55			279.36	2213.5	percent of total billed charges	
TRACHEO EMREG CRICOTHROID	31605	CPT	outpatient			2330	321.26	Aetna	Commercial		444.74				279.36	2213.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRACHEO EMREG CRICOTHROID	31605	CPT	outpatient			2330	321.26	Aetna	Medicare		717.64	30.8			279.36	2213.5	percent of total billed charges	
TRACHEO EMREG CRICOTHROID	31605	CPT	outpatient			2330	321.26	Americare	Americare		1747.5	75			279.36	2213.5	percent of total billed charges	
TRACHEO EMREG CRICOTHROID	31605	CPT	outpatient			2330	321.26	Amerihealth	HMO|PPO		1514.5	65			279.36	2213.5	percent of total billed charges	
TRACHEO EMREG CRICOTHROID	31605	CPT	outpatient			2330	321.26	Amerihealth	Medicare		279.36				279.36	2213.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRACHEO EMREG CRICOTHROID	31605	CPT	outpatient			2330	321.26	Consumer	Consumer		2213.5	95			279.36	2213.5	percent of total billed charges	
TRACHEO EMREG CRICOTHROID	31605	CPT	outpatient			2330	321.26	Corrections	Corrections		1864	80			279.36	2213.5	percent of total billed charges	
TRACHEO EMREG CRICOTHROID	31605	CPT	outpatient			2330	321.26	First Health	First Health		1631	70			279.36	2213.5	percent of total billed charges	
TRACHEO EMREG CRICOTHROID	31605	CPT	outpatient			2330	321.26	First Trenton	First Trenton		2097	90			279.36	2213.5	percent of total billed charges	
TRACHEO EMREG CRICOTHROID	31605	CPT	outpatient			2330	321.26	Horizon	Medicare Blue		279.36				279.36	2213.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRACHEO EMREG CRICOTHROID	31605	CPT	outpatient			2330	321.26	Horizon	MGD		519.89				279.36	2213.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRACHEO EMREG CRICOTHROID	31605	CPT	outpatient			2330	321.26	Horizon	Indemnity		519.89				279.36	2213.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRACHEO EMREG CRICOTHROID	31605	CPT	outpatient			2330	321.26	Horizon	NJ Health		297.54				279.36	2213.5	fee schedule	
TRACHEO EMREG CRICOTHROID	31605	CPT	outpatient			2330	321.26	Horizon	PPO		519.89				279.36	2213.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRACHEO EMREG CRICOTHROID	31605	CPT	outpatient			2330	321.26	Managed Care Inc	Managed Care Inc		2097	90			279.36	2213.5	percent of total billed charges	
TRACHEO EMREG CRICOTHROID	31605	CPT	outpatient			2330	321.26	Multiplan	Multiplan		1864	80			279.36	2213.5	percent of total billed charges	
TRACHEO EMREG CRICOTHROID	31605	CPT	outpatient			2330	321.26	Qualcare	Qualcare		1747.5	75			279.36	2213.5	percent of total billed charges	
TRACHEO EMREG CRICOTHROID	31605	CPT	outpatient			2330	321.26	Three Rivers	Three Rivers		2213.5	95			279.36	2213.5	percent of total billed charges	
TRACHEO EMREG CRICOTHROID	31605	CPT	outpatient			2330	321.26	UHC	Medicaid		735.12	31.55			279.36	2213.5	percent of total billed charges	
TRACHEO EMREG CRICOTHROID	31605	CPT	outpatient			2330	321.26	UHC	Medicare		279.36				279.36	2213.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRACHEO EMREG CRICOTHROID	31605	CPT	outpatient			2330	321.26	United	Oxford		1782				279.36	2213.5	case rate	
TRACHEO EMREG CRICOTHROID	31605	CPT	outpatient			2330	321.26	United	Commercial|PPO		1782				279.36	2213.5	case rate	
TRACHEO EMREG CRICOTHROID	31605	CPT	outpatient			2330	321.26	Wellcare	Medicare		279.36				279.36	2213.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRACHEO EMREG CRICOTHROID	31605	CPT	outpatient			2330	321.26	Wellcare	Medicaid		735.12	31.55			279.36	2213.5	percent of total billed charges	
TRACHEO EMREG CRICOTHROID	31605	CPT	outpatient			2330	321.26	WellPoint	WellPoint		749.79	32.18			279.36	2213.5	percent of total billed charges	
SURGERY/SPEECH PROSTHESIS	31611	CPT	outpatient			10367	4234.52	Aetna	Medicare		3682.19				47.14	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURGERY/SPEECH PROSTHESIS	31611	CPT	outpatient			10367	4234.52	Aetna	Better Health		3270.79	31.55			47.14	9848.65	percent of total billed charges	
SURGERY/SPEECH PROSTHESIS	31611	CPT	outpatient			10367	4234.52	Aetna	Commercial		5892.05				47.14	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURGERY/SPEECH PROSTHESIS	31611	CPT	outpatient			10367	4234.52	Americare	Americare		7775.25	75			47.14	9848.65	percent of total billed charges	
SURGERY/SPEECH PROSTHESIS	31611	CPT	outpatient			10367	4234.52	Amerihealth	HMO|PPO		6738.55	65			47.14	9848.65	percent of total billed charges	
SURGERY/SPEECH PROSTHESIS	31611	CPT	outpatient			10367	4234.52	Amerihealth	Medicare		3682.19				47.14	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURGERY/SPEECH PROSTHESIS	31611	CPT	outpatient			10367	4234.52	Consumer	Consumer		9848.65	95			47.14	9848.65	percent of total billed charges	
SURGERY/SPEECH PROSTHESIS	31611	CPT	outpatient			10367	4234.52	Corrections	Corrections		8293.6	80			47.14	9848.65	percent of total billed charges	
SURGERY/SPEECH PROSTHESIS	31611	CPT	outpatient			10367	4234.52	First Health	First Health		7256.9	70			47.14	9848.65	percent of total billed charges	
SURGERY/SPEECH PROSTHESIS	31611	CPT	outpatient			10367	4234.52	First Trenton	First Trenton		9330.3	90			47.14	9848.65	percent of total billed charges	
SURGERY/SPEECH PROSTHESIS	31611	CPT	outpatient			10367	4234.52	Horizon	Medicare Blue		3682.19				47.14	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURGERY/SPEECH PROSTHESIS	31611	CPT	outpatient			10367	4234.52	Horizon	Indemnity		6852.56				47.14	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURGERY/SPEECH PROSTHESIS	31611	CPT	outpatient			10367	4234.52	Horizon	MGD		6852.56				47.14	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURGERY/SPEECH PROSTHESIS	31611	CPT	outpatient			10367	4234.52	Horizon	NJ Health		47.14				47.14	9848.65	fee schedule	
SURGERY/SPEECH PROSTHESIS	31611	CPT	outpatient			10367	4234.52	Horizon	PPO		6852.56				47.14	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURGERY/SPEECH PROSTHESIS	31611	CPT	outpatient			10367	4234.52	Managed Care Inc	Managed Care Inc		9330.3	90			47.14	9848.65	percent of total billed charges	
SURGERY/SPEECH PROSTHESIS	31611	CPT	outpatient			10367	4234.52	Multiplan	Multiplan		8293.6	80			47.14	9848.65	percent of total billed charges	
SURGERY/SPEECH PROSTHESIS	31611	CPT	outpatient			10367	4234.52	Qualcare	Qualcare		7775.25	75			47.14	9848.65	percent of total billed charges	
SURGERY/SPEECH PROSTHESIS	31611	CPT	outpatient			10367	4234.52	Three Rivers	Three Rivers		9848.65	95			47.14	9848.65	percent of total billed charges	
SURGERY/SPEECH PROSTHESIS	31611	CPT	outpatient			10367	4234.52	UHC	Medicaid		3270.79	31.55			47.14	9848.65	percent of total billed charges	
SURGERY/SPEECH PROSTHESIS	31611	CPT	outpatient			10367	4234.52	UHC	Medicare		3682.19				47.14	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURGERY/SPEECH PROSTHESIS	31611	CPT	outpatient			10367	4234.52	United	Oxford		2776				47.14	9848.65	case rate	
SURGERY/SPEECH PROSTHESIS	31611	CPT	outpatient			10367	4234.52	United	Commercial|PPO		2776				47.14	9848.65	case rate	
SURGERY/SPEECH PROSTHESIS	31611	CPT	outpatient			10367	4234.52	Wellcare	Medicare		3682.19				47.14	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURGERY/SPEECH PROSTHESIS	31611	CPT	outpatient			10367	4234.52	Wellcare	Medicaid		3270.79	31.55			47.14	9848.65	percent of total billed charges	
SURGERY/SPEECH PROSTHESIS	31611	CPT	outpatient			10367	4234.52	WellPoint	WellPoint		3336.1	32.18			47.14	9848.65	percent of total billed charges	
VISUALIZATION OF WINDPIPE	31615	CPT	outpatient			2889	723.64	Aetna	Commercial		1001.77				213.34	2744.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VISUALIZATION OF WINDPIPE	31615	CPT	outpatient			2889	723.64	Aetna	Better Health		911.48	31.55			213.34	2744.55	percent of total billed charges	
VISUALIZATION OF WINDPIPE	31615	CPT	outpatient			2889	723.64	Aetna	Medicare		629.25				213.34	2744.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VISUALIZATION OF WINDPIPE	31615	CPT	outpatient			2889	723.64	Americare	Americare		2166.75	75			213.34	2744.55	percent of total billed charges	
VISUALIZATION OF WINDPIPE	31615	CPT	outpatient			2889	723.64	Amerihealth	HMO|PPO		1877.85	65			213.34	2744.55	percent of total billed charges	
VISUALIZATION OF WINDPIPE	31615	CPT	outpatient			2889	723.64	Amerihealth	Medicare		629.25				213.34	2744.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VISUALIZATION OF WINDPIPE	31615	CPT	outpatient			2889	723.64	Consumer	Consumer		2744.55	95			213.34	2744.55	percent of total billed charges	
VISUALIZATION OF WINDPIPE	31615	CPT	outpatient			2889	723.64	Corrections	Corrections		2311.2	80			213.34	2744.55	percent of total billed charges	
VISUALIZATION OF WINDPIPE	31615	CPT	outpatient			2889	723.64	First Health	First Health		2022.3	70			213.34	2744.55	percent of total billed charges	
VISUALIZATION OF WINDPIPE	31615	CPT	outpatient			2889	723.64	First Trenton	First Trenton		2600.1	90			213.34	2744.55	percent of total billed charges	
VISUALIZATION OF WINDPIPE	31615	CPT	outpatient			2889	723.64	Horizon	NJ Health		213.34				213.34	2744.55	fee schedule	
VISUALIZATION OF WINDPIPE	31615	CPT	outpatient			2889	723.64	Horizon	Indemnity		1171.03				213.34	2744.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VISUALIZATION OF WINDPIPE	31615	CPT	outpatient			2889	723.64	Horizon	Medicare Blue		629.25				213.34	2744.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VISUALIZATION OF WINDPIPE	31615	CPT	outpatient			2889	723.64	Horizon	MGD		1171.03				213.34	2744.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VISUALIZATION OF WINDPIPE	31615	CPT	outpatient			2889	723.64	Horizon	PPO		1171.03				213.34	2744.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VISUALIZATION OF WINDPIPE	31615	CPT	outpatient			2889	723.64	Managed Care Inc	Managed Care Inc		2600.1	90			213.34	2744.55	percent of total billed charges	
VISUALIZATION OF WINDPIPE	31615	CPT	outpatient			2889	723.64	Multiplan	Multiplan		2311.2	80			213.34	2744.55	percent of total billed charges	
VISUALIZATION OF WINDPIPE	31615	CPT	outpatient			2889	723.64	Qualcare	Qualcare		2166.75	75			213.34	2744.55	percent of total billed charges	
VISUALIZATION OF WINDPIPE	31615	CPT	outpatient			2889	723.64	Three Rivers	Three Rivers		2744.55	95			213.34	2744.55	percent of total billed charges	
VISUALIZATION OF WINDPIPE	31615	CPT	outpatient			2889	723.64	UHC	Medicaid		911.48	31.55			213.34	2744.55	percent of total billed charges	
VISUALIZATION OF WINDPIPE	31615	CPT	outpatient			2889	723.64	UHC	Medicare		629.25				213.34	2744.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VISUALIZATION OF WINDPIPE	31615	CPT	outpatient			2889	723.64	United	Commercial|PPO		1782				213.34	2744.55	case rate	
VISUALIZATION OF WINDPIPE	31615	CPT	outpatient			2889	723.64	United	Oxford		1782				213.34	2744.55	case rate	
VISUALIZATION OF WINDPIPE	31615	CPT	outpatient			2889	723.64	Wellcare	Medicaid		911.48	31.55			213.34	2744.55	percent of total billed charges	
VISUALIZATION OF WINDPIPE	31615	CPT	outpatient			2889	723.64	Wellcare	Medicare		629.25				213.34	2744.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VISUALIZATION OF WINDPIPE	31615	CPT	outpatient			2889	723.64	WellPoint	WellPoint		929.68	32.18			213.34	2744.55	percent of total billed charges	
DIAG BRONCHOSCOPE/WASH	31622	CPT	outpatient			5825	2232.29	Aetna	Commercial		3090.26				324.42	5533.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIAG BRONCHOSCOPE/WASH	31622	CPT	outpatient			5825	2232.29	Aetna	Medicare		1941.12				324.42	5533.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIAG BRONCHOSCOPE/WASH	31622	CPT	outpatient			5825	2232.29	Aetna	Better Health		1837.79	31.55			324.42	5533.75	percent of total billed charges	
DIAG BRONCHOSCOPE/WASH	31622	CPT	outpatient			5825	2232.29	Americare	Americare		4368.75	75			324.42	5533.75	percent of total billed charges	
DIAG BRONCHOSCOPE/WASH	31622	CPT	outpatient			5825	2232.29	Amerihealth	HMO|PPO		3786.25	65			324.42	5533.75	percent of total billed charges	
DIAG BRONCHOSCOPE/WASH	31622	CPT	outpatient			5825	2232.29	Amerihealth	Medicare		1941.12				324.42	5533.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIAG BRONCHOSCOPE/WASH	31622	CPT	outpatient			5825	2232.29	Consumer	Consumer		5533.75	95			324.42	5533.75	percent of total billed charges	
DIAG BRONCHOSCOPE/WASH	31622	CPT	outpatient			5825	2232.29	Corrections	Corrections		4660	80			324.42	5533.75	percent of total billed charges	
DIAG BRONCHOSCOPE/WASH	31622	CPT	outpatient			5825	2232.29	First Health	First Health		4077.5	70			324.42	5533.75	percent of total billed charges	
DIAG BRONCHOSCOPE/WASH	31622	CPT	outpatient			5825	2232.29	First Trenton	First Trenton		5242.5	90			324.42	5533.75	percent of total billed charges	
DIAG BRONCHOSCOPE/WASH	31622	CPT	outpatient			5825	2232.29	Horizon	Indemnity		3612.42				324.42	5533.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIAG BRONCHOSCOPE/WASH	31622	CPT	outpatient			5825	2232.29	Horizon	Medicare Blue		1941.12				324.42	5533.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIAG BRONCHOSCOPE/WASH	31622	CPT	outpatient			5825	2232.29	Horizon	NJ Health		324.42				324.42	5533.75	fee schedule	
DIAG BRONCHOSCOPE/WASH	31622	CPT	outpatient			5825	2232.29	Horizon	MGD		3612.42				324.42	5533.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIAG BRONCHOSCOPE/WASH	31622	CPT	outpatient			5825	2232.29	Horizon	PPO		3612.42				324.42	5533.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIAG BRONCHOSCOPE/WASH	31622	CPT	outpatient			5825	2232.29	Managed Care Inc	Managed Care Inc		5242.5	90			324.42	5533.75	percent of total billed charges	
DIAG BRONCHOSCOPE/WASH	31622	CPT	outpatient			5825	2232.29	Multiplan	Multiplan		4660	80			324.42	5533.75	percent of total billed charges	
DIAG BRONCHOSCOPE/WASH	31622	CPT	outpatient			5825	2232.29	Qualcare	Qualcare		4368.75	75			324.42	5533.75	percent of total billed charges	
DIAG BRONCHOSCOPE/WASH	31622	CPT	outpatient			5825	2232.29	Three Rivers	Three Rivers		5533.75	95			324.42	5533.75	percent of total billed charges	
DIAG BRONCHOSCOPE/WASH	31622	CPT	outpatient			5825	2232.29	UHC	Medicaid		1837.79	31.55			324.42	5533.75	percent of total billed charges	
DIAG BRONCHOSCOPE/WASH	31622	CPT	outpatient			5825	2232.29	UHC	Medicare		1941.12				324.42	5533.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIAG BRONCHOSCOPE/WASH	31622	CPT	outpatient			5825	2232.29	United	Commercial|PPO		2493				324.42	5533.75	case rate	
DIAG BRONCHOSCOPE/WASH	31622	CPT	outpatient			5825	2232.29	United	Oxford		2493				324.42	5533.75	case rate	
DIAG BRONCHOSCOPE/WASH	31622	CPT	outpatient			5825	2232.29	Wellcare	Medicare		1941.12				324.42	5533.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
DIAG BRONCHOSCOPE/WASH	31622	CPT	outpatient			5825		2232.29	Wellcare	Medicaid	1837.79	31.55			324.42	5533.75	percent of total billed charges	
DIAG BRONCHOSCOPE/WASH	31622	CPT	outpatient			5825		2232.29	WellPoint	WellPoint	1874.49	32.18			324.42	5533.75	percent of total billed charges	
BRONCHOSCOPY W/BRUSHING/PROTECTED BRUSH	31623	CPT	outpatient			3763		2232.29	Aetna	Commercial	3090.26				294.93	3612.42	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCHOSCOPY W/BRUSHING/PROTECTED BRUSH	31623	CPT	outpatient			3763		2232.29	Aetna	Better Health	1187.23	31.55			294.93	3612.42	percent of total billed charges	
BRONCHOSCOPY W/BRUSHING/PROTECTED BRUSH	31623	CPT	outpatient			3763		2232.29	Aetna	Medicare	1941.12				294.93	3612.42	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCHOSCOPY W/BRUSHING/PROTECTED BRUSH	31623	CPT	outpatient			3763		2232.29	Americare	Americare	2822.25	75			294.93	3612.42	percent of total billed charges	
BRONCHOSCOPY W/BRUSHING/PROTECTED BRUSH	31623	CPT	outpatient			3763		2232.29	Amerihealth	HMO/PPO	2445.95	65			294.93	3612.42	percent of total billed charges	
BRONCHOSCOPY W/BRUSHING/PROTECTED BRUSH	31623	CPT	outpatient			3763		2232.29	Amerihealth	Medicare	1941.12				294.93	3612.42	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCHOSCOPY W/BRUSHING/PROTECTED BRUSH	31623	CPT	outpatient			3763		2232.29	Consumer	Consumer	3574.85	95			294.93	3612.42	percent of total billed charges	
BRONCHOSCOPY W/BRUSHING/PROTECTED BRUSH	31623	CPT	outpatient			3763		2232.29	Corrections	Corrections	3010.4	80			294.93	3612.42	percent of total billed charges	
BRONCHOSCOPY W/BRUSHING/PROTECTED BRUSH	31623	CPT	outpatient			3763		2232.29	First Health	First Health	2634.1	70			294.93	3612.42	percent of total billed charges	
BRONCHOSCOPY W/BRUSHING/PROTECTED BRUSH	31623	CPT	outpatient			3763		2232.29	First Trenton	First Trenton	3386.7	90			294.93	3612.42	percent of total billed charges	
BRONCHOSCOPY W/BRUSHING/PROTECTED BRUSH	31623	CPT	outpatient			3763		2232.29	Horizon	PPO	3612.42				294.93	3612.42	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCHOSCOPY W/BRUSHING/PROTECTED BRUSH	31623	CPT	outpatient			3763		2232.29	Horizon	MGD	3612.42				294.93	3612.42	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCHOSCOPY W/BRUSHING/PROTECTED BRUSH	31623	CPT	outpatient			3763		2232.29	Horizon	Indemnity	3612.42				294.93	3612.42	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCHOSCOPY W/BRUSHING/PROTECTED BRUSH	31623	CPT	outpatient			3763		2232.29	Horizon	NJ Health	294.93				294.93	3612.42	fee schedule	
BRONCHOSCOPY W/BRUSHING/PROTECTED BRUSH	31623	CPT	outpatient			3763		2232.29	Horizon	Medicare Blue	1941.12				294.93	3612.42	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCHOSCOPY W/BRUSHING/PROTECTED BRUSH	31623	CPT	outpatient			3763		2232.29	Managed Care Inc	Managed Care Inc	3386.7	90			294.93	3612.42	percent of total billed charges	
BRONCHOSCOPY W/BRUSHING/PROTECTED BRUSH	31623	CPT	outpatient			3763		2232.29	Multiplan	Multiplan	3010.4	80			294.93	3612.42	percent of total billed charges	
BRONCHOSCOPY W/BRUSHING/PROTECTED BRUSH	31623	CPT	outpatient			3763		2232.29	Qualcare	Qualcare	2822.25	75			294.93	3612.42	percent of total billed charges	
BRONCHOSCOPY W/BRUSHING/PROTECTED BRUSH	31623	CPT	outpatient			3763		2232.29	Three Rivers	Three Rivers	3574.85	95			294.93	3612.42	percent of total billed charges	
BRONCHOSCOPY W/BRUSHING/PROTECTED BRUSH	31623	CPT	outpatient			3763		2232.29	UHC	Medicaid	1187.23	31.55			294.93	3612.42	percent of total billed charges	
BRONCHOSCOPY W/BRUSHING/PROTECTED BRUSH	31623	CPT	outpatient			3763		2232.29	UHC	Medicare	1941.12				294.93	3612.42	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCHOSCOPY W/BRUSHING/PROTECTED BRUSH	31623	CPT	outpatient			3763		2232.29	United	Oxford	2493				294.93	3612.42	case rate	
BRONCHOSCOPY W/BRUSHING/PROTECTED BRUSH	31623	CPT	outpatient			3763		2232.29	United	Commercial|PPO	2493				294.93	3612.42	case rate	
BRONCHOSCOPY W/BRUSHING/PROTECTED BRUSH	31623	CPT	outpatient			3763		2232.29	Wellcare	Medicare	1941.12				294.93	3612.42	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCHOSCOPY W/BRUSHING/PROTECTED BRUSH	31623	CPT	outpatient			3763		2232.29	Wellcare	Medicaid	1187.23	31.55			294.93	3612.42	percent of total billed charges	
BRONCHOSCOPY W/BRUSHING/PROTECTED BRUSH	31623	CPT	outpatient			3763		2232.29	WellPoint	WellPoint	1210.93	32.18			294.93	3612.42	percent of total billed charges	
BRONCHSCOPY WITH BAL	31624	CPT	outpatient			5935		2232.29	Aetna	Better Health	1872.49	31.55			392.62	5638.25	percent of total billed charges	
BRONCHSCOPY WITH BAL	31624	CPT	outpatient			5935		2232.29	Aetna	Commercial	3090.26				392.62	5638.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCHSCOPY WITH BAL	31624	CPT	outpatient			5935		2232.29	Aetna	Medicare	1941.12				392.62	5638.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCHSCOPY WITH BAL	31624	CPT	outpatient			5935		2232.29	Americare	Americare	4451.25	75			392.62	5638.25	percent of total billed charges	
BRONCHSCOPY WITH BAL	31624	CPT	outpatient			5935		2232.29	Amerihealth	HMO/PPO	3857.75	65			392.62	5638.25	percent of total billed charges	
BRONCHSCOPY WITH BAL	31624	CPT	outpatient			5935		2232.29	Amerihealth	Medicare	1941.12				392.62	5638.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCHSCOPY WITH BAL	31624	CPT	outpatient			5935		2232.29	Consumer	Consumer	5638.25	95			392.62	5638.25	percent of total billed charges	
BRONCHSCOPY WITH BAL	31624	CPT	outpatient			5935		2232.29	Corrections	Corrections	4748	80			392.62	5638.25	percent of total billed charges	
BRONCHSCOPY WITH BAL	31624	CPT	outpatient			5935		2232.29	First Health	First Health	4154.5	70			392.62	5638.25	percent of total billed charges	
BRONCHSCOPY WITH BAL	31624	CPT	outpatient			5935		2232.29	First Trenton	First Trenton	5341.5	90			392.62	5638.25	percent of total billed charges	
BRONCHSCOPY WITH BAL	31624	CPT	outpatient			5935		2232.29	Horizon	Indemnity	3612.42				392.62	5638.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCHSCOPY WITH BAL	31624	CPT	outpatient			5935		2232.29	Horizon	NJ Health	392.62				392.62	5638.25	fee schedule	
BRONCHSCOPY WITH BAL	31624	CPT	outpatient			5935		2232.29	Horizon	MGD	3612.42				392.62	5638.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCHSCOPY WITH BAL	31624	CPT	outpatient			5935		2232.29	Horizon	Medicare Blue	1941.12				392.62	5638.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCHSCOPY WITH BAL	31624	CPT	outpatient			5935		2232.29	Horizon	PPO	3612.42				392.62	5638.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCHSCOPY WITH BAL	31624	CPT	outpatient			5935		2232.29	Managed Care Inc	Managed Care Inc	5341.5	90			392.62	5638.25	percent of total billed charges	
BRONCHSCOPY WITH BAL	31624	CPT	outpatient			5935		2232.29	Multiplan	Multiplan	4748	80			392.62	5638.25	percent of total billed charges	
BRONCHSCOPY WITH BAL	31624	CPT	outpatient			5935		2232.29	Qualcare	Qualcare	4451.25	75			392.62	5638.25	percent of total billed charges	
BRONCHSCOPY WITH BAL	31624	CPT	outpatient			5935		2232.29	Three Rivers	Three Rivers	5638.25	95			392.62	5638.25	percent of total billed charges	
BRONCHSCOPY WITH BAL	31624	CPT	outpatient			5935		2232.29	UHC	Medicaid	1872.49	31.55			392.62	5638.25	percent of total billed charges	
BRONCHSCOPY WITH BAL	31624	CPT	outpatient			5935		2232.29	UHC	Medicare	1941.12				392.62	5638.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCHSCOPY WITH BAL	31624	CPT	outpatient			5935		2232.29	United	Oxford	2493				392.62	5638.25	case rate	
BRONCHSCOPY WITH BAL	31624	CPT	outpatient			5935		2232.29	United	Commercial|PPO	2493				392.62	5638.25	case rate	
BRONCHSCOPY WITH BAL	31624	CPT	outpatient			5935		2232.29	Wellcare	Medicaid	1872.49	31.55			392.62	5638.25	percent of total billed charges	
BRONCHSCOPY WITH BAL	31624	CPT	outpatient			5935		2232.29	Wellcare	Medicare	1941.12				392.62	5638.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCHSCOPY WITH BAL	31624	CPT	outpatient			5935		2232.29	WellPoint	WellPoint	1908.88	32.18			392.62	5638.25	percent of total billed charges	
BRONCH W/BX FLEXIBLE	31625	CPT	outpatient			5825		2232.29	Aetna	Commercial	3090.26				342.38	5533.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCH W/BX FLEXIBLE	31625	CPT	outpatient			5825		2232.29	Aetna	Better Health	1837.79	31.55			342.38	5533.75	percent of total billed charges	
BRONCH W/BX FLEXIBLE	31625	CPT	outpatient			5825		2232.29	Aetna	Medicare	1941.12				342.38	5533.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCH W/BX FLEXIBLE	31625	CPT	outpatient			5825		2232.29	Americare	Americare	4368.75	75			342.38	5533.75	percent of total billed charges	
BRONCH W/BX FLEXIBLE	31625	CPT	outpatient			5825		2232.29	Amerihealth	HMO/PPO	3786.25	65			342.38	5533.75	percent of total billed charges	
BRONCH W/BX FLEXIBLE	31625	CPT	outpatient			5825		2232.29	Amerihealth	Medicare	1941.12				342.38	5533.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCH W/BX FLEXIBLE	31625	CPT	outpatient			5825		2232.29	Consumer	Consumer	5533.75	95			342.38	5533.75	percent of total billed charges	
BRONCH W/BX FLEXIBLE	31625	CPT	outpatient			5825		2232.29	Corrections	Corrections	4660	80			342.38	5533.75	percent of total billed charges	
BRONCH W/BX FLEXIBLE	31625	CPT	outpatient			5825		2232.29	First Health	First Health	4077.5	70			342.38	5533.75	percent of total billed charges	
BRONCH W/BX FLEXIBLE	31625	CPT	outpatient			5825		2232.29	First Trenton	First Trenton	5242.5	90			342.38	5533.75	percent of total billed charges	
BRONCH W/BX FLEXIBLE	31625	CPT	outpatient			5825		2232.29	Horizon	MGD	3612.42				342.38	5533.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCH W/BX FLEXIBLE	31625	CPT	outpatient			5825		2232.29	Horizon	Indemnity	3612.42				342.38	5533.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCH W/BX FLEXIBLE	31625	CPT	outpatient			5825		2232.29	Horizon	NJ Health	342.38				342.38	5533.75	fee schedule	
BRONCH W/BX FLEXIBLE	31625	CPT	outpatient			5825		2232.29	Horizon	PPO	3612.42				342.38	5533.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCH W/BX FLEXIBLE	31625	CPT	outpatient			5825		2232.29	Horizon	Medicare Blue	1941.12				342.38	5533.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCH W/BX FLEXIBLE	31625	CPT	outpatient			5825		2232.29	Managed Care Inc	Managed Care Inc	5242.5	90			342.38	5533.75	percent of total billed charges	
BRONCH W/BX FLEXIBLE	31625	CPT	outpatient			5825		2232.29	Multiplan	Multiplan	4660	80			342.38	5533.75	percent of total billed charges	
BRONCH W/BX FLEXIBLE	31625	CPT	outpatient			5825		2232.29	Qualcare	Qualcare	4368.75	75			342.38	5533.75	percent of total billed charges	
BRONCH W/BX FLEXIBLE	31625	CPT	outpatient			5825		2232.29	Three Rivers	Three Rivers	5533.75	95			342.38	5533.75	percent of total billed charges	
BRONCH W/BX FLEXIBLE	31625	CPT	outpatient			5825		2232.29	UHC	Medicaid	1837.79	31.55			342.38	5533.75	percent of total billed charges	
BRONCH W/BX FLEXIBLE	31625	CPT	outpatient			5825		2232.29	UHC	Medicare	1941.12				342.38	5533.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCH W/BX FLEXIBLE	31625	CPT	outpatient			5825		2232.29	United	Commercial|PPO	2493				342.38	5533.75	case rate	
BRONCH W/BX FLEXIBLE	31625	CPT	outpatient			5825		2232.29	United	Oxford	2493				342.38	5533.75	case rate	
BRONCH W/BX FLEXIBLE	31625	CPT	outpatient			5825		2232.29	Wellcare	Medicaid	1837.79	31.55			342.38	5533.75	percent of total billed charges	
BRONCH W/BX FLEXIBLE	31625	CPT	outpatient			5825		2232.29	Wellcare	Medicare	1941.12				342.38	5533.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCH W/BX FLEXIBLE	31625	CPT	outpatient			5825		2232.29	WellPoint	WellPoint	1874.49	32.18			342.38	5533.75	percent of total billed charges	
BRONCHOSCOPY W IMAGE GUIDED NAVIGATION	31627	CPT	outpatient			3339			Aetna	Commercial	1268.82	38			1001.7	3172.05	percent of total billed charges	
BRONCHOSCOPY W IMAGE GUIDED NAVIGATION	31627	CPT	outpatient			3339			Aetna	Better Health	1053.45	31.55			1001.7	3172.05	percent of total billed charges	
BRONCHOSCOPY W IMAGE GUIDED NAVIGATION	31627	CPT	outpatient			3339			Aetna	Medicare	1028.41	30.8			1001.7	3172.05	percent of total billed charges	
BRONCHOSCOPY W IMAGE GUIDED NAVIGATION	31627	CPT	outpatient			3339			Americare	Americare	2504.25	75			1001.7	3172.05	percent of total billed charges	
BRONCHOSCOPY W IMAGE GUIDED NAVIGATION	31627	CPT	outpatient			3339			Amerihealth	HMO/PPO	2170.35	65			1001.7	3172.05	percent of total billed charges	
BRONCHOSCOPY W IMAGE GUIDED NAVIGATION	31627	CPT	outpatient			3339			Consumer	Consumer	3172.05	95			1001.7	3172.05	percent of total billed charges	
BRONCHOSCOPY W IMAGE GUIDED NAVIGATION	31627	CPT	outpatient			3339			Corrections	Corrections	2671.2	80			1001.7	3172.05	percent of total billed charges	
BRONCHOSCOPY W IMAGE GUIDED NAVIGATION	31627	CPT	outpatient			3339			First Health	First Health	2337.3	70			1001.7	3172.05	percent of total billed charges	
BRONCHOSCOPY W IMAGE GUIDED NAVIGATION	31627	CPT	outpatient			3339			First Trenton	First Trenton	3005.1	90			1001.7	3172.05	percent of total billed charges	
BRONCHOSCOPY W IMAGE GUIDED NAVIGATION	31627	CPT	outpatient			3339			Horizon	MGD	1276.17	38.28			1001.7	3172.05	percent of total billed charges	
BRONCHOSCOPY W IMAGE GUIDED NAVIGATION	31627	CPT	outpatient			3339			Horizon	Medicare Blue	1001.7	30			1001.7	3172.05	percent of total billed charges	
BRONCHOSCOPY W IMAGE GUIDED NAVIGATION	31627	CPT	outpatient			3339			Horizon	Indemnity	1278.17	38.28			1001.7	3172.05	percent of total billed charges	
BRONCHOSCOPY W IMAGE GUIDED NAVIGATION	31627	CPT	outpatient			3339			Horizon	PPO	1278.17	38.28			1001.7	3172.05	percent of total billed charges	
BRONCHOSCOPY W IMAGE GUIDED NAVIGATION	31627	CPT	outpatient			3339			Managed Care Inc	Managed Care Inc	3005.1	90			1001.7	3172.05	percent of total billed charges	
BRONCHOSCOPY W IMAGE GUIDED NAVIGATION	31627	CPT	outpatient			3339			Multiplan	Multiplan	2671.2	80			1001.7	3172.05	percent of total billed charges	
BRONCHOSCOPY W IMAGE GUIDED NAVIGATION	31627	CPT	outpatient			3339			Qualcare	Qualcare	2504.25	75			1001.7	3172.05	percent of total billed charges	
BRONCHOSCOPY W IMAGE GUIDED NAVIGATION	31627	CPT	outpatient			3339			Three Rivers	Three Rivers	3172.05	95			1001.7	3172.05	percent of total billed charges	
BRONCHOSCOPY W IMAGE GUIDED NAVIGATION	31627	CPT	outpatient			3339			UHC	Medicaid	1053.45	31.55			1001.7	3172.05	percent of total billed charges	
BRONCHOSCOPY W IMAGE GUIDED NAVIGATION	31627	CPT	outpatient			3339			United	Oxford	1782				1001.7	3172.05	case rate	
BRONCHOSCOPY W IMAGE GUIDED NAVIGATION	31627	CPT	outpatient			3339			United	Commercial|PPO	1782				1001.7	3172.05	case rate	
BRONCHOSCOPY W IMAGE GUIDED NAVIGATION	31627	CPT	outpatient			3339			Wellcare	Medicaid	1053.45	31.55			1001.7	3172.05	percent of total billed charges	
BRONCHOSCOPY W IMAGE GUIDED NAVIGATION	31627	CPT	outpatient			3339			WellPoint	WellPoint	1074.49	32.18			1001.7	3172.05	percent of total billed charges	
BRONCH W/TRANS. BRONCH. LUNG BX	31628	CPT	outpatient			12147		4925.3	Aetna	Better Health	3832.38	31.55			424.33	11539.65	percent of total billed charges	
BRONCH W/TRANS. BRONCH. LUNG BX	31628	CPT	outpatient			12147		4925.3	Aetna	Commercial	6818.33				424.33	11539.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCH W/TRANS. BRONCH. LUNG BX	31628	CPT	outpatient			12147		4925.3	Aetna	Medicare	4282.87				424.33	11539.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCH W/TRANS. BRONCH. LUNG BX	31628	CPT	outpatient			12147		4925.3	Americare	Americare	9110.25	75			424.33	11539.65	percent of total billed charges	
BRONCH W/TRANS. BRONCH. LUNG BX	31628	CPT	outpatient			12147		4925.3	Amerihealth	Medicare	4282.87				424.33	11539.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCH W/TRANS. BRONCH. LUNG BX	31628	CPT	outpatient			12147		4925.3	Amerihealth	HMO/PPO	7895.55	65			424.33	11539.65	percent of total billed charges	
BRONCH W/TRANS. BRONCH. LUNG BX	31628	CPT	outpatient			12147		4925.3	Consumer	Consumer	11539.65	95			424.33	11539.65	percent of total billed charges	
BRONCH W/TRANS. BRONCH. LUNG BX	31628	CPT	outpatient			12147		4925.3	Corrections	Corrections	9717.6	80			424.33	11539.65	percent of total billed charges	
BRONCH W/TRANS. BRONCH. LUNG BX	31628	CPT	outpatient			12147		4925.3	First Health	First Health	8502.9	70			424.33	11539.65	percent of total billed charges	
BRONCH W/TRANS. BRONCH. LUNG BX	31628	CPT	outpatient			12147		4925.3	First Trenton	First Trenton	10932.3	90			424.33	11539.65	percent of total billed charges	
BRONCH W/TRANS. BRONCH. LUNG BX	31628	CPT	outpatient			12147		4925.3	Horizon	MGD	7970.42				424.33	11539.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCH W/TRANS. BRONCH. LUNG BX	31628	CPT	outpatient			12147		4925.3	Horizon	Medicare Blue	4282.87				424.33	11539.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCH W/TRANS. BRONCH. LUNG BX	31628	CPT	outpatient			12147		4925.3	Horizon	NJ Health	424.33				424.33	11539.65	fee schedule	
BRONCH W/TRANS. BRONCH. LUNG BX	31628	CPT	outpatient			12147		4925.3	Horizon	Indemnity	7970.42				424.33	11539.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCH W/TRANS. BRONCH. LUNG BX	31628	CPT	outpatient			12147		4925.3	Horizon	PPO	7970.42				424.33	11539.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCH W/TRANS. BRONCH. LUNG BX	31628	CPT	outpatient			12147		4925.3	Managed Care Inc	Managed Care Inc	10932.3	90			424.33	11539.65	percent of total billed charges	
BRONCH W/TRANS. BRONCH. LUNG BX	31628	CPT	outpatient			12147		4925.3	Multiplan	Multiplan	9717.6	80			424.33	11539.65	percent of total billed charges	
BRONCH W/TRANS. BRONCH. LUNG BX	31628	CPT	outpatient			12147		4925.3	Qualcare	Qualcare	9110.25	75			424.33	11539.65	percent of total billed charges	
BRONCH W/TRANS. BRONCH. LUNG BX	31628	CPT	outpatient			12147		4925.3	Three Rivers	Three Rivers	11539.65	95			424.33	11539.65	percent of total billed charges	
BRONCH W/TRANS. BRONCH. LUNG BX	31628	CPT	outpatient			12147		4925.3	UHC	Medicare	4282.87				424.33	11539.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCH W/TRANS. BRONCH. LUNG BX	31628	CPT	outpatient			12147		4925.3	UHC	Medicaid	3832.38	31.55			424.33	11539.65	percent of total billed charges	
BRONCH W/TRANS. BRONCH. LUNG BX	31628	CPT	outpatient			12147		4925.3	United	Commercial|PPO	2493				424.33	11539.65	case rate	
BRONCH W/TRANS. BRONCH. LUNG BX	31628	CPT	outpatient			12147		4925.3	United	Oxford	2493				424.33	11539.65	case rate	
BRONCH W/TRANS. BRONCH. LUNG BX	31628	CPT	outpatient			12147		4925.3	Wellcare	Medicare	4282.87				424.33	11539.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCH W/TRANS. BRONCH. LUNG BX	31628	CPT	outpatient			12147		4925.3	Wellcare	Medicaid	3832.38	31.55			424.33	11539.65	percent of total billed charges	
BRONCH W/TRANS. BRONCH. LUNG BX	31628	CPT	outpatient			12147		4925.3	WellPoint	WellPoint	3908.9	32.18			424.33	11539.65	percent of total billed charges	
BRONCHOSCOPY W/TRANSBRONCH NEEDLE ASP.	31629	CPT	outpatient			11218		4925.3	Aetna	Better Health	3539.28	31.55			953.12	10657.1	percent of total billed charges	
BRONCHOSCOPY W/TRANSBRONCH NEEDLE ASP.	31629	CPT	outpatient			11218		4925.3	Aetna	Commercial	6818.33				953.12	10657.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCHOSCOPY W/TRANSBRONCH NEEDLE ASP.	31629	CPT	outpatient			11218		4925.3	Aetna	Medicare	4282.87				953.12	10657.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCHOSCOPY W/TRANSBRONCH NEEDLE ASP.	31629	CPT	outpatient			11218		4925.3	Americare	Americare	8413.5	75			953.12	10657.1	percent of total billed charges	
BRONCHOSCOPY W/TRANSBRONCH NEEDLE ASP.	31629	CPT	outpatient			11218		4925.3	Amerihealth	HMO/PPO	7291.7	65			953.12	10657.1	percent of total billed charges	
BRONCHOSCOPY W/TRANSBRONCH NEEDLE ASP.	31629	CPT	outpatient			11218		4925.3	Amerihealth	Medicare	4282.87				953.12	10657.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCHOSCOPY W/TRANSBRONCH NEEDLE ASP.	31629	CPT	outpatient			11218		4925.3	Consumer	Consumer	10657.1	95			953.12	10657.1	percent of total billed charges	
BRONCHOSCOPY W/TRANSBRONCH NEEDLE ASP.	31629	CPT	outpatient			11218		4925.3	Corrections	Corrections	8974.4	80			953.12	10657.1	percent of total billed charges	
BRONCHOSCOPY W/TRANSBRONCH NEEDLE ASP.	31629	CPT	outpatient			11218		4925.3	First Health	First Health	7852.6	70			953.12	10657.1	percent of total billed charges	
BRONCHOSCOPY W/TRANSBRONCH NEEDLE ASP.	31629	CPT	outpatient			11218		4925.3	First Trenton	First Trenton	10096.2	90			953.12	10657.1	percent of total billed charges	
BRONCHOSCOPY W/TRANSBRONCH NEEDLE ASP.	31629	CPT	outpatient			11218		4925.3	Horizon	Medicare Blue	4282.87				953.12	10657.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCHOSCOPY W/TRANSBRONCH NEEDLE ASP.	31629	CPT	outpatient			11218		4925.3	Horizon	PPO	7970.42				953.12	10657.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCHOSCOPY W/TRANSBRONCH NEEDLE ASP.	31629	CPT	outpatient			11218		4925.3	Horizon	MGD	7970.42				953.12	10657.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCHOSCOPY W/TRANSBRONCH NEEDLE ASP.	31629	CPT	outpatient			11218		4925.3	Horizon	Indemnity	7970.42				953.12	10657.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCHOSCOPY W/TRANSBRONCH NEEDLE ASP.	31629	CPT	outpatient			11218		4925.3	Horizon	NJ Health	953.12				953.12	10657.1	fee schedule	
BRONCHOSCOPY W/TRANSBRONCH NEEDLE ASP.	31629	CPT	outpatient			11218		4925.3	Managed Care Inc	Managed Care Inc	10096.2	90			953.12	10657.1	percent of total billed charges	
BRONCHOSCOPY W/TRANSBRONCH NEEDLE ASP.	31629	CPT	outpatient			11218		4925.3	Multiplan	Multiplan	8974.4	80			953.12	10657.1	percent of total billed charges	
BRONCHOSCOPY W/TRANSBRONCH NEEDLE ASP.	31629	CPT	outpatient			11218		4925.3	Qualcare	Qualcare	8413.5	75			953.12	10657.1	percent of total billed charges	
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hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
BRONCHOSCOPY W/TRANSBRONCH NEEDLE ASP.	31629	CPT	outpatient			11218		4925.3 UHC	Medicare		4282.87				953.12	10657.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCHOSCOPY W/TRANSBRONCH NEEDLE ASP.	31629	CPT	outpatient			11218		4925.3 United	CommercialPPO		3492				953.12	10657.1	case rate	
BRONCHOSCOPY W/TRANSBRONCH NEEDLE ASP.	31629	CPT	outpatient			11218		4925.3 United	Oxford		3492				953.12	10657.1	case rate	
BRONCHOSCOPY W/TRANSBRONCH NEEDLE ASP.	31629	CPT	outpatient			11218		4925.3 Wellcare	Medicaid		3539.28	31.55			953.12	10657.1	percent of total billed charges	
BRONCHOSCOPY W/TRANSBRONCH NEEDLE ASP.	31629	CPT	outpatient			11218		4925.3 Wellcare	Medicare		4282.87				953.12	10657.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCHOSCOPY W/TRANSBRONCH NEEDLE ASP.	31629	CPT	outpatient			11218		4925.3 WellPoint	WellPoint		3609.95	32.18			953.12	10657.1	percent of total billed charges	
BRONCH W/DIL	31630	CPT	outpatient			12147		4925.3 Aetna	Commercial		6818.33				315.81	11539.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCH W/DIL	31630	CPT	outpatient			12147		4925.3 Aetna	Better Health		3832.38	31.55			315.81	11539.65	percent of total billed charges	
BRONCH W/DIL	31630	CPT	outpatient			12147		4925.3 Aetna	Medicare		4282.87				315.81	11539.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCH W/DIL	31630	CPT	outpatient			12147		4925.3 Americare	Americare		9110.25	75			315.81	11539.65	percent of total billed charges	
BRONCH W/DIL	31630	CPT	outpatient			12147		4925.3 Amerihealth	HMO/PPO		7895.55	65			315.81	11539.65	percent of total billed charges	
BRONCH W/DIL	31630	CPT	outpatient			12147		4925.3 Amerihealth	Medicare		4282.87				315.81	11539.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCH W/DIL	31630	CPT	outpatient			12147		4925.3 Consumer	Consumer		11539.65	95			315.81	11539.65	percent of total billed charges	
BRONCH W/DIL	31630	CPT	outpatient			12147		4925.3 Corrections	Corrections		9717.6	80			315.81	11539.65	percent of total billed charges	
BRONCH W/DIL	31630	CPT	outpatient			12147		4925.3 First Health	First Health		8502.9	70			315.81	11539.65	percent of total billed charges	
BRONCH W/DIL	31630	CPT	outpatient			12147		4925.3 First Trenton	First Trenton		10932.3	90			315.81	11539.65	percent of total billed charges	
BRONCH W/DIL	31630	CPT	outpatient			12147		4925.3 Horizon	Indemnity		7970.42				315.81	11539.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCH W/DIL	31630	CPT	outpatient			12147		4925.3 Horizon	PPO		7970.42				315.81	11539.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCH W/DIL	31630	CPT	outpatient			12147		4925.3 Horizon	MGD		7970.42				315.81	11539.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCH W/DIL	31630	CPT	outpatient			12147		4925.3 Horizon	NJ Health		315.81				315.81	11539.65	fee schedule	
BRONCH W/DIL	31630	CPT	outpatient			12147		4925.3 Horizon	Medicare Blue		4282.87				315.81	11539.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCH W/DIL	31630	CPT	outpatient			12147		4925.3 Managed Care Inc	Managed Care Inc		10932.3	90			315.81	11539.65	percent of total billed charges	
BRONCH W/DIL	31630	CPT	outpatient			12147		4925.3 Multiplan	Multiplan		9717.6	80			315.81	11539.65	percent of total billed charges	
BRONCH W/DIL	31630	CPT	outpatient			12147		4925.3 Qualcare	Qualcare		9110.25	75			315.81	11539.65	percent of total billed charges	
BRONCH W/DIL	31630	CPT	outpatient			12147		4925.3 Three Rivers	Three Rivers		11539.65	95			315.81	11539.65	percent of total billed charges	
BRONCH W/DIL	31630	CPT	outpatient			12147		4925.3 UHC	Medicaid		3832.38	31.55			315.81	11539.65	percent of total billed charges	
BRONCH W/DIL	31630	CPT	outpatient			12147		4925.3 UHC	Medicare		4282.87				315.81	11539.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCH W/DIL	31630	CPT	outpatient			12147		4925.3 United	Oxford		3492				315.81	11539.65	case rate	
BRONCH W/DIL	31630	CPT	outpatient			12147		4925.3 United	CommercialPPO		3492				315.81	11539.65	case rate	
BRONCH W/DIL	31630	CPT	outpatient			12147		4925.3 Wellcare	Medicare		4282.87				315.81	11539.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCH W/DIL	31630	CPT	outpatient			12147		4925.3 Wellcare	Medicaid		3832.38	31.55			315.81	11539.65	percent of total billed charges	
BRONCH W/DIL	31630	CPT	outpatient			12147		4925.3 WellPoint	WellPoint		3908.9	32.18			315.81	11539.65	percent of total billed charges	
BRONCH W/STENT	31631	CPT	outpatient			22542		9001.8 Aetna	Medicare		6942.94	30.8			373.23	21414.9	percent of total billed charges	
BRONCH W/STENT	31631	CPT	outpatient			22542		9001.8 Aetna	Commercial		12461.62				373.23	21414.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCH W/STENT	31631	CPT	outpatient			22542		9001.8 Aetna	Better Health		7112	31.55			373.23	21414.9	percent of total billed charges	
BRONCH W/STENT	31631	CPT	outpatient			22542		9001.8 Americare	Americare		16906.5	75			373.23	21414.9	percent of total billed charges	
BRONCH W/STENT	31631	CPT	outpatient			22542		9001.8 Amerihealth	Medicare		7827.65				373.23	21414.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCH W/STENT	31631	CPT	outpatient			22542		9001.8 Amerihealth	HMO/PPO		14652.3	65			373.23	21414.9	percent of total billed charges	
BRONCH W/STENT	31631	CPT	outpatient			22542		9001.8 Consumer	Consumer		21414.9	95			373.23	21414.9	percent of total billed charges	
BRONCH W/STENT	31631	CPT	outpatient			22542		9001.8 Corrections	Corrections		18033.6	80			373.23	21414.9	percent of total billed charges	
BRONCH W/STENT	31631	CPT	outpatient			22542		9001.8 First Health	First Health		15779.4	70			373.23	21414.9	percent of total billed charges	
BRONCH W/STENT	31631	CPT	outpatient			22542		9001.8 First Trenton	First Trenton		20287.8	90			373.23	21414.9	percent of total billed charges	
BRONCH W/STENT	31631	CPT	outpatient			22542		9001.8 Horizon	Indemnity		14567.26				373.23	21414.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCH W/STENT	31631	CPT	outpatient			22542		9001.8 Horizon	MGD		14567.26				373.23	21414.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCH W/STENT	31631	CPT	outpatient			22542		9001.8 Horizon	PPO		14567.26				373.23	21414.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCH W/STENT	31631	CPT	outpatient			22542		9001.8 Horizon	Medicare Blue		7827.65				373.23	21414.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCH W/STENT	31631	CPT	outpatient			22542		9001.8 Horizon	NJ Health		373.23				373.23	21414.9	fee schedule	
BRONCH W/STENT	31631	CPT	outpatient			22542		9001.8 Managed Care Inc	Managed Care Inc		20287.8	90			373.23	21414.9	percent of total billed charges	
BRONCH W/STENT	31631	CPT	outpatient			22542		9001.8 Multiplan	Multiplan		18033.6	80			373.23	21414.9	percent of total billed charges	
BRONCH W/STENT	31631	CPT	outpatient			22542		9001.8 Qualcare	Qualcare		16906.5	75			373.23	21414.9	percent of total billed charges	
BRONCH W/STENT	31631	CPT	outpatient			22542		9001.8 Three Rivers	Three Rivers		21414.9	95			373.23	21414.9	percent of total billed charges	
BRONCH W/STENT	31631	CPT	outpatient			22542		9001.8 UHC	Medicare		7827.65				373.23	21414.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCH W/STENT	31631	CPT	outpatient			22542		9001.8 UHC	Medicaid		7112	31.55			373.23	21414.9	percent of total billed charges	
BRONCH W/STENT	31631	CPT	outpatient			22542		9001.8 United	Oxford		3492				373.23	21414.9	case rate	
BRONCH W/STENT	31631	CPT	outpatient			22542		9001.8 United	CommercialPPO		3492				373.23	21414.9	case rate	
BRONCH W/STENT	31631	CPT	outpatient			22542		9001.8 Wellcare	Medicare		7827.65				373.23	21414.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCH W/STENT	31631	CPT	outpatient			22542		9001.8 Wellcare	Medicaid		7112	31.55			373.23	21414.9	percent of total billed charges	
BRONCH W/STENT	31631	CPT	outpatient			22542		9001.8 WellPoint	WellPoint		7254.02	32.18			373.23	21414.9	percent of total billed charges	
BRONCHOSCOPY/LUNG BX ADDL	31632	CPT	outpatient			3636		Aetna	Better Health		1147.16	31.55			87.23	3454.2	percent of total billed charges	
BRONCHOSCOPY/LUNG BX ADDL	31632	CPT	outpatient			3636		Aetna	Medicare		1119.89	30.8			87.23	3454.2	percent of total billed charges	
BRONCHOSCOPY/LUNG BX ADDL	31632	CPT	outpatient			3636		Aetna	Commercial		1381.68	38			87.23	3454.2	percent of total billed charges	
BRONCHOSCOPY/LUNG BX ADDL	31632	CPT	outpatient			3636		Americare	Americare		2727	75			87.23	3454.2	percent of total billed charges	
BRONCHOSCOPY/LUNG BX ADDL	31632	CPT	outpatient			3636		Amerihealth	HMO/PPO		2363.4	65			87.23	3454.2	percent of total billed charges	
BRONCHOSCOPY/LUNG BX ADDL	31632	CPT	outpatient			3636		Consumer	Consumer		3454.2	95			87.23	3454.2	percent of total billed charges	
BRONCHOSCOPY/LUNG BX ADDL	31632	CPT	outpatient			3636		Corrections	Corrections		2908.8	80			87.23	3454.2	percent of total billed charges	
BRONCHOSCOPY/LUNG BX ADDL	31632	CPT	outpatient			3636		First Health	First Health		2545.2	70			87.23	3454.2	percent of total billed charges	
BRONCHOSCOPY/LUNG BX ADDL	31632	CPT	outpatient			3636		First Trenton	First Trenton		3272.4	90			87.23	3454.2	percent of total billed charges	
BRONCHOSCOPY/LUNG BX ADDL	31632	CPT	outpatient			3636		Horizon	Indemnity		1391.86	38.28			87.23	3454.2	percent of total billed charges	
BRONCHOSCOPY/LUNG BX ADDL	31632	CPT	outpatient			3636		Horizon	Medicare Blue		1090.8	30			87.23	3454.2	percent of total billed charges	
BRONCHOSCOPY/LUNG BX ADDL	31632	CPT	outpatient			3636		Horizon	MGD		1391.86	38.28			87.23	3454.2	percent of total billed charges	
BRONCHOSCOPY/LUNG BX ADDL	31632	CPT	outpatient			3636		Horizon	PPO		1391.86	38.28			87.23	3454.2	percent of total billed charges	
BRONCHOSCOPY/LUNG BX ADDL	31632	CPT	outpatient			3636		Horizon	NJ Health		87.23				87.23	3454.2	fee schedule	
BRONCHOSCOPY/LUNG BX ADDL	31632	CPT	outpatient			3636		Managed Care Inc	Managed Care Inc		3272.4	90			87.23	3454.2	percent of total billed charges	
BRONCHOSCOPY/LUNG BX ADDL	31632	CPT	outpatient			3636		Multiplan	Multiplan		2908.8	80			87.23	3454.2	percent of total billed charges	
BRONCHOSCOPY/LUNG BX ADDL	31632	CPT	outpatient			3636		Qualcare	Qualcare		2727	75			87.23	3454.2	percent of total billed charges	
BRONCHOSCOPY/LUNG BX ADDL	31632	CPT	outpatient			3636		Three Rivers	Three Rivers		3454.2	95			87.23	3454.2	percent of total billed charges	
BRONCHOSCOPY/LUNG BX ADDL	31632	CPT	outpatient			3636		UHC	Medicaid		1147.16	31.55			87.23	3454.2	percent of total billed charges	
BRONCHOSCOPY/LUNG BX ADDL	31632	CPT	outpatient			3636		United	Oxford		1782				87.23	3454.2	case rate	
BRONCHOSCOPY/LUNG BX ADDL	31632	CPT	outpatient			3636		United	CommercialPPO		1782				87.23	3454.2	case rate	
BRONCHOSCOPY/LUNG BX ADDL	31632	CPT	outpatient			3636		Wellcare	Medicaid		1147.16	31.55			87.23	3454.2	percent of total billed charges	
BRONCHOSCOPY/LUNG BX ADDL	31632	CPT	outpatient			3636		WellPoint	WellPoint		1170.06	32.18			87.23	3454.2	percent of total billed charges	
BRONCHOSCOPY W/REMOVAL FB	31635	CPT	outpatient			2379	2232.29	Aetna	Commercial		3090.26				362.79	3612.42	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCHOSCOPY W/REMOVAL FB	31635	CPT	outpatient			2379	2232.29	Aetna	Medicare		1941.12				362.79	3612.42	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCHOSCOPY W/REMOVAL FB	31635	CPT	outpatient			2379	2232.29	Aetna	Better Health		750.57	31.55			362.79	3612.42	percent of total billed charges	
BRONCHOSCOPY W/REMOVAL FB	31635	CPT	outpatient			2379	2232.29	Americare	Americare		1784.25	75			362.79	3612.42	percent of total billed charges	
BRONCHOSCOPY W/REMOVAL FB	31635	CPT	outpatient			2379	2232.29	Amerihealth	Medicare		1941.12				362.79	3612.42	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCHOSCOPY W/REMOVAL FB	31635	CPT	outpatient			2379	2232.29	Amerihealth	HMO/PPO		1546.35	65			362.79	3612.42	percent of total billed charges	
BRONCHOSCOPY W/REMOVAL FB	31635	CPT	outpatient			2379	2232.29	Consumer	Consumer		2260.05	95			362.79	3612.42	percent of total billed charges	
BRONCHOSCOPY W/REMOVAL FB	31635	CPT	outpatient			2379	2232.29	Corrections	Corrections		1903.2	80			362.79	3612.42	percent of total billed charges	
BRONCHOSCOPY W/REMOVAL FB	31635	CPT	outpatient			2379	2232.29	First Health	First Health		1665.3	70			362.79	3612.42	percent of total billed charges	
BRONCHOSCOPY W/REMOVAL FB	31635	CPT	outpatient			2379	2232.29	First Trenton	First Trenton		2141.1	90			362.79	3612.42	percent of total billed charges	
BRONCHOSCOPY W/REMOVAL FB	31635	CPT	outpatient			2379	2232.29	Horizon	Indemnity		3612.42				362.79	3612.42	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCHOSCOPY W/REMOVAL FB	31635	CPT	outpatient			2379	2232.29	Horizon	Medicare Blue		1941.12				362.79	3612.42	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCHOSCOPY W/REMOVAL FB	31635	CPT	outpatient			2379	2232.29	Horizon	PPO		3612.42				362.79	3612.42	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCHOSCOPY W/REMOVAL FB	31635	CPT	outpatient			2379	2232.29	Horizon	MGD		3612.42				362.79	3612.42	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCHOSCOPY W/REMOVAL FB	31635	CPT	outpatient			2379	2232.29	Horizon	NJ Health		362.79				362.79	3612.42	fee schedule	
BRONCHOSCOPY W/REMOVAL FB	31635	CPT	outpatient			2379	2232.29	Managed Care Inc	Managed Care Inc		2141.1	90			362.79	3612.42	percent of total billed charges	
BRONCHOSCOPY W/REMOVAL FB	31635	CPT	outpatient			2379	2232.29	Multiplan	Multiplan		1903.2	80			362.79	3612.42	percent of total billed charges	
BRONCHOSCOPY W/REMOVAL FB	31635	CPT	outpatient			2379	2232.29	Qualcare	Qualcare		1784.25	75			362.79	3612.42	percent of total billed charges	
BRONCHOSCOPY W/REMOVAL FB	31635	CPT	outpatient			2379	2232.29	Three Rivers	Three Rivers		2260.05	95			362.79	3612.42	percent of total billed charges	
BRONCHOSCOPY W/REMOVAL FB	31635	CPT	outpatient			2379	2232.29	UHC	Medicare		1941.12				362.79	3612.42	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCHOSCOPY W/REMOVAL FB	31635	CPT	outpatient			2379	2232.29	UHC	Medicaid		750.57	31.55			362.79	3612.42	percent of total billed charges	
BRONCHOSCOPY W/REMOVAL FB	31635	CPT	outpatient			2379	2232.29	United	Oxford		2493				362.79	3612.42	case rate	
BRONCHOSCOPY W/REMOVAL FB	31635	CPT	outpatient			2379	2232.29	United	CommercialPPO		2493				362.79	3612.42	case rate	
BRONCHOSCOPY W/REMOVAL FB	31635	CPT	outpatient			2379	2232.29	Wellcare	Medicare		1941.12				362.79	3612.42	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCHOSCOPY W/REMOVAL FB	31635	CPT	outpatient			2379	2232.29	Wellcare	Medicaid		750.57	31.55			362.79	3612.42	percent of total billed charges	
BRONCHOSCOPY W/REMOVAL FB	31635	CPT	outpatient			2379	2232.29	WellPoint	WellPoint		765.56	32.18			362.79	3612.42	percent of total billed charges	
PLC BRONCH STENT W/DIL BIL	31636	CPT	outpatient			7899	9001.8	Aetna	Better Health		2492.13	31.55			332.31	14567.26	percent of total billed charges	
PLC BRONCH STENT W/DIL BIL	31636	CPT	outpatient			7899	9001.8	Aetna	Medicare		7827.65				332.31	14567.26	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLC BRONCH STENT W/DIL BIL	31636	CPT	outpatient			7899	9001.8	Aetna	Commercial		12461.62				332.31	14567.26	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLC BRONCH STENT W/DIL BIL	31636	CPT	outpatient			7899	9001.8	Americare	Americare		5924.25	75			332.31	14567.26	percent of total billed charges	
PLC BRONCH STENT W/DIL BIL	31636	CPT	outpatient			7899	9001.8	Amerihealth	HMO/PPO		5134.35	65			332.31	14567.26	percent of total billed charges	
PLC BRONCH STENT W/DIL BIL	31636	CPT	outpatient			7899	9001.8	Amerihealth	Medicare		7827.65				332.31	14567.26	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLC BRONCH STENT W/DIL BIL	31636	CPT	outpatient			7899	9001.8	Consumer	Consumer		7504.05	95			332.31	14567.26	percent of total billed charges	
PLC BRONCH STENT W/DIL BIL	31636	CPT	outpatient			7899	9001.8	Corrections	Corrections		6319.2	80			332.31	14567.26	percent of total billed charges	
PLC BRONCH STENT W/DIL BIL	31636	CPT	outpatient			7899	9001.8	First Health	First Health		5529.3	70			332.31	14567.26	percent of total billed charges	
PLC BRONCH STENT W/DIL BIL	31636	CPT	outpatient			7899	9001.8	First Trenton	First Trenton		7109.1	90			332.31	14567.26	percent of total billed charges	
PLC BRONCH STENT W/DIL BIL	31636	CPT	outpatient			7899	9001.8	Horizon	Medicare Blue		7827.65				332.31	14567.26	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLC BRONCH STENT W/DIL BIL	31636	CPT	outpatient			7899	9001.8	Horizon	MGD		14567.26				332.31	14567.26	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLC BRONCH STENT W/DIL BIL	31636	CPT	outpatient			7899	9001.8	Horizon	Indemnity		14567.26				332.31	14567.26	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLC BRONCH STENT W/DIL BIL	31636	CPT	outpatient			7899	9001.8	Horizon	NJ Health		332.31				332.31	14567.26	fee schedule	
PLC BRONCH STENT W/DIL BIL	31636	CPT	outpatient			7899	9001.8	Horizon	PPO		14567.26				332.31	14567.26	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLC BRONCH STENT W/DIL BIL	31636	CPT	outpatient			7899	9001.8	Managed Care Inc	Managed Care Inc		7109.1	90			332.31	14567.26	percent of total billed charges	
PLC BRONCH STENT W/DIL BIL	31636	CPT	outpatient			7899	9001.8	Multiplan	Multiplan		6319.2	80			332.31	14567.26	percent of total billed charges	
PLC BRONCH STENT W/DIL BIL	31636	CPT	outpatient			7899	9001.8	Qualcare	Qualcare		5924.25	75			332.31	14567.26	percent of total billed charges	
PLC BRONCH STENT W/DIL BIL	31636	CPT	outpatient			7899	9001.8	Three Rivers	Three Rivers		7504.05	95			332.31	14567.26	percent of total billed charges	
PLC BRONCH STENT W/DIL BIL	31636	CPT	outpatient			7899	9001.8	UHC	Medicaid		2492.13	31.55			332.31	14567.26	percent of total billed charges	
PLC BRONCH STENT W/DIL BIL	31636	CPT	outpatient			7899	9001.8	UHC	Medicare		7827.65				332.31	14567.26	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLC BRONCH STENT W/DIL BIL	31636	CPT	outpatient			7899	9001.8	United	CommercialPPO		3492				332.31	14567.26	case rate	
PLC BRONCH STENT W/DIL BIL	31636	CPT	outpatient			7899	9001.8	United	Oxford		3492				332.31	14567.26	case rate	
PLC BRONCH STENT W/DIL BIL	31636	CPT	outpatient			7899	9001.8	Wellcare	Medicare		7827.65				332.31	14567.26	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLC BRONCH STENT W/DIL BIL	31636	CPT	outpatient			7899	9001.8	Wellcare	Medicaid		2492.13	31.55			332.31	14567.26	percent of total billed charges	
PLC BRONCH STENT W/DIL BIL	31636	CPT	outpatient			7899	9001.8	WellPoint	WellPoint		2541.9	32.18			332.31	14567.26	percent of total billed charges	
PLC BRONCH STENT ADDL W/DIL RT	31637	CPT	outpatient			3583		Aetna	Commercial		1361.54	38			118.1	3403.85	percent of total billed charges	
PLC BRONCH STENT ADDL W/DIL RT	31637	CPT	outpatient			3583		Aetna	Medicare		1103.56	30.8			118.1	3403.85	percent of total billed charges	
PLC BRONCH STENT ADDL W/DIL RT	31637	CPT	outpatient			3583		Aetna	Better Health		1130.44	31.55			118.1	3403.85	percent of total billed charges	
PLC BRONCH STENT ADDL W/DIL RT	31637	CPT	outpatient			3583		Americare	Americare		2687.25	75			118.1	3403.85	percent of total billed charges	
PLC BRONCH STENT ADDL W/DIL RT	31637	CPT	outpatient			3583		Amerihealth	HMO/PPO		2328.95	65			118.1	3403.85	percent of total billed charges	
PLC BRONCH STENT ADDL W/DIL RT	31637	CPT	outpatient			3583		Consumer	Consumer		3403.85	95			118.1	3403.85	percent of total billed charges	
PLC BRONCH STENT ADDL W/DIL RT	31637	CPT	outpatient			3583		Corrections	Corrections		2866.4	80			118.1	3403.85	percent of total billed charges	
PLC BRONCH STENT ADDL W/DIL RT	31637	CPT	outpatient			3583		First Health	First Health		2508.1	70			118.1	3403.85	percent of total billed charges	
PLC BRONCH STENT ADDL W/DIL RT	31637	CPT	outpatient			3583		First Trenton	First Trenton		3224.7	90			118.1	3403.85	percent of total billed charges	
PLC BRONCH STENT ADDL W/DIL RT	31637	CPT	outpatient			3583		Horizon	MGD		1371.57	38.28			118.1	3403.85	percent of total billed charges	
PLC BRONCH STENT ADDL W/DIL RT	31637	CPT	outpatient			3583		Horizon	Indemnity		1371.57	38.28			118.1	3403.85	percent of total billed charges	
PLC BRONCH STENT ADDL W/DIL RT	31637	CPT	outpatient			3583		Horizon	Medicare Blue		1074.9	30			118.1	3403.85	percent of total billed charges	
PLC BRONCH STENT ADDL W/DIL RT	31637	CPT	outpatient			3583		Horizon	NJ Health		118.1				118.1	3403.85	fee schedule	
PLC BRONCH STENT ADDL W/DIL RT	31637	CPT	outpatient			3583		Horizon	PPO		1371.57	38.28			118.1	3403.85	percent of total billed charges	
PLC BRONCH STENT ADDL W/DIL RT	31637	CPT	outpatient			3583		Managed Care Inc	Managed Care Inc		3224.7	90			118.1	3403.85	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101191	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
PLC BRONCH STENT ADDL WIDIL RT	31637	CPT	outpatient			3583		Multiplan	Multiplan		2866.4	80			118.1	3403.85	percent of total billed charges	
PLC BRONCH STENT ADDL WIDIL RT	31637	CPT	outpatient			3583		Qualcare	Qualcare		2687.25	75			118.1	3403.85	percent of total billed charges	
PLC BRONCH STENT ADDL WIDIL RT	31637	CPT	outpatient			3583		Three Rivers	Three Rivers		3403.85	95			118.1	3403.85	percent of total billed charges	
PLC BRONCH STENT ADDL WIDIL RT	31637	CPT	outpatient			3583		UHC	Medicaid		1130.44	31.55			118.1	3403.85	percent of total billed charges	
PLC BRONCH STENT ADDL WIDIL RT	31637	CPT	outpatient			3583		United	Oxford		1782				118.1	3403.85	case rate	
PLC BRONCH STENT ADDL WIDIL RT	31637	CPT	outpatient			3583		United	CommercialPPO		1782				118.1	3403.85	case rate	
PLC BRONCH STENT ADDL WIDIL RT	31637	CPT	outpatient			3583		Wellcare	Medicaid		1130.44	31.55			118.1	3403.85	percent of total billed charges	
PLC BRONCH STENT ADDL WIDIL RT	31637	CPT	outpatient			3583		WellPoint	WellPoint		1153.01	32.18			118.1	3403.85	percent of total billed charges	
REV TRACHEAL STENT WIDIL RT	31638	CPT	outpatient			7899		9001.8 Aetna	Commercial		12461.62				369.26	14567.26	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REV TRACHEAL STENT WIDIL RT	31638	CPT	outpatient			7899		9001.8 Aetna	Better Health		2492.13	31.55			369.26	14567.26	percent of total billed charges	
REV TRACHEAL STENT WIDIL RT	31638	CPT	outpatient			7899		9001.8 Aetna	Medicare		7827.65				369.26	14567.26	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REV TRACHEAL STENT WIDIL RT	31638	CPT	outpatient			7899		9001.8 Americare	Americare		5924.25	75			369.26	14567.26	percent of total billed charges	
REV TRACHEAL STENT WIDIL RT	31638	CPT	outpatient			7899		9001.8 Amerihealth	Medicare		7827.65				369.26	14567.26	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REV TRACHEAL STENT WIDIL RT	31638	CPT	outpatient			7899		9001.8 Amerihealth	HMO/PPO		5134.35	65			369.26	14567.26	percent of total billed charges	
REV TRACHEAL STENT WIDIL RT	31638	CPT	outpatient			7899		9001.8 Consumer	Consumer		7504.05	95			369.26	14567.26	percent of total billed charges	
REV TRACHEAL STENT WIDIL RT	31638	CPT	outpatient			7899		9001.8 Corrections	Corrections		6319.2	80			369.26	14567.26	percent of total billed charges	
REV TRACHEAL STENT WIDIL RT	31638	CPT	outpatient			7899		9001.8 First Health	First Health		5529.3	70			369.26	14567.26	percent of total billed charges	
REV TRACHEAL STENT WIDIL RT	31638	CPT	outpatient			7899		9001.8 First Trenton	First Trenton		7109.1	90			369.26	14567.26	percent of total billed charges	
REV TRACHEAL STENT WIDIL RT	31638	CPT	outpatient			7899		9001.8 Horizon	PPO		14567.26				369.26	14567.26	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REV TRACHEAL STENT WIDIL RT	31638	CPT	outpatient			7899		9001.8 Horizon	MGD		14567.26				369.26	14567.26	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REV TRACHEAL STENT WIDIL RT	31638	CPT	outpatient			7899		9001.8 Horizon	Medicare Blue		7827.65				369.26	14567.26	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REV TRACHEAL STENT WIDIL RT	31638	CPT	outpatient			7899		9001.8 Horizon	NJ Health		369.26				369.26	14567.26	fee schedule	
REV TRACHEAL STENT WIDIL RT	31638	CPT	outpatient			7899		9001.8 Horizon	Indemnity		14567.26				369.26	14567.26	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REV TRACHEAL STENT WIDIL RT	31638	CPT	outpatient			7899		9001.8 Managed Care Inc	Managed Care Inc		7109.1	90			369.26	14567.26	percent of total billed charges	
REV TRACHEAL STENT WIDIL RT	31638	CPT	outpatient			7899		9001.8 Multiplan	Multiplan		6319.2	80			369.26	14567.26	percent of total billed charges	
REV TRACHEAL STENT WIDIL RT	31638	CPT	outpatient			7899		9001.8 Qualcare	Qualcare		5924.25	75			369.26	14567.26	percent of total billed charges	
REV TRACHEAL STENT WIDIL RT	31638	CPT	outpatient			7899		9001.8 Three Rivers	Three Rivers		7504.05	95			369.26	14567.26	percent of total billed charges	
REV TRACHEAL STENT WIDIL RT	31638	CPT	outpatient			7899		9001.8 UHC	Medicare		7827.65				369.26	14567.26	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REV TRACHEAL STENT WIDIL RT	31638	CPT	outpatient			7899		9001.8 UHC	Medicaid		2492.13	31.55			369.26	14567.26	percent of total billed charges	
REV TRACHEAL STENT WIDIL RT	31638	CPT	outpatient			7899		9001.8 United	CommercialPPO		3492				369.26	14567.26	case rate	
REV TRACHEAL STENT WIDIL RT	31638	CPT	outpatient			7899		9001.8 United	Oxford		3492				369.26	14567.26	case rate	
REV TRACHEAL STENT WIDIL RT	31638	CPT	outpatient			7899		9001.8 Wellcare	Medicare		7827.65				369.26	14567.26	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REV TRACHEAL STENT WIDIL RT	31638	CPT	outpatient			7899		9001.8 Wellcare	Medicaid		2492.13	31.55			369.26	14567.26	percent of total billed charges	
REV TRACHEAL STENT WIDIL RT	31638	CPT	outpatient			7899		9001.8 WellPoint	WellPoint		2541.9	32.18			369.26	14567.26	percent of total billed charges	
BRONCH WILASER	31641	CPT	outpatient			12147		4925.3 Aetna	Commercial		6818.33				373.23	11539.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCH WILASER	31641	CPT	outpatient			12147		4925.3 Aetna	Medicare		3741.28	30.8			373.23	11539.65	percent of total billed charges	
BRONCH WILASER	31641	CPT	outpatient			12147		4925.3 Aetna	Better Health		3832.38	31.55			373.23	11539.65	percent of total billed charges	
BRONCH WILASER	31641	CPT	outpatient			12147		4925.3 Americare	Americare		9110.25	75			373.23	11539.65	percent of total billed charges	
BRONCH WILASER	31641	CPT	outpatient			12147		4925.3 Amerihealth	HMO/PPO		7895.55	65			373.23	11539.65	percent of total billed charges	
BRONCH WILASER	31641	CPT	outpatient			12147		4925.3 Amerihealth	Medicare		4282.87				373.23	11539.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCH WILASER	31641	CPT	outpatient			12147		4925.3 Consumer	Consumer		11539.65	95			373.23	11539.65	percent of total billed charges	
BRONCH WILASER	31641	CPT	outpatient			12147		4925.3 Corrections	Corrections		9717.6	80			373.23	11539.65	percent of total billed charges	
BRONCH WILASER	31641	CPT	outpatient			12147		4925.3 First Health	First Health		8502.9	70			373.23	11539.65	percent of total billed charges	
BRONCH WILASER	31641	CPT	outpatient			12147		4925.3 First Trenton	First Trenton		10932.3	90			373.23	11539.65	percent of total billed charges	
BRONCH WILASER	31641	CPT	outpatient			12147		4925.3 Horizon	Indemnity		7970.42				373.23	11539.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCH WILASER	31641	CPT	outpatient			12147		4925.3 Horizon	PPO		7970.42				373.23	11539.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCH WILASER	31641	CPT	outpatient			12147		4925.3 Horizon	MGD		7970.42				373.23	11539.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCH WILASER	31641	CPT	outpatient			12147		4925.3 Horizon	Medicare Blue		4282.87				373.23	11539.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCH WILASER	31641	CPT	outpatient			12147		4925.3 Horizon	NJ Health		373.23				373.23	11539.65	fee schedule	
BRONCH WILASER	31641	CPT	outpatient			12147		4925.3 Managed Care Inc	Managed Care Inc		10932.3	90			373.23	11539.65	percent of total billed charges	
BRONCH WILASER	31641	CPT	outpatient			12147		4925.3 Multiplan	Multiplan		9717.6	80			373.23	11539.65	percent of total billed charges	
BRONCH WILASER	31641	CPT	outpatient			12147		4925.3 Qualcare	Qualcare		9110.25	75			373.23	11539.65	percent of total billed charges	
BRONCH WILASER	31641	CPT	outpatient			12147		4925.3 Three Rivers	Three Rivers		11539.65	95			373.23	11539.65	percent of total billed charges	
BRONCH WILASER	31641	CPT	outpatient			12147		4925.3 UHC	Medicaid		3832.38	31.55			373.23	11539.65	percent of total billed charges	
BRONCH WILASER	31641	CPT	outpatient			12147		4925.3 UHC	Medicare		4282.87				373.23	11539.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCH WILASER	31641	CPT	outpatient			12147		4925.3 United	CommercialPPO		3492				373.23	11539.65	case rate	
BRONCH WILASER	31641	CPT	outpatient			12147		4925.3 United	Oxford		3492				373.23	11539.65	case rate	
BRONCH WILASER	31641	CPT	outpatient			12147		4925.3 Wellcare	Medicare		4282.87				373.23	11539.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCH WILASER	31641	CPT	outpatient			12147		4925.3 Wellcare	Medicaid		3832.38	31.55			373.23	11539.65	percent of total billed charges	
BRONCH WILASER	31641	CPT	outpatient			12147		4925.3 WellPoint	WellPoint		3908.9	32.18			373.23	11539.65	percent of total billed charges	
BRONCH W/THERAP. ASP OF TRACHE	31645	CPT	outpatient			5825		2232.29 Aetna	Better Health		1837.79	31.55			310.59	5533.75	percent of total billed charges	
BRONCH W/THERAP. ASP OF TRACHE	31645	CPT	outpatient			5825		2232.29 Aetna	Medicare		1941.12				310.59	5533.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCH W/THERAP. ASP OF TRACHE	31645	CPT	outpatient			5825		2232.29 Aetna	Commercial		3090.26				310.59	5533.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCH W/THERAP. ASP OF TRACHE	31645	CPT	outpatient			5825		2232.29 Americare	Americare		4368.75	75			310.59	5533.75	percent of total billed charges	
BRONCH W/THERAP. ASP OF TRACHE	31645	CPT	outpatient			5825		2232.29 Amerihealth	Medicare		1941.12				310.59	5533.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCH W/THERAP. ASP OF TRACHE	31645	CPT	outpatient			5825		2232.29 Amerihealth	HMO/PPO		3786.25	65			310.59	5533.75	percent of total billed charges	
BRONCH W/THERAP. ASP OF TRACHE	31645	CPT	outpatient			5825		2232.29 Consumer	Consumer		5533.75	95			310.59	5533.75	percent of total billed charges	
BRONCH W/THERAP. ASP OF TRACHE	31645	CPT	outpatient			5825		2232.29 Corrections	Corrections		4660	80			310.59	5533.75	percent of total billed charges	
BRONCH W/THERAP. ASP OF TRACHE	31645	CPT	outpatient			5825		2232.29 First Health	First Health		4077.5	70			310.59	5533.75	percent of total billed charges	
BRONCH W/THERAP. ASP OF TRACHE	31645	CPT	outpatient			5825		2232.29 First Trenton	First Trenton		5242.5	90			310.59	5533.75	percent of total billed charges	
BRONCH W/THERAP. ASP OF TRACHE	31645	CPT	outpatient			5825		2232.29 Horizon	Indemnity		3612.42				310.59	5533.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCH W/THERAP. ASP OF TRACHE	31645	CPT	outpatient			5825		2232.29 Horizon	Medicare Blue		1941.12				310.59	5533.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCH W/THERAP. ASP OF TRACHE	31645	CPT	outpatient			5825		2232.29 Horizon	NJ Health		310.59				310.59	5533.75	fee schedule	
BRONCH W/THERAP. ASP OF TRACHE	31645	CPT	outpatient			5825		2232.29 Horizon	MGD		3612.42				310.59	5533.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCH W/THERAP. ASP OF TRACHE	31645	CPT	outpatient			5825		2232.29 Horizon	PPO		3612.42				310.59	5533.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCH W/THERAP. ASP OF TRACHE	31645	CPT	outpatient			5825		2232.29 Managed Care Inc	Managed Care Inc		5242.5	90			310.59	5533.75	percent of total billed charges	
BRONCH W/THERAP. ASP OF TRACHE	31645	CPT	outpatient			5825		2232.29 Multiplan	Multiplan		4660	80			310.59	5533.75	percent of total billed charges	
BRONCH W/THERAP. ASP OF TRACHE	31645	CPT	outpatient			5825		2232.29 Qualcare	Qualcare		4368.75	75			310.59	5533.75	percent of total billed charges	
BRONCH W/THERAP. ASP OF TRACHE	31645	CPT	outpatient			5825		2232.29 Three Rivers	Three Rivers		5533.75	95			310.59	5533.75	percent of total billed charges	
BRONCH W/THERAP. ASP OF TRACHE	31645	CPT	outpatient			5825		2232.29 UHC	Medicaid		1837.79	31.55			310.59	5533.75	percent of total billed charges	
BRONCH W/THERAP. ASP OF TRACHE	31645	CPT	outpatient			5825		2232.29 UHC	Medicare		1941.12				310.59	5533.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCH W/THERAP. ASP OF TRACHE	31645	CPT	outpatient			5825		2232.29 United	CommercialPPO		2493				310.59	5533.75	case rate	
BRONCH W/THERAP. ASP OF TRACHE	31645	CPT	outpatient			5825		2232.29 United	Oxford		2493				310.59	5533.75	case rate	
BRONCH W/THERAP. ASP OF TRACHE	31645	CPT	outpatient			5825		2232.29 Wellcare	Medicare		1941.12				310.59	5533.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCH W/THERAP. ASP OF TRACHE	31645	CPT	outpatient			5825		2232.29 Wellcare	Medicaid		1837.79	31.55			310.59	5533.75	percent of total billed charges	
BRONCH W/THERAP. ASP OF TRACHE	31645	CPT	outpatient			5825		2232.29 WellPoint	WellPoint		1874.49	32.18			310.59	5533.75	percent of total billed charges	
BRONCH W/THERAPY ASP.	31646	CPT	outpatient			1566		537.04 Aetna	Commercial		743.45				153.47	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCH W/THERAPY ASP.	31646	CPT	outpatient			1566		537.04 Aetna	Better Health		494.07	31.55			153.47	1782	percent of total billed charges	
BRONCH W/THERAPY ASP.	31646	CPT	outpatient			1566		537.04 Aetna	Medicare		466.99				153.47	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCH W/THERAPY ASP.	31646	CPT	outpatient			1566		537.04 Americare	Americare		1174.5	75			153.47	1782	percent of total billed charges	
BRONCH W/THERAPY ASP.	31646	CPT	outpatient			1566		537.04 Amerihealth	Medicare		466.99				153.47	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCH W/THERAPY ASP.	31646	CPT	outpatient			1566		537.04 Amerihealth	HMO/PPO		1017.9	65			153.47	1782	percent of total billed charges	
BRONCH W/THERAPY ASP.	31646	CPT	outpatient			1566		537.04 Consumer	Consumer		1487.7	95			153.47	1782	percent of total billed charges	
BRONCH W/THERAPY ASP.	31646	CPT	outpatient			1566		537.04 Corrections	Corrections		1252.8	80			153.47	1782	percent of total billed charges	
BRONCH W/THERAPY ASP.	31646	CPT	outpatient			1566		537.04 First Health	First Health		1096.2	70			153.47	1782	percent of total billed charges	
BRONCH W/THERAPY ASP.	31646	CPT	outpatient			1566		537.04 First Trenton	First Trenton		1409.4	90			153.47	1782	percent of total billed charges	
BRONCH W/THERAPY ASP.	31646	CPT	outpatient			1566		537.04 Horizon	Medicare Blue		466.99				153.47	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCH W/THERAPY ASP.	31646	CPT	outpatient			1566		537.04 Horizon	Indemnity		869.07				153.47	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCH W/THERAPY ASP.	31646	CPT	outpatient			1566		537.04 Horizon	MGD		869.07				153.47	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCH W/THERAPY ASP.	31646	CPT	outpatient			1566		537.04 Horizon	NJ Health		153.47				153.47	1782	fee schedule	
BRONCH W/THERAPY ASP.	31646	CPT	outpatient			1566		537.04 Horizon	PPO		869.07				153.47	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCH W/THERAPY ASP.	31646	CPT	outpatient			1566		537.04 Managed Care Inc	Managed Care Inc		1409.4	90			153.47	1782	percent of total billed charges	
BRONCH W/THERAPY ASP.	31646	CPT	outpatient			1566		537.04 Multiplan	Multiplan		1252.8	80			153.47	1782	percent of total billed charges	
BRONCH W/THERAPY ASP.	31646	CPT	outpatient			1566		537.04 Qualcare	Qualcare		1174.5	75			153.47	1782	percent of total billed charges	
BRONCH W/THERAPY ASP.	31646	CPT	outpatient			1566		537.04 Three Rivers	Three Rivers		1487.7	95			153.47	1782	percent of total billed charges	
BRONCH W/THERAPY ASP.	31646	CPT	outpatient			1566		537.04 UHC	Medicaid		494.07	31.55			153.47	1782	percent of total billed charges	
BRONCH W/THERAPY ASP.	31646	CPT	outpatient			1566		537.04 UHC	Medicare		466.99				153.47	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCH W/THERAPY ASP.	31646	CPT	outpatient			1566		537.04 United	CommercialPPO		1782				153.47	1782	case rate	
BRONCH W/THERAPY ASP.	31646	CPT	outpatient			1566		537.04 United	Oxford		1782				153.47	1782	case rate	
BRONCH W/THERAPY ASP.	31646	CPT	outpatient			1566		537.04 Wellcare	Medicaid		494.07	31.55			153.47	1782	percent of total billed charges	
BRONCH W/THERAPY ASP.	31646	CPT	outpatient			1566		537.04 Wellcare	Medicare		466.99				153.47	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCH W/THERAPY ASP.	31646	CPT	outpatient			1566		537.04 WellPoint	WellPoint		503.94	32.18			153.47	1782	percent of total billed charges	
BRONCHOSCOPY W/ENDOBRONCHIAL ULTRASOUND	31652	CPT	outpatient			8980		4925.3 Aetna	Commercial		6818.33				997.84	8531	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCHOSCOPY W/ENDOBRONCHIAL ULTRASOUND	31652	CPT	outpatient			8980		4925.3 Aetna	Better Health		2833.19	31.55			997.84	8531	percent of total billed charges	
BRONCHOSCOPY W/ENDOBRONCHIAL ULTRASOUND	31652	CPT	outpatient			8980		4925.3 Aetna	Medicare		4282.87				997.84	8531	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCHOSCOPY W/ENDOBRONCHIAL ULTRASOUND	31652	CPT	outpatient			8980		4925.3 Americare	Americare		6735	75			997.84	8531	percent of total billed charges	
BRONCHOSCOPY W/ENDOBRONCHIAL ULTRASOUND	31652	CPT	outpatient			8980		4925.3 Amerihealth	HMO/PPO		5837	65			997.84	8531	percent of total billed charges	
BRONCHOSCOPY W/ENDOBRONCHIAL ULTRASOUND	31652	CPT	outpatient			8980		4925.3 Amerihealth	Medicare		4282.87				997.84	8531	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCHOSCOPY W/ENDOBRONCHIAL ULTRASOUND	31652	CPT	outpatient			8980		4925.3 Consumer	Consumer		8531	95			997.84	8531	percent of total billed charges	
BRONCHOSCOPY W/ENDOBRONCHIAL ULTRASOUND	31652	CPT	outpatient			8980		4925.3 Corrections	Corrections		7184	80			997.84	8531	percent of total billed charges	
BRONCHOSCOPY W/ENDOBRONCHIAL ULTRASOUND	31652	CPT	outpatient			8980		4925.3 First Health	First Health		6286	70			997.84	8531	percent of total billed charges	
BRONCHOSCOPY W/ENDOBRONCHIAL ULTRASOUND	31652	CPT	outpatient			8980		4925.3 First Trenton	First Trenton		8082	90			997.84	8531	percent of total billed charges	
BRONCHOSCOPY W/ENDOBRONCHIAL ULTRASOUND	31652	CPT	outpatient			8980		4925.3 Horizon	PPO		7970.42				997.84	8531	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCHOSCOPY W/ENDOBRONCHIAL ULTRASOUND	31652	CPT	outpatient			8980		4925.3 Horizon	MGD		7970.42				997.84	8531	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCHOSCOPY W/ENDOBRONCHIAL ULTRASOUND	31652	CPT	outpatient			8980		4925.3 Horizon	Indemnity		7970.42				997.84	8531	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCHOSCOPY W/ENDOBRONCHIAL ULTRASOUND	31652	CPT	outpatient			8980		4925.3 Horizon	NJ Health		997.84				997.84	8531	fee schedule	
BRONCHOSCOPY W/ENDOBRONCHIAL ULTRASOUND	31652	CPT	outpatient			8980		4925.3 Horizon	Medicare Blue		4282.87				997.84	8531	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCHOSCOPY W/ENDOBRONCHIAL ULTRASOUND	31652	CPT	outpatient			8980		4925.3 Managed Care Inc	Managed Care Inc		8082	90			997.84	8531	percent of total billed charges	
BRONCHOSCOPY W/ENDOBRONCHIAL ULTRASOUND	31652	CPT	outpatient			8980		4925.3 Multiplan	Multiplan		7184	80			997.84	8531	percent of total billed charges	
BRONCHOSCOPY W/ENDOBRONCHIAL ULTRASOUND	31652	CPT	outpatient			8980		4925.3 Qualcare	Qualcare		6735	75			997.84	8531	percent of total billed charges	
BRONCHOSCOPY W/ENDOBRONCHIAL ULTRASOUND	31652	CPT	outpatient			8980		4925.3 Three Rivers	Three Rivers		8531	95			997.84	8531	percent of total billed charges	
BRONCHOSCOPY W/ENDOBRONCHIAL ULTRASOUND	31652	CPT	outpatient			8980		4925.3 UHC	Medicaid		2833.19	31.55			997.84	8531	percent of total billed charges	
BRONCHOSCOPY W/ENDOBRONCHIAL ULTRASOUND	31652	CPT	outpatient			8980		4925.3 UHC	Medicare		4282.87				997.84	8531	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCHOSCOPY W/ENDOBRONCHIAL ULTRASOUND	31652	CPT	outpatient			8980		4925.3 United	CommercialPPO		2776				997.84	8531	case rate	
BRONCHOSCOPY W/ENDOBRONCHIAL ULTRASOUND	31652	CPT	outpatient			8980		4925.3 United	Oxford		2776				997.84	8531	case rate	
BRONCHOSCOPY W/ENDOBRONCHIAL ULTRASOUND	31652	CPT	outpatient			8980		4925.3 Wellcare	Medicare		4282.87				997.84	8531	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCHOSCOPY W/ENDOBRONCHIAL ULTRASOUND	31652	CPT	outpatient			8980		4925.3 Wellcare	Medicaid		2833.19	31.55			997.84	8531	percent of total billed charges	
BRONCHOSCOPY W/ENDOBRONCHIAL ULTRASOUND	31652	CPT	outpatient			8980		4925.3 WellPoint	WellPoint		2889.76	32.18			997.84	8531	percent of total billed charges	
BRONCHOSCOPY EBUS GUIDED SAMPL 3/> NODE	31653	CPT	outpatient			11218		4925.3 Aetna	Medicare		3455.14	30.8			1059.97	10657.1	percent of total billed charges	
BRONCHOSCOPY EBUS GUIDED SAMPL 3/> NODE	31653	CPT	outpatient			11218		4925.3 Aetna	Better Health		3539.28	31.55			1059.97	10657.1	percent of total billed charges	
BRONCHOSCOPY EBUS GUIDED SAMPL 3/> NODE	31653	CPT	outpatient			11218		4925.3 Aetna	Commercial		6818.33				1059.97	10657.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCHOSCOPY EBUS GUIDED SAMPL 3/> NODE	31653	CPT	outpatient			11218		4925.3 Americare	Americare		8413.5	75			1059.97	10657.1	percent of total billed charges	
BRONCHOSCOPY EBUS GUIDED SAMPL 3/> NODE	31653	CPT	outpatient			11218		4925.3 Amerihealth	HMO/PPO		7291.7	65			1059.97	10657.1	percent of total billed charges	
BRONCHOSCOPY EBUS GUIDED SAMPL 3/> NODE	31653	CPT	outpatient			11218		4925.3 Amerihealth	Medicare		4282.87				1059.97	10657.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCHOSCOPY EBUS GUIDED SAMPL 3/> NODE	31653	CPT	outpatient			11218		4925.3 Consumer	Consumer		10657.1	95			1059.97	10657.1	percent of total billed charges	
BRONCHOSCOPY EBUS GUIDED SAMPL 3/> NODE	31653	CPT	outpatient			11218		4925.3 Corrections	Corrections		8974.4	80			1059.97	10657.1	percent of total billed charges	
BRONCHOSCOPY EBUS GUIDED SAMPL 3/> NODE	31653	CPT	outpatient			11218		4925.3 First Health	First Health		7852.6	70			1059.97	10657.1	percent of total billed charges	
BRONCHOSCOPY EBUS GUIDED SAMPL 3/> NODE	31653	CPT	outpatient			11218		4925.3 First Trenton	First Trenton		10096.2	90			1059.97	10657.1	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
BRONCHOSCOPY EBUS GUIDED SAMPL 3\> NODE	31653	CPT	outpatient			11218		4925.3 Horizon	Indemnity		7970.42				1059.97	10657.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCHOSCOPY EBUS GUIDED SAMPL 3\> NODE	31653	CPT	outpatient			11218		4925.3 Horizon	Medicare Blue		4282.87				1059.97	10657.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCHOSCOPY EBUS GUIDED SAMPL 3\> NODE	31653	CPT	outpatient			11218		4925.3 Horizon	PPO		7970.42				1059.97	10657.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCHOSCOPY EBUS GUIDED SAMPL 3\> NODE	31653	CPT	outpatient			11218		4925.3 Horizon	MGD		7970.42				1059.97	10657.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCHOSCOPY EBUS GUIDED SAMPL 3\> NODE	31653	CPT	outpatient			11218		4925.3 Horizon	NJ Health		1059.97				1059.97	10657.1	fee schedule	
BRONCHOSCOPY EBUS GUIDED SAMPL 3\> NODE	31653	CPT	outpatient			11218		4925.3 Managed Care Inc	Managed Care Inc		10096.2	90			1059.97	10657.1	percent of total billed charges	
BRONCHOSCOPY EBUS GUIDED SAMPL 3\> NODE	31653	CPT	outpatient			11218		4925.3 Multiplan	Multiplan		8974.4	80			1059.97	10657.1	percent of total billed charges	
BRONCHOSCOPY EBUS GUIDED SAMPL 3\> NODE	31653	CPT	outpatient			11218		4925.3 Qualcare	Qualcare		8413.5	75			1059.97	10657.1	percent of total billed charges	
BRONCHOSCOPY EBUS GUIDED SAMPL 3\> NODE	31653	CPT	outpatient			11218		4925.3 Three Rivers	Three Rivers		10657.1	95			1059.97	10657.1	percent of total billed charges	
BRONCHOSCOPY EBUS GUIDED SAMPL 3\> NODE	31653	CPT	outpatient			11218		4925.3 UHC	Medicare		4282.87				1059.97	10657.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCHOSCOPY EBUS GUIDED SAMPL 3\> NODE	31653	CPT	outpatient			11218		4925.3 UHC	Medicaid		3539.28	31.55			1059.97	10657.1	percent of total billed charges	
BRONCHOSCOPY EBUS GUIDED SAMPL 3\> NODE	31653	CPT	outpatient			11218		4925.3 United	Oxford		2776				1059.97	10657.1	case rate	
BRONCHOSCOPY EBUS GUIDED SAMPL 3\> NODE	31653	CPT	outpatient			11218		4925.3 United	CommercialPPO		2776				1059.97	10657.1	case rate	
BRONCHOSCOPY EBUS GUIDED SAMPL 3\> NODE	31653	CPT	outpatient			11218		4925.3 Wellcare	Medicare		4282.87				1059.97	10657.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCHOSCOPY EBUS GUIDED SAMPL 3\> NODE	31653	CPT	outpatient			11218		4925.3 Wellcare	Medicaid		3539.28	31.55			1059.97	10657.1	percent of total billed charges	
BRONCHOSCOPY EBUS GUIDED SAMPL 3\> NODE	31653	CPT	outpatient			11218		4925.3 WellPoint	WellPoint		3609.95	32.18			1059.97	10657.1	percent of total billed charges	
BRNSCHSC TRDSC EBUS DX/TX INTERVENTION P	31654	CPT	outpatient					Horizon	NJ Health		156.78				156.78	1782	fee schedule	
BRNSCHSC TRDSC EBUS DX/TX INTERVENTION P	31654	CPT	outpatient					United	CommercialPPO		1782				156.78	1782	case rate	
BRNSCHSC TRDSC EBUS DX/TX INTERVENTION P	31654	CPT	outpatient					United	Oxford		1782				156.78	1782	case rate	
SUCTIONING OF ARTIFICIAL AIRWAY(EACH)	31720	CPT	both			651		280.52 Aetna	Better Health		205.39	31.55			62.01	1782	percent of total billed charges	
SUCTIONING OF ARTIFICIAL AIRWAY(EACH)	31720	CPT	both			651		280.52 Aetna	Commercial		388.34				62.01	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUCTIONING OF ARTIFICIAL AIRWAY(EACH)	31720	CPT	both			651		280.52 Aetna	Medicare		243.93				62.01	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUCTIONING OF ARTIFICIAL AIRWAY(EACH)	31720	CPT	both			651		280.52 Americare	Americare		486.25	75			62.01	1782	percent of total billed charges	
SUCTIONING OF ARTIFICIAL AIRWAY(EACH)	31720	CPT	both			651		280.52 Amerihealth	HMO/PPO		423.15	65			62.01	1782	percent of total billed charges	
SUCTIONING OF ARTIFICIAL AIRWAY(EACH)	31720	CPT	both			651		280.52 Amerihealth	Medicare		243.93				62.01	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUCTIONING OF ARTIFICIAL AIRWAY(EACH)	31720	CPT	both			651		280.52 Consumer	Consumer		618.45	95			62.01	1782	percent of total billed charges	
SUCTIONING OF ARTIFICIAL AIRWAY(EACH)	31720	CPT	both			651		280.52 Corrections	Corrections		520.8	80			62.01	1782	percent of total billed charges	
SUCTIONING OF ARTIFICIAL AIRWAY(EACH)	31720	CPT	both			651		280.52 First Health	First Health		455.7	70			62.01	1782	percent of total billed charges	
SUCTIONING OF ARTIFICIAL AIRWAY(EACH)	31720	CPT	both			651		280.52 First Trenton	First Trenton		585.9	90			62.01	1782	percent of total billed charges	
SUCTIONING OF ARTIFICIAL AIRWAY(EACH)	31720	CPT	both			651		280.52 Horizon	Indemnity		453.95				62.01	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUCTIONING OF ARTIFICIAL AIRWAY(EACH)	31720	CPT	both			651		280.52 Horizon	Medicare Blue		243.93				62.01	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUCTIONING OF ARTIFICIAL AIRWAY(EACH)	31720	CPT	both			651		280.52 Horizon	NJ Health		62.01				62.01	1782	fee schedule	
SUCTIONING OF ARTIFICIAL AIRWAY(EACH)	31720	CPT	both			651		280.52 Horizon	MGD		453.95				62.01	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUCTIONING OF ARTIFICIAL AIRWAY(EACH)	31720	CPT	both			651		280.52 Horizon	PPO		453.95				62.01	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUCTIONING OF ARTIFICIAL AIRWAY(EACH)	31720	CPT	both			651		280.52 Managed Care Inc	Managed Care Inc		585.9	90			62.01	1782	percent of total billed charges	
SUCTIONING OF ARTIFICIAL AIRWAY(EACH)	31720	CPT	both			651		280.52 Multiplan	Multiplan		520.8	80			62.01	1782	percent of total billed charges	
SUCTIONING OF ARTIFICIAL AIRWAY(EACH)	31720	CPT	both			651		280.52 Qualcare	Qualcare		488.25	75			62.01	1782	percent of total billed charges	
SUCTIONING OF ARTIFICIAL AIRWAY(EACH)	31720	CPT	both			651		280.52 Three Rivers	Three Rivers		618.45	95			62.01	1782	percent of total billed charges	
SUCTIONING OF ARTIFICIAL AIRWAY(EACH)	31720	CPT	both			651		280.52 UHC	Medicaid		205.39	31.55			62.01	1782	percent of total billed charges	
SUCTIONING OF ARTIFICIAL AIRWAY(EACH)	31720	CPT	both			651		280.52 UHC	Medicare		243.93				62.01	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUCTIONING OF ARTIFICIAL AIRWAY(EACH)	31720	CPT	both			651		280.52 United	CommercialPPO		1782				62.01	1782	case rate	
SUCTIONING OF ARTIFICIAL AIRWAY(EACH)	31720	CPT	both			651		280.52 United	Oxford		1782				62.01	1782	case rate	
SUCTIONING OF ARTIFICIAL AIRWAY(EACH)	31720	CPT	both			651		280.52 Wellcare	Medicare		243.93				62.01	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUCTIONING OF ARTIFICIAL AIRWAY(EACH)	31720	CPT	both			651		280.52 Wellcare	Medicaid		205.39	31.55			62.01	1782	percent of total billed charges	
SUCTIONING OF ARTIFICIAL AIRWAY(EACH)	31720	CPT	both			651		280.52 WellPoint	WellPoint		209.49	32.18			62.01	1782	percent of total billed charges	
TRACH/LARYN.TUBE CLEAN/INSERT	31730	CPT	outpatient			5825		2232.29 Aetna	Commercial		3090.26				245.5	5533.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRACH/LARYN.TUBE CLEAN/INSERT	31730	CPT	outpatient			5825		2232.29 Aetna	Medicare		1794.1	30.8			245.5	5533.75	percent of total billed charges	
TRACH/LARYN.TUBE CLEAN/INSERT	31730	CPT	outpatient			5825		2232.29 Aetna	Better Health		1837.79	31.55			245.5	5533.75	percent of total billed charges	
TRACH/LARYN.TUBE CLEAN/INSERT	31730	CPT	outpatient			5825		2232.29 Americare	Americare		4368.75	75			245.5	5533.75	percent of total billed charges	
TRACH/LARYN.TUBE CLEAN/INSERT	31730	CPT	outpatient			5825		2232.29 Amerihealth	HMO/PPO		3786.25	65			245.5	5533.75	percent of total billed charges	
TRACH/LARYN.TUBE CLEAN/INSERT	31730	CPT	outpatient			5825		2232.29 Amerihealth	Medicare		1941.12				245.5	5533.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRACH/LARYN.TUBE CLEAN/INSERT	31730	CPT	outpatient			5825		2232.29 Consumer	Consumer		5533.75	95			245.5	5533.75	percent of total billed charges	
TRACH/LARYN.TUBE CLEAN/INSERT	31730	CPT	outpatient			5825		2232.29 Corrections	Corrections		4660	80			245.5	5533.75	percent of total billed charges	
TRACH/LARYN.TUBE CLEAN/INSERT	31730	CPT	outpatient			5825		2232.29 First Health	First Health		4077.5	70			245.5	5533.75	percent of total billed charges	
TRACH/LARYN.TUBE CLEAN/INSERT	31730	CPT	outpatient			5825		2232.29 First Trenton	First Trenton		5242.5	90			245.5	5533.75	percent of total billed charges	
TRACH/LARYN.TUBE CLEAN/INSERT	31730	CPT	outpatient			5825		2232.29 Horizon	Medicare Blue		1941.12				245.5	5533.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRACH/LARYN.TUBE CLEAN/INSERT	31730	CPT	outpatient			5825		2232.29 Horizon	MGD		3612.42				245.5	5533.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRACH/LARYN.TUBE CLEAN/INSERT	31730	CPT	outpatient			5825		2232.29 Horizon	Indemnity		3612.42				245.5	5533.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRACH/LARYN.TUBE CLEAN/INSERT	31730	CPT	outpatient			5825		2232.29 Horizon	PPO		3612.42				245.5	5533.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRACH/LARYN.TUBE CLEAN/INSERT	31730	CPT	outpatient			5825		2232.29 Horizon	NJ Health		245.5				245.5	5533.75	fee schedule	
TRACH/LARYN.TUBE CLEAN/INSERT	31730	CPT	outpatient			5825		2232.29 Managed Care Inc	Managed Care Inc		5242.5	90			245.5	5533.75	percent of total billed charges	
TRACH/LARYN.TUBE CLEAN/INSERT	31730	CPT	outpatient			5825		2232.29 Multiplan	Multiplan		4660	80			245.5	5533.75	percent of total billed charges	
TRACH/LARYN.TUBE CLEAN/INSERT	31730	CPT	outpatient			5825		2232.29 Qualcare	Qualcare		4368.75	75			245.5	5533.75	percent of total billed charges	
TRACH/LARYN.TUBE CLEAN/INSERT	31730	CPT	outpatient			5825		2232.29 Three Rivers	Three Rivers		5533.75	95			245.5	5533.75	percent of total billed charges	
TRACH/LARYN.TUBE CLEAN/INSERT	31730	CPT	outpatient			5825		2232.29 UHC	Medicare		1941.12				245.5	5533.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRACH/LARYN.TUBE CLEAN/INSERT	31730	CPT	outpatient			5825		2232.29 UHC	Medicaid		1837.79	31.55			245.5	5533.75	percent of total billed charges	
TRACH/LARYN.TUBE CLEAN/INSERT	31730	CPT	outpatient			5825		2232.29 United	CommercialPPO		2493				245.5	5533.75	case rate	
TRACH/LARYN.TUBE CLEAN/INSERT	31730	CPT	outpatient			5825		2232.29 United	Oxford		2493				245.5	5533.75	case rate	
TRACH/LARYN.TUBE CLEAN/INSERT	31730	CPT	outpatient			5825		2232.29 Wellcare	Medicare		1941.12				245.5	5533.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRACH/LARYN.TUBE CLEAN/INSERT	31730	CPT	outpatient			5825		2232.29 Wellcare	Medicaid		1837.79	31.55			245.5	5533.75	percent of total billed charges	
TRACH/LARYN.TUBE CLEAN/INSERT	31730	CPT	outpatient			5825		2232.29 WellPoint	WellPoint		1874.49	32.18			245.5	5533.75	percent of total billed charges	
CLOSURE OF WINDPIPE LESION	31820	CPT	outpatient			10367		4234.52 Aetna	Commercial		5862.05				284.23	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSURE OF WINDPIPE LESION	31820	CPT	outpatient			10367		4234.52 Aetna	Better Health		3270.79	31.55			284.23	9848.65	percent of total billed charges	
CLOSURE OF WINDPIPE LESION	31820	CPT	outpatient			10367		4234.52 Aetna	Medicare		3682.19				284.23	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSURE OF WINDPIPE LESION	31820	CPT	outpatient			10367		4234.52 Americare	Americare		7775.25	75			284.23	9848.65	percent of total billed charges	
CLOSURE OF WINDPIPE LESION	31820	CPT	outpatient			10367		4234.52 Amerihealth	HMO/PPO		6738.55	65			284.23	9848.65	percent of total billed charges	
CLOSURE OF WINDPIPE LESION	31820	CPT	outpatient			10367		4234.52 Amerihealth	Medicare		3682.19				284.23	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSURE OF WINDPIPE LESION	31820	CPT	outpatient			10367		4234.52 Consumer	Consumer		9848.65	95			284.23	9848.65	percent of total billed charges	
CLOSURE OF WINDPIPE LESION	31820	CPT	outpatient			10367		4234.52 Corrections	Corrections		8293.6	80			284.23	9848.65	percent of total billed charges	
CLOSURE OF WINDPIPE LESION	31820	CPT	outpatient			10367		4234.52 First Health	First Health		7256.9	70			284.23	9848.65	percent of total billed charges	
CLOSURE OF WINDPIPE LESION	31820	CPT	outpatient			10367		4234.52 First Trenton	First Trenton		9330.3	90			284.23	9848.65	percent of total billed charges	
CLOSURE OF WINDPIPE LESION	31820	CPT	outpatient			10367		4234.52 Horizon	NJ Health		284.23				284.23	9848.65	fee schedule	
CLOSURE OF WINDPIPE LESION	31820	CPT	outpatient			10367		4234.52 Horizon	Indemnity		6852.56				284.23	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSURE OF WINDPIPE LESION	31820	CPT	outpatient			10367		4234.52 Horizon	Medicare Blue		3682.19				284.23	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSURE OF WINDPIPE LESION	31820	CPT	outpatient			10367		4234.52 Horizon	MGD		6852.56				284.23	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSURE OF WINDPIPE LESION	31820	CPT	outpatient			10367		4234.52 Horizon	PPO		6852.56				284.23	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSURE OF WINDPIPE LESION	31820	CPT	outpatient			10367		4234.52 Managed Care Inc	Managed Care Inc		9330.3	90			284.23	9848.65	percent of total billed charges	
CLOSURE OF WINDPIPE LESION	31820	CPT	outpatient			10367		4234.52 Multiplan	Multiplan		8293.6	80			284.23	9848.65	percent of total billed charges	
CLOSURE OF WINDPIPE LESION	31820	CPT	outpatient			10367		4234.52 Qualcare	Qualcare		7775.25	75			284.23	9848.65	percent of total billed charges	
CLOSURE OF WINDPIPE LESION	31820	CPT	outpatient			10367		4234.52 Three Rivers	Three Rivers		9848.65	95			284.23	9848.65	percent of total billed charges	
CLOSURE OF WINDPIPE LESION	31820	CPT	outpatient			10367		4234.52 UHC	Medicaid		3270.79	31.55			284.23	9848.65	percent of total billed charges	
CLOSURE OF WINDPIPE LESION	31820	CPT	outpatient			10367		4234.52 UHC	Medicare		3682.19				284.23	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSURE OF WINDPIPE LESION	31820	CPT	outpatient			10367		4234.52 United	CommercialPPO		2776				284.23	9848.65	case rate	
CLOSURE OF WINDPIPE LESION	31820	CPT	outpatient			10367		4234.52 United	Oxford		2776				284.23	9848.65	case rate	
CLOSURE OF WINDPIPE LESION	31820	CPT	outpatient			10367		4234.52 Wellcare	Medicaid		3270.79	31.55			284.23	9848.65	percent of total billed charges	
CLOSURE OF WINDPIPE LESION	31820	CPT	outpatient			10367		4234.52 Wellcare	Medicare		3682.19				284.23	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSURE OF WINDPIPE LESION	31820	CPT	outpatient			10367		4234.52 WellPoint	WellPoint		3336.1	32.18			284.23	9848.65	percent of total billed charges	
UNLISTED PROC,TRACH,BRONCHI	31899	CPT	both			2511		260.52 Aetna	Commercial		360.65				205.71	2385.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC,TRACH,BRONCHI	31899	CPT	both			2511		260.52 Aetna	Better Health		792.22	31.55			205.71	2385.45	percent of total billed charges	
UNLISTED PROC,TRACH,BRONCHI	31899	CPT	both			2511		260.52 Aetna	Medicare		226.54				205.71	2385.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC,TRACH,BRONCHI	31899	CPT	both			2511		260.52 Americare	Americare		1883.25	75			205.71	2385.45	percent of total billed charges	
UNLISTED PROC,TRACH,BRONCHI	31899	CPT	both			2511		260.52 Amerihealth	HMO/PPO		1632.15	65			205.71	2385.45	percent of total billed charges	
UNLISTED PROC,TRACH,BRONCHI	31899	CPT	both			2511		260.52 Amerihealth	Medicare		226.54				205.71	2385.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC,TRACH,BRONCHI	31899	CPT	both			2511		260.52 Consumer	Consumer		2385.45	95			205.71	2385.45	percent of total billed charges	
UNLISTED PROC,TRACH,BRONCHI	31899	CPT	both			2511		260.52 Corrections	Corrections		2008.8	80			205.71	2385.45	percent of total billed charges	
UNLISTED PROC,TRACH,BRONCHI	31899	CPT	both			2511		260.52 First Health	First Health		1757.7	70			205.71	2385.45	percent of total billed charges	
UNLISTED PROC,TRACH,BRONCHI	31899	CPT	both			2511		260.52 First Trenton	First Trenton		2259.9	90			205.71	2385.45	percent of total billed charges	
UNLISTED PROC,TRACH,BRONCHI	31899	CPT	both			2511		260.52 Horizon	Indemnity		421.59				205.71	2385.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC,TRACH,BRONCHI	31899	CPT	both			2511		260.52 Horizon	Medicare Blue		226.54				205.71	2385.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC,TRACH,BRONCHI	31899	CPT	both			2511		260.52 Horizon	PPO		421.59				205.71	2385.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC,TRACH,BRONCHI	31899	CPT	both			2511		260.52 Horizon	MGD		421.59				205.71	2385.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC,TRACH,BRONCHI	31899	CPT	both			2511		260.52 Managed Care Inc	Managed Care Inc		2259.9	90			205.71	2385.45	percent of total billed charges	
UNLISTED PROC,TRACH,BRONCHI	31899	CPT	both			2511		260.52 Multiplan	Multiplan		2008.8	80			205.71	2385.45	percent of total billed charges	
UNLISTED PROC,TRACH,BRONCHI	31899	CPT	both			2511		260.52 Qualcare	Qualcare		1883.25	75			205.71	2385.45	percent of total billed charges	
UNLISTED PROC,TRACH,BRONCHI	31899	CPT	both			2511		260.52 Three Rivers	Three Rivers		2385.45	95			205.71	2385.45	percent of total billed charges	
UNLISTED PROC,TRACH,BRONCHI	31899	CPT	both			2511		260.52 UHC	Medicaid		792.22	31.55			205.71	2385.45	percent of total billed charges	
UNLISTED PROC,TRACH,BRONCHI	31899	CPT	both			2511		260.52 UHC	Medicare		226.54				205.71	2385.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC,TRACH,BRONCHI	31899	CPT	both			2511		260.52 United	Oxford		1782				205.71	2385.45	case rate	
UNLISTED PROC,TRACH,BRONCHI	31899	CPT	both			2511		260.52 United	CommercialPPO		1782				205.71	2385.45	case rate	
UNLISTED PROC,TRACH,BRONCHI	31899	CPT	both			2511		260.52 Wellcare	Medicare		226.54				205.71	2385.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC,TRACH,BRONCHI	31899	CPT	both			2511		260.52 Wellcare	Medicaid		792.22	31.55			205.71	2385.45	percent of total billed charges	
UNLISTED PROC,TRACH,BRONCHI	31899	CPT	both			2511		260.52 WellPoint	WellPoint		808.04	32.18			205.71	2385.45	percent of total billed charges	
THORACOTOMY	32100	CPT	outpatient			4942		Aetna	Medicare		1522.14	30.8			1041.39	4694.9	percent of total billed charges	
THORACOTOMY	32100	CPT	outpatient			4942		Aetna	Better Health		1559.2	31.55			1041.39	4694.9	percent of total billed charges	
THORACOTOMY	32100	CPT	outpatient			4942		Aetna	Commercial		1877.96	38			1041.39	4694.9	percent of total billed charges	
THORACOTOMY	32100	CPT	outpatient			4942		Americare	Americare		3706.5	75			1041.39	4694.9	percent of total billed charges	
THORACOTOMY	32100	CPT	outpatient			4942		Amerihealth	HMO/PPO		3212.3	65			1041.39	4694.9	percent of total billed charges	
THORACOTOMY	32100	CPT	outpatient			4942		Consumer	Consumer		4694.9	95			1041.39	4694.9	percent of total billed charges	
THORACOTOMY	32100	CPT	outpatient			4942		Corrections	Corrections		3953.6	80			1041.39	4694.9	percent of total billed charges	
THORACOTOMY	32100	CPT	outpatient			4942		First Health	First Health		3459.4	70			1041.39	4694.9	percent of total billed charges	
THORACOTOMY	32100	CPT	outpatient			4942		First Trenton	First Trenton		4447.8	90			1041.39	4694.9	percent of total billed charges	
THORACOTOMY	32100	CPT	outpatient			4942		Horizon	MGD		1891.8	38.28			1041.39	4694.9	percent of total billed charges	
THORACOTOMY	32100	CPT	outpatient			4942		Horizon	Indemnity		1891.8	38.28			1041.39	4694.9	percent of total billed charges	
THORACOTOMY	32100	CPT	outpatient			4942		Horizon	Medicare Blue		1482.6	30			1041.39	4694.9	percent of total billed charges	
THORACOTOMY	32100	CPT	outpatient			4942		Horizon	NJ Health		1041.39				1041.39	4694.9	fee schedule	
THORACOTOMY	32100	CPT	outpatient			4942		Horizon	PPO		1891.8	38.28			1041.39	4694.9	percent of total billed charges	
THORACOTOMY	32100	CPT	outpatient			4942		Managed Care Inc	Managed Care Inc		4447.8	90			1041.39	4694.9	percent of total billed charges	
THORACOTOMY	32100	CPT	outpatient			4942		Multiplan	Multiplan		3953.6	80			1041.39	4694.9	percent of total billed charges	
THORACOTOMY	32100	CPT	outpatient			4942		Qualcare	Qualcare		3706.5	75			1041.39	4694.9	percent of total billed charges	
THORACOTOMY	32100	CPT	outpatient			4942		Three Rivers	Three Rivers		4694.9	95			1041.39	4694.9	percent of total billed charges	
THORACOTOMY	32100	CPT	outpatient			4942		UHC	Medicaid		1559.2	31.55			1041.39	4694.9	percent of total billed charges	
THORACOTOMY	32100	CPT	outpatient			4942		United	CommercialPPO		1782				1041.39	4694.9	case rate	
THORACOTOMY	32100	CPT	outpatient			4942		United	Oxford		1782				1041.39	4694.9	case rate	
THORACOTOMY	32100	CPT	outpatient			4942		Wellcare	Medicaid		1559.2	31.55			1041.39	4694.9	percent of total billed charges	
THORACOTOMY	32100	CPT	outpatient			4942		WellPoint	WellPoint		1590.34	32.18			1041.39	4694.9	percent of total billed charges	
THORACOTOMY FOR TRMATIC HEMORR,ILUNG LAC	32110	CPT	outpatient			7859		Aetna	Commercial		2986.42	38			1117.08	7466.05	percent of total billed charges	
THORACOTOMY FOR TRMATIC HEMORR,ILUNG LAC	32110	CPT	outpatient			7859		Aetna	Better Health		2479.51	31.55			1117.08	7466.05	percent of total billed charges	
THORACOTOMY FOR TRMATIC HEMORR,ILUNG LAC	32110	CPT	outpatient			7859		Aetna	Medicare		2420.57	30.8			1117.08	7466.05	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
THORACOTOMY FOR TRMATIC HEMORR,ILUNG LAC	32110	CPT	outpatient			7859		Americare	Americare		5894.25	75			1117.08	7466.05	percent of total billed charges	
THORACOTOMY FOR TRMATIC HEMORR,ILUNG LAC	32110	CPT	outpatient			7859		Amerihealth	HMO/PPO		5108.35	65			1117.08	7466.05	percent of total billed charges	
THORACOTOMY FOR TRMATIC HEMORR,ILUNG LAC	32110	CPT	outpatient			7859		Consumer	Consumer		7466.05	95			1117.08	7466.05	percent of total billed charges	
THORACOTOMY FOR TRMATIC HEMORR,ILUNG LAC	32110	CPT	outpatient			7859		Corrections	Corrections		6267.2	80			1117.08	7466.05	percent of total billed charges	
THORACOTOMY FOR TRMATIC HEMORR,ILUNG LAC	32110	CPT	outpatient			7859		First Health	First Health		5501.3	70			1117.08	7466.05	percent of total billed charges	
THORACOTOMY FOR TRMATIC HEMORR,ILUNG LAC	32110	CPT	outpatient			7859		First Trenton	First Trenton		7073.1	90			1117.08	7466.05	percent of total billed charges	
THORACOTOMY FOR TRMATIC HEMORR,ILUNG LAC	32110	CPT	outpatient			7859		Horizon	Medicare Blue		2357.7	30			1117.08	7466.05	percent of total billed charges	
THORACOTOMY FOR TRMATIC HEMORR,ILUNG LAC	32110	CPT	outpatient			7859		Horizon	MGD		3008.43	38.28			1117.08	7466.05	percent of total billed charges	
THORACOTOMY FOR TRMATIC HEMORR,ILUNG LAC	32110	CPT	outpatient			7859		Horizon	Indemnity		3008.43	38.28			1117.08	7466.05	percent of total billed charges	
THORACOTOMY FOR TRMATIC HEMORR,ILUNG LAC	32110	CPT	outpatient			7859		Horizon	NJ Health		1117.08				1117.08	7466.05	fee schedule	
THORACOTOMY FOR TRMATIC HEMORR,ILUNG LAC	32110	CPT	outpatient			7859		Horizon	PPO		3008.43	38.28			1117.08	7466.05	percent of total billed charges	
THORACOTOMY FOR TRMATIC HEMORR,ILUNG LAC	32110	CPT	outpatient			7859		Managed Care Inc	Managed Care Inc		7073.1	90			1117.08	7466.05	percent of total billed charges	
THORACOTOMY FOR TRMATIC HEMORR,ILUNG LAC	32110	CPT	outpatient			7859		Multiplan	Multiplan		6267.2	80			1117.08	7466.05	percent of total billed charges	
THORACOTOMY FOR TRMATIC HEMORR,ILUNG LAC	32110	CPT	outpatient			7859		Qualcare	Qualcare		5894.25	75			1117.08	7466.05	percent of total billed charges	
THORACOTOMY FOR TRMATIC HEMORR,ILUNG LAC	32110	CPT	outpatient			7859		Three Rivers	Three Rivers		7466.05	95			1117.08	7466.05	percent of total billed charges	
THORACOTOMY FOR TRMATIC HEMORR,ILUNG LAC	32110	CPT	outpatient			7859		UHC	Medicaid		2479.51	31.55			1117.08	7466.05	percent of total billed charges	
THORACOTOMY FOR TRMATIC HEMORR,ILUNG LAC	32110	CPT	outpatient			7859		United	Oxford		1782				1117.08	7466.05	case rate	
THORACOTOMY FOR TRMATIC HEMORR,ILUNG LAC	32110	CPT	outpatient			7859		United	CommercialPPO		1782				1117.08	7466.05	case rate	
THORACOTOMY FOR TRMATIC HEMORR,ILUNG LAC	32110	CPT	outpatient			7859		Wellcare	Medicaid		2479.51	31.55			1117.08	7466.05	percent of total billed charges	
THORACOTOMY FOR TRMATIC HEMORR,ILUNG LAC	32110	CPT	outpatient			7859		WellPoint	WellPoint		2529.03	32.18			1117.08	7466.05	percent of total billed charges	
THORACENTESIS	32124	CPT	outpatient			1566		Aetna	Medicare		482.33	30.8			469.8	1782	percent of total billed charges	
THORACENTESIS	32124	CPT	outpatient			1566		Aetna	Better Health		494.07	31.55			469.8	1782	percent of total billed charges	
THORACENTESIS	32124	CPT	outpatient			1566		Aetna	Commercial		595.08	38			469.8	1782	percent of total billed charges	
THORACENTESIS	32124	CPT	outpatient			1566		Americare	Americare		1174.5	75			469.8	1782	percent of total billed charges	
THORACENTESIS	32124	CPT	outpatient			1566		Amerihealth	HMO/PPO		1017.9	65			469.8	1782	percent of total billed charges	
THORACENTESIS	32124	CPT	outpatient			1566		Consumer	Consumer		1487.7	95			469.8	1782	percent of total billed charges	
THORACENTESIS	32124	CPT	outpatient			1566		Corrections	Corrections		1252.8	80			469.8	1782	percent of total billed charges	
THORACENTESIS	32124	CPT	outpatient			1566		First Health	First Health		1096.2	70			469.8	1782	percent of total billed charges	
THORACENTESIS	32124	CPT	outpatient			1566		First Trenton	First Trenton		1409.4	90			469.8	1782	percent of total billed charges	
THORACENTESIS	32124	CPT	outpatient			1566		Horizon	MGD		599.46	38.28			469.8	1782	percent of total billed charges	
THORACENTESIS	32124	CPT	outpatient			1566		Horizon	Indemnity		599.46	38.28			469.8	1782	percent of total billed charges	
THORACENTESIS	32124	CPT	outpatient			1566		Horizon	Medicare Blue		469.8	30			469.8	1782	percent of total billed charges	
THORACENTESIS	32124	CPT	outpatient			1566		Horizon	NJ Health		1117.08				469.8	1782	fee schedule	
THORACENTESIS	32124	CPT	outpatient			1566		Horizon	PPO		599.46	38.28			469.8	1782	percent of total billed charges	
THORACENTESIS	32124	CPT	outpatient			1566		Managed Care Inc	Managed Care Inc		1409.4	90			469.8	1782	percent of total billed charges	
THORACENTESIS	32124	CPT	outpatient			1566		Multiplan	Multiplan		1252.8	80			469.8	1782	percent of total billed charges	
THORACENTESIS	32124	CPT	outpatient			1566		Qualcare	Qualcare		1174.5	75			469.8	1782	percent of total billed charges	
THORACENTESIS	32124	CPT	outpatient			1566		Three Rivers	Three Rivers		1487.7	95			469.8	1782	percent of total billed charges	
THORACENTESIS	32124	CPT	outpatient			1566		UHC	Medicaid		494.07	31.55			469.8	1782	percent of total billed charges	
THORACENTESIS	32124	CPT	outpatient			1566		United	CommercialPPO		1782				469.8	1782	case rate	
THORACENTESIS	32124	CPT	outpatient			1566		United	Oxford		1782				469.8	1782	case rate	
THORACENTESIS	32124	CPT	outpatient			1566		Wellcare	Medicaid		494.07	31.55			469.8	1782	percent of total billed charges	
THORACENTESIS	32124	CPT	outpatient			1566		WellPoint	WellPoint		503.94	32.18			469.8	1782	percent of total billed charges	
THOROCOTOMY	32160	CPT	outpatient			4942		Aetna	Commercial		1877.96	38			1190.16	4694.9	percent of total billed charges	
THOROCOTOMY	32160	CPT	outpatient			4942		Aetna	Better Health		1559.2	31.55			1190.16	4694.9	percent of total billed charges	
THOROCOTOMY	32160	CPT	outpatient			4942		Aetna	Medicare		1522.14	30.8			1190.16	4694.9	percent of total billed charges	
THOROCOTOMY	32160	CPT	outpatient			4942		Americare	Americare		3706.5	75			1190.16	4694.9	percent of total billed charges	
THOROCOTOMY	32160	CPT	outpatient			4942		Amerihealth	HMO/PPO		3212.3	65			1190.16	4694.9	percent of total billed charges	
THOROCOTOMY	32160	CPT	outpatient			4942		Consumer	Consumer		4694.9	95			1190.16	4694.9	percent of total billed charges	
THOROCOTOMY	32160	CPT	outpatient			4942		Corrections	Corrections		3953.6	80			1190.16	4694.9	percent of total billed charges	
THOROCOTOMY	32160	CPT	outpatient			4942		First Health	First Health		3459.4	70			1190.16	4694.9	percent of total billed charges	
THOROCOTOMY	32160	CPT	outpatient			4942		First Trenton	First Trenton		4447.8	90			1190.16	4694.9	percent of total billed charges	
THOROCOTOMY	32160	CPT	outpatient			4942		Horizon	Indemnity		1891.8	38.28			1190.16	4694.9	percent of total billed charges	
THOROCOTOMY	32160	CPT	outpatient			4942		Horizon	Medicare Blue		1482.6	30			1190.16	4694.9	percent of total billed charges	
THOROCOTOMY	32160	CPT	outpatient			4942		Horizon	MGD		1891.8	38.28			1190.16	4694.9	percent of total billed charges	
THOROCOTOMY	32160	CPT	outpatient			4942		Horizon	NJ Health		1190.16				1190.16	4694.9	fee schedule	
THOROCOTOMY	32160	CPT	outpatient			4942		Horizon	PPO		1891.8	38.28			1190.16	4694.9	percent of total billed charges	
THOROCOTOMY	32160	CPT	outpatient			4942		Managed Care Inc	Managed Care Inc		4447.8	90			1190.16	4694.9	percent of total billed charges	
THOROCOTOMY	32160	CPT	outpatient			4942		Multiplan	Multiplan		3953.6	80			1190.16	4694.9	percent of total billed charges	
THOROCOTOMY	32160	CPT	outpatient			4942		Qualcare	Qualcare		3706.5	75			1190.16	4694.9	percent of total billed charges	
THOROCOTOMY	32160	CPT	outpatient			4942		Three Rivers	Three Rivers		4694.9	95			1190.16	4694.9	percent of total billed charges	
THOROCOTOMY	32160	CPT	outpatient			4942		UHC	Medicaid		1559.2	31.55			1190.16	4694.9	percent of total billed charges	
THOROCOTOMY	32160	CPT	outpatient			4942		United	CommercialPPO		1782				1190.16	4694.9	case rate	
THOROCOTOMY	32160	CPT	outpatient			4942		United	Oxford		1782				1190.16	4694.9	case rate	
THOROCOTOMY	32160	CPT	outpatient			4942		Wellcare	Medicaid		1559.2	31.55			1190.16	4694.9	percent of total billed charges	
THOROCOTOMY	32160	CPT	outpatient			4942		WellPoint	WellPoint		1590.34	32.18			1190.16	4694.9	percent of total billed charges	
NEEDLE BIOPSY CHEST LINING	32400	CPT	outpatient			5653	2132.36	Aetna	Commercial		2951.93				76.73	5370.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEEDLE BIOPSY CHEST LINING	32400	CPT	outpatient			5653	2132.36	Aetna	Better Health		1783.52	31.55			76.73	5370.35	percent of total billed charges	
NEEDLE BIOPSY CHEST LINING	32400	CPT	outpatient			5653	2132.36	Aetna	Medicare		1854.23				76.73	5370.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEEDLE BIOPSY CHEST LINING	32400	CPT	outpatient			5653	2132.36	Americare	Americare		4239.75	75			76.73	5370.35	percent of total billed charges	
NEEDLE BIOPSY CHEST LINING	32400	CPT	outpatient			5653	2132.36	Amerihealth	HMO/PPO		3674.45	65			76.73	5370.35	percent of total billed charges	
NEEDLE BIOPSY CHEST LINING	32400	CPT	outpatient			5653	2132.36	Amerihealth	Medicare		1854.23				76.73	5370.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEEDLE BIOPSY CHEST LINING	32400	CPT	outpatient			5653	2132.36	Consumer	Consumer		5370.35	95			76.73	5370.35	percent of total billed charges	
NEEDLE BIOPSY CHEST LINING	32400	CPT	outpatient			5653	2132.36	Corrections	Corrections		4522.4	80			76.73	5370.35	percent of total billed charges	
NEEDLE BIOPSY CHEST LINING	32400	CPT	outpatient			5653	2132.36	First Health	First Health		3957.1	70			76.73	5370.35	percent of total billed charges	
NEEDLE BIOPSY CHEST LINING	32400	CPT	outpatient			5653	2132.36	First Trenton	First Trenton		5087.7	90			76.73	5370.35	percent of total billed charges	
NEEDLE BIOPSY CHEST LINING	32400	CPT	outpatient			5653	2132.36	Horizon	MGD		3450.72				76.73	5370.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEEDLE BIOPSY CHEST LINING	32400	CPT	outpatient			5653	2132.36	Horizon	Medicare Blue		1854.23				76.73	5370.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEEDLE BIOPSY CHEST LINING	32400	CPT	outpatient			5653	2132.36	Horizon	PPO		3450.72				76.73	5370.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEEDLE BIOPSY CHEST LINING	32400	CPT	outpatient			5653	2132.36	Horizon	Indemnity		3450.72				76.73	5370.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEEDLE BIOPSY CHEST LINING	32400	CPT	outpatient			5653	2132.36	Horizon	NJ Health		76.73				76.73	5370.35	fee schedule	
NEEDLE BIOPSY CHEST LINING	32400	CPT	outpatient			5653	2132.36	Managed Care Inc	Managed Care Inc		5087.7	90			76.73	5370.35	percent of total billed charges	
NEEDLE BIOPSY CHEST LINING	32400	CPT	outpatient			5653	2132.36	Multiplan	Multiplan		4522.4	80			76.73	5370.35	percent of total billed charges	
NEEDLE BIOPSY CHEST LINING	32400	CPT	outpatient			5653	2132.36	Qualcare	Qualcare		4239.75	75			76.73	5370.35	percent of total billed charges	
NEEDLE BIOPSY CHEST LINING	32400	CPT	outpatient			5653	2132.36	Three Rivers	Three Rivers		5370.35	95			76.73	5370.35	percent of total billed charges	
NEEDLE BIOPSY CHEST LINING	32400	CPT	outpatient			5653	2132.36	UHC	Medicaid		1783.52	31.55			76.73	5370.35	percent of total billed charges	
NEEDLE BIOPSY CHEST LINING	32400	CPT	outpatient			5653	2132.36	UHC	Medicare		1854.23				76.73	5370.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEEDLE BIOPSY CHEST LINING	32400	CPT	outpatient			5653	2132.36	United	CommercialPPO		2493				76.73	5370.35	case rate	
NEEDLE BIOPSY CHEST LINING	32400	CPT	outpatient			5653	2132.36	United	Oxford		2493				76.73	5370.35	case rate	
NEEDLE BIOPSY CHEST LINING	32400	CPT	outpatient			5653	2132.36	Wellcare	Medicare		1854.23				76.73	5370.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEEDLE BIOPSY CHEST LINING	32400	CPT	outpatient			5653	2132.36	Wellcare	Medicaid		1783.52	31.55			76.73	5370.35	percent of total billed charges	
NEEDLE BIOPSY CHEST LINING	32400	CPT	outpatient			5653	2132.36	WellPoint	WellPoint		1819.14	32.18			76.73	5370.35	percent of total billed charges	
PERCUT BX LUNG/MEDIASTINUM	32405	CPT	outpatient			5653		Aetna	Better Health		1783.52	31.55			714.6	5370.35	percent of total billed charges	
PERCUT BX LUNG/MEDIASTINUM	32405	CPT	outpatient			5653		Aetna	Medicare		1741.12	30.8			714.6	5370.35	percent of total billed charges	
PERCUT BX LUNG/MEDIASTINUM	32405	CPT	outpatient			5653		Aetna	Commercial		2148.14	38			714.6	5370.35	percent of total billed charges	
PERCUT BX LUNG/MEDIASTINUM	32405	CPT	outpatient			5653		Americare	Americare		4239.75	75			714.6	5370.35	percent of total billed charges	
PERCUT BX LUNG/MEDIASTINUM	32405	CPT	outpatient			5653		Amerihealth	HMO/PPO		3674.45	65			714.6	5370.35	percent of total billed charges	
PERCUT BX LUNG/MEDIASTINUM	32405	CPT	outpatient			5653		Consumer	Consumer		5370.35	95			714.6	5370.35	percent of total billed charges	
PERCUT BX LUNG/MEDIASTINUM	32405	CPT	outpatient			5653		Corrections	Corrections		4522.4	80			714.6	5370.35	percent of total billed charges	
PERCUT BX LUNG/MEDIASTINUM	32405	CPT	outpatient			5653		First Health	First Health		3957.1	70			714.6	5370.35	percent of total billed charges	
PERCUT BX LUNG/MEDIASTINUM	32405	CPT	outpatient			5653		First Trenton	First Trenton		5087.7	90			714.6	5370.35	percent of total billed charges	
PERCUT BX LUNG/MEDIASTINUM	32405	CPT	outpatient			5653		Horizon	Medicare Blue		1695.9	30			714.6	5370.35	percent of total billed charges	
PERCUT BX LUNG/MEDIASTINUM	32405	CPT	outpatient			5653		Horizon	MGD		2163.97	38.28			714.6	5370.35	percent of total billed charges	
PERCUT BX LUNG/MEDIASTINUM	32405	CPT	outpatient			5653		Horizon	Indemnity		2163.97	38.28			714.6	5370.35	percent of total billed charges	
PERCUT BX LUNG/MEDIASTINUM	32405	CPT	outpatient			5653		Horizon	PPO		2163.97	38.28			714.6	5370.35	percent of total billed charges	
PERCUT BX LUNG/MEDIASTINUM	32405	CPT	outpatient			5653		Managed Care Inc	Managed Care Inc		5087.7	90			714.6	5370.35	percent of total billed charges	
PERCUT BX LUNG/MEDIASTINUM	32405	CPT	outpatient			5653		Multiplan	Multiplan		4522.4	80			714.6	5370.35	percent of total billed charges	
PERCUT BX LUNG/MEDIASTINUM	32405	CPT	outpatient			5653		Qualcare	Qualcare		4239.75	75			714.6	5370.35	percent of total billed charges	
PERCUT BX LUNG/MEDIASTINUM	32405	CPT	outpatient			5653		Three Rivers	Three Rivers		5370.35	95			714.6	5370.35	percent of total billed charges	
PERCUT BX LUNG/MEDIASTINUM	32405	CPT	outpatient			5653		UHC	Medicaid		1783.52	31.55			714.6	5370.35	percent of total billed charges	
PERCUT BX LUNG/MEDIASTINUM	32405	CPT	outpatient			5653		Wellcare	Medicaid		1783.52	31.55			714.6	5370.35	percent of total billed charges	
PERCUT BX LUNG/MEDIASTINUM	32405	CPT	outpatient			5653		WellPoint	WellPoint		1819.14	32.18			714.6	5370.35	percent of total billed charges	
IR CORE NDLE BIOPSY OF LUNG/MEDIASTINUM	32408	CPT	both			5621	2132.36	Aetna	Better Health		1773.43	31.55			1411.04	5339.95	percent of total billed charges	
IR CORE NDLE BIOPSY OF LUNG/MEDIASTINUM	32408	CPT	both			5621	2132.36	Aetna	Commercial		2951.93				1411.04	5339.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IR CORE NDLE BIOPSY OF LUNG/MEDIASTINUM	32408	CPT	both			5621	2132.36	Aetna	Medicare		1854.23				1411.04	5339.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IR CORE NDLE BIOPSY OF LUNG/MEDIASTINUM	32408	CPT	both			5621	2132.36	Americare	Americare		4215.75	75			1411.04	5339.95	percent of total billed charges	
IR CORE NDLE BIOPSY OF LUNG/MEDIASTINUM	32408	CPT	both			5621	2132.36	Amerihealth	HMO/PPO		3653.65	65			1411.04	5339.95	percent of total billed charges	
IR CORE NDLE BIOPSY OF LUNG/MEDIASTINUM	32408	CPT	both			5621	2132.36	Amerihealth	Medicare		1854.23				1411.04	5339.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IR CORE NDLE BIOPSY OF LUNG/MEDIASTINUM	32408	CPT	both			5621	2132.36	Consumer	Consumer		5339.95	95			1411.04	5339.95	percent of total billed charges	
IR CORE NDLE BIOPSY OF LUNG/MEDIASTINUM	32408	CPT	both			5621	2132.36	Corrections	Corrections		4496.8	80			1411.04	5339.95	percent of total billed charges	
IR CORE NDLE BIOPSY OF LUNG/MEDIASTINUM	32408	CPT	both			5621	2132.36	First Health	First Health		3934.7	70			1411.04	5339.95	percent of total billed charges	
IR CORE NDLE BIOPSY OF LUNG/MEDIASTINUM	32408	CPT	both			5621	2132.36	First Trenton	First Trenton		5058.9	90			1411.04	5339.95	percent of total billed charges	
IR CORE NDLE BIOPSY OF LUNG/MEDIASTINUM	32408	CPT	both			5621	2132.36	Horizon	Indemnity		3450.72				1411.04	5339.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IR CORE NDLE BIOPSY OF LUNG/MEDIASTINUM	32408	CPT	both			5621	2132.36	Horizon	NJ Health		1411.04				1411.04	5339.95	fee schedule	
IR CORE NDLE BIOPSY OF LUNG/MEDIASTINUM	32408	CPT	both			5621	2132.36	Horizon	Medicare Blue		1854.23				1411.04	5339.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IR CORE NDLE BIOPSY OF LUNG/MEDIASTINUM	32408	CPT	both			5621	2132.36	Horizon	MGD		3450.72				1411.04	5339.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IR CORE NDLE BIOPSY OF LUNG/MEDIASTINUM	32408	CPT	both			5621	2132.36	Horizon	PPO		3450.72				1411.04	5339.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IR CORE NDLE BIOPSY OF LUNG/MEDIASTINUM	32408	CPT	both			5621	2132.36	Managed Care Inc	Managed Care Inc		5058.9	90			1411.04	5339.95	percent of total billed charges	
IR CORE NDLE BIOPSY OF LUNG/MEDIASTINUM	32408	CPT	both			5621	2132.36	Multiplan	Multiplan		4496.8	80			1411.04	5339.95	percent of total billed charges	
IR CORE NDLE BIOPSY OF LUNG/MEDIASTINUM	32408	CPT	both			5621	2132.36	Qualcare	Qualcare		4215.75	75			1411.04	5339.95	percent of total billed charges	
IR CORE NDLE BIOPSY OF LUNG/MEDIASTINUM	32408	CPT	both			5621	2132.36	Three Rivers	Three Rivers		5339.95	95			1411.04	5339.95	percent of total billed charges	
IR CORE NDLE BIOPSY OF LUNG/MEDIASTINUM	32408	CPT	both			5621	2132.36	UHC	Medicaid		1773.43	31.55			1411.04	5339.95	percent of total billed charges	
IR CORE NDLE BIOPSY OF LUNG/MEDIASTINUM	32408	CPT	both			5621	2132.36	UHC	Medicare		1854.23				1411.04	5339.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IR CORE NDLE BIOPSY OF LUNG/MEDIASTINUM	32408	CPT	both			5621	2132.36	United	CommercialPPO		2493				1411.04	5339.95	case rate	
IR CORE NDLE BIOPSY OF LUNG/MEDIASTINUM	32408	CPT	both			5621	2132.36	United	Oxford		2493				1411.04	5339.95	case rate	
IR CORE NDLE BIOPSY OF LUNG/MEDIASTINUM	32408	CPT	both			5621	2132.36	Wellcare	Medicare		1854.23				1411.04	5339.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IR CORE NDLE BIOPSY OF LUNG/MEDIASTINUM	32408	CPT	both			5621	2132.36	Wellcare	Medicaid		1773.43	31.55			1411.04	5339.95	percent of total billed charges	
IR CORE NDLE BIOPSY OF LUNG/MEDIASTINUM	32408	CPT	both			5621	2132.36	WellPoint	WellPoint		1808.84	32.18			1411.04	5339.95	percent of total billed charges	
INSRT INDWLG TUNNLD PLRAL CATH	32550	CPT	both			31993	4550.24	Aetna	Commercial		6299.11				3865.75	30393.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT INDWLG TUNNLD PLRAL CATH	32550	CPT	both			31993	4550.24	Aetna	Better Health		10093.79	31.55			3865.75	30393.35	percent of total billed charges	
INSRT INDWLG TUNNLD PLRAL CATH	32550	CPT	both			31993	4550.24	Aetna	Medicare		3956.73				3865.75	30393.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT INDWLG TUNNLD PLRAL CATH	32550	CPT	both			31993	4550.24	Americare	Americare		23994.75	75			3865.75	30393.35	percent of total billed charges	
INSRT INDWLG TUNNLD PLRAL CATH	32550	CPT	both			31993	4550.24	Amerihealth	HMO/PPO		20795.45	65			3865.75	30393.35	percent of total billed charges	
INSRT INDWLG TUNNLD PLRAL CATH	32550	CPT	both			31993	4550.24	Amerihealth	Medicare		3956.73				3865.75	30393.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT INDWLG TUNNLD PLRAL CATH	32550	CPT	both			31993	4550.24	Consumer	Consumer		30393.35	95			3865.75	30393.35	percent of total billed charges	
INSRT INDWLG TUNNLD PLRAL CATH	32550	CPT	both			31993	4550.24	Corrections	Corrections		25594.4	80			3865.75	30393.35	percent of total billed charges	
INSRT INDWLG TUNNLD PLRAL CATH	32550	CPT	both			31993	4550.24	First Health	First Health		22365.1	70			3865.75	30393.35	percent of total billed charges	
INSRT INDWLG TUNNLD PLRAL CATH	32550	CPT	both			31993	4550.24	First Trenton	First Trenton		28793.7	90			3865.75	30393.35	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101191	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
INSRT INDWLG TUNNLD PLRAL CATH	32550	CPT	both			31993		4550.24 Horizon	Medicare Blue		3956.73				3365.75	30393.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT INDWLG TUNNLD PLRAL CATH	32550	CPT	both			31993		4550.24 Horizon	Indemnity		7363.47				3365.75	30393.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT INDWLG TUNNLD PLRAL CATH	32550	CPT	both			31993		4550.24 Horizon	PPO		7363.47				3365.75	30393.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT INDWLG TUNNLD PLRAL CATH	32550	CPT	both			31993		4550.24 Horizon	MGD		7363.47				3365.75	30393.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT INDWLG TUNNLD PLRAL CATH	32550	CPT	both			31993		4550.24 Managed Care Inc	Managed Care Inc		26793.7	90			3365.75	30393.35	percent of total billed charges	
INSRT INDWLG TUNNLD PLRAL CATH	32550	CPT	both			31993		4550.24 Multiplan	Multiplan		25594.4	80			3365.75	30393.35	percent of total billed charges	
INSRT INDWLG TUNNLD PLRAL CATH	32550	CPT	both			31993		4550.24 Qualcare	Qualcare		23994.75	75			3365.75	30393.35	percent of total billed charges	
INSRT INDWLG TUNNLD PLRAL CATH	32550	CPT	both			31993		4550.24 Three Rivers	Three Rivers		30393.35	95			3365.75	30393.35	percent of total billed charges	
INSRT INDWLG TUNNLD PLRAL CATH	32550	CPT	both			31993		4550.24 UHC	Medicare		3956.73				3365.75	30393.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT INDWLG TUNNLD PLRAL CATH	32550	CPT	both			31993		4550.24 UHC	Medicaid		10093.79	31.55			3365.75	30393.35	percent of total billed charges	
INSRT INDWLG TUNNLD PLRAL CATH	32550	CPT	both			31993		4550.24 United	Oxford		3492				3365.75	30393.35	case rate	
INSRT INDWLG TUNNLD PLRAL CATH	32550	CPT	both			31993		4550.24 United	Commercial|PPO		3492				3365.75	30393.35	case rate	
INSRT INDWLG TUNNLD PLRAL CATH	32550	CPT	both			31993		4550.24 Wellcare	Medicare		3956.73				3365.75	30393.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT INDWLG TUNNLD PLRAL CATH	32550	CPT	both			31993		4550.24 Wellcare	Medicaid		10093.79	31.55			3365.75	30393.35	percent of total billed charges	
INSRT INDWLG TUNNLD PLRAL CATH	32550	CPT	both			31993		4550.24 WellPoint	WellPoint		10295.35	32.18			3365.75	30393.35	percent of total billed charges	
TUBE THORACOSTOMY	32551	CPT	both			1982		2106.37 Aetna	Better Health		625.32	31.55			595.98	3408.66	percent of total billed charges	
TUBE THORACOSTOMY	32551	CPT	both			1982		2106.37 Aetna	Medicare		610.46	30.8			595.98	3408.66	percent of total billed charges	
TUBE THORACOSTOMY	32551	CPT	both			1982		2106.37 Aetna	Commercial		2915.95				595.98	3408.66	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TUBE THORACOSTOMY	32551	CPT	both			1982		2106.37 Americare	Americare		1486.5	75			595.98	3408.66	percent of total billed charges	
TUBE THORACOSTOMY	32551	CPT	both			1982		2106.37 Amerihealth	HMO|PPO		1288.3	65			595.98	3408.66	percent of total billed charges	
TUBE THORACOSTOMY	32551	CPT	both			1982		2106.37 Amerihealth	Medicare		1831.63				595.98	3408.66	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TUBE THORACOSTOMY	32551	CPT	both			1982		2106.37 Consumer	Consumer		1882.9	95			595.98	3408.66	percent of total billed charges	
TUBE THORACOSTOMY	32551	CPT	both			1982		2106.37 Corrections	Corrections		1585.6	80			595.98	3408.66	percent of total billed charges	
TUBE THORACOSTOMY	32551	CPT	both			1982		2106.37 First Health	First Health		1387.4	70			595.98	3408.66	percent of total billed charges	
TUBE THORACOSTOMY	32551	CPT	both			1982		2106.37 First Trenton	First Trenton		1783.8	90			595.98	3408.66	percent of total billed charges	
TUBE THORACOSTOMY	32551	CPT	both			1982		2106.37 Horizon	PPO		3408.66				595.98	3408.66	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TUBE THORACOSTOMY	32551	CPT	both			1982		2106.37 Horizon	MGD		3408.66				595.98	3408.66	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TUBE THORACOSTOMY	32551	CPT	both			1982		2106.37 Horizon	Indemnity		3408.66				595.98	3408.66	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TUBE THORACOSTOMY	32551	CPT	both			1982		2106.37 Horizon	Medicare Blue		1831.63				595.98	3408.66	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TUBE THORACOSTOMY	32551	CPT	both			1982		2106.37 Managed Care Inc	Managed Care Inc		1783.8	90			595.98	3408.66	percent of total billed charges	
TUBE THORACOSTOMY	32551	CPT	both			1982		2106.37 Multiplan	Multiplan		1585.6	80			595.98	3408.66	percent of total billed charges	
TUBE THORACOSTOMY	32551	CPT	both			1982		2106.37 Qualcare	Qualcare		1486.5	75			595.98	3408.66	percent of total billed charges	
TUBE THORACOSTOMY	32551	CPT	both			1982		2106.37 Three Rivers	Three Rivers		1882.9	95			595.98	3408.66	percent of total billed charges	
TUBE THORACOSTOMY	32551	CPT	both			1982		2106.37 UHC	Medicaid		625.32	31.55			595.98	3408.66	percent of total billed charges	
TUBE THORACOSTOMY	32551	CPT	both			1982		2106.37 UHC	Medicare		1831.63				595.98	3408.66	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TUBE THORACOSTOMY	32551	CPT	both			1982		2106.37 United	Commercial|PPO		1817				595.98	3408.66	case rate	
TUBE THORACOSTOMY	32551	CPT	both			1982		2106.37 United	Oxford		1817				595.98	3408.66	case rate	
TUBE THORACOSTOMY	32551	CPT	both			1982		2106.37 Wellcare	Medicaid		625.32	31.55			595.98	3408.66	percent of total billed charges	
TUBE THORACOSTOMY	32551	CPT	both			1982		2106.37 Wellcare	Medicare		1831.63				595.98	3408.66	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TUBE THORACOSTOMY	32551	CPT	both			1982		2106.37 WellPoint	WellPoint		637.81	32.18			595.98	3408.66	percent of total billed charges	
REMOVAL OF INDWELLING TUNNELED PLEURAL	32552	CPT	both			2956		826.23 Aetna	Better Health		932.62	31.55			687.79	2808.2	percent of total billed charges	
REMOVAL OF INDWELLING TUNNELED PLEURAL	32552	CPT	both			2956		826.23 Aetna	Commercial		1143.79				687.79	2808.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF INDWELLING TUNNELED PLEURAL	32552	CPT	both			2956		826.23 Aetna	Medicare		718.46				687.79	2808.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF INDWELLING TUNNELED PLEURAL	32552	CPT	both			2956		826.23 Americare	Americare		2217	75			687.79	2808.2	percent of total billed charges	
REMOVAL OF INDWELLING TUNNELED PLEURAL	32552	CPT	both			2956		826.23 Amerihealth	HMO|PPO		1921.4	65			687.79	2808.2	percent of total billed charges	
REMOVAL OF INDWELLING TUNNELED PLEURAL	32552	CPT	both			2956		826.23 Amerihealth	Medicare		718.46				687.79	2808.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF INDWELLING TUNNELED PLEURAL	32552	CPT	both			2956		826.23 Consumer	Consumer		2808.2	95			687.79	2808.2	percent of total billed charges	
REMOVAL OF INDWELLING TUNNELED PLEURAL	32552	CPT	both			2956		826.23 Corrections	Corrections		2364.8	80			687.79	2808.2	percent of total billed charges	
REMOVAL OF INDWELLING TUNNELED PLEURAL	32552	CPT	both			2956		826.23 First Health	First Health		2069.2	70			687.79	2808.2	percent of total billed charges	
REMOVAL OF INDWELLING TUNNELED PLEURAL	32552	CPT	both			2956		826.23 First Trenton	First Trenton		2660.4	90			687.79	2808.2	percent of total billed charges	
REMOVAL OF INDWELLING TUNNELED PLEURAL	32552	CPT	both			2956		826.23 Horizon	MGD		1337.05				687.79	2808.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF INDWELLING TUNNELED PLEURAL	32552	CPT	both			2956		826.23 Horizon	PPO		1337.05				687.79	2808.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF INDWELLING TUNNELED PLEURAL	32552	CPT	both			2956		826.23 Horizon	Medicare Blue		718.46				687.79	2808.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF INDWELLING TUNNELED PLEURAL	32552	CPT	both			2956		826.23 Horizon	Indemnity		1337.05				687.79	2808.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF INDWELLING TUNNELED PLEURAL	32552	CPT	both			2956		826.23 Managed Care Inc	Managed Care Inc		2660.4	90			687.79	2808.2	percent of total billed charges	
REMOVAL OF INDWELLING TUNNELED PLEURAL	32552	CPT	both			2956		826.23 Multiplan	Multiplan		2364.8	80			687.79	2808.2	percent of total billed charges	
REMOVAL OF INDWELLING TUNNELED PLEURAL	32552	CPT	both			2956		826.23 Qualcare	Qualcare		2217	75			687.79	2808.2	percent of total billed charges	
REMOVAL OF INDWELLING TUNNELED PLEURAL	32552	CPT	both			2956		826.23 Three Rivers	Three Rivers		2808.2	95			687.79	2808.2	percent of total billed charges	
REMOVAL OF INDWELLING TUNNELED PLEURAL	32552	CPT	both			2956		826.23 UHC	Medicare		718.46				687.79	2808.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF INDWELLING TUNNELED PLEURAL	32552	CPT	both			2956		826.23 UHC	Medicaid		932.62	31.55			687.79	2808.2	percent of total billed charges	
REMOVAL OF INDWELLING TUNNELED PLEURAL	32552	CPT	both			2956		826.23 United	Oxford		1817				687.79	2808.2	case rate	
REMOVAL OF INDWELLING TUNNELED PLEURAL	32552	CPT	both			2956		826.23 United	Commercial|PPO		1817				687.79	2808.2	case rate	
REMOVAL OF INDWELLING TUNNELED PLEURAL	32552	CPT	both			2956		826.23 Wellcare	Medicaid		932.62	31.55			687.79	2808.2	percent of total billed charges	
REMOVAL OF INDWELLING TUNNELED PLEURAL	32552	CPT	both			2956		826.23 Wellcare	Medicare		718.46				687.79	2808.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF INDWELLING TUNNELED PLEURAL	32552	CPT	both			2956		826.23 WellPoint	WellPoint		951.24	32.18			687.79	2808.2	percent of total billed charges	
INS MARK THOR FOR RT PERQ	32553	CPT	both			4779		1822.41 Aetna	Commercial		2522.84				1507.77	4540.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INS MARK THOR FOR RT PERQ	32553	CPT	both			4779		1822.41 Aetna	Better Health		1507.77	31.55			1507.77	4540.05	percent of total billed charges	
INS MARK THOR FOR RT PERQ	32553	CPT	both			4779		1822.41 Aetna	Medicare		1584.7				1507.77	4540.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INS MARK THOR FOR RT PERQ	32553	CPT	both			4779		1822.41 Americare	Americare		3584.25	75			1507.77	4540.05	percent of total billed charges	
INS MARK THOR FOR RT PERQ	32553	CPT	both			4779		1822.41 Amerihealth	Medicare		1584.7				1507.77	4540.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INS MARK THOR FOR RT PERQ	32553	CPT	both			4779		1822.41 Amerihealth	HMO|PPO		3106.35	65			1507.77	4540.05	percent of total billed charges	
INS MARK THOR FOR RT PERQ	32553	CPT	both			4779		1822.41 Consumer	Consumer		4540.05	95			1507.77	4540.05	percent of total billed charges	
INS MARK THOR FOR RT PERQ	32553	CPT	both			4779		1822.41 Corrections	Corrections		3823.2	80			1507.77	4540.05	percent of total billed charges	
INS MARK THOR FOR RT PERQ	32553	CPT	both			4779		1822.41 First Health	First Health		3345.3	70			1507.77	4540.05	percent of total billed charges	
INS MARK THOR FOR RT PERQ	32553	CPT	both			4779		1822.41 First Trenton	First Trenton		4301.1	90			1507.77	4540.05	percent of total billed charges	
INS MARK THOR FOR RT PERQ	32553	CPT	both			4779		1822.41 Horizon	MGD		2949.13				1507.77	4540.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INS MARK THOR FOR RT PERQ	32553	CPT	both			4779		1822.41 Horizon	Indemnity		2949.13				1507.77	4540.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INS MARK THOR FOR RT PERQ	32553	CPT	both			4779		1822.41 Horizon	PPO		2949.13				1507.77	4540.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INS MARK THOR FOR RT PERQ	32553	CPT	both			4779		1822.41 Horizon	Medicare Blue		1584.7				1507.77	4540.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INS MARK THOR FOR RT PERQ	32553	CPT	both			4779		1822.41 Managed Care Inc	Managed Care Inc		4301.1	90			1507.77	4540.05	percent of total billed charges	
INS MARK THOR FOR RT PERQ	32553	CPT	both			4779		1822.41 Multiplan	Multiplan		3823.2	80			1507.77	4540.05	percent of total billed charges	
INS MARK THOR FOR RT PERQ	32553	CPT	both			4779		1822.41 Qualcare	Qualcare		3584.25	75			1507.77	4540.05	percent of total billed charges	
INS MARK THOR FOR RT PERQ	32553	CPT	both			4779		1822.41 Three Rivers	Three Rivers		4540.05	95			1507.77	4540.05	percent of total billed charges	
INS MARK THOR FOR RT PERQ	32553	CPT	both			4779		1822.41 UHC	Medicaid		1507.77	31.55			1507.77	4540.05	percent of total billed charges	
INS MARK THOR FOR RT PERQ	32553	CPT	both			4779		1822.41 UHC	Medicare		1584.7				1507.77	4540.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INS MARK THOR FOR RT PERQ	32553	CPT	both			4779		1822.41 United	Commercial|PPO		2493				1507.77	4540.05	case rate	
INS MARK THOR FOR RT PERQ	32553	CPT	both			4779		1822.41 United	Oxford		2493				1507.77	4540.05	case rate	
INS MARK THOR FOR RT PERQ	32553	CPT	both			4779		1822.41 Wellcare	Medicare		1584.7				1507.77	4540.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INS MARK THOR FOR RT PERQ	32553	CPT	both			4779		1822.41 Wellcare	Medicaid		1507.77	31.55			1507.77	4540.05	percent of total billed charges	
INS MARK THOR FOR RT PERQ	32553	CPT	both			4779		1822.41 WellPoint	WellPoint		1537.88	32.18			1507.77	4540.05	percent of total billed charges	
THORACENTIS, NDLE/CATH,ASP OF PLEURA	32554	CPT	outpatient			2280		826.23 Aetna	Better Health		719.34	31.55			632.89	2166	percent of total billed charges	
THORACENTIS, NDLE/CATH,ASP OF PLEURA	32554	CPT	outpatient			2280		826.23 Aetna	Commercial		1143.79				632.89	2166	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THORACENTIS, NDLE/CATH,ASP OF PLEURA	32554	CPT	outpatient			2280		826.23 Aetna	Medicare		718.46				632.89	2166	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THORACENTIS, NDLE/CATH,ASP OF PLEURA	32554	CPT	outpatient			2280		826.23 Americare	Americare		1710	75			632.89	2166	percent of total billed charges	
THORACENTIS, NDLE/CATH,ASP OF PLEURA	32554	CPT	outpatient			2280		826.23 Amerihealth	HMO|PPO		1482	65			632.89	2166	percent of total billed charges	
THORACENTIS, NDLE/CATH,ASP OF PLEURA	32554	CPT	outpatient			2280		826.23 Amerihealth	Medicare		718.46				632.89	2166	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THORACENTIS, NDLE/CATH,ASP OF PLEURA	32554	CPT	outpatient			2280		826.23 Consumer	Consumer		2166	95			632.89	2166	percent of total billed charges	
THORACENTIS, NDLE/CATH,ASP OF PLEURA	32554	CPT	outpatient			2280		826.23 Corrections	Corrections		1824	80			632.89	2166	percent of total billed charges	
THORACENTIS, NDLE/CATH,ASP OF PLEURA	32554	CPT	outpatient			2280		826.23 First Health	First Health		1596	70			632.89	2166	percent of total billed charges	
THORACENTIS, NDLE/CATH,ASP OF PLEURA	32554	CPT	outpatient			2280		826.23 First Trenton	First Trenton		2052	90			632.89	2166	percent of total billed charges	
THORACENTIS, NDLE/CATH,ASP OF PLEURA	32554	CPT	outpatient			2280		826.23 Horizon	MGD		1337.05				632.89	2166	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THORACENTIS, NDLE/CATH,ASP OF PLEURA	32554	CPT	outpatient			2280		826.23 Horizon	Indemnity		1337.05				632.89	2166	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THORACENTIS, NDLE/CATH,ASP OF PLEURA	32554	CPT	outpatient			2280		826.23 Horizon	Medicare Blue		718.46				632.89	2166	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THORACENTIS, NDLE/CATH,ASP OF PLEURA	32554	CPT	outpatient			2280		826.23 Horizon	NJ Health		864.22				632.89	2166	fee schedule	
THORACENTIS, NDLE/CATH,ASP OF PLEURA	32554	CPT	outpatient			2280		826.23 Horizon	PPO		1337.05				632.89	2166	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THORACENTIS, NDLE/CATH,ASP OF PLEURA	32554	CPT	outpatient			2280		826.23 Managed Care Inc	Managed Care Inc		2052	90			632.89	2166	percent of total billed charges	
THORACENTIS, NDLE/CATH,ASP OF PLEURA	32554	CPT	outpatient			2280		826.23 Multiplan	Multiplan		1824	80			632.89	2166	percent of total billed charges	
THORACENTIS, NDLE/CATH,ASP OF PLEURA	32554	CPT	outpatient			2280		826.23 Qualcare	Qualcare		1710	75			632.89	2166	percent of total billed charges	
THORACENTIS, NDLE/CATH,ASP OF PLEURA	32554	CPT	outpatient			2280		826.23 Three Rivers	Three Rivers		2166	95			632.89	2166	percent of total billed charges	
THORACENTIS, NDLE/CATH,ASP OF PLEURA	32554	CPT	outpatient			2280		826.23 UHC	Medicaid		719.34	31.55			632.89	2166	percent of total billed charges	
THORACENTIS, NDLE/CATH,ASP OF PLEURA	32554	CPT	outpatient			2280		826.23 UHC	Medicare		718.46				632.89	2166	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THORACENTIS, NDLE/CATH,ASP OF PLEURA	32554	CPT	outpatient			2280		826.23 United	Commercial|PPO		1817				632.89	2166	case rate	
THORACENTIS, NDLE/CATH,ASP OF PLEURA	32554	CPT	outpatient			2280		826.23 United	Oxford		1817				632.89	2166	case rate	
THORACENTIS, NDLE/CATH,ASP OF PLEURA	32554	CPT	outpatient			2280		826.23 Wellcare	Medicare		718.46				632.89	2166	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THORACENTIS, NDLE/CATH,ASP OF PLEURA	32554	CPT	outpatient			2280		826.23 Wellcare	Medicaid		719.34	31.55			632.89	2166	percent of total billed charges	
THORACENTIS, NDLE/CATH,ASP OF PLEURA	32554	CPT	outpatient			2280		826.23 WellPoint	WellPoint		733.7	32.18			632.89	2166	percent of total billed charges	
US GUIDED THORACENTESIS	32555	CPT	both			2540		826.23 Aetna	Better Health		801.37	31.55			569.81	2413	percent of total billed charges	
US GUIDED THORACENTESIS	32555	CPT	both			2540		826.23 Aetna	Commercial		1143.79				569.81	2413	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US GUIDED THORACENTESIS	32555	CPT	both			2540		826.23 Aetna	Medicare		718.46				569.81	2413	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US GUIDED THORACENTESIS	32555	CPT	both			2540		826.23 Americare	Americare		1905	75			569.81	2413	percent of total billed charges	
US GUIDED THORACENTESIS	32555	CPT	both			2540		826.23 Amerihealth	HMO|PPO		1651	65			569.81	2413	percent of total billed charges	
US GUIDED THORACENTESIS	32555	CPT	both			2540		826.23 Amerihealth	Medicare		718.46				569.81	2413	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US GUIDED THORACENTESIS	32555	CPT	both			2540		826.23 Consumer	Consumer		2413	95			569.81	2413	percent of total billed charges	
US GUIDED THORACENTESIS	32555	CPT	both			2540		826.23 Corrections	Corrections		2032	80			569.81	2413	percent of total billed charges	
US GUIDED THORACENTESIS	32555	CPT	both			2540		826.23 First Health	First Health		1778	70			569.81	2413	percent of total billed charges	
US GUIDED THORACENTESIS	32555	CPT	both			2540		826.23 First Trenton	First Trenton		2286	90			569.81	2413	percent of total billed charges	
US GUIDED THORACENTESIS	32555	CPT	both			2540		826.23 Horizon	MGD		1337.05				569.81	2413	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US GUIDED THORACENTESIS	32555	CPT	both			2540		826.23 Horizon	Medicare Blue		718.46				569.81	2413	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US GUIDED THORACENTESIS	32555	CPT	both			2540		826.23 Horizon	Indemnity		1337.05				569.81	2413	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US GUIDED THORACENTESIS	32555	CPT	both			2540		826.23 Horizon	NJ Health		569.81				569.81	2413	fee schedule	
US GUIDED THORACENTESIS	32555	CPT	both			2540		826.23 Horizon	PPO		1337.05				569.81	2413	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US GUIDED THORACENTESIS	32555	CPT	both			2540		826.23 Managed Care Inc	Managed Care Inc		2286	90			569.81	2413	percent of total billed charges	
US GUIDED THORACENTESIS	32555	CPT	both			2540		826.23 Multiplan	Multiplan		2032	80			569.81	2413	percent of total billed charges	
US GUIDED THORACENTESIS	32555	CPT	both			2540		826.23 Qualcare	Qualcare		1905	75			569.81	2413	percent of total billed charges	
US GUIDED THORACENTESIS	32555	CPT	both			2540		826.23 Three Rivers	Three Rivers		2413	95			569.81	2413	percent of total billed charges	
US GUIDED THORACENTESIS	32555	CPT	both			2540		826.23 UHC	Medicaid		801.37	31.55			569.81	2413	percent of total billed charges	
US GUIDED THORACENTESIS	32555	CPT	both			2540		826.23 UHC	Medicare		718.46				569.81	2413	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US GUIDED THORACENTESIS	32555	CPT	both			2540		826.23 United	Oxford		1817				569.81	2413	case rate	
US GUIDED THORACENTESIS	32555	CPT	both			2540		826.23 United	Commercial|PPO		1817				569.81	2413	case rate	
US GUIDED THORACENTESIS	32555	CPT	both			2540		826.23 Wellcare	Medicaid		801.37	31.55			569.81	2413	percent of total billed charges	
US GUIDED THORACENTESIS	32555	CPT	both			2540		826.23 Wellcare	Medicare		718.46				569.81	2413	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US GUIDED THORACENTESIS	32555	CPT	both			2540		826.23 WellPoint	WellPoint		817.37	32.18			569.81	2413	percent of total billed charges	
PLRAL DRAIN,PERC WITH INSERT OF INDWELL	32556	CPT	inpatient			6072		2502.63 Aetna	Medicare		1870.18	30.8			691.88	5768.4	percent of total billed charges	
PLRAL DRAIN,PERC WITH INSERT OF INDWELL	32556	CPT	inpatient			6072		2502.63 Aetna	Better Health		1915.72	31.55			691.88	5768.4	percent of total billed charges	
PLRAL DRAIN,PERC WITH INSERT OF INDWELL	32556	CPT	inpatient			6072		2502.63 Aetna	Commercial		3464.51				691.88	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLRAL DRAIN,PERC WITH INSERT OF INDWELL	32556	CPT	inpatient			6072		2502.63 Americare	Americare		4554	75			691.88	5768.4	percent of total billed charges	
PLRAL DRAIN,PERC WITH INSERT OF INDWELL	32556	CPT	inpatient			6072		2502.63 Amerihealth	HMO|PPO		3946.8	65			691.88	5768.4	percent of total billed charges	
PLRAL DRAIN,PERC WITH INSERT OF INDWELL	32556	CPT	inpatient			6072		2502.63 Amerihealth	Medicare		2176.2				691.88	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
PLRAL DRAIN,PERC WITH INSERT OF INDWELL	32556	CPT	inpatient			6072		2502.63 Consumer	Consumer		5768.4	95			691.88	5768.4	percent of total billed charges	
PLRAL DRAIN,PERC WITH INSERT OF INDWELL	32556	CPT	inpatient			6072		2502.63 Corrections	Corrections		4857.6	80			691.88	5768.4	percent of total billed charges	
PLRAL DRAIN,PERC WITH INSERT OF INDWELL	32556	CPT	inpatient			6072		2502.63 First Health	First Health		4250.4	70			691.88	5768.4	percent of total billed charges	
PLRAL DRAIN,PERC WITH INSERT OF INDWELL	32556	CPT	inpatient			6072		2502.63 First Trenton	First Trenton		5464.8	90			691.88	5768.4	percent of total billed charges	
PLRAL DRAIN,PERC WITH INSERT OF INDWELL	32556	CPT	inpatient			6072		2502.63 Horizon	MGD		4049.91				691.88	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLRAL DRAIN,PERC WITH INSERT OF INDWELL	32556	CPT	inpatient			6072		2502.63 Horizon	PPO		4049.91				691.88	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLRAL DRAIN,PERC WITH INSERT OF INDWELL	32556	CPT	inpatient			6072		2502.63 Horizon	NJ Health		691.88				691.88	5768.4	fee schedule	
PLRAL DRAIN,PERC WITH INSERT OF INDWELL	32556	CPT	inpatient			6072		2502.63 Horizon	Indemnity		4049.91				691.88	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLRAL DRAIN,PERC WITH INSERT OF INDWELL	32556	CPT	inpatient			6072		2502.63 Horizon	Medicare Blue		2176.2				691.88	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLRAL DRAIN,PERC WITH INSERT OF INDWELL	32556	CPT	inpatient			6072		2502.63 Managed Care Inc	Managed Care Inc		5464.8	90			691.88	5768.4	percent of total billed charges	
PLRAL DRAIN,PERC WITH INSERT OF INDWELL	32556	CPT	inpatient			6072		2502.63 Multiplan	Multiplan		4857.6	80			691.88	5768.4	percent of total billed charges	
PLRAL DRAIN,PERC WITH INSERT OF INDWELL	32556	CPT	inpatient			6072		2502.63 Qualcare	Qualcare		4554	75			691.88	5768.4	percent of total billed charges	
PLRAL DRAIN,PERC WITH INSERT OF INDWELL	32556	CPT	inpatient			6072		2502.63 Three Rivers	Three Rivers		5768.4	95			691.88	5768.4	percent of total billed charges	
PLRAL DRAIN,PERC WITH INSERT OF INDWELL	32556	CPT	inpatient			6072		2502.63 UHC	Medicaid		1915.72	31.55			691.88	5768.4	percent of total billed charges	
PLRAL DRAIN,PERC WITH INSERT OF INDWELL	32556	CPT	inpatient			6072		2502.63 UHC	Medicare		2176.2				691.88	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLRAL DRAIN,PERC WITH INSERT OF INDWELL	32556	CPT	inpatient			6072		2502.63 United	Commercial|PPO		2493				691.88	5768.4	case rate	
PLRAL DRAIN,PERC WITH INSERT OF INDWELL	32556	CPT	inpatient			6072		2502.63 United	Oxford		2493				691.88	5768.4	case rate	
PLRAL DRAIN,PERC WITH INSERT OF INDWELL	32556	CPT	inpatient			6072		2502.63 Wellcare	Medicare		2176.2				691.88	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLRAL DRAIN,PERC WITH INSERT OF INDWELL	32556	CPT	inpatient			6072		2502.63 Wellcare	Medicaid		1915.72	31.55			691.88	5768.4	percent of total billed charges	
PLRAL DRAIN,PERC WITH INSERT OF INDWELL	32556	CPT	inpatient			6072		2502.63 WellPoint	WellPoint		1953.97	32.18			691.88	5768.4	percent of total billed charges	
US GUIDED PLEURAL DRAINAGE, INDWELLING	32557	CPT	both			5666		2106.37 Aetna	Better Health		1787.62	31.55			632.89	5382.7	percent of total billed charges	
US GUIDED PLEURAL DRAINAGE, INDWELLING	32557	CPT	both			5666		2106.37 Aetna	Commercial		2915.96				632.89	5382.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US GUIDED PLEURAL DRAINAGE, INDWELLING	32557	CPT	both			5666		2106.37 Aetna	Medicare		1831.63				632.89	5382.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US GUIDED PLEURAL DRAINAGE, INDWELLING	32557	CPT	both			5666		2106.37 Americare	Americare		4249.5	75			632.89	5382.7	percent of total billed charges	
US GUIDED PLEURAL DRAINAGE, INDWELLING	32557	CPT	both			5666		2106.37 Amerihealth	HMO|PPO		3682.9	65			632.89	5382.7	percent of total billed charges	
US GUIDED PLEURAL DRAINAGE, INDWELLING	32557	CPT	both			5666		2106.37 Amerihealth	Medicare		1831.63				632.89	5382.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US GUIDED PLEURAL DRAINAGE, INDWELLING	32557	CPT	both			5666		2106.37 Consumer	Consumer		5382.7	95			632.89	5382.7	percent of total billed charges	
US GUIDED PLEURAL DRAINAGE, INDWELLING	32557	CPT	both			5666		2106.37 Corrections	Corrections		4532.8	80			632.89	5382.7	percent of total billed charges	
US GUIDED PLEURAL DRAINAGE, INDWELLING	32557	CPT	both			5666		2106.37 First Health	First Health		3966.2	70			632.89	5382.7	percent of total billed charges	
US GUIDED PLEURAL DRAINAGE, INDWELLING	32557	CPT	both			5666		2106.37 First Trenton	First Trenton		5099.4	90			632.89	5382.7	percent of total billed charges	
US GUIDED PLEURAL DRAINAGE, INDWELLING	32557	CPT	both			5666		2106.37 Horizon	Medicare Blue		1831.63				632.89	5382.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US GUIDED PLEURAL DRAINAGE, INDWELLING	32557	CPT	both			5666		2106.37 Horizon	PPO		3408.66				632.89	5382.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US GUIDED PLEURAL DRAINAGE, INDWELLING	32557	CPT	both			5666		2106.37 Horizon	Indemnity		3408.66				632.89	5382.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US GUIDED PLEURAL DRAINAGE, INDWELLING	32557	CPT	both			5666		2106.37 Horizon	MGD		3408.66				632.89	5382.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US GUIDED PLEURAL DRAINAGE, INDWELLING	32557	CPT	both			5666		2106.37 Horizon	NJ Health		845.47				632.89	5382.7	fee schedule	
US GUIDED PLEURAL DRAINAGE, INDWELLING	32557	CPT	both			5666		2106.37 Managed Care Inc	Managed Care Inc		5099.4	90			632.89	5382.7	percent of total billed charges	
US GUIDED PLEURAL DRAINAGE, INDWELLING	32557	CPT	both			5666		2106.37 Multiplan	Multiplan		4532.8	80			632.89	5382.7	percent of total billed charges	
US GUIDED PLEURAL DRAINAGE, INDWELLING	32557	CPT	both			5666		2106.37 Qualcare	Qualcare		4249.5	75			632.89	5382.7	percent of total billed charges	
US GUIDED PLEURAL DRAINAGE, INDWELLING	32557	CPT	both			5666		2106.37 Three Rivers	Three Rivers		5382.7	95			632.89	5382.7	percent of total billed charges	
US GUIDED PLEURAL DRAINAGE, INDWELLING	32557	CPT	both			5666		2106.37 UHC	Medicare		1831.63				632.89	5382.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US GUIDED PLEURAL DRAINAGE, INDWELLING	32557	CPT	both			5666		2106.37 UHC	Medicaid		1787.62	31.55			632.89	5382.7	percent of total billed charges	
US GUIDED PLEURAL DRAINAGE, INDWELLING	32557	CPT	both			5666		2106.37 United	Commercial|PPO		1817				632.89	5382.7	case rate	
US GUIDED PLEURAL DRAINAGE, INDWELLING	32557	CPT	both			5666		2106.37 United	Oxford		1817				632.89	5382.7	case rate	
US GUIDED PLEURAL DRAINAGE, INDWELLING	32557	CPT	both			5666		2106.37 Wellcare	Medicare		1831.63				632.89	5382.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US GUIDED PLEURAL DRAINAGE, INDWELLING	32557	CPT	both			5666		2106.37 Wellcare	Medicaid		1787.62	31.55			632.89	5382.7	percent of total billed charges	
US GUIDED PLEURAL DRAINAGE, INDWELLING	32557	CPT	both			5666		2106.37 WellPoint	WellPoint		1823.32	32.18			632.89	5382.7	percent of total billed charges	
CHEMICAL PLEURODESIS RT	32560	CPT	outpatient			1813		826.23 Aetna	Commercial		1143.79				572	1817	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMICAL PLEURODESIS RT	32560	CPT	outpatient			1813		826.23 Aetna	Better Health		572	31.55			572	1817	percent of total billed charges	
CHEMICAL PLEURODESIS RT	32560	CPT	outpatient			1813		826.23 Aetna	Medicare		718.46				572	1817	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMICAL PLEURODESIS RT	32560	CPT	outpatient			1813		826.23 Americare	Americare		1399.75	75			572	1817	percent of total billed charges	
CHEMICAL PLEURODESIS RT	32560	CPT	outpatient			1813		826.23 Amerihealth	Medicare		718.46				572	1817	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMICAL PLEURODESIS RT	32560	CPT	outpatient			1813		826.23 Amerihealth	HMO|PPO		1178.45	65			572	1817	percent of total billed charges	
CHEMICAL PLEURODESIS RT	32560	CPT	outpatient			1813		826.23 Consumer	Consumer		1722.35	95			572	1817	percent of total billed charges	
CHEMICAL PLEURODESIS RT	32560	CPT	outpatient			1813		826.23 Corrections	Corrections		1450.4	80			572	1817	percent of total billed charges	
CHEMICAL PLEURODESIS RT	32560	CPT	outpatient			1813		826.23 First Health	First Health		1269.1	70			572	1817	percent of total billed charges	
CHEMICAL PLEURODESIS RT	32560	CPT	outpatient			1813		826.23 First Trenton	First Trenton		1631.7	90			572	1817	percent of total billed charges	
CHEMICAL PLEURODESIS RT	32560	CPT	outpatient			1813		826.23 Horizon	Medicare Blue		718.46				572	1817	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMICAL PLEURODESIS RT	32560	CPT	outpatient			1813		826.23 Horizon	PPO		1337.05				572	1817	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMICAL PLEURODESIS RT	32560	CPT	outpatient			1813		826.23 Horizon	MGD		1337.05				572	1817	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMICAL PLEURODESIS RT	32560	CPT	outpatient			1813		826.23 Horizon	Indemnity		1337.05				572	1817	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMICAL PLEURODESIS RT	32560	CPT	outpatient			1813		826.23 Managed Care Inc	Managed Care Inc		1631.7	90			572	1817	percent of total billed charges	
CHEMICAL PLEURODESIS RT	32560	CPT	outpatient			1813		826.23 Multiplan	Multiplan		1450.4	80			572	1817	percent of total billed charges	
CHEMICAL PLEURODESIS RT	32560	CPT	outpatient			1813		826.23 Qualcare	Qualcare		1359.75	75			572	1817	percent of total billed charges	
CHEMICAL PLEURODESIS RT	32560	CPT	outpatient			1813		826.23 Three Rivers	Three Rivers		1722.35	95			572	1817	percent of total billed charges	
CHEMICAL PLEURODESIS RT	32560	CPT	outpatient			1813		826.23 UHC	Medicaid		572	31.55			572	1817	percent of total billed charges	
CHEMICAL PLEURODESIS RT	32560	CPT	outpatient			1813		826.23 UHC	Medicare		718.46				572	1817	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMICAL PLEURODESIS RT	32560	CPT	outpatient			1813		826.23 United	Oxford		1817				572	1817	case rate	
CHEMICAL PLEURODESIS RT	32560	CPT	outpatient			1813		826.23 United	Commercial|PPO		1817				572	1817	case rate	
CHEMICAL PLEURODESIS RT	32560	CPT	outpatient			1813		826.23 Wellcare	Medicaid		572	31.55			572	1817	percent of total billed charges	
CHEMICAL PLEURODESIS RT	32560	CPT	outpatient			1813		826.23 Wellcare	Medicare		718.46				572	1817	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMICAL PLEURODESIS RT	32560	CPT	outpatient			1813		826.23 WellPoint	WellPoint		583.42	32.18			572	1817	percent of total billed charges	
INSTC/TUBE/CATH/FIB/INJ	32561	CPT	outpatient			2049		826.23 Aetna	Commercial		1143.79				646.46	1946.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSTC/TUBE/CATH/FIB/INJ	32561	CPT	outpatient			2049		826.23 Aetna	Better Health		646.46	31.55			646.46	1946.55	percent of total billed charges	
INSTC/TUBE/CATH/FIB/INJ	32561	CPT	outpatient			2049		826.23 Aetna	Medicare		718.46				646.46	1946.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSTC/TUBE/CATH/FIB/INJ	32561	CPT	outpatient			2049		826.23 Americare	Americare		1536.75	75			646.46	1946.55	percent of total billed charges	
INSTC/TUBE/CATH/FIB/INJ	32561	CPT	outpatient			2049		826.23 Amerihealth	HMO|PPO		1331.85	65			646.46	1946.55	percent of total billed charges	
INSTC/TUBE/CATH/FIB/INJ	32561	CPT	outpatient			2049		826.23 Amerihealth	Medicare		718.46				646.46	1946.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSTC/TUBE/CATH/FIB/INJ	32561	CPT	outpatient			2049		826.23 Consumer	Consumer		1946.55	95			646.46	1946.55	percent of total billed charges	
INSTC/TUBE/CATH/FIB/INJ	32561	CPT	outpatient			2049		826.23 Corrections	Corrections		1639.2	80			646.46	1946.55	percent of total billed charges	
INSTC/TUBE/CATH/FIB/INJ	32561	CPT	outpatient			2049		826.23 First Health	First Health		1434.3	70			646.46	1946.55	percent of total billed charges	
INSTC/TUBE/CATH/FIB/INJ	32561	CPT	outpatient			2049		826.23 First Trenton	First Trenton		1844.1	90			646.46	1946.55	percent of total billed charges	
INSTC/TUBE/CATH/FIB/INJ	32561	CPT	outpatient			2049		826.23 Horizon	MGD		1337.05				646.46	1946.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSTC/TUBE/CATH/FIB/INJ	32561	CPT	outpatient			2049		826.23 Horizon	Indemnity		1337.05				646.46	1946.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSTC/TUBE/CATH/FIB/INJ	32561	CPT	outpatient			2049		826.23 Horizon	Medicare Blue		718.46				646.46	1946.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSTC/TUBE/CATH/FIB/INJ	32561	CPT	outpatient			2049		826.23 Horizon	PPO		1337.05				646.46	1946.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSTC/TUBE/CATH/FIB/INJ	32561	CPT	outpatient			2049		826.23 Managed Care Inc	Managed Care Inc		1844.1	90			646.46	1946.55	percent of total billed charges	
INSTC/TUBE/CATH/FIB/INJ	32561	CPT	outpatient			2049		826.23 Multiplan	Multiplan		1639.2	80			646.46	1946.55	percent of total billed charges	
INSTC/TUBE/CATH/FIB/INJ	32561	CPT	outpatient			2049		826.23 Qualcare	Qualcare		1536.75	75			646.46	1946.55	percent of total billed charges	
INSTC/TUBE/CATH/FIB/INJ	32561	CPT	outpatient			2049		826.23 Three Rivers	Three Rivers		1946.55	95			646.46	1946.55	percent of total billed charges	
INSTC/TUBE/CATH/FIB/INJ	32561	CPT	outpatient			2049		826.23 UHC	Medicare		718.46				646.46	1946.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSTC/TUBE/CATH/FIB/INJ	32561	CPT	outpatient			2049		826.23 UHC	Medicaid		646.46	31.55			646.46	1946.55	percent of total billed charges	
INSTC/TUBE/CATH/FIB/INJ	32561	CPT	outpatient			2049		826.23 United	Commercial|PPO		1817				646.46	1946.55	case rate	
INSTC/TUBE/CATH/FIB/INJ	32561	CPT	outpatient			2049		826.23 United	Oxford		1817				646.46	1946.55	case rate	
INSTC/TUBE/CATH/FIB/INJ	32561	CPT	outpatient			2049		826.23 Wellcare	Medicare		718.46				646.46	1946.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSTC/TUBE/CATH/FIB/INJ	32561	CPT	outpatient			2049		826.23 Wellcare	Medicaid		646.46	31.55			646.46	1946.55	percent of total billed charges	
INSTC/TUBE/CATH/FIB/INJ	32561	CPT	outpatient			2049		826.23 WellPoint	WellPoint		659.37	32.18			646.46	1946.55	percent of total billed charges	
INSTC/TUBE/CATH/FIB /SUBSE	32562	CPT	outpatient			2049		826.23 Aetna	Better Health		646.46	31.55			646.46	1946.55	percent of total billed charges	
INSTC/TUBE/CATH/FIB /SUBSE	32562	CPT	outpatient			2049		826.23 Aetna	Commercial		1143.79				646.46	1946.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSTC/TUBE/CATH/FIB /SUBSE	32562	CPT	outpatient			2049		826.23 Aetna	Medicare		718.46				646.46	1946.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSTC/TUBE/CATH/FIB /SUBSE	32562	CPT	outpatient			2049		826.23 Americare	Americare		1536.75	75			646.46	1946.55	percent of total billed charges	
INSTC/TUBE/CATH/FIB /SUBSE	32562	CPT	outpatient			2049		826.23 Amerihealth	HMO|PPO		1331.85	65			646.46	1946.55	percent of total billed charges	
INSTC/TUBE/CATH/FIB /SUBSE	32562	CPT	outpatient			2049		826.23 Amerihealth	Medicare		718.46				646.46	1946.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSTC/TUBE/CATH/FIB /SUBSE	32562	CPT	outpatient			2049		826.23 Consumer	Consumer		1946.55	95			646.46	1946.55	percent of total billed charges	
INSTC/TUBE/CATH/FIB /SUBSE	32562	CPT	outpatient			2049		826.23 Corrections	Corrections		1639.2	80			646.46	1946.55	percent of total billed charges	
INSTC/TUBE/CATH/FIB /SUBSE	32562	CPT	outpatient			2049		826.23 First Health	First Health		1434.3	70			646.46	1946.55	percent of total billed charges	
INSTC/TUBE/CATH/FIB /SUBSE	32562	CPT	outpatient			2049		826.23 First Trenton	First Trenton		1844.1	90			646.46	1946.55	percent of total billed charges	
INSTC/TUBE/CATH/FIB /SUBSE	32562	CPT	outpatient			2049		826.23 Horizon	MGD		1337.05				646.46	1946.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSTC/TUBE/CATH/FIB /SUBSE	32562	CPT	outpatient			2049		826.23 Horizon	Indemnity		1337.05				646.46	1946.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSTC/TUBE/CATH/FIB /SUBSE	32562	CPT	outpatient			2049		826.23 Horizon	Medicare Blue		718.46				646.46	1946.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSTC/TUBE/CATH/FIB /SUBSE	32562	CPT	outpatient			2049		826.23 Horizon	PPO		1337.05				646.46	1946.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSTC/TUBE/CATH/FIB /SUBSE	32562	CPT	outpatient			2049		826.23 Managed Care Inc	Managed Care Inc		1844.1	90			646.46	1946.55	percent of total billed charges	
INSTC/TUBE/CATH/FIB /SUBSE	32562	CPT	outpatient			2049		826.23 Multiplan	Multiplan		1639.2	80			646.46	1946.55	percent of total billed charges	
INSTC/TUBE/CATH/FIB /SUBSE	32562	CPT	outpatient			2049		826.23 Qualcare	Qualcare		1536.75	75			646.46	1946.55	percent of total billed charges	
INSTC/TUBE/CATH/FIB /SUBSE	32562	CPT	outpatient			2049		826.23 Three Rivers	Three Rivers		1946.55	95			646.46	1946.55	percent of total billed charges	
INSTC/TUBE/CATH/FIB /SUBSE	32562	CPT	outpatient			2049		826.23 UHC	Medicaid		646.46	31.55			646.46	1946.55	percent of total billed charges	
INSTC/TUBE/CATH/FIB /SUBSE	32562	CPT	outpatient			2049		826.23 UHC	Medicare		718.46				646.46	1946.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSTC/TUBE/CATH/FIB /SUBSE	32562	CPT	outpatient			2049		826.23 United	Commercial|PPO		1817				646.46	1946.55	case rate	
INSTC/TUBE/CATH/FIB /SUBSE	32562	CPT	outpatient			2049		826.23 United	Oxford		1817				646.46	1946.55	case rate	
INSTC/TUBE/CATH/FIB /SUBSE	32562	CPT	outpatient			2049		826.23 Wellcare	Medicare		718.46				646.46	1946.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSTC/TUBE/CATH/FIB /SUBSE	32562	CPT	outpatient			2049		826.23 Wellcare	Medicaid		646.46	31.55			646.46	1946.55	percent of total billed charges	
INSTC/TUBE/CATH/FIB /SUBSE	32562	CPT	outpatient			2049		826.23 WellPoint	WellPoint		659.37	32.18			646.46	1946.55	percent of total billed charges	
PNEUMONOSTOMY; W/PC DRAINAGE, ABSCESS	32997	CPT	outpatient			1286		Aetna	Medicare		396.09	30.8			358.98	2493	percent of total billed charges	
PNEUMONOSTOMY; W/PC DRAINAGE, ABSCESS	32997	CPT	outpatient			1286		Aetna	Better Health		405.73	31.55			358.98	2493	percent of total billed charges	
PNEUMONOSTOMY; W/PC DRAINAGE, ABSCESS	32997	CPT	outpatient			1286		Aetna	Commercial		488.68	38			358.98	2493	percent of total billed charges	
PNEUMONOSTOMY; W/PC DRAINAGE, ABSCESS	32997	CPT	outpatient			1286		Americare	Americare		964.5	75			358.98	2493	percent of total billed charges	
PNEUMONOSTOMY; W/PC DRAINAGE, ABSCESS	32997	CPT	outpatient			1286		Amerihealth	HMO|PPO		835.9	65			358.98	2493	percent of total billed charges	
PNEUMONOSTOMY; W/PC DRAINAGE, ABSCESS	32997	CPT	outpatient			1286		Consumer	Consumer		1221.7	95			358.98	2493	percent of total billed charges	
PNEUMONOSTOMY; W/PC DRAINAGE, ABSCESS	32997	CPT	outpatient			1286		Corrections	Corrections		1028.8	80			358.98	2493	percent of total billed charges	
PNEUMONOSTOMY; W/PC DRAINAGE, ABSCESS	32997	CPT	outpatient			1286		First Health	First Health		900.2	70			358.98	2493	percent of total billed charges	
PNEUMONOSTOMY; W/PC DRAINAGE, ABSCESS	32997	CPT	outpatient			1286		First Trenton	First Trenton		1157.4	90			358.98	2493	percent of total billed charges	
PNEUMONOSTOMY; W/PC DRAINAGE, ABSCESS	32997	CPT	outpatient			1286		Horizon	MGD		492.28	38.28			358.98	2493	percent of total billed charges	
PNEUMONOSTOMY; W/PC DRAINAGE, ABSCESS	32997	CPT	outpatient			1286		Horizon	Medicare Blue		385.8	30			358.98	2493	percent of total billed charges	
PNEUMONOSTOMY; W/PC DRAINAGE, ABSCESS	32997	CPT	outpatient			1286		Horizon	NJ Health		358.98				358.98	2493	fee schedule	
PNEUMONOSTOMY; W/PC DRAINAGE, ABSCESS	32997	CPT	outpatient			1286		Horizon	Indemnity		492.28	38.28			358.98	2493	percent of total billed charges	
PNEUMONOSTOMY; W/PC DRAINAGE, ABSCESS	32997	CPT	outpatient			1286		Horizon	PPO		492.28	38.28			358.98	2493	percent of total billed charges	
PNEUMONOSTOMY; W/PC DRAINAGE, ABSCESS	32997	CPT	outpatient			1286		Managed Care Inc	Managed Care Inc		1157.4	90			358.98	2493	percent of total billed charges	
PNEUMONOSTOMY; W/PC DRAINAGE, ABSCESS	32997	CPT	outpatient			1286		Multiplan	Multiplan		1028.8	80			358.98	2493	percent of total billed charges	
PNEUMONOSTOMY; W/PC DRAINAGE, ABSCESS	32997	CPT	outpatient			1286		Qualcare	Qualcare		964.5	75			358.98	2493	percent of total billed charges	
PNEUMONOSTOMY; W/PC DRAINAGE, ABSCESS	32997	CPT	outpatient			1286		Three Rivers	Three Rivers		1221.7	95			358.98	2493	percent of total billed charges	
PNEUMONOSTOMY; W/PC DRAINAGE, ABSCESS	32997	CPT	outpatient			1286		UHC	Medicaid		405.73	31.55			358.98	2493	percent of total billed charges	
PNEUMONOSTOMY; W/PC DRAINAGE, ABSCESS	32997	CPT	outpatient			1286		United	Oxford		2493				358.98	2493	case rate	
PNEUMONOSTOMY; W/PC DRAINAGE, ABSCESS	32997	CPT	outpatient			1286		United	Commercial|PPO		2493				358.98	2493	case rate	
PNEUMONOSTOMY; W/PC DRAINAGE, ABSCESS	32997	CPT	outpatient			1286		Wellcare	Medicaid		405.73	31.55			358.98	2493	percent of total billed charges	
PNEUMONOSTOMY; W/PC DRAINAGE, ABSCESS	32997	CPT	outpatient			1286		WellPoint	WellPoint		413.83	32.18			358.98	2493	percent of total billed charges	
ABLATION THERAPY TUMOR (LUNG)	32998	CPT	outpatient			13447		7588.83 Aetna	Commercial		10505.58				4141.68	12774.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ABLATION THERAPY TUMOR (LUNG)	32998	CPT	outpatient			13447		7588.83 Aetna	Medicare		4141.68	30.8			4141.68	12774.65	percent of total billed charges	
ABLATION THERAPY TUMOR (LUNG)	32998	CPT	outpatient			13447		7588.83 Aetna	Better Health		4242.53	31.55			4141.68	12774.65	percent of total billed charges	
ABLATION THERAPY TUMOR (LUNG)	32998	CPT	outpatient			13447		7588.83 Americare	Americare		10085.25	75			4141.68	12774.65	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ABLATION THERAPY TUMOR (LUNG)	32998	CPT	outpatient			13447	7588.83	Amerihealth	Medicare		6598.98				4141.68	12774.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ABLATION THERAPY TUMOR (LUNG)	32998	CPT	outpatient			13447	7588.83	Amerihealth	HMO/PPO		8740.55	65			4141.68	12774.65	percent of total billed charges	
ABLATION THERAPY TUMOR (LUNG)	32998	CPT	outpatient			13447	7588.83	Consumer	Consumer		12774.65	95			4141.68	12774.65	percent of total billed charges	
ABLATION THERAPY TUMOR (LUNG)	32998	CPT	outpatient			13447	7588.83	Corrections	Corrections		10757.6	80			4141.68	12774.65	percent of total billed charges	
ABLATION THERAPY TUMOR (LUNG)	32998	CPT	outpatient			13447	7588.83	First Health	First Health		9412.9	70			4141.68	12774.65	percent of total billed charges	
ABLATION THERAPY TUMOR (LUNG)	32998	CPT	outpatient			13447	7588.83	First Trenton	First Trenton		12102.3	90			4141.68	12774.65	percent of total billed charges	
ABLATION THERAPY TUMOR (LUNG)	32998	CPT	outpatient			13447	7588.83	Horizon	Medicare Blue		6598.98				4141.68	12774.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ABLATION THERAPY TUMOR (LUNG)	32998	CPT	outpatient			13447	7588.83	Horizon	MGD		12280.7				4141.68	12774.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ABLATION THERAPY TUMOR (LUNG)	32998	CPT	outpatient			13447	7588.83	Horizon	PPO		12280.7				4141.68	12774.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ABLATION THERAPY TUMOR (LUNG)	32998	CPT	outpatient			13447	7588.83	Horizon	Indemnity		12280.7				4141.68	12774.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ABLATION THERAPY TUMOR (LUNG)	32998	CPT	outpatient			13447	7588.83	Managed Care Inc	Managed Care Inc		12102.3	90			4141.68	12774.65	percent of total billed charges	
ABLATION THERAPY TUMOR (LUNG)	32998	CPT	outpatient			13447	7588.83	Multiplan	Multiplan		10757.6	80			4141.68	12774.65	percent of total billed charges	
ABLATION THERAPY TUMOR (LUNG)	32998	CPT	outpatient			13447	7588.83	Qualcare	Qualcare		10086.25	75			4141.68	12774.65	percent of total billed charges	
ABLATION THERAPY TUMOR (LUNG)	32998	CPT	outpatient			13447	7588.83	Three Rivers	Three Rivers		12774.65	95			4141.68	12774.65	percent of total billed charges	
ABLATION THERAPY TUMOR (LUNG)	32998	CPT	outpatient			13447	7588.83	UHC	Medicaid		4242.53	31.55			4141.68	12774.65	percent of total billed charges	
ABLATION THERAPY TUMOR (LUNG)	32998	CPT	outpatient			13447	7588.83	UHC	Medicare		6598.98				4141.68	12774.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ABLATION THERAPY TUMOR (LUNG)	32998	CPT	outpatient			13447	7588.83	United	Commercial|PPO		4702				4141.68	12774.65	case rate	
ABLATION THERAPY TUMOR (LUNG)	32998	CPT	outpatient			13447	7588.83	United	Oxford		4702				4141.68	12774.65	case rate	
ABLATION THERAPY TUMOR (LUNG)	32998	CPT	outpatient			13447	7588.83	Wellcare	Medicare		6598.98				4141.68	12774.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ABLATION THERAPY TUMOR (LUNG)	32998	CPT	outpatient			13447	7588.83	Wellcare	Medicaid		4242.53	31.55			4141.68	12774.65	percent of total billed charges	
ABLATION THERAPY TUMOR (LUNG)	32998	CPT	outpatient			13447	7588.83	WellPoint	WellPoint		4327.24	32.18			4141.68	12774.65	percent of total billed charges	
PERICARDIALCENTISIS	33010	CPT	outpatient			1982		Aetna	Better Health		625.32	31.55			594.6	1882.9	percent of total billed charges	
PERICARDIALCENTISIS	33010	CPT	outpatient			1982		Aetna	Commercial		753.16	38			594.6	1882.9	percent of total billed charges	
PERICARDIALCENTISIS	33010	CPT	outpatient			1982		Aetna	Medicare		610.46	30.8			594.6	1882.9	percent of total billed charges	
PERICARDIALCENTISIS	33010	CPT	outpatient			1982		Americare	Americare		1486.5	75			594.6	1882.9	percent of total billed charges	
PERICARDIALCENTISIS	33010	CPT	outpatient			1982		Amerihealth	HMO/PPO		1288.3	65			594.6	1882.9	percent of total billed charges	
PERICARDIALCENTISIS	33010	CPT	outpatient			1982		Consumer	Consumer		1882.9	95			594.6	1882.9	percent of total billed charges	
PERICARDIALCENTISIS	33010	CPT	outpatient			1982		Corrections	Corrections		1585.6	80			594.6	1882.9	percent of total billed charges	
PERICARDIALCENTISIS	33010	CPT	outpatient			1982		First Health	First Health		1387.4	70			594.6	1882.9	percent of total billed charges	
PERICARDIALCENTISIS	33010	CPT	outpatient			1982		First Trenton	First Trenton		1783.8	90			594.6	1882.9	percent of total billed charges	
PERICARDIALCENTISIS	33010	CPT	outpatient			1982		Horizon	MGD		758.71	38.28			594.6	1882.9	percent of total billed charges	
PERICARDIALCENTISIS	33010	CPT	outpatient			1982		Horizon	Medicare Blue		594.6	30			594.6	1882.9	percent of total billed charges	
PERICARDIALCENTISIS	33010	CPT	outpatient			1982		Horizon	Indemnity		758.71	38.28			594.6	1882.9	percent of total billed charges	
PERICARDIALCENTISIS	33010	CPT	outpatient			1982		Horizon	PPO		758.71	38.28			594.6	1882.9	percent of total billed charges	
PERICARDIALCENTISIS	33010	CPT	outpatient			1982		Managed Care Inc	Managed Care Inc		1783.8	90			594.6	1882.9	percent of total billed charges	
PERICARDIALCENTISIS	33010	CPT	outpatient			1982		Multiplan	Multiplan		1585.6	80			594.6	1882.9	percent of total billed charges	
PERICARDIALCENTISIS	33010	CPT	outpatient			1982		Qualcare	Qualcare		1486.5	75			594.6	1882.9	percent of total billed charges	
PERICARDIALCENTISIS	33010	CPT	outpatient			1982		Three Rivers	Three Rivers		1882.9	95			594.6	1882.9	percent of total billed charges	
PERICARDIALCENTISIS	33010	CPT	outpatient			1982		UHC	Medicaid		625.32	31.55			594.6	1882.9	percent of total billed charges	
PERICARDIALCENTISIS	33010	CPT	outpatient			1982		Wellcare	Medicaid		625.32	31.55			594.6	1882.9	percent of total billed charges	
PERICARDIALCENTISIS	33010	CPT	outpatient			1982		WellPoint	WellPoint		637.81	32.18			594.6	1882.9	percent of total billed charges	
PERICARDIOCENTESIS; SUBS	33011	CPT	outpatient			1982		Aetna	Better Health		625.32	31.55			594.6	1882.9	percent of total billed charges	
PERICARDIOCENTESIS; SUBS	33011	CPT	outpatient			1982		Aetna	Commercial		753.16	38			594.6	1882.9	percent of total billed charges	
PERICARDIOCENTESIS; SUBS	33011	CPT	outpatient			1982		Aetna	Medicare		610.46	30.8			594.6	1882.9	percent of total billed charges	
PERICARDIOCENTESIS; SUBS	33011	CPT	outpatient			1982		Americare	Americare		1486.5	75			594.6	1882.9	percent of total billed charges	
PERICARDIOCENTESIS; SUBS	33011	CPT	outpatient			1982		Amerihealth	HMO/PPO		1288.3	65			594.6	1882.9	percent of total billed charges	
PERICARDIOCENTESIS; SUBS	33011	CPT	outpatient			1982		Consumer	Consumer		1882.9	95			594.6	1882.9	percent of total billed charges	
PERICARDIOCENTESIS; SUBS	33011	CPT	outpatient			1982		Corrections	Corrections		1585.6	80			594.6	1882.9	percent of total billed charges	
PERICARDIOCENTESIS; SUBS	33011	CPT	outpatient			1982		First Health	First Health		1387.4	70			594.6	1882.9	percent of total billed charges	
PERICARDIOCENTESIS; SUBS	33011	CPT	outpatient			1982		First Trenton	First Trenton		1783.8	90			594.6	1882.9	percent of total billed charges	
PERICARDIOCENTESIS; SUBS	33011	CPT	outpatient			1982		Horizon	MGD		758.71	38.28			594.6	1882.9	percent of total billed charges	
PERICARDIOCENTESIS; SUBS	33011	CPT	outpatient			1982		Horizon	Indemnity		758.71	38.28			594.6	1882.9	percent of total billed charges	
PERICARDIOCENTESIS; SUBS	33011	CPT	outpatient			1982		Horizon	Medicare Blue		594.6	30			594.6	1882.9	percent of total billed charges	
PERICARDIOCENTESIS; SUBS	33011	CPT	outpatient			1982		Horizon	PPO		758.71	38.28			594.6	1882.9	percent of total billed charges	
PERICARDIOCENTESIS; SUBS	33011	CPT	outpatient			1982		Managed Care Inc	Managed Care Inc		1783.8	90			594.6	1882.9	percent of total billed charges	
PERICARDIOCENTESIS; SUBS	33011	CPT	outpatient			1982		Multiplan	Multiplan		1585.6	80			594.6	1882.9	percent of total billed charges	
PERICARDIOCENTESIS; SUBS	33011	CPT	outpatient			1982		Qualcare	Qualcare		1486.5	75			594.6	1882.9	percent of total billed charges	
PERICARDIOCENTESIS; SUBS	33011	CPT	outpatient			1982		Three Rivers	Three Rivers		1882.9	95			594.6	1882.9	percent of total billed charges	
PERICARDIOCENTESIS; SUBS	33011	CPT	outpatient			1982		UHC	Medicaid		625.32	31.55			594.6	1882.9	percent of total billed charges	
PERICARDIOCENTESIS; SUBS	33011	CPT	outpatient			1982		Wellcare	Medicaid		625.32	31.55			594.6	1882.9	percent of total billed charges	
PERICARDIOCENTESIS; SUBS	33011	CPT	outpatient			1982		WellPoint	WellPoint		637.81	32.18			594.6	1882.9	percent of total billed charges	
PERICARDIOCENTESIS W/IMG GUIDANCE	33016	CPT	both			6537	2106.37	Aetna	Commercial		2915.95				343.42	6210.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERICARDIOCENTESIS W/IMG GUIDANCE	33016	CPT	both			6537	2106.37	Aetna	Better Health		2062.42	31.55			343.42	6210.15	percent of total billed charges	
PERICARDIOCENTESIS W/IMG GUIDANCE	33016	CPT	both			6537	2106.37	Aetna	Medicare		1831.63				343.42	6210.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERICARDIOCENTESIS W/IMG GUIDANCE	33016	CPT	both			6537	2106.37	Americare	Americare		4902.75	75			343.42	6210.15	percent of total billed charges	
PERICARDIOCENTESIS W/IMG GUIDANCE	33016	CPT	both			6537	2106.37	Amerihealth	Medicare		1831.63				343.42	6210.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERICARDIOCENTESIS W/IMG GUIDANCE	33016	CPT	both			6537	2106.37	Amerihealth	HMO/PPO		4249.05	65			343.42	6210.15	percent of total billed charges	
PERICARDIOCENTESIS W/IMG GUIDANCE	33016	CPT	both			6537	2106.37	Consumer	Consumer		6210.15	95			343.42	6210.15	percent of total billed charges	
PERICARDIOCENTESIS W/IMG GUIDANCE	33016	CPT	both			6537	2106.37	Corrections	Corrections		5229.6	80			343.42	6210.15	percent of total billed charges	
PERICARDIOCENTESIS W/IMG GUIDANCE	33016	CPT	both			6537	2106.37	First Health	First Health		4575.9	70			343.42	6210.15	percent of total billed charges	
PERICARDIOCENTESIS W/IMG GUIDANCE	33016	CPT	both			6537	2106.37	First Trenton	First Trenton		5863.3	90			343.42	6210.15	percent of total billed charges	
PERICARDIOCENTESIS W/IMG GUIDANCE	33016	CPT	both			6537	2106.37	Horizon	MGD		3408.66				343.42	6210.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERICARDIOCENTESIS W/IMG GUIDANCE	33016	CPT	both			6537	2106.37	Horizon	Indemnity		3408.66				343.42	6210.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERICARDIOCENTESIS W/IMG GUIDANCE	33016	CPT	both			6537	2106.37	Horizon	PPO		3408.66				343.42	6210.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERICARDIOCENTESIS W/IMG GUIDANCE	33016	CPT	both			6537	2106.37	Horizon	NJ Health		343.42				343.42	6210.15	fee schedule	
PERICARDIOCENTESIS W/IMG GUIDANCE	33016	CPT	both			6537	2106.37	Horizon	Medicare Blue		1831.63				343.42	6210.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERICARDIOCENTESIS W/IMG GUIDANCE	33016	CPT	both			6537	2106.37	Managed Care Inc	Managed Care Inc		5863.3	90			343.42	6210.15	percent of total billed charges	
PERICARDIOCENTESIS W/IMG GUIDANCE	33016	CPT	both			6537	2106.37	Multiplan	Multiplan		5229.6	80			343.42	6210.15	percent of total billed charges	
PERICARDIOCENTESIS W/IMG GUIDANCE	33016	CPT	both			6537	2106.37	Qualcare	Qualcare		4902.75	75			343.42	6210.15	percent of total billed charges	
PERICARDIOCENTESIS W/IMG GUIDANCE	33016	CPT	both			6537	2106.37	Three Rivers	Three Rivers		6210.15	95			343.42	6210.15	percent of total billed charges	
PERICARDIOCENTESIS W/IMG GUIDANCE	33016	CPT	both			6537	2106.37	UHC	Medicare		1831.63				343.42	6210.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERICARDIOCENTESIS W/IMG GUIDANCE	33016	CPT	both			6537	2106.37	UHC	Medicaid		2062.42	31.55			343.42	6210.15	percent of total billed charges	
PERICARDIOCENTESIS W/IMG GUIDANCE	33016	CPT	both			6537	2106.37	United	Commercial|PPO		1817				343.42	6210.15	case rate	
PERICARDIOCENTESIS W/IMG GUIDANCE	33016	CPT	both			6537	2106.37	United	Oxford		1817				343.42	6210.15	case rate	
PERICARDIOCENTESIS W/IMG GUIDANCE	33016	CPT	both			6537	2106.37	Wellcare	Medicare		1831.63				343.42	6210.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERICARDIOCENTESIS W/IMG GUIDANCE	33016	CPT	both			6537	2106.37	Wellcare	Medicaid		2062.42	31.55			343.42	6210.15	percent of total billed charges	
PERICARDIOCENTESIS W/IMG GUIDANCE	33016	CPT	both			6537	2106.37	WellPoint	WellPoint		2103.61	32.18			343.42	6210.15	percent of total billed charges	
PERQ PRCRD DRG 6YR+W/O CONGENITAL CAR	33017	CPT	inpatient					Horizon	NJ Health		356.16				356.16	1782	fee schedule	
PERQ PRCRD DRG 6YR+W/O CONGENITAL CAR	33017	CPT	inpatient					United	Oxford		1782				356.16	1782	case rate	
PERQ PRCRD DRG 6YR+W/O CONGENITAL CAR	33017	CPT	inpatient					United	Commercial|PPO		1782				356.16	1782	case rate	
PERQ PRCRD DRG 0-57ANY AGE W/CGEN CAR AN	33018	CPT	outpatient					Horizon	NJ Health		406.09				406.09	1782	fee schedule	
PERQ PRCRD DRG 0-57ANY AGE W/CGEN CAR AN	33018	CPT	outpatient					United	Commercial|PPO		1782				406.09	1782	case rate	
PERQ PRCRD DRG 0-57ANY AGE W/CGEN CAR AN	33018	CPT	outpatient					United	Oxford		1782				406.09	1782	case rate	
PERQ PERICARDIAL DRG W/INSJ NDWELLGCATH	33019	CPT	inpatient					Horizon	NJ Health		329.72				329.72	1782	fee schedule	
PERQ PERICARDIAL DRG W/INSJ NDWELLGCATH	33019	CPT	inpatient					United	Commercial|PPO		1782				329.72	1782	case rate	
PERQ PERICARDIAL DRG W/INSJ NDWELLGCATH	33019	CPT	inpatient					United	Oxford		1782				329.72	1782	case rate	
I/R PPM W/TRANS VEN ELECT ATR	33206	CPT	outpatient			40217	1404.32	Aetna	Commercial		19442.22				1070.1	38206.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I/R PPM W/TRANS VEN ELECT ATR	33206	CPT	outpatient			40217	1404.32	Aetna	Better Health		12688.46	31.55			1070.1	38206.15	percent of total billed charges	
I/R PPM W/TRANS VEN ELECT ATR	33206	CPT	outpatient			40217	1404.32	Aetna	Medicare		12212.45				1070.1	38206.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I/R PPM W/TRANS VEN ELECT ATR	33206	CPT	outpatient			40217	1404.32	Americare	Americare		30162.75	75			1070.1	38206.15	percent of total billed charges	
I/R PPM W/TRANS VEN ELECT ATR	33206	CPT	outpatient			40217	1404.32	Amerihealth	Medicare		12212.45				1070.1	38206.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I/R PPM W/TRANS VEN ELECT ATR	33206	CPT	outpatient			40217	1404.32	Amerihealth	HMO/PPO		26141.05	65			1070.1	38206.15	percent of total billed charges	
I/R PPM W/TRANS VEN ELECT ATR	33206	CPT	outpatient			40217	1404.32	Consumer	Consumer		38206.15	95			1070.1	38206.15	percent of total billed charges	
I/R PPM W/TRANS VEN ELECT ATR	33206	CPT	outpatient			40217	1404.32	Corrections	Corrections		32173.6	80			1070.1	38206.15	percent of total billed charges	
I/R PPM W/TRANS VEN ELECT ATR	33206	CPT	outpatient			40217	1404.32	First Health	First Health		28151.9	70			1070.1	38206.15	percent of total billed charges	
I/R PPM W/TRANS VEN ELECT ATR	33206	CPT	outpatient			40217	1404.32	First Trenton	First Trenton		36195.3	90			1070.1	38206.15	percent of total billed charges	
I/R PPM W/TRANS VEN ELECT ATR	33206	CPT	outpatient			40217	1404.32	Horizon	Indemnity		22727.37				1070.1	38206.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I/R PPM W/TRANS VEN ELECT ATR	33206	CPT	outpatient			40217	1404.32	Horizon	Medicare Blue		12212.45				1070.1	38206.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I/R PPM W/TRANS VEN ELECT ATR	33206	CPT	outpatient			40217	1404.32	Horizon	NJ Health		1070.1				1070.1	38206.15	fee schedule	
I/R PPM W/TRANS VEN ELECT ATR	33206	CPT	outpatient			40217	1404.32	Horizon	MGD		22727.37				1070.1	38206.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I/R PPM W/TRANS VEN ELECT ATR	33206	CPT	outpatient			40217	1404.32	Horizon	PPO		22727.37				1070.1	38206.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I/R PPM W/TRANS VEN ELECT ATR	33206	CPT	outpatient			40217	1404.32	Managed Care Inc	Managed Care Inc		36195.3	90			1070.1	38206.15	percent of total billed charges	
I/R PPM W/TRANS VEN ELECT ATR	33206	CPT	outpatient			40217	1404.32	Multiplan	Multiplan		32173.6	80			1070.1	38206.15	percent of total billed charges	
I/R PPM W/TRANS VEN ELECT ATR	33206	CPT	outpatient			40217	1404.32	Qualcare	Qualcare		30162.75	75			1070.1	38206.15	percent of total billed charges	
I/R PPM W/TRANS VEN ELECT ATR	33206	CPT	outpatient			40217	1404.32	Three Rivers	Three Rivers		38206.15	95			1070.1	38206.15	percent of total billed charges	
I/R PPM W/TRANS VEN ELECT ATR	33206	CPT	outpatient			40217	1404.32	UHC	Medicaid		12688.46	31.55			1070.1	38206.15	percent of total billed charges	
I/R PPM W/TRANS VEN ELECT ATR	33206	CPT	outpatient			40217	1404.32	UHC	Medicare		12212.45				1070.1	38206.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I/R PPM W/TRANS VEN ELECT ATR	33206	CPT	outpatient			40217	1404.32	United	Oxford		5843				1070.1	38206.15	case rate	
I/R PPM W/TRANS VEN ELECT ATR	33206	CPT	outpatient			40217	1404.32	United	Commercial|PPO		5843				1070.1	38206.15	case rate	
I/R PPM W/TRANS VEN ELECT ATR	33206	CPT	outpatient			40217	1404.32	Wellcare	Medicare		12212.45				1070.1	38206.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I/R PPM W/TRANS VEN ELECT ATR	33206	CPT	outpatient			40217	1404.32	Wellcare	Medicaid		12688.46	31.55			1070.1	38206.15	percent of total billed charges	
I/R PPM W/TRANS VEN ELECT ATR	33206	CPT	outpatient			40217	1404.32	WellPoint	WellPoint		12941.83	32.18			1070.1	38206.15	percent of total billed charges	
I/R PPM W/TRANS VEN ELECT VENT	33207	CPT	both			48455	1404.32	Aetna	Medicare		12212.45				1070.1	46032.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I/R PPM W/TRANS VEN ELECT VENT	33207	CPT	both			48455	1404.32	Aetna	Commercial		19442.22				1070.1	46032.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I/R PPM W/TRANS VEN ELECT VENT	33207	CPT	both			48455	1404.32	Aetna	Better Health		15287.55	31.55			1070.1	46032.25	percent of total billed charges	
I/R PPM W/TRANS VEN ELECT VENT	33207	CPT	both			48455	1404.32	Americare	Americare		36341.25	75			1070.1	46032.25	percent of total billed charges	
I/R PPM W/TRANS VEN ELECT VENT	33207	CPT	both			48455	1404.32	Amerihealth	Medicare		12212.45				1070.1	46032.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I/R PPM W/TRANS VEN ELECT VENT	33207	CPT	both			48455	1404.32	Amerihealth	HMO/PPO		31495.75	65			1070.1	46032.25	percent of total billed charges	
I/R PPM W/TRANS VEN ELECT VENT	33207	CPT	both			48455	1404.32	Consumer	Consumer		46032.25	95			1070.1	46032.25	percent of total billed charges	
I/R PPM W/TRANS VEN ELECT VENT	33207	CPT	both			48455	1404.32	Corrections	Corrections		38764	80			1070.1	46032.25	percent of total billed charges	
I/R PPM W/TRANS VEN ELECT VENT	33207	CPT	both			48455	1404.32	First Health	First Health		33918.5	70			1070.1	46032.25	percent of total billed charges	
I/R PPM W/TRANS VEN ELECT VENT	33207	CPT	both			48455	1404.32	First Trenton	First Trenton		43609.5	90			1070.1	46032.25	percent of total billed charges	
I/R PPM W/TRANS VEN ELECT VENT	33207	CPT	both			48455	1404.32	Horizon	Indemnity		22727.37				1070.1	46032.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I/R PPM W/TRANS VEN ELECT VENT	33207	CPT	both			48455	1404.32	Horizon	PPO		22727.37				1070.1	46032.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I/R PPM W/TRANS VEN ELECT VENT	33207	CPT	both			48455	1404.32	Horizon	NJ Health		1070.1				1070.1	46032.25	fee schedule	
I/R PPM W/TRANS VEN ELECT VENT	33207	CPT	both			48455	1404.32	Horizon	Medicare Blue		12212.45				1070.1	46032.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I/R PPM W/TRANS VEN ELECT VENT	33207	CPT	both			48455	1404.32	Horizon	MGD		22727.37				1070.1	46032.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I/R PPM W/TRANS VEN ELECT VENT	33207	CPT	both			48455	1404.32	Managed Care Inc	Managed Care Inc		43609.5	90			1070.1	46032.25	percent of total billed charges	
I/R PPM W/TRANS VEN ELECT VENT	33207	CPT	both			48455	1404.32	Multiplan	Multiplan		38764	80			1070.1	46032.25	percent of total billed charges	
I/R PPM W/TRANS VEN ELECT VENT	33207	CPT	both			48455	1404.32	Qualcare	Qualcare		36341.25	75			1070.1	46032.25	percent of total billed charges	
I/R PPM W/TRANS VEN ELECT VENT	33207	CPT	both			48455	1404.32	Three Rivers	Three Rivers		46032.25	95			1070.1	46032.25	percent of total billed charges	
I/R PPM W/TRANS VEN ELECT VENT	33207	CPT	both			48455	1404.32	UHC	Medicare		12212.45				1070.1	46032.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I/R PPM W/TRANS VEN ELECT VENT	33207	CPT	both			48455	1404.32	UHC	Medicaid		15287.55	31.55			1070.1	46032.25	percent of total billed charges	
I/R PPM W/TRANS VEN ELECT VENT	33207	CPT	both			48455	1404.32	United	Oxford		5843				1070.1	46032.25	case rate	
I/R PPM W/TRANS VEN ELECT VENT	33207	CPT	both			48455	1404.32	United	Commercial|PPO		5843				1070.1	46032.25	case rate	
I/R PPM W/TRANS VEN ELECT VENT	33207	CPT	both			48455	1404.32	Wellcare	Medicare		12212.45				1070.1	46032.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I/R PPM W/TRANS VEN ELECT VENT	33207	CPT	both			48455	1404.32	Wellcare	Medicaid		15287.55	31.55			1070.1	46032.25	percent of total billed charges	
I/R PPM W/TRANS VEN ELECT VENT	33207	CPT	both			48455	1404.32	WellPoint	WellPoint		15592.82	32.18			1070.1	46032.25	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
INSER/REPLA PPM W TRANS.VEN ELECT VENT	33208	CPT	both			40723		14044.32 Aetna	Better Health		12848.11	31.55			762.93	38686.85	percent of total billed charges	
INSER/REPLA PPM W TRANS.VEN ELECT VENT	33208	CPT	both			40723		14044.32 Aetna	Commercial		19442.22				762.93	38686.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSER/REPLA PPM W TRANS.VEN ELECT VENT	33208	CPT	both			40723		14044.32 Aetna	Medicare		12212.45				762.93	38686.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSER/REPLA PPM W TRANS.VEN ELECT VENT	33208	CPT	both			40723		14044.32 Americare	Americare		30542.25	75			762.93	38686.85	percent of total billed charges	
INSER/REPLA PPM W TRANS.VEN ELECT VENT	33208	CPT	both			40723		14044.32 Amerihealth	HMO/PPO		29469.95	65			762.93	38686.85	percent of total billed charges	
INSER/REPLA PPM W TRANS.VEN ELECT VENT	33208	CPT	both			40723		14044.32 Amerihealth	Medicare		12212.45				762.93	38686.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSER/REPLA PPM W TRANS.VEN ELECT VENT	33208	CPT	both			40723		14044.32 Consumer	Consumer		38686.85	95			762.93	38686.85	percent of total billed charges	
INSER/REPLA PPM W TRANS.VEN ELECT VENT	33208	CPT	both			40723		14044.32 Corrections	Corrections		32578.4	80			762.93	38686.85	percent of total billed charges	
INSER/REPLA PPM W TRANS.VEN ELECT VENT	33208	CPT	both			40723		14044.32 First Health	First Health		28506.1	70			762.93	38686.85	percent of total billed charges	
INSER/REPLA PPM W TRANS.VEN ELECT VENT	33208	CPT	both			40723		14044.32 First Trenton	First Trenton		36650.7	90			762.93	38686.85	percent of total billed charges	
INSER/REPLA PPM W TRANS.VEN ELECT VENT	33208	CPT	both			40723		14044.32 Horizon	MGD		22727.37				762.93	38686.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSER/REPLA PPM W TRANS.VEN ELECT VENT	33208	CPT	both			40723		14044.32 Horizon	Medicare Blue		12212.45				762.93	38686.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSER/REPLA PPM W TRANS.VEN ELECT VENT	33208	CPT	both			40723		14044.32 Horizon	Indemnity		22727.37				762.93	38686.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSER/REPLA PPM W TRANS.VEN ELECT VENT	33208	CPT	both			40723		14044.32 Horizon	NJ Health		762.93				762.93	38686.85	fee schedule	
INSER/REPLA PPM W TRANS.VEN ELECT VENT	33208	CPT	both			40723		14044.32 Horizon	PPO		22727.37				762.93	38686.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSER/REPLA PPM W TRANS.VEN ELECT VENT	33208	CPT	both			40723		14044.32 Managed Care Inc	Managed Care Inc		36650.7	90			762.93	38686.85	percent of total billed charges	
INSER/REPLA PPM W TRANS.VEN ELECT VENT	33208	CPT	both			40723		14044.32 Multiplan	Multiplan		32578.4	80			762.93	38686.85	percent of total billed charges	
INSER/REPLA PPM W TRANS.VEN ELECT VENT	33208	CPT	both			40723		14044.32 Qualcare	Qualcare		30542.25	75			762.93	38686.85	percent of total billed charges	
INSER/REPLA PPM W TRANS.VEN ELECT VENT	33208	CPT	both			40723		14044.32 Three Rivers	Three Rivers		38686.85	95			762.93	38686.85	percent of total billed charges	
INSER/REPLA PPM W TRANS.VEN ELECT VENT	33208	CPT	both			40723		14044.32 UHC	Medicare		12212.45				762.93	38686.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSER/REPLA PPM W TRANS.VEN ELECT VENT	33208	CPT	both			40723		14044.32 UHC	Medicaid		12848.11	31.55			762.93	38686.85	percent of total billed charges	
INSER/REPLA PPM W TRANS.VEN ELECT VENT	33208	CPT	both			40723		14044.32 United	Oxford		6197				762.93	38686.85	case rate	
INSER/REPLA PPM W TRANS.VEN ELECT VENT	33208	CPT	both			40723		14044.32 United	Commercial|PPO		6197				762.93	38686.85	case rate	
INSER/REPLA PPM W TRANS.VEN ELECT VENT	33208	CPT	both			40723		14044.32 Wellcare	Medicaid		12848.11	31.55			762.93	38686.85	percent of total billed charges	
INSER/REPLA PPM W TRANS.VEN ELECT VENT	33208	CPT	both			40723		14044.32 Wellcare	Medicare		12212.45				762.93	38686.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSER/REPLA PPM W TRANS.VEN ELECT VENT	33208	CPT	both			40723		14044.32 WellPoint	WellPoint		13104.66	32.18			762.93	38686.85	percent of total billed charges	
TEMP TRANSVENOUS PPM FOR ARRHYTHMIA-SIN	33210	CPT	both			24386		11173.72 Aetna	Medicare		7510.89	30.8			446.31	23166.7	percent of total billed charges	
TEMP TRANSVENOUS PPM FOR ARRHYTHMIA-SIN	33210	CPT	both			24386		11173.72 Aetna	Commercial		15468.32				446.31	23166.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TEMP TRANSVENOUS PPM FOR ARRHYTHMIA-SIN	33210	CPT	both			24386		11173.72 Aetna	Better Health		7693.78	31.55			446.31	23166.7	percent of total billed charges	
TEMP TRANSVENOUS PPM FOR ARRHYTHMIA-SIN	33210	CPT	both			24386		11173.72 Americare	Americare		18289.5	75			446.31	23166.7	percent of total billed charges	
TEMP TRANSVENOUS PPM FOR ARRHYTHMIA-SIN	33210	CPT	both			24386		11173.72 Amerihealth	HMO/PPO		15850.9	65			446.31	23166.7	percent of total billed charges	
TEMP TRANSVENOUS PPM FOR ARRHYTHMIA-SIN	33210	CPT	both			24386		11173.72 Amerihealth	Medicare		9716.28				446.31	23166.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TEMP TRANSVENOUS PPM FOR ARRHYTHMIA-SIN	33210	CPT	both			24386		11173.72 Consumer	Consumer		23166.7	95			446.31	23166.7	percent of total billed charges	
TEMP TRANSVENOUS PPM FOR ARRHYTHMIA-SIN	33210	CPT	both			24386		11173.72 Corrections	Corrections		19508.8	80			446.31	23166.7	percent of total billed charges	
TEMP TRANSVENOUS PPM FOR ARRHYTHMIA-SIN	33210	CPT	both			24386		11173.72 First Health	First Health		17070.2	70			446.31	23166.7	percent of total billed charges	
TEMP TRANSVENOUS PPM FOR ARRHYTHMIA-SIN	33210	CPT	both			24386		11173.72 First Trenton	First Trenton		21947.4	90			446.31	23166.7	percent of total billed charges	
TEMP TRANSVENOUS PPM FOR ARRHYTHMIA-SIN	33210	CPT	both			24386		11173.72 Horizon	MGD		18082				446.31	23166.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TEMP TRANSVENOUS PPM FOR ARRHYTHMIA-SIN	33210	CPT	both			24386		11173.72 Horizon	Indemnity		18082				446.31	23166.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TEMP TRANSVENOUS PPM FOR ARRHYTHMIA-SIN	33210	CPT	both			24386		11173.72 Horizon	NJ Health		446.31				446.31	23166.7	fee schedule	
TEMP TRANSVENOUS PPM FOR ARRHYTHMIA-SIN	33210	CPT	both			24386		11173.72 Horizon	Medicare Blue		9716.28				446.31	23166.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TEMP TRANSVENOUS PPM FOR ARRHYTHMIA-SIN	33210	CPT	both			24386		11173.72 Horizon	PPO		18082				446.31	23166.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TEMP TRANSVENOUS PPM FOR ARRHYTHMIA-SIN	33210	CPT	both			24386		11173.72 Managed Care Inc	Managed Care Inc		21947.4	90			446.31	23166.7	percent of total billed charges	
TEMP TRANSVENOUS PPM FOR ARRHYTHMIA-SIN	33210	CPT	both			24386		11173.72 Multiplan	Multiplan		19508.8	80			446.31	23166.7	percent of total billed charges	
TEMP TRANSVENOUS PPM FOR ARRHYTHMIA-SIN	33210	CPT	both			24386		11173.72 Qualcare	Qualcare		18289.5	75			446.31	23166.7	percent of total billed charges	
TEMP TRANSVENOUS PPM FOR ARRHYTHMIA-SIN	33210	CPT	both			24386		11173.72 Three Rivers	Three Rivers		23166.7	95			446.31	23166.7	percent of total billed charges	
TEMP TRANSVENOUS PPM FOR ARRHYTHMIA-SIN	33210	CPT	both			24386		11173.72 UHC	Medicaid		7693.78	31.55			446.31	23166.7	percent of total billed charges	
TEMP TRANSVENOUS PPM FOR ARRHYTHMIA-SIN	33210	CPT	both			24386		11173.72 UHC	Medicare		9716.28				446.31	23166.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TEMP TRANSVENOUS PPM FOR ARRHYTHMIA-SIN	33210	CPT	both			24386		11173.72 United	Oxford		4702				446.31	23166.7	case rate	
TEMP TRANSVENOUS PPM FOR ARRHYTHMIA-SIN	33210	CPT	both			24386		11173.72 United	Commercial|PPO		4702				446.31	23166.7	case rate	
TEMP TRANSVENOUS PPM FOR ARRHYTHMIA-SIN	33210	CPT	both			24386		11173.72 Wellcare	Medicare		9716.28				446.31	23166.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TEMP TRANSVENOUS PPM FOR ARRHYTHMIA-SIN	33210	CPT	both			24386		11173.72 Wellcare	Medicaid		7693.78	31.55			446.31	23166.7	percent of total billed charges	
TEMP TRANSVENOUS PPM FOR ARRHYTHMIA-SIN	33210	CPT	both			24386		11173.72 WellPoint	WellPoint		7847.41	32.18			446.31	23166.7	percent of total billed charges	
TEMP TRANSVENOUS PPM FOR ARRHYTHMIA-DUAL	33211	CPT	outpatient			19791		11173.72 Aetna	Medicare		9716.28				446.31	18801.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TEMP TRANSVENOUS PPM FOR ARRHYTHMIA-DUAL	33211	CPT	outpatient			19791		11173.72 Aetna	Better Health		6244.06	31.55			446.31	18801.45	percent of total billed charges	
TEMP TRANSVENOUS PPM FOR ARRHYTHMIA-DUAL	33211	CPT	outpatient			19791		11173.72 Aetna	Commercial		15468.32				446.31	18801.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TEMP TRANSVENOUS PPM FOR ARRHYTHMIA-DUAL	33211	CPT	outpatient			19791		11173.72 Americare	Americare		14843.25	75			446.31	18801.45	percent of total billed charges	
TEMP TRANSVENOUS PPM FOR ARRHYTHMIA-DUAL	33211	CPT	outpatient			19791		11173.72 Amerihealth	HMO/PPO		12864.15	65			446.31	18801.45	percent of total billed charges	
TEMP TRANSVENOUS PPM FOR ARRHYTHMIA-DUAL	33211	CPT	outpatient			19791		11173.72 Amerihealth	Medicare		9716.28				446.31	18801.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TEMP TRANSVENOUS PPM FOR ARRHYTHMIA-DUAL	33211	CPT	outpatient			19791		11173.72 Consumer	Consumer		18801.45	95			446.31	18801.45	percent of total billed charges	
TEMP TRANSVENOUS PPM FOR ARRHYTHMIA-DUAL	33211	CPT	outpatient			19791		11173.72 Corrections	Corrections		15832.8	80			446.31	18801.45	percent of total billed charges	
TEMP TRANSVENOUS PPM FOR ARRHYTHMIA-DUAL	33211	CPT	outpatient			19791		11173.72 First Health	First Health		13853.7	70			446.31	18801.45	percent of total billed charges	
TEMP TRANSVENOUS PPM FOR ARRHYTHMIA-DUAL	33211	CPT	outpatient			19791		11173.72 First Trenton	First Trenton		17811.9	90			446.31	18801.45	percent of total billed charges	
TEMP TRANSVENOUS PPM FOR ARRHYTHMIA-DUAL	33211	CPT	outpatient			19791		11173.72 Horizon	MGD		18082				446.31	18801.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TEMP TRANSVENOUS PPM FOR ARRHYTHMIA-DUAL	33211	CPT	outpatient			19791		11173.72 Horizon	Indemnity		18082				446.31	18801.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TEMP TRANSVENOUS PPM FOR ARRHYTHMIA-DUAL	33211	CPT	outpatient			19791		11173.72 Horizon	NJ Health		446.31				446.31	18801.45	fee schedule	
TEMP TRANSVENOUS PPM FOR ARRHYTHMIA-DUAL	33211	CPT	outpatient			19791		11173.72 Horizon	Medicare Blue		9716.28				446.31	18801.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TEMP TRANSVENOUS PPM FOR ARRHYTHMIA-DUAL	33211	CPT	outpatient			19791		11173.72 Horizon	PPO		18082				446.31	18801.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TEMP TRANSVENOUS PPM FOR ARRHYTHMIA-DUAL	33211	CPT	outpatient			19791		11173.72 Managed Care Inc	Managed Care Inc		17811.9	90			446.31	18801.45	percent of total billed charges	
TEMP TRANSVENOUS PPM FOR ARRHYTHMIA-DUAL	33211	CPT	outpatient			19791		11173.72 Multiplan	Multiplan		15832.8	80			446.31	18801.45	percent of total billed charges	
TEMP TRANSVENOUS PPM FOR ARRHYTHMIA-DUAL	33211	CPT	outpatient			19791		11173.72 Qualcare	Qualcare		14843.25	75			446.31	18801.45	percent of total billed charges	
TEMP TRANSVENOUS PPM FOR ARRHYTHMIA-DUAL	33211	CPT	outpatient			19791		11173.72 Three Rivers	Three Rivers		18801.45	95			446.31	18801.45	percent of total billed charges	
TEMP TRANSVENOUS PPM FOR ARRHYTHMIA-DUAL	33211	CPT	outpatient			19791		11173.72 UHC	Medicaid		6244.06	31.55			446.31	18801.45	percent of total billed charges	
TEMP TRANSVENOUS PPM FOR ARRHYTHMIA-DUAL	33211	CPT	outpatient			19791		11173.72 UHC	Medicare		9716.28				446.31	18801.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TEMP TRANSVENOUS PPM FOR ARRHYTHMIA-DUAL	33211	CPT	outpatient			19791		11173.72 United	Commercial|PPO		4702				446.31	18801.45	case rate	
TEMP TRANSVENOUS PPM FOR ARRHYTHMIA-DUAL	33211	CPT	outpatient			19791		11173.72 United	Oxford		4702				446.31	18801.45	case rate	
TEMP TRANSVENOUS PPM FOR ARRHYTHMIA-DUAL	33211	CPT	outpatient			19791		11173.72 Wellcare	Medicare		9716.28				446.31	18801.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TEMP TRANSVENOUS PPM FOR ARRHYTHMIA-DUAL	33211	CPT	outpatient			19791		11173.72 Wellcare	Medicaid		6244.06	31.55			446.31	18801.45	percent of total billed charges	
TEMP TRANSVENOUS PPM FOR ARRHYTHMIA-DUAL	33211	CPT	outpatient			19791		11173.72 WellPoint	WellPoint		6368.74	32.18			446.31	18801.45	percent of total billed charges	
I/R PPM GENR ONLY SGL ATR OR VENT	33212	CPT	outpatient			40040		11173.72 Aetna	Better Health		12632.62	31.55			518.22	38038	percent of total billed charges	
I/R PPM GENR ONLY SGL ATR OR VENT	33212	CPT	outpatient			40040		11173.72 Aetna	Commercial		15468.32				518.22	38038	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I/R PPM GENR ONLY SGL ATR OR VENT	33212	CPT	outpatient			40040		11173.72 Aetna	Medicare		9716.28				518.22	38038	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I/R PPM GENR ONLY SGL ATR OR VENT	33212	CPT	outpatient			40040		11173.72 Americare	Americare		30030	75			518.22	38038	percent of total billed charges	
I/R PPM GENR ONLY SGL ATR OR VENT	33212	CPT	outpatient			40040		11173.72 Amerihealth	Medicare		9716.28				518.22	38038	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I/R PPM GENR ONLY SGL ATR OR VENT	33212	CPT	outpatient			40040		11173.72 Amerihealth	HMO/PPO		26026	65			518.22	38038	percent of total billed charges	
I/R PPM GENR ONLY SGL ATR OR VENT	33212	CPT	outpatient			40040		11173.72 Consumer	Consumer		38038	95			518.22	38038	percent of total billed charges	
I/R PPM GENR ONLY SGL ATR OR VENT	33212	CPT	outpatient			40040		11173.72 Corrections	Corrections		32032	80			518.22	38038	percent of total billed charges	
I/R PPM GENR ONLY SGL ATR OR VENT	33212	CPT	outpatient			40040		11173.72 First Health	First Health		28028	70			518.22	38038	percent of total billed charges	
I/R PPM GENR ONLY SGL ATR OR VENT	33212	CPT	outpatient			40040		11173.72 First Trenton	First Trenton		36036	90			518.22	38038	percent of total billed charges	
I/R PPM GENR ONLY SGL ATR OR VENT	33212	CPT	outpatient			40040		11173.72 Horizon	MGD		18082				518.22	38038	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I/R PPM GENR ONLY SGL ATR OR VENT	33212	CPT	outpatient			40040		11173.72 Horizon	Indemnity		18082				518.22	38038	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I/R PPM GENR ONLY SGL ATR OR VENT	33212	CPT	outpatient			40040		11173.72 Horizon	NJ Health		518.22				518.22	38038	fee schedule	
I/R PPM GENR ONLY SGL ATR OR VENT	33212	CPT	outpatient			40040		11173.72 Horizon	Medicare Blue		9716.28				518.22	38038	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I/R PPM GENR ONLY SGL ATR OR VENT	33212	CPT	outpatient			40040		11173.72 Horizon	PPO		18082				518.22	38038	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I/R PPM GENR ONLY SGL ATR OR VENT	33212	CPT	outpatient			40040		11173.72 Managed Care Inc	Managed Care Inc		36036	90			518.22	38038	percent of total billed charges	
I/R PPM GENR ONLY SGL ATR OR VENT	33212	CPT	outpatient			40040		11173.72 Multiplan	Multiplan		32032	80			518.22	38038	percent of total billed charges	
I/R PPM GENR ONLY SGL ATR OR VENT	33212	CPT	outpatient			40040		11173.72 Qualcare	Qualcare		30030	75			518.22	38038	percent of total billed charges	
I/R PPM GENR ONLY SGL ATR OR VENT	33212	CPT	outpatient			40040		11173.72 Three Rivers	Three Rivers		38038	95			518.22	38038	percent of total billed charges	
I/R PPM GENR ONLY SGL ATR OR VENT	33212	CPT	outpatient			40040		11173.72 UHC	Medicare		9716.28				518.22	38038	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I/R PPM GENR ONLY SGL ATR OR VENT	33212	CPT	outpatient			40040		11173.72 UHC	Medicaid		12632.62	31.55			518.22	38038	percent of total billed charges	
I/R PPM GENR ONLY SGL ATR OR VENT	33212	CPT	outpatient			40040		11173.72 United	Commercial|PPO		5843				518.22	38038	case rate	
I/R PPM GENR ONLY SGL ATR OR VENT	33212	CPT	outpatient			40040		11173.72 United	Oxford		5843				518.22	38038	case rate	
I/R PPM GENR ONLY SGL ATR OR VENT	33212	CPT	outpatient			40040		11173.72 Wellcare	Medicare		9716.28				518.22	38038	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I/R PPM GENR ONLY SGL ATR OR VENT	33212	CPT	outpatient			40040		11173.72 Wellcare	Medicaid		12632.62	31.55			518.22	38038	percent of total billed charges	
I/R PPM GENR ONLY SGL ATR OR VENT	33212	CPT	outpatient			40040		11173.72 WellPoint	WellPoint		12884.87	32.18			518.22	38038	percent of total billed charges	
CONV OF SINGLE TO DUAL PPM	33214	CPT	both			54612		14044.32 Aetna	Better Health		17230.09	31.55			606.83	51881.4	percent of total billed charges	
CONV OF SINGLE TO DUAL PPM	33214	CPT	both			54612		14044.32 Aetna	Commercial		19442.22				606.83	51881.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONV OF SINGLE TO DUAL PPM	33214	CPT	both			54612		14044.32 Aetna	Medicare		12212.45				606.83	51881.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONV OF SINGLE TO DUAL PPM	33214	CPT	both			54612		14044.32 Americare	Americare		40959	75			606.83	51881.4	percent of total billed charges	
CONV OF SINGLE TO DUAL PPM	33214	CPT	both			54612		14044.32 Amerihealth	Medicare		12212.45				606.83	51881.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONV OF SINGLE TO DUAL PPM	33214	CPT	both			54612		14044.32 Amerihealth	HMO/PPO		35497.8	65			606.83	51881.4	percent of total billed charges	
CONV OF SINGLE TO DUAL PPM	33214	CPT	both			54612		14044.32 Consumer	Consumer		51881.4	95			606.83	51881.4	percent of total billed charges	
CONV OF SINGLE TO DUAL PPM	33214	CPT	both			54612		14044.32 Corrections	Corrections		43689.6	80			606.83	51881.4	percent of total billed charges	
CONV OF SINGLE TO DUAL PPM	33214	CPT	both			54612		14044.32 First Health	First Health		38228.4	70			606.83	51881.4	percent of total billed charges	
CONV OF SINGLE TO DUAL PPM	33214	CPT	both			54612		14044.32 First Trenton	First Trenton		49150.8	90			606.83	51881.4	percent of total billed charges	
CONV OF SINGLE TO DUAL PPM	33214	CPT	both			54612		14044.32 Horizon	Indemnity		22727.37				606.83	51881.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONV OF SINGLE TO DUAL PPM	33214	CPT	both			54612		14044.32 Horizon	MGD		22727.37				606.83	51881.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONV OF SINGLE TO DUAL PPM	33214	CPT	both			54612		14044.32 Horizon	Medicare Blue		12212.45				606.83	51881.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONV OF SINGLE TO DUAL PPM	33214	CPT	both			54612		14044.32 Horizon	PPO		22727.37				606.83	51881.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONV OF SINGLE TO DUAL PPM	33214	CPT	both			54612		14044.32 Horizon	NJ Health		606.83				606.83	51881.4	fee schedule	
CONV OF SINGLE TO DUAL PPM	33214	CPT	both			54612		14044.32 Managed Care Inc	Managed Care Inc		49150.8	90			606.83	51881.4	percent of total billed charges	
CONV OF SINGLE TO DUAL PPM	33214	CPT	both			54612		14044.32 Multiplan	Multiplan		43689.6	80			606.83	51881.4	percent of total billed charges	
CONV OF SINGLE TO DUAL PPM	33214	CPT	both			54612		14044.32 Qualcare	Qualcare		40959	75			606.83	51881.4	percent of total billed charges	
CONV OF SINGLE TO DUAL PPM	33214	CPT	both			54612		14044.32 Three Rivers	Three Rivers		51881.4	95			606.83	51881.4	percent of total billed charges	
CONV OF SINGLE TO DUAL PPM	33214	CPT	both			54612		14044.32 UHC	Medicaid		17230.09	31.55			606.83	51881.4	percent of total billed charges	
CONV OF SINGLE TO DUAL PPM	33214	CPT	both			54612		14044.32 UHC	Medicare		12212.45				606.83	51881.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONV OF SINGLE TO DUAL PPM	33214	CPT	both			54612		14044.32 United	Oxford		6197				606.83	51881.4	case rate	
CONV OF SINGLE TO DUAL PPM	33214	CPT	both			54612		14044.32 United	Commercial|PPO		6197				606.83	51881.4	case rate	
CONV OF SINGLE TO DUAL PPM	33214	CPT	both			54612		14044.32 Wellcare	Medicare		12212.45				606.83	51881.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONV OF SINGLE TO DUAL PPM	33214	CPT	both			54612		14044.32 Wellcare	Medicaid		17230.09	31.55			606.83	51881.4	percent of total billed charges	
CONV OF SINGLE TO DUAL PPM	33214	CPT	both			54612		14044.32 WellPoint	WellPoint		17574.14	32.18			606.83	51881.4	percent of total billed charges	
REPOSITION ELECT RT ATR OR RT VENT	33215	CPT	both			6423		4192.26 Aetna	Commercial		5803.54				655.11	6784.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPOSITION ELECT RT ATR OR RT VENT	33215	CPT	both			6423		4192.26 Aetna	Better Health		2226.46	31.55			655.11	6784.16	percent of total billed charges	
REPOSITION ELECT RT ATR OR RT VENT	33215	CPT	both			6423		4192.26 Aetna	Medicare		3645.44				655.11	6784.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPOSITION ELECT RT ATR OR RT VENT	33215	CPT	both			6423		4192.26 Americare	Americare		4817.25	75			655.11	6784.16	percent of total billed charges	
REPOSITION ELECT RT ATR OR RT VENT	33215	CPT	both			6423		4192.26 Amerihealth	HMO/PPO		4174.95	65			655.11	6784.16	percent of total billed charges	
REPOSITION ELECT RT ATR OR RT VENT	33215	CPT	both			6423		4192.26 Amerihealth	Medicare		3645.44				655.11	6784.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPOSITION ELECT RT ATR OR RT VENT	33215	CPT	both			6423		4192.26 Consumer	Consumer		6101.85	95			655.11	6784.16	percent of total billed charges	
REPOSITION ELECT RT ATR OR RT VENT	33215	CPT	both			6423		4192.26 Corrections	Corrections		5138.4	80			655.11	6784.16	percent of total billed charges	
REPOSITION ELECT RT ATR OR RT VENT	33215	CPT	both			6423		4192.26 First Health	First Health		4496.1	70			655.11	6784.16	percent of total billed charges	
REPOSITION ELECT RT ATR OR RT VENT	33215	CPT	both			6423		4192.26 First Trenton	First Trenton		5780.7	90			655.11	6784.16	percent of total billed charges	
REPOSITION ELECT RT ATR OR RT VENT	33215	CPT	both			6423		4192.26 Horizon	Indemnity		6784.16				655.11	6784.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPOSITION ELECT RT ATR OR RT VENT	33215	CPT	both			6423		4192.26 Horizon	MGD		6784.16				655.11	6784.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPOSITION ELECT RT ATR OR RT VENT	33215	CPT	both			6423		4192.26 Horizon	NJ Health		655.11				655.11	6784.16	fee schedule	
REPOSITION ELECT RT ATR OR RT VENT	33215	CPT	both			6423		4192.26 Horizon	Medicare Blue		3645.44				655.11	6784.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPOS

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101191	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
REPOSITION ELECT RT ATR OR RT VENT	33215	CPT	both			6423	4192.26	Three Rivers	Three Rivers		6101.85	95			655.11	6784.16	percent of total billed charges	
REPOSITION ELECT RT ATR OR RT VENT	33215	CPT	both			6423	4192.26	UHC	Medicaid		2026.46	31.55			655.11	6784.16	percent of total billed charges	
REPOSITION ELECT RT ATR OR RT VENT	33215	CPT	both			6423	4192.26	UHC	Medicare		3645.44				655.11	6784.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPOSITION ELECT RT ATR OR RT VENT	33215	CPT	both			6423	4192.26	United	Commercial|PPO		3492				655.11	6784.16	case rate	
REPOSITION ELECT RT ATR OR RT VENT	33215	CPT	both			6423	4192.26	United	Oxford		3492				655.11	6784.16	case rate	
REPOSITION ELECT RT ATR OR RT VENT	33215	CPT	both			6423	4192.26	Wellcare	Medicare		3645.44				655.11	6784.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPOSITION ELECT RT ATR OR RT VENT	33215	CPT	both			6423	4192.26	Wellcare	Medicaid		2026.46	31.55			655.11	6784.16	percent of total billed charges	
REPOSITION ELECT RT ATR OR RT VENT	33215	CPT	both			6423	4192.26	WellPoint	WellPoint		2066.92	32.18			655.11	6784.16	percent of total billed charges	
REPOSITION OF PACEMAKER WIRE	33216	CPT	both			16928	11173.72	Aetna	Commercial		15468.32				642.06	18082	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPOSITION OF PACEMAKER WIRE	33216	CPT	both			16928	11173.72	Aetna	Medicare		9716.28				642.06	18082	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPOSITION OF PACEMAKER WIRE	33216	CPT	both			16928	11173.72	Aetna	Better Health		5340.78	31.55			642.06	18082	percent of total billed charges	
REPOSITION OF PACEMAKER WIRE	33216	CPT	both			16928	11173.72	Americare	Americare		12696	75			642.06	18082	percent of total billed charges	
REPOSITION OF PACEMAKER WIRE	33216	CPT	both			16928	11173.72	Amerihealth	HMO|PPO		11003.2	65			642.06	18082	percent of total billed charges	
REPOSITION OF PACEMAKER WIRE	33216	CPT	both			16928	11173.72	Amerihealth	Medicare		9716.28				642.06	18082	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPOSITION OF PACEMAKER WIRE	33216	CPT	both			16928	11173.72	Consumer	Consumer		16081.6	95			642.06	18082	percent of total billed charges	
REPOSITION OF PACEMAKER WIRE	33216	CPT	both			16928	11173.72	Corrections	Corrections		13542.4	80			642.06	18082	percent of total billed charges	
REPOSITION OF PACEMAKER WIRE	33216	CPT	both			16928	11173.72	First Health	First Health		11849.6	70			642.06	18082	percent of total billed charges	
REPOSITION OF PACEMAKER WIRE	33216	CPT	both			16928	11173.72	First Trenton	First Trenton		15235.2	90			642.06	18082	percent of total billed charges	
REPOSITION OF PACEMAKER WIRE	33216	CPT	both			16928	11173.72	Horizon	Indemnity		18082				642.06	18082	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPOSITION OF PACEMAKER WIRE	33216	CPT	both			16928	11173.72	Horizon	Medicare Blue		9716.28				642.06	18082	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPOSITION OF PACEMAKER WIRE	33216	CPT	both			16928	11173.72	Horizon	NJ Health		642.06				642.06	18082	fee schedule	
REPOSITION OF PACEMAKER WIRE	33216	CPT	both			16928	11173.72	Horizon	MGD		18082				642.06	18082	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPOSITION OF PACEMAKER WIRE	33216	CPT	both			16928	11173.72	Horizon	PPO		18082				642.06	18082	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPOSITION OF PACEMAKER WIRE	33216	CPT	both			16928	11173.72	Managed Care Inc	Managed Care Inc		15235.2	90			642.06	18082	percent of total billed charges	
REPOSITION OF PACEMAKER WIRE	33216	CPT	both			16928	11173.72	Multiplan	Multiplan		13542.4	80			642.06	18082	percent of total billed charges	
REPOSITION OF PACEMAKER WIRE	33216	CPT	both			16928	11173.72	Qualcare	Qualcare		12696	75			642.06	18082	percent of total billed charges	
REPOSITION OF PACEMAKER WIRE	33216	CPT	both			16928	11173.72	Three Rivers	Three Rivers		16081.6	95			642.06	18082	percent of total billed charges	
REPOSITION OF PACEMAKER WIRE	33216	CPT	both			16928	11173.72	UHC	Medicaid		5340.78	31.55			642.06	18082	percent of total billed charges	
REPOSITION OF PACEMAKER WIRE	33216	CPT	both			16928	11173.72	UHC	Medicare		9716.28				642.06	18082	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPOSITION OF PACEMAKER WIRE	33216	CPT	both			16928	11173.72	United	Commercial|PPO		4702				642.06	18082	case rate	
REPOSITION OF PACEMAKER WIRE	33216	CPT	both			16928	11173.72	United	Oxford		4702				642.06	18082	case rate	
REPOSITION OF PACEMAKER WIRE	33216	CPT	both			16928	11173.72	Wellcare	Medicaid		5340.78	31.55			642.06	18082	percent of total billed charges	
REPOSITION OF PACEMAKER WIRE	33216	CPT	both			16928	11173.72	Wellcare	Medicare		9716.28				642.06	18082	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPOSITION OF PACEMAKER WIRE	33216	CPT	both			16928	11173.72	WellPoint	WellPoint		5447.43	32.18			642.06	18082	percent of total billed charges	
INSJ 2 TRANSVNS ELTRD	33217	CPT	both			18991	11173.72	Aetna	Better Health		5991.66	31.55			642.06	18082	percent of total billed charges	
INSJ 2 TRANSVNS ELTRD	33217	CPT	both			18991	11173.72	Aetna	Medicare		9716.28				642.06	18082	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ 2 TRANSVNS ELTRD	33217	CPT	both			18991	11173.72	Aetna	Commercial		15468.32				642.06	18082	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ 2 TRANSVNS ELTRD	33217	CPT	both			18991	11173.72	Americare	Americare		14243.25	75			642.06	18082	percent of total billed charges	
INSJ 2 TRANSVNS ELTRD	33217	CPT	both			18991	11173.72	Amerihealth	Medicare		9716.28				642.06	18082	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ 2 TRANSVNS ELTRD	33217	CPT	both			18991	11173.72	Amerihealth	HMO|PPO		12344.15	65			642.06	18082	percent of total billed charges	
INSJ 2 TRANSVNS ELTRD	33217	CPT	both			18991	11173.72	Consumer	Consumer		18041.45	95			642.06	18082	percent of total billed charges	
INSJ 2 TRANSVNS ELTRD	33217	CPT	both			18991	11173.72	Corrections	Corrections		15192.8	80			642.06	18082	percent of total billed charges	
INSJ 2 TRANSVNS ELTRD	33217	CPT	both			18991	11173.72	First Health	First Health		13293.7	70			642.06	18082	percent of total billed charges	
INSJ 2 TRANSVNS ELTRD	33217	CPT	both			18991	11173.72	First Trenton	First Trenton		17091.9	90			642.06	18082	percent of total billed charges	
INSJ 2 TRANSVNS ELTRD	33217	CPT	both			18991	11173.72	Horizon	NJ Health		642.06				642.06	18082	fee schedule	
INSJ 2 TRANSVNS ELTRD	33217	CPT	both			18991	11173.72	Horizon	MGD		18082				642.06	18082	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ 2 TRANSVNS ELTRD	33217	CPT	both			18991	11173.72	Horizon	Indemnity		18082				642.06	18082	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ 2 TRANSVNS ELTRD	33217	CPT	both			18991	11173.72	Horizon	Medicare Blue		9716.28				642.06	18082	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ 2 TRANSVNS ELTRD	33217	CPT	both			18991	11173.72	Horizon	PPO		18082				642.06	18082	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ 2 TRANSVNS ELTRD	33217	CPT	both			18991	11173.72	Managed Care Inc	Managed Care Inc		17091.9	90			642.06	18082	percent of total billed charges	
INSJ 2 TRANSVNS ELTRD	33217	CPT	both			18991	11173.72	Multiplan	Multiplan		15192.8	80			642.06	18082	percent of total billed charges	
INSJ 2 TRANSVNS ELTRD	33217	CPT	both			18991	11173.72	Qualcare	Qualcare		14243.25	75			642.06	18082	percent of total billed charges	
INSJ 2 TRANSVNS ELTRD	33217	CPT	both			18991	11173.72	Three Rivers	Three Rivers		18041.45	95			642.06	18082	percent of total billed charges	
INSJ 2 TRANSVNS ELTRD	33217	CPT	both			18991	11173.72	UHC	Medicare		9716.28				642.06	18082	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ 2 TRANSVNS ELTRD	33217	CPT	both			18991	11173.72	UHC	Medicaid		5991.66	31.55			642.06	18082	percent of total billed charges	
INSJ 2 TRANSVNS ELTRD	33217	CPT	both			18991	11173.72	United	Commercial|PPO		4702				642.06	18082	case rate	
INSJ 2 TRANSVNS ELTRD	33217	CPT	both			18991	11173.72	United	Oxford		4702				642.06	18082	case rate	
INSJ 2 TRANSVNS ELTRD	33217	CPT	both			18991	11173.72	Wellcare	Medicare		9716.28				642.06	18082	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ 2 TRANSVNS ELTRD	33217	CPT	both			18991	11173.72	Wellcare	Medicaid		5991.66	31.55			642.06	18082	percent of total billed charges	
INSJ 2 TRANSVNS ELTRD	33217	CPT	both			18991	11173.72	WellPoint	WellPoint		6111.3	32.18			642.06	18082	percent of total billed charges	
REPAIR ICD GEN/OR LEADS	33218	CPT	outpatient			17421	5164.9	Aetna	Commercial		7150.02				535.05	16549.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR ICD GEN/OR LEADS	33218	CPT	outpatient			17421	5164.9	Aetna	Medicare		5365.67	30.8			535.05	16549.95	percent of total billed charges	
REPAIR ICD GEN/OR LEADS	33218	CPT	outpatient			17421	5164.9	Aetna	Better Health		5496.33	31.55			535.05	16549.95	percent of total billed charges	
REPAIR ICD GEN/OR LEADS	33218	CPT	outpatient			17421	5164.9	Americare	Americare		13065.75	75			535.05	16549.95	percent of total billed charges	
REPAIR ICD GEN/OR LEADS	33218	CPT	outpatient			17421	5164.9	Amerihealth	HMO|PPO		11323.65	65			535.05	16549.95	percent of total billed charges	
REPAIR ICD GEN/OR LEADS	33218	CPT	outpatient			17421	5164.9	Amerihealth	Medicare		4491.22				535.05	16549.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR ICD GEN/OR LEADS	33218	CPT	outpatient			17421	5164.9	Consumer	Consumer		16549.95	95			535.05	16549.95	percent of total billed charges	
REPAIR ICD GEN/OR LEADS	33218	CPT	outpatient			17421	5164.9	Corrections	Corrections		13936.8	80			535.05	16549.95	percent of total billed charges	
REPAIR ICD GEN/OR LEADS	33218	CPT	outpatient			17421	5164.9	First Health	First Health		12194.7	70			535.05	16549.95	percent of total billed charges	
REPAIR ICD GEN/OR LEADS	33218	CPT	outpatient			17421	5164.9	First Trenton	First Trenton		15678.9	90			535.05	16549.95	percent of total billed charges	
REPAIR ICD GEN/OR LEADS	33218	CPT	outpatient			17421	5164.9	Horizon	MGD		8358.16				535.05	16549.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR ICD GEN/OR LEADS	33218	CPT	outpatient			17421	5164.9	Horizon	Indemnity		8358.16				535.05	16549.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR ICD GEN/OR LEADS	33218	CPT	outpatient			17421	5164.9	Horizon	NJ Health		535.05				535.05	16549.95	fee schedule	
REPAIR ICD GEN/OR LEADS	33218	CPT	outpatient			17421	5164.9	Horizon	PPO		8358.16				535.05	16549.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR ICD GEN/OR LEADS	33218	CPT	outpatient			17421	5164.9	Horizon	Medicare Blue		4491.22				535.05	16549.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR ICD GEN/OR LEADS	33218	CPT	outpatient			17421	5164.9	Managed Care Inc	Managed Care Inc		15678.9	90			535.05	16549.95	percent of total billed charges	
REPAIR ICD GEN/OR LEADS	33218	CPT	outpatient			17421	5164.9	Multiplan	Multiplan		13936.8	80			535.05	16549.95	percent of total billed charges	
REPAIR ICD GEN/OR LEADS	33218	CPT	outpatient			17421	5164.9	Qualcare	Qualcare		13065.75	75			535.05	16549.95	percent of total billed charges	
REPAIR ICD GEN/OR LEADS	33218	CPT	outpatient			17421	5164.9	Three Rivers	Three Rivers		16549.95	95			535.05	16549.95	percent of total billed charges	
REPAIR ICD GEN/OR LEADS	33218	CPT	outpatient			17421	5164.9	UHC	Medicare		4491.22				535.05	16549.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR ICD GEN/OR LEADS	33218	CPT	outpatient			17421	5164.9	UHC	Medicaid		5496.33	31.55			535.05	16549.95	percent of total billed charges	
REPAIR ICD GEN/OR LEADS	33218	CPT	outpatient			17421	5164.9	United	Oxford		3492				535.05	16549.95	case rate	
REPAIR ICD GEN/OR LEADS	33218	CPT	outpatient			17421	5164.9	United	Commercial|PPO		3492				535.05	16549.95	case rate	
REPAIR ICD GEN/OR LEADS	33218	CPT	outpatient			17421	5164.9	Wellcare	Medicaid		5496.33	31.55			535.05	16549.95	percent of total billed charges	
REPAIR ICD GEN/OR LEADS	33218	CPT	outpatient			17421	5164.9	Wellcare	Medicare		4491.22				535.05	16549.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR ICD GEN/OR LEADS	33218	CPT	outpatient			17421	5164.9	WellPoint	WellPoint		5606.08	32.18			535.05	16549.95	percent of total billed charges	
REPAIR TWO ELEC DUAL PPM OR ICD	33220	CPT	outpatient			19791	5164.9	Aetna	Better Health		6244.06	31.55			535.05	18801.45	percent of total billed charges	
REPAIR TWO ELEC DUAL PPM OR ICD	33220	CPT	outpatient			19791	5164.9	Aetna	Medicare		4491.22				535.05	18801.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR TWO ELEC DUAL PPM OR ICD	33220	CPT	outpatient			19791	5164.9	Aetna	Commercial		7150.02				535.05	18801.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR TWO ELEC DUAL PPM OR ICD	33220	CPT	outpatient			19791	5164.9	Americare	Americare		14843.25	75			535.05	18801.45	percent of total billed charges	
REPAIR TWO ELEC DUAL PPM OR ICD	33220	CPT	outpatient			19791	5164.9	Amerihealth	HMO|PPO		12864.15	65			535.05	18801.45	percent of total billed charges	
REPAIR TWO ELEC DUAL PPM OR ICD	33220	CPT	outpatient			19791	5164.9	Amerihealth	Medicare		4491.22				535.05	18801.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR TWO ELEC DUAL PPM OR ICD	33220	CPT	outpatient			19791	5164.9	Consumer	Consumer		18801.45	95			535.05	18801.45	percent of total billed charges	
REPAIR TWO ELEC DUAL PPM OR ICD	33220	CPT	outpatient			19791	5164.9	Corrections	Corrections		15832.8	80			535.05	18801.45	percent of total billed charges	
REPAIR TWO ELEC DUAL PPM OR ICD	33220	CPT	outpatient			19791	5164.9	First Health	First Health		13853.7	70			535.05	18801.45	percent of total billed charges	
REPAIR TWO ELEC DUAL PPM OR ICD	33220	CPT	outpatient			19791	5164.9	First Trenton	First Trenton		17811.9	90			535.05	18801.45	percent of total billed charges	
REPAIR TWO ELEC DUAL PPM OR ICD	33220	CPT	outpatient			19791	5164.9	Horizon	Medicare Blue		4491.22				535.05	18801.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR TWO ELEC DUAL PPM OR ICD	33220	CPT	outpatient			19791	5164.9	Horizon	Indemnity		8358.16				535.05	18801.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR TWO ELEC DUAL PPM OR ICD	33220	CPT	outpatient			19791	5164.9	Horizon	MGD		8358.16				535.05	18801.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR TWO ELEC DUAL PPM OR ICD	33220	CPT	outpatient			19791	5164.9	Horizon	NJ Health		535.05				535.05	18801.45	fee schedule	
REPAIR TWO ELEC DUAL PPM OR ICD	33220	CPT	outpatient			19791	5164.9	Horizon	PPO		8358.16				535.05	18801.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR TWO ELEC DUAL PPM OR ICD	33220	CPT	outpatient			19791	5164.9	Managed Care Inc	Managed Care Inc		17811.9	90			535.05	18801.45	percent of total billed charges	
REPAIR TWO ELEC DUAL PPM OR ICD	33220	CPT	outpatient			19791	5164.9	Multiplan	Multiplan		15832.8	80			535.05	18801.45	percent of total billed charges	
REPAIR TWO ELEC DUAL PPM OR ICD	33220	CPT	outpatient			19791	5164.9	Qualcare	Qualcare		14843.25	75			535.05	18801.45	percent of total billed charges	
REPAIR TWO ELEC DUAL PPM OR ICD	33220	CPT	outpatient			19791	5164.9	Three Rivers	Three Rivers		18801.45	95			535.05	18801.45	percent of total billed charges	
REPAIR TWO ELEC DUAL PPM OR ICD	33220	CPT	outpatient			19791	5164.9	UHC	Medicaid		6244.06	31.55			535.05	18801.45	percent of total billed charges	
REPAIR TWO ELEC DUAL PPM OR ICD	33220	CPT	outpatient			19791	5164.9	UHC	Medicare		4491.22				535.05	18801.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR TWO ELEC DUAL PPM OR ICD	33220	CPT	outpatient			19791	5164.9	United	Oxford		3492				535.05	18801.45	case rate	
REPAIR TWO ELEC DUAL PPM OR ICD	33220	CPT	outpatient			19791	5164.9	United	Commercial|PPO		3492				535.05	18801.45	case rate	
REPAIR TWO ELEC DUAL PPM OR ICD	33220	CPT	outpatient			19791	5164.9	Wellcare	Medicare		4491.22				535.05	18801.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR TWO ELEC DUAL PPM OR ICD	33220	CPT	outpatient			19791	5164.9	Wellcare	Medicaid		6244.06	31.55			535.05	18801.45	percent of total billed charges	
REPAIR TWO ELEC DUAL PPM OR ICD	33220	CPT	outpatient			19791	5164.9	WellPoint	WellPoint		6368.74	32.18			535.05	18801.45	percent of total billed charges	
RELOCATION POCKET PACEMAKER	33222	CPT	inpatient			4756	2398.47	Aetna	Commercial		3320.32				574.2	4518.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RELOCATION POCKET PACEMAKER	33222	CPT	inpatient			4756	2398.47	Aetna	Better Health		1500.52	31.55			574.2	4518.2	percent of total billed charges	
RELOCATION POCKET PACEMAKER	33222	CPT	inpatient			4756	2398.47	Aetna	Medicare		2085.63				574.2	4518.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RELOCATION POCKET PACEMAKER	33222	CPT	inpatient			4756	2398.47	Americare	Americare		3567	75			574.2	4518.2	percent of total billed charges	
RELOCATION POCKET PACEMAKER	33222	CPT	inpatient			4756	2398.47	Amerihealth	HMO|PPO		3091.4	65			574.2	4518.2	percent of total billed charges	
RELOCATION POCKET PACEMAKER	33222	CPT	inpatient			4756	2398.47	Amerihealth	Medicare		2085.63				574.2	4518.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RELOCATION POCKET PACEMAKER	33222	CPT	inpatient			4756	2398.47	Consumer	Consumer		4518.2	95			574.2	4518.2	percent of total billed charges	
RELOCATION POCKET PACEMAKER	33222	CPT	inpatient			4756	2398.47	Corrections	Corrections		3804.8	80			574.2	4518.2	percent of total billed charges	
RELOCATION POCKET PACEMAKER	33222	CPT	inpatient			4756	2398.47	First Health	First Health		3329.2	70			574.2	4518.2	percent of total billed charges	
RELOCATION POCKET PACEMAKER	33222	CPT	inpatient			4756	2398.47	First Trenton	First Trenton		4280.4	90			574.2	4518.2	percent of total billed charges	
RELOCATION POCKET PACEMAKER	33222	CPT	inpatient			4756	2398.47	Horizon	MGD		3881.36				574.2	4518.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RELOCATION POCKET PACEMAKER	33222	CPT	inpatient			4756	2398.47	Horizon	Indemnity		3881.36				574.2	4518.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RELOCATION POCKET PACEMAKER	33222	CPT	inpatient			4756	2398.47	Horizon	PPO		3881.36				574.2	4518.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RELOCATION POCKET PACEMAKER	33222	CPT	inpatient			4756	2398.47	Horizon	NJ Health		574.2				574.2	4518.2	fee schedule	
RELOCATION POCKET PACEMAKER	33222	CPT	inpatient			4756	2398.47	Horizon	Medicare Blue		2085.63				574.2	4518.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RELOCATION POCKET PACEMAKER	33222	CPT	inpatient			4756	2398.47	Managed Care Inc	Managed Care Inc		4280.4	90			574.2	4518.2	percent of total billed charges	
RELOCATION POCKET PACEMAKER	33222	CPT	inpatient			4756	2398.47	Multiplan	Multiplan		3804.8	80			574.2	4518.2	percent of total billed charges	
RELOCATION POCKET PACEMAKER	33222	CPT	inpatient			4756	2398.47	Qualcare	Qualcare		3567	75			574.2	4518.2	percent of total billed charges	
RELOCATION POCKET PACEMAKER	33222	CPT	inpatient			4756	2398.47	Three Rivers	Three Rivers		4518.2	95			574.2	4518.2	percent of total billed charges	
RELOCATION POCKET PACEMAKER	33222	CPT	inpatient			4756	2398.47	UHC	Medicare		2085.63				574.2	4518.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RELOCATION POCKET PACEMAKER	33222	CPT	inpatient			4756	2398.47	UHC	Medicaid		1500.52	31.55			574.2	4518.2	percent of total billed charges	
RELOCATION POCKET PACEMAKER	33222	CPT	inpatient			4756	2398.47	United	Commercial|PPO		2493				574.2	4518.2	case rate	
RELOCATION POCKET PACEMAKER	33222	CPT	inpatient			4756	2398.47	United	Oxford		2493				574.2	4518.2	case rate	
RELOCATION POCKET PACEMAKER	33222	CPT	inpatient			4756	2398.47	Wellcare	Medicare		2085.63				574.2	4518.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RELOCATION POCKET PACEMAKER	33222	CPT	inpatient			4756	2398.47	Wellcare	Medicaid		1500.52	31.55			574.2	4518.2	percent of total billed charges	
RELOCATION POCKET PACEMAKER	33222	CPT	inpatient			4756	2398.47	WellPoint	WellPoint		1530.48	32.18			574.2	4518.2	percent of total billed charges	
RELOCATE POCKET FOR DEFIB	33223	CPT	outpatient			6095	2398.47	Aetna	Medicare		2085.63				604.89	5790.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RELOCATE POCKET FOR DEFIB	33223	CPT	outpatient			6095	2398.47	Aetna	Better Health		1922.97	31.55			604.89	5790.25	percent of total billed charges	
RELOCATE POCKET FOR DEFIB	33223	CPT	outpatient			6095	2398.47	Aetna	Commercial		3320.32				604.89	5790.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RELOCATE POCKET FOR DEFIB	33223	CPT	outpatient			6095	2398.47	Americare	Americare		4571.25	75			604.89	5790.25	percent of total billed charges	
RELOCATE POCKET FOR DEFIB	33223	CPT	outpatient			6095	2398.47	Amerihealth	HMO|PPO		3961.75	65			604.89	5790.25	percent of total billed charges	
RELOCATE POCKET FOR DEFIB	33223	CPT	outpatient			6095	2398.47	Amerihealth	Medicare		2085.63				604.89	5790.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RELOCATE POCKET FOR DEFIB	33223	CPT	outpatient			6095	2398.47	Consumer	Consumer		5790.25	95			604.89	5790.25	percent of total billed charges	
RELOCATE POCKET FOR DEFIB	33223	CPT	outpatient			6095	2398.47	Corrections	Corrections		4876	80			604.89	5790.25	percent of total billed charges	
RELOCATE POCKET FOR DEFIB	33223	CPT	outpatient			6095	2398.47	First Health	First Health		4266.5	70			604.89	5790.25	percent of total billed charges	
RELOCATE POCKET FOR DEFIB	33223	CPT	outpatient			6095	2398.47	First Trenton	First Trenton		5485.5	90			604.89	5790.25	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
RELOCATE POCKET FOR DEFIB	33223	CPT	outpatient			6095		2398.47	Horizon	Medicare Blue	2085.63				604.89	5790.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RELOCATE POCKET FOR DEFIB	33223	CPT	outpatient			6095		2398.47	Horizon	MGD	3881.36				604.89	5790.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RELOCATE POCKET FOR DEFIB	33223	CPT	outpatient			6095		2398.47	Horizon	Indemnity	3881.36				604.89	5790.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RELOCATE POCKET FOR DEFIB	33223	CPT	outpatient			6095		2398.47	Horizon	NJ Health	604.89				604.89	5790.25	fee schedule	
RELOCATE POCKET FOR DEFIB	33223	CPT	outpatient			6095		2398.47	Horizon	PPO	3881.36				604.89	5790.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RELOCATE POCKET FOR DEFIB	33223	CPT	outpatient			6095		2398.47	Managed Care Inc	Managed Care Inc	5485.5	90			604.89	5790.25	percent of total billed charges	
RELOCATE POCKET FOR DEFIB	33223	CPT	outpatient			6095		2398.47	Multiplan	Multiplan	4876	80			604.89	5790.25	percent of total billed charges	
RELOCATE POCKET FOR DEFIB	33223	CPT	outpatient			6095		2398.47	Qualcare	Qualcare	4571.25	75			604.89	5790.25	percent of total billed charges	
RELOCATE POCKET FOR DEFIB	33223	CPT	outpatient			6095		2398.47	Three Rivers	Three Rivers	5790.25	95			604.89	5790.25	percent of total billed charges	
RELOCATE POCKET FOR DEFIB	33223	CPT	outpatient			6095		2398.47	UHC	Medicaid	1922.97	31.55			604.89	5790.25	percent of total billed charges	
RELOCATE POCKET FOR DEFIB	33223	CPT	outpatient			6095		2398.47	UHC	Medicare	2085.63				604.89	5790.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RELOCATE POCKET FOR DEFIB	33223	CPT	outpatient			6095		2398.47	United	Commercial|PPO	2493				604.89	5790.25	case rate	
RELOCATE POCKET FOR DEFIB	33223	CPT	outpatient			6095		2398.47	United	Oxford	2493				604.89	5790.25	case rate	
RELOCATE POCKET FOR DEFIB	33223	CPT	outpatient			6095		2398.47	Wellcare	Medicare	2085.63				604.89	5790.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RELOCATE POCKET FOR DEFIB	33223	CPT	outpatient			6095		2398.47	Wellcare	Medicaid	1922.97	31.55			604.89	5790.25	percent of total billed charges	
RELOCATE POCKET FOR DEFIB	33223	CPT	outpatient			6095		2398.47	WellPoint	WellPoint	1961.37	32.18			604.89	5790.25	percent of total billed charges	
LV PACING W/PREVIOUS PPM OR ICD INSERT	33224	CPT	outpatient			49375		1404.32	Aetna	Better Health	15577.81	31.55			764.73	46906.25	percent of total billed charges	
LV PACING W/PREVIOUS PPM OR ICD INSERT	33224	CPT	outpatient			49375		1404.32	Aetna	Medicare	12212.45				764.73	46906.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LV PACING W/PREVIOUS PPM OR ICD INSERT	33224	CPT	outpatient			49375		1404.32	Aetna	Commercial	19442.22				764.73	46906.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LV PACING W/PREVIOUS PPM OR ICD INSERT	33224	CPT	outpatient			49375		1404.32	Americare	Americare	37031.25	75			764.73	46906.25	percent of total billed charges	
LV PACING W/PREVIOUS PPM OR ICD INSERT	33224	CPT	outpatient			49375		1404.32	Amerihealth	HMO/PPO	32093.75	65			764.73	46906.25	percent of total billed charges	
LV PACING W/PREVIOUS PPM OR ICD INSERT	33224	CPT	outpatient			49375		1404.32	Amerihealth	Medicare	12212.45				764.73	46906.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LV PACING W/PREVIOUS PPM OR ICD INSERT	33224	CPT	outpatient			49375		1404.32	Consumer	Consumer	46906.25	95			764.73	46906.25	percent of total billed charges	
LV PACING W/PREVIOUS PPM OR ICD INSERT	33224	CPT	outpatient			49375		1404.32	Corrections	Corrections	39500	80			764.73	46906.25	percent of total billed charges	
LV PACING W/PREVIOUS PPM OR ICD INSERT	33224	CPT	outpatient			49375		1404.32	First Health	First Health	34562.5	70			764.73	46906.25	percent of total billed charges	
LV PACING W/PREVIOUS PPM OR ICD INSERT	33224	CPT	outpatient			49375		1404.32	First Trenton	First Trenton	44437.5	90			764.73	46906.25	percent of total billed charges	
LV PACING W/PREVIOUS PPM OR ICD INSERT	33224	CPT	outpatient			49375		1404.32	Horizon	MGD	22727.37				764.73	46906.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LV PACING W/PREVIOUS PPM OR ICD INSERT	33224	CPT	outpatient			49375		1404.32	Horizon	Medicare Blue	12212.45				764.73	46906.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LV PACING W/PREVIOUS PPM OR ICD INSERT	33224	CPT	outpatient			49375		1404.32	Horizon	NJ Health	764.73				764.73	46906.25	fee schedule	
LV PACING W/PREVIOUS PPM OR ICD INSERT	33224	CPT	outpatient			49375		1404.32	Horizon	PPO	22727.37				764.73	46906.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LV PACING W/PREVIOUS PPM OR ICD INSERT	33224	CPT	outpatient			49375		1404.32	Horizon	Indemnity	22727.37				764.73	46906.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LV PACING W/PREVIOUS PPM OR ICD INSERT	33224	CPT	outpatient			49375		1404.32	Managed Care Inc	Managed Care Inc	44437.5	90			764.73	46906.25	percent of total billed charges	
LV PACING W/PREVIOUS PPM OR ICD INSERT	33224	CPT	outpatient			49375		1404.32	Multiplan	Multiplan	39500	80			764.73	46906.25	percent of total billed charges	
LV PACING W/PREVIOUS PPM OR ICD INSERT	33224	CPT	outpatient			49375		1404.32	Qualcare	Qualcare	37031.25	75			764.73	46906.25	percent of total billed charges	
LV PACING W/PREVIOUS PPM OR ICD INSERT	33224	CPT	outpatient			49375		1404.32	Three Rivers	Three Rivers	46906.25	95			764.73	46906.25	percent of total billed charges	
LV PACING W/PREVIOUS PPM OR ICD INSERT	33224	CPT	outpatient			49375		1404.32	UHC	Medicaid	15577.81	31.55			764.73	46906.25	percent of total billed charges	
LV PACING W/PREVIOUS PPM OR ICD INSERT	33224	CPT	outpatient			49375		1404.32	UHC	Medicare	12212.45				764.73	46906.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LV PACING W/PREVIOUS PPM OR ICD INSERT	33224	CPT	outpatient			49375		1404.32	United	Commercial|PPO	6197				764.73	46906.25	case rate	
LV PACING W/PREVIOUS PPM OR ICD INSERT	33224	CPT	outpatient			49375		1404.32	United	Oxford	6197				764.73	46906.25	case rate	
LV PACING W/PREVIOUS PPM OR ICD INSERT	33224	CPT	outpatient			49375		1404.32	Wellcare	Medicaid	15577.81	31.55			764.73	46906.25	percent of total billed charges	
LV PACING W/PREVIOUS PPM OR ICD INSERT	33224	CPT	outpatient			49375		1404.32	Wellcare	Medicare	12212.45				764.73	46906.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LV PACING W/PREVIOUS PPM OR ICD INSERT	33224	CPT	outpatient			49375		1404.32	WellPoint	WellPoint	15888.88	32.18			764.73	46906.25	percent of total billed charges	
LV PACING @ TIME OF PPM OR ICD INSERT	33225	CPT	both			49375			Aetna	Better Health	15577.81	31.55			678.6	46906.25	percent of total billed charges	
LV PACING @ TIME OF PPM OR ICD INSERT	33225	CPT	both			49375			Aetna	Medicare	15207.5	30.8			678.6	46906.25	percent of total billed charges	
LV PACING @ TIME OF PPM OR ICD INSERT	33225	CPT	both			49375			Aetna	Commercial	18762.5	38			678.6	46906.25	percent of total billed charges	
LV PACING @ TIME OF PPM OR ICD INSERT	33225	CPT	both			49375			Americare	Americare	37031.25	75			678.6	46906.25	percent of total billed charges	
LV PACING @ TIME OF PPM OR ICD INSERT	33225	CPT	both			49375			Amerihealth	HMO/PPO	32093.75	65			678.6	46906.25	percent of total billed charges	
LV PACING @ TIME OF PPM OR ICD INSERT	33225	CPT	both			49375			Consumer	Consumer	46906.25	95			678.6	46906.25	percent of total billed charges	
LV PACING @ TIME OF PPM OR ICD INSERT	33225	CPT	both			49375			Corrections	Corrections	39500	80			678.6	46906.25	percent of total billed charges	
LV PACING @ TIME OF PPM OR ICD INSERT	33225	CPT	both			49375			First Health	First Health	34562.5	70			678.6	46906.25	percent of total billed charges	
LV PACING @ TIME OF PPM OR ICD INSERT	33225	CPT	both			49375			First Trenton	First Trenton	44437.5	90			678.6	46906.25	percent of total billed charges	
LV PACING @ TIME OF PPM OR ICD INSERT	33225	CPT	both			49375			Horizon	MGD	18900.75	38.28			678.6	46906.25	percent of total billed charges	
LV PACING @ TIME OF PPM OR ICD INSERT	33225	CPT	both			49375			Horizon	Medicare Blue	14812.5	30			678.6	46906.25	percent of total billed charges	
LV PACING @ TIME OF PPM OR ICD INSERT	33225	CPT	both			49375			Horizon	NJ Health	678.6				678.6	46906.25	fee schedule	
LV PACING @ TIME OF PPM OR ICD INSERT	33225	CPT	both			49375			Horizon	Indemnity	18900.75	38.28			678.6	46906.25	percent of total billed charges	
LV PACING @ TIME OF PPM OR ICD INSERT	33225	CPT	both			49375			Horizon	PPO	18900.75	38.28			678.6	46906.25	percent of total billed charges	
LV PACING @ TIME OF PPM OR ICD INSERT	33225	CPT	both			49375			Managed Care Inc	Managed Care Inc	44437.5	90			678.6	46906.25	percent of total billed charges	
LV PACING @ TIME OF PPM OR ICD INSERT	33225	CPT	both			49375			Multiplan	Multiplan	39500	80			678.6	46906.25	percent of total billed charges	
LV PACING @ TIME OF PPM OR ICD INSERT	33225	CPT	both			49375			Qualcare	Qualcare	37031.25	75			678.6	46906.25	percent of total billed charges	
LV PACING @ TIME OF PPM OR ICD INSERT	33225	CPT	both			49375			Three Rivers	Three Rivers	46906.25	95			678.6	46906.25	percent of total billed charges	
LV PACING @ TIME OF PPM OR ICD INSERT	33225	CPT	both			49375			UHC	Medicaid	15577.81	31.55			678.6	46906.25	percent of total billed charges	
LV PACING @ TIME OF PPM OR ICD INSERT	33225	CPT	both			49375			United	Oxford	6197				678.6	46906.25	case rate	
LV PACING @ TIME OF PPM OR ICD INSERT	33225	CPT	both			49375			United	Commercial|PPO	6197				678.6	46906.25	case rate	
LV PACING @ TIME OF PPM OR ICD INSERT	33225	CPT	both			49375			Wellcare	Medicaid	15577.81	31.55			678.6	46906.25	percent of total billed charges	
LV PACING @ TIME OF PPM OR ICD INSERT	33225	CPT	both			49375			WellPoint	WellPoint	15888.88	32.18			678.6	46906.25	percent of total billed charges	
REPOSITION ELECT LT VENT INCL GENR	33226	CPT	outpatient			7913		4192.26	Aetna	Better Health	2496.55	31.55			738.63	7517.35	percent of total billed charges	
REPOSITION ELECT LT VENT INCL GENR	33226	CPT	outpatient			7913		4192.26	Aetna	Medicare	3645.44				738.63	7517.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPOSITION ELECT LT VENT INCL GENR	33226	CPT	outpatient			7913		4192.26	Aetna	Commercial	5803.54				738.63	7517.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPOSITION ELECT LT VENT INCL GENR	33226	CPT	outpatient			7913		4192.26	Americare	Americare	5934.75	75			738.63	7517.35	percent of total billed charges	
REPOSITION ELECT LT VENT INCL GENR	33226	CPT	outpatient			7913		4192.26	Amerihealth	HMO/PPO	5143.45	65			738.63	7517.35	percent of total billed charges	
REPOSITION ELECT LT VENT INCL GENR	33226	CPT	outpatient			7913		4192.26	Amerihealth	Medicare	3645.44				738.63	7517.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPOSITION ELECT LT VENT INCL GENR	33226	CPT	outpatient			7913		4192.26	Consumer	Consumer	7517.35	95			738.63	7517.35	percent of total billed charges	
REPOSITION ELECT LT VENT INCL GENR	33226	CPT	outpatient			7913		4192.26	Corrections	Corrections	6330.4	80			738.63	7517.35	percent of total billed charges	
REPOSITION ELECT LT VENT INCL GENR	33226	CPT	outpatient			7913		4192.26	First Health	First Health	5539.1	70			738.63	7517.35	percent of total billed charges	
REPOSITION ELECT LT VENT INCL GENR	33226	CPT	outpatient			7913		4192.26	First Trenton	First Trenton	7121.7	90			738.63	7517.35	percent of total billed charges	
REPOSITION ELECT LT VENT INCL GENR	33226	CPT	outpatient			7913		4192.26	Horizon	Medicare Blue	3645.44				738.63	7517.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPOSITION ELECT LT VENT INCL GENR	33226	CPT	outpatient			7913		4192.26	Horizon	NJ Health	738.63				738.63	7517.35	fee schedule	
REPOSITION ELECT LT VENT INCL GENR	33226	CPT	outpatient			7913		4192.26	Horizon	Indemnity	6784.16				738.63	7517.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPOSITION ELECT LT VENT INCL GENR	33226	CPT	outpatient			7913		4192.26	Horizon	MGD	6784.16				738.63	7517.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPOSITION ELECT LT VENT INCL GENR	33226	CPT	outpatient			7913		4192.26	Horizon	PPO	6784.16				738.63	7517.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPOSITION ELECT LT VENT INCL GENR	33226	CPT	outpatient			7913		4192.26	Managed Care Inc	Managed Care Inc	7121.7	90			738.63	7517.35	percent of total billed charges	
REPOSITION ELECT LT VENT INCL GENR	33226	CPT	outpatient			7913		4192.26	Multiplan	Multiplan	6330.4	80			738.63	7517.35	percent of total billed charges	
REPOSITION ELECT LT VENT INCL GENR	33226	CPT	outpatient			7913		4192.26	Qualcare	Qualcare	5934.75	75			738.63	7517.35	percent of total billed charges	
REPOSITION ELECT LT VENT INCL GENR	33226	CPT	outpatient			7913		4192.26	Three Rivers	Three Rivers	7517.35	95			738.63	7517.35	percent of total billed charges	
REPOSITION ELECT LT VENT INCL GENR	33226	CPT	outpatient			7913		4192.26	UHC	Medicaid	2496.55	31.55			738.63	7517.35	percent of total billed charges	
REPOSITION ELECT LT VENT INCL GENR	33226	CPT	outpatient			7913		4192.26	UHC	Medicare	3645.44				738.63	7517.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPOSITION ELECT LT VENT INCL GENR	33226	CPT	outpatient			7913		4192.26	United	Commercial|PPO	3492				738.63	7517.35	case rate	
REPOSITION ELECT LT VENT INCL GENR	33226	CPT	outpatient			7913		4192.26	United	Oxford	3492				738.63	7517.35	case rate	
REPOSITION ELECT LT VENT INCL GENR	33226	CPT	outpatient			7913		4192.26	Wellcare	Medicaid	2496.55	31.55			738.63	7517.35	percent of total billed charges	
REPOSITION ELECT LT VENT INCL GENR	33226	CPT	outpatient			7913		4192.26	Wellcare	Medicare	3645.44				738.63	7517.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPOSITION ELECT LT VENT INCL GENR	33226	CPT	outpatient			7913		4192.26	WellPoint	WellPoint	2546.4	32.18			738.63	7517.35	percent of total billed charges	
REM&REP PM GEN SINGL LEAD	33227	CPT	outpatient			32065		11173.72	Aetna	Better Health	10116.51	31.55			377.67	30461.75	percent of total billed charges	
REM&REP PM GEN SINGL LEAD	33227	CPT	outpatient			32065		11173.72	Aetna	Commercial	15468.32				377.67	30461.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM&REP PM GEN SINGL LEAD	33227	CPT	outpatient			32065		11173.72	Aetna	Medicare	9716.28				377.67	30461.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM&REP PM GEN SINGL LEAD	33227	CPT	outpatient			32065		11173.72	Americare	Americare	24048.75	75			377.67	30461.75	percent of total billed charges	
REM&REP PM GEN SINGL LEAD	33227	CPT	outpatient			32065		11173.72	Amerihealth	HMO/PPO	20842.25	65			377.67	30461.75	percent of total billed charges	
REM&REP PM GEN SINGL LEAD	33227	CPT	outpatient			32065		11173.72	Amerihealth	Medicare	9716.28				377.67	30461.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM&REP PM GEN SINGL LEAD	33227	CPT	outpatient			32065		11173.72	Consumer	Consumer	30461.75	95			377.67	30461.75	percent of total billed charges	
REM&REP PM GEN SINGL LEAD	33227	CPT	outpatient			32065		11173.72	Corrections	Corrections	25652	80			377.67	30461.75	percent of total billed charges	
REM&REP PM GEN SINGL LEAD	33227	CPT	outpatient			32065		11173.72	First Health	First Health	22445.5	70			377.67	30461.75	percent of total billed charges	
REM&REP PM GEN SINGL LEAD	33227	CPT	outpatient			32065		11173.72	First Trenton	First Trenton	28858.5	90			377.67	30461.75	percent of total billed charges	
REM&REP PM GEN SINGL LEAD	33227	CPT	outpatient			32065		11173.72	Horizon	Indemnity	18082				377.67	30461.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM&REP PM GEN SINGL LEAD	33227	CPT	outpatient			32065		11173.72	Horizon	Medicare Blue	9716.28				377.67	30461.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM&REP PM GEN SINGL LEAD	33227	CPT	outpatient			32065		11173.72	Horizon	NJ Health	377.67				377.67	30461.75	fee schedule	
REM&REP PM GEN SINGL LEAD	33227	CPT	outpatient			32065		11173.72	Horizon	MGD	18082				377.67	30461.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM&REP PM GEN SINGL LEAD	33227	CPT	outpatient			32065		11173.72	Horizon	PPO	18082				377.67	30461.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM&REP PM GEN SINGL LEAD	33227	CPT	outpatient			32065		11173.72	Managed Care Inc	Managed Care Inc	28858.5	90			377.67	30461.75	percent of total billed charges	
REM&REP PM GEN SINGL LEAD	33227	CPT	outpatient			32065		11173.72	Multiplan	Multiplan	25652	80			377.67	30461.75	percent of total billed charges	
REM&REP PM GEN SINGL LEAD	33227	CPT	outpatient			32065		11173.72	Qualcare	Qualcare	24048.75	75			377.67	30461.75	percent of total billed charges	
REM&REP PM GEN SINGL LEAD	33227	CPT	outpatient			32065		11173.72	Three Rivers	Three Rivers	30461.75	95			377.67	30461.75	percent of total billed charges	
REM&REP PM GEN SINGL LEAD	33227	CPT	outpatient			32065		11173.72	UHC	Medicaid	10116.51	31.55			377.67	30461.75	percent of total billed charges	
REM&REP PM GEN SINGL LEAD	33227	CPT	outpatient			32065		11173.72	UHC	Medicare	9716.28				377.67	30461.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM&REP PM GEN SINGL LEAD	33227	CPT	outpatient			32065		11173.72	United	Oxford	5843				377.67	30461.75	case rate	
REM&REP PM GEN SINGL LEAD	33227	CPT	outpatient			32065		11173.72	United	Commercial|PPO	5843				377.67	30461.75	case rate	
REM&REP PM GEN SINGL LEAD	33227	CPT	outpatient			32065		11173.72	Wellcare	Medicare	9716.28				377.67	30461.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM&REP PM GEN SINGL LEAD	33227	CPT	outpatient			32065		11173.72	Wellcare	Medicaid	10116.51	31.55			377.67	30461.75	percent of total billed charges	
REM&REP PM GEN SINGL LEAD	33227	CPT	outpatient			32065		11173.72	WellPoint	WellPoint	10318.52	32.18			377.67	30461.75	percent of total billed charges	
REMV&REPLC PM GEN DUAL LEAD	33228	CPT	both			37070		1404.32	Aetna	Medicare	12212.45				507.1	35216.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMV&REPLC PM GEN DUAL LEAD	33228	CPT	both			37070		1404.32	Aetna	Commercial	19442.22				507.1	35216.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMV&REPLC PM GEN DUAL LEAD	33228	CPT	both			37070		1404.32	Aetna	Better Health	11695.59	31.55			507.1	35216.5	percent of total billed charges	
REMV&REPLC PM GEN DUAL LEAD	33228	CPT	both			37070		1404.32	Americare	Americare	27802.5	75			507.1	35216.5	percent of total billed charges	
REMV&REPLC PM GEN DUAL LEAD	33228	CPT	both			37070		1404.32	Amerihealth	HMO/PPO	24095.5	65			507.1	35216.5	percent of total billed charges	
REMV&REPLC PM GEN DUAL LEAD	33228	CPT	both			37070		1404.32	Amerihealth	Medicare	12212.45				507.1	35216.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMV&REPLC PM GEN DUAL LEAD	33228	CPT	both			37070		1404.32	Consumer	Consumer	35216.5	95			507.1	35216.5	percent of total billed charges	
REMV&REPLC PM GEN DUAL LEAD	33228	CPT	both			37070		1404.32	Corrections	Corrections	29656	80			507.1	35216.5	percent of total billed charges	
REMV&REPLC PM GEN DUAL LEAD	33228	CPT	both			37070		1404.32	First Health	First Health	25949	70			507.1	35216.5	percent of total billed charges	
REMV&REPLC PM GEN DUAL LEAD	33228	CPT	both			37070		1404.32	First Trenton	First Trenton	33363	90			507.1	35216.5	percent of total billed charges	
REMV&REPLC PM GEN DUAL LEAD	33228	CPT	both			37070		1404.32	Horizon	MGD	22727.37				507.1	35216.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMV&REPLC PM GEN DUAL LEAD	33228	CPT	both			37070		1404.32	Horizon	Medicare Blue	12212.45				507.1	35216.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMV&REPLC PM GEN DUAL LEAD	33228	CPT	both			37070		1404.32	Horizon	Indemnity	22727.37				507.1	35216.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMV&REPLC PM GEN DUAL LEAD	33228	CPT	both			37070		1404.32	Horizon	NJ Health	507.1				507.1	35216.5	fee schedule	
REMV&REPLC PM GEN DUAL LEAD	33228	CPT	both			37070		1404.32	Horizon	PPO	22727.37				507.1	35216.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMV&REPLC PM GEN DUAL LEAD	33228	CPT	both			37070		1404.32	Managed Care Inc	Managed Care Inc	33363	90			507.1	35216.5	percent of total billed charges	
REMV&REPLC PM GEN DUAL LEAD	33228	CPT	both			37070		1404.32	Multiplan	Multiplan	29656	80			507.1	35216.5	percent of total billed charges	
REMV&REPLC PM GEN DUAL LEAD	33228	CPT	both			37070		1404.32	Qualcare	Qualcare	27802.5	75			507.1	35216.5	percent of total billed charges	
REMV&REPLC PM GEN DUAL LEAD	33228	CPT	both			37070		1404.32	Three Rivers	Three Rivers	35216.5	95			507.1	35216.5	percent of total billed charges	
REMV&REPLC PM GEN DUAL LEAD	33228	CPT	both			37070		1404.32	UHC	Medicare	12212.45				507.1	35216.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMV&REPLC PM GEN DUAL LEAD	33228	CPT	both			37070		1404.32	UHC	Medicaid	11695.59	31.55			507.1	35216.5	percent of total billed charges	
REMV&REPLC PM GEN DUAL LEAD	33228	CPT	both			37070		1404.32	United	Oxford	5843				507.1	35216.5	case rate	
REMV&REPLC PM GEN DUAL LEAD	33228	CPT	both			37070		1404.32	United	Commercial|PPO	5843				507.1	35216.5	case rate	
REMV&REPLC PM GEN DUAL LEAD	33228	CPT	both			37070		1404.32	Wellcare	Medicaid	11695.59	31.55			507.1	35216.5	percent of total billed charges	
REMV&REPLC PM GEN DUAL LEAD	33228	CPT	both			37070		1404.32	Wellcare	Medicare	12212.45				507.1	35216.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMV&REPLC PM GEN DUAL LEAD	33228	CPT	both			37070		1404.32	WellPoint	WellPoint	11929.13	32.18			507.1	35216.5	percent of total billed charges	
REMVL PERM PM PLS GEN W/RPLS PM PLS MU	33229	CPT	both			72333		25627.44	Aetna	Medicare	22278.56	30.8			409.72	68716.35	percent of total billed charges	
REMVL PERM PM PLS GEN W/RPLS PM PLS MU	33229	CPT	both			72333		25627.44	Aetna	Commercial	35477.29				409.72	68716.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMVL PERM PM PLS GEN W/RPLS PM PLS MU	33229	CPT	both			72333		25627.44	Aetna	Better Health	22821.06	31.55			409.72	68716.35	percent of total billed charges	
REMVL PERM PM PLS GEN W/RPLS PM PLS MU	33229	CPT	both			72333		25627.44	Americare	Americare	54049.75	75			409.72	68716.35	percent of total billed charges	
REMVL PERM PM PLS GEN W/RPLS PM PLS MU	33229	CPT	both			72333		25627.44	Amerihealth	HMO/PPO	47016.45	65			409.72	68716.35	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.														
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true													
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
REMVL PERM PM PLS GEN W/RPLS PM PLS MU	33229	CPT	both			72333		25627.44	Ameriheath	Medicare		22284.73				409.72	687*16.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMVL PERM PM PLS GEN W/RPLS PM PLS MU	33229	CPT	both			72333		25627.44	Consumer	Consumer		68716.35	95			409.72	687*16.35	percent of total billed charges	
REMVL PERM PM PLS GEN W/RPLS PM PLS MU	33229	CPT	both			72333		25627.44	Corrections	Corrections		57866.4	80			409.72	687*16.35	percent of total billed charges	
REMVL PERM PM PLS GEN W/RPLS PM PLS MU	33229	CPT	both			72333		25627.44	First Health	First Health		50633.1	70			409.72	687*16.35	percent of total billed charges	
REMVL PERM PM PLS GEN W/RPLS PM PLS MU	33229	CPT	both			72333		25627.44	First Trenton	First Trenton		65099.7	90			409.72	687*16.35	percent of total billed charges	
REMVL PERM PM PLS GEN W/RPLS PM PLS MU	33229	CPT	both			72333		25627.44	Horizon	Medicare Blue		22284.73				409.72	687*16.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMVL PERM PM PLS GEN W/RPLS PM PLS MU	33229	CPT	both			72333		25627.44	Horizon	PPO		41471.88				409.72	687*16.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMVL PERM PM PLS GEN W/RPLS PM PLS MU	33229	CPT	both			72333		25627.44	Horizon	Indemnity		41471.88				409.72	687*16.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMVL PERM PM PLS GEN W/RPLS PM PLS MU	33229	CPT	both			72333		25627.44	Horizon	MGD		41471.88				409.72	687*16.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMVL PERM PM PLS GEN W/RPLS PM PLS MU	33229	CPT	both			72333		25627.44	Horizon	NJ Health		409.72				409.72	687*16.35	fee schedule	
REMVL PERM PM PLS GEN W/RPLS PM PLS MU	33229	CPT	both			72333		25627.44	Managed Care Inc	Managed Care Inc		65099.7	90			409.72	687*16.35	percent of total billed charges	
REMVL PERM PM PLS GEN W/RPLS PM PLS MU	33229	CPT	both			72333		25627.44	Multiplan	Multiplan		57866.4	80			409.72	687*16.35	percent of total billed charges	
REMVL PERM PM PLS GEN W/RPLS PM PLS MU	33229	CPT	both			72333		25627.44	Qualcare	Qualcare		54249.75	75			409.72	687*16.35	percent of total billed charges	
REMVL PERM PM PLS GEN W/RPLS PM PLS MU	33229	CPT	both			72333		25627.44	Three Rivers	Three Rivers		68716.35	95			409.72	687*16.35	percent of total billed charges	
REMVL PERM PM PLS GEN W/RPLS PM PLS MU	33229	CPT	both			72333		25627.44	UHC	Medicare		22284.73				409.72	687*16.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMVL PERM PM PLS GEN W/RPLS PM PLS MU	33229	CPT	both			72333		25627.44	UHC	Medicaid		22821.06	31.55			409.72	687*16.35	percent of total billed charges	
REMVL PERM PM PLS GEN W/RPLS PM PLS MU	33229	CPT	both			72333		25627.44	United	Commercial|PPO		5843				409.72	687*16.35	case rate	
REMVL PERM PM PLS GEN W/RPLS PM PLS MU	33229	CPT	both			72333		25627.44	United	Oxford		5843				409.72	687*16.35	case rate	
REMVL PERM PM PLS GEN W/RPLS PM PLS MU	33229	CPT	both			72333		25627.44	Wellcare	Medicare		22284.73				409.72	687*16.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMVL PERM PM PLS GEN W/RPLS PM PLS MU	33229	CPT	both			72333		25627.44	Wellcare	Medicaid		22821.06	31.55			409.72	687*16.35	percent of total billed charges	
REMVL PERM PM PLS GEN W/RPLS PM PLS MU	33229	CPT	both			72333		25627.44	WellPoint	WellPoint		23276.76	32.18			409.72	687*16.35	percent of total billed charges	
REMOV.OF PERM.PCKER.PUL GENERATOR	33233	CPT	both			30895		11173.72	Aetna	Commercial		15468.32				370.39	29350.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOV.OF PERM.PCKER.PUL GENERATOR	33233	CPT	both			30895		11173.72	Aetna	Better Health		9747.37	31.55			370.39	29350.25	percent of total billed charges	
REMOV.OF PERM.PCKER.PUL GENERATOR	33233	CPT	both			30895		11173.72	Aetna	Medicare		9716.28				370.39	29350.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOV.OF PERM.PCKER.PUL GENERATOR	33233	CPT	both			30895		11173.72	Americare	Americare		23171.25	75			370.39	29350.25	percent of total billed charges	
REMOV.OF PERM.PCKER.PUL GENERATOR	33233	CPT	both			30895		11173.72	Ameriheath	Medicare		9716.28				370.39	29350.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOV.OF PERM.PCKER.PUL GENERATOR	33233	CPT	both			30895		11173.72	Ameriheath	HMO|PPO		20081.75	65			370.39	29350.25	percent of total billed charges	
REMOV.OF PERM.PCKER.PUL GENERATOR	33233	CPT	both			30895		11173.72	Consumer	Consumer		29350.25	95			370.39	29350.25	percent of total billed charges	
REMOV.OF PERM.PCKER.PUL GENERATOR	33233	CPT	both			30895		11173.72	Corrections	Corrections		24716	80			370.39	29350.25	percent of total billed charges	
REMOV.OF PERM.PCKER.PUL GENERATOR	33233	CPT	both			30895		11173.72	First Health	First Health		21626.5	70			370.39	29350.25	percent of total billed charges	
REMOV.OF PERM.PCKER.PUL GENERATOR	33233	CPT	both			30895		11173.72	First Trenton	First Trenton		27805.5	90			370.39	29350.25	percent of total billed charges	
REMOV.OF PERM.PCKER.PUL GENERATOR	33233	CPT	both			30895		11173.72	Horizon	MGD		18082				370.39	29350.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOV.OF PERM.PCKER.PUL GENERATOR	33233	CPT	both			30895		11173.72	Horizon	Medicare Blue		9716.28				370.39	29350.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOV.OF PERM.PCKER.PUL GENERATOR	33233	CPT	both			30895		11173.72	Horizon	Indemnity		18082				370.39	29350.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOV.OF PERM.PCKER.PUL GENERATOR	33233	CPT	both			30895		11173.72	Horizon	NJ Health		370.39				370.39	29350.25	fee schedule	
REMOV.OF PERM.PCKER.PUL GENERATOR	33233	CPT	both			30895		11173.72	Horizon	PPO		18082				370.39	29350.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOV.OF PERM.PCKER.PUL GENERATOR	33233	CPT	both			30895		11173.72	Managed Care Inc	Managed Care Inc		27805.5	90			370.39	29350.25	percent of total billed charges	
REMOV.OF PERM.PCKER.PUL GENERATOR	33233	CPT	both			30895		11173.72	Multiplan	Multiplan		24716	80			370.39	29350.25	percent of total billed charges	
REMOV.OF PERM.PCKER.PUL GENERATOR	33233	CPT	both			30895		11173.72	Qualcare	Qualcare		23171.25	75			370.39	29350.25	percent of total billed charges	
REMOV.OF PERM.PCKER.PUL GENERATOR	33233	CPT	both			30895		11173.72	Three Rivers	Three Rivers		29350.25	95			370.39	29350.25	percent of total billed charges	
REMOV.OF PERM.PCKER.PUL GENERATOR	33233	CPT	both			30895		11173.72	UHC	Medicare		9716.28				370.39	29350.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOV.OF PERM.PCKER.PUL GENERATOR	33233	CPT	both			30895		11173.72	UHC	Medicaid		9747.37	31.55			370.39	29350.25	percent of total billed charges	
REMOV.OF PERM.PCKER.PUL GENERATOR	33233	CPT	both			30895		11173.72	United	Oxford		3492				370.39	29350.25	case rate	
REMOV.OF PERM.PCKER.PUL GENERATOR	33233	CPT	both			30895		11173.72	United	Commercial|PPO		3492				370.39	29350.25	case rate	
REMOV.OF PERM.PCKER.PUL GENERATOR	33233	CPT	both			30895		11173.72	Wellcare	Medicare		9716.28				370.39	29350.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOV.OF PERM.PCKER.PUL GENERATOR	33233	CPT	both			30895		11173.72	Wellcare	Medicaid		9747.37	31.55			370.39	29350.25	percent of total billed charges	
REMOV.OF PERM.PCKER.PUL GENERATOR	33233	CPT	both			30895		11173.72	WellPoint	WellPoint		9942.01	32.18			370.39	29350.25	percent of total billed charges	
REM.OF TRANS.PCMKER.ELE.SIN.LD SYS.AORV	33234	CPT	outpatient			5159		5164.9	Aetna	Medicare		4491.22				535.05	8358.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM.OF TRANS.PCMKER.ELE.SIN.LD SYS.AORV	33234	CPT	outpatient			5159		5164.9	Aetna	Better Health		1627.66	31.55			535.05	8358.16	percent of total billed charges	
REM.OF TRANS.PCMKER.ELE.SIN.LD SYS.AORV	33234	CPT	outpatient			5159		5164.9	Aetna	Commercial		7150.02				535.05	8358.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM.OF TRANS.PCMKER.ELE.SIN.LD SYS.AORV	33234	CPT	outpatient			5159		5164.9	Americare	Americare		3869.25	75			535.05	8358.16	percent of total billed charges	
REM.OF TRANS.PCMKER.ELE.SIN.LD SYS.AORV	33234	CPT	outpatient			5159		5164.9	Ameriheath	Medicare		4491.22				535.05	8358.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM.OF TRANS.PCMKER.ELE.SIN.LD SYS.AORV	33234	CPT	outpatient			5159		5164.9	Ameriheath	HMO|PPO		3353.35	65			535.05	8358.16	percent of total billed charges	
REM.OF TRANS.PCMKER.ELE.SIN.LD SYS.AORV	33234	CPT	outpatient			5159		5164.9	Consumer	Consumer		4901.05	95			535.05	8358.16	percent of total billed charges	
REM.OF TRANS.PCMKER.ELE.SIN.LD SYS.AORV	33234	CPT	outpatient			5159		5164.9	Corrections	Corrections		4127.2	80			535.05	8358.16	percent of total billed charges	
REM.OF TRANS.PCMKER.ELE.SIN.LD SYS.AORV	33234	CPT	outpatient			5159		5164.9	First Health	First Health		3611.3	70			535.05	8358.16	percent of total billed charges	
REM.OF TRANS.PCMKER.ELE.SIN.LD SYS.AORV	33234	CPT	outpatient			5159		5164.9	First Trenton	First Trenton		4643.1	90			535.05	8358.16	percent of total billed charges	
REM.OF TRANS.PCMKER.ELE.SIN.LD SYS.AORV	33234	CPT	outpatient			5159		5164.9	Horizon	PPO		8358.16				535.05	8358.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM.OF TRANS.PCMKER.ELE.SIN.LD SYS.AORV	33234	CPT	outpatient			5159		5164.9	Horizon	MGD		8358.16				535.05	8358.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM.OF TRANS.PCMKER.ELE.SIN.LD SYS.AORV	33234	CPT	outpatient			5159		5164.9	Horizon	Indemnity		8358.16				535.05	8358.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM.OF TRANS.PCMKER.ELE.SIN.LD SYS.AORV	33234	CPT	outpatient			5159		5164.9	Horizon	NJ Health		535.05				535.05	8358.16	fee schedule	
REM.OF TRANS.PCMKER.ELE.SIN.LD SYS.AORV	33234	CPT	outpatient			5159		5164.9	Horizon	Medicare Blue		4491.22				535.05	8358.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM.OF TRANS.PCMKER.ELE.SIN.LD SYS.AORV	33234	CPT	outpatient			5159		5164.9	Managed Care Inc	Managed Care Inc		4643.1	90			535.05	8358.16	percent of total billed charges	
REM.OF TRANS.PCMKER.ELE.SIN.LD SYS.AORV	33234	CPT	outpatient			5159		5164.9	Multiplan	Multiplan		4127.2	80			535.05	8358.16	percent of total billed charges	
REM.OF TRANS.PCMKER.ELE.SIN.LD SYS.AORV	33234	CPT	outpatient			5159		5164.9	Qualcare	Qualcare		3869.25	75			535.05	8358.16	percent of total billed charges	
REM.OF TRANS.PCMKER.ELE.SIN.LD SYS.AORV	33234	CPT	outpatient			5159		5164.9	Three Rivers	Three Rivers		4901.05	95			535.05	8358.16	percent of total billed charges	
REM.OF TRANS.PCMKER.ELE.SIN.LD SYS.AORV	33234	CPT	outpatient			5159		5164.9	UHC	Medicare		4491.22				535.05	8358.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM.OF TRANS.PCMKER.ELE.SIN.LD SYS.AORV	33234	CPT	outpatient			5159		5164.9	UHC	Medicaid		1627.66	31.55			535.05	8358.16	percent of total billed charges	
REM.OF TRANS.PCMKER.ELE.SIN.LD SYS.AORV	33234	CPT	outpatient			5159		5164.9	United	Oxford		3492				535.05	8358.16	case rate	
REM.OF TRANS.PCMKER.ELE.SIN.LD SYS.AORV	33234	CPT	outpatient			5159		5164.9	United	Commercial|PPO		3492				535.05	8358.16	case rate	
REM.OF TRANS.PCMKER.ELE.SIN.LD SYS.AORV	33234	CPT	outpatient			5159		5164.9	Wellcare	Medicare		4491.22				535.05	8358.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM.OF TRANS.PCMKER.ELE.SIN.LD SYS.AORV	33234	CPT	outpatient			5159		5164.9	Wellcare	Medicaid		1627.66	31.55			535.05	8358.16	percent of total billed charges	
REM.OF TRANS.PCMKER.ELE.SIN.LD SYS.AORV	33234	CPT	outpatient			5159		5164.9	WellPoint	WellPoint		1660.17	32.18			535.05	8358.16	percent of total billed charges	
REMOV./TRANS.PCMKER ELEC.W DUAL LD AV	33235	CPT	both			6691		5164.9	Aetna	Better Health		2111.01	31.55			535.05	8358.16	percent of total billed charges	
REMOV./TRANS.PCMKER ELEC.W DUAL LD AV	33235	CPT	both			6691		5164.9	Aetna	Commercial		7150.02				535.05	8358.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOV./TRANS.PCMKER ELEC.W DUAL LD AV	33235	CPT	both			6691		5164.9	Aetna	Medicare		4491.22				535.05	8358.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOV./TRANS.PCMKER ELEC.W DUAL LD AV	33235	CPT	both			6691		5164.9	Americare	Americare		5018.25	75			535.05	8358.16	percent of total billed charges	
REMOV./TRANS.PCMKER ELEC.W DUAL LD AV	33235	CPT	both			6691		5164.9	Ameriheath	HMO|PPO		4349.15	65			535.05	8358.16	percent of total billed charges	
REMOV./TRANS.PCMKER ELEC.W DUAL LD AV	33235	CPT	both			6691		5164.9	Ameriheath	Medicare		4491.22				535.05	8358.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOV./TRANS.PCMKER ELEC.W DUAL LD AV	33235	CPT	both			6691		5164.9	Consumer	Consumer		6356.45	95			535.05	8358.16	percent of total billed charges	
REMOV./TRANS.PCMKER ELEC.W DUAL LD AV	33235	CPT	both			6691		5164.9	Corrections	Corrections		5352.8	80			535.05	8358.16	percent of total billed charges	
REMOV./TRANS.PCMKER ELEC.W DUAL LD AV	33235	CPT	both			6691		5164.9	First Health	First Health		4683.7	70			535.05	8358.16	percent of total billed charges	
REMOV./TRANS.PCMKER ELEC.W DUAL LD AV	33235	CPT	both			6691		5164.9	First Trenton	First Trenton		6021.9	90			535.05	8358.16	percent of total billed charges	
REMOV./TRANS.PCMKER ELEC.W DUAL LD AV	33235	CPT	both			6691		5164.9	Horizon	Indemnity		8358.16				535.05	8358.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOV./TRANS.PCMKER ELEC.W DUAL LD AV	33235	CPT	both			6691		5164.9	Horizon	NJ Health		535.05				535.05	8358.16	fee schedule	
REMOV./TRANS.PCMKER ELEC.W DUAL LD AV	33235	CPT	both			6691		5164.9	Horizon	MGD		8358.16				535.05	8358.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOV./TRANS.PCMKER ELEC.W DUAL LD AV	33235	CPT	both			6691		5164.9	Horizon	Medicare Blue		4491.22				535.05	8358.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOV./TRANS.PCMKER ELEC.W DUAL LD AV	33235	CPT	both			6691		5164.9	Horizon	PPO		8358.16				535.05	8358.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOV./TRANS.PCMKER ELEC.W DUAL LD AV	33235	CPT	both			6691		5164.9	Managed Care Inc	Managed Care Inc		6021.9	90			535.05	8358.16	percent of total billed charges	
REMOV./TRANS.PCMKER ELEC.W DUAL LD AV	33235	CPT	both			6691		5164.9	Multiplan	Multiplan		5352.8	80			535.05	8358.16	percent of total billed charges	
REMOV./TRANS.PCMKER ELEC.W DUAL LD AV	33235	CPT	both			6691		5164.9	Qualcare	Qualcare		5018.25	75			535.05	8358.16	percent of total billed charges	
REMOV./TRANS.PCMKER ELEC.W DUAL LD AV	33235	CPT	both			6691		5164.9	Three Rivers	Three Rivers		6356.45	95			535.05	8358.16	percent of total billed charges	
REMOV./TRANS.PCMKER ELEC.W DUAL LD AV	33235	CPT	both			6691		5164.9	UHC	Medicare		4491.22				535.05	8358.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOV./TRANS.PCMKER ELEC.W DUAL LD AV	33235	CPT	both			6691		5164.9	UHC	Medicaid		2111.01	31.55			535.05	8358.16	percent of total billed charges	
REMOV./TRANS.PCMKER ELEC.W DUAL LD AV	33235	CPT	both			6691		5164.9	United	Commercial|PPO		3492				535.05	8358.16	case rate	
REMOV./TRANS.PCMKER ELEC.W DUAL LD AV	33235	CPT	both			6691		5164.9	United	Oxford		3492				535.05	8358.16	case rate	
REMOV./TRANS.PCMKER ELEC.W DUAL LD AV	33235	CPT	both			6691		5164.9	Wellcare	Medicare		4491.22				535.05	8358.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOV./TRANS.PCMKER ELEC.W DUAL LD AV	33235	CPT	both			6691		5164.9	Wellcare	Medicaid		2111.01	31.55			535.05	8358.16	percent of total billed charges	
REMOV./TRANS.PCMKER ELEC.W DUAL LD AV	33235	CPT	both			6691		5164.9	WellPoint	WellPoint		2153.16	32.18			535.05	8358.16	percent of total billed charges	
INSERTION/REMOVE IMPLANTABLE DEFIBRILLA	33240	CPT	outpatient			96431		31001.72	Aetna	Better Health		30423.98	31.55			710.7	91609.45	percent of total billed charges	
INSERTION/REMOVE IMPLANTABLE DEFIBRILLA	33240	CPT	outpatient			96431		31001.72	Aetna	Commercial		42917.17				710.7	91609.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION/REMOVE IMPLANTABLE DEFIBRILLA	33240	CPT	outpatient			96431		31001.72	Aetna	Medicare		26958.02				710.7	91609.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION/REMOVE IMPLANTABLE DEFIBRILLA	33240	CPT	outpatient			96431		31001.72	Americare	Americare		72323.25	75			710.7	91609.45	percent of total billed charges	
INSERTION/REMOVE IMPLANTABLE DEFIBRILLA	33240	CPT	outpatient			96431		31001.72	Ameriheath	Medicare		26958.02				710.7	91609.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION/REMOVE IMPLANTABLE DEFIBRILLA	33240	CPT	outpatient			96431		31001.72	Ameriheath	HMO|PPO		62680.15	65			710.7	91609.45	percent of total billed charges	
INSERTION/REMOVE IMPLANTABLE DEFIBRILLA	33240	CPT	outpatient			96431		31001.72	Consumer	Consumer		91609.45	95			710.7	91609.45	percent of total billed charges	
INSERTION/REMOVE IMPLANTABLE DEFIBRILLA	33240	CPT	outpatient			96431		31001.72	Corrections	Corrections		77144.8	80			710.7	91609.45	percent of total billed charges	
INSERTION/REMOVE IMPLANTABLE DEFIBRILLA	33240	CPT	outpatient			96431		31001.72	First Health	First Health		67501.7	70			710.7	91609.45	percent of total billed charges	
INSERTION/REMOVE IMPLANTABLE DEFIBRILLA	33240	CPT	outpatient			96431		31001.72	First Trenton	First Trenton		86787.9	90			710.7	91609.45	percent of total billed charges	
INSERTION/REMOVE IMPLANTABLE DEFIBRILLA	33240	CPT	outpatient			96431		31001.72	Horizon	Indemnity		50168.88				710.7	91609.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION/REMOVE IMPLANTABLE DEFIBRILLA	33240	CPT	outpatient			96431		31001.72	Horizon	MGD		50168.88				710.7	91609.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION/REMOVE IMPLANTABLE DEFIBRILLA	33240	CPT	outpatient			96431		31001.72	Horizon	NJ Health		710.7				710.7	91609.45	fee schedule	
INSERTION/REMOVE IMPLANTABLE DEFIBRILLA	33240	CPT	outpatient			96431		31001.72	Horizon	Medicare Blue		26958.02				710.7	91609.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION/REMOVE IMPLANTABLE DEFIBRILLA	33240	CPT	outpatient			96431		31001.72	Horizon	PPO		50168.88				710.7	91609.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION/REMOVE IMPLANTABLE DEFIBRILLA	33240	CPT	outpatient			96431		31001.72	Managed Care Inc	Managed Care Inc		86787.9	90			710.7	91609.45	percent of total billed charges	
INSERTION/REMOVE IMPLANTABLE DEFIBRILLA	33240	CPT	outpatient			96431		31001.72	Multiplan	Multiplan		77144.8	80			710.7	91609.45	percent of total billed charges	
INSERTION/REMOVE IMPLANTABLE DEFIBRILLA	33240	CPT	outpatient			96431		31001.72	Qualcare	Qualcare		72323.25	75			710.7	91609.45	percent of total billed charges	
INSERTION/REMOVE IMPLANTABLE DEFIBRILLA	33240	CPT	outpatient			96431		31001.72	Three Rivers	Three Rivers		91609.45	95			710.7	91609.45	percent of total billed charges	
INSERTION/REMOVE IMPLANTABLE DEFIBRILLA	33240	CPT	outpatient			96431		31001.72	UHC	Medicare		26958.02				710.7	91609.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION/REMOVE IMPLANTABLE DEFIBRILLA	33240	CPT	outpatient			96431		31001.72	UHC	Medicaid		30423.98	31.55			710.7	91609.45	percent of total billed charges	
INSERTION/REMOVE IMPLANTABLE DEFIBRILLA	33240	CPT	outpatient			96431		31001.72	United	Oxford		10829				710.7	91609.45	case rate	
INSERTION/REMOVE IMPLANTABLE DEFIBRILLA	33240	CPT	outpatient			96431		31001.72	United	Commercial|PPO		10829				710.7	91609.45	case rate	
INSERTION/REMOVE IMPLANTABLE DEFIBRILLA	33240	CPT	outpatient			96431		31001.72	Wellcare	Medicare		26958.02				710.7	91609.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION/REMOVE IMPLANTABLE DEFIBRILLA	33240	CPT	outpatient			96431		31001.72	Wellcare	Medicaid		30423.98	31.55			710.7	91609.45	percent of total billed charges	
INSERTION/REMOVE IMPLANTABLE DEFIBRILLA	33240	CPT	outpatient			96431		31001.72	WellPoint	WellPoint		31031.5	32.18			710.7	91609.45	percent of total billed charges	
REMOVE ICD GENERATOR ONLY	33241	CPT	both			9536		5164.9	Aetna	Better Health		3008.61	31.55			348.17	9059.2	percent of total billed charges	
REMOVE ICD GENERATOR ONLY	33241	CPT	both			9536		5164.9	Aetna	Commercial		7150.02				348.17	9059.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE ICD GENERATOR ONLY	33241	CPT	both			9536		5164.9	Aetna	Medicare		4491.22				348.17	9059.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE ICD GENERATOR ONLY	33241	CPT	both			9536		5164.9	Americare	Americare		7152	75			348.17	9059.2	percent of total billed charges	
REMOVE ICD GENERATOR ONLY	33241	CPT	both			9536		5164.9	Ameriheath	HMO|PPO		6198.4	65			348.17	9059.2	percent of total billed charges	
REMOVE ICD GENERATOR ONLY	33241	CPT	both			9536		5164.9	Ameriheath	Medicare		4491.22				348.17	9059.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE ICD GENERATOR ONLY	33241	CPT	both			9536		5164.9	Consumer	Consumer		9059.2	95			348.17	9059.2	percent of total billed charges	
REMOVE ICD GENERATOR ONLY	33241	CPT	both			9536		5164.9	Corrections	Corrections		7628.8	80			348.17	9059.2	percent of total billed charges	
REMOVE ICD GENERATOR ONLY	33241	CPT	both			9536		5164.9	First Health	First Health		6675.2	70			348.17	9059.2	percent of total billed charges	
REMOVE ICD GENERATOR ONLY	33241	CPT	both			9536		5164.9	First Trenton	First Trenton		8582.4	90			348.17	9059.2	percent of total billed charges	
REMOVE ICD GENERATOR ONLY	33241	CPT	both			9536		5164.9	Horizon	MGD		8358.16				348.17	9059.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE ICD GENERATOR ONLY	33241	CPT	both			9536		5164.9	Horizon	Medicare Blue		4491.22				348.17	9059.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE ICD GENERATOR ONLY	33241	CPT	both			9536		5164.9	Horizon	PPO		8358.16				348.17	9059.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE ICD GENERATOR ONLY	33241	CPT	both			9536		5164.9	Horizon	Indemnity		8358.16				348.17	9059.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE ICD GENERATOR ONLY	33241	CPT	both			9536		5164.9	Horizon	NJ Health		348.17				348.17	9059.2	fee schedule	
REMOVE ICD GENERATOR ONLY	33241	CPT	both			9536		5164.9	Managed

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.															
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true														
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
REMOVE ICD GENERATOR ONLY	33241	CPT	both			9536		5164.9 Wellcare	Medicaid		3098.61	31.55			348.17	9059.2	percent of total billed charges	
REMOVE ICD GENERATOR ONLY	33241	CPT	both			9536		5164.9 Wellcare	Medicare		4491.22				348.17	9059.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE ICD GENERATOR ONLY	33241	CPT	both			9536		5164.9 WellPoint	WellPoint		3068.68	32.18			348.17	9059.2	percent of total billed charges	
REMOVE OF LEAD	33244	CPT	outpatient			7027		5164.9 Aetna	Medicare		4491.22				825.96	8358.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE OF LEAD	33244	CPT	outpatient			7027		5164.9 Aetna	Better Health		2217.02	31.55			825.96	8358.16	percent of total billed charges	
REMOVE OF LEAD	33244	CPT	outpatient			7027		5164.9 Aetna	Commercial		7150.02				825.96	8358.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE OF LEAD	33244	CPT	outpatient			7027		5164.9 Americare	Americare		5270.25	75			825.96	8358.16	percent of total billed charges	
REMOVE OF LEAD	33244	CPT	outpatient			7027		5164.9 Amerihealth	HMO/PPO		4567.55	65			825.96	8358.16	percent of total billed charges	
REMOVE OF LEAD	33244	CPT	outpatient			7027		5164.9 Amerihealth	Medicare		4491.22				825.96	8358.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE OF LEAD	33244	CPT	outpatient			7027		5164.9 Consumer	Consumer		6675.65	95			825.96	8358.16	percent of total billed charges	
REMOVE OF LEAD	33244	CPT	outpatient			7027		5164.9 Corrections	Corrections		5621.6	80			825.96	8358.16	percent of total billed charges	
REMOVE OF LEAD	33244	CPT	outpatient			7027		5164.9 First Health	First Health		4918.9	70			825.96	8358.16	percent of total billed charges	
REMOVE OF LEAD	33244	CPT	outpatient			7027		5164.9 First Trenton	First Trenton		6324.3	90			825.96	8358.16	percent of total billed charges	
REMOVE OF LEAD	33244	CPT	outpatient			7027		5164.9 Horizon	MGD		8358.16				825.96	8358.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE OF LEAD	33244	CPT	outpatient			7027		5164.9 Horizon	NJ Health		825.96				825.96	8358.16	fee schedule	
REMOVE OF LEAD	33244	CPT	outpatient			7027		5164.9 Horizon	Indemnity		8358.16				825.96	8358.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE OF LEAD	33244	CPT	outpatient			7027		5164.9 Horizon	PPO		8358.16				825.96	8358.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE OF LEAD	33244	CPT	outpatient			7027		5164.9 Horizon	Medicare Blue		4491.22				825.96	8358.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE OF LEAD	33244	CPT	outpatient			7027		5164.9 Managed Care Inc	Managed Care Inc		6324.3	90			825.96	8358.16	percent of total billed charges	
REMOVE OF LEAD	33244	CPT	outpatient			7027		5164.9 Multiplan	Multiplan		5621.6	80			825.96	8358.16	percent of total billed charges	
REMOVE OF LEAD	33244	CPT	outpatient			7027		5164.9 Qualcare	Qualcare		5270.25	75			825.96	8358.16	percent of total billed charges	
REMOVE OF LEAD	33244	CPT	outpatient			7027		5164.9 Three Rivers	Three Rivers		6675.65	95			825.96	8358.16	percent of total billed charges	
REMOVE OF LEAD	33244	CPT	outpatient			7027		5164.9 UHC	Medicaid		2217.02	31.55			825.96	8358.16	percent of total billed charges	
REMOVE OF LEAD	33244	CPT	outpatient			7027		5164.9 UHC	Medicare		4491.22				825.96	8358.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE OF LEAD	33244	CPT	outpatient			7027		5164.9 United	CommercialPPO		3492				825.96	8358.16	case rate	
REMOVE OF LEAD	33244	CPT	outpatient			7027		5164.9 United	Oxford		3492				825.96	8358.16	case rate	
REMOVE OF LEAD	33244	CPT	outpatient			7027		5164.9 Wellcare	Medicare		4491.22				825.96	8358.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE OF LEAD	33244	CPT	outpatient			7027		5164.9 Wellcare	Medicaid		2217.02	31.55			825.96	8358.16	percent of total billed charges	
REMOVE OF LEAD	33244	CPT	outpatient			7027		5164.9 WellPoint	WellPoint		2261.29	32.18			825.96	8358.16	percent of total billed charges	
INSERTION SINGLE ICD SYSTEM GEN AND LDS	33249	CPT	both			80770		43269.7 Aetna	Medicare		37625.83				1391.65	76731.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION SINGLE ICD SYSTEM GEN AND LDS	33249	CPT	both			80770		43269.7 Aetna	Commercial		59900.32				1391.65	76731.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION SINGLE ICD SYSTEM GEN AND LDS	33249	CPT	both			80770		43269.7 Aetna	Better Health		25482.94	31.55			1391.65	76731.5	percent of total billed charges	
INSERTION SINGLE ICD SYSTEM GEN AND LDS	33249	CPT	both			80770		43269.7 Americare	Americare		60577.5	75			1391.65	76731.5	percent of total billed charges	
INSERTION SINGLE ICD SYSTEM GEN AND LDS	33249	CPT	both			80770		43269.7 Amerihealth	HMO/PPO		52500.5	65			1391.65	76731.5	percent of total billed charges	
INSERTION SINGLE ICD SYSTEM GEN AND LDS	33249	CPT	both			80770		43269.7 Amerihealth	Medicare		37625.83				1391.65	76731.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION SINGLE ICD SYSTEM GEN AND LDS	33249	CPT	both			80770		43269.7 Consumer	Consumer		76731.5	95			1391.65	76731.5	percent of total billed charges	
INSERTION SINGLE ICD SYSTEM GEN AND LDS	33249	CPT	both			80770		43269.7 Corrections	Corrections		64616	80			1391.65	76731.5	percent of total billed charges	
INSERTION SINGLE ICD SYSTEM GEN AND LDS	33249	CPT	both			80770		43269.7 First Health	First Health		56539	70			1391.65	76731.5	percent of total billed charges	
INSERTION SINGLE ICD SYSTEM GEN AND LDS	33249	CPT	both			80770		43269.7 First Trenton	First Trenton		72693	90			1391.65	76731.5	percent of total billed charges	
INSERTION SINGLE ICD SYSTEM GEN AND LDS	33249	CPT	both			80770		43269.7 Horizon	MGD		70021.67				1391.65	76731.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION SINGLE ICD SYSTEM GEN AND LDS	33249	CPT	both			80770		43269.7 Horizon	PPO		70021.67				1391.65	76731.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION SINGLE ICD SYSTEM GEN AND LDS	33249	CPT	both			80770		43269.7 Horizon	Indemnity		70021.67				1391.65	76731.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION SINGLE ICD SYSTEM GEN AND LDS	33249	CPT	both			80770		43269.7 Horizon	NJ Health		1391.65				1391.65	76731.5	fee schedule	
INSERTION SINGLE ICD SYSTEM GEN AND LDS	33249	CPT	both			80770		43269.7 Horizon	Medicare Blue		37625.83				1391.65	76731.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION SINGLE ICD SYSTEM GEN AND LDS	33249	CPT	both			80770		43269.7 Managed Care Inc	Managed Care Inc		72693	90			1391.65	76731.5	percent of total billed charges	
INSERTION SINGLE ICD SYSTEM GEN AND LDS	33249	CPT	both			80770		43269.7 Multiplan	Multiplan		64616	80			1391.65	76731.5	percent of total billed charges	
INSERTION SINGLE ICD SYSTEM GEN AND LDS	33249	CPT	both			80770		43269.7 Qualcare	Qualcare		60577.5	75			1391.65	76731.5	percent of total billed charges	
INSERTION SINGLE ICD SYSTEM GEN AND LDS	33249	CPT	both			80770		43269.7 Three Rivers	Three Rivers		76731.5	95			1391.65	76731.5	percent of total billed charges	
INSERTION SINGLE ICD SYSTEM GEN AND LDS	33249	CPT	both			80770		43269.7 UHC	Medicaid		25482.94	31.55			1391.65	76731.5	percent of total billed charges	
INSERTION SINGLE ICD SYSTEM GEN AND LDS	33249	CPT	both			80770		43269.7 UHC	Medicare		37625.83				1391.65	76731.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION SINGLE ICD SYSTEM GEN AND LDS	33249	CPT	both			80770		43269.7 United	CommercialPPO		10829				1391.65	76731.5	case rate	
INSERTION SINGLE ICD SYSTEM GEN AND LDS	33249	CPT	both			80770		43269.7 United	Oxford		10829				1391.65	76731.5	case rate	
INSERTION SINGLE ICD SYSTEM GEN AND LDS	33249	CPT	both			80770		43269.7 Wellcare	Medicare		37625.83				1391.65	76731.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION SINGLE ICD SYSTEM GEN AND LDS	33249	CPT	both			80770		43269.7 Wellcare	Medicaid		25482.94	31.55			1391.65	76731.5	percent of total billed charges	
INSERTION SINGLE ICD SYSTEM GEN AND LDS	33249	CPT	both			80770		43269.7 WellPoint	WellPoint		25991.79	32.18			1391.65	76731.5	percent of total billed charges	
RMVL& REPLC PULSE GEN 1 LEAD	33262	CPT	outpatient			122510		31001.72 Aetna	Better Health		38651.91	31.55			410.03	116384.5	percent of total billed charges	
RMVL& REPLC PULSE GEN 1 LEAD	33262	CPT	outpatient			122510		31001.72 Aetna	Commercial		42917.17				410.03	116384.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL& REPLC PULSE GEN 1 LEAD	33262	CPT	outpatient			122510		31001.72 Aetna	Medicare		26958.02				410.03	116384.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL& REPLC PULSE GEN 1 LEAD	33262	CPT	outpatient			122510		31001.72 Americare	Americare		91882.5	75			410.03	116384.5	percent of total billed charges	
RMVL& REPLC PULSE GEN 1 LEAD	33262	CPT	outpatient			122510		31001.72 Amerihealth	Medicare		26958.02				410.03	116384.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL& REPLC PULSE GEN 1 LEAD	33262	CPT	outpatient			122510		31001.72 Amerihealth	HMO/PPO		79631.5	65			410.03	116384.5	percent of total billed charges	
RMVL& REPLC PULSE GEN 1 LEAD	33262	CPT	outpatient			122510		31001.72 Consumer	Consumer		116384.5	95			410.03	116384.5	percent of total billed charges	
RMVL& REPLC PULSE GEN 1 LEAD	33262	CPT	outpatient			122510		31001.72 Corrections	Corrections		98008	80			410.03	116384.5	percent of total billed charges	
RMVL& REPLC PULSE GEN 1 LEAD	33262	CPT	outpatient			122510		31001.72 First Health	First Health		85757	70			410.03	116384.5	percent of total billed charges	
RMVL& REPLC PULSE GEN 1 LEAD	33262	CPT	outpatient			122510		31001.72 First Trenton	First Trenton		110259	90			410.03	116384.5	percent of total billed charges	
RMVL& REPLC PULSE GEN 1 LEAD	33262	CPT	outpatient			122510		31001.72 Horizon	MGD		50168.88				410.03	116384.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL& REPLC PULSE GEN 1 LEAD	33262	CPT	outpatient			122510		31001.72 Horizon	Indemnity		50168.88				410.03	116384.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL& REPLC PULSE GEN 1 LEAD	33262	CPT	outpatient			122510		31001.72 Horizon	Medicare Blue		26958.02				410.03	116384.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL& REPLC PULSE GEN 1 LEAD	33262	CPT	outpatient			122510		31001.72 Horizon	NJ Health		410.03				410.03	116384.5	fee schedule	
RMVL& REPLC PULSE GEN 1 LEAD	33262	CPT	outpatient			122510		31001.72 Horizon	PPO		50168.88				410.03	116384.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL& REPLC PULSE GEN 1 LEAD	33262	CPT	outpatient			122510		31001.72 Managed Care Inc	Managed Care Inc		110259	90			410.03	116384.5	percent of total billed charges	
RMVL& REPLC PULSE GEN 1 LEAD	33262	CPT	outpatient			122510		31001.72 Multiplan	Multiplan		98008	80			410.03	116384.5	percent of total billed charges	
RMVL& REPLC PULSE GEN 1 LEAD	33262	CPT	outpatient			122510		31001.72 Qualcare	Qualcare		91882.5	75			410.03	116384.5	percent of total billed charges	
RMVL& REPLC PULSE GEN 1 LEAD	33262	CPT	outpatient			122510		31001.72 Three Rivers	Three Rivers		116384.5	95			410.03	116384.5	percent of total billed charges	
RMVL& REPLC PULSE GEN 1 LEAD	33262	CPT	outpatient			122510		31001.72 UHC	Medicaid		38651.91	31.55			410.03	116384.5	percent of total billed charges	
RMVL& REPLC PULSE GEN 1 LEAD	33262	CPT	outpatient			122510		31001.72 UHC	Medicare		26958.02				410.03	116384.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL& REPLC PULSE GEN 1 LEAD	33262	CPT	outpatient			122510		31001.72 United	CommercialPPO		10829				410.03	116384.5	case rate	
RMVL& REPLC PULSE GEN 1 LEAD	33262	CPT	outpatient			122510		31001.72 United	Oxford		10829				410.03	116384.5	case rate	
RMVL& REPLC PULSE GEN 1 LEAD	33262	CPT	outpatient			122510		31001.72 Wellcare	Medicare		26958.02				410.03	116384.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL& REPLC PULSE GEN 1 LEAD	33262	CPT	outpatient			122510		31001.72 Wellcare	Medicaid		38651.91	31.55			410.03	116384.5	percent of total billed charges	
RMVL& REPLC PULSE GEN 1 LEAD	33262	CPT	outpatient			122510		31001.72 WellPoint	WellPoint		39423.72	32.18			410.03	116384.5	percent of total billed charges	
RMVL & REPLCMT DFB GEN 2 LEAD	33263	CPT	both			122510		31001.72 Aetna	Commercial		42917.17				548.65	116384.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL & REPLCMT DFB GEN 2 LEAD	33263	CPT	both			122510		31001.72 Aetna	Better Health		38651.91	31.55			548.65	116384.5	percent of total billed charges	
RMVL & REPLCMT DFB GEN 2 LEAD	33263	CPT	both			122510		31001.72 Aetna	Medicare		26958.02				548.65	116384.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL & REPLCMT DFB GEN 2 LEAD	33263	CPT	both			122510		31001.72 Americare	Americare		91882.5	75			548.65	116384.5	percent of total billed charges	
RMVL & REPLCMT DFB GEN 2 LEAD	33263	CPT	both			122510		31001.72 Amerihealth	HMO/PPO		79631.5	65			548.65	116384.5	percent of total billed charges	
RMVL & REPLCMT DFB GEN 2 LEAD	33263	CPT	both			122510		31001.72 Amerihealth	Medicare		26958.02				548.65	116384.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL & REPLCMT DFB GEN 2 LEAD	33263	CPT	both			122510		31001.72 Consumer	Consumer		116384.5	95			548.65	116384.5	percent of total billed charges	
RMVL & REPLCMT DFB GEN 2 LEAD	33263	CPT	both			122510		31001.72 Corrections	Corrections		98008	80			548.65	116384.5	percent of total billed charges	
RMVL & REPLCMT DFB GEN 2 LEAD	33263	CPT	both			122510		31001.72 First Health	First Health		85757	70			548.65	116384.5	percent of total billed charges	
RMVL & REPLCMT DFB GEN 2 LEAD	33263	CPT	both			122510		31001.72 First Trenton	First Trenton		110259	90			548.65	116384.5	percent of total billed charges	
RMVL & REPLCMT DFB GEN 2 LEAD	33263	CPT	both			122510		31001.72 Horizon	Indemnity		50168.88				548.65	116384.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL & REPLCMT DFB GEN 2 LEAD	33263	CPT	both			122510		31001.72 Horizon	MGD		50168.88				548.65	116384.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL & REPLCMT DFB GEN 2 LEAD	33263	CPT	both			122510		31001.72 Horizon	Medicare Blue		26958.02				548.65	116384.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL & REPLCMT DFB GEN 2 LEAD	33263	CPT	both			122510		31001.72 Horizon	NJ Health		548.65				548.65	116384.5	fee schedule	
RMVL & REPLCMT DFB GEN 2 LEAD	33263	CPT	both			122510		31001.72 Horizon	PPO		50168.88				548.65	116384.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL & REPLCMT DFB GEN 2 LEAD	33263	CPT	both			122510		31001.72 Managed Care Inc	Managed Care Inc		110259	90			548.65	116384.5	percent of total billed charges	
RMVL & REPLCMT DFB GEN 2 LEAD	33263	CPT	both			122510		31001.72 Multiplan	Multiplan		98008	80			548.65	116384.5	percent of total billed charges	
RMVL & REPLCMT DFB GEN 2 LEAD	33263	CPT	both			122510		31001.72 Qualcare	Qualcare		91882.5	75			548.65	116384.5	percent of total billed charges	
RMVL & REPLCMT DFB GEN 2 LEAD	33263	CPT	both			122510		31001.72 Three Rivers	Three Rivers		116384.5	95			548.65	116384.5	percent of total billed charges	
RMVL & REPLCMT DFB GEN 2 LEAD	33263	CPT	both			122510		31001.72 UHC	Medicare		26958.02				548.65	116384.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL & REPLCMT DFB GEN 2 LEAD	33263	CPT	both			122510		31001.72 UHC	Medicaid		38651.91	31.55			548.65	116384.5	percent of total billed charges	
RMVL & REPLCMT DFB GEN 2 LEAD	33263	CPT	both			122510		31001.72 United	Oxford		10829				548.65	116384.5	case rate	
RMVL & REPLCMT DFB GEN 2 LEAD	33263	CPT	both			122510		31001.72 United	CommercialPPO		10829				548.65	116384.5	case rate	
RMVL & REPLCMT DFB GEN 2 LEAD	33263	CPT	both			122510		31001.72 Wellcare	Medicare		26958.02				548.65	116384.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL & REPLCMT DFB GEN 2 LEAD	33263	CPT	both			122510		31001.72 Wellcare	Medicaid		38651.91	31.55			548.65	116384.5	percent of total billed charges	
RMVL & REPLCMT DFB GEN 2 LEAD	33263	CPT	both			122510		31001.72 WellPoint	WellPoint		39423.72	32.18			548.65	116384.5	percent of total billed charges	
REMV&REPLC CVD GEN	33264	CPT	both			109148		43269.7 Aetna	Medicare		37625.83				569.21	103690.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMV&REPLC CVD GEN	33264	CPT	both			109148		43269.7 Aetna	Better Health		34436.19	31.55			569.21	103690.6	percent of total billed charges	
REMV&REPLC CVD GEN	33264	CPT	both			109148		43269.7 Aetna	Commercial		59900.32				569.21	103690.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMV&REPLC CVD GEN	33264	CPT	both			109148		43269.7 Americare	Americare		81861	75			569.21	103690.6	percent of total billed charges	
REMV&REPLC CVD GEN	33264	CPT	both			109148		43269.7 Amerihealth	HMO/PPO		70946.2	65			569.21	103690.6	percent of total billed charges	
REMV&REPLC CVD GEN	33264	CPT	both			109148		43269.7 Amerihealth	Medicare		37625.83				569.21	103690.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMV&REPLC CVD GEN	33264	CPT	both			109148		43269.7 Consumer	Consumer		103690.6	95			569.21	103690.6	percent of total billed charges	
REMV&REPLC CVD GEN	33264	CPT	both			109148		43269.7 Corrections	Corrections		87318.4	80			569.21	103690.6	percent of total billed charges	
REMV&REPLC CVD GEN	33264	CPT	both			109148		43269.7 First Health	First Health		76403.6	70			569.21	103690.6	percent of total billed charges	
REMV&REPLC CVD GEN	33264	CPT	both			109148		43269.7 First Trenton	First Trenton		98233.2	90			569.21	103690.6	percent of total billed charges	
REMV&REPLC CVD GEN	33264	CPT	both			109148		43269.7 Horizon	MGD		70021.67				569.21	103690.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMV&REPLC CVD GEN	33264	CPT	both			109148		43269.7 Horizon	NJ Health		569.21				569.21	103690.6	fee schedule	
REMV&REPLC CVD GEN	33264	CPT	both			109148		43269.7 Horizon	PPO		70021.67				569.21	103690.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMV&REPLC CVD GEN	33264	CPT	both			109148		43269.7 Horizon	Indemnity		70021.67				569.21	103690.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMV&REPLC CVD GEN	33264	CPT	both			109148		43269.7 Horizon	Medicare Blue		37625.83				569.21	103690.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMV&REPLC CVD GEN	33264	CPT	both			109148		43269.7 Managed Care Inc	Managed Care Inc		98233.2	90			569.21	103690.6	percent of total billed charges	
REMV&REPLC CVD GEN	33264	CPT	both			109148		43269.7 Multiplan	Multiplan		87318.4	80			569.21	103690.6	percent of total billed charges	
REMV&REPLC CVD GEN	33264	CPT	both			109148		43269.7 Qualcare	Qualcare		81861	75			569.21	103690.6	percent of total billed charges	
REMV&REPLC CVD GEN	33264	CPT	both			109148		43269.7 Three Rivers	Three Rivers		103690.6	95			569.21	103690.6	percent of total billed charges	
REMV&REPLC CVD GEN	33264	CPT	both			109148		43269.7 UHC	Medicaid		34436.19	31.55			569.21	103690.6	percent of total billed charges	
REMV&REPLC CVD GEN	33264	CPT	both			109148		43269.7 UHC	Medicare		37625.83				569.21	103690.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMV&REPLC CVD GEN	33264	CPT	both			109148		43269.7 United	CommercialPPO		10829				569.21	103690.6	case rate	
REMV&REPLC CVD GEN	33264	CPT	both			109148		43269.7 United	Oxford		10829				569.21	103690.6	case rate	
REMV&REPLC CVD GEN	33264	CPT	both			109148		43269.7 Wellcare	Medicaid		34436.19	31.55			569.21	103690.6	percent of total billed charges	
REMV&REPLC CVD GEN	33264	CPT	both			109148		43269.7 Wellcare	Medicare		37625.83				569.21	103690.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMV&REPLC CVD GEN	33264	CPT	both			109148		43269.7 WellPoint	WellPoint		35123.83	32.18			569.21	103690.6	percent of total billed charges	
INSERT/REMOVE PERMENET SUBQ IMPLANT DEFI	33270	CPT	inpatient			123433		43269.7 Aetna	Better Health		38943.11	31.55			871.69	117261.35	percent of total billed charges	
INSERT/REMOVE PERMENET SUBQ IMPLANT DEFI	33270	CPT	inpatient			123433		43269.7 Aetna	Commercial		59900.32				871.69	117261.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERT/REMOVE PERMENET SUBQ IMPLANT DEFI	33270	CPT	inpatient			123433		43269.7 Aetna	Medicare		37625.83				871.69	117261.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERT/REMOVE PERMENET SUBQ IMPLANT DEFI	33270	CPT	inpatient			123433		43269.7 Americare	Americare		92574.75	75			871.69	117261.35	percent of total billed charges	
INSERT/REMOVE PERMENET SUBQ IMPLANT DEFI	33270	CPT	inpatient			123433		43269.7 Amerihealth	HMO/PPO		80231.45	65			871.69	117261.35	percent of total billed charges	
INSERT/REMOVE PERMENET SUBQ IMPLANT DEFI	33270	CPT	inpatient			123433		43269.7 Amerihealth	Medicare		37625.83				871.69	117261.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERT/REMOVE PERMENET SUBQ IMPLANT DEFI	33270	CPT	inpatient			123433		43269.7 Consumer	Consumer		117261.35	95			871.69	117261.35	percent of total billed charges	
INSERT/REMOVE PERMENET SUBQ IMPLANT DEFI	33270	CPT	inpatient			123433		43269.7 Corrections	Corrections		98746.4	80			871.69	117261.35	percent of total billed charges	
INSERT/REMOVE PERMENET SUBQ IMPLANT DEFI	33270	CPT	inpatient			123433		43269.7 First Health	First Health		86403.1	70			871.69	117261.35	percent of total billed charges	
INSERT/REMOVE PERMENET SUBQ IMPLANT DEFI	33270	CPT	inpatient			123433		43269.7 First Trenton	First Trenton		111089.7	90			871.69	117261.35	percent of total billed charges	
INSERT/REMOVE PERMENET SUBQ IMPLANT DEFI	33270	CPT	inpatient			123433		43269.7 Horizon	Indemnity		70021.67				871.69	117261.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERT/REMOVE PERMENET SUBQ IMPLANT DEFI	33270	CPT	inpatient			123433		43269.7 Horizon	MGD		70021.67				871.69	117261.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERT/REMOVE PERMENET SUBQ IMPLANT DEFI	33270	CPT	inpatient			123433		43269.7 Horizon	Medicare Blue		37625.83				871.69	117261.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERT/REMOVE PERMENET SUBQ IMPLANT DEFI	33270	CPT	inpatient			123433		43269.7 Horizon	NJ Health		871.69				871.69	117261.35	fee schedule	
INSERT/REMOVE PERMENET SUBQ IMPLANT DEFI	33270	CPT	inpatient			123433		43269.7 Horizon	PPO		70021.67				871.69	117261.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101191	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
INSERT/REMOVE PERMENET SUBQ IMPLANT DEFI	33270	CPT	inpatient			123433		43269.7 Managed Care Inc	Managed Care Inc		111089.7	90			871.69	117261.35	percent of total billed charges	
INSERT/REMOVE PERMENET SUBQ IMPLANT DEFI	33270	CPT	inpatient			123433		43269.7 Multiplan	Multiplan		96746.4	80			871.69	117261.35	percent of total billed charges	
INSERT/REMOVE PERMENET SUBQ IMPLANT DEFI	33270	CPT	inpatient			123433		43269.7 Qualcare	Qualcare		92574.75	75			871.69	117261.35	percent of total billed charges	
INSERT/REMOVE PERMENET SUBQ IMPLANT DEFI	33270	CPT	inpatient			123433		43269.7 Three Rivers	Three Rivers		117261.35	95			871.69	117261.35	percent of total billed charges	
INSERT/REMOVE PERMENET SUBQ IMPLANT DEFI	33270	CPT	inpatient			123433		43269.7 UHC	Medicare		37625.83				871.69	117261.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERT/REMOVE PERMENET SUBQ IMPLANT DEFI	33270	CPT	inpatient			123433		43269.7 UHC	Medicaid		38943.11	31.55			871.69	117261.35	percent of total billed charges	
INSERT/REMOVE PERMENET SUBQ IMPLANT DEFI	33270	CPT	inpatient			123433		43269.7 United	Oxford		10829				871.69	117261.35	case rate	
INSERT/REMOVE PERMENET SUBQ IMPLANT DEFI	33270	CPT	inpatient			123433		43269.7 United	CommercialPPO		10829				871.69	117261.35	case rate	
INSERT/REMOVE PERMENET SUBQ IMPLANT DEFI	33270	CPT	inpatient			123433		43269.7 Medicare	Medicare		37625.83				871.69	117261.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERT/REMOVE PERMENET SUBQ IMPLANT DEFI	33270	CPT	inpatient			123433		43269.7 Wellcare	Medicaid		38943.11	31.55			871.69	117261.35	percent of total billed charges	
INSERT/REMOVE PERMENET SUBQ IMPLANT DEFI	33270	CPT	inpatient			123433		43269.7 WellPoint	WellPoint		39720.74	32.18			871.69	117261.35	percent of total billed charges	
INSJ OF SUBQ IMPLANTABLE DEFIBRILLATOR E	33271	CPT	outpatient			29705		11173.72 Aetna	Better Health		9371.93	31.55			734.4	28219.75	percent of total billed charges	
INSJ OF SUBQ IMPLANTABLE DEFIBRILLATOR E	33271	CPT	outpatient			29705		11173.72 Aetna	Commercial		15468.32				734.4	28219.75	other	
INSJ OF SUBQ IMPLANTABLE DEFIBRILLATOR E	33271	CPT	outpatient			29705		11173.72 Aetna	Medicare		9716.28				734.4	28219.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ OF SUBQ IMPLANTABLE DEFIBRILLATOR E	33271	CPT	outpatient			29705		11173.72 Americare	Americare		22278.75	75			734.4	28219.75	percent of total billed charges	
INSJ OF SUBQ IMPLANTABLE DEFIBRILLATOR E	33271	CPT	outpatient			29705		11173.72 Amerihealth	HMO/PPO		19308.25	65			734.4	28219.75	percent of total billed charges	
INSJ OF SUBQ IMPLANTABLE DEFIBRILLATOR E	33271	CPT	outpatient			29705		11173.72 Amerihealth	Medicare		9716.28				734.4	28219.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ OF SUBQ IMPLANTABLE DEFIBRILLATOR E	33271	CPT	outpatient			29705		11173.72 Consumer	Consumer		28219.75	95			734.4	28219.75	percent of total billed charges	
INSJ OF SUBQ IMPLANTABLE DEFIBRILLATOR E	33271	CPT	outpatient			29705		11173.72 Corrections	Corrections		23764	80			734.4	28219.75	percent of total billed charges	
INSJ OF SUBQ IMPLANTABLE DEFIBRILLATOR E	33271	CPT	outpatient			29705		11173.72 First Health	First Health		20793.5	70			734.4	28219.75	percent of total billed charges	
INSJ OF SUBQ IMPLANTABLE DEFIBRILLATOR E	33271	CPT	outpatient			29705		11173.72 First Trenton	First Trenton		26734.5	90			734.4	28219.75	percent of total billed charges	
INSJ OF SUBQ IMPLANTABLE DEFIBRILLATOR E	33271	CPT	outpatient			29705		11173.72 Horizon	PPO		18082				734.4	28219.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ OF SUBQ IMPLANTABLE DEFIBRILLATOR E	33271	CPT	outpatient			29705		11173.72 Horizon	Medicare Blue		9716.28				734.4	28219.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ OF SUBQ IMPLANTABLE DEFIBRILLATOR E	33271	CPT	outpatient			29705		11173.72 Horizon	NJ Health		734.4				734.4	28219.75	fee schedule	
INSJ OF SUBQ IMPLANTABLE DEFIBRILLATOR E	33271	CPT	outpatient			29705		11173.72 Horizon	MGD		18082				734.4	28219.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ OF SUBQ IMPLANTABLE DEFIBRILLATOR E	33271	CPT	outpatient			29705		11173.72 Horizon	Indemnity		18082				734.4	28219.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ OF SUBQ IMPLANTABLE DEFIBRILLATOR E	33271	CPT	outpatient			29705		11173.72 Managed Care Inc	Managed Care Inc		26734.5	90			734.4	28219.75	percent of total billed charges	
INSJ OF SUBQ IMPLANTABLE DEFIBRILLATOR E	33271	CPT	outpatient			29705		11173.72 Multiplan	Multiplan		23764	80			734.4	28219.75	percent of total billed charges	
INSJ OF SUBQ IMPLANTABLE DEFIBRILLATOR E	33271	CPT	outpatient			29705		11173.72 Qualcare	Qualcare		22278.75	75			734.4	28219.75	percent of total billed charges	
INSJ OF SUBQ IMPLANTABLE DEFIBRILLATOR E	33271	CPT	outpatient			29705		11173.72 Three Rivers	Three Rivers		28219.75	95			734.4	28219.75	percent of total billed charges	
INSJ OF SUBQ IMPLANTABLE DEFIBRILLATOR E	33271	CPT	outpatient			29705		11173.72 UHC	Medicaid		9371.93	31.55			734.4	28219.75	percent of total billed charges	
INSJ OF SUBQ IMPLANTABLE DEFIBRILLATOR E	33271	CPT	outpatient			29705		11173.72 UHC	Medicare		9716.28				734.4	28219.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ OF SUBQ IMPLANTABLE DEFIBRILLATOR E	33271	CPT	outpatient			29705		11173.72 United	CommercialPPO		5843				734.4	28219.75	case rate	
INSJ OF SUBQ IMPLANTABLE DEFIBRILLATOR E	33271	CPT	outpatient			29705		11173.72 United	Oxford		5843				734.4	28219.75	case rate	
INSJ OF SUBQ IMPLANTABLE DEFIBRILLATOR E	33271	CPT	outpatient			29705		11173.72 Wellcare	Medicare		9716.28				734.4	28219.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ OF SUBQ IMPLANTABLE DEFIBRILLATOR E	33271	CPT	outpatient			29705		11173.72 Wellcare	Medicaid		9371.93	31.55			734.4	28219.75	percent of total billed charges	
INSJ OF SUBQ IMPLANTABLE DEFIBRILLATOR E	33271	CPT	outpatient			29705		11173.72 WellPoint	WellPoint		9559.07	32.18			734.4	28219.75	percent of total billed charges	
REMOVAL OF SUBSEQUENT IMPLANTABLE DEFI	33272	CPT	outpatient			11227		5164.9 Aetna	Better Health		3542.12	31.55			541.13	10665.65	percent of total billed charges	
REMOVAL OF SUBSEQUENT IMPLANTABLE DEFI	33272	CPT	outpatient			11227		5164.9 Aetna	Commercial		7150.02				541.13	10665.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF SUBSEQUENT IMPLANTABLE DEFI	33272	CPT	outpatient			11227		5164.9 Aetna	Medicare		4491.22				541.13	10665.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF SUBSEQUENT IMPLANTABLE DEFI	33272	CPT	outpatient			11227		5164.9 Americare	Americare		8420.25	75			541.13	10665.65	percent of total billed charges	
REMOVAL OF SUBSEQUENT IMPLANTABLE DEFI	33272	CPT	outpatient			11227		5164.9 Amerihealth	HMO/PPO		7287.55	65			541.13	10665.65	percent of total billed charges	
REMOVAL OF SUBSEQUENT IMPLANTABLE DEFI	33272	CPT	outpatient			11227		5164.9 Amerihealth	Medicare		4491.22				541.13	10665.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF SUBSEQUENT IMPLANTABLE DEFI	33272	CPT	outpatient			11227		5164.9 Consumer	Consumer		10665.65	95			541.13	10665.65	percent of total billed charges	
REMOVAL OF SUBSEQUENT IMPLANTABLE DEFI	33272	CPT	outpatient			11227		5164.9 Corrections	Corrections		8961.6	80			541.13	10665.65	percent of total billed charges	
REMOVAL OF SUBSEQUENT IMPLANTABLE DEFI	33272	CPT	outpatient			11227		5164.9 First Health	First Health		7858.9	70			541.13	10665.65	percent of total billed charges	
REMOVAL OF SUBSEQUENT IMPLANTABLE DEFI	33272	CPT	outpatient			11227		5164.9 First Trenton	First Trenton		10104.3	90			541.13	10665.65	percent of total billed charges	
REMOVAL OF SUBSEQUENT IMPLANTABLE DEFI	33272	CPT	outpatient			11227		5164.9 Horizon	MGD		8358.16				541.13	10665.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF SUBSEQUENT IMPLANTABLE DEFI	33272	CPT	outpatient			11227		5164.9 Horizon	Medicare Blue		4491.22				541.13	10665.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF SUBSEQUENT IMPLANTABLE DEFI	33272	CPT	outpatient			11227		5164.9 Horizon	PPO		8358.16				541.13	10665.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF SUBSEQUENT IMPLANTABLE DEFI	33272	CPT	outpatient			11227		5164.9 Horizon	Indemnity		8358.16				541.13	10665.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF SUBSEQUENT IMPLANTABLE DEFI	33272	CPT	outpatient			11227		5164.9 Horizon	NJ Health		541.13				541.13	10665.65	fee schedule	
REMOVAL OF SUBSEQUENT IMPLANTABLE DEFI	33272	CPT	outpatient			11227		5164.9 Managed Care Inc	Managed Care Inc		10104.3	90			541.13	10665.65	percent of total billed charges	
REMOVAL OF SUBSEQUENT IMPLANTABLE DEFI	33272	CPT	outpatient			11227		5164.9 Multiplan	Multiplan		8961.6	80			541.13	10665.65	percent of total billed charges	
REMOVAL OF SUBSEQUENT IMPLANTABLE DEFI	33272	CPT	outpatient			11227		5164.9 Qualcare	Qualcare		8420.25	75			541.13	10665.65	percent of total billed charges	
REMOVAL OF SUBSEQUENT IMPLANTABLE DEFI	33272	CPT	outpatient			11227		5164.9 Three Rivers	Three Rivers		10665.65	95			541.13	10665.65	percent of total billed charges	
REMOVAL OF SUBSEQUENT IMPLANTABLE DEFI	33272	CPT	outpatient			11227		5164.9 UHC	Medicare		4491.22				541.13	10665.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF SUBSEQUENT IMPLANTABLE DEFI	33272	CPT	outpatient			11227		5164.9 UHC	Medicaid		3542.12	31.55			541.13	10665.65	percent of total billed charges	
REMOVAL OF SUBSEQUENT IMPLANTABLE DEFI	33272	CPT	outpatient			11227		5164.9 United	CommercialPPO		3492				541.13	10665.65	case rate	
REMOVAL OF SUBSEQUENT IMPLANTABLE DEFI	33272	CPT	outpatient			11227		5164.9 United	Oxford		3492				541.13	10665.65	case rate	
REMOVAL OF SUBSEQUENT IMPLANTABLE DEFI	33272	CPT	outpatient			11227		5164.9 Wellcare	Medicaid		3542.12	31.55			541.13	10665.65	percent of total billed charges	
REMOVAL OF SUBSEQUENT IMPLANTABLE DEFI	33272	CPT	outpatient			11227		5164.9 Wellcare	Medicare		4491.22				541.13	10665.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF SUBSEQUENT IMPLANTABLE DEFI	33272	CPT	outpatient			11227		5164.9 WellPoint	WellPoint		3612.85	32.18			541.13	10665.65	percent of total billed charges	
REPOS PREVIOUSLY IMPLNATED SUBQ IMPANTAB	33273	CPT	outpatient			11609		5164.9 Aetna	Better Health		3692.64	31.55			591.4	11028.55	percent of total billed charges	
REPOS PREVIOUSLY IMPLNATED SUBQ IMPANTAB	33273	CPT	outpatient			11609		5164.9 Aetna	Medicare		3575.57	30.8			591.4	11028.55	percent of total billed charges	
REPOS PREVIOUSLY IMPLNATED SUBQ IMPANTAB	33273	CPT	outpatient			11609		5164.9 Aetna	Commercial		7150.02				591.4	11028.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPOS PREVIOUSLY IMPLNATED SUBQ IMPANTAB	33273	CPT	outpatient			11609		5164.9 Americare	Americare		8706.75	75			591.4	11028.55	percent of total billed charges	
REPOS PREVIOUSLY IMPLNATED SUBQ IMPANTAB	33273	CPT	outpatient			11609		5164.9 Amerihealth	HMO/PPO		7545.85	65			591.4	11028.55	percent of total billed charges	
REPOS PREVIOUSLY IMPLNATED SUBQ IMPANTAB	33273	CPT	outpatient			11609		5164.9 Amerihealth	Medicare		4491.22				591.4	11028.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPOS PREVIOUSLY IMPLNATED SUBQ IMPANTAB	33273	CPT	outpatient			11609		5164.9 Consumer	Consumer		11028.55	95			591.4	11028.55	percent of total billed charges	
REPOS PREVIOUSLY IMPLNATED SUBQ IMPANTAB	33273	CPT	outpatient			11609		5164.9 Corrections	Corrections		9267.2	80			591.4	11028.55	percent of total billed charges	
REPOS PREVIOUSLY IMPLNATED SUBQ IMPANTAB	33273	CPT	outpatient			11609		5164.9 First Health	First Health		8126.3	70			591.4	11028.55	percent of total billed charges	
REPOS PREVIOUSLY IMPLNATED SUBQ IMPANTAB	33273	CPT	outpatient			11609		5164.9 First Trenton	First Trenton		10448.1	90			591.4	11028.55	percent of total billed charges	
REPOS PREVIOUSLY IMPLNATED SUBQ IMPANTAB	33273	CPT	outpatient			11609		5164.9 Horizon	Medicare Blue		4491.22				591.4	11028.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPOS PREVIOUSLY IMPLNATED SUBQ IMPANTAB	33273	CPT	outpatient			11609		5164.9 Horizon	PPO		8358.16				591.4	11028.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPOS PREVIOUSLY IMPLNATED SUBQ IMPANTAB	33273	CPT	outpatient			11609		5164.9 Horizon	MGD		8358.16				591.4	11028.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPOS PREVIOUSLY IMPLNATED SUBQ IMPANTAB	33273	CPT	outpatient			11609		5164.9 Horizon	Indemnity		8358.16				591.4	11028.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPOS PREVIOUSLY IMPLNATED SUBQ IMPANTAB	33273	CPT	outpatient			11609		5164.9 Horizon	NJ Health		591.4				591.4	11028.55	fee schedule	
REPOS PREVIOUSLY IMPLNATED SUBQ IMPANTAB	33273	CPT	outpatient			11609		5164.9 Managed Care Inc	Managed Care Inc		10448.1	90			591.4	11028.55	percent of total billed charges	
REPOS PREVIOUSLY IMPLNATED SUBQ IMPANTAB	33273	CPT	outpatient			11609		5164.9 Multiplan	Multiplan		9267.2	80			591.4	11028.55	percent of total billed charges	
REPOS PREVIOUSLY IMPLNATED SUBQ IMPANTAB	33273	CPT	outpatient			11609		5164.9 Qualcare	Qualcare		8706.75	75			591.4	11028.55	percent of total billed charges	
REPOS PREVIOUSLY IMPLNATED SUBQ IMPANTAB	33273	CPT	outpatient			11609		5164.9 Three Rivers	Three Rivers		11028.55	95			591.4	11028.55	percent of total billed charges	
REPOS PREVIOUSLY IMPLNATED SUBQ IMPANTAB	33273	CPT	outpatient			11609		5164.9 UHC	Medicaid		3692.64	31.55			591.4	11028.55	percent of total billed charges	
REPOS PREVIOUSLY IMPLNATED SUBQ IMPANTAB	33273	CPT	outpatient			11609		5164.9 UHC	Medicare		4491.22				591.4	11028.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPOS PREVIOUSLY IMPLNATED SUBQ IMPANTAB	33273	CPT	outpatient			11609		5164.9 United	Oxford		3492				591.4	11028.55	case rate	
REPOS PREVIOUSLY IMPLNATED SUBQ IMPANTAB	33273	CPT	outpatient			11609		5164.9 United	CommercialPPO		3492				591.4	11028.55	case rate	
REPOS PREVIOUSLY IMPLNATED SUBQ IMPANTAB	33273	CPT	outpatient			11609		5164.9 Wellcare	Medicaid		3692.64	31.55			591.4	11028.55	percent of total billed charges	
REPOS PREVIOUSLY IMPLNATED SUBQ IMPANTAB	33273	CPT	outpatient			11609		5164.9 Wellcare	Medicare		4491.22				591.4	11028.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPOS PREVIOUSLY IMPLNATED SUBQ IMPANTAB	33273	CPT	outpatient			11609		5164.9 WellPoint	WellPoint		3735.78	32.18			591.4	11028.55	percent of total billed charges	
TCAT INS/LRLP PERM LEEDLESS PCEMAKER RV	33274	CPT	both			64155		25627.44 Aetna	Commercial		35477.29				717.02	60947.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TCAT INS/LRLP PERM LEEDLESS PCEMAKER RV	33274	CPT	both			64155		25627.44 Aetna	Better Health		20240.9	31.55			717.02	60947.25	percent of total billed charges	
TCAT INS/LRLP PERM LEEDLESS PCEMAKER RV	33274	CPT	both			64155		25627.44 Aetna	Medicare		19759.74	30.8			717.02	60947.25	percent of total billed charges	
TCAT INS/LRLP PERM LEEDLESS PCEMAKER RV	33274	CPT	both			64155		25627.44 Americare	Americare		48116.25	75			717.02	60947.25	percent of total billed charges	
TCAT INS/LRLP PERM LEEDLESS PCEMAKER RV	33274	CPT	both			64155		25627.44 Amerihealth	HMO/PPO		41700.75	65			717.02	60947.25	percent of total billed charges	
TCAT INS/LRLP PERM LEEDLESS PCEMAKER RV	33274	CPT	both			64155		25627.44 Amerihealth	Medicare		22284.73				717.02	60947.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TCAT INS/LRLP PERM LEEDLESS PCEMAKER RV	33274	CPT	both			64155		25627.44 Consumer	Consumer		60947.25	95			717.02	60947.25	percent of total billed charges	
TCAT INS/LRLP PERM LEEDLESS PCEMAKER RV	33274	CPT	both			64155		25627.44 Corrections	Corrections		51324	80			717.02	60947.25	percent of total billed charges	
TCAT INS/LRLP PERM LEEDLESS PCEMAKER RV	33274	CPT	both			64155		25627.44 First Health	First Health		44908.5	70			717.02	60947.25	percent of total billed charges	
TCAT INS/LRLP PERM LEEDLESS PCEMAKER RV	33274	CPT	both			64155		25627.44 First Trenton	First Trenton		57739.5	90			717.02	60947.25	percent of total billed charges	
TCAT INS/LRLP PERM LEEDLESS PCEMAKER RV	33274	CPT	both			64155		25627.44 Horizon	Medicare Blue		22284.73				717.02	60947.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TCAT INS/LRLP PERM LEEDLESS PCEMAKER RV	33274	CPT	both			64155		25627.44 Horizon	MGD		41471.88				717.02	60947.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TCAT INS/LRLP PERM LEEDLESS PCEMAKER RV	33274	CPT	both			64155		25627.44 Horizon	Indemnity		41471.88				717.02	60947.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TCAT INS/LRLP PERM LEEDLESS PCEMAKER RV	33274	CPT	both			64155		25627.44 Horizon	PPO		41471.88				717.02	60947.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TCAT INS/LRLP PERM LEEDLESS PCEMAKER RV	33274	CPT	both			64155		25627.44 Horizon	NJ Health		717.02				717.02	60947.25	fee schedule	
TCAT INS/LRLP PERM LEEDLESS PCEMAKER RV	33274	CPT	both			64155		25627.44 Managed Care Inc	Managed Care Inc		57739.5	90			717.02	60947.25	percent of total billed charges	
TCAT INS/LRLP PERM LEEDLESS PCEMAKER RV	33274	CPT	both			64155		25627.44 Multiplan	Multiplan		51324	80			717.02	60947.25	percent of total billed charges	
TCAT INS/LRLP PERM LEEDLESS PCEMAKER RV	33274	CPT	both			64155		25627.44 Qualcare	Qualcare		48116.25	75			717.02	60947.25	percent of total billed charges	
TCAT INS/LRLP PERM LEEDLESS PCEMAKER RV	33274	CPT	both			64155		25627.44 Three Rivers	Three Rivers		60947.25	95			717.02	60947.25	percent of total billed charges	
TCAT INS/LRLP PERM LEEDLESS PCEMAKER RV	33274	CPT	both			64155		25627.44 UHC	Medicare		22284.73				717.02	60947.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TCAT INS/LRLP PERM LEEDLESS PCEMAKER RV	33274	CPT	both			64155		25627.44 UHC	Medicaid		20240.9	31.55			717.02	60947.25	percent of total billed charges	
TCAT INS/LRLP PERM LEEDLESS PCEMAKER RV	33274	CPT	both			64155		25627.44 United	CommercialPPO		6553				717.02	60947.25	case rate	
TCAT INS/LRLP PERM LEEDLESS PCEMAKER RV	33274	CPT	both			64155		25627.44 United	Oxford		6553				717.02	60947.25	case rate	
TCAT INS/LRLP PERM LEEDLESS PCEMAKER RV	33274	CPT	both			64155		25627.44 Wellcare	Medicare		22284.73				717.02	60947.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TCAT INS/LRLP PERM LEEDLESS PCEMAKER RV	33274	CPT	both			64155		25627.44 Wellcare	Medicaid		20240.9	31.55			717.02	60947.25	percent of total billed charges	
TCAT INS/LRLP PERM LEEDLESS PCEMAKER RV	33274	CPT	both			64155		25627.44 WellPoint	WellPoint		20645.08	32.18			717.02	60947.25	percent of total billed charges	
REMOVE LEADLESS TRANSCATHETER PACING SYS	33275	CPT	outpatient			11430		4192.26 Aetna	Medicare		3645.44				758.75	10858.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE LEADLESS TRANSCATHETER PACING SYS	33275	CPT	outpatient			11430		4192.26 Aetna	Better Health		3606.17	31.55			758.75	10858.5	percent of total billed charges	
REMOVE LEADLESS TRANSCATHETER PACING SYS	33275	CPT	outpatient			11430		4192.26 Aetna	Commercial		5803.54				758.75	10858.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE LEADLESS TRANSCATHETER PACING SYS	33275	CPT	outpatient			11430		4192.26 Americare	Americare		8572.5	75			758.75	10858.5	percent of total billed charges	
REMOVE LEADLESS TRANSCATHETER PACING SYS	33275	CPT	outpatient			11430		4192.26 Amerihealth	HMO/PPO		7429.5	65			758.75	10858.5	percent of total billed charges	
REMOVE LEADLESS TRANSCATHETER PACING SYS	33275	CPT	outpatient			11430		4192.26 Amerihealth	Medicare		3645.44				758.75	10858.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE LEADLESS TRANSCATHETER PACING SYS	33275	CPT	outpatient			11430		4192.26 Consumer	Consumer		10858.5	95			758.75	10858.5	percent of total billed charges	
REMOVE LEADLESS TRANSCATHETER PACING SYS	33275	CPT	outpatient			11430		4192.26 Corrections	Corrections		9144	80			758.75	10858.5	percent of total billed charges	
REMOVE LEADLESS TRANSCATHETER PACING SYS	33275	CPT	outpatient			11430		4192.26 First Health	First Health		8001	70			758.75	10858.5	percent of total billed charges	
REMOVE LEADLESS TRANSCATHETER PACING SYS	33275	CPT	outpatient			11430		4192.26 First Trenton	First Trenton		10287	90			758.75	10858.5	percent of total billed charges	
REMOVE LEADLESS TRANSCATHETER PACING SYS	33275	CPT	outpatient			11430		4192.26 Horizon	Medicare Blue		3645.44				758.75	10858.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE LEADLESS TRANSCATHETER PACING SYS	33275	CPT	outpatient			11430		4192.26 Horizon	MGD		6784.16				758.75	10858.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE LEADLESS TRANSCATHETER PACING SYS	33275	CPT	outpatient			11430		4192.26 Horizon	Indemnity		6784.16				758.75	10858.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE LEADLESS TRANSCATHETER PACING SYS	33275	CPT	outpatient			11430		4192.26 Horizon	PPO		6784.16				758.75	10858.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE LEADLESS TRANSCATHETER PACING SYS	33275	CPT	outpatient			11430		4192.26 Horizon	NJ Health		758.75				758.75	10858.5	fee schedule	
REMOVE LEADLESS TRANSCATHETER PACING SYS	33275	CPT	outpatient			11430		4192.26 Managed Care Inc	Managed Care Inc		10287	90			758.75	10858.5	percent of total billed charges	
REMOVE LEADLESS TRANSCATHETER PACING SYS	33275	CPT	outpatient			11430		4192.26 Multiplan	Multiplan		9144	80			758.75	10858.5	percent of total billed charges	
REMOVE LEADLESS TRANSCATHETER PACING SYS	33275	CPT	outpatient			11430		4192.26 Qualcare	Qualcare		8572.5	75			758.75	10858.5	percent of total billed charges	
REMOVE LEADLESS TRANSCATHETER PACING SYS	33275	CPT	outpatient			11430		4192.26 Three Rivers	Three Rivers		10858.5	95			758.75	10858.5	percent of total billed charges	
REMOVE LEADLESS TRANSCATHETER PACING SYS	33275	CPT	outpatient			11430		4192.26 UHC	Medicaid		3606.17	31.55			758.75	10858.5	percent of total billed charges	
REMOVE LEADLESS TRANSCATHETER PACING SYS	33275	CPT	outpatient			11430		4192.26 UHC	Medicare		3645.44				758.75	10858.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE LEADLESS TRANSCATHETER PACING SYS	33275	CPT	outpatient			11430		4192.26 United	CommercialPPO		3492				758.75	10858.5	case rate	
REMOVE LEADLESS TRANSCATHETER PACING SYS	33275	CPT	outpatient			11430		4192.26 United	Oxford		3492				758.75	10858.5	case rate	
REMOVE LEADLESS TRANSCATHETER PACING SYS	33275	CPT	outpatient			11430		4192.26 Wellcare	Med

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101191	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
INSERTION SUBQ CARDIAC RHYTHM MONITOR	33285	CPT	both			30299	11173.72	Corrections	Corrections		24239.2	80			5843	28784.05	percent of total billed charges	
INSERTION SUBQ CARDIAC RHYTHM MONITOR	33285	CPT	both			30299	11173.72	First Health	First Health		21209.3	70			5843	28784.05	percent of total billed charges	
INSERTION SUBQ CARDIAC RHYTHM MONITOR	33285	CPT	both			30299	11173.72	First Trenton	First Trenton		27269.1	90			5843	28784.05	percent of total billed charges	
INSERTION SUBQ CARDIAC RHYTHM MONITOR	33285	CPT	both			30299	11173.72	Horizon	MGD		18082				5843	28784.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION SUBQ CARDIAC RHYTHM MONITOR	33285	CPT	both			30299	11173.72	Horizon	Medicare Blue		9716.28				5843	28784.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION SUBQ CARDIAC RHYTHM MONITOR	33285	CPT	both			30299	11173.72	Horizon	PPO		18082				5843	28784.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION SUBQ CARDIAC RHYTHM MONITOR	33285	CPT	both			30299	11173.72	Horizon	NJ Health		8092.31				5843	28784.05	fee schedule	
INSERTION SUBQ CARDIAC RHYTHM MONITOR	33285	CPT	both			30299	11173.72	Horizon	Indemnity		18082				5843	28784.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION SUBQ CARDIAC RHYTHM MONITOR	33285	CPT	both			30299	11173.72	Managed Care Inc	Managed Care Inc		27269.1	90			5843	28784.05	percent of total billed charges	
INSERTION SUBQ CARDIAC RHYTHM MONITOR	33285	CPT	both			30299	11173.72	Multiplan	Multiplan		24239.2	80			5843	28784.05	percent of total billed charges	
INSERTION SUBQ CARDIAC RHYTHM MONITOR	33285	CPT	both			30299	11173.72	Qualcare	Qualcare		22724.25	75			5843	28784.05	percent of total billed charges	
INSERTION SUBQ CARDIAC RHYTHM MONITOR	33285	CPT	both			30299	11173.72	Three Rivers	Three Rivers		28784.05	95			5843	28784.05	percent of total billed charges	
INSERTION SUBQ CARDIAC RHYTHM MONITOR	33285	CPT	both			30299	11173.72	UHC	Medicaid		9559.33	31.55			5843	28784.05	percent of total billed charges	
INSERTION SUBQ CARDIAC RHYTHM MONITOR	33285	CPT	both			30299	11173.72	UHC	Medicare		9716.28				5843	28784.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION SUBQ CARDIAC RHYTHM MONITOR	33285	CPT	both			30299	11173.72	United	Oxford		5843				5843	28784.05	case rate	
INSERTION SUBQ CARDIAC RHYTHM MONITOR	33285	CPT	both			30299	11173.72	United	Commercial|PPO		5843				5843	28784.05	case rate	
INSERTION SUBQ CARDIAC RHYTHM MONITOR	33285	CPT	both			30299	11173.72	Wellcare	Medicaid		9559.33	31.55			5843	28784.05	percent of total billed charges	
INSERTION SUBQ CARDIAC RHYTHM MONITOR	33285	CPT	both			30299	11173.72	Wellcare	Medicare		9716.28				5843	28784.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION SUBQ CARDIAC RHYTHM MONITOR	33285	CPT	both			30299	11173.72	WellPoint	WellPoint		9750.22	32.18			5843	28784.05	percent of total billed charges	
REMOVAL SUBCUTANEOUS CARDIAC THRYTHM MO	33286	CPT	both			2376	925.36	Aetna	Better Health		749.63	31.55			197.11	2257.2	percent of total billed charges	
REMOVAL SUBCUTANEOUS CARDIAC THRYTHM MO	33286	CPT	both			2376	925.36	Aetna	Commercial		1281.02				197.11	2257.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL SUBCUTANEOUS CARDIAC THRYTHM MO	33286	CPT	both			2376	925.36	Aetna	Medicare		804.66				197.11	2257.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL SUBCUTANEOUS CARDIAC THRYTHM MO	33286	CPT	both			2376	925.36	Americare	Americare		1782	75			197.11	2257.2	percent of total billed charges	
REMOVAL SUBCUTANEOUS CARDIAC THRYTHM MO	33286	CPT	both			2376	925.36	Amerihealth	HMO|PPO		1544.4	65			197.11	2257.2	percent of total billed charges	
REMOVAL SUBCUTANEOUS CARDIAC THRYTHM MO	33286	CPT	both			2376	925.36	Amerihealth	Medicare		804.66				197.11	2257.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL SUBCUTANEOUS CARDIAC THRYTHM MO	33286	CPT	both			2376	925.36	Consumer	Consumer		2257.2	95			197.11	2257.2	percent of total billed charges	
REMOVAL SUBCUTANEOUS CARDIAC THRYTHM MO	33286	CPT	both			2376	925.36	Corrections	Corrections		1900.8	80			197.11	2257.2	percent of total billed charges	
REMOVAL SUBCUTANEOUS CARDIAC THRYTHM MO	33286	CPT	both			2376	925.36	First Health	First Health		1663.2	70			197.11	2257.2	percent of total billed charges	
REMOVAL SUBCUTANEOUS CARDIAC THRYTHM MO	33286	CPT	both			2376	925.36	First Trenton	First Trenton		2138.4	90			197.11	2257.2	percent of total billed charges	
REMOVAL SUBCUTANEOUS CARDIAC THRYTHM MO	33286	CPT	both			2376	925.36	Horizon	NJ Health		197.11				197.11	2257.2	fee schedule	
REMOVAL SUBCUTANEOUS CARDIAC THRYTHM MO	33286	CPT	both			2376	925.36	Horizon	Indemnity		1497.47				197.11	2257.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL SUBCUTANEOUS CARDIAC THRYTHM MO	33286	CPT	both			2376	925.36	Horizon	Medicare Blue		804.66				197.11	2257.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL SUBCUTANEOUS CARDIAC THRYTHM MO	33286	CPT	both			2376	925.36	Horizon	MGD		1497.47				197.11	2257.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL SUBCUTANEOUS CARDIAC THRYTHM MO	33286	CPT	both			2376	925.36	Horizon	PPO		1497.47				197.11	2257.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL SUBCUTANEOUS CARDIAC THRYTHM MO	33286	CPT	both			2376	925.36	Managed Care Inc	Managed Care Inc		2138.4	90			197.11	2257.2	percent of total billed charges	
REMOVAL SUBCUTANEOUS CARDIAC THRYTHM MO	33286	CPT	both			2376	925.36	Multiplan	Multiplan		1900.8	80			197.11	2257.2	percent of total billed charges	
REMOVAL SUBCUTANEOUS CARDIAC THRYTHM MO	33286	CPT	both			2376	925.36	Qualcare	Qualcare		1782	75			197.11	2257.2	percent of total billed charges	
REMOVAL SUBCUTANEOUS CARDIAC THRYTHM MO	33286	CPT	both			2376	925.36	Three Rivers	Three Rivers		2257.2	95			197.11	2257.2	percent of total billed charges	
REMOVAL SUBCUTANEOUS CARDIAC THRYTHM MO	33286	CPT	both			2376	925.36	UHC	Medicaid		749.63	31.55			197.11	2257.2	percent of total billed charges	
REMOVAL SUBCUTANEOUS CARDIAC THRYTHM MO	33286	CPT	both			2376	925.36	UHC	Medicare		804.66				197.11	2257.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL SUBCUTANEOUS CARDIAC THRYTHM MO	33286	CPT	both			2376	925.36	United	Oxford		1817				197.11	2257.2	case rate	
REMOVAL SUBCUTANEOUS CARDIAC THRYTHM MO	33286	CPT	both			2376	925.36	United	Commercial|PPO		1817				197.11	2257.2	case rate	
REMOVAL SUBCUTANEOUS CARDIAC THRYTHM MO	33286	CPT	both			2376	925.36	Wellcare	Medicaid		749.63	31.55			197.11	2257.2	percent of total billed charges	
REMOVAL SUBCUTANEOUS CARDIAC THRYTHM MO	33286	CPT	both			2376	925.36	Wellcare	Medicare		804.66				197.11	2257.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL SUBCUTANEOUS CARDIAC THRYTHM MO	33286	CPT	both			2376	925.36	WellPoint	WellPoint		764.6	32.18			197.11	2257.2	percent of total billed charges	
REP CARD WOUND W/O BYPASS	33300	CPT	outpatient			5783		Aetna	Better Health		1824.54	31.55			1338.93	5493.85	percent of total billed charges	
REP CARD WOUND W/O BYPASS	33300	CPT	outpatient			5783		Aetna	Commercial		2197.54	38			1338.93	5493.85	percent of total billed charges	
REP CARD WOUND W/O BYPASS	33300	CPT	outpatient			5783		Aetna	Medicare		1781.16	30.8			1338.93	5493.85	percent of total billed charges	
REP CARD WOUND W/O BYPASS	33300	CPT	outpatient			5783		Americare	Americare		4337.25	75			1338.93	5493.85	percent of total billed charges	
REP CARD WOUND W/O BYPASS	33300	CPT	outpatient			5783		Amerihealth	HMO|PPO		3758.95	65			1338.93	5493.85	percent of total billed charges	
REP CARD WOUND W/O BYPASS	33300	CPT	outpatient			5783		Consumer	Consumer		5493.85	95			1338.93	5493.85	percent of total billed charges	
REP CARD WOUND W/O BYPASS	33300	CPT	outpatient			5783		Corrections	Corrections		4626.4	80			1338.93	5493.85	percent of total billed charges	
REP CARD WOUND W/O BYPASS	33300	CPT	outpatient			5783		First Health	First Health		4048.1	70			1338.93	5493.85	percent of total billed charges	
REP CARD WOUND W/O BYPASS	33300	CPT	outpatient			5783		First Trenton	First Trenton		5204.7	90			1338.93	5493.85	percent of total billed charges	
REP CARD WOUND W/O BYPASS	33300	CPT	outpatient			5783		Horizon	MGD		2213.73	38.28			1338.93	5493.85	percent of total billed charges	
REP CARD WOUND W/O BYPASS	33300	CPT	outpatient			5783		Horizon	Indemnity		2213.73	38.28			1338.93	5493.85	percent of total billed charges	
REP CARD WOUND W/O BYPASS	33300	CPT	outpatient			5783		Horizon	NJ Health		1338.93				1338.93	5493.85	fee schedule	
REP CARD WOUND W/O BYPASS	33300	CPT	outpatient			5783		Horizon	Medicare Blue		1734.9	30			1338.93	5493.85	percent of total billed charges	
REP CARD WOUND W/O BYPASS	33300	CPT	outpatient			5783		Horizon	PPO		2213.73	38.28			1338.93	5493.85	percent of total billed charges	
REP CARD WOUND W/O BYPASS	33300	CPT	outpatient			5783		Managed Care Inc	Managed Care Inc		5204.7	90			1338.93	5493.85	percent of total billed charges	
REP CARD WOUND W/O BYPASS	33300	CPT	outpatient			5783		Multiplan	Multiplan		4626.4	80			1338.93	5493.85	percent of total billed charges	
REP CARD WOUND W/O BYPASS	33300	CPT	outpatient			5783		Qualcare	Qualcare		4337.25	75			1338.93	5493.85	percent of total billed charges	
REP CARD WOUND W/O BYPASS	33300	CPT	outpatient			5783		Three Rivers	Three Rivers		5493.85	95			1338.93	5493.85	percent of total billed charges	
REP CARD WOUND W/O BYPASS	33300	CPT	outpatient			5783		UHC	Medicaid		1824.54	31.55			1338.93	5493.85	percent of total billed charges	
REP CARD WOUND W/O BYPASS	33300	CPT	outpatient			5783		United	Oxford		1782				1338.93	5493.85	case rate	
REP CARD WOUND W/O BYPASS	33300	CPT	outpatient			5783		United	Commercial|PPO		1782				1338.93	5493.85	case rate	
REP CARD WOUND W/O BYPASS	33300	CPT	outpatient			5783		Wellcare	Medicaid		1824.54	31.55			1338.93	5493.85	percent of total billed charges	
REP CARD WOUND W/O BYPASS	33300	CPT	outpatient			5783		WellPoint	WellPoint		1860.97	32.18			1338.93	5493.85	percent of total billed charges	
SUTURE RPR, AORTA OR GREAT VES W/O BYPAS	33320	CPT	outpatient			7636		Aetna	Better Health		2472.26	31.55			1284.12	7444.2	percent of total billed charges	
SUTURE RPR, AORTA OR GREAT VES W/O BYPAS	33320	CPT	outpatient			7636		Aetna	Commercial		2977.68	38			1284.12	7444.2	percent of total billed charges	
SUTURE RPR, AORTA OR GREAT VES W/O BYPAS	33320	CPT	outpatient			7636		Aetna	Medicare		2413.49	30.8			1284.12	7444.2	percent of total billed charges	
SUTURE RPR, AORTA OR GREAT VES W/O BYPAS	33320	CPT	outpatient			7636		Americare	Americare		5877	75			1284.12	7444.2	percent of total billed charges	
SUTURE RPR, AORTA OR GREAT VES W/O BYPAS	33320	CPT	outpatient			7636		Amerihealth	HMO|PPO		5093.4	65			1284.12	7444.2	percent of total billed charges	
SUTURE RPR, AORTA OR GREAT VES W/O BYPAS	33320	CPT	outpatient			7636		Consumer	Consumer		7444.2	95			1284.12	7444.2	percent of total billed charges	
SUTURE RPR, AORTA OR GREAT VES W/O BYPAS	33320	CPT	outpatient			7636		Corrections	Corrections		6268.8	80			1284.12	7444.2	percent of total billed charges	
SUTURE RPR, AORTA OR GREAT VES W/O BYPAS	33320	CPT	outpatient			7636		First Health	First Health		5485.2	70			1284.12	7444.2	percent of total billed charges	
SUTURE RPR, AORTA OR GREAT VES W/O BYPAS	33320	CPT	outpatient			7636		First Trenton	First Trenton		7052.4	90			1284.12	7444.2	percent of total billed charges	
SUTURE RPR, AORTA OR GREAT VES W/O BYPAS	33320	CPT	outpatient			7636		Horizon	Indemnity		2999.62	38.28			1284.12	7444.2	percent of total billed charges	
SUTURE RPR, AORTA OR GREAT VES W/O BYPAS	33320	CPT	outpatient			7636		Horizon	Medicare Blue		2350.8	30			1284.12	7444.2	percent of total billed charges	
SUTURE RPR, AORTA OR GREAT VES W/O BYPAS	33320	CPT	outpatient			7636		Horizon	MGD		2999.62	38.28			1284.12	7444.2	percent of total billed charges	
SUTURE RPR, AORTA OR GREAT VES W/O BYPAS	33320	CPT	outpatient			7636		Horizon	NJ Health		1284.12				1284.12	7444.2	fee schedule	
SUTURE RPR, AORTA OR GREAT VES W/O BYPAS	33320	CPT	outpatient			7636		Horizon	PPO		2999.62	38.28			1284.12	7444.2	percent of total billed charges	
SUTURE RPR, AORTA OR GREAT VES W/O BYPAS	33320	CPT	outpatient			7636		Managed Care Inc	Managed Care Inc		7052.4	90			1284.12	7444.2	percent of total billed charges	
SUTURE RPR, AORTA OR GREAT VES W/O BYPAS	33320	CPT	outpatient			7636		Multiplan	Multiplan		6268.8	80			1284.12	7444.2	percent of total billed charges	
SUTURE RPR, AORTA OR GREAT VES W/O BYPAS	33320	CPT	outpatient			7636		Qualcare	Qualcare		5877	75			1284.12	7444.2	percent of total billed charges	
SUTURE RPR, AORTA OR GREAT VES W/O BYPAS	33320	CPT	outpatient			7636		Three Rivers	Three Rivers		7444.2	95			1284.12	7444.2	percent of total billed charges	
SUTURE RPR, AORTA OR GREAT VES W/O BYPAS	33320	CPT	outpatient			7636		UHC	Medicaid		2472.26	31.55			1284.12	7444.2	percent of total billed charges	
SUTURE RPR, AORTA OR GREAT VES W/O BYPAS	33320	CPT	outpatient			7636		United	Commercial|PPO		1782				1284.12	7444.2	case rate	
SUTURE RPR, AORTA OR GREAT VES W/O BYPAS	33320	CPT	outpatient			7636		United	Oxford		1782				1284.12	7444.2	case rate	
SUTURE RPR, AORTA OR GREAT VES W/O BYPAS	33320	CPT	outpatient			7636		Wellcare	Medicaid		2472.26	31.55			1284.12	7444.2	percent of total billed charges	
SUTURE RPR, AORTA OR GREAT VES W/O BYPAS	33320	CPT	outpatient			7636		WellPoint	WellPoint		2521.62	32.18			1284.12	7444.2	percent of total billed charges	
PERC LAA OCC W/ INTRALUMINAL DEVICE WATC	33340	CPT	both			58551		Aetna	Commercial		22249.38	38			1198.64	55623.45	percent of total billed charges	
PERC LAA OCC W/ INTRALUMINAL DEVICE WATC	33340	CPT	both			58551		Aetna	Medicare		18033.71	30.8			1198.64	55623.45	percent of total billed charges	
PERC LAA OCC W/ INTRALUMINAL DEVICE WATC	33340	CPT	both			58551		Aetna	Better Health		18472.84	31.55			1198.64	55623.45	percent of total billed charges	
PERC LAA OCC W/ INTRALUMINAL DEVICE WATC	33340	CPT	both			58551		Americare	Americare		43913.25	75			1198.64	55623.45	percent of total billed charges	
PERC LAA OCC W/ INTRALUMINAL DEVICE WATC	33340	CPT	both			58551		Amerihealth	HMO|PPO		38058.15	65			1198.64	55623.45	percent of total billed charges	
PERC LAA OCC W/ INTRALUMINAL DEVICE WATC	33340	CPT	both			58551		Consumer	Consumer		55623.45	95			1198.64	55623.45	percent of total billed charges	
PERC LAA OCC W/ INTRALUMINAL DEVICE WATC	33340	CPT	both			58551		Corrections	Corrections		46840.8	80			1198.64	55623.45	percent of total billed charges	
PERC LAA OCC W/ INTRALUMINAL DEVICE WATC	33340	CPT	both			58551		First Health	First Health		40985.7	70			1198.64	55623.45	percent of total billed charges	
PERC LAA OCC W/ INTRALUMINAL DEVICE WATC	33340	CPT	both			58551		First Trenton	First Trenton		52695.9	90			1198.64	55623.45	percent of total billed charges	
PERC LAA OCC W/ INTRALUMINAL DEVICE WATC	33340	CPT	both			58551		Horizon	MGD		22413.32	38.28			1198.64	55623.45	percent of total billed charges	
PERC LAA OCC W/ INTRALUMINAL DEVICE WATC	33340	CPT	both			58551		Horizon	Indemnity		22413.32	38.28			1198.64	55623.45	percent of total billed charges	
PERC LAA OCC W/ INTRALUMINAL DEVICE WATC	33340	CPT	both			58551		Horizon	NJ Health		1198.64				1198.64	55623.45	fee schedule	
PERC LAA OCC W/ INTRALUMINAL DEVICE WATC	33340	CPT	both			58551		Horizon	Medicare Blue		17565.3	30			1198.64	55623.45	percent of total billed charges	
PERC LAA OCC W/ INTRALUMINAL DEVICE WATC	33340	CPT	both			58551		Horizon	PPO		22413.32	38.28			1198.64	55623.45	percent of total billed charges	
PERC LAA OCC W/ INTRALUMINAL DEVICE WATC	33340	CPT	both			58551		Managed Care Inc	Managed Care Inc		52695.9	90			1198.64	55623.45	percent of total billed charges	
PERC LAA OCC W/ INTRALUMINAL DEVICE WATC	33340	CPT	both			58551		Multiplan	Multiplan		46840.8	80			1198.64	55623.45	percent of total billed charges	
PERC LAA OCC W/ INTRALUMINAL DEVICE WATC	33340	CPT	both			58551		Qualcare	Qualcare		43913.25	75			1198.64	55623.45	percent of total billed charges	
PERC LAA OCC W/ INTRALUMINAL DEVICE WATC	33340	CPT	both			58551		Three Rivers	Three Rivers		55623.45	95			1198.64	55623.45	percent of total billed charges	
PERC LAA OCC W/ INTRALUMINAL DEVICE WATC	33340	CPT	both			58551		UHC	Medicaid		18472.84	31.55			1198.64	55623.45	percent of total billed charges	
PERC LAA OCC W/ INTRALUMINAL DEVICE WATC	33340	CPT	both			58551		United	Oxford		1782				1198.64	55623.45	case rate	
PERC LAA OCC W/ INTRALUMINAL DEVICE WATC	33340	CPT	both			58551		United	Commercial|PPO		1782				1198.64	55623.45	case rate	
PERC LAA OCC W/ INTRALUMINAL DEVICE WATC	33340	CPT	both			58551		Wellcare	Medicaid		18472.84	31.55			1198.64	55623.45	percent of total billed charges	
PERC LAA OCC W/ INTRALUMINAL DEVICE WATC	33340	CPT	both			58551		WellPoint	WellPoint		18841.71	32.18			1198.64	55623.45	percent of total billed charges	
TRANSCATH AVR W/ PROSTHETIC VALVE;PERC F	33361	CPT	inpatient					Horizon	NJ Health		1479.95				1479.95	1782	fee schedule	
TRANSCATH AVR W/ PROSTHETIC VALVE;PERC F	33361	CPT	inpatient					United	Commercial|PPO		1782				1479.95	1782	case rate	
TRANSCATH AVR W/ PROSTHETIC VALVE;PERC F	33361	CPT	inpatient					United	Oxford		1782				1479.95	1782	case rate	
REPAIR, AORTIC VALVE	33414	CPT	outpatient			2688		Aetna	Better Health		848.06	31.55			806.4	2735.28	percent of total billed charges	
REPAIR, AORTIC VALVE	33414	CPT	outpatient			2688		Aetna	Commercial		1021.44	38			806.4	2735.28	percent of total billed charges	
REPAIR, AORTIC VALVE	33414	CPT	outpatient			2688		Aetna	Medicare		827.9	30.8			806.4	2735.28	percent of total billed charges	
REPAIR, AORTIC VALVE	33414	CPT	outpatient			2688		Americare	Americare		2016	75			806.4	2735.28	percent of total billed charges	
REPAIR, AORTIC VALVE	33414	CPT	outpatient			2688		Amerihealth	HMO|PPO		1747.2	65			806.4	2735.28	percent of total billed charges	
REPAIR, AORTIC VALVE	33414	CPT	outpatient			2688		Consumer	Consumer		2553.6	95			806.4	2735.28	percent of total billed charges	
REPAIR, AORTIC VALVE	33414	CPT	outpatient			2688		Corrections	Corrections		2150.4	80			806.4	2735.28	percent of total billed charges	
REPAIR, AORTIC VALVE	33414	CPT	outpatient			2688		First Health	First Health		1881.6	70			806.4	2735.28	percent of total billed charges	
REPAIR, AORTIC VALVE	33414	CPT	outpatient			2688		First Trenton	First Trenton		2419.2	90			806.4	2735.28	percent of total billed charges	
REPAIR, AORTIC VALVE	33414	CPT	outpatient			2688		Horizon	NJ Health		2735.28				806.4	2735.28	fee schedule	
REPAIR, AORTIC VALVE	33414	CPT	outpatient			2688		Horizon	Medicare Blue		806.4	30			806.4	2735.28	percent of total billed charges	
REPAIR, AORTIC VALVE	33414	CPT	outpatient			2688		Horizon	MGD		1028.97	38.28			806.4	2735.28	percent of total billed charges	
REPAIR, AORTIC VALVE	33414	CPT	outpatient			2688		Horizon	Indemnity		1028.97	38.28			806.4	2735.28	percent of total billed charges	
REPAIR, AORTIC VALVE	33414	CPT	outpatient			2688		Horizon	PPO		1028.97	38.28			806.4	2735.28	percent of total billed charges	
REPAIR, AORTIC VALVE	33414	CPT	outpatient			2688		Managed Care Inc	Managed Care Inc		2419.2	90			806.4	2735.28	percent of total billed charges	
REPAIR, AORTIC VALVE	33414	CPT	outpatient			2688		Multiplan	Multiplan		2150.4	80			806.4	2735.28	percent of total billed charges	
REPAIR, AORTIC VALVE	33414	CPT	outpatient			2688		Qualcare	Qualcare		2016	75			806.4	2735.28	percent of total billed charges	
REPAIR, AORTIC VALVE	33414	CPT	outpatient			2688		Three Rivers	Three Rivers		2553.6	95			806.4	2735.28	percent of total billed charges	
REPAIR, AORTIC VALVE	33414	CPT	outpatient			2688		UHC	Medicaid		848.06	31.55			806.4	2735.28	percent of total billed charges	
REPAIR, AORTIC VALVE	33414	CPT	outpatient			2688		United	Commercial|PPO		1782				806.4	2735.28	case rate	
REPAIR, AORTIC VALVE	33414	CPT	outpatient			2688		United	Oxford		1782				806.4	2735.28	case rate	
REPAIR, AORTIC VALVE	33414	CPT	outpatient			2688		Wellcare	Medicaid		848.06	31.55			806.4	2735.28	percent of total billed charges	
REPAIR, AORTIC VALVE	33414	CPT	outpatient			2688		WellPoint	WellPoint		865	32.18			806.4	2735.28	percent of total billed charges	
TRNSCATH MITRAL VALVE RPR;INIT	33418	CPT	inpatient					Horizon	NJ Health		2734.18				1782	2734.18	fee schedule	
TRNSCATH MITRAL VALVE RPR;INIT	33418	CPT	inpatient					United	Commercial|PPO		1782				1782	2734.18	case rate	
TRNSCATH MITRAL VALVE RPR;INIT	33418	CPT	inpatient					United	Oxford		1782				1782	2734.18	case rate	
ECMO/EDS INTIATION VENO-VENOUS	33946	CPT	inpatient					Horizon	NJ Health		451.22				451.22	1782	fee schedule	
ECMO/EDS INTIATION VENO-VENOUS	33946	CPT	inpatient					United	Oxford		1782				451.22	1782	case rate	
ECMO/EDS INTIATION VENO-VENOUS	33946	CPT	inpatient					United	Commercial|PPO		1782				451.22	1782	case rate	
ECMO/EDS INTIATION VENO-ARTERIAL	33947	CPT	inpatient					Horizon	NJ Health		498.38				498.38	1782	fee schedule	
ECMO/EDS INTIATION VENO-ARTERIAL	33947	CPT	inpatient					United	Commercial|PPO		1782				498.38	1782	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101191	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ECMO/ECIS INTIATION VENO-ARTERIAL	33947	CPT	inpatient					United	Oxford		1782				498.38		1782 case rate	
PERQ PRCRD DRG 6YR+W/O CONGENITAL CAR AN	33952	CPT	inpatient			1040		Aetna	Commercial		395.2	38			312		1782 percent of total billed charges	
PERQ PRCRD DRG 6YR+W/O CONGENITAL CAR AN	33952	CPT	inpatient			1040		Aetna	Better Health		328.12	31.55			312		1782 percent of total billed charges	
PERQ PRCRD DRG 6YR+W/O CONGENITAL CAR AN	33952	CPT	inpatient			1040		Aetna	Medicare		320.32	30.8			312		1782 percent of total billed charges	
PERQ PRCRD DRG 6YR+W/O CONGENITAL CAR AN	33952	CPT	inpatient			1040		Americare	Americare		780	75			312		1782 percent of total billed charges	
PERQ PRCRD DRG 6YR+W/O CONGENITAL CAR AN	33952	CPT	inpatient			1040		Amerihealth	HMO/PPO		676	65			312		1782 percent of total billed charges	
PERQ PRCRD DRG 6YR+W/O CONGENITAL CAR AN	33952	CPT	inpatient			1040		Consumer	Consumer		988	95			312		1782 percent of total billed charges	
PERQ PRCRD DRG 6YR+W/O CONGENITAL CAR AN	33952	CPT	inpatient			1040		Corrections	Corrections		832	80			312		1782 percent of total billed charges	
PERQ PRCRD DRG 6YR+W/O CONGENITAL CAR AN	33952	CPT	inpatient			1040		First Health	First Health		728	70			312		1782 percent of total billed charges	
PERQ PRCRD DRG 6YR+W/O CONGENITAL CAR AN	33952	CPT	inpatient			1040		First Trenton	First Trenton		936	90			312		1782 percent of total billed charges	
PERQ PRCRD DRG 6YR+W/O CONGENITAL CAR AN	33952	CPT	inpatient			1040		Horizon	MGD		398.11	38.28			312		1782 percent of total billed charges	
PERQ PRCRD DRG 6YR+W/O CONGENITAL CAR AN	33952	CPT	inpatient			1040		Horizon	Indemnity		398.11	38.28			312		1782 percent of total billed charges	
PERQ PRCRD DRG 6YR+W/O CONGENITAL CAR AN	33952	CPT	inpatient			1040		Horizon	Medicare Blue		312	30			312		1782 percent of total billed charges	
PERQ PRCRD DRG 6YR+W/O CONGENITAL CAR AN	33952	CPT	inpatient			1040		Horizon	NJ Health		629.51				312		1782 fee schedule	
PERQ PRCRD DRG 6YR+W/O CONGENITAL CAR AN	33952	CPT	inpatient			1040		Horizon	PPO		398.11	38.28			312		1782 percent of total billed charges	
PERQ PRCRD DRG 6YR+W/O CONGENITAL CAR AN	33952	CPT	inpatient			1040		Managed Care Inc	Managed Care Inc		936	90			312		1782 percent of total billed charges	
PERQ PRCRD DRG 6YR+W/O CONGENITAL CAR AN	33952	CPT	inpatient			1040		Multiplan	Multiplan		832	80			312		1782 percent of total billed charges	
PERQ PRCRD DRG 6YR+W/O CONGENITAL CAR AN	33952	CPT	inpatient			1040		Qualcare	Qualcare		780	75			312		1782 percent of total billed charges	
PERQ PRCRD DRG 6YR+W/O CONGENITAL CAR AN	33952	CPT	inpatient			1040		Three Rivers	Three Rivers		988	95			312		1782 percent of total billed charges	
PERQ PRCRD DRG 6YR+W/O CONGENITAL CAR AN	33952	CPT	inpatient			1040		UHC	Medicaid		328.12	31.55			312		1782 percent of total billed charges	
PERQ PRCRD DRG 6YR+W/O CONGENITAL CAR AN	33952	CPT	inpatient			1040		United	Oxford		1782				312		1782 case rate	
PERQ PRCRD DRG 6YR+W/O CONGENITAL CAR AN	33952	CPT	inpatient			1040		United	Commercial|PPO		1782				312		1782 case rate	
PERQ PRCRD DRG 6YR+W/O CONGENITAL CAR AN	33952	CPT	inpatient			1040		Wellcare	Medicaid		328.12	31.55			312		1782 percent of total billed charges	
PERQ PRCRD DRG 6YR+W/O CONGENITAL CAR AN	33952	CPT	inpatient			1040		WellPoint	WellPoint		334.67	32.18			312		1782 percent of total billed charges	
INSERTION OF IABP	33967	CPT	both			4764		Aetna	Better Health		1503.04	31.55			323.64		6553 percent of total billed charges	
INSERTION OF IABP	33967	CPT	both			4764		Aetna	Medicare		1467.31	30.8			323.64		6553 percent of total billed charges	
INSERTION OF IABP	33967	CPT	both			4764		Aetna	Commercial		1810.32	38			323.64		6553 percent of total billed charges	
INSERTION OF IABP	33967	CPT	both			4764		Americare	Americare		3573	75			323.64		6553 percent of total billed charges	
INSERTION OF IABP	33967	CPT	both			4764		Amerihealth	HMO/PPO		3096.6	65			323.64		6553 percent of total billed charges	
INSERTION OF IABP	33967	CPT	both			4764		Consumer	Consumer		4525.8	95			323.64		6553 percent of total billed charges	
INSERTION OF IABP	33967	CPT	both			4764		Corrections	Corrections		3811.2	80			323.64		6553 percent of total billed charges	
INSERTION OF IABP	33967	CPT	both			4764		First Health	First Health		3334.8	70			323.64		6553 percent of total billed charges	
INSERTION OF IABP	33967	CPT	both			4764		First Trenton	First Trenton		4287.6	90			323.64		6553 percent of total billed charges	
INSERTION OF IABP	33967	CPT	both			4764		Horizon	MGD		1823.66	38.28			323.64		6553 percent of total billed charges	
INSERTION OF IABP	33967	CPT	both			4764		Horizon	Indemnity		1823.66	38.28			323.64		6553 percent of total billed charges	
INSERTION OF IABP	33967	CPT	both			4764		Horizon	PPO		1823.66	38.28			323.64		6553 percent of total billed charges	
INSERTION OF IABP	33967	CPT	both			4764		Horizon	NJ Health		323.64				323.64		6553 fee schedule	
INSERTION OF IABP	33967	CPT	both			4764		Horizon	Medicare Blue		1429.2	30			323.64		6553 percent of total billed charges	
INSERTION OF IABP	33967	CPT	both			4764		Managed Care Inc	Managed Care Inc		4287.6	90			323.64		6553 percent of total billed charges	
INSERTION OF IABP	33967	CPT	both			4764		Multiplan	Multiplan		3811.2	80			323.64		6553 percent of total billed charges	
INSERTION OF IABP	33967	CPT	both			4764		Qualcare	Qualcare		3573	75			323.64		6553 percent of total billed charges	
INSERTION OF IABP	33967	CPT	both			4764		Three Rivers	Three Rivers		4525.8	95			323.64		6553 percent of total billed charges	
INSERTION OF IABP	33967	CPT	both			4764		UHC	Medicaid		1503.04	31.55			323.64		6553 percent of total billed charges	
INSERTION OF IABP	33967	CPT	both			4764		United	Oxford		6553				323.64		6553 case rate	
INSERTION OF IABP	33967	CPT	both			4764		United	Commercial|PPO		6553				323.64		6553 case rate	
INSERTION OF IABP	33967	CPT	both			4764		Wellcare	Medicaid		1503.04	31.55			323.64		6553 percent of total billed charges	
INSERTION OF IABP	33967	CPT	both			4764		WellPoint	WellPoint		1533.06	32.18			323.64		6553 percent of total billed charges	
REMOVAL OF IABP	33968	CPT	inpatient			1531		Aetna	Medicare		471.55	30.8			99.18		6553 percent of total billed charges	
REMOVAL OF IABP	33968	CPT	inpatient			1531		Aetna	Better Health		483.03	31.55			99.18		6553 percent of total billed charges	
REMOVAL OF IABP	33968	CPT	inpatient			1531		Aetna	Commercial		581.78	38			99.18		6553 percent of total billed charges	
REMOVAL OF IABP	33968	CPT	inpatient			1531		Americare	Americare		1148.25	75			99.18		6553 percent of total billed charges	
REMOVAL OF IABP	33968	CPT	inpatient			1531		Amerihealth	HMO/PPO		995.15	65			99.18		6553 percent of total billed charges	
REMOVAL OF IABP	33968	CPT	inpatient			1531		Consumer	Consumer		1454.45	95			99.18		6553 percent of total billed charges	
REMOVAL OF IABP	33968	CPT	inpatient			1531		Corrections	Corrections		1224.8	80			99.18		6553 percent of total billed charges	
REMOVAL OF IABP	33968	CPT	inpatient			1531		First Health	First Health		1071.7	70			99.18		6553 percent of total billed charges	
REMOVAL OF IABP	33968	CPT	inpatient			1531		First Trenton	First Trenton		1377.9	90			99.18		6553 percent of total billed charges	
REMOVAL OF IABP	33968	CPT	inpatient			1531		Horizon	MGD		586.07	38.28			99.18		6553 percent of total billed charges	
REMOVAL OF IABP	33968	CPT	inpatient			1531		Horizon	Medicare Blue		459.3	30			99.18		6553 percent of total billed charges	
REMOVAL OF IABP	33968	CPT	inpatient			1531		Horizon	Indemnity		586.07	38.28			99.18		6553 percent of total billed charges	
REMOVAL OF IABP	33968	CPT	inpatient			1531		Horizon	NJ Health		99.18				99.18		6553 fee schedule	
REMOVAL OF IABP	33968	CPT	inpatient			1531		Horizon	PPO		586.07	38.28			99.18		6553 percent of total billed charges	
REMOVAL OF IABP	33968	CPT	inpatient			1531		Managed Care Inc	Managed Care Inc		1377.9	90			99.18		6553 percent of total billed charges	
REMOVAL OF IABP	33968	CPT	inpatient			1531		Multiplan	Multiplan		1224.8	80			99.18		6553 percent of total billed charges	
REMOVAL OF IABP	33968	CPT	inpatient			1531		Qualcare	Qualcare		1148.25	75			99.18		6553 percent of total billed charges	
REMOVAL OF IABP	33968	CPT	inpatient			1531		Three Rivers	Three Rivers		1454.45	95			99.18		6553 percent of total billed charges	
REMOVAL OF IABP	33968	CPT	inpatient			1531		UHC	Medicaid		483.03	31.55			99.18		6553 percent of total billed charges	
REMOVAL OF IABP	33968	CPT	inpatient			1531		United	Commercial|PPO		6553				99.18		6553 case rate	
REMOVAL OF IABP	33968	CPT	inpatient			1531		United	Oxford		6553				99.18		6553 case rate	
REMOVAL OF IABP	33968	CPT	inpatient			1531		Wellcare	Medicaid		483.03	31.55			99.18		6553 percent of total billed charges	
REMOVAL OF IABP	33968	CPT	inpatient			1531		WellPoint	WellPoint		492.68	32.18			99.18		6553 percent of total billed charges	
INSERT VENTRICULAR ASSIST DEVICE (IMPEL	33990	CPT	inpatient			1972		Aetna	Medicare		607.38	30.8			481.52		1873.4 percent of total billed charges	
INSERT VENTRICULAR ASSIST DEVICE (IMPEL	33990	CPT	inpatient			1972		Aetna	Better Health		622.17	31.55			481.52		1873.4 percent of total billed charges	
INSERT VENTRICULAR ASSIST DEVICE (IMPEL	33990	CPT	inpatient			1972		Aetna	Commercial		749.36	38			481.52		1873.4 percent of total billed charges	
INSERT VENTRICULAR ASSIST DEVICE (IMPEL	33990	CPT	inpatient			1972		Americare	Americare		1479	75			481.52		1873.4 percent of total billed charges	
INSERT VENTRICULAR ASSIST DEVICE (IMPEL	33990	CPT	inpatient			1972		Amerihealth	HMO/PPO		1281.8	65			481.52		1873.4 percent of total billed charges	
INSERT VENTRICULAR ASSIST DEVICE (IMPEL	33990	CPT	inpatient			1972		Consumer	Consumer		1873.4	95			481.52		1873.4 percent of total billed charges	
INSERT VENTRICULAR ASSIST DEVICE (IMPEL	33990	CPT	inpatient			1972		Corrections	Corrections		1577.6	80			481.52		1873.4 percent of total billed charges	
INSERT VENTRICULAR ASSIST DEVICE (IMPEL	33990	CPT	inpatient			1972		First Health	First Health		1380.4	70			481.52		1873.4 percent of total billed charges	
INSERT VENTRICULAR ASSIST DEVICE (IMPEL	33990	CPT	inpatient			1972		First Trenton	First Trenton		1774.8	90			481.52		1873.4 percent of total billed charges	
INSERT VENTRICULAR ASSIST DEVICE (IMPEL	33990	CPT	inpatient			1972		Horizon	MGD		754.88	38.28			481.52		1873.4 percent of total billed charges	
INSERT VENTRICULAR ASSIST DEVICE (IMPEL	33990	CPT	inpatient			1972		Horizon	Indemnity		754.88	38.28			481.52		1873.4 percent of total billed charges	
INSERT VENTRICULAR ASSIST DEVICE (IMPEL	33990	CPT	inpatient			1972		Horizon	PPO		754.88	38.28			481.52		1873.4 percent of total billed charges	
INSERT VENTRICULAR ASSIST DEVICE (IMPEL	33990	CPT	inpatient			1972		Horizon	Medicare Blue		591.6	30			481.52		1873.4 percent of total billed charges	
INSERT VENTRICULAR ASSIST DEVICE (IMPEL	33990	CPT	inpatient			1972		Horizon	NJ Health		481.52				481.52		1873.4 fee schedule	
INSERT VENTRICULAR ASSIST DEVICE (IMPEL	33990	CPT	inpatient			1972		Managed Care Inc	Managed Care Inc		1774.8	90			481.52		1873.4 percent of total billed charges	
INSERT VENTRICULAR ASSIST DEVICE (IMPEL	33990	CPT	inpatient			1972		Multiplan	Multiplan		1577.6	80			481.52		1873.4 percent of total billed charges	
INSERT VENTRICULAR ASSIST DEVICE (IMPEL	33990	CPT	inpatient			1972		Qualcare	Qualcare		1479	75			481.52		1873.4 percent of total billed charges	
INSERT VENTRICULAR ASSIST DEVICE (IMPEL	33990	CPT	inpatient			1972		Three Rivers	Three Rivers		1873.4	95			481.52		1873.4 percent of total billed charges	
INSERT VENTRICULAR ASSIST DEVICE (IMPEL	33990	CPT	inpatient			1972		UHC	Medicaid		622.17	31.55			481.52		1873.4 percent of total billed charges	
INSERT VENTRICULAR ASSIST DEVICE (IMPEL	33990	CPT	inpatient			1972		United	Oxford		1782				481.52		1873.4 case rate	
INSERT VENTRICULAR ASSIST DEVICE (IMPEL	33990	CPT	inpatient			1972		United	Commercial|PPO		1782				481.52		1873.4 case rate	
INSERT VENTRICULAR ASSIST DEVICE (IMPEL	33990	CPT	inpatient			1972		Wellcare	Medicaid		622.17	31.55			481.52		1873.4 percent of total billed charges	
INSERT VENTRICULAR ASSIST DEVICE (IMPEL	33990	CPT	inpatient			1972		WellPoint	WellPoint		634.59	32.18			481.52		1873.4 percent of total billed charges	
REMOVAL PERQ VENTRICULAR DEVICE SEPARAT	33992	CPT	inpatient			2956		Aetna	Better Health		932.62	31.55			228.48		2808.2 percent of total billed charges	
REMOVAL PERQ VENTRICULAR DEVICE SEPARAT	33992	CPT	inpatient			2956		Aetna	Commercial		1123.28	38			228.48		2808.2 percent of total billed charges	
REMOVAL PERQ VENTRICULAR DEVICE SEPARAT	33992	CPT	inpatient			2956		Aetna	Medicare		910.45	30.8			228.48		2808.2 percent of total billed charges	
REMOVAL PERQ VENTRICULAR DEVICE SEPARAT	33992	CPT	inpatient			2956		Americare	Americare		2217	75			228.48		2808.2 percent of total billed charges	
REMOVAL PERQ VENTRICULAR DEVICE SEPARAT	33992	CPT	inpatient			2956		Amerihealth	HMO/PPO		1921.4	65			228.48		2808.2 percent of total billed charges	
REMOVAL PERQ VENTRICULAR DEVICE SEPARAT	33992	CPT	inpatient			2956		Consumer	Consumer		2808.2	95			228.48		2808.2 percent of total billed charges	
REMOVAL PERQ VENTRICULAR DEVICE SEPARAT	33992	CPT	inpatient			2956		Corrections	Corrections		2364.8	80			228.48		2808.2 percent of total billed charges	
REMOVAL PERQ VENTRICULAR DEVICE SEPARAT	33992	CPT	inpatient			2956		First Health	First Health		2069.2	70			228.48		2808.2 percent of total billed charges	
REMOVAL PERQ VENTRICULAR DEVICE SEPARAT	33992	CPT	inpatient			2956		First Trenton	First Trenton		2660.4	90			228.48		2808.2 percent of total billed charges	
REMOVAL PERQ VENTRICULAR DEVICE SEPARAT	33992	CPT	inpatient			2956		Horizon	Medicare Blue		886.8	30			228.48		2808.2 percent of total billed charges	
REMOVAL PERQ VENTRICULAR DEVICE SEPARAT	33992	CPT	inpatient			2956		Horizon	MGD		1131.56	38.28			228.48		2808.2 percent of total billed charges	
REMOVAL PERQ VENTRICULAR DEVICE SEPARAT	33992	CPT	inpatient			2956		Horizon	Indemnity		1131.56	38.28			228.48		2808.2 percent of total billed charges	
REMOVAL PERQ VENTRICULAR DEVICE SEPARAT	33992	CPT	inpatient			2956		Horizon	NJ Health		228.48				228.48		2808.2 fee schedule	
REMOVAL PERQ VENTRICULAR DEVICE SEPARAT	33992	CPT	inpatient			2956		Horizon	PPO		1131.56	38.28			228.48		2808.2 percent of total billed charges	
REMOVAL PERQ VENTRICULAR DEVICE SEPARAT	33992	CPT	inpatient			2956		Managed Care Inc	Managed Care Inc		2660.4	90			228.48		2808.2 percent of total billed charges	
REMOVAL PERQ VENTRICULAR DEVICE SEPARAT	33992	CPT	inpatient			2956		Multiplan	Multiplan		2364.8	80			228.48		2808.2 percent of total billed charges	
REMOVAL PERQ VENTRICULAR DEVICE SEPARAT	33992	CPT	inpatient			2956		Qualcare	Qualcare		2217	75			228.48		2808.2 percent of total billed charges	
REMOVAL PERQ VENTRICULAR DEVICE SEPARAT	33992	CPT	inpatient			2956		Three Rivers	Three Rivers		2808.2	95			228.48		2808.2 percent of total billed charges	
REMOVAL PERQ VENTRICULAR DEVICE SEPARAT	33992	CPT	inpatient			2956		UHC	Medicaid		932.62	31.55			228.48		2808.2 percent of total billed charges	
REMOVAL PERQ VENTRICULAR DEVICE SEPARAT	33992	CPT	inpatient			2956		United	Oxford		1782				228.48		2808.2 case rate	
REMOVAL PERQ VENTRICULAR DEVICE SEPARAT	33992	CPT	inpatient			2956		United	Commercial|PPO		1782				228.48		2808.2 case rate	
REMOVAL PERQ VENTRICULAR DEVICE SEPARAT	33992	CPT	inpatient			2956		Wellcare	Medicaid		932.62	31.55			228.48		2808.2 percent of total billed charges	
REMOVAL PERQ VENTRICULAR DEVICE SEPARAT	33992	CPT	inpatient			2956		WellPoint	WellPoint		951.24	32.18			228.48		2808.2 percent of total billed charges	
CPT 33999 USED FOR INSERT ICM DEVICE/LE	33999	CPT	inpatient			1972	826.23	Aetna	Better Health		622.17	31.55			622.17		1873.4 percent of total billed charges	
CPT 33999 USED FOR INSERT ICM DEVICE/LE	33999	CPT	inpatient			1972	826.23	Aetna	Commercial		1143.79				622.17		1873.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CPT 33999 USED FOR INSERT ICM DEVICE/LE	33999	CPT	inpatient			1972	826.23	Aetna	Medicare		718.46				622.17		1873.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CPT 33999 USED FOR INSERT ICM DEVICE/LE	33999	CPT	inpatient			1972	826.23	Americare	Americare		1479	75			622.17		1873.4 percent of total billed charges	
CPT 33999 USED FOR INSERT ICM DEVICE/LE	33999	CPT	inpatient			1972	826.23	Amerihealth	HMO/PPO		1281.8	65			622.17		1873.4 percent of total billed charges	
CPT 33999 USED FOR INSERT ICM DEVICE/LE	33999	CPT	inpatient			1972	826.23	Amerihealth	Medicare		718.46				622.17		1873.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CPT 33999 USED FOR INSERT ICM DEVICE/LE	33999	CPT	inpatient			1972	826.23	Consumer	Consumer		1873.4	95			622.17		1873.4 percent of total billed charges	
CPT 33999 USED FOR INSERT ICM DEVICE/LE	33999	CPT	inpatient			1972	826.23	Corrections	Corrections		1577.6	80			622.17		1873.4 percent of total billed charges	
CPT 33999 USED FOR INSERT ICM DEVICE/LE	33999	CPT	inpatient			1972	826.23	First Health	First Health		1380.4	70			622.17		1873.4 percent of total billed charges	
CPT 33999 USED FOR INSERT ICM DEVICE/LE	33999	CPT	inpatient			1972	826.23	First Trenton	First Trenton		1774.8	90			622.17		1873.4 percent of total billed charges	
CPT 33999 USED FOR INSERT ICM DEVICE/LE	33999	CPT	inpatient			1972	826.23	Horizon	Indemnity		1337.05				622.17		1873.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CPT 33999 USED FOR INSERT ICM DEVICE/LE	33999	CPT	inpatient			1972	826.23	Horizon	Medicare Blue		718.46				622.17		1873.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CPT 33999 USED FOR INSERT ICM DEVICE/LE	33999	CPT	inpatient			1972	826.23	Horizon	PPO		1337.05				622.17		1873.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CPT 33999 USED FOR INSERT ICM DEVICE/LE	33999	CPT	inpatient			1972	826.23	Horizon	MGD		1337.05				622.17		1873.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CPT 33999 USED FOR INSERT ICM DEVICE/LE	33999	CPT	inpatient			1972	826.23	Managed Care Inc	Managed Care Inc		1774.8	90			622.17		1873.4 percent of total billed charges	
CPT 33999 USED FOR INSERT ICM DEVICE/LE	33999	CPT	inpatient			1972	826.23	Multiplan	Multiplan		1577.6	80			622.17		1873.4 percent of total billed charges	
CPT 33999 USED FOR INSERT ICM DEVICE/LE	33999	CPT	inpatient			1972	826.23	Qualcare	Qualcare		1479	75			622.17		1873.4 percent of total billed charges	
CPT 33999 USED FOR INSERT ICM DEVICE/LE	33999	CPT	inpatient			1972	826.23	Three Rivers	Three Rivers		1873.4	95			622.17		1873.4 percent of total billed charges	
CPT 33999 USED FOR INSERT ICM DEVICE/LE	33999	CPT	inpatient			1972	826.23	UHC	Medicaid		622.17	31.55			622.17		1873.4 percent of total billed charges	
CPT 33999 USED FOR INSERT ICM DEVICE/LE	33999	CPT	inpatient			1972	826.23	UHC	Medicare		718.46				622.17		1873.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CPT 33999 USED FOR INSERT ICM DEVICE/LE	33999	CPT	inpatient			1972	826.23	United	Oxford		1817				622.17		1873.4 case rate	
CPT 33999 USED FOR INSERT ICM DEVICE/LE	33999	CPT	inpatient			1972	826.23	United	Commercial|PPO		1817				622.17		1873.4 case rate	
CPT 33999 USED FOR INSERT ICM DEVICE/LE	33999	CPT	inpatient			1972	826.23	Wellcare	Medicare		718.46				622.17		1873.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CPT 33999 USED FOR INSERT ICM DEVICE/LE	33999	CPT	inpatient			1972	826.23	Wellcare	Medicaid		622.17	31.55			622.17		1873.4 percent of total billed charges	
CPT 33999 USED FOR INSERT ICM DEVICE/LE	33999	CPT	inpatient			1972	826.23	WellPoint	WellPoint		634.59	32.18			622.17		1873.4 percent of total billed charges	
PLACE ENDOV ILIAC A OCCL DEV	34808	CPT	outpatient			1920		Aetna	Commercial		729.6	38			289.71		1824 percent of total billed charges	
PLACE ENDOV ILIAC A OCCL DEV	34808	CPT	outpatient			1920		Aetna	Medicare		591.36	30.8			289.71		1824 percent of total billed charges	
PLACE ENDOV ILIAC A OCCL DEV	34808	CPT	outpatient			1920		Aetna	Better Health		605.76	31.55			289.71		1824 percent of total billed charges	
PLACE ENDOV ILIAC A OCCL DEV	34808	CPT	outpatient			1920		Americare	Americare		1440	75			289.71		1824 percent of total billed charges	
PLACE ENDOV ILIAC A OCCL DEV	34808	CPT	outpatient			1920		Amerihealth	HMO/PPO		1248	65			289.71		1824 percent of total billed charges	
PLACE ENDOV ILIAC A OCCL DEV	34808	CPT	outpatient			1920		Consumer	Consumer		1824	95			289.71		1824 percent of total billed charges	
PLACE ENDOV ILIAC A OCCL DEV	34808	CPT	outpatient			1920		Corrections	Corrections		1536	80			289.71		1824 percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
PLACE ENDOV ILIAC A OCCL DEV	34808	CPT	outpatient			1920		First Health	First Health		1344	70			289.71	1824	percent of total billed charges	
PLACE ENDOV ILIAC A OCCL DEV	34808	CPT	outpatient			1920		First Trenton	First Trenton		1728	90			289.71	1824	percent of total billed charges	
PLACE ENDOV ILIAC A OCCL DEV	34808	CPT	outpatient			1920		Horizon	Medicare Blue		576	30			289.71	1824	percent of total billed charges	
PLACE ENDOV ILIAC A OCCL DEV	34808	CPT	outpatient			1920		Horizon	Indemnity		734.98	38.28			289.71	1824	percent of total billed charges	
PLACE ENDOV ILIAC A OCCL DEV	34808	CPT	outpatient			1920		Horizon	NJ Health		289.71				289.71	1824	fee schedule	
PLACE ENDOV ILIAC A OCCL DEV	34808	CPT	outpatient			1920		Horizon	MGD		734.98	38.28			289.71	1824	percent of total billed charges	
PLACE ENDOV ILIAC A OCCL DEV	34808	CPT	outpatient			1920		Horizon	PPO		734.98	38.28			289.71	1824	percent of total billed charges	
PLACE ENDOV ILIAC A OCCL DEV	34808	CPT	outpatient			1920		Managed Care Inc	Managed Care Inc		1728	90			289.71	1824	percent of total billed charges	
PLACE ENDOV ILIAC A OCCL DEV	34808	CPT	outpatient			1920		Multiplan	Multiplan		1536	80			289.71	1824	percent of total billed charges	
PLACE ENDOV ILIAC A OCCL DEV	34808	CPT	outpatient			1920		Qualcare	Qualcare		1440	75			289.71	1824	percent of total billed charges	
PLACE ENDOV ILIAC A OCCL DEV	34808	CPT	outpatient			1920		Three Rivers	Three Rivers		1824	95			289.71	1824	percent of total billed charges	
PLACE ENDOV ILIAC A OCCL DEV	34808	CPT	outpatient			1920		UHC	Medicaid		605.76	31.55			289.71	1824	percent of total billed charges	
PLACE ENDOV ILIAC A OCCL DEV	34808	CPT	outpatient			1920		United	Oxford		1782				289.71	1824	case rate	
PLACE ENDOV ILIAC A OCCL DEV	34808	CPT	outpatient			1920		United	Commercial|PPO		1782				289.71	1824	case rate	
PLACE ENDOV ILIAC A OCCL DEV	34808	CPT	outpatient			1920		Wellcare	Medicaid		605.76	31.55			289.71	1824	percent of total billed charges	
PLACE ENDOV ILIAC A OCCL DEV	34808	CPT	outpatient			1920		WellPoint	WellPoint		617.86	32.18			289.71	1824	percent of total billed charges	
EXPOSE OPEN FEM A ENDOV PRO	34812	CPT	outpatient			3132		Aetna	Medicare		964.66	30.8			472.41	2975.4	percent of total billed charges	
EXPOSE OPEN FEM A ENDOV PRO	34812	CPT	outpatient			3132		Aetna	Better Health		988.15	31.55			472.41	2975.4	percent of total billed charges	
EXPOSE OPEN FEM A ENDOV PRO	34812	CPT	outpatient			3132		Aetna	Commercial		1190.16	38			472.41	2975.4	percent of total billed charges	
EXPOSE OPEN FEM A ENDOV PRO	34812	CPT	outpatient			3132		Americare	Americare		2349	75			472.41	2975.4	percent of total billed charges	
EXPOSE OPEN FEM A ENDOV PRO	34812	CPT	outpatient			3132		Amerihealth	HMO/PPO		2035.8	65			472.41	2975.4	percent of total billed charges	
EXPOSE OPEN FEM A ENDOV PRO	34812	CPT	outpatient			3132		Consumer	Consumer		2975.4	95			472.41	2975.4	percent of total billed charges	
EXPOSE OPEN FEM A ENDOV PRO	34812	CPT	outpatient			3132		Corrections	Corrections		2505.6	80			472.41	2975.4	percent of total billed charges	
EXPOSE OPEN FEM A ENDOV PRO	34812	CPT	outpatient			3132		First Health	First Health		2192.4	70			472.41	2975.4	percent of total billed charges	
EXPOSE OPEN FEM A ENDOV PRO	34812	CPT	outpatient			3132		First Trenton	First Trenton		2818.8	90			472.41	2975.4	percent of total billed charges	
EXPOSE OPEN FEM A ENDOV PRO	34812	CPT	outpatient			3132		Horizon	MGD		1198.93	38.28			472.41	2975.4	percent of total billed charges	
EXPOSE OPEN FEM A ENDOV PRO	34812	CPT	outpatient			3132		Horizon	NJ Health		472.41				472.41	2975.4	fee schedule	
EXPOSE OPEN FEM A ENDOV PRO	34812	CPT	outpatient			3132		Horizon	PPO		1198.93	38.28			472.41	2975.4	percent of total billed charges	
EXPOSE OPEN FEM A ENDOV PRO	34812	CPT	outpatient			3132		Horizon	Indemnity		1198.93	38.28			472.41	2975.4	percent of total billed charges	
EXPOSE OPEN FEM A ENDOV PRO	34812	CPT	outpatient			3132		Horizon	Medicare Blue		939.6	30			472.41	2975.4	percent of total billed charges	
EXPOSE OPEN FEM A ENDOV PRO	34812	CPT	outpatient			3132		Managed Care Inc	Managed Care Inc		2818.8	90			472.41	2975.4	percent of total billed charges	
EXPOSE OPEN FEM A ENDOV PRO	34812	CPT	outpatient			3132		Multiplan	Multiplan		2505.6	80			472.41	2975.4	percent of total billed charges	
EXPOSE OPEN FEM A ENDOV PRO	34812	CPT	outpatient			3132		Qualcare	Qualcare		2349	75			472.41	2975.4	percent of total billed charges	
EXPOSE OPEN FEM A ENDOV PRO	34812	CPT	outpatient			3132		Three Rivers	Three Rivers		2975.4	95			472.41	2975.4	percent of total billed charges	
EXPOSE OPEN FEM A ENDOV PRO	34812	CPT	outpatient			3132		UHC	Medicaid		988.15	31.55			472.41	2975.4	percent of total billed charges	
EXPOSE OPEN FEM A ENDOV PRO	34812	CPT	outpatient			3132		United	Commercial|PPO		1782				472.41	2975.4	case rate	
EXPOSE OPEN FEM A ENDOV PRO	34812	CPT	outpatient			3132		United	Oxford		1782				472.41	2975.4	case rate	
EXPOSE OPEN FEM A ENDOV PRO	34812	CPT	outpatient			3132		Wellcare	Medicaid		988.15	31.55			472.41	2975.4	percent of total billed charges	
EXPOSE OPEN FEM A ENDOV PRO	34812	CPT	outpatient			3132		WellPoint	WellPoint		1007.88	32.18			472.41	2975.4	percent of total billed charges	
PLACE FEM-FEM ENDOV PRO GR	34813	CPT	outpatient			2235		Aetna	Medicare		688.38	30.8			336.69	2123.25	percent of total billed charges	
PLACE FEM-FEM ENDOV PRO GR	34813	CPT	outpatient			2235		Aetna	Better Health		705.14	31.55			336.69	2123.25	percent of total billed charges	
PLACE FEM-FEM ENDOV PRO GR	34813	CPT	outpatient			2235		Aetna	Commercial		849.3	38			336.69	2123.25	percent of total billed charges	
PLACE FEM-FEM ENDOV PRO GR	34813	CPT	outpatient			2235		Americare	Americare		1676.25	75			336.69	2123.25	percent of total billed charges	
PLACE FEM-FEM ENDOV PRO GR	34813	CPT	outpatient			2235		Amerihealth	HMO/PPO		1452.75	65			336.69	2123.25	percent of total billed charges	
PLACE FEM-FEM ENDOV PRO GR	34813	CPT	outpatient			2235		Consumer	Consumer		2123.25	95			336.69	2123.25	percent of total billed charges	
PLACE FEM-FEM ENDOV PRO GR	34813	CPT	outpatient			2235		Corrections	Corrections		1788	80			336.69	2123.25	percent of total billed charges	
PLACE FEM-FEM ENDOV PRO GR	34813	CPT	outpatient			2235		First Health	First Health		1564.5	70			336.69	2123.25	percent of total billed charges	
PLACE FEM-FEM ENDOV PRO GR	34813	CPT	outpatient			2235		First Trenton	First Trenton		2011.5	90			336.69	2123.25	percent of total billed charges	
PLACE FEM-FEM ENDOV PRO GR	34813	CPT	outpatient			2235		Horizon	MGD		855.56	38.28			336.69	2123.25	percent of total billed charges	
PLACE FEM-FEM ENDOV PRO GR	34813	CPT	outpatient			2235		Horizon	Indemnity		855.56	38.28			336.69	2123.25	percent of total billed charges	
PLACE FEM-FEM ENDOV PRO GR	34813	CPT	outpatient			2235		Horizon	Medicare Blue		670.5	30			336.69	2123.25	percent of total billed charges	
PLACE FEM-FEM ENDOV PRO GR	34813	CPT	outpatient			2235		Horizon	NJ Health		336.69				336.69	2123.25	fee schedule	
PLACE FEM-FEM ENDOV PRO GR	34813	CPT	outpatient			2235		Horizon	PPO		855.56	38.28			336.69	2123.25	percent of total billed charges	
PLACE FEM-FEM ENDOV PRO GR	34813	CPT	outpatient			2235		Managed Care Inc	Managed Care Inc		2011.5	90			336.69	2123.25	percent of total billed charges	
PLACE FEM-FEM ENDOV PRO GR	34813	CPT	outpatient			2235		Multiplan	Multiplan		1788	80			336.69	2123.25	percent of total billed charges	
PLACE FEM-FEM ENDOV PRO GR	34813	CPT	outpatient			2235		Qualcare	Qualcare		1676.25	75			336.69	2123.25	percent of total billed charges	
PLACE FEM-FEM ENDOV PRO GR	34813	CPT	outpatient			2235		Three Rivers	Three Rivers		2123.25	95			336.69	2123.25	percent of total billed charges	
PLACE FEM-FEM ENDOV PRO GR	34813	CPT	outpatient			2235		UHC	Medicaid		705.14	31.55			336.69	2123.25	percent of total billed charges	
PLACE FEM-FEM ENDOV PRO GR	34813	CPT	outpatient			2235		United	Oxford		1782				336.69	2123.25	case rate	
PLACE FEM-FEM ENDOV PRO GR	34813	CPT	outpatient			2235		United	Commercial|PPO		1782				336.69	2123.25	case rate	
PLACE FEM-FEM ENDOV PRO GR	34813	CPT	outpatient			2235		Wellcare	Medicaid		705.14	31.55			336.69	2123.25	percent of total billed charges	
PLACE FEM-FEM ENDOV PRO GR	34813	CPT	outpatient			2235		WellPoint	WellPoint		719.22	32.18			336.69	2123.25	percent of total billed charges	
EXPOSE OPEN ILIAC A ENDOV PR	34820	CPT	outpatient			4524		Aetna	Medicare		1393.39	30.8			1127.52	4297.8	percent of total billed charges	
EXPOSE OPEN ILIAC A ENDOV PR	34820	CPT	outpatient			4524		Aetna	Better Health		1427.32	31.55			1127.52	4297.8	percent of total billed charges	
EXPOSE OPEN ILIAC A ENDOV PR	34820	CPT	outpatient			4524		Aetna	Commercial		1719.12	38			1127.52	4297.8	percent of total billed charges	
EXPOSE OPEN ILIAC A ENDOV PR	34820	CPT	outpatient			4524		Americare	Americare		3393	75			1127.52	4297.8	percent of total billed charges	
EXPOSE OPEN ILIAC A ENDOV PR	34820	CPT	outpatient			4524		Amerihealth	HMO/PPO		2940.6	65			1127.52	4297.8	percent of total billed charges	
EXPOSE OPEN ILIAC A ENDOV PR	34820	CPT	outpatient			4524		Consumer	Consumer		4297.8	95			1127.52	4297.8	percent of total billed charges	
EXPOSE OPEN ILIAC A ENDOV PR	34820	CPT	outpatient			4524		Corrections	Corrections		3619.2	80			1127.52	4297.8	percent of total billed charges	
EXPOSE OPEN ILIAC A ENDOV PR	34820	CPT	outpatient			4524		First Health	First Health		3166.8	70			1127.52	4297.8	percent of total billed charges	
EXPOSE OPEN ILIAC A ENDOV PR	34820	CPT	outpatient			4524		First Trenton	First Trenton		4071.6	90			1127.52	4297.8	percent of total billed charges	
EXPOSE OPEN ILIAC A ENDOV PR	34820	CPT	outpatient			4524		Horizon	Indemnity		1731.79	38.28			1127.52	4297.8	percent of total billed charges	
EXPOSE OPEN ILIAC A ENDOV PR	34820	CPT	outpatient			4524		Horizon	MGD		1731.79	38.28			1127.52	4297.8	percent of total billed charges	
EXPOSE OPEN ILIAC A ENDOV PR	34820	CPT	outpatient			4524		Horizon	PPO		1731.79	38.28			1127.52	4297.8	percent of total billed charges	
EXPOSE OPEN ILIAC A ENDOV PR	34820	CPT	outpatient			4524		Horizon	Medicare Blue		1357.2	30			1127.52	4297.8	percent of total billed charges	
EXPOSE OPEN ILIAC A ENDOV PR	34820	CPT	outpatient			4524		Horizon	NJ Health		1127.52				1127.52	4297.8	fee schedule	
EXPOSE OPEN ILIAC A ENDOV PR	34820	CPT	outpatient			4524		Managed Care Inc	Managed Care Inc		4071.6	90			1127.52	4297.8	percent of total billed charges	
EXPOSE OPEN ILIAC A ENDOV PR	34820	CPT	outpatient			4524		Multiplan	Multiplan		3619.2	80			1127.52	4297.8	percent of total billed charges	
EXPOSE OPEN ILIAC A ENDOV PR	34820	CPT	outpatient			4524		Qualcare	Qualcare		3393	75			1127.52	4297.8	percent of total billed charges	
EXPOSE OPEN ILIAC A ENDOV PR	34820	CPT	outpatient			4524		Three Rivers	Three Rivers		4297.8	95			1127.52	4297.8	percent of total billed charges	
EXPOSE OPEN ILIAC A ENDOV PR	34820	CPT	outpatient			4524		UHC	Medicaid		1427.32	31.55			1127.52	4297.8	percent of total billed charges	
EXPOSE OPEN ILIAC A ENDOV PR	34820	CPT	outpatient			4524		United	Commercial|PPO		1782				1127.52	4297.8	case rate	
EXPOSE OPEN ILIAC A ENDOV PR	34820	CPT	outpatient			4524		United	Oxford		1782				1127.52	4297.8	case rate	
EXPOSE OPEN ILIAC A ENDOV PR	34820	CPT	outpatient			4524		Wellcare	Medicaid		1427.32	31.55			1127.52	4297.8	percent of total billed charges	
EXPOSE OPEN ILIAC A ENDOV PR	34820	CPT	outpatient			4524		WellPoint	WellPoint		1455.82	32.18			1127.52	4297.8	percent of total billed charges	
PSEUDOANUERYSM, HEPATIC CELIAC	35121	CPT	outpatient			14059		Aetna	Better Health		4435.61	31.55			1782	13356.05	percent of total billed charges	
PSEUDOANUERYSM, HEPATIC CELIAC	35121	CPT	outpatient			14059		Aetna	Medicare		4330.17	30.8			1782	13356.05	percent of total billed charges	
PSEUDOANUERYSM, HEPATIC CELIAC	35121	CPT	outpatient			14059		Aetna	Commercial		5342.42	38			1782	13356.05	percent of total billed charges	
PSEUDOANUERYSM, HEPATIC CELIAC	35121	CPT	outpatient			14059		Americare	Americare		10544.25	75			1782	13356.05	percent of total billed charges	
PSEUDOANUERYSM, HEPATIC CELIAC	35121	CPT	outpatient			14059		Amerihealth	HMO/PPO		9138.35	65			1782	13356.05	percent of total billed charges	
PSEUDOANUERYSM, HEPATIC CELIAC	35121	CPT	outpatient			14059		Consumer	Consumer		13356.05	95			1782	13356.05	percent of total billed charges	
PSEUDOANUERYSM, HEPATIC CELIAC	35121	CPT	outpatient			14059		Corrections	Corrections		11247.2	80			1782	13356.05	percent of total billed charges	
PSEUDOANUERYSM, HEPATIC CELIAC	35121	CPT	outpatient			14059		First Health	First Health		9841.3	70			1782	13356.05	percent of total billed charges	
PSEUDOANUERYSM, HEPATIC CELIAC	35121	CPT	outpatient			14059		First Trenton	First Trenton		12653.1	90			1782	13356.05	percent of total billed charges	
PSEUDOANUERYSM, HEPATIC CELIAC	35121	CPT	outpatient			14059		Horizon	MGD		5381.79	38.28			1782	13356.05	percent of total billed charges	
PSEUDOANUERYSM, HEPATIC CELIAC	35121	CPT	outpatient			14059		Horizon	Medicare Blue		4217.7	30			1782	13356.05	percent of total billed charges	
PSEUDOANUERYSM, HEPATIC CELIAC	35121	CPT	outpatient			14059		Horizon	NJ Health		1984.15				1782	13356.05	fee schedule	
PSEUDOANUERYSM, HEPATIC CELIAC	35121	CPT	outpatient			14059		Horizon	Indemnity		5381.79	38.28			1782	13356.05	percent of total billed charges	
PSEUDOANUERYSM, HEPATIC CELIAC	35121	CPT	outpatient			14059		Horizon	PPO		5381.79	38.28			1782	13356.05	percent of total billed charges	
PSEUDOANUERYSM, HEPATIC CELIAC	35121	CPT	outpatient			14059		Managed Care Inc	Managed Care Inc		12653.1	90			1782	13356.05	percent of total billed charges	
PSEUDOANUERYSM, HEPATIC CELIAC	35121	CPT	outpatient			14059		Multiplan	Multiplan		11247.2	80			1782	13356.05	percent of total billed charges	
PSEUDOANUERYSM, HEPATIC CELIAC	35121	CPT	outpatient			14059		Qualcare	Qualcare		10544.25	75			1782	13356.05	percent of total billed charges	
PSEUDOANUERYSM, HEPATIC CELIAC	35121	CPT	outpatient			14059		Three Rivers	Three Rivers		13356.05	95			1782	13356.05	percent of total billed charges	
PSEUDOANUERYSM, HEPATIC CELIAC	35121	CPT	outpatient			14059		UHC	Medicaid		4435.61	31.55			1782	13356.05	percent of total billed charges	
PSEUDOANUERYSM, HEPATIC CELIAC	35121	CPT	outpatient			14059		United	Oxford		1782				1782	13356.05	case rate	
PSEUDOANUERYSM, HEPATIC CELIAC	35121	CPT	outpatient			14059		United	Commercial|PPO		1782				1782	13356.05	case rate	
PSEUDOANUERYSM, HEPATIC CELIAC	35121	CPT	outpatient			14059		Wellcare	Medicaid		4435.61	31.55			1782	13356.05	percent of total billed charges	
PSEUDOANUERYSM, HEPATIC CELIAC	35121	CPT	outpatient			14059		WellPoint	WellPoint		4524.19	32.18			1782	13356.05	percent of total billed charges	
REPAIR ARTERY IN NECK	35201	CPT	outpatient			16932		7227.61	Aetna		Medicare		6284.88			1070.1	16085.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR ARTERY IN NECK	35201	CPT	outpatient			16932		7227.61	Aetna		Commercial		10055.53			1070.1	16085.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR ARTERY IN NECK	35201	CPT	outpatient			16932		7227.61	Aetna		Better Health		5342.05	31.55		1070.1	16085.4	percent of total billed charges	
REPAIR ARTERY IN NECK	35201	CPT	outpatient			16932		7227.61	Americare		Americare		12699	75		1070.1	16085.4	percent of total billed charges	
REPAIR ARTERY IN NECK	35201	CPT	outpatient			16932		7227.61	Amerihealth		Medicare		6284.88			1070.1	16085.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR ARTERY IN NECK	35201	CPT	outpatient			16932		7227.61	Amerihealth		HMO/PPO		11005.8	65		1070.1	16085.4	percent of total billed charges	
REPAIR ARTERY IN NECK	35201	CPT	outpatient			16932		7227.61	Consumer		Consumer		16085.4	95		1070.1	16085.4	percent of total billed charges	
REPAIR ARTERY IN NECK	35201	CPT	outpatient			16932		7227.61	Corrections		Corrections		13545.6	80		1070.1	16085.4	percent of total billed charges	
REPAIR ARTERY IN NECK	35201	CPT	outpatient			16932		7227.61	First Health		First Health		11852.4	70		1070.1	16085.4	percent of total billed charges	
REPAIR ARTERY IN NECK	35201	CPT	outpatient			16932		7227.61	First Trenton		First Trenton		15238.8	90		1070.1	16085.4	percent of total billed charges	
REPAIR ARTERY IN NECK	35201	CPT	outpatient			16932		7227.61	Horizon		PPO		11696.16			1070.1	16085.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR ARTERY IN NECK	35201	CPT	outpatient			16932		7227.61	Horizon		Indemnity		11696.16			1070.1	16085.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR ARTERY IN NECK	35201	CPT	outpatient			16932		7227.61	Horizon		MGD		11696.16			1070.1	16085.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR ARTERY IN NECK	35201	CPT	outpatient			16932		7227.61	Horizon		Medicare Blue		6284.88			1070.1	16085.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR ARTERY IN NECK	35201	CPT	outpatient			16932		7227.61	Horizon		NJ Health		1070.1			1070.1	16085.4	fee schedule	
REPAIR ARTERY IN NECK	35201	CPT	outpatient			16932		7227.61	Managed Care Inc		Managed Care Inc		15238.8	90		1070.1	16085.4	percent of total billed charges	
REPAIR ARTERY IN NECK	35201	CPT	outpatient			16932		7227.61	Multiplan		Multiplan		13545.6	80		1070.1	16085.4	percent of total billed charges	
REPAIR ARTERY IN NECK	35201	CPT	outpatient			16932		7227.61	Qualcare		Qualcare		12699	75		1070.1	16085.4	percent of total billed charges	
REPAIR ARTERY IN NECK	35201	CPT	outpatient			16932		7227.61	Three Rivers		Three Rivers		16085.4	95		1070.1	16085.4	percent of total billed charges	
REPAIR ARTERY IN NECK	35201	CPT	outpatient			16932		7227.61	UHC		Medicaid		5342.05	31.55		1070.1	16085.4	percent of total billed charges	
REPAIR ARTERY IN NECK	35201	CPT	outpatient			16932		7227.61	UHC		Medicare		6284.88			1070.1	16085.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR ARTERY IN NECK	35201	CPT	outpatient			16932		7227.61	United		Commercial|PPO		4702			1070.1	16085.4	case rate	
REPAIR ARTERY IN NECK	35201	CPT	outpatient			16932		7227.61	United		Oxford		4702			1070.1	16085.4	case rate	
REPAIR ARTERY IN NECK	35201	CPT	outpatient			16932		7227.61	Wellcare		Medicare		6284.88			1070.1	16085.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR ARTERY IN NECK	35201	CPT	outpatient			16932		7227.61	Wellcare		Medicaid		5342.05	31.55		1070.1	16085.4	percent of total billed charges	
REPAIR ARTERY IN NECK	35201	CPT	outpatient			16932		7227.61	WellPoint		WellPoint		5448.72	32.18		1070.1	16085.4	percent of total billed charges	
REPAIR ARTERY, UPPER EXTREMITY	35206	CPT	outpatient			10188		4192.26	Aetna		Better Health		3214.31	31.55		1070.1	9678.6	percent of total billed charges	
REPAIR ARTERY, UPPER EXTREMITY	35206	CPT	outpatient			10188		4192.26	Aetna		Commercial		5803.54			1070.1	9678.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR ARTERY, UPPER EXTREMITY	35206	CPT	outpatient			10188		4192.26	Aetna		Medicare		3645.44			1070.1	9678.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR ARTERY, UPPER EXTREMITY	35206	CPT	outpatient			10188		4192.26	Americare		Americare		7641	75		1070.1	9678.6	percent of total billed charges	
REPAIR ARTERY, UPPER EXTREMITY	35206	CPT	outpatient			10188		4192.26	Amerihealth		Medicare		3645.44			1070.1	9678.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR ARTERY, UPPER EXTREMITY	35206	CPT	outpatient			10188		4192.26	Amerihealth		HMO/PPO		6622.2	65		1070.1	9678.6	percent of total billed charges	
REPAIR ARTERY, UPPER EXTREMITY	35206	CPT	outpatient			10188		4192.26	Consumer		Consumer		9678.6	95		1070.1	9678.6	percent of total billed charges	
REPAIR ARTERY, UPPER EXTREMITY	35206	CPT	outpatient			10188		4192.26	Corrections		Corrections		8150.4	80		1070.1	9678.6	percent of total billed charges	
REPAIR ARTERY, UPPER EXTREMITY	35206	CPT	outpatient			10188		4192.26	First Health		First Health		7131.6	70		1070.1	9678.6	percent of total billed charges	
REPAIR ARTERY, UPPER EXTREMITY	35206	CPT	outpatient			10188		4192.26	First Trenton		First Trenton		9169.2	90		1070.1	9678.6	percent of total billed charges	
REPAIR ARTERY, UPPER EXTREMITY	35206	CPT	outpatient			10188		4192.26	Horizon		PPO		6784.16			1070.1	9678.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR ARTERY, UPPER EXTREMITY	35206	CPT	outpatient			10188		4192.26	Horizon		MGD		6784.16			1070.1	9678.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR ARTERY, UPPER EXTREMITY	35206	CPT	outpatient			10188		4192.26	Horizon		Indemnity		6784.16			1070.1	9678.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR ARTERY, UPPER EXTREMITY	35206	CPT	outpatient			10188		4192.26	Horizon		NJ Health		1070.1			1070.1	9678.6	fee schedule	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
REPAIR ARTERY, UPPER EXTREMITY	35206	CPT	outpatient			10188		4192.26 Horizon	Medicare Blue		3645.44				1070.1	9678.6 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR ARTERY, UPPER EXTREMITY	35206	CPT	outpatient			10188		4192.26 Managed Care Inc	Managed Care Inc		9169.2	90			1070.1	9678.6 percent of total billed charges		
REPAIR ARTERY, UPPER EXTREMITY	35206	CPT	outpatient			10188		4192.26 Multiplan	Multiplan		8150.4	80			1070.1	9678.6 percent of total billed charges		
REPAIR ARTERY, UPPER EXTREMITY	35206	CPT	outpatient			10188		4192.26 Qualcare	Qualcare		7641	75			1070.1	9678.6 percent of total billed charges		
REPAIR ARTERY, UPPER EXTREMITY	35206	CPT	outpatient			10188		4192.26 Three Rivers	Three Rivers		9678.6	95			1070.1	9678.6 percent of total billed charges		
REPAIR ARTERY, UPPER EXTREMITY	35206	CPT	outpatient			10188		4192.26 UHC	Medicaid		3214.31	31.55			1070.1	9678.6 percent of total billed charges		
REPAIR ARTERY, UPPER EXTREMITY	35206	CPT	outpatient			10188		4192.26 UHC	Medicare		3645.44				1070.1	9678.6 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR ARTERY, UPPER EXTREMITY	35206	CPT	outpatient			10188		4192.26 United	Commercial|PPO		3492				1070.1	9678.6 case rate		
REPAIR ARTERY, UPPER EXTREMITY	35206	CPT	outpatient			10188		4192.26 United	Oxford		3492				1070.1	9678.6 case rate		
REPAIR ARTERY, UPPER EXTREMITY	35206	CPT	outpatient			10188		4192.26 Wellcare	Medicare		3645.44				1070.1	9678.6 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR ARTERY, UPPER EXTREMITY	35206	CPT	outpatient			10188		4192.26 Wellcare	Medicaid		3214.31	31.55			1070.1	9678.6 percent of total billed charges		
REPAIR ARTERY, UPPER EXTREMITY	35206	CPT	outpatient			10188		4192.26 WellPoint	WellPoint		3278.5	32.18			1070.1	9678.6 percent of total billed charges		
REP BLOOD VESSEL,DIRECT;HAND/FINGER	35207	CPT	outpatient			12522		4192.26 Aetna	Better Health		3950.69	31.55			892.62	11895.9 percent of total billed charges		
REP BLOOD VESSEL,DIRECT;HAND/FINGER	35207	CPT	outpatient			12522		4192.26 Aetna	Medicare		3645.44				892.62	11895.9 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
REP BLOOD VESSEL,DIRECT;HAND/FINGER	35207	CPT	outpatient			12522		4192.26 Aetna	Commercial		5803.54				892.62	11895.9 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
REP BLOOD VESSEL,DIRECT;HAND/FINGER	35207	CPT	outpatient			12522		4192.26 Americare	Americare		9391.5	75			892.62	11895.9 percent of total billed charges		
REP BLOOD VESSEL,DIRECT;HAND/FINGER	35207	CPT	outpatient			12522		4192.26 Amerihealth	Medicare		3645.44				892.62	11895.9 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
REP BLOOD VESSEL,DIRECT;HAND/FINGER	35207	CPT	outpatient			12522		4192.26 Amerihealth	HMO|PPO		8139.3	65			892.62	11895.9 percent of total billed charges		
REP BLOOD VESSEL,DIRECT;HAND/FINGER	35207	CPT	outpatient			12522		4192.26 Consumer	Consumer		11895.9	95			892.62	11895.9 percent of total billed charges		
REP BLOOD VESSEL,DIRECT;HAND/FINGER	35207	CPT	outpatient			12522		4192.26 Corrections	Corrections		10017.6	80			892.62	11895.9 percent of total billed charges		
REP BLOOD VESSEL,DIRECT;HAND/FINGER	35207	CPT	outpatient			12522		4192.26 First Health	First Health		8765.4	70			892.62	11895.9 percent of total billed charges		
REP BLOOD VESSEL,DIRECT;HAND/FINGER	35207	CPT	outpatient			12522		4192.26 First Trenton	First Trenton		11269.8	90			892.62	11895.9 percent of total billed charges		
REP BLOOD VESSEL,DIRECT;HAND/FINGER	35207	CPT	outpatient			12522		4192.26 Horizon	MGD		6784.16				892.62	11895.9 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
REP BLOOD VESSEL,DIRECT;HAND/FINGER	35207	CPT	outpatient			12522		4192.26 Horizon	Medicare Blue		3645.44				892.62	11895.9 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
REP BLOOD VESSEL,DIRECT;HAND/FINGER	35207	CPT	outpatient			12522		4192.26 Horizon	Indemnity		6784.16				892.62	11895.9 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
REP BLOOD VESSEL,DIRECT;HAND/FINGER	35207	CPT	outpatient			12522		4192.26 Horizon	NJ Health		892.62				892.62	11895.9 fee schedule		
REP BLOOD VESSEL,DIRECT;HAND/FINGER	35207	CPT	outpatient			12522		4192.26 Horizon	PPO		6784.16				892.62	11895.9 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
REP BLOOD VESSEL,DIRECT;HAND/FINGER	35207	CPT	outpatient			12522		4192.26 Managed Care Inc	Managed Care Inc		11269.8	90			892.62	11895.9 percent of total billed charges		
REP BLOOD VESSEL,DIRECT;HAND/FINGER	35207	CPT	outpatient			12522		4192.26 Multiplan	Multiplan		10017.6	80			892.62	11895.9 percent of total billed charges		
REP BLOOD VESSEL,DIRECT;HAND/FINGER	35207	CPT	outpatient			12522		4192.26 Qualcare	Qualcare		9391.5	75			892.62	11895.9 percent of total billed charges		
REP BLOOD VESSEL,DIRECT;HAND/FINGER	35207	CPT	outpatient			12522		4192.26 Three Rivers	Three Rivers		11895.9	95			892.62	11895.9 percent of total billed charges		
REP BLOOD VESSEL,DIRECT;HAND/FINGER	35207	CPT	outpatient			12522		4192.26 UHC	Medicare		3645.44				892.62	11895.9 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
REP BLOOD VESSEL,DIRECT;HAND/FINGER	35207	CPT	outpatient			12522		4192.26 UHC	Medicaid		3950.69	31.55			892.62	11895.9 percent of total billed charges		
REP BLOOD VESSEL,DIRECT;HAND/FINGER	35207	CPT	outpatient			12522		4192.26 United	Commercial|PPO		3492				892.62	11895.9 case rate		
REP BLOOD VESSEL,DIRECT;HAND/FINGER	35207	CPT	outpatient			12522		4192.26 United	Oxford		3492				892.62	11895.9 case rate		
REP BLOOD VESSEL,DIRECT;HAND/FINGER	35207	CPT	outpatient			12522		4192.26 Wellcare	Medicare		3645.44				892.62	11895.9 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
REP BLOOD VESSEL,DIRECT;HAND/FINGER	35207	CPT	outpatient			12522		4192.26 Wellcare	Medicaid		3950.69	31.55			892.62	11895.9 percent of total billed charges		
REP BLOOD VESSEL,DIRECT;HAND/FINGER	35207	CPT	outpatient			12522		4192.26 WellPoint	WellPoint		4029.58	32.18			892.62	11895.9 percent of total billed charges		
RPR BLOOD VESSEL DIR LOW EXTREM	35226	CPT	outpatient			5702		925.36 Aetna	Medicare		804.66				746.79	5416.9 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR BLOOD VESSEL DIR LOW EXTREM	35226	CPT	outpatient			5702		925.36 Aetna	Better Health		1798.98	31.55			746.79	5416.9 percent of total billed charges		
RPR BLOOD VESSEL DIR LOW EXTREM	35226	CPT	outpatient			5702		925.36 Aetna	Commercial		1281.02				746.79	5416.9 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR BLOOD VESSEL DIR LOW EXTREM	35226	CPT	outpatient			5702		925.36 Americare	Americare		4276.5	75			746.79	5416.9 percent of total billed charges		
RPR BLOOD VESSEL DIR LOW EXTREM	35226	CPT	outpatient			5702		925.36 Amerihealth	HMO|PPO		3706.3	65			746.79	5416.9 percent of total billed charges		
RPR BLOOD VESSEL DIR LOW EXTREM	35226	CPT	outpatient			5702		925.36 Amerihealth	Medicare		804.66				746.79	5416.9 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR BLOOD VESSEL DIR LOW EXTREM	35226	CPT	outpatient			5702		925.36 Consumer	Consumer		5416.9	95			746.79	5416.9 percent of total billed charges		
RPR BLOOD VESSEL DIR LOW EXTREM	35226	CPT	outpatient			5702		925.36 Corrections	Corrections		4561.6	80			746.79	5416.9 percent of total billed charges		
RPR BLOOD VESSEL DIR LOW EXTREM	35226	CPT	outpatient			5702		925.36 First Health	First Health		3991.4	70			746.79	5416.9 percent of total billed charges		
RPR BLOOD VESSEL DIR LOW EXTREM	35226	CPT	outpatient			5702		925.36 First Trenton	First Trenton		5131.8	90			746.79	5416.9 percent of total billed charges		
RPR BLOOD VESSEL DIR LOW EXTREM	35226	CPT	outpatient			5702		925.36 Horizon	Indemnity		1497.47				746.79	5416.9 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR BLOOD VESSEL DIR LOW EXTREM	35226	CPT	outpatient			5702		925.36 Horizon	MGD		1497.47				746.79	5416.9 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR BLOOD VESSEL DIR LOW EXTREM	35226	CPT	outpatient			5702		925.36 Horizon	Medicare Blue		804.66				746.79	5416.9 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR BLOOD VESSEL DIR LOW EXTREM	35226	CPT	outpatient			5702		925.36 Horizon	PPO		1497.47				746.79	5416.9 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR BLOOD VESSEL DIR LOW EXTREM	35226	CPT	outpatient			5702		925.36 Horizon	NJ Health		1070.1				746.79	5416.9 fee schedule		
RPR BLOOD VESSEL DIR LOW EXTREM	35226	CPT	outpatient			5702		925.36 Managed Care Inc	Managed Care Inc		5131.8	90			746.79	5416.9 percent of total billed charges		
RPR BLOOD VESSEL DIR LOW EXTREM	35226	CPT	outpatient			5702		925.36 Multiplan	Multiplan		4561.6	80			746.79	5416.9 percent of total billed charges		
RPR BLOOD VESSEL DIR LOW EXTREM	35226	CPT	outpatient			5702		925.36 Qualcare	Qualcare		4276.5	75			746.79	5416.9 percent of total billed charges		
RPR BLOOD VESSEL DIR LOW EXTREM	35226	CPT	outpatient			5702		925.36 Three Rivers	Three Rivers		5416.9	95			746.79	5416.9 percent of total billed charges		
RPR BLOOD VESSEL DIR LOW EXTREM	35226	CPT	outpatient			5702		925.36 UHC	Medicare		804.66				746.79	5416.9 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR BLOOD VESSEL DIR LOW EXTREM	35226	CPT	outpatient			5702		925.36 UHC	Medicaid		1798.98	31.55			746.79	5416.9 percent of total billed charges		
RPR BLOOD VESSEL DIR LOW EXTREM	35226	CPT	outpatient			5702		925.36 United	Oxford		1817				746.79	5416.9 case rate		
RPR BLOOD VESSEL DIR LOW EXTREM	35226	CPT	outpatient			5702		925.36 United	Commercial|PPO		1817				746.79	5416.9 case rate		
RPR BLOOD VESSEL DIR LOW EXTREM	35226	CPT	outpatient			5702		925.36 Wellcare	Medicare		804.66				746.79	5416.9 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR BLOOD VESSEL DIR LOW EXTREM	35226	CPT	outpatient			5702		925.36 Wellcare	Medicaid		1798.98	31.55			746.79	5416.9 percent of total billed charges		
RPR BLOOD VESSEL DIR LOW EXTREM	35226	CPT	outpatient			5702		925.36 WellPoint	WellPoint		1834.9	32.18			746.79	5416.9 percent of total billed charges		
RPR BLOOD VESSEL PROSTH-NECK	35261	CPT	outpatient			10856		4192.26 Aetna	Better Health		3425.07	31.55			1605.15	10313.2 percent of total billed charges		
RPR BLOOD VESSEL PROSTH-NECK	35261	CPT	outpatient			10856		4192.26 Aetna	Commercial		5803.54				1605.15	10313.2 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR BLOOD VESSEL PROSTH-NECK	35261	CPT	outpatient			10856		4192.26 Aetna	Medicare		3645.44				1605.15	10313.2 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR BLOOD VESSEL PROSTH-NECK	35261	CPT	outpatient			10856		4192.26 Americare	Americare		8142	75			1605.15	10313.2 percent of total billed charges		
RPR BLOOD VESSEL PROSTH-NECK	35261	CPT	outpatient			10856		4192.26 Amerihealth	HMO|PPO		7056.4	65			1605.15	10313.2 percent of total billed charges		
RPR BLOOD VESSEL PROSTH-NECK	35261	CPT	outpatient			10856		4192.26 Amerihealth	Medicare		3645.44				1605.15	10313.2 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR BLOOD VESSEL PROSTH-NECK	35261	CPT	outpatient			10856		4192.26 Consumer	Consumer		10313.2	95			1605.15	10313.2 percent of total billed charges		
RPR BLOOD VESSEL PROSTH-NECK	35261	CPT	outpatient			10856		4192.26 Corrections	Corrections		8684.8	80			1605.15	10313.2 percent of total billed charges		
RPR BLOOD VESSEL PROSTH-NECK	35261	CPT	outpatient			10856		4192.26 First Health	First Health		7599.2	70			1605.15	10313.2 percent of total billed charges		
RPR BLOOD VESSEL PROSTH-NECK	35261	CPT	outpatient			10856		4192.26 First Trenton	First Trenton		9770.4	90			1605.15	10313.2 percent of total billed charges		
RPR BLOOD VESSEL PROSTH-NECK	35261	CPT	outpatient			10856		4192.26 Horizon	PPO		6784.16				1605.15	10313.2 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR BLOOD VESSEL PROSTH-NECK	35261	CPT	outpatient			10856		4192.26 Horizon	Medicare Blue		3645.44				1605.15	10313.2 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR BLOOD VESSEL PROSTH-NECK	35261	CPT	outpatient			10856		4192.26 Horizon	NJ Health		1605.15				1605.15	10313.2 fee schedule		
RPR BLOOD VESSEL PROSTH-NECK	35261	CPT	outpatient			10856		4192.26 Horizon	MGD		6784.16				1605.15	10313.2 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR BLOOD VESSEL PROSTH-NECK	35261	CPT	outpatient			10856		4192.26 Horizon	Indemnity		6784.16				1605.15	10313.2 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR BLOOD VESSEL PROSTH-NECK	35261	CPT	outpatient			10856		4192.26 Managed Care Inc	Managed Care Inc		9770.4	90			1605.15	10313.2 percent of total billed charges		
RPR BLOOD VESSEL PROSTH-NECK	35261	CPT	outpatient			10856		4192.26 Multiplan	Multiplan		8684.8	80			1605.15	10313.2 percent of total billed charges		
RPR BLOOD VESSEL PROSTH-NECK	35261	CPT	outpatient			10856		4192.26 Qualcare	Qualcare		8142	75			1605.15	10313.2 percent of total billed charges		
RPR BLOOD VESSEL PROSTH-NECK	35261	CPT	outpatient			10856		4192.26 Three Rivers	Three Rivers		10313.2	95			1605.15	10313.2 percent of total billed charges		
RPR BLOOD VESSEL PROSTH-NECK	35261	CPT	outpatient			10856		4192.26 UHC	Medicaid		3425.07	31.55			1605.15	10313.2 percent of total billed charges		
RPR BLOOD VESSEL PROSTH-NECK	35261	CPT	outpatient			10856		4192.26 UHC	Medicare		3645.44				1605.15	10313.2 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR BLOOD VESSEL PROSTH-NECK	35261	CPT	outpatient			10856		4192.26 United	Oxford		3492				1605.15	10313.2 case rate		
RPR BLOOD VESSEL PROSTH-NECK	35261	CPT	outpatient			10856		4192.26 United	Commercial|PPO		3492				1605.15	10313.2 case rate		
RPR BLOOD VESSEL PROSTH-NECK	35261	CPT	outpatient			10856		4192.26 Wellcare	Medicare		3645.44				1605.15	10313.2 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR BLOOD VESSEL PROSTH-NECK	35261	CPT	outpatient			10856		4192.26 Wellcare	Medicaid		3425.07	31.55			1605.15	10313.2 percent of total billed charges		
RPR BLOOD VESSEL PROSTH-NECK	35261	CPT	outpatient			10856		4192.26 WellPoint	WellPoint		3493.46	32.18			1605.15	10313.2 percent of total billed charges		
BYPS GRFT NOT VEIN FEM POP	35656	CPT	inpatient					Horizon	NJ Health		1696.5				1696.5	1782 fee schedule		
BYPS GRFT NOT VEIN FEM POP	35656	CPT	inpatient					United	Oxford		1782				1696.5	1782 case rate		
BYPS GRFT NOT VEIN FEM POP	35656	CPT	inpatient					United	Commercial|PPO		1782				1696.5	1782 case rate		
EXPLORE LIMB VESSEL	35860	CPT	outpatient			10043		4192.26 Aetna	Commercial		5803.54				446.31	9540.85 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
EXPLORE LIMB VESSEL	35860	CPT	outpatient			10043		4192.26 Aetna	Better Health		3168.57	31.55			446.31	9540.85 percent of total billed charges		
EXPLORE LIMB VESSEL	35860	CPT	outpatient			10043		4192.26 Aetna	Medicare		3645.44				446.31	9540.85 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
EXPLORE LIMB VESSEL	35860	CPT	outpatient			10043		4192.26 Americare	Americare		7532.25	75			446.31	9540.85 percent of total billed charges		
EXPLORE LIMB VESSEL	35860	CPT	outpatient			10043		4192.26 Amerihealth	HMO|PPO		6527.95	65			446.31	9540.85 percent of total billed charges		
EXPLORE LIMB VESSEL	35860	CPT	outpatient			10043		4192.26 Amerihealth	Medicare		3645.44				446.31	9540.85 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
EXPLORE LIMB VESSEL	35860	CPT	outpatient			10043		4192.26 Consumer	Consumer		9540.85	95			446.31	9540.85 percent of total billed charges		
EXPLORE LIMB VESSEL	35860	CPT	outpatient			10043		4192.26 Corrections	Corrections		8034.4	80			446.31	9540.85 percent of total billed charges		
EXPLORE LIMB VESSEL	35860	CPT	outpatient			10043		4192.26 First Health	First Health		7030.1	70			446.31	9540.85 percent of total billed charges		
EXPLORE LIMB VESSEL	35860	CPT	outpatient			10043		4192.26 First Trenton	First Trenton		9038.7	90			446.31	9540.85 percent of total billed charges		
EXPLORE LIMB VESSEL	35860	CPT	outpatient			10043		4192.26 Horizon	Indemnity		6784.16				446.31	9540.85 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
EXPLORE LIMB VESSEL	35860	CPT	outpatient			10043		4192.26 Horizon	Medicare Blue		3645.44				446.31	9540.85 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
EXPLORE LIMB VESSEL	35860	CPT	outpatient			10043		4192.26 Horizon	NJ Health		446.31				446.31	9540.85 fee schedule		
EXPLORE LIMB VESSEL	35860	CPT	outpatient			10043		4192.26 Horizon	MGD		6784.16				446.31	9540.85 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
EXPLORE LIMB VESSEL	35860	CPT	outpatient			10043		4192.26 Horizon	PPO		6784.16				446.31	9540.85 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
EXPLORE LIMB VESSEL	35860	CPT	outpatient			10043		4192.26 Managed Care Inc	Managed Care Inc		9038.7	90			446.31	9540.85 percent of total billed charges		
EXPLORE LIMB VESSEL	35860	CPT	outpatient			10043		4192.26 Multiplan	Multiplan		8034.4	80			446.31	9540.85 percent of total billed charges		
EXPLORE LIMB VESSEL	35860	CPT	outpatient			10043		4192.26 Qualcare	Qualcare		7532.25	75			446.31	9540.85 percent of total billed charges		
EXPLORE LIMB VESSEL	35860	CPT	outpatient			10043		4192.26 Three Rivers	Three Rivers		9540.85	95			446.31	9540.85 percent of total billed charges		
EXPLORE LIMB VESSEL	35860	CPT	outpatient			10043		4192.26 UHC	Medicaid		3168.57	31.55			446.31	9540.85 percent of total billed charges		
EXPLORE LIMB VESSEL	35860	CPT	outpatient			10043		4192.26 UHC	Medicare		3645.44				446.31	9540.85 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
EXPLORE LIMB VESSEL	35860	CPT	outpatient			10043		4192.26 United	Commercial|PPO		3492				446.31	9540.85 case rate		
EXPLORE LIMB VESSEL	35860	CPT	outpatient			10043		4192.26 United	Oxford		3492				446.31	9540.85 case rate		
EXPLORE LIMB VESSEL	35860	CPT	outpatient			10043		4192.26 Wellcare	Medicare		3645.44				446.31	9540.85 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
EXPLORE LIMB VESSEL	35860	CPT	outpatient			10043		4192.26 Wellcare	Medicaid		3168.57	31.55			446.31	9540.85 percent of total billed charges		
EXPLORE LIMB VESSEL	35860	CPT	outpatient			10043		4192.26 WellPoint	WellPoint		3231.84	32.18			446.31	9540.85 percent of total billed charges		
VENOUS CANNULATION	36000	CPT	outpatient			204		Aetna	Commercial		77.52	38			60.3	1782 percent of total billed charges		
VENOUS CANNULATION	36000	CPT	outpatient			204		Aetna	Better Health		64.36	31.55			60.3	1782 percent of total billed charges		
VENOUS CANNULATION	36000	CPT	outpatient			204		Aetna	Medicare		62.83	30.8			60.3	1782 percent of total billed charges		
VENOUS CANNULATION	36000	CPT	outpatient			204		Americare	Americare		153	75			60.3	1782 percent of total billed charges		
VENOUS CANNULATION	36000	CPT	outpatient			204		Amerihealth	HMO|PPO		132.6	65			60.3	1782 percent of total billed charges		
VENOUS CANNULATION	36000	CPT	outpatient			204		Consumer	Consumer		193.8	95			60.3	1782 percent of total billed charges		
VENOUS CANNULATION	36000	CPT	outpatient			204		Corrections	Corrections		163.2	80			60.3	1782 percent of total billed charges		
VENOUS CANNULATION	36000	CPT	outpatient			204		First Health	First Health		142.8	70			60.3	1782 percent of total billed charges		
VENOUS CANNULATION	36000	CPT	outpatient			204		First Trenton	First Trenton		183.6	90			60.3	1782 percent of total billed charges		
VENOUS CANNULATION	36000	CPT	outpatient			204		Horizon	Medicare Blue		61.2	30			60.3	1782 percent of total billed charges		
VENOUS CANNULATION	36000	CPT	outpatient			204		Horizon	MGD		78.09	38.28			60.3	1782 percent of total billed charges		
VENOUS CANNULATION	36000	CPT	outpatient			204		Horizon	NJ Health		75.69				60.3	1782 fee schedule		
VENOUS CANNULATION	36000	CPT	outpatient			204		Horizon	Indemnity		78.09	38.28			60.3	1782 percent of total billed charges		
VENOUS CANNULATION	36000	CPT	outpatient			204		Horizon	PPO		78.09	38.28			60.3	1782 percent of total billed charges		
VENOUS CANNULATION	36000	CPT	outpatient			204		Managed Care Inc	Managed Care Inc		183.6	90			60.3	1782 percent of total billed charges		
VENOUS CANNULATION	36000	CPT	outpatient			204		Multiplan	Multiplan		163.2	80			60.3	1782 percent of total billed charges		
VENOUS CANNULATION	36000	CPT	outpatient			204		Qualcare	Qualcare		153	75			60.3	1782 percent of total billed charges		
VENOUS CANNULATION	36000	CPT	outpatient			204		Three Rivers	Three Rivers		193.8	95			60.3	1782 percent of total billed charges		
VENOUS CANNULATION	36000	CPT	outpatient			204		UHC	Medicaid		64.36	31.55			60.3	1782 percent of total billed charges		
VENOUS CANNULATION	36000	CPT	outpatient			204		United	Oxford		1782				60.3	1782 case rate		
VENOUS CANNULATION	36000	CPT	outpatient			204		United	Commercial|PPO		1782				60.3	1782 case rate		
VENOUS CANNULATION	36000	CPT	outpatient			204		Wellcare	Medicaid		64.36	31.55			60.3	1782 percent of total billed charges		
VENOUS CANNULATION	36000	CPT	outpatient			204		WellPoint	WellPoint		65.65	32.18			60.3	1782 percent of total billed charges		
PSUEDO ANYSM INJECT TRT	36002	CPT	both			2956		826.23 Aetna	Commercial		1143.79				370.62	2808.2 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
PSUEDO ANYSM INJECT TRT	36002	CPT	both			2956		826.23 Aetna	Better Health		932.62	31.55			370.62	2808.2 percent of total billed charges		
PSUEDO ANYSM INJECT TRT	36002	CPT	both			2956		826.23 Aetna	Medicare		718.46				370.62	2808.2 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
PSUEDO ANYSM INJECT TRT	36002	CPT	both			2956		826.23 Americare	Americare		2217	75			370.62	2808.2 percent of total billed charges		
PSUEDO ANYSM INJECT TRT	36002	CPT	both			2956		826.23 Amerihealth	HMO|PPO		1921.4	65			370.62	2808.2 percent of total billed charges		
PSUEDO ANYSM INJECT TRT	36002	CPT	both			2956		826.23 Amerihealth	Medicare		718.46				370.62	2808.2 other		Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
PSUEDO ANYSM INJECT TRT	36002	CPT	both			2956	826.23	Consumer	Consumer		2808.2	95			370.62	2808.2	percent of total billed charges	
PSUEDO ANYSM INJECT TRT	36002	CPT	both			2956	826.23	Corrections	Corrections		2364.8	80			370.62	2808.2	percent of total billed charges	
PSUEDO ANYSM INJECT TRT	36002	CPT	both			2956	826.23	First Health	First Health		2069.2	70			370.62	2808.2	percent of total billed charges	
PSUEDO ANYSM INJECT TRT	36002	CPT	both			2956	826.23	First Trenton	First Trenton		2660.4	90			370.62	2808.2	percent of total billed charges	
PSUEDO ANYSM INJECT TRT	36002	CPT	both			2956	826.23	Horizon	PPO		1337.05				370.62	2808.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PSUEDO ANYSM INJECT TRT	36002	CPT	both			2956	826.23	Horizon	MGD		1337.05				370.62	2808.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PSUEDO ANYSM INJECT TRT	36002	CPT	both			2956	826.23	Horizon	Indemnity		1337.05				370.62	2808.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PSUEDO ANYSM INJECT TRT	36002	CPT	both			2956	826.23	Horizon	NJ Health		370.62				370.62	2808.2	fee schedule	
PSUEDO ANYSM INJECT TRT	36002	CPT	both			2956	826.23	Horizon	Medicare Blue		718.46				370.62	2808.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PSUEDO ANYSM INJECT TRT	36002	CPT	both			2956	826.23	Managed Care Inc	Managed Care Inc		2660.4	90			370.62	2808.2	percent of total billed charges	
PSUEDO ANYSM INJECT TRT	36002	CPT	both			2956	826.23	Multiplan	Multiplan		2364.8	80			370.62	2808.2	percent of total billed charges	
PSUEDO ANYSM INJECT TRT	36002	CPT	both			2956	826.23	Qualcare	Qualcare		2217	75			370.62	2808.2	percent of total billed charges	
PSUEDO ANYSM INJECT TRT	36002	CPT	both			2956	826.23	Three Rivers	Three Rivers		2808.2	95			370.62	2808.2	percent of total billed charges	
PSUEDO ANYSM INJECT TRT	36002	CPT	both			2956	826.23	UHC	Medicaid		932.62	31.55			370.62	2808.2	percent of total billed charges	
PSUEDO ANYSM INJECT TRT	36002	CPT	both			2956	826.23	UHC	Medicare		718.46				370.62	2808.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PSUEDO ANYSM INJECT TRT	36002	CPT	both			2956	826.23	United	Oxford		1817				370.62	2808.2	case rate	
PSUEDO ANYSM INJECT TRT	36002	CPT	both			2956	826.23	United	Commercial|PPO		1817				370.62	2808.2	case rate	
PSUEDO ANYSM INJECT TRT	36002	CPT	both			2956	826.23	Wellcare	Medicare		718.46				370.62	2808.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PSUEDO ANYSM INJECT TRT	36002	CPT	both			2956	826.23	Wellcare	Medicaid		932.62	31.55			370.62	2808.2	percent of total billed charges	
PSUEDO ANYSM INJECT TRT	36002	CPT	both			2956	826.23	WellPoint	WellPoint		951.24	32.18			370.62	2808.2	percent of total billed charges	
INJECTION EXT VENOGRAPHY	36005	CPT	both			2751		Aetna	Commercial		1045.38	38			58.8	2613.45	percent of total billed charges	
INJECTION EXT VENOGRAPHY	36005	CPT	both			2751		Aetna	Better Health		867.94	31.55			58.8	2613.45	percent of total billed charges	
INJECTION EXT VENOGRAPHY	36005	CPT	both			2751		Aetna	Medicare		847.31	30.8			58.8	2613.45	percent of total billed charges	
INJECTION EXT VENOGRAPHY	36005	CPT	both			2751		Americare	Americare		2063.25	75			58.8	2613.45	percent of total billed charges	
INJECTION EXT VENOGRAPHY	36005	CPT	both			2751		Amerihealth	HMO/PPO		1788.15	65			58.8	2613.45	percent of total billed charges	
INJECTION EXT VENOGRAPHY	36005	CPT	both			2751		Consumer	Consumer		2613.45	95			58.8	2613.45	percent of total billed charges	
INJECTION EXT VENOGRAPHY	36005	CPT	both			2751		Corrections	Corrections		2200.8	80			58.8	2613.45	percent of total billed charges	
INJECTION EXT VENOGRAPHY	36005	CPT	both			2751		First Health	First Health		1925.7	70			58.8	2613.45	percent of total billed charges	
INJECTION EXT VENOGRAPHY	36005	CPT	both			2751		First Trenton	First Trenton		2475.9	90			58.8	2613.45	percent of total billed charges	
INJECTION EXT VENOGRAPHY	36005	CPT	both			2751		Horizon	Medicare Blue		825.3	30			58.8	2613.45	percent of total billed charges	
INJECTION EXT VENOGRAPHY	36005	CPT	both			2751		Horizon	Indemnity		1053.08	38.28			58.8	2613.45	percent of total billed charges	
INJECTION EXT VENOGRAPHY	36005	CPT	both			2751		Horizon	MGD		1053.08	38.28			58.8	2613.45	percent of total billed charges	
INJECTION EXT VENOGRAPHY	36005	CPT	both			2751		Horizon	PPO		1053.08	38.28			58.8	2613.45	percent of total billed charges	
INJECTION EXT VENOGRAPHY	36005	CPT	both			2751		Horizon	NJ Health		58.8				58.8	2613.45	fee schedule	
INJECTION EXT VENOGRAPHY	36005	CPT	both			2751		Managed Care Inc	Managed Care Inc		2475.9	90			58.8	2613.45	percent of total billed charges	
INJECTION EXT VENOGRAPHY	36005	CPT	both			2751		Multiplan	Multiplan		2200.8	80			58.8	2613.45	percent of total billed charges	
INJECTION EXT VENOGRAPHY	36005	CPT	both			2751		Qualcare	Qualcare		2063.25	75			58.8	2613.45	percent of total billed charges	
INJECTION EXT VENOGRAPHY	36005	CPT	both			2751		Three Rivers	Three Rivers		2613.45	95			58.8	2613.45	percent of total billed charges	
INJECTION EXT VENOGRAPHY	36005	CPT	both			2751		UHC	Medicaid		867.94	31.55			58.8	2613.45	percent of total billed charges	
INJECTION EXT VENOGRAPHY	36005	CPT	both			2751		United	Oxford		1782				58.8	2613.45	case rate	
INJECTION EXT VENOGRAPHY	36005	CPT	both			2751		United	Commercial|PPO		1782				58.8	2613.45	case rate	
INJECTION EXT VENOGRAPHY	36005	CPT	both			2751		Wellcare	Medicaid		867.94	31.55			58.8	2613.45	percent of total billed charges	
INJECTION EXT VENOGRAPHY	36005	CPT	both			2751		WellPoint	WellPoint		885.27	32.18			58.8	2613.45	percent of total billed charges	
VENA CAVA SUPER INFER/CATH	36010	CPT	both			2258		Aetna	Better Health		712.4	31.55			166.6	2145.1	percent of total billed charges	
VENA CAVA SUPER INFER/CATH	36010	CPT	both			2258		Aetna	Commercial		858.04	38			166.6	2145.1	percent of total billed charges	
VENA CAVA SUPER INFER/CATH	36010	CPT	both			2258		Aetna	Medicare		695.46	30.8			166.6	2145.1	percent of total billed charges	
VENA CAVA SUPER INFER/CATH	36010	CPT	both			2258		Americare	Americare		1693.5	75			166.6	2145.1	percent of total billed charges	
VENA CAVA SUPER INFER/CATH	36010	CPT	both			2258		Amerihealth	HMO/PPO		1467.7	65			166.6	2145.1	percent of total billed charges	
VENA CAVA SUPER INFER/CATH	36010	CPT	both			2258		Consumer	Consumer		2145.1	95			166.6	2145.1	percent of total billed charges	
VENA CAVA SUPER INFER/CATH	36010	CPT	both			2258		Corrections	Corrections		1806.4	80			166.6	2145.1	percent of total billed charges	
VENA CAVA SUPER INFER/CATH	36010	CPT	both			2258		First Health	First Health		1580.6	70			166.6	2145.1	percent of total billed charges	
VENA CAVA SUPER INFER/CATH	36010	CPT	both			2258		First Trenton	First Trenton		2032.2	90			166.6	2145.1	percent of total billed charges	
VENA CAVA SUPER INFER/CATH	36010	CPT	both			2258		Horizon	MGD		864.36	38.28			166.6	2145.1	percent of total billed charges	
VENA CAVA SUPER INFER/CATH	36010	CPT	both			2258		Horizon	NJ Health		166.6				166.6	2145.1	fee schedule	
VENA CAVA SUPER INFER/CATH	36010	CPT	both			2258		Horizon	Indemnity		864.36	38.28			166.6	2145.1	percent of total billed charges	
VENA CAVA SUPER INFER/CATH	36010	CPT	both			2258		Horizon	PPO		864.36	38.28			166.6	2145.1	percent of total billed charges	
VENA CAVA SUPER INFER/CATH	36010	CPT	both			2258		Horizon	Medicare Blue		677.4	30			166.6	2145.1	percent of total billed charges	
VENA CAVA SUPER INFER/CATH	36010	CPT	both			2258		Managed Care Inc	Managed Care Inc		2032.2	90			166.6	2145.1	percent of total billed charges	
VENA CAVA SUPER INFER/CATH	36010	CPT	both			2258		Multiplan	Multiplan		1806.4	80			166.6	2145.1	percent of total billed charges	
VENA CAVA SUPER INFER/CATH	36010	CPT	both			2258		Qualcare	Qualcare		1693.5	75			166.6	2145.1	percent of total billed charges	
VENA CAVA SUPER INFER/CATH	36010	CPT	both			2258		Three Rivers	Three Rivers		2145.1	95			166.6	2145.1	percent of total billed charges	
VENA CAVA SUPER INFER/CATH	36010	CPT	both			2258		UHC	Medicaid		712.4	31.55			166.6	2145.1	percent of total billed charges	
VENA CAVA SUPER INFER/CATH	36010	CPT	both			2258		United	Commercial|PPO		1782				166.6	2145.1	case rate	
VENA CAVA SUPER INFER/CATH	36010	CPT	both			2258		United	Oxford		1782				166.6	2145.1	case rate	
VENA CAVA SUPER INFER/CATH	36010	CPT	both			2258		Wellcare	Medicaid		712.4	31.55			166.6	2145.1	percent of total billed charges	
VENA CAVA SUPER INFER/CATH	36010	CPT	both			2258		WellPoint	WellPoint		726.62	32.18			166.6	2145.1	percent of total billed charges	
SELECT CATH VEIN; 1ST ORD	36011	CPT	both			2501		Aetna	Medicare		770.31	30.8			249.9	2375.95	percent of total billed charges	
SELECT CATH VEIN; 1ST ORD	36011	CPT	both			2501		Aetna	Better Health		789.07	31.55			249.9	2375.95	percent of total billed charges	
SELECT CATH VEIN; 1ST ORD	36011	CPT	both			2501		Aetna	Commercial		950.38	38			249.9	2375.95	percent of total billed charges	
SELECT CATH VEIN; 1ST ORD	36011	CPT	both			2501		Americare	Americare		1875.75	75			249.9	2375.95	percent of total billed charges	
SELECT CATH VEIN; 1ST ORD	36011	CPT	both			2501		Amerihealth	HMO/PPO		1625.65	65			249.9	2375.95	percent of total billed charges	
SELECT CATH VEIN; 1ST ORD	36011	CPT	both			2501		Consumer	Consumer		2375.95	95			249.9	2375.95	percent of total billed charges	
SELECT CATH VEIN; 1ST ORD	36011	CPT	both			2501		Corrections	Corrections		2000.8	80			249.9	2375.95	percent of total billed charges	
SELECT CATH VEIN; 1ST ORD	36011	CPT	both			2501		First Health	First Health		1750.7	70			249.9	2375.95	percent of total billed charges	
SELECT CATH VEIN; 1ST ORD	36011	CPT	both			2501		First Trenton	First Trenton		2250.9	90			249.9	2375.95	percent of total billed charges	
SELECT CATH VEIN; 1ST ORD	36011	CPT	both			2501		Horizon	MGD		957.38	38.28			249.9	2375.95	percent of total billed charges	
SELECT CATH VEIN; 1ST ORD	36011	CPT	both			2501		Horizon	Medicare Blue		750.3	30			249.9	2375.95	percent of total billed charges	
SELECT CATH VEIN; 1ST ORD	36011	CPT	both			2501		Horizon	Indemnity		957.38	38.28			249.9	2375.95	percent of total billed charges	
SELECT CATH VEIN; 1ST ORD	36011	CPT	both			2501		Horizon	NJ Health		249.9				249.9	2375.95	fee schedule	
SELECT CATH VEIN; 1ST ORD	36011	CPT	both			2501		Horizon	PPO		957.38	38.28			249.9	2375.95	percent of total billed charges	
SELECT CATH VEIN; 1ST ORD	36011	CPT	both			2501		Managed Care Inc	Managed Care Inc		2250.9	90			249.9	2375.95	percent of total billed charges	
SELECT CATH VEIN; 1ST ORD	36011	CPT	both			2501		Multiplan	Multiplan		2000.8	80			249.9	2375.95	percent of total billed charges	
SELECT CATH VEIN; 1ST ORD	36011	CPT	both			2501		Qualcare	Qualcare		1875.75	75			249.9	2375.95	percent of total billed charges	
SELECT CATH VEIN; 1ST ORD	36011	CPT	both			2501		Three Rivers	Three Rivers		2375.95	95			249.9	2375.95	percent of total billed charges	
SELECT CATH VEIN; 1ST ORD	36011	CPT	both			2501		UHC	Medicaid		789.07	31.55			249.9	2375.95	percent of total billed charges	
SELECT CATH VEIN; 1ST ORD	36011	CPT	both			2501		United	Commercial|PPO		1782				249.9	2375.95	case rate	
SELECT CATH VEIN; 1ST ORD	36011	CPT	both			2501		United	Oxford		1782				249.9	2375.95	case rate	
SELECT CATH VEIN; 1ST ORD	36011	CPT	both			2501		Wellcare	Medicaid		789.07	31.55			249.9	2375.95	percent of total billed charges	
SELECT CATH VEIN; 1ST ORD	36011	CPT	both			2501		WellPoint	WellPoint		804.82	32.18			249.9	2375.95	percent of total billed charges	
PLACE CATH VENOUS, 2ND ORDER	36012	CPT	both			3079		Aetna	Better Health		971.42	31.55			374.85	2925.05	percent of total billed charges	
PLACE CATH VENOUS, 2ND ORDER	36012	CPT	both			3079		Aetna	Commercial		1170.02	38			374.85	2925.05	percent of total billed charges	
PLACE CATH VENOUS, 2ND ORDER	36012	CPT	both			3079		Aetna	Medicare		948.33	30.8			374.85	2925.05	percent of total billed charges	
PLACE CATH VENOUS, 2ND ORDER	36012	CPT	both			3079		Americare	Americare		2309.25	75			374.85	2925.05	percent of total billed charges	
PLACE CATH VENOUS, 2ND ORDER	36012	CPT	both			3079		Amerihealth	HMO/PPO		2001.35	65			374.85	2925.05	percent of total billed charges	
PLACE CATH VENOUS, 2ND ORDER	36012	CPT	both			3079		Consumer	Consumer		2925.05	95			374.85	2925.05	percent of total billed charges	
PLACE CATH VENOUS, 2ND ORDER	36012	CPT	both			3079		Corrections	Corrections		2463.2	80			374.85	2925.05	percent of total billed charges	
PLACE CATH VENOUS, 2ND ORDER	36012	CPT	both			3079		First Health	First Health		2155.3	70			374.85	2925.05	percent of total billed charges	
PLACE CATH VENOUS, 2ND ORDER	36012	CPT	both			3079		First Trenton	First Trenton		2771.1	90			374.85	2925.05	percent of total billed charges	
PLACE CATH VENOUS, 2ND ORDER	36012	CPT	both			3079		Horizon	MGD		1178.64	38.28			374.85	2925.05	percent of total billed charges	
PLACE CATH VENOUS, 2ND ORDER	36012	CPT	both			3079		Horizon	Medicare Blue		923.7	30			374.85	2925.05	percent of total billed charges	
PLACE CATH VENOUS, 2ND ORDER	36012	CPT	both			3079		Horizon	Indemnity		1178.64	38.28			374.85	2925.05	percent of total billed charges	
PLACE CATH VENOUS, 2ND ORDER	36012	CPT	both			3079		Horizon	NJ Health		374.85				374.85	2925.05	fee schedule	
PLACE CATH VENOUS, 2ND ORDER	36012	CPT	both			3079		Horizon	PPO		1178.64	38.28			374.85	2925.05	percent of total billed charges	
PLACE CATH VENOUS, 2ND ORDER	36012	CPT	both			3079		Managed Care Inc	Managed Care Inc		2771.1	90			374.85	2925.05	percent of total billed charges	
PLACE CATH VENOUS, 2ND ORDER	36012	CPT	both			3079		Multiplan	Multiplan		2463.2	80			374.85	2925.05	percent of total billed charges	
PLACE CATH VENOUS, 2ND ORDER	36012	CPT	both			3079		Qualcare	Qualcare		2309.25	75			374.85	2925.05	percent of total billed charges	
PLACE CATH VENOUS, 2ND ORDER	36012	CPT	both			3079		Three Rivers	Three Rivers		2925.05	95			374.85	2925.05	percent of total billed charges	
PLACE CATH VENOUS, 2ND ORDER	36012	CPT	both			3079		UHC	Medicaid		971.42	31.55			374.85	2925.05	percent of total billed charges	
PLACE CATH VENOUS, 2ND ORDER	36012	CPT	both			3079		United	Oxford		1782				374.85	2925.05	case rate	
PLACE CATH VENOUS, 2ND ORDER	36012	CPT	both			3079		United	Commercial|PPO		1782				374.85	2925.05	case rate	
PLACE CATH VENOUS, 2ND ORDER	36012	CPT	both			3079		Wellcare	Medicaid		971.42	31.55			374.85	2925.05	percent of total billed charges	
PLACE CATH VENOUS, 2ND ORDER	36012	CPT	both			3079		WellPoint	WellPoint		990.82	32.18			374.85	2925.05	percent of total billed charges	
PULMONARY/RIGHT HEART OR MAIN	36013	CPT	outpatient			1856		Aetna	Medicare		571.65	30.8			249.9	1782	percent of total billed charges	
PULMONARY/RIGHT HEART OR MAIN	36013	CPT	outpatient			1856		Aetna	Better Health		585.57	31.55			249.9	1782	percent of total billed charges	
PULMONARY/RIGHT HEART OR MAIN	36013	CPT	outpatient			1856		Aetna	Commercial		705.28	38			249.9	1782	percent of total billed charges	
PULMONARY/RIGHT HEART OR MAIN	36013	CPT	outpatient			1856		Americare	Americare		1392	75			249.9	1782	percent of total billed charges	
PULMONARY/RIGHT HEART OR MAIN	36013	CPT	outpatient			1856		Amerihealth	HMO/PPO		1206.4	65			249.9	1782	percent of total billed charges	
PULMONARY/RIGHT HEART OR MAIN	36013	CPT	outpatient			1856		Consumer	Consumer		1763.2	95			249.9	1782	percent of total billed charges	
PULMONARY/RIGHT HEART OR MAIN	36013	CPT	outpatient			1856		Corrections	Corrections		1484.8	80			249.9	1782	percent of total billed charges	
PULMONARY/RIGHT HEART OR MAIN	36013	CPT	outpatient			1856		First Health	First Health		1299.2	70			249.9	1782	percent of total billed charges	
PULMONARY/RIGHT HEART OR MAIN	36013	CPT	outpatient			1856		First Trenton	First Trenton		1670.4	90			249.9	1782	percent of total billed charges	
PULMONARY/RIGHT HEART OR MAIN	36013	CPT	outpatient			1856		Horizon	MGD		710.48	38.28			249.9	1782	percent of total billed charges	
PULMONARY/RIGHT HEART OR MAIN	36013	CPT	outpatient			1856		Horizon	NJ Health		249.9				249.9	1782	fee schedule	
PULMONARY/RIGHT HEART OR MAIN	36013	CPT	outpatient			1856		Horizon	Indemnity		710.48	38.28			249.9	1782	percent of total billed charges	
PULMONARY/RIGHT HEART OR MAIN	36013	CPT	outpatient			1856		Horizon	PPO		710.48	38.28			249.9	1782	percent of total billed charges	
PULMONARY/RIGHT HEART OR MAIN	36013	CPT	outpatient			1856		Horizon	Medicare Blue		556.8	30			249.9	1782	percent of total billed charges	
PULMONARY/RIGHT HEART OR MAIN	36013	CPT	outpatient			1856		Managed Care Inc	Managed Care Inc		1670.4	90			249.9	1782	percent of total billed charges	
PULMONARY/RIGHT HEART OR MAIN	36013	CPT	outpatient			1856		Multiplan	Multiplan		1484.8	80			249.9	1782	percent of total billed charges	
PULMONARY/RIGHT HEART OR MAIN	36013	CPT	outpatient			1856		Qualcare	Qualcare		1392	75			249.9	1782	percent of total billed charges	
PULMONARY/RIGHT HEART OR MAIN	36013	CPT	outpatient			1856		Three Rivers	Three Rivers		1763.2	95			249.9	1782	percent of total billed charges	
PULMONARY/RIGHT HEART OR MAIN	36013	CPT	outpatient			1856		UHC	Medicaid		585.57	31.55			249.9	1782	percent of total billed charges	
PULMONARY/RIGHT HEART OR MAIN	36013	CPT	outpatient			1856		United	Commercial|PPO		1782				249.9	1782	case rate	
PULMONARY/RIGHT HEART OR MAIN	36013	CPT	outpatient			1856		United	Oxford		1782				249.9	1782	case rate	
PULMONARY/RIGHT HEART OR MAIN	36013	CPT	outpatient			1856		Wellcare	Medicaid		585.57	31.55			249.9	1782	percent of total billed charges	
PULMONARY/RIGHT HEART OR MAIN	36013	CPT	outpatient			1856		WellPoint	WellPoint		597.26	32.18			249.9	1782	percent of total billed charges	
PULMONARY/1&2 ORDER RT	36014	CPT	inpatient			2703		Aetna	Medicare		832.52	30.8			360.64	2567.85	percent of total billed charges	
PULMONARY/1&2 ORDER RT	36014	CPT	inpatient			2703		Aetna	Commercial		1027.14	38			360.64	2567.85	percent of total billed charges	
PULMONARY/1&2 ORDER RT	36014	CPT	inpatient			2703		Aetna	Better Health		852.8	31.55			360.64	2567.85	percent of total billed charges	
PULMONARY/1&2 ORDER RT	36014	CPT	inpatient			2703		Americare	Americare		2027.25	75			360.64	2567.85	percent of total billed charges	
PULMONARY/1&2 ORDER RT	36014	CPT	inpatient			2703		Amerihealth	HMO/PPO		1756.95	65			360.64	2567.85	percent of total billed charges	
PULMONARY/1&2 ORDER RT	36014	CPT	inpatient			2703		Consumer	Consumer		2567.85	95			360.64	2567.85	percent of total billed charges	
PULMONARY/1&2 ORDER RT	36014	CPT	inpatient			2703		Corrections	Corrections		2162.4	80			360.64	2567.85	percent of total billed charges	
PULMONARY/1&2 ORDER RT	36014	CPT	inpatient			2703		First Health	First Health		1892.1	70			360.64	2567.85	percent of total billed charges	
PULMONARY/1&2 ORDER RT	36014	CPT	inpatient			2703		First Trenton	First Trenton		2432.7	90			360.64	2567.85	percent of total billed charges	
PULMONARY/1&2 ORDER RT	36014	CPT	inpatient			2703		Horizon	MGD		1034.71	38.28			360.64	2567.85	percent of total billed charges	
PULMONARY/1&2 ORDER RT	36014	CPT	inpatient			2703		Horizon	Indemnity		1034.71	38.28			360.64	2567.85	percent of total billed charges	
PULMONARY/1&2 ORDER RT	36014	CPT	inpatient			2703		Horizon	NJ Health		360.64				360.64	2567.85	fee schedule	
PULMONARY/1&2 ORDER RT	36014	CPT	inpatient			2703		Horizon	Medicare Blue		810.9	30			360.64	2567.85	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.																
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true															
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
PULMONARY/1&2 ORDER RT	36014	CPT	inpatient			2703		Horizon	PPO		1034.71	38.28			360.64	2567.85	percent of total billed charges	
PULMONARY/1&2 ORDER RT	36014	CPT	inpatient			2703		Managed Care Inc	Managed Care Inc		2432.7	90			360.64	2567.85	percent of total billed charges	
PULMONARY/1&2 ORDER RT	36014	CPT	inpatient			2703		Multiplan	Multiplan		2162.4	80			360.64	2567.85	percent of total billed charges	
PULMONARY/1&2 ORDER RT	36014	CPT	inpatient			2703		Qualcare	Qualcare		2027.25	75			360.64	2567.85	percent of total billed charges	
PULMONARY/1&2 ORDER RT	36014	CPT	inpatient			2703		Three Rivers	Three Rivers		2567.85	95			360.64	2567.85	percent of total billed charges	
PULMONARY/1&2 ORDER RT	36014	CPT	inpatient			2703		UHC	Medicaid		852.8	31.55			360.64	2567.85	percent of total billed charges	
PULMONARY/1&2 ORDER RT	36014	CPT	inpatient			2703		United	Oxford		1782				360.64	2567.85	case rate	
PULMONARY/1&2 ORDER RT	36014	CPT	inpatient			2703		United	Commercial|PPO		1782				360.64	2567.85	case rate	
PULMONARY/1&2 ORDER RT	36014	CPT	inpatient			2703		Wellcare	Medicaid		852.8	31.55			360.64	2567.85	percent of total billed charges	
PULMONARY/1&2 ORDER RT	36014	CPT	inpatient			2703		WellPoint	WellPoint		869.83	32.18			360.64	2567.85	percent of total billed charges	
PULMONARY/1&2&3 ORDER RT	36015	CPT	both			3563		Aetna	Commercial		1353.94	38			374.85	3384.85	percent of total billed charges	
PULMONARY/1&2&3 ORDER RT	36015	CPT	both			3563		Aetna	Better Health		1124.13	31.55			374.85	3384.85	percent of total billed charges	
PULMONARY/1&2&3 ORDER RT	36015	CPT	both			3563		Aetna	Medicare		1097.4	30.8			374.85	3384.85	percent of total billed charges	
PULMONARY/1&2&3 ORDER RT	36015	CPT	both			3563		Americare	Americare		2672.25	75			374.85	3384.85	percent of total billed charges	
PULMONARY/1&2&3 ORDER RT	36015	CPT	both			3563		Amerihealth	HMO|PPO		2315.95	65			374.85	3384.85	percent of total billed charges	
PULMONARY/1&2&3 ORDER RT	36015	CPT	both			3563		Consumer	Consumer		3384.85	95			374.85	3384.85	percent of total billed charges	
PULMONARY/1&2&3 ORDER RT	36015	CPT	both			3563		Corrections	Corrections		2850.4	80			374.85	3384.85	percent of total billed charges	
PULMONARY/1&2&3 ORDER RT	36015	CPT	both			3563		First Health	First Health		2494.1	70			374.85	3384.85	percent of total billed charges	
PULMONARY/1&2&3 ORDER RT	36015	CPT	both			3563		First Trenton	First Trenton		3206.7	90			374.85	3384.85	percent of total billed charges	
PULMONARY/1&2&3 ORDER RT	36015	CPT	both			3563		Horizon	Medicare Blue		1068.9	30			374.85	3384.85	percent of total billed charges	
PULMONARY/1&2&3 ORDER RT	36015	CPT	both			3563		Horizon	Indemnity		1363.92	38.28			374.85	3384.85	percent of total billed charges	
PULMONARY/1&2&3 ORDER RT	36015	CPT	both			3563		Horizon	MGD		1363.92	38.28			374.85	3384.85	percent of total billed charges	
PULMONARY/1&2&3 ORDER RT	36015	CPT	both			3563		Horizon	PPO		1363.92	38.28			374.85	3384.85	percent of total billed charges	
SLCTV CATH PLMT SEGMENTAL/SUBSEGMENTAL P	36015	CPT	both			3563		Horizon	NJ Health		374.85				374.85	3384.85	fee schedule	
PULMONARY/1&2&3 ORDER RT	36015	CPT	both			3563		Managed Care Inc	Managed Care Inc		3206.7	90			374.85	3384.85	percent of total billed charges	
PULMONARY/1&2&3 ORDER RT	36015	CPT	both			3563		Multiplan	Multiplan		2850.4	80			374.85	3384.85	percent of total billed charges	
PULMONARY/1&2&3 ORDER RT	36015	CPT	both			3563		Qualcare	Qualcare		2672.25	75			374.85	3384.85	percent of total billed charges	
PULMONARY/1&2&3 ORDER RT	36015	CPT	both			3563		Three Rivers	Three Rivers		3384.85	95			374.85	3384.85	percent of total billed charges	
PULMONARY/1&2&3 ORDER RT	36015	CPT	both			3563		UHC	Medicaid		1124.13	31.55			374.85	3384.85	percent of total billed charges	
SLCTV CATH PLMT SEGMENTAL/SUBSEGMENTAL P	36015	CPT	both			3563		United	Oxford		1782				374.85	3384.85	case rate	
SLCTV CATH PLMT SEGMENTAL/SUBSEGMENTAL P	36015	CPT	both			3563		United	Commercial|PPO		1782				374.85	3384.85	case rate	
PULMONARY/1&2&3 ORDER RT	36015	CPT	both			3563		Wellcare	Medicaid		1124.13	31.55			374.85	3384.85	percent of total billed charges	
PULMONARY/1&2&3 ORDER RT	36015	CPT	both			3563		WellPoint	WellPoint		1146.57	32.18			374.85	3384.85	percent of total billed charges	
INTRONEEDLE/CATH CAROT VERTEB RT	36100	CPT	inpatient			4456		Aetna	Better Health		1405.87	31.55			41.7	4233.2	percent of total billed charges	
INTRONEEDLE/CATH CAROT VERTEB RT	36100	CPT	inpatient			4456		Aetna	Commercial		1693.28	38			41.7	4233.2	percent of total billed charges	
INTRONEEDLE/CATH CAROT VERTEB RT	36100	CPT	inpatient			4456		Aetna	Medicare		1372.45	30.8			41.7	4233.2	percent of total billed charges	
INTRONEEDLE/CATH CAROT VERTEB RT	36100	CPT	inpatient			4456		Americare	Americare		3342	75			41.7	4233.2	percent of total billed charges	
INTRONEEDLE/CATH CAROT VERTEB RT	36100	CPT	inpatient			4456		Amerihealth	HMO|PPO		2896.4	65			41.7	4233.2	percent of total billed charges	
INTRONEEDLE/CATH CAROT VERTEB RT	36100	CPT	inpatient			4456		Consumer	Consumer		4233.2	95			41.7	4233.2	percent of total billed charges	
INTRONEEDLE/CATH CAROT VERTEB RT	36100	CPT	inpatient			4456		Corrections	Corrections		3564.8	80			41.7	4233.2	percent of total billed charges	
INTRONEEDLE/CATH CAROT VERTEB RT	36100	CPT	inpatient			4456		First Health	First Health		3119.2	70			41.7	4233.2	percent of total billed charges	
INTRONEEDLE/CATH CAROT VERTEB RT	36100	CPT	inpatient			4456		First Trenton	First Trenton		4010.4	90			41.7	4233.2	percent of total billed charges	
INTRONEEDLE/CATH CAROT VERTEB RT	36100	CPT	inpatient			4456		Horizon	Medicare Blue		1336.8	30			41.7	4233.2	percent of total billed charges	
INTRONEEDLE/CATH CAROT VERTEB RT	36100	CPT	inpatient			4456		Horizon	MGD		1705.76	38.28			41.7	4233.2	percent of total billed charges	
INTRONEEDLE/CATH CAROT VERTEB RT	36100	CPT	inpatient			4456		Horizon	Indemnity		1705.76	38.28			41.7	4233.2	percent of total billed charges	
INTRONEEDLE/CATH CAROT VERTEB RT	36100	CPT	inpatient			4456		Horizon	NJ Health		201.88				41.7	4233.2	fee schedule	
INTRONEEDLE/CATH CAROT VERTEB RT	36100	CPT	inpatient			4456		Horizon	PPO		1705.76	38.28			41.7	4233.2	percent of total billed charges	
INTRONEEDLE/CATH CAROT VERTEB RT	36100	CPT	inpatient			4456		Managed Care Inc	Managed Care Inc		4010.4	90			41.7	4233.2	percent of total billed charges	
INTRONEEDLE/CATH CAROT VERTEB RT	36100	CPT	inpatient			4456		Multiplan	Multiplan		3564.8	80			41.7	4233.2	percent of total billed charges	
INTRONEEDLE/CATH CAROT VERTEB RT	36100	CPT	inpatient			4456		Qualcare	Qualcare		3342	75			41.7	4233.2	percent of total billed charges	
INTRONEEDLE/CATH CAROT VERTEB RT	36100	CPT	inpatient			4456		Three Rivers	Three Rivers		4233.2	95			41.7	4233.2	percent of total billed charges	
INTRONEEDLE/CATH CAROT VERTEB RT	36100	CPT	inpatient			4456		UHC	Medicaid		1405.87	31.55			41.7	4233.2	percent of total billed charges	
INTRONEEDLE/CATH CAROT VERTEB RT	36100	CPT	inpatient			4456		United	Commercial|PPO		1782				41.7	4233.2	case rate	
INTRONEEDLE/CATH CAROT VERTEB RT	36100	CPT	inpatient			4456		United	Oxford		1782				41.7	4233.2	case rate	
INTRONEEDLE/CATH CAROT VERTEB RT	36100	CPT	inpatient			4456		Wellcare	Medicaid		1405.87	31.55			41.7	4233.2	percent of total billed charges	
INTRONEEDLE/CATH CAROT VERTEB RT	36100	CPT	inpatient			4456		WellPoint	WellPoint		1433.94	32.18			41.7	4233.2	percent of total billed charges	
INTRO NEEDL RETRO BRACH ART	36120	CPT	outpatient			566		Aetna	Medicare		174.33	30.8			169.8	537.7	percent of total billed charges	
INTRO NEEDL RETRO BRACH ART	36120	CPT	outpatient			566		Aetna	Better Health		178.57	31.55			169.8	537.7	percent of total billed charges	
INTRO NEEDL RETRO BRACH ART	36120	CPT	outpatient			566		Aetna	Commercial		215.08	38			169.8	537.7	percent of total billed charges	
INTRO NEEDL RETRO BRACH ART	36120	CPT	outpatient			566		Americare	Americare		424.5	75			169.8	537.7	percent of total billed charges	
INTRO NEEDL RETRO BRACH ART	36120	CPT	outpatient			566		Amerihealth	HMO|PPO		367.9	65			169.8	537.7	percent of total billed charges	
INTRO NEEDL RETRO BRACH ART	36120	CPT	outpatient			566		Consumer	Consumer		537.7	95			169.8	537.7	percent of total billed charges	
INTRO NEEDL RETRO BRACH ART	36120	CPT	outpatient			566		Corrections	Corrections		452.8	80			169.8	537.7	percent of total billed charges	
INTRO NEEDL RETRO BRACH ART	36120	CPT	outpatient			566		First Health	First Health		396.2	70			169.8	537.7	percent of total billed charges	
INTRO NEEDL RETRO BRACH ART	36120	CPT	outpatient			566		First Trenton	First Trenton		509.4	90			169.8	537.7	percent of total billed charges	
INTRO NEEDL RETRO BRACH ART	36120	CPT	outpatient			566		Horizon	MGD		216.66	38.28			169.8	537.7	percent of total billed charges	
INTRO NEEDL RETRO BRACH ART	36120	CPT	outpatient			566		Horizon	Medicare Blue		169.8	30			169.8	537.7	percent of total billed charges	
INTRO NEEDL RETRO BRACH ART	36120	CPT	outpatient			566		Horizon	Indemnity		216.66	38.28			169.8	537.7	percent of total billed charges	
INTRO NEEDL RETRO BRACH ART	36120	CPT	outpatient			566		Horizon	PPO		216.66	38.28			169.8	537.7	percent of total billed charges	
INTRO NEEDL RETRO BRACH ART	36120	CPT	outpatient			566		Managed Care Inc	Managed Care Inc		509.4	90			169.8	537.7	percent of total billed charges	
INTRO NEEDL RETRO BRACH ART	36120	CPT	outpatient			566		Multiplan	Multiplan		452.8	80			169.8	537.7	percent of total billed charges	
INTRO NEEDL RETRO BRACH ART	36120	CPT	outpatient			566		Qualcare	Qualcare		424.5	75			169.8	537.7	percent of total billed charges	
INTRO NEEDL RETRO BRACH ART	36120	CPT	outpatient			566		Three Rivers	Three Rivers		537.7	95			169.8	537.7	percent of total billed charges	
INTRO NEEDL RETRO BRACH ART	36120	CPT	outpatient			566		UHC	Medicaid		178.57	31.55			169.8	537.7	percent of total billed charges	
INTRO NEEDL RETRO BRACH ART	36120	CPT	outpatient			566		Wellcare	Medicaid		178.57	31.55			169.8	537.7	percent of total billed charges	
INTRO NEEDL RETRO BRACH ART	36120	CPT	outpatient			566		WellPoint	WellPoint		182.14	32.18			169.8	537.7	percent of total billed charges	
NS CATH - ESTREMITY ARTERY	36140	CPT	both			3770		Aetna	Better Health		1189.44	31.55			121.52	3581.5	percent of total billed charges	
NS CATH - ESTREMITY ARTERY	36140	CPT	both			3770		Aetna	Commercial		1432.6	38			121.52	3581.5	percent of total billed charges	
NS CATH - ESTREMITY ARTERY	36140	CPT	both			3770		Aetna	Medicare		1161.16	30.8			121.52	3581.5	percent of total billed charges	
NS CATH - ESTREMITY ARTERY	36140	CPT	both			3770		Americare	Americare		2827.5	75			121.52	3581.5	percent of total billed charges	
NS CATH - ESTREMITY ARTERY	36140	CPT	both			3770		Amerihealth	HMO|PPO		2450.5	65			121.52	3581.5	percent of total billed charges	
NS CATH - ESTREMITY ARTERY	36140	CPT	both			3770		Consumer	Consumer		3581.5	95			121.52	3581.5	percent of total billed charges	
NS CATH - ESTREMITY ARTERY	36140	CPT	both			3770		Corrections	Corrections		3016	80			121.52	3581.5	percent of total billed charges	
NS CATH - ESTREMITY ARTERY	36140	CPT	both			3770		First Health	First Health		2639	70			121.52	3581.5	percent of total billed charges	
NS CATH - ESTREMITY ARTERY	36140	CPT	both			3770		First Trenton	First Trenton		3393	90			121.52	3581.5	percent of total billed charges	
NS CATH - ESTREMITY ARTERY	36140	CPT	both			3770		Horizon	NJ Health		121.52				121.52	3581.5	fee schedule	
NS CATH - ESTREMITY ARTERY	36140	CPT	both			3770		Horizon	MGD		1443.16	38.28			121.52	3581.5	percent of total billed charges	
NS CATH - ESTREMITY ARTERY	36140	CPT	both			3770		Horizon	Indemnity		1443.16	38.28			121.52	3581.5	percent of total billed charges	
NS CATH - ESTREMITY ARTERY	36140	CPT	both			3770		Horizon	Medicare Blue		1131	30			121.52	3581.5	percent of total billed charges	
NS CATH - ESTREMITY ARTERY	36140	CPT	both			3770		Horizon	PPO		1443.16	38.28			121.52	3581.5	percent of total billed charges	
NS CATH - ESTREMITY ARTERY	36140	CPT	both			3770		Managed Care Inc	Managed Care Inc		3393	90			121.52	3581.5	percent of total billed charges	
NS CATH - ESTREMITY ARTERY	36140	CPT	both			3770		Multiplan	Multiplan		3016	80			121.52	3581.5	percent of total billed charges	
NS CATH - ESTREMITY ARTERY	36140	CPT	both			3770		Qualcare	Qualcare		2827.5	75			121.52	3581.5	percent of total billed charges	
NS CATH - ESTREMITY ARTERY	36140	CPT	both			3770		Three Rivers	Three Rivers		3581.5	95			121.52	3581.5	percent of total billed charges	
NS CATH - ESTREMITY ARTERY	36140	CPT	both			3770		UHC	Medicaid		1189.44	31.55			121.52	3581.5	percent of total billed charges	
NS CATH - ESTREMITY ARTERY	36140	CPT	both			3770		United	Commercial|PPO		1782				121.52	3581.5	case rate	
NS CATH - ESTREMITY ARTERY	36140	CPT	both			3770		United	Oxford		1782				121.52	3581.5	case rate	
NS CATH - ESTREMITY ARTERY	36140	CPT	both			3770		Wellcare	Medicaid		1189.44	31.55			121.52	3581.5	percent of total billed charges	
NS CATH - ESTREMITY ARTERY	36140	CPT	both			3770		WellPoint	WellPoint		1213.19	32.18			121.52	3581.5	percent of total billed charges	
AORTA TRANSLUMBAR	36160	CPT	outpatient			2271		Aetna	Medicare		699.47	30.8			180.16	2157.45	percent of total billed charges	
AORTA TRANSLUMBAR	36160	CPT	outpatient			2271		Aetna	Commercial		862.98	38			180.16	2157.45	percent of total billed charges	
AORTA TRANSLUMBAR	36160	CPT	outpatient			2271		Aetna	Better Health		716.5	31.55			180.16	2157.45	percent of total billed charges	
AORTA TRANSLUMBAR	36160	CPT	outpatient			2271		Americare	Americare		1703.25	75			180.16	2157.45	percent of total billed charges	
AORTA TRANSLUMBAR	36160	CPT	outpatient			2271		Amerihealth	HMO|PPO		1476.15	65			180.16	2157.45	percent of total billed charges	
AORTA TRANSLUMBAR	36160	CPT	outpatient			2271		Consumer	Consumer		2157.45	95			180.16	2157.45	percent of total billed charges	
AORTA TRANSLUMBAR	36160	CPT	outpatient			2271		Corrections	Corrections		1816.8	80			180.16	2157.45	percent of total billed charges	
AORTA TRANSLUMBAR	36160	CPT	outpatient			2271		First Health	First Health		1589.7	70			180.16	2157.45	percent of total billed charges	
AORTA TRANSLUMBAR	36160	CPT	outpatient			2271		First Trenton	First Trenton		2043.9	90			180.16	2157.45	percent of total billed charges	
AORTA TRANSLUMBAR	36160	CPT	outpatient			2271		Horizon	NJ Health		180.16				180.16	2157.45	fee schedule	
AORTA TRANSLUMBAR	36160	CPT	outpatient			2271		Horizon	Indemnity		869.34	38.28			180.16	2157.45	percent of total billed charges	
AORTA TRANSLUMBAR	36160	CPT	outpatient			2271		Horizon	Medicare Blue		681.3	30			180.16	2157.45	percent of total billed charges	
AORTA TRANSLUMBAR	36160	CPT	outpatient			2271		Horizon	MGD		869.34	38.28			180.16	2157.45	percent of total billed charges	
AORTA TRANSLUMBAR	36160	CPT	outpatient			2271		Horizon	PPO		869.34	38.28			180.16	2157.45	percent of total billed charges	
AORTA TRANSLUMBAR	36160	CPT	outpatient			2271		Managed Care Inc	Managed Care Inc		2043.9	90			180.16	2157.45	percent of total billed charges	
AORTA TRANSLUMBAR	36160	CPT	outpatient			2271		Multiplan	Multiplan		1816.8	80			180.16	2157.45	percent of total billed charges	
AORTA TRANSLUMBAR	36160	CPT	outpatient			2271		Qualcare	Qualcare		1703.25	75			180.16	2157.45	percent of total billed charges	
AORTA TRANSLUMBAR	36160	CPT	outpatient			2271		Three Rivers	Three Rivers		2157.45	95			180.16	2157.45	percent of total billed charges	
AORTA TRANSLUMBAR	36160	CPT	outpatient			2271		UHC	Medicaid		716.5	31.55			180.16	2157.45	percent of total billed charges	
AORTA TRANSLUMBAR	36160	CPT	outpatient			2271		United	Commercial|PPO		1782				180.16	2157.45	case rate	
AORTA TRANSLUMBAR	36160	CPT	outpatient			2271		United	Oxford		1782				180.16	2157.45	case rate	
AORTA TRANSLUMBAR	36160	CPT	outpatient			2271		Wellcare	Medicaid		716.5	31.55			180.16	2157.45	percent of total billed charges	
AORTA TRANSLUMBAR	36160	CPT	outpatient			2271		WellPoint	WellPoint		730.81	32.18			180.16	2157.45	percent of total billed charges	
AORTIC CATH	36200	CPT	outpatient			2688		Aetna	Better Health		848.06	31.55			186.2	2553.6	percent of total billed charges	
AORTIC CATH	36200	CPT	outpatient			2688		Aetna	Commercial		1021.44	38			186.2	2553.6	percent of total billed charges	
AORTIC CATH	36200	CPT	outpatient			2688		Aetna	Medicare		827.9	30.8			186.2	2553.6	percent of total billed charges	
AORTIC CATH	36200	CPT	outpatient			2688		Americare	Americare		2016	75			186.2	2553.6	percent of total billed charges	
AORTIC CATH	36200	CPT	outpatient			2688		Amerihealth	HMO|PPO		1747.2	65			186.2	2553.6	percent of total billed charges	
AORTIC CATH	36200	CPT	outpatient			2688		Consumer	Consumer		2553.6	95			186.2	2553.6	percent of total billed charges	
AORTIC CATH	36200	CPT	outpatient			2688		Corrections	Corrections		2150.4	80			186.2	2553.6	percent of total billed charges	
AORTIC CATH	36200	CPT	outpatient			2688		First Health	First Health		1881.6	70			186.2	2553.6	percent of total billed charges	
AORTIC CATH	36200	CPT	outpatient			2688		First Trenton	First Trenton		2419.2	90			186.2	2553.6	percent of total billed charges	
AORTIC CATH	36200	CPT	outpatient			2688		Horizon	MGD		1028.97	38.28			186.2	2553.6	percent of total billed charges	
AORTIC CATH	36200	CPT	outpatient			2688		Horizon	Indemnity		1028.97	38.28			186.2	2553.6	percent of total billed charges	
AORTIC CATH	36200	CPT	outpatient			2688		Horizon	NJ Health		186.2				186.2	2553.6	fee schedule	
AORTIC CATH	36200	CPT	outpatient			2688		Horizon	Medicare Blue		806.4	30			186.2	2553.6	percent of total billed charges	
AORTIC CATH	36200	CPT	outpatient			2688		Horizon	PPO		1028.97	38.28			186.2	2553.6	percent of total billed charges	
AORTIC CATH	36200	CPT	outpatient			2688		Managed Care Inc	Managed Care Inc		2419.2	90			186.2	2553.6	percent of total billed charges	
AORTIC CATH	36200	CPT	outpatient			2688		Multiplan	Multiplan		2150.4	80			186.2	2553.6	percent of total billed charges	
AORTIC CATH	36200	CPT	outpatient			2688		Qualcare	Qualcare		2016	75			186.2	2553.6	percent of total billed charges	
AORTIC CATH	36200	CPT	outpatient			2688		Three Rivers	Three Rivers		2553.6	95			186.2	2553.6	percent of total billed charges	
AORTIC CATH	36200	CPT	outpatient			2688		UHC	Medicaid		848.06	31.55			186.2	2553.6	percent of total billed charges	
AORTIC CATH	36200	CPT	outpatient			2688		United	Oxford		1782				186.2	2553.6	case rate	
AORTIC CATH	36200	CPT	outpatient			2688		United	Commercial|PPO		1782				186.2	2553.6	case rate	
AORTIC CATH	36200	CPT	outpatient			2688		Wellcare	Medicaid		848.06	31.55			186.2	2553.6	percent of total billed charges	
AORTIC CATH	36200	CPT	outpatient			2688		WellPoint	WellPoint		865	32.18			186.2	2553.6	percent of total billed charges	
THOR AORTA/BRANCHIOCEP/1ST BIL	36215	CPT	both			5257		Aetna	Better Health		1656.58	31.55			283.8	4994.15	percent of total billed charges	
THOR AORTA/BRANCHIOCEP/1ST BIL	36215	CPT	both			5257		Aetna	Medicare		1619.16	30.8			283.8	4994.15	percent of total billed charges	
THOR AORTA/BRANCHIOCEP/1ST BIL	36215	CPT	both			5257		Aetna	Commercial		1997.66	38			283.8	4994.15	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
THOR AORTA/BRANCH/CIOCEP/1ST BIL	36215	CPT	both			5257		Americare	Americare		3942.75	75			283.8	4994.15	percent of total billed charges	
THOR AORTA/BRANCH/CIOCEP/1ST BIL	36215	CPT	both			5257		Amerihealth	HMO/PPO		3417.05	65			283.8	4994.15	percent of total billed charges	
THOR AORTA/BRANCH/CIOCEP/1ST BIL	36215	CPT	both			5257		Consumer	Consumer		4994.15	95			283.8	4994.15	percent of total billed charges	
THOR AORTA/BRANCH/CIOCEP/1ST BIL	36215	CPT	both			5257		Corrections	Corrections		4205.6	80			283.8	4994.15	percent of total billed charges	
THOR AORTA/BRANCH/CIOCEP/1ST BIL	36215	CPT	both			5257		First Health	First Health		3679.9	70			283.8	4994.15	percent of total billed charges	
THOR AORTA/BRANCH/CIOCEP/1ST BIL	36215	CPT	both			5257		First Trenton	First Trenton		4731.3	90			283.8	4994.15	percent of total billed charges	
THOR AORTA/BRANCH/CIOCEP/1ST BIL	36215	CPT	both			5257		Horizon	MGD		2012.38	38.28			283.8	4994.15	percent of total billed charges	
THOR AORTA/BRANCH/CIOCEP/1ST BIL	36215	CPT	both			5257		Horizon	Medicare Blue		1577.1	30			283.8	4994.15	percent of total billed charges	
THOR AORTA/BRANCH/CIOCEP/1ST BIL	36215	CPT	both			5257		Horizon	Indemnity		2012.38	38.28			283.8	4994.15	percent of total billed charges	
THOR AORTA/BRANCH/CIOCEP/1ST BIL	36215	CPT	both			5257		Horizon	NJ Health		303.8				283.8	4994.15	fee schedule	
THOR AORTA/BRANCH/CIOCEP/1ST BIL	36215	CPT	both			5257		Horizon	PPO		2012.38	38.28			283.8	4994.15	percent of total billed charges	
THOR AORTA/BRANCH/CIOCEP/1ST BIL	36215	CPT	both			5257		Managed Care Inc	Managed Care Inc		4731.3	90			283.8	4994.15	percent of total billed charges	
THOR AORTA/BRANCH/CIOCEP/1ST BIL	36215	CPT	both			5257		Multiplan	Multiplan		4205.6	80			283.8	4994.15	percent of total billed charges	
THOR AORTA/BRANCH/CIOCEP/1ST BIL	36215	CPT	both			5257		Qualcare	Qualcare		3942.75	75			283.8	4994.15	percent of total billed charges	
THOR AORTA/BRANCH/CIOCEP/1ST BIL	36215	CPT	both			5257		Three Rivers	Three Rivers		4994.15	95			283.8	4994.15	percent of total billed charges	
THOR AORTA/BRANCH/CIOCEP/1ST BIL	36215	CPT	both			5257		UHC	Medicaid		1658.58	31.55			283.8	4994.15	percent of total billed charges	
THOR AORTA/BRANCH/CIOCEP/1ST BIL	36215	CPT	both			5257		United	Oxford		1782				283.8	4994.15	case rate	
THOR AORTA/BRANCH/CIOCEP/1ST BIL	36215	CPT	both			5257		United	Commercial/PPO		1782				283.8	4994.15	case rate	
THOR AORTA/BRANCH/CIOCEP/1ST BIL	36215	CPT	both			5257		Wellcare	Medicaid		1658.58	31.55			283.8	4994.15	percent of total billed charges	
THOR AORTA/BRANCH/CIOCEP/1ST BIL	36215	CPT	both			5257		WellPoint	WellPoint		1691.7	32.18			283.8	4994.15	percent of total billed charges	
THOR AORTA/BRANCH/CIOCEP/1&2 BIL	36216	CPT	both			6020		Aetna	Better Health		1899.31	31.55			283.8	5719	percent of total billed charges	
THOR AORTA/BRANCH/CIOCEP/1&2 BIL	36216	CPT	both			6020		Aetna	Commercial		2287.6	38			283.8	5719	percent of total billed charges	
THOR AORTA/BRANCH/CIOCEP/1&2 BIL	36216	CPT	both			6020		Aetna	Medicare		1854.16	30.8			283.8	5719	percent of total billed charges	
THOR AORTA/BRANCH/CIOCEP/1&2 BIL	36216	CPT	both			6020		Americare	Americare		4515	75			283.8	5719	percent of total billed charges	
THOR AORTA/BRANCH/CIOCEP/1&2 BIL	36216	CPT	both			6020		Amerihealth	HMO/PPO		3913	65			283.8	5719	percent of total billed charges	
THOR AORTA/BRANCH/CIOCEP/1&2 BIL	36216	CPT	both			6020		Consumer	Consumer		5719	95			283.8	5719	percent of total billed charges	
THOR AORTA/BRANCH/CIOCEP/1&2 BIL	36216	CPT	both			6020		Corrections	Corrections		4816	80			283.8	5719	percent of total billed charges	
THOR AORTA/BRANCH/CIOCEP/1&2 BIL	36216	CPT	both			6020		First Health	First Health		4214	70			283.8	5719	percent of total billed charges	
THOR AORTA/BRANCH/CIOCEP/1&2 BIL	36216	CPT	both			6020		First Trenton	First Trenton		5418	90			283.8	5719	percent of total billed charges	
THOR AORTA/BRANCH/CIOCEP/1&2 BIL	36216	CPT	both			6020		Horizon	MGD		2304.46	38.28			283.8	5719	percent of total billed charges	
THOR AORTA/BRANCH/CIOCEP/1&2 BIL	36216	CPT	both			6020		Horizon	Indemnity		2304.46	38.28			283.8	5719	percent of total billed charges	
THOR AORTA/BRANCH/CIOCEP/1&2 BIL	36216	CPT	both			6020		Horizon	PPO		2304.46	38.28			283.8	5719	percent of total billed charges	
THOR AORTA/BRANCH/CIOCEP/1&2 BIL	36216	CPT	both			6020		Horizon	Medicare Blue		1806	30			283.8	5719	percent of total billed charges	
THOR AORTA/BRANCH/CIOCEP/1&2 BIL	36216	CPT	both			6020		Horizon	NJ Health		367.5				283.8	5719	fee schedule	
THOR AORTA/BRANCH/CIOCEP/1&2 BIL	36216	CPT	both			6020		Managed Care Inc	Managed Care Inc		5418	90			283.8	5719	percent of total billed charges	
THOR AORTA/BRANCH/CIOCEP/1&2 BIL	36216	CPT	both			6020		Multiplan	Multiplan		4816	80			283.8	5719	percent of total billed charges	
THOR AORTA/BRANCH/CIOCEP/1&2 BIL	36216	CPT	both			6020		Qualcare	Qualcare		4515	75			283.8	5719	percent of total billed charges	
THOR AORTA/BRANCH/CIOCEP/1&2 BIL	36216	CPT	both			6020		Three Rivers	Three Rivers		5719	95			283.8	5719	percent of total billed charges	
THOR AORTA/BRANCH/CIOCEP/1&2 BIL	36216	CPT	both			6020		UHC	Medicaid		1899.31	31.55			283.8	5719	percent of total billed charges	
THOR AORTA/BRANCH/CIOCEP/1&2 BIL	36216	CPT	both			6020		United	Oxford		1782				283.8	5719	case rate	
THOR AORTA/BRANCH/CIOCEP/1&2 BIL	36216	CPT	both			6020		United	Commercial/PPO		1782				283.8	5719	case rate	
THOR AORTA/BRANCH/CIOCEP/1&2 BIL	36216	CPT	both			6020		Wellcare	Medicaid		1899.31	31.55			283.8	5719	percent of total billed charges	
THOR AORTA/BRANCH/CIOCEP/1&2 BIL	36216	CPT	both			6020		WellPoint	WellPoint		1937.24	32.18			283.8	5719	percent of total billed charges	
THOR AORTA/BRANCH/CIOCEP/1,2&3 LT	36217	CPT	both			7139		Aetna	Better Health		2252.35	31.55			441	6782.05	percent of total billed charges	
THOR AORTA/BRANCH/CIOCEP/1,2&3 LT	36217	CPT	both			7139		Aetna	Commercial		2712.82	38			441	6782.05	percent of total billed charges	
THOR AORTA/BRANCH/CIOCEP/1,2&3 LT	36217	CPT	both			7139		Aetna	Medicare		2198.81	30.8			441	6782.05	percent of total billed charges	
THOR AORTA/BRANCH/CIOCEP/1,2&3 LT	36217	CPT	both			7139		Americare	Americare		5354.25	75			441	6782.05	percent of total billed charges	
THOR AORTA/BRANCH/CIOCEP/1,2&3 LT	36217	CPT	both			7139		Amerihealth	HMO/PPO		4640.35	65			441	6782.05	percent of total billed charges	
THOR AORTA/BRANCH/CIOCEP/1,2&3 LT	36217	CPT	both			7139		Consumer	Consumer		6782.05	95			441	6782.05	percent of total billed charges	
THOR AORTA/BRANCH/CIOCEP/1,2&3 LT	36217	CPT	both			7139		Corrections	Corrections		5711.2	80			441	6782.05	percent of total billed charges	
THOR AORTA/BRANCH/CIOCEP/1,2&3 LT	36217	CPT	both			7139		First Health	First Health		4997.3	70			441	6782.05	percent of total billed charges	
THOR AORTA/BRANCH/CIOCEP/1,2&3 LT	36217	CPT	both			7139		First Trenton	First Trenton		6425.1	90			441	6782.05	percent of total billed charges	
THOR AORTA/BRANCH/CIOCEP/1,2&3 LT	36217	CPT	both			7139		Horizon	MGD		2732.81	38.28			441	6782.05	percent of total billed charges	
THOR AORTA/BRANCH/CIOCEP/1,2&3 LT	36217	CPT	both			7139		Horizon	Indemnity		2732.81	38.28			441	6782.05	percent of total billed charges	
THOR AORTA/BRANCH/CIOCEP/1,2&3 LT	36217	CPT	both			7139		Horizon	PPO		2732.81	38.28			441	6782.05	percent of total billed charges	
THOR AORTA/BRANCH/CIOCEP/1,2&3 LT	36217	CPT	both			7139		Horizon	Medicare Blue		2141.7	30			441	6782.05	percent of total billed charges	
THOR AORTA/BRANCH/CIOCEP/1,2&3 LT	36217	CPT	both			7139		Horizon	NJ Health		441				441	6782.05	fee schedule	
THOR AORTA/BRANCH/CIOCEP/1,2&3 LT	36217	CPT	both			7139		Managed Care Inc	Managed Care Inc		6425.1	90			441	6782.05	percent of total billed charges	
THOR AORTA/BRANCH/CIOCEP/1,2&3 LT	36217	CPT	both			7139		Multiplan	Multiplan		5711.2	80			441	6782.05	percent of total billed charges	
THOR AORTA/BRANCH/CIOCEP/1,2&3 LT	36217	CPT	both			7139		Qualcare	Qualcare		5354.25	75			441	6782.05	percent of total billed charges	
THOR AORTA/BRANCH/CIOCEP/1,2&3 LT	36217	CPT	both			7139		Three Rivers	Three Rivers		6782.05	95			441	6782.05	percent of total billed charges	
THOR AORTA/BRANCH/CIOCEP/1,2&3 LT	36217	CPT	both			7139		UHC	Medicaid		2252.35	31.55			441	6782.05	percent of total billed charges	
THOR AORTA/BRANCH/CIOCEP/1,2&3 LT	36217	CPT	both			7139		United	Oxford		1782				441	6782.05	case rate	
THOR AORTA/BRANCH/CIOCEP/1,2&3 LT	36217	CPT	both			7139		United	Commercial/PPO		1782				441	6782.05	case rate	
THOR AORTA/BRANCH/CIOCEP/1,2&3 LT	36217	CPT	both			7139		Wellcare	Medicaid		2252.35	31.55			441	6782.05	percent of total billed charges	
THOR AORTA/BRANCH/CIOCEP/1,2&3 LT	36217	CPT	both			7139		WellPoint	WellPoint		2297.33	32.18			441	6782.05	percent of total billed charges	
THOR AORTA/BRANCH/CIOCEP/AD LT	36218	CPT	outpatient			1347		Aetna	Commercial		511.86	38			73.5	1782	percent of total billed charges	
THOR AORTA/BRANCH/CIOCEP/AD LT	36218	CPT	outpatient			1347		Aetna	Medicare		414.88	30.8			73.5	1782	percent of total billed charges	
THOR AORTA/BRANCH/CIOCEP/AD LT	36218	CPT	outpatient			1347		Aetna	Better Health		424.98	31.55			73.5	1782	percent of total billed charges	
THOR AORTA/BRANCH/CIOCEP/AD LT	36218	CPT	outpatient			1347		Americare	Americare		1010.25	75			73.5	1782	percent of total billed charges	
THOR AORTA/BRANCH/CIOCEP/AD LT	36218	CPT	outpatient			1347		Amerihealth	HMO/PPO		875.55	65			73.5	1782	percent of total billed charges	
THOR AORTA/BRANCH/CIOCEP/AD LT	36218	CPT	outpatient			1347		Consumer	Consumer		1279.65	95			73.5	1782	percent of total billed charges	
THOR AORTA/BRANCH/CIOCEP/AD LT	36218	CPT	outpatient			1347		Corrections	Corrections		1077.6	80			73.5	1782	percent of total billed charges	
THOR AORTA/BRANCH/CIOCEP/AD LT	36218	CPT	outpatient			1347		First Health	First Health		942.9	70			73.5	1782	percent of total billed charges	
THOR AORTA/BRANCH/CIOCEP/AD LT	36218	CPT	outpatient			1347		First Trenton	First Trenton		1212.3	90			73.5	1782	percent of total billed charges	
THOR AORTA/BRANCH/CIOCEP/AD LT	36218	CPT	outpatient			1347		Horizon	Medicare Blue		404.1	30			73.5	1782	percent of total billed charges	
THOR AORTA/BRANCH/CIOCEP/AD LT	36218	CPT	outpatient			1347		Horizon	Indemnity		515.63	38.28			73.5	1782	percent of total billed charges	
THOR AORTA/BRANCH/CIOCEP/AD LT	36218	CPT	outpatient			1347		Horizon	MGD		515.63	38.28			73.5	1782	percent of total billed charges	
THOR AORTA/BRANCH/CIOCEP/AD LT	36218	CPT	outpatient			1347		Horizon	NJ Health		73.5				73.5	1782	fee schedule	
THOR AORTA/BRANCH/CIOCEP/AD LT	36218	CPT	outpatient			1347		Horizon	PPO		515.63	38.28			73.5	1782	percent of total billed charges	
THOR AORTA/BRANCH/CIOCEP/AD LT	36218	CPT	outpatient			1347		Managed Care Inc	Managed Care Inc		1212.3	90			73.5	1782	percent of total billed charges	
THOR AORTA/BRANCH/CIOCEP/AD LT	36218	CPT	outpatient			1347		Multiplan	Multiplan		1077.6	80			73.5	1782	percent of total billed charges	
THOR AORTA/BRANCH/CIOCEP/AD LT	36218	CPT	outpatient			1347		Qualcare	Qualcare		1010.25	75			73.5	1782	percent of total billed charges	
THOR AORTA/BRANCH/CIOCEP/AD LT	36218	CPT	outpatient			1347		Three Rivers	Three Rivers		1279.65	95			73.5	1782	percent of total billed charges	
THOR AORTA/BRANCH/CIOCEP/AD LT	36218	CPT	outpatient			1347		UHC	Medicaid		424.98	31.55			73.5	1782	percent of total billed charges	
THOR AORTA/BRANCH/CIOCEP/AD LT	36218	CPT	outpatient			1347		United	Commercial/PPO		1782				73.5	1782	case rate	
THOR AORTA/BRANCH/CIOCEP/AD LT	36218	CPT	outpatient			1347		United	Oxford		1782				73.5	1782	case rate	
THOR AORTA/BRANCH/CIOCEP/AD LT	36218	CPT	outpatient			1347		Wellcare	Medicaid		424.98	31.55			73.5	1782	percent of total billed charges	
THOR AORTA/BRANCH/CIOCEP/AD LT	36218	CPT	outpatient			1347		WellPoint	WellPoint		433.46	32.18			73.5	1782	percent of total billed charges	
NONSLCTV CATH THOR AORTA ANGIO INTA	36221	CPT	inpatient			10811	4192.26	Aetna	Better Health		3410.87	31.55			1015.83	10270.45	percent of total billed charges	
NONSLCTV CATH THOR AORTA ANGIO INTA	36221	CPT	inpatient			10811	4192.26	Aetna	Commercial		5803.54				1015.83	10270.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NONSLCTV CATH THOR AORTA ANGIO INTA	36221	CPT	inpatient			10811	4192.26	Aetna	Medicare		3329.79	30.8			1015.83	10270.45	percent of total billed charges	
NONSLCTV CATH THOR AORTA ANGIO INTA	36221	CPT	inpatient			10811	4192.26	Americare	Americare		8108.25	75			1015.83	10270.45	percent of total billed charges	
NONSLCTV CATH THOR AORTA ANGIO INTA	36221	CPT	inpatient			10811	4192.26	Amerihealth	HMO/PPO		7027.15	65			1015.83	10270.45	percent of total billed charges	
NONSLCTV CATH THOR AORTA ANGIO INTA	36221	CPT	inpatient			10811	4192.26	Amerihealth	Medicare		3645.44				1015.83	10270.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NONSLCTV CATH THOR AORTA ANGIO INTA	36221	CPT	inpatient			10811	4192.26	Consumer	Consumer		10270.45	95			1015.83	10270.45	percent of total billed charges	
NONSLCTV CATH THOR AORTA ANGIO INTA	36221	CPT	inpatient			10811	4192.26	Corrections	Corrections		8648.8	80			1015.83	10270.45	percent of total billed charges	
NONSLCTV CATH THOR AORTA ANGIO INTA	36221	CPT	inpatient			10811	4192.26	First Health	First Health		7567.7	70			1015.83	10270.45	percent of total billed charges	
NONSLCTV CATH THOR AORTA ANGIO INTA	36221	CPT	inpatient			10811	4192.26	First Trenton	First Trenton		9729.9	90			1015.83	10270.45	percent of total billed charges	
NONSLCTV CATH THOR AORTA ANGIO INTA	36221	CPT	inpatient			10811	4192.26	Horizon	NJ Health		1015.83				1015.83	10270.45	fee schedule	
NONSLCTV CATH THOR AORTA ANGIO INTA	36221	CPT	inpatient			10811	4192.26	Horizon	Indemnity		6784.16				1015.83	10270.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NONSLCTV CATH THOR AORTA ANGIO INTA	36221	CPT	inpatient			10811	4192.26	Horizon	MGD		6784.16				1015.83	10270.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NONSLCTV CATH THOR AORTA ANGIO INTA	36221	CPT	inpatient			10811	4192.26	Horizon	Medicare Blue		3645.44				1015.83	10270.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NONSLCTV CATH THOR AORTA ANGIO INTA	36221	CPT	inpatient			10811	4192.26	Horizon	PPO		6784.16				1015.83	10270.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NONSLCTV CATH THOR AORTA ANGIO INTA	36221	CPT	inpatient			10811	4192.26	Managed Care Inc	Managed Care Inc		9729.9	90			1015.83	10270.45	percent of total billed charges	
NONSLCTV CATH THOR AORTA ANGIO INTA	36221	CPT	inpatient			10811	4192.26	Multiplan	Multiplan		8648.8	80			1015.83	10270.45	percent of total billed charges	
NONSLCTV CATH THOR AORTA ANGIO INTA	36221	CPT	inpatient			10811	4192.26	Qualcare	Qualcare		8108.25	75			1015.83	10270.45	percent of total billed charges	
NONSLCTV CATH THOR AORTA ANGIO INTA	36221	CPT	inpatient			10811	4192.26	Three Rivers	Three Rivers		10270.45	95			1015.83	10270.45	percent of total billed charges	
NONSLCTV CATH THOR AORTA ANGIO INTA	36221	CPT	inpatient			10811	4192.26	UHC	Medicare		3645.44				1015.83	10270.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NONSLCTV CATH THOR AORTA ANGIO INTA	36221	CPT	inpatient			10811	4192.26	UHC	Medicaid		3410.87	31.55			1015.83	10270.45	percent of total billed charges	
NONSLCTV CATH THOR AORTA ANGIO INTA	36221	CPT	inpatient			10811	4192.26	United	Commercial/PPO		3492				1015.83	10270.45	case rate	
NONSLCTV CATH THOR AORTA ANGIO INTA	36221	CPT	inpatient			10811	4192.26	United	Oxford		3492				1015.83	10270.45	case rate	
NONSLCTV CATH THOR AORTA ANGIO INTA	36221	CPT	inpatient			10811	4192.26	Wellcare	Medicare		3645.44				1015.83	10270.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NONSLCTV CATH THOR AORTA ANGIO INTA	36221	CPT	inpatient			10811	4192.26	Wellcare	Medicaid		3410.87	31.55			1015.83	10270.45	percent of total billed charges	
NONSLCTV CATH THOR AORTA ANGIO INTA	36221	CPT	inpatient			10811	4192.26	WellPoint	WellPoint		3478.98	32.18			1015.83	10270.45	percent of total billed charges	
SELECT COM/CAROTID/INNOMIN UNIL ANY	36222	CPT	both			10768	4192.26	Aetna	Better Health		3397.3	31.55			1257.09	10229.6	percent of total billed charges	
SELECT COM/CAROTID/INNOMIN UNIL ANY	36222	CPT	both			10768	4192.26	Aetna	Medicare		3316.54	30.8			1257.09	10229.6	percent of total billed charges	
SELECT COM/CAROTID/INNOMIN UNIL ANY	36222	CPT	both			10768	4192.26	Aetna	Commercial		5803.54				1257.09	10229.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SELECT COM/CAROTID/INNOMIN UNIL ANY	36222	CPT	both			10768	4192.26	Americare	Americare		8076	75			1257.09	10229.6	percent of total billed charges	
SELECT COM/CAROTID/INNOMIN UNIL ANY	36222	CPT	both			10768	4192.26	Amerihealth	Medicare		3645.44				1257.09	10229.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SELECT COM/CAROTID/INNOMIN UNIL ANY	36222	CPT	both			10768	4192.26	Amerihealth	HMO/PPO		6999.2	65			1257.09	10229.6	percent of total billed charges	
SELECT COM/CAROTID/INNOMIN UNIL ANY	36222	CPT	both			10768	4192.26	Consumer	Consumer		10229.6	95			1257.09	10229.6	percent of total billed charges	
SELECT COM/CAROTID/INNOMIN UNIL ANY	36222	CPT	both			10768	4192.26	Corrections	Corrections		8614.4	80			1257.09	10229.6	percent of total billed charges	
SELECT COM/CAROTID/INNOMIN UNIL ANY	36222	CPT	both			10768	4192.26	First Health	First Health		7537.6	70			1257.09	10229.6	percent of total billed charges	
SELECT COM/CAROTID/INNOMIN UNIL ANY	36222	CPT	both			10768	4192.26	First Trenton	First Trenton		9691.2	90			1257.09	10229.6	percent of total billed charges	
SELECT COM/CAROTID/INNOMIN UNIL ANY	36222	CPT	both			10768	4192.26	Horizon	Indemnity		6784.16				1257.09	10229.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SELECT COM/CAROTID/INNOMIN UNIL ANY	36222	CPT	both			10768	4192.26	Horizon	Medicare Blue		3645.44				1257.09	10229.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SELECT COM/CAROTID/INNOMIN UNIL ANY	36222	CPT	both			10768	4192.26	Horizon	PPO		6784.16				1257.09	10229.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SELECT COM/CAROTID/INNOMIN UNIL ANY	36222	CPT	both			10768	4192.26	Horizon	NJ Health		1257.09				1257.09	10229.6	fee schedule	
SELECT COM/CAROTID/INNOMIN UNIL ANY	36222	CPT	both			10768	4192.26	Horizon	MGD		6784.16				1257.09	10229.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SELECT COM/CAROTID/INNOMIN UNIL ANY	36222	CPT	both			10768	4192.26	Managed Care Inc	Managed Care Inc		9691.2	90			1257.09	10229.6	percent of total billed charges	
SELECT COM/CAROTID/INNOMIN UNIL ANY	36222	CPT	both			10768	4192.26	Multiplan	Multiplan		8614.4	80			1257.09	10229.6	percent of total billed charges	
SELECT COM/CAROTID/INNOMIN UNIL ANY	36222	CPT	both			10768	4192.26	Qualcare	Qualcare		8076	75			1257.09	10229.6	percent of total billed charges	
SELECT COM/CAROTID/INNOMIN UNIL ANY	36222	CPT	both			10768	4192.26	Three Rivers	Three Rivers		10229.6	95			1257.09	10229.6	percent of total billed charges	
SELECT COM/CAROTID/INNOMIN UNIL ANY	36222	CPT	both			10768	4192.26	UHC	Medicare		3645.44				1257.09	10229.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SELECT COM/CAROTID/INNOMIN UNIL ANY	36222	CPT	both			10768	4192.26	UHC	Medicaid		3397.3	31.55			1257.09	10229.6	percent of total billed charges	
SELECT COM/CAROTID/INNOMIN UNIL ANY	36222	CPT	both			10768	4192.26	United	Commercial/PPO		3492				1257.09	10229.6	case rate	
SELECT COM/CAROTID/INNOMIN UNIL ANY	36222	CPT	both			10768	4192.26	United	Oxford		3492				1257.09	10229.6	case rate	
SELECT COM/CAROTID/INNOMIN UNIL ANY	36222	CPT	both			10768	4192.26	Wellcare	Medicare		3645.44				1257.09	10229.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SELECT COM/CAROTID/INNOMIN UNIL ANY	36222	CPT	both			10768	4192.26	Wellcare	Medicaid		3397.3	31.55			1257.09	10229.6	percent of total billed charges	
SELECT COM/CAROTID/INNOMIN UNIL ANY	36222	CPT	both			10768	4192.26	WellPoint	WellPoint		3465.14	32.18			1257.09	10229.6	percent of total billed charges	
SLCTV CATH CRTD/INOM ART	36223	CPT	both			18364	7227.61	Aetna	Better Health		5793.84	31.55			1375.43	17445.8	percent of total billed charges	
SLCTV CATH CRTD/INOM ART	36223	CPT	both			18364	7227.61	Aetna	Commercial		10005.53				1375.43	17445.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLCTV CATH CRTD/INOM ART	36223	CPT	both			18364	7227.61	Aetna	Medicare		6284.88				1375.43	17445.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLCTV CATH CRTD/INOM ART	36223	CPT	both			18364	7227.61	Americare	Americare		13773	75			1375.43	17445.8	percent of total billed charges	
SLCTV CATH CRTD/INOM ART	36223	CPT	both			18364	7227.61	Amerihealth	Medicare		6284.88				1375.43	17445.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLCTV CATH CRTD/INOM ART	36223	CPT	both			18364	7227.61	Amerihealth	HMO/PPO		11936.6	65			1375.43	17445.8	percent of total billed charges	
SLCTV CATH CRTD/INOM ART	36223	CPT	both			18364	7227.61	Consumer	Consumer		17445.8	95			1375.43	17445.8	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
SLCTV CATH CRTD/INOM ART	36223	CPT	both			18364		7227.61	Corrections		14691.2	80			1375.43	17445.8	percent of total billed charges	
SLCTV CATH CRTD/INOM ART	36223	CPT	both			18364		7227.61	First Health		12854.8	70			1375.43	17445.8	percent of total billed charges	
SLCTV CATH CRTD/INOM ART	36223	CPT	both			18364		7227.61	First Trenton		16527.6	90			1375.43	17445.8	percent of total billed charges	
SLCTV CATH CRTD/INOM ART	36223	CPT	both			18364		7227.61	Horizon		11696.16				1375.43	17445.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLCTV CATH CRTD/INOM ART	36223	CPT	both			18364		7227.61	Horizon		6284.88				1375.43	17445.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLCTV CATH CRTD/INOM ART	36223	CPT	both			18364		7227.61	Horizon		11696.16				1375.43	17445.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLCTV CATH CRTD/INOM ART	36223	CPT	both			18364		7227.61	Horizon		1375.43				1375.43	17445.8	fee schedule	
SLCTV CATH CRTD/INOM ART	36223	CPT	both			18364		7227.61	Horizon		11696.16				1375.43	17445.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLCTV CATH CRTD/INOM ART	36223	CPT	both			18364		7227.61	Managed Care Inc	Managed Care Inc	16527.6	90			1375.43	17445.8	percent of total billed charges	
SLCTV CATH CRTD/INOM ART	36223	CPT	both			18364		7227.61	Multiplan	Multiplan	14691.2	80			1375.43	17445.8	percent of total billed charges	
SLCTV CATH CRTD/INOM ART	36223	CPT	both			18364		7227.61	Qualcare	Qualcare	13773	75			1375.43	17445.8	percent of total billed charges	
SLCTV CATH CRTD/INOM ART	36223	CPT	both			18364		7227.61	Three Rivers	Three Rivers	17445.8	95			1375.43	17445.8	percent of total billed charges	
SLCTV CATH CRTD/INOM ART	36223	CPT	both			18364		7227.61	UHC	Medicare	6284.88				1375.43	17445.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLCTV CATH CRTD/INOM ART	36223	CPT	both			18364		7227.61	UHC	Medicaid	5793.84	31.55			1375.43	17445.8	percent of total billed charges	
SLCTV CATH CRTD/INOM ART	36223	CPT	both			18364		7227.61	United	Oxford	4702				1375.43	17445.8	case rate	
SLCTV CATH CRTD/INOM ART	36223	CPT	both			18364		7227.61	United	Commercial|PPO	4702				1375.43	17445.8	case rate	
SLCTV CATH CRTD/INOM ART	36223	CPT	both			18364		7227.61	Wellcare	Medicaid	5793.84	31.55			1375.43	17445.8	percent of total billed charges	
SLCTV CATH CRTD/INOM ART	36223	CPT	both			18364		7227.61	Wellcare	Medicare	6284.88				1375.43	17445.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLCTV CATH CRTD/INOM ART	36223	CPT	both			18364		7227.61	WellPoint	WellPoint	5909.54	32.18			1375.43	17445.8	percent of total billed charges	
SLCTV CATH INTRNL CAROTID ART ANGIO INTR	36224	CPT	both			18414		7227.61	Aetna	Medicare	6284.88				1494.09	17493.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLCTV CATH INTRNL CAROTID ART ANGIO INTR	36224	CPT	both			18414		7227.61	Aetna	Commercial	10055.53				1494.09	17493.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLCTV CATH INTRNL CAROTID ART ANGIO INTR	36224	CPT	both			18414		7227.61	Aetna	Better Health	5809.62	31.55			1494.09	17493.3	percent of total billed charges	
SLCTV CATH INTRNL CAROTID ART ANGIO INTR	36224	CPT	both			18414		7227.61	Americare	Americare	13810.5	75			1494.09	17493.3	percent of total billed charges	
SLCTV CATH INTRNL CAROTID ART ANGIO INTR	36224	CPT	both			18414		7227.61	Amerihealth	HMO/PPO	11969.1	65			1494.09	17493.3	percent of total billed charges	
SLCTV CATH INTRNL CAROTID ART ANGIO INTR	36224	CPT	both			18414		7227.61	Amerihealth	Medicare	6284.88				1494.09	17493.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLCTV CATH INTRNL CAROTID ART ANGIO INTR	36224	CPT	both			18414		7227.61	Consumer	Consumer	17493.3	95			1494.09	17493.3	percent of total billed charges	
SLCTV CATH INTRNL CAROTID ART ANGIO INTR	36224	CPT	both			18414		7227.61	Corrections	Corrections	14731.2	80			1494.09	17493.3	percent of total billed charges	
SLCTV CATH INTRNL CAROTID ART ANGIO INTR	36224	CPT	both			18414		7227.61	First Health	First Health	12889.8	70			1494.09	17493.3	percent of total billed charges	
SLCTV CATH INTRNL CAROTID ART ANGIO INTR	36224	CPT	both			18414		7227.61	First Trenton	First Trenton	16572.6	90			1494.09	17493.3	percent of total billed charges	
SLCTV CATH INTRNL CAROTID ART ANGIO INTR	36224	CPT	both			18414		7227.61	Horizon	MGD	11696.16				1494.09	17493.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLCTV CATH INTRNL CAROTID ART ANGIO INTR	36224	CPT	both			18414		7227.61	Horizon	Medicare Blue	6284.88				1494.09	17493.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLCTV CATH INTRNL CAROTID ART ANGIO INTR	36224	CPT	both			18414		7227.61	Horizon	PPO	11696.16				1494.09	17493.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLCTV CATH INTRNL CAROTID ART ANGIO INTR	36224	CPT	both			18414		7227.61	Horizon	NJ Health	1494.09				1494.09	17493.3	fee schedule	
SLCTV CATH INTRNL CAROTID ART ANGIO INTR	36224	CPT	both			18414		7227.61	Horizon	Indemnity	11696.16				1494.09	17493.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLCTV CATH INTRNL CAROTID ART ANGIO INTR	36224	CPT	both			18414		7227.61	Managed Care Inc	Managed Care Inc	16572.6	90			1494.09	17493.3	percent of total billed charges	
SLCTV CATH INTRNL CAROTID ART ANGIO INTR	36224	CPT	both			18414		7227.61	Multiplan	Multiplan	14731.2	80			1494.09	17493.3	percent of total billed charges	
SLCTV CATH INTRNL CAROTID ART ANGIO INTR	36224	CPT	both			18414		7227.61	Qualcare	Qualcare	13810.5	75			1494.09	17493.3	percent of total billed charges	
SLCTV CATH INTRNL CAROTID ART ANGIO INTR	36224	CPT	both			18414		7227.61	Three Rivers	Three Rivers	17493.3	95			1494.09	17493.3	percent of total billed charges	
SLCTV CATH INTRNL CAROTID ART ANGIO INTR	36224	CPT	both			18414		7227.61	UHC	Medicaid	5809.62	31.55			1494.09	17493.3	percent of total billed charges	
SLCTV CATH INTRNL CAROTID ART ANGIO INTR	36224	CPT	both			18414		7227.61	UHC	Medicare	6284.88				1494.09	17493.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLCTV CATH INTRNL CAROTID ART ANGIO INTR	36224	CPT	both			18414		7227.61	United	Commercial|PPO	4702				1494.09	17493.3	case rate	
SLCTV CATH INTRNL CAROTID ART ANGIO INTR	36224	CPT	both			18414		7227.61	United	Oxford	4702				1494.09	17493.3	case rate	
SLCTV CATH INTRNL CAROTID ART ANGIO INTR	36224	CPT	both			18414		7227.61	Wellcare	Medicare	6284.88				1494.09	17493.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLCTV CATH INTRNL CAROTID ART ANGIO INTR	36224	CPT	both			18414		7227.61	Wellcare	Medicaid	5809.62	31.55			1494.09	17493.3	percent of total billed charges	
SLCTV CATH INTRNL CAROTID ART ANGIO INTR	36224	CPT	both			18414		7227.61	WellPoint	WellPoint	5925.63	32.18			1494.09	17493.3	percent of total billed charges	
SELECT SUBCLAVIAN/INNOM A UNILAT WITH	36225	CPT	both			10768		4192.26	Aetna	Medicare	3645.44				1365.24	10229.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SELECT SUBCLAVIAN/INNOM A UNILAT WITH	36225	CPT	both			10768		4192.26	Aetna	Commercial	5803.54				1365.24	10229.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SELECT SUBCLAVIAN/INNOM A UNILAT WITH	36225	CPT	both			10768		4192.26	Aetna	Better Health	3397.3	31.55			1365.24	10229.6	percent of total billed charges	
SELECT SUBCLAVIAN/INNOM A UNILAT WITH	36225	CPT	both			10768		4192.26	Americare	Americare	8076	75			1365.24	10229.6	percent of total billed charges	
SELECT SUBCLAVIAN/INNOM A UNILAT WITH	36225	CPT	both			10768		4192.26	Amerihealth	Medicare	3645.44				1365.24	10229.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SELECT SUBCLAVIAN/INNOM A UNILAT WITH	36225	CPT	both			10768		4192.26	Amerihealth	HMO/PPO	6999.2	65			1365.24	10229.6	percent of total billed charges	
SELECT SUBCLAVIAN/INNOM A UNILAT WITH	36225	CPT	both			10768		4192.26	Consumer	Consumer	10229.6	95			1365.24	10229.6	percent of total billed charges	
SELECT SUBCLAVIAN/INNOM A UNILAT WITH	36225	CPT	both			10768		4192.26	Corrections	Corrections	8614.4	80			1365.24	10229.6	percent of total billed charges	
SELECT SUBCLAVIAN/INNOM A UNILAT WITH	36225	CPT	both			10768		4192.26	First Health	First Health	7537.6	70			1365.24	10229.6	percent of total billed charges	
SELECT SUBCLAVIAN/INNOM A UNILAT WITH	36225	CPT	both			10768		4192.26	First Trenton	First Trenton	9691.2	90			1365.24	10229.6	percent of total billed charges	
SELECT SUBCLAVIAN/INNOM A UNILAT WITH	36225	CPT	both			10768		4192.26	Horizon	Indemnity	6784.16				1365.24	10229.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SELECT SUBCLAVIAN/INNOM A UNILAT WITH	36225	CPT	both			10768		4192.26	Horizon	PPO	6784.16				1365.24	10229.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SELECT SUBCLAVIAN/INNOM A UNILAT WITH	36225	CPT	both			10768		4192.26	Horizon	Medicare Blue	3645.44				1365.24	10229.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SELECT SUBCLAVIAN/INNOM A UNILAT WITH	36225	CPT	both			10768		4192.26	Horizon	MGD	6784.16				1365.24	10229.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SELECT SUBCLAVIAN/INNOM A UNILAT WITH	36225	CPT	both			10768		4192.26	Horizon	NJ Health	1365.24				1365.24	10229.6	fee schedule	
SELECT SUBCLAVIAN/INNOM A UNILAT WITH	36225	CPT	both			10768		4192.26	Managed Care Inc	Managed Care Inc	9691.2	90			1365.24	10229.6	percent of total billed charges	
SELECT SUBCLAVIAN/INNOM A UNILAT WITH	36225	CPT	both			10768		4192.26	Multiplan	Multiplan	8614.4	80			1365.24	10229.6	percent of total billed charges	
SELECT SUBCLAVIAN/INNOM A UNILAT WITH	36225	CPT	both			10768		4192.26	Qualcare	Qualcare	8076	75			1365.24	10229.6	percent of total billed charges	
SELECT SUBCLAVIAN/INNOM A UNILAT WITH	36225	CPT	both			10768		4192.26	Three Rivers	Three Rivers	10229.6	95			1365.24	10229.6	percent of total billed charges	
SELECT SUBCLAVIAN/INNOM A UNILAT WITH	36225	CPT	both			10768		4192.26	UHC	Medicare	3645.44				1365.24	10229.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SELECT SUBCLAVIAN/INNOM A UNILAT WITH	36225	CPT	both			10768		4192.26	UHC	Medicaid	3397.3	31.55			1365.24	10229.6	percent of total billed charges	
SELECT SUBCLAVIAN/INNOM A UNILAT WITH	36225	CPT	both			10768		4192.26	United	Commercial|PPO	3492				1365.24	10229.6	case rate	
SELECT SUBCLAVIAN/INNOM A UNILAT WITH	36225	CPT	both			10768		4192.26	United	Oxford	3492				1365.24	10229.6	case rate	
SELECT SUBCLAVIAN/INNOM A UNILAT WITH	36225	CPT	both			10768		4192.26	Wellcare	Medicaid	3397.3	31.55			1365.24	10229.6	percent of total billed charges	
SELECT SUBCLAVIAN/INNOM A UNILAT WITH	36225	CPT	both			10768		4192.26	Wellcare	Medicare	3645.44				1365.24	10229.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SELECT SUBCLAVIAN/INNOM A UNILAT WITH	36225	CPT	both			10768		4192.26	WellPoint	WellPoint	3465.14	32.18			1365.24	10229.6	percent of total billed charges	
SELECT VERT A UNILAT WITH IPSILAT.VERT.	36226	CPT	both			18915		7227.61	Aetna	Better Health	5967.68	31.55			1523.49	17969.25	percent of total billed charges	
SELECT VERT A UNILAT WITH IPSILAT.VERT.	36226	CPT	both			18915		7227.61	Aetna	Medicare	5825.82	30.8			1523.49	17969.25	percent of total billed charges	
SELECT VERT A UNILAT WITH IPSILAT.VERT.	36226	CPT	both			18915		7227.61	Aetna	Commercial	10055.53				1523.49	17969.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SELECT VERT A UNILAT WITH IPSILAT.VERT.	36226	CPT	both			18915		7227.61	Americare	Americare	14186.25	75			1523.49	17969.25	percent of total billed charges	
SELECT VERT A UNILAT WITH IPSILAT.VERT.	36226	CPT	both			18915		7227.61	Amerihealth	HMO/PPO	12294.75	65			1523.49	17969.25	percent of total billed charges	
SELECT VERT A UNILAT WITH IPSILAT.VERT.	36226	CPT	both			18915		7227.61	Amerihealth	Medicare	6284.88				1523.49	17969.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SELECT VERT A UNILAT WITH IPSILAT.VERT.	36226	CPT	both			18915		7227.61	Consumer	Consumer	17969.25	95			1523.49	17969.25	percent of total billed charges	
SELECT VERT A UNILAT WITH IPSILAT.VERT.	36226	CPT	both			18915		7227.61	Corrections	Corrections	15132	80			1523.49	17969.25	percent of total billed charges	
SELECT VERT A UNILAT WITH IPSILAT.VERT.	36226	CPT	both			18915		7227.61	First Health	First Health	13240.5	70			1523.49	17969.25	percent of total billed charges	
SELECT VERT A UNILAT WITH IPSILAT.VERT.	36226	CPT	both			18915		7227.61	First Trenton	First Trenton	17023.5	90			1523.49	17969.25	percent of total billed charges	
SELECT VERT A UNILAT WITH IPSILAT.VERT.	36226	CPT	both			18915		7227.61	Horizon	NJ Health	1523.49				1523.49	17969.25	fee schedule	
SELECT VERT A UNILAT WITH IPSILAT.VERT.	36226	CPT	both			18915		7227.61	Horizon	Indemnity	11696.16				1523.49	17969.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SELECT VERT A UNILAT WITH IPSILAT.VERT.	36226	CPT	both			18915		7227.61	Horizon	Medicare Blue	6284.88				1523.49	17969.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SELECT VERT A UNILAT WITH IPSILAT.VERT.	36226	CPT	both			18915		7227.61	Horizon	MGD	11696.16				1523.49	17969.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SELECT VERT A UNILAT WITH IPSILAT.VERT.	36226	CPT	both			18915		7227.61	Horizon	PPO	11696.16				1523.49	17969.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SELECT VERT A UNILAT WITH IPSILAT.VERT.	36226	CPT	both			18915		7227.61	Managed Care Inc	Managed Care Inc	17023.5	90			1523.49	17969.25	percent of total billed charges	
SELECT VERT A UNILAT WITH IPSILAT.VERT.	36226	CPT	both			18915		7227.61	Multiplan	Multiplan	15132	80			1523.49	17969.25	percent of total billed charges	
SELECT VERT A UNILAT WITH IPSILAT.VERT.	36226	CPT	both			18915		7227.61	Qualcare	Qualcare	14186.25	75			1523.49	17969.25	percent of total billed charges	
SELECT VERT A UNILAT WITH IPSILAT.VERT.	36226	CPT	both			18915		7227.61	Three Rivers	Three Rivers	17969.25	95			1523.49	17969.25	percent of total billed charges	
SELECT VERT A UNILAT WITH IPSILAT.VERT.	36226	CPT	both			18915		7227.61	UHC	Medicaid	5967.68	31.55			1523.49	17969.25	percent of total billed charges	
SELECT VERT A UNILAT WITH IPSILAT.VERT.	36226	CPT	both			18915		7227.61	UHC	Medicare	6284.88				1523.49	17969.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SELECT VERT A UNILAT WITH IPSILAT.VERT.	36226	CPT	both			18915		7227.61	United	Commercial|PPO	4702				1523.49	17969.25	case rate	
SELECT VERT A UNILAT WITH IPSILAT.VERT.	36226	CPT	both			18915		7227.61	United	Oxford	4702				1523.49	17969.25	case rate	
SELECT VERT A UNILAT WITH IPSILAT.VERT.	36226	CPT	both			18915		7227.61	Wellcare	Medicaid	5967.68	31.55			1523.49	17969.25	percent of total billed charges	
SELECT VERT A UNILAT WITH IPSILAT.VERT.	36226	CPT	both			18915		7227.61	Wellcare	Medicare	6284.88				1523.49	17969.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SELECT VERT A UNILAT WITH IPSILAT.VERT.	36226	CPT	both			18915		7227.61	WellPoint	WellPoint	6086.85	32.18			1523.49	17969.25	percent of total billed charges	
TRANSCATH OCCLUSION/EMBOLIZ	36227	CPT	both			16971			Aetna	Better Health	5354.35	31.55			215.7	16122.45	percent of total billed charges	
TRANSCATH OCCLUSION/EMBOLIZ	36227	CPT	both			16971			Aetna	Commercial	38				215.7	16122.45	percent of total billed charges	
TRANSCATH OCCLUSION/EMBOLIZ	36227	CPT	both			16971			Aetna	Medicare	5227.07	30.8			215.7	16122.45	percent of total billed charges	
TRANSCATH OCCLUSION/EMBOLIZ	36227	CPT	both			16971			Americare	Americare	12728.25	75			215.7	16122.45	percent of total billed charges	
TRANSCATH OCCLUSION/EMBOLIZ	36227	CPT	both			16971			Amerihealth	HMO/PPO	11031.15	65			215.7	16122.45	percent of total billed charges	
TRANSCATH OCCLUSION/EMBOLIZ	36227	CPT	both			16971			Consumer	Consumer	16122.45	95			215.7	16122.45	percent of total billed charges	
TRANSCATH OCCLUSION/EMBOLIZ	36227	CPT	both			16971			Corrections	Corrections	13576.8	80			215.7	16122.45	percent of total billed charges	
TRANSCATH OCCLUSION/EMBOLIZ	36227	CPT	both			16971			First Health	First Health	11879.7	70			215.7	16122.45	percent of total billed charges	
TRANSCATH OCCLUSION/EMBOLIZ	36227	CPT	both			16971			First Trenton	First Trenton	15273.9	90			215.7	16122.45	percent of total billed charges	
TRANSCATH OCCLUSION/EMBOLIZ	36227	CPT	both			16971			Horizon	Indemnity	6496.5	38.28			215.7	16122.45	percent of total billed charges	
TRANSCATH OCCLUSION/EMBOLIZ	36227	CPT	both			16971			Horizon	MGD	6496.5	38.28			215.7	16122.45	percent of total billed charges	
TRANSCATH OCCLUSION/EMBOLIZ	36227	CPT	both			16971			Horizon	Medicare Blue	5091.3	30			215.7	16122.45	percent of total billed charges	
TRANSCATH OCCLUSION/EMBOLIZ	36227	CPT	both			16971			Horizon	PPO	6496.5	38.28			215.7	16122.45	percent of total billed charges	
TRANSCATH OCCLUSION/EMBOLIZ	36227	CPT	both			16971			Horizon	NJ Health	215.7				215.7	16122.45	fee schedule	
TRANSCATH OCCLUSION/EMBOLIZ	36227	CPT	both			16971			Managed Care Inc	Managed Care Inc	15273.9	90			215.7	16122.45	percent of total billed charges	
TRANSCATH OCCLUSION/EMBOLIZ	36227	CPT	both			16971			Multiplan	Multiplan	13576.8	80			215.7	16122.45	percent of total billed charges	
TRANSCATH OCCLUSION/EMBOLIZ	36227	CPT	both			16971			Qualcare	Qualcare	12728.25	75			215.7	16122.45	percent of total billed charges	
TRANSCATH OCCLUSION/EMBOLIZ	36227	CPT	both			16971			Three Rivers	Three Rivers	16122.45	95			215.7	16122.45	percent of total billed charges	
TRANSCATH OCCLUSION/EMBOLIZ	36227	CPT	both			16971			UHC	Medicaid	5354.35	31.55			215.7	16122.45	percent of total billed charges	
TRANSCATH OCCLUSION/EMBOLIZ	36227	CPT	both			16971			United	Oxford	1782				215.7	16122.45	case rate	
TRANSCATH OCCLUSION/EMBOLIZ	36227	CPT	both			16971			United	Commercial|PPO	1782				215.7	16122.45	case rate	
TRANSCATH OCCLUSION/EMBOLIZ	36227	CPT	both			16971			Wellcare	Medicaid	5354.35	31.55			215.7	16122.45	percent of total billed charges	
TRANSCATH OCCLUSION/EMBOLIZ	36227	CPT	both			16971			WellPoint	WellPoint	5461.27	32.18			215.7	16122.45	percent of total billed charges	
SELECT EACH INT CAROTID OR VERT A (EG.	36228	CPT	both			16971			Aetna	Better Health	5354.35	31.55			1046.58	16122.45	percent of total billed charges	
SELECT EACH INT CAROTID OR VERT A (EG.	36228	CPT	both			16971			Aetna	Commercial	6448.98	38			1046.58	16122.45	percent of total billed charges	
SELECT EACH INT CAROTID OR VERT A (EG.	36228	CPT	both			16971			Aetna	Medicare	5227.07	30.8			1046.58	16122.45	percent of total billed charges	
SELECT EACH INT CAROTID OR VERT A (EG.	36228	CPT	both			16971			Americare	Americare	12728.25	75			1046.58	16122.45	percent of total billed charges	
SELECT EACH INT CAROTID OR VERT A (EG.	36228	CPT	both			16971			Amerihealth	HMO/PPO	11031.15	65			1046.58	16122.45	percent of total billed charges	
SELECT EACH INT CAROTID OR VERT A (EG.	36228	CPT	both			16971			Consumer	Consumer	16122.45	95			1046.58	16122.45	percent of total billed charges	
SELECT EACH INT CAROTID OR VERT A (EG.	36228	CPT	both			16971			Corrections	Corrections	13576.8	80			1046.58	16122.45	percent of total billed charges	
SELECT EACH INT CAROTID OR VERT A (EG.	36228	CPT	both			16971			First Health	First Health	11879.7	70			1046.58	16122.45	percent of total billed charges	
SELECT EACH INT CAROTID OR VERT A (EG.	36228	CPT	both			16971			First Trenton	First Trenton	15273.9	90			1046.58	16122.45	percent of total billed charges	
SELECT EACH INT CAROTID OR VERT A (EG.	36228	CPT	both			16971			Horizon	Medicare Blue	5091.3	30			1046.58	16122.45	percent of total billed charges	
SELECT EACH INT CAROTID OR VERT A (EG.	36228	CPT	both			16971			Horizon	Indemnity	6496.5	38.28			1046.58	16122.45	percent of total billed charges	
SELECT EACH INT CAROTID OR VERT A (EG.	36228	CPT	both			16971			Horizon	MGD	6496.5	38.28			1046.58	16122.45	percent of total billed charges	
SELECT EACH INT CAROTID OR VERT A (EG.	36228	CPT	both			16971			Horizon	NJ Health	1046.58				1046.58	16122.45	fee schedule	
SELECT EACH INT CAROTID OR VERT A (EG.	36228	CPT	both			16971			Horizon	PPO	6496.5	38.28			1046.58	16122.45	percent of total billed charges	
SELECT EACH INT CAROTID OR VERT A (EG.	36228	CPT	both			16971			Managed Care Inc	Managed Care Inc	15273.9	90			1046.58	16122.45	percent of total billed charges	
SELECT EACH INT CAROTID OR VERT A (EG.	36228	CPT	both			16971			Multiplan	Multiplan	13576.8	80			1046.58	16122.45	percent of total billed charges	
SELECT EACH INT CAROTID OR VERT A (EG.	36228	CPT	both			16971			Qualcare	Qualcare	12728.25	75			1046.58	16122.45	percent of total billed charges	
SELECT EACH INT CAROTID OR VERT A (EG.	36228	CPT	both			16971			Three Rivers	Three Rivers	16122.45	95			1046.58	16122.45	percent of total billed charges	
SELECT EACH INT CAROTID OR VERT A (EG.	36228	CPT	both			16971			UHC	Medicaid	5354.35	31.55			1046.58	16122.45	percent of total billed charges	
SELECT EACH INT CAROTID OR VERT A (EG.	36228	CPT	both			16971			United	Oxford	1782				1046.58	16122.45	case rate	
SELECT EACH INT CAROTID OR VERT A (EG.	36228	CPT	both			16971			United	Commercial|PPO	1782				1046.58	16122.45	case rate	
SELECT EACH INT CAROTID OR VERT A (EG.	36228	CPT	both			16971			Wellcare	Medicaid	5354.35	31.55			1046.58	16122.45	percent of total billed charges	
SELECT EACH INT CAROTID OR VERT A (EG.	36228	CPT	both			16971			WellPoint	WellPoint	5461.27	32.18			1046.58	16122.45	percent of total billed charges	
RENAL/PELVIC ANGIO	36245	CPT	both			5495			Aetna	Better Health	1733.67	31.55			223.44	5220.25	percent of total billed charges	
RENAL/PELVIC ANGIO	36245	CPT	both			5495			Aetna	Medicare	1692.46	30.8			223.44	5220.25	percent of total billed charges	
RENAL/PELVIC ANGIO	36245	CPT	both			5495			Aetna	Commercial	2088.1	38			223.44	5220.25	percent of total billed charges	
RENAL/PELVIC ANGIO	36245	CPT	both			5495			Americare	Americare	4121.25	75			223.44	5220.25	percent of total billed charges	
RENAL/PELVIC ANGIO	36245	CPT	both			5495			Amerihealth	HMO/PPO	3571.75	65			223.44	5220.25	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.															
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true														
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
RENAL/PELVIC ANGIO	36245	CPT	both			5495		Consumer	Consumer		5220.25	95			223.44	5220.25	percent of total billed charges	
RENAL/PELVIC ANGIO	36245	CPT	both			5495		Corrections	Corrections		4396	80			223.44	5220.25	percent of total billed charges	
RENAL/PELVIC ANGIO	36245	CPT	both			5495		First Health	First Health		3846.5	70			223.44	5220.25	percent of total billed charges	
RENAL/PELVIC ANGIO	36245	CPT	both			5495		First Trenton	First Trenton		4945.5	90			223.44	5220.25	percent of total billed charges	
RENAL/PELVIC ANGIO	36245	CPT	both			5495		Horizon	Medicare Blue		1648.5	30			223.44	5220.25	percent of total billed charges	
RENAL/PELVIC ANGIO	36245	CPT	both			5495		Horizon	Indemnity		2103.49	38.28			223.44	5220.25	percent of total billed charges	
RENAL/PELVIC ANGIO	36245	CPT	both			5495		Horizon	MGD		2103.49	38.28			223.44	5220.25	percent of total billed charges	
RENAL/PELVIC ANGIO	36245	CPT	both			5495		Horizon	PPO		2103.49	38.28			223.44	5220.25	percent of total billed charges	
RENAL/PELVIC ANGIO	36245	CPT	both			5495		Horizon	NJ Health		223.44				223.44	5220.25	fee schedule	
RENAL/PELVIC ANGIO	36245	CPT	both			5495		Managed Care Inc	Managed Care Inc		4945.5	90			223.44	5220.25	percent of total billed charges	
RENAL/PELVIC ANGIO	36245	CPT	both			5495		Multiplan	Multiplan		4396	80			223.44	5220.25	percent of total billed charges	
RENAL/PELVIC ANGIO	36245	CPT	both			5495		Qualcare	Qualcare		4121.25	75			223.44	5220.25	percent of total billed charges	
RENAL/PELVIC ANGIO	36245	CPT	both			5495		Three Rivers	Three Rivers		5220.25	95			223.44	5220.25	percent of total billed charges	
RENAL/PELVIC ANGIO	36245	CPT	both			5495		UHC	Medicaid		1733.67	31.55			223.44	5220.25	percent of total billed charges	
RENAL/PELVIC ANGIO	36245	CPT	both			5495		United	Oxford		1782				223.44	5220.25	case rate	
RENAL/PELVIC ANGIO	36245	CPT	both			5495		United	Commercial|PPO		1782				223.44	5220.25	case rate	
RENAL/PELVIC ANGIO	36245	CPT	both			5495		Wellcare	Medicaid		1733.67	31.55			223.44	5220.25	percent of total billed charges	
RENAL/PELVIC ANGIO	36245	CPT	both			5495		WellPoint	WellPoint		1768.29	32.18			223.44	5220.25	percent of total billed charges	
SEL CATH PLACEMNT,ARTERIAL SYS,2ND ORDE	36246	CPT	both			6035		Aetna	Commercial		2293.3	38			367.5	5733.25	percent of total billed charges	
SEL CATH PLACEMNT,ARTERIAL SYS,2ND ORDE	36246	CPT	both			6035		Aetna	Better Health		1904.04	31.55			367.5	5733.25	percent of total billed charges	
SEL CATH PLACEMNT,ARTERIAL SYS,2ND ORDE	36246	CPT	both			6035		Aetna	Medicare		1858.78	30.8			367.5	5733.25	percent of total billed charges	
SEL CATH PLACEMNT,ARTERIAL SYS,2ND ORDE	36246	CPT	both			6035		Americare	Americare		4526.25	75			367.5	5733.25	percent of total billed charges	
SEL CATH PLACEMNT,ARTERIAL SYS,2ND ORDE	36246	CPT	both			6035		Amerihealth	HMO/PPO		3922.75	65			367.5	5733.25	percent of total billed charges	
SEL CATH PLACEMNT,ARTERIAL SYS,2ND ORDE	36246	CPT	both			6035		Consumer	Consumer		5733.25	95			367.5	5733.25	percent of total billed charges	
SEL CATH PLACEMNT,ARTERIAL SYS,2ND ORDE	36246	CPT	both			6035		Corrections	Corrections		4828	80			367.5	5733.25	percent of total billed charges	
SEL CATH PLACEMNT,ARTERIAL SYS,2ND ORDE	36246	CPT	both			6035		First Health	First Health		4224.5	70			367.5	5733.25	percent of total billed charges	
SEL CATH PLACEMNT,ARTERIAL SYS,2ND ORDE	36246	CPT	both			6035		First Trenton	First Trenton		5431.5	90			367.5	5733.25	percent of total billed charges	
SEL CATH PLACEMNT,ARTERIAL SYS,2ND ORDE	36246	CPT	both			6035		Horizon	MGD		2310.2	38.28			367.5	5733.25	percent of total billed charges	
SEL CATH PLACEMNT,ARTERIAL SYS,2ND ORDE	36246	CPT	both			6035		Horizon	NJ Health		367.5				367.5	5733.25	fee schedule	
SEL CATH PLACEMNT,ARTERIAL SYS,2ND ORDE	36246	CPT	both			6035		Horizon	Medicare Blue		1810.5	30			367.5	5733.25	percent of total billed charges	
SEL CATH PLACEMNT,ARTERIAL SYS,2ND ORDE	36246	CPT	both			6035		Horizon	Indemnity		2310.2	38.28			367.5	5733.25	percent of total billed charges	
SEL CATH PLACEMNT,ARTERIAL SYS,2ND ORDE	36246	CPT	both			6035		Horizon	PPO		2310.2	38.28			367.5	5733.25	percent of total billed charges	
SEL CATH PLACEMNT,ARTERIAL SYS,2ND ORDE	36246	CPT	both			6035		Managed Care Inc	Managed Care Inc		5431.5	90			367.5	5733.25	percent of total billed charges	
SEL CATH PLACEMNT,ARTERIAL SYS,2ND ORDE	36246	CPT	both			6035		Multiplan	Multiplan		4828	80			367.5	5733.25	percent of total billed charges	
SEL CATH PLACEMNT,ARTERIAL SYS,2ND ORDE	36246	CPT	both			6035		Qualcare	Qualcare		4526.25	75			367.5	5733.25	percent of total billed charges	
SEL CATH PLACEMNT,ARTERIAL SYS,2ND ORDE	36246	CPT	both			6035		Three Rivers	Three Rivers		5733.25	95			367.5	5733.25	percent of total billed charges	
SEL CATH PLACEMNT,ARTERIAL SYS,2ND ORDE	36246	CPT	both			6035		UHC	Medicaid		1904.04	31.55			367.5	5733.25	percent of total billed charges	
SEL CATH PLACEMNT,ARTERIAL SYS,2ND ORDE	36246	CPT	both			6035		United	Commercial|PPO		1782				367.5	5733.25	case rate	
SEL CATH PLACEMNT,ARTERIAL SYS,2ND ORDE	36246	CPT	both			6035		United	Oxford		1782				367.5	5733.25	case rate	
SEL CATH PLACEMNT,ARTERIAL SYS,2ND ORDE	36246	CPT	both			6035		Wellcare	Medicaid		1904.04	31.55			367.5	5733.25	percent of total billed charges	
SEL CATH PLACEMNT,ARTERIAL SYS,2ND ORDE	36246	CPT	both			6035		WellPoint	WellPoint		1942.06	32.18			367.5	5733.25	percent of total billed charges	
SICTV CATHJ 3RD+ ORD SLCTV ABDL PEL/LXTR	36247	CPT	both			7131		Aetna	Commercial		2709.78	38			450.8	6774.45	percent of total billed charges	
SICTV CATHJ 3RD+ ORD SLCTV ABDL PEL/LXTR	36247	CPT	both			7131		Aetna	Better Health		2249.83	31.55			450.8	6774.45	percent of total billed charges	
SICTV CATHJ 3RD+ ORD SLCTV ABDL PEL/LXTR	36247	CPT	both			7131		Aetna	Medicare		2196.35	30.8			450.8	6774.45	percent of total billed charges	
SICTV CATHJ 3RD+ ORD SLCTV ABDL PEL/LXTR	36247	CPT	both			7131		Americare	Americare		5348.25	75			450.8	6774.45	percent of total billed charges	
SICTV CATHJ 3RD+ ORD SLCTV ABDL PEL/LXTR	36247	CPT	both			7131		Amerihealth	HMO/PPO		4635.15	65			450.8	6774.45	percent of total billed charges	
SICTV CATHJ 3RD+ ORD SLCTV ABDL PEL/LXTR	36247	CPT	both			7131		Consumer	Consumer		6774.45	95			450.8	6774.45	percent of total billed charges	
SICTV CATHJ 3RD+ ORD SLCTV ABDL PEL/LXTR	36247	CPT	both			7131		Corrections	Corrections		5704.8	80			450.8	6774.45	percent of total billed charges	
SICTV CATHJ 3RD+ ORD SLCTV ABDL PEL/LXTR	36247	CPT	both			7131		First Health	First Health		4991.7	70			450.8	6774.45	percent of total billed charges	
SICTV CATHJ 3RD+ ORD SLCTV ABDL PEL/LXTR	36247	CPT	both			7131		First Trenton	First Trenton		6417.9	90			450.8	6774.45	percent of total billed charges	
SICTV CATHJ 3RD+ ORD SLCTV ABDL PEL/LXTR	36247	CPT	both			7131		Horizon	NJ Health		450.8				450.8	6774.45	fee schedule	
SICTV CATHJ 3RD+ ORD SLCTV ABDL PEL/LXTR	36247	CPT	both			7131		Horizon	Indemnity		2729.75	38.28			450.8	6774.45	percent of total billed charges	
SICTV CATHJ 3RD+ ORD SLCTV ABDL PEL/LXTR	36247	CPT	both			7131		Horizon	Medicare Blue		2139.3	30			450.8	6774.45	percent of total billed charges	
SICTV CATHJ 3RD+ ORD SLCTV ABDL PEL/LXTR	36247	CPT	both			7131		Horizon	MGD		2729.75	38.28			450.8	6774.45	percent of total billed charges	
SICTV CATHJ 3RD+ ORD SLCTV ABDL PEL/LXTR	36247	CPT	both			7131		Horizon	PPO		2729.75	38.28			450.8	6774.45	percent of total billed charges	
SICTV CATHJ 3RD+ ORD SLCTV ABDL PEL/LXTR	36247	CPT	both			7131		Managed Care Inc	Managed Care Inc		6417.9	90			450.8	6774.45	percent of total billed charges	
SICTV CATHJ 3RD+ ORD SLCTV ABDL PEL/LXTR	36247	CPT	both			7131		Multiplan	Multiplan		5704.8	80			450.8	6774.45	percent of total billed charges	
SICTV CATHJ 3RD+ ORD SLCTV ABDL PEL/LXTR	36247	CPT	both			7131		Qualcare	Qualcare		5348.25	75			450.8	6774.45	percent of total billed charges	
SICTV CATHJ 3RD+ ORD SLCTV ABDL PEL/LXTR	36247	CPT	both			7131		Three Rivers	Three Rivers		6774.45	95			450.8	6774.45	percent of total billed charges	
SICTV CATHJ 3RD+ ORD SLCTV ABDL PEL/LXTR	36247	CPT	both			7131		UHC	Medicaid		2249.83	31.55			450.8	6774.45	percent of total billed charges	
SICTV CATHJ 3RD+ ORD SLCTV ABDL PEL/LXTR	36247	CPT	both			7131		United	Commercial|PPO		1782				450.8	6774.45	case rate	
SICTV CATHJ 3RD+ ORD SLCTV ABDL PEL/LXTR	36247	CPT	both			7131		United	Oxford		1782				450.8	6774.45	case rate	
SICTV CATHJ 3RD+ ORD SLCTV ABDL PEL/LXTR	36247	CPT	both			7131		Wellcare	Medicaid		2249.83	31.55			450.8	6774.45	percent of total billed charges	
SICTV CATHJ 3RD+ ORD SLCTV ABDL PEL/LXTR	36247	CPT	both			7131		WellPoint	WellPoint		2294.76	32.18			450.8	6774.45	percent of total billed charges	
SLCTV CATHJ EA 2ND+	36248	CPT	both			1347		Aetna	Commercial		511.86	38			80.85	1782	percent of total billed charges	
SLCTV CATHJ EA 2ND+	36248	CPT	both			1347		Aetna	Better Health		424.98	31.55			80.85	1782	percent of total billed charges	
SLCTV CATHJ EA 2ND+	36248	CPT	both			1347		Aetna	Medicare		414.88	30.8			80.85	1782	percent of total billed charges	
SLCTV CATHJ EA 2ND+	36248	CPT	both			1347		Americare	Americare		1010.25	75			80.85	1782	percent of total billed charges	
SLCTV CATHJ EA 2ND+	36248	CPT	both			1347		Amerihealth	HMO/PPO		875.55	65			80.85	1782	percent of total billed charges	
SLCTV CATHJ EA 2ND+	36248	CPT	both			1347		Consumer	Consumer		1279.65	95			80.85	1782	percent of total billed charges	
SLCTV CATHJ EA 2ND+	36248	CPT	both			1347		Corrections	Corrections		1077.6	80			80.85	1782	percent of total billed charges	
SLCTV CATHJ EA 2ND+	36248	CPT	both			1347		First Health	First Health		942.9	70			80.85	1782	percent of total billed charges	
SLCTV CATHJ EA 2ND+	36248	CPT	both			1347		First Trenton	First Trenton		1212.3	90			80.85	1782	percent of total billed charges	
SLCTV CATHJ EA 2ND+	36248	CPT	both			1347		Horizon	NJ Health		80.85				80.85	1782	fee schedule	
SLCTV CATHJ EA 2ND+	36248	CPT	both			1347		Horizon	MGD		515.63	38.28			80.85	1782	percent of total billed charges	
SLCTV CATHJ EA 2ND+	36248	CPT	both			1347		Horizon	Indemnity		515.63	38.28			80.85	1782	percent of total billed charges	
SLCTV CATHJ EA 2ND+	36248	CPT	both			1347		Horizon	PPO		515.63	38.28			80.85	1782	percent of total billed charges	
SLCTV CATHJ EA 2ND+	36248	CPT	both			1347		Horizon	Medicare Blue		404.1	30			80.85	1782	percent of total billed charges	
SLCTV CATHJ EA 2ND+	36248	CPT	both			1347		Managed Care Inc	Managed Care Inc		1212.3	90			80.85	1782	percent of total billed charges	
SLCTV CATHJ EA 2ND+	36248	CPT	both			1347		Multiplan	Multiplan		1077.6	80			80.85	1782	percent of total billed charges	
SLCTV CATHJ EA 2ND+	36248	CPT	both			1347		Qualcare	Qualcare		1010.25	75			80.85	1782	percent of total billed charges	
SLCTV CATHJ EA 2ND+	36248	CPT	both			1347		Three Rivers	Three Rivers		1279.65	95			80.85	1782	percent of total billed charges	
SLCTV CATHJ EA 2ND+	36248	CPT	both			1347		UHC	Medicaid		424.98	31.55			80.85	1782	percent of total billed charges	
SLCTV CATHJ EA 2ND+	36248	CPT	both			1347		United	Oxford		1782				80.85	1782	case rate	
SLCTV CATHJ EA 2ND+	36248	CPT	both			1347		United	Commercial|PPO		1782				80.85	1782	case rate	
SLCTV CATHJ EA 2ND+	36248	CPT	both			1347		Wellcare	Medicaid		424.98	31.55			80.85	1782	percent of total billed charges	
SLCTV CATHJ EA 2ND+	36248	CPT	both			1347		WellPoint	WellPoint		433.46	32.18			80.85	1782	percent of total billed charges	
SLCTV CATH PLCM MAIN RNL ART	36251	CPT	both			12082	4192.26	Aetna	Medicare		3645.44				1280.92	11477.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLCTV CATH PLCM MAIN RNL ART	36251	CPT	both			12082	4192.26	Aetna	Better Health		3811.87	31.55			1280.92	11477.9	percent of total billed charges	
SLCTV CATH PLCM MAIN RNL ART	36251	CPT	both			12082	4192.26	Aetna	Commercial		5803.54				1280.92	11477.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLCTV CATH PLCM MAIN RNL ART	36251	CPT	both			12082	4192.26	Americare	Americare		9061.5	75			1280.92	11477.9	percent of total billed charges	
SLCTV CATH PLCM MAIN RNL ART	36251	CPT	both			12082	4192.26	Amerihealth	HMO/PPO		7853.3	65			1280.92	11477.9	percent of total billed charges	
SLCTV CATH PLCM MAIN RNL ART	36251	CPT	both			12082	4192.26	Amerihealth	Medicare		3645.44				1280.92	11477.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLCTV CATH PLCM MAIN RNL ART	36251	CPT	both			12082	4192.26	Consumer	Consumer		11477.9	95			1280.92	11477.9	percent of total billed charges	
SLCTV CATH PLCM MAIN RNL ART	36251	CPT	both			12082	4192.26	Corrections	Corrections		9665.6	80			1280.92	11477.9	percent of total billed charges	
SLCTV CATH PLCM MAIN RNL ART	36251	CPT	both			12082	4192.26	First Health	First Health		8457.4	70			1280.92	11477.9	percent of total billed charges	
SLCTV CATH PLCM MAIN RNL ART	36251	CPT	both			12082	4192.26	First Trenton	First Trenton		10873.8	90			1280.92	11477.9	percent of total billed charges	
SLCTV CATH PLCM MAIN RNL ART	36251	CPT	both			12082	4192.26	Horizon	Medicare Blue		3645.44				1280.92	11477.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLCTV CATH PLCM MAIN RNL ART	36251	CPT	both			12082	4192.26	Horizon	MGD		6784.16				1280.92	11477.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLCTV CATH PLCM MAIN RNL ART	36251	CPT	both			12082	4192.26	Horizon	Indemnity		6784.16				1280.92	11477.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLCTV CATH PLCM MAIN RNL ART	36251	CPT	both			12082	4192.26	Horizon	NJ Health		1280.92				1280.92	11477.9	fee schedule	
SLCTV CATH PLCM MAIN RNL ART	36251	CPT	both			12082	4192.26	Horizon	PPO		6784.16				1280.92	11477.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLCTV CATH PLCM MAIN RNL ART	36251	CPT	both			12082	4192.26	Managed Care Inc	Managed Care Inc		10873.8	90			1280.92	11477.9	percent of total billed charges	
SLCTV CATH PLCM MAIN RNL ART	36251	CPT	both			12082	4192.26	Multiplan	Multiplan		9665.6	80			1280.92	11477.9	percent of total billed charges	
SLCTV CATH PLCM MAIN RNL ART	36251	CPT	both			12082	4192.26	Qualcare	Qualcare		9061.5	75			1280.92	11477.9	percent of total billed charges	
SLCTV CATH PLCM MAIN RNL ART	36251	CPT	both			12082	4192.26	Three Rivers	Three Rivers		11477.9	95			1280.92	11477.9	percent of total billed charges	
SLCTV CATH PLCM MAIN RNL ART	36251	CPT	both			12082	4192.26	UHC	Medicaid		3811.87	31.55			1280.92	11477.9	percent of total billed charges	
SLCTV CATH PLCM MAIN RNL ART	36251	CPT	both			12082	4192.26	UHC	Medicare		3645.44				1280.92	11477.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLCTV CATH PLCM MAIN RNL ART	36251	CPT	both			12082	4192.26	United	Commercial|PPO		3492				1280.92	11477.9	case rate	
SLCTV CATH PLCM MAIN RNL ART	36251	CPT	both			12082	4192.26	United	Oxford		3492				1280.92	11477.9	case rate	
SLCTV CATH PLCM MAIN RNL ART	36251	CPT	both			12082	4192.26	Wellcare	Medicaid		3811.87	31.55			1280.92	11477.9	percent of total billed charges	
SLCTV CATH PLCM MAIN RNL ART	36251	CPT	both			12082	4192.26	Wellcare	Medicare		3645.44				1280.92	11477.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLCTV CATH PLCM MAIN RNL ART	36251	CPT	both			12082	4192.26	WellPoint	WellPoint		3887.99	32.18			1280.92	11477.9	percent of total billed charges	
INSERT CATH 1ST ORDER RENAL BILAT	36252	CPT	both			10666	4192.26	Aetna	Medicare		3645.44				1402.48	10132.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERT CATH 1ST ORDER RENAL BILAT	36252	CPT	both			10666	4192.26	Aetna	Better Health		3365.12	31.55			1402.48	10132.7	percent of total billed charges	
INSERT CATH 1ST ORDER RENAL BILAT	36252	CPT	both			10666	4192.26	Aetna	Commercial		5803.54				1402.48	10132.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERT CATH 1ST ORDER RENAL BILAT	36252	CPT	both			10666	4192.26	Americare	Americare		7999.5	75			1402.48	10132.7	percent of total billed charges	
INSERT CATH 1ST ORDER RENAL BILAT	36252	CPT	both			10666	4192.26	Amerihealth	HMO/PPO		6932.9	65			1402.48	10132.7	percent of total billed charges	
INSERT CATH 1ST ORDER RENAL BILAT	36252	CPT	both			10666	4192.26	Amerihealth	Medicare		3645.44				1402.48	10132.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERT CATH 1ST ORDER RENAL BILAT	36252	CPT	both			10666	4192.26	Consumer	Consumer		10132.7	95			1402.48	10132.7	percent of total billed charges	
INSERT CATH 1ST ORDER RENAL BILAT	36252	CPT	both			10666	4192.26	Corrections	Corrections		8532.8	80			1402.48	10132.7	percent of total billed charges	
INSERT CATH 1ST ORDER RENAL BILAT	36252	CPT	both			10666	4192.26	First Health	First Health		7466.2	70			1402.48	10132.7	percent of total billed charges	
INSERT CATH 1ST ORDER RENAL BILAT	36252	CPT	both			10666	4192.26	First Trenton	First Trenton		9599.4	90			1402.48	10132.7	percent of total billed charges	
INSERT CATH 1ST ORDER RENAL BILAT	36252	CPT	both			10666	4192.26	Horizon	MGD		6784.16				1402.48	10132.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERT CATH 1ST ORDER RENAL BILAT	36252	CPT	both			10666	4192.26	Horizon	Indemnity		6784.16				1402.48	10132.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERT CATH 1ST ORDER RENAL BILAT	36252	CPT	both			10666	4192.26	Horizon	PPO		6784.16				1402.48	10132.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERT CATH 1ST ORDER RENAL BILAT	36252	CPT	both			10666	4192.26	Horizon	NJ Health		1402.48				1402.48	10132.7	fee schedule	
INSERT CATH 1ST ORDER RENAL BILAT	36252	CPT	both			10666	4192.26	Horizon	Medicare Blue		3645.44				1402.48	10132.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERT CATH 1ST ORDER RENAL BILAT	36252	CPT	both			10666	4192.26	Managed Care Inc	Managed Care Inc		9599.4	90			1402.48	10132.7	percent of total billed charges	
INSERT CATH 1ST ORDER RENAL BILAT	36252	CPT	both			10666	4192.26	Multiplan	Multiplan		8532.8	80			1402.48	10132.7	percent of total billed charges	
INSERT CATH 1ST ORDER RENAL BILAT	36252	CPT	both			10666	4192.26	Qualcare	Qualcare		7999.5	75			1402.48	10132.7	percent of total billed charges	
INSERT CATH 1ST ORDER RENAL BILAT	36252	CPT	both			10666	4192.26	Three Rivers	Three Rivers		10132.7	95			1402.48	10132.7	percent of total billed charges	
INSERT CATH 1ST ORDER RENAL BILAT	36252	CPT	both			10666	4192.26	UHC	Medicaid		3365.12	31.55			1402.48	10132.7	percent of total billed charges	
INSERT CATH 1ST ORDER RENAL BILAT	36252	CPT	both			10666	4192.26	UHC	Medicare		3645.44				1402.48	10132.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERT CATH 1ST ORDER RENAL BILAT	36252	CPT	both			10666	4192.26	United	Oxford		3492				1402.48	10132.7	case rate	
INSERT CATH 1ST ORDER RENAL BILAT	36252	CPT	both			10666	4192.26	United	Commercial|PPO		3492				1402.48	10132.7	case rate	
INSERT CATH 1ST ORDER RENAL BILAT	36252	CPT	both			10666	4192.26	Wellcare	Medicare		3645.44				1402.48	10132.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERT CATH 1ST ORDER RENAL BILAT	36252	CPT	both			10666	4192.26	Wellcare	Medicaid		3365.12	31.55			1402.48	10132.7	percent of total billed charges	
INSERT CATH 1ST ORDER RENAL BILAT	36252	CPT	both			10666	4192.26	WellPoint	WellPoint		3432.32	32.18			1402.48	10132.7	percent of total billed charges	
SUPSLCTV CATH 2ND+ORD RENAL &ACCESSORY	36253	CPT	both			17878	7227.61	Aetna	Better Health		5640.51	31.55			1961.71	16984.1	percent of total billed charges	
SUPSLCTV CATH 2ND+ORD RENAL &ACCESSORY	36253	CPT	both			17878	7227.61	Aetna	Commercial		10005.53				1961.71	16984.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUPSLCTV CATH 2ND+ORD RENAL &ACCESSORY	36253	CPT	both			17878	7227.61	Aetna	Medicare		6284.88				1961.71	16984.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUPSLCTV CATH 2ND+ORD RENAL &ACCESSORY	36253	CPT	both			17878	7227.61	Americare	Americare		13408.5	75			1961.71	16984.1	percent of total billed charges	
SUPSLCTV CATH 2ND+ORD RENAL &ACCESSORY	36253	CPT	both			17878	7227.61	Amerihealth	HMO/PPO		11620.7	65			1961.71	16984.1	percent of total billed charges	
SUPSLCTV CATH 2ND+ORD RENAL &ACCESSORY	36253	CPT	both			17878	7227.61	Amerihealth	Medicare		6284.88				1961.71	16984.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUPSLCTV CATH 2ND+ORD RENAL &ACCESSORY	36253	CPT	both			17878	7227.61	Consumer	Consumer		16984.1	95			1961.71	16984.1	percent of total billed charges	
SUPSLCTV CATH 2ND+ORD RENAL &ACCESSORY	36253	CPT	both			17878	7227.61	Corrections	Corrections		14302.4	80			1961.71	16984.1	percent of total billed charges	
SUPSLCTV CATH 2ND+ORD RENAL &ACCESSORY	36253	CPT	both			17878	7227.61	First Health	First Health		12514.6	70			1961.71	16984.1	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
SUPSLCTV CATH 2ND+ORD RENAL &ACCESSORY	36253	CPT	both			17878		7227.61 First Trenton	First Trenton		16090.2	90			1961.71	16984.1	1961.71 percent of total billed charges	
SUPSLCTV CATH 2ND+ORD RENAL &ACCESSORY	36253	CPT	both			17878		7227.61 Horizon	MGD		11696.16				1961.71	16984.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUPSLCTV CATH 2ND+ORD RENAL &ACCESSORY	36253	CPT	both			17878		7227.61 Horizon	Indemnity		11696.16				1961.71	16984.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUPSLCTV CATH 2ND+ORD RENAL &ACCESSORY	36253	CPT	both			17878		7227.61 Horizon	PPO		11696.16				1961.71	16984.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUPSLCTV CATH 2ND+ORD RENAL &ACCESSORY	36253	CPT	both			17878		7227.61 Horizon	Medicare Blue		6284.88				1961.71	16984.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUPSLCTV CATH 2ND+ORD RENAL &ACCESSORY	36253	CPT	both			17878		7227.61 Horizon	NJ Health		1961.71				1961.71	16984.1	fee schedule	
SUPSLCTV CATH 2ND+ORD RENAL &ACCESSORY	36253	CPT	both			17878		7227.61 Managed Care Inc	Managed Care Inc		16090.2	90			1961.71	16984.1	percent of total billed charges	
SUPSLCTV CATH 2ND+ORD RENAL &ACCESSORY	36253	CPT	both			17878		7227.61 Multiplan	Multiplan		14302.4	80			1961.71	16984.1	percent of total billed charges	
SUPSLCTV CATH 2ND+ORD RENAL &ACCESSORY	36253	CPT	both			17878		7227.61 Qualcare	Qualcare		13408.5	75			1961.71	16984.1	percent of total billed charges	
SUPSLCTV CATH 2ND+ORD RENAL &ACCESSORY	36253	CPT	both			17878		7227.61 Three Rivers	Three Rivers		16984.1	95			1961.71	16984.1	percent of total billed charges	
SUPSLCTV CATH 2ND+ORD RENAL &ACCESSORY	36253	CPT	both			17878		7227.61 UHC	Medicare		6284.88				1961.71	16984.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUPSLCTV CATH 2ND+ORD RENAL &ACCESSORY	36253	CPT	both			17878		7227.61 UHC	Medicaid		5640.51	31.55			1961.71	16984.1	percent of total billed charges	
SUPSLCTV CATH 2ND+ORD RENAL &ACCESSORY	36253	CPT	both			17878		7227.61 United	CommercialPPO		4702				1961.71	16984.1	case rate	
SUPSLCTV CATH 2ND+ORD RENAL &ACCESSORY	36253	CPT	both			17878		7227.61 United	Oxford		4702				1961.71	16984.1	case rate	
SUPSLCTV CATH 2ND+ORD RENAL &ACCESSORY	36253	CPT	both			17878		7227.61 Wellcare	Medicare		6284.88				1961.71	16984.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUPSLCTV CATH 2ND+ORD RENAL &ACCESSORY	36253	CPT	both			17878		7227.61 Wellcare	Medicaid		5640.51	31.55			1961.71	16984.1	percent of total billed charges	
SUPSLCTV CATH 2ND+ORD RENAL &ACCESSORY	36253	CPT	both			17878		7227.61 WellPoint	WellPoint		5753.14	32.18			1961.71	16984.1	percent of total billed charges	
SUPSLCTV CATH 2ND+ORD RENAL & ACCESSORY	36254	CPT	both			10666		4192.26 Aetna	Commercial		5803.54				2039.97	10132.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUPSLCTV CATH 2ND+ORD RENAL & ACCESSORY	36254	CPT	both			10666		4192.26 Aetna	Better Health		3365.12	31.55			2039.97	10132.7	percent of total billed charges	
SUPSLCTV CATH 2ND+ORD RENAL & ACCESSORY	36254	CPT	both			10666		4192.26 Aetna	Medicare		3645.44				2039.97	10132.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUPSLCTV CATH 2ND+ORD RENAL & ACCESSORY	36254	CPT	both			10666		4192.26 Americare	Americare		7999.5	75			2039.97	10132.7	percent of total billed charges	
SUPSLCTV CATH 2ND+ORD RENAL & ACCESSORY	36254	CPT	both			10666		4192.26 Amerihealth	HMO/PPO		6932.9	65			2039.97	10132.7	percent of total billed charges	
SUPSLCTV CATH 2ND+ORD RENAL & ACCESSORY	36254	CPT	both			10666		4192.26 Amerihealth	Medicare		3645.44				2039.97	10132.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUPSLCTV CATH 2ND+ORD RENAL & ACCESSORY	36254	CPT	both			10666		4192.26 Consumer	Consumer		10132.7	95			2039.97	10132.7	percent of total billed charges	
SUPSLCTV CATH 2ND+ORD RENAL & ACCESSORY	36254	CPT	both			10666		4192.26 Corrections	Corrections		8532.8	80			2039.97	10132.7	percent of total billed charges	
SUPSLCTV CATH 2ND+ORD RENAL & ACCESSORY	36254	CPT	both			10666		4192.26 First Health	First Health		7466.2	70			2039.97	10132.7	percent of total billed charges	
SUPSLCTV CATH 2ND+ORD RENAL & ACCESSORY	36254	CPT	both			10666		4192.26 First Trenton	First Trenton		9599.4	90			2039.97	10132.7	percent of total billed charges	
SUPSLCTV CATH 2ND+ORD RENAL & ACCESSORY	36254	CPT	both			10666		4192.26 Horizon	PPO		6784.16				2039.97	10132.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUPSLCTV CATH 2ND+ORD RENAL & ACCESSORY	36254	CPT	both			10666		4192.26 Horizon	NJ Health		2039.97				2039.97	10132.7	fee schedule	
SUPSLCTV CATH 2ND+ORD RENAL & ACCESSORY	36254	CPT	both			10666		4192.26 Horizon	Indemnity		6784.16				2039.97	10132.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUPSLCTV CATH 2ND+ORD RENAL & ACCESSORY	36254	CPT	both			10666		4192.26 Horizon	MGD		6784.16				2039.97	10132.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUPSLCTV CATH 2ND+ORD RENAL & ACCESSORY	36254	CPT	both			10666		4192.26 Horizon	Medicare Blue		3645.44				2039.97	10132.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUPSLCTV CATH 2ND+ORD RENAL & ACCESSORY	36254	CPT	both			10666		4192.26 Managed Care Inc	Managed Care Inc		9599.4	90			2039.97	10132.7	percent of total billed charges	
SUPSLCTV CATH 2ND+ORD RENAL & ACCESSORY	36254	CPT	both			10666		4192.26 Multiplan	Multiplan		8532.8	80			2039.97	10132.7	percent of total billed charges	
SUPSLCTV CATH 2ND+ORD RENAL & ACCESSORY	36254	CPT	both			10666		4192.26 Qualcare	Qualcare		7999.5	75			2039.97	10132.7	percent of total billed charges	
SUPSLCTV CATH 2ND+ORD RENAL & ACCESSORY	36254	CPT	both			10666		4192.26 Three Rivers	Three Rivers		10132.7	95			2039.97	10132.7	percent of total billed charges	
SUPSLCTV CATH 2ND+ORD RENAL & ACCESSORY	36254	CPT	both			10666		4192.26 UHC	Medicaid		3365.12	31.55			2039.97	10132.7	percent of total billed charges	
SUPSLCTV CATH 2ND+ORD RENAL & ACCESSORY	36254	CPT	both			10666		4192.26 UHC	Medicare		3645.44				2039.97	10132.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUPSLCTV CATH 2ND+ORD RENAL & ACCESSORY	36254	CPT	both			10666		4192.26 United	CommercialPPO		3492				2039.97	10132.7	case rate	
SUPSLCTV CATH 2ND+ORD RENAL & ACCESSORY	36254	CPT	both			10666		4192.26 United	Oxford		3492				2039.97	10132.7	case rate	
SUPSLCTV CATH 2ND+ORD RENAL & ACCESSORY	36254	CPT	both			10666		4192.26 Wellcare	Medicare		3645.44				2039.97	10132.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUPSLCTV CATH 2ND+ORD RENAL & ACCESSORY	36254	CPT	both			10666		4192.26 Wellcare	Medicaid		3365.12	31.55			2039.97	10132.7	percent of total billed charges	
SUPSLCTV CATH 2ND+ORD RENAL & ACCESSORY	36254	CPT	both			10666		4192.26 WellPoint	WellPoint		3432.32	32.18			2039.97	10132.7	percent of total billed charges	
UNLISTED PROC;VASCULAR INJ	36299	CPT	outpatient					United	CommercialPPO		1782				1782	1782	case rate	
UNLISTED PROC;VASCULAR INJ	36299	CPT	outpatient					United	Oxford		1782				1782	1782	case rate	
VP-3YO,FEM/JUGULAR;SAG SINUS	36400	CPT	outpatient			164		Aetna	Commercial		62.32	38			17.1	155.8	percent of total billed charges	
VP-3YO,FEM/JUGULAR;SAG SINUS	36400	CPT	outpatient			164		Aetna	Better Health		51.74	31.55			17.1	155.8	percent of total billed charges	
VP-3YO,FEM/JUGULAR;SAG SINUS	36400	CPT	outpatient			164		Aetna	Medicare		50.51	30.8			17.1	155.8	percent of total billed charges	
VP-3YO,FEM/JUGULAR;SAG SINUS	36400	CPT	outpatient			164		Americare	Americare		123	75			17.1	155.8	percent of total billed charges	
VP-3YO,FEM/JUGULAR;SAG SINUS	36400	CPT	outpatient			164		Amerihealth	HMO/PPO		106.6	65			17.1	155.8	percent of total billed charges	
VP-3YO,FEM/JUGULAR;SAG SINUS	36400	CPT	outpatient			164		Consumer	Consumer		155.8	95			17.1	155.8	percent of total billed charges	
VP-3YO,FEM/JUGULAR;SAG SINUS	36400	CPT	outpatient			164		Corrections	Corrections		131.2	80			17.1	155.8	percent of total billed charges	
VP-3YO,FEM/JUGULAR;SAG SINUS	36400	CPT	outpatient			164		First Health	First Health		114.8	70			17.1	155.8	percent of total billed charges	
VP-3YO,FEM/JUGULAR;SAG SINUS	36400	CPT	outpatient			164		First Trenton	First Trenton		147.6	90			17.1	155.8	percent of total billed charges	
VP-3YO,FEM/JUGULAR;SAG SINUS	36400	CPT	outpatient			164		Horizon	Indemnity		62.78	38.28			17.1	155.8	percent of total billed charges	
VP-3YO,FEM/JUGULAR;SAG SINUS	36400	CPT	outpatient			164		Horizon	NJ Health		33.93				17.1	155.8	fee schedule	
VP-3YO,FEM/JUGULAR;SAG SINUS	36400	CPT	outpatient			164		Horizon	MGD		62.78	38.28			17.1	155.8	percent of total billed charges	
VP-3YO,FEM/JUGULAR;SAG SINUS	36400	CPT	outpatient			164		Horizon	PPO		62.78	38.28			17.1	155.8	percent of total billed charges	
VP-3YO,FEM/JUGULAR;SAG SINUS	36400	CPT	outpatient			164		Horizon	Medicare Blue		49.2	30			17.1	155.8	percent of total billed charges	
VP-3YO,FEM/JUGULAR;SAG SINUS	36400	CPT	outpatient			164		Managed Care Inc	Managed Care Inc		147.6	90			17.1	155.8	percent of total billed charges	
VP-3YO,FEM/JUGULAR;SAG SINUS	36400	CPT	outpatient			164		Multiplan	Multiplan		131.2	80			17.1	155.8	percent of total billed charges	
VP-3YO,FEM/JUGULAR;SAG SINUS	36400	CPT	outpatient			164		Qualcare	Qualcare		123	75			17.1	155.8	percent of total billed charges	
VP-3YO,FEM/JUGULAR;SAG SINUS	36400	CPT	outpatient			164		Three Rivers	Three Rivers		155.8	95			17.1	155.8	percent of total billed charges	
VP-3YO,FEM/JUGULAR;SAG SINUS	36400	CPT	outpatient			164		UHC	Medicaid		51.74	31.55			17.1	155.8	percent of total billed charges	
VP-3YO,FEM/JUGULAR;SAG SINUS	36400	CPT	outpatient			164		Wellcare	Medicaid		51.74	31.55			17.1	155.8	percent of total billed charges	
VP-3YO,FEM/JUGULAR;SAG SINUS	36400	CPT	outpatient			164		WellPoint	WellPoint		52.78	32.18			17.1	155.8	percent of total billed charges	
VP-3YO, SCALP VEIN	36405	CPT	outpatient			272		Aetna	Better Health		85.82	31.55			46.98	258.4	percent of total billed charges	
VP-3YO, SCALP VEIN	36405	CPT	outpatient			272		Aetna	Medicare		83.78	30.8			46.98	258.4	percent of total billed charges	
VP-3YO, SCALP VEIN	36405	CPT	outpatient			272		Aetna	Commercial		103.36	38			46.98	258.4	percent of total billed charges	
VP-3YO, SCALP VEIN	36405	CPT	outpatient			272		Americare	Americare		204	75			46.98	258.4	percent of total billed charges	
VP-3YO, SCALP VEIN	36405	CPT	outpatient			272		Amerihealth	HMO/PPO		176.8	65			46.98	258.4	percent of total billed charges	
VP-3YO, SCALP VEIN	36405	CPT	outpatient			272		Consumer	Consumer		258.4	95			46.98	258.4	percent of total billed charges	
VP-3YO, SCALP VEIN	36405	CPT	outpatient			272		Corrections	Corrections		217.6	80			46.98	258.4	percent of total billed charges	
VP-3YO, SCALP VEIN	36405	CPT	outpatient			272		First Health	First Health		190.4	70			46.98	258.4	percent of total billed charges	
VP-3YO, SCALP VEIN	36405	CPT	outpatient			272		First Trenton	First Trenton		244.8	90			46.98	258.4	percent of total billed charges	
VP-3YO, SCALP VEIN	36405	CPT	outpatient			272		Horizon	Indemnity		104.12	38.28			46.98	258.4	percent of total billed charges	
VP-3YO, SCALP VEIN	36405	CPT	outpatient			272		Horizon	PPO		104.12	38.28			46.98	258.4	percent of total billed charges	
VP-3YO, SCALP VEIN	36405	CPT	outpatient			272		Horizon	MGD		104.12	38.28			46.98	258.4	percent of total billed charges	
VP-3YO, SCALP VEIN	36405	CPT	outpatient			272		Horizon	Medicare Blue		81.6	30			46.98	258.4	percent of total billed charges	
VP-3YO, SCALP VEIN	36405	CPT	outpatient			272		Horizon	NJ Health		46.98				46.98	258.4	fee schedule	
VP-3YO, SCALP VEIN	36405	CPT	outpatient			272		Managed Care Inc	Managed Care Inc		244.8	90			46.98	258.4	percent of total billed charges	
VP-3YO, SCALP VEIN	36405	CPT	outpatient			272		Multiplan	Multiplan		217.6	80			46.98	258.4	percent of total billed charges	
VP-3YO, SCALP VEIN	36405	CPT	outpatient			272		Qualcare	Qualcare		204	75			46.98	258.4	percent of total billed charges	
VP-3YO, SCALP VEIN	36405	CPT	outpatient			272		Three Rivers	Three Rivers		258.4	95			46.98	258.4	percent of total billed charges	
VP-3YO, SCALP VEIN	36405	CPT	outpatient			272		UHC	Medicaid		85.82	31.55			46.98	258.4	percent of total billed charges	
VP-3YO, SCALP VEIN	36405	CPT	outpatient			272		Wellcare	Medicaid		85.82	31.55			46.98	258.4	percent of total billed charges	
VP-3YO, SCALP VEIN	36405	CPT	outpatient			272		WellPoint	WellPoint		87.53	32.18			46.98	258.4	percent of total billed charges	
VP-3YO, OTHER VEIN	36406	CPT	outpatient			175		Aetna	Commercial		66.5	38			36.9	166.25	percent of total billed charges	
VP-3YO, OTHER VEIN	36406	CPT	outpatient			175		Aetna	Better Health		55.21	31.55			36.9	166.25	percent of total billed charges	
VP-3YO, OTHER VEIN	36406	CPT	outpatient			175		Aetna	Medicare		53.9	30.8			36.9	166.25	percent of total billed charges	
VP-3YO, OTHER VEIN	36406	CPT	outpatient			175		Americare	Americare		131.25	75			36.9	166.25	percent of total billed charges	
VP-3YO, OTHER VEIN	36406	CPT	outpatient			175		Amerihealth	HMO/PPO		113.75	65			36.9	166.25	percent of total billed charges	
VP-3YO, OTHER VEIN	36406	CPT	outpatient			175		Consumer	Consumer		166.25	95			36.9	166.25	percent of total billed charges	
VP-3YO, OTHER VEIN	36406	CPT	outpatient			175		Corrections	Corrections		140	80			36.9	166.25	percent of total billed charges	
VP-3YO, OTHER VEIN	36406	CPT	outpatient			175		First Health	First Health		122.5	70			36.9	166.25	percent of total billed charges	
VP-3YO, OTHER VEIN	36406	CPT	outpatient			175		First Trenton	First Trenton		157.5	90			36.9	166.25	percent of total billed charges	
VP-3YO, OTHER VEIN	36406	CPT	outpatient			175		Horizon	Indemnity		66.99	38.28			36.9	166.25	percent of total billed charges	
VP-3YO, OTHER VEIN	36406	CPT	outpatient			175		Horizon	MGD		66.99	38.28			36.9	166.25	percent of total billed charges	
VP-3YO, OTHER VEIN	36406	CPT	outpatient			175		Horizon	Medicare Blue		52.5	30			36.9	166.25	percent of total billed charges	
VP-3YO, OTHER VEIN	36406	CPT	outpatient			175		Horizon	NJ Health		41.76				36.9	166.25	fee schedule	
VP-3YO, OTHER VEIN	36406	CPT	outpatient			175		Horizon	PPO		66.99	38.28			36.9	166.25	percent of total billed charges	
VP-3YO, OTHER VEIN	36406	CPT	outpatient			175		Managed Care Inc	Managed Care Inc		157.5	90			36.9	166.25	percent of total billed charges	
VP-3YO, OTHER VEIN	36406	CPT	outpatient			175		Multiplan	Multiplan		140	80			36.9	166.25	percent of total billed charges	
VP-3YO, OTHER VEIN	36406	CPT	outpatient			175		Qualcare	Qualcare		131.25	75			36.9	166.25	percent of total billed charges	
VP-3YO, OTHER VEIN	36406	CPT	outpatient			175		Three Rivers	Three Rivers		166.25	95			36.9	166.25	percent of total billed charges	
VP-3YO, OTHER VEIN	36406	CPT	outpatient			175		UHC	Medicaid		55.21	31.55			36.9	166.25	percent of total billed charges	
VP-3YO, OTHER VEIN	36406	CPT	outpatient			175		Wellcare	Medicaid		55.21	31.55			36.9	166.25	percent of total billed charges	
VP-3YO, OTHER VEIN	36406	CPT	outpatient			175		WellPoint	WellPoint		56.32	32.18			36.9	166.25	percent of total billed charges	
VP-3YO, NOT ROUTINE	36410	CPT	outpatient			196		Aetna	Better Health		61.84	31.55			17.7	186.2	percent of total billed charges	
VP-3YO, NOT ROUTINE	36410	CPT	outpatient			196		Aetna	Medicare		60.37	30.8			17.7	186.2	percent of total billed charges	
VP-3YO, NOT ROUTINE	36410	CPT	outpatient			196		Aetna	Commercial		74.48	38			17.7	186.2	percent of total billed charges	
VP-3YO, NOT ROUTINE	36410	CPT	outpatient			196		Americare	Americare		147	75			17.7	186.2	percent of total billed charges	
VP-3YO, NOT ROUTINE	36410	CPT	outpatient			196		Amerihealth	HMO/PPO		127.4	65			17.7	186.2	percent of total billed charges	
VP-3YO, NOT ROUTINE	36410	CPT	outpatient			196		Consumer	Consumer		186.2	95			17.7	186.2	percent of total billed charges	
VP-3YO, NOT ROUTINE	36410	CPT	outpatient			196		Corrections	Corrections		156.8	80			17.7	186.2	percent of total billed charges	
VP-3YO, NOT ROUTINE	36410	CPT	outpatient			196		First Health	First Health		137.2	70			17.7	186.2	percent of total billed charges	
VP-3YO, NOT ROUTINE	36410	CPT	outpatient			196		First Trenton	First Trenton		176.4	90			17.7	186.2	percent of total billed charges	
VP-3YO, NOT ROUTINE	36410	CPT	outpatient			196		Horizon	Medicare Blue		58.8	30			17.7	186.2	percent of total billed charges	
VP-3YO, NOT ROUTINE	36410	CPT	outpatient			196		Horizon	MGD		75.03	38.28			17.7	186.2	percent of total billed charges	
VP-3YO, NOT ROUTINE	36410	CPT	outpatient			196		Horizon	Indemnity		75.03	38.28			17.7	186.2	percent of total billed charges	
VP-3YO, NOT ROUTINE	36410	CPT	outpatient			196		Horizon	PPO		75.03	38.28			17.7	186.2	percent of total billed charges	
VP-3YO, NOT ROUTINE	36410	CPT	outpatient			196		Managed Care Inc	Managed Care Inc		176.4	90			17.7	186.2	percent of total billed charges	
VP-3YO, NOT ROUTINE	36410	CPT	outpatient			196		Multiplan	Multiplan		156.8	80			17.7	186.2	percent of total billed charges	
VP-3YO, NOT ROUTINE	36410	CPT	outpatient			196		Qualcare	Qualcare		147	75			17.7	186.2	percent of total billed charges	
VP-3YO, NOT ROUTINE	36410	CPT	outpatient			196		Three Rivers	Three Rivers		186.2	95			17.7	186.2	percent of total billed charges	
VP-3YO, NOT ROUTINE	36410	CPT	outpatient			196		UHC	Medicaid		61.84	31.55			17.7	186.2	percent of total billed charges	
VP-3YO, NOT ROUTINE	36410	CPT	outpatient			196		Wellcare	Medicaid		61.84	31.55			17.7	186.2	percent of total billed charges	
VP-3YO, NOT ROUTINE	36410	CPT	outpatient			196		WellPoint	WellPoint		63.07	32.18			17.7	186.2	percent of total billed charges	
VENIPUNCUTURE, ROUTINE	36415	CPT	both			66	10.15	Aetna	Commercial		25.08	38			3.88	62.7	percent of total billed charges	
VENIPUNCUTURE, ROUTINE	36415	CPT	both			66	10.15	Aetna	Better Health		20.82	31.55			3.88	62.7	percent of total billed charges	
VENIPUNCUTURE, ROUTINE	36415	CPT	both			66	10.15	Aetna	Medicare		8.83				3.88	62.7	fee schedule	
VENIPUNCUTURE, ROUTINE	36415	CPT	both			66	10.15	Americare	Americare		49.5	75			3.88	62.7	percent of total billed charges	
VENIPUNCUTURE, ROUTINE	36415	CPT	both			66	10.15	Amerihealth	Medicare		8.83				3.88	62.7	fee schedule	
VENIPUNCUTURE, ROUTINE	36415	CPT	both			66	10.15	Amerihealth	HMO/PPO		42.9	65			3.88	62.7	percent of total billed charges	
VENIPUNCUTURE, ROUTINE	36415	CPT	both			66	10.15	Consumer	Consumer		62.7	95			3.88	62.7	percent of total billed charges	
VENIPUNCUTURE, ROUTINE	36415	CPT	both			66	10.15	Corrections	Corrections		52.8	80			3.88	62.7	percent of total billed charges	
VENIPUNCUTURE, ROUTINE	36415	CPT	both			66	10.15	First Health	First Health		46.2	70			3.88	62.7	percent of total billed charges	
VENIPUNCUTURE, ROUTINE	36415	CPT	both			66	10.15	First Trenton	First Trenton		59.4	90			3.88	62.7	percent of total billed charges	
VENIPUNCUTURE, ROUTINE	36415	CPT	both			66	10.15	Horizon	Medicare Blue		19.8	30			3.88	62.7	percent of total billed charges	
VENIPUNCUTURE, ROUTINE	36415	CPT	both			66	10.15	Horizon	MGD		25.26	38.28			3.88	62.7	percent of total billed charges	
VENIPUNCUTURE, ROUTINE	36415	CPT	both			66	10.15	Horizon	NJ Health		3.88				3.88	62.7	fee schedule	
VENIPUNCUTURE, ROUTINE	36415	CPT	both			66	10.15	Horizon	Indemnity		25.26	38.28			3.88	62.7	percent of total billed charges	
VENIPUNCUTURE, ROUTINE	36415	CPT	both			66	10.15	Horizon	PPO		25.26	38.28			3.88	62.7	percent of total billed charges	
VENIPUNCUTURE, ROUTINE	36415	CPT	both			66	10.15	Managed Care Inc	Managed Care Inc		59.4	90			3.88	62.7	percent of total billed charges	
VENIPUNCUTURE, ROUTINE	36415	CPT	both			66	10.15	Multiplan	Multiplan		52.8	80			3.88	62.7	percent of total billed charges	
VENIPUNCUTURE, ROUTINE	36415	CPT	both			66	10.15	Qualcare	Qualcare		49.5	75			3.88	62.7	percent of total billed charges	
VENIPUNCUTURE, ROUTINE	36415	CPT	both			66	10.15	Three Rivers	Three Rivers		62.7	95			3.88	62.7	percent of total billed charges	
VENIPUNCUTURE, ROUTINE	36415	CPT	both			66	10.15	UHC	Medicaid		20.82	31.55			3.88	62.7	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
VENIPUNCTURE, ROUTINE	36415	CPT	both			66	10.15	UHC	Medicare		8.83				3.88	62.7	fee schedule	
VENIPUNCTURE, ROUTINE	36415	CPT	both			66	10.15	Wellcare	Medicare		8.83				3.88	62.7	fee schedule	
VENIPUNCTURE, ROUTINE	36415	CPT	both			66	10.15	Wellcare	Medicaid		20.82	31.55			3.88	62.7	percent of total billed charges	
VENIPUNCTURE, ROUTINE	36415	CPT	both			66	10.15	WellPoint	WellPoint		21.24	32.18			3.88	62.7	percent of total billed charges	
FINGER OR HEEL STICK	36416	CPT	outpatient			76		Aetna	Medicare		23.41	30.8			3	72.2	percent of total billed charges	
FINGER OR HEEL STICK	36416	CPT	outpatient			76		Aetna	Better Health		23.98	31.55			3	72.2	percent of total billed charges	
FINGER OR HEEL STICK	36416	CPT	outpatient			76		Aetna	Commercial		28.88	38			3	72.2	percent of total billed charges	
FINGER OR HEEL STICK	36416	CPT	outpatient			76		Americare	Americare		57	75			3	72.2	percent of total billed charges	
FINGER OR HEEL STICK	36416	CPT	outpatient			76		Amerihealth	HMO/PPO		49.4	65			3	72.2	percent of total billed charges	
FINGER OR HEEL STICK	36416	CPT	outpatient			76		Consumer	Consumer		72.2	95			3	72.2	percent of total billed charges	
FINGER OR HEEL STICK	36416	CPT	outpatient			76		Corrections	Corrections		60.8	80			3	72.2	percent of total billed charges	
FINGER OR HEEL STICK	36416	CPT	outpatient			76		First Health	First Health		53.2	70			3	72.2	percent of total billed charges	
FINGER OR HEEL STICK	36416	CPT	outpatient			76		First Trenton	First Trenton		68.4	90			3	72.2	percent of total billed charges	
FINGER OR HEEL STICK	36416	CPT	outpatient			76		Horizon	MGD		29.09	38.28			3	72.2	percent of total billed charges	
FINGER OR HEEL STICK	36416	CPT	outpatient			76		Horizon	NJ Health		3.53				3	72.2	fee schedule	
FINGER OR HEEL STICK	36416	CPT	outpatient			76		Horizon	Medicare Blue		22.8	30			3	72.2	percent of total billed charges	
FINGER OR HEEL STICK	36416	CPT	outpatient			76		Horizon	Indemnity		29.09	38.28			3	72.2	percent of total billed charges	
FINGER OR HEEL STICK	36416	CPT	outpatient			76		Horizon	PPO		29.09	38.28			3	72.2	percent of total billed charges	
FINGER OR HEEL STICK	36416	CPT	outpatient			76		Managed Care Inc	Managed Care Inc		68.4	90			3	72.2	percent of total billed charges	
FINGER OR HEEL STICK	36416	CPT	outpatient			76		Multiplan	Multiplan		60.8	80			3	72.2	percent of total billed charges	
FINGER OR HEEL STICK	36416	CPT	outpatient			76		Qualcare	Qualcare		57	75			3	72.2	percent of total billed charges	
FINGER OR HEEL STICK	36416	CPT	outpatient			76		Three Rivers	Three Rivers		72.2	95			3	72.2	percent of total billed charges	
FINGER OR HEEL STICK	36416	CPT	outpatient			76		UHC	Medicaid		23.98	31.55			3	72.2	percent of total billed charges	
FINGER OR HEEL STICK	36416	CPT	outpatient			76		Wellcare	Medicaid		23.98	31.55			3	72.2	percent of total billed charges	
FINGER OR HEEL STICK	36416	CPT	outpatient			76		WellPoint	WellPoint		24.46	32.18			3	72.2	percent of total billed charges	
VP CUTDOWN, < 1 YO	36420	CPT	outpatient			604	168	Aetna	Better Health		190.56	31.55			62.64	1782	percent of total billed charges	
VP CUTDOWN, < 1 YO	36420	CPT	outpatient			604	168	Aetna	Commercial		232.58				62.64	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VP CUTDOWN, < 1 YO	36420	CPT	outpatient			604	168	Aetna	Medicare		146.09				62.64	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VP CUTDOWN, < 1 YO	36420	CPT	outpatient			604	168	Americare	Americare		453	75			62.64	1782	percent of total billed charges	
VP CUTDOWN, < 1 YO	36420	CPT	outpatient			604	168	Amerihealth	HMO/PPO		392.6	65			62.64	1782	percent of total billed charges	
VP CUTDOWN, < 1 YO	36420	CPT	outpatient			604	168	Amerihealth	Medicare		146.09				62.64	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VP CUTDOWN, < 1 YO	36420	CPT	outpatient			604	168	Consumer	Consumer		573.8	95			62.64	1782	percent of total billed charges	
VP CUTDOWN, < 1 YO	36420	CPT	outpatient			604	168	Corrections	Corrections		483.2	80			62.64	1782	percent of total billed charges	
VP CUTDOWN, < 1 YO	36420	CPT	outpatient			604	168	First Health	First Health		422.8	70			62.64	1782	percent of total billed charges	
VP CUTDOWN, < 1 YO	36420	CPT	outpatient			604	168	First Trenton	First Trenton		543.6	90			62.64	1782	percent of total billed charges	
VP CUTDOWN, < 1 YO	36420	CPT	outpatient			604	168	Horizon	Medicare Blue		146.09				62.64	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VP CUTDOWN, < 1 YO	36420	CPT	outpatient			604	168	Horizon	MGD		271.87				62.64	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VP CUTDOWN, < 1 YO	36420	CPT	outpatient			604	168	Horizon	Indemnity		271.87				62.64	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VP CUTDOWN, < 1 YO	36420	CPT	outpatient			604	168	Horizon	PPO		271.87				62.64	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VP CUTDOWN, < 1 YO	36420	CPT	outpatient			604	168	Horizon	NJ Health		62.64				62.64	1782	fee schedule	
VP CUTDOWN, < 1 YO	36420	CPT	outpatient			604	168	Managed Care Inc	Managed Care Inc		543.6	90			62.64	1782	percent of total billed charges	
VP CUTDOWN, < 1 YO	36420	CPT	outpatient			604	168	Multiplan	Multiplan		483.2	80			62.64	1782	percent of total billed charges	
VP CUTDOWN, < 1 YO	36420	CPT	outpatient			604	168	Qualcare	Qualcare		453	75			62.64	1782	percent of total billed charges	
VP CUTDOWN, < 1 YO	36420	CPT	outpatient			604	168	Three Rivers	Three Rivers		573.8	95			62.64	1782	percent of total billed charges	
VP CUTDOWN, < 1 YO	36420	CPT	outpatient			604	168	UHC	Medicaid		190.56	31.55			62.64	1782	percent of total billed charges	
VP CUTDOWN, < 1 YO	36420	CPT	outpatient			604	168	UHC	Medicare		146.09				62.64	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VP CUTDOWN, < 1 YO	36420	CPT	outpatient			604	168	United	Oxford		1782				62.64	1782	case rate	
VP CUTDOWN, < 1 YO	36420	CPT	outpatient			604	168	United	CommercialIPPO		1782				62.64	1782	case rate	
VP CUTDOWN, < 1 YO	36420	CPT	outpatient			604	168	Wellcare	Medicare		146.09				62.64	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VP CUTDOWN, < 1 YO	36420	CPT	outpatient			604	168	Wellcare	Medicaid		190.56	31.55			62.64	1782	percent of total billed charges	
VP CUTDOWN, < 1 YO	36420	CPT	outpatient			604	168	WellPoint	WellPoint		194.37	32.18			62.64	1782	percent of total billed charges	
VP CUTDOWN > 1 YO	36425	CPT	outpatient			1142	524.04	Aetna	Medicare		351.74	30.8			46.98	1782	percent of total billed charges	
VP CUTDOWN > 1 YO	36425	CPT	outpatient			1142	524.04	Aetna	Better Health		360.3	31.55			46.98	1782	percent of total billed charges	
VP CUTDOWN > 1 YO	36425	CPT	outpatient			1142	524.04	Aetna	Commercial		725.46				46.98	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VP CUTDOWN > 1 YO	36425	CPT	outpatient			1142	524.04	Americare	Americare		856.5	75			46.98	1782	percent of total billed charges	
VP CUTDOWN > 1 YO	36425	CPT	outpatient			1142	524.04	Amerihealth	HMO/PPO		742.3	65			46.98	1782	percent of total billed charges	
VP CUTDOWN > 1 YO	36425	CPT	outpatient			1142	524.04	Amerihealth	Medicare		455.69				46.98	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VP CUTDOWN > 1 YO	36425	CPT	outpatient			1142	524.04	Consumer	Consumer		1084.9	95			46.98	1782	percent of total billed charges	
VP CUTDOWN > 1 YO	36425	CPT	outpatient			1142	524.04	Corrections	Corrections		913.6	80			46.98	1782	percent of total billed charges	
VP CUTDOWN > 1 YO	36425	CPT	outpatient			1142	524.04	First Health	First Health		799.4	70			46.98	1782	percent of total billed charges	
VP CUTDOWN > 1 YO	36425	CPT	outpatient			1142	524.04	First Trenton	First Trenton		1027.8	90			46.98	1782	percent of total billed charges	
VP CUTDOWN > 1 YO	36425	CPT	outpatient			1142	524.04	Horizon	MGD		848.04				46.98	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VP CUTDOWN > 1 YO	36425	CPT	outpatient			1142	524.04	Horizon	Medicare Blue		455.69				46.98	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VP CUTDOWN > 1 YO	36425	CPT	outpatient			1142	524.04	Horizon	PPO		848.04				46.98	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VP CUTDOWN > 1 YO	36425	CPT	outpatient			1142	524.04	Horizon	NJ Health		46.98				46.98	1782	fee schedule	
VP CUTDOWN > 1 YO	36425	CPT	outpatient			1142	524.04	Horizon	Indemnity		848.04				46.98	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VP CUTDOWN > 1 YO	36425	CPT	outpatient			1142	524.04	Managed Care Inc	Managed Care Inc		1027.8	90			46.98	1782	percent of total billed charges	
VP CUTDOWN > 1 YO	36425	CPT	outpatient			1142	524.04	Multiplan	Multiplan		913.6	80			46.98	1782	percent of total billed charges	
VP CUTDOWN > 1 YO	36425	CPT	outpatient			1142	524.04	Qualcare	Qualcare		856.5	75			46.98	1782	percent of total billed charges	
VP CUTDOWN > 1 YO	36425	CPT	outpatient			1142	524.04	Three Rivers	Three Rivers		1084.9	95			46.98	1782	percent of total billed charges	
VP CUTDOWN > 1 YO	36425	CPT	outpatient			1142	524.04	UHC	Medicaid		360.3	31.55			46.98	1782	percent of total billed charges	
VP CUTDOWN > 1 YO	36425	CPT	outpatient			1142	524.04	UHC	Medicare		455.69				46.98	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VP CUTDOWN > 1 YO	36425	CPT	outpatient			1142	524.04	United	Oxford		1782				46.98	1782	case rate	
VP CUTDOWN > 1 YO	36425	CPT	outpatient			1142	524.04	United	CommercialIPPO		1782				46.98	1782	case rate	
VP CUTDOWN > 1 YO	36425	CPT	outpatient			1142	524.04	Wellcare	Medicaid		360.3	31.55			46.98	1782	percent of total billed charges	
VP CUTDOWN > 1 YO	36425	CPT	outpatient			1142	524.04	Wellcare	Medicare		455.69				46.98	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VP CUTDOWN > 1 YO	36425	CPT	outpatient			1142	524.04	WellPoint	WellPoint		367.5	32.18			46.98	1782	percent of total billed charges	
TRANSFUSION,BLOOD/BLOOD COMPON	36430	CPT	both			1536	570.94	Aetna	Commercial		790.38				47.45	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSFUSION,BLOOD/BLOOD COMPON	36430	CPT	both			1536	570.94	Aetna	Better Health		484.61	31.55			47.45	1782	percent of total billed charges	
TRANSFUSION,BLOOD/BLOOD COMPON	36430	CPT	both			1536	570.94	Aetna	Medicare		496.47				47.45	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSFUSION,BLOOD/BLOOD COMPON	36430	CPT	both			1536	570.94	Americare	Americare		1152	75			47.45	1782	percent of total billed charges	
TRANSFUSION,BLOOD/BLOOD COMPON	36430	CPT	both			1536	570.94	Amerihealth	Medicare		496.47				47.45	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSFUSION,BLOOD/BLOOD COMPON	36430	CPT	both			1536	570.94	Amerihealth	HMO/PPO		998.4	65			47.45	1782	percent of total billed charges	
TRANSFUSION,BLOOD/BLOOD COMPON	36430	CPT	both			1536	570.94	Consumer	Consumer		1459.2	95			47.45	1782	percent of total billed charges	
TRANSFUSION,BLOOD/BLOOD COMPON	36430	CPT	both			1536	570.94	Corrections	Corrections		1228.8	80			47.45	1782	percent of total billed charges	
TRANSFUSION,BLOOD/BLOOD COMPON	36430	CPT	both			1536	570.94	First Health	First Health		1075.2	70			47.45	1782	percent of total billed charges	
TRANSFUSION,BLOOD/BLOOD COMPON	36430	CPT	both			1536	570.94	First Trenton	First Trenton		1382.4	90			47.45	1782	percent of total billed charges	
TRANSFUSION,BLOOD/BLOOD COMPON	36430	CPT	both			1536	570.94	Horizon	Indemnity		923.93				47.45	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSFUSION,BLOOD/BLOOD COMPON	36430	CPT	both			1536	570.94	Horizon	MGD		923.93				47.45	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSFUSION,BLOOD/BLOOD COMPON	36430	CPT	both			1536	570.94	Horizon	NJ Health		47.45				47.45	1782	fee schedule	
TRANSFUSION,BLOOD/BLOOD COMPON	36430	CPT	both			1536	570.94	Horizon	Medicare Blue		496.47				47.45	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSFUSION,BLOOD/BLOOD COMPON	36430	CPT	both			1536	570.94	Horizon	PPO		923.93				47.45	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSFUSION,BLOOD/BLOOD COMPON	36430	CPT	both			1536	570.94	Managed Care Inc	Managed Care Inc		1382.4	90			47.45	1782	percent of total billed charges	
TRANSFUSION,BLOOD/BLOOD COMPON	36430	CPT	both			1536	570.94	Multiplan	Multiplan		1228.8	80			47.45	1782	percent of total billed charges	
TRANSFUSION,BLOOD/BLOOD COMPON	36430	CPT	both			1536	570.94	Qualcare	Qualcare		1152	75			47.45	1782	percent of total billed charges	
TRANSFUSION,BLOOD/BLOOD COMPON	36430	CPT	both			1536	570.94	Three Rivers	Three Rivers		1459.2	95			47.45	1782	percent of total billed charges	
TRANSFUSION,BLOOD/BLOOD COMPON	36430	CPT	both			1536	570.94	UHC	Medicaid		484.61	31.55			47.45	1782	percent of total billed charges	
TRANSFUSION,BLOOD/BLOOD COMPON	36430	CPT	both			1536	570.94	UHC	Medicare		496.47				47.45	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSFUSION,BLOOD/BLOOD COMPON	36430	CPT	both			1536	570.94	United	Oxford		1782				47.45	1782	case rate	
TRANSFUSION,BLOOD/BLOOD COMPON	36430	CPT	both			1536	570.94	United	CommercialIPPO		1782				47.45	1782	case rate	
TRANSFUSION,BLOOD/BLOOD COMPON	36430	CPT	both			1536	570.94	Wellcare	Medicare		496.47				47.45	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSFUSION,BLOOD/BLOOD COMPON	36430	CPT	both			1536	570.94	Wellcare	Medicaid		484.61	31.55			47.45	1782	percent of total billed charges	
TRANSFUSION,BLOOD/BLOOD COMPON	36430	CPT	both			1536	570.94	WellPoint	WellPoint		494.28	32.18			47.45	1782	percent of total billed charges	
BLOOD PUSH TRANSFUSE <=2 YRS	36440	CPT	outpatient			1054	570.94	Aetna	Commercial		790.38				76.45	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLOOD PUSH TRANSFUSE <=2 YRS	36440	CPT	outpatient			1054	570.94	Aetna	Better Health		332.54	31.55			76.45	1782	percent of total billed charges	
BLOOD PUSH TRANSFUSE <=2 YRS	36440	CPT	outpatient			1054	570.94	Aetna	Medicare		324.63	30.8			76.45	1782	percent of total billed charges	
BLOOD PUSH TRANSFUSE <=2 YRS	36440	CPT	outpatient			1054	570.94	Americare	Americare		790.5	75			76.45	1782	percent of total billed charges	
BLOOD PUSH TRANSFUSE <=2 YRS	36440	CPT	outpatient			1054	570.94	Amerihealth	HMO/PPO		685.1	65			76.45	1782	percent of total billed charges	
BLOOD PUSH TRANSFUSE <=2 YRS	36440	CPT	outpatient			1054	570.94	Amerihealth	Medicare		496.47				76.45	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLOOD PUSH TRANSFUSE <=2 YRS	36440	CPT	outpatient			1054	570.94	Consumer	Consumer		1001.3	95			76.45	1782	percent of total billed charges	
BLOOD PUSH TRANSFUSE <=2 YRS	36440	CPT	outpatient			1054	570.94	Corrections	Corrections		843.2	80			76.45	1782	percent of total billed charges	
BLOOD PUSH TRANSFUSE <=2 YRS	36440	CPT	outpatient			1054	570.94	First Health	First Health		737.8	70			76.45	1782	percent of total billed charges	
BLOOD PUSH TRANSFUSE <=2 YRS	36440	CPT	outpatient			1054	570.94	First Trenton	First Trenton		948.6	90			76.45	1782	percent of total billed charges	
BLOOD PUSH TRANSFUSE <=2 YRS	36440	CPT	outpatient			1054	570.94	Horizon	Indemnity		923.93				76.45	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLOOD PUSH TRANSFUSE <=2 YRS	36440	CPT	outpatient			1054	570.94	Horizon	NJ Health		76.45				76.45	1782	fee schedule	
BLOOD PUSH TRANSFUSE <=2 YRS	36440	CPT	outpatient			1054	570.94	Horizon	Medicare Blue		496.47				76.45	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLOOD PUSH TRANSFUSE <=2 YRS	36440	CPT	outpatient			1054	570.94	Horizon	MGD		923.93				76.45	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLOOD PUSH TRANSFUSE <=2 YRS	36440	CPT	outpatient			1054	570.94	Horizon	PPO		923.93				76.45	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLOOD PUSH TRANSFUSE <=2 YRS	36440	CPT	outpatient			1054	570.94	Managed Care Inc	Managed Care Inc		948.6	90			76.45	1782	percent of total billed charges	
BLOOD PUSH TRANSFUSE <=2 YRS	36440	CPT	outpatient			1054	570.94	Multiplan	Multiplan		843.2	80			76.45	1782	percent of total billed charges	
BLOOD PUSH TRANSFUSE <=2 YRS	36440	CPT	outpatient			1054	570.94	Qualcare	Qualcare		790.5	75			76.45	1782	percent of total billed charges	
BLOOD PUSH TRANSFUSE <=2 YRS	36440	CPT	outpatient			1054	570.94	Three Rivers	Three Rivers		1001.3	95			76.45	1782	percent of total billed charges	
BLOOD PUSH TRANSFUSE <=2 YRS	36440	CPT	outpatient			1054	570.94	UHC	Medicare		496.47				76.45	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLOOD PUSH TRANSFUSE <=2 YRS	36440	CPT	outpatient			1054	570.94	UHC	Medicaid		332.54	31.55			76.45	1782	percent of total billed charges	
BLOOD PUSH TRANSFUSE <=2 YRS	36440	CPT	outpatient			1054	570.94	United	Oxford		1782				76.45	1782	case rate	
BLOOD PUSH TRANSFUSE <=2 YRS	36440	CPT	outpatient			1054	570.94	United	CommercialIPPO		1782				76.45	1782	case rate	
BLOOD PUSH TRANSFUSE <=2 YRS	36440	CPT	outpatient			1054	570.94	Wellcare	Medicare		496.47				76.45	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLOOD PUSH TRANSFUSE <=2 YRS	36440	CPT	outpatient			1054	570.94	Wellcare	Medicaid		332.54	31.55			76.45	1782	percent of total billed charges	
BLOOD PUSH TRANSFUSE <=2 YRS	36440	CPT	outpatient			1054	570.94	WellPoint	WellPoint		339.18	32.18			76.45	1782	percent of total billed charges	
SNLG/MIX INJ	36468	CPT	outpatient			1360	524.43	Aetna	Commercial		726				38.39	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SNLG/MIX INJ	36468	CPT	outpatient			1360	524.43	Aetna	Better Health		429.08	31.55			38.39	1782	percent of total billed charges	
SNLG/MIX INJ	36468	CPT	outpatient			1360	524.43	Aetna	Medicare		456.03				38.39	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SNLG/MIX INJ	36468	CPT	outpatient			1360	524.43	Americare	Americare		1020	75			38.39	1782	percent of total billed charges	
SNLG/MIX INJ	36468	CPT	outpatient			1360	524.43	Amerihealth	HMO/PPO		884	65			38.39	1782	percent of total billed charges	
SNLG/MIX INJ	36468	CPT	outpatient			1360	524.43	Amerihealth	Medicare		456.03				38.39	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SNLG/MIX INJ	36468	CPT	outpatient			1360	524.43	Consumer	Consumer		1292	95			38.39	1782	percent of total billed charges	
SNLG/MIX INJ	36468	CPT	outpatient			1360	524.43	Corrections	Corrections		1088	80			38.39	1782	percent of total billed charges	
SNLG/MIX INJ	36468	CPT	outpatient			1360	524.43	First Health	First Health		952	70			38.39	1782	percent of total billed charges	
SNLG/MIX INJ	36468	CPT	outpatient			1360	524.43	First Trenton	First Trenton		1224	90			38.39	1782	percent of total billed charges	
SNLG/MIX INJ	36468	CPT	outpatient			1360	524.43	Horizon	PPO		848.67				38.39	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SNLG/MIX INJ	36468	CPT	outpatient			1360	524.43	Horizon	MGD		848.67				38.39	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SNLG/MIX INJ	36468	CPT	outpatient			1360	524.43	Horizon	NJ Health		38.39				38.39	1782	fee schedule	
SNLG/MIX INJ	36468	CPT	outpatient			1360	524.43	Horizon	Medicare Blue		456.03				38.39	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SNLG/MIX INJ	36468	CPT	outpatient			1360	524.43	Horizon	Indemnity		848.67				38.39	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SNLG/MIX INJ	36468	CPT	outpatient			1360	524.43	Managed Care Inc	Managed Care Inc		1224	90			38.39	1782	percent of total billed charges	
SNLG/MIX INJ	36468	CPT	outpatient			1360	524.43	Multiplan	Multiplan		1088	80			38.39	1782	percent of total billed charges	
SNLG/MIX INJ	36468	CPT	outpatient			1360	524.43	Qualcare	Qualcare		1020	75			38.39	1782	percent of total billed charges	
SNLG/MIX INJ	36468	CPT	outpatient			1360	524.43	Three Rivers	Three Rivers		1292	95			38.39	1782	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
SNLG/MIX INJ	36468	CPT	outpatient			1360	524.43	UHC	Medicaid		429.08	31.55			38.39	1782	percent of total billed charges	
SNLG/MIX INJ	36468	CPT	outpatient			1360	524.43	UHC	Medicare		456.03				38.39	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SNLG/MIX INJ	36468	CPT	outpatient			1360	524.43	United	CommercialPPO		1782				38.39	1782	case rate	
SNLG/MIX INJ	36468	CPT	outpatient			1360	524.43	United	Oxford		1782				38.39	1782	case rate	
SNLG/MIX INJ	36468	CPT	outpatient			1360	524.43	Wellcare	Medicare		456.03				38.39	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SNLG/MIX INJ	36468	CPT	outpatient			1360	524.43	Wellcare	Medicaid		429.08	31.55			38.39	1782	percent of total billed charges	
SNLG/MIX INJ	36468	CPT	outpatient			1360	524.43	WellPoint	WellPoint		437.65	32.18			38.39	1782	percent of total billed charges	
INJECT SCLEROSANT ONE INCOMPETENT VEIN	36470	CPT	outpatient			1360	524.43	Aetna	Commercial		726				36.54	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECT SCLEROSANT ONE INCOMPETENT VEIN	36470	CPT	outpatient			1360	524.43	Aetna	Medicare		418.88	30.8			36.54	1782	percent of total billed charges	
INJECT SCLEROSANT ONE INCOMPETENT VEIN	36470	CPT	outpatient			1360	524.43	Aetna	Better Health		429.08	31.55			36.54	1782	percent of total billed charges	
INJECT SCLEROSANT ONE INCOMPETENT VEIN	36470	CPT	outpatient			1360	524.43	Americare	Americare		1020	75			36.54	1782	percent of total billed charges	
INJECT SCLEROSANT ONE INCOMPETENT VEIN	36470	CPT	outpatient			1360	524.43	Amerihealth	HMO/PPO		884	65			36.54	1782	percent of total billed charges	
INJECT SCLEROSANT ONE INCOMPETENT VEIN	36470	CPT	outpatient			1360	524.43	Amerihealth	Medicare		456.03				36.54	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECT SCLEROSANT ONE INCOMPETENT VEIN	36470	CPT	outpatient			1360	524.43	Consumer	Consumer		1292	95			36.54	1782	percent of total billed charges	
INJECT SCLEROSANT ONE INCOMPETENT VEIN	36470	CPT	outpatient			1360	524.43	Corrections	Corrections		1088	80			36.54	1782	percent of total billed charges	
INJECT SCLEROSANT ONE INCOMPETENT VEIN	36470	CPT	outpatient			1360	524.43	First Health	First Health		952	70			36.54	1782	percent of total billed charges	
INJECT SCLEROSANT ONE INCOMPETENT VEIN	36470	CPT	outpatient			1360	524.43	First Trenton	First Trenton		1224	90			36.54	1782	percent of total billed charges	
INJECT SCLEROSANT ONE INCOMPETENT VEIN	36470	CPT	outpatient			1360	524.43	Horizon	MGD		848.67				36.54	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECT SCLEROSANT ONE INCOMPETENT VEIN	36470	CPT	outpatient			1360	524.43	Horizon	Medicare Blue		456.03				36.54	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECT SCLEROSANT ONE INCOMPETENT VEIN	36470	CPT	outpatient			1360	524.43	Horizon	PPO		848.67				36.54	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECT SCLEROSANT ONE INCOMPETENT VEIN	36470	CPT	outpatient			1360	524.43	Horizon	Indemnity		848.67				36.54	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECT SCLEROSANT ONE INCOMPETENT VEIN	36470	CPT	outpatient			1360	524.43	Horizon	NJ Health		36.54				36.54	1782	fee schedule	
INJECT SCLEROSANT ONE INCOMPETENT VEIN	36470	CPT	outpatient			1360	524.43	Managed Care Inc	Managed Care Inc		1224	90			36.54	1782	percent of total billed charges	
INJECT SCLEROSANT ONE INCOMPETENT VEIN	36470	CPT	outpatient			1360	524.43	Multiplan	Multiplan		1088	80			36.54	1782	percent of total billed charges	
INJECT SCLEROSANT ONE INCOMPETENT VEIN	36470	CPT	outpatient			1360	524.43	Qualcare	Qualcare		1020	75			36.54	1782	percent of total billed charges	
INJECT SCLEROSANT ONE INCOMPETENT VEIN	36470	CPT	outpatient			1360	524.43	Three Rivers	Three Rivers		1292	95			36.54	1782	percent of total billed charges	
INJECT SCLEROSANT ONE INCOMPETENT VEIN	36470	CPT	outpatient			1360	524.43	UHC	Medicare		456.03				36.54	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECT SCLEROSANT ONE INCOMPETENT VEIN	36470	CPT	outpatient			1360	524.43	UHC	Medicaid		429.08	31.55			36.54	1782	percent of total billed charges	
INJECT SCLEROSANT ONE INCOMPETENT VEIN	36470	CPT	outpatient			1360	524.43	United	CommercialPPO		1782				36.54	1782	case rate	
INJECT SCLEROSANT ONE INCOMPETENT VEIN	36470	CPT	outpatient			1360	524.43	United	Oxford		1782				36.54	1782	case rate	
INJECT SCLEROSANT ONE INCOMPETENT VEIN	36470	CPT	outpatient			1360	524.43	Wellcare	Medicaid		429.08	31.55			36.54	1782	percent of total billed charges	
INJECT SCLEROSANT ONE INCOMPETENT VEIN	36470	CPT	outpatient			1360	524.43	Wellcare	Medicare		456.03				36.54	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECT SCLEROSANT ONE INCOMPETENT VEIN	36470	CPT	outpatient			1360	524.43	WellPoint	WellPoint		437.65	32.18			36.54	1782	percent of total billed charges	
INJECT SCLEROSANT MULTIPLE INCOMPETENT	36471	CPT	outpatient			1360	524.43	Aetna	Commercial		726				46.98	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECT SCLEROSANT MULTIPLE INCOMPETENT	36471	CPT	outpatient			1360	524.43	Aetna	Medicare		456.03				46.98	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECT SCLEROSANT MULTIPLE INCOMPETENT	36471	CPT	outpatient			1360	524.43	Aetna	Better Health		429.08	31.55			46.98	1782	percent of total billed charges	
INJECT SCLEROSANT MULTIPLE INCOMPETENT	36471	CPT	outpatient			1360	524.43	Americare	Americare		1020	75			46.98	1782	percent of total billed charges	
INJECT SCLEROSANT MULTIPLE INCOMPETENT	36471	CPT	outpatient			1360	524.43	Amerihealth	HMO/PPO		884	65			46.98	1782	percent of total billed charges	
INJECT SCLEROSANT MULTIPLE INCOMPETENT	36471	CPT	outpatient			1360	524.43	Amerihealth	Medicare		456.03				46.98	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECT SCLEROSANT MULTIPLE INCOMPETENT	36471	CPT	outpatient			1360	524.43	Consumer	Consumer		1292	95			46.98	1782	percent of total billed charges	
INJECT SCLEROSANT MULTIPLE INCOMPETENT	36471	CPT	outpatient			1360	524.43	Corrections	Corrections		1088	80			46.98	1782	percent of total billed charges	
INJECT SCLEROSANT MULTIPLE INCOMPETENT	36471	CPT	outpatient			1360	524.43	First Health	First Health		952	70			46.98	1782	percent of total billed charges	
INJECT SCLEROSANT MULTIPLE INCOMPETENT	36471	CPT	outpatient			1360	524.43	First Trenton	First Trenton		1224	90			46.98	1782	percent of total billed charges	
INJECT SCLEROSANT MULTIPLE INCOMPETENT	36471	CPT	outpatient			1360	524.43	Horizon	Medicare Blue		456.03				46.98	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECT SCLEROSANT MULTIPLE INCOMPETENT	36471	CPT	outpatient			1360	524.43	Horizon	MGD		848.67				46.98	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECT SCLEROSANT MULTIPLE INCOMPETENT	36471	CPT	outpatient			1360	524.43	Horizon	Indemnity		848.67				46.98	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECT SCLEROSANT MULTIPLE INCOMPETENT	36471	CPT	outpatient			1360	524.43	Horizon	NJ Health		46.98				46.98	1782	fee schedule	
INJECT SCLEROSANT MULTIPLE INCOMPETENT	36471	CPT	outpatient			1360	524.43	Horizon	PPO		848.67				46.98	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECT SCLEROSANT MULTIPLE INCOMPETENT	36471	CPT	outpatient			1360	524.43	Managed Care Inc	Managed Care Inc		1224	90			46.98	1782	percent of total billed charges	
INJECT SCLEROSANT MULTIPLE INCOMPETENT	36471	CPT	outpatient			1360	524.43	Multiplan	Multiplan		1088	80			46.98	1782	percent of total billed charges	
INJECT SCLEROSANT MULTIPLE INCOMPETENT	36471	CPT	outpatient			1360	524.43	Qualcare	Qualcare		1020	75			46.98	1782	percent of total billed charges	
INJECT SCLEROSANT MULTIPLE INCOMPETENT	36471	CPT	outpatient			1360	524.43	Three Rivers	Three Rivers		1292	95			46.98	1782	percent of total billed charges	
INJECT SCLEROSANT MULTIPLE INCOMPETENT	36471	CPT	outpatient			1360	524.43	UHC	Medicaid		429.08	31.55			46.98	1782	percent of total billed charges	
INJECT SCLEROSANT MULTIPLE INCOMPETENT	36471	CPT	outpatient			1360	524.43	UHC	Medicare		456.03				46.98	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECT SCLEROSANT MULTIPLE INCOMPETENT	36471	CPT	outpatient			1360	524.43	United	Oxford		1782				46.98	1782	case rate	
INJECT SCLEROSANT MULTIPLE INCOMPETENT	36471	CPT	outpatient			1360	524.43	United	CommercialPPO		1782				46.98	1782	case rate	
INJECT SCLEROSANT MULTIPLE INCOMPETENT	36471	CPT	outpatient			1360	524.43	Wellcare	Medicare		456.03				46.98	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECT SCLEROSANT MULTIPLE INCOMPETENT	36471	CPT	outpatient			1360	524.43	Wellcare	Medicaid		429.08	31.55			46.98	1782	percent of total billed charges	
INJECT SCLEROSANT MULTIPLE INCOMPETENT	36471	CPT	outpatient			1360	524.43	WellPoint	WellPoint		437.65	32.18			46.98	1782	percent of total billed charges	
ENDO ABLTJ INC VEIN 1ST VEIN	36473	CPT	outpatient			10856	4192.26	Aetna	Commercial		5803.54				2073.02	10313.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDO ABLTJ INC VEIN 1ST VEIN	36473	CPT	outpatient			10856	4192.26	Aetna	Better Health		3425.07	31.55			2073.02	10313.2	percent of total billed charges	
ENDO ABLTJ INC VEIN 1ST VEIN	36473	CPT	outpatient			10856	4192.26	Aetna	Medicare		3343.65	30.8			2073.02	10313.2	percent of total billed charges	
ENDO ABLTJ INC VEIN 1ST VEIN	36473	CPT	outpatient			10856	4192.26	Americare	Americare		8142	75			2073.02	10313.2	percent of total billed charges	
ENDO ABLTJ INC VEIN 1ST VEIN	36473	CPT	outpatient			10856	4192.26	Amerihealth	HMO/PPO		7056.4	65			2073.02	10313.2	percent of total billed charges	
ENDO ABLTJ INC VEIN 1ST VEIN	36473	CPT	outpatient			10856	4192.26	Amerihealth	Medicare		3645.44				2073.02	10313.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDO ABLTJ INC VEIN 1ST VEIN	36473	CPT	outpatient			10856	4192.26	Consumer	Consumer		10313.2	95			2073.02	10313.2	percent of total billed charges	
ENDO ABLTJ INC VEIN 1ST VEIN	36473	CPT	outpatient			10856	4192.26	Corrections	Corrections		8684.8	80			2073.02	10313.2	percent of total billed charges	
ENDO ABLTJ INC VEIN 1ST VEIN	36473	CPT	outpatient			10856	4192.26	First Health	First Health		7599.2	70			2073.02	10313.2	percent of total billed charges	
ENDO ABLTJ INC VEIN 1ST VEIN	36473	CPT	outpatient			10856	4192.26	First Trenton	First Trenton		9770.4	90			2073.02	10313.2	percent of total billed charges	
ENDO ABLTJ INC VEIN 1ST VEIN	36473	CPT	outpatient			10856	4192.26	Horizon	PPO		6784.16				2073.02	10313.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDO ABLTJ INC VEIN 1ST VEIN	36473	CPT	outpatient			10856	4192.26	Horizon	Medicare Blue		3645.44				2073.02	10313.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDO ABLTJ INC VEIN 1ST VEIN	36473	CPT	outpatient			10856	4192.26	Horizon	MGD		6784.16				2073.02	10313.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDO ABLTJ INC VEIN 1ST VEIN	36473	CPT	outpatient			10856	4192.26	Horizon	NJ Health		2073.02				2073.02	10313.2	fee schedule	
ENDO ABLTJ INC VEIN 1ST VEIN	36473	CPT	outpatient			10856	4192.26	Horizon	Indemnity		6784.16				2073.02	10313.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDO ABLTJ INC VEIN 1ST VEIN	36473	CPT	outpatient			10856	4192.26	Managed Care Inc	Managed Care Inc		9770.4	90			2073.02	10313.2	percent of total billed charges	
ENDO ABLTJ INC VEIN 1ST VEIN	36473	CPT	outpatient			10856	4192.26	Multiplan	Multiplan		8684.8	80			2073.02	10313.2	percent of total billed charges	
ENDO ABLTJ INC VEIN 1ST VEIN	36473	CPT	outpatient			10856	4192.26	Qualcare	Qualcare		8142	75			2073.02	10313.2	percent of total billed charges	
ENDO ABLTJ INC VEIN 1ST VEIN	36473	CPT	outpatient			10856	4192.26	Three Rivers	Three Rivers		10313.2	95			2073.02	10313.2	percent of total billed charges	
ENDO ABLTJ INC VEIN 1ST VEIN	36473	CPT	outpatient			10856	4192.26	UHC	Medicaid		3425.07	31.55			2073.02	10313.2	percent of total billed charges	
ENDO ABLTJ INC VEIN 1ST VEIN	36473	CPT	outpatient			10856	4192.26	UHC	Medicare		3645.44				2073.02	10313.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDO ABLTJ INC VEIN 1ST VEIN	36473	CPT	outpatient			10856	4192.26	United	Oxford		3492				2073.02	10313.2	case rate	
ENDO ABLTJ INC VEIN 1ST VEIN	36473	CPT	outpatient			10856	4192.26	United	CommercialPPO		3492				2073.02	10313.2	case rate	
ENDO ABLTJ INC VEIN 1ST VEIN	36473	CPT	outpatient			10856	4192.26	Wellcare	Medicaid		3425.07	31.55			2073.02	10313.2	percent of total billed charges	
ENDO ABLTJ INC VEIN 1ST VEIN	36473	CPT	outpatient			10856	4192.26	Wellcare	Medicare		3645.44				2073.02	10313.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDO ABLTJ INC VEIN 1ST VEIN	36473	CPT	outpatient			10856	4192.26	WellPoint	WellPoint		3493.46	32.18			2073.02	10313.2	percent of total billed charges	
ENDOVEN ABLTJ INCOMPETENT VEI	36475	CPT	outpatient			15868	4192.26	Aetna	Medicare		3645.44				3058.14	15074.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOVEN ABLTJ INCOMPETENT VEI	36475	CPT	outpatient			15868	4192.26	Aetna	Commercial		5803.54				3058.14	15074.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOVEN ABLTJ INCOMPETENT VEI	36475	CPT	outpatient			15868	4192.26	Aetna	Better Health		5006.35	31.55			3058.14	15074.6	percent of total billed charges	
ENDOVEN ABLTJ INCOMPETENT VEI	36475	CPT	outpatient			15868	4192.26	Americare	Americare		11901	75			3058.14	15074.6	percent of total billed charges	
ENDOVEN ABLTJ INCOMPETENT VEI	36475	CPT	outpatient			15868	4192.26	Amerihealth	HMO/PPO		10314.2	65			3058.14	15074.6	percent of total billed charges	
ENDOVEN ABLTJ INCOMPETENT VEI	36475	CPT	outpatient			15868	4192.26	Amerihealth	Medicare		3645.44				3058.14	15074.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOVEN ABLTJ INCOMPETENT VEI	36475	CPT	outpatient			15868	4192.26	Consumer	Consumer		15074.6	95			3058.14	15074.6	percent of total billed charges	
ENDOVEN ABLTJ INCOMPETENT VEI	36475	CPT	outpatient			15868	4192.26	Corrections	Corrections		12694.4	80			3058.14	15074.6	percent of total billed charges	
ENDOVEN ABLTJ INCOMPETENT VEI	36475	CPT	outpatient			15868	4192.26	First Health	First Health		11107.6	70			3058.14	15074.6	percent of total billed charges	
ENDOVEN ABLTJ INCOMPETENT VEI	36475	CPT	outpatient			15868	4192.26	First Trenton	First Trenton		14281.2	90			3058.14	15074.6	percent of total billed charges	
ENDOVEN ABLTJ INCOMPETENT VEI	36475	CPT	outpatient			15868	4192.26	Horizon	PPO		6784.16				3058.14	15074.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOVEN ABLTJ INCOMPETENT VEI	36475	CPT	outpatient			15868	4192.26	Horizon	MGD		6784.16				3058.14	15074.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOVEN ABLTJ INCOMPETENT VEI	36475	CPT	outpatient			15868	4192.26	Horizon	Medicare Blue		3645.44				3058.14	15074.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOVEN ABLTJ INCOMPETENT VEI	36475	CPT	outpatient			15868	4192.26	Horizon	NJ Health		3195.95				3058.14	15074.6	fee schedule	
ENDOVEN ABLTJ INCOMPETENT VEI	36475	CPT	outpatient			15868	4192.26	Horizon	Indemnity		6784.16				3058.14	15074.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOVEN ABLTJ INCOMPETENT VEI	36475	CPT	outpatient			15868	4192.26	Managed Care Inc	Managed Care Inc		14281.2	90			3058.14	15074.6	percent of total billed charges	
ENDOVEN ABLTJ INCOMPETENT VEI	36475	CPT	outpatient			15868	4192.26	Multiplan	Multiplan		12694.4	80			3058.14	15074.6	percent of total billed charges	
ENDOVEN ABLTJ INCOMPETENT VEI	36475	CPT	outpatient			15868	4192.26	Qualcare	Qualcare		11901	75			3058.14	15074.6	percent of total billed charges	
ENDOVEN ABLTJ INCOMPETENT VEI	36475	CPT	outpatient			15868	4192.26	Three Rivers	Three Rivers		15074.6	95			3058.14	15074.6	percent of total billed charges	
ENDOVEN ABLTJ INCOMPETENT VEI	36475	CPT	outpatient			15868	4192.26	UHC	Medicare		3645.44				3058.14	15074.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOVEN ABLTJ INCOMPETENT VEI	36475	CPT	outpatient			15868	4192.26	UHC	Medicaid		5006.35	31.55			3058.14	15074.6	percent of total billed charges	
ENDOVEN ABLTJ INCOMPETENT VEI	36475	CPT	outpatient			15868	4192.26	United	CommercialPPO		3492				3058.14	15074.6	case rate	
ENDOVEN ABLTJ INCOMPETENT VEI	36475	CPT	outpatient			15868	4192.26	United	Oxford		3492				3058.14	15074.6	case rate	
ENDOVEN ABLTJ INCOMPETENT VEI	36475	CPT	outpatient			15868	4192.26	Wellcare	Medicare		3645.44				3058.14	15074.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOVEN ABLTJ INCOMPETENT VEI	36475	CPT	outpatient			15868	4192.26	Wellcare	Medicaid		5006.35	31.55			3058.14	15074.6	percent of total billed charges	
ENDOVEN ABLTJ INCOMPETENT VEI	36475	CPT	outpatient			15868	4192.26	WellPoint	WellPoint		5106.32	32.18			3058.14	15074.6	percent of total billed charges	
ENDO ABLA P/C RF 2ND VEIN+RT	36476	CPT	outpatient			9693		Aetna	Better Health		3058.14	31.55			1782	9208.35	percent of total billed charges	
ENDO ABLA P/C RF 2ND VEIN+RT	36476	CPT	outpatient			9693		Aetna	Commercial		3683.34	38			1782	9208.35	percent of total billed charges	
ENDO ABLA P/C RF 2ND VEIN+RT	36476	CPT	outpatient			9693		Aetna	Medicare		2985.44	30.8			1782	9208.35	percent of total billed charges	
ENDO ABLA P/C RF 2ND VEIN+RT	36476	CPT	outpatient			9693		Americare	Americare		7269.75	75			1782	9208.35	percent of total billed charges	
ENDO ABLA P/C RF 2ND VEIN+RT	36476	CPT	outpatient			9693		Amerihealth	HMO/PPO		6300.45	65			1782	9208.35	percent of total billed charges	
ENDO ABLA P/C RF 2ND VEIN+RT	36476	CPT	outpatient			9693		Consumer	Consumer		9208.35	95			1782	9208.35	percent of total billed charges	
ENDO ABLA P/C RF 2ND VEIN+RT	36476	CPT	outpatient			9693		Corrections	Corrections		7754.4	80			1782	9208.35	percent of total billed charges	
ENDO ABLA P/C RF 2ND VEIN+RT	36476	CPT	outpatient			9693		First Health	First Health		6785.1	70			1782	9208.35	percent of total billed charges	
ENDO ABLA P/C RF 2ND VEIN+RT	36476	CPT	outpatient			9693		First Trenton	First Trenton		8723.7	90			1782	9208.35	percent of total billed charges	
ENDO ABLA P/C RF 2ND VEIN+RT	36476	CPT	outpatient			9693		Horizon	Medicare Blue		2907.9	30			1782	9208.35	percent of total billed charges	
ENDO ABLA P/C RF 2ND VEIN+RT	36476	CPT	outpatient			9693		Horizon	Indemnity		3710.48	38.28			1782	9208.35	percent of total billed charges	
ENDO ABLA P/C RF 2ND VEIN+RT	36476	CPT	outpatient			9693		Horizon	MGD		3710.48	38.28			1782	9208.35	percent of total billed charges	
ENDO ABLA P/C RF 2ND VEIN+RT	36476	CPT	outpatient			9693		Horizon	PPO		3710.48	38.28			1782	9208.35	percent of total billed charges	
ENDO ABLA P/C RF 2ND VEIN+RT	36476	CPT	outpatient			9693		Managed Care Inc	Managed Care Inc		8723.7	90			1782	9208.35	percent of total billed charges	
ENDO ABLA P/C RF 2ND VEIN+RT	36476	CPT	outpatient			9693		Multiplan	Multiplan		7754.4	80			1782	9208.35	percent of total billed charges	
ENDO ABLA P/C RF 2ND VEIN+RT	36476	CPT	outpatient			9693		Qualcare	Qualcare		7269.75	75			1782	9208.35	percent of total billed charges	
ENDO ABLA P/C RF 2ND VEIN+RT	36476	CPT	outpatient			9693		Three Rivers	Three Rivers		9208.35	95			1782	9208.35	percent of total billed charges	
ENDO ABLA P/C RF 2ND VEIN+RT	36476	CPT	outpatient			9693		UHC	Medicaid		3058.14	31.55			1782	9208.35	percent of total billed charges	
ENDO ABLA P/C RF 2ND VEIN+RT	36476	CPT	outpatient			9693		United	Oxford		1782				1782	9208.35	case rate	
ENDO ABLA P/C RF 2ND VEIN+RT	36476	CPT	outpatient			9693		United	CommercialPPO		1782				1782	9208.35	case rate	
ENDO ABLA P/C RF 2ND VEIN+RT	36476	CPT	outpatient			9693		Wellcare	Medicaid		3058.14	31.55			1782	9208.35	percent of total billed charges	
ENDO ABLA P/C RF 2ND VEIN+RT	36476	CPT	outpatient			9693		WellPoint	WellPoint		3119.21	32.18			1782	9208.35	percent of total billed charges	
ENDO ABLA P/C 1ST VEIN RT	36478	CPT	outpatient			9693	4192.26	Aetna	Commercial		5803.54				2941.18	9208.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDO ABLA P/C 1ST VEIN RT	36478	CPT	outpatient			9693	4192.26	Aetna	Better Health		3058.14	31.55			2941.18	9208.35	percent of total billed charges	
ENDO ABLA P/C 1ST VEIN RT	36478	CPT	outpatient			9693	4192.26	Aetna	Medicare		3645.44				2941.18	9208.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDO ABLA P/C 1ST VEIN RT	36478	CPT	outpatient			9693	4192.26	Americare	Americare		7269.75	75			2941.18	9208.35	percent of total billed charges	
ENDO ABLA P/C 1ST VEIN RT	36478	CPT	outpatient			9693	4192.26	Amerihealth	HMO/PPO		6300.45	65			2941.18	9208.35	percent of total billed charges	
ENDO ABLA P/C 1ST VEIN RT	36478	CPT	outpatient			9693	4192.26	Amerihealth	Medicare		3645.44				2941.18	9208.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDO ABLA P/C 1ST VEIN RT	36478	CPT	outpatient			9693	4192.26	Consumer	Consumer		9208.35	95			2941.18	9208.35	percent of total billed charges	
ENDO ABLA P/C 1ST VEIN RT	36478	CPT	outpatient			9693	4192.26	Corrections	Corrections		7754.4	80			2941.18	9208.35	percent of total billed charges	
ENDO ABLA P/C 1ST VEIN RT	36478	CPT	outpatient			9693	4192.26	First Health	First Health		6785.1	70			2941.18	9208.35	percent of total billed charges	
ENDO ABLA P/C 1ST VEIN RT	36478	CPT	outpatient			9693	4192.26	First Trenton	First Trenton		8723.7	90			2941.18	9208.35	percent of total billed charges	
ENDO ABLA P/C 1ST VEIN RT	36478	CPT	outpatient			9693	4192.26	Horizon	MGD		6784.16				2941.18	9208.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDO ABLA P/C 1ST VEIN RT	36478	CPT	outpatient			9693	4192.26	Horizon	Medicare Blue		3645.44				2941.18	9208.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDO ABLA P/C 1ST VEIN RT	36478	CPT	outpatient			9693	4192.26	Horizon	Indemnity		6784.16				2941.18	9208.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDO ABLA P/C 1ST VEIN RT	36478	CPT	outpatient			9693	4192.26	Horizon	NJ Health		2941.18				2941.18	9208.35	fee schedule	
ENDO ABLA P/C 1ST VEIN RT	36478	CPT	outpatient			9693	4192.26	Horizon	PPO		6784.16				2941.18	9208.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ENDO ABLA P/C 1ST VEIN RT	36478	CPT	outpatient			9693		4192.26 Managed Care Inc	Managed Care Inc		8723.7	90			2941.18	9208.35	percent of total billed charges	
ENDO ABLA P/C 1ST VEIN RT	36478	CPT	outpatient			9693		4192.26 Multiplan	Multiplan		7754.4	80			2941.18	9208.35	percent of total billed charges	
ENDO ABLA P/C 1ST VEIN RT	36478	CPT	outpatient			9693		4192.26 Qualcare	Qualcare		7269.75	75			2941.18	9208.35	percent of total billed charges	
ENDO ABLA P/C 1ST VEIN RT	36478	CPT	outpatient			9693		4192.26 Three Rivers	Three Rivers		9208.35	95			2941.18	9208.35	percent of total billed charges	
ENDO ABLA P/C 1ST VEIN RT	36478	CPT	outpatient			9693		4192.26 UHC	Medicare		3645.44				2941.18	9208.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDO ABLA P/C 1ST VEIN RT	36478	CPT	outpatient			9693		4192.26 UHC	Medicaid		3058.14	31.55			2941.18	9208.35	percent of total billed charges	
ENDO ABLA P/C 1ST VEIN RT	36478	CPT	outpatient			9693		4192.26 United	Oxford		3492				2941.18	9208.35	case rate	
ENDO ABLA P/C 1ST VEIN RT	36478	CPT	outpatient			9693		4192.26 United	Commercial|PPO		3492				2941.18	9208.35	case rate	
ENDO ABLA P/C 1ST VEIN RT	36478	CPT	outpatient			9693		4192.26 Wellcare	Medicaid		3058.14	31.55			2941.18	9208.35	percent of total billed charges	
ENDO ABLA P/C 1ST VEIN RT	36478	CPT	outpatient			9693		4192.26 Wellcare	Medicare		3645.44				2941.18	9208.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDO ABLA P/C 1ST VEIN RT	36478	CPT	outpatient			9693		4192.26 WellPoint	WellPoint		3119.21	32.18			2941.18	9208.35	percent of total billed charges	
ENDO ABLA P/C 2ND+VEIN RT	36479	CPT	outpatient			9693		Aetna	Better Health		3058.14	31.55			1782	9208.35	percent of total billed charges	
ENDO ABLA P/C 2ND+VEIN RT	36479	CPT	outpatient			9693		Aetna	Commercial		3683.34	38			1782	9208.35	percent of total billed charges	
ENDO ABLA P/C 2ND+VEIN RT	36479	CPT	outpatient			9693		Aetna	Medicare		2985.44	30.8			1782	9208.35	percent of total billed charges	
ENDO ABLA P/C 2ND+VEIN RT	36479	CPT	outpatient			9693		Americare	Americare		7269.75	75			1782	9208.35	percent of total billed charges	
ENDO ABLA P/C 2ND+VEIN RT	36479	CPT	outpatient			9693		Amerihealth	HMO|PPO		6300.45	65			1782	9208.35	percent of total billed charges	
ENDO ABLA P/C 2ND+VEIN RT	36479	CPT	outpatient			9693		Consumer	Consumer		9208.35	95			1782	9208.35	percent of total billed charges	
ENDO ABLA P/C 2ND+VEIN RT	36479	CPT	outpatient			9693		Corrections	Corrections		7754.4	80			1782	9208.35	percent of total billed charges	
ENDO ABLA P/C 2ND+VEIN RT	36479	CPT	outpatient			9693		First Health	First Health		6785.1	70			1782	9208.35	percent of total billed charges	
ENDO ABLA P/C 2ND+VEIN RT	36479	CPT	outpatient			9693		First Trenton	First Trenton		8723.7	90			1782	9208.35	percent of total billed charges	
ENDO ABLA P/C 2ND+VEIN RT	36479	CPT	outpatient			9693		Horizon	Medicare Blue		2907.9	30			1782	9208.35	percent of total billed charges	
ENDO ABLA P/C 2ND+VEIN RT	36479	CPT	outpatient			9693		Horizon	Indemnity		3710.48	38.28			1782	9208.35	percent of total billed charges	
ENDO ABLA P/C 2ND+VEIN RT	36479	CPT	outpatient			9693		Horizon	MGD		3710.48	38.28			1782	9208.35	percent of total billed charges	
ENDO ABLA P/C 2ND+VEIN RT	36479	CPT	outpatient			9693		Horizon	PPO		3710.48	38.28			1782	9208.35	percent of total billed charges	
ENDO ABLA P/C 2ND+VEIN RT	36479	CPT	outpatient			9693		Managed Care Inc	Managed Care Inc		8723.7	90			1782	9208.35	percent of total billed charges	
ENDO ABLA P/C 2ND+VEIN RT	36479	CPT	outpatient			9693		Multiplan	Multiplan		7754.4	80			1782	9208.35	percent of total billed charges	
ENDO ABLA P/C 2ND+VEIN RT	36479	CPT	outpatient			9693		Qualcare	Qualcare		7269.75	75			1782	9208.35	percent of total billed charges	
ENDO ABLA P/C 2ND+VEIN RT	36479	CPT	outpatient			9693		Three Rivers	Three Rivers		9208.35	95			1782	9208.35	percent of total billed charges	
ENDO ABLA P/C 2ND+VEIN RT	36479	CPT	outpatient			9693		UHC	Medicaid		3058.14	31.55			1782	9208.35	percent of total billed charges	
ENDO ABLA P/C 2ND+VEIN RT	36479	CPT	outpatient			9693		United	Oxford		1782				1782	9208.35	case rate	
ENDO ABLA P/C 2ND+VEIN RT	36479	CPT	outpatient			9693		United	Commercial|PPO		1782				1782	9208.35	case rate	
ENDO ABLA P/C 2ND+VEIN RT	36479	CPT	outpatient			9693		Wellcare	Medicaid		3058.14	31.55			1782	9208.35	percent of total billed charges	
ENDO ABLA P/C 2ND+VEIN RT	36479	CPT	outpatient			9693		WellPoint	WellPoint		3119.21	32.18			1782	9208.35	percent of total billed charges	
TRANS PORTO W/ HEMODY EVAL	36481	CPT	both			5817		Aetna	Medicare		1791.64	30.8			520.7	5526.15	percent of total billed charges	
TRANS PORTO W/ HEMODY EVAL	36481	CPT	both			5817		Aetna	Better Health		1835.26	31.55			520.7	5526.15	percent of total billed charges	
TRANS PORTO W/ HEMODY EVAL	36481	CPT	both			5817		Aetna	Commercial		2210.46	38			520.7	5526.15	percent of total billed charges	
TRANS PORTO W/ HEMODY EVAL	36481	CPT	both			5817		Americare	Americare		4362.75	75			520.7	5526.15	percent of total billed charges	
TRANS PORTO W/ HEMODY EVAL	36481	CPT	both			5817		Amerihealth	HMO|PPO		3781.05	65			520.7	5526.15	percent of total billed charges	
TRANS PORTO W/ HEMODY EVAL	36481	CPT	both			5817		Consumer	Consumer		5526.15	95			520.7	5526.15	percent of total billed charges	
TRANS PORTO W/ HEMODY EVAL	36481	CPT	both			5817		Corrections	Corrections		4653.6	80			520.7	5526.15	percent of total billed charges	
TRANS PORTO W/ HEMODY EVAL	36481	CPT	both			5817		First Health	First Health		4071.9	70			520.7	5526.15	percent of total billed charges	
TRANS PORTO W/ HEMODY EVAL	36481	CPT	both			5817		First Trenton	First Trenton		5235.3	90			520.7	5526.15	percent of total billed charges	
TRANS PORTO W/ HEMODY EVAL	36481	CPT	both			5817		Horizon	MGD		2226.75	38.28			520.7	5526.15	percent of total billed charges	
TRANS PORTO W/ HEMODY EVAL	36481	CPT	both			5817		Horizon	NJ Health		520.7				520.7	5526.15	fee schedule	
TRANS PORTO W/ HEMODY EVAL	36481	CPT	both			5817		Horizon	Indemnity		2226.75	38.28			520.7	5526.15	percent of total billed charges	
TRANS PORTO W/ HEMODY EVAL	36481	CPT	both			5817		Horizon	PPO		2226.75	38.28			520.7	5526.15	percent of total billed charges	
TRANS PORTO W/ HEMODY EVAL	36481	CPT	both			5817		Horizon	Medicare Blue		1745.1	30			520.7	5526.15	percent of total billed charges	
TRANS PORTO W/ HEMODY EVAL	36481	CPT	both			5817		Managed Care Inc	Managed Care Inc		5235.3	90			520.7	5526.15	percent of total billed charges	
TRANS PORTO W/ HEMODY EVAL	36481	CPT	both			5817		Multiplan	Multiplan		4653.6	80			520.7	5526.15	percent of total billed charges	
TRANS PORTO W/ HEMODY EVAL	36481	CPT	both			5817		Qualcare	Qualcare		4362.75	75			520.7	5526.15	percent of total billed charges	
TRANS PORTO W/ HEMODY EVAL	36481	CPT	both			5817		Three Rivers	Three Rivers		5526.15	95			520.7	5526.15	percent of total billed charges	
TRANS PORTO W/ HEMODY EVAL	36481	CPT	both			5817		UHC	Medicaid		1835.26	31.55			520.7	5526.15	percent of total billed charges	
TRANS PORTO W/ HEMODY EVAL	36481	CPT	both			5817		United	Commercial|PPO		1782				520.7	5526.15	case rate	
TRANS PORTO W/ HEMODY EVAL	36481	CPT	both			5817		United	Oxford		1782				520.7	5526.15	case rate	
TRANS PORTO W/ HEMODY EVAL	36481	CPT	both			5817		Wellcare	Medicaid		1835.26	31.55			520.7	5526.15	percent of total billed charges	
TRANS PORTO W/ HEMODY EVAL	36481	CPT	both			5817		WellPoint	WellPoint		1871.91	32.18			520.7	5526.15	percent of total billed charges	
VENASEAL 1ST VEIN	36482	CPT	outpatient			18726		7227.61 Aetna	Commercial		10005.53				2907.64	17789.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENASEAL 1ST VEIN	36482	CPT	outpatient			18726		7227.61 Aetna	Better Health		5908.05	31.55			2907.64	17789.7	percent of total billed charges	
VENASEAL 1ST VEIN	36482	CPT	outpatient			18726		7227.61 Aetna	Medicare		6284.88				2907.64	17789.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENASEAL 1ST VEIN	36482	CPT	outpatient			18726		7227.61 Americare	Americare		14044.5	75			2907.64	17789.7	percent of total billed charges	
VENASEAL 1ST VEIN	36482	CPT	outpatient			18726		7227.61 Amerihealth	HMO|PPO		12171.9	65			2907.64	17789.7	percent of total billed charges	
VENASEAL 1ST VEIN	36482	CPT	outpatient			18726		7227.61 Amerihealth	Medicare		6284.88				2907.64	17789.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENASEAL 1ST VEIN	36482	CPT	outpatient			18726		7227.61 Consumer	Consumer		17789.7	95			2907.64	17789.7	percent of total billed charges	
VENASEAL 1ST VEIN	36482	CPT	outpatient			18726		7227.61 Corrections	Corrections		14980.8	80			2907.64	17789.7	percent of total billed charges	
VENASEAL 1ST VEIN	36482	CPT	outpatient			18726		7227.61 First Health	First Health		13108.2	70			2907.64	17789.7	percent of total billed charges	
VENASEAL 1ST VEIN	36482	CPT	outpatient			18726		7227.61 First Trenton	First Trenton		16853.4	90			2907.64	17789.7	percent of total billed charges	
VENASEAL 1ST VEIN	36482	CPT	outpatient			18726		7227.61 Horizon	NJ Health		2907.64				2907.64	17789.7	fee schedule	
VENASEAL 1ST VEIN	36482	CPT	outpatient			18726		7227.61 Horizon	Indemnity		11696.16				2907.64	17789.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENASEAL 1ST VEIN	36482	CPT	outpatient			18726		7227.61 Horizon	Medicare Blue		6284.88				2907.64	17789.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENASEAL 1ST VEIN	36482	CPT	outpatient			18726		7227.61 Horizon	MGD		11696.16				2907.64	17789.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENASEAL 1ST VEIN	36482	CPT	outpatient			18726		7227.61 Horizon	PPO		11696.16				2907.64	17789.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENASEAL 1ST VEIN	36482	CPT	outpatient			18726		7227.61 Managed Care Inc	Managed Care Inc		16853.4	90			2907.64	17789.7	percent of total billed charges	
VENASEAL 1ST VEIN	36482	CPT	outpatient			18726		7227.61 Multiplan	Multiplan		14980.8	80			2907.64	17789.7	percent of total billed charges	
VENASEAL 1ST VEIN	36482	CPT	outpatient			18726		7227.61 Qualcare	Qualcare		14044.5	75			2907.64	17789.7	percent of total billed charges	
VENASEAL 1ST VEIN	36482	CPT	outpatient			18726		7227.61 Three Rivers	Three Rivers		17789.7	95			2907.64	17789.7	percent of total billed charges	
VENASEAL 1ST VEIN	36482	CPT	outpatient			18726		7227.61 UHC	Medicare		6284.88				2907.64	17789.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENASEAL 1ST VEIN	36482	CPT	outpatient			18726		7227.61 UHC	Medicaid		5908.05	31.55			2907.64	17789.7	percent of total billed charges	
VENASEAL 1ST VEIN	36482	CPT	outpatient			18726		7227.61 United	Oxford		4702				2907.64	17789.7	case rate	
VENASEAL 1ST VEIN	36482	CPT	outpatient			18726		7227.61 United	Commercial|PPO		4702				2907.64	17789.7	case rate	
VENASEAL 1ST VEIN	36482	CPT	outpatient			18726		7227.61 Wellcare	Medicaid		5908.05	31.55			2907.64	17789.7	percent of total billed charges	
VENASEAL 1ST VEIN	36482	CPT	outpatient			18726		7227.61 Wellcare	Medicare		6284.88				2907.64	17789.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENASEAL 1ST VEIN	36482	CPT	outpatient			18726		7227.61 WellPoint	WellPoint		6026.03	32.18			2907.64	17789.7	percent of total billed charges	
VENASEAL SUBSEQUENT VEINS	36483	CPT	outpatient					Horizon	NJ Health		197.52				197.52	1782	fee schedule	
VENASEAL SUBSEQUENT VEINS	36483	CPT	outpatient					United	Commercial|PPO		1782				197.52	1782	case rate	
VENASEAL SUBSEQUENT VEINS	36483	CPT	outpatient					United	Oxford		1782				197.52	1782	case rate	
VENOUS CATH SEL ORGAN BLD	36500	CPT	outpatient			242		Aetna	Commercial		91.96	38			72.6	1782	percent of total billed charges	
VENOUS CATH SEL ORGAN BLD	36500	CPT	outpatient			242		Aetna	Better Health		76.35	31.55			72.6	1782	percent of total billed charges	
VENOUS CATH SEL ORGAN BLD	36500	CPT	outpatient			242		Aetna	Medicare		74.54	30.8			72.6	1782	percent of total billed charges	
VENOUS CATH SEL ORGAN BLD	36500	CPT	outpatient			242		Americare	Americare		181.5	75			72.6	1782	percent of total billed charges	
VENOUS CATH SEL ORGAN BLD	36500	CPT	outpatient			242		Amerihealth	HMO|PPO		157.3	65			72.6	1782	percent of total billed charges	
VENOUS CATH SEL ORGAN BLD	36500	CPT	outpatient			242		Consumer	Consumer		229.9	95			72.6	1782	percent of total billed charges	
VENOUS CATH SEL ORGAN BLD	36500	CPT	outpatient			242		Corrections	Corrections		193.6	80			72.6	1782	percent of total billed charges	
VENOUS CATH SEL ORGAN BLD	36500	CPT	outpatient			242		First Health	First Health		169.4	70			72.6	1782	percent of total billed charges	
VENOUS CATH SEL ORGAN BLD	36500	CPT	outpatient			242		First Trenton	First Trenton		217.8	90			72.6	1782	percent of total billed charges	
VENOUS CATH SEL ORGAN BLD	36500	CPT	outpatient			242		Horizon	MGD		92.64	38.28			72.6	1782	percent of total billed charges	
VENOUS CATH SEL ORGAN BLD	36500	CPT	outpatient			242		Horizon	Medicare Blue		72.6	30			72.6	1782	percent of total billed charges	
VENOUS CATH SEL ORGAN BLD	36500	CPT	outpatient			242		Horizon	Indemnity		92.64	38.28			72.6	1782	percent of total billed charges	
VENOUS CATH SEL ORGAN BLD	36500	CPT	outpatient			242		Horizon	PPO		92.64	38.28			72.6	1782	percent of total billed charges	
VENOUS CATH SEL ORGAN BLD	36500	CPT	outpatient			242		Horizon	NJ Health		331.47				72.6	1782	fee schedule	
VENOUS CATH SEL ORGAN BLD	36500	CPT	outpatient			242		Managed Care Inc	Managed Care Inc		217.8	90			72.6	1782	percent of total billed charges	
VENOUS CATH SEL ORGAN BLD	36500	CPT	outpatient			242		Multiplan	Multiplan		193.6	80			72.6	1782	percent of total billed charges	
VENOUS CATH SEL ORGAN BLD	36500	CPT	outpatient			242		Qualcare	Qualcare		181.5	75			72.6	1782	percent of total billed charges	
VENOUS CATH SEL ORGAN BLD	36500	CPT	outpatient			242		Three Rivers	Three Rivers		229.9	95			72.6	1782	percent of total billed charges	
VENOUS CATH SEL ORGAN BLD	36500	CPT	outpatient			242		UHC	Medicaid		76.35	31.55			72.6	1782	percent of total billed charges	
VENOUS CATH SEL ORGAN BLD	36500	CPT	outpatient			242		United	Oxford		1782				72.6	1782	case rate	
VENOUS CATH SEL ORGAN BLD	36500	CPT	outpatient			242		United	Commercial|PPO		1782				72.6	1782	case rate	
VENOUS CATH SEL ORGAN BLD	36500	CPT	outpatient			242		Wellcare	Medicaid		76.35	31.55			72.6	1782	percent of total billed charges	
VENOUS CATH SEL ORGAN BLD	36500	CPT	outpatient			242		WellPoint	WellPoint		77.88	32.18			72.6	1782	percent of total billed charges	
APHERESIS, WBC	36511	CPT	outpatient			4761		2017.99 Aetna	Commercial		2793.59				127.89	4522.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APHERESIS, WBC	36511	CPT	outpatient			4761		2017.99 Aetna	Better Health		1502.1	31.55			127.89	4522.95	percent of total billed charges	
APHERESIS, WBC	36511	CPT	outpatient			4761		2017.99 Aetna	Medicare		1754.77				127.89	4522.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APHERESIS, WBC	36511	CPT	outpatient			4761		2017.99 Americare	Americare		3570.75	75			127.89	4522.95	percent of total billed charges	
APHERESIS, WBC	36511	CPT	outpatient			4761		2017.99 Amerihealth	HMO|PPO		3094.65	65			127.89	4522.95	percent of total billed charges	
APHERESIS, WBC	36511	CPT	outpatient			4761		2017.99 Amerihealth	Medicare		1754.77				127.89	4522.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APHERESIS, WBC	36511	CPT	outpatient			4761		2017.99 Consumer	Consumer		4522.95	95			127.89	4522.95	percent of total billed charges	
APHERESIS, WBC	36511	CPT	outpatient			4761		2017.99 Corrections	Corrections		3808.8	80			127.89	4522.95	percent of total billed charges	
APHERESIS, WBC	36511	CPT	outpatient			4761		2017.99 First Health	First Health		3332.7	70			127.89	4522.95	percent of total billed charges	
APHERESIS, WBC	36511	CPT	outpatient			4761		2017.99 First Trenton	First Trenton		4284.9	90			127.89	4522.95	percent of total billed charges	
APHERESIS, WBC	36511	CPT	outpatient			4761		2017.99 Horizon	NJ Health		127.89				127.89	4522.95	fee schedule	
APHERESIS, WBC	36511	CPT	outpatient			4761		2017.99 Horizon	Medicare Blue		1754.77				127.89	4522.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APHERESIS, WBC	36511	CPT	outpatient			4761		2017.99 Horizon	MGD		3265.63				127.89	4522.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APHERESIS, WBC	36511	CPT	outpatient			4761		2017.99 Horizon	Indemnity		3265.63				127.89	4522.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APHERESIS, WBC	36511	CPT	outpatient			4761		2017.99 Horizon	PPO		3265.63				127.89	4522.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APHERESIS, WBC	36511	CPT	outpatient			4761		2017.99 Managed Care Inc	Managed Care Inc		4284.9	90			127.89	4522.95	percent of total billed charges	
APHERESIS, WBC	36511	CPT	outpatient			4761		2017.99 Multiplan	Multiplan		3808.8	80			127.89	4522.95	percent of total billed charges	
APHERESIS, WBC	36511	CPT	outpatient			4761		2017.99 Qualcare	Qualcare		3570.75	75			127.89	4522.95	percent of total billed charges	
APHERESIS, WBC	36511	CPT	outpatient			4761		2017.99 Three Rivers	Three Rivers		4522.95	95			127.89	4522.95	percent of total billed charges	
APHERESIS, WBC	36511	CPT	outpatient			4761		2017.99 UHC	Medicaid		1502.1	31.55			127.89	4522.95	percent of total billed charges	
APHERESIS, WBC	36511	CPT	outpatient			4761		2017.99 UHC	Medicare		1754.77				127.89	4522.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APHERESIS, WBC	36511	CPT	outpatient			4761		2017.99 United	Commercial|PPO		2493				127.89	4522.95	case rate	
APHERESIS, WBC	36511	CPT	outpatient			4761		2017.99 United	Oxford		2493				127.89	4522.95	case rate	
APHERESIS, WBC	36511	CPT	outpatient			4761		2017.99 Wellcare	Medicare		1754.77				127.89	4522.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APHERESIS, WBC	36511	CPT	outpatient			4761		2017.99 Wellcare	Medicaid		1502.1	31.55			127.89	4522.95	percent of total billed charges	
APHERESIS, WBC	36511	CPT	outpatient			4761		2017.99 WellPoint	WellPoint		1532.09	32.18			127.89	4522.95	percent of total billed charges	
APHERESIS, RBC	36512	CPT	both			5866		2017.99 Aetna	Better Health		1850.72	31.55			132.33	5572.7	percent of total billed charges	
APHERESIS, RBC	36512	CPT	both			5866		2017.99 Aetna	Medicare		1754.77				132.33	5572.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APHERESIS, RBC	36512	CPT	both			5866		2017.99 Aetna	Commercial		2793.59				132.33	5572.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APHERESIS, RBC	36512	CPT	both			5866		2017.99 Americare	Americare		4399.5	75			132.33	5572.7	percent of total billed charges	
APHERESIS, RBC	36512	CPT	both			5866		2017.99 Amerihealth	HMO|PPO		3812.9	65			132.33	5572.7	percent of total billed charges	
APHERESIS, RBC	36512	CPT	both			5866		2017.99 Amerihealth	Medicare		1754.77				132.33	5572.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APHERESIS, RBC	36512	CPT	both			5866		2017.99 Consumer	Consumer		5572.7	95			132.33	5572.7	percent of total billed charges	
APHERESIS, RBC	36512	CPT	both			5866		2017.99 Corrections	Corrections		4692.8	80			132.33	5572.7	percent of total billed charges	
APHERESIS, RBC	36512	CPT	both			5866		2017.99 First Health	First Health		4106.2	70			132.33	5572.7	percent of total billed charges	
APHERESIS, RBC	36512	CPT	both			5866		2017.99 First Trenton	First Trenton		5279.4	90			132.33	5572.7	percent of total billed charges	
APHERESIS, RBC	36512	CPT	both			5866		2017.99 Horizon	NJ Health		132.33				132.33	5572.7	fee schedule	
APHERESIS, RBC	36512	CPT	both			5866		2017.99 Horizon	PPO		3265.63				132.33	5572.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APHERESIS, RBC	36512	CPT	both			5866		2017.99 Horizon	Indemnity		3265.63				132.33	5572.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APHERESIS, RBC	36512	CPT	both			5866		2017.99 Horizon	Medicare Blue		1754.77				132.33	5572.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
APHERESIS, RBC	36512	CPT	both			5866		2017.99 Horizon	MGD		3265.63				132.33	5572.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APHERESIS, RBC	36512	CPT	both			5866		2017.99 Managed Care Inc	Managed Care Inc		5279.4	90			132.33	5572.7	percent of total billed charges	
APHERESIS, RBC	36512	CPT	both			5866		2017.99 Multiplan	Multiplan		4892.8	80			132.33	5572.7	percent of total billed charges	
APHERESIS, RBC	36512	CPT	both			5866		2017.99 Qualcare	Qualcare		4399.5	75			132.33	5572.7	percent of total billed charges	
APHERESIS, RBC	36512	CPT	both			5866		2017.99 Three Rivers	Three Rivers		5572.7	95			132.33	5572.7	percent of total billed charges	
APHERESIS, RBC	36512	CPT	both			5866		2017.99 UHC	Medicaid		1850.72	31.55			132.33	5572.7	percent of total billed charges	
APHERESIS, RBC	36512	CPT	both			5866		2017.99 UHC	Medicare		1754.77				132.33	5572.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APHERESIS, RBC	36512	CPT	both			5866		2017.99 United	Commercial|PPO		2493				132.33	5572.7	case rate	
APHERESIS, RBC	36512	CPT	both			5866		2017.99 United	Oxford		2493				132.33	5572.7	case rate	
APHERESIS, RBC	36512	CPT	both			5866		2017.99 Wellcare	Medicare		1754.77				132.33	5572.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APHERESIS, RBC	36512	CPT	both			5866		2017.99 Wellcare	Medicaid		1850.72	31.55			132.33	5572.7	percent of total billed charges	
APHERESIS, RBC	36512	CPT	both			5866		2017.99 WellPoint	WellPoint		1887.68	32.18			132.33	5572.7	percent of total billed charges	
APHERESIS, PLATELETS	36513	CPT	outpatient			4761		570.94 Aetna	Medicare		1466.39	30.8			127.89	4522.95	percent of total billed charges	
APHERESIS, PLATELETS	36513	CPT	outpatient			4761		570.94 Aetna	Commercial		790.38				127.89	4522.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APHERESIS, PLATELETS	36513	CPT	outpatient			4761		570.94 Aetna	Better Health		1502.1	31.55			127.89	4522.95	percent of total billed charges	
APHERESIS, PLATELETS	36513	CPT	outpatient			4761		570.94 Americare	Americare		3570.75	75			127.89	4522.95	percent of total billed charges	
APHERESIS, PLATELETS	36513	CPT	outpatient			4761		570.94 Amerihealth	HMO|PPO		3094.65	65			127.89	4522.95	percent of total billed charges	
APHERESIS, PLATELETS	36513	CPT	outpatient			4761		570.94 Amerihealth	Medicare		496.47				127.89	4522.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APHERESIS, PLATELETS	36513	CPT	outpatient			4761		570.94 Consumer	Consumer		4522.95	95			127.89	4522.95	percent of total billed charges	
APHERESIS, PLATELETS	36513	CPT	outpatient			4761		570.94 Corrections	Corrections		3808.8	80			127.89	4522.95	percent of total billed charges	
APHERESIS, PLATELETS	36513	CPT	outpatient			4761		570.94 First Health	First Health		3332.7	70			127.89	4522.95	percent of total billed charges	
APHERESIS, PLATELETS	36513	CPT	outpatient			4761		570.94 First Trenton	First Trenton		4284.9	90			127.89	4522.95	percent of total billed charges	
APHERESIS, PLATELETS	36513	CPT	outpatient			4761		570.94 Horizon	Indemnity		923.93				127.89	4522.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APHERESIS, PLATELETS	36513	CPT	outpatient			4761		570.94 Horizon	Medicare Blue		496.47				127.89	4522.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APHERESIS, PLATELETS	36513	CPT	outpatient			4761		570.94 Horizon	NJ Health		127.89				127.89	4522.95	fee schedule	
APHERESIS, PLATELETS	36513	CPT	outpatient			4761		570.94 Horizon	MGD		923.93				127.89	4522.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APHERESIS, PLATELETS	36513	CPT	outpatient			4761		570.94 Horizon	PPO		923.93				127.89	4522.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APHERESIS, PLATELETS	36513	CPT	outpatient			4761		570.94 Managed Care Inc	Managed Care Inc		4284.9	90			127.89	4522.95	percent of total billed charges	
APHERESIS, PLATELETS	36513	CPT	outpatient			4761		570.94 Multiplan	Multiplan		3808.8	80			127.89	4522.95	percent of total billed charges	
APHERESIS, PLATELETS	36513	CPT	outpatient			4761		570.94 Qualcare	Qualcare		3570.75	75			127.89	4522.95	percent of total billed charges	
APHERESIS, PLATELETS	36513	CPT	outpatient			4761		570.94 Three Rivers	Three Rivers		4522.95	95			127.89	4522.95	percent of total billed charges	
APHERESIS, PLATELETS	36513	CPT	outpatient			4761		570.94 UHC	Medicaid		1502.1	31.55			127.89	4522.95	percent of total billed charges	
APHERESIS, PLATELETS	36513	CPT	outpatient			4761		570.94 UHC	Medicare		496.47				127.89	4522.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APHERESIS, PLATELETS	36513	CPT	outpatient			4761		570.94 United	Commercial|PPO		1782				127.89	4522.95	case rate	
APHERESIS, PLATELETS	36513	CPT	outpatient			4761		570.94 United	Oxford		1782				127.89	4522.95	case rate	
APHERESIS, PLATELETS	36513	CPT	outpatient			4761		570.94 Wellcare	Medicare		496.47				127.89	4522.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APHERESIS, PLATELETS	36513	CPT	outpatient			4761		570.94 Wellcare	Medicaid		1502.1	31.55			127.89	4522.95	percent of total billed charges	
APHERESIS, PLATELETS	36513	CPT	outpatient			4761		570.94 WellPoint	WellPoint		1532.09	32.18			127.89	4522.95	percent of total billed charges	
PLASMA PHERESIS	36514	CPT	inpatient			5866		2017.99 Aetna	Commercial		2793.59				798.63	5572.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLASMA PHERESIS	36514	CPT	inpatient			5866		2017.99 Aetna	Medicare		1754.77				798.63	5572.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLASMA PHERESIS	36514	CPT	inpatient			5866		2017.99 Aetna	Better Health		1850.72	31.55			798.63	5572.7	percent of total billed charges	
PLASMA PHERESIS	36514	CPT	inpatient			5866		2017.99 Americare	Americare		4399.5	75			798.63	5572.7	percent of total billed charges	
PLASMA PHERESIS	36514	CPT	inpatient			5866		2017.99 Amerihealth	HMO|PPO		3812.9	65			798.63	5572.7	percent of total billed charges	
PLASMA PHERESIS	36514	CPT	inpatient			5866		2017.99 Amerihealth	Medicare		1754.77				798.63	5572.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLASMA PHERESIS	36514	CPT	inpatient			5866		2017.99 Consumer	Consumer		5572.7	95			798.63	5572.7	percent of total billed charges	
PLASMA PHERESIS	36514	CPT	inpatient			5866		2017.99 Corrections	Corrections		4692.8	80			798.63	5572.7	percent of total billed charges	
PLASMA PHERESIS	36514	CPT	inpatient			5866		2017.99 First Health	First Health		4106.2	70			798.63	5572.7	percent of total billed charges	
PLASMA PHERESIS	36514	CPT	inpatient			5866		2017.99 First Trenton	First Trenton		5279.4	90			798.63	5572.7	percent of total billed charges	
PLASMA PHERESIS	36514	CPT	inpatient			5866		2017.99 Horizon	Indemnity		3265.63				798.63	5572.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLASMA PHERESIS	36514	CPT	inpatient			5866		2017.99 Horizon	Medicare Blue		1754.77				798.63	5572.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLASMA PHERESIS	36514	CPT	inpatient			5866		2017.99 Horizon	NJ Health		798.63				798.63	5572.7	fee schedule	
PLASMA PHERESIS	36514	CPT	inpatient			5866		2017.99 Horizon	MGD		3265.63				798.63	5572.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLASMA PHERESIS	36514	CPT	inpatient			5866		2017.99 Horizon	PPO		3265.63				798.63	5572.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLASMA PHERESIS	36514	CPT	inpatient			5866		2017.99 Managed Care Inc	Managed Care Inc		5279.4	90			798.63	5572.7	percent of total billed charges	
PLASMA PHERESIS	36514	CPT	inpatient			5866		2017.99 Multiplan	Multiplan		4892.8	80			798.63	5572.7	percent of total billed charges	
PLASMA PHERESIS	36514	CPT	inpatient			5866		2017.99 Qualcare	Qualcare		4399.5	75			798.63	5572.7	percent of total billed charges	
PLASMA PHERESIS	36514	CPT	inpatient			5866		2017.99 Three Rivers	Three Rivers		5572.7	95			798.63	5572.7	percent of total billed charges	
PLASMA PHERESIS	36514	CPT	inpatient			5866		2017.99 UHC	Medicaid		1850.72	31.55			798.63	5572.7	percent of total billed charges	
PLASMA PHERESIS	36514	CPT	inpatient			5866		2017.99 UHC	Medicare		1754.77				798.63	5572.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLASMA PHERESIS	36514	CPT	inpatient			5866		2017.99 United	Commercial|PPO		2493				798.63	5572.7	case rate	
PLASMA PHERESIS	36514	CPT	inpatient			5866		2017.99 United	Oxford		2493				798.63	5572.7	case rate	
PLASMA PHERESIS	36514	CPT	inpatient			5866		2017.99 Wellcare	Medicare		1754.77				798.63	5572.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLASMA PHERESIS	36514	CPT	inpatient			5866		2017.99 Wellcare	Medicaid		1850.72	31.55			798.63	5572.7	percent of total billed charges	
PLASMA PHERESIS	36514	CPT	inpatient			5866		2017.99 WellPoint	WellPoint		1887.68	32.18			798.63	5572.7	percent of total billed charges	
TA W/COLUMN & PLASMA REINFUSIO	36516	CPT	outpatient			15811		6086.62 Aetna	Commercial		8425.99				127.89	15020.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TA W/COLUMN & PLASMA REINFUSIO	36516	CPT	outpatient			15811		6086.62 Aetna	Medicare		5292.71				127.89	15020.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TA W/COLUMN & PLASMA REINFUSIO	36516	CPT	outpatient			15811		6086.62 Aetna	Better Health		4988.37	31.55			127.89	15020.45	percent of total billed charges	
TA W/COLUMN & PLASMA REINFUSIO	36516	CPT	outpatient			15811		6086.62 Americare	Americare		11858.25	75			127.89	15020.45	percent of total billed charges	
TA W/COLUMN & PLASMA REINFUSIO	36516	CPT	outpatient			15811		6086.62 Amerihealth	Medicare		5292.71				127.89	15020.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TA W/COLUMN & PLASMA REINFUSIO	36516	CPT	outpatient			15811		6086.62 Amerihealth	HMO|PPO		10277.15	65			127.89	15020.45	percent of total billed charges	
TA W/COLUMN & PLASMA REINFUSIO	36516	CPT	outpatient			15811		6086.62 Consumer	Consumer		15020.45	95			127.89	15020.45	percent of total billed charges	
TA W/COLUMN & PLASMA REINFUSIO	36516	CPT	outpatient			15811		6086.62 Corrections	Corrections		12648.8	80			127.89	15020.45	percent of total billed charges	
TA W/COLUMN & PLASMA REINFUSIO	36516	CPT	outpatient			15811		6086.62 First Health	First Health		11067.7	70			127.89	15020.45	percent of total billed charges	
TA W/COLUMN & PLASMA REINFUSIO	36516	CPT	outpatient			15811		6086.62 First Trenton	First Trenton		14229.9	90			127.89	15020.45	percent of total billed charges	
TA W/COLUMN & PLASMA REINFUSIO	36516	CPT	outpatient			15811		6086.62 Horizon	PPO		9849.73				127.89	15020.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TA W/COLUMN & PLASMA REINFUSIO	36516	CPT	outpatient			15811		6086.62 Horizon	Indemnity		9849.73				127.89	15020.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TA W/COLUMN & PLASMA REINFUSIO	36516	CPT	outpatient			15811		6086.62 Horizon	MGD		9849.73				127.89	15020.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TA W/COLUMN & PLASMA REINFUSIO	36516	CPT	outpatient			15811		6086.62 Horizon	Medicare Blue		5292.71				127.89	15020.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TA W/COLUMN & PLASMA REINFUSIO	36516	CPT	outpatient			15811		6086.62 Horizon	NJ Health		127.89				127.89	15020.45	fee schedule	
TA W/COLUMN & PLASMA REINFUSIO	36516	CPT	outpatient			15811		6086.62 Managed Care Inc	Managed Care Inc		14229.9	90			127.89	15020.45	percent of total billed charges	
TA W/COLUMN & PLASMA REINFUSIO	36516	CPT	outpatient			15811		6086.62 Multiplan	Multiplan		12648.8	80			127.89	15020.45	percent of total billed charges	
TA W/COLUMN & PLASMA REINFUSIO	36516	CPT	outpatient			15811		6086.62 Qualcare	Qualcare		11858.25	75			127.89	15020.45	percent of total billed charges	
TA W/COLUMN & PLASMA REINFUSIO	36516	CPT	outpatient			15811		6086.62 Three Rivers	Three Rivers		15020.45	95			127.89	15020.45	percent of total billed charges	
TA W/COLUMN & PLASMA REINFUSIO	36516	CPT	outpatient			15811		6086.62 UHC	Medicare		5292.71				127.89	15020.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TA W/COLUMN & PLASMA REINFUSIO	36516	CPT	outpatient			15811		6086.62 UHC	Medicaid		4988.37	31.55			127.89	15020.45	percent of total billed charges	
TA W/COLUMN & PLASMA REINFUSIO	36516	CPT	outpatient			15811		6086.62 United	Commercial|PPO		6362				127.89	15020.45	case rate	
TA W/COLUMN & PLASMA REINFUSIO	36516	CPT	outpatient			15811		6086.62 United	Oxford		6362				127.89	15020.45	case rate	
TA W/COLUMN & PLASMA REINFUSIO	36516	CPT	outpatient			15811		6086.62 Wellcare	Medicare		5292.71				127.89	15020.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TA W/COLUMN & PLASMA REINFUSIO	36516	CPT	outpatient			15811		6086.62 Wellcare	Medicaid		4988.37	31.55			127.89	15020.45	percent of total billed charges	
TA W/COLUMN & PLASMA REINFUSIO	36516	CPT	outpatient			15811		6086.62 WellPoint	WellPoint		5097.98	32.18			127.89	15020.45	percent of total billed charges	
PL CEN VEN CATHETER PERC CHILD	36555	CPT	outpatient			11206		4192.26 Aetna	Better Health		3535.49	31.55			448.92	10645.7	percent of total billed charges	
PL CEN VEN CATHETER PERC CHILD	36555	CPT	outpatient			11206		4192.26 Aetna	Medicare		3645.44				448.92	10645.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PL CEN VEN CATHETER PERC CHILD	36555	CPT	outpatient			11206		4192.26 Aetna	Commercial		5803.54				448.92	10645.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PL CEN VEN CATHETER PERC CHILD	36555	CPT	outpatient			11206		4192.26 Americare	Americare		8404.5	75			448.92	10645.7	percent of total billed charges	
PL CEN VEN CATHETER PERC CHILD	36555	CPT	outpatient			11206		4192.26 Amerihealth	HMO|PPO		7283.9	65			448.92	10645.7	percent of total billed charges	
PL CEN VEN CATHETER PERC CHILD	36555	CPT	outpatient			11206		4192.26 Amerihealth	Medicare		3645.44				448.92	10645.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PL CEN VEN CATHETER PERC CHILD	36555	CPT	outpatient			11206		4192.26 Consumer	Consumer		10645.7	95			448.92	10645.7	percent of total billed charges	
PL CEN VEN CATHETER PERC CHILD	36555	CPT	outpatient			11206		4192.26 Corrections	Corrections		8964.8	80			448.92	10645.7	percent of total billed charges	
PL CEN VEN CATHETER PERC CHILD	36555	CPT	outpatient			11206		4192.26 First Health	First Health		7844.2	70			448.92	10645.7	percent of total billed charges	
PL CEN VEN CATHETER PERC CHILD	36555	CPT	outpatient			11206		4192.26 First Trenton	First Trenton		10085.4	90			448.92	10645.7	percent of total billed charges	
PL CEN VEN CATHETER PERC CHILD	36555	CPT	outpatient			11206		4192.26 Horizon	Indemnity		6784.16				448.92	10645.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PL CEN VEN CATHETER PERC CHILD	36555	CPT	outpatient			11206		4192.26 Horizon	MGD		6784.16				448.92	10645.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PL CEN VEN CATHETER PERC CHILD	36555	CPT	outpatient			11206		4192.26 Horizon	Medicare Blue		3645.44				448.92	10645.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PL CEN VEN CATHETER PERC CHILD	36555	CPT	outpatient			11206		4192.26 Horizon	NJ Health		448.92				448.92	10645.7	fee schedule	
PL CEN VEN CATHETER PERC CHILD	36555	CPT	outpatient			11206		4192.26 Horizon	PPO		6784.16				448.92	10645.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PL CEN VEN CATHETER PERC CHILD	36555	CPT	outpatient			11206		4192.26 Managed Care Inc	Managed Care Inc		10085.4	90			448.92	10645.7	percent of total billed charges	
PL CEN VEN CATHETER PERC CHILD	36555	CPT	outpatient			11206		4192.26 Multiplan	Multiplan		8964.8	80			448.92	10645.7	percent of total billed charges	
PL CEN VEN CATHETER PERC CHILD	36555	CPT	outpatient			11206		4192.26 Qualcare	Qualcare		8404.5	75			448.92	10645.7	percent of total billed charges	
PL CEN VEN CATHETER PERC CHILD	36555	CPT	outpatient			11206		4192.26 Three Rivers	Three Rivers		10645.7	95			448.92	10645.7	percent of total billed charges	
PL CEN VEN CATHETER PERC CHILD	36555	CPT	outpatient			11206		4192.26 UHC	Medicaid		3535.49	31.55			448.92	10645.7	percent of total billed charges	
PL CEN VEN CATHETER PERC CHILD	36555	CPT	outpatient			11206		4192.26 UHC	Medicare		3645.44				448.92	10645.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PL CEN VEN CATHETER PERC CHILD	36555	CPT	outpatient			11206		4192.26 United	Commercial|PPO		1817				448.92	10645.7	case rate	
PL CEN VEN CATHETER PERC CHILD	36555	CPT	outpatient			11206		4192.26 United	Oxford		1817				448.92	10645.7	case rate	
PL CEN VEN CATHETER PERC CHILD	36555	CPT	outpatient			11206		4192.26 Wellcare	Medicare		3645.44				448.92	10645.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PL CEN VEN CATHETER PERC CHILD	36555	CPT	outpatient			11206		4192.26 Wellcare	Medicaid		3535.49	31.55			448.92	10645.7	percent of total billed charges	
PL CEN VEN CATHETER PERC CHILD	36555	CPT	outpatient			11206		4192.26 WellPoint	WellPoint		3606.09	32.18			448.92	10645.7	percent of total billed charges	
US GUIDED CVC INSERT	36556	CPT	both			5115		4192.26 Aetna	Better Health		1613.78	31.55			417.6	6784.16	percent of total billed charges	
US GUIDED CVC INSERT	36556	CPT	both			5115		4192.26 Aetna	Medicare		1575.42	30.8			417.6	6784.16	percent of total billed charges	
US GUIDED CVC INSERT	36556	CPT	both			5115		4192.26 Aetna	Commercial		5803.54				417.6	6784.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US GUIDED CVC INSERT	36556	CPT	both			5115		4192.26 Americare	Americare		3836.25	75			417.6	6784.16	percent of total billed charges	
US GUIDED CVC INSERT	36556	CPT	both			5115		4192.26 Amerihealth	HMO|PPO		3324.75	65			417.6	6784.16	percent of total billed charges	
US GUIDED CVC INSERT	36556	CPT	both			5115		4192.26 Amerihealth	Medicare		3645.44				417.6	6784.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US GUIDED CVC INSERT	36556	CPT	both			5115		4192.26 Consumer	Consumer		4859.25	95			417.6	6784.16	percent of total billed charges	
US GUIDED CVC INSERT	36556	CPT	both			5115		4192.26 Corrections	Corrections		4092	80			417.6	6784.16	percent of total billed charges	
US GUIDED CVC INSERT	36556	CPT	both			5115		4192.26 First Health	First Health		3580.5	70			417.6	6784.16	percent of total billed charges	
US GUIDED CVC INSERT	36556	CPT	both			5115		4192.26 First Trenton	First Trenton		4603.5	90			417.6	6784.16	percent of total billed charges	
US GUIDED CVC INSERT	36556	CPT	both			5115		4192.26 Horizon	Medicare Blue		3645.44				417.6	6784.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US GUIDED CVC INSERT	36556	CPT	both			5115		4192.26 Horizon	MGD		6784.16				417.6	6784.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US GUIDED CVC INSERT	36556	CPT	both			5115		4192.26 Horizon	Indemnity		6784.16				417.6	6784.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US GUIDED CVC INSERT	36556	CPT	both			5115		4192.26 Horizon	PPO		6784.16				417.6	6784.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US GUIDED CVC INSERT	36556	CPT	both			5115		4192.26 Horizon	NJ Health		417.6				417.6	6784.16	fee schedule	
US GUIDED CVC INSERT	36556	CPT	both			5115		4192.26 Managed Care Inc	Managed Care Inc		4603.5	90			417.6	6784.16	percent of total billed charges	
US GUIDED CVC INSERT	36556	CPT	both			5115		4192.26 Multiplan	Multiplan		4092	80			417.6	6784.16	percent of total billed charges	
US GUIDED CVC INSERT	36556	CPT	both			5115		4192.26 Qualcare	Qualcare		3836.25	75			417.6	6784.16	percent of total billed charges	
US GUIDED CVC INSERT	36556	CPT	both			5115		4192.26 Three Rivers	Three Rivers		4859.25	95			417.6	6784.16	percent of total billed charges	
US GUIDED CVC INSERT	36556	CPT	both			5115		4192.26 UHC	Medicaid		1613.78	31.55			417.6	6784.16	percent of total billed charges	
US GUIDED CVC INSERT	36556	CPT	both			5115		4192.26 UHC	Medicare		3645.44				417.6	6784.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US GUIDED CVC INSERT	36556	CPT	both			5115		4192.26 United	Oxford		1817				417.6	6784.16	case rate	
US GUIDED CVC INSERT	36556	CPT	both			5115		4192.26 United	Commercial|PPO		1817				417.6	6784.16	case rate	
US GUIDED CVC INSERT	36556	CPT	both			5115		4192.26 Wellcare	Medicaid		1613.78	31.55			417.6	6784.16	percent of total billed charges	
US GUIDED CVC INSERT	36556	CPT	both			5115		4192.26 Wellcare	Medicare		3645.44				417.6	6784.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US GUIDED CVC INSERT	36556	CPT	both			5115		4192.26 WellPoint	WellPoint		1646.01	32.18			417.6	6784.16	percent of total billed charges	
INSERT TUNN CVC <5 Y.O. *59*	36557	CPT	outpatient			8933		7227.61 Aetna	Commercial		10005.53				1041.39	11696.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERT TUNN CVC <5 Y.O. *59*	36557	CPT	outpatient			8933		7227.61 Aetna	Better Health		2818.36	31.55			1041.39	11696.16	percent of total billed charges	
INSERT TUNN CVC <5 Y.O. *59*	36557	CPT	outpatient			8933		7227.61 Aetna	Medicare		6284.88				1041.39	11696.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERT TUNN CVC <5 Y.O. *59*	36557	CPT	outpatient			8933		7227.61 Americare	Americare		6699.75	75			1041.39	11696.16	percent of total billed charges	
INSERT TUNN CVC <5 Y.O. *59*	36557	CPT	outpatient			8933		7227.61 Amerihealth	HMO|PPO		5806.45	65			1041.39	11696.16	percent of total billed charges	
INSERT TUNN CVC <5 Y.O. *59*	36557	CPT	outpatient			8933		7227.61 Amerihealth	Medicare		6284.88				1041.39	11696.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
INSERT TUNN CVC <5 Y.O. *59*	36557	CPT	outpatient			8933		7227.61 Consumer	Consumer		8486.35	95			1041.39	11696.16	percent of total billed charges	
INSERT TUNN CVC <5 Y.O. *59*	36557	CPT	outpatient			8933		7227.61 Corrections	Corrections		7146.4	80			1041.39	11696.16	percent of total billed charges	
INSERT TUNN CVC <5 Y.O. *59*	36557	CPT	outpatient			8933		7227.61 First Health	First Health		6253.1	70			1041.39	11696.16	percent of total billed charges	
INSERT TUNN CVC <5 Y.O. *59*	36557	CPT	outpatient			8933		7227.61 First Trenton	First Trenton		8039.7	90			1041.39	11696.16	percent of total billed charges	
INSERT TUNN CVC <5 Y.O. *59*	36557	CPT	outpatient			8933		7227.61 Horizon	MGD		11696.16				1041.39	11696.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERT TUNN CVC <5 Y.O. *59*	36557	CPT	outpatient			8933		7227.61 Horizon	Indemnity		11696.16				1041.39	11696.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERT TUNN CVC <5 Y.O. *59*	36557	CPT	outpatient			8933		7227.61 Horizon	Medicare Blue		6284.88				1041.39	11696.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERT TUNN CVC <5 Y.O. *59*	36557	CPT	outpatient			8933		7227.61 Horizon	NJ Health		1041.39				1041.39	11696.16	fee schedule	
INSERT TUNN CVC <5 Y.O. *59*	36557	CPT	outpatient			8933		7227.61 Horizon	PPO		11696.16				1041.39	11696.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERT TUNN CVC <5 Y.O. *59*	36557	CPT	outpatient			8933		7227.61 Managed Care Inc	Managed Care Inc		8039.7	90			1041.39	11696.16	percent of total billed charges	
INSERT TUNN CVC <5 Y.O. *59*	36557	CPT	outpatient			8933		7227.61 Multiplan	Multiplan		7146.4	80			1041.39	11696.16	percent of total billed charges	
INSERT TUNN CVC <5 Y.O. *59*	36557	CPT	outpatient			8933		7227.61 Qualcare	Qualcare		6699.75	75			1041.39	11696.16	percent of total billed charges	
INSERT TUNN CVC <5 Y.O. *59*	36557	CPT	outpatient			8933		7227.61 Three Rivers	Three Rivers		8486.35	95			1041.39	11696.16	percent of total billed charges	
INSERT TUNN CVC <5 Y.O. *59*	36557	CPT	outpatient			8933		7227.61 UHC	Medicare		6284.88				1041.39	11696.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERT TUNN CVC <5 Y.O. *59*	36557	CPT	outpatient			8933		7227.61 UHC	Medicaid		2818.36	31.55			1041.39	11696.16	percent of total billed charges	
INSERT TUNN CVC <5 Y.O. *59*	36557	CPT	outpatient			8933		7227.61 United	Oxford		4702				1041.39	11696.16	case rate	
INSERT TUNN CVC <5 Y.O. *59*	36557	CPT	outpatient			8933		7227.61 United	Commercial|PPO		4702				1041.39	11696.16	case rate	
INSERT TUNN CVC <5 Y.O. *59*	36557	CPT	outpatient			8933		7227.61 Wellcare	Medicaid		2818.36	31.55			1041.39	11696.16	percent of total billed charges	
INSERT TUNN CVC <5 Y.O. *59*	36557	CPT	outpatient			8933		7227.61 Wellcare	Medicare		6284.88				1041.39	11696.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERT TUNN CVC <5 Y.O. *59*	36557	CPT	outpatient			8933		7227.61 WellPoint	WellPoint		2874.64	32.18			1041.39	11696.16	percent of total billed charges	
REMOVAL IV/AD	36558	CPT	both			10856		4192.26 Aetna	Commercial		5803.54				1243.3	10313.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL IV/AD	36558	CPT	both			10856		4192.26 Aetna	Better Health		3425.07	31.55			1243.3	10313.2	percent of total billed charges	
REMOVAL IV/AD	36558	CPT	both			10856		4192.26 Aetna	Medicare		3645.44				1243.3	10313.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL IV/AD	36558	CPT	both			10856		4192.26 Americare	Americare		8142	75			1243.3	10313.2	percent of total billed charges	
REMOVAL IV/AD	36558	CPT	both			10856		4192.26 Amerihealth	HMO/PPO		7056.4	65			1243.3	10313.2	percent of total billed charges	
REMOVAL IV/AD	36558	CPT	both			10856		4192.26 Amerihealth	Medicare		3645.44				1243.3	10313.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL IV/AD	36558	CPT	both			10856		4192.26 Consumer	Consumer		10313.2	95			1243.3	10313.2	percent of total billed charges	
REMOVAL IV/AD	36558	CPT	both			10856		4192.26 Corrections	Corrections		8684.8	80			1243.3	10313.2	percent of total billed charges	
REMOVAL IV/AD	36558	CPT	both			10856		4192.26 First Health	First Health		7599.2	70			1243.3	10313.2	percent of total billed charges	
REMOVAL IV/AD	36558	CPT	both			10856		4192.26 First Trenton	First Trenton		9770.4	90			1243.3	10313.2	percent of total billed charges	
REMOVAL IV/AD	36558	CPT	both			10856		4192.26 Horizon	PPO		6784.16				1243.3	10313.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL IV/AD	36558	CPT	both			10856		4192.26 Horizon	Medicare Blue		3645.44				1243.3	10313.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL IV/AD	36558	CPT	both			10856		4192.26 Horizon	MGD		6784.16				1243.3	10313.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL IV/AD	36558	CPT	both			10856		4192.26 Horizon	NJ Health		1243.3				1243.3	10313.2	fee schedule	
REMOVAL IV/AD	36558	CPT	both			10856		4192.26 Horizon	Indemnity		6784.16				1243.3	10313.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL IV/AD	36558	CPT	both			10856		4192.26 Managed Care Inc	Managed Care Inc		9770.4	90			1243.3	10313.2	percent of total billed charges	
REMOVAL IV/AD	36558	CPT	both			10856		4192.26 Multiplan	Multiplan		8684.8	80			1243.3	10313.2	percent of total billed charges	
REMOVAL IV/AD	36558	CPT	both			10856		4192.26 Qualcare	Qualcare		8142	75			1243.3	10313.2	percent of total billed charges	
REMOVAL IV/AD	36558	CPT	both			10856		4192.26 Three Rivers	Three Rivers		10313.2	95			1243.3	10313.2	percent of total billed charges	
REMOVAL IV/AD	36558	CPT	both			10856		4192.26 UHC	Medicaid		3425.07	31.55			1243.3	10313.2	percent of total billed charges	
REMOVAL IV/AD	36558	CPT	both			10856		4192.26 UHC	Medicare		3645.44				1243.3	10313.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL IV/AD	36558	CPT	both			10856		4192.26 United	Commercial|PPO		3492				1243.3	10313.2	case rate	
REMOVAL IV/AD	36558	CPT	both			10856		4192.26 United	Oxford		3492				1243.3	10313.2	case rate	
REMOVAL IV/AD	36558	CPT	both			10856		4192.26 Wellcare	Medicare		3645.44				1243.3	10313.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL IV/AD	36558	CPT	both			10856		4192.26 Wellcare	Medicaid		3425.07	31.55			1243.3	10313.2	percent of total billed charges	
REMOVAL IV/AD	36558	CPT	both			10856		4192.26 WellPoint	WellPoint		3493.46	32.18			1243.3	10313.2	percent of total billed charges	
INSRT TUN DEVICE W/PORT <5 *59*	36560	CPT	outpatient			10891		4192.26 Aetna	Better Health		3436.11	31.55			1761.75	10346.45	percent of total billed charges	
INSRT TUN DEVICE W/PORT <5 *59*	36560	CPT	outpatient			10891		4192.26 Aetna	Commercial		5803.54				1761.75	10346.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT TUN DEVICE W/PORT <5 *59*	36560	CPT	outpatient			10891		4192.26 Aetna	Medicare		3645.44				1761.75	10346.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT TUN DEVICE W/PORT <5 *59*	36560	CPT	outpatient			10891		4192.26 Americare	Americare		8168.25	75			1761.75	10346.45	percent of total billed charges	
INSRT TUN DEVICE W/PORT <5 *59*	36560	CPT	outpatient			10891		4192.26 Amerihealth	Medicare		3645.44				1761.75	10346.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT TUN DEVICE W/PORT <5 *59*	36560	CPT	outpatient			10891		4192.26 Amerihealth	HMO/PPO		7079.15	65			1761.75	10346.45	percent of total billed charges	
INSRT TUN DEVICE W/PORT <5 *59*	36560	CPT	outpatient			10891		4192.26 Consumer	Consumer		10346.45	95			1761.75	10346.45	percent of total billed charges	
INSRT TUN DEVICE W/PORT <5 *59*	36560	CPT	outpatient			10891		4192.26 Corrections	Corrections		8712.8	80			1761.75	10346.45	percent of total billed charges	
INSRT TUN DEVICE W/PORT <5 *59*	36560	CPT	outpatient			10891		4192.26 First Health	First Health		7623.7	70			1761.75	10346.45	percent of total billed charges	
INSRT TUN DEVICE W/PORT <5 *59*	36560	CPT	outpatient			10891		4192.26 First Trenton	First Trenton		9801.9	90			1761.75	10346.45	percent of total billed charges	
INSRT TUN DEVICE W/PORT <5 *59*	36560	CPT	outpatient			10891		4192.26 Horizon	Indemnity		6784.16				1761.75	10346.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT TUN DEVICE W/PORT <5 *59*	36560	CPT	outpatient			10891		4192.26 Horizon	Medicare Blue		3645.44				1761.75	10346.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT TUN DEVICE W/PORT <5 *59*	36560	CPT	outpatient			10891		4192.26 Horizon	NJ Health		1761.75				1761.75	10346.45	fee schedule	
INSRT TUN DEVICE W/PORT <5 *59*	36560	CPT	outpatient			10891		4192.26 Horizon	MGD		6784.16				1761.75	10346.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT TUN DEVICE W/PORT <5 *59*	36560	CPT	outpatient			10891		4192.26 Horizon	PPO		6784.16				1761.75	10346.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT TUN DEVICE W/PORT <5 *59*	36560	CPT	outpatient			10891		4192.26 Managed Care Inc	Managed Care Inc		9801.9	90			1761.75	10346.45	percent of total billed charges	
INSRT TUN DEVICE W/PORT <5 *59*	36560	CPT	outpatient			10891		4192.26 Multiplan	Multiplan		8712.8	80			1761.75	10346.45	percent of total billed charges	
INSRT TUN DEVICE W/PORT <5 *59*	36560	CPT	outpatient			10891		4192.26 Qualcare	Qualcare		8168.25	75			1761.75	10346.45	percent of total billed charges	
INSRT TUN DEVICE W/PORT <5 *59*	36560	CPT	outpatient			10891		4192.26 Three Rivers	Three Rivers		10346.45	95			1761.75	10346.45	percent of total billed charges	
INSRT TUN DEVICE W/PORT <5 *59*	36560	CPT	outpatient			10891		4192.26 UHC	Medicaid		3436.11	31.55			1761.75	10346.45	percent of total billed charges	
INSRT TUN DEVICE W/PORT <5 *59*	36560	CPT	outpatient			10891		4192.26 UHC	Medicare		3645.44				1761.75	10346.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT TUN DEVICE W/PORT <5 *59*	36560	CPT	outpatient			10891		4192.26 United	Oxford		3492				1761.75	10346.45	case rate	
INSRT TUN DEVICE W/PORT <5 *59*	36560	CPT	outpatient			10891		4192.26 United	Commercial|PPO		3492				1761.75	10346.45	case rate	
INSRT TUN DEVICE W/PORT <5 *59*	36560	CPT	outpatient			10891		4192.26 Wellcare	Medicare		3645.44				1761.75	10346.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT TUN DEVICE W/PORT <5 *59*	36560	CPT	outpatient			10891		4192.26 Wellcare	Medicaid		3436.11	31.55			1761.75	10346.45	percent of total billed charges	
INSRT TUN DEVICE W/PORT <5 *59*	36560	CPT	outpatient			10891		4192.26 WellPoint	WellPoint		3504.72	32.18			1761.75	10346.45	percent of total billed charges	
INSRT TUN DEVICE W/PORT >5 Y.O.	36561	CPT	both			11408		4192.26 Aetna	Commercial		5803.54				1830.47	10837.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT TUN DEVICE W/PORT >5 Y.O.	36561	CPT	both			11408		4192.26 Aetna	Better Health		3599.22	31.55			1830.47	10837.6	percent of total billed charges	
INSRT TUN DEVICE W/PORT >5 Y.O.	36561	CPT	both			11408		4192.26 Aetna	Medicare		3645.44				1830.47	10837.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT TUN DEVICE W/PORT >5 Y.O.	36561	CPT	both			11408		4192.26 Americare	Americare		8556	75			1830.47	10837.6	percent of total billed charges	
INSRT TUN DEVICE W/PORT >5 Y.O.	36561	CPT	both			11408		4192.26 Amerihealth	HMO/PPO		7415.2	65			1830.47	10837.6	percent of total billed charges	
INSRT TUN DEVICE W/PORT >5 Y.O.	36561	CPT	both			11408		4192.26 Amerihealth	Medicare		3645.44				1830.47	10837.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT TUN DEVICE W/PORT >5 Y.O.	36561	CPT	both			11408		4192.26 Consumer	Consumer		10837.6	95			1830.47	10837.6	percent of total billed charges	
INSRT TUN DEVICE W/PORT >5 Y.O.	36561	CPT	both			11408		4192.26 Corrections	Corrections		9126.4	80			1830.47	10837.6	percent of total billed charges	
INSRT TUN DEVICE W/PORT >5 Y.O.	36561	CPT	both			11408		4192.26 First Health	First Health		7985.6	70			1830.47	10837.6	percent of total billed charges	
INSRT TUN DEVICE W/PORT >5 Y.O.	36561	CPT	both			11408		4192.26 First Trenton	First Trenton		10267.2	90			1830.47	10837.6	percent of total billed charges	
INSRT TUN DEVICE W/PORT >5 Y.O.	36561	CPT	both			11408		4192.26 Horizon	NJ Health		1830.47				1830.47	10837.6	fee schedule	
INSRT TUN DEVICE W/PORT >5 Y.O.	36561	CPT	both			11408		4192.26 Horizon	Indemnity		6784.16				1830.47	10837.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT TUN DEVICE W/PORT >5 Y.O.	36561	CPT	both			11408		4192.26 Horizon	MGD		6784.16				1830.47	10837.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT TUN DEVICE W/PORT >5 Y.O.	36561	CPT	both			11408		4192.26 Horizon	Medicare Blue		3645.44				1830.47	10837.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT TUN DEVICE W/PORT >5 Y.O.	36561	CPT	both			11408		4192.26 Horizon	PPO		6784.16				1830.47	10837.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT TUN DEVICE W/PORT >5 Y.O.	36561	CPT	both			11408		4192.26 Managed Care Inc	Managed Care Inc		10267.2	90			1830.47	10837.6	percent of total billed charges	
INSRT TUN DEVICE W/PORT >5 Y.O.	36561	CPT	both			11408		4192.26 Multiplan	Multiplan		9126.4	80			1830.47	10837.6	percent of total billed charges	
INSRT TUN DEVICE W/PORT >5 Y.O.	36561	CPT	both			11408		4192.26 Qualcare	Qualcare		8556	75			1830.47	10837.6	percent of total billed charges	
INSRT TUN DEVICE W/PORT >5 Y.O.	36561	CPT	both			11408		4192.26 Three Rivers	Three Rivers		10837.6	95			1830.47	10837.6	percent of total billed charges	
INSRT TUN DEVICE W/PORT >5 Y.O.	36561	CPT	both			11408		4192.26 UHC	Medicare		3645.44				1830.47	10837.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT TUN DEVICE W/PORT >5 Y.O.	36561	CPT	both			11408		4192.26 UHC	Medicaid		3599.22	31.55			1830.47	10837.6	percent of total billed charges	
INSRT TUN DEVICE W/PORT >5 Y.O.	36561	CPT	both			11408		4192.26 United	Oxford		3492				1830.47	10837.6	case rate	
INSRT TUN DEVICE W/PORT >5 Y.O.	36561	CPT	both			11408		4192.26 United	Commercial|PPO		3492				1830.47	10837.6	case rate	
INSRT TUN DEVICE W/PORT >5 Y.O.	36561	CPT	both			11408		4192.26 Wellcare	Medicare		3645.44				1830.47	10837.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT TUN DEVICE W/PORT >5 Y.O.	36561	CPT	both			11408		4192.26 Wellcare	Medicaid		3599.22	31.55			1830.47	10837.6	percent of total billed charges	
INSRT TUN DEVICE W/PORT >5 Y.O.	36561	CPT	both			11408		4192.26 WellPoint	WellPoint		3671.09	32.18			1830.47	10837.6	percent of total billed charges	
INSRT TUNN DEVICE W/PUMP, *59*	36563	CPT	both			17878		7227.61 Aetna	Medicare		5506.42	30.8			2510.51	16984.1	percent of total billed charges	
INSRT TUNN DEVICE W/PUMP, *59*	36563	CPT	both			17878		7227.61 Aetna	Better Health		5640.51	31.55			2510.51	16984.1	percent of total billed charges	
INSRT TUNN DEVICE W/PUMP, *59*	36563	CPT	both			17878		7227.61 Aetna	Commercial		10005.53				2510.51	16984.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT TUNN DEVICE W/PUMP, *59*	36563	CPT	both			17878		7227.61 Americare	Americare		13408.5	75			2510.51	16984.1	percent of total billed charges	
INSRT TUNN DEVICE W/PUMP, *59*	36563	CPT	both			17878		7227.61 Amerihealth	HMO/PPO		11620.7	65			2510.51	16984.1	percent of total billed charges	
INSRT TUNN DEVICE W/PUMP, *59*	36563	CPT	both			17878		7227.61 Amerihealth	Medicare		6284.88				2510.51	16984.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT TUNN DEVICE W/PUMP, *59*	36563	CPT	both			17878		7227.61 Consumer	Consumer		16984.1	95			2510.51	16984.1	percent of total billed charges	
INSRT TUNN DEVICE W/PUMP, *59*	36563	CPT	both			17878		7227.61 Corrections	Corrections		14302.4	80			2510.51	16984.1	percent of total billed charges	
INSRT TUNN DEVICE W/PUMP, *59*	36563	CPT	both			17878		7227.61 First Health	First Health		12514.6	70			2510.51	16984.1	percent of total billed charges	
INSRT TUNN DEVICE W/PUMP, *59*	36563	CPT	both			17878		7227.61 First Trenton	First Trenton		16090.2	90			2510.51	16984.1	percent of total billed charges	
INSRT TUNN DEVICE W/PUMP, *59*	36563	CPT	both			17878		7227.61 Horizon	Medicare Blue		6284.88				2510.51	16984.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT TUNN DEVICE W/PUMP, *59*	36563	CPT	both			17878		7227.61 Horizon	PPO		11696.16				2510.51	16984.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT TUNN DEVICE W/PUMP, *59*	36563	CPT	both			17878		7227.61 Horizon	Indemnity		11696.16				2510.51	16984.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT TUNN DEVICE W/PUMP, *59*	36563	CPT	both			17878		7227.61 Horizon	MGD		11696.16				2510.51	16984.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT TUNN DEVICE W/PUMP, *59*	36563	CPT	both			17878		7227.61 Horizon	NJ Health		2675.25				2510.51	16984.1	fee schedule	
INSRT TUNN DEVICE W/PUMP, *59*	36563	CPT	both			17878		7227.61 Managed Care Inc	Managed Care Inc		16090.2	90			2510.51	16984.1	percent of total billed charges	
INSRT TUNN DEVICE W/PUMP, *59*	36563	CPT	both			17878		7227.61 Multiplan	Multiplan		14302.4	80			2510.51	16984.1	percent of total billed charges	
INSRT TUNN DEVICE W/PUMP, *59*	36563	CPT	both			17878		7227.61 Qualcare	Qualcare		13408.5	75			2510.51	16984.1	percent of total billed charges	
INSRT TUNN DEVICE W/PUMP, *59*	36563	CPT	both			17878		7227.61 Three Rivers	Three Rivers		16984.1	95			2510.51	16984.1	percent of total billed charges	
INSRT TUNN DEVICE W/PUMP, *59*	36563	CPT	both			17878		7227.61 UHC	Medicaid		5640.51	31.55			2510.51	16984.1	percent of total billed charges	
INSRT TUNN DEVICE W/PUMP, *59*	36563	CPT	both			17878		7227.61 UHC	Medicare		6284.88				2510.51	16984.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT TUNN DEVICE W/PUMP, *59*	36563	CPT	both			17878		7227.61 United	Commercial|PPO		4702				2510.51	16984.1	case rate	
INSRT TUNN DEVICE W/PUMP, *59*	36563	CPT	both			17878		7227.61 United	Oxford		4702				2510.51	16984.1	case rate	
INSRT TUNN DEVICE W/PUMP, *59*	36563	CPT	both			17878		7227.61 Wellcare	Medicare		6284.88				2510.51	16984.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT TUNN DEVICE W/PUMP, *59*	36563	CPT	both			17878		7227.61 Wellcare	Medicaid		5640.51	31.55			2510.51	16984.1	percent of total billed charges	
INSRT TUNN DEVICE W/PUMP, *59*	36563	CPT	both			17878		7227.61 WellPoint	WellPoint		5753.14	32.18			2510.51	16984.1	percent of total billed charges	
TUNN DEVICE 2 CATH 2 SITE, *59*	36565	CPT	outpatient			11408		4192.26 Aetna	Better Health		3599.22	31.55			1709.55	10837.6	percent of total billed charges	
TUNN DEVICE 2 CATH 2 SITE, *59*	36565	CPT	outpatient			11408		4192.26 Aetna	Commercial		5803.54				1709.55	10837.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TUNN DEVICE 2 CATH 2 SITE, *59*	36565	CPT	outpatient			11408		4192.26 Aetna	Medicare		3645.44				1709.55	10837.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TUNN DEVICE 2 CATH 2 SITE, *59*	36565	CPT	outpatient			11408		4192.26 Americare	Americare		8556	75			1709.55	10837.6	percent of total billed charges	
TUNN DEVICE 2 CATH 2 SITE, *59*	36565	CPT	outpatient			11408		4192.26 Amerihealth	HMO/PPO		7415.2	65			1709.55	10837.6	percent of total billed charges	
TUNN DEVICE 2 CATH 2 SITE, *59*	36565	CPT	outpatient			11408		4192.26 Amerihealth	Medicare		3645.44				1709.55	10837.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TUNN DEVICE 2 CATH 2 SITE, *59*	36565	CPT	outpatient			11408		4192.26 Consumer	Consumer		10837.6	95			1709.55	10837.6	percent of total billed charges	
TUNN DEVICE 2 CATH 2 SITE, *59*	36565	CPT	outpatient			11408		4192.26 Corrections	Corrections		9126.4	80			1709.55	10837.6	percent of total billed charges	
TUNN DEVICE 2 CATH 2 SITE, *59*	36565	CPT	outpatient			11408		4192.26 First Health	First Health		7985.6	70			1709.55	10837.6	percent of total billed charges	
TUNN DEVICE 2 CATH 2 SITE, *59*	36565	CPT	outpatient			11408		4192.26 First Trenton	First Trenton		10267.2	90			1709.55	10837.6	percent of total billed charges	
TUNN DEVICE 2 CATH 2 SITE, *59*	36565	CPT	outpatient			11408		4192.26 Horizon	PPO		6784.16				1709.55	10837.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TUNN DEVICE 2 CATH 2 SITE, *59*	36565	CPT	outpatient			11408		4192.26 Horizon	MGD		6784.16				1709.55	10837.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TUNN DEVICE 2 CATH 2 SITE, *59*	36565	CPT	outpatient			11408		4192.26 Horizon	Indemnity		6784.16				1709.55	10837.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TUNN DEVICE 2 CATH 2 SITE, *59*	36565	CPT	outpatient			11408		4192.26 Horizon	Medicare Blue		3645.44				1709.55	10837.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TUNN DEVICE 2 CATH 2 SITE, *59*	36565	CPT	outpatient			11408		4192.26 Horizon	NJ Health		1709.55				1709.55	10837.6	fee schedule	
TUNN DEVICE 2 CATH 2 SITE, *59*	36565	CPT	outpatient			11408		4192.26 Managed Care Inc	Managed Care Inc		10267.2	90			1709.55	10837.6	percent of total billed charges	
TUNN DEVICE 2 CATH 2 SITE, *59*	36565	CPT	outpatient			11408		4192.26 Multiplan	Multiplan		9126.4	80			1709.55	10837.6	percent of total billed charges	
TUNN DEVICE 2 CATH 2 SITE, *59*	36565	CPT	outpatient			11408		4192.26 Qualcare	Qualcare		8556	75			1709.55	10837.6	percent of total billed charges	
TUNN DEVICE 2 CATH 2 SITE, *59*	36565	CPT	outpatient			11408		4192.26 Three Rivers	Three Rivers		10837.6	95			1709.55	10837.6	percent of total billed charges	
TUNN DEVICE 2 CATH 2 SITE, *59*	36565	CPT	outpatient			11408		4192.26 UHC	Medicare		3645.44				1709.55	10837.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TUNN DEVICE 2 CATH 2 SITE, *59*	36565	CPT	outpatient			11408		4192.26 UHC	Medicaid		3599.22	31.55			1709.55	10837.6	percent of total billed charges	
TUNN DEVICE 2 CATH 2 SITE, *59*	36565	CPT	outpatient			11408		4192.26 United	Commercial|PPO		3492				1709.55	10837.6	case rate	
TUNN DEVICE 2 CATH 2 SITE, *59*	36565	CPT	outpatient			11408		4192.26 United	Oxford		3492				1709.55	10837.6	case rate	
TUNN DEVICE 2 CATH 2 SITE, *59*	36565	CPT	outpatient			11408		4192.26 Wellcare	Medicare		3645.44				1709.55	10837.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.															
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true														
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
TUNN DEVICE 2 CATH 2 SITE, *59*	36565	CPT	outpatient			11408		4192.26	Wellcare	Medicaid	3599.22	31.55			1709.55	10837.6	percent of total billed charges	
TUNN DEVICE 2 CATH 2 SITE, *59*	36565	CPT	outpatient			11408		4192.26	WellPoint	WellPoint	3671.09	32.18			1709.55	10837.6	percent of total billed charges	
TUN DEVICE 2 CATH/2 SITE *59*	36566	CPT	outpatient			31405		7227.61	Aetna	Medicare	9672.74	30.8			1866.15	29834.75	percent of total billed charges	
TUN DEVICE 2 CATH/2 SITE *59*	36566	CPT	outpatient			31405		7227.61	Aetna	Commercial	10005.53				1866.15	29834.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TUN DEVICE 2 CATH/2 SITE *59*	36566	CPT	outpatient			31405		7227.61	Aetna	Better Health	9908.28	31.55			1866.15	29834.75	percent of total billed charges	
TUN DEVICE 2 CATH/2 SITE *59*	36566	CPT	outpatient			31405		7227.61	Americare	Americare	23553.75	75			1866.15	29834.75	percent of total billed charges	
TUN DEVICE 2 CATH/2 SITE *59*	36566	CPT	outpatient			31405		7227.61	Amerihealth	HMO/PPO	20413.25	65			1866.15	29834.75	percent of total billed charges	
TUN DEVICE 2 CATH/2 SITE *59*	36566	CPT	outpatient			31405		7227.61	Amerihealth	Medicare	6284.88				1866.15	29834.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TUN DEVICE 2 CATH/2 SITE *59*	36566	CPT	outpatient			31405		7227.61	Consumer	Consumer	29834.75	95			1866.15	29834.75	percent of total billed charges	
TUN DEVICE 2 CATH/2 SITE *59*	36566	CPT	outpatient			31405		7227.61	Corrections	Corrections	25124	80			1866.15	29834.75	percent of total billed charges	
TUN DEVICE 2 CATH/2 SITE *59*	36566	CPT	outpatient			31405		7227.61	First Health	First Health	21983.5	70			1866.15	29834.75	percent of total billed charges	
TUN DEVICE 2 CATH/2 SITE *59*	36566	CPT	outpatient			31405		7227.61	First Trenton	First Trenton	28264.5	90			1866.15	29834.75	percent of total billed charges	
TUN DEVICE 2 CATH/2 SITE *59*	36566	CPT	outpatient			31405		7227.61	Horizon	MGD	11696.16				1866.15	29834.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TUN DEVICE 2 CATH/2 SITE *59*	36566	CPT	outpatient			31405		7227.61	Horizon	Medicare Blue	6284.88				1866.15	29834.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TUN DEVICE 2 CATH/2 SITE *59*	36566	CPT	outpatient			31405		7227.61	Horizon	Indemnity	11696.16				1866.15	29834.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TUN DEVICE 2 CATH/2 SITE *59*	36566	CPT	outpatient			31405		7227.61	Horizon	PPO	11696.16				1866.15	29834.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TUN DEVICE 2 CATH/2 SITE *59*	36566	CPT	outpatient			31405		7227.61	Horizon	NJ Health	1866.15				1866.15	29834.75	fee schedule	
TUN DEVICE 2 CATH/2 SITE *59*	36566	CPT	outpatient			31405		7227.61	Managed Care Inc	Managed Care Inc	28264.5	90			1866.15	29834.75	percent of total billed charges	
TUN DEVICE 2 CATH/2 SITE *59*	36566	CPT	outpatient			31405		7227.61	Multiplan	Multiplan	25124	80			1866.15	29834.75	percent of total billed charges	
TUN DEVICE 2 CATH/2 SITE *59*	36566	CPT	outpatient			31405		7227.61	Qualcare	Qualcare	23553.75	75			1866.15	29834.75	percent of total billed charges	
TUN DEVICE 2 CATH/2 SITE *59*	36566	CPT	outpatient			31405		7227.61	Three Rivers	Three Rivers	29834.75	95			1866.15	29834.75	percent of total billed charges	
TUN DEVICE 2 CATH/2 SITE *59*	36566	CPT	outpatient			31405		7227.61	UHC	Medicare	6284.88				1866.15	29834.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TUN DEVICE 2 CATH/2 SITE *59*	36566	CPT	outpatient			31405		7227.61	UHC	Medicaid	9908.28	31.55			1866.15	29834.75	percent of total billed charges	
TUN DEVICE 2 CATH/2 SITE *59*	36566	CPT	outpatient			31405		7227.61	United	Commercial|PPO	4702				1866.15	29834.75	case rate	
TUN DEVICE 2 CATH/2 SITE *59*	36566	CPT	outpatient			31405		7227.61	United	Oxford	4702				1866.15	29834.75	case rate	
TUN DEVICE 2 CATH/2 SITE *59*	36566	CPT	outpatient			31405		7227.61	Wellcare	Medicare	6284.88				1866.15	29834.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TUN DEVICE 2 CATH/2 SITE *59*	36566	CPT	outpatient			31405		7227.61	Wellcare	Medicaid	9908.28	31.55			1866.15	29834.75	percent of total billed charges	
TUN DEVICE 2 CATH/2 SITE *59*	36566	CPT	outpatient			31405		7227.61	WellPoint	WellPoint	10106.13	32.18			1866.15	29834.75	percent of total billed charges	
PLACEMENT CVC <5 YEARS	36568	CPT	inpatient			8539		2106.37	Aetna	Better Health	2694.05	31.55			433.39	8112.05	percent of total billed charges	
PLACEMENT CVC <5 YEARS	36568	CPT	inpatient			8539		2106.37	Aetna	Commercial	2915.95				433.39	8112.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACEMENT CVC <5 YEARS	36568	CPT	inpatient			8539		2106.37	Aetna	Medicare	1831.63				433.39	8112.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACEMENT CVC <5 YEARS	36568	CPT	inpatient			8539		2106.37	Americare	Americare	6404.25	75			433.39	8112.05	percent of total billed charges	
PLACEMENT CVC <5 YEARS	36568	CPT	inpatient			8539		2106.37	Amerihealth	HMO/PPO	5550.35	65			433.39	8112.05	percent of total billed charges	
PLACEMENT CVC <5 YEARS	36568	CPT	inpatient			8539		2106.37	Amerihealth	Medicare	1831.63				433.39	8112.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACEMENT CVC <5 YEARS	36568	CPT	inpatient			8539		2106.37	Consumer	Consumer	8112.05	95			433.39	8112.05	percent of total billed charges	
PLACEMENT CVC <5 YEARS	36568	CPT	inpatient			8539		2106.37	Corrections	Corrections	6831.2	80			433.39	8112.05	percent of total billed charges	
PLACEMENT CVC <5 YEARS	36568	CPT	inpatient			8539		2106.37	First Health	First Health	5977.3	70			433.39	8112.05	percent of total billed charges	
PLACEMENT CVC <5 YEARS	36568	CPT	inpatient			8539		2106.37	First Trenton	First Trenton	7685.1	90			433.39	8112.05	percent of total billed charges	
PLACEMENT CVC <5 YEARS	36568	CPT	inpatient			8539		2106.37	Horizon	Medicare Blue	1831.63				433.39	8112.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACEMENT CVC <5 YEARS	36568	CPT	inpatient			8539		2106.37	Horizon	NJ Health	433.39				433.39	8112.05	fee schedule	
PLACEMENT CVC <5 YEARS	36568	CPT	inpatient			8539		2106.37	Horizon	Indemnity	3408.66				433.39	8112.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACEMENT CVC <5 YEARS	36568	CPT	inpatient			8539		2106.37	Horizon	MGD	3408.66				433.39	8112.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACEMENT CVC <5 YEARS	36568	CPT	inpatient			8539		2106.37	Horizon	PPO	3408.66				433.39	8112.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACEMENT CVC <5 YEARS	36568	CPT	inpatient			8539		2106.37	Managed Care Inc	Managed Care Inc	7685.1	90			433.39	8112.05	percent of total billed charges	
PLACEMENT CVC <5 YEARS	36568	CPT	inpatient			8539		2106.37	Multiplan	Multiplan	6831.2	80			433.39	8112.05	percent of total billed charges	
PLACEMENT CVC <5 YEARS	36568	CPT	inpatient			8539		2106.37	Qualcare	Qualcare	6404.25	75			433.39	8112.05	percent of total billed charges	
PLACEMENT CVC <5 YEARS	36568	CPT	inpatient			8539		2106.37	Three Rivers	Three Rivers	8112.05	95			433.39	8112.05	percent of total billed charges	
PLACEMENT CVC <5 YEARS	36568	CPT	inpatient			8539		2106.37	UHC	Medicare	1831.63				433.39	8112.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACEMENT CVC <5 YEARS	36568	CPT	inpatient			8539		2106.37	UHC	Medicaid	2694.05	31.55			433.39	8112.05	percent of total billed charges	
PLACEMENT CVC <5 YEARS	36568	CPT	inpatient			8539		2106.37	United	Oxford	1817				433.39	8112.05	case rate	
PLACEMENT CVC <5 YEARS	36568	CPT	inpatient			8539		2106.37	United	Commercial|PPO	1817				433.39	8112.05	case rate	
PLACEMENT CVC <5 YEARS	36568	CPT	inpatient			8539		2106.37	Wellcare	Medicare	1831.63				433.39	8112.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACEMENT CVC <5 YEARS	36568	CPT	inpatient			8539		2106.37	Wellcare	Medicaid	2694.05	31.55			433.39	8112.05	percent of total billed charges	
PLACEMENT CVC <5 YEARS	36568	CPT	inpatient			8539		2106.37	WellPoint	WellPoint	2747.85	32.18			433.39	8112.05	percent of total billed charges	
INSRT PICC, NO PORT, <5 Y.O.*59*	36569	CPT	both			5115		2106.37	Aetna	Better Health	1613.78	31.55			395.55	4859.25	percent of total billed charges	
INSRT PICC, NO PORT, <5 Y.O.*59*	36569	CPT	both			5115		2106.37	Aetna	Commercial	2915.95				395.55	4859.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT PICC, NO PORT, <5 Y.O.*59*	36569	CPT	both			5115		2106.37	Aetna	Medicare	1831.63				395.55	4859.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT PICC, NO PORT, <5 Y.O.*59*	36569	CPT	both			5115		2106.37	Americare	Americare	3636.25	75			395.55	4859.25	percent of total billed charges	
INSRT PICC, NO PORT, <5 Y.O.*59*	36569	CPT	both			5115		2106.37	Amerihealth	Medicare	1831.63				395.55	4859.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT PICC, NO PORT, <5 Y.O.*59*	36569	CPT	both			5115		2106.37	Amerihealth	HMO/PPO	3324.75	65			395.55	4859.25	percent of total billed charges	
INSRT PICC, NO PORT, <5 Y.O.*59*	36569	CPT	both			5115		2106.37	Consumer	Consumer	4859.25	95			395.55	4859.25	percent of total billed charges	
INSRT PICC, NO PORT, <5 Y.O.*59*	36569	CPT	both			5115		2106.37	Corrections	Corrections	4092	80			395.55	4859.25	percent of total billed charges	
INSRT PICC, NO PORT, <5 Y.O.*59*	36569	CPT	both			5115		2106.37	First Health	First Health	3580.5	70			395.55	4859.25	percent of total billed charges	
INSRT PICC, NO PORT, <5 Y.O.*59*	36569	CPT	both			5115		2106.37	First Trenton	First Trenton	4603.5	90			395.55	4859.25	percent of total billed charges	
INSRT PICC, NO PORT, <5 Y.O.*59*	36569	CPT	both			5115		2106.37	Horizon	MGD	3408.66				395.55	4859.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT PICC, NO PORT, <5 Y.O.*59*	36569	CPT	both			5115		2106.37	Horizon	Medicare Blue	1831.63				395.55	4859.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT PICC, NO PORT, <5 Y.O.*59*	36569	CPT	both			5115		2106.37	Horizon	NJ Health	395.55				395.55	4859.25	fee schedule	
INSRT PICC, NO PORT, <5 Y.O.*59*	36569	CPT	both			5115		2106.37	Horizon	Indemnity	3408.66				395.55	4859.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT PICC, NO PORT, <5 Y.O.*59*	36569	CPT	both			5115		2106.37	Horizon	PPO	3408.66				395.55	4859.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT PICC, NO PORT, <5 Y.O.*59*	36569	CPT	both			5115		2106.37	Managed Care Inc	Managed Care Inc	4603.5	90			395.55	4859.25	percent of total billed charges	
INSRT PICC, NO PORT, <5 Y.O.*59*	36569	CPT	both			5115		2106.37	Multiplan	Multiplan	4092	80			395.55	4859.25	percent of total billed charges	
INSRT PICC, NO PORT, <5 Y.O.*59*	36569	CPT	both			5115		2106.37	Qualcare	Qualcare	3636.25	75			395.55	4859.25	percent of total billed charges	
INSRT PICC, NO PORT, <5 Y.O.*59*	36569	CPT	both			5115		2106.37	Three Rivers	Three Rivers	4859.25	95			395.55	4859.25	percent of total billed charges	
INSRT PICC, NO PORT, <5 Y.O.*59*	36569	CPT	both			5115		2106.37	UHC	Medicare	1831.63				395.55	4859.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT PICC, NO PORT, <5 Y.O.*59*	36569	CPT	both			5115		2106.37	UHC	Medicaid	1613.78	31.55			395.55	4859.25	percent of total billed charges	
INSRT PICC, NO PORT, <5 Y.O.*59*	36569	CPT	both			5115		2106.37	United	Commercial|PPO	1817				395.55	4859.25	case rate	
INSRT PICC, NO PORT, <5 Y.O.*59*	36569	CPT	both			5115		2106.37	United	Oxford	1817				395.55	4859.25	case rate	
INSRT PICC, NO PORT, <5 Y.O.*59*	36569	CPT	both			5115		2106.37	Wellcare	Medicare	1831.63				395.55	4859.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT PICC, NO PORT, <5 Y.O.*59*	36569	CPT	both			5115		2106.37	Wellcare	Medicaid	1613.78	31.55			395.55	4859.25	percent of total billed charges	
INSRT PICC, NO PORT, <5 Y.O.*59*	36569	CPT	both			5115		2106.37	WellPoint	WellPoint	1646.01	32.18			395.55	4859.25	percent of total billed charges	
INSRT PICC W/PORT, <5 Y.O. *59*	36570	CPT	outpatient			11206		4192.26	Aetna	Better Health	3535.49	31.55			1311.22	10645.7	percent of total billed charges	
INSRT PICC W/PORT, <5 Y.O. *59*	36570	CPT	outpatient			11206		4192.26	Aetna	Commercial	5803.54				1311.22	10645.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT PICC W/PORT, <5 Y.O. *59*	36570	CPT	outpatient			11206		4192.26	Aetna	Medicare	3645.44				1311.22	10645.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT PICC W/PORT, <5 Y.O. *59*	36570	CPT	outpatient			11206		4192.26	Americare	Americare	8404.5	75			1311.22	10645.7	percent of total billed charges	
INSRT PICC W/PORT, <5 Y.O. *59*	36570	CPT	outpatient			11206		4192.26	Amerihealth	Medicare	3645.44				1311.22	10645.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT PICC W/PORT, <5 Y.O. *59*	36570	CPT	outpatient			11206		4192.26	Amerihealth	HMO/PPO	7263.9	65			1311.22	10645.7	percent of total billed charges	
INSRT PICC W/PORT, <5 Y.O. *59*	36570	CPT	outpatient			11206		4192.26	Consumer	Consumer	10645.7	95			1311.22	10645.7	percent of total billed charges	
INSRT PICC W/PORT, <5 Y.O. *59*	36570	CPT	outpatient			11206		4192.26	Corrections	Corrections	8964.8	80			1311.22	10645.7	percent of total billed charges	
INSRT PICC W/PORT, <5 Y.O. *59*	36570	CPT	outpatient			11206		4192.26	First Health	First Health	7844.2	70			1311.22	10645.7	percent of total billed charges	
INSRT PICC W/PORT, <5 Y.O. *59*	36570	CPT	outpatient			11206		4192.26	First Trenton	First Trenton	10085.4	90			1311.22	10645.7	percent of total billed charges	
INSRT PICC W/PORT, <5 Y.O. *59*	36570	CPT	outpatient			11206		4192.26	Horizon	Indemnity	6784.16				1311.22	10645.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT PICC W/PORT, <5 Y.O. *59*	36570	CPT	outpatient			11206		4192.26	Horizon	Medicare Blue	3645.44				1311.22	10645.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT PICC W/PORT, <5 Y.O. *59*	36570	CPT	outpatient			11206		4192.26	Horizon	MGD	6784.16				1311.22	10645.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT PICC W/PORT, <5 Y.O. *59*	36570	CPT	outpatient			11206		4192.26	Horizon	PPO	6784.16				1311.22	10645.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT PICC W/PORT, <5 Y.O. *59*	36570	CPT	outpatient			11206		4192.26	Horizon	NJ Health	1782.08				1311.22	10645.7	fee schedule	
INSRT PICC W/PORT, <5 Y.O. *59*	36570	CPT	outpatient			11206		4192.26	Managed Care Inc	Managed Care Inc	10085.4	90			1311.22	10645.7	percent of total billed charges	
INSRT PICC W/PORT, <5 Y.O. *59*	36570	CPT	outpatient			11206		4192.26	Multiplan	Multiplan	8964.8	80			1311.22	10645.7	percent of total billed charges	
INSRT PICC W/PORT, <5 Y.O. *59*	36570	CPT	outpatient			11206		4192.26	Qualcare	Qualcare	8404.5	75			1311.22	10645.7	percent of total billed charges	
INSRT PICC W/PORT, <5 Y.O. *59*	36570	CPT	outpatient			11206		4192.26	Three Rivers	Three Rivers	10645.7	95			1311.22	10645.7	percent of total billed charges	
INSRT PICC W/PORT, <5 Y.O. *59*	36570	CPT	outpatient			11206		4192.26	UHC	Medicare	3645.44				1311.22	10645.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT PICC W/PORT, <5 Y.O. *59*	36570	CPT	outpatient			11206		4192.26	UHC	Medicaid	3535.49	31.55			1311.22	10645.7	percent of total billed charges	
INSRT PICC W/PORT, <5 Y.O. *59*	36570	CPT	outpatient			11206		4192.26	United	Oxford	3492				1311.22	10645.7	case rate	
INSRT PICC W/PORT, <5 Y.O. *59*	36570	CPT	outpatient			11206		4192.26	United	Commercial|PPO	3492				1311.22	10645.7	case rate	
INSRT PICC W/PORT, <5 Y.O. *59*	36570	CPT	outpatient			11206		4192.26	Wellcare	Medicare	3645.44				1311.22	10645.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT PICC W/PORT, <5 Y.O. *59*	36570	CPT	outpatient			11206		4192.26	Wellcare	Medicaid	3535.49	31.55			1311.22	10645.7	percent of total billed charges	
INSRT PICC W/PORT, <5 Y.O. *59*	36570	CPT	outpatient			11206		4192.26	WellPoint	WellPoint	3606.09	32.18			1311.22	10645.7	percent of total billed charges	
INSRT PICC W/PORT,>5 Y.O. *59*	36571	CPT	inpatient			5115		4192.26	Aetna	Medicare	3645.44				1470.86	6784.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT PICC W/PORT,>5 Y.O. *59*	36571	CPT	inpatient			5115		4192.26	Aetna	Commercial	5803.54				1470.86	6784.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT PICC W/PORT,>5 Y.O. *59*	36571	CPT	inpatient			5115		4192.26	Aetna	Better Health	1613.78	31.55			1470.86	6784.16	percent of total billed charges	
INSRT PICC W/PORT,>5 Y.O. *59*	36571	CPT	inpatient			5115		4192.26	Americare	Americare	3636.25	75			1470.86	6784.16	percent of total billed charges	
INSRT PICC W/PORT,>5 Y.O. *59*	36571	CPT	inpatient			5115		4192.26	Amerihealth	Medicare	3645.44				1470.86	6784.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT PICC W/PORT,>5 Y.O. *59*	36571	CPT	inpatient			5115		4192.26	Amerihealth	HMO/PPO	3324.75	65			1470.86	6784.16	percent of total billed charges	
INSRT PICC W/PORT,>5 Y.O. *59*	36571	CPT	inpatient			5115		4192.26	Consumer	Consumer	4859.25	95			1470.86	6784.16	percent of total billed charges	
INSRT PICC W/PORT,>5 Y.O. *59*	36571	CPT	inpatient			5115		4192.26	Corrections	Corrections	4092	80			1470.86	6784.16	percent of total billed charges	
INSRT PICC W/PORT,>5 Y.O. *59*	36571	CPT	inpatient			5115		4192.26	First Health	First Health	3580.5	70			1470.86	6784.16	percent of total billed charges	
INSRT PICC W/PORT,>5 Y.O. *59*	36571	CPT	inpatient			5115		4192.26	First Trenton	First Trenton	4603.5	90			1470.86	6784.16	percent of total billed charges	
INSRT PICC W/PORT,>5 Y.O. *59*	36571	CPT	inpatient			5115		4192.26	Horizon	MGD	6784.16				1470.86	6784.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT PICC W/PORT,>5 Y.O. *59*	36571	CPT	inpatient			5115		4192.26	Horizon	Medicare Blue	3645.44				1470.86	6784.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT PICC W/PORT,>5 Y.O. *59*	36571	CPT	inpatient			5115		4192.26	Horizon	Indemnity	6784.16				1470.86	6784.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT PICC W/PORT,>5 Y.O. *59*	36571	CPT	inpatient			5115		4192.26	Horizon	NJ Health	1784.48				1470.86	6784.16	fee schedule	
INSRT PICC W/PORT,>5 Y.O. *59*	36571	CPT	inpatient			5115		4192.26	Horizon	PPO	6784.16				1470.86	6784.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT PICC W/PORT,>5 Y.O. *59*	36571	CPT	inpatient			5115		4192.26	Managed Care Inc	Managed Care Inc	4603.5	90			1470.86	6784.16	percent of total billed charges	
INSRT PICC W/PORT,>5 Y.O. *59*	36571	CPT	inpatient			5115		4192.26	Multiplan	Multiplan	4092	80			1470.86	6784.16	percent of total billed charges	
INSRT PICC W/PORT,>5 Y.O. *59*	36571	CPT	inpatient			5115		4192.26	Qualcare	Qualcare	3636.25	75			1470.86	6784.16	percent of total billed charges	
INSRT PICC W/PORT,>5 Y.O. *59*	36571	CPT	inpatient			5115		4192.26	Three Rivers	Three Rivers	4859.25	95			1470.86	6784.16	percent of total billed charges	
INSRT PICC W/PORT,>5 Y.O. *59*	36571	CPT	inpatient			5115		4192.26	UHC	Medicare	3645.44				1470.86	6784.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT PICC W/PORT,>5 Y.O. *59*	36571	CPT	inpatient			5115		4192.26	UHC	Medicaid	1613.78	31.55			1470.86	6784.16	percent of total billed charges	
INSRT PICC W/PORT,>5 Y.O. *59*	36571	CPT	inpatient			5115		4192.26	United	Commercial|PPO	3492				1470.86	6784.16	case rate	
INSRT PICC W/PORT,>5 Y.O. *59*	36571	CPT	inpatient			5115		4192.26	United	Oxford	3492				1470.86	6784.16	case rate	
INSRT PICC W/PORT,>5 Y.O. *59*	36571	CPT	inpatient			5115		4192.26	Wellcare	Medicare	3645.44				1470.86	6784.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT PICC W/PORT,>5 Y.O. *59*	36571	CPT	inpatient			5115		4192.26	Wellcare	Medicaid	1613.78	31.55			1470.86	6784.16	percent of total billed charges	
INSRT PICC W/PORT,>5 Y.O. *59*	36571	CPT	inpatient			5115		4192.26	WellPoint	WellPoint	1646.01	32.18			1470.86	6784.16	percent of total billed charges	
INSERT PICC LINE<5YRS W/IMAGING	36572	CPT	both			2540		826.23	Aetna	Commercial	1143.79				371.66	2413	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERT PICC LINE<5YRS W/IMAGING	36572	CPT	both			2540		826.23	Aetna	Better Health	801.37	31.55			371.66	2413	percent of total billed charges	
INSERT PICC LINE<5YRS W/IMAGING	36572	CPT	both			2540		826.23	Aetna	Medicare	718.46				371.66	2413	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERT PICC LINE<5YRS W/IMAGING	36572	CPT	both			2540		826.23	Americare	Americare	1905	75			371.66	2413	percent of total billed charges	
INSERT PICC LINE<5YRS W/IMAGING	36572	CPT	both			2540		826.23	Amerihealth	HMO/PPO	1651	65			371.66	2413	percent of total billed charges	
INSERT PICC LINE<5YRS W/IMAGING	36572	CPT	both			2540		826.23	Amerihealth	Medicare	718.46				371.66	2413	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERT PICC LINE<5YRS W/IMAGING	36572	CPT	both			2540		826.23	Consumer	Consumer	2413	95			371.66	2413	percent of total billed charges	
INSERT PICC LINE<5YRS W/IMAGING	36572	CPT	both			2540		826.23	Corrections	Corrections	2032	80			371.66	2413	percent of total billed charges	
INSERT PICC LINE<5YRS W/IMAGING	36572	CPT	both			2540		826.23	First Health	First Health	1778	70			371.66	2413	percent of total billed charges	
INSERT PICC LINE<5YRS W/IMAGING	36572	CPT	both			2540		826.23	First Trenton	First Trenton	2286	90			371.66	2413	percent of total billed charges	
INSERT PICC LINE<5YRS W/IMAGING	36572	CPT	both			2540		826.23	Horizon	Indemnity	1337.05				371.66	2413	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERT PICC LINE<5YRS W/IMAGING	36572	CPT	both			2540		826.23	Horizon	Medicare Blue	718.46				371.66	2413	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERT PICC LINE<5YRS W/IMAGING	36572	CPT	both			2540		826.23	Horizon	NJ Health	371.66				371.66	2413	fee schedule	
INSERT PICC LINE<5YRS W/IMAGING	36572	CPT	both			2540		826.23	Horizon	MGD	1337.05				371.66	2413	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERT PICC LINE<5YRS W/IMAGING	36572	CPT	both			2540		826.23	Horizon	PPO	1337.05				371.66	2413	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERT PICC LINE<5YRS W/IMAGING	36572

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
INSERT PICC LINE<5YRS W/IMAGING	36572	CPT	both			2540	826.23	Multiplan	Multiplan		2032				371.66		2413 percent of total billed charges	
INSERT PICC LINE<5YRS W/IMAGING	36572	CPT	both			2540	826.23	Qualcare	Qualcare		1905				371.66		2413 percent of total billed charges	
INSERT PICC LINE<5YRS W/IMAGING	36572	CPT	both			2540	826.23	Three Rivers	Three Rivers		2413				371.66		2413 percent of total billed charges	
INSERT PICC LINE<5YRS W/IMAGING	36572	CPT	both			2540	826.23	UHC	Medicaid		801.37	31.55			371.66		2413 percent of total billed charges	
INSERT PICC LINE<5YRS W/IMAGING	36572	CPT	both			2540	826.23	UHC	Medicare		718.46				371.66		2413 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERT PICC LINE<5YRS W/IMAGING	36572	CPT	both			2540	826.23	United	Commercial|PPO		1817				371.66		2413 case rate	
INSERT PICC LINE<5YRS W/IMAGING	36572	CPT	both			2540	826.23	United	Oxford		1817				371.66		2413 case rate	
INSERT PICC LINE<5YRS W/IMAGING	36572	CPT	both			2540	826.23	Wellcare	Medicare		718.46				371.66		2413 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERT PICC LINE<5YRS W/IMAGING	36572	CPT	both			2540	826.23	Wellcare	Medicaid		801.37	31.55			371.66		2413 percent of total billed charges	
INSERT PICC LINE<5YRS W/IMAGING	36572	CPT	both			2540	826.23	WellPoint	WellPoint		817.37	32.18			371.66		2413 percent of total billed charges	
PICC W/OUT PORT/PUMP 5YRS/>	36573	CPT	both			5661	2106.37	Aetna	Commercial		2915.95				349.68	5377.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PICC W/OUT PORT/PUMP 5YRS/>	36573	CPT	both			5661	2106.37	Aetna	Medicare		1831.63				349.68	5377.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PICC W/OUT PORT/PUMP 5YRS/>	36573	CPT	both			5661	2106.37	Aetna	Better Health		1786.05	31.55			349.68	5377.95	percent of total billed charges	
PICC W/OUT PORT/PUMP 5YRS/>	36573	CPT	both			5661	2106.37	Americare	Americare		4245.75	75			349.68	5377.95	percent of total billed charges	
PICC W/OUT PORT/PUMP 5YRS/>	36573	CPT	both			5661	2106.37	Amerihealth	HMO|PPO		3679.65	65			349.68	5377.95	percent of total billed charges	
PICC W/OUT PORT/PUMP 5YRS/>	36573	CPT	both			5661	2106.37	Amerihealth	Medicare		1831.63				349.68	5377.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PICC W/OUT PORT/PUMP 5YRS/>	36573	CPT	both			5661	2106.37	Consumer	Consumer		5377.95	95			349.68	5377.95	percent of total billed charges	
PICC W/OUT PORT/PUMP 5YRS/>	36573	CPT	both			5661	2106.37	Corrections	Corrections		4528.8	80			349.68	5377.95	percent of total billed charges	
PICC W/OUT PORT/PUMP 5YRS/>	36573	CPT	both			5661	2106.37	First Health	First Health		3962.7	70			349.68	5377.95	percent of total billed charges	
PICC W/OUT PORT/PUMP 5YRS/>	36573	CPT	both			5661	2106.37	First Trenton	First Trenton		5094.9	90			349.68	5377.95	percent of total billed charges	
PICC W/OUT PORT/PUMP 5YRS/>	36573	CPT	both			5661	2106.37	Horizon	Medicare Blue		1831.63				349.68	5377.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PICC W/OUT PORT/PUMP 5YRS/>	36573	CPT	both			5661	2106.37	Horizon	Indemnity		3408.66				349.68	5377.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PICC W/OUT PORT/PUMP 5YRS/>	36573	CPT	both			5661	2106.37	Horizon	MGD		3408.66				349.68	5377.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PICC W/OUT PORT/PUMP 5YRS/>	36573	CPT	both			5661	2106.37	Horizon	PPO		3408.66				349.68	5377.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PICC W/OUT PORT/PUMP 5YRS/>	36573	CPT	both			5661	2106.37	Horizon	NJ Health		349.68				349.68	5377.95	fee schedule	
PICC W/OUT PORT/PUMP 5YRS/>	36573	CPT	both			5661	2106.37	Managed Care Inc	Managed Care Inc		5094.9	90			349.68	5377.95	percent of total billed charges	
PICC W/OUT PORT/PUMP 5YRS/>	36573	CPT	both			5661	2106.37	Multiplan	Multiplan		4528.8	80			349.68	5377.95	percent of total billed charges	
PICC W/OUT PORT/PUMP 5YRS/>	36573	CPT	both			5661	2106.37	Qualcare	Qualcare		4245.75	75			349.68	5377.95	percent of total billed charges	
PICC W/OUT PORT/PUMP 5YRS/>	36573	CPT	both			5661	2106.37	Three Rivers	Three Rivers		5377.95	95			349.68	5377.95	percent of total billed charges	
PICC W/OUT PORT/PUMP 5YRS/>	36573	CPT	both			5661	2106.37	UHC	Medicare		1831.63				349.68	5377.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PICC W/OUT PORT/PUMP 5YRS/>	36573	CPT	both			5661	2106.37	UHC	Medicaid		1786.05	31.55			349.68	5377.95	percent of total billed charges	
PICC W/OUT PORT/PUMP 5YRS/>	36573	CPT	both			5661	2106.37	United	Commercial|PPO		2493				349.68	5377.95	case rate	
PICC W/OUT PORT/PUMP 5YRS/>	36573	CPT	both			5661	2106.37	United	Oxford		2493				349.68	5377.95	case rate	
PICC W/OUT PORT/PUMP 5YRS/>	36573	CPT	both			5661	2106.37	Wellcare	Medicare		1831.63				349.68	5377.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PICC W/OUT PORT/PUMP 5YRS/>	36573	CPT	both			5661	2106.37	Wellcare	Medicaid		1786.05	31.55			349.68	5377.95	percent of total billed charges	
PICC W/OUT PORT/PUMP 5YRS/>	36573	CPT	both			5661	2106.37	WellPoint	WellPoint		1821.71	32.18			349.68	5377.95	percent of total billed charges	
REVISION IVAD	36575	CPT	inpatient			2319	826.23	Aetna	Better Health		731.64	31.55			258.39	2203.05	percent of total billed charges	
REVISION IVAD	36575	CPT	inpatient			2319	826.23	Aetna	Commercial		1143.79				258.39	2203.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVISION IVAD	36575	CPT	inpatient			2319	826.23	Aetna	Medicare		718.46				258.39	2203.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVISION IVAD	36575	CPT	inpatient			2319	826.23	Americare	Americare		1739.25	75			258.39	2203.05	percent of total billed charges	
REVISION IVAD	36575	CPT	inpatient			2319	826.23	Amerihealth	HMO|PPO		1507.35	65			258.39	2203.05	percent of total billed charges	
REVISION IVAD	36575	CPT	inpatient			2319	826.23	Amerihealth	Medicare		718.46				258.39	2203.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVISION IVAD	36575	CPT	inpatient			2319	826.23	Consumer	Consumer		2203.05	95			258.39	2203.05	percent of total billed charges	
REVISION IVAD	36575	CPT	inpatient			2319	826.23	Corrections	Corrections		1855.2	80			258.39	2203.05	percent of total billed charges	
REVISION IVAD	36575	CPT	inpatient			2319	826.23	First Health	First Health		1623.3	70			258.39	2203.05	percent of total billed charges	
REVISION IVAD	36575	CPT	inpatient			2319	826.23	First Trenton	First Trenton		2087.1	90			258.39	2203.05	percent of total billed charges	
REVISION IVAD	36575	CPT	inpatient			2319	826.23	Horizon	PPO		1337.05				258.39	2203.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVISION IVAD	36575	CPT	inpatient			2319	826.23	Horizon	MGD		1337.05				258.39	2203.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVISION IVAD	36575	CPT	inpatient			2319	826.23	Horizon	Indemnity		1337.05				258.39	2203.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVISION IVAD	36575	CPT	inpatient			2319	826.23	Horizon	Medicare Blue		718.46				258.39	2203.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVISION IVAD	36575	CPT	inpatient			2319	826.23	Horizon	NJ Health		258.39				258.39	2203.05	fee schedule	
REVISION IVAD	36575	CPT	inpatient			2319	826.23	Managed Care Inc	Managed Care Inc		2087.1	90			258.39	2203.05	percent of total billed charges	
REVISION IVAD	36575	CPT	inpatient			2319	826.23	Multiplan	Multiplan		1855.2	80			258.39	2203.05	percent of total billed charges	
REVISION IVAD	36575	CPT	inpatient			2319	826.23	Qualcare	Qualcare		1739.25	75			258.39	2203.05	percent of total billed charges	
REVISION IVAD	36575	CPT	inpatient			2319	826.23	Three Rivers	Three Rivers		2203.05	95			258.39	2203.05	percent of total billed charges	
REVISION IVAD	36575	CPT	inpatient			2319	826.23	UHC	Medicaid		731.64	31.55			258.39	2203.05	percent of total billed charges	
REVISION IVAD	36575	CPT	inpatient			2319	826.23	UHC	Medicare		718.46				258.39	2203.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVISION IVAD	36575	CPT	inpatient			2319	826.23	United	Commercial|PPO		1817				258.39	2203.05	case rate	
REVISION IVAD	36575	CPT	inpatient			2319	826.23	United	Oxford		1817				258.39	2203.05	case rate	
REVISION IVAD	36575	CPT	inpatient			2319	826.23	Wellcare	Medicare		718.46				258.39	2203.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVISION IVAD	36575	CPT	inpatient			2319	826.23	Wellcare	Medicaid		731.64	31.55			258.39	2203.05	percent of total billed charges	
REVISION IVAD	36575	CPT	inpatient			2319	826.23	WellPoint	WellPoint		746.25	32.18			258.39	2203.05	percent of total billed charges	
REPR CVA DEVICE W/PORT OR PUMP	36576	CPT	outpatient			5507	2106.37	Aetna	Better Health		1737.46	31.55			983.97	5231.65	percent of total billed charges	
REPR CVA DEVICE W/PORT OR PUMP	36576	CPT	outpatient			5507	2106.37	Aetna	Medicare		1831.63				983.97	5231.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPR CVA DEVICE W/PORT OR PUMP	36576	CPT	outpatient			5507	2106.37	Aetna	Commercial		2915.95				983.97	5231.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPR CVA DEVICE W/PORT OR PUMP	36576	CPT	outpatient			5507	2106.37	Americare	Americare		4130.25	75			983.97	5231.65	percent of total billed charges	
REPR CVA DEVICE W/PORT OR PUMP	36576	CPT	outpatient			5507	2106.37	Amerihealth	HMO|PPO		3579.55	65			983.97	5231.65	percent of total billed charges	
REPR CVA DEVICE W/PORT OR PUMP	36576	CPT	outpatient			5507	2106.37	Amerihealth	Medicare		1831.63				983.97	5231.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPR CVA DEVICE W/PORT OR PUMP	36576	CPT	outpatient			5507	2106.37	Consumer	Consumer		5231.65	95			983.97	5231.65	percent of total billed charges	
REPR CVA DEVICE W/PORT OR PUMP	36576	CPT	outpatient			5507	2106.37	Corrections	Corrections		4405.6	80			983.97	5231.65	percent of total billed charges	
REPR CVA DEVICE W/PORT OR PUMP	36576	CPT	outpatient			5507	2106.37	First Health	First Health		3854.9	70			983.97	5231.65	percent of total billed charges	
REPR CVA DEVICE W/PORT OR PUMP	36576	CPT	outpatient			5507	2106.37	First Trenton	First Trenton		4956.3	90			983.97	5231.65	percent of total billed charges	
REPR CVA DEVICE W/PORT OR PUMP	36576	CPT	outpatient			5507	2106.37	Horizon	Medicare Blue		1831.63				983.97	5231.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPR CVA DEVICE W/PORT OR PUMP	36576	CPT	outpatient			5507	2106.37	Horizon	MGD		3408.66				983.97	5231.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPR CVA DEVICE W/PORT OR PUMP	36576	CPT	outpatient			5507	2106.37	Horizon	Indemnity		3408.66				983.97	5231.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPR CVA DEVICE W/PORT OR PUMP	36576	CPT	outpatient			5507	2106.37	Horizon	NJ Health		983.97				983.97	5231.65	fee schedule	
REPR CVA DEVICE W/PORT OR PUMP	36576	CPT	outpatient			5507	2106.37	Horizon	PPO		3408.66				983.97	5231.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPR CVA DEVICE W/PORT OR PUMP	36576	CPT	outpatient			5507	2106.37	Managed Care Inc	Managed Care Inc		4956.3	90			983.97	5231.65	percent of total billed charges	
REPR CVA DEVICE W/PORT OR PUMP	36576	CPT	outpatient			5507	2106.37	Multiplan	Multiplan		4405.6	80			983.97	5231.65	percent of total billed charges	
REPR CVA DEVICE W/PORT OR PUMP	36576	CPT	outpatient			5507	2106.37	Qualcare	Qualcare		4130.25	75			983.97	5231.65	percent of total billed charges	
REPR CVA DEVICE W/PORT OR PUMP	36576	CPT	outpatient			5507	2106.37	Three Rivers	Three Rivers		5231.65	95			983.97	5231.65	percent of total billed charges	
REPR CVA DEVICE W/PORT OR PUMP	36576	CPT	outpatient			5507	2106.37	UHC	Medicaid		1737.46	31.55			983.97	5231.65	percent of total billed charges	
REPR CVA DEVICE W/PORT OR PUMP	36576	CPT	outpatient			5507	2106.37	UHC	Medicare		1831.63				983.97	5231.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPR CVA DEVICE W/PORT OR PUMP	36576	CPT	outpatient			5507	2106.37	United	Oxford		1817				983.97	5231.65	case rate	
REPR CVA DEVICE W/PORT OR PUMP	36576	CPT	outpatient			5507	2106.37	United	Commercial|PPO		1817				983.97	5231.65	case rate	
REPR CVA DEVICE W/PORT OR PUMP	36576	CPT	outpatient			5507	2106.37	Wellcare	Medicaid		1737.46	31.55			983.97	5231.65	percent of total billed charges	
REPR CVA DEVICE W/PORT OR PUMP	36576	CPT	outpatient			5507	2106.37	Wellcare	Medicare		1831.63				983.97	5231.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPR CVA DEVICE W/PORT OR PUMP	36576	CPT	outpatient			5507	2106.37	WellPoint	WellPoint		1772.15	32.18			983.97	5231.65	percent of total billed charges	
REPLC CATH OF CVA DEVICE *59*	36578	CPT	both			11356	4192.26	Aetna	Better Health		3582.82	31.55			1137.96	10788.2	percent of total billed charges	
REPLC CATH OF CVA DEVICE *59*	36578	CPT	both			11356	4192.26	Aetna	Medicare		3645.44				1137.96	10788.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPLC CATH OF CVA DEVICE *59*	36578	CPT	both			11356	4192.26	Aetna	Commercial		5803.54				1137.96	10788.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPLC CATH OF CVA DEVICE *59*	36578	CPT	both			11356	4192.26	Americare	Americare		8517	75			1137.96	10788.2	percent of total billed charges	
REPLC CATH OF CVA DEVICE *59*	36578	CPT	both			11356	4192.26	Amerihealth	HMO|PPO		7381.4	65			1137.96	10788.2	percent of total billed charges	
REPLC CATH OF CVA DEVICE *59*	36578	CPT	both			11356	4192.26	Amerihealth	Medicare		3645.44				1137.96	10788.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPLC CATH OF CVA DEVICE *59*	36578	CPT	both			11356	4192.26	Consumer	Consumer		10788.2	95			1137.96	10788.2	percent of total billed charges	
REPLC CATH OF CVA DEVICE *59*	36578	CPT	both			11356	4192.26	Corrections	Corrections		9084.8	80			1137.96	10788.2	percent of total billed charges	
REPLC CATH OF CVA DEVICE *59*	36578	CPT	both			11356	4192.26	First Health	First Health		7949.2	70			1137.96	10788.2	percent of total billed charges	
REPLC CATH OF CVA DEVICE *59*	36578	CPT	both			11356	4192.26	First Trenton	First Trenton		10220.4	90			1137.96	10788.2	percent of total billed charges	
REPLC CATH OF CVA DEVICE *59*	36578	CPT	both			11356	4192.26	Horizon	MGD		6784.16				1137.96	10788.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPLC CATH OF CVA DEVICE *59*	36578	CPT	both			11356	4192.26	Horizon	Medicare Blue		3645.44				1137.96	10788.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPLC CATH OF CVA DEVICE *59*	36578	CPT	both			11356	4192.26	Horizon	PPO		6784.16				1137.96	10788.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPLC CATH OF CVA DEVICE *59*	36578	CPT	both			11356	4192.26	Horizon	Indemnity		6784.16				1137.96	10788.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPLC CATH OF CVA DEVICE *59*	36578	CPT	both			11356	4192.26	Horizon	NJ Health		1137.96				1137.96	10788.2	fee schedule	
REPLC CATH OF CVA DEVICE *59*	36578	CPT	both			11356	4192.26	Managed Care Inc	Managed Care Inc		10220.4	90			1137.96	10788.2	percent of total billed charges	
REPLC CATH OF CVA DEVICE *59*	36578	CPT	both			11356	4192.26	Multiplan	Multiplan		9084.8	80			1137.96	10788.2	percent of total billed charges	
REPLC CATH OF CVA DEVICE *59*	36578	CPT	both			11356	4192.26	Qualcare	Qualcare		8517	75			1137.96	10788.2	percent of total billed charges	
REPLC CATH OF CVA DEVICE *59*	36578	CPT	both			11356	4192.26	Three Rivers	Three Rivers		10788.2	95			1137.96	10788.2	percent of total billed charges	
REPLC CATH OF CVA DEVICE *59*	36578	CPT	both			11356	4192.26	UHC	Medicaid		3582.82	31.55			1137.96	10788.2	percent of total billed charges	
REPLC CATH OF CVA DEVICE *59*	36578	CPT	both			11356	4192.26	UHC	Medicare		3645.44				1137.96	10788.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPLC CATH OF CVA DEVICE *59*	36578	CPT	both			11356	4192.26	United	Oxford		3492				1137.96	10788.2	case rate	
REPLC CATH OF CVA DEVICE *59*	36578	CPT	both			11356	4192.26	United	Commercial|PPO		3492				1137.96	10788.2	case rate	
REPLC CATH OF CVA DEVICE *59*	36578	CPT	both			11356	4192.26	Wellcare	Medicaid		3582.82	31.55			1137.96	10788.2	percent of total billed charges	
REPLC CATH OF CVA DEVICE *59*	36578	CPT	both			11356	4192.26	Wellcare	Medicare		3645.44				1137.96	10788.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPLC CATH OF CVA DEVICE *59*	36578	CPT	both			11356	4192.26	WellPoint	WellPoint		3654.36	32.18			1137.96	10788.2	percent of total billed charges	
REPLC NON-TUNN CVC W/O PORT	36580	CPT	inpatient			4478	2106.37	Aetna	Better Health		1412.81	31.55			383.8	4254.1	percent of total billed charges	
REPLC NON-TUNN CVC W/O PORT	36580	CPT	inpatient			4478	2106.37	Aetna	Medicare		1379.22	30.8			383.8	4254.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPLC NON-TUNN CVC W/O PORT	36580	CPT	inpatient			4478	2106.37	Aetna	Commercial		2915.95				383.8	4254.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPLC NON-TUNN CVC W/O PORT	36580	CPT	inpatient			4478	2106.37	Americare	Americare		3358.5	75			383.8	4254.1	percent of total billed charges	
REPLC NON-TUNN CVC W/O PORT	36580	CPT	inpatient			4478	2106.37	Amerihealth	Medicare		1831.63				383.8	4254.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPLC NON-TUNN CVC W/O PORT	36580	CPT	inpatient			4478	2106.37	Amerihealth	HMO|PPO		2910.7	65			383.8	4254.1	percent of total billed charges	
REPLC NON-TUNN CVC W/O PORT	36580	CPT	inpatient			4478	2106.37	Consumer	Consumer		4254.1	95			383.8	4254.1	percent of total billed charges	
REPLC NON-TUNN CVC W/O PORT	36580	CPT	inpatient			4478	2106.37	Corrections	Corrections		3582.4	80			383.8	4254.1	percent of total billed charges	
REPLC NON-TUNN CVC W/O PORT	36580	CPT	inpatient			4478	2106.37	First Health	First Health		3134.6	70			383.8	4254.1	percent of total billed charges	
REPLC NON-TUNN CVC W/O PORT	36580	CPT	inpatient			4478	2106.37	First Trenton	First Trenton		4030.2	90			383.8	4254.1	percent of total billed charges	
REPLC NON-TUNN CVC W/O PORT	36580	CPT	inpatient			4478	2106.37	Horizon	Indemnity		3408.66				383.8	4254.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPLC NON-TUNN CVC W/O PORT	36580	CPT	inpatient			4478	2106.37	Horizon	Medicare Blue		1831.63				383.8	4254.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPLC NON-TUNN CVC W/O PORT	36580	CPT	inpatient			4478	2106.37	Horizon	PPO		3408.66				383.8	4254.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPLC NON-TUNN CVC W/O PORT	36580	CPT	inpatient			4478	2106.37	Horizon	NJ Health		383.8				383.8	4254.1	fee schedule	
REPLC NON-TUNN CVC W/O PORT	36580	CPT	inpatient			4478	2106.37	Horizon	MGD		3408.66				383.8	4254.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPLC NON-TUNN CVC W/O PORT	36580	CPT	inpatient			4478	2106.37	Managed Care Inc	Managed Care Inc		4030.2	90			383.8	4254.1	percent of total billed charges	
REPLC NON-TUNN CVC W/O PORT	36580	CPT	inpatient			4478	2106.37	Multiplan	Multiplan		3582.4	80			383.8	4254.1	percent of total billed charges	
REPLC NON-TUNN CVC W/O PORT	36580	CPT	inpatient			4478	2106.37	Qualcare	Qualcare		3358.5	75			383.8	4254.1	percent of total billed charges	
REPLC NON-TUNN CVC W/O PORT	36580	CPT	inpatient			4478	2106.37	Three Rivers	Three Rivers		4254.1	95			383.8	4254.1	percent of total billed charges	
REPLC NON-TUNN CVC W/O PORT	36580	CPT	inpatient			4478	2106.37	UHC	Medicare		1831.63				383.8	4254.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPLC NON-TUNN CVC W/O PORT	36580	CPT	inpatient			4478	2106.37	UHC	Medicaid		1412.81	31.55			383.8	4254.1	percent of total billed charges	
REPLC NON-TUNN CVC W/O PORT	36580	CPT	inpatient			4478	2106.37	United	Commercial|PPO		1817				383.8	4254.1	case rate	
REPLC NON-TUNN CVC W/O PORT	36580	CPT	inpatient			4478	2106.37	United	Oxford		1817				383.8	4254.1	case rate	
REPLC NON-TUNN CVC W/O PORT	36580	CPT	inpatient			4478	2106.37	Wellcare	Medicaid		1412.81	31.55			383.8	4254.1	percent of total billed charges	
REPLC NON-TUNN CVC W/O PORT	36580	CPT	inpatient			4478	2106.37	Wellcare	Medicare		1831.63				383.8	4254.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPLC NON-TUNN CVC W/O PORT	36580	CPT	inpatient			4478	2106.37	WellPoint	WellPoint		1441.02	32.18			383.8	4254.1	percent of total billed charges	
RPLC CMPLT TUN CVC W/O PRT/PMP	36581	CPT	both			11025	4192.26	Aetna	Commercial		5803.54				1088.37	10473.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPLC CMPLT TUN CVC W/O PRT/PMP	36581	CPT	both			11025	4192.26	Aetna	Better Health		3478.39	31.55			1088.37	10473.75	percent of total billed charges	
RPLC CMPLT TUN CVC W/O PRT/PMP	36581	CPT	both			11025	4192.26	Aetna	Medicare		3645.44				1088.37	10473.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPLC CMPLT TUN CVC W/O PRT/PMP	36581	CPT	both			11025	4192.26	Americare	Americare		8268.75	75			1088.37	10473.75	percent of total billed charges	
RPLC CMPLT TUN CVC W/O PRT/PMP	36581	CPT	both			11025	4192.26	Amerihealth	HMO|PPO		7166.25	65			1088.37	10473.75	percent of total billed charges	
RPLC CMPLT TUN CVC W/O PRT/PMP	36581	CPT	both			11025	4192.26	Amerihealth	Medicare		3645.44				1088.37	10473.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPLC CMPLT TUN CVC W/O PRT/PMP	36581	CPT	both			11025	4192.26	Consumer	Consumer		10473.75	95			1088.37	10473.75	percent of total billed charges	
RPLC CMPLT TUN CVC W/O PRT/PMP	36581	CPT	both			11025	4192.26	Corrections	Corrections		8820	80			1088.37	10473.75	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
RPLC CMPLT TUN CVC W/O PRT/PMP	36581	CPT	both			11025		4192.26	First Health		7717.5	70			1088.37	10473.75	percent of total billed charges	
RPLC CMPLT TUN CVC W/O PRT/PMP	36581	CPT	both			11025		4192.26	First Trenton		9922.5	90			1088.37	10473.75	percent of total billed charges	
RPLC CMPLT TUN CVC W/O PRT/PMP	36581	CPT	both			11025		4192.26	Horizon		6784.16				1088.37	10473.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPLC CMPLT TUN CVC W/O PRT/PMP	36581	CPT	both			11025		4192.26	Horizon		6784.16				1088.37	10473.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPLC CMPLT TUN CVC W/O PRT/PMP	36581	CPT	both			11025		4192.26	Horizon		6784.16				1088.37	10473.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPLC CMPLT TUN CVC W/O PRT/PMP	36581	CPT	both			11025		4192.26	Horizon		1088.37				1088.37	10473.75	fee schedule	
RPLC CMPLT TUN CVC W/O PRT/PMP	36581	CPT	both			11025		4192.26	Horizon		3645.44				1088.37	10473.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPLC CMPLT TUN CVC W/O PRT/PMP	36581	CPT	both			11025		4192.26	Managed Care Inc	Managed Care Inc	9922.5	90			1088.37	10473.75	percent of total billed charges	
RPLC CMPLT TUN CVC W/O PRT/PMP	36581	CPT	both			11025		4192.26	Multiplan		8820	80			1088.37	10473.75	percent of total billed charges	
RPLC CMPLT TUN CVC W/O PRT/PMP	36581	CPT	both			11025		4192.26	Qualcare	Qualcare	8268.75	75			1088.37	10473.75	percent of total billed charges	
RPLC CMPLT TUN CVC W/O PRT/PMP	36581	CPT	both			11025		4192.26	Three Rivers	Three Rivers	10473.75	95			1088.37	10473.75	percent of total billed charges	
RPLC CMPLT TUN CVC W/O PRT/PMP	36581	CPT	both			11025		4192.26	UHC	Medicaid	3478.39	31.55			1088.37	10473.75	percent of total billed charges	
RPLC CMPLT TUN CVC W/O PRT/PMP	36581	CPT	both			11025		4192.26	UHC	Medicare	3645.44				1088.37	10473.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPLC CMPLT TUN CVC W/O PRT/PMP	36581	CPT	both			11025		4192.26	United	Oxford	3492				1088.37	10473.75	case rate	
RPLC CMPLT TUN CVC W/O PRT/PMP	36581	CPT	both			11025		4192.26	United	CommercialPPO	3492				1088.37	10473.75	case rate	
RPLC CMPLT TUN CVC W/O PRT/PMP	36581	CPT	both			11025		4192.26	Wellcare	Medicare	3645.44				1088.37	10473.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPLC CMPLT TUN CVC W/O PRT/PMP	36581	CPT	both			11025		4192.26	Wellcare	Medicaid	3478.39	31.55			1088.37	10473.75	percent of total billed charges	
RPLC CMPLT TUN CVC W/O PRT/PMP	36581	CPT	both			11025		4192.26	WellPoint	WellPoint	3547.85	32.18			1088.37	10473.75	percent of total billed charges	
REPLC TUNN CVA DEVICE W/PORT	36582	CPT	both			11356		4192.26	Aetna	Better Health	3582.82	31.55			1552.95	10788.2	percent of total billed charges	
REPLC TUNN CVA DEVICE W/PORT	36582	CPT	both			11356		4192.26	Aetna	Commercial	5803.54				1552.95	10788.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPLC TUNN CVA DEVICE W/PORT	36582	CPT	both			11356		4192.26	Aetna	Medicare	3645.44				1552.95	10788.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPLC TUNN CVA DEVICE W/PORT	36582	CPT	both			11356		4192.26	Americare	Americare	8517	75			1552.95	10788.2	percent of total billed charges	
REPLC TUNN CVA DEVICE W/PORT	36582	CPT	both			11356		4192.26	Amerihealth	HMO/PPO	7361.4	65			1552.95	10788.2	percent of total billed charges	
REPLC TUNN CVA DEVICE W/PORT	36582	CPT	both			11356		4192.26	Amerihealth	Medicare	3645.44				1552.95	10788.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPLC TUNN CVA DEVICE W/PORT	36582	CPT	both			11356		4192.26	Consumer	Consumer	10788.2	95			1552.95	10788.2	percent of total billed charges	
REPLC TUNN CVA DEVICE W/PORT	36582	CPT	both			11356		4192.26	Corrections	Corrections	9084.8	80			1552.95	10788.2	percent of total billed charges	
REPLC TUNN CVA DEVICE W/PORT	36582	CPT	both			11356		4192.26	First Health	First Health	7949.2	70			1552.95	10788.2	percent of total billed charges	
REPLC TUNN CVA DEVICE W/PORT	36582	CPT	both			11356		4192.26	First Trenton	First Trenton	10220.4	90			1552.95	10788.2	percent of total billed charges	
REPLC TUNN CVA DEVICE W/PORT	36582	CPT	both			11356		4192.26	Horizon	NJ Health	1552.95				1552.95	10788.2	fee schedule	
REPLC TUNN CVA DEVICE W/PORT	36582	CPT	both			11356		4192.26	Horizon	Indemnity	6784.16				1552.95	10788.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPLC TUNN CVA DEVICE W/PORT	36582	CPT	both			11356		4192.26	Horizon	MGD	6784.16				1552.95	10788.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPLC TUNN CVA DEVICE W/PORT	36582	CPT	both			11356		4192.26	Horizon	Medicare Blue	3645.44				1552.95	10788.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPLC TUNN CVA DEVICE W/PORT	36582	CPT	both			11356		4192.26	Horizon	PPO	6784.16				1552.95	10788.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPLC TUNN CVA DEVICE W/PORT	36582	CPT	both			11356		4192.26	Managed Care Inc	Managed Care Inc	10220.4	90			1552.95	10788.2	percent of total billed charges	
REPLC TUNN CVA DEVICE W/PORT	36582	CPT	both			11356		4192.26	Multiplan	Multiplan	9084.8	80			1552.95	10788.2	percent of total billed charges	
REPLC TUNN CVA DEVICE W/PORT	36582	CPT	both			11356		4192.26	Qualcare	Qualcare	8517	75			1552.95	10788.2	percent of total billed charges	
REPLC TUNN CVA DEVICE W/PORT	36582	CPT	both			11356		4192.26	Three Rivers	Three Rivers	10788.2	95			1552.95	10788.2	percent of total billed charges	
REPLC TUNN CVA DEVICE W/PORT	36582	CPT	both			11356		4192.26	UHC	Medicaid	3582.82	31.55			1552.95	10788.2	percent of total billed charges	
REPLC TUNN CVA DEVICE W/PORT	36582	CPT	both			11356		4192.26	UHC	Medicare	3645.44				1552.95	10788.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPLC TUNN CVA DEVICE W/PORT	36582	CPT	both			11356		4192.26	United	CommercialPPO	3492				1552.95	10788.2	case rate	
REPLC TUNN CVA DEVICE W/PORT	36582	CPT	both			11356		4192.26	United	Oxford	3492				1552.95	10788.2	case rate	
REPLC TUNN CVA DEVICE W/PORT	36582	CPT	both			11356		4192.26	Wellcare	Medicare	3645.44				1552.95	10788.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPLC TUNN CVA DEVICE W/PORT	36582	CPT	both			11356		4192.26	Wellcare	Medicaid	3582.82	31.55			1552.95	10788.2	percent of total billed charges	
REPLC TUNN CVA DEVICE W/PORT	36582	CPT	both			11356		4192.26	WellPoint	WellPoint	3654.36	32.18			1552.95	10788.2	percent of total billed charges	
REPLC TUNN CVA DEVICE W/PUMP	36583	CPT	inpatient			9257		7227.61	Aetna	Better Health	2920.58	31.55			1552.95	11696.16	percent of total billed charges	
REPLC TUNN CVA DEVICE W/PUMP	36583	CPT	inpatient			9257		7227.61	Aetna	Commercial	10005.53				1552.95	11696.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPLC TUNN CVA DEVICE W/PUMP	36583	CPT	inpatient			9257		7227.61	Aetna	Medicare	2851.16	30.8			1552.95	11696.16	percent of total billed charges	
REPLC TUNN CVA DEVICE W/PUMP	36583	CPT	inpatient			9257		7227.61	Americare	Americare	6942.75	75			1552.95	11696.16	percent of total billed charges	
REPLC TUNN CVA DEVICE W/PUMP	36583	CPT	inpatient			9257		7227.61	Amerihealth	HMO/PPO	6017.05	65			1552.95	11696.16	percent of total billed charges	
REPLC TUNN CVA DEVICE W/PUMP	36583	CPT	inpatient			9257		7227.61	Amerihealth	Medicare	6284.88				1552.95	11696.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPLC TUNN CVA DEVICE W/PUMP	36583	CPT	inpatient			9257		7227.61	Consumer	Consumer	8794.15	95			1552.95	11696.16	percent of total billed charges	
REPLC TUNN CVA DEVICE W/PUMP	36583	CPT	inpatient			9257		7227.61	Corrections	Corrections	7405.6	80			1552.95	11696.16	percent of total billed charges	
REPLC TUNN CVA DEVICE W/PUMP	36583	CPT	inpatient			9257		7227.61	First Health	First Health	6479.9	70			1552.95	11696.16	percent of total billed charges	
REPLC TUNN CVA DEVICE W/PUMP	36583	CPT	inpatient			9257		7227.61	First Trenton	First Trenton	8331.3	90			1552.95	11696.16	percent of total billed charges	
REPLC TUNN CVA DEVICE W/PUMP	36583	CPT	inpatient			9257		7227.61	Horizon	PPO	11696.16				1552.95	11696.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPLC TUNN CVA DEVICE W/PUMP	36583	CPT	inpatient			9257		7227.61	Horizon	Medicare Blue	6284.88				1552.95	11696.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPLC TUNN CVA DEVICE W/PUMP	36583	CPT	inpatient			9257		7227.61	Horizon	Indemnity	11696.16				1552.95	11696.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPLC TUNN CVA DEVICE W/PUMP	36583	CPT	inpatient			9257		7227.61	Horizon	MGD	11696.16				1552.95	11696.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPLC TUNN CVA DEVICE W/PUMP	36583	CPT	inpatient			9257		7227.61	Horizon	NJ Health	1552.95				1552.95	11696.16	fee schedule	
REPLC TUNN CVA DEVICE W/PUMP	36583	CPT	inpatient			9257		7227.61	Managed Care Inc	Managed Care Inc	8331.3	90			1552.95	11696.16	percent of total billed charges	
REPLC TUNN CVA DEVICE W/PUMP	36583	CPT	inpatient			9257		7227.61	Multiplan	Multiplan	7405.6	80			1552.95	11696.16	percent of total billed charges	
REPLC TUNN CVA DEVICE W/PUMP	36583	CPT	inpatient			9257		7227.61	Qualcare	Qualcare	6942.75	75			1552.95	11696.16	percent of total billed charges	
REPLC TUNN CVA DEVICE W/PUMP	36583	CPT	inpatient			9257		7227.61	Three Rivers	Three Rivers	8794.15	95			1552.95	11696.16	percent of total billed charges	
REPLC TUNN CVA DEVICE W/PUMP	36583	CPT	inpatient			9257		7227.61	UHC	Medicare	6284.88				1552.95	11696.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPLC TUNN CVA DEVICE W/PUMP	36583	CPT	inpatient			9257		7227.61	UHC	Medicaid	2920.58	31.55			1552.95	11696.16	percent of total billed charges	
REPLC TUNN CVA DEVICE W/PUMP	36583	CPT	inpatient			9257		7227.61	United	CommercialPPO	4702				1552.95	11696.16	case rate	
REPLC TUNN CVA DEVICE W/PUMP	36583	CPT	inpatient			9257		7227.61	United	Oxford	4702				1552.95	11696.16	case rate	
REPLC TUNN CVA DEVICE W/PUMP	36583	CPT	inpatient			9257		7227.61	Wellcare	Medicare	6284.88				1552.95	11696.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPLC TUNN CVA DEVICE W/PUMP	36583	CPT	inpatient			9257		7227.61	Wellcare	Medicaid	2920.58	31.55			1552.95	11696.16	percent of total billed charges	
REPLC TUNN CVA DEVICE W/PUMP	36583	CPT	inpatient			9257		7227.61	WellPoint	WellPoint	2978.9	32.18			1552.95	11696.16	percent of total billed charges	
REPLC PICC,NO PORT/PUMP *59*	36584	CPT	both			5115		2106.37	Aetna	Commercial	2915.95				380.62	4859.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPLC PICC,NO PORT/PUMP *59*	36584	CPT	both			5115		2106.37	Aetna	Better Health	1613.78	31.55			380.62	4859.25	percent of total billed charges	
REPLC PICC,NO PORT/PUMP *59*	36584	CPT	both			5115		2106.37	Aetna	Medicare	1831.63				380.62	4859.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPLC PICC,NO PORT/PUMP *59*	36584	CPT	both			5115		2106.37	Americare	Americare	3836.25	75			380.62	4859.25	percent of total billed charges	
REPLC PICC,NO PORT/PUMP *59*	36584	CPT	both			5115		2106.37	Amerihealth	HMO/PPO	3324.75	65			380.62	4859.25	percent of total billed charges	
REPLC PICC,NO PORT/PUMP *59*	36584	CPT	both			5115		2106.37	Amerihealth	Medicare	1831.63				380.62	4859.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPLC PICC,NO PORT/PUMP *59*	36584	CPT	both			5115		2106.37	Consumer	Consumer	4859.25	95			380.62	4859.25	percent of total billed charges	
REPLC PICC,NO PORT/PUMP *59*	36584	CPT	both			5115		2106.37	Corrections	Corrections	4092	80			380.62	4859.25	percent of total billed charges	
REPLC PICC,NO PORT/PUMP *59*	36584	CPT	both			5115		2106.37	First Health	First Health	3580.5	70			380.62	4859.25	percent of total billed charges	
REPLC PICC,NO PORT/PUMP *59*	36584	CPT	both			5115		2106.37	First Trenton	First Trenton	4603.5	90			380.62	4859.25	percent of total billed charges	
REPLC PICC,NO PORT/PUMP *59*	36584	CPT	both			5115		2106.37	Horizon	MGD	3408.66				380.62	4859.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPLC PICC,NO PORT/PUMP *59*	36584	CPT	both			5115		2106.37	Horizon	Indemnity	3408.66				380.62	4859.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPLC PICC,NO PORT/PUMP *59*	36584	CPT	both			5115		2106.37	Horizon	NJ Health	380.62				380.62	4859.25	fee schedule	
REPLC PICC,NO PORT/PUMP *59*	36584	CPT	both			5115		2106.37	Horizon	PPO	3408.66				380.62	4859.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPLC PICC,NO PORT/PUMP *59*	36584	CPT	both			5115		2106.37	Horizon	Medicare Blue	1831.63				380.62	4859.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPLC PICC,NO PORT/PUMP *59*	36584	CPT	both			5115		2106.37	Managed Care Inc	Managed Care Inc	4603.5	90			380.62	4859.25	percent of total billed charges	
REPLC PICC,NO PORT/PUMP *59*	36584	CPT	both			5115		2106.37	Multiplan	Multiplan	4092	80			380.62	4859.25	percent of total billed charges	
REPLC PICC,NO PORT/PUMP *59*	36584	CPT	both			5115		2106.37	Qualcare	Qualcare	3836.25	75			380.62	4859.25	percent of total billed charges	
REPLC PICC,NO PORT/PUMP *59*	36584	CPT	both			5115		2106.37	Three Rivers	Three Rivers	4859.25	95			380.62	4859.25	percent of total billed charges	
REPLC PICC,NO PORT/PUMP *59*	36584	CPT	both			5115		2106.37	UHC	Medicare	1831.63				380.62	4859.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPLC PICC,NO PORT/PUMP *59*	36584	CPT	both			5115		2106.37	UHC	Medicaid	1613.78	31.55			380.62	4859.25	percent of total billed charges	
REPLC PICC,NO PORT/PUMP *59*	36584	CPT	both			5115		2106.37	United	Oxford	1817				380.62	4859.25	case rate	
REPLC PICC,NO PORT/PUMP *59*	36584	CPT	both			5115		2106.37	United	CommercialPPO	1817				380.62	4859.25	case rate	
REPLC PICC,NO PORT/PUMP *59*	36584	CPT	both			5115		2106.37	Wellcare	Medicaid	1613.78	31.55			380.62	4859.25	percent of total billed charges	
REPLC PICC,NO PORT/PUMP *59*	36584	CPT	both			5115		2106.37	Wellcare	Medicare	1831.63				380.62	4859.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPLC PICC,NO PORT/PUMP *59*	36584	CPT	both			5115		2106.37	WellPoint	WellPoint	1646.01	32.18			380.62	4859.25	percent of total billed charges	
REVISION IVAD	36585	CPT	inpatient			11206		4192.26	Aetna	Medicare	3645.44				2675.25	10645.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVISION IVAD	36585	CPT	inpatient			11206		4192.26	Aetna	Better Health	3535.49	31.55			2675.25	10645.7	percent of total billed charges	
REVISION IVAD	36585	CPT	inpatient			11206		4192.26	Aetna	Commercial	5803.54				2675.25	10645.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVISION IVAD	36585	CPT	inpatient			11206		4192.26	Americare	Americare	8404.5	75			2675.25	10645.7	percent of total billed charges	
REVISION IVAD	36585	CPT	inpatient			11206		4192.26	Amerihealth	HMO/PPO	7283.9	65			2675.25	10645.7	percent of total billed charges	
REVISION IVAD	36585	CPT	inpatient			11206		4192.26	Amerihealth	Medicare	3645.44				2675.25	10645.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVISION IVAD	36585	CPT	inpatient			11206		4192.26	Consumer	Consumer	10645.7	95			2675.25	10645.7	percent of total billed charges	
REVISION IVAD	36585	CPT	inpatient			11206		4192.26	Corrections	Corrections	8964.8	80			2675.25	10645.7	percent of total billed charges	
REVISION IVAD	36585	CPT	inpatient			11206		4192.26	First Health	First Health	7844.2	70			2675.25	10645.7	percent of total billed charges	
REVISION IVAD	36585	CPT	inpatient			11206		4192.26	First Trenton	First Trenton	10085.4	90			2675.25	10645.7	percent of total billed charges	
REVISION IVAD	36585	CPT	inpatient			11206		4192.26	Horizon	Indemnity	6784.16				2675.25	10645.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVISION IVAD	36585	CPT	inpatient			11206		4192.26	Horizon	NJ Health	2675.25				2675.25	10645.7	fee schedule	
REVISION IVAD	36585	CPT	inpatient			11206		4192.26	Horizon	MGD	6784.16				2675.25	10645.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVISION IVAD	36585	CPT	inpatient			11206		4192.26	Horizon	PPO	6784.16				2675.25	10645.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVISION IVAD	36585	CPT	inpatient			11206		4192.26	Horizon	Medicare Blue	3645.44				2675.25	10645.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVISION IVAD	36585	CPT	inpatient			11206		4192.26	Managed Care Inc	Managed Care Inc	10085.4	90			2675.25	10645.7	percent of total billed charges	
REVISION IVAD	36585	CPT	inpatient			11206		4192.26	Multiplan	Multiplan	8964.8	80			2675.25	10645.7	percent of total billed charges	
REVISION IVAD	36585	CPT	inpatient			11206		4192.26	Qualcare	Qualcare	8404.5	75			2675.25	10645.7	percent of total billed charges	
REVISION IVAD	36585	CPT	inpatient			11206		4192.26	Three Rivers	Three Rivers	10645.7	95			2675.25	10645.7	percent of total billed charges	
REVISION IVAD	36585	CPT	inpatient			11206		4192.26	UHC	Medicaid	3535.49	31.55			2675.25	10645.7	percent of total billed charges	
REVISION IVAD	36585	CPT	inpatient			11206		4192.26	UHC	Medicare	3645.44				2675.25	10645.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVISION IVAD	36585	CPT	inpatient			11206		4192.26	United	CommercialPPO	3492				2675.25	10645.7	case rate	
REVISION IVAD	36585	CPT	inpatient			11206		4192.26	United	Oxford	3492				2675.25	10645.7	case rate	
REVISION IVAD	36585	CPT	inpatient			11206		4192.26	Wellcare	Medicare	3645.44				2675.25	10645.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVISION IVAD	36585	CPT	inpatient			11206		4192.26	Wellcare	Medicaid	3535.49	31.55			2675.25	10645.7	percent of total billed charges	
REVISION IVAD	36585	CPT	inpatient			11206		4192.26	WellPoint	WellPoint	3606.09	32.18			2675.25	10645.7	percent of total billed charges	
REMOVE TUNNEL CENTRAL CATH, W/O SUBQ	36589	CPT	both			2651		826.23	Aetna	Commercial	1143.79				244.61	2518.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE TUNNEL CENTRAL CATH, W/O SUBQ	36589	CPT	both			2651		826.23	Aetna	Better Health	836.39	31.55			244.61	2518.45	percent of total billed charges	
REMOVE TUNNEL CENTRAL CATH, W/O SUBQ	36589	CPT	both			2651		826.23	Aetna	Medicare	816.51	30.8			244.61	2518.45	percent of total billed charges	
REMOVE TUNNEL CENTRAL CATH, W/O SUBQ	36589	CPT	both			2651		826.23	Americare	Americare	1988.25	75			244.61	2518.45	percent of total billed charges	
REMOVE TUNNEL CENTRAL CATH, W/O SUBQ	36589	CPT	both			2651		826.23	Amerihealth	Medicare	718.46				244.61	2518.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE TUNNEL CENTRAL CATH, W/O SUBQ	36589	CPT	both			2651		826.23	Amerihealth	HMO/PPO	1723.15	65			244.61	2518.45	percent of total billed charges	
REMOVE TUNNEL CENTRAL CATH, W/O SUBQ	36589	CPT	both			2651		826.23	Consumer	Consumer	2518.45	95			244.61	2518.45	percent of total billed charges	
REMOVE TUNNEL CENTRAL CATH, W/O SUBQ	36589	CPT	both			2651		826.23	Corrections	Corrections	2120.8	80			244.61	2518.45	percent of total billed charges	
REMOVE TUNNEL CENTRAL CATH, W/O SUBQ	36589	CPT	both			2651		826.23	First Health	First Health	1855.7	70			244.61	2518.45	percent of total billed charges	
REMOVE TUNNEL CENTRAL CATH, W/O SUBQ	36589	CPT	both			2651		826.23	First Trenton	First Trenton	2385.9	90			244.61	2518.45	percent of total billed charges	
REMOVE TUNNEL CENTRAL CATH, W/O SUBQ	36589	CPT	both			2651		826.23	Horizon	Indemnity	1337.05				244.61	2518.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE TUNNEL CENTRAL CATH, W/O SUBQ	36589	CPT	both			2651		826.23	Horizon	NJ Health	244.61				244.61	2518.45	fee schedule	
REMOVE TUNNEL CENTRAL CATH, W/O SUBQ	36589	CPT	both			2651		826.23	Horizon	Medicare Blue	718.46				244.61	2518.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE TUNNEL CENTRAL CATH, W/O SUBQ	36589	CPT	both			2651		826.23	Horizon	MGD	1337.05				244.61	2518.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE TUNNEL CENTRAL CATH, W/O SUBQ	36589	CPT	both			2651		826.23	Horizon	PPO	1337.05				244.61	2518.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE TUNNEL CENTRAL CATH, W/O SUBQ	36589	CPT	both			2651		826.23	Managed Care Inc	Managed Care Inc	2385.9	90			244.61	2518.45	percent of total billed charges	
REMOVE TUNNEL CENTRAL CATH, W/O SUBQ	36589	CPT	both			2651		826.23	Multiplan	Multiplan	2120.8	80			244.61	2518.45	percent of total billed charges	
REMOVE TUNNEL CENTRAL CATH, W/O SUBQ	36589	CPT	both			2651		826.23	Qualcare	Qualcare	1988.25	75			244.61	2518.45	percent of total billed charges	
REMOVE TUNNEL CENTRAL CATH, W/O SUBQ	36589	CPT	both			2651		826.23	Three Rivers	Three Rivers	2518.45	95			244.61	2518.45	percent of total billed charges	
REMOVE TUNNEL CENTRAL CATH, W/O SUBQ	36589	CPT	both			2651		826.23	UHC	Medicaid	836.39	31.55			244.61	2518.45	percent of total billed charges	
REMOVE TUNNEL CENTRAL CATH, W/O SUBQ	36589	CPT	both			2651		826.23	UHC	Medicare	718.46				244.61	2518.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE TUNNEL CENTRAL CATH, W/O SUBQ	36589	CPT	both			2651		826.23	United	CommercialPPO	1817				244.61	2518.45	case rate	
REMOVE TUNNEL CENTRAL CATH, W/O SUBQ	36589	CPT	both			2651		826.23	United	Oxford	1817				244.61	2518.45	case rate	
REMOVE TUNNEL CENTRAL CATH, W/O SUBQ	36589	CPT	both			2651		826.23	Wellcare	Medicare	718.46				244.61	2518.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE TUNNEL CENTRAL CATH, W/O SUBQ	36589	CPT	both			2651		826.23	Wellcare	Medicaid	836.39	31.55			244.61	2518.45	percent of total billed charges	
REMOVE TUNNEL CENTRAL CATH, W/O SUBQ	36589	CPT	both			2651		826.23	WellPoint	WellPoint	853.09	32.18			244.61	2518.45	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
RMVL TUN CTR VAD W/ISLBQ PORT/PMP CTR/PRP	36590	CPT	both			5423		2106.37 Aetna	Commercial		2915.95				537.66	5151.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL TUN CTR VAD W/ISLBQ PORT/PMP CTR/PRP	36590	CPT	both			5423		2106.37 Aetna	Better Health		1710.96	31.55			537.66	5151.85	percent of total billed charges	
RMVL TUN CTR VAD W/ISLBQ PORT/PMP CTR/PRP	36590	CPT	both			5423		2106.37 Aetna	Medicare		1831.63				537.66	5151.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL TUN CTR VAD W/ISLBQ PORT/PMP CTR/PRP	36590	CPT	both			5423		2106.37 Americare	Americare		4067.25	75			537.66	5151.85	percent of total billed charges	
RMVL TUN CTR VAD W/ISLBQ PORT/PMP CTR/PRP	36590	CPT	both			5423		2106.37 Amerihealth	HMO/PPO		3524.95	65			537.66	5151.85	percent of total billed charges	
RMVL TUN CTR VAD W/ISLBQ PORT/PMP CTR/PRP	36590	CPT	both			5423		2106.37 Amerihealth	Medicare		1831.63				537.66	5151.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL TUN CTR VAD W/ISLBQ PORT/PMP CTR/PRP	36590	CPT	both			5423		2106.37 Consumer	Consumer		5151.85	95			537.66	5151.85	percent of total billed charges	
RMVL TUN CTR VAD W/ISLBQ PORT/PMP CTR/PRP	36590	CPT	both			5423		2106.37 Corrections	Corrections		4338.4	80			537.66	5151.85	percent of total billed charges	
RMVL TUN CTR VAD W/ISLBQ PORT/PMP CTR/PRP	36590	CPT	both			5423		2106.37 First Health	First Health		3796.1	70			537.66	5151.85	percent of total billed charges	
RMVL TUN CTR VAD W/ISLBQ PORT/PMP CTR/PRP	36590	CPT	both			5423		2106.37 First Trenton	First Trenton		4880.7	90			537.66	5151.85	percent of total billed charges	
RMVL TUN CTR VAD W/ISLBQ PORT/PMP CTR/PRP	36590	CPT	both			5423		2106.37 Horizon	NJ Health		537.66				537.66	5151.85	fee schedule	
RMVL TUN CTR VAD W/ISLBQ PORT/PMP CTR/PRP	36590	CPT	both			5423		2106.37 Horizon	Indemnity		3408.66				537.66	5151.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL TUN CTR VAD W/ISLBQ PORT/PMP CTR/PRP	36590	CPT	both			5423		2106.37 Horizon	Medicare Blue		1831.63				537.66	5151.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL TUN CTR VAD W/ISLBQ PORT/PMP CTR/PRP	36590	CPT	both			5423		2106.37 Horizon	MGD		3408.66				537.66	5151.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL TUN CTR VAD W/ISLBQ PORT/PMP CTR/PRP	36590	CPT	both			5423		2106.37 Horizon	PPO		3408.66				537.66	5151.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL TUN CTR VAD W/ISLBQ PORT/PMP CTR/PRP	36590	CPT	both			5423		2106.37 Managed Care Inc	Managed Care Inc		4880.7	90			537.66	5151.85	percent of total billed charges	
RMVL TUN CTR VAD W/ISLBQ PORT/PMP CTR/PRP	36590	CPT	both			5423		2106.37 Multiplan	Multiplan		4338.4	80			537.66	5151.85	percent of total billed charges	
RMVL TUN CTR VAD W/ISLBQ PORT/PMP CTR/PRP	36590	CPT	both			5423		2106.37 Qualcare	Qualcare		4067.25	75			537.66	5151.85	percent of total billed charges	
RMVL TUN CTR VAD W/ISLBQ PORT/PMP CTR/PRP	36590	CPT	both			5423		2106.37 Three Rivers	Three Rivers		5151.85	95			537.66	5151.85	percent of total billed charges	
RMVL TUN CTR VAD W/ISLBQ PORT/PMP CTR/PRP	36590	CPT	both			5423		2106.37 UHC	Medicare		1831.63				537.66	5151.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL TUN CTR VAD W/ISLBQ PORT/PMP CTR/PRP	36590	CPT	both			5423		2106.37 UHC	Medicaid		1710.96	31.55			537.66	5151.85	percent of total billed charges	
RMVL TUN CTR VAD W/ISLBQ PORT/PMP CTR/PRP	36590	CPT	both			5423		2106.37 United	Oxford		2493				537.66	5151.85	case rate	
RMVL TUN CTR VAD W/ISLBQ PORT/PMP CTR/PRP	36590	CPT	both			5423		2106.37 United	Commercial|PPO		2493				537.66	5151.85	case rate	
RMVL TUN CTR VAD W/ISLBQ PORT/PMP CTR/PRP	36590	CPT	both			5423		2106.37 Wellcare	Medicaid		1710.96	31.55			537.66	5151.85	percent of total billed charges	
RMVL TUN CTR VAD W/ISLBQ PORT/PMP CTR/PRP	36590	CPT	both			5423		2106.37 Wellcare	Medicare		1831.63				537.66	5151.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL TUN CTR VAD W/ISLBQ PORT/PMP CTR/PRP	36590	CPT	both			5423		2106.37 WellPoint	WellPoint		1745.12	32.18			537.66	5151.85	percent of total billed charges	
COLLECTION BLOOD VAD	36591	CPT	outpatient			1485		168 Aetna	Better Health		468.52	31.55			35.76	1782	percent of total billed charges	
COLLECTION BLOOD VAD	36591	CPT	outpatient			1485		168 Aetna	Commercial		232.58				35.76	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLLECTION BLOOD VAD	36591	CPT	outpatient			1485		168 Aetna	Medicare		457.38	30.8			35.76	1782	percent of total billed charges	
COLLECTION BLOOD VAD	36591	CPT	outpatient			1485		168 Americare	Americare		1113.75	75			35.76	1782	percent of total billed charges	
COLLECTION BLOOD VAD	36591	CPT	outpatient			1485		168 Amerihealth	HMO/PPO		965.25	65			35.76	1782	percent of total billed charges	
COLLECTION BLOOD VAD	36591	CPT	outpatient			1485		168 Amerihealth	Medicare		146.09				35.76	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLLECTION BLOOD VAD	36591	CPT	outpatient			1485		168 Consumer	Consumer		1410.75	95			35.76	1782	percent of total billed charges	
COLLECTION BLOOD VAD	36591	CPT	outpatient			1485		168 Corrections	Corrections		1188	80			35.76	1782	percent of total billed charges	
COLLECTION BLOOD VAD	36591	CPT	outpatient			1485		168 First Health	First Health		1039.5	70			35.76	1782	percent of total billed charges	
COLLECTION BLOOD VAD	36591	CPT	outpatient			1485		168 First Trenton	First Trenton		1336.5	90			35.76	1782	percent of total billed charges	
COLLECTION BLOOD VAD	36591	CPT	outpatient			1485		168 Horizon	Indemnity		271.87				35.76	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLLECTION BLOOD VAD	36591	CPT	outpatient			1485		168 Horizon	Medicare Blue		146.09				35.76	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLLECTION BLOOD VAD	36591	CPT	outpatient			1485		168 Horizon	MGD		271.87				35.76	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLLECTION BLOOD VAD	36591	CPT	outpatient			1485		168 Horizon	NJ Health		35.76				35.76	1782	fee schedule	
COLLECTION BLOOD VAD	36591	CPT	outpatient			1485		168 Horizon	PPO		271.87				35.76	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLLECTION BLOOD VAD	36591	CPT	outpatient			1485		168 Managed Care Inc	Managed Care Inc		1336.5	90			35.76	1782	percent of total billed charges	
COLLECTION BLOOD VAD	36591	CPT	outpatient			1485		168 Multiplan	Multiplan		1188	80			35.76	1782	percent of total billed charges	
COLLECTION BLOOD VAD	36591	CPT	outpatient			1485		168 Qualcare	Qualcare		1113.75	75			35.76	1782	percent of total billed charges	
COLLECTION BLOOD VAD	36591	CPT	outpatient			1485		168 Three Rivers	Three Rivers		1410.75	95			35.76	1782	percent of total billed charges	
COLLECTION BLOOD VAD	36591	CPT	outpatient			1485		168 UHC	Medicaid		468.52	31.55			35.76	1782	percent of total billed charges	
COLLECTION BLOOD VAD	36591	CPT	outpatient			1485		168 UHC	Medicare		146.09				35.76	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLLECTION BLOOD VAD	36591	CPT	outpatient			1485		168 United	Oxford		1782				35.76	1782	case rate	
COLLECTION BLOOD VAD	36591	CPT	outpatient			1485		168 United	Commercial|PPO		1782				35.76	1782	case rate	
COLLECTION BLOOD VAD	36591	CPT	outpatient			1485		168 Wellcare	Medicare		146.09				35.76	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLLECTION BLOOD VAD	36591	CPT	outpatient			1485		168 Wellcare	Medicaid		468.52	31.55			35.76	1782	percent of total billed charges	
COLLECTION BLOOD VAD	36591	CPT	outpatient			1485		168 WellPoint	WellPoint		477.87	32.18			35.76	1782	percent of total billed charges	
COLLECT BLOOD FROM PICC	36592	CPT	outpatient			1242		168 Aetna	Medicare		146.09				40.59	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLLECT BLOOD FROM PICC	36592	CPT	outpatient			1242		168 Aetna	Better Health		391.85	31.55			40.59	1782	percent of total billed charges	
COLLECT BLOOD FROM PICC	36592	CPT	outpatient			1242		168 Aetna	Commercial		232.58				40.59	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLLECT BLOOD FROM PICC	36592	CPT	outpatient			1242		168 Americare	Americare		931.5	75			40.59	1782	percent of total billed charges	
COLLECT BLOOD FROM PICC	36592	CPT	outpatient			1242		168 Amerihealth	HMO/PPO		807.3	65			40.59	1782	percent of total billed charges	
COLLECT BLOOD FROM PICC	36592	CPT	outpatient			1242		168 Amerihealth	Medicare		146.09				40.59	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLLECT BLOOD FROM PICC	36592	CPT	outpatient			1242		168 Consumer	Consumer		1179.9	95			40.59	1782	percent of total billed charges	
COLLECT BLOOD FROM PICC	36592	CPT	outpatient			1242		168 Corrections	Corrections		993.6	80			40.59	1782	percent of total billed charges	
COLLECT BLOOD FROM PICC	36592	CPT	outpatient			1242		168 First Health	First Health		869.4	70			40.59	1782	percent of total billed charges	
COLLECT BLOOD FROM PICC	36592	CPT	outpatient			1242		168 First Trenton	First Trenton		1117.8	90			40.59	1782	percent of total billed charges	
COLLECT BLOOD FROM PICC	36592	CPT	outpatient			1242		168 Horizon	Indemnity		271.87				40.59	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLLECT BLOOD FROM PICC	36592	CPT	outpatient			1242		168 Horizon	MGD		271.87				40.59	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLLECT BLOOD FROM PICC	36592	CPT	outpatient			1242		168 Horizon	PPO		271.87				40.59	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLLECT BLOOD FROM PICC	36592	CPT	outpatient			1242		168 Horizon	NJ Health		40.59				40.59	1782	fee schedule	
COLLECT BLOOD FROM PICC	36592	CPT	outpatient			1242		168 Horizon	Medicare Blue		146.09				40.59	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLLECT BLOOD FROM PICC	36592	CPT	outpatient			1242		168 Managed Care Inc	Managed Care Inc		1117.8	90			40.59	1782	percent of total billed charges	
COLLECT BLOOD FROM PICC	36592	CPT	outpatient			1242		168 Multiplan	Multiplan		993.6	80			40.59	1782	percent of total billed charges	
COLLECT BLOOD FROM PICC	36592	CPT	outpatient			1242		168 Qualcare	Qualcare		931.5	75			40.59	1782	percent of total billed charges	
COLLECT BLOOD FROM PICC	36592	CPT	outpatient			1242		168 Three Rivers	Three Rivers		1179.9	95			40.59	1782	percent of total billed charges	
COLLECT BLOOD FROM PICC	36592	CPT	outpatient			1242		168 UHC	Medicaid		391.85	31.55			40.59	1782	percent of total billed charges	
COLLECT BLOOD FROM PICC	36592	CPT	outpatient			1242		168 UHC	Medicare		146.09				40.59	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLLECT BLOOD FROM PICC	36592	CPT	outpatient			1242		168 United	Oxford		1782				40.59	1782	case rate	
COLLECT BLOOD FROM PICC	36592	CPT	outpatient			1242		168 United	Commercial|PPO		1782				40.59	1782	case rate	
COLLECT BLOOD FROM PICC	36592	CPT	outpatient			1242		168 Wellcare	Medicare		146.09				40.59	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLLECT BLOOD FROM PICC	36592	CPT	outpatient			1242		168 Wellcare	Medicaid		391.85	31.55			40.59	1782	percent of total billed charges	
COLLECT BLOOD FROM PICC	36592	CPT	outpatient			1242		168 WellPoint	WellPoint		399.68	32.18			40.59	1782	percent of total billed charges	
THRMBCTMY P/C AVFIST GRAFT MEC	36593	CPT	both			1215		445.43 Aetna	Better Health		383.33	31.55			47.55	1782	percent of total billed charges	
THRMBCTMY P/C AVFIST GRAFT MEC	36593	CPT	both			1215		445.43 Aetna	Commercial		616.63				47.55	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THRMBCTMY P/C AVFIST GRAFT MEC	36593	CPT	both			1215		445.43 Aetna	Medicare		374.22	30.8			47.55	1782	percent of total billed charges	
THRMBCTMY P/C AVFIST GRAFT MEC	36593	CPT	both			1215		445.43 Americare	Americare		911.25	75			47.55	1782	percent of total billed charges	
THRMBCTMY P/C AVFIST GRAFT MEC	36593	CPT	both			1215		445.43 Amerihealth	HMO/PPO		789.75	65			47.55	1782	percent of total billed charges	
THRMBCTMY P/C AVFIST GRAFT MEC	36593	CPT	both			1215		445.43 Amerihealth	Medicare		387.33				47.55	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THRMBCTMY P/C AVFIST GRAFT MEC	36593	CPT	both			1215		445.43 Consumer	Consumer		1154.25	95			47.55	1782	percent of total billed charges	
THRMBCTMY P/C AVFIST GRAFT MEC	36593	CPT	both			1215		445.43 Corrections	Corrections		972	80			47.55	1782	percent of total billed charges	
THRMBCTMY P/C AVFIST GRAFT MEC	36593	CPT	both			1215		445.43 First Health	First Health		850.5	70			47.55	1782	percent of total billed charges	
THRMBCTMY P/C AVFIST GRAFT MEC	36593	CPT	both			1215		445.43 First Trenton	First Trenton		1093.5	90			47.55	1782	percent of total billed charges	
THRMBCTMY P/C AVFIST GRAFT MEC	36593	CPT	both			1215		445.43 Horizon	NJ Health		47.55				47.55	1782	fee schedule	
THRMBCTMY P/C AVFIST GRAFT MEC	36593	CPT	both			1215		445.43 Horizon	Indemnity		720.82				47.55	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THRMBCTMY P/C AVFIST GRAFT MEC	36593	CPT	both			1215		445.43 Horizon	MGD		720.82				47.55	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THRMBCTMY P/C AVFIST GRAFT MEC	36593	CPT	both			1215		445.43 Horizon	PPO		720.82				47.55	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THRMBCTMY P/C AVFIST GRAFT MEC	36593	CPT	both			1215		445.43 Horizon	Medicare Blue		387.33				47.55	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THRMBCTMY P/C AVFIST GRAFT MEC	36593	CPT	both			1215		445.43 Managed Care Inc	Managed Care Inc		1093.5	90			47.55	1782	percent of total billed charges	
THRMBCTMY P/C AVFIST GRAFT MEC	36593	CPT	both			1215		445.43 Multiplan	Multiplan		972	80			47.55	1782	percent of total billed charges	
THRMBCTMY P/C AVFIST GRAFT MEC	36593	CPT	both			1215		445.43 Qualcare	Qualcare		911.25	75			47.55	1782	percent of total billed charges	
THRMBCTMY P/C AVFIST GRAFT MEC	36593	CPT	both			1215		445.43 Three Rivers	Three Rivers		1154.25	95			47.55	1782	percent of total billed charges	
THRMBCTMY P/C AVFIST GRAFT MEC	36593	CPT	both			1215		445.43 UHC	Medicare		387.33				47.55	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THRMBCTMY P/C AVFIST GRAFT MEC	36593	CPT	both			1215		445.43 UHC	Medicaid		383.33	31.55			47.55	1782	percent of total billed charges	
THRMBCTMY P/C AVFIST GRAFT MEC	36593	CPT	both			1215		445.43 United	Oxford		1782				47.55	1782	case rate	
THRMBCTMY P/C AVFIST GRAFT MEC	36593	CPT	both			1215		445.43 United	Commercial|PPO		1782				47.55	1782	case rate	
THRMBCTMY P/C AVFIST GRAFT MEC	36593	CPT	both			1215		445.43 Wellcare	Medicare		387.33				47.55	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THRMBCTMY P/C AVFIST GRAFT MEC	36593	CPT	both			1215		445.43 Wellcare	Medicaid		383.33	31.55			47.55	1782	percent of total billed charges	
THRMBCTMY P/C AVFIST GRAFT MEC	36593	CPT	both			1215		445.43 WellPoint	WellPoint		390.99	32.18			47.55	1782	percent of total billed charges	
MECH REMOV PERICATH OBSTR	36595	CPT	outpatient			10811		4192.26 Aetna	Commercial		5803.54				983.97	10270.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MECH REMOV PERICATH OBSTR	36595	CPT	outpatient			10811		4192.26 Aetna	Better Health		3410.87	31.55			983.97	10270.45	percent of total billed charges	
MECH REMOV PERICATH OBSTR	36595	CPT	outpatient			10811		4192.26 Aetna	Medicare		3645.44				983.97	10270.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MECH REMOV PERICATH OBSTR	36595	CPT	outpatient			10811		4192.26 Americare	Americare		8108.25	75			983.97	10270.45	percent of total billed charges	
MECH REMOV PERICATH OBSTR	36595	CPT	outpatient			10811		4192.26 Amerihealth	HMO/PPO		7027.15	65			983.97	10270.45	percent of total billed charges	
MECH REMOV PERICATH OBSTR	36595	CPT	outpatient			10811		4192.26 Amerihealth	Medicare		3645.44				983.97	10270.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MECH REMOV PERICATH OBSTR	36595	CPT	outpatient			10811		4192.26 Consumer	Consumer		10270.45	95			983.97	10270.45	percent of total billed charges	
MECH REMOV PERICATH OBSTR	36595	CPT	outpatient			10811		4192.26 Corrections	Corrections		8648.8	80			983.97	10270.45	percent of total billed charges	
MECH REMOV PERICATH OBSTR	36595	CPT	outpatient			10811		4192.26 First Health	First Health		7567.7	70			983.97	10270.45	percent of total billed charges	
MECH REMOV PERICATH OBSTR	36595	CPT	outpatient			10811		4192.26 First Trenton	First Trenton		9729.9	90			983.97	10270.45	percent of total billed charges	
MECH REMOV PERICATH OBSTR	36595	CPT	outpatient			10811		4192.26 Horizon	PPO		6784.16				983.97	10270.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MECH REMOV PERICATH OBSTR	36595	CPT	outpatient			10811		4192.26 Horizon	MGD		6784.16				983.97	10270.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MECH REMOV PERICATH OBSTR	36595	CPT	outpatient			10811		4192.26 Horizon	Indemnity		6784.16				983.97	10270.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MECH REMOV PERICATH OBSTR	36595	CPT	outpatient			10811		4192.26 Horizon	NJ Health		983.97				983.97	10270.45	fee schedule	
MECH REMOV PERICATH OBSTR	36595	CPT	outpatient			10811		4192.26 Horizon	Medicare Blue		3645.44				983.97	10270.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MECH REMOV PERICATH OBSTR	36595	CPT	outpatient			10811		4192.26 Managed Care Inc	Managed Care Inc		9729.9	90			983.97	10270.45	percent of total billed charges	
MECH REMOV PERICATH OBSTR	36595	CPT	outpatient			10811		4192.26 Multiplan	Multiplan		8648.8	80			983.97	10270.45	percent of total billed charges	
MECH REMOV PERICATH OBSTR	36595	CPT	outpatient			10811		4192.26 Qualcare	Qualcare		8108.25	75			983.97	10270.45	percent of total billed charges	
MECH REMOV PERICATH OBSTR	36595	CPT	outpatient			10811		4192.26 Three Rivers	Three Rivers		10270.45	95			983.97	10270.45	percent of total billed charges	
MECH REMOV PERICATH OBSTR	36595	CPT	outpatient			10811		4192.26 UHC	Medicaid		3410.87	31.55			983.97	10270.45	percent of total billed charges	
MECH REMOV PERICATH OBSTR	36595	CPT	outpatient			10811		4192.26 UHC	Medicare		3645.44				983.97	10270.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MECH REMOV PERICATH OBSTR	36595	CPT	outpatient			10811		4192.26 United	Oxford		3492				983.97	10270.45	case rate	
MECH REMOV PERICATH OBSTR	36595	CPT	outpatient			10811		4192.26 United	Commercial|PPO		3492				983.97	10270.45	case rate	
MECH REMOV PERICATH OBSTR	36595	CPT	outpatient			10811		4192.26 Wellcare	Medicaid		3410.87	31.55			983.97	10270.45	percent of total billed charges	
MECH REMOV PERICATH OBSTR	36595	CPT	outpatient			10811		4192.26 Wellcare	Medicare		3645.44				983.97	10270.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MECH REMOV PERICATH OBSTR	36595	CPT	outpatient			10811		4192.26 WellPoint	WellPoint		3478.98	32.18			983.97	10270.45	percent of total billed charges	
MECH REMOV INTRALUM OBSTR	36596	CPT	outpatient			5507		2106.37 Aetna	Better Health		1737.46	31.55			258.39	5231.65	percent of total billed charges	
MECH REMOV INTRALUM OBSTR	36596	CPT	outpatient			5507		2106.37 Aetna	Medicare		1696.16	30.8			258.39	5231.65	percent of total billed charges	
MECH REMOV INTRALUM OBSTR	36596	CPT	outpatient			5507		2106.37 Aetna	Commercial		2915.95				258.39	5231.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MECH REMOV INTRALUM OBSTR	36596	CPT	outpatient			5507		2106.37 Americare	Americare		4130.25	75			258.39	5231.65	percent of total billed charges	
MECH REMOV INTRALUM OBSTR	36596	CPT	outpatient			5507		2106.37 Amerihealth	HMO/PPO		3579.55	65			258.39	5231.65	percent of total billed charges	
MECH REMOV INTRALUM OBSTR	36596	CPT	outpatient			5507		2106.37 Amerihealth	Medicare		1831.63				258.39	5231.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MECH REMOV INTRALUM OBSTR	36596	CPT	outpatient			5507		2106.37 Consumer	Consumer		5231.65	95			258.39	5231.65	percent of total billed charges	
MECH REMOV INTRALUM OBSTR	36596	CPT	outpatient			5507		2106.37 Corrections	Corrections		4405.6	80			258.39	5231.65	percent of total billed charges	
MECH REMOV INTRALUM OBSTR	36596	CPT	outpatient			5507		2106.37 First Health	First Health		3854.9	70			258.39	5231.65	percent of total billed charges	
MECH REMOV INTRALUM OBSTR	36596	CPT	outpatient			5507		2106.37 First Trenton	First Trenton		4956.3	90			258.39	5231.65	percent of total billed charges	
MECH REMOV INTRALUM OBSTR	36596	CPT	outpatient			5507		2106.37 Horizon	MGD		3408.66				258.39	5231.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MECH REMOV INTRALUM OBSTR	36596	CPT	outpatient			5507		2106.37 Horizon	Indemnity		3408.66				258.39	5231.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MECH REMOV INTRALUM OBSTR	36596	CPT	outpatient			5507		2106.37 Horizon	PPO		3408.66				258.39	5231.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MECH REMOV INTRALUM OBSTR	36596	CPT	outpatient			5507		2106.37 Horizon	Medicare Blue		1831.63				258.39	5231.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MECH REMOV INTRALUM OBSTR	36596	CPT	outpatient			5507		2106.37 Horizon	NJ Health		258.39				258.39	5231.65	fee schedule	
MECH REMOV INTRALUM OBSTR	36596	CPT	outpatient			5507		2106.37 Managed Care Inc	Managed Care Inc		4956.3	90			258.39	5231.65	percent of total billed charges	
MECH REMOV INTRALUM OBSTR	36596	CPT	outpatient			5507		2106.37 Multiplan	Multiplan		4405.6	80			258.39	5231.65	percent of total billed charges	
MECH REMOV INTRALUM OBSTR	36596	CPT	outpatient			5507		2106.37 Qualcare	Qualcare		4130.25	75			258.39	5231.65	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101191	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
MECH REMOV INTRALUM OBSTR	36596	CPT	outpatient			5507		2106.37 Three Rivers	Three Rivers		5231.65	95			258.39		5231.65 percent of total billed charges	
MECH REMOV INTRALUM OBSTR	36596	CPT	outpatient			5507		2106.37 UHC	Medicare		1831.63				258.39		5231.65 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MECH REMOV INTRALUM OBSTR	36596	CPT	outpatient			5507		2106.37 UHC	Medicaid		1737.46	31.55			258.39		5231.65 percent of total billed charges	
MECH REMOV INTRALUM OBSTR	36596	CPT	outpatient			5507		2106.37 United	Commercial|PPO		1817				258.39		5231.65 case rate	
MECH REMOV INTRALUM OBSTR	36596	CPT	outpatient			5507		2106.37 United	Oxford		1817				258.39		5231.65 case rate	
MECH REMOV INTRALUM OBSTR	36596	CPT	outpatient			5507		2106.37 Wellcare	Medicare		1831.63				258.39		5231.65 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MECH REMOV INTRALUM OBSTR	36596	CPT	outpatient			5507		2106.37 Wellcare	Medicaid		1737.46	31.55			258.39		5231.65 percent of total billed charges	
MECH REMOV INTRALUM OBSTR	36596	CPT	outpatient			5507		2106.37 WellPoint	WellPoint		1772.15	32.18			258.39		5231.65 percent of total billed charges	
REPOSIT CVC W FLUORO	36597	CPT	both			5507		2106.37 Aetna	Commercial		2915.95				341.91		5231.65 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPOSIT CVC W FLUORO	36597	CPT	both			5507		2106.37 Aetna	Medicare		1831.63				341.91		5231.65 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPOSIT CVC W FLUORO	36597	CPT	both			5507		2106.37 Aetna	Better Health		1737.46	31.55			341.91		5231.65 percent of total billed charges	
REPOSIT CVC W FLUORO	36597	CPT	both			5507		2106.37 Americare	Americare		4130.25	75			341.91		5231.65 percent of total billed charges	
REPOSIT CVC W FLUORO	36597	CPT	both			5507		2106.37 Amerihealth	HMO|PPO		3579.55	65			341.91		5231.65 percent of total billed charges	
REPOSIT CVC W FLUORO	36597	CPT	both			5507		2106.37 Amerihealth	Medicare		1831.63				341.91		5231.65 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPOSIT CVC W FLUORO	36597	CPT	both			5507		2106.37 Consumer	Consumer		5231.65	95			341.91		5231.65 percent of total billed charges	
REPOSIT CVC W FLUORO	36597	CPT	both			5507		2106.37 Corrections	Corrections		4405.6	80			341.91		5231.65 percent of total billed charges	
REPOSIT CVC W FLUORO	36597	CPT	both			5507		2106.37 First Health	First Health		3854.9	70			341.91		5231.65 percent of total billed charges	
REPOSIT CVC W FLUORO	36597	CPT	both			5507		2106.37 First Trenton	First Trenton		4956.3	90			341.91		5231.65 percent of total billed charges	
REPOSIT CVC W FLUORO	36597	CPT	both			5507		2106.37 Horizon	NJ Health		341.91				341.91		5231.65 fee schedule	
REPOSIT CVC W FLUORO	36597	CPT	both			5507		2106.37 Horizon	PPO		3408.66				341.91		5231.65 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPOSIT CVC W FLUORO	36597	CPT	both			5507		2106.37 Horizon	MGD		3408.66				341.91		5231.65 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPOSIT CVC W FLUORO	36597	CPT	both			5507		2106.37 Horizon	Indemnity		3408.66				341.91		5231.65 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPOSIT CVC W FLUORO	36597	CPT	both			5507		2106.37 Horizon	Medicare Blue		1831.63				341.91		5231.65 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPOSIT CVC W FLUORO	36597	CPT	both			5507		2106.37 Managed Care Inc	Managed Care Inc		4956.3	90			341.91		5231.65 percent of total billed charges	
REPOSIT CVC W FLUORO	36597	CPT	both			5507		2106.37 Multiplan	Multiplan		4405.6	80			341.91		5231.65 percent of total billed charges	
REPOSIT CVC W FLUORO	36597	CPT	both			5507		2106.37 Qualcare	Qualcare		4130.25	75			341.91		5231.65 percent of total billed charges	
REPOSIT CVC W FLUORO	36597	CPT	both			5507		2106.37 Three Rivers	Three Rivers		5231.65	95			341.91		5231.65 percent of total billed charges	
REPOSIT CVC W FLUORO	36597	CPT	both			5507		2106.37 UHC	Medicaid		1737.46	31.55			341.91		5231.65 percent of total billed charges	
REPOSIT CVC W FLUORO	36597	CPT	both			5507		2106.37 UHC	Medicare		1831.63				341.91		5231.65 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPOSIT CVC W FLUORO	36597	CPT	both			5507		2106.37 United	Commercial|PPO		1817				341.91		5231.65 case rate	
REPOSIT CVC W FLUORO	36597	CPT	both			5507		2106.37 United	Oxford		1817				341.91		5231.65 case rate	
REPOSIT CVC W FLUORO	36597	CPT	both			5507		2106.37 Wellcare	Medicaid		1737.46	31.55			341.91		5231.65 percent of total billed charges	
REPOSIT CVC W FLUORO	36597	CPT	both			5507		2106.37 Wellcare	Medicare		1831.63				341.91		5231.65 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPOSIT CVC W FLUORO	36597	CPT	both			5507		2106.37 WellPoint	WellPoint		1772.15	32.18			341.91		5231.65 percent of total billed charges	
INJ WIFLUOR, EVAL CV DEVICE	36598	CPT	both			936		281.9 Aetna	Better Health		296.31	31.55			111.33		1782 percent of total billed charges	
INJ WIFLUOR, EVAL CV DEVICE	36598	CPT	both			936		281.9 Aetna	Commercial		390.25				111.33		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ WIFLUOR, EVAL CV DEVICE	36598	CPT	both			936		281.9 Aetna	Medicare		245.13				111.33		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ WIFLUOR, EVAL CV DEVICE	36598	CPT	both			936		281.9 Americare	Americare		702	75			111.33		1782 percent of total billed charges	
INJ WIFLUOR, EVAL CV DEVICE	36598	CPT	both			936		281.9 Amerihealth	HMO|PPO		608.4	65			111.33		1782 percent of total billed charges	
INJ WIFLUOR, EVAL CV DEVICE	36598	CPT	both			936		281.9 Amerihealth	Medicare		245.13				111.33		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ WIFLUOR, EVAL CV DEVICE	36598	CPT	both			936		281.9 Consumer	Consumer		889.2	95			111.33		1782 percent of total billed charges	
INJ WIFLUOR, EVAL CV DEVICE	36598	CPT	both			936		281.9 Corrections	Corrections		748.8	80			111.33		1782 percent of total billed charges	
INJ WIFLUOR, EVAL CV DEVICE	36598	CPT	both			936		281.9 First Health	First Health		655.2	70			111.33		1782 percent of total billed charges	
INJ WIFLUOR, EVAL CV DEVICE	36598	CPT	both			936		281.9 First Trenton	First Trenton		842.4	90			111.33		1782 percent of total billed charges	
INJ WIFLUOR, EVAL CV DEVICE	36598	CPT	both			936		281.9 Horizon	Medicare Blue		245.13				111.33		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ WIFLUOR, EVAL CV DEVICE	36598	CPT	both			936		281.9 Horizon	PPO		456.19				111.33		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ WIFLUOR, EVAL CV DEVICE	36598	CPT	both			936		281.9 Horizon	Indemnity		456.19				111.33		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ WIFLUOR, EVAL CV DEVICE	36598	CPT	both			936		281.9 Horizon	MGD		456.19				111.33		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ WIFLUOR, EVAL CV DEVICE	36598	CPT	both			936		281.9 Horizon	NJ Health		111.33				111.33		1782 fee schedule	
INJ WIFLUOR, EVAL CV DEVICE	36598	CPT	both			936		281.9 Managed Care Inc	Managed Care Inc		842.4	90			111.33		1782 percent of total billed charges	
INJ WIFLUOR, EVAL CV DEVICE	36598	CPT	both			936		281.9 Multiplan	Multiplan		748.8	80			111.33		1782 percent of total billed charges	
INJ WIFLUOR, EVAL CV DEVICE	36598	CPT	both			936		281.9 Qualcare	Qualcare		702	75			111.33		1782 percent of total billed charges	
INJ WIFLUOR, EVAL CV DEVICE	36598	CPT	both			936		281.9 Three Rivers	Three Rivers		889.2	95			111.33		1782 percent of total billed charges	
INJ WIFLUOR, EVAL CV DEVICE	36598	CPT	both			936		281.9 UHC	Medicaid		295.31	31.55			111.33		1782 percent of total billed charges	
INJ WIFLUOR, EVAL CV DEVICE	36598	CPT	both			936		281.9 UHC	Medicare		245.13				111.33		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ WIFLUOR, EVAL CV DEVICE	36598	CPT	both			936		281.9 United	Commercial|PPO		1782				111.33		1782 case rate	
INJ WIFLUOR, EVAL CV DEVICE	36598	CPT	both			936		281.9 United	Oxford		1782				111.33		1782 case rate	
INJ WIFLUOR, EVAL CV DEVICE	36598	CPT	both			936		281.9 Wellcare	Medicare		245.13				111.33		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ WIFLUOR, EVAL CV DEVICE	36598	CPT	both			936		281.9 Wellcare	Medicaid		295.31	31.55			111.33		1782 percent of total billed charges	
INJ WIFLUOR, EVAL CV DEVICE	36598	CPT	both			936		281.9 WellPoint	WellPoint		301.2	32.18			111.33		1782 percent of total billed charges	
US GUID VENO ACC MID/PER/ABG	36600	CPT	both			625		168 Aetna	Better Health		197.19	31.55			42.2		1782 percent of total billed charges	
US GUID VENO ACC MID/PER/ABG	36600	CPT	both			625		168 Aetna	Commercial		232.58				42.2		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US GUID VENO ACC MID/PER/ABG	36600	CPT	both			625		168 Aetna	Medicare		146.09				42.2		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US GUID VENO ACC MID/PER/ABG	36600	CPT	both			625		168 Americare	Americare		468.75	75			42.2		1782 percent of total billed charges	
US GUID VENO ACC MID/PER/ABG	36600	CPT	both			625		168 Amerihealth	HMO|PPO		406.25	65			42.2		1782 percent of total billed charges	
US GUID VENO ACC MID/PER/ABG	36600	CPT	both			625		168 Amerihealth	Medicare		146.09				42.2		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US GUID VENO ACC MID/PER/ABG	36600	CPT	both			625		168 Consumer	Consumer		593.75	95			42.2		1782 percent of total billed charges	
US GUID VENO ACC MID/PER/ABG	36600	CPT	both			625		168 Corrections	Corrections		500	80			42.2		1782 percent of total billed charges	
US GUID VENO ACC MID/PER/ABG	36600	CPT	both			625		168 First Health	First Health		437.5	70			42.2		1782 percent of total billed charges	
US GUID VENO ACC MID/PER/ABG	36600	CPT	both			625		168 First Trenton	First Trenton		562.5	90			42.2		1782 percent of total billed charges	
US GUID VENO ACC MID/PER/ABG	36600	CPT	both			625		168 Horizon	Indemnity		271.87				42.2		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US GUID VENO ACC MID/PER/ABG	36600	CPT	both			625		168 Horizon	NJ Health		42.2				42.2		1782 fee schedule	
US GUID VENO ACC MID/PER/ABG	36600	CPT	both			625		168 Horizon	MGD		271.87				42.2		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US GUID VENO ACC MID/PER/ABG	36600	CPT	both			625		168 Horizon	PPO		271.87				42.2		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US GUID VENO ACC MID/PER/ABG	36600	CPT	both			625		168 Horizon	Medicare Blue		146.09				42.2		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US GUID VENO ACC MID/PER/ABG	36600	CPT	both			625		168 Managed Care Inc	Managed Care Inc		562.5	90			42.2		1782 percent of total billed charges	
US GUID VENO ACC MID/PER/ABG	36600	CPT	both			625		168 Multiplan	Multiplan		500	80			42.2		1782 percent of total billed charges	
US GUID VENO ACC MID/PER/ABG	36600	CPT	both			625		168 Qualcare	Qualcare		468.75	75			42.2		1782 percent of total billed charges	
US GUID VENO ACC MID/PER/ABG	36600	CPT	both			625		168 Three Rivers	Three Rivers		593.75	95			42.2		1782 percent of total billed charges	
US GUID VENO ACC MID/PER/ABG	36600	CPT	both			625		168 UHC	Medicaid		197.19	31.55			42.2		1782 percent of total billed charges	
US GUID VENO ACC MID/PER/ABG	36600	CPT	both			625		168 UHC	Medicare		146.09				42.2		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US GUID VENO ACC MID/PER/ABG	36600	CPT	both			625		168 United	Commercial|PPO		1782				42.2		1782 case rate	
US GUID VENO ACC MID/PER/ABG	36600	CPT	both			625		168 United	Oxford		1782				42.2		1782 case rate	
US GUID VENO ACC MID/PER/ABG	36600	CPT	both			625		168 Wellcare	Medicare		146.09				42.2		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US GUID VENO ACC MID/PER/ABG	36600	CPT	both			625		168 Wellcare	Medicaid		197.19	31.55			42.2		1782 percent of total billed charges	
US GUID VENO ACC MID/PER/ABG	36600	CPT	both			625		168 WellPoint	WellPoint		201.13	32.18			42.2		1782 percent of total billed charges	
INSERT ARTER CATHETER PERQ	36620	CPT	both			332		Aetna	Medicare		102.26	30.8			61.13		1782 percent of total billed charges	
INSERT ARTER CATHETER PERQ	36620	CPT	both			332		Aetna	Commercial		126.16	38			61.13		1782 percent of total billed charges	
INSERT ARTER CATHETER PERQ	36620	CPT	both			332		Aetna	Better Health		104.75	31.55			61.13		1782 percent of total billed charges	
INSERT ARTER CATHETER PERQ	36620	CPT	both			332		Americare	Americare		249	75			61.13		1782 percent of total billed charges	
INSERT ARTER CATHETER PERQ	36620	CPT	both			332		Amerihealth	HMO|PPO		215.8	65			61.13		1782 percent of total billed charges	
INSERT ARTER CATHETER PERQ	36620	CPT	both			332		Consumer	Consumer		315.4	95			61.13		1782 percent of total billed charges	
INSERT ARTER CATHETER PERQ	36620	CPT	both			332		Corrections	Corrections		265.6	80			61.13		1782 percent of total billed charges	
INSERT ARTER CATHETER PERQ	36620	CPT	both			332		First Health	First Health		232.4	70			61.13		1782 percent of total billed charges	
INSERT ARTER CATHETER PERQ	36620	CPT	both			332		First Trenton	First Trenton		298.8	90			61.13		1782 percent of total billed charges	
INSERT ARTER CATHETER PERQ	36620	CPT	both			332		Horizon	MGD		127.09	38.28			61.13		1782 percent of total billed charges	
INSERT ARTER CATHETER PERQ	36620	CPT	both			332		Horizon	Indemnity		127.09	38.28			61.13		1782 percent of total billed charges	
INSERT ARTER CATHETER PERQ	36620	CPT	both			332		Horizon	Medicare Blue		99.6	30			61.13		1782 percent of total billed charges	
INSERT ARTER CATHETER PERQ	36620	CPT	both			332		Horizon	NJ Health		61.13				61.13		1782 fee schedule	
INSERT ARTER CATHETER PERQ	36620	CPT	both			332		Horizon	PPO		127.09	38.28			61.13		1782 percent of total billed charges	
INSERT ARTER CATHETER PERQ	36620	CPT	both			332		Managed Care Inc	Managed Care Inc		298.8	90			61.13		1782 percent of total billed charges	
INSERT ARTER CATHETER PERQ	36620	CPT	both			332		Multiplan	Multiplan		265.6	80			61.13		1782 percent of total billed charges	
INSERT ARTER CATHETER PERQ	36620	CPT	both			332		Qualcare	Qualcare		249	75			61.13		1782 percent of total billed charges	
INSERT ARTER CATHETER PERQ	36620	CPT	both			332		Three Rivers	Three Rivers		315.4	95			61.13		1782 percent of total billed charges	
INSERT ARTER CATHETER PERQ	36620	CPT	both			332		UHC	Medicaid		104.75	31.55			61.13		1782 percent of total billed charges	
INSERT ARTER CATHETER PERQ	36620	CPT	both			332		United	Oxford		1782				61.13		1782 case rate	
INSERT ARTER CATHETER PERQ	36620	CPT	both			332		United	Commercial|PPO		1782				61.13		1782 case rate	
INSERT ARTER CATHETER PERQ	36620	CPT	both			332		Wellcare	Medicaid		104.75	31.55			61.13		1782 percent of total billed charges	
INSERT ARTER CATHETER PERQ	36620	CPT	both			332		WellPoint	WellPoint		106.84	32.18			61.13		1782 percent of total billed charges	
ARTERIAL CUTDOWN	36625	CPT	outpatient			434		Aetna	Better Health		136.93	31.55			130.2		1782 percent of total billed charges	
ARTERIAL CUTDOWN	36625	CPT	outpatient			434		Aetna	Medicare		133.67	30.8			130.2		1782 percent of total billed charges	
ARTERIAL CUTDOWN	36625	CPT	outpatient			434		Aetna	Commercial		164.92	38			130.2		1782 percent of total billed charges	
ARTERIAL CUTDOWN	36625	CPT	outpatient			434		Americare	Americare		325.5	75			130.2		1782 percent of total billed charges	
ARTERIAL CUTDOWN	36625	CPT	outpatient			434		Amerihealth	HMO|PPO		282.1	65			130.2		1782 percent of total billed charges	
ARTERIAL CUTDOWN	36625	CPT	outpatient			434		Consumer	Consumer		412.3	95			130.2		1782 percent of total billed charges	
ARTERIAL CUTDOWN	36625	CPT	outpatient			434		Corrections	Corrections		347.2	80			130.2		1782 percent of total billed charges	
ARTERIAL CUTDOWN	36625	CPT	outpatient			434		First Health	First Health		303.8	70			130.2		1782 percent of total billed charges	
ARTERIAL CUTDOWN	36625	CPT	outpatient			434		First Trenton	First Trenton		390.6	90			130.2		1782 percent of total billed charges	
ARTERIAL CUTDOWN	36625	CPT	outpatient			434		Horizon	MGD		166.14	38.28			130.2		1782 percent of total billed charges	
ARTERIAL CUTDOWN	36625	CPT	outpatient			434		Horizon	Indemnity		166.14	38.28			130.2		1782 percent of total billed charges	
ARTERIAL CUTDOWN	36625	CPT	outpatient			434		Horizon	PPO		166.14	38.28			130.2		1782 percent of total billed charges	
ARTERIAL CUTDOWN	36625	CPT	outpatient			434		Horizon	NJ Health		159.21				130.2		1782 fee schedule	
ARTERIAL CUTDOWN	36625	CPT	outpatient			434		Horizon	Medicare Blue		130.2	30			130.2		1782 percent of total billed charges	
ARTERIAL CUTDOWN	36625	CPT	outpatient			434		Managed Care Inc	Managed Care Inc		390.6	90			130.2		1782 percent of total billed charges	
ARTERIAL CUTDOWN	36625	CPT	outpatient			434		Multiplan	Multiplan		347.2	80			130.2		1782 percent of total billed charges	
ARTERIAL CUTDOWN	36625	CPT	outpatient			434		Qualcare	Qualcare		325.5	75			130.2		1782 percent of total billed charges	
ARTERIAL CUTDOWN	36625	CPT	outpatient			434		Three Rivers	Three Rivers		412.3	95			130.2		1782 percent of total billed charges	
ARTERIAL CUTDOWN	36625	CPT	outpatient			434		UHC	Medicaid		136.93	31.55			130.2		1782 percent of total billed charges	
ARTERIAL CUTDOWN	36625	CPT	outpatient			434		United	Commercial|PPO		1782				130.2		1782 case rate	
ARTERIAL CUTDOWN	36625	CPT	outpatient			434		United	Oxford		1782				130.2		1782 case rate	
ARTERIAL CUTDOWN	36625	CPT	outpatient			434		Wellcare	Medicaid		136.93	31.55			130.2		1782 percent of total billed charges	
ARTERIAL CUTDOWN	36625	CPT	outpatient			434		WellPoint	WellPoint		139.66	32.18			130.2		1782 percent of total billed charges	
INTRAOSSEOUS INFUSION	36680	CPT	outpatient			617	524.04	Aetna	Commercial		725.46				96.57		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRAOSSEOUS INFUSION	36680	CPT	outpatient			617	524.04	Aetna	Better Health		194.66	31.55			96.57		1782 percent of total billed charges	
INTRAOSSEOUS INFUSION	36680	CPT	outpatient			617	524.04	Aetna	Medicare		455.69				96.57		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRAOSSEOUS INFUSION	36680	CPT	outpatient			617	524.04	Americare	Americare		492.75	75			96.57		1782 percent of total billed charges	
INTRAOSSEOUS INFUSION	36680	CPT	outpatient			617	524.04	Amerihealth	HMO|PPO		401.05	65			96.57		1782 percent of total billed charges	
INTRAOSSEOUS INFUSION	36680	CPT	outpatient			617	524.04	Amerihealth	Medicare		455.69				96.57		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRAOSSEOUS INFUSION	36680	CPT	outpatient			617	524.04	Consumer	Consumer		586.15	95			96.57		1782 percent of total billed charges	
INTRAOSSEOUS INFUSION	36680	CPT	outpatient			617	524.04	Corrections	Corrections		493.6	80			96.57		1782 percent of total billed charges	
INTRAOSSEOUS INFUSION	36680	CPT	outpatient			617	524.04	First Health	First Health		431.9	70			96.57		1782 percent of total billed charges	
INTRAOSSEOUS INFUSION	36680	CPT	outpatient			617	524.04	First Trenton	First Trenton		555.3	90			96.57		1782 percent of total billed charges	
INTRAOSSEOUS INFUSION	36680	CPT	outpatient			617	524.04	Horizon	NJ Health		96.57				96.57		1782 fee schedule	
INTRAOSSEOUS INFUSION	36680	CPT	outpatient			617	524.04	Horizon	Indemnity		848.04				96.57		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRAOSSEOUS INFUSION	36680	CPT	outpatient			617	524.04	Horizon	Medicare Blue		455.69				96.57		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRAOSSEOUS INFUSION	36680	CPT	outpatient			617	524.04	Horizon	MGD		848.04				96.57		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRAOSSEOUS INFUSION	36680	CPT	outpatient			617	524.04	Horizon	PPO		848.04				96.57		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRAOSSEOUS INFUSION	36680	CPT	outpatient			617	524.04	Managed Care Inc	Managed Care Inc		555.3	90			96.57		1782 percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
INTRAOSSEOUS INFUSION	36680	CPT	outpatient			617		524.04 Multiplan	Multiplan		493.6	80			96.57	1782	percent of total billed charges	
INTRAOSSEOUS INFUSION	36680	CPT	outpatient			617		524.04 Qualcare	Qualcare		462.75	75			96.57	1782	percent of total billed charges	
INTRAOSSEOUS INFUSION	36680	CPT	outpatient			617		524.04 Three Rivers	Three Rivers		586.15	95			96.57	1782	percent of total billed charges	
INTRAOSSEOUS INFUSION	36680	CPT	outpatient			617		524.04 UHC	Medicare		455.69				96.57	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRAOSSEOUS INFUSION	36680	CPT	outpatient			617		524.04 UHC	Medicaid		194.66	31.55			96.57	1782	percent of total billed charges	
INTRAOSSEOUS INFUSION	36680	CPT	outpatient			617		524.04 United	Commercial|PPO		1782				96.57	1782	case rate	
INTRAOSSEOUS INFUSION	36680	CPT	outpatient			617		524.04 United	Oxford		1782				96.57	1782	case rate	
INTRAOSSEOUS INFUSION	36680	CPT	outpatient			617		524.04 Wellcare	Medicare		455.69				96.57	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRAOSSEOUS INFUSION	36680	CPT	outpatient			617		524.04 Wellcare	Medicaid		194.66	31.55			96.57	1782	percent of total billed charges	
INTRAOSSEOUS INFUSION	36680	CPT	outpatient			617		524.04 WellPoint	WellPoint		198.55	32.18			96.57	1782	percent of total billed charges	
INS CANNULA AV EXTERN CLOSE	36815	CPT	outpatient			9024		7227.61 Aetna	Commercial		10005.53				475.02	11696.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INS CANNULA AV EXTERN CLOSE	36815	CPT	outpatient			9024		7227.61 Aetna	Medicare		6284.88				475.02	11696.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INS CANNULA AV EXTERN CLOSE	36815	CPT	outpatient			9024		7227.61 Aetna	Better Health		2847.07	31.55			475.02	11696.16	percent of total billed charges	
INS CANNULA AV EXTERN CLOSE	36815	CPT	outpatient			9024		7227.61 Americare	Americare		6768	75			475.02	11696.16	percent of total billed charges	
INS CANNULA AV EXTERN CLOSE	36815	CPT	outpatient			9024		7227.61 Amerihealth	HMO|PPO		5865.6	65			475.02	11696.16	percent of total billed charges	
INS CANNULA AV EXTERN CLOSE	36815	CPT	outpatient			9024		7227.61 Amerihealth	Medicare		6284.88				475.02	11696.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INS CANNULA AV EXTERN CLOSE	36815	CPT	outpatient			9024		7227.61 Consumer	Consumer		8572.8	95			475.02	11696.16	percent of total billed charges	
INS CANNULA AV EXTERN CLOSE	36815	CPT	outpatient			9024		7227.61 Corrections	Corrections		7219.2	80			475.02	11696.16	percent of total billed charges	
INS CANNULA AV EXTERN CLOSE	36815	CPT	outpatient			9024		7227.61 First Health	First Health		6316.8	70			475.02	11696.16	percent of total billed charges	
INS CANNULA AV EXTERN CLOSE	36815	CPT	outpatient			9024		7227.61 First Trenton	First Trenton		8121.6	90			475.02	11696.16	percent of total billed charges	
INS CANNULA AV EXTERN CLOSE	36815	CPT	outpatient			9024		7227.61 Horizon	Indemnity		11696.16				475.02	11696.16	other	
INS CANNULA AV EXTERN CLOSE	36815	CPT	outpatient			9024		7227.61 Horizon	PPO		11696.16				475.02	11696.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INS CANNULA AV EXTERN CLOSE	36815	CPT	outpatient			9024		7227.61 Horizon	MGD		11696.16				475.02	11696.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INS CANNULA AV EXTERN CLOSE	36815	CPT	outpatient			9024		7227.61 Horizon	Medicare Blue		6284.88				475.02	11696.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INS CANNULA AV EXTERN CLOSE	36815	CPT	outpatient			9024		7227.61 Horizon	NJ Health		475.02				475.02	11696.16	fee schedule	
INS CANNULA AV EXTERN CLOSE	36815	CPT	outpatient			9024		7227.61 Managed Care Inc	Managed Care Inc		8121.6	90			475.02	11696.16	percent of total billed charges	
INS CANNULA AV EXTERN CLOSE	36815	CPT	outpatient			9024		7227.61 Multiplan	Multiplan		7219.2	80			475.02	11696.16	percent of total billed charges	
INS CANNULA AV EXTERN CLOSE	36815	CPT	outpatient			9024		7227.61 Qualcare	Qualcare		6768	75			475.02	11696.16	percent of total billed charges	
INS CANNULA AV EXTERN CLOSE	36815	CPT	outpatient			9024		7227.61 Three Rivers	Three Rivers		8572.8	95			475.02	11696.16	percent of total billed charges	
INS CANNULA AV EXTERN CLOSE	36815	CPT	outpatient			9024		7227.61 UHC	Medicare		6284.88				475.02	11696.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INS CANNULA AV EXTERN CLOSE	36815	CPT	outpatient			9024		7227.61 UHC	Medicaid		2847.07	31.55			475.02	11696.16	percent of total billed charges	
INS CANNULA AV EXTERN CLOSE	36815	CPT	outpatient			9024		7227.61 United	Oxford		4702				475.02	11696.16	case rate	
INS CANNULA AV EXTERN CLOSE	36815	CPT	outpatient			9024		7227.61 United	Commercial|PPO		4702				475.02	11696.16	case rate	
INS CANNULA AV EXTERN CLOSE	36815	CPT	outpatient			9024		7227.61 Wellcare	Medicare		6284.88				475.02	11696.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INS CANNULA AV EXTERN CLOSE	36815	CPT	outpatient			9024		7227.61 Wellcare	Medicaid		2847.07	31.55			475.02	11696.16	percent of total billed charges	
INS CANNULA AV EXTERN CLOSE	36815	CPT	outpatient			9024		7227.61 WellPoint	WellPoint		2903.92	32.18			475.02	11696.16	percent of total billed charges	
ARTL ANAST OPN, UPR ARM	36818	CPT	outpatient			18364		7227.61 Aetna	Better Health		5793.84	31.55			1013.23	17445.8	percent of total billed charges	
ARTL ANAST OPN, UPR ARM	36818	CPT	outpatient			18364		7227.61 Aetna	Commercial		10005.53				1013.23	17445.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTL ANAST OPN, UPR ARM	36818	CPT	outpatient			18364		7227.61 Aetna	Medicare		6284.88				1013.23	17445.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTL ANAST OPN, UPR ARM	36818	CPT	outpatient			18364		7227.61 Americare	Americare		13773	75			1013.23	17445.8	percent of total billed charges	
ARTL ANAST OPN, UPR ARM	36818	CPT	outpatient			18364		7227.61 Amerihealth	HMO|PPO		11936.6	65			1013.23	17445.8	percent of total billed charges	
ARTL ANAST OPN, UPR ARM	36818	CPT	outpatient			18364		7227.61 Amerihealth	Medicare		6284.88				1013.23	17445.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTL ANAST OPN, UPR ARM	36818	CPT	outpatient			18364		7227.61 Consumer	Consumer		17445.8	95			1013.23	17445.8	percent of total billed charges	
ARTL ANAST OPN, UPR ARM	36818	CPT	outpatient			18364		7227.61 Corrections	Corrections		14691.2	80			1013.23	17445.8	percent of total billed charges	
ARTL ANAST OPN, UPR ARM	36818	CPT	outpatient			18364		7227.61 First Health	First Health		12854.8	70			1013.23	17445.8	percent of total billed charges	
ARTL ANAST OPN, UPR ARM	36818	CPT	outpatient			18364		7227.61 First Trenton	First Trenton		16527.6	90			1013.23	17445.8	percent of total billed charges	
ARTL ANAST OPN, UPR ARM	36818	CPT	outpatient			18364		7227.61 Horizon	Medicare Blue		6284.88				1013.23	17445.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTL ANAST OPN, UPR ARM	36818	CPT	outpatient			18364		7227.61 Horizon	MGD		11696.16				1013.23	17445.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTL ANAST OPN, UPR ARM	36818	CPT	outpatient			18364		7227.61 Horizon	Indemnity		11696.16				1013.23	17445.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTL ANAST OPN, UPR ARM	36818	CPT	outpatient			18364		7227.61 Horizon	NJ Health		1013.23				1013.23	17445.8	fee schedule	
ARTL ANAST OPN, UPR ARM	36818	CPT	outpatient			18364		7227.61 Horizon	PPO		11696.16				1013.23	17445.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTL ANAST OPN, UPR ARM	36818	CPT	outpatient			18364		7227.61 Managed Care Inc	Managed Care Inc		16527.6	90			1013.23	17445.8	percent of total billed charges	
ARTL ANAST OPN, UPR ARM	36818	CPT	outpatient			18364		7227.61 Multiplan	Multiplan		14691.2	80			1013.23	17445.8	percent of total billed charges	
ARTL ANAST OPN, UPR ARM	36818	CPT	outpatient			18364		7227.61 Qualcare	Qualcare		13773	75			1013.23	17445.8	percent of total billed charges	
ARTL ANAST OPN, UPR ARM	36818	CPT	outpatient			18364		7227.61 Three Rivers	Three Rivers		17445.8	95			1013.23	17445.8	percent of total billed charges	
ARTL ANAST OPN, UPR ARM	36818	CPT	outpatient			18364		7227.61 UHC	Medicaid		5793.84	31.55			1013.23	17445.8	percent of total billed charges	
ARTL ANAST OPN, UPR ARM	36818	CPT	outpatient			18364		7227.61 UHC	Medicare		6284.88				1013.23	17445.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTL ANAST OPN, UPR ARM	36818	CPT	outpatient			18364		7227.61 United	Commercial|PPO		4702				1013.23	17445.8	case rate	
ARTL ANAST OPN, UPR ARM	36818	CPT	outpatient			18364		7227.61 United	Oxford		4702				1013.23	17445.8	case rate	
ARTL ANAST OPN, UPR ARM	36818	CPT	outpatient			18364		7227.61 Wellcare	Medicare		6284.88				1013.23	17445.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTL ANAST OPN, UPR ARM	36818	CPT	outpatient			18364		7227.61 Wellcare	Medicaid		5793.84	31.55			1013.23	17445.8	percent of total billed charges	
ARTL ANAST OPN, UPR ARM	36818	CPT	outpatient			18364		7227.61 WellPoint	WellPoint		5909.54	32.18			1013.23	17445.8	percent of total billed charges	
ARTVNS ANSTMOSIS OPN DIRECTOR	36821	CPT	outpatient			11180		4192.26 Aetna	Medicare		3645.44				660.33	10621	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTVNS ANSTMOSIS OPN DIRECTOR	36821	CPT	outpatient			11180		4192.26 Aetna	Commercial		5803.54				660.33	10621	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTVNS ANSTMOSIS OPN DIRECTOR	36821	CPT	outpatient			11180		4192.26 Aetna	Better Health		3527.29	31.55			660.33	10621	percent of total billed charges	
ARTVNS ANSTMOSIS OPN DIRECTOR	36821	CPT	outpatient			11180		4192.26 Americare	Americare		8385	75			660.33	10621	percent of total billed charges	
ARTVNS ANSTMOSIS OPN DIRECTOR	36821	CPT	outpatient			11180		4192.26 Amerihealth	HMO|PPO		7297	65			660.33	10621	percent of total billed charges	
ARTVNS ANSTMOSIS OPN DIRECTOR	36821	CPT	outpatient			11180		4192.26 Amerihealth	Medicare		3645.44				660.33	10621	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTVNS ANSTMOSIS OPN DIRECTOR	36821	CPT	outpatient			11180		4192.26 Consumer	Consumer		10621	95			660.33	10621	percent of total billed charges	
ARTVNS ANSTMOSIS OPN DIRECTOR	36821	CPT	outpatient			11180		4192.26 Corrections	Corrections		8944	80			660.33	10621	percent of total billed charges	
ARTVNS ANSTMOSIS OPN DIRECTOR	36821	CPT	outpatient			11180		4192.26 First Health	First Health		7826	70			660.33	10621	percent of total billed charges	
ARTVNS ANSTMOSIS OPN DIRECTOR	36821	CPT	outpatient			11180		4192.26 First Trenton	First Trenton		10062	90			660.33	10621	percent of total billed charges	
ARTVNS ANSTMOSIS OPN DIRECTOR	36821	CPT	outpatient			11180		4192.26 Horizon	NJ Health		660.33				660.33	10621	fee schedule	
ARTVNS ANSTMOSIS OPN DIRECTOR	36821	CPT	outpatient			11180		4192.26 Horizon	MGD		6784.16				660.33	10621	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTVNS ANSTMOSIS OPN DIRECTOR	36821	CPT	outpatient			11180		4192.26 Horizon	Indemnity		6784.16				660.33	10621	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTVNS ANSTMOSIS OPN DIRECTOR	36821	CPT	outpatient			11180		4192.26 Horizon	Medicare Blue		3645.44				660.33	10621	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTVNS ANSTMOSIS OPN DIRECTOR	36821	CPT	outpatient			11180		4192.26 Horizon	PPO		6784.16				660.33	10621	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTVNS ANSTMOSIS OPN DIRECTOR	36821	CPT	outpatient			11180		4192.26 Managed Care Inc	Managed Care Inc		10062	90			660.33	10621	percent of total billed charges	
ARTVNS ANSTMOSIS OPN DIRECTOR	36821	CPT	outpatient			11180		4192.26 Multiplan	Multiplan		8944	80			660.33	10621	percent of total billed charges	
ARTVNS ANSTMOSIS OPN DIRECTOR	36821	CPT	outpatient			11180		4192.26 Qualcare	Qualcare		8385	75			660.33	10621	percent of total billed charges	
ARTVNS ANSTMOSIS OPN DIRECTOR	36821	CPT	outpatient			11180		4192.26 Three Rivers	Three Rivers		10621	95			660.33	10621	percent of total billed charges	
ARTVNS ANSTMOSIS OPN DIRECTOR	36821	CPT	outpatient			11180		4192.26 UHC	Medicare		3645.44				660.33	10621	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTVNS ANSTMOSIS OPN DIRECTOR	36821	CPT	outpatient			11180		4192.26 UHC	Medicaid		3527.29	31.55			660.33	10621	percent of total billed charges	
ARTVNS ANSTMOSIS OPN DIRECTOR	36821	CPT	outpatient			11180		4192.26 United	Commercial|PPO		3492				660.33	10621	case rate	
ARTVNS ANSTMOSIS OPN DIRECTOR	36821	CPT	outpatient			11180		4192.26 United	Oxford		3492				660.33	10621	case rate	
ARTVNS ANSTMOSIS OPN DIRECTOR	36821	CPT	outpatient			11180		4192.26 Wellcare	Medicare		3645.44				660.33	10621	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTVNS ANSTMOSIS OPN DIRECTOR	36821	CPT	outpatient			11180		4192.26 Wellcare	Medicaid		3527.29	31.55			660.33	10621	percent of total billed charges	
ARTVNS ANSTMOSIS OPN DIRECTOR	36821	CPT	outpatient			11180		4192.26 WellPoint	WellPoint		3597.72	32.18			660.33	10621	percent of total billed charges	
PERCUT AVF CREATING SINGLE ACCESS FOR AR	36836	CPT	outpatient					23062.62 Aetna	Medicare		20054.45				5843	37321.33	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCUT AVF CREATING SINGLE ACCESS FOR AR	36836	CPT	outpatient					23062.62 Aetna	Commercial		31926.68				5843	37321.33	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCUT AVF CREATING SINGLE ACCESS FOR AR	36836	CPT	outpatient					23062.62 Amerihealth	Medicare		20054.45				5843	37321.33	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCUT AVF CREATING SINGLE ACCESS FOR AR	36836	CPT	outpatient					23062.62 Horizon	MGD		37321.33				5843	37321.33	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCUT AVF CREATING SINGLE ACCESS FOR AR	36836	CPT	outpatient					23062.62 Horizon	Medicare Blue		20054.45				5843	37321.33	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCUT AVF CREATING SINGLE ACCESS FOR AR	36836	CPT	outpatient					23062.62 Horizon	Indemnity		37321.33				5843	37321.33	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCUT AVF CREATING SINGLE ACCESS FOR AR	36836	CPT	outpatient					23062.62 Horizon	PPO		37321.33				5843	37321.33	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCUT AVF CREATING SINGLE ACCESS FOR AR	36836	CPT	outpatient					23062.62 UHC	Medicare		20054.45				5843	37321.33	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCUT AVF CREATING SINGLE ACCESS FOR AR	36836	CPT	outpatient					23062.62 United	Commercial|PPO		5843				5843	37321.33	case rate	
PERCUT AVF CREATING SINGLE ACCESS FOR AR	36836	CPT	outpatient					23062.62 United	Oxford		5843				5843	37321.33	case rate	
PERCUT AVF CREATING SINGLE ACCESS FOR AR	36836	CPT	outpatient					23062.62 Wellcare	Medicare		20054.45				5843	37321.33	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCUT AVF CREATING DOUBLE ACCESS AR/VE	36837	CPT	outpatient			64461		23062.62 Aetna	Commercial		31926.68				5843	61237.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERC FISTULA CREATION, UPR EXT	36837	CPT	outpatient			64461		23062.62 Aetna	Better Health		20337.45	31.55			5843	61237.95	percent of total billed charges	
PERCUT AVF CREATING DOUBLE ACCESS AR/VE	36837	CPT	outpatient			64461		23062.62 Aetna	Medicare		20054.45				5843	61237.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERC FISTULA CREATION, UPR EXT	36837	CPT	outpatient			64461		23062.62 Americare	Americare		48345.75	75			5843	61237.95	percent of total billed charges	
PERC FISTULA CREATION, UPR EXT	36837	CPT	outpatient			64461		23062.62 Amerihealth	HMO|PPO		41899.65	65			5843	61237.95	percent of total billed charges	
PERCUT AVF CREATING DOUBLE ACCESS AR/VE	36837	CPT	outpatient			64461		23062.62 Amerihealth	Medicare		20054.45				5843	61237.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERC FISTULA CREATION, UPR EXT	36837	CPT	outpatient			64461		23062.62 Consumer	Consumer		61237.95	95			5843	61237.95	percent of total billed charges	
PERC FISTULA CREATION, UPR EXT	36837	CPT	outpatient			64461		23062.62 Corrections	Corrections		51568.8	80			5843	61237.95	percent of total billed charges	
PERC FISTULA CREATION, UPR EXT	36837	CPT	outpatient			64461		23062.62 First Health	First Health		45122.7	70			5843	61237.95	percent of total billed charges	
PERC FISTULA CREATION, UPR EXT	36837	CPT	outpatient			64461		23062.62 First Trenton	First Trenton		58014.9	90			5843	61237.95	percent of total billed charges	
PERCUT AVF CREATING DOUBLE ACCESS AR/VE	36837	CPT	outpatient			64461		23062.62 Horizon	MGD		37321.33				5843	61237.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCUT AVF CREATING DOUBLE ACCESS AR/VE	36837	CPT	outpatient			64461		23062.62 Horizon	Medicare Blue		20054.45				5843	61237.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCUT AVF CREATING DOUBLE ACCESS AR/VE	36837	CPT	outpatient			64461		23062.62 Horizon	PPO		37321.33				5843	61237.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCUT AVF CREATING DOUBLE ACCESS AR/VE	36837	CPT	outpatient			64461		23062.62 Horizon	Indemnity		37321.33				5843	61237.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERC FISTULA CREATION, UPR EXT	36837	CPT	outpatient			64461		23062.62 Managed Care Inc	Managed Care Inc		58014.9	90			5843	61237.95	percent of total billed charges	
PERC FISTULA CREATION, UPR EXT	36837	CPT	outpatient			64461		23062.62 Multiplan	Multiplan		51568.8	80			5843	61237.95	percent of total billed charges	
PERC FISTULA CREATION, UPR EXT	36837	CPT	outpatient			64461		23062.62 Qualcare	Qualcare		48345.75	75			5843	61237.95	percent of total billed charges	
PERC FISTULA CREATION, UPR EXT	36837	CPT	outpatient			64461		23062.62 Three Rivers	Three Rivers		61237.95	95			5843	61237.95	percent of total billed charges	
PERCUT AVF CREATING DOUBLE ACCESS AR/VE	36837	CPT	outpatient			64461		23062.62 UHC	Medicare		20054.45				5843	61237.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERC FISTULA CREATION, UPR EXT	36837	CPT	outpatient			64461		23062.62 UHC	Medicaid		20337.45	31.55			5843	61237.95	percent of total billed charges	
PERCUT AVF CREATING DOUBLE ACCESS AR/VE	36837	CPT	outpatient			64461		23062.62 United	Commercial|PPO		5843				5843	61237.95	case rate	
PERCUT AVF CREATING DOUBLE ACCESS AR/VE	36837	CPT	outpatient			64461		23062.62 United	Oxford		5843				5843	61237.95	case rate	
PERC FISTULA CREATION, UPR EXT	36837	CPT	outpatient			64461		23062.62 Wellcare	Medicaid		20337.45	31.55			5843	61237.95	percent of total billed charges	
PERCUT AVF CREATING DOUBLE ACCESS AR/VE	36837	CPT	outpatient			64461		23062.62 Wellcare	Medicare		20054.45				5843	61237.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERC FISTULA CREATION, UPR EXT	36837	CPT	outpatient			64461		23062.62 WellPoint	WellPoint		20743.55	32.18			5843	61237.95	percent of total billed charges	
INTRO CATH DIALYSIS CIRCUIT DX ANGRPH	36901	CPT	both			5416		2106.37 Aetna	Commercial		2915.96				781.56	5145.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRO CATH DIALYSIS CIRCUIT DX ANGRPH	36901	CPT	both			5416		2106.37 Aetna	Better Health		1708.75	31.55			781.56	5145.2	percent of total billed charges	
INTRO CATH DIALYSIS CIRCUIT DX ANGRPH	36901	CPT	both			5416		2106.37 Aetna	Medicare		1831.63				781.56	5145.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRO CATH DIALYSIS CIRCUIT DX ANGRPH	36901	CPT	both			5416		2106.37 Americare	Americare		4092	75			781.56	5145.2	percent of total billed charges	
INTRO CATH DIALYSIS CIRCUIT DX ANGRPH	36901	CPT	both			5416		2106.37 Amerihealth	HMO|PPO		3520.4	65			781.56	5145.2	percent of total billed charges	
INTRO CATH DIALYSIS CIRCUIT DX ANGRPH	36901	CPT	both			5416		2106.37 Amerihealth	Medicare		1831.63				781.56	5145.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRO CATH DIALYSIS CIRCUIT DX ANGRPH	36901	CPT	both			5416		2106.37 Consumer	Consumer		5145.2	95			781.56	5145.2	percent of total billed charges	
INTRO CATH DIALYSIS CIRCUIT DX ANGRPH	36901	CPT	both			5416		2106.37 Corrections	Corrections		4332.8	80			781.56	5145.2	percent of total billed charges	
INTRO CATH DIALYSIS CIRCUIT DX ANGRPH	36901	CPT	both			5416		2106.37 First Health	First Health		3791.2	70			781.56	5145.2	percent of total billed charges	
INTRO CATH DIALYSIS CIRCUIT DX ANGRPH	36901	CPT	both			5416		2106.37 First Trenton	First Trenton		4874.4	90			781.56	5145.2	percent of total billed charges	
INTRO CATH DIALYSIS CIRCUIT DX ANGRPH	36901	CPT	both			5416		2106.37 Horizon	Medicare Blue		1831.63				781.56	5145.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRO CATH DIALYSIS CIRCUIT DX ANGRPH	36901	CPT	both			5416		2106.37 Horizon	Indemnity		3408.66				781.56	5145.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRO CATH DIALYSIS CIRCUIT DX ANGRPH	36901	CPT	both			5416		2106.37 Horizon	PPO		3408.66				781.56	5145.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRO CATH DIALYSIS CIRCUIT DX ANGRPH	36901	CPT	both			5416		2106.37 Horizon	MGD		3408.66				781.56	5145.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRO CATH DIALYSIS CIRCUIT DX ANGRPH	36901	CPT	both			5416		2106.37 Horizon	NJ Health		781.56				781.56	5145.2	fee schedule	
INTRO CATH DIALYSIS CIRCUIT DX ANGRPH	36901	CPT	both			5416		2106.37 Managed Care Inc	Managed Care Inc		4874.4	90			781.56	5145.2	percent of total billed charges	
INTRO CATH DIALYSIS CIRCUIT DX ANGRPH	36901	CPT	both			5416		2106.37 Multiplan	Multiplan		4332.8	80			781.56	5145.2	percent of total billed charges	
INTRO CATH DIALYSIS CIRCUIT DX ANGRPH	36901	CPT	both			5416		2106.37 Qualcare	Qualcare		4092	75			781.56	5145.2	percent of total billed charges	
INTRO CATH DIALYSIS CIRCUIT DX ANGRPH	36901	CPT	both			5416		2106.37 Three Rivers	Three Rivers		5145.2	95			781.56	5145.2	percent of total billed charges	
INTRO CATH DIALYSIS CIRCUIT DX ANGRPH	36901	CPT	both			5416		2106.37 UHC	Medicare		1831.63				781.56	5145.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRO CATH DIALYSIS CIRCUIT DX ANGRPH	36901	CPT	both			5416		2106.37 UHC	Medicaid		1708.75	31.55			781.56	5145.2	percent of total billed charges	
INTRO CATH DIALYSIS CIRCUIT DX ANGRPH	36901	CPT	both			5416		2106.37 United	Commercial|PPO		2493				781.56	5145.2	case rate	
INTRO CATH DIALYSIS CIRCUIT DX ANGRPH	36901	CPT	both			5416		2106.37 United	Oxford		2493				781.56	5145.2	case rate	
INTRO CATH DIALYSIS CIRCUIT DX ANGRPH	36901	CPT	both			5416		2106.37 Wellcare	Medicare		1831.63				781.56	5145.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
INTRO CATH DIALYSIS CIRCUIT DX ANGRPH	36901	CPT	both			5416	2106.37	Wellcare	Medicaid		1708.75	31.55			781.56	5145.2	percent of total billed charges	
INTRO CATH DIALYSIS CIRCUIT DX ANGRPH	36901	CPT	both			5416	2106.37	WellPoint	WellPoint		1742.87	32.18			781.56	5145.2	percent of total billed charges	
INTRO CATH DIALYSIS CIRCUIT W/ TRMUMIL	36902	CPT	both			20819	7517.39	Aetna	Medicare		6536.86				1662.13	19778.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRO CATH DIALYSIS CIRCUIT W/ TRMUMIL	36902	CPT	both			20819	7517.39	Aetna	Better Health		6568.39	31.55			1662.13	19778.05	percent of total billed charges	
INTRO CATH DIALYSIS CIRCUIT W/ TRMUMIL	36902	CPT	both			20819	7517.39	Aetna	Commercial		10406.68				1662.13	19778.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRO CATH DIALYSIS CIRCUIT W/ TRMUMIL	36902	CPT	both			20819	7517.39	Americare	Americare		15614.25	75			1662.13	19778.05	percent of total billed charges	
INTRO CATH DIALYSIS CIRCUIT W/ TRMUMIL	36902	CPT	both			20819	7517.39	Amerihealth	HMO/PPO		13532.35	65			1662.13	19778.05	percent of total billed charges	
INTRO CATH DIALYSIS CIRCUIT W/ TRMUMIL	36902	CPT	both			20819	7517.39	Amerihealth	Medicare		6536.86				1662.13	19778.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRO CATH DIALYSIS CIRCUIT W/ TRMUMIL	36902	CPT	both			20819	7517.39	Consumer	Consumer		19778.05	95			1662.13	19778.05	percent of total billed charges	
INTRO CATH DIALYSIS CIRCUIT W/ TRMUMIL	36902	CPT	both			20819	7517.39	Corrections	Corrections		16655.2	80			1662.13	19778.05	percent of total billed charges	
INTRO CATH DIALYSIS CIRCUIT W/ TRMUMIL	36902	CPT	both			20819	7517.39	First Health	First Health		14573.3	70			1662.13	19778.05	percent of total billed charges	
INTRO CATH DIALYSIS CIRCUIT W/ TRMUMIL	36902	CPT	both			20819	7517.39	First Trenton	First Trenton		18737.1	90			1662.13	19778.05	percent of total billed charges	
INTRO CATH DIALYSIS CIRCUIT W/ TRMUMIL	36902	CPT	both			20819	7517.39	Horizon	PPO		12165.1				1662.13	19778.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRO CATH DIALYSIS CIRCUIT W/ TRMUMIL	36902	CPT	both			20819	7517.39	Horizon	Indemnity		12165.1				1662.13	19778.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRO CATH DIALYSIS CIRCUIT W/ TRMUMIL	36902	CPT	both			20819	7517.39	Horizon	MGD		12165.1				1662.13	19778.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRO CATH DIALYSIS CIRCUIT W/ TRMUMIL	36902	CPT	both			20819	7517.39	Horizon	Medicare Blue		6536.86				1662.13	19778.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRO CATH DIALYSIS CIRCUIT W/ TRMUMIL	36902	CPT	both			20819	7517.39	Horizon	NJ Health		1662.13				1662.13	19778.05	fee schedule	
INTRO CATH DIALYSIS CIRCUIT W/ TRMUMIL	36902	CPT	both			20819	7517.39	Managed Care Inc	Managed Care Inc		18737.1	90			1662.13	19778.05	percent of total billed charges	
INTRO CATH DIALYSIS CIRCUIT W/ TRMUMIL	36902	CPT	both			20819	7517.39	Multiplan	Multiplan		16655.2	80			1662.13	19778.05	percent of total billed charges	
INTRO CATH DIALYSIS CIRCUIT W/ TRMUMIL	36902	CPT	both			20819	7517.39	Qualcare	Qualcare		15614.25	75			1662.13	19778.05	percent of total billed charges	
INTRO CATH DIALYSIS CIRCUIT W/ TRMUMIL	36902	CPT	both			20819	7517.39	Three Rivers	Three Rivers		19778.05	95			1662.13	19778.05	percent of total billed charges	
INTRO CATH DIALYSIS CIRCUIT W/ TRMUMIL	36902	CPT	both			20819	7517.39	UHC	Medicaid		6568.39	31.55			1662.13	19778.05	percent of total billed charges	
INTRO CATH DIALYSIS CIRCUIT W/ TRMUMIL	36902	CPT	both			20819	7517.39	UHC	Medicare		6536.86				1662.13	19778.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRO CATH DIALYSIS CIRCUIT W/ TRMUMIL	36902	CPT	both			20819	7517.39	United	Oxford		4702				1662.13	19778.05	case rate	
INTRO CATH DIALYSIS CIRCUIT W/ TRMUMIL	36902	CPT	both			20819	7517.39	United	CommercialPPO		4702				1662.13	19778.05	case rate	
INTRO CATH DIALYSIS CIRCUIT W/ TRMUMIL	36902	CPT	both			20819	7517.39	Wellcare	Medicare		6536.86				1662.13	19778.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRO CATH DIALYSIS CIRCUIT W/ TRMUMIL	36902	CPT	both			20819	7517.39	Wellcare	Medicaid		6568.39	31.55			1662.13	19778.05	percent of total billed charges	
INTRO CATH DIALYSIS CIRCUIT W/ TRMUMIL	36902	CPT	both			20819	7517.39	WellPoint	WellPoint		6699.55	32.18			1662.13	19778.05	percent of total billed charges	
INTRO CATH DIALYSIS CIRC W/TCAT PLMT	36903	CPT	outpatient			42074	14469	Aetna	Better Health		13274.35	31.55			5843	39970.3	percent of total billed charges	
INTRO CATH DIALYSIS CIRC W/TCAT PLMT	36903	CPT	outpatient			42074	14469	Aetna	Commercial		20030.13				5843	39970.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRO CATH DIALYSIS CIRC W/TCAT PLMT	36903	CPT	outpatient			42074	14469	Aetna	Medicare		12581.74				5843	39970.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRO CATH DIALYSIS CIRC W/TCAT PLMT	36903	CPT	outpatient			42074	14469	Americare	Americare		31555.5	75			5843	39970.3	percent of total billed charges	
INTRO CATH DIALYSIS CIRC W/TCAT PLMT	36903	CPT	outpatient			42074	14469	Amerihealth	HMO/PPO		27348.1	65			5843	39970.3	percent of total billed charges	
INTRO CATH DIALYSIS CIRC W/TCAT PLMT	36903	CPT	outpatient			42074	14469	Amerihealth	Medicare		12581.74				5843	39970.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRO CATH DIALYSIS CIRC W/TCAT PLMT	36903	CPT	outpatient			42074	14469	Consumer	Consumer		39970.3	95			5843	39970.3	percent of total billed charges	
INTRO CATH DIALYSIS CIRC W/TCAT PLMT	36903	CPT	outpatient			42074	14469	Corrections	Corrections		33659.2	80			5843	39970.3	percent of total billed charges	
INTRO CATH DIALYSIS CIRC W/TCAT PLMT	36903	CPT	outpatient			42074	14469	First Health	First Health		29451.8	70			5843	39970.3	percent of total billed charges	
INTRO CATH DIALYSIS CIRC W/TCAT PLMT	36903	CPT	outpatient			42074	14469	First Trenton	First Trenton		37866.6	90			5843	39970.3	percent of total billed charges	
INTRO CATH DIALYSIS CIRC W/TCAT PLMT	36903	CPT	outpatient			42074	14469	Horizon	MGD		23414.62				5843	39970.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRO CATH DIALYSIS CIRC W/TCAT PLMT	36903	CPT	outpatient			42074	14469	Horizon	Indemnity		23414.62				5843	39970.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRO CATH DIALYSIS CIRC W/TCAT PLMT	36903	CPT	outpatient			42074	14469	Horizon	Medicare Blue		12581.74				5843	39970.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRO CATH DIALYSIS CIRC W/TCAT PLMT	36903	CPT	outpatient			42074	14469	Horizon	NJ Health		7622.32				5843	39970.3	fee schedule	
INTRO CATH DIALYSIS CIRC W/TCAT PLMT	36903	CPT	outpatient			42074	14469	Horizon	PPO		23414.62				5843	39970.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRO CATH DIALYSIS CIRC W/TCAT PLMT	36903	CPT	outpatient			42074	14469	Managed Care Inc	Managed Care Inc		37866.6	90			5843	39970.3	percent of total billed charges	
INTRO CATH DIALYSIS CIRC W/TCAT PLMT	36903	CPT	outpatient			42074	14469	Multiplan	Multiplan		33659.2	80			5843	39970.3	percent of total billed charges	
INTRO CATH DIALYSIS CIRC W/TCAT PLMT	36903	CPT	outpatient			42074	14469	Qualcare	Qualcare		31555.5	75			5843	39970.3	percent of total billed charges	
INTRO CATH DIALYSIS CIRC W/TCAT PLMT	36903	CPT	outpatient			42074	14469	Three Rivers	Three Rivers		39970.3	95			5843	39970.3	percent of total billed charges	
INTRO CATH DIALYSIS CIRC W/TCAT PLMT	36903	CPT	outpatient			42074	14469	UHC	Medicare		12581.74				5843	39970.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRO CATH DIALYSIS CIRC W/TCAT PLMT	36903	CPT	outpatient			42074	14469	UHC	Medicaid		13274.35	31.55			5843	39970.3	percent of total billed charges	
INTRO CATH DIALYSIS CIRC W/TCAT PLMT	36903	CPT	outpatient			42074	14469	United	Oxford		5843				5843	39970.3	case rate	
INTRO CATH DIALYSIS CIRC W/TCAT PLMT	36903	CPT	outpatient			42074	14469	United	CommercialPPO		5843				5843	39970.3	case rate	
INTRO CATH DIALYSIS CIRC W/TCAT PLMT	36903	CPT	outpatient			42074	14469	Wellcare	Medicaid		13274.35	31.55			5843	39970.3	percent of total billed charges	
INTRO CATH DIALYSIS CIRC W/TCAT PLMT	36903	CPT	outpatient			42074	14469	Wellcare	Medicare		12581.74				5843	39970.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRO CATH DIALYSIS CIRC W/TCAT PLMT	36903	CPT	outpatient			42074	14469	WellPoint	WellPoint		13539.41	32.18			5843	39970.3	percent of total billed charges	
THRMBCINFS DIALYSIS CIRCUIT	36904	CPT	both			20819	7517.39	Aetna	Better Health		6568.39	31.55			2423.39	19778.05	percent of total billed charges	
THRMBCINFS DIALYSIS CIRCUIT	36904	CPT	both			20819	7517.39	Aetna	Medicare		6412.25	30.8			2423.39	19778.05	percent of total billed charges	
THRMBCINFS DIALYSIS CIRCUIT	36904	CPT	both			20819	7517.39	Aetna	Commercial		10406.68				2423.39	19778.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THRMBCINFS DIALYSIS CIRCUIT	36904	CPT	both			20819	7517.39	Americare	Americare		15614.25	75			2423.39	19778.05	percent of total billed charges	
THRMBCINFS DIALYSIS CIRCUIT	36904	CPT	both			20819	7517.39	Amerihealth	HMO/PPO		13532.35	65			2423.39	19778.05	percent of total billed charges	
THRMBCINFS DIALYSIS CIRCUIT	36904	CPT	both			20819	7517.39	Amerihealth	Medicare		6536.86				2423.39	19778.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THRMBCINFS DIALYSIS CIRCUIT	36904	CPT	both			20819	7517.39	Consumer	Consumer		19778.05	95			2423.39	19778.05	percent of total billed charges	
THRMBCINFS DIALYSIS CIRCUIT	36904	CPT	both			20819	7517.39	Corrections	Corrections		16655.2	80			2423.39	19778.05	percent of total billed charges	
THRMBCINFS DIALYSIS CIRCUIT	36904	CPT	both			20819	7517.39	First Health	First Health		14573.3	70			2423.39	19778.05	percent of total billed charges	
THRMBCINFS DIALYSIS CIRCUIT	36904	CPT	both			20819	7517.39	First Trenton	First Trenton		18737.1	90			2423.39	19778.05	percent of total billed charges	
THRMBCINFS DIALYSIS CIRCUIT	36904	CPT	both			20819	7517.39	Horizon	NJ Health		2423.39				2423.39	19778.05	fee schedule	
THRMBCINFS DIALYSIS CIRCUIT	36904	CPT	both			20819	7517.39	Horizon	Indemnity		12165.1				2423.39	19778.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THRMBCINFS DIALYSIS CIRCUIT	36904	CPT	both			20819	7517.39	Horizon	Medicare Blue		6536.86				2423.39	19778.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THRMBCINFS DIALYSIS CIRCUIT	36904	CPT	both			20819	7517.39	Horizon	MGD		12165.1				2423.39	19778.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THRMBCINFS DIALYSIS CIRCUIT	36904	CPT	both			20819	7517.39	Horizon	PPO		12165.1				2423.39	19778.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THRMBCINFS DIALYSIS CIRCUIT	36904	CPT	both			20819	7517.39	Managed Care Inc	Managed Care Inc		18737.1	90			2423.39	19778.05	percent of total billed charges	
THRMBCINFS DIALYSIS CIRCUIT	36904	CPT	both			20819	7517.39	Multiplan	Multiplan		16655.2	80			2423.39	19778.05	percent of total billed charges	
THRMBCINFS DIALYSIS CIRCUIT	36904	CPT	both			20819	7517.39	Qualcare	Qualcare		15614.25	75			2423.39	19778.05	percent of total billed charges	
THRMBCINFS DIALYSIS CIRCUIT	36904	CPT	both			20819	7517.39	Three Rivers	Three Rivers		19778.05	95			2423.39	19778.05	percent of total billed charges	
THRMBCINFS DIALYSIS CIRCUIT	36904	CPT	both			20819	7517.39	UHC	Medicaid		6568.39	31.55			2423.39	19778.05	percent of total billed charges	
THRMBCINFS DIALYSIS CIRCUIT	36904	CPT	both			20819	7517.39	UHC	Medicare		6536.86				2423.39	19778.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THRMBCINFS DIALYSIS CIRCUIT	36904	CPT	both			20819	7517.39	United	CommercialPPO		4702				2423.39	19778.05	case rate	
THRMBCINFS DIALYSIS CIRCUIT	36904	CPT	both			20819	7517.39	United	Oxford		4702				2423.39	19778.05	case rate	
THRMBCINFS DIALYSIS CIRCUIT	36904	CPT	both			20819	7517.39	Wellcare	Medicaid		6568.39	31.55			2423.39	19778.05	percent of total billed charges	
THRMBCINFS DIALYSIS CIRCUIT	36904	CPT	both			20819	7517.39	Wellcare	Medicare		6536.86				2423.39	19778.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THRMBCINFS DIALYSIS CIRCUIT	36904	CPT	both			20819	7517.39	WellPoint	WellPoint		6699.55	32.18			2423.39	19778.05	percent of total billed charges	
PERQ THROMBCINFS DIAL CIRCUIT TRLUMIL B	36905	CPT	both			42074	14469	Aetna	Better Health		13274.35	31.55			3101.1	39970.3	percent of total billed charges	
PERQ THROMBCINFS DIAL CIRCUIT TRLUMIL B	36905	CPT	both			42074	14469	Aetna	Medicare		12958.79	30.8			3101.1	39970.3	percent of total billed charges	
PERQ THROMBCINFS DIAL CIRCUIT TRLUMIL B	36905	CPT	both			42074	14469	Aetna	Commercial		20030.13				3101.1	39970.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERQ THROMBCINFS DIAL CIRCUIT TRLUMIL B	36905	CPT	both			42074	14469	Americare	Americare		31555.5	75			3101.1	39970.3	percent of total billed charges	
PERQ THROMBCINFS DIAL CIRCUIT TRLUMIL B	36905	CPT	both			42074	14469	Amerihealth	Medicare		12581.74				3101.1	39970.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERQ THROMBCINFS DIAL CIRCUIT TRLUMIL B	36905	CPT	both			42074	14469	Amerihealth	HMO/PPO		27348.1	65			3101.1	39970.3	percent of total billed charges	
PERQ THROMBCINFS DIAL CIRCUIT TRLUMIL B	36905	CPT	both			42074	14469	Consumer	Consumer		39970.3	95			3101.1	39970.3	percent of total billed charges	
PERQ THROMBCINFS DIAL CIRCUIT TRLUMIL B	36905	CPT	both			42074	14469	Corrections	Corrections		33659.2	80			3101.1	39970.3	percent of total billed charges	
PERQ THROMBCINFS DIAL CIRCUIT TRLUMIL B	36905	CPT	both			42074	14469	First Health	First Health		29451.8	70			3101.1	39970.3	percent of total billed charges	
PERQ THROMBCINFS DIAL CIRCUIT TRLUMIL B	36905	CPT	both			42074	14469	First Trenton	First Trenton		37866.6	90			3101.1	39970.3	percent of total billed charges	
PERQ THROMBCINFS DIAL CIRCUIT TRLUMIL B	36905	CPT	both			42074	14469	Horizon	Medicare Blue		12581.74				3101.1	39970.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERQ THROMBCINFS DIAL CIRCUIT TRLUMIL B	36905	CPT	both			42074	14469	Horizon	MGD		23414.62				3101.1	39970.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERQ THROMBCINFS DIAL CIRCUIT TRLUMIL B	36905	CPT	both			42074	14469	Horizon	Indemnity		23414.62				3101.1	39970.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERQ THROMBCINFS DIAL CIRCUIT TRLUMIL B	36905	CPT	both			42074	14469	Horizon	NJ Health		3101.1				3101.1	39970.3	fee schedule	
PERQ THROMBCINFS DIAL CIRCUIT TRLUMIL B	36905	CPT	both			42074	14469	Horizon	PPO		23414.62				3101.1	39970.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERQ THROMBCINFS DIAL CIRCUIT TRLUMIL B	36905	CPT	both			42074	14469	Managed Care Inc	Managed Care Inc		37866.6	90			3101.1	39970.3	percent of total billed charges	
PERQ THROMBCINFS DIAL CIRCUIT TRLUMIL B	36905	CPT	both			42074	14469	Multiplan	Multiplan		33659.2	80			3101.1	39970.3	percent of total billed charges	
PERQ THROMBCINFS DIAL CIRCUIT TRLUMIL B	36905	CPT	both			42074	14469	Qualcare	Qualcare		31555.5	75			3101.1	39970.3	percent of total billed charges	
PERQ THROMBCINFS DIAL CIRCUIT TRLUMIL B	36905	CPT	both			42074	14469	Three Rivers	Three Rivers		39970.3	95			3101.1	39970.3	percent of total billed charges	
PERQ THROMBCINFS DIAL CIRCUIT TRLUMIL B	36905	CPT	both			42074	14469	UHC	Medicare		12581.74				3101.1	39970.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERQ THROMBCINFS DIAL CIRCUIT TRLUMIL B	36905	CPT	both			42074	14469	UHC	Medicaid		13274.35	31.55			3101.1	39970.3	percent of total billed charges	
PERQ THROMBCINFS DIAL CIRCUIT TRLUMIL B	36905	CPT	both			42074	14469	United	CommercialPPO		5843				3101.1	39970.3	case rate	
PERQ THROMBCINFS DIAL CIRCUIT TRLUMIL B	36905	CPT	both			42074	14469	United	Oxford		5843				3101.1	39970.3	case rate	
PERQ THROMBCINFS DIAL CIRCUIT TRLUMIL B	36905	CPT	both			42074	14469	Wellcare	Medicare		12581.74				3101.1	39970.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERQ THROMBCINFS DIAL CIRCUIT TRLUMIL B	36905	CPT	both			42074	14469	Wellcare	Medicaid		13274.35	31.55			3101.1	39970.3	percent of total billed charges	
PERQ THROMBCINFS DIAL CIRCUIT TRLUMIL B	36905	CPT	both			42074	14469	WellPoint	WellPoint		13539.41	32.18			3101.1	39970.3	percent of total billed charges	
PERQ THROMBCINFS DIAL CIRCT TCAT PLMT	36906	CPT	both			63773	23062.62	Aetna	Commercial		31926.68				6553	60584.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERQ THROMBCINFS DIAL CIRCT TCAT PLMT	36906	CPT	both			63773	23062.62	Aetna	Medicare		19642.08	30.8			6553	60584.35	percent of total billed charges	
PERQ THROMBCINFS DIAL CIRCT TCAT PLMT	36906	CPT	both			63773	23062.62	Aetna	Better Health		20120.38	31.55			6553	60584.35	percent of total billed charges	
PERQ THROMBCINFS DIAL CIRCT TCAT PLMT	36906	CPT	both			63773	23062.62	Americare	Americare		47829.75	75			6553	60584.35	percent of total billed charges	
PERQ THROMBCINFS DIAL CIRCT TCAT PLMT	36906	CPT	both			63773	23062.62	Amerihealth	Medicare		20054.45				6553	60584.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERQ THROMBCINFS DIAL CIRCT TCAT PLMT	36906	CPT	both			63773	23062.62	Amerihealth	HMO/PPO		41452.45	65			6553	60584.35	percent of total billed charges	
PERQ THROMBCINFS DIAL CIRCT TCAT PLMT	36906	CPT	both			63773	23062.62	Consumer	Consumer		60584.35	95			6553	60584.35	percent of total billed charges	
PERQ THROMBCINFS DIAL CIRCT TCAT PLMT	36906	CPT	both			63773	23062.62	Corrections	Corrections		51018.4	80			6553	60584.35	percent of total billed charges	
PERQ THROMBCINFS DIAL CIRCT TCAT PLMT	36906	CPT	both			63773	23062.62	First Health	First Health		44641.1	70			6553	60584.35	percent of total billed charges	
PERQ THROMBCINFS DIAL CIRCT TCAT PLMT	36906	CPT	both			63773	23062.62	First Trenton	First Trenton		57395.7	90			6553	60584.35	percent of total billed charges	
PERQ THROMBCINFS DIAL CIRCT TCAT PLMT	36906	CPT	both			63773	23062.62	Horizon	MGD		37321.33				6553	60584.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERQ THROMBCINFS DIAL CIRCT TCAT PLMT	36906	CPT	both			63773	23062.62	Horizon	Medicare Blue		20054.45				6553	60584.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERQ THROMBCINFS DIAL CIRCT TCAT PLMT	36906	CPT	both			63773	23062.62	Horizon	Indemnity		37321.33				6553	60584.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERQ THROMBCINFS DIAL CIRCT TCAT PLMT	36906	CPT	both			63773	23062.62	Horizon	NJ Health		9242.9				6553	60584.35	fee schedule	
PERQ THROMBCINFS DIAL CIRCT TCAT PLMT	36906	CPT	both			63773	23062.62	Horizon	PPO		37321.33				6553	60584.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERQ THROMBCINFS DIAL CIRCT TCAT PLMT	36906	CPT	both			63773	23062.62	Managed Care Inc	Managed Care Inc		57395.7	90			6553	60584.35	percent of total billed charges	
PERQ THROMBCINFS DIAL CIRCT TCAT PLMT	36906	CPT	both			63773	23062.62	Multiplan	Multiplan		51018.4	80			6553	60584.35	percent of total billed charges	
PERQ THROMBCINFS DIAL CIRCT TCAT PLMT	36906	CPT	both			63773	23062.62	Qualcare	Qualcare		47829.75	75			6553	60584.35	percent of total billed charges	
PERQ THROMBCINFS DIAL CIRCT TCAT PLMT	36906	CPT	both			63773	23062.62	Three Rivers	Three Rivers		60584.35	95			6553	60584.35	percent of total billed charges	
PERQ THROMBCINFS DIAL CIRCT TCAT PLMT	36906	CPT	both			63773	23062.62	UHC	Medicare		20054.45				6553	60584.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERQ THROMBCINFS DIAL CIRCT TCAT PLMT	36906	CPT	both			63773	23062.62	UHC	Medicaid		20120.38	31.55			6553	60584.35	percent of total billed charges	
PERQ THROMBCINFS DIAL CIRCT TCAT PLMT	36906	CPT	both			63773	23062.62	United	Oxford		6553				6553	60584.35	case rate	
PERQ THROMBCINFS DIAL CIRCT TCAT PLMT	36906	CPT	both			63773	23062.62	United	CommercialPPO		6553				6553	60584.35	case rate	
PERQ THROMBCINFS DIAL CIRCT TCAT PLMT	36906	CPT	both			63773	23062.62	Wellcare	Medicare		20054.45				6553	60584.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERQ THROMBCINFS DIAL CIRCT TCAT PLMT	36906	CPT	both			63773	23062.62	Wellcare	Medicaid		20120.38	31.55			6553	60584.35	percent of total billed charges	
PERQ THROMBCINFS DIAL CIRCT TCAT PLMT	36906	CPT	both			63773	23062.62	WellPoint	WellPoint		20522.15	32.18			6553	60584.35	percent of total billed charges	
TRLUML BAL ANIOP CTR DIALYSIS SEG	36907	CPT	outpatient			10412		Aetna	Commercial		3956.56	38			994.57	9891.4	percent of total billed charges	
TRLUML BAL ANIOP CTR DIALYSIS SEG	36907	CPT	outpatient			10412		Aetna	Better Health		3284.99	31.55			994.57	9891.4	percent of total billed charges	
TRLUML BAL ANIOP CTR DIALYSIS SEG	36907	CPT	outpatient			10412		Aetna	Medicare		3206.9	30.8			994.57	9891.4	percent of total billed charges	
TRLUML BAL ANIOP CTR DIALYSIS SEG	36907	CPT	outpatient			10412		Americare	Americare		7809	75			994.57	9891.4	percent of total billed charges	
TRLUML BAL ANIOP CTR DIALYSIS SEG	36907	CPT	outpatient			10412		Amerihealth	HMO/PPO		6767.8	65			994.57	9891.4	percent of total billed charges	
TRLUML BAL ANIOP CTR DIALYSIS SEG	36907	CPT	outpatient			10412		Consumer	Consumer		9891.4	95			994.57	9891.4	percent of total billed charges	
TRLUML BAL ANIOP CTR DIALYSIS SEG	36907	CPT	outpatient			10412		Corrections	Corrections		8329.6	80			994.57	9891.4	percent of total billed charges	
TRLUML BAL ANIOP CTR DIALYSIS SEG	36907	CPT	outpatient			10412		First Health	First Health		7288.4	70			994.57	9891.4	percent of total billed charges	
TRLUML BAL ANIOP CTR DIALYSIS SEG	36907	CPT	outpatient			10412		First Trenton	First Trenton		9370.8	90			994.57	9891.4	percent of total billed charges	
TRLUML BAL ANIOP CTR DIALYSIS SEG	36907	CPT	outpatient			10412		Horizon	MGD		3985.71	38.28			994.57	9891.4	percent of total billed charges	
TRLUML BAL ANIOP CTR DIALYSIS SEG	36907	CPT	outpatient			10412		Horizon	Medicare Blue		3123.6	30			994.57	9891.4	percent of total billed charges	
TRLUML BAL ANIOP CTR DIALYSIS SEG	36907	CPT	outpatient			10412		Horizon	Indemnity		3985.71	38.28			994.57	9891.4	percent of total billed charges	
TRLUML BAL ANIOP CTR DIALYSIS SEG	36907	CPT	outpatient			10412	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
TRLUML BAL ANIOP CTR DIALYSIS SEG	36907	CPT	outpatient			10412		Qualcare	Qualcare		7809				994.57	9891.4	percent of total billed charges	
TRLUML BAL ANIOP CTR DIALYSIS SEG	36907	CPT	outpatient			10412		Three Rivers	Three Rivers		9891.4	95			994.57	9891.4	percent of total billed charges	
TRLUML BAL ANIOP CTR DIALYSIS SEG	36907	CPT	outpatient			10412		UHC	Medicaid		3284.99	31.55			994.57	9891.4	percent of total billed charges	
TRLUML BAL ANIOP CTR DIALYSIS SEG	36907	CPT	outpatient			10412		United	Oxford		1782				994.57	9891.4	case rate	
TRLUML BAL ANIOP CTR DIALYSIS SEG	36907	CPT	outpatient			10412		United	CommercialPPO		1782				994.57	9891.4	case rate	
TRLUML BAL ANIOP CTR DIALYSIS SEG	36907	CPT	outpatient			10412		Wellcare	Medicaid		3284.99	31.55			994.57	9891.4	percent of total billed charges	
TRLUML BAL ANIOP CTR DIALYSIS SEG	36907	CPT	outpatient			10412		WellPoint	WellPoint		3350.58	32.18			994.57	9891.4	percent of total billed charges	
TCAT PLM IV STENT CTR DIALYSIS SEG W/	36908	CPT	outpatient			21039		Aetna	Commercial		7994.82	38			1782	19967.05	percent of total billed charges	
TCAT PLM IV STENT CTR DIALYSIS SEG W/	36908	CPT	outpatient			21039		Aetna	Better Health		6637.8	31.55			1782	19967.05	percent of total billed charges	
TCAT PLM IV STENT CTR DIALYSIS SEG W/	36908	CPT	outpatient			21039		Aetna	Medicare		6480.01	30.8			1782	19967.05	percent of total billed charges	
TCAT PLM IV STENT CTR DIALYSIS SEG W/	36908	CPT	outpatient			21039		Americare	Americare		15779.25	75			1782	19967.05	percent of total billed charges	
TCAT PLM IV STENT CTR DIALYSIS SEG W/	36908	CPT	outpatient			21039		Amerihealth	HMO/PPO		13675.35	65			1782	19967.05	percent of total billed charges	
TCAT PLM IV STENT CTR DIALYSIS SEG W/	36908	CPT	outpatient			21039		Consumer	Consumer		19987.05	95			1782	19967.05	percent of total billed charges	
TCAT PLM IV STENT CTR DIALYSIS SEG W/	36908	CPT	outpatient			21039		Corrections	Corrections		16831.2	80			1782	19967.05	percent of total billed charges	
TCAT PLM IV STENT CTR DIALYSIS SEG W/	36908	CPT	outpatient			21039		First Health	First Health		14727.3	70			1782	19967.05	percent of total billed charges	
TCAT PLM IV STENT CTR DIALYSIS SEG W/	36908	CPT	outpatient			21039		First Trenton	First Trenton		18935.1	90			1782	19967.05	percent of total billed charges	
TRNSCATH PLCMT INTRVSCLR STNT	36908	CPT	outpatient			21039		Horizon	NJ Health		3663.34				1782	19967.05	fee schedule	
TCAT PLM IV STENT CTR DIALYSIS SEG W/	36908	CPT	outpatient			21039		Horizon	MGD		8053.73	38.28			1782	19967.05	percent of total billed charges	
TCAT PLM IV STENT CTR DIALYSIS SEG W/	36908	CPT	outpatient			21039		Horizon	Indemnity		8053.73	38.28			1782	19967.05	percent of total billed charges	
TCAT PLM IV STENT CTR DIALYSIS SEG W/	36908	CPT	outpatient			21039		Horizon	Medicare Blue		6311.7	30			1782	19967.05	percent of total billed charges	
TCAT PLM IV STENT CTR DIALYSIS SEG W/	36908	CPT	outpatient			21039		Horizon	PPO		8053.73	38.28			1782	19967.05	percent of total billed charges	
TCAT PLM IV STENT CTR DIALYSIS SEG W/	36908	CPT	outpatient			21039		Managed Care Inc	Managed Care Inc		18935.1	90			1782	19967.05	percent of total billed charges	
TCAT PLM IV STENT CTR DIALYSIS SEG W/	36908	CPT	outpatient			21039		Multiplan	Multiplan		16831.2	80			1782	19967.05	percent of total billed charges	
TCAT PLM IV STENT CTR DIALYSIS SEG W/	36908	CPT	outpatient			21039		Qualcare	Qualcare		15779.25	75			1782	19967.05	percent of total billed charges	
TCAT PLM IV STENT CTR DIALYSIS SEG W/	36908	CPT	outpatient			21039		Three Rivers	Three Rivers		19987.05	95			1782	19967.05	percent of total billed charges	
TCAT PLM IV STENT CTR DIALYSIS SEG W/	36908	CPT	outpatient			21039		UHC	Medicaid		6637.8	31.55			1782	19967.05	percent of total billed charges	
TRNSCATH PLCMT INTRVSCLR STNT	36908	CPT	outpatient			21039		United	Oxford		1782				1782	19967.05	case rate	
TRNSCATH PLCMT INTRVSCLR STNT	36908	CPT	outpatient			21039		United	CommercialPPO		1782				1782	19967.05	case rate	
TCAT PLM IV STENT CTR DIALYSIS SEG W/	36908	CPT	outpatient			21039		Wellcare	Medicaid		6637.8	31.55			1782	19987.05	percent of total billed charges	
TCAT PLM IV STENT CTR DIALYSIS SEG W/	36908	CPT	outpatient			21039		WellPoint	WellPoint		6770.35	32.18			1782	19967.05	percent of total billed charges	
DIALYSIS CIRCUIT VASC EMBOLI OCCLS EVAS	36909	CPT	both			10412		Aetna	Commercial		3958.56	38			1782	9891.4	percent of total billed charges	
DIALYSIS CIRCUIT VASC EMBOLI OCCLS EVAS	36909	CPT	both			10412		Aetna	Better Health		3284.99	31.55			1782	9891.4	percent of total billed charges	
DIALYSIS CIRCUIT VASC EMBOLI OCCLS EVAS	36909	CPT	both			10412		Aetna	Medicare		3206.9	30.8			1782	9891.4	percent of total billed charges	
DIALYSIS CIRCUIT VASC EMBOLI OCCLS EVAS	36909	CPT	both			10412		Americare	Americare		7809	75			1782	9891.4	percent of total billed charges	
DIALYSIS CIRCUIT VASC EMBOLI OCCLS EVAS	36909	CPT	both			10412		Amerihealth	HMO/PPO		6767.8	65			1782	9891.4	percent of total billed charges	
DIALYSIS CIRCUIT VASC EMBOLI OCCLS EVAS	36909	CPT	both			10412		Consumer	Consumer		9891.4	95			1782	9891.4	percent of total billed charges	
DIALYSIS CIRCUIT VASC EMBOLI OCCLS EVAS	36909	CPT	both			10412		Corrections	Corrections		8329.6	80			1782	9891.4	percent of total billed charges	
DIALYSIS CIRCUIT VASC EMBOLI OCCLS EVAS	36909	CPT	both			10412		First Health	First Health		7288.4	70			1782	9891.4	percent of total billed charges	
DIALYSIS CIRCUIT VASC EMBOLI OCCLS EVAS	36909	CPT	both			10412		First Trenton	First Trenton		9370.8	90			1782	9891.4	percent of total billed charges	
DIALYSIS CIRCUIT VASC EMBOLI OCCLS EVAS	36909	CPT	both			10412		Horizon	MGD		3985.71	38.28			1782	9891.4	percent of total billed charges	
DIALYSIS CIRCUIT VASC EMBOLI OCCLS EVAS	36909	CPT	both			10412		Horizon	Medicare Blue		3123.6	30			1782	9891.4	percent of total billed charges	
DIALYSIS CIRCUIT VASC EMBOLI OCCLS EVAS	36909	CPT	both			10412		Horizon	Indemnity		3985.71	38.28			1782	9891.4	percent of total billed charges	
DLYS CRCT VASC EMB OCCL S&I	36909	CPT	both			10412		Horizon	NJ Health		2672.17				1782	9891.4	fee schedule	
DIALYSIS CIRCUIT VASC EMBOLI OCCLS EVAS	36909	CPT	both			10412		Horizon	PPO		3985.71	38.28			1782	9891.4	percent of total billed charges	
DIALYSIS CIRCUIT VASC EMBOLI OCCLS EVAS	36909	CPT	both			10412		Managed Care Inc	Managed Care Inc		9370.8	90			1782	9891.4	percent of total billed charges	
DIALYSIS CIRCUIT VASC EMBOLI OCCLS EVAS	36909	CPT	both			10412		Multiplan	Multiplan		8329.6	80			1782	9891.4	percent of total billed charges	
DIALYSIS CIRCUIT VASC EMBOLI OCCLS EVAS	36909	CPT	both			10412		Qualcare	Qualcare		7809	75			1782	9891.4	percent of total billed charges	
DIALYSIS CIRCUIT VASC EMBOLI OCCLS EVAS	36909	CPT	both			10412		Three Rivers	Three Rivers		9891.4	95			1782	9891.4	percent of total billed charges	
DIALYSIS CIRCUIT VASC EMBOLI OCCLS EVAS	36909	CPT	both			10412		UHC	Medicaid		3284.99	31.55			1782	9891.4	percent of total billed charges	
DLYS CRCT VASC EMB OCCL S&I	36909	CPT	both			10412		United	CommercialPPO		1782				1782	9891.4	case rate	
DLYS CRCT VASC EMB OCCL S&I	36909	CPT	both			10412		United	Oxford		1782				1782	9891.4	case rate	
DIALYSIS CIRCUIT VASC EMBOLI OCCLS EVAS	36909	CPT	both			10412		Wellcare	Medicaid		3284.99	31.55			1782	9891.4	percent of total billed charges	
DIALYSIS CIRCUIT VASC EMBOLI OCCLS EVAS	36909	CPT	both			10412		WellPoint	WellPoint		3350.58	32.18			1782	9891.4	percent of total billed charges	
VENOUS ANASTOMOSIS PORTOCAVAL	37140	CPT	outpatient			6276		Aetna	Medicare		1933.01	30.8			1444.2	5962.2	percent of total billed charges	
VENOUS ANASTOMOSIS PORTOCAVAL	37140	CPT	outpatient			6276		Aetna	Commercial		2384.88	38			1444.2	5962.2	percent of total billed charges	
VENOUS ANASTOMOSIS PORTOCAVAL	37140	CPT	outpatient			6276		Aetna	Better Health		1980.08	31.55			1444.2	5962.2	percent of total billed charges	
VENOUS ANASTOMOSIS PORTOCAVAL	37140	CPT	outpatient			6276		Americare	Americare		4707	75			1444.2	5962.2	percent of total billed charges	
VENOUS ANASTOMOSIS PORTOCAVAL	37140	CPT	outpatient			6276		Amerihealth	HMO/PPO		4079.4	65			1444.2	5962.2	percent of total billed charges	
VENOUS ANASTOMOSIS PORTOCAVAL	37140	CPT	outpatient			6276		Consumer	Consumer		5962.2	95			1444.2	5962.2	percent of total billed charges	
VENOUS ANASTOMOSIS PORTOCAVAL	37140	CPT	outpatient			6276		Corrections	Corrections		5020.8	80			1444.2	5962.2	percent of total billed charges	
VENOUS ANASTOMOSIS PORTOCAVAL	37140	CPT	outpatient			6276		First Health	First Health		4393.2	70			1444.2	5962.2	percent of total billed charges	
VENOUS ANASTOMOSIS PORTOCAVAL	37140	CPT	outpatient			6276		First Trenton	First Trenton		5648.4	90			1444.2	5962.2	percent of total billed charges	
VENOUS ANASTOMOSIS PORTOCAVAL	37140	CPT	outpatient			6276		Horizon	MGD		2402.45	38.28			1444.2	5962.2	percent of total billed charges	
VENOUS ANASTOMOSIS PORTOCAVAL	37140	CPT	outpatient			6276		Horizon	Indemnity		2402.45	38.28			1444.2	5962.2	percent of total billed charges	
VENOUS ANASTOMOSIS PORTOCAVAL	37140	CPT	outpatient			6276		Horizon	NJ Health		1766.97				1444.2	5962.2	fee schedule	
VENOUS ANASTOMOSIS PORTOCAVAL	37140	CPT	outpatient			6276		Horizon	Medicare Blue		1882.8	30			1444.2	5962.2	percent of total billed charges	
VENOUS ANASTOMOSIS PORTOCAVAL	37140	CPT	outpatient			6276		Horizon	PPO		2402.45	38.28			1444.2	5962.2	percent of total billed charges	
VENOUS ANASTOMOSIS PORTOCAVAL	37140	CPT	outpatient			6276		Managed Care Inc	Managed Care Inc		5648.4	90			1444.2	5962.2	percent of total billed charges	
VENOUS ANASTOMOSIS PORTOCAVAL	37140	CPT	outpatient			6276		Multiplan	Multiplan		5020.8	80			1444.2	5962.2	percent of total billed charges	
VENOUS ANASTOMOSIS PORTOCAVAL	37140	CPT	outpatient			6276		Qualcare	Qualcare		4707	75			1444.2	5962.2	percent of total billed charges	
VENOUS ANASTOMOSIS PORTOCAVAL	37140	CPT	outpatient			6276		Three Rivers	Three Rivers		5962.2	95			1444.2	5962.2	percent of total billed charges	
VENOUS ANASTOMOSIS PORTOCAVAL	37140	CPT	outpatient			6276		UHC	Medicaid		1980.08	31.55			1444.2	5962.2	percent of total billed charges	
VENOUS ANASTOMOSIS PORTOCAVAL	37140	CPT	outpatient			6276		United	Oxford		1782				1444.2	5962.2	case rate	
VENOUS ANASTOMOSIS PORTOCAVAL	37140	CPT	outpatient			6276		United	CommercialPPO		1782				1444.2	5962.2	case rate	
VENOUS ANASTOMOSIS PORTOCAVAL	37140	CPT	outpatient			6276		Wellcare	Medicaid		1980.08	31.55			1444.2	5962.2	percent of total billed charges	
VENOUS ANASTOMOSIS PORTOCAVAL	37140	CPT	outpatient			6276		WellPoint	WellPoint		2019.62	32.18			1444.2	5962.2	percent of total billed charges	
T.I.P.S.	37182	CPT	both			37271		Aetna	Better Health		11759	31.55			1221.48	35407.45	percent of total billed charges	
T.I.P.S.	37182	CPT	both			37271		Aetna	Commercial		14162.98	38			1221.48	35407.45	percent of total billed charges	
T.I.P.S.	37182	CPT	both			37271		Aetna	Medicare		11479.47	30.8			1221.48	35407.45	percent of total billed charges	
T.I.P.S.	37182	CPT	both			37271		Americare	Americare		27953.25	75			1221.48	35407.45	percent of total billed charges	
T.I.P.S.	37182	CPT	both			37271		Amerihealth	HMO/PPO		24226.15	65			1221.48	35407.45	percent of total billed charges	
T.I.P.S.	37182	CPT	both			37271		Consumer	Consumer		35407.45	95			1221.48	35407.45	percent of total billed charges	
T.I.P.S.	37182	CPT	both			37271		Corrections	Corrections		29816.8	80			1221.48	35407.45	percent of total billed charges	
T.I.P.S.	37182	CPT	both			37271		First Health	First Health		26089.7	70			1221.48	35407.45	percent of total billed charges	
T.I.P.S.	37182	CPT	both			37271		First Trenton	First Trenton		33543.9	90			1221.48	35407.45	percent of total billed charges	
T.I.P.S.	37182	CPT	both			37271		Horizon	MGD		14267.34	38.28			1221.48	35407.45	percent of total billed charges	
T.I.P.S.	37182	CPT	both			37271		Horizon	Medicare Blue		11181.3	30			1221.48	35407.45	percent of total billed charges	
T.I.P.S.	37182	CPT	both			37271		Horizon	NJ Health		1221.48				1221.48	35407.45	fee schedule	
T.I.P.S.	37182	CPT	both			37271		Horizon	Indemnity		14267.34	38.28			1221.48	35407.45	percent of total billed charges	
T.I.P.S.	37182	CPT	both			37271		Horizon	PPO		14267.34	38.28			1221.48	35407.45	percent of total billed charges	
T.I.P.S.	37182	CPT	both			37271		Managed Care Inc	Managed Care Inc		33543.9	90			1221.48	35407.45	percent of total billed charges	
T.I.P.S.	37182	CPT	both			37271		Multiplan	Multiplan		29816.8	80			1221.48	35407.45	percent of total billed charges	
T.I.P.S.	37182	CPT	both			37271		Qualcare	Qualcare		27953.25	75			1221.48	35407.45	percent of total billed charges	
T.I.P.S.	37182	CPT	both			37271		Three Rivers	Three Rivers		35407.45	95			1221.48	35407.45	percent of total billed charges	
T.I.P.S.	37182	CPT	both			37271		UHC	Medicaid		11759	31.55			1221.48	35407.45	percent of total billed charges	
T.I.P.S.	37182	CPT	both			37271		United	Oxford		5843				1221.48	35407.45	case rate	
T.I.P.S.	37182	CPT	both			37271		United	CommercialPPO		5843				1221.48	35407.45	case rate	
T.I.P.S.	37182	CPT	both			37271		Wellcare	Medicaid		11759	31.55			1221.48	35407.45	percent of total billed charges	
T.I.P.S.	37182	CPT	both			37271		WellPoint	WellPoint		11993.81	32.18			1221.48	35407.45	percent of total billed charges	
TIPS REVISION	37183	CPT	both			37271	7517.39	Aetna	Commercial		10406.68				574.2	35407.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TIPS REVISION	37183	CPT	both			37271	7517.39	Aetna	Better Health		11759	31.55			574.2	35407.45	percent of total billed charges	
TIPS REVISION	37183	CPT	both			37271	7517.39	Aetna	Medicare		6536.86				574.2	35407.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TIPS REVISION	37183	CPT	both			37271	7517.39	Americare	Americare		27953.25	75			574.2	35407.45	percent of total billed charges	
TIPS REVISION	37183	CPT	both			37271	7517.39	Amerihealth	Medicare		6536.86				574.2	35407.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TIPS REVISION	37183	CPT	both			37271	7517.39	Amerihealth	HMO/PPO		24226.15	65			574.2	35407.45	percent of total billed charges	
TIPS REVISION	37183	CPT	both			37271	7517.39	Consumer	Consumer		35407.45	95			574.2	35407.45	percent of total billed charges	
TIPS REVISION	37183	CPT	both			37271	7517.39	Corrections	Corrections		29816.8	80			574.2	35407.45	percent of total billed charges	
TIPS REVISION	37183	CPT	both			37271	7517.39	First Health	First Health		26089.7	70			574.2	35407.45	percent of total billed charges	
TIPS REVISION	37183	CPT	both			37271	7517.39	First Trenton	First Trenton		33543.9	90			574.2	35407.45	percent of total billed charges	
TIPS REVISION	37183	CPT	both			37271	7517.39	Horizon	MGD		12165.1				574.2	35407.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TIPS REVISION	37183	CPT	both			37271	7517.39	Horizon	Indemnity		12165.1				574.2	35407.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TIPS REVISION	37183	CPT	both			37271	7517.39	Horizon	NJ Health		574.2				574.2	35407.45	fee schedule	
TIPS REVISION	37183	CPT	both			37271	7517.39	Horizon	Medicare Blue		6536.86				574.2	35407.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TIPS REVISION	37183	CPT	both			37271	7517.39	Horizon	PPO		12165.1				574.2	35407.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TIPS REVISION	37183	CPT	both			37271	7517.39	Managed Care Inc	Managed Care Inc		33543.9	90			574.2	35407.45	percent of total billed charges	
TIPS REVISION	37183	CPT	both			37271	7517.39	Multiplan	Multiplan		29816.8	80			574.2	35407.45	percent of total billed charges	
TIPS REVISION	37183	CPT	both			37271	7517.39	Qualcare	Qualcare		27953.25	75			574.2	35407.45	percent of total billed charges	
TIPS REVISION	37183	CPT	both			37271	7517.39	Three Rivers	Three Rivers		35407.45	95			574.2	35407.45	percent of total billed charges	
TIPS REVISION	37183	CPT	both			37271	7517.39	UHC	Medicaid		11759	31.55			574.2	35407.45	percent of total billed charges	
TIPS REVISION	37183	CPT	both			37271	7517.39	UHC	Medicare		6536.86				574.2	35407.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TIPS REVISION	37183	CPT	both			37271	7517.39	United	CommercialPPO		5843				574.2	35407.45	case rate	
TIPS REVISION	37183	CPT	both			37271	7517.39	United	Oxford		5843				574.2	35407.45	case rate	
TIPS REVISION	37183	CPT	both			37271	7517.39	Wellcare	Medicaid		11759	31.55			574.2	35407.45	percent of total billed charges	
TIPS REVISION	37183	CPT	both			37271	7517.39	Wellcare	Medicare		6536.86				574.2	35407.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TIPS REVISION	37183	CPT	both			37271	7517.39	WellPoint	WellPoint		11993.81	32.18			574.2	35407.45	percent of total billed charges	
PRIM PRQ TRANSTHROM 1 VES	37184	CPT	both			39324	23062.62	Aetna	Medicare		12111.79	30.8			3631.5	37357.8	percent of total billed charges	
PRIM PRQ TRANSTHROM 1 VES	37184	CPT	both			39324	23062.62	Aetna	Better Health		12406.72	31.55			3631.5	37357.8	percent of total billed charges	
PRIM PRQ TRANSTHROM 1 VES	37184	CPT	both			39324	23062.62	Aetna	Commercial		31926.68				3631.5	37357.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRIM PRQ TRANSTHROM 1 VES	37184	CPT	both			39324	23062.62	Americare	Americare		29493	75			3631.5	37357.8	percent of total billed charges	
PRIM PRQ TRANSTHROM 1 VES	37184	CPT	both			39324	23062.62	Amerihealth	HMO/PPO		25560.6	65			3631.5	37357.8	percent of total billed charges	
PRIM PRQ TRANSTHROM 1 VES	37184	CPT	both			39324	23062.62	Amerihealth	Medicare		20054.45				3631.5	37357.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRIM PRQ TRANSTHROM 1 VES	37184	CPT	both			39324	23062.62	Consumer	Consumer		37357.8	95			3631.5	37357.8	percent of total billed charges	
PRIM PRQ TRANSTHROM 1 VES	37184	CPT	both			39324	23062.62	Corrections	Corrections		31459.2	80			3631.5	37357.8	percent of total billed charges	
PRIM PRQ TRANSTHROM 1 VES	37184	CPT	both			39324	23062.62	First Health	First Health		27526.8	70			3631.5	37357.8	percent of total billed charges	
PRIM PRQ TRANSTHROM 1 VES	37184	CPT	both			39324	23062.62	First Trenton	First Trenton		35391.6	90			3631.5	37357.8	percent of total billed charges	
PRIM PRQ TRANSTHROM 1 VES	37184	CPT	both			39324	23062.62	Horizon	Medicare Blue		20054.45				3631.5	37357.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRIM PRQ TRANSTHROM 1 VES	37184	CPT	both			39324	23062.62	Horizon	MGD		37321.33				3631.5	37357.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRIM PRQ TRANSTHROM 1 VES	37184	CPT	both			39324	23062.62	Horizon	Indemnity		37321.33				3631.5	37357.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRIM PRQ TRANSTHROM 1 VES	37184	CPT	both			39324	23062.62	Horizon	NJ Health		3631.5				3631.5	37357.8	fee schedule	
PRIM PRQ TRANSTHROM 1 VES	37184	CPT	both			39324	23062.62	Horizon	PPO		37321.33				3631.5	37357.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRIM PRQ TRANSTHROM 1 VES	37184	CPT	both			39324	23062.62	Managed Care Inc	Managed Care Inc		35391.6	90			3631.5	37357.8	percent of total billed charges	
PRIM PRQ TRANSTHROM 1 VES	37184	CPT	both			39324	23062.62	Multiplan	Multiplan		31459.2	80			3631.5	37357.8	percent of total billed charges	
PRIM PRQ TRANSTHROM 1 VES	37184	CPT	both			39324	23062.62	Qualcare	Qualcare		29493	75			3631.5	37357.8	percent of total billed charges	
PRIM PRQ TRANSTHROM 1 VES	37184	CPT	both			39324	23062.62	Three Rivers	Three Rivers		37357.8	95			3631.5	37357.8	percent of total billed charges	
PRIM PRQ TRANSTHROM 1 VES	37184	CPT	both			39324	23062.62	UHC	Medicaid		12406.72	31.55			3631.5	37357.8	percent of total billed charges	
PRIM PRQ TRANSTHROM 1 VES	37184	CPT	both			39324	23062.62	UHC	Medicare		20054.45				3631.5	37357.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRIM PRQ TRANSTHROM 1 VES	37184	CPT	both			39324	23062.62	United	CommercialPPO		4702				3631.5	37357.8	case rate	
PRIM PRQ TRANSTHROM 1 VES	37184	CPT	both			39324	23062.62	United	Oxford		4702				3631.5	37357.8	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.												
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true												
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
PRIM PRQ TRANSTHROM 1 VES	37184	CPT	both			39324	23062.62	Wellcare	Medicare		20054.45				3631.5	37357.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRIM PRQ TRANSTHROM 1 VES	37184	CPT	both			39324	23062.62	Wellcare	Medicaid		12406.72	31.55			3631.5	37357.8	percent of total billed charges	
PRIM PRQ TRANSTHROM 1 VES	37184	CPT	both			39324	23062.62	WellPoint	WellPoint		12654.46	32.18			3631.5	37357.8	percent of total billed charges	
PRIM PRQ TRANSLUML MECHNL THROMBECT SB	37185	CPT	inpatient			5420		Aetna	Better Health		1710.01	31.55			1182.96	5149	percent of total billed charges	
PRIM PRQ TRANSLUML MECHNL THROMBECT SB	37185	CPT	inpatient			5420		Aetna	Commercial		2059.6	38			1182.96	5149	percent of total billed charges	
PRIM PRQ TRANSLUML MECHNL THROMBECT SB	37185	CPT	inpatient			5420		Aetna	Medicare		1669.36	30.8			1182.96	5149	percent of total billed charges	
PRIM PRQ TRANSLUML MECHNL THROMBECT SB	37185	CPT	inpatient			5420		Americare	Americare		4065	75			1182.96	5149	percent of total billed charges	
PRIM PRQ TRANSLUML MECHNL THROMBECT SB	37185	CPT	inpatient			5420		Amerihealth	HMO/PPO		3523	65			1182.96	5149	percent of total billed charges	
PRIM PRQ TRANSLUML MECHNL THROMBECT SB	37185	CPT	inpatient			5420		Consumer	Consumer		5149	95			1182.96	5149	percent of total billed charges	
PRIM PRQ TRANSLUML MECHNL THROMBECT SB	37185	CPT	inpatient			5420		Corrections	Corrections		4336	80			1182.96	5149	percent of total billed charges	
PRIM PRQ TRANSLUML MECHNL THROMBECT SB	37185	CPT	inpatient			5420		First Health	First Health		3794	70			1182.96	5149	percent of total billed charges	
PRIM PRQ TRANSLUML MECHNL THROMBECT SB	37185	CPT	inpatient			5420		First Trenton	First Trenton		4878	90			1182.96	5149	percent of total billed charges	
PRIM PRQ TRANSLUML MECHNL THROMBECT SB	37185	CPT	inpatient			5420		Horizon	MGD		2074.78	38.28			1182.96	5149	percent of total billed charges	
PRIM PRQ TRANSLUML MECHNL THROMBECT SB	37185	CPT	inpatient			5420		Horizon	Indemnity		2074.78	38.28			1182.96	5149	percent of total billed charges	
PRIM PRQ TRANSLUML MECHNL THROMBECT SB	37185	CPT	inpatient			5420		Horizon	NJ Health		1182.96				1182.96	5149	fee schedule	
PRIM PRQ TRANSLUML MECHNL THROMBECT SB	37185	CPT	inpatient			5420		Horizon	Medicare Blue		1626	30			1182.96	5149	percent of total billed charges	
PRIM PRQ TRANSLUML MECHNL THROMBECT SB	37185	CPT	inpatient			5420		Horizon	PPO		2074.78	38.28			1182.96	5149	percent of total billed charges	
PRIM PRQ TRANSLUML MECHNL THROMBECT SB	37185	CPT	inpatient			5420		Managed Care Inc	Managed Care Inc		4878	90			1182.96	5149	percent of total billed charges	
PRIM PRQ TRANSLUML MECHNL THROMBECT SB	37185	CPT	inpatient			5420		Multiplan	Multiplan		4336	80			1182.96	5149	percent of total billed charges	
PRIM PRQ TRANSLUML MECHNL THROMBECT SB	37185	CPT	inpatient			5420		Qualcare	Qualcare		4065	75			1182.96	5149	percent of total billed charges	
PRIM PRQ TRANSLUML MECHNL THROMBECT SB	37185	CPT	inpatient			5420		Three Rivers	Three Rivers		5149	95			1182.96	5149	percent of total billed charges	
PRIM PRQ TRANSLUML MECHNL THROMBECT SB	37185	CPT	inpatient			5420		UHC	Medicaid		1710.01	31.55			1182.96	5149	percent of total billed charges	
PRIM PRQ TRANSLUML MECHNL THROMBECT SB	37185	CPT	inpatient			5420		United	Oxford		1782				1182.96	5149	case rate	
PRIM PRQ TRANSLUML MECHNL THROMBECT SB	37185	CPT	inpatient			5420		United	Commercial/PPO		1782				1182.96	5149	case rate	
PRIM PRQ TRANSLUML MECHNL THROMBECT SB	37185	CPT	inpatient			5420		Wellcare	Medicaid		1710.01	31.55			1182.96	5149	percent of total billed charges	
PRIM PRQ TRANSLUML MECHNL THROMBECT SB	37185	CPT	inpatient			5420		WellPoint	WellPoint		1744.16	32.18			1182.96	5149	percent of total billed charges	
SEC ART M-THROMBECT ADD-ON '59'	37186	CPT	inpatient			15296		Aetna	Better Health		4825.89	31.55			1626	14531.2	percent of total billed charges	
SEC ART M-THROMBECT ADD-ON '59'	37186	CPT	inpatient			15296		Aetna	Commercial		5812.48	38			1626	14531.2	percent of total billed charges	
SEC ART M-THROMBECT ADD-ON '59'	37186	CPT	inpatient			15296		Aetna	Medicare		4711.17	30.8			1626	14531.2	percent of total billed charges	
SEC ART M-THROMBECT ADD-ON '59'	37186	CPT	inpatient			15296		Americare	Americare		11472	75			1626	14531.2	percent of total billed charges	
SEC ART M-THROMBECT ADD-ON '59'	37186	CPT	inpatient			15296		Amerihealth	HMO/PPO		9942.4	65			1626	14531.2	percent of total billed charges	
SEC ART M-THROMBECT ADD-ON '59'	37186	CPT	inpatient			15296		Consumer	Consumer		14531.2	95			1626	14531.2	percent of total billed charges	
SEC ART M-THROMBECT ADD-ON '59'	37186	CPT	inpatient			15296		Corrections	Corrections		12236.8	80			1626	14531.2	percent of total billed charges	
SEC ART M-THROMBECT ADD-ON '59'	37186	CPT	inpatient			15296		First Health	First Health		10707.2	70			1626	14531.2	percent of total billed charges	
SEC ART M-THROMBECT ADD-ON '59'	37186	CPT	inpatient			15296		First Trenton	First Trenton		13766.4	90			1626	14531.2	percent of total billed charges	
SEC ART M-THROMBECT ADD-ON '59'	37186	CPT	inpatient			15296		Horizon	MGD		5855.31	38.28			1626	14531.2	percent of total billed charges	
SEC ART M-THROMBECT ADD-ON '59'	37186	CPT	inpatient			15296		Horizon	Medicare Blue		4588.8	30			1626	14531.2	percent of total billed charges	
SEC ART M-THROMBECT ADD-ON '59'	37186	CPT	inpatient			15296		Horizon	Indemnity		5855.31	38.28			1626	14531.2	percent of total billed charges	
SEC ART M-THROMBECT ADD-ON '59'	37186	CPT	inpatient			15296		Horizon	NJ Health		2394.73				1626	14531.2	fee schedule	
SEC ART M-THROMBECT ADD-ON '59'	37186	CPT	inpatient			15296		Horizon	PPO		5855.31	38.28			1626	14531.2	percent of total billed charges	
SEC ART M-THROMBECT ADD-ON '59'	37186	CPT	inpatient			15296		Managed Care Inc	Managed Care Inc		13766.4	90			1626	14531.2	percent of total billed charges	
SEC ART M-THROMBECT ADD-ON '59'	37186	CPT	inpatient			15296		Multiplan	Multiplan		12236.8	80			1626	14531.2	percent of total billed charges	
SEC ART M-THROMBECT ADD-ON '59'	37186	CPT	inpatient			15296		Qualcare	Qualcare		11472	75			1626	14531.2	percent of total billed charges	
SEC ART M-THROMBECT ADD-ON '59'	37186	CPT	inpatient			15296		Three Rivers	Three Rivers		14531.2	95			1626	14531.2	percent of total billed charges	
SEC ART M-THROMBECT ADD-ON '59'	37186	CPT	inpatient			15296		UHC	Medicaid		4825.89	31.55			1626	14531.2	percent of total billed charges	
SEC ART M-THROMBECT ADD-ON '59'	37186	CPT	inpatient			15296		United	Commercial/PPO		1782				1626	14531.2	case rate	
SEC ART M-THROMBECT ADD-ON '59'	37186	CPT	inpatient			15296		United	Oxford		1782				1626	14531.2	case rate	
SEC ART M-THROMBECT ADD-ON '59'	37186	CPT	inpatient			15296		Wellcare	Medicaid		4825.89	31.55			1626	14531.2	percent of total billed charges	
SEC ART M-THROMBECT ADD-ON '59'	37186	CPT	inpatient			15296		WellPoint	WellPoint		4922.25	32.18			1626	14531.2	percent of total billed charges	
VENOUS MECH THROMBECTOMY '59'	37187	CPT	inpatient			39324	14469	Aetna	Medicare		12581.74				3446.06	37357.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOUS MECH THROMBECTOMY '59'	37187	CPT	inpatient			39324	14469	Aetna	Better Health		12406.72	31.55			3446.06	37357.8	percent of total billed charges	
VENOUS MECH THROMBECTOMY '59'	37187	CPT	inpatient			39324	14469	Aetna	Commercial		20030.13				3446.06	37357.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOUS MECH THROMBECTOMY '59'	37187	CPT	inpatient			39324	14469	Americare	Americare		29493	75			3446.06	37357.8	percent of total billed charges	
VENOUS MECH THROMBECTOMY '59'	37187	CPT	inpatient			39324	14469	Amerihealth	HMO/PPO		25560.6	65			3446.06	37357.8	percent of total billed charges	
VENOUS MECH THROMBECTOMY '59'	37187	CPT	inpatient			39324	14469	Amerihealth	Medicare		12581.74				3446.06	37357.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOUS MECH THROMBECTOMY '59'	37187	CPT	inpatient			39324	14469	Consumer	Consumer		37357.8	95			3446.06	37357.8	percent of total billed charges	
VENOUS MECH THROMBECTOMY '59'	37187	CPT	inpatient			39324	14469	Corrections	Corrections		31459.2	80			3446.06	37357.8	percent of total billed charges	
VENOUS MECH THROMBECTOMY '59'	37187	CPT	inpatient			39324	14469	First Health	First Health		27526.8	70			3446.06	37357.8	percent of total billed charges	
VENOUS MECH THROMBECTOMY '59'	37187	CPT	inpatient			39324	14469	First Trenton	First Trenton		35391.6	90			3446.06	37357.8	percent of total billed charges	
VENOUS MECH THROMBECTOMY '59'	37187	CPT	inpatient			39324	14469	Horizon	MGD		23414.62				3446.06	37357.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOUS MECH THROMBECTOMY '59'	37187	CPT	inpatient			39324	14469	Horizon	Indemnity		23414.62				3446.06	37357.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOUS MECH THROMBECTOMY '59'	37187	CPT	inpatient			39324	14469	Horizon	PPO		23414.62				3446.06	37357.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOUS MECH THROMBECTOMY '59'	37187	CPT	inpatient			39324	14469	Horizon	NJ Health		3446.06				3446.06	37357.8	fee schedule	
VENOUS MECH THROMBECTOMY '59'	37187	CPT	inpatient			39324	14469	Horizon	Medicare Blue		12581.74				3446.06	37357.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOUS MECH THROMBECTOMY '59'	37187	CPT	inpatient			39324	14469	Managed Care Inc	Managed Care Inc		35391.6	90			3446.06	37357.8	percent of total billed charges	
VENOUS MECH THROMBECTOMY '59'	37187	CPT	inpatient			39324	14469	Multiplan	Multiplan		31459.2	80			3446.06	37357.8	percent of total billed charges	
VENOUS MECH THROMBECTOMY '59'	37187	CPT	inpatient			39324	14469	Qualcare	Qualcare		29493	75			3446.06	37357.8	percent of total billed charges	
VENOUS MECH THROMBECTOMY '59'	37187	CPT	inpatient			39324	14469	Three Rivers	Three Rivers		37357.8	95			3446.06	37357.8	percent of total billed charges	
VENOUS MECH THROMBECTOMY '59'	37187	CPT	inpatient			39324	14469	UHC	Medicaid		12406.72	31.55			3446.06	37357.8	percent of total billed charges	
VENOUS MECH THROMBECTOMY '59'	37187	CPT	inpatient			39324	14469	UHC	Medicare		12581.74				3446.06	37357.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOUS MECH THROMBECTOMY '59'	37187	CPT	inpatient			39324	14469	United	Oxford		4702				3446.06	37357.8	case rate	
VENOUS MECH THROMBECTOMY '59'	37187	CPT	inpatient			39324	14469	United	Commercial/PPO		4702				3446.06	37357.8	case rate	
VENOUS MECH THROMBECTOMY '59'	37187	CPT	inpatient			39324	14469	Wellcare	Medicare		12581.74				3446.06	37357.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOUS MECH THROMBECTOMY '59'	37187	CPT	inpatient			39324	14469	Wellcare	Medicaid		12406.72	31.55			3446.06	37357.8	percent of total billed charges	
VENOUS MECH THROMBECTOMY '59'	37187	CPT	inpatient			39324	14469	WellPoint	WellPoint		12654.46	32.18			3446.06	37357.8	percent of total billed charges	
VENOUS M-THROBECT ADD-ON '59'	37188	CPT	outpatient			19942	4192.26	Aetna	Better Health		6291.7	31.55			2985.34	18944.9	percent of total billed charges	
VENOUS M-THROBECT ADD-ON '59'	37188	CPT	outpatient			19942	4192.26	Aetna	Commercial		5803.54				2985.34	18944.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOUS M-THROBECT ADD-ON '59'	37188	CPT	outpatient			19942	4192.26	Aetna	Medicare		3645.44				2985.34	18944.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOUS M-THROBECT ADD-ON '59'	37188	CPT	outpatient			19942	4192.26	Americare	Americare		14956.5	75			2985.34	18944.9	percent of total billed charges	
VENOUS M-THROBECT ADD-ON '59'	37188	CPT	outpatient			19942	4192.26	Amerihealth	HMO/PPO		12962.3	65			2985.34	18944.9	percent of total billed charges	
VENOUS M-THROBECT ADD-ON '59'	37188	CPT	outpatient			19942	4192.26	Amerihealth	Medicare		3645.44				2985.34	18944.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOUS M-THROBECT ADD-ON '59'	37188	CPT	outpatient			19942	4192.26	Consumer	Consumer		18944.9	95			2985.34	18944.9	percent of total billed charges	
VENOUS M-THROBECT ADD-ON '59'	37188	CPT	outpatient			19942	4192.26	Corrections	Corrections		15953.6	80			2985.34	18944.9	percent of total billed charges	
VENOUS M-THROBECT ADD-ON '59'	37188	CPT	outpatient			19942	4192.26	First Health	First Health		13959.4	70			2985.34	18944.9	percent of total billed charges	
VENOUS M-THROBECT ADD-ON '59'	37188	CPT	outpatient			19942	4192.26	First Trenton	First Trenton		17947.8	90			2985.34	18944.9	percent of total billed charges	
VENOUS M-THROBECT ADD-ON '59'	37188	CPT	outpatient			19942	4192.26	Horizon	MGD		6784.16				2985.34	18944.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOUS M-THROBECT ADD-ON '59'	37188	CPT	outpatient			19942	4192.26	Horizon	Indemnity		6784.16				2985.34	18944.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOUS M-THROBECT ADD-ON '59'	37188	CPT	outpatient			19942	4192.26	Horizon	PPO		6784.16				2985.34	18944.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOUS M-THROBECT ADD-ON '59'	37188	CPT	outpatient			19942	4192.26	Horizon	NJ Health		2985.34				2985.34	18944.9	fee schedule	
VENOUS M-THROBECT ADD-ON '59'	37188	CPT	outpatient			19942	4192.26	Horizon	Medicare Blue		3645.44				2985.34	18944.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOUS M-THROBECT ADD-ON '59'	37188	CPT	outpatient			19942	4192.26	Managed Care Inc	Managed Care Inc		17947.8	90			2985.34	18944.9	percent of total billed charges	
VENOUS M-THROBECT ADD-ON '59'	37188	CPT	outpatient			19942	4192.26	Multiplan	Multiplan		15953.6	80			2985.34	18944.9	percent of total billed charges	
VENOUS M-THROBECT ADD-ON '59'	37188	CPT	outpatient			19942	4192.26	Qualcare	Qualcare		14956.5	75			2985.34	18944.9	percent of total billed charges	
VENOUS M-THROBECT ADD-ON '59'	37188	CPT	outpatient			19942	4192.26	Three Rivers	Three Rivers		18944.9	95			2985.34	18944.9	percent of total billed charges	
VENOUS M-THROBECT ADD-ON '59'	37188	CPT	outpatient			19942	4192.26	UHC	Medicare		3645.44				2985.34	18944.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOUS M-THROBECT ADD-ON '59'	37188	CPT	outpatient			19942	4192.26	UHC	Medicaid		6291.7	31.55			2985.34	18944.9	percent of total billed charges	
VENOUS M-THROBECT ADD-ON '59'	37188	CPT	outpatient			19942	4192.26	United	Commercial/PPO		3492				2985.34	18944.9	case rate	
VENOUS M-THROBECT ADD-ON '59'	37188	CPT	outpatient			19942	4192.26	United	Oxford		3492				2985.34	18944.9	case rate	
VENOUS M-THROBECT ADD-ON '59'	37188	CPT	outpatient			19942	4192.26	Wellcare	Medicare		3645.44				2985.34	18944.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOUS M-THROBECT ADD-ON '59'	37188	CPT	outpatient			19942	4192.26	Wellcare	Medicaid		6291.7	31.55			2985.34	18944.9	percent of total billed charges	
VENOUS M-THROBECT ADD-ON '59'	37188	CPT	outpatient			19942	4192.26	WellPoint	WellPoint		6417.34	32.18			2985.34	18944.9	percent of total billed charges	
NS INTRVAS VC FILTR W/WO VAS ACS VSL S	37191	CPT	both			15868	7227.61	Aetna	Better Health		5006.35	31.55			2330.28	15074.6	percent of total billed charges	
NS INTRVAS VC FILTR W/WO VAS ACS VSL S	37191	CPT	both			15868	7227.61	Aetna	Commercial		10005.53				2330.28	15074.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NS INTRVAS VC FILTR W/WO VAS ACS VSL S	37191	CPT	both			15868	7227.61	Aetna	Medicare		6284.88				2330.28	15074.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NS INTRVAS VC FILTR W/WO VAS ACS VSL S	37191	CPT	both			15868	7227.61	Americare	Americare		11901	75			2330.28	15074.6	percent of total billed charges	
NS INTRVAS VC FILTR W/WO VAS ACS VSL S	37191	CPT	both			15868	7227.61	Amerihealth	Medicare		6284.88				2330.28	15074.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NS INTRVAS VC FILTR W/WO VAS ACS VSL S	37191	CPT	both			15868	7227.61	Amerihealth	HMO/PPO		10314.2	65			2330.28	15074.6	percent of total billed charges	
NS INTRVAS VC FILTR W/WO VAS ACS VSL S	37191	CPT	both			15868	7227.61	Consumer	Consumer		15074.6	95			2330.28	15074.6	percent of total billed charges	
NS INTRVAS VC FILTR W/WO VAS ACS VSL S	37191	CPT	both			15868	7227.61	Corrections	Corrections		12694.4	80			2330.28	15074.6	percent of total billed charges	
NS INTRVAS VC FILTR W/WO VAS ACS VSL S	37191	CPT	both			15868	7227.61	First Health	First Health		11107.6	70			2330.28	15074.6	percent of total billed charges	
NS INTRVAS VC FILTR W/WO VAS ACS VSL S	37191	CPT	both			15868	7227.61	First Trenton	First Trenton		14281.2	90			2330.28	15074.6	percent of total billed charges	
NS INTRVAS VC FILTR W/WO VAS ACS VSL S	37191	CPT	both			15868	7227.61	Horizon	MGD		11696.16				2330.28	15074.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NS INTRVAS VC FILTR W/WO VAS ACS VSL S	37191	CPT	both			15868	7227.61	Horizon	Indemnity		11696.16				2330.28	15074.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NS INTRVAS VC FILTR W/WO VAS ACS VSL S	37191	CPT	both			15868	7227.61	Horizon	NJ Health		2344.96				2330.28	15074.6	fee schedule	
NS INTRVAS VC FILTR W/WO VAS ACS VSL S	37191	CPT	both			15868	7227.61	Horizon	PPO		11696.16				2330.28	15074.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NS INTRVAS VC FILTR W/WO VAS ACS VSL S	37191	CPT	both			15868	7227.61	Horizon	Medicare Blue		6284.88				2330.28	15074.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NS INTRVAS VC FILTR W/WO VAS ACS VSL S	37191	CPT	both			15868	7227.61	Managed Care Inc	Managed Care Inc		14281.2	90			2330.28	15074.6	percent of total billed charges	
NS INTRVAS VC FILTR W/WO VAS ACS VSL S	37191	CPT	both			15868	7227.61	Multiplan	Multiplan		12694.4	80			2330.28	15074.6	percent of total billed charges	
NS INTRVAS VC FILTR W/WO VAS ACS VSL S	37191	CPT	both			15868	7227.61	Qualcare	Qualcare		11901	75			2330.28	15074.6	percent of total billed charges	
NS INTRVAS VC FILTR W/WO VAS ACS VSL S	37191	CPT	both			15868	7227.61	Three Rivers	Three Rivers		15074.6	95			2330.28	15074.6	percent of total billed charges	
NS INTRVAS VC FILTR W/WO VAS ACS VSL S	37191	CPT	both			15868	7227.61	UHC	Medicaid		5006.35	31.55			2330.28	15074.6	percent of total billed charges	
NS INTRVAS VC FILTR W/WO VAS ACS VSL S	37191	CPT	both			15868	7227.61	UHC	Medicare		6284.88				2330.28	15074.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NS INTRVAS VC FILTR W/WO VAS ACS VSL S	37191	CPT	both			15868	7227.61	United	Commercial/PPO		4702				2330.28	15074.6	case rate	
NS INTRVAS VC FILTR W/WO VAS ACS VSL S	37191	CPT	both			15868	7227.61	United	Oxford		4702				2330.28	15074.6	case rate	
NS INTRVAS VC FILTR W/WO VAS ACS VSL S	37191	CPT	both			15868	7227.61	Wellcare	Medicare		6284.88				2330.28	15074.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NS INTRVAS VC FILTR W/WO VAS ACS VSL S	37191	CPT	both			15868	7227.61	Wellcare	Medicaid		5006.35	31.55			2330.28	15074.6	percent of total billed charges	
NS INTRVAS VC FILTR W/WO VAS ACS VSL S	37191	CPT	both			15868	7227.61	WellPoint	WellPoint		5106.32	32.18			2330.28	15074.6	percent of total billed charges	
REPOSITION OF IVC FILTER	37192	CPT	outpatient			10891	4192.26	Aetna	Better Health		3436.11	31.55			1559.69	10346.45	percent of total billed charges	
REPOSITION OF IVC FILTER	37192	CPT	outpatient			10891	4192.26	Aetna	Commercial		5803.54				1559.69	10346.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPOSITION OF IVC FILTER	37192	CPT	outpatient			10891	4192.26	Aetna	Medicare		3645.44				1559.69	10346.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPOSITION OF IVC FILTER	37192	CPT	outpatient			10891	4192.26	Americare	Americare		8168.25	75			1559.69	10346.45	percent of total billed charges	
REPOSITION OF IVC FILTER	37192	CPT	outpatient			10891	4192.26	Amerihealth	HMO/PPO		7079.15	65			1559.69	10346.45	percent of total billed charges	
REPOSITION OF IVC FILTER	37192	CPT	outpatient			10891	4192.26	Amerihealth	Medicare		3645.44				1559.69	10346.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPOSITION OF IVC FILTER	37192	CPT	outpatient			10891	4192.26	Consumer	Consumer		10346.45	95			1559.69	10346.45	percent of total billed charges	
REPOSITION OF IVC FILTER	37192	CPT	outpatient			10891	4192.26	Corrections	Corrections		8712.8	80			1559.69	10346.45	percent of total billed charges	
REPOSITION OF IVC FILTER	37192	CPT	outpatient			10891	4192.26	First Health	First Health		7623.7	70			1559.69	10346.45	percent of total billed charges	
REPOSITION OF IVC FILTER	37192	CPT	outpatient			10891	4192.26	First Trenton	First Trenton		9801.9	90			1559.69	10346.45	percent of total billed charges	
REPOSITION OF IVC FILTER	37192	CPT	outpatient			10891	4192.26	Horizon	Indemnity		6784.16				1559.69	10346.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPOSITION OF IVC FILTER	37192	CPT	outpatient			10891	4192.26	Horizon	Medicare Blue		3645.44				1559.69	10346.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPOSITION OF IVC FILTER	37192	CPT	outpatient			10891	4192.26	Horizon	NJ Health		1559.69				1559.69	10346.45	fee schedule	
REPOSITION OF IVC FILTER	37192	CPT	outpatient			10891	4192.26	Horizon	PPO		6784.16				1559.69	10346.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPOSITION OF IVC FILTER	37192	CPT	outpatient			10891	4192.26	Horizon	MGD		6784.16				1559.69	10346.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPOSITION OF IVC FILTER	37192	CPT	outpatient			10891	4192.26	Managed Care Inc	Managed Care Inc		9801.9	90			1559.69	10346.45	percent of total billed charges	
REPOSITION OF IVC FILTER	37192	CPT	outpatient			10891	4192.26	Multiplan	Multiplan		8712.8	80			1559.69	10346.45	percent of total billed charges	
REPOSITION OF IVC FILTER	37192	CPT	outpatient			10891	4192.26	Qualcare	Qualcare		8168.25	75			1559.69	10346.45	percent of total billed charges	
REPOSITION OF IVC FILTER	37192	CPT	outpatient			10891	4192.26	Three Rivers	Three Rivers		10346.45	95			1559.69	10346.45	percent of total billed charges	
REPOSITION OF IVC FILTER	37192	CPT	outpatient			10891	4192.26	UHC	Medicare		3645.44				1559.69	10346.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPOSITION OF IVC FILTER	37192	CPT	outpatient			10891	4192.26	UHC	Medicaid		3436.11	31.55			1559.69	10346.45	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
REPOSITION OF IVC FILTER	37192	CPT	outpatient			10891		4192.26 United	Oxford		3492				1559.69	10346.45	case rate	
REPOSITION OF IVC FILTER	37192	CPT	outpatient			10891		4192.26 United	Commercial|PPO		3492				1559.69	10346.45	case rate	
REPOSITION OF IVC FILTER	37192	CPT	outpatient			10891		4192.26 Wellcare	Medicare		3645.44				1559.69	10346.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPOSITION OF IVC FILTER	37192	CPT	outpatient			10891		4192.26 Wellcare	Medicaid		3436.11	31.55			1559.69	10346.45	percent of total billed charges	
REPOSITION OF IVC FILTER	37192	CPT	outpatient			10891		4192.26 WellPoint	WellPoint		3504.72	32.18			1559.69	10346.45	percent of total billed charges	
RTRVL INTRVAS VC FILTR	37193	CPT	both			11356		4192.26 Aetna	Commercial		5803.54				1487.58	10788.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RTRVL INTRVAS VC FILTR	37193	CPT	both			11356		4192.26 Aetna	Medicare		3497.65	30.8			1487.58	10788.2	percent of total billed charges	
RTRVL INTRVAS VC FILTR	37193	CPT	both			11356		4192.26 Aetna	Better Health		3582.82	31.55			1487.58	10788.2	percent of total billed charges	
RTRVL INTRVAS VC FILTR	37193	CPT	both			11356		4192.26 Americare	Americare		8517	75			1487.58	10788.2	percent of total billed charges	
RTRVL INTRVAS VC FILTR	37193	CPT	both			11356		4192.26 Amerihealth	HMO/PPO		7381.4	65			1487.58	10788.2	percent of total billed charges	
RTRVL INTRVAS VC FILTR	37193	CPT	both			11356		4192.26 Amerihealth	Medicare		3645.44				1487.58	10788.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RTRVL INTRVAS VC FILTR	37193	CPT	both			11356		4192.26 Consumer	Consumer		10788.2	95			1487.58	10788.2	percent of total billed charges	
RTRVL INTRVAS VC FILTR	37193	CPT	both			11356		4192.26 Corrections	Corrections		9084.8	80			1487.58	10788.2	percent of total billed charges	
RTRVL INTRVAS VC FILTR	37193	CPT	both			11356		4192.26 First Health	First Health		7949.2	70			1487.58	10788.2	percent of total billed charges	
RTRVL INTRVAS VC FILTR	37193	CPT	both			11356		4192.26 First Trenton	First Trenton		10220.4	90			1487.58	10788.2	percent of total billed charges	
RTRVL INTRVAS VC FILTR	37193	CPT	both			11356		4192.26 Horizon	MGD		6784.16				1487.58	10788.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RTRVL INTRVAS VC FILTR	37193	CPT	both			11356		4192.26 Horizon	Medicare Blue		3645.44				1487.58	10788.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RTRVL INTRVAS VC FILTR	37193	CPT	both			11356		4192.26 Horizon	PPO		6784.16				1487.58	10788.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RTRVL INTRVAS VC FILTR	37193	CPT	both			11356		4192.26 Horizon	Indemnity		6784.16				1487.58	10788.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RTRVL INTRVAS VC FILTR	37193	CPT	both			11356		4192.26 Horizon	NJ Health		1487.58				1487.58	10788.2	fee schedule	
RTRVL INTRVAS VC FILTR	37193	CPT	both			11356		4192.26 Managed Care Inc	Managed Care Inc		10220.4	90			1487.58	10788.2	percent of total billed charges	
RTRVL INTRVAS VC FILTR	37193	CPT	both			11356		4192.26 Multiplan	Multiplan		9084.8	80			1487.58	10788.2	percent of total billed charges	
RTRVL INTRVAS VC FILTR	37193	CPT	both			11356		4192.26 Qualcare	Qualcare		8517	75			1487.58	10788.2	percent of total billed charges	
RTRVL INTRVAS VC FILTR	37193	CPT	both			11356		4192.26 Three Rivers	Three Rivers		10788.2	95			1487.58	10788.2	percent of total billed charges	
RTRVL INTRVAS VC FILTR	37193	CPT	both			11356		4192.26 UHC	Medicaid		3582.82	31.55			1487.58	10788.2	percent of total billed charges	
RTRVL INTRVAS VC FILTR	37193	CPT	both			11356		4192.26 UHC	Medicare		3645.44				1487.58	10788.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RTRVL INTRVAS VC FILTR	37193	CPT	both			11356		4192.26 United	Commercial|PPO		3492				1487.58	10788.2	case rate	
RTRVL INTRVAS VC FILTR	37193	CPT	both			11356		4192.26 United	Oxford		3492				1487.58	10788.2	case rate	
RTRVL INTRVAS VC FILTR	37193	CPT	both			11356		4192.26 Wellcare	Medicaid		3582.82	31.55			1487.58	10788.2	percent of total billed charges	
RTRVL INTRVAS VC FILTR	37193	CPT	both			11356		4192.26 Wellcare	Medicare		3645.44				1487.58	10788.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RTRVL INTRVAS VC FILTR	37193	CPT	both			11356		4192.26 WellPoint	WellPoint		3654.36	32.18			1487.58	10788.2	percent of total billed charges	
TRANSCATH RETRIEVAL OF INTRAVASCULAR	37197	CPT	inpatient			10809		4192.26 Aetna	Better Health		3410.24	31.55			1379.88	10268.55	percent of total billed charges	
TRANSCATH RETRIEVAL OF INTRAVASCULAR	37197	CPT	inpatient			10809		4192.26 Aetna	Medicare		3645.44				1379.88	10268.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSCATH RETRIEVAL OF INTRAVASCULAR	37197	CPT	inpatient			10809		4192.26 Aetna	Commercial		5803.54				1379.88	10268.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSCATH RETRIEVAL OF INTRAVASCULAR	37197	CPT	inpatient			10809		4192.26 Americare	Americare		8106.75	75			1379.88	10268.55	percent of total billed charges	
TRANSCATH RETRIEVAL OF INTRAVASCULAR	37197	CPT	inpatient			10809		4192.26 Amerihealth	HMO/PPO		7025.85	65			1379.88	10268.55	percent of total billed charges	
TRANSCATH RETRIEVAL OF INTRAVASCULAR	37197	CPT	inpatient			10809		4192.26 Amerihealth	Medicare		3645.44				1379.88	10268.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSCATH RETRIEVAL OF INTRAVASCULAR	37197	CPT	inpatient			10809		4192.26 Consumer	Consumer		10268.55	95			1379.88	10268.55	percent of total billed charges	
TRANSCATH RETRIEVAL OF INTRAVASCULAR	37197	CPT	inpatient			10809		4192.26 Corrections	Corrections		8647.2	80			1379.88	10268.55	percent of total billed charges	
TRANSCATH RETRIEVAL OF INTRAVASCULAR	37197	CPT	inpatient			10809		4192.26 First Health	First Health		7566.3	70			1379.88	10268.55	percent of total billed charges	
TRANSCATH RETRIEVAL OF INTRAVASCULAR	37197	CPT	inpatient			10809		4192.26 First Trenton	First Trenton		9728.1	90			1379.88	10268.55	percent of total billed charges	
TRANSCATH RETRIEVAL OF INTRAVASCULAR	37197	CPT	inpatient			10809		4192.26 Horizon	Indemnity		6784.16				1379.88	10268.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSCATH RETRIEVAL OF INTRAVASCULAR	37197	CPT	inpatient			10809		4192.26 Horizon	NJ Health		1379.88				1379.88	10268.55	fee schedule	
TRANSCATH RETRIEVAL OF INTRAVASCULAR	37197	CPT	inpatient			10809		4192.26 Horizon	MGD		6784.16				1379.88	10268.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSCATH RETRIEVAL OF INTRAVASCULAR	37197	CPT	inpatient			10809		4192.26 Horizon	Medicare Blue		3645.44				1379.88	10268.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSCATH RETRIEVAL OF INTRAVASCULAR	37197	CPT	inpatient			10809		4192.26 Horizon	PPO		6784.16				1379.88	10268.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSCATH RETRIEVAL OF INTRAVASCULAR	37197	CPT	inpatient			10809		4192.26 Managed Care Inc	Managed Care Inc		9728.1	90			1379.88	10268.55	percent of total billed charges	
TRANSCATH RETRIEVAL OF INTRAVASCULAR	37197	CPT	inpatient			10809		4192.26 Multiplan	Multiplan		8647.2	80			1379.88	10268.55	percent of total billed charges	
TRANSCATH RETRIEVAL OF INTRAVASCULAR	37197	CPT	inpatient			10809		4192.26 Qualcare	Qualcare		8106.75	75			1379.88	10268.55	percent of total billed charges	
TRANSCATH RETRIEVAL OF INTRAVASCULAR	37197	CPT	inpatient			10809		4192.26 Three Rivers	Three Rivers		10268.55	95			1379.88	10268.55	percent of total billed charges	
TRANSCATH RETRIEVAL OF INTRAVASCULAR	37197	CPT	inpatient			10809		4192.26 UHC	Medicaid		3410.24	31.55			1379.88	10268.55	percent of total billed charges	
TRANSCATH RETRIEVAL OF INTRAVASCULAR	37197	CPT	inpatient			10809		4192.26 UHC	Medicare		3645.44				1379.88	10268.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSCATH RETRIEVAL OF INTRAVASCULAR	37197	CPT	inpatient			10809		4192.26 United	Commercial|PPO		3492				1379.88	10268.55	case rate	
TRANSCATH RETRIEVAL OF INTRAVASCULAR	37197	CPT	inpatient			10809		4192.26 United	Oxford		3492				1379.88	10268.55	case rate	
TRANSCATH RETRIEVAL OF INTRAVASCULAR	37197	CPT	inpatient			10809		4192.26 Wellcare	Medicare		3645.44				1379.88	10268.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSCATH RETRIEVAL OF INTRAVASCULAR	37197	CPT	inpatient			10809		4192.26 Wellcare	Medicaid		3410.24	31.55			1379.88	10268.55	percent of total billed charges	
TRANSCATH RETRIEVAL OF INTRAVASCULAR	37197	CPT	inpatient			10809		4192.26 WellPoint	WellPoint		3478.34	32.18			1379.88	10268.55	percent of total billed charges	
TRANSCATHETER BIOPSY	37200	CPT	both			18915		7227.61 Aetna	Better Health		5967.68	31.55			313.6	17969.25	percent of total billed charges	
TRANSCATHETER BIOPSY	37200	CPT	both			18915		7227.61 Aetna	Medicare		5825.82	30.8			313.6	17969.25	percent of total billed charges	
TRANSCATHETER BIOPSY	37200	CPT	both			18915		7227.61 Aetna	Commercial		10005.53				313.6	17969.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSCATHETER BIOPSY	37200	CPT	both			18915		7227.61 Americare	Americare		14186.25	75			313.6	17969.25	percent of total billed charges	
TRANSCATHETER BIOPSY	37200	CPT	both			18915		7227.61 Amerihealth	HMO/PPO		12294.75	65			313.6	17969.25	percent of total billed charges	
TRANSCATHETER BIOPSY	37200	CPT	both			18915		7227.61 Amerihealth	Medicare		6284.88				313.6	17969.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSCATHETER BIOPSY	37200	CPT	both			18915		7227.61 Consumer	Consumer		17969.25	95			313.6	17969.25	percent of total billed charges	
TRANSCATHETER BIOPSY	37200	CPT	both			18915		7227.61 Corrections	Corrections		15132	80			313.6	17969.25	percent of total billed charges	
TRANSCATHETER BIOPSY	37200	CPT	both			18915		7227.61 First Health	First Health		13240.5	70			313.6	17969.25	percent of total billed charges	
TRANSCATHETER BIOPSY	37200	CPT	both			18915		7227.61 First Trenton	First Trenton		17023.5	90			313.6	17969.25	percent of total billed charges	
TRANSCATHETER BIOPSY	37200	CPT	both			18915		7227.61 Horizon	Indemnity		11696.16				313.6	17969.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSCATHETER BIOPSY	37200	CPT	both			18915		7227.61 Horizon	MGD		11696.16				313.6	17969.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSCATHETER BIOPSY	37200	CPT	both			18915		7227.61 Horizon	Medicare Blue		6284.88				313.6	17969.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSCATHETER BIOPSY	37200	CPT	both			18915		7227.61 Horizon	NJ Health		313.6				313.6	17969.25	fee schedule	
TRANSCATHETER BIOPSY	37200	CPT	both			18915		7227.61 Horizon	PPO		11696.16				313.6	17969.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSCATHETER BIOPSY	37200	CPT	both			18915		7227.61 Managed Care Inc	Managed Care Inc		17023.5	90			313.6	17969.25	percent of total billed charges	
TRANSCATHETER BIOPSY	37200	CPT	both			18915		7227.61 Multiplan	Multiplan		15132	80			313.6	17969.25	percent of total billed charges	
TRANSCATHETER BIOPSY	37200	CPT	both			18915		7227.61 Qualcare	Qualcare		14186.25	75			313.6	17969.25	percent of total billed charges	
TRANSCATHETER BIOPSY	37200	CPT	both			18915		7227.61 Three Rivers	Three Rivers		17969.25	95			313.6	17969.25	percent of total billed charges	
TRANSCATHETER BIOPSY	37200	CPT	both			18915		7227.61 UHC	Medicaid		5967.68	31.55			313.6	17969.25	percent of total billed charges	
TRANSCATHETER BIOPSY	37200	CPT	both			18915		7227.61 UHC	Medicare		6284.88				313.6	17969.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSCATHETER BIOPSY	37200	CPT	both			18915		7227.61 United	Commercial|PPO		4702				313.6	17969.25	case rate	
TRANSCATHETER BIOPSY	37200	CPT	both			18915		7227.61 United	Oxford		4702				313.6	17969.25	case rate	
TRANSCATHETER BIOPSY	37200	CPT	both			18915		7227.61 Wellcare	Medicare		6284.88				313.6	17969.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSCATHETER BIOPSY	37200	CPT	both			18915		7227.61 Wellcare	Medicaid		5967.68	31.55			313.6	17969.25	percent of total billed charges	
TRANSCATHETER BIOPSY	37200	CPT	both			18915		7227.61 WellPoint	WellPoint		6088.85	32.18			313.6	17969.25	percent of total billed charges	
TRANSCATH THERA,ART INFUS THOMBO OTHER	37211	CPT	inpatient			18650		7227.61 Aetna	Better Health		5884.08	31.55			333.51	17717.5	percent of total billed charges	
TRANSCATH THERA,ART INFUS THOMBO OTHER	37211	CPT	inpatient			18650		7227.61 Aetna	Medicare		6284.88				333.51	17717.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSCATH THERA,ART INFUS THOMBO OTHER	37211	CPT	inpatient			18650		7227.61 Aetna	Commercial		10005.53				333.51	17717.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSCATH THERA,ART INFUS THOMBO OTHER	37211	CPT	inpatient			18650		7227.61 Americare	Americare		13987.5	75			333.51	17717.5	percent of total billed charges	
TRANSCATH THERA,ART INFUS THOMBO OTHER	37211	CPT	inpatient			18650		7227.61 Amerihealth	HMO/PPO		12122.5	65			333.51	17717.5	percent of total billed charges	
TRANSCATH THERA,ART INFUS THOMBO OTHER	37211	CPT	inpatient			18650		7227.61 Amerihealth	Medicare		6284.88				333.51	17717.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSCATH THERA,ART INFUS THOMBO OTHER	37211	CPT	inpatient			18650		7227.61 Consumer	Consumer		17717.5	95			333.51	17717.5	percent of total billed charges	
TRANSCATH THERA,ART INFUS THOMBO OTHER	37211	CPT	inpatient			18650		7227.61 Corrections	Corrections		14920	80			333.51	17717.5	percent of total billed charges	
TRANSCATH THERA,ART INFUS THOMBO OTHER	37211	CPT	inpatient			18650		7227.61 First Health	First Health		13055	70			333.51	17717.5	percent of total billed charges	
TRANSCATH THERA,ART INFUS THOMBO OTHER	37211	CPT	inpatient			18650		7227.61 First Trenton	First Trenton		16785	90			333.51	17717.5	percent of total billed charges	
TRANSCATH THERA,ART INFUS THOMBO OTHER	37211	CPT	inpatient			18650		7227.61 Horizon	MGD		11696.16				333.51	17717.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSCATH THERA,ART INFUS THOMBO OTHER	37211	CPT	inpatient			18650		7227.61 Horizon	Indemnity		11696.16				333.51	17717.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSCATH THERA,ART INFUS THOMBO OTHER	37211	CPT	inpatient			18650		7227.61 Horizon	PPO		11696.16				333.51	17717.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSCATH THERA,ART INFUS THOMBO OTHER	37211	CPT	inpatient			18650		7227.61 Horizon	NJ Health		333.51				333.51	17717.5	fee schedule	
TRANSCATH THERA,ART INFUS THOMBO OTHER	37211	CPT	inpatient			18650		7227.61 Horizon	Medicare Blue		6284.88				333.51	17717.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSCATH THERA,ART INFUS THOMBO OTHER	37211	CPT	inpatient			18650		7227.61 Managed Care Inc	Managed Care Inc		16785	90			333.51	17717.5	percent of total billed charges	
TRANSCATH THERA,ART INFUS THOMBO OTHER	37211	CPT	inpatient			18650		7227.61 Multiplan	Multiplan		14920	80			333.51	17717.5	percent of total billed charges	
TRANSCATH THERA,ART INFUS THOMBO OTHER	37211	CPT	inpatient			18650		7227.61 Qualcare	Qualcare		13987.5	75			333.51	17717.5	percent of total billed charges	
TRANSCATH THERA,ART INFUS THOMBO OTHER	37211	CPT	inpatient			18650		7227.61 Three Rivers	Three Rivers		17717.5	95			333.51	17717.5	percent of total billed charges	
TRANSCATH THERA,ART INFUS THOMBO OTHER	37211	CPT	inpatient			18650		7227.61 UHC	Medicaid		5884.08	31.55			333.51	17717.5	percent of total billed charges	
TRANSCATH THERA,ART INFUS THOMBO OTHER	37211	CPT	inpatient			18650		7227.61 UHC	Medicare		6284.88				333.51	17717.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSCATH THERA,ART INFUS THOMBO OTHER	37211	CPT	inpatient			18650		7227.61 United	Commercial|PPO		4702				333.51	17717.5	case rate	
TRANSCATH THERA,ART INFUS THOMBO OTHER	37211	CPT	inpatient			18650		7227.61 United	Oxford		4702				333.51	17717.5	case rate	
TRANSCATH THERA,ART INFUS THOMBO OTHER	37211	CPT	inpatient			18650		7227.61 Wellcare	Medicare		6284.88				333.51	17717.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSCATH THERA,ART INFUS THOMBO OTHER	37211	CPT	inpatient			18650		7227.61 Wellcare	Medicaid		5884.08	31.55			333.51	17717.5	percent of total billed charges	
TRANSCATH THERA,ART INFUS THOMBO OTHER	37211	CPT	inpatient			18650		7227.61 WellPoint	WellPoint		6001.57	32.18			333.51	17717.5	percent of total billed charges	
TRANSCAT THERA,VEN INFUS THOMBO OTHER	37212	CPT	both			10188		4192.26 Aetna	Better Health		3214.31	31.55			294.43	9678.6	percent of total billed charges	
TRANSCAT THERA,VEN INFUS THOMBO OTHER	37212	CPT	both			10188		4192.26 Aetna	Commercial		5803.54				294.43	9678.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSCAT THERA,VEN INFUS THOMBO OTHER	37212	CPT	both			10188		4192.26 Aetna	Medicare		3645.44				294.43	9678.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSCAT THERA,VEN INFUS THOMBO OTHER	37212	CPT	both			10188		4192.26 Americare	Americare		7641	75			294.43	9678.6	percent of total billed charges	
TRANSCAT THERA,VEN INFUS THOMBO OTHER	37212	CPT	both			10188		4192.26 Amerihealth	HMO/PPO		6622.2	65			294.43	9678.6	percent of total billed charges	
TRANSCAT THERA,VEN INFUS THOMBO OTHER	37212	CPT	both			10188		4192.26 Amerihealth	Medicare		3645.44				294.43	9678.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSCAT THERA,VEN INFUS THOMBO OTHER	37212	CPT	both			10188		4192.26 Consumer	Consumer		9678.6	95			294.43	9678.6	percent of total billed charges	
TRANSCAT THERA,VEN INFUS THOMBO OTHER	37212	CPT	both			10188		4192.26 Corrections	Corrections		8150.4	80			294.43	9678.6	percent of total billed charges	
TRANSCAT THERA,VEN INFUS THOMBO OTHER	37212	CPT	both			10188		4192.26 First Health	First Health		7131.6	70			294.43	9678.6	percent of total billed charges	
TRANSCAT THERA,VEN INFUS THOMBO OTHER	37212	CPT	both			10188		4192.26 First Trenton	First Trenton		9169.2	90			294.43	9678.6	percent of total billed charges	
TRANSCAT THERA,VEN INFUS THOMBO OTHER	37212	CPT	both			10188		4192.26 Horizon	NJ Health		294.43				294.43	9678.6	fee schedule	
TRANSCAT THERA,VEN INFUS THOMBO OTHER	37212	CPT	both			10188		4192.26 Horizon	Indemnity		6784.16				294.43	9678.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSCAT THERA,VEN INFUS THOMBO OTHER	37212	CPT	both			10188		4192.26 Horizon	MGD		6784.16				294.43	9678.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSCAT THERA,VEN INFUS THOMBO OTHER	37212	CPT	both			10188		4192.26 Horizon	PPO		6784.16				294.43	9678.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSCAT THERA,VEN INFUS THOMBO OTHER	37212	CPT	both			10188		4192.26 Horizon	Medicare Blue		3645.44				294.43	9678.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSCAT THERA,VEN INFUS THOMBO OTHER	37212	CPT	both			10188		4192.26 Managed Care Inc	Managed Care Inc		9169.2	90			294.43	9678.6	percent of total billed charges	
TRANSCAT THERA,VEN INFUS THOMBO OTHER	37212	CPT	both			10188		4192.26 Multiplan	Multiplan		8150.4	80			294.43	9678.6	percent of total billed charges	
TRANSCAT THERA,VEN INFUS THOMBO OTHER	37212	CPT	both			10188		4192.26 Qualcare	Qualcare		7641	75			294.43	9678.6	percent of total billed charges	
TRANSCAT THERA,VEN INFUS THOMBO OTHER	37212	CPT	both			10188		4192.26 Three Rivers	Three Rivers		9678.6	95			294.43	9678.6	percent of total billed charges	
TRANSCAT THERA,VEN INFUS THOMBO OTHER	37212	CPT	both			10188		4192.26 UHC	Medicaid		3214.31	31.55			294.43	9678.6	percent of total billed charges	
TRANSCAT THERA,VEN INFUS THOMBO OTHER	37212	CPT	both			10188		4192.26 UHC	Medicare		3645.44				294.43	9678.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSCAT THERA,VEN INFUS THOMBO OTHER	37212	CPT	both			10188		4192.26 United	Commercial|PPO		3492				294.43	9678.6	case rate	
TRANSCAT THERA,VEN INFUS THOMBO OTHER	37212	CPT	both			10188		4192.26 United	Oxford		3492				294.43	9678.6	case rate	
TRANSCAT THERA,VEN INFUS THOMBO OTHER	37212	CPT	both			10188		4192.26 Wellcare	Medicare		3645.44				294.43	9678.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSCAT THERA,VEN INFUS THOMBO OTHER	37212	CPT	both			10188		4192.26 Wellcare	Medicaid		3214.31	31.55			294.43	9678.6	percent of total billed charges	
TRANSCAT THERA,VEN INFUS THOMBO OTHER	37212	CPT	both			10188		4192.26 WellPoint	WellPoint		3278.5	32.18			294.43	9678.6	percent of total billed charges	
TRANSCAT THERA,AR/VEN INFUS THAN	37213	CPT	outpatient			8511		4192.26 Aetna	Medicare		3645.44				205.47	8085.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSCAT THERA,AR/VEN INFUS THAN	37213	CPT	outpatient			8511		4192.26 Aetna	Better Health		2685.22	31.55			205.47	8085.45	percent of total billed charges	
TRANSCAT THERA,AR/VEN INFUS THAN	37213	CPT	outpatient			8511		4192.26 Aetna	Commercial		5803.54				205.47	8085.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSCAT THERA,AR/VEN INFUS THAN	37213	CPT	outpatient			8511		4192.26 Americare	Americare		6383.25	75			205.47	8085.45	percent of total billed charges	
TRANSCAT THERA,AR/VEN INFUS THAN	37213	CPT	outpatient			8511		4192.26 Amerihealth	Medicare		3645.44				205.47	8085.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSCAT THERA,AR/VEN INFUS THAN	37213	CPT	outpatient			8511		4192.26 Amerihealth	HMO/PPO		5532.15	65			205.47	8085.45	percent of total billed charges	
TRANSCAT THERA,AR/VEN INFUS THAN	37213	CPT	outpatient			8511		4192.26 Consumer	Consumer		8085.45	95			205.47	8085.45	percent of total billed charges	
TRANSCAT THERA,AR/VEN INFUS THAN	37213	CPT	outpatient			8511		4192.26 Corrections	Corrections		6808.8	80			205.47	8085.45	percent of total billed charges	
TRANSCAT THERA,AR/VEN INFUS THAN	37213	CPT	outpatient			8511		4192.26 First Health	First Health		5957.7	70			205.47	8085.45	percent of total billed charges	
TRANSCAT THERA,AR/VEN INFUS THAN	37213	CPT	outpatient			8511		4192.26 First Trenton	First Trenton		7659.9	90			205.47	8085.45	percent of total billed charges	
TRANSCAT THERA,AR/VEN INFUS THAN	37213	CPT	outpatient			8511		4192.26 Horizon	PPO		6784.16				205.47	8085.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSCAT THERA,AR/VEN INFUS THAN	37213	CPT	outpatient			8511		4192.26 Horizon	Medicare Blue		3645.44				205.47	8085.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSCAT THERA,AR/VEN INFUS THAN	37213	CPT	outpatient			8511		4192.26 Horizon	Indemnity		6784.16				205.47	8085.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
TRANSCATH THERA,AR/VEN INFUS THAN	37213	CPT	outpatient			8511		4192.26 Horizon	NJ Health		205.47				205.47		8085.45 fee schedule	
TRANSCATH THERA,AR/VEN INFUS THAN	37213	CPT	outpatient			8511		4192.26 Horizon	MGD		6784.16				205.47		8085.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSCATH THERA,AR/VEN INFUS THAN	37213	CPT	outpatient			8511		4192.26 Managed Care Inc	Managed Care Inc		7659.9	90			205.47		8085.45 percent of total billed charges	
TRANSCATH THERA,AR/VEN INFUS THAN	37213	CPT	outpatient			8511		4192.26 Multiplan	Multiplan		6808.8	80			205.47		8085.45 percent of total billed charges	
TRANSCATH THERA,AR/VEN INFUS THAN	37213	CPT	outpatient			8511		4192.26 Qualcare	Qualcare		6383.25	75			205.47		8085.45 percent of total billed charges	
TRANSCATH THERA,AR/VEN INFUS THAN	37213	CPT	outpatient			8511		4192.26 Three Rivers	Three Rivers		8085.45	95			205.47		8085.45 percent of total billed charges	
TRANSCATH THERA,AR/VEN INFUS THAN	37213	CPT	outpatient			8511		4192.26 UHC	Medicare		3645.44				205.47		8085.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSCATH THERA,AR/VEN INFUS THAN	37213	CPT	outpatient			8511		4192.26 UHC	Medicaid		2685.22	31.55			205.47		8085.45 percent of total billed charges	
TRANSCATH THERA,AR/VEN INFUS THAN	37213	CPT	outpatient			8511		4192.26 United	Oxford		1817				205.47		8085.45 case rate	
TRANSCATH THERA,AR/VEN INFUS THAN	37213	CPT	outpatient			8511		4192.26 United	Commercial|PPO		1817				205.47		8085.45 case rate	
TRANSCATH THERA,AR/VEN INFUS THAN	37213	CPT	outpatient			8511		4192.26 Wellcare	Medicaid		2685.22	31.55			205.47		8085.45 percent of total billed charges	
TRANSCATH THERA,AR/VEN INFUS THAN	37213	CPT	outpatient			8511		4192.26 Wellcare	Medicare		3645.44				205.47		8085.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSCATH THERA,AR/VEN INFUS THAN	37213	CPT	outpatient			8511		4192.26 WellPoint	WellPoint		2738.84	32.18			205.47		8085.45 percent of total billed charges	
TRANSCATH THERA,AR/VEN INFUS THIRO OTHER	37214	CPT	outpatient			8511		4192.26 Aetna	Commercial		5803.54				121.34		8085.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSCATH THERA,AR/VEN INFUS THIRO OTHER	37214	CPT	outpatient			8511		4192.26 Aetna	Better Health		2685.22	31.55			121.34		8085.45 percent of total billed charges	
TRANSCATH THERA,AR/VEN INFUS THIRO OTHER	37214	CPT	outpatient			8511		4192.26 Aetna	Medicare		3645.44				121.34		8085.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSCATH THERA,AR/VEN INFUS THIRO OTHER	37214	CPT	outpatient			8511		4192.26 Americare	Americare		6383.25	75			121.34		8085.45 percent of total billed charges	
TRANSCATH THERA,AR/VEN INFUS THIRO OTHER	37214	CPT	outpatient			8511		4192.26 Amerihealth	Medicare		3645.44				121.34		8085.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSCATH THERA,AR/VEN INFUS THIRO OTHER	37214	CPT	outpatient			8511		4192.26 Amerihealth	HMO/PPO		5532.15	65			121.34		8085.45 percent of total billed charges	
TRANSCATH THERA,AR/VEN INFUS THIRO OTHER	37214	CPT	outpatient			8511		4192.26 Consumer	Consumer		8085.45	95			121.34		8085.45 percent of total billed charges	
TRANSCATH THERA,AR/VEN INFUS THIRO OTHER	37214	CPT	outpatient			8511		4192.26 Corrections	Corrections		6808.8	80			121.34		8085.45 percent of total billed charges	
TRANSCATH THERA,AR/VEN INFUS THIRO OTHER	37214	CPT	outpatient			8511		4192.26 First Health	First Health		5957.7	70			121.34		8085.45 percent of total billed charges	
TRANSCATH THERA,AR/VEN INFUS THIRO OTHER	37214	CPT	outpatient			8511		4192.26 First Trenton	First Trenton		7659.9	90			121.34		8085.45 percent of total billed charges	
TRANSCATH THERA,AR/VEN INFUS THIRO OTHER	37214	CPT	outpatient			8511		4192.26 Horizon	Indemnity		6784.16				121.34		8085.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSCATH THERA,AR/VEN INFUS THIRO OTHER	37214	CPT	outpatient			8511		4192.26 Horizon	NJ Health		121.34				121.34		8085.45 fee schedule	
TRANSCATH THERA,AR/VEN INFUS THIRO OTHER	37214	CPT	outpatient			8511		4192.26 Horizon	Medicare Blue		3645.44				121.34		8085.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSCATH THERA,AR/VEN INFUS THIRO OTHER	37214	CPT	outpatient			8511		4192.26 Horizon	MGD		6784.16				121.34		8085.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSCATH THERA,AR/VEN INFUS THIRO OTHER	37214	CPT	outpatient			8511		4192.26 Horizon	PPO		6784.16				121.34		8085.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSCATH THERA,AR/VEN INFUS THIRO OTHER	37214	CPT	outpatient			8511		4192.26 Managed Care Inc	Managed Care Inc		7659.9	90			121.34		8085.45 percent of total billed charges	
TRANSCATH THERA,AR/VEN INFUS THIRO OTHER	37214	CPT	outpatient			8511		4192.26 Multiplan	Multiplan		6808.8	80			121.34		8085.45 percent of total billed charges	
TRANSCATH THERA,AR/VEN INFUS THIRO OTHER	37214	CPT	outpatient			8511		4192.26 Qualcare	Qualcare		6383.25	75			121.34		8085.45 percent of total billed charges	
TRANSCATH THERA,AR/VEN INFUS THIRO OTHER	37214	CPT	outpatient			8511		4192.26 Three Rivers	Three Rivers		8085.45	95			121.34		8085.45 percent of total billed charges	
TRANSCATH THERA,AR/VEN INFUS THIRO OTHER	37214	CPT	outpatient			8511		4192.26 UHC	Medicaid		2685.22	31.55			121.34		8085.45 percent of total billed charges	
TRANSCATH THERA,AR/VEN INFUS THIRO OTHER	37214	CPT	outpatient			8511		4192.26 UHC	Medicare		3645.44				121.34		8085.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSCATH THERA,AR/VEN INFUS THIRO OTHER	37214	CPT	outpatient			8511		4192.26 United	Commercial|PPO		1817				121.34		8085.45 case rate	
TRANSCATH THERA,AR/VEN INFUS THIRO OTHER	37214	CPT	outpatient			8511		4192.26 United	Oxford		1817				121.34		8085.45 case rate	
TRANSCATH THERA,AR/VEN INFUS THIRO OTHER	37214	CPT	outpatient			8511		4192.26 Wellcare	Medicare		3645.44				121.34		8085.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSCATH THERA,AR/VEN INFUS THIRO OTHER	37214	CPT	outpatient			8511		4192.26 Wellcare	Medicaid		2685.22	31.55			121.34		8085.45 percent of total billed charges	
TRANSCATH THERA,AR/VEN INFUS THIRO OTHER	37214	CPT	outpatient			8511		4192.26 WellPoint	WellPoint		2738.84	32.18			121.34		8085.45 percent of total billed charges	
TRANCERV CAROSTNT W/DIS EMB LT	37215	CPT	inpatient			13012		Aetna	Commercial		4944.56	38			1502.7		12361.4 percent of total billed charges	
TRANCERV CAROSTNT W/DIS EMB LT	37215	CPT	inpatient			13012		Aetna	Medicare		4007.7	30.8			1502.7		12361.4 percent of total billed charges	
TRANCERV CAROSTNT W/DIS EMB LT	37215	CPT	inpatient			13012		Aetna	Better Health		4105.29	31.55			1502.7		12361.4 percent of total billed charges	
TRANCERV CAROSTNT W/DIS EMB LT	37215	CPT	inpatient			13012		Americare	Americare		9759	75			1502.7		12361.4 percent of total billed charges	
TRANCERV CAROSTNT W/DIS EMB LT	37215	CPT	inpatient			13012		Amerihealth	HMO/PPO		8457.8	65			1502.7		12361.4 percent of total billed charges	
TRANCERV CAROSTNT W/DIS EMB LT	37215	CPT	inpatient			13012		Consumer	Consumer		12361.4	95			1502.7		12361.4 percent of total billed charges	
TRANCERV CAROSTNT W/DIS EMB LT	37215	CPT	inpatient			13012		Corrections	Corrections		10409.6	80			1502.7		12361.4 percent of total billed charges	
TRANCERV CAROSTNT W/DIS EMB LT	37215	CPT	inpatient			13012		First Health	First Health		9108.4	70			1502.7		12361.4 percent of total billed charges	
TRANCERV CAROSTNT W/DIS EMB LT	37215	CPT	inpatient			13012		First Trenton	First Trenton		11710.8	90			1502.7		12361.4 percent of total billed charges	
TRANCERV CAROSTNT W/DIS EMB LT	37215	CPT	inpatient			13012		Horizon	MGD		4980.99	38.28			1502.7		12361.4 percent of total billed charges	
TRANCERV CAROSTNT W/DIS EMB LT	37215	CPT	inpatient			13012		Horizon	Indemnity		4980.99	38.28			1502.7		12361.4 percent of total billed charges	
TRANCERV CAROSTNT W/DIS EMB LT	37215	CPT	inpatient			13012		Horizon	NJ Health		1598.1				1502.7		12361.4 fee schedule	
TRANCERV CAROSTNT W/DIS EMB LT	37215	CPT	inpatient			13012		Horizon	Medicare Blue		3903.6	30			1502.7		12361.4 percent of total billed charges	
TRANCERV CAROSTNT W/DIS EMB LT	37215	CPT	inpatient			13012		Horizon	PPO		4980.99	38.28			1502.7		12361.4 percent of total billed charges	
TRANCERV CAROSTNT W/DIS EMB LT	37215	CPT	inpatient			13012		Managed Care Inc	Managed Care Inc		11710.8	90			1502.7		12361.4 percent of total billed charges	
TRANCERV CAROSTNT W/DIS EMB LT	37215	CPT	inpatient			13012		Multiplan	Multiplan		10409.6	80			1502.7		12361.4 percent of total billed charges	
TRANCERV CAROSTNT W/DIS EMB LT	37215	CPT	inpatient			13012		Qualcare	Qualcare		9759	75			1502.7		12361.4 percent of total billed charges	
TRANCERV CAROSTNT W/DIS EMB LT	37215	CPT	inpatient			13012		Three Rivers	Three Rivers		12361.4	95			1502.7		12361.4 percent of total billed charges	
TRANCERV CAROSTNT W/DIS EMB LT	37215	CPT	inpatient			13012		UHC	Medicaid		4105.29	31.55			1502.7		12361.4 percent of total billed charges	
TRANCERV CAROSTNT W/DIS EMB LT	37215	CPT	inpatient			13012		United	Commercial|PPO		1782				1502.7		12361.4 case rate	
TRANCERV CAROSTNT W/DIS EMB LT	37215	CPT	inpatient			13012		United	Oxford		1782				1502.7		12361.4 case rate	
TRANCERV CAROSTNT W/DIS EMB LT	37215	CPT	inpatient			13012		Wellcare	Medicaid		4105.29	31.55			1502.7		12361.4 percent of total billed charges	
TRANCERV CAROSTNT W/DIS EMB LT	37215	CPT	inpatient			13012		WellPoint	WellPoint		4187.26	32.18			1502.7		12361.4 percent of total billed charges	
TRAN CERV CARO W/O DIS EMB RT	37216	CPT	inpatient			5637		Aetna	Better Health		1778.47	31.55			1457.11		5355.15 percent of total billed charges	
TRAN CERV CARO W/O DIS EMB RT	37216	CPT	inpatient			5637		Aetna	Medicare		1736.2	30.8			1457.11		5355.15 percent of total billed charges	
TRAN CERV CARO W/O DIS EMB RT	37216	CPT	inpatient			5637		Aetna	Commercial		2142.06	38			1457.11		5355.15 percent of total billed charges	
TRAN CERV CARO W/O DIS EMB RT	37216	CPT	inpatient			5637		Americare	Americare		4227.75	75			1457.11		5355.15 percent of total billed charges	
TRAN CERV CARO W/O DIS EMB RT	37216	CPT	inpatient			5637		Amerihealth	HMO/PPO		3664.05	65			1457.11		5355.15 percent of total billed charges	
TRAN CERV CARO W/O DIS EMB RT	37216	CPT	inpatient			5637		Consumer	Consumer		5355.15	95			1457.11		5355.15 percent of total billed charges	
TRAN CERV CARO W/O DIS EMB RT	37216	CPT	inpatient			5637		Corrections	Corrections		4509.6	80			1457.11		5355.15 percent of total billed charges	
TRAN CERV CARO W/O DIS EMB RT	37216	CPT	inpatient			5637		First Health	First Health		3945.9	70			1457.11		5355.15 percent of total billed charges	
TRAN CERV CARO W/O DIS EMB RT	37216	CPT	inpatient			5637		First Trenton	First Trenton		5073.3	90			1457.11		5355.15 percent of total billed charges	
TRAN CERV CARO W/O DIS EMB RT	37216	CPT	inpatient			5637		Horizon	Medicare Blue		1691.1	30			1457.11		5355.15 percent of total billed charges	
TRAN CERV CARO W/O DIS EMB RT	37216	CPT	inpatient			5637		Horizon	Indemnity		2157.84	38.28			1457.11		5355.15 percent of total billed charges	
TRAN CERV CARO W/O DIS EMB RT	37216	CPT	inpatient			5637		Horizon	MGD		2157.84	38.28			1457.11		5355.15 percent of total billed charges	
TRAN CERV CARO W/O DIS EMB RT	37216	CPT	inpatient			5637		Horizon	NJ Health		1457.11				1457.11		5355.15 fee schedule	
TRAN CERV CARO W/O DIS EMB RT	37216	CPT	inpatient			5637		Horizon	PPO		2157.84	38.28			1457.11		5355.15 percent of total billed charges	
TRAN CERV CARO W/O DIS EMB RT	37216	CPT	inpatient			5637		Managed Care Inc	Managed Care Inc		5073.3	90			1457.11		5355.15 percent of total billed charges	
TRAN CERV CARO W/O DIS EMB RT	37216	CPT	inpatient			5637		Multiplan	Multiplan		4509.6	80			1457.11		5355.15 percent of total billed charges	
TRAN CERV CARO W/O DIS EMB RT	37216	CPT	inpatient			5637		Qualcare	Qualcare		4227.75	75			1457.11		5355.15 percent of total billed charges	
TRAN CERV CARO W/O DIS EMB RT	37216	CPT	inpatient			5637		Three Rivers	Three Rivers		5355.15	95			1457.11		5355.15 percent of total billed charges	
TRAN CERV CARO W/O DIS EMB RT	37216	CPT	inpatient			5637		UHC	Medicaid		1778.47	31.55			1457.11		5355.15 percent of total billed charges	
TRAN CERV CARO W/O DIS EMB RT	37216	CPT	inpatient			5637		United	Oxford		1782				1457.11		5355.15 case rate	
TRAN CERV CARO W/O DIS EMB RT	37216	CPT	inpatient			5637		United	Commercial|PPO		1782				1457.11		5355.15 case rate	
TRAN CERV CARO W/O DIS EMB RT	37216	CPT	inpatient			5637		Wellcare	Medicaid		1778.47	31.55			1457.11		5355.15 percent of total billed charges	
TRAN CERV CARO W/O DIS EMB RT	37216	CPT	inpatient			5637		WellPoint	WellPoint		1813.99	32.18			1457.11		5355.15 percent of total billed charges	
TCATH STENT PLACEMT RETROGRAD CAROTID/IN	37217	CPT	inpatient					Horizon	NJ Health		1281.12				1281.12		1782 fee schedule	
TCATH STENT PLACEMT RETROGRAD CAROTID/IN	37217	CPT	inpatient					United	Commercial|PPO		1782				1281.12		1782 case rate	
TCATH STENT PLACEMT RETROGRAD CAROTID/IN	37217	CPT	inpatient					United	Oxford		1782				1281.12		1782 case rate	
LLIAC REVASC	37220	CPT	both			19964	7517.39	Aetna	Better Health		6298.64	31.55			3695.13		18965.8 percent of total billed charges	
LLIAC REVASC	37220	CPT	both			19964	7517.39	Aetna	Medicare		6536.86				3695.13		18965.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LLIAC REVASC	37220	CPT	both			19964	7517.39	Aetna	Commercial		10406.68				3695.13		18965.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LLIAC REVASC	37220	CPT	both			19964	7517.39	Americare	Americare		14973	75			3695.13		18965.8 percent of total billed charges	
LLIAC REVASC	37220	CPT	both			19964	7517.39	Amerihealth	Medicare		6536.86				3695.13		18965.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LLIAC REVASC	37220	CPT	both			19964	7517.39	Amerihealth	HMO/PPO		12976.6	65			3695.13		18965.8 percent of total billed charges	
LLIAC REVASC	37220	CPT	both			19964	7517.39	Consumer	Consumer		18965.8	95			3695.13		18965.8 percent of total billed charges	
LLIAC REVASC	37220	CPT	both			19964	7517.39	Corrections	Corrections		15971.2	80			3695.13		18965.8 percent of total billed charges	
LLIAC REVASC	37220	CPT	both			19964	7517.39	First Health	First Health		13974.8	70			3695.13		18965.8 percent of total billed charges	
LLIAC REVASC	37220	CPT	both			19964	7517.39	First Trenton	First Trenton		17967.6	90			3695.13		18965.8 percent of total billed charges	
LLIAC REVASC	37220	CPT	both			19964	7517.39	Horizon	Medicare Blue		6536.86				3695.13		18965.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LLIAC REVASC	37220	CPT	both			19964	7517.39	Horizon	NJ Health		3695.13				3695.13		18965.8 fee schedule	
LLIAC REVASC	37220	CPT	both			19964	7517.39	Horizon	Indemnity		12165.1				3695.13		18965.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LLIAC REVASC	37220	CPT	both			19964	7517.39	Horizon	MGD		12165.1				3695.13		18965.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LLIAC REVASC	37220	CPT	both			19964	7517.39	Horizon	PPO		12165.1				3695.13		18965.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LLIAC REVASC	37220	CPT	both			19964	7517.39	Managed Care Inc	Managed Care Inc		17967.6	90			3695.13		18965.8 percent of total billed charges	
LLIAC REVASC	37220	CPT	both			19964	7517.39	Multiplan	Multiplan		15971.2	80			3695.13		18965.8 percent of total billed charges	
LLIAC REVASC	37220	CPT	both			19964	7517.39	Qualcare	Qualcare		14973	75			3695.13		18965.8 percent of total billed charges	
LLIAC REVASC	37220	CPT	both			19964	7517.39	Three Rivers	Three Rivers		18965.8	95			3695.13		18965.8 percent of total billed charges	
LLIAC REVASC	37220	CPT	both			19964	7517.39	UHC	Medicare		6536.86				3695.13		18965.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LLIAC REVASC	37220	CPT	both			19964	7517.39	UHC	Medicaid		6298.64	31.55			3695.13		18965.8 percent of total billed charges	
LLIAC REVASC	37220	CPT	both			19964	7517.39	United	Commercial|PPO		4702				3695.13		18965.8 case rate	
LLIAC REVASC	37220	CPT	both			19964	7517.39	United	Oxford		4702				3695.13		18965.8 case rate	
LLIAC REVASC	37220	CPT	both			19964	7517.39	Wellcare	Medicaid		6298.64	31.55			3695.13		18965.8 percent of total billed charges	
LLIAC REVASC	37220	CPT	both			19964	7517.39	Wellcare	Medicare		6536.86				3695.13		18965.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LLIAC REVASC	37220	CPT	both			19964	7517.39	WellPoint	WellPoint		6424.42	32.18			3695.13		18965.8 percent of total billed charges	
LLIAC REVASC W/STENT	37221	CPT	both			19964	14469	Aetna	Better Health		6298.64	31.55			5467.58		23414.62 percent of total billed charges	
LLIAC REVASC W/STENT	37221	CPT	both			19964	14469	Aetna	Commercial		20030.13				5467.58		23414.62 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LLIAC REVASC W/STENT	37221	CPT	both			19964	14469	Aetna	Medicare		12581.74				5467.58		23414.62 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LLIAC REVASC W/STENT	37221	CPT	both			19964	14469	Americare	Americare		14973	75			5467.58		23414.62 percent of total billed charges	
LLIAC REVASC W/STENT	37221	CPT	both			19964	14469	Amerihealth	Medicare		12581.74				5467.58		23414.62 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LLIAC REVASC W/STENT	37221	CPT	both			19964	14469	Amerihealth	HMO/PPO		12976.6	65			5467.58		23414.62 percent of total billed charges	
LLIAC REVASC W/STENT	37221	CPT	both			19964	14469	Consumer	Consumer		18965.8	95			5467.58		23414.62 percent of total billed charges	
LLIAC REVASC W/STENT	37221	CPT	both			19964	14469	Corrections	Corrections		15971.2	80			5467.58		23414.62 percent of total billed charges	
LLIAC REVASC W/STENT	37221	CPT	both			19964	14469	First Health	First Health		13974.8	70			5467.58		23414.62 percent of total billed charges	
LLIAC REVASC W/STENT	37221	CPT	both			19964	14469	First Trenton	First Trenton		17967.6	90			5467.58		23414.62 percent of total billed charges	
LLIAC REVASC W/STENT	37221	CPT	both			19964	14469	Horizon	Medicare Blue		12581.74				5467.58		23414.62 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LLIAC REVASC W/STENT	37221	CPT	both			19964	14469	Horizon	Indemnity		23414.62				5467.58		23414.62 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LLIAC REVASC W/STENT	37221	CPT	both			19964	14469	Horizon	MGD		23414.62				5467.58		23414.62 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LLIAC REVASC W/STENT	37221	CPT	both			19964	14469	Horizon	NJ Health		5467.58				5467.58		23414.62 fee schedule	
LLIAC REVASC W/STENT	37221	CPT	both			19964	14469	Horizon	PPO		23414.62				5467.58		23414.62 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LLIAC REVASC W/STENT	37221	CPT	both			19964	14469	Managed Care Inc	Managed Care Inc		17967.6	90			5467.58		23414.62 percent of total billed charges	
LLIAC REVASC W/STENT	37221	CPT	both			19964	14469	Multiplan	Multiplan		15971.2	80			5467.58		23414.62 percent of total billed charges	
LLIAC REVASC W/STENT	37221	CPT	both			19964	14469	Qualcare	Qualcare		14973	75			5467.58		23414.62 percent of total billed charges	
LLIAC REVASC W/STENT	37221	CPT	both			19964	14469	Three Rivers	Three Rivers		18965.8	95			5467.58		23414.62 percent of total billed charges	
LLIAC REVASC W/STENT	37221	CPT	both			19964	14469	UHC	Medicaid		6298.64	31.55			5467.58		23414.62 percent of total billed charges	
LLIAC REVASC W/STENT	37221	CPT	both			19964	14469	UHC	Medicare		12581.74				5467.58		23414.62 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LLIAC REVASC W/STENT	37221	CPT	both			19964	14469	United	Commercial|PPO		5843				5467.58		23414.62 case rate	
LLIAC REVASC W/STENT	37221	CPT	both			19964	14469	United	Oxford		5843				5467.58		23414.62 case rate	
LLIAC REVASC W/STENT	37221	CPT	both			19964	14469	Wellcare	Medicaid		6298.64	31.55			5467.58		23414.62 percent of total billed charges	
LLIAC REVASC W/STENT	37221	CPT	both			19964	14469	Wellcare	Medicare		12581.74				5467.58		23414.62 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LLIAC REVASC W/STENT	37221	CPT	both			19964	14469	WellPoint	WellPoint		6424.42	32.18			5467.58		23414.62 percent of total billed charges	
LLIAC REVASC W/ PTA ADD ON	37222	CPT	outpatient			20680		Aetna	Commercial		7858.4	38			1060.52		19646 percent of total billed charges	
LLIAC REVASC W/ PTA ADD ON	37222	CPT	outpatient			20680		Aetna	Better Health		6524.54	31.55			1060.52		19646 percent of total billed charges	
LLIAC REVASC W/ PTA ADD ON	37222	CPT	outpatient			20680		Aetna	Medicare		6369.44	30.8			1060.52		19646 percent of total billed charges	
LLIAC REVASC W/ PTA ADD ON	37222	CPT	outpatient			20680		Americare	Americare		15510	75			1060.52		19646 percent of total billed charges	
LLIAC REVASC W/ PTA ADD ON	37222	CPT	outpatient			20680		Amerihealth	HMO/PPO		13442	65			1060.52		19646 percent of total billed charges	
LLIAC REVASC W/ PTA ADD ON	37222	CPT	outpatient			20680		Consumer	Consumer		19646	95			1060.52		19646 percent of total billed charges	
LLIAC REVASC W/ PTA ADD ON	37222	CPT	outpatient			20680		Corrections	Corrections		16544	80			1060.52		19646 percent of total billed charges	
LLIAC REVASC W/ PTA ADD ON	37222	CPT	outpatient			20680		First Health	First Health		14476	70			1060.52		19646 percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101191	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ILIAC REVASC W/ PTA ADD ON	37222	CPT	outpatient			20680		First Trenton	First Trenton		18612	90			1060.52	19646	percent of total billed charges	
ILIAC REVASC W/ PTA ADD ON	37222	CPT	outpatient			20680		Horizon	MGD		7916.3	38.28			1060.52	19646	percent of total billed charges	
ILIAC REVASC W/ PTA ADD ON	37222	CPT	outpatient			20680		Horizon	Medicare Blue		6204	30			1060.52	19646	percent of total billed charges	
ILIAC REVASC W/ PTA ADD ON	37222	CPT	outpatient			20680		Horizon	NJ Health		1060.52				1060.52	19646	fee schedule	
ILIAC REVASC W/ PTA ADD ON	37222	CPT	outpatient			20680		Horizon	PPO		7916.3	38.28			1060.52	19646	percent of total billed charges	
ILIAC REVASC W/ PTA ADD ON	37222	CPT	outpatient			20680		Horizon	Indemnity		7916.3	38.28			1060.52	19646	percent of total billed charges	
ILIAC REVASC W/ PTA ADD ON	37222	CPT	outpatient			20680		Managed Care Inc	Managed Care Inc		18612	90			1060.52	19646	percent of total billed charges	
ILIAC REVASC W/ PTA ADD ON	37222	CPT	outpatient			20680		Multiplan	Multiplan		16544	80			1060.52	19646	percent of total billed charges	
ILIAC REVASC W/ PTA ADD ON	37222	CPT	outpatient			20680		Qualcare	Qualcare		15510	75			1060.52	19646	percent of total billed charges	
ILIAC REVASC W/ PTA ADD ON	37222	CPT	outpatient			20680		Three Rivers	Three Rivers		19646	95			1060.52	19646	percent of total billed charges	
ILIAC REVASC W/ PTA ADD ON	37222	CPT	outpatient			20680		UHC	Medicaid		6524.54	31.55			1060.52	19646	percent of total billed charges	
ILIAC REVASC W/ PTA ADD ON	37222	CPT	outpatient			20680		United	Oxford		4702				1060.52	19646	case rate	
ILIAC REVASC W/ PTA ADD ON	37222	CPT	outpatient			20680		United	Commercial|PPO		4702				1060.52	19646	case rate	
ILIAC REVASC W/ PTA ADD ON	37222	CPT	outpatient			20680		Wellcare	Medicaid		6524.54	31.55			1060.52	19646	percent of total billed charges	
ILIAC REVASC W/ PTA ADD ON	37222	CPT	outpatient			20680		WellPoint	WellPoint		6654.82	32.18			1060.52	19646	percent of total billed charges	
LLIAC REVASC W\STENT ADD-ON	37223	CPT	both			19964		Aetna	Better Health		6298.64	31.55			3015.59	18965.8	percent of total billed charges	
LLIAC REVASC W\STENT ADD-ON	37223	CPT	both			19964		Aetna	Commercial		7586.32	38			3015.59	18965.8	percent of total billed charges	
LLIAC REVASC W\STENT ADD-ON	37223	CPT	both			19964		Aetna	Medicare		6148.91	30.8			3015.59	18965.8	percent of total billed charges	
LLIAC REVASC W\STENT ADD-ON	37223	CPT	both			19964		Americare	Americare		14973	75			3015.59	18965.8	percent of total billed charges	
LLIAC REVASC W\STENT ADD-ON	37223	CPT	both			19964		Amerihealth	HMO|PPO		12976.6	65			3015.59	18965.8	percent of total billed charges	
LLIAC REVASC W\STENT ADD-ON	37223	CPT	both			19964		Consumer	Consumer		18965.8	95			3015.59	18965.8	percent of total billed charges	
LLIAC REVASC W\STENT ADD-ON	37223	CPT	both			19964		Corrections	Corrections		15971.2	80			3015.59	18965.8	percent of total billed charges	
LLIAC REVASC W\STENT ADD-ON	37223	CPT	both			19964		First Health	First Health		13974.8	70			3015.59	18965.8	percent of total billed charges	
LLIAC REVASC W\STENT ADD-ON	37223	CPT	both			19964		First Trenton	First Trenton		17967.6	90			3015.59	18965.8	percent of total billed charges	
LLIAC REVASC W\STENT ADD-ON	37223	CPT	both			19964		Horizon	Indemnity		7642.22	38.28			3015.59	18965.8	percent of total billed charges	
LLIAC REVASC W\STENT ADD-ON	37223	CPT	both			19964		Horizon	Medicare Blue		5989.2	30			3015.59	18965.8	percent of total billed charges	
LLIAC REVASC W\STENT ADD-ON	37223	CPT	both			19964		Horizon	MGD		7642.22	38.28			3015.59	18965.8	percent of total billed charges	
LLIAC REVASC W\STENT ADD-ON	37223	CPT	both			19964		Horizon	NJ Health		3015.59				3015.59	18965.8	fee schedule	
LLIAC REVASC W\STENT ADD-ON	37223	CPT	both			19964		Horizon	PPO		7642.22	38.28			3015.59	18965.8	percent of total billed charges	
LLIAC REVASC W\STENT ADD-ON	37223	CPT	both			19964		Managed Care Inc	Managed Care Inc		17967.6	90			3015.59	18965.8	percent of total billed charges	
LLIAC REVASC W\STENT ADD-ON	37223	CPT	both			19964		Multiplan	Multiplan		15971.2	80			3015.59	18965.8	percent of total billed charges	
LLIAC REVASC W\STENT ADD-ON	37223	CPT	both			19964		Qualcare	Qualcare		14973	75			3015.59	18965.8	percent of total billed charges	
LLIAC REVASC W\STENT ADD-ON	37223	CPT	both			19964		Three Rivers	Three Rivers		18965.8	95			3015.59	18965.8	percent of total billed charges	
LLIAC REVASC W\STENT ADD-ON	37223	CPT	both			19964		UHC	Medicaid		6298.64	31.55			3015.59	18965.8	percent of total billed charges	
LLIAC REVASC W\STENT ADD-ON	37223	CPT	both			19964		United	Oxford		4702				3015.59	18965.8	case rate	
LLIAC REVASC W\STENT ADD-ON	37223	CPT	both			19964		United	Commercial|PPO		4702				3015.59	18965.8	case rate	
LLIAC REVASC W\STENT ADD-ON	37223	CPT	both			19964		Wellcare	Medicaid		6298.64	31.55			3015.59	18965.8	percent of total billed charges	
LLIAC REVASC W\STENT ADD-ON	37223	CPT	both			19964		WellPoint	WellPoint		6424.42	32.18			3015.59	18965.8	percent of total billed charges	
FEM\POPL REVAS W\TLA	37224	CPT	both			19964	7517.39	Aetna	Commercial		10406.68				4702	18965.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FEM\POPL REVAS W\TLA	37224	CPT	both			19964	7517.39	Aetna	Better Health		6298.64	31.55			4702	18965.8	percent of total billed charges	
FEM\POPL REVAS W\TLA	37224	CPT	both			19964	7517.39	Aetna	Medicare		6536.86				4702	18965.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FEM\POPL REVAS W\TLA	37224	CPT	both			19964	7517.39	Americare	Americare		14973	75			4702	18965.8	percent of total billed charges	
FEM\POPL REVAS W\TLA	37224	CPT	both			19964	7517.39	Amerihealth	HMO|PPO		12976.6	65			4702	18965.8	percent of total billed charges	
FEM\POPL REVAS W\TLA	37224	CPT	both			19964	7517.39	Amerihealth	Medicare		6536.86				4702	18965.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FEM\POPL REVAS W\TLA	37224	CPT	both			19964	7517.39	Consumer	Consumer		18965.8	95			4702	18965.8	percent of total billed charges	
FEM\POPL REVAS W\TLA	37224	CPT	both			19964	7517.39	Corrections	Corrections		15971.2	80			4702	18965.8	percent of total billed charges	
FEM\POPL REVAS W\TLA	37224	CPT	both			19964	7517.39	First Health	First Health		13974.8	70			4702	18965.8	percent of total billed charges	
FEM\POPL REVAS W\TLA	37224	CPT	both			19964	7517.39	First Trenton	First Trenton		17967.6	90			4702	18965.8	percent of total billed charges	
FEM\POPL REVAS W\TLA	37224	CPT	both			19964	7517.39	Horizon	MGD		12165.1				4702	18965.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FEM\POPL REVAS W\TLA	37224	CPT	both			19964	7517.39	Horizon	PPO		12165.1				4702	18965.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FEM\POPL REVAS W\TLA	37224	CPT	both			19964	7517.39	Horizon	NJ Health		6074.51				4702	18965.8	fee schedule	
FEM\POPL REVAS W\TLA	37224	CPT	both			19964	7517.39	Horizon	Indemnity		12165.1				4702	18965.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FEM\POPL REVAS W\TLA	37224	CPT	both			19964	7517.39	Horizon	Medicare Blue		6536.86				4702	18965.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FEM\POPL REVAS W\TLA	37224	CPT	both			19964	7517.39	Managed Care Inc	Managed Care Inc		17967.6	90			4702	18965.8	percent of total billed charges	
FEM\POPL REVAS W\TLA	37224	CPT	both			19964	7517.39	Multiplan	Multiplan		15971.2	80			4702	18965.8	percent of total billed charges	
FEM\POPL REVAS W\TLA	37224	CPT	both			19964	7517.39	Qualcare	Qualcare		14973	75			4702	18965.8	percent of total billed charges	
FEM\POPL REVAS W\TLA	37224	CPT	both			19964	7517.39	Three Rivers	Three Rivers		18965.8	95			4702	18965.8	percent of total billed charges	
FEM\POPL REVAS W\TLA	37224	CPT	both			19964	7517.39	UHC	Medicaid		6298.64	31.55			4702	18965.8	percent of total billed charges	
FEM\POPL REVAS W\TLA	37224	CPT	both			19964	7517.39	UHC	Medicare		6536.86				4702	18965.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FEM\POPL REVAS W\TLA	37224	CPT	both			19964	7517.39	United	Commercial|PPO		4702				4702	18965.8	case rate	
FEM\POPL REVAS W\TLA	37224	CPT	both			19964	7517.39	United	Oxford		4702				4702	18965.8	case rate	
FEM\POPL REVAS W\TLA	37224	CPT	both			19964	7517.39	Wellcare	Medicare		6536.86				4702	18965.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FEM\POPL REVAS W\TLA	37224	CPT	both			19964	7517.39	Wellcare	Medicaid		6298.64	31.55			4702	18965.8	percent of total billed charges	
FEM\POPL REVAS W\TLA	37224	CPT	both			19964	7517.39	WellPoint	WellPoint		6424.42	32.18			4702	18965.8	percent of total billed charges	
FEM\POPL REVAS W\THER	37225	CPT	both			42376	23062.62	Aetna	Medicare		13051.81	30.8			5843	40257.2	percent of total billed charges	
FEM\POPL REVAS W\THER	37225	CPT	both			42376	23062.62	Aetna	Commercial		31926.68				5843	40257.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FEM\POPL REVAS W\THER	37225	CPT	both			42376	23062.62	Aetna	Better Health		13369.63	31.55			5843	40257.2	percent of total billed charges	
FEM\POPL REVAS W\THER	37225	CPT	both			42376	23062.62	Americare	Americare		31782	75			5843	40257.2	percent of total billed charges	
FEM\POPL REVAS W\THER	37225	CPT	both			42376	23062.62	Amerihealth	HMO|PPO		27544.4	65			5843	40257.2	percent of total billed charges	
FEM\POPL REVAS W\THER	37225	CPT	both			42376	23062.62	Amerihealth	Medicare		20054.45				5843	40257.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FEM\POPL REVAS W\THER	37225	CPT	both			42376	23062.62	Consumer	Consumer		40257.2	95			5843	40257.2	percent of total billed charges	
FEM\POPL REVAS W\THER	37225	CPT	both			42376	23062.62	Corrections	Corrections		33900.8	80			5843	40257.2	percent of total billed charges	
FEM\POPL REVAS W\THER	37225	CPT	both			42376	23062.62	First Health	First Health		29663.2	70			5843	40257.2	percent of total billed charges	
FEM\POPL REVAS W\THER	37225	CPT	both			42376	23062.62	First Trenton	First Trenton		38138.4	90			5843	40257.2	percent of total billed charges	
FEM\POPL REVAS W\THER	37225	CPT	both			42376	23062.62	Horizon	NJ Health		12590.12				5843	40257.2	fee schedule	
FEM\POPL REVAS W\THER	37225	CPT	both			42376	23062.62	Horizon	Indemnity		37321.33				5843	40257.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FEM\POPL REVAS W\THER	37225	CPT	both			42376	23062.62	Horizon	Medicare Blue		20054.45				5843	40257.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FEM\POPL REVAS W\THER	37225	CPT	both			42376	23062.62	Horizon	MGD		37321.33				5843	40257.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FEM\POPL REVAS W\THER	37225	CPT	both			42376	23062.62	Horizon	PPO		37321.33				5843	40257.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FEM\POPL REVAS W\THER	37225	CPT	both			42376	23062.62	Managed Care Inc	Managed Care Inc		38138.4	90			5843	40257.2	percent of total billed charges	
FEM\POPL REVAS W\THER	37225	CPT	both			42376	23062.62	Multiplan	Multiplan		33900.8	80			5843	40257.2	percent of total billed charges	
FEM\POPL REVAS W\THER	37225	CPT	both			42376	23062.62	Qualcare	Qualcare		31782	75			5843	40257.2	percent of total billed charges	
FEM\POPL REVAS W\THER	37225	CPT	both			42376	23062.62	Three Rivers	Three Rivers		40257.2	95			5843	40257.2	percent of total billed charges	
FEM\POPL REVAS W\THER	37225	CPT	both			42376	23062.62	UHC	Medicaid		13369.63	31.55			5843	40257.2	percent of total billed charges	
FEM\POPL REVAS W\THER	37225	CPT	both			42376	23062.62	UHC	Medicare		20054.45				5843	40257.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FEM\POPL REVAS W\THER	37225	CPT	both			42376	23062.62	United	Commercial|PPO		5843				5843	40257.2	case rate	
FEM\POPL REVAS W\THER	37225	CPT	both			42376	23062.62	United	Oxford		5843				5843	40257.2	case rate	
FEM\POPL REVAS W\THER	37225	CPT	both			42376	23062.62	Wellcare	Medicare		20054.45				5843	40257.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FEM\POPL REVAS W\THER	37225	CPT	both			42376	23062.62	Wellcare	Medicaid		13369.63	31.55			5843	40257.2	percent of total billed charges	
FEM\POPL REVAS W\THER	37225	CPT	both			42376	23062.62	WellPoint	WellPoint		13636.6	32.18			5843	40257.2	percent of total billed charges	
FEM\POPL REVASC W\STENT	37226	CPT	both			42376	14469	Aetna	Better Health		13369.63	31.55			5843	40257.2	percent of total billed charges	
FEM\POPL REVASC W\STENT	37226	CPT	both			42376	14469	Aetna	Commercial		20030.13				5843	40257.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FEM\POPL REVASC W\STENT	37226	CPT	both			42376	14469	Aetna	Medicare		12581.74				5843	40257.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FEM\POPL REVASC W\STENT	37226	CPT	both			42376	14469	Americare	Americare		31782	75			5843	40257.2	percent of total billed charges	
FEM\POPL REVASC W\STENT	37226	CPT	both			42376	14469	Amerihealth	Medicare		12581.74				5843	40257.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FEM\POPL REVASC W\STENT	37226	CPT	both			42376	14469	Amerihealth	HMO|PPO		27544.4	65			5843	40257.2	percent of total billed charges	
FEM\POPL REVASC W\STENT	37226	CPT	both			42376	14469	Consumer	Consumer		40257.2	95			5843	40257.2	percent of total billed charges	
FEM\POPL REVASC W\STENT	37226	CPT	both			42376	14469	Corrections	Corrections		33900.8	80			5843	40257.2	percent of total billed charges	
FEM\POPL REVASC W\STENT	37226	CPT	both			42376	14469	First Health	First Health		29663.2	70			5843	40257.2	percent of total billed charges	
FEM\POPL REVASC W\STENT	37226	CPT	both			42376	14469	First Trenton	First Trenton		38138.4	90			5843	40257.2	percent of total billed charges	
FEM\POPL REVASC W\STENT	37226	CPT	both			42376	14469	Horizon	Indemnity		23414.62				5843	40257.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FEM\POPL REVASC W\STENT	37226	CPT	both			42376	14469	Horizon	PPO		23414.62				5843	40257.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FEM\POPL REVASC W\STENT	37226	CPT	both			42376	14469	Horizon	MGD		23414.62				5843	40257.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FEM\POPL REVASC W\STENT	37226	CPT	both			42376	14469	Horizon	Medicare Blue		12581.74				5843	40257.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FEM\POPL REVASC W\STENT	37226	CPT	both			42376	14469	Horizon	NJ Health		10536.14				5843	40257.2	fee schedule	
FEM\POPL REVASC W\STENT	37226	CPT	both			42376	14469	Managed Care Inc	Managed Care Inc		38138.4	90			5843	40257.2	percent of total billed charges	
FEM\POPL REVASC W\STENT	37226	CPT	both			42376	14469	Multiplan	Multiplan		33900.8	80			5843	40257.2	percent of total billed charges	
FEM\POPL REVASC W\STENT	37226	CPT	both			42376	14469	Qualcare	Qualcare		31782	75			5843	40257.2	percent of total billed charges	
FEM\POPL REVASC W\STENT	37226	CPT	both			42376	14469	Three Rivers	Three Rivers		40257.2	95			5843	40257.2	percent of total billed charges	
FEM\POPL REVASC W\STENT	37226	CPT	both			42376	14469	UHC	Medicaid		13369.63	31.55			5843	40257.2	percent of total billed charges	
FEM\POPL REVASC W\STENT	37226	CPT	both			42376	14469	UHC	Medicare		12581.74				5843	40257.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FEM\POPL REVASC W\STENT	37226	CPT	both			42376	14469	United	Oxford		5843				5843	40257.2	case rate	
FEM\POPL REVASC W\STENT	37226	CPT	both			42376	14469	United	Commercial|PPO		5843				5843	40257.2	case rate	
FEM\POPL REVASC W\STENT	37226	CPT	both			42376	14469	Wellcare	Medicare		12581.74				5843	40257.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FEM\POPL REVASC W\STENT	37226	CPT	both			42376	14469	Wellcare	Medicaid		13369.63	31.55			5843	40257.2	percent of total billed charges	
FEM\POPL REVASC W\STENT	37226	CPT	both			42376	14469	WellPoint	WellPoint		13636.6	32.18			5843	40257.2	percent of total billed charges	
FEM\POPL REVASC STNT & ATHER	37227	CPT	both			73378	23062.62	Aetna	Better Health		23150.76	31.55			6553	69709.1	percent of total billed charges	
FEM\POPL REVASC STNT & ATHER	37227	CPT	both			73378	23062.62	Aetna	Medicare		22600.42	30.8			6553	69709.1	percent of total billed charges	
FEM\POPL REVASC STNT & ATHER	37227	CPT	both			73378	23062.62	Aetna	Commercial		31926.68				6553	69709.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FEM\POPL REVASC STNT & ATHER	37227	CPT	both			73378	23062.62	Americare	Americare		55033.5	75			6553	69709.1	percent of total billed charges	
FEM\POPL REVASC STNT & ATHER	37227	CPT	both			73378	23062.62	Amerihealth	HMO|PPO		47895.7	65			6553	69709.1	percent of total billed charges	
FEM\POPL REVASC STNT & ATHER	37227	CPT	both			73378	23062.62	Amerihealth	Medicare		20054.45				6553	69709.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FEM\POPL REVASC STNT & ATHER	37227	CPT	both			73378	23062.62	Consumer	Consumer		69709.1	95			6553	69709.1	percent of total billed charges	
FEM\POPL REVASC STNT & ATHER	37227	CPT	both			73378	23062.62	Corrections	Corrections		58702.4	80			6553	69709.1	percent of total billed charges	
FEM\POPL REVASC STNT & ATHER	37227	CPT	both			73378	23062.62	First Health	First Health		51364.6	70			6553	69709.1	percent of total billed charges	
FEM\POPL REVASC STNT & ATHER	37227	CPT	both			73378	23062.62	First Trenton	First Trenton		66040.2	90			6553	69709.1	percent of total billed charges	
FEM\POPL REVASC STNT & ATHER	37227	CPT	both			73378	23062.62	Horizon	PPO		37321.33				6553	69709.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FEM\POPL REVASC STNT & ATHER	37227	CPT	both			73378	23062.62	Horizon	Medicare Blue		20054.45				6553	69709.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FEM\POPL REVASC STNT & ATHER	37227	CPT	both			73378	23062.62	Horizon	MGD		37321.33				6553	69709.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FEM\POPL REVASC STNT & ATHER	37227	CPT	both			73378	23062.62	Horizon	Indemnity		37321.33				6553	69709.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FEM\POPL REVASC STNT & ATHER	37227	CPT	both			73378	23062.62	Horizon	NJ Health		17027.12				6553	69709.1	fee schedule	
FEM\POPL REVASC STNT & ATHER	37227	CPT	both			73378	23062.62	Managed Care Inc	Managed Care Inc		66040.2	90			6553	69709.1	percent of total billed charges	
FEM\POPL REVASC STNT & ATHER	37227	CPT	both			73378	23062.62	Multiplan	Multiplan		58702.4	80			6553	69709.1	percent of total billed charges	
FEM\POPL REVASC STNT & ATHER	37227	CPT	both			73378	23062.62	Qualcare	Qualcare		55033.5	75			6553	69709.1	percent of total billed charges	
FEM\POPL REVASC STNT & ATHER	37227	CPT	both			73378	23062.62	Three Rivers	Three Rivers		69709.1	95			6553	69709.1	percent of total billed charges	
FEM\POPL REVASC STNT & ATHER	37227	CPT	both			73378	23062.62	UHC	Medicaid		23150.76	31.55			6553	69709.1	percent of total billed charges	
FEM\POPL REVASC STNT & ATHER	37227	CPT	both			73378	23062.62	UHC	Medicare		20054.45				6553	69709.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FEM\POPL REVASC STNT & ATHER	37227	CPT	both			73378	23062.62	United	Commercial|PPO		6553				6553	69709.1	case rate	
FEM\POPL REVASC STNT & ATHER	37227	CPT	both			73378	23062.62	United	Oxford		6553				6553	69709.1	case rate	
FEM\POPL REVASC STNT & ATHER	37227	CPT	both			73378	23062.62	Wellcare	Medicare		20054.45				6553	69709.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FEM\POPL REVASC STNT & ATHER	37227	CPT	both			73378	23062.62	Wellcare	Medicaid		23150.76	31.55			6553	69709.1	percent of total billed charges	
FEM\POPL REVASC STNT & ATHER	37227	CPT	both			73378	23062.62	WellPoint	WellPoint		23613.04	32.18			6553	69709.1	percent of total billed charges	
TIB/PER REVASC W\TLA	37228	CPT	both			19964	14469	Aetna	Commercial		20030.13				4702	23414.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TIB/PER REVASC W\TLA	37228	CPT	both			19964	14469	Aetna	Better Health		6298.64	31.55			4702	23414.62	percent of total billed charges	
TIB/PER REVASC W\TLA	37228	CPT	both			19964	14469	Aetna	Medicare		12581.74				4702	23414.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TIB/PER REVASC W\TLA	37228	CPT	both			19964	14469	Americare	Americare		14973	75			4702	23414.62	percent of total billed charges	
TIB/PER REVASC W\TLA	37228	CPT	both			19964	14469	Amerihealth	HMO|PPO		12976.6	65			4702	23414.62	percent of total billed charges	
TIB/PER REVASC W\TLA	37228	CPT	both			19964	14469	Amerihealth	Medicare		12581.74				4702	23414.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
TIB/PER REVASC W/TLA	37228	CPT	both			19964		14469 Consumer	Consumer		18965.8	95			4702	23414.62	percent of total billed charges	
TIB/PER REVASC W/TLA	37228	CPT	both			19964		14469 Corrections	Corrections		15971.2	80			4702	23414.62	percent of total billed charges	
TIB/PER REVASC W/TLA	37228	CPT	both			19964		14469 First Health	First Health		13974.8	70			4702	23414.62	percent of total billed charges	
TIB/PER REVASC W/TLA	37228	CPT	both			19964		14469 First Trenton	First Trenton		17967.6	90			4702	23414.62	percent of total billed charges	
TIB/PER REVASC W/TLA	37228	CPT	both			19964		14469 Horizon	MGD		23414.62				4702	23414.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TIB/PER REVASC W/TLA	37228	CPT	both			19964		14469 Horizon	Medicare Blue		12581.74				4702	23414.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TIB/PER REVASC W/TLA	37228	CPT	both			19964		14469 Horizon	NJ Health		8694.72				4702	23414.62	fee schedule	
TIB/PER REVASC W/TLA	37228	CPT	both			19964		14469 Horizon	Indemnity		23414.62				4702	23414.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TIB/PER REVASC W/TLA	37228	CPT	both			19964		14469 Horizon	PPO		23414.62				4702	23414.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TIB/PER REVASC W/TLA	37228	CPT	both			19964		14469 Managed Care Inc	Managed Care Inc		17967.6	90			4702	23414.62	percent of total billed charges	
TIB/PER REVASC W/TLA	37228	CPT	both			19964		14469 Multiplan	Multiplan		15971.2	80			4702	23414.62	percent of total billed charges	
TIB/PER REVASC W/TLA	37228	CPT	both			19964		14469 Qualcare	Qualcare		14973	75			4702	23414.62	percent of total billed charges	
TIB/PER REVASC W/TLA	37228	CPT	both			19964		14469 Three Rivers	Three Rivers		18965.8	95			4702	23414.62	percent of total billed charges	
TIB/PER REVASC W/TLA	37228	CPT	both			19964		14469 UHC	Medicaid		6298.64	31.55			4702	23414.62	percent of total billed charges	
TIB/PER REVASC W/TLA	37228	CPT	both			19964		14469 UHC	Medicare		12581.74				4702	23414.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TIB/PER REVASC W/TLA	37228	CPT	both			19964		14469 United	Oxford		4702				4702	23414.62	case rate	
TIB/PER REVASC W/TLA	37228	CPT	both			19964		14469 United	CommercialPPO		4702				4702	23414.62	case rate	
TIB/PER REVASC W/TLA	37228	CPT	both			19964		14469 Wellcare	Medicaid		6298.64	31.55			4702	23414.62	percent of total billed charges	
TIB/PER REVASC W/TLA	37228	CPT	both			19964		14469 Wellcare	Medicare		12581.74				4702	23414.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TIB/PER REVASC W/TLA	37228	CPT	both			19964		14469 WellPoint	WellPoint		6424.42	32.18			4702	23414.62	percent of total billed charges	
TIB/PER REVASC W/ATHERECTOMY	37229	CPT	both			42376		23062.62 Aetna	Commercial		31926.68				5843	40257.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TIB/PER REVASC W/ATHERECTOMY	37229	CPT	both			42376		23062.62 Aetna	Better Health		13369.63	31.55			5843	40257.2	percent of total billed charges	
TIB/PER REVASC W/ATHERECTOMY	37229	CPT	both			42376		23062.62 Aetna	Medicare		20054.45				5843	40257.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TIB/PER REVASC W/ATHERECTOMY	37229	CPT	both			42376		23062.62 Americare	Americare		31782	75			5843	40257.2	percent of total billed charges	
TIB/PER REVASC W/ATHERECTOMY	37229	CPT	both			42376		23062.62 Amerihealth	HMO/PPO		27544.4	65			5843	40257.2	percent of total billed charges	
TIB/PER REVASC W/ATHERECTOMY	37229	CPT	both			42376		23062.62 Amerihealth	Medicare		20054.45				5843	40257.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TIB/PER REVASC W/ATHERECTOMY	37229	CPT	both			42376		23062.62 Consumer	Consumer		40257.2	95			5843	40257.2	percent of total billed charges	
TIB/PER REVASC W/ATHERECTOMY	37229	CPT	both			42376		23062.62 Corrections	Corrections		33900.8	80			5843	40257.2	percent of total billed charges	
TIB/PER REVASC W/ATHERECTOMY	37229	CPT	both			42376		23062.62 First Health	First Health		29663.2	70			5843	40257.2	percent of total billed charges	
TIB/PER REVASC W/ATHERECTOMY	37229	CPT	both			42376		23062.62 First Trenton	First Trenton		38138.4	90			5843	40257.2	percent of total billed charges	
TIB/PER REVASC W/ATHERECTOMY	37229	CPT	both			42376		23062.62 Horizon	MGD		37321.33				5843	40257.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TIB/PER REVASC W/ATHERECTOMY	37229	CPT	both			42376		23062.62 Horizon	Indemnity		37321.33				5843	40257.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TIB/PER REVASC W/ATHERECTOMY	37229	CPT	both			42376		23062.62 Horizon	PPO		37321.33				5843	40257.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TIB/PER REVASC W/ATHERECTOMY	37229	CPT	both			42376		23062.62 Horizon	Medicare Blue		20054.45				5843	40257.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TIB/PER REVASC W/ATHERECTOMY	37229	CPT	both			42376		23062.62 Horizon	NJ Health		17143.13				5843	40257.2	fee schedule	
TIB/PER REVASC W/ATHERECTOMY	37229	CPT	both			42376		23062.62 Managed Care Inc	Managed Care Inc		38138.4	90			5843	40257.2	percent of total billed charges	
TIB/PER REVASC W/ATHERECTOMY	37229	CPT	both			42376		23062.62 Multiplan	Multiplan		33900.8	80			5843	40257.2	percent of total billed charges	
TIB/PER REVASC W/ATHERECTOMY	37229	CPT	both			42376		23062.62 Qualcare	Qualcare		31782	75			5843	40257.2	percent of total billed charges	
TIB/PER REVASC W/ATHERECTOMY	37229	CPT	both			42376		23062.62 Three Rivers	Three Rivers		40257.2	95			5843	40257.2	percent of total billed charges	
TIB/PER REVASC W/ATHERECTOMY	37229	CPT	both			42376		23062.62 UHC	Medicaid		13369.63	31.55			5843	40257.2	percent of total billed charges	
TIB/PER REVASC W/ATHERECTOMY	37229	CPT	both			42376		23062.62 UHC	Medicare		20054.45				5843	40257.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TIB/PER REVASC W/ATHERECTOMY	37229	CPT	both			42376		23062.62 United	Oxford		5843				5843	40257.2	case rate	
TIB/PER REVASC W/ATHERECTOMY	37229	CPT	both			42376		23062.62 United	CommercialPPO		5843				5843	40257.2	case rate	
TIB/PER REVASC W/ATHERECTOMY	37229	CPT	both			42376		23062.62 Wellcare	Medicare		20054.45				5843	40257.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TIB/PER REVASC W/ATHERECTOMY	37229	CPT	both			42376		23062.62 Wellcare	Medicaid		13369.63	31.55			5843	40257.2	percent of total billed charges	
TIB/PER REVASC W/ATHERECTOMY	37229	CPT	both			42376		23062.62 WellPoint	WellPoint		13636.6	32.18			5843	40257.2	percent of total billed charges	
TIB/PER REVASC W/STENT	37230	CPT	both			42376		23062.62 Aetna	Medicare		13051.81	30.8			5843	40257.2	percent of total billed charges	
TIB/PER REVASC W/STENT	37230	CPT	both			42376		23062.62 Aetna	Commercial		31926.68				5843	40257.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TIB/PER REVASC W/STENT	37230	CPT	both			42376		23062.62 Aetna	Better Health		13369.63	31.55			5843	40257.2	percent of total billed charges	
TIB/PER REVASC W/STENT	37230	CPT	both			42376		23062.62 Americare	Americare		31782	75			5843	40257.2	percent of total billed charges	
TIB/PER REVASC W/STENT	37230	CPT	both			42376		23062.62 Amerihealth	HMO/PPO		27544.4	65			5843	40257.2	percent of total billed charges	
TIB/PER REVASC W/STENT	37230	CPT	both			42376		23062.62 Amerihealth	Medicare		20054.45				5843	40257.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TIB/PER REVASC W/STENT	37230	CPT	both			42376		23062.62 Consumer	Consumer		40257.2	95			5843	40257.2	percent of total billed charges	
TIB/PER REVASC W/STENT	37230	CPT	both			42376		23062.62 Corrections	Corrections		33900.8	80			5843	40257.2	percent of total billed charges	
TIB/PER REVASC W/STENT	37230	CPT	both			42376		23062.62 First Health	First Health		29663.2	70			5843	40257.2	percent of total billed charges	
TIB/PER REVASC W/STENT	37230	CPT	both			42376		23062.62 First Trenton	First Trenton		38138.4	90			5843	40257.2	percent of total billed charges	
TIB/PER REVASC W/STENT	37230	CPT	both			42376		23062.62 Horizon	MGD		37321.33				5843	40257.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TIB/PER REVASC W/STENT	37230	CPT	both			42376		23062.62 Horizon	PPO		37321.33				5843	40257.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TIB/PER REVASC W/STENT	37230	CPT	both			42376		23062.62 Horizon	Indemnity		37321.33				5843	40257.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TIB/PER REVASC W/STENT	37230	CPT	both			42376		23062.62 Horizon	NJ Health		9791.39				5843	40257.2	fee schedule	
TIB/PER REVASC W/STENT	37230	CPT	both			42376		23062.62 Horizon	Medicare Blue		20054.45				5843	40257.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TIB/PER REVASC W/STENT	37230	CPT	both			42376		23062.62 Managed Care Inc	Managed Care Inc		38138.4	90			5843	40257.2	percent of total billed charges	
TIB/PER REVASC W/STENT	37230	CPT	both			42376		23062.62 Multiplan	Multiplan		33900.8	80			5843	40257.2	percent of total billed charges	
TIB/PER REVASC W/STENT	37230	CPT	both			42376		23062.62 Qualcare	Qualcare		31782	75			5843	40257.2	percent of total billed charges	
TIB/PER REVASC W/STENT	37230	CPT	both			42376		23062.62 Three Rivers	Three Rivers		40257.2	95			5843	40257.2	percent of total billed charges	
TIB/PER REVASC W/STENT	37230	CPT	both			42376		23062.62 UHC	Medicare		20054.45				5843	40257.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TIB/PER REVASC W/STENT	37230	CPT	both			42376		23062.62 UHC	Medicaid		13369.63	31.55			5843	40257.2	percent of total billed charges	
TIB/PER REVASC W/STENT	37230	CPT	both			42376		23062.62 United	CommercialPPO		5843				5843	40257.2	case rate	
TIB/PER REVASC W/STENT	37230	CPT	both			42376		23062.62 United	Oxford		5843				5843	40257.2	case rate	
TIB/PER REVASC W/STENT	37230	CPT	both			42376		23062.62 Wellcare	Medicare		20054.45				5843	40257.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TIB/PER REVASC W/STENT	37230	CPT	both			42376		23062.62 Wellcare	Medicaid		13369.63	31.55			5843	40257.2	percent of total billed charges	
TIB/PER REVASC W/STENT	37230	CPT	both			42376		23062.62 WellPoint	WellPoint		13636.6	32.18			5843	40257.2	percent of total billed charges	
TIB/PER REVASC STNT/ATHERECTMY	37231	CPT	both			73378		23062.62 Aetna	Better Health		23150.76	31.55			6553	69709.1	percent of total billed charges	
TIB/PER REVASC STNT/ATHERECTMY	37231	CPT	both			73378		23062.62 Aetna	Commercial		31926.68				6553	69709.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TIB/PER REVASC STNT/ATHERECTMY	37231	CPT	both			73378		23062.62 Aetna	Medicare		20054.45				6553	69709.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TIB/PER REVASC STNT/ATHERECTMY	37231	CPT	both			73378		23062.62 Americare	Americare		55033.5	75			6553	69709.1	percent of total billed charges	
TIB/PER REVASC STNT/ATHERECTMY	37231	CPT	both			73378		23062.62 Amerihealth	HMO/PPO		47695.7	65			6553	69709.1	percent of total billed charges	
TIB/PER REVASC STNT/ATHERECTMY	37231	CPT	both			73378		23062.62 Amerihealth	Medicare		20054.45				6553	69709.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TIB/PER REVASC STNT/ATHERECTMY	37231	CPT	both			73378		23062.62 Consumer	Consumer		69709.1	95			6553	69709.1	percent of total billed charges	
TIB/PER REVASC STNT/ATHERECTMY	37231	CPT	both			73378		23062.62 Corrections	Corrections		58702.4	80			6553	69709.1	percent of total billed charges	
TIB/PER REVASC STNT/ATHERECTMY	37231	CPT	both			73378		23062.62 First Health	First Health		51364.6	70			6553	69709.1	percent of total billed charges	
TIB/PER REVASC STNT/ATHERECTMY	37231	CPT	both			73378		23062.62 First Trenton	First Trenton		66040.2	90			6553	69709.1	percent of total billed charges	
TIB/PER REVASC STNT/ATHERECTMY	37231	CPT	both			73378		23062.62 Horizon	Indemnity		37321.33				6553	69709.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TIB/PER REVASC STNT/ATHERECTMY	37231	CPT	both			73378		23062.62 Horizon	NJ Health		15736.47	80			6553	69709.1	fee schedule	
TIB/PER REVASC STNT/ATHERECTMY	37231	CPT	both			73378		23062.62 Horizon	Medicare Blue		20054.45				6553	69709.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TIB/PER REVASC STNT/ATHERECTMY	37231	CPT	both			73378		23062.62 Horizon	MGD		37321.33				6553	69709.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TIB/PER REVASC STNT/ATHERECTMY	37231	CPT	both			73378		23062.62 Horizon	PPO		37321.33				6553	69709.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TIB/PER REVASC STNT/ATHERECTMY	37231	CPT	both			73378		23062.62 Managed Care Inc	Managed Care Inc		66040.2	90			6553	69709.1	percent of total billed charges	
TIB/PER REVASC STNT/ATHERECTMY	37231	CPT	both			73378		23062.62 Multiplan	Multiplan		58702.4	80			6553	69709.1	percent of total billed charges	
TIB/PER REVASC STNT/ATHERECTMY	37231	CPT	both			73378		23062.62 Qualcare	Qualcare		55033.5	75			6553	69709.1	percent of total billed charges	
TIB/PER REVASC STNT/ATHERECTMY	37231	CPT	both			73378		23062.62 Three Rivers	Three Rivers		69709.1	95			6553	69709.1	percent of total billed charges	
TIB/PER REVASC STNT/ATHERECTMY	37231	CPT	both			73378		23062.62 UHC	Medicaid		23150.76	31.55			6553	69709.1	percent of total billed charges	
TIB/PER REVASC STNT/ATHERECTMY	37231	CPT	both			73378		23062.62 UHC	Medicare		20054.45				6553	69709.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TIB/PER REVASC STNT/ATHERECTMY	37231	CPT	both			73378		23062.62 United	CommercialPPO		6553				6553	69709.1	case rate	
TIB/PER REVASC STNT/ATHERECTMY	37231	CPT	both			73378		23062.62 United	Oxford		6553				6553	69709.1	case rate	
TIB/PER REVASC STNT/ATHERECTMY	37231	CPT	both			73378		23062.62 Wellcare	Medicare		20054.45				6553	69709.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TIB/PER REVASC STNT/ATHERECTMY	37231	CPT	both			73378		23062.62 Wellcare	Medicaid		23150.76	31.55			6553	69709.1	percent of total billed charges	
TIB/PER REVASC STNT/ATHERECTMY	37231	CPT	both			73378		23062.62 WellPoint	WellPoint		23613.04	32.18			6553	69709.1	percent of total billed charges	
TIB/PER REVASC W/PTA ADD-ON	37232	CPT	outpatient			19964		Aetna	Commercial		7586.32	38			1932.55	18965.8	percent of total billed charges	
TIB/PER REVASC W/PTA ADD-ON	37232	CPT	outpatient			19964		Aetna	Better Health		6298.64	31.55			1932.55	18965.8	percent of total billed charges	
TIB/PER REVASC W/PTA ADD-ON	37232	CPT	outpatient			19964		Aetna	Medicare		6148.91	30.8			1932.55	18965.8	percent of total billed charges	
TIB/PER REVASC W/PTA ADD-ON	37232	CPT	outpatient			19964		Americare	Americare		14973	75			1932.55	18965.8	percent of total billed charges	
TIB/PER REVASC W/PTA ADD-ON	37232	CPT	outpatient			19964		Amerihealth	HMO/PPO		12976.6	65			1932.55	18965.8	percent of total billed charges	
TIB/PER REVASC W/PTA ADD-ON	37232	CPT	outpatient			19964		Consumer	Consumer		18965.8	95			1932.55	18965.8	percent of total billed charges	
TIB/PER REVASC W/PTA ADD-ON	37232	CPT	outpatient			19964		Corrections	Corrections		15971.2	80			1932.55	18965.8	percent of total billed charges	
TIB/PER REVASC W/PTA ADD-ON	37232	CPT	outpatient			19964		First Health	First Health		13974.8	70			1932.55	18965.8	percent of total billed charges	
TIB/PER REVASC W/PTA ADD-ON	37232	CPT	outpatient			19964		First Trenton	First Trenton		17967.6	90			1932.55	18965.8	percent of total billed charges	
TIB/PER REVASC W/PTA ADD-ON	37232	CPT	outpatient			19964		Horizon	Medicare Blue		5989.2	30			1932.55	18965.8	percent of total billed charges	
TIB/PER REVASC W/PTA ADD-ON	37232	CPT	outpatient			19964		Horizon	PPO		7642.22	38.28			1932.55	18965.8	percent of total billed charges	
TIB/PER REVASC W/PTA ADD-ON	37232	CPT	outpatient			19964		Horizon	MGD		7642.22	38.28			1932.55	18965.8	percent of total billed charges	
TIB/PER REVASC W/PTA ADD-ON	37232	CPT	outpatient			19964		Horizon	Indemnity		7642.22	38.28			1932.55	18965.8	percent of total billed charges	
TIB/PER REVASC W/PTA ADD-ON	37232	CPT	outpatient			19964		Horizon	NJ Health		1932.55				1932.55	18965.8	fee schedule	
TIB/PER REVASC W/PTA ADD-ON	37232	CPT	outpatient			19964		Managed Care Inc	Managed Care Inc		17967.6	90			1932.55	18965.8	percent of total billed charges	
TIB/PER REVASC W/PTA ADD-ON	37232	CPT	outpatient			19964		Multiplan	Multiplan		15971.2	80			1932.55	18965.8	percent of total billed charges	
TIB/PER REVASC W/PTA ADD-ON	37232	CPT	outpatient			19964		Qualcare	Qualcare		14973	75			1932.55	18965.8	percent of total billed charges	
TIB/PER REVASC W/PTA ADD-ON	37232	CPT	outpatient			19964		Three Rivers	Three Rivers		18965.8	95			1932.55	18965.8	percent of total billed charges	
TIB/PER REVASC W/PTA ADD-ON	37232	CPT	outpatient			19964		UHC	Medicaid		6298.64	31.55			1932.55	18965.8	percent of total billed charges	
TIB/PER REVASC W/PTA ADD-ON	37232	CPT	outpatient			19964		United	Oxford		4702				1932.55	18965.8	case rate	
TIB/PER REVASC W/PTA ADD-ON	37232	CPT	outpatient			19964		United	CommercialPPO		4702				1932.55	18965.8	case rate	
TIB/PER REVASC W/PTA ADD-ON	37232	CPT	outpatient			19964		Wellcare	Medicaid		6298.64	31.55			1932.55	18965.8	percent of total billed charges	
TIB/PER REVASC W/PTA ADD-ON	37232	CPT	outpatient			19964		WellPoint	WellPoint		6424.42	32.18			1932.55	18965.8	percent of total billed charges	
TIB/PER REVASC W/ATHER ADD-ON	37233	CPT	inpatient			42376		Aetna	Commercial		16102.88	38			1725.05	40257.2	percent of total billed charges	
TIB/PER REVASC W/ATHER ADD-ON	37233	CPT	inpatient			42376		Aetna	Better Health		13369.63	31.55			1725.05	40257.2	percent of total billed charges	
TIB/PER REVASC W/ATHER ADD-ON	37233	CPT	inpatient			42376		Aetna	Medicare		13051.81	30.8			1725.05	40257.2	percent of total billed charges	
TIB/PER REVASC W/ATHER ADD-ON	37233	CPT	inpatient			42376		Americare	Americare		31782	75			1725.05	40257.2	percent of total billed charges	
TIB/PER REVASC W/ATHER ADD-ON	37233	CPT	inpatient			42376		Amerihealth	HMO/PPO		27544.4	65			1725.05	40257.2	percent of total billed charges	
TIB/PER REVASC W/ATHER ADD-ON	37233	CPT	inpatient			42376		Consumer	Consumer		40257.2	95			1725.05	40257.2	percent of total billed charges	
TIB/PER REVASC W/ATHER ADD-ON	37233	CPT	inpatient			42376		Corrections	Corrections		33900.8	80			1725.05	40257.2	percent of total billed charges	
TIB/PER REVASC W/ATHER ADD-ON	37233	CPT	inpatient			42376		First Health	First Health		29663.2	70			1725.05	40257.2	percent of total billed charges	
TIB/PER REVASC W/ATHER ADD-ON	37233	CPT	inpatient			42376		First Trenton	First Trenton		38138.4	90			1725.05	40257.2	percent of total billed charges	
TIB/PER REVASC W/ATHER ADD-ON	37233	CPT	inpatient			42376		Horizon	MGD		16221.53	38.28			1725.05	40257.2	percent of total billed charges	
TIB/PER REVASC W/ATHER ADD-ON	37233	CPT	inpatient			42376		Horizon	Indemnity		16221.53	38.28			1725.05	40257.2	percent of total billed charges	
TIB/PER REVASC W/ATHER ADD-ON	37233	CPT	inpatient			42376		Horizon	PPO		16221.53	38.28			1725.05	40257.2	percent of total billed charges	
TIB/PER REVASC W/ATHER ADD-ON	37233	CPT	inpatient			42376		Horizon	NJ Health		1725.05				1725.05	40257.2	fee schedule	
TIB/PER REVASC W/ATHER ADD-ON	37233	CPT	inpatient			42376		Horizon	Medicare Blue		12712.8	30			1725.05	40257.2	percent of total billed charges	
TIB/PER REVASC W/ATHER ADD-ON	37233	CPT	inpatient			42376		Managed Care Inc	Managed Care Inc		38138.4	90			1725.05	40257.2	percent of total billed charges	
TIB/PER REVASC W/ATHER ADD-ON	37233	CPT	inpatient			42376		Multiplan	Multiplan		33900.8	80			1725.05	40257.2	percent of total billed charges	
TIB/PER REVASC W/ATHER ADD-ON	37233	CPT	inpatient			42376		Qualcare	Qualcare		31782	75			1725.05	40257.2	percent of total billed charges	
TIB/PER REVASC W/ATHER ADD-ON	37233	CPT	inpatient			42376		Three Rivers	Three Rivers		40257.2	95			1725.05	40257.2	percent of total billed charges	
TIB/PER REVASC W/ATHER ADD-ON	37233	CPT	inpatient			42376		UHC	Medicaid		13369.63	31.55			1725.05	40257.2	percent of total billed charges	
TIB/PER REVASC W/ATHER ADD-ON	37233	CPT	inpatient			42376		United	Oxford		5843				1725.05	40257.2	case rate	
TIB/PER REVASC W/ATHER ADD-ON	37233	CPT	inpatient			42376		United	CommercialPPO		5843				1725.05	40257.2	case rate	
TIB/PER REVASC W/ATHER ADD-ON	37233	CPT	inpatient			42376		Wellcare	Medicaid		13369.63	31.55			1725.05	40257.2	percent of total billed charges	
TIB/PER REVASC W/ATHER ADD-ON	37233	CPT	inpatient			42376		WellPoint	WellPoint		13636.6	32.18			1725.05	40257.2	percent of total billed charges	
REVSC OPN/PRQ TIB/PERO STENT	37234	CPT	inpatient			19964		Aetna	Better Health		6298.64	31.55			4535.79	18965.8	percent of total billed charges	
REVSC OPN/PRQ TIB/PERO STENT	37234	CPT	inpatient			19964		Aetna	Commercial		7586.32	38			4535.79	18965.8	percent of total billed charges	
REVSC OPN/PRQ TIB/PERO STENT	37234	CPT	inpatient			19964		Aetna	Medicare		6148.91	30.8			4535.79	18965.8	percent of total billed charges	
REVSC OPN/PRQ TIB/PERO STENT	37234	CPT	inpatient			19964		Americare	Americare		14973	75			4535.79	18965.8	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
REVSC OPN/PRQ TIB/PERO STENT	37234	CPT	inpatient			19964		Amerihealth	HMO/PPO		12976.6	65			4535.79	18965.8	percent of total billed charges	
REVSC OPN/PRQ TIB/PERO STENT	37234	CPT	inpatient			19964		Consumer	Consumer		18965.8	95			4535.79	18965.8	percent of total billed charges	
REVSC OPN/PRQ TIB/PERO STENT	37234	CPT	inpatient			19964		Corrections	Corrections		15971.2	80			4535.79	18965.8	percent of total billed charges	
REVSC OPN/PRQ TIB/PERO STENT	37234	CPT	inpatient			19964		First Health	First Health		13974.8	70			4535.79	18965.8	percent of total billed charges	
REVSC OPN/PRQ TIB/PERO STENT	37234	CPT	inpatient			19964		First Trenton	First Trenton		17967.6	90			4535.79	18965.8	percent of total billed charges	
REVSC OPN/PRQ TIB/PERO STENT	37234	CPT	inpatient			19964		Horizon	Medicare Blue		5989.2	30			4535.79	18965.8	percent of total billed charges	
REVSC OPN/PRQ TIB/PERO STENT	37234	CPT	inpatient			19964		Horizon	MGD		7642.22	38.28			4535.79	18965.8	percent of total billed charges	
REVSC OPN/PRQ TIB/PERO STENT	37234	CPT	inpatient			19964		Horizon	Indemnity		7642.22	38.28			4535.79	18965.8	percent of total billed charges	
REVSC OPN/PRQ TIB/PERO STENT	37234	CPT	inpatient			19964		Horizon	NJ Health		4535.79				4535.79	18965.8	fee schedule	
REVSC OPN/PRQ TIB/PERO STENT	37234	CPT	inpatient			19964		Horizon	PPO		7642.22	38.28			4535.79	18965.8	percent of total billed charges	
REVSC OPN/PRQ TIB/PERO STENT	37234	CPT	inpatient			19964		Managed Care Inc	Managed Care Inc		17967.6	90			4535.79	18965.8	percent of total billed charges	
REVSC OPN/PRQ TIB/PERO STENT	37234	CPT	inpatient			19964		Multiplan	Multiplan		15971.2	80			4535.79	18965.8	percent of total billed charges	
REVSC OPN/PRQ TIB/PERO STENT	37234	CPT	inpatient			19964		Qualcare	Qualcare		14973	75			4535.79	18965.8	percent of total billed charges	
REVSC OPN/PRQ TIB/PERO STENT	37234	CPT	inpatient			19964		Three Rivers	Three Rivers		18965.8	95			4535.79	18965.8	percent of total billed charges	
REVSC OPN/PRQ TIB/PERO STENT	37234	CPT	inpatient			19964		UHC	Medicaid		6298.64	31.55			4535.79	18965.8	percent of total billed charges	
REVSC OPN/PRQ TIB/PERO STENT	37234	CPT	inpatient			19964		United	Commercial|PPO		4702				4535.79	18965.8	case rate	
REVSC OPN/PRQ TIB/PERO STENT	37234	CPT	inpatient			19964		United	Oxford		4702				4535.79	18965.8	case rate	
REVSC OPN/PRQ TIB/PERO STENT	37234	CPT	inpatient			19964		Wellcare	Medicaid		6298.64	31.55			4535.79	18965.8	percent of total billed charges	
REVSC OPN/PRQ TIB/PERO STENT	37234	CPT	inpatient			19964		WellPoint	WellPoint		6424.42	32.18			4535.79	18965.8	percent of total billed charges	
TIB/PER REVSC STNT/ATHR ADD-ON	37235	CPT	outpatient			19964		Aetna	Commercial		7586.32	38			4702	18965.8	percent of total billed charges	
TIB/PER REVSC STNT/ATHR ADD-ON	37235	CPT	outpatient			19964		Aetna	Better Health		6298.64	31.55			4702	18965.8	percent of total billed charges	
TIB/PER REVSC STNT/ATHR ADD-ON	37235	CPT	outpatient			19964		Aetna	Medicare		6148.91	30.8			4702	18965.8	percent of total billed charges	
TIB/PER REVSC STNT/ATHR ADD-ON	37235	CPT	outpatient			19964		Americare	Americare		14973	75			4702	18965.8	percent of total billed charges	
TIB/PER REVSC STNT/ATHR ADD-ON	37235	CPT	outpatient			19964		Amerihealth	HMO/PPO		12976.6	65			4702	18965.8	percent of total billed charges	
TIB/PER REVSC STNT/ATHR ADD-ON	37235	CPT	outpatient			19964		Consumer	Consumer		18965.8	95			4702	18965.8	percent of total billed charges	
TIB/PER REVSC STNT/ATHR ADD-ON	37235	CPT	outpatient			19964		Corrections	Corrections		15971.2	80			4702	18965.8	percent of total billed charges	
TIB/PER REVSC STNT/ATHR ADD-ON	37235	CPT	outpatient			19964		First Health	First Health		13974.8	70			4702	18965.8	percent of total billed charges	
TIB/PER REVSC STNT/ATHR ADD-ON	37235	CPT	outpatient			19964		First Trenton	First Trenton		17967.6	90			4702	18965.8	percent of total billed charges	
TIB/PER REVSC STNT/ATHR ADD-ON	37235	CPT	outpatient			19964		Horizon	Indemnity		7642.22	38.28			4702	18965.8	percent of total billed charges	
TIB/PER REVSC STNT/ATHR ADD-ON	37235	CPT	outpatient			19964		Horizon	Medicare Blue		5989.2	30			4702	18965.8	percent of total billed charges	
TIB/PER REVSC STNT/ATHR ADD-ON	37235	CPT	outpatient			19964		Horizon	MGD		7642.22	38.28			4702	18965.8	percent of total billed charges	
TIB/PER REVSC STNT/ATHR ADD-ON	37235	CPT	outpatient			19964		Horizon	NJ Health		4838.99				4702	18965.8	fee schedule	
TIB/PER REVSC STNT/ATHR ADD-ON	37235	CPT	outpatient			19964		Horizon	PPO		7642.22	38.28			4702	18965.8	percent of total billed charges	
TIB/PER REVSC STNT/ATHR ADD-ON	37235	CPT	outpatient			19964		Managed Care Inc	Managed Care Inc		17967.6	90			4702	18965.8	percent of total billed charges	
TIB/PER REVSC STNT/ATHR ADD-ON	37235	CPT	outpatient			19964		Multiplan	Multiplan		15971.2	80			4702	18965.8	percent of total billed charges	
TIB/PER REVSC STNT/ATHR ADD-ON	37235	CPT	outpatient			19964		Qualcare	Qualcare		14973	75			4702	18965.8	percent of total billed charges	
TIB/PER REVSC STNT/ATHR ADD-ON	37235	CPT	outpatient			19964		Three Rivers	Three Rivers		18965.8	95			4702	18965.8	percent of total billed charges	
TIB/PER REVSC STNT/ATHR ADD-ON	37235	CPT	outpatient			19964		UHC	Medicaid		6298.64	31.55			4702	18965.8	percent of total billed charges	
TIB/PER REVSC STNT/ATHR ADD-ON	37235	CPT	outpatient			19964		United	Commercial|PPO		4702				4702	18965.8	case rate	
TIB/PER REVSC STNT/ATHR ADD-ON	37235	CPT	outpatient			19964		United	Oxford		4702				4702	18965.8	case rate	
TIB/PER REVSC STNT/ATHR ADD-ON	37235	CPT	outpatient			19964		Wellcare	Medicaid		6298.64	31.55			4702	18965.8	percent of total billed charges	
TIB/PER REVSC STNT/ATHR ADD-ON	37235	CPT	outpatient			19964		WellPoint	WellPoint		6424.42	32.18			4702	18965.8	percent of total billed charges	
OPEN/PERQ PLACEMENT INTRAVASCULAR STENT	37236	CPT	both			43611		14469 Aetna	Commercial		20030.13				528.63	41430.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN/PERQ PLACEMENT INTRAVASCULAR STENT	37236	CPT	both			43611		14469 Aetna	Better Health		13759.27	31.55			528.63	41430.45	percent of total billed charges	
OPEN/PERQ PLACEMENT INTRAVASCULAR STENT	37236	CPT	both			43611		14469 Aetna	Medicare		12581.74				528.63	41430.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN/PERQ PLACEMENT INTRAVASCULAR STENT	37236	CPT	both			43611		14469 Americare	Americare		32708.25	75			528.63	41430.45	percent of total billed charges	
OPEN/PERQ PLACEMENT INTRAVASCULAR STENT	37236	CPT	both			43611		14469 Amerihealth	HMO/PPO		28347.15	65			528.63	41430.45	percent of total billed charges	
OPEN/PERQ PLACEMENT INTRAVASCULAR STENT	37236	CPT	both			43611		14469 Amerihealth	Medicare		12581.74				528.63	41430.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN/PERQ PLACEMENT INTRAVASCULAR STENT	37236	CPT	both			43611		14469 Consumer	Consumer		41430.45	95			528.63	41430.45	percent of total billed charges	
OPEN/PERQ PLACEMENT INTRAVASCULAR STENT	37236	CPT	both			43611		14469 Corrections	Corrections		34888.8	80			528.63	41430.45	percent of total billed charges	
OPEN/PERQ PLACEMENT INTRAVASCULAR STENT	37236	CPT	both			43611		14469 First Health	First Health		30527.7	70			528.63	41430.45	percent of total billed charges	
OPEN/PERQ PLACEMENT INTRAVASCULAR STENT	37236	CPT	both			43611		14469 First Trenton	First Trenton		39249.9	90			528.63	41430.45	percent of total billed charges	
OPEN/PERQ PLACEMENT INTRAVASCULAR STENT	37236	CPT	both			43611		14469 Horizon	Indemnity		23414.62				528.63	41430.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN/PERQ PLACEMENT INTRAVASCULAR STENT	37236	CPT	both			43611		14469 Horizon	NJ Health		528.63				528.63	41430.45	fee schedule	
OPEN/PERQ PLACEMENT INTRAVASCULAR STENT	37236	CPT	both			43611		14469 Horizon	PPO		23414.62				528.63	41430.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN/PERQ PLACEMENT INTRAVASCULAR STENT	37236	CPT	both			43611		14469 Horizon	Medicare Blue		12581.74				528.63	41430.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN/PERQ PLACEMENT INTRAVASCULAR STENT	37236	CPT	both			43611		14469 Horizon	MGD		23414.62				528.63	41430.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN/PERQ PLACEMENT INTRAVASCULAR STENT	37236	CPT	both			43611		14469 Managed Care Inc	Managed Care Inc		39249.9	90			528.63	41430.45	percent of total billed charges	
OPEN/PERQ PLACEMENT INTRAVASCULAR STENT	37236	CPT	both			43611		14469 Multiplan	Multiplan		34888.8	80			528.63	41430.45	percent of total billed charges	
OPEN/PERQ PLACEMENT INTRAVASCULAR STENT	37236	CPT	both			43611		14469 Qualcare	Qualcare		32708.25	75			528.63	41430.45	percent of total billed charges	
OPEN/PERQ PLACEMENT INTRAVASCULAR STENT	37236	CPT	both			43611		14469 Three Rivers	Three Rivers		41430.45	95			528.63	41430.45	percent of total billed charges	
OPEN/PERQ PLACEMENT INTRAVASCULAR STENT	37236	CPT	both			43611		14469 UHC	Medicare		12581.74				528.63	41430.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN/PERQ PLACEMENT INTRAVASCULAR STENT	37236	CPT	both			43611		14469 UHC	Medicaid		13759.27	31.55			528.63	41430.45	percent of total billed charges	
OPEN/PERQ PLACEMENT INTRAVASCULAR STENT	37236	CPT	both			43611		14469 United	Commercial|PPO		5843				528.63	41430.45	case rate	
OPEN/PERQ PLACEMENT INTRAVASCULAR STENT	37236	CPT	both			43611		14469 United	Oxford		5843				528.63	41430.45	case rate	
OPEN/PERQ PLACEMENT INTRAVASCULAR STENT	37236	CPT	both			43611		14469 Wellcare	Medicare		12581.74				528.63	41430.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN/PERQ PLACEMENT INTRAVASCULAR STENT	37236	CPT	both			43611		14469 Wellcare	Medicaid		13759.27	31.55			528.63	41430.45	percent of total billed charges	
OPEN/PERQ PLACEMENT INTRAVASCULAR STENT	37236	CPT	both			43611		14469 WellPoint	WellPoint		14034.02	32.18			528.63	41430.45	percent of total billed charges	
ANGIO-TMS CATH PLACE,EACH ADDED ART STE	37237	CPT	outpatient			21095		Aetna	Better Health		6655.47	31.55			246.78	20040.25	percent of total billed charges	
ANGIO-TMS CATH PLACE,EACH ADDED ART STE	37237	CPT	outpatient			21095		Aetna	Medicare		6497.26	30.8			246.78	20040.25	percent of total billed charges	
ANGIO-TMS CATH PLACE,EACH ADDED ART STE	37237	CPT	outpatient			21095		Aetna	Commercial		8016.1	38			246.78	20040.25	percent of total billed charges	
ANGIO-TMS CATH PLACE,EACH ADDED ART STE	37237	CPT	outpatient			21095		Americare	Americare		15821.25	75			246.78	20040.25	percent of total billed charges	
ANGIO-TMS CATH PLACE,EACH ADDED ART STE	37237	CPT	outpatient			21095		Amerihealth	HMO/PPO		13711.75	65			246.78	20040.25	percent of total billed charges	
ANGIO-TMS CATH PLACE,EACH ADDED ART STE	37237	CPT	outpatient			21095		Consumer	Consumer		20040.25	95			246.78	20040.25	percent of total billed charges	
ANGIO-TMS CATH PLACE,EACH ADDED ART STE	37237	CPT	outpatient			21095		Corrections	Corrections		16876	80			246.78	20040.25	percent of total billed charges	
ANGIO-TMS CATH PLACE,EACH ADDED ART STE	37237	CPT	outpatient			21095		First Health	First Health		14766.5	70			246.78	20040.25	percent of total billed charges	
ANGIO-TMS CATH PLACE,EACH ADDED ART STE	37237	CPT	outpatient			21095		First Trenton	First Trenton		18985.5	90			246.78	20040.25	percent of total billed charges	
ANGIO-TMS CATH PLACE,EACH ADDED ART STE	37237	CPT	outpatient			21095		Horizon	MGD		8075.17	38.28			246.78	20040.25	percent of total billed charges	
ANGIO-TMS CATH PLACE,EACH ADDED ART STE	37237	CPT	outpatient			21095		Horizon	Medicare Blue		6328.5	30			246.78	20040.25	percent of total billed charges	
ANGIO-TMS CATH PLACE,EACH ADDED ART STE	37237	CPT	outpatient			21095		Horizon	Indemnity		8075.17	38.28			246.78	20040.25	percent of total billed charges	
ANGIO-TMS CATH PLACE,EACH ADDED ART STE	37237	CPT	outpatient			21095		Horizon	NJ Health		246.78				246.78	20040.25	fee schedule	
ANGIO-TMS CATH PLACE,EACH ADDED ART STE	37237	CPT	outpatient			21095		Horizon	PPO		8075.17	38.28			246.78	20040.25	percent of total billed charges	
ANGIO-TMS CATH PLACE,EACH ADDED ART STE	37237	CPT	outpatient			21095		Managed Care Inc	Managed Care Inc		18985.5	90			246.78	20040.25	percent of total billed charges	
ANGIO-TMS CATH PLACE,EACH ADDED ART STE	37237	CPT	outpatient			21095		Multiplan	Multiplan		16876	80			246.78	20040.25	percent of total billed charges	
ANGIO-TMS CATH PLACE,EACH ADDED ART STE	37237	CPT	outpatient			21095		Qualcare	Qualcare		15821.25	75			246.78	20040.25	percent of total billed charges	
ANGIO-TMS CATH PLACE,EACH ADDED ART STE	37237	CPT	outpatient			21095		Three Rivers	Three Rivers		20040.25	95			246.78	20040.25	percent of total billed charges	
ANGIO-TMS CATH PLACE,EACH ADDED ART STE	37237	CPT	outpatient			21095		UHC	Medicaid		6655.47	31.55			246.78	20040.25	percent of total billed charges	
ANGIO-TMS CATH PLACE,EACH ADDED ART STE	37237	CPT	outpatient			21095		United	Commercial|PPO		4702				246.78	20040.25	case rate	
ANGIO-TMS CATH PLACE,EACH ADDED ART STE	37237	CPT	outpatient			21095		United	Oxford		4702				246.78	20040.25	case rate	
ANGIO-TMS CATH PLACE,EACH ADDED ART STE	37237	CPT	outpatient			21095		Wellcare	Medicaid		6655.47	31.55			246.78	20040.25	percent of total billed charges	
ANGIO-TMS CATH PLACE,EACH ADDED ART STE	37237	CPT	outpatient			21095		WellPoint	WellPoint		6788.37	32.18			246.78	20040.25	percent of total billed charges	
OPEN/PERQ PLACEMENT INTRAVASCULAR STENT	37238	CPT	both			43611		14469 Aetna	Commercial		20030.13				370.44	41430.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN/PERQ PLACEMENT INTRAVASCULAR STENT	37238	CPT	both			43611		14469 Aetna	Medicare		12581.74				370.44	41430.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN/PERQ PLACEMENT INTRAVASCULAR STENT	37238	CPT	both			43611		14469 Aetna	Better Health		13759.27	31.55			370.44	41430.45	percent of total billed charges	
OPEN/PERQ PLACEMENT INTRAVASCULAR STENT	37238	CPT	both			43611		14469 Americare	Americare		32708.25	75			370.44	41430.45	percent of total billed charges	
OPEN/PERQ PLACEMENT INTRAVASCULAR STENT	37238	CPT	both			43611		14469 Amerihealth	HMO/PPO		28347.15	65			370.44	41430.45	percent of total billed charges	
OPEN/PERQ PLACEMENT INTRAVASCULAR STENT	37238	CPT	both			43611		14469 Amerihealth	Medicare		12581.74				370.44	41430.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN/PERQ PLACEMENT INTRAVASCULAR STENT	37238	CPT	both			43611		14469 Consumer	Consumer		41430.45	95			370.44	41430.45	percent of total billed charges	
OPEN/PERQ PLACEMENT INTRAVASCULAR STENT	37238	CPT	both			43611		14469 Corrections	Corrections		34888.8	80			370.44	41430.45	percent of total billed charges	
OPEN/PERQ PLACEMENT INTRAVASCULAR STENT	37238	CPT	both			43611		14469 First Health	First Health		30527.7	70			370.44	41430.45	percent of total billed charges	
OPEN/PERQ PLACEMENT INTRAVASCULAR STENT	37238	CPT	both			43611		14469 First Trenton	First Trenton		39249.9	90			370.44	41430.45	percent of total billed charges	
OPEN/PERQ PLACEMENT INTRAVASCULAR STENT	37238	CPT	both			43611		14469 Horizon	MGD		23414.62				370.44	41430.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN/PERQ PLACEMENT INTRAVASCULAR STENT	37238	CPT	both			43611		14469 Horizon	Indemnity		23414.62				370.44	41430.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN/PERQ PLACEMENT INTRAVASCULAR STENT	37238	CPT	both			43611		14469 Horizon	NJ Health		370.44				370.44	41430.45	fee schedule	
OPEN/PERQ PLACEMENT INTRAVASCULAR STENT	37238	CPT	both			43611		14469 Horizon	PPO		23414.62				370.44	41430.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN/PERQ PLACEMENT INTRAVASCULAR STENT	37238	CPT	both			43611		14469 Horizon	Medicare Blue		12581.74				370.44	41430.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN/PERQ PLACEMENT INTRAVASCULAR STENT	37238	CPT	both			43611		14469 Managed Care Inc	Managed Care Inc		39249.9	90			370.44	41430.45	percent of total billed charges	
OPEN/PERQ PLACEMENT INTRAVASCULAR STENT	37238	CPT	both			43611		14469 Multiplan	Multiplan		34888.8	80			370.44	41430.45	percent of total billed charges	
OPEN/PERQ PLACEMENT INTRAVASCULAR STENT	37238	CPT	both			43611		14469 Qualcare	Qualcare		32708.25	75			370.44	41430.45	percent of total billed charges	
OPEN/PERQ PLACEMENT INTRAVASCULAR STENT	37238	CPT	both			43611		14469 Three Rivers	Three Rivers		41430.45	95			370.44	41430.45	percent of total billed charges	
OPEN/PERQ PLACEMENT INTRAVASCULAR STENT	37238	CPT	both			43611		14469 UHC	Medicare		12581.74				370.44	41430.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN/PERQ PLACEMENT INTRAVASCULAR STENT	37238	CPT	both			43611		14469 UHC	Medicaid		13759.27	31.55			370.44	41430.45	percent of total billed charges	
OPEN/PERQ PLACEMENT INTRAVASCULAR STENT	37238	CPT	both			43611		14469 United	Oxford		5843				370.44	41430.45	case rate	
OPEN/PERQ PLACEMENT INTRAVASCULAR STENT	37238	CPT	both			43611		14469 United	Commercial|PPO		5843				370.44	41430.45	case rate	
OPEN/PERQ PLACEMENT INTRAVASCULAR STENT	37238	CPT	both			43611		14469 Wellcare	Medicare		12581.74				370.44	41430.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN/PERQ PLACEMENT INTRAVASCULAR STENT	37238	CPT	both			43611		14469 Wellcare	Medicaid		13759.27	31.55			370.44	41430.45	percent of total billed charges	
OPEN/PERQ PLACEMENT INTRAVASCULAR STENT	37238	CPT	both			43611		14469 WellPoint	WellPoint		14034.02	32.18			370.44	41430.45	percent of total billed charges	
SUPERVISION OF STENT NON-CORONARY	37239	CPT	both			21095			Medicare		6497.26	30.8			172.21	20040.25	percent of total billed charges	
SUPERVISION OF STENT NON-CORONARY	37239	CPT	both			21095			Aetna		8016.1	38			172.21	20040.25	percent of total billed charges	
SUPERVISION OF STENT NON-CORONARY	37239	CPT	both			21095			Better Health		6655.47	31.55			172.21	20040.25	percent of total billed charges	
SUPERVISION OF STENT NON-CORONARY	37239	CPT	both			21095			Americare		15821.25	75			172.21	20040.25	percent of total billed charges	
SUPERVISION OF STENT NON-CORONARY	37239	CPT	both			21095			Amerihealth		13711.75	65			172.21	20040.25	percent of total billed charges	
SUPERVISION OF STENT NON-CORONARY	37239	CPT	both			21095			Consumer		20040.25	95			172.21	20040.25	percent of total billed charges	
SUPERVISION OF STENT NON-CORONARY	37239	CPT	both			21095			Corrections		16876	80			172.21	20040.25	percent of total billed charges	
SUPERVISION OF STENT NON-CORONARY	37239	CPT	both			21095			First Health		14766.5	70			172.21	20040.25	percent of total billed charges	
SUPERVISION OF STENT NON-CORONARY	37239	CPT	both			21095			First Trenton		18985.5	90			172.21	20040.25	percent of total billed charges	
SUPERVISION OF STENT NON-CORONARY	37239	CPT	both			21095			Horizon		6328.5	30			172.21	20040.25	percent of total billed charges	
SUPERVISION OF STENT NON-CORONARY	37239	CPT	both			21095			Horizon		8075.17	38.28			172.21	20040.25	percent of total billed charges	
SUPERVISION OF STENT NON-CORONARY	37239	CPT	both			21095			Horizon		8075.17	38.28			172.21	20040.25	percent of total billed charges	
SUPERVISION OF STENT NON-CORONARY	37239	CPT	both			21095			Horizon		8075.17	38.28			172.21	20040.25	percent of total billed charges	
SUPERVISION OF STENT NON-CORONARY	37239	CPT	both			21095			Horizon		172.21				172.21	20040.25	fee schedule	
SUPERVISION OF STENT NON-CORONARY	37239	CPT	both			21095			Managed Care Inc		18985.5	90			172.21	20040.25	percent of total billed charges	
SUPERVISION OF STENT NON-CORONARY	37239	CPT	both			21095			Multiplan		16876	80			172.21	20040.25	percent of total billed charges	
SUPERVISION OF STENT NON-CORONARY	37239	CPT	both			21095			Qualcare		15821.25	75			172.21	20040.25	percent of total billed charges	
SUPERVISION OF STENT NON-CORONARY	37239	CPT	both			21095			Three Rivers		20040.25	95			172.21	20040.25	percent of total billed charges	
SUPERVISION OF STENT NON-CORONARY	37239	CPT	both			21095			UHC		6655.47	31.55			172.21	20040.25	percent of total billed charges	
SUPERVISION OF STENT NON-CORONARY	37239	CPT	both			21095			United		4702				172.21	20040.25	case rate	
SUPERVISION OF STENT NON-CORONARY	37239	CPT	both			21095			United		4702				172.21	20040.25	case rate	
SUPERVISION OF STENT NON-CORONARY	37239	CPT	both			21095			Wellcare		6655.47	31.55			172.21	20040.25	percent of total billed charges	
SUPERVISION OF STENT NON-CORONARY	37239	CPT	both			21095			WellPoint		6788.37	32.18			172.21	20040.25	percent of total billed charges	
VSCLR EMBLZTN/OCCLSN VENOUS	37241	CPT	both			43424		14469 Aetna	Better Health		13700.27	31.55			508.4	41252.8	percent of total billed charges	
VSCLR EMBLZTN/OCCLSN VENOUS	37241	CPT	both			43424		14469 Aetna	Medicare		12581.74				508.4	41252.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VSCLR EMBLZTN/OCCLSN VENOUS	37241	CPT	both			43424		14469 Aetna	Commercial		20030.13				508.4	41252.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VSCLR EMBLZTN/OCCLSN VENOUS	37241	CPT	both			43424		14469 Americare	Americare		32568	75			508.4	41252.8	percent of total billed charges	
VSCLR EMBLZTN/OCCLSN VENOUS	37241	CPT	both			43424		14469 Amerihealth	HMO/PPO		28225.6	65			508.4	41252.8	percent of total billed charges	
VSCLR EMBLZTN/OCCLSN VENOUS	37241	CPT	both			43424		14469 Amerihealth	Medicare		12581.74				508.4	41252.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VSCLR EMBLZTN/OCCLSN VENOUS	37241	CPT	both			43424		14469 Consumer	Consumer		41252.8	95			508.4	41252.8	percent of total billed charges	
VSCLR EMBLZTN/OCCLSN VENOUS	37241	CPT	both			43424		14469 Corrections	Corrections		34739.2	80			508.4	41252.8	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101191	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
VSCLR EMBLZTN/OCCLSN VENOUS	37241	CPT	both			43424	14469	First Health	First Health		30396.8	70			508.4	41252.8	percent of total billed charges	
VSCLR EMBLZTN/OCCLSN VENOUS	37241	CPT	both			43424	14469	First Trenton	First Trenton		39081.6	90			508.4	41252.8	percent of total billed charges	
VSCLR EMBLZTN/OCCLSN VENOUS	37241	CPT	both			43424	14469	Horizon	MGD		23414.62				508.4	41252.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VSCLR EMBLZTN/OCCLSN VENOUS	37241	CPT	both			43424	14469	Horizon	Medicare Blue		12581.74				508.4	41252.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VSCLR EMBLZTN/OCCLSN VENOUS	37241	CPT	both			43424	14469	Horizon	Indemnity		23414.62				508.4	41252.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VSCLR EMBLZTN/OCCLSN VENOUS	37241	CPT	both			43424	14469	Horizon	NJ Health		508.4				508.4	41252.8	fee schedule	
VSCLR EMBLZTN/OCCLSN VENOUS	37241	CPT	both			43424	14469	Horizon	PPO		23414.62				508.4	41252.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VSCLR EMBLZTN/OCCLSN VENOUS	37241	CPT	both			43424	14469	Managed Care Inc	Managed Care Inc		39081.6	90			508.4	41252.8	percent of total billed charges	
VSCLR EMBLZTN/OCCLSN VENOUS	37241	CPT	both			43424	14469	Multiplan	Multiplan		34739.2	80			508.4	41252.8	percent of total billed charges	
VSCLR EMBLZTN/OCCLSN VENOUS	37241	CPT	both			43424	14469	Qualcare	Qualcare		32568	75			508.4	41252.8	percent of total billed charges	
VSCLR EMBLZTN/OCCLSN VENOUS	37241	CPT	both			43424	14469	Three Rivers	Three Rivers		41252.8	95			508.4	41252.8	percent of total billed charges	
VSCLR EMBLZTN/OCCLSN VENOUS	37241	CPT	both			43424	14469	UHC	Medicaid		13700.27	31.55			508.4	41252.8	percent of total billed charges	
VSCLR EMBLZTN/OCCLSN VENOUS	37241	CPT	both			43424	14469	UHC	Medicare		12581.74				508.4	41252.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VSCLR EMBLZTN/OCCLSN VENOUS	37241	CPT	both			43424	14469	United	CommercialPPO		5843				508.4	41252.8	case rate	
VSCLR EMBLZTN/OCCLSN VENOUS	37241	CPT	both			43424	14469	United	Oxford		5843				508.4	41252.8	case rate	
VSCLR EMBLZTN/OCCLSN VENOUS	37241	CPT	both			43424	14469	Wellcare	Medicare		12581.74				508.4	41252.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VSCLR EMBLZTN/OCCLSN VENOUS	37241	CPT	both			43424	14469	Wellcare	Medicaid		13700.27	31.55			508.4	41252.8	percent of total billed charges	
VSCLR EMBLZTN/OCCLSN VENOUS	37241	CPT	both			43424	14469	WellPoint	WellPoint		13973.84	32.18			508.4	41252.8	percent of total billed charges	
VASCULAR EMBOLIZATION OR OCCLUSION ARTE	37242	CPT	both			42283	23062.62	Aetna	Better Health		13340.29	31.55			567.65	40168.85	percent of total billed charges	
VASCULAR EMBOLIZATION OR OCCLUSION ARTE	37242	CPT	both			42283	23062.62	Aetna	Medicare		20054.45				567.65	40168.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VASCULAR EMBOLIZATION OR OCCLUSION ARTE	37242	CPT	both			42283	23062.62	Aetna	Commercial		31926.68				567.65	40168.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VASCULAR EMBOLIZATION OR OCCLUSION ARTE	37242	CPT	both			42283	23062.62	Americare	Americare		31712.25	75			567.65	40168.85	percent of total billed charges	
VASCULAR EMBOLIZATION OR OCCLUSION ARTE	37242	CPT	both			42283	23062.62	Amerihealth	HMO/PPO		27483.95	65			567.65	40168.85	percent of total billed charges	
VASCULAR EMBOLIZATION OR OCCLUSION ARTE	37242	CPT	both			42283	23062.62	Amerihealth	Medicare		20054.45				567.65	40168.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VASCULAR EMBOLIZATION OR OCCLUSION ARTE	37242	CPT	both			42283	23062.62	Consumer	Consumer		40168.85	95			567.65	40168.85	percent of total billed charges	
VASCULAR EMBOLIZATION OR OCCLUSION ARTE	37242	CPT	both			42283	23062.62	Corrections	Corrections		33826.4	80			567.65	40168.85	percent of total billed charges	
VASCULAR EMBOLIZATION OR OCCLUSION ARTE	37242	CPT	both			42283	23062.62	First Health	First Health		29598.1	70			567.65	40168.85	percent of total billed charges	
VASCULAR EMBOLIZATION OR OCCLUSION ARTE	37242	CPT	both			42283	23062.62	First Trenton	First Trenton		38054.7	90			567.65	40168.85	percent of total billed charges	
VASCULAR EMBOLIZATION OR OCCLUSION ARTE	37242	CPT	both			42283	23062.62	Horizon	Medicare Blue		20054.45				567.65	40168.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VASCULAR EMBOLIZATION OR OCCLUSION ARTE	37242	CPT	both			42283	23062.62	Horizon	PPO		37321.33				567.65	40168.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VASCULAR EMBOLIZATION OR OCCLUSION ARTE	37242	CPT	both			42283	23062.62	Horizon	NJ Health		567.65				567.65	40168.85	fee schedule	
VASCULAR EMBOLIZATION OR OCCLUSION ARTE	37242	CPT	both			42283	23062.62	Horizon	Indemnity		37321.33				567.65	40168.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VASCULAR EMBOLIZATION OR OCCLUSION ARTE	37242	CPT	both			42283	23062.62	Horizon	MGD		37321.33				567.65	40168.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VASCULAR EMBOLIZATION OR OCCLUSION ARTE	37242	CPT	both			42283	23062.62	Managed Care Inc	Managed Care Inc		38054.7	90			567.65	40168.85	percent of total billed charges	
VASCULAR EMBOLIZATION OR OCCLUSION ARTE	37242	CPT	both			42283	23062.62	Multiplan	Multiplan		33826.4	80			567.65	40168.85	percent of total billed charges	
VASCULAR EMBOLIZATION OR OCCLUSION ARTE	37242	CPT	both			42283	23062.62	Qualcare	Qualcare		31712.25	75			567.65	40168.85	percent of total billed charges	
VASCULAR EMBOLIZATION OR OCCLUSION ARTE	37242	CPT	both			42283	23062.62	Three Rivers	Three Rivers		40168.85	95			567.65	40168.85	percent of total billed charges	
VASCULAR EMBOLIZATION OR OCCLUSION ARTE	37242	CPT	both			42283	23062.62	UHC	Medicaid		13340.29	31.55			567.65	40168.85	percent of total billed charges	
VASCULAR EMBOLIZATION OR OCCLUSION ARTE	37242	CPT	both			42283	23062.62	UHC	Medicare		20054.45				567.65	40168.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VASCULAR EMBOLIZATION OR OCCLUSION ARTE	37242	CPT	both			42283	23062.62	United	CommercialPPO		5843				567.65	40168.85	case rate	
VASCULAR EMBOLIZATION OR OCCLUSION ARTE	37242	CPT	both			42283	23062.62	United	Oxford		5843				567.65	40168.85	case rate	
VASCULAR EMBOLIZATION OR OCCLUSION ARTE	37242	CPT	both			42283	23062.62	Wellcare	Medicare		20054.45				567.65	40168.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VASCULAR EMBOLIZATION OR OCCLUSION ARTE	37242	CPT	both			42283	23062.62	Wellcare	Medicaid		13340.29	31.55			567.65	40168.85	percent of total billed charges	
VASCULAR EMBOLIZATION OR OCCLUSION ARTE	37242	CPT	both			42283	23062.62	WellPoint	WellPoint		13606.67	32.18			567.65	40168.85	percent of total billed charges	
VASCULAR EMBOLIZE/OCCULED ORGAN TUMOR	37243	CPT	both			42283	14469	Aetna	Better Health		13340.29	31.55			676.75	40168.85	percent of total billed charges	
VASCULAR EMBOLIZE/OCCULED ORGAN TUMOR	37243	CPT	both			42283	14469	Aetna	Commercial		20030.13				676.75	40168.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VASCULAR EMBOLIZE/OCCULED ORGAN TUMOR	37243	CPT	both			42283	14469	Aetna	Medicare		12581.74				676.75	40168.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VASCULAR EMBOLIZE/OCCULED ORGAN TUMOR	37243	CPT	both			42283	14469	Americare	Americare		31712.25	75			676.75	40168.85	percent of total billed charges	
VASCULAR EMBOLIZE/OCCULED ORGAN TUMOR	37243	CPT	both			42283	14469	Amerihealth	HMO/PPO		27483.95	65			676.75	40168.85	percent of total billed charges	
VASCULAR EMBOLIZE/OCCULED ORGAN TUMOR	37243	CPT	both			42283	14469	Amerihealth	Medicare		12581.74				676.75	40168.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VASCULAR EMBOLIZE/OCCULED ORGAN TUMOR	37243	CPT	both			42283	14469	Consumer	Consumer		40168.85	95			676.75	40168.85	percent of total billed charges	
VASCULAR EMBOLIZE/OCCULED ORGAN TUMOR	37243	CPT	both			42283	14469	Corrections	Corrections		33826.4	80			676.75	40168.85	percent of total billed charges	
VASCULAR EMBOLIZE/OCCULED ORGAN TUMOR	37243	CPT	both			42283	14469	First Health	First Health		29598.1	70			676.75	40168.85	percent of total billed charges	
VASCULAR EMBOLIZE/OCCULED ORGAN TUMOR	37243	CPT	both			42283	14469	First Trenton	First Trenton		38054.7	90			676.75	40168.85	percent of total billed charges	
VASCULAR EMBOLIZE/OCCULED ORGAN TUMOR	37243	CPT	both			42283	14469	Horizon	MGD		23414.62				676.75	40168.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VASCULAR EMBOLIZE/OCCULED ORGAN TUMOR	37243	CPT	both			42283	14469	Horizon	Indemnity		23414.62				676.75	40168.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VASCULAR EMBOLIZE/OCCULED ORGAN TUMOR	37243	CPT	both			42283	14469	Horizon	NJ Health		676.75				676.75	40168.85	fee schedule	
VASCULAR EMBOLIZE/OCCULED ORGAN TUMOR	37243	CPT	both			42283	14469	Horizon	PPO		23414.62				676.75	40168.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VASCULAR EMBOLIZE/OCCULED ORGAN TUMOR	37243	CPT	both			42283	14469	Horizon	Medicare Blue		12581.74				676.75	40168.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VASCULAR EMBOLIZE/OCCULED ORGAN TUMOR	37243	CPT	both			42283	14469	Managed Care Inc	Managed Care Inc		38054.7	90			676.75	40168.85	percent of total billed charges	
VASCULAR EMBOLIZE/OCCULED ORGAN TUMOR	37243	CPT	both			42283	14469	Multiplan	Multiplan		33826.4	80			676.75	40168.85	percent of total billed charges	
VASCULAR EMBOLIZE/OCCULED ORGAN TUMOR	37243	CPT	both			42283	14469	Qualcare	Qualcare		31712.25	75			676.75	40168.85	percent of total billed charges	
VASCULAR EMBOLIZE/OCCULED ORGAN TUMOR	37243	CPT	both			42283	14469	Three Rivers	Three Rivers		40168.85	95			676.75	40168.85	percent of total billed charges	
VASCULAR EMBOLIZE/OCCULED ORGAN TUMOR	37243	CPT	both			42283	14469	UHC	Medicare		12581.74				676.75	40168.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VASCULAR EMBOLIZE/OCCULED ORGAN TUMOR	37243	CPT	both			42283	14469	UHC	Medicaid		13340.29	31.55			676.75	40168.85	percent of total billed charges	
VASCULAR EMBOLIZE/OCCULED ORGAN TUMOR	37243	CPT	both			42283	14469	United	Oxford		5843				676.75	40168.85	case rate	
VASCULAR EMBOLIZE/OCCULED ORGAN TUMOR	37243	CPT	both			42283	14469	United	CommercialPPO		5843				676.75	40168.85	case rate	
VASCULAR EMBOLIZE/OCCULED ORGAN TUMOR	37243	CPT	both			42283	14469	Wellcare	Medicare		12581.74				676.75	40168.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VASCULAR EMBOLIZE/OCCULED ORGAN TUMOR	37243	CPT	both			42283	14469	Wellcare	Medicaid		13340.29	31.55			676.75	40168.85	percent of total billed charges	
VASCULAR EMBOLIZE/OCCULED ORGAN TUMOR	37243	CPT	both			42283	14469	WellPoint	WellPoint		13606.67	32.18			676.75	40168.85	percent of total billed charges	
VSCLR EMBLZTN/OCCLSN ART/VNUS	37244	CPT	both			42283	14469	Aetna	Medicare		12581.74				789.37	40168.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VSCLR EMBLZTN/OCCLSN ART/VNUS	37244	CPT	both			42283	14469	Aetna	Better Health		13340.29	31.55			789.37	40168.85	percent of total billed charges	
VSCLR EMBLZTN/OCCLSN ART/VNUS	37244	CPT	both			42283	14469	Aetna	Commercial		20030.13				789.37	40168.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VSCLR EMBLZTN/OCCLSN ART/VNUS	37244	CPT	both			42283	14469	Americare	Americare		31712.25	75			789.37	40168.85	percent of total billed charges	
VSCLR EMBLZTN/OCCLSN ART/VNUS	37244	CPT	both			42283	14469	Amerihealth	HMO/PPO		27483.95	65			789.37	40168.85	percent of total billed charges	
VSCLR EMBLZTN/OCCLSN ART/VNUS	37244	CPT	both			42283	14469	Amerihealth	Medicare		12581.74				789.37	40168.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VSCLR EMBLZTN/OCCLSN ART/VNUS	37244	CPT	both			42283	14469	Consumer	Consumer		40168.85	95			789.37	40168.85	percent of total billed charges	
VSCLR EMBLZTN/OCCLSN ART/VNUS	37244	CPT	both			42283	14469	Corrections	Corrections		33826.4	80			789.37	40168.85	percent of total billed charges	
VSCLR EMBLZTN/OCCLSN ART/VNUS	37244	CPT	both			42283	14469	First Health	First Health		29598.1	70			789.37	40168.85	percent of total billed charges	
VSCLR EMBLZTN/OCCLSN ART/VNUS	37244	CPT	both			42283	14469	First Trenton	First Trenton		38054.7	90			789.37	40168.85	percent of total billed charges	
VSCLR EMBLZTN/OCCLSN ART/VNUS	37244	CPT	both			42283	14469	Horizon	Indemnity		23414.62				789.37	40168.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VSCLR EMBLZTN/OCCLSN ART/VNUS	37244	CPT	both			42283	14469	Horizon	MGD		23414.62				789.37	40168.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VSCLR EMBLZTN/OCCLSN ART/VNUS	37244	CPT	both			42283	14469	Horizon	PPO		23414.62				789.37	40168.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VSCLR EMBLZTN/OCCLSN ART/VNUS	37244	CPT	both			42283	14469	Horizon	Medicare Blue		12581.74				789.37	40168.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VSCLR EMBLZTN/OCCLSN ART/VNUS	37244	CPT	both			42283	14469	Horizon	NJ Health		789.37				789.37	40168.85	fee schedule	
VSCLR EMBLZTN/OCCLSN ART/VNUS	37244	CPT	both			42283	14469	Managed Care Inc	Managed Care Inc		38054.7	90			789.37	40168.85	percent of total billed charges	
VSCLR EMBLZTN/OCCLSN ART/VNUS	37244	CPT	both			42283	14469	Multiplan	Multiplan		33826.4	80			789.37	40168.85	percent of total billed charges	
VSCLR EMBLZTN/OCCLSN ART/VNUS	37244	CPT	both			42283	14469	Qualcare	Qualcare		31712.25	75			789.37	40168.85	percent of total billed charges	
VSCLR EMBLZTN/OCCLSN ART/VNUS	37244	CPT	both			42283	14469	Three Rivers	Three Rivers		40168.85	95			789.37	40168.85	percent of total billed charges	
VSCLR EMBLZTN/OCCLSN ART/VNUS	37244	CPT	both			42283	14469	UHC	Medicare		12581.74				789.37	40168.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VSCLR EMBLZTN/OCCLSN ART/VNUS	37244	CPT	both			42283	14469	UHC	Medicaid		13340.29	31.55			789.37	40168.85	percent of total billed charges	
VSCLR EMBLZTN/OCCLSN ART/VNUS	37244	CPT	both			42283	14469	United	Oxford		5843				789.37	40168.85	case rate	
VSCLR EMBLZTN/OCCLSN ART/VNUS	37244	CPT	both			42283	14469	United	CommercialPPO		5843				789.37	40168.85	case rate	
VSCLR EMBLZTN/OCCLSN ART/VNUS	37244	CPT	both			42283	14469	Wellcare	Medicare		12581.74				789.37	40168.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VSCLR EMBLZTN/OCCLSN ART/VNUS	37244	CPT	both			42283	14469	Wellcare	Medicaid		13340.29	31.55			789.37	40168.85	percent of total billed charges	
VSCLR EMBLZTN/OCCLSN ART/VNUS	37244	CPT	both			42283	14469	WellPoint	WellPoint		13606.67	32.18			789.37	40168.85	percent of total billed charges	
TRANLUMINAL BALLOON ANGIOPLASTY OPEN/PE	37246	CPT	both			20819	7517.39	Aetna	Medicare		6412.25	30.8			2927.19	19778.05	percent of total billed charges	
TRANLUMINAL BALLOON ANGIOPLASTY OPEN/PE	37246	CPT	both			20819	7517.39	Aetna	Better Health		6568.39	31.55			2927.19	19778.05	percent of total billed charges	
TRANLUMINAL BALLOON ANGIOPLASTY OPEN/PE	37246	CPT	both			20819	7517.39	Aetna	Commercial		10406.68				2927.19	19778.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANLUMINAL BALLOON ANGIOPLASTY OPEN/PE	37246	CPT	both			20819	7517.39	Americare	Americare		15614.25	75			2927.19	19778.05	percent of total billed charges	
TRANLUMINAL BALLOON ANGIOPLASTY OPEN/PE	37246	CPT	both			20819	7517.39	Amerihealth	HMO/PPO		13532.35	65			2927.19	19778.05	percent of total billed charges	
TRANLUMINAL BALLOON ANGIOPLASTY OPEN/PE	37246	CPT	both			20819	7517.39	Amerihealth	Medicare		6536.86				2927.19	19778.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANLUMINAL BALLOON ANGIOPLASTY OPEN/PE	37246	CPT	both			20819	7517.39	Consumer	Consumer		19778.05	95			2927.19	19778.05	percent of total billed charges	
TRANLUMINAL BALLOON ANGIOPLASTY OPEN/PE	37246	CPT	both			20819	7517.39	Corrections	Corrections		16655.2	80			2927.19	19778.05	percent of total billed charges	
TRANLUMINAL BALLOON ANGIOPLASTY OPEN/PE	37246	CPT	both			20819	7517.39	First Health	First Health		14573.3	70			2927.19	19778.05	percent of total billed charges	
TRANLUMINAL BALLOON ANGIOPLASTY OPEN/PE	37246	CPT	both			20819	7517.39	First Trenton	First Trenton		18737.1	90			2927.19	19778.05	percent of total billed charges	
TRANLUMINAL BALLOON ANGIOPLASTY OPEN/PE	37246	CPT	both			20819	7517.39	Horizon	Indemnity		12165.1				2927.19	19778.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANLUMINAL BALLOON ANGIOPLASTY OPEN/PE	37246	CPT	both			20819	7517.39	Horizon	Medicare Blue		6536.86				2927.19	19778.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANLUMINAL BALLOON ANGIOPLASTY OPEN/PE	37246	CPT	both			20819	7517.39	Horizon	PPO		12165.1				2927.19	19778.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANLUMINAL BALLOON ANGIOPLASTY OPEN/PE	37246	CPT	both			20819	7517.39	Horizon	MGD		12165.1				2927.19	19778.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANLUMINAL BALLOON ANGIOPLASTY OPEN/PE	37246	CPT	both			20819	7517.39	Horizon	NJ Health		2927.19				2927.19	19778.05	fee schedule	
TRANLUMINAL BALLOON ANGIOPLASTY OPEN/PE	37246	CPT	both			20819	7517.39	Managed Care Inc	Managed Care Inc		18737.1	90			2927.19	19778.05	percent of total billed charges	
TRANLUMINAL BALLOON ANGIOPLASTY OPEN/PE	37246	CPT	both			20819	7517.39	Multiplan	Multiplan		16655.2	80			2927.19	19778.05	percent of total billed charges	
TRANLUMINAL BALLOON ANGIOPLASTY OPEN/PE	37246	CPT	both			20819	7517.39	Qualcare	Qualcare		15614.25	75			2927.19	19778.05	percent of total billed charges	
TRANLUMINAL BALLOON ANGIOPLASTY OPEN/PE	37246	CPT	both			20819	7517.39	Three Rivers	Three Rivers		19778.05	95			2927.19	19778.05	percent of total billed charges	
TRANLUMINAL BALLOON ANGIOPLASTY OPEN/PE	37246	CPT	both			20819	7517.39	UHC	Medicare		6536.86				2927.19	19778.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANLUMINAL BALLOON ANGIOPLASTY OPEN/PE	37246	CPT	both			20819	7517.39	UHC	Medicaid		6568.39	31.55			2927.19	19778.05	percent of total billed charges	
TRANLUMINAL BALLOON ANGIOPLASTY OPEN/PE	37246	CPT	both			20819	7517.39	United	Oxford		4702				2927.19	19778.05	case rate	
TRANLUMINAL BALLOON ANGIOPLASTY OPEN/PE	37246	CPT	both			20819	7517.39	United	CommercialPPO		4702				2927.19	19778.05	case rate	
TRANLUMINAL BALLOON ANGIOPLASTY OPEN/PE	37246	CPT	both			20819	7517.39	Wellcare	Medicare		6536.86				2927.19	19778.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANLUMINAL BALLOON ANGIOPLASTY OPEN/PE	37246	CPT	both			20819	7517.39	Wellcare	Medicaid		6568.39	31.55			2927.19	19778.05	percent of total billed charges	
TRANLUMINAL BALLOON ANGIOPLASTY OPEN/PE	37246	CPT	both			20819	7517.39	WellPoint	WellPoint		6699.55	32.18			2927.19	19778.05	percent of total billed charges	
PTA RENAL OR VISCERAL ARTERY	37247	CPT	outpatient			23623		Aetna	Medicare		7275.88	30.8			1184.42	22441.85	percent of total billed charges	
PTA RENAL OR VISCERAL ARTERY	37247	CPT	outpatient			23623		Aetna	Better Health		7453.06	31.55			1184.42	22441.85	percent of total billed charges	
PTA RENAL OR VISCERAL ARTERY	37247	CPT	outpatient			23623		Aetna	Commercial		8976.74	38			1184.42	22441.85	percent of total billed charges	
PTA RENAL OR VISCERAL ARTERY	37247	CPT	outpatient			23623		Americare	Americare		17717.25	75			1184.42	22441.85	percent of total billed charges	
PTA RENAL OR VISCERAL ARTERY	37247	CPT	outpatient			23623		Amerihealth	HMO/PPO		15354.95	65			1184.42	22441.85	percent of total billed charges	
PTA RENAL OR VISCERAL ARTERY	37247	CPT	outpatient			23623		Consumer	Consumer		22441.85	95			1184.42	22441.85	percent of total billed charges	
PTA RENAL OR VISCERAL ARTERY	37247	CPT	outpatient			23623		Corrections	Corrections		18898.4	80			1184.42	22441.85	percent of total billed charges	
PTA RENAL OR VISCERAL ARTERY	37247	CPT	outpatient			23623		First Health	First Health		16536.1	70			1184.42	22441.85	percent of total billed charges	
PTA RENAL OR VISCERAL ARTERY	37247	CPT	outpatient			23623		First Trenton	First Trenton		21260.7	90			1184.42	22441.85	percent of total billed charges	
PTA RENAL OR VISCERAL ARTERY	37247	CPT	outpatient			23623		Horizon	Medicare Blue		7086.9	30			1184.42	22441.85	percent of total billed charges	
PTA RENAL OR VISCERAL ARTERY	37247	CPT	outpatient			23623		Horizon	Indemnity		9042.88	38.28			1184.42	22441.85	percent of total billed charges	
PTA RENAL OR VISCERAL ARTERY	37247	CPT	outpatient			23623		Horizon	MGD		9042.88	38.28			1184.42	22441.85	percent of total billed charges	
PTA RENAL OR VISCERAL ARTERY	37247	CPT	outpatient			23623		Horizon	NJ Health		1184.42				1184.42	22441.85	fee schedule	
PTA RENAL OR VISCERAL ARTERY	37247	CPT	outpatient			23623		Horizon	PPO		9042.88	38.28			1184.42	22441.85	percent of total billed charges	
PTA RENAL OR VISCERAL ARTERY	37247	CPT	outpatient			23623		Managed Care Inc	Managed Care Inc		21260.7	90			1184.42	22441.85	percent of total billed charges	
PTA RENAL OR VISCERAL ARTERY	37247	CPT	outpatient			23623		Multiplan	Multiplan		18898.4	80			1184.42	22441.85	percent of total billed charges	
PTA RENAL OR VISCERAL ARTERY	37247	CPT	outpatient			23623		Qualcare	Qualcare		17717.25	75			1184.42	22441.85	percent of total billed charges	
PTA RENAL OR VISCERAL ARTERY	37247	CPT	outpatient			23623		Three Rivers	Three Rivers		22441.85	95			1184.42	22441.85	percent of total billed charges	
PTA RENAL OR VISCERAL ARTERY	37247	CPT	outpatient			23623		UHC	Medicaid		7453.06	31.55			1184.42	22441.85	percent of total billed charges	
PTA RENAL OR VISCERAL ARTERY	37247	CPT	outpatient			23623		United	CommercialPPO		1782				1184.42	22441.85	case rate	
PTA RENAL OR VISCERAL ARTERY	37247	CPT	outpatient			23623		United	Oxford		1782				1184.42	22441.85	case rate	
PTA RENAL OR VISCERAL ARTERY	37247	CPT	outpatient			23623		Wellcare	Medicaid		7453.06	31.55			1184.42	22441.85	percent of total billed charges	
PTA RENAL OR VISCERAL ARTERY	37247	CPT	outpatient			23623		WellPoint	WellPoint		7601.88	32.18			1184.42	22441.85	percent of total billed charges	
TRANSLUMINAL BALLOON ANGIOPLASTY OPEN	37248	CPT	both			20819	7517.39	Aetna	Medicare		6536.86				2027.79	19778.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSLUMINAL BALLOON ANGIOPLASTY OPEN	37248	CPT	both			20819	7517.39	Aetna	Better Health		6568.39	31.55			2027.79	19778.05	percent of total billed charges	
TRANSLUMINAL BALLOON ANGIOPLASTY OPEN	37248	CPT	both			20819	7517.39	Aetna	Commercial

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
TRANSLUMINAL BALLOON ANGIOPLASTY OPEN	37248	CPT	both			20819	7517.39	Americare	Americare		15614.25	75			2027.79	19778.05	percent of total billed charges	
TRANSLUMINAL BALLOON ANGIOPLASTY OPEN	37248	CPT	both			20819	7517.39	Amerihealth	Medicare		6536.86				2027.79	19778.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSLUMINAL BALLOON ANGIOPLASTY OPEN	37248	CPT	both			20819	7517.39	Amerihealth	HMO/PPO		13532.35	65			2027.79	19778.05	percent of total billed charges	
TRANSLUMINAL BALLOON ANGIOPLASTY OPEN	37248	CPT	both			20819	7517.39	Consumer	Consumer		19778.05	95			2027.79	19778.05	percent of total billed charges	
TRANSLUMINAL BALLOON ANGIOPLASTY OPEN	37248	CPT	both			20819	7517.39	Corrections	Corrections		16655.2	80			2027.79	19778.05	percent of total billed charges	
TRANSLUMINAL BALLOON ANGIOPLASTY OPEN	37248	CPT	both			20819	7517.39	First Health	First Health		14573.3	70			2027.79	19778.05	percent of total billed charges	
TRANSLUMINAL BALLOON ANGIOPLASTY OPEN	37248	CPT	both			20819	7517.39	First Trenton	First Trenton		18737.1	90			2027.79	19778.05	percent of total billed charges	
TRANSLUMINAL BALLOON ANGIOPLASTY OPEN	37248	CPT	both			20819	7517.39	Horizon	PPO		12165.1				2027.79	19778.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSLUMINAL BALLOON ANGIOPLASTY OPEN	37248	CPT	both			20819	7517.39	Horizon	MGD		12165.1				2027.79	19778.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSLUMINAL BALLOON ANGIOPLASTY OPEN	37248	CPT	both			20819	7517.39	Horizon	Indemnity		12165.1				2027.79	19778.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSLUMINAL BALLOON ANGIOPLASTY OPEN	37248	CPT	both			20819	7517.39	Horizon	NJ Health		2027.79				2027.79	19778.05	fee schedule	
TRANSLUMINAL BALLOON ANGIOPLASTY OPEN	37248	CPT	both			20819	7517.39	Horizon	Medicare Blue		6536.86				2027.79	19778.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSLUMINAL BALLOON ANGIOPLASTY OPEN	37248	CPT	both			20819	7517.39	Managed Care Inc	Managed Care Inc		18737.1	90			2027.79	19778.05	percent of total billed charges	
TRANSLUMINAL BALLOON ANGIOPLASTY OPEN	37248	CPT	both			20819	7517.39	Multiplan	Multiplan		16655.2	80			2027.79	19778.05	percent of total billed charges	
TRANSLUMINAL BALLOON ANGIOPLASTY OPEN	37248	CPT	both			20819	7517.39	Qualcare	Qualcare		15614.25	75			2027.79	19778.05	percent of total billed charges	
TRANSLUMINAL BALLOON ANGIOPLASTY OPEN	37248	CPT	both			20819	7517.39	Three Rivers	Three Rivers		19778.05	95			2027.79	19778.05	percent of total billed charges	
TRANSLUMINAL BALLOON ANGIOPLASTY OPEN	37248	CPT	both			20819	7517.39	UHC	Medicare		6536.86				2027.79	19778.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSLUMINAL BALLOON ANGIOPLASTY OPEN	37248	CPT	both			20819	7517.39	UHC	Medicaid		6568.39	31.55			2027.79	19778.05	percent of total billed charges	
TRANSLUMINAL BALLOON ANGIOPLASTY OPEN	37248	CPT	both			20819	7517.39	United	Commercial/PPO		4702				2027.79	19778.05	case rate	
TRANSLUMINAL BALLOON ANGIOPLASTY OPEN	37248	CPT	both			20819	7517.39	United	Oxford		4702				2027.79	19778.05	case rate	
TRANSLUMINAL BALLOON ANGIOPLASTY OPEN	37248	CPT	both			20819	7517.39	Wellcare	Medicare		6536.86				2027.79	19778.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSLUMINAL BALLOON ANGIOPLASTY OPEN	37248	CPT	both			20819	7517.39	Wellcare	Medicaid		6568.39	31.55			2027.79	19778.05	percent of total billed charges	
TRANSLUMINAL BALLOON ANGIOPLASTY OPEN	37248	CPT	both			20819	7517.39	WellPoint	WellPoint		6699.55	32.18			2027.79	19778.05	percent of total billed charges	
PTA VENOUS	37249	CPT	outpatient			40848		Aetna	Medicare		12581.18	30.8			868.97	38805.6	percent of total billed charges	
PTA VENOUS	37249	CPT	outpatient			40848		Aetna	Commercial		15522.24	38			868.97	38805.6	percent of total billed charges	
PTA VENOUS	37249	CPT	outpatient			40848		Aetna	Better Health		12887.54	31.55			868.97	38805.6	percent of total billed charges	
PTA VENOUS	37249	CPT	outpatient			40848		Americare	Americare		30636	75			868.97	38805.6	percent of total billed charges	
PTA VENOUS	37249	CPT	outpatient			40848		Amerihealth	HMO/PPO		26551.2	65			868.97	38805.6	percent of total billed charges	
PTA VENOUS	37249	CPT	outpatient			40848		Consumer	Consumer		38805.6	95			868.97	38805.6	percent of total billed charges	
PTA VENOUS	37249	CPT	outpatient			40848		Corrections	Corrections		32678.4	80			868.97	38805.6	percent of total billed charges	
PTA VENOUS	37249	CPT	outpatient			40848		First Health	First Health		28593.6	70			868.97	38805.6	percent of total billed charges	
PTA VENOUS	37249	CPT	outpatient			40848		First Trenton	First Trenton		36763.2	90			868.97	38805.6	percent of total billed charges	
PTA VENOUS	37249	CPT	outpatient			40848		Horizon	Medicare Blue		12254.4	30			868.97	38805.6	percent of total billed charges	
PTA VENOUS	37249	CPT	outpatient			40848		Horizon	Indemnity		15636.61	38.28			868.97	38805.6	percent of total billed charges	
PTA VENOUS	37249	CPT	outpatient			40848		Horizon	NJ Health		868.97				868.97	38805.6	fee schedule	
PTA VENOUS	37249	CPT	outpatient			40848		Horizon	MGD		15636.61	38.28			868.97	38805.6	percent of total billed charges	
PTA VENOUS	37249	CPT	outpatient			40848		Horizon	PPO		15636.61	38.28			868.97	38805.6	percent of total billed charges	
PTA VENOUS	37249	CPT	outpatient			40848		Managed Care Inc	Managed Care Inc		36763.2	90			868.97	38805.6	percent of total billed charges	
PTA VENOUS	37249	CPT	outpatient			40848		Multiplan	Multiplan		32678.4	80			868.97	38805.6	percent of total billed charges	
PTA VENOUS	37249	CPT	outpatient			40848		Qualcare	Qualcare		30636	75			868.97	38805.6	percent of total billed charges	
PTA VENOUS	37249	CPT	outpatient			40848		Three Rivers	Three Rivers		38805.6	95			868.97	38805.6	percent of total billed charges	
PTA VENOUS	37249	CPT	outpatient			40848		UHC	Medicaid		12887.54	31.55			868.97	38805.6	percent of total billed charges	
PTA VENOUS	37249	CPT	outpatient			40848		United	Oxford		1782				868.97	38805.6	case rate	
PTA VENOUS	37249	CPT	outpatient			40848		United	Commercial/PPO		1782				868.97	38805.6	case rate	
PTA VENOUS	37249	CPT	outpatient			40848		Wellcare	Medicaid		12887.54	31.55			868.97	38805.6	percent of total billed charges	
PTA VENOUS	37249	CPT	outpatient			40848		WellPoint	WellPoint		13144.89	32.18			868.97	38805.6	percent of total billed charges	
IVUS NON-CORONARY	37252	CPT	both			1909		Aetna	Medicare		587.97	30.8			572.7	2084.09	percent of total billed charges	
IVUS NON-CORONARY	37252	CPT	both			1909		Aetna	Better Health		602.29	31.55			572.7	2084.09	percent of total billed charges	
IVUS NON-CORONARY	37252	CPT	both			1909		Aetna	Commercial		725.42	38			572.7	2084.09	percent of total billed charges	
IVUS NON-CORONARY	37252	CPT	both			1909		Americare	Americare		1431.75	75			572.7	2084.09	percent of total billed charges	
IVUS NON-CORONARY	37252	CPT	both			1909		Amerihealth	HMO/PPO		1240.85	65			572.7	2084.09	percent of total billed charges	
IVUS NON-CORONARY	37252	CPT	both			1909		Consumer	Consumer		1813.55	95			572.7	2084.09	percent of total billed charges	
IVUS NON-CORONARY	37252	CPT	both			1909		Corrections	Corrections		1527.2	80			572.7	2084.09	percent of total billed charges	
IVUS NON-CORONARY	37252	CPT	both			1909		First Health	First Health		1336.3	70			572.7	2084.09	percent of total billed charges	
IVUS NON-CORONARY	37252	CPT	both			1909		First Trenton	First Trenton		1718.1	90			572.7	2084.09	percent of total billed charges	
IVUS NON-CORONARY	37252	CPT	both			1909		Horizon	MGD		730.77	38.28			572.7	2084.09	percent of total billed charges	
IVUS NON-CORONARY	37252	CPT	both			1909		Horizon	Medicare Blue		572.7	30			572.7	2084.09	percent of total billed charges	
IVUS NON-CORONARY	37252	CPT	both			1909		Horizon	Indemnity		730.77	38.28			572.7	2084.09	percent of total billed charges	
IVUS NON-CORONARY	37252	CPT	both			1909		Horizon	NJ Health		2084.09				572.7	2084.09	fee schedule	
IVUS NON-CORONARY	37252	CPT	both			1909		Horizon	PPO		730.77	38.28			572.7	2084.09	percent of total billed charges	
IVUS NON-CORONARY	37252	CPT	both			1909		Managed Care Inc	Managed Care Inc		1718.1	90			572.7	2084.09	percent of total billed charges	
IVUS NON-CORONARY	37252	CPT	both			1909		Multiplan	Multiplan		1527.2	80			572.7	2084.09	percent of total billed charges	
IVUS NON-CORONARY	37252	CPT	both			1909		Qualcare	Qualcare		1431.75	75			572.7	2084.09	percent of total billed charges	
IVUS NON-CORONARY	37252	CPT	both			1909		Three Rivers	Three Rivers		1813.55	95			572.7	2084.09	percent of total billed charges	
IVUS NON-CORONARY	37252	CPT	both			1909		UHC	Medicaid		602.29	31.55			572.7	2084.09	percent of total billed charges	
IVUS NON-CORONARY	37252	CPT	both			1909		United	Commercial/PPO		1782				572.7	2084.09	case rate	
IVUS NON-CORONARY	37252	CPT	both			1909		United	Oxford		1782				572.7	2084.09	case rate	
IVUS NON-CORONARY	37252	CPT	both			1909		Wellcare	Medicaid		602.29	31.55			572.7	2084.09	percent of total billed charges	
IVUS NON-CORONARY	37252	CPT	both			1909		WellPoint	WellPoint		614.32	32.18			572.7	2084.09	percent of total billed charges	
IVUS NON-CORONARY ADD'L VESSEL	37253	CPT	outpatient			1909		Aetna	Commercial		725.42	38			318.11	1813.55	percent of total billed charges	
IVUS NON-CORONARY ADD'L VESSEL	37253	CPT	outpatient			1909		Aetna	Better Health		602.29	31.55			318.11	1813.55	percent of total billed charges	
IVUS NON-CORONARY ADD'L VESSEL	37253	CPT	outpatient			1909		Aetna	Medicare		587.97	30.8			318.11	1813.55	percent of total billed charges	
IVUS NON-CORONARY ADD'L VESSEL	37253	CPT	outpatient			1909		Americare	Americare		1431.75	75			318.11	1813.55	percent of total billed charges	
IVUS NON-CORONARY ADD'L VESSEL	37253	CPT	outpatient			1909		Amerihealth	HMO/PPO		1240.85	65			318.11	1813.55	percent of total billed charges	
IVUS NON-CORONARY ADD'L VESSEL	37253	CPT	outpatient			1909		Consumer	Consumer		1813.55	95			318.11	1813.55	percent of total billed charges	
IVUS NON-CORONARY ADD'L VESSEL	37253	CPT	outpatient			1909		Corrections	Corrections		1527.2	80			318.11	1813.55	percent of total billed charges	
IVUS NON-CORONARY ADD'L VESSEL	37253	CPT	outpatient			1909		First Health	First Health		1336.3	70			318.11	1813.55	percent of total billed charges	
IVUS NON-CORONARY ADD'L VESSEL	37253	CPT	outpatient			1909		First Trenton	First Trenton		1718.1	90			318.11	1813.55	percent of total billed charges	
IVUS NON-CORONARY ADD'L VESSEL	37253	CPT	outpatient			1909		Horizon	MGD		730.77	38.28			318.11	1813.55	percent of total billed charges	
IVUS NON-CORONARY ADD'L VESSEL	37253	CPT	outpatient			1909		Horizon	Indemnity		730.77	38.28			318.11	1813.55	percent of total billed charges	
IVUS NON-CORONARY ADD'L VESSEL	37253	CPT	outpatient			1909		Horizon	NJ Health		318.11				318.11	1813.55	fee schedule	
IVUS NON-CORONARY ADD'L VESSEL	37253	CPT	outpatient			1909		Horizon	Medicare Blue		572.7	30			318.11	1813.55	percent of total billed charges	
IVUS NON-CORONARY ADD'L VESSEL	37253	CPT	outpatient			1909		Horizon	PPO		730.77	38.28			318.11	1813.55	percent of total billed charges	
IVUS NON-CORONARY ADD'L VESSEL	37253	CPT	outpatient			1909		Managed Care Inc	Managed Care Inc		1718.1	90			318.11	1813.55	percent of total billed charges	
IVUS NON-CORONARY ADD'L VESSEL	37253	CPT	outpatient			1909		Multiplan	Multiplan		1527.2	80			318.11	1813.55	percent of total billed charges	
IVUS NON-CORONARY ADD'L VESSEL	37253	CPT	outpatient			1909		Qualcare	Qualcare		1431.75	75			318.11	1813.55	percent of total billed charges	
IVUS NON-CORONARY ADD'L VESSEL	37253	CPT	outpatient			1909		Three Rivers	Three Rivers		1813.55	95			318.11	1813.55	percent of total billed charges	
IVUS NON-CORONARY ADD'L VESSEL	37253	CPT	outpatient			1909		UHC	Medicaid		602.29	31.55			318.11	1813.55	percent of total billed charges	
IVUS NON-CORONARY ADD'L VESSEL	37253	CPT	outpatient			1909		United	Oxford		1782				318.11	1813.55	case rate	
IVUS NON-CORONARY ADD'L VESSEL	37253	CPT	outpatient			1909		United	Commercial/PPO		1782				318.11	1813.55	case rate	
IVUS NON-CORONARY ADD'L VESSEL	37253	CPT	outpatient			1909		Wellcare	Medicaid		602.29	31.55			318.11	1813.55	percent of total billed charges	
IVUS NON-CORONARY ADD'L VESSEL	37253	CPT	outpatient			1909		WellPoint	WellPoint		614.32	32.18			318.11	1813.55	percent of total billed charges	
ENOSCOPY LIGATE PERF VEINS	37500	CPT	outpatient			9268	7227.61	Aetna	Better Health		2924.05	31.55			818.78	11696.16	percent of total billed charges	
ENOSCOPY LIGATE PERF VEINS	37500	CPT	outpatient			9268	7227.61	Aetna	Commercial		10005.53				818.78	11696.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENOSCOPY LIGATE PERF VEINS	37500	CPT	outpatient			9268	7227.61	Aetna	Medicare		6284.88				818.78	11696.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENOSCOPY LIGATE PERF VEINS	37500	CPT	outpatient			9268	7227.61	Americare	Americare		6951	75			818.78	11696.16	percent of total billed charges	
ENOSCOPY LIGATE PERF VEINS	37500	CPT	outpatient			9268	7227.61	Amerihealth	HMO/PPO		6024.2	65			818.78	11696.16	percent of total billed charges	
ENOSCOPY LIGATE PERF VEINS	37500	CPT	outpatient			9268	7227.61	Amerihealth	Medicare		6284.88				818.78	11696.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENOSCOPY LIGATE PERF VEINS	37500	CPT	outpatient			9268	7227.61	Consumer	Consumer		8804.6	95			818.78	11696.16	percent of total billed charges	
ENOSCOPY LIGATE PERF VEINS	37500	CPT	outpatient			9268	7227.61	Corrections	Corrections		7414.4	80			818.78	11696.16	percent of total billed charges	
ENOSCOPY LIGATE PERF VEINS	37500	CPT	outpatient			9268	7227.61	First Health	First Health		6487.6	70			818.78	11696.16	percent of total billed charges	
ENOSCOPY LIGATE PERF VEINS	37500	CPT	outpatient			9268	7227.61	First Trenton	First Trenton		8341.2	90			818.78	11696.16	percent of total billed charges	
ENOSCOPY LIGATE PERF VEINS	37500	CPT	outpatient			9268	7227.61	Horizon	PPO		11696.16				818.78	11696.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENOSCOPY LIGATE PERF VEINS	37500	CPT	outpatient			9268	7227.61	Horizon	Medicare Blue		6284.88				818.78	11696.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENOSCOPY LIGATE PERF VEINS	37500	CPT	outpatient			9268	7227.61	Horizon	Indemnity		11696.16				818.78	11696.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENOSCOPY LIGATE PERF VEINS	37500	CPT	outpatient			9268	7227.61	Horizon	NJ Health		818.78				818.78	11696.16	fee schedule	
ENOSCOPY LIGATE PERF VEINS	37500	CPT	outpatient			9268	7227.61	Horizon	MGD		11696.16				818.78	11696.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENOSCOPY LIGATE PERF VEINS	37500	CPT	outpatient			9268	7227.61	Managed Care Inc	Managed Care Inc		8341.2	90			818.78	11696.16	percent of total billed charges	
ENOSCOPY LIGATE PERF VEINS	37500	CPT	outpatient			9268	7227.61	Multiplan	Multiplan		7414.4	80			818.78	11696.16	percent of total billed charges	
ENOSCOPY LIGATE PERF VEINS	37500	CPT	outpatient			9268	7227.61	Qualcare	Qualcare		6951	75			818.78	11696.16	percent of total billed charges	
ENOSCOPY LIGATE PERF VEINS	37500	CPT	outpatient			9268	7227.61	Three Rivers	Three Rivers		8804.6	95			818.78	11696.16	percent of total billed charges	
ENOSCOPY LIGATE PERF VEINS	37500	CPT	outpatient			9268	7227.61	UHC	Medicare		6284.88				818.78	11696.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENOSCOPY LIGATE PERF VEINS	37500	CPT	outpatient			9268	7227.61	UHC	Medicaid		2924.05	31.55			818.78	11696.16	percent of total billed charges	
ENOSCOPY LIGATE PERF VEINS	37500	CPT	outpatient			9268	7227.61	United	Oxford		4702				818.78	11696.16	case rate	
ENOSCOPY LIGATE PERF VEINS	37500	CPT	outpatient			9268	7227.61	United	Commercial/PPO		4702				818.78	11696.16	case rate	
ENOSCOPY LIGATE PERF VEINS	37500	CPT	outpatient			9268	7227.61	Wellcare	Medicare		6284.88				818.78	11696.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENOSCOPY LIGATE PERF VEINS	37500	CPT	outpatient			9268	7227.61	Wellcare	Medicaid		2924.05	31.55			818.78	11696.16	percent of total billed charges	
ENOSCOPY LIGATE PERF VEINS	37500	CPT	outpatient			9268	7227.61	WellPoint	WellPoint		2982.44	32.18			818.78	11696.16	percent of total billed charges	
VASCULAR ENDOSCOPY PROCEDURE	37501	CPT	outpatient			9268	826.23	Aetna	Medicare		718.46				718.46	8804.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VASCULAR ENDOSCOPY PROCEDURE	37501	CPT	outpatient			9268	826.23	Aetna	Commercial		1143.79				718.46	8804.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VASCULAR ENDOSCOPY PROCEDURE	37501	CPT	outpatient			9268	826.23	Aetna	Better Health		2924.05	31.55			718.46	8804.6	percent of total billed charges	
VASCULAR ENDOSCOPY PROCEDURE	37501	CPT	outpatient			9268	826.23	Americare	Americare		6951	75			718.46	8804.6	percent of total billed charges	
VASCULAR ENDOSCOPY PROCEDURE	37501	CPT	outpatient			9268	826.23	Amerihealth	HMO/PPO		6024.2	65			718.46	8804.6	percent of total billed charges	
VASCULAR ENDOSCOPY PROCEDURE	37501	CPT	outpatient			9268	826.23	Amerihealth	Medicare		718.46				718.46	8804.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VASCULAR ENDOSCOPY PROCEDURE	37501	CPT	outpatient			9268	826.23	Consumer	Consumer		8804.6	95			718.46	8804.6	percent of total billed charges	
VASCULAR ENDOSCOPY PROCEDURE	37501	CPT	outpatient			9268	826.23	Corrections	Corrections		7414.4	80			718.46	8804.6	percent of total billed charges	
VASCULAR ENDOSCOPY PROCEDURE	37501	CPT	outpatient			9268	826.23	First Health	First Health		6487.6	70			718.46	8804.6	percent of total billed charges	
VASCULAR ENDOSCOPY PROCEDURE	37501	CPT	outpatient			9268	826.23	First Trenton	First Trenton		8341.2	90			718.46	8804.6	percent of total billed charges	
VASCULAR ENDOSCOPY PROCEDURE	37501	CPT	outpatient			9268	826.23	Horizon	MGD		1337.05				718.46	8804.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VASCULAR ENDOSCOPY PROCEDURE	37501	CPT	outpatient			9268	826.23	Horizon	PPO		1337.05				718.46	8804.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VASCULAR ENDOSCOPY PROCEDURE	37501	CPT	outpatient			9268	826.23	Horizon	Indemnity		1337.05				718.46	8804.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VASCULAR ENDOSCOPY PROCEDURE	37501	CPT	outpatient			9268	826.23	Horizon	Medicare Blue		718.46				718.46	8804.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VASCULAR ENDOSCOPY PROCEDURE	37501	CPT	outpatient			9268	826.23	Managed Care Inc	Managed Care Inc		8341.2	90			718.46	8804.6	percent of total billed charges	
VASCULAR ENDOSCOPY PROCEDURE	37501	CPT	outpatient			9268	826.23	Multiplan	Multiplan		7414.4	80			718.46	8804.6	percent of total billed charges	
VASCULAR ENDOSCOPY PROCEDURE	37501	CPT	outpatient			9268	826.23	Qualcare	Qualcare		6951	75			718.46	8804.6	percent of total billed charges	
VASCULAR ENDOSCOPY PROCEDURE	37501	CPT	outpatient			9268	826.23	Three Rivers	Three Rivers		8804.6	95			718.46	8804.6	percent of total billed charges	
VASCULAR ENDOSCOPY PROCEDURE	37501	CPT	outpatient			9268	826.23	UHC	Medicaid		2924.05	31.55			718.46	8804.6	percent of total billed charges	
VASCULAR ENDOSCOPY PROCEDURE	37501	CPT	outpatient			9268	826.23	UHC	Medicare		718.46				718.46	8804.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VASCULAR ENDOSCOPY PROCEDURE	37501	CPT	outpatient			9268	826.23	United	Commercial/PPO		1817				718.46	8804.6	case rate	
VASCULAR ENDOSCOPY PROCEDURE	37501	CPT	outpatient			9268	826.23	United	Oxford		1817				718.46	8804.6	case rate	
VASCULAR ENDOSCOPY PROCEDURE	37501	CPT	outpatient			9268	826.23	Wellcare	Medicare		718.46				718.46	8804.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VASCULAR ENDOSCOPY PROCEDURE	37501	CPT	outpatient			9268	826.23	Wellcare	Medicaid		2924.05	31.55			718.46	8804.6	percent of total billed charges	
VASCULAR ENDOSCOPY PROCEDURE	37501	CPT	outpatient			9268	826.23	WellPoint	WellPoint		2982.44	32.18			718.46	8804.6	percent of total billed charges	
LIGTN/BND ANGACSS AV FIS	37607	CPT	outpatient			10193	4192.26	Aetna	Medicare		3139.44	30.8			913.5	9683.35	percent of total billed charges	
LIGTN/BND ANGACSS AV FIS	37607	CPT	outpatient			10193	4192.26	Aetna	Commercial		5803.54				913.5	9683.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIGTN/BND ANGACSS AV FIS	37607	CPT	outpatient			10193	4192.26	Aetna	Better Health		3215.89	31.55			913.5	9683.35	percent of total billed charges	
LIGTN/BND ANGACSS AV FIS	37607	CPT	outpatient			10193	4192.26	Americare	Americare		7644.75	75			913.5	9683.35	percent of total billed charges	
LIGTN/BND ANGACSS AV FIS	37607	CPT	outpatient			10193	4192.26	Amerihealth	HMO/PPO		6625.45	65			913.5	9683.35	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
LIGTNBND ANGACSS AV FIS	37607	CPT	outpatient			10193		4192.26 Amerihealth	Medicare		3645.44				913.5	9683.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIGTNBND ANGACSS AV FIS	37607	CPT	outpatient			10193		4192.26 Consumer	Consumer		9683.35	95			913.5	9683.35	percent of total billed charges	
LIGTNBND ANGACSS AV FIS	37607	CPT	outpatient			10193		4192.26 Corrections	Corrections		8154.4	80			913.5	9683.35	percent of total billed charges	
LIGTNBND ANGACSS AV FIS	37607	CPT	outpatient			10193		4192.26 First Health	First Health		7135.1	70			913.5	9683.35	percent of total billed charges	
LIGTNBND ANGACSS AV FIS	37607	CPT	outpatient			10193		4192.26 First Trenton	First Trenton		9173.7	90			913.5	9683.35	percent of total billed charges	
LIGTNBND ANGACSS AV FIS	37607	CPT	outpatient			10193		4192.26 Horizon	MGD		6784.16				913.5	9683.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIGTNBND ANGACSS AV FIS	37607	CPT	outpatient			10193		4192.26 Horizon	NJ Health		913.5				913.5	9683.35	fee schedule	
LIGTNBND ANGACSS AV FIS	37607	CPT	outpatient			10193		4192.26 Horizon	Indemnity		6784.16				913.5	9683.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIGTNBND ANGACSS AV FIS	37607	CPT	outpatient			10193		4192.26 Horizon	Medicare Blue		3645.44				913.5	9683.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIGTNBND ANGACSS AV FIS	37607	CPT	outpatient			10193		4192.26 Horizon	PPO		6784.16				913.5	9683.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIGTNBND ANGACSS AV FIS	37607	CPT	outpatient			10193		4192.26 Managed Care Inc	Managed Care Inc		9173.7	90			913.5	9683.35	percent of total billed charges	
LIGTNBND ANGACSS AV FIS	37607	CPT	outpatient			10193		4192.26 Multiplan	Multiplan		8154.4	80			913.5	9683.35	percent of total billed charges	
LIGTNBND ANGACSS AV FIS	37607	CPT	outpatient			10193		4192.26 Qualcare	Qualcare		7644.75	75			913.5	9683.35	percent of total billed charges	
LIGTNBND ANGACSS AV FIS	37607	CPT	outpatient			10193		4192.26 Three Rivers	Three Rivers		9683.35	95			913.5	9683.35	percent of total billed charges	
LIGTNBND ANGACSS AV FIS	37607	CPT	outpatient			10193		4192.26 UHC	Medicaid		3215.89	31.55			913.5	9683.35	percent of total billed charges	
LIGTNBND ANGACSS AV FIS	37607	CPT	outpatient			10193		4192.26 UHC	Medicare		3645.44				913.5	9683.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIGTNBND ANGACSS AV FIS	37607	CPT	outpatient			10193		4192.26 United	Commercial|PPO		3492				913.5	9683.35	case rate	
LIGTNBND ANGACSS AV FIS	37607	CPT	outpatient			10193		4192.26 United	Oxford		3492				913.5	9683.35	case rate	
LIGTNBND ANGACSS AV FIS	37607	CPT	outpatient			10193		4192.26 Wellcare	Medicare		3645.44				913.5	9683.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIGTNBND ANGACSS AV FIS	37607	CPT	outpatient			10193		4192.26 Wellcare	Medicaid		3215.89	31.55			913.5	9683.35	percent of total billed charges	
LIGTNBND ANGACSS AV FIS	37607	CPT	outpatient			10193		4192.26 WellPoint	WellPoint		3280.11	32.18			913.5	9683.35	percent of total billed charges	
TEMPORAL ARTERY-BIOSPY	37609	CPT	outpatient			6442		2132.36 Aetna	Better Health		2032.45	31.55			187.92	6119.9	percent of total billed charges	
TEMPORAL ARTERY-BIOSPY	37609	CPT	outpatient			6442		2132.36 Aetna	Commercial		2951.93				187.92	6119.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TEMPORAL ARTERY-BIOSPY	37609	CPT	outpatient			6442		2132.36 Aetna	Medicare		1854.23				187.92	6119.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TEMPORAL ARTERY-BIOSPY	37609	CPT	outpatient			6442		2132.36 Americare	Americare		4831.5	75			187.92	6119.9	percent of total billed charges	
TEMPORAL ARTERY-BIOSPY	37609	CPT	outpatient			6442		2132.36 Amerihealth	Medicare		1854.23				187.92	6119.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TEMPORAL ARTERY-BIOSPY	37609	CPT	outpatient			6442		2132.36 Amerihealth	HMO|PPO		4187.3	65			187.92	6119.9	percent of total billed charges	
TEMPORAL ARTERY-BIOSPY	37609	CPT	outpatient			6442		2132.36 Consumer	Consumer		6119.9	95			187.92	6119.9	percent of total billed charges	
TEMPORAL ARTERY-BIOSPY	37609	CPT	outpatient			6442		2132.36 Corrections	Corrections		5153.6	80			187.92	6119.9	percent of total billed charges	
TEMPORAL ARTERY-BIOSPY	37609	CPT	outpatient			6442		2132.36 First Health	First Health		4509.4	70			187.92	6119.9	percent of total billed charges	
TEMPORAL ARTERY-BIOSPY	37609	CPT	outpatient			6442		2132.36 First Trenton	First Trenton		5797.8	90			187.92	6119.9	percent of total billed charges	
TEMPORAL ARTERY-BIOSPY	37609	CPT	outpatient			6442		2132.36 Horizon	Indemnity		3450.72				187.92	6119.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TEMPORAL ARTERY-BIOSPY	37609	CPT	outpatient			6442		2132.36 Horizon	Medicare Blue		1854.23				187.92	6119.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TEMPORAL ARTERY-BIOSPY	37609	CPT	outpatient			6442		2132.36 Horizon	PPO		3450.72				187.92	6119.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TEMPORAL ARTERY-BIOSPY	37609	CPT	outpatient			6442		2132.36 Horizon	MGD		3450.72				187.92	6119.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TEMPORAL ARTERY-BIOSPY	37609	CPT	outpatient			6442		2132.36 Horizon	NJ Health		187.92				187.92	6119.9	fee schedule	
TEMPORAL ARTERY-BIOSPY	37609	CPT	outpatient			6442		2132.36 Managed Care Inc	Managed Care Inc		5797.8	90			187.92	6119.9	percent of total billed charges	
TEMPORAL ARTERY-BIOSPY	37609	CPT	outpatient			6442		2132.36 Multiplan	Multiplan		5153.6	80			187.92	6119.9	percent of total billed charges	
TEMPORAL ARTERY-BIOSPY	37609	CPT	outpatient			6442		2132.36 Qualcare	Qualcare		4831.5	75			187.92	6119.9	percent of total billed charges	
TEMPORAL ARTERY-BIOSPY	37609	CPT	outpatient			6442		2132.36 Three Rivers	Three Rivers		6119.9	95			187.92	6119.9	percent of total billed charges	
TEMPORAL ARTERY-BIOSPY	37609	CPT	outpatient			6442		2132.36 UHC	Medicare		1854.23				187.92	6119.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TEMPORAL ARTERY-BIOSPY	37609	CPT	outpatient			6442		2132.36 UHC	Medicaid		2032.45	31.55			187.92	6119.9	percent of total billed charges	
TEMPORAL ARTERY-BIOSPY	37609	CPT	outpatient			6442		2132.36 United	Oxford		2493				187.92	6119.9	case rate	
TEMPORAL ARTERY-BIOSPY	37609	CPT	outpatient			6442		2132.36 United	Commercial|PPO		2493				187.92	6119.9	case rate	
TEMPORAL ARTERY-BIOSPY	37609	CPT	outpatient			6442		2132.36 Wellcare	Medicare		1854.23				187.92	6119.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TEMPORAL ARTERY-BIOSPY	37609	CPT	outpatient			6442		2132.36 Wellcare	Medicaid		2032.45	31.55			187.92	6119.9	percent of total billed charges	
TEMPORAL ARTERY-BIOSPY	37609	CPT	outpatient			6442		2132.36 WellPoint	WellPoint		2073.04	32.18			187.92	6119.9	percent of total billed charges	
LIGATION, MAJOR ARTERY; CHEST	37616	CPT	outpatient			2360		Aetna	Better Health		744.58	31.55			708	2242	percent of total billed charges	
LIGATION, MAJOR ARTERY; CHEST	37616	CPT	outpatient			2360		Aetna	Medicare		726.88	30.8			708	2242	percent of total billed charges	
LIGATION, MAJOR ARTERY; CHEST	37616	CPT	outpatient			2360		Aetna	Commercial		896.8	38			708	2242	percent of total billed charges	
LIGATION, MAJOR ARTERY; CHEST	37616	CPT	outpatient			2360		Americare	Americare		1770	75			708	2242	percent of total billed charges	
LIGATION, MAJOR ARTERY; CHEST	37616	CPT	outpatient			2360		Amerihealth	HMO|PPO		1534	65			708	2242	percent of total billed charges	
LIGATION, MAJOR ARTERY; CHEST	37616	CPT	outpatient			2360		Consumer	Consumer		2242	95			708	2242	percent of total billed charges	
LIGATION, MAJOR ARTERY; CHEST	37616	CPT	outpatient			2360		Corrections	Corrections		1888	80			708	2242	percent of total billed charges	
LIGATION, MAJOR ARTERY; CHEST	37616	CPT	outpatient			2360		First Health	First Health		1652	70			708	2242	percent of total billed charges	
LIGATION, MAJOR ARTERY; CHEST	37616	CPT	outpatient			2360		First Trenton	First Trenton		2124	90			708	2242	percent of total billed charges	
LIGATION, MAJOR ARTERY; CHEST	37616	CPT	outpatient			2360		Horizon	MGD		903.41	38.28			708	2242	percent of total billed charges	
LIGATION, MAJOR ARTERY; CHEST	37616	CPT	outpatient			2360		Horizon	Medicare Blue		708	30			708	2242	percent of total billed charges	
LIGATION, MAJOR ARTERY; CHEST	37616	CPT	outpatient			2360		Horizon	NJ Health		749.07				708	2242	fee schedule	
LIGATION, MAJOR ARTERY; CHEST	37616	CPT	outpatient			2360		Horizon	Indemnity		903.41	38.28			708	2242	percent of total billed charges	
LIGATION, MAJOR ARTERY; CHEST	37616	CPT	outpatient			2360		Horizon	PPO		903.41	38.28			708	2242	percent of total billed charges	
LIGATION, MAJOR ARTERY; CHEST	37616	CPT	outpatient			2360		Managed Care Inc	Managed Care Inc		2124	90			708	2242	percent of total billed charges	
LIGATION, MAJOR ARTERY; CHEST	37616	CPT	outpatient			2360		Multiplan	Multiplan		1888	80			708	2242	percent of total billed charges	
LIGATION, MAJOR ARTERY; CHEST	37616	CPT	outpatient			2360		Qualcare	Qualcare		1770	75			708	2242	percent of total billed charges	
LIGATION, MAJOR ARTERY; CHEST	37616	CPT	outpatient			2360		Three Rivers	Three Rivers		2242	95			708	2242	percent of total billed charges	
LIGATION, MAJOR ARTERY; CHEST	37616	CPT	outpatient			2360		UHC	Medicaid		744.58	31.55			708	2242	percent of total billed charges	
LIGATION, MAJOR ARTERY; CHEST	37616	CPT	outpatient			2360		United	Oxford		1782				708	2242	case rate	
LIGATION, MAJOR ARTERY; CHEST	37616	CPT	outpatient			2360		United	Commercial|PPO		1782				708	2242	case rate	
LIGATION, MAJOR ARTERY; CHEST	37616	CPT	outpatient			2360		Wellcare	Medicaid		744.58	31.55			708	2242	percent of total billed charges	
LIGATION, MAJOR ARTERY; CHEST	37616	CPT	outpatient			2360		WellPoint	WellPoint		759.45	32.18			708	2242	percent of total billed charges	
LIGATION, MAJOR ARTERY; EXTREMITY	37618	CPT	outpatient			2360		Aetna	Medicare		726.88	30.8			535.05	2242	percent of total billed charges	
LIGATION, MAJOR ARTERY; EXTREMITY	37618	CPT	outpatient			2360		Aetna	Better Health		744.58	31.55			535.05	2242	percent of total billed charges	
LIGATION, MAJOR ARTERY; EXTREMITY	37618	CPT	outpatient			2360		Aetna	Commercial		896.8	38			535.05	2242	percent of total billed charges	
LIGATION, MAJOR ARTERY; EXTREMITY	37618	CPT	outpatient			2360		Americare	Americare		1770	75			535.05	2242	percent of total billed charges	
LIGATION, MAJOR ARTERY; EXTREMITY	37618	CPT	outpatient			2360		Amerihealth	HMO|PPO		1534	65			535.05	2242	percent of total billed charges	
LIGATION, MAJOR ARTERY; EXTREMITY	37618	CPT	outpatient			2360		Consumer	Consumer		2242	95			535.05	2242	percent of total billed charges	
LIGATION, MAJOR ARTERY; EXTREMITY	37618	CPT	outpatient			2360		Corrections	Corrections		1888	80			535.05	2242	percent of total billed charges	
LIGATION, MAJOR ARTERY; EXTREMITY	37618	CPT	outpatient			2360		First Health	First Health		1652	70			535.05	2242	percent of total billed charges	
LIGATION, MAJOR ARTERY; EXTREMITY	37618	CPT	outpatient			2360		First Trenton	First Trenton		2124	90			535.05	2242	percent of total billed charges	
LIGATION, MAJOR ARTERY; EXTREMITY	37618	CPT	outpatient			2360		Horizon	Medicare Blue		708	30			535.05	2242	percent of total billed charges	
LIGATION, MAJOR ARTERY; EXTREMITY	37618	CPT	outpatient			2360		Horizon	NJ Health		535.05				535.05	2242	fee schedule	
LIGATION, MAJOR ARTERY; EXTREMITY	37618	CPT	outpatient			2360		Horizon	MGD		903.41	38.28			535.05	2242	percent of total billed charges	
LIGATION, MAJOR ARTERY; EXTREMITY	37618	CPT	outpatient			2360		Horizon	Indemnity		903.41	38.28			535.05	2242	percent of total billed charges	
LIGATION, MAJOR ARTERY; EXTREMITY	37618	CPT	outpatient			2360		Horizon	PPO		903.41	38.28			535.05	2242	percent of total billed charges	
LIGATION, MAJOR ARTERY; EXTREMITY	37618	CPT	outpatient			2360		Managed Care Inc	Managed Care Inc		2124	90			535.05	2242	percent of total billed charges	
LIGATION, MAJOR ARTERY; EXTREMITY	37618	CPT	outpatient			2360		Multiplan	Multiplan		1888	80			535.05	2242	percent of total billed charges	
LIGATION, MAJOR ARTERY; EXTREMITY	37618	CPT	outpatient			2360		Qualcare	Qualcare		1770	75			535.05	2242	percent of total billed charges	
LIGATION, MAJOR ARTERY; EXTREMITY	37618	CPT	outpatient			2360		Three Rivers	Three Rivers		2242	95			535.05	2242	percent of total billed charges	
LIGATION, MAJOR ARTERY; EXTREMITY	37618	CPT	outpatient			2360		UHC	Medicaid		744.58	31.55			535.05	2242	percent of total billed charges	
LIGATION, MAJOR ARTERY; EXTREMITY	37618	CPT	outpatient			2360		United	Commercial|PPO		1782				535.05	2242	case rate	
LIGATION, MAJOR ARTERY; EXTREMITY	37618	CPT	outpatient			2360		United	Oxford		1782				535.05	2242	case rate	
LIGATION, MAJOR ARTERY; EXTREMITY	37618	CPT	outpatient			2360		Wellcare	Medicaid		744.58	31.55			535.05	2242	percent of total billed charges	
LIGATION, MAJOR ARTERY; EXTREMITY	37618	CPT	outpatient			2360		WellPoint	WellPoint		759.45	32.18			535.05	2242	percent of total billed charges	
LIGATION OF INFERIOR VENA CAVA	37619	CPT	outpatient			15868		7227.61 Aetna	Commercial		10005.53				1820.45	15074.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIGATION OF INFERIOR VENA CAVA	37619	CPT	outpatient			15868		7227.61 Aetna	Better Health		5006.35	31.55			1820.45	15074.6	percent of total billed charges	
LIGATION OF INFERIOR VENA CAVA	37619	CPT	outpatient			15868		7227.61 Aetna	Medicare		6284.88				1820.45	15074.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIGATION OF INFERIOR VENA CAVA	37619	CPT	outpatient			15868		7227.61 Americare	Americare		11901	75			1820.45	15074.6	percent of total billed charges	
LIGATION OF INFERIOR VENA CAVA	37619	CPT	outpatient			15868		7227.61 Amerihealth	Medicare		6284.88				1820.45	15074.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIGATION OF INFERIOR VENA CAVA	37619	CPT	outpatient			15868		7227.61 Amerihealth	HMO|PPO		10314.2	65			1820.45	15074.6	percent of total billed charges	
LIGATION OF INFERIOR VENA CAVA	37619	CPT	outpatient			15868		7227.61 Consumer	Consumer		15074.6	95			1820.45	15074.6	percent of total billed charges	
LIGATION OF INFERIOR VENA CAVA	37619	CPT	outpatient			15868		7227.61 Corrections	Corrections		12694.4	80			1820.45	15074.6	percent of total billed charges	
LIGATION OF INFERIOR VENA CAVA	37619	CPT	outpatient			15868		7227.61 First Health	First Health		11107.6	70			1820.45	15074.6	percent of total billed charges	
LIGATION OF INFERIOR VENA CAVA	37619	CPT	outpatient			15868		7227.61 First Trenton	First Trenton		14281.2	90			1820.45	15074.6	percent of total billed charges	
LIGATION OF INFERIOR VENA CAVA	37619	CPT	outpatient			15868		7227.61 Horizon	Indemnity		11696.16				1820.45	15074.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIGATION OF INFERIOR VENA CAVA	37619	CPT	outpatient			15868		7227.61 Horizon	MGD		11696.16				1820.45	15074.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIGATION OF INFERIOR VENA CAVA	37619	CPT	outpatient			15868		7227.61 Horizon	NJ Health		1820.45				1820.45	15074.6	fee schedule	
LIGATION OF INFERIOR VENA CAVA	37619	CPT	outpatient			15868		7227.61 Horizon	Medicare Blue		6284.88				1820.45	15074.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIGATION OF INFERIOR VENA CAVA	37619	CPT	outpatient			15868		7227.61 Horizon	PPO		11696.16				1820.45	15074.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIGATION OF INFERIOR VENA CAVA	37619	CPT	outpatient			15868		7227.61 Managed Care Inc	Managed Care Inc		14281.2	90			1820.45	15074.6	percent of total billed charges	
LIGATION OF INFERIOR VENA CAVA	37619	CPT	outpatient			15868		7227.61 Multiplan	Multiplan		12694.4	80			1820.45	15074.6	percent of total billed charges	
LIGATION OF INFERIOR VENA CAVA	37619	CPT	outpatient			15868		7227.61 Qualcare	Qualcare		11901	75			1820.45	15074.6	percent of total billed charges	
LIGATION OF INFERIOR VENA CAVA	37619	CPT	outpatient			15868		7227.61 Three Rivers	Three Rivers		15074.6	95			1820.45	15074.6	percent of total billed charges	
LIGATION OF INFERIOR VENA CAVA	37619	CPT	outpatient			15868		7227.61 UHC	Medicaid		5006.35	31.55			1820.45	15074.6	percent of total billed charges	
LIGATION OF INFERIOR VENA CAVA	37619	CPT	outpatient			15868		7227.61 UHC	Medicare		6284.88				1820.45	15074.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIGATION OF INFERIOR VENA CAVA	37619	CPT	outpatient			15868		7227.61 United	Commercial|PPO		4702				1820.45	15074.6	case rate	
LIGATION OF INFERIOR VENA CAVA	37619	CPT	outpatient			15868		7227.61 United	Oxford		4702				1820.45	15074.6	case rate	
LIGATION OF INFERIOR VENA CAVA	37619	CPT	outpatient			15868		7227.61 Wellcare	Medicare		6284.88				1820.45	15074.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIGATION OF INFERIOR VENA CAVA	37619	CPT	outpatient			15868		7227.61 Wellcare	Medicaid		5006.35	31.55			1820.45	15074.6	percent of total billed charges	
LIGATION OF INFERIOR VENA CAVA	37619	CPT	outpatient			15868		7227.61 WellPoint	WellPoint		5106.32	32.18			1820.45	15074.6	percent of total billed charges	
STAB PHLB VARICOSE VEIN 10-20 INC	37765	CPT	outpatient			10856		4192.26 Aetna	Commercial		5803.54				897.84	10313.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STAB PHLB VARICOSE VEIN 10-20 INC	37765	CPT	outpatient			10856		4192.26 Aetna	Medicare		3645.44				897.84	10313.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STAB PHLB VARICOSE VEIN 10-20 INC	37765	CPT	outpatient			10856		4192.26 Aetna	Better Health		3425.07	31.55			897.84	10313.2	percent of total billed charges	
STAB PHLB VARICOSE VEIN 10-20 INC	37765	CPT	outpatient			10856		4192.26 Americare	Americare		8142	75			897.84	10313.2	percent of total billed charges	
STAB PHLB VARICOSE VEIN 10-20 INC	37765	CPT	outpatient			10856		4192.26 Amerihealth	Medicare		3645.44				897.84	10313.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STAB PHLB VARICOSE VEIN 10-20 INC	37765	CPT	outpatient			10856		4192.26 Amerihealth	HMO|PPO		7056.4	65			897.84	10313.2	percent of total billed charges	
STAB PHLB VARICOSE VEIN 10-20 INC	37765	CPT	outpatient			10856		4192.26 Consumer	Consumer		10313.2	95			897.84	10313.2	percent of total billed charges	
STAB PHLB VARICOSE VEIN 10-20 INC	37765	CPT	outpatient			10856		4192.26 Corrections	Corrections		8684.8	80			897.84	10313.2	percent of total billed charges	
STAB PHLB VARICOSE VEIN 10-20 INC	37765	CPT	outpatient			10856		4192.26 First Health	First Health		7599.2	70			897.84	10313.2	percent of total billed charges	
STAB PHLB VARICOSE VEIN 10-20 INC	37765	CPT	outpatient			10856		4192.26 First Trenton	First Trenton		9770.4	90			897.84	10313.2	percent of total billed charges	
STAB PHLB VARICOSE VEIN 10-20 INC	37765	CPT	outpatient			10856		4192.26 Horizon	PPO		6784.16				897.84	10313.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STAB PHLB VARICOSE VEIN 10-20 INC	37765	CPT	outpatient			10856		4192.26 Horizon	Medicare Blue		3645.44				897.84	10313.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STAB PHLB VARICOSE VEIN 10-20 INC	37765	CPT	outpatient			10856		4192.26 Horizon	Indemnity		6784.16				897.84	10313.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STAB PHLB VARICOSE VEIN 10-20 INC	37765	CPT	outpatient			10856		4192.26 Horizon	NJ Health		897.84				897.84	10313.2	fee schedule	
STAB PHLB VARICOSE VEIN 10-20 INC	37765	CPT	outpatient			10856		4192.26 Horizon	MGD		6784.16				897.84	10313.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STAB PHLB VARICOSE VEIN 10-20 INC	37765	CPT	outpatient			10856		4192.26 Managed Care Inc	Managed Care Inc		9770.4	90			897.84	10313.2	percent of total billed charges	
STAB PHLB VARICOSE VEIN 10-20 INC	37765	CPT	outpatient			10856		4192.26 Multiplan	Multiplan		8684.8	80			897.84	10313.2	percent of total billed charges	
STAB PHLB VARICOSE VEIN 10-20 INC	37765	CPT	outpatient			10856		4192.26 Qualcare	Qualcare		8142	75			897.84	10313.2	percent of total billed charges	
STAB PHLB VARICOSE VEIN 10-20 INC	37765	CPT	outpatient			10856		4192.26 Three Rivers	Three Rivers		10313.2	95			897.84	10313.2	percent of total billed charges	
STAB PHLB VARICOSE VEIN 10-20 INC	37765	CPT	outpatient			10856		4192.26 UHC	Medicaid		3425.07	31.55			897.84	10313.2	percent of total billed charges	
STAB PHLB VARICOSE VEIN 10-20 INC	37765	CPT	outpatient			10856		4192.26 UHC	Medicare		3645.44				897.84	10313.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STAB PHLB VARICOSE VEIN 10-20 INC	37765	CPT	outpatient			10856		4192.26 United	Oxford		3492				897.84	10313.2	case rate	
STAB PHLB VARICOSE VEIN 10-20 INC	37765	CPT	outpatient			10856		4192.26 United	Commercial|PPO		3492				897.84	10313.2	case rate	
STAB PHLB VARICOSE VEIN 10-20 INC	37765	CPT	outpatient			10856		4192.26 Wellcare	Medicare		3645.44				897.84	10313.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STAB PHLB VARICOSE VEIN 10-20 INC	37765	CPT	outpatient			10856		4192.26 Wellcare	Medicaid		3425.07	31.55			897.84	10313.2	percent of total billed charges	
STAB PHLB VARICOSE VEIN 10-20 INC	37765	CPT	outpatient			10856		4192.26 WellPoint	WellPoint		3493.46	32.18			897.84	10313.2	percent of total billed charges	
STAB PHLEB.VARICOSE VEINS >20	37766	CPT	outpatient			10856		4192.26 Aetna	Commercial		5803.54				1106.64	10313.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STAB PHLEB.VARICOSE VEINS >20	37766	CPT	outpatient			10856		4192.26 Aetna	Better Health		3425.07	31.55			1106.64	10313.2	percent of total billed charges	
STAB PHLEB.VARICOSE VEINS >20	37766	CPT	outpatient			10856		4192.26 Aetna	Medicare		3645.44				1106.64	10313.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
STAB PHLEB.VARICOSE VEINS >20	37766	CPT	outpatient			10856		4192.26 Americare	Americare		8142	75			1106.64	10313.2	percent of total billed charges	
STAB PHLEB.VARICOSE VEINS >20	37766	CPT	outpatient			10856		4192.26 Amerihealth	HMO/PPO		7056.4	65			1106.64	10313.2	percent of total billed charges	
STAB PHLEB.VARICOSE VEINS >20	37766	CPT	outpatient			10856		4192.26 Amerihealth	Medicare		3645.44				1106.64	10313.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STAB PHLEB.VARICOSE VEINS >20	37766	CPT	outpatient			10856		4192.26 Consumer	Consumer		10313.2	95			1106.64	10313.2	percent of total billed charges	
STAB PHLEB.VARICOSE VEINS >20	37766	CPT	outpatient			10856		4192.26 Corrections	Corrections		8684.8	80			1106.64	10313.2	percent of total billed charges	
STAB PHLEB.VARICOSE VEINS >20	37766	CPT	outpatient			10856		4192.26 First Health	First Health		7599.2	70			1106.64	10313.2	percent of total billed charges	
STAB PHLEB.VARICOSE VEINS >20	37766	CPT	outpatient			10856		4192.26 First Trenton	First Trenton		9770.4	90			1106.64	10313.2	percent of total billed charges	
STAB PHLEB.VARICOSE VEINS >20	37766	CPT	outpatient			10856		4192.26 Horizon	Medicare Blue		3645.44				1106.64	10313.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STAB PHLEB.VARICOSE VEINS >20	37766	CPT	outpatient			10856		4192.26 Horizon	Indemnity		6784.16				1106.64	10313.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STAB PHLEB.VARICOSE VEINS >20	37766	CPT	outpatient			10856		4192.26 Horizon	MGD		6784.16				1106.64	10313.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STAB PHLEB.VARICOSE VEINS >20	37766	CPT	outpatient			10856		4192.26 Horizon	NJ Health		1106.64				1106.64	10313.2	fee schedule	
STAB PHLEB.VARICOSE VEINS >20	37766	CPT	outpatient			10856		4192.26 Horizon	PPO		6784.16				1106.64	10313.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STAB PHLEB.VARICOSE VEINS >20	37766	CPT	outpatient			10856		4192.26 Managed Care Inc	Managed Care Inc		9770.4	90			1106.64	10313.2	percent of total billed charges	
STAB PHLEB.VARICOSE VEINS >20	37766	CPT	outpatient			10856		4192.26 Multiplan	Multiplan		8684.8	80			1106.64	10313.2	percent of total billed charges	
STAB PHLEB.VARICOSE VEINS >20	37766	CPT	outpatient			10856		4192.26 Qualcare	Qualcare		8142	75			1106.64	10313.2	percent of total billed charges	
STAB PHLEB.VARICOSE VEINS >20	37766	CPT	outpatient			10856		4192.26 Three Rivers	Three Rivers		10313.2	95			1106.64	10313.2	percent of total billed charges	
STAB PHLEB.VARICOSE VEINS >20	37766	CPT	outpatient			10856		4192.26 UHC	Medicaid		3425.07	31.55			1106.64	10313.2	percent of total billed charges	
STAB PHLEB.VARICOSE VEINS >20	37766	CPT	outpatient			10856		4192.26 UHC	Medicare		3645.44				1106.64	10313.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STAB PHLEB.VARICOSE VEINS >20	37766	CPT	outpatient			10856		4192.26 United	Commercial|PPO		3492				1106.64	10313.2	case rate	
STAB PHLEB.VARICOSE VEINS >20	37766	CPT	outpatient			10856		4192.26 United	Oxford		3492				1106.64	10313.2	case rate	
STAB PHLEB.VARICOSE VEINS >20	37766	CPT	outpatient			10856		4192.26 Wellcare	Medicaid		3425.07	31.55			1106.64	10313.2	percent of total billed charges	
STAB PHLEB.VARICOSE VEINS >20	37766	CPT	outpatient			10856		4192.26 Wellcare	Medicare		3645.44				1106.64	10313.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STAB PHLEB.VARICOSE VEINS >20	37766	CPT	outpatient			10856		4192.26 WellPoint	WellPoint		3493.46	32.18			1106.64	10313.2	percent of total billed charges	
LIG/DIV/EX VARICOSE VEIN, 1 LEG	37785	CPT	outpatient			10452		4192.26 Aetna	Better Health		3297.61	31.55			122.67	9929.4	percent of total billed charges	
LIG/DIV/EX VARICOSE VEIN, 1 LEG	37785	CPT	outpatient			10452		4192.26 Aetna	Commercial		5803.54				122.67	9929.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIG/DIV/EX VARICOSE VEIN, 1 LEG	37785	CPT	outpatient			10452		4192.26 Aetna	Medicare		3219.22	30.8			122.67	9929.4	percent of total billed charges	
LIG/DIV/EX VARICOSE VEIN, 1 LEG	37785	CPT	outpatient			10452		4192.26 Americare	Americare		7839	75			122.67	9929.4	percent of total billed charges	
LIG/DIV/EX VARICOSE VEIN, 1 LEG	37785	CPT	outpatient			10452		4192.26 Amerihealth	HMO/PPO		6783.8	65			122.67	9929.4	percent of total billed charges	
LIG/DIV/EX VARICOSE VEIN, 1 LEG	37785	CPT	outpatient			10452		4192.26 Amerihealth	Medicare		3645.44				122.67	9929.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIG/DIV/EX VARICOSE VEIN, 1 LEG	37785	CPT	outpatient			10452		4192.26 Consumer	Consumer		9929.4	95			122.67	9929.4	percent of total billed charges	
LIG/DIV/EX VARICOSE VEIN, 1 LEG	37785	CPT	outpatient			10452		4192.26 Corrections	Corrections		8361.6	80			122.67	9929.4	percent of total billed charges	
LIG/DIV/EX VARICOSE VEIN, 1 LEG	37785	CPT	outpatient			10452		4192.26 First Health	First Health		7316.4	70			122.67	9929.4	percent of total billed charges	
LIG/DIV/EX VARICOSE VEIN, 1 LEG	37785	CPT	outpatient			10452		4192.26 First Trenton	First Trenton		9406.8	90			122.67	9929.4	percent of total billed charges	
LIG/DIV/EX VARICOSE VEIN, 1 LEG	37785	CPT	outpatient			10452		4192.26 Horizon	MGD		6784.16				122.67	9929.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIG/DIV/EX VARICOSE VEIN, 1 LEG	37785	CPT	outpatient			10452		4192.26 Horizon	Medicare Blue		3645.44				122.67	9929.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIG/DIV/EX VARICOSE VEIN, 1 LEG	37785	CPT	outpatient			10452		4192.26 Horizon	Indemnity		6784.16				122.67	9929.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIG/DIV/EX VARICOSE VEIN, 1 LEG	37785	CPT	outpatient			10452		4192.26 Horizon	NJ Health		122.67				122.67	9929.4	fee schedule	
LIG/DIV/EX VARICOSE VEIN, 1 LEG	37785	CPT	outpatient			10452		4192.26 Horizon	PPO		6784.16				122.67	9929.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIG/DIV/EX VARICOSE VEIN, 1 LEG	37785	CPT	outpatient			10452		4192.26 Managed Care Inc	Managed Care Inc		9406.8	90			122.67	9929.4	percent of total billed charges	
LIG/DIV/EX VARICOSE VEIN, 1 LEG	37785	CPT	outpatient			10452		4192.26 Multiplan	Multiplan		8361.6	80			122.67	9929.4	percent of total billed charges	
LIG/DIV/EX VARICOSE VEIN, 1 LEG	37785	CPT	outpatient			10452		4192.26 Qualcare	Qualcare		7839	75			122.67	9929.4	percent of total billed charges	
LIG/DIV/EX VARICOSE VEIN, 1 LEG	37785	CPT	outpatient			10452		4192.26 Three Rivers	Three Rivers		9929.4	95			122.67	9929.4	percent of total billed charges	
LIG/DIV/EX VARICOSE VEIN, 1 LEG	37785	CPT	outpatient			10452		4192.26 UHC	Medicaid		3297.61	31.55			122.67	9929.4	percent of total billed charges	
LIG/DIV/EX VARICOSE VEIN, 1 LEG	37785	CPT	outpatient			10452		4192.26 UHC	Medicare		3645.44				122.67	9929.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIG/DIV/EX VARICOSE VEIN, 1 LEG	37785	CPT	outpatient			10452		4192.26 United	Oxford		3492				122.67	9929.4	case rate	
LIG/DIV/EX VARICOSE VEIN, 1 LEG	37785	CPT	outpatient			10452		4192.26 United	Commercial|PPO		3492				122.67	9929.4	case rate	
LIG/DIV/EX VARICOSE VEIN, 1 LEG	37785	CPT	outpatient			10452		4192.26 Wellcare	Medicaid		3297.61	31.55			122.67	9929.4	percent of total billed charges	
LIG/DIV/EX VARICOSE VEIN, 1 LEG	37785	CPT	outpatient			10452		4192.26 Wellcare	Medicare		3645.44				122.67	9929.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIG/DIV/EX VARICOSE VEIN, 1 LEG	37785	CPT	outpatient			10452		4192.26 WellPoint	WellPoint		3363.45	32.18			122.67	9929.4	percent of total billed charges	
VASCULAR SURGERY PROCEDURE	37799	CPT	inpatient			2539		826.23 Aetna	Better Health		801.05	31.55			665.07	2412.05	percent of total billed charges	
VASCULAR SURGERY PROCEDURE	37799	CPT	inpatient			2539		826.23 Aetna	Commercial		1143.79				665.07	2412.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VASCULAR SURGERY PROCEDURE	37799	CPT	inpatient			2539		826.23 Aetna	Medicare		718.46				665.07	2412.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VASCULAR SURGERY PROCEDURE	37799	CPT	inpatient			2539		826.23 Americare	Americare		1904.25	75			665.07	2412.05	percent of total billed charges	
VASCULAR SURGERY PROCEDURE	37799	CPT	inpatient			2539		826.23 Amerihealth	HMO/PPO		1692.35	65			665.07	2412.05	percent of total billed charges	
VASCULAR SURGERY PROCEDURE	37799	CPT	inpatient			2539		826.23 Amerihealth	Medicare		718.46				665.07	2412.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VASCULAR SURGERY PROCEDURE	37799	CPT	inpatient			2539		826.23 Consumer	Consumer		2412.05	95			665.07	2412.05	percent of total billed charges	
VASCULAR SURGERY PROCEDURE	37799	CPT	inpatient			2539		826.23 Corrections	Corrections		2031.2	80			665.07	2412.05	percent of total billed charges	
VASCULAR SURGERY PROCEDURE	37799	CPT	inpatient			2539		826.23 First Health	First Health		1777.3	70			665.07	2412.05	percent of total billed charges	
VASCULAR SURGERY PROCEDURE	37799	CPT	inpatient			2539		826.23 First Trenton	First Trenton		2285.1	90			665.07	2412.05	percent of total billed charges	
VASCULAR SURGERY PROCEDURE	37799	CPT	inpatient			2539		826.23 Horizon	MGD		1337.05				665.07	2412.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VASCULAR SURGERY PROCEDURE	37799	CPT	inpatient			2539		826.23 Horizon	Indemnity		1337.05				665.07	2412.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VASCULAR SURGERY PROCEDURE	37799	CPT	inpatient			2539		826.23 Horizon	PPO		1337.05				665.07	2412.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VASCULAR SURGERY PROCEDURE	37799	CPT	inpatient			2539		826.23 Horizon	Medicare Blue		718.46				665.07	2412.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VASCULAR SURGERY PROCEDURE	37799	CPT	inpatient			2539		826.23 Managed Care Inc	Managed Care Inc		2285.1	90			665.07	2412.05	percent of total billed charges	
VASCULAR SURGERY PROCEDURE	37799	CPT	inpatient			2539		826.23 Multiplan	Multiplan		2031.2	80			665.07	2412.05	percent of total billed charges	
VASCULAR SURGERY PROCEDURE	37799	CPT	inpatient			2539		826.23 Qualcare	Qualcare		1904.25	75			665.07	2412.05	percent of total billed charges	
VASCULAR SURGERY PROCEDURE	37799	CPT	inpatient			2539		826.23 Three Rivers	Three Rivers		2412.05	95			665.07	2412.05	percent of total billed charges	
VASCULAR SURGERY PROCEDURE	37799	CPT	inpatient			2539		826.23 UHC	Medicaid		801.05	31.55			665.07	2412.05	percent of total billed charges	
VASCULAR SURGERY PROCEDURE	37799	CPT	inpatient			2539		826.23 UHC	Medicare		718.46				665.07	2412.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VASCULAR SURGERY PROCEDURE	37799	CPT	inpatient			2539		826.23 United	Commercial|PPO		1817				665.07	2412.05	case rate	
VASCULAR SURGERY PROCEDURE	37799	CPT	inpatient			2539		826.23 United	Oxford		1817				665.07	2412.05	case rate	
VASCULAR SURGERY PROCEDURE	37799	CPT	inpatient			2539		826.23 Wellcare	Medicare		718.46				665.07	2412.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VASCULAR SURGERY PROCEDURE	37799	CPT	inpatient			2539		826.23 Wellcare	Medicaid		801.05	31.55			665.07	2412.05	percent of total billed charges	
VASCULAR SURGERY PROCEDURE	37799	CPT	inpatient			2539		826.23 WellPoint	WellPoint		817.05	32.18			665.07	2412.05	percent of total billed charges	
CT DIAGNOSTIC BONE MARROW ASPIRATION	38220	CPT	both			5621		2132.36 Aetna	Commercial		2951.93				406.05	5339.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT DIAGNOSTIC BONE MARROW ASPIRATION	38220	CPT	both			5621		2132.36 Aetna	Better Health		1773.43	31.55			406.05	5339.95	percent of total billed charges	
CT DIAGNOSTIC BONE MARROW ASPIRATION	38220	CPT	both			5621		2132.36 Aetna	Medicare		1854.23				406.05	5339.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT DIAGNOSTIC BONE MARROW ASPIRATION	38220	CPT	both			5621		2132.36 Americare	Americare		4215.75	75			406.05	5339.95	percent of total billed charges	
CT DIAGNOSTIC BONE MARROW ASPIRATION	38220	CPT	both			5621		2132.36 Amerihealth	Medicare		1854.23				406.05	5339.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT DIAGNOSTIC BONE MARROW ASPIRATION	38220	CPT	both			5621		2132.36 Amerihealth	HMO/PPO		3693.65	65			406.05	5339.95	percent of total billed charges	
CT DIAGNOSTIC BONE MARROW ASPIRATION	38220	CPT	both			5621		2132.36 Consumer	Consumer		5339.95	95			406.05	5339.95	percent of total billed charges	
CT DIAGNOSTIC BONE MARROW ASPIRATION	38220	CPT	both			5621		2132.36 Corrections	Corrections		4496.8	80			406.05	5339.95	percent of total billed charges	
CT DIAGNOSTIC BONE MARROW ASPIRATION	38220	CPT	both			5621		2132.36 First Health	First Health		3934.7	70			406.05	5339.95	percent of total billed charges	
CT DIAGNOSTIC BONE MARROW ASPIRATION	38220	CPT	both			5621		2132.36 First Trenton	First Trenton		5058.9	90			406.05	5339.95	percent of total billed charges	
CT DIAGNOSTIC BONE MARROW ASPIRATION	38220	CPT	both			5621		2132.36 Horizon	Indemnity		3450.72				406.05	5339.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT DIAGNOSTIC BONE MARROW ASPIRATION	38220	CPT	both			5621		2132.36 Horizon	MGD		3450.72				406.05	5339.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT DIAGNOSTIC BONE MARROW ASPIRATION	38220	CPT	both			5621		2132.36 Horizon	Medicare Blue		1854.23				406.05	5339.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT DIAGNOSTIC BONE MARROW ASPIRATION	38220	CPT	both			5621		2132.36 Horizon	NJ Health		469.8				406.05	5339.95	fee schedule	
CT DIAGNOSTIC BONE MARROW ASPIRATION	38220	CPT	both			5621		2132.36 Horizon	PPO		3450.72				406.05	5339.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT DIAGNOSTIC BONE MARROW ASPIRATION	38220	CPT	both			5621		2132.36 Managed Care Inc	Managed Care Inc		5058.9	90			406.05	5339.95	percent of total billed charges	
CT DIAGNOSTIC BONE MARROW ASPIRATION	38220	CPT	both			5621		2132.36 Multiplan	Multiplan		4496.8	80			406.05	5339.95	percent of total billed charges	
CT DIAGNOSTIC BONE MARROW ASPIRATION	38220	CPT	both			5621		2132.36 Qualcare	Qualcare		4215.75	75			406.05	5339.95	percent of total billed charges	
CT DIAGNOSTIC BONE MARROW ASPIRATION	38220	CPT	both			5621		2132.36 Three Rivers	Three Rivers		5339.95	95			406.05	5339.95	percent of total billed charges	
CT DIAGNOSTIC BONE MARROW ASPIRATION	38220	CPT	both			5621		2132.36 UHC	Medicare		1854.23				406.05	5339.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT DIAGNOSTIC BONE MARROW ASPIRATION	38220	CPT	both			5621		2132.36 UHC	Medicaid		1773.43	31.55			406.05	5339.95	percent of total billed charges	
CT DIAGNOSTIC BONE MARROW ASPIRATION	38220	CPT	both			5621		2132.36 United	Oxford		1817				406.05	5339.95	case rate	
CT DIAGNOSTIC BONE MARROW ASPIRATION	38220	CPT	both			5621		2132.36 United	Commercial|PPO		1817				406.05	5339.95	case rate	
CT DIAGNOSTIC BONE MARROW ASPIRATION	38220	CPT	both			5621		2132.36 Wellcare	Medicare		1854.23				406.05	5339.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT DIAGNOSTIC BONE MARROW ASPIRATION	38220	CPT	both			5621		2132.36 Wellcare	Medicaid		1773.43	31.55			406.05	5339.95	percent of total billed charges	
CT DIAGNOSTIC BONE MARROW ASPIRATION	38220	CPT	both			5621		2132.36 WellPoint	WellPoint		1808.84	32.18			406.05	5339.95	percent of total billed charges	
CT DIAGNOSTIC BONE MARROW BIOPSY(IES)	38221	CPT	both			5633		2132.36 Aetna	Better Health		1777.21	31.55			247.43	5351.35	percent of total billed charges	
CT DIAGNOSTIC BONE MARROW BIOPSY(IES)	38221	CPT	both			5633		2132.36 Aetna	Commercial		2951.93				247.43	5351.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT DIAGNOSTIC BONE MARROW BIOPSY(IES)	38221	CPT	both			5633		2132.36 Aetna	Medicare		1854.23				247.43	5351.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT DIAGNOSTIC BONE MARROW BIOPSY(IES)	38221	CPT	both			5633		2132.36 Americare	Americare		4224.75	75			247.43	5351.35	percent of total billed charges	
CT DIAGNOSTIC BONE MARROW BIOPSY(IES)	38221	CPT	both			5633		2132.36 Amerihealth	Medicare		1854.23				247.43	5351.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT DIAGNOSTIC BONE MARROW BIOPSY(IES)	38221	CPT	both			5633		2132.36 Amerihealth	HMO/PPO		3661.45	65			247.43	5351.35	percent of total billed charges	
CT DIAGNOSTIC BONE MARROW BIOPSY(IES)	38221	CPT	both			5633		2132.36 Consumer	Consumer		5351.35	95			247.43	5351.35	percent of total billed charges	
CT DIAGNOSTIC BONE MARROW BIOPSY(IES)	38221	CPT	both			5633		2132.36 Corrections	Corrections		4506.4	80			247.43	5351.35	percent of total billed charges	
CT DIAGNOSTIC BONE MARROW BIOPSY(IES)	38221	CPT	both			5633		2132.36 First Health	First Health		3943.1	70			247.43	5351.35	percent of total billed charges	
CT DIAGNOSTIC BONE MARROW BIOPSY(IES)	38221	CPT	both			5633		2132.36 First Trenton	First Trenton		5069.7	90			247.43	5351.35	percent of total billed charges	
CT DIAGNOSTIC BONE MARROW BIOPSY(IES)	38221	CPT	both			5633		2132.36 Horizon	Indemnity		3450.72				247.43	5351.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT DIAGNOSTIC BONE MARROW BIOPSY(IES)	38221	CPT	both			5633		2132.36 Horizon	MGD		3450.72				247.43	5351.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT DIAGNOSTIC BONE MARROW BIOPSY(IES)	38221	CPT	both			5633		2132.36 Horizon	Medicare Blue		1854.23				247.43	5351.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT DIAGNOSTIC BONE MARROW BIOPSY(IES)	38221	CPT	both			5633		2132.36 Horizon	NJ Health		247.43				247.43	5351.35	fee schedule	
CT DIAGNOSTIC BONE MARROW BIOPSY(IES)	38221	CPT	both			5633		2132.36 Horizon	PPO		3450.72				247.43	5351.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT DIAGNOSTIC BONE MARROW BIOPSY(IES)	38221	CPT	both			5633		2132.36 Managed Care Inc	Managed Care Inc		5069.7	90			247.43	5351.35	percent of total billed charges	
CT DIAGNOSTIC BONE MARROW BIOPSY(IES)	38221	CPT	both			5633		2132.36 Multiplan	Multiplan		4506.4	80			247.43	5351.35	percent of total billed charges	
CT DIAGNOSTIC BONE MARROW BIOPSY(IES)	38221	CPT	both			5633		2132.36 Qualcare	Qualcare		4224.75	75			247.43	5351.35	percent of total billed charges	
CT DIAGNOSTIC BONE MARROW BIOPSY(IES)	38221	CPT	both			5633		2132.36 Three Rivers	Three Rivers		5351.35	95			247.43	5351.35	percent of total billed charges	
CT DIAGNOSTIC BONE MARROW BIOPSY(IES)	38221	CPT	both			5633		2132.36 UHC	Medicaid		1777.21	31.55			247.43	5351.35	percent of total billed charges	
CT DIAGNOSTIC BONE MARROW BIOPSY(IES)	38221	CPT	both			5633		2132.36 UHC	Medicare		1854.23				247.43	5351.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT DIAGNOSTIC BONE MARROW BIOPSY(IES)	38221	CPT	both			5633		2132.36 United	Commercial|PPO		1817				247.43	5351.35	case rate	
CT DIAGNOSTIC BONE MARROW BIOPSY(IES)	38221	CPT	both			5633		2132.36 United	Oxford		1817				247.43	5351.35	case rate	
CT DIAGNOSTIC BONE MARROW BIOPSY(IES)	38221	CPT	both			5633		2132.36 Wellcare	Medicare		1854.23				247.43	5351.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT DIAGNOSTIC BONE MARROW BIOPSY(IES)	38221	CPT	both			5633		2132.36 Wellcare	Medicaid		1777.21	31.55			247.43	5351.35	percent of total billed charges	
CT DIAGNOSTIC BONE MARROW BIOPSY(IES)	38221	CPT	both			5633		2132.36 WellPoint	WellPoint		1812.7	32.18			247.43	5351.35	percent of total billed charges	
DX BONE MARROW BX & ASP.	38222	CPT	both			9466		3737.2 Aetna	Commercial		5173.59				469.8	8992.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DX BONE MARROW BX & ASP.	38222	CPT	both			9466		3737.2 Aetna	Better Health		2986.52	31.55			469.8	8992.7	percent of total billed charges	
DX BONE MARROW BX & ASP.	38222	CPT	both			9466		3737.2 Aetna	Medicare		3249.74				469.8	8992.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DX BONE MARROW BX & ASP.	38222	CPT	both			9466		3737.2 Americare	Americare		7099.5	75			469.8	8992.7	percent of total billed charges	
DX BONE MARROW BX & ASP.	38222	CPT	both			9466		3737.2 Amerihealth	HMO/PPO		6152.9	65			469.8	8992.7	percent of total billed charges	
DX BONE MARROW BX & ASP.	38222	CPT	both			9466		3737.2 Amerihealth	Medicare		3249.74				469.8	8992.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DX BONE MARROW BX & ASP.	38222	CPT	both			9466		3737.2 Consumer	Consumer		8992.7	95			469.8	8992.7	percent of total billed charges	
DX BONE MARROW BX & ASP.	38222	CPT	both			9466		3737.2 Corrections	Corrections		7572.8	80			469.8	8992.7	percent of total billed charges	
DX BONE MARROW BX & ASP.	38222	CPT	both			9466		3737.2 First Health	First Health		6626.2	70			469.8	8992.7	percent of total billed charges	
DX BONE MARROW BX & ASP.	38222	CPT	both			9466		3737.2 First Trenton	First Trenton		8519.4	90			469.8	8992.7	percent of total billed charges	
DX BONE MARROW BX & ASP.	38222	CPT	both			9466		3737.2 Horizon	MGD		6047.77				469.8	8992.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DX BONE MARROW BX & ASP.	38222	CPT	both			9466		3737.2 Horizon	Medicare Blue		3249.74				469.8	8992.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DX BONE MARROW BX & ASP.	38222	CPT	both			9466		3737.2 Horizon	PPO		6047.77				469.8	8992.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DX BONE MARROW BX & ASP.	38222	CPT	both			9466		3737.2 Horizon	Indemnity		6047.77				469.8	8992.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DX BONE MARROW BX & ASP.	38222	CPT	both			9466		3737.2 Horizon	NJ Health		469.8				469.8	8992.7	fee schedule	
DX BONE MARROW BX & ASP.	38222	CPT	both			9466		3737.2 Managed Care Inc	Managed Care Inc		8519.4	90			469.8	8992.7	percent of total billed charges	
DX BONE MARROW BX & ASP.	38222	CPT	both			9466		3737.2 Multiplan	Multiplan		7572.8	80			469.8	8992.7	percent of total billed charges	
DX BONE MARROW BX & ASP.	38222	CPT	both			9466		3737.2 Qualcare	Qualcare		7099.5	75			469.8	8992.7	percent of total billed charges	
DX BONE MARROW BX & ASP.	38222	CPT	both			9466		3737.2 Three Rivers	Three Rivers		8992.7	95			469.8	8992.7	percent of total billed charges	
DX BONE MARROW BX & ASP.	38222	CPT	both			9466		3737.2 UHC	Medicare		3249.74				469.8	8992.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DX BONE MARROW BX & ASP.	38222	CPT	both			9466		3737.2 UHC	Medicaid		2986.52	31.55			469.8	8992.7	percent of total billed charges	
DX BONE MARROW BX & ASP.	38222	CPT	both			9466		3737.2 United	Commercial|PPO		2493			

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
DX BONE MARROW BX & ASP.	38222	CPT	both			9466		3737.2 United	Oxford		2493				469.8	8992.7	case rate	
DX BONE MARROW BX & ASP.	38222	CPT	both			9466		3737.2 Wellcare	Medicaid		2986.52	31.55			469.8	8992.7	percent of total billed charges	
DX BONE MARROW BX & ASP.	38222	CPT	both			9466		3737.2 Wellcare	Medicare		3249.74				469.8	8992.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DX BONE MARROW BX & ASP.	38222	CPT	both			9466		3737.2 WellPoint	WellPoint		3046.16	32.18			469.8	8992.7	percent of total billed charges	
TRANSPLT ALLO HCT/DONOR	38240	CPT	outpatient			127590		71871.68 Aetna	Better Health		40254.65	31.55			368.01	12121	percent of total billed charges	
TRANSPLT ALLO HCT/DONOR	38240	CPT	outpatient			127590		71871.68 Aetna	Commercial		99495.4				368.01	12121	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSPLT ALLO HCT/DONOR	38240	CPT	outpatient			127590		71871.68 Aetna	Medicare		62497.11				368.01	12121	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSPLT ALLO HCT/DONOR	38240	CPT	outpatient			127590		71871.68 Americare	Americare		95692.5	75			368.01	12121	percent of total billed charges	
TRANSPLT ALLO HCT/DONOR	38240	CPT	outpatient			127590		71871.68 Amerihealth	HMO/PPO		82933.5	65			368.01	12121	percent of total billed charges	
TRANSPLT ALLO HCT/DONOR	38240	CPT	outpatient			127590		71871.68 Amerihealth	Medicare		62497.11				368.01	12121	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSPLT ALLO HCT/DONOR	38240	CPT	outpatient			127590		71871.68 Consumer	Consumer		121210.5	95			368.01	12121	percent of total billed charges	
TRANSPLT ALLO HCT/DONOR	38240	CPT	outpatient			127590		71871.68 Corrections	Corrections		102072	80			368.01	12121	percent of total billed charges	
TRANSPLT ALLO HCT/DONOR	38240	CPT	outpatient			127590		71871.68 First Health	First Health		89313	70			368.01	12121	percent of total billed charges	
TRANSPLT ALLO HCT/DONOR	38240	CPT	outpatient			127590		71871.68 First Trenton	First Trenton		114831	90			368.01	12121	percent of total billed charges	
TRANSPLT ALLO HCT/DONOR	38240	CPT	outpatient			127590		71871.68 Horizon	NJ Health		368.01				368.01	12121	0.5 fee schedule	
TRANSPLT ALLO HCT/DONOR	38240	CPT	outpatient			127590		71871.68 Horizon	Medicare Blue		62497.11				368.01	12121	0.5 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSPLT ALLO HCT/DONOR	38240	CPT	outpatient			127590		71871.68 Horizon	MGD		116307.12				368.01	12121	0.5 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSPLT ALLO HCT/DONOR	38240	CPT	outpatient			127590		71871.68 Horizon	Indemnity		116307.12				368.01	12121	0.5 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSPLT ALLO HCT/DONOR	38240	CPT	outpatient			127590		71871.68 Horizon	PPO		116307.12				368.01	12121	0.5 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSPLT ALLO HCT/DONOR	38240	CPT	outpatient			127590		71871.68 Managed Care Inc	Managed Care Inc		114831	90			368.01	12121	0.5 percent of total billed charges	
TRANSPLT ALLO HCT/DONOR	38240	CPT	outpatient			127590		71871.68 Multiplan	Multiplan		102072	80			368.01	12121	0.5 percent of total billed charges	
TRANSPLT ALLO HCT/DONOR	38240	CPT	outpatient			127590		71871.68 Qualcare	Qualcare		95692.5	75			368.01	12121	0.5 percent of total billed charges	
TRANSPLT ALLO HCT/DONOR	38240	CPT	outpatient			127590		71871.68 Three Rivers	Three Rivers		121210.5	95			368.01	12121	0.5 percent of total billed charges	
TRANSPLT ALLO HCT/DONOR	38240	CPT	outpatient			127590		71871.68 UHC	Medicaid		40254.65	31.55			368.01	12121	0.5 percent of total billed charges	
TRANSPLT ALLO HCT/DONOR	38240	CPT	outpatient			127590		71871.68 UHC	Medicare		62497.11				368.01	12121	0.5 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSPLT ALLO HCT/DONOR	38240	CPT	outpatient			127590		71871.68 United	Oxford		6362				368.01	12121	0.5 case rate	
TRANSPLT ALLO HCT/DONOR	38240	CPT	outpatient			127590		71871.68 United	CommercialPPO		6362				368.01	12121	0.5 case rate	
TRANSPLT ALLO HCT/DONOR	38240	CPT	outpatient			127590		71871.68 Wellcare	Medicaid		40254.65	31.55			368.01	12121	0.5 percent of total billed charges	
TRANSPLT ALLO HCT/DONOR	38240	CPT	outpatient			127590		71871.68 Wellcare	Medicare		62497.11				368.01	12121	0.5 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSPLT ALLO HCT/DONOR	38240	CPT	outpatient			127590		71871.68 WellPoint	WellPoint		41058.46	32.18			368.01	12121	0.5 percent of total billed charges	
BN MARROW/STM TRANSPLT	38241	CPT	outpatient			12176		2017.99 Aetna	Commercial		2793.59				365.4	11567	2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BN MARROW/STM TRANSPLT	38241	CPT	outpatient			12176		2017.99 Aetna	Medicare		3750.21	30.8			365.4	11567	2 percent of total billed charges	
BN MARROW/STM TRANSPLT	38241	CPT	outpatient			12176		2017.99 Aetna	Better Health		3841.53	31.55			365.4	11567	2 percent of total billed charges	
BN MARROW/STM TRANSPLT	38241	CPT	outpatient			12176		2017.99 Americare	Americare		9132	75			365.4	11567	2 percent of total billed charges	
BN MARROW/STM TRANSPLT	38241	CPT	outpatient			12176		2017.99 Amerihealth	HMO/PPO		7914.4	65			365.4	11567	2 percent of total billed charges	
BN MARROW/STM TRANSPLT	38241	CPT	outpatient			12176		2017.99 Amerihealth	Medicare		1754.77				365.4	11567	2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BN MARROW/STM TRANSPLT	38241	CPT	outpatient			12176		2017.99 Consumer	Consumer		11567.2	95			365.4	11567	2 percent of total billed charges	
BN MARROW/STM TRANSPLT	38241	CPT	outpatient			12176		2017.99 Corrections	Corrections		9740.8	80			365.4	11567	2 percent of total billed charges	
BN MARROW/STM TRANSPLT	38241	CPT	outpatient			12176		2017.99 First Health	First Health		8523.2	70			365.4	11567	2 percent of total billed charges	
BN MARROW/STM TRANSPLT	38241	CPT	outpatient			12176		2017.99 First Trenton	First Trenton		10958.4	90			365.4	11567	2 percent of total billed charges	
BN MARROW/STM TRANSPLT	38241	CPT	outpatient			12176		2017.99 Horizon	PPO		3265.63				365.4	11567	2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BN MARROW/STM TRANSPLT	38241	CPT	outpatient			12176		2017.99 Horizon	MGD		3265.63				365.4	11567	2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BN MARROW/STM TRANSPLT	38241	CPT	outpatient			12176		2017.99 Horizon	Indemnity		3265.63				365.4	11567	2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BN MARROW/STM TRANSPLT	38241	CPT	outpatient			12176		2017.99 Horizon	NJ Health		365.4				365.4	11567	2 fee schedule	
BN MARROW/STM TRANSPLT	38241	CPT	outpatient			12176		2017.99 Horizon	Medicare Blue		1754.77				365.4	11567	2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BN MARROW/STM TRANSPLT	38241	CPT	outpatient			12176		2017.99 Managed Care Inc	Managed Care Inc		10958.4	90			365.4	11567	2 percent of total billed charges	
BN MARROW/STM TRANSPLT	38241	CPT	outpatient			12176		2017.99 Multiplan	Multiplan		9740.8	80			365.4	11567	2 percent of total billed charges	
BN MARROW/STM TRANSPLT	38241	CPT	outpatient			12176		2017.99 Qualcare	Qualcare		9132	75			365.4	11567	2 percent of total billed charges	
BN MARROW/STM TRANSPLT	38241	CPT	outpatient			12176		2017.99 Three Rivers	Three Rivers		11567.2	95			365.4	11567	2 percent of total billed charges	
BN MARROW/STM TRANSPLT	38241	CPT	outpatient			12176		2017.99 UHC	Medicare		1754.77				365.4	11567	2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BN MARROW/STM TRANSPLT	38241	CPT	outpatient			12176		2017.99 UHC	Medicaid		3841.53	31.55			365.4	11567	2 percent of total billed charges	
BN MARROW/STM TRANSPLT	38241	CPT	outpatient			12176		2017.99 United	Oxford		2493				365.4	11567	2 case rate	
BN MARROW/STM TRANSPLT	38241	CPT	outpatient			12176		2017.99 United	CommercialPPO		2493				365.4	11567	2 case rate	
BN MARROW/STM TRANSPLT	38241	CPT	outpatient			12176		2017.99 Wellcare	Medicare		1754.77				365.4	11567	2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BN MARROW/STM TRANSPLT	38241	CPT	outpatient			12176		2017.99 Wellcare	Medicaid		3841.53	31.55			365.4	11567	2 percent of total billed charges	
BN MARROW/STM TRANSPLT	38241	CPT	outpatient			12176		2017.99 WellPoint	WellPoint		3918.24	32.18			365.4	11567	2 percent of total billed charges	
LYMPH NODE A	38300	CPT	outpatient			9413		3737.2 Aetna	Better Health		2969.8	31.55			98.55	8942.35	percent of total billed charges	
LYMPH NODE A	38300	CPT	outpatient			9413		3737.2 Aetna	Commercial		5173.59				98.55	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYMPH NODE A	38300	CPT	outpatient			9413		3737.2 Aetna	Medicare		2899.2	30.8			98.55	8942.35	percent of total billed charges	
LYMPH NODE A	38300	CPT	outpatient			9413		3737.2 Americare	Americare		7059.75	75			98.55	8942.35	percent of total billed charges	
LYMPH NODE A	38300	CPT	outpatient			9413		3737.2 Amerihealth	Medicare		3249.74				98.55	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYMPH NODE A	38300	CPT	outpatient			9413		3737.2 Amerihealth	HMO/PPO		6118.45	65			98.55	8942.35	percent of total billed charges	
LYMPH NODE A	38300	CPT	outpatient			9413		3737.2 Consumer	Consumer		8942.35	95			98.55	8942.35	percent of total billed charges	
LYMPH NODE A	38300	CPT	outpatient			9413		3737.2 Corrections	Corrections		7530.4	80			98.55	8942.35	percent of total billed charges	
LYMPH NODE A	38300	CPT	outpatient			9413		3737.2 First Health	First Health		6589.1	70			98.55	8942.35	percent of total billed charges	
LYMPH NODE A	38300	CPT	outpatient			9413		3737.2 First Trenton	First Trenton		8471.7	90			98.55	8942.35	percent of total billed charges	
LYMPH NODE A	38300	CPT	outpatient			9413		3737.2 Horizon	MGD		6047.77				98.55	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYMPH NODE A	38300	CPT	outpatient			9413		3737.2 Horizon	Medicare Blue		3249.74				98.55	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYMPH NODE A	38300	CPT	outpatient			9413		3737.2 Horizon	Indemnity		6047.77				98.55	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYMPH NODE A	38300	CPT	outpatient			9413		3737.2 Horizon	NJ Health		98.55				98.55	8942.35	fee schedule	
LYMPH NODE A	38300	CPT	outpatient			9413		3737.2 Horizon	PPO		6047.77				98.55	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYMPH NODE A	38300	CPT	outpatient			9413		3737.2 Managed Care Inc	Managed Care Inc		8471.7	90			98.55	8942.35	percent of total billed charges	
LYMPH NODE A	38300	CPT	outpatient			9413		3737.2 Multiplan	Multiplan		7530.4	80			98.55	8942.35	percent of total billed charges	
LYMPH NODE A	38300	CPT	outpatient			9413		3737.2 Qualcare	Qualcare		7059.75	75			98.55	8942.35	percent of total billed charges	
LYMPH NODE A	38300	CPT	outpatient			9413		3737.2 Three Rivers	Three Rivers		8942.35	95			98.55	8942.35	percent of total billed charges	
LYMPH NODE A	38300	CPT	outpatient			9413		3737.2 UHC	Medicaid		2969.8	31.55			98.55	8942.35	percent of total billed charges	
LYMPH NODE A	38300	CPT	outpatient			9413		3737.2 UHC	Medicare		3249.74				98.55	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYMPH NODE A	38300	CPT	outpatient			9413		3737.2 United	CommercialPPO		2493				98.55	8942.35	case rate	
LYMPH NODE A	38300	CPT	outpatient			9413		3737.2 United	Oxford		2493				98.55	8942.35	case rate	
LYMPH NODE A	38300	CPT	outpatient			9413		3737.2 Wellcare	Medicare		3249.74				98.55	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYMPH NODE A	38300	CPT	outpatient			9413		3737.2 Wellcare	Medicaid		2969.8	31.55			98.55	8942.35	percent of total billed charges	
LYMPH NODE A	38300	CPT	outpatient			9413		3737.2 WellPoint	WellPoint		3029.1	32.18			98.55	8942.35	percent of total billed charges	
LYMPH NODE REMOVAL SUPERFICIAL	38500	CPT	outpatient			12527		5013.29 Aetna	Medicare		3858.32	30.8			109.62	11900.65	percent of total billed charges	
LYMPH NODE REMOVAL SUPERFICIAL	38500	CPT	outpatient			12527		5013.29 Aetna	Commercial		6940.13				109.62	11900.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYMPH NODE REMOVAL SUPERFICIAL	38500	CPT	outpatient			12527		5013.29 Aetna	Better Health		3952.27	31.55			109.62	11900.65	percent of total billed charges	
LYMPH NODE REMOVAL SUPERFICIAL	38500	CPT	outpatient			12527		5013.29 Americare	Americare		9395.25	75			109.62	11900.65	percent of total billed charges	
LYMPH NODE REMOVAL SUPERFICIAL	38500	CPT	outpatient			12527		5013.29 Amerihealth	Medicare		4369.38				109.62	11900.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYMPH NODE REMOVAL SUPERFICIAL	38500	CPT	outpatient			12527		5013.29 Amerihealth	HMO/PPO		8142.55	65			109.62	11900.65	percent of total billed charges	
LYMPH NODE REMOVAL SUPERFICIAL	38500	CPT	outpatient			12527		5013.29 Consumer	Consumer		11900.65	95			109.62	11900.65	percent of total billed charges	
LYMPH NODE REMOVAL SUPERFICIAL	38500	CPT	outpatient			12527		5013.29 Corrections	Corrections		10021.6	80			109.62	11900.65	percent of total billed charges	
LYMPH NODE REMOVAL SUPERFICIAL	38500	CPT	outpatient			12527		5013.29 First Health	First Health		8768.9	70			109.62	11900.65	percent of total billed charges	
LYMPH NODE REMOVAL SUPERFICIAL	38500	CPT	outpatient			12527		5013.29 First Trenton	First Trenton		11274.3	90			109.62	11900.65	percent of total billed charges	
LYMPH NODE REMOVAL SUPERFICIAL	38500	CPT	outpatient			12527		5013.29 Horizon	Indemnity		8112.81				109.62	11900.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYMPH NODE REMOVAL SUPERFICIAL	38500	CPT	outpatient			12527		5013.29 Horizon	PPO		8112.81				109.62	11900.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYMPH NODE REMOVAL SUPERFICIAL	38500	CPT	outpatient			12527		5013.29 Horizon	MGD		8112.81				109.62	11900.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYMPH NODE REMOVAL SUPERFICIAL	38500	CPT	outpatient			12527		5013.29 Horizon	Medicare Blue		4359.38				109.62	11900.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYMPH NODE REMOVAL SUPERFICIAL	38500	CPT	outpatient			12527		5013.29 Horizon	NJ Health		109.62				109.62	11900.65	fee schedule	
LYMPH NODE REMOVAL SUPERFICIAL	38500	CPT	outpatient			12527		5013.29 Managed Care Inc	Managed Care Inc		11274.3	90			109.62	11900.65	percent of total billed charges	
LYMPH NODE REMOVAL SUPERFICIAL	38500	CPT	outpatient			12527		5013.29 Multiplan	Multiplan		10021.6	80			109.62	11900.65	percent of total billed charges	
LYMPH NODE REMOVAL SUPERFICIAL	38500	CPT	outpatient			12527		5013.29 Qualcare	Qualcare		9395.25	75			109.62	11900.65	percent of total billed charges	
LYMPH NODE REMOVAL SUPERFICIAL	38500	CPT	outpatient			12527		5013.29 Three Rivers	Three Rivers		11900.65	95			109.62	11900.65	percent of total billed charges	
LYMPH NODE REMOVAL SUPERFICIAL	38500	CPT	outpatient			12527		5013.29 UHC	Medicare		4369.38				109.62	11900.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYMPH NODE REMOVAL SUPERFICIAL	38500	CPT	outpatient			12527		5013.29 UHC	Medicaid		3952.27	31.55			109.62	11900.65	percent of total billed charges	
LYMPH NODE REMOVAL SUPERFICIAL	38500	CPT	outpatient			12527		5013.29 United	Oxford		2776				109.62	11900.65	case rate	
LYMPH NODE REMOVAL SUPERFICIAL	38500	CPT	outpatient			12527		5013.29 United	CommercialPPO		2776				109.62	11900.65	case rate	
LYMPH NODE REMOVAL SUPERFICIAL	38500	CPT	outpatient			12527		5013.29 Wellcare	Medicare		4359.38				109.62	11900.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYMPH NODE REMOVAL SUPERFICIAL	38500	CPT	outpatient			12527		5013.29 Wellcare	Medicaid		3952.27	31.55			109.62	11900.65	percent of total billed charges	
LYMPH NODE REMOVAL SUPERFICIAL	38500	CPT	outpatient			12527		5013.29 WellPoint	WellPoint		4031.19	32.18			109.62	11900.65	percent of total billed charges	
BX/EXC LYPH NODE SUPERF	38505	CPT	both			5464		2132.36 Aetna	Commercial		2951.93				186.98	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX/EXC LYPH NODE SUPERF	38505	CPT	both			5464		2132.36 Aetna	Medicare		1854.23				186.98	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX/EXC LYPH NODE SUPERF	38505	CPT	both			5464		2132.36 Aetna	Better Health		1723.89	31.55			186.98	5190.8	percent of total billed charges	
BX/EXC LYPH NODE SUPERF	38505	CPT	both			5464		2132.36 Americare	Americare		4098	75			186.98	5190.8	percent of total billed charges	
BX/EXC LYPH NODE SUPERF	38505	CPT	both			5464		2132.36 Amerihealth	Medicare		1854.23				186.98	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX/EXC LYPH NODE SUPERF	38505	CPT	both			5464		2132.36 Amerihealth	HMO/PPO		3551.6	65			186.98	5190.8	percent of total billed charges	
BX/EXC LYPH NODE SUPERF	38505	CPT	both			5464		2132.36 Consumer	Consumer		5190.8	95			186.98	5190.8	percent of total billed charges	
BX/EXC LYPH NODE SUPERF	38505	CPT	both			5464		2132.36 Corrections	Corrections		4371.2	80			186.98	5190.8	percent of total billed charges	
BX/EXC LYPH NODE SUPERF	38505	CPT	both			5464		2132.36 First Health	First Health		3824.8	70			186.98	5190.8	percent of total billed charges	
BX/EXC LYPH NODE SUPERF	38505	CPT	both			5464		2132.36 First Trenton	First Trenton		4917.6	90			186.98	5190.8	percent of total billed charges	
BX/EXC LYPH NODE SUPERF	38505	CPT	both			5464		2132.36 Horizon	MGD		3450.72				186.98	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX/EXC LYPH NODE SUPERF	38505	CPT	both			5464		2132.36 Horizon	Medicare Blue		1854.23				186.98	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX/EXC LYPH NODE SUPERF	38505	CPT	both			5464		2132.36 Horizon	Indemnity		3450.72				186.98	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX/EXC LYPH NODE SUPERF	38505	CPT	both			5464		2132.36 Horizon	NJ Health		186.98				186.98	5190.8	fee schedule	
BX/EXC LYPH NODE SUPERF	38505	CPT	both			5464		2132.36 Horizon	PPO		3450.72				186.98	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX/EXC LYPH NODE SUPERF	38505	CPT	both			5464		2132.36 Managed Care Inc	Managed Care Inc		4917.6	90			186.98	5190.8	percent of total billed charges	
BX/EXC LYPH NODE SUPERF	38505	CPT	both			5464		2132.36 Multiplan	Multiplan		4371.2	80			186.98	5190.8	percent of total billed charges	
BX/EXC LYPH NODE SUPERF	38505	CPT	both			5464		2132.36 Qualcare	Qualcare		4098	75			186.98	5190.8	percent of total billed charges	
BX/EXC LYPH NODE SUPERF	38505	CPT	both			5464		2132.36 Three Rivers	Three Rivers		5190.8	95			186.98	5190.8	percent of total billed charges	
BX/EXC LYPH NODE SUPERF	38505	CPT	both			5464		2132.36 UHC	Medicaid		1723.89	31.55			186.98	5190.8	percent of total billed charges	
BX/EXC LYPH NODE SUPERF	38505	CPT	both			5464		2132.36 UHC	Medicare		1854.23				186.98	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX/EXC LYPH NODE SUPERF	38505	CPT	both			5464		2132.36 United	CommercialPPO		2493				186.98	5190.8	case rate	
BX/EXC LYPH NODE SUPERF	38505	CPT	both			5464		2132.36 United	Oxford		2493				186.98	5190.8	case rate	
BX/EXC LYPH NODE SUPERF	38505	CPT	both			5464		2132.36 Wellcare	Medicare		1854.23				186.98	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX/EXC LYPH NODE SUPERF	38505	CPT	both			5464		2132.36 Wellcare	Medicaid		1723.89	31.55			186.98	5190.8	percent of total billed charges	
BX/EXC LYPH NODE SUPERF	38505	CPT	both			5464		2132.36 WellPoint	WellPoint		1758.32	32.18			186.98	5190.8	percent of total billed charges	
BIOPSY LYMPHNODE/DEEP AXIL-CT	38525	CPT	outpatient			7484		5013.29 Aetna	Better Health		2361.2	31.55			314.24	8112.81	percent of total billed charges	
BIOPSY LYMPHNODE/DEEP AXIL-CT	38525	CPT	outpatient			7484		5013.29 Aetna	Medicare		4359.38				314.24	8112.81	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY LYMPHNODE/DEEP AXIL-CT	38525	CPT	outpatient			7484		5013.29 Aetna	Commercial		6940.13				314.24	8112.81	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY LYMPHNODE/DEEP AXIL-CT	38525	CPT	outpatient			7484		5013.29 Americare	Americare		5613	75			314.24	8112.81	percent of total billed charges	
BIOPSY LYMPHNODE/DEEP AXIL-CT	38525	CPT	outpatient			7484		5013.29 Amerihealth	Medicare		4359.38				314.24	8112.81	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY LYMPHNODE/DEEP AXIL-CT	38525	CPT	outpatient			7484		5013.29 Amerihealth	HMO/PPO		4864.6	65			314.24	8112.81	percent of total billed charges	
BIOPSY LYMPHNODE/DEEP AXIL-CT	38525	CPT	outpatient			7484		5013.29 Consumer	Consumer		7109.8	95			314.24	8112.81	percent of total billed charges	
BIOPSY LYMPHNODE/DEEP AXIL-CT	38525	CPT	outpatient			7484		5013.29 Corrections	Corrections		5987.2	80			314.24	8112.81	percent of total billed charges	
BIOPSY LYMPHNODE/DEEP AXIL-CT	38525	CPT	outpatient			7484		5013.29 First Health	First Health		5238.8	70			314.24	8112.81	percent of total billed charges	
BIOPSY LYMPHNODE/DEEP AXIL-CT	38525	CPT	outpatient			7484		5013.29 First Trenton	First Trenton		6735.6	90			314.24	8112.81	percent of total billed charges	
BIOPSY LYMPHNODE/DEEP AXIL-CT	38525	CPT	outpatient			7484		5013.29 Horizon	PPO		8112.81				314.24	8112.81	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY LYMPHNODE/DEEP AXIL-CT	38525	CPT	outpatient			7484		5013.29 Horizon	MGD		8112.81				314.24	8112.81	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY LYMPHNODE/DEEP AXIL-CT	38525	CPT	outpatient			7484		5013.29 Horizon	Indemnity		8112.81				314.24	8112.81	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY LYMPHNODE/DEEP AXIL-CT	38525	CPT	outpatient			7484		5013.29 Horizon	NJ Health		314.24				314.24	8112.81	fee schedule	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
BIOPSY LYMPHNODE/DEEP AXIL-CT	38525	CPT	outpatient			7484	5013.29	Horizon	Medicare Blue		4359.38				314.24	8112.81	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY LYMPHNODE/DEEP AXIL-CT	38525	CPT	outpatient			7484	5013.29	Horizon	Managed Care Inc		6735.6	90			314.24	8112.81	percent of total billed charges	
BIOPSY LYMPHNODE/DEEP AXIL-CT	38525	CPT	outpatient			7484	5013.29	Multiplan	Multiplan		5987.2	80			314.24	8112.81	percent of total billed charges	
BIOPSY LYMPHNODE/DEEP AXIL-CT	38525	CPT	outpatient			7484	5013.29	Qualcare	Qualcare		5613	75			314.24	8112.81	percent of total billed charges	
BIOPSY LYMPHNODE/DEEP AXIL-CT	38525	CPT	outpatient			7484	5013.29	Three Rivers	Three Rivers		7109.8	95			314.24	8112.81	percent of total billed charges	
BIOPSY LYMPHNODE/DEEP AXIL-CT	38525	CPT	outpatient			7484	5013.29	UHC	Medicare		4359.38				314.24	8112.81	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY LYMPHNODE/DEEP AXIL-CT	38525	CPT	outpatient			7484	5013.29	UHC	Medicaid		2361.2	31.55			314.24	8112.81	percent of total billed charges	
BIOPSY LYMPHNODE/DEEP AXIL-CT	38525	CPT	outpatient			7484	5013.29	United	Commercial|PPO		2776				314.24	8112.81	case rate	
BIOPSY LYMPHNODE/DEEP AXIL-CT	38525	CPT	outpatient			7484	5013.29	United	Oxford		2776				314.24	8112.81	case rate	
BIOPSY LYMPHNODE/DEEP AXIL-CT	38525	CPT	outpatient			7484	5013.29	Wellcare	Medicare		4359.38				314.24	8112.81	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY LYMPHNODE/DEEP AXIL-CT	38525	CPT	outpatient			7484	5013.29	Wellcare	Medicaid		2361.2	31.55			314.24	8112.81	percent of total billed charges	
BIOPSY LYMPHNODE/DEEP AXIL-CT	38525	CPT	outpatient			7484	5013.29	WellPoint	WellPoint		2408.35	32.18			314.24	8112.81	percent of total billed charges	
INJEC PROCEDURE FOR LYMPHATIC	38780	CPT	outpatient			609		Aetna	Medicare		187.57	30.8			182.7	1782	percent of total billed charges	
INJEC PROCEDURE FOR LYMPHATIC	38780	CPT	outpatient			609		Aetna	Better Health		192.14	31.55			182.7	1782	percent of total billed charges	
INJEC PROCEDURE FOR LYMPHATIC	38780	CPT	outpatient			609		Aetna	Commercial		231.42	38			182.7	1782	percent of total billed charges	
INJEC PROCEDURE FOR LYMPHATIC	38780	CPT	outpatient			609		Americare	Americare		456.75	75			182.7	1782	percent of total billed charges	
INJEC PROCEDURE FOR LYMPHATIC	38780	CPT	outpatient			609		Amerihealth	HMO/PPO		395.85	65			182.7	1782	percent of total billed charges	
INJEC PROCEDURE FOR LYMPHATIC	38780	CPT	outpatient			609		Consumer	Consumer		578.55	95			182.7	1782	percent of total billed charges	
INJEC PROCEDURE FOR LYMPHATIC	38780	CPT	outpatient			609		Corrections	Corrections		487.2	80			182.7	1782	percent of total billed charges	
INJEC PROCEDURE FOR LYMPHATIC	38780	CPT	outpatient			609		First Health	First Health		426.3	70			182.7	1782	percent of total billed charges	
INJEC PROCEDURE FOR LYMPHATIC	38780	CPT	outpatient			609		First Trenton	First Trenton		548.1	90			182.7	1782	percent of total billed charges	
INJEC PROCEDURE FOR LYMPHATIC	38780	CPT	outpatient			609		Horizon	MGD		233.13	38.28			182.7	1782	percent of total billed charges	
INJEC PROCEDURE FOR LYMPHATIC	38780	CPT	outpatient			609		Horizon	Indemnity		233.13	38.28			182.7	1782	percent of total billed charges	
INJEC PROCEDURE FOR LYMPHATIC	38780	CPT	outpatient			609		Horizon	NJ Health		1425.06				182.7	1782	fee schedule	
INJEC PROCEDURE FOR LYMPHATIC	38780	CPT	outpatient			609		Horizon	Medicare Blue		182.7	30			182.7	1782	percent of total billed charges	
INJEC PROCEDURE FOR LYMPHATIC	38780	CPT	outpatient			609		Horizon	PPO		233.13	38.28			182.7	1782	percent of total billed charges	
INJEC PROCEDURE FOR LYMPHATIC	38780	CPT	outpatient			609		Managed Care Inc	Managed Care Inc		548.1	90			182.7	1782	percent of total billed charges	
INJEC PROCEDURE FOR LYMPHATIC	38780	CPT	outpatient			609		Multiplan	Multiplan		487.2	80			182.7	1782	percent of total billed charges	
INJEC PROCEDURE FOR LYMPHATIC	38780	CPT	outpatient			609		Qualcare	Qualcare		456.75	75			182.7	1782	percent of total billed charges	
INJEC PROCEDURE FOR LYMPHATIC	38780	CPT	outpatient			609		Three Rivers	Three Rivers		578.55	95			182.7	1782	percent of total billed charges	
INJEC PROCEDURE FOR LYMPHATIC	38780	CPT	outpatient			609		UHC	Medicaid		192.14	31.55			182.7	1782	percent of total billed charges	
INJEC PROCEDURE FOR LYMPHATIC	38780	CPT	outpatient			609		United	Oxford		1782				182.7	1782	case rate	
INJEC PROCEDURE FOR LYMPHATIC	38780	CPT	outpatient			609		United	Commercial|PPO		1782				182.7	1782	case rate	
INJEC PROCEDURE FOR LYMPHATIC	38780	CPT	outpatient			609		Wellcare	Medicaid		192.14	31.55			182.7	1782	percent of total billed charges	
INJEC PROCEDURE FOR LYMPHATIC	38780	CPT	outpatient			609		WellPoint	WellPoint		195.98	32.18			182.7	1782	percent of total billed charges	
LYMPHANGIOGRAM,INJECT,BIL	38790	CPT	inpatient			1404		Aetna	Commercial		533.52	38			130.44	1782	percent of total billed charges	
LYMPHANGIOGRAM,INJECT,BIL	38790	CPT	inpatient			1404		Aetna	Better Health		442.96	31.55			130.44	1782	percent of total billed charges	
LYMPHANGIOGRAM,INJECT,BIL	38790	CPT	inpatient			1404		Aetna	Medicare		432.43	30.8			130.44	1782	percent of total billed charges	
LYMPHANGIOGRAM,INJECT,BIL	38790	CPT	inpatient			1404		Americare	Americare		1053	75			130.44	1782	percent of total billed charges	
LYMPHANGIOGRAM,INJECT,BIL	38790	CPT	inpatient			1404		Amerihealth	HMO/PPO		912.6	65			130.44	1782	percent of total billed charges	
LYMPHANGIOGRAM,INJECT,BIL	38790	CPT	inpatient			1404		Consumer	Consumer		1333.8	95			130.44	1782	percent of total billed charges	
LYMPHANGIOGRAM,INJECT,BIL	38790	CPT	inpatient			1404		Corrections	Corrections		1123.2	80			130.44	1782	percent of total billed charges	
LYMPHANGIOGRAM,INJECT,BIL	38790	CPT	inpatient			1404		First Health	First Health		982.8	70			130.44	1782	percent of total billed charges	
LYMPHANGIOGRAM,INJECT,BIL	38790	CPT	inpatient			1404		First Trenton	First Trenton		1263.6	90			130.44	1782	percent of total billed charges	
LYMPHANGIOGRAM,INJECT,BIL	38790	CPT	inpatient			1404		Horizon	MGD		537.45	38.28			130.44	1782	percent of total billed charges	
LYMPHANGIOGRAM,INJECT,BIL	38790	CPT	inpatient			1404		Horizon	NJ Health		130.44				130.44	1782	fee schedule	
LYMPHANGIOGRAM,INJECT,BIL	38790	CPT	inpatient			1404		Horizon	Medicare Blue		421.2	30			130.44	1782	percent of total billed charges	
LYMPHANGIOGRAM,INJECT,BIL	38790	CPT	inpatient			1404		Horizon	Indemnity		537.45	38.28			130.44	1782	percent of total billed charges	
LYMPHANGIOGRAM,INJECT,BIL	38790	CPT	inpatient			1404		Horizon	PPO		537.45	38.28			130.44	1782	percent of total billed charges	
LYMPHANGIOGRAM,INJECT,BIL	38790	CPT	inpatient			1404		Managed Care Inc	Managed Care Inc		1263.6	90			130.44	1782	percent of total billed charges	
LYMPHANGIOGRAM,INJECT,BIL	38790	CPT	inpatient			1404		Multiplan	Multiplan		1123.2	80			130.44	1782	percent of total billed charges	
LYMPHANGIOGRAM,INJECT,BIL	38790	CPT	inpatient			1404		Qualcare	Qualcare		1053	75			130.44	1782	percent of total billed charges	
LYMPHANGIOGRAM,INJECT,BIL	38790	CPT	inpatient			1404		Three Rivers	Three Rivers		1333.8	95			130.44	1782	percent of total billed charges	
LYMPHANGIOGRAM,INJECT,BIL	38790	CPT	inpatient			1404		UHC	Medicaid		442.96	31.55			130.44	1782	percent of total billed charges	
LYMPHANGIOGRAM,INJECT,BIL	38790	CPT	inpatient			1404		United	Commercial|PPO		1782				130.44	1782	case rate	
LYMPHANGIOGRAM,INJECT,BIL	38790	CPT	inpatient			1404		United	Oxford		1782				130.44	1782	case rate	
LYMPHANGIOGRAM,INJECT,BIL	38790	CPT	inpatient			1404		Wellcare	Medicaid		442.96	31.55			130.44	1782	percent of total billed charges	
LYMPHANGIOGRAM,INJECT,BIL	38790	CPT	inpatient			1404		WellPoint	WellPoint		451.81	32.18			130.44	1782	percent of total billed charges	
INJ PROCEDURE RADIOACTIVE ID SENTI NODES	38792	CPT	outpatient			1460	542.46	Aetna	Commercial		750.95				60.32	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ PROCEDURE RADIOACTIVE ID SENTI NODES	38792	CPT	outpatient			1460	542.46	Aetna	Better Health		460.63	31.55			60.32	1782	percent of total billed charges	
INJ PROCEDURE RADIOACTIVE ID SENTI NODES	38792	CPT	outpatient			1460	542.46	Aetna	Medicare		471.7				60.32	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ PROCEDURE RADIOACTIVE ID SENTI NODES	38792	CPT	outpatient			1460	542.46	Americare	Americare		1095	75			60.32	1782	percent of total billed charges	
INJ PROCEDURE RADIOACTIVE ID SENTI NODES	38792	CPT	outpatient			1460	542.46	Amerihealth	HMO/PPO		949	65			60.32	1782	percent of total billed charges	
INJ PROCEDURE RADIOACTIVE ID SENTI NODES	38792	CPT	outpatient			1460	542.46	Amerihealth	Medicare		471.7				60.32	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ PROCEDURE RADIOACTIVE ID SENTI NODES	38792	CPT	outpatient			1460	542.46	Consumer	Consumer		1387	95			60.32	1782	percent of total billed charges	
INJ PROCEDURE RADIOACTIVE ID SENTI NODES	38792	CPT	outpatient			1460	542.46	Corrections	Corrections		1168	80			60.32	1782	percent of total billed charges	
INJ PROCEDURE RADIOACTIVE ID SENTI NODES	38792	CPT	outpatient			1460	542.46	First Health	First Health		1022	70			60.32	1782	percent of total billed charges	
INJ PROCEDURE RADIOACTIVE ID SENTI NODES	38792	CPT	outpatient			1460	542.46	First Trenton	First Trenton		1314	90			60.32	1782	percent of total billed charges	
INJ PROCEDURE RADIOACTIVE ID SENTI NODES	38792	CPT	outpatient			1460	542.46	Horizon	Indemnity		877.83				60.32	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ PROCEDURE RADIOACTIVE ID SENTI NODES	38792	CPT	outpatient			1460	542.46	Horizon	MGD		877.83				60.32	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ PROCEDURE RADIOACTIVE ID SENTI NODES	38792	CPT	outpatient			1460	542.46	Horizon	Medicare Blue		471.7				60.32	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ PROCEDURE RADIOACTIVE ID SENTI NODES	38792	CPT	outpatient			1460	542.46	Horizon	NJ Health		60.32				60.32	1782	fee schedule	
INJ PROCEDURE RADIOACTIVE ID SENTI NODES	38792	CPT	outpatient			1460	542.46	Horizon	PPO		877.83				60.32	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ PROCEDURE RADIOACTIVE ID SENTI NODES	38792	CPT	outpatient			1460	542.46	Managed Care Inc	Managed Care Inc		1314	90			60.32	1782	percent of total billed charges	
INJ PROCEDURE RADIOACTIVE ID SENTI NODES	38792	CPT	outpatient			1460	542.46	Multiplan	Multiplan		1168	80			60.32	1782	percent of total billed charges	
INJ PROCEDURE RADIOACTIVE ID SENTI NODES	38792	CPT	outpatient			1460	542.46	Qualcare	Qualcare		1095	75			60.32	1782	percent of total billed charges	
INJ PROCEDURE RADIOACTIVE ID SENTI NODES	38792	CPT	outpatient			1460	542.46	Three Rivers	Three Rivers		1387	95			60.32	1782	percent of total billed charges	
INJ PROCEDURE RADIOACTIVE ID SENTI NODES	38792	CPT	outpatient			1460	542.46	UHC	Medicaid		460.63	31.55			60.32	1782	percent of total billed charges	
INJ PROCEDURE RADIOACTIVE ID SENTI NODES	38792	CPT	outpatient			1460	542.46	UHC	Medicare		471.7				60.32	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ PROCEDURE RADIOACTIVE ID SENTI NODES	38792	CPT	outpatient			1460	542.46	United	Commercial|PPO		1782				60.32	1782	case rate	
INJ PROCEDURE RADIOACTIVE ID SENTI NODES	38792	CPT	outpatient			1460	542.46	United	Oxford		1782				60.32	1782	case rate	
INJ PROCEDURE RADIOACTIVE ID SENTI NODES	38792	CPT	outpatient			1460	542.46	Wellcare	Medicaid		460.63	31.55			60.32	1782	percent of total billed charges	
INJ PROCEDURE RADIOACTIVE ID SENTI NODES	38792	CPT	outpatient			1460	542.46	Wellcare	Medicare		471.7				60.32	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ PROCEDURE RADIOACTIVE ID SENTI NODES	38792	CPT	outpatient			1460	542.46	WellPoint	WellPoint		469.83	32.18			60.32	1782	percent of total billed charges	
CANNULATION THORACIC DUCT	38794	CPT	outpatient			666		Aetna	Better Health		210.12	31.55			199.8	1782	percent of total billed charges	
CANNULATION THORACIC DUCT	38794	CPT	outpatient			666		Aetna	Medicare		205.13	30.8			199.8	1782	percent of total billed charges	
CANNULATION THORACIC DUCT	38794	CPT	outpatient			666		Aetna	Commercial		253.08	38			199.8	1782	percent of total billed charges	
CANNULATION THORACIC DUCT	38794	CPT	outpatient			666		Americare	Americare		499.5	75			199.8	1782	percent of total billed charges	
CANNULATION THORACIC DUCT	38794	CPT	outpatient			666		Amerihealth	HMO/PPO		432.9	65			199.8	1782	percent of total billed charges	
CANNULATION THORACIC DUCT	38794	CPT	outpatient			666		Consumer	Consumer		632.7	95			199.8	1782	percent of total billed charges	
CANNULATION THORACIC DUCT	38794	CPT	outpatient			666		Corrections	Corrections		532.8	80			199.8	1782	percent of total billed charges	
CANNULATION THORACIC DUCT	38794	CPT	outpatient			666		First Health	First Health		466.2	70			199.8	1782	percent of total billed charges	
CANNULATION THORACIC DUCT	38794	CPT	outpatient			666		First Trenton	First Trenton		599.4	90			199.8	1782	percent of total billed charges	
CANNULATION THORACIC DUCT	38794	CPT	outpatient			666		Horizon	MGD		254.94	38.28			199.8	1782	percent of total billed charges	
CANNULATION THORACIC DUCT	38794	CPT	outpatient			666		Horizon	PPO		254.94	38.28			199.8	1782	percent of total billed charges	
CANNULATION THORACIC DUCT	38794	CPT	outpatient			666		Horizon	Indemnity		254.94	38.28			199.8	1782	percent of total billed charges	
CANNULATION THORACIC DUCT	38794	CPT	outpatient			666		Horizon	Medicare Blue		199.8	30			199.8	1782	percent of total billed charges	
CANNULATION THORACIC DUCT	38794	CPT	outpatient			666		Horizon	NJ Health		595.08				199.8	1782	fee schedule	
CANNULATION THORACIC DUCT	38794	CPT	outpatient			666		Managed Care Inc	Managed Care Inc		599.4	90			199.8	1782	percent of total billed charges	
CANNULATION THORACIC DUCT	38794	CPT	outpatient			666		Multiplan	Multiplan		532.8	80			199.8	1782	percent of total billed charges	
CANNULATION THORACIC DUCT	38794	CPT	outpatient			666		Qualcare	Qualcare		499.5	75			199.8	1782	percent of total billed charges	
CANNULATION THORACIC DUCT	38794	CPT	outpatient			666		Three Rivers	Three Rivers		632.7	95			199.8	1782	percent of total billed charges	
CANNULATION THORACIC DUCT	38794	CPT	outpatient			666		UHC	Medicaid		210.12	31.55			199.8	1782	percent of total billed charges	
CANNULATION THORACIC DUCT	38794	CPT	outpatient			666		United	Commercial|PPO		1782				199.8	1782	case rate	
CANNULATION THORACIC DUCT	38794	CPT	outpatient			666		United	Oxford		1782				199.8	1782	case rate	
CANNULATION THORACIC DUCT	38794	CPT	outpatient			666		Wellcare	Medicaid		210.12	31.55			199.8	1782	percent of total billed charges	
CANNULATION THORACIC DUCT	38794	CPT	outpatient			666		WellPoint	WellPoint		214.32	32.18			199.8	1782	percent of total billed charges	
UNLISTED PROC,HEMIC/LYMPHATIC SYSTEM	38999	CPT	outpatient			1281	570.94	Aetna	Commercial		790.38				394.55	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC,HEMIC/LYMPHATIC SYSTEM	38999	CPT	outpatient			1281	570.94	Aetna	Better Health		404.16	31.55			394.55	1782	percent of total billed charges	
UNLISTED PROC,HEMIC/LYMPHATIC SYSTEM	38999	CPT	outpatient			1281	570.94	Aetna	Medicare		394.55	30.8			394.55	1782	percent of total billed charges	
UNLISTED PROC,HEMIC/LYMPHATIC SYSTEM	38999	CPT	outpatient			1281	570.94	Americare	Americare		960.75	75			394.55	1782	percent of total billed charges	
UNLISTED PROC,HEMIC/LYMPHATIC SYSTEM	38999	CPT	outpatient			1281	570.94	Amerihealth	HMO/PPO		832.65	65			394.55	1782	percent of total billed charges	
UNLISTED PROC,HEMIC/LYMPHATIC SYSTEM	38999	CPT	outpatient			1281	570.94	Amerihealth	Medicare		496.47				394.55	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC,HEMIC/LYMPHATIC SYSTEM	38999	CPT	outpatient			1281	570.94	Consumer	Consumer		1216.95	95			394.55	1782	percent of total billed charges	
UNLISTED PROC,HEMIC/LYMPHATIC SYSTEM	38999	CPT	outpatient			1281	570.94	Corrections	Corrections		1024.8	80			394.55	1782	percent of total billed charges	
UNLISTED PROC,HEMIC/LYMPHATIC SYSTEM	38999	CPT	outpatient			1281	570.94	First Health	First Health		896.7	70			394.55	1782	percent of total billed charges	
UNLISTED PROC,HEMIC/LYMPHATIC SYSTEM	38999	CPT	outpatient			1281	570.94	First Trenton	First Trenton		1152.9	90			394.55	1782	percent of total billed charges	
UNLISTED PROC,HEMIC/LYMPHATIC SYSTEM	38999	CPT	outpatient			1281	570.94	Horizon	Indemnity		923.93				394.55	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC,HEMIC/LYMPHATIC SYSTEM	38999	CPT	outpatient			1281	570.94	Horizon	PPO		923.93				394.55	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC,HEMIC/LYMPHATIC SYSTEM	38999	CPT	outpatient			1281	570.94	Horizon	MGD		923.93				394.55	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC,HEMIC/LYMPHATIC SYSTEM	38999	CPT	outpatient			1281	570.94	Horizon	Medicare Blue		496.47				394.55	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC,HEMIC/LYMPHATIC SYSTEM	38999	CPT	outpatient			1281	570.94	Managed Care Inc	Managed Care Inc		1152.9	90			394.55	1782	percent of total billed charges	
UNLISTED PROC,HEMIC/LYMPHATIC SYSTEM	38999	CPT	outpatient			1281	570.94	Multiplan	Multiplan		1024.8	80			394.55	1782	percent of total billed charges	
UNLISTED PROC,HEMIC/LYMPHATIC SYSTEM	38999	CPT	outpatient			1281	570.94	Qualcare	Qualcare		960.75	75			394.55	1782	percent of total billed charges	
UNLISTED PROC,HEMIC/LYMPHATIC SYSTEM	38999	CPT	outpatient			1281	570.94	Three Rivers	Three Rivers		1216.95	95			394.55	1782	percent of total billed charges	
UNLISTED PROC,HEMIC/LYMPHATIC SYSTEM	38999	CPT	outpatient			1281	570.94	UHC	Medicare		496.47				394.55	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC,HEMIC/LYMPHATIC SYSTEM	38999	CPT	outpatient			1281	570.94	UHC	Medicaid		404.16	31.55			394.55	1782	percent of total billed charges	
UNLISTED PROC,HEMIC/LYMPHATIC SYSTEM	38999	CPT	outpatient			1281	570.94	United	Oxford		1782				394.55	1782	case rate	
UNLISTED PROC,HEMIC/LYMPHATIC SYSTEM	38999	CPT	outpatient			1281	570.94	United	Commercial|PPO		1782				394.55	1782	case rate	
UNLISTED PROC,HEMIC/LYMPHATIC SYSTEM	38999	CPT	outpatient			1281	570.94	Wellcare	Medicare		496.47				394.55	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC,HEMIC/LYMPHATIC SYSTEM	38999	CPT	outpatient			1281	570.94	Wellcare	Medicaid		404.16	31.55			394.55	1782	percent of total billed charges	
UNLISTED PROC,HEMIC/LYMPHATIC SYSTEM	38999	CPT	outpatient			1281	570.94	WellPoint	WellPoint		412.23	32.18			394.55	1782	percent of total billed charges	
BIOPSY LIP	40490	CPT	outpatient			758	321.26	Aetna	Better Health		239.15	31.55			47.5	1782	percent of total billed charges	
BIOPSY LIP	40490	CPT	outpatient			758	321.26	Aetna	Medicare		279.36				47.5	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY LIP	40490	CPT	outpatient			758	321.26	Aetna	Commercial		444.74				47.5	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY LIP	40490	CPT	outpatient			758	321.26	Americare	Americare		568.5	75			47.5	1782	percent of total billed charges	
BIOPSY LIP	40490	CPT	outpatient			758	321.26	Amerihealth	HMO/PPO		492.7	65			47.5	1782	percent of total billed charges	
BIOPSY LIP	40490	CPT	outpatient			758	321.26	Amerihealth	Medicare		279.36				47.5	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY LIP	40490	CPT	outpatient			758	321.26	Consumer	Consumer		720.1	95			47.5	1782	percent of total billed charges	
BIOPSY LIP	40490	CPT	outpatient			758	321.26	Corrections	Corrections		606.4	80			47.5	1782	percent of total billed charges	
BIOPSY LIP	40490	CPT	outpatient			758	321.26	First Health	First Health		530.6	70			47.5	1782	percent of total billed charges	
BIOPSY LIP	40490	CPT	outpatient			758	321.26	First Trenton	First Trenton		682.2	90			47.5	1782	percent of total billed charges	
BIOPSY LIP	40490	CPT	outpatient			758	321.26	Horizon	NJ Health		47.5				47.5	1782	fee schedule	
BIOPSY LIP	40490	CPT	outpatient			758	321.26	Horizon	Medicare Blue		279.36				47.5	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY LIP	40490	CPT	outpatient			758	321.26	Horizon	MGD		519.89				47.5	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY LIP	40490	CPT	outpatient			758	321.26	Horizon	Indemnity		519.89				47.5	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY LIP	40490	CPT	outpatient			758	321.26	Horizon	PPO		519.89				47.5	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY LIP	40490	CPT	outpatient			758	321.26	Managed Care Inc	Managed Care Inc		682.2	90			47.5	1782	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
BIOPSY LIP	40490	CPT	outpatient			758	321.26	Multiplan	Multiplan		606.4	80			47.5	1782	percent of total billed charges	
BIOPSY LIP	40490	CPT	outpatient			758	321.26	Qualcare	Qualcare		568.5	75			47.5	1782	percent of total billed charges	
BIOPSY LIP	40490	CPT	outpatient			758	321.26	Three Rivers	Three Rivers		720.1	95			47.5	1782	percent of total billed charges	
BIOPSY LIP	40490	CPT	outpatient			758	321.26	UHC	Medicaid		239.15	31.55			47.5	1782	percent of total billed charges	
BIOPSY LIP	40490	CPT	outpatient			758	321.26	UHC	Medicare		279.36				47.5	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY LIP	40490	CPT	outpatient			758	321.26	United	Oxford		1782				47.5	1782	case rate	
BIOPSY LIP	40490	CPT	outpatient			758	321.26	United	CommercialPPO		1782				47.5	1782	case rate	
BIOPSY LIP	40490	CPT	outpatient			758	321.26	Wellcare	Medicaid		239.15	31.55			47.5	1782	percent of total billed charges	
BIOPSY LIP	40490	CPT	outpatient			758	321.26	Wellcare	Medicare		279.36				47.5	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY LIP	40490	CPT	outpatient			758	321.26	WellPoint	WellPoint		243.92	32.18			47.5	1782	percent of total billed charges	
REPAIR LIP, FULL THICKNESS	40650	CPT	outpatient			3356	723.64	Aetna	Better Health		1058.82	31.55			354.44	3188.2	percent of total billed charges	
REPAIR LIP, FULL THICKNESS	40650	CPT	outpatient			3356	723.64	Aetna	Commercial		1001.77				354.44	3188.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR LIP, FULL THICKNESS	40650	CPT	outpatient			3356	723.64	Aetna	Medicare		629.25				354.44	3188.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR LIP, FULL THICKNESS	40650	CPT	outpatient			3356	723.64	Americare	Americare		2517	75			354.44	3188.2	percent of total billed charges	
REPAIR LIP, FULL THICKNESS	40650	CPT	outpatient			3356	723.64	Amerihealth	HMO/PPO		2181.4	65			354.44	3188.2	percent of total billed charges	
REPAIR LIP, FULL THICKNESS	40650	CPT	outpatient			3356	723.64	Amerihealth	Medicare		629.25				354.44	3188.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR LIP, FULL THICKNESS	40650	CPT	outpatient			3356	723.64	Consumer	Consumer		3188.2	95			354.44	3188.2	percent of total billed charges	
REPAIR LIP, FULL THICKNESS	40650	CPT	outpatient			3356	723.64	Corrections	Corrections		2684.8	80			354.44	3188.2	percent of total billed charges	
REPAIR LIP, FULL THICKNESS	40650	CPT	outpatient			3356	723.64	First Health	First Health		2349.2	70			354.44	3188.2	percent of total billed charges	
REPAIR LIP, FULL THICKNESS	40650	CPT	outpatient			3356	723.64	First Trenton	First Trenton		3020.4	90			354.44	3188.2	percent of total billed charges	
REPAIR LIP, FULL THICKNESS	40650	CPT	outpatient			3356	723.64	Horizon	MGD		1171.03				354.44	3188.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR LIP, FULL THICKNESS	40650	CPT	outpatient			3356	723.64	Horizon	Medicare Blue		629.25				354.44	3188.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR LIP, FULL THICKNESS	40650	CPT	outpatient			3356	723.64	Horizon	Indemnity		1171.03				354.44	3188.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR LIP, FULL THICKNESS	40650	CPT	outpatient			3356	723.64	Horizon	NJ Health		354.44				354.44	3188.2	fee schedule	
REPAIR LIP, FULL THICKNESS	40650	CPT	outpatient			3356	723.64	Horizon	PPO		1171.03				354.44	3188.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR LIP, FULL THICKNESS	40650	CPT	outpatient			3356	723.64	Managed Care Inc	Managed Care Inc		3020.4	90			354.44	3188.2	percent of total billed charges	
REPAIR LIP, FULL THICKNESS	40650	CPT	outpatient			3356	723.64	Multiplan	Multiplan		2684.8	80			354.44	3188.2	percent of total billed charges	
REPAIR LIP, FULL THICKNESS	40650	CPT	outpatient			3356	723.64	Qualcare	Qualcare		2517	75			354.44	3188.2	percent of total billed charges	
REPAIR LIP, FULL THICKNESS	40650	CPT	outpatient			3356	723.64	Three Rivers	Three Rivers		3188.2	95			354.44	3188.2	percent of total billed charges	
REPAIR LIP, FULL THICKNESS	40650	CPT	outpatient			3356	723.64	UHC	Medicare		629.25				354.44	3188.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR LIP, FULL THICKNESS	40650	CPT	outpatient			3356	723.64	UHC	Medicaid		1058.82	31.55			354.44	3188.2	percent of total billed charges	
REPAIR LIP, FULL THICKNESS	40650	CPT	outpatient			3356	723.64	United	Oxford		1782				354.44	3188.2	case rate	
REPAIR LIP, FULL THICKNESS	40650	CPT	outpatient			3356	723.64	United	CommercialPPO		1782				354.44	3188.2	case rate	
REPAIR LIP, FULL THICKNESS	40650	CPT	outpatient			3356	723.64	Wellcare	Medicaid		1058.82	31.55			354.44	3188.2	percent of total billed charges	
REPAIR LIP, FULL THICKNESS	40650	CPT	outpatient			3356	723.64	Wellcare	Medicare		629.25				354.44	3188.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR LIP, FULL THICKNESS	40650	CPT	outpatient			3356	723.64	WellPoint	WellPoint		1079.96	32.18			354.44	3188.2	percent of total billed charges	
REPAIR LIP 1/2 VERTICAL HEIGHT	40652	CPT	outpatient			3356	723.64	Aetna	Better Health		1058.82	31.55			595.08	3188.2	percent of total billed charges	
REPAIR LIP 1/2 VERTICAL HEIGHT	40652	CPT	outpatient			3356	723.64	Aetna	Medicare		629.25				595.08	3188.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR LIP 1/2 VERTICAL HEIGHT	40652	CPT	outpatient			3356	723.64	Aetna	Commercial		1001.77				595.08	3188.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR LIP 1/2 VERTICAL HEIGHT	40652	CPT	outpatient			3356	723.64	Americare	Americare		2517	75			595.08	3188.2	percent of total billed charges	
REPAIR LIP 1/2 VERTICAL HEIGHT	40652	CPT	outpatient			3356	723.64	Amerihealth	Medicare		629.25				595.08	3188.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR LIP 1/2 VERTICAL HEIGHT	40652	CPT	outpatient			3356	723.64	Amerihealth	HMO/PPO		2181.4	65			595.08	3188.2	percent of total billed charges	
REPAIR LIP 1/2 VERTICAL HEIGHT	40652	CPT	outpatient			3356	723.64	Consumer	Consumer		3188.2	95			595.08	3188.2	percent of total billed charges	
REPAIR LIP 1/2 VERTICAL HEIGHT	40652	CPT	outpatient			3356	723.64	Corrections	Corrections		2684.8	80			595.08	3188.2	percent of total billed charges	
REPAIR LIP 1/2 VERTICAL HEIGHT	40652	CPT	outpatient			3356	723.64	First Health	First Health		2349.2	70			595.08	3188.2	percent of total billed charges	
REPAIR LIP 1/2 VERTICAL HEIGHT	40652	CPT	outpatient			3356	723.64	First Trenton	First Trenton		3020.4	90			595.08	3188.2	percent of total billed charges	
REPAIR LIP 1/2 VERTICAL HEIGHT	40652	CPT	outpatient			3356	723.64	Horizon	Medicare Blue		629.25				595.08	3188.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR LIP 1/2 VERTICAL HEIGHT	40652	CPT	outpatient			3356	723.64	Horizon	NJ Health		595.08				595.08	3188.2	fee schedule	
REPAIR LIP 1/2 VERTICAL HEIGHT	40652	CPT	outpatient			3356	723.64	Horizon	Indemnity		1171.03				595.08	3188.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR LIP 1/2 VERTICAL HEIGHT	40652	CPT	outpatient			3356	723.64	Horizon	MGD		1171.03				595.08	3188.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR LIP 1/2 VERTICAL HEIGHT	40652	CPT	outpatient			3356	723.64	Horizon	PPO		1171.03				595.08	3188.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR LIP 1/2 VERTICAL HEIGHT	40652	CPT	outpatient			3356	723.64	Managed Care Inc	Managed Care Inc		3020.4	90			595.08	3188.2	percent of total billed charges	
REPAIR LIP 1/2 VERTICAL HEIGHT	40652	CPT	outpatient			3356	723.64	Multiplan	Multiplan		2684.8	80			595.08	3188.2	percent of total billed charges	
REPAIR LIP 1/2 VERTICAL HEIGHT	40652	CPT	outpatient			3356	723.64	Qualcare	Qualcare		2517	75			595.08	3188.2	percent of total billed charges	
REPAIR LIP 1/2 VERTICAL HEIGHT	40652	CPT	outpatient			3356	723.64	Three Rivers	Three Rivers		3188.2	95			595.08	3188.2	percent of total billed charges	
REPAIR LIP 1/2 VERTICAL HEIGHT	40652	CPT	outpatient			3356	723.64	UHC	Medicare		629.25				595.08	3188.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR LIP 1/2 VERTICAL HEIGHT	40652	CPT	outpatient			3356	723.64	UHC	Medicaid		1058.82	31.55			595.08	3188.2	percent of total billed charges	
REPAIR LIP 1/2 VERTICAL HEIGHT	40652	CPT	outpatient			3356	723.64	United	CommercialPPO		1782				595.08	3188.2	case rate	
REPAIR LIP 1/2 VERTICAL HEIGHT	40652	CPT	outpatient			3356	723.64	United	Oxford		1782				595.08	3188.2	case rate	
REPAIR LIP 1/2 VERTICAL HEIGHT	40652	CPT	outpatient			3356	723.64	Wellcare	Medicaid		1058.82	31.55			595.08	3188.2	percent of total billed charges	
REPAIR LIP 1/2 VERTICAL HEIGHT	40652	CPT	outpatient			3356	723.64	Wellcare	Medicare		629.25				595.08	3188.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR LIP 1/2 VERTICAL HEIGHT	40652	CPT	outpatient			3356	723.64	WellPoint	WellPoint		1079.96	32.18			595.08	3188.2	percent of total billed charges	
RPR LIP FULL THKNS-1/2 VERT H/COM	40654	CPT	outpatient			5298	2005.77	Aetna	Better Health		1671.52	31.55			720.36	5033.1	percent of total billed charges	
RPR LIP FULL THKNS-1/2 VERT H/COM	40654	CPT	outpatient			5298	2005.77	Aetna	Commercial		2776.69				720.36	5033.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR LIP FULL THKNS-1/2 VERT H/COM	40654	CPT	outpatient			5298	2005.77	Aetna	Medicare		1744.15				720.36	5033.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR LIP FULL THKNS-1/2 VERT H/COM	40654	CPT	outpatient			5298	2005.77	Americare	Americare		3973.5	75			720.36	5033.1	percent of total billed charges	
RPR LIP FULL THKNS-1/2 VERT H/COM	40654	CPT	outpatient			5298	2005.77	Amerihealth	HMO/PPO		3443.7	65			720.36	5033.1	percent of total billed charges	
RPR LIP FULL THKNS-1/2 VERT H/COM	40654	CPT	outpatient			5298	2005.77	Amerihealth	Medicare		1744.15				720.36	5033.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR LIP FULL THKNS-1/2 VERT H/COM	40654	CPT	outpatient			5298	2005.77	Consumer	Consumer		5033.1	95			720.36	5033.1	percent of total billed charges	
RPR LIP FULL THKNS-1/2 VERT H/COM	40654	CPT	outpatient			5298	2005.77	Corrections	Corrections		4238.4	80			720.36	5033.1	percent of total billed charges	
RPR LIP FULL THKNS-1/2 VERT H/COM	40654	CPT	outpatient			5298	2005.77	First Health	First Health		3708.6	70			720.36	5033.1	percent of total billed charges	
RPR LIP FULL THKNS-1/2 VERT H/COM	40654	CPT	outpatient			5298	2005.77	First Trenton	First Trenton		4768.2	90			720.36	5033.1	percent of total billed charges	
RPR LIP FULL THKNS-1/2 VERT H/COM	40654	CPT	outpatient			5298	2005.77	Horizon	NJ Health		720.36				720.36	5033.1	fee schedule	
RPR LIP FULL THKNS-1/2 VERT H/COM	40654	CPT	outpatient			5298	2005.77	Horizon	Indemnity		3245.86				720.36	5033.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR LIP FULL THKNS-1/2 VERT H/COM	40654	CPT	outpatient			5298	2005.77	Horizon	Medicare Blue		1744.15				720.36	5033.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR LIP FULL THKNS-1/2 VERT H/COM	40654	CPT	outpatient			5298	2005.77	Horizon	MGD		3245.86				720.36	5033.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR LIP FULL THKNS-1/2 VERT H/COM	40654	CPT	outpatient			5298	2005.77	Horizon	PPO		3245.86				720.36	5033.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR LIP FULL THKNS-1/2 VERT H/COM	40654	CPT	outpatient			5298	2005.77	Managed Care Inc	Managed Care Inc		4768.2	90			720.36	5033.1	percent of total billed charges	
RPR LIP FULL THKNS-1/2 VERT H/COM	40654	CPT	outpatient			5298	2005.77	Multiplan	Multiplan		4238.4	80			720.36	5033.1	percent of total billed charges	
RPR LIP FULL THKNS-1/2 VERT H/COM	40654	CPT	outpatient			5298	2005.77	Qualcare	Qualcare		3973.5	75			720.36	5033.1	percent of total billed charges	
RPR LIP FULL THKNS-1/2 VERT H/COM	40654	CPT	outpatient			5298	2005.77	Three Rivers	Three Rivers		5033.1	95			720.36	5033.1	percent of total billed charges	
RPR LIP FULL THKNS-1/2 VERT H/COM	40654	CPT	outpatient			5298	2005.77	UHC	Medicaid		1671.52	31.55			720.36	5033.1	percent of total billed charges	
RPR LIP FULL THKNS-1/2 VERT H/COM	40654	CPT	outpatient			5298	2005.77	UHC	Medicare		1744.15				720.36	5033.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR LIP FULL THKNS-1/2 VERT H/COM	40654	CPT	outpatient			5298	2005.77	United	CommercialPPO		2493				720.36	5033.1	case rate	
RPR LIP FULL THKNS-1/2 VERT H/COM	40654	CPT	outpatient			5298	2005.77	United	Oxford		2493				720.36	5033.1	case rate	
RPR LIP FULL THKNS-1/2 VERT H/COM	40654	CPT	outpatient			5298	2005.77	Wellcare	Medicare		1744.15				720.36	5033.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR LIP FULL THKNS-1/2 VERT H/COM	40654	CPT	outpatient			5298	2005.77	Wellcare	Medicaid		1671.52	31.55			720.36	5033.1	percent of total billed charges	
RPR LIP FULL THKNS-1/2 VERT H/COM	40654	CPT	outpatient			5298	2005.77	WellPoint	WellPoint		1704.9	32.18			720.36	5033.1	percent of total billed charges	
LIP REDUCTION	40799	CPT	outpatient			758	321.26	Aetna	Commercial		444.74				233.46	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIP REDUCTION	40799	CPT	outpatient			758	321.26	Aetna	Better Health		239.15	31.55			233.46	1782	percent of total billed charges	
LIP REDUCTION	40799	CPT	outpatient			758	321.26	Aetna	Medicare		233.46	30.8			233.46	1782	percent of total billed charges	
LIP REDUCTION	40799	CPT	outpatient			758	321.26	Americare	Americare		568.5	75			233.46	1782	percent of total billed charges	
LIP REDUCTION	40799	CPT	outpatient			758	321.26	Amerihealth	HMO/PPO		492.7	65			233.46	1782	percent of total billed charges	
LIP REDUCTION	40799	CPT	outpatient			758	321.26	Amerihealth	Medicare		279.36				233.46	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIP REDUCTION	40799	CPT	outpatient			758	321.26	Consumer	Consumer		720.1	95			233.46	1782	percent of total billed charges	
LIP REDUCTION	40799	CPT	outpatient			758	321.26	Corrections	Corrections		606.4	80			233.46	1782	percent of total billed charges	
LIP REDUCTION	40799	CPT	outpatient			758	321.26	First Health	First Health		530.6	70			233.46	1782	percent of total billed charges	
LIP REDUCTION	40799	CPT	outpatient			758	321.26	First Trenton	First Trenton		682.2	90			233.46	1782	percent of total billed charges	
LIP REDUCTION	40799	CPT	outpatient			758	321.26	Horizon	Medicare Blue		279.36				233.46	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIP REDUCTION	40799	CPT	outpatient			758	321.26	Horizon	MGD		519.89				233.46	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIP REDUCTION	40799	CPT	outpatient			758	321.26	Horizon	Indemnity		519.89				233.46	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIP REDUCTION	40799	CPT	outpatient			758	321.26	Horizon	PPO		519.89				233.46	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIP REDUCTION	40799	CPT	outpatient			758	321.26	Managed Care Inc	Managed Care Inc		682.2	90			233.46	1782	percent of total billed charges	
LIP REDUCTION	40799	CPT	outpatient			758	321.26	Multiplan	Multiplan		606.4	80			233.46	1782	percent of total billed charges	
LIP REDUCTION	40799	CPT	outpatient			758	321.26	Qualcare	Qualcare		568.5	75			233.46	1782	percent of total billed charges	
LIP REDUCTION	40799	CPT	outpatient			758	321.26	Three Rivers	Three Rivers		720.1	95			233.46	1782	percent of total billed charges	
LIP REDUCTION	40799	CPT	outpatient			758	321.26	UHC	Medicaid		239.15	31.55			233.46	1782	percent of total billed charges	
LIP REDUCTION	40799	CPT	outpatient			758	321.26	UHC	Medicare		279.36				233.46	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIP REDUCTION	40799	CPT	outpatient			758	321.26	United	CommercialPPO		1782				233.46	1782	case rate	
LIP REDUCTION	40799	CPT	outpatient			758	321.26	United	Oxford		1782				233.46	1782	case rate	
LIP REDUCTION	40799	CPT	outpatient			758	321.26	Wellcare	Medicare		279.36				233.46	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIP REDUCTION	40799	CPT	outpatient			758	321.26	Wellcare	Medicaid		239.15	31.55			233.46	1782	percent of total billed charges	
LIP REDUCTION	40799	CPT	outpatient			758	321.26	WellPoint	WellPoint		243.92	32.18			233.46	1782	percent of total billed charges	
I & D ABCESS-INTRAORAL	40800	CPT	outpatient			2374	925.36	Aetna	Better Health		749	31.55			56.85	2255.3	percent of total billed charges	
I & D ABCESS-INTRAORAL	40800	CPT	outpatient			2374	925.36	Aetna	Commercial		1281.02				56.85	2255.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I & D ABCESS-INTRAORAL	40800	CPT	outpatient			2374	925.36	Aetna	Medicare		804.66				56.85	2255.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I & D ABCESS-INTRAORAL	40800	CPT	outpatient			2374	925.36	Americare	Americare		1780.5	75			56.85	2255.3	percent of total billed charges	
I & D ABCESS-INTRAORAL	40800	CPT	outpatient			2374	925.36	Amerihealth	HMO/PPO		1543.1	65			56.85	2255.3	percent of total billed charges	
I & D ABCESS-INTRAORAL	40800	CPT	outpatient			2374	925.36	Amerihealth	Medicare		804.66				56.85	2255.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I & D ABCESS-INTRAORAL	40800	CPT	outpatient			2374	925.36	Consumer	Consumer		2255.3	95			56.85	2255.3	percent of total billed charges	
I & D ABCESS-INTRAORAL	40800	CPT	outpatient			2374	925.36	Corrections	Corrections		1899.2	80			56.85	2255.3	percent of total billed charges	
I & D ABCESS-INTRAORAL	40800	CPT	outpatient			2374	925.36	First Health	First Health		1661.8	70			56.85	2255.3	percent of total billed charges	
I & D ABCESS-INTRAORAL	40800	CPT	outpatient			2374	925.36	First Trenton	First Trenton		2136.6	90			56.85	2255.3	percent of total billed charges	
I & D ABCESS-INTRAORAL	40800	CPT	outpatient			2374	925.36	Horizon	MGD		1497.47				56.85	2255.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I & D ABCESS-INTRAORAL	40800	CPT	outpatient			2374	925.36	Horizon	Indemnity		1497.47				56.85	2255.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I & D ABCESS-INTRAORAL	40800	CPT	outpatient			2374	925.36	Horizon	PPO		1497.47				56.85	2255.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I & D ABCESS-INTRAORAL	40800	CPT	outpatient			2374	925.36	Horizon	NJ Health		56.85				56.85	2255.3	fee schedule	
I & D ABCESS-INTRAORAL	40800	CPT	outpatient			2374	925.36	Horizon	Medicare Blue		804.66				56.85	2255.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I & D ABCESS-INTRAORAL	40800	CPT	outpatient			2374	925.36	Managed Care Inc	Managed Care Inc		2136.6	90			56.85	2255.3	percent of total billed charges	
I & D ABCESS-INTRAORAL	40800	CPT	outpatient			2374	925.36	Multiplan	Multiplan		1899.2	80			56.85	2255.3	percent of total billed charges	
I & D ABCESS-INTRAORAL	40800	CPT	outpatient			2374	925.36	Qualcare	Qualcare		1780.5	75			56.85	2255.3	percent of total billed charges	
I & D ABCESS-INTRAORAL	40800	CPT	outpatient			2374	925.36	Three Rivers	Three Rivers		2255.3	95			56.85	2255.3	percent of total billed charges	
I & D ABCESS-INTRAORAL	40800	CPT	outpatient			2374	925.36	UHC	Medicaid		749	31.55			56.85	2255.3	percent of total billed charges	
I & D ABCESS-INTRAORAL	40800	CPT	outpatient			2374	925.36	UHC	Medicare		804.66				56.85	2255.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I & D ABCESS-INTRAORAL	40800	CPT	outpatient			2374	925.36	United	Oxford		1817				56.85	2255.3	case rate	
I & D ABCESS-INTRAORAL	40800	CPT	outpatient			2374	925.36	United	CommercialPPO		1817				56.85	2255.3	case rate	
I & D ABCESS-INTRAORAL	40800	CPT	outpatient			2374	925.36	Wellcare	Medicare		804.66				56.85	2255.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I & D ABCESS-INTRAORAL	40800	CPT	outpatient			2374	925.36	Wellcare	Medicaid		749	31.55			56.85	2255.3	percent of total billed charges	
I & D ABCESS-INTRAORAL	40800	CPT	outpatient			2374	925.36	WellPoint	WellPoint		763.95	32.18			56.85	2255.3	percent of total billed charges	
DRAIN MOUTH LESION COMPLEX	40801	CPT	outpatient			1914	723.64	Aetna	Better Health		603.87	31.55			145.27	1818.3	percent of total billed charges	
DRAIN MOUTH LESION COMPLEX	40801	CPT	outpatient			1914	723.64	Aetna	Commercial		1001.77				145.27	1818.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAIN MOUTH LESION COMPLEX	40801	CPT	outpatient			1914	723.64	Aetna	Medicare		629.25				145.27	1818.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAIN MOUTH LESION COMPLEX	40801	CPT	outpatient			1914	723.64	Americare	Americare		1435.5	75			145.27	1818.3	percent of total billed charges	
DRAIN MOUTH LESION COMPLEX	40801	CPT	outpatient			1914	723.64	Amerihealth	HMO/PPO		1244.1	65			145.27	1818.3	percent of total billed charges	
DRAIN MOUTH LESION COMPLEX	40801	CPT	outpatient			1914	723.64	Amerihealth	Medicare		629.25				145.27	1818.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAIN MOUTH LESION COMPLEX	40801	CPT	outpatient			1914	723.64	Consumer	Consumer		1818.3	95			145.27	1818.3	percent of total billed charges	
DRAIN MOUTH LESION COMPLEX	40801	CPT	outpatient			1914	723.64	Corrections	Corrections		1531.2	80			145.27	1818.3	percent of total billed charges	
DRAIN MOUTH LESION COMPLEX	40801	CPT	outpatient			1914	723.64	First Health	First Health		1339.8	70			145.27	1818.3	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
DRAIN MOUTH LESION COMPLEX	40801	CPT	outpatient			1914	723.64	First Trenton	First Trenton		1722.6	90			145.27	1818.3	percent of total billed charges	
DRAIN MOUTH LESION COMPLEX	40801	CPT	outpatient			1914	723.64	Horizon	MGD		1171.03				145.27	1818.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAIN MOUTH LESION COMPLEX	40801	CPT	outpatient			1914	723.64	Horizon	Medicare Blue		629.25				145.27	1818.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAIN MOUTH LESION COMPLEX	40801	CPT	outpatient			1914	723.64	Horizon	NJ Health		145.27				145.27	1818.3	fee schedule	
DRAIN MOUTH LESION COMPLEX	40801	CPT	outpatient			1914	723.64	Horizon	Indemnity		1171.03				145.27	1818.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAIN MOUTH LESION COMPLEX	40801	CPT	outpatient			1914	723.64	Horizon	PPO		1171.03				145.27	1818.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAIN MOUTH LESION COMPLEX	40801	CPT	outpatient			1914	723.64	Managed Care Inc	Managed Care Inc		1722.6	90			145.27	1818.3	percent of total billed charges	
DRAIN MOUTH LESION COMPLEX	40801	CPT	outpatient			1914	723.64	Multiplan	Multiplan		1531.2	80			145.27	1818.3	percent of total billed charges	
DRAIN MOUTH LESION COMPLEX	40801	CPT	outpatient			1914	723.64	Qualcare	Qualcare		1435.5	75			145.27	1818.3	percent of total billed charges	
DRAIN MOUTH LESION COMPLEX	40801	CPT	outpatient			1914	723.64	Three Rivers	Three Rivers		1818.3	95			145.27	1818.3	percent of total billed charges	
DRAIN MOUTH LESION COMPLEX	40801	CPT	outpatient			1914	723.64	UHC	Medicare		629.25				145.27	1818.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAIN MOUTH LESION COMPLEX	40801	CPT	outpatient			1914	723.64	UHC	Medicaid		603.87	31.55			145.27	1818.3	percent of total billed charges	
DRAIN MOUTH LESION COMPLEX	40801	CPT	outpatient			1914	723.64	United	Commercial|PPO		1782				145.27	1818.3	case rate	
DRAIN MOUTH LESION COMPLEX	40801	CPT	outpatient			1914	723.64	United	Oxford		1782				145.27	1818.3	case rate	
DRAIN MOUTH LESION COMPLEX	40801	CPT	outpatient			1914	723.64	Wellcare	Medicare		629.25				145.27	1818.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAIN MOUTH LESION COMPLEX	40801	CPT	outpatient			1914	723.64	Wellcare	Medicaid		603.87	31.55			145.27	1818.3	percent of total billed charges	
DRAIN MOUTH LESION COMPLEX	40801	CPT	outpatient			1914	723.64	WellPoint	WellPoint		615.93	32.18			145.27	1818.3	percent of total billed charges	
RMVL FOR BODY MOUTH, SIMPLE	40804	CPT	outpatient			3119	1192.23	Aetna	Medicare		1036.72				65.77	2963.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL FOR BODY MOUTH, SIMPLE	40804	CPT	outpatient			3119	1192.23	Aetna	Commercial		1650.46				65.77	2963.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL FOR BODY MOUTH, SIMPLE	40804	CPT	outpatient			3119	1192.23	Aetna	Better Health		984.04	31.55			65.77	2963.05	percent of total billed charges	
RMVL FOR BODY MOUTH, SIMPLE	40804	CPT	outpatient			3119	1192.23	Americare	Americare		2339.25	75			65.77	2963.05	percent of total billed charges	
RMVL FOR BODY MOUTH, SIMPLE	40804	CPT	outpatient			3119	1192.23	Amerihealth	HMO/PPO		2027.35	65			65.77	2963.05	percent of total billed charges	
RMVL FOR BODY MOUTH, SIMPLE	40804	CPT	outpatient			3119	1192.23	Amerihealth	Medicare		1036.72				65.77	2963.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL FOR BODY MOUTH, SIMPLE	40804	CPT	outpatient			3119	1192.23	Consumer	Consumer		2963.05	95			65.77	2963.05	percent of total billed charges	
RMVL FOR BODY MOUTH, SIMPLE	40804	CPT	outpatient			3119	1192.23	Corrections	Corrections		2495.2	80			65.77	2963.05	percent of total billed charges	
RMVL FOR BODY MOUTH, SIMPLE	40804	CPT	outpatient			3119	1192.23	First Health	First Health		2183.3	70			65.77	2963.05	percent of total billed charges	
RMVL FOR BODY MOUTH, SIMPLE	40804	CPT	outpatient			3119	1192.23	First Trenton	First Trenton		2807.1	90			65.77	2963.05	percent of total billed charges	
RMVL FOR BODY MOUTH, SIMPLE	40804	CPT	outpatient			3119	1192.23	Horizon	Indemnity		1929.34				65.77	2963.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL FOR BODY MOUTH, SIMPLE	40804	CPT	outpatient			3119	1192.23	Horizon	Medicare Blue		1036.72				65.77	2963.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL FOR BODY MOUTH, SIMPLE	40804	CPT	outpatient			3119	1192.23	Horizon	NJ Health		65.77				65.77	2963.05	fee schedule	
RMVL FOR BODY MOUTH, SIMPLE	40804	CPT	outpatient			3119	1192.23	Horizon	MGD		1929.34				65.77	2963.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL FOR BODY MOUTH, SIMPLE	40804	CPT	outpatient			3119	1192.23	Horizon	PPO		1929.34				65.77	2963.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL FOR BODY MOUTH, SIMPLE	40804	CPT	outpatient			3119	1192.23	Managed Care Inc	Managed Care Inc		2807.1	90			65.77	2963.05	percent of total billed charges	
RMVL FOR BODY MOUTH, SIMPLE	40804	CPT	outpatient			3119	1192.23	Multiplan	Multiplan		2495.2	80			65.77	2963.05	percent of total billed charges	
RMVL FOR BODY MOUTH, SIMPLE	40804	CPT	outpatient			3119	1192.23	Qualcare	Qualcare		2339.25	75			65.77	2963.05	percent of total billed charges	
RMVL FOR BODY MOUTH, SIMPLE	40804	CPT	outpatient			3119	1192.23	Three Rivers	Three Rivers		2963.05	95			65.77	2963.05	percent of total billed charges	
RMVL FOR BODY MOUTH, SIMPLE	40804	CPT	outpatient			3119	1192.23	UHC	Medicaid		984.04	31.55			65.77	2963.05	percent of total billed charges	
RMVL FOR BODY MOUTH, SIMPLE	40804	CPT	outpatient			3119	1192.23	UHC	Medicare		1036.72				65.77	2963.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL FOR BODY MOUTH, SIMPLE	40804	CPT	outpatient			3119	1192.23	United	Commercial|PPO		2493				65.77	2963.05	case rate	
RMVL FOR BODY MOUTH, SIMPLE	40804	CPT	outpatient			3119	1192.23	United	Oxford		2493				65.77	2963.05	case rate	
RMVL FOR BODY MOUTH, SIMPLE	40804	CPT	outpatient			3119	1192.23	Wellcare	Medicaid		984.04	31.55			65.77	2963.05	percent of total billed charges	
RMVL FOR BODY MOUTH, SIMPLE	40804	CPT	outpatient			3119	1192.23	Wellcare	Medicare		1036.72				65.77	2963.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL FOR BODY MOUTH, SIMPLE	40804	CPT	outpatient			3119	1192.23	WellPoint	WellPoint		1003.69	32.18			65.77	2963.05	percent of total billed charges	
FRENOTOMY	40806	CPT	outpatient			1947	723.64	Aetna	Better Health		614.28	31.55			83.52	1849.65	percent of total billed charges	
FRENOTOMY	40806	CPT	outpatient			1947	723.64	Aetna	Commercial		1001.77				83.52	1849.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FRENOTOMY	40806	CPT	outpatient			1947	723.64	Aetna	Medicare		629.25				83.52	1849.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FRENOTOMY	40806	CPT	outpatient			1947	723.64	Americare	Americare		1460.25	75			83.52	1849.65	percent of total billed charges	
FRENOTOMY	40806	CPT	outpatient			1947	723.64	Amerihealth	HMO/PPO		1265.55	65			83.52	1849.65	percent of total billed charges	
FRENOTOMY	40806	CPT	outpatient			1947	723.64	Amerihealth	Medicare		629.25				83.52	1849.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FRENOTOMY	40806	CPT	outpatient			1947	723.64	Consumer	Consumer		1849.65	95			83.52	1849.65	percent of total billed charges	
FRENOTOMY	40806	CPT	outpatient			1947	723.64	Corrections	Corrections		1557.6	80			83.52	1849.65	percent of total billed charges	
FRENOTOMY	40806	CPT	outpatient			1947	723.64	First Health	First Health		1362.9	70			83.52	1849.65	percent of total billed charges	
FRENOTOMY	40806	CPT	outpatient			1947	723.64	First Trenton	First Trenton		1752.3	90			83.52	1849.65	percent of total billed charges	
FRENOTOMY	40806	CPT	outpatient			1947	723.64	Horizon	NJ Health		83.52				83.52	1849.65	fee schedule	
FRENOTOMY	40806	CPT	outpatient			1947	723.64	Horizon	Indemnity		1171.03				83.52	1849.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FRENOTOMY	40806	CPT	outpatient			1947	723.64	Horizon	MGD		1171.03				83.52	1849.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FRENOTOMY	40806	CPT	outpatient			1947	723.64	Horizon	PPO		1171.03				83.52	1849.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FRENOTOMY	40806	CPT	outpatient			1947	723.64	Horizon	Medicare Blue		629.25				83.52	1849.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FRENOTOMY	40806	CPT	outpatient			1947	723.64	Managed Care Inc	Managed Care Inc		1752.3	90			83.52	1849.65	percent of total billed charges	
FRENOTOMY	40806	CPT	outpatient			1947	723.64	Multiplan	Multiplan		1557.6	80			83.52	1849.65	percent of total billed charges	
FRENOTOMY	40806	CPT	outpatient			1947	723.64	Qualcare	Qualcare		1460.25	75			83.52	1849.65	percent of total billed charges	
FRENOTOMY	40806	CPT	outpatient			1947	723.64	Three Rivers	Three Rivers		1849.65	95			83.52	1849.65	percent of total billed charges	
FRENOTOMY	40806	CPT	outpatient			1947	723.64	UHC	Medicaid		614.28	31.55			83.52	1849.65	percent of total billed charges	
FRENOTOMY	40806	CPT	outpatient			1947	723.64	UHC	Medicare		629.25				83.52	1849.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FRENOTOMY	40806	CPT	outpatient			1947	723.64	United	Oxford		1782				83.52	1849.65	case rate	
FRENOTOMY	40806	CPT	outpatient			1947	723.64	United	Commercial|PPO		1782				83.52	1849.65	case rate	
FRENOTOMY	40806	CPT	outpatient			1947	723.64	Wellcare	Medicaid		614.28	31.55			83.52	1849.65	percent of total billed charges	
FRENOTOMY	40806	CPT	outpatient			1947	723.64	Wellcare	Medicare		629.25				83.52	1849.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FRENOTOMY	40806	CPT	outpatient			1947	723.64	WellPoint	WellPoint		626.54	32.18			83.52	1849.65	percent of total billed charges	
BX VESTIBULE MOUTH	40808	CPT	outpatient			1930	723.64	Aetna	Better Health		608.92	31.55			41.06	1833.5	percent of total billed charges	
BX VESTIBULE MOUTH	40808	CPT	outpatient			1930	723.64	Aetna	Commercial		1001.77				41.06	1833.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX VESTIBULE MOUTH	40808	CPT	outpatient			1930	723.64	Aetna	Medicare		629.25				41.06	1833.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX VESTIBULE MOUTH	40808	CPT	outpatient			1930	723.64	Americare	Americare		1447.5	75			41.06	1833.5	percent of total billed charges	
BX VESTIBULE MOUTH	40808	CPT	outpatient			1930	723.64	Amerihealth	HMO/PPO		1254.5	65			41.06	1833.5	percent of total billed charges	
BX VESTIBULE MOUTH	40808	CPT	outpatient			1930	723.64	Amerihealth	Medicare		629.25				41.06	1833.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX VESTIBULE MOUTH	40808	CPT	outpatient			1930	723.64	Consumer	Consumer		1833.5	95			41.06	1833.5	percent of total billed charges	
BX VESTIBULE MOUTH	40808	CPT	outpatient			1930	723.64	Corrections	Corrections		1544	80			41.06	1833.5	percent of total billed charges	
BX VESTIBULE MOUTH	40808	CPT	outpatient			1930	723.64	First Health	First Health		1351	70			41.06	1833.5	percent of total billed charges	
BX VESTIBULE MOUTH	40808	CPT	outpatient			1930	723.64	First Trenton	First Trenton		1737	90			41.06	1833.5	percent of total billed charges	
BX VESTIBULE MOUTH	40808	CPT	outpatient			1930	723.64	Horizon	Medicare Blue		629.25				41.06	1833.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX VESTIBULE MOUTH	40808	CPT	outpatient			1930	723.64	Horizon	PPO		1171.03				41.06	1833.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX VESTIBULE MOUTH	40808	CPT	outpatient			1930	723.64	Horizon	MGD		1171.03				41.06	1833.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX VESTIBULE MOUTH	40808	CPT	outpatient			1930	723.64	Horizon	Indemnity		1171.03				41.06	1833.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX VESTIBULE MOUTH	40808	CPT	outpatient			1930	723.64	Horizon	NJ Health		41.06				41.06	1833.5	fee schedule	
BX VESTIBULE MOUTH	40808	CPT	outpatient			1930	723.64	Managed Care Inc	Managed Care Inc		1737	90			41.06	1833.5	percent of total billed charges	
BX VESTIBULE MOUTH	40808	CPT	outpatient			1930	723.64	Multiplan	Multiplan		1544	80			41.06	1833.5	percent of total billed charges	
BX VESTIBULE MOUTH	40808	CPT	outpatient			1930	723.64	Qualcare	Qualcare		1447.5	75			41.06	1833.5	percent of total billed charges	
BX VESTIBULE MOUTH	40808	CPT	outpatient			1930	723.64	Three Rivers	Three Rivers		1833.5	95			41.06	1833.5	percent of total billed charges	
BX VESTIBULE MOUTH	40808	CPT	outpatient			1930	723.64	UHC	Medicaid		608.92	31.55			41.06	1833.5	percent of total billed charges	
BX VESTIBULE MOUTH	40808	CPT	outpatient			1930	723.64	UHC	Medicare		629.25				41.06	1833.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX VESTIBULE MOUTH	40808	CPT	outpatient			1930	723.64	United	Oxford		1782				41.06	1833.5	case rate	
BX VESTIBULE MOUTH	40808	CPT	outpatient			1930	723.64	United	Commercial|PPO		1782				41.06	1833.5	case rate	
BX VESTIBULE MOUTH	40808	CPT	outpatient			1930	723.64	Wellcare	Medicaid		608.92	31.55			41.06	1833.5	percent of total billed charges	
BX VESTIBULE MOUTH	40808	CPT	outpatient			1930	723.64	Wellcare	Medicare		629.25				41.06	1833.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX VESTIBULE MOUTH	40808	CPT	outpatient			1930	723.64	WellPoint	WellPoint		621.07	32.18			41.06	1833.5	percent of total billed charges	
EXCISION BENIGN TUMOR-1.25CM	40810	CPT	outpatient			10367	4234.52	Aetna	Commercial		5862.05				116.93	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION BENIGN TUMOR-1.25CM	40810	CPT	outpatient			10367	4234.52	Aetna	Medicare		3193.04	30.8			116.93	9848.65	percent of total billed charges	
EXCISION BENIGN TUMOR-1.25CM	40810	CPT	outpatient			10367	4234.52	Aetna	Better Health		3270.79	31.55			116.93	9848.65	percent of total billed charges	
EXCISION BENIGN TUMOR-1.25CM	40810	CPT	outpatient			10367	4234.52	Americare	Americare		7775.25	75			116.93	9848.65	percent of total billed charges	
EXCISION BENIGN TUMOR-1.25CM	40810	CPT	outpatient			10367	4234.52	Amerihealth	Medicare		3682.19				116.93	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION BENIGN TUMOR-1.25CM	40810	CPT	outpatient			10367	4234.52	Amerihealth	HMO/PPO		6738.55	65			116.93	9848.65	percent of total billed charges	
EXCISION BENIGN TUMOR-1.25CM	40810	CPT	outpatient			10367	4234.52	Consumer	Consumer		9848.65	95			116.93	9848.65	percent of total billed charges	
EXCISION BENIGN TUMOR-1.25CM	40810	CPT	outpatient			10367	4234.52	Corrections	Corrections		8293.6	80			116.93	9848.65	percent of total billed charges	
EXCISION BENIGN TUMOR-1.25CM	40810	CPT	outpatient			10367	4234.52	First Health	First Health		7256.9	70			116.93	9848.65	percent of total billed charges	
EXCISION BENIGN TUMOR-1.25CM	40810	CPT	outpatient			10367	4234.52	First Trenton	First Trenton		9330.3	90			116.93	9848.65	percent of total billed charges	
EXCISION BENIGN TUMOR-1.25CM	40810	CPT	outpatient			10367	4234.52	Horizon	Indemnity		6852.56				116.93	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION BENIGN TUMOR-1.25CM	40810	CPT	outpatient			10367	4234.52	Horizon	NJ Health		116.93				116.93	9848.65	fee schedule	
EXCISION BENIGN TUMOR-1.25CM	40810	CPT	outpatient			10367	4234.52	Horizon	MGD		6852.56				116.93	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION BENIGN TUMOR-1.25CM	40810	CPT	outpatient			10367	4234.52	Horizon	Medicare Blue		3682.19				116.93	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION BENIGN TUMOR-1.25CM	40810	CPT	outpatient			10367	4234.52	Horizon	PPO		6852.56				116.93	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION BENIGN TUMOR-1.25CM	40810	CPT	outpatient			10367	4234.52	Managed Care Inc	Managed Care Inc		9330.3	90			116.93	9848.65	percent of total billed charges	
EXCISION BENIGN TUMOR-1.25CM	40810	CPT	outpatient			10367	4234.52	Multiplan	Multiplan		8293.6	80			116.93	9848.65	percent of total billed charges	
EXCISION BENIGN TUMOR-1.25CM	40810	CPT	outpatient			10367	4234.52	Qualcare	Qualcare		7775.25	75			116.93	9848.65	percent of total billed charges	
EXCISION BENIGN TUMOR-1.25CM	40810	CPT	outpatient			10367	4234.52	Three Rivers	Three Rivers		9848.65	95			116.93	9848.65	percent of total billed charges	
EXCISION BENIGN TUMOR-1.25CM	40810	CPT	outpatient			10367	4234.52	UHC	Medicare		3682.19				116.93	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION BENIGN TUMOR-1.25CM	40810	CPT	outpatient			10367	4234.52	UHC	Medicaid		3270.79	31.55			116.93	9848.65	percent of total billed charges	
EXCISION BENIGN TUMOR-1.25CM	40810	CPT	outpatient			10367	4234.52	United	Commercial|PPO		2493				116.93	9848.65	case rate	
EXCISION BENIGN TUMOR-1.25CM	40810	CPT	outpatient			10367	4234.52	United	Oxford		2493				116.93	9848.65	case rate	
EXCISION BENIGN TUMOR-1.25CM	40810	CPT	outpatient			10367	4234.52	Wellcare	Medicare		3682.19				116.93	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION BENIGN TUMOR-1.25CM	40810	CPT	outpatient			10367	4234.52	Wellcare	Medicaid		3270.79	31.55			116.93	9848.65	percent of total billed charges	
EXCISION BENIGN TUMOR-1.25CM	40810	CPT	outpatient			10367	4234.52	WellPoint	WellPoint		3336.1	32.18			116.93	9848.65	percent of total billed charges	
EXC MOUTH LESION SIMP REPAIR	40812	CPT	outpatient			5946	2005.77	Aetna	Medicare		1744.15				167.04	5648.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC MOUTH LESION SIMP REPAIR	40812	CPT	outpatient			5946	2005.77	Aetna	Commercial		2776.69				167.04	5648.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC MOUTH LESION SIMP REPAIR	40812	CPT	outpatient			5946	2005.77	Aetna	Better Health		1875.96	31.55			167.04	5648.7	percent of total billed charges	
EXC MOUTH LESION SIMP REPAIR	40812	CPT	outpatient			5946	2005.77	Americare	Americare		4459.5	75			167.04	5648.7	percent of total billed charges	
EXC MOUTH LESION SIMP REPAIR	40812	CPT	outpatient			5946	2005.77	Amerihealth	HMO/PPO		3864.9	65			167.04	5648.7	percent of total billed charges	
EXC MOUTH LESION SIMP REPAIR	40812	CPT	outpatient			5946	2005.77	Amerihealth	Medicare		1744.15				167.04	5648.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC MOUTH LESION SIMP REPAIR	40812	CPT	outpatient			5946	2005.77	Consumer	Consumer		5648.7	95			167.04	5648.7	percent of total billed charges	
EXC MOUTH LESION SIMP REPAIR	40812	CPT	outpatient			5946	2005.77	Corrections	Corrections		4756.8	80			167.04	5648.7	percent of total billed charges	
EXC MOUTH LESION SIMP REPAIR	40812	CPT	outpatient			5946	2005.77	First Health	First Health		4162.2	70			167.04	5648.7	percent of total billed charges	
EXC MOUTH LESION SIMP REPAIR	40812	CPT	outpatient			5946	2005.77	First Trenton	First Trenton		5351.4	90			167.04	5648.7	percent of total billed charges	
EXC MOUTH LESION SIMP REPAIR	40812	CPT	outpatient			5946	2005.77	Horizon	NJ Health		167.04				167.04	5648.7	fee schedule	
EXC MOUTH LESION SIMP REPAIR	40812	CPT	outpatient			5946	2005.77	Horizon	Indemnity		3245.86				167.04	5648.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC MOUTH LESION SIMP REPAIR	40812	CPT	outpatient			5946	2005.77	Horizon	MGD		3245.86				167.04	5648.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC MOUTH LESION SIMP REPAIR	40812	CPT	outpatient			5946	2005.77	Horizon	PPO		3245.86				167.04	5648.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC MOUTH LESION SIMP REPAIR	40812	CPT	outpatient			5946	2005.77	Horizon	Medicare Blue		1744.15				167.04	5648.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC MOUTH LESION SIMP REPAIR	40812	CPT	outpatient			5946	2005.77	Managed Care Inc	Managed Care Inc		5351.4	90			167.04	5648.7	percent of total billed charges	
EXC MOUTH LESION SIMP REPAIR	40812	CPT	outpatient			5946	2005.77	Multiplan	Multiplan		4756.8	80			167.04	5648.7	percent of total billed charges	
EXC MOUTH LESION SIMP REPAIR	40812	CPT	outpatient			5946	2005.77	Qualcare	Qualcare		4459.5	75			167.04	5648.7	percent of total billed charges	
EXC MOUTH LESION SIMP REPAIR	40812	CPT	outpatient			5946	2005.77	Three Rivers	Three Rivers		5648.7	95			167.04	5648.7	percent of total billed charges	
EXC MOUTH LESION SIMP REPAIR	40812	CPT	outpatient			5946	2005.77	UHC	Medicare		1744.15				167.04	5648.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC MOUTH LESION SIMP REPAIR	40812	CPT	outpatient			5946	2005.77	UHC	Medicaid		1875.96	31.55			167.04	5648.7	percent of total billed charges	
EXC MOUTH LESION SIMP REPAIR	40812	CPT	outpatient			5946	2005.77	United	Oxford		2493				167.04	5648.7	case rate	
EXC MOUTH LESION SIMP REPAIR	40812	CPT	outpatient			5946	2005.77	United	Commercial|PPO		2493				167.04	5648.7	case rate	
EXC MOUTH LESION SIMP REPAIR	40812	CPT	outpatient			5946	2005.77	Wellcare	Medicare		1744.15				167.04	5648.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC MOUTH LESION SIMP REPAIR	40812	CPT	outpatient			5946	2005.77	Wellcare	Medicaid		1875.96	31.55			167.04	5648.7	percent of total billed charges	
EXC MOUTH LESION SIMP REPAIR	40812	CPT	outpatient			5946	2005.77	WellPoint	WellPoint		1913.42	32.18			167.04	5648.7	percent of total billed charges	
FRENULECTOMY	40819	CPT	outpatient			5059	2005.77	Aetna	Better Health		1596.11	31.55			116.93	4806.05	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.														
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103		310119 true													
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
FRENULECTOMY	40819	CPT	outpatient			5059		2005.77 Aetna	Commercial		2776.69				116.93	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FRENULECTOMY	40819	CPT	outpatient			5059		2005.77 Aetna	Medicare		1744.15				116.93	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FRENULECTOMY	40819	CPT	outpatient			5059		2005.77 Americare	Americare		3794.25	75			116.93	4806.05	percent of total billed charges	
FRENULECTOMY	40819	CPT	outpatient			5059		2005.77 Amerihealth	HMO/PPO		3288.35	65			116.93	4806.05	percent of total billed charges	
FRENULECTOMY	40819	CPT	outpatient			5059		2005.77 Amerihealth	Medicare		1744.15				116.93	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FRENULECTOMY	40819	CPT	outpatient			5059		2005.77 Consumer	Consumer		4806.05	95			116.93	4806.05	percent of total billed charges	
FRENULECTOMY	40819	CPT	outpatient			5059		2005.77 Corrections	Corrections		4047.2	80			116.93	4806.05	percent of total billed charges	
FRENULECTOMY	40819	CPT	outpatient			5059		2005.77 First Health	First Health		3541.3	70			116.93	4806.05	percent of total billed charges	
FRENULECTOMY	40819	CPT	outpatient			5059		2005.77 First Trenton	First Trenton		4553.1	90			116.93	4806.05	percent of total billed charges	
FRENULECTOMY	40819	CPT	outpatient			5059		2005.77 Horizon	NJ Health		116.93				116.93	4806.05	fee schedule	
FRENULECTOMY	40819	CPT	outpatient			5059		2005.77 Horizon	MGD		3245.86				116.93	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FRENULECTOMY	40819	CPT	outpatient			5059		2005.77 Horizon	Indemnity		3245.86				116.93	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FRENULECTOMY	40819	CPT	outpatient			5059		2005.77 Horizon	PPO		3245.86				116.93	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FRENULECTOMY	40819	CPT	outpatient			5059		2005.77 Horizon	Medicare Blue		1744.15				116.93	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FRENULECTOMY	40819	CPT	outpatient			5059		2005.77 Managed Care Inc	Managed Care Inc		4553.1	90			116.93	4806.05	percent of total billed charges	
FRENULECTOMY	40819	CPT	outpatient			5059		2005.77 Multiplan	Multiplan		4047.2	80			116.93	4806.05	percent of total billed charges	
FRENULECTOMY	40819	CPT	outpatient			5059		2005.77 Qualcare	Qualcare		3794.25	75			116.93	4806.05	percent of total billed charges	
FRENULECTOMY	40819	CPT	outpatient			5059		2005.77 Three Rivers	Three Rivers		4806.05	95			116.93	4806.05	percent of total billed charges	
FRENULECTOMY	40819	CPT	outpatient			5059		2005.77 UHC	Medicaid		1596.11	31.55			116.93	4806.05	percent of total billed charges	
FRENULECTOMY	40819	CPT	outpatient			5059		2005.77 UHC	Medicare		1744.15				116.93	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FRENULECTOMY	40819	CPT	outpatient			5059		2005.77 United	Commercial|PPO		2493				116.93	4806.05	case rate	
FRENULECTOMY	40819	CPT	outpatient			5059		2005.77 United	Oxford		2493				116.93	4806.05	case rate	
FRENULECTOMY	40819	CPT	outpatient			5059		2005.77 Wellcare	Medicaid		1596.11	31.55			116.93	4806.05	percent of total billed charges	
FRENULECTOMY	40819	CPT	outpatient			5059		2005.77 Wellcare	Medicare		1744.15				116.93	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FRENULECTOMY	40819	CPT	outpatient			5059		2005.77 WellPoint	WellPoint		1627.99	32.18			116.93	4806.05	percent of total billed charges	
DESTRUCTION LESION MOUTH	40820	CPT	outpatient			10367		4234.52 Aetna	Commercial		5862.05				101.06	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION LESION MOUTH	40820	CPT	outpatient			10367		4234.52 Aetna	Better Health		3270.79	31.55			101.06	9848.65	percent of total billed charges	
DESTRUCTION LESION MOUTH	40820	CPT	outpatient			10367		4234.52 Aetna	Medicare		3682.19				101.06	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION LESION MOUTH	40820	CPT	outpatient			10367		4234.52 Americare	Americare		7775.25	75			101.06	9848.65	percent of total billed charges	
DESTRUCTION LESION MOUTH	40820	CPT	outpatient			10367		4234.52 Amerihealth	HMO/PPO		6738.55	65			101.06	9848.65	percent of total billed charges	
DESTRUCTION LESION MOUTH	40820	CPT	outpatient			10367		4234.52 Amerihealth	Medicare		3682.19				101.06	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION LESION MOUTH	40820	CPT	outpatient			10367		4234.52 Consumer	Consumer		9848.65	95			101.06	9848.65	percent of total billed charges	
DESTRUCTION LESION MOUTH	40820	CPT	outpatient			10367		4234.52 Corrections	Corrections		8293.6	80			101.06	9848.65	percent of total billed charges	
DESTRUCTION LESION MOUTH	40820	CPT	outpatient			10367		4234.52 First Health	First Health		7256.9	70			101.06	9848.65	percent of total billed charges	
DESTRUCTION LESION MOUTH	40820	CPT	outpatient			10367		4234.52 First Trenton	First Trenton		9330.3	90			101.06	9848.65	percent of total billed charges	
DESTRUCTION LESION MOUTH	40820	CPT	outpatient			10367		4234.52 Horizon	Indemnity		6852.56				101.06	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION LESION MOUTH	40820	CPT	outpatient			10367		4234.52 Horizon	NJ Health		101.06				101.06	9848.65	fee schedule	
DESTRUCTION LESION MOUTH	40820	CPT	outpatient			10367		4234.52 Horizon	MGD		6852.56				101.06	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION LESION MOUTH	40820	CPT	outpatient			10367		4234.52 Horizon	PPO		6852.56				101.06	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION LESION MOUTH	40820	CPT	outpatient			10367		4234.52 Horizon	Medicare Blue		3682.19				101.06	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION LESION MOUTH	40820	CPT	outpatient			10367		4234.52 Managed Care Inc	Managed Care Inc		9330.3	90			101.06	9848.65	percent of total billed charges	
DESTRUCTION LESION MOUTH	40820	CPT	outpatient			10367		4234.52 Multiplan	Multiplan		8293.6	80			101.06	9848.65	percent of total billed charges	
DESTRUCTION LESION MOUTH	40820	CPT	outpatient			10367		4234.52 Qualcare	Qualcare		7775.25	75			101.06	9848.65	percent of total billed charges	
DESTRUCTION LESION MOUTH	40820	CPT	outpatient			10367		4234.52 Three Rivers	Three Rivers		9848.65	95			101.06	9848.65	percent of total billed charges	
DESTRUCTION LESION MOUTH	40820	CPT	outpatient			10367		4234.52 UHC	Medicaid		3270.79	31.55			101.06	9848.65	percent of total billed charges	
DESTRUCTION LESION MOUTH	40820	CPT	outpatient			10367		4234.52 UHC	Medicare		3682.19				101.06	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION LESION MOUTH	40820	CPT	outpatient			10367		4234.52 United	Commercial|PPO		2493				101.06	9848.65	case rate	
DESTRUCTION LESION MOUTH	40820	CPT	outpatient			10367		4234.52 United	Oxford		2493				101.06	9848.65	case rate	
DESTRUCTION LESION MOUTH	40820	CPT	outpatient			10367		4234.52 Wellcare	Medicare		3682.19				101.06	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION LESION MOUTH	40820	CPT	outpatient			10367		4234.52 Wellcare	Medicaid		3270.79	31.55			101.06	9848.65	percent of total billed charges	
DESTRUCTION LESION MOUTH	40820	CPT	outpatient			10367		4234.52 WellPoint	WellPoint		3336.1	32.18			101.06	9848.65	percent of total billed charges	
CLOSURE, LACERATION MOUTH	40830	CPT	outpatient			1058		321.26 Aetna	Medicare		325.86	30.8			65.77	1782	percent of total billed charges	
CLOSURE, LACERATION MOUTH	40830	CPT	outpatient			1058		321.26 Aetna	Commercial		444.74				65.77	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSURE, LACERATION MOUTH	40830	CPT	outpatient			1058		321.26 Aetna	Better Health		333.8	31.55			65.77	1782	percent of total billed charges	
CLOSURE, LACERATION MOUTH	40830	CPT	outpatient			1058		321.26 Americare	Americare		793.5	75			65.77	1782	percent of total billed charges	
CLOSURE, LACERATION MOUTH	40830	CPT	outpatient			1058		321.26 Amerihealth	HMO/PPO		687.7	65			65.77	1782	percent of total billed charges	
CLOSURE, LACERATION MOUTH	40830	CPT	outpatient			1058		321.26 Amerihealth	Medicare		279.36				65.77	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSURE, LACERATION MOUTH	40830	CPT	outpatient			1058		321.26 Consumer	Consumer		1005.1	95			65.77	1782	percent of total billed charges	
CLOSURE, LACERATION MOUTH	40830	CPT	outpatient			1058		321.26 Corrections	Corrections		846.4	80			65.77	1782	percent of total billed charges	
CLOSURE, LACERATION MOUTH	40830	CPT	outpatient			1058		321.26 First Health	First Health		740.6	70			65.77	1782	percent of total billed charges	
CLOSURE, LACERATION MOUTH	40830	CPT	outpatient			1058		321.26 First Trenton	First Trenton		952.2	90			65.77	1782	percent of total billed charges	
CLOSURE, LACERATION MOUTH	40830	CPT	outpatient			1058		321.26 Horizon	MGD		519.89				65.77	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSURE, LACERATION MOUTH	40830	CPT	outpatient			1058		321.26 Horizon	Indemnity		519.89				65.77	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSURE, LACERATION MOUTH	40830	CPT	outpatient			1058		321.26 Horizon	PPO		519.89				65.77	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSURE, LACERATION MOUTH	40830	CPT	outpatient			1058		321.26 Horizon	NJ Health		65.77				65.77	1782	fee schedule	
CLOSURE, LACERATION MOUTH	40830	CPT	outpatient			1058		321.26 Horizon	Medicare Blue		279.36				65.77	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSURE, LACERATION MOUTH	40830	CPT	outpatient			1058		321.26 Managed Care Inc	Managed Care Inc		952.2	90			65.77	1782	percent of total billed charges	
CLOSURE, LACERATION MOUTH	40830	CPT	outpatient			1058		321.26 Multiplan	Multiplan		846.4	80			65.77	1782	percent of total billed charges	
CLOSURE, LACERATION MOUTH	40830	CPT	outpatient			1058		321.26 Qualcare	Qualcare		793.5	75			65.77	1782	percent of total billed charges	
CLOSURE, LACERATION MOUTH	40830	CPT	outpatient			1058		321.26 Three Rivers	Three Rivers		1005.1	95			65.77	1782	percent of total billed charges	
CLOSURE, LACERATION MOUTH	40830	CPT	outpatient			1058		321.26 UHC	Medicaid		333.8	31.55			65.77	1782	percent of total billed charges	
CLOSURE, LACERATION MOUTH	40830	CPT	outpatient			1058		321.26 UHC	Medicare		279.36				65.77	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSURE, LACERATION MOUTH	40830	CPT	outpatient			1058		321.26 United	Commercial|PPO		1782				65.77	1782	case rate	
CLOSURE, LACERATION MOUTH	40830	CPT	outpatient			1058		321.26 United	Oxford		1782				65.77	1782	case rate	
CLOSURE, LACERATION MOUTH	40830	CPT	outpatient			1058		321.26 Wellcare	Medicaid		333.8	31.55			65.77	1782	percent of total billed charges	
CLOSURE, LACERATION MOUTH	40830	CPT	outpatient			1058		321.26 Wellcare	Medicare		279.36				65.77	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSURE, LACERATION MOUTH	40830	CPT	outpatient			1058		321.26 WellPoint	WellPoint		340.46	32.18			65.77	1782	percent of total billed charges	
CLOS LAC VEST MOUT >2.5 CM	40831	CPT	outpatient			2889		723.64 Aetna	Commercial		1001.77				142.11	2744.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOS LAC VEST MOUT >2.5 CM	40831	CPT	outpatient			2889		723.64 Aetna	Better Health		911.48	31.55			142.11	2744.55	percent of total billed charges	
CLOS LAC VEST MOUT >2.5 CM	40831	CPT	outpatient			2889		723.64 Aetna	Medicare		629.25				142.11	2744.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOS LAC VEST MOUT >2.5 CM	40831	CPT	outpatient			2889		723.64 Americare	Americare		2166.75	75			142.11	2744.55	percent of total billed charges	
CLOS LAC VEST MOUT >2.5 CM	40831	CPT	outpatient			2889		723.64 Amerihealth	HMO/PPO		1877.85	65			142.11	2744.55	percent of total billed charges	
CLOS LAC VEST MOUT >2.5 CM	40831	CPT	outpatient			2889		723.64 Amerihealth	Medicare		629.25				142.11	2744.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOS LAC VEST MOUT >2.5 CM	40831	CPT	outpatient			2889		723.64 Consumer	Consumer		2744.55	95			142.11	2744.55	percent of total billed charges	
CLOS LAC VEST MOUT >2.5 CM	40831	CPT	outpatient			2889		723.64 Corrections	Corrections		2311.2	80			142.11	2744.55	percent of total billed charges	
CLOS LAC VEST MOUT >2.5 CM	40831	CPT	outpatient			2889		723.64 First Health	First Health		2022.3	70			142.11	2744.55	percent of total billed charges	
CLOS LAC VEST MOUT >2.5 CM	40831	CPT	outpatient			2889		723.64 First Trenton	First Trenton		2600.1	90			142.11	2744.55	percent of total billed charges	
CLOS LAC VEST MOUT >2.5 CM	40831	CPT	outpatient			2889		723.64 Horizon	MGD		1171.03				142.11	2744.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOS LAC VEST MOUT >2.5 CM	40831	CPT	outpatient			2889		723.64 Horizon	Medicare Blue		629.25				142.11	2744.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOS LAC VEST MOUT >2.5 CM	40831	CPT	outpatient			2889		723.64 Horizon	Indemnity		1171.03				142.11	2744.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOS LAC VEST MOUT >2.5 CM	40831	CPT	outpatient			2889		723.64 Horizon	NJ Health		142.11				142.11	2744.55	fee schedule	
CLOS LAC VEST MOUT >2.5 CM	40831	CPT	outpatient			2889		723.64 Horizon	PPO		1171.03				142.11	2744.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOS LAC VEST MOUT >2.5 CM	40831	CPT	outpatient			2889		723.64 Managed Care Inc	Managed Care Inc		2600.1	90			142.11	2744.55	percent of total billed charges	
CLOS LAC VEST MOUT >2.5 CM	40831	CPT	outpatient			2889		723.64 Multiplan	Multiplan		2311.2	80			142.11	2744.55	percent of total billed charges	
CLOS LAC VEST MOUT >2.5 CM	40831	CPT	outpatient			2889		723.64 Qualcare	Qualcare		2166.75	75			142.11	2744.55	percent of total billed charges	
CLOS LAC VEST MOUT >2.5 CM	40831	CPT	outpatient			2889		723.64 Three Rivers	Three Rivers		2744.55	95			142.11	2744.55	percent of total billed charges	
CLOS LAC VEST MOUT >2.5 CM	40831	CPT	outpatient			2889		723.64 UHC	Medicaid		911.48	31.55			142.11	2744.55	percent of total billed charges	
CLOS LAC VEST MOUT >2.5 CM	40831	CPT	outpatient			2889		723.64 UHC	Medicare		629.25				142.11	2744.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOS LAC VEST MOUT >2.5 CM	40831	CPT	outpatient			2889		723.64 United	Oxford		1782				142.11	2744.55	case rate	
CLOS LAC VEST MOUT >2.5 CM	40831	CPT	outpatient			2889		723.64 United	Commercial|PPO		1782				142.11	2744.55	case rate	
CLOS LAC VEST MOUT >2.5 CM	40831	CPT	outpatient			2889		723.64 Wellcare	Medicare		629.25				142.11	2744.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOS LAC VEST MOUT >2.5 CM	40831	CPT	outpatient			2889		723.64 Wellcare	Medicaid		911.48	31.55			142.11	2744.55	percent of total billed charges	
CLOS LAC VEST MOUT >2.5 CM	40831	CPT	outpatient			2889		723.64 WellPoint	WellPoint		929.68	32.18			142.11	2744.55	percent of total billed charges	
VESTIBULOPLASTY	40840	CPT	outpatient			19455		7702.18 Aetna	Better Health		6138.05	31.55			505.3	18482.25	percent of total billed charges	
VESTIBULOPLASTY	40840	CPT	outpatient			19455		7702.18 Aetna	Commercial		10862.5				505.3	18482.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VESTIBULOPLASTY	40840	CPT	outpatient			19455		7702.18 Aetna	Medicare		6697.55				505.3	18482.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VESTIBULOPLASTY	40840	CPT	outpatient			19455		7702.18 Americare	Americare		14591.25	75			505.3	18482.25	percent of total billed charges	
VESTIBULOPLASTY	40840	CPT	outpatient			19455		7702.18 Amerihealth	HMO/PPO		12645.75	65			505.3	18482.25	percent of total billed charges	
VESTIBULOPLASTY	40840	CPT	outpatient			19455		7702.18 Amerihealth	Medicare		6697.55				505.3	18482.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VESTIBULOPLASTY	40840	CPT	outpatient			19455		7702.18 Consumer	Consumer		18482.25	95			505.3	18482.25	percent of total billed charges	
VESTIBULOPLASTY	40840	CPT	outpatient			19455		7702.18 Corrections	Corrections		15564	80			505.3	18482.25	percent of total billed charges	
VESTIBULOPLASTY	40840	CPT	outpatient			19455		7702.18 First Health	First Health		13618.5	70			505.3	18482.25	percent of total billed charges	
VESTIBULOPLASTY	40840	CPT	outpatient			19455		7702.18 First Trenton	First Trenton		17509.5	90			505.3	18482.25	percent of total billed charges	
VESTIBULOPLASTY	40840	CPT	outpatient			19455		7702.18 Horizon	Indemnity		12464.14				505.3	18482.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VESTIBULOPLASTY	40840	CPT	outpatient			19455		7702.18 Horizon	MGD		12464.14				505.3	18482.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VESTIBULOPLASTY	40840	CPT	outpatient			19455		7702.18 Horizon	NJ Health		505.3				505.3	18482.25	fee schedule	
VESTIBULOPLASTY	40840	CPT	outpatient			19455		7702.18 Horizon	PPO		12464.14				505.3	18482.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VESTIBULOPLASTY	40840	CPT	outpatient			19455		7702.18 Horizon	Medicare Blue		6697.55				505.3	18482.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VESTIBULOPLASTY	40840	CPT	outpatient			19455		7702.18 Managed Care Inc	Managed Care Inc		17509.5	90			505.3	18482.25	percent of total billed charges	
VESTIBULOPLASTY	40840	CPT	outpatient			19455		7702.18 Multiplan	Multiplan		15564	80			505.3	18482.25	percent of total billed charges	
VESTIBULOPLASTY	40840	CPT	outpatient			19455		7702.18 Qualcare	Qualcare		14591.25	75			505.3	18482.25	percent of total billed charges	
VESTIBULOPLASTY	40840	CPT	outpatient			19455		7702.18 Three Rivers	Three Rivers		18482.25	95			505.3	18482.25	percent of total billed charges	
VESTIBULOPLASTY	40840	CPT	outpatient			19455		7702.18 UHC	Medicaid		6138.05	31.55			505.3	18482.25	percent of total billed charges	
VESTIBULOPLASTY	40840	CPT	outpatient			19455		7702.18 UHC	Medicare		6697.55				505.3	18482.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VESTIBULOPLASTY	40840	CPT	outpatient			19455		7702.18 United	Oxford		2776				505.3	18482.25	case rate	
VESTIBULOPLASTY	40840	CPT	outpatient			19455		7702.18 United	Commercial|PPO		2776				505.3	18482.25	case rate	
VESTIBULOPLASTY	40840	CPT	outpatient			19455		7702.18 Wellcare	Medicare		6697.55				505.3	18482.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VESTIBULOPLASTY	40840	CPT	outpatient			19455		7702.18 Wellcare	Medicaid		6138.05	31.55			505.3	18482.25	percent of total billed charges	
VESTIBULOPLASTY	40840	CPT	outpatient			19455		7702.18 WellPoint	WellPoint		6260.62	32.18			505.3	18482.25	percent of total billed charges	
UNLISTED PROC, VESTIBULE MOUTH	40899	CPT	outpatient			758		321.26 Aetna	Medicare		233.46	30.8			233.46	1782	percent of total billed charges	
UNLISTED PROC, VESTIBULE MOUTH	40899	CPT	outpatient			758		321.26 Aetna	Better Health		239.15	31.55			233.46	1782	percent of total billed charges	
UNLISTED PROC, VESTIBULE MOUTH	40899	CPT	outpatient			758		321.26 Aetna	Commercial		444.74				233.46	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC, VESTIBULE MOUTH	40899	CPT	outpatient			758		321.26 Americare	Americare		568.5	75			233.46	1782	percent of total billed charges	
UNLISTED PROC, VESTIBULE MOUTH	40899	CPT	outpatient			758		321.26 Amerihealth	HMO/PPO		492.7	65			233.46	1782	percent of total billed charges	
UNLISTED PROC, VESTIBULE MOUTH	40899	CPT	outpatient			758		321.26 Amerihealth	Medicare		279.36				233.46	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC, VESTIBULE MOUTH	40899	CPT	outpatient			758		321.26 Consumer	Consumer		720.1	95			233.46	1782	percent of total billed charges	
UNLISTED PROC, VESTIBULE MOUTH	40899	CPT	outpatient			758		321.26 Corrections	Corrections		606.4	80			233.46	1782	percent of total billed charges	
UNLISTED PROC, VESTIBULE MOUTH	40899	CPT	outpatient			758		321.26 First Health	First Health		530.6	70			233.46	1782	percent of total billed charges	
UNLISTED PROC, VESTIBULE MOUTH	40899	CPT	outpatient			758		321.26 First Trenton	First Trenton		682.2	90			233.46	1782	percent of total billed charges	
UNLISTED PROC, VESTIBULE MOUTH	40899	CPT	outpatient			758		321.26 Horizon	Medicare Blue		279.36				233.46	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC, VESTIBULE MOUTH	40899	CPT	outpatient			758		321.26 Horizon	PPO		519.89				233.46	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC, VESTIBULE MOUTH	40899	CPT	outpatient			758		321.26 Horizon	MGD		519.89				233.46	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC, VESTIBULE MOUTH	40899	CPT	outpatient			758		321.26 Horizon	Indemnity		519.89				233.46	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC, VESTIBULE MOUTH	40899	CPT	outpatient			758		321.26 Managed Care Inc	Managed Care Inc		682.2	90			233.46	1782	percent of total billed charges	
UNLISTED PROC, VESTIBULE MOUTH	40899	CPT	outpatient			758		321.26 Multiplan	Multiplan		606.4	80			233.46	1782	percent of total billed charges	
UNLISTED PROC, VESTIBULE MOUTH	40899	CPT	outpatient			758		321.26 Qualcare	Qualcare		568.5	75			233.46	1782	percent of total billed charges	
UNLISTED PROC, VESTIBULE MOUTH	40899	CPT	outpatient			758		321.26 Three Rivers	Three Rivers		720.1	95			233.46	1782	percent of total billed charges	
UNLISTED PROC, VESTIBULE MOUTH	40899	CPT	outpatient			758		321.26 UHC	Medicaid		239.15	31.55			233.46	1782	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.														
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true													
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
UNLISTED PROC, VESTIBULE MOUTH	40899	CPT	outpatient			758	321.26	UHC	Medicare		279.36				233.46	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC, VESTIBULE MOUTH	40899	CPT	outpatient			758	321.26	United	Oxford		1782				233.46	1782	case rate	
UNLISTED PROC, VESTIBULE MOUTH	40899	CPT	outpatient			758	321.26	United	CommercialPPO		1782				233.46	1782	case rate	
UNLISTED PROC, VESTIBULE MOUTH	40899	CPT	outpatient			758	321.26	Wellcare	Medicaid		239.15	31.55			233.46	1782	percent of total billed charges	
UNLISTED PROC, VESTIBULE MOUTH	40899	CPT	outpatient			758	321.26	Wellcare	Medicare		279.36				233.46	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC, VESTIBULE MOUTH	40899	CPT	outpatient			758	321.26	WellPoint	WellPoint		243.92	32.18			233.46	1782	percent of total billed charges	
INT I&D MOUTH LES, LINGUAL	41000	CPT	outpatient			5498	723.64	Aetna	Medicare		629.25				132.64	5223.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INT I&D MOUTH LES, LINGUAL	41000	CPT	outpatient			5498	723.64	Aetna	Commercial		1001.77				132.64	5223.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INT I&D MOUTH LES, LINGUAL	41000	CPT	outpatient			5498	723.64	Aetna	Better Health		1734.62	31.55			132.64	5223.1	percent of total billed charges	
INT I&D MOUTH LES, LINGUAL	41000	CPT	outpatient			5498	723.64	Americare	Americare		4123.5	75			132.64	5223.1	percent of total billed charges	
INT I&D MOUTH LES, LINGUAL	41000	CPT	outpatient			5498	723.64	Amerihealth	Medicare		629.25				132.64	5223.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INT I&D MOUTH LES, LINGUAL	41000	CPT	outpatient			5498	723.64	Amerihealth	HMO/PPO		3573.7	65			132.64	5223.1	percent of total billed charges	
INT I&D MOUTH LES, LINGUAL	41000	CPT	outpatient			5498	723.64	Consumer	Consumer		5223.1	95			132.64	5223.1	percent of total billed charges	
INT I&D MOUTH LES, LINGUAL	41000	CPT	outpatient			5498	723.64	Corrections	Corrections		4398.4	80			132.64	5223.1	percent of total billed charges	
INT I&D MOUTH LES, LINGUAL	41000	CPT	outpatient			5498	723.64	First Health	First Health		3848.6	70			132.64	5223.1	percent of total billed charges	
INT I&D MOUTH LES, LINGUAL	41000	CPT	outpatient			5498	723.64	First Trenton	First Trenton		4948.2	90			132.64	5223.1	percent of total billed charges	
INT I&D MOUTH LES, LINGUAL	41000	CPT	outpatient			5498	723.64	Horizon	NJ Health		132.64				132.64	5223.1	fee schedule	
INT I&D MOUTH LES, LINGUAL	41000	CPT	outpatient			5498	723.64	Horizon	Indemnity		1171.03				132.64	5223.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INT I&D MOUTH LES, LINGUAL	41000	CPT	outpatient			5498	723.64	Horizon	Medicare Blue		629.25				132.64	5223.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INT I&D MOUTH LES, LINGUAL	41000	CPT	outpatient			5498	723.64	Horizon	MGD		1171.03				132.64	5223.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INT I&D MOUTH LES, LINGUAL	41000	CPT	outpatient			5498	723.64	Horizon	PPO		1171.03				132.64	5223.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INT I&D MOUTH LES, LINGUAL	41000	CPT	outpatient			5498	723.64	Managed Care Inc	Managed Care Inc		4948.2	90			132.64	5223.1	percent of total billed charges	
INT I&D MOUTH LES, LINGUAL	41000	CPT	outpatient			5498	723.64	Multiplan	Multiplan		4398.4	80			132.64	5223.1	percent of total billed charges	
INT I&D MOUTH LES, LINGUAL	41000	CPT	outpatient			5498	723.64	Qualcare	Qualcare		4123.5	75			132.64	5223.1	percent of total billed charges	
INT I&D MOUTH LES, LINGUAL	41000	CPT	outpatient			5498	723.64	Three Rivers	Three Rivers		5223.1	95			132.64	5223.1	percent of total billed charges	
INT I&D MOUTH LES, LINGUAL	41000	CPT	outpatient			5498	723.64	UHC	Medicaid		1734.62	31.55			132.64	5223.1	percent of total billed charges	
INT I&D MOUTH LES, LINGUAL	41000	CPT	outpatient			5498	723.64	UHC	Medicare		629.25				132.64	5223.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INT I&D MOUTH LES, LINGUAL	41000	CPT	outpatient			5498	723.64	United	CommercialPPO		1782				132.64	5223.1	case rate	
INT I&D MOUTH LES, LINGUAL	41000	CPT	outpatient			5498	723.64	United	Oxford		1782				132.64	5223.1	case rate	
INT I&D MOUTH LES, LINGUAL	41000	CPT	outpatient			5498	723.64	Wellcare	Medicare		629.25				132.64	5223.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INT I&D MOUTH LES, LINGUAL	41000	CPT	outpatient			5498	723.64	Wellcare	Medicaid		1734.62	31.55			132.64	5223.1	percent of total billed charges	
INT I&D MOUTH LES, LINGUAL	41000	CPT	outpatient			5498	723.64	WellPoint	WellPoint		1769.26	32.18			132.64	5223.1	percent of total billed charges	
INT I&D MOUTH LES SUBL SUP	41005	CPT	outpatient			758	321.26	Aetna	Better Health		239.15	31.55			132.64	1782	percent of total billed charges	
INT I&D MOUTH LES SUBL SUP	41005	CPT	outpatient			758	321.26	Aetna	Commercial		444.74				132.64	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INT I&D MOUTH LES SUBL SUP	41005	CPT	outpatient			758	321.26	Aetna	Medicare		279.36				132.64	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INT I&D MOUTH LES SUBL SUP	41005	CPT	outpatient			758	321.26	Americare	Americare		568.5	75			132.64	1782	percent of total billed charges	
INT I&D MOUTH LES SUBL SUP	41005	CPT	outpatient			758	321.26	Amerihealth	Medicare		279.36				132.64	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INT I&D MOUTH LES SUBL SUP	41005	CPT	outpatient			758	321.26	Amerihealth	HMO/PPO		492.7	65			132.64	1782	percent of total billed charges	
INT I&D MOUTH LES SUBL SUP	41005	CPT	outpatient			758	321.26	Consumer	Consumer		720.1	95			132.64	1782	percent of total billed charges	
INT I&D MOUTH LES SUBL SUP	41005	CPT	outpatient			758	321.26	Corrections	Corrections		606.4	80			132.64	1782	percent of total billed charges	
INT I&D MOUTH LES SUBL SUP	41005	CPT	outpatient			758	321.26	First Health	First Health		530.6	70			132.64	1782	percent of total billed charges	
INT I&D MOUTH LES SUBL SUP	41005	CPT	outpatient			758	321.26	First Trenton	First Trenton		682.2	90			132.64	1782	percent of total billed charges	
INT I&D MOUTH LES SUBL SUP	41005	CPT	outpatient			758	321.26	Horizon	MGD		519.89				132.64	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INT I&D MOUTH LES SUBL SUP	41005	CPT	outpatient			758	321.26	Horizon	Medicare Blue		279.36				132.64	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INT I&D MOUTH LES SUBL SUP	41005	CPT	outpatient			758	321.26	Horizon	Indemnity		519.89				132.64	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INT I&D MOUTH LES SUBL SUP	41005	CPT	outpatient			758	321.26	Horizon	PPO		519.89				132.64	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INT I&D MOUTH LES SUBL SUP	41005	CPT	outpatient			758	321.26	Horizon	NJ Health		132.64				132.64	1782	fee schedule	
INT I&D MOUTH LES SUBL SUP	41005	CPT	outpatient			758	321.26	Managed Care Inc	Managed Care Inc		682.2	90			132.64	1782	percent of total billed charges	
INT I&D MOUTH LES SUBL SUP	41005	CPT	outpatient			758	321.26	Multiplan	Multiplan		606.4	80			132.64	1782	percent of total billed charges	
INT I&D MOUTH LES SUBL SUP	41005	CPT	outpatient			758	321.26	Qualcare	Qualcare		568.5	75			132.64	1782	percent of total billed charges	
INT I&D MOUTH LES SUBL SUP	41005	CPT	outpatient			758	321.26	Three Rivers	Three Rivers		720.1	95			132.64	1782	percent of total billed charges	
INT I&D MOUTH LES SUBL SUP	41005	CPT	outpatient			758	321.26	UHC	Medicare		279.36				132.64	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INT I&D MOUTH LES SUBL SUP	41005	CPT	outpatient			758	321.26	UHC	Medicaid		239.15	31.55			132.64	1782	percent of total billed charges	
INT I&D MOUTH LES SUBL SUP	41005	CPT	outpatient			758	321.26	United	Oxford		1782				132.64	1782	case rate	
INT I&D MOUTH LES SUBL SUP	41005	CPT	outpatient			758	321.26	United	CommercialPPO		1782				132.64	1782	case rate	
INT I&D MOUTH LES SUBL SUP	41005	CPT	outpatient			758	321.26	Wellcare	Medicaid		239.15	31.55			132.64	1782	percent of total billed charges	
INT I&D MOUTH LES SUBL SUP	41005	CPT	outpatient			758	321.26	Wellcare	Medicare		279.36				132.64	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INT I&D MOUTH LES SUBL SUP	41005	CPT	outpatient			758	321.26	WellPoint	WellPoint		243.92	32.18			132.64	1782	percent of total billed charges	
INT I&D MOUTH LES, SUBMENTAL	41007	CPT	outpatient			6053	2005.77	Aetna	Commercial		2776.69				132.64	5750.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INT I&D MOUTH LES, SUBMENTAL	41007	CPT	outpatient			6053	2005.77	Aetna	Better Health		1909.72	31.55			132.64	5750.35	percent of total billed charges	
INT I&D MOUTH LES, SUBMENTAL	41007	CPT	outpatient			6053	2005.77	Aetna	Medicare		1744.15				132.64	5750.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INT I&D MOUTH LES, SUBMENTAL	41007	CPT	outpatient			6053	2005.77	Americare	Americare		4539.75	75			132.64	5750.35	percent of total billed charges	
INT I&D MOUTH LES, SUBMENTAL	41007	CPT	outpatient			6053	2005.77	Amerihealth	HMO/PPO		3934.45	65			132.64	5750.35	percent of total billed charges	
INT I&D MOUTH LES, SUBMENTAL	41007	CPT	outpatient			6053	2005.77	Amerihealth	Medicare		1744.15				132.64	5750.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INT I&D MOUTH LES, SUBMENTAL	41007	CPT	outpatient			6053	2005.77	Consumer	Consumer		5750.35	95			132.64	5750.35	percent of total billed charges	
INT I&D MOUTH LES, SUBMENTAL	41007	CPT	outpatient			6053	2005.77	Corrections	Corrections		4842.4	80			132.64	5750.35	percent of total billed charges	
INT I&D MOUTH LES, SUBMENTAL	41007	CPT	outpatient			6053	2005.77	First Health	First Health		4237.1	70			132.64	5750.35	percent of total billed charges	
INT I&D MOUTH LES, SUBMENTAL	41007	CPT	outpatient			6053	2005.77	First Trenton	First Trenton		5447.7	90			132.64	5750.35	percent of total billed charges	
INT I&D MOUTH LES, SUBMENTAL	41007	CPT	outpatient			6053	2005.77	Horizon	Medicare Blue		1744.15				132.64	5750.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INT I&D MOUTH LES, SUBMENTAL	41007	CPT	outpatient			6053	2005.77	Horizon	MGD		3245.86				132.64	5750.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INT I&D MOUTH LES, SUBMENTAL	41007	CPT	outpatient			6053	2005.77	Horizon	Indemnity		3245.86				132.64	5750.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INT I&D MOUTH LES, SUBMENTAL	41007	CPT	outpatient			6053	2005.77	Horizon	PPO		3245.86				132.64	5750.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INT I&D MOUTH LES, SUBMENTAL	41007	CPT	outpatient			6053	2005.77	Horizon	NJ Health		132.64				132.64	5750.35	fee schedule	
INT I&D MOUTH LES, SUBMENTAL	41007	CPT	outpatient			6053	2005.77	Managed Care Inc	Managed Care Inc		5447.7	90			132.64	5750.35	percent of total billed charges	
INT I&D MOUTH LES, SUBMENTAL	41007	CPT	outpatient			6053	2005.77	Multiplan	Multiplan		4842.4	80			132.64	5750.35	percent of total billed charges	
INT I&D MOUTH LES, SUBMENTAL	41007	CPT	outpatient			6053	2005.77	Qualcare	Qualcare		4539.75	75			132.64	5750.35	percent of total billed charges	
INT I&D MOUTH LES, SUBMENTAL	41007	CPT	outpatient			6053	2005.77	Three Rivers	Three Rivers		5750.35	95			132.64	5750.35	percent of total billed charges	
INT I&D MOUTH LES, SUBMENTAL	41007	CPT	outpatient			6053	2005.77	UHC	Medicare		1744.15				132.64	5750.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INT I&D MOUTH LES, SUBMENTAL	41007	CPT	outpatient			6053	2005.77	UHC	Medicaid		1909.72	31.55			132.64	5750.35	percent of total billed charges	
INT I&D MOUTH LES, SUBMENTAL	41007	CPT	outpatient			6053	2005.77	United	CommercialPPO		2493				132.64	5750.35	case rate	
INT I&D MOUTH LES, SUBMENTAL	41007	CPT	outpatient			6053	2005.77	United	Oxford		2493				132.64	5750.35	case rate	
INT I&D MOUTH LES, SUBMENTAL	41007	CPT	outpatient			6053	2005.77	Wellcare	Medicare		1744.15				132.64	5750.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INT I&D MOUTH LES, SUBMENTAL	41007	CPT	outpatient			6053	2005.77	Wellcare	Medicaid		1909.72	31.55			132.64	5750.35	percent of total billed charges	
INT I&D MOUTH LES, SUBMENTAL	41007	CPT	outpatient			6053	2005.77	WellPoint	WellPoint		1947.86	32.18			132.64	5750.35	percent of total billed charges	
INT I&D MOUTH LES, SUMMANDIB	41008	CPT	outpatient			10367	4234.52	Aetna	Commercial		5862.05				132.64	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INT I&D MOUTH LES, SUMMANDIB	41008	CPT	outpatient			10367	4234.52	Aetna	Better Health		3270.79	31.55			132.64	9848.65	percent of total billed charges	
INT I&D MOUTH LES, SUMMANDIB	41008	CPT	outpatient			10367	4234.52	Aetna	Medicare		3682.19				132.64	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INT I&D MOUTH LES, SUMMANDIB	41008	CPT	outpatient			10367	4234.52	Americare	Americare		7775.25	75			132.64	9848.65	percent of total billed charges	
INT I&D MOUTH LES, SUMMANDIB	41008	CPT	outpatient			10367	4234.52	Amerihealth	Medicare		3682.19				132.64	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INT I&D MOUTH LES, SUMMANDIB	41008	CPT	outpatient			10367	4234.52	Amerihealth	HMO/PPO		6738.55	65			132.64	9848.65	percent of total billed charges	
INT I&D MOUTH LES, SUMMANDIB	41008	CPT	outpatient			10367	4234.52	Consumer	Consumer		9848.65	95			132.64	9848.65	percent of total billed charges	
INT I&D MOUTH LES, SUMMANDIB	41008	CPT	outpatient			10367	4234.52	Corrections	Corrections		8293.6	80			132.64	9848.65	percent of total billed charges	
INT I&D MOUTH LES, SUMMANDIB	41008	CPT	outpatient			10367	4234.52	First Health	First Health		7256.9	70			132.64	9848.65	percent of total billed charges	
INT I&D MOUTH LES, SUMMANDIB	41008	CPT	outpatient			10367	4234.52	First Trenton	First Trenton		9330.3	90			132.64	9848.65	percent of total billed charges	
INT I&D MOUTH LES, SUMMANDIB	41008	CPT	outpatient			10367	4234.52	Horizon	MGD		6852.56				132.64	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INT I&D MOUTH LES, SUMMANDIB	41008	CPT	outpatient			10367	4234.52	Horizon	Medicare Blue		3682.19				132.64	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INT I&D MOUTH LES, SUMMANDIB	41008	CPT	outpatient			10367	4234.52	Horizon	Indemnity		6852.56				132.64	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INT I&D MOUTH LES, SUMMANDIB	41008	CPT	outpatient			10367	4234.52	Horizon	NJ Health		132.64				132.64	9848.65	fee schedule	
INT I&D MOUTH LES, SUMMANDIB	41008	CPT	outpatient			10367	4234.52	Horizon	PPO		6852.56				132.64	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INT I&D MOUTH LES, SUMMANDIB	41008	CPT	outpatient			10367	4234.52	Managed Care Inc	Managed Care Inc		9330.3	90			132.64	9848.65	percent of total billed charges	
INT I&D MOUTH LES, SUMMANDIB	41008	CPT	outpatient			10367	4234.52	Multiplan	Multiplan		8293.6	80			132.64	9848.65	percent of total billed charges	
INT I&D MOUTH LES, SUMMANDIB	41008	CPT	outpatient			10367	4234.52	Qualcare	Qualcare		7775.25	75			132.64	9848.65	percent of total billed charges	
INT I&D MOUTH LES, SUMMANDIB	41008	CPT	outpatient			10367	4234.52	Three Rivers	Three Rivers		9848.65	95			132.64	9848.65	percent of total billed charges	
INT I&D MOUTH LES, SUMMANDIB	41008	CPT	outpatient			10367	4234.52	UHC	Medicaid		3270.79	31.55			132.64	9848.65	percent of total billed charges	
INT I&D MOUTH LES, SUMMANDIB	41008	CPT	outpatient			10367	4234.52	UHC	Medicare		3682.19				132.64	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INT I&D MOUTH LES, SUMMANDIB	41008	CPT	outpatient			10367	4234.52	United	CommercialPPO		2493				132.64	9848.65	case rate	
INT I&D MOUTH LES, SUMMANDIB	41008	CPT	outpatient			10367	4234.52	United	Oxford		2493				132.64	9848.65	case rate	
INT I&D MOUTH LES, SUMMANDIB	41008	CPT	outpatient			10367	4234.52	Wellcare	Medicare		3682.19				132.64	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INT I&D MOUTH LES, SUMMANDIB	41008	CPT	outpatient			10367	4234.52	Wellcare	Medicaid		3270.79	31.55			132.64	9848.65	percent of total billed charges	
INT I&D MOUTH LES, SUMMANDIB	41008	CPT	outpatient			10367	4234.52	WellPoint	WellPoint		3336.1	32.18			132.64	9848.65	percent of total billed charges	
INC LINGUAL FRENUM (FRENOTOMY)	41010	CPT	outpatient			5059	2005.77	Aetna	Commercial		2776.69				110.79	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INC LINGUAL FRENUM (FRENOTOMY)	41010	CPT	outpatient			5059	2005.77	Aetna	Better Health		1596.11	31.55			110.79	4806.05	percent of total billed charges	
INC LINGUAL FRENUM (FRENOTOMY)	41010	CPT	outpatient			5059	2005.77	Aetna	Medicare		1744.15				110.79	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INC LINGUAL FRENUM (FRENOTOMY)	41010	CPT	outpatient			5059	2005.77	Americare	Americare		3794.25	75			110.79	4806.05	percent of total billed charges	
INC LINGUAL FRENUM (FRENOTOMY)	41010	CPT	outpatient			5059	2005.77	Amerihealth	Medicare		1744.15				110.79	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INC LINGUAL FRENUM (FRENOTOMY)	41010	CPT	outpatient			5059	2005.77	Amerihealth	HMO/PPO		3286.35	65			110.79	4806.05	percent of total billed charges	
INC LINGUAL FRENUM (FRENOTOMY)	41010	CPT	outpatient			5059	2005.77	Consumer	Consumer		4806.05	95			110.79	4806.05	percent of total billed charges	
INC LINGUAL FRENUM (FRENOTOMY)	41010	CPT	outpatient			5059	2005.77	Corrections	Corrections		4047.2	80			110.79	4806.05	percent of total billed charges	
INC LINGUAL FRENUM (FRENOTOMY)	41010	CPT	outpatient			5059	2005.77	First Health	First Health		3541.3	70			110.79	4806.05	percent of total billed charges	
INC LINGUAL FRENUM (FRENOTOMY)	41010	CPT	outpatient			5059	2005.77	First Trenton	First Trenton		4553.1	90			110.79	4806.05	percent of total billed charges	
INC LINGUAL FRENUM (FRENOTOMY)	41010	CPT	outpatient			5059	2005.77	Horizon	Medicare Blue		1744.15				110.79	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INC LINGUAL FRENUM (FRENOTOMY)	41010	CPT	outpatient			5059	2005.77	Horizon	NJ Health		110.79				110.79	4806.05	fee schedule	
INC LINGUAL FRENUM (FRENOTOMY)	41010	CPT	outpatient			5059	2005.77	Horizon	Indemnity		3245.86				110.79	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INC LINGUAL FRENUM (FRENOTOMY)	41010	CPT	outpatient			5059	2005.77	Horizon	MGD		3245.86				110.79	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INC LINGUAL FRENUM (FRENOTOMY)	41010	CPT	outpatient			5059	2005.77	Horizon	PPO		3245.86				110.79	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INC LINGUAL FRENUM (FRENOTOMY)	41010	CPT	outpatient			5059	2005.77	Managed Care Inc	Managed Care Inc		4553.1	90			110.79	4806.05	percent of total billed charges	
INC LINGUAL FRENUM (FRENOTOMY)	41010	CPT	outpatient			5059	2005.77	Multiplan	Multiplan		4047.2	80			110.79	4806.05	percent of total billed charges	
INC LINGUAL FRENUM (FRENOTOMY)	41010	CPT	outpatient			5059	2005.77	Qualcare	Qualcare		3794.25	75			110.79	4806.05	percent of total billed charges	
INC LINGUAL FRENUM (FRENOTOMY)	41010	CPT	outpatient			5059	2005.77	Three Rivers	Three Rivers		4806.05	95			110.79	4806.05	percent of total billed charges	
INC LINGUAL FRENUM (FRENOTOMY)	41010	CPT	outpatient			5059	2005.77	UHC	Medicare		1744.15				110.79	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INC LINGUAL FRENUM (FRENOTOMY)	41010	CPT	outpatient			5059	2005.77	UHC	Medicaid		1596.11	31.55			110.79	4806.05	percent of total billed charges	
INC LINGUAL FRENUM (FRENOTOMY)	41010	CPT	outpatient			5059	2005.77	United	Oxford		2493				110.79	4806.05	case rate	
INC LINGUAL FRENUM (FRENOTOMY)	41010	CPT	outpatient			5059	2005.77	United	CommercialPPO		2493				110.79	4806.05	case rate	
INC LINGUAL FRENUM (FRENOTOMY)	41010	CPT	outpatient			5059	2005.77	Wellcare	Medicare		1744.15				110.79	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INC LINGUAL FRENUM (FRENOTOMY)	41010	CPT	outpatient			5059	2005.77	Wellcare	Medicaid		1596.11	31.55			110.79	4806.05	percent of total billed charges	
INC LINGUAL FRENUM (FRENOTOMY)	41010	CPT	outpatient			5059	2005.77	WellPoint	WellPoint		1627.99	32.18			110.79	4806.05	percent of total billed charges	
I&D CYST-TONGUE-SUBLINGUAL	41015	CPT	outpatient			1666	723.64	Aetna	Commercial		1001.77				180.01	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D CYST-TONGUE-SUBLINGUAL	41015	CPT	outpatient			1666	723.64	Aetna	Better Health		525.62	31.55			180.01	1782	percent of total billed charges	
I&D CYST-TONGUE-SUBLINGUAL	41015	CPT	outpatient			1666	723.64	Aetna	Medicare		629.25				180.01	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D CYST-TONGUE-SUBLINGUAL	41015	CPT	outpatient			1666	723.64	Americare	Americare		1249.5	75			180.01	1782	percent of total billed charges	
I&D CYST-TONGUE-SUBLINGUAL	41015	CPT	outpatient			1666	723.64	Amerihealth	HMO/PPO		1082.9	65			180.01	1782	percent of total billed charges	
I&D CYST-TONGUE-SUBLINGUAL	41015	CPT	outpatient			1666	723.64	Amerihealth	Medicare		629.25				180.01	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D CYST-TONGUE-SUBLINGUAL	41015	CPT	outpatient			1666	723.64	Consumer	Consumer		1582.7	95			180.01	1782	percent of total billed charges	
I&D CYST-TONGUE-SUBLINGUAL	41015	CPT	outpatient			1666	723.64	Corrections	Corrections		1332.8	80			180.01	1782	percent of total billed charges	
I&D CYST-TONGUE-SUBLINGUAL	41015	CPT	outpatient			1666	723.64	First Health	First Health		1166.2	70			180.01	1782	percent of total billed charges	
I&D CYST-TONGUE-SUBLINGUAL	41015	CPT	outpatient			1666	723.64	First Trenton	First Trenton		1499.4	90			180.01	1782	percent of total billed charges	
I&D CYST-TONGUE-SUBLINGUAL	41015	CPT	outpatient			1666	723.64	Horizon	Medicare Blue		629.25				180.01	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D CYST-TONGUE-SUBLINGUAL	41015	CPT	outpatient			1666	723.64	Horizon	MGD		1171.03				180.01	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
I&D CYST-TONGUE-SUBLINGUAL	41015	CPT	outpatient			1666	723.64	Horizon	Indemnity		1171.03				180.01	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D CYST-TONGUE-SUBLINGUAL	41015	CPT	outpatient			1666	723.64	Horizon	PPO		1171.03				180.01	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D CYST-TONGUE-SUBLINGUAL	41015	CPT	outpatient			1666	723.64	Horizon	NJ Health		180.01				180.01	1782	fee schedule	
I&D CYST-TONGUE-SUBLINGUAL	41015	CPT	outpatient			1666	723.64	Managed Care Inc	Managed Care Inc		1499.4	90			180.01	1782	percent of total billed charges	
I&D CYST-TONGUE-SUBLINGUAL	41015	CPT	outpatient			1666	723.64	Multiplan	Multiplan		1332.8	80			180.01	1782	percent of total billed charges	
I&D CYST-TONGUE-SUBLINGUAL	41015	CPT	outpatient			1666	723.64	Qualcare	Qualcare		1249.5	75			180.01	1782	percent of total billed charges	
I&D CYST-TONGUE-SUBLINGUAL	41015	CPT	outpatient			1666	723.64	Three Rivers	Three Rivers		1582.7	95			180.01	1782	percent of total billed charges	
I&D CYST-TONGUE-SUBLINGUAL	41015	CPT	outpatient			1666	723.64	UHC	Medicaid		525.62	31.55			180.01	1782	percent of total billed charges	
I&D CYST-TONGUE-SUBLINGUAL	41015	CPT	outpatient			1666	723.64	UHC	Medicare		629.25				180.01	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D CYST-TONGUE-SUBLINGUAL	41015	CPT	outpatient			1666	723.64	United	Commercial|PPO		1782				180.01	1782	case rate	
I&D CYST-TONGUE-SUBLINGUAL	41015	CPT	outpatient			1666	723.64	United	Oxford		1782				180.01	1782	case rate	
I&D CYST-TONGUE-SUBLINGUAL	41015	CPT	outpatient			1666	723.64	Wellcare	Medicare		629.25				180.01	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D CYST-TONGUE-SUBLINGUAL	41015	CPT	outpatient			1666	723.64	Wellcare	Medicaid		525.62	31.55			180.01	1782	percent of total billed charges	
I&D CYST-TONGUE-SUBLINGUAL	41015	CPT	outpatient			1666	723.64	WellPoint	WellPoint		536.12	32.18			180.01	1782	percent of total billed charges	
I&D CYST-TONGUE-SUBMENTAL	41016	CPT	outpatient			19455	7702.18	Aetna	Commercial		10662.5				180.01	18482.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D CYST-TONGUE-SUBMENTAL	41016	CPT	outpatient			19455	7702.18	Aetna	Better Health		6138.05	31.55			180.01	18482.25	percent of total billed charges	
I&D CYST-TONGUE-SUBMENTAL	41016	CPT	outpatient			19455	7702.18	Aetna	Medicare		6697.55				180.01	18482.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D CYST-TONGUE-SUBMENTAL	41016	CPT	outpatient			19455	7702.18	Americare	Americare		14591.25	75			180.01	18482.25	percent of total billed charges	
I&D CYST-TONGUE-SUBMENTAL	41016	CPT	outpatient			19455	7702.18	Amerihealth	HMO/PPO		12645.75	65			180.01	18482.25	percent of total billed charges	
I&D CYST-TONGUE-SUBMENTAL	41016	CPT	outpatient			19455	7702.18	Amerihealth	Medicare		6697.55				180.01	18482.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D CYST-TONGUE-SUBMENTAL	41016	CPT	outpatient			19455	7702.18	Consumer	Consumer		18482.25	95			180.01	18482.25	percent of total billed charges	
I&D CYST-TONGUE-SUBMENTAL	41016	CPT	outpatient			19455	7702.18	Corrections	Corrections		15564	80			180.01	18482.25	percent of total billed charges	
I&D CYST-TONGUE-SUBMENTAL	41016	CPT	outpatient			19455	7702.18	First Health	First Health		13618.5	70			180.01	18482.25	percent of total billed charges	
I&D CYST-TONGUE-SUBMENTAL	41016	CPT	outpatient			19455	7702.18	First Trenton	First Trenton		17509.5	90			180.01	18482.25	percent of total billed charges	
I&D CYST-TONGUE-SUBMENTAL	41016	CPT	outpatient			19455	7702.18	Horizon	PPO		12464.14				180.01	18482.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D CYST-TONGUE-SUBMENTAL	41016	CPT	outpatient			19455	7702.18	Horizon	Medicare Blue		6697.55				180.01	18482.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D CYST-TONGUE-SUBMENTAL	41016	CPT	outpatient			19455	7702.18	Horizon	MGD		12464.14				180.01	18482.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D CYST-TONGUE-SUBMENTAL	41016	CPT	outpatient			19455	7702.18	Horizon	Indemnity		12464.14				180.01	18482.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D CYST-TONGUE-SUBMENTAL	41016	CPT	outpatient			19455	7702.18	Horizon	NJ Health		180.01				180.01	18482.25	fee schedule	
I&D CYST-TONGUE-SUBMENTAL	41016	CPT	outpatient			19455	7702.18	Managed Care Inc	Managed Care Inc		17509.5	90			180.01	18482.25	percent of total billed charges	
I&D CYST-TONGUE-SUBMENTAL	41016	CPT	outpatient			19455	7702.18	Multiplan	Multiplan		15564	80			180.01	18482.25	percent of total billed charges	
I&D CYST-TONGUE-SUBMENTAL	41016	CPT	outpatient			19455	7702.18	Qualcare	Qualcare		14591.25	75			180.01	18482.25	percent of total billed charges	
I&D CYST-TONGUE-SUBMENTAL	41016	CPT	outpatient			19455	7702.18	Three Rivers	Three Rivers		18482.25	95			180.01	18482.25	percent of total billed charges	
I&D CYST-TONGUE-SUBMENTAL	41016	CPT	outpatient			19455	7702.18	UHC	Medicare		6697.55				180.01	18482.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D CYST-TONGUE-SUBMENTAL	41016	CPT	outpatient			19455	7702.18	UHC	Medicaid		6138.05	31.55			180.01	18482.25	percent of total billed charges	
I&D CYST-TONGUE-SUBMENTAL	41016	CPT	outpatient			19455	7702.18	United	Commercial|PPO		2776				180.01	18482.25	case rate	
I&D CYST-TONGUE-SUBMENTAL	41016	CPT	outpatient			19455	7702.18	United	Oxford		2776				180.01	18482.25	case rate	
I&D CYST-TONGUE-SUBMENTAL	41016	CPT	outpatient			19455	7702.18	Wellcare	Medicaid		6138.05	31.55			180.01	18482.25	percent of total billed charges	
I&D CYST-TONGUE-SUBMENTAL	41016	CPT	outpatient			19455	7702.18	Wellcare	Medicare		6697.55				180.01	18482.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D CYST-TONGUE-SUBMENTAL	41016	CPT	outpatient			19455	7702.18	WellPoint	WellPoint		6260.62	32.18			180.01	18482.25	percent of total billed charges	
I&D CYST-TONGUE-MASTICATOR	41018	CPT	outpatient			5059	2005.77	Aetna	Better Health		1596.11	31.55			400.66	4806.05	percent of total billed charges	
I&D CYST-TONGUE-MASTICATOR	41018	CPT	outpatient			5059	2005.77	Aetna	Commercial		2776.69				400.66	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D CYST-TONGUE-MASTICATOR	41018	CPT	outpatient			5059	2005.77	Aetna	Medicare		1558.17	30.8			400.66	4806.05	percent of total billed charges	
I&D CYST-TONGUE-MASTICATOR	41018	CPT	outpatient			5059	2005.77	Americare	Americare		3794.25	75			400.66	4806.05	percent of total billed charges	
I&D CYST-TONGUE-MASTICATOR	41018	CPT	outpatient			5059	2005.77	Amerihealth	Medicare		1744.15				400.66	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D CYST-TONGUE-MASTICATOR	41018	CPT	outpatient			5059	2005.77	Amerihealth	HMO/PPO		3288.35	65			400.66	4806.05	percent of total billed charges	
I&D CYST-TONGUE-MASTICATOR	41018	CPT	outpatient			5059	2005.77	Consumer	Consumer		4806.05	95			400.66	4806.05	percent of total billed charges	
I&D CYST-TONGUE-MASTICATOR	41018	CPT	outpatient			5059	2005.77	Corrections	Corrections		4047.2	80			400.66	4806.05	percent of total billed charges	
I&D CYST-TONGUE-MASTICATOR	41018	CPT	outpatient			5059	2005.77	First Health	First Health		3541.3	70			400.66	4806.05	percent of total billed charges	
I&D CYST-TONGUE-MASTICATOR	41018	CPT	outpatient			5059	2005.77	First Trenton	First Trenton		4553.1	90			400.66	4806.05	percent of total billed charges	
I&D CYST-TONGUE-MASTICATOR	41018	CPT	outpatient			5059	2005.77	Horizon	Indemnity		3245.86				400.66	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D CYST-TONGUE-MASTICATOR	41018	CPT	outpatient			5059	2005.77	Horizon	MGD		3245.86				400.66	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D CYST-TONGUE-MASTICATOR	41018	CPT	outpatient			5059	2005.77	Horizon	Medicare Blue		1744.15				400.66	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D CYST-TONGUE-MASTICATOR	41018	CPT	outpatient			5059	2005.77	Horizon	NJ Health		400.66				400.66	4806.05	fee schedule	
I&D CYST-TONGUE-MASTICATOR	41018	CPT	outpatient			5059	2005.77	Horizon	PPO		3245.86				400.66	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D CYST-TONGUE-MASTICATOR	41018	CPT	outpatient			5059	2005.77	Managed Care Inc	Managed Care Inc		4553.1	90			400.66	4806.05	percent of total billed charges	
I&D CYST-TONGUE-MASTICATOR	41018	CPT	outpatient			5059	2005.77	Multiplan	Multiplan		4047.2	80			400.66	4806.05	percent of total billed charges	
I&D CYST-TONGUE-MASTICATOR	41018	CPT	outpatient			5059	2005.77	Qualcare	Qualcare		3794.25	75			400.66	4806.05	percent of total billed charges	
I&D CYST-TONGUE-MASTICATOR	41018	CPT	outpatient			5059	2005.77	Three Rivers	Three Rivers		4806.05	95			400.66	4806.05	percent of total billed charges	
I&D CYST-TONGUE-MASTICATOR	41018	CPT	outpatient			5059	2005.77	UHC	Medicare		1744.15				400.66	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D CYST-TONGUE-MASTICATOR	41018	CPT	outpatient			5059	2005.77	UHC	Medicaid		1596.11	31.55			400.66	4806.05	percent of total billed charges	
I&D CYST-TONGUE-MASTICATOR	41018	CPT	outpatient			5059	2005.77	United	Oxford		2493				400.66	4806.05	case rate	
I&D CYST-TONGUE-MASTICATOR	41018	CPT	outpatient			5059	2005.77	United	Commercial|PPO		2493				400.66	4806.05	case rate	
I&D CYST-TONGUE-MASTICATOR	41018	CPT	outpatient			5059	2005.77	Wellcare	Medicare		1744.15				400.66	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D CYST-TONGUE-MASTICATOR	41018	CPT	outpatient			5059	2005.77	Wellcare	Medicaid		1596.11	31.55			400.66	4806.05	percent of total billed charges	
I&D CYST-TONGUE-MASTICATOR	41018	CPT	outpatient			5059	2005.77	WellPoint	WellPoint		1627.99	32.18			400.66	4806.05	percent of total billed charges	
PLACEMENT OF MESH	41019	CPT	outpatient			19586	7702.18	Aetna	Medicare		6697.55				2776	18606.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACEMENT OF MESH	41019	CPT	outpatient			19586	7702.18	Aetna	Better Health		6179.38	31.55			2776	18606.7	percent of total billed charges	
PLACEMENT OF MESH	41019	CPT	outpatient			19586	7702.18	Aetna	Commercial		10662.5				2776	18606.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACEMENT OF MESH	41019	CPT	outpatient			19586	7702.18	Americare	Americare		14889.5	75			2776	18606.7	percent of total billed charges	
PLACEMENT OF MESH	41019	CPT	outpatient			19586	7702.18	Amerihealth	Medicare		6697.55				2776	18606.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACEMENT OF MESH	41019	CPT	outpatient			19586	7702.18	Amerihealth	HMO/PPO		12730.9	65			2776	18606.7	percent of total billed charges	
PLACEMENT OF MESH	41019	CPT	outpatient			19586	7702.18	Consumer	Consumer		18606.7	95			2776	18606.7	percent of total billed charges	
PLACEMENT OF MESH	41019	CPT	outpatient			19586	7702.18	Corrections	Corrections		15668.8	80			2776	18606.7	percent of total billed charges	
PLACEMENT OF MESH	41019	CPT	outpatient			19586	7702.18	First Health	First Health		13710.2	70			2776	18606.7	percent of total billed charges	
PLACEMENT OF MESH	41019	CPT	outpatient			19586	7702.18	First Trenton	First Trenton		17627.4	90			2776	18606.7	percent of total billed charges	
PLACEMENT OF MESH	41019	CPT	outpatient			19586	7702.18	Horizon	Medicare Blue		6697.55				2776	18606.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACEMENT OF MESH	41019	CPT	outpatient			19586	7702.18	Horizon	Indemnity		12464.14				2776	18606.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACEMENT OF MESH	41019	CPT	outpatient			19586	7702.18	Horizon	MGD		12464.14				2776	18606.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACEMENT OF MESH	41019	CPT	outpatient			19586	7702.18	Horizon	PPO		12464.14				2776	18606.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACEMENT OF MESH	41019	CPT	outpatient			19586	7702.18	Managed Care Inc	Managed Care Inc		17627.4	90			2776	18606.7	percent of total billed charges	
PLACEMENT OF MESH	41019	CPT	outpatient			19586	7702.18	Multiplan	Multiplan		15668.8	80			2776	18606.7	percent of total billed charges	
PLACEMENT OF MESH	41019	CPT	outpatient			19586	7702.18	Qualcare	Qualcare		14889.5	75			2776	18606.7	percent of total billed charges	
PLACEMENT OF MESH	41019	CPT	outpatient			19586	7702.18	Three Rivers	Three Rivers		18606.7	95			2776	18606.7	percent of total billed charges	
PLACEMENT OF MESH	41019	CPT	outpatient			19586	7702.18	UHC	Medicare		6697.55				2776	18606.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACEMENT OF MESH	41019	CPT	outpatient			19586	7702.18	UHC	Medicaid		6179.38	31.55			2776	18606.7	percent of total billed charges	
PLACEMENT OF MESH	41019	CPT	outpatient			19586	7702.18	United	Commercial|PPO		2776				2776	18606.7	case rate	
PLACEMENT OF MESH	41019	CPT	outpatient			19586	7702.18	United	Oxford		2776				2776	18606.7	case rate	
PLACEMENT OF MESH	41019	CPT	outpatient			19586	7702.18	Wellcare	Medicaid		6179.38	31.55			2776	18606.7	percent of total billed charges	
PLACEMENT OF MESH	41019	CPT	outpatient			19586	7702.18	Wellcare	Medicare		6697.55				2776	18606.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACEMENT OF MESH	41019	CPT	outpatient			19586	7702.18	WellPoint	WellPoint		6302.77	32.18			2776	18606.7	percent of total billed charges	
BX, TONGUE; ANTERIOR TWO-THIRD	41100	CPT	outpatient			2765	723.64	Aetna	Commercial		1001.77				65.77	2626.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX, TONGUE; ANTERIOR TWO-THIRD	41100	CPT	outpatient			2765	723.64	Aetna	Medicare		629.25				65.77	2626.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX, TONGUE; ANTERIOR TWO-THIRD	41100	CPT	outpatient			2765	723.64	Aetna	Better Health		872.36	31.55			65.77	2626.75	percent of total billed charges	
BX, TONGUE; ANTERIOR TWO-THIRD	41100	CPT	outpatient			2765	723.64	Americare	Americare		2073.75	75			65.77	2626.75	percent of total billed charges	
BX, TONGUE; ANTERIOR TWO-THIRD	41100	CPT	outpatient			2765	723.64	Amerihealth	HMO/PPO		1797.25	65			65.77	2626.75	percent of total billed charges	
BX, TONGUE; ANTERIOR TWO-THIRD	41100	CPT	outpatient			2765	723.64	Amerihealth	Medicare		629.25				65.77	2626.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX, TONGUE; ANTERIOR TWO-THIRD	41100	CPT	outpatient			2765	723.64	Consumer	Consumer		2626.75	95			65.77	2626.75	percent of total billed charges	
BX, TONGUE; ANTERIOR TWO-THIRD	41100	CPT	outpatient			2765	723.64	Corrections	Corrections		2212	80			65.77	2626.75	percent of total billed charges	
BX, TONGUE; ANTERIOR TWO-THIRD	41100	CPT	outpatient			2765	723.64	First Health	First Health		1935.5	70			65.77	2626.75	percent of total billed charges	
BX, TONGUE; ANTERIOR TWO-THIRD	41100	CPT	outpatient			2765	723.64	First Trenton	First Trenton		2488.5	90			65.77	2626.75	percent of total billed charges	
BX, TONGUE; ANTERIOR TWO-THIRD	41100	CPT	outpatient			2765	723.64	Horizon	PPO		1171.03				65.77	2626.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX, TONGUE; ANTERIOR TWO-THIRD	41100	CPT	outpatient			2765	723.64	Horizon	Medicare Blue		629.25				65.77	2626.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX, TONGUE; ANTERIOR TWO-THIRD	41100	CPT	outpatient			2765	723.64	Horizon	MGD		1171.03				65.77	2626.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX, TONGUE; ANTERIOR TWO-THIRD	41100	CPT	outpatient			2765	723.64	Horizon	Indemnity		1171.03				65.77	2626.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX, TONGUE; ANTERIOR TWO-THIRD	41100	CPT	outpatient			2765	723.64	Horizon	NJ Health		65.77				65.77	2626.75	fee schedule	
BX, TONGUE; ANTERIOR TWO-THIRD	41100	CPT	outpatient			2765	723.64	Managed Care Inc	Managed Care Inc		2488.5	90			65.77	2626.75	percent of total billed charges	
BX, TONGUE; ANTERIOR TWO-THIRD	41100	CPT	outpatient			2765	723.64	Multiplan	Multiplan		2212	80			65.77	2626.75	percent of total billed charges	
BX, TONGUE; ANTERIOR TWO-THIRD	41100	CPT	outpatient			2765	723.64	Qualcare	Qualcare		2073.75	75			65.77	2626.75	percent of total billed charges	
BX, TONGUE; ANTERIOR TWO-THIRD	41100	CPT	outpatient			2765	723.64	Three Rivers	Three Rivers		2626.75	95			65.77	2626.75	percent of total billed charges	
BX, TONGUE; ANTERIOR TWO-THIRD	41100	CPT	outpatient			2765	723.64	UHC	Medicaid		872.36	31.55			65.77	2626.75	percent of total billed charges	
BX, TONGUE; ANTERIOR TWO-THIRD	41100	CPT	outpatient			2765	723.64	UHC	Medicare		629.25				65.77	2626.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX, TONGUE; ANTERIOR TWO-THIRD	41100	CPT	outpatient			2765	723.64	United	Commercial|PPO		1782				65.77	2626.75	case rate	
BX, TONGUE; ANTERIOR TWO-THIRD	41100	CPT	outpatient			2765	723.64	United	Oxford		1782				65.77	2626.75	case rate	
BX, TONGUE; ANTERIOR TWO-THIRD	41100	CPT	outpatient			2765	723.64	Wellcare	Medicaid		872.36	31.55			65.77	2626.75	percent of total billed charges	
BX, TONGUE; ANTERIOR TWO-THIRD	41100	CPT	outpatient			2765	723.64	Wellcare	Medicare		629.25				65.77	2626.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX, TONGUE; ANTERIOR TWO-THIRD	41100	CPT	outpatient			2765	723.64	WellPoint	WellPoint		889.78	32.18			65.77	2626.75	percent of total billed charges	
BIOPSY,POSTERIOR 1/3 TONGUE	41105	CPT	outpatient			10367	4234.52	Aetna	Medicare		3682.19				105.97	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY,POSTERIOR 1/3 TONGUE	41105	CPT	outpatient			10367	4234.52	Aetna	Commercial		5862.05				105.97	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY,POSTERIOR 1/3 TONGUE	41105	CPT	outpatient			10367	4234.52	Aetna	Better Health		3270.79	31.55			105.97	9848.65	percent of total billed charges	
BIOPSY,POSTERIOR 1/3 TONGUE	41105	CPT	outpatient			10367	4234.52	Americare	Americare		7775.25	75			105.97	9848.65	percent of total billed charges	
BIOPSY,POSTERIOR 1/3 TONGUE	41105	CPT	outpatient			10367	4234.52	Amerihealth	HMO/PPO		6738.55	65			105.97	9848.65	percent of total billed charges	
BIOPSY,POSTERIOR 1/3 TONGUE	41105	CPT	outpatient			10367	4234.52	Amerihealth	Medicare		3682.19				105.97	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY,POSTERIOR 1/3 TONGUE	41105	CPT	outpatient			10367	4234.52	Consumer	Consumer		9848.65	95			105.97	9848.65	percent of total billed charges	
BIOPSY,POSTERIOR 1/3 TONGUE	41105	CPT	outpatient			10367	4234.52	Corrections	Corrections		8293.6	80			105.97	9848.65	percent of total billed charges	
BIOPSY,POSTERIOR 1/3 TONGUE	41105	CPT	outpatient			10367	4234.52	First Health	First Health		7256.9	70			105.97	9848.65	percent of total billed charges	
BIOPSY,POSTERIOR 1/3 TONGUE	41105	CPT	outpatient			10367	4234.52	First Trenton	First Trenton		9330.3	90			105.97	9848.65	percent of total billed charges	
BIOPSY,POSTERIOR 1/3 TONGUE	41105	CPT	outpatient			10367	4234.52	Horizon	Indemnity		6852.56				105.97	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY,POSTERIOR 1/3 TONGUE	41105	CPT	outpatient			10367	4234.52	Horizon	Medicare Blue		3682.19				105.97	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY,POSTERIOR 1/3 TONGUE	41105	CPT	outpatient			10367	4234.52	Horizon	NJ Health		105.97				105.97	9848.65	fee schedule	
BIOPSY,POSTERIOR 1/3 TONGUE	41105	CPT	outpatient			10367	4234.52	Horizon	MGD		6852.56				105.97	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY,POSTERIOR 1/3 TONGUE	41105	CPT	outpatient			10367	4234.52	Horizon	PPO		6852.56				105.97	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY,POSTERIOR 1/3 TONGUE	41105	CPT	outpatient			10367	4234.52	Managed Care Inc	Managed Care Inc		9330.3	90			105.97	9848.65	percent of total billed charges	
BIOPSY,POSTERIOR 1/3 TONGUE	41105	CPT	outpatient			10367	4234.52	Multiplan	Multiplan		8293.6	80			105.97	9848.65	percent of total billed charges	
BIOPSY,POSTERIOR 1/3 TONGUE	41105	CPT	outpatient			10367	4234.52	Qualcare	Qualcare		7775.25	75			105.97	9848.65	percent of total billed charges	
BIOPSY,POSTERIOR 1/3 TONGUE	41105	CPT	outpatient			10367	4234.52	Three Rivers	Three Rivers		9848.65	95			105.97	9848.65	percent of total billed charges	
BIOPSY,POSTERIOR 1/3 TONGUE	41105	CPT	outpatient			10367	4234.52	UHC	Medicaid		3270.79	31.55			105.97	9848.65	percent of total billed charges	
BIOPSY,POSTERIOR 1/3 TONGUE	41105	CPT	outpatient			10367	4234.52	UHC	Medicare		3682.19				105.97	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY,POSTERIOR 1/3 TONGUE	41105	CPT	outpatient			10367	4234.52	United	Commercial|PPO		2493				105.97	9848.65	case rate	
BIOPSY,POSTERIOR 1/3 TONGUE	41105	CPT	outpatient			10367	4234.52	United	Oxford		2493				105.97	9848.65	case rate	
BIOPSY,POSTERIOR 1/3 TONGUE	41105	CPT	outpatient			10367	4234.52	Wellcare	Medicare		3682.19				105.97	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY,POSTERIOR 1/3 TONGUE	41105	CPT	outpatient			10367	4234.52	Wellcare	Medicaid		3270.79	31.55			105.97	9848.65	percent of total billed charges	
BIOPSY,POSTERIOR 1/3 TONGUE	41105	CPT	outpatient			10367	4234.52	WellPoint	WellPoint		3336.1	32.18			105.97	9848.65	percent of total billed charges	
BX, MOUTH, FLOOR	41108	CPT	outpatient			5464	2132.36	Aetna	Better Health		1723.89	31.55			65.77	5190.8	percent of total billed charges	
BX, MOUTH, FLOOR	41108	CPT	outpatient			5464	2132.36	Aetna	Medicare		1854.23				65.77	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX, MOUTH, FLOOR	41108	CPT	outpatient			5464	2132.36	Aetna	Commercial		2951.93				65.77	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX, MOUTH, FLOOR	41108	CPT	outpatient			5464	2132.36	Americare	Americare		4098	75			65.77	5190.8	percent of total billed charges	
BX, MOUTH, FLOOR	41108	CPT	outpatient			5464	2132.36	Amerihealth	HMO/PPO		3551.6	65			65.77	5190.8	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
BX, MOUTH, FLOOR	41108	CPT	outpatient			5464		2132.36 Ameriheath	Medicare		1854.23				65.77		5190.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX, MOUTH, FLOOR	41108	CPT	outpatient			5464		2132.36 Consumer	Consumer		5190.8	95			65.77		5190.8 percent of total billed charges	
BX, MOUTH, FLOOR	41108	CPT	outpatient			5464		2132.36 Corrections	Corrections		4371.2	80			65.77		5190.8 percent of total billed charges	
BX, MOUTH, FLOOR	41108	CPT	outpatient			5464		2132.36 First Health	First Health		3824.8	70			65.77		5190.8 percent of total billed charges	
BX, MOUTH, FLOOR	41108	CPT	outpatient			5464		2132.36 First Trenton	First Trenton		4917.6	90			65.77		5190.8 percent of total billed charges	
BX, MOUTH, FLOOR	41108	CPT	outpatient			5464		2132.36 Horizon	Medicare Blue		1854.23				65.77		5190.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX, MOUTH, FLOOR	41108	CPT	outpatient			5464		2132.36 Horizon	MGD		3450.72				65.77		5190.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX, MOUTH, FLOOR	41108	CPT	outpatient			5464		2132.36 Horizon	Indemnity		3450.72				65.77		5190.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX, MOUTH, FLOOR	41108	CPT	outpatient			5464		2132.36 Horizon	PPO		3450.72				65.77		5190.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX, MOUTH, FLOOR	41108	CPT	outpatient			5464		2132.36 Horizon	NJ Health		65.77				65.77		5190.8 fee schedule	
BX, MOUTH, FLOOR	41108	CPT	outpatient			5464		2132.36 Managed Care Inc	Managed Care Inc		4917.6	90			65.77		5190.8 percent of total billed charges	
BX, MOUTH, FLOOR	41108	CPT	outpatient			5464		2132.36 Multiplan	Multiplan		4371.2	80			65.77		5190.8 percent of total billed charges	
BX, MOUTH, FLOOR	41108	CPT	outpatient			5464		2132.36 Qualicare	Qualicare		4098	75			65.77		5190.8 percent of total billed charges	
BX, MOUTH, FLOOR	41108	CPT	outpatient			5464		2132.36 Three Rivers	Three Rivers		5190.8	95			65.77		5190.8 percent of total billed charges	
BX, MOUTH, FLOOR	41108	CPT	outpatient			5464		2132.36 UHC	Medicaid		1723.89	31.55			65.77		5190.8 percent of total billed charges	
BX, MOUTH, FLOOR	41108	CPT	outpatient			5464		2132.36 UHC	Medicare		1854.23				65.77		5190.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX, MOUTH, FLOOR	41108	CPT	outpatient			5464		2132.36 United	Commercial|PPO		1817				65.77		5190.8 case rate	
BX, MOUTH, FLOOR	41108	CPT	outpatient			5464		2132.36 United	Oxford		1817				65.77		5190.8 case rate	
BX, MOUTH, FLOOR	41108	CPT	outpatient			5464		2132.36 Wellcare	Medicare		1854.23				65.77		5190.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX, MOUTH, FLOOR	41108	CPT	outpatient			5464		2132.36 Wellcare	Medicaid		1723.89	31.55			65.77		5190.8 percent of total billed charges	
BX, MOUTH, FLOOR	41108	CPT	outpatient			5464		2132.36 WellPoint	WellPoint		1758.32	32.18			65.77		5190.8 percent of total billed charges	
EXCISION OF LESION OF TONGUE W/O CLOSURE	41110	CPT	outpatient			10367		4234.52 Aetna	Medicare		3682.19				56.85		9848.65 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION OF LESION OF TONGUE W/O CLOSURE	41110	CPT	outpatient			10367		4234.52 Aetna	Commercial		5862.05				56.85		9848.65 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION OF LESION OF TONGUE W/O CLOSURE	41110	CPT	outpatient			10367		4234.52 Aetna	Better Health		3270.79	31.55			56.85		9848.65 percent of total billed charges	
EXCISION OF LESION OF TONGUE W/O CLOSURE	41110	CPT	outpatient			10367		4234.52 Americare	Americare		7775.25	75			56.85		9848.65 percent of total billed charges	
EXCISION OF LESION OF TONGUE W/O CLOSURE	41110	CPT	outpatient			10367		4234.52 Ameriheath	HMO/PPO		6738.55	65			56.85		9848.65 percent of total billed charges	
EXCISION OF LESION OF TONGUE W/O CLOSURE	41110	CPT	outpatient			10367		4234.52 Ameriheath	Medicare		3682.19				56.85		9848.65 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION OF LESION OF TONGUE W/O CLOSURE	41110	CPT	outpatient			10367		4234.52 Consumer	Consumer		9848.65	95			56.85		9848.65 percent of total billed charges	
EXCISION OF LESION OF TONGUE W/O CLOSURE	41110	CPT	outpatient			10367		4234.52 Corrections	Corrections		8293.6	80			56.85		9848.65 percent of total billed charges	
EXCISION OF LESION OF TONGUE W/O CLOSURE	41110	CPT	outpatient			10367		4234.52 First Health	First Health		7256.9	70			56.85		9848.65 percent of total billed charges	
EXCISION OF LESION OF TONGUE W/O CLOSURE	41110	CPT	outpatient			10367		4234.52 First Trenton	First Trenton		9330.3	90			56.85		9848.65 percent of total billed charges	
EXCISION OF LESION OF TONGUE W/O CLOSURE	41110	CPT	outpatient			10367		4234.52 Horizon	Indemnity		6852.56				56.85		9848.65 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION OF LESION OF TONGUE W/O CLOSURE	41110	CPT	outpatient			10367		4234.52 Horizon	PPO		6852.56				56.85		9848.65 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION OF LESION OF TONGUE W/O CLOSURE	41110	CPT	outpatient			10367		4234.52 Horizon	MGD		6852.56				56.85		9848.65 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION OF LESION OF TONGUE W/O CLOSURE	41110	CPT	outpatient			10367		4234.52 Horizon	Medicare Blue		3682.19				56.85		9848.65 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION OF LESION OF TONGUE W/O CLOSURE	41110	CPT	outpatient			10367		4234.52 Horizon	NJ Health		56.85				56.85		9848.65 fee schedule	
EXCISION OF LESION OF TONGUE W/O CLOSURE	41110	CPT	outpatient			10367		4234.52 Managed Care Inc	Managed Care Inc		9330.3	90			56.85		9848.65 percent of total billed charges	
EXCISION OF LESION OF TONGUE W/O CLOSURE	41110	CPT	outpatient			10367		4234.52 Multiplan	Multiplan		8293.6	80			56.85		9848.65 percent of total billed charges	
EXCISION OF LESION OF TONGUE W/O CLOSURE	41110	CPT	outpatient			10367		4234.52 Qualicare	Qualicare		7775.25	75			56.85		9848.65 percent of total billed charges	
EXCISION OF LESION OF TONGUE W/O CLOSURE	41110	CPT	outpatient			10367		4234.52 Three Rivers	Three Rivers		9848.65	95			56.85		9848.65 percent of total billed charges	
EXCISION OF LESION OF TONGUE W/O CLOSURE	41110	CPT	outpatient			10367		4234.52 UHC	Medicaid		3270.79	31.55			56.85		9848.65 percent of total billed charges	
EXCISION OF LESION OF TONGUE W/O CLOSURE	41110	CPT	outpatient			10367		4234.52 UHC	Medicare		3682.19				56.85		9848.65 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION OF LESION OF TONGUE W/O CLOSURE	41110	CPT	outpatient			10367		4234.52 United	Commercial|PPO		2493				56.85		9848.65 case rate	
EXCISION OF LESION OF TONGUE W/O CLOSURE	41110	CPT	outpatient			10367		4234.52 United	Oxford		2493				56.85		9848.65 case rate	
EXCISION OF LESION OF TONGUE W/O CLOSURE	41110	CPT	outpatient			10367		4234.52 Wellcare	Medicare		3682.19				56.85		9848.65 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION OF LESION OF TONGUE W/O CLOSURE	41110	CPT	outpatient			10367		4234.52 Wellcare	Medicaid		3270.79	31.55			56.85		9848.65 percent of total billed charges	
EXCISION OF LESION OF TONGUE W/O CLOSURE	41110	CPT	outpatient			10367		4234.52 WellPoint	WellPoint		3336.1	32.18			56.85		9848.65 percent of total billed charges	
EXC TONGUE LESION W CL;ANT 2/3	41112	CPT	outpatient			10367		4234.52 Aetna	Better Health		3270.79	31.55			224.46		9848.65 percent of total billed charges	
EXC TONGUE LESION W CL;ANT 2/3	41112	CPT	outpatient			10367		4234.52 Aetna	Commercial		5862.05				224.46		9848.65 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC TONGUE LESION W CL;ANT 2/3	41112	CPT	outpatient			10367		4234.52 Aetna	Medicare		3682.19				224.46		9848.65 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC TONGUE LESION W CL;ANT 2/3	41112	CPT	outpatient			10367		4234.52 Americare	Americare		7775.25	75			224.46		9848.65 percent of total billed charges	
EXC TONGUE LESION W CL;ANT 2/3	41112	CPT	outpatient			10367		4234.52 Ameriheath	Medicare		3682.19				224.46		9848.65 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC TONGUE LESION W CL;ANT 2/3	41112	CPT	outpatient			10367		4234.52 Ameriheath	HMO/PPO		6738.55	65			224.46		9848.65 percent of total billed charges	
EXC TONGUE LESION W CL;ANT 2/3	41112	CPT	outpatient			10367		4234.52 Consumer	Consumer		9848.65	95			224.46		9848.65 percent of total billed charges	
EXC TONGUE LESION W CL;ANT 2/3	41112	CPT	outpatient			10367		4234.52 Corrections	Corrections		8293.6	80			224.46		9848.65 percent of total billed charges	
EXC TONGUE LESION W CL;ANT 2/3	41112	CPT	outpatient			10367		4234.52 First Health	First Health		7256.9	70			224.46		9848.65 percent of total billed charges	
EXC TONGUE LESION W CL;ANT 2/3	41112	CPT	outpatient			10367		4234.52 First Trenton	First Trenton		9330.3	90			224.46		9848.65 percent of total billed charges	
EXC TONGUE LESION W CL;ANT 2/3	41112	CPT	outpatient			10367		4234.52 Horizon	MGD		6852.56				224.46		9848.65 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC TONGUE LESION W CL;ANT 2/3	41112	CPT	outpatient			10367		4234.52 Horizon	Indemnity		6852.56				224.46		9848.65 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC TONGUE LESION W CL;ANT 2/3	41112	CPT	outpatient			10367		4234.52 Horizon	NJ Health		224.46				224.46		9848.65 fee schedule	
EXC TONGUE LESION W CL;ANT 2/3	41112	CPT	outpatient			10367		4234.52 Horizon	Medicare Blue		3682.19				224.46		9848.65 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC TONGUE LESION W CL;ANT 2/3	41112	CPT	outpatient			10367		4234.52 Horizon	PPO		6852.56				224.46		9848.65 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC TONGUE LESION W CL;ANT 2/3	41112	CPT	outpatient			10367		4234.52 Managed Care Inc	Managed Care Inc		9330.3	90			224.46		9848.65 percent of total billed charges	
EXC TONGUE LESION W CL;ANT 2/3	41112	CPT	outpatient			10367		4234.52 Multiplan	Multiplan		8293.6	80			224.46		9848.65 percent of total billed charges	
EXC TONGUE LESION W CL;ANT 2/3	41112	CPT	outpatient			10367		4234.52 Qualicare	Qualicare		7775.25	75			224.46		9848.65 percent of total billed charges	
EXC TONGUE LESION W CL;ANT 2/3	41112	CPT	outpatient			10367		4234.52 Three Rivers	Three Rivers		9848.65	95			224.46		9848.65 percent of total billed charges	
EXC TONGUE LESION W CL;ANT 2/3	41112	CPT	outpatient			10367		4234.52 UHC	Medicaid		3270.79	31.55			224.46		9848.65 percent of total billed charges	
EXC TONGUE LESION W CL;ANT 2/3	41112	CPT	outpatient			10367		4234.52 UHC	Medicare		3682.19				224.46		9848.65 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC TONGUE LESION W CL;ANT 2/3	41112	CPT	outpatient			10367		4234.52 United	Commercial|PPO		2493				224.46		9848.65 case rate	
EXC TONGUE LESION W CL;ANT 2/3	41112	CPT	outpatient			10367		4234.52 United	Oxford		2493				224.46		9848.65 case rate	
EXC TONGUE LESION W CL;ANT 2/3	41112	CPT	outpatient			10367		4234.52 Wellcare	Medicare		3682.19				224.46		9848.65 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC TONGUE LESION W CL;ANT 2/3	41112	CPT	outpatient			10367		4234.52 Wellcare	Medicaid		3270.79	31.55			224.46		9848.65 percent of total billed charges	
EXC TONGUE LESION W CL;ANT 2/3	41112	CPT	outpatient			10367		4234.52 WellPoint	WellPoint		3336.1	32.18			224.46		9848.65 percent of total billed charges	
EXC TONGUE LES W/CLOS PST33%	41113	CPT	outpatient			10367		4234.52 Aetna	Better Health		3270.79	31.55			360.02		9848.65 percent of total billed charges	
EXC TONGUE LES W/CLOS PST33%	41113	CPT	outpatient			10367		4234.52 Aetna	Commercial		5862.05				360.02		9848.65 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC TONGUE LES W/CLOS PST33%	41113	CPT	outpatient			10367		4234.52 Aetna	Medicare		3682.19				360.02		9848.65 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC TONGUE LES W/CLOS PST33%	41113	CPT	outpatient			10367		4234.52 Americare	Americare		7775.25	75			360.02		9848.65 percent of total billed charges	
EXC TONGUE LES W/CLOS PST33%	41113	CPT	outpatient			10367		4234.52 Ameriheath	HMO/PPO		6738.55	65			360.02		9848.65 percent of total billed charges	
EXC TONGUE LES W/CLOS PST33%	41113	CPT	outpatient			10367		4234.52 Ameriheath	Medicare		3682.19				360.02		9848.65 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC TONGUE LES W/CLOS PST33%	41113	CPT	outpatient			10367		4234.52 Consumer	Consumer		9848.65	95			360.02		9848.65 percent of total billed charges	
EXC TONGUE LES W/CLOS PST33%	41113	CPT	outpatient			10367		4234.52 Corrections	Corrections		8293.6	80			360.02		9848.65 percent of total billed charges	
EXC TONGUE LES W/CLOS PST33%	41113	CPT	outpatient			10367		4234.52 First Health	First Health		7256.9	70			360.02		9848.65 percent of total billed charges	
EXC TONGUE LES W/CLOS PST33%	41113	CPT	outpatient			10367		4234.52 First Trenton	First Trenton		9330.3	90			360.02		9848.65 percent of total billed charges	
EXC TONGUE LES W/CLOS PST33%	41113	CPT	outpatient			10367		4234.52 Horizon	MGD		6852.56				360.02		9848.65 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC TONGUE LES W/CLOS PST33%	41113	CPT	outpatient			10367		4234.52 Horizon	Indemnity		6852.56				360.02		9848.65 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC TONGUE LES W/CLOS PST33%	41113	CPT	outpatient			10367		4234.52 Horizon	NJ Health		360.02				360.02		9848.65 fee schedule	
EXC TONGUE LES W/CLOS PST33%	41113	CPT	outpatient			10367		4234.52 Horizon	PPO		6852.56				360.02		9848.65 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC TONGUE LES W/CLOS PST33%	41113	CPT	outpatient			10367		4234.52 Horizon	Medicare Blue		3682.19				360.02		9848.65 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC TONGUE LES W/CLOS PST33%	41113	CPT	outpatient			10367		4234.52 Managed Care Inc	Managed Care Inc		9330.3	90			360.02		9848.65 percent of total billed charges	
EXC TONGUE LES W/CLOS PST33%	41113	CPT	outpatient			10367		4234.52 Multiplan	Multiplan		8293.6	80			360.02		9848.65 percent of total billed charges	
EXC TONGUE LES W/CLOS PST33%	41113	CPT	outpatient			10367		4234.52 Qualicare	Qualicare		7775.25	75			360.02		9848.65 percent of total billed charges	
EXC TONGUE LES W/CLOS PST33%	41113	CPT	outpatient			10367		4234.52 Three Rivers	Three Rivers		9848.65	95			360.02		9848.65 percent of total billed charges	
EXC TONGUE LES W/CLOS PST33%	41113	CPT	outpatient			10367		4234.52 UHC	Medicaid		3270.79	31.55			360.02		9848.65 percent of total billed charges	
EXC TONGUE LES W/CLOS PST33%	41113	CPT	outpatient			10367		4234.52 UHC	Medicare		3682.19				360.02		9848.65 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC TONGUE LES W/CLOS PST33%	41113	CPT	outpatient			10367		4234.52 United	Commercial|PPO		2493				360.02		9848.65 case rate	
EXC TONGUE LES W/CLOS PST33%	41113	CPT	outpatient			10367		4234.52 United	Oxford		2493				360.02		9848.65 case rate	
EXC TONGUE LES W/CLOS PST33%	41113	CPT	outpatient			10367		4234.52 Wellcare	Medicare		3682.19				360.02		9848.65 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC TONGUE LES W/CLOS PST33%	41113	CPT	outpatient			10367		4234.52 Wellcare	Medicaid		3270.79	31.55			360.02		9848.65 percent of total billed charges	
EXC TONGUE LES W/CLOS PST33%	41113	CPT	outpatient			10367		4234.52 WellPoint	WellPoint		3336.1	32.18			360.02		9848.65 percent of total billed charges	
EXCISION, LINGUAL FRENUM	41115	CPT	outpatient			5059		2005.77 Aetna	Commercial		2776.69				116.93		4806.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION, LINGUAL FRENUM	41115	CPT	outpatient			5059		2005.77 Aetna	Better Health		1596.11	31.55			116.93		4806.05 percent of total billed charges	
EXCISION, LINGUAL FRENUM	41115	CPT	outpatient			5059		2005.77 Aetna	Medicare		1744.15				116.93		4806.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION, LINGUAL FRENUM	41115	CPT	outpatient			5059		2005.77 Americare	Americare		3794.25	75			116.93		4806.05 percent of total billed charges	
EXCISION, LINGUAL FRENUM	41115	CPT	outpatient			5059		2005.77 Ameriheath	Medicare		1744.15				116.93		4806.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION, LINGUAL FRENUM	41115	CPT	outpatient			5059		2005.77 Ameriheath	HMO/PPO		3288.35	65			116.93		4806.05 percent of total billed charges	
EXCISION, LINGUAL FRENUM	41115	CPT	outpatient			5059		2005.77 Consumer	Consumer		4806.05	95			116.93		4806.05 percent of total billed charges	
EXCISION, LINGUAL FRENUM	41115	CPT	outpatient			5059		2005.77 Corrections	Corrections		4047.2	80			116.93		4806.05 percent of total billed charges	
EXCISION, LINGUAL FRENUM	41115	CPT	outpatient			5059		2005.77 First Health	First Health		3541.3	70			116.93		4806.05 percent of total billed charges	
EXCISION, LINGUAL FRENUM	41115	CPT	outpatient			5059		2005.77 First Trenton	First Trenton		4553.1	90			116.93		4806.05 percent of total billed charges	
EXCISION, LINGUAL FRENUM	41115	CPT	outpatient			5059		2005.77 Horizon	Indemnity		3245.86				116.93		4806.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION, LINGUAL FRENUM	41115	CPT	outpatient			5059		2005.77 Horizon	MGD		3245.86				116.93		4806.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION, LINGUAL FRENUM	41115	CPT	outpatient			5059		2005.77 Horizon	NJ Health		116.93				116.93		4806.05 fee schedule	
EXCISION, LINGUAL FRENUM	41115	CPT	outpatient			5059		2005.77 Horizon	Medicare Blue		1744.15				116.93		4806.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION, LINGUAL FRENUM	41115	CPT	outpatient			5059		2005.77 Horizon	PPO		3245.86				116.93		4806.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION, LINGUAL FRENUM	41115	CPT	outpatient			5059		2005.77 Managed Care Inc	Managed Care Inc		4553.1	90			116.93		4806.05 percent of total billed charges	
EXCISION, LINGUAL FRENUM	41115	CPT	outpatient			5059		2005.77 Multiplan	Multiplan		4047.2	80			116.93		4806.05 percent of total billed charges	
EXCISION, LINGUAL FRENUM	41115	CPT	outpatient			5059		2005.77 Qualicare	Qualicare		3794.25	75			116.93		4806.05 percent of total billed charges	
EXCISION, LINGUAL FRENUM	41115	CPT	outpatient			5059		2005.77 Three Rivers	Three Rivers		4806.05	95			116.93		4806.05 percent of total billed charges	
EXCISION, LINGUAL FRENUM	41115	CPT	outpatient			5059		2005.77 UHC	Medicaid		1596.11	31.55			116.93		4806.05 percent of total billed charges	
EXCISION, LINGUAL FRENUM	41115	CPT	outpatient			5059		2005.77 UHC	Medicare		1744.15				116.93		4806.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION, LINGUAL FRENUM	41115	CPT	outpatient			5059		2005.77 United	Oxford		2493				116.93		4806.05 case rate	
EXCISION, LINGUAL FRENUM	41115	CPT	outpatient			5059		2005.77 United	Commercial|PPO		2493				116.93		4806.05 case rate	
EXCISION, LINGUAL FRENUM	41115	CPT	outpatient			5059		2005.77 Wellcare	Medicare		1744.15				116.93		4806.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION, LINGUAL FRENUM	41115	CPT	outpatient			5059		2005.77 Wellcare	Medicaid		1596.11	31.55			116.93		4806.05 percent of total billed charges	
EXCISION, LINGUAL FRENUM	41115	CPT	outpatient			5059		2005.77 WellPoint	WellPoint		1627.99	32.18			116.93		4806.05 percent of total billed charges	
RPR 2.5CM MOUTH TONGUE	41250	CPT	outpatient			2926		524.04 Aetna	Medicare		455.69				131.54		2779.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR 2.5CM MOUTH TONGUE	41250	CPT	outpatient			2926		524.04 Aetna	Commercial		725.46				131.54		2779.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR 2.5CM MOUTH TONGUE	41250	CPT	outpatient			2926		524.04 Aetna	Better Health		923.15	31.55			131.54		2779.7 percent of total billed charges	
RPR 2.5CM MOUTH TONGUE	41250	CPT	outpatient			2926		524.04 Americare	Americare		2194.5	75			131.54		2779.7 percent of total billed charges	
RPR 2.5CM MOUTH TONGUE	41250	CPT	outpatient			2926		524.04 Ameriheath	HMO/PPO		1901.9	65			131.54		2779.7 percent of total billed charges	
RPR 2.5CM MOUTH TONGUE	41250	CPT	outpatient			2926		524.04 Ameriheath	Medicare		455.69				131.54		2779.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR 2.5CM MOUTH TONGUE	41250	CPT	outpatient			2926		524.04 Consumer	Consumer		2779.7	95			131.54		2779.7 percent of total billed charges	
RPR 2.5CM MOUTH TONGUE	41250	CPT	outpatient			2926		524.04 Corrections	Corrections		2340.8	80			131.54		2779.7 percent of total billed charges	
RPR 2.5CM MOUTH TONGUE	41250	CPT	outpatient			2926		524.04 First Health	First Health		2048.2	70			131.54		2779.7 percent of total billed charges	
RPR 2.5CM MOUTH TONGUE	41250	CPT	outpatient			2926		524.04 First Trenton	First Trenton		2633.4	90			131.54		2779.7 percent of total billed charges	
RPR 2.5CM MOUTH TONGUE	41250	CPT	outpatient			2926		524.04 Horizon	Indemnity		848.04				131.54		2779.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR 2.5CM MOUTH TONGUE	41250	CPT	outpatient			2926		524.04 Horizon	PPO		848.04				131.54		2779.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR 2.5CM MOUTH TONGUE	41250	CPT	outpatient			2926		524.04 Horizon	MGD		848.04				131.54		2779.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR 2.5CM MOUTH TONGUE	41250	CPT	outpatient			2926		524.04 Horizon	NJ Health		131.54				131.54		2779.7 fee schedule	
RPR 2.5CM MOUTH TONGUE	41250	CPT	outpatient			2926		524.04 Horizon	Medicare Blue		455.69				131.54		2779.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR 2.5CM MOUTH TONGUE	41250	CPT	outpatient			2926		524.04 Managed Care Inc	Managed Care Inc		2633.4	90			131.54		2779.7 percent of total billed charges	
RPR 2.5CM MOUTH TONGUE	41250	CPT	outpatient			2926		524.04 Multiplan	Multiplan		2340.8	80			131.54		2779.7 percent of total billed charges	
RPR 2.5CM MOUTH TONGUE	41250	CPT	outpatient			2926		524.04 Qualicare	Qualicare		2194.5	75			131.54		2779.7 percent of total billed charges	
RPR 2.5CM MOUTH TONGUE	41250	CPT	outpatient			2926		524.04 Three Rivers	Three Rivers		2779.7	95			131.54		2779.7 percent of total billed charges	
RPR 2.5CM MOUTH TONGUE	41250	CPT	outpatient			2926		524.04 UHC	Medicaid		923.15	31.55			131.54		2779.7 percent of total billed charges	
RPR 2.5CM MOUTH TONGUE	41250	CPT	outpatient			2926		524.04 UHC	Medicare		455.69				131.54		2779.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR 2.5CM MOUTH TONGUE	41250	CPT	outpatient			2926		524.04 United	Oxford		1782				131.54		2779.7 case rate	
RPR 2.5CM MOUTH TONGUE	41250	CPT	outpatient			2926		524.04 United	Commercial|PPO		1782				131.54		2779.7 case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
RPR 2.5CM MOUTH TONGUE	41250	CPT	outpatient			2926	524.04	Wellcare	Medicare		455.69				131.54	2779.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR 2.5CM MOUTH TONGUE	41250	CPT	outpatient			2926	524.04	Wellcare	Medicaid		923.15	31.55			131.54	2779.7	percent of total billed charges	
RPR 2.5CM MOUTH TONGUE	41250	CPT	outpatient			2926	524.04	WellPoint	WellPoint		941.59	32.18			131.54	2779.7	percent of total billed charges	
RPR 2.5CM POST 1/3 TONGUE	41251	CPT	outpatient			2379	321.26	Aetna	Better Health		750.57	31.55			142.11	2260.05	percent of total billed charges	
RPR 2.5CM POST 1/3 TONGUE	41251	CPT	outpatient			2379	321.26	Aetna	Commercial		444.74				142.11	2260.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR 2.5CM POST 1/3 TONGUE	41251	CPT	outpatient			2379	321.26	Aetna	Medicare		279.36				142.11	2260.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR 2.5CM POST 1/3 TONGUE	41251	CPT	outpatient			2379	321.26	Americare	Americare		1784.25	75			142.11	2260.05	percent of total billed charges	
RPR 2.5CM POST 1/3 TONGUE	41251	CPT	outpatient			2379	321.26	Amerihealth	HMO/PPO		1546.35	65			142.11	2260.05	percent of total billed charges	
RPR 2.5CM POST 1/3 TONGUE	41251	CPT	outpatient			2379	321.26	Amerihealth	Medicare		279.36				142.11	2260.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR 2.5CM POST 1/3 TONGUE	41251	CPT	outpatient			2379	321.26	Consumer	Consumer		2260.05	95			142.11	2260.05	percent of total billed charges	
RPR 2.5CM POST 1/3 TONGUE	41251	CPT	outpatient			2379	321.26	Corrections	Corrections		1903.2	80			142.11	2260.05	percent of total billed charges	
RPR 2.5CM POST 1/3 TONGUE	41251	CPT	outpatient			2379	321.26	First Health	First Health		1665.3	70			142.11	2260.05	percent of total billed charges	
RPR 2.5CM POST 1/3 TONGUE	41251	CPT	outpatient			2379	321.26	First Trenton	First Trenton		2141.1	90			142.11	2260.05	percent of total billed charges	
RPR 2.5CM POST 1/3 TONGUE	41251	CPT	outpatient			2379	321.26	Horizon	NJ Health		142.11				142.11	2260.05	fee schedule	
RPR 2.5CM POST 1/3 TONGUE	41251	CPT	outpatient			2379	321.26	Horizon	Indemnity		519.89				142.11	2260.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR 2.5CM POST 1/3 TONGUE	41251	CPT	outpatient			2379	321.26	Horizon	Medicare Blue		279.36				142.11	2260.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR 2.5CM POST 1/3 TONGUE	41251	CPT	outpatient			2379	321.26	Horizon	MGD		519.89				142.11	2260.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR 2.5CM POST 1/3 TONGUE	41251	CPT	outpatient			2379	321.26	Horizon	PPO		519.89				142.11	2260.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR 2.5CM POST 1/3 TONGUE	41251	CPT	outpatient			2379	321.26	Managed Care Inc	Managed Care Inc		2141.1	90			142.11	2260.05	percent of total billed charges	
RPR 2.5CM POST 1/3 TONGUE	41251	CPT	outpatient			2379	321.26	Multiplan	Multiplan		1903.2	80			142.11	2260.05	percent of total billed charges	
RPR 2.5CM POST 1/3 TONGUE	41251	CPT	outpatient			2379	321.26	Qualcare	Qualcare		1784.25	75			142.11	2260.05	percent of total billed charges	
RPR 2.5CM POST 1/3 TONGUE	41251	CPT	outpatient			2379	321.26	Three Rivers	Three Rivers		2260.05	95			142.11	2260.05	percent of total billed charges	
RPR 2.5CM POST 1/3 TONGUE	41251	CPT	outpatient			2379	321.26	UHC	Medicaid		750.57	31.55			142.11	2260.05	percent of total billed charges	
RPR 2.5CM POST 1/3 TONGUE	41251	CPT	outpatient			2379	321.26	UHC	Medicare		279.36				142.11	2260.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR 2.5CM POST 1/3 TONGUE	41251	CPT	outpatient			2379	321.26	United	Commercial|PPO		1782				142.11	2260.05	case rate	
RPR 2.5CM POST 1/3 TONGUE	41251	CPT	outpatient			2379	321.26	United	Oxford		1782				142.11	2260.05	case rate	
RPR 2.5CM POST 1/3 TONGUE	41251	CPT	outpatient			2379	321.26	Wellcare	Medicare		279.36				142.11	2260.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR 2.5CM POST 1/3 TONGUE	41251	CPT	outpatient			2379	321.26	Wellcare	Medicaid		750.57	31.55			142.11	2260.05	percent of total billed charges	
RPR 2.5CM POST 1/3 TONGUE	41251	CPT	outpatient			2379	321.26	WellPoint	WellPoint		765.56	32.18			142.11	2260.05	percent of total billed charges	
REP TONGUE LAC> 2.6CM	41252	CPT	outpatient			1852	321.26	Aetna	Medicare		279.36				239.15	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP TONGUE LAC> 2.6CM	41252	CPT	outpatient			1852	321.26	Aetna	Better Health		584.31	31.55			239.15	1782	percent of total billed charges	
REP TONGUE LAC> 2.6CM	41252	CPT	outpatient			1852	321.26	Aetna	Commercial		444.74				239.15	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP TONGUE LAC> 2.6CM	41252	CPT	outpatient			1852	321.26	Americare	Americare		1389	75			239.15	1782	percent of total billed charges	
REP TONGUE LAC> 2.6CM	41252	CPT	outpatient			1852	321.26	Amerihealth	Medicare		279.36				239.15	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP TONGUE LAC> 2.6CM	41252	CPT	outpatient			1852	321.26	Amerihealth	HMO/PPO		1203.8	65			239.15	1782	percent of total billed charges	
REP TONGUE LAC> 2.6CM	41252	CPT	outpatient			1852	321.26	Consumer	Consumer		1759.4	95			239.15	1782	percent of total billed charges	
REP TONGUE LAC> 2.6CM	41252	CPT	outpatient			1852	321.26	Corrections	Corrections		1481.6	80			239.15	1782	percent of total billed charges	
REP TONGUE LAC> 2.6CM	41252	CPT	outpatient			1852	321.26	First Health	First Health		1296.4	70			239.15	1782	percent of total billed charges	
REP TONGUE LAC> 2.6CM	41252	CPT	outpatient			1852	321.26	First Trenton	First Trenton		1666.8	90			239.15	1782	percent of total billed charges	
REP TONGUE LAC> 2.6CM	41252	CPT	outpatient			1852	321.26	Horizon	MGD		519.89				239.15	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP TONGUE LAC> 2.6CM	41252	CPT	outpatient			1852	321.26	Horizon	Indemnity		519.89				239.15	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP TONGUE LAC> 2.6CM	41252	CPT	outpatient			1852	321.26	Horizon	NJ Health		446.31				239.15	1782	fee schedule	
REP TONGUE LAC> 2.6CM	41252	CPT	outpatient			1852	321.26	Horizon	Medicare Blue		279.36				239.15	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP TONGUE LAC> 2.6CM	41252	CPT	outpatient			1852	321.26	Horizon	PPO		519.89				239.15	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP TONGUE LAC> 2.6CM	41252	CPT	outpatient			1852	321.26	Managed Care Inc	Managed Care Inc		1666.8	90			239.15	1782	percent of total billed charges	
REP TONGUE LAC> 2.6CM	41252	CPT	outpatient			1852	321.26	Multiplan	Multiplan		1481.6	80			239.15	1782	percent of total billed charges	
REP TONGUE LAC> 2.6CM	41252	CPT	outpatient			1852	321.26	Qualcare	Qualcare		1389	75			239.15	1782	percent of total billed charges	
REP TONGUE LAC> 2.6CM	41252	CPT	outpatient			1852	321.26	Three Rivers	Three Rivers		1759.4	95			239.15	1782	percent of total billed charges	
REP TONGUE LAC> 2.6CM	41252	CPT	outpatient			1852	321.26	UHC	Medicare		279.36				239.15	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP TONGUE LAC> 2.6CM	41252	CPT	outpatient			1852	321.26	UHC	Medicaid		584.31	31.55			239.15	1782	percent of total billed charges	
REP TONGUE LAC> 2.6CM	41252	CPT	outpatient			1852	321.26	United	Commercial|PPO		1782				239.15	1782	case rate	
REP TONGUE LAC> 2.6CM	41252	CPT	outpatient			1852	321.26	United	Oxford		1782				239.15	1782	case rate	
REP TONGUE LAC> 2.6CM	41252	CPT	outpatient			1852	321.26	Wellcare	Medicare		279.36				239.15	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP TONGUE LAC> 2.6CM	41252	CPT	outpatient			1852	321.26	Wellcare	Medicaid		584.31	31.55			239.15	1782	percent of total billed charges	
REP TONGUE LAC> 2.6CM	41252	CPT	outpatient			1852	321.26	WellPoint	WellPoint		595.97	32.18			239.15	1782	percent of total billed charges	
SUTURE TONGUE TO LIP	41510	CPT	outpatient			5916	4234.52	Aetna	Medicare		3682.19				595.08	6852.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE TONGUE TO LIP	41510	CPT	outpatient			5916	4234.52	Aetna	Better Health		1866.5	31.55			595.08	6852.56	percent of total billed charges	
SUTURE TONGUE TO LIP	41510	CPT	outpatient			5916	4234.52	Aetna	Commercial		5862.05				595.08	6852.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE TONGUE TO LIP	41510	CPT	outpatient			5916	4234.52	Americare	Americare		4437	75			595.08	6852.56	percent of total billed charges	
SUTURE TONGUE TO LIP	41510	CPT	outpatient			5916	4234.52	Amerihealth	HMO/PPO		3845.4	65			595.08	6852.56	percent of total billed charges	
SUTURE TONGUE TO LIP	41510	CPT	outpatient			5916	4234.52	Amerihealth	Medicare		3682.19				595.08	6852.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE TONGUE TO LIP	41510	CPT	outpatient			5916	4234.52	Consumer	Consumer		5620.2	95			595.08	6852.56	percent of total billed charges	
SUTURE TONGUE TO LIP	41510	CPT	outpatient			5916	4234.52	Corrections	Corrections		4732.8	80			595.08	6852.56	percent of total billed charges	
SUTURE TONGUE TO LIP	41510	CPT	outpatient			5916	4234.52	First Health	First Health		4141.2	70			595.08	6852.56	percent of total billed charges	
SUTURE TONGUE TO LIP	41510	CPT	outpatient			5916	4234.52	First Trenton	First Trenton		5324.4	90			595.08	6852.56	percent of total billed charges	
SUTURE TONGUE TO LIP	41510	CPT	outpatient			5916	4234.52	Horizon	Indemnity		6852.56				595.08	6852.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE TONGUE TO LIP	41510	CPT	outpatient			5916	4234.52	Horizon	NJ Health		595.08				595.08	6852.56	fee schedule	
SUTURE TONGUE TO LIP	41510	CPT	outpatient			5916	4234.52	Horizon	Medicare Blue		3682.19				595.08	6852.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE TONGUE TO LIP	41510	CPT	outpatient			5916	4234.52	Horizon	MGD		6852.56				595.08	6852.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE TONGUE TO LIP	41510	CPT	outpatient			5916	4234.52	Horizon	PPO		6852.56				595.08	6852.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE TONGUE TO LIP	41510	CPT	outpatient			5916	4234.52	Managed Care Inc	Managed Care Inc		5324.4	90			595.08	6852.56	percent of total billed charges	
SUTURE TONGUE TO LIP	41510	CPT	outpatient			5916	4234.52	Multiplan	Multiplan		4732.8	80			595.08	6852.56	percent of total billed charges	
SUTURE TONGUE TO LIP	41510	CPT	outpatient			5916	4234.52	Qualcare	Qualcare		4437	75			595.08	6852.56	percent of total billed charges	
SUTURE TONGUE TO LIP	41510	CPT	outpatient			5916	4234.52	Three Rivers	Three Rivers		5620.2	95			595.08	6852.56	percent of total billed charges	
SUTURE TONGUE TO LIP	41510	CPT	outpatient			5916	4234.52	UHC	Medicare		3682.19				595.08	6852.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE TONGUE TO LIP	41510	CPT	outpatient			5916	4234.52	UHC	Medicaid		1866.5	31.55			595.08	6852.56	percent of total billed charges	
SUTURE TONGUE TO LIP	41510	CPT	outpatient			5916	4234.52	United	Commercial|PPO		2493				595.08	6852.56	case rate	
SUTURE TONGUE TO LIP	41510	CPT	outpatient			5916	4234.52	United	Oxford		2493				595.08	6852.56	case rate	
SUTURE TONGUE TO LIP	41510	CPT	outpatient			5916	4234.52	Wellcare	Medicare		3682.19				595.08	6852.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE TONGUE TO LIP	41510	CPT	outpatient			5916	4234.52	Wellcare	Medicaid		1866.5	31.55			595.08	6852.56	percent of total billed charges	
SUTURE TONGUE TO LIP	41510	CPT	outpatient			5916	4234.52	WellPoint	WellPoint		1903.77	32.18			595.08	6852.56	percent of total billed charges	
UNLTD PROCD TNG FLR-MTH	41599	CPT	outpatient			847	321.26	Aetna	Better Health		267.23	31.55			239.15	1782	percent of total billed charges	
UNLTD PROCD TNG FLR-MTH	41599	CPT	outpatient			847	321.26	Aetna	Commercial		444.74				239.15	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLTD PROCD TNG FLR-MTH	41599	CPT	outpatient			847	321.26	Aetna	Medicare		279.36				239.15	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLTD PROCD TNG FLR-MTH	41599	CPT	outpatient			847	321.26	Americare	Americare		635.25	75			239.15	1782	percent of total billed charges	
UNLTD PROCD TNG FLR-MTH	41599	CPT	outpatient			847	321.26	Amerihealth	HMO/PPO		550.55	65			239.15	1782	percent of total billed charges	
UNLTD PROCD TNG FLR-MTH	41599	CPT	outpatient			847	321.26	Amerihealth	Medicare		279.36				239.15	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLTD PROCD TNG FLR-MTH	41599	CPT	outpatient			847	321.26	Consumer	Consumer		804.65	95			239.15	1782	percent of total billed charges	
UNLTD PROCD TNG FLR-MTH	41599	CPT	outpatient			847	321.26	Corrections	Corrections		677.6	80			239.15	1782	percent of total billed charges	
UNLTD PROCD TNG FLR-MTH	41599	CPT	outpatient			847	321.26	First Health	First Health		592.9	70			239.15	1782	percent of total billed charges	
UNLTD PROCD TNG FLR-MTH	41599	CPT	outpatient			847	321.26	First Trenton	First Trenton		762.3	90			239.15	1782	percent of total billed charges	
UNLTD PROCD TNG FLR-MTH	41599	CPT	outpatient			847	321.26	Horizon	Medicare Blue		279.36				239.15	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLTD PROCD TNG FLR-MTH	41599	CPT	outpatient			847	321.26	Horizon	Indemnity		519.89				239.15	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLTD PROCD TNG FLR-MTH	41599	CPT	outpatient			847	321.26	Horizon	PPO		519.89				239.15	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLTD PROCD TNG FLR-MTH	41599	CPT	outpatient			847	321.26	Horizon	MGD		519.89				239.15	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLTD PROCD TNG FLR-MTH	41599	CPT	outpatient			847	321.26	Managed Care Inc	Managed Care Inc		762.3	90			239.15	1782	percent of total billed charges	
UNLTD PROCD TNG FLR-MTH	41599	CPT	outpatient			847	321.26	Multiplan	Multiplan		677.6	80			239.15	1782	percent of total billed charges	
UNLTD PROCD TNG FLR-MTH	41599	CPT	outpatient			847	321.26	Qualcare	Qualcare		635.25	75			239.15	1782	percent of total billed charges	
UNLTD PROCD TNG FLR-MTH	41599	CPT	outpatient			847	321.26	Three Rivers	Three Rivers		804.65	95			239.15	1782	percent of total billed charges	
UNLTD PROCD TNG FLR-MTH	41599	CPT	outpatient			847	321.26	UHC	Medicare		279.36				239.15	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLTD PROCD TNG FLR-MTH	41599	CPT	outpatient			847	321.26	UHC	Medicaid		267.23	31.55			239.15	1782	percent of total billed charges	
UNLTD PROCD TNG FLR-MTH	41599	CPT	outpatient			847	321.26	United	Oxford		1782				239.15	1782	case rate	
UNLTD PROCD TNG FLR-MTH	41599	CPT	outpatient			847	321.26	United	Commercial|PPO		1782				239.15	1782	case rate	
UNLTD PROCD TNG FLR-MTH	41599	CPT	outpatient			847	321.26	Wellcare	Medicare		279.36				239.15	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLTD PROCD TNG FLR-MTH	41599	CPT	outpatient			847	321.26	Wellcare	Medicaid		267.23	31.55			239.15	1782	percent of total billed charges	
UNLTD PROCD TNG FLR-MTH	41599	CPT	outpatient			847	321.26	WellPoint	WellPoint		272.56	32.18			239.15	1782	percent of total billed charges	
I & D ABCESS-EXTRAORAL	41800	CPT	outpatient			424	168	Aetna	Better Health		133.77	31.55			65.77	1782	percent of total billed charges	
I & D ABCESS-EXTRAORAL	41800	CPT	outpatient			424	168	Aetna	Medicare		130.59	30.8			65.77	1782	percent of total billed charges	
I & D ABCESS-EXTRAORAL	41800	CPT	outpatient			424	168	Aetna	Commercial		232.58				65.77	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I & D ABCESS-EXTRAORAL	41800	CPT	outpatient			424	168	Americare	Americare		318	75			65.77	1782	percent of total billed charges	
I & D ABCESS-EXTRAORAL	41800	CPT	outpatient			424	168	Amerihealth	Medicare		146.09				65.77	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I & D ABCESS-EXTRAORAL	41800	CPT	outpatient			424	168	Amerihealth	HMO/PPO		275.6	65			65.77	1782	percent of total billed charges	
I & D ABCESS-EXTRAORAL	41800	CPT	outpatient			424	168	Consumer	Consumer		402.8	95			65.77	1782	percent of total billed charges	
I & D ABCESS-EXTRAORAL	41800	CPT	outpatient			424	168	Corrections	Corrections		339.2	80			65.77	1782	percent of total billed charges	
I & D ABCESS-EXTRAORAL	41800	CPT	outpatient			424	168	First Health	First Health		296.8	70			65.77	1782	percent of total billed charges	
I & D ABCESS-EXTRAORAL	41800	CPT	outpatient			424	168	First Trenton	First Trenton		381.6	90			65.77	1782	percent of total billed charges	
I & D ABCESS-EXTRAORAL	41800	CPT	outpatient			424	168	Horizon	Indemnity		271.87				65.77	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I & D ABCESS-EXTRAORAL	41800	CPT	outpatient			424	168	Horizon	MGD		271.87				65.77	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I & D ABCESS-EXTRAORAL	41800	CPT	outpatient			424	168	Horizon	PPO		271.87				65.77	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I & D ABCESS-EXTRAORAL	41800	CPT	outpatient			424	168	Horizon	Medicare Blue		146.09				65.77	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I & D ABCESS-EXTRAORAL	41800	CPT	outpatient			424	168	Horizon	NJ Health		65.77				65.77	1782	fee schedule	
I & D ABCESS-EXTRAORAL	41800	CPT	outpatient			424	168	Managed Care Inc	Managed Care Inc		381.6	90			65.77	1782	percent of total billed charges	
I & D ABCESS-EXTRAORAL	41800	CPT	outpatient			424	168	Multiplan	Multiplan		339.2	80			65.77	1782	percent of total billed charges	
I & D ABCESS-EXTRAORAL	41800	CPT	outpatient			424	168	Qualcare	Qualcare		318	75			65.77	1782	percent of total billed charges	
I & D ABCESS-EXTRAORAL	41800	CPT	outpatient			424	168	Three Rivers	Three Rivers		402.8	95			65.77	1782	percent of total billed charges	
I & D ABCESS-EXTRAORAL	41800	CPT	outpatient			424	168	UHC	Medicare		146.09				65.77	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I & D ABCESS-EXTRAORAL	41800	CPT	outpatient			424	168	UHC	Medicaid		133.77	31.55			65.77	1782	percent of total billed charges	
I & D ABCESS-EXTRAORAL	41800	CPT	outpatient			424	168	United	Commercial|PPO		1782				65.77	1782	case rate	
I & D ABCESS-EXTRAORAL	41800	CPT	outpatient			424	168	United	Oxford		1782				65.77	1782	case rate	
I & D ABCESS-EXTRAORAL	41800	CPT	outpatient			424	168	Wellcare	Medicare		146.09				65.77	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I & D ABCESS-EXTRAORAL	41800	CPT	outpatient			424	168	Wellcare	Medicaid		133.77	31.55			65.77	1782	percent of total billed charges	
I & D ABCESS-EXTRAORAL	41800	CPT	outpatient			424	168	WellPoint	WellPoint		136.44	32.18			65.77	1782	percent of total billed charges	
RMVL FOREIGN BODY,GUM	41805	CPT	outpatient			6103	2005.77	Aetna	Commercial		2776.69				142.11	5797.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL FOREIGN BODY,GUM	41805	CPT	outpatient			6103	2005.77	Aetna	Better Health		1925.5	31.55			142.11	5797.85	percent of total billed charges	
RMVL FOREIGN BODY,GUM	41805	CPT	outpatient			6103	2005.77	Aetna	Medicare		1744.15				142.11	5797.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL FOREIGN BODY,GUM	41805	CPT	outpatient			6103	2005.77	Americare	Americare		4577.25	75			142.11	5797.85	percent of total billed charges	
RMVL FOREIGN BODY,GUM	41805	CPT	outpatient			6103	2005.77	Amerihealth	HMO/PPO		3966.95	65			142.11	5797.85	percent of total billed charges	
RMVL FOREIGN BODY,GUM	41805	CPT	outpatient			6103	2005.77	Amerihealth	Medicare		1744.15				142.11	5797.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL FOREIGN BODY,GUM	41805	CPT	outpatient			6103	2005.77	Consumer	Consumer		5797.85	95			142.11	5797.85	percent of total billed charges	
RMVL FOREIGN BODY,GUM	41805	CPT	outpatient			6103	2005.77	Corrections	Corrections		4882.4	80			142.11	5797.85	percent of total billed charges	
RMVL FOREIGN BODY,GUM	41805	CPT	outpatient			6103	2005.77	First Health	First Health		4272.1	70			142.11	5797.85	percent of total billed charges	
RMVL FOREIGN BODY,GUM	41805	CPT	outpatient			6103	2005.77	First Trenton	First Trenton		5492.7	90			142.11	5797.85	percent of total billed charges	
RMVL FOREIGN BODY,GUM	41805	CPT	outpatient			6103	2005.77	Horizon	Indemnity		3245.86				142.11	5797.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL FOREIGN BODY,GUM	41805	CPT	outpatient			6103	2005.77	Horizon	Medicare Blue		1744.15				142.11	5797.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL FOREIGN BODY,GUM	41805	CPT	outpatient			6103	2005.77	Horizon	NJ Health		142.11				142.11	5797.85	fee schedule	
RMVL FOREIGN BODY,GUM	41805	CPT	outpatient			6103	2005.77	Horizon	MGD		3245.86				142.11	5797.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL FOREIGN BODY,GUM	41805	CPT	outpatient			6103	2005.77	Horizon	PPO		3245.86				142.11	5797.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL FOREIGN BODY,GUM	41805	CPT	outpatient			6103	2005.77	Managed Care Inc	Managed Care Inc		5492.7	90			142.11	5797.85	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.															
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true														
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
RMVL FOREIGN BODY,GUM	41805	CPT	outpatient			6103		2005.77	Multiplan		4882.4	80			142.11	5797.85	percent of total billed charges	
RMVL FOREIGN BODY,GUM	41805	CPT	outpatient			6103		2005.77	Qualcare		4577.25	75			142.11	5797.85	percent of total billed charges	
RMVL FOREIGN BODY,GUM	41805	CPT	outpatient			6103		2005.77	Three Rivers		5797.85	95			142.11	5797.85	percent of total billed charges	
RMVL FOREIGN BODY,GUM	41805	CPT	outpatient			6103		2005.77	UHC		Medicaid	1925.5	31.55		142.11	5797.85	percent of total billed charges	
RMVL FOREIGN BODY,GUM	41805	CPT	outpatient			6103		2005.77	UHC		Medicare	1744.15			142.11	5797.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL FOREIGN BODY,GUM	41805	CPT	outpatient			6103		2005.77	United		CommercialPPO	2493			142.11	5797.85	case rate	
RMVL FOREIGN BODY,GUM	41805	CPT	outpatient			6103		2005.77	United		Oxford	2493			142.11	5797.85	case rate	
RMVL FOREIGN BODY,GUM	41805	CPT	outpatient			6103		2005.77	Wellcare		Medicare	1744.15			142.11	5797.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL FOREIGN BODY,GUM	41805	CPT	outpatient			6103		2005.77	Wellcare		Medicaid	1925.5	31.55		142.11	5797.85	percent of total billed charges	
RMVL FOREIGN BODY,GUM	41805	CPT	outpatient			6103		2005.77	WellPoint		WellPoint	1963.95	32.18		142.11	5797.85	percent of total billed charges	
GINGIVECTOMY, EXCISION, EACH QUAD	41820	CPT	outpatient			10367		4234.52	Aetna		Better Health	3270.79	31.55		138.96	9848.65	percent of total billed charges	
GINGIVECTOMY, EXCISION, EACH QUAD	41820	CPT	outpatient			10367		4234.52	Aetna		Commercial	5862.05			138.96	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GINGIVECTOMY, EXCISION, EACH QUAD	41820	CPT	outpatient			10367		4234.52	Aetna		Medicare	3682.19			138.96	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GINGIVECTOMY, EXCISION, EACH QUAD	41820	CPT	outpatient			10367		4234.52	Americare		Americare	7775.25	75		138.96	9848.65	percent of total billed charges	
GINGIVECTOMY, EXCISION, EACH QUAD	41820	CPT	outpatient			10367		4234.52	Amerihealth		HMO/PPO	6738.55	65		138.96	9848.65	percent of total billed charges	
GINGIVECTOMY, EXCISION, EACH QUAD	41820	CPT	outpatient			10367		4234.52	Amerihealth		Medicare	3682.19			138.96	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GINGIVECTOMY, EXCISION, EACH QUAD	41820	CPT	outpatient			10367		4234.52	Consumer		Consumer	9848.65	95		138.96	9848.65	percent of total billed charges	
GINGIVECTOMY, EXCISION, EACH QUAD	41820	CPT	outpatient			10367		4234.52	Corrections		Corrections	8293.6	80		138.96	9848.65	percent of total billed charges	
GINGIVECTOMY, EXCISION, EACH QUAD	41820	CPT	outpatient			10367		4234.52	First Health		First Health	7256.9	70		138.96	9848.65	percent of total billed charges	
GINGIVECTOMY, EXCISION, EACH QUAD	41820	CPT	outpatient			10367		4234.52	First Trenton		First Trenton	9330.3	90		138.96	9848.65	percent of total billed charges	
GINGIVECTOMY, EXCISION, EACH QUAD	41820	CPT	outpatient			10367		4234.52	Horizon		Indemnity	6852.56			138.96	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GINGIVECTOMY, EXCISION, EACH QUAD	41820	CPT	outpatient			10367		4234.52	Horizon		PPO	6852.56			138.96	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GINGIVECTOMY, EXCISION, EACH QUAD	41820	CPT	outpatient			10367		4234.52	Horizon		MGD	6852.56			138.96	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GINGIVECTOMY, EXCISION, EACH QUAD	41820	CPT	outpatient			10367		4234.52	Horizon		Medicare Blue	3682.19			138.96	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GINGIVECTOMY, EXCISION, EACH QUAD	41820	CPT	outpatient			10367		4234.52	Horizon		NJ Health	138.96			138.96	9848.65	fee schedule	
GINGIVECTOMY, EXCISION, EACH QUAD	41820	CPT	outpatient			10367		4234.52	Managed Care Inc		Managed Care Inc	9330.3	90		138.96	9848.65	percent of total billed charges	
GINGIVECTOMY, EXCISION, EACH QUAD	41820	CPT	outpatient			10367		4234.52	Multiplan		Multiplan	8293.6	80		138.96	9848.65	percent of total billed charges	
GINGIVECTOMY, EXCISION, EACH QUAD	41820	CPT	outpatient			10367		4234.52	Qualcare		Qualcare	7775.25	75		138.96	9848.65	percent of total billed charges	
GINGIVECTOMY, EXCISION, EACH QUAD	41820	CPT	outpatient			10367		4234.52	Three Rivers		Three Rivers	9848.65	95		138.96	9848.65	percent of total billed charges	
GINGIVECTOMY, EXCISION, EACH QUAD	41820	CPT	outpatient			10367		4234.52	UHC		Medicaid	3270.79	31.55		138.96	9848.65	percent of total billed charges	
GINGIVECTOMY, EXCISION, EACH QUAD	41820	CPT	outpatient			10367		4234.52	UHC		Medicare	3682.19			138.96	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GINGIVECTOMY, EXCISION, EACH QUAD	41820	CPT	outpatient			10367		4234.52	United		CommercialPPO	2776			138.96	9848.65	case rate	
GINGIVECTOMY, EXCISION, EACH QUAD	41820	CPT	outpatient			10367		4234.52	United		Oxford	2776			138.96	9848.65	case rate	
GINGIVECTOMY, EXCISION, EACH QUAD	41820	CPT	outpatient			10367		4234.52	Wellcare		Medicare	3682.19			138.96	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GINGIVECTOMY, EXCISION, EACH QUAD	41820	CPT	outpatient			10367		4234.52	Wellcare		Medicaid	3270.79	31.55		138.96	9848.65	percent of total billed charges	
GINGIVECTOMY, EXCISION, EACH QUAD	41820	CPT	outpatient			10367		4234.52	WellPoint		WellPoint	3336.1	32.18		138.96	9848.65	percent of total billed charges	
OPERCULECTOMY	41821	CPT	outpatient			5059		2005.77	Aetna		Commercial	2776.69			109.62	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPERCULECTOMY	41821	CPT	outpatient			5059		2005.77	Aetna		Better Health	1596.11	31.55		109.62	4806.05	percent of total billed charges	
OPERCULECTOMY	41821	CPT	outpatient			5059		2005.77	Aetna		Medicare	1744.15			109.62	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPERCULECTOMY	41821	CPT	outpatient			5059		2005.77	Americare		Americare	3794.25	75		109.62	4806.05	percent of total billed charges	
OPERCULECTOMY	41821	CPT	outpatient			5059		2005.77	Amerihealth		HMO/PPO	3288.35	65		109.62	4806.05	percent of total billed charges	
OPERCULECTOMY	41821	CPT	outpatient			5059		2005.77	Amerihealth		Medicare	1744.15			109.62	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPERCULECTOMY	41821	CPT	outpatient			5059		2005.77	Consumer		Consumer	4806.05	95		109.62	4806.05	percent of total billed charges	
OPERCULECTOMY	41821	CPT	outpatient			5059		2005.77	Corrections		Corrections	4047.2	80		109.62	4806.05	percent of total billed charges	
OPERCULECTOMY	41821	CPT	outpatient			5059		2005.77	First Health		First Health	3541.3	70		109.62	4806.05	percent of total billed charges	
OPERCULECTOMY	41821	CPT	outpatient			5059		2005.77	First Trenton		First Trenton	4553.1	90		109.62	4806.05	percent of total billed charges	
OPERCULECTOMY	41821	CPT	outpatient			5059		2005.77	Horizon		MGD	3245.86			109.62	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPERCULECTOMY	41821	CPT	outpatient			5059		2005.77	Horizon		PPO	3245.86			109.62	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPERCULECTOMY	41821	CPT	outpatient			5059		2005.77	Horizon		NJ Health	109.62			109.62	4806.05	fee schedule	
OPERCULECTOMY	41821	CPT	outpatient			5059		2005.77	Horizon		Medicare Blue	1744.15			109.62	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPERCULECTOMY	41821	CPT	outpatient			5059		2005.77	Horizon		Indemnity	3245.86			109.62	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPERCULECTOMY	41821	CPT	outpatient			5059		2005.77	Managed Care Inc		Managed Care Inc	4553.1	90		109.62	4806.05	percent of total billed charges	
OPERCULECTOMY	41821	CPT	outpatient			5059		2005.77	Multiplan		Multiplan	4047.2	80		109.62	4806.05	percent of total billed charges	
OPERCULECTOMY	41821	CPT	outpatient			5059		2005.77	Qualcare		Qualcare	3794.25	75		109.62	4806.05	percent of total billed charges	
OPERCULECTOMY	41821	CPT	outpatient			5059		2005.77	Three Rivers		Three Rivers	4806.05	95		109.62	4806.05	percent of total billed charges	
OPERCULECTOMY	41821	CPT	outpatient			5059		2005.77	UHC		Medicaid	1596.11	31.55		109.62	4806.05	percent of total billed charges	
OPERCULECTOMY	41821	CPT	outpatient			5059		2005.77	UHC		Medicare	1744.15			109.62	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPERCULECTOMY	41821	CPT	outpatient			5059		2005.77	United		Oxford	2493			109.62	4806.05	case rate	
OPERCULECTOMY	41821	CPT	outpatient			5059		2005.77	United		CommercialPPO	2493			109.62	4806.05	case rate	
OPERCULECTOMY	41821	CPT	outpatient			5059		2005.77	Wellcare		Medicare	1744.15			109.62	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPERCULECTOMY	41821	CPT	outpatient			5059		2005.77	Wellcare		Medicaid	1596.11	31.55		109.62	4806.05	percent of total billed charges	
OPERCULECTOMY	41821	CPT	outpatient			5059		2005.77	WellPoint		WellPoint	1627.99	32.18		109.62	4806.05	percent of total billed charges	
REMOVAL EXOSTOSIS PER SITE	41822	CPT	outpatient			5059		2005.77	Aetna		Better Health	1596.11	31.55		113.69	4806.05	percent of total billed charges	
REMOVAL EXOSTOSIS PER SITE	41822	CPT	outpatient			5059		2005.77	Aetna		Commercial	2776.69			113.69	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL EXOSTOSIS PER SITE	41822	CPT	outpatient			5059		2005.77	Aetna		Medicare	1744.15			113.69	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL EXOSTOSIS PER SITE	41822	CPT	outpatient			5059		2005.77	Americare		Americare	3794.25	75		113.69	4806.05	percent of total billed charges	
REMOVAL EXOSTOSIS PER SITE	41822	CPT	outpatient			5059		2005.77	Amerihealth		HMO/PPO	3288.35	65		113.69	4806.05	percent of total billed charges	
REMOVAL EXOSTOSIS PER SITE	41822	CPT	outpatient			5059		2005.77	Amerihealth		Medicare	1744.15			113.69	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL EXOSTOSIS PER SITE	41822	CPT	outpatient			5059		2005.77	Consumer		Consumer	4806.05	95		113.69	4806.05	percent of total billed charges	
REMOVAL EXOSTOSIS PER SITE	41822	CPT	outpatient			5059		2005.77	Corrections		Corrections	4047.2	80		113.69	4806.05	percent of total billed charges	
REMOVAL EXOSTOSIS PER SITE	41822	CPT	outpatient			5059		2005.77	First Health		First Health	3541.3	70		113.69	4806.05	percent of total billed charges	
REMOVAL EXOSTOSIS PER SITE	41822	CPT	outpatient			5059		2005.77	First Trenton		First Trenton	4553.1	90		113.69	4806.05	percent of total billed charges	
REMOVAL EXOSTOSIS PER SITE	41822	CPT	outpatient			5059		2005.77	Horizon		PPO	3245.86			113.69	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL EXOSTOSIS PER SITE	41822	CPT	outpatient			5059		2005.77	Horizon		MGD	3245.86			113.69	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL EXOSTOSIS PER SITE	41822	CPT	outpatient			5059		2005.77	Horizon		Indemnity	3245.86			113.69	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL EXOSTOSIS PER SITE	41822	CPT	outpatient			5059		2005.77	Horizon		NJ Health	113.69			113.69	4806.05	fee schedule	
REMOVAL EXOSTOSIS PER SITE	41822	CPT	outpatient			5059		2005.77	Horizon		Medicare Blue	1744.15			113.69	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL EXOSTOSIS PER SITE	41822	CPT	outpatient			5059		2005.77	Managed Care Inc		Managed Care Inc	4553.1	90		113.69	4806.05	percent of total billed charges	
REMOVAL EXOSTOSIS PER SITE	41822	CPT	outpatient			5059		2005.77	Multiplan		Multiplan	4047.2	80		113.69	4806.05	percent of total billed charges	
REMOVAL EXOSTOSIS PER SITE	41822	CPT	outpatient			5059		2005.77	Qualcare		Qualcare	3794.25	75		113.69	4806.05	percent of total billed charges	
REMOVAL EXOSTOSIS PER SITE	41822	CPT	outpatient			5059		2005.77	Three Rivers		Three Rivers	4806.05	95		113.69	4806.05	percent of total billed charges	
REMOVAL EXOSTOSIS PER SITE	41822	CPT	outpatient			5059		2005.77	UHC		Medicare	1744.15			113.69	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL EXOSTOSIS PER SITE	41822	CPT	outpatient			5059		2005.77	UHC		Medicaid	1596.11	31.55		113.69	4806.05	percent of total billed charges	
REMOVAL EXOSTOSIS PER SITE	41822	CPT	outpatient			5059		2005.77	United		CommercialPPO	2493			113.69	4806.05	case rate	
REMOVAL EXOSTOSIS PER SITE	41822	CPT	outpatient			5059		2005.77	United		Oxford	2493			113.69	4806.05	case rate	
REMOVAL EXOSTOSIS PER SITE	41822	CPT	outpatient			5059		2005.77	Wellcare		Medicare	1744.15			113.69	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL EXOSTOSIS PER SITE	41822	CPT	outpatient			5059		2005.77	Wellcare		Medicaid	1596.11	31.55		113.69	4806.05	percent of total billed charges	
REMOVAL EXOSTOSIS PER SITE	41822	CPT	outpatient			5059		2005.77	WellPoint		WellPoint	1627.99	32.18		113.69	4806.05	percent of total billed charges	
EXCISION,TUBEROSITY,DENTO ALVEOLAR	41823	CPT	outpatient			19455		7702.18	Aetna		Better Health	6138.05	31.55		113.69	18482.25	percent of total billed charges	
EXCISION,TUBEROSITY,DENTO ALVEOLAR	41823	CPT	outpatient			19455		7702.18	Aetna		Commercial	10662.5			113.69	18482.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION,TUBEROSITY,DENTO ALVEOLAR	41823	CPT	outpatient			19455		7702.18	Aetna		Medicare	6697.55			113.69	18482.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION,TUBEROSITY,DENTO ALVEOLAR	41823	CPT	outpatient			19455		7702.18	Americare		Americare	14591.25	75		113.69	18482.25	percent of total billed charges	
EXCISION,TUBEROSITY,DENTO ALVEOLAR	41823	CPT	outpatient			19455		7702.18	Amerihealth		HMO/PPO	12645.75	65		113.69	18482.25	percent of total billed charges	
EXCISION,TUBEROSITY,DENTO ALVEOLAR	41823	CPT	outpatient			19455		7702.18	Amerihealth		Medicare	6697.55			113.69	18482.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION,TUBEROSITY,DENTO ALVEOLAR	41823	CPT	outpatient			19455		7702.18	Consumer		Consumer	18482.25	95		113.69	18482.25	percent of total billed charges	
EXCISION,TUBEROSITY,DENTO ALVEOLAR	41823	CPT	outpatient			19455		7702.18	Corrections		Corrections	15564	80		113.69	18482.25	percent of total billed charges	
EXCISION,TUBEROSITY,DENTO ALVEOLAR	41823	CPT	outpatient			19455		7702.18	First Health		First Health	13618.5	70		113.69	18482.25	percent of total billed charges	
EXCISION,TUBEROSITY,DENTO ALVEOLAR	41823	CPT	outpatient			19455		7702.18	First Trenton		First Trenton	17509.5	90		113.69	18482.25	percent of total billed charges	
EXCISION,TUBEROSITY,DENTO ALVEOLAR	41823	CPT	outpatient			19455		7702.18	Horizon		MGD	12464.14			113.69	18482.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION,TUBEROSITY,DENTO ALVEOLAR	41823	CPT	outpatient			19455		7702.18	Horizon		Medicare Blue	6697.55			113.69	18482.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION,TUBEROSITY,DENTO ALVEOLAR	41823	CPT	outpatient			19455		7702.18	Horizon		PPO	12464.14			113.69	18482.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION,TUBEROSITY,DENTO ALVEOLAR	41823	CPT	outpatient			19455		7702.18	Horizon		Indemnity	12464.14			113.69	18482.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION,TUBEROSITY,DENTO ALVEOLAR	41823	CPT	outpatient			19455		7702.18	Horizon		NJ Health	113.69			113.69	18482.25	fee schedule	
EXCISION,TUBEROSITY,DENTO ALVEOLAR	41823	CPT	outpatient			19455		7702.18	Managed Care Inc		Managed Care Inc	17509.5	90		113.69	18482.25	percent of total billed charges	
EXCISION,TUBEROSITY,DENTO ALVEOLAR	41823	CPT	outpatient			19455		7702.18	Multiplan		Multiplan	15564	80		113.69	18482.25	percent of total billed charges	
EXCISION,TUBEROSITY,DENTO ALVEOLAR	41823	CPT	outpatient			19455		7702.18	Qualcare		Qualcare	14591.25	75		113.69	18482.25	percent of total billed charges	
EXCISION,TUBEROSITY,DENTO ALVEOLAR	41823	CPT	outpatient			19455		7702.18	Three Rivers		Three Rivers	18482.25	95		113.69	18482.25	percent of total billed charges	
EXCISION,TUBEROSITY,DENTO ALVEOLAR	41823	CPT	outpatient			19455		7702.18	UHC		Medicare	6697.55			113.69	18482.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION,TUBEROSITY,DENTO ALVEOLAR	41823	CPT	outpatient			19455		7702.18	UHC		Medicaid	6138.05	31.55		113.69	18482.25	percent of total billed charges	
EXCISION,TUBEROSITY,DENTO ALVEOLAR	41823	CPT	outpatient			19455		7702.18	United		CommercialPPO	2776			113.69	18482.25	case rate	
EXCISION,TUBEROSITY,DENTO ALVEOLAR	41823	CPT	outpatient			19455		7702.18	United		Oxford	2776			113.69	18482.25	case rate	
EXCISION,TUBEROSITY,DENTO ALVEOLAR	41823	CPT	outpatient			19455		7702.18	Wellcare		Medicaid	6138.05	31.55		113.69	18482.25	percent of total billed charges	
EXCISION,TUBEROSITY,DENTO ALVEOLAR	41823	CPT	outpatient			19455		7702.18	Wellcare		Medicare	6697.55			113.69	18482.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION,TUBEROSITY,DENTO ALVEOLAR	41823	CPT	outpatient			19455		7702.18	WellPoint		WellPoint	6260.62	32.18		113.69	18482.25	percent of total billed charges	
REM ODONTO CYST-LESION<1.25CM	41825	CPT	outpatient			10367		4234.52	Aetna		Medicare	3193.04	30.8		113.69	9848.65	percent of total billed charges	
REM ODONTO CYST-LESION<1.25CM	41825	CPT	outpatient			10367		4234.52	Aetna		Better Health	3270.79	31.55		113.69	9848.65	percent of total billed charges	
REM ODONTO CYST-LESION<1.25CM	41825	CPT	outpatient			10367		4234.52	Aetna		Commercial	5862.05			113.69	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM ODONTO CYST-LESION<1.25CM	41825	CPT	outpatient			10367		4234.52	Americare		Americare	7775.25	75		113.69	9848.65	percent of total billed charges	
REM ODONTO CYST-LESION<1.25CM	41825	CPT	outpatient			10367		4234.52	Amerihealth		HMO/PPO	6738.55	65		113.69	9848.65	percent of total billed charges	
REM ODONTO CYST-LESION<1.25CM	41825	CPT	outpatient			10367		4234.52	Amerihealth		Medicare	3682.19			113.69	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM ODONTO CYST-LESION<1.25CM	41825	CPT	outpatient			10367		4234.52	Consumer		Consumer	9848.65	95		113.69	9848.65	percent of total billed charges	
REM ODONTO CYST-LESION<1.25CM	41825	CPT	outpatient			10367		4234.52	Corrections		Corrections	8293.6	80		113.69	9848.65	percent of total billed charges	
REM ODONTO CYST-LESION<1.25CM	41825	CPT	outpatient			10367		4234.52	First Health		First Health	7256.9	70		113.69	9848.65	percent of total billed charges	
REM ODONTO CYST-LESION<1.25CM	41825	CPT	outpatient			10367		4234.52	First Trenton		First Trenton	9330.3	90		113.69	9848.65	percent of total billed charges	
REM ODONTO CYST-LESION<1.25CM	41825	CPT	outpatient			10367		4234.52	Horizon		Medicare Blue	3682.19			113.69	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM ODONTO CYST-LESION<1.25CM	41825	CPT	outpatient			10367		4234.52	Horizon		MGD	6852.56			113.69	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM ODONTO CYST-LESION<1.25CM	41825	CPT	outpatient			10367		4234.52	Horizon		Indemnity	6852.56			113.69	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM ODONTO CYST-LESION<1.25CM	41825	CPT	outpatient			10367		4234.52	Horizon		NJ Health	113.69			113.69	9848.65	fee schedule	
REM ODONTO CYST-LESION<1.25CM	41825	CPT	outpatient			10367		4234.52	Horizon		PPO	6852.56			113.69	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM ODONTO CYST-LESION<1.25CM	41825	CPT	outpatient			10367		4234.52	Managed Care Inc		Managed Care Inc	9330.3	90		113.69	9848.65	percent of total billed charges	
REM ODONTO CYST-LESION<1.25CM	41825	CPT	outpatient			10367		4234.52	Multiplan		Multiplan	8293.6	80		113.69	9848.65	percent of total billed charges	
REM ODONTO CYST-LESION<1.25CM	41825	CPT	outpatient			10367		4234.52	Qualcare		Qualcare	7775.25	75		113.69	9848.65	percent of total billed charges	
REM ODONTO CYST-LESION<1.25CM	41825	CPT	outpatient			10367		4234.52	Three Rivers		Three Rivers	9848.65	95		113.69	9848.65	percent of total billed charges	
REM ODONTO CYST-LESION<1.25CM	41825	CPT	outpatient			10367		4234.52	UHC		Medicaid	3270.79	31.55		113.69	9848.65	percent of total billed charges	
REM ODONTO CYST-LESION<1.25CM	41825	CPT	outpatient			10367		4234.52	UHC		Medicare	3682.19			113.69	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM ODONTO CYST-LESION<1.25CM	41825	CPT	outpatient			10367		4234.52	United		CommercialPPO	2493			113.69	9848.65	case rate	
REM ODONTO CYST-LESION<1.25CM	41825	CPT	outpatient			10367		4234.52	United		Oxford	2493			113.69	9848.65	case rate	
REM ODONTO CYST-LESION<1.25CM	41825	CPT	outpatient			10367		4234.52	Wellcare		Medicare	3682.19			113.69	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM ODONTO CYST-LESION<1.25CM	41825	CPT	outpatient			10367		4234.52	Wellcare		Medicaid	3270.79	31.55		113.69	9848.65	percent of total billed charges	
REM ODONTO CYST-LESION<1.25CM	41825	CPT	outpatient			10367		4234.52	WellPoint		WellPoint	3336.1	32.18		113.69	9848.65	percent of total billed charges	
EXC LESION DENTOALV, SIMPLE REP	41826	CPT	outpatient			10367		4234.52	Aetna		Better Health	3270.79	31.55		113.69	9848.65	percent of total billed charges	
EXC LESION DENTOALV, SIMPLE REP	41826	CPT	outpatient			10367		4234.52	Aetna		Medicare	3682.19			113.69	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC LESION DENTOALV, SIMPLE REP	41826	CPT	outpatient			10367		4234.52	Aetna		Commercial	5862.05			113.69	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC LESION DENTOALV, SIMPLE REP	41826	CPT	outpatient			10367		4234.52	Americare		Americare	7775.25	75		113.69	9848.65	percent of total billed charges	
EXC LESION DENTOALV, SIMPLE REP	41826	CPT	outpatient			10367		4234.52	Amerihealth		HMO/PPO	6738.55	65		113.69	9848.65	percent of total billed charges	
EXC LESION DENTOALV, SIMPLE REP	41826	CPT	outpatient			10367		4234.52	Amerihealth		Medicare	3682.19			113.69	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC LESION DENTOALV, SIMPLE REP	41826	CPT	outpatient			10367		4234.52	Consumer		Consumer	9848.65	95		113.69	9848.65	percent of total billed charges	
EXC LESION DENTOALV, SIMPLE REP	41826	CPT	outpatient			10367		4234.52	Corrections		Corrections	8293.6	80		113.69	9848.65	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
EXC LESION DENTOALV, SIMPLE REP	41826	CPT	outpatient			10367	4234.52	First Health	First Health		7256.9	70			113.69	9848.65	percent of total billed charges	
EXC LESION DENTOALV, SIMPLE REP	41826	CPT	outpatient			10367	4234.52	First Trenton	First Trenton		9330.3	90			113.69	9848.65	percent of total billed charges	
EXC LESION DENTOALV, SIMPLE REP	41826	CPT	outpatient			10367	4234.52	Horizon	MGD		6852.56				113.69	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC LESION DENTOALV, SIMPLE REP	41826	CPT	outpatient			10367	4234.52	Horizon	Medicare Blue		3682.19				113.69	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC LESION DENTOALV, SIMPLE REP	41826	CPT	outpatient			10367	4234.52	Horizon	NJ Health		113.69				113.69	9848.65	fee schedule	
EXC LESION DENTOALV, SIMPLE REP	41826	CPT	outpatient			10367	4234.52	Horizon	Indemnity		6852.56				113.69	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC LESION DENTOALV, SIMPLE REP	41826	CPT	outpatient			10367	4234.52	Horizon	PPO		6852.56				113.69	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC LESION DENTOALV, SIMPLE REP	41826	CPT	outpatient			10367	4234.52	Managed Care Inc	Managed Care Inc		9330.3	90			113.69	9848.65	percent of total billed charges	
EXC LESION DENTOALV, SIMPLE REP	41826	CPT	outpatient			10367	4234.52	Multiplan	Multiplan		8293.6	80			113.69	9848.65	percent of total billed charges	
EXC LESION DENTOALV, SIMPLE REP	41826	CPT	outpatient			10367	4234.52	Qualcare	Qualcare		7775.25	75			113.69	9848.65	percent of total billed charges	
EXC LESION DENTOALV, SIMPLE REP	41826	CPT	outpatient			10367	4234.52	Three Rivers	Three Rivers		9848.65	95			113.69	9848.65	percent of total billed charges	
EXC LESION DENTOALV, SIMPLE REP	41826	CPT	outpatient			10367	4234.52	UHC	Medicaid		3270.79	31.55			113.69	9848.65	percent of total billed charges	
EXC LESION DENTOALV, SIMPLE REP	41826	CPT	outpatient			10367	4234.52	UHC	Medicare		3682.19				113.69	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC LESION DENTOALV, SIMPLE REP	41826	CPT	outpatient			10367	4234.52	United	Oxford		2776				113.69	9848.65	case rate	
EXC LESION DENTOALV, SIMPLE REP	41826	CPT	outpatient			10367	4234.52	United	CommercialPPO		2776				113.69	9848.65	case rate	
EXC LESION DENTOALV, SIMPLE REP	41826	CPT	outpatient			10367	4234.52	Wellcare	Medicare		3682.19				113.69	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC LESION DENTOALV, SIMPLE REP	41826	CPT	outpatient			10367	4234.52	Wellcare	Medicaid		3270.79	31.55			113.69	9848.65	percent of total billed charges	
EXC LESION DENTOALV, SIMPLE REP	41826	CPT	outpatient			10367	4234.52	WellPoint	WellPoint		3336.1	32.18			113.69	9848.65	percent of total billed charges	
EXC GUM TISS HYPERPLASTIC EA	41828	CPT	outpatient			5059	2005.77	Aetna	Better Health		1596.11	31.55			142.11	4806.05	percent of total billed charges	
EXC GUM TISS HYPERPLASTIC EA	41828	CPT	outpatient			5059	2005.77	Aetna	Commercial		2776.69				142.11	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC GUM TISS HYPERPLASTIC EA	41828	CPT	outpatient			5059	2005.77	Aetna	Medicare		1744.15				142.11	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC GUM TISS HYPERPLASTIC EA	41828	CPT	outpatient			5059	2005.77	Americare	Americare		3794.25	75			142.11	4806.05	percent of total billed charges	
EXC GUM TISS HYPERPLASTIC EA	41828	CPT	outpatient			5059	2005.77	Amerihealth	Medicare		1744.15				142.11	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC GUM TISS HYPERPLASTIC EA	41828	CPT	outpatient			5059	2005.77	Amerihealth	HMO/PPO		3288.35	65			142.11	4806.05	percent of total billed charges	
EXC GUM TISS HYPERPLASTIC EA	41828	CPT	outpatient			5059	2005.77	Consumer	Consumer		4806.05	95			142.11	4806.05	percent of total billed charges	
EXC GUM TISS HYPERPLASTIC EA	41828	CPT	outpatient			5059	2005.77	Corrections	Corrections		4047.2	80			142.11	4806.05	percent of total billed charges	
EXC GUM TISS HYPERPLASTIC EA	41828	CPT	outpatient			5059	2005.77	First Health	First Health		3541.3	70			142.11	4806.05	percent of total billed charges	
EXC GUM TISS HYPERPLASTIC EA	41828	CPT	outpatient			5059	2005.77	First Trenton	First Trenton		4553.1	90			142.11	4806.05	percent of total billed charges	
EXC GUM TISS HYPERPLASTIC EA	41828	CPT	outpatient			5059	2005.77	Horizon	Indemnity		3245.86				142.11	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC GUM TISS HYPERPLASTIC EA	41828	CPT	outpatient			5059	2005.77	Horizon	Medicare Blue		1744.15				142.11	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC GUM TISS HYPERPLASTIC EA	41828	CPT	outpatient			5059	2005.77	Horizon	NJ Health		142.11				142.11	4806.05	fee schedule	
EXC GUM TISS HYPERPLASTIC EA	41828	CPT	outpatient			5059	2005.77	Horizon	MGD		3245.86				142.11	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC GUM TISS HYPERPLASTIC EA	41828	CPT	outpatient			5059	2005.77	Horizon	PPO		3245.86				142.11	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC GUM TISS HYPERPLASTIC EA	41828	CPT	outpatient			5059	2005.77	Managed Care Inc	Managed Care Inc		4553.1	90			142.11	4806.05	percent of total billed charges	
EXC GUM TISS HYPERPLASTIC EA	41828	CPT	outpatient			5059	2005.77	Multiplan	Multiplan		4047.2	80			142.11	4806.05	percent of total billed charges	
EXC GUM TISS HYPERPLASTIC EA	41828	CPT	outpatient			5059	2005.77	Qualcare	Qualcare		3794.25	75			142.11	4806.05	percent of total billed charges	
EXC GUM TISS HYPERPLASTIC EA	41828	CPT	outpatient			5059	2005.77	Three Rivers	Three Rivers		4806.05	95			142.11	4806.05	percent of total billed charges	
EXC GUM TISS HYPERPLASTIC EA	41828	CPT	outpatient			5059	2005.77	UHC	Medicaid		1596.11	31.55			142.11	4806.05	percent of total billed charges	
EXC GUM TISS HYPERPLASTIC EA	41828	CPT	outpatient			5059	2005.77	UHC	Medicare		1744.15				142.11	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC GUM TISS HYPERPLASTIC EA	41828	CPT	outpatient			5059	2005.77	United	Oxford		2493				142.11	4806.05	case rate	
EXC GUM TISS HYPERPLASTIC EA	41828	CPT	outpatient			5059	2005.77	United	CommercialPPO		2493				142.11	4806.05	case rate	
EXC GUM TISS HYPERPLASTIC EA	41828	CPT	outpatient			5059	2005.77	Wellcare	Medicare		1744.15				142.11	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC GUM TISS HYPERPLASTIC EA	41828	CPT	outpatient			5059	2005.77	Wellcare	Medicaid		1596.11	31.55			142.11	4806.05	percent of total billed charges	
EXC GUM TISS HYPERPLASTIC EA	41828	CPT	outpatient			5059	2005.77	WellPoint	WellPoint		1627.99	32.18			142.11	4806.05	percent of total billed charges	
SEQUESTRECTOMY	41830	CPT	outpatient			10367	4234.52	Aetna	Medicare		3682.19				142.11	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SEQUESTRECTOMY	41830	CPT	outpatient			10367	4234.52	Aetna	Commercial		5862.05				142.11	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SEQUESTRECTOMY	41830	CPT	outpatient			10367	4234.52	Aetna	Better Health		3270.79	31.55			142.11	9848.65	percent of total billed charges	
SEQUESTRECTOMY	41830	CPT	outpatient			10367	4234.52	Americare	Americare		7775.25	75			142.11	9848.65	percent of total billed charges	
SEQUESTRECTOMY	41830	CPT	outpatient			10367	4234.52	Amerihealth	Medicare		3682.19				142.11	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SEQUESTRECTOMY	41830	CPT	outpatient			10367	4234.52	Amerihealth	HMO/PPO		6738.55	65			142.11	9848.65	percent of total billed charges	
SEQUESTRECTOMY	41830	CPT	outpatient			10367	4234.52	Consumer	Consumer		9848.65	95			142.11	9848.65	percent of total billed charges	
SEQUESTRECTOMY	41830	CPT	outpatient			10367	4234.52	Corrections	Corrections		8293.6	80			142.11	9848.65	percent of total billed charges	
SEQUESTRECTOMY	41830	CPT	outpatient			10367	4234.52	First Health	First Health		7256.9	70			142.11	9848.65	percent of total billed charges	
SEQUESTRECTOMY	41830	CPT	outpatient			10367	4234.52	First Trenton	First Trenton		9330.3	90			142.11	9848.65	percent of total billed charges	
SEQUESTRECTOMY	41830	CPT	outpatient			10367	4234.52	Horizon	Indemnity		6852.56				142.11	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SEQUESTRECTOMY	41830	CPT	outpatient			10367	4234.52	Horizon	PPO		6852.56				142.11	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SEQUESTRECTOMY	41830	CPT	outpatient			10367	4234.52	Horizon	Medicare Blue		3682.19				142.11	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SEQUESTRECTOMY	41830	CPT	outpatient			10367	4234.52	Horizon	MGD		6852.56				142.11	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SEQUESTRECTOMY	41830	CPT	outpatient			10367	4234.52	Horizon	NJ Health		142.11				142.11	9848.65	fee schedule	
SEQUESTRECTOMY	41830	CPT	outpatient			10367	4234.52	Managed Care Inc	Managed Care Inc		9330.3	90			142.11	9848.65	percent of total billed charges	
SEQUESTRECTOMY	41830	CPT	outpatient			10367	4234.52	Multiplan	Multiplan		8293.6	80			142.11	9848.65	percent of total billed charges	
SEQUESTRECTOMY	41830	CPT	outpatient			10367	4234.52	Qualcare	Qualcare		7775.25	75			142.11	9848.65	percent of total billed charges	
SEQUESTRECTOMY	41830	CPT	outpatient			10367	4234.52	Three Rivers	Three Rivers		9848.65	95			142.11	9848.65	percent of total billed charges	
SEQUESTRECTOMY	41830	CPT	outpatient			10367	4234.52	UHC	Medicare		3682.19				142.11	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SEQUESTRECTOMY	41830	CPT	outpatient			10367	4234.52	UHC	Medicaid		3270.79	31.55			142.11	9848.65	percent of total billed charges	
SEQUESTRECTOMY	41830	CPT	outpatient			10367	4234.52	United	CommercialPPO		2776				142.11	9848.65	case rate	
SEQUESTRECTOMY	41830	CPT	outpatient			10367	4234.52	United	Oxford		2776				142.11	9848.65	case rate	
SEQUESTRECTOMY	41830	CPT	outpatient			10367	4234.52	Wellcare	Medicaid		3270.79	31.55			142.11	9848.65	percent of total billed charges	
SEQUESTRECTOMY	41830	CPT	outpatient			10367	4234.52	Wellcare	Medicare		3682.19				142.11	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SEQUESTRECTOMY	41830	CPT	outpatient			10367	4234.52	WellPoint	WellPoint		3336.1	32.18			142.11	9848.65	percent of total billed charges	
AVLEOLOPLASTY, EA QUAD	41874	CPT	outpatient			10367	4234.52	Aetna	Better Health		3270.79	31.55			138.96	9848.65	percent of total billed charges	
AVLEOLOPLASTY, EA QUAD	41874	CPT	outpatient			10367	4234.52	Aetna	Commercial		5862.05				138.96	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AVLEOLOPLASTY, EA QUAD	41874	CPT	outpatient			10367	4234.52	Aetna	Medicare		3193.04	30.8			138.96	9848.65	percent of total billed charges	
AVLEOLOPLASTY, EA QUAD	41874	CPT	outpatient			10367	4234.52	Americare	Americare		7775.25	75			138.96	9848.65	percent of total billed charges	
AVLEOLOPLASTY, EA QUAD	41874	CPT	outpatient			10367	4234.52	Amerihealth	HMO/PPO		6738.55	65			138.96	9848.65	percent of total billed charges	
AVLEOLOPLASTY, EA QUAD	41874	CPT	outpatient			10367	4234.52	Amerihealth	Medicare		3682.19				138.96	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AVLEOLOPLASTY, EA QUAD	41874	CPT	outpatient			10367	4234.52	Consumer	Consumer		9848.65	95			138.96	9848.65	percent of total billed charges	
AVLEOLOPLASTY, EA QUAD	41874	CPT	outpatient			10367	4234.52	Corrections	Corrections		8293.6	80			138.96	9848.65	percent of total billed charges	
AVLEOLOPLASTY, EA QUAD	41874	CPT	outpatient			10367	4234.52	First Health	First Health		7256.9	70			138.96	9848.65	percent of total billed charges	
AVLEOLOPLASTY, EA QUAD	41874	CPT	outpatient			10367	4234.52	First Trenton	First Trenton		9330.3	90			138.96	9848.65	percent of total billed charges	
AVLEOLOPLASTY, EA QUAD	41874	CPT	outpatient			10367	4234.52	Horizon	Medicare Blue		3682.19				138.96	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AVLEOLOPLASTY, EA QUAD	41874	CPT	outpatient			10367	4234.52	Horizon	MGD		6852.56				138.96	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AVLEOLOPLASTY, EA QUAD	41874	CPT	outpatient			10367	4234.52	Horizon	Indemnity		6852.56				138.96	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AVLEOLOPLASTY, EA QUAD	41874	CPT	outpatient			10367	4234.52	Horizon	NJ Health		138.96				138.96	9848.65	fee schedule	
AVLEOLOPLASTY, EA QUAD	41874	CPT	outpatient			10367	4234.52	Horizon	PPO		6852.56				138.96	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AVLEOLOPLASTY, EA QUAD	41874	CPT	outpatient			10367	4234.52	Managed Care Inc	Managed Care Inc		9330.3	90			138.96	9848.65	percent of total billed charges	
AVLEOLOPLASTY, EA QUAD	41874	CPT	outpatient			10367	4234.52	Multiplan	Multiplan		8293.6	80			138.96	9848.65	percent of total billed charges	
AVLEOLOPLASTY, EA QUAD	41874	CPT	outpatient			10367	4234.52	Qualcare	Qualcare		7775.25	75			138.96	9848.65	percent of total billed charges	
AVLEOLOPLASTY, EA QUAD	41874	CPT	outpatient			10367	4234.52	Three Rivers	Three Rivers		9848.65	95			138.96	9848.65	percent of total billed charges	
AVLEOLOPLASTY, EA QUAD	41874	CPT	outpatient			10367	4234.52	UHC	Medicaid		3270.79	31.55			138.96	9848.65	percent of total billed charges	
AVLEOLOPLASTY, EA QUAD	41874	CPT	outpatient			10367	4234.52	UHC	Medicare		3682.19				138.96	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AVLEOLOPLASTY, EA QUAD	41874	CPT	outpatient			10367	4234.52	United	CommercialPPO		2493				138.96	9848.65	case rate	
AVLEOLOPLASTY, EA QUAD	41874	CPT	outpatient			10367	4234.52	United	Oxford		2493				138.96	9848.65	case rate	
AVLEOLOPLASTY, EA QUAD	41874	CPT	outpatient			10367	4234.52	Wellcare	Medicaid		3270.79	31.55			138.96	9848.65	percent of total billed charges	
AVLEOLOPLASTY, EA QUAD	41874	CPT	outpatient			10367	4234.52	Wellcare	Medicare		3682.19				138.96	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AVLEOLOPLASTY, EA QUAD	41874	CPT	outpatient			10367	4234.52	WellPoint	WellPoint		3336.1	32.18			138.96	9848.65	percent of total billed charges	
UNLISTED PROC. DENTOALVEOLAR STRUCTURES	41899	CPT	outpatient			400	321.26	Aetna	Commercial		444.74				81.35	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC. DENTOALVEOLAR STRUCTURES	41899	CPT	outpatient			400	321.26	Aetna	Better Health		126.2	31.55			81.35	1782	percent of total billed charges	
UNLISTED PROC. DENTOALVEOLAR STRUCTURES	41899	CPT	outpatient			400	321.26	Aetna	Medicare		279.36				81.35	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC. DENTOALVEOLAR STRUCTURES	41899	CPT	outpatient			400	321.26	Americare	Americare		300	75			81.35	1782	percent of total billed charges	
UNLISTED PROC. DENTOALVEOLAR STRUCTURES	41899	CPT	outpatient			400	321.26	Amerihealth	HMO/PPO		260	65			81.35	1782	percent of total billed charges	
UNLISTED PROC. DENTOALVEOLAR STRUCTURES	41899	CPT	outpatient			400	321.26	Amerihealth	Medicare		279.36				81.35	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC. DENTOALVEOLAR STRUCTURES	41899	CPT	outpatient			400	321.26	Consumer	Consumer		380	95			81.35	1782	percent of total billed charges	
UNLISTED PROC. DENTOALVEOLAR STRUCTURES	41899	CPT	outpatient			400	321.26	Corrections	Corrections		320	80			81.35	1782	percent of total billed charges	
UNLISTED PROC. DENTOALVEOLAR STRUCTURES	41899	CPT	outpatient			400	321.26	First Health	First Health		280	70			81.35	1782	percent of total billed charges	
UNLISTED PROC. DENTOALVEOLAR STRUCTURES	41899	CPT	outpatient			400	321.26	First Trenton	First Trenton		360	90			81.35	1782	percent of total billed charges	
UNLISTED PROC. DENTOALVEOLAR STRUCTURES	41899	CPT	outpatient			400	321.26	Horizon	PPO		519.89				81.35	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC. DENTOALVEOLAR STRUCTURES	41899	CPT	outpatient			400	321.26	Horizon	MGD		519.89				81.35	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC. DENTOALVEOLAR STRUCTURES	41899	CPT	outpatient			400	321.26	Horizon	Indemnity		519.89				81.35	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC. DENTOALVEOLAR STRUCTURES	41899	CPT	outpatient			400	321.26	Horizon	NJ Health		81.35				81.35	1782	fee schedule	
UNLISTED PROC. DENTOALVEOLAR STRUCTURES	41899	CPT	outpatient			400	321.26	Horizon	Medicare Blue		279.36				81.35	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC. DENTOALVEOLAR STRUCTURES	41899	CPT	outpatient			400	321.26	Managed Care Inc	Managed Care Inc		360	90			81.35	1782	percent of total billed charges	
UNLISTED PROC. DENTOALVEOLAR STRUCTURES	41899	CPT	outpatient			400	321.26	Multiplan	Multiplan		320	80			81.35	1782	percent of total billed charges	
UNLISTED PROC. DENTOALVEOLAR STRUCTURES	41899	CPT	outpatient			400	321.26	Qualcare	Qualcare		300	75			81.35	1782	percent of total billed charges	
UNLISTED PROC. DENTOALVEOLAR STRUCTURES	41899	CPT	outpatient			400	321.26	Three Rivers	Three Rivers		380	95			81.35	1782	percent of total billed charges	
UNLISTED PROC. DENTOALVEOLAR STRUCTURES	41899	CPT	outpatient			400	321.26	UHC	Medicaid		126.2	31.55			81.35	1782	percent of total billed charges	
UNLISTED PROC. DENTOALVEOLAR STRUCTURES	41899	CPT	outpatient			400	321.26	UHC	Medicare		279.36				81.35	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC. DENTOALVEOLAR STRUCTURES	41899	CPT	outpatient			400	321.26	United	Oxford		1782				81.35	1782	case rate	
UNLISTED PROC. DENTOALVEOLAR STRUCTURES	41899	CPT	outpatient			400	321.26	United	CommercialPPO		1782				81.35	1782	case rate	
UNLISTED PROC. DENTOALVEOLAR STRUCTURES	41899	CPT	outpatient			400	321.26	Wellcare	Medicare		279.36				81.35	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC. DENTOALVEOLAR STRUCTURES	41899	CPT	outpatient			400	321.26	Wellcare	Medicaid		126.2	31.55			81.35	1782	percent of total billed charges	
UNLISTED PROC. DENTOALVEOLAR STRUCTURES	41899	CPT	outpatient			400	321.26	WellPoint	WellPoint		128.72	32.18			81.35	1782	percent of total billed charges	
I&D ABSCESS PALATE OR UVULA	42000	CPT	outpatient			1266	321.26	Aetna	Better Health		399.42	31.55			56.85	1782	percent of total billed charges	
I&D ABSCESS PALATE OR UVULA	42000	CPT	outpatient			1266	321.26	Aetna	Medicare		279.36				56.85	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D ABSCESS PALATE OR UVULA	42000	CPT	outpatient			1266	321.26	Aetna	Commercial		444.74				56.85	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D ABSCESS PALATE OR UVULA	42000	CPT	outpatient			1266	321.26	Americare	Americare		949.5	75			56.85	1782	percent of total billed charges	
I&D ABSCESS PALATE OR UVULA	42000	CPT	outpatient			1266	321.26	Amerihealth	HMO/PPO		822.9	65			56.85	1782	percent of total billed charges	
I&D ABSCESS PALATE OR UVULA	42000	CPT	outpatient			1266	321.26	Amerihealth	Medicare		279.36				56.85	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D ABSCESS PALATE OR UVULA	42000	CPT	outpatient			1266	321.26	Consumer	Consumer		1202.7	95			56.85	1782	percent of total billed charges	
I&D ABSCESS PALATE OR UVULA	42000	CPT	outpatient			1266	321.26	Corrections	Corrections		1012.8	80			56.85	1782	percent of total billed charges	
I&D ABSCESS PALATE OR UVULA	42000	CPT	outpatient			1266	321.26	First Health	First Health		886.2	70			56.85	1782	percent of total billed charges	
I&D ABSCESS PALATE OR UVULA	42000	CPT	outpatient			1266	321.26	First Trenton	First Trenton		1139.4	90			56.85	1782	percent of total billed charges	
I&D ABSCESS PALATE OR UVULA	42000	CPT	outpatient			1266	321.26	Horizon	NJ Health		56.85				56.85	1782	fee schedule	
I&D ABSCESS PALATE OR UVULA	42000	CPT	outpatient			1266	321.26	Horizon	Medicare Blue		279.36				56.85	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D ABSCESS PALATE OR UVULA	42000	CPT	outpatient			1266	321.26	Horizon	MGD		519.89				56.85	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D ABSCESS PALATE OR UVULA	42000	CPT	outpatient			1266	321.26	Horizon	Indemnity		519.89				56.85	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D ABSCESS PALATE OR UVULA	42000	CPT	outpatient			1266	321.26	Horizon	PPO		519.89				56.85	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D ABSCESS PALATE OR UVULA	42000	CPT	outpatient			1266	321.26	Managed Care Inc	Managed Care Inc		1139.4	90			56.85	1782	percent of total billed charges	
I&D ABSCESS PALATE OR UVULA	42000	CPT	outpatient			1266	321.26	Multiplan	Multiplan		1012.8	80			56.85	1782	percent of total billed charges	
I&D ABSCESS PALATE OR UVULA	42000	CPT	outpatient			1266	321.26	Qualcare	Qualcare		949.5	75			56.85	1782	percent of total billed charges	
I&D ABSCESS PALATE OR UVULA	42000	CPT	outpatient			1266	321.26	Three Rivers	Three Rivers		1202.7	95			56.85	1782	percent of total billed charges	
I&D ABSCESS PALATE OR UVULA	42000	CPT	outpatient			1266	321.26	UHC	Medicaid		399.42	31.55			56.85	1782	percent of total billed charges	
I&D ABSCESS PALATE OR UVULA	42000	CPT	outpatient			1266	321.26	UHC	Medicare		279.36				56.85	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D ABSCESS PALATE OR UVULA	42000	CPT	outpatient			1266	321.26	United	Oxford		1782				56.85	1782	case rate	
I&D ABSCESS PALATE OR UVULA	42000	CPT	outpatient			1266	321.26	United	CommercialPPO		1782				56.85	1782	case rate	
I&D ABSCESS PALATE OR UVULA	42000	CPT	outpatient			1266	321.26	Wellcare	Medicaid		399.42	31.55			56.85	1782	percent of total billed charges	
I&D ABSCESS PALATE OR UVULA	42000	CPT	outpatient			1266	321.26	Wellcare	Medicare		279.36				56.85	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D ABSCESS PALATE OR UVULA	42000	CPT	outpatient			1266	321.26	WellPoint	WellPoint		407.4	32.18			56.85	1782	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
BX, PALATE, UVULA	42100	CPT	outpatient			5210		2005.77 Aetna	Commercial		2776.69				65.77	4949.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX, PALATE, UVULA	42100	CPT	outpatient			5210		2005.77 Aetna	Better Health		1643.76	31.55			65.77	4949.5	percent of total billed charges	
BX, PALATE, UVULA	42100	CPT	outpatient			5210		2005.77 Aetna	Medicare		1744.15				65.77	4949.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX, PALATE, UVULA	42100	CPT	outpatient			5210		2005.77 Americare	Americare		3907.5	75			65.77	4949.5	percent of total billed charges	
BX, PALATE, UVULA	42100	CPT	outpatient			5210		2005.77 Amerihealth	HMO/PPO		3386.5	65			65.77	4949.5	percent of total billed charges	
BX, PALATE, UVULA	42100	CPT	outpatient			5210		2005.77 Amerihealth	Medicare		1744.15				65.77	4949.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX, PALATE, UVULA	42100	CPT	outpatient			5210		2005.77 Consumer	Consumer		4949.5	95			65.77	4949.5	percent of total billed charges	
BX, PALATE, UVULA	42100	CPT	outpatient			5210		2005.77 Corrections	Corrections		4168	80			65.77	4949.5	percent of total billed charges	
BX, PALATE, UVULA	42100	CPT	outpatient			5210		2005.77 First Health	First Health		3647	70			65.77	4949.5	percent of total billed charges	
BX, PALATE, UVULA	42100	CPT	outpatient			5210		2005.77 First Trenton	First Trenton		4689	90			65.77	4949.5	percent of total billed charges	
BX, PALATE, UVULA	42100	CPT	outpatient			5210		2005.77 Horizon	MGD		3245.86				65.77	4949.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX, PALATE, UVULA	42100	CPT	outpatient			5210		2005.77 Horizon	Indemnity		3245.86				65.77	4949.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX, PALATE, UVULA	42100	CPT	outpatient			5210		2005.77 Horizon	Medicare Blue		1744.15				65.77	4949.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX, PALATE, UVULA	42100	CPT	outpatient			5210		2005.77 Horizon	NJ Health		65.77				65.77	4949.5	fee schedule	
BX, PALATE, UVULA	42100	CPT	outpatient			5210		2005.77 Horizon	PPO		3245.86				65.77	4949.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX, PALATE, UVULA	42100	CPT	outpatient			5210		2005.77 Managed Care Inc	Managed Care Inc		4689	90			65.77	4949.5	percent of total billed charges	
BX, PALATE, UVULA	42100	CPT	outpatient			5210		2005.77 Multiplan	Multiplan		4168	80			65.77	4949.5	percent of total billed charges	
BX, PALATE, UVULA	42100	CPT	outpatient			5210		2005.77 Qualcare	Qualcare		3907.5	75			65.77	4949.5	percent of total billed charges	
BX, PALATE, UVULA	42100	CPT	outpatient			5210		2005.77 Three Rivers	Three Rivers		4949.5	95			65.77	4949.5	percent of total billed charges	
BX, PALATE, UVULA	42100	CPT	outpatient			5210		2005.77 UHC	Medicare		1744.15				65.77	4949.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX, PALATE, UVULA	42100	CPT	outpatient			5210		2005.77 UHC	Medicaid		1643.76	31.55			65.77	4949.5	percent of total billed charges	
BX, PALATE, UVULA	42100	CPT	outpatient			5210		2005.77 United	Oxford		2493				65.77	4949.5	case rate	
BX, PALATE, UVULA	42100	CPT	outpatient			5210		2005.77 United	CommercialPPO		2493				65.77	4949.5	case rate	
BX, PALATE, UVULA	42100	CPT	outpatient			5210		2005.77 Wellcare	Medicaid		1643.76	31.55			65.77	4949.5	percent of total billed charges	
BX, PALATE, UVULA	42100	CPT	outpatient			5210		2005.77 Wellcare	Medicare		1744.15				65.77	4949.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX, PALATE, UVULA	42100	CPT	outpatient			5210		2005.77 WellPoint	WellPoint		1676.58	32.18			65.77	4949.5	percent of total billed charges	
EXC LESION PALATE,UVULA W/O CLOSURE	42104	CPT	outpatient			10367		4234.52 Aetna	Medicare		3682.19				98.66	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC LESION PALATE,UVULA W/O CLOSURE	42104	CPT	outpatient			10367		4234.52 Aetna	Better Health		3270.79	31.55			98.66	9848.65	percent of total billed charges	
EXC LESION PALATE,UVULA W/O CLOSURE	42104	CPT	outpatient			10367		4234.52 Aetna	Commercial		5862.05				98.66	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC LESION PALATE,UVULA W/O CLOSURE	42104	CPT	outpatient			10367		4234.52 Americare	Americare		7775.25	75			98.66	9848.65	percent of total billed charges	
EXC LESION PALATE,UVULA W/O CLOSURE	42104	CPT	outpatient			10367		4234.52 Amerihealth	HMO/PPO		6738.55	65			98.66	9848.65	percent of total billed charges	
EXC LESION PALATE,UVULA W/O CLOSURE	42104	CPT	outpatient			10367		4234.52 Amerihealth	Medicare		3682.19				98.66	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC LESION PALATE,UVULA W/O CLOSURE	42104	CPT	outpatient			10367		4234.52 Consumer	Consumer		9848.65	95			98.66	9848.65	percent of total billed charges	
EXC LESION PALATE,UVULA W/O CLOSURE	42104	CPT	outpatient			10367		4234.52 Corrections	Corrections		8293.6	80			98.66	9848.65	percent of total billed charges	
EXC LESION PALATE,UVULA W/O CLOSURE	42104	CPT	outpatient			10367		4234.52 First Health	First Health		7256.9	70			98.66	9848.65	percent of total billed charges	
EXC LESION PALATE,UVULA W/O CLOSURE	42104	CPT	outpatient			10367		4234.52 First Trenton	First Trenton		9330.3	90			98.66	9848.65	percent of total billed charges	
EXC LESION PALATE,UVULA W/O CLOSURE	42104	CPT	outpatient			10367		4234.52 Horizon	Indemnity		6852.56				98.66	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC LESION PALATE,UVULA W/O CLOSURE	42104	CPT	outpatient			10367		4234.52 Horizon	Medicare Blue		3682.19				98.66	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC LESION PALATE,UVULA W/O CLOSURE	42104	CPT	outpatient			10367		4234.52 Horizon	MGD		6852.56				98.66	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC LESION PALATE,UVULA W/O CLOSURE	42104	CPT	outpatient			10367		4234.52 Horizon	NJ Health		98.66				98.66	9848.65	fee schedule	
EXC LESION PALATE,UVULA W/O CLOSURE	42104	CPT	outpatient			10367		4234.52 Horizon	PPO		6852.56				98.66	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC LESION PALATE,UVULA W/O CLOSURE	42104	CPT	outpatient			10367		4234.52 Managed Care Inc	Managed Care Inc		9330.3	90			98.66	9848.65	percent of total billed charges	
EXC LESION PALATE,UVULA W/O CLOSURE	42104	CPT	outpatient			10367		4234.52 Multiplan	Multiplan		8293.6	80			98.66	9848.65	percent of total billed charges	
EXC LESION PALATE,UVULA W/O CLOSURE	42104	CPT	outpatient			10367		4234.52 Qualcare	Qualcare		7775.25	75			98.66	9848.65	percent of total billed charges	
EXC LESION PALATE,UVULA W/O CLOSURE	42104	CPT	outpatient			10367		4234.52 Three Rivers	Three Rivers		9848.65	95			98.66	9848.65	percent of total billed charges	
EXC LESION PALATE,UVULA W/O CLOSURE	42104	CPT	outpatient			10367		4234.52 UHC	Medicaid		3270.79	31.55			98.66	9848.65	percent of total billed charges	
EXC LESION PALATE,UVULA W/O CLOSURE	42104	CPT	outpatient			10367		4234.52 UHC	Medicare		3682.19				98.66	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC LESION PALATE,UVULA W/O CLOSURE	42104	CPT	outpatient			10367		4234.52 United	Oxford		2493				98.66	9848.65	case rate	
EXC LESION PALATE,UVULA W/O CLOSURE	42104	CPT	outpatient			10367		4234.52 United	CommercialPPO		2493				98.66	9848.65	case rate	
EXC LESION PALATE,UVULA W/O CLOSURE	42104	CPT	outpatient			10367		4234.52 Wellcare	Medicare		3682.19				98.66	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC LESION PALATE,UVULA W/O CLOSURE	42104	CPT	outpatient			10367		4234.52 Wellcare	Medicaid		3270.79	31.55			98.66	9848.65	percent of total billed charges	
EXC LESION PALATE,UVULA W/O CLOSURE	42104	CPT	outpatient			10367		4234.52 WellPoint	WellPoint		3336.1	32.18			98.66	9848.65	percent of total billed charges	
UVULECTOMY, EXCISION UVULA	42140	CPT	outpatient			10367		4234.52 Aetna	Medicare		3682.19				56.85	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UVULECTOMY, EXCISION UVULA	42140	CPT	outpatient			10367		4234.52 Aetna	Better Health		3270.79	31.55			56.85	9848.65	percent of total billed charges	
UVULECTOMY, EXCISION UVULA	42140	CPT	outpatient			10367		4234.52 Aetna	Commercial		5862.05				56.85	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UVULECTOMY, EXCISION UVULA	42140	CPT	outpatient			10367		4234.52 Americare	Americare		7775.25	75			56.85	9848.65	percent of total billed charges	
UVULECTOMY, EXCISION UVULA	42140	CPT	outpatient			10367		4234.52 Amerihealth	Medicare		3682.19				56.85	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UVULECTOMY, EXCISION UVULA	42140	CPT	outpatient			10367		4234.52 Amerihealth	HMO/PPO		6738.55	65			56.85	9848.65	percent of total billed charges	
UVULECTOMY, EXCISION UVULA	42140	CPT	outpatient			10367		4234.52 Consumer	Consumer		9848.65	95			56.85	9848.65	percent of total billed charges	
UVULECTOMY, EXCISION UVULA	42140	CPT	outpatient			10367		4234.52 Corrections	Corrections		8293.6	80			56.85	9848.65	percent of total billed charges	
UVULECTOMY, EXCISION UVULA	42140	CPT	outpatient			10367		4234.52 First Health	First Health		7256.9	70			56.85	9848.65	percent of total billed charges	
UVULECTOMY, EXCISION UVULA	42140	CPT	outpatient			10367		4234.52 First Trenton	First Trenton		9330.3	90			56.85	9848.65	percent of total billed charges	
UVULECTOMY, EXCISION UVULA	42140	CPT	outpatient			10367		4234.52 Horizon	Indemnity		6852.56				56.85	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UVULECTOMY, EXCISION UVULA	42140	CPT	outpatient			10367		4234.52 Horizon	MGD		6852.56				56.85	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UVULECTOMY, EXCISION UVULA	42140	CPT	outpatient			10367		4234.52 Horizon	Medicare Blue		3682.19				56.85	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UVULECTOMY, EXCISION UVULA	42140	CPT	outpatient			10367		4234.52 Horizon	PPO		6852.56				56.85	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UVULECTOMY, EXCISION UVULA	42140	CPT	outpatient			10367		4234.52 Horizon	NJ Health		56.85				56.85	9848.65	fee schedule	
UVULECTOMY, EXCISION UVULA	42140	CPT	outpatient			10367		4234.52 Managed Care Inc	Managed Care Inc		9330.3	90			56.85	9848.65	percent of total billed charges	
UVULECTOMY, EXCISION UVULA	42140	CPT	outpatient			10367		4234.52 Multiplan	Multiplan		8293.6	80			56.85	9848.65	percent of total billed charges	
UVULECTOMY, EXCISION UVULA	42140	CPT	outpatient			10367		4234.52 Qualcare	Qualcare		7775.25	75			56.85	9848.65	percent of total billed charges	
UVULECTOMY, EXCISION UVULA	42140	CPT	outpatient			10367		4234.52 Three Rivers	Three Rivers		9848.65	95			56.85	9848.65	percent of total billed charges	
UVULECTOMY, EXCISION UVULA	42140	CPT	outpatient			10367		4234.52 UHC	Medicaid		3270.79	31.55			56.85	9848.65	percent of total billed charges	
UVULECTOMY, EXCISION UVULA	42140	CPT	outpatient			10367		4234.52 UHC	Medicare		3682.19				56.85	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UVULECTOMY, EXCISION UVULA	42140	CPT	outpatient			10367		4234.52 United	CommercialPPO		2493				56.85	9848.65	case rate	
UVULECTOMY, EXCISION UVULA	42140	CPT	outpatient			10367		4234.52 United	Oxford		2493				56.85	9848.65	case rate	
UVULECTOMY, EXCISION UVULA	42140	CPT	outpatient			10367		4234.52 Wellcare	Medicaid		3270.79	31.55			56.85	9848.65	percent of total billed charges	
UVULECTOMY, EXCISION UVULA	42140	CPT	outpatient			10367		4234.52 Wellcare	Medicare		3682.19				56.85	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UVULECTOMY, EXCISION UVULA	42140	CPT	outpatient			10367		4234.52 WellPoint	WellPoint		3336.1	32.18			56.85	9848.65	percent of total billed charges	
TREAT MOUTH ROOF LESION	42160	CPT	outpatient			10367		4234.52 Aetna	Better Health		3270.79	31.55			189.49	9848.65	percent of total billed charges	
TREAT MOUTH ROOF LESION	42160	CPT	outpatient			10367		4234.52 Aetna	Commercial		5862.05				189.49	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT MOUTH ROOF LESION	42160	CPT	outpatient			10367		4234.52 Aetna	Medicare		3682.19				189.49	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT MOUTH ROOF LESION	42160	CPT	outpatient			10367		4234.52 Americare	Americare		7775.25	75			189.49	9848.65	percent of total billed charges	
TREAT MOUTH ROOF LESION	42160	CPT	outpatient			10367		4234.52 Amerihealth	HMO/PPO		6738.55	65			189.49	9848.65	percent of total billed charges	
TREAT MOUTH ROOF LESION	42160	CPT	outpatient			10367		4234.52 Amerihealth	Medicare		3682.19				189.49	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT MOUTH ROOF LESION	42160	CPT	outpatient			10367		4234.52 Consumer	Consumer		9848.65	95			189.49	9848.65	percent of total billed charges	
TREAT MOUTH ROOF LESION	42160	CPT	outpatient			10367		4234.52 Corrections	Corrections		8293.6	80			189.49	9848.65	percent of total billed charges	
TREAT MOUTH ROOF LESION	42160	CPT	outpatient			10367		4234.52 First Health	First Health		7256.9	70			189.49	9848.65	percent of total billed charges	
TREAT MOUTH ROOF LESION	42160	CPT	outpatient			10367		4234.52 First Trenton	First Trenton		9330.3	90			189.49	9848.65	percent of total billed charges	
TREAT MOUTH ROOF LESION	42160	CPT	outpatient			10367		4234.52 Horizon	Medicare Blue		3682.19				189.49	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT MOUTH ROOF LESION	42160	CPT	outpatient			10367		4234.52 Horizon	NJ Health		189.49				189.49	9848.65	fee schedule	
TREAT MOUTH ROOF LESION	42160	CPT	outpatient			10367		4234.52 Horizon	Indemnity		6852.56				189.49	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT MOUTH ROOF LESION	42160	CPT	outpatient			10367		4234.52 Horizon	MGD		6852.56				189.49	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT MOUTH ROOF LESION	42160	CPT	outpatient			10367		4234.52 Horizon	PPO		6852.56				189.49	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT MOUTH ROOF LESION	42160	CPT	outpatient			10367		4234.52 Managed Care Inc	Managed Care Inc		9330.3	90			189.49	9848.65	percent of total billed charges	
TREAT MOUTH ROOF LESION	42160	CPT	outpatient			10367		4234.52 Multiplan	Multiplan		8293.6	80			189.49	9848.65	percent of total billed charges	
TREAT MOUTH ROOF LESION	42160	CPT	outpatient			10367		4234.52 Qualcare	Qualcare		7775.25	75			189.49	9848.65	percent of total billed charges	
TREAT MOUTH ROOF LESION	42160	CPT	outpatient			10367		4234.52 Three Rivers	Three Rivers		9848.65	95			189.49	9848.65	percent of total billed charges	
TREAT MOUTH ROOF LESION	42160	CPT	outpatient			10367		4234.52 UHC	Medicaid		3270.79	31.55			189.49	9848.65	percent of total billed charges	
TREAT MOUTH ROOF LESION	42160	CPT	outpatient			10367		4234.52 UHC	Medicare		3682.19				189.49	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT MOUTH ROOF LESION	42160	CPT	outpatient			10367		4234.52 United	CommercialPPO		2493				189.49	9848.65	case rate	
TREAT MOUTH ROOF LESION	42160	CPT	outpatient			10367		4234.52 United	Oxford		2493				189.49	9848.65	case rate	
TREAT MOUTH ROOF LESION	42160	CPT	outpatient			10367		4234.52 Wellcare	Medicare		3682.19				189.49	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT MOUTH ROOF LESION	42160	CPT	outpatient			10367		4234.52 Wellcare	Medicaid		3270.79	31.55			189.49	9848.65	percent of total billed charges	
TREAT MOUTH ROOF LESION	42160	CPT	outpatient			10367		4234.52 WellPoint	WellPoint		3336.1	32.18			189.49	9848.65	percent of total billed charges	
REPAIR LACERATION OF PALATE	42180	CPT	outpatient			1931		723.64 Aetna	Better Health		609.23	31.55			252.65	1834.45	percent of total billed charges	
REPAIR LACERATION OF PALATE	42180	CPT	outpatient			1931		723.64 Aetna	Commercial		1001.77				252.65	1834.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR LACERATION OF PALATE	42180	CPT	outpatient			1931		723.64 Aetna	Medicare		629.25				252.65	1834.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR LACERATION OF PALATE	42180	CPT	outpatient			1931		723.64 Americare	Americare		1448.25	75			252.65	1834.45	percent of total billed charges	
REPAIR LACERATION OF PALATE	42180	CPT	outpatient			1931		723.64 Amerihealth	HMO/PPO		1255.15	65			252.65	1834.45	percent of total billed charges	
REPAIR LACERATION OF PALATE	42180	CPT	outpatient			1931		723.64 Amerihealth	Medicare		629.25				252.65	1834.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR LACERATION OF PALATE	42180	CPT	outpatient			1931		723.64 Consumer	Consumer		1834.45	95			252.65	1834.45	percent of total billed charges	
REPAIR LACERATION OF PALATE	42180	CPT	outpatient			1931		723.64 Corrections	Corrections		1544.8	80			252.65	1834.45	percent of total billed charges	
REPAIR LACERATION OF PALATE	42180	CPT	outpatient			1931		723.64 First Health	First Health		1351.7	70			252.65	1834.45	percent of total billed charges	
REPAIR LACERATION OF PALATE	42180	CPT	outpatient			1931		723.64 First Trenton	First Trenton		1737.9	90			252.65	1834.45	percent of total billed charges	
REPAIR LACERATION OF PALATE	42180	CPT	outpatient			1931		723.64 Horizon	MGD		1171.03				252.65	1834.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR LACERATION OF PALATE	42180	CPT	outpatient			1931		723.64 Horizon	Indemnity		1171.03				252.65	1834.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR LACERATION OF PALATE	42180	CPT	outpatient			1931		723.64 Horizon	PPO		1171.03				252.65	1834.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR LACERATION OF PALATE	42180	CPT	outpatient			1931		723.64 Horizon	Medicare Blue		629.25				252.65	1834.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR LACERATION OF PALATE	42180	CPT	outpatient			1931		723.64 Horizon	NJ Health		252.65				252.65	1834.45	fee schedule	
REPAIR LACERATION OF PALATE	42180	CPT	outpatient			1931		723.64 Managed Care Inc	Managed Care Inc		1737.9	90			252.65	1834.45	percent of total billed charges	
REPAIR LACERATION OF PALATE	42180	CPT	outpatient			1931		723.64 Multiplan	Multiplan		1544.8	80			252.65	1834.45	percent of total billed charges	
REPAIR LACERATION OF PALATE	42180	CPT	outpatient			1931		723.64 Qualcare	Qualcare		1448.25	75			252.65	1834.45	percent of total billed charges	
REPAIR LACERATION OF PALATE	42180	CPT	outpatient			1931		723.64 Three Rivers	Three Rivers		1834.45	95			252.65	1834.45	percent of total billed charges	
REPAIR LACERATION OF PALATE	42180	CPT	outpatient			1931		723.64 UHC	Medicare		629.25				252.65	1834.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR LACERATION OF PALATE	42180	CPT	outpatient			1931		723.64 UHC	Medicaid		609.23	31.55			252.65	1834.45	percent of total billed charges	
REPAIR LACERATION OF PALATE	42180	CPT	outpatient			1931		723.64 United	CommercialPPO		1782				252.65	1834.45	case rate	
REPAIR LACERATION OF PALATE	42180	CPT	outpatient			1931		723.64 United	Oxford		1782				252.65	1834.45	case rate	
REPAIR LACERATION OF PALATE	42180	CPT	outpatient			1931		723.64 Wellcare	Medicare		629.25				252.65	1834.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR LACERATION OF PALATE	42180	CPT	outpatient			1931		723.64 Wellcare	Medicaid		609.23	31.55			252.65	1834.45	percent of total billed charges	
REPAIR LACERATION OF PALATE	42180	CPT	outpatient			1931		723.64 WellPoint	WellPoint		621.4	32.18			252.65	1834.45	percent of total billed charges	
REPAIR LAC. PALATE > 2CM/COMPLEX	42182	CPT	outpatient			19455		7702.18 Aetna	Commercial		10902.5				353.71	18482.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR LAC. PALATE > 2CM/COMPLEX	42182	CPT	outpatient			19455		7702.18 Aetna	Better Health		6138.05	31.55			353.71	18482.25	percent of total billed charges	
REPAIR LAC. PALATE > 2CM/COMPLEX	42182	CPT	outpatient			19455		7702.18 Aetna	Medicare		6697.55				353.71	18482.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR LAC. PALATE > 2CM/COMPLEX	42182	CPT	outpatient			19455		7702.18 Americare	Americare		14591.25	75			353.71	18482.25	percent of total billed charges	
REPAIR LAC. PALATE > 2CM/COMPLEX	42182	CPT	outpatient			19455		7702.18 Amerihealth	Medicare		6697.55				353.71	18482.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR LAC. PALATE > 2CM/COMPLEX	42182	CPT	outpatient			19455		7702.18 Amerihealth	HMO/PPO		12645.75	65			353.71	18482.25	percent of total billed charges	
REPAIR LAC. PALATE > 2CM/COMPLEX	42182	CPT	outpatient			19455		7702.18 Consumer	Consumer		18482.25	95			353.71	18482.25	percent of total billed charges	
REPAIR LAC. PALATE > 2CM/COMPLEX	42182	CPT	outpatient			19455		7702.18 Corrections	Corrections		15564	80			353.71	18482.25	percent of total billed charges	
REPAIR LAC. PALATE > 2CM/COMPLEX	42182	CPT	outpatient			19455		7702.18 First Health	First Health		13618.5	70			353.71	18482.25	percent of total billed charges	
REPAIR LAC. PALATE > 2CM/COMPLEX	42182	CPT	outpatient			19455		7702.18 First Trenton	First Trenton		17509.5	90			353.71	18482.25	percent of total billed charges	
REPAIR LAC. PALATE > 2CM/COMPLEX	42182	CPT	outpatient			19455		7702.18 Horizon	MGD		12464.14				353.71	18482.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR LAC. PALATE > 2CM/COMPLEX	42182	CPT	outpatient			19455		7702.18 Horizon	Indemnity		12464.14				353.71	18482.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR LAC. PALATE > 2CM/COMPLEX	42182	CPT	outpatient			19455		7702.18 Horizon	NJ Health		353.71				353.71	18482.25	fee schedule	
REPAIR LAC. PALATE > 2CM/COMPLEX	42182	CPT	outpatient			19455		7702.18 Horizon	Medicare Blue		6697.55				353.71	18482.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR LAC. PALATE > 2CM/COMPLEX	42182	CPT	outpatient			19455		7702.18 Horizon	PPO		12464.14				353.71	18482.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR LAC. PALATE > 2CM/COMPLEX	42182	CPT	outpatient			19455		7702.18 Managed Care Inc	Managed Care Inc		17509.5	90			353.71	18482.25	percent of total billed charges	
REPAIR LAC. PALATE > 2CM/COMPLEX	42182	CPT	outpatient			19455		7702.18 Multiplan	Multiplan		15564	80			353.71	18482.25	percent of total billed charges	
REPAIR LAC. PALATE > 2CM/COMPLEX	42182	CPT	outpatient			19455		7702.18 Qualcare	Qualcare		14591.25	75			353.71	18482.25	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
REPAIR LAC. PALATE > 2CM|COMPLEX	42182	CPT	outpatient			19455	7702.18	Three Rivers	Three Rivers		95				353.71	18482.25	percent of total billed charges	
REPAIR LAC. PALATE > 2CM|COMPLEX	42182	CPT	outpatient			19455	7702.18	UHC	Medicare		6697.55				353.71	18482.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR LAC. PALATE > 2CM|COMPLEX	42182	CPT	outpatient			19455	7702.18	UHC	Medicaid		6138.05	31.55			353.71	18482.25	percent of total billed charges	
REPAIR LAC. PALATE > 2CM|COMPLEX	42182	CPT	outpatient			19455	7702.18	United	Commercial|PPO		2776				353.71	18482.25	case rate	
REPAIR LAC. PALATE > 2CM|COMPLEX	42182	CPT	outpatient			19455	7702.18	United	Oxford		2776				353.71	18482.25	case rate	
REPAIR LAC. PALATE > 2CM|COMPLEX	42182	CPT	outpatient			19455	7702.18	Wellcare	Medicare		6697.55				353.71	18482.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR LAC. PALATE > 2CM|COMPLEX	42182	CPT	outpatient			19455	7702.18	Wellcare	Medicaid		6138.05	31.55			353.71	18482.25	percent of total billed charges	
REPAIR LAC. PALATE > 2CM|COMPLEX	42182	CPT	outpatient			19455	7702.18	WellPoint	WellPoint		6260.62	32.18			353.71	18482.25	percent of total billed charges	
DRNG OF ABSCESS PAROTID;SIMPLE	42300	CPT	outpatient			5393	2005.77	Aetna	Better Health		1701.49	31.55			132.64	5123.35	percent of total billed charges	
DRNG OF ABSCESS PAROTID;SIMPLE	42300	CPT	outpatient			5393	2005.77	Aetna	Medicare		1744.15				132.64	5123.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRNG OF ABSCESS PAROTID;SIMPLE	42300	CPT	outpatient			5393	2005.77	Aetna	Commercial		2776.69				132.64	5123.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRNG OF ABSCESS PAROTID;SIMPLE	42300	CPT	outpatient			5393	2005.77	Americare	Americare		4044.75	75			132.64	5123.35	percent of total billed charges	
DRNG OF ABSCESS PAROTID;SIMPLE	42300	CPT	outpatient			5393	2005.77	Amerihealth	Medicare		1744.15				132.64	5123.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRNG OF ABSCESS PAROTID;SIMPLE	42300	CPT	outpatient			5393	2005.77	Amerihealth	HMO|PPO		3505.45	65			132.64	5123.35	percent of total billed charges	
DRNG OF ABSCESS PAROTID;SIMPLE	42300	CPT	outpatient			5393	2005.77	Consumer	Consumer		5123.35	95			132.64	5123.35	percent of total billed charges	
DRNG OF ABSCESS PAROTID;SIMPLE	42300	CPT	outpatient			5393	2005.77	Corrections	Corrections		4314.4	80			132.64	5123.35	percent of total billed charges	
DRNG OF ABSCESS PAROTID;SIMPLE	42300	CPT	outpatient			5393	2005.77	First Health	First Health		3775.1	70			132.64	5123.35	percent of total billed charges	
DRNG OF ABSCESS PAROTID;SIMPLE	42300	CPT	outpatient			5393	2005.77	First Trenton	First Trenton		4853.7	90			132.64	5123.35	percent of total billed charges	
DRNG OF ABSCESS PAROTID;SIMPLE	42300	CPT	outpatient			5393	2005.77	Horizon	Indemnity		3245.86				132.64	5123.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRNG OF ABSCESS PAROTID;SIMPLE	42300	CPT	outpatient			5393	2005.77	Horizon	NJ Health		132.64				132.64	5123.35	fee schedule	
DRNG OF ABSCESS PAROTID;SIMPLE	42300	CPT	outpatient			5393	2005.77	Horizon	Medicare Blue		1744.15				132.64	5123.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRNG OF ABSCESS PAROTID;SIMPLE	42300	CPT	outpatient			5393	2005.77	Horizon	MGD		3245.86				132.64	5123.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRNG OF ABSCESS PAROTID;SIMPLE	42300	CPT	outpatient			5393	2005.77	Horizon	PPO		3245.86				132.64	5123.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRNG OF ABSCESS PAROTID;SIMPLE	42300	CPT	outpatient			5393	2005.77	Managed Care Inc	Managed Care Inc		4853.7	90			132.64	5123.35	percent of total billed charges	
DRNG OF ABSCESS PAROTID;SIMPLE	42300	CPT	outpatient			5393	2005.77	Multiplan	Multiplan		4314.4	80			132.64	5123.35	percent of total billed charges	
DRNG OF ABSCESS PAROTID;SIMPLE	42300	CPT	outpatient			5393	2005.77	Qualcare	Qualcare		4044.75	75			132.64	5123.35	percent of total billed charges	
DRNG OF ABSCESS PAROTID;SIMPLE	42300	CPT	outpatient			5393	2005.77	Three Rivers	Three Rivers		5123.35	95			132.64	5123.35	percent of total billed charges	
DRNG OF ABSCESS PAROTID;SIMPLE	42300	CPT	outpatient			5393	2005.77	UHC	Medicaid		1701.49	31.55			132.64	5123.35	percent of total billed charges	
DRNG OF ABSCESS PAROTID;SIMPLE	42300	CPT	outpatient			5393	2005.77	UHC	Medicare		1744.15				132.64	5123.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRNG OF ABSCESS PAROTID;SIMPLE	42300	CPT	outpatient			5393	2005.77	United	Commercial|PPO		2493				132.64	5123.35	case rate	
DRNG OF ABSCESS PAROTID;SIMPLE	42300	CPT	outpatient			5393	2005.77	United	Oxford		2493				132.64	5123.35	case rate	
DRNG OF ABSCESS PAROTID;SIMPLE	42300	CPT	outpatient			5393	2005.77	Wellcare	Medicare		1744.15				132.64	5123.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRNG OF ABSCESS PAROTID;SIMPLE	42300	CPT	outpatient			5393	2005.77	Wellcare	Medicaid		1701.49	31.55			132.64	5123.35	percent of total billed charges	
DRNG OF ABSCESS PAROTID;SIMPLE	42300	CPT	outpatient			5393	2005.77	WellPoint	WellPoint		1735.47	32.18			132.64	5123.35	percent of total billed charges	
ID ABSCESS INTRAORAL	42310	CPT	outpatient			1997	723.64	Aetna	Commercial		1001.77				132.64	1897.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ID ABSCESS INTRAORAL	42310	CPT	outpatient			1997	723.64	Aetna	Better Health		630.05	31.55			132.64	1897.15	percent of total billed charges	
ID ABSCESS INTRAORAL	42310	CPT	outpatient			1997	723.64	Aetna	Medicare		629.25				132.64	1897.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ID ABSCESS INTRAORAL	42310	CPT	outpatient			1997	723.64	Americare	Americare		1497.75	75			132.64	1897.15	percent of total billed charges	
ID ABSCESS INTRAORAL	42310	CPT	outpatient			1997	723.64	Amerihealth	Medicare		629.25				132.64	1897.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ID ABSCESS INTRAORAL	42310	CPT	outpatient			1997	723.64	Amerihealth	HMO|PPO		1298.05	65			132.64	1897.15	percent of total billed charges	
ID ABSCESS INTRAORAL	42310	CPT	outpatient			1997	723.64	Consumer	Consumer		1897.15	95			132.64	1897.15	percent of total billed charges	
ID ABSCESS INTRAORAL	42310	CPT	outpatient			1997	723.64	Corrections	Corrections		1597.6	80			132.64	1897.15	percent of total billed charges	
ID ABSCESS INTRAORAL	42310	CPT	outpatient			1997	723.64	First Health	First Health		1397.9	70			132.64	1897.15	percent of total billed charges	
ID ABSCESS INTRAORAL	42310	CPT	outpatient			1997	723.64	First Trenton	First Trenton		1797.3	90			132.64	1897.15	percent of total billed charges	
ID ABSCESS INTRAORAL	42310	CPT	outpatient			1997	723.64	Horizon	PPO		1171.03				132.64	1897.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ID ABSCESS INTRAORAL	42310	CPT	outpatient			1997	723.64	Horizon	MGD		1171.03				132.64	1897.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ID ABSCESS INTRAORAL	42310	CPT	outpatient			1997	723.64	Horizon	NJ Health		132.64				132.64	1897.15	fee schedule	
ID ABSCESS INTRAORAL	42310	CPT	outpatient			1997	723.64	Horizon	Indemnity		1171.03				132.64	1897.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ID ABSCESS INTRAORAL	42310	CPT	outpatient			1997	723.64	Horizon	Medicare Blue		629.25				132.64	1897.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ID ABSCESS INTRAORAL	42310	CPT	outpatient			1997	723.64	Managed Care Inc	Managed Care Inc		1797.3	90			132.64	1897.15	percent of total billed charges	
ID ABSCESS INTRAORAL	42310	CPT	outpatient			1997	723.64	Multiplan	Multiplan		1597.6	80			132.64	1897.15	percent of total billed charges	
ID ABSCESS INTRAORAL	42310	CPT	outpatient			1997	723.64	Qualcare	Qualcare		1497.75	75			132.64	1897.15	percent of total billed charges	
ID ABSCESS INTRAORAL	42310	CPT	outpatient			1997	723.64	Three Rivers	Three Rivers		1897.15	95			132.64	1897.15	percent of total billed charges	
ID ABSCESS INTRAORAL	42310	CPT	outpatient			1997	723.64	UHC	Medicaid		630.05	31.55			132.64	1897.15	percent of total billed charges	
ID ABSCESS INTRAORAL	42310	CPT	outpatient			1997	723.64	UHC	Medicare		629.25				132.64	1897.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ID ABSCESS INTRAORAL	42310	CPT	outpatient			1997	723.64	United	Commercial|PPO		1782				132.64	1897.15	case rate	
ID ABSCESS INTRAORAL	42310	CPT	outpatient			1997	723.64	United	Oxford		1782				132.64	1897.15	case rate	
ID ABSCESS INTRAORAL	42310	CPT	outpatient			1997	723.64	Wellcare	Medicare		629.25				132.64	1897.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ID ABSCESS INTRAORAL	42310	CPT	outpatient			1997	723.64	Wellcare	Medicaid		630.05	31.55			132.64	1897.15	percent of total billed charges	
ID ABSCESS INTRAORAL	42310	CPT	outpatient			1997	723.64	WellPoint	WellPoint		642.63	32.18			132.64	1897.15	percent of total billed charges	
SIALOT SUBMANDIBULAR SUBLING	42330	CPT	outpatient			10367	4234.52	Aetna	Commercial		5862.05				91.58	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIALOT SUBMANDIBULAR SUBLING	42330	CPT	outpatient			10367	4234.52	Aetna	Better Health		3270.79	31.55			91.58	9848.65	percent of total billed charges	
SIALOT SUBMANDIBULAR SUBLING	42330	CPT	outpatient			10367	4234.52	Aetna	Medicare		3682.19				91.58	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIALOT SUBMANDIBULAR SUBLING	42330	CPT	outpatient			10367	4234.52	Americare	Americare		7775.25	75			91.58	9848.65	percent of total billed charges	
SIALOT SUBMANDIBULAR SUBLING	42330	CPT	outpatient			10367	4234.52	Amerihealth	Medicare		3682.19				91.58	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIALOT SUBMANDIBULAR SUBLING	42330	CPT	outpatient			10367	4234.52	Amerihealth	HMO|PPO		6738.55	65			91.58	9848.65	percent of total billed charges	
SIALOT SUBMANDIBULAR SUBLING	42330	CPT	outpatient			10367	4234.52	Consumer	Consumer		9848.65	95			91.58	9848.65	percent of total billed charges	
SIALOT SUBMANDIBULAR SUBLING	42330	CPT	outpatient			10367	4234.52	Corrections	Corrections		8293.6	80			91.58	9848.65	percent of total billed charges	
SIALOT SUBMANDIBULAR SUBLING	42330	CPT	outpatient			10367	4234.52	First Health	First Health		7256.9	70			91.58	9848.65	percent of total billed charges	
SIALOT SUBMANDIBULAR SUBLING	42330	CPT	outpatient			10367	4234.52	First Trenton	First Trenton		9330.3	90			91.58	9848.65	percent of total billed charges	
SIALOT SUBMANDIBULAR SUBLING	42330	CPT	outpatient			10367	4234.52	Horizon	Indemnity		6852.56				91.58	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIALOT SUBMANDIBULAR SUBLING	42330	CPT	outpatient			10367	4234.52	Horizon	MGD		6852.56				91.58	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIALOT SUBMANDIBULAR SUBLING	42330	CPT	outpatient			10367	4234.52	Horizon	PPO		6852.56				91.58	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIALOT SUBMANDIBULAR SUBLING	42330	CPT	outpatient			10367	4234.52	Horizon	NJ Health		91.58				91.58	9848.65	fee schedule	
SIALOT SUBMANDIBULAR SUBLING	42330	CPT	outpatient			10367	4234.52	Horizon	Medicare Blue		3682.19				91.58	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIALOT SUBMANDIBULAR SUBLING	42330	CPT	outpatient			10367	4234.52	Managed Care Inc	Managed Care Inc		9330.3	90			91.58	9848.65	percent of total billed charges	
SIALOT SUBMANDIBULAR SUBLING	42330	CPT	outpatient			10367	4234.52	Multiplan	Multiplan		8293.6	80			91.58	9848.65	percent of total billed charges	
SIALOT SUBMANDIBULAR SUBLING	42330	CPT	outpatient			10367	4234.52	Qualcare	Qualcare		7775.25	75			91.58	9848.65	percent of total billed charges	
SIALOT SUBMANDIBULAR SUBLING	42330	CPT	outpatient			10367	4234.52	Three Rivers	Three Rivers		9848.65	95			91.58	9848.65	percent of total billed charges	
SIALOT SUBMANDIBULAR SUBLING	42330	CPT	outpatient			10367	4234.52	UHC	Medicare		3682.19				91.58	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIALOT SUBMANDIBULAR SUBLING	42330	CPT	outpatient			10367	4234.52	UHC	Medicaid		3270.79	31.55			91.58	9848.65	percent of total billed charges	
SIALOT SUBMANDIBULAR SUBLING	42330	CPT	outpatient			10367	4234.52	United	Oxford		2493				91.58	9848.65	case rate	
SIALOT SUBMANDIBULAR SUBLING	42330	CPT	outpatient			10367	4234.52	United	Commercial|PPO		2493				91.58	9848.65	case rate	
SIALOT SUBMANDIBULAR SUBLING	42330	CPT	outpatient			10367	4234.52	Wellcare	Medicaid		3270.79	31.55			91.58	9848.65	percent of total billed charges	
SIALOT SUBMANDIBULAR SUBLING	42330	CPT	outpatient			10367	4234.52	Wellcare	Medicare		3682.19				91.58	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIALOT SUBMANDIBULAR SUBLING	42330	CPT	outpatient			10367	4234.52	WellPoint	WellPoint		3336.1	32.18			91.58	9848.65	percent of total billed charges	
BIOPSY,SALIVARY GLAND;NEEDLE	42400	CPT	outpatient			2935	925.36	Aetna	Better Health		925.99	31.55			76.73	2788.25	percent of total billed charges	
BIOPSY,SALIVARY GLAND;NEEDLE	42400	CPT	outpatient			2935	925.36	Aetna	Commercial		1281.02				76.73	2788.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY,SALIVARY GLAND;NEEDLE	42400	CPT	outpatient			2935	925.36	Aetna	Medicare		804.66				76.73	2788.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY,SALIVARY GLAND;NEEDLE	42400	CPT	outpatient			2935	925.36	Americare	Americare		2201.25	75			76.73	2788.25	percent of total billed charges	
BIOPSY,SALIVARY GLAND;NEEDLE	42400	CPT	outpatient			2935	925.36	Amerihealth	HMO|PPO		1907.75	65			76.73	2788.25	percent of total billed charges	
BIOPSY,SALIVARY GLAND;NEEDLE	42400	CPT	outpatient			2935	925.36	Amerihealth	Medicare		804.66				76.73	2788.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY,SALIVARY GLAND;NEEDLE	42400	CPT	outpatient			2935	925.36	Consumer	Consumer		2788.25	95			76.73	2788.25	percent of total billed charges	
BIOPSY,SALIVARY GLAND;NEEDLE	42400	CPT	outpatient			2935	925.36	Corrections	Corrections		2348	80			76.73	2788.25	percent of total billed charges	
BIOPSY,SALIVARY GLAND;NEEDLE	42400	CPT	outpatient			2935	925.36	First Health	First Health		2054.5	70			76.73	2788.25	percent of total billed charges	
BIOPSY,SALIVARY GLAND;NEEDLE	42400	CPT	outpatient			2935	925.36	First Trenton	First Trenton		2641.5	90			76.73	2788.25	percent of total billed charges	
BIOPSY,SALIVARY GLAND;NEEDLE	42400	CPT	outpatient			2935	925.36	Horizon	MGD		1497.47				76.73	2788.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY,SALIVARY GLAND;NEEDLE	42400	CPT	outpatient			2935	925.36	Horizon	NJ Health		76.73				76.73	2788.25	fee schedule	
BIOPSY,SALIVARY GLAND;NEEDLE	42400	CPT	outpatient			2935	925.36	Horizon	Indemnity		1497.47				76.73	2788.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY,SALIVARY GLAND;NEEDLE	42400	CPT	outpatient			2935	925.36	Horizon	Medicare Blue		804.66				76.73	2788.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY,SALIVARY GLAND;NEEDLE	42400	CPT	outpatient			2935	925.36	Horizon	PPO		1497.47				76.73	2788.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY,SALIVARY GLAND;NEEDLE	42400	CPT	outpatient			2935	925.36	Managed Care Inc	Managed Care Inc		2641.5	90			76.73	2788.25	percent of total billed charges	
BIOPSY,SALIVARY GLAND;NEEDLE	42400	CPT	outpatient			2935	925.36	Multiplan	Multiplan		2348	80			76.73	2788.25	percent of total billed charges	
BIOPSY,SALIVARY GLAND;NEEDLE	42400	CPT	outpatient			2935	925.36	Qualcare	Qualcare		2201.25	75			76.73	2788.25	percent of total billed charges	
BIOPSY,SALIVARY GLAND;NEEDLE	42400	CPT	outpatient			2935	925.36	Three Rivers	Three Rivers		2788.25	95			76.73	2788.25	percent of total billed charges	
BIOPSY,SALIVARY GLAND;NEEDLE	42400	CPT	outpatient			2935	925.36	UHC	Medicare		804.66				76.73	2788.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY,SALIVARY GLAND;NEEDLE	42400	CPT	outpatient			2935	925.36	UHC	Medicaid		925.99	31.55			76.73	2788.25	percent of total billed charges	
BIOPSY,SALIVARY GLAND;NEEDLE	42400	CPT	outpatient			2935	925.36	United	Oxford		1817				76.73	2788.25	case rate	
BIOPSY,SALIVARY GLAND;NEEDLE	42400	CPT	outpatient			2935	925.36	United	Commercial|PPO		1817				76.73	2788.25	case rate	
BIOPSY,SALIVARY GLAND;NEEDLE	42400	CPT	outpatient			2935	925.36	Wellcare	Medicaid		925.99	31.55			76.73	2788.25	percent of total billed charges	
BIOPSY,SALIVARY GLAND;NEEDLE	42400	CPT	outpatient			2935	925.36	Wellcare	Medicare		804.66				76.73	2788.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY,SALIVARY GLAND;NEEDLE	42400	CPT	outpatient			2935	925.36	WellPoint	WellPoint		944.48	32.18			76.73	2788.25	percent of total billed charges	
BX, SALIVARY GLAND; INC	42405	CPT	outpatient			5059	2005.77	Aetna	Better Health		1596.11	31.55			105.97	4806.05	percent of total billed charges	
BX, SALIVARY GLAND; INC	42405	CPT	outpatient			5059	2005.77	Aetna	Commercial		2776.69				105.97	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX, SALIVARY GLAND; INC	42405	CPT	outpatient			5059	2005.77	Aetna	Medicare		1744.15				105.97	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX, SALIVARY GLAND; INC	42405	CPT	outpatient			5059	2005.77	Americare	Americare		3794.25	75			105.97	4806.05	percent of total billed charges	
BX, SALIVARY GLAND; INC	42405	CPT	outpatient			5059	2005.77	Amerihealth	HMO|PPO		3288.35	65			105.97	4806.05	percent of total billed charges	
BX, SALIVARY GLAND; INC	42405	CPT	outpatient			5059	2005.77	Amerihealth	Medicare		1744.15				105.97	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX, SALIVARY GLAND; INC	42405	CPT	outpatient			5059	2005.77	Consumer	Consumer		4806.05	95			105.97	4806.05	percent of total billed charges	
BX, SALIVARY GLAND; INC	42405	CPT	outpatient			5059	2005.77	Corrections	Corrections		4047.2	80			105.97	4806.05	percent of total billed charges	
BX, SALIVARY GLAND; INC	42405	CPT	outpatient			5059	2005.77	First Health	First Health		3541.3	70			105.97	4806.05	percent of total billed charges	
BX, SALIVARY GLAND; INC	42405	CPT	outpatient			5059	2005.77	First Trenton	First Trenton		4553.1	90			105.97	4806.05	percent of total billed charges	
BX, SALIVARY GLAND; INC	42405	CPT	outpatient			5059	2005.77	Horizon	Medicare Blue		1744.15				105.97	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX, SALIVARY GLAND; INC	42405	CPT	outpatient			5059	2005.77	Horizon	MGD		3245.86				105.97	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX, SALIVARY GLAND; INC	42405	CPT	outpatient			5059	2005.77	Horizon	Indemnity		3245.86				105.97	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX, SALIVARY GLAND; INC	42405	CPT	outpatient			5059	2005.77	Horizon	NJ Health		105.97				105.97	4806.05	fee schedule	
BX, SALIVARY GLAND; INC	42405	CPT	outpatient			5059	2005.77	Horizon	PPO		3245.86				105.97	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX, SALIVARY GLAND; INC	42405	CPT	outpatient			5059	2005.77	Managed Care Inc	Managed Care Inc		4553.1	90			105.97	4806.05	percent of total billed charges	
BX, SALIVARY GLAND; INC	42405	CPT	outpatient			5059	2005.77	Multiplan	Multiplan		4047.2	80			105.97	4806.05	percent of total billed charges	
BX, SALIVARY GLAND; INC	42405	CPT	outpatient			5059	2005.77	Qualcare	Qualcare		3794.25	75			105.97	4806.05	percent of total billed charges	
BX, SALIVARY GLAND; INC	42405	CPT	outpatient			5059	2005.77	Three Rivers	Three Rivers		4806.05	95			105.97	4806.05	percent of total billed charges	
BX, SALIVARY GLAND; INC	42405	CPT	outpatient			5059	2005.77	UHC	Medicaid		1596.11	31.55			105.97	4806.05	percent of total billed charges	
BX, SALIVARY GLAND; INC	42405	CPT	outpatient			5059	2005.77	UHC	Medicare		1744.15				105.97	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX, SALIVARY GLAND; INC	42405	CPT	outpatient			5059	2005.77	United	Oxford		2493				105.97	4806.05	case rate	
BX, SALIVARY GLAND; INC	42405	CPT	outpatient			5059	2005.77	United	Commercial|PPO		2493				105.97	4806.05	case rate	
BX, SALIVARY GLAND; INC	42405	CPT	outpatient			5059	2005.77	Wellcare	Medicaid		1596.11	31.55			105.97	4806.05	percent of total billed charges	
BX, SALIVARY GLAND; INC	42405	CPT	outpatient			5059	2005.77	Wellcare	Medicare		1744.15				105.97	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX, SALIVARY GLAND; INC	42405	CPT	outpatient			5059	2005.77	WellPoint	WellPoint		1627.99	32.18			105.97	4806.05	percent of total billed charges	
INJECTION PROCEDURE,SIALOGRAPHY	42550	CPT	outpatient			15273		Aetna	Commercial		5803.74	39			58.46	14509.35	percent of total billed charges	
INJECTION PROCEDURE,SIALOGRAPHY	42550	CPT	outpatient			15273		Aetna	Better Health		4818.63	31.55			58.46	14509.35	percent of total billed charges	
INJECTION PROCEDURE,SIALOGRAPHY	42550	CPT	outpatient			15273		Aetna	Medicare		4704.08	30.8			58.46	14509.35	percent of total billed charges	
INJECTION PROCEDURE,SIALOGRAPHY	42550	CPT	outpatient			15273		Americare	Americare		11454.75	75			58.46	14509.35	percent of total billed charges	
INJECTION PROCEDURE,SIALOGRAPHY	42550	CPT	outpatient			15273		Amerihealth	HMO|PPO		9927.45	65			58.46	14509.35	percent of total billed charges	
INJECTION PROCEDURE,SIALOGRAPHY	42550	CPT	outpatient			15273		Consumer	Consumer		14509.35	95			58.46	14509.35	percent of total billed charges	
INJECTION PROCEDURE,SIALOGRAPHY	42550	CPT	outpatient			15273		Corrections	Corrections		12218.4	80			58.46	14509.35	percent of total billed charges	
INJECTION PROCEDURE,SIALOGRAPHY	42550	CPT	outpatient			15273		First Health	First Health		10691.1	70			58.46	14509.35	percent of total billed charges	
INJECTION PROCEDURE,SIALOGRAPHY	42550	CPT	outpatient			15273		First Trenton	First Trenton		13745.7	90			58.46	14509.35	percent of total billed charges	
INJECTION PROCEDURE,SIALOGRAPHY	42550	CPT	outpatient			15273		Horizon	NJ Health		58.46				58.46	14509.35	fee schedule	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
INJECTION PROCEDURE,SIALOGRAPHY	42550	CPT	outpatient			15273		Horizon	MGD		5846.5	38.28			58.46	14509.35	percent of total billed charges	
INJECTION PROCEDURE,SIALOGRAPHY	42550	CPT	outpatient			15273		Horizon	Indemnity		5846.5	38.28			58.46	14509.35	percent of total billed charges	
INJECTION PROCEDURE,SIALOGRAPHY	42550	CPT	outpatient			15273		Horizon	Medicare Blue		4581.9	30			58.46	14509.35	percent of total billed charges	
INJECTION PROCEDURE,SIALOGRAPHY	42550	CPT	outpatient			15273		Horizon	PPO		5846.5	38.28			58.46	14509.35	percent of total billed charges	
INJECTION PROCEDURE,SIALOGRAPHY	42550	CPT	outpatient			15273		Managed Care Inc	Managed Care Inc		13745.7	90			58.46	14509.35	percent of total billed charges	
INJECTION PROCEDURE,SIALOGRAPHY	42550	CPT	outpatient			15273		Multiplan	Multiplan		12218.4	80			58.46	14509.35	percent of total billed charges	
INJECTION PROCEDURE,SIALOGRAPHY	42550	CPT	outpatient			15273		Qualcare	Qualcare		11454.75	75			58.46	14509.35	percent of total billed charges	
INJECTION PROCEDURE,SIALOGRAPHY	42550	CPT	outpatient			15273		Three Rivers	Three Rivers		14509.35	95			58.46	14509.35	percent of total billed charges	
INJECTION PROCEDURE,SIALOGRAPHY	42550	CPT	outpatient			15273		UHC	Medicaid		4818.63	31.55			58.46	14509.35	percent of total billed charges	
INJECTION PROCEDURE,SIALOGRAPHY	42550	CPT	outpatient			15273		United	Oxford		1782				58.46	14509.35	case rate	
INJECTION PROCEDURE,SIALOGRAPHY	42550	CPT	outpatient			15273		United	Commercial|PPO		1782				58.46	14509.35	case rate	
INJECTION PROCEDURE,SIALOGRAPHY	42550	CPT	outpatient			15273		Wellcare	Medicaid		4818.63	31.55			58.46	14509.35	percent of total billed charges	
INJECTION PROCEDURE,SIALOGRAPHY	42550	CPT	outpatient			15273		WellPoint	WellPoint		4914.85	32.18			58.46	14509.35	percent of total billed charges	
DILATION SALIVARY DUCT	42650	CPT	outpatient			5059	2005.77	Aetna	Commercial		2776.69				50.53	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILATION SALIVARY DUCT	42650	CPT	outpatient			5059	2005.77	Aetna	Better Health		1596.11	31.55			50.53	4806.05	percent of total billed charges	
DILATION SALIVARY DUCT	42650	CPT	outpatient			5059	2005.77	Aetna	Medicare		1744.15				50.53	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILATION SALIVARY DUCT	42650	CPT	outpatient			5059	2005.77	Americare	Americare		3794.25	75			50.53	4806.05	percent of total billed charges	
DILATION SALIVARY DUCT	42650	CPT	outpatient			5059	2005.77	Amerihealth	HMO/PPO		3288.35	65			50.53	4806.05	percent of total billed charges	
DILATION SALIVARY DUCT	42650	CPT	outpatient			5059	2005.77	Amerihealth	Medicare		1744.15				50.53	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILATION SALIVARY DUCT	42650	CPT	outpatient			5059	2005.77	Consumer	Consumer		4806.05	95			50.53	4806.05	percent of total billed charges	
DILATION SALIVARY DUCT	42650	CPT	outpatient			5059	2005.77	Corrections	Corrections		4047.2	80			50.53	4806.05	percent of total billed charges	
DILATION SALIVARY DUCT	42650	CPT	outpatient			5059	2005.77	First Health	First Health		3541.3	70			50.53	4806.05	percent of total billed charges	
DILATION SALIVARY DUCT	42650	CPT	outpatient			5059	2005.77	First Trenton	First Trenton		4553.1	90			50.53	4806.05	percent of total billed charges	
DILATION SALIVARY DUCT	42650	CPT	outpatient			5059	2005.77	Horizon	Medicare Blue		1744.15				50.53	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILATION SALIVARY DUCT	42650	CPT	outpatient			5059	2005.77	Horizon	Indemnity		3245.86				50.53	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILATION SALIVARY DUCT	42650	CPT	outpatient			5059	2005.77	Horizon	PPO		3245.86				50.53	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILATION SALIVARY DUCT	42650	CPT	outpatient			5059	2005.77	Horizon	MGD		3245.86				50.53	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILATION SALIVARY DUCT	42650	CPT	outpatient			5059	2005.77	Horizon	NJ Health		50.53				50.53	4806.05	fee schedule	
DILATION SALIVARY DUCT	42650	CPT	outpatient			5059	2005.77	Managed Care Inc	Managed Care Inc		4553.1	90			50.53	4806.05	percent of total billed charges	
DILATION SALIVARY DUCT	42650	CPT	outpatient			5059	2005.77	Multiplan	Multiplan		4047.2	80			50.53	4806.05	percent of total billed charges	
DILATION SALIVARY DUCT	42650	CPT	outpatient			5059	2005.77	Qualcare	Qualcare		3794.25	75			50.53	4806.05	percent of total billed charges	
DILATION SALIVARY DUCT	42650	CPT	outpatient			5059	2005.77	Three Rivers	Three Rivers		4806.05	95			50.53	4806.05	percent of total billed charges	
DILATION SALIVARY DUCT	42650	CPT	outpatient			5059	2005.77	UHC	Medicare		1744.15				50.53	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILATION SALIVARY DUCT	42650	CPT	outpatient			5059	2005.77	UHC	Medicaid		1596.11	31.55			50.53	4806.05	percent of total billed charges	
DILATION SALIVARY DUCT	42650	CPT	outpatient			5059	2005.77	United	Commercial|PPO		2493				50.53	4806.05	case rate	
DILATION SALIVARY DUCT	42650	CPT	outpatient			5059	2005.77	United	Oxford		2493				50.53	4806.05	case rate	
DILATION SALIVARY DUCT	42650	CPT	outpatient			5059	2005.77	Wellcare	Medicare		1744.15				50.53	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILATION SALIVARY DUCT	42650	CPT	outpatient			5059	2005.77	Wellcare	Medicaid		1596.11	31.55			50.53	4806.05	percent of total billed charges	
DILATION SALIVARY DUCT	42650	CPT	outpatient			5059	2005.77	WellPoint	WellPoint		1627.99	32.18			50.53	4806.05	percent of total billed charges	
I&D PHARYNX,ADENOIDS & TONSILS	42700	CPT	outpatient			1415	321.26	Aetna	Better Health		446.43	31.55			124.91	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D PHARYNX,ADENOIDS & TONSILS	42700	CPT	outpatient			1415	321.26	Aetna	Commercial		444.74				124.91	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D PHARYNX,ADENOIDS & TONSILS	42700	CPT	outpatient			1415	321.26	Aetna	Medicare		279.36				124.91	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D PHARYNX,ADENOIDS & TONSILS	42700	CPT	outpatient			1415	321.26	Americare	Americare		1061.25	75			124.91	1782	percent of total billed charges	
I&D PHARYNX,ADENOIDS & TONSILS	42700	CPT	outpatient			1415	321.26	Amerihealth	HMO/PPO		919.75	65			124.91	1782	percent of total billed charges	
I&D PHARYNX,ADENOIDS & TONSILS	42700	CPT	outpatient			1415	321.26	Amerihealth	Medicare		279.36				124.91	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D PHARYNX,ADENOIDS & TONSILS	42700	CPT	outpatient			1415	321.26	Consumer	Consumer		1344.25	95			124.91	1782	percent of total billed charges	
I&D PHARYNX,ADENOIDS & TONSILS	42700	CPT	outpatient			1415	321.26	Corrections	Corrections		1132	80			124.91	1782	percent of total billed charges	
I&D PHARYNX,ADENOIDS & TONSILS	42700	CPT	outpatient			1415	321.26	First Health	First Health		990.5	70			124.91	1782	percent of total billed charges	
I&D PHARYNX,ADENOIDS & TONSILS	42700	CPT	outpatient			1415	321.26	First Trenton	First Trenton		1273.5	90			124.91	1782	percent of total billed charges	
I&D PHARYNX,ADENOIDS & TONSILS	42700	CPT	outpatient			1415	321.26	Horizon	MGD		519.89				124.91	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D PHARYNX,ADENOIDS & TONSILS	42700	CPT	outpatient			1415	321.26	Horizon	Medicare Blue		279.36				124.91	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D PHARYNX,ADENOIDS & TONSILS	42700	CPT	outpatient			1415	321.26	Horizon	NJ Health		124.91				124.91	1782	fee schedule	
I&D PHARYNX,ADENOIDS & TONSILS	42700	CPT	outpatient			1415	321.26	Horizon	PPO		519.89				124.91	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D PHARYNX,ADENOIDS & TONSILS	42700	CPT	outpatient			1415	321.26	Horizon	Indemnity		519.89				124.91	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D PHARYNX,ADENOIDS & TONSILS	42700	CPT	outpatient			1415	321.26	Managed Care Inc	Managed Care Inc		1273.5	90			124.91	1782	percent of total billed charges	
I&D PHARYNX,ADENOIDS & TONSILS	42700	CPT	outpatient			1415	321.26	Multiplan	Multiplan		1132	80			124.91	1782	percent of total billed charges	
I&D PHARYNX,ADENOIDS & TONSILS	42700	CPT	outpatient			1415	321.26	Qualcare	Qualcare		1061.25	75			124.91	1782	percent of total billed charges	
I&D PHARYNX,ADENOIDS & TONSILS	42700	CPT	outpatient			1415	321.26	Three Rivers	Three Rivers		1344.25	95			124.91	1782	percent of total billed charges	
I&D PHARYNX,ADENOIDS & TONSILS	42700	CPT	outpatient			1415	321.26	UHC	Medicaid		446.43	31.55			124.91	1782	percent of total billed charges	
I&D PHARYNX,ADENOIDS & TONSILS	42700	CPT	outpatient			1415	321.26	UHC	Medicare		279.36				124.91	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D PHARYNX,ADENOIDS & TONSILS	42700	CPT	outpatient			1415	321.26	United	Commercial|PPO		1782				124.91	1782	case rate	
I&D PHARYNX,ADENOIDS & TONSILS	42700	CPT	outpatient			1415	321.26	United	Oxford		1782				124.91	1782	case rate	
I&D PHARYNX,ADENOIDS & TONSILS	42700	CPT	outpatient			1415	321.26	Wellcare	Medicaid		446.43	31.55			124.91	1782	percent of total billed charges	
I&D PHARYNX,ADENOIDS & TONSILS	42700	CPT	outpatient			1415	321.26	Wellcare	Medicare		279.36				124.91	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D PHARYNX,ADENOIDS & TONSILS	42700	CPT	outpatient			1415	321.26	WellPoint	WellPoint		455.35	32.18			124.91	1782	percent of total billed charges	
I&D THROAT ABSCESS INTRAORAL	42720	CPT	outpatient			5830	4234.52	Aetna	Better Health		1839.37	31.55			192.64	6852.56	percent of total billed charges	
I&D THROAT ABSCESS INTRAORAL	42720	CPT	outpatient			5830	4234.52	Aetna	Medicare		1795.64	30.8			192.64	6852.56	percent of total billed charges	
I&D THROAT ABSCESS INTRAORAL	42720	CPT	outpatient			5830	4234.52	Aetna	Commercial		5862.05				192.64	6852.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D THROAT ABSCESS INTRAORAL	42720	CPT	outpatient			5830	4234.52	Americare	Americare		4372.5	75			192.64	6852.56	percent of total billed charges	
I&D THROAT ABSCESS INTRAORAL	42720	CPT	outpatient			5830	4234.52	Amerihealth	Medicare		3682.19				192.64	6852.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D THROAT ABSCESS INTRAORAL	42720	CPT	outpatient			5830	4234.52	Amerihealth	HMO/PPO		3789.5	65			192.64	6852.56	percent of total billed charges	
I&D THROAT ABSCESS INTRAORAL	42720	CPT	outpatient			5830	4234.52	Consumer	Consumer		5538.5	95			192.64	6852.56	percent of total billed charges	
I&D THROAT ABSCESS INTRAORAL	42720	CPT	outpatient			5830	4234.52	Corrections	Corrections		4664	80			192.64	6852.56	percent of total billed charges	
I&D THROAT ABSCESS INTRAORAL	42720	CPT	outpatient			5830	4234.52	First Health	First Health		4081	70			192.64	6852.56	percent of total billed charges	
I&D THROAT ABSCESS INTRAORAL	42720	CPT	outpatient			5830	4234.52	First Trenton	First Trenton		5247	90			192.64	6852.56	percent of total billed charges	
I&D THROAT ABSCESS INTRAORAL	42720	CPT	outpatient			5830	4234.52	Horizon	Indemnity		6852.56				192.64	6852.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D THROAT ABSCESS INTRAORAL	42720	CPT	outpatient			5830	4234.52	Horizon	PPO		6852.56				192.64	6852.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D THROAT ABSCESS INTRAORAL	42720	CPT	outpatient			5830	4234.52	Horizon	MGD		6852.56				192.64	6852.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D THROAT ABSCESS INTRAORAL	42720	CPT	outpatient			5830	4234.52	Horizon	Medicare Blue		3682.19				192.64	6852.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D THROAT ABSCESS INTRAORAL	42720	CPT	outpatient			5830	4234.52	Horizon	NJ Health		192.64				192.64	6852.56	fee schedule	
I&D THROAT ABSCESS INTRAORAL	42720	CPT	outpatient			5830	4234.52	Managed Care Inc	Managed Care Inc		5247	90			192.64	6852.56	percent of total billed charges	
I&D THROAT ABSCESS INTRAORAL	42720	CPT	outpatient			5830	4234.52	Multiplan	Multiplan		4664	80			192.64	6852.56	percent of total billed charges	
I&D THROAT ABSCESS INTRAORAL	42720	CPT	outpatient			5830	4234.52	Qualcare	Qualcare		4372.5	75			192.64	6852.56	percent of total billed charges	
I&D THROAT ABSCESS INTRAORAL	42720	CPT	outpatient			5830	4234.52	Three Rivers	Three Rivers		5538.5	95			192.64	6852.56	percent of total billed charges	
I&D THROAT ABSCESS INTRAORAL	42720	CPT	outpatient			5830	4234.52	UHC	Medicare		3682.19				192.64	6852.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D THROAT ABSCESS INTRAORAL	42720	CPT	outpatient			5830	4234.52	UHC	Medicaid		1839.37	31.55			192.64	6852.56	percent of total billed charges	
I&D THROAT ABSCESS INTRAORAL	42720	CPT	outpatient			5830	4234.52	United	Oxford		2493				192.64	6852.56	case rate	
I&D THROAT ABSCESS INTRAORAL	42720	CPT	outpatient			5830	4234.52	United	Commercial|PPO		2493				192.64	6852.56	case rate	
I&D THROAT ABSCESS INTRAORAL	42720	CPT	outpatient			5830	4234.52	Wellcare	Medicare		3682.19				192.64	6852.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D THROAT ABSCESS INTRAORAL	42720	CPT	outpatient			5830	4234.52	Wellcare	Medicaid		1839.37	31.55			192.64	6852.56	percent of total billed charges	
I&D THROAT ABSCESS INTRAORAL	42720	CPT	outpatient			5830	4234.52	WellPoint	WellPoint		1876.09	32.18			192.64	6852.56	percent of total billed charges	
BIOPSY; OROPHARYNX	42800	CPT	outpatient			5059	2005.77	Aetna	Better Health		1596.11	31.55			65.77	4806.05	percent of total billed charges	
BIOPSY; OROPHARYNX	42800	CPT	outpatient			5059	2005.77	Aetna	Commercial		2776.69				65.77	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY; OROPHARYNX	42800	CPT	outpatient			5059	2005.77	Aetna	Medicare		1744.15				65.77	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY; OROPHARYNX	42800	CPT	outpatient			5059	2005.77	Americare	Americare		3794.25	75			65.77	4806.05	percent of total billed charges	
BIOPSY; OROPHARYNX	42800	CPT	outpatient			5059	2005.77	Amerihealth	HMO/PPO		3288.35	65			65.77	4806.05	percent of total billed charges	
BIOPSY; OROPHARYNX	42800	CPT	outpatient			5059	2005.77	Amerihealth	Medicare		1744.15				65.77	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY; OROPHARYNX	42800	CPT	outpatient			5059	2005.77	Consumer	Consumer		4806.05	95			65.77	4806.05	percent of total billed charges	
BIOPSY; OROPHARYNX	42800	CPT	outpatient			5059	2005.77	Corrections	Corrections		4047.2	80			65.77	4806.05	percent of total billed charges	
BIOPSY; OROPHARYNX	42800	CPT	outpatient			5059	2005.77	First Health	First Health		3541.3	70			65.77	4806.05	percent of total billed charges	
BIOPSY; OROPHARYNX	42800	CPT	outpatient			5059	2005.77	First Trenton	First Trenton		4553.1	90			65.77	4806.05	percent of total billed charges	
BIOPSY; OROPHARYNX	42800	CPT	outpatient			5059	2005.77	Horizon	NJ Health		65.77				65.77	4806.05	fee schedule	
BIOPSY; OROPHARYNX	42800	CPT	outpatient			5059	2005.77	Horizon	Medicare Blue		1744.15				65.77	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY; OROPHARYNX	42800	CPT	outpatient			5059	2005.77	Horizon	MGD		3245.86				65.77	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY; OROPHARYNX	42800	CPT	outpatient			5059	2005.77	Horizon	Indemnity		3245.86				65.77	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY; OROPHARYNX	42800	CPT	outpatient			5059	2005.77	Horizon	PPO		3245.86				65.77	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY; OROPHARYNX	42800	CPT	outpatient			5059	2005.77	Managed Care Inc	Managed Care Inc		4553.1	90			65.77	4806.05	percent of total billed charges	
BIOPSY; OROPHARYNX	42800	CPT	outpatient			5059	2005.77	Multiplan	Multiplan		4047.2	80			65.77	4806.05	percent of total billed charges	
BIOPSY; OROPHARYNX	42800	CPT	outpatient			5059	2005.77	Qualcare	Qualcare		3794.25	75			65.77	4806.05	percent of total billed charges	
BIOPSY; OROPHARYNX	42800	CPT	outpatient			5059	2005.77	Three Rivers	Three Rivers		4806.05	95			65.77	4806.05	percent of total billed charges	
BIOPSY; OROPHARYNX	42800	CPT	outpatient			5059	2005.77	UHC	Medicaid		1596.11	31.55			65.77	4806.05	percent of total billed charges	
BIOPSY; OROPHARYNX	42800	CPT	outpatient			5059	2005.77	UHC	Medicare		1744.15				65.77	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY; OROPHARYNX	42800	CPT	outpatient			5059	2005.77	United	Oxford		1817				65.77	4806.05	case rate	
BIOPSY; OROPHARYNX	42800	CPT	outpatient			5059	2005.77	United	Commercial|PPO		1817				65.77	4806.05	case rate	
BIOPSY; OROPHARYNX	42800	CPT	outpatient			5059	2005.77	Wellcare	Medicaid		1596.11	31.55			65.77	4806.05	percent of total billed charges	
BIOPSY; OROPHARYNX	42800	CPT	outpatient			5059	2005.77	Wellcare	Medicare		1744.15				65.77	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY; OROPHARYNX	42800	CPT	outpatient			5059	2005.77	WellPoint	WellPoint		1627.99	32.18			65.77	4806.05	percent of total billed charges	
BIOPSY; NASOPHARYNX (TONSIL)	42804	CPT	outpatient			10367	4234.52	Aetna	Commercial		5862.05				123.17	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY; NASOPHARYNX (TONSIL)	42804	CPT	outpatient			10367	4234.52	Aetna	Better Health		3270.79	31.55			123.17	9848.65	percent of total billed charges	
BIOPSY; NASOPHARYNX (TONSIL)	42804	CPT	outpatient			10367	4234.52	Aetna	Medicare		3682.19				123.17	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY; NASOPHARYNX (TONSIL)	42804	CPT	outpatient			10367	4234.52	Americare	Americare		7775.25	75			123.17	9848.65	percent of total billed charges	
BIOPSY; NASOPHARYNX (TONSIL)	42804	CPT	outpatient			10367	4234.52	Amerihealth	Medicare		3682.19				123.17	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY; NASOPHARYNX (TONSIL)	42804	CPT	outpatient			10367	4234.52	Amerihealth	HMO/PPO		6738.55	65			123.17	9848.65	percent of total billed charges	
BIOPSY; NASOPHARYNX (TONSIL)	42804	CPT	outpatient			10367	4234.52	Consumer	Consumer		9848.65	95			123.17	9848.65	percent of total billed charges	
BIOPSY; NASOPHARYNX (TONSIL)	42804	CPT	outpatient			10367	4234.52	Corrections	Corrections		8293.6	80			123.17	9848.65	percent of total billed charges	
BIOPSY; NASOPHARYNX (TONSIL)	42804	CPT	outpatient			10367	4234.52	First Health	First Health		7256.9	70			123.17	9848.65	percent of total billed charges	
BIOPSY; NASOPHARYNX (TONSIL)	42804	CPT	outpatient			10367	4234.52	First Trenton	First Trenton		9330.3	90			123.17	9848.65	percent of total billed charges	
BIOPSY; NASOPHARYNX (TONSIL)	42804	CPT	outpatient			10367	4234.52	Horizon	NJ Health		123.17				123.17	9848.65	fee schedule	
BIOPSY; NASOPHARYNX (TONSIL)	42804	CPT	outpatient			10367	4234.52	Horizon	Indemnity		6852.56				123.17	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY; NASOPHARYNX (TONSIL)	42804	CPT	outpatient			10367	4234.52	Horizon	Medicare Blue		3682.19				123.17	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY; NASOPHARYNX (TONSIL)	42804	CPT	outpatient			10367	4234.52	Horizon	MGD		6852.56				123.17	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY; NASOPHARYNX (TONSIL)	42804	CPT	outpatient			10367	4234.52	Horizon	PPO		6852.56				123.17	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY; NASOPHARYNX (TONSIL)	42804	CPT	outpatient			10367	4234.52	Managed Care Inc	Managed Care Inc		9330.3	90			123.17	9848.65	percent of total billed charges	
BIOPSY; NASOPHARYNX (TONSIL)	42804	CPT	outpatient			10367	4234.52	Multiplan	Multiplan		8293.6	80			123.17	9848.65	percent of total billed charges	
BIOPSY; NASOPHARYNX (TONSIL)	42804	CPT	outpatient			10367	4234.52	Qualcare	Qualcare		7775.25	75			123.17	9848.65	percent of total billed charges	
BIOPSY; NASOPHARYNX (TONSIL)	42804	CPT	outpatient			10367	4234.52	Three Rivers	Three Rivers		9848.65	95			123.17	9848.65	percent of total billed charges	
BIOPSY; NASOPHARYNX (TONSIL)	42804	CPT	outpatient			10367	4234.52	UHC	Medicaid		3270.79	31.55			123.17	9848.65	percent of total billed charges	
BIOPSY; NASOPHARYNX (TONSIL)	42804	CPT	outpatient			10367	4234.52	UHC	Medicare		3682.19				123.17	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY; NASOPHARYNX (TONSIL)	42804	CPT	outpatient			10367	4234.52	United	Commercial|PPO		2493				123.17	9848.65	case rate	
BIOPSY; NASOPHARYNX (TONSIL)	42804	CPT	outpatient			10367	4234.52	United	Oxford		2493				123.17	9848.65	case rate	
BIOPSY; NASOPHARYNX (TONSIL)	42804	CPT	outpatient			10367	4234.52	Wellcare	Medicaid		3270.79	31.55			123.17	9848.65	percent of total billed charges	
BIOPSY; NASOPHARYNX (TONSIL)	42804	CPT	outpatient			10367	4234.52	Wellcare	Medicare		3682.19				123.17	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY; NASOPHARYNX (TONSIL)	42804	CPT	outpatient			10367	4234.52	WellPoint	WellPoint		3336.1	32.18			123.17	9848.65	percent of total billed charges	
REMOVE PHARYNX FOREIGN BODY	42809	CPT	outpatient			1379	524.04	Aetna	Commercial		725.46				177.1	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE PHARYNX FOREIGN BODY	42809	CPT	outpatient			1379	524.04	Aetna	Medicare		424.73	30.8			177.1	1782	percent of total billed charges	
REMOVE PHARYNX FOREIGN BODY	42809	CPT	outpatient			1379	524.04	Aetna	Better Health		435.07	31.55			177.1	1782	percent of total billed charges	
REMOVE PHARYNX FOREIGN BODY	42809	CPT	outpatient			1379	524.04	Americare	Americare		1034.25	75			177.1	1782	percent of total billed charges	
REMOVE PHARYNX FOREIGN BODY	42809	CPT	outpatient			1379	524.04	Amerihealth	HMO/PPO		896.35	65			177.1	1782	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
REMOVE PHARYNX FOREIGN BODY	42809	CPT	outpatient			1379		524.04 Amerihealth	Medicare		455.69				177.1	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE PHARYNX FOREIGN BODY	42809	CPT	outpatient			1379		524.04 Consumer	Consumer		1310.05	95			177.1	1782	percent of total billed charges	
REMOVE PHARYNX FOREIGN BODY	42809	CPT	outpatient			1379		524.04 Corrections	Corrections		1103.2	80			177.1	1782	percent of total billed charges	
REMOVE PHARYNX FOREIGN BODY	42809	CPT	outpatient			1379		524.04 First Health	First Health		965.3	70			177.1	1782	percent of total billed charges	
REMOVE PHARYNX FOREIGN BODY	42809	CPT	outpatient			1379		524.04 First Trenton	First Trenton		1241.1	90			177.1	1782	percent of total billed charges	
REMOVE PHARYNX FOREIGN BODY	42809	CPT	outpatient			1379		524.04 Horizon	Medicare Blue		455.69				177.1	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE PHARYNX FOREIGN BODY	42809	CPT	outpatient			1379		524.04 Horizon	Indemnity		848.04				177.1	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE PHARYNX FOREIGN BODY	42809	CPT	outpatient			1379		524.04 Horizon	MGD		848.04				177.1	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE PHARYNX FOREIGN BODY	42809	CPT	outpatient			1379		524.04 Horizon	PPO		848.04				177.1	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE PHARYNX FOREIGN BODY	42809	CPT	outpatient			1379		524.04 Horizon	NJ Health		189.67				177.1	1782	fee schedule	
REMOVE PHARYNX FOREIGN BODY	42809	CPT	outpatient			1379		524.04 Managed Care Inc	Managed Care Inc		1241.1	90			177.1	1782	percent of total billed charges	
REMOVE PHARYNX FOREIGN BODY	42809	CPT	outpatient			1379		524.04 Multiplan	Multiplan		1103.2	80			177.1	1782	percent of total billed charges	
REMOVE PHARYNX FOREIGN BODY	42809	CPT	outpatient			1379		524.04 Qualcare	Qualcare		1034.25	75			177.1	1782	percent of total billed charges	
REMOVE PHARYNX FOREIGN BODY	42809	CPT	outpatient			1379		524.04 Three Rivers	Three Rivers		1310.05	95			177.1	1782	percent of total billed charges	
REMOVE PHARYNX FOREIGN BODY	42809	CPT	outpatient			1379		524.04 UHC	Medicare		455.69				177.1	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE PHARYNX FOREIGN BODY	42809	CPT	outpatient			1379		524.04 UHC	Medicaid		435.07	31.55			177.1	1782	percent of total billed charges	
REMOVE PHARYNX FOREIGN BODY	42809	CPT	outpatient			1379		524.04 United	Commercial|PPO		1782				177.1	1782	case rate	
REMOVE PHARYNX FOREIGN BODY	42809	CPT	outpatient			1379		524.04 United	Oxford		1782				177.1	1782	case rate	
REMOVE PHARYNX FOREIGN BODY	42809	CPT	outpatient			1379		524.04 Wellcare	Medicaid		435.07	31.55			177.1	1782	percent of total billed charges	
REMOVE PHARYNX FOREIGN BODY	42809	CPT	outpatient			1379		524.04 Wellcare	Medicare		455.69				177.1	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE PHARYNX FOREIGN BODY	42809	CPT	outpatient			1379		524.04 WellPoint	WellPoint		443.76	32.18			177.1	1782	percent of total billed charges	
EXC TONSIL T	42860	CPT	outpatient			10367		4234.52 Aetna	Commercial		5862.05				135.2	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC TONSIL T	42860	CPT	outpatient			10367		4234.52 Aetna	Better Health		3270.79	31.55			135.2	9848.65	percent of total billed charges	
EXC TONSIL T	42860	CPT	outpatient			10367		4234.52 Aetna	Medicare		3682.19				135.2	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC TONSIL T	42860	CPT	outpatient			10367		4234.52 Americare	Americare		7775.25	75			135.2	9848.65	percent of total billed charges	
EXC TONSIL T	42860	CPT	outpatient			10367		4234.52 Amerihealth	HMO|PPO		6738.55	65			135.2	9848.65	percent of total billed charges	
EXC TONSIL T	42860	CPT	outpatient			10367		4234.52 Amerihealth	Medicare		3682.19				135.2	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC TONSIL T	42860	CPT	outpatient			10367		4234.52 Consumer	Consumer		9848.65	95			135.2	9848.65	percent of total billed charges	
EXC TONSIL T	42860	CPT	outpatient			10367		4234.52 Corrections	Corrections		8293.6	80			135.2	9848.65	percent of total billed charges	
EXC TONSIL T	42860	CPT	outpatient			10367		4234.52 First Health	First Health		7256.9	70			135.2	9848.65	percent of total billed charges	
EXC TONSIL T	42860	CPT	outpatient			10367		4234.52 First Trenton	First Trenton		9330.3	90			135.2	9848.65	percent of total billed charges	
EXC TONSIL T	42860	CPT	outpatient			10367		4234.52 Horizon	Medicare Blue		3682.19				135.2	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC TONSIL T	42860	CPT	outpatient			10367		4234.52 Horizon	NJ Health		135.2				135.2	9848.65	fee schedule	
EXC TONSIL T	42860	CPT	outpatient			10367		4234.52 Horizon	MGD		6852.56				135.2	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC TONSIL T	42860	CPT	outpatient			10367		4234.52 Horizon	Indemnity		6852.56				135.2	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC TONSIL T	42860	CPT	outpatient			10367		4234.52 Horizon	PPO		6852.56				135.2	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC TONSIL T	42860	CPT	outpatient			10367		4234.52 Managed Care Inc	Managed Care Inc		9330.3	90			135.2	9848.65	percent of total billed charges	
EXC TONSIL T	42860	CPT	outpatient			10367		4234.52 Multiplan	Multiplan		8293.6	80			135.2	9848.65	percent of total billed charges	
EXC TONSIL T	42860	CPT	outpatient			10367		4234.52 Qualcare	Qualcare		7775.25	75			135.2	9848.65	percent of total billed charges	
EXC TONSIL T	42860	CPT	outpatient			10367		4234.52 Three Rivers	Three Rivers		9848.65	95			135.2	9848.65	percent of total billed charges	
EXC TONSIL T	42860	CPT	outpatient			10367		4234.52 UHC	Medicare		3682.19				135.2	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC TONSIL T	42860	CPT	outpatient			10367		4234.52 UHC	Medicaid		3270.79	31.55			135.2	9848.65	percent of total billed charges	
EXC TONSIL T	42860	CPT	outpatient			10367		4234.52 United	Oxford		2776				135.2	9848.65	case rate	
EXC TONSIL T	42860	CPT	outpatient			10367		4234.52 United	Commercial|PPO		2776				135.2	9848.65	case rate	
EXC TONSIL T	42860	CPT	outpatient			10367		4234.52 Wellcare	Medicare		3682.19				135.2	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC TONSIL T	42860	CPT	outpatient			10367		4234.52 Wellcare	Medicaid		3270.79	31.55			135.2	9848.65	percent of total billed charges	
EXC TONSIL T	42860	CPT	outpatient			10367		4234.52 WellPoint	WellPoint		3336.1	32.18			135.2	9848.65	percent of total billed charges	
CONTROL OROPH HEMORRHAGE SIM	42960	CPT	outpatient			1773		723.64 Aetna	Commercial		1001.77				153.47	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONTROL OROPH HEMORRHAGE SIM	42960	CPT	outpatient			1773		723.64 Aetna	Medicare		629.25				153.47	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONTROL OROPH HEMORRHAGE SIM	42960	CPT	outpatient			1773		723.64 Aetna	Better Health		559.38	31.55			153.47	1782	percent of total billed charges	
CONTROL OROPH HEMORRHAGE SIM	42960	CPT	outpatient			1773		723.64 Americare	Americare		1329.75	75			153.47	1782	percent of total billed charges	
CONTROL OROPH HEMORRHAGE SIM	42960	CPT	outpatient			1773		723.64 Amerihealth	Medicare		629.25				153.47	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONTROL OROPH HEMORRHAGE SIM	42960	CPT	outpatient			1773		723.64 Amerihealth	HMO|PPO		1152.45	65			153.47	1782	percent of total billed charges	
CONTROL OROPH HEMORRHAGE SIM	42960	CPT	outpatient			1773		723.64 Consumer	Consumer		1684.35	95			153.47	1782	percent of total billed charges	
CONTROL OROPH HEMORRHAGE SIM	42960	CPT	outpatient			1773		723.64 Corrections	Corrections		1418.4	80			153.47	1782	percent of total billed charges	
CONTROL OROPH HEMORRHAGE SIM	42960	CPT	outpatient			1773		723.64 First Health	First Health		1241.1	70			153.47	1782	percent of total billed charges	
CONTROL OROPH HEMORRHAGE SIM	42960	CPT	outpatient			1773		723.64 First Trenton	First Trenton		1595.7	90			153.47	1782	percent of total billed charges	
CONTROL OROPH HEMORRHAGE SIM	42960	CPT	outpatient			1773		723.64 Horizon	Indemnity		1171.03				153.47	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONTROL OROPH HEMORRHAGE SIM	42960	CPT	outpatient			1773		723.64 Horizon	MGD		1171.03				153.47	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONTROL OROPH HEMORRHAGE SIM	42960	CPT	outpatient			1773		723.64 Horizon	PPO		1171.03				153.47	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONTROL OROPH HEMORRHAGE SIM	42960	CPT	outpatient			1773		723.64 Horizon	NJ Health		153.47				153.47	1782	fee schedule	
CONTROL OROPH HEMORRHAGE SIM	42960	CPT	outpatient			1773		723.64 Horizon	Medicare Blue		629.25				153.47	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONTROL OROPH HEMORRHAGE SIM	42960	CPT	outpatient			1773		723.64 Managed Care Inc	Managed Care Inc		1595.7	90			153.47	1782	percent of total billed charges	
CONTROL OROPH HEMORRHAGE SIM	42960	CPT	outpatient			1773		723.64 Multiplan	Multiplan		1418.4	80			153.47	1782	percent of total billed charges	
CONTROL OROPH HEMORRHAGE SIM	42960	CPT	outpatient			1773		723.64 Qualcare	Qualcare		1329.75	75			153.47	1782	percent of total billed charges	
CONTROL OROPH HEMORRHAGE SIM	42960	CPT	outpatient			1773		723.64 Three Rivers	Three Rivers		1684.35	95			153.47	1782	percent of total billed charges	
CONTROL OROPH HEMORRHAGE SIM	42960	CPT	outpatient			1773		723.64 UHC	Medicare		629.25				153.47	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONTROL OROPH HEMORRHAGE SIM	42960	CPT	outpatient			1773		723.64 UHC	Medicaid		559.38	31.55			153.47	1782	percent of total billed charges	
CONTROL OROPH HEMORRHAGE SIM	42960	CPT	outpatient			1773		723.64 United	Oxford		1782				153.47	1782	case rate	
CONTROL OROPH HEMORRHAGE SIM	42960	CPT	outpatient			1773		723.64 United	Commercial|PPO		1782				153.47	1782	case rate	
CONTROL OROPH HEMORRHAGE SIM	42960	CPT	outpatient			1773		723.64 Wellcare	Medicare		629.25				153.47	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONTROL OROPH HEMORRHAGE SIM	42960	CPT	outpatient			1773		723.64 Wellcare	Medicaid		559.38	31.55			153.47	1782	percent of total billed charges	
CONTROL OROPH HEMORRHAGE SIM	42960	CPT	outpatient			1773		723.64 WellPoint	WellPoint		570.55	32.18			153.47	1782	percent of total billed charges	
UNLSTD PHRYNX, ADNDS, TNSLS	42999	CPT	outpatient			830		321.26 Aetna	Medicare		255.64	30.8			233.46	1782	percent of total billed charges	
UNLSTD PHRYNX, ADNDS, TNSLS	42999	CPT	outpatient			830		321.26 Aetna	Better Health		261.87	31.55			233.46	1782	percent of total billed charges	
UNLSTD PHRYNX, ADNDS, TNSLS	42999	CPT	outpatient			830		321.26 Aetna	Commercial		444.74				233.46	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLSTD PHRYNX, ADNDS, TNSLS	42999	CPT	outpatient			830		321.26 Americare	Americare		622.5	75			233.46	1782	percent of total billed charges	
UNLSTD PHRYNX, ADNDS, TNSLS	42999	CPT	outpatient			830		321.26 Amerihealth	Medicare		279.36				233.46	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLSTD PHRYNX, ADNDS, TNSLS	42999	CPT	outpatient			830		321.26 Amerihealth	HMO|PPO		539.5	65			233.46	1782	percent of total billed charges	
UNLSTD PHRYNX, ADNDS, TNSLS	42999	CPT	outpatient			830		321.26 Consumer	Consumer		788.5	95			233.46	1782	percent of total billed charges	
UNLSTD PHRYNX, ADNDS, TNSLS	42999	CPT	outpatient			830		321.26 Corrections	Corrections		664	80			233.46	1782	percent of total billed charges	
UNLSTD PHRYNX, ADNDS, TNSLS	42999	CPT	outpatient			830		321.26 First Health	First Health		581	70			233.46	1782	percent of total billed charges	
UNLSTD PHRYNX, ADNDS, TNSLS	42999	CPT	outpatient			830		321.26 First Trenton	First Trenton		747	90			233.46	1782	percent of total billed charges	
UNLSTD PHRYNX, ADNDS, TNSLS	42999	CPT	outpatient			830		321.26 Horizon	Indemnity		519.89				233.46	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLSTD PHRYNX, ADNDS, TNSLS	42999	CPT	outpatient			830		321.26 Horizon	Medicare Blue		279.36				233.46	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLSTD PHRYNX, ADNDS, TNSLS	42999	CPT	outpatient			830		321.26 Horizon	PPO		519.89				233.46	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLSTD PHRYNX, ADNDS, TNSLS	42999	CPT	outpatient			830		321.26 Horizon	MGD		519.89				233.46	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLSTD PHRYNX, ADNDS, TNSLS	42999	CPT	outpatient			830		321.26 Managed Care Inc	Managed Care Inc		747	90			233.46	1782	percent of total billed charges	
UNLSTD PHRYNX, ADNDS, TNSLS	42999	CPT	outpatient			830		321.26 Multiplan	Multiplan		664	80			233.46	1782	percent of total billed charges	
UNLSTD PHRYNX, ADNDS, TNSLS	42999	CPT	outpatient			830		321.26 Qualcare	Qualcare		622.5	75			233.46	1782	percent of total billed charges	
UNLSTD PHRYNX, ADNDS, TNSLS	42999	CPT	outpatient			830		321.26 Three Rivers	Three Rivers		788.5	95			233.46	1782	percent of total billed charges	
UNLSTD PHRYNX, ADNDS, TNSLS	42999	CPT	outpatient			830		321.26 UHC	Medicare		279.36				233.46	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLSTD PHRYNX, ADNDS, TNSLS	42999	CPT	outpatient			830		321.26 UHC	Medicaid		261.87	31.55			233.46	1782	percent of total billed charges	
UNLSTD PHRYNX, ADNDS, TNSLS	42999	CPT	outpatient			830		321.26 United	Oxford		1782				233.46	1782	case rate	
UNLSTD PHRYNX, ADNDS, TNSLS	42999	CPT	outpatient			830		321.26 United	Commercial|PPO		1782				233.46	1782	case rate	
UNLSTD PHRYNX, ADNDS, TNSLS	42999	CPT	outpatient			830		321.26 Wellcare	Medicare		279.36				233.46	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLSTD PHRYNX, ADNDS, TNSLS	42999	CPT	outpatient			830		321.26 Wellcare	Medicaid		261.87	31.55			233.46	1782	percent of total billed charges	
UNLSTD PHRYNX, ADNDS, TNSLS	42999	CPT	outpatient			830		321.26 WellPoint	WellPoint		267.09	32.18			233.46	1782	percent of total billed charges	
ESOPHAGOSCOPY FLEXIBLE B	43200	CPT	outpatient			3157		1192.23 Aetna	Medicare		1036.72				221.85	2999.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY FLEXIBLE B	43200	CPT	outpatient			3157		1192.23 Aetna	Better Health		996.03	31.55			221.85	2999.15	percent of total billed charges	
ESOPHAGOSCOPY FLEXIBLE B	43200	CPT	outpatient			3157		1192.23 Aetna	Commercial		1650.46				221.85	2999.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY FLEXIBLE B	43200	CPT	outpatient			3157		1192.23 Americare	Americare		2367.75	75			221.85	2999.15	percent of total billed charges	
ESOPHAGOSCOPY FLEXIBLE B	43200	CPT	outpatient			3157		1192.23 Amerihealth	HMO|PPO		2052.05	65			221.85	2999.15	percent of total billed charges	
ESOPHAGOSCOPY FLEXIBLE B	43200	CPT	outpatient			3157		1192.23 Amerihealth	Medicare		1036.72				221.85	2999.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY FLEXIBLE B	43200	CPT	outpatient			3157		1192.23 Consumer	Consumer		2999.15	95			221.85	2999.15	percent of total billed charges	
ESOPHAGOSCOPY FLEXIBLE B	43200	CPT	outpatient			3157		1192.23 Corrections	Corrections		2525.6	80			221.85	2999.15	percent of total billed charges	
ESOPHAGOSCOPY FLEXIBLE B	43200	CPT	outpatient			3157		1192.23 First Health	First Health		2209.9	70			221.85	2999.15	percent of total billed charges	
ESOPHAGOSCOPY FLEXIBLE B	43200	CPT	outpatient			3157		1192.23 First Trenton	First Trenton		2841.3	90			221.85	2999.15	percent of total billed charges	
ESOPHAGOSCOPY FLEXIBLE B	43200	CPT	outpatient			3157		1192.23 Horizon	PPO		1929.34				221.85	2999.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY FLEXIBLE B	43200	CPT	outpatient			3157		1192.23 Horizon	MGD		1929.34				221.85	2999.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY FLEXIBLE B	43200	CPT	outpatient			3157		1192.23 Horizon	Medicare Blue		1036.72				221.85	2999.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY FLEXIBLE B	43200	CPT	outpatient			3157		1192.23 Horizon	NJ Health		221.85				221.85	2999.15	fee schedule	
ESOPHAGOSCOPY FLEXIBLE B	43200	CPT	outpatient			3157		1192.23 Horizon	Indemnity		1929.34				221.85	2999.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY FLEXIBLE B	43200	CPT	outpatient			3157		1192.23 Managed Care Inc	Managed Care Inc		2841.3	90			221.85	2999.15	percent of total billed charges	
ESOPHAGOSCOPY FLEXIBLE B	43200	CPT	outpatient			3157		1192.23 Multiplan	Multiplan		2525.6	80			221.85	2999.15	percent of total billed charges	
ESOPHAGOSCOPY FLEXIBLE B	43200	CPT	outpatient			3157		1192.23 Qualcare	Qualcare		2367.75	75			221.85	2999.15	percent of total billed charges	
ESOPHAGOSCOPY FLEXIBLE B	43200	CPT	outpatient			3157		1192.23 Three Rivers	Three Rivers		2999.15	95			221.85	2999.15	percent of total billed charges	
ESOPHAGOSCOPY FLEXIBLE B	43200	CPT	outpatient			3157		1192.23 UHC	Medicare		1036.72				221.85	2999.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY FLEXIBLE B	43200	CPT	outpatient			3157		1192.23 UHC	Medicaid		996.03	31.55			221.85	2999.15	percent of total billed charges	
ESOPHAGOSCOPY FLEXIBLE B	43200	CPT	outpatient			3157		1192.23 United	Commercial|PPO		2493				221.85	2999.15	case rate	
ESOPHAGOSCOPY FLEXIBLE B	43200	CPT	outpatient			3157		1192.23 United	Oxford		2493				221.85	2999.15	case rate	
ESOPHAGOSCOPY FLEXIBLE B	43200	CPT	outpatient			3157		1192.23 Wellcare	Medicare		1036.72				221.85	2999.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY FLEXIBLE B	43200	CPT	outpatient			3157		1192.23 Wellcare	Medicaid		996.03	31.55			221.85	2999.15	percent of total billed charges	
ESOPHAGOSCOPY FLEXIBLE B	43200	CPT	outpatient			3157		1192.23 WellPoint	WellPoint		1015.92	32.18			221.85	2999.15	percent of total billed charges	
ESOPH SCOPE W\SUBMUCOUS INJ	43201	CPT	outpatient			2826		2502.63 Aetna	Commercial		3464.51				354.96	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPH SCOPE W\SUBMUCOUS INJ	43201	CPT	outpatient			2826		2502.63 Aetna	Better Health		891.6	31.55			354.96	4049.91	percent of total billed charges	
ESOPH SCOPE W\SUBMUCOUS INJ	43201	CPT	outpatient			2826		2502.63 Aetna	Medicare		2176.2				354.96	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPH SCOPE W\SUBMUCOUS INJ	43201	CPT	outpatient			2826		2502.63 Americare	Americare		2119.5	75			354.96	4049.91	percent of total billed charges	
ESOPH SCOPE W\SUBMUCOUS INJ	43201	CPT	outpatient			2826		2502.63 Amerihealth	HMO|PPO		1836.9	65			354.96	4049.91	percent of total billed charges	
ESOPH SCOPE W\SUBMUCOUS INJ	43201	CPT	outpatient			2826		2502.63 Amerihealth	Medicare		2176.2				354.96	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPH SCOPE W\SUBMUCOUS INJ	43201	CPT	outpatient			2826		2502.63 Consumer	Consumer		2684.7	95			354.96	4049.91	percent of total billed charges	
ESOPH SCOPE W\SUBMUCOUS INJ	43201	CPT	outpatient			2826		2502.63 Corrections	Corrections		2260.8	80			354.96	4049.91	percent of total billed charges	
ESOPH SCOPE W\SUBMUCOUS INJ	43201	CPT	outpatient			2826		2502.63 First Health	First Health		1978.2	70			354.96	4049.91	percent of total billed charges	
ESOPH SCOPE W\SUBMUCOUS INJ	43201	CPT	outpatient			2826		2502.63 First Trenton	First Trenton		2543.4	90			354.96	4049.91	percent of total billed charges	
ESOPH SCOPE W\SUBMUCOUS INJ	43201	CPT	outpatient			2826		2502.63 Horizon	PPO		4049.91				354.96	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPH SCOPE W\SUBMUCOUS INJ	43201	CPT	outpatient			2826		2502.63 Horizon	MGD		4049.91				354.96	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPH SCOPE W\SUBMUCOUS INJ	43201	CPT	outpatient			2826		2502.63 Horizon	Indemnity		4049.91				354.96	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPH SCOPE W\SUBMUCOUS INJ	43201	CPT	outpatient			2826		2502.63 Horizon	NJ Health		354.96				354.96	4049.91	fee schedule	
ESOPH SCOPE W\SUBMUCOUS INJ	43201	CPT	outpatient			2826		2502.63 Horizon	Medicare Blue		2176.2				354.96	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPH SCOPE W\SUBMUCOUS INJ	43201	CPT	outpatient			2826		2502.63 Managed Care Inc	Managed Care Inc		2543.4	90			354.96	4049.91	percent of total billed charges	
ESOPH SCOPE W\SUBMUCOUS INJ	43201	CPT	outpatient			2826		2502.63 Multiplan	Multiplan		2260.8	80			354.96	4049.91	percent of total billed charges	
ESOPH SCOPE W\SUBMUCOUS INJ	43201	CPT	outpatient			2826		2502.63 Qualcare	Qualcare		2119.5	75			354.96	4049.91	percent of total billed charges	
ESOPH SCOPE W\SUBMUCOUS INJ	43201	CPT	outpatient			2826		2502.63 Three Rivers	Three Rivers		2684.7	95			354.96	4049.91	percent of total billed charges	
ESOPH SCOPE W\SUBMUCOUS INJ	43201	CPT	outpatient			2826		2502.63 UHC	Medicare		2176.2				354.96	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPH SCOPE W\SUBMUCOUS INJ	43201	CPT	outpatient			2826		2502.63 UHC	Medicaid		891.6	31.55			354.96	4049.91	percent of total billed charges	
ESOPH SCOPE W\SUBMUCOUS INJ	43201	CPT	outpatient			2826		2502.63 United	Oxford		2493				354.96	4049.91	case rate	
ESOPH SCOPE W\SUBMUCOUS INJ	43201	CPT	outpatient			2826		2502.63 United	Commercial|PPO		2493				354.96	4049.91	case rate	
ESOPH SCOPE W\SUBMUCOUS INJ	43201	CPT	outpatient			2826		2502.63 Wellcare	Medicare		2176.2				354.96	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.														
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103		310119 true													
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ESOPH SCOPE W/SUBMUCOUS INJ	43201	CPT	outpatient			2826		2502.63 Wellcare	Medicaid		891.6	31.55			354.96	4049.91	percent of total billed charges	
ESOPH SCOPE W/SUBMUCOUS INJ	43201	CPT	outpatient			2826		2502.63 WellPoint	WellPoint		909.41	32.18			354.96	4049.91	percent of total billed charges	
W/BRUSH, WASH, BX	43202	CPT	outpatient			6072		2502.63 Aetna	Better Health		1915.72	31.55			253.17	5768.4	percent of total billed charges	
W/BRUSH, WASH, BX	43202	CPT	outpatient			6072		2502.63 Aetna	Commercial		3464.51				253.17	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
W/BRUSH, WASH, BX	43202	CPT	outpatient			6072		2502.63 Aetna	Medicare		2176.2				253.17	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
W/BRUSH, WASH, BX	43202	CPT	outpatient			6072		2502.63 Americare	Americare		4554	75			253.17	5768.4	percent of total billed charges	
W/BRUSH, WASH, BX	43202	CPT	outpatient			6072		2502.63 Amerihealth	Medicare		2176.2				253.17	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
W/BRUSH, WASH, BX	43202	CPT	outpatient			6072		2502.63 Amerihealth	HMO/PPO		3946.8	65			253.17	5768.4	percent of total billed charges	
W/BRUSH, WASH, BX	43202	CPT	outpatient			6072		2502.63 Consumer	Consumer		5768.4	95			253.17	5768.4	percent of total billed charges	
W/BRUSH, WASH, BX	43202	CPT	outpatient			6072		2502.63 Corrections	Corrections		4857.6	80			253.17	5768.4	percent of total billed charges	
W/BRUSH, WASH, BX	43202	CPT	outpatient			6072		2502.63 First Health	First Health		4250.4	70			253.17	5768.4	percent of total billed charges	
W/BRUSH, WASH, BX	43202	CPT	outpatient			6072		2502.63 First Trenton	First Trenton		5464.8	90			253.17	5768.4	percent of total billed charges	
W/BRUSH, WASH, BX	43202	CPT	outpatient			6072		2502.63 Horizon	Indemnity		4049.91				253.17	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
W/BRUSH, WASH, BX	43202	CPT	outpatient			6072		2502.63 Horizon	PPO		4049.91				253.17	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
W/BRUSH, WASH, BX	43202	CPT	outpatient			6072		2502.63 Horizon	Medicare Blue		2176.2				253.17	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
W/BRUSH, WASH, BX	43202	CPT	outpatient			6072		2502.63 Horizon	MGD		4049.91				253.17	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
W/BRUSH, WASH, BX	43202	CPT	outpatient			6072		2502.63 Horizon	NJ Health		253.17				253.17	5768.4	fee schedule	
W/BRUSH, WASH, BX	43202	CPT	outpatient			6072		2502.63 Managed Care Inc	Managed Care Inc		5464.8	90			253.17	5768.4	percent of total billed charges	
W/BRUSH, WASH, BX	43202	CPT	outpatient			6072		2502.63 Multiplan	Multiplan		4857.6	80			253.17	5768.4	percent of total billed charges	
W/BRUSH, WASH, BX	43202	CPT	outpatient			6072		2502.63 Qualcare	Qualcare		4554	75			253.17	5768.4	percent of total billed charges	
W/BRUSH, WASH, BX	43202	CPT	outpatient			6072		2502.63 Three Rivers	Three Rivers		5768.4	95			253.17	5768.4	percent of total billed charges	
W/BRUSH, WASH, BX	43202	CPT	outpatient			6072		2502.63 UHC	Medicare		2176.2				253.17	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
W/BRUSH, WASH, BX	43202	CPT	outpatient			6072		2502.63 UHC	Medicaid		1915.72	31.55			253.17	5768.4	percent of total billed charges	
W/BRUSH, WASH, BX	43202	CPT	outpatient			6072		2502.63 United	CommercialPPO		2493				253.17	5768.4	case rate	
W/BRUSH, WASH, BX	43202	CPT	outpatient			6072		2502.63 United	Oxford		2493				253.17	5768.4	case rate	
W/BRUSH, WASH, BX	43202	CPT	outpatient			6072		2502.63 Wellcare	Medicaid		1915.72	31.55			253.17	5768.4	percent of total billed charges	
W/BRUSH, WASH, BX	43202	CPT	outpatient			6072		2502.63 Wellcare	Medicare		2176.2				253.17	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
W/BRUSH, WASH, BX	43202	CPT	outpatient			6072		2502.63 WellPoint	WellPoint		1953.97	32.18			253.17	5768.4	percent of total billed charges	
ESOPHAGOSCOPY W/SCLEROTHERAPY	43204	CPT	outpatient			6072		2502.63 Aetna	Medicare		1870.18	30.8			315.81	5768.4	percent of total billed charges	
ESOPHAGOSCOPY W/SCLEROTHERAPY	43204	CPT	outpatient			6072		2502.63 Aetna	Better Health		1915.72	31.55			315.81	5768.4	percent of total billed charges	
ESOPHAGOSCOPY W/SCLEROTHERAPY	43204	CPT	outpatient			6072		2502.63 Aetna	Commercial		3464.51				315.81	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY W/SCLEROTHERAPY	43204	CPT	outpatient			6072		2502.63 Americare	Americare		4554	75			315.81	5768.4	percent of total billed charges	
ESOPHAGOSCOPY W/SCLEROTHERAPY	43204	CPT	outpatient			6072		2502.63 Amerihealth	HMO/PPO		3946.8	65			315.81	5768.4	percent of total billed charges	
ESOPHAGOSCOPY W/SCLEROTHERAPY	43204	CPT	outpatient			6072		2502.63 Amerihealth	Medicare		2176.2				315.81	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY W/SCLEROTHERAPY	43204	CPT	outpatient			6072		2502.63 Consumer	Consumer		5768.4	95			315.81	5768.4	percent of total billed charges	
ESOPHAGOSCOPY W/SCLEROTHERAPY	43204	CPT	outpatient			6072		2502.63 Corrections	Corrections		4857.6	80			315.81	5768.4	percent of total billed charges	
ESOPHAGOSCOPY W/SCLEROTHERAPY	43204	CPT	outpatient			6072		2502.63 First Health	First Health		4250.4	70			315.81	5768.4	percent of total billed charges	
ESOPHAGOSCOPY W/SCLEROTHERAPY	43204	CPT	outpatient			6072		2502.63 First Trenton	First Trenton		5464.8	90			315.81	5768.4	percent of total billed charges	
ESOPHAGOSCOPY W/SCLEROTHERAPY	43204	CPT	outpatient			6072		2502.63 Horizon	Indemnity		4049.91				315.81	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY W/SCLEROTHERAPY	43204	CPT	outpatient			6072		2502.63 Horizon	MGD		4049.91				315.81	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY W/SCLEROTHERAPY	43204	CPT	outpatient			6072		2502.63 Horizon	Medicare Blue		2176.2				315.81	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY W/SCLEROTHERAPY	43204	CPT	outpatient			6072		2502.63 Horizon	NJ Health		315.81				315.81	5768.4	fee schedule	
ESOPHAGOSCOPY W/SCLEROTHERAPY	43204	CPT	outpatient			6072		2502.63 Horizon	PPO		4049.91				315.81	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY W/SCLEROTHERAPY	43204	CPT	outpatient			6072		2502.63 Managed Care Inc	Managed Care Inc		5464.8	90			315.81	5768.4	percent of total billed charges	
ESOPHAGOSCOPY W/SCLEROTHERAPY	43204	CPT	outpatient			6072		2502.63 Multiplan	Multiplan		4857.6	80			315.81	5768.4	percent of total billed charges	
ESOPHAGOSCOPY W/SCLEROTHERAPY	43204	CPT	outpatient			6072		2502.63 Qualcare	Qualcare		4554	75			315.81	5768.4	percent of total billed charges	
ESOPHAGOSCOPY W/SCLEROTHERAPY	43204	CPT	outpatient			6072		2502.63 Three Rivers	Three Rivers		5768.4	95			315.81	5768.4	percent of total billed charges	
ESOPHAGOSCOPY W/SCLEROTHERAPY	43204	CPT	outpatient			6072		2502.63 UHC	Medicaid		1915.72	31.55			315.81	5768.4	percent of total billed charges	
ESOPHAGOSCOPY W/SCLEROTHERAPY	43204	CPT	outpatient			6072		2502.63 UHC	Medicare		2176.2				315.81	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY W/SCLEROTHERAPY	43204	CPT	outpatient			6072		2502.63 United	Oxford		2493				315.81	5768.4	case rate	
ESOPHAGOSCOPY W/SCLEROTHERAPY	43204	CPT	outpatient			6072		2502.63 United	CommercialPPO		2493				315.81	5768.4	case rate	
ESOPHAGOSCOPY W/SCLEROTHERAPY	43204	CPT	outpatient			6072		2502.63 Wellcare	Medicare		2176.2				315.81	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY W/SCLEROTHERAPY	43204	CPT	outpatient			6072		2502.63 Wellcare	Medicaid		1915.72	31.55			315.81	5768.4	percent of total billed charges	
ESOPHAGOSCOPY W/SCLEROTHERAPY	43204	CPT	outpatient			6072		2502.63 WellPoint	WellPoint		1953.97	32.18			315.81	5768.4	percent of total billed charges	
EDGW BAND LIGATION OF ESOPHAGEAL VARICES	43205	CPT	outpatient			2846		2502.63 Aetna	Better Health		897.91	31.55			315.81	4049.91	percent of total billed charges	
EDGW BAND LIGATION OF ESOPHAGEAL VARICES	43205	CPT	outpatient			2846		2502.63 Aetna	Medicare		876.57	30.8			315.81	4049.91	percent of total billed charges	
EDGW BAND LIGATION OF ESOPHAGEAL VARICES	43205	CPT	outpatient			2846		2502.63 Aetna	Commercial		3464.51				315.81	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EDGW BAND LIGATION OF ESOPHAGEAL VARICES	43205	CPT	outpatient			2846		2502.63 Americare	Americare		2134.5	75			315.81	4049.91	percent of total billed charges	
EDGW BAND LIGATION OF ESOPHAGEAL VARICES	43205	CPT	outpatient			2846		2502.63 Amerihealth	HMO/PPO		1849.9	65			315.81	4049.91	percent of total billed charges	
EDGW BAND LIGATION OF ESOPHAGEAL VARICES	43205	CPT	outpatient			2846		2502.63 Amerihealth	Medicare		2176.2				315.81	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EDGW BAND LIGATION OF ESOPHAGEAL VARICES	43205	CPT	outpatient			2846		2502.63 Consumer	Consumer		2703.7	95			315.81	4049.91	percent of total billed charges	
EDGW BAND LIGATION OF ESOPHAGEAL VARICES	43205	CPT	outpatient			2846		2502.63 Corrections	Corrections		2276.8	80			315.81	4049.91	percent of total billed charges	
EDGW BAND LIGATION OF ESOPHAGEAL VARICES	43205	CPT	outpatient			2846		2502.63 First Health	First Health		1992.2	70			315.81	4049.91	percent of total billed charges	
EDGW BAND LIGATION OF ESOPHAGEAL VARICES	43205	CPT	outpatient			2846		2502.63 First Trenton	First Trenton		2561.4	90			315.81	4049.91	percent of total billed charges	
EDGW BAND LIGATION OF ESOPHAGEAL VARICES	43205	CPT	outpatient			2846		2502.63 Horizon	MGD		4049.91				315.81	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EDGW BAND LIGATION OF ESOPHAGEAL VARICES	43205	CPT	outpatient			2846		2502.63 Horizon	Medicare Blue		2176.2				315.81	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EDGW BAND LIGATION OF ESOPHAGEAL VARICES	43205	CPT	outpatient			2846		2502.63 Horizon	PPO		4049.91				315.81	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EDGW BAND LIGATION OF ESOPHAGEAL VARICES	43205	CPT	outpatient			2846		2502.63 Horizon	Indemnity		4049.91				315.81	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EDGW BAND LIGATION OF ESOPHAGEAL VARICES	43205	CPT	outpatient			2846		2502.63 Horizon	NJ Health		315.81				315.81	4049.91	fee schedule	
EDGW BAND LIGATION OF ESOPHAGEAL VARICES	43205	CPT	outpatient			2846		2502.63 Managed Care Inc	Managed Care Inc		2561.4	90			315.81	4049.91	percent of total billed charges	
EDGW BAND LIGATION OF ESOPHAGEAL VARICES	43205	CPT	outpatient			2846		2502.63 Multiplan	Multiplan		2276.8	80			315.81	4049.91	percent of total billed charges	
EDGW BAND LIGATION OF ESOPHAGEAL VARICES	43205	CPT	outpatient			2846		2502.63 Qualcare	Qualcare		2134.5	75			315.81	4049.91	percent of total billed charges	
EDGW BAND LIGATION OF ESOPHAGEAL VARICES	43205	CPT	outpatient			2846		2502.63 Three Rivers	Three Rivers		2703.7	95			315.81	4049.91	percent of total billed charges	
EDGW BAND LIGATION OF ESOPHAGEAL VARICES	43205	CPT	outpatient			2846		2502.63 UHC	Medicaid		897.91	31.55			315.81	4049.91	percent of total billed charges	
EDGW BAND LIGATION OF ESOPHAGEAL VARICES	43205	CPT	outpatient			2846		2502.63 UHC	Medicare		2176.2				315.81	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EDGW BAND LIGATION OF ESOPHAGEAL VARICES	43205	CPT	outpatient			2846		2502.63 United	Oxford		2493				315.81	4049.91	case rate	
EDGW BAND LIGATION OF ESOPHAGEAL VARICES	43205	CPT	outpatient			2846		2502.63 United	CommercialPPO		2493				315.81	4049.91	case rate	
EDGW BAND LIGATION OF ESOPHAGEAL VARICES	43205	CPT	outpatient			2846		2502.63 Wellcare	Medicare		2176.2				315.81	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EDGW BAND LIGATION OF ESOPHAGEAL VARICES	43205	CPT	outpatient			2846		2502.63 Wellcare	Medicaid		897.91	31.55			315.81	4049.91	percent of total billed charges	
EDGW BAND LIGATION OF ESOPHAGEAL VARICES	43205	CPT	outpatient			2846		2502.63 WellPoint	WellPoint		915.84	32.18			315.81	4049.91	percent of total billed charges	
EGD FLEXIBLE TRANSORAL	43210	CPT	outpatient			34102		13538.55 Aetna	Commercial		18742.06				613.98	32396.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD FLEXIBLE TRANSORAL	43210	CPT	outpatient			34102		13538.55 Aetna	Better Health		10759.18	31.55			613.98	32396.9	percent of total billed charges	
EGD FLEXIBLE TRANSORAL	43210	CPT	outpatient			34102		13538.55 Aetna	Medicare		10503.42	30.8			613.98	32396.9	percent of total billed charges	
EGD FLEXIBLE TRANSORAL	43210	CPT	outpatient			34102		13538.55 Americare	Americare		25576.5	75			613.98	32396.9	percent of total billed charges	
EGD FLEXIBLE TRANSORAL	43210	CPT	outpatient			34102		13538.55 Amerihealth	HMO/PPO		22166.3	65			613.98	32396.9	percent of total billed charges	
EGD FLEXIBLE TRANSORAL	43210	CPT	outpatient			34102		13538.55 Amerihealth	Medicare		11772.65				613.98	32396.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD FLEXIBLE TRANSORAL	43210	CPT	outpatient			34102		13538.55 Consumer	Consumer		32396.9	95			613.98	32396.9	percent of total billed charges	
EGD FLEXIBLE TRANSORAL	43210	CPT	outpatient			34102		13538.55 Corrections	Corrections		27281.6	80			613.98	32396.9	percent of total billed charges	
EGD FLEXIBLE TRANSORAL	43210	CPT	outpatient			34102		13538.55 First Health	First Health		23871.4	70			613.98	32396.9	percent of total billed charges	
EGD FLEXIBLE TRANSORAL	43210	CPT	outpatient			34102		13538.55 First Trenton	First Trenton		30691.8	90			613.98	32396.9	percent of total billed charges	
EGD FLEXIBLE TRANSORAL	43210	CPT	outpatient			34102		13538.55 Horizon	Indemnity		21908.9				613.98	32396.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD FLEXIBLE TRANSORAL	43210	CPT	outpatient			34102		13538.55 Horizon	MGD		21908.9				613.98	32396.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD FLEXIBLE TRANSORAL	43210	CPT	outpatient			34102		13538.55 Horizon	Medicare Blue		11772.65				613.98	32396.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD FLEXIBLE TRANSORAL	43210	CPT	outpatient			34102		13538.55 Horizon	NJ Health		613.98				613.98	32396.9	fee schedule	
EGD FLEXIBLE TRANSORAL	43210	CPT	outpatient			34102		13538.55 Horizon	PPO		21908.9				613.98	32396.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD FLEXIBLE TRANSORAL	43210	CPT	outpatient			34102		13538.55 Managed Care Inc	Managed Care Inc		30691.8	90			613.98	32396.9	percent of total billed charges	
EGD FLEXIBLE TRANSORAL	43210	CPT	outpatient			34102		13538.55 Multiplan	Multiplan		27281.6	80			613.98	32396.9	percent of total billed charges	
EGD FLEXIBLE TRANSORAL	43210	CPT	outpatient			34102		13538.55 Qualcare	Qualcare		25576.5	75			613.98	32396.9	percent of total billed charges	
EGD FLEXIBLE TRANSORAL	43210	CPT	outpatient			34102		13538.55 Three Rivers	Three Rivers		32396.9	95			613.98	32396.9	percent of total billed charges	
EGD FLEXIBLE TRANSORAL	43210	CPT	outpatient			34102		13538.55 UHC	Medicare		11772.65				613.98	32396.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD FLEXIBLE TRANSORAL	43210	CPT	outpatient			34102		13538.55 UHC	Medicaid		10759.18	31.55			613.98	32396.9	percent of total billed charges	
EGD FLEXIBLE TRANSORAL	43210	CPT	outpatient			34102		13538.55 United	Oxford		3492				613.98	32396.9	case rate	
EGD FLEXIBLE TRANSORAL	43210	CPT	outpatient			34102		13538.55 United	CommercialPPO		3492				613.98	32396.9	case rate	
EGD FLEXIBLE TRANSORAL	43210	CPT	outpatient			34102		13538.55 Wellcare	Medicare		11772.65				613.98	32396.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD FLEXIBLE TRANSORAL	43210	CPT	outpatient			34102		13538.55 Wellcare	Medicaid		10759.18	31.55			613.98	32396.9	percent of total billed charges	
EGD FLEXIBLE TRANSORAL	43210	CPT	outpatient			34102		13538.55 WellPoint	WellPoint		10974.02	32.18			613.98	32396.9	percent of total billed charges	
ESOPHAGOSCOPY W/STENT PLACEMENT	43212	CPT	outpatient			9756		7495.78 Aetna	Medicare		3004.85	30.8			220.34	12130.13	percent of total billed charges	
ESOPHAGOSCOPY W/STENT PLACEMENT	43212	CPT	outpatient			9756		7495.78 Aetna	Commercial		10376.77				220.34	12130.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY W/STENT PLACEMENT	43212	CPT	outpatient			9756		7495.78 Aetna	Better Health		3078.02	31.55			220.34	12130.13	percent of total billed charges	
ESOPHAGOSCOPY W/STENT PLACEMENT	43212	CPT	outpatient			9756		7495.78 Americare	Americare		7317	75			220.34	12130.13	percent of total billed charges	
ESOPHAGOSCOPY W/STENT PLACEMENT	43212	CPT	outpatient			9756		7495.78 Amerihealth	HMO/PPO		6341.4	65			220.34	12130.13	percent of total billed charges	
ESOPHAGOSCOPY W/STENT PLACEMENT	43212	CPT	outpatient			9756		7495.78 Amerihealth	Medicare		6518.07				220.34	12130.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY W/STENT PLACEMENT	43212	CPT	outpatient			9756		7495.78 Consumer	Consumer		9268.2	95			220.34	12130.13	percent of total billed charges	
ESOPHAGOSCOPY W/STENT PLACEMENT	43212	CPT	outpatient			9756		7495.78 Corrections	Corrections		7804.8	80			220.34	12130.13	percent of total billed charges	
ESOPHAGOSCOPY W/STENT PLACEMENT	43212	CPT	outpatient			9756		7495.78 First Health	First Health		6829.2	70			220.34	12130.13	percent of total billed charges	
ESOPHAGOSCOPY W/STENT PLACEMENT	43212	CPT	outpatient			9756		7495.78 First Trenton	First Trenton		8780.4	90			220.34	12130.13	percent of total billed charges	
ESOPHAGOSCOPY W/STENT PLACEMENT	43212	CPT	outpatient			9756		7495.78 Horizon	MGD		12130.13				220.34	12130.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY W/STENT PLACEMENT	43212	CPT	outpatient			9756		7495.78 Horizon	Medicare Blue		6518.07				220.34	12130.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY W/STENT PLACEMENT	43212	CPT	outpatient			9756		7495.78 Horizon	Indemnity		12130.13				220.34	12130.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY W/STENT PLACEMENT	43212	CPT	outpatient			9756		7495.78 Horizon	NJ Health		220.34				220.34	12130.13	fee schedule	
ESOPHAGOSCOPY W/STENT PLACEMENT	43212	CPT	outpatient			9756		7495.78 Horizon	PPO		12130.13				220.34	12130.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY W/STENT PLACEMENT	43212	CPT	outpatient			9756		7495.78 Managed Care Inc	Managed Care Inc		8780.4	90			220.34	12130.13	percent of total billed charges	
ESOPHAGOSCOPY W/STENT PLACEMENT	43212	CPT	outpatient			9756		7495.78 Multiplan	Multiplan		7804.8	80			220.34	12130.13	percent of total billed charges	
ESOPHAGOSCOPY W/STENT PLACEMENT	43212	CPT	outpatient			9756		7495.78 Qualcare	Qualcare		7317	75			220.34	12130.13	percent of total billed charges	
ESOPHAGOSCOPY W/STENT PLACEMENT	43212	CPT	outpatient			9756		7495.78 Three Rivers	Three Rivers		9268.2	95			220.34	12130.13	percent of total billed charges	
ESOPHAGOSCOPY W/STENT PLACEMENT	43212	CPT	outpatient			9756		7495.78 UHC	Medicaid		3078.02	31.55			220.34	12130.13	percent of total billed charges	
ESOPHAGOSCOPY W/STENT PLACEMENT	43212	CPT	outpatient			9756		7495.78 UHC	Medicare		6518.07				220.34	12130.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY W/STENT PLACEMENT	43212	CPT	outpatient			9756		7495.78 United	Oxford		3492				220.34	12130.13	case rate	
ESOPHAGOSCOPY W/STENT PLACEMENT	43212	CPT	outpatient			9756		7495.78 United	CommercialPPO		3492				220.34	12130.13	case rate	
ESOPHAGOSCOPY W/STENT PLACEMENT	43212	CPT	outpatient			9756		7495.78 Wellcare	Medicaid		3078.02	31.55			220.34	12130.13	percent of total billed charges	
ESOPHAGOSCOPY W/STENT PLACEMENT	43212	CPT	outpatient			9756		7495.78 Wellcare	Medicare		6518.07				220.34	12130.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY W/STENT PLACEMENT	43212	CPT	outpatient			9756		7495.78 WellPoint	WellPoint		3139.48	32.18			220.34	12130.13	percent of total billed charges	
DILATE ESOPH BY BALLOON/DILATO	43213	CPT	outpatient			6072		2502.63 Aetna	Medicare		2176.2				310.9	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILATE ESOPH BY BALLOON/DILATO	43213	CPT	outpatient			6072		2502.63 Aetna	Better Health		1915.72	31.55			310.9	5768.4	percent of total billed charges	
DILATE ESOPH BY BALLOON/DILATO	43213	CPT	outpatient			6072		2502.63 Aetna	Commercial		3464.51				310.9	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILATE ESOPH BY BALLOON/DILATO	43213	CPT	outpatient			6072		2502.63 Americare	Americare		4554	75			310.9	5768.4	percent of total billed charges	
DILATE ESOPH BY BALLOON/DILATO	43213	CPT	outpatient			6072		2502.63 Amerihealth	HMO/PPO		3946.8	65			310.9	5768.4	percent of total billed charges	
DILATE ESOPH BY BALLOON/DILATO	43213	CPT	outpatient			6072		2502.63 Amerihealth	Medicare		2176.2				310.9	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILATE ESOPH BY BALLOON/DILATO	43213	CPT	outpatient			6072		2502.63 Consumer	Consumer		5768.4	95			310.9	5768.4	percent of total billed charges	
DILATE ESOPH BY BALLOON/DILATO	43213	CPT	outpatient			6072		2502.63 Corrections	Corrections		4857.6	80			310.9	5768.4	percent of total billed charges	
DILATE ESOPH BY BALLOON/DILATO	43213	CPT	outpatient			6072		2502.63 First Health	First Health		4250.4	70			310.9	5768.4	percent of total billed charges	
DILATE ESOPH BY BALLOON/DILATO	43213	CPT	outpatient			6072		2502.63 First Trenton	First Trenton		5464.8	90			310.9	5768.4	percent of total billed charges	
DILATE ESOPH BY BALLOON/DILATO	43213	CPT	outpatient			6072		2502.63 Horizon	Indemnity		4049.91				310.9	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILATE ESOPH BY BALLOON/DILATO	43213	CPT	outpatient			6072		2502.63 Horizon	PPO		4049.91				310.9	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILATE ESOPH BY BALLOON/DILATO	43213	CPT	outpatient			6072		2502.63 Horizon	MGD		4049.91				310.9	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILATE ESOPH BY BALLOON/DILATO	43213	CPT	outpatient			6072		2502.63 Horizon	Medicare Blue		2176.2				310.9	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILATE ESOPH BY BALLOON/DILATO	43213	CPT	outpatient			6072		2502.63 Horizon	NJ Health		310.9				310.9	5768.4	fee schedule	
DILATE ESOPH BY BALLOON/DILATO	43213	CPT	outpatient			6072		2502.63 Managed Care Inc

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.														
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true													
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
DILATE ESOPH BY BALLOON/DILATO	43213	CPT	outpatient			6072		2502.63 Multiplan	Multiplan		4857.6	80			310.9	5768.4	percent of total billed charges	
DILATE ESOPH BY BALLOON/DILATO	43213	CPT	outpatient			6072		2502.63 Qualcare	Qualcare		4554	75			310.9	5768.4	percent of total billed charges	
DILATE ESOPH BY BALLOON/DILATO	43213	CPT	outpatient			6072		2502.63 Three Rivers	Three Rivers		5768.4	95			310.9	5768.4	percent of total billed charges	
DILATE ESOPH BY BALLOON/DILATO	43213	CPT	outpatient			6072		2502.63 UHC	Medicaid		1915.72	31.55			310.9	5768.4	percent of total billed charges	
DILATE ESOPH BY BALLOON/DILATO	43213	CPT	outpatient			6072		2502.63 UHC	Medicare		2176.2				310.9	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILATE ESOPH BY BALLOON/DILATO	43213	CPT	outpatient			6072		2502.63 United	CommercialPPO		2493				310.9	5768.4	case rate	
DILATE ESOPH BY BALLOON/DILATO	43213	CPT	outpatient			6072		2502.63 United	Oxford		2493				310.9	5768.4	case rate	
DILATE ESOPH BY BALLOON/DILATO	43213	CPT	outpatient			6072		2502.63 Wellcare	Medicare		2176.2				310.9	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILATE ESOPH BY BALLOON/DILATO	43213	CPT	outpatient			6072		2502.63 Wellcare	Medicaid		1915.72	31.55			310.9	5768.4	percent of total billed charges	
DILATE ESOPH BY BALLOON/DILATO	43213	CPT	outpatient			6072		2502.63 WellPoint	WellPoint		1953.97	32.18			310.9	5768.4	percent of total billed charges	
ESOPHAGOSC DILATE W/BALLN>=30MM	43214	CPT	outpatient			4549		2502.63 Aetna	Commercial		3464.51				225.14	4321.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSC DILATE W/BALLN>=30MM	43214	CPT	outpatient			4549		2502.63 Aetna	Better Health		1435.21	31.55			225.14	4321.55	percent of total billed charges	
ESOPHAGOSC DILATE W/BALLN>=30MM	43214	CPT	outpatient			4549		2502.63 Aetna	Medicare		2176.2				225.14	4321.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSC DILATE W/BALLN>=30MM	43214	CPT	outpatient			4549		2502.63 Americare	Americare		3411.75	75			225.14	4321.55	percent of total billed charges	
ESOPHAGOSC DILATE W/BALLN>=30MM	43214	CPT	outpatient			4549		2502.63 Amerihealth	Medicare		2176.2				225.14	4321.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSC DILATE W/BALLN>=30MM	43214	CPT	outpatient			4549		2502.63 Amerihealth	HMO/PPO		2956.85	65			225.14	4321.55	percent of total billed charges	
ESOPHAGOSC DILATE W/BALLN>=30MM	43214	CPT	outpatient			4549		2502.63 Consumer	Consumer		4321.55	95			225.14	4321.55	percent of total billed charges	
ESOPHAGOSC DILATE W/BALLN>=30MM	43214	CPT	outpatient			4549		2502.63 Corrections	Corrections		3639.2	80			225.14	4321.55	percent of total billed charges	
ESOPHAGOSC DILATE W/BALLN>=30MM	43214	CPT	outpatient			4549		2502.63 First Health	First Health		3184.3	70			225.14	4321.55	percent of total billed charges	
ESOPHAGOSC DILATE W/BALLN>=30MM	43214	CPT	outpatient			4549		2502.63 First Trenton	First Trenton		4094.1	90			225.14	4321.55	percent of total billed charges	
ESOPHAGOSC DILATE W/BALLN>=30MM	43214	CPT	outpatient			4549		2502.63 Horizon	MGD		4049.91				225.14	4321.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSC DILATE W/BALLN>=30MM	43214	CPT	outpatient			4549		2502.63 Horizon	PPO		4049.91				225.14	4321.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSC DILATE W/BALLN>=30MM	43214	CPT	outpatient			4549		2502.63 Horizon	NJ Health		225.14				225.14	4321.55	fee schedule	
ESOPHAGOSC DILATE W/BALLN>=30MM	43214	CPT	outpatient			4549		2502.63 Horizon	Medicare Blue		2176.2				225.14	4321.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSC DILATE W/BALLN>=30MM	43214	CPT	outpatient			4549		2502.63 Horizon	Indemnity		4049.91				225.14	4321.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSC DILATE W/BALLN>=30MM	43214	CPT	outpatient			4549		2502.63 Managed Care Inc	Managed Care Inc		4094.1	90			225.14	4321.55	percent of total billed charges	
ESOPHAGOSC DILATE W/BALLN>=30MM	43214	CPT	outpatient			4549		2502.63 Multiplan	Multiplan		3639.2	80			225.14	4321.55	percent of total billed charges	
ESOPHAGOSC DILATE W/BALLN>=30MM	43214	CPT	outpatient			4549		2502.63 Qualcare	Qualcare		3411.75	75			225.14	4321.55	percent of total billed charges	
ESOPHAGOSC DILATE W/BALLN>=30MM	43214	CPT	outpatient			4549		2502.63 Three Rivers	Three Rivers		4321.55	95			225.14	4321.55	percent of total billed charges	
ESOPHAGOSC DILATE W/BALLN>=30MM	43214	CPT	outpatient			4549		2502.63 UHC	Medicare		2176.2				225.14	4321.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSC DILATE W/BALLN>=30MM	43214	CPT	outpatient			4549		2502.63 UHC	Medicaid		1435.21	31.55			225.14	4321.55	percent of total billed charges	
ESOPHAGOSC DILATE W/BALLN>=30MM	43214	CPT	outpatient			4549		2502.63 United	CommercialPPO		2493				225.14	4321.55	case rate	
ESOPHAGOSC DILATE W/BALLN>=30MM	43214	CPT	outpatient			4549		2502.63 United	Oxford		2493				225.14	4321.55	case rate	
ESOPHAGOSC DILATE W/BALLN>=30MM	43214	CPT	outpatient			4549		2502.63 Wellcare	Medicare		2176.2				225.14	4321.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSC DILATE W/BALLN>=30MM	43214	CPT	outpatient			4549		2502.63 Wellcare	Medicaid		1435.21	31.55			225.14	4321.55	percent of total billed charges	
ESOPHAGOSC DILATE W/BALLN>=30MM	43214	CPT	outpatient			4549		2502.63 WellPoint	WellPoint		1463.87	32.18			225.14	4321.55	percent of total billed charges	
ESOPHAGOSCOPY FLEX REMOV	43215	CPT	outpatient			4549		2502.63 Aetna	Medicare		1401.09	30.8			315.81	4321.55	percent of total billed charges	
ESOPHAGOSCOPY FLEX REMOV	43215	CPT	outpatient			4549		2502.63 Aetna	Better Health		1435.21	31.55			315.81	4321.55	percent of total billed charges	
ESOPHAGOSCOPY FLEX REMOV	43215	CPT	outpatient			4549		2502.63 Aetna	Commercial		3464.51				315.81	4321.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY FLEX REMOV	43215	CPT	outpatient			4549		2502.63 Americare	Americare		3411.75	75			315.81	4321.55	percent of total billed charges	
ESOPHAGOSCOPY FLEX REMOV	43215	CPT	outpatient			4549		2502.63 Amerihealth	HMO/PPO		2956.85	65			315.81	4321.55	percent of total billed charges	
ESOPHAGOSCOPY FLEX REMOV	43215	CPT	outpatient			4549		2502.63 Amerihealth	Medicare		2176.2				315.81	4321.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY FLEX REMOV	43215	CPT	outpatient			4549		2502.63 Consumer	Consumer		4321.55	95			315.81	4321.55	percent of total billed charges	
ESOPHAGOSCOPY FLEX REMOV	43215	CPT	outpatient			4549		2502.63 Corrections	Corrections		3639.2	80			315.81	4321.55	percent of total billed charges	
ESOPHAGOSCOPY FLEX REMOV	43215	CPT	outpatient			4549		2502.63 First Health	First Health		3184.3	70			315.81	4321.55	percent of total billed charges	
ESOPHAGOSCOPY FLEX REMOV	43215	CPT	outpatient			4549		2502.63 First Trenton	First Trenton		4094.1	90			315.81	4321.55	percent of total billed charges	
ESOPHAGOSCOPY FLEX REMOV	43215	CPT	outpatient			4549		2502.63 Horizon	Medicare Blue		2176.2				315.81	4321.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY FLEX REMOV	43215	CPT	outpatient			4549		2502.63 Horizon	MGD		4049.91				315.81	4321.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY FLEX REMOV	43215	CPT	outpatient			4549		2502.63 Horizon	Indemnity		4049.91				315.81	4321.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY FLEX REMOV	43215	CPT	outpatient			4549		2502.63 Horizon	NJ Health		315.81				315.81	4321.55	fee schedule	
ESOPHAGOSCOPY FLEX REMOV	43215	CPT	outpatient			4549		2502.63 Horizon	PPO		4049.91				315.81	4321.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY FLEX REMOV	43215	CPT	outpatient			4549		2502.63 Managed Care Inc	Managed Care Inc		4094.1	90			315.81	4321.55	percent of total billed charges	
ESOPHAGOSCOPY FLEX REMOV	43215	CPT	outpatient			4549		2502.63 Multiplan	Multiplan		3639.2	80			315.81	4321.55	percent of total billed charges	
ESOPHAGOSCOPY FLEX REMOV	43215	CPT	outpatient			4549		2502.63 Qualcare	Qualcare		3411.75	75			315.81	4321.55	percent of total billed charges	
ESOPHAGOSCOPY FLEX REMOV	43215	CPT	outpatient			4549		2502.63 Three Rivers	Three Rivers		4321.55	95			315.81	4321.55	percent of total billed charges	
ESOPHAGOSCOPY FLEX REMOV	43215	CPT	outpatient			4549		2502.63 UHC	Medicaid		1435.21	31.55			315.81	4321.55	percent of total billed charges	
ESOPHAGOSCOPY FLEX REMOV	43215	CPT	outpatient			4549		2502.63 UHC	Medicare		2176.2				315.81	4321.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY FLEX REMOV	43215	CPT	outpatient			4549		2502.63 United	CommercialPPO		2493				315.81	4321.55	case rate	
ESOPHAGOSCOPY FLEX REMOV	43215	CPT	outpatient			4549		2502.63 United	Oxford		2493				315.81	4321.55	case rate	
ESOPHAGOSCOPY FLEX REMOV	43215	CPT	outpatient			4549		2502.63 Wellcare	Medicare		2176.2				315.81	4321.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY FLEX REMOV	43215	CPT	outpatient			4549		2502.63 Wellcare	Medicaid		1435.21	31.55			315.81	4321.55	percent of total billed charges	
ESOPHAGOSCOPY FLEX REMOV	43215	CPT	outpatient			4549		2502.63 WellPoint	WellPoint		1463.87	32.18			315.81	4321.55	percent of total billed charges	
ESOPHAGOSCOPY LESION REM	43216	CPT	outpatient			2826		2502.63 Aetna	Better Health		891.6	31.55			315.94	4049.91	percent of total billed charges	
ESOPHAGOSCOPY LESION REM	43216	CPT	outpatient			2826		2502.63 Aetna	Medicare		2176.2				315.94	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY LESION REM	43216	CPT	outpatient			2826		2502.63 Aetna	Commercial		3464.51				315.94	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY LESION REM	43216	CPT	outpatient			2826		2502.63 Americare	Americare		2119.5	75			315.94	4049.91	percent of total billed charges	
ESOPHAGOSCOPY LESION REM	43216	CPT	outpatient			2826		2502.63 Amerihealth	HMO/PPO		1836.9	65			315.94	4049.91	percent of total billed charges	
ESOPHAGOSCOPY LESION REM	43216	CPT	outpatient			2826		2502.63 Amerihealth	Medicare		2176.2				315.94	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY LESION REM	43216	CPT	outpatient			2826		2502.63 Consumer	Consumer		2684.7	95			315.94	4049.91	percent of total billed charges	
ESOPHAGOSCOPY LESION REM	43216	CPT	outpatient			2826		2502.63 Corrections	Corrections		2260.8	80			315.94	4049.91	percent of total billed charges	
ESOPHAGOSCOPY LESION REM	43216	CPT	outpatient			2826		2502.63 First Health	First Health		1978.2	70			315.94	4049.91	percent of total billed charges	
ESOPHAGOSCOPY LESION REM	43216	CPT	outpatient			2826		2502.63 First Trenton	First Trenton		2543.4	90			315.94	4049.91	percent of total billed charges	
ESOPHAGOSCOPY LESION REM	43216	CPT	outpatient			2826		2502.63 Horizon	Indemnity		4049.91				315.94	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY LESION REM	43216	CPT	outpatient			2826		2502.63 Horizon	PPO		4049.91				315.94	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY LESION REM	43216	CPT	outpatient			2826		2502.63 Horizon	MGD		4049.91				315.94	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY LESION REM	43216	CPT	outpatient			2826		2502.63 Horizon	NJ Health		315.94				315.94	4049.91	fee schedule	
ESOPHAGOSCOPY LESION REM	43216	CPT	outpatient			2826		2502.63 Horizon	Medicare Blue		2176.2				315.94	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY LESION REM	43216	CPT	outpatient			2826		2502.63 Managed Care Inc	Managed Care Inc		2543.4	90			315.94	4049.91	percent of total billed charges	
ESOPHAGOSCOPY LESION REM	43216	CPT	outpatient			2826		2502.63 Multiplan	Multiplan		2260.8	80			315.94	4049.91	percent of total billed charges	
ESOPHAGOSCOPY LESION REM	43216	CPT	outpatient			2826		2502.63 Qualcare	Qualcare		2119.5	75			315.94	4049.91	percent of total billed charges	
ESOPHAGOSCOPY LESION REM	43216	CPT	outpatient			2826		2502.63 Three Rivers	Three Rivers		2684.7	95			315.94	4049.91	percent of total billed charges	
ESOPHAGOSCOPY LESION REM	43216	CPT	outpatient			2826		2502.63 UHC	Medicaid		891.6	31.55			315.94	4049.91	percent of total billed charges	
ESOPHAGOSCOPY LESION REM	43216	CPT	outpatient			2826		2502.63 UHC	Medicare		2176.2				315.94	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY LESION REM	43216	CPT	outpatient			2826		2502.63 United	CommercialPPO		2776				315.94	4049.91	case rate	
ESOPHAGOSCOPY LESION REM	43216	CPT	outpatient			2826		2502.63 United	Oxford		2776				315.94	4049.91	case rate	
ESOPHAGOSCOPY LESION REM	43216	CPT	outpatient			2826		2502.63 Wellcare	Medicaid		891.6	31.55			315.94	4049.91	percent of total billed charges	
ESOPHAGOSCOPY LESION REM	43216	CPT	outpatient			2826		2502.63 Wellcare	Medicare		2176.2				315.94	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY LESION REM	43216	CPT	outpatient			2826		2502.63 WellPoint	WellPoint		909.41	32.18			315.94	4049.91	percent of total billed charges	
ESOPHAGOSCOPY SNARE LES	43217	CPT	outpatient			6072		2502.63 Aetna	Better Health		1915.72	31.55			382.13	5768.4	percent of total billed charges	
ESOPHAGOSCOPY SNARE LES	43217	CPT	outpatient			6072		2502.63 Aetna	Medicare		1870.18	30.8			382.13	5768.4	percent of total billed charges	
ESOPHAGOSCOPY SNARE LES	43217	CPT	outpatient			6072		2502.63 Aetna	Commercial		3464.51				382.13	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY SNARE LES	43217	CPT	outpatient			6072		2502.63 Americare	Americare		4554	75			382.13	5768.4	percent of total billed charges	
ESOPHAGOSCOPY SNARE LES	43217	CPT	outpatient			6072		2502.63 Amerihealth	HMO/PPO		3946.8	65			382.13	5768.4	percent of total billed charges	
ESOPHAGOSCOPY SNARE LES	43217	CPT	outpatient			6072		2502.63 Amerihealth	Medicare		2176.2				382.13	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY SNARE LES	43217	CPT	outpatient			6072		2502.63 Consumer	Consumer		5768.4	95			382.13	5768.4	percent of total billed charges	
ESOPHAGOSCOPY SNARE LES	43217	CPT	outpatient			6072		2502.63 Corrections	Corrections		4857.6	80			382.13	5768.4	percent of total billed charges	
ESOPHAGOSCOPY SNARE LES	43217	CPT	outpatient			6072		2502.63 First Health	First Health		4250.4	70			382.13	5768.4	percent of total billed charges	
ESOPHAGOSCOPY SNARE LES	43217	CPT	outpatient			6072		2502.63 First Trenton	First Trenton		5464.8	90			382.13	5768.4	percent of total billed charges	
ESOPHAGOSCOPY SNARE LES	43217	CPT	outpatient			6072		2502.63 Horizon	PPO		4049.91				382.13	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY SNARE LES	43217	CPT	outpatient			6072		2502.63 Horizon	MGD		4049.91				382.13	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY SNARE LES	43217	CPT	outpatient			6072		2502.63 Horizon	Indemnity		4049.91				382.13	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY SNARE LES	43217	CPT	outpatient			6072		2502.63 Horizon	NJ Health		382.13				382.13	5768.4	fee schedule	
ESOPHAGOSCOPY SNARE LES	43217	CPT	outpatient			6072		2502.63 Horizon	Medicare Blue		2176.2				382.13	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY SNARE LES	43217	CPT	outpatient			6072		2502.63 Managed Care Inc	Managed Care Inc		5464.8	90			382.13	5768.4	percent of total billed charges	
ESOPHAGOSCOPY SNARE LES	43217	CPT	outpatient			6072		2502.63 Multiplan	Multiplan		4857.6	80			382.13	5768.4	percent of total billed charges	
ESOPHAGOSCOPY SNARE LES	43217	CPT	outpatient			6072		2502.63 Qualcare	Qualcare		4554	75			382.13	5768.4	percent of total billed charges	
ESOPHAGOSCOPY SNARE LES	43217	CPT	outpatient			6072		2502.63 Three Rivers	Three Rivers		5768.4	95			382.13	5768.4	percent of total billed charges	
ESOPHAGOSCOPY SNARE LES	43217	CPT	outpatient			6072		2502.63 UHC	Medicare		2176.2				382.13	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY SNARE LES	43217	CPT	outpatient			6072		2502.63 UHC	Medicaid		1915.72	31.55			382.13	5768.4	percent of total billed charges	
ESOPHAGOSCOPY SNARE LES	43217	CPT	outpatient			6072		2502.63 United	Oxford		2493				382.13	5768.4	case rate	
ESOPHAGOSCOPY SNARE LES	43217	CPT	outpatient			6072		2502.63 United	CommercialPPO		2493				382.13	5768.4	case rate	
ESOPHAGOSCOPY SNARE LES	43217	CPT	outpatient			6072		2502.63 Wellcare	Medicare		2176.2				382.13	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY SNARE LES	43217	CPT	outpatient			6072		2502.63 Wellcare	Medicaid		1915.72	31.55			382.13	5768.4	percent of total billed charges	
ESOPHAGOSCOPY SNARE LES	43217	CPT	outpatient			6072		2502.63 WellPoint	WellPoint		1953.97	32.18			382.13	5768.4	percent of total billed charges	
ESOPHAGOSCOPY BALLOON <30MM	43220	CPT	outpatient			6072		2502.63 Aetna	Commercial		3464.51				221.85	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY BALLOON <30MM	43220	CPT	outpatient			6072		2502.63 Aetna	Better Health		1915.72	31.55			221.85	5768.4	percent of total billed charges	
ESOPHAGOSCOPY BALLOON <30MM	43220	CPT	outpatient			6072		2502.63 Aetna	Medicare		2176.2				221.85	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY BALLOON <30MM	43220	CPT	outpatient			6072		2502.63 Americare	Americare		4554	75			221.85	5768.4	percent of total billed charges	
ESOPHAGOSCOPY BALLOON <30MM	43220	CPT	outpatient			6072		2502.63 Amerihealth	Medicare		2176.2				221.85	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY BALLOON <30MM	43220	CPT	outpatient			6072		2502.63 Amerihealth	HMO/PPO		3946.8	65			221.85	5768.4	percent of total billed charges	
ESOPHAGOSCOPY BALLOON <30MM	43220	CPT	outpatient			6072		2502.63 Consumer	Consumer		5768.4	95			221.85	5768.4	percent of total billed charges	
ESOPHAGOSCOPY BALLOON <30MM	43220	CPT	outpatient			6072		2502.63 Corrections	Corrections		4857.6	80			221.85	5768.4	percent of total billed charges	
ESOPHAGOSCOPY BALLOON <30MM	43220	CPT	outpatient			6072		2502.63 First Health	First Health		4250.4	70			221.85	5768.4	percent of total billed charges	
ESOPHAGOSCOPY BALLOON <30MM	43220	CPT	outpatient			6072		2502.63 First Trenton	First Trenton		5464.8	90			221.85	5768.4	percent of total billed charges	
ESOPHAGOSCOPY BALLOON <30MM	43220	CPT	outpatient			6072		2502.63 Horizon	Indemnity		4049.91				221.85	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY BALLOON <30MM	43220	CPT	outpatient			6072		2502.63 Horizon	Medicare Blue		2176.2				221.85	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY BALLOON <30MM	43220	CPT	outpatient			6072		2502.63 Horizon	NJ Health		221.85				221.85	5768.4	fee schedule	
ESOPHAGOSCOPY BALLOON <30MM	43220	CPT	outpatient			6072		2502.63 Horizon	MGD		4049.91				221.85	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY BALLOON <30MM	43220	CPT	outpatient			6072		2502.63 Horizon	PPO		4049.91				221.85	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY BALLOON <30MM	43220	CPT	outpatient			6072		2502.63 Managed Care Inc	Managed Care Inc		5464.8	90			221.85	5768.4	percent of total billed charges	
ESOPHAGOSCOPY BALLOON <30MM	43220	CPT	outpatient			6072		2502.63 Multiplan	Multiplan		4857.6	80			221.85	5768.4	percent of total billed charges	
ESOPHAGOSCOPY BALLOON <30MM	43220	CPT	outpatient			6072		2502.63 Qualcare	Qualcare		4554	75			221.85	5768.4	percent of total billed charges	
ESOPHAGOSCOPY BALLOON <30MM	43220	CPT	outpatient			6072		2502.63 Three Rivers	Three Rivers		5768.4	95			221.85	5768.4	percent of total billed charges	
ESOPHAGOSCOPY BALLOON <30MM	43220	CPT	outpatient			6072		2502.63 UHC	Medicaid		1915.72	31.55			221.85	5768.4	percent of total billed charges	
ESOPHAGOSCOPY BALLOON <30MM	43220	CPT	outpatient			6072		2502.63 UHC	Medicare		2176.2				221.85	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY BALLOON <30MM	43220	CPT	outpatient			6072		2502.63 United	Oxford		2493				221.85	5768.4	case rate	
ESOPHAGOSCOPY BALLOON <30MM	43220	CPT	outpatient			6072		2502.63 United	CommercialPPO		2493				221.85	5768.4	case rate	
ESOPHAGOSCOPY BALLOON <30MM	43220	CPT	outpatient			6072		2502.63 Wellcare	Medicare		2176.2				221.85	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY BALLOON <30MM	43220	CPT	outpatient			6072		2502.63 Wellcare	Medicaid		1915.72	31.55			221.85	5768.4	percent of total billed charges	
ESOPHAGOSCOPY BALLOON <30MM	43220	CPT	outpatient			6072		2502.63 WellPoint	WellPoint		1953.97	32.18			221.85	5768.4	percent of total billed charges	
EGD W/ SAVDRY DILATATION	43226	CPT	outpatient			2829		2502.63 Aetna	Better Health		892.55	31.55			261	4049.91	percent of total billed charges	
EGD W/ SAVDRY DILATATION	43226	CPT	outpatient			2829		2502.63 Aetna	Medicare		2176.2				261	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD W/ SAVDRY DILATATION	43226	CPT	outpatient			2829		2502.63 Aetna	Commercial		3464.51				261	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD W/ SAVDRY DILATATION	43226	CPT	outpatient			2829		2502.63 Americare	Americare		2121.75	75			261	4049.91	percent of total billed charges	
EGD W/ SAVDRY DILATATION	43226	CPT	outpatient			2829		2502.63 Amerihealth	HMO/PPO		1838.85	65			261	4049.91	percent of total billed charges	
EGD W/ SAVDRY DILATATION	43226	CPT	outpatient			2829		2502.63 Amerihealth	Medicare		2176.2				261	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD W/ SAVDRY DILATATION	43226	CPT	outpatient			2829		2502.63 Consumer	Consumer		2687.55	95			261	4049.91	percent of total billed charges	
EGD W/ SAVDRY DILATATION	43226	CPT	outpatient			2829		2502.63 Corrections	Corrections		2263.2	80			261	4049.91	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
EGD W/ SAVORY DILATATION	43226	CPT	outpatient			2829		2502.63 First Health	First Health		1980.3	70			261	4049.91	percent of total billed charges	
EGD W/ SAVORY DILATATION	43226	CPT	outpatient			2829		2502.63 First Trenton	First Trenton		2546.1	90			261	4049.91	percent of total billed charges	
EGD W/ SAVORY DILATATION	43226	CPT	outpatient			2829		2502.63 Horizon	MGD		4049.91				261	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD W/ SAVORY DILATATION	43226	CPT	outpatient			2829		2502.63 Horizon	Indemnity		4049.91				261	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD W/ SAVORY DILATATION	43226	CPT	outpatient			2829		2502.63 Horizon	NJ Health		261				261	4049.91	fee schedule	
EGD W/ SAVORY DILATATION	43226	CPT	outpatient			2829		2502.63 Horizon	Medicare Blue		2176.2				261	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD W/ SAVORY DILATATION	43226	CPT	outpatient			2829		2502.63 Horizon	PPO		4049.91				261	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD W/ SAVORY DILATATION	43226	CPT	outpatient			2829		2502.63 Managed Care Inc	Managed Care Inc		2546.1	90			261	4049.91	percent of total billed charges	
EGD W/ SAVORY DILATATION	43226	CPT	outpatient			2829		2502.63 Multiplan	Multiplan		2263.2	80			261	4049.91	percent of total billed charges	
EGD W/ SAVORY DILATATION	43226	CPT	outpatient			2829		2502.63 Qualcare	Qualcare		2121.75	75			261	4049.91	percent of total billed charges	
EGD W/ SAVORY DILATATION	43226	CPT	outpatient			2829		2502.63 Three Rivers	Three Rivers		2687.55	95			261	4049.91	percent of total billed charges	
EGD W/ SAVORY DILATATION	43226	CPT	outpatient			2829		2502.63 UHC	Medicaid		892.55	31.55			261	4049.91	percent of total billed charges	
EGD W/ SAVORY DILATATION	43226	CPT	outpatient			2829		2502.63 UHC	Medicare		2176.2				261	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD W/ SAVORY DILATATION	43226	CPT	outpatient			2829		2502.63 United	CommercialPPO		2493				261	4049.91	case rate	
EGD W/ SAVORY DILATATION	43226	CPT	outpatient			2829		2502.63 United	Oxford		2493				261	4049.91	case rate	
EGD W/ SAVORY DILATATION	43226	CPT	outpatient			2829		2502.63 Wellcare	Medicare		2176.2				261	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD W/ SAVORY DILATATION	43226	CPT	outpatient			2829		2502.63 Wellcare	Medicaid		892.55	31.55			261	4049.91	percent of total billed charges	
EGD W/ SAVORY DILATATION	43226	CPT	outpatient			2829		2502.63 WellPoint	WellPoint		910.37	32.18			261	4049.91	percent of total billed charges	
WHEMORRHAGE CONTROL	43227	CPT	outpatient			6072		2502.63 Aetna	Commercial		3464.51				373.23	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WHEMORRHAGE CONTROL	43227	CPT	outpatient			6072		2502.63 Aetna	Better Health		1915.72	31.55			373.23	5768.4	percent of total billed charges	
WHEMORRHAGE CONTROL	43227	CPT	outpatient			6072		2502.63 Aetna	Medicare		2176.2				373.23	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WHEMORRHAGE CONTROL	43227	CPT	outpatient			6072		2502.63 Americare	Americare		4554	75			373.23	5768.4	percent of total billed charges	
WHEMORRHAGE CONTROL	43227	CPT	outpatient			6072		2502.63 Amerihealth	Medicare		2176.2				373.23	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WHEMORRHAGE CONTROL	43227	CPT	outpatient			6072		2502.63 Amerihealth	HMO/PPO		3946.8	65			373.23	5768.4	percent of total billed charges	
WHEMORRHAGE CONTROL	43227	CPT	outpatient			6072		2502.63 Consumer	Consumer		5768.4	95			373.23	5768.4	percent of total billed charges	
WHEMORRHAGE CONTROL	43227	CPT	outpatient			6072		2502.63 Corrections	Corrections		4857.6	80			373.23	5768.4	percent of total billed charges	
WHEMORRHAGE CONTROL	43227	CPT	outpatient			6072		2502.63 First Health	First Health		4250.4	70			373.23	5768.4	percent of total billed charges	
WHEMORRHAGE CONTROL	43227	CPT	outpatient			6072		2502.63 First Trenton	First Trenton		5464.8	90			373.23	5768.4	percent of total billed charges	
WHEMORRHAGE CONTROL	43227	CPT	outpatient			6072		2502.63 Horizon	Indemnity		4049.91				373.23	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WHEMORRHAGE CONTROL	43227	CPT	outpatient			6072		2502.63 Horizon	PPO		4049.91				373.23	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WHEMORRHAGE CONTROL	43227	CPT	outpatient			6072		2502.63 Horizon	MGD		4049.91				373.23	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WHEMORRHAGE CONTROL	43227	CPT	outpatient			6072		2502.63 Horizon	Medicare Blue		2176.2				373.23	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WHEMORRHAGE CONTROL	43227	CPT	outpatient			6072		2502.63 Horizon	NJ Health		373.23				373.23	5768.4	fee schedule	
WHEMORRHAGE CONTROL	43227	CPT	outpatient			6072		2502.63 Managed Care Inc	Managed Care Inc		5464.8	90			373.23	5768.4	percent of total billed charges	
WHEMORRHAGE CONTROL	43227	CPT	outpatient			6072		2502.63 Multiplan	Multiplan		4857.6	80			373.23	5768.4	percent of total billed charges	
WHEMORRHAGE CONTROL	43227	CPT	outpatient			6072		2502.63 Qualcare	Qualcare		4554	75			373.23	5768.4	percent of total billed charges	
WHEMORRHAGE CONTROL	43227	CPT	outpatient			6072		2502.63 Three Rivers	Three Rivers		5768.4	95			373.23	5768.4	percent of total billed charges	
WHEMORRHAGE CONTROL	43227	CPT	outpatient			6072		2502.63 UHC	Medicaid		1915.72	31.55			373.23	5768.4	percent of total billed charges	
WHEMORRHAGE CONTROL	43227	CPT	outpatient			6072		2502.63 UHC	Medicare		2176.2				373.23	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WHEMORRHAGE CONTROL	43227	CPT	outpatient			6072		2502.63 United	CommercialPPO		2493				373.23	5768.4	case rate	
WHEMORRHAGE CONTROL	43227	CPT	outpatient			6072		2502.63 United	Oxford		2493				373.23	5768.4	case rate	
WHEMORRHAGE CONTROL	43227	CPT	outpatient			6072		2502.63 Wellcare	Medicare		2176.2				373.23	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WHEMORRHAGE CONTROL	43227	CPT	outpatient			6072		2502.63 Wellcare	Medicaid		1915.72	31.55			373.23	5768.4	percent of total billed charges	
WHEMORRHAGE CONTROL	43227	CPT	outpatient			6072		2502.63 WellPoint	WellPoint		1953.97	32.18			373.23	5768.4	percent of total billed charges	
ESOPHGSCPY ABLATE TUMR/PLYP/LESN	43229	CPT	outpatient			9634		5036.99 Aetna	Better Health		3039.53	31.55			237.88	9152.3	percent of total billed charges	
ESOPHGSCPY ABLATE TUMR/PLYP/LESN	43229	CPT	outpatient			9634		5036.99 Aetna	Commercial		6972.94				237.88	9152.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHGSCPY ABLATE TUMR/PLYP/LESN	43229	CPT	outpatient			9634		5036.99 Aetna	Medicare		4379.99				237.88	9152.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHGSCPY ABLATE TUMR/PLYP/LESN	43229	CPT	outpatient			9634		5036.99 Americare	Americare		7225.5	75			237.88	9152.3	percent of total billed charges	
ESOPHGSCPY ABLATE TUMR/PLYP/LESN	43229	CPT	outpatient			9634		5036.99 Amerihealth	Medicare		4379.99				237.88	9152.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHGSCPY ABLATE TUMR/PLYP/LESN	43229	CPT	outpatient			9634		5036.99 Amerihealth	HMO/PPO		6262.1	65			237.88	9152.3	percent of total billed charges	
ESOPHGSCPY ABLATE TUMR/PLYP/LESN	43229	CPT	outpatient			9634		5036.99 Consumer	Consumer		9152.3	95			237.88	9152.3	percent of total billed charges	
ESOPHGSCPY ABLATE TUMR/PLYP/LESN	43229	CPT	outpatient			9634		5036.99 Corrections	Corrections		7707.2	80			237.88	9152.3	percent of total billed charges	
ESOPHGSCPY ABLATE TUMR/PLYP/LESN	43229	CPT	outpatient			9634		5036.99 First Health	First Health		6743.8	70			237.88	9152.3	percent of total billed charges	
ESOPHGSCPY ABLATE TUMR/PLYP/LESN	43229	CPT	outpatient			9634		5036.99 First Trenton	First Trenton		8670.6	90			237.88	9152.3	percent of total billed charges	
ESOPHGSCPY ABLATE TUMR/PLYP/LESN	43229	CPT	outpatient			9634		5036.99 Horizon	PPO		8151.16				237.88	9152.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHGSCPY ABLATE TUMR/PLYP/LESN	43229	CPT	outpatient			9634		5036.99 Horizon	Indemnity		8151.16				237.88	9152.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHGSCPY ABLATE TUMR/PLYP/LESN	43229	CPT	outpatient			9634		5036.99 Horizon	MGD		8151.16				237.88	9152.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHGSCPY ABLATE TUMR/PLYP/LESN	43229	CPT	outpatient			9634		5036.99 Horizon	Medicare Blue		4379.99				237.88	9152.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHGSCPY ABLATE TUMR/PLYP/LESN	43229	CPT	outpatient			9634		5036.99 Horizon	NJ Health		237.88				237.88	9152.3	fee schedule	
ESOPHGSCPY ABLATE TUMR/PLYP/LESN	43229	CPT	outpatient			9634		5036.99 Managed Care Inc	Managed Care Inc		8670.6	90			237.88	9152.3	percent of total billed charges	
ESOPHGSCPY ABLATE TUMR/PLYP/LESN	43229	CPT	outpatient			9634		5036.99 Multiplan	Multiplan		7707.2	80			237.88	9152.3	percent of total billed charges	
ESOPHGSCPY ABLATE TUMR/PLYP/LESN	43229	CPT	outpatient			9634		5036.99 Qualcare	Qualcare		7225.5	75			237.88	9152.3	percent of total billed charges	
ESOPHGSCPY ABLATE TUMR/PLYP/LESN	43229	CPT	outpatient			9634		5036.99 Three Rivers	Three Rivers		9152.3	95			237.88	9152.3	percent of total billed charges	
ESOPHGSCPY ABLATE TUMR/PLYP/LESN	43229	CPT	outpatient			9634		5036.99 UHC	Medicaid		3039.53	31.55			237.88	9152.3	percent of total billed charges	
ESOPHGSCPY ABLATE TUMR/PLYP/LESN	43229	CPT	outpatient			9634		5036.99 UHC	Medicare		4379.99				237.88	9152.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHGSCPY ABLATE TUMR/PLYP/LESN	43229	CPT	outpatient			9634		5036.99 United	CommercialPPO		2776				237.88	9152.3	case rate	
ESOPHGSCPY ABLATE TUMR/PLYP/LESN	43229	CPT	outpatient			9634		5036.99 United	Oxford		2776				237.88	9152.3	case rate	
ESOPHGSCPY ABLATE TUMR/PLYP/LESN	43229	CPT	outpatient			9634		5036.99 Wellcare	Medicare		4379.99				237.88	9152.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHGSCPY ABLATE TUMR/PLYP/LESN	43229	CPT	outpatient			9634		5036.99 Wellcare	Medicaid		3039.53	31.55			237.88	9152.3	percent of total billed charges	
ESOPHGSCPY ABLATE TUMR/PLYP/LESN	43229	CPT	outpatient			9634		5036.99 WellPoint	WellPoint		3100.22	32.18			237.88	9152.3	percent of total billed charges	
ESOPHAGOSCOPY W US EXAM	43231	CPT	outpatient			2826		2502.63 Aetna	Better Health		891.6	31.55			391.5	4049.91	percent of total billed charges	
ESOPHAGOSCOPY W US EXAM	43231	CPT	outpatient			2826		2502.63 Aetna	Medicare		2176.2				391.5	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY W US EXAM	43231	CPT	outpatient			2826		2502.63 Aetna	Commercial		3464.51				391.5	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY W US EXAM	43231	CPT	outpatient			2826		2502.63 Americare	Americare		2119.5	75			391.5	4049.91	percent of total billed charges	
ESOPHAGOSCOPY W US EXAM	43231	CPT	outpatient			2826		2502.63 Amerihealth	HMO/PPO		1836.9	65			391.5	4049.91	percent of total billed charges	
ESOPHAGOSCOPY W US EXAM	43231	CPT	outpatient			2826		2502.63 Amerihealth	Medicare		2176.2				391.5	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY W US EXAM	43231	CPT	outpatient			2826		2502.63 Consumer	Consumer		2684.7	95			391.5	4049.91	percent of total billed charges	
ESOPHAGOSCOPY W US EXAM	43231	CPT	outpatient			2826		2502.63 Corrections	Corrections		2260.8	80			391.5	4049.91	percent of total billed charges	
ESOPHAGOSCOPY W US EXAM	43231	CPT	outpatient			2826		2502.63 First Health	First Health		1978.2	70			391.5	4049.91	percent of total billed charges	
ESOPHAGOSCOPY W US EXAM	43231	CPT	outpatient			2826		2502.63 First Trenton	First Trenton		2543.4	90			391.5	4049.91	percent of total billed charges	
ESOPHAGOSCOPY W US EXAM	43231	CPT	outpatient			2826		2502.63 Horizon	Indemnity		4049.91				391.5	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY W US EXAM	43231	CPT	outpatient			2826		2502.63 Horizon	NJ Health		391.5				391.5	4049.91	fee schedule	
ESOPHAGOSCOPY W US EXAM	43231	CPT	outpatient			2826		2502.63 Horizon	MGD		4049.91				391.5	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY W US EXAM	43231	CPT	outpatient			2826		2502.63 Horizon	PPO		4049.91				391.5	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY W US EXAM	43231	CPT	outpatient			2826		2502.63 Horizon	Medicare Blue		2176.2				391.5	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY W US EXAM	43231	CPT	outpatient			2826		2502.63 Managed Care Inc	Managed Care Inc		2543.4	90			391.5	4049.91	percent of total billed charges	
ESOPHAGOSCOPY W US EXAM	43231	CPT	outpatient			2826		2502.63 Multiplan	Multiplan		2260.8	80			391.5	4049.91	percent of total billed charges	
ESOPHAGOSCOPY W US EXAM	43231	CPT	outpatient			2826		2502.63 Qualcare	Qualcare		2119.5	75			391.5	4049.91	percent of total billed charges	
ESOPHAGOSCOPY W US EXAM	43231	CPT	outpatient			2826		2502.63 Three Rivers	Three Rivers		2684.7	95			391.5	4049.91	percent of total billed charges	
ESOPHAGOSCOPY W US EXAM	43231	CPT	outpatient			2826		2502.63 UHC	Medicaid		891.6	31.55			391.5	4049.91	percent of total billed charges	
ESOPHAGOSCOPY W US EXAM	43231	CPT	outpatient			2826		2502.63 UHC	Medicare		2176.2				391.5	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY W US EXAM	43231	CPT	outpatient			2826		2502.63 United	CommercialPPO		2493				391.5	4049.91	case rate	
ESOPHAGOSCOPY W US EXAM	43231	CPT	outpatient			2826		2502.63 United	Oxford		2493				391.5	4049.91	case rate	
ESOPHAGOSCOPY W US EXAM	43231	CPT	outpatient			2826		2502.63 Wellcare	Medicare		2176.2				391.5	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY W US EXAM	43231	CPT	outpatient			2826		2502.63 Wellcare	Medicaid		891.6	31.55			391.5	4049.91	percent of total billed charges	
ESOPHAGOSCOPY W US EXAM	43231	CPT	outpatient			2826		2502.63 WellPoint	WellPoint		909.41	32.18			391.5	4049.91	percent of total billed charges	
ESOPHAGOSCOPY W US FNA X	43232	CPT	outpatient			2826		2502.63 Aetna	Commercial		3464.51				587.25	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY W US FNA X	43232	CPT	outpatient			2826		2502.63 Aetna	Better Health		891.6	31.55			587.25	4049.91	percent of total billed charges	
ESOPHAGOSCOPY W US FNA X	43232	CPT	outpatient			2826		2502.63 Aetna	Medicare		2176.2				587.25	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY W US FNA X	43232	CPT	outpatient			2826		2502.63 Americare	Americare		2119.5	75			587.25	4049.91	percent of total billed charges	
ESOPHAGOSCOPY W US FNA X	43232	CPT	outpatient			2826		2502.63 Amerihealth	HMO/PPO		1836.9	65			587.25	4049.91	percent of total billed charges	
ESOPHAGOSCOPY W US FNA X	43232	CPT	outpatient			2826		2502.63 Amerihealth	Medicare		2176.2				587.25	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY W US FNA X	43232	CPT	outpatient			2826		2502.63 Consumer	Consumer		2684.7	95			587.25	4049.91	percent of total billed charges	
ESOPHAGOSCOPY W US FNA X	43232	CPT	outpatient			2826		2502.63 Corrections	Corrections		2260.8	80			587.25	4049.91	percent of total billed charges	
ESOPHAGOSCOPY W US FNA X	43232	CPT	outpatient			2826		2502.63 First Health	First Health		1978.2	70			587.25	4049.91	percent of total billed charges	
ESOPHAGOSCOPY W US FNA X	43232	CPT	outpatient			2826		2502.63 First Trenton	First Trenton		2543.4	90			587.25	4049.91	percent of total billed charges	
ESOPHAGOSCOPY W US FNA X	43232	CPT	outpatient			2826		2502.63 Horizon	MGD		4049.91				587.25	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY W US FNA X	43232	CPT	outpatient			2826		2502.63 Horizon	Indemnity		4049.91				587.25	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY W US FNA X	43232	CPT	outpatient			2826		2502.63 Horizon	NJ Health		587.25				587.25	4049.91	fee schedule	
ESOPHAGOSCOPY W US FNA X	43232	CPT	outpatient			2826		2502.63 Horizon	PPO		4049.91				587.25	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY W US FNA X	43232	CPT	outpatient			2826		2502.63 Horizon	Medicare Blue		2176.2				587.25	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY W US FNA X	43232	CPT	outpatient			2826		2502.63 Managed Care Inc	Managed Care Inc		2543.4	90			587.25	4049.91	percent of total billed charges	
ESOPHAGOSCOPY W US FNA X	43232	CPT	outpatient			2826		2502.63 Multiplan	Multiplan		2260.8	80			587.25	4049.91	percent of total billed charges	
ESOPHAGOSCOPY W US FNA X	43232	CPT	outpatient			2826		2502.63 Qualcare	Qualcare		2119.5	75			587.25	4049.91	percent of total billed charges	
ESOPHAGOSCOPY W US FNA X	43232	CPT	outpatient			2826		2502.63 Three Rivers	Three Rivers		2684.7	95			587.25	4049.91	percent of total billed charges	
ESOPHAGOSCOPY W US FNA X	43232	CPT	outpatient			2826		2502.63 UHC	Medicaid		891.6	31.55			587.25	4049.91	percent of total billed charges	
ESOPHAGOSCOPY W US FNA X	43232	CPT	outpatient			2826		2502.63 UHC	Medicare		2176.2				587.25	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY W US FNA X	43232	CPT	outpatient			2826		2502.63 United	CommercialPPO		2493				587.25	4049.91	case rate	
ESOPHAGOSCOPY W US FNA X	43232	CPT	outpatient			2826		2502.63 United	Oxford		2493				587.25	4049.91	case rate	
ESOPHAGOSCOPY W US FNA X	43232	CPT	outpatient			2826		2502.63 Wellcare	Medicare		2176.2				587.25	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY W US FNA X	43232	CPT	outpatient			2826		2502.63 Wellcare	Medicaid		891.6	31.55			587.25	4049.91	percent of total billed charges	
ESOPHAGOSCOPY W US FNA X	43232	CPT	outpatient			2826		2502.63 WellPoint	WellPoint		909.41	32.18			587.25	4049.91	percent of total billed charges	
EGD BALLOON DIL ESOPH >=30 MM	43233	CPT	outpatient			5762		2502.63 Aetna	Commercial		3464.51				267	5473.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD BALLOON DIL ESOPH >=30 MM	43233	CPT	outpatient			5762		2502.63 Aetna	Better Health		1817.91	31.55			267	5473.9	percent of total billed charges	
EGD BALLOON DIL ESOPH >=30 MM	43233	CPT	outpatient			5762		2502.63 Aetna	Medicare		2176.2				267	5473.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD BALLOON DIL ESOPH >=30 MM	43233	CPT	outpatient			5762		2502.63 Americare	Americare		4321.5	75			267	5473.9	percent of total billed charges	
EGD BALLOON DIL ESOPH >=30 MM	43233	CPT	outpatient			5762		2502.63 Amerihealth	HMO/PPO		3745.3	65			267	5473.9	percent of total billed charges	
EGD BALLOON DIL ESOPH >=30 MM	43233	CPT	outpatient			5762		2502.63 Amerihealth	Medicare		2176.2				267	5473.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD BALLOON DIL ESOPH >=30 MM	43233	CPT	outpatient			5762		2502.63 Consumer	Consumer		5473.9	95			267	5473.9	percent of total billed charges	
EGD BALLOON DIL ESOPH >=30 MM	43233	CPT	outpatient			5762		2502.63 Corrections	Corrections		4609.6	80			267	5473.9	percent of total billed charges	
EGD BALLOON DIL ESOPH >=30 MM	43233	CPT	outpatient			5762		2502.63 First Health	First Health		4033.4	70			267	5473.9	percent of total billed charges	
EGD BALLOON DIL ESOPH >=30 MM	43233	CPT	outpatient			5762		2502.63 First Trenton	First Trenton		5185.8	90			267	5473.9	percent of total billed charges	
EGD BALLOON DIL ESOPH >=30 MM	43233	CPT	outpatient			5762		2502.63 Horizon	Indemnity		4049.91				267	5473.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD BALLOON DIL ESOPH >=30 MM	43233	CPT	outpatient			5762		2502.63 Horizon	MGD		4049.91				267	5473.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD BALLOON DIL ESOPH >=30 MM	43233	CPT	outpatient			5762		2502.63 Horizon	Medicare Blue		2176.2				267	5473.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD BALLOON DIL ESOPH >=30 MM	43233	CPT	outpatient			5762		2502.63 Horizon	NJ Health		267				267	5473.9	fee schedule	
EGD BALLOON DIL ESOPH >=30 MM	43233	CPT	outpatient			5762		2502.63 Horizon	PPO		4049.91				267	5473.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD BALLOON DIL ESOPH >=30 MM	43233	CPT	outpatient			5762		2502.63 Managed Care Inc	Managed Care Inc		5185.8	90			267	5473.9	percent of total billed charges	
EGD BALLOON DIL ESOPH >=30 MM	43233	CPT	outpatient			5762		2502.63 Multiplan	Multiplan		4609.6	80			267	5473.9	percent of total billed charges	
EGD BALLOON DIL ESOPH >=30 MM	43233	CPT	outpatient			5762		2502.63 Qualcare	Qualcare		4321.5	75			267	5473.9	percent of total billed charges	
EGD BALLOON DIL ESOPH >=30 MM	43233	CPT	outpatient			5762		2502.63 Three Rivers	Three Rivers		5473.9	95			267	5473.9	percent of total billed charges	
EGD BALLOON DIL ESOPH >=30 MM	43233	CPT	outpatient			5762		2502.63 UHC	Medicaid		1817.91	31.55			267	5473.9	percent of total billed charges	
EGD BALLOON DIL ESOPH >=30 MM	43233	CPT	outpatient			5762		2502.63 UHC	Medicare		2176.2				267	5473.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD BALLOON DIL ESOPH >=30 MM	43233	CPT	outpatient			5762		2502.63 United	Oxford		2493				267	5473.9	case rate	
EGD BALLOON DIL ESOPH >=30 MM	43233	CPT	outpatient			5762		2502.63 United	CommercialPPO		2493				267	5473.9	case rate	
EGD BALLOON DIL ESOPH >=30 MM	43233	CPT	outpatient			5762		2502.63 Wellcare	Medicaid		1817.91	31.55			267	5473.9	percent of total billed charges	
EGD BALLOON DIL ESOPH >=30 MM	43233	CPT	outpatient			5762		2502.63 Wellcare	Medicare		2176.2				267	5473.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD BALLOON DIL ESOPH >=30 MM	43233	CPT	outpatient			5762		2502.63 WellPoint	WellPoint		1854.21	32.18			267	5473.9	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
UPPER GI ENDOSCOPY	43235	CPT	both			3205	1192.23	Aetna	Commercial		1650.46				394.11	3044.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UPPER GI ENDOSCOPY	43235	CPT	both			3205	1192.23	Aetna	Better Health		1011.18	31.55			394.11	3044.75	percent of total billed charges	
UPPER GI ENDOSCOPY	43235	CPT	both			3205	1192.23	Aetna	Medicare		987.14	30.8			394.11	3044.75	percent of total billed charges	
UPPER GI ENDOSCOPY	43235	CPT	both			3205	1192.23	Americare	Americare		2403.75	75			394.11	3044.75	percent of total billed charges	
UPPER GI ENDOSCOPY	43235	CPT	both			3205	1192.23	Amerihealth	HMO/PPO		2083.25	65			394.11	3044.75	percent of total billed charges	
UPPER GI ENDOSCOPY	43235	CPT	both			3205	1192.23	Amerihealth	Medicare		1036.72				394.11	3044.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UPPER GI ENDOSCOPY	43235	CPT	both			3205	1192.23	Consumer	Consumer		3044.75	95			394.11	3044.75	percent of total billed charges	
UPPER GI ENDOSCOPY	43235	CPT	both			3205	1192.23	Corrections	Corrections		2564	80			394.11	3044.75	percent of total billed charges	
UPPER GI ENDOSCOPY	43235	CPT	both			3205	1192.23	First Health	First Health		2243.5	70			394.11	3044.75	percent of total billed charges	
UPPER GI ENDOSCOPY	43235	CPT	both			3205	1192.23	First Trenton	First Trenton		2884.5	90			394.11	3044.75	percent of total billed charges	
UPPER GI ENDOSCOPY	43235	CPT	both			3205	1192.23	Horizon	NJ Health		394.11				394.11	3044.75	fee schedule	
UPPER GI ENDOSCOPY	43235	CPT	both			3205	1192.23	Horizon	Indemnity		1929.34				394.11	3044.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UPPER GI ENDOSCOPY	43235	CPT	both			3205	1192.23	Horizon	MGD		1929.34				394.11	3044.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UPPER GI ENDOSCOPY	43235	CPT	both			3205	1192.23	Horizon	Medicare Blue		1036.72				394.11	3044.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UPPER GI ENDOSCOPY	43235	CPT	both			3205	1192.23	Horizon	PPO		1929.34				394.11	3044.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UPPER GI ENDOSCOPY	43235	CPT	both			3205	1192.23	Managed Care Inc	Managed Care Inc		2884.5	90			394.11	3044.75	percent of total billed charges	
UPPER GI ENDOSCOPY	43235	CPT	both			3205	1192.23	Multiplan	Multiplan		2564	80			394.11	3044.75	percent of total billed charges	
UPPER GI ENDOSCOPY	43235	CPT	both			3205	1192.23	Qualcare	Qualcare		2403.75	75			394.11	3044.75	percent of total billed charges	
UPPER GI ENDOSCOPY	43235	CPT	both			3205	1192.23	Three Rivers	Three Rivers		3044.75	95			394.11	3044.75	percent of total billed charges	
UPPER GI ENDOSCOPY	43235	CPT	both			3205	1192.23	UHC	Medicaid		1011.18	31.55			394.11	3044.75	percent of total billed charges	
UPPER GI ENDOSCOPY	43235	CPT	both			3205	1192.23	UHC	Medicare		1036.72				394.11	3044.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UPPER GI ENDOSCOPY	43235	CPT	both			3205	1192.23	United	Commercial|PPO		2493				394.11	3044.75	case rate	
UPPER GI ENDOSCOPY	43235	CPT	both			3205	1192.23	United	Oxford		2493				394.11	3044.75	case rate	
UPPER GI ENDOSCOPY	43235	CPT	both			3205	1192.23	Wellcare	Medicare		1036.72				394.11	3044.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UPPER GI ENDOSCOPY	43235	CPT	both			3205	1192.23	Wellcare	Medicaid		1011.18	31.55			394.11	3044.75	percent of total billed charges	
UPPER GI ENDOSCOPY	43235	CPT	both			3205	1192.23	WellPoint	WellPoint		1031.37	32.18			394.11	3044.75	percent of total billed charges	
EGDW/SUBMUCOSAL INJECTION ANDY SUBSTANCE	43236	CPT	outpatient			3390	1192.23	Aetna	Better Health		1069.55	31.55			365.4	3220.5	percent of total billed charges	
EGDW/SUBMUCOSAL INJECTION ANDY SUBSTANCE	43236	CPT	outpatient			3390	1192.23	Aetna	Commercial		1650.46				365.4	3220.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGDW/SUBMUCOSAL INJECTION ANDY SUBSTANCE	43236	CPT	outpatient			3390	1192.23	Aetna	Medicare		1036.72				365.4	3220.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGDW/SUBMUCOSAL INJECTION ANDY SUBSTANCE	43236	CPT	outpatient			3390	1192.23	Americare	Americare		2542.5	75			365.4	3220.5	percent of total billed charges	
EGDW/SUBMUCOSAL INJECTION ANDY SUBSTANCE	43236	CPT	outpatient			3390	1192.23	Amerihealth	HMO/PPO		2203.5	65			365.4	3220.5	percent of total billed charges	
EGDW/SUBMUCOSAL INJECTION ANDY SUBSTANCE	43236	CPT	outpatient			3390	1192.23	Amerihealth	Medicare		1036.72				365.4	3220.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGDW/SUBMUCOSAL INJECTION ANDY SUBSTANCE	43236	CPT	outpatient			3390	1192.23	Consumer	Consumer		3220.5	95			365.4	3220.5	percent of total billed charges	
EGDW/SUBMUCOSAL INJECTION ANDY SUBSTANCE	43236	CPT	outpatient			3390	1192.23	Corrections	Corrections		2712	80			365.4	3220.5	percent of total billed charges	
EGDW/SUBMUCOSAL INJECTION ANDY SUBSTANCE	43236	CPT	outpatient			3390	1192.23	First Health	First Health		2373	70			365.4	3220.5	percent of total billed charges	
EGDW/SUBMUCOSAL INJECTION ANDY SUBSTANCE	43236	CPT	outpatient			3390	1192.23	First Trenton	First Trenton		3051	90			365.4	3220.5	percent of total billed charges	
EGDW/SUBMUCOSAL INJECTION ANDY SUBSTANCE	43236	CPT	outpatient			3390	1192.23	Horizon	PPO		1929.34				365.4	3220.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGDW/SUBMUCOSAL INJECTION ANDY SUBSTANCE	43236	CPT	outpatient			3390	1192.23	Horizon	MGD		1929.34				365.4	3220.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGDW/SUBMUCOSAL INJECTION ANDY SUBSTANCE	43236	CPT	outpatient			3390	1192.23	Horizon	Medicare Blue		1036.72				365.4	3220.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGDW/SUBMUCOSAL INJECTION ANDY SUBSTANCE	43236	CPT	outpatient			3390	1192.23	Horizon	NJ Health		365.4				365.4	3220.5	fee schedule	
EGDW/SUBMUCOSAL INJECTION ANDY SUBSTANCE	43236	CPT	outpatient			3390	1192.23	Horizon	Indemnity		1929.34				365.4	3220.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGDW/SUBMUCOSAL INJECTION ANDY SUBSTANCE	43236	CPT	outpatient			3390	1192.23	Managed Care Inc	Managed Care Inc		3051	90			365.4	3220.5	percent of total billed charges	
EGDW/SUBMUCOSAL INJECTION ANDY SUBSTANCE	43236	CPT	outpatient			3390	1192.23	Multiplan	Multiplan		2712	80			365.4	3220.5	percent of total billed charges	
EGDW/SUBMUCOSAL INJECTION ANDY SUBSTANCE	43236	CPT	outpatient			3390	1192.23	Qualcare	Qualcare		2542.5	75			365.4	3220.5	percent of total billed charges	
EGDW/SUBMUCOSAL INJECTION ANDY SUBSTANCE	43236	CPT	outpatient			3390	1192.23	Three Rivers	Three Rivers		3220.5	95			365.4	3220.5	percent of total billed charges	
EGDW/SUBMUCOSAL INJECTION ANDY SUBSTANCE	43236	CPT	outpatient			3390	1192.23	UHC	Medicare		1036.72				365.4	3220.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGDW/SUBMUCOSAL INJECTION ANDY SUBSTANCE	43236	CPT	outpatient			3390	1192.23	UHC	Medicaid		1069.55	31.55			365.4	3220.5	percent of total billed charges	
EGDW/SUBMUCOSAL INJECTION ANDY SUBSTANCE	43236	CPT	outpatient			3390	1192.23	United	Commercial|PPO		2493				365.4	3220.5	case rate	
EGDW/SUBMUCOSAL INJECTION ANDY SUBSTANCE	43236	CPT	outpatient			3390	1192.23	United	Oxford		2493				365.4	3220.5	case rate	
EGDW/SUBMUCOSAL INJECTION ANDY SUBSTANCE	43236	CPT	outpatient			3390	1192.23	Wellcare	Medicare		1036.72				365.4	3220.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGDW/SUBMUCOSAL INJECTION ANDY SUBSTANCE	43236	CPT	outpatient			3390	1192.23	Wellcare	Medicaid		1069.55	31.55			365.4	3220.5	percent of total billed charges	
EGDW/SUBMUCOSAL INJECTION ANDY SUBSTANCE	43236	CPT	outpatient			3390	1192.23	WellPoint	WellPoint		1090.9	32.18			365.4	3220.5	percent of total billed charges	
W/ENDOSCOPIC US EXAM LIM/D TO ESOPHAGUS	43237	CPT	outpatient			3001	2502.63	Aetna	Commercial		3464.51				365.4	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
W/ENDOSCOPIC US EXAM LIM/D TO ESOPHAGUS	43237	CPT	outpatient			3001	2502.63	Aetna	Better Health		946.82	31.55			365.4	4049.91	percent of total billed charges	
W/ENDOSCOPIC US EXAM LIM/D TO ESOPHAGUS	43237	CPT	outpatient			3001	2502.63	Aetna	Medicare		2176.2				365.4	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
W/ENDOSCOPIC US EXAM LIM/D TO ESOPHAGUS	43237	CPT	outpatient			3001	2502.63	Americare	Americare		2250.75	75			365.4	4049.91	percent of total billed charges	
W/ENDOSCOPIC US EXAM LIM/D TO ESOPHAGUS	43237	CPT	outpatient			3001	2502.63	Amerihealth	HMO/PPO		1950.85	65			365.4	4049.91	percent of total billed charges	
W/ENDOSCOPIC US EXAM LIM/D TO ESOPHAGUS	43237	CPT	outpatient			3001	2502.63	Amerihealth	Medicare		2176.2				365.4	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
W/ENDOSCOPIC US EXAM LIM/D TO ESOPHAGUS	43237	CPT	outpatient			3001	2502.63	Consumer	Consumer		2850.95	95			365.4	4049.91	percent of total billed charges	
W/ENDOSCOPIC US EXAM LIM/D TO ESOPHAGUS	43237	CPT	outpatient			3001	2502.63	Corrections	Corrections		2400.8	80			365.4	4049.91	percent of total billed charges	
W/ENDOSCOPIC US EXAM LIM/D TO ESOPHAGUS	43237	CPT	outpatient			3001	2502.63	First Health	First Health		2100.7	70			365.4	4049.91	percent of total billed charges	
W/ENDOSCOPIC US EXAM LIM/D TO ESOPHAGUS	43237	CPT	outpatient			3001	2502.63	First Trenton	First Trenton		2700.9	90			365.4	4049.91	percent of total billed charges	
W/ENDOSCOPIC US EXAM LIM/D TO ESOPHAGUS	43237	CPT	outpatient			3001	2502.63	Horizon	MGD		4049.91				365.4	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
W/ENDOSCOPIC US EXAM LIM/D TO ESOPHAGUS	43237	CPT	outpatient			3001	2502.63	Horizon	PPO		4049.91				365.4	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
W/ENDOSCOPIC US EXAM LIM/D TO ESOPHAGUS	43237	CPT	outpatient			3001	2502.63	Horizon	Indemnity		4049.91				365.4	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
W/ENDOSCOPIC US EXAM LIM/D TO ESOPHAGUS	43237	CPT	outpatient			3001	2502.63	Horizon	Medicare Blue		2176.2				365.4	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
W/ENDOSCOPIC US EXAM LIM/D TO ESOPHAGUS	43237	CPT	outpatient			3001	2502.63	Horizon	NJ Health		365.4				365.4	4049.91	fee schedule	
W/ENDOSCOPIC US EXAM LIM/D TO ESOPHAGUS	43237	CPT	outpatient			3001	2502.63	Managed Care Inc	Managed Care Inc		2700.9	90			365.4	4049.91	percent of total billed charges	
W/ENDOSCOPIC US EXAM LIM/D TO ESOPHAGUS	43237	CPT	outpatient			3001	2502.63	Multiplan	Multiplan		2400.8	80			365.4	4049.91	percent of total billed charges	
W/ENDOSCOPIC US EXAM LIM/D TO ESOPHAGUS	43237	CPT	outpatient			3001	2502.63	Qualcare	Qualcare		2250.75	75			365.4	4049.91	percent of total billed charges	
W/ENDOSCOPIC US EXAM LIM/D TO ESOPHAGUS	43237	CPT	outpatient			3001	2502.63	Three Rivers	Three Rivers		2850.95	95			365.4	4049.91	percent of total billed charges	
W/ENDOSCOPIC US EXAM LIM/D TO ESOPHAGUS	43237	CPT	outpatient			3001	2502.63	UHC	Medicare		2176.2				365.4	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
W/ENDOSCOPIC US EXAM LIM/D TO ESOPHAGUS	43237	CPT	outpatient			3001	2502.63	UHC	Medicaid		946.82	31.55			365.4	4049.91	percent of total billed charges	
W/ENDOSCOPIC US EXAM LIM/D TO ESOPHAGUS	43237	CPT	outpatient			3001	2502.63	United	Oxford		2493				365.4	4049.91	case rate	
W/ENDOSCOPIC US EXAM LIM/D TO ESOPHAGUS	43237	CPT	outpatient			3001	2502.63	United	Commercial|PPO		2493				365.4	4049.91	case rate	
W/ENDOSCOPIC US EXAM LIM/D TO ESOPHAGUS	43237	CPT	outpatient			3001	2502.63	Wellcare	Medicaid		946.82	31.55			365.4	4049.91	percent of total billed charges	
W/ENDOSCOPIC US EXAM LIM/D TO ESOPHAGUS	43237	CPT	outpatient			3001	2502.63	Wellcare	Medicare		2176.2				365.4	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
W/ENDOSCOPIC US EXAM LIM/D TO ESOPHAGUS	43237	CPT	outpatient			3001	2502.63	WellPoint	WellPoint		965.72	32.18			365.4	4049.91	percent of total billed charges	
UGI W US-FNA OF ESOPH	43238	CPT	both			2826	2502.63	Aetna	Commercial		3464.51				451.53	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UGI W US-FNA OF ESOPH	43238	CPT	both			2826	2502.63	Aetna	Better Health		891.6	31.55			451.53	4049.91	percent of total billed charges	
UGI W US-FNA OF ESOPH	43238	CPT	both			2826	2502.63	Aetna	Medicare		2176.2				451.53	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UGI W US-FNA OF ESOPH	43238	CPT	both			2826	2502.63	Americare	Americare		2119.5	75			451.53	4049.91	percent of total billed charges	
UGI W US-FNA OF ESOPH	43238	CPT	both			2826	2502.63	Amerihealth	HMO/PPO		1836.9	65			451.53	4049.91	percent of total billed charges	
UGI W US-FNA OF ESOPH	43238	CPT	both			2826	2502.63	Amerihealth	Medicare		2176.2				451.53	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UGI W US-FNA OF ESOPH	43238	CPT	both			2826	2502.63	Consumer	Consumer		2684.7	95			451.53	4049.91	percent of total billed charges	
UGI W US-FNA OF ESOPH	43238	CPT	both			2826	2502.63	Corrections	Corrections		2260.8	80			451.53	4049.91	percent of total billed charges	
UGI W US-FNA OF ESOPH	43238	CPT	both			2826	2502.63	First Health	First Health		1978.2	70			451.53	4049.91	percent of total billed charges	
UGI W US-FNA OF ESOPH	43238	CPT	both			2826	2502.63	First Trenton	First Trenton		2543.4	90			451.53	4049.91	percent of total billed charges	
UGI W US-FNA OF ESOPH	43238	CPT	both			2826	2502.63	Horizon	MGD		4049.91				451.53	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UGI W US-FNA OF ESOPH	43238	CPT	both			2826	2502.63	Horizon	Medicare Blue		2176.2				451.53	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UGI W US-FNA OF ESOPH	43238	CPT	both			2826	2502.63	Horizon	Indemnity		4049.91				451.53	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UGI W US-FNA OF ESOPH	43238	CPT	both			2826	2502.63	Horizon	PPO		4049.91				451.53	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UGI W US-FNA OF ESOPH	43238	CPT	both			2826	2502.63	Horizon	NJ Health		451.53				451.53	4049.91	fee schedule	
UGI W US-FNA OF ESOPH	43238	CPT	both			2826	2502.63	Managed Care Inc	Managed Care Inc		2543.4	90			451.53	4049.91	percent of total billed charges	
UGI W US-FNA OF ESOPH	43238	CPT	both			2826	2502.63	Multiplan	Multiplan		2260.8	80			451.53	4049.91	percent of total billed charges	
UGI W US-FNA OF ESOPH	43238	CPT	both			2826	2502.63	Qualcare	Qualcare		2119.5	75			451.53	4049.91	percent of total billed charges	
UGI W US-FNA OF ESOPH	43238	CPT	both			2826	2502.63	Three Rivers	Three Rivers		2684.7	95			451.53	4049.91	percent of total billed charges	
UGI W US-FNA OF ESOPH	43238	CPT	both			2826	2502.63	UHC	Medicaid		891.6	31.55			451.53	4049.91	percent of total billed charges	
UGI W US-FNA OF ESOPH	43238	CPT	both			2826	2502.63	UHC	Medicare		2176.2				451.53	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UGI W US-FNA OF ESOPH	43238	CPT	both			2826	2502.63	United	Commercial|PPO		2493				451.53	4049.91	case rate	
UGI W US-FNA OF ESOPH	43238	CPT	both			2826	2502.63	United	Oxford		2493				451.53	4049.91	case rate	
UGI W US-FNA OF ESOPH	43238	CPT	both			2826	2502.63	Wellcare	Medicare		2176.2				451.53	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UGI W US-FNA OF ESOPH	43238	CPT	both			2826	2502.63	Wellcare	Medicaid		891.6	31.55			451.53	4049.91	percent of total billed charges	
UGI W US-FNA OF ESOPH	43238	CPT	both			2826	2502.63	WellPoint	WellPoint		909.41	32.18			451.53	4049.91	percent of total billed charges	
EGD W/BIOPSY,SINGLE OR MULTI VISIT	43239	CPT	outpatient			3205	1192.23	Aetna	Medicare		1036.72				523.46	3044.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD W/BIOPSY,SINGLE OR MULTI VISIT	43239	CPT	outpatient			3205	1192.23	Aetna	Better Health		1011.18	31.55			523.46	3044.75	percent of total billed charges	
EGD W/BIOPSY,SINGLE OR MULTI VISIT	43239	CPT	outpatient			3205	1192.23	Aetna	Commercial		1650.46				523.46	3044.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD W/BIOPSY,SINGLE OR MULTI VISIT	43239	CPT	outpatient			3205	1192.23	Americare	Americare		2403.75	75			523.46	3044.75	percent of total billed charges	
EGD W/BIOPSY,SINGLE OR MULTI VISIT	43239	CPT	outpatient			3205	1192.23	Amerihealth	Medicare		1036.72				523.46	3044.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD W/BIOPSY,SINGLE OR MULTI VISIT	43239	CPT	outpatient			3205	1192.23	Amerihealth	HMO/PPO		2083.25	65			523.46	3044.75	percent of total billed charges	
EGD W/BIOPSY,SINGLE OR MULTI VISIT	43239	CPT	outpatient			3205	1192.23	Consumer	Consumer		3044.75	95			523.46	3044.75	percent of total billed charges	
EGD W/BIOPSY,SINGLE OR MULTI VISIT	43239	CPT	outpatient			3205	1192.23	Corrections	Corrections		2564	80			523.46	3044.75	percent of total billed charges	
EGD W/BIOPSY,SINGLE OR MULTI VISIT	43239	CPT	outpatient			3205	1192.23	First Health	First Health		2243.5	70			523.46	3044.75	percent of total billed charges	
EGD W/BIOPSY,SINGLE OR MULTI VISIT	43239	CPT	outpatient			3205	1192.23	First Trenton	First Trenton		2884.5	90			523.46	3044.75	percent of total billed charges	
EGD W/BIOPSY,SINGLE OR MULTI VISIT	43239	CPT	outpatient			3205	1192.23	Horizon	MGD		1929.34				523.46	3044.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD W/BIOPSY,SINGLE OR MULTI VISIT	43239	CPT	outpatient			3205	1192.23	Horizon	NJ Health		523.46				523.46	3044.75	fee schedule	
EGD W/BIOPSY,SINGLE OR MULTI VISIT	43239	CPT	outpatient			3205	1192.23	Horizon	Indemnity		1929.34				523.46	3044.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD W/BIOPSY,SINGLE OR MULTI VISIT	43239	CPT	outpatient			3205	1192.23	Horizon	Medicare Blue		1036.72				523.46	3044.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD W/BIOPSY,SINGLE OR MULTI VISIT	43239	CPT	outpatient			3205	1192.23	Horizon	PPO		1929.34				523.46	3044.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD W/BIOPSY,SINGLE OR MULTI VISIT	43239	CPT	outpatient			3205	1192.23	Managed Care Inc	Managed Care Inc		2884.5	90			523.46	3044.75	percent of total billed charges	
EGD W/BIOPSY,SINGLE OR MULTI VISIT	43239	CPT	outpatient			3205	1192.23	Multiplan	Multiplan		2564	80			523.46	3044.75	percent of total billed charges	
EGD W/BIOPSY,SINGLE OR MULTI VISIT	43239	CPT	outpatient			3205	1192.23	Qualcare	Qualcare		2403.75	75			523.46	3044.75	percent of total billed charges	
EGD W/BIOPSY,SINGLE OR MULTI VISIT	43239	CPT	outpatient			3205	1192.23	Three Rivers	Three Rivers		3044.75	95			523.46	3044.75	percent of total billed charges	
EGD W/BIOPSY,SINGLE OR MULTI VISIT	43239	CPT	outpatient			3205	1192.23	UHC	Medicaid		1011.18	31.55			523.46	3044.75	percent of total billed charges	
EGD W/BIOPSY,SINGLE OR MULTI VISIT	43239	CPT	outpatient			3205	1192.23	UHC	Medicare		1036.72				523.46	3044.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD W/BIOPSY,SINGLE OR MULTI VISIT	43239	CPT	outpatient			3205	1192.23	United	Oxford		2493				523.46	3044.75	case rate	
EGD W/BIOPSY,SINGLE OR MULTI VISIT	43239	CPT	outpatient			3205	1192.23	United	Commercial|PPO		2493				523.46	3044.75	case rate	
EGD W/BIOPSY,SINGLE OR MULTI VISIT	43239	CPT	outpatient			3205	1192.23	Wellcare	Medicare		1036.72				523.46	3044.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD W/BIOPSY,SINGLE OR MULTI VISIT	43239	CPT	outpatient			3205	1192.23	Wellcare	Medicaid		1011.18	31.55			523.46	3044.75	percent of total billed charges	
EGD W/BIOPSY,SINGLE OR MULTI VISIT	43239	CPT	outpatient			3205	1192.23	WellPoint	WellPoint		1031.37	32.18			523.46	3044.75	percent of total billed charges	
UGI W PSEUDOCYST DRAINAGE	43240	CPT	outpatient			11562	7495.78	Aetna	Commercial		10376.77				548.1	12130.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UGI W PSEUDOCYST DRAINAGE	43240	CPT	outpatient			11562	7495.78	Aetna	Better Health		3647.81	31.55			548.1	12130.13	percent of total billed charges	
UGI W PSEUDOCYST DRAINAGE	43240	CPT	outpatient			11562	7495.78	Aetna	Medicare		3561.1	30.8			548.1	12130.13	percent of total billed charges	
UGI W PSEUDOCYST DRAINAGE	43240	CPT	outpatient			11562	7495.78	Americare	Americare		8671.5	75			548.1	12130.13	percent of total billed charges	
UGI W PSEUDOCYST DRAINAGE	43240	CPT	outpatient			11562	7495.78	Amerihealth	HMO/PPO		7515.3	65			548.1	12130.13	percent of total billed charges	
UGI W PSEUDOCYST DRAINAGE	43240	CPT	outpatient			11562	7495.78	Amerihealth	Medicare		6518.07				548.1	12130.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UGI W PSEUDOCYST DRAINAGE	43240	CPT	outpatient			11562	7495.78	Consumer	Consumer		10983.9	95			548.1	12130.13	percent of total billed charges	
UGI W PSEUDOCYST DRAINAGE	43240	CPT	outpatient			11562	7495.78	Corrections	Corrections		9249.6	80			548.1	12130.13	percent of total billed charges	
UGI W PSEUDOCYST DRAINAGE	43240	CPT	outpatient			11562	7495.78	First Health	First Health		8093.4	70			548.1	12130.13	percent of total billed charges	
UGI W PSEUDOCYST DRAINAGE	43240	CPT	outpatient			11562	7495.78	First Trenton	First Trenton		10405.8	90			548.1	12130.13	percent of total billed charges	
UGI W PSEUDOCYST DRAINAGE	43240	CPT	outpatient			11562	7495.78	Horizon	Indemnity		12130.13				548.1	12130.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UGI W PSEUDOCYST DRAINAGE	43240	CPT	outpatient			11562	7495.78	Horizon	Medicare Blue		6518.07				548.1	12130.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UGI W PSEUDOCYST DRAINAGE	43240	CPT	outpatient			11562	7495.78	Horizon	NJ Health		548.1				548.1	12130.13	fee schedule	
UGI W PSEUDOCYST DRAINAGE	43240	CPT	outpatient			11562	7495.78	Horizon	PPO		12130.13				548.1	12130.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UGI W PSEUDOCYST DRAINAGE	43240	CPT	outpatient			11562	7495.78	Horizon	MGD		12130.13				548.1	12130.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UGI W PSEUDOCYST DRAINAGE	43240	CPT	outpatient			11562	7495.78	Managed Care Inc	Managed Care Inc		10405.8	90			548.1	12130.13	percent of total billed charges	
UGI W P

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
UGI W PSEUDOCYST DRAINAGE	43240	CPT	outpatient			11562		7495.78	Three Rivers		10983.9	95			548.1	12130.13	percent of total billed charges	
UGI W PSEUDOCYST DRAINAGE	43240	CPT	outpatient			11562		7495.78	UHC		3647.81	31.55			548.1	12130.13	percent of total billed charges	
UGI W PSEUDOCYST DRAINAGE	43240	CPT	outpatient			11562		7495.78	UHC		6518.07				548.1	12130.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UGI W PSEUDOCYST DRAINAGE	43240	CPT	outpatient			11562		7495.78	United		2776				548.1	12130.13	case rate	
UGI W PSEUDOCYST DRAINAGE	43240	CPT	outpatient			11562		7495.78	United		2776				548.1	12130.13	case rate	
UGI W PSEUDOCYST DRAINAGE	43240	CPT	outpatient			11562		7495.78	Wellcare		6518.07				548.1	12130.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UGI W PSEUDOCYST DRAINAGE	43240	CPT	outpatient			11562		7495.78	Wellcare		3647.81	31.55			548.1	12130.13	percent of total billed charges	
UGI W PSEUDOCYST DRAINAGE	43240	CPT	outpatient			11562		7495.78	WellPoint		3720.65	32.18			548.1	12130.13	percent of total billed charges	
PLACE TUBE STOMACH TO DUOD	43241	CPT	outpatient			6072		2502.63	Aetna		1915.72	31.55			461.97	5768.4	percent of total billed charges	
PLACE TUBE STOMACH TO DUOD	43241	CPT	outpatient			6072		2502.63	Aetna		3464.51				461.97	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACE TUBE STOMACH TO DUOD	43241	CPT	outpatient			6072		2502.63	Aetna		1870.18	30.8			461.97	5768.4	percent of total billed charges	
PLACE TUBE STOMACH TO DUOD	43241	CPT	outpatient			6072		2502.63	Americare		4554	75			461.97	5768.4	percent of total billed charges	
PLACE TUBE STOMACH TO DUOD	43241	CPT	outpatient			6072		2502.63	Amerihealth		3946.8	65			461.97	5768.4	percent of total billed charges	
PLACE TUBE STOMACH TO DUOD	43241	CPT	outpatient			6072		2502.63	Amerihealth		2176.2				461.97	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACE TUBE STOMACH TO DUOD	43241	CPT	outpatient			6072		2502.63	Consumer		5768.4	95			461.97	5768.4	percent of total billed charges	
PLACE TUBE STOMACH TO DUOD	43241	CPT	outpatient			6072		2502.63	Corrections		4857.6	80			461.97	5768.4	percent of total billed charges	
PLACE TUBE STOMACH TO DUOD	43241	CPT	outpatient			6072		2502.63	First Health		4250.4	70			461.97	5768.4	percent of total billed charges	
PLACE TUBE STOMACH TO DUOD	43241	CPT	outpatient			6072		2502.63	First Trenton		5464.8	90			461.97	5768.4	percent of total billed charges	
PLACE TUBE STOMACH TO DUOD	43241	CPT	outpatient			6072		2502.63	Horizon	Medicare Blue	2176.2				461.97	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACE TUBE STOMACH TO DUOD	43241	CPT	outpatient			6072		2502.63	Horizon	PPO	4049.91				461.97	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACE TUBE STOMACH TO DUOD	43241	CPT	outpatient			6072		2502.63	Horizon	MGD	4049.91				461.97	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACE TUBE STOMACH TO DUOD	43241	CPT	outpatient			6072		2502.63	Horizon	Indemnity	4049.91				461.97	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACE TUBE STOMACH TO DUOD	43241	CPT	outpatient			6072		2502.63	Horizon	NJ Health	461.97				461.97	5768.4	fee schedule	
PLACE TUBE STOMACH TO DUOD	43241	CPT	outpatient			6072		2502.63	Managed Care Inc		5464.8	90			461.97	5768.4	percent of total billed charges	
PLACE TUBE STOMACH TO DUOD	43241	CPT	outpatient			6072		2502.63	Multiplan	Multiplan	4857.6	80			461.97	5768.4	percent of total billed charges	
PLACE TUBE STOMACH TO DUOD	43241	CPT	outpatient			6072		2502.63	Qualcare	Qualcare	4554	75			461.97	5768.4	percent of total billed charges	
PLACE TUBE STOMACH TO DUOD	43241	CPT	outpatient			6072		2502.63	Three Rivers	Three Rivers	5768.4	95			461.97	5768.4	percent of total billed charges	
PLACE TUBE STOMACH TO DUOD	43241	CPT	outpatient			6072		2502.63	UHC	Medicare	2176.2				461.97	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACE TUBE STOMACH TO DUOD	43241	CPT	outpatient			6072		2502.63	UHC	Medicaid	1915.72	31.55			461.97	5768.4	percent of total billed charges	
PLACE TUBE STOMACH TO DUOD	43241	CPT	outpatient			6072		2502.63	United	CommercialPPO	2493				461.97	5768.4	case rate	
PLACE TUBE STOMACH TO DUOD	43241	CPT	outpatient			6072		2502.63	United	Oxford	2493				461.97	5768.4	case rate	
PLACE TUBE STOMACH TO DUOD	43241	CPT	outpatient			6072		2502.63	Wellcare	Medicaid	1915.72	31.55			461.97	5768.4	percent of total billed charges	
PLACE TUBE STOMACH TO DUOD	43241	CPT	outpatient			6072		2502.63	Wellcare	Medicare	2176.2				461.97	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACE TUBE STOMACH TO DUOD	43241	CPT	outpatient			6072		2502.63	WellPoint	WellPoint	1953.97	32.18			461.97	5768.4	percent of total billed charges	
EGD W/EUS W/FNA INTRA OR TRANSMURAL/BX	43242	CPT	outpatient			3347		2502.63	Aetna	Better Health	1055.98	31.55			704.7	4049.91	percent of total billed charges	
EGD W/EUS W/FNA INTRA OR TRANSMURAL/BX	43242	CPT	outpatient			3347		2502.63	Aetna	Commercial	3464.51				704.7	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD W/EUS W/FNA INTRA OR TRANSMURAL/BX	43242	CPT	outpatient			3347		2502.63	Aetna	Medicare	2176.2				704.7	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD W/EUS W/FNA INTRA OR TRANSMURAL/BX	43242	CPT	outpatient			3347		2502.63	Americare	Americare	2510.25	75			704.7	4049.91	percent of total billed charges	
EGD W/EUS W/FNA INTRA OR TRANSMURAL/BX	43242	CPT	outpatient			3347		2502.63	Amerihealth	HMO/PPO	2175.55	65			704.7	4049.91	percent of total billed charges	
EGD W/EUS W/FNA INTRA OR TRANSMURAL/BX	43242	CPT	outpatient			3347		2502.63	Amerihealth	Medicare	2176.2				704.7	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD W/EUS W/FNA INTRA OR TRANSMURAL/BX	43242	CPT	outpatient			3347		2502.63	Consumer	Consumer	3179.65	95			704.7	4049.91	percent of total billed charges	
EGD W/EUS W/FNA INTRA OR TRANSMURAL/BX	43242	CPT	outpatient			3347		2502.63	Corrections	Corrections	2677.6	80			704.7	4049.91	percent of total billed charges	
EGD W/EUS W/FNA INTRA OR TRANSMURAL/BX	43242	CPT	outpatient			3347		2502.63	First Health	First Health	2342.9	70			704.7	4049.91	percent of total billed charges	
EGD W/EUS W/FNA INTRA OR TRANSMURAL/BX	43242	CPT	outpatient			3347		2502.63	First Trenton	First Trenton	3012.3	90			704.7	4049.91	percent of total billed charges	
EGD W/EUS W/FNA INTRA OR TRANSMURAL/BX	43242	CPT	outpatient			3347		2502.63	Horizon	MGD	4049.91				704.7	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD W/EUS W/FNA INTRA OR TRANSMURAL/BX	43242	CPT	outpatient			3347		2502.63	Horizon	Medicare Blue	2176.2				704.7	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD W/EUS W/FNA INTRA OR TRANSMURAL/BX	43242	CPT	outpatient			3347		2502.63	Horizon	Indemnity	4049.91				704.7	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD W/EUS W/FNA INTRA OR TRANSMURAL/BX	43242	CPT	outpatient			3347		2502.63	Horizon	PPO	4049.91				704.7	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD W/EUS W/FNA INTRA OR TRANSMURAL/BX	43242	CPT	outpatient			3347		2502.63	Horizon	NJ Health	704.7				704.7	4049.91	fee schedule	
EGD W/EUS W/FNA INTRA OR TRANSMURAL/BX	43242	CPT	outpatient			3347		2502.63	Managed Care Inc	Managed Care Inc	3012.3	90			704.7	4049.91	percent of total billed charges	
EGD W/EUS W/FNA INTRA OR TRANSMURAL/BX	43242	CPT	outpatient			3347		2502.63	Multiplan	Multiplan	2677.6	80			704.7	4049.91	percent of total billed charges	
EGD W/EUS W/FNA INTRA OR TRANSMURAL/BX	43242	CPT	outpatient			3347		2502.63	Qualcare	Qualcare	2510.25	75			704.7	4049.91	percent of total billed charges	
EGD W/EUS W/FNA INTRA OR TRANSMURAL/BX	43242	CPT	outpatient			3347		2502.63	Three Rivers	Three Rivers	3179.65	95			704.7	4049.91	percent of total billed charges	
EGD W/EUS W/FNA INTRA OR TRANSMURAL/BX	43242	CPT	outpatient			3347		2502.63	UHC	Medicaid	1055.98	31.55			704.7	4049.91	percent of total billed charges	
EGD W/EUS W/FNA INTRA OR TRANSMURAL/BX	43242	CPT	outpatient			3347		2502.63	UHC	Medicare	2176.2				704.7	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD W/EUS W/FNA INTRA OR TRANSMURAL/BX	43242	CPT	outpatient			3347		2502.63	United	Oxford	2493				704.7	4049.91	case rate	
EGD W/EUS W/FNA INTRA OR TRANSMURAL/BX	43242	CPT	outpatient			3347		2502.63	United	CommercialPPO	2493				704.7	4049.91	case rate	
EGD W/EUS W/FNA INTRA OR TRANSMURAL/BX	43242	CPT	outpatient			3347		2502.63	Wellcare	Medicare	2176.2				704.7	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD W/EUS W/FNA INTRA OR TRANSMURAL/BX	43242	CPT	outpatient			3347		2502.63	Wellcare	Medicaid	1055.98	31.55			704.7	4049.91	percent of total billed charges	
EGD W/EUS W/FNA INTRA OR TRANSMURAL/BX	43242	CPT	outpatient			3347		2502.63	WellPoint	WellPoint	1077.06	32.18			704.7	4049.91	percent of total billed charges	
W/SCLEROTHERAPY	43243	CPT	outpatient			6072		2502.63	Aetna	Commercial	3464.51				373.23	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
W/SCLEROTHERAPY	43243	CPT	outpatient			6072		2502.63	Aetna	Better Health	1915.72	31.55			373.23	5768.4	percent of total billed charges	
W/SCLEROTHERAPY	43243	CPT	outpatient			6072		2502.63	Aetna	Medicare	2176.2				373.23	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
W/SCLEROTHERAPY	43243	CPT	outpatient			6072		2502.63	Americare	Americare	4554	75			373.23	5768.4	percent of total billed charges	
W/SCLEROTHERAPY	43243	CPT	outpatient			6072		2502.63	Amerihealth	Medicare	2176.2				373.23	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
W/SCLEROTHERAPY	43243	CPT	outpatient			6072		2502.63	Amerihealth	HMO/PPO	3946.8	65			373.23	5768.4	percent of total billed charges	
W/SCLEROTHERAPY	43243	CPT	outpatient			6072		2502.63	Consumer	Consumer	5768.4	95			373.23	5768.4	percent of total billed charges	
W/SCLEROTHERAPY	43243	CPT	outpatient			6072		2502.63	Corrections	Corrections	4857.6	80			373.23	5768.4	percent of total billed charges	
W/SCLEROTHERAPY	43243	CPT	outpatient			6072		2502.63	First Health	First Health	4250.4	70			373.23	5768.4	percent of total billed charges	
W/SCLEROTHERAPY	43243	CPT	outpatient			6072		2502.63	First Trenton	First Trenton	5464.8	90			373.23	5768.4	percent of total billed charges	
W/SCLEROTHERAPY	43243	CPT	outpatient			6072		2502.63	Horizon	Medicare Blue	2176.2				373.23	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
W/SCLEROTHERAPY	43243	CPT	outpatient			6072		2502.63	Horizon	MGD	4049.91				373.23	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
W/SCLEROTHERAPY	43243	CPT	outpatient			6072		2502.63	Horizon	Indemnity	4049.91				373.23	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
W/SCLEROTHERAPY	43243	CPT	outpatient			6072		2502.63	Horizon	PPO	4049.91				373.23	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
W/SCLEROTHERAPY	43243	CPT	outpatient			6072		2502.63	Horizon	NJ Health	373.23				373.23	5768.4	fee schedule	
W/SCLEROTHERAPY	43243	CPT	outpatient			6072		2502.63	Managed Care Inc	Managed Care Inc	5464.8	90			373.23	5768.4	percent of total billed charges	
W/SCLEROTHERAPY	43243	CPT	outpatient			6072		2502.63	Multiplan	Multiplan	4857.6	80			373.23	5768.4	percent of total billed charges	
W/SCLEROTHERAPY	43243	CPT	outpatient			6072		2502.63	Qualcare	Qualcare	4554	75			373.23	5768.4	percent of total billed charges	
W/SCLEROTHERAPY	43243	CPT	outpatient			6072		2502.63	Three Rivers	Three Rivers	5768.4	95			373.23	5768.4	percent of total billed charges	
W/SCLEROTHERAPY	43243	CPT	outpatient			6072		2502.63	UHC	Medicare	2176.2				373.23	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
W/SCLEROTHERAPY	43243	CPT	outpatient			6072		2502.63	UHC	Medicaid	1915.72	31.55			373.23	5768.4	percent of total billed charges	
W/SCLEROTHERAPY	43243	CPT	outpatient			6072		2502.63	United	CommercialPPO	2493				373.23	5768.4	case rate	
W/SCLEROTHERAPY	43243	CPT	outpatient			6072		2502.63	United	Oxford	2493				373.23	5768.4	case rate	
W/SCLEROTHERAPY	43243	CPT	outpatient			6072		2502.63	Wellcare	Medicare	2176.2				373.23	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
W/SCLEROTHERAPY	43243	CPT	outpatient			6072		2502.63	Wellcare	Medicaid	1915.72	31.55			373.23	5768.4	percent of total billed charges	
W/SCLEROTHERAPY	43243	CPT	outpatient			6072		2502.63	WellPoint	WellPoint	1953.97	32.18			373.23	5768.4	percent of total billed charges	
UGI ENDO: W/BAND LIG VARICES	43244	CPT	outpatient			3268		2502.63	Aetna	Better Health	1031.05	31.55			394.11	4049.91	percent of total billed charges	
UGI ENDO: W/BAND LIG VARICES	43244	CPT	outpatient			3268		2502.63	Aetna	Commercial	3464.51				394.11	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UGI ENDO: W/BAND LIG VARICES	43244	CPT	outpatient			3268		2502.63	Aetna	Medicare	2176.2				394.11	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UGI ENDO: W/BAND LIG VARICES	43244	CPT	outpatient			3268		2502.63	Americare	Americare	2451	75			394.11	4049.91	percent of total billed charges	
UGI ENDO: W/BAND LIG VARICES	43244	CPT	outpatient			3268		2502.63	Amerihealth	Medicare	2176.2				394.11	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UGI ENDO: W/BAND LIG VARICES	43244	CPT	outpatient			3268		2502.63	Amerihealth	HMO/PPO	2124.2	65			394.11	4049.91	percent of total billed charges	
UGI ENDO: W/BAND LIG VARICES	43244	CPT	outpatient			3268		2502.63	Consumer	Consumer	3104.6	95			394.11	4049.91	percent of total billed charges	
UGI ENDO: W/BAND LIG VARICES	43244	CPT	outpatient			3268		2502.63	Corrections	Corrections	2614.4	80			394.11	4049.91	percent of total billed charges	
UGI ENDO: W/BAND LIG VARICES	43244	CPT	outpatient			3268		2502.63	First Health	First Health	2287.6	70			394.11	4049.91	percent of total billed charges	
UGI ENDO: W/BAND LIG VARICES	43244	CPT	outpatient			3268		2502.63	First Trenton	First Trenton	2941.2	90			394.11	4049.91	percent of total billed charges	
UGI ENDO: W/BAND LIG VARICES	43244	CPT	outpatient			3268		2502.63	Horizon	PPO	4049.91				394.11	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UGI ENDO: W/BAND LIG VARICES	43244	CPT	outpatient			3268		2502.63	Horizon	Indemnity	4049.91				394.11	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UGI ENDO: W/BAND LIG VARICES	43244	CPT	outpatient			3268		2502.63	Horizon	MGD	4049.91				394.11	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UGI ENDO: W/BAND LIG VARICES	43244	CPT	outpatient			3268		2502.63	Horizon	Medicare Blue	2176.2				394.11	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UGI ENDO: W/BAND LIG VARICES	43244	CPT	outpatient			3268		2502.63	Horizon	NJ Health	394.11				394.11	4049.91	fee schedule	
UGI ENDO: W/BAND LIG VARICES	43244	CPT	outpatient			3268		2502.63	Managed Care Inc	Managed Care Inc	2941.2	90			394.11	4049.91	percent of total billed charges	
UGI ENDO: W/BAND LIG VARICES	43244	CPT	outpatient			3268		2502.63	Multiplan	Multiplan	2614.4	80			394.11	4049.91	percent of total billed charges	
UGI ENDO: W/BAND LIG VARICES	43244	CPT	outpatient			3268		2502.63	Qualcare	Qualcare	2451	75			394.11	4049.91	percent of total billed charges	
UGI ENDO: W/BAND LIG VARICES	43244	CPT	outpatient			3268		2502.63	Three Rivers	Three Rivers	3104.6	95			394.11	4049.91	percent of total billed charges	
UGI ENDO: W/BAND LIG VARICES	43244	CPT	outpatient			3268		2502.63	UHC	Medicaid	1031.05	31.55			394.11	4049.91	percent of total billed charges	
UGI ENDO: W/BAND LIG VARICES	43244	CPT	outpatient			3268		2502.63	UHC	Medicare	2176.2				394.11	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UGI ENDO: W/BAND LIG VARICES	43244	CPT	outpatient			3268		2502.63	United	Oxford	2493				394.11	4049.91	case rate	
UGI ENDO: W/BAND LIG VARICES	43244	CPT	outpatient			3268		2502.63	United	CommercialPPO	2493				394.11	4049.91	case rate	
UGI ENDO: W/BAND LIG VARICES	43244	CPT	outpatient			3268		2502.63	Wellcare	Medicare	2176.2				394.11	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UGI ENDO: W/BAND LIG VARICES	43244	CPT	outpatient			3268		2502.63	Wellcare	Medicaid	1031.05	31.55			394.11	4049.91	percent of total billed charges	
UGI ENDO: W/BAND LIG VARICES	43244	CPT	outpatient			3268		2502.63	WellPoint	WellPoint	1051.64	32.18			394.11	4049.91	percent of total billed charges	
EGD W/DILATION GAST OUT./OBST.	43245	CPT	outpatient			4549		2502.63	Aetna	Medicare	2176.2				522	4321.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD W/DILATION GAST OUT./OBST.	43245	CPT	outpatient			4549		2502.63	Aetna	Better Health	1435.21	31.55			522	4321.55	percent of total billed charges	
EGD W/DILATION GAST OUT./OBST.	43245	CPT	outpatient			4549		2502.63	Aetna	Commercial	3464.51				522	4321.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD W/DILATION GAST OUT./OBST.	43245	CPT	outpatient			4549		2502.63	Americare	Americare	3411.75	75			522	4321.55	percent of total billed charges	
EGD W/DILATION GAST OUT./OBST.	43245	CPT	outpatient			4549		2502.63	Amerihealth	HMO/PPO	2956.85	65			522	4321.55	percent of total billed charges	
EGD W/DILATION GAST OUT./OBST.	43245	CPT	outpatient			4549		2502.63	Amerihealth	Medicare	2176.2				522	4321.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD W/DILATION GAST OUT./OBST.	43245	CPT	outpatient			4549		2502.63	Consumer	Consumer	4321.55	95			522	4321.55	percent of total billed charges	
EGD W/DILATION GAST OUT./OBST.	43245	CPT	outpatient			4549		2502.63	Corrections	Corrections	3639.2	80			522	4321.55	percent of total billed charges	
EGD W/DILATION GAST OUT./OBST.	43245	CPT	outpatient			4549		2502.63	First Health	First Health	3184.3	70			522	4321.55	percent of total billed charges	
EGD W/DILATION GAST OUT./OBST.	43245	CPT	outpatient			4549		2502.63	First Trenton	First Trenton	4094.1	90			522	4321.55	percent of total billed charges	
EGD W/DILATION GAST OUT./OBST.	43245	CPT	outpatient			4549		2502.63	Horizon	Medicare Blue	2176.2				522	4321.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD W/DILATION GAST OUT./OBST.	43245	CPT	outpatient			4549		2502.63	Horizon	MGD	4049.91				522	4321.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD W/DILATION GAST OUT./OBST.	43245	CPT	outpatient			4549		2502.63	Horizon	PPO	4049.91				522	4321.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD W/DILATION GAST OUT./OBST.	43245	CPT	outpatient			4549		2502.63	Horizon	Indemnity	4049.91				522	4321.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD W/DILATION GAST OUT./OBST.	43245	CPT	outpatient			4549		2502.63	Horizon	NJ Health	522				522	4321.55	fee schedule	
EGD W/DILATION GAST OUT./OBST.	43245	CPT	outpatient			4549		2502.63	Managed Care Inc	Managed Care Inc	4094.1	90			522	4321.55	percent of total billed charges	
EGD W/DILATION GAST OUT./OBST.	43245	CPT	outpatient			4549		2502.63	Multiplan	Multiplan	3639.2	80			522	4321.55	percent of total billed charges	
EGD W/DILATION GAST OUT./OBST.	43245	CPT	outpatient			4549		2502.63	Qualcare	Qualcare	3411.75	75			522	4321.55	percent of total billed charges	
EGD W/DILATION GAST OUT./OBST.	43245	CPT	outpatient			4549		2502.63	Three Rivers	Three Rivers	4321.55	95			522	4321.55	percent of total billed charges	
EGD W/DILATION GAST OUT./OBST.	43245	CPT	outpatient			4549		2502.63	UHC	Medicaid	1435.21	31.55			522	4321.55	percent of total billed charges	
EGD W/DILATION GAST OUT./OBST.	43245	CPT	outpatient			4549		2502.63	UHC	Medicare	2176.2				522	4321.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD W/DILATION GAST OUT./OBST.	43245	CPT	outpatient			4549		2502.63	United	CommercialPPO	2493				522	4321.55	case rate	
EGD W/DILATION GAST OUT./OBST.	43245	CPT	outpatient			4549		2502.63	United	Oxford	2493				522	4321.55	case rate	
EGD W/DILATION GAST OUT./OBST.	43245	CPT	outpatient			4549		2502.63	Wellcare	Medicaid	1435.21	31.55			522	4321.55	percent of total billed charges	
EGD W/DILATION GAST OUT./OBST.	43245	CPT	outpatient			4549		2502.63	Wellcare	Medicare	2176.2				522	4321.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD W/DILATION GAST OUT./OBST.	43245	CPT	outpatient			4549		2502.63	WellPoint	WellPoint	1463.87	32.18			522	4321.55	percent of total billed charges	
W/PLACEMENT PGT	43246	CPT	outpatient			6072		2502.63	Aetna	Commercial	3464.51				923.15	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
W/PLACEMENT PGT	43246	CPT	outpatient			6072		2502.63	Aetna	Better Health	1915.72	31.55			923.15	5768.4	percent of total billed charges	
W/PLACEMENT PGT	43246	CPT	outpatient			6072		2502.63	Aetna	Medicare	2176.2				923.15	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
W/PLACEMENT PGT	43246	CPT	outpatient			6072		2502.63	Americare	Americare	4554	75			923.15	5768.4	percent of total billed charges	
W/PLACEMENT PGT	43246	CPT	outpatient			6072		2502.63	Amerihealth	HMO/PPO	3946.8	65			923.15	5768.4	percent of total billed charges	
W/PLACEMENT PGT	43246	CPT	outpatient			6072		2502.63	Amerihealth	Medicare	2176.2				923.15	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
W/PLACEMENT PGT	43246	CPT	outpatient			6072		2502.63	Consumer	Consumer	5768.4	95			923.15	5768.4	percent of total billed charges	
W/PLACEMENT PGT	43246	CPT	outpatient			6072		2502.63	Corrections	Corrections	4857.6	80			923.15	5768.4	percent of total billed charges	
W/PLACEMENT PGT	43246	CPT	outpatient			6072		2502.63	First Health	First Health	4250.4	70			923.15	5768.4	percent of total billed charges	
W/PLACEMENT PGT	43246	CPT	outpatient			6072		2502.63	First Trenton	First Trenton	5464.8	90			923.15	5768.4	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.															
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true														
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
W/PLACEMENT PGT	43246	CPT	outpatient			6072		2502.63 Horizon	Medicare Blue		2176.2				923.15	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
W/PLACEMENT PGT	43246	CPT	outpatient			6072		2502.63 Horizon	MGD		4049.91				923.15	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
W/PLACEMENT PGT	43246	CPT	outpatient			6072		2502.63 Horizon	Indemnity		4049.91				923.15	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
W/PLACEMENT PGT	43246	CPT	outpatient			6072		2502.63 Horizon	PPO		4049.91				923.15	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
W/PLACEMENT PGT	43246	CPT	outpatient			6072		2502.63 Managed Care Inc	Managed Care Inc		5464.8	90			923.15	5768.4	percent of total billed charges	
W/PLACEMENT PGT	43246	CPT	outpatient			6072		2502.63 Multiplan	Multiplan		4857.6	80			923.15	5768.4	percent of total billed charges	
W/PLACEMENT PGT	43246	CPT	outpatient			6072		2502.63 Qualcare	Qualcare		4554	75			923.15	5768.4	percent of total billed charges	
W/PLACEMENT PGT	43246	CPT	outpatient			6072		2502.63 Three Rivers	Three Rivers		5768.4	95			923.15	5768.4	percent of total billed charges	
W/PLACEMENT PGT	43246	CPT	outpatient			6072		2502.63 UHC	Medicare		2176.2				923.15	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
W/PLACEMENT PGT	43246	CPT	outpatient			6072		2502.63 UHC	Medicaid		1915.72	31.55			923.15	5768.4	percent of total billed charges	
W/PLACEMENT PGT	43246	CPT	outpatient			6072		2502.63 United	Commercial|PPO		2493				923.15	5768.4	case rate	
W/PLACEMENT PGT	43246	CPT	outpatient			6072		2502.63 United	Oxford		2493				923.15	5768.4	case rate	
W/PLACEMENT PGT	43246	CPT	outpatient			6072		2502.63 Wellcare	Medicare		2176.2				923.15	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
W/PLACEMENT PGT	43246	CPT	outpatient			6072		2502.63 Wellcare	Medicaid		1915.72	31.55			923.15	5768.4	percent of total billed charges	
W/PLACEMENT PGT	43246	CPT	outpatient			6072		2502.63 WellPoint	WellPoint		1953.97	32.18			923.15	5768.4	percent of total billed charges	
UPPER GI ENDO W/REMOVAL F.B.	43247	CPT	outpatient			3347		1192.23 Aetna	Medicare		1030.88	30.8			394.11	3179.65	percent of total billed charges	
UPPER GI ENDO W/REMOVAL F.B.	43247	CPT	outpatient			3347		1192.23 Aetna	Better Health		1055.98	31.55			394.11	3179.65	percent of total billed charges	
UPPER GI ENDO W/REMOVAL F.B.	43247	CPT	outpatient			3347		1192.23 Aetna	Commercial		1650.46				394.11	3179.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UPPER GI ENDO W/REMOVAL F.B.	43247	CPT	outpatient			3347		1192.23 Americare	Americare		2510.25	75			394.11	3179.65	percent of total billed charges	
UPPER GI ENDO W/REMOVAL F.B.	43247	CPT	outpatient			3347		1192.23 Amerihealth	HMO|PPO		2175.55	65			394.11	3179.65	percent of total billed charges	
UPPER GI ENDO W/REMOVAL F.B.	43247	CPT	outpatient			3347		1192.23 Amerihealth	Medicare		1036.72				394.11	3179.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UPPER GI ENDO W/REMOVAL F.B.	43247	CPT	outpatient			3347		1192.23 Consumer	Consumer		3179.65	95			394.11	3179.65	percent of total billed charges	
UPPER GI ENDO W/REMOVAL F.B.	43247	CPT	outpatient			3347		1192.23 Corrections	Corrections		2677.6	80			394.11	3179.65	percent of total billed charges	
UPPER GI ENDO W/REMOVAL F.B.	43247	CPT	outpatient			3347		1192.23 First Health	First Health		2342.9	70			394.11	3179.65	percent of total billed charges	
UPPER GI ENDO W/REMOVAL F.B.	43247	CPT	outpatient			3347		1192.23 First Trenton	First Trenton		3012.3	90			394.11	3179.65	percent of total billed charges	
UPPER GI ENDO W/REMOVAL F.B.	43247	CPT	outpatient			3347		1192.23 Horizon	PPO		1929.34				394.11	3179.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UPPER GI ENDO W/REMOVAL F.B.	43247	CPT	outpatient			3347		1192.23 Horizon	MGD		1929.34				394.11	3179.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UPPER GI ENDO W/REMOVAL F.B.	43247	CPT	outpatient			3347		1192.23 Horizon	Medicare Blue		1036.72				394.11	3179.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UPPER GI ENDO W/REMOVAL F.B.	43247	CPT	outpatient			3347		1192.23 Horizon	NJ Health		394.11				394.11	3179.65	fee schedule	
UPPER GI ENDO W/REMOVAL F.B.	43247	CPT	outpatient			3347		1192.23 Horizon	Indemnity		1929.34				394.11	3179.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UPPER GI ENDO W/REMOVAL F.B.	43247	CPT	outpatient			3347		1192.23 Managed Care Inc	Managed Care Inc		3012.3	90			394.11	3179.65	percent of total billed charges	
UPPER GI ENDO W/REMOVAL F.B.	43247	CPT	outpatient			3347		1192.23 Multiplan	Multiplan		2677.6	80			394.11	3179.65	percent of total billed charges	
UPPER GI ENDO W/REMOVAL F.B.	43247	CPT	outpatient			3347		1192.23 Qualcare	Qualcare		2510.25	75			394.11	3179.65	percent of total billed charges	
UPPER GI ENDO W/REMOVAL F.B.	43247	CPT	outpatient			3347		1192.23 Three Rivers	Three Rivers		3179.65	95			394.11	3179.65	percent of total billed charges	
UPPER GI ENDO W/REMOVAL F.B.	43247	CPT	outpatient			3347		1192.23 UHC	Medicaid		1055.98	31.55			394.11	3179.65	percent of total billed charges	
UPPER GI ENDO W/REMOVAL F.B.	43247	CPT	outpatient			3347		1192.23 UHC	Medicare		1036.72				394.11	3179.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UPPER GI ENDO W/REMOVAL F.B.	43247	CPT	outpatient			3347		1192.23 United	Commercial|PPO		2493				394.11	3179.65	case rate	
UPPER GI ENDO W/REMOVAL F.B.	43247	CPT	outpatient			3347		1192.23 United	Oxford		2493				394.11	3179.65	case rate	
UPPER GI ENDO W/REMOVAL F.B.	43247	CPT	outpatient			3347		1192.23 Wellcare	Medicare		1036.72				394.11	3179.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UPPER GI ENDO W/REMOVAL F.B.	43247	CPT	outpatient			3347		1192.23 Wellcare	Medicaid		1055.98	31.55			394.11	3179.65	percent of total billed charges	
UPPER GI ENDO W/REMOVAL F.B.	43247	CPT	outpatient			3347		1192.23 WellPoint	WellPoint		1077.06	32.18			394.11	3179.65	percent of total billed charges	
UGI ENDO: W/INTRT GUIDE WIRE	43248	CPT	outpatient			3268		1192.23 Aetna	Better Health		1031.05	31.55			365.4	3104.6	percent of total billed charges	
UGI ENDO: W/INTRT GUIDE WIRE	43248	CPT	outpatient			3268		1192.23 Aetna	Commercial		1650.46				365.4	3104.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UGI ENDO: W/INTRT GUIDE WIRE	43248	CPT	outpatient			3268		1192.23 Aetna	Medicare		1036.72				365.4	3104.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UGI ENDO: W/INTRT GUIDE WIRE	43248	CPT	outpatient			3268		1192.23 Americare	Americare		2451	75			365.4	3104.6	percent of total billed charges	
UGI ENDO: W/INTRT GUIDE WIRE	43248	CPT	outpatient			3268		1192.23 Amerihealth	Medicare		1036.72				365.4	3104.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UGI ENDO: W/INTRT GUIDE WIRE	43248	CPT	outpatient			3268		1192.23 Amerihealth	HMO|PPO		2124.2	65			365.4	3104.6	percent of total billed charges	
UGI ENDO: W/INTRT GUIDE WIRE	43248	CPT	outpatient			3268		1192.23 Consumer	Consumer		3104.6	95			365.4	3104.6	percent of total billed charges	
UGI ENDO: W/INTRT GUIDE WIRE	43248	CPT	outpatient			3268		1192.23 Corrections	Corrections		2614.4	80			365.4	3104.6	percent of total billed charges	
UGI ENDO: W/INTRT GUIDE WIRE	43248	CPT	outpatient			3268		1192.23 First Health	First Health		2287.6	70			365.4	3104.6	percent of total billed charges	
UGI ENDO: W/INTRT GUIDE WIRE	43248	CPT	outpatient			3268		1192.23 First Trenton	First Trenton		2941.2	90			365.4	3104.6	percent of total billed charges	
UGI ENDO: W/INTRT GUIDE WIRE	43248	CPT	outpatient			3268		1192.23 Horizon	Indemnity		1929.34				365.4	3104.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UGI ENDO: W/INTRT GUIDE WIRE	43248	CPT	outpatient			3268		1192.23 Horizon	Medicare Blue		1036.72				365.4	3104.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UGI ENDO: W/INTRT GUIDE WIRE	43248	CPT	outpatient			3268		1192.23 Horizon	PPO		1929.34				365.4	3104.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UGI ENDO: W/INTRT GUIDE WIRE	43248	CPT	outpatient			3268		1192.23 Horizon	MGD		1929.34				365.4	3104.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UGI ENDO: W/INTRT GUIDE WIRE	43248	CPT	outpatient			3268		1192.23 Horizon	NJ Health		365.4				365.4	3104.6	fee schedule	
UGI ENDO: W/INTRT GUIDE WIRE	43248	CPT	outpatient			3268		1192.23 Managed Care Inc	Managed Care Inc		2941.2	90			365.4	3104.6	percent of total billed charges	
UGI ENDO: W/INTRT GUIDE WIRE	43248	CPT	outpatient			3268		1192.23 Multiplan	Multiplan		2614.4	80			365.4	3104.6	percent of total billed charges	
UGI ENDO: W/INTRT GUIDE WIRE	43248	CPT	outpatient			3268		1192.23 Qualcare	Qualcare		2451	75			365.4	3104.6	percent of total billed charges	
UGI ENDO: W/INTRT GUIDE WIRE	43248	CPT	outpatient			3268		1192.23 Three Rivers	Three Rivers		3104.6	95			365.4	3104.6	percent of total billed charges	
UGI ENDO: W/INTRT GUIDE WIRE	43248	CPT	outpatient			3268		1192.23 UHC	Medicare		1036.72				365.4	3104.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UGI ENDO: W/INTRT GUIDE WIRE	43248	CPT	outpatient			3268		1192.23 UHC	Medicaid		1031.05	31.55			365.4	3104.6	percent of total billed charges	
UGI ENDO: W/INTRT GUIDE WIRE	43248	CPT	outpatient			3268		1192.23 United	Commercial|PPO		2493				365.4	3104.6	case rate	
UGI ENDO: W/INTRT GUIDE WIRE	43248	CPT	outpatient			3268		1192.23 United	Oxford		2493				365.4	3104.6	case rate	
UGI ENDO: W/INTRT GUIDE WIRE	43248	CPT	outpatient			3268		1192.23 Wellcare	Medicare		1036.72				365.4	3104.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UGI ENDO: W/INTRT GUIDE WIRE	43248	CPT	outpatient			3268		1192.23 Wellcare	Medicaid		1031.05	31.55			365.4	3104.6	percent of total billed charges	
UGI ENDO: W/INTRT GUIDE WIRE	43248	CPT	outpatient			3268		1192.23 WellPoint	WellPoint		1051.64	32.18			365.4	3104.6	percent of total billed charges	
ESOPH EGD DILATION <30 MM	43249	CPT	outpatient			6364		2502.63 Aetna	Better Health		2007.84	31.55			344.52	6045.8	percent of total billed charges	
ESOPH EGD DILATION <30 MM	43249	CPT	outpatient			6364		2502.63 Aetna	Medicare		2176.2				344.52	6045.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPH EGD DILATION <30 MM	43249	CPT	outpatient			6364		2502.63 Aetna	Commercial		3464.51				344.52	6045.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPH EGD DILATION <30 MM	43249	CPT	outpatient			6364		2502.63 Americare	Americare		4773	75			344.52	6045.8	percent of total billed charges	
ESOPH EGD DILATION <30 MM	43249	CPT	outpatient			6364		2502.63 Amerihealth	Medicare		2176.2				344.52	6045.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPH EGD DILATION <30 MM	43249	CPT	outpatient			6364		2502.63 Amerihealth	HMO|PPO		4136.6	65			344.52	6045.8	percent of total billed charges	
ESOPH EGD DILATION <30 MM	43249	CPT	outpatient			6364		2502.63 Consumer	Consumer		6045.8	95			344.52	6045.8	percent of total billed charges	
ESOPH EGD DILATION <30 MM	43249	CPT	outpatient			6364		2502.63 Corrections	Corrections		5091.2	80			344.52	6045.8	percent of total billed charges	
ESOPH EGD DILATION <30 MM	43249	CPT	outpatient			6364		2502.63 First Health	First Health		4454.8	70			344.52	6045.8	percent of total billed charges	
ESOPH EGD DILATION <30 MM	43249	CPT	outpatient			6364		2502.63 First Trenton	First Trenton		5727.6	90			344.52	6045.8	percent of total billed charges	
ESOPH EGD DILATION <30 MM	43249	CPT	outpatient			6364		2502.63 Horizon	PPO		4049.91				344.52	6045.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPH EGD DILATION <30 MM	43249	CPT	outpatient			6364		2502.63 Horizon	Medicare Blue		2176.2				344.52	6045.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPH EGD DILATION <30 MM	43249	CPT	outpatient			6364		2502.63 Horizon	Indemnity		4049.91				344.52	6045.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPH EGD DILATION <30 MM	43249	CPT	outpatient			6364		2502.63 Horizon	NJ Health		344.52				344.52	6045.8	fee schedule	
ESOPH EGD DILATION <30 MM	43249	CPT	outpatient			6364		2502.63 Horizon	MGD		4049.91				344.52	6045.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPH EGD DILATION <30 MM	43249	CPT	outpatient			6364		2502.63 Managed Care Inc	Managed Care Inc		5727.6	90			344.52	6045.8	percent of total billed charges	
ESOPH EGD DILATION <30 MM	43249	CPT	outpatient			6364		2502.63 Multiplan	Multiplan		5091.2	80			344.52	6045.8	percent of total billed charges	
ESOPH EGD DILATION <30 MM	43249	CPT	outpatient			6364		2502.63 Qualcare	Qualcare		4773	75			344.52	6045.8	percent of total billed charges	
ESOPH EGD DILATION <30 MM	43249	CPT	outpatient			6364		2502.63 Three Rivers	Three Rivers		6045.8	95			344.52	6045.8	percent of total billed charges	
ESOPH EGD DILATION <30 MM	43249	CPT	outpatient			6364		2502.63 UHC	Medicare		2176.2				344.52	6045.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPH EGD DILATION <30 MM	43249	CPT	outpatient			6364		2502.63 UHC	Medicaid		2007.84	31.55			344.52	6045.8	percent of total billed charges	
ESOPH EGD DILATION <30 MM	43249	CPT	outpatient			6364		2502.63 United	Commercial|PPO		2493				344.52	6045.8	case rate	
ESOPH EGD DILATION <30 MM	43249	CPT	outpatient			6364		2502.63 United	Oxford		2493				344.52	6045.8	case rate	
ESOPH EGD DILATION <30 MM	43249	CPT	outpatient			6364		2502.63 Wellcare	Medicare		2176.2				344.52	6045.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPH EGD DILATION <30 MM	43249	CPT	outpatient			6364		2502.63 Wellcare	Medicaid		2007.84	31.55			344.52	6045.8	percent of total billed charges	
ESOPH EGD DILATION <30 MM	43249	CPT	outpatient			6364		2502.63 WellPoint	WellPoint		2047.94	32.18			344.52	6045.8	percent of total billed charges	
ENDO TUMOR ABLATION (NO SNARE)	43250	CPT	outpatient			2926		2502.63 Aetna	Medicare		2176.2				394.11	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDO TUMOR ABLATION (NO SNARE)	43250	CPT	outpatient			2926		2502.63 Aetna	Better Health		923.15	31.55			394.11	4049.91	percent of total billed charges	
ENDO TUMOR ABLATION (NO SNARE)	43250	CPT	outpatient			2926		2502.63 Aetna	Commercial		3464.51				394.11	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDO TUMOR ABLATION (NO SNARE)	43250	CPT	outpatient			2926		2502.63 Americare	Americare		2194.5	75			394.11	4049.91	percent of total billed charges	
ENDO TUMOR ABLATION (NO SNARE)	43250	CPT	outpatient			2926		2502.63 Amerihealth	HMO|PPO		1901.9	65			394.11	4049.91	percent of total billed charges	
ENDO TUMOR ABLATION (NO SNARE)	43250	CPT	outpatient			2926		2502.63 Amerihealth	Medicare		2176.2				394.11	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDO TUMOR ABLATION (NO SNARE)	43250	CPT	outpatient			2926		2502.63 Consumer	Consumer		2779.7	95			394.11	4049.91	percent of total billed charges	
ENDO TUMOR ABLATION (NO SNARE)	43250	CPT	outpatient			2926		2502.63 Corrections	Corrections		2340.8	80			394.11	4049.91	percent of total billed charges	
ENDO TUMOR ABLATION (NO SNARE)	43250	CPT	outpatient			2926		2502.63 First Health	First Health		2048.2	70			394.11	4049.91	percent of total billed charges	
ENDO TUMOR ABLATION (NO SNARE)	43250	CPT	outpatient			2926		2502.63 First Trenton	First Trenton		2633.4	90			394.11	4049.91	percent of total billed charges	
ENDO TUMOR ABLATION (NO SNARE)	43250	CPT	outpatient			2926		2502.63 Horizon	Medicare Blue		2176.2				394.11	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDO TUMOR ABLATION (NO SNARE)	43250	CPT	outpatient			2926		2502.63 Horizon	MGD		4049.91				394.11	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDO TUMOR ABLATION (NO SNARE)	43250	CPT	outpatient			2926		2502.63 Horizon	PPO		4049.91				394.11	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDO TUMOR ABLATION (NO SNARE)	43250	CPT	outpatient			2926		2502.63 Horizon	Indemnity		4049.91				394.11	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDO TUMOR ABLATION (NO SNARE)	43250	CPT	outpatient			2926		2502.63 Horizon	NJ Health		394.11				394.11	4049.91	fee schedule	
ENDO TUMOR ABLATION (NO SNARE)	43250	CPT	outpatient			2926		2502.63 Managed Care Inc	Managed Care Inc		2633.4	90			394.11	4049.91	percent of total billed charges	
ENDO TUMOR ABLATION (NO SNARE)	43250	CPT	outpatient			2926		2502.63 Multiplan	Multiplan		2340.8	80			394.11	4049.91	percent of total billed charges	
ENDO TUMOR ABLATION (NO SNARE)	43250	CPT	outpatient			2926		2502.63 Qualcare	Qualcare		2194.5	75			394.11	4049.91	percent of total billed charges	
ENDO TUMOR ABLATION (NO SNARE)	43250	CPT	outpatient			2926		2502.63 Three Rivers	Three Rivers		2779.7	95			394.11	4049.91	percent of total billed charges	
ENDO TUMOR ABLATION (NO SNARE)	43250	CPT	outpatient			2926		2502.63 UHC	Medicaid		923.15	31.55			394.11	4049.91	percent of total billed charges	
ENDO TUMOR ABLATION (NO SNARE)	43250	CPT	outpatient			2926		2502.63 UHC	Medicare		2176.2				394.11	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDO TUMOR ABLATION (NO SNARE)	43250	CPT	outpatient			2926		2502.63 United	Oxford		2493				394.11	4049.91	case rate	
ENDO TUMOR ABLATION (NO SNARE)	43250	CPT	outpatient			2926		2502.63 United	Commercial|PPO		2493				394.11	4049.91	case rate	
ENDO TUMOR ABLATION (NO SNARE)	43250	CPT	outpatient			2926		2502.63 Wellcare	Medicare		2176.2				394.11	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDO TUMOR ABLATION (NO SNARE)	43250	CPT	outpatient			2926		2502.63 Wellcare	Medicaid		923.15	31.55			394.11	4049.91	percent of total billed charges	
ENDO TUMOR ABLATION (NO SNARE)	43250	CPT	outpatient			2926		2502.63 WellPoint	WellPoint		941.59	32.18			394.11	4049.91	percent of total billed charges	
ENDO TUMOR ABLATION/SNARE TECH	43251	CPT	outpatient			2926		2502.63 Aetna	Medicare		2176.2				394.11	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDO TUMOR ABLATION/SNARE TECH	43251	CPT	outpatient			2926		2502.63 Aetna	Commercial		3464.51				394.11	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDO TUMOR ABLATION/SNARE TECH	43251	CPT	outpatient			2926		2502.63 Aetna	Better Health		923.15	31.55			394.11	4049.91	percent of total billed charges	
ENDO TUMOR ABLATION/SNARE TECH	43251	CPT	outpatient			2926		2502.63 Americare	Americare		2194.5	75			394.11	4049.91	percent of total billed charges	
ENDO TUMOR ABLATION/SNARE TECH	43251	CPT	outpatient			2926		2502.63 Amerihealth	HMO|PPO		1901.9	65			394.11	4049.91	percent of total billed charges	
ENDO TUMOR ABLATION/SNARE TECH	43251	CPT	outpatient			2926		2502.63 Amerihealth	Medicare		2176.2				394.11	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDO TUMOR ABLATION/SNARE TECH	43251	CPT	outpatient			2926		2502.63 Consumer	Consumer		2779.7	95			394.11	4049.91	percent of total billed charges	
ENDO TUMOR ABLATION/SNARE TECH	43251	CPT	outpatient			2926		2502.63 Corrections	Corrections		2340.8	80			394.11	4049.91	percent of total billed charges	
ENDO TUMOR ABLATION/SNARE TECH	43251	CPT	outpatient			2926		2502.63 First Health	First Health		2048.2	70			394.11	4049.91	percent of total billed charges	
ENDO TUMOR ABLATION/SNARE TECH	43251	CPT	outpatient			2926		2502.63 First Trenton	First Trenton		2633.4	90			394.11	4049.91	percent of total billed charges	
ENDO TUMOR ABLATION/SNARE TECH	43251	CPT	outpatient			2926		2502.63 Horizon	PPO		4049.91				394.11	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDO TUMOR ABLATION/SNARE TECH	43251	CPT	outpatient			2926		2502.63 Horizon	Medicare Blue		2176.2				394.11	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDO TUMOR ABLATION/SNARE TECH	43251	CPT	outpatient			2926		2502.63 Horizon	MGD		4049.91				394.11	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDO TUMOR ABLATION/SNARE TECH	43251	CPT	outpatient			2926		2502.63 Horizon	Indemnity		4049.91				394.11	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDO TUMOR ABLATION/SNARE TECH	43251	CPT	outpatient			2926		2502.63 Horizon	NJ Health		394.11				394.11	4049.91	fee schedule	
ENDO TUMOR ABLATION/SNARE TECH	43251	CPT	outpatient			2926		2502.63 Managed Care Inc	Managed Care Inc		2633.4	90			394.11	4049.91	percent of total billed charges	
ENDO TUMOR ABLATION/SNARE TECH	43251	CPT	outpatient			2926		2502.63 Multiplan	Multiplan		2340.8	80			394.11	4049.91	percent of total billed charges	
ENDO TUMOR ABLATION/SNARE TECH	43251	CPT	outpatient			2926		2502.63 Qualcare	Qualcare		2194.5	75			394.11	4049.91	percent of total billed charges	
ENDO TUMOR ABLATION/SNARE TECH	43251	CPT	outpatient			2926		2502.63 Three Rivers	Three Rivers		2779.7	95			394.11	4049.91	percent of total billed charges	
ENDO TUMOR ABLATION/SNARE TECH	43251	CPT	outpatient			2926		2502.63 UHC	Medicaid		923.15	31.55			394.11	4049.91	percent of total billed charges	
ENDO TUMOR ABLATION/SNARE TECH	43251	CPT	outpatient			2926		2502.63 UHC	Medicare		2176.2				394.11	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDO TUMOR ABLATION/SNARE TECH	43251	CPT	outpatient			2926		2502.63 United	Commercial|PPO		2493				394.11	4049.91	case rate	
ENDO TUMOR ABLATION/SNARE TECH	43251	CPT	outpatient			2926		2502.63 United	Oxford		2493				394.11	4049.91	case rate	
ENDO TUMOR ABLATION/SNARE TECH	43251	CPT	outpatient			2926		2502.63 Wellcare	Medicare		2176.2				394.11	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDO TUMOR ABLATION/SNARE TECH	43251	CPT	outpatient			2926		2502.63 Wellcare	Medicaid		923.15	31.55			394.11	4049.91	percent of total billed charges	
ENDO TUMOR ABLATION/SNARE TECH	43251	CPT	outpatient			2926		2502.63 WellPoint	WellPoint		941.59	32.18			394.11	4049.91	percent of total billed charges	
EUS INJECTION DIAGNOSTIC/FIDUCIAL MARKE	43253	CPT	outpatient			4719		2502.63 Aetna	Medicare		2176.2				309.86	4483.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EUS INJECTION DIAGNOSTIC/FIDUCIAL MARKE	43253	CPT	outpatient			4719		2502.63 Aetna	Commercial		3464.51				309.86	4483.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EUS INJECTION DIAGNOSTIC/FIDUCIAL MARKE	43253	CPT	outpatient			4719		2502.63 Aetna	Better Health		1488.84	31.55			309.86	4483.05	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
EUS INJECTION DIAGNOSTIC/FIDUCIAL MARKE	43253	CPT	outpatient			4719	2502.63	Americare	Americare		3539.25	75			309.86	4483.05	percent of total billed charges	
EUS INJECTION DIAGNOSTIC/FIDUCIAL MARKE	43253	CPT	outpatient			4719	2502.63	Amerihealth	HMO/PPO		3067.35	65			309.86	4483.05	percent of total billed charges	
EUS INJECTION DIAGNOSTIC/FIDUCIAL MARKE	43253	CPT	outpatient			4719	2502.63	Amerihealth	Medicare		2176.2				309.86	4483.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EUS INJECTION DIAGNOSTIC/FIDUCIAL MARKE	43253	CPT	outpatient			4719	2502.63	Consumer	Consumer		4483.05	95			309.86	4483.05	percent of total billed charges	
EUS INJECTION DIAGNOSTIC/FIDUCIAL MARKE	43253	CPT	outpatient			4719	2502.63	Corrections	Corrections		3775.2	80			309.86	4483.05	percent of total billed charges	
EUS INJECTION DIAGNOSTIC/FIDUCIAL MARKE	43253	CPT	outpatient			4719	2502.63	First Health	First Health		3303.3	70			309.86	4483.05	percent of total billed charges	
EUS INJECTION DIAGNOSTIC/FIDUCIAL MARKE	43253	CPT	outpatient			4719	2502.63	First Trenton	First Trenton		4247.1	90			309.86	4483.05	percent of total billed charges	
EUS INJECTION DIAGNOSTIC/FIDUCIAL MARKE	43253	CPT	outpatient			4719	2502.63	Horizon	Indemnity		4049.91				309.86	4483.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EUS INJECTION DIAGNOSTIC/FIDUCIAL MARKE	43253	CPT	outpatient			4719	2502.63	Horizon	PPO		4049.91				309.86	4483.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EUS INJECTION DIAGNOSTIC/FIDUCIAL MARKE	43253	CPT	outpatient			4719	2502.63	Horizon	MGD		4049.91				309.86	4483.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EUS INJECTION DIAGNOSTIC/FIDUCIAL MARKE	43253	CPT	outpatient			4719	2502.63	Horizon	Medicare Blue		2176.2				309.86	4483.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EUS INJECTION DIAGNOSTIC/FIDUCIAL MARKE	43253	CPT	outpatient			4719	2502.63	Horizon	NJ Health		309.86				309.86	4483.05	fee schedule	
EUS INJECTION DIAGNOSTIC/FIDUCIAL MARKE	43253	CPT	outpatient			4719	2502.63	Managed Care Inc	Managed Care Inc		4247.1	90			309.86	4483.05	percent of total billed charges	
EUS INJECTION DIAGNOSTIC/FIDUCIAL MARKE	43253	CPT	outpatient			4719	2502.63	Multiplan	Multiplan		3775.2	80			309.86	4483.05	percent of total billed charges	
EUS INJECTION DIAGNOSTIC/FIDUCIAL MARKE	43253	CPT	outpatient			4719	2502.63	Qualcare	Qualcare		3539.25	75			309.86	4483.05	percent of total billed charges	
EUS INJECTION DIAGNOSTIC/FIDUCIAL MARKE	43253	CPT	outpatient			4719	2502.63	Three Rivers	Three Rivers		4483.05	95			309.86	4483.05	percent of total billed charges	
EUS INJECTION DIAGNOSTIC/FIDUCIAL MARKE	43253	CPT	outpatient			4719	2502.63	UHC	Medicaid		1488.84	31.55			309.86	4483.05	percent of total billed charges	
EUS INJECTION DIAGNOSTIC/FIDUCIAL MARKE	43253	CPT	outpatient			4719	2502.63	UHC	Medicare		2176.2				309.86	4483.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EUS INJECTION DIAGNOSTIC/FIDUCIAL MARKE	43253	CPT	outpatient			4719	2502.63	United	Commercial/PPO		2493				309.86	4483.05	case rate	
EUS INJECTION DIAGNOSTIC/FIDUCIAL MARKE	43253	CPT	outpatient			4719	2502.63	United	Oxford		2493				309.86	4483.05	case rate	
EUS INJECTION DIAGNOSTIC/FIDUCIAL MARKE	43253	CPT	outpatient			4719	2502.63	Wellcare	Medicare		2176.2				309.86	4483.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EUS INJECTION DIAGNOSTIC/FIDUCIAL MARKE	43253	CPT	outpatient			4719	2502.63	Wellcare	Medicaid		1488.84	31.55			309.86	4483.05	percent of total billed charges	
EUS INJECTION DIAGNOSTIC/FIDUCIAL MARKE	43253	CPT	outpatient			4719	2502.63	WellPoint	WellPoint		1518.57	32.18			309.86	4483.05	percent of total billed charges	
EDG TRANSORAL ENDOSCOPIC MUCOSAL RESEC	43254	CPT	outpatient			3210	2502.63	Aetna	Better Health		1012.76	31.55			321.6	4049.91	percent of total billed charges	
EDG TRANSORAL ENDOSCOPIC MUCOSAL RESEC	43254	CPT	outpatient			3210	2502.63	Aetna	Medicare		2176.2				321.6	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EDG TRANSORAL ENDOSCOPIC MUCOSAL RESEC	43254	CPT	outpatient			3210	2502.63	Aetna	Commercial		3464.51				321.6	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EDG TRANSORAL ENDOSCOPIC MUCOSAL RESEC	43254	CPT	outpatient			3210	2502.63	Americare	Americare		2407.5	75			321.6	4049.91	percent of total billed charges	
EDG TRANSORAL ENDOSCOPIC MUCOSAL RESEC	43254	CPT	outpatient			3210	2502.63	Amerihealth	HMO/PPO		2086.5	65			321.6	4049.91	percent of total billed charges	
EDG TRANSORAL ENDOSCOPIC MUCOSAL RESEC	43254	CPT	outpatient			3210	2502.63	Amerihealth	Medicare		2176.2				321.6	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EDG TRANSORAL ENDOSCOPIC MUCOSAL RESEC	43254	CPT	outpatient			3210	2502.63	Consumer	Consumer		3049.5	95			321.6	4049.91	percent of total billed charges	
EDG TRANSORAL ENDOSCOPIC MUCOSAL RESEC	43254	CPT	outpatient			3210	2502.63	Corrections	Corrections		2568	80			321.6	4049.91	percent of total billed charges	
EDG TRANSORAL ENDOSCOPIC MUCOSAL RESEC	43254	CPT	outpatient			3210	2502.63	First Health	First Health		2247	70			321.6	4049.91	percent of total billed charges	
EDG TRANSORAL ENDOSCOPIC MUCOSAL RESEC	43254	CPT	outpatient			3210	2502.63	First Trenton	First Trenton		2889	90			321.6	4049.91	percent of total billed charges	
EDG TRANSORAL ENDOSCOPIC MUCOSAL RESEC	43254	CPT	outpatient			3210	2502.63	Horizon	NJ Health		321.6				321.6	4049.91	fee schedule	
EDG TRANSORAL ENDOSCOPIC MUCOSAL RESEC	43254	CPT	outpatient			3210	2502.63	Horizon	Indemnity		4049.91				321.6	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EDG TRANSORAL ENDOSCOPIC MUCOSAL RESEC	43254	CPT	outpatient			3210	2502.63	Horizon	Medicare Blue		2176.2				321.6	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EDG TRANSORAL ENDOSCOPIC MUCOSAL RESEC	43254	CPT	outpatient			3210	2502.63	Horizon	MGD		4049.91				321.6	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EDG TRANSORAL ENDOSCOPIC MUCOSAL RESEC	43254	CPT	outpatient			3210	2502.63	Horizon	PPO		4049.91				321.6	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EDG TRANSORAL ENDOSCOPIC MUCOSAL RESEC	43254	CPT	outpatient			3210	2502.63	Managed Care Inc	Managed Care Inc		2889	90			321.6	4049.91	percent of total billed charges	
EDG TRANSORAL ENDOSCOPIC MUCOSAL RESEC	43254	CPT	outpatient			3210	2502.63	Multiplan	Multiplan		2568	80			321.6	4049.91	percent of total billed charges	
EDG TRANSORAL ENDOSCOPIC MUCOSAL RESEC	43254	CPT	outpatient			3210	2502.63	Qualcare	Qualcare		2407.5	75			321.6	4049.91	percent of total billed charges	
EDG TRANSORAL ENDOSCOPIC MUCOSAL RESEC	43254	CPT	outpatient			3210	2502.63	Three Rivers	Three Rivers		3049.5	95			321.6	4049.91	percent of total billed charges	
EDG TRANSORAL ENDOSCOPIC MUCOSAL RESEC	43254	CPT	outpatient			3210	2502.63	UHC	Medicaid		1012.76	31.55			321.6	4049.91	percent of total billed charges	
EDG TRANSORAL ENDOSCOPIC MUCOSAL RESEC	43254	CPT	outpatient			3210	2502.63	UHC	Medicare		2176.2				321.6	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EDG TRANSORAL ENDOSCOPIC MUCOSAL RESEC	43254	CPT	outpatient			3210	2502.63	United	Commercial/PPO		2493				321.6	4049.91	case rate	
EDG TRANSORAL ENDOSCOPIC MUCOSAL RESEC	43254	CPT	outpatient			3210	2502.63	United	Oxford		2493				321.6	4049.91	case rate	
EDG TRANSORAL ENDOSCOPIC MUCOSAL RESEC	43254	CPT	outpatient			3210	2502.63	Wellcare	Medicare		2176.2				321.6	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EDG TRANSORAL ENDOSCOPIC MUCOSAL RESEC	43254	CPT	outpatient			3210	2502.63	Wellcare	Medicaid		1012.76	31.55			321.6	4049.91	percent of total billed charges	
EDG TRANSORAL ENDOSCOPIC MUCOSAL RESEC	43254	CPT	outpatient			3210	2502.63	WellPoint	WellPoint		1032.98	32.18			321.6	4049.91	percent of total billed charges	
W/CONTROL OF HEMORRHAGE	43255	CPT	outpatient			6072	2502.63	Aetna	Commercial		3464.51				425.43	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
W/CONTROL OF HEMORRHAGE	43255	CPT	outpatient			6072	2502.63	Aetna	Medicare		2176.2				425.43	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
W/CONTROL OF HEMORRHAGE	43255	CPT	outpatient			6072	2502.63	Aetna	Better Health		1915.72	31.55			425.43	5768.4	percent of total billed charges	
W/CONTROL OF HEMORRHAGE	43255	CPT	outpatient			6072	2502.63	Americare	Americare		4554	75			425.43	5768.4	percent of total billed charges	
W/CONTROL OF HEMORRHAGE	43255	CPT	outpatient			6072	2502.63	Amerihealth	Medicare		2176.2				425.43	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
W/CONTROL OF HEMORRHAGE	43255	CPT	outpatient			6072	2502.63	Amerihealth	HMO/PPO		3946.8	65			425.43	5768.4	percent of total billed charges	
W/CONTROL OF HEMORRHAGE	43255	CPT	outpatient			6072	2502.63	Consumer	Consumer		5768.4	95			425.43	5768.4	percent of total billed charges	
W/CONTROL OF HEMORRHAGE	43255	CPT	outpatient			6072	2502.63	Corrections	Corrections		4857.6	80			425.43	5768.4	percent of total billed charges	
W/CONTROL OF HEMORRHAGE	43255	CPT	outpatient			6072	2502.63	First Health	First Health		4250.4	70			425.43	5768.4	percent of total billed charges	
W/CONTROL OF HEMORRHAGE	43255	CPT	outpatient			6072	2502.63	First Trenton	First Trenton		5464.8	90			425.43	5768.4	percent of total billed charges	
W/CONTROL OF HEMORRHAGE	43255	CPT	outpatient			6072	2502.63	Horizon	Indemnity		4049.91				425.43	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
W/CONTROL OF HEMORRHAGE	43255	CPT	outpatient			6072	2502.63	Horizon	MGD		4049.91				425.43	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
W/CONTROL OF HEMORRHAGE	43255	CPT	outpatient			6072	2502.63	Horizon	NJ Health		425.43				425.43	5768.4	fee schedule	
W/CONTROL OF HEMORRHAGE	43255	CPT	outpatient			6072	2502.63	Horizon	Medicare Blue		2176.2				425.43	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
W/CONTROL OF HEMORRHAGE	43255	CPT	outpatient			6072	2502.63	Horizon	PPO		4049.91				425.43	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
W/CONTROL OF HEMORRHAGE	43255	CPT	outpatient			6072	2502.63	Managed Care Inc	Managed Care Inc		5464.8	90			425.43	5768.4	percent of total billed charges	
W/CONTROL OF HEMORRHAGE	43255	CPT	outpatient			6072	2502.63	Multiplan	Multiplan		4857.6	80			425.43	5768.4	percent of total billed charges	
W/CONTROL OF HEMORRHAGE	43255	CPT	outpatient			6072	2502.63	Qualcare	Qualcare		4554	75			425.43	5768.4	percent of total billed charges	
W/CONTROL OF HEMORRHAGE	43255	CPT	outpatient			6072	2502.63	Three Rivers	Three Rivers		5768.4	95			425.43	5768.4	percent of total billed charges	
W/CONTROL OF HEMORRHAGE	43255	CPT	outpatient			6072	2502.63	UHC	Medicaid		1915.72	31.55			425.43	5768.4	percent of total billed charges	
W/CONTROL OF HEMORRHAGE	43255	CPT	outpatient			6072	2502.63	UHC	Medicare		2176.2				425.43	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
W/CONTROL OF HEMORRHAGE	43255	CPT	outpatient			6072	2502.63	United	Commercial/PPO		2493				425.43	5768.4	case rate	
W/CONTROL OF HEMORRHAGE	43255	CPT	outpatient			6072	2502.63	United	Oxford		2493				425.43	5768.4	case rate	
W/CONTROL OF HEMORRHAGE	43255	CPT	outpatient			6072	2502.63	Wellcare	Medicaid		1915.72	31.55			425.43	5768.4	percent of total billed charges	
W/CONTROL OF HEMORRHAGE	43255	CPT	outpatient			6072	2502.63	Wellcare	Medicare		2176.2				425.43	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
W/CONTROL OF HEMORRHAGE	43255	CPT	outpatient			6072	2502.63	WellPoint	WellPoint		1953.97	32.18			425.43	5768.4	percent of total billed charges	
EGD W/EUS WIFNA	43259	CPT	outpatient			3268	2502.63	Aetna	Medicare		2176.2				365.4	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD W/EUS WIFNA	43259	CPT	outpatient			3268	2502.63	Aetna	Better Health		1031.05	31.55			365.4	4049.91	percent of total billed charges	
EGD W/EUS WIFNA	43259	CPT	outpatient			3268	2502.63	Aetna	Commercial		3464.51				365.4	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD W/EUS WIFNA	43259	CPT	outpatient			3268	2502.63	Americare	Americare		2451	75			365.4	4049.91	percent of total billed charges	
EGD W/EUS WIFNA	43259	CPT	outpatient			3268	2502.63	Amerihealth	HMO/PPO		2124.2	65			365.4	4049.91	percent of total billed charges	
EGD W/EUS WIFNA	43259	CPT	outpatient			3268	2502.63	Amerihealth	Medicare		2176.2				365.4	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD W/EUS WIFNA	43259	CPT	outpatient			3268	2502.63	Consumer	Consumer		3104.6	95			365.4	4049.91	percent of total billed charges	
EGD W/EUS WIFNA	43259	CPT	outpatient			3268	2502.63	Corrections	Corrections		2614.4	80			365.4	4049.91	percent of total billed charges	
EGD W/EUS WIFNA	43259	CPT	outpatient			3268	2502.63	First Health	First Health		2287.6	70			365.4	4049.91	percent of total billed charges	
EGD W/EUS WIFNA	43259	CPT	outpatient			3268	2502.63	First Trenton	First Trenton		2941.2	90			365.4	4049.91	percent of total billed charges	
EGD W/EUS WIFNA	43259	CPT	outpatient			3268	2502.63	Horizon	Medicare Blue		2176.2				365.4	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD W/EUS WIFNA	43259	CPT	outpatient			3268	2502.63	Horizon	MGD		4049.91				365.4	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD W/EUS WIFNA	43259	CPT	outpatient			3268	2502.63	Horizon	Indemnity		4049.91				365.4	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD W/EUS WIFNA	43259	CPT	outpatient			3268	2502.63	Horizon	NJ Health		365.4				365.4	4049.91	fee schedule	
EGD W/EUS WIFNA	43259	CPT	outpatient			3268	2502.63	Horizon	PPO		4049.91				365.4	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD W/EUS WIFNA	43259	CPT	outpatient			3268	2502.63	Managed Care Inc	Managed Care Inc		2941.2	90			365.4	4049.91	percent of total billed charges	
EGD W/EUS WIFNA	43259	CPT	outpatient			3268	2502.63	Multiplan	Multiplan		2614.4	80			365.4	4049.91	percent of total billed charges	
EGD W/EUS WIFNA	43259	CPT	outpatient			3268	2502.63	Qualcare	Qualcare		2451	75			365.4	4049.91	percent of total billed charges	
EGD W/EUS WIFNA	43259	CPT	outpatient			3268	2502.63	Three Rivers	Three Rivers		3104.6	95			365.4	4049.91	percent of total billed charges	
EGD W/EUS WIFNA	43259	CPT	outpatient			3268	2502.63	UHC	Medicaid		1031.05	31.55			365.4	4049.91	percent of total billed charges	
EGD W/EUS WIFNA	43259	CPT	outpatient			3268	2502.63	UHC	Medicare		2176.2				365.4	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD W/EUS WIFNA	43259	CPT	outpatient			3268	2502.63	United	Oxford		2493				365.4	4049.91	case rate	
EGD W/EUS WIFNA	43259	CPT	outpatient			3268	2502.63	United	Commercial/PPO		2493				365.4	4049.91	case rate	
EGD W/EUS WIFNA	43259	CPT	outpatient			3268	2502.63	Wellcare	Medicaid		1031.05	31.55			365.4	4049.91	percent of total billed charges	
EGD W/EUS WIFNA	43259	CPT	outpatient			3268	2502.63	Wellcare	Medicare		2176.2				365.4	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD W/EUS WIFNA	43259	CPT	outpatient			3268	2502.63	WellPoint	WellPoint		1051.64	32.18			365.4	4049.91	percent of total billed charges	
ERCP, DIAGNOSTIC	43260	CPT	outpatient			8863	5036.99	Aetna	Medicare		4379.99				454.14	8419.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP, DIAGNOSTIC	43260	CPT	outpatient			8863	5036.99	Aetna	Commercial		6972.94				454.14	8419.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP, DIAGNOSTIC	43260	CPT	outpatient			8863	5036.99	Aetna	Better Health		2796.28	31.55			454.14	8419.85	percent of total billed charges	
ERCP, DIAGNOSTIC	43260	CPT	outpatient			8863	5036.99	Americare	Americare		6647.25	75			454.14	8419.85	percent of total billed charges	
ERCP, DIAGNOSTIC	43260	CPT	outpatient			8863	5036.99	Amerihealth	Medicare		4379.99				454.14	8419.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP, DIAGNOSTIC	43260	CPT	outpatient			8863	5036.99	Amerihealth	HMO/PPO		5760.95	65			454.14	8419.85	percent of total billed charges	
ERCP, DIAGNOSTIC	43260	CPT	outpatient			8863	5036.99	Consumer	Consumer		8419.85	95			454.14	8419.85	percent of total billed charges	
ERCP, DIAGNOSTIC	43260	CPT	outpatient			8863	5036.99	Corrections	Corrections		7090.4	80			454.14	8419.85	percent of total billed charges	
ERCP, DIAGNOSTIC	43260	CPT	outpatient			8863	5036.99	First Health	First Health		6204.1	70			454.14	8419.85	percent of total billed charges	
ERCP, DIAGNOSTIC	43260	CPT	outpatient			8863	5036.99	First Trenton	First Trenton		7976.7	90			454.14	8419.85	percent of total billed charges	
ERCP, DIAGNOSTIC	43260	CPT	outpatient			8863	5036.99	Horizon	NJ Health		454.14				454.14	8419.85	fee schedule	
ERCP, DIAGNOSTIC	43260	CPT	outpatient			8863	5036.99	Horizon	PPO		8151.16				454.14	8419.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP, DIAGNOSTIC	43260	CPT	outpatient			8863	5036.99	Horizon	Indemnity		8151.16				454.14	8419.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP, DIAGNOSTIC	43260	CPT	outpatient			8863	5036.99	Horizon	Medicare Blue		4379.99				454.14	8419.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP, DIAGNOSTIC	43260	CPT	outpatient			8863	5036.99	Horizon	MGD		8151.16				454.14	8419.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP, DIAGNOSTIC	43260	CPT	outpatient			8863	5036.99	Managed Care Inc	Managed Care Inc		7976.7	90			454.14	8419.85	percent of total billed charges	
ERCP, DIAGNOSTIC	43260	CPT	outpatient			8863	5036.99	Multiplan	Multiplan		7090.4	80			454.14	8419.85	percent of total billed charges	
ERCP, DIAGNOSTIC	43260	CPT	outpatient			8863	5036.99	Qualcare	Qualcare		6647.25	75			454.14	8419.85	percent of total billed charges	
ERCP, DIAGNOSTIC	43260	CPT	outpatient			8863	5036.99	Three Rivers	Three Rivers		8419.85	95			454.14	8419.85	percent of total billed charges	
ERCP, DIAGNOSTIC	43260	CPT	outpatient			8863	5036.99	UHC	Medicaid		2796.28	31.55			454.14	8419.85	percent of total billed charges	
ERCP, DIAGNOSTIC	43260	CPT	outpatient			8863	5036.99	UHC	Medicare		4379.99				454.14	8419.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP, DIAGNOSTIC	43260	CPT	outpatient			8863	5036.99	United	Commercial/PPO		2776				454.14	8419.85	case rate	
ERCP, DIAGNOSTIC	43260	CPT	outpatient			8863	5036.99	United	Oxford		2776				454.14	8419.85	case rate	
ERCP, DIAGNOSTIC	43260	CPT	outpatient			8863	5036.99	Wellcare	Medicare		4379.99				454.14	8419.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP, DIAGNOSTIC	43260	CPT	outpatient			8863	5036.99	Wellcare	Medicaid		2796.28	31.55			454.14	8419.85	percent of total billed charges	
ERCP, DIAGNOSTIC	43260	CPT	outpatient			8863	5036.99	WellPoint	WellPoint		2852.11	32.18			454.14	8419.85	percent of total billed charges	
ERCP W/BIOPSY, SIN/MULT.	43261	CPT	outpatient			11501	5036.99	Aetna	Medicare		4379.99				621.18	10925.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP W/BIOPSY, SIN/MULT.	43261	CPT	outpatient			11501	5036.99	Aetna	Commercial		6972.94				621.18	10925.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP W/BIOPSY, SIN/MULT.	43261	CPT	outpatient			11501	5036.99	Aetna	Better Health		3628.57	31.55			621.18	10925.95	percent of total billed charges	
ERCP W/BIOPSY, SIN/MULT.	43261	CPT	outpatient			11501	5036.99	Americare	Americare		8625.75	75			621.18	10925.95	percent of total billed charges	
ERCP W/BIOPSY, SIN/MULT.	43261	CPT	outpatient			11501	5036.99	Amerihealth	Medicare		4379.99				621.18	10925.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP W/BIOPSY, SIN/MULT.	43261	CPT	outpatient			11501	5036.99	Amerihealth	HMO/PPO		7475.65	65			621.18	10925.95	percent of total billed charges	
ERCP W/BIOPSY, SIN/MULT.	43261	CPT	outpatient			11501	5036.99	Consumer	Consumer		10925.95	95			621.18	10925.95	percent of total billed charges	
ERCP W/BIOPSY, SIN/MULT.	43261	CPT	outpatient			11501	5036.99	Corrections	Corrections		9200.8	80			621.18	10925.95	percent of total billed charges	
ERCP W/BIOPSY, SIN/MULT.	43261	CPT	outpatient			11501	5036.99	First Health	First Health		8050.7	70			621.18	10925.95	percent of total billed charges	
ERCP W/BIOPSY, SIN/MULT.	43261	CPT	outpatient			11501	5036.99	First Trenton	First Trenton		10350.9	90			621.18	10925.95	percent of total billed charges	
ERCP W/BIOPSY, SIN/MULT.	43261	CPT	outpatient			11501	5036.99	Horizon	MGD		8151.16				621.18	10925.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP W/BIOPSY, SIN/MULT.	43261	CPT	outpatient			11501	5036.99	Horizon	Indemnity		8151.16				621.18	10925.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP W/BIOPSY, SIN/MULT.	43261	CPT	outpatient			11501	5036.99	Horizon	NJ Health		621.18				621.18	10925.95	fee schedule	
ERCP W/BIOPSY, SIN/MULT.	43261	CPT	outpatient			11501	5036.99	Horizon	Medicare Blue		4379.99				621.18	10925.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP W/BIOPSY, SIN/MULT.	43261	CPT	outpatient			11501	5036.99	Horizon	PPO		8151.16				621.18	10925.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP W/BIOPSY, SIN/MULT.	43261	CPT	outpatient			11501	5036.99	Managed Care Inc	Managed Care Inc		10350.9	90			621.18	10925.95	percent of total billed charges	
ERCP W/BIOPSY, SIN/MULT.	43261	CPT	outpatient			11501	5036.99	Multiplan	Multiplan		9200.8	80			621.18	10925.95	percent of total billed charges	
ERCP W/BIOPSY, SIN/MULT.	43261	CPT	outpatient			11501	5036.99	Qualcare	Qualcare		8625.75	75			621.18	10925.95	percent of total billed charges	
ERCP W/BIOPSY, SIN/MULT.	43261	CPT	outpatient			11501	5036.99	Three Rivers	Three Rivers		10925.95	95			621.18	10925.95	percent of total billed charges	
ERCP W/BIOPSY, SIN/MULT.	43261	CPT	outpatient			11501	5036.99	UHC	Medicare		4379.99				621.18	10925.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP W/BIOPSY, SIN/MULT.	43261	CPT	outpatient			11501	5036.99	UHC	Medicaid		3628.57	31.55			621.18	10925.95	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101191	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ERCP W/BIOSPY, SN/MULT.	43261	CPT	outpatient				11501	5036.99	United	Commercial|PPO		2776				621.18	10925.95	case rate	
ERCP W/BIOSPY, SN/MULT.	43261	CPT	outpatient				11501	5036.99	United	Oxford		2776				621.18	10925.95	case rate	
ERCP W/BIOSPY, SN/MULT.	43261	CPT	outpatient				11501	5036.99	Wellcare	Medicare		4379.99				621.18	10925.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP W/BIOSPY, SN/MULT.	43261	CPT	outpatient				11501	5036.99	Wellcare	Medicaid		3628.57	31.55			621.18	10925.95	percent of total billed charges	
ERCP W/BIOSPY, SN/MULT.	43261	CPT	outpatient				11501	5036.99	WellPoint	WellPoint		3701.02	32.18			621.18	10925.95	percent of total billed charges	
ERCP W/SHINCTER/PAPILLOTOMY	43262	CPT	outpatient				8663	5036.99	Aetna	Better Health		2796.28	31.55			568.98	8419.85	percent of total billed charges	
ERCP W/SHINCTER/PAPILLOTOMY	43262	CPT	outpatient				8663	5036.99	Aetna	Commercial		6972.94				568.98	8419.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP W/SHINCTER/PAPILLOTOMY	43262	CPT	outpatient				8663	5036.99	Aetna	Medicare		4379.99				568.98	8419.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP W/SHINCTER/PAPILLOTOMY	43262	CPT	outpatient				8663	5036.99	Americare	Americare		6647.25	75			568.98	8419.85	percent of total billed charges	
ERCP W/SHINCTER/PAPILLOTOMY	43262	CPT	outpatient				8663	5036.99	Amerihealth	HMO/PPO		5760.95	65			568.98	8419.85	percent of total billed charges	
ERCP W/SHINCTER/PAPILLOTOMY	43262	CPT	outpatient				8663	5036.99	Amerihealth	Medicare		4379.99				568.98	8419.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP W/SHINCTER/PAPILLOTOMY	43262	CPT	outpatient				8663	5036.99	Consumer	Consumer		8419.85	95			568.98	8419.85	percent of total billed charges	
ERCP W/SHINCTER/PAPILLOTOMY	43262	CPT	outpatient				8663	5036.99	Corrections	Corrections		7090.4	80			568.98	8419.85	percent of total billed charges	
ERCP W/SHINCTER/PAPILLOTOMY	43262	CPT	outpatient				8663	5036.99	First Health	First Health		6204.1	70			568.98	8419.85	percent of total billed charges	
ERCP W/SHINCTER/PAPILLOTOMY	43262	CPT	outpatient				8663	5036.99	First Trenton	First Trenton		7976.7	90			568.98	8419.85	percent of total billed charges	
ERCP W/SHINCTER/PAPILLOTOMY	43262	CPT	outpatient				8663	5036.99	Horizon	Medicare Blue		4379.99				568.98	8419.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP W/SHINCTER/PAPILLOTOMY	43262	CPT	outpatient				8663	5036.99	Horizon	Indemnity		8151.16				568.98	8419.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP W/SHINCTER/PAPILLOTOMY	43262	CPT	outpatient				8663	5036.99	Horizon	MGD		8151.16				568.98	8419.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP W/SHINCTER/PAPILLOTOMY	43262	CPT	outpatient				8663	5036.99	Horizon	NJ Health		568.98				568.98	8419.85	fee schedule	
ERCP W/SHINCTER/PAPILLOTOMY	43262	CPT	outpatient				8663	5036.99	Horizon	PPO		8151.16				568.98	8419.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP W/SHINCTER/PAPILLOTOMY	43262	CPT	outpatient				8663	5036.99	Managed Care Inc	Managed Care Inc		7976.7	90			568.98	8419.85	percent of total billed charges	
ERCP W/SHINCTER/PAPILLOTOMY	43262	CPT	outpatient				8663	5036.99	Multiplan	Multiplan		7090.4	80			568.98	8419.85	percent of total billed charges	
ERCP W/SHINCTER/PAPILLOTOMY	43262	CPT	outpatient				8663	5036.99	Qualcare	Qualcare		6647.25	75			568.98	8419.85	percent of total billed charges	
ERCP W/SHINCTER/PAPILLOTOMY	43262	CPT	outpatient				8663	5036.99	Three Rivers	Three Rivers		8419.85	95			568.98	8419.85	percent of total billed charges	
ERCP W/SHINCTER/PAPILLOTOMY	43262	CPT	outpatient				8663	5036.99	UHC	Medicaid		2796.28	31.55			568.98	8419.85	percent of total billed charges	
ERCP W/SHINCTER/PAPILLOTOMY	43262	CPT	outpatient				8663	5036.99	UHC	Medicare		4379.99				568.98	8419.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP W/SHINCTER/PAPILLOTOMY	43262	CPT	outpatient				8663	5036.99	United	Commercial|PPO		2776				568.98	8419.85	case rate	
ERCP W/SHINCTER/PAPILLOTOMY	43262	CPT	outpatient				8663	5036.99	United	Oxford		2776				568.98	8419.85	case rate	
ERCP W/SHINCTER/PAPILLOTOMY	43262	CPT	outpatient				8663	5036.99	Wellcare	Medicaid		2796.28	31.55			568.98	8419.85	percent of total billed charges	
ERCP W/SHINCTER/PAPILLOTOMY	43262	CPT	outpatient				8663	5036.99	Wellcare	Medicare		4379.99				568.98	8419.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP W/SHINCTER/PAPILLOTOMY	43262	CPT	outpatient				8663	5036.99	WellPoint	WellPoint		2852.11	32.18			568.98	8419.85	percent of total billed charges	
W/PRESSURE MEASUREMENT	43263	CPT	outpatient				8663	2502.63	Aetna	Commercial		3464.51				495.9	8419.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
W/PRESSURE MEASUREMENT	43263	CPT	outpatient				8663	2502.63	Aetna	Better Health		2796.28	31.55			495.9	8419.85	percent of total billed charges	
W/PRESSURE MEASUREMENT	43263	CPT	outpatient				8663	2502.63	Aetna	Medicare		2176.2				495.9	8419.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
W/PRESSURE MEASUREMENT	43263	CPT	outpatient				8663	2502.63	Americare	Americare		6647.25	75			495.9	8419.85	percent of total billed charges	
W/PRESSURE MEASUREMENT	43263	CPT	outpatient				8663	2502.63	Amerihealth	HMO/PPO		5760.95	65			495.9	8419.85	percent of total billed charges	
W/PRESSURE MEASUREMENT	43263	CPT	outpatient				8663	2502.63	Amerihealth	Medicare		2176.2				495.9	8419.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
W/PRESSURE MEASUREMENT	43263	CPT	outpatient				8663	2502.63	Consumer	Consumer		8419.85	95			495.9	8419.85	percent of total billed charges	
W/PRESSURE MEASUREMENT	43263	CPT	outpatient				8663	2502.63	Corrections	Corrections		7090.4	80			495.9	8419.85	percent of total billed charges	
W/PRESSURE MEASUREMENT	43263	CPT	outpatient				8663	2502.63	First Health	First Health		6204.1	70			495.9	8419.85	percent of total billed charges	
W/PRESSURE MEASUREMENT	43263	CPT	outpatient				8663	2502.63	First Trenton	First Trenton		7976.7	90			495.9	8419.85	percent of total billed charges	
W/PRESSURE MEASUREMENT	43263	CPT	outpatient				8663	2502.63	Horizon	PPO		4049.91				495.9	8419.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
W/PRESSURE MEASUREMENT	43263	CPT	outpatient				8663	2502.63	Horizon	Medicare Blue		2176.2				495.9	8419.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
W/PRESSURE MEASUREMENT	43263	CPT	outpatient				8663	2502.63	Horizon	MGD		4049.91				495.9	8419.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
W/PRESSURE MEASUREMENT	43263	CPT	outpatient				8663	2502.63	Horizon	Indemnity		4049.91				495.9	8419.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
W/PRESSURE MEASUREMENT	43263	CPT	outpatient				8663	2502.63	Horizon	NJ Health		495.9				495.9	8419.85	fee schedule	
W/PRESSURE MEASUREMENT	43263	CPT	outpatient				8663	2502.63	Managed Care Inc	Managed Care Inc		7976.7	90			495.9	8419.85	percent of total billed charges	
W/PRESSURE MEASUREMENT	43263	CPT	outpatient				8663	2502.63	Multiplan	Multiplan		7090.4	80			495.9	8419.85	percent of total billed charges	
W/PRESSURE MEASUREMENT	43263	CPT	outpatient				8663	2502.63	Qualcare	Qualcare		6647.25	75			495.9	8419.85	percent of total billed charges	
W/PRESSURE MEASUREMENT	43263	CPT	outpatient				8663	2502.63	Three Rivers	Three Rivers		8419.85	95			495.9	8419.85	percent of total billed charges	
W/PRESSURE MEASUREMENT	43263	CPT	outpatient				8663	2502.63	UHC	Medicaid		2796.28	31.55			495.9	8419.85	percent of total billed charges	
W/PRESSURE MEASUREMENT	43263	CPT	outpatient				8663	2502.63	UHC	Medicare		2176.2				495.9	8419.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
W/PRESSURE MEASUREMENT	43263	CPT	outpatient				8663	2502.63	United	Commercial|PPO		2776				495.9	8419.85	case rate	
W/PRESSURE MEASUREMENT	43263	CPT	outpatient				8663	2502.63	United	Oxford		2776				495.9	8419.85	case rate	
W/PRESSURE MEASUREMENT	43263	CPT	outpatient				8663	2502.63	Wellcare	Medicaid		2796.28	31.55			495.9	8419.85	percent of total billed charges	
W/PRESSURE MEASUREMENT	43263	CPT	outpatient				8663	2502.63	Wellcare	Medicare		2176.2				495.9	8419.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
W/PRESSURE MEASUREMENT	43263	CPT	outpatient				8663	2502.63	WellPoint	WellPoint		2852.11	32.18			495.9	8419.85	percent of total billed charges	
ERCP W/ENDOSC. RETRO REM.STON	43264	CPT	outpatient				8663	5036.99	Aetna	Better Health		2796.28	31.55			1077.93	8419.85	percent of total billed charges	
ERCP W/ENDOSC. RETRO REM.STON	43264	CPT	outpatient				8663	5036.99	Aetna	Commercial		6972.94				1077.93	8419.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP W/ENDOSC. RETRO REM.STON	43264	CPT	outpatient				8663	5036.99	Aetna	Medicare		4379.99				1077.93	8419.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP W/ENDOSC. RETRO REM.STON	43264	CPT	outpatient				8663	5036.99	Americare	Americare		6647.25	75			1077.93	8419.85	percent of total billed charges	
ERCP W/ENDOSC. RETRO REM.STON	43264	CPT	outpatient				8663	5036.99	Amerihealth	HMO/PPO		5760.95	65			1077.93	8419.85	percent of total billed charges	
ERCP W/ENDOSC. RETRO REM.STON	43264	CPT	outpatient				8663	5036.99	Amerihealth	Medicare		4379.99				1077.93	8419.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP W/ENDOSC. RETRO REM.STON	43264	CPT	outpatient				8663	5036.99	Consumer	Consumer		8419.85	95			1077.93	8419.85	percent of total billed charges	
ERCP W/ENDOSC. RETRO REM.STON	43264	CPT	outpatient				8663	5036.99	Corrections	Corrections		7090.4	80			1077.93	8419.85	percent of total billed charges	
ERCP W/ENDOSC. RETRO REM.STON	43264	CPT	outpatient				8663	5036.99	First Health	First Health		6204.1	70			1077.93	8419.85	percent of total billed charges	
ERCP W/ENDOSC. RETRO REM.STON	43264	CPT	outpatient				8663	5036.99	First Trenton	First Trenton		7976.7	90			1077.93	8419.85	percent of total billed charges	
ERCP W/ENDOSC. RETRO REM.STON	43264	CPT	outpatient				8663	5036.99	Horizon	MGD		8151.16				1077.93	8419.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP W/ENDOSC. RETRO REM.STON	43264	CPT	outpatient				8663	5036.99	Horizon	Medicare Blue		4379.99				1077.93	8419.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP W/ENDOSC. RETRO REM.STON	43264	CPT	outpatient				8663	5036.99	Horizon	PPO		8151.16				1077.93	8419.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP W/ENDOSC. RETRO REM.STON	43264	CPT	outpatient				8663	5036.99	Horizon	Indemnity		8151.16				1077.93	8419.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP W/ENDOSC. RETRO REM.STON	43264	CPT	outpatient				8663	5036.99	Horizon	NJ Health		1077.93				1077.93	8419.85	fee schedule	
ERCP W/ENDOSC. RETRO REM.STON	43264	CPT	outpatient				8663	5036.99	Managed Care Inc	Managed Care Inc		7976.7	90			1077.93	8419.85	percent of total billed charges	
ERCP W/ENDOSC. RETRO REM.STON	43264	CPT	outpatient				8663	5036.99	Multiplan	Multiplan		7090.4	80			1077.93	8419.85	percent of total billed charges	
ERCP W/ENDOSC. RETRO REM.STON	43264	CPT	outpatient				8663	5036.99	Qualcare	Qualcare		6647.25	75			1077.93	8419.85	percent of total billed charges	
ERCP W/ENDOSC. RETRO REM.STON	43264	CPT	outpatient				8663	5036.99	Three Rivers	Three Rivers		8419.85	95			1077.93	8419.85	percent of total billed charges	
ERCP W/ENDOSC. RETRO REM.STON	43264	CPT	outpatient				8663	5036.99	UHC	Medicaid		2796.28	31.55			1077.93	8419.85	percent of total billed charges	
ERCP W/ENDOSC. RETRO REM.STON	43264	CPT	outpatient				8663	5036.99	UHC	Medicare		4379.99				1077.93	8419.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP W/ENDOSC. RETRO REM.STON	43264	CPT	outpatient				8663	5036.99	United	Oxford		2776				1077.93	8419.85	case rate	
ERCP W/ENDOSC. RETRO REM.STON	43264	CPT	outpatient				8663	5036.99	United	Commercial|PPO		2776				1077.93	8419.85	case rate	
ERCP W/ENDOSC. RETRO REM.STON	43264	CPT	outpatient				8663	5036.99	Wellcare	Medicare		4379.99				1077.93	8419.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP W/ENDOSC. RETRO REM.STON	43264	CPT	outpatient				8663	5036.99	Wellcare	Medicaid		2796.28	31.55			1077.93	8419.85	percent of total billed charges	
ERCP W/ENDOSC. RETRO REM.STON	43264	CPT	outpatient				8663	5036.99	WellPoint	WellPoint		2852.11	32.18			1077.93	8419.85	percent of total billed charges	
WSTONE FRAGMENTATION	43265	CPT	outpatient				8663	7495.78	Aetna	Commercial		10376.77				614.94	12130.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WSTONE FRAGMENTATION	43265	CPT	outpatient				8663	7495.78	Aetna	Better Health		2796.28	31.55			614.94	12130.13	percent of total billed charges	
WSTONE FRAGMENTATION	43265	CPT	outpatient				8663	7495.78	Aetna	Medicare		6518.07				614.94	12130.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WSTONE FRAGMENTATION	43265	CPT	outpatient				8663	7495.78	Americare	Americare		6647.25	75			614.94	12130.13	percent of total billed charges	
WSTONE FRAGMENTATION	43265	CPT	outpatient				8663	7495.78	Amerihealth	HMO/PPO		5760.95	65			614.94	12130.13	percent of total billed charges	
WSTONE FRAGMENTATION	43265	CPT	outpatient				8663	7495.78	Amerihealth	Medicare		6518.07				614.94	12130.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WSTONE FRAGMENTATION	43265	CPT	outpatient				8663	7495.78	Consumer	Consumer		8419.85	95			614.94	12130.13	percent of total billed charges	
WSTONE FRAGMENTATION	43265	CPT	outpatient				8663	7495.78	Corrections	Corrections		7090.4	80			614.94	12130.13	percent of total billed charges	
WSTONE FRAGMENTATION	43265	CPT	outpatient				8663	7495.78	First Health	First Health		6204.1	70			614.94	12130.13	percent of total billed charges	
WSTONE FRAGMENTATION	43265	CPT	outpatient				8663	7495.78	First Trenton	First Trenton		7976.7	90			614.94	12130.13	percent of total billed charges	
WSTONE FRAGMENTATION	43265	CPT	outpatient				8663	7495.78	Horizon	Indemnity		12130.13				614.94	12130.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WSTONE FRAGMENTATION	43265	CPT	outpatient				8663	7495.78	Horizon	MGD		12130.13				614.94	12130.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WSTONE FRAGMENTATION	43265	CPT	outpatient				8663	7495.78	Horizon	Medicare Blue		6518.07				614.94	12130.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WSTONE FRAGMENTATION	43265	CPT	outpatient				8663	7495.78	Horizon	NJ Health		614.94				614.94	12130.13	fee schedule	
WSTONE FRAGMENTATION	43265	CPT	outpatient				8663	7495.78	Horizon	PPO		12130.13				614.94	12130.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WSTONE FRAGMENTATION	43265	CPT	outpatient				8663	7495.78	Managed Care Inc	Managed Care Inc		7976.7	90			614.94	12130.13	percent of total billed charges	
WSTONE FRAGMENTATION	43265	CPT	outpatient				8663	7495.78	Multiplan	Multiplan		7090.4	80			614.94	12130.13	percent of total billed charges	
WSTONE FRAGMENTATION	43265	CPT	outpatient				8663	7495.78	Qualcare	Qualcare		6647.25	75			614.94	12130.13	percent of total billed charges	
WSTONE FRAGMENTATION	43265	CPT	outpatient				8663	7495.78	Three Rivers	Three Rivers		8419.85	95			614.94	12130.13	percent of total billed charges	
WSTONE FRAGMENTATION	43265	CPT	outpatient				8663	7495.78	UHC	Medicare		6518.07				614.94	12130.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WSTONE FRAGMENTATION	43265	CPT	outpatient				8663	7495.78	UHC	Medicaid		2796.28	31.55			614.94	12130.13	percent of total billed charges	
WSTONE FRAGMENTATION	43265	CPT	outpatient				8663	7495.78	United	Commercial|PPO		2776				614.94	12130.13	case rate	
WSTONE FRAGMENTATION	43265	CPT	outpatient				8663	7495.78	United	Oxford		2776				614.94	12130.13	case rate	
WSTONE FRAGMENTATION	43265	CPT	outpatient				8663	7495.78	Wellcare	Medicaid		2796.28	31.55			614.94	12130.13	percent of total billed charges	
WSTONE FRAGMENTATION	43265	CPT	outpatient				8663	7495.78	Wellcare	Medicare		6518.07				614.94	12130.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WSTONE FRAGMENTATION	43265	CPT	outpatient				8663	7495.78	WellPoint	WellPoint		2852.11	32.18			614.94	12130.13	percent of total billed charges	
EGD ENDOSCOPIC STENT PLACE	43266	CPT	both				14320	7495.78	Aetna	Better Health		4517.96	31.55			266.09	13604	percent of total billed charges	
EGD ENDOSCOPIC STENT PLACE	43266	CPT	both				14320	7495.78	Aetna	Commercial		10376.77				266.09	13604	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD ENDOSCOPIC STENT PLACE	43266	CPT	both				14320	7495.78	Aetna	Medicare		6518.07				266.09	13604	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD ENDOSCOPIC STENT PLACE	43266	CPT	both				14320	7495.78	Americare	Americare		10740	75			266.09	13604	percent of total billed charges	
EGD ENDOSCOPIC STENT PLACE	43266	CPT	both				14320	7495.78	Amerihealth	Medicare		6518.07				266.09	13604	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD ENDOSCOPIC STENT PLACE	43266	CPT	both				14320	7495.78	Amerihealth	HMO/PPO		9308	65			266.09	13604	percent of total billed charges	
EGD ENDOSCOPIC STENT PLACE	43266	CPT	both				14320	7495.78	Consumer	Consumer		13604	95			266.09	13604	percent of total billed charges	
EGD ENDOSCOPIC STENT PLACE	43266	CPT	both				14320	7495.78	Corrections	Corrections		11456	80			266.09	13604	percent of total billed charges	
EGD ENDOSCOPIC STENT PLACE	43266	CPT	both				14320	7495.78	First Health	First Health		10024	70			266.09	13604	percent of total billed charges	
EGD ENDOSCOPIC STENT PLACE	43266	CPT	both				14320	7495.78	First Trenton	First Trenton		12888	90			266.09	13604	percent of total billed charges	
EGD ENDOSCOPIC STENT PLACE	43266	CPT	both				14320	7495.78	Horizon	Medicare Blue		6518.07				266.09	13604	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD ENDOSCOPIC STENT PLACE	43266	CPT	both				14320	7495.78	Horizon	PPO		12130.13				266.09	13604	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD ENDOSCOPIC STENT PLACE	43266	CPT	both				14320	7495.78	Horizon	MGD		12130.13				266.09	13604	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD ENDOSCOPIC STENT PLACE	43266	CPT	both				14320	7495.78	Horizon	NJ Health		266.09				266.09	13604	fee schedule	
EGD ENDOSCOPIC STENT PLACE	43266	CPT	both				14320	7495.78	Horizon	Indemnity		12130.13				266.09	13604	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD ENDOSCOPIC STENT PLACE	43266	CPT	both				14320	7495.78	Managed Care Inc	Managed Care Inc		12888	90			266.09	13604	percent of total billed charges	
EGD ENDOSCOPIC STENT PLACE	43266	CPT	both				14320	7495.78	Multiplan	Multiplan		11456	80			266.09	13604	percent of total billed charges	
EGD ENDOSCOPIC STENT PLACE	43266	CPT	both				14320	7495.78	Qualcare	Qualcare		10740	75			266.09	13604	percent of total billed charges	
EGD ENDOSCOPIC STENT PLACE	43266	CPT	both				14320	7495.78	Three Rivers	Three Rivers		13604	95			266.09	13604	percent of total billed charges	
EGD ENDOSCOPIC STENT PLACE	43266	CPT	both				14320	7495.78	UHC	Medicare		6518.07				266.09	13604	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD ENDOSCOPIC STENT PLACE	43266	CPT	both				14320	7495.78	UHC	Medicaid		4517.96	31.55			266.09	13604	percent of total billed charges	
EGD ENDOSCOPIC STENT PLACE	43266	CPT	both				14320	7495.78	United	Commercial|PPO		3492				266.09	13604	case rate	
EGD ENDOSCOPIC STENT PLACE	43266	CPT	both				14320	7495.78	United	Oxford		3492				266.09	13604	case rate	
EGD ENDOSCOPIC STENT PLACE	43266	CPT	both				14320	7495.78	Wellcare	Medicaid		4517.96	31.55			266.09	13604	percent of total billed charges	
EGD ENDOSCOPIC STENT PLACE	43266	CPT	both				14320	7495.78	Wellcare	Medicare		6518.07				266.09	13604	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD ENDOSCOPIC STENT PLACE	43266	CPT	both				14320	7495.78	WellPoint	WellPoint		4606.18	32.18			266.09	13604	percent of total billed charges	
EGD W/ABLTE INCL PRE/POST DILATE	43270	CPT	outpatient				3356	2502.63	Aetna	Commercial		3464.51				279.79	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD W/ABLTE INCL PRE/POST DILATE	43270	CPT	outpatient				3356	2502.63	Aetna	Better Health		1058.82	31.55			279.79	4049.91	percent of total billed charges	
EGD W/ABLTE INCL PRE/POST DILATE	43270	CPT	outpatient				3356	2502.63	Aetna	Medicare		1033.65	30.8			279.79	4049.91	percent of total billed charges	
EGD W/ABLTE INCL PRE/POST DILATE	43270	CPT	outpatient				3356	2502.63	Americare	Americare		2517	75			279.79	4049.91	percent of total billed charges	
EGD W/ABLTE INCL PRE/POST DILATE	43270	CPT	outpatient				3356	2502.63	Amerihealth	HMO/PPO		2181.4	65			279.79	4049.91	percent of total billed charges	
EGD W/ABLTE INCL PRE/POST DILATE	43270	CPT	outpatient				3356	2502.63	Amerihealth	Medicare		2176.2				279.79	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD W/ABLTE INCL PRE/POST DILATE	43270	CPT	outpatient				3356	2502.63	Consumer	Consumer		3188.2	95			279.79	4049.91	percent of total billed charges	
EGD W/ABLTE INCL PRE/POST DILATE	43270	CPT	outpatient				3356	2502.63	Corrections	Corrections		2684.8	80			279.79	4049.91	percent of total billed charges	
EGD W/ABLTE INCL PRE/POST DILATE	43270	CPT	outpatient				3356	2502.63	First Health	First Health		2349.2	70			279.79	4049.91	percent of total billed charges	
EGD W/ABLTE INCL PRE/POST DILATE	43270	CPT	outpatient				3356	2502.63	First Trenton	First Trenton		3020.4	90			279.79	4049.91	percent of total billed charges	
EGD W/ABLTE INCL PRE/POST DILATE	43270	CPT	outpatient				3356	2502.63	Horizon	Indemnity		4049.91				279.79	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD W/ABLTE INCL PRE/POST DILATE	43270	CPT	outpatient				3356	2502.63	Horizon	Medicare Blue		2176.2				279.79	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD W/ABLTE INCL PRE/POST DILATE	43270	CPT	outpatient				3356	2502.63	Horizon	NJ Health		279.79				279.79	4049.91	fee schedule	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
EGD W/ABLTE INCL PRE/POST DILATE	43270	CPT	outpatient			3356		Horizon	MGD		4049.91				279.79	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD W/ABLTE INCL PRE/POST DILATE	43270	CPT	outpatient			3356		Horizon	PPO		4049.91				279.79	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD W/ABLTE INCL PRE/POST DILATE	43270	CPT	outpatient			3356		Managed Care Inc	Managed Care Inc		3020.4	90			279.79	4049.91	percent of total billed charges	
EGD W/ABLTE INCL PRE/POST DILATE	43270	CPT	outpatient			3356		Multiplan	Multiplan		2684.8	80			279.79	4049.91	percent of total billed charges	
EGD W/ABLTE INCL PRE/POST DILATE	43270	CPT	outpatient			3356		Qualcare	Qualcare		2517	75			279.79	4049.91	percent of total billed charges	
EGD W/ABLTE INCL PRE/POST DILATE	43270	CPT	outpatient			3356		Three Rivers	Three Rivers		3188.2	95			279.79	4049.91	percent of total billed charges	
EGD W/ABLTE INCL PRE/POST DILATE	43270	CPT	outpatient			3356		UHC	Medicaid		1058.82	31.55			279.79	4049.91	percent of total billed charges	
EGD W/ABLTE INCL PRE/POST DILATE	43270	CPT	outpatient			3356		UHC	Medicare		2176.2				279.79	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD W/ABLTE INCL PRE/POST DILATE	43270	CPT	outpatient			3356		United	Commercial|PPO		2493				279.79	4049.91	case rate	
EGD W/ABLTE INCL PRE/POST DILATE	43270	CPT	outpatient			3356		United	Oxford		2493				279.79	4049.91	case rate	
EGD W/ABLTE INCL PRE/POST DILATE	43270	CPT	outpatient			3356		Wellcare	Medicare		2176.2				279.79	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD W/ABLTE INCL PRE/POST DILATE	43270	CPT	outpatient			3356		Wellcare	Medicaid		1058.82	31.55			279.79	4049.91	percent of total billed charges	
EGD W/ABLTE INCL PRE/POST DILATE	43270	CPT	outpatient			3356		WellPoint	WellPoint		1079.96	32.18			279.79	4049.91	percent of total billed charges	
ENDOSC CANNULA OF PAPILLA W/DIREC VIS	43273	CPT	outpatient			8004		Aetna	Better Health		2525.26	31.55			1782	7603.8	percent of total billed charges	
ENDOSC CANNULA OF PAPILLA W/DIREC VIS	43273	CPT	outpatient			8004		Aetna	Commercial		3041.52	38			1782	7603.8	percent of total billed charges	
ENDOSC CANNULA OF PAPILLA W/DIREC VIS	43273	CPT	outpatient			8004		Aetna	Medicare		2465.23	30.8			1782	7603.8	percent of total billed charges	
ENDOSC CANNULA OF PAPILLA W/DIREC VIS	43273	CPT	outpatient			8004		Americare	Americare		6003	75			1782	7603.8	percent of total billed charges	
ENDOSC CANNULA OF PAPILLA W/DIREC VIS	43273	CPT	outpatient			8004		Amerihealth	HMO|PPO		5202.6	65			1782	7603.8	percent of total billed charges	
ENDOSC CANNULA OF PAPILLA W/DIREC VIS	43273	CPT	outpatient			8004		Consumer	Consumer		7603.8	95			1782	7603.8	percent of total billed charges	
ENDOSC CANNULA OF PAPILLA W/DIREC VIS	43273	CPT	outpatient			8004		Corrections	Corrections		6403.2	80			1782	7603.8	percent of total billed charges	
ENDOSC CANNULA OF PAPILLA W/DIREC VIS	43273	CPT	outpatient			8004		First Health	First Health		5602.8	70			1782	7603.8	percent of total billed charges	
ENDOSC CANNULA OF PAPILLA W/DIREC VIS	43273	CPT	outpatient			8004		First Trenton	First Trenton		7203.6	90			1782	7603.8	percent of total billed charges	
ENDOSC CANNULA OF PAPILLA W/DIREC VIS	43273	CPT	outpatient			8004		Horizon	MGD		3063.93	38.28			1782	7603.8	percent of total billed charges	
ENDOSC CANNULA OF PAPILLA W/DIREC VIS	43273	CPT	outpatient			8004		Horizon	Medicare Blue		2401.2	30			1782	7603.8	percent of total billed charges	
ENDOSC CANNULA OF PAPILLA W/DIREC VIS	43273	CPT	outpatient			8004		Horizon	Indemnity		3063.93	38.28			1782	7603.8	percent of total billed charges	
ENDOSC CANNULA OF PAPILLA W/DIREC VIS	43273	CPT	outpatient			8004		Horizon	PPO		3063.93	38.28			1782	7603.8	percent of total billed charges	
ENDOSC CANNULA OF PAPILLA W/DIREC VIS	43273	CPT	outpatient			8004		Managed Care Inc	Managed Care Inc		7203.6	90			1782	7603.8	percent of total billed charges	
ENDOSC CANNULA OF PAPILLA W/DIREC VIS	43273	CPT	outpatient			8004		Multiplan	Multiplan		6403.2	80			1782	7603.8	percent of total billed charges	
ENDOSC CANNULA OF PAPILLA W/DIREC VIS	43273	CPT	outpatient			8004		Qualcare	Qualcare		6003	75			1782	7603.8	percent of total billed charges	
ENDOSC CANNULA OF PAPILLA W/DIREC VIS	43273	CPT	outpatient			8004		Three Rivers	Three Rivers		7603.8	95			1782	7603.8	percent of total billed charges	
ENDOSC CANNULA OF PAPILLA W/DIREC VIS	43273	CPT	outpatient			8004		UHC	Medicaid		2525.26	31.55			1782	7603.8	percent of total billed charges	
ENDOSC CANNULA OF PAPILLA W/DIREC VIS	43273	CPT	outpatient			8004		United	Oxford		1782				1782	7603.8	case rate	
ENDOSC CANNULA OF PAPILLA W/DIREC VIS	43273	CPT	outpatient			8004		United	Commercial|PPO		1782				1782	7603.8	case rate	
ENDOSC CANNULA OF PAPILLA W/DIREC VIS	43273	CPT	outpatient			8004		Wellcare	Medicaid		2525.26	31.55			1782	7603.8	percent of total billed charges	
ENDOSC CANNULA OF PAPILLA W/DIREC VIS	43273	CPT	outpatient			8004		WellPoint	WellPoint		2575.69	32.18			1782	7603.8	percent of total billed charges	
X-RAY ENDOSCOPY GI TRACT STENT	43274	CPT	both			19667	7495.78	Aetna	Commercial		10376.77				550.5	18683.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
X-RAY ENDOSCOPY GI TRACT STENT	43274	CPT	both			19667	7495.78	Aetna	Better Health		6204.94	31.55			550.5	18683.65	percent of total billed charges	
X-RAY ENDOSCOPY GI TRACT STENT	43274	CPT	both			19667	7495.78	Aetna	Medicare		6518.07				550.5	18683.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
X-RAY ENDOSCOPY GI TRACT STENT	43274	CPT	both			19667	7495.78	Americare	Americare		14750.25	75			550.5	18683.65	percent of total billed charges	
X-RAY ENDOSCOPY GI TRACT STENT	43274	CPT	both			19667	7495.78	Amerihealth	HMO|PPO		12783.55	65			550.5	18683.65	percent of total billed charges	
X-RAY ENDOSCOPY GI TRACT STENT	43274	CPT	both			19667	7495.78	Amerihealth	Medicare		6518.07				550.5	18683.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
X-RAY ENDOSCOPY GI TRACT STENT	43274	CPT	both			19667	7495.78	Consumer	Consumer		18683.65	95			550.5	18683.65	percent of total billed charges	
X-RAY ENDOSCOPY GI TRACT STENT	43274	CPT	both			19667	7495.78	Corrections	Corrections		15733.6	80			550.5	18683.65	percent of total billed charges	
X-RAY ENDOSCOPY GI TRACT STENT	43274	CPT	both			19667	7495.78	First Health	First Health		13766.9	70			550.5	18683.65	percent of total billed charges	
X-RAY ENDOSCOPY GI TRACT STENT	43274	CPT	both			19667	7495.78	First Trenton	First Trenton		17700.3	90			550.5	18683.65	percent of total billed charges	
X-RAY ENDOSCOPY GI TRACT STENT	43274	CPT	both			19667	7495.78	Horizon	MGD		12130.13				550.5	18683.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
X-RAY ENDOSCOPY GI TRACT STENT	43274	CPT	both			19667	7495.78	Horizon	PPO		12130.13				550.5	18683.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
X-RAY ENDOSCOPY GI TRACT STENT	43274	CPT	both			19667	7495.78	Horizon	NJ Health		550.5				550.5	18683.65	fee schedule	
X-RAY ENDOSCOPY GI TRACT STENT	43274	CPT	both			19667	7495.78	Horizon	Medicare Blue		6518.07				550.5	18683.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
X-RAY ENDOSCOPY GI TRACT STENT	43274	CPT	both			19667	7495.78	Horizon	Indemnity		12130.13				550.5	18683.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
X-RAY ENDOSCOPY GI TRACT STENT	43274	CPT	both			19667	7495.78	Managed Care Inc	Managed Care Inc		17700.3	90			550.5	18683.65	percent of total billed charges	
X-RAY ENDOSCOPY GI TRACT STENT	43274	CPT	both			19667	7495.78	Multiplan	Multiplan		15733.6	80			550.5	18683.65	percent of total billed charges	
X-RAY ENDOSCOPY GI TRACT STENT	43274	CPT	both			19667	7495.78	Qualcare	Qualcare		14750.25	75			550.5	18683.65	percent of total billed charges	
X-RAY ENDOSCOPY GI TRACT STENT	43274	CPT	both			19667	7495.78	Three Rivers	Three Rivers		18683.65	95			550.5	18683.65	percent of total billed charges	
X-RAY ENDOSCOPY GI TRACT STENT	43274	CPT	both			19667	7495.78	UHC	Medicare		6518.07				550.5	18683.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
X-RAY ENDOSCOPY GI TRACT STENT	43274	CPT	both			19667	7495.78	UHC	Medicaid		6204.94	31.55			550.5	18683.65	percent of total billed charges	
X-RAY ENDOSCOPY GI TRACT STENT	43274	CPT	both			19667	7495.78	United	Commercial|PPO		2776				550.5	18683.65	case rate	
X-RAY ENDOSCOPY GI TRACT STENT	43274	CPT	both			19667	7495.78	United	Oxford		2776				550.5	18683.65	case rate	
X-RAY ENDOSCOPY GI TRACT STENT	43274	CPT	both			19667	7495.78	Wellcare	Medicare		6518.07				550.5	18683.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
X-RAY ENDOSCOPY GI TRACT STENT	43274	CPT	both			19667	7495.78	Wellcare	Medicaid		6204.94	31.55			550.5	18683.65	percent of total billed charges	
X-RAY ENDOSCOPY GI TRACT STENT	43274	CPT	both			19667	7495.78	WellPoint	WellPoint		6328.84	32.18			550.5	18683.65	percent of total billed charges	
ERCP REMOVE FOREIGN BODY DUCT	43275	CPT	outpatient			9250	2502.63	Aetna	Commercial		3464.51				454.06	8787.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP REMOVE FOREIGN BODY DUCT	43275	CPT	outpatient			9250	2502.63	Aetna	Medicare		2849	30.8			454.06	8787.5	percent of total billed charges	
ERCP REMOVE FOREIGN BODY DUCT	43275	CPT	outpatient			9250	2502.63	Aetna	Better Health		2918.38	31.55			454.06	8787.5	percent of total billed charges	
ERCP REMOVE FOREIGN BODY DUCT	43275	CPT	outpatient			9250	2502.63	Americare	Americare		6937.5	75			454.06	8787.5	percent of total billed charges	
ERCP REMOVE FOREIGN BODY DUCT	43275	CPT	outpatient			9250	2502.63	Amerihealth	HMO|PPO		6012.5	65			454.06	8787.5	percent of total billed charges	
ERCP REMOVE FOREIGN BODY DUCT	43275	CPT	outpatient			9250	2502.63	Amerihealth	Medicare		2176.2				454.06	8787.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP REMOVE FOREIGN BODY DUCT	43275	CPT	outpatient			9250	2502.63	Consumer	Consumer		8787.5	95			454.06	8787.5	percent of total billed charges	
ERCP REMOVE FOREIGN BODY DUCT	43275	CPT	outpatient			9250	2502.63	Corrections	Corrections		7400	80			454.06	8787.5	percent of total billed charges	
ERCP REMOVE FOREIGN BODY DUCT	43275	CPT	outpatient			9250	2502.63	First Health	First Health		6475	70			454.06	8787.5	percent of total billed charges	
ERCP REMOVE FOREIGN BODY DUCT	43275	CPT	outpatient			9250	2502.63	First Trenton	First Trenton		8325	90			454.06	8787.5	percent of total billed charges	
ERCP REMOVE FOREIGN BODY DUCT	43275	CPT	outpatient			9250	2502.63	Horizon	MGD		4049.91				454.06	8787.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP REMOVE FOREIGN BODY DUCT	43275	CPT	outpatient			9250	2502.63	Horizon	Medicare Blue		2176.2				454.06	8787.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP REMOVE FOREIGN BODY DUCT	43275	CPT	outpatient			9250	2502.63	Horizon	Indemnity		4049.91				454.06	8787.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP REMOVE FOREIGN BODY DUCT	43275	CPT	outpatient			9250	2502.63	Horizon	NJ Health		454.06				454.06	8787.5	fee schedule	
ERCP REMOVE FOREIGN BODY DUCT	43275	CPT	outpatient			9250	2502.63	Horizon	PPO		4049.91				454.06	8787.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP REMOVE FOREIGN BODY DUCT	43275	CPT	outpatient			9250	2502.63	Managed Care Inc	Managed Care Inc		8325	90			454.06	8787.5	percent of total billed charges	
ERCP REMOVE FOREIGN BODY DUCT	43275	CPT	outpatient			9250	2502.63	Multiplan	Multiplan		7400	80			454.06	8787.5	percent of total billed charges	
ERCP REMOVE FOREIGN BODY DUCT	43275	CPT	outpatient			9250	2502.63	Qualcare	Qualcare		6937.5	75			454.06	8787.5	percent of total billed charges	
ERCP REMOVE FOREIGN BODY DUCT	43275	CPT	outpatient			9250	2502.63	Three Rivers	Three Rivers		8787.5	95			454.06	8787.5	percent of total billed charges	
ERCP REMOVE FOREIGN BODY DUCT	43275	CPT	outpatient			9250	2502.63	UHC	Medicaid		2918.38	31.55			454.06	8787.5	percent of total billed charges	
ERCP REMOVE FOREIGN BODY DUCT	43275	CPT	outpatient			9250	2502.63	UHC	Medicare		2176.2				454.06	8787.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP REMOVE FOREIGN BODY DUCT	43275	CPT	outpatient			9250	2502.63	United	Commercial|PPO		2776				454.06	8787.5	case rate	
ERCP REMOVE FOREIGN BODY DUCT	43275	CPT	outpatient			9250	2502.63	United	Oxford		2776				454.06	8787.5	case rate	
ERCP REMOVE FOREIGN BODY DUCT	43275	CPT	outpatient			9250	2502.63	Wellcare	Medicaid		2918.38	31.55			454.06	8787.5	percent of total billed charges	
ERCP REMOVE FOREIGN BODY DUCT	43275	CPT	outpatient			9250	2502.63	Wellcare	Medicare		2176.2				454.06	8787.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP REMOVE FOREIGN BODY DUCT	43275	CPT	outpatient			9250	2502.63	WellPoint	WellPoint		2976.65	32.18			454.06	8787.5	percent of total billed charges	
ERCP STENT EXCHANGE W/DILATE	43276	CPT	outpatient			9250	7495.78	Aetna	Better Health		2918.38	31.55			572.61	12130.13	percent of total billed charges	
ERCP STENT EXCHANGE W/DILATE	43276	CPT	outpatient			9250	7495.78	Aetna	Commercial		10376.77				572.61	12130.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP STENT EXCHANGE W/DILATE	43276	CPT	outpatient			9250	7495.78	Aetna	Medicare		6516.07				572.61	12130.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP STENT EXCHANGE W/DILATE	43276	CPT	outpatient			9250	7495.78	Americare	Americare		6937.5	75			572.61	12130.13	percent of total billed charges	
ERCP STENT EXCHANGE W/DILATE	43276	CPT	outpatient			9250	7495.78	Amerihealth	HMO|PPO		6012.5	65			572.61	12130.13	percent of total billed charges	
ERCP STENT EXCHANGE W/DILATE	43276	CPT	outpatient			9250	7495.78	Amerihealth	Medicare		6518.07				572.61	12130.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP STENT EXCHANGE W/DILATE	43276	CPT	outpatient			9250	7495.78	Consumer	Consumer		8787.5	95			572.61	12130.13	percent of total billed charges	
ERCP STENT EXCHANGE W/DILATE	43276	CPT	outpatient			9250	7495.78	Corrections	Corrections		7400	80			572.61	12130.13	percent of total billed charges	
ERCP STENT EXCHANGE W/DILATE	43276	CPT	outpatient			9250	7495.78	First Health	First Health		6475	70			572.61	12130.13	percent of total billed charges	
ERCP STENT EXCHANGE W/DILATE	43276	CPT	outpatient			9250	7495.78	First Trenton	First Trenton		8325	90			572.61	12130.13	percent of total billed charges	
ERCP STENT EXCHANGE W/DILATE	43276	CPT	outpatient			9250	7495.78	Horizon	MGD		12130.13				572.61	12130.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP STENT EXCHANGE W/DILATE	43276	CPT	outpatient			9250	7495.78	Horizon	Medicare Blue		6518.07				572.61	12130.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP STENT EXCHANGE W/DILATE	43276	CPT	outpatient			9250	7495.78	Horizon	NJ Health		572.61				572.61	12130.13	fee schedule	
ERCP STENT EXCHANGE W/DILATE	43276	CPT	outpatient			9250	7495.78	Horizon	Indemnity		12130.13				572.61	12130.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP STENT EXCHANGE W/DILATE	43276	CPT	outpatient			9250	7495.78	Horizon	PPO		12130.13				572.61	12130.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP STENT EXCHANGE W/DILATE	43276	CPT	outpatient			9250	7495.78	Managed Care Inc	Managed Care Inc		8325	90			572.61	12130.13	percent of total billed charges	
ERCP STENT EXCHANGE W/DILATE	43276	CPT	outpatient			9250	7495.78	Multiplan	Multiplan		7400	80			572.61	12130.13	percent of total billed charges	
ERCP STENT EXCHANGE W/DILATE	43276	CPT	outpatient			9250	7495.78	Qualcare	Qualcare		6937.5	75			572.61	12130.13	percent of total billed charges	
ERCP STENT EXCHANGE W/DILATE	43276	CPT	outpatient			9250	7495.78	Three Rivers	Three Rivers		8787.5	95			572.61	12130.13	percent of total billed charges	
ERCP STENT EXCHANGE W/DILATE	43276	CPT	outpatient			9250	7495.78	UHC	Medicare		6518.07				572.61	12130.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP STENT EXCHANGE W/DILATE	43276	CPT	outpatient			9250	7495.78	UHC	Medicaid		2918.38	31.55			572.61	12130.13	percent of total billed charges	
ERCP STENT EXCHANGE W/DILATE	43276	CPT	outpatient			9250	7495.78	United	Commercial|PPO		2776				572.61	12130.13	case rate	
ERCP STENT EXCHANGE W/DILATE	43276	CPT	outpatient			9250	7495.78	United	Oxford		2776				572.61	12130.13	case rate	
ERCP STENT EXCHANGE W/DILATE	43276	CPT	outpatient			9250	7495.78	Wellcare	Medicare		6518.07				572.61	12130.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP STENT EXCHANGE W/DILATE	43276	CPT	outpatient			9250	7495.78	Wellcare	Medicaid		2918.38	31.55			572.61	12130.13	percent of total billed charges	
ERCP STENT EXCHANGE W/DILATE	43276	CPT	outpatient			9250	7495.78	WellPoint	WellPoint		2976.65	32.18			572.61	12130.13	percent of total billed charges	
ERCP EA DUCT/AMPULLA DILATE	43277	CPT	outpatient			9250	5036.99	Aetna	Medicare		2849	30.8			456.85	8787.5	percent of total billed charges	
ERCP EA DUCT/AMPULLA DILATE	43277	CPT	outpatient			9250	5036.99	Aetna	Better Health		2918.38	31.55			456.85	8787.5	percent of total billed charges	
ERCP EA DUCT/AMPULLA DILATE	43277	CPT	outpatient			9250	5036.99	Aetna	Commercial		6972.94				456.85	8787.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP EA DUCT/AMPULLA DILATE	43277	CPT	outpatient			9250	5036.99	Americare	Americare		6937.5	75			456.85	8787.5	percent of total billed charges	
ERCP EA DUCT/AMPULLA DILATE	43277	CPT	outpatient			9250	5036.99	Amerihealth	HMO|PPO		6012.5	65			456.85	8787.5	percent of total billed charges	
ERCP EA DUCT/AMPULLA DILATE	43277	CPT	outpatient			9250	5036.99	Amerihealth	Medicare		4379.99				456.85	8787.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP EA DUCT/AMPULLA DILATE	43277	CPT	outpatient			9250	5036.99	Consumer	Consumer		8787.5	95			456.85	8787.5	percent of total billed charges	
ERCP EA DUCT/AMPULLA DILATE	43277	CPT	outpatient			9250	5036.99	Corrections	Corrections		7400	80			456.85	8787.5	percent of total billed charges	
ERCP EA DUCT/AMPULLA DILATE	43277	CPT	outpatient			9250	5036.99	First Health	First Health		6475	70			456.85	8787.5	percent of total billed charges	
ERCP EA DUCT/AMPULLA DILATE	43277	CPT	outpatient			9250	5036.99	First Trenton	First Trenton		8325	90			456.85	8787.5	percent of total billed charges	
ERCP EA DUCT/AMPULLA DILATE	43277	CPT	outpatient			9250	5036.99	Horizon	PPO		8151.16				456.85	8787.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP EA DUCT/AMPULLA DILATE	43277	CPT	outpatient			9250	5036.99	Horizon	MGD		8151.16				456.85	8787.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP EA DUCT/AMPULLA DILATE	43277	CPT	outpatient			9250	5036.99	Horizon	Indemnity		8151.16				456.85	8787.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP EA DUCT/AMPULLA DILATE	43277	CPT	outpatient			9250	5036.99	Horizon	NJ Health		456.85				456.85	8787.5	fee schedule	
ERCP EA DUCT/AMPULLA DILATE	43277	CPT	outpatient			9250	5036.99	Horizon	Medicare Blue		4379.99				456.85	8787.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP EA DUCT/AMPULLA DILATE	43277	CPT	outpatient			9250	5036.99	Managed Care Inc	Managed Care Inc		8325	90			456.85	8787.5	percent of total billed charges	
ERCP EA DUCT/AMPULLA DILATE	43277	CPT	outpatient			9250	5036.99	Multiplan	Multiplan		7400	80			456.85	8787.5	percent of total billed charges	
ERCP EA DUCT/AMPULLA DILATE	43277	CPT	outpatient			9250	5036.99	Qualcare	Qualcare		6937.5	75			456.85	8787.5	percent of total billed charges	
ERCP EA DUCT/AMPULLA DILATE	43277	CPT	outpatient			9250	5036.99	Three Rivers	Three Rivers		8787.5	95			456.85	8787.5	percent of total billed charges	
ERCP EA DUCT/AMPULLA DILATE	43277	CPT	outpatient			9250	5036.99	UHC	Medicaid		2918.38	31.55			456.85	8787.5	percent of total billed charges	
ERCP EA DUCT/AMPULLA DILATE	43277	CPT	outpatient			9250	5036.99	UHC	Medicare		4379.99				456.85	8787.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP EA DUCT/AMPULLA DILATE	43277	CPT	outpatient			9250	5036.99	United	Oxford		2776				456.85	8787.5	case rate	
ERCP EA DUCT/AMPULLA DILATE	43277	CPT	outpatient			9250	5036.99	United	Commercial|PPO		2776				456.85	8787.5	case rate	
ERCP EA DUCT/AMPULLA DILATE	43277	CPT	outpatient			9250	5036.99	Wellcare	Medicare		4379.99				456.85	8787.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP EA DUCT/AMPULLA DILATE	43277	CPT	outpatient			9250	5036.99	Wellcare	Medicaid		2918.38	31.55			456.85	8787.5	percent of total billed charges	
ERCP EA DUCT/AMPULLA DILATE	43277	CPT	outpatient			9250	5036.99	WellPoint	WellPoint		2976.65	32.18			456.85	8787.5	percent of total billed charges	
ERCP W/ABLTE INCL PRE/PST DILATE	43278	CPT	outpatient			8863	5036.99	Aetna	Better Health		2796.28	31.55			519.29	8419.85	percent of total billed charges	
ERCP W/ABLTE INCL PRE/PST DILATE	43278	CPT	outpatient			8863	5036.99	Aetna	Commercial		6972.94				519.29	8419.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP W/ABLTE INCL PRE/PST DILATE	43278	CPT	outpatient			8863	5036.99	Aetna	Medicare		4379.99				519.29	8419.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP W/ABLTE INCL PRE/PST DILATE	43278	CPT	outpatient			8863	5036.99	Americare	Americare		6647.25	75			519.29	8419.85	percent of total billed charges	
ERCP W/ABLTE INCL PRE/PST DILATE	43278	CPT	outpatient			8863	5036.99	Amerihealth	HMO|PPO		5760.95	65			519.29	8419.85	percent of total billed charges	
ERCP W/ABLTE INCL PRE/PST DILATE	43278	CPT	outpatient			8863	5036.99	Amerihealth	Medicare		4379.99				519.29	8419.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP W/ABLTE INCL PRE/PST DILATE	43278	CPT	outpatient			8863	5036.99	Consumer	Consumer		8419.85	95			519.29	8419.85	percent of total billed charges	
ERCP W/ABLTE INCL PRE/PST DILATE	43278	CPT	outpatient			8863	5036.99	Corrections	Corrections		7090.4	80			519.29	8419.85	percent of total billed charges	
ERCP W/ABLTE INCL PRE/PST DILATE	43278	CPT	outpatient			8863	5036.99	First Health	First Health		6204.1	70			519.29	8419.85	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.														
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103		310119 true													
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ERCP W/ABLTE INCL PRE/PST DILATE	43278	CPT	outpatient			8863	5036.99	First Trenton	First Trenton		7976.7	90			519.29	8419.85	percent of total billed charges	
ERCP W/ABLTE INCL PRE/PST DILATE	43278	CPT	outpatient			8863	5036.99	Horizon	PPO		8151.16				519.29	8419.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP W/ABLTE INCL PRE/PST DILATE	43278	CPT	outpatient			8863	5036.99	Horizon	Indemnity		8151.16				519.29	8419.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP W/ABLTE INCL PRE/PST DILATE	43278	CPT	outpatient			8863	5036.99	Horizon	MGD		8151.16				519.29	8419.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP W/ABLTE INCL PRE/PST DILATE	43278	CPT	outpatient			8863	5036.99	Horizon	Medicare Blue		4379.99				519.29	8419.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP W/ABLTE INCL PRE/PST DILATE	43278	CPT	outpatient			8863	5036.99	Horizon	NJ Health		519.29				519.29	8419.85	fee schedule	
ERCP W/ABLTE INCL PRE/PST DILATE	43278	CPT	outpatient			8863	5036.99	Managed Care Inc	Managed Care Inc		7976.7	90			519.29	8419.85	percent of total billed charges	
ERCP W/ABLTE INCL PRE/PST DILATE	43278	CPT	outpatient			8863	5036.99	Multiplan	Multiplan		7090.4	80			519.29	8419.85	percent of total billed charges	
ERCP W/ABLTE INCL PRE/PST DILATE	43278	CPT	outpatient			8863	5036.99	Qualcare	Qualcare		6647.25	75			519.29	8419.85	percent of total billed charges	
ERCP W/ABLTE INCL PRE/PST DILATE	43278	CPT	outpatient			8863	5036.99	Three Rivers	Three Rivers		8419.85	95			519.29	8419.85	percent of total billed charges	
ERCP W/ABLTE INCL PRE/PST DILATE	43278	CPT	outpatient			8863	5036.99	UHC	Medicare		4379.99				519.29	8419.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP W/ABLTE INCL PRE/PST DILATE	43278	CPT	outpatient			8863	5036.99	UHC	Medicaid		2796.28	31.55			519.29	8419.85	percent of total billed charges	
ERCP W/ABLTE INCL PRE/PST DILATE	43278	CPT	outpatient			8863	5036.99	United	Commercial|PPO		2776				519.29	8419.85	case rate	
ERCP W/ABLTE INCL PRE/PST DILATE	43278	CPT	outpatient			8863	5036.99	United	Oxford		2776				519.29	8419.85	case rate	
ERCP W/ABLTE INCL PRE/PST DILATE	43278	CPT	outpatient			8863	5036.99	Wellcare	Medicare		4379.99				519.29	8419.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP W/ABLTE INCL PRE/PST DILATE	43278	CPT	outpatient			8863	5036.99	Wellcare	Medicaid		2796.28	31.55			519.29	8419.85	percent of total billed charges	
ERCP W/ABLTE INCL PRE/PST DILATE	43278	CPT	outpatient			8863	5036.99	WellPoint	WellPoint		2852.11	32.18			519.29	8419.85	percent of total billed charges	
EGD FLEX W/DPLMT BARIATRIC BLLN	43290	CPT	outpatient			6346	2502.63	Aetna	Better Health		2002.16	31.55			1954.57	6028.7	percent of total billed charges	
EGD FLEX W/DPLMT BARIATRIC BLLN	43290	CPT	outpatient			6346	2502.63	Aetna	Medicare		1954.57	30.8			1954.57	6028.7	percent of total billed charges	
EGD FLEX W/DPLMT BARIATRIC BLLN	43290	CPT	outpatient			6346	2502.63	Aetna	Commercial		3464.51				1954.57	6028.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD FLEX W/DPLMT BARIATRIC BLLN	43290	CPT	outpatient			6346	2502.63	Americare	Americare		4759.5	75			1954.57	6028.7	percent of total billed charges	
EGD FLEX W/DPLMT BARIATRIC BLLN	43290	CPT	outpatient			6346	2502.63	Amerihealth	Medicare		2176.2				1954.57	6028.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD FLEX W/DPLMT BARIATRIC BLLN	43290	CPT	outpatient			6346	2502.63	Amerihealth	HMO|PPO		4124.9	65			1954.57	6028.7	percent of total billed charges	
EGD FLEX W/DPLMT BARIATRIC BLLN	43290	CPT	outpatient			6346	2502.63	Consumer	Consumer		6028.7	95			1954.57	6028.7	percent of total billed charges	
EGD FLEX W/DPLMT BARIATRIC BLLN	43290	CPT	outpatient			6346	2502.63	Corrections	Corrections		5076.8	80			1954.57	6028.7	percent of total billed charges	
EGD FLEX W/DPLMT BARIATRIC BLLN	43290	CPT	outpatient			6346	2502.63	First Health	First Health		4442.2	70			1954.57	6028.7	percent of total billed charges	
EGD FLEX W/DPLMT BARIATRIC BLLN	43290	CPT	outpatient			6346	2502.63	First Trenton	First Trenton		5711.4	90			1954.57	6028.7	percent of total billed charges	
EGD FLEX W/DPLMT BARIATRIC BLLN	43290	CPT	outpatient			6346	2502.63	Horizon	MGD		4049.91				1954.57	6028.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD FLEX W/DPLMT BARIATRIC BLLN	43290	CPT	outpatient			6346	2502.63	Horizon	Indemnity		4049.91				1954.57	6028.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD FLEX W/DPLMT BARIATRIC BLLN	43290	CPT	outpatient			6346	2502.63	Horizon	Medicare Blue		2176.2				1954.57	6028.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD FLEX W/DPLMT BARIATRIC BLLN	43290	CPT	outpatient			6346	2502.63	Horizon	PPO		4049.91				1954.57	6028.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD FLEX W/DPLMT BARIATRIC BLLN	43290	CPT	outpatient			6346	2502.63	Managed Care Inc	Managed Care Inc		5711.4	90			1954.57	6028.7	percent of total billed charges	
EGD FLEX W/DPLMT BARIATRIC BLLN	43290	CPT	outpatient			6346	2502.63	Multiplan	Multiplan		5076.8	80			1954.57	6028.7	percent of total billed charges	
EGD FLEX W/DPLMT BARIATRIC BLLN	43290	CPT	outpatient			6346	2502.63	Qualcare	Qualcare		4759.5	75			1954.57	6028.7	percent of total billed charges	
EGD FLEX W/DPLMT BARIATRIC BLLN	43290	CPT	outpatient			6346	2502.63	Three Rivers	Three Rivers		6028.7	95			1954.57	6028.7	percent of total billed charges	
EGD FLEX W/DPLMT BARIATRIC BLLN	43290	CPT	outpatient			6346	2502.63	UHC	Medicaid		2002.16	31.55			1954.57	6028.7	percent of total billed charges	
EGD FLEX W/DPLMT BARIATRIC BLLN	43290	CPT	outpatient			6346	2502.63	UHC	Medicare		2176.2				1954.57	6028.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD FLEX W/DPLMT BARIATRIC BLLN	43290	CPT	outpatient			6346	2502.63	United	Commercial|PPO		2493				1954.57	6028.7	case rate	
EGD FLEX W/DPLMT BARIATRIC BLLN	43290	CPT	outpatient			6346	2502.63	United	Oxford		2493				1954.57	6028.7	case rate	
EGD FLEX W/DPLMT BARIATRIC BLLN	43290	CPT	outpatient			6346	2502.63	Wellcare	Medicare		2176.2				1954.57	6028.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD FLEX W/DPLMT BARIATRIC BLLN	43290	CPT	outpatient			6346	2502.63	Wellcare	Medicaid		2002.16	31.55			1954.57	6028.7	percent of total billed charges	
EGD FLEX W/DPLMT BARIATRIC BLLN	43290	CPT	outpatient			6346	2502.63	WellPoint	WellPoint		2042.14	32.18			1954.57	6028.7	percent of total billed charges	
DILATION, UNGUIDED/BOUGLE	43450	CPT	outpatient			1782	1192.23	Aetna	Better Health		562.22	31.55			107.95	2493	percent of total billed charges	
DILATION, UNGUIDED/BOUGLE	43450	CPT	outpatient			1782	1192.23	Aetna	Medicare		548.86	30.8			107.95	2493	percent of total billed charges	
DILATION, UNGUIDED/BOUGLE	43450	CPT	outpatient			1782	1192.23	Aetna	Commercial		1650.46				107.95	2493	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILATION, UNGUIDED/BOUGLE	43450	CPT	outpatient			1782	1192.23	Americare	Americare		1336.5	75			107.95	2493	percent of total billed charges	
DILATION, UNGUIDED/BOUGLE	43450	CPT	outpatient			1782	1192.23	Amerihealth	Medicare		1036.72				107.95	2493	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILATION, UNGUIDED/BOUGLE	43450	CPT	outpatient			1782	1192.23	Amerihealth	HMO|PPO		1158.3	65			107.95	2493	percent of total billed charges	
DILATION, UNGUIDED/BOUGLE	43450	CPT	outpatient			1782	1192.23	Consumer	Consumer		1692.9	95			107.95	2493	percent of total billed charges	
DILATION, UNGUIDED/BOUGLE	43450	CPT	outpatient			1782	1192.23	Corrections	Corrections		1425.6	80			107.95	2493	percent of total billed charges	
DILATION, UNGUIDED/BOUGLE	43450	CPT	outpatient			1782	1192.23	First Health	First Health		1247.4	70			107.95	2493	percent of total billed charges	
DILATION, UNGUIDED/BOUGLE	43450	CPT	outpatient			1782	1192.23	First Trenton	First Trenton		1603.8	90			107.95	2493	percent of total billed charges	
DILATION, UNGUIDED/BOUGLE	43450	CPT	outpatient			1782	1192.23	Horizon	Indemnity		1929.34				107.95	2493	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILATION, UNGUIDED/BOUGLE	43450	CPT	outpatient			1782	1192.23	Horizon	PPO		1929.34				107.95	2493	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILATION, UNGUIDED/BOUGLE	43450	CPT	outpatient			1782	1192.23	Horizon	MGD		1929.34				107.95	2493	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILATION, UNGUIDED/BOUGLE	43450	CPT	outpatient			1782	1192.23	Horizon	Medicare Blue		1036.72				107.95	2493	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILATION, UNGUIDED/BOUGLE	43450	CPT	outpatient			1782	1192.23	Horizon	NJ Health		107.95				107.95	2493	fee schedule	
DILATION, UNGUIDED/BOUGLE	43450	CPT	outpatient			1782	1192.23	Managed Care Inc	Managed Care Inc		1603.8	90			107.95	2493	percent of total billed charges	
DILATION, UNGUIDED/BOUGLE	43450	CPT	outpatient			1782	1192.23	Multiplan	Multiplan		1425.6	80			107.95	2493	percent of total billed charges	
DILATION, UNGUIDED/BOUGLE	43450	CPT	outpatient			1782	1192.23	Qualcare	Qualcare		1336.5	75			107.95	2493	percent of total billed charges	
DILATION, UNGUIDED/BOUGLE	43450	CPT	outpatient			1782	1192.23	Three Rivers	Three Rivers		1692.9	95			107.95	2493	percent of total billed charges	
DILATION, UNGUIDED/BOUGLE	43450	CPT	outpatient			1782	1192.23	UHC	Medicare		1036.72				107.95	2493	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILATION, UNGUIDED/BOUGLE	43450	CPT	outpatient			1782	1192.23	UHC	Medicaid		562.22	31.55			107.95	2493	percent of total billed charges	
DILATION, UNGUIDED/BOUGLE	43450	CPT	outpatient			1782	1192.23	United	Oxford		2493				107.95	2493	case rate	
DILATION, UNGUIDED/BOUGLE	43450	CPT	outpatient			1782	1192.23	United	Commercial|PPO		2493				107.95	2493	case rate	
DILATION, UNGUIDED/BOUGLE	43450	CPT	outpatient			1782	1192.23	Wellcare	Medicare		1036.72				107.95	2493	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILATION, UNGUIDED/BOUGLE	43450	CPT	outpatient			1782	1192.23	Wellcare	Medicaid		562.22	31.55			107.95	2493	percent of total billed charges	
DILATION, UNGUIDED/BOUGLE	43450	CPT	outpatient			1782	1192.23	WellPoint	WellPoint		573.45	32.18			107.95	2493	percent of total billed charges	
OVERWIRE	43453	CPT	outpatient			6072	2502.63	Aetna	Medicare		2176.2				127.89	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OVERWIRE	43453	CPT	outpatient			6072	2502.63	Aetna	Better Health		1915.72	31.55			127.89	5768.4	percent of total billed charges	
OVERWIRE	43453	CPT	outpatient			6072	2502.63	Aetna	Commercial		3464.51				127.89	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OVERWIRE	43453	CPT	outpatient			6072	2502.63	Americare	Americare		4554	75			127.89	5768.4	percent of total billed charges	
OVERWIRE	43453	CPT	outpatient			6072	2502.63	Amerihealth	Medicare		2176.2				127.89	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OVERWIRE	43453	CPT	outpatient			6072	2502.63	Amerihealth	HMO|PPO		3946.8	65			127.89	5768.4	percent of total billed charges	
OVERWIRE	43453	CPT	outpatient			6072	2502.63	Consumer	Consumer		5768.4	95			127.89	5768.4	percent of total billed charges	
OVERWIRE	43453	CPT	outpatient			6072	2502.63	Corrections	Corrections		4857.6	80			127.89	5768.4	percent of total billed charges	
OVERWIRE	43453	CPT	outpatient			6072	2502.63	First Health	First Health		4250.4	70			127.89	5768.4	percent of total billed charges	
OVERWIRE	43453	CPT	outpatient			6072	2502.63	First Trenton	First Trenton		5464.8	90			127.89	5768.4	percent of total billed charges	
OVERWIRE	43453	CPT	outpatient			6072	2502.63	Horizon	MGD		4049.91				127.89	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OVERWIRE	43453	CPT	outpatient			6072	2502.63	Horizon	Indemnity		4049.91				127.89	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OVERWIRE	43453	CPT	outpatient			6072	2502.63	Horizon	Medicare Blue		2176.2				127.89	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OVERWIRE	43453	CPT	outpatient			6072	2502.63	Horizon	NJ Health		127.89				127.89	5768.4	fee schedule	
OVERWIRE	43453	CPT	outpatient			6072	2502.63	Horizon	PPO		4049.91				127.89	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OVERWIRE	43453	CPT	outpatient			6072	2502.63	Managed Care Inc	Managed Care Inc		5464.8	90			127.89	5768.4	percent of total billed charges	
OVERWIRE	43453	CPT	outpatient			6072	2502.63	Multiplan	Multiplan		4857.6	80			127.89	5768.4	percent of total billed charges	
OVERWIRE	43453	CPT	outpatient			6072	2502.63	Qualcare	Qualcare		4554	75			127.89	5768.4	percent of total billed charges	
OVERWIRE	43453	CPT	outpatient			6072	2502.63	Three Rivers	Three Rivers		5768.4	95			127.89	5768.4	percent of total billed charges	
OVERWIRE	43453	CPT	outpatient			6072	2502.63	UHC	Medicaid		1915.72	31.55			127.89	5768.4	percent of total billed charges	
OVERWIRE	43453	CPT	outpatient			6072	2502.63	UHC	Medicare		2176.2				127.89	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OVERWIRE	43453	CPT	outpatient			6072	2502.63	United	Commercial|PPO		2493				127.89	5768.4	case rate	
OVERWIRE	43453	CPT	outpatient			6072	2502.63	United	Oxford		2493				127.89	5768.4	case rate	
OVERWIRE	43453	CPT	outpatient			6072	2502.63	Wellcare	Medicaid		1915.72	31.55			127.89	5768.4	percent of total billed charges	
OVERWIRE	43453	CPT	outpatient			6072	2502.63	Wellcare	Medicare		2176.2				127.89	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OVERWIRE	43453	CPT	outpatient			6072	2502.63	WellPoint	WellPoint		1953.97	32.18			127.89	5768.4	percent of total billed charges	
INTEST BLEED TUBE POSITIONING	43460	CPT	outpatient			1764		Aetna	Better Health		556.54	31.55			146.1	1796.54	percent of total billed charges	
INTEST BLEED TUBE POSITIONING	43460	CPT	outpatient			1764		Aetna	Medicare		543.31	30.8			146.1	1796.54	percent of total billed charges	
INTEST BLEED TUBE POSITIONING	43460	CPT	outpatient			1764		Aetna	Commercial		670.32	38			146.1	1796.54	percent of total billed charges	
INTEST BLEED TUBE POSITIONING	43460	CPT	outpatient			1764		Americare	Americare		1323	75			146.1	1796.54	percent of total billed charges	
INTEST BLEED TUBE POSITIONING	43460	CPT	outpatient			1764		Amerihealth	HMO|PPO		1146.6	65			146.1	1796.54	percent of total billed charges	
INTEST BLEED TUBE POSITIONING	43460	CPT	outpatient			1764		Consumer	Consumer		1675.8	95			146.1	1796.54	percent of total billed charges	
INTEST BLEED TUBE POSITIONING	43460	CPT	outpatient			1764		Corrections	Corrections		1411.2	80			146.1	1796.54	percent of total billed charges	
INTEST BLEED TUBE POSITIONING	43460	CPT	outpatient			1764		First Health	First Health		1234.8	70			146.1	1796.54	percent of total billed charges	
INTEST BLEED TUBE POSITIONING	43460	CPT	outpatient			1764		First Trenton	First Trenton		1587.6	90			146.1	1796.54	percent of total billed charges	
INTEST BLEED TUBE POSITIONING	43460	CPT	outpatient			1764		Horizon	Medicare Blue		529.2	30			146.1	1796.54	percent of total billed charges	
INTEST BLEED TUBE POSITIONING	43460	CPT	outpatient			1764		Horizon	NJ Health		1796.54				146.1	1796.54	fee schedule	
INTEST BLEED TUBE POSITIONING	43460	CPT	outpatient			1764		Horizon	MGD		675.26	38.28			146.1	1796.54	percent of total billed charges	
INTEST BLEED TUBE POSITIONING	43460	CPT	outpatient			1764		Horizon	Indemnity		675.26	38.28			146.1	1796.54	percent of total billed charges	
INTEST BLEED TUBE POSITIONING	43460	CPT	outpatient			1764		Horizon	PPO		675.26	38.28			146.1	1796.54	percent of total billed charges	
INTEST BLEED TUBE POSITIONING	43460	CPT	outpatient			1764		Managed Care Inc	Managed Care Inc		1587.6	90			146.1	1796.54	percent of total billed charges	
INTEST BLEED TUBE POSITIONING	43460	CPT	outpatient			1764		Multiplan	Multiplan		1411.2	80			146.1	1796.54	percent of total billed charges	
INTEST BLEED TUBE POSITIONING	43460	CPT	outpatient			1764		Qualcare	Qualcare		1323	75			146.1	1796.54	percent of total billed charges	
INTEST BLEED TUBE POSITIONING	43460	CPT	outpatient			1764		Three Rivers	Three Rivers		1675.8	95			146.1	1796.54	percent of total billed charges	
INTEST BLEED TUBE POSITIONING	43460	CPT	outpatient			1764		UHC	Medicaid		556.54	31.55			146.1	1796.54	percent of total billed charges	
INTEST BLEED TUBE POSITIONING	43460	CPT	outpatient			1764		United	Commercial|PPO		1782				146.1	1796.54	case rate	
INTEST BLEED TUBE POSITIONING	43460	CPT	outpatient			1764		United	Oxford		1782				146.1	1796.54	case rate	
INTEST BLEED TUBE POSITIONING	43460	CPT	outpatient			1764		Wellcare	Medicaid		556.54	31.55			146.1	1796.54	percent of total billed charges	
INTEST BLEED TUBE POSITIONING	43460	CPT	outpatient			1764		WellPoint	WellPoint		567.86	32.18			146.1	1796.54	percent of total billed charges	
TRANSORAL LOWER ESOPHAGEAL MYOTOMY	43497	CPT	outpatient			12180	7495.78	Aetna	Better Health		3842.79	31.55			677.31	12130.13	percent of total billed charges	
TRANSORAL LOWER ESOPHAGEAL MYOTOMY	43497	CPT	outpatient			12180	7495.78	Aetna	Commercial		10376.77				677.31	12130.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSORAL LOWER ESOPHAGEAL MYOTOMY	43497	CPT	outpatient			12180	7495.78	Aetna	Medicare		6518.07				677.31	12130.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSORAL LOWER ESOPHAGEAL MYOTOMY	43497	CPT	outpatient			12180	7495.78	Americare	Americare		9135	75			677.31	12130.13	percent of total billed charges	
TRANSORAL LOWER ESOPHAGEAL MYOTOMY	43497	CPT	outpatient			12180	7495.78	Amerihealth	HMO|PPO		7917	65			677.31	12130.13	percent of total billed charges	
TRANSORAL LOWER ESOPHAGEAL MYOTOMY	43497	CPT	outpatient			12180	7495.78	Amerihealth	Medicare		6518.07				677.31	12130.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSORAL LOWER ESOPHAGEAL MYOTOMY	43497	CPT	outpatient			12180	7495.78	Consumer	Consumer		11571	95			677.31	12130.13	percent of total billed charges	
TRANSORAL LOWER ESOPHAGEAL MYOTOMY	43497	CPT	outpatient			12180	7495.78	Corrections	Corrections		9744	80			677.31	12130.13	percent of total billed charges	
TRANSORAL LOWER ESOPHAGEAL MYOTOMY	43497	CPT	outpatient			12180	7495.78	First Health	First Health		8526	70			677.31	12130.13	percent of total billed charges	
TRANSORAL LOWER ESOPHAGEAL MYOTOMY	43497	CPT	outpatient			12180	7495.78	First Trenton	First Trenton		10962	90			677.31	12130.13	percent of total billed charges	
TRANSORAL LOWER ESOPHAGEAL MYOTOMY	43497	CPT	outpatient			12180	7495.78	Horizon	MGD		12130.13				677.31	12130.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSORAL LOWER ESOPHAGEAL MYOTOMY	43497	CPT	outpatient			12180	7495.78	Horizon	Indemnity		12130.13				677.31	12130.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSORAL LOWER ESOPHAGEAL MYOTOMY	43497	CPT	outpatient			12180	7495.78	Horizon	NJ Health		677.31				677.31	12130.13	fee schedule	
TRANSORAL LOWER ESOPHAGEAL MYOTOMY	43497	CPT	outpatient			12180	7495.78	Horizon	PPO		12130.13				677.31	12130.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSORAL LOWER ESOPHAGEAL MYOTOMY	43497	CPT	outpatient			12180	7495.78	Horizon	Medicare Blue		6518.07				677.31	12130.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSORAL LOWER ESOPHAGEAL MYOTOMY	43497	CPT	outpatient			12180	7495.78	Managed Care Inc	Managed Care Inc		10962	90			677.31	12130.13	percent of total billed charges	
TRANSORAL LOWER ESOPHAGEAL MYOTOMY	43497	CPT	outpatient			12180	7495.78	Multiplan	Multiplan		9744	80			677.31	12130.13	percent of total billed charges	
TRANSORAL LOWER ESOPHAGEAL MYOTOMY	43497	CPT	outpatient			12180	7495.78	Qualcare	Qualcare		9135	75			677.31	12130.13	percent of total billed charges	
TRANSORAL LOWER ESOPHAGEAL MYOTOMY	43497	CPT	outpatient			12180	7495.78	Three Rivers	Three Rivers		11571	95			677.31	12130.13	percent of total billed charges	
TRANSORAL LOWER ESOPHAGEAL MYOTOMY	43497	CPT	outpatient			12180	7495.78	UHC	Medicare		6518.07				677.31	12130.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSORAL LOWER ESOPHAGEAL MYOTOMY	43497	CPT	outpatient			12180	7495.78	UHC	Medicaid		3842.79	31.55			677.31	12130.13	percent of total billed charges	
TRANSORAL LOWER ESOPHAGEAL MYOTOMY	43497	CPT	outpatient			12180	7495.78	United	Oxford		2776				677.31	12130.13	case rate	
TRANSORAL LOWER ESOPHAGEAL MYOTOMY	43497	CPT	outpatient			12180	7495.78	United	Commercial|PPO		2776				677.31	12130.13	case rate	
TRANSORAL LOWER ESOPHAGEAL MYOTOMY	43497	CPT	outpatient			12180	7495.78	Wellcare	Medicare		6518.07				677.31	12130.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSORAL LOWER ESOPHAGEAL MYOTOMY	43497	CPT	outpatient			12180	7495.78	Wellcare	Medicaid		3842.79	31.55			677.31	12130.13	percent of total billed charges	
TRANSORAL LOWER ESOPHAGEAL MYOTOMY	43497	CPT	outpatient			12180	7495.78	WellPoint	WellPoint		3919.52	32.18			677.31	12130.13	percent of total billed charges	
UNLISTED PROC. ESOPHAGUS	43499	CPT	outpatient			3211	1192.23	Aetna	Better Health		1013.07	31.55			958.49	3050.45	percent of total billed charges	
UNLISTED PROC. ESOPHAGUS	43499	CPT	outpatient			3211	1192.23	Aetna	Commercial		1650.46				958.49	3050.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC. ESOPHAGUS	43499	CPT	outpatient			3211	1192.23	Aetna	Medicare		1036.72				958.49	3050.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC. ESOPHAGUS	43499	CPT	outpatient			3211	1192.23	Americare	Americare		2408.25	75			958.49	3050.45	percent of total billed charges	
UNLISTED PROC. ESOPHAGUS	43499	CPT	outpatient			3211	1192.23	Amerihealth	HMO|PPO		2087.15	65			958.49	3050.45	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.														
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true													
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
UNLISTED PROC. ESOPHAGUS	43499	CPT	outpatient			3211		1192.23 Amerihealth	Medicare		1036.72				958.49	3050.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC. ESOPHAGUS	43499	CPT	outpatient			3211		1192.23 Consumer	Consumer		3050.45	95			958.49	3050.45	percent of total billed charges	
UNLISTED PROC. ESOPHAGUS	43499	CPT	outpatient			3211		1192.23 Corrections	Corrections		2568.8	80			958.49	3050.45	percent of total billed charges	
UNLISTED PROC. ESOPHAGUS	43499	CPT	outpatient			3211		1192.23 First Health	First Health		2247.7	70			958.49	3050.45	percent of total billed charges	
UNLISTED PROC. ESOPHAGUS	43499	CPT	outpatient			3211		1192.23 First Trenton	First Trenton		2889.9	90			958.49	3050.45	percent of total billed charges	
UNLISTED PROC. ESOPHAGUS	43499	CPT	outpatient			3211		1192.23 Horizon	Indemnity		1929.34				958.49	3050.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC. ESOPHAGUS	43499	CPT	outpatient			3211		1192.23 Horizon	PPO		1929.34				958.49	3050.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC. ESOPHAGUS	43499	CPT	outpatient			3211		1192.23 Horizon	MGD		1929.34				958.49	3050.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC. ESOPHAGUS	43499	CPT	outpatient			3211		1192.23 Horizon	Medicare Blue		1036.72				958.49	3050.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC. ESOPHAGUS	43499	CPT	outpatient			3211		1192.23 Managed Care Inc	Managed Care Inc		2889.9	90			958.49	3050.45	percent of total billed charges	
UNLISTED PROC. ESOPHAGUS	43499	CPT	outpatient			3211		1192.23 Multiplan	Multiplan		2568.8	80			958.49	3050.45	percent of total billed charges	
UNLISTED PROC. ESOPHAGUS	43499	CPT	outpatient			3211		1192.23 Qualcare	Qualcare		2408.25	75			958.49	3050.45	percent of total billed charges	
UNLISTED PROC. ESOPHAGUS	43499	CPT	outpatient			3211		1192.23 Three Rivers	Three Rivers		3050.45	95			958.49	3050.45	percent of total billed charges	
UNLISTED PROC. ESOPHAGUS	43499	CPT	outpatient			3211		1192.23 UHC	Medicare		1036.72				958.49	3050.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC. ESOPHAGUS	43499	CPT	outpatient			3211		1192.23 UHC	Medicaid		1013.07	31.55			958.49	3050.45	percent of total billed charges	
UNLISTED PROC. ESOPHAGUS	43499	CPT	outpatient			3211		1192.23 United	Oxford		2493				958.49	3050.45	case rate	
UNLISTED PROC. ESOPHAGUS	43499	CPT	outpatient			3211		1192.23 United	CommercialPPO		2493				958.49	3050.45	case rate	
UNLISTED PROC. ESOPHAGUS	43499	CPT	outpatient			3211		1192.23 Wellcare	Medicaid		1013.07	31.55			958.49	3050.45	percent of total billed charges	
UNLISTED PROC. ESOPHAGUS	43499	CPT	outpatient			3211		1192.23 Wellcare	Medicare		1036.72				958.49	3050.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC. ESOPHAGUS	43499	CPT	outpatient			3211		1192.23 WellPoint	WellPoint		1033.3	32.18			958.49	3050.45	percent of total billed charges	
UNLISTED LAPAROSCOPIC PROCEDURE STOMACH	43659	CPT	outpatient			20070		7588.83 Aetna	Commercial		10505.58				6332.09	19066.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED LAPAROSCOPIC PROCEDURE STOMACH	43659	CPT	outpatient			20070		7588.83 Aetna	Better Health		6332.09	31.55			6332.09	19066.5	percent of total billed charges	
UNLISTED LAPAROSCOPIC PROCEDURE STOMACH	43659	CPT	outpatient			20070		7588.83 Aetna	Medicare		6598.98				6332.09	19066.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED LAPAROSCOPIC PROCEDURE STOMACH	43659	CPT	outpatient			20070		7588.83 Americare	Americare		15052.5	75			6332.09	19066.5	percent of total billed charges	
UNLISTED LAPAROSCOPIC PROCEDURE STOMACH	43659	CPT	outpatient			20070		7588.83 Amerihealth	HMO/PPO		13045.5	65			6332.09	19066.5	percent of total billed charges	
UNLISTED LAPAROSCOPIC PROCEDURE STOMACH	43659	CPT	outpatient			20070		7588.83 Amerihealth	Medicare		6598.98				6332.09	19066.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED LAPAROSCOPIC PROCEDURE STOMACH	43659	CPT	outpatient			20070		7588.83 Consumer	Consumer		19066.5	95			6332.09	19066.5	percent of total billed charges	
UNLISTED LAPAROSCOPIC PROCEDURE STOMACH	43659	CPT	outpatient			20070		7588.83 Corrections	Corrections		16056	80			6332.09	19066.5	percent of total billed charges	
UNLISTED LAPAROSCOPIC PROCEDURE STOMACH	43659	CPT	outpatient			20070		7588.83 First Health	First Health		14049	70			6332.09	19066.5	percent of total billed charges	
UNLISTED LAPAROSCOPIC PROCEDURE STOMACH	43659	CPT	outpatient			20070		7588.83 First Trenton	First Trenton		18063	90			6332.09	19066.5	percent of total billed charges	
UNLISTED LAPAROSCOPIC PROCEDURE STOMACH	43659	CPT	outpatient			20070		7588.83 Horizon	Indemnity		12280.7				6332.09	19066.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED LAPAROSCOPIC PROCEDURE STOMACH	43659	CPT	outpatient			20070		7588.83 Horizon	MGD		12280.7				6332.09	19066.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED LAPAROSCOPIC PROCEDURE STOMACH	43659	CPT	outpatient			20070		7588.83 Horizon	Medicare Blue		6598.98				6332.09	19066.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED LAPAROSCOPIC PROCEDURE STOMACH	43659	CPT	outpatient			20070		7588.83 Horizon	PPO		12280.7				6332.09	19066.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED LAPAROSCOPIC PROCEDURE STOMACH	43659	CPT	outpatient			20070		7588.83 Managed Care Inc	Managed Care Inc		18063	90			6332.09	19066.5	percent of total billed charges	
UNLISTED LAPAROSCOPIC PROCEDURE STOMACH	43659	CPT	outpatient			20070		7588.83 Multiplan	Multiplan		16056	80			6332.09	19066.5	percent of total billed charges	
UNLISTED LAPAROSCOPIC PROCEDURE STOMACH	43659	CPT	outpatient			20070		7588.83 Qualcare	Qualcare		15052.5	75			6332.09	19066.5	percent of total billed charges	
UNLISTED LAPAROSCOPIC PROCEDURE STOMACH	43659	CPT	outpatient			20070		7588.83 Three Rivers	Three Rivers		19066.5	95			6332.09	19066.5	percent of total billed charges	
UNLISTED LAPAROSCOPIC PROCEDURE STOMACH	43659	CPT	outpatient			20070		7588.83 UHC	Medicare		6598.98				6332.09	19066.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED LAPAROSCOPIC PROCEDURE STOMACH	43659	CPT	outpatient			20070		7588.83 UHC	Medicaid		6332.09	31.55			6332.09	19066.5	percent of total billed charges	
UNLISTED LAPAROSCOPIC PROCEDURE STOMACH	43659	CPT	outpatient			20070		7588.83 United	Oxford		6362				6332.09	19066.5	case rate	
UNLISTED LAPAROSCOPIC PROCEDURE STOMACH	43659	CPT	outpatient			20070		7588.83 United	CommercialPPO		6362				6332.09	19066.5	case rate	
UNLISTED LAPAROSCOPIC PROCEDURE STOMACH	43659	CPT	outpatient			20070		7588.83 Wellcare	Medicare		6598.98				6332.09	19066.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED LAPAROSCOPIC PROCEDURE STOMACH	43659	CPT	outpatient			20070		7588.83 Wellcare	Medicaid		6332.09	31.55			6332.09	19066.5	percent of total billed charges	
UNLISTED LAPAROSCOPIC PROCEDURE STOMACH	43659	CPT	outpatient			20070		7588.83 WellPoint	WellPoint		6458.53	32.18			6332.09	19066.5	percent of total billed charges	
NG TUBE PLACEM	43752	CPT	both			1142		524.04 Aetna	Medicare		455.69				244.83	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NG TUBE PLACEM	43752	CPT	both			1142		524.04 Aetna	Better Health		360.3	31.55			244.83	1782	percent of total billed charges	
NG TUBE PLACEM	43752	CPT	both			1142		524.04 Aetna	Commercial		725.46				244.83	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NG TUBE PLACEM	43752	CPT	both			1142		524.04 Americare	Americare		856.5	75			244.83	1782	percent of total billed charges	
NG TUBE PLACEM	43752	CPT	both			1142		524.04 Amerihealth	HMO/PPO		742.3	65			244.83	1782	percent of total billed charges	
NG TUBE PLACEM	43752	CPT	both			1142		524.04 Amerihealth	Medicare		455.69				244.83	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NG TUBE PLACEM	43752	CPT	both			1142		524.04 Consumer	Consumer		1084.9	95			244.83	1782	percent of total billed charges	
NG TUBE PLACEM	43752	CPT	both			1142		524.04 Corrections	Corrections		913.6	80			244.83	1782	percent of total billed charges	
NG TUBE PLACEM	43752	CPT	both			1142		524.04 First Health	First Health		799.4	70			244.83	1782	percent of total billed charges	
NG TUBE PLACEM	43752	CPT	both			1142		524.04 First Trenton	First Trenton		1027.8	90			244.83	1782	percent of total billed charges	
NG TUBE PLACEM	43752	CPT	both			1142		524.04 Horizon	Medicare Blue		455.69				244.83	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NG TUBE PLACEM	43752	CPT	both			1142		524.04 Horizon	Indemnity		848.04				244.83	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NG TUBE PLACEM	43752	CPT	both			1142		524.04 Horizon	MGD		848.04				244.83	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NG TUBE PLACEM	43752	CPT	both			1142		524.04 Horizon	PPO		848.04				244.83	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NG TUBE PLACEM	43752	CPT	both			1142		524.04 Managed Care Inc	Managed Care Inc		1027.8	90			244.83	1782	percent of total billed charges	
NG TUBE PLACEM	43752	CPT	both			1142		524.04 Multiplan	Multiplan		913.6	80			244.83	1782	percent of total billed charges	
NG TUBE PLACEM	43752	CPT	both			1142		524.04 Qualcare	Qualcare		856.5	75			244.83	1782	percent of total billed charges	
NG TUBE PLACEM	43752	CPT	both			1142		524.04 Three Rivers	Three Rivers		1084.9	95			244.83	1782	percent of total billed charges	
NG TUBE PLACEM	43752	CPT	both			1142		524.04 UHC	Medicaid		360.3	31.55			244.83	1782	percent of total billed charges	
NG TUBE PLACEM	43752	CPT	both			1142		524.04 UHC	Medicare		455.69				244.83	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NG TUBE PLACEM	43752	CPT	both			1142		524.04 United	CommercialPPO		1782				244.83	1782	case rate	
NG TUBE PLACEM	43752	CPT	both			1142		524.04 United	Oxford		1782				244.83	1782	case rate	
NG TUBE PLACEM	43752	CPT	both			1142		524.04 Wellcare	Medicaid		360.3	31.55			244.83	1782	percent of total billed charges	
NG TUBE PLACEM	43752	CPT	both			1142		524.04 Wellcare	Medicare		455.69				244.83	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NG TUBE PLACEM	43752	CPT	both			1142		524.04 WellPoint	WellPoint		367.5	32.18			244.83	1782	percent of total billed charges	
GASTRIC INTUBATION&LAVAGE	43753	CPT	outpatient			1023		412.82 Aetna	Commercial		571.48				22.79	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GASTRIC INTUBATION&LAVAGE	43753	CPT	outpatient			1023		412.82 Aetna	Medicare		315.08	30.8			22.79	1782	percent of total billed charges	
GASTRIC INTUBATION&LAVAGE	43753	CPT	outpatient			1023		412.82 Aetna	Better Health		322.76	31.55			22.79	1782	percent of total billed charges	
GASTRIC INTUBATION&LAVAGE	43753	CPT	outpatient			1023		412.82 Americare	Americare		767.25	75			22.79	1782	percent of total billed charges	
GASTRIC INTUBATION&LAVAGE	43753	CPT	outpatient			1023		412.82 Amerihealth	HMO/PPO		664.95	65			22.79	1782	percent of total billed charges	
GASTRIC INTUBATION&LAVAGE	43753	CPT	outpatient			1023		412.82 Amerihealth	Medicare		358.97				22.79	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GASTRIC INTUBATION&LAVAGE	43753	CPT	outpatient			1023		412.82 Consumer	Consumer		971.85	95			22.79	1782	percent of total billed charges	
GASTRIC INTUBATION&LAVAGE	43753	CPT	outpatient			1023		412.82 Corrections	Corrections		818.4	80			22.79	1782	percent of total billed charges	
GASTRIC INTUBATION&LAVAGE	43753	CPT	outpatient			1023		412.82 First Health	First Health		716.1	70			22.79	1782	percent of total billed charges	
GASTRIC INTUBATION&LAVAGE	43753	CPT	outpatient			1023		412.82 First Trenton	First Trenton		920.7	90			22.79	1782	percent of total billed charges	
GASTRIC INTUBATION&LAVAGE	43753	CPT	outpatient			1023		412.82 Horizon	MGD		668.04				22.79	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GASTRIC INTUBATION&LAVAGE	43753	CPT	outpatient			1023		412.82 Horizon	Indemnity		668.04				22.79	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GASTRIC INTUBATION&LAVAGE	43753	CPT	outpatient			1023		412.82 Horizon	PPO		668.04				22.79	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GASTRIC INTUBATION&LAVAGE	43753	CPT	outpatient			1023		412.82 Horizon	NJ Health		22.79				22.79	1782	fee schedule	
GASTRIC INTUBATION&LAVAGE	43753	CPT	outpatient			1023		412.82 Horizon	Medicare Blue		358.97				22.79	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GASTRIC INTUBATION&LAVAGE	43753	CPT	outpatient			1023		412.82 Managed Care Inc	Managed Care Inc		920.7	90			22.79	1782	percent of total billed charges	
GASTRIC INTUBATION&LAVAGE	43753	CPT	outpatient			1023		412.82 Multiplan	Multiplan		818.4	80			22.79	1782	percent of total billed charges	
GASTRIC INTUBATION&LAVAGE	43753	CPT	outpatient			1023		412.82 Qualcare	Qualcare		767.25	75			22.79	1782	percent of total billed charges	
GASTRIC INTUBATION&LAVAGE	43753	CPT	outpatient			1023		412.82 Three Rivers	Three Rivers		971.85	95			22.79	1782	percent of total billed charges	
GASTRIC INTUBATION&LAVAGE	43753	CPT	outpatient			1023		412.82 UHC	Medicaid		322.76	31.55			22.79	1782	percent of total billed charges	
GASTRIC INTUBATION&LAVAGE	43753	CPT	outpatient			1023		412.82 UHC	Medicare		358.97				22.79	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GASTRIC INTUBATION&LAVAGE	43753	CPT	outpatient			1023		412.82 United	Oxford		1782				22.79	1782	case rate	
GASTRIC INTUBATION&LAVAGE	43753	CPT	outpatient			1023		412.82 United	CommercialPPO		1782				22.79	1782	case rate	
GASTRIC INTUBATION&LAVAGE	43753	CPT	outpatient			1023		412.82 Wellcare	Medicare		358.97				22.79	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GASTRIC INTUBATION&LAVAGE	43753	CPT	outpatient			1023		412.82 Wellcare	Medicaid		322.76	31.55			22.79	1782	percent of total billed charges	
GASTRIC INTUBATION&LAVAGE	43753	CPT	outpatient			1023		412.82 WellPoint	WellPoint		329.2	32.18			22.79	1782	percent of total billed charges	
GASTRIC INTUB FOR SMR (NG TUBE)	43754	CPT	outpatient			487		412.82 Aetna	Better Health		153.65	31.55			91.01	1782	percent of total billed charges	
GASTRIC INTUB FOR SMR (NG TUBE)	43754	CPT	outpatient			487		412.82 Aetna	Commercial		571.48				91.01	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GASTRIC INTUB FOR SMR (NG TUBE)	43754	CPT	outpatient			487		412.82 Aetna	Medicare		358.97				91.01	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GASTRIC INTUB FOR SMR (NG TUBE)	43754	CPT	outpatient			487		412.82 Americare	Americare		365.25	75			91.01	1782	percent of total billed charges	
GASTRIC INTUB FOR SMR (NG TUBE)	43754	CPT	outpatient			487		412.82 Amerihealth	Medicare		358.97				91.01	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GASTRIC INTUB FOR SMR (NG TUBE)	43754	CPT	outpatient			487		412.82 Amerihealth	HMO/PPO		316.55	65			91.01	1782	percent of total billed charges	
GASTRIC INTUB FOR SMR (NG TUBE)	43754	CPT	outpatient			487		412.82 Consumer	Consumer		462.65	95			91.01	1782	percent of total billed charges	
GASTRIC INTUB FOR SMR (NG TUBE)	43754	CPT	outpatient			487		412.82 Corrections	Corrections		389.6	80			91.01	1782	percent of total billed charges	
GASTRIC INTUB FOR SMR (NG TUBE)	43754	CPT	outpatient			487		412.82 First Health	First Health		340.9	70			91.01	1782	percent of total billed charges	
GASTRIC INTUB FOR SMR (NG TUBE)	43754	CPT	outpatient			487		412.82 First Trenton	First Trenton		438.3	90			91.01	1782	percent of total billed charges	
GASTRIC INTUB FOR SMR (NG TUBE)	43754	CPT	outpatient			487		412.82 Horizon	Medicare Blue		358.97				91.01	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GASTRIC INTUB FOR SMR (NG TUBE)	43754	CPT	outpatient			487		412.82 Horizon	MGD		668.04				91.01	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GASTRIC INTUB FOR SMR (NG TUBE)	43754	CPT	outpatient			487		412.82 Horizon	Indemnity		668.04				91.01	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GASTRIC INTUB FOR SMR (NG TUBE)	43754	CPT	outpatient			487		412.82 Horizon	NJ Health		91.01				91.01	1782	fee schedule	
GASTRIC INTUB FOR SMR (NG TUBE)	43754	CPT	outpatient			487		412.82 Horizon	PPO		668.04				91.01	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GASTRIC INTUB FOR SMR (NG TUBE)	43754	CPT	outpatient			487		412.82 Managed Care Inc	Managed Care Inc		438.3	90			91.01	1782	percent of total billed charges	
GASTRIC INTUB FOR SMR (NG TUBE)	43754	CPT	outpatient			487		412.82 Multiplan	Multiplan		389.6	80			91.01	1782	percent of total billed charges	
GASTRIC INTUB FOR SMR (NG TUBE)	43754	CPT	outpatient			487		412.82 Qualcare	Qualcare		365.25	75			91.01	1782	percent of total billed charges	
GASTRIC INTUB FOR SMR (NG TUBE)	43754	CPT	outpatient			487		412.82 Three Rivers	Three Rivers		462.65	95			91.01	1782	percent of total billed charges	
GASTRIC INTUB FOR SMR (NG TUBE)	43754	CPT	outpatient			487		412.82 UHC	Medicaid		153.65	31.55			91.01	1782	percent of total billed charges	
GASTRIC INTUB FOR SMR (NG TUBE)	43754	CPT	outpatient			487		412.82 UHC	Medicare		358.97				91.01	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GASTRIC INTUB FOR SMR (NG TUBE)	43754	CPT	outpatient			487		412.82 United	CommercialPPO		1782				91.01	1782	case rate	
GASTRIC INTUB FOR SMR (NG TUBE)	43754	CPT	outpatient			487		412.82 United	Oxford		1782				91.01	1782	case rate	
GASTRIC INTUB FOR SMR (NG TUBE)	43754	CPT	outpatient			487		412.82 Wellcare	Medicaid		153.65	31.55			91.01	1782	percent of total billed charges	
GASTRIC INTUB FOR SMR (NG TUBE)	43754	CPT	outpatient			487		412.82 Wellcare	Medicare		358.97				91.01	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GASTRIC INTUB FOR SMR (NG TUBE)	43754	CPT	outpatient			487		412.82 WellPoint	WellPoint		156.72	32.18			91.01	1782	percent of total billed charges	
CHANGE GASTROSTOMY TUBE	43760	CPT	outpatient			1087		Aetna	Medicare		334.8	30.8			326.1	1032.65	percent of total billed charges	
CHANGE GASTROSTOMY TUBE	43760	CPT	outpatient			1087		Aetna	Better Health		342.95	31.55			326.1	1032.65	percent of total billed charges	
CHANGE GASTROSTOMY TUBE	43760	CPT	outpatient			1087		Aetna	Commercial		413.06	38			326.1	1032.65	percent of total billed charges	
CHANGE GASTROSTOMY TUBE	43760	CPT	outpatient			1087		Americare	Americare		815.25	75			326.1	1032.65	percent of total billed charges	
CHANGE GASTROSTOMY TUBE	43760	CPT	outpatient			1087		Amerihealth	HMO/PPO		706.55	65			326.1	1032.65	percent of total billed charges	
CHANGE GASTROSTOMY TUBE	43760	CPT	outpatient			1087		Consumer	Consumer		1032.65	95			326.1	1032.65	percent of total billed charges	
CHANGE GASTROSTOMY TUBE	43760	CPT	outpatient			1087		Corrections	Corrections		869.6	80			326.1	1032.65	percent of total billed charges	
CHANGE GASTROSTOMY TUBE	43760	CPT	outpatient			1087		First Health	First Health		760.9	70			326.1	1032.65	percent of total billed charges	
CHANGE GASTROSTOMY TUBE	43760	CPT	outpatient			1087		First Trenton	First Trenton		978.3	90			326.1	1032.65	percent of total billed charges	
CHANGE GASTROSTOMY TUBE	43760	CPT	outpatient			1087		Horizon	Medicare Blue		326.1	30			326.1	1032.65	percent of total billed charges	
CHANGE GASTROSTOMY TUBE	43760	CPT	outpatient			1087		Horizon	MGD		416.1	38.28			326.1	1032.65	percent of total billed charges	
CHANGE GASTROSTOMY TUBE	43760	CPT	outpatient			1087		Horizon	Indemnity		416.1	38.28			326.1	1032.65	percent of total billed charges	
CHANGE GASTROSTOMY TUBE	43760	CPT	outpatient			1087		Horizon	PPO		416.1	38.28			326.1	1032.65	percent of total billed charges	
CHANGE GASTROSTOMY TUBE	43760	CPT	outpatient			1087		Managed Care Inc	Managed Care Inc		978.3	90			326.1	1032.65	percent of total billed charges	
CHANGE GASTROSTOMY TUBE	43760	CPT	outpatient			1087		Multiplan	Multiplan		869.6	80			326.1	1032.65	percent of total billed charges	
CHANGE GASTROSTOMY TUBE	43760	CPT	outpatient			1087		Qualcare	Qualcare		815.25	75			326.1	1032.65	percent of total billed charges	
CHANGE GASTROSTOMY TUBE	43760	CPT	outpatient			1087		Three Rivers	Three Rivers		1032.65	95			326.1	1032.65	percent of total billed charges	
CHANGE GASTROSTOMY TUBE	43760	CPT	outpatient			1087		UHC	Medicaid		342.95	31.55			326.1	1032.65	percent of total billed charges	
CHANGE GASTROSTOMY TUBE	43760	CPT	outpatient			1087		Wellcare	Medicaid		342.95	31.55			326.1	1032.65	percent of total billed charges	
CHANGE GASTROSTOMY TUBE	43760	CPT	outpatient			1087		WellPoint	WellPoint		349.8	32.18			326.1	1032.65	percent of total billed charges	
REPOSITION GASTROSTOMY TUBE	43761	CPT	outpatient			3292		325.06 Aetna	Better Health		1038.63	31.55			21.92	3127.4	percent of total billed charges	
REPOSITION GASTROSTOMY TUBE	43761	CPT	outpatient			3292		325.06 Aetna	Commercial		449.99				21.92	3127.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPOSITION GASTROSTOMY TUBE	43761	CPT	outpatient			3292		325.06 Aetna	Medicare		282.66				21.92	3127.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPOSITION GASTROSTOMY TUBE	43761	CPT	outpatient			3292		325.06 Americare	Americare		2469	75			21.92	3127.4	percent of total billed charges	
REPOSITION GASTROSTOMY TUBE	43761	CPT	outpatient			3292		325.06 Amerihealth	HMO/PPO		2139.8	65			21.92	3127.4	percent of total billed charges	
REPOSITION GASTROSTOMY TUBE	43761	CPT	outpatient			3292		325.06 Amerihealth	Medicare		282.66				21.92	3127.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.															
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true														
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
REPOSITION GASTROSTOMY TUBE	43761	CPT	outpatient			3292		325.06 Consumer	Consumer		95				21.92	3127.4	percent of total billed charges	
REPOSITION GASTROSTOMY TUBE	43761	CPT	outpatient			3292		325.06 Corrections	Corrections		80				21.92	3127.4	percent of total billed charges	
REPOSITION GASTROSTOMY TUBE	43761	CPT	outpatient			3292		325.06 First Health	First Health		70				21.92	3127.4	percent of total billed charges	
REPOSITION GASTROSTOMY TUBE	43761	CPT	outpatient			3292		325.06 First Trenton	First Trenton		90				21.92	3127.4	percent of total billed charges	
REPOSITION GASTROSTOMY TUBE	43761	CPT	outpatient			3292		325.06 Horizon	NJ Health						21.92	3127.4	fee schedule	
REPOSITION GASTROSTOMY TUBE	43761	CPT	outpatient			3292		325.06 Horizon	PPO		526.03				21.92	3127.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPOSITION GASTROSTOMY TUBE	43761	CPT	outpatient			3292		325.06 Horizon	MGD		526.03				21.92	3127.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPOSITION GASTROSTOMY TUBE	43761	CPT	outpatient			3292		325.06 Horizon	Indemnity		526.03				21.92	3127.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPOSITION GASTROSTOMY TUBE	43761	CPT	outpatient			3292		325.06 Horizon	Medicare Blue		282.66				21.92	3127.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPOSITION GASTROSTOMY TUBE	43761	CPT	outpatient			3292		325.06 Managed Care Inc	Managed Care Inc		2962.8	90			21.92	3127.4	percent of total billed charges	
REPOSITION GASTROSTOMY TUBE	43761	CPT	outpatient			3292		325.06 Multiplan	Multiplan		2633.6	80			21.92	3127.4	percent of total billed charges	
REPOSITION GASTROSTOMY TUBE	43761	CPT	outpatient			3292		325.06 Qualcare	Qualcare		2469	75			21.92	3127.4	percent of total billed charges	
REPOSITION GASTROSTOMY TUBE	43761	CPT	outpatient			3292		325.06 Three Rivers	Three Rivers		3127.4	95			21.92	3127.4	percent of total billed charges	
REPOSITION GASTROSTOMY TUBE	43761	CPT	outpatient			3292		325.06 UHC	Medicare		282.66				21.92	3127.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPOSITION GASTROSTOMY TUBE	43761	CPT	outpatient			3292		325.06 UHC	Medicaid		1038.63	31.55			21.92	3127.4	percent of total billed charges	
REPOSITION GASTROSTOMY TUBE	43761	CPT	outpatient			3292		325.06 United	Commercial|PPO		1782				21.92	3127.4	case rate	
REPOSITION GASTROSTOMY TUBE	43761	CPT	outpatient			3292		325.06 United	Oxford		1782				21.92	3127.4	case rate	
REPOSITION GASTROSTOMY TUBE	43761	CPT	outpatient			3292		325.06 Wellcare	Medicare		282.66				21.92	3127.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPOSITION GASTROSTOMY TUBE	43761	CPT	outpatient			3292		325.06 Wellcare	Medicaid		1038.63	31.55			21.92	3127.4	percent of total billed charges	
REPOSITION GASTROSTOMY TUBE	43761	CPT	outpatient			3292		325.06 WellPoint	WellPoint		1059.37	32.18			21.92	3127.4	percent of total billed charges	
REPLACE OF GASTROSTOMY TUBE	43762	CPT	outpatient			951		325.06 Aetna	Commercial		449.99				241.78	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPLACE OF GASTROSTOMY TUBE	43762	CPT	outpatient			951		325.06 Aetna	Medicare		292.91	30.8			241.78	1782	percent of total billed charges	
REPLACE OF GASTROSTOMY TUBE	43762	CPT	outpatient			951		325.06 Aetna	Better Health		300.04	31.55			241.78	1782	percent of total billed charges	
REPLACE OF GASTROSTOMY TUBE	43762	CPT	outpatient			951		325.06 Americare	Americare		713.25	75			241.78	1782	percent of total billed charges	
REPLACE OF GASTROSTOMY TUBE	43762	CPT	outpatient			951		325.06 Amerihealth	HMO/PPO		618.15	65			241.78	1782	percent of total billed charges	
REPLACE OF GASTROSTOMY TUBE	43762	CPT	outpatient			951		325.06 Amerihealth	Medicare		282.66				241.78	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPLACE OF GASTROSTOMY TUBE	43762	CPT	outpatient			951		325.06 Consumer	Consumer		903.45	95			241.78	1782	percent of total billed charges	
REPLACE OF GASTROSTOMY TUBE	43762	CPT	outpatient			951		325.06 Corrections	Corrections		760.8	80			241.78	1782	percent of total billed charges	
REPLACE OF GASTROSTOMY TUBE	43762	CPT	outpatient			951		325.06 First Health	First Health		665.7	70			241.78	1782	percent of total billed charges	
REPLACE OF GASTROSTOMY TUBE	43762	CPT	outpatient			951		325.06 First Trenton	First Trenton		855.9	90			241.78	1782	percent of total billed charges	
REPLACE OF GASTROSTOMY TUBE	43762	CPT	outpatient			951		325.06 Horizon	MGD		526.03				241.78	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPLACE OF GASTROSTOMY TUBE	43762	CPT	outpatient			951		325.06 Horizon	Medicare Blue		282.66				241.78	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPLACE OF GASTROSTOMY TUBE	43762	CPT	outpatient			951		325.06 Horizon	NJ Health		344.02				241.78	1782	fee schedule	
REPLACE OF GASTROSTOMY TUBE	43762	CPT	outpatient			951		325.06 Horizon	Indemnity		526.03				241.78	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPLACE OF GASTROSTOMY TUBE	43762	CPT	outpatient			951		325.06 Horizon	PPO		526.03				241.78	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPLACE OF GASTROSTOMY TUBE	43762	CPT	outpatient			951		325.06 Managed Care Inc	Managed Care Inc		855.9	90			241.78	1782	percent of total billed charges	
REPLACE OF GASTROSTOMY TUBE	43762	CPT	outpatient			951		325.06 Multiplan	Multiplan		760.8	80			241.78	1782	percent of total billed charges	
REPLACE OF GASTROSTOMY TUBE	43762	CPT	outpatient			951		325.06 Qualcare	Qualcare		713.25	75			241.78	1782	percent of total billed charges	
REPLACE OF GASTROSTOMY TUBE	43762	CPT	outpatient			951		325.06 Three Rivers	Three Rivers		903.45	95			241.78	1782	percent of total billed charges	
REPLACE OF GASTROSTOMY TUBE	43762	CPT	outpatient			951		325.06 UHC	Medicaid		300.04	31.55			241.78	1782	percent of total billed charges	
REPLACE OF GASTROSTOMY TUBE	43762	CPT	outpatient			951		325.06 UHC	Medicare		282.66				241.78	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPLACE OF GASTROSTOMY TUBE	43762	CPT	outpatient			951		325.06 United	Oxford		1782				241.78	1782	case rate	
REPLACE OF GASTROSTOMY TUBE	43762	CPT	outpatient			951		325.06 United	Commercial|PPO		1782				241.78	1782	case rate	
REPLACE OF GASTROSTOMY TUBE	43762	CPT	outpatient			951		325.06 Wellcare	Medicare		282.66				241.78	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPLACE OF GASTROSTOMY TUBE	43762	CPT	outpatient			951		325.06 Wellcare	Medicaid		300.04	31.55			241.78	1782	percent of total billed charges	
REPLACE OF GASTROSTOMY TUBE	43762	CPT	outpatient			951		325.06 WellPoint	WellPoint		306.03	32.18			241.78	1782	percent of total billed charges	
PERQ RPLCMT GTUBE W/REV GST	43763	CPT	outpatient			1056		325.06 Aetna	Commercial		449.99				282.66	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERQ RPLCMT GTUBE W/REV GST	43763	CPT	outpatient			1056		325.06 Aetna	Medicare		325.25	30.8			282.66	1782	percent of total billed charges	
PERQ RPLCMT GTUBE W/REV GST	43763	CPT	outpatient			1056		325.06 Aetna	Better Health		333.17	31.55			282.66	1782	percent of total billed charges	
PERQ RPLCMT GTUBE W/REV GST	43763	CPT	outpatient			1056		325.06 Americare	Americare		792	75			282.66	1782	percent of total billed charges	
PERQ RPLCMT GTUBE W/REV GST	43763	CPT	outpatient			1056		325.06 Amerihealth	HMO/PPO		686.4	65			282.66	1782	percent of total billed charges	
PERQ RPLCMT GTUBE W/REV GST	43763	CPT	outpatient			1056		325.06 Amerihealth	Medicare		282.66				282.66	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERQ RPLCMT GTUBE W/REV GST	43763	CPT	outpatient			1056		325.06 Consumer	Consumer		1003.2	95			282.66	1782	percent of total billed charges	
PERQ RPLCMT GTUBE W/REV GST	43763	CPT	outpatient			1056		325.06 Corrections	Corrections		844.8	80			282.66	1782	percent of total billed charges	
PERQ RPLCMT GTUBE W/REV GST	43763	CPT	outpatient			1056		325.06 First Health	First Health		739.2	70			282.66	1782	percent of total billed charges	
PERQ RPLCMT GTUBE W/REV GST	43763	CPT	outpatient			1056		325.06 First Trenton	First Trenton		950.4	90			282.66	1782	percent of total billed charges	
PERQ RPLCMT GTUBE W/REV GST	43763	CPT	outpatient			1056		325.06 Horizon	PPO		526.03				282.66	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERQ RPLCMT GTUBE W/REV GST	43763	CPT	outpatient			1056		325.06 Horizon	Medicare Blue		282.66				282.66	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERQ RPLCMT GTUBE W/REV GST	43763	CPT	outpatient			1056		325.06 Horizon	Indemnity		526.03				282.66	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERQ RPLCMT GTUBE W/REV GST	43763	CPT	outpatient			1056		325.06 Horizon	MGD		526.03				282.66	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERQ RPLCMT GTUBE W/REV GST	43763	CPT	outpatient			1056		325.06 Horizon	NJ Health		508.51				282.66	1782	fee schedule	
PERQ RPLCMT GTUBE W/REV GST	43763	CPT	outpatient			1056		325.06 Managed Care Inc	Managed Care Inc		950.4	90			282.66	1782	percent of total billed charges	
PERQ RPLCMT GTUBE W/REV GST	43763	CPT	outpatient			1056		325.06 Multiplan	Multiplan		844.8	80			282.66	1782	percent of total billed charges	
PERQ RPLCMT GTUBE W/REV GST	43763	CPT	outpatient			1056		325.06 Qualcare	Qualcare		792	75			282.66	1782	percent of total billed charges	
PERQ RPLCMT GTUBE W/REV GST	43763	CPT	outpatient			1056		325.06 Three Rivers	Three Rivers		1003.2	95			282.66	1782	percent of total billed charges	
PERQ RPLCMT GTUBE W/REV GST	43763	CPT	outpatient			1056		325.06 UHC	Medicare		282.66				282.66	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERQ RPLCMT GTUBE W/REV GST	43763	CPT	outpatient			1056		325.06 UHC	Medicaid		333.17	31.55			282.66	1782	percent of total billed charges	
PERQ RPLCMT GTUBE W/REV GST	43763	CPT	outpatient			1056		325.06 United	Oxford		1782				282.66	1782	case rate	
PERQ RPLCMT GTUBE W/REV GST	43763	CPT	outpatient			1056		325.06 United	Commercial|PPO		1782				282.66	1782	case rate	
PERQ RPLCMT GTUBE W/REV GST	43763	CPT	outpatient			1056		325.06 Wellcare	Medicare		282.66				282.66	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERQ RPLCMT GTUBE W/REV GST	43763	CPT	outpatient			1056		325.06 Wellcare	Medicaid		333.17	31.55			282.66	1782	percent of total billed charges	
PERQ RPLCMT GTUBE W/REV GST	43763	CPT	outpatient			1056		325.06 WellPoint	WellPoint		339.82	32.18			282.66	1782	percent of total billed charges	
GASTROSTOMY,OP W/O GASTRIC TUBE CREATE	43830	CPT	outpatient			8407		2502.63 Aetna	Better Health		2652.41	31.55			668.21	7986.65	percent of total billed charges	
GASTROSTOMY,OP W/O GASTRIC TUBE CREATE	43830	CPT	outpatient			8407		2502.63 Aetna	Commercial		3464.51				668.21	7986.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GASTROSTOMY,OP W/O GASTRIC TUBE CREATE	43830	CPT	outpatient			8407		2502.63 Aetna	Medicare		2176.2				668.21	7986.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GASTROSTOMY,OP W/O GASTRIC TUBE CREATE	43830	CPT	outpatient			8407		2502.63 Americare	Americare		6305.25	75			668.21	7986.65	percent of total billed charges	
GASTROSTOMY,OP W/O GASTRIC TUBE CREATE	43830	CPT	outpatient			8407		2502.63 Amerihealth	HMO/PPO		5464.55	65			668.21	7986.65	percent of total billed charges	
GASTROSTOMY,OP W/O GASTRIC TUBE CREATE	43830	CPT	outpatient			8407		2502.63 Amerihealth	Medicare		2176.2				668.21	7986.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GASTROSTOMY,OP W/O GASTRIC TUBE CREATE	43830	CPT	outpatient			8407		2502.63 Consumer	Consumer		7986.65	95			668.21	7986.65	percent of total billed charges	
GASTROSTOMY,OP W/O GASTRIC TUBE CREATE	43830	CPT	outpatient			8407		2502.63 Corrections	Corrections		6725.6	80			668.21	7986.65	percent of total billed charges	
GASTROSTOMY,OP W/O GASTRIC TUBE CREATE	43830	CPT	outpatient			8407		2502.63 First Health	First Health		5884.9	70			668.21	7986.65	percent of total billed charges	
GASTROSTOMY,OP W/O GASTRIC TUBE CREATE	43830	CPT	outpatient			8407		2502.63 First Trenton	First Trenton		7566.3	90			668.21	7986.65	percent of total billed charges	
GASTROSTOMY,OP W/O GASTRIC TUBE CREATE	43830	CPT	outpatient			8407		2502.63 Horizon	PPO		4049.91				668.21	7986.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GASTROSTOMY,OP W/O GASTRIC TUBE CREATE	43830	CPT	outpatient			8407		2502.63 Horizon	MGD		4049.91				668.21	7986.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GASTROSTOMY,OP W/O GASTRIC TUBE CREATE	43830	CPT	outpatient			8407		2502.63 Horizon	Medicare Blue		2176.2				668.21	7986.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GASTROSTOMY,OP W/O GASTRIC TUBE CREATE	43830	CPT	outpatient			8407		2502.63 Horizon	NJ Health		668.21				668.21	7986.65	fee schedule	
GASTROSTOMY,OP W/O GASTRIC TUBE CREATE	43830	CPT	outpatient			8407		2502.63 Horizon	Indemnity		4049.91				668.21	7986.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GASTROSTOMY,OP W/O GASTRIC TUBE CREATE	43830	CPT	outpatient			8407		2502.63 Managed Care Inc	Managed Care Inc		7566.3	90			668.21	7986.65	percent of total billed charges	
GASTROSTOMY,OP W/O GASTRIC TUBE CREATE	43830	CPT	outpatient			8407		2502.63 Multiplan	Multiplan		6725.6	80			668.21	7986.65	percent of total billed charges	
GASTROSTOMY,OP W/O GASTRIC TUBE CREATE	43830	CPT	outpatient			8407		2502.63 Qualcare	Qualcare		6305.25	75			668.21	7986.65	percent of total billed charges	
GASTROSTOMY,OP W/O GASTRIC TUBE CREATE	43830	CPT	outpatient			8407		2502.63 Three Rivers	Three Rivers		7986.65	95			668.21	7986.65	percent of total billed charges	
GASTROSTOMY,OP W/O GASTRIC TUBE CREATE	43830	CPT	outpatient			8407		2502.63 UHC	Medicaid		2652.41	31.55			668.21	7986.65	percent of total billed charges	
GASTROSTOMY,OP W/O GASTRIC TUBE CREATE	43830	CPT	outpatient			8407		2502.63 UHC	Medicare		2176.2				668.21	7986.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GASTROSTOMY,OP W/O GASTRIC TUBE CREATE	43830	CPT	outpatient			8407		2502.63 United	Oxford		2776				668.21	7986.65	case rate	
GASTROSTOMY,OP W/O GASTRIC TUBE CREATE	43830	CPT	outpatient			8407		2502.63 United	Commercial|PPO		2776				668.21	7986.65	case rate	
GASTROSTOMY,OP W/O GASTRIC TUBE CREATE	43830	CPT	outpatient			8407		2502.63 Wellcare	Medicare		2176.2				668.21	7986.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GASTROSTOMY,OP W/O GASTRIC TUBE CREATE	43830	CPT	outpatient			8407		2502.63 Wellcare	Medicaid		2652.41	31.55			668.21	7986.65	percent of total billed charges	
GASTROSTOMY,OP W/O GASTRIC TUBE CREATE	43830	CPT	outpatient			8407		2502.63 WellPoint	WellPoint		2705.37	32.18			668.21	7986.65	percent of total billed charges	
UNLISTED PROCEDURE, STOMACH	43999	CPT	outpatient			3479		1192.23 Aetna	Medicare		1036.72				993.51	3305.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE, STOMACH	43999	CPT	outpatient			3479		1192.23 Aetna	Commercial		1650.46				993.51	3305.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE, STOMACH	43999	CPT	outpatient			3479		1192.23 Aetna	Better Health		1097.62	31.55			993.51	3305.05	percent of total billed charges	
UNLISTED PROCEDURE, STOMACH	43999	CPT	outpatient			3479		1192.23 Americare	Americare		2609.25	75			993.51	3305.05	percent of total billed charges	
UNLISTED PROCEDURE, STOMACH	43999	CPT	outpatient			3479		1192.23 Amerihealth	HMO/PPO		2261.35	65			993.51	3305.05	percent of total billed charges	
UNLISTED PROCEDURE, STOMACH	43999	CPT	outpatient			3479		1192.23 Amerihealth	Medicare		1036.72				993.51	3305.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE, STOMACH	43999	CPT	outpatient			3479		1192.23 Consumer	Consumer		3305.05	95			993.51	3305.05	percent of total billed charges	
UNLISTED PROCEDURE, STOMACH	43999	CPT	outpatient			3479		1192.23 Corrections	Corrections		2783.2	80			993.51	3305.05	percent of total billed charges	
UNLISTED PROCEDURE, STOMACH	43999	CPT	outpatient			3479		1192.23 First Health	First Health		2435.3	70			993.51	3305.05	percent of total billed charges	
UNLISTED PROCEDURE, STOMACH	43999	CPT	outpatient			3479		1192.23 First Trenton	First Trenton		3131.1	90			993.51	3305.05	percent of total billed charges	
UNLISTED PROCEDURE, STOMACH	43999	CPT	outpatient			3479		1192.23 Horizon	Medicare Blue		1036.72				993.51	3305.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE, STOMACH	43999	CPT	outpatient			3479		1192.23 Horizon	Indemnity		1929.34				993.51	3305.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE, STOMACH	43999	CPT	outpatient			3479		1192.23 Horizon	MGD		1929.34				993.51	3305.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE, STOMACH	43999	CPT	outpatient			3479		1192.23 Horizon	PPO		1929.34				993.51	3305.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE, STOMACH	43999	CPT	outpatient			3479		1192.23 Managed Care Inc	Managed Care Inc		3131.1	90			993.51	3305.05	percent of total billed charges	
UNLISTED PROCEDURE, STOMACH	43999	CPT	outpatient			3479		1192.23 Multiplan	Multiplan		2783.2	80			993.51	3305.05	percent of total billed charges	
UNLISTED PROCEDURE, STOMACH	43999	CPT	outpatient			3479		1192.23 Qualcare	Qualcare		2609.25	75			993.51	3305.05	percent of total billed charges	
UNLISTED PROCEDURE, STOMACH	43999	CPT	outpatient			3479		1192.23 Three Rivers	Three Rivers		3305.05	95			993.51	3305.05	percent of total billed charges	
UNLISTED PROCEDURE, STOMACH	43999	CPT	outpatient			3479		1192.23 UHC	Medicare		1036.72				993.51	3305.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE, STOMACH	43999	CPT	outpatient			3479		1192.23 UHC	Medicaid		1097.62	31.55			993.51	3305.05	percent of total billed charges	
UNLISTED PROCEDURE, STOMACH	43999	CPT	outpatient			3479		1192.23 United	Oxford		2493				993.51	3305.05	case rate	
UNLISTED PROCEDURE, STOMACH	43999	CPT	outpatient			3479		1192.23 United	Commercial|PPO		2493				993.51	3305.05	case rate	
UNLISTED PROCEDURE, STOMACH	43999	CPT	outpatient			3479		1192.23 Wellcare	Medicare		1036.72				993.51	3305.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE, STOMACH	43999	CPT	outpatient			3479		1192.23 Wellcare	Medicaid		1097.62	31.55			993.51	3305.05	percent of total billed charges	
UNLISTED PROCEDURE, STOMACH	43999	CPT	outpatient			3479		1192.23 WellPoint	WellPoint		1119.54	32.18			993.51	3305.05	percent of total billed charges	
ENTEROSTOMY,CECOSTOMY,TUBE	44300	CPT	outpatient			7337		Aetna	Medicare		2259.8	30.8			631.62	6970.15	percent of total billed charges	
ENTEROSTOMY,CECOSTOMY,TUBE	44300	CPT	outpatient			7337		Aetna	Better Health		2314.82	31.55			631.62	6970.15	percent of total billed charges	
ENTEROSTOMY,CECOSTOMY,TUBE	44300	CPT	outpatient			7337		Aetna	Commercial		2788.06	38			631.62	6970.15	percent of total billed charges	
ENTEROSTOMY,CECOSTOMY,TUBE	44300	CPT	outpatient			7337		Americare	Americare		5502.75	75			631.62	6970.15	percent of total billed charges	
ENTEROSTOMY,CECOSTOMY,TUBE	44300	CPT	outpatient			7337		Amerihealth	HMO/PPO		4769.05	65			631.62	6970.15	percent of total billed charges	
ENTEROSTOMY,CECOSTOMY,TUBE	44300	CPT	outpatient			7337		Consumer	Consumer		6970.15	95			631.62	6970.15	percent of total billed charges	
ENTEROSTOMY,CECOSTOMY,TUBE	44300	CPT	outpatient			7337		Corrections	Corrections		5869.6	80			631.62	6970.15	percent of total billed charges	
ENTEROSTOMY,CECOSTOMY,TUBE	44300	CPT	outpatient			7337		First Health	First Health		5135.9	70			631.62	6970.15	percent of total billed charges	
ENTEROSTOMY,CECOSTOMY,TUBE	44300	CPT	outpatient			7337		First Trenton	First Trenton		6603.3	90			631.62	6970.15	percent of total billed charges	
ENTEROSTOMY,CECOSTOMY,TUBE	44300	CPT	outpatient			7337		Horizon	Medicare Blue		2201.1	30			631.62	6970.15	percent of total billed charges	
ENTEROSTOMY,CECOSTOMY,TUBE	44300	CPT	outpatient			7337		Horizon	Indemnity		2808.6	38.28			631.62	6970.15	percent of total billed charges	
ENTEROSTOMY,CECOSTOMY,TUBE	44300	CPT	outpatient			7337		Horizon	MGD		2808.6	38.28			631.62	6970.15	percent of total billed charges	
ENTEROSTOMY,CECOSTOMY,TUBE	44300	CPT	outpatient			7337		Horizon	NJ Health		631.62				631.62	6970.15	fee schedule	
ENTEROSTOMY,CECOSTOMY,TUBE	44300	CPT	outpatient			7337		Horizon	PPO		2808.6	38.28			631.62	6970.15	percent of total billed charges	
ENTEROSTOMY,CECOSTOMY,TUBE	44300	CPT	outpatient			7337		Managed Care Inc	Managed Care Inc		6603.3	90			631.62	6970.15	percent of total billed charges	
ENTEROSTOMY,CECOSTOMY,TUBE	44300	CPT	outpatient			7337		Multiplan	Multiplan		5869.6	80			631.62	6970.15	percent of total billed charges	
ENTEROSTOMY,CECOSTOMY,TUBE	44300	CPT	outpatient			7337		Qualcare	Qualcare		5502.75	75			631.62	6970.15	percent of total billed charges	
ENTEROSTOMY,CECOSTOMY,TUBE	44300	CPT	outpatient			7337		Three Rivers	Three Rivers		6970.15	95			631.62	6970.15	percent of total billed charges	
ENTEROSTOMY,CECOSTOMY,TUBE	44300	CPT	outpatient			7337		UHC	Medicaid		2314.82	31.55			631.62	6970.15	percent of total billed charges	
ENTEROSTOMY,CECOSTOMY,TUBE	44300	CPT	outpatient			7337		United	Commercial|PPO		2493				631.62	6970.15	case rate	
ENTEROSTOMY,CECOSTOMY,TUBE	44300	CPT	outpatient			7337		United	Oxford		2493				631.62	6970.15	case rate	
ENTEROSTOMY,CECOSTOMY,TUBE	44300	CPT	outpatient			7337		Wellcare	Medicaid		2314.82	31.55			631.62	6970.15	percent of total billed charges	
ENTEROSTOMY,CECOSTOMY,TUBE	44300	CPT	outpatient			7337		WellPoint	WellPoint		2361.05	32.18			631.62	6970.15	percent of total billed charges	
REVISION ILEOSTOMY SIM	44312	CPT	outpatient			7712		4718.53 Aetna	Medicare		4103.07				192.64	7635.81	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVISION ILEOSTOMY SIM	44312	CPT	outpatient			7712		4718.53 Aetna	Commercial		6532.09				192.64	7635.81	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101191	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
REVISION LEEOSTOMY SIM	44312	CPT	outpatient			7712	4718.53	Aetna	Better Health		2433.14	31.55			192.64	7635.81	percent of total billed charges	
REVISION LEEOSTOMY SIM	44312	CPT	outpatient			7712	4718.53	Americare	Americare		5784	75			192.64	7635.81	percent of total billed charges	
REVISION LEEOSTOMY SIM	44312	CPT	outpatient			7712	4718.53	Amerihealth	HMO/PPO		5012.8	65			192.64	7635.81	percent of total billed charges	
REVISION LEEOSTOMY SIM	44312	CPT	outpatient			7712	4718.53	Amerihealth	Medicare		4103.07				192.64	7635.81	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVISION LEEOSTOMY SIM	44312	CPT	outpatient			7712	4718.53	Consumer	Consumer		7326.4	95			192.64	7635.81	percent of total billed charges	
REVISION LEEOSTOMY SIM	44312	CPT	outpatient			7712	4718.53	Corrections	Corrections		6169.6	80			192.64	7635.81	percent of total billed charges	
REVISION LEEOSTOMY SIM	44312	CPT	outpatient			7712	4718.53	First Health	First Health		5398.4	70			192.64	7635.81	percent of total billed charges	
REVISION LEEOSTOMY SIM	44312	CPT	outpatient			7712	4718.53	First Trenton	First Trenton		6940.8	90			192.64	7635.81	percent of total billed charges	
REVISION LEEOSTOMY SIM	44312	CPT	outpatient			7712	4718.53	Horizon	Medicare Blue		4103.07				192.64	7635.81	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVISION LEEOSTOMY SIM	44312	CPT	outpatient			7712	4718.53	Horizon	MGD		7635.81				192.64	7635.81	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVISION LEEOSTOMY SIM	44312	CPT	outpatient			7712	4718.53	Horizon	Indemnity		7635.81				192.64	7635.81	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVISION LEEOSTOMY SIM	44312	CPT	outpatient			7712	4718.53	Horizon	PPO		7635.81				192.64	7635.81	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVISION LEEOSTOMY SIM	44312	CPT	outpatient			7712	4718.53	Horizon	NJ Health		192.64				192.64	7635.81	fee schedule	
REVISION LEEOSTOMY SIM	44312	CPT	outpatient			7712	4718.53	Managed Care Inc	Managed Care Inc		6940.8	90			192.64	7635.81	percent of total billed charges	
REVISION LEEOSTOMY SIM	44312	CPT	outpatient			7712	4718.53	Multiplan	Multiplan		6169.6	80			192.64	7635.81	percent of total billed charges	
REVISION LEEOSTOMY SIM	44312	CPT	outpatient			7712	4718.53	Qualcare	Qualcare		5784	75			192.64	7635.81	percent of total billed charges	
REVISION LEEOSTOMY SIM	44312	CPT	outpatient			7712	4718.53	Three Rivers	Three Rivers		7326.4	95			192.64	7635.81	percent of total billed charges	
REVISION LEEOSTOMY SIM	44312	CPT	outpatient			7712	4718.53	UHC	Medicaid		2433.14	31.55			192.64	7635.81	percent of total billed charges	
REVISION LEEOSTOMY SIM	44312	CPT	outpatient			7712	4718.53	UHC	Medicare		4103.07				192.64	7635.81	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVISION LEEOSTOMY SIM	44312	CPT	outpatient			7712	4718.53	United	Oxford		3492				192.64	7635.81	case rate	
REVISION LEEOSTOMY SIM	44312	CPT	outpatient			7712	4718.53	United	Commercial|PPO		3492				192.64	7635.81	case rate	
REVISION LEEOSTOMY SIM	44312	CPT	outpatient			7712	4718.53	Wellcare	Medicaid		2433.14	31.55			192.64	7635.81	percent of total billed charges	
REVISION LEEOSTOMY SIM	44312	CPT	outpatient			7712	4718.53	Wellcare	Medicare		4103.07				192.64	7635.81	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVISION LEEOSTOMY SIM	44312	CPT	outpatient			7712	4718.53	WellPoint	WellPoint		2481.72	32.18			192.64	7635.81	percent of total billed charges	
SMALL BOWEL ENDOSCOPY	44360	CPT	outpatient			6072	2502.63	Aetna	Commercial		3464.51				394.11	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALL BOWEL ENDOSCOPY	44360	CPT	outpatient			6072	2502.63	Aetna	Medicare		2176.2				394.11	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALL BOWEL ENDOSCOPY	44360	CPT	outpatient			6072	2502.63	Aetna	Better Health		1915.72	31.55			394.11	5768.4	percent of total billed charges	
SMALL BOWEL ENDOSCOPY	44360	CPT	outpatient			6072	2502.63	Americare	Americare		4554	75			394.11	5768.4	percent of total billed charges	
SMALL BOWEL ENDOSCOPY	44360	CPT	outpatient			6072	2502.63	Amerihealth	HMO/PPO		3946.8	65			394.11	5768.4	percent of total billed charges	
SMALL BOWEL ENDOSCOPY	44360	CPT	outpatient			6072	2502.63	Amerihealth	Medicare		2176.2				394.11	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALL BOWEL ENDOSCOPY	44360	CPT	outpatient			6072	2502.63	Consumer	Consumer		5768.4	95			394.11	5768.4	percent of total billed charges	
SMALL BOWEL ENDOSCOPY	44360	CPT	outpatient			6072	2502.63	Corrections	Corrections		4857.6	80			394.11	5768.4	percent of total billed charges	
SMALL BOWEL ENDOSCOPY	44360	CPT	outpatient			6072	2502.63	First Health	First Health		4250.4	70			394.11	5768.4	percent of total billed charges	
SMALL BOWEL ENDOSCOPY	44360	CPT	outpatient			6072	2502.63	First Trenton	First Trenton		5464.8	90			394.11	5768.4	percent of total billed charges	
SMALL BOWEL ENDOSCOPY	44360	CPT	outpatient			6072	2502.63	Horizon	Indemnity		4049.91				394.11	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALL BOWEL ENDOSCOPY	44360	CPT	outpatient			6072	2502.63	Horizon	PPO		4049.91				394.11	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALL BOWEL ENDOSCOPY	44360	CPT	outpatient			6072	2502.63	Horizon	NJ Health		394.11				394.11	5768.4	fee schedule	
SMALL BOWEL ENDOSCOPY	44360	CPT	outpatient			6072	2502.63	Horizon	Medicare Blue		2176.2				394.11	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALL BOWEL ENDOSCOPY	44360	CPT	outpatient			6072	2502.63	Horizon	MGD		4049.91				394.11	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALL BOWEL ENDOSCOPY	44360	CPT	outpatient			6072	2502.63	Managed Care Inc	Managed Care Inc		5464.8	90			394.11	5768.4	percent of total billed charges	
SMALL BOWEL ENDOSCOPY	44360	CPT	outpatient			6072	2502.63	Multiplan	Multiplan		4857.6	80			394.11	5768.4	percent of total billed charges	
SMALL BOWEL ENDOSCOPY	44360	CPT	outpatient			6072	2502.63	Qualcare	Qualcare		4554	75			394.11	5768.4	percent of total billed charges	
SMALL BOWEL ENDOSCOPY	44360	CPT	outpatient			6072	2502.63	Three Rivers	Three Rivers		5768.4	95			394.11	5768.4	percent of total billed charges	
SMALL BOWEL ENDOSCOPY	44360	CPT	outpatient			6072	2502.63	UHC	Medicaid		1915.72	31.55			394.11	5768.4	percent of total billed charges	
SMALL BOWEL ENDOSCOPY	44360	CPT	outpatient			6072	2502.63	UHC	Medicare		2176.2				394.11	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALL BOWEL ENDOSCOPY	44360	CPT	outpatient			6072	2502.63	United	Commercial|PPO		2493				394.11	5768.4	case rate	
SMALL BOWEL ENDOSCOPY	44360	CPT	outpatient			6072	2502.63	United	Oxford		2493				394.11	5768.4	case rate	
SMALL BOWEL ENDOSCOPY	44360	CPT	outpatient			6072	2502.63	Wellcare	Medicare		2176.2				394.11	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALL BOWEL ENDOSCOPY	44360	CPT	outpatient			6072	2502.63	Wellcare	Medicaid		1915.72	31.55			394.11	5768.4	percent of total billed charges	
SMALL BOWEL ENDOSCOPY	44360	CPT	outpatient			6072	2502.63	WellPoint	WellPoint		1953.97	32.18			394.11	5768.4	percent of total billed charges	
SMALL BOWEL ENDOSCOPY W/BIOPSY	44361	CPT	outpatient			2926	2502.63	Aetna	Better Health		923.15	31.55			425.43	4049.91	percent of total billed charges	
SMALL BOWEL ENDOSCOPY W/BIOPSY	44361	CPT	outpatient			2926	2502.63	Aetna	Commercial		3464.51				425.43	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALL BOWEL ENDOSCOPY W/BIOPSY	44361	CPT	outpatient			2926	2502.63	Aetna	Medicare		901.21	30.8			425.43	4049.91	percent of total billed charges	
SMALL BOWEL ENDOSCOPY W/BIOPSY	44361	CPT	outpatient			2926	2502.63	Americare	Americare		2194.5	75			425.43	4049.91	percent of total billed charges	
SMALL BOWEL ENDOSCOPY W/BIOPSY	44361	CPT	outpatient			2926	2502.63	Amerihealth	Medicare		2176.2				425.43	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALL BOWEL ENDOSCOPY W/BIOPSY	44361	CPT	outpatient			2926	2502.63	Amerihealth	HMO/PPO		1901.9	65			425.43	4049.91	percent of total billed charges	
SMALL BOWEL ENDOSCOPY W/BIOPSY	44361	CPT	outpatient			2926	2502.63	Consumer	Consumer		2779.7	95			425.43	4049.91	percent of total billed charges	
SMALL BOWEL ENDOSCOPY W/BIOPSY	44361	CPT	outpatient			2926	2502.63	Corrections	Corrections		2340.8	80			425.43	4049.91	percent of total billed charges	
SMALL BOWEL ENDOSCOPY W/BIOPSY	44361	CPT	outpatient			2926	2502.63	First Health	First Health		2048.2	70			425.43	4049.91	percent of total billed charges	
SMALL BOWEL ENDOSCOPY W/BIOPSY	44361	CPT	outpatient			2926	2502.63	First Trenton	First Trenton		2633.4	90			425.43	4049.91	percent of total billed charges	
SMALL BOWEL ENDOSCOPY W/BIOPSY	44361	CPT	outpatient			2926	2502.63	Horizon	Medicare Blue		2176.2				425.43	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALL BOWEL ENDOSCOPY W/BIOPSY	44361	CPT	outpatient			2926	2502.63	Horizon	MGD		4049.91				425.43	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALL BOWEL ENDOSCOPY W/BIOPSY	44361	CPT	outpatient			2926	2502.63	Horizon	Indemnity		4049.91				425.43	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALL BOWEL ENDOSCOPY W/BIOPSY	44361	CPT	outpatient			2926	2502.63	Horizon	NJ Health		425.43				425.43	4049.91	fee schedule	
SMALL BOWEL ENDOSCOPY W/BIOPSY	44361	CPT	outpatient			2926	2502.63	Horizon	PPO		4049.91				425.43	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALL BOWEL ENDOSCOPY W/BIOPSY	44361	CPT	outpatient			2926	2502.63	Managed Care Inc	Managed Care Inc		2633.4	90			425.43	4049.91	percent of total billed charges	
SMALL BOWEL ENDOSCOPY W/BIOPSY	44361	CPT	outpatient			2926	2502.63	Multiplan	Multiplan		2340.8	80			425.43	4049.91	percent of total billed charges	
SMALL BOWEL ENDOSCOPY W/BIOPSY	44361	CPT	outpatient			2926	2502.63	Qualcare	Qualcare		2194.5	75			425.43	4049.91	percent of total billed charges	
SMALL BOWEL ENDOSCOPY W/BIOPSY	44361	CPT	outpatient			2926	2502.63	Three Rivers	Three Rivers		2779.7	95			425.43	4049.91	percent of total billed charges	
SMALL BOWEL ENDOSCOPY W/BIOPSY	44361	CPT	outpatient			2926	2502.63	UHC	Medicaid		923.15	31.55			425.43	4049.91	percent of total billed charges	
SMALL BOWEL ENDOSCOPY W/BIOPSY	44361	CPT	outpatient			2926	2502.63	UHC	Medicare		2176.2				425.43	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALL BOWEL ENDOSCOPY W/BIOPSY	44361	CPT	outpatient			2926	2502.63	United	Commercial|PPO		2493				425.43	4049.91	case rate	
SMALL BOWEL ENDOSCOPY W/BIOPSY	44361	CPT	outpatient			2926	2502.63	United	Oxford		2493				425.43	4049.91	case rate	
SMALL BOWEL ENDOSCOPY W/BIOPSY	44361	CPT	outpatient			2926	2502.63	Wellcare	Medicare		2176.2				425.43	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALL BOWEL ENDOSCOPY W/BIOPSY	44361	CPT	outpatient			2926	2502.63	Wellcare	Medicaid		923.15	31.55			425.43	4049.91	percent of total billed charges	
SMALL BOWEL ENDOSCOPY W/BIOPSY	44361	CPT	outpatient			2926	2502.63	WellPoint	WellPoint		941.59	32.18			425.43	4049.91	percent of total billed charges	
SMALLBOWELENDOS.W/FOR.BODYREMOVAL	44363	CPT	outpatient			2379	2502.63	Aetna	Better Health		750.57	31.55			399.33	4049.91	percent of total billed charges	
SMALLBOWELENDOS.W/FOR.BODYREMOVAL	44363	CPT	outpatient			2379	2502.63	Aetna	Commercial		3464.51				399.33	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALLBOWELENDOS.W/FOR.BODYREMOVAL	44363	CPT	outpatient			2379	2502.63	Aetna	Medicare		2176.2				399.33	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALLBOWELENDOS.W/FOR.BODYREMOVAL	44363	CPT	outpatient			2379	2502.63	Americare	Americare		1784.25	75			399.33	4049.91	percent of total billed charges	
SMALLBOWELENDOS.W/FOR.BODYREMOVAL	44363	CPT	outpatient			2379	2502.63	Amerihealth	Medicare		2176.2				399.33	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALLBOWELENDOS.W/FOR.BODYREMOVAL	44363	CPT	outpatient			2379	2502.63	Amerihealth	HMO/PPO		1546.35	65			399.33	4049.91	percent of total billed charges	
SMALLBOWELENDOS.W/FOR.BODYREMOVAL	44363	CPT	outpatient			2379	2502.63	Consumer	Consumer		2260.05	95			399.33	4049.91	percent of total billed charges	
SMALLBOWELENDOS.W/FOR.BODYREMOVAL	44363	CPT	outpatient			2379	2502.63	Corrections	Corrections		1903.2	80			399.33	4049.91	percent of total billed charges	
SMALLBOWELENDOS.W/FOR.BODYREMOVAL	44363	CPT	outpatient			2379	2502.63	First Health	First Health		1665.3	70			399.33	4049.91	percent of total billed charges	
SMALLBOWELENDOS.W/FOR.BODYREMOVAL	44363	CPT	outpatient			2379	2502.63	First Trenton	First Trenton		2141.1	90			399.33	4049.91	percent of total billed charges	
SMALLBOWELENDOS.W/FOR.BODYREMOVAL	44363	CPT	outpatient			2379	2502.63	Horizon	PPO		4049.91				399.33	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALLBOWELENDOS.W/FOR.BODYREMOVAL	44363	CPT	outpatient			2379	2502.63	Horizon	MGD		4049.91				399.33	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALLBOWELENDOS.W/FOR.BODYREMOVAL	44363	CPT	outpatient			2379	2502.63	Horizon	Indemnity		4049.91				399.33	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALLBOWELENDOS.W/FOR.BODYREMOVAL	44363	CPT	outpatient			2379	2502.63	Horizon	NJ Health		399.33				399.33	4049.91	fee schedule	
SMALLBOWELENDOS.W/FOR.BODYREMOVAL	44363	CPT	outpatient			2379	2502.63	Horizon	Medicare Blue		2176.2				399.33	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALLBOWELENDOS.W/FOR.BODYREMOVAL	44363	CPT	outpatient			2379	2502.63	Managed Care Inc	Managed Care Inc		2141.1	90			399.33	4049.91	percent of total billed charges	
SMALLBOWELENDOS.W/FOR.BODYREMOVAL	44363	CPT	outpatient			2379	2502.63	Multiplan	Multiplan		1903.2	80			399.33	4049.91	percent of total billed charges	
SMALLBOWELENDOS.W/FOR.BODYREMOVAL	44363	CPT	outpatient			2379	2502.63	Qualcare	Qualcare		1784.25	75			399.33	4049.91	percent of total billed charges	
SMALLBOWELENDOS.W/FOR.BODYREMOVAL	44363	CPT	outpatient			2379	2502.63	Three Rivers	Three Rivers		2260.05	95			399.33	4049.91	percent of total billed charges	
SMALLBOWELENDOS.W/FOR.BODYREMOVAL	44363	CPT	outpatient			2379	2502.63	UHC	Medicare		2176.2				399.33	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALLBOWELENDOS.W/FOR.BODYREMOVAL	44363	CPT	outpatient			2379	2502.63	UHC	Medicaid		750.57	31.55			399.33	4049.91	percent of total billed charges	
SMALLBOWELENDOS.W/FOR.BODYREMOVAL	44363	CPT	outpatient			2379	2502.63	United	Oxford		2493				399.33	4049.91	case rate	
SMALLBOWELENDOS.W/FOR.BODYREMOVAL	44363	CPT	outpatient			2379	2502.63	United	Commercial|PPO		2493				399.33	4049.91	case rate	
SMALLBOWELENDOS.W/FOR.BODYREMOVAL	44363	CPT	outpatient			2379	2502.63	Wellcare	Medicare		2176.2				399.33	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALLBOWELENDOS.W/FOR.BODYREMOVAL	44363	CPT	outpatient			2379	2502.63	Wellcare	Medicaid		750.57	31.55			399.33	4049.91	percent of total billed charges	
SMALLBOWELENDOS.W/FOR.BODYREMOVAL	44363	CPT	outpatient			2379	2502.63	WellPoint	WellPoint		765.96	32.18			399.33	4049.91	percent of total billed charges	
SMALLBOWELENDOS.W/POLYPECTOMY	44364	CPT	outpatient			2379	2502.63	Aetna	Better Health		750.57	31.55			399.33	4049.91	percent of total billed charges	
SMALLBOWELENDOS.W/POLYPECTOMY	44364	CPT	outpatient			2379	2502.63	Aetna	Commercial		3464.51				399.33	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALLBOWELENDOS.W/POLYPECTOMY	44364	CPT	outpatient			2379	2502.63	Aetna	Medicare		2176.2				399.33	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALLBOWELENDOS.W/POLYPECTOMY	44364	CPT	outpatient			2379	2502.63	Americare	Americare		1784.25	75			399.33	4049.91	percent of total billed charges	
SMALLBOWELENDOS.W/POLYPECTOMY	44364	CPT	outpatient			2379	2502.63	Amerihealth	HMO/PPO		1546.35	65			399.33	4049.91	percent of total billed charges	
SMALLBOWELENDOS.W/POLYPECTOMY	44364	CPT	outpatient			2379	2502.63	Amerihealth	Medicare		2176.2				399.33	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALLBOWELENDOS.W/POLYPECTOMY	44364	CPT	outpatient			2379	2502.63	Consumer	Consumer		2260.05	95			399.33	4049.91	percent of total billed charges	
SMALLBOWELENDOS.W/POLYPECTOMY	44364	CPT	outpatient			2379	2502.63	Corrections	Corrections		1903.2	80			399.33	4049.91	percent of total billed charges	
SMALLBOWELENDOS.W/POLYPECTOMY	44364	CPT	outpatient			2379	2502.63	First Health	First Health		1665.3	70			399.33	4049.91	percent of total billed charges	
SMALLBOWELENDOS.W/POLYPECTOMY	44364	CPT	outpatient			2379	2502.63	First Trenton	First Trenton		2141.1	90			399.33	4049.91	percent of total billed charges	
SMALLBOWELENDOS.W/POLYPECTOMY	44364	CPT	outpatient			2379	2502.63	Horizon	MGD		4049.91				399.33	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALLBOWELENDOS.W/POLYPECTOMY	44364	CPT	outpatient			2379	2502.63	Horizon	Indemnity		4049.91				399.33	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALLBOWELENDOS.W/POLYPECTOMY	44364	CPT	outpatient			2379	2502.63	Horizon	PPO		4049.91				399.33	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALLBOWELENDOS.W/POLYPECTOMY	44364	CPT	outpatient			2379	2502.63	Horizon	NJ Health		399.33				399.33	4049.91	fee schedule	
SMALLBOWELENDOS.W/POLYPECTOMY	44364	CPT	outpatient			2379	2502.63	Horizon	Medicare Blue		2176.2				399.33	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALLBOWELENDOS.W/POLYPECTOMY	44364	CPT	outpatient			2379	2502.63	Managed Care Inc	Managed Care Inc		2141.1	90			399.33	4049.91	percent of total billed charges	
SMALLBOWELENDOS.W/POLYPECTOMY	44364	CPT	outpatient			2379	2502.63	Multiplan	Multiplan		1903.2	80			399.33	4049.91	percent of total billed charges	
SMALLBOWELENDOS.W/POLYPECTOMY	44364	CPT	outpatient			2379	2502.63	Qualcare	Qualcare		1784.25	75			399.33	4049.91	percent of total billed charges	
SMALLBOWELENDOS.W/POLYPECTOMY	44364	CPT	outpatient			2379	2502.63	Three Rivers	Three Rivers		2260.05	95			399.33	4049.91	percent of total billed charges	
SMALLBOWELENDOS.W/POLYPECTOMY	44364	CPT	outpatient			2379	2502.63	UHC	Medicare		2176.2				399.33	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALLBOWELENDOS.W/POLYPECTOMY	44364	CPT	outpatient			2379	2502.63	UHC	Medicaid		750.57	31.55			399.33	4049.91	percent of total billed charges	
SMALLBOWELENDOS.W/POLYPECTOMY	44364	CPT	outpatient			2379	2502.63	United	Commercial|PPO		2493				399.33	4049.91	case rate	
SMALLBOWELENDOS.W/POLYPECTOMY	44364	CPT	outpatient			2379	2502.63	United	Oxford		2493				399.33	4049.91	case rate	
SMALLBOWELENDOS.W/POLYPECTOMY	44364	CPT	outpatient			2379	2502.63	Wellcare	Medicare		2176.2				399.33	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALLBOWELENDOS.W/POLYPECTOMY	44364	CPT	outpatient			2379	2502.63	Wellcare	Medicaid		750.57	31.55			399.33	4049.91	percent of total billed charges	
SMALLBOWELENDOS.W/POLYPECTOMY	44364	CPT	outpatient			2379	2502.63	WellPoint	WellPoint		765.96	32.18			399.33	4049.91	percent of total billed charges	
SM INT ENDO W REM BY HOT BX/BP CAUTERY	44365	CPT	outpatient			3172	2502.63	Aetna	Better Health		1000.77	31.55			399.33	4049.91	percent of total billed charges	
SM INT ENDO W REM BY HOT BX/BP CAUTERY	44365	CPT	outpatient			3172	2502.63	Aetna	Medicare		2176.2				399.33	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SM INT ENDO W REM BY HOT BX/BP CAUTERY	44365	CPT	outpatient			3172	2502.63	Aetna	Commercial		3464.51				399.33	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SM INT ENDO W REM BY HOT BX/BP CAUTERY	44365	CPT	outpatient			3172	2502.63	Americare	Americare		2379	75			399.33	4049.91	percent of total billed charges	
SM INT ENDO W REM BY HOT BX/BP CAUTERY	44365	CPT	outpatient			3172	2502.63	Amerihealth	Medicare		2176.2				399.33	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SM INT ENDO W REM BY HOT BX/BP CAUTERY	44365	CPT	outpatient			3172	2502.63	Amerihealth	HMO/PPO		2061.8	65			399.33	4049.91	percent of total billed charges	
SM INT ENDO W REM BY HOT BX/BP CAUTERY	44365	CPT	outpatient			3172	2502.63	Consumer	Consumer		3013.4	95			399.33	4049.91	percent of total billed charges	
SM INT ENDO W REM BY HOT BX/BP CAUTERY	44365	CPT	outpatient			3172	2502.63	Corrections	Corrections		2537.6	80			399.33	4049.91	percent of total billed charges	
SM INT ENDO W REM BY HOT BX/BP CAUTERY	44365	CPT	outpatient			3172	2502.63	First Health	First Health		2220.4	70			399.33	4049.91	percent of total billed charges	
SM INT ENDO W REM BY HOT BX/BP CAUTERY	44365	CPT	outpatient			3172	2502.63	First Trenton	First Trenton		2854.8	90			399.33	4049.91	percent of total billed charges	
SM INT ENDO W REM BY HOT BX/BP CAUTERY	44365	CPT	outpatient			3172	2502.63	Horizon	MGD		4049.91				399.33	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SM INT ENDO W REM BY HOT BX/BP CAUTERY	44365	CPT	outpatient			3172	2502.63	Horizon	Indemnity		4049.91				399.33	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SM INT ENDO W REM BY HOT BX/BP CAUTERY	44365	CPT	outpatient			3172	2502.63	Horizon	Medicare Blue		2176.2				399.33	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SM INT ENDO W REM BY HOT BX/BP CAUTERY	44365	CPT	outpatient			3172	2502.63	Horizon	NJ Health		399.33				399.33	4049.91	fee schedule	
SM INT ENDO W REM BY HOT BX/BP CAUTERY	44365	CPT	outpatient			3172	2502.63	Horizon	PPO		4049.91				399.33	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SM INT ENDO W REM BY HOT BX/BP CAUTERY	44365	CPT	outpatient			3172	2502.63	Managed Care Inc	Managed Care Inc		2854.8	90			399.33	4049.91	percent of total billed charges	
SM INT ENDO W REM BY HOT BX/BP CAUTERY	44365	CPT	outpatient			3172	2502.63	Multiplan	Multiplan		2537.6	80			399.33	4049.91	percent of total billed charges	
SM INT ENDO W REM BY HOT BX/BP CAUTERY	44365	CPT	outpatient			3172	2502.63	Qualcare	Qualcare		2379	75			399.33	4049.91	percent of total billed charges	
SM INT ENDO W REM B

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
SM INT ENDO W REM BY HOT BX/BP CAUTERY	44365	CPT	outpatient			3172		2502.63 UHC	Medicare		2176.2				399.33	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SM INT ENDO W REM BY HOT BX/BP CAUTERY	44365	CPT	outpatient			3172		2502.63 United	CommercialPPO		2493				399.33	4049.91	case rate	
SM INT ENDO W REM BY HOT BX/BP CAUTERY	44365	CPT	outpatient			3172		2502.63 United	Oxford		2493				399.33	4049.91	case rate	
SM INT ENDO W REM BY HOT BX/BP CAUTERY	44365	CPT	outpatient			3172		2502.63 Wellcare	Medicare		2176.2				399.33	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SM INT ENDO W REM BY HOT BX/BP CAUTERY	44365	CPT	outpatient			3172		2502.63 Wellcare	Medicaid		1930.77	31.55			399.33	4049.91	percent of total billed charges	
SM INT ENDO W REM BY HOT BX/BP CAUTERY	44365	CPT	outpatient			3172		2502.63 WellPoint	WellPoint		1020.75	32.18			399.33	4049.91	percent of total billed charges	
SMALLBOWELENDOS.W/CONT.OF/HEMORRHAGE	44366	CPT	outpatient			6072		2502.63 Aetna	Better Health		1915.72	31.55			425.43	5768.4	percent of total billed charges	
SMALLBOWELENDOS.W/CONT.OF/HEMORRHAGE	44366	CPT	outpatient			6072		2502.63 Aetna	Commercial		3464.51				425.43	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALLBOWELENDOS.W/CONT.OF/HEMORRHAGE	44366	CPT	outpatient			6072		2502.63 Aetna	Medicare		2176.2				425.43	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALLBOWELENDOS.W/CONT.OF/HEMORRHAGE	44366	CPT	outpatient			6072		2502.63 Americare	Americare		4554	75			425.43	5768.4	percent of total billed charges	
SMALLBOWELENDOS.W/CONT.OF/HEMORRHAGE	44366	CPT	outpatient			6072		2502.63 Amerihealth	Medicare		2176.2				425.43	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALLBOWELENDOS.W/CONT.OF/HEMORRHAGE	44366	CPT	outpatient			6072		2502.63 Amerihealth	HMO/PPO		3946.8	65			425.43	5768.4	percent of total billed charges	
SMALLBOWELENDOS.W/CONT.OF/HEMORRHAGE	44366	CPT	outpatient			6072		2502.63 Consumer	Consumer		5768.4	95			425.43	5768.4	percent of total billed charges	
SMALLBOWELENDOS.W/CONT.OF/HEMORRHAGE	44366	CPT	outpatient			6072		2502.63 Corrections	Corrections		4857.6	80			425.43	5768.4	percent of total billed charges	
SMALLBOWELENDOS.W/CONT.OF/HEMORRHAGE	44366	CPT	outpatient			6072		2502.63 First Health	First Health		4250.4	70			425.43	5768.4	percent of total billed charges	
SMALLBOWELENDOS.W/CONT.OF/HEMORRHAGE	44366	CPT	outpatient			6072		2502.63 First Trenton	First Trenton		5464.8	90			425.43	5768.4	percent of total billed charges	
SMALLBOWELENDOS.W/CONT.OF/HEMORRHAGE	44366	CPT	outpatient			6072		2502.63 Horizon	Medicare Blue		2176.2				425.43	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALLBOWELENDOS.W/CONT.OF/HEMORRHAGE	44366	CPT	outpatient			6072		2502.63 Horizon	MGD		4049.91				425.43	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALLBOWELENDOS.W/CONT.OF/HEMORRHAGE	44366	CPT	outpatient			6072		2502.63 Horizon	Indemnity		4049.91				425.43	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALLBOWELENDOS.W/CONT.OF/HEMORRHAGE	44366	CPT	outpatient			6072		2502.63 Horizon	NJ Health		425.43				425.43	5768.4	fee schedule	
SMALLBOWELENDOS.W/CONT.OF/HEMORRHAGE	44366	CPT	outpatient			6072		2502.63 Horizon	PPO		4049.91				425.43	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALLBOWELENDOS.W/CONT.OF/HEMORRHAGE	44366	CPT	outpatient			6072		2502.63 Managed Care Inc	Managed Care Inc		5464.8	90			425.43	5768.4	percent of total billed charges	
SMALLBOWELENDOS.W/CONT.OF/HEMORRHAGE	44366	CPT	outpatient			6072		2502.63 Multiplan	Multiplan		4857.6	80			425.43	5768.4	percent of total billed charges	
SMALLBOWELENDOS.W/CONT.OF/HEMORRHAGE	44366	CPT	outpatient			6072		2502.63 Qualcare	Qualcare		4554	75			425.43	5768.4	percent of total billed charges	
SMALLBOWELENDOS.W/CONT.OF/HEMORRHAGE	44366	CPT	outpatient			6072		2502.63 Three Rivers	Three Rivers		5768.4	95			425.43	5768.4	percent of total billed charges	
SMALLBOWELENDOS.W/CONT.OF/HEMORRHAGE	44366	CPT	outpatient			6072		2502.63 UHC	Medicaid		1915.72	31.55			425.43	5768.4	percent of total billed charges	
SMALLBOWELENDOS.W/CONT.OF/HEMORRHAGE	44366	CPT	outpatient			6072		2502.63 UHC	Medicare		2176.2				425.43	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALLBOWELENDOS.W/CONT.OF/HEMORRHAGE	44366	CPT	outpatient			6072		2502.63 United	Oxford		2493				425.43	5768.4	case rate	
SMALLBOWELENDOS.W/CONT.OF/HEMORRHAGE	44366	CPT	outpatient			6072		2502.63 United	CommercialPPO		2493				425.43	5768.4	case rate	
SMALLBOWELENDOS.W/CONT.OF/HEMORRHAGE	44366	CPT	outpatient			6072		2502.63 Wellcare	Medicare		2176.2				425.43	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALLBOWELENDOS.W/CONT.OF/HEMORRHAGE	44366	CPT	outpatient			6072		2502.63 Wellcare	Medicaid		1915.72	31.55			425.43	5768.4	percent of total billed charges	
SMALLBOWELENDOS.W/CONT.OF/HEMORRHAGE	44366	CPT	outpatient			6072		2502.63 WellPoint	WellPoint		1953.97	32.18			425.43	5768.4	percent of total billed charges	
SMALLBOWELENDOS.W/TUMORABLATION	44369	CPT	outpatient			6072		2502.63 Aetna	Better Health		1915.72	31.55			425.43	5768.4	percent of total billed charges	
SMALLBOWELENDOS.W/TUMORABLATION	44369	CPT	outpatient			6072		2502.63 Aetna	Commercial		3464.51				425.43	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALLBOWELENDOS.W/TUMORABLATION	44369	CPT	outpatient			6072		2502.63 Aetna	Medicare		2176.2				425.43	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALLBOWELENDOS.W/TUMORABLATION	44369	CPT	outpatient			6072		2502.63 Americare	Americare		4554	75			425.43	5768.4	percent of total billed charges	
SMALLBOWELENDOS.W/TUMORABLATION	44369	CPT	outpatient			6072		2502.63 Amerihealth	Medicare		2176.2				425.43	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALLBOWELENDOS.W/TUMORABLATION	44369	CPT	outpatient			6072		2502.63 Amerihealth	HMO/PPO		3946.8	65			425.43	5768.4	percent of total billed charges	
SMALLBOWELENDOS.W/TUMORABLATION	44369	CPT	outpatient			6072		2502.63 Consumer	Consumer		5768.4	95			425.43	5768.4	percent of total billed charges	
SMALLBOWELENDOS.W/TUMORABLATION	44369	CPT	outpatient			6072		2502.63 Corrections	Corrections		4857.6	80			425.43	5768.4	percent of total billed charges	
SMALLBOWELENDOS.W/TUMORABLATION	44369	CPT	outpatient			6072		2502.63 First Health	First Health		4250.4	70			425.43	5768.4	percent of total billed charges	
SMALLBOWELENDOS.W/TUMORABLATION	44369	CPT	outpatient			6072		2502.63 First Trenton	First Trenton		5464.8	90			425.43	5768.4	percent of total billed charges	
SMALLBOWELENDOS.W/TUMORABLATION	44369	CPT	outpatient			6072		2502.63 Horizon	Medicare Blue		2176.2				425.43	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALLBOWELENDOS.W/TUMORABLATION	44369	CPT	outpatient			6072		2502.63 Horizon	Indemnity		4049.91				425.43	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALLBOWELENDOS.W/TUMORABLATION	44369	CPT	outpatient			6072		2502.63 Horizon	MGD		4049.91				425.43	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALLBOWELENDOS.W/TUMORABLATION	44369	CPT	outpatient			6072		2502.63 Horizon	NJ Health		425.43				425.43	5768.4	fee schedule	
SMALLBOWELENDOS.W/TUMORABLATION	44369	CPT	outpatient			6072		2502.63 Horizon	PPO		4049.91				425.43	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALLBOWELENDOS.W/TUMORABLATION	44369	CPT	outpatient			6072		2502.63 Managed Care Inc	Managed Care Inc		5464.8	90			425.43	5768.4	percent of total billed charges	
SMALLBOWELENDOS.W/TUMORABLATION	44369	CPT	outpatient			6072		2502.63 Multiplan	Multiplan		4857.6	80			425.43	5768.4	percent of total billed charges	
SMALLBOWELENDOS.W/TUMORABLATION	44369	CPT	outpatient			6072		2502.63 Qualcare	Qualcare		4554	75			425.43	5768.4	percent of total billed charges	
SMALLBOWELENDOS.W/TUMORABLATION	44369	CPT	outpatient			6072		2502.63 Three Rivers	Three Rivers		5768.4	95			425.43	5768.4	percent of total billed charges	
SMALLBOWELENDOS.W/TUMORABLATION	44369	CPT	outpatient			6072		2502.63 UHC	Medicaid		1915.72	31.55			425.43	5768.4	percent of total billed charges	
SMALLBOWELENDOS.W/TUMORABLATION	44369	CPT	outpatient			6072		2502.63 UHC	Medicare		2176.2				425.43	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALLBOWELENDOS.W/TUMORABLATION	44369	CPT	outpatient			6072		2502.63 United	Oxford		2493				425.43	5768.4	case rate	
SMALLBOWELENDOS.W/TUMORABLATION	44369	CPT	outpatient			6072		2502.63 United	CommercialPPO		2493				425.43	5768.4	case rate	
SMALLBOWELENDOS.W/TUMORABLATION	44369	CPT	outpatient			6072		2502.63 Wellcare	Medicaid		1915.72	31.55			425.43	5768.4	percent of total billed charges	
SMALLBOWELENDOS.W/TUMORABLATION	44369	CPT	outpatient			6072		2502.63 Wellcare	Medicare		2176.2				425.43	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALLBOWELENDOS.W/TUMORABLATION	44369	CPT	outpatient			6072		2502.63 WellPoint	WellPoint		1953.97	32.18			425.43	5768.4	percent of total billed charges	
SMALL BOWEL ENDOSCOPY/STENT	44370	CPT	outpatient			9403		7495.78 Aetna	Medicare		6518.07				501.12	12130.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALL BOWEL ENDOSCOPY/STENT	44370	CPT	outpatient			9403		7495.78 Aetna	Better Health		2966.65	31.55			501.12	12130.13	percent of total billed charges	
SMALL BOWEL ENDOSCOPY/STENT	44370	CPT	outpatient			9403		7495.78 Aetna	Commercial		10376.77				501.12	12130.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALL BOWEL ENDOSCOPY/STENT	44370	CPT	outpatient			9403		7495.78 Americare	Americare		7052.25	75			501.12	12130.13	percent of total billed charges	
SMALL BOWEL ENDOSCOPY/STENT	44370	CPT	outpatient			9403		7495.78 Amerihealth	HMO/PPO		6111.95	65			501.12	12130.13	percent of total billed charges	
SMALL BOWEL ENDOSCOPY/STENT	44370	CPT	outpatient			9403		7495.78 Amerihealth	Medicare		6518.07				501.12	12130.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALL BOWEL ENDOSCOPY/STENT	44370	CPT	outpatient			9403		7495.78 Consumer	Consumer		8932.85	95			501.12	12130.13	percent of total billed charges	
SMALL BOWEL ENDOSCOPY/STENT	44370	CPT	outpatient			9403		7495.78 Corrections	Corrections		7522.4	80			501.12	12130.13	percent of total billed charges	
SMALL BOWEL ENDOSCOPY/STENT	44370	CPT	outpatient			9403		7495.78 First Health	First Health		6582.1	70			501.12	12130.13	percent of total billed charges	
SMALL BOWEL ENDOSCOPY/STENT	44370	CPT	outpatient			9403		7495.78 First Trenton	First Trenton		8462.7	90			501.12	12130.13	percent of total billed charges	
SMALL BOWEL ENDOSCOPY/STENT	44370	CPT	outpatient			9403		7495.78 Horizon	MGD		12130.13				501.12	12130.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALL BOWEL ENDOSCOPY/STENT	44370	CPT	outpatient			9403		7495.78 Horizon	Indemnity		12130.13				501.12	12130.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALL BOWEL ENDOSCOPY/STENT	44370	CPT	outpatient			9403		7495.78 Horizon	PPO		12130.13				501.12	12130.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALL BOWEL ENDOSCOPY/STENT	44370	CPT	outpatient			9403		7495.78 Horizon	Medicare Blue		6518.07				501.12	12130.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALL BOWEL ENDOSCOPY/STENT	44370	CPT	outpatient			9403		7495.78 Horizon	NJ Health		501.12				501.12	12130.13	fee schedule	
SMALL BOWEL ENDOSCOPY/STENT	44370	CPT	outpatient			9403		7495.78 Managed Care Inc	Managed Care Inc		8462.7	90			501.12	12130.13	percent of total billed charges	
SMALL BOWEL ENDOSCOPY/STENT	44370	CPT	outpatient			9403		7495.78 Multiplan	Multiplan		7522.4	80			501.12	12130.13	percent of total billed charges	
SMALL BOWEL ENDOSCOPY/STENT	44370	CPT	outpatient			9403		7495.78 Qualcare	Qualcare		7052.25	75			501.12	12130.13	percent of total billed charges	
SMALL BOWEL ENDOSCOPY/STENT	44370	CPT	outpatient			9403		7495.78 Three Rivers	Three Rivers		8932.85	95			501.12	12130.13	percent of total billed charges	
SMALL BOWEL ENDOSCOPY/STENT	44370	CPT	outpatient			9403		7495.78 UHC	Medicaid		2966.65	31.55			501.12	12130.13	percent of total billed charges	
SMALL BOWEL ENDOSCOPY/STENT	44370	CPT	outpatient			9403		7495.78 UHC	Medicare		6518.07				501.12	12130.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALL BOWEL ENDOSCOPY/STENT	44370	CPT	outpatient			9403		7495.78 United	Oxford		3492				501.12	12130.13	case rate	
SMALL BOWEL ENDOSCOPY/STENT	44370	CPT	outpatient			9403		7495.78 United	CommercialPPO		3492				501.12	12130.13	case rate	
SMALL BOWEL ENDOSCOPY/STENT	44370	CPT	outpatient			9403		7495.78 Wellcare	Medicare		6518.07				501.12	12130.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALL BOWEL ENDOSCOPY/STENT	44370	CPT	outpatient			9403		7495.78 Wellcare	Medicaid		2966.65	31.55			501.12	12130.13	percent of total billed charges	
SMALL BOWEL ENDOSCOPY/STENT	44370	CPT	outpatient			9403		7495.78 WellPoint	WellPoint		3025.89	32.18			501.12	12130.13	percent of total billed charges	
PERCUT. ENDOSC. EJUSNOS. PLACE	44372	CPT	outpatient			2926		2502.63 Aetna	Better Health		923.15	31.55			399.33	4049.91	percent of total billed charges	
PERCUT. ENDOSC. EJUSNOS. PLACE	44372	CPT	outpatient			2926		2502.63 Aetna	Commercial		3464.51				399.33	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCUT. ENDOSC. EJUSNOS. PLACE	44372	CPT	outpatient			2926		2502.63 Aetna	Medicare		2176.2				399.33	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCUT. ENDOSC. EJUSNOS. PLACE	44372	CPT	outpatient			2926		2502.63 Americare	Americare		2194.5	75			399.33	4049.91	percent of total billed charges	
PERCUT. ENDOSC. EJUSNOS. PLACE	44372	CPT	outpatient			2926		2502.63 Amerihealth	HMO/PPO		1901.9	65			399.33	4049.91	percent of total billed charges	
PERCUT. ENDOSC. EJUSNOS. PLACE	44372	CPT	outpatient			2926		2502.63 Amerihealth	Medicare		2176.2				399.33	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCUT. ENDOSC. EJUSNOS. PLACE	44372	CPT	outpatient			2926		2502.63 Consumer	Consumer		2779.7	95			399.33	4049.91	percent of total billed charges	
PERCUT. ENDOSC. EJUSNOS. PLACE	44372	CPT	outpatient			2926		2502.63 Corrections	Corrections		2340.8	80			399.33	4049.91	percent of total billed charges	
PERCUT. ENDOSC. EJUSNOS. PLACE	44372	CPT	outpatient			2926		2502.63 First Health	First Health		2048.2	70			399.33	4049.91	percent of total billed charges	
PERCUT. ENDOSC. EJUSNOS. PLACE	44372	CPT	outpatient			2926		2502.63 First Trenton	First Trenton		2633.4	90			399.33	4049.91	percent of total billed charges	
PERCUT. ENDOSC. EJUSNOS. PLACE	44372	CPT	outpatient			2926		2502.63 Horizon	Medicare Blue		2176.2				399.33	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCUT. ENDOSC. EJUSNOS. PLACE	44372	CPT	outpatient			2926		2502.63 Horizon	PPO		4049.91				399.33	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCUT. ENDOSC. EJUSNOS. PLACE	44372	CPT	outpatient			2926		2502.63 Horizon	MGD		4049.91				399.33	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCUT. ENDOSC. EJUSNOS. PLACE	44372	CPT	outpatient			2926		2502.63 Horizon	NJ Health		399.33				399.33	4049.91	fee schedule	
PERCUT. ENDOSC. EJUSNOS. PLACE	44372	CPT	outpatient			2926		2502.63 Horizon	Indemnity		4049.91				399.33	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCUT. ENDOSC. EJUSNOS. PLACE	44372	CPT	outpatient			2926		2502.63 Managed Care Inc	Managed Care Inc		2633.4	90			399.33	4049.91	percent of total billed charges	
PERCUT. ENDOSC. EJUSNOS. PLACE	44372	CPT	outpatient			2926		2502.63 Multiplan	Multiplan		2340.8	80			399.33	4049.91	percent of total billed charges	
PERCUT. ENDOSC. EJUSNOS. PLACE	44372	CPT	outpatient			2926		2502.63 Qualcare	Qualcare		2194.5	75			399.33	4049.91	percent of total billed charges	
PERCUT. ENDOSC. EJUSNOS. PLACE	44372	CPT	outpatient			2926		2502.63 Three Rivers	Three Rivers		2779.7	95			399.33	4049.91	percent of total billed charges	
PERCUT. ENDOSC. EJUSNOS. PLACE	44372	CPT	outpatient			2926		2502.63 UHC	Medicare		2176.2				399.33	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCUT. ENDOSC. EJUSNOS. PLACE	44372	CPT	outpatient			2926		2502.63 UHC	Medicaid		923.15	31.55			399.33	4049.91	percent of total billed charges	
PERCUT. ENDOSC. EJUSNOS. PLACE	44372	CPT	outpatient			2926		2502.63 United	CommercialPPO		2493				399.33	4049.91	case rate	
PERCUT. ENDOSC. EJUSNOS. PLACE	44372	CPT	outpatient			2926		2502.63 United	Oxford		2493				399.33	4049.91	case rate	
PERCUT. ENDOSC. EJUSNOS. PLACE	44372	CPT	outpatient			2926		2502.63 Wellcare	Medicaid		923.15	31.55			399.33	4049.91	percent of total billed charges	
PERCUT. ENDOSC. EJUSNOS. PLACE	44372	CPT	outpatient			2926		2502.63 Wellcare	Medicare		2176.2				399.33	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCUT. ENDOSC. EJUSNOS. PLACE	44372	CPT	outpatient			2926		2502.63 WellPoint	WellPoint		941.59	32.18			399.33	4049.91	percent of total billed charges	
SMALLBOWELENDOSCOV.PEG JEJUNOSTOMY	44373	CPT	outpatient			2379		2502.63 Aetna	Commercial		3464.51				399.33	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALLBOWELENDOSCOV.PEG JEJUNOSTOMY	44373	CPT	outpatient			2379		2502.63 Aetna	Better Health		750.57	31.55			399.33	4049.91	percent of total billed charges	
SMALLBOWELENDOSCOV.PEG JEJUNOSTOMY	44373	CPT	outpatient			2379		2502.63 Aetna	Medicare		2176.2				399.33	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALLBOWELENDOSCOV.PEG JEJUNOSTOMY	44373	CPT	outpatient			2379		2502.63 Americare	Americare		1784.25	75			399.33	4049.91	percent of total billed charges	
SMALLBOWELENDOSCOV.PEG JEJUNOSTOMY	44373	CPT	outpatient			2379		2502.63 Amerihealth	Medicare		2176.2				399.33	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALLBOWELENDOSCOV.PEG JEJUNOSTOMY	44373	CPT	outpatient			2379		2502.63 Amerihealth	HMO/PPO		1546.35	65			399.33	4049.91	percent of total billed charges	
SMALLBOWELENDOSCOV.PEG JEJUNOSTOMY	44373	CPT	outpatient			2379		2502.63 Consumer	Consumer		2260.05	95			399.33	4049.91	percent of total billed charges	
SMALLBOWELENDOSCOV.PEG JEJUNOSTOMY	44373	CPT	outpatient			2379		2502.63 Corrections	Corrections		1903.2	80			399.33	4049.91	percent of total billed charges	
SMALLBOWELENDOSCOV.PEG JEJUNOSTOMY	44373	CPT	outpatient			2379		2502.63 First Health	First Health		1665.3	70			399.33	4049.91	percent of total billed charges	
SMALLBOWELENDOSCOV.PEG JEJUNOSTOMY	44373	CPT	outpatient			2379		2502.63 First Trenton	First Trenton		2141.1	90			399.33	4049.91	percent of total billed charges	
SMALLBOWELENDOSCOV.PEG JEJUNOSTOMY	44373	CPT	outpatient			2379		2502.63 Horizon	Indemnity		4049.91				399.33	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALLBOWELENDOSCOV.PEG JEJUNOSTOMY	44373	CPT	outpatient			2379		2502.63 Horizon	PPO		4049.91				399.33	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALLBOWELENDOSCOV.PEG JEJUNOSTOMY	44373	CPT	outpatient			2379		2502.63 Horizon	MGD		4049.91				399.33	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALLBOWELENDOSCOV.PEG JEJUNOSTOMY	44373	CPT	outpatient			2379		2502.63 Horizon	Medicare Blue		2176.2				399.33	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALLBOWELENDOSCOV.PEG JEJUNOSTOMY	44373	CPT	outpatient			2379		2502.63 Horizon	NJ Health		399.33				399.33	4049.91	fee schedule	
SMALLBOWELENDOSCOV.PEG JEJUNOSTOMY	44373	CPT	outpatient			2379		2502.63 Managed Care Inc	Managed Care Inc		2141.1	90			399.33	4049.91	percent of total billed charges	
SMALLBOWELENDOSCOV.PEG JEJUNOSTOMY	44373	CPT	outpatient			2379		2502.63 Multiplan	Multiplan		1903.2	80			399.33	4049.91	percent of total billed charges	
SMALLBOWELENDOSCOV.PEG JEJUNOSTOMY	44373	CPT	outpatient			2379		2502.63 Qualcare	Qualcare		1784.25	75			399.33	4049.91	percent of total billed charges	
SMALLBOWELENDOSCOV.PEG JEJUNOSTOMY	44373	CPT	outpatient			2379		2502.63 Three Rivers	Three Rivers		2260.05	95			399.33	4049.91	percent of total billed charges	
SMALLBOWELENDOSCOV.PEG JEJUNOSTOMY	44373	CPT	outpatient			2379		2502.63 UHC	Medicare		2176.2				399.33	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALLBOWELENDOSCOV.PEG JEJUNOSTOMY	44373	CPT	outpatient			2379		2502.63 UHC	Medicaid		750.57	31.55			399.33	4049.91	percent of total billed charges	
SMALLBOWELENDOSCOV.PEG JEJUNOSTOMY	44373	CPT	outpatient			2379		2502.63 United	Oxford		2493				399.33	4049.91	case rate	
SMALLBOWELENDOSCOV.PEG JEJUNOSTOMY	44373	CPT	outpatient			2379		2502.63 United	CommercialPPO		2493				399.33	4049.91	case rate	
SMALLBOWELENDOSCOV.PEG JEJUNOSTOMY	44373	CPT	outpatient			2379		2502.63 Wellcare	Medicare		2176.2				399.33	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALLBOWELENDOSCOV.PEG JEJUNOSTOMY	44373	CPT	outpatient			2379		2502.63 Wellcare	Medicaid		750.57	31.55			399.33	4049.91	percent of total billed charges	
SMALLBOWELENDOSCOV.PEG JEJUNOSTOMY	44373	CPT	outpatient			2379		2502.63 WellPoint	WellPoint		765.96	32.18			399.33	4049.91	percent of total billed charges	
SM INT ENDO U ILIUM DX	44376	CPT	outpatient			3172		2502.63 Aetna	Better Health		1000.77	31.55			412.33	4049.91	percent of total billed charges	
SM INT ENDO U ILIUM DX	44376	CPT	outpatient			3172		2502.63 Aetna	Commercial		3464.51				412.33	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SM INT ENDO U ILIUM DX	44376	CPT	outpatient			3172		2502.63 Aetna	Medicare		2176.2				412.33	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SM INT ENDO U ILIUM DX	44376	CPT	outpatient			3172		2502.63 Americare	Americare		2379	75			412.33	4049.91	percent of total billed charges	
SM INT ENDO U ILIUM DX	44376	CPT	outpatient			3172		2502.63 Amerihealth	Medicare		2176.2				412.33	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SM INT ENDO U ILIUM DX	44376	CPT	outpatient			3172		2502.63 Amerihealth	HMO/PPO		2061.8	65			412.33	4049.91	percent of total billed charges	
SM INT ENDO U ILIUM DX	44376	CPT	outpatient			3172	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
SM INT ENDO U ILIUM DX	44376	CPT	outpatient			3172		2502.63 Horizon	NJ Health		412.33				412.33	4049.91	fee schedule	
SM INT ENDO U ILIUM DX	44376	CPT	outpatient			3172		2502.63 Horizon	PPO		4049.91				412.33	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SM INT ENDO U ILIUM DX	44376	CPT	outpatient			3172		2502.63 Horizon	Medicare Blue		2176.2				412.33	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SM INT ENDO U ILIUM DX	44376	CPT	outpatient			3172		2502.63 Managed Care Inc	Managed Care Inc		2854.8	90			412.33	4049.91	percent of total billed charges	
SM INT ENDO U ILIUM DX	44376	CPT	outpatient			3172		2502.63 Multiplan	Multiplan		2537.6	80			412.33	4049.91	percent of total billed charges	
SM INT ENDO U ILIUM DX	44376	CPT	outpatient			3172		2502.63 Qualcare	Qualcare		2379	75			412.33	4049.91	percent of total billed charges	
SM INT ENDO U ILIUM DX	44376	CPT	outpatient			3172		2502.63 Three Rivers	Three Rivers		3013.4	95			412.33	4049.91	percent of total billed charges	
SM INT ENDO U ILIUM DX	44376	CPT	outpatient			3172		2502.63 UHC	Medicaid		1000.77	31.55			412.33	4049.91	percent of total billed charges	
SM INT ENDO U ILIUM DX	44376	CPT	outpatient			3172		2502.63 UHC	Medicare		2176.2				412.33	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SM INT ENDO U ILIUM DX	44376	CPT	outpatient			3172		2502.63 United	CommercialPPO		2493				412.33	4049.91	case rate	
SM INT ENDO U ILIUM DX	44376	CPT	outpatient			3172		2502.63 United	Oxford		2493				412.33	4049.91	case rate	
SM INT ENDO U ILIUM DX	44376	CPT	outpatient			3172		2502.63 Wellcare	Medicare		2176.2				412.33	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SM INT ENDO U ILIUM DX	44376	CPT	outpatient			3172		2502.63 Wellcare	Medicaid		1000.77	31.55			412.33	4049.91	percent of total billed charges	
SM INT ENDO U ILIUM DX	44376	CPT	outpatient			3172		2502.63 WellPoint	WellPoint		1020.75	32.18			412.33	4049.91	percent of total billed charges	
SM INT ENDO W ILIUM W BX SINMULTI	44377	CPT	outpatient			3172		2502.63 Aetna	Better Health		1000.77	31.55			436.1	4049.91	percent of total billed charges	
SM INT ENDO W ILIUM W BX SINMULTI	44377	CPT	outpatient			3172		2502.63 Aetna	Medicare		2176.2				436.1	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SM INT ENDO W ILIUM W BX SINMULTI	44377	CPT	outpatient			3172		2502.63 Aetna	Commercial		3464.51				436.1	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SM INT ENDO W ILIUM W BX SINMULTI	44377	CPT	outpatient			3172		2502.63 Americare	Americare		2379	75			436.1	4049.91	percent of total billed charges	
SM INT ENDO W ILIUM W BX SINMULTI	44377	CPT	outpatient			3172		2502.63 Amerihealth	Medicare		2176.2				436.1	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SM INT ENDO W ILIUM W BX SINMULTI	44377	CPT	outpatient			3172		2502.63 Amerihealth	HMO/PPO		2061.8	65			436.1	4049.91	percent of total billed charges	
SM INT ENDO W ILIUM W BX SINMULTI	44377	CPT	outpatient			3172		2502.63 Consumer	Consumer		3013.4	95			436.1	4049.91	percent of total billed charges	
SM INT ENDO W ILIUM W BX SINMULTI	44377	CPT	outpatient			3172		2502.63 Corrections	Corrections		2537.6	80			436.1	4049.91	percent of total billed charges	
SM INT ENDO W ILIUM W BX SINMULTI	44377	CPT	outpatient			3172		2502.63 First Health	First Health		2220.4	70			436.1	4049.91	percent of total billed charges	
SM INT ENDO W ILIUM W BX SINMULTI	44377	CPT	outpatient			3172		2502.63 First Trenton	First Trenton		2854.8	90			436.1	4049.91	percent of total billed charges	
SM INT ENDO W ILIUM W BX SINMULTI	44377	CPT	outpatient			3172		2502.63 Horizon	PPO		4049.91				436.1	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SM INT ENDO W ILIUM W BX SINMULTI	44377	CPT	outpatient			3172		2502.63 Horizon	Indemnity		4049.91				436.1	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SM INT ENDO W ILIUM W BX SINMULTI	44377	CPT	outpatient			3172		2502.63 Horizon	MGD		4049.91				436.1	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SM INT ENDO W ILIUM W BX SINMULTI	44377	CPT	outpatient			3172		2502.63 Horizon	Medicare Blue		2176.2				436.1	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SM INT ENDO W ILIUM W BX SINMULTI	44377	CPT	outpatient			3172		2502.63 Horizon	NJ Health		436.1				436.1	4049.91	fee schedule	
SM INT ENDO W ILIUM W BX SINMULTI	44377	CPT	outpatient			3172		2502.63 Managed Care Inc	Managed Care Inc		2854.8	90			436.1	4049.91	percent of total billed charges	
SM INT ENDO W ILIUM W BX SINMULTI	44377	CPT	outpatient			3172		2502.63 Multiplan	Multiplan		2537.6	80			436.1	4049.91	percent of total billed charges	
SM INT ENDO W ILIUM W BX SINMULTI	44377	CPT	outpatient			3172		2502.63 Qualcare	Qualcare		2379	75			436.1	4049.91	percent of total billed charges	
SM INT ENDO W ILIUM W BX SINMULTI	44377	CPT	outpatient			3172		2502.63 Three Rivers	Three Rivers		3013.4	95			436.1	4049.91	percent of total billed charges	
SM INT ENDO W ILIUM W BX SINMULTI	44377	CPT	outpatient			3172		2502.63 UHC	Medicare		2176.2				436.1	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SM INT ENDO W ILIUM W BX SINMULTI	44377	CPT	outpatient			3172		2502.63 UHC	Medicaid		1000.77	31.55			436.1	4049.91	percent of total billed charges	
SM INT ENDO W ILIUM W BX SINMULTI	44377	CPT	outpatient			3172		2502.63 United	Oxford		2493				436.1	4049.91	case rate	
SM INT ENDO W ILIUM W BX SINMULTI	44377	CPT	outpatient			3172		2502.63 United	CommercialPPO		2493				436.1	4049.91	case rate	
SM INT ENDO W ILIUM W BX SINMULTI	44377	CPT	outpatient			3172		2502.63 Wellcare	Medicare		2176.2				436.1	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SM INT ENDO W ILIUM W BX SINMULTI	44377	CPT	outpatient			3172		2502.63 Wellcare	Medicaid		1000.77	31.55			436.1	4049.91	percent of total billed charges	
SM INT ENDO W ILIUM W BX SINMULTI	44377	CPT	outpatient			3172		2502.63 WellPoint	WellPoint		1020.75	32.18			436.1	4049.91	percent of total billed charges	
SI ENDO TO IL W BLEED CNTRL	44378	CPT	outpatient			3172		2502.63 Aetna	Better Health		1000.77	31.55			568.8	4049.91	percent of total billed charges	
SI ENDO TO IL W BLEED CNTRL	44378	CPT	outpatient			3172		2502.63 Aetna	Medicare		976.98	30.8			568.8	4049.91	percent of total billed charges	
SI ENDO TO IL W BLEED CNTRL	44378	CPT	outpatient			3172		2502.63 Aetna	Commercial		3464.51				568.8	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SI ENDO TO IL W BLEED CNTRL	44378	CPT	outpatient			3172		2502.63 Americare	Americare		2379	75			568.8	4049.91	percent of total billed charges	
SI ENDO TO IL W BLEED CNTRL	44378	CPT	outpatient			3172		2502.63 Amerihealth	HMO/PPO		2061.8	65			568.8	4049.91	percent of total billed charges	
SI ENDO TO IL W BLEED CNTRL	44378	CPT	outpatient			3172		2502.63 Amerihealth	Medicare		2176.2				568.8	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SI ENDO TO IL W BLEED CNTRL	44378	CPT	outpatient			3172		2502.63 Consumer	Consumer		3013.4	95			568.8	4049.91	percent of total billed charges	
SI ENDO TO IL W BLEED CNTRL	44378	CPT	outpatient			3172		2502.63 Corrections	Corrections		2537.6	80			568.8	4049.91	percent of total billed charges	
SI ENDO TO IL W BLEED CNTRL	44378	CPT	outpatient			3172		2502.63 First Health	First Health		2220.4	70			568.8	4049.91	percent of total billed charges	
SI ENDO TO IL W BLEED CNTRL	44378	CPT	outpatient			3172		2502.63 First Trenton	First Trenton		2854.8	90			568.8	4049.91	percent of total billed charges	
SI ENDO TO IL W BLEED CNTRL	44378	CPT	outpatient			3172		2502.63 Horizon	MGD		4049.91				568.8	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SI ENDO TO IL W BLEED CNTRL	44378	CPT	outpatient			3172		2502.63 Horizon	Medicare Blue		2176.2				568.8	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SI ENDO TO IL W BLEED CNTRL	44378	CPT	outpatient			3172		2502.63 Horizon	Indemnity		4049.91				568.8	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SI ENDO TO IL W BLEED CNTRL	44378	CPT	outpatient			3172		2502.63 Horizon	NJ Health		568.8				568.8	4049.91	fee schedule	
SI ENDO TO IL W BLEED CNTRL	44378	CPT	outpatient			3172		2502.63 Horizon	PPO		4049.91				568.8	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SI ENDO TO IL W BLEED CNTRL	44378	CPT	outpatient			3172		2502.63 Managed Care Inc	Managed Care Inc		2854.8	90			568.8	4049.91	percent of total billed charges	
SI ENDO TO IL W BLEED CNTRL	44378	CPT	outpatient			3172		2502.63 Multiplan	Multiplan		2537.6	80			568.8	4049.91	percent of total billed charges	
SI ENDO TO IL W BLEED CNTRL	44378	CPT	outpatient			3172		2502.63 Qualcare	Qualcare		2379	75			568.8	4049.91	percent of total billed charges	
SI ENDO TO IL W BLEED CNTRL	44378	CPT	outpatient			3172		2502.63 Three Rivers	Three Rivers		3013.4	95			568.8	4049.91	percent of total billed charges	
SI ENDO TO IL W BLEED CNTRL	44378	CPT	outpatient			3172		2502.63 UHC	Medicaid		1000.77	31.55			568.8	4049.91	percent of total billed charges	
SI ENDO TO IL W BLEED CNTRL	44378	CPT	outpatient			3172		2502.63 UHC	Medicare		2176.2				568.8	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SI ENDO TO IL W BLEED CNTRL	44378	CPT	outpatient			3172		2502.63 United	Oxford		2493				568.8	4049.91	case rate	
SI ENDO TO IL W BLEED CNTRL	44378	CPT	outpatient			3172		2502.63 United	CommercialPPO		2493				568.8	4049.91	case rate	
SI ENDO TO IL W BLEED CNTRL	44378	CPT	outpatient			3172		2502.63 Wellcare	Medicaid		1000.77	31.55			568.8	4049.91	percent of total billed charges	
SI ENDO TO IL W BLEED CNTRL	44378	CPT	outpatient			3172		2502.63 Wellcare	Medicare		2176.2				568.8	4049.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SI ENDO TO IL W BLEED CNTRL	44378	CPT	outpatient			3172		2502.63 WellPoint	WellPoint		1020.75	32.18			568.8	4049.91	percent of total billed charges	
SM INT ENDO STENT	44379	CPT	outpatient			9403		7495.78 Aetna	Medicare		2896.12	30.8			501.12	12130.13	percent of total billed charges	
SM INT ENDO STENT	44379	CPT	outpatient			9403		7495.78 Aetna	Better Health		2966.65	31.55			501.12	12130.13	percent of total billed charges	
SM INT ENDO STENT	44379	CPT	outpatient			9403		7495.78 Aetna	Commercial		10376.77				501.12	12130.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SM INT ENDO STENT	44379	CPT	outpatient			9403		7495.78 Americare	Americare		7052.25	75			501.12	12130.13	percent of total billed charges	
SM INT ENDO STENT	44379	CPT	outpatient			9403		7495.78 Amerihealth	HMO/PPO		6111.95	65			501.12	12130.13	percent of total billed charges	
SM INT ENDO STENT	44379	CPT	outpatient			9403		7495.78 Amerihealth	Medicare		6518.07				501.12	12130.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SM INT ENDO STENT	44379	CPT	outpatient			9403		7495.78 Consumer	Consumer		8932.85	95			501.12	12130.13	percent of total billed charges	
SM INT ENDO STENT	44379	CPT	outpatient			9403		7495.78 Corrections	Corrections		7522.4	80			501.12	12130.13	percent of total billed charges	
SM INT ENDO STENT	44379	CPT	outpatient			9403		7495.78 First Health	First Health		6582.1	70			501.12	12130.13	percent of total billed charges	
SM INT ENDO STENT	44379	CPT	outpatient			9403		7495.78 First Trenton	First Trenton		8462.7	90			501.12	12130.13	percent of total billed charges	
SM INT ENDO STENT	44379	CPT	outpatient			9403		7495.78 Horizon	NJ Health		501.12				501.12	12130.13	fee schedule	
SM INT ENDO STENT	44379	CPT	outpatient			9403		7495.78 Horizon	Indemnity		12130.13				501.12	12130.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SM INT ENDO STENT	44379	CPT	outpatient			9403		7495.78 Horizon	Medicare Blue		6518.07				501.12	12130.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SM INT ENDO STENT	44379	CPT	outpatient			9403		7495.78 Horizon	MGD		12130.13				501.12	12130.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SM INT ENDO STENT	44379	CPT	outpatient			9403		7495.78 Horizon	PPO		12130.13				501.12	12130.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SM INT ENDO STENT	44379	CPT	outpatient			9403		7495.78 Managed Care Inc	Managed Care Inc		8462.7	90			501.12	12130.13	percent of total billed charges	
SM INT ENDO STENT	44379	CPT	outpatient			9403		7495.78 Multiplan	Multiplan		7522.4	80			501.12	12130.13	percent of total billed charges	
SM INT ENDO STENT	44379	CPT	outpatient			9403		7495.78 Qualcare	Qualcare		7052.25	75			501.12	12130.13	percent of total billed charges	
SM INT ENDO STENT	44379	CPT	outpatient			9403		7495.78 Three Rivers	Three Rivers		8932.85	95			501.12	12130.13	percent of total billed charges	
SM INT ENDO STENT	44379	CPT	outpatient			9403		7495.78 UHC	Medicaid		2966.65	31.55			501.12	12130.13	percent of total billed charges	
SM INT ENDO STENT	44379	CPT	outpatient			9403		7495.78 UHC	Medicare		6518.07				501.12	12130.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SM INT ENDO STENT	44379	CPT	outpatient			9403		7495.78 United	CommercialPPO		3492				501.12	12130.13	case rate	
SM INT ENDO STENT	44379	CPT	outpatient			9403		7495.78 United	Oxford		3492				501.12	12130.13	case rate	
SM INT ENDO STENT	44379	CPT	outpatient			9403		7495.78 Wellcare	Medicare		6518.07				501.12	12130.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SM INT ENDO STENT	44379	CPT	outpatient			9403		7495.78 Wellcare	Medicaid		2966.65	31.55			501.12	12130.13	percent of total billed charges	
SM INT ENDO STENT	44379	CPT	outpatient			9403		7495.78 WellPoint	WellPoint		3025.89	32.18			501.12	12130.13	percent of total billed charges	
ILEOSCOPY, THRU STOMA, DX	44380	CPT	outpatient			3172		1192.23 Aetna	Medicare		1036.72				224.46	3013.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ILEOSCOPY, THRU STOMA, DX	44380	CPT	outpatient			3172		1192.23 Aetna	Better Health		1000.77	31.55			224.46	3013.4	percent of total billed charges	
ILEOSCOPY, THRU STOMA, DX	44380	CPT	outpatient			3172		1192.23 Aetna	Commercial		1650.46				224.46	3013.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ILEOSCOPY, THRU STOMA, DX	44380	CPT	outpatient			3172		1192.23 Americare	Americare		2379	75			224.46	3013.4	percent of total billed charges	
ILEOSCOPY, THRU STOMA, DX	44380	CPT	outpatient			3172		1192.23 Amerihealth	HMO/PPO		2061.8	65			224.46	3013.4	percent of total billed charges	
ILEOSCOPY, THRU STOMA, DX	44380	CPT	outpatient			3172		1192.23 Amerihealth	Medicare		1036.72				224.46	3013.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ILEOSCOPY, THRU STOMA, DX	44380	CPT	outpatient			3172		1192.23 Consumer	Consumer		3013.4	95			224.46	3013.4	percent of total billed charges	
ILEOSCOPY, THRU STOMA, DX	44380	CPT	outpatient			3172		1192.23 Corrections	Corrections		2537.6	80			224.46	3013.4	percent of total billed charges	
ILEOSCOPY, THRU STOMA, DX	44380	CPT	outpatient			3172		1192.23 First Health	First Health		2220.4	70			224.46	3013.4	percent of total billed charges	
ILEOSCOPY, THRU STOMA, DX	44380	CPT	outpatient			3172		1192.23 First Trenton	First Trenton		2854.8	90			224.46	3013.4	percent of total billed charges	
ILEOSCOPY, THRU STOMA, DX	44380	CPT	outpatient			3172		1192.23 Horizon	MGD		1929.34				224.46	3013.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ILEOSCOPY, THRU STOMA, DX	44380	CPT	outpatient			3172		1192.23 Horizon	Indemnity		1929.34				224.46	3013.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ILEOSCOPY, THRU STOMA, DX	44380	CPT	outpatient			3172		1192.23 Horizon	PPO		1929.34				224.46	3013.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ILEOSCOPY, THRU STOMA, DX	44380	CPT	outpatient			3172		1192.23 Horizon	NJ Health		224.46				224.46	3013.4	fee schedule	
ILEOSCOPY, THRU STOMA, DX	44380	CPT	outpatient			3172		1192.23 Horizon	Medicare Blue		1036.72				224.46	3013.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ILEOSCOPY, THRU STOMA, DX	44380	CPT	outpatient			3172		1192.23 Managed Care Inc	Managed Care Inc		2854.8	90			224.46	3013.4	percent of total billed charges	
ILEOSCOPY, THRU STOMA, DX	44380	CPT	outpatient			3172		1192.23 Multiplan	Multiplan		2537.6	80			224.46	3013.4	percent of total billed charges	
ILEOSCOPY, THRU STOMA, DX	44380	CPT	outpatient			3172		1192.23 Qualcare	Qualcare		2379	75			224.46	3013.4	percent of total billed charges	
ILEOSCOPY, THRU STOMA, DX	44380	CPT	outpatient			3172		1192.23 Three Rivers	Three Rivers		3013.4	95			224.46	3013.4	percent of total billed charges	
ILEOSCOPY, THRU STOMA, DX	44380	CPT	outpatient			3172		1192.23 UHC	Medicaid		1000.77	31.55			224.46	3013.4	percent of total billed charges	
ILEOSCOPY, THRU STOMA, DX	44380	CPT	outpatient			3172		1192.23 UHC	Medicare		1036.72				224.46	3013.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ILEOSCOPY, THRU STOMA, DX	44380	CPT	outpatient			3172		1192.23 United	Oxford		2493				224.46	3013.4	case rate	
ILEOSCOPY, THRU STOMA, DX	44380	CPT	outpatient			3172		1192.23 United	CommercialPPO		2493				224.46	3013.4	case rate	
ILEOSCOPY, THRU STOMA, DX	44380	CPT	outpatient			3172		1192.23 Wellcare	Medicare		1036.72				224.46	3013.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ILEOSCOPY, THRU STOMA, DX	44380	CPT	outpatient			3172		1192.23 Wellcare	Medicaid		1000.77	31.55			224.46	3013.4	percent of total billed charges	
ILEOSCOPY, THRU STOMA, DX	44380	CPT	outpatient			3172		1192.23 WellPoint	WellPoint		1020.75	32.18			224.46	3013.4	percent of total billed charges	
ILEOSCOPY,THRU STOMA,W BX,SGLMULTI	44382	CPT	outpatient			3172		1192.23 Aetna	Better Health		1000.77	31.55			263.61	3013.4	percent of total billed charges	
ILEOSCOPY,THRU STOMA,W BX,SGLMULTI	44382	CPT	outpatient			3172		1192.23 Aetna	Medicare		1036.72				263.61	3013.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ILEOSCOPY,THRU STOMA,W BX,SGLMULTI	44382	CPT	outpatient			3172		1192.23 Aetna	Commercial		1650.46				263.61	3013.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ILEOSCOPY,THRU STOMA,W BX,SGLMULTI	44382	CPT	outpatient			3172		1192.23 Americare	Americare		2379	75			263.61	3013.4	percent of total billed charges	
ILEOSCOPY,THRU STOMA,W BX,SGLMULTI	44382	CPT	outpatient			3172		1192.23 Amerihealth	Medicare		1036.72				263.61	3013.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ILEOSCOPY,THRU STOMA,W BX,SGLMULTI	44382	CPT	outpatient			3172		1192.23 Amerihealth	HMO/PPO		2061.8	65			263.61	3013.4	percent of total billed charges	
ILEOSCOPY,THRU STOMA,W BX,SGLMULTI	44382	CPT	outpatient			3172		1192.23 Consumer	Consumer		3013.4	95			263.61	3013.4	percent of total billed charges	
ILEOSCOPY,THRU STOMA,W BX,SGLMULTI	44382	CPT	outpatient			3172		1192.23 Corrections	Corrections		2537.6	80			263.61	3013.4	percent of total billed charges	
ILEOSCOPY,THRU STOMA,W BX,SGLMULTI	44382	CPT	outpatient			3172		1192.23 First Health	First Health		2220.4	70			263.61	3013.4	percent of total billed charges	
ILEOSCOPY,THRU STOMA,W BX,SGLMULTI	44382	CPT	outpatient			3172		1192.23 First Trenton	First Trenton		2854.8	90			263.61	3013.4	percent of total billed charges	
ILEOSCOPY,THRU STOMA,W BX,SGLMULTI	44382	CPT	outpatient			3172		1192.23 Horizon	PPO		1929.34				263.61	3013.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ILEOSCOPY,THRU STOMA,W BX,SGLMULTI	44382	CPT	outpatient			3172		1192.23 Horizon	Indemnity		1929.34				263.61	3013.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ILEOSCOPY,THRU STOMA,W BX,SGLMULTI	44382	CPT	outpatient			3172		1192.23 Horizon	Medicare Blue		1036.72				263.61	3013.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ILEOSCOPY,THRU STOMA,W BX,SGLMULTI	44382	CPT	outpatient			3172		1192.23 Horizon	NJ Health		263.61				263.61	3013.4	fee schedule	
ILEOSCOPY,THRU STOMA,W BX,SGLMULTI	44382	CPT	outpatient			3172		1192.23 Horizon	MGD		1929.34				263.61	3013.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ILEOSCOPY,THRU STOMA,W BX,SGLMULTI	44382	CPT	outpatient			3172		1192.23 Managed Care Inc	Managed Care Inc		2854.8	90			263.61	3013.4	percent of total billed charges	
ILEOSCOPY,THRU STOMA,W BX,SGLMULTI	44382	CPT	outpatient			3172		1192.23 Multiplan	Multiplan		2537.6	80			263.61	3013.4	percent of total billed charges	
ILEOSCOPY,THRU STOMA,W BX,SGLMULTI	44382	CPT	outpatient			3172		1192.23 Qualcare	Qualcare		2379	75			263.61	3013.4	percent of total billed charges	
ILEOSCOPY,THRU STOMA,W BX,SGLMULTI	44382	CPT	outpatient			3172		1192.23 Three Rivers	Three Rivers		3013.4	95			263.61	3013.4	percent of total billed charges	
ILEOSCOPY,THRU STOMA,W BX,SGLMULTI	44382	CPT	outpatient			3172		1192.23 UHC	Medicare		1036.72				263.61	3013.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ILEOSCOPY,THRU STOMA,W BX,SGLMULTI	44382	CPT	outpatient			3172		1192.23 UHC	Medicaid		1000.77	31.55			263.61	3013.4	percent of total billed charges	
ILEOSCOPY,THRU STOMA,W BX,SGLMULTI	44382	CPT	outpatient			3172		1192.23 United	CommercialPPO		2493				263.61	3013.4	case rate	
ILEOSCOPY,THRU STOMA,W BX,SGLMULTI	44382	CPT	outpatient			3172		1192.23 United	Oxford		2493				263.61	3013.4	case rate	
ILEOSCOPY,THRU STOMA,W BX,SGLMULTI	44382	CPT	outpatient			3172		1192.23 Wellcare	Medicare		1036.72				263.61	3013.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ILEOSCOPY,THRU STOMA,W BX,SGLMULTI	44382	CPT	outpatient			3172		1192.23 Wellcare	Medicaid		1000.77	31.55			263.61	3013.4	percent of total billed charges	
ILEOSCOPY,THRU STOMA,W BX,SGLMULTI	44382	CPT	outpatient			3172		1192.23 WellPoint	WellPoint		1020.75	32.18			263.61	3013.4	percent of total billed charges	
ILEOSCPOY THRU STOMA W/STENT	44384	CPT	outpatient			9403		2502.63 Aetna	Commercial		3464.51				230.18	8932.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ILEOSCPOY THRU STOMA W/STENT	44384	CPT	outpatient			9403		2502.63 Aetna	Better Health		2966.65	31.55			230.18	8932.85	percent of total billed charges	
ILEOSCPOY THRU STOMA W/STENT	44384	CPT	outpatient			9403		2502.63 Aetna	Medicare		2176.2				230.18	8932.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ILEOSCPOY THRU STOMA W/STENT	44384	CPT	outpatient			9403		2502.63 Americare	Americare		7052.25	75			230.18	8932.85	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ILEOSCPOY THRU STOMA W/STENT	44384	CPT	outpatient			9403		2502.63 Amerihealth	Medicare		2176.2				230.18	8932.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ILEOSCPOY THRU STOMA W/STENT	44384	CPT	outpatient			9403		2502.63 Amerihealth	HMO/PPO		6111.95	65			230.18	8932.85	percent of total billed charges	
ILEOSCPOY THRU STOMA W/STENT	44384	CPT	outpatient			9403		2502.63 Consumer	Consumer		8932.85	95			230.18	8932.85	percent of total billed charges	
ILEOSCPOY THRU STOMA W/STENT	44384	CPT	outpatient			9403		2502.63 Corrections	Corrections		7522.4	80			230.18	8932.85	percent of total billed charges	
ILEOSCPOY THRU STOMA W/STENT	44384	CPT	outpatient			9403		2502.63 First Health	First Health		6982.1	70			230.18	8932.85	percent of total billed charges	
ILEOSCPOY THRU STOMA W/STENT	44384	CPT	outpatient			9403		2502.63 First Trenton	First Trenton		8462.7	90			230.18	8932.85	percent of total billed charges	
ILEOSCPOY THRU STOMA W/STENT	44384	CPT	outpatient			9403		2502.63 Horizon	Medicare Blue		2176.2				230.18	8932.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ILEOSCPOY THRU STOMA W/STENT	44384	CPT	outpatient			9403		2502.63 Horizon	NJ Health		230.18				230.18	8932.85	fee schedule	
ILEOSCPOY THRU STOMA W/STENT	44384	CPT	outpatient			9403		2502.63 Horizon	MGD		4049.91				230.18	8932.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ILEOSCPOY THRU STOMA W/STENT	44384	CPT	outpatient			9403		2502.63 Horizon	Indemnity		4049.91				230.18	8932.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ILEOSCPOY THRU STOMA W/STENT	44384	CPT	outpatient			9403		2502.63 Horizon	PPO		4049.91				230.18	8932.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ILEOSCPOY THRU STOMA W/STENT	44384	CPT	outpatient			9403		2502.63 Managed Care Inc	Managed Care Inc		8462.7	90			230.18	8932.85	percent of total billed charges	
ILEOSCPOY THRU STOMA W/STENT	44384	CPT	outpatient			9403		2502.63 Multiplan	Multiplan		7522.4	80			230.18	8932.85	percent of total billed charges	
ILEOSCPOY THRU STOMA W/STENT	44384	CPT	outpatient			9403		2502.63 Qualcare	Qualcare		7052.25	75			230.18	8932.85	percent of total billed charges	
ILEOSCPOY THRU STOMA W/STENT	44384	CPT	outpatient			9403		2502.63 Three Rivers	Three Rivers		8932.85	95			230.18	8932.85	percent of total billed charges	
ILEOSCPOY THRU STOMA W/STENT	44384	CPT	outpatient			9403		2502.63 UHC	Medicaid		2966.65	31.55			230.18	8932.85	percent of total billed charges	
ILEOSCPOY THRU STOMA W/STENT	44384	CPT	outpatient			9403		2502.63 UHC	Medicare		2176.2				230.18	8932.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ILEOSCPOY THRU STOMA W/STENT	44384	CPT	outpatient			9403		2502.63 United	CommercialPPO		2493				230.18	8932.85	case rate	
ILEOSCPOY THRU STOMA W/STENT	44384	CPT	outpatient			9403		2502.63 United	Oxford		2493				230.18	8932.85	case rate	
ILEOSCPOY THRU STOMA W/STENT	44384	CPT	outpatient			9403		2502.63 Wellcare	Medicaid		2966.65	31.55			230.18	8932.85	percent of total billed charges	
ILEOSCPOY THRU STOMA W/STENT	44384	CPT	outpatient			9403		2502.63 Wellcare	Medicare		2176.2				230.18	8932.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ILEOSCPOY THRU STOMA W/STENT	44384	CPT	outpatient			9403		2502.63 WellPoint	WellPoint		3025.89	32.18			230.18	8932.85	percent of total billed charges	
ENDO EVAL SM INTEST POUCH,DX	44385	CPT	outpatient			2998		1202.06 Aetna	Commercial		1664.07				236.88	2848.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDO EVAL SM INTEST POUCH,DX	44385	CPT	outpatient			2998		1202.06 Aetna	Better Health		945.87	31.55			236.88	2848.1	percent of total billed charges	
ENDO EVAL SM INTEST POUCH,DX	44385	CPT	outpatient			2998		1202.06 Aetna	Medicare		1045.27				236.88	2848.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDO EVAL SM INTEST POUCH,DX	44385	CPT	outpatient			2998		1202.06 Americare	Americare		2248.5	75			236.88	2848.1	percent of total billed charges	
ENDO EVAL SM INTEST POUCH,DX	44385	CPT	outpatient			2998		1202.06 Amerihealth	Medicare		1045.27				236.88	2848.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDO EVAL SM INTEST POUCH,DX	44385	CPT	outpatient			2998		1202.06 Amerihealth	HMO/PPO		1948.7	65			236.88	2848.1	percent of total billed charges	
ENDO EVAL SM INTEST POUCH,DX	44385	CPT	outpatient			2998		1202.06 Consumer	Consumer		2848.1	95			236.88	2848.1	percent of total billed charges	
ENDO EVAL SM INTEST POUCH,DX	44385	CPT	outpatient			2998		1202.06 Corrections	Corrections		2398.4	80			236.88	2848.1	percent of total billed charges	
ENDO EVAL SM INTEST POUCH,DX	44385	CPT	outpatient			2998		1202.06 First Health	First Health		2098.6	70			236.88	2848.1	percent of total billed charges	
ENDO EVAL SM INTEST POUCH,DX	44385	CPT	outpatient			2998		1202.06 First Trenton	First Trenton		2698.2	90			236.88	2848.1	percent of total billed charges	
ENDO EVAL SM INTEST POUCH,DX	44385	CPT	outpatient			2998		1202.06 Horizon	NJ Health		236.88				236.88	2848.1	fee schedule	
ENDO EVAL SM INTEST POUCH,DX	44385	CPT	outpatient			2998		1202.06 Horizon	Indemnity		1945.25				236.88	2848.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDO EVAL SM INTEST POUCH,DX	44385	CPT	outpatient			2998		1202.06 Horizon	Medicare Blue		1045.27				236.88	2848.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDO EVAL SM INTEST POUCH,DX	44385	CPT	outpatient			2998		1202.06 Horizon	PPO		1945.25				236.88	2848.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDO EVAL SM INTEST POUCH,DX	44385	CPT	outpatient			2998		1202.06 Horizon	MGD		1945.25				236.88	2848.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDO EVAL SM INTEST POUCH,DX	44385	CPT	outpatient			2998		1202.06 Managed Care Inc	Managed Care Inc		2698.2	90			236.88	2848.1	percent of total billed charges	
ENDO EVAL SM INTEST POUCH,DX	44385	CPT	outpatient			2998		1202.06 Multiplan	Multiplan		2398.4	80			236.88	2848.1	percent of total billed charges	
ENDO EVAL SM INTEST POUCH,DX	44385	CPT	outpatient			2998		1202.06 Qualcare	Qualcare		2248.5	75			236.88	2848.1	percent of total billed charges	
ENDO EVAL SM INTEST POUCH,DX	44385	CPT	outpatient			2998		1202.06 Three Rivers	Three Rivers		2848.1	95			236.88	2848.1	percent of total billed charges	
ENDO EVAL SM INTEST POUCH,DX	44385	CPT	outpatient			2998		1202.06 UHC	Medicare		1045.27				236.88	2848.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDO EVAL SM INTEST POUCH,DX	44385	CPT	outpatient			2998		1202.06 UHC	Medicaid		945.87	31.55			236.88	2848.1	percent of total billed charges	
ENDO EVAL SM INTEST POUCH,DX	44385	CPT	outpatient			2998		1202.06 United	CommercialPPO		2493				236.88	2848.1	case rate	
ENDO EVAL SM INTEST POUCH,DX	44385	CPT	outpatient			2998		1202.06 United	Oxford		2493				236.88	2848.1	case rate	
ENDO EVAL SM INTEST POUCH,DX	44385	CPT	outpatient			2998		1202.06 Wellcare	Medicare		1045.27				236.88	2848.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDO EVAL SM INTEST POUCH,DX	44385	CPT	outpatient			2998		1202.06 Wellcare	Medicaid		945.87	31.55			236.88	2848.1	percent of total billed charges	
ENDO EVAL SM INTEST POUCH,DX	44385	CPT	outpatient			2998		1202.06 WellPoint	WellPoint		964.76	32.18			236.88	2848.1	percent of total billed charges	
ENDO EVAL SM INTEST POUCH W,BX	44386	CPT	outpatient			2998		1202.06 Aetna	Better Health		945.87	31.55			360.02	2848.1	percent of total billed charges	
ENDO EVAL SM INTEST POUCH W,BX	44386	CPT	outpatient			2998		1202.06 Aetna	Medicare		1045.27				360.02	2848.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDO EVAL SM INTEST POUCH W,BX	44386	CPT	outpatient			2998		1202.06 Aetna	Commercial		1664.07				360.02	2848.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDO EVAL SM INTEST POUCH W,BX	44386	CPT	outpatient			2998		1202.06 Americare	Americare		2248.5	75			360.02	2848.1	percent of total billed charges	
ENDO EVAL SM INTEST POUCH W,BX	44386	CPT	outpatient			2998		1202.06 Amerihealth	HMO/PPO		1948.7	65			360.02	2848.1	percent of total billed charges	
ENDO EVAL SM INTEST POUCH W,BX	44386	CPT	outpatient			2998		1202.06 Amerihealth	Medicare		1045.27				360.02	2848.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDO EVAL SM INTEST POUCH W,BX	44386	CPT	outpatient			2998		1202.06 Consumer	Consumer		2848.1	95			360.02	2848.1	percent of total billed charges	
ENDO EVAL SM INTEST POUCH W,BX	44386	CPT	outpatient			2998		1202.06 Corrections	Corrections		2398.4	80			360.02	2848.1	percent of total billed charges	
ENDO EVAL SM INTEST POUCH W,BX	44386	CPT	outpatient			2998		1202.06 First Health	First Health		2098.6	70			360.02	2848.1	percent of total billed charges	
ENDO EVAL SM INTEST POUCH W,BX	44386	CPT	outpatient			2998		1202.06 First Trenton	First Trenton		2698.2	90			360.02	2848.1	percent of total billed charges	
ENDO EVAL SM INTEST POUCH W,BX	44386	CPT	outpatient			2998		1202.06 Horizon	MGD		1945.25				360.02	2848.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDO EVAL SM INTEST POUCH W,BX	44386	CPT	outpatient			2998		1202.06 Horizon	Medicare Blue		1045.27				360.02	2848.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDO EVAL SM INTEST POUCH W,BX	44386	CPT	outpatient			2998		1202.06 Horizon	NJ Health		360.02				360.02	2848.1	fee schedule	
ENDO EVAL SM INTEST POUCH W,BX	44386	CPT	outpatient			2998		1202.06 Horizon	Indemnity		1945.25				360.02	2848.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDO EVAL SM INTEST POUCH W,BX	44386	CPT	outpatient			2998		1202.06 Horizon	PPO		1945.25				360.02	2848.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDO EVAL SM INTEST POUCH W,BX	44386	CPT	outpatient			2998		1202.06 Managed Care Inc	Managed Care Inc		2698.2	90			360.02	2848.1	percent of total billed charges	
ENDO EVAL SM INTEST POUCH W,BX	44386	CPT	outpatient			2998		1202.06 Multiplan	Multiplan		2398.4	80			360.02	2848.1	percent of total billed charges	
ENDO EVAL SM INTEST POUCH W,BX	44386	CPT	outpatient			2998		1202.06 Qualcare	Qualcare		2248.5	75			360.02	2848.1	percent of total billed charges	
ENDO EVAL SM INTEST POUCH W,BX	44386	CPT	outpatient			2998		1202.06 Three Rivers	Three Rivers		2848.1	95			360.02	2848.1	percent of total billed charges	
ENDO EVAL SM INTEST POUCH W,BX	44386	CPT	outpatient			2998		1202.06 UHC	Medicaid		945.87	31.55			360.02	2848.1	percent of total billed charges	
ENDO EVAL SM INTEST POUCH W,BX	44386	CPT	outpatient			2998		1202.06 UHC	Medicare		1045.27				360.02	2848.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDO EVAL SM INTEST POUCH W,BX	44386	CPT	outpatient			2998		1202.06 United	Oxford		2493				360.02	2848.1	case rate	
ENDO EVAL SM INTEST POUCH W,BX	44386	CPT	outpatient			2998		1202.06 United	CommercialPPO		2493				360.02	2848.1	case rate	
ENDO EVAL SM INTEST POUCH W,BX	44386	CPT	outpatient			2998		1202.06 Wellcare	Medicare		1045.27				360.02	2848.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDO EVAL SM INTEST POUCH W,BX	44386	CPT	outpatient			2998		1202.06 Wellcare	Medicaid		945.87	31.55			360.02	2848.1	percent of total billed charges	
ENDO EVAL SM INTEST POUCH W,BX	44386	CPT	outpatient			2998		1202.06 WellPoint	WellPoint		964.76	32.18			360.02	2848.1	percent of total billed charges	
COLONOSCOPY	44388	CPT	outpatient			3420		1202.06 Aetna	Better Health		1079.01	31.55			314.24	3249	percent of total billed charges	
COLONOSCOPY	44388	CPT	outpatient			3420		1202.06 Aetna	Commercial		1664.07				314.24	3249	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY	44388	CPT	outpatient			3420		1202.06 Aetna	Medicare		1045.27				314.24	3249	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY	44388	CPT	outpatient			3420		1202.06 Americare	Americare		2565	75			314.24	3249	percent of total billed charges	
COLONOSCOPY	44388	CPT	outpatient			3420		1202.06 Amerihealth	Medicare		1045.27				314.24	3249	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY	44388	CPT	outpatient			3420		1202.06 Amerihealth	HMO/PPO		2223	65			314.24	3249	percent of total billed charges	
COLONOSCOPY	44388	CPT	outpatient			3420		1202.06 Consumer	Consumer		3249	95			314.24	3249	percent of total billed charges	
COLONOSCOPY	44388	CPT	outpatient			3420		1202.06 Corrections	Corrections		2736	80			314.24	3249	percent of total billed charges	
COLONOSCOPY	44388	CPT	outpatient			3420		1202.06 First Health	First Health		2394	70			314.24	3249	percent of total billed charges	
COLONOSCOPY	44388	CPT	outpatient			3420		1202.06 First Trenton	First Trenton		3078	90			314.24	3249	percent of total billed charges	
COLONOSCOPY	44388	CPT	outpatient			3420		1202.06 Horizon	Indemnity		1945.25				314.24	3249	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY	44388	CPT	outpatient			3420		1202.06 Horizon	PPO		1945.25				314.24	3249	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY	44388	CPT	outpatient			3420		1202.06 Horizon	MGD		1945.25				314.24	3249	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY	44388	CPT	outpatient			3420		1202.06 Horizon	Medicare Blue		1045.27				314.24	3249	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY	44388	CPT	outpatient			3420		1202.06 Horizon	NJ Health		314.24				314.24	3249	fee schedule	
COLONOSCOPY	44388	CPT	outpatient			3420		1202.06 Managed Care Inc	Managed Care Inc		3078	90			314.24	3249	percent of total billed charges	
COLONOSCOPY	44388	CPT	outpatient			3420		1202.06 Multiplan	Multiplan		2736	80			314.24	3249	percent of total billed charges	
COLONOSCOPY	44388	CPT	outpatient			3420		1202.06 Qualcare	Qualcare		2565	75			314.24	3249	percent of total billed charges	
COLONOSCOPY	44388	CPT	outpatient			3420		1202.06 Three Rivers	Three Rivers		3249	95			314.24	3249	percent of total billed charges	
COLONOSCOPY	44388	CPT	outpatient			3420		1202.06 UHC	Medicare		1045.27				314.24	3249	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY	44388	CPT	outpatient			3420		1202.06 UHC	Medicaid		1079.01	31.55			314.24	3249	percent of total billed charges	
COLONOSCOPY	44388	CPT	outpatient			3420		1202.06 United	Oxford		2493				314.24	3249	case rate	
COLONOSCOPY	44388	CPT	outpatient			3420		1202.06 United	CommercialPPO		2493				314.24	3249	case rate	
COLONOSCOPY	44388	CPT	outpatient			3420		1202.06 Wellcare	Medicare		1045.27				314.24	3249	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY	44388	CPT	outpatient			3420		1202.06 Wellcare	Medicaid		1079.01	31.55			314.24	3249	percent of total billed charges	
COLONOSCOPY	44388	CPT	outpatient			3420		1202.06 WellPoint	WellPoint		1100.56	32.18			314.24	3249	percent of total billed charges	
COLOSCOPY W/BX/BRUSH/WASH	44389	CPT	outpatient			1782		1552.05 Aetna	Medicare		1349.61				391.27	2511.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLOSCOPY W/BX/BRUSH/WASH	44389	CPT	outpatient			1782		1552.05 Aetna	Better Health		562.22	31.55			391.27	2511.62	percent of total billed charges	
COLOSCOPY W/BX/BRUSH/WASH	44389	CPT	outpatient			1782		1552.05 Aetna	Commercial		2148.58				391.27	2511.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLOSCOPY W/BX/BRUSH/WASH	44389	CPT	outpatient			1782		1552.05 Americare	Americare		1336.5	75			391.27	2511.62	percent of total billed charges	
COLOSCOPY W/BX/BRUSH/WASH	44389	CPT	outpatient			1782		1552.05 Amerihealth	Medicare		1349.61				391.27	2511.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLOSCOPY W/BX/BRUSH/WASH	44389	CPT	outpatient			1782		1552.05 Amerihealth	HMO/PPO		1158.3	65			391.27	2511.62	percent of total billed charges	
COLOSCOPY W/BX/BRUSH/WASH	44389	CPT	outpatient			1782		1552.05 Consumer	Consumer		1692.9	95			391.27	2511.62	percent of total billed charges	
COLOSCOPY W/BX/BRUSH/WASH	44389	CPT	outpatient			1782		1552.05 Corrections	Corrections		1425.6	80			391.27	2511.62	percent of total billed charges	
COLOSCOPY W/BX/BRUSH/WASH	44389	CPT	outpatient			1782		1552.05 First Health	First Health		1247.4	70			391.27	2511.62	percent of total billed charges	
COLOSCOPY W/BX/BRUSH/WASH	44389	CPT	outpatient			1782		1552.05 First Trenton	First Trenton		1603.8	90			391.27	2511.62	percent of total billed charges	
COLOSCOPY W/BX/BRUSH/WASH	44389	CPT	outpatient			1782		1552.05 Horizon	Indemnity		2511.62				391.27	2511.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLOSCOPY W/BX/BRUSH/WASH	44389	CPT	outpatient			1782		1552.05 Horizon	Medicare Blue		1349.61				391.27	2511.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLOSCOPY W/BX/BRUSH/WASH	44389	CPT	outpatient			1782		1552.05 Horizon	PPO		2511.62				391.27	2511.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLOSCOPY W/BX/BRUSH/WASH	44389	CPT	outpatient			1782		1552.05 Horizon	MGD		2511.62				391.27	2511.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLOSCOPY W/BX/BRUSH/WASH	44389	CPT	outpatient			1782		1552.05 Horizon	NJ Health		391.27				391.27	2511.62	fee schedule	
COLOSCOPY W/BX/BRUSH/WASH	44389	CPT	outpatient			1782		1552.05 Managed Care Inc	Managed Care Inc		1603.8	90			391.27	2511.62	percent of total billed charges	
COLOSCOPY W/BX/BRUSH/WASH	44389	CPT	outpatient			1782		1552.05 Multiplan	Multiplan		1425.6	80			391.27	2511.62	percent of total billed charges	
COLOSCOPY W/BX/BRUSH/WASH	44389	CPT	outpatient			1782		1552.05 Qualcare	Qualcare		1336.5	75			391.27	2511.62	percent of total billed charges	
COLOSCOPY W/BX/BRUSH/WASH	44389	CPT	outpatient			1782		1552.05 Three Rivers	Three Rivers		1692.9	95			391.27	2511.62	percent of total billed charges	
COLOSCOPY W/BX/BRUSH/WASH	44389	CPT	outpatient			1782		1552.05 UHC	Medicare		1349.61				391.27	2511.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLOSCOPY W/BX/BRUSH/WASH	44389	CPT	outpatient			1782		1552.05 UHC	Medicaid		562.22	31.55			391.27	2511.62	percent of total billed charges	
COLOSCOPY W/BX/BRUSH/WASH	44389	CPT	outpatient			1782		1552.05 United	CommercialPPO		2493				391.27	2511.62	case rate	
COLOSCOPY W/BX/BRUSH/WASH	44389	CPT	outpatient			1782		1552.05 United	Oxford		2493				391.27	2511.62	case rate	
COLOSCOPY W/BX/BRUSH/WASH	44389	CPT	outpatient			1782		1552.05 Wellcare	Medicaid		562.22	31.55			391.27	2511.62	percent of total billed charges	
COLOSCOPY W/BX/BRUSH/WASH	44389	CPT	outpatient			1782		1552.05 Wellcare	Medicare		1349.61				391.27	2511.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLOSCOPY W/BX/BRUSH/WASH	44389	CPT	outpatient			1782		1552.05 WellPoint	WellPoint		573.45	32.18			391.27	2511.62	percent of total billed charges	
COLOSCOPY FOREIGN BODY REMOVAL	44390	CPT	outpatient			1782		1202.06 Aetna	Better Health		562.22	31.55			360.02	2493	percent of total billed charges	
COLOSCOPY FOREIGN BODY REMOVAL	44390	CPT	outpatient			1782		1202.06 Aetna	Medicare		548.86	30.6			360.02	2493	percent of total billed charges	
COLOSCOPY FOREIGN BODY REMOVAL	44390	CPT	outpatient			1782		1202.06 Aetna	Commercial		1664.07				360.02	2493	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLOSCOPY FOREIGN BODY REMOVAL	44390	CPT	outpatient			1782		1202.06 Americare	Americare		1336.5	75			360.02	2493	percent of total billed charges	
COLOSCOPY FOREIGN BODY REMOVAL	44390	CPT	outpatient			1782		1202.06 Amerihealth	HMO/PPO		1158.3	65			360.02	2493	percent of total billed charges	
COLOSCOPY FOREIGN BODY REMOVAL	44390	CPT	outpatient			1782		1202.06 Amerihealth	Medicare		1045.27				360.02	2493	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLOSCOPY FOREIGN BODY REMOVAL	44390	CPT	outpatient			1782		1202.06 Consumer	Consumer		1692.9	95			360.02	2493	percent of total billed charges	
COLOSCOPY FOREIGN BODY REMOVAL	44390	CPT	outpatient			1782		1202.06 Corrections	Corrections		1425.6	80			360.02	2493	percent of total billed charges	
COLOSCOPY FOREIGN BODY REMOVAL	44390	CPT	outpatient			1782		1202.06 First Health	First Health		1247.4	70			360.02	2493	percent of total billed charges	
COLOSCOPY FOREIGN BODY REMOVAL	44390	CPT	outpatient			1782		1202.06 First Trenton	First Trenton		1603.8	90			360.02	2493	percent of total billed charges	
COLOSCOPY FOREIGN BODY REMOVAL	44390	CPT	outpatient			1782		1202.06 Horizon	Indemnity		1945.25				360.02	2493	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLOSCOPY FOREIGN BODY REMOVAL	44390	CPT	outpatient			1782		1202.06 Horizon	Medicare Blue		1045.27				360.02	2493	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLOSCOPY FOREIGN BODY REMOVAL	44390	CPT	outpatient			1782		1202.06 Horizon	NJ Health		360.02				360.02	2493	fee schedule	
COLOSCOPY FOREIGN BODY REMOVAL	44390	CPT	outpatient			1782		1202.06 Horizon	MGD		1945.25				360.02	2493	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLOSCOPY FOREIGN BODY REMOVAL	44390	CPT	outpatient			1782		1202.06 Horizon	PPO		1945.25				360.02	2493	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLOSCOPY FOREIGN BODY REMOVAL	44390	CPT	outpatient			1782		1202.06 Managed Care Inc	Managed Care Inc		1603.8	90			360.02	2493	percent of total billed charges	
COLOSCOPY FOREIGN BODY REMOVAL	44390	CPT	outpatient			1782		1202.06 Multiplan	Multiplan		1425.6	80			360.02	2493	percent of total billed charges	
COLOSCOPY FOREIGN BODY REMOVAL	44390	CPT	outpatient			1782		1202.06 Qualcare	Qualcare		1336.5	75			360.02	2493	percent of total billed charges	
COLOSCOPY FOREIGN BODY REMOVAL	44390	CPT	outpatient			1782		1202.06 Three Rivers	Three Rivers		1692.9	95			360.02	2493	percent of total billed charges	
COLOSCOPY FOREIGN BODY REMOVAL	44390	CPT	outpatient			1782		1202.06 UHC	Medicare		1045.27				360.02	2493	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLOSCOPY FOREIGN BODY REMOVAL	44390	CPT	outpatient			1782		1202.06 UHC	Medicaid		562.22	31.55			360.02	2493	percent of total billed charges	
COLOSCOPY FOREIGN BODY REMOVAL	44390	CPT	outpatient			1782		1202.06 United	CommercialPPO		2493				360.02	2493	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
COLOSCOPY FOREIGN BODY REMOVAL	44390	CPT	outpatient			1782	1202.06	United	Oxford		2493				360.02		2493 case rate	
COLOSCOPY FOREIGN BODY REMOVAL	44390	CPT	outpatient			1782	1202.06	Wellcare	Medicare		1045.27				360.02		2493 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLOSCOPY FOREIGN BODY REMOVAL	44390	CPT	outpatient			1782	1202.06	Wellcare	Medicaid		562.22	31.55			360.02		2493 percent of total billed charges	
COLOSCOPY FOREIGN BODY REMOVAL	44390	CPT	outpatient			1782	1202.06	WellPoint	WellPoint		573.45	32.18			360.02		2493 percent of total billed charges	
COLOSCOPY CONTRO OF HEMORRHAGE	44391	CPT	outpatient			1782	1552.05	Aetna	Better Health		562.22	31.55			451.61		2511.62 percent of total billed charges	
COLOSCOPY CONTRO OF HEMORRHAGE	44391	CPT	outpatient			1782	1552.05	Aetna	Commercial		2148.58				451.61		2511.62 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLOSCOPY CONTRO OF HEMORRHAGE	44391	CPT	outpatient			1782	1552.05	Aetna	Medicare		1349.61				451.61		2511.62 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLOSCOPY CONTRO OF HEMORRHAGE	44391	CPT	outpatient			1782	1552.05	Americare	Americare		1336.5	75			451.61		2511.62 percent of total billed charges	
COLOSCOPY CONTRO OF HEMORRHAGE	44391	CPT	outpatient			1782	1552.05	Amerihealth	HMO/PPO		1158.3	65			451.61		2511.62 percent of total billed charges	
COLOSCOPY CONTRO OF HEMORRHAGE	44391	CPT	outpatient			1782	1552.05	Amerihealth	Medicare		1349.61				451.61		2511.62 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLOSCOPY CONTRO OF HEMORRHAGE	44391	CPT	outpatient			1782	1552.05	Consumer	Consumer		1692.9	95			451.61		2511.62 percent of total billed charges	
COLOSCOPY CONTRO OF HEMORRHAGE	44391	CPT	outpatient			1782	1552.05	Corrections	Corrections		1425.6	80			451.61		2511.62 percent of total billed charges	
COLOSCOPY CONTRO OF HEMORRHAGE	44391	CPT	outpatient			1782	1552.05	First Health	First Health		1247.4	70			451.61		2511.62 percent of total billed charges	
COLOSCOPY CONTRO OF HEMORRHAGE	44391	CPT	outpatient			1782	1552.05	First Trenton	First Trenton		1603.8	90			451.61		2511.62 percent of total billed charges	
COLOSCOPY CONTRO OF HEMORRHAGE	44391	CPT	outpatient			1782	1552.05	Horizon	Indemnity		2511.62				451.61		2511.62 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLOSCOPY CONTRO OF HEMORRHAGE	44391	CPT	outpatient			1782	1552.05	Horizon	MGD		2511.62				451.61		2511.62 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLOSCOPY CONTRO OF HEMORRHAGE	44391	CPT	outpatient			1782	1552.05	Horizon	NJ Health		451.61				451.61		2511.62 fee schedule	
COLOSCOPY CONTRO OF HEMORRHAGE	44391	CPT	outpatient			1782	1552.05	Horizon	Medicare Blue		1349.61				451.61		2511.62 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLOSCOPY CONTRO OF HEMORRHAGE	44391	CPT	outpatient			1782	1552.05	Horizon	PPO		2511.62				451.61		2511.62 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLOSCOPY CONTRO OF HEMORRHAGE	44391	CPT	outpatient			1782	1552.05	Managed Care Inc	Managed Care Inc		1603.8	90			451.61		2511.62 percent of total billed charges	
COLOSCOPY CONTRO OF HEMORRHAGE	44391	CPT	outpatient			1782	1552.05	Multiplan	Multiplan		1425.6	80			451.61		2511.62 percent of total billed charges	
COLOSCOPY CONTRO OF HEMORRHAGE	44391	CPT	outpatient			1782	1552.05	Qualcare	Qualcare		1336.5	75			451.61		2511.62 percent of total billed charges	
COLOSCOPY CONTRO OF HEMORRHAGE	44391	CPT	outpatient			1782	1552.05	Three Rivers	Three Rivers		1692.9	95			451.61		2511.62 percent of total billed charges	
COLOSCOPY CONTRO OF HEMORRHAGE	44391	CPT	outpatient			1782	1552.05	UHC	Medicaid		562.22	31.55			451.61		2511.62 percent of total billed charges	
COLOSCOPY CONTRO OF HEMORRHAGE	44391	CPT	outpatient			1782	1552.05	UHC	Medicare		1349.61				451.61		2511.62 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLOSCOPY CONTRO OF HEMORRHAGE	44391	CPT	outpatient			1782	1552.05	United	Oxford		2493				451.61		2511.62 case rate	
COLOSCOPY CONTRO OF HEMORRHAGE	44391	CPT	outpatient			1782	1552.05	United	CommercialPPO		2493				451.61		2511.62 case rate	
COLOSCOPY CONTRO OF HEMORRHAGE	44391	CPT	outpatient			1782	1552.05	Wellcare	Medicare		1349.61				451.61		2511.62 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLOSCOPY CONTRO OF HEMORRHAGE	44391	CPT	outpatient			1782	1552.05	Wellcare	Medicaid		562.22	31.55			451.61		2511.62 percent of total billed charges	
COLOSCOPY CONTRO OF HEMORRHAGE	44391	CPT	outpatient			1782	1552.05	WellPoint	WellPoint		573.45	32.18			451.61		2511.62 percent of total billed charges	
COLONOSCOPY PLUS POLYPECTOMY	44392	CPT	outpatient			3420	1552.05	Aetna	Commercial		2148.58				360.02		3249 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY PLUS POLYPECTOMY	44392	CPT	outpatient			3420	1552.05	Aetna	Better Health		1079.01	31.55			360.02		3249 percent of total billed charges	
COLONOSCOPY PLUS POLYPECTOMY	44392	CPT	outpatient			3420	1552.05	Aetna	Medicare		1349.61				360.02		3249 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY PLUS POLYPECTOMY	44392	CPT	outpatient			3420	1552.05	Americare	Americare		2565	75			360.02		3249 percent of total billed charges	
COLONOSCOPY PLUS POLYPECTOMY	44392	CPT	outpatient			3420	1552.05	Amerihealth	HMO/PPO		2223	65			360.02		3249 percent of total billed charges	
COLONOSCOPY PLUS POLYPECTOMY	44392	CPT	outpatient			3420	1552.05	Amerihealth	Medicare		1349.61				360.02		3249 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY PLUS POLYPECTOMY	44392	CPT	outpatient			3420	1552.05	Consumer	Consumer		3249	95			360.02		3249 percent of total billed charges	
COLONOSCOPY PLUS POLYPECTOMY	44392	CPT	outpatient			3420	1552.05	Corrections	Corrections		2736	80			360.02		3249 percent of total billed charges	
COLONOSCOPY PLUS POLYPECTOMY	44392	CPT	outpatient			3420	1552.05	First Health	First Health		2394	70			360.02		3249 percent of total billed charges	
COLONOSCOPY PLUS POLYPECTOMY	44392	CPT	outpatient			3420	1552.05	First Trenton	First Trenton		3078	90			360.02		3249 percent of total billed charges	
COLONOSCOPY PLUS POLYPECTOMY	44392	CPT	outpatient			3420	1552.05	Horizon	MGD		2511.62				360.02		3249 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY PLUS POLYPECTOMY	44392	CPT	outpatient			3420	1552.05	Horizon	Medicare Blue		1349.61				360.02		3249 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY PLUS POLYPECTOMY	44392	CPT	outpatient			3420	1552.05	Horizon	Indemnity		2511.62				360.02		3249 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY PLUS POLYPECTOMY	44392	CPT	outpatient			3420	1552.05	Horizon	NJ Health		360.02				360.02		3249 fee schedule	
COLONOSCOPY PLUS POLYPECTOMY	44392	CPT	outpatient			3420	1552.05	Horizon	PPO		2511.62				360.02		3249 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY PLUS POLYPECTOMY	44392	CPT	outpatient			3420	1552.05	Managed Care Inc	Managed Care Inc		3078	90			360.02		3249 percent of total billed charges	
COLONOSCOPY PLUS POLYPECTOMY	44392	CPT	outpatient			3420	1552.05	Multiplan	Multiplan		2736	80			360.02		3249 percent of total billed charges	
COLONOSCOPY PLUS POLYPECTOMY	44392	CPT	outpatient			3420	1552.05	Qualcare	Qualcare		2565	75			360.02		3249 percent of total billed charges	
COLONOSCOPY PLUS POLYPECTOMY	44392	CPT	outpatient			3420	1552.05	Three Rivers	Three Rivers		3249	95			360.02		3249 percent of total billed charges	
COLONOSCOPY PLUS POLYPECTOMY	44392	CPT	outpatient			3420	1552.05	UHC	Medicare		1349.61				360.02		3249 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY PLUS POLYPECTOMY	44392	CPT	outpatient			3420	1552.05	UHC	Medicaid		1079.01	31.55			360.02		3249 percent of total billed charges	
COLONOSCOPY PLUS POLYPECTOMY	44392	CPT	outpatient			3420	1552.05	United	Oxford		2493				360.02		3249 case rate	
COLONOSCOPY PLUS POLYPECTOMY	44392	CPT	outpatient			3420	1552.05	United	CommercialPPO		2493				360.02		3249 case rate	
COLONOSCOPY PLUS POLYPECTOMY	44392	CPT	outpatient			3420	1552.05	Wellcare	Medicaid		1079.01	31.55			360.02		3249 percent of total billed charges	
COLONOSCOPY PLUS POLYPECTOMY	44392	CPT	outpatient			3420	1552.05	Wellcare	Medicare		1349.61				360.02		3249 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY PLUS POLYPECTOMY	44392	CPT	outpatient			3420	1552.05	WellPoint	WellPoint		1100.56	32.18			360.02		3249 percent of total billed charges	
ENDOW/REMOV OF TUM/POLYPS/LES(S) BY SNA	44394	CPT	outpatient			3143	1552.05	Aetna	Commercial		2148.58				436.1		2985.85 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOW/REMOV OF TUM/POLYPS/LES(S) BY SNA	44394	CPT	outpatient			3143	1552.05	Aetna	Better Health		991.62	31.55			436.1		2985.85 percent of total billed charges	
ENDOW/REMOV OF TUM/POLYPS/LES(S) BY SNA	44394	CPT	outpatient			3143	1552.05	Aetna	Medicare		1349.61				436.1		2985.85 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOW/REMOV OF TUM/POLYPS/LES(S) BY SNA	44394	CPT	outpatient			3143	1552.05	Americare	Americare		2357.25	75			436.1		2985.85 percent of total billed charges	
ENDOW/REMOV OF TUM/POLYPS/LES(S) BY SNA	44394	CPT	outpatient			3143	1552.05	Amerihealth	HMO/PPO		2042.95	65			436.1		2985.85 percent of total billed charges	
ENDOW/REMOV OF TUM/POLYPS/LES(S) BY SNA	44394	CPT	outpatient			3143	1552.05	Amerihealth	Medicare		1349.61				436.1		2985.85 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOW/REMOV OF TUM/POLYPS/LES(S) BY SNA	44394	CPT	outpatient			3143	1552.05	Consumer	Consumer		2985.85	95			436.1		2985.85 percent of total billed charges	
ENDOW/REMOV OF TUM/POLYPS/LES(S) BY SNA	44394	CPT	outpatient			3143	1552.05	Corrections	Corrections		2514.4	80			436.1		2985.85 percent of total billed charges	
ENDOW/REMOV OF TUM/POLYPS/LES(S) BY SNA	44394	CPT	outpatient			3143	1552.05	First Health	First Health		2200.1	70			436.1		2985.85 percent of total billed charges	
ENDOW/REMOV OF TUM/POLYPS/LES(S) BY SNA	44394	CPT	outpatient			3143	1552.05	First Trenton	First Trenton		2828.7	90			436.1		2985.85 percent of total billed charges	
ENDOW/REMOV OF TUM/POLYPS/LES(S) BY SNA	44394	CPT	outpatient			3143	1552.05	Horizon	Indemnity		2511.62				436.1		2985.85 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOW/REMOV OF TUM/POLYPS/LES(S) BY SNA	44394	CPT	outpatient			3143	1552.05	Horizon	Medicare Blue		1349.61				436.1		2985.85 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOW/REMOV OF TUM/POLYPS/LES(S) BY SNA	44394	CPT	outpatient			3143	1552.05	Horizon	PPO		2511.62				436.1		2985.85 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOW/REMOV OF TUM/POLYPS/LES(S) BY SNA	44394	CPT	outpatient			3143	1552.05	Horizon	NJ Health		436.1				436.1		2985.85 fee schedule	
ENDOW/REMOV OF TUM/POLYPS/LES(S) BY SNA	44394	CPT	outpatient			3143	1552.05	Horizon	MGD		2511.62				436.1		2985.85 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOW/REMOV OF TUM/POLYPS/LES(S) BY SNA	44394	CPT	outpatient			3143	1552.05	Managed Care Inc	Managed Care Inc		2828.7	90			436.1		2985.85 percent of total billed charges	
ENDOW/REMOV OF TUM/POLYPS/LES(S) BY SNA	44394	CPT	outpatient			3143	1552.05	Multiplan	Multiplan		2514.4	80			436.1		2985.85 percent of total billed charges	
ENDOW/REMOV OF TUM/POLYPS/LES(S) BY SNA	44394	CPT	outpatient			3143	1552.05	Qualcare	Qualcare		2357.25	75			436.1		2985.85 percent of total billed charges	
ENDOW/REMOV OF TUM/POLYPS/LES(S) BY SNA	44394	CPT	outpatient			3143	1552.05	Three Rivers	Three Rivers		2985.85	95			436.1		2985.85 percent of total billed charges	
ENDOW/REMOV OF TUM/POLYPS/LES(S) BY SNA	44394	CPT	outpatient			3143	1552.05	UHC	Medicare		1349.61				436.1		2985.85 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOW/REMOV OF TUM/POLYPS/LES(S) BY SNA	44394	CPT	outpatient			3143	1552.05	UHC	Medicaid		991.62	31.55			436.1		2985.85 percent of total billed charges	
ENDOW/REMOV OF TUM/POLYPS/LES(S) BY SNA	44394	CPT	outpatient			3143	1552.05	United	Oxford		2493				436.1		2985.85 case rate	
ENDOW/REMOV OF TUM/POLYPS/LES(S) BY SNA	44394	CPT	outpatient			3143	1552.05	United	CommercialPPO		2493				436.1		2985.85 case rate	
ENDOW/REMOV OF TUM/POLYPS/LES(S) BY SNA	44394	CPT	outpatient			3143	1552.05	Wellcare	Medicare		1349.61				436.1		2985.85 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOW/REMOV OF TUM/POLYPS/LES(S) BY SNA	44394	CPT	outpatient			3143	1552.05	Wellcare	Medicaid		991.62	31.55			436.1		2985.85 percent of total billed charges	
ENDOW/REMOV OF TUM/POLYPS/LES(S) BY SNA	44394	CPT	outpatient			3143	1552.05	WellPoint	WellPoint		1011.42	32.18			436.1		2985.85 percent of total billed charges	
COLONOSCPY THRU STOMA W/ABLATION	44401	CPT	outpatient			1782	1552.05	Aetna	Better Health		562.22	31.55			562.22		2511.62 percent of total billed charges	
COLONOSCPY THRU STOMA W/ABLATION	44401	CPT	outpatient			1782	1552.05	Aetna	Commercial		2148.58				562.22		2511.62 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCPY THRU STOMA W/ABLATION	44401	CPT	outpatient			1782	1552.05	Aetna	Medicare		1349.61				562.22		2511.62 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCPY THRU STOMA W/ABLATION	44401	CPT	outpatient			1782	1552.05	Americare	Americare		1336.5	75			562.22		2511.62 percent of total billed charges	
COLONOSCPY THRU STOMA W/ABLATION	44401	CPT	outpatient			1782	1552.05	Amerihealth	Medicare		1349.61				562.22		2511.62 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCPY THRU STOMA W/ABLATION	44401	CPT	outpatient			1782	1552.05	Amerihealth	HMO/PPO		1158.3	65			562.22		2511.62 percent of total billed charges	
COLONOSCPY THRU STOMA W/ABLATION	44401	CPT	outpatient			1782	1552.05	Consumer	Consumer		1692.9	95			562.22		2511.62 percent of total billed charges	
COLONOSCPY THRU STOMA W/ABLATION	44401	CPT	outpatient			1782	1552.05	Corrections	Corrections		1425.6	80			562.22		2511.62 percent of total billed charges	
COLONOSCPY THRU STOMA W/ABLATION	44401	CPT	outpatient			1782	1552.05	First Health	First Health		1247.4	70			562.22		2511.62 percent of total billed charges	
COLONOSCPY THRU STOMA W/ABLATION	44401	CPT	outpatient			1782	1552.05	First Trenton	First Trenton		1603.8	90			562.22		2511.62 percent of total billed charges	
COLONOSCPY THRU STOMA W/ABLATION	44401	CPT	outpatient			1782	1552.05	Horizon	Indemnity		2511.62				562.22		2511.62 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCPY THRU STOMA W/ABLATION	44401	CPT	outpatient			1782	1552.05	Horizon	MGD		2511.62				562.22		2511.62 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCPY THRU STOMA W/ABLATION	44401	CPT	outpatient			1782	1552.05	Horizon	PPO		2511.62				562.22		2511.62 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCPY THRU STOMA W/ABLATION	44401	CPT	outpatient			1782	1552.05	Horizon	NJ Health		752.62				562.22		2511.62 fee schedule	
COLONOSCPY THRU STOMA W/ABLATION	44401	CPT	outpatient			1782	1552.05	Horizon	Medicare Blue		1349.61				562.22		2511.62 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCPY THRU STOMA W/ABLATION	44401	CPT	outpatient			1782	1552.05	Managed Care Inc	Managed Care Inc		1603.8	90			562.22		2511.62 percent of total billed charges	
COLONOSCPY THRU STOMA W/ABLATION	44401	CPT	outpatient			1782	1552.05	Multiplan	Multiplan		1425.6	80			562.22		2511.62 percent of total billed charges	
COLONOSCPY THRU STOMA W/ABLATION	44401	CPT	outpatient			1782	1552.05	Qualcare	Qualcare		1336.5	75			562.22		2511.62 percent of total billed charges	
COLONOSCPY THRU STOMA W/ABLATION	44401	CPT	outpatient			1782	1552.05	Three Rivers	Three Rivers		1692.9	95			562.22		2511.62 percent of total billed charges	
COLONOSCPY THRU STOMA W/ABLATION	44401	CPT	outpatient			1782	1552.05	UHC	Medicare		1349.61				562.22		2511.62 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCPY THRU STOMA W/ABLATION	44401	CPT	outpatient			1782	1552.05	UHC	Medicaid		562.22	31.55			562.22		2511.62 percent of total billed charges	
COLONOSCPY THRU STOMA W/ABLATION	44401	CPT	outpatient			1782	1552.05	United	Oxford		2493				562.22		2511.62 case rate	
COLONOSCPY THRU STOMA W/ABLATION	44401	CPT	outpatient			1782	1552.05	United	CommercialPPO		2493				562.22		2511.62 case rate	
COLONOSCPY THRU STOMA W/ABLATION	44401	CPT	outpatient			1782	1552.05	Wellcare	Medicare		1349.61				562.22		2511.62 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCPY THRU STOMA W/ABLATION	44401	CPT	outpatient			1782	1552.05	Wellcare	Medicaid		562.22	31.55			562.22		2511.62 percent of total billed charges	
COLONOSCPY THRU STOMA W/ABLATION	44401	CPT	outpatient			1782	1552.05	WellPoint	WellPoint		573.45	32.18			562.22		2511.62 percent of total billed charges	
COLONOSCPY STOMA W/STENT PLCMT	44402	CPT	outpatient			9403	7495.78	Aetna	Medicare		2866.12	30.8			379.99		12130.13 percent of total billed charges	
COLONOSCPY STOMA W/STENT PLCMT	44402	CPT	outpatient			9403	7495.78	Aetna	Better Health		2866.65	31.55			379.99		12130.13 percent of total billed charges	
COLONOSCPY STOMA W/STENT PLCMT	44402	CPT	outpatient			9403	7495.78	Aetna	Commercial		10376.77				379.99		12130.13 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCPY STOMA W/STENT PLCMT	44402	CPT	outpatient			9403	7495.78	Americare	Americare		7052.25	75			379.99		12130.13 percent of total billed charges	
COLONOSCPY STOMA W/STENT PLCMT	44402	CPT	outpatient			9403	7495.78	Amerihealth	Medicare		6518.07				379.99		12130.13 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCPY STOMA W/STENT PLCMT	44402	CPT	outpatient			9403	7495.78	Amerihealth	HMO/PPO		6111.95	65			379.99		12130.13 percent of total billed charges	
COLONOSCPY STOMA W/STENT PLCMT	44402	CPT	outpatient			9403	7495.78	Consumer	Consumer		8932.85	95			379.99		12130.13 percent of total billed charges	
COLONOSCPY STOMA W/STENT PLCMT	44402	CPT	outpatient			9403	7495.78	Corrections	Corrections		7522.4	80			379.99		12130.13 percent of total billed charges	
COLONOSCPY STOMA W/STENT PLCMT	44402	CPT	outpatient			9403	7495.78	First Health	First Health		6582.1	70			379.99		12130.13 percent of total billed charges	
COLONOSCPY STOMA W/STENT PLCMT	44402	CPT	outpatient			9403	7495.78	First Trenton	First Trenton		8462.7	90			379.99		12130.13 percent of total billed charges	
COLONOSCPY STOMA W/STENT PLCMT	44402	CPT	outpatient			9403	7495.78	Horizon	MGD		12130.13				379.99		12130.13 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCPY STOMA W/STENT PLCMT	44402	CPT	outpatient			9403	7495.78	Horizon	Indemnity		12130.13				379.99		12130.13 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCPY STOMA W/STENT PLCMT	44402	CPT	outpatient			9403	7495.78	Horizon	Medicare Blue		6518.07				379.99		12130.13 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCPY STOMA W/STENT PLCMT	44402	CPT	outpatient			9403	7495.78	Horizon	NJ Health		379.99				379.99		12130.13 fee schedule	
COLONOSCPY STOMA W/STENT PLCMT	44402	CPT	outpatient			9403	7495.78	Horizon	PPO		12130.13				379.99		12130.13 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCPY STOMA W/STENT PLCMT	44402	CPT	outpatient			9403	7495.78	Managed Care Inc	Managed Care Inc		8462.7	90			379.99		12130.13 percent of total billed charges	
COLONOSCPY STOMA W/STENT PLCMT	44402	CPT	outpatient			9403	7495.78	Multiplan	Multiplan		7522.4	80			379.99		12130.13 percent of total billed charges	
COLONOSCPY STOMA W/STENT PLCMT	44402	CPT	outpatient			9403	7495.78	Qualcare	Qualcare		7052.25	75			379.99		12130.13 percent of total billed charges	
COLONOSCPY STOMA W/STENT PLCMT	44402	CPT	outpatient			9403	7495.78	Three Rivers	Three Rivers		8932.85	95			379.99		12130.13 percent of total billed charges	
COLONOSCPY STOMA W/STENT PLCMT	44402	CPT	outpatient			9403	7495.78	UHC	Medicaid		2866.65	31.55			379.99		12130.13 percent of total billed charges	
COLONOSCPY STOMA W/STENT PLCMT	44402	CPT	outpatient			9403	7495.78	UHC	Medicare		6518.07				379.99		12130.13 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCPY STOMA W/STENT PLCMT	44402	CPT	outpatient			9403	7495.78	United	CommercialPPO		2493				379.99		12130.13 case rate	
COLONOSCPY STOMA W/STENT PLCMT	44402	CPT	outpatient			9403	7495.78	United	Oxford		2493				379.99		12130.13 case rate	
COLONOSCPY STOMA W/STENT PLCMT	44402	CPT	outpatient			9403	7495.78	Wellcare	Medicaid		2866.65	31.55			379.99		12130.13 percent of total billed charges	
COLONOSCPY STOMA W/STENT PLCMT	44402	CPT	outpatient			9403	7495.78	Wellcare	Medicare		6518.07				379.99		12130.13 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCPY STOMA W/STENT PLCMT	44402	CPT	outpatient			9403	7495.78	WellPoint	WellPoint		3025.89	32.18			379.99		12130.13 percent of total billed charges	
COLONOSCPY THRU STOMA ENDOSCOPIC ULTRA	44406	CPT	outpatient			3789	1552.05	Aetna	Medicare		1349.61				350.47		3599.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCPY THRU STOMA ENDOSCOPIC ULTRA	44406	CPT	outpatient			3789	1552.05	Aetna	Better Health		1195.43	31.55			350.47		3599.55 percent of total billed charges	
COLONOSCPY THRU STOMA ENDOSCOPIC ULTRA	44406	CPT	outpatient			3789	1552.05	Aetna	Commercial		2148.58				350.47		3599.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCPY THRU STOMA ENDOSCOPIC ULTRA	44406	CPT	outpatient			3789	1552.05	Americare	Americare		2841.75	75			350.47		3599.55 percent of total billed charges	
COLONOSCPY THRU STOMA ENDOSCOPIC ULTRA	44406	CPT	outpatient			3789	1552.05	Amerihealth	HMO/PPO		2462.85	65			350.47		3599.55 percent of total billed charges	
COLONOSCPY THRU STOMA ENDOSCOPIC ULTRA	44406	CPT	outpatient			3789	1552.05	Amerihealth	Medicare		1349.61				350.47		3599.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCPY THRU STOMA ENDOSCOPIC ULTRA	44406	CPT	outpatient			3789	1552.05	Consumer	Consumer		3599.55	95			350.47		3599.55 percent of total billed charges	
COLONOSCPY THRU STOMA ENDOSCOPIC ULTRA	44406	CPT	outpatient			3789	1552.05	Corrections	Corrections		3031.2	80			350.47		3599.55 percent of total billed charges	
COLONOSCPY THRU STOMA ENDOSCOPIC ULTRA	44406	CPT	outpatient			3789	1552.05	First Health	First Health		2652.3	70			350.47		3599.55 percent of total billed charges	
COLONOSCPY THRU STOMA ENDOSCOPIC ULTRA	44406	CPT	outpatient			3789	1552.05	First Trenton	First Trenton		3410.1	90			350.47		3599.55 percent of total billed charges	
COLONOSCPY THRU STOMA ENDOSCOPIC ULTRA	44406	CPT	outpatient			3789	1552.05	Horizon	Medicare Blue		1349.

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
COLONOSCOPY THRU STOMA ENDOSCOPIC ULTRA	44406	CPT	outpatient			3789		1552.05 Horizon	PPO		2511.62				350.47	3599.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY THRU STOMA ENDOSCOPIC ULTRA	44406	CPT	outpatient			3789		1552.05 Managed Care Inc	Managed Care Inc		3410.1	90			350.47	3599.55	percent of total billed charges	
COLONOSCOPY THRU STOMA ENDOSCOPIC ULTRA	44406	CPT	outpatient			3789		1552.05 Multiplan	Multiplan		3031.2	80			350.47	3599.55	percent of total billed charges	
COLONOSCOPY THRU STOMA ENDOSCOPIC ULTRA	44406	CPT	outpatient			3789		1552.05 Qualcare	Qualcare		2841.75	75			350.47	3599.55	percent of total billed charges	
COLONOSCOPY THRU STOMA ENDOSCOPIC ULTRA	44406	CPT	outpatient			3789		1552.05 Three Rivers	Three Rivers		3599.55	95			350.47	3599.55	percent of total billed charges	
COLONOSCOPY THRU STOMA ENDOSCOPIC ULTRA	44406	CPT	outpatient			3789		1552.05 UHC	Medicaid		1195.43	31.55			350.47	3599.55	percent of total billed charges	
COLONOSCOPY THRU STOMA ENDOSCOPIC ULTRA	44406	CPT	outpatient			3789		1552.05 UHC	Medicare		1349.61				350.47	3599.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY THRU STOMA ENDOSCOPIC ULTRA	44406	CPT	outpatient			3789		1552.05 United	Oxford		2493				350.47	3599.55	case rate	
COLONOSCOPY THRU STOMA ENDOSCOPIC ULTRA	44406	CPT	outpatient			3789		1552.05 United	CommercialPPO		2493				352.47	3599.55	case rate	
COLONOSCOPY THRU STOMA ENDOSCOPIC ULTRA	44406	CPT	outpatient			3789		1552.05 Wellcare	Medicare		1349.61				350.47	3599.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY THRU STOMA ENDOSCOPIC ULTRA	44406	CPT	outpatient			3789		1552.05 Wellcare	Medicaid		1195.43	31.55			350.47	3599.55	percent of total billed charges	
COLONOSCOPY THRU STOMA ENDOSCOPIC ULTRA	44406	CPT	outpatient			3789		1552.05 WellPoint	WellPoint		1219.3	32.18			350.47	3599.55	percent of total billed charges	
INTRODUCTION,LONG GI TUBE(SEP PROC)	44500	CPT	inpatient			3119		1192.23 Aetna	Commercial		1650.46				49.59	2963.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRODUCTION,LONG GI TUBE(SEP PROC)	44500	CPT	inpatient			3119		1192.23 Aetna	Medicare		1036.72				49.59	2963.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRODUCTION,LONG GI TUBE(SEP PROC)	44500	CPT	inpatient			3119		1192.23 Aetna	Better Health		984.04	31.55			49.59	2963.05	percent of total billed charges	
INTRODUCTION,LONG GI TUBE(SEP PROC)	44500	CPT	inpatient			3119		1192.23 Americare	Americare		2339.25	75			49.59	2963.05	percent of total billed charges	
INTRODUCTION,LONG GI TUBE(SEP PROC)	44500	CPT	inpatient			3119		1192.23 Amerihealth	Medicare		1036.72				49.59	2963.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRODUCTION,LONG GI TUBE(SEP PROC)	44500	CPT	inpatient			3119		1192.23 Amerihealth	HMO/PPO		2027.35	65			49.59	2963.05	percent of total billed charges	
INTRODUCTION,LONG GI TUBE(SEP PROC)	44500	CPT	inpatient			3119		1192.23 Consumer	Consumer		2963.05	95			49.59	2963.05	percent of total billed charges	
INTRODUCTION,LONG GI TUBE(SEP PROC)	44500	CPT	inpatient			3119		1192.23 Corrections	Corrections		2495.2	80			49.59	2963.05	percent of total billed charges	
INTRODUCTION,LONG GI TUBE(SEP PROC)	44500	CPT	inpatient			3119		1192.23 First Health	First Health		2183.3	70			49.59	2963.05	percent of total billed charges	
INTRODUCTION,LONG GI TUBE(SEP PROC)	44500	CPT	inpatient			3119		1192.23 First Trenton	First Trenton		2807.1	90			49.59	2963.05	percent of total billed charges	
INTRODUCTION,LONG GI TUBE(SEP PROC)	44500	CPT	inpatient			3119		1192.23 Horizon	MGD		1929.34				49.59	2963.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRODUCTION,LONG GI TUBE(SEP PROC)	44500	CPT	inpatient			3119		1192.23 Horizon	Indemnity		1929.34				49.59	2963.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRODUCTION,LONG GI TUBE(SEP PROC)	44500	CPT	inpatient			3119		1192.23 Horizon	Medicare Blue		1036.72				49.59	2963.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRODUCTION,LONG GI TUBE(SEP PROC)	44500	CPT	inpatient			3119		1192.23 Horizon	NJ Health		49.59				49.59	2963.05	fee schedule	
INTRODUCTION,LONG GI TUBE(SEP PROC)	44500	CPT	inpatient			3119		1192.23 Horizon	PPO		1929.34				49.59	2963.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRODUCTION,LONG GI TUBE(SEP PROC)	44500	CPT	inpatient			3119		1192.23 Managed Care Inc	Managed Care Inc		2807.1	90			49.59	2963.05	percent of total billed charges	
INTRODUCTION,LONG GI TUBE(SEP PROC)	44500	CPT	inpatient			3119		1192.23 Multiplan	Multiplan		2495.2	80			49.59	2963.05	percent of total billed charges	
INTRODUCTION,LONG GI TUBE(SEP PROC)	44500	CPT	inpatient			3119		1192.23 Qualcare	Qualcare		2339.25	75			49.59	2963.05	percent of total billed charges	
INTRODUCTION,LONG GI TUBE(SEP PROC)	44500	CPT	inpatient			3119		1192.23 Three Rivers	Three Rivers		2963.05	95			49.59	2963.05	percent of total billed charges	
INTRODUCTION,LONG GI TUBE(SEP PROC)	44500	CPT	inpatient			3119		1192.23 UHC	Medicaid		984.04	31.55			49.59	2963.05	percent of total billed charges	
INTRODUCTION,LONG GI TUBE(SEP PROC)	44500	CPT	inpatient			3119		1192.23 UHC	Medicare		1036.72				49.59	2963.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRODUCTION,LONG GI TUBE(SEP PROC)	44500	CPT	inpatient			3119		1192.23 United	Oxford		2493				49.59	2963.05	case rate	
INTRODUCTION,LONG GI TUBE(SEP PROC)	44500	CPT	inpatient			3119		1192.23 United	CommercialPPO		2493				49.59	2963.05	case rate	
INTRODUCTION,LONG GI TUBE(SEP PROC)	44500	CPT	inpatient			3119		1192.23 Wellcare	Medicare		1036.72				49.59	2963.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRODUCTION,LONG GI TUBE(SEP PROC)	44500	CPT	inpatient			3119		1192.23 Wellcare	Medicaid		984.04	31.55			49.59	2963.05	percent of total billed charges	
INTRODUCTION,LONG GI TUBE(SEP PROC)	44500	CPT	inpatient			3119		1192.23 WellPoint	WellPoint		1003.69	32.18			49.59	2963.05	percent of total billed charges	
UNLISTED PX, SMALL INTSTN	44799	CPT	outpatient			9790		1192.23 Aetna	Commercial		1650.46				949.66	9300.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PX, SMALL INTSTN	44799	CPT	outpatient			9790		1192.23 Aetna	Better Health		3088.75	31.55			949.66	9300.5	percent of total billed charges	
UNLISTED PX, SMALL INTSTN	44799	CPT	outpatient			9790		1192.23 Aetna	Medicare		1036.72				949.66	9300.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PX, SMALL INTSTN	44799	CPT	outpatient			9790		1192.23 Americare	Americare		7342.5	75			949.66	9300.5	percent of total billed charges	
UNLISTED PX, SMALL INTSTN	44799	CPT	outpatient			9790		1192.23 Amerihealth	Medicare		1036.72				949.66	9300.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PX, SMALL INTSTN	44799	CPT	outpatient			9790		1192.23 Amerihealth	HMO/PPO		6363.5	65			949.66	9300.5	percent of total billed charges	
UNLISTED PX, SMALL INTSTN	44799	CPT	outpatient			9790		1192.23 Consumer	Consumer		9300.5	95			949.66	9300.5	percent of total billed charges	
UNLISTED PX, SMALL INTSTN	44799	CPT	outpatient			9790		1192.23 Corrections	Corrections		7832	80			949.66	9300.5	percent of total billed charges	
UNLISTED PX, SMALL INTSTN	44799	CPT	outpatient			9790		1192.23 First Health	First Health		6853	70			949.66	9300.5	percent of total billed charges	
UNLISTED PX, SMALL INTSTN	44799	CPT	outpatient			9790		1192.23 First Trenton	First Trenton		8811	90			949.66	9300.5	percent of total billed charges	
UNLISTED PX, SMALL INTSTN	44799	CPT	outpatient			9790		1192.23 Horizon	Indemnity		1929.34				949.66	9300.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PX, SMALL INTSTN	44799	CPT	outpatient			9790		1192.23 Horizon	MGD		1929.34				949.66	9300.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PX, SMALL INTSTN	44799	CPT	outpatient			9790		1192.23 Horizon	Medicare Blue		1036.72				949.66	9300.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PX, SMALL INTSTN	44799	CPT	outpatient			9790		1192.23 Horizon	PPO		1929.34				949.66	9300.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PX, SMALL INTSTN	44799	CPT	outpatient			9790		1192.23 Managed Care Inc	Managed Care Inc		8811	90			949.66	9300.5	percent of total billed charges	
UNLISTED PX, SMALL INTSTN	44799	CPT	outpatient			9790		1192.23 Multiplan	Multiplan		7832	80			949.66	9300.5	percent of total billed charges	
UNLISTED PX, SMALL INTSTN	44799	CPT	outpatient			9790		1192.23 Qualcare	Qualcare		7342.5	75			949.66	9300.5	percent of total billed charges	
UNLISTED PX, SMALL INTSTN	44799	CPT	outpatient			9790		1192.23 Three Rivers	Three Rivers		9300.5	95			949.66	9300.5	percent of total billed charges	
UNLISTED PX, SMALL INTSTN	44799	CPT	outpatient			9790		1192.23 UHC	Medicare		1036.72				949.66	9300.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PX, SMALL INTSTN	44799	CPT	outpatient			9790		1192.23 UHC	Medicaid		3088.75	31.55			949.66	9300.5	percent of total billed charges	
UNLISTED PX, SMALL INTSTN	44799	CPT	outpatient			9790		1192.23 United	Oxford		2493				949.66	9300.5	case rate	
UNLISTED PX, SMALL INTSTN	44799	CPT	outpatient			9790		1192.23 United	CommercialPPO		2493				949.66	9300.5	case rate	
UNLISTED PX, SMALL INTSTN	44799	CPT	outpatient			9790		1192.23 Wellcare	Medicare		1036.72				949.66	9300.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PX, SMALL INTSTN	44799	CPT	outpatient			9790		1192.23 Wellcare	Medicaid		3088.75	31.55			949.66	9300.5	percent of total billed charges	
UNLISTED PX, SMALL INTSTN	44799	CPT	outpatient			9790		1192.23 WellPoint	WellPoint		3150.42	32.18			949.66	9300.5	percent of total billed charges	
ABSCESSDRAINAGEPELVICTRANSRECTL	45000	CPT	outpatient			8770		1552.05 Aetna	Medicare		1349.61				222.89	8331.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ABSCESSDRAINAGEPELVICTRANSRECTL	45000	CPT	outpatient			8770		1552.05 Aetna	Better Health		2766.94	31.55			222.89	8331.5	percent of total billed charges	
ABSCESSDRAINAGEPELVICTRANSRECTL	45000	CPT	outpatient			8770		1552.05 Aetna	Commercial		2148.58				222.89	8331.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ABSCESSDRAINAGEPELVICTRANSRECTL	45000	CPT	outpatient			8770		1552.05 Americare	Americare		6577.5	75			222.89	8331.5	percent of total billed charges	
ABSCESSDRAINAGEPELVICTRANSRECTL	45000	CPT	outpatient			8770		1552.05 Amerihealth	Medicare		1349.61				222.89	8331.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ABSCESSDRAINAGEPELVICTRANSRECTL	45000	CPT	outpatient			8770		1552.05 Amerihealth	HMO/PPO		5700.5	65			222.89	8331.5	percent of total billed charges	
ABSCESSDRAINAGEPELVICTRANSRECTL	45000	CPT	outpatient			8770		1552.05 Consumer	Consumer		8331.5	95			222.89	8331.5	percent of total billed charges	
ABSCESSDRAINAGEPELVICTRANSRECTL	45000	CPT	outpatient			8770		1552.05 Corrections	Corrections		7016	80			222.89	8331.5	percent of total billed charges	
ABSCESSDRAINAGEPELVICTRANSRECTL	45000	CPT	outpatient			8770		1552.05 First Health	First Health		6139	70			222.89	8331.5	percent of total billed charges	
ABSCESSDRAINAGEPELVICTRANSRECTL	45000	CPT	outpatient			8770		1552.05 First Trenton	First Trenton		7893	90			222.89	8331.5	percent of total billed charges	
ABSCESSDRAINAGEPELVICTRANSRECTL	45000	CPT	outpatient			8770		1552.05 Horizon	Indemnity		2511.62				222.89	8331.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ABSCESSDRAINAGEPELVICTRANSRECTL	45000	CPT	outpatient			8770		1552.05 Horizon	MGD		2511.62				222.89	8331.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ABSCESSDRAINAGEPELVICTRANSRECTL	45000	CPT	outpatient			8770		1552.05 Horizon	NJ Health		222.89				222.89	8331.5	fee schedule	
ABSCESSDRAINAGEPELVICTRANSRECTL	45000	CPT	outpatient			8770		1552.05 Horizon	Medicare Blue		1349.61				222.89	8331.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ABSCESSDRAINAGEPELVICTRANSRECTL	45000	CPT	outpatient			8770		1552.05 Horizon	PPO		2511.62				222.89	8331.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ABSCESSDRAINAGEPELVICTRANSRECTL	45000	CPT	outpatient			8770		1552.05 Managed Care Inc	Managed Care Inc		7893	90			222.89	8331.5	percent of total billed charges	
ABSCESSDRAINAGEPELVICTRANSRECTL	45000	CPT	outpatient			8770		1552.05 Multiplan	Multiplan		7016	80			222.89	8331.5	percent of total billed charges	
ABSCESSDRAINAGEPELVICTRANSRECTL	45000	CPT	outpatient			8770		1552.05 Qualcare	Qualcare		6577.5	75			222.89	8331.5	percent of total billed charges	
ABSCESSDRAINAGEPELVICTRANSRECTL	45000	CPT	outpatient			8770		1552.05 Three Rivers	Three Rivers		8331.5	95			222.89	8331.5	percent of total billed charges	
ABSCESSDRAINAGEPELVICTRANSRECTL	45000	CPT	outpatient			8770		1552.05 UHC	Medicare		1349.61				222.89	8331.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ABSCESSDRAINAGEPELVICTRANSRECTL	45000	CPT	outpatient			8770		1552.05 UHC	Medicaid		2766.94	31.55			222.89	8331.5	percent of total billed charges	
ABSCESSDRAINAGEPELVICTRANSRECTL	45000	CPT	outpatient			8770		1552.05 United	Oxford		2493				222.89	8331.5	case rate	
ABSCESSDRAINAGEPELVICTRANSRECTL	45000	CPT	outpatient			8770		1552.05 United	CommercialPPO		2493				222.89	8331.5	case rate	
ABSCESSDRAINAGEPELVICTRANSRECTL	45000	CPT	outpatient			8770		1552.05 Wellcare	Medicare		1349.61				222.89	8331.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ABSCESSDRAINAGEPELVICTRANSRECTL	45000	CPT	outpatient			8770		1552.05 Wellcare	Medicaid		2766.94	31.55			222.89	8331.5	percent of total billed charges	
ABSCESSDRAINAGEPELVICTRANSRECTL	45000	CPT	outpatient			8770		1552.05 WellPoint	WellPoint		2822.19	32.18			222.89	8331.5	percent of total billed charges	
I&D OF SUBMUCOSAL ABSCESS; RECTUM	45005	CPT	outpatient			3788		1552.05 Aetna	Better Health		1195.11	31.55			105.97	3598.6	percent of total billed charges	
I&D OF SUBMUCOSAL ABSCESS; RECTUM	45005	CPT	outpatient			3788		1552.05 Aetna	Commercial		2148.58				105.97	3598.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D OF SUBMUCOSAL ABSCESS; RECTUM	45005	CPT	outpatient			3788		1552.05 Aetna	Medicare		1349.61				105.97	3598.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D OF SUBMUCOSAL ABSCESS; RECTUM	45005	CPT	outpatient			3788		1552.05 Americare	Americare		2841	75			105.97	3598.6	percent of total billed charges	
I&D OF SUBMUCOSAL ABSCESS; RECTUM	45005	CPT	outpatient			3788		1552.05 Amerihealth	HMO/PPO		2462.2	65			105.97	3598.6	percent of total billed charges	
I&D OF SUBMUCOSAL ABSCESS; RECTUM	45005	CPT	outpatient			3788		1552.05 Amerihealth	Medicare		1349.61				105.97	3598.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D OF SUBMUCOSAL ABSCESS; RECTUM	45005	CPT	outpatient			3788		1552.05 Consumer	Consumer		3598.6	95			105.97	3598.6	percent of total billed charges	
I&D OF SUBMUCOSAL ABSCESS; RECTUM	45005	CPT	outpatient			3788		1552.05 Corrections	Corrections		3030.4	80			105.97	3598.6	percent of total billed charges	
I&D OF SUBMUCOSAL ABSCESS; RECTUM	45005	CPT	outpatient			3788		1552.05 First Health	First Health		2651.6	70			105.97	3598.6	percent of total billed charges	
I&D OF SUBMUCOSAL ABSCESS; RECTUM	45005	CPT	outpatient			3788		1552.05 First Trenton	First Trenton		3409.2	90			105.97	3598.6	percent of total billed charges	
I&D OF SUBMUCOSAL ABSCESS; RECTUM	45005	CPT	outpatient			3788		1552.05 Horizon	MGD		2511.62				105.97	3598.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D OF SUBMUCOSAL ABSCESS; RECTUM	45005	CPT	outpatient			3788		1552.05 Horizon	Medicare Blue		1349.61				105.97	3598.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D OF SUBMUCOSAL ABSCESS; RECTUM	45005	CPT	outpatient			3788		1552.05 Horizon	Indemnity		2511.62				105.97	3598.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D OF SUBMUCOSAL ABSCESS; RECTUM	45005	CPT	outpatient			3788		1552.05 Horizon	NJ Health		105.97				105.97	3598.6	fee schedule	
I&D OF SUBMUCOSAL ABSCESS; RECTUM	45005	CPT	outpatient			3788		1552.05 Horizon	PPO		2511.62				105.97	3598.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D OF SUBMUCOSAL ABSCESS; RECTUM	45005	CPT	outpatient			3788		1552.05 Managed Care Inc	Managed Care Inc		3409.2	90			105.97	3598.6	percent of total billed charges	
I&D OF SUBMUCOSAL ABSCESS; RECTUM	45005	CPT	outpatient			3788		1552.05 Multiplan	Multiplan		3030.4	80			105.97	3598.6	percent of total billed charges	
I&D OF SUBMUCOSAL ABSCESS; RECTUM	45005	CPT	outpatient			3788		1552.05 Qualcare	Qualcare		2841	75			105.97	3598.6	percent of total billed charges	
I&D OF SUBMUCOSAL ABSCESS; RECTUM	45005	CPT	outpatient			3788		1552.05 Three Rivers	Three Rivers		3598.6	95			105.97	3598.6	percent of total billed charges	
I&D OF SUBMUCOSAL ABSCESS; RECTUM	45005	CPT	outpatient			3788		1552.05 UHC	Medicaid		1195.11	31.55			105.97	3598.6	percent of total billed charges	
I&D OF SUBMUCOSAL ABSCESS; RECTUM	45005	CPT	outpatient			3788		1552.05 UHC	Medicare		1349.61				105.97	3598.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D OF SUBMUCOSAL ABSCESS; RECTUM	45005	CPT	outpatient			3788		1552.05 United	CommercialPPO		2493				105.97	3598.6	case rate	
I&D OF SUBMUCOSAL ABSCESS; RECTUM	45005	CPT	outpatient			3788		1552.05 United	Oxford		2493				105.97	3598.6	case rate	
I&D OF SUBMUCOSAL ABSCESS; RECTUM	45005	CPT	outpatient			3788		1552.05 Wellcare	Medicare		1349.61				105.97	3598.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D OF SUBMUCOSAL ABSCESS; RECTUM	45005	CPT	outpatient			3788		1552.05 Wellcare	Medicaid		1195.11	31.55			105.97	3598.6	percent of total billed charges	
I&D OF SUBMUCOSAL ABSCESS; RECTUM	45005	CPT	outpatient			3788		1552.05 WellPoint	WellPoint		1218.98	32.18			105.97	3598.6	percent of total billed charges	
BX ANORECTAL WALL ANAL	45100	CPT	outpatient			9363		3692.88 Aetna	Commercial		5112.23				248.47	8894.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX ANORECTAL WALL ANAL	45100	CPT	outpatient			9363		3692.88 Aetna	Better Health		2954.03	31.55			248.47	8894.85	percent of total billed charges	
BX ANORECTAL WALL ANAL	45100	CPT	outpatient			9363		3692.88 Aetna	Medicare		2883.8	30.8			248.47	8894.85	percent of total billed charges	
BX ANORECTAL WALL ANAL	45100	CPT	outpatient			9363		3692.88 Americare	Americare		7022.25	75			248.47	8894.85	percent of total billed charges	
BX ANORECTAL WALL ANAL	45100	CPT	outpatient			9363		3692.88 Amerihealth	HMO/PPO		6085.95	65			248.47	8894.85	percent of total billed charges	
BX ANORECTAL WALL ANAL	45100	CPT	outpatient			9363		3692.88 Amerihealth	Medicare		3211.2				248.47	8894.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX ANORECTAL WALL ANAL	45100	CPT	outpatient			9363		3692.88 Consumer	Consumer		8894.85	95			248.47	8894.85	percent of total billed charges	
BX ANORECTAL WALL ANAL	45100	CPT	outpatient			9363		3692.88 Corrections	Corrections		7490.4	80			248.47	8894.85	percent of total billed charges	
BX ANORECTAL WALL ANAL	45100	CPT	outpatient			9363		3692.88 First Health	First Health		6554.1	70			248.47	8894.85	percent of total billed charges	
BX ANORECTAL WALL ANAL	45100	CPT	outpatient			9363		3692.88 First Trenton	First Trenton		8426.7	90			248.47	8894.85	percent of total billed charges	
BX ANORECTAL WALL ANAL	45100	CPT	outpatient			9363		3692.88 Horizon	Indemnity		5976.04				248.47	8894.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX ANORECTAL WALL ANAL	45100	CPT	outpatient			9363		3692.88 Horizon	MGD		5976.04				248.47	8894.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX ANORECTAL WALL ANAL	45100	CPT	outpatient			9363		3692.88 Horizon	Medicare Blue		3211.2				248.47	8894.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX ANORECTAL WALL ANAL	45100	CPT	outpatient			9363		3692.88 Horizon	NJ Health		248.47				248.47	8894.85	fee schedule	
BX ANORECTAL WALL ANAL	45100	CPT	outpatient			9363		3692.88 Horizon	PPO		5976.04				248.47	8894.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX ANORECTAL WALL ANAL	45100	CPT	outpatient			9363		3692.88 Managed Care Inc	Managed Care Inc		8426.7	90			248.47	8894.85	percent of total billed charges	
BX ANORECTAL WALL ANAL	45100	CPT	outpatient			9363		3692.88 Multiplan	Multiplan		7490.4	80			248.47	8894.85	percent of total billed charges	
BX ANORECTAL WALL ANAL	45100	CPT	outpatient			9363		3692.88 Qualcare	Qualcare		7022.25	75			248.47	8894.85	percent of total billed charges	
BX ANORECTAL WALL ANAL	45100	CPT	outpatient			9363		3692.88 Three Rivers	Three Rivers		8894.85	95			248.47	8894.85	percent of total billed charges	
BX ANORECTAL WALL ANAL	45100	CPT	outpatient			9363		3692.88 UHC	Medicaid		2954.03	31.55			248.47	8894.85	percent of total billed charges	
BX ANORECTAL WALL ANAL	45100	CPT	outpatient			9363		3692.88 UHC	Medicare		3211.2				248.47	8894.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX ANORECTAL WALL ANAL	45100	CPT	outpatient			9363		3692.88 United	CommercialPPO		2493				248.47	8894.85	case rate	
BX ANORECTAL WALL ANAL	45100	CPT	outpatient			9363		3692.88 United	Oxford		2493				248.47	8894.85	case rate	
BX ANORECTAL WALL ANAL	45100	CPT	outpatient			9363		3692.88 Wellcare	Medicare		3211.2				248.47	8894.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX ANORECTAL WALL ANAL	45100	CPT	outpatient			9363		3692.88 Wellcare	Medicaid		2954.03	31.55			248.47	8894.85	percent of total billed charges	
BX ANORECTAL WALL ANAL	45100	CPT	outpatient			9363		3692.88 WellPoint	WellPoint		3013.01	32.18			248.47	8894.85	percent of total billed charges	
PROCTOSIGMOIDOSCOPY, RIGID, DIAGNOSTIC	45300	CPT	outpatient			3051		1202.06 Aetna	Better Health		962.59	31.55			66.56	2898.45	percent of total billed charges	
PROCTOSIGMOIDOSCOPY, RIGID, DIAGNOSTIC	45300	CPT	outpatient			3051		1202.06 Aetna	Commercial		1664.07				66.56	2898.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROCTOSIGMOIDOSCOPY, RIGID, DIAGNOSTIC	45300	CPT	outpatient			3051		1202.06 Aetna	Medicare		1045.27				66.56	2898.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROCTOSIGMOIDOSCOPY, RIGID, DIAGNOSTIC	45300	CPT	outpatient			3051		1202.06 Americare	Americare		2288.25	75			66.56	2898.45	percent of total billed charges	
PROCTOSIGMOIDOSCOPY, RIGID, DIAGNOSTIC	45300	CPT	outpatient			3051		1202.06 Amerihealth	Medicare

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
PROCTOSIGMOIDOSCOPY, RIGID, DIAGNOSTIC	45300	CPT	outpatient				3051	1202.06	Corrections		2440.8	80			66.56	2898.45	percent of total billed charges	
PROCTOSIGMOIDOSCOPY, RIGID, DIAGNOSTIC	45300	CPT	outpatient				3051	1202.06	First Health		2135.7	70			66.56	2898.45	percent of total billed charges	
PROCTOSIGMOIDOSCOPY, RIGID, DIAGNOSTIC	45300	CPT	outpatient				3051	1202.06	First Trenton		2745.9	90			66.56	2898.45	percent of total billed charges	
PROCTOSIGMOIDOSCOPY, RIGID, DIAGNOSTIC	45300	CPT	outpatient				3051	1202.06	Horizon		1945.25				66.56	2898.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROCTOSIGMOIDOSCOPY, RIGID, DIAGNOSTIC	45300	CPT	outpatient				3051	1202.06	Horizon		1045.27				66.56	2898.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROCTOSIGMOIDOSCOPY, RIGID, DIAGNOSTIC	45300	CPT	outpatient				3051	1202.06	Horizon		1945.25				66.56	2898.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROCTOSIGMOIDOSCOPY, RIGID, DIAGNOSTIC	45300	CPT	outpatient				3051	1202.06	Horizon		66.56				66.56	2898.45	fee schedule	
PROCTOSIGMOIDOSCOPY, RIGID, DIAGNOSTIC	45300	CPT	outpatient				3051	1202.06	Horizon		1945.25				66.56	2898.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROCTOSIGMOIDOSCOPY, RIGID, DIAGNOSTIC	45300	CPT	outpatient				3051	1202.06	Managed Care Inc	Managed Care Inc	2745.9	90			66.56	2898.45	percent of total billed charges	
PROCTOSIGMOIDOSCOPY, RIGID, DIAGNOSTIC	45300	CPT	outpatient				3051	1202.06	Multiplan	Multiplan	2440.8	80			66.56	2898.45	percent of total billed charges	
PROCTOSIGMOIDOSCOPY, RIGID, DIAGNOSTIC	45300	CPT	outpatient				3051	1202.06	Qualcare	Qualcare	2288.25	75			66.56	2898.45	percent of total billed charges	
PROCTOSIGMOIDOSCOPY, RIGID, DIAGNOSTIC	45300	CPT	outpatient				3051	1202.06	Three Rivers	Three Rivers	2898.45	95			66.56	2898.45	percent of total billed charges	
PROCTOSIGMOIDOSCOPY, RIGID, DIAGNOSTIC	45300	CPT	outpatient				3051	1202.06	UHC	Medicaid	982.59	31.55			66.56	2898.45	percent of total billed charges	
PROCTOSIGMOIDOSCOPY, RIGID, DIAGNOSTIC	45300	CPT	outpatient				3051	1202.06	UHC	Medicare	1045.27				66.56	2898.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROCTOSIGMOIDOSCOPY, RIGID, DIAGNOSTIC	45300	CPT	outpatient				3051	1202.06	United	Commercial|PPO	1817				66.56	2898.45	case rate	
PROCTOSIGMOIDOSCOPY, RIGID, DIAGNOSTIC	45300	CPT	outpatient				3051	1202.06	United	Oxford	1817				66.56	2898.45	case rate	
PROCTOSIGMOIDOSCOPY, RIGID, DIAGNOSTIC	45300	CPT	outpatient				3051	1202.06	Wellcare	Medicare	1045.27				66.56	2898.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROCTOSIGMOIDOSCOPY, RIGID, DIAGNOSTIC	45300	CPT	outpatient				3051	1202.06	Wellcare	Medicaid	982.59	31.55			66.56	2898.45	percent of total billed charges	
PROCTOSIGMOIDOSCOPY, RIGID, DIAGNOSTIC	45300	CPT	outpatient				3051	1202.06	WellPoint	WellPoint	981.81	32.18			66.56	2898.45	percent of total billed charges	
RIGID PROCTOSIG W DIL	45303	CPT	outpatient				2792	1552.05	Aetna	Better Health	880.88	31.55			86.13	2652.4	percent of total billed charges	
RIGID PROCTOSIG W DIL	45303	CPT	outpatient				2792	1552.05	Aetna	Commercial	2148.58				86.13	2652.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RIGID PROCTOSIG W DIL	45303	CPT	outpatient				2792	1552.05	Aetna	Medicare	859.94	30.8			86.13	2652.4	percent of total billed charges	
RIGID PROCTOSIG W DIL	45303	CPT	outpatient				2792	1552.05	Americare	Americare	2094	75			86.13	2652.4	percent of total billed charges	
RIGID PROCTOSIG W DIL	45303	CPT	outpatient				2792	1552.05	Amerihealth	Medicare	1349.61				86.13	2652.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RIGID PROCTOSIG W DIL	45303	CPT	outpatient				2792	1552.05	Amerihealth	HMO/PPO	1814.8	65			86.13	2652.4	percent of total billed charges	
RIGID PROCTOSIG W DIL	45303	CPT	outpatient				2792	1552.05	Consumer	Consumer	2652.4	95			86.13	2652.4	percent of total billed charges	
RIGID PROCTOSIG W DIL	45303	CPT	outpatient				2792	1552.05	Corrections	Corrections	2233.6	80			86.13	2652.4	percent of total billed charges	
RIGID PROCTOSIG W DIL	45303	CPT	outpatient				2792	1552.05	First Health	First Health	1954.4	70			86.13	2652.4	percent of total billed charges	
RIGID PROCTOSIG W DIL	45303	CPT	outpatient				2792	1552.05	First Trenton	First Trenton	2512.8	90			86.13	2652.4	percent of total billed charges	
RIGID PROCTOSIG W DIL	45303	CPT	outpatient				2792	1552.05	Horizon	Indemnity	2511.62				86.13	2652.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RIGID PROCTOSIG W DIL	45303	CPT	outpatient				2792	1552.05	Horizon	MGD	2511.62				86.13	2652.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RIGID PROCTOSIG W DIL	45303	CPT	outpatient				2792	1552.05	Horizon	Medicare Blue	1349.61				86.13	2652.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RIGID PROCTOSIG W DIL	45303	CPT	outpatient				2792	1552.05	Horizon	NJ Health	86.13				86.13	2652.4	fee schedule	
RIGID PROCTOSIG W DIL	45303	CPT	outpatient				2792	1552.05	Horizon	PPO	2511.62				86.13	2652.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RIGID PROCTOSIG W DIL	45303	CPT	outpatient				2792	1552.05	Managed Care Inc	Managed Care Inc	2512.8	90			86.13	2652.4	percent of total billed charges	
RIGID PROCTOSIG W DIL	45303	CPT	outpatient				2792	1552.05	Multiplan	Multiplan	2233.6	80			86.13	2652.4	percent of total billed charges	
RIGID PROCTOSIG W DIL	45303	CPT	outpatient				2792	1552.05	Qualcare	Qualcare	2094	75			86.13	2652.4	percent of total billed charges	
RIGID PROCTOSIG W DIL	45303	CPT	outpatient				2792	1552.05	Three Rivers	Three Rivers	2652.4	95			86.13	2652.4	percent of total billed charges	
RIGID PROCTOSIG W DIL	45303	CPT	outpatient				2792	1552.05	UHC	Medicaid	880.88	31.55			86.13	2652.4	percent of total billed charges	
RIGID PROCTOSIG W DIL	45303	CPT	outpatient				2792	1552.05	UHC	Medicare	1349.61				86.13	2652.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RIGID PROCTOSIG W DIL	45303	CPT	outpatient				2792	1552.05	United	Commercial|PPO	2493				86.13	2652.4	case rate	
RIGID PROCTOSIG W DIL	45303	CPT	outpatient				2792	1552.05	United	Oxford	2493				86.13	2652.4	case rate	
RIGID PROCTOSIG W DIL	45303	CPT	outpatient				2792	1552.05	Wellcare	Medicare	1349.61				86.13	2652.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RIGID PROCTOSIG W DIL	45303	CPT	outpatient				2792	1552.05	Wellcare	Medicaid	880.88	31.55			86.13	2652.4	percent of total billed charges	
RIGID PROCTOSIG W DIL	45303	CPT	outpatient				2792	1552.05	WellPoint	WellPoint	896.47	32.18			86.13	2652.4	percent of total billed charges	
PROTOSIGMOIDOSCOPY W/BIOPSY	45305	CPT	outpatient				2194	1552.05	Aetna	Better Health	692.21	31.55			98.06	2511.62	percent of total billed charges	
PROTOSIGMOIDOSCOPY W/BIOPSY	45305	CPT	outpatient				2194	1552.05	Aetna	Commercial	2148.58				98.06	2511.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROTOSIGMOIDOSCOPY W/BIOPSY	45305	CPT	outpatient				2194	1552.05	Aetna	Medicare	1349.61				98.06	2511.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROTOSIGMOIDOSCOPY W/BIOPSY	45305	CPT	outpatient				2194	1552.05	Americare	Americare	1645.5	75			98.06	2511.62	percent of total billed charges	
PROTOSIGMOIDOSCOPY W/BIOPSY	45305	CPT	outpatient				2194	1552.05	Amerihealth	HMO/PPO	1426.1	65			98.06	2511.62	percent of total billed charges	
PROTOSIGMOIDOSCOPY W/BIOPSY	45305	CPT	outpatient				2194	1552.05	Amerihealth	Medicare	1349.61				98.06	2511.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROTOSIGMOIDOSCOPY W/BIOPSY	45305	CPT	outpatient				2194	1552.05	Consumer	Consumer	2084.3	95			98.06	2511.62	percent of total billed charges	
PROTOSIGMOIDOSCOPY W/BIOPSY	45305	CPT	outpatient				2194	1552.05	Corrections	Corrections	1755.2	80			98.06	2511.62	percent of total billed charges	
PROTOSIGMOIDOSCOPY W/BIOPSY	45305	CPT	outpatient				2194	1552.05	First Health	First Health	1535.8	70			98.06	2511.62	percent of total billed charges	
PROTOSIGMOIDOSCOPY W/BIOPSY	45305	CPT	outpatient				2194	1552.05	First Trenton	First Trenton	1974.6	90			98.06	2511.62	percent of total billed charges	
PROTOSIGMOIDOSCOPY W/BIOPSY	45305	CPT	outpatient				2194	1552.05	Horizon	PPO	2511.62				98.06	2511.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROTOSIGMOIDOSCOPY W/BIOPSY	45305	CPT	outpatient				2194	1552.05	Horizon	Medicare Blue	1349.61				98.06	2511.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROTOSIGMOIDOSCOPY W/BIOPSY	45305	CPT	outpatient				2194	1552.05	Horizon	MGD	2511.62				98.06	2511.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROTOSIGMOIDOSCOPY W/BIOPSY	45305	CPT	outpatient				2194	1552.05	Horizon	NJ Health	98.06				98.06	2511.62	fee schedule	
PROTOSIGMOIDOSCOPY W/BIOPSY	45305	CPT	outpatient				2194	1552.05	Horizon	Indemnity	2511.62				98.06	2511.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROTOSIGMOIDOSCOPY W/BIOPSY	45305	CPT	outpatient				2194	1552.05	Managed Care Inc	Managed Care Inc	1974.6	90			98.06	2511.62	percent of total billed charges	
PROTOSIGMOIDOSCOPY W/BIOPSY	45305	CPT	outpatient				2194	1552.05	Multiplan	Multiplan	1755.2	80			98.06	2511.62	percent of total billed charges	
PROTOSIGMOIDOSCOPY W/BIOPSY	45305	CPT	outpatient				2194	1552.05	Qualcare	Qualcare	1645.5	75			98.06	2511.62	percent of total billed charges	
PROTOSIGMOIDOSCOPY W/BIOPSY	45305	CPT	outpatient				2194	1552.05	Three Rivers	Three Rivers	2084.3	95			98.06	2511.62	percent of total billed charges	
PROTOSIGMOIDOSCOPY W/BIOPSY	45305	CPT	outpatient				2194	1552.05	UHC	Medicaid	692.21	31.55			98.06	2511.62	percent of total billed charges	
PROTOSIGMOIDOSCOPY W/BIOPSY	45305	CPT	outpatient				2194	1552.05	UHC	Medicare	1349.61				98.06	2511.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROTOSIGMOIDOSCOPY W/BIOPSY	45305	CPT	outpatient				2194	1552.05	United	Oxford	2493				98.06	2511.62	case rate	
PROTOSIGMOIDOSCOPY W/BIOPSY	45305	CPT	outpatient				2194	1552.05	United	Commercial|PPO	2493				98.06	2511.62	case rate	
PROTOSIGMOIDOSCOPY W/BIOPSY	45305	CPT	outpatient				2194	1552.05	Wellcare	Medicaid	692.21	31.55			98.06	2511.62	percent of total billed charges	
PROTOSIGMOIDOSCOPY W/BIOPSY	45305	CPT	outpatient				2194	1552.05	Wellcare	Medicare	1349.61				98.06	2511.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROTOSIGMOIDOSCOPY W/BIOPSY	45305	CPT	outpatient				2194	1552.05	WellPoint	WellPoint	706.03	32.18			98.06	2511.62	percent of total billed charges	
PROTOSIG, RIGID;W REM FB	45307	CPT	outpatient				8655	3692.88	Aetna	Better Health	2730.65	31.55			132.64	8222.25	percent of total billed charges	
PROTOSIG, RIGID;W REM FB	45307	CPT	outpatient				8655	3692.88	Aetna	Commercial	5112.23				132.64	8222.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROTOSIG, RIGID;W REM FB	45307	CPT	outpatient				8655	3692.88	Aetna	Medicare	3211.2				132.64	8222.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROTOSIG, RIGID;W REM FB	45307	CPT	outpatient				8655	3692.88	Americare	Americare	6491.25	75			132.64	8222.25	percent of total billed charges	
PROTOSIG, RIGID;W REM FB	45307	CPT	outpatient				8655	3692.88	Amerihealth	Medicare	3211.2				132.64	8222.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROTOSIG, RIGID;W REM FB	45307	CPT	outpatient				8655	3692.88	Amerihealth	HMO/PPO	5625.75	65			132.64	8222.25	percent of total billed charges	
PROTOSIG, RIGID;W REM FB	45307	CPT	outpatient				8655	3692.88	Consumer	Consumer	8222.25	95			132.64	8222.25	percent of total billed charges	
PROTOSIG, RIGID;W REM FB	45307	CPT	outpatient				8655	3692.88	Corrections	Corrections	6924	80			132.64	8222.25	percent of total billed charges	
PROTOSIG, RIGID;W REM FB	45307	CPT	outpatient				8655	3692.88	First Health	First Health	6058.5	70			132.64	8222.25	percent of total billed charges	
PROTOSIG, RIGID;W REM FB	45307	CPT	outpatient				8655	3692.88	First Trenton	First Trenton	7789.5	90			132.64	8222.25	percent of total billed charges	
PROTOSIG, RIGID;W REM FB	45307	CPT	outpatient				8655	3692.88	Horizon	PPO	5976.04				132.64	8222.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROTOSIG, RIGID;W REM FB	45307	CPT	outpatient				8655	3692.88	Horizon	Medicare Blue	3211.2				132.64	8222.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROTOSIG, RIGID;W REM FB	45307	CPT	outpatient				8655	3692.88	Horizon	Indemnity	5976.04				132.64	8222.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROTOSIG, RIGID;W REM FB	45307	CPT	outpatient				8655	3692.88	Horizon	NJ Health	132.64				132.64	8222.25	fee schedule	
PROTOSIG, RIGID;W REM FB	45307	CPT	outpatient				8655	3692.88	Horizon	MGD	5976.04				132.64	8222.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROTOSIG, RIGID;W REM FB	45307	CPT	outpatient				8655	3692.88	Managed Care Inc	Managed Care Inc	7789.5	90			132.64	8222.25	percent of total billed charges	
PROTOSIG, RIGID;W REM FB	45307	CPT	outpatient				8655	3692.88	Multiplan	Multiplan	6924	80			132.64	8222.25	percent of total billed charges	
PROTOSIG, RIGID;W REM FB	45307	CPT	outpatient				8655	3692.88	Qualcare	Qualcare	6491.25	75			132.64	8222.25	percent of total billed charges	
PROTOSIG, RIGID;W REM FB	45307	CPT	outpatient				8655	3692.88	Three Rivers	Three Rivers	8222.25	95			132.64	8222.25	percent of total billed charges	
PROTOSIG, RIGID;W REM FB	45307	CPT	outpatient				8655	3692.88	UHC	Medicare	3211.2				132.64	8222.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROTOSIG, RIGID;W REM FB	45307	CPT	outpatient				8655	3692.88	UHC	Medicaid	2730.65	31.55			132.64	8222.25	percent of total billed charges	
PROTOSIG, RIGID;W REM FB	45307	CPT	outpatient				8655	3692.88	United	Oxford	2776				132.64	8222.25	case rate	
PROTOSIG, RIGID;W REM FB	45307	CPT	outpatient				8655	3692.88	United	Commercial|PPO	2776				132.64	8222.25	case rate	
PROTOSIG, RIGID;W REM FB	45307	CPT	outpatient				8655	3692.88	Wellcare	Medicare	3211.2				132.64	8222.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROTOSIG, RIGID;W REM FB	45307	CPT	outpatient				8655	3692.88	Wellcare	Medicaid	2730.65	31.55			132.64	8222.25	percent of total billed charges	
PROTOSIG, RIGID;W REM FB	45307	CPT	outpatient				8655	3692.88	WellPoint	WellPoint	2785.18	32.18			132.64	8222.25	percent of total billed charges	
PROCTOSIGMOIDOSCOPY W/REM.	45308	CPT	outpatient				9557	3692.88	Aetna	Commercial	5112.23				141.33	9079.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROCTOSIGMOIDOSCOPY W/REM.	45308	CPT	outpatient				9557	3692.88	Aetna	Better Health	3015.23	31.55			141.33	9079.15	percent of total billed charges	
PROCTOSIGMOIDOSCOPY W/REM.	45308	CPT	outpatient				9557	3692.88	Aetna	Medicare	3211.2				141.33	9079.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROCTOSIGMOIDOSCOPY W/REM.	45308	CPT	outpatient				9557	3692.88	Americare	Americare	7167.75	75			141.33	9079.15	percent of total billed charges	
PROCTOSIGMOIDOSCOPY W/REM.	45308	CPT	outpatient				9557	3692.88	Amerihealth	Medicare	3211.2				141.33	9079.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROCTOSIGMOIDOSCOPY W/REM.	45308	CPT	outpatient				9557	3692.88	Amerihealth	HMO/PPO	6212.05	65			141.33	9079.15	percent of total billed charges	
PROCTOSIGMOIDOSCOPY W/REM.	45308	CPT	outpatient				9557	3692.88	Consumer	Consumer	9079.15	95			141.33	9079.15	percent of total billed charges	
PROCTOSIGMOIDOSCOPY W/REM.	45308	CPT	outpatient				9557	3692.88	Corrections	Corrections	7645.6	80			141.33	9079.15	percent of total billed charges	
PROCTOSIGMOIDOSCOPY W/REM.	45308	CPT	outpatient				9557	3692.88	First Health	First Health	6689.9	70			141.33	9079.15	percent of total billed charges	
PROCTOSIGMOIDOSCOPY W/REM.	45308	CPT	outpatient				9557	3692.88	First Trenton	First Trenton	8601.3	90			141.33	9079.15	percent of total billed charges	
PROCTOSIGMOIDOSCOPY W/REM.	45308	CPT	outpatient				9557	3692.88	Horizon	Indemnity	5976.04				141.33	9079.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROCTOSIGMOIDOSCOPY W/REM.	45308	CPT	outpatient				9557	3692.88	Horizon	NJ Health	141.33				141.33	9079.15	fee schedule	
PROCTOSIGMOIDOSCOPY W/REM.	45308	CPT	outpatient				9557	3692.88	Horizon	MGD	5976.04				141.33	9079.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROCTOSIGMOIDOSCOPY W/REM.	45308	CPT	outpatient				9557	3692.88	Horizon	Medicare Blue	3211.2				141.33	9079.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROCTOSIGMOIDOSCOPY W/REM.	45308	CPT	outpatient				9557	3692.88	Horizon	PPO	5976.04				141.33	9079.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROCTOSIGMOIDOSCOPY W/REM.	45308	CPT	outpatient				9557	3692.88	Managed Care Inc	Managed Care Inc	8601.3	90			141.33	9079.15	percent of total billed charges	
PROCTOSIGMOIDOSCOPY W/REM.	45308	CPT	outpatient				9557	3692.88	Multiplan	Multiplan	7645.6	80			141.33	9079.15	percent of total billed charges	
PROCTOSIGMOIDOSCOPY W/REM.	45308	CPT	outpatient				9557	3692.88	Qualcare	Qualcare	7167.75	75			141.33	9079.15	percent of total billed charges	
PROCTOSIGMOIDOSCOPY W/REM.	45308	CPT	outpatient				9557	3692.88	Three Rivers	Three Rivers	9079.15	95			141.33	9079.15	percent of total billed charges	
PROCTOSIGMOIDOSCOPY W/REM.	45308	CPT	outpatient				9557	3692.88	UHC	Medicare	3211.2				141.33	9079.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROCTOSIGMOIDOSCOPY W/REM.	45308	CPT	outpatient				9557	3692.88	UHC	Medicaid	3015.23	31.55			141.33	9079.15	percent of total billed charges	
PROCTOSIGMOIDOSCOPY W/REM.	45308	CPT	outpatient				9557	3692.88	United	Oxford	2493				141.33	9079.15	case rate	
PROCTOSIGMOIDOSCOPY W/REM.	45308	CPT	outpatient				9557	3692.88	United	Commercial|PPO	2493				141.33	9079.15	case rate	
PROCTOSIGMOIDOSCOPY W/REM.	45308	CPT	outpatient				9557	3692.88	Wellcare	Medicaid	3015.23	31.55			141.33	9079.15	percent of total billed charges	
PROCTOSIGMOIDOSCOPY W/REM.	45308	CPT	outpatient				9557	3692.88	Wellcare	Medicare	3211.2				141.33	9079.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROCTOSIGMOIDOSCOPY W/REM.	45308	CPT	outpatient				9557	3692.88	WellPoint	WellPoint	3075.44	32.18			141.33	9079.15	percent of total billed charges	
PROCTOSIGMOIDOSCOPY W/REM.	45309	CPT	outpatient				1782	1552.05	Aetna	Commercial	2148.58				141.33	2511.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROCTOSIGMOIDOSCOPY W/REM.	45309	CPT	outpatient				1782	1552.05	Aetna	Better Health	562.22	31.55			141.33	2511.62	percent of total billed charges	
PROCTOSIGMOIDOSCOPY W/REM.	45309	CPT	outpatient				1782	1552.05	Aetna	Medicare	1349.61				141.33	2511.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROCTOSIGMOIDOSCOPY W/REM.	45309	CPT	outpatient				1782	1552.05	Americare	Americare	1336.5	75			141.33	2511.62	percent of total billed charges	
PROCTOSIGMOIDOSCOPY W/REM.	45309	CPT	outpatient				1782	1552.05	Amerihealth	HMO/PPO	1158.3	65			141.33	2511.62	percent of total billed charges	
PROCTOSIGMOIDOSCOPY W/REM.	45309	CPT	outpatient				1782	1552.05	Amerihealth	Medicare	1349.61				141.33	2511.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROCTOSIGMOIDOSCOPY W/REM.	45309	CPT	outpatient				1782	1552.05	Consumer	Consumer	1692.9	95			141.33	2511.62	percent of total billed charges	
PROCTOSIGMOIDOSCOPY W/REM.	45309	CPT	outpatient				1782	1552.05	Corrections	Corrections	1425.6	80			141.33	2511.62	percent of total billed charges	
PROCTOSIGMOIDOSCOPY W/REM.	45309	CPT	outpatient				1782	1552.05	First Health	First Health	1247.4	70			141.33	2511.62	percent of total billed charges	
PROCTOSIGMOIDOSCOPY W/REM.	45309	CPT	outpatient				1782	1552.05	First Trenton	First Trenton	1603.8	90			141.33	2511.62	percent of total billed charges	
PROCTOSIGMOIDOSCOPY W/REM.	45309	CPT	outpatient				1782	1552.05	Horizon	Indemnity	2511.62				141.33	2511.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROCTOSIGMOIDOSCOPY W/REM.	45309	CPT	outpatient				1782	1552.05	Horizon	Medicare Blue	1349.61				141.33	2511.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROCTOSIGMOIDOSCOPY W/REM.	45309	CPT	outpatient				1782	1552.05	Horizon	NJ Health	141.33				141.33	2511.62	fee schedule	
PROCTOSIGMOIDOSCOPY W/REM.	45309	CPT	outpatient				1782	1552.05	Horizon	MGD	2511.62				141.33	2511.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROCTOSIGMOIDOSCOPY W/REM.	45309	CPT	outpatient				1782	1552.05	Horizon	PPO	2511.62				141.33	2511.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROCTOSIGMOIDOSCOPY W/REM.	45309	CPT	outpatient				1782	1552.05	Managed Care Inc	Managed Care Inc	1603.8	90			141.33	2511.62	percent of total billed charges	
PROCTOSIGMOIDOSCOPY W/REM.	45309	CPT	outpatient				1782	1552.05	Multiplan	Multiplan	1425.6	80			141.33	2511.62	percent of total billed charges	
PROCTOSIGMOIDOSCOPY W/REM.	45309	CPT	outpatient				1782	1552.05	Qualcare	Qualcare	1336.5	75			141.33	2511.62	percent of total billed charges	
PROCTOSIGMOIDOSCOPY W/REM.	45309	CPT	outpatient				1782	1552.05	Three Rivers	Three Rivers	1692.9	95			141.33	2511.62	percent of total billed charges	
PROCTOSIGMOIDOSCOPY W/REM.	45309	CPT	outpatient				1782	1552.05	UHC	Medicaid	562.22	31.55			141.33	2511.62	percent of total billed charges	
PROCTOSIGMOIDOSCOPY W/REM.	45309	CPT	outpatient				1782	1552.05	UHC	Medicare	1349.61				141.33	2511.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROCTOSIGMOIDOSCOPY W/REM.	45309	CPT	outpatient				1782	1552.05	United	Commercial|PPO	2493				141.33	2511.62	case rate	
PROCTOSIGMOIDOSCOPY W/REM.	45309	CPT	outpatient				1782	1552.05	United	Oxford	2493				141.33	2511.62	case rate	
PROCTOSIGMOIDOSCOPY W/REM.	45309	CPT	outpatient				1782	1552.05	Wellcare	Medicaid	562.22	31.55			141.33	2511.62	percent of total billed charges	
PROCTOSIGMOIDOSCOPY W/REM.

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
PROCTOSIGMOIDOSCOPY W/REM.	45309	CPT	outpatient			1782	1552.05	WellPoint	WellPoint		573.45	32.18			141.33		2511.62	percent of total billed charges	
PROTOSIGMOIDOSCOPY W/REM.	45315	CPT	outpatient			1782	1552.05	Aetna	Better Health		562.22	31.55			192.64		2511.62	other	
PROTOSIGMOIDOSCOPY W/REM.	45315	CPT	outpatient			1782	1552.05	Aetna	Commercial		2148.58				192.64		2511.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROTOSIGMOIDOSCOPY W/REM.	45315	CPT	outpatient			1782	1552.05	Aetna	Medicare		1349.61				192.64		2511.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROTOSIGMOIDOSCOPY W/REM.	45315	CPT	outpatient			1782	1552.05	Americare	Americare		1336.5	75			192.64		2511.62	percent of total billed charges	
PROTOSIGMOIDOSCOPY W/REM.	45315	CPT	outpatient			1782	1552.05	Amerihealth	Medicare		1349.61				192.64		2511.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROTOSIGMOIDOSCOPY W/REM.	45315	CPT	outpatient			1782	1552.05	Amerihealth	HMO/PPO		1158.3	65			192.64		2511.62	percent of total billed charges	
PROTOSIGMOIDOSCOPY W/REM.	45315	CPT	outpatient			1782	1552.05	Consumer	Consumer		1692.9	95			192.64		2511.62	percent of total billed charges	
PROTOSIGMOIDOSCOPY W/REM.	45315	CPT	outpatient			1782	1552.05	Corrections	Corrections		1425.6	80			192.64		2511.62	percent of total billed charges	
PROTOSIGMOIDOSCOPY W/REM.	45315	CPT	outpatient			1782	1552.05	First Health	First Health		1247.4	70			192.64		2511.62	percent of total billed charges	
PROTOSIGMOIDOSCOPY W/REM.	45315	CPT	outpatient			1782	1552.05	First Trenton	First Trenton		1603.8	90			192.64		2511.62	percent of total billed charges	
PROTOSIGMOIDOSCOPY W/REM.	45315	CPT	outpatient			1782	1552.05	Horizon	PPO		2511.62				192.64		2511.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROTOSIGMOIDOSCOPY W/REM.	45315	CPT	outpatient			1782	1552.05	Horizon	MGD		2511.62				192.64		2511.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROTOSIGMOIDOSCOPY W/REM.	45315	CPT	outpatient			1782	1552.05	Horizon	Medicare Blue		1349.61				192.64		2511.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROTOSIGMOIDOSCOPY W/REM.	45315	CPT	outpatient			1782	1552.05	Horizon	NJ Health		192.64				192.64		2511.62	fee schedule	
PROTOSIGMOIDOSCOPY W/REM.	45315	CPT	outpatient			1782	1552.05	Horizon	Indemnity		2511.62				192.64		2511.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROTOSIGMOIDOSCOPY W/REM.	45315	CPT	outpatient			1782	1552.05	Managed Care Inc	Managed Care Inc		1603.8	90			192.64		2511.62	percent of total billed charges	
PROTOSIGMOIDOSCOPY W/REM.	45315	CPT	outpatient			1782	1552.05	Multiplan	Multiplan		1425.6	80			192.64		2511.62	percent of total billed charges	
PROTOSIGMOIDOSCOPY W/REM.	45315	CPT	outpatient			1782	1552.05	Qualcare	Qualcare		1336.5	75			192.64		2511.62	percent of total billed charges	
PROTOSIGMOIDOSCOPY W/REM.	45315	CPT	outpatient			1782	1552.05	Three Rivers	Three Rivers		1692.9	95			192.64		2511.62	percent of total billed charges	
PROTOSIGMOIDOSCOPY W/REM.	45315	CPT	outpatient			1782	1552.05	UHC	Medicare		1349.61				192.64		2511.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROTOSIGMOIDOSCOPY W/REM.	45315	CPT	outpatient			1782	1552.05	UHC	Medicaid		562.22	31.55			192.64		2511.62	percent of total billed charges	
PROTOSIGMOIDOSCOPY W/REM.	45315	CPT	outpatient			1782	1552.05	United	Commercial|PPO		2493				192.64		2511.62	case rate	
PROTOSIGMOIDOSCOPY W/REM.	45315	CPT	outpatient			1782	1552.05	United	Oxford		2493				192.64		2511.62	case rate	
PROTOSIGMOIDOSCOPY W/REM.	45315	CPT	outpatient			1782	1552.05	Wellcare	Medicare		1349.61				192.64		2511.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROTOSIGMOIDOSCOPY W/REM.	45315	CPT	outpatient			1782	1552.05	Wellcare	Medicaid		562.22	31.55			192.64		2511.62	percent of total billed charges	
PROTOSIGMOIDOSCOPY W/REM.	45315	CPT	outpatient			1782	1552.05	WellPoint	WellPoint		573.45	32.18			192.64		2511.62	percent of total billed charges	
PROTOSIG W BLLED CNTRL	45317	CPT	outpatient			2792	1552.05	Aetna	Better Health		880.88	31.55			78.95		2652.4	percent of total billed charges	
PROTOSIG W BLLED CNTRL	45317	CPT	outpatient			2792	1552.05	Aetna	Commercial		2148.58				78.95		2652.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROTOSIG W BLLED CNTRL	45317	CPT	outpatient			2792	1552.05	Aetna	Medicare		1349.61				78.95		2652.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROTOSIG W BLLED CNTRL	45317	CPT	outpatient			2792	1552.05	Americare	Americare		2094	75			78.95		2652.4	percent of total billed charges	
PROTOSIG W BLLED CNTRL	45317	CPT	outpatient			2792	1552.05	Amerihealth	Medicare		1349.61				78.95		2652.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROTOSIG W BLLED CNTRL	45317	CPT	outpatient			2792	1552.05	Amerihealth	HMO/PPO		1814.8	65			78.95		2652.4	percent of total billed charges	
PROTOSIG W BLLED CNTRL	45317	CPT	outpatient			2792	1552.05	Consumer	Consumer		2652.4	95			78.95		2652.4	percent of total billed charges	
PROTOSIG W BLLED CNTRL	45317	CPT	outpatient			2792	1552.05	Corrections	Corrections		2233.6	80			78.95		2652.4	percent of total billed charges	
PROTOSIG W BLLED CNTRL	45317	CPT	outpatient			2792	1552.05	First Health	First Health		1954.4	70			78.95		2652.4	percent of total billed charges	
PROTOSIG W BLLED CNTRL	45317	CPT	outpatient			2792	1552.05	First Trenton	First Trenton		2512.8	90			78.95		2652.4	percent of total billed charges	
PROTOSIG W BLLED CNTRL	45317	CPT	outpatient			2792	1552.05	Horizon	MGD		2511.62				78.95		2652.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROTOSIG W BLLED CNTRL	45317	CPT	outpatient			2792	1552.05	Horizon	Medicare Blue		1349.61				78.95		2652.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROTOSIG W BLLED CNTRL	45317	CPT	outpatient			2792	1552.05	Horizon	Indemnity		2511.62				78.95		2652.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROTOSIG W BLLED CNTRL	45317	CPT	outpatient			2792	1552.05	Horizon	NJ Health		78.95				78.95		2652.4	fee schedule	
PROTOSIG W BLLED CNTRL	45317	CPT	outpatient			2792	1552.05	Horizon	PPO		2511.62				78.95		2652.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROTOSIG W BLLED CNTRL	45317	CPT	outpatient			2792	1552.05	Managed Care Inc	Managed Care Inc		2512.8	90			78.95		2652.4	percent of total billed charges	
PROTOSIG W BLLED CNTRL	45317	CPT	outpatient			2792	1552.05	Multiplan	Multiplan		2233.6	80			78.95		2652.4	percent of total billed charges	
PROTOSIG W BLLED CNTRL	45317	CPT	outpatient			2792	1552.05	Qualcare	Qualcare		2094	75			78.95		2652.4	percent of total billed charges	
PROTOSIG W BLLED CNTRL	45317	CPT	outpatient			2792	1552.05	Three Rivers	Three Rivers		2652.4	95			78.95		2652.4	percent of total billed charges	
PROTOSIG W BLLED CNTRL	45317	CPT	outpatient			2792	1552.05	UHC	Medicare		1349.61				78.95		2652.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROTOSIG W BLLED CNTRL	45317	CPT	outpatient			2792	1552.05	UHC	Medicaid		880.88	31.55			78.95		2652.4	percent of total billed charges	
PROTOSIG W BLLED CNTRL	45317	CPT	outpatient			2792	1552.05	United	Commercial|PPO		2493				78.95		2652.4	case rate	
PROTOSIG W BLLED CNTRL	45317	CPT	outpatient			2792	1552.05	United	Oxford		2493				78.95		2652.4	case rate	
PROTOSIG W BLLED CNTRL	45317	CPT	outpatient			2792	1552.05	Wellcare	Medicare		1349.61				78.95		2652.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROTOSIG W BLLED CNTRL	45317	CPT	outpatient			2792	1552.05	Wellcare	Medicaid		880.88	31.55			78.95		2652.4	percent of total billed charges	
PROTOSIG W BLLED CNTRL	45317	CPT	outpatient			2792	1552.05	WellPoint	WellPoint		898.47	32.18			78.95		2652.4	percent of total billed charges	
PROTOSIGM.W/ABLATION OF TUMOR	45320	CPT	outpatient			8990	3892.88	Aetna	Commercial		5112.23				328.86		8540.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROTOSIGM.W/ABLATION OF TUMOR	45320	CPT	outpatient			8990	3892.88	Aetna	Better Health		2836.35	31.55			328.86		8540.5	percent of total billed charges	
PROTOSIGM.W/ABLATION OF TUMOR	45320	CPT	outpatient			8990	3892.88	Aetna	Medicare		3211.2				328.86		8540.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROTOSIGM.W/ABLATION OF TUMOR	45320	CPT	outpatient			8990	3892.88	Americare	Americare		6742.5	75			328.86		8540.5	percent of total billed charges	
PROTOSIGM.W/ABLATION OF TUMOR	45320	CPT	outpatient			8990	3892.88	Amerihealth	HMO/PPO		5843.5	65			328.86		8540.5	percent of total billed charges	
PROTOSIGM.W/ABLATION OF TUMOR	45320	CPT	outpatient			8990	3892.88	Amerihealth	Medicare		3211.2				328.86		8540.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROTOSIGM.W/ABLATION OF TUMOR	45320	CPT	outpatient			8990	3892.88	Consumer	Consumer		8540.5	95			328.86		8540.5	percent of total billed charges	
PROTOSIGM.W/ABLATION OF TUMOR	45320	CPT	outpatient			8990	3892.88	Corrections	Corrections		7192	80			328.86		8540.5	percent of total billed charges	
PROTOSIGM.W/ABLATION OF TUMOR	45320	CPT	outpatient			8990	3892.88	First Health	First Health		6293	70			328.86		8540.5	percent of total billed charges	
PROTOSIGM.W/ABLATION OF TUMOR	45320	CPT	outpatient			8990	3892.88	First Trenton	First Trenton		8091	90			328.86		8540.5	percent of total billed charges	
PROTOSIGM.W/ABLATION OF TUMOR	45320	CPT	outpatient			8990	3892.88	Horizon	Medicare Blue		3211.2				328.86		8540.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROTOSIGM.W/ABLATION OF TUMOR	45320	CPT	outpatient			8990	3892.88	Horizon	Indemnity		5976.04				328.86		8540.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROTOSIGM.W/ABLATION OF TUMOR	45320	CPT	outpatient			8990	3892.88	Horizon	PPO		5976.04				328.86		8540.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROTOSIGM.W/ABLATION OF TUMOR	45320	CPT	outpatient			8990	3892.88	Horizon	MGD		5976.04				328.86		8540.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROTOSIGM.W/ABLATION OF TUMOR	45320	CPT	outpatient			8990	3892.88	Horizon	NJ Health		328.86				328.86		8540.5	fee schedule	
PROTOSIGM.W/ABLATION OF TUMOR	45320	CPT	outpatient			8990	3892.88	Managed Care Inc	Managed Care Inc		8091	90			328.86		8540.5	percent of total billed charges	
PROTOSIGM.W/ABLATION OF TUMOR	45320	CPT	outpatient			8990	3892.88	Multiplan	Multiplan		7192	80			328.86		8540.5	percent of total billed charges	
PROTOSIGM.W/ABLATION OF TUMOR	45320	CPT	outpatient			8990	3892.88	Qualcare	Qualcare		6742.5	75			328.86		8540.5	percent of total billed charges	
PROTOSIGM.W/ABLATION OF TUMOR	45320	CPT	outpatient			8990	3892.88	Three Rivers	Three Rivers		8540.5	95			328.86		8540.5	percent of total billed charges	
PROTOSIGM.W/ABLATION OF TUMOR	45320	CPT	outpatient			8990	3892.88	UHC	Medicare		3211.2				328.86		8540.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROTOSIGM.W/ABLATION OF TUMOR	45320	CPT	outpatient			8990	3892.88	UHC	Medicaid		2836.35	31.55			328.86		8540.5	percent of total billed charges	
PROTOSIGM.W/ABLATION OF TUMOR	45320	CPT	outpatient			8990	3892.88	United	Commercial|PPO		2776				328.86		8540.5	case rate	
PROTOSIGM.W/ABLATION OF TUMOR	45320	CPT	outpatient			8990	3892.88	United	Oxford		2776				328.86		8540.5	case rate	
PROTOSIGM.W/ABLATION OF TUMOR	45320	CPT	outpatient			8990	3892.88	Wellcare	Medicare		3211.2				328.86		8540.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROTOSIGM.W/ABLATION OF TUMOR	45320	CPT	outpatient			8990	3892.88	Wellcare	Medicaid		2836.35	31.55			328.86		8540.5	percent of total billed charges	
PROTOSIGM.W/ABLATION OF TUMOR	45320	CPT	outpatient			8990	3892.88	WellPoint	WellPoint		2892.98	32.18			328.86		8540.5	percent of total billed charges	
PROTOSIG.RIGID;W DECOMPR VOLV	45321	CPT	outpatient			7023	3892.88	Aetna	Better Health		2215.76	31.55			221.85		6671.85	percent of total billed charges	
PROTOSIG.RIGID;W DECOMPR VOLV	45321	CPT	outpatient			7023	3892.88	Aetna	Commercial		5112.23				221.85		6671.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROTOSIG.RIGID;W DECOMPR VOLV	45321	CPT	outpatient			7023	3892.88	Aetna	Medicare		3211.2				221.85		6671.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROTOSIG.RIGID;W DECOMPR VOLV	45321	CPT	outpatient			7023	3892.88	Americare	Americare		5267.25	75			221.85		6671.85	percent of total billed charges	
PROTOSIG.RIGID;W DECOMPR VOLV	45321	CPT	outpatient			7023	3892.88	Amerihealth	HMO/PPO		4564.95	65			221.85		6671.85	percent of total billed charges	
PROTOSIG.RIGID;W DECOMPR VOLV	45321	CPT	outpatient			7023	3892.88	Amerihealth	Medicare		3211.2				221.85		6671.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROTOSIG.RIGID;W DECOMPR VOLV	45321	CPT	outpatient			7023	3892.88	Consumer	Consumer		6671.85	95			221.85		6671.85	percent of total billed charges	
PROTOSIG.RIGID;W DECOMPR VOLV	45321	CPT	outpatient			7023	3892.88	Corrections	Corrections		5618.4	80			221.85		6671.85	percent of total billed charges	
PROTOSIG.RIGID;W DECOMPR VOLV	45321	CPT	outpatient			7023	3892.88	First Health	First Health		4916.1	70			221.85		6671.85	percent of total billed charges	
PROTOSIG.RIGID;W DECOMPR VOLV	45321	CPT	outpatient			7023	3892.88	First Trenton	First Trenton		6320.7	90			221.85		6671.85	percent of total billed charges	
PROTOSIG.RIGID;W DECOMPR VOLV	45321	CPT	outpatient			7023	3892.88	Horizon	MGD		5976.04				221.85		6671.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROTOSIG.RIGID;W DECOMPR VOLV	45321	CPT	outpatient			7023	3892.88	Horizon	Indemnity		5976.04				221.85		6671.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROTOSIG.RIGID;W DECOMPR VOLV	45321	CPT	outpatient			7023	3892.88	Horizon	NJ Health		221.85				221.85		6671.85	fee schedule	
PROTOSIG.RIGID;W DECOMPR VOLV	45321	CPT	outpatient			7023	3892.88	Horizon	Medicare Blue		3211.2				221.85		6671.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROTOSIG.RIGID;W DECOMPR VOLV	45321	CPT	outpatient			7023	3892.88	Horizon	PPO		5976.04				221.85		6671.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROTOSIG.RIGID;W DECOMPR VOLV	45321	CPT	outpatient			7023	3892.88	Managed Care Inc	Managed Care Inc		6320.7	90			221.85		6671.85	percent of total billed charges	
PROTOSIG.RIGID;W DECOMPR VOLV	45321	CPT	outpatient			7023	3892.88	Multiplan	Multiplan		5618.4	80			221.85		6671.85	percent of total billed charges	
PROTOSIG.RIGID;W DECOMPR VOLV	45321	CPT	outpatient			7023	3892.88	Qualcare	Qualcare		5267.25	75			221.85		6671.85	percent of total billed charges	
PROTOSIG.RIGID;W DECOMPR VOLV	45321	CPT	outpatient			7023	3892.88	Three Rivers	Three Rivers		6671.85	95			221.85		6671.85	percent of total billed charges	
PROTOSIG.RIGID;W DECOMPR VOLV	45321	CPT	outpatient			7023	3892.88	UHC	Medicaid		2215.76	31.55			221.85		6671.85	percent of total billed charges	
PROTOSIG.RIGID;W DECOMPR VOLV	45321	CPT	outpatient			7023	3892.88	UHC	Medicare		3211.2				221.85		6671.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROTOSIG.RIGID;W DECOMPR VOLV	45321	CPT	outpatient			7023	3892.88	United	Oxford		2776				221.85		6671.85	case rate	
PROTOSIG.RIGID;W DECOMPR VOLV	45321	CPT	outpatient			7023	3892.88	United	Commercial|PPO		2776				221.85		6671.85	case rate	
PROTOSIG.RIGID;W DECOMPR VOLV	45321	CPT	outpatient			7023	3892.88	Wellcare	Medicaid		2215.76	31.55			221.85		6671.85	percent of total billed charges	
PROTOSIG.RIGID;W DECOMPR VOLV	45321	CPT	outpatient			7023	3892.88	Wellcare	Medicare		3211.2				221.85		6671.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROCTOSIG.RIGID;W DECOMPR VOLV	45321	CPT	outpatient			7023	3892.88	WellPoint	WellPoint		2260	32.18			221.85		6671.85	percent of total billed charges	
SIGMOIDOSCOPY, FLEXIBLE	45330	CPT	outpatient			3051	1202.06	Aetna	Commercial		1664.07				123.98		2898.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY, FLEXIBLE	45330	CPT	outpatient			3051	1202.06	Aetna	Better Health		962.59	31.55			123.98		2898.45	percent of total billed charges	
SIGMOIDOSCOPY, FLEXIBLE	45330	CPT	outpatient			3051	1202.06	Aetna	Medicare		1045.27				123.98		2898.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY, FLEXIBLE	45330	CPT	outpatient			3051	1202.06	Americare	Americare		2288.25	75			123.98		2898.45	percent of total billed charges	
SIGMOIDOSCOPY, FLEXIBLE	45330	CPT	outpatient			3051	1202.06	Amerihealth	HMO/PPO		1983.15	65			123.98		2898.45	percent of total billed charges	
SIGMOIDOSCOPY, FLEXIBLE	45330	CPT	outpatient			3051	1202.06	Amerihealth	Medicare		1045.27				123.98		2898.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY, FLEXIBLE	45330	CPT	outpatient			3051	1202.06	Consumer	Consumer		2898.45	95			123.98		2898.45	percent of total billed charges	
SIGMOIDOSCOPY, FLEXIBLE	45330	CPT	outpatient			3051	1202.06	Corrections	Corrections		2440.8	80			123.98		2898.45	percent of total billed charges	
SIGMOIDOSCOPY, FLEXIBLE	45330	CPT	outpatient			3051	1202.06	First Health	First Health		2135.7	70			123.98		2898.45	percent of total billed charges	
SIGMOIDOSCOPY, FLEXIBLE	45330	CPT	outpatient			3051	1202.06	First Trenton	First Trenton		2745.9	90			123.98		2898.45	percent of total billed charges	
SIGMOIDOSCOPY, FLEXIBLE	45330	CPT	outpatient			3051	1202.06	Horizon	MGD		1945.25				123.98		2898.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY, FLEXIBLE	45330	CPT	outpatient			3051	1202.06	Horizon	Indemnity		1945.25				123.98		2898.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY, FLEXIBLE	45330	CPT	outpatient			3051	1202.06	Horizon	PPO		1945.25				123.98		2898.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY, FLEXIBLE	45330	CPT	outpatient			3051	1202.06	Horizon	NJ Health		123.98				123.98		2898.45	fee schedule	
SIGMOIDOSCOPY, FLEXIBLE	45330	CPT	outpatient			3051	1202.06	Horizon	Medicare Blue		1045.27				123.98		2898.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY, FLEXIBLE	45330	CPT	outpatient			3051	1202.06	Managed Care Inc	Managed Care Inc		2745.9	90			123.98		2898.45	percent of total billed charges	
SIGMOIDOSCOPY, FLEXIBLE	45330	CPT	outpatient			3051	1202.06	Multiplan	Multiplan		2440.8	80			123.98		2898.45	percent of total billed charges	
SIGMOIDOSCOPY, FLEXIBLE	45330	CPT	outpatient			3051	1202.06	Qualcare	Qualcare		2288.25	75			123.98		2898.45	percent of total billed charges	
SIGMOIDOSCOPY, FLEXIBLE	45330	CPT	outpatient			3051	1202.06	Three Rivers	Three Rivers		2898.45	95			123.98		2898.45	percent of total billed charges	
SIGMOIDOSCOPY, FLEXIBLE	45330	CPT	outpatient			3051	1202.06	UHC	Medicaid		962.59	31.55			123.98		2898.45	percent of total billed charges	
SIGMOIDOSCOPY, FLEXIBLE	45330	CPT	outpatient			3051	1202.06	UHC	Medicare		1045.27				123.98		2898.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY, FLEXIBLE	45330	CPT	outpatient			3051	1202.06	United	Commercial|PPO		1817				123.98		2898.45	case rate	
SIGMOIDOSCOPY, FLEXIBLE	45330	CPT	outpatient			3051	1202.06	United	Oxford		1817				123.98		2898.45	case rate	
SIGMOIDOSCOPY, FLEXIBLE	45330	CPT	outpatient			3051	1202.06	Wellcare	Medicare		1045.27				123.98		2898.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY, FLEXIBLE	45330	CPT	outpatient			3051	1202.06	Wellcare	Medicaid		962.59	31.55			123.98		2898.45	percent of total billed charges	
SIGMOIDOSCOPY, FLEXIBLE	45330	CPT	outpatient			3051	1202.06	WellPoint	WellPoint		981.81	32.18			123.98		2898.45	percent of total billed charges	
SIGMOIDOSCOPY W/BOX SING. MULTIPLE	45331	CPT	outpatient			2194	1202.06	Aetna	Commercial		1664.07				140.94		2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY W/BOX SING. MULTIPLE	45331	CPT	outpatient			2194	1202.06	Aetna	Better Health		692.21	31.55			140.94		2084.3	percent of total billed charges	
SIGMOIDOSCOPY W/BOX SING. MULTIPLE	45331	CPT	outpatient			2194	1202.06	Aetna	Medicare		1045.27				140.94		2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY W/BOX SING. MULTIPLE	45331	CPT	outpatient			2194	1202.06	Americare	Americare		1645.5	75			140.94		2084.3	percent of total billed charges	
SIGMOIDOSCOPY W/BOX SING. MULTIPLE	45331	CPT	outpatient			2194	1202.06	Amerihealth	HMO/PPO		1426.1	65			140.94		2084.3	percent of total billed charges	
SIGMOIDOSCOPY W/BOX SING. MULTIPLE	45331	CPT	outpatient			2194	1202.06	Amerihealth	Medicare		1045.27				140.94		2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY W/BOX SING. MULTIPLE	45331	CPT	outpatient			2194	1202.06	Consumer	Consumer		2084.3	95			140.94		2084.3	percent of total billed charges	
SIGMOIDOSCOPY W/BOX SING. MULTIPLE	45331	CPT	outpatient			2194	1202.06	Corrections	Corrections		1755.2	80			140.94		2084.3	percent of total billed charges	
SIGMOIDOSCOPY W/BOX SING. MULTIPLE	45331	CPT	outpatient			2194	1202.06	First Health	First Health		1535.8	70			140.94		2084.3	percent of total billed charges	
SIGMOIDOSCOPY W/BOX SING. MULTIPLE	45331	CPT	outpatient			2194	1202.06	First Trenton	First Trenton		1974.6	90			140.94		2084.3	percent of total billed charges	
SIGMOIDOSCOPY W/BOX SING. MULTIPLE	45331	CPT	outpatient			2194	1202.06	Horizon	Indemnity		1945.25				140.94		2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY W/BOX SING. MULTIPLE	45331	CPT	outpatient			2194	1202.06	Horizon	NJ Health		140.94				140.94		2084.3	fee schedule	
SIGMOIDOSCOPY W/BOX SING. MULTIPLE	45331	CPT	outpatient			2194	1202.06	Horizon	MGD		1945.25				140.94		2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY W/BOX SING. MULTIPLE	45331	CPT	outpatient			2194	1202.06	Horizon	Medicare Blue		1045.27				140.94		2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY W/BOX SING. MULTIPLE	45331	CPT	outpatient			2194	1202.06	Horizon	PPO		1945.25		

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.															
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103		310119 true														
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
SIGMOIDOSCOPY W/BOX SING. MULTIPLE	45331	CPT	outpatient			2194	1202.06	Qualcare	Qualcare		1645.5	75			140.94	2084.3	percent of total billed charges	
SIGMOIDOSCOPY W/BOX SING. MULTIPLE	45331	CPT	outpatient			2194	1202.06	Three Rivers	Three Rivers		2084.3	95			140.94	2084.3	percent of total billed charges	
SIGMOIDOSCOPY W/BOX SING. MULTIPLE	45331	CPT	outpatient			2194	1202.06	UHC	Medicare		1045.27				140.94	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY W/BOX SING. MULTIPLE	45331	CPT	outpatient			2194	1202.06	UHC	Medicaid		692.21	31.55			140.94	2084.3	percent of total billed charges	
SIGMOIDOSCOPY W/BOX SING. MULTIPLE	45331	CPT	outpatient			2194	1202.06	United	CommercialPPO		1817				140.94	2084.3	case rate	
SIGMOIDOSCOPY W/BOX SING. MULTIPLE	45331	CPT	outpatient			2194	1202.06	United	Oxford		1817				140.94	2084.3	case rate	
SIGMOIDOSCOPY W/BOX SING. MULTIPLE	45331	CPT	outpatient			2194	1202.06	Wellcare	Medicare		1045.27				140.94	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY W/BOX SING. MULTIPLE	45331	CPT	outpatient			2194	1202.06	Wellcare	Medicaid		692.21	31.55			140.94	2084.3	percent of total billed charges	
SIGMOIDOSCOPY W/BOX SING. MULTIPLE	45331	CPT	outpatient			2194	1202.06	WellPoint	WellPoint		706.03	32.18			140.94	2084.3	percent of total billed charges	
SIGMOID.FOREIGN BODY REMOVAL	45332	CPT	outpatient			1566	1552.05	Aetna	Commercial		2148.58				261.26	2511.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOID.FOREIGN BODY REMOVAL	45332	CPT	outpatient			1566	1552.05	Aetna	Better Health		494.07	31.55			261.26	2511.62	percent of total billed charges	
SIGMOID.FOREIGN BODY REMOVAL	45332	CPT	outpatient			1566	1552.05	Aetna	Medicare		1349.61				261.26	2511.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOID.FOREIGN BODY REMOVAL	45332	CPT	outpatient			1566	1552.05	Americare	Americare		1174.5	75			261.26	2511.62	percent of total billed charges	
SIGMOID.FOREIGN BODY REMOVAL	45332	CPT	outpatient			1566	1552.05	Amerihealth	HMO/PPO		1017.9	65			261.26	2511.62	percent of total billed charges	
SIGMOID.FOREIGN BODY REMOVAL	45332	CPT	outpatient			1566	1552.05	Amerihealth	Medicare		1349.61				261.26	2511.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOID.FOREIGN BODY REMOVAL	45332	CPT	outpatient			1566	1552.05	Consumer	Consumer		1487.7	95			261.26	2511.62	percent of total billed charges	
SIGMOID.FOREIGN BODY REMOVAL	45332	CPT	outpatient			1566	1552.05	Corrections	Corrections		1252.8	80			261.26	2511.62	percent of total billed charges	
SIGMOID.FOREIGN BODY REMOVAL	45332	CPT	outpatient			1566	1552.05	First Health	First Health		1096.2	70			261.26	2511.62	percent of total billed charges	
SIGMOID.FOREIGN BODY REMOVAL	45332	CPT	outpatient			1566	1552.05	First Trenton	First Trenton		1409.4	90			261.26	2511.62	percent of total billed charges	
SIGMOID.FOREIGN BODY REMOVAL	45332	CPT	outpatient			1566	1552.05	Horizon	MGD		2511.62				261.26	2511.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOID.FOREIGN BODY REMOVAL	45332	CPT	outpatient			1566	1552.05	Horizon	Medicare Blue		1349.61				261.26	2511.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOID.FOREIGN BODY REMOVAL	45332	CPT	outpatient			1566	1552.05	Horizon	NJ Health		261.26				261.26	2511.62	fee schedule	
SIGMOID.FOREIGN BODY REMOVAL	45332	CPT	outpatient			1566	1552.05	Horizon	Indemnity		2511.62				261.26	2511.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOID.FOREIGN BODY REMOVAL	45332	CPT	outpatient			1566	1552.05	Horizon	PPO		2511.62				261.26	2511.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOID.FOREIGN BODY REMOVAL	45332	CPT	outpatient			1566	1552.05	Managed Care Inc	Managed Care Inc		1409.4	90			261.26	2511.62	percent of total billed charges	
SIGMOID.FOREIGN BODY REMOVAL	45332	CPT	outpatient			1566	1552.05	Multiplan	Multiplan		1252.8	80			261.26	2511.62	percent of total billed charges	
SIGMOID.FOREIGN BODY REMOVAL	45332	CPT	outpatient			1566	1552.05	Qualcare	Qualcare		1174.5	75			261.26	2511.62	percent of total billed charges	
SIGMOID.FOREIGN BODY REMOVAL	45332	CPT	outpatient			1566	1552.05	Three Rivers	Three Rivers		1487.7	95			261.26	2511.62	percent of total billed charges	
SIGMOID.FOREIGN BODY REMOVAL	45332	CPT	outpatient			1566	1552.05	UHC	Medicaid		494.07	31.55			261.26	2511.62	percent of total billed charges	
SIGMOID.FOREIGN BODY REMOVAL	45332	CPT	outpatient			1566	1552.05	UHC	Medicare		1349.61				261.26	2511.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOID.FOREIGN BODY REMOVAL	45332	CPT	outpatient			1566	1552.05	United	Oxford		2493				261.26	2511.62	case rate	
SIGMOID.FOREIGN BODY REMOVAL	45332	CPT	outpatient			1566	1552.05	United	CommercialPPO		2493				261.26	2511.62	case rate	
SIGMOID.FOREIGN BODY REMOVAL	45332	CPT	outpatient			1566	1552.05	Wellcare	Medicare		1349.61				261.26	2511.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOID.FOREIGN BODY REMOVAL	45332	CPT	outpatient			1566	1552.05	Wellcare	Medicaid		494.07	31.55			261.26	2511.62	percent of total billed charges	
SIGMOID.FOREIGN BODY REMOVAL	45332	CPT	outpatient			1566	1552.05	WellPoint	WellPoint		503.94	32.18			261.26	2511.62	percent of total billed charges	
SIGMOIDOSCOPY W/REM LESION BY HOT BX	45333	CPT	outpatient			1566	1202.06	Aetna	Better Health		494.07	31.55			237.51	1945.25	percent of total billed charges	
SIGMOIDOSCOPY W/REM LESION BY HOT BX	45333	CPT	outpatient			1566	1202.06	Aetna	Commercial		1664.07				237.51	1945.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY W/REM LESION BY HOT BX	45333	CPT	outpatient			1566	1202.06	Aetna	Medicare		1045.27				237.51	1945.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY W/REM LESION BY HOT BX	45333	CPT	outpatient			1566	1202.06	Americare	Americare		1174.5	75			237.51	1945.25	percent of total billed charges	
SIGMOIDOSCOPY W/REM LESION BY HOT BX	45333	CPT	outpatient			1566	1202.06	Amerihealth	HMO/PPO		1017.9	65			237.51	1945.25	percent of total billed charges	
SIGMOIDOSCOPY W/REM LESION BY HOT BX	45333	CPT	outpatient			1566	1202.06	Amerihealth	Medicare		1045.27				237.51	1945.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY W/REM LESION BY HOT BX	45333	CPT	outpatient			1566	1202.06	Consumer	Consumer		1487.7	95			237.51	1945.25	percent of total billed charges	
SIGMOIDOSCOPY W/REM LESION BY HOT BX	45333	CPT	outpatient			1566	1202.06	Corrections	Corrections		1252.8	80			237.51	1945.25	percent of total billed charges	
SIGMOIDOSCOPY W/REM LESION BY HOT BX	45333	CPT	outpatient			1566	1202.06	First Health	First Health		1096.2	70			237.51	1945.25	percent of total billed charges	
SIGMOIDOSCOPY W/REM LESION BY HOT BX	45333	CPT	outpatient			1566	1202.06	First Trenton	First Trenton		1409.4	90			237.51	1945.25	percent of total billed charges	
SIGMOIDOSCOPY W/REM LESION BY HOT BX	45333	CPT	outpatient			1566	1202.06	Horizon	Indemnity		1945.25				237.51	1945.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY W/REM LESION BY HOT BX	45333	CPT	outpatient			1566	1202.06	Horizon	Medicare Blue		1045.27				237.51	1945.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY W/REM LESION BY HOT BX	45333	CPT	outpatient			1566	1202.06	Horizon	NJ Health		237.51				237.51	1945.25	fee schedule	
SIGMOIDOSCOPY W/REM LESION BY HOT BX	45333	CPT	outpatient			1566	1202.06	Horizon	PPO		1945.25				237.51	1945.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY W/REM LESION BY HOT BX	45333	CPT	outpatient			1566	1202.06	Horizon	MGD		1945.25				237.51	1945.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY W/REM LESION BY HOT BX	45333	CPT	outpatient			1566	1202.06	Managed Care Inc	Managed Care Inc		1409.4	90			237.51	1945.25	percent of total billed charges	
SIGMOIDOSCOPY W/REM LESION BY HOT BX	45333	CPT	outpatient			1566	1202.06	Multiplan	Multiplan		1252.8	80			237.51	1945.25	percent of total billed charges	
SIGMOIDOSCOPY W/REM LESION BY HOT BX	45333	CPT	outpatient			1566	1202.06	Qualcare	Qualcare		1174.5	75			237.51	1945.25	percent of total billed charges	
SIGMOIDOSCOPY W/REM LESION BY HOT BX	45333	CPT	outpatient			1566	1202.06	Three Rivers	Three Rivers		1487.7	95			237.51	1945.25	percent of total billed charges	
SIGMOIDOSCOPY W/REM LESION BY HOT BX	45333	CPT	outpatient			1566	1202.06	UHC	Medicare		1045.27				237.51	1945.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY W/REM LESION BY HOT BX	45333	CPT	outpatient			1566	1202.06	UHC	Medicaid		494.07	31.55			237.51	1945.25	percent of total billed charges	
SIGMOIDOSCOPY W/REM LESION BY HOT BX	45333	CPT	outpatient			1566	1202.06	United	Oxford		1817				237.51	1945.25	case rate	
SIGMOIDOSCOPY W/REM LESION BY HOT BX	45333	CPT	outpatient			1566	1202.06	United	CommercialPPO		1817				237.51	1945.25	case rate	
SIGMOIDOSCOPY W/REM LESION BY HOT BX	45333	CPT	outpatient			1566	1202.06	Wellcare	Medicare		1045.27				237.51	1945.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY W/REM LESION BY HOT BX	45333	CPT	outpatient			1566	1202.06	Wellcare	Medicaid		494.07	31.55			237.51	1945.25	percent of total billed charges	
SIGMOIDOSCOPY W/REM LESION BY HOT BX	45333	CPT	outpatient			1566	1202.06	WellPoint	WellPoint		503.94	32.18			237.51	1945.25	percent of total billed charges	
SIGMOIDOSCOPY FLEX.W/CONTROL BLEEDING	45334	CPT	outpatient			2327	1552.05	Aetna	Better Health		734.17	31.55			237.51	2511.62	percent of total billed charges	
SIGMOIDOSCOPY FLEX.W/CONTROL BLEEDING	45334	CPT	outpatient			2327	1552.05	Aetna	Commercial		2148.58				237.51	2511.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY FLEX.W/CONTROL BLEEDING	45334	CPT	outpatient			2327	1552.05	Aetna	Medicare		1349.61				237.51	2511.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY FLEX.W/CONTROL BLEEDING	45334	CPT	outpatient			2327	1552.05	Americare	Americare		1745.25	75			237.51	2511.62	percent of total billed charges	
SIGMOIDOSCOPY FLEX.W/CONTROL BLEEDING	45334	CPT	outpatient			2327	1552.05	Amerihealth	HMO/PPO		1512.55	65			237.51	2511.62	percent of total billed charges	
SIGMOIDOSCOPY FLEX.W/CONTROL BLEEDING	45334	CPT	outpatient			2327	1552.05	Amerihealth	Medicare		1349.61				237.51	2511.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY FLEX.W/CONTROL BLEEDING	45334	CPT	outpatient			2327	1552.05	Consumer	Consumer		2210.65	95			237.51	2511.62	percent of total billed charges	
SIGMOIDOSCOPY FLEX.W/CONTROL BLEEDING	45334	CPT	outpatient			2327	1552.05	Corrections	Corrections		1861.6	80			237.51	2511.62	percent of total billed charges	
SIGMOIDOSCOPY FLEX.W/CONTROL BLEEDING	45334	CPT	outpatient			2327	1552.05	First Health	First Health		1628.9	70			237.51	2511.62	percent of total billed charges	
SIGMOIDOSCOPY FLEX.W/CONTROL BLEEDING	45334	CPT	outpatient			2327	1552.05	First Trenton	First Trenton		2094.3	90			237.51	2511.62	percent of total billed charges	
SIGMOIDOSCOPY FLEX.W/CONTROL BLEEDING	45334	CPT	outpatient			2327	1552.05	Horizon	PPO		2511.62				237.51	2511.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY FLEX.W/CONTROL BLEEDING	45334	CPT	outpatient			2327	1552.05	Horizon	Medicare Blue		1349.61				237.51	2511.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY FLEX.W/CONTROL BLEEDING	45334	CPT	outpatient			2327	1552.05	Horizon	MGD		2511.62				237.51	2511.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY FLEX.W/CONTROL BLEEDING	45334	CPT	outpatient			2327	1552.05	Horizon	Indemnity		2511.62				237.51	2511.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY FLEX.W/CONTROL BLEEDING	45334	CPT	outpatient			2327	1552.05	Horizon	NJ Health		237.51				237.51	2511.62	fee schedule	
SIGMOIDOSCOPY FLEX.W/CONTROL BLEEDING	45334	CPT	outpatient			2327	1552.05	Managed Care Inc	Managed Care Inc		2094.3	90			237.51	2511.62	percent of total billed charges	
SIGMOIDOSCOPY FLEX.W/CONTROL BLEEDING	45334	CPT	outpatient			2327	1552.05	Multiplan	Multiplan		1861.6	80			237.51	2511.62	percent of total billed charges	
SIGMOIDOSCOPY FLEX.W/CONTROL BLEEDING	45334	CPT	outpatient			2327	1552.05	Qualcare	Qualcare		1745.25	75			237.51	2511.62	percent of total billed charges	
SIGMOIDOSCOPY FLEX.W/CONTROL BLEEDING	45334	CPT	outpatient			2327	1552.05	Three Rivers	Three Rivers		2210.65	95			237.51	2511.62	percent of total billed charges	
SIGMOIDOSCOPY FLEX.W/CONTROL BLEEDING	45334	CPT	outpatient			2327	1552.05	UHC	Medicaid		734.17	31.55			237.51	2511.62	percent of total billed charges	
SIGMOIDOSCOPY FLEX.W/CONTROL BLEEDING	45334	CPT	outpatient			2327	1552.05	UHC	Medicare		1349.61				237.51	2511.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY FLEX.W/CONTROL BLEEDING	45334	CPT	outpatient			2327	1552.05	United	Oxford		2493				237.51	2511.62	case rate	
SIGMOIDOSCOPY FLEX.W/CONTROL BLEEDING	45334	CPT	outpatient			2327	1552.05	United	CommercialPPO		2493				237.51	2511.62	case rate	
SIGMOIDOSCOPY FLEX.W/CONTROL BLEEDING	45334	CPT	outpatient			2327	1552.05	Wellcare	Medicaid		734.17	31.55			237.51	2511.62	percent of total billed charges	
SIGMOIDOSCOPY FLEX.W/CONTROL BLEEDING	45334	CPT	outpatient			2327	1552.05	Wellcare	Medicare		1349.61				237.51	2511.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY FLEX.W/CONTROL BLEEDING	45334	CPT	outpatient			2327	1552.05	WellPoint	WellPoint		748.83	32.18			237.51	2511.62	percent of total billed charges	
FLEX SIG W/DIRECTED SUBMUC INJ ANY SUB	45335	CPT	outpatient			3488	1202.06	Aetna	Commercial		1664.07				339.3	3313.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLEX SIG W/DIRECTED SUBMUC INJ ANY SUB	45335	CPT	outpatient			3488	1202.06	Aetna	Medicare		1045.27				339.3	3313.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLEX SIG W/DIRECTED SUBMUC INJ ANY SUB	45335	CPT	outpatient			3488	1202.06	Aetna	Better Health		1100.46	31.55			339.3	3313.6	percent of total billed charges	
FLEX SIG W/DIRECTED SUBMUC INJ ANY SUB	45335	CPT	outpatient			3488	1202.06	Americare	Americare		2616	75			339.3	3313.6	percent of total billed charges	
FLEX SIG W/DIRECTED SUBMUC INJ ANY SUB	45335	CPT	outpatient			3488	1202.06	Amerihealth	HMO/PPO		2267.2	65			339.3	3313.6	percent of total billed charges	
FLEX SIG W/DIRECTED SUBMUC INJ ANY SUB	45335	CPT	outpatient			3488	1202.06	Amerihealth	Medicare		1045.27				339.3	3313.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLEX SIG W/DIRECTED SUBMUC INJ ANY SUB	45335	CPT	outpatient			3488	1202.06	Consumer	Consumer		3313.6	95			339.3	3313.6	percent of total billed charges	
FLEX SIG W/DIRECTED SUBMUC INJ ANY SUB	45335	CPT	outpatient			3488	1202.06	Corrections	Corrections		2790.4	80			339.3	3313.6	percent of total billed charges	
FLEX SIG W/DIRECTED SUBMUC INJ ANY SUB	45335	CPT	outpatient			3488	1202.06	First Health	First Health		2441.6	70			339.3	3313.6	percent of total billed charges	
FLEX SIG W/DIRECTED SUBMUC INJ ANY SUB	45335	CPT	outpatient			3488	1202.06	First Trenton	First Trenton		3139.2	90			339.3	3313.6	percent of total billed charges	
FLEX SIG W/DIRECTED SUBMUC INJ ANY SUB	45335	CPT	outpatient			3488	1202.06	Horizon	Indemnity		1945.25				339.3	3313.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLEX SIG W/DIRECTED SUBMUC INJ ANY SUB	45335	CPT	outpatient			3488	1202.06	Horizon	Medicare Blue		1045.27				339.3	3313.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLEX SIG W/DIRECTED SUBMUC INJ ANY SUB	45335	CPT	outpatient			3488	1202.06	Horizon	NJ Health		339.3				339.3	3313.6	fee schedule	
FLEX SIG W/DIRECTED SUBMUC INJ ANY SUB	45335	CPT	outpatient			3488	1202.06	Horizon	MGD		1945.25				339.3	3313.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLEX SIG W/DIRECTED SUBMUC INJ ANY SUB	45335	CPT	outpatient			3488	1202.06	Horizon	PPO		1945.25				339.3	3313.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLEX SIG W/DIRECTED SUBMUC INJ ANY SUB	45335	CPT	outpatient			3488	1202.06	Managed Care Inc	Managed Care Inc		3139.2	90			339.3	3313.6	percent of total billed charges	
FLEX SIG W/DIRECTED SUBMUC INJ ANY SUB	45335	CPT	outpatient			3488	1202.06	Multiplan	Multiplan		2790.4	80			339.3	3313.6	percent of total billed charges	
FLEX SIG W/DIRECTED SUBMUC INJ ANY SUB	45335	CPT	outpatient			3488	1202.06	Qualcare	Qualcare		2616	75			339.3	3313.6	percent of total billed charges	
FLEX SIG W/DIRECTED SUBMUC INJ ANY SUB	45335	CPT	outpatient			3488	1202.06	Three Rivers	Three Rivers		3313.6	95			339.3	3313.6	percent of total billed charges	
FLEX SIG W/DIRECTED SUBMUC INJ ANY SUB	45335	CPT	outpatient			3488	1202.06	UHC	Medicare		1045.27				339.3	3313.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLEX SIG W/DIRECTED SUBMUC INJ ANY SUB	45335	CPT	outpatient			3488	1202.06	UHC	Medicaid		1100.46	31.55			339.3	3313.6	percent of total billed charges	
FLEX SIG W/DIRECTED SUBMUC INJ ANY SUB	45335	CPT	outpatient			3488	1202.06	United	Oxford		1817				339.3	3313.6	case rate	
FLEX SIG W/DIRECTED SUBMUC INJ ANY SUB	45335	CPT	outpatient			3488	1202.06	United	CommercialPPO		1817				339.3	3313.6	case rate	
FLEX SIG W/DIRECTED SUBMUC INJ ANY SUB	45335	CPT	outpatient			3488	1202.06	Wellcare	Medicare		1045.27				339.3	3313.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLEX SIG W/DIRECTED SUBMUC INJ ANY SUB	45335	CPT	outpatient			3488	1202.06	Wellcare	Medicaid		1100.46	31.55			339.3	3313.6	percent of total billed charges	
FLEX SIG W/DIRECTED SUBMUC INJ ANY SUB	45335	CPT	outpatient			3488	1202.06	WellPoint	WellPoint		1122.44	32.18			339.3	3313.6	percent of total billed charges	
SIGMOIDOSCOPY FLEX.W/DECOMP VOVUL	45337	CPT	outpatient			2327	1202.06	Aetna	Medicare		1045.27				383.67	2493	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY FLEX.W/DECOMP VOVUL	45337	CPT	outpatient			2327	1202.06	Aetna	Better Health		734.17	31.55			383.67	2493	percent of total billed charges	
SIGMOIDOSCOPY FLEX.W/DECOMP VOVUL	45337	CPT	outpatient			2327	1202.06	Aetna	Commercial		1664.07				383.67	2493	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY FLEX.W/DECOMP VOVUL	45337	CPT	outpatient			2327	1202.06	Americare	Americare		1745.25	75			383.67	2493	percent of total billed charges	
SIGMOIDOSCOPY FLEX.W/DECOMP VOVUL	45337	CPT	outpatient			2327	1202.06	Amerihealth	Medicare		1045.27				383.67	2493	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY FLEX.W/DECOMP VOVUL	45337	CPT	outpatient			2327	1202.06	Amerihealth	HMO/PPO		1512.55	65			383.67	2493	percent of total billed charges	
SIGMOIDOSCOPY FLEX.W/DECOMP VOVUL	45337	CPT	outpatient			2327	1202.06	Consumer	Consumer		2210.65	95			383.67	2493	percent of total billed charges	
SIGMOIDOSCOPY FLEX.W/DECOMP VOVUL	45337	CPT	outpatient			2327	1202.06	Corrections	Corrections		1861.6	80			383.67	2493	percent of total billed charges	
SIGMOIDOSCOPY FLEX.W/DECOMP VOVUL	45337	CPT	outpatient			2327	1202.06	First Health	First Health		1628.9	70			383.67	2493	percent of total billed charges	
SIGMOIDOSCOPY FLEX.W/DECOMP VOVUL	45337	CPT	outpatient			2327	1202.06	First Trenton	First Trenton		2094.3	90			383.67	2493	percent of total billed charges	
SIGMOIDOSCOPY FLEX.W/DECOMP VOVUL	45337	CPT	outpatient			2327	1202.06	Horizon	Indemnity		1945.25				383.67	2493	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY FLEX.W/DECOMP VOVUL	45337	CPT	outpatient			2327	1202.06	Horizon	Medicare Blue		1045.27				383.67	2493	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY FLEX.W/DECOMP VOVUL	45337	CPT	outpatient			2327	1202.06	Horizon	MGD		1945.25				383.67	2493	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY FLEX.W/DECOMP VOVUL	45337	CPT	outpatient			2327	1202.06	Horizon	PPO		1945.25				383.67	2493	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY FLEX.W/DECOMP VOVUL	45337	CPT	outpatient			2327	1202.06	Horizon	NJ Health		383.67				383.67	2493	fee schedule	
SIGMOIDOSCOPY FLEX.W/DECOMP VOVUL	45337	CPT	outpatient			2327	1202.06	Managed Care Inc	Managed Care Inc		2094.3	90			383.67	2493	percent of total billed charges	
SIGMOIDOSCOPY FLEX.W/DECOMP VOVUL	45337	CPT	outpatient			2327	1202.06	Multiplan	Multiplan		1861.6	80			383.67	2493	percent of total billed charges	
SIGMOIDOSCOPY FLEX.W/DECOMP VOVUL	45337	CPT	outpatient			2327	1202.06	Qualcare	Qualcare		1745.25	75			383.67	2493	percent of total billed charges	
SIGMOIDOSCOPY FLEX.W/DECOMP VOVUL	45337	CPT	outpatient			2327	1202.06	Three Rivers	Three Rivers		2210.65	95			383.67	2493	percent of total billed charges	
SIGMOIDOSCOPY FLEX.W/DECOMP VOVUL	45337	CPT	outpatient			2327	1202.06	UHC	Medicaid		734.17	31.55			383.67	2493	percent of total billed charges	
SIGMOIDOSCOPY FLEX.W/DECOMP VOVUL	45337	CPT	outpatient			2327	1202.06	UHC	Medicare		1045.27				383.67	2493	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY FLEX.W/DECOMP VOVUL	45337	CPT	outpatient			2327	1202.06	United	CommercialPPO		2493				383.67	2493	case rate	
SIGMOIDOSCOPY FLEX.W/DECOMP VOVUL	45337	CPT	outpatient			2327	1202.06	United	Oxford		2493				383.67	2493	case rate	
SIGMOIDOSCOPY FLEX.W/DECOMP VOVUL	45337	CPT	outpatient			2327	1202.06	Wellcare	Medicaid		734.17	31.55			383.67	2493	percent of total billed charges	
SIGMOIDOSCOPY FLEX.W/DECOMP VOVUL	45337	CPT	outpatient			2327	1202.06	Wellcare	Medicare		1045.27				383.67	2493	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY FLEX.W/DECOMP VOVUL	45337	CPT	outpatient			2327	1202.06	WellPoint	WellPoint		748.83	32.18			383.67	2493	percent of total billed charges	
SIGMOIDOSCOPY W/REM LESION BY SNARE	45338	CPT	outpatient			2194	1552.05	Aetna	Medicare		675.75	30.8			321.03	2511.62	percent of total billed charges	
SIGMOIDOSCOPY W/REM LESION BY SNARE

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
SIGMOIDOSCOPY W/REM LESION BY SNARE	45338	CPT	outpatient			2194		1552.05 First Trenton	First Trenton		1974.6	90			321.03		2511.62 percent of total billed charges	
SIGMOIDOSCOPY W/REM LESION BY SNARE	45338	CPT	outpatient			2194		1552.05 Horizon	MGD		2511.62				321.03		2511.62 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY W/REM LESION BY SNARE	45338	CPT	outpatient			2194		1552.05 Horizon	Medicare Blue		1349.61				321.03		2511.62 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY W/REM LESION BY SNARE	45338	CPT	outpatient			2194		1552.05 Horizon	Indemnity		2511.62				321.03		2511.62 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY W/REM LESION BY SNARE	45338	CPT	outpatient			2194		1552.05 Horizon	NJ Health		321.03				321.03		2511.62 fee schedule	
SIGMOIDOSCOPY W/REM LESION BY SNARE	45338	CPT	outpatient			2194		1552.05 Horizon	PPO		2511.62				321.03		2511.62 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY W/REM LESION BY SNARE	45338	CPT	outpatient			2194		1552.05 Managed Care Inc	Managed Care Inc		1974.6	90			321.03		2511.62 percent of total billed charges	
SIGMOIDOSCOPY W/REM LESION BY SNARE	45338	CPT	outpatient			2194		1552.05 Multiplan	Multiplan		1755.2	80			321.03		2511.62 percent of total billed charges	
SIGMOIDOSCOPY W/REM LESION BY SNARE	45338	CPT	outpatient			2194		1552.05 Qualcare	Qualcare		1645.5	75			321.03		2511.62 percent of total billed charges	
SIGMOIDOSCOPY W/REM LESION BY SNARE	45338	CPT	outpatient			2194		1552.05 Three Rivers	Three Rivers		2084.3	95			321.03		2511.62 percent of total billed charges	
SIGMOIDOSCOPY W/REM LESION BY SNARE	45338	CPT	outpatient			2194		1552.05 UHC	Medicaid		692.21	31.55			321.03		2511.62 percent of total billed charges	
SIGMOIDOSCOPY W/REM LESION BY SNARE	45338	CPT	outpatient			2194		1552.05 UHC	Medicare		1349.61				321.03		2511.62 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY W/REM LESION BY SNARE	45338	CPT	outpatient			2194		1552.05 United	Commercial|PPO		2493				321.03		2511.62 case rate	
SIGMOIDOSCOPY W/REM LESION BY SNARE	45338	CPT	outpatient			2194		1552.05 United	Oxford		2493				321.03		2511.62 case rate	
SIGMOIDOSCOPY W/REM LESION BY SNARE	45338	CPT	outpatient			2194		1552.05 Wellcare	Medicaid		692.21	31.55			321.03		2511.62 percent of total billed charges	
SIGMOIDOSCOPY W/REM LESION BY SNARE	45338	CPT	outpatient			2194		1552.05 Wellcare	Medicare		1349.61				321.03		2511.62 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY W/REM LESION BY SNARE	45338	CPT	outpatient			2194		1552.05 WellPoint	WellPoint		706.03	32.18			321.03		2511.62 percent of total billed charges	
ENDOSCOPIC BALLOON DILATATION	45340	CPT	outpatient			3423		1552.05 Aetna	Commercial		2148.58				582.03		3251.85 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOSCOPIC BALLOON DILATATION	45340	CPT	outpatient			3423		1552.05 Aetna	Better Health		1079.96	31.55			582.03		3251.85 percent of total billed charges	
ENDOSCOPIC BALLOON DILATATION	45340	CPT	outpatient			3423		1552.05 Aetna	Medicare		1349.61				582.03		3251.85 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOSCOPIC BALLOON DILATATION	45340	CPT	outpatient			3423		1552.05 Americare	Americare		2567.25	75			582.03		3251.85 percent of total billed charges	
ENDOSCOPIC BALLOON DILATATION	45340	CPT	outpatient			3423		1552.05 Amerihealth	Medicare		1349.61				582.03		3251.85 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOSCOPIC BALLOON DILATATION	45340	CPT	outpatient			3423		1552.05 Amerihealth	HMO|PPO		2224.95	65			582.03		3251.85 percent of total billed charges	
ENDOSCOPIC BALLOON DILATATION	45340	CPT	outpatient			3423		1552.05 Consumer	Consumer		3251.85	95			582.03		3251.85 percent of total billed charges	
ENDOSCOPIC BALLOON DILATATION	45340	CPT	outpatient			3423		1552.05 Corrections	Corrections		2738.4	80			582.03		3251.85 percent of total billed charges	
ENDOSCOPIC BALLOON DILATATION	45340	CPT	outpatient			3423		1552.05 First Health	First Health		2396.1	70			582.03		3251.85 percent of total billed charges	
ENDOSCOPIC BALLOON DILATATION	45340	CPT	outpatient			3423		1552.05 First Trenton	First Trenton		3080.7	90			582.03		3251.85 percent of total billed charges	
ENDOSCOPIC BALLOON DILATATION	45340	CPT	outpatient			3423		1552.05 Horizon	MGD		2511.62				582.03		3251.85 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOSCOPIC BALLOON DILATATION	45340	CPT	outpatient			3423		1552.05 Horizon	Indemnity		2511.62				582.03		3251.85 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOSCOPIC BALLOON DILATATION	45340	CPT	outpatient			3423		1552.05 Horizon	Medicare Blue		1349.61				582.03		3251.85 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOSCOPIC BALLOON DILATATION	45340	CPT	outpatient			3423		1552.05 Horizon	NJ Health		582.03				582.03		3251.85 fee schedule	
ENDOSCOPIC BALLOON DILATATION	45340	CPT	outpatient			3423		1552.05 Horizon	PPO		2511.62				582.03		3251.85 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOSCOPIC BALLOON DILATATION	45340	CPT	outpatient			3423		1552.05 Managed Care Inc	Managed Care Inc		3080.7	90			582.03		3251.85 percent of total billed charges	
ENDOSCOPIC BALLOON DILATATION	45340	CPT	outpatient			3423		1552.05 Multiplan	Multiplan		2738.4	80			582.03		3251.85 percent of total billed charges	
ENDOSCOPIC BALLOON DILATATION	45340	CPT	outpatient			3423		1552.05 Qualcare	Qualcare		2567.25	75			582.03		3251.85 percent of total billed charges	
ENDOSCOPIC BALLOON DILATATION	45340	CPT	outpatient			3423		1552.05 Three Rivers	Three Rivers		3251.85	95			582.03		3251.85 percent of total billed charges	
ENDOSCOPIC BALLOON DILATATION	45340	CPT	outpatient			3423		1552.05 UHC	Medicaid		1079.96	31.55			582.03		3251.85 percent of total billed charges	
ENDOSCOPIC BALLOON DILATATION	45340	CPT	outpatient			3423		1552.05 UHC	Medicare		1349.61				582.03		3251.85 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOSCOPIC BALLOON DILATATION	45340	CPT	outpatient			3423		1552.05 United	Commercial|PPO		2493				582.03		3251.85 case rate	
ENDOSCOPIC BALLOON DILATATION	45340	CPT	outpatient			3423		1552.05 United	Oxford		2493				582.03		3251.85 case rate	
ENDOSCOPIC BALLOON DILATATION	45340	CPT	outpatient			3423		1552.05 Wellcare	Medicare		1349.61				582.03		3251.85 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOSCOPIC BALLOON DILATATION	45340	CPT	outpatient			3423		1552.05 Wellcare	Medicaid		1079.96	31.55			582.03		3251.85 percent of total billed charges	
ENDOSCOPIC BALLOON DILATATION	45340	CPT	outpatient			3423		1552.05 WellPoint	WellPoint		1101.52	32.18			582.03		3251.85 percent of total billed charges	
LOWER W/ENDOSCOPIC ULTRASOUND EXAM	45341	CPT	outpatient			3387		1202.06 Aetna	Better Health		1068.6	31.55			443.7		3217.65 percent of total billed charges	
LOWER W/ENDOSCOPIC ULTRASOUND EXAM	45341	CPT	outpatient			3387		1202.06 Aetna	Commercial		1664.07				443.7		3217.65 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LOWER W/ENDOSCOPIC ULTRASOUND EXAM	45341	CPT	outpatient			3387		1202.06 Aetna	Medicare		1045.27				443.7		3217.65 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LOWER W/ENDOSCOPIC ULTRASOUND EXAM	45341	CPT	outpatient			3387		1202.06 Americare	Americare		2540.25	75			443.7		3217.65 percent of total billed charges	
LOWER W/ENDOSCOPIC ULTRASOUND EXAM	45341	CPT	outpatient			3387		1202.06 Amerihealth	HMO|PPO		2201.55	65			443.7		3217.65 percent of total billed charges	
LOWER W/ENDOSCOPIC ULTRASOUND EXAM	45341	CPT	outpatient			3387		1202.06 Amerihealth	Medicare		1045.27				443.7		3217.65 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LOWER W/ENDOSCOPIC ULTRASOUND EXAM	45341	CPT	outpatient			3387		1202.06 Consumer	Consumer		3217.65	95			443.7		3217.65 percent of total billed charges	
LOWER W/ENDOSCOPIC ULTRASOUND EXAM	45341	CPT	outpatient			3387		1202.06 Corrections	Corrections		2709.6	80			443.7		3217.65 percent of total billed charges	
LOWER W/ENDOSCOPIC ULTRASOUND EXAM	45341	CPT	outpatient			3387		1202.06 First Health	First Health		2370.9	70			443.7		3217.65 percent of total billed charges	
LOWER W/ENDOSCOPIC ULTRASOUND EXAM	45341	CPT	outpatient			3387		1202.06 First Trenton	First Trenton		3048.3	90			443.7		3217.65 percent of total billed charges	
LOWER W/ENDOSCOPIC ULTRASOUND EXAM	45341	CPT	outpatient			3387		1202.06 Horizon	Indemnity		1945.25				443.7		3217.65 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LOWER W/ENDOSCOPIC ULTRASOUND EXAM	45341	CPT	outpatient			3387		1202.06 Horizon	NJ Health		443.7				443.7		3217.65 fee schedule	
LOWER W/ENDOSCOPIC ULTRASOUND EXAM	45341	CPT	outpatient			3387		1202.06 Horizon	Medicare Blue		1045.27				443.7		3217.65 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LOWER W/ENDOSCOPIC ULTRASOUND EXAM	45341	CPT	outpatient			3387		1202.06 Horizon	MGD		1945.25				443.7		3217.65 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LOWER W/ENDOSCOPIC ULTRASOUND EXAM	45341	CPT	outpatient			3387		1202.06 Horizon	PPO		1945.25				443.7		3217.65 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LOWER W/ENDOSCOPIC ULTRASOUND EXAM	45341	CPT	outpatient			3387		1202.06 Managed Care Inc	Managed Care Inc		3048.3	90			443.7		3217.65 percent of total billed charges	
LOWER W/ENDOSCOPIC ULTRASOUND EXAM	45341	CPT	outpatient			3387		1202.06 Multiplan	Multiplan		2709.6	80			443.7		3217.65 percent of total billed charges	
LOWER W/ENDOSCOPIC ULTRASOUND EXAM	45341	CPT	outpatient			3387		1202.06 Qualcare	Qualcare		2540.25	75			443.7		3217.65 percent of total billed charges	
LOWER W/ENDOSCOPIC ULTRASOUND EXAM	45341	CPT	outpatient			3387		1202.06 Three Rivers	Three Rivers		3217.65	95			443.7		3217.65 percent of total billed charges	
LOWER W/ENDOSCOPIC ULTRASOUND EXAM	45341	CPT	outpatient			3387		1202.06 UHC	Medicaid		1068.6	31.55			443.7		3217.65 percent of total billed charges	
LOWER W/ENDOSCOPIC ULTRASOUND EXAM	45341	CPT	outpatient			3387		1202.06 UHC	Medicare		1045.27				443.7		3217.65 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LOWER W/ENDOSCOPIC ULTRASOUND EXAM	45341	CPT	outpatient			3387		1202.06 United	Commercial|PPO		2493				443.7		3217.65 case rate	
LOWER W/ENDOSCOPIC ULTRASOUND EXAM	45341	CPT	outpatient			3387		1202.06 United	Oxford		2493				443.7		3217.65 case rate	
LOWER W/ENDOSCOPIC ULTRASOUND EXAM	45341	CPT	outpatient			3387		1202.06 Wellcare	Medicare		1045.27				443.7		3217.65 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LOWER W/ENDOSCOPIC ULTRASOUND EXAM	45341	CPT	outpatient			3387		1202.06 Wellcare	Medicaid		1068.6	31.55			443.7		3217.65 percent of total billed charges	
LOWER W/ENDOSCOPIC ULTRASOUND EXAM	45341	CPT	outpatient			3387		1202.06 WellPoint	WellPoint		1089.94	32.18			443.7		3217.65 percent of total billed charges	
TRANSENDO ULTRASND GUID INTRA-TRAN FNA	45342	CPT	outpatient			3423		1552.05 Aetna	Better Health		1079.96	31.55			511.56		3251.85 percent of total billed charges	
TRANSENDO ULTRASND GUID INTRA-TRAN FNA	45342	CPT	outpatient			3423		1552.05 Aetna	Commercial		2148.58				511.56		3251.85 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSENDO ULTRASND GUID INTRA-TRAN FNA	45342	CPT	outpatient			3423		1552.05 Aetna	Medicare		1054.28	30.8			511.56		3251.85 percent of total billed charges	
TRANSENDO ULTRASND GUID INTRA-TRAN FNA	45342	CPT	outpatient			3423		1552.05 Americare	Americare		2567.25	75			511.56		3251.85 percent of total billed charges	
TRANSENDO ULTRASND GUID INTRA-TRAN FNA	45342	CPT	outpatient			3423		1552.05 Amerihealth	HMO|PPO		2224.95	65			511.56		3251.85 percent of total billed charges	
TRANSENDO ULTRASND GUID INTRA-TRAN FNA	45342	CPT	outpatient			3423		1552.05 Amerihealth	Medicare		1349.61				511.56		3251.85 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSENDO ULTRASND GUID INTRA-TRAN FNA	45342	CPT	outpatient			3423		1552.05 Consumer	Consumer		3251.85	95			511.56		3251.85 percent of total billed charges	
TRANSENDO ULTRASND GUID INTRA-TRAN FNA	45342	CPT	outpatient			3423		1552.05 Corrections	Corrections		2738.4	80			511.56		3251.85 percent of total billed charges	
TRANSENDO ULTRASND GUID INTRA-TRAN FNA	45342	CPT	outpatient			3423		1552.05 First Health	First Health		2396.1	70			511.56		3251.85 percent of total billed charges	
TRANSENDO ULTRASND GUID INTRA-TRAN FNA	45342	CPT	outpatient			3423		1552.05 First Trenton	First Trenton		3080.7	90			511.56		3251.85 percent of total billed charges	
TRANSENDO ULTRASND GUID INTRA-TRAN FNA	45342	CPT	outpatient			3423		1552.05 Medicare Blue	Medicare Blue		1349.61				511.56		3251.85 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSENDO ULTRASND GUID INTRA-TRAN FNA	45342	CPT	outpatient			3423		1552.05 Horizon	PPO		2511.62				511.56		3251.85 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSENDO ULTRASND GUID INTRA-TRAN FNA	45342	CPT	outpatient			3423		1552.05 Horizon	MGD		2511.62				511.56		3251.85 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSENDO ULTRASND GUID INTRA-TRAN FNA	45342	CPT	outpatient			3423		1552.05 Horizon	NJ Health		511.56				511.56		3251.85 fee schedule	
TRANSENDO ULTRASND GUID INTRA-TRAN FNA	45342	CPT	outpatient			3423		1552.05 Horizon	Indemnity		2511.62				511.56		3251.85 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSENDO ULTRASND GUID INTRA-TRAN FNA	45342	CPT	outpatient			3423		1552.05 Managed Care Inc	Managed Care Inc		3080.7	90			511.56		3251.85 percent of total billed charges	
TRANSENDO ULTRASND GUID INTRA-TRAN FNA	45342	CPT	outpatient			3423		1552.05 Multiplan	Multiplan		2738.4	80			511.56		3251.85 percent of total billed charges	
TRANSENDO ULTRASND GUID INTRA-TRAN FNA	45342	CPT	outpatient			3423		1552.05 Qualcare	Qualcare		2567.25	75			511.56		3251.85 percent of total billed charges	
TRANSENDO ULTRASND GUID INTRA-TRAN FNA	45342	CPT	outpatient			3423		1552.05 Three Rivers	Three Rivers		3251.85	95			511.56		3251.85 percent of total billed charges	
TRANSENDO ULTRASND GUID INTRA-TRAN FNA	45342	CPT	outpatient			3423		1552.05 UHC	Medicare		1349.61				511.56		3251.85 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSENDO ULTRASND GUID INTRA-TRAN FNA	45342	CPT	outpatient			3423		1552.05 UHC	Medicaid		1079.96	31.55			511.56		3251.85 percent of total billed charges	
TRANSENDO ULTRASND GUID INTRA-TRAN FNA	45342	CPT	outpatient			3423		1552.05 United	Commercial|PPO		2493				511.56		3251.85 case rate	
TRANSENDO ULTRASND GUID INTRA-TRAN FNA	45342	CPT	outpatient			3423		1552.05 United	Oxford		2493				511.56		3251.85 case rate	
TRANSENDO ULTRASND GUID INTRA-TRAN FNA	45342	CPT	outpatient			3423		1552.05 Wellcare	Medicaid		1079.96	31.55			511.56		3251.85 percent of total billed charges	
TRANSENDO ULTRASND GUID INTRA-TRAN FNA	45342	CPT	outpatient			3423		1552.05 Wellcare	Medicare		1349.61				511.56		3251.85 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSENDO ULTRASND GUID INTRA-TRAN FNA	45342	CPT	outpatient			3423		1552.05 WellPoint	WellPoint		1101.52	32.18			511.56		3251.85 percent of total billed charges	
SIGMOIDOSCOPY W/ABLATION OF LESIOR W/O H	45346	CPT	outpatient			1782		1552.05 Aetna	Better Health		562.22	31.55			504.1		2511.62 percent of total billed charges	
SIGMOIDOSCOPY W/ABLATION OF LESIOR W/O H	45346	CPT	outpatient			1782		1552.05 Aetna	Medicare		548.86	30.8			504.1		2511.62 percent of total billed charges	
SIGMOIDOSCOPY W/ABLATION OF LESIOR W/O H	45346	CPT	outpatient			1782		1552.05 Aetna	Commercial		2148.58				504.1		2511.62 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY W/ABLATION OF LESIOR W/O H	45346	CPT	outpatient			1782		1552.05 Americare	Americare		1336.5	75			504.1		2511.62 percent of total billed charges	
SIGMOIDOSCOPY W/ABLATION OF LESIOR W/O H	45346	CPT	outpatient			1782		1552.05 Amerihealth	HMO|PPO		1158.3	65			504.1		2511.62 percent of total billed charges	
SIGMOIDOSCOPY W/ABLATION OF LESIOR W/O H	45346	CPT	outpatient			1782		1552.05 Amerihealth	Medicare		1349.61				504.1		2511.62 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY W/ABLATION OF LESIOR W/O H	45346	CPT	outpatient			1782		1552.05 Consumer	Consumer		1692.9	95			504.1		2511.62 percent of total billed charges	
SIGMOIDOSCOPY W/ABLATION OF LESIOR W/O H	45346	CPT	outpatient			1782		1552.05 Corrections	Corrections		1425.6	80			504.1		2511.62 percent of total billed charges	
SIGMOIDOSCOPY W/ABLATION OF LESIOR W/O H	45346	CPT	outpatient			1782		1552.05 First Health	First Health		1247.4	70			504.1		2511.62 percent of total billed charges	
SIGMOIDOSCOPY W/ABLATION OF LESIOR W/O H	45346	CPT	outpatient			1782		1552.05 First Trenton	First Trenton		1603.8	90			504.1		2511.62 percent of total billed charges	
SIGMOIDOSCOPY W/ABLATION OF LESIOR W/O H	45346	CPT	outpatient			1782		1552.05 Horizon	Indemnity		2511.62				504.1		2511.62 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY W/ABLATION OF LESIOR W/O H	45346	CPT	outpatient			1782		1552.05 Horizon	Medicare Blue		1349.61				504.1		2511.62 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY W/ABLATION OF LESIOR W/O H	45346	CPT	outpatient			1782		1552.05 Horizon	NJ Health		504.1				504.1		2511.62 fee schedule	
SIGMOIDOSCOPY W/ABLATION OF LESIOR W/O H	45346	CPT	outpatient			1782		1552.05 Horizon	MGD		2511.62				504.1		2511.62 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY W/ABLATION OF LESIOR W/O H	45346	CPT	outpatient			1782		1552.05 Horizon	PPO		2511.62				504.1		2511.62 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY W/ABLATION OF LESIOR W/O H	45346	CPT	outpatient			1782		1552.05 Managed Care Inc	Managed Care Inc		1603.8	90			504.1		2511.62 percent of total billed charges	
SIGMOIDOSCOPY W/ABLATION OF LESIOR W/O H	45346	CPT	outpatient			1782		1552.05 Multiplan	Multiplan		1425.6	80			504.1		2511.62 percent of total billed charges	
SIGMOIDOSCOPY W/ABLATION OF LESIOR W/O H	45346	CPT	outpatient			1782		1552.05 Qualcare	Qualcare		1336.5	75			504.1		2511.62 percent of total billed charges	
SIGMOIDOSCOPY W/ABLATION OF LESIOR W/O H	45346	CPT	outpatient			1782		1552.05 Three Rivers	Three Rivers		1692.9	95			504.1		2511.62 percent of total billed charges	
SIGMOIDOSCOPY W/ABLATION OF LESIOR W/O H	45346	CPT	outpatient			1782		1552.05 UHC	Medicare		1349.61				504.1		2511.62 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY W/ABLATION OF LESIOR W/O H	45346	CPT	outpatient			1782		1552.05 UHC	Medicaid		562.22	31.55			504.1		2511.62 percent of total billed charges	
SIGMOIDOSCOPY W/ABLATION OF LESIOR W/O H	45346	CPT	outpatient			1782		1552.05 United	Oxford		2493				504.1		2511.62 case rate	
SIGMOIDOSCOPY W/ABLATION OF LESIOR W/O H	45346	CPT	outpatient			1782		1552.05 United	Commercial|PPO		2493				504.1		2511.62 case rate	
SIGMOIDOSCOPY W/ABLATION OF LESIOR W/O H	45346	CPT	outpatient			1782		1552.05 Wellcare	Medicare		1349.61				504.1		2511.62 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY W/ABLATION OF LESIOR W/O H	45346	CPT	outpatient			1782		1552.05 Wellcare	Medicaid		562.22	31.55			504.1		2511.62 percent of total billed charges	
SIGMOIDOSCOPY W/ABLATION OF LESIOR W/O H	45346	CPT	outpatient			1782		1552.05 WellPoint	WellPoint		573.45	32.18			504.1		2511.62 percent of total billed charges	
SIGMOIDOSCOPY FIX PLACEMENT OF ENDOSCOP	45347	CPT	outpatient			17004		7495.78 Aetna	Commercial		10376.77				244.27		16153.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY FIX PLACEMENT OF ENDOSCOP	45347	CPT	outpatient			17004		7495.78 Aetna	Better Health		5364.76	31.55			244.27		16153.8 percent of total billed charges	
SIGMOIDOSCOPY FIX PLACEMENT OF ENDOSCOP	45347	CPT	outpatient			17004		7495.78 Aetna	Medicare		5237.23	30.8			244.27		16153.8 percent of total billed charges	
SIGMOIDOSCOPY FIX PLACEMENT OF ENDOSCOP	45347	CPT	outpatient			17004		7495.78 Americare	Americare		12753	75			244.27		16153.8 percent of total billed charges	
SIGMOIDOSCOPY FIX PLACEMENT OF ENDOSCOP	45347	CPT	outpatient			17004		7495.78 Amerihealth	Medicare		6518.07				244.27		16153.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY FIX PLACEMENT OF ENDOSCOP	45347	CPT	outpatient			17004		7495.78 Amerihealth	HMO|PPO		11052.6	65			244.27		16153.8 percent of total billed charges	
SIGMOIDOSCOPY FIX PLACEMENT OF ENDOSCOP	45347	CPT	outpatient			17004		7495.78 Consumer	Consumer		16153.8	95			244.27		16153.8 percent of total billed charges	
SIGMOIDOSCOPY FIX PLACEMENT OF ENDOSCOP	45347	CPT	outpatient			17004		7495.78 Corrections	Corrections		13603.2	80			244.27		16153.8 percent of total billed charges	
SIGMOIDOSCOPY FIX PLACEMENT OF ENDOSCOP	45347	CPT	outpatient			17004		7495.78 First Health	First Health		11902.8	70			244.27		16153.8 percent of total billed charges	
SIGMOIDOSCOPY FIX PLACEMENT OF ENDOSCOP	45347	CPT	outpatient			17004		7495.78 First Trenton	First Trenton		15303.6	90			244.27		16153.8 percent of total billed charges	
SIGMOIDOSCOPY FIX PLACEMENT OF ENDOSCOP	45347	CPT	outpatient			17004		7495.78 Horizon	NJ Health		244.27				244.27		16153.8 fee schedule	
SIGMOIDOSCOPY FIX PLACEMENT OF ENDOSCOP	45347	CPT	outpatient			17004		7495.78 Horizon	Indemnity		12130.13				244.27		16153.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY FIX PLACEMENT OF ENDOSCOP	45347	CPT	outpatient			17004		7495.78 Horizon	Medicare Blue		6518.07				244.27		16153.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY FIX PLACEMENT OF ENDOSCOP	45347	CPT	outpatient			17004		7495.78 Horizon	PPO		12130.13				244.27		16153.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY FIX PLACEMENT OF ENDOSCOP	45347	CPT	outpatient			17004		7495.78 Horizon	MGD		12130.13				244.27		16153.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY FIX PLACEMENT OF ENDOSCOP	45347	CPT	outpatient			17004		7495.78 Managed Care Inc	Managed Care Inc		15303.6	90			244.27		16153.8 percent of total billed charges	
SIGMOIDOSCOPY FIX PLACEMENT OF ENDOSCOP	45347	CPT	outpatient			17004		7495.78 Multiplan	Multiplan		13603.2	80			244.27		16153.8 percent of total billed charges	
SIGMOIDOSCOPY FIX PLACEMENT OF ENDOSCOP	45347	CPT	outpatient			17004		7495.78 Qualcare	Qualcare		12753	75			244.27		16153.8 percent of total billed charges	
SIGMOIDOSCOPY FIX PLACEMENT OF ENDOSCOP	45347	CPT	outpatient			17004		7495.78 Three Rivers	Three Rivers		16153.8	95			244.27		16153.8 percent of total billed charges	
SIGMOIDOSCOPY FIX PLACE

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.															
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103		310119 true														
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
SIGMOIDOSCOPY W ENDOSCOPIC MUCOSAL RES	45349	CPT	outpatient			3789	3692.88	Aetna	Commercial		5112.23				303.41	5976.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY W ENDOSCOPIC MUCOSAL RES	45349	CPT	outpatient			3789	3692.88	Aetna	Medicare		3211.2				303.41	5976.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY W ENDOSCOPIC MUCOSAL RES	45349	CPT	outpatient			3789	3692.88	Americare	Americare		2841.75	75			303.41	5976.04	percent of total billed charges	
SIGMOIDOSCOPY W ENDOSCOPIC MUCOSAL RES	45349	CPT	outpatient			3789	3692.88	Amerihealth	Medicare		3211.2				303.41	5976.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY W ENDOSCOPIC MUCOSAL RES	45349	CPT	outpatient			3789	3692.88	Amerihealth	HMO/PPO		2462.85	65			303.41	5976.04	percent of total billed charges	
SIGMOIDOSCOPY W ENDOSCOPIC MUCOSAL RES	45349	CPT	outpatient			3789	3692.88	Consumer	Consumer		3599.55	95			303.41	5976.04	percent of total billed charges	
SIGMOIDOSCOPY W ENDOSCOPIC MUCOSAL RES	45349	CPT	outpatient			3789	3692.88	Corrections	Corrections		3031.2	80			303.41	5976.04	percent of total billed charges	
SIGMOIDOSCOPY W ENDOSCOPIC MUCOSAL RES	45349	CPT	outpatient			3789	3692.88	First Health	First Health		2652.3	70			303.41	5976.04	percent of total billed charges	
SIGMOIDOSCOPY W ENDOSCOPIC MUCOSAL RES	45349	CPT	outpatient			3789	3692.88	First Trenton	First Trenton		3410.1	90			303.41	5976.04	percent of total billed charges	
SIGMOIDOSCOPY W ENDOSCOPIC MUCOSAL RES	45349	CPT	outpatient			3789	3692.88	Horizon	MGD		5976.04				303.41	5976.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY W ENDOSCOPIC MUCOSAL RES	45349	CPT	outpatient			3789	3692.88	Horizon	Indemnity		5976.04				303.41	5976.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY W ENDOSCOPIC MUCOSAL RES	45349	CPT	outpatient			3789	3692.88	Horizon	NJ Health		303.41				303.41	5976.04	fee schedule	
SIGMOIDOSCOPY W ENDOSCOPIC MUCOSAL RES	45349	CPT	outpatient			3789	3692.88	Horizon	Medicare Blue		3211.2				303.41	5976.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY W ENDOSCOPIC MUCOSAL RES	45349	CPT	outpatient			3789	3692.88	Horizon	PPO		5976.04				303.41	5976.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY W ENDOSCOPIC MUCOSAL RES	45349	CPT	outpatient			3789	3692.88	Managed Care Inc	Managed Care Inc		3410.1	90			303.41	5976.04	percent of total billed charges	
SIGMOIDOSCOPY W ENDOSCOPIC MUCOSAL RES	45349	CPT	outpatient			3789	3692.88	Multiplan	Multiplan		3031.2	80			303.41	5976.04	percent of total billed charges	
SIGMOIDOSCOPY W ENDOSCOPIC MUCOSAL RES	45349	CPT	outpatient			3789	3692.88	Qualcare	Qualcare		2841.75	75			303.41	5976.04	percent of total billed charges	
SIGMOIDOSCOPY W ENDOSCOPIC MUCOSAL RES	45349	CPT	outpatient			3789	3692.88	Three Rivers	Three Rivers		3599.55	95			303.41	5976.04	percent of total billed charges	
SIGMOIDOSCOPY W ENDOSCOPIC MUCOSAL RES	45349	CPT	outpatient			3789	3692.88	UHC	Medicare		3211.2				303.41	5976.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY W ENDOSCOPIC MUCOSAL RES	45349	CPT	outpatient			3789	3692.88	UHC	Medicaid		1195.43	31.55			303.41	5976.04	percent of total billed charges	
SIGMOIDOSCOPY W ENDOSCOPIC MUCOSAL RES	45349	CPT	outpatient			3789	3692.88	United	CommercialPPO		2493				303.41	5976.04	case rate	
SIGMOIDOSCOPY W ENDOSCOPIC MUCOSAL RES	45349	CPT	outpatient			3789	3692.88	United	Oxford		2493				303.41	5976.04	case rate	
SIGMOIDOSCOPY W ENDOSCOPIC MUCOSAL RES	45349	CPT	outpatient			3789	3692.88	Wellcare	Medicare		3211.2				303.41	5976.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY W ENDOSCOPIC MUCOSAL RES	45349	CPT	outpatient			3789	3692.88	Wellcare	Medicaid		1195.43	31.55			303.41	5976.04	percent of total billed charges	
SIGMOIDOSCOPY W ENDOSCOPIC MUCOSAL RES	45349	CPT	outpatient			3789	3692.88	WellPoint	WellPoint		1219.3	32.18			303.41	5976.04	percent of total billed charges	
SIGMOIDOSCOPY FIX WITH BAND LIGAT	45350	CPT	outpatient			3685	1552.05	Aetna	Commercial		2148.58				901.65	3690.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY FIX WITH BAND LIGAT	45350	CPT	outpatient			3685	1552.05	Aetna	Better Health		1225.72	31.55			901.65	3690.75	percent of total billed charges	
SIGMOIDOSCOPY FIX WITH BAND LIGAT	45350	CPT	outpatient			3685	1552.05	Aetna	Medicare		1349.61				901.65	3690.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY FIX WITH BAND LIGAT	45350	CPT	outpatient			3685	1552.05	Americare	Americare		2913.75	75			901.65	3690.75	percent of total billed charges	
SIGMOIDOSCOPY FIX WITH BAND LIGAT	45350	CPT	outpatient			3685	1552.05	Amerihealth	HMO/PPO		2525.25	65			901.65	3690.75	percent of total billed charges	
SIGMOIDOSCOPY FIX WITH BAND LIGAT	45350	CPT	outpatient			3685	1552.05	Amerihealth	Medicare		1349.61				901.65	3690.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY FIX WITH BAND LIGAT	45350	CPT	outpatient			3685	1552.05	Consumer	Consumer		3690.75	95			901.65	3690.75	percent of total billed charges	
SIGMOIDOSCOPY FIX WITH BAND LIGAT	45350	CPT	outpatient			3685	1552.05	Corrections	Corrections		3108	80			901.65	3690.75	percent of total billed charges	
SIGMOIDOSCOPY FIX WITH BAND LIGAT	45350	CPT	outpatient			3685	1552.05	First Health	First Health		2719.5	70			901.65	3690.75	percent of total billed charges	
SIGMOIDOSCOPY FIX WITH BAND LIGAT	45350	CPT	outpatient			3685	1552.05	First Trenton	First Trenton		3486.5	90			901.65	3690.75	percent of total billed charges	
SIGMOIDOSCOPY FIX WITH BAND LIGAT	45350	CPT	outpatient			3685	1552.05	Horizon	Medicare Blue		1349.61				901.65	3690.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY FIX WITH BAND LIGAT	45350	CPT	outpatient			3685	1552.05	Horizon	MGD		2511.62				901.65	3690.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY FIX WITH BAND LIGAT	45350	CPT	outpatient			3685	1552.05	Horizon	Indemnity		2511.62				901.65	3690.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY FIX WITH BAND LIGAT	45350	CPT	outpatient			3685	1552.05	Horizon	PPO		2511.62				901.65	3690.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY FIX WITH BAND LIGAT	45350	CPT	outpatient			3685	1552.05	Horizon	NJ Health		901.65				901.65	3690.75	fee schedule	
SIGMOIDOSCOPY FIX WITH BAND LIGAT	45350	CPT	outpatient			3685	1552.05	Managed Care Inc	Managed Care Inc		3496.5	90			901.65	3690.75	percent of total billed charges	
SIGMOIDOSCOPY FIX WITH BAND LIGAT	45350	CPT	outpatient			3685	1552.05	Multiplan	Multiplan		3108	80			901.65	3690.75	percent of total billed charges	
SIGMOIDOSCOPY FIX WITH BAND LIGAT	45350	CPT	outpatient			3685	1552.05	Qualcare	Qualcare		2913.75	75			901.65	3690.75	percent of total billed charges	
SIGMOIDOSCOPY FIX WITH BAND LIGAT	45350	CPT	outpatient			3685	1552.05	Three Rivers	Three Rivers		3690.75	95			901.65	3690.75	percent of total billed charges	
SIGMOIDOSCOPY FIX WITH BAND LIGAT	45350	CPT	outpatient			3685	1552.05	UHC	Medicare		1349.61				901.65	3690.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY FIX WITH BAND LIGAT	45350	CPT	outpatient			3685	1552.05	UHC	Medicaid		1225.72	31.55			901.65	3690.75	percent of total billed charges	
SIGMOIDOSCOPY FIX WITH BAND LIGAT	45350	CPT	outpatient			3685	1552.05	United	CommercialPPO		2493				901.65	3690.75	case rate	
SIGMOIDOSCOPY FIX WITH BAND LIGAT	45350	CPT	outpatient			3685	1552.05	United	Oxford		2493				901.65	3690.75	case rate	
SIGMOIDOSCOPY FIX WITH BAND LIGAT	45350	CPT	outpatient			3685	1552.05	Wellcare	Medicare		1349.61				901.65	3690.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY FIX WITH BAND LIGAT	45350	CPT	outpatient			3685	1552.05	Wellcare	Medicaid		1225.72	31.55			901.65	3690.75	percent of total billed charges	
SIGMOIDOSCOPY FIX WITH BAND LIGAT	45350	CPT	outpatient			3685	1552.05	WellPoint	WellPoint		1250.19	32.18			901.65	3690.75	percent of total billed charges	
COLONOSCOPY DX BEYND SPLENICFLEX	45378	CPT	outpatient			2926	1202.06	Aetna	Better Health		923.15	31.55			433.52	2779.7	percent of total billed charges	
COLONOSCOPY DX BEYND SPLENICFLEX	45378	CPT	outpatient			2926	1202.06	Aetna	Commercial		1664.07				433.52	2779.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY DX BEYND SPLENICFLEX	45378	CPT	outpatient			2926	1202.06	Aetna	Medicare		1045.27				433.52	2779.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY DX BEYND SPLENICFLEX	45378	CPT	outpatient			2926	1202.06	Americare	Americare		2194.5	75			433.52	2779.7	percent of total billed charges	
COLONOSCOPY DX BEYND SPLENICFLEX	45378	CPT	outpatient			2926	1202.06	Amerihealth	HMO/PPO		1901.9	65			433.52	2779.7	percent of total billed charges	
COLONOSCOPY DX BEYND SPLENICFLEX	45378	CPT	outpatient			2926	1202.06	Amerihealth	Medicare		1045.27				433.52	2779.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY DX BEYND SPLENICFLEX	45378	CPT	outpatient			2926	1202.06	Consumer	Consumer		2779.7	95			433.52	2779.7	percent of total billed charges	
COLONOSCOPY DX BEYND SPLENICFLEX	45378	CPT	outpatient			2926	1202.06	Corrections	Corrections		2340.8	80			433.52	2779.7	percent of total billed charges	
COLONOSCOPY DX BEYND SPLENICFLEX	45378	CPT	outpatient			2926	1202.06	First Health	First Health		2048.2	70			433.52	2779.7	percent of total billed charges	
COLONOSCOPY DX BEYND SPLENICFLEX	45378	CPT	outpatient			2926	1202.06	First Trenton	First Trenton		2633.4	90			433.52	2779.7	percent of total billed charges	
COLONOSCOPY DX BEYND SPLENICFLEX	45378	CPT	outpatient			2926	1202.06	Horizon	Medicare Blue		1045.27				433.52	2779.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY DX BEYND SPLENICFLEX	45378	CPT	outpatient			2926	1202.06	Horizon	Indemnity		1945.25				433.52	2779.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY DX BEYND SPLENICFLEX	45378	CPT	outpatient			2926	1202.06	Horizon	NJ Health		433.52				433.52	2779.7	fee schedule	
COLONOSCOPY DX BEYND SPLENICFLEX	45378	CPT	outpatient			2926	1202.06	Horizon	PPO		1945.25				433.52	2779.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY DX BEYND SPLENICFLEX	45378	CPT	outpatient			2926	1202.06	Horizon	MGD		1945.25				433.52	2779.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY DX BEYND SPLENICFLEX	45378	CPT	outpatient			2926	1202.06	Managed Care Inc	Managed Care Inc		2633.4	90			433.52	2779.7	percent of total billed charges	
COLONOSCOPY DX BEYND SPLENICFLEX	45378	CPT	outpatient			2926	1202.06	Multiplan	Multiplan		2340.8	80			433.52	2779.7	percent of total billed charges	
COLONOSCOPY DX BEYND SPLENICFLEX	45378	CPT	outpatient			2926	1202.06	Qualcare	Qualcare		2194.5	75			433.52	2779.7	percent of total billed charges	
COLONOSCOPY DX BEYND SPLENICFLEX	45378	CPT	outpatient			2926	1202.06	Three Rivers	Three Rivers		2779.7	95			433.52	2779.7	percent of total billed charges	
COLONOSCOPY DX BEYND SPLENICFLEX	45378	CPT	outpatient			2926	1202.06	UHC	Medicare		1045.27				433.52	2779.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY DX BEYND SPLENICFLEX	45378	CPT	outpatient			2926	1202.06	UHC	Medicaid		923.15	31.55			433.52	2779.7	percent of total billed charges	
COLONOSCOPY DX BEYND SPLENICFLEX	45378	CPT	outpatient			2926	1202.06	United	Oxford		2493				433.52	2779.7	case rate	
COLONOSCOPY DX BEYND SPLENICFLEX	45378	CPT	outpatient			2926	1202.06	United	CommercialPPO		2493				433.52	2779.7	case rate	
COLONOSCOPY DX BEYND SPLENICFLEX	45378	CPT	outpatient			2926	1202.06	Wellcare	Medicare		1045.27				433.52	2779.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY DX BEYND SPLENICFLEX	45378	CPT	outpatient			2926	1202.06	Wellcare	Medicaid		923.15	31.55			433.52	2779.7	percent of total billed charges	
COLONOSCOPY DX BEYND SPLENICFLEX	45378	CPT	outpatient			2926	1202.06	WellPoint	WellPoint		941.59	32.18			433.52	2779.7	percent of total billed charges	
COLONOSCOPY FLEXIBLE TO CECUM	45379	CPT	outpatient			2926	1552.05	Aetna	Commercial		2148.58				522.52	2779.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY FLEXIBLE TO CECUM	45379	CPT	outpatient			2926	1552.05	Aetna	Medicare		1349.61				522.52	2779.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY FLEXIBLE TO CECUM	45379	CPT	outpatient			2926	1552.05	Aetna	Better Health		923.15	31.55			522.52	2779.7	percent of total billed charges	
COLONOSCOPY FLEXIBLE TO CECUM	45379	CPT	outpatient			2926	1552.05	Americare	Americare		2194.5	75			522.52	2779.7	percent of total billed charges	
COLONOSCOPY FLEXIBLE TO CECUM	45379	CPT	outpatient			2926	1552.05	Amerihealth	HMO/PPO		1901.9	65			522.52	2779.7	percent of total billed charges	
COLONOSCOPY FLEXIBLE TO CECUM	45379	CPT	outpatient			2926	1552.05	Amerihealth	Medicare		1349.61				522.52	2779.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY FLEXIBLE TO CECUM	45379	CPT	outpatient			2926	1552.05	Consumer	Consumer		2779.7	95			522.52	2779.7	percent of total billed charges	
COLONOSCOPY FLEXIBLE TO CECUM	45379	CPT	outpatient			2926	1552.05	Corrections	Corrections		2340.8	80			522.52	2779.7	percent of total billed charges	
COLONOSCOPY FLEXIBLE TO CECUM	45379	CPT	outpatient			2926	1552.05	First Health	First Health		2048.2	70			522.52	2779.7	percent of total billed charges	
COLONOSCOPY FLEXIBLE TO CECUM	45379	CPT	outpatient			2926	1552.05	First Trenton	First Trenton		2633.4	90			522.52	2779.7	percent of total billed charges	
COLONOSCOPY FLEXIBLE TO CECUM	45379	CPT	outpatient			2926	1552.05	Horizon	MGD		2511.62				522.52	2779.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY FLEXIBLE TO CECUM	45379	CPT	outpatient			2926	1552.05	Horizon	NJ Health		522.52				522.52	2779.7	fee schedule	
COLONOSCOPY FLEXIBLE TO CECUM	45379	CPT	outpatient			2926	1552.05	Horizon	Indemnity		2511.62				522.52	2779.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY FLEXIBLE TO CECUM	45379	CPT	outpatient			2926	1552.05	Horizon	Medicare Blue		1349.61				522.52	2779.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY FLEXIBLE TO CECUM	45379	CPT	outpatient			2926	1552.05	Horizon	PPO		2511.62				522.52	2779.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY FLEXIBLE TO CECUM	45379	CPT	outpatient			2926	1552.05	Managed Care Inc	Managed Care Inc		2633.4	90			522.52	2779.7	percent of total billed charges	
COLONOSCOPY FLEXIBLE TO CECUM	45379	CPT	outpatient			2926	1552.05	Multiplan	Multiplan		2340.8	80			522.52	2779.7	percent of total billed charges	
COLONOSCOPY FLEXIBLE TO CECUM	45379	CPT	outpatient			2926	1552.05	Qualcare	Qualcare		2194.5	75			522.52	2779.7	percent of total billed charges	
COLONOSCOPY FLEXIBLE TO CECUM	45379	CPT	outpatient			2926	1552.05	Three Rivers	Three Rivers		2779.7	95			522.52	2779.7	percent of total billed charges	
COLONOSCOPY FLEXIBLE TO CECUM	45379	CPT	outpatient			2926	1552.05	UHC	Medicaid		923.15	31.55			522.52	2779.7	percent of total billed charges	
COLONOSCOPY FLEXIBLE TO CECUM	45379	CPT	outpatient			2926	1552.05	UHC	Medicare		1349.61				522.52	2779.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY FLEXIBLE TO CECUM	45379	CPT	outpatient			2926	1552.05	United	CommercialPPO		2493				522.52	2779.7	case rate	
COLONOSCOPY FLEXIBLE TO CECUM	45379	CPT	outpatient			2926	1552.05	United	Oxford		2493				522.52	2779.7	case rate	
COLONOSCOPY FLEXIBLE TO CECUM	45379	CPT	outpatient			2926	1552.05	Wellcare	Medicare		1349.61				522.52	2779.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY FLEXIBLE TO CECUM	45379	CPT	outpatient			2926	1552.05	Wellcare	Medicaid		923.15	31.55			522.52	2779.7	percent of total billed charges	
COLONOSCOPY FLEXIBLE TO CECUM	45379	CPT	outpatient			2926	1552.05	WellPoint	WellPoint		941.59	32.18			522.52	2779.7	percent of total billed charges	
COLONOSCOPY W/BIOPSY	45380	CPT	both			2926	1552.05	Aetna	Commercial		2148.58				522.52	2779.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY W/BIOPSY	45380	CPT	both			2926	1552.05	Aetna	Medicare		1349.61				522.52	2779.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY W/BIOPSY	45380	CPT	both			2926	1552.05	Aetna	Better Health		923.15	31.55			522.52	2779.7	percent of total billed charges	
COLONOSCOPY W/BIOPSY	45380	CPT	both			2926	1552.05	Americare	Americare		2194.5	75			522.52	2779.7	percent of total billed charges	
COLONOSCOPY W/BIOPSY	45380	CPT	both			2926	1552.05	Amerihealth	HMO/PPO		1901.9	65			522.52	2779.7	percent of total billed charges	
COLONOSCOPY W/BIOPSY	45380	CPT	both			2926	1552.05	Amerihealth	Medicare		1349.61				522.52	2779.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY W/BIOPSY	45380	CPT	both			2926	1552.05	Consumer	Consumer		2779.7	95			522.52	2779.7	percent of total billed charges	
COLONOSCOPY W/BIOPSY	45380	CPT	both			2926	1552.05	Corrections	Corrections		2340.8	80			522.52	2779.7	percent of total billed charges	
COLONOSCOPY W/BIOPSY	45380	CPT	both			2926	1552.05	First Health	First Health		2048.2	70			522.52	2779.7	percent of total billed charges	
COLONOSCOPY W/BIOPSY	45380	CPT	both			2926	1552.05	First Trenton	First Trenton		2633.4	90			522.52	2779.7	percent of total billed charges	
COLONOSCOPY W/BIOPSY	45380	CPT	both			2926	1552.05	Horizon	Indemnity		2511.62				522.52	2779.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY W/BIOPSY	45380	CPT	both			2926	1552.05	Horizon	Medicare Blue		1349.61				522.52	2779.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY W/BIOPSY	45380	CPT	both			2926	1552.05	Horizon	NJ Health		522.52				522.52	2779.7	fee schedule	
COLONOSCOPY W/BIOPSY	45380	CPT	both			2926	1552.05	Horizon	MGD		2511.62				522.52	2779.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY W/BIOPSY	45380	CPT	both			2926	1552.05	Horizon	PPO		2511.62				522.52	2779.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY W/BIOPSY	45380	CPT	both			2926	1552.05	Managed Care Inc	Managed Care Inc		2633.4	90			522.52	2779.7	percent of total billed charges	
COLONOSCOPY W/BIOPSY	45380	CPT	both			2926	1552.05	Multiplan	Multiplan		2340.8	80			522.52	2779.7	percent of total billed charges	
COLONOSCOPY W/BIOPSY	45380	CPT	both			2926	1552.05	Qualcare	Qualcare		2194.5	75			522.52	2779.7	percent of total billed charges	
COLONOSCOPY W/BIOPSY	45380	CPT	both			2926	1552.05	Three Rivers	Three Rivers		2779.7	95			522.52	2779.7	percent of total billed charges	
COLONOSCOPY W/BIOPSY	45380	CPT	both			2926	1552.05	UHC	Medicare		1349.61				522.52	2779.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY W/BIOPSY	45380	CPT	both			2926	1552.05	UHC	Medicaid		923.15	31.55			522.52	2779.7	percent of total billed charges	
COLONOSCOPY W/BIOPSY	45380	CPT	both			2926	1552.05	United	Oxford		2493				522.52	2779.7	case rate	
COLONOSCOPY W/BIOPSY	45380	CPT	both			2926	1552.05	United	CommercialPPO		2493				522.52	2779.7	case rate	
COLONOSCOPY W/BIOPSY	45380	CPT	both			2926	1552.05	Wellcare	Medicare		1349.61				522.52	2779.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY W/BIOPSY	45380	CPT	both			2926	1552.05	Wellcare	Medicaid		923.15	31.55			522.52	2779.7	percent of total billed charges	
COLONOSCOPY W/BIOPSY	45380	CPT	both			2926	1552.05	WellPoint	WellPoint		941.59	32.18			522.52	2779.7	percent of total billed charges	
COLONOSCOPY W/DIRECTED SUBMUCOSAL INJ	45381	CPT	outpatient			3699	1552.05	Aetna	Commercial		2148.58				524.61	3514.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY W/DIRECTED SUBMUCOSAL INJ	45381	CPT	outpatient			3699	1552.05	Aetna	Better Health		1167.03	31.55			524.61	3514.05	percent of total billed charges	
COLONOSCOPY W/DIRECTED SUBMUCOSAL INJ	45381	CPT	outpatient			3699	1552.05	Aetna	Medicare		1349.61				524.61	3514.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY W/DIRECTED SUBMUCOSAL INJ	45381	CPT	outpatient			3699	1552.05	Americare	Americare		2774.25	75			524.61	3514.05	percent of total billed charges	
COLONOSCOPY W/DIRECTED SUBMUCOSAL INJ	45381	CPT	outpatient			3699	1552.05	Amerihealth	HMO/PPO		2404.35	65			524.61	3514.05	percent of total billed charges	
COLONOSCOPY W/DIRECTED SUBMUCOSAL INJ	45381	CPT	outpatient			3699	1552.05	Amerihealth	Medicare		1349.61				524.61	3514.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY W/DIRECTED SUBMUCOSAL INJ	45381	CPT	outpatient			3699	1552.05	Consumer	Consumer		3514.05	95			524.61	3514.05	percent of total billed charges	
COLONOSCOPY W/DIRECTED SUBMUCOSAL INJ	45381	CPT	outpatient			3699	1552.05	Corrections	Corrections		2959.2	80			524.61	3514.05	percent of total billed charges	
COLONOSCOPY W/DIRECTED SUBMUCOSAL INJ	45381	CPT	outpatient			3699	1552.05	First Health	First Health		2589.3	70			524.61	3514.05	percent of total billed charges	
COLONOSCOPY W/DIRECTED SUBMUCOSAL INJ	45381	CPT	outpatient			3699	1552.05	First Trenton	First Trenton		3329.1	90			524.61	3514.05	percent of total billed charges	
COLONOSCOPY W/DIRECTED SUBMUCOSAL INJ	45381	CPT	outpatient			3699	1552.05	Horizon	Medicare Blue		1349.61				524.61	3514.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY W/DIRECTED SUBMUCOSAL INJ	45381	CPT	outpatient			3699	1552.05	Horizon	PPO		2511.62				524.61	3514.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY W/DIRECTED SUBMUCOSAL INJ	45381	CPT	outpatient			3699	1552.05	Horizon	MGD		2511.62				524.61	3514.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY W/DIRECTED SUBMUCOSAL INJ	45381	CPT	outpatient			3699	1552.05	Horizon	Indemnity		2511.62				524.61	3514.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY W/DIRECTED SUBMUCOSA

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
COLONOSCOPY W/DIRECTED SUBMUCOSAL INJ	45381	CPT	outpatient			3699		1552.05	UHC		Medicaid	1167.03	31.55			524.61	3514.05	percent of total billed charges	
COLONOSCOPY W/DIRECTED SUBMUCOSAL INJ	45381	CPT	outpatient			3699		1552.05	UHC		Medicare	1349.61				524.61	3514.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY W/DIRECTED SUBMUCOSAL INJ	45381	CPT	outpatient			3699		1552.05	United		CommercialPPO	2493				524.61	3514.05	case rate	
COLONOSCOPY W/DIRECTED SUBMUCOSAL INJ	45381	CPT	outpatient			3699		1552.05	United		Oxford	2493				524.61	3514.05	case rate	
COLONOSCOPY W/DIRECTED SUBMUCOSAL INJ	45381	CPT	outpatient			3699		1552.05	Wellcare		Medicare	1349.61				524.61	3514.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY W/DIRECTED SUBMUCOSAL INJ	45381	CPT	outpatient			3699		1552.05	Wellcare		Medicaid	1167.03	31.55			524.61	3514.05	percent of total billed charges	
COLONOSCOPY W/DIRECTED SUBMUCOSAL INJ	45381	CPT	outpatient			3699		1552.05	WellPoint		WellPoint	1190.34	32.18			524.61	3514.05	percent of total billed charges	
COLONOSCOPY FLEX:W/CONTRL BLEEDING	45382	CPT	outpatient			2962		1552.05	Aetna		Commercial	2148.58				475.02	2813.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY FLEX:W/CONTRL BLEEDING	45382	CPT	outpatient			2962		1552.05	Aetna		Better Health	934.51	31.55			475.02	2813.9	percent of total billed charges	
COLONOSCOPY FLEX:W/CONTRL BLEEDING	45382	CPT	outpatient			2962		1552.05	Aetna		Medicare	1349.61				475.02	2813.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY FLEX:W/CONTRL BLEEDING	45382	CPT	outpatient			2962		1552.05	Americare		Americare	2221.5	75			475.02	2813.9	percent of total billed charges	
COLONOSCOPY FLEX:W/CONTRL BLEEDING	45382	CPT	outpatient			2962		1552.05	Amerihealth		HMO/PPO	1925.3	65			475.02	2813.9	percent of total billed charges	
COLONOSCOPY FLEX:W/CONTRL BLEEDING	45382	CPT	outpatient			2962		1552.05	Amerihealth		Medicare	1349.61				475.02	2813.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY FLEX:W/CONTRL BLEEDING	45382	CPT	outpatient			2962		1552.05	Consumer		Consumer	2813.9	95			475.02	2813.9	percent of total billed charges	
COLONOSCOPY FLEX:W/CONTRL BLEEDING	45382	CPT	outpatient			2962		1552.05	Corrections		Corrections	2369.6	80			475.02	2813.9	percent of total billed charges	
COLONOSCOPY FLEX:W/CONTRL BLEEDING	45382	CPT	outpatient			2962		1552.05	First Health		First Health	2073.4	70			475.02	2813.9	percent of total billed charges	
COLONOSCOPY FLEX:W/CONTRL BLEEDING	45382	CPT	outpatient			2962		1552.05	First Trenton		First Trenton	2665.8	90			475.02	2813.9	percent of total billed charges	
COLONOSCOPY FLEX:W/CONTRL BLEEDING	45382	CPT	outpatient			2962		1552.05	Horizon		Indemnity	2511.62				475.02	2813.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY FLEX:W/CONTRL BLEEDING	45382	CPT	outpatient			2962		1552.05	Horizon		NJ Health	475.02				475.02	2813.9	fee schedule	
COLONOSCOPY FLEX:W/CONTRL BLEEDING	45382	CPT	outpatient			2962		1552.05	Horizon		PPO	2511.62				475.02	2813.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY FLEX:W/CONTRL BLEEDING	45382	CPT	outpatient			2962		1552.05	Horizon		Medicare Blue	1349.61				475.02	2813.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY FLEX:W/CONTRL BLEEDING	45382	CPT	outpatient			2962		1552.05	Horizon		MGD	2511.62				475.02	2813.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY FLEX:W/CONTRL BLEEDING	45382	CPT	outpatient			2962		1552.05	Managed Care Inc		Managed Care Inc	2665.8	90			475.02	2813.9	percent of total billed charges	
COLONOSCOPY FLEX:W/CONTRL BLEEDING	45382	CPT	outpatient			2962		1552.05	Multiplan		Multiplan	2369.6	80			475.02	2813.9	percent of total billed charges	
COLONOSCOPY FLEX:W/CONTRL BLEEDING	45382	CPT	outpatient			2962		1552.05	Qualcare		Qualcare	2221.5	75			475.02	2813.9	percent of total billed charges	
COLONOSCOPY FLEX:W/CONTRL BLEEDING	45382	CPT	outpatient			2962		1552.05	Three Rivers		Three Rivers	2813.9	95			475.02	2813.9	percent of total billed charges	
COLONOSCOPY FLEX:W/CONTRL BLEEDING	45382	CPT	outpatient			2962		1552.05	UHC		Medicare	1349.61				475.02	2813.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY FLEX:W/CONTRL BLEEDING	45382	CPT	outpatient			2962		1552.05	UHC		Medicaid	934.51	31.55			475.02	2813.9	percent of total billed charges	
COLONOSCOPY FLEX:W/CONTRL BLEEDING	45382	CPT	outpatient			2962		1552.05	United		CommercialPPO	2493				475.02	2813.9	case rate	
COLONOSCOPY FLEX:W/CONTRL BLEEDING	45382	CPT	outpatient			2962		1552.05	United		Oxford	2493				475.02	2813.9	case rate	
COLONOSCOPY FLEX:W/CONTRL BLEEDING	45382	CPT	outpatient			2962		1552.05	Wellcare		Medicare	1349.61				475.02	2813.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY FLEX:W/CONTRL BLEEDING	45382	CPT	outpatient			2962		1552.05	Wellcare		Medicaid	934.51	31.55			475.02	2813.9	percent of total billed charges	
COLONOSCOPY FLEX:W/CONTRL BLEEDING	45382	CPT	outpatient			2962		1552.05	WellPoint		WellPoint	953.17	32.18			475.02	2813.9	percent of total billed charges	
COLONOSCOPY W/REMOVAL LESION	45384	CPT	outpatient			2926		1552.05	Aetna		Better Health	923.15	31.55			707.31	2779.7	percent of total billed charges	
COLONOSCOPY W/REMOVAL LESION	45384	CPT	outpatient			2926		1552.05	Aetna		Medicare	1349.61				707.31	2779.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY W/REMOVAL LESION	45384	CPT	outpatient			2926		1552.05	Aetna		Commercial	2148.58				707.31	2779.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY W/REMOVAL LESION	45384	CPT	outpatient			2926		1552.05	Americare		Americare	2194.5	75			707.31	2779.7	percent of total billed charges	
COLONOSCOPY W/REMOVAL LESION	45384	CPT	outpatient			2926		1552.05	Amerihealth		HMO/PPO	1901.9	65			707.31	2779.7	percent of total billed charges	
COLONOSCOPY W/REMOVAL LESION	45384	CPT	outpatient			2926		1552.05	Amerihealth		Medicare	1349.61				707.31	2779.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY W/REMOVAL LESION	45384	CPT	outpatient			2926		1552.05	Consumer		Consumer	2779.7	95			707.31	2779.7	percent of total billed charges	
COLONOSCOPY W/REMOVAL LESION	45384	CPT	outpatient			2926		1552.05	Corrections		Corrections	2340.8	80			707.31	2779.7	percent of total billed charges	
COLONOSCOPY W/REMOVAL LESION	45384	CPT	outpatient			2926		1552.05	First Health		First Health	2048.2	70			707.31	2779.7	percent of total billed charges	
COLONOSCOPY W/REMOVAL LESION	45384	CPT	outpatient			2926		1552.05	First Trenton		First Trenton	2633.4	90			707.31	2779.7	percent of total billed charges	
COLONOSCOPY W/REMOVAL LESION	45384	CPT	outpatient			2926		1552.05	Horizon		MGD	2511.62				707.31	2779.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY W/REMOVAL LESION	45384	CPT	outpatient			2926		1552.05	Horizon		Medicare Blue	1349.61				707.31	2779.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY W/REMOVAL LESION	45384	CPT	outpatient			2926		1552.05	Horizon		Indemnity	2511.62				707.31	2779.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY W/REMOVAL LESION	45384	CPT	outpatient			2926		1552.05	Horizon		NJ Health	707.31				707.31	2779.7	fee schedule	
COLONOSCOPY W/REMOVAL LESION	45384	CPT	outpatient			2926		1552.05	Horizon		PPO	2511.62				707.31	2779.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY W/REMOVAL LESION	45384	CPT	outpatient			2926		1552.05	Managed Care Inc		Managed Care Inc	2633.4	90			707.31	2779.7	percent of total billed charges	
COLONOSCOPY W/REMOVAL LESION	45384	CPT	outpatient			2926		1552.05	Multiplan		Multiplan	2340.8	80			707.31	2779.7	percent of total billed charges	
COLONOSCOPY W/REMOVAL LESION	45384	CPT	outpatient			2926		1552.05	Qualcare		Qualcare	2194.5	75			707.31	2779.7	percent of total billed charges	
COLONOSCOPY W/REMOVAL LESION	45384	CPT	outpatient			2926		1552.05	Three Rivers		Three Rivers	2779.7	95			707.31	2779.7	percent of total billed charges	
COLONOSCOPY W/REMOVAL LESION	45384	CPT	outpatient			2926		1552.05	UHC		Medicaid	923.15	31.55			707.31	2779.7	percent of total billed charges	
COLONOSCOPY W/REMOVAL LESION	45384	CPT	outpatient			2926		1552.05	UHC		Medicare	1349.61				707.31	2779.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY W/REMOVAL LESION	45384	CPT	outpatient			2926		1552.05	United		CommercialPPO	2493				707.31	2779.7	case rate	
COLONOSCOPY W/REMOVAL LESION	45384	CPT	outpatient			2926		1552.05	United		Oxford	2493				707.31	2779.7	case rate	
COLONOSCOPY W/REMOVAL LESION	45384	CPT	outpatient			2926		1552.05	Wellcare		Medicaid	923.15	31.55			707.31	2779.7	percent of total billed charges	
COLONOSCOPY W/REMOVAL LESION	45384	CPT	outpatient			2926		1552.05	Wellcare		Medicare	1349.61				707.31	2779.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY W/REMOVAL LESION	45384	CPT	outpatient			2926		1552.05	WellPoint		WellPoint	941.59	32.18			707.31	2779.7	percent of total billed charges	
COLONOSCOPY W/REM OF TUMOR BY SNARE	45385	CPT	both			2926		1552.05	Aetna		Commercial	2148.58				707.31	2779.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY W/REM OF TUMOR BY SNARE	45385	CPT	both			2926		1552.05	Aetna		Medicare	901.21	30.8			707.31	2779.7	percent of total billed charges	
COLONOSCOPY W/REM OF TUMOR BY SNARE	45385	CPT	both			2926		1552.05	Aetna		Better Health	923.15	31.55			707.31	2779.7	percent of total billed charges	
COLONOSCOPY W/REM OF TUMOR BY SNARE	45385	CPT	both			2926		1552.05	Americare		Americare	2194.5	75			707.31	2779.7	percent of total billed charges	
COLONOSCOPY W/REM OF TUMOR BY SNARE	45385	CPT	both			2926		1552.05	Amerihealth		Medicare	1349.61				707.31	2779.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY W/REM OF TUMOR BY SNARE	45385	CPT	both			2926		1552.05	Amerihealth		HMO/PPO	1901.9	65			707.31	2779.7	percent of total billed charges	
COLONOSCOPY W/REM OF TUMOR BY SNARE	45385	CPT	both			2926		1552.05	Consumer		Consumer	2779.7	95			707.31	2779.7	percent of total billed charges	
COLONOSCOPY W/REM OF TUMOR BY SNARE	45385	CPT	both			2926		1552.05	Corrections		Corrections	2340.8	80			707.31	2779.7	percent of total billed charges	
COLONOSCOPY W/REM OF TUMOR BY SNARE	45385	CPT	both			2926		1552.05	First Health		First Health	2048.2	70			707.31	2779.7	percent of total billed charges	
COLONOSCOPY W/REM OF TUMOR BY SNARE	45385	CPT	both			2926		1552.05	First Trenton		First Trenton	2633.4	90			707.31	2779.7	percent of total billed charges	
COLONOSCOPY W/REM OF TUMOR BY SNARE	45385	CPT	both			2926		1552.05	Horizon		Indemnity	2511.62				707.31	2779.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY W/REM OF TUMOR BY SNARE	45385	CPT	both			2926		1552.05	Horizon		MGD	2511.62				707.31	2779.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY W/REM OF TUMOR BY SNARE	45385	CPT	both			2926		1552.05	Horizon		NJ Health	707.31				707.31	2779.7	fee schedule	
COLONOSCOPY W/REM OF TUMOR BY SNARE	45385	CPT	both			2926		1552.05	Horizon		Medicare Blue	1349.61				707.31	2779.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY W/REM OF TUMOR BY SNARE	45385	CPT	both			2926		1552.05	Horizon		PPO	2511.62				707.31	2779.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY W/REM OF TUMOR BY SNARE	45385	CPT	both			2926		1552.05	Managed Care Inc		Managed Care Inc	2633.4	90			707.31	2779.7	percent of total billed charges	
COLONOSCOPY W/REM OF TUMOR BY SNARE	45385	CPT	both			2926		1552.05	Multiplan		Multiplan	2340.8	80			707.31	2779.7	percent of total billed charges	
COLONOSCOPY W/REM OF TUMOR BY SNARE	45385	CPT	both			2926		1552.05	Qualcare		Qualcare	2194.5	75			707.31	2779.7	percent of total billed charges	
COLONOSCOPY W/REM OF TUMOR BY SNARE	45385	CPT	both			2926		1552.05	Three Rivers		Three Rivers	2779.7	95			707.31	2779.7	percent of total billed charges	
COLONOSCOPY W/REM OF TUMOR BY SNARE	45385	CPT	both			2926		1552.05	UHC		Medicaid	923.15	31.55			707.31	2779.7	percent of total billed charges	
COLONOSCOPY W/REM OF TUMOR BY SNARE	45385	CPT	both			2926		1552.05	UHC		Medicare	1349.61				707.31	2779.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY W/REM OF TUMOR BY SNARE	45385	CPT	both			2926		1552.05	United		Oxford	2493				707.31	2779.7	case rate	
COLONOSCOPY W/REM OF TUMOR BY SNARE	45385	CPT	both			2926		1552.05	United		CommercialPPO	2493				707.31	2779.7	case rate	
COLONOSCOPY W/REM OF TUMOR BY SNARE	45385	CPT	both			2926		1552.05	Wellcare		Medicare	1349.61				707.31	2779.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY W/REM OF TUMOR BY SNARE	45385	CPT	both			2926		1552.05	Wellcare		Medicaid	923.15	31.55			707.31	2779.7	percent of total billed charges	
COLONOSCOPY W/REM OF TUMOR BY SNARE	45385	CPT	both			2926		1552.05	WellPoint		WellPoint	941.59	32.18			707.31	2779.7	percent of total billed charges	
COLONOSCOPY W B DIL STRICTURE(S)	45386	CPT	outpatient			2998		1552.05	Aetna		Medicare	923.38	30.8			923.38	2848.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY W B DIL STRICTURE(S)	45386	CPT	outpatient			2998		1552.05	Aetna		Better Health	945.87	31.55			923.38	2848.1	percent of total billed charges	
COLONOSCOPY W B DIL STRICTURE(S)	45386	CPT	outpatient			2998		1552.05	Aetna		Commercial	2148.58				923.38	2848.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY W B DIL STRICTURE(S)	45386	CPT	outpatient			2998		1552.05	Americare		Americare	2248.5	75			923.38	2848.1	percent of total billed charges	
COLONOSCOPY W B DIL STRICTURE(S)	45386	CPT	outpatient			2998		1552.05	Amerihealth		HMO/PPO	1948.7	65			923.38	2848.1	percent of total billed charges	
COLONOSCOPY W B DIL STRICTURE(S)	45386	CPT	outpatient			2998		1552.05	Amerihealth		Medicare	1349.61				923.38	2848.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY W B DIL STRICTURE(S)	45386	CPT	outpatient			2998		1552.05	Consumer		Consumer	2848.1	95			923.38	2848.1	percent of total billed charges	
COLONOSCOPY W B DIL STRICTURE(S)	45386	CPT	outpatient			2998		1552.05	Corrections		Corrections	2398.4	80			923.38	2848.1	percent of total billed charges	
COLONOSCOPY W B DIL STRICTURE(S)	45386	CPT	outpatient			2998		1552.05	First Health		First Health	2098.6	70			923.38	2848.1	percent of total billed charges	
COLONOSCOPY W B DIL STRICTURE(S)	45386	CPT	outpatient			2998		1552.05	First Trenton		First Trenton	2698.2	90			923.38	2848.1	percent of total billed charges	
COLONOSCOPY W B DIL STRICTURE(S)	45386	CPT	outpatient			2998		1552.05	Horizon		Indemnity	2511.62				923.38	2848.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY W B DIL STRICTURE(S)	45386	CPT	outpatient			2998		1552.05	Horizon		PPO	2511.62				923.38	2848.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY W B DIL STRICTURE(S)	45386	CPT	outpatient			2998		1552.05	Horizon		MGD	2511.62				923.38	2848.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY W B DIL STRICTURE(S)	45386	CPT	outpatient			2998		1552.05	Horizon		Medicare Blue	1349.61				923.38	2848.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY W B DIL STRICTURE(S)	45386	CPT	outpatient			2998		1552.05	Horizon		NJ Health	997.02				923.38	2848.1	fee schedule	
COLONOSCOPY W B DIL STRICTURE(S)	45386	CPT	outpatient			2998		1552.05	Managed Care Inc		Managed Care Inc	2698.2	90			923.38	2848.1	percent of total billed charges	
COLONOSCOPY W B DIL STRICTURE(S)	45386	CPT	outpatient			2998		1552.05	Multiplan		Multiplan	2398.4	80			923.38	2848.1	percent of total billed charges	
COLONOSCOPY W B DIL STRICTURE(S)	45386	CPT	outpatient			2998		1552.05	Qualcare		Qualcare	2248.5	75			923.38	2848.1	percent of total billed charges	
COLONOSCOPY W B DIL STRICTURE(S)	45386	CPT	outpatient			2998		1552.05	Three Rivers		Three Rivers	2848.1	95			923.38	2848.1	percent of total billed charges	
COLONOSCOPY W B DIL STRICTURE(S)	45386	CPT	outpatient			2998		1552.05	UHC		Medicaid	945.87	31.55			923.38	2848.1	percent of total billed charges	
COLONOSCOPY W B DIL STRICTURE(S)	45386	CPT	outpatient			2998		1552.05	UHC		Medicare	1349.61				923.38	2848.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY W B DIL STRICTURE(S)	45386	CPT	outpatient			2998		1552.05	United		CommercialPPO	2493				923.38	2848.1	case rate	
COLONOSCOPY W B DIL STRICTURE(S)	45386	CPT	outpatient			2998		1552.05	United		Oxford	2493				923.38	2848.1	case rate	
COLONOSCOPY W B DIL STRICTURE(S)	45386	CPT	outpatient			2998		1552.05	Wellcare		Medicare	1349.61				923.38	2848.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY W B DIL STRICTURE(S)	45386	CPT	outpatient			2998		1552.05	Wellcare		Medicaid	945.87	31.55			923.38	2848.1	percent of total billed charges	
COLONOSCOPY W B DIL STRICTURE(S)	45386	CPT	outpatient			2998		1552.05	WellPoint		WellPoint	964.76	32.18			923.38	2848.1	percent of total billed charges	
COLONOSCOPY WITH ABLATION TUMOR, POLYP	45388	CPT	outpatient			3789		1552.05	Aetna		Better Health	1195.43	31.55			826.77	3599.55	percent of total billed charges	
COLONOSCOPY WITH ABLATION TUMOR, POLYP	45388	CPT	outpatient			3789		1552.05	Aetna		Medicare	1349.61				826.77	3599.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY WITH ABLATION TUMOR, POLYP	45388	CPT	outpatient			3789		1552.05	Aetna		Commercial	2148.58				826.77	3599.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY WITH ABLATION TUMOR, POLYP	45388	CPT	outpatient			3789		1552.05	Americare		Americare	2841.75	75			826.77	3599.55	percent of total billed charges	
COLONOSCOPY WITH ABLATION TUMOR, POLYP	45388	CPT	outpatient			3789		1552.05	Amerihealth		HMO/PPO	2462.85	65			826.77	3599.55	percent of total billed charges	
COLONOSCOPY WITH ABLATION TUMOR, POLYP	45388	CPT	outpatient			3789		1552.05	Amerihealth		Medicare	1349.61				826.77	3599.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY WITH ABLATION TUMOR, POLYP	45388	CPT	outpatient			3789		1552.05	Consumer		Consumer	3599.55	95			826.77	3599.55	percent of total billed charges	
COLONOSCOPY WITH ABLATION TUMOR, POLYP	45388	CPT	outpatient			3789		1552.05	Corrections		Corrections	3031.2	80			826.77	3599.55	percent of total billed charges	
COLONOSCOPY WITH ABLATION TUMOR, POLYP	45388	CPT	outpatient			3789		1552.05	First Health		First Health	2652.3	70			826.77	3599.55	percent of total billed charges	
COLONOSCOPY WITH ABLATION TUMOR, POLYP	45388	CPT	outpatient			3789		1552.05	First Trenton		First Trenton	3410.1	90			826.77	3599.55	percent of total billed charges	
COLONOSCOPY WITH ABLATION TUMOR, POLYP	45388	CPT	outpatient			3789		1552.05	Horizon		Indemnity	2511.62				826.77	3599.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY WITH ABLATION TUMOR, POLYP	45388	CPT	outpatient			3789		1552.05	Horizon		PPO	2511.62				826.77	3599.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY WITH ABLATION TUMOR, POLYP	45388	CPT	outpatient			3789		1552.05	Horizon		Medicare Blue	1349.61				826.77	3599.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY WITH ABLATION TUMOR, POLYP	45388	CPT	outpatient			3789		1552.05	Horizon		MGD	2511.62				826.77	3599.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY WITH ABLATION TUMOR, POLYP	45388	CPT	outpatient			3789		1552.05	Horizon		NJ Health	826.77				826.77	3599.55	fee schedule	
COLONOSCOPY WITH ABLATION TUMOR, POLYP	45388	CPT	outpatient			3789		1552.05	Managed Care Inc		Managed Care Inc	3410.1	90			826.77	3599.55	percent of total billed charges	
COLONOSCOPY WITH ABLATION TUMOR, POLYP	45388	CPT	outpatient			3789		1552.05	Multiplan		Multiplan	3031.2	80			826.77	3599.55	percent of total billed charges	
COLONOSCOPY WITH ABLATION TUMOR, POLYP	45388	CPT	outpatient			3789		1552.05	Qualcare		Qualcare	2841.75	75			826.77	3599.55	percent of total billed charges	
COLONOSCOPY WITH ABLATION TUMOR, POLYP	45388	CPT	outpatient			3789		1552.05	Three Rivers		Three Rivers	3599.55	95			826.77	3599.55	percent of total billed charges	
COLONOSCOPY WITH ABLATION TUMOR, POLYP	45388	CPT	outpatient			3789		1552.05	UHC		Medicare	1349.61				826.77	3599.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY WITH ABLATION TUMOR, POLYP	45388	CPT	outpatient			3789		1552.05	UHC		Medicaid	1195.43	31.55			826.77	3599.55	percent of total billed charges	
COLONOSCOPY WITH ABLATION TUMOR, POLYP	45388	CPT	outpatient			3789		1552.05	United		Oxford	2493				826.77	3599.55	case rate	
COLONOSCOPY WITH ABLATION TUMOR, POLYP	45388	CPT	outpatient			3789		1552.05	United		CommercialPPO	2493				826.77	3599.55	case rate	
COLONOSCOPY WITH ABLATION TUMOR, POLYP	45388	CPT	outpatient			3789		1552.05	Wellcare		Medicare	1349.61				826.77	3599.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY WITH ABLATION TUMOR, POLYP	45388	CPT	outpatient			3789		1552.05	Wellcare		Medicaid	1195.43	31.55			826.77	3599.55	percent of total billed charges	
COLONOSCOPY WITH ABLATION TUMOR, POLYP	45388	CPT	outpatient			3789		1552.05	WellPoint		WellPoint	1219.3	32.18			826.77	3599.55	percent of total billed charges	
COLONOSCOPY W/STENT PLCMT	45389	CPT	outpatient			10486		7495.78	Aetna		Better Health	3308.33	31.55			483.76	12130.13	percent of total billed charges	
COLONOSCOPY W/STENT PLCMT	45389	CPT	outpatient			10486		7495.78	Aetna		Medicare	6618.07				483.76	12130.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY W/STENT PLCMT	45389	CPT	outpatient			10486		7495.78	Aetna		Commercial	10376.77				483.76	12130.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY W/STENT PLCMT	45389	CPT	outpatient			10486		7495.78	Americare		Americare	7864.5	75			483.76	12130.13	percent of total billed charges	
COLONOSCOPY W/STENT PLCMT	45389	CPT	outpatient			10486		7495.78	Amerihealth		HMO/PPO	6815.9	65			483.76	12130.13	percent of total billed charges	
COLONOSCOPY W/STENT PLCMT	45389	CPT	outpatient			10486		7495.78	Amerihealth		Medicare	6618.07				483.76	12130.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY W/STENT PLCMT	45389	CPT	outpatient			10486		7495

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.																
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true															
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
COLONOSCOPY W/STENT PLCMT	45389	CPT	outpatient			10486	7495.78	Horizon	MGD		12130.13				483.76	12130.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY W/STENT PLCMT	45389	CPT	outpatient			10486	7495.78	Horizon	PPO		12130.13				483.76	12130.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY W/STENT PLCMT	45389	CPT	outpatient			10486	7495.78	Horizon	Indemnity		12130.13				483.76	12130.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY W/STENT PLCMT	45389	CPT	outpatient			10486	7495.78	Horizon	NJ Health		483.76				483.76	12130.13	fee schedule	
COLONOSCOPY W/STENT PLCMT	45389	CPT	outpatient			10486	7495.78	Managed Care Inc	Managed Care Inc		3437.4	90			483.76	12130.13	percent of total billed charges	
COLONOSCOPY W/STENT PLCMT	45389	CPT	outpatient			10486	7495.78	Multiplan	Multiplan		8388.8	80			483.76	12130.13	percent of total billed charges	
COLONOSCOPY W/STENT PLCMT	45389	CPT	outpatient			10486	7495.78	Qualcare	Qualcare		7864.5	75			483.76	12130.13	percent of total billed charges	
COLONOSCOPY W/STENT PLCMT	45389	CPT	outpatient			10486	7495.78	Three Rivers	Three Rivers		9961.7	95			483.76	12130.13	percent of total billed charges	
COLONOSCOPY W/STENT PLCMT	45389	CPT	outpatient			10486	7495.78	UHC	Medicaid		3308.33	31.55			483.76	12130.13	percent of total billed charges	
COLONOSCOPY W/STENT PLCMT	45389	CPT	outpatient			10486	7495.78	UHC	Medicare		6518.07				483.76	12130.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY W/STENT PLCMT	45389	CPT	outpatient			10486	7495.78	United	Commercial|PPO		2493				483.76	12130.13	case rate	
COLONOSCOPY W/STENT PLCMT	45389	CPT	outpatient			10486	7495.78	United	Oxford		2493				483.76	12130.13	case rate	
COLONOSCOPY W/STENT PLCMT	45389	CPT	outpatient			10486	7495.78	Wellcare	Medicare		6518.07				483.76	12130.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY W/STENT PLCMT	45389	CPT	outpatient			10486	7495.78	Wellcare	Medicaid		3308.33	31.55			483.76	12130.13	percent of total billed charges	
COLONOSCOPY W/STENT PLCMT	45389	CPT	outpatient			10486	7495.78	WellPoint	WellPoint		3374.39	32.18			483.76	12130.13	percent of total billed charges	
COLONOSCOPY W ENDOSCOPIC MUCOSAL RESEC	45390	CPT	outpatient			3789	3692.88	Aetna	Better Health		1195.43	31.55			502.71	5976.04	percent of total billed charges	
COLONOSCOPY W ENDOSCOPIC MUCOSAL RESEC	45390	CPT	outpatient			3789	3692.88	Aetna	Medicare		3211.2				502.71	5976.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY W ENDOSCOPIC MUCOSAL RESEC	45390	CPT	outpatient			3789	3692.88	Aetna	Commercial		5112.23				502.71	5976.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY W ENDOSCOPIC MUCOSAL RESEC	45390	CPT	outpatient			3789	3692.88	Americare	Americare		2841.75	75			502.71	5976.04	percent of total billed charges	
COLONOSCOPY W ENDOSCOPIC MUCOSAL RESEC	45390	CPT	outpatient			3789	3692.88	Amerihealth	Medicare		3211.2				502.71	5976.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY W ENDOSCOPIC MUCOSAL RESEC	45390	CPT	outpatient			3789	3692.88	Amerihealth	HMO|PPO		2462.85	65			502.71	5976.04	percent of total billed charges	
COLONOSCOPY W ENDOSCOPIC MUCOSAL RESEC	45390	CPT	outpatient			3789	3692.88	Consumer	Consumer		3599.55	95			502.71	5976.04	percent of total billed charges	
COLONOSCOPY W ENDOSCOPIC MUCOSAL RESEC	45390	CPT	outpatient			3789	3692.88	Corrections	Corrections		3031.2	80			502.71	5976.04	percent of total billed charges	
COLONOSCOPY W ENDOSCOPIC MUCOSAL RESEC	45390	CPT	outpatient			3789	3692.88	First Health	First Health		2652.3	70			502.71	5976.04	percent of total billed charges	
COLONOSCOPY W ENDOSCOPIC MUCOSAL RESEC	45390	CPT	outpatient			3789	3692.88	First Trenton	First Trenton		3410.1	90			502.71	5976.04	percent of total billed charges	
COLONOSCOPY W ENDOSCOPIC MUCOSAL RESEC	45390	CPT	outpatient			3789	3692.88	Horizon	Indemnity		5976.04				502.71	5976.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY W ENDOSCOPIC MUCOSAL RESEC	45390	CPT	outpatient			3789	3692.88	Horizon	MGD		5976.04				502.71	5976.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY W ENDOSCOPIC MUCOSAL RESEC	45390	CPT	outpatient			3789	3692.88	Horizon	PPO		5976.04				502.71	5976.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY W ENDOSCOPIC MUCOSAL RESEC	45390	CPT	outpatient			3789	3692.88	Horizon	Medicare Blue		3211.2				502.71	5976.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY W ENDOSCOPIC MUCOSAL RESEC	45390	CPT	outpatient			3789	3692.88	Horizon	NJ Health		502.71				502.71	5976.04	fee schedule	
COLONOSCOPY W ENDOSCOPIC MUCOSAL RESEC	45390	CPT	outpatient			3789	3692.88	Managed Care Inc	Managed Care Inc		3410.1	90			502.71	5976.04	percent of total billed charges	
COLONOSCOPY W ENDOSCOPIC MUCOSAL RESEC	45390	CPT	outpatient			3789	3692.88	Multiplan	Multiplan		3031.2	80			502.71	5976.04	percent of total billed charges	
COLONOSCOPY W ENDOSCOPIC MUCOSAL RESEC	45390	CPT	outpatient			3789	3692.88	Qualcare	Qualcare		2841.75	75			502.71	5976.04	percent of total billed charges	
COLONOSCOPY W ENDOSCOPIC MUCOSAL RESEC	45390	CPT	outpatient			3789	3692.88	Three Rivers	Three Rivers		3599.55	95			502.71	5976.04	percent of total billed charges	
COLONOSCOPY W ENDOSCOPIC MUCOSAL RESEC	45390	CPT	outpatient			3789	3692.88	UHC	Medicare		3211.2				502.71	5976.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY W ENDOSCOPIC MUCOSAL RESEC	45390	CPT	outpatient			3789	3692.88	UHC	Medicaid		1195.43	31.55			502.71	5976.04	percent of total billed charges	
COLONOSCOPY W ENDOSCOPIC MUCOSAL RESEC	45390	CPT	outpatient			3789	3692.88	United	Commercial|PPO		2493				502.71	5976.04	case rate	
COLONOSCOPY W ENDOSCOPIC MUCOSAL RESEC	45390	CPT	outpatient			3789	3692.88	United	Oxford		2493				502.71	5976.04	case rate	
COLONOSCOPY W ENDOSCOPIC MUCOSAL RESEC	45390	CPT	outpatient			3789	3692.88	Wellcare	Medicare		3211.2				502.71	5976.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY W ENDOSCOPIC MUCOSAL RESEC	45390	CPT	outpatient			3789	3692.88	Wellcare	Medicaid		1195.43	31.55			502.71	5976.04	percent of total billed charges	
COLONOSCOPY W ENDOSCOPIC MUCOSAL RESEC	45390	CPT	outpatient			3789	3692.88	WellPoint	WellPoint		1219.3	32.18			502.71	5976.04	percent of total billed charges	
X-RAY ENDOSCOPY US SIGMOID/RECTUM OTHERS	45391	CPT	outpatient			4065	1552.05	Aetna	Medicare		1252.02	30.8			497.15	3861.75	percent of total billed charges	
X-RAY ENDOSCOPY US SIGMOID/RECTUM OTHERS	45391	CPT	outpatient			4065	1552.05	Aetna	Commercial		2148.58				497.15	3861.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
X-RAY ENDOSCOPY US SIGMOID/RECTUM OTHERS	45391	CPT	outpatient			4065	1552.05	Aetna	Better Health		1282.51	31.55			497.15	3861.75	percent of total billed charges	
X-RAY ENDOSCOPY US SIGMOID/RECTUM OTHERS	45391	CPT	outpatient			4065	1552.05	Americare	Americare		3048.75	75			497.15	3861.75	percent of total billed charges	
X-RAY ENDOSCOPY US SIGMOID/RECTUM OTHERS	45391	CPT	outpatient			4065	1552.05	Amerihealth	HMO|PPO		2642.25	65			497.15	3861.75	percent of total billed charges	
X-RAY ENDOSCOPY US SIGMOID/RECTUM OTHERS	45391	CPT	outpatient			4065	1552.05	Amerihealth	Medicare		1349.61				497.15	3861.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
X-RAY ENDOSCOPY US SIGMOID/RECTUM OTHERS	45391	CPT	outpatient			4065	1552.05	Consumer	Consumer		3861.75	95			497.15	3861.75	percent of total billed charges	
X-RAY ENDOSCOPY US SIGMOID/RECTUM OTHERS	45391	CPT	outpatient			4065	1552.05	Corrections	Corrections		3252	80			497.15	3861.75	percent of total billed charges	
X-RAY ENDOSCOPY US SIGMOID/RECTUM OTHERS	45391	CPT	outpatient			4065	1552.05	First Health	First Health		2845.5	70			497.15	3861.75	percent of total billed charges	
X-RAY ENDOSCOPY US SIGMOID/RECTUM OTHERS	45391	CPT	outpatient			4065	1552.05	First Trenton	First Trenton		3658.5	90			497.15	3861.75	percent of total billed charges	
X-RAY ENDOSCOPY US SIGMOID/RECTUM OTHERS	45391	CPT	outpatient			4065	1552.05	Horizon	PPO		2511.62				497.15	3861.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
X-RAY ENDOSCOPY US SIGMOID/RECTUM OTHERS	45391	CPT	outpatient			4065	1552.05	Horizon	MGD		2511.62				497.15	3861.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
X-RAY ENDOSCOPY US SIGMOID/RECTUM OTHERS	45391	CPT	outpatient			4065	1552.05	Horizon	Indemnity		2511.62				497.15	3861.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
X-RAY ENDOSCOPY US SIGMOID/RECTUM OTHERS	45391	CPT	outpatient			4065	1552.05	Horizon	NJ Health		497.15				497.15	3861.75	fee schedule	
X-RAY ENDOSCOPY US SIGMOID/RECTUM OTHERS	45391	CPT	outpatient			4065	1552.05	Horizon	Medicare Blue		1349.61				497.15	3861.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
X-RAY ENDOSCOPY US SIGMOID/RECTUM OTHERS	45391	CPT	outpatient			4065	1552.05	Managed Care Inc	Managed Care Inc		3658.5	90			497.15	3861.75	percent of total billed charges	
X-RAY ENDOSCOPY US SIGMOID/RECTUM OTHERS	45391	CPT	outpatient			4065	1552.05	Multiplan	Multiplan		3252	80			497.15	3861.75	percent of total billed charges	
X-RAY ENDOSCOPY US SIGMOID/RECTUM OTHERS	45391	CPT	outpatient			4065	1552.05	Qualcare	Qualcare		3048.75	75			497.15	3861.75	percent of total billed charges	
X-RAY ENDOSCOPY US SIGMOID/RECTUM OTHERS	45391	CPT	outpatient			4065	1552.05	Three Rivers	Three Rivers		3861.75	95			497.15	3861.75	percent of total billed charges	
X-RAY ENDOSCOPY US SIGMOID/RECTUM OTHERS	45391	CPT	outpatient			4065	1552.05	UHC	Medicaid		1282.51	31.55			497.15	3861.75	percent of total billed charges	
X-RAY ENDOSCOPY US SIGMOID/RECTUM OTHERS	45391	CPT	outpatient			4065	1552.05	UHC	Medicare		1349.61				497.15	3861.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
X-RAY ENDOSCOPY US SIGMOID/RECTUM OTHERS	45391	CPT	outpatient			4065	1552.05	United	Oxford		2493				497.15	3861.75	case rate	
X-RAY ENDOSCOPY US SIGMOID/RECTUM OTHERS	45391	CPT	outpatient			4065	1552.05	United	Commercial|PPO		2493				497.15	3861.75	case rate	
X-RAY ENDOSCOPY US SIGMOID/RECTUM OTHERS	45391	CPT	outpatient			4065	1552.05	Wellcare	Medicare		1349.61				497.15	3861.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
X-RAY ENDOSCOPY US SIGMOID/RECTUM OTHERS	45391	CPT	outpatient			4065	1552.05	Wellcare	Medicaid		1282.51	31.55			497.15	3861.75	percent of total billed charges	
X-RAY ENDOSCOPY US SIGMOID/RECTUM OTHERS	45391	CPT	outpatient			4065	1552.05	WellPoint	WellPoint		1308.12	32.18			497.15	3861.75	percent of total billed charges	
COLONOSCOPY FLEXIBLE PROXIMAL FLEXURE	45392	CPT	outpatient			3034	1552.05	Aetna	Medicare		1349.61				957.23	2882.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY FLEXIBLE PROXIMAL FLEXURE	45392	CPT	outpatient			3034	1552.05	Aetna	Better Health		957.23	31.55			957.23	2882.3	percent of total billed charges	
COLONOSCOPY FLEXIBLE PROXIMAL FLEXURE	45392	CPT	outpatient			3034	1552.05	Aetna	Commercial		2148.58				957.23	2882.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY FLEXIBLE PROXIMAL FLEXURE	45392	CPT	outpatient			3034	1552.05	Americare	Americare		2275.5	75			957.23	2882.3	percent of total billed charges	
COLONOSCOPY FLEXIBLE PROXIMAL FLEXURE	45392	CPT	outpatient			3034	1552.05	Amerihealth	HMO|PPO		1972.1	65			957.23	2882.3	percent of total billed charges	
COLONOSCOPY FLEXIBLE PROXIMAL FLEXURE	45392	CPT	outpatient			3034	1552.05	Amerihealth	Medicare		1349.61				957.23	2882.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY FLEXIBLE PROXIMAL FLEXURE	45392	CPT	outpatient			3034	1552.05	Consumer	Consumer		2882.3	95			957.23	2882.3	percent of total billed charges	
COLONOSCOPY FLEXIBLE PROXIMAL FLEXURE	45392	CPT	outpatient			3034	1552.05	Corrections	Corrections		2427.2	80			957.23	2882.3	percent of total billed charges	
COLONOSCOPY FLEXIBLE PROXIMAL FLEXURE	45392	CPT	outpatient			3034	1552.05	First Health	First Health		2123.8	70			957.23	2882.3	percent of total billed charges	
COLONOSCOPY FLEXIBLE PROXIMAL FLEXURE	45392	CPT	outpatient			3034	1552.05	First Trenton	First Trenton		2730.6	90			957.23	2882.3	percent of total billed charges	
COLONOSCOPY FLEXIBLE PROXIMAL FLEXURE	45392	CPT	outpatient			3034	1552.05	Horizon	Indemnity		2511.62				957.23	2882.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY FLEXIBLE PROXIMAL FLEXURE	45392	CPT	outpatient			3034	1552.05	Horizon	Medicare Blue		1349.61				957.23	2882.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY FLEXIBLE PROXIMAL FLEXURE	45392	CPT	outpatient			3034	1552.05	Horizon	MGD		2511.62				957.23	2882.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY FLEXIBLE PROXIMAL FLEXURE	45392	CPT	outpatient			3034	1552.05	Horizon	PPO		2511.62				957.23	2882.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY FLEXIBLE PROXIMAL FLEXURE	45392	CPT	outpatient			3034	1552.05	Managed Care Inc	Managed Care Inc		2730.6	90			957.23	2882.3	percent of total billed charges	
COLONOSCOPY FLEXIBLE PROXIMAL FLEXURE	45392	CPT	outpatient			3034	1552.05	Multiplan	Multiplan		2427.2	80			957.23	2882.3	percent of total billed charges	
COLONOSCOPY FLEXIBLE PROXIMAL FLEXURE	45392	CPT	outpatient			3034	1552.05	Qualcare	Qualcare		2275.5	75			957.23	2882.3	percent of total billed charges	
COLONOSCOPY FLEXIBLE PROXIMAL FLEXURE	45392	CPT	outpatient			3034	1552.05	Three Rivers	Three Rivers		2882.3	95			957.23	2882.3	percent of total billed charges	
COLONOSCOPY FLEXIBLE PROXIMAL FLEXURE	45392	CPT	outpatient			3034	1552.05	UHC	Medicare		1349.61				957.23	2882.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY FLEXIBLE PROXIMAL FLEXURE	45392	CPT	outpatient			3034	1552.05	UHC	Medicaid		957.23	31.55			957.23	2882.3	percent of total billed charges	
COLONOSCOPY FLEXIBLE PROXIMAL FLEXURE	45392	CPT	outpatient			3034	1552.05	United	Oxford		2493				957.23	2882.3	case rate	
COLONOSCOPY FLEXIBLE PROXIMAL FLEXURE	45392	CPT	outpatient			3034	1552.05	United	Commercial|PPO		2493				957.23	2882.3	case rate	
COLONOSCOPY FLEXIBLE PROXIMAL FLEXURE	45392	CPT	outpatient			3034	1552.05	Wellcare	Medicare		1349.61				957.23	2882.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY FLEXIBLE PROXIMAL FLEXURE	45392	CPT	outpatient			3034	1552.05	Wellcare	Medicaid		957.23	31.55			957.23	2882.3	percent of total billed charges	
COLONOSCOPY FLEXIBLE PROXIMAL FLEXURE	45392	CPT	outpatient			3034	1552.05	WellPoint	WellPoint		976.34	32.18			957.23	2882.3	percent of total billed charges	
COLONOSCOPY FLEXIBLE WITH BAND LIGATION	45398	CPT	outpatient			3744	1552.05	Aetna	Better Health		1181.23	31.55			1116.85	3556.8	percent of total billed charges	
COLONOSCOPY FLEXIBLE WITH BAND LIGATION	45398	CPT	outpatient			3744	1552.05	Aetna	Medicare		1349.61				1116.85	3556.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY FLEXIBLE WITH BAND LIGATION	45398	CPT	outpatient			3744	1552.05	Aetna	Commercial		2148.58				1116.85	3556.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY FLEXIBLE WITH BAND LIGATION	45398	CPT	outpatient			3744	1552.05	Americare	Americare		2808	75			1116.85	3556.8	percent of total billed charges	
COLONOSCOPY FLEXIBLE WITH BAND LIGATION	45398	CPT	outpatient			3744	1552.05	Amerihealth	Medicare		1349.61				1116.85	3556.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY FLEXIBLE WITH BAND LIGATION	45398	CPT	outpatient			3744	1552.05	Amerihealth	HMO|PPO		2433.6	65			1116.85	3556.8	percent of total billed charges	
COLONOSCOPY FLEXIBLE WITH BAND LIGATION	45398	CPT	outpatient			3744	1552.05	Consumer	Consumer		3556.8	95			1116.85	3556.8	percent of total billed charges	
COLONOSCOPY FLEXIBLE WITH BAND LIGATION	45398	CPT	outpatient			3744	1552.05	Corrections	Corrections		2995.2	80			1116.85	3556.8	percent of total billed charges	
COLONOSCOPY FLEXIBLE WITH BAND LIGATION	45398	CPT	outpatient			3744	1552.05	First Health	First Health		2620.8	70			1116.85	3556.8	percent of total billed charges	
COLONOSCOPY FLEXIBLE WITH BAND LIGATION	45398	CPT	outpatient			3744	1552.05	First Trenton	First Trenton		3369.6	90			1116.85	3556.8	percent of total billed charges	
COLONOSCOPY FLEXIBLE WITH BAND LIGATION	45398	CPT	outpatient			3744	1552.05	Horizon	Indemnity		2511.62				1116.85	3556.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY FLEXIBLE WITH BAND LIGATION	45398	CPT	outpatient			3744	1552.05	Horizon	MGD		2511.62				1116.85	3556.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY FLEXIBLE WITH BAND LIGATION	45398	CPT	outpatient			3744	1552.05	Horizon	Medicare Blue		1349.61				1116.85	3556.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY FLEXIBLE WITH BAND LIGATION	45398	CPT	outpatient			3744	1552.05	Horizon	PPO		2511.62				1116.85	3556.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY FLEXIBLE WITH BAND LIGATION	45398	CPT	outpatient			3744	1552.05	Horizon	NJ Health		1116.85				1116.85	3556.8	fee schedule	
COLONOSCOPY FLEXIBLE WITH BAND LIGATION	45398	CPT	outpatient			3744	1552.05	Managed Care Inc	Managed Care Inc		3369.6	90			1116.85	3556.8	percent of total billed charges	
COLONOSCOPY FLEXIBLE WITH BAND LIGATION	45398	CPT	outpatient			3744	1552.05	Multiplan	Multiplan		2995.2	80			1116.85	3556.8	percent of total billed charges	
COLONOSCOPY FLEXIBLE WITH BAND LIGATION	45398	CPT	outpatient			3744	1552.05	Qualcare	Qualcare		2808	75			1116.85	3556.8	percent of total billed charges	
COLONOSCOPY FLEXIBLE WITH BAND LIGATION	45398	CPT	outpatient			3744	1552.05	Three Rivers	Three Rivers		3556.8	95			1116.85	3556.8	percent of total billed charges	
COLONOSCOPY FLEXIBLE WITH BAND LIGATION	45398	CPT	outpatient			3744	1552.05	UHC	Medicaid		1181.23	31.55			1116.85	3556.8	percent of total billed charges	
COLONOSCOPY FLEXIBLE WITH BAND LIGATION	45398	CPT	outpatient			3744	1552.05	UHC	Medicare		1349.61				1116.85	3556.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY FLEXIBLE WITH BAND LIGATION	45398	CPT	outpatient			3744	1552.05	United	Oxford		2493				1116.85	3556.8	case rate	
COLONOSCOPY FLEXIBLE WITH BAND LIGATION	45398	CPT	outpatient			3744	1552.05	United	Commercial|PPO		2493				1116.85	3556.8	case rate	
COLONOSCOPY FLEXIBLE WITH BAND LIGATION	45398	CPT	outpatient			3744	1552.05	Wellcare	Medicare		1349.61				1116.85	3556.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY FLEXIBLE WITH BAND LIGATION	45398	CPT	outpatient			3744	1552.05	Wellcare	Medicaid		1181.23	31.55			1116.85	3556.8	percent of total billed charges	
COLONOSCOPY FLEXIBLE WITH BAND LIGATION	45398	CPT	outpatient			3744	1552.05	WellPoint	WellPoint		1204.82	32.18			1116.85	3556.8	percent of total billed charges	
UNLISTED PROCEDURE COLON	45399	CPT	outpatient			2884	1202.06	Aetna	Commercial		1664.07				909.9	2739.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE COLON	45399	CPT	outpatient			2884	1202.06	Aetna	Better Health		909.9	31.55			909.9	2739.8	percent of total billed charges	
UNLISTED PROCEDURE COLON	45399	CPT	outpatient			2884	1202.06	Aetna	Medicare		1045.27				909.9	2739.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE COLON	45399	CPT	outpatient			2884	1202.06	Americare	Americare		2163	75			909.9	2739.8	percent of total billed charges	
UNLISTED PROCEDURE COLON	45399	CPT	outpatient			2884	1202.06	Amerihealth	HMO|PPO		1874.6	65			909.9	2739.8	percent of total billed charges	
UNLISTED PROCEDURE COLON	45399	CPT	outpatient			2884	1202.06	Amerihealth	Medicare		1045.27				909.9	2739.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE COLON	45399	CPT	outpatient			2884	1202.06	Consumer	Consumer		2739.8	95			909.9	2739.8	percent of total billed charges	
UNLISTED PROCEDURE COLON	45399	CPT	outpatient			2884	1202.06	Corrections	Corrections		2307.2	80			909.9	2739.8	percent of total billed charges	
UNLISTED PROCEDURE COLON	45399	CPT	outpatient			2884	1202.06	First Health	First Health		2018.8	70			909.9	2739.8	percent of total billed charges	
UNLISTED PROCEDURE COLON	45399	CPT	outpatient			2884	1202.06	First Trenton	First Trenton		2595.6	90			909.9	2739.8	percent of total billed charges	
UNLISTED PROCEDURE COLON	45399	CPT	outpatient			2884	1202.06	Horizon	Indemnity		1945.25				909.9	2739.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE COLON	45399	CPT	outpatient			2884	1202.06	Horizon	Medicare Blue		1045.27				909.9	2739.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE COLON	45399	CPT	outpatient			2884	1202.06	Horizon	PPO		1945.25				909.9	2739.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE COLON	45399	CPT	outpatient			2884	1202.06	Horizon	MGD		1945.25				909.9	2739.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE COLON	45399	CPT	outpatient			2884	1202.06	Managed Care Inc	Managed Care Inc		2595.6	90			909.9	2739.8	percent of total billed charges	
UNLISTED PROCEDURE COLON	45399	CPT	outpatient			2884	1202.06	Multiplan	Multiplan		2307.2	80			909.9	2739.8	percent of total billed charges	
UNLISTED PROCEDURE COLON	45399	CPT	outpatient			2884	1202.06	Qualcare	Qualcare		2163	75			909.9	2739.8	percent of total billed charges	
UNLISTED PROCEDURE COLON	45399	CPT	outpatient			2884	1202.06	Three Rivers	Three Rivers		2739.8	95			909.9	2739.8	percent of total billed charges	
UNLISTED PROCEDURE COLON	45399	CPT	outpatient			2884	1202.06	UHC	Medicare		1045.27				909.9	2739.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE COLON	45399	CPT	outpatient			2884	1202.06	UHC	Medicaid		909.9	31.55			909.9	2739.8	percent of total billed charges	
UNLISTED PROCEDURE COLON	45399	CPT	outpatient			2884	1202.06	United	Commercial|PPO		2493				909.9	2739.8	case rate	
UNLISTED PROCEDURE COLON	45399	CPT	outpatient			2884	1202.06	United	Oxford		2493				909.9	2739.8	case rate	
UNLISTED PROCEDURE COLON	45399	CPT	outpatient			2884	1202.06	Wellcare	Medicare		1045.27

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
REDUC OF PROCIDENTIA	45900	CPT	outpatient			2137	1202.06	Amerihealth	Medicare		1045.27				47.5	2030.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REDUC OF PROCIDENTIA	45900	CPT	outpatient			2137	1202.06	Consumer	Consumer		2030.15	95			47.5	2030.15	percent of total billed charges	
REDUC OF PROCIDENTIA	45900	CPT	outpatient			2137	1202.06	Corrections	Corrections		1709.6	80			47.5	2030.15	percent of total billed charges	
REDUC OF PROCIDENTIA	45900	CPT	outpatient			2137	1202.06	First Health	First Health		1496.9	70			47.5	2030.15	percent of total billed charges	
REDUC OF PROCIDENTIA	45900	CPT	outpatient			2137	1202.06	First Trenton	First Trenton		1923.3	90			47.5	2030.15	percent of total billed charges	
REDUC OF PROCIDENTIA	45900	CPT	outpatient			2137	1202.06	Horizon	PPO		1945.25				47.5	2030.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REDUC OF PROCIDENTIA	45900	CPT	outpatient			2137	1202.06	Horizon	Medicare Blue		1045.27				47.5	2030.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REDUC OF PROCIDENTIA	45900	CPT	outpatient			2137	1202.06	Horizon	MGD		1945.25				47.5	2030.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REDUC OF PROCIDENTIA	45900	CPT	outpatient			2137	1202.06	Horizon	NJ Health		47.5				47.5	2030.15	fee schedule	
REDUC OF PROCIDENTIA	45900	CPT	outpatient			2137	1202.06	Horizon	Indemnity		1945.25				47.5	2030.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REDUC OF PROCIDENTIA	45900	CPT	outpatient			2137	1202.06	Managed Care Inc	Managed Care Inc		1923.3	90			47.5	2030.15	percent of total billed charges	
REDUC OF PROCIDENTIA	45900	CPT	outpatient			2137	1202.06	Multiplan	Multiplan		1709.6	80			47.5	2030.15	percent of total billed charges	
REDUC OF PROCIDENTIA	45900	CPT	outpatient			2137	1202.06	Qualcare	Qualcare		1602.75	75			47.5	2030.15	percent of total billed charges	
REDUC OF PROCIDENTIA	45900	CPT	outpatient			2137	1202.06	Three Rivers	Three Rivers		2030.15	95			47.5	2030.15	percent of total billed charges	
REDUC OF PROCIDENTIA	45900	CPT	outpatient			2137	1202.06	UHC	Medicare		1045.27				47.5	2030.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REDUC OF PROCIDENTIA	45900	CPT	outpatient			2137	1202.06	UHC	Medicaid		674.22	31.55			47.5	2030.15	percent of total billed charges	
REDUC OF PROCIDENTIA	45900	CPT	outpatient			2137	1202.06	United	Commercial|PPO		1817				47.5	2030.15	case rate	
REDUC OF PROCIDENTIA	45900	CPT	outpatient			2137	1202.06	United	Oxford		1817				47.5	2030.15	case rate	
REDUC OF PROCIDENTIA	45900	CPT	outpatient			2137	1202.06	Wellcare	Medicaid		674.22	31.55			47.5	2030.15	percent of total billed charges	
REDUC OF PROCIDENTIA	45900	CPT	outpatient			2137	1202.06	Wellcare	Medicare		1045.27				47.5	2030.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REDUC OF PROCIDENTIA	45900	CPT	outpatient			2137	1202.06	WellPoint	WellPoint		687.69	32.18			47.5	2030.15	percent of total billed charges	
DIL OF RECTAL STRICT UNDER ANE	45910	CPT	outpatient			4759	1552.05	Aetna	Commercial		2148.58				143.55	4521.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIL OF RECTAL STRICT UNDER ANE	45910	CPT	outpatient			4759	1552.05	Aetna	Better Health		1501.46	31.55			143.55	4521.05	percent of total billed charges	
DIL OF RECTAL STRICT UNDER ANE	45910	CPT	outpatient			4759	1552.05	Aetna	Medicare		1465.77	30.8			143.55	4521.05	percent of total billed charges	
DIL OF RECTAL STRICT UNDER ANE	45910	CPT	outpatient			4759	1552.05	Americare	Americare		3569.25	75			143.55	4521.05	percent of total billed charges	
DIL OF RECTAL STRICT UNDER ANE	45910	CPT	outpatient			4759	1552.05	Amerihealth	HMO|PPO		3093.35	65			143.55	4521.05	percent of total billed charges	
DIL OF RECTAL STRICT UNDER ANE	45910	CPT	outpatient			4759	1552.05	Amerihealth	Medicare		1349.61				143.55	4521.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIL OF RECTAL STRICT UNDER ANE	45910	CPT	outpatient			4759	1552.05	Consumer	Consumer		4521.05	95			143.55	4521.05	percent of total billed charges	
DIL OF RECTAL STRICT UNDER ANE	45910	CPT	outpatient			4759	1552.05	Corrections	Corrections		3807.2	80			143.55	4521.05	percent of total billed charges	
DIL OF RECTAL STRICT UNDER ANE	45910	CPT	outpatient			4759	1552.05	First Health	First Health		3331.3	70			143.55	4521.05	percent of total billed charges	
DIL OF RECTAL STRICT UNDER ANE	45910	CPT	outpatient			4759	1552.05	First Trenton	First Trenton		4283.1	90			143.55	4521.05	percent of total billed charges	
DIL OF RECTAL STRICT UNDER ANE	45910	CPT	outpatient			4759	1552.05	Horizon	Indemnity		2511.62				143.55	4521.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIL OF RECTAL STRICT UNDER ANE	45910	CPT	outpatient			4759	1552.05	Horizon	MGD		2511.62				143.55	4521.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIL OF RECTAL STRICT UNDER ANE	45910	CPT	outpatient			4759	1552.05	Horizon	NJ Health		143.55				143.55	4521.05	fee schedule	
DIL OF RECTAL STRICT UNDER ANE	45910	CPT	outpatient			4759	1552.05	Horizon	Medicare Blue		1349.61				143.55	4521.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIL OF RECTAL STRICT UNDER ANE	45910	CPT	outpatient			4759	1552.05	Horizon	PPO		2511.62				143.55	4521.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIL OF RECTAL STRICT UNDER ANE	45910	CPT	outpatient			4759	1552.05	Managed Care Inc	Managed Care Inc		4283.1	90			143.55	4521.05	percent of total billed charges	
DIL OF RECTAL STRICT UNDER ANE	45910	CPT	outpatient			4759	1552.05	Multiplan	Multiplan		3807.2	80			143.55	4521.05	percent of total billed charges	
DIL OF RECTAL STRICT UNDER ANE	45910	CPT	outpatient			4759	1552.05	Qualcare	Qualcare		3569.25	75			143.55	4521.05	percent of total billed charges	
DIL OF RECTAL STRICT UNDER ANE	45910	CPT	outpatient			4759	1552.05	Three Rivers	Three Rivers		4521.05	95			143.55	4521.05	percent of total billed charges	
DIL OF RECTAL STRICT UNDER ANE	45910	CPT	outpatient			4759	1552.05	UHC	Medicaid		1501.46	31.55			143.55	4521.05	percent of total billed charges	
DIL OF RECTAL STRICT UNDER ANE	45910	CPT	outpatient			4759	1552.05	UHC	Medicare		1349.61				143.55	4521.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIL OF RECTAL STRICT UNDER ANE	45910	CPT	outpatient			4759	1552.05	United	Commercial|PPO		2493				143.55	4521.05	case rate	
DIL OF RECTAL STRICT UNDER ANE	45910	CPT	outpatient			4759	1552.05	United	Oxford		2493				143.55	4521.05	case rate	
DIL OF RECTAL STRICT UNDER ANE	45910	CPT	outpatient			4759	1552.05	Wellcare	Medicare		1349.61				143.55	4521.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIL OF RECTAL STRICT UNDER ANE	45910	CPT	outpatient			4759	1552.05	Wellcare	Medicaid		1501.46	31.55			143.55	4521.05	percent of total billed charges	
DIL OF RECTAL STRICT UNDER ANE	45910	CPT	outpatient			4759	1552.05	WellPoint	WellPoint		1531.45	32.18			143.55	4521.05	percent of total billed charges	
REMOVE FECAL IMPACTION OR FB	45915	CPT	outpatient			4642	1552.05	Aetna	Commercial		2148.58				148.77	4409.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE FECAL IMPACTION OR FB	45915	CPT	outpatient			4642	1552.05	Aetna	Better Health		1464.55	31.55			148.77	4409.9	percent of total billed charges	
REMOVE FECAL IMPACTION OR FB	45915	CPT	outpatient			4642	1552.05	Aetna	Medicare		1429.74	30.8			148.77	4409.9	percent of total billed charges	
REMOVE FECAL IMPACTION OR FB	45915	CPT	outpatient			4642	1552.05	Americare	Americare		3481.5	75			148.77	4409.9	percent of total billed charges	
REMOVE FECAL IMPACTION OR FB	45915	CPT	outpatient			4642	1552.05	Amerihealth	Medicare		1349.61				148.77	4409.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE FECAL IMPACTION OR FB	45915	CPT	outpatient			4642	1552.05	Amerihealth	HMO|PPO		3017.3	65			148.77	4409.9	percent of total billed charges	
REMOVE FECAL IMPACTION OR FB	45915	CPT	outpatient			4642	1552.05	Consumer	Consumer		4409.9	95			148.77	4409.9	percent of total billed charges	
REMOVE FECAL IMPACTION OR FB	45915	CPT	outpatient			4642	1552.05	Corrections	Corrections		3713.6	80			148.77	4409.9	percent of total billed charges	
REMOVE FECAL IMPACTION OR FB	45915	CPT	outpatient			4642	1552.05	First Health	First Health		3249.4	70			148.77	4409.9	percent of total billed charges	
REMOVE FECAL IMPACTION OR FB	45915	CPT	outpatient			4642	1552.05	First Trenton	First Trenton		4177.8	90			148.77	4409.9	percent of total billed charges	
REMOVE FECAL IMPACTION OR FB	45915	CPT	outpatient			4642	1552.05	Horizon	Indemnity		2511.62				148.77	4409.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE FECAL IMPACTION OR FB	45915	CPT	outpatient			4642	1552.05	Horizon	NJ Health		148.77				148.77	4409.9	fee schedule	
REMOVE FECAL IMPACTION OR FB	45915	CPT	outpatient			4642	1552.05	Horizon	MGD		2511.62				148.77	4409.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE FECAL IMPACTION OR FB	45915	CPT	outpatient			4642	1552.05	Horizon	Medicare Blue		1349.61				148.77	4409.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE FECAL IMPACTION OR FB	45915	CPT	outpatient			4642	1552.05	Horizon	PPO		2511.62				148.77	4409.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE FECAL IMPACTION OR FB	45915	CPT	outpatient			4642	1552.05	Managed Care Inc	Managed Care Inc		4177.8	90			148.77	4409.9	percent of total billed charges	
REMOVE FECAL IMPACTION OR FB	45915	CPT	outpatient			4642	1552.05	Multiplan	Multiplan		3713.6	80			148.77	4409.9	percent of total billed charges	
REMOVE FECAL IMPACTION OR FB	45915	CPT	outpatient			4642	1552.05	Qualcare	Qualcare		3481.5	75			148.77	4409.9	percent of total billed charges	
REMOVE FECAL IMPACTION OR FB	45915	CPT	outpatient			4642	1552.05	Three Rivers	Three Rivers		4409.9	95			148.77	4409.9	percent of total billed charges	
REMOVE FECAL IMPACTION OR FB	45915	CPT	outpatient			4642	1552.05	UHC	Medicare		1349.61				148.77	4409.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE FECAL IMPACTION OR FB	45915	CPT	outpatient			4642	1552.05	UHC	Medicaid		1464.55	31.55			148.77	4409.9	percent of total billed charges	
REMOVE FECAL IMPACTION OR FB	45915	CPT	outpatient			4642	1552.05	United	Commercial|PPO		2493				148.77	4409.9	case rate	
REMOVE FECAL IMPACTION OR FB	45915	CPT	outpatient			4642	1552.05	United	Oxford		2493				148.77	4409.9	case rate	
REMOVE FECAL IMPACTION OR FB	45915	CPT	outpatient			4642	1552.05	Wellcare	Medicare		1349.61				148.77	4409.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE FECAL IMPACTION OR FB	45915	CPT	outpatient			4642	1552.05	Wellcare	Medicaid		1464.55	31.55			148.77	4409.9	percent of total billed charges	
REMOVE FECAL IMPACTION OR FB	45915	CPT	outpatient			4642	1552.05	WellPoint	WellPoint		1493.8	32.18			148.77	4409.9	percent of total billed charges	
UNLISTED PROCEDURE, RECTUM	45999	CPT	outpatient			3029	1202.06	Aetna	Better Health		955.65	31.55			624.37	2877.55	percent of total billed charges	
UNLISTED PROCEDURE, RECTUM	45999	CPT	outpatient			3029	1202.06	Aetna	Commercial		1664.07				624.37	2877.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE, RECTUM	45999	CPT	outpatient			3029	1202.06	Aetna	Medicare		1045.27				624.37	2877.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE, RECTUM	45999	CPT	outpatient			3029	1202.06	Americare	Americare		2271.75	75			624.37	2877.55	percent of total billed charges	
UNLISTED PROCEDURE, RECTUM	45999	CPT	outpatient			3029	1202.06	Amerihealth	HMO|PPO		1968.85	65			624.37	2877.55	percent of total billed charges	
UNLISTED PROCEDURE, RECTUM	45999	CPT	outpatient			3029	1202.06	Amerihealth	Medicare		1045.27				624.37	2877.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE, RECTUM	45999	CPT	outpatient			3029	1202.06	Consumer	Consumer		2877.55	95			624.37	2877.55	percent of total billed charges	
UNLISTED PROCEDURE, RECTUM	45999	CPT	outpatient			3029	1202.06	Corrections	Corrections		2423.2	80			624.37	2877.55	percent of total billed charges	
UNLISTED PROCEDURE, RECTUM	45999	CPT	outpatient			3029	1202.06	First Health	First Health		2120.3	70			624.37	2877.55	percent of total billed charges	
UNLISTED PROCEDURE, RECTUM	45999	CPT	outpatient			3029	1202.06	First Trenton	First Trenton		2726.1	90			624.37	2877.55	percent of total billed charges	
UNLISTED PROCEDURE, RECTUM	45999	CPT	outpatient			3029	1202.06	Horizon	Indemnity		1945.25				624.37	2877.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE, RECTUM	45999	CPT	outpatient			3029	1202.06	Horizon	MGD		1945.25				624.37	2877.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE, RECTUM	45999	CPT	outpatient			3029	1202.06	Horizon	PPO		1945.25				624.37	2877.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE, RECTUM	45999	CPT	outpatient			3029	1202.06	Horizon	Medicare Blue		1045.27				624.37	2877.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE, RECTUM	45999	CPT	outpatient			3029	1202.06	Managed Care Inc	Managed Care Inc		2726.1	90			624.37	2877.55	percent of total billed charges	
UNLISTED PROCEDURE, RECTUM	45999	CPT	outpatient			3029	1202.06	Multiplan	Multiplan		2423.2	80			624.37	2877.55	percent of total billed charges	
UNLISTED PROCEDURE, RECTUM	45999	CPT	outpatient			3029	1202.06	Qualcare	Qualcare		2271.75	75			624.37	2877.55	percent of total billed charges	
UNLISTED PROCEDURE, RECTUM	45999	CPT	outpatient			3029	1202.06	Three Rivers	Three Rivers		2877.55	95			624.37	2877.55	percent of total billed charges	
UNLISTED PROCEDURE, RECTUM	45999	CPT	outpatient			3029	1202.06	UHC	Medicaid		955.65	31.55			624.37	2877.55	percent of total billed charges	
UNLISTED PROCEDURE, RECTUM	45999	CPT	outpatient			3029	1202.06	UHC	Medicare		1045.27				624.37	2877.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE, RECTUM	45999	CPT	outpatient			3029	1202.06	United	Commercial|PPO		1817				624.37	2877.55	case rate	
UNLISTED PROCEDURE, RECTUM	45999	CPT	outpatient			3029	1202.06	United	Oxford		1817				624.37	2877.55	case rate	
UNLISTED PROCEDURE, RECTUM	45999	CPT	outpatient			3029	1202.06	Wellcare	Medicaid		955.65	31.55			624.37	2877.55	percent of total billed charges	
UNLISTED PROCEDURE, RECTUM	45999	CPT	outpatient			3029	1202.06	Wellcare	Medicare		1045.27				624.37	2877.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE, RECTUM	45999	CPT	outpatient			3029	1202.06	WellPoint	WellPoint		974.73	32.18			624.37	2877.55	percent of total billed charges	
REM ANAL SETON	46030	CPT	outpatient			3946	1552.05	Aetna	Commercial		2148.58				50.53	3748.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM ANAL SETON	46030	CPT	outpatient			3946	1552.05	Aetna	Better Health		1244.96	31.55			50.53	3748.7	percent of total billed charges	
REM ANAL SETON	46030	CPT	outpatient			3946	1552.05	Aetna	Medicare		1349.61				50.53	3748.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM ANAL SETON	46030	CPT	outpatient			3946	1552.05	Americare	Americare		2959.5	75			50.53	3748.7	percent of total billed charges	
REM ANAL SETON	46030	CPT	outpatient			3946	1552.05	Amerihealth	Medicare		1349.61				50.53	3748.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM ANAL SETON	46030	CPT	outpatient			3946	1552.05	Amerihealth	HMO|PPO		2564.9	65			50.53	3748.7	percent of total billed charges	
REM ANAL SETON	46030	CPT	outpatient			3946	1552.05	Consumer	Consumer		3748.7	95			50.53	3748.7	percent of total billed charges	
REM ANAL SETON	46030	CPT	outpatient			3946	1552.05	Corrections	Corrections		3156.8	80			50.53	3748.7	percent of total billed charges	
REM ANAL SETON	46030	CPT	outpatient			3946	1552.05	First Health	First Health		2762.2	70			50.53	3748.7	percent of total billed charges	
REM ANAL SETON	46030	CPT	outpatient			3946	1552.05	First Trenton	First Trenton		3551.4	90			50.53	3748.7	percent of total billed charges	
REM ANAL SETON	46030	CPT	outpatient			3946	1552.05	Horizon	MGD		2511.62				50.53	3748.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM ANAL SETON	46030	CPT	outpatient			3946	1552.05	Horizon	NJ Health		50.53				50.53	3748.7	fee schedule	
REM ANAL SETON	46030	CPT	outpatient			3946	1552.05	Horizon	Indemnity		2511.62				50.53	3748.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM ANAL SETON	46030	CPT	outpatient			3946	1552.05	Horizon	Medicare Blue		1349.61				50.53	3748.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM ANAL SETON	46030	CPT	outpatient			3946	1552.05	Horizon	PPO		2511.62				50.53	3748.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM ANAL SETON	46030	CPT	outpatient			3946	1552.05	Managed Care Inc	Managed Care Inc		3551.4	90			50.53	3748.7	percent of total billed charges	
REM ANAL SETON	46030	CPT	outpatient			3946	1552.05	Multiplan	Multiplan		3156.8	80			50.53	3748.7	percent of total billed charges	
REM ANAL SETON	46030	CPT	outpatient			3946	1552.05	Qualcare	Qualcare		2959.5	75			50.53	3748.7	percent of total billed charges	
REM ANAL SETON	46030	CPT	outpatient			3946	1552.05	Three Rivers	Three Rivers		3748.7	95			50.53	3748.7	percent of total billed charges	
REM ANAL SETON	46030	CPT	outpatient			3946	1552.05	UHC	Medicare		1349.61				50.53	3748.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM ANAL SETON	46030	CPT	outpatient			3946	1552.05	UHC	Medicaid		1244.96	31.55			50.53	3748.7	percent of total billed charges	
REM ANAL SETON	46030	CPT	outpatient			3946	1552.05	United	Commercial|PPO		2493				50.53	3748.7	case rate	
REM ANAL SETON	46030	CPT	outpatient			3946	1552.05	United	Oxford		2493				50.53	3748.7	case rate	
REM ANAL SETON	46030	CPT	outpatient			3946	1552.05	Wellcare	Medicaid		1244.96	31.55			50.53	3748.7	percent of total billed charges	
REM ANAL SETON	46030	CPT	outpatient			3946	1552.05	Wellcare	Medicare		1349.61				50.53	3748.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM ANAL SETON	46030	CPT	outpatient			3946	1552.05	WellPoint	WellPoint		1269.82	32.18			50.53	3748.7	percent of total billed charges	
INCISION OF RECTAL ABSCESS	46040	CPT	outpatient			7204	1552.05	Aetna	Better Health		2272.86	31.55			222.89	6843.8	percent of total billed charges	
INCISION OF RECTAL ABSCESS	46040	CPT	outpatient			7204	1552.05	Aetna	Commercial		2148.58				222.89	6843.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION OF RECTAL ABSCESS	46040	CPT	outpatient			7204	1552.05	Aetna	Medicare		2218.83	30.8			222.89	6843.8	percent of total billed charges	
INCISION OF RECTAL ABSCESS	46040	CPT	outpatient			7204	1552.05	Americare	Americare		5403	75			222.89	6843.8	percent of total billed charges	
INCISION OF RECTAL ABSCESS	46040	CPT	outpatient			7204	1552.05	Amerihealth	Medicare		1349.61				222.89	6843.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION OF RECTAL ABSCESS	46040	CPT	outpatient			7204	1552.05	Amerihealth	HMO|PPO		4682.6	65			222.89	6843.8	percent of total billed charges	
INCISION OF RECTAL ABSCESS	46040	CPT	outpatient			7204	1552.05	Consumer	Consumer		6843.8	95			222.89	6843.8	percent of total billed charges	
INCISION OF RECTAL ABSCESS	46040	CPT	outpatient			7204	1552.05	Corrections	Corrections		5763.2	80			222.89	6843.8	percent of total billed charges	
INCISION OF RECTAL ABSCESS	46040	CPT	outpatient			7204	1552.05	First Health	First Health		5042.8	70			222.89	6843.8	percent of total billed charges	
INCISION OF RECTAL ABSCESS	46040	CPT	outpatient			7204	1552.05	First Trenton	First Trenton		6483.6	90			222.89	6843.8	percent of total billed charges	
INCISION OF RECTAL ABSCESS	46040	CPT	outpatient			7204	1552.05	Horizon	Indemnity		2511.62				222.89	6843.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION OF RECTAL ABSCESS	46040	CPT	outpatient			7204	1552.05	Horizon	Medicare Blue		1349.61				222.89	6843.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION OF RECTAL ABSCESS	46040	CPT	outpatient			7204	1552.05	Horizon	PPO		2511.62				222.89	6843.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION OF RECTAL ABSCESS	46040	CPT	outpatient			7204	1552.05	Horizon	MGD		2511.62				222.89	6843.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION OF RECTAL ABSCESS	46040	CPT	outpatient			7204	1552.05	Horizon	NJ Health		222.89				222.89	6843.8	fee schedule	
INCISION OF RECTAL ABSCESS	46040	CPT	outpatient			7204	1552.05	Managed Care Inc	Managed Care Inc		6483.6	90			222.89	6843.8	percent of total billed charges	
INCISION OF RECTAL ABSCESS	46040	CPT	outpatient			7204	1552.05	Multiplan	Multiplan		5763.2	80			222.89	6843.8	percent of total billed charges	
INCISION OF RECTAL ABSCESS	46040	CPT	outpatient			7204	1552.05	Qualcare	Qualcare		5403	75			222.89	6843.8	percent of total billed charges	
INCISION OF RECTAL ABSCESS	46040	CPT	outpatient			7204	1552.05	Three Rivers	Three Rivers		6843.8	95			222.89	6843.8	percent of total billed charges	
INCISION OF RECTAL ABSCESS	46040	CPT	outpatient			7204	1552.05	UHC	Medicare		1349.61				222.89	6843.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION OF RECTAL ABSCESS	46040	CPT	outpatient			7204	1552.05	UHC	Medicaid		2272.86	31.55			222.89	6843.8	percent of total billed charges	
INCISION OF RECTAL ABSCESS	46040	CPT	outpatient			7204	1552.05	United	Oxford		2493				222.89	6843.8	case rate	
INCISION OF RECTAL ABSCESS	46040	CPT	outpatient			7204	1552.05	United	Commercial|PPO		2493				222.89	6843.8	case rate	
INCISION OF RECTAL ABSCESS	46040	CPT	outpatient			7204	1552.05	Wellcare	Medicare		1349.61				222.89	6843.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.																	
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true																
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
INCISION OF RECTAL ABSCESS	46040	CPT	outpatient			7204		1552.05 Wellcare	Medicaid		2272.86	31.55			222.89		6843.8	percent of total billed charges	
INCISION OF RECTAL ABSCESS	46040	CPT	outpatient			7204		1552.05 WellPoint	WellPoint		2318.25	32.18			222.89		6843.8	percent of total billed charges	
INCISION OF ANAL ABSCESS	46050	CPT	outpatient			4642		1202.06 Aetna	Commercial		1664.07				78.3		4409.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION OF ANAL ABSCESS	46050	CPT	outpatient			4642		1202.06 Aetna	Better Health		1464.55	31.55			78.3		4409.9	percent of total billed charges	
INCISION OF ANAL ABSCESS	46050	CPT	outpatient			4642		1202.06 Aetna	Medicare		1429.74	30.8			78.3		4409.9	percent of total billed charges	
INCISION OF ANAL ABSCESS	46050	CPT	outpatient			4642		1202.06 Americare	Americare		3481.5	75			78.3		4409.9	percent of total billed charges	
INCISION OF ANAL ABSCESS	46050	CPT	outpatient			4642		1202.06 Amerihealth	Medicare		1045.27				78.3		4409.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION OF ANAL ABSCESS	46050	CPT	outpatient			4642		1202.06 Amerihealth	HMO/PPO		3017.3	65			78.3		4409.9	percent of total billed charges	
INCISION OF ANAL ABSCESS	46050	CPT	outpatient			4642		1202.06 Consumer	Consumer		4409.9	95			78.3		4409.9	percent of total billed charges	
INCISION OF ANAL ABSCESS	46050	CPT	outpatient			4642		1202.06 Corrections	Corrections		3713.6	80			78.3		4409.9	percent of total billed charges	
INCISION OF ANAL ABSCESS	46050	CPT	outpatient			4642		1202.06 First Health	First Health		3249.4	70			78.3		4409.9	percent of total billed charges	
INCISION OF ANAL ABSCESS	46050	CPT	outpatient			4642		1202.06 First Trenton	First Trenton		4177.8	90			78.3		4409.9	percent of total billed charges	
INCISION OF ANAL ABSCESS	46050	CPT	outpatient			4642		1202.06 Horizon	Indemnity		1945.25				78.3		4409.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION OF ANAL ABSCESS	46050	CPT	outpatient			4642		1202.06 Horizon	MGD		1945.25				78.3		4409.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION OF ANAL ABSCESS	46050	CPT	outpatient			4642		1202.06 Horizon	PPO		1945.25				78.3		4409.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION OF ANAL ABSCESS	46050	CPT	outpatient			4642		1202.06 Horizon	NJ Health		78.3				78.3		4409.9	fee schedule	
INCISION OF ANAL ABSCESS	46050	CPT	outpatient			4642		1202.06 Horizon	Medicare Blue		1045.27				78.3		4409.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION OF ANAL ABSCESS	46050	CPT	outpatient			4642		1202.06 Managed Care Inc	Managed Care Inc		4177.8	90			78.3		4409.9	percent of total billed charges	
INCISION OF ANAL ABSCESS	46050	CPT	outpatient			4642		1202.06 Multiplan	Multiplan		3713.6	80			78.3		4409.9	percent of total billed charges	
INCISION OF ANAL ABSCESS	46050	CPT	outpatient			4642		1202.06 Qualcare	Qualcare		3481.5	75			78.3		4409.9	percent of total billed charges	
INCISION OF ANAL ABSCESS	46050	CPT	outpatient			4642		1202.06 Three Rivers	Three Rivers		4409.9	95			78.3		4409.9	percent of total billed charges	
INCISION OF ANAL ABSCESS	46050	CPT	outpatient			4642		1202.06 UHC	Medicare		1045.27				78.3		4409.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION OF ANAL ABSCESS	46050	CPT	outpatient			4642		1202.06 UHC	Medicaid		1464.55	31.55			78.3		4409.9	percent of total billed charges	
INCISION OF ANAL ABSCESS	46050	CPT	outpatient			4642		1202.06 United	Oxford		1817				78.3		4409.9	case rate	
INCISION OF ANAL ABSCESS	46050	CPT	outpatient			4642		1202.06 United	Commercial|PPO		1817				78.3		4409.9	case rate	
INCISION OF ANAL ABSCESS	46050	CPT	outpatient			4642		1202.06 Wellcare	Medicare		1045.27				78.3		4409.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION OF ANAL ABSCESS	46050	CPT	outpatient			4642		1202.06 Wellcare	Medicaid		1464.55	31.55			78.3		4409.9	percent of total billed charges	
INCISION OF ANAL ABSCESS	46050	CPT	outpatient			4642		1202.06 WellPoint	WellPoint		1493.8	32.18			78.3		4409.9	percent of total billed charges	
INC THROMBOSED HEMORRHOID, EXT	46083	CPT	outpatient			909		325.06 Aetna	Medicare		282.66				58.46		1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INC THROMBOSED HEMORRHOID, EXT	46083	CPT	outpatient			909		325.06 Aetna	Commercial		449.99				58.46		1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INC THROMBOSED HEMORRHOID, EXT	46083	CPT	outpatient			909		325.06 Aetna	Better Health		286.79	31.55			58.46		1782	percent of total billed charges	
INC THROMBOSED HEMORRHOID, EXT	46083	CPT	outpatient			909		325.06 Americare	Americare		681.75	75			58.46		1782	percent of total billed charges	
INC THROMBOSED HEMORRHOID, EXT	46083	CPT	outpatient			909		325.06 Amerihealth	Medicare		282.66				58.46		1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INC THROMBOSED HEMORRHOID, EXT	46083	CPT	outpatient			909		325.06 Amerihealth	HMO/PPO		590.85	65			58.46		1782	percent of total billed charges	
INC THROMBOSED HEMORRHOID, EXT	46083	CPT	outpatient			909		325.06 Consumer	Consumer		863.55	95			58.46		1782	percent of total billed charges	
INC THROMBOSED HEMORRHOID, EXT	46083	CPT	outpatient			909		325.06 Corrections	Corrections		727.2	80			58.46		1782	percent of total billed charges	
INC THROMBOSED HEMORRHOID, EXT	46083	CPT	outpatient			909		325.06 First Health	First Health		636.3	70			58.46		1782	percent of total billed charges	
INC THROMBOSED HEMORRHOID, EXT	46083	CPT	outpatient			909		325.06 First Trenton	First Trenton		818.1	90			58.46		1782	percent of total billed charges	
INC THROMBOSED HEMORRHOID, EXT	46083	CPT	outpatient			909		325.06 Horizon	MGD		526.03				58.46		1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INC THROMBOSED HEMORRHOID, EXT	46083	CPT	outpatient			909		325.06 Horizon	Indemnity		526.03				58.46		1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INC THROMBOSED HEMORRHOID, EXT	46083	CPT	outpatient			909		325.06 Horizon	Medicare Blue		282.66				58.46		1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INC THROMBOSED HEMORRHOID, EXT	46083	CPT	outpatient			909		325.06 Horizon	NJ Health		58.46				58.46		1782	fee schedule	
INC THROMBOSED HEMORRHOID, EXT	46083	CPT	outpatient			909		325.06 Horizon	PPO		526.03				58.46		1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INC THROMBOSED HEMORRHOID, EXT	46083	CPT	outpatient			909		325.06 Managed Care Inc	Managed Care Inc		818.1	90			58.46		1782	percent of total billed charges	
INC THROMBOSED HEMORRHOID, EXT	46083	CPT	outpatient			909		325.06 Multiplan	Multiplan		727.2	80			58.46		1782	percent of total billed charges	
INC THROMBOSED HEMORRHOID, EXT	46083	CPT	outpatient			909		325.06 Qualcare	Qualcare		681.75	75			58.46		1782	percent of total billed charges	
INC THROMBOSED HEMORRHOID, EXT	46083	CPT	outpatient			909		325.06 Three Rivers	Three Rivers		863.55	95			58.46		1782	percent of total billed charges	
INC THROMBOSED HEMORRHOID, EXT	46083	CPT	outpatient			909		325.06 UHC	Medicaid		286.79	31.55			58.46		1782	percent of total billed charges	
INC THROMBOSED HEMORRHOID, EXT	46083	CPT	outpatient			909		325.06 UHC	Medicare		282.66				58.46		1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INC THROMBOSED HEMORRHOID, EXT	46083	CPT	outpatient			909		325.06 United	Oxford		1782				58.46		1782	case rate	
INC THROMBOSED HEMORRHOID, EXT	46083	CPT	outpatient			909		325.06 United	Commercial|PPO		1782				58.46		1782	case rate	
INC THROMBOSED HEMORRHOID, EXT	46083	CPT	outpatient			909		325.06 Wellcare	Medicare		282.66				58.46		1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INC THROMBOSED HEMORRHOID, EXT	46083	CPT	outpatient			909		325.06 Wellcare	Medicaid		286.79	31.55			58.46		1782	percent of total billed charges	
INC THROMBOSED HEMORRHOID, EXT	46083	CPT	outpatient			909		325.06 WellPoint	WellPoint		292.52	32.18			58.46		1782	percent of total billed charges	
BANDING OF HEMORROIDS	46221	CPT	outpatient			1231		1202.06 Aetna	Better Health		388.38	31.55			108.42		1945.25	percent of total billed charges	
BANDING OF HEMORROIDS	46221	CPT	outpatient			1231		1202.06 Aetna	Commercial		1664.07				108.42		1945.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BANDING OF HEMORROIDS	46221	CPT	outpatient			1231		1202.06 Aetna	Medicare		1045.27				108.42		1945.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BANDING OF HEMORROIDS	46221	CPT	outpatient			1231		1202.06 Americare	Americare		923.25	75			108.42		1945.25	percent of total billed charges	
BANDING OF HEMORROIDS	46221	CPT	outpatient			1231		1202.06 Amerihealth	Medicare		1045.27				108.42		1945.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BANDING OF HEMORROIDS	46221	CPT	outpatient			1231		1202.06 Amerihealth	HMO/PPO		800.15	65			108.42		1945.25	percent of total billed charges	
BANDING OF HEMORROIDS	46221	CPT	outpatient			1231		1202.06 Consumer	Consumer		1169.45	95			108.42		1945.25	percent of total billed charges	
BANDING OF HEMORROIDS	46221	CPT	outpatient			1231		1202.06 Corrections	Corrections		984.8	80			108.42		1945.25	percent of total billed charges	
BANDING OF HEMORROIDS	46221	CPT	outpatient			1231		1202.06 First Health	First Health		861.7	70			108.42		1945.25	percent of total billed charges	
BANDING OF HEMORROIDS	46221	CPT	outpatient			1231		1202.06 First Trenton	First Trenton		1107.9	90			108.42		1945.25	percent of total billed charges	
BANDING OF HEMORROIDS	46221	CPT	outpatient			1231		1202.06 Horizon	MGD		1945.25				108.42		1945.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BANDING OF HEMORROIDS	46221	CPT	outpatient			1231		1202.06 Horizon	Medicare Blue		1045.27				108.42		1945.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BANDING OF HEMORROIDS	46221	CPT	outpatient			1231		1202.06 Horizon	PPO		1945.25				108.42		1945.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BANDING OF HEMORROIDS	46221	CPT	outpatient			1231		1202.06 Horizon	Indemnity		1945.25				108.42		1945.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BANDING OF HEMORROIDS	46221	CPT	outpatient			1231		1202.06 Horizon	NJ Health		108.42				108.42		1945.25	fee schedule	
BANDING OF HEMORROIDS	46221	CPT	outpatient			1231		1202.06 Managed Care Inc	Managed Care Inc		1107.9	90			108.42		1945.25	percent of total billed charges	
BANDING OF HEMORROIDS	46221	CPT	outpatient			1231		1202.06 Multiplan	Multiplan		984.8	80			108.42		1945.25	percent of total billed charges	
BANDING OF HEMORROIDS	46221	CPT	outpatient			1231		1202.06 Qualcare	Qualcare		923.25	75			108.42		1945.25	percent of total billed charges	
BANDING OF HEMORROIDS	46221	CPT	outpatient			1231		1202.06 Three Rivers	Three Rivers		1169.45	95			108.42		1945.25	percent of total billed charges	
BANDING OF HEMORROIDS	46221	CPT	outpatient			1231		1202.06 UHC	Medicare		1045.27				108.42		1945.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BANDING OF HEMORROIDS	46221	CPT	outpatient			1231		1202.06 UHC	Medicaid		388.38	31.55			108.42		1945.25	percent of total billed charges	
BANDING OF HEMORROIDS	46221	CPT	outpatient			1231		1202.06 United	Commercial|PPO		1817				108.42		1945.25	case rate	
BANDING OF HEMORROIDS	46221	CPT	outpatient			1231		1202.06 United	Oxford		1817				108.42		1945.25	case rate	
BANDING OF HEMORROIDS	46221	CPT	outpatient			1231		1202.06 Wellcare	Medicare		1045.27				108.42		1945.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BANDING OF HEMORROIDS	46221	CPT	outpatient			1231		1202.06 Wellcare	Medicaid		388.38	31.55			108.42		1945.25	percent of total billed charges	
BANDING OF HEMORROIDS	46221	CPT	outpatient			1231		1202.06 WellPoint	WellPoint		396.14	32.18			108.42		1945.25	percent of total billed charges	
HEMORRHOIDECTOMY	46250	CPT	outpatient			8754		3692.88 Aetna	Better Health		2761.89	31.55			362.79		8316.3	percent of total billed charges	
HEMORRHOIDECTOMY	46250	CPT	outpatient			8754		3692.88 Aetna	Commercial		5112.23				362.79		8316.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HEMORRHOIDECTOMY	46250	CPT	outpatient			8754		3692.88 Aetna	Medicare		3211.2				362.79		8316.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HEMORRHOIDECTOMY	46250	CPT	outpatient			8754		3692.88 Americare	Americare		6565.5	75			362.79		8316.3	percent of total billed charges	
HEMORRHOIDECTOMY	46250	CPT	outpatient			8754		3692.88 Amerihealth	HMO/PPO		5690.1	65			362.79		8316.3	percent of total billed charges	
HEMORRHOIDECTOMY	46250	CPT	outpatient			8754		3692.88 Amerihealth	Medicare		3211.2				362.79		8316.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HEMORRHOIDECTOMY	46250	CPT	outpatient			8754		3692.88 Consumer	Consumer		8316.3	95			362.79		8316.3	percent of total billed charges	
HEMORRHOIDECTOMY	46250	CPT	outpatient			8754		3692.88 Corrections	Corrections		7003.2	80			362.79		8316.3	percent of total billed charges	
HEMORRHOIDECTOMY	46250	CPT	outpatient			8754		3692.88 First Health	First Health		6127.8	70			362.79		8316.3	percent of total billed charges	
HEMORRHOIDECTOMY	46250	CPT	outpatient			8754		3692.88 First Trenton	First Trenton		7878.6	90			362.79		8316.3	percent of total billed charges	
HEMORRHOIDECTOMY	46250	CPT	outpatient			8754		3692.88 Horizon	Indemnity		5976.04				362.79		8316.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HEMORRHOIDECTOMY	46250	CPT	outpatient			8754		3692.88 Horizon	NJ Health		362.79				362.79		8316.3	fee schedule	
HEMORRHOIDECTOMY	46250	CPT	outpatient			8754		3692.88 Horizon	PPO		5976.04				362.79		8316.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HEMORRHOIDECTOMY	46250	CPT	outpatient			8754		3692.88 Horizon	MGD		5976.04				362.79		8316.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HEMORRHOIDECTOMY	46250	CPT	outpatient			8754		3692.88 Horizon	Medicare Blue		3211.2				362.79		8316.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HEMORRHOIDECTOMY	46250	CPT	outpatient			8754		3692.88 Managed Care Inc	Managed Care Inc		7878.6	90			362.79		8316.3	percent of total billed charges	
HEMORRHOIDECTOMY	46250	CPT	outpatient			8754		3692.88 Multiplan	Multiplan		7003.2	80			362.79		8316.3	percent of total billed charges	
HEMORRHOIDECTOMY	46250	CPT	outpatient			8754		3692.88 Qualcare	Qualcare		6565.5	75			362.79		8316.3	percent of total billed charges	
HEMORRHOIDECTOMY	46250	CPT	outpatient			8754		3692.88 Three Rivers	Three Rivers		8316.3	95			362.79		8316.3	percent of total billed charges	
HEMORRHOIDECTOMY	46250	CPT	outpatient			8754		3692.88 UHC	Medicare		3211.2				362.79		8316.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HEMORRHOIDECTOMY	46250	CPT	outpatient			8754		3692.88 UHC	Medicaid		2761.89	31.55			362.79		8316.3	percent of total billed charges	
HEMORRHOIDECTOMY	46250	CPT	outpatient			8754		3692.88 United	Commercial|PPO		2776				362.79		8316.3	case rate	
HEMORRHOIDECTOMY	46250	CPT	outpatient			8754		3692.88 United	Oxford		2776				362.79		8316.3	case rate	
HEMORRHOIDECTOMY	46250	CPT	outpatient			8754		3692.88 Wellcare	Medicare		3211.2				362.79		8316.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HEMORRHOIDECTOMY	46250	CPT	outpatient			8754		3692.88 Wellcare	Medicaid		2761.89	31.55			362.79		8316.3	percent of total billed charges	
HEMORRHOIDECTOMY	46250	CPT	outpatient			8754		3692.88 WellPoint	WellPoint		2817.04	32.18			362.79		8316.3	percent of total billed charges	
EXC THROMBOSED HEMORRHOID XTRNL	46320	CPT	outpatient			6796		1552.05 Aetna	Better Health		2144.14	31.55			91.35		6456.2	percent of total billed charges	
EXC THROMBOSED HEMORRHOID XTRNL	46320	CPT	outpatient			6796		1552.05 Aetna	Medicare		1349.61				91.35		6456.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC THROMBOSED HEMORRHOID XTRNL	46320	CPT	outpatient			6796		1552.05 Aetna	Commercial		2148.58				91.35		6456.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC THROMBOSED HEMORRHOID XTRNL	46320	CPT	outpatient			6796		1552.05 Americare	Americare		5097	75			91.35		6456.2	percent of total billed charges	
EXC THROMBOSED HEMORRHOID XTRNL	46320	CPT	outpatient			6796		1552.05 Amerihealth	HMO/PPO		4417.4	65			91.35		6456.2	percent of total billed charges	
EXC THROMBOSED HEMORRHOID XTRNL	46320	CPT	outpatient			6796		1552.05 Amerihealth	Medicare		1349.61				91.35		6456.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC THROMBOSED HEMORRHOID XTRNL	46320	CPT	outpatient			6796		1552.05 Consumer	Consumer		6456.2	95			91.35		6456.2	percent of total billed charges	
EXC THROMBOSED HEMORRHOID XTRNL	46320	CPT	outpatient			6796		1552.05 Corrections	Corrections		5436.8	80			91.35		6456.2	percent of total billed charges	
EXC THROMBOSED HEMORRHOID XTRNL	46320	CPT	outpatient			6796		1552.05 First Health	First Health		4757.2	70			91.35		6456.2	percent of total billed charges	
EXC THROMBOSED HEMORRHOID XTRNL	46320	CPT	outpatient			6796		1552.05 First Trenton	First Trenton		6116.4	90			91.35		6456.2	percent of total billed charges	
EXC THROMBOSED HEMORRHOID XTRNL	46320	CPT	outpatient			6796		1552.05 Horizon	MGD		2511.62				91.35		6456.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC THROMBOSED HEMORRHOID XTRNL	46320	CPT	outpatient			6796		1552.05 Horizon	Indemnity		2511.62				91.35		6456.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC THROMBOSED HEMORRHOID XTRNL	46320	CPT	outpatient			6796		1552.05 Horizon	NJ Health		91.35				91.35		6456.2	fee schedule	
EXC THROMBOSED HEMORRHOID XTRNL	46320	CPT	outpatient			6796		1552.05 Horizon	Medicare Blue		1349.61				91.35		6456.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC THROMBOSED HEMORRHOID XTRNL	46320	CPT	outpatient			6796		1552.05 Horizon	PPO		2511.62				91.35		6456.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC THROMBOSED HEMORRHOID XTRNL	46320	CPT	outpatient			6796		1552.05 Managed Care Inc	Managed Care Inc		6116.4	90			91.35		6456.2	percent of total billed charges	
EXC THROMBOSED HEMORRHOID XTRNL	46320	CPT	outpatient			6796		1552.05 Multiplan	Multiplan		5436.8	80			91.35		6456.2	percent of total billed charges	
EXC THROMBOSED HEMORRHOID XTRNL	46320	CPT	outpatient			6796		1552.05 Qualcare	Qualcare		5097	75			91.35		6456.2	percent of total billed charges	
EXC THROMBOSED HEMORRHOID XTRNL	46320	CPT	outpatient			6796		1552.05 Three Rivers	Three Rivers		6456.2	95			91.35		6456.2	percent of total billed charges	
EXC THROMBOSED HEMORRHOID XTRNL	46320	CPT	outpatient			6796		1552.05 UHC	Medicaid		2144.14	31.55			91.35		6456.2	percent of total billed charges	
EXC THROMBOSED HEMORRHOID XTRNL	46320	CPT	outpatient			6796		1552.05 UHC	Medicare		1349.61				91.35		6456.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC THROMBOSED HEMORRHOID XTRNL	46320	CPT	outpatient			6796		1552.05 United	Commercial|PPO		2493				91.35		6456.2	case rate	
EXC THROMBOSED HEMORRHOID XTRNL	46320	CPT	outpatient			6796		1552.05 United	Oxford		2493				91.35		6456.2	case rate	
EXC THROMBOSED HEMORRHOID XTRNL	46320	CPT	outpatient			6796		1552.05 Wellcare	Medicare		1349.61				91.35		6456.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC THROMBOSED HEMORRHOID XTRNL	46320	CPT	outpatient			6796		1552.05 Wellcare	Medicaid		2144.14	31.55			91.35		6456.2	percent of total billed charges	
EXC THROMBOSED HEMORRHOID XTRNL	46320	CPT	outpatient			6796		1552.05 WellPoint	WellPoint		2186.95	32.18			91.35		6456.2	percent of total billed charges	
IRJ OF SCLEROSING SOLUT. HEMORHOIDS	46500	CPT	outpatient			4642		1202.06 Aetna	Commercial		1664.07				84.28		4409.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IRJ OF SCLEROSING SOLUT. HEMORHOIDS	46500	CPT	outpatient			4642		1202.06 Aetna	Better Health		1464.55	31.55			84.28		4409.9	percent of total billed charges	
IRJ OF SCLEROSING SOLUT. HEMORHOIDS	46500	CPT	outpatient			4642		1202.06 Aetna	Medicare		1045.27				84.28		4409.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IRJ OF SCLEROSING SOLUT. HEMORHOIDS	46500	CPT	outpatient			4642		1202.06 Americare	Americare		3481.5	75			84.28		4409.9	percent of total billed charges	
IRJ OF SCLEROSING SOLUT. HEMORHOIDS	46500	CPT	outpatient			4642		1202.06 Amerihealth	Medicare		1045.27				84.28		4409.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IRJ OF SCLEROSING SOLUT. HEMORHOIDS	46500	CPT	outpatient			4642		1202.06 Amerihealth	HMO/PPO		3017.3	65			84.28		4409.9	percent of total billed charges	
IRJ OF SCLEROSING SOLUT. HEMORHOIDS	46500	CPT	outpatient			4642		1202.06 Consumer	Consumer		4409.9	95			84.28		4409.9	percent of total billed charges	
IRJ OF SCLEROSING SOLUT. HEMORHOIDS	46500	CPT	outpatient			4642		1202.06 Corrections	Corrections		3713.6	80			84.28		4409.9	percent of total billed charges	
IRJ OF SCLEROSING SOLUT. HEMORHOIDS	46500	CPT	outpatient			4642		1202.06 First Health	First Health		3249.4	70			84.28		4409.9	percent of total billed charges	
IRJ OF SCLEROSING SOLUT. HEMORHOIDS	46500	CPT	outpatient			4642		1202.06 First Trenton	First Trenton		4177.8	90			84.28		4409.9	percent of total billed charges	
IRJ OF SCLEROSING SOLUT. HEMORHOIDS	46500	CPT	outpatient			4642		1202.06 Horizon	MGD		1945.25				84.28		4409.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IRJ OF SCLEROSING SOLUT. HEMORHOIDS	46500	CPT	outpatient			4642		1202.06 Horizon	Indemnity		1945.25				84.28		4409.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IRJ OF SCLEROSING SOLUT. HEMORHOIDS	46500	CPT	outpatient			4642		1202.06 Horizon	Medicare Blue		1045.27				84.28		4409.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IRJ OF SCLEROSING SOLUT. HEMORHOIDS	46500	CPT	outpatient			4642		1202.06 Horizon	NJ Health		84.28				84.28		4409.9	fee schedule	
IRJ OF SCLEROSING SOLUT. HEMORHOIDS	46500	CPT	outpatient			4642		1202.06 Horizon	PPO		1945.25				84.28		4409.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IRJ OF SCLEROSING SOLUT. HEMORHOIDS	46500	CPT	outpatient			4642		1202.06 Managed Care Inc	Managed Care Inc		4177.8	90			84.28		4409.9	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.														
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true													
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
IRJ OF SCLEROSING SOLUT, HEMORHOIDS	46500	CPT	outpatient			4642	1202.06	Multiplan	Multiplan		3713.6	80			84.28	4409.9	percent of total billed charges	
IRJ OF SCLEROSING SOLUT, HEMORHOIDS	46500	CPT	outpatient			4642	1202.06	Qualcare	Qualcare		3481.5	75			84.28	4409.9	percent of total billed charges	
IRJ OF SCLEROSING SOLUT, HEMORHOIDS	46500	CPT	outpatient			4642	1202.06	Three Rivers	Three Rivers		4409.9	95			84.28	4409.9	percent of total billed charges	
IRJ OF SCLEROSING SOLUT, HEMORHOIDS	46500	CPT	outpatient			4642	1202.06	UHC	Medicaid		1464.55	31.55			84.28	4409.9	percent of total billed charges	
IRJ OF SCLEROSING SOLUT, HEMORHOIDS	46500	CPT	outpatient			4642	1202.06	UHC	Medicare		1045.27				84.28	4409.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IRJ OF SCLEROSING SOLUT, HEMORHOIDS	46500	CPT	outpatient			4642	1202.06	United	Commercial|PPO		1817				84.28	4409.9	case rate	
IRJ OF SCLEROSING SOLUT, HEMORHOIDS	46500	CPT	outpatient			4642	1202.06	United	Oxford		1817				84.28	4409.9	case rate	
IRJ OF SCLEROSING SOLUT, HEMORHOIDS	46500	CPT	outpatient			4642	1202.06	Wellcare	Medicare		1045.27				84.28	4409.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IRJ OF SCLEROSING SOLUT, HEMORHOIDS	46500	CPT	outpatient			4642	1202.06	Wellcare	Medicaid		1464.55	31.55			84.28	4409.9	percent of total billed charges	
IRJ OF SCLEROSING SOLUT, HEMORHOIDS	46500	CPT	outpatient			4642	1202.06	WellPoint	WellPoint		1493.8	32.18			84.28	4409.9	percent of total billed charges	
CHEMODENERVATION ON INTERNAL ANAL SPH	46505	CPT	outpatient			8770	1552.05	Aetna	Better Health		2766.94	31.55			253.33	8331.5	percent of total billed charges	
CHEMODENERVATION ON INTERNAL ANAL SPH	46505	CPT	outpatient			8770	1552.05	Aetna	Commercial		2148.58				253.33	8331.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMODENERVATION ON INTERNAL ANAL SPH	46505	CPT	outpatient			8770	1552.05	Aetna	Medicare		1349.61				253.33	8331.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMODENERVATION ON INTERNAL ANAL SPH	46505	CPT	outpatient			8770	1552.05	Americare	Americare		6577.5	75			253.33	8331.5	percent of total billed charges	
CHEMODENERVATION ON INTERNAL ANAL SPH	46505	CPT	outpatient			8770	1552.05	Amerihealth	HMO|PPO		5700.5	65			253.33	8331.5	percent of total billed charges	
CHEMODENERVATION ON INTERNAL ANAL SPH	46505	CPT	outpatient			8770	1552.05	Amerihealth	Medicare		1349.61				253.33	8331.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMODENERVATION ON INTERNAL ANAL SPH	46505	CPT	outpatient			8770	1552.05	Consumer	Consumer		8331.5	95			253.33	8331.5	percent of total billed charges	
CHEMODENERVATION ON INTERNAL ANAL SPH	46505	CPT	outpatient			8770	1552.05	Corrections	Corrections		7016	80			253.33	8331.5	percent of total billed charges	
CHEMODENERVATION ON INTERNAL ANAL SPH	46505	CPT	outpatient			8770	1552.05	First Health	First Health		6139	70			253.33	8331.5	percent of total billed charges	
CHEMODENERVATION ON INTERNAL ANAL SPH	46505	CPT	outpatient			8770	1552.05	First Trenton	First Trenton		7893	90			253.33	8331.5	percent of total billed charges	
CHEMODENERVATION ON INTERNAL ANAL SPH	46505	CPT	outpatient			8770	1552.05	Horizon	PPO		2511.62				253.33	8331.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMODENERVATION ON INTERNAL ANAL SPH	46505	CPT	outpatient			8770	1552.05	Horizon	MGD		2511.62				253.33	8331.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMODENERVATION ON INTERNAL ANAL SPH	46505	CPT	outpatient			8770	1552.05	Horizon	Medicare Blue		1349.61				253.33	8331.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMODENERVATION ON INTERNAL ANAL SPH	46505	CPT	outpatient			8770	1552.05	Horizon	NJ Health		253.33				253.33	8331.5	fee schedule	
CHEMODENERVATION ON INTERNAL ANAL SPH	46505	CPT	outpatient			8770	1552.05	Horizon	Indemnity		2511.62				253.33	8331.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMODENERVATION ON INTERNAL ANAL SPH	46505	CPT	outpatient			8770	1552.05	Managed Care Inc	Managed Care Inc		7893	90			253.33	8331.5	percent of total billed charges	
CHEMODENERVATION ON INTERNAL ANAL SPH	46505	CPT	outpatient			8770	1552.05	Multiplan	Multiplan		7016	80			253.33	8331.5	percent of total billed charges	
CHEMODENERVATION ON INTERNAL ANAL SPH	46505	CPT	outpatient			8770	1552.05	Qualcare	Qualcare		6577.5	75			253.33	8331.5	percent of total billed charges	
CHEMODENERVATION ON INTERNAL ANAL SPH	46505	CPT	outpatient			8770	1552.05	Three Rivers	Three Rivers		8331.5	95			253.33	8331.5	percent of total billed charges	
CHEMODENERVATION ON INTERNAL ANAL SPH	46505	CPT	outpatient			8770	1552.05	UHC	Medicaid		2766.94	31.55			253.33	8331.5	percent of total billed charges	
CHEMODENERVATION ON INTERNAL ANAL SPH	46505	CPT	outpatient			8770	1552.05	UHC	Medicare		1349.61				253.33	8331.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMODENERVATION ON INTERNAL ANAL SPH	46505	CPT	outpatient			8770	1552.05	United	Commercial|PPO		2493				253.33	8331.5	case rate	
CHEMODENERVATION ON INTERNAL ANAL SPH	46505	CPT	outpatient			8770	1552.05	United	Oxford		2493				253.33	8331.5	case rate	
CHEMODENERVATION ON INTERNAL ANAL SPH	46505	CPT	outpatient			8770	1552.05	Wellcare	Medicare		1349.61				253.33	8331.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMODENERVATION ON INTERNAL ANAL SPH	46505	CPT	outpatient			8770	1552.05	Wellcare	Medicaid		2766.94	31.55			253.33	8331.5	percent of total billed charges	
CHEMODENERVATION ON INTERNAL ANAL SPH	46505	CPT	outpatient			8770	1552.05	WellPoint	WellPoint		2822.19	32.18			253.33	8331.5	percent of total billed charges	
DIAGNOSTIC ANOSCOPY SPX	46600	CPT	outpatient			438	168	Aetna	Better Health		138.19	31.55			41.76	1782	percent of total billed charges	
DIAGNOSTIC ANOSCOPY SPX	46600	CPT	outpatient			438	168	Aetna	Commercial		232.58				41.76	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIAGNOSTIC ANOSCOPY SPX	46600	CPT	outpatient			438	168	Aetna	Medicare		146.09				41.76	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIAGNOSTIC ANOSCOPY SPX	46600	CPT	outpatient			438	168	Americare	Americare		328.5	75			41.76	1782	percent of total billed charges	
DIAGNOSTIC ANOSCOPY SPX	46600	CPT	outpatient			438	168	Amerihealth	HMO|PPO		284.7	65			41.76	1782	percent of total billed charges	
DIAGNOSTIC ANOSCOPY SPX	46600	CPT	outpatient			438	168	Amerihealth	Medicare		146.09				41.76	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIAGNOSTIC ANOSCOPY SPX	46600	CPT	outpatient			438	168	Consumer	Consumer		416.1	95			41.76	1782	percent of total billed charges	
DIAGNOSTIC ANOSCOPY SPX	46600	CPT	outpatient			438	168	Corrections	Corrections		350.4	80			41.76	1782	percent of total billed charges	
DIAGNOSTIC ANOSCOPY SPX	46600	CPT	outpatient			438	168	First Health	First Health		306.6	70			41.76	1782	percent of total billed charges	
DIAGNOSTIC ANOSCOPY SPX	46600	CPT	outpatient			438	168	First Trenton	First Trenton		394.2	90			41.76	1782	percent of total billed charges	
DIAGNOSTIC ANOSCOPY SPX	46600	CPT	outpatient			438	168	Horizon	NJ Health		41.76				41.76	1782	fee schedule	
DIAGNOSTIC ANOSCOPY SPX	46600	CPT	outpatient			438	168	Horizon	Indemnity		271.87				41.76	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIAGNOSTIC ANOSCOPY SPX	46600	CPT	outpatient			438	168	Horizon	MGD		271.87				41.76	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIAGNOSTIC ANOSCOPY SPX	46600	CPT	outpatient			438	168	Horizon	Medicare Blue		146.09				41.76	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIAGNOSTIC ANOSCOPY SPX	46600	CPT	outpatient			438	168	Horizon	PPO		271.87				41.76	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIAGNOSTIC ANOSCOPY SPX	46600	CPT	outpatient			438	168	Managed Care Inc	Managed Care Inc		394.2	90			41.76	1782	percent of total billed charges	
DIAGNOSTIC ANOSCOPY SPX	46600	CPT	outpatient			438	168	Multiplan	Multiplan		350.4	80			41.76	1782	percent of total billed charges	
DIAGNOSTIC ANOSCOPY SPX	46600	CPT	outpatient			438	168	Qualcare	Qualcare		328.5	75			41.76	1782	percent of total billed charges	
DIAGNOSTIC ANOSCOPY SPX	46600	CPT	outpatient			438	168	Three Rivers	Three Rivers		416.1	95			41.76	1782	percent of total billed charges	
DIAGNOSTIC ANOSCOPY SPX	46600	CPT	outpatient			438	168	UHC	Medicare		146.09				41.76	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIAGNOSTIC ANOSCOPY SPX	46600	CPT	outpatient			438	168	UHC	Medicaid		138.19	31.55			41.76	1782	percent of total billed charges	
DIAGNOSTIC ANOSCOPY SPX	46600	CPT	outpatient			438	168	United	Commercial|PPO		1782				41.76	1782	case rate	
DIAGNOSTIC ANOSCOPY SPX	46600	CPT	outpatient			438	168	United	Oxford		1782				41.76	1782	case rate	
DIAGNOSTIC ANOSCOPY SPX	46600	CPT	outpatient			438	168	Wellcare	Medicare		146.09				41.76	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIAGNOSTIC ANOSCOPY SPX	46600	CPT	outpatient			438	168	Wellcare	Medicaid		138.19	31.55			41.76	1782	percent of total billed charges	
DIAGNOSTIC ANOSCOPY SPX	46600	CPT	outpatient			438	168	WellPoint	WellPoint		140.95	32.18			41.76	1782	percent of total billed charges	
DIAGNOSTIC ANOSCOPY (HRA)	46601	CPT	outpatient			424	168	Aetna	Commercial		232.58				133.77	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIAGNOSTIC ANOSCOPY (HRA)	46601	CPT	outpatient			424	168	Aetna	Better Health		133.77	31.55			133.77	1782	percent of total billed charges	
DIAGNOSTIC ANOSCOPY (HRA)	46601	CPT	outpatient			424	168	Aetna	Medicare		146.09				133.77	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIAGNOSTIC ANOSCOPY (HRA)	46601	CPT	outpatient			424	168	Americare	Americare		318	75			133.77	1782	percent of total billed charges	
DIAGNOSTIC ANOSCOPY (HRA)	46601	CPT	outpatient			424	168	Amerihealth	HMO|PPO		275.6	65			133.77	1782	percent of total billed charges	
DIAGNOSTIC ANOSCOPY (HRA)	46601	CPT	outpatient			424	168	Amerihealth	Medicare		146.09				133.77	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIAGNOSTIC ANOSCOPY (HRA)	46601	CPT	outpatient			424	168	Consumer	Consumer		402.8	95			133.77	1782	percent of total billed charges	
DIAGNOSTIC ANOSCOPY (HRA)	46601	CPT	outpatient			424	168	Corrections	Corrections		339.2	80			133.77	1782	percent of total billed charges	
DIAGNOSTIC ANOSCOPY (HRA)	46601	CPT	outpatient			424	168	First Health	First Health		296.8	70			133.77	1782	percent of total billed charges	
DIAGNOSTIC ANOSCOPY (HRA)	46601	CPT	outpatient			424	168	First Trenton	First Trenton		381.6	90			133.77	1782	percent of total billed charges	
DIAGNOSTIC ANOSCOPY (HRA)	46601	CPT	outpatient			424	168	Horizon	Medicare Blue		146.09				133.77	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIAGNOSTIC ANOSCOPY (HRA)	46601	CPT	outpatient			424	168	Horizon	Indemnity		271.87				133.77	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIAGNOSTIC ANOSCOPY (HRA)	46601	CPT	outpatient			424	168	Horizon	PPO		271.87				133.77	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIAGNOSTIC ANOSCOPY (HRA)	46601	CPT	outpatient			424	168	Horizon	MGD		271.87				133.77	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIAGNOSTIC ANOSCOPY (HRA)	46601	CPT	outpatient			424	168	Horizon	NJ Health		204.26				133.77	1782	fee schedule	
DIAGNOSTIC ANOSCOPY (HRA)	46601	CPT	outpatient			424	168	Managed Care Inc	Managed Care Inc		381.6	90			133.77	1782	percent of total billed charges	
DIAGNOSTIC ANOSCOPY (HRA)	46601	CPT	outpatient			424	168	Multiplan	Multiplan		339.2	80			133.77	1782	percent of total billed charges	
DIAGNOSTIC ANOSCOPY (HRA)	46601	CPT	outpatient			424	168	Qualcare	Qualcare		318	75			133.77	1782	percent of total billed charges	
DIAGNOSTIC ANOSCOPY (HRA)	46601	CPT	outpatient			424	168	Three Rivers	Three Rivers		402.8	95			133.77	1782	percent of total billed charges	
DIAGNOSTIC ANOSCOPY (HRA)	46601	CPT	outpatient			424	168	UHC	Medicare		146.09				133.77	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIAGNOSTIC ANOSCOPY (HRA)	46601	CPT	outpatient			424	168	UHC	Medicaid		133.77	31.55			133.77	1782	percent of total billed charges	
DIAGNOSTIC ANOSCOPY (HRA)	46601	CPT	outpatient			424	168	United	Commercial|PPO		1782				133.77	1782	case rate	
DIAGNOSTIC ANOSCOPY (HRA)	46601	CPT	outpatient			424	168	United	Oxford		1782				133.77	1782	case rate	
DIAGNOSTIC ANOSCOPY (HRA)	46601	CPT	outpatient			424	168	Wellcare	Medicare		146.09				133.77	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIAGNOSTIC ANOSCOPY (HRA)	46601	CPT	outpatient			424	168	Wellcare	Medicaid		133.77	31.55			133.77	1782	percent of total billed charges	
DIAGNOSTIC ANOSCOPY (HRA)	46601	CPT	outpatient			424	168	WellPoint	WellPoint		136.44	32.18			133.77	1782	percent of total billed charges	
ANOSCOPY W/DILATION	46604	CPT	outpatient			3473	1552.05	Aetna	Better Health		1095.73	31.55			58.46	3299.35	percent of total billed charges	
ANOSCOPY W/DILATION	46604	CPT	outpatient			3473	1552.05	Aetna	Commercial		2148.58				58.46	3299.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANOSCOPY W/DILATION	46604	CPT	outpatient			3473	1552.05	Aetna	Medicare		1349.61				58.46	3299.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANOSCOPY W/DILATION	46604	CPT	outpatient			3473	1552.05	Americare	Americare		2604.75	75			58.46	3299.35	percent of total billed charges	
ANOSCOPY W/DILATION	46604	CPT	outpatient			3473	1552.05	Amerihealth	HMO|PPO		2257.45	65			58.46	3299.35	percent of total billed charges	
ANOSCOPY W/DILATION	46604	CPT	outpatient			3473	1552.05	Amerihealth	Medicare		1349.61				58.46	3299.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANOSCOPY W/DILATION	46604	CPT	outpatient			3473	1552.05	Consumer	Consumer		3299.35	95			58.46	3299.35	percent of total billed charges	
ANOSCOPY W/DILATION	46604	CPT	outpatient			3473	1552.05	Corrections	Corrections		2778.4	80			58.46	3299.35	percent of total billed charges	
ANOSCOPY W/DILATION	46604	CPT	outpatient			3473	1552.05	First Health	First Health		2431.1	70			58.46	3299.35	percent of total billed charges	
ANOSCOPY W/DILATION	46604	CPT	outpatient			3473	1552.05	First Trenton	First Trenton		3125.7	90			58.46	3299.35	percent of total billed charges	
ANOSCOPY W/DILATION	46604	CPT	outpatient			3473	1552.05	Horizon	MGD		2511.62				58.46	3299.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANOSCOPY W/DILATION	46604	CPT	outpatient			3473	1552.05	Horizon	Indemnity		2511.62				58.46	3299.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANOSCOPY W/DILATION	46604	CPT	outpatient			3473	1552.05	Horizon	NJ Health		58.46				58.46	3299.35	fee schedule	
ANOSCOPY W/DILATION	46604	CPT	outpatient			3473	1552.05	Horizon	PPO		2511.62				58.46	3299.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANOSCOPY W/DILATION	46604	CPT	outpatient			3473	1552.05	Horizon	Medicare Blue		1349.61				58.46	3299.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANOSCOPY W/DILATION	46604	CPT	outpatient			3473	1552.05	Managed Care Inc	Managed Care Inc		3125.7	90			58.46	3299.35	percent of total billed charges	
ANOSCOPY W/DILATION	46604	CPT	outpatient			3473	1552.05	Multiplan	Multiplan		2778.4	80			58.46	3299.35	percent of total billed charges	
ANOSCOPY W/DILATION	46604	CPT	outpatient			3473	1552.05	Qualcare	Qualcare		2604.75	75			58.46	3299.35	percent of total billed charges	
ANOSCOPY W/DILATION	46604	CPT	outpatient			3473	1552.05	Three Rivers	Three Rivers		3299.35	95			58.46	3299.35	percent of total billed charges	
ANOSCOPY W/DILATION	46604	CPT	outpatient			3473	1552.05	UHC	Medicaid		1095.73	31.55			58.46	3299.35	percent of total billed charges	
ANOSCOPY W/DILATION	46604	CPT	outpatient			3473	1552.05	UHC	Medicare		1349.61				58.46	3299.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANOSCOPY W/DILATION	46604	CPT	outpatient			3473	1552.05	United	Commercial|PPO		2493				58.46	3299.35	case rate	
ANOSCOPY W/DILATION	46604	CPT	outpatient			3473	1552.05	United	Oxford		2493				58.46	3299.35	case rate	
ANOSCOPY W/DILATION	46604	CPT	outpatient			3473	1552.05	Wellcare	Medicare		1349.61				58.46	3299.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANOSCOPY W/DILATION	46604	CPT	outpatient			3473	1552.05	Wellcare	Medicaid		1095.73	31.55			58.46	3299.35	percent of total billed charges	
ANOSCOPY W/DILATION	46604	CPT	outpatient			3473	1552.05	WellPoint	WellPoint		1117.61	32.18			58.46	3299.35	percent of total billed charges	
ANOSCOPY; W BX, SINGLE/MULTI	46606	CPT	outpatient			3946	1552.05	Aetna	Better Health		1244.96	31.55			58.46	3748.7	percent of total billed charges	
ANOSCOPY; W BX, SINGLE/MULTI	46606	CPT	outpatient			3946	1552.05	Aetna	Commercial		2148.58				58.46	3748.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANOSCOPY; W BX, SINGLE/MULTI	46606	CPT	outpatient			3946	1552.05	Aetna	Medicare		1349.61				58.46	3748.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANOSCOPY; W BX, SINGLE/MULTI	46606	CPT	outpatient			3946	1552.05	Americare	Americare		2959.5	75			58.46	3748.7	percent of total billed charges	
ANOSCOPY; W BX, SINGLE/MULTI	46606	CPT	outpatient			3946	1552.05	Amerihealth	HMO|PPO		2564.9	65			58.46	3748.7	percent of total billed charges	
ANOSCOPY; W BX, SINGLE/MULTI	46606	CPT	outpatient			3946	1552.05	Amerihealth	Medicare		1349.61				58.46	3748.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANOSCOPY; W BX, SINGLE/MULTI	46606	CPT	outpatient			3946	1552.05	Consumer	Consumer		3748.7	95			58.46	3748.7	percent of total billed charges	
ANOSCOPY; W BX, SINGLE/MULTI	46606	CPT	outpatient			3946	1552.05	Corrections	Corrections		3156.8	80			58.46	3748.7	percent of total billed charges	
ANOSCOPY; W BX, SINGLE/MULTI	46606	CPT	outpatient			3946	1552.05	First Health	First Health		2762.2	70			58.46	3748.7	percent of total billed charges	
ANOSCOPY; W BX, SINGLE/MULTI	46606	CPT	outpatient			3946	1552.05	First Trenton	First Trenton		3551.4	90			58.46	3748.7	percent of total billed charges	
ANOSCOPY; W BX, SINGLE/MULTI	46606	CPT	outpatient			3946	1552.05	Horizon	NJ Health		58.46				58.46	3748.7	fee schedule	
ANOSCOPY; W BX, SINGLE/MULTI	46606	CPT	outpatient			3946	1552.05	Horizon	Indemnity		2511.62				58.46	3748.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANOSCOPY; W BX, SINGLE/MULTI	46606	CPT	outpatient			3946	1552.05	Horizon	Medicare Blue		1349.61				58.46	3748.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANOSCOPY; W BX, SINGLE/MULTI	46606	CPT	outpatient			3946	1552.05	Horizon	MGD		2511.62				58.46	3748.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANOSCOPY; W BX, SINGLE/MULTI	46606	CPT	outpatient			3946	1552.05	Horizon	PPO		2511.62				58.46	3748.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANOSCOPY; W BX, SINGLE/MULTI	46606	CPT	outpatient			3946	1552.05	Managed Care Inc	Managed Care Inc		3551.4	90			58.46	3748.7	percent of total billed charges	
ANOSCOPY; W BX, SINGLE/MULTI	46606	CPT	outpatient			3946	1552.05	Multiplan	Multiplan		3156.8	80			58.46	3748.7	percent of total billed charges	
ANOSCOPY; W BX, SINGLE/MULTI	46606	CPT	outpatient			3946	1552.05	Qualcare	Qualcare		2959.5	75			58.46	3748.7	percent of total billed charges	
ANOSCOPY; W BX, SINGLE/MULTI	46606	CPT	outpatient			3946	1552.05	Three Rivers	Three Rivers		3748.7	95			58.46	3748.7	percent of total billed charges	
ANOSCOPY; W BX, SINGLE/MULTI	46606	CPT	outpatient			3946	1552.05	UHC	Medicaid		1244.96	31.55			58.46	3748.7	percent of total billed charges	
ANOSCOPY; W BX, SINGLE/MULTI	46606	CPT	outpatient			3946	1552.05	UHC	Medicare		1349.61				58.46	3748.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANOSCOPY; W BX, SINGLE/MULTI	46606	CPT	outpatient			3946	1552.05	United	Oxford		2493				58.46	3748.7	case rate	
ANOSCOPY; W BX, SINGLE/MULTI	46606	CPT	outpatient			3946	1552.05	United	Commercial|PPO		2493				58.46	3748.7	case rate	
ANOSCOPY; W BX, SINGLE/MULTI	46606	CPT	outpatient			3946	1552.05	Wellcare	Medicaid		1244.96	31.55			58.46	3748.7	percent of total billed charges	
ANOSCOPY; W BX, SINGLE/MULTI	46606	CPT	outpatient			3946	1552.05	Wellcare	Medicare		1349.61				58.46	3748.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANOSCOPY; W BX, SINGLE/MULTI	46606	CPT	outpatient			3946	1552.05	WellPoint	WellPoint		1269.82	32.18			58.46	3748.7	percent of total billed charges	
DIAGNOSTIC ANOSCOPY & BIOPSY	46607	CPT	outpatient			3946	1552.05	Aetna	Medicare		1215.37	30.8			286.06	3748.7	percent of total billed charges	
DIAGNOSTIC ANOSCOPY & BIOPSY	46607	CPT	outpatient			3946	1552.05	Aetna	Better Health		1244.96	31.55			286.06	3748.7	percent of total billed charges	
DIAGNOSTIC ANOSCOPY & BIOPSY	46607	CPT	outpatient			3946	1552.05	Aetna	Commercial		2148.58				286.06	3748.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIAGNOSTIC ANOSCOPY & BIOPSY	46607	CPT	outpatient			3946	1552.05	Americare	Americare		2959.5	75			286.06	3748.7	percent of total billed charges	
DIAGNOSTIC ANOSCOPY & BIOPSY	46607	CPT	outpatient			3946	1552.05	Amerihealth	Medicare		1349.61				286.06	3748.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIAGNOSTIC ANOSCOPY & BIOPSY	46607	CPT	outpatient			3946	1552.05	Amerihealth	HMO|PPO		2564.9	65			286.06	3748.7	percent of total billed charges	
DIAGNOSTIC ANOSCOPY & BIOPSY	46607	CPT	outpatient			3946	1552.05	Consumer	Consumer		3748.7	95			286.06	3748.7	percent of total billed charges	
DIAGNOSTIC ANOSCOPY & BIOPSY	46607	CPT	outpatient			3946	1552.05	Corrections	Corrections		3156.8	80			286.06	3748.7	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101191	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
DIAGNOSTIC ANOSCOPY & BIOPSY	46607	CPT	outpatient			3946	1552.05	First Health	First Health		2762.2	70			286.06	3748.7	percent of total billed charges	
DIAGNOSTIC ANOSCOPY & BIOPSY	46607	CPT	outpatient			3946	1552.05	First Trenton	First Trenton		3551.4	90			286.06	3748.7	percent of total billed charges	
DIAGNOSTIC ANOSCOPY & BIOPSY	46607	CPT	outpatient			3946	1552.05	Horizon	MGD		2511.62				286.06	3748.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIAGNOSTIC ANOSCOPY & BIOPSY	46607	CPT	outpatient			3946	1552.05	Horizon	Medicare Blue		1349.61				286.06	3748.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIAGNOSTIC ANOSCOPY & BIOPSY	46607	CPT	outpatient			3946	1552.05	Horizon	Indemnity		2511.62				286.06	3748.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIAGNOSTIC ANOSCOPY & BIOPSY	46607	CPT	outpatient			3946	1552.05	Horizon	NJ Health		286.06				286.06	3748.7	fee schedule	
DIAGNOSTIC ANOSCOPY & BIOPSY	46607	CPT	outpatient			3946	1552.05	Horizon	PPO		2511.62				286.06	3748.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIAGNOSTIC ANOSCOPY & BIOPSY	46607	CPT	outpatient			3946	1552.05	Managed Care Inc	Managed Care Inc		3551.4	90			286.06	3748.7	percent of total billed charges	
DIAGNOSTIC ANOSCOPY & BIOPSY	46607	CPT	outpatient			3946	1552.05	Multiplan	Multiplan		3156.8	80			286.06	3748.7	percent of total billed charges	
DIAGNOSTIC ANOSCOPY & BIOPSY	46607	CPT	outpatient			3946	1552.05	Qualcare	Qualcare		2959.5	75			286.06	3748.7	percent of total billed charges	
DIAGNOSTIC ANOSCOPY & BIOPSY	46607	CPT	outpatient			3946	1552.05	Three Rivers	Three Rivers		3748.7	95			286.06	3748.7	percent of total billed charges	
DIAGNOSTIC ANOSCOPY & BIOPSY	46607	CPT	outpatient			3946	1552.05	UHC	Medicare		1349.61				286.06	3748.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIAGNOSTIC ANOSCOPY & BIOPSY	46607	CPT	outpatient			3946	1552.05	UHC	Medicaid		1244.96	31.55			286.06	3748.7	percent of total billed charges	
DIAGNOSTIC ANOSCOPY & BIOPSY	46607	CPT	outpatient			3946	1552.05	United	Commercial|PPO		2493				286.06	3748.7	case rate	
DIAGNOSTIC ANOSCOPY & BIOPSY	46607	CPT	outpatient			3946	1552.05	United	Oxford		2493				286.06	3748.7	case rate	
DIAGNOSTIC ANOSCOPY & BIOPSY	46607	CPT	outpatient			3946	1552.05	Wellcare	Medicare		1349.61				286.06	3748.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIAGNOSTIC ANOSCOPY & BIOPSY	46607	CPT	outpatient			3946	1552.05	Wellcare	Medicaid		1244.96	31.55			286.06	3748.7	percent of total billed charges	
DIAGNOSTIC ANOSCOPY & BIOPSY	46607	CPT	outpatient			3946	1552.05	WellPoint	WellPoint		1269.82	32.18			286.06	3748.7	percent of total billed charges	
ANOSCOPY;WITH FB REMOVAL	46608	CPT	outpatient			3029	1202.06	Aetna	Medicare		1045.27				133.42	2877.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANOSCOPY;WITH FB REMOVAL	46608	CPT	outpatient			3029	1202.06	Aetna	Better Health		955.65	31.55			133.42	2877.55	percent of total billed charges	
ANOSCOPY;WITH FB REMOVAL	46608	CPT	outpatient			3029	1202.06	Aetna	Commercial		1664.07				133.42	2877.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANOSCOPY;WITH FB REMOVAL	46608	CPT	outpatient			3029	1202.06	Americare	Americare		2271.75	75			133.42	2877.55	percent of total billed charges	
ANOSCOPY;WITH FB REMOVAL	46608	CPT	outpatient			3029	1202.06	Amerihealth	Medicare		1045.27				133.42	2877.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANOSCOPY;WITH FB REMOVAL	46608	CPT	outpatient			3029	1202.06	Amerihealth	HMO|PPO		1968.85	65			133.42	2877.55	percent of total billed charges	
ANOSCOPY;WITH FB REMOVAL	46608	CPT	outpatient			3029	1202.06	Consumer	Consumer		2877.55	95			133.42	2877.55	percent of total billed charges	
ANOSCOPY;WITH FB REMOVAL	46608	CPT	outpatient			3029	1202.06	Corrections	Corrections		2423.2	80			133.42	2877.55	percent of total billed charges	
ANOSCOPY;WITH FB REMOVAL	46608	CPT	outpatient			3029	1202.06	First Health	First Health		2120.3	70			133.42	2877.55	percent of total billed charges	
ANOSCOPY;WITH FB REMOVAL	46608	CPT	outpatient			3029	1202.06	First Trenton	First Trenton		2726.1	90			133.42	2877.55	percent of total billed charges	
ANOSCOPY;WITH FB REMOVAL	46608	CPT	outpatient			3029	1202.06	Horizon	NJ Health		133.42				133.42	2877.55	fee schedule	
ANOSCOPY;WITH FB REMOVAL	46608	CPT	outpatient			3029	1202.06	Horizon	Indemnity		1945.25				133.42	2877.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANOSCOPY;WITH FB REMOVAL	46608	CPT	outpatient			3029	1202.06	Horizon	Medicare Blue		1045.27				133.42	2877.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANOSCOPY;WITH FB REMOVAL	46608	CPT	outpatient			3029	1202.06	Horizon	PPO		1945.25				133.42	2877.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANOSCOPY;WITH FB REMOVAL	46608	CPT	outpatient			3029	1202.06	Horizon	MGD		1945.25				133.42	2877.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANOSCOPY;WITH FB REMOVAL	46608	CPT	outpatient			3029	1202.06	Managed Care Inc	Managed Care Inc		2726.1	90			133.42	2877.55	percent of total billed charges	
ANOSCOPY;WITH FB REMOVAL	46608	CPT	outpatient			3029	1202.06	Multiplan	Multiplan		2423.2	80			133.42	2877.55	percent of total billed charges	
ANOSCOPY;WITH FB REMOVAL	46608	CPT	outpatient			3029	1202.06	Qualcare	Qualcare		2271.75	75			133.42	2877.55	percent of total billed charges	
ANOSCOPY;WITH FB REMOVAL	46608	CPT	outpatient			3029	1202.06	Three Rivers	Three Rivers		2877.55	95			133.42	2877.55	percent of total billed charges	
ANOSCOPY;WITH FB REMOVAL	46608	CPT	outpatient			3029	1202.06	UHC	Medicare		1045.27				133.42	2877.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANOSCOPY;WITH FB REMOVAL	46608	CPT	outpatient			3029	1202.06	UHC	Medicaid		955.65	31.55			133.42	2877.55	percent of total billed charges	
ANOSCOPY;WITH FB REMOVAL	46608	CPT	outpatient			3029	1202.06	United	Commercial|PPO		2493				133.42	2877.55	case rate	
ANOSCOPY;WITH FB REMOVAL	46608	CPT	outpatient			3029	1202.06	United	Oxford		2493				133.42	2877.55	case rate	
ANOSCOPY;WITH FB REMOVAL	46608	CPT	outpatient			3029	1202.06	Wellcare	Medicare		1045.27				133.42	2877.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANOSCOPY;WITH FB REMOVAL	46608	CPT	outpatient			3029	1202.06	Wellcare	Medicaid		955.65	31.55			133.42	2877.55	percent of total billed charges	
ANOSCOPY;WITH FB REMOVAL	46608	CPT	outpatient			3029	1202.06	WellPoint	WellPoint		974.73	32.18			133.42	2877.55	percent of total billed charges	
ANOSCOPY;W REM T/P/L-H BX/BIPCAUT	46610	CPT	outpatient			9363	3692.88	Aetna	Better Health		2954.03	31.55			151.59	8894.85	percent of total billed charges	
ANOSCOPY;W REM T/P/L-H BX/BIPCAUT	46610	CPT	outpatient			9363	3692.88	Aetna	Commercial		5112.23				151.59	8894.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANOSCOPY;W REM T/P/L-H BX/BIPCAUT	46610	CPT	outpatient			9363	3692.88	Aetna	Medicare		3211.2				151.59	8894.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANOSCOPY;W REM T/P/L-H BX/BIPCAUT	46610	CPT	outpatient			9363	3692.88	Americare	Americare		7022.25	75			151.59	8894.85	percent of total billed charges	
ANOSCOPY;W REM T/P/L-H BX/BIPCAUT	46610	CPT	outpatient			9363	3692.88	Amerihealth	HMO|PPO		6086.95	65			151.59	8894.85	percent of total billed charges	
ANOSCOPY;W REM T/P/L-H BX/BIPCAUT	46610	CPT	outpatient			9363	3692.88	Amerihealth	Medicare		3211.2				151.59	8894.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANOSCOPY;W REM T/P/L-H BX/BIPCAUT	46610	CPT	outpatient			9363	3692.88	Consumer	Consumer		8894.85	95			151.59	8894.85	percent of total billed charges	
ANOSCOPY;W REM T/P/L-H BX/BIPCAUT	46610	CPT	outpatient			9363	3692.88	Corrections	Corrections		7490.4	80			151.59	8894.85	percent of total billed charges	
ANOSCOPY;W REM T/P/L-H BX/BIPCAUT	46610	CPT	outpatient			9363	3692.88	First Health	First Health		6554.1	70			151.59	8894.85	percent of total billed charges	
ANOSCOPY;W REM T/P/L-H BX/BIPCAUT	46610	CPT	outpatient			9363	3692.88	First Trenton	First Trenton		8426.7	90			151.59	8894.85	percent of total billed charges	
ANOSCOPY;W REM T/P/L-H BX/BIPCAUT	46610	CPT	outpatient			9363	3692.88	Horizon	Indemnity		5976.04				151.59	8894.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANOSCOPY;W REM T/P/L-H BX/BIPCAUT	46610	CPT	outpatient			9363	3692.88	Horizon	NJ Health		151.59				151.59	8894.85	fee schedule	
ANOSCOPY;W REM T/P/L-H BX/BIPCAUT	46610	CPT	outpatient			9363	3692.88	Horizon	Medicare Blue		3211.2				151.59	8894.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANOSCOPY;W REM T/P/L-H BX/BIPCAUT	46610	CPT	outpatient			9363	3692.88	Horizon	MGD		5976.04				151.59	8894.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANOSCOPY;W REM T/P/L-H BX/BIPCAUT	46610	CPT	outpatient			9363	3692.88	Horizon	PPO		5976.04				151.59	8894.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANOSCOPY;W REM T/P/L-H BX/BIPCAUT	46610	CPT	outpatient			9363	3692.88	Managed Care Inc	Managed Care Inc		8426.7	90			151.59	8894.85	percent of total billed charges	
ANOSCOPY;W REM T/P/L-H BX/BIPCAUT	46610	CPT	outpatient			9363	3692.88	Multiplan	Multiplan		7490.4	80			151.59	8894.85	percent of total billed charges	
ANOSCOPY;W REM T/P/L-H BX/BIPCAUT	46610	CPT	outpatient			9363	3692.88	Qualcare	Qualcare		7022.25	75			151.59	8894.85	percent of total billed charges	
ANOSCOPY;W REM T/P/L-H BX/BIPCAUT	46610	CPT	outpatient			9363	3692.88	Three Rivers	Three Rivers		8894.85	95			151.59	8894.85	percent of total billed charges	
ANOSCOPY;W REM T/P/L-H BX/BIPCAUT	46610	CPT	outpatient			9363	3692.88	UHC	Medicaid		2954.03	31.55			151.59	8894.85	percent of total billed charges	
ANOSCOPY;W REM T/P/L-H BX/BIPCAUT	46610	CPT	outpatient			9363	3692.88	UHC	Medicare		3211.2				151.59	8894.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANOSCOPY;W REM T/P/L-H BX/BIPCAUT	46610	CPT	outpatient			9363	3692.88	United	Commercial|PPO		2776				151.59	8894.85	case rate	
ANOSCOPY;W REM T/P/L-H BX/BIPCAUT	46610	CPT	outpatient			9363	3692.88	United	Oxford		2776				151.59	8894.85	case rate	
ANOSCOPY;W REM T/P/L-H BX/BIPCAUT	46610	CPT	outpatient			9363	3692.88	Wellcare	Medicare		3211.2				151.59	8894.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANOSCOPY;W REM T/P/L-H BX/BIPCAUT	46610	CPT	outpatient			9363	3692.88	Wellcare	Medicaid		2954.03	31.55			151.59	8894.85	percent of total billed charges	
ANOSCOPY;W REM T/P/L-H BX/BIPCAUT	46610	CPT	outpatient			9363	3692.88	WellPoint	WellPoint		3013.01	32.18			151.59	8894.85	percent of total billed charges	
ANOSCOPY;W REM SGL TUMOR-SNARE	46611	CPT	outpatient			2792	1202.06	Aetna	Commercial		1664.07				140.03	2652.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANOSCOPY;W REM SGL TUMOR-SNARE	46611	CPT	outpatient			2792	1202.06	Aetna	Better Health		880.88	31.55			140.03	2652.4	percent of total billed charges	
ANOSCOPY;W REM SGL TUMOR-SNARE	46611	CPT	outpatient			2792	1202.06	Aetna	Medicare		1045.27				140.03	2652.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANOSCOPY;W REM SGL TUMOR-SNARE	46611	CPT	outpatient			2792	1202.06	Americare	Americare		2094	75			140.03	2652.4	percent of total billed charges	
ANOSCOPY;W REM SGL TUMOR-SNARE	46611	CPT	outpatient			2792	1202.06	Amerihealth	HMO|PPO		1814.8	65			140.03	2652.4	percent of total billed charges	
ANOSCOPY;W REM SGL TUMOR-SNARE	46611	CPT	outpatient			2792	1202.06	Amerihealth	Medicare		1045.27				140.03	2652.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANOSCOPY;W REM SGL TUMOR-SNARE	46611	CPT	outpatient			2792	1202.06	Consumer	Consumer		2652.4	95			140.03	2652.4	percent of total billed charges	
ANOSCOPY;W REM SGL TUMOR-SNARE	46611	CPT	outpatient			2792	1202.06	Corrections	Corrections		2233.6	80			140.03	2652.4	percent of total billed charges	
ANOSCOPY;W REM SGL TUMOR-SNARE	46611	CPT	outpatient			2792	1202.06	First Health	First Health		1954.4	70			140.03	2652.4	percent of total billed charges	
ANOSCOPY;W REM SGL TUMOR-SNARE	46611	CPT	outpatient			2792	1202.06	First Trenton	First Trenton		2512.8	90			140.03	2652.4	percent of total billed charges	
ANOSCOPY;W REM SGL TUMOR-SNARE	46611	CPT	outpatient			2792	1202.06	Horizon	MGD		1945.25				140.03	2652.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANOSCOPY;W REM SGL TUMOR-SNARE	46611	CPT	outpatient			2792	1202.06	Horizon	NJ Health		140.03				140.03	2652.4	fee schedule	
ANOSCOPY;W REM SGL TUMOR-SNARE	46611	CPT	outpatient			2792	1202.06	Horizon	Indemnity		1945.25				140.03	2652.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANOSCOPY;W REM SGL TUMOR-SNARE	46611	CPT	outpatient			2792	1202.06	Horizon	Medicare Blue		1045.27				140.03	2652.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANOSCOPY;W REM SGL TUMOR-SNARE	46611	CPT	outpatient			2792	1202.06	Horizon	PPO		1945.25				140.03	2652.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANOSCOPY;W REM SGL TUMOR-SNARE	46611	CPT	outpatient			2792	1202.06	Managed Care Inc	Managed Care Inc		2512.8	90			140.03	2652.4	percent of total billed charges	
ANOSCOPY;W REM SGL TUMOR-SNARE	46611	CPT	outpatient			2792	1202.06	Multiplan	Multiplan		2233.6	80			140.03	2652.4	percent of total billed charges	
ANOSCOPY;W REM SGL TUMOR-SNARE	46611	CPT	outpatient			2792	1202.06	Qualcare	Qualcare		2094	75			140.03	2652.4	percent of total billed charges	
ANOSCOPY;W REM SGL TUMOR-SNARE	46611	CPT	outpatient			2792	1202.06	Three Rivers	Three Rivers		2652.4	95			140.03	2652.4	percent of total billed charges	
ANOSCOPY;W REM SGL TUMOR-SNARE	46611	CPT	outpatient			2792	1202.06	UHC	Medicare		1045.27				140.03	2652.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANOSCOPY;W REM SGL TUMOR-SNARE	46611	CPT	outpatient			2792	1202.06	UHC	Medicaid		880.88	31.55			140.03	2652.4	percent of total billed charges	
ANOSCOPY;W REM SGL TUMOR-SNARE	46611	CPT	outpatient			2792	1202.06	United	Oxford		2493				140.03	2652.4	case rate	
ANOSCOPY;W REM SGL TUMOR-SNARE	46611	CPT	outpatient			2792	1202.06	United	Commercial|PPO		2493				140.03	2652.4	case rate	
ANOSCOPY;W REM SGL TUMOR-SNARE	46611	CPT	outpatient			2792	1202.06	Wellcare	Medicaid		880.88	31.55			140.03	2652.4	percent of total billed charges	
ANOSCOPY;W REM SGL TUMOR-SNARE	46611	CPT	outpatient			2792	1202.06	Wellcare	Medicare		1045.27				140.03	2652.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANOSCOPY;W REM SGL TUMOR-SNARE	46611	CPT	outpatient			2792	1202.06	WellPoint	WellPoint		898.47	32.18			140.03	2652.4	percent of total billed charges	
ANOSCOPY;W REM MULTI TUMORS-H BX	46612	CPT	outpatient			9363	3692.88	Aetna	Commercial		5112.23				175.13	8894.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANOSCOPY;W REM MULTI TUMORS-H BX	46612	CPT	outpatient			9363	3692.88	Aetna	Medicare		3211.2	30.8			175.13	8894.85	percent of total billed charges	
ANOSCOPY;W REM MULTI TUMORS-H BX	46612	CPT	outpatient			9363	3692.88	Aetna	Better Health		2954.03	31.55			175.13	8894.85	percent of total billed charges	
ANOSCOPY;W REM MULTI TUMORS-H BX	46612	CPT	outpatient			9363	3692.88	Americare	Americare		7022.25	75			175.13	8894.85	percent of total billed charges	
ANOSCOPY;W REM MULTI TUMORS-H BX	46612	CPT	outpatient			9363	3692.88	Amerihealth	HMO|PPO		6086.95	65			175.13	8894.85	percent of total billed charges	
ANOSCOPY;W REM MULTI TUMORS-H BX	46612	CPT	outpatient			9363	3692.88	Amerihealth	Medicare		3211.2				175.13	8894.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANOSCOPY;W REM MULTI TUMORS-H BX	46612	CPT	outpatient			9363	3692.88	Consumer	Consumer		8894.85	95			175.13	8894.85	percent of total billed charges	
ANOSCOPY;W REM MULTI TUMORS-H BX	46612	CPT	outpatient			9363	3692.88	Corrections	Corrections		7490.4	80			175.13	8894.85	percent of total billed charges	
ANOSCOPY;W REM MULTI TUMORS-H BX	46612	CPT	outpatient			9363	3692.88	First Health	First Health		6554.1	70			175.13	8894.85	percent of total billed charges	
ANOSCOPY;W REM MULTI TUMORS-H BX	46612	CPT	outpatient			9363	3692.88	First Trenton	First Trenton		8426.7	90			175.13	8894.85	percent of total billed charges	
ANOSCOPY;W REM MULTI TUMORS-H BX	46612	CPT	outpatient			9363	3692.88	Horizon	NJ Health		175.13				175.13	8894.85	fee schedule	
ANOSCOPY;W REM MULTI TUMORS-H BX	46612	CPT	outpatient			9363	3692.88	Horizon	Indemnity		5976.04				175.13	8894.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANOSCOPY;W REM MULTI TUMORS-H BX	46612	CPT	outpatient			9363	3692.88	Horizon	Medicare Blue		3211.2				175.13	8894.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANOSCOPY;W REM MULTI TUMORS-H BX	46612	CPT	outpatient			9363	3692.88	Horizon	MGD		5976.04				175.13	8894.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANOSCOPY;W REM MULTI TUMORS-H BX	46612	CPT	outpatient			9363	3692.88	Horizon	PPO		5976.04				175.13	8894.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANOSCOPY;W REM MULTI TUMORS-H BX	46612	CPT	outpatient			9363	3692.88	Managed Care Inc	Managed Care Inc		8426.7	90			175.13	8894.85	percent of total billed charges	
ANOSCOPY;W REM MULTI TUMORS-H BX	46612	CPT	outpatient			9363	3692.88	Multiplan	Multiplan		7490.4	80			175.13	8894.85	percent of total billed charges	
ANOSCOPY;W REM MULTI TUMORS-H BX	46612	CPT	outpatient			9363	3692.88	Qualcare	Qualcare		7022.25	75			175.13	8894.85	percent of total billed charges	
ANOSCOPY;W REM MULTI TUMORS-H BX	46612	CPT	outpatient			9363	3692.88	Three Rivers	Three Rivers		8894.85	95			175.13	8894.85	percent of total billed charges	
ANOSCOPY;W REM MULTI TUMORS-H BX	46612	CPT	outpatient			9363	3692.88	UHC	Medicare		3211.2				175.13	8894.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANOSCOPY;W REM MULTI TUMORS-H BX	46612	CPT	outpatient			9363	3692.88	UHC	Medicaid		2954.03	31.55			175.13	8894.85	percent of total billed charges	
ANOSCOPY;W REM MULTI TUMORS-H BX	46612	CPT	outpatient			9363	3692.88	United	Oxford		2776				175.13	8894.85	case rate	
ANOSCOPY;W REM MULTI TUMORS-H BX	46612	CPT	outpatient			9363	3692.88	United	Commercial|PPO		2776				175.13	8894.85	case rate	
ANOSCOPY;W REM MULTI TUMORS-H BX	46612	CPT	outpatient			9363	3692.88	Wellcare	Medicare		3211.2				175.13	8894.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANOSCOPY;W REM MULTI TUMORS-H BX	46612	CPT	outpatient			9363	3692.88	Wellcare	Medicaid		2954.03	31.55			175.13	8894.85	percent of total billed charges	
ANOSCOPY;W REM MULTI TUMORS-H BX	46612	CPT	outpatient			9363	3692.88	WellPoint	WellPoint		3013.01	32.18			175.13	8894.85	percent of total billed charges	
ANOSCOPY;W BLEED CONTROL	46614	CPT	outpatient			3805	1552.05	Aetna	Medicare		1171.94	30.8			175.39	3614.75	percent of total billed charges	
ANOSCOPY;W BLEED CONTROL	46614	CPT	outpatient			3805	1552.05	Aetna	Better Health		1200.48	31.55			175.39	3614.75	percent of total billed charges	
ANOSCOPY;W BLEED CONTROL	46614	CPT	outpatient			3805	1552.05	Aetna	Commercial		2148.58				175.39	3614.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANOSCOPY;W BLEED CONTROL	46614	CPT	outpatient			3805	1552.05	Americare	Americare		2853.75	75			175.39	3614.75	percent of total billed charges	
ANOSCOPY;W BLEED CONTROL	46614	CPT	outpatient			3805	1552.05	Amerihealth	Medicare		1349.61				175.39	3614.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANOSCOPY;W BLEED CONTROL	46614	CPT	outpatient			3805	1552.05	Amerihealth	HMO|PPO		2473.25	65			175.39	3614.75	percent of total billed charges	
ANOSCOPY;W BLEED CONTROL	46614	CPT	outpatient			3805	1552.05	Consumer	Consumer		3614.75	95			175.39	3614.75	percent of total billed charges	
ANOSCOPY;W BLEED CONTROL	46614	CPT	outpatient			3805	1552.05	Corrections	Corrections		3044	80			175.39	3614.75	percent of total billed charges	
ANOSCOPY;W BLEED CONTROL	46614	CPT	outpatient			3805	1552.05	First Health	First Health		2663.5	70			175.39	3614.75	percent of total billed charges	
ANOSCOPY;W BLEED CONTROL	46614	CPT	outpatient			3805	1552.05	First Trenton	First Trenton		3424.5	90			175.39	3614.75	percent of total billed charges	
ANOSCOPY;W BLEED CONTROL	46614	CPT	outpatient			3805	1552.05	Horizon	MGD		2511.62				175.39	3614.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANOSCOPY;W BLEED CONTROL	46614	CPT	outpatient			3805	1552.05	Horizon	Indemnity		2511.62				175.39	3614.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANOSCOPY;W BLEED CONTROL	46614	CPT	outpatient			3805	1552.05	Horizon	Medicare Blue		1349.61				175.39	3614.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANOSCOPY;W BLEED CONTROL	46614	CPT	outpatient			3805	1552.05	Horizon	NJ Health		175.39				175.39	3614.75	fee schedule	
ANOSCOPY;W BLEED CONTROL	46614	CPT	outpatient			3805	1552.05	Horizon	PPO		2511.62				175.39	3614.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANOSCOPY;W BLEED CONTROL	46614	CPT	outpatient			3805	1552.05	Managed Care Inc	Managed Care Inc		3424.5	90			175.39	3614.75	percent of total billed charges	
ANOSCOPY;W BLEED CONTROL	46614	CPT	outpatient			3805	1552.05	Multiplan	Multiplan		3044	80			175.39	3614.75	percent of total billed charges	
ANOSCOPY;W BLEED CONTROL	46614	CPT	outpatient			3805	1552.05	Qualcare	Qualcare		2853.75	75			175.39	3614.75	percent of total billed charges	
ANOSCOPY;W BLEED CONTROL	46614	CPT	outpatient			3805	1552.05	Three Rivers	Three Rivers		3614.75	95			175.39	3614.75	percent of total billed charges	
ANOSCOPY;W BLEED CONTROL	46614	CPT	outpatient			3805	1552.05	UHC	Medicaid		1200.48	31.55			175.39	3614.75	percent of total billed charges	
ANOSCOPY;W BLEED CONTROL	46614	CPT	outpatient			3805	1552.05	UHC	Medicare		1349.61				175.39	3614.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANOSCOPY;W BLEED CONTROL	46614	CPT	outpatient			3805	1552.05	United	Commercial|PPO		2493				175.39	3614.75	case rate	
ANOSCOPY;W BLEED CONTROL	46614	CPT	outpatient			3805	1552.05	United	Oxford		2493				175.39	3614.75	case rate	
ANOSCOPY;W BLEED CONTRO

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
EGD W/ABLATION OF TUMOR	46615	CPT	outpatient			9363		3892.88 Aetna	Commercial		5112.23				198.36	8894.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD W/ABLATION OF TUMOR	46615	CPT	outpatient			9363		3892.88 Aetna	Better Health		2954.03	31.55			198.36	8894.85	percent of total billed charges	
EGD W/ABLATION OF TUMOR	46615	CPT	outpatient			9363		3892.88 Aetna	Medicare		3211.2				198.36	8894.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD W/ABLATION OF TUMOR	46615	CPT	outpatient			9363		3892.88 Americare	Americare		7022.25	75			198.36	8894.85	percent of total billed charges	
EGD W/ABLATION OF TUMOR	46615	CPT	outpatient			9363		3892.88 Amerihealth	HMO/PPO		6085.95	65			198.36	8894.85	percent of total billed charges	
EGD W/ABLATION OF TUMOR	46615	CPT	outpatient			9363		3892.88 Amerihealth	Medicare		3211.2				198.36	8894.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD W/ABLATION OF TUMOR	46615	CPT	outpatient			9363		3892.88 Consumer	Consumer		8894.85	95			198.36	8894.85	percent of total billed charges	
EGD W/ABLATION OF TUMOR	46615	CPT	outpatient			9363		3892.88 Corrections	Corrections		7490.4	80			198.36	8894.85	percent of total billed charges	
EGD W/ABLATION OF TUMOR	46615	CPT	outpatient			9363		3892.88 First Health	First Health		6564.1	70			198.36	8894.85	percent of total billed charges	
EGD W/ABLATION OF TUMOR	46615	CPT	outpatient			9363		3892.88 First Trenton	First Trenton		8426.7	90			198.36	8894.85	percent of total billed charges	
EGD W/ABLATION OF TUMOR	46615	CPT	outpatient			9363		3892.88 Horizon	Indemnity		5976.04				198.36	8894.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD W/ABLATION OF TUMOR	46615	CPT	outpatient			9363		3892.88 Horizon	Medicare Blue		3211.2				198.36	8894.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD W/ABLATION OF TUMOR	46615	CPT	outpatient			9363		3892.88 Horizon	NJ Health		198.36				198.36	8894.85	fee schedule	
EGD W/ABLATION OF TUMOR	46615	CPT	outpatient			9363		3892.88 Horizon	PPO		5976.04				198.36	8894.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD W/ABLATION OF TUMOR	46615	CPT	outpatient			9363		3892.88 Horizon	MGD		5976.04				198.36	8894.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD W/ABLATION OF TUMOR	46615	CPT	outpatient			9363		3892.88 Managed Care Inc	Managed Care Inc		8426.7	90			198.36	8894.85	percent of total billed charges	
EGD W/ABLATION OF TUMOR	46615	CPT	outpatient			9363		3892.88 Multiplan	Multiplan		7490.4	80			198.36	8894.85	percent of total billed charges	
EGD W/ABLATION OF TUMOR	46615	CPT	outpatient			9363		3892.88 Qualcare	Qualcare		7022.25	75			198.36	8894.85	percent of total billed charges	
EGD W/ABLATION OF TUMOR	46615	CPT	outpatient			9363		3892.88 Three Rivers	Three Rivers		8894.85	95			198.36	8894.85	percent of total billed charges	
EGD W/ABLATION OF TUMOR	46615	CPT	outpatient			9363		3892.88 UHC	Medicare		3211.2				198.36	8894.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD W/ABLATION OF TUMOR	46615	CPT	outpatient			9363		3892.88 UHC	Medicaid		2954.03	31.55			198.36	8894.85	percent of total billed charges	
EGD W/ABLATION OF TUMOR	46615	CPT	outpatient			9363		3892.88 United	Oxford		2776				198.36	8894.85	case rate	
EGD W/ABLATION OF TUMOR	46615	CPT	outpatient			9363		3892.88 United	CommercialPPO		2776				198.36	8894.85	case rate	
EGD W/ABLATION OF TUMOR	46615	CPT	outpatient			9363		3892.88 Wellcare	Medicare		3211.2				198.36	8894.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD W/ABLATION OF TUMOR	46615	CPT	outpatient			9363		3892.88 Wellcare	Medicaid		2954.03	31.55			198.36	8894.85	percent of total billed charges	
EGD W/ABLATION OF TUMOR	46615	CPT	outpatient			9363		3892.88 WellPoint	WellPoint		3013.01	32.18			198.36	8894.85	percent of total billed charges	
REPR OF ANAL FISTULA W/FIBRIN GLUE	46706	CPT	outpatient			11885		3892.88 Aetna	Better Health		3749.72	31.55			169.65	11290.75	percent of total billed charges	
REPR OF ANAL FISTULA W/FIBRIN GLUE	46706	CPT	outpatient			11885		3892.88 Aetna	Commercial		5112.23				169.65	11290.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPR OF ANAL FISTULA W/FIBRIN GLUE	46706	CPT	outpatient			11885		3892.88 Aetna	Medicare		3211.2				169.65	11290.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPR OF ANAL FISTULA W/FIBRIN GLUE	46706	CPT	outpatient			11885		3892.88 Americare	Americare		8913.75	75			169.65	11290.75	percent of total billed charges	
REPR OF ANAL FISTULA W/FIBRIN GLUE	46706	CPT	outpatient			11885		3892.88 Amerihealth	HMO/PPO		7725.25	65			169.65	11290.75	percent of total billed charges	
REPR OF ANAL FISTULA W/FIBRIN GLUE	46706	CPT	outpatient			11885		3892.88 Amerihealth	Medicare		3211.2				169.65	11290.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPR OF ANAL FISTULA W/FIBRIN GLUE	46706	CPT	outpatient			11885		3892.88 Consumer	Consumer		11290.75	95			169.65	11290.75	percent of total billed charges	
REPR OF ANAL FISTULA W/FIBRIN GLUE	46706	CPT	outpatient			11885		3892.88 Corrections	Corrections		9508	80			169.65	11290.75	percent of total billed charges	
REPR OF ANAL FISTULA W/FIBRIN GLUE	46706	CPT	outpatient			11885		3892.88 First Health	First Health		8319.5	70			169.65	11290.75	percent of total billed charges	
REPR OF ANAL FISTULA W/FIBRIN GLUE	46706	CPT	outpatient			11885		3892.88 First Trenton	First Trenton		10696.5	90			169.65	11290.75	percent of total billed charges	
REPR OF ANAL FISTULA W/FIBRIN GLUE	46706	CPT	outpatient			11885		3892.88 Horizon	MGD		5976.04				169.65	11290.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPR OF ANAL FISTULA W/FIBRIN GLUE	46706	CPT	outpatient			11885		3892.88 Horizon	Medicare Blue		3211.2				169.65	11290.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPR OF ANAL FISTULA W/FIBRIN GLUE	46706	CPT	outpatient			11885		3892.88 Horizon	NJ Health		169.65				169.65	11290.75	fee schedule	
REPR OF ANAL FISTULA W/FIBRIN GLUE	46706	CPT	outpatient			11885		3892.88 Horizon	Indemnity		5976.04				169.65	11290.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPR OF ANAL FISTULA W/FIBRIN GLUE	46706	CPT	outpatient			11885		3892.88 Horizon	PPO		5976.04				169.65	11290.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPR OF ANAL FISTULA W/FIBRIN GLUE	46706	CPT	outpatient			11885		3892.88 Managed Care Inc	Managed Care Inc		10696.5	90			169.65	11290.75	percent of total billed charges	
REPR OF ANAL FISTULA W/FIBRIN GLUE	46706	CPT	outpatient			11885		3892.88 Multiplan	Multiplan		9508	80			169.65	11290.75	percent of total billed charges	
REPR OF ANAL FISTULA W/FIBRIN GLUE	46706	CPT	outpatient			11885		3892.88 Qualcare	Qualcare		8913.75	75			169.65	11290.75	percent of total billed charges	
REPR OF ANAL FISTULA W/FIBRIN GLUE	46706	CPT	outpatient			11885		3892.88 Three Rivers	Three Rivers		11290.75	95			169.65	11290.75	percent of total billed charges	
REPR OF ANAL FISTULA W/FIBRIN GLUE	46706	CPT	outpatient			11885		3892.88 UHC	Medicare		3211.2				169.65	11290.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPR OF ANAL FISTULA W/FIBRIN GLUE	46706	CPT	outpatient			11885		3892.88 UHC	Medicaid		3749.72	31.55			169.65	11290.75	percent of total billed charges	
REPR OF ANAL FISTULA W/FIBRIN GLUE	46706	CPT	outpatient			11885		3892.88 United	CommercialPPO		2776				169.65	11290.75	case rate	
REPR OF ANAL FISTULA W/FIBRIN GLUE	46706	CPT	outpatient			11885		3892.88 United	Oxford		2776				169.65	11290.75	case rate	
REPR OF ANAL FISTULA W/FIBRIN GLUE	46706	CPT	outpatient			11885		3892.88 Wellcare	Medicare		3211.2				169.65	11290.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPR OF ANAL FISTULA W/FIBRIN GLUE	46706	CPT	outpatient			11885		3892.88 Wellcare	Medicaid		3749.72	31.55			169.65	11290.75	percent of total billed charges	
REPR OF ANAL FISTULA W/FIBRIN GLUE	46706	CPT	outpatient			11885		3892.88 WellPoint	WellPoint		3824.59	32.18			169.65	11290.75	percent of total billed charges	
REMOVAL, THIERCH WIRE/SUTURE, ANAL CANAL	46754	CPT	outpatient			9393		3892.88 Aetna	Medicare		3211.2				373.23	8923.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL, THIERCH WIRE/SUTURE, ANAL CANAL	46754	CPT	outpatient			9393		3892.88 Aetna	Better Health		2963.49	31.55			373.23	8923.35	percent of total billed charges	
REMOVAL, THIERCH WIRE/SUTURE, ANAL CANAL	46754	CPT	outpatient			9393		3892.88 Aetna	Commercial		5112.23				373.23	8923.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL, THIERCH WIRE/SUTURE, ANAL CANAL	46754	CPT	outpatient			9393		3892.88 Americare	Americare		7044.75	75			373.23	8923.35	percent of total billed charges	
REMOVAL, THIERCH WIRE/SUTURE, ANAL CANAL	46754	CPT	outpatient			9393		3892.88 Amerihealth	HMO/PPO		6105.45	65			373.23	8923.35	percent of total billed charges	
REMOVAL, THIERCH WIRE/SUTURE, ANAL CANAL	46754	CPT	outpatient			9393		3892.88 Amerihealth	Medicare		3211.2				373.23	8923.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL, THIERCH WIRE/SUTURE, ANAL CANAL	46754	CPT	outpatient			9393		3892.88 Consumer	Consumer		8923.35	95			373.23	8923.35	percent of total billed charges	
REMOVAL, THIERCH WIRE/SUTURE, ANAL CANAL	46754	CPT	outpatient			9393		3892.88 Corrections	Corrections		7514.4	80			373.23	8923.35	percent of total billed charges	
REMOVAL, THIERCH WIRE/SUTURE, ANAL CANAL	46754	CPT	outpatient			9393		3892.88 First Health	First Health		6575.1	70			373.23	8923.35	percent of total billed charges	
REMOVAL, THIERCH WIRE/SUTURE, ANAL CANAL	46754	CPT	outpatient			9393		3892.88 First Trenton	First Trenton		8453.7	90			373.23	8923.35	percent of total billed charges	
REMOVAL, THIERCH WIRE/SUTURE, ANAL CANAL	46754	CPT	outpatient			9393		3892.88 Horizon	PPO		5976.04				373.23	8923.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL, THIERCH WIRE/SUTURE, ANAL CANAL	46754	CPT	outpatient			9393		3892.88 Horizon	MGD		5976.04				373.23	8923.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL, THIERCH WIRE/SUTURE, ANAL CANAL	46754	CPT	outpatient			9393		3892.88 Horizon	Indemnity		5976.04				373.23	8923.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL, THIERCH WIRE/SUTURE, ANAL CANAL	46754	CPT	outpatient			9393		3892.88 Horizon	NJ Health		373.23				373.23	8923.35	fee schedule	
REMOVAL, THIERCH WIRE/SUTURE, ANAL CANAL	46754	CPT	outpatient			9393		3892.88 Horizon	Medicare Blue		3211.2				373.23	8923.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL, THIERCH WIRE/SUTURE, ANAL CANAL	46754	CPT	outpatient			9393		3892.88 Managed Care Inc	Managed Care Inc		8453.7	90			373.23	8923.35	percent of total billed charges	
REMOVAL, THIERCH WIRE/SUTURE, ANAL CANAL	46754	CPT	outpatient			9393		3892.88 Multiplan	Multiplan		7514.4	80			373.23	8923.35	percent of total billed charges	
REMOVAL, THIERCH WIRE/SUTURE, ANAL CANAL	46754	CPT	outpatient			9393		3892.88 Qualcare	Qualcare		7044.75	75			373.23	8923.35	percent of total billed charges	
REMOVAL, THIERCH WIRE/SUTURE, ANAL CANAL	46754	CPT	outpatient			9393		3892.88 Three Rivers	Three Rivers		8923.35	95			373.23	8923.35	percent of total billed charges	
REMOVAL, THIERCH WIRE/SUTURE, ANAL CANAL	46754	CPT	outpatient			9393		3892.88 UHC	Medicare		3211.2				373.23	8923.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL, THIERCH WIRE/SUTURE, ANAL CANAL	46754	CPT	outpatient			9393		3892.88 UHC	Medicaid		2963.49	31.55			373.23	8923.35	percent of total billed charges	
REMOVAL, THIERCH WIRE/SUTURE, ANAL CANAL	46754	CPT	outpatient			9393		3892.88 United	Oxford		2493				373.23	8923.35	case rate	
REMOVAL, THIERCH WIRE/SUTURE, ANAL CANAL	46754	CPT	outpatient			9393		3892.88 United	CommercialPPO		2493				373.23	8923.35	case rate	
REMOVAL, THIERCH WIRE/SUTURE, ANAL CANAL	46754	CPT	outpatient			9393		3892.88 Wellcare	Medicare		3211.2				373.23	8923.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL, THIERCH WIRE/SUTURE, ANAL CANAL	46754	CPT	outpatient			9393		3892.88 Wellcare	Medicaid		2963.49	31.55			373.23	8923.35	percent of total billed charges	
REMOVAL, THIERCH WIRE/SUTURE, ANAL CANAL	46754	CPT	outpatient			9393		3892.88 WellPoint	WellPoint		3022.67	32.18			373.23	8923.35	percent of total billed charges	
DESTROY ANAL LESION,SIMPLE;CHEMICAL	46900	CPT	outpatient			887		524.43 Aetna	Better Health		279.85	31.55			96.57	1782	percent of total billed charges	
DESTROY ANAL LESION,SIMPLE;CHEMICAL	46900	CPT	outpatient			887		524.43 Aetna	Commercial		726				96.57	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTROY ANAL LESION,SIMPLE;CHEMICAL	46900	CPT	outpatient			887		524.43 Aetna	Medicare		456.03				96.57	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTROY ANAL LESION,SIMPLE;CHEMICAL	46900	CPT	outpatient			887		524.43 Americare	Americare		665.25	75			96.57	1782	percent of total billed charges	
DESTROY ANAL LESION,SIMPLE;CHEMICAL	46900	CPT	outpatient			887		524.43 Amerihealth	HMO/PPO		576.55	65			96.57	1782	percent of total billed charges	
DESTROY ANAL LESION,SIMPLE;CHEMICAL	46900	CPT	outpatient			887		524.43 Amerihealth	Medicare		456.03				96.57	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTROY ANAL LESION,SIMPLE;CHEMICAL	46900	CPT	outpatient			887		524.43 Consumer	Consumer		842.65	95			96.57	1782	percent of total billed charges	
DESTROY ANAL LESION,SIMPLE;CHEMICAL	46900	CPT	outpatient			887		524.43 Corrections	Corrections		709.6	80			96.57	1782	percent of total billed charges	
DESTROY ANAL LESION,SIMPLE;CHEMICAL	46900	CPT	outpatient			887		524.43 First Health	First Health		620.9	70			96.57	1782	percent of total billed charges	
DESTROY ANAL LESION,SIMPLE;CHEMICAL	46900	CPT	outpatient			887		524.43 First Trenton	First Trenton		798.3	90			96.57	1782	percent of total billed charges	
DESTROY ANAL LESION,SIMPLE;CHEMICAL	46900	CPT	outpatient			887		524.43 Horizon	NJ Health		96.57				96.57	1782	fee schedule	
DESTROY ANAL LESION,SIMPLE;CHEMICAL	46900	CPT	outpatient			887		524.43 Horizon	Indemnity		848.67				96.57	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTROY ANAL LESION,SIMPLE;CHEMICAL	46900	CPT	outpatient			887		524.43 Horizon	Medicare Blue		456.03				96.57	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTROY ANAL LESION,SIMPLE;CHEMICAL	46900	CPT	outpatient			887		524.43 Horizon	MGD		848.67				96.57	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTROY ANAL LESION,SIMPLE;CHEMICAL	46900	CPT	outpatient			887		524.43 Horizon	PPO		848.67				96.57	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTROY ANAL LESION,SIMPLE;CHEMICAL	46900	CPT	outpatient			887		524.43 Managed Care Inc	Managed Care Inc		798.3	90			96.57	1782	percent of total billed charges	
DESTROY ANAL LESION,SIMPLE;CHEMICAL	46900	CPT	outpatient			887		524.43 Multiplan	Multiplan		709.6	80			96.57	1782	percent of total billed charges	
DESTROY ANAL LESION,SIMPLE;CHEMICAL	46900	CPT	outpatient			887		524.43 Qualcare	Qualcare		665.25	75			96.57	1782	percent of total billed charges	
DESTROY ANAL LESION,SIMPLE;CHEMICAL	46900	CPT	outpatient			887		524.43 Three Rivers	Three Rivers		842.65	95			96.57	1782	percent of total billed charges	
DESTROY ANAL LESION,SIMPLE;CHEMICAL	46900	CPT	outpatient			887		524.43 UHC	Medicare		456.03				96.57	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTROY ANAL LESION,SIMPLE;CHEMICAL	46900	CPT	outpatient			887		524.43 UHC	Medicaid		279.85	31.55			96.57	1782	percent of total billed charges	
DESTROY ANAL LESION,SIMPLE;CHEMICAL	46900	CPT	outpatient			887		524.43 United	CommercialPPO		1782				96.57	1782	case rate	
DESTROY ANAL LESION,SIMPLE;CHEMICAL	46900	CPT	outpatient			887		524.43 United	Oxford		1782				96.57	1782	case rate	
DESTROY ANAL LESION,SIMPLE;CHEMICAL	46900	CPT	outpatient			887		524.43 Wellcare	Medicare		456.03				96.57	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTROY ANAL LESION,SIMPLE;CHEMICAL	46900	CPT	outpatient			887		524.43 Wellcare	Medicaid		279.85	31.55			96.57	1782	percent of total billed charges	
DESTROY ANAL LESION,SIMPLE;CHEMICAL	46900	CPT	outpatient			887		524.43 WellPoint	WellPoint		285.44	32.18			96.57	1782	percent of total billed charges	
DST LESION ANUS SMPL ELTRDS	46910	CPT	outpatient			6289		2398.47 Aetna	Better Health		1984.18	31.55			125.38	5974.55	percent of total billed charges	
DST LESION ANUS SMPL ELTRDS	46910	CPT	outpatient			6289		2398.47 Aetna	Commercial		3320.32				125.38	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DST LESION ANUS SMPL ELTRDS	46910	CPT	outpatient			6289		2398.47 Aetna	Medicare		2085.63				125.38	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DST LESION ANUS SMPL ELTRDS	46910	CPT	outpatient			6289		2398.47 Americare	Americare		4716.75	75			125.38	5974.55	percent of total billed charges	
DST LESION ANUS SMPL ELTRDS	46910	CPT	outpatient			6289		2398.47 Amerihealth	HMO/PPO		4087.85	65			125.38	5974.55	percent of total billed charges	
DST LESION ANUS SMPL ELTRDS	46910	CPT	outpatient			6289		2398.47 Amerihealth	Medicare		2085.63				125.38	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DST LESION ANUS SMPL ELTRDS	46910	CPT	outpatient			6289		2398.47 Consumer	Consumer		5974.55	95			125.38	5974.55	percent of total billed charges	
DST LESION ANUS SMPL ELTRDS	46910	CPT	outpatient			6289		2398.47 Corrections	Corrections		5031.2	80			125.38	5974.55	percent of total billed charges	
DST LESION ANUS SMPL ELTRDS	46910	CPT	outpatient			6289		2398.47 First Health	First Health		4402.3	70			125.38	5974.55	percent of total billed charges	
DST LESION ANUS SMPL ELTRDS	46910	CPT	outpatient			6289		2398.47 First Trenton	First Trenton		5660.1	90			125.38	5974.55	percent of total billed charges	
DST LESION ANUS SMPL ELTRDS	46910	CPT	outpatient			6289		2398.47 Horizon	MGD		3881.36				125.38	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DST LESION ANUS SMPL ELTRDS	46910	CPT	outpatient			6289		2398.47 Horizon	PPO		3881.36				125.38	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DST LESION ANUS SMPL ELTRDS	46910	CPT	outpatient			6289		2398.47 Horizon	NJ Health		125.38				125.38	5974.55	fee schedule	
DST LESION ANUS SMPL ELTRDS	46910	CPT	outpatient			6289		2398.47 Horizon	Medicare Blue		2085.63				125.38	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DST LESION ANUS SMPL ELTRDS	46910	CPT	outpatient			6289		2398.47 Horizon	Indemnity		3881.36				125.38	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DST LESION ANUS SMPL ELTRDS	46910	CPT	outpatient			6289		2398.47 Managed Care Inc	Managed Care Inc		5660.1	90			125.38	5974.55	percent of total billed charges	
DST LESION ANUS SMPL ELTRDS	46910	CPT	outpatient			6289		2398.47 Multiplan	Multiplan		5031.2	80			125.38	5974.55	percent of total billed charges	
DST LESION ANUS SMPL ELTRDS	46910	CPT	outpatient			6289		2398.47 Qualcare	Qualcare		4716.75	75			125.38	5974.55	percent of total billed charges	
DST LESION ANUS SMPL ELTRDS	46910	CPT	outpatient			6289		2398.47 Three Rivers	Three Rivers		5974.55	95			125.38	5974.55	percent of total billed charges	
DST LESION ANUS SMPL ELTRDS	46910	CPT	outpatient			6289		2398.47 UHC	Medicaid		1984.18	31.55			125.38	5974.55	percent of total billed charges	
DST LESION ANUS SMPL ELTRDS	46910	CPT	outpatient			6289		2398.47 UHC	Medicare		2085.63				125.38	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DST LESION ANUS SMPL ELTRDS	46910	CPT	outpatient			6289		2398.47 United	CommercialPPO		2493				125.38	5974.55	case rate	
DST LESION ANUS SMPL ELTRDS	46910	CPT	outpatient			6289		2398.47 United	Oxford		2493				125.38	5974.55	case rate	
DST LESION ANUS SMPL ELTRDS	46910	CPT	outpatient			6289		2398.47 Wellcare	Medicare		2085.63				125.38	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DST LESION ANUS SMPL ELTRDS	46910	CPT	outpatient			6289		2398.47 Wellcare	Medicaid		1984.18	31.55			125.38	5974.55	percent of total billed charges	
DST LESION ANUS SMPL ELTRDS	46910	CPT	outpatient			6289		2398.47 WellPoint	WellPoint		2023.8	32.18			125.38	5974.55	percent of total billed charges	
DSTR ANAL LSN SMPL; CRYOSUR	46916	CPT	outpatient			659		263.3 Aetna	Medicare		228.96				116.85	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTR ANAL LSN SMPL; CRYOSUR	46916	CPT	outpatient			659		263.3 Aetna	Better Health		207.91	31.55			116.85	1782	percent of total billed charges	
DSTR ANAL LSN SMPL; CRYOSUR	46916	CPT	outpatient			659		263.3 Aetna	Commercial		364.5				116.85	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTR ANAL LSN SMPL; CRYOSUR	46916	CPT	outpatient			659		263.3 Americare	Americare		494.25	75			116.85	1782	percent of total billed charges	
DSTR ANAL LSN SMPL; CRYOSUR	46916	CPT	outpatient			659		263.3 Amerihealth	HMO/PPO		428.35	65			116.85	1782	percent of total billed charges	
DSTR ANAL LSN SMPL; CRYOSUR	46916	CPT	outpatient			659		263.3 Amerihealth	Medicare		228.96				116.85	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTR ANAL LSN SMPL; CRYOSUR	46916	CPT	outpatient			659		263.3 Consumer	Consumer		626.05	95			116.85	1782	percent of total billed charges	
DSTR ANAL LSN SMPL; CRYOSUR	46916	CPT	outpatient			659		263.3 Corrections	Corrections		527.2	80			116.85	1782	percent of total billed charges	
DSTR ANAL LSN SMPL; CRYOSUR	46916	CPT	outpatient			659		263.3 First Health	First Health		461.3	70			116.85	1782	percent of total billed charges	
DSTR ANAL LSN SMPL; CRYOSUR	46916	CPT	outpatient			659		263.3 First Trenton	First Trenton		593.1	90			116.85	1782	percent of total billed charges	
DSTR ANAL LSN SMPL; CRYOSUR	46916	CPT	outpatient			659		263.3 Horizon	Medicare Blue		228.96				116.85	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTR ANAL LSN SMPL; CRYOSUR	46916	CPT	outpatient			659		263.3 Horizon	MGD		426.09				116.85	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTR ANAL LSN SMPL; CRYOSUR	46916	CPT	outpatient			659		263.3 Horizon	Indemnity		426.09				116.85	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTR ANAL LSN SMPL; CRYOSUR	46916	CPT	outpatient			659		263.3 Horizon	NJ Health		116.85				116.85	1782	fee schedule	
DSTR ANAL LSN SMPL; CRYOSUR	46916	CPT	outpatient			659		263.3 Horizon	PPO		426.09				116.85	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTR ANAL LSN SMPL; CRYOSUR	46916	CPT	outpatient			659		263.3 Managed Care Inc	Managed Care Inc		593.1	90			116.85	1782	percent of total billed charges	
DSTR ANAL LSN SMPL; CRYOSUR	46916	CPT	outpatient			659	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
DSTR ANAL LSN SMPL; CRYOSUR	46916	CPT	outpatient			659		263.3 Three Rivers	Three Rivers		626.05				116.85	1782	percent of total billed charges	
DSTR ANAL LSN SMPL; CRYOSUR	46916	CPT	outpatient			659		263.3 UHC	Medicaid		207.91	31.55			116.85	1782	percent of total billed charges	
DSTR ANAL LSN SMPL; CRYOSUR	46916	CPT	outpatient			659		263.3 UHC	Medicare		228.96				116.85	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTR ANAL LSN SMPL; CRYOSUR	46916	CPT	outpatient			659		263.3 United	Oxford		1782				116.85	1782	case rate	
DSTR ANAL LSN SMPL; CRYOSUR	46916	CPT	outpatient			659		263.3 United	CommercialPPO		1782				116.85	1782	case rate	
DSTR ANAL LSN SMPL; CRYOSUR	46916	CPT	outpatient			659		263.3 Wellcare	Medicare		228.96				116.85	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTR ANAL LSN SMPL; CRYOSUR	46916	CPT	outpatient			659		263.3 Wellcare	Medicaid		207.91	31.55			116.85	1782	percent of total billed charges	
DSTR ANAL LSN SMPL; CRYOSUR	46916	CPT	outpatient			659		263.3 WellPoint	WellPoint		212.07	32.18			116.85	1782	percent of total billed charges	
DST LESION ANUS SIMPL SURG EXC	46922	CPT	outpatient			9363		3692.88 Aetna	Commercial		5112.23				159.21	8894.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DST LESION ANUS SIMPL SURG EXC	46922	CPT	outpatient			9363		3692.88 Aetna	Better Health		2954.03	31.55			159.21	8894.85	percent of total billed charges	
DST LESION ANUS SIMPL SURG EXC	46922	CPT	outpatient			9363		3692.88 Aetna	Medicare		3211.2				159.21	8894.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DST LESION ANUS SIMPL SURG EXC	46922	CPT	outpatient			9363		3692.88 Americare	Americare		7022.25	75			159.21	8894.85	percent of total billed charges	
DST LESION ANUS SIMPL SURG EXC	46922	CPT	outpatient			9363		3692.88 Amerihealth	HMO/PPO		6085.95	65			159.21	8894.85	percent of total billed charges	
DST LESION ANUS SIMPL SURG EXC	46922	CPT	outpatient			9363		3692.88 Amerihealth	Medicare		3211.2				159.21	8894.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DST LESION ANUS SIMPL SURG EXC	46922	CPT	outpatient			9363		3692.88 Consumer	Consumer		8894.85	95			159.21	8894.85	percent of total billed charges	
DST LESION ANUS SIMPL SURG EXC	46922	CPT	outpatient			9363		3692.88 Corrections	Corrections		7490.4	80			159.21	8894.85	percent of total billed charges	
DST LESION ANUS SIMPL SURG EXC	46922	CPT	outpatient			9363		3692.88 First Health	First Health		6554.1	70			159.21	8894.85	percent of total billed charges	
DST LESION ANUS SIMPL SURG EXC	46922	CPT	outpatient			9363		3692.88 First Trenton	First Trenton		8426.7	90			159.21	8894.85	percent of total billed charges	
DST LESION ANUS SIMPL SURG EXC	46922	CPT	outpatient			9363		3692.88 Horizon	PPO		5976.04				159.21	8894.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DST LESION ANUS SIMPL SURG EXC	46922	CPT	outpatient			9363		3692.88 Horizon	MGD		5976.04				159.21	8894.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DST LESION ANUS SIMPL SURG EXC	46922	CPT	outpatient			9363		3692.88 Horizon	Medicare Blue		3211.2				159.21	8894.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DST LESION ANUS SIMPL SURG EXC	46922	CPT	outpatient			9363		3692.88 Horizon	NJ Health		159.21				159.21	8894.85	fee schedule	
DST LESION ANUS SIMPL SURG EXC	46922	CPT	outpatient			9363		3692.88 Horizon	Indemnity		5976.04				159.21	8894.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DST LESION ANUS SIMPL SURG EXC	46922	CPT	outpatient			9363		3692.88 Managed Care Inc	Managed Care Inc		8426.7	90			159.21	8894.85	percent of total billed charges	
DST LESION ANUS SIMPL SURG EXC	46922	CPT	outpatient			9363		3692.88 Multiplan	Multiplan		7490.4	80			159.21	8894.85	percent of total billed charges	
DST LESION ANUS SIMPL SURG EXC	46922	CPT	outpatient			9363		3692.88 Qualcare	Qualcare		7022.25	75			159.21	8894.85	percent of total billed charges	
DST LESION ANUS SIMPL SURG EXC	46922	CPT	outpatient			9363		3692.88 Three Rivers	Three Rivers		8894.85	95			159.21	8894.85	percent of total billed charges	
DST LESION ANUS SIMPL SURG EXC	46922	CPT	outpatient			9363		3692.88 UHC	Medicaid		2954.03	31.55			159.21	8894.85	percent of total billed charges	
DST LESION ANUS SIMPL SURG EXC	46922	CPT	outpatient			9363		3692.88 UHC	Medicare		3211.2				159.21	8894.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DST LESION ANUS SIMPL SURG EXC	46922	CPT	outpatient			9363		3692.88 United	CommercialPPO		2776				159.21	8894.85	case rate	
DST LESION ANUS SIMPL SURG EXC	46922	CPT	outpatient			9363		3692.88 United	Oxford		2776				159.21	8894.85	case rate	
DST LESION ANUS SIMPL SURG EXC	46922	CPT	outpatient			9363		3692.88 Wellcare	Medicare		3211.2				159.21	8894.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DST LESION ANUS SIMPL SURG EXC	46922	CPT	outpatient			9363		3692.88 Wellcare	Medicaid		2954.03	31.55			159.21	8894.85	percent of total billed charges	
DST LESION ANUS SIMPL SURG EXC	46922	CPT	outpatient			9363		3692.88 WellPoint	WellPoint		3013.01	32.18			159.21	8894.85	percent of total billed charges	
DESTRUCTION LESION ANUS	46924	CPT	outpatient			9363		3692.88 Aetna	Commercial		5112.23				383.67	8894.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION LESION ANUS	46924	CPT	outpatient			9363		3692.88 Aetna	Better Health		2954.03	31.55			383.67	8894.85	percent of total billed charges	
DESTRUCTION LESION ANUS	46924	CPT	outpatient			9363		3692.88 Aetna	Medicare		3211.2				383.67	8894.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION LESION ANUS	46924	CPT	outpatient			9363		3692.88 Americare	Americare		7022.25	75			383.67	8894.85	percent of total billed charges	
DESTRUCTION LESION ANUS	46924	CPT	outpatient			9363		3692.88 Amerihealth	HMO/PPO		6085.95	65			383.67	8894.85	percent of total billed charges	
DESTRUCTION LESION ANUS	46924	CPT	outpatient			9363		3692.88 Amerihealth	Medicare		3211.2				383.67	8894.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION LESION ANUS	46924	CPT	outpatient			9363		3692.88 Consumer	Consumer		8894.85	95			383.67	8894.85	percent of total billed charges	
DESTRUCTION LESION ANUS	46924	CPT	outpatient			9363		3692.88 Corrections	Corrections		7490.4	80			383.67	8894.85	percent of total billed charges	
DESTRUCTION LESION ANUS	46924	CPT	outpatient			9363		3692.88 First Health	First Health		6554.1	70			383.67	8894.85	percent of total billed charges	
DESTRUCTION LESION ANUS	46924	CPT	outpatient			9363		3692.88 First Trenton	First Trenton		8426.7	90			383.67	8894.85	percent of total billed charges	
DESTRUCTION LESION ANUS	46924	CPT	outpatient			9363		3692.88 Horizon	MGD		5976.04				383.67	8894.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION LESION ANUS	46924	CPT	outpatient			9363		3692.88 Horizon	Indemnity		5976.04				383.67	8894.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION LESION ANUS	46924	CPT	outpatient			9363		3692.88 Horizon	PPO		5976.04				383.67	8894.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION LESION ANUS	46924	CPT	outpatient			9363		3692.88 Horizon	Medicare Blue		3211.2				383.67	8894.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION LESION ANUS	46924	CPT	outpatient			9363		3692.88 Horizon	NJ Health		383.67				383.67	8894.85	fee schedule	
DESTRUCTION LESION ANUS	46924	CPT	outpatient			9363		3692.88 Managed Care Inc	Managed Care Inc		8426.7	90			383.67	8894.85	percent of total billed charges	
DESTRUCTION LESION ANUS	46924	CPT	outpatient			9363		3692.88 Multiplan	Multiplan		7490.4	80			383.67	8894.85	percent of total billed charges	
DESTRUCTION LESION ANUS	46924	CPT	outpatient			9363		3692.88 Qualcare	Qualcare		7022.25	75			383.67	8894.85	percent of total billed charges	
DESTRUCTION LESION ANUS	46924	CPT	outpatient			9363		3692.88 Three Rivers	Three Rivers		8894.85	95			383.67	8894.85	percent of total billed charges	
DESTRUCTION LESION ANUS	46924	CPT	outpatient			9363		3692.88 UHC	Medicare		3211.2				383.67	8894.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION LESION ANUS	46924	CPT	outpatient			9363		3692.88 UHC	Medicaid		2954.03	31.55			383.67	8894.85	percent of total billed charges	
DESTRUCTION LESION ANUS	46924	CPT	outpatient			9363		3692.88 United	CommercialPPO		2776				383.67	8894.85	case rate	
DESTRUCTION LESION ANUS	46924	CPT	outpatient			9363		3692.88 United	Oxford		2776				383.67	8894.85	case rate	
DESTRUCTION LESION ANUS	46924	CPT	outpatient			9363		3692.88 Wellcare	Medicare		3211.2				383.67	8894.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION LESION ANUS	46924	CPT	outpatient			9363		3692.88 Wellcare	Medicaid		2954.03	31.55			383.67	8894.85	percent of total billed charges	
DESTRUCTION LESION ANUS	46924	CPT	outpatient			9363		3692.88 WellPoint	WellPoint		3013.01	32.18			383.67	8894.85	percent of total billed charges	
DESTR INT HEMORRHOID	46930	CPT	outpatient			2226		1552.05 Aetna	Medicare		1349.61				693.15	2511.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR INT HEMORRHOID	46930	CPT	outpatient			2226		1552.05 Aetna	Commercial		2148.58				693.15	2511.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR INT HEMORRHOID	46930	CPT	outpatient			2226		1552.05 Aetna	Better Health		702.3	31.55			693.15	2511.62	percent of total billed charges	
DESTR INT HEMORRHOID	46930	CPT	outpatient			2226		1552.05 Americare	Americare		1669.5	75			693.15	2511.62	percent of total billed charges	
DESTR INT HEMORRHOID	46930	CPT	outpatient			2226		1552.05 Amerihealth	HMO/PPO		1446.9	65			693.15	2511.62	percent of total billed charges	
DESTR INT HEMORRHOID	46930	CPT	outpatient			2226		1552.05 Amerihealth	Medicare		1349.61				693.15	2511.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR INT HEMORRHOID	46930	CPT	outpatient			2226		1552.05 Consumer	Consumer		2114.7	95			693.15	2511.62	percent of total billed charges	
DESTR INT HEMORRHOID	46930	CPT	outpatient			2226		1552.05 Corrections	Corrections		1780.8	80			693.15	2511.62	percent of total billed charges	
DESTR INT HEMORRHOID	46930	CPT	outpatient			2226		1552.05 First Health	First Health		1558.2	70			693.15	2511.62	percent of total billed charges	
DESTR INT HEMORRHOID	46930	CPT	outpatient			2226		1552.05 First Trenton	First Trenton		2003.4	90			693.15	2511.62	percent of total billed charges	
DESTR INT HEMORRHOID	46930	CPT	outpatient			2226		1552.05 Horizon	MGD		2511.62				693.15	2511.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR INT HEMORRHOID	46930	CPT	outpatient			2226		1552.05 Horizon	Medicare Blue		1349.61				693.15	2511.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR INT HEMORRHOID	46930	CPT	outpatient			2226		1552.05 Horizon	Indemnity		2511.62				693.15	2511.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR INT HEMORRHOID	46930	CPT	outpatient			2226		1552.05 Horizon	PPO		2511.62				693.15	2511.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR INT HEMORRHOID	46930	CPT	outpatient			2226		1552.05 Managed Care Inc	Managed Care Inc		2003.4	90			693.15	2511.62	percent of total billed charges	
DESTR INT HEMORRHOID	46930	CPT	outpatient			2226		1552.05 Multiplan	Multiplan		1780.8	80			693.15	2511.62	percent of total billed charges	
DESTR INT HEMORRHOID	46930	CPT	outpatient			2226		1552.05 Qualcare	Qualcare		1669.5	75			693.15	2511.62	percent of total billed charges	
DESTR INT HEMORRHOID	46930	CPT	outpatient			2226		1552.05 Three Rivers	Three Rivers		2114.7	95			693.15	2511.62	percent of total billed charges	
DESTR INT HEMORRHOID	46930	CPT	outpatient			2226		1552.05 UHC	Medicaid		702.3	31.55			693.15	2511.62	percent of total billed charges	
DESTR INT HEMORRHOID	46930	CPT	outpatient			2226		1552.05 UHC	Medicare		1349.61				693.15	2511.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR INT HEMORRHOID	46930	CPT	outpatient			2226		1552.05 United	Oxford		1817				693.15	2511.62	case rate	
DESTR INT HEMORRHOID	46930	CPT	outpatient			2226		1552.05 United	CommercialPPO		1817				693.15	2511.62	case rate	
DESTR INT HEMORRHOID	46930	CPT	outpatient			2226		1552.05 Wellcare	Medicaid		702.3	31.55			693.15	2511.62	percent of total billed charges	
DESTR INT HEMORRHOID	46930	CPT	outpatient			2226		1552.05 Wellcare	Medicare		1349.61				693.15	2511.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR INT HEMORRHOID	46930	CPT	outpatient			2226		1552.05 WellPoint	WellPoint		716.33	32.18			693.15	2511.62	percent of total billed charges	
LIG INT HEMORRHOIDS, SNGL PROC	46945	CPT	outpatient			4642		3692.88 Aetna	Better Health		1464.55	31.55			109.62	5976.04	percent of total billed charges	
LIG INT HEMORRHOIDS, SNGL PROC	46945	CPT	outpatient			4642		3692.88 Aetna	Medicare		1429.74	30.8			109.62	5976.04	percent of total billed charges	
LIG INT HEMORRHOIDS, SNGL PROC	46945	CPT	outpatient			4642		3692.88 Aetna	Commercial		5112.23				109.62	5976.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIG INT HEMORRHOIDS, SNGL PROC	46945	CPT	outpatient			4642		3692.88 Americare	Americare		3481.5	75			109.62	5976.04	percent of total billed charges	
LIG INT HEMORRHOIDS, SNGL PROC	46945	CPT	outpatient			4642		3692.88 Amerihealth	HMO/PPO		3017.3	65			109.62	5976.04	percent of total billed charges	
LIG INT HEMORRHOIDS, SNGL PROC	46945	CPT	outpatient			4642		3692.88 Amerihealth	Medicare		3211.2				109.62	5976.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIG INT HEMORRHOIDS, SNGL PROC	46945	CPT	outpatient			4642		3692.88 Consumer	Consumer		4409.9	95			109.62	5976.04	percent of total billed charges	
LIG INT HEMORRHOIDS, SNGL PROC	46945	CPT	outpatient			4642		3692.88 Corrections	Corrections		3713.6	80			109.62	5976.04	percent of total billed charges	
LIG INT HEMORRHOIDS, SNGL PROC	46945	CPT	outpatient			4642		3692.88 First Health	First Health		3249.4	70			109.62	5976.04	percent of total billed charges	
LIG INT HEMORRHOIDS, SNGL PROC	46945	CPT	outpatient			4642		3692.88 First Trenton	First Trenton		4177.8	90			109.62	5976.04	percent of total billed charges	
LIG INT HEMORRHOIDS, SNGL PROC	46945	CPT	outpatient			4642		3692.88 Horizon	Medicare Blue		3211.2				109.62	5976.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIG INT HEMORRHOIDS, SNGL PROC	46945	CPT	outpatient			4642		3692.88 Horizon	PPO		5976.04				109.62	5976.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIG INT HEMORRHOIDS, SNGL PROC	46945	CPT	outpatient			4642		3692.88 Horizon	MGD		5976.04				109.62	5976.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIG INT HEMORRHOIDS, SNGL PROC	46945	CPT	outpatient			4642		3692.88 Horizon	NJ Health		109.62				109.62	5976.04	fee schedule	
LIG INT HEMORRHOIDS, SNGL PROC	46945	CPT	outpatient			4642		3692.88 Horizon	Indemnity		5976.04				109.62	5976.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIG INT HEMORRHOIDS, SNGL PROC	46945	CPT	outpatient			4642		3692.88 Managed Care Inc	Managed Care Inc		4177.8	90			109.62	5976.04	percent of total billed charges	
LIG INT HEMORRHOIDS, SNGL PROC	46945	CPT	outpatient			4642		3692.88 Multiplan	Multiplan		3713.6	80			109.62	5976.04	percent of total billed charges	
LIG INT HEMORRHOIDS, SNGL PROC	46945	CPT	outpatient			4642		3692.88 Qualcare	Qualcare		3481.5	75			109.62	5976.04	percent of total billed charges	
LIG INT HEMORRHOIDS, SNGL PROC	46945	CPT	outpatient			4642		3692.88 Three Rivers	Three Rivers		4409.9	95			109.62	5976.04	percent of total billed charges	
LIG INT HEMORRHOIDS, SNGL PROC	46945	CPT	outpatient			4642		3692.88 UHC	Medicare		3211.2				109.62	5976.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIG INT HEMORRHOIDS, SNGL PROC	46945	CPT	outpatient			4642		3692.88 UHC	Medicaid		1464.55	31.55			109.62	5976.04	percent of total billed charges	
LIG INT HEMORRHOIDS, SNGL PROC	46945	CPT	outpatient			4642		3692.88 United	CommercialPPO		2776				109.62	5976.04	case rate	
LIG INT HEMORRHOIDS, SNGL PROC	46945	CPT	outpatient			4642		3692.88 United	Oxford		2776				109.62	5976.04	case rate	
LIG INT HEMORRHOIDS, SNGL PROC	46945	CPT	outpatient			4642		3692.88 Wellcare	Medicaid		1464.55	31.55			109.62	5976.04	percent of total billed charges	
LIG INT HEMORRHOIDS, SNGL PROC	46945	CPT	outpatient			4642		3692.88 Wellcare	Medicare		3211.2				109.62	5976.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIG INT HEMORRHOIDS, SNGL PROC	46945	CPT	outpatient			4642		3692.88 WellPoint	WellPoint		1493.8	32.18			109.62	5976.04	percent of total billed charges	
LIGATION, INT HEMORRHOIDS	46946	CPT	outpatient			4642		3692.88 Aetna	Commercial		5112.23				284.23	5976.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIGATION, INT HEMORRHOIDS	46946	CPT	outpatient			4642		3692.88 Aetna	Better Health		1464.55	31.55			284.23	5976.04	percent of total billed charges	
LIGATION, INT HEMORRHOIDS	46946	CPT	outpatient			4642		3692.88 Aetna	Medicare		3211.2				284.23	5976.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIGATION, INT HEMORRHOIDS	46946	CPT	outpatient			4642		3692.88 Americare	Americare		3481.5	75			284.23	5976.04	percent of total billed charges	
LIGATION, INT HEMORRHOIDS	46946	CPT	outpatient			4642		3692.88 Amerihealth	HMO/PPO		3017.3	65			284.23	5976.04	percent of total billed charges	
LIGATION, INT HEMORRHOIDS	46946	CPT	outpatient			4642		3692.88 Amerihealth	Medicare		3211.2				284.23	5976.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIGATION, INT HEMORRHOIDS	46946	CPT	outpatient			4642		3692.88 Consumer	Consumer		4409.9	95			284.23	5976.04	percent of total billed charges	
LIGATION, INT HEMORRHOIDS	46946	CPT	outpatient			4642		3692.88 Corrections	Corrections		3713.6	80			284.23	5976.04	percent of total billed charges	
LIGATION, INT HEMORRHOIDS	46946	CPT	outpatient			4642		3692.88 First Health	First Health		3249.4	70			284.23	5976.04	percent of total billed charges	
LIGATION, INT HEMORRHOIDS	46946	CPT	outpatient			4642		3692.88 First Trenton	First Trenton		4177.8	90			284.23	5976.04	percent of total billed charges	
LIGATION, INT HEMORRHOIDS	46946	CPT	outpatient			4642		3692.88 Horizon	NJ Health		284.23				284.23	5976.04	fee schedule	
LIGATION, INT HEMORRHOIDS	46946	CPT	outpatient			4642		3692.88 Horizon	Indemnity		5976.04				284.23	5976.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIGATION, INT HEMORRHOIDS	46946	CPT	outpatient			4642		3692.88 Horizon	Medicare Blue		3211.2				284.23	5976.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIGATION, INT HEMORRHOIDS	46946	CPT	outpatient			4642		3692.88 Horizon	MGD		5976.04				284.23	5976.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIGATION, INT HEMORRHOIDS	46946	CPT	outpatient			4642		3692.88 Horizon	PPO		5976.04				284.23	5976.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIGATION, INT HEMORRHOIDS	46946	CPT	outpatient			4642		3692.88 Managed Care Inc	Managed Care Inc		4177.8	90			284.23	5976.04	percent of total billed charges	
LIGATION, INT HEMORRHOIDS	46946	CPT	outpatient			4642		3692.88 Multiplan	Multiplan		3713.6	80			284.23	5976.04	percent of total billed charges	
LIGATION, INT HEMORRHOIDS	46946	CPT	outpatient			4642		3692.88 Qualcare	Qualcare		3481.5	75			284.23	5976.04	percent of total billed charges	
LIGATION, INT HEMORRHOIDS	46946	CPT	outpatient			4642		3692.88 Three Rivers	Three Rivers		4409.9	95			284.23	5976.04	percent of total billed charges	
LIGATION, INT HEMORRHOIDS	46946	CPT	outpatient			4642		3692.88 UHC	Medicare		3211.2				284.23	5976.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIGATION, INT HEMORRHOIDS	46946	CPT	outpatient			4642		3692.88 UHC	Medicaid		1464.55	31.55			284.23	5976.04	percent of total billed charges	
LIGATION, INT HEMORRHOIDS	46946	CPT	outpatient			4642		3692.88 United	Oxford		2776				284.23	5976.04	case rate	
LIGATION, INT HEMORRHOIDS	46946	CPT	outpatient			4642		3692.88 United	CommercialPPO		2776				284.23	5976.04	case rate	
LIGATION, INT HEMORRHOIDS	46946	CPT	outpatient			4642		3692.88 Wellcare	Medicare		3211.2				284.23	5976.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIGATION, INT HEMORRHOIDS	46946	CPT	outpatient			4642		3692.88 Wellcare	Medicaid		1464.55	31.55			284.23	5976.04	percent of total billed charges	
LIGATION, INT HEMORRHOIDS	46946	CPT	outpatient			4642		3692.88 WellPoint	WellPoint		1493.8	32.18			284.23	5976.04	percent of total billed charges	
UNLISTED PROCEDURE,ANUS	46999	CPT	outpatient			3029		1202.06 Aetna	Medicare		1045.27				388.38	2877.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE,ANUS	46999	CPT	outpatient			3029		1202.06 Aetna	Better Health		955.65	31.55			388.38	2877.55	percent of total billed charges	
UNLISTED PROCEDURE,ANUS	46999	CPT	outpatient			3029		1202.06 Aetna	Commercial		1664.07				388.38	2877.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE,ANUS	46999	CPT	outpatient			3029		1202.06 Americare	Americare		2271.75	75			388.38	2877.55	percent of total billed charges	
UNLISTED PROCEDURE,ANUS	46999	CPT	outpatient			3029		1202.06 Amerihealth	HMO/PPO		1968.85	65			388.38	2877.55	percent of total billed charges	
UNLISTED PROCEDURE,ANUS	46999	CPT	outpatient			3029		1202.06 Amerihealth	Medicare		1045.27				388.38	2877.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE,ANUS	46999	CPT	outpatient			3029		1202.06 Consumer	Consumer		2877.55	95			388.38	2877.55	percent of total billed charges	
UNLISTED PROCEDURE,ANUS	46999	CPT	outpatient			3029		1202.06 Corrections	Corrections		2423.2	80			388.38	2877.55	percent of total billed charges	
UNLISTED PROCEDURE,ANUS	46999	CPT	outpatient			3029		1202.06 First Health	First Health		2120.3	70			388.38	2877.55	percent of total billed charges	
UNLISTED PROCEDURE,ANUS	46999	CPT	outpatient			3029		1202.06 First Trenton	First Trenton		2726.1	90			388.38	2877.55	percent of total billed charges	
UNLISTED PROCEDURE,ANUS	46999	CPT	outpatient			3029		1202.06 Horizon	MGD		1945.25				388.38	2877.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.														
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103		310119 true													
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
UNLISTED PROCEDURE,ANUS	46999	CPT	outpatient			3029	1202.06	Horizon	Indemnity		1945.25				388.38	2877.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE,ANUS	46999	CPT	outpatient			3029	1202.06	Horizon	PPO		1945.25				388.38	2877.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE,ANUS	46999	CPT	outpatient			3029	1202.06	Horizon	Medicare Blue		1045.27				388.38	2877.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE,ANUS	46999	CPT	outpatient			3029	1202.06	Managed Care Inc	Managed Care Inc		2726.1	90			388.38	2877.55	percent of total billed charges	
UNLISTED PROCEDURE,ANUS	46999	CPT	outpatient			3029	1202.06	Multiplan	Multiplan		2423.2	80			388.38	2877.55	percent of total billed charges	
UNLISTED PROCEDURE,ANUS	46999	CPT	outpatient			3029	1202.06	Qualcare	Qualcare		2271.75	75			388.38	2877.55	percent of total billed charges	
UNLISTED PROCEDURE,ANUS	46999	CPT	outpatient			3029	1202.06	Three Rivers	Three Rivers		2877.55	95			388.38	2877.55	percent of total billed charges	
UNLISTED PROCEDURE,ANUS	46999	CPT	outpatient			3029	1202.06	UHC	Medicare		1045.27				388.38	2877.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE,ANUS	46999	CPT	outpatient			3029	1202.06	UHC	Medicaid		955.65	31.55			388.38	2877.55	percent of total billed charges	
UNLISTED PROCEDURE,ANUS	46999	CPT	outpatient			3029	1202.06	United	CommercialPPO		1817				388.38	2877.55	case rate	
UNLISTED PROCEDURE,ANUS	46999	CPT	outpatient			3029	1202.06	United	Oxford		1817				388.38	2877.55	case rate	
UNLISTED PROCEDURE,ANUS	46999	CPT	outpatient			3029	1202.06	Wellcare	Medicare		1045.27				388.38	2877.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE,ANUS	46999	CPT	outpatient			3029	1202.06	Wellcare	Medicaid		955.65	31.55			388.38	2877.55	percent of total billed charges	
UNLISTED PROCEDURE,ANUS	46999	CPT	outpatient			3029	1202.06	WellPoint	WellPoint		974.73	32.18			388.38	2877.55	percent of total billed charges	
NEEDLE BX,LIVER;AT MAJOR OP	47000	CPT	both			5633	2132.36	Aetna	Better Health		1777.21	31.55			96.04	5351.35	percent of total billed charges	
NEEDLE BX,LIVER;AT MAJOR OP	47000	CPT	both			5633	2132.36	Aetna	Medicare		1854.23				96.04	5351.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEEDLE BX,LIVER;AT MAJOR OP	47000	CPT	both			5633	2132.36	Aetna	Commercial		2951.93				96.04	5351.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEEDLE BX,LIVER;AT MAJOR OP	47000	CPT	both			5633	2132.36	Americare	Americare		4224.75	75			96.04	5351.35	percent of total billed charges	
NEEDLE BX,LIVER;AT MAJOR OP	47000	CPT	both			5633	2132.36	Amerihealth	HMO/PPO		3661.45	65			96.04	5351.35	percent of total billed charges	
NEEDLE BX,LIVER;AT MAJOR OP	47000	CPT	both			5633	2132.36	Amerihealth	Medicare		1854.23				96.04	5351.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEEDLE BX,LIVER;AT MAJOR OP	47000	CPT	both			5633	2132.36	Consumer	Consumer		5351.35	95			96.04	5351.35	percent of total billed charges	
NEEDLE BX,LIVER;AT MAJOR OP	47000	CPT	both			5633	2132.36	Corrections	Corrections		4506.4	80			96.04	5351.35	percent of total billed charges	
NEEDLE BX,LIVER;AT MAJOR OP	47000	CPT	both			5633	2132.36	First Health	First Health		3943.1	70			96.04	5351.35	percent of total billed charges	
NEEDLE BX,LIVER;AT MAJOR OP	47000	CPT	both			5633	2132.36	First Trenton	First Trenton		5069.7	90			96.04	5351.35	percent of total billed charges	
NEEDLE BX,LIVER;AT MAJOR OP	47000	CPT	both			5633	2132.36	Horizon	PPO		3450.72				96.04	5351.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEEDLE BX,LIVER;AT MAJOR OP	47000	CPT	both			5633	2132.36	Horizon	NJ Health		96.04				96.04	5351.35	fee schedule	
NEEDLE BX,LIVER;AT MAJOR OP	47000	CPT	both			5633	2132.36	Horizon	Indemnity		3450.72				96.04	5351.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEEDLE BX,LIVER;AT MAJOR OP	47000	CPT	both			5633	2132.36	Horizon	MGD		3450.72				96.04	5351.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEEDLE BX,LIVER;AT MAJOR OP	47000	CPT	both			5633	2132.36	Horizon	Medicare Blue		1854.23				96.04	5351.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEEDLE BX,LIVER;AT MAJOR OP	47000	CPT	both			5633	2132.36	Managed Care Inc	Managed Care Inc		5069.7	90			96.04	5351.35	percent of total billed charges	
NEEDLE BX,LIVER;AT MAJOR OP	47000	CPT	both			5633	2132.36	Multiplan	Multiplan		4506.4	80			96.04	5351.35	percent of total billed charges	
NEEDLE BX,LIVER;AT MAJOR OP	47000	CPT	both			5633	2132.36	Qualcare	Qualcare		4224.75	75			96.04	5351.35	percent of total billed charges	
NEEDLE BX,LIVER;AT MAJOR OP	47000	CPT	both			5633	2132.36	Three Rivers	Three Rivers		5351.35	95			96.04	5351.35	percent of total billed charges	
NEEDLE BX,LIVER;AT MAJOR OP	47000	CPT	both			5633	2132.36	UHC	Medicare		1854.23				96.04	5351.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEEDLE BX,LIVER;AT MAJOR OP	47000	CPT	both			5633	2132.36	UHC	Medicaid		1777.21	31.55			96.04	5351.35	percent of total billed charges	
NEEDLE BX,LIVER;AT MAJOR OP	47000	CPT	both			5633	2132.36	United	Oxford		2493				96.04	5351.35	case rate	
NEEDLE BX,LIVER;AT MAJOR OP	47000	CPT	both			5633	2132.36	United	CommercialPPO		2493				96.04	5351.35	case rate	
NEEDLE BX,LIVER;AT MAJOR OP	47000	CPT	both			5633	2132.36	Wellcare	Medicare		1854.23				96.04	5351.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEEDLE BX,LIVER;AT MAJOR OP	47000	CPT	both			5633	2132.36	Wellcare	Medicaid		1777.21	31.55			96.04	5351.35	percent of total billed charges	
NEEDLE BX,LIVER;AT MAJOR OP	47000	CPT	both			5633	2132.36	WellPoint	WellPoint		1812.7	32.18			96.04	5351.35	percent of total billed charges	
NEEDLE BX, L...	47001	CPT	both			309		Aetna	Medicare		95.17	30.8			83.13	1782	percent of total billed charges	
NEEDLE BX, L...	47001	CPT	both			309		Aetna	Better Health		97.49	31.55			83.13	1782	percent of total billed charges	
NEEDLE BX, L...	47001	CPT	both			309		Aetna	Commercial		117.42	38			83.13	1782	percent of total billed charges	
NEEDLE BX, L...	47001	CPT	both			309		Americare	Americare		231.75	75			83.13	1782	percent of total billed charges	
NEEDLE BX, L...	47001	CPT	both			309		Amerihealth	HMO/PPO		200.85	65			83.13	1782	percent of total billed charges	
NEEDLE BX, L...	47001	CPT	both			309		Consumer	Consumer		293.55	95			83.13	1782	percent of total billed charges	
NEEDLE BX, L...	47001	CPT	both			309		Corrections	Corrections		247.2	80			83.13	1782	percent of total billed charges	
NEEDLE BX, L...	47001	CPT	both			309		First Health	First Health		216.3	70			83.13	1782	percent of total billed charges	
NEEDLE BX, L...	47001	CPT	both			309		First Trenton	First Trenton		278.1	90			83.13	1782	percent of total billed charges	
NEEDLE BX, L...	47001	CPT	both			309		Horizon	NJ Health		83.13				83.13	1782	fee schedule	
NEEDLE BX, L...	47001	CPT	both			309		Horizon	Medicare Blue		92.7	30			83.13	1782	percent of total billed charges	
NEEDLE BX, L...	47001	CPT	both			309		Horizon	Indemnity		118.29	38.28			83.13	1782	percent of total billed charges	
NEEDLE BX, L...	47001	CPT	both			309		Horizon	MGD		118.29	38.28			83.13	1782	percent of total billed charges	
NEEDLE BX, L...	47001	CPT	both			309		Horizon	PPO		118.29	38.28			83.13	1782	percent of total billed charges	
NEEDLE BX, L...	47001	CPT	both			309		Managed Care Inc	Managed Care Inc		278.1	90			83.13	1782	percent of total billed charges	
NEEDLE BX, L...	47001	CPT	both			309		Multiplan	Multiplan		247.2	80			83.13	1782	percent of total billed charges	
NEEDLE BX, L...	47001	CPT	both			309		Qualcare	Qualcare		231.75	75			83.13	1782	percent of total billed charges	
NEEDLE BX, L...	47001	CPT	both			309		Three Rivers	Three Rivers		293.55	95			83.13	1782	percent of total billed charges	
NEEDLE BX, L...	47001	CPT	both			309		UHC	Medicaid		97.49	31.55			83.13	1782	percent of total billed charges	
NEEDLE BX, L...	47001	CPT	both			309		United	Oxford		1782				83.13	1782	case rate	
NEEDLE BX, L...	47001	CPT	both			309		United	CommercialPPO		1782				83.13	1782	case rate	
NEEDLE BX, L...	47001	CPT	both			309		Wellcare	Medicaid		97.49	31.55			83.13	1782	percent of total billed charges	
NEEDLE BX, L...	47001	CPT	both			309		WellPoint	WellPoint		99.44	32.18			83.13	1782	percent of total billed charges	
MGNT LVR HEM SMPL SUTR WND/INJ	47350	CPT	outpatient					Horizon	NJ Health		859				859	1782	fee schedule	
MGNT LVR HEM SMPL SUTR WND/INJ	47350	CPT	outpatient					United	Oxford		1782				859	1782	case rate	
MGNT LVR HEM SMPL SUTR WND/INJ	47350	CPT	outpatient					United	CommercialPPO		1782				859	1782	case rate	
LAPAROSCOPY PLUS LIVER/PERITONEAL BIOPSY	47379	CPT	outpatient			14375	7588.83	Aetna	Better Health		4535.31	31.55		4535.31	13656.25	percent of total billed charges		
LAPAROSCOPY PLUS LIVER/PERITONEAL BIOPSY	47379	CPT	outpatient			14375	7588.83	Aetna	Commercial		10505.58			4535.31	13656.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LAPAROSCOPY PLUS LIVER/PERITONEAL BIOPSY	47379	CPT	outpatient			14375	7588.83	Aetna	Medicare		6598.98			4535.31	13656.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LAPAROSCOPY PLUS LIVER/PERITONEAL BIOPSY	47379	CPT	outpatient			14375	7588.83	Americare	Americare		10781.25	75		4535.31	13656.25	percent of total billed charges		
LAPAROSCOPY PLUS LIVER/PERITONEAL BIOPSY	47379	CPT	outpatient			14375	7588.83	Amerihealth	HMO/PPO		9343.75	65		4535.31	13656.25	percent of total billed charges		
LAPAROSCOPY PLUS LIVER/PERITONEAL BIOPSY	47379	CPT	outpatient			14375	7588.83	Amerihealth	Medicare		6598.98			4535.31	13656.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LAPAROSCOPY PLUS LIVER/PERITONEAL BIOPSY	47379	CPT	outpatient			14375	7588.83	Consumer	Consumer		13656.25	95		4535.31	13656.25	percent of total billed charges		
LAPAROSCOPY PLUS LIVER/PERITONEAL BIOPSY	47379	CPT	outpatient			14375	7588.83	Corrections	Corrections		11500	80		4535.31	13656.25	percent of total billed charges		
LAPAROSCOPY PLUS LIVER/PERITONEAL BIOPSY	47379	CPT	outpatient			14375	7588.83	First Health	First Health		10062.5	70		4535.31	13656.25	percent of total billed charges		
LAPAROSCOPY PLUS LIVER/PERITONEAL BIOPSY	47379	CPT	outpatient			14375	7588.83	First Trenton	First Trenton		12937.5	90		4535.31	13656.25	percent of total billed charges		
LAPAROSCOPY PLUS LIVER/PERITONEAL BIOPSY	47379	CPT	outpatient			14375	7588.83	Horizon	PPO		12280.7			4535.31	13656.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LAPAROSCOPY PLUS LIVER/PERITONEAL BIOPSY	47379	CPT	outpatient			14375	7588.83	Horizon	MGD		12280.7			4535.31	13656.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LAPAROSCOPY PLUS LIVER/PERITONEAL BIOPSY	47379	CPT	outpatient			14375	7588.83	Horizon	Medicare Blue		6598.98			4535.31	13656.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LAPAROSCOPY PLUS LIVER/PERITONEAL BIOPSY	47379	CPT	outpatient			14375	7588.83	Horizon	Indemnity		12280.7			4535.31	13656.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LAPAROSCOPY PLUS LIVER/PERITONEAL BIOPSY	47379	CPT	outpatient			14375	7588.83	Managed Care Inc	Managed Care Inc		12937.5	90		4535.31	13656.25	percent of total billed charges		
LAPAROSCOPY PLUS LIVER/PERITONEAL BIOPSY	47379	CPT	outpatient			14375	7588.83	Multiplan	Multiplan		11500	80		4535.31	13656.25	percent of total billed charges		
LAPAROSCOPY PLUS LIVER/PERITONEAL BIOPSY	47379	CPT	outpatient			14375	7588.83	Qualcare	Qualcare		10781.25	75		4535.31	13656.25	percent of total billed charges		
LAPAROSCOPY PLUS LIVER/PERITONEAL BIOPSY	47379	CPT	outpatient			14375	7588.83	Three Rivers	Three Rivers		13656.25	95		4535.31	13656.25	percent of total billed charges		
LAPAROSCOPY PLUS LIVER/PERITONEAL BIOPSY	47379	CPT	outpatient			14375	7588.83	UHC	Medicaid		4535.31	31.55		4535.31	13656.25	percent of total billed charges		
LAPAROSCOPY PLUS LIVER/PERITONEAL BIOPSY	47379	CPT	outpatient			14375	7588.83	UHC	Medicare		6598.98			4535.31	13656.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LAPAROSCOPY PLUS LIVER/PERITONEAL BIOPSY	47379	CPT	outpatient			14375	7588.83	United	Oxford		6362			4535.31	13656.25	case rate		
LAPAROSCOPY PLUS LIVER/PERITONEAL BIOPSY	47379	CPT	outpatient			14375	7588.83	United	CommercialPPO		6362			4535.31	13656.25	case rate		
LAPAROSCOPY PLUS LIVER/PERITONEAL BIOPSY	47379	CPT	outpatient			14375	7588.83	Wellcare	Medicare		6598.98			4535.31	13656.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LAPAROSCOPY PLUS LIVER/PERITONEAL BIOPSY	47379	CPT	outpatient			14375	7588.83	Wellcare	Medicaid		4535.31	31.55		4535.31	13656.25	percent of total billed charges		
LAPAROSCOPY PLUS LIVER/PERITONEAL BIOPSY	47379	CPT	outpatient			14375	7588.83	WellPoint	WellPoint		4625.88	32.18		4535.31	13656.25	percent of total billed charges		
RADIOFREQUENCY ABLATION OF LIVER TUMOR	47382	CPT	both			20070	7588.83	Aetna	Better Health		6332.09	31.55		621.4	19066.5	percent of total billed charges		
RADIOFREQUENCY ABLATION OF LIVER TUMOR	47382	CPT	both			20070	7588.83	Aetna	Medicare		6598.98			621.4	19066.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOFREQUENCY ABLATION OF LIVER TUMOR	47382	CPT	both			20070	7588.83	Aetna	Commercial		10505.58			621.4	19066.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOFREQUENCY ABLATION OF LIVER TUMOR	47382	CPT	both			20070	7588.83	Americare	Americare		15052.5	75		621.4	19066.5	percent of total billed charges		
RADIOFREQUENCY ABLATION OF LIVER TUMOR	47382	CPT	both			20070	7588.83	Amerihealth	HMO/PPO		13045.5	65		621.4	19066.5	percent of total billed charges		
RADIOFREQUENCY ABLATION OF LIVER TUMOR	47382	CPT	both			20070	7588.83	Amerihealth	Medicare		6598.98			621.4	19066.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOFREQUENCY ABLATION OF LIVER TUMOR	47382	CPT	both			20070	7588.83	Consumer	Consumer		19066.5	95		621.4	19066.5	percent of total billed charges		
RADIOFREQUENCY ABLATION OF LIVER TUMOR	47382	CPT	both			20070	7588.83	Corrections	Corrections		16056	80		621.4	19066.5	percent of total billed charges		
RADIOFREQUENCY ABLATION OF LIVER TUMOR	47382	CPT	both			20070	7588.83	First Health	First Health		14049	70		621.4	19066.5	percent of total billed charges		
RADIOFREQUENCY ABLATION OF LIVER TUMOR	47382	CPT	both			20070	7588.83	First Trenton	First Trenton		18063	90		621.4	19066.5	percent of total billed charges		
RADIOFREQUENCY ABLATION OF LIVER TUMOR	47382	CPT	both			20070	7588.83	Horizon	MGD		12280.7			621.4	19066.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOFREQUENCY ABLATION OF LIVER TUMOR	47382	CPT	both			20070	7588.83	Horizon	Medicare Blue		6598.98			621.4	19066.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOFREQUENCY ABLATION OF LIVER TUMOR	47382	CPT	both			20070	7588.83	Horizon	PPO		12280.7			621.4	19066.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOFREQUENCY ABLATION OF LIVER TUMOR	47382	CPT	both			20070	7588.83	Horizon	NJ Health		621.4			621.4	19066.5	fee schedule		
RADIOFREQUENCY ABLATION OF LIVER TUMOR	47382	CPT	both			20070	7588.83	Horizon	Indemnity		12280.7			621.4	19066.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOFREQUENCY ABLATION OF LIVER TUMOR	47382	CPT	both			20070	7588.83	Managed Care Inc	Managed Care Inc		18063	90		621.4	19066.5	percent of total billed charges		
RADIOFREQUENCY ABLATION OF LIVER TUMOR	47382	CPT	both			20070	7588.83	Multiplan	Multiplan		16056	80		621.4	19066.5	percent of total billed charges		
RADIOFREQUENCY ABLATION OF LIVER TUMOR	47382	CPT	both			20070	7588.83	Qualcare	Qualcare		15052.5	75		621.4	19066.5	percent of total billed charges		
RADIOFREQUENCY ABLATION OF LIVER TUMOR	47382	CPT	both			20070	7588.83	Three Rivers	Three Rivers		19066.5	95		621.4	19066.5	percent of total billed charges		
RADIOFREQUENCY ABLATION OF LIVER TUMOR	47382	CPT	both			20070	7588.83	UHC	Medicaid		6332.09	31.55		621.4	19066.5	percent of total billed charges		
RADIOFREQUENCY ABLATION OF LIVER TUMOR	47382	CPT	both			20070	7588.83	UHC	Medicare		6598.98			621.4	19066.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOFREQUENCY ABLATION OF LIVER TUMOR	47382	CPT	both			20070	7588.83	United	Oxford		4702			621.4	19066.5	case rate		
RADIOFREQUENCY ABLATION OF LIVER TUMOR	47382	CPT	both			20070	7588.83	United	CommercialPPO		4702			621.4	19066.5	case rate		
RADIOFREQUENCY ABLATION OF LIVER TUMOR	47382	CPT	both			20070	7588.83	Wellcare	Medicare		6598.98			621.4	19066.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOFREQUENCY ABLATION OF LIVER TUMOR	47382	CPT	both			20070	7588.83	Wellcare	Medicaid		6332.09	31.55		621.4	19066.5	percent of total billed charges		
RADIOFREQUENCY ABLATION OF LIVER TUMOR	47382	CPT	both			20070	7588.83	WellPoint	WellPoint		6458.53	32.18		621.4	19066.5	percent of total billed charges		
CT PERCUTANEOUS CRYABLATION	47383	CPT	both			18440	13538.55	Aetna	Commercial		18742.06			4702	21908.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT PERCUTANEOUS CRYABLATION	47383	CPT	both			18440	13538.55	Aetna	Better Health		5817.82	31.55		4702	21908.9	percent of total billed charges		
CT PERCUTANEOUS CRYABLATION	47383	CPT	both			18440	13538.55	Aetna	Medicare		11772.65			4702	21908.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT PERCUTANEOUS CRYABLATION	47383	CPT	both			18440	13538.55	Americare	Americare		13830	75		4702	21908.9	percent of total billed charges		
CT PERCUTANEOUS CRYABLATION	47383	CPT	both			18440	13538.55	Amerihealth	HMO/PPO		11986	65		4702	21908.9	percent of total billed charges		
CT PERCUTANEOUS CRYABLATION	47383	CPT	both			18440	13538.55	Amerihealth	Medicare		11772.65			4702	21908.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT PERCUTANEOUS CRYABLATION	47383	CPT	both			18440	13538.55	Consumer	Consumer		17518	95		4702	21908.9	percent of total billed charges		
CT PERCUTANEOUS CRYABLATION	47383	CPT	both			18440	13538.55	Corrections	Corrections		14752	80		4702	21908.9	percent of total billed charges		
CT PERCUTANEOUS CRYABLATION	47383	CPT	both			18440	13538.55	First Health	First Health		12908	70		4702	21908.9	percent of total billed charges		
CT PERCUTANEOUS CRYABLATION	47383	CPT	both			18440	13538.55	First Trenton	First Trenton		16596	90		4702	21908.9	percent of total billed charges		
CT PERCUTANEOUS CRYABLATION	47383	CPT	both			18440	13538.55	Horizon	NJ Health		6789.76			4702	21908.9	fee schedule		
CT PERCUTANEOUS CRYABLATION	47383	CPT	both			18440	13538.55	Horizon	Indemnity		21908.9			4702	21908.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT PERCUTANEOUS CRYABLATION	47383	CPT	both			18440	13538.55	Horizon	Medicare Blue		11772.65			4702	21908.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT PERCUTANEOUS CRYABLATION	47383	CPT	both			18440	13538.55	Horizon	MGD		21908.9			4702	21908.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT PERCUTANEOUS CRYABLATION	47383	CPT	both			18440	13538.55	Horizon	PPO		21908.9			4702	21908.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT PERCUTANEOUS CRYABLATION	47383	CPT	both			18440	13538.55	Managed Care Inc	Managed Care Inc		16596	90		4702	21908.9	percent of total billed charges		
CT PERCUTANEOUS CRYABLATION	47383	CPT	both			18440	13538.55	Multiplan	Multiplan		14752	80		4702	21908.9	percent of total billed charges		
CT PERCUTANEOUS CRYABLATION	47383	CPT	both			18440	13538.55	Qualcare	Qualcare		13830	75		4702	21908.9	percent of total billed charges		
CT PERCUTANEOUS CRYABLATION	47383	CPT	both			18440	13538.55	Three Rivers	Three Rivers		17518	95		4702	21908.9	percent of total billed charges		
CT PERCUTANEOUS CRYABLATION	47383	CPT	both			18440	13538.55	UHC	Medicare		11772.65			4702	21908.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT PERCUTANEOUS CRYABLATION	47383	CPT	both			18440	13538.55	UHC	Medicaid		5817.82	31.55		4702	21908.9	percent of total billed charges		
CT PERCUTANEOUS CRYABLATION	47383	CPT	both			18440	13538.55	United	Oxford		4702			4702	21908.9	case rate		
CT PERCUTANEOUS CRYABLATION	47383	CPT	both			18440	13538.55	United	CommercialPPO		4702			4702	21908.9	case rate		
CT PERCUTANEOUS CRYABLATION	47383	CPT	both			18440	13538.55	Wellcare	Medicare		11772.65			4702	21908.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT PERCUTANEOUS CRYABLATION	47383	CPT	both			18440	13538.55	Wellcare	Medicaid		5817.82	31.55		4702	21908.9	percent of total billed charges		
CT PERCUTANEOUS CRYABLATION	47383	CPT	both			18440	13538.55	WellPoint	WellPoint		5933.99	32.18		4702	21908.9	percent of total billed charges		
UNLISTED PROCEDURE, LIVER	47399	CPT	both			2433	925.36	Aetna	Medicare		804.66			520.58	2311.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE, LIVER	47399	CPT	both			2433	925.36	Aetna	Commercial		1281.02			520.58	2311.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE, LIVER	47399	CPT	both			2433	925.36	Aetna	Better Health		767.61	31.55		520.58	2311.35	percent of total billed charges		
UNLISTED PROCEDURE, LIVER	47399	CPT	both			2433	925.36	Americare	Americare		1824.75	75		520.58	2311.35	percent of total billed charges		
UNLISTED PROCEDURE, LIVER	47399	CPT	both			2433	925.36	Amerihealth	HMO/PPO		1581.45	65		520.58	2311.35	percent of total billed charges		

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
UNLISTED PROCEDURE, LIVER	47399	CPT	both			2433	925.36	Ameritealth	Medicare		804.66				520.58	2311.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE, LIVER	47399	CPT	both			2433	925.36	Consumer	Consumer		2311.35	95			520.58	2311.35	percent of total billed charges	
UNLISTED PROCEDURE, LIVER	47399	CPT	both			2433	925.36	Corrections	Corrections		1946.4	80			520.58	2311.35	percent of total billed charges	
UNLISTED PROCEDURE, LIVER	47399	CPT	both			2433	925.36	First Health	First Health		1703.1	70			520.58	2311.35	percent of total billed charges	
UNLISTED PROCEDURE, LIVER	47399	CPT	both			2433	925.36	First Trenton	First Trenton		2189.7	90			520.58	2311.35	percent of total billed charges	
UNLISTED PROCEDURE, LIVER	47399	CPT	both			2433	925.36	Horizon	PPO		1497.47				520.58	2311.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE, LIVER	47399	CPT	both			2433	925.36	Horizon	Medicare Blue		804.66				520.58	2311.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE, LIVER	47399	CPT	both			2433	925.36	Horizon	MGD		1497.47				520.58	2311.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE, LIVER	47399	CPT	both			2433	925.36	Horizon	Indemnity		1497.47				520.58	2311.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE, LIVER	47399	CPT	both			2433	925.36	Managed Care Inc	Managed Care Inc		2189.7	90			520.58	2311.35	percent of total billed charges	
UNLISTED PROCEDURE, LIVER	47399	CPT	both			2433	925.36	Multiplan	Multiplan		1946.4	80			520.58	2311.35	percent of total billed charges	
UNLISTED PROCEDURE, LIVER	47399	CPT	both			2433	925.36	Qualcare	Qualcare		1824.75	75			520.58	2311.35	percent of total billed charges	
UNLISTED PROCEDURE, LIVER	47399	CPT	both			2433	925.36	Three Rivers	Three Rivers		2311.35	95			520.58	2311.35	percent of total billed charges	
UNLISTED PROCEDURE, LIVER	47399	CPT	both			2433	925.36	UHC	Medicaid		767.61	31.55			520.58	2311.35	percent of total billed charges	
UNLISTED PROCEDURE, LIVER	47399	CPT	both			2433	925.36	UHC	Medicare		804.66				520.58	2311.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE, LIVER	47399	CPT	both			2433	925.36	United	Commercial|PPO		1817				520.58	2311.35	case rate	
UNLISTED PROCEDURE, LIVER	47399	CPT	both			2433	925.36	United	Oxford		1817				520.58	2311.35	case rate	
UNLISTED PROCEDURE, LIVER	47399	CPT	both			2433	925.36	Wellcare	Medicare		804.66				520.58	2311.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE, LIVER	47399	CPT	both			2433	925.36	Wellcare	Medicaid		767.61	31.55			520.58	2311.35	percent of total billed charges	
UNLISTED PROCEDURE, LIVER	47399	CPT	both			2433	925.36	WellPoint	WellPoint		782.94	32.18			520.58	2311.35	percent of total billed charges	
PERC CHOLECYSTOSTOMY	47490	CPT	both			13293	4550.24	Aetna	Commercial		6299.11				473.72	12628.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERC CHOLECYSTOSTOMY	47490	CPT	both			13293	4550.24	Aetna	Medicare		4094.24	30.8			473.72	12628.35	percent of total billed charges	
PERC CHOLECYSTOSTOMY	47490	CPT	both			13293	4550.24	Aetna	Better Health		4193.94	31.55			473.72	12628.35	percent of total billed charges	
PERC CHOLECYSTOSTOMY	47490	CPT	both			13293	4550.24	Americare	Americare		9869.75	75			473.72	12628.35	percent of total billed charges	
PERC CHOLECYSTOSTOMY	47490	CPT	both			13293	4550.24	Ameritealth	HMO/PPO		8640.45	65			473.72	12628.35	percent of total billed charges	
PERC CHOLECYSTOSTOMY	47490	CPT	both			13293	4550.24	Ameritealth	Medicare		3956.73				473.72	12628.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERC CHOLECYSTOSTOMY	47490	CPT	both			13293	4550.24	Consumer	Consumer		12628.35	95			473.72	12628.35	percent of total billed charges	
PERC CHOLECYSTOSTOMY	47490	CPT	both			13293	4550.24	Corrections	Corrections		10634.4	80			473.72	12628.35	percent of total billed charges	
PERC CHOLECYSTOSTOMY	47490	CPT	both			13293	4550.24	First Health	First Health		9305.1	70			473.72	12628.35	percent of total billed charges	
PERC CHOLECYSTOSTOMY	47490	CPT	both			13293	4550.24	First Trenton	First Trenton		11963.7	90			473.72	12628.35	percent of total billed charges	
PERC CHOLECYSTOSTOMY	47490	CPT	both			13293	4550.24	Horizon	Indemnity		7363.47				473.72	12628.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERC CHOLECYSTOSTOMY	47490	CPT	both			13293	4550.24	Horizon	Medicare Blue		3956.73				473.72	12628.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERC CHOLECYSTOSTOMY	47490	CPT	both			13293	4550.24	Horizon	MGD		7363.47				473.72	12628.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERC CHOLECYSTOSTOMY	47490	CPT	both			13293	4550.24	Horizon	NJ Health		473.72				473.72	12628.35	fee schedule	
PERC CHOLECYSTOSTOMY	47490	CPT	both			13293	4550.24	Horizon	PPO		7363.47				473.72	12628.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERC CHOLECYSTOSTOMY	47490	CPT	both			13293	4550.24	Managed Care Inc	Managed Care Inc		11963.7	90			473.72	12628.35	percent of total billed charges	
PERC CHOLECYSTOSTOMY	47490	CPT	both			13293	4550.24	Multiplan	Multiplan		10634.4	80			473.72	12628.35	percent of total billed charges	
PERC CHOLECYSTOSTOMY	47490	CPT	both			13293	4550.24	Qualcare	Qualcare		9869.75	75			473.72	12628.35	percent of total billed charges	
PERC CHOLECYSTOSTOMY	47490	CPT	both			13293	4550.24	Three Rivers	Three Rivers		12628.35	95			473.72	12628.35	percent of total billed charges	
PERC CHOLECYSTOSTOMY	47490	CPT	both			13293	4550.24	UHC	Medicaid		4193.94	31.55			473.72	12628.35	percent of total billed charges	
PERC CHOLECYSTOSTOMY	47490	CPT	both			13293	4550.24	UHC	Medicare		3956.73				473.72	12628.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERC CHOLECYSTOSTOMY	47490	CPT	both			13293	4550.24	United	Oxford		3492				473.72	12628.35	case rate	
PERC CHOLECYSTOSTOMY	47490	CPT	both			13293	4550.24	United	Commercial|PPO		3492				473.72	12628.35	case rate	
PERC CHOLECYSTOSTOMY	47490	CPT	both			13293	4550.24	Wellcare	Medicare		3956.73				473.72	12628.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERC CHOLECYSTOSTOMY	47490	CPT	both			13293	4550.24	Wellcare	Medicaid		4193.94	31.55			473.72	12628.35	percent of total billed charges	
PERC CHOLECYSTOSTOMY	47490	CPT	both			13293	4550.24	WellPoint	WellPoint		4277.69	32.18			473.72	12628.35	percent of total billed charges	
INJECT PTC THRU EXISTING CATH W/IMAG,	47531	CPT	both			12205	4550.24	Aetna	Commercial		6299.11				411.52	11594.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECT PTC THRU EXISTING CATH W/IMAG,	47531	CPT	both			12205	4550.24	Aetna	Medicare		3956.73				411.52	11594.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECT PTC THRU EXISTING CATH W/IMAG,	47531	CPT	both			12205	4550.24	Aetna	Better Health		3850.68	31.55			411.52	11594.75	percent of total billed charges	
INJECT PTC THRU EXISTING CATH W/IMAG,	47531	CPT	both			12205	4550.24	Americare	Americare		9153.75	75			411.52	11594.75	percent of total billed charges	
INJECT PTC THRU EXISTING CATH W/IMAG,	47531	CPT	both			12205	4550.24	Ameritealth	HMO/PPO		7933.25	65			411.52	11594.75	percent of total billed charges	
INJECT PTC THRU EXISTING CATH W/IMAG,	47531	CPT	both			12205	4550.24	Ameritealth	Medicare		3956.73				411.52	11594.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECT PTC THRU EXISTING CATH W/IMAG,	47531	CPT	both			12205	4550.24	Consumer	Consumer		11594.75	95			411.52	11594.75	percent of total billed charges	
INJECT PTC THRU EXISTING CATH W/IMAG,	47531	CPT	both			12205	4550.24	Corrections	Corrections		9764	80			411.52	11594.75	percent of total billed charges	
INJECT PTC THRU EXISTING CATH W/IMAG,	47531	CPT	both			12205	4550.24	First Health	First Health		8543.5	70			411.52	11594.75	percent of total billed charges	
INJECT PTC THRU EXISTING CATH W/IMAG,	47531	CPT	both			12205	4550.24	First Trenton	First Trenton		10984.5	90			411.52	11594.75	percent of total billed charges	
INJECT PTC THRU EXISTING CATH W/IMAG,	47531	CPT	both			12205	4550.24	Horizon	Medicare Blue		3956.73				411.52	11594.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECT PTC THRU EXISTING CATH W/IMAG,	47531	CPT	both			12205	4550.24	Horizon	MGD		7363.47				411.52	11594.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECT PTC THRU EXISTING CATH W/IMAG,	47531	CPT	both			12205	4550.24	Horizon	Indemnity		7363.47				411.52	11594.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECT PTC THRU EXISTING CATH W/IMAG,	47531	CPT	both			12205	4550.24	Horizon	NJ Health		411.52				411.52	11594.75	fee schedule	
INJECT PTC THRU EXISTING CATH W/IMAG,	47531	CPT	both			12205	4550.24	Horizon	PPO		7363.47				411.52	11594.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECT PTC THRU EXISTING CATH W/IMAG,	47531	CPT	both			12205	4550.24	Managed Care Inc	Managed Care Inc		10984.5	90			411.52	11594.75	percent of total billed charges	
INJECT PTC THRU EXISTING CATH W/IMAG,	47531	CPT	both			12205	4550.24	Multiplan	Multiplan		9764	80			411.52	11594.75	percent of total billed charges	
INJECT PTC THRU EXISTING CATH W/IMAG,	47531	CPT	both			12205	4550.24	Qualcare	Qualcare		9153.75	75			411.52	11594.75	percent of total billed charges	
INJECT PTC THRU EXISTING CATH W/IMAG,	47531	CPT	both			12205	4550.24	Three Rivers	Three Rivers		11594.75	95			411.52	11594.75	percent of total billed charges	
INJECT PTC THRU EXISTING CATH W/IMAG,	47531	CPT	both			12205	4550.24	UHC	Medicaid		3850.68	31.55			411.52	11594.75	percent of total billed charges	
INJECT PTC THRU EXISTING CATH W/IMAG,	47531	CPT	both			12205	4550.24	UHC	Medicare		3956.73				411.52	11594.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECT PTC THRU EXISTING CATH W/IMAG,	47531	CPT	both			12205	4550.24	United	Commercial|PPO		3492				411.52	11594.75	case rate	
INJECT PTC THRU EXISTING CATH W/IMAG,	47531	CPT	both			12205	4550.24	United	Oxford		3492				411.52	11594.75	case rate	
INJECT PTC THRU EXISTING CATH W/IMAG,	47531	CPT	both			12205	4550.24	Wellcare	Medicare		3956.73				411.52	11594.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECT PTC THRU EXISTING CATH W/IMAG,	47531	CPT	both			12205	4550.24	Wellcare	Medicaid		3850.68	31.55			411.52	11594.75	percent of total billed charges	
INJECT PTC THRU EXISTING CATH W/IMAG,	47531	CPT	both			12205	4550.24	WellPoint	WellPoint		3927.57	32.18			411.52	11594.75	percent of total billed charges	
INJECT PTC THRU NEW CATH W/IMAG,FLOUR/U	47532	CPT	inpatient			12065	4550.24	Aetna	Better Health		3806.51	31.55			904.7	11461.75	percent of total billed charges	
INJECT PTC THRU NEW CATH W/IMAG,FLOUR/U	47532	CPT	inpatient			12065	4550.24	Aetna	Commercial		6299.11				904.7	11461.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECT PTC THRU NEW CATH W/IMAG,FLOUR/U	47532	CPT	inpatient			12065	4550.24	Aetna	Medicare		3956.73				904.7	11461.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECT PTC THRU NEW CATH W/IMAG,FLOUR/U	47532	CPT	inpatient			12065	4550.24	Americare	Americare		9048.75	75			904.7	11461.75	percent of total billed charges	
INJECT PTC THRU NEW CATH W/IMAG,FLOUR/U	47532	CPT	inpatient			12065	4550.24	Ameritealth	HMO/PPO		7842.25	65			904.7	11461.75	percent of total billed charges	
INJECT PTC THRU NEW CATH W/IMAG,FLOUR/U	47532	CPT	inpatient			12065	4550.24	Ameritealth	Medicare		3956.73				904.7	11461.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECT PTC THRU NEW CATH W/IMAG,FLOUR/U	47532	CPT	inpatient			12065	4550.24	Consumer	Consumer		11461.75	95			904.7	11461.75	percent of total billed charges	
INJECT PTC THRU NEW CATH W/IMAG,FLOUR/U	47532	CPT	inpatient			12065	4550.24	Corrections	Corrections		9652	80			904.7	11461.75	percent of total billed charges	
INJECT PTC THRU NEW CATH W/IMAG,FLOUR/U	47532	CPT	inpatient			12065	4550.24	First Health	First Health		8445.5	70			904.7	11461.75	percent of total billed charges	
INJECT PTC THRU NEW CATH W/IMAG,FLOUR/U	47532	CPT	inpatient			12065	4550.24	First Trenton	First Trenton		10858.5	90			904.7	11461.75	percent of total billed charges	
INJECT PTC THRU NEW CATH W/IMAG,FLOUR/U	47532	CPT	inpatient			12065	4550.24	Horizon	MGD		7363.47				904.7	11461.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECT PTC THRU NEW CATH W/IMAG,FLOUR/U	47532	CPT	inpatient			12065	4550.24	Horizon	Indemnity		7363.47				904.7	11461.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECT PTC THRU NEW CATH W/IMAG,FLOUR/U	47532	CPT	inpatient			12065	4550.24	Horizon	NJ Health		904.7				904.7	11461.75	fee schedule	
INJECT PTC THRU NEW CATH W/IMAG,FLOUR/U	47532	CPT	inpatient			12065	4550.24	Horizon	PPO		7363.47				904.7	11461.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECT PTC THRU NEW CATH W/IMAG,FLOUR/U	47532	CPT	inpatient			12065	4550.24	Horizon	Medicare Blue		3956.73				904.7	11461.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECT PTC THRU NEW CATH W/IMAG,FLOUR/U	47532	CPT	inpatient			12065	4550.24	Managed Care Inc	Managed Care Inc		10858.5	90			904.7	11461.75	percent of total billed charges	
INJECT PTC THRU NEW CATH W/IMAG,FLOUR/U	47532	CPT	inpatient			12065	4550.24	Multiplan	Multiplan		9652	80			904.7	11461.75	percent of total billed charges	
INJECT PTC THRU NEW CATH W/IMAG,FLOUR/U	47532	CPT	inpatient			12065	4550.24	Qualcare	Qualcare		9048.75	75			904.7	11461.75	percent of total billed charges	
INJECT PTC THRU NEW CATH W/IMAG,FLOUR/U	47532	CPT	inpatient			12065	4550.24	Three Rivers	Three Rivers		11461.75	95			904.7	11461.75	percent of total billed charges	
INJECT PTC THRU NEW CATH W/IMAG,FLOUR/U	47532	CPT	inpatient			12065	4550.24	UHC	Medicare		3956.73				904.7	11461.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECT PTC THRU NEW CATH W/IMAG,FLOUR/U	47532	CPT	inpatient			12065	4550.24	UHC	Medicaid		3806.51	31.55			904.7	11461.75	percent of total billed charges	
INJECT PTC THRU NEW CATH W/IMAG,FLOUR/U	47532	CPT	inpatient			12065	4550.24	United	Oxford		3492				904.7	11461.75	case rate	
INJECT PTC THRU NEW CATH W/IMAG,FLOUR/U	47532	CPT	inpatient			12065	4550.24	United	Commercial|PPO		3492				904.7	11461.75	case rate	
INJECT PTC THRU NEW CATH W/IMAG,FLOUR/U	47532	CPT	inpatient			12065	4550.24	Wellcare	Medicare		3956.73				904.7	11461.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECT PTC THRU NEW CATH W/IMAG,FLOUR/U	47532	CPT	inpatient			12065	4550.24	Wellcare	Medicaid		3806.51	31.55			904.7	11461.75	percent of total billed charges	
INJECT PTC THRU NEW CATH W/IMAG,FLOUR/U	47532	CPT	inpatient			12065	4550.24	WellPoint	WellPoint		3882.52	32.18			904.7	11461.75	percent of total billed charges	
PLACE PERC PTC CATH INCL IMAGING GUIDAN	47533	CPT	both			9818	4550.24	Aetna	Better Health		3097.58	31.55			1479.29	9327.1	percent of total billed charges	
PLACE PERC PTC CATH INCL IMAGING GUIDAN	47533	CPT	both			9818	4550.24	Aetna	Commercial		6299.11				1479.29	9327.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACE PERC PTC CATH INCL IMAGING GUIDAN	47533	CPT	both			9818	4550.24	Aetna	Medicare		3956.73				1479.29	9327.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACE PERC PTC CATH INCL IMAGING GUIDAN	47533	CPT	both			9818	4550.24	Americare	Americare		7363.5	75			1479.29	9327.1	percent of total billed charges	
PLACE PERC PTC CATH INCL IMAGING GUIDAN	47533	CPT	both			9818	4550.24	Ameritealth	HMO/PPO		6381.7	65			1479.29	9327.1	percent of total billed charges	
PLACE PERC PTC CATH INCL IMAGING GUIDAN	47533	CPT	both			9818	4550.24	Ameritealth	Medicare		3956.73				1479.29	9327.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACE PERC PTC CATH INCL IMAGING GUIDAN	47533	CPT	both			9818	4550.24	Consumer	Consumer		9327.1	95			1479.29	9327.1	percent of total billed charges	
PLACE PERC PTC CATH INCL IMAGING GUIDAN	47533	CPT	both			9818	4550.24	Corrections	Corrections		7854.4	80			1479.29	9327.1	percent of total billed charges	
PLACE PERC PTC CATH INCL IMAGING GUIDAN	47533	CPT	both			9818	4550.24	First Health	First Health		6872.6	70			1479.29	9327.1	percent of total billed charges	
PLACE PERC PTC CATH INCL IMAGING GUIDAN	47533	CPT	both			9818	4550.24	First Trenton	First Trenton		8836.2	90			1479.29	9327.1	percent of total billed charges	
PLACE PERC PTC CATH INCL IMAGING GUIDAN	47533	CPT	both			9818	4550.24	Horizon	Indemnity		7363.47				1479.29	9327.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACE PERC PTC CATH INCL IMAGING GUIDAN	47533	CPT	both			9818	4550.24	Horizon	NJ Health		1479.29				1479.29	9327.1	fee schedule	
PLACE PERC PTC CATH INCL IMAGING GUIDAN	47533	CPT	both			9818	4550.24	Horizon	Medicare Blue		3956.73				1479.29	9327.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACE PERC PTC CATH INCL IMAGING GUIDAN	47533	CPT	both			9818	4550.24	Horizon	MGD		7363.47				1479.29	9327.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACE PERC PTC CATH INCL IMAGING GUIDAN	47533	CPT	both			9818	4550.24	Horizon	PPO		7363.47				1479.29	9327.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACE PERC PTC CATH INCL IMAGING GUIDAN	47533	CPT	both			9818	4550.24	Managed Care Inc	Managed Care Inc		8836.2	90			1479.29	9327.1	percent of total billed charges	
PLACE PERC PTC CATH INCL IMAGING GUIDAN	47533	CPT	both			9818	4550.24	Multiplan	Multiplan		7854.4	80			1479.29	9327.1	percent of total billed charges	
PLACE PERC PTC CATH INCL IMAGING GUIDAN	47533	CPT	both			9818	4550.24	Qualcare	Qualcare		7363.5	75			1479.29	9327.1	percent of total billed charges	
PLACE PERC PTC CATH INCL IMAGING GUIDAN	47533	CPT	both			9818	4550.24	Three Rivers	Three Rivers		9327.1	95			1479.29	9327.1	percent of total billed charges	
PLACE PERC PTC CATH INCL IMAGING GUIDAN	47533	CPT	both			9818	4550.24	UHC	Medicare		3956.73				1479.29	9327.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACE PERC PTC CATH INCL IMAGING GUIDAN	47533	CPT	both			9818	4550.24	UHC	Medicaid		3097.58	31.55			1479.29	9327.1	percent of total billed charges	
PLACE PERC PTC CATH INCL IMAGING GUIDAN	47533	CPT	both			9818	4550.24	United	Commercial|PPO		3492				1479.29	9327.1	case rate	
PLACE PERC PTC CATH INCL IMAGING GUIDAN	47533	CPT	both			9818	4550.24	United	Oxford		3492				1479.29	9327.1	case rate	
PLACE PERC PTC CATH INCL IMAGING GUIDAN	47533	CPT	both			9818	4550.24	Wellcare	Medicare		3956.73				1479.29	9327.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACE PERC PTC CATH INCL IMAGING GUIDAN	47533	CPT	both			9818	4550.24	Wellcare	Medicaid		3097.58	31.55			1479.29	9327.1	percent of total billed charges	
PLACE PERC PTC CATH INCL IMAGING GUIDAN	47533	CPT	both			9818	4550.24	WellPoint	WellPoint		3159.43	32.18			1479.29	9327.1	percent of total billed charges	
PLACE INTERNAL/EXTERNAL PTC DRAIN CATH	47534	CPT	both			9818	4550.24	Aetna	Commercial		6299.11				1820.84	9327.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACE INTERNAL/EXTERNAL PTC DRAIN CATH	47534	CPT	both			9818	4550.24	Aetna	Better Health		3097.58	31.55			1820.84	9327.1	percent of total billed charges	
PLACE INTERNAL/EXTERNAL PTC DRAIN CATH	47534	CPT	both			9818	4550.24	Aetna	Medicare		3023.94	30.8			1820.84	9327.1	percent of total billed charges	
PLACE INTERNAL/EXTERNAL PTC DRAIN CATH	47534	CPT	both			9818	4550.24	Americare	Americare		7363.5	75			1820.84	9327.1	percent of total billed charges	
PLACE INTERNAL/EXTERNAL PTC DRAIN CATH	47534	CPT	both			9818	4550.24	Ameritealth	HMO/PPO		6381.7	65			1820.84	9327.1	percent of total billed charges	
PLACE INTERNAL/EXTERNAL PTC DRAIN CATH	47534	CPT	both			9818	4550.24	Ameritealth	Medicare		3956.73				1820.84	9327.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACE INTERNAL/EXTERNAL PTC DRAIN CATH	47534	CPT	both			9818	4550.24	Consumer	Consumer		9327.1	95			1820.84	9327.1	percent of total billed charges	
PLACE INTERNAL/EXTERNAL PTC DRAIN CATH	47534	CPT	both			9818	4550.24	Corrections	Corrections		7854.4	80			1820.84	9327.1	percent of total billed charges	
PLACE INTERNAL/EXTERNAL PTC DRAIN CATH	47534	CPT	both			9818	4550.24	First Health	First Health		6872.6	70			1820.84	9327.1	percent of total billed charges	
PLACE INTERNAL/EXTERNAL PTC DRAIN CATH	47534	CPT	both			9818	4550.24	First Trenton	First Trenton		8836.2	90			1820.84	9327.1	percent of total billed charges	
PLACE INTERNAL/EXTERNAL PTC DRAIN CATH	47534	CPT	both			9818	4550.24	Horizon	Indemnity		7363.47				1820.84	9327.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACE INTERNAL/EXTERNAL PTC DRAIN CATH	47534	CPT	both			9818	4550.24	Horizon	MGD		7363.47				1820.84	9327.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACE INTERNAL/EXTERNAL PTC DRAIN CATH	47534	CPT	both			9818	4550.24	Horizon	NJ Health		1820.84				1820.84	9327.1	fee schedule	
PLACE INTERNAL/EXTERNAL PTC DRAIN CATH	47534	CPT	both			9818	4550.24	Horizon	Medicare Blue		3956.73				1820.84	9327.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACE INTERNAL/EXTERNAL PTC DRAIN CATH	47534	CPT	both			9818	4550.24	Horizon	PPO		7363.47				1820.84	9327.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACE INTERNAL/EXTERNAL PTC DRAIN CATH	47534	CPT	both			9818	4550.24	Managed Care Inc	Managed Care Inc		8836.2	90			1820.84	9327.1	percent of total billed charges	
PLACE INTERNAL/EXTERNAL PTC DRAIN CATH	47534	CPT	both			9818	4550.24	Multiplan	Multiplan		7854.4	80			1820.84	9327.1	percent of total billed charges	
PLACE INTERNAL/EXTERNAL PTC DRAIN CATH	47534	CPT	both			9818	4550.24	Qualcare	Qualcare		7363.5	75			1820.84	9327.1	percent of total billed charges	
PLACE INTERNAL/EXTERNAL PTC DRAIN CATH	47534	CPT	both			9818	4550.24	Three Rivers	Three Rivers		9327.1	95			1820.84	9327.1	percent of total billed charges	
PLACE INTERNAL/EXTERNAL PTC DRAIN CATH	47534	CPT	both			9818	4550.24	UHC	Medicaid		3097.58	31.55			1820.84	9327.1	percent of total billed charges	
PLACE INTERNAL/EXTERNAL PTC DRAIN CATH	47534	CPT	both			9818	4550.24	UHC	Medicare		3956.73				1820.84	9327.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACE INTERNAL/EXTERNAL PTC DRAIN CATH	47534	CPT	both			9818	4550.24	United	Commercial|PPO		3492				1820.84	9327.1	case rate	
PLACE INTERNAL/EXTERNAL PTC DRAIN CATH	47534	CPT	both			9818	4550.24	United	Oxford		3492				1820.84	9327.1	case rate	
PLACE INTERNAL/EXTERNAL PTC DRAIN CATH	47534

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
PLACE INTERNAL/EXTERNAL PTC DRAIN CATH	47534	CPT	both			9818		4550.24	Wellcare	Medicaid	3097.58	31.55			1824.84		9327.1	percent of total billed charges	
PLACE INTERNAL/EXTERNAL PTC DRAIN CATH	47534	CPT	both			9818		4550.24	WellPoint	WellPoint	3159.43	32.18			1820.84		9327.1	percent of total billed charges	
CONVERSION EXTERNAL PTC CATH TO INTERN	47535	CPT	inpatient			9818		4550.24	Aetna	Better Health	3097.58	31.55			1224.57		9327.1	percent of total billed charges	
CONVERSION EXTERNAL PTC CATH TO INTERN	47535	CPT	inpatient			9818		4550.24	Aetna	Commercial	6299.11				1224.57		9327.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONVERSION EXTERNAL PTC CATH TO INTERN	47535	CPT	inpatient			9818		4550.24	Aetna	Medicare	3956.73				1224.57		9327.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONVERSION EXTERNAL PTC CATH TO INTERN	47535	CPT	inpatient			9818		4550.24	Americare	Americare	7363.5	75			1224.57		9327.1	percent of total billed charges	
CONVERSION EXTERNAL PTC CATH TO INTERN	47535	CPT	inpatient			9818		4550.24	Amerihealth	Medicare	3956.73				1224.57		9327.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONVERSION EXTERNAL PTC CATH TO INTERN	47535	CPT	inpatient			9818		4550.24	Amerihealth	HMO/PPO	6381.7	65			1224.57		9327.1	percent of total billed charges	
CONVERSION EXTERNAL PTC CATH TO INTERN	47535	CPT	inpatient			9818		4550.24	Consumer	Consumer	9327.1	95			1224.57		9327.1	percent of total billed charges	
CONVERSION EXTERNAL PTC CATH TO INTERN	47535	CPT	inpatient			9818		4550.24	Corrections	Corrections	7854.4	80			1224.57		9327.1	percent of total billed charges	
CONVERSION EXTERNAL PTC CATH TO INTERN	47535	CPT	inpatient			9818		4550.24	First Health	First Health	6872.6	70			1224.57		9327.1	percent of total billed charges	
CONVERSION EXTERNAL PTC CATH TO INTERN	47535	CPT	inpatient			9818		4550.24	First Trenton	First Trenton	8836.2	90			1224.57		9327.1	percent of total billed charges	
CONVERSION EXTERNAL PTC CATH TO INTERN	47535	CPT	inpatient			9818		4550.24	Horizon	Indemnity	7363.47				1224.57		9327.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONVERSION EXTERNAL PTC CATH TO INTERN	47535	CPT	inpatient			9818		4550.24	Horizon	MGD	7363.47				1224.57		9327.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONVERSION EXTERNAL PTC CATH TO INTERN	47535	CPT	inpatient			9818		4550.24	Horizon	Medicare Blue	3956.73				1224.57		9327.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONVERSION EXTERNAL PTC CATH TO INTERN	47535	CPT	inpatient			9818		4550.24	Horizon	NJ Health	1224.57				1224.57		9327.1	fee schedule	
CONVERSION EXTERNAL PTC CATH TO INTERN	47535	CPT	inpatient			9818		4550.24	Horizon	PPO	7363.47				1224.57		9327.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONVERSION EXTERNAL PTC CATH TO INTERN	47535	CPT	inpatient			9818		4550.24	Managed Care Inc	Managed Care Inc	8836.2	90			1224.57		9327.1	percent of total billed charges	
CONVERSION EXTERNAL PTC CATH TO INTERN	47535	CPT	inpatient			9818		4550.24	Multiplan	Multiplan	7854.4	80			1224.57		9327.1	percent of total billed charges	
CONVERSION EXTERNAL PTC CATH TO INTERN	47535	CPT	inpatient			9818		4550.24	Qualcare	Qualcare	7363.5	75			1224.57		9327.1	percent of total billed charges	
CONVERSION EXTERNAL PTC CATH TO INTERN	47535	CPT	inpatient			9818		4550.24	Three Rivers	Three Rivers	9327.1	95			1224.57		9327.1	percent of total billed charges	
CONVERSION EXTERNAL PTC CATH TO INTERN	47535	CPT	inpatient			9818		4550.24	UHC	Medicaid	3097.58	31.55			1224.57		9327.1	percent of total billed charges	
CONVERSION EXTERNAL PTC CATH TO INTERN	47535	CPT	inpatient			9818		4550.24	UHC	Medicare	3956.73				1224.57		9327.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONVERSION EXTERNAL PTC CATH TO INTERN	47535	CPT	inpatient			9818		4550.24	United	Oxford	3492				1224.57		9327.1	case rate	
CONVERSION EXTERNAL PTC CATH TO INTERN	47535	CPT	inpatient			9818		4550.24	United	Commercial|PPO	3492				1224.57		9327.1	case rate	
CONVERSION EXTERNAL PTC CATH TO INTERN	47535	CPT	inpatient			9818		4550.24	Wellcare	Medicare	3956.73				1224.57		9327.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONVERSION EXTERNAL PTC CATH TO INTERN	47535	CPT	inpatient			9818		4550.24	Wellcare	Medicaid	3097.58	31.55			1224.57		9327.1	percent of total billed charges	
CONVERSION EXTERNAL PTC CATH TO INTERN	47535	CPT	inpatient			9818		4550.24	WellPoint	WellPoint	3159.43	32.18			1224.57		9327.1	percent of total billed charges	
EXCHANGE BILIARY DRAINAGE CATHETER PERCUT	47536	CPT	both			12620		4550.24	Aetna	Better Health	3981.61	31.55			905.38		11989	percent of total billed charges	
EXCHANGE BILIARY DRAINAGE CATHETER PERCUT	47536	CPT	both			12620		4550.24	Aetna	Commercial	6299.11				905.38		11989	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCHANGE BILIARY DRAINAGE CATHETER PERCUT	47536	CPT	both			12620		4550.24	Aetna	Medicare	3956.73				905.38		11989	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCHANGE BILIARY DRAINAGE CATHETER PERCUT	47536	CPT	both			12620		4550.24	Americare	Americare	9465	75			905.38		11989	percent of total billed charges	
EXCHANGE BILIARY DRAINAGE CATHETER PERCUT	47536	CPT	both			12620		4550.24	Amerihealth	HMO/PPO	8203	65			905.38		11989	percent of total billed charges	
EXCHANGE BILIARY DRAINAGE CATHETER PERCUT	47536	CPT	both			12620		4550.24	Amerihealth	Medicare	3956.73				905.38		11989	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCHANGE BILIARY DRAINAGE CATHETER PERCUT	47536	CPT	both			12620		4550.24	Consumer	Consumer	11989	95			905.38		11989	percent of total billed charges	
EXCHANGE BILIARY DRAINAGE CATHETER PERCUT	47536	CPT	both			12620		4550.24	Corrections	Corrections	10096	80			905.38		11989	percent of total billed charges	
EXCHANGE BILIARY DRAINAGE CATHETER PERCUT	47536	CPT	both			12620		4550.24	First Health	First Health	8834	70			905.38		11989	percent of total billed charges	
EXCHANGE BILIARY DRAINAGE CATHETER PERCUT	47536	CPT	both			12620		4550.24	First Trenton	First Trenton	11358	90			905.38		11989	percent of total billed charges	
EXCHANGE BILIARY DRAINAGE CATHETER PERCUT	47536	CPT	both			12620		4550.24	Horizon	MGD	7363.47				905.38		11989	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCHANGE BILIARY DRAINAGE CATHETER PERCUT	47536	CPT	both			12620		4550.24	Horizon	PPO	7363.47				905.38		11989	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCHANGE BILIARY DRAINAGE CATHETER PERCUT	47536	CPT	both			12620		4550.24	Horizon	NJ Health	905.38				905.38		11989	fee schedule	
EXCHANGE BILIARY DRAINAGE CATHETER PERCUT	47536	CPT	both			12620		4550.24	Horizon	Medicare Blue	3956.73				905.38		11989	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCHANGE BILIARY DRAINAGE CATHETER PERCUT	47536	CPT	both			12620		4550.24	Horizon	Indemnity	7363.47				905.38		11989	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCHANGE BILIARY DRAINAGE CATHETER PERCUT	47536	CPT	both			12620		4550.24	Managed Care Inc	Managed Care Inc	11358	90			905.38		11989	percent of total billed charges	
EXCHANGE BILIARY DRAINAGE CATHETER PERCUT	47536	CPT	both			12620		4550.24	Multiplan	Multiplan	10096	80			905.38		11989	percent of total billed charges	
EXCHANGE BILIARY DRAINAGE CATHETER PERCUT	47536	CPT	both			12620		4550.24	Qualcare	Qualcare	9465	75			905.38		11989	percent of total billed charges	
EXCHANGE BILIARY DRAINAGE CATHETER PERCUT	47536	CPT	both			12620		4550.24	Three Rivers	Three Rivers	11989	95			905.38		11989	percent of total billed charges	
EXCHANGE BILIARY DRAINAGE CATHETER PERCUT	47536	CPT	both			12620		4550.24	UHC	Medicare	3956.73				905.38		11989	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCHANGE BILIARY DRAINAGE CATHETER PERCUT	47536	CPT	both			12620		4550.24	UHC	Medicaid	3981.61	31.55			905.38		11989	percent of total billed charges	
EXCHANGE BILIARY DRAINAGE CATHETER PERCUT	47536	CPT	both			12620		4550.24	United	Commercial|PPO	3492				905.38		11989	case rate	
EXCHANGE BILIARY DRAINAGE CATHETER PERCUT	47536	CPT	both			12620		4550.24	United	Oxford	3492				905.38		11989	case rate	
EXCHANGE BILIARY DRAINAGE CATHETER PERCUT	47536	CPT	both			12620		4550.24	Wellcare	Medicare	3956.73				905.38		11989	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCHANGE BILIARY DRAINAGE CATHETER PERCUT	47536	CPT	both			12620		4550.24	Wellcare	Medicaid	3981.61	31.55			905.38		11989	percent of total billed charges	
EXCHANGE BILIARY DRAINAGE CATHETER PERCUT	47536	CPT	both			12620		4550.24	WellPoint	WellPoint	4061.12	32.18			905.38		11989	percent of total billed charges	
REMOVAL PTC CATH PERC INCLUDE IMAGING	47537	CPT	both			3151		1192.23	Aetna	Commercial	1650.46				446.06		2993.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL PTC CATH PERC INCLUDE IMAGING	47537	CPT	both			3151		1192.23	Aetna	Medicare	970.51	30.8			446.06		2993.45	percent of total billed charges	
REMOVAL PTC CATH PERC INCLUDE IMAGING	47537	CPT	both			3151		1192.23	Aetna	Better Health	994.14	31.55			446.06		2993.45	percent of total billed charges	
REMOVAL PTC CATH PERC INCLUDE IMAGING	47537	CPT	both			3151		1192.23	Americare	Americare	2363.25	75			446.06		2993.45	percent of total billed charges	
REMOVAL PTC CATH PERC INCLUDE IMAGING	47537	CPT	both			3151		1192.23	Amerihealth	HMO/PPO	2048.15	65			446.06		2993.45	percent of total billed charges	
REMOVAL PTC CATH PERC INCLUDE IMAGING	47537	CPT	both			3151		1192.23	Amerihealth	Medicare	1036.72				446.06		2993.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL PTC CATH PERC INCLUDE IMAGING	47537	CPT	both			3151		1192.23	Consumer	Consumer	2993.45	95			446.06		2993.45	percent of total billed charges	
REMOVAL PTC CATH PERC INCLUDE IMAGING	47537	CPT	both			3151		1192.23	Corrections	Corrections	2520.8	80			446.06		2993.45	percent of total billed charges	
REMOVAL PTC CATH PERC INCLUDE IMAGING	47537	CPT	both			3151		1192.23	First Health	First Health	2205.7	70			446.06		2993.45	percent of total billed charges	
REMOVAL PTC CATH PERC INCLUDE IMAGING	47537	CPT	both			3151		1192.23	First Trenton	First Trenton	2835.9	90			446.06		2993.45	percent of total billed charges	
REMOVAL PTC CATH PERC INCLUDE IMAGING	47537	CPT	both			3151		1192.23	Horizon	NJ Health	446.06				446.06		2993.45	fee schedule	
REMOVAL PTC CATH PERC INCLUDE IMAGING	47537	CPT	both			3151		1192.23	Horizon	Indemnity	1929.34				446.06		2993.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL PTC CATH PERC INCLUDE IMAGING	47537	CPT	both			3151		1192.23	Horizon	MGD	1929.34				446.06		2993.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL PTC CATH PERC INCLUDE IMAGING	47537	CPT	both			3151		1192.23	Horizon	PPO	1929.34				446.06		2993.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL PTC CATH PERC INCLUDE IMAGING	47537	CPT	both			3151		1192.23	Horizon	Medicare Blue	1036.72				446.06		2993.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL PTC CATH PERC INCLUDE IMAGING	47537	CPT	both			3151		1192.23	Managed Care Inc	Managed Care Inc	2835.9	90			446.06		2993.45	percent of total billed charges	
REMOVAL PTC CATH PERC INCLUDE IMAGING	47537	CPT	both			3151		1192.23	Multiplan	Multiplan	2520.8	80			446.06		2993.45	percent of total billed charges	
REMOVAL PTC CATH PERC INCLUDE IMAGING	47537	CPT	both			3151		1192.23	Qualcare	Qualcare	2363.25	75			446.06		2993.45	percent of total billed charges	
REMOVAL PTC CATH PERC INCLUDE IMAGING	47537	CPT	both			3151		1192.23	Three Rivers	Three Rivers	2993.45	95			446.06		2993.45	percent of total billed charges	
REMOVAL PTC CATH PERC INCLUDE IMAGING	47537	CPT	both			3151		1192.23	UHC	Medicare	1036.72				446.06		2993.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL PTC CATH PERC INCLUDE IMAGING	47537	CPT	both			3151		1192.23	UHC	Medicaid	994.14	31.55			446.06		2993.45	percent of total billed charges	
REMOVAL PTC CATH PERC INCLUDE IMAGING	47537	CPT	both			3151		1192.23	United	Oxford	2493				446.06		2993.45	case rate	
REMOVAL PTC CATH PERC INCLUDE IMAGING	47537	CPT	both			3151		1192.23	United	Commercial|PPO	2493				446.06		2993.45	case rate	
REMOVAL PTC CATH PERC INCLUDE IMAGING	47537	CPT	both			3151		1192.23	Wellcare	Medicare	1036.72				446.06		2993.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL PTC CATH PERC INCLUDE IMAGING	47537	CPT	both			3151		1192.23	Wellcare	Medicaid	994.14	31.55			446.06		2993.45	percent of total billed charges	
REMOVAL PTC CATH PERC INCLUDE IMAGING	47537	CPT	both			3151		1192.23	WellPoint	WellPoint	1013.99	32.18			446.06		2993.45	percent of total billed charges	
PLACE PTC STENT INCL IMAGING & REMOVAL	47538	CPT	both			18569		7588.83	Aetna	Better Health	5858.52	31.55			4702		17640.55	percent of total billed charges	
PLACE PTC STENT INCL IMAGING & REMOVAL	47538	CPT	both			18569		7588.83	Aetna	Medicare	6598.98				4702		17640.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACE PTC STENT INCL IMAGING & REMOVAL	47538	CPT	both			18569		7588.83	Aetna	Commercial	10605.58				4702		17640.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACE PTC STENT INCL IMAGING & REMOVAL	47538	CPT	both			18569		7588.83	Americare	Americare	13926.75	75			4702		17640.55	percent of total billed charges	
PLACE PTC STENT INCL IMAGING & REMOVAL	47538	CPT	both			18569		7588.83	Amerihealth	HMO/PPO	12069.85	65			4702		17640.55	percent of total billed charges	
PLACE PTC STENT INCL IMAGING & REMOVAL	47538	CPT	both			18569		7588.83	Amerihealth	Medicare	6598.98				4702		17640.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACE PTC STENT INCL IMAGING & REMOVAL	47538	CPT	both			18569		7588.83	Consumer	Consumer	17640.55	95			4702		17640.55	percent of total billed charges	
PLACE PTC STENT INCL IMAGING & REMOVAL	47538	CPT	both			18569		7588.83	Corrections	Corrections	14855.2	80			4702		17640.55	percent of total billed charges	
PLACE PTC STENT INCL IMAGING & REMOVAL	47538	CPT	both			18569		7588.83	First Health	First Health	12998.3	70			4702		17640.55	percent of total billed charges	
PLACE PTC STENT INCL IMAGING & REMOVAL	47538	CPT	both			18569		7588.83	First Trenton	First Trenton	16712.1	90			4702		17640.55	percent of total billed charges	
PLACE PTC STENT INCL IMAGING & REMOVAL	47538	CPT	both			18569		7588.83	Horizon	PPO	12280.7				4702		17640.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACE PTC STENT INCL IMAGING & REMOVAL	47538	CPT	both			18569		7588.83	Horizon	Indemnity	12280.7				4702		17640.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACE PTC STENT INCL IMAGING & REMOVAL	47538	CPT	both			18569		7588.83	Horizon	MGD	12280.7				4702		17640.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACE PTC STENT INCL IMAGING & REMOVAL	47538	CPT	both			18569		7588.83	Horizon	Medicare Blue	6598.98				4702		17640.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACE PTC STENT INCL IMAGING & REMOVAL	47538	CPT	both			18569		7588.83	Horizon	NJ Health	5030.03				4702		17640.55	fee schedule	
PLACE PTC STENT INCL IMAGING & REMOVAL	47538	CPT	both			18569		7588.83	Managed Care Inc	Managed Care Inc	16712.1	90			4702		17640.55	percent of total billed charges	
PLACE PTC STENT INCL IMAGING & REMOVAL	47538	CPT	both			18569		7588.83	Multiplan	Multiplan	14855.2	80			4702		17640.55	percent of total billed charges	
PLACE PTC STENT INCL IMAGING & REMOVAL	47538	CPT	both			18569		7588.83	Qualcare	Qualcare	13926.75	75			4702		17640.55	percent of total billed charges	
PLACE PTC STENT INCL IMAGING & REMOVAL	47538	CPT	both			18569		7588.83	Three Rivers	Three Rivers	17640.55	95			4702		17640.55	percent of total billed charges	
PLACE PTC STENT INCL IMAGING & REMOVAL	47538	CPT	both			18569		7588.83	UHC	Medicaid	5858.52	31.55			4702		17640.55	percent of total billed charges	
PLACE PTC STENT INCL IMAGING & REMOVAL	47538	CPT	both			18569		7588.83	UHC	Medicare	6598.98				4702		17640.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACE PTC STENT INCL IMAGING & REMOVAL	47538	CPT	both			18569		7588.83	United	Oxford	4702				4702		17640.55	case rate	
PLACE PTC STENT INCL IMAGING & REMOVAL	47538	CPT	both			18569		7588.83	United	Commercial|PPO	4702				4702		17640.55	case rate	
PLACE PTC STENT INCL IMAGING & REMOVAL	47538	CPT	both			18569		7588.83	Wellcare	Medicare	6598.98				4702		17640.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACE PTC STENT INCL IMAGING & REMOVAL	47538	CPT	both			18569		7588.83	Wellcare	Medicaid	5858.52	31.55			4702		17640.55	percent of total billed charges	
PLACE PTC STENT INCL IMAGING & REMOVAL	47538	CPT	both			18569		7588.83	WellPoint	WellPoint	5975.5	32.18			4702		17640.55	percent of total billed charges	
NEW ACCESS W/O PLMNT OF SEPARATE DRAIN	47539	CPT	both			18569		7588.83	Aetna	Medicare	6598.98				4702		17640.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEW ACCESS W/O PLMNT OF SEPARATE DRAIN	47539	CPT	both			18569		7588.83	Aetna	Better Health	5858.52	31.55			4702		17640.55	percent of total billed charges	
NEW ACCESS W/O PLMNT OF SEPARATE DRAIN	47539	CPT	both			18569		7588.83	Aetna	Commercial	10605.58				4702		17640.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEW ACCESS W/O PLMNT OF SEPARATE DRAIN	47539	CPT	both			18569		7588.83	Americare	Americare	13926.75	75			4702		17640.55	percent of total billed charges	
NEW ACCESS W/O PLMNT OF SEPARATE DRAIN	47539	CPT	both			18569		7588.83	Amerihealth	Medicare	6598.98				4702		17640.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEW ACCESS W/O PLMNT OF SEPARATE DRAIN	47539	CPT	both			18569		7588.83	Amerihealth	HMO/PPO	12069.85	65			4702		17640.55	percent of total billed charges	
NEW ACCESS W/O PLMNT OF SEPARATE DRAIN	47539	CPT	both			18569		7588.83	Consumer	Consumer	17640.55	95			4702		17640.55	percent of total billed charges	
NEW ACCESS W/O PLMNT OF SEPARATE DRAIN	47539	CPT	both			18569		7588.83	Corrections	Corrections	14855.2	80			4702		17640.55	percent of total billed charges	
NEW ACCESS W/O PLMNT OF SEPARATE DRAIN	47539	CPT	both			18569		7588.83	First Health	First Health	12998.3	70			4702		17640.55	percent of total billed charges	
NEW ACCESS W/O PLMNT OF SEPARATE DRAIN	47539	CPT	both			18569		7588.83	First Trenton	First Trenton	16712.1	90			4702		17640.55	percent of total billed charges	
NEW ACCESS W/O PLMNT OF SEPARATE DRAIN	47539	CPT	both			18569		7588.83	Horizon	NJ Health	5490.29				4702		17640.55	fee schedule	
NEW ACCESS W/O PLMNT OF SEPARATE DRAIN	47539	CPT	both			18569		7588.83	Horizon	Indemnity	12280.7				4702		17640.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEW ACCESS W/O PLMNT OF SEPARATE DRAIN	47539	CPT	both			18569		7588.83	Horizon	Medicare Blue	6598.98				4702		17640.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEW ACCESS W/O PLMNT OF SEPARATE DRAIN	47539	CPT	both			18569		7588.83	Horizon	MGD	12280.7				4702		17640.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEW ACCESS W/O PLMNT OF SEPARATE DRAIN	47539	CPT	both			18569		7588.83	Horizon	PPO	12280.7				4702		17640.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEW ACCESS W/O PLMNT OF SEPARATE DRAIN	47539	CPT	both			18569		7588.83	Managed Care Inc	Managed Care Inc	16712.1	90			4702		17640.55	percent of total billed charges	
NEW ACCESS W/O PLMNT OF SEPARATE DRAIN	47539	CPT	both			18569		7588.83	Multiplan	Multiplan	14855.2	80			4702		17640.55	percent of total billed charges	
NEW ACCESS W/O PLMNT OF SEPARATE DRAIN	47539	CPT	both			18569		7588.83	Qualcare	Qualcare	13926.75	75			4702		17640.55	percent of total billed charges	
NEW ACCESS W/O PLMNT OF SEPARATE DRAIN	47539	CPT	both			18569		7588.83	Three Rivers	Three Rivers	17640.55	95			4702		17640.55	percent of total billed charges	
NEW ACCESS W/O PLMNT OF SEPARATE DRAIN	47539	CPT	both			18569		7588.83	UHC	Medicaid	5858.52	31.55			4702		17640.55	percent of total billed charges	
NEW ACCESS W/O PLMNT OF SEPARATE DRAIN	47539	CPT	both			18569		7588.83	UHC	Medicare	6598.98				4702		17640.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEW ACCESS W/O PLMNT OF SEPARATE DRAIN	47539	CPT	both			18569		7588.83	United	Commercial|PPO	4702				4702		17640.55	case rate	
NEW ACCESS W/O PLMNT OF SEPARATE DRAIN	47539	CPT	both			18569		7588.83	United	Oxford	4702				4702		17640.55	case rate	
NEW ACCESS W/O PLMNT OF SEPARATE DRAIN	47539	CPT	both			18569		7588.83	Wellcare	Medicaid	5858.52	31.55			4702		17640.55	percent of total billed charges	
NEW ACCESS W/O PLMNT OF SEPARATE DRAIN	47539	CPT	both			18569		7588.83	Wellcare	Medicare	6598.98				4702		17640.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEW ACCESS W/O PLMNT OF SEPARATE DRAIN	47539	CPT	both			18569		7588.83	WellPoint	WellPoint	5975.5	32.18			4702		17640.55	percent of total billed charges	
NEW ACCESS W/PLMNT OF SEPARATE PTC CATH	47540	CPT	inpatient			18569		7588.83	Aetna	Medicare	6598.98				4702		17640.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEW ACCESS W/PLMNT OF SEPARATE PTC CATH	47540	CPT	inpatient			18569		7588.83	Aetna	Better Health	5858.52	31.55			4702		17640.55	percent of total billed charges	
NEW ACCESS W/PLMNT OF SEPARATE PTC CATH	47540	CPT	inpatient			18569		7588.83	Aetna	Commercial	10605.58				4702		17640.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEW ACCESS W/PLMNT OF SEPARATE PTC CATH	47540	CPT	inpatient			18569		7588.83	Americare	Americare	13926.75	75			4702		17640.55	percent of total billed charges	
NEW ACCESS W/PLMNT OF SEPARATE PTC CATH	47540	CPT	inpatient			18569		7588.83	Amerihealth	HMO/PPO	12069.85	65			4702		17640.55	percent of total billed charges	
NEW ACCESS W/PLMNT OF SEPARATE PTC CATH	47540	CPT	inpatient			18569		7588.83	Amerihealth	Medicare	6598.98				4702		17640.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEW ACCESS W/PLMNT OF SEPARATE PTC CATH	47540	CPT	inpatient			18569		7588.83	Consumer	Consumer	17640.55	95			4702		17640.55	percent of total billed charges	
NEW ACCESS W/PLMNT OF SEPARATE PTC CATH	47540	CPT	inpatient			18569		7588.83	Corrections	Corrections	14855.2	80			4702		17640.55	percent of total billed charges	
NEW ACCESS W/PLMNT OF SEPARATE PTC CATH	47540	CPT	inpatient			18569		7588.83	First Health	First Health	12998.3	70			4702		17640.55	percent of total billed charges	
NEW ACCESS W/PLMNT OF SEPARATE PTC CATH	47540	CPT	inpatient			18569		7588.83	First Trenton	First Trenton	16712.1	90			4702		17640.55	percent of total billed charges	
NEW ACCESS W/PLMNT OF SEPARATE PTC CATH	47540	CPT	inpatient			18569		7588.83	Horizon	Medicare Blue	6598.98				4702		17640.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEW ACCESS W/PLMNT OF SEPARATE

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101191	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
NEW ACCESS WIPLMNT OF SEPARATE PTC CATH	47540	CPT	inpatient			18569	7588.83	Multiplan	Multiplan		14655.2	80			4702	17640.55	percent of total billed charges	
NEW ACCESS WIPLMNT OF SEPARATE PTC CATH	47540	CPT	inpatient			18569	7588.83	Qualcare	Qualcare		13926.75	75			4702	17640.55	percent of total billed charges	
NEW ACCESS WIPLMNT OF SEPARATE PTC CATH	47540	CPT	inpatient			18569	7588.83	Three Rivers	Three Rivers		17640.55	95			4702	17640.55	percent of total billed charges	
NEW ACCESS WIPLMNT OF SEPARATE PTC CATH	47540	CPT	inpatient			18569	7588.83	UHC	Medicaid		5858.52	31.55			4702	17640.55	percent of total billed charges	
NEW ACCESS WIPLMNT OF SEPARATE PTC CATH	47540	CPT	inpatient			18569	7588.83	UHC	Medicare		6598.98				4702	17640.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEW ACCESS WIPLMNT OF SEPARATE PTC CATH	47540	CPT	inpatient			18569	7588.83	United	Commercial|PPO		4702				4702	17640.55	case rate	
NEW ACCESS WIPLMNT OF SEPARATE PTC CATH	47540	CPT	inpatient			18569	7588.83	United	Oxford		4702				4702	17640.55	case rate	
NEW ACCESS WIPLMNT OF SEPARATE PTC CATH	47540	CPT	inpatient			18569	7588.83	Wellcare	Medicare		6598.98				4702	17640.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEW ACCESS WIPLMNT OF SEPARATE PTC CATH	47540	CPT	inpatient			18569	7588.83	Wellcare	Medicaid		5858.52	31.55			4702	17640.55	percent of total billed charges	
NEW ACCESS WIPLMNT OF SEPARATE PTC CATH	47540	CPT	inpatient			18569	7588.83	WellPoint	WellPoint		5975.5	32.18			4702	17640.55	percent of total billed charges	
PL NEW ACCESS THR BIL TREE INTO SB	47541	CPT	outpatient			9818	9950.42	Aetna	Commercial		13774.84				1305.14	16102.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PL NEW ACCESS THR BIL TREE INTO SB	47541	CPT	outpatient			9818	9950.42	Aetna	Better Health		3097.58	31.55			1305.14	16102.38	percent of total billed charges	
PL NEW ACCESS THR BIL TREE INTO SB	47541	CPT	outpatient			9818	9950.42	Aetna	Medicare		3023.94	30.8			1305.14	16102.38	percent of total billed charges	
PL NEW ACCESS THR BIL TREE INTO SB	47541	CPT	outpatient			9818	9950.42	Americare	Americare		7363.5	75			1305.14	16102.38	percent of total billed charges	
PL NEW ACCESS THR BIL TREE INTO SB	47541	CPT	outpatient			9818	9950.42	Amerihealth	HMO|PPO		6381.7	65			1305.14	16102.38	percent of total billed charges	
PL NEW ACCESS THR BIL TREE INTO SB	47541	CPT	outpatient			9818	9950.42	Amerihealth	Medicare		8652.54				1305.14	16102.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PL NEW ACCESS THR BIL TREE INTO SB	47541	CPT	outpatient			9818	9950.42	Consumer	Consumer		9327.1	95			1305.14	16102.38	percent of total billed charges	
PL NEW ACCESS THR BIL TREE INTO SB	47541	CPT	outpatient			9818	9950.42	Corrections	Corrections		7854.4	80			1305.14	16102.38	percent of total billed charges	
PL NEW ACCESS THR BIL TREE INTO SB	47541	CPT	outpatient			9818	9950.42	First Health	First Health		6872.6	70			1305.14	16102.38	percent of total billed charges	
PL NEW ACCESS THR BIL TREE INTO SB	47541	CPT	outpatient			9818	9950.42	First Trenton	First Trenton		8836.2	90			1305.14	16102.38	percent of total billed charges	
PL NEW ACCESS THR BIL TREE INTO SB	47541	CPT	outpatient			9818	9950.42	Horizon	PPO		16102.38				1305.14	16102.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PL NEW ACCESS THR BIL TREE INTO SB	47541	CPT	outpatient			9818	9950.42	Horizon	Indemnity		16102.38				1305.14	16102.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PL NEW ACCESS THR BIL TREE INTO SB	47541	CPT	outpatient			9818	9950.42	Horizon	MGD		16102.38				1305.14	16102.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PL NEW ACCESS THR BIL TREE INTO SB	47541	CPT	outpatient			9818	9950.42	Horizon	Medicare Blue		8652.54				1305.14	16102.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PL NEW ACCESS THR BIL TREE INTO SB	47541	CPT	outpatient			9818	9950.42	Horizon	NJ Health		1305.14				1305.14	16102.38	fee schedule	
PL NEW ACCESS THR BIL TREE INTO SB	47541	CPT	outpatient			9818	9950.42	Managed Care Inc	Managed Care Inc		8836.2	90			1305.14	16102.38	percent of total billed charges	
PL NEW ACCESS THR BIL TREE INTO SB	47541	CPT	outpatient			9818	9950.42	Multiplan	Multiplan		7854.4	80			1305.14	16102.38	percent of total billed charges	
PL NEW ACCESS THR BIL TREE INTO SB	47541	CPT	outpatient			9818	9950.42	Qualcare	Qualcare		7363.5	75			1305.14	16102.38	percent of total billed charges	
PL NEW ACCESS THR BIL TREE INTO SB	47541	CPT	outpatient			9818	9950.42	Three Rivers	Three Rivers		9327.1	95			1305.14	16102.38	percent of total billed charges	
PL NEW ACCESS THR BIL TREE INTO SB	47541	CPT	outpatient			9818	9950.42	UHC	Medicaid		3097.58	31.55			1305.14	16102.38	percent of total billed charges	
PL NEW ACCESS THR BIL TREE INTO SB	47541	CPT	outpatient			9818	9950.42	UHC	Medicare		8652.54				1305.14	16102.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PL NEW ACCESS THR BIL TREE INTO SB	47541	CPT	outpatient			9818	9950.42	United	Commercial|PPO		3492				1305.14	16102.38	case rate	
PL NEW ACCESS THR BIL TREE INTO SB	47541	CPT	outpatient			9818	9950.42	United	Oxford		3492				1305.14	16102.38	case rate	
PL NEW ACCESS THR BIL TREE INTO SB	47541	CPT	outpatient			9818	9950.42	Wellcare	Medicare		8652.54				1305.14	16102.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PL NEW ACCESS THR BIL TREE INTO SB	47541	CPT	outpatient			9818	9950.42	Wellcare	Medicaid		3097.58	31.55			1305.14	16102.38	percent of total billed charges	
PL NEW ACCESS THR BIL TREE INTO SB	47541	CPT	outpatient			9818	9950.42	WellPoint	WellPoint		3159.43	32.18			1305.14	16102.38	percent of total billed charges	
PTA OF PTC DUCT/AMPULLA INCL F/IMAG S&I	47542	CPT	both			9818		Aetna	Commercial		3730.84	38			570.77	9327.1	percent of total billed charges	
PTA OF PTC DUCT/AMPULLA INCL F/IMAG S&I	47542	CPT	both			9818		Aetna	Better Health		3097.58	31.55			570.77	9327.1	percent of total billed charges	
PTA OF PTC DUCT/AMPULLA INCL F/IMAG S&I	47542	CPT	both			9818		Aetna	Medicare		3023.94	30.8			570.77	9327.1	percent of total billed charges	
PTA OF PTC DUCT/AMPULLA INCL F/IMAG S&I	47542	CPT	both			9818		Americare	Americare		7363.5	75			570.77	9327.1	percent of total billed charges	
PTA OF PTC DUCT/AMPULLA INCL F/IMAG S&I	47542	CPT	both			9818		Amerihealth	HMO|PPO		6381.7	65			570.77	9327.1	percent of total billed charges	
PTA OF PTC DUCT/AMPULLA INCL F/IMAG S&I	47542	CPT	both			9818		Consumer	Consumer		9327.1	95			570.77	9327.1	percent of total billed charges	
PTA OF PTC DUCT/AMPULLA INCL F/IMAG S&I	47542	CPT	both			9818		Corrections	Corrections		7854.4	80			570.77	9327.1	percent of total billed charges	
PTA OF PTC DUCT/AMPULLA INCL F/IMAG S&I	47542	CPT	both			9818		First Health	First Health		6872.6	70			570.77	9327.1	percent of total billed charges	
PTA OF PTC DUCT/AMPULLA INCL F/IMAG S&I	47542	CPT	both			9818		First Trenton	First Trenton		8836.2	90			570.77	9327.1	percent of total billed charges	
PTA OF PTC DUCT/AMPULLA INCL F/IMAG S&I	47542	CPT	both			9818		Horizon	Indemnity		3758.33	38.28			570.77	9327.1	percent of total billed charges	
PTA OF PTC DUCT/AMPULLA INCL F/IMAG S&I	47542	CPT	both			9818		Horizon	NJ Health		570.77				570.77	9327.1	fee schedule	
PTA OF PTC DUCT/AMPULLA INCL F/IMAG S&I	47542	CPT	both			9818		Horizon	PPO		3758.33	38.28			570.77	9327.1	percent of total billed charges	
PTA OF PTC DUCT/AMPULLA INCL F/IMAG S&I	47542	CPT	both			9818		Horizon	MGD		3758.33	38.28			570.77	9327.1	percent of total billed charges	
PTA OF PTC DUCT/AMPULLA INCL F/IMAG S&I	47542	CPT	both			9818		Horizon	Medicare Blue		2945.4	30			570.77	9327.1	percent of total billed charges	
PTA OF PTC DUCT/AMPULLA INCL F/IMAG S&I	47542	CPT	both			9818		Managed Care Inc	Managed Care Inc		8836.2	90			570.77	9327.1	percent of total billed charges	
PTA OF PTC DUCT/AMPULLA INCL F/IMAG S&I	47542	CPT	both			9818		Multiplan	Multiplan		7854.4	80			570.77	9327.1	percent of total billed charges	
PTA OF PTC DUCT/AMPULLA INCL F/IMAG S&I	47542	CPT	both			9818		Qualcare	Qualcare		7363.5	75			570.77	9327.1	percent of total billed charges	
PTA OF PTC DUCT/AMPULLA INCL F/IMAG S&I	47542	CPT	both			9818		Three Rivers	Three Rivers		9327.1	95			570.77	9327.1	percent of total billed charges	
PTA OF PTC DUCT/AMPULLA INCL F/IMAG S&I	47542	CPT	both			9818		UHC	Medicaid		3097.58	31.55			570.77	9327.1	percent of total billed charges	
PTA OF PTC DUCT/AMPULLA INCL F/IMAG S&I	47542	CPT	both			9818		United	Oxford		1782				570.77	9327.1	case rate	
PTA OF PTC DUCT/AMPULLA INCL F/IMAG S&I	47542	CPT	both			9818		United	Commercial|PPO		1782				570.77	9327.1	case rate	
PTA OF PTC DUCT/AMPULLA INCL F/IMAG S&I	47542	CPT	both			9818		Wellcare	Medicaid		3097.58	31.55			570.77	9327.1	percent of total billed charges	
PTA OF PTC DUCT/AMPULLA INCL F/IMAG S&I	47542	CPT	both			9818		WellPoint	WellPoint		3159.43	32.18			570.77	9327.1	percent of total billed charges	
ENDOLUMINAL BX OF BILI TREE,PERC INCL I	47543	CPT	outpatient			9818		Aetna	Better Health		3097.58	31.55			1476.51	9327.1	percent of total billed charges	
ENDOLUMINAL BX OF BILI TREE,PERC INCL I	47543	CPT	outpatient			9818		Aetna	Commercial		3730.84	38			1476.51	9327.1	percent of total billed charges	
ENDOLUMINAL BX OF BILI TREE,PERC INCL I	47543	CPT	outpatient			9818		Aetna	Medicare		3023.94	30.8			1476.51	9327.1	percent of total billed charges	
ENDOLUMINAL BX OF BILI TREE,PERC INCL I	47543	CPT	outpatient			9818		Americare	Americare		7363.5	75			1476.51	9327.1	percent of total billed charges	
ENDOLUMINAL BX OF BILI TREE,PERC INCL I	47543	CPT	outpatient			9818		Amerihealth	HMO|PPO		6381.7	65			1476.51	9327.1	percent of total billed charges	
ENDOLUMINAL BX OF BILI TREE,PERC INCL I	47543	CPT	outpatient			9818		Consumer	Consumer		9327.1	95			1476.51	9327.1	percent of total billed charges	
ENDOLUMINAL BX OF BILI TREE,PERC INCL I	47543	CPT	outpatient			9818		Corrections	Corrections		7854.4	80			1476.51	9327.1	percent of total billed charges	
ENDOLUMINAL BX OF BILI TREE,PERC INCL I	47543	CPT	outpatient			9818		First Health	First Health		6872.6	70			1476.51	9327.1	percent of total billed charges	
ENDOLUMINAL BX OF BILI TREE,PERC INCL I	47543	CPT	outpatient			9818		First Trenton	First Trenton		8836.2	90			1476.51	9327.1	percent of total billed charges	
ENDOLUMINAL BX OF BILI TREE,PERC INCL I	47543	CPT	outpatient			9818		Horizon	MGD		3758.33	38.28			1476.51	9327.1	percent of total billed charges	
ENDOLUMINAL BX OF BILI TREE,PERC INCL I	47543	CPT	outpatient			9818		Horizon	Indemnity		3758.33	38.28			1476.51	9327.1	percent of total billed charges	
ENDOLUMINAL BX OF BILI TREE,PERC INCL I	47543	CPT	outpatient			9818		Horizon	Medicare Blue		2945.4	30			1476.51	9327.1	percent of total billed charges	
ENDOLUMINAL BX OF BILI TREE,PERC INCL I	47543	CPT	outpatient			9818		Horizon	NJ Health		1476.51				1476.51	9327.1	fee schedule	
ENDOLUMINAL BX OF BILI TREE,PERC INCL I	47543	CPT	outpatient			9818		Horizon	PPO		3758.33	38.28			1476.51	9327.1	percent of total billed charges	
ENDOLUMINAL BX OF BILI TREE,PERC INCL I	47543	CPT	outpatient			9818		Managed Care Inc	Managed Care Inc		8836.2	90			1476.51	9327.1	percent of total billed charges	
ENDOLUMINAL BX OF BILI TREE,PERC INCL I	47543	CPT	outpatient			9818		Multiplan	Multiplan		7854.4	80			1476.51	9327.1	percent of total billed charges	
ENDOLUMINAL BX OF BILI TREE,PERC INCL I	47543	CPT	outpatient			9818		Qualcare	Qualcare		7363.5	75			1476.51	9327.1	percent of total billed charges	
ENDOLUMINAL BX OF BILI TREE,PERC INCL I	47543	CPT	outpatient			9818		Three Rivers	Three Rivers		9327.1	95			1476.51	9327.1	percent of total billed charges	
ENDOLUMINAL BX OF BILI TREE,PERC INCL I	47543	CPT	outpatient			9818		UHC	Medicaid		3097.58	31.55			1476.51	9327.1	percent of total billed charges	
ENDOLUMINAL BX OF BILI TREE,PERC INCL I	47543	CPT	outpatient			9818		United	Oxford		1782				1476.51	9327.1	case rate	
ENDOLUMINAL BX OF BILI TREE,PERC INCL I	47543	CPT	outpatient			9818		United	Commercial|PPO		1782				1476.51	9327.1	case rate	
ENDOLUMINAL BX OF BILI TREE,PERC INCL I	47543	CPT	outpatient			9818		Wellcare	Medicaid		3097.58	31.55			1476.51	9327.1	percent of total billed charges	
ENDOLUMINAL BX OF BILI TREE,PERC INCL I	47543	CPT	outpatient			9818		WellPoint	WellPoint		3159.43	32.18			1476.51	9327.1	percent of total billed charges	
REMOVE CALCULI/DEBRIS FROM BILI TREE	47544	CPT	inpatient			2181		Aetna	Commercial		828.78	38			654.3	2071.95	percent of total billed charges	
REMOVE CALCULI/DEBRIS FROM BILI TREE	47544	CPT	inpatient			2181		Aetna	Better Health		688.11	31.55			654.3	2071.95	percent of total billed charges	
REMOVE CALCULI/DEBRIS FROM BILI TREE	47544	CPT	inpatient			2181		Aetna	Medicare		671.75	30.8			654.3	2071.95	percent of total billed charges	
REMOVE CALCULI/DEBRIS FROM BILI TREE	47544	CPT	inpatient			2181		Americare	Americare		1635.75	75			654.3	2071.95	percent of total billed charges	
REMOVE CALCULI/DEBRIS FROM BILI TREE	47544	CPT	inpatient			2181		Amerihealth	HMO|PPO		1417.65	65			654.3	2071.95	percent of total billed charges	
REMOVE CALCULI/DEBRIS FROM BILI TREE	47544	CPT	inpatient			2181		Consumer	Consumer		2071.95	95			654.3	2071.95	percent of total billed charges	
REMOVE CALCULI/DEBRIS FROM BILI TREE	47544	CPT	inpatient			2181		Corrections	Corrections		1744.8	80			654.3	2071.95	percent of total billed charges	
REMOVE CALCULI/DEBRIS FROM BILI TREE	47544	CPT	inpatient			2181		First Health	First Health		1526.7	70			654.3	2071.95	percent of total billed charges	
REMOVE CALCULI/DEBRIS FROM BILI TREE	47544	CPT	inpatient			2181		First Trenton	First Trenton		1962.9	90			654.3	2071.95	percent of total billed charges	
REMOVE CALCULI/DEBRIS FROM BILI TREE	47544	CPT	inpatient			2181		Horizon	Indemnity		834.89	38.28			654.3	2071.95	percent of total billed charges	
REMOVE CALCULI/DEBRIS FROM BILI TREE	47544	CPT	inpatient			2181		Horizon	PPO		834.89	38.28			654.3	2071.95	percent of total billed charges	
REMOVE CALCULI/DEBRIS FROM BILI TREE	47544	CPT	inpatient			2181		Horizon	MGD		834.89	38.28			654.3	2071.95	percent of total billed charges	
REMOVE CALCULI/DEBRIS FROM BILI TREE	47544	CPT	inpatient			2181		Horizon	Medicare Blue		654.3	30			654.3	2071.95	percent of total billed charges	
REMOVE CALCULI/DEBRIS FROM BILI TREE	47544	CPT	inpatient			2181		Horizon	NJ Health		900.48				654.3	2071.95	fee schedule	
REMOVE CALCULI/DEBRIS FROM BILI TREE	47544	CPT	inpatient			2181		Managed Care Inc	Managed Care Inc		1962.9	90			654.3	2071.95	percent of total billed charges	
REMOVE CALCULI/DEBRIS FROM BILI TREE	47544	CPT	inpatient			2181		Multiplan	Multiplan		1744.8	80			654.3	2071.95	percent of total billed charges	
REMOVE CALCULI/DEBRIS FROM BILI TREE	47544	CPT	inpatient			2181		Qualcare	Qualcare		1635.75	75			654.3	2071.95	percent of total billed charges	
REMOVE CALCULI/DEBRIS FROM BILI TREE	47544	CPT	inpatient			2181		Three Rivers	Three Rivers		2071.95	95			654.3	2071.95	percent of total billed charges	
REMOVE CALCULI/DEBRIS FROM BILI TREE	47544	CPT	inpatient			2181		UHC	Medicaid		688.11	31.55			654.3	2071.95	percent of total billed charges	
REMOVE CALCULI/DEBRIS FROM BILI TREE	47544	CPT	inpatient			2181		United	Oxford		1782				654.3	2071.95	case rate	
REMOVE CALCULI/DEBRIS FROM BILI TREE	47544	CPT	inpatient			2181		United	Commercial|PPO		1782				654.3	2071.95	case rate	
REMOVE CALCULI/DEBRIS FROM BILI TREE	47544	CPT	inpatient			2181		Wellcare	Medicaid		688.11	31.55			654.3	2071.95	percent of total billed charges	
REMOVE CALCULI/DEBRIS FROM BILI TREE	47544	CPT	inpatient			2181		WellPoint	WellPoint		701.85	32.18			654.3	2071.95	percent of total billed charges	
PTC BILIARY ENDOSCOPY ADD ON	47550	CPT	outpatient					Horizon	NJ Health		105.97				105.97	1782	fee schedule	
PTC BILIARY ENDOSCOPY ADD ON	47550	CPT	outpatient					United	Commercial|PPO		1782				105.97	1782	case rate	
PTC BILIARY ENDOSCOPY ADD ON	47550	CPT	outpatient					United	Oxford		1782				105.97	1782	case rate	
PTC ENDOSCOPY DX WITH SPECIMEN BRUSH OR	47552	CPT	outpatient			12905	9950.42	Aetna	Medicare		3974.74	30.8			237.16	16102.38	percent of total billed charges	
PTC ENDOSCOPY DX WITH SPECIMEN BRUSH OR	47552	CPT	outpatient			12905	9950.42	Aetna	Commercial		13774.84				237.16	16102.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PTC ENDOSCOPY DX WITH SPECIMEN BRUSH OR	47552	CPT	outpatient			12905	9950.42	Aetna	Better Health		4071.53	31.55			237.16	16102.38	percent of total billed charges	
PTC ENDOSCOPY DX WITH SPECIMEN BRUSH OR	47552	CPT	outpatient			12905	9950.42	Americare	Americare		9678.75	75			237.16	16102.38	percent of total billed charges	
PTC ENDOSCOPY DX WITH SPECIMEN BRUSH OR	47552	CPT	outpatient			12905	9950.42	Amerihealth	HMO|PPO		8388.25	65			237.16	16102.38	percent of total billed charges	
PTC ENDOSCOPY DX WITH SPECIMEN BRUSH OR	47552	CPT	outpatient			12905	9950.42	Amerihealth	Medicare		8652.54				237.16	16102.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PTC ENDOSCOPY DX WITH SPECIMEN BRUSH OR	47552	CPT	outpatient			12905	9950.42	Consumer	Consumer		12259.75	95			237.16	16102.38	percent of total billed charges	
PTC ENDOSCOPY DX WITH SPECIMEN BRUSH OR	47552	CPT	outpatient			12905	9950.42	Corrections	Corrections		10324	80			237.16	16102.38	percent of total billed charges	
PTC ENDOSCOPY DX WITH SPECIMEN BRUSH OR	47552	CPT	outpatient			12905	9950.42	First Health	First Health		9033.5	70			237.16	16102.38	percent of total billed charges	
PTC ENDOSCOPY DX WITH SPECIMEN BRUSH OR	47552	CPT	outpatient			12905	9950.42	First Trenton	First Trenton		11614.5	90			237.16	16102.38	percent of total billed charges	
PTC ENDOSCOPY DX WITH SPECIMEN BRUSH OR	47552	CPT	outpatient			12905	9950.42	Horizon	MGD		16102.38				237.16	16102.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PTC ENDOSCOPY DX WITH SPECIMEN BRUSH OR	47552	CPT	outpatient			12905	9950.42	Horizon	Medicare Blue		8652.54				237.16	16102.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PTC ENDOSCOPY DX WITH SPECIMEN BRUSH OR	47552	CPT	outpatient			12905	9950.42	Horizon	PPO		16102.38				237.16	16102.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PTC ENDOSCOPY DX WITH SPECIMEN BRUSH OR	47552	CPT	outpatient			12905	9950.42	Horizon	Indemnity		16102.38				237.16	16102.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PTC ENDOSCOPY DX WITH SPECIMEN BRUSH OR	47552	CPT	outpatient			12905	9950.42	Horizon	NJ Health		237.16				237.16	16102.38	fee schedule	
PTC ENDOSCOPY DX WITH SPECIMEN BRUSH OR	47552	CPT	outpatient			12905	9950.42	Managed Care Inc	Managed Care Inc		11614.5	90			237.16	16102.38	percent of total billed charges	
PTC ENDOSCOPY DX WITH SPECIMEN BRUSH OR	47552	CPT	outpatient			12905	9950.42	Multiplan	Multiplan		10324	80			237.16	16102.38	percent of total billed charges	
PTC ENDOSCOPY DX WITH SPECIMEN BRUSH OR	47552	CPT	outpatient			12905	9950.42	Qualcare	Qualcare		9678.75	75			237.16	16102.38	percent of total billed charges	
PTC ENDOSCOPY DX WITH SPECIMEN BRUSH OR	47552	CPT	outpatient			12905	9950.42	Three Rivers	Three Rivers		12259.75	95			237.16	16102.38	percent of total billed charges	
PTC ENDOSCOPY DX WITH SPECIMEN BRUSH OR	47552	CPT	outpatient			12905	9950.42	UHC	Medicaid		4071.53	31.55			237.16	16102.38	percent of total billed charges	
PTC ENDOSCOPY DX WITH SPECIMEN BRUSH OR	47552	CPT	outpatient			12905	9950.42	UHC	Medicare		8652.54				237.16	16102.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PTC ENDOSCOPY DX WITH SPECIMEN BRUSH OR	47552	CPT	outpatient			12905	9950.42	United	Oxford		3492				237.16	16102.38	case rate	
PTC ENDOSCOPY DX WITH SPECIMEN BRUSH OR	47552	CPT	outpatient			12905	9950.42	United	Commercial|PPO		3492				237.16	16102.38	case rate	
PTC ENDOSCOPY DX WITH SPECIMEN BRUSH OR	47552	CPT	outpatient			12905	9950.42	Wellcare	Medicaid		4071.53	31.55			237.16	16102.38	percent of total billed charges	
PTC ENDOSCOPY DX WITH SPECIMEN BRUSH OR	47552	CPT	outpatient			12905	9950.42	Wellcare	Medicare		8652.54				237.16	16102.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PTC ENDOSCOPY DX WITH SPECIMEN BRUSH OR	47552	CPT	outpatient			12905	9950.42	WellPoint	WellPoint		4152.83	32.18			237.16	16102.38	percent of total billed charges	
PTC ENDOSCOPY WITH BIOPSY SINGLE OR MULT	47553	CPT	outpatient			12905	9950.42	Aetna	Commercial		13774.84				280.52	16102.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PTC ENDOSCOPY WITH BIOPSY SINGLE OR MULT	47553	CPT	outpatient			12905	9950.42	Aetna	Better Health		4071.53	31.55			280.52	16102.38	percent of total billed charges	
PTC ENDOSCOPY WITH BIOPSY SINGLE OR MULT	47553	CPT	outpatient			12905	9950.42	Aetna	Medicare		8652.54				280.52	16102.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PTC ENDOSCOPY WITH BIOPSY SINGLE OR MULT	47553	CPT	outpatient			12905	9950.42	Americare	Americare		9678.75	75			280.52	16102.38	percent of total billed charges	
PTC ENDOSCOPY WITH BIOPSY SINGLE OR MULT	47553	CPT	outpatient			12905	9950.42	Amerihealth	HMO|PPO		8388.25	65			280.52	16102.38	percent of total billed charges	
PTC ENDOSCOPY WITH BIOPSY SINGLE OR MULT	47553	CPT	outpatient			12905	9950.42	Amerihealth	Medicare		8652.54				280.52	16102.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PTC ENDOSCOPY WITH BIOPSY SINGLE OR MULT	47553	CPT	outpatient			12905	9950.42	Consumer	Consumer		12259.75	95			280.52	16102.38	percent of total billed charges	
PTC ENDOSCOPY WITH BIOPSY SINGLE OR MULT	47553	CPT	outpatient			12905	9950.42	Corrections	Corrections		10324	80			280.52	16102.38	percent of total billed charges	
PTC ENDOSCOPY WITH BIOPSY SINGLE OR MULT	47553	CPT	outpatient			12905	9950.42	First Health	First Health		9033.5	70			280.52	16102.38	percent of total billed charges	
PTC ENDOSCOPY WITH BIOPSY SINGLE OR MULT	47553	CPT	outpatient			12905	9950.42	First Trenton	First Trenton		11614.5	90			280.52	16102.38	percent of total billed charges	
PTC ENDOSCOPY WITH BIOPSY SINGLE OR MULT	47553	CPT	outpatient			12905	9950.42	Horizon	Medicare Blue		8652.54				280.52	16102.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PTC ENDOSCOPY WITH BIOPSY SINGLE OR MULT	47553	CPT	outpatient			12905	9950.42	Horizon	PPO		16102.38				280.52	16102.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PTC ENDOSCOPY WITH BIOPSY SINGLE OR MULT	47553	CPT	outpatient			12905	9950.42	Horizon	MGD		16102.38				280.52	16102.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PTC ENDOSCOPY WITH BIOPSY SINGLE OR MULT	47553	CPT	outpatient			12905	9950.42	Hor

hospital_name	last_updated_on	version
University Hospital	2024-08-07	2.0.0

hospital_location	hospital_address	license_number|NJ
University Hospital	150 Bergen St, Newark, NJ 07103	310119

To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.

true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
PTC ENDOSCOPY WITH BIOPSY SINGLE OR MULT	47553	CPT	outpatient			12905		9950.42	Horizon		280.52				280.52	280.52	16102.38 fee schedule	
PTC ENDOSCOPY WITH BIOPSY SINGLE OR MULT	47553	CPT	outpatient			12905		9950.42	Managed Care Inc		11614.5	90			280.52	280.52	16102.38 percent of total billed charges	
PTC ENDOSCOPY WITH BIOPSY SINGLE OR MULT	47553	CPT	outpatient			12905		9950.42	Multiplan		10324	80			280.52	280.52	16102.38 percent of total billed charges	
PTC ENDOSCOPY WITH BIOPSY SINGLE OR MULT	47553	CPT	outpatient			12905		9950.42	Qualcare		9678.75	75			280.52	280.52	16102.38 percent of total billed charges	
PTC ENDOSCOPY WITH BIOPSY SINGLE OR MULT	47553	CPT	outpatient			12905		9950.42	Three Rivers		12259.75	95			280.52	280.52	16102.38 percent of total billed charges	
PTC ENDOSCOPY WITH BIOPSY SINGLE OR MULT	47553	CPT	outpatient			12905		9950.42	UHC		4071.53	31.55			280.52	280.52	16102.38 percent of total billed charges	
PTC ENDOSCOPY WITH BIOPSY SINGLE OR MULT	47553	CPT	outpatient			12905		9950.42	UHC		8652.54				280.52	280.52	16102.38 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PTC ENDOSCOPY WITH BIOPSY SINGLE OR MULT	47553	CPT	outpatient			12905		9950.42	United		4702				280.52	280.52	16102.38 case rate	
PTC ENDOSCOPY WITH BIOPSY SINGLE OR MULT	47553	CPT	outpatient			12905		9950.42	United		4702				280.52	280.52	16102.38 case rate	
PTC ENDOSCOPY WITH BIOPSY SINGLE OR MULT	47553	CPT	outpatient			12905		9950.42	Wellcare		4071.53	31.55			280.52	280.52	16102.38 percent of total billed charges	
PTC ENDOSCOPY WITH BIOPSY SINGLE OR MULT	47553	CPT	outpatient			12905		9950.42	Wellcare		8652.54				280.52	280.52	16102.38 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PTC ENDOSCOPY WITH BIOPSY SINGLE OR MULT	47553	CPT	outpatient			12905		9950.42	WellPoint		4152.83	32.18			280.52	280.52	16102.38 percent of total billed charges	
WISTONE REMOVAL	47554	CPT	outpatient			18990		13538.55	Aetna		Commercial				411.6	411.6	21908.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WISTONE REMOVAL	47554	CPT	outpatient			18990		13538.55	Aetna		Better Health				5991.35	411.6	21908.9 percent of total billed charges	
WISTONE REMOVAL	47554	CPT	outpatient			18990		13538.55	Aetna		Medicare				5848.92	411.6	21908.9 percent of total billed charges	
WISTONE REMOVAL	47554	CPT	outpatient			18990		13538.55	Americare		Americare				14242.5	411.6	21908.9 percent of total billed charges	
WISTONE REMOVAL	47554	CPT	outpatient			18990		13538.55	Amerihealth		HMO/PPO				12343.5	411.6	21908.9 percent of total billed charges	
WISTONE REMOVAL	47554	CPT	outpatient			18990		13538.55	Amerihealth		Medicare				11772.65	411.6	21908.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WISTONE REMOVAL	47554	CPT	outpatient			18990		13538.55	Consumer		Consumer				18040.5	411.6	21908.9 percent of total billed charges	
WISTONE REMOVAL	47554	CPT	outpatient			18990		13538.55	Corrections		Corrections				15192	411.6	21908.9 percent of total billed charges	
WISTONE REMOVAL	47554	CPT	outpatient			18990		13538.55	First Health		First Health				13293	411.6	21908.9 percent of total billed charges	
WISTONE REMOVAL	47554	CPT	outpatient			18990		13538.55	First Trenton		First Trenton				17091	411.6	21908.9 percent of total billed charges	
WISTONE REMOVAL	47554	CPT	outpatient			18990		13538.55	Horizon		Indemnity		21908.9			411.6	21908.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WISTONE REMOVAL	47554	CPT	outpatient			18990		13538.55	Horizon		MGD		21908.9			411.6	21908.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WISTONE REMOVAL	47554	CPT	outpatient			18990		13538.55	Horizon		Medicare Blue		11772.65			411.6	21908.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WISTONE REMOVAL	47554	CPT	outpatient			18990		13538.55	Horizon		NJ Health		411.6			411.6	21908.9 fee schedule	
WISTONE REMOVAL	47554	CPT	outpatient			18990		13538.55	Horizon		PPO		21908.9			411.6	21908.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WISTONE REMOVAL	47554	CPT	outpatient			18990		13538.55	Managed Care Inc		Managed Care Inc		17091			411.6	21908.9 percent of total billed charges	
WISTONE REMOVAL	47554	CPT	outpatient			18990		13538.55	Multiplan		Multiplan		15192			411.6	21908.9 percent of total billed charges	
WISTONE REMOVAL	47554	CPT	outpatient			18990		13538.55	Qualcare		Qualcare		14242.5			411.6	21908.9 percent of total billed charges	
WISTONE REMOVAL	47554	CPT	outpatient			18990		13538.55	Three Rivers		Three Rivers		18040.5			411.6	21908.9 percent of total billed charges	
WISTONE REMOVAL	47554	CPT	outpatient			18990		13538.55	UHC		Medicaid		5991.35			411.6	21908.9 percent of total billed charges	
WISTONE REMOVAL	47554	CPT	outpatient			18990		13538.55	UHC		Medicare		11772.65			411.6	21908.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WISTONE REMOVAL	47554	CPT	outpatient			18990		13538.55	United		Commercial|PPO		4702			411.6	21908.9 case rate	
WISTONE REMOVAL	47554	CPT	outpatient			18990		13538.55	United		Oxford		4702			411.6	21908.9 case rate	
WISTONE REMOVAL	47554	CPT	outpatient			18990		13538.55	Wellcare		Medicaid		5991.35			411.6	21908.9 percent of total billed charges	
WISTONE REMOVAL	47554	CPT	outpatient			18990		13538.55	Wellcare		Medicare		11772.65			411.6	21908.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WISTONE REMOVAL	47554	CPT	outpatient			18990		13538.55	WellPoint		WellPoint		6110.98			411.6	21908.9 percent of total billed charges	
PTC ENDOSCOPY WITH DILATION OF STRICTURE	47555	CPT	outpatient			12905		4550.24	Aetna		Commercial		6298.11			334.49	12259.75 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PTC ENDOSCOPY WITH DILATION OF STRICTURE	47555	CPT	outpatient			12905		4550.24	Aetna		Better Health		4071.53	31.55		334.49	12259.75 percent of total billed charges	
PTC ENDOSCOPY WITH DILATION OF STRICTURE	47555	CPT	outpatient			12905		4550.24	Aetna		Medicare		3956.73			334.49	12259.75 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PTC ENDOSCOPY WITH DILATION OF STRICTURE	47555	CPT	outpatient			12905		4550.24	Americare		Americare		9678.75	75		334.49	12259.75 percent of total billed charges	
PTC ENDOSCOPY WITH DILATION OF STRICTURE	47555	CPT	outpatient			12905		4550.24	Amerihealth		HMO/PPO		8388.25	65		334.49	12259.75 percent of total billed charges	
PTC ENDOSCOPY WITH DILATION OF STRICTURE	47555	CPT	outpatient			12905		4550.24	Amerihealth		Medicare		3956.73			334.49	12259.75 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PTC ENDOSCOPY WITH DILATION OF STRICTURE	47555	CPT	outpatient			12905		4550.24	Consumer		Consumer		12259.75	95		334.49	12259.75 percent of total billed charges	
PTC ENDOSCOPY WITH DILATION OF STRICTURE	47555	CPT	outpatient			12905		4550.24	Corrections		Corrections		10324	80		334.49	12259.75 percent of total billed charges	
PTC ENDOSCOPY WITH DILATION OF STRICTURE	47555	CPT	outpatient			12905		4550.24	First Health		First Health		9033.5	70		334.49	12259.75 percent of total billed charges	
PTC ENDOSCOPY WITH DILATION OF STRICTURE	47555	CPT	outpatient			12905		4550.24	First Trenton		First Trenton		11614.5	90		334.49	12259.75 percent of total billed charges	
PTC ENDOSCOPY WITH DILATION OF STRICTURE	47555	CPT	outpatient			12905		4550.24	Horizon		Medicare Blue		3956.73			334.49	12259.75 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PTC ENDOSCOPY WITH DILATION OF STRICTURE	47555	CPT	outpatient			12905		4550.24	Horizon		PPO		7363.47			334.49	12259.75 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PTC ENDOSCOPY WITH DILATION OF STRICTURE	47555	CPT	outpatient			12905		4550.24	Horizon		MGD		7363.47			334.49	12259.75 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PTC ENDOSCOPY WITH DILATION OF STRICTURE	47555	CPT	outpatient			12905		4550.24	Horizon		NJ Health		334.49			334.49	12259.75 fee schedule	
PTC ENDOSCOPY WITH DILATION OF STRICTURE	47555	CPT	outpatient			12905		4550.24	Horizon		Indemnity		7363.47			334.49	12259.75 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PTC ENDOSCOPY WITH DILATION OF STRICTURE	47555	CPT	outpatient			12905		4550.24	Managed Care Inc		Managed Care Inc		11614.5	90		334.49	12259.75 percent of total billed charges	
PTC ENDOSCOPY WITH DILATION OF STRICTURE	47555	CPT	outpatient			12905		4550.24	Multiplan		Multiplan		10324	80		334.49	12259.75 percent of total billed charges	
PTC ENDOSCOPY WITH DILATION OF STRICTURE	47555	CPT	outpatient			12905		4550.24	Qualcare		Qualcare		9678.75	75		334.49	12259.75 percent of total billed charges	
PTC ENDOSCOPY WITH DILATION OF STRICTURE	47555	CPT	outpatient			12905		4550.24	Three Rivers		Three Rivers		12259.75	95		334.49	12259.75 percent of total billed charges	
PTC ENDOSCOPY WITH DILATION OF STRICTURE	47555	CPT	outpatient			12905		4550.24	UHC		Medicare		3956.73			334.49	12259.75 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PTC ENDOSCOPY WITH DILATION OF STRICTURE	47555	CPT	outpatient			12905		4550.24	UHC		Medicaid		4071.53	31.55		334.49	12259.75 percent of total billed charges	
PTC ENDOSCOPY WITH DILATION OF STRICTURE	47555	CPT	outpatient			12905		4550.24	United		Commercial|PPO		3492			334.49	12259.75 case rate	
PTC ENDOSCOPY WITH DILATION OF STRICTURE	47555	CPT	outpatient			12905		4550.24	United		Oxford		3492			334.49	12259.75 case rate	
PTC ENDOSCOPY WITH DILATION OF STRICTURE	47555	CPT	outpatient			12905		4550.24	Wellcare		Medicaid		4071.53	31.55		334.49	12259.75 percent of total billed charges	
PTC ENDOSCOPY WITH DILATION OF STRICTURE	47555	CPT	outpatient			12905		4550.24	Wellcare		Medicare		3956.73			334.49	12259.75 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PTC ENDOSCOPY WITH DILATION OF STRICTURE	47555	CPT	outpatient			12905		4550.24	WellPoint		WellPoint		4152.83	32.18		334.49	12259.75 percent of total billed charges	
PTC ENDOSCOPY WITH DILATION OF STRICTURE	47556	CPT	outpatient			18990		13538.55	Aetna		Commercial		18742.06			501.76	21908.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PTC ENDOSCOPY WITH DILATION OF STRICTURE	47556	CPT	outpatient			18990		13538.55	Aetna		Medicare		5848.92	30.8		501.76	21908.9 percent of total billed charges	
PTC ENDOSCOPY WITH DILATION OF STRICTURE	47556	CPT	outpatient			18990		13538.55	Aetna		Better Health		5991.35	31.55		501.76	21908.9 percent of total billed charges	
PTC ENDOSCOPY WITH DILATION OF STRICTURE	47556	CPT	outpatient			18990		13538.55	Americare		Americare		14242.5	75		501.76	21908.9 percent of total billed charges	
PTC ENDOSCOPY WITH DILATION OF STRICTURE	47556	CPT	outpatient			18990		13538.55	Amerihealth		Medicare		11772.65			501.76	21908.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PTC ENDOSCOPY WITH DILATION OF STRICTURE	47556	CPT	outpatient			18990		13538.55	Amerihealth		HMO/PPO		12343.5	65		501.76	21908.9 percent of total billed charges	
PTC ENDOSCOPY WITH DILATION OF STRICTURE	47556	CPT	outpatient			18990		13538.55	Consumer		Consumer		18040.5	95		501.76	21908.9 percent of total billed charges	
PTC ENDOSCOPY WITH DILATION OF STRICTURE	47556	CPT	outpatient			18990		13538.55	Corrections		Corrections		15192	80		501.76	21908.9 percent of total billed charges	
PTC ENDOSCOPY WITH DILATION OF STRICTURE	47556	CPT	outpatient			18990		13538.55	First Health		First Health		13293	70		501.76	21908.9 percent of total billed charges	
PTC ENDOSCOPY WITH DILATION OF STRICTURE	47556	CPT	outpatient			18990		13538.55	First Trenton		First Trenton		17091	90		501.76	21908.9 percent of total billed charges	
PTC ENDOSCOPY WITH DILATION OF STRICTURE	47556	CPT	outpatient			18990		13538.55	Horizon		MGD		21908.9			501.76	21908.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PTC ENDOSCOPY WITH DILATION OF STRICTURE	47556	CPT	outpatient			18990		13538.55	Horizon		Medicare Blue		11772.65			501.76	21908.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PTC ENDOSCOPY WITH DILATION OF STRICTURE	47556	CPT	outpatient			18990		13538.55	Horizon		Indemnity		21908.9			501.76	21908.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PTC ENDOSCOPY WITH DILATION OF STRICTURE	47556	CPT	outpatient			18990		13538.55	Horizon		NJ Health		501.76			501.76	21908.9 fee schedule	
PTC ENDOSCOPY WITH DILATION OF STRICTURE	47556	CPT	outpatient			18990		13538.55	Horizon		PPO		21908.9			501.76	21908.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PTC ENDOSCOPY WITH DILATION OF STRICTURE	47556	CPT	outpatient			18990		13538.55	Managed Care Inc		Managed Care Inc		17091	90		501.76	21908.9 percent of total billed charges	
PTC ENDOSCOPY WITH DILATION OF STRICTURE	47556	CPT	outpatient			18990		13538.55	Multiplan		Multiplan		15192	80		501.76	21908.9 percent of total billed charges	
PTC ENDOSCOPY WITH DILATION OF STRICTURE	47556	CPT	outpatient			18990		13538.55	Qualcare		Qualcare		14242.5	75		501.76	21908.9 percent of total billed charges	
PTC ENDOSCOPY WITH DILATION OF STRICTURE	47556	CPT	outpatient			18990		13538.55	Three Rivers		Three Rivers		18040.5	95		501.76	21908.9 percent of total billed charges	
PTC ENDOSCOPY WITH DILATION OF STRICTURE	47556	CPT	outpatient			18990		13538.55	UHC		Medicare		11772.65			501.76	21908.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PTC ENDOSCOPY WITH DILATION OF STRICTURE	47556	CPT	outpatient			18990		13538.55	UHC		Medicaid		5991.35	31.55		501.76	21908.9 percent of total billed charges	
PTC ENDOSCOPY WITH DILATION OF STRICTURE	47556	CPT	outpatient			18990		13538.55	United		Commercial|PPO		4702			501.76	21908.9 case rate	
PTC ENDOSCOPY WITH DILATION OF STRICTURE	47556	CPT	outpatient			18990		13538.55	United		Oxford		4702			501.76	21908.9 case rate	
PTC ENDOSCOPY WITH DILATION OF STRICTURE	47556	CPT	outpatient			18990		13538.55	Wellcare		Medicare		11772.65			501.76	21908.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PTC ENDOSCOPY WITH DILATION OF STRICTURE	47556	CPT	outpatient			18990		13538.55	Wellcare		Medicaid		5991.35	31.55		501.76	21908.9 percent of total billed charges	
PTC ENDOSCOPY WITH DILATION OF STRICTURE	47556	CPT	outpatient			18990		13538.55	WellPoint		WellPoint		6110.98	32.18		501.76	21908.9 percent of total billed charges	
CHOLECYSTECTOMY W/CHOLANGIO	47605	CPT	outpatient			6069			Aetna		Commercial		2306.22	38		819.54	5765.55 percent of total billed charges	
CHOLECYSTECTOMY W/CHOLANGIO	47605	CPT	outpatient			6069			Aetna		Better Health		1914.77	31.55		819.54	5765.55 percent of total billed charges	
CHOLECYSTECTOMY W/CHOLANGIO	47605	CPT	outpatient			6069			Aetna		Medicare		1869.25	30.8		819.54	5765.55 percent of total billed charges	
CHOLECYSTECTOMY W/CHOLANGIO	47605	CPT	outpatient			6069			Americare		Americare		4551.75	75		819.54	5765.55 percent of total billed charges	
CHOLECYSTECTOMY W/CHOLANGIO	47605	CPT	outpatient			6069			Amerihealth		HMO/PPO		3944.85	65		819.54	5765.55 percent of total billed charges	
CHOLECYSTECTOMY W/CHOLANGIO	47605	CPT	outpatient			6069			Consumer		Consumer		5765.55	95		819.54	5765.55 percent of total billed charges	
CHOLECYSTECTOMY W/CHOLANGIO	47605	CPT	outpatient			6069			Corrections		Corrections		4855.2	80		819.54	5765.55 percent of total billed charges	
CHOLECYSTECTOMY W/CHOLANGIO	47605	CPT	outpatient			6069			First Health		First Health		4248.3	70		819.54	5765.55 percent of total billed charges	
CHOLECYSTECTOMY W/CHOLANGIO	47605	CPT	outpatient			6069			First Trenton		First Trenton		5462.1	90		819.54	5765.55 percent of total billed charges	
CHOLECYSTECTOMY W/CHOLANGIO	47605	CPT	outpatient			6069			Horizon		MGD		2323.21	38.28		819.54	5765.55 percent of total billed charges	
CHOLECYSTECTOMY W/CHOLANGIO	47605	CPT	outpatient			6069			Horizon		Indemnity		2323.21	38.28		819.54	5765.55 percent of total billed charges	
CHOLECYSTECTOMY W/CHOLANGIO	47605	CPT	outpatient			6069			Horizon		NJ Health		819.54			819.54	5765.55 fee schedule	
CHOLECYSTECTOMY W/CHOLANGIO	47605	CPT	outpatient			6069			Horizon		Medicare Blue		1820.7	30		819.54	5765.55 percent of total billed charges	
CHOLECYSTECTOMY W/CHOLANGIO	47605	CPT	outpatient			6069			Horizon		PPO		2323.21	38.28		819.54	5765.55 percent of total billed charges	
CHOLECYSTECTOMY W/CHOLANGIO	47605	CPT	outpatient			6069			Managed Care Inc		Managed Care Inc		5462.1	90		819.54	5765.55 percent of total billed charges	
CHOLECYSTECTOMY W/CHOLANGIO	47605	CPT	outpatient			6069			Multiplan		Multiplan		4855.2	80		819.54	5765.55 percent of total billed charges	
CHOLECYSTECTOMY W/CHOLANGIO	47605	CPT	outpatient			6069			Qualcare		Qualcare		4551.75	75		819.54	5765.55 percent of total billed charges	
CHOLECYSTECTOMY W/CHOLANGIO	47605	CPT	outpatient			6069			Three Rivers		Three Rivers		5765.55	95		819.54	5765.55 percent of total billed charges	
CHOLECYSTECTOMY W/CHOLANGIO	47605	CPT	outpatient			6069			UHC		Medicaid		1914.77	31.55		819.54	5765.55 percent of total billed charges	
CHOLECYSTECTOMY W/CHOLANGIO	47605	CPT	outpatient			6069			United		Oxford		1782			819.54	5765.55 case rate	
CHOLECYSTECTOMY W/CHOLANGIO	47605	CPT	outpatient			6069			United		Commercial|PPO		1782			819.54	5765.55 case rate	
CHOLECYSTECTOMY W/CHOLANGIO	47605	CPT	outpatient			6069			Wellcare		Medicaid		1914.77	31.55		819.54	5765.55 percent of total billed charges	
CHOLECYSTECTOMY W/CHOLANGIO	47605	CPT	outpatient			6069			WellPoint		WellPoint		1953	32.18		819.54	5765.55 percent of total billed charges	
BX PANCREAS PERC	48102	CPT	both			5633		2132.36	Aetna		Better Health		1777.21	31.55		178.36	5351.35 percent of total billed charges	
BX PANCREAS PERC	48102	CPT	both			5633		2132.36	Aetna		Commercial		2951.93			178.36	5351.35 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX PANCREAS PERC	48102	CPT	both			5633		2132.36	Aetna		Medicare		1854.23			178.36	5351.35 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX PANCREAS PERC	48102	CPT	both			5633		2132.36	Americare		Americare		4224.75	75		178.36	5351.35 percent of total billed charges	
BX PANCREAS PERC	48102	CPT	both			5633		2132.36	Amerihealth		HMO/PPO		3661.45	65		178.36	5351.35 percent of total billed charges	
BX PANCREAS PERC	48102	CPT	both			5633		2132.36	Amerihealth		Medicare		1854.23			178.36	5351.35 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX PANCREAS PERC	48102	CPT	both			5633		2132.36	Consumer		Consumer		5351.35	95		178.36	5351.35 percent of total billed charges	
BX PANCREAS PERC	48102	CPT	both			5633		2132.36	Corrections		Corrections		4506.4	80		178.36	5351.35 percent of total billed charges	
BX PANCREAS PERC	48102	CPT	both			5633		2132.36	First Health		First Health		3943.1	70		178.36	5351.35 percent of total billed charges	
BX PANCREAS PERC	48102	CPT	both			5633		2132.36	First Trenton		First Trenton		5069.7	90		178.36	5351.35 percent of total billed charges	
BX PANCREAS PERC	48102	CPT	both			5633		2132.36	Horizon		Indemnity		3450.72			178.36	5351.35 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX PANCREAS PERC	48102	CPT	both			5633		2132.36	Horizon		NJ Health		178.36			178.36	5351.35 fee schedule	
BX PANCREAS PERC	48102	CPT	both			5633		2132.36	Horizon		MGD		3450.72			178.36	5351.35 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX PANCREAS PERC	48102	CPT	both			5633		2132.36	Horizon		Medicare Blue		1854.23			178.36	5351.35 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX PANCREAS PERC	48102	CPT	both			5633		2132.36	Horizon		PPO		3450.72			178.36	5351.35 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX PANCREAS PERC	48102	CPT	both			5633		2132.36	Managed Care Inc		Managed Care Inc		5069.7	90		178.36	5351.35 percent of total billed charges	
BX PANCREAS PERC	48102	CPT	both			5633		2132.36	Multiplan		Multiplan		4506.4	80		178.36	5351.35 percent of total billed charges	
BX PANCREAS PERC	48102	CPT	both			5633		2132.36	Qualcare		Qualcare		4224.75	75		178.36	5351.35 percent of total billed charges	
BX PANCREAS PERC	48102	CPT	both			5633		2132.36	Three Rivers		Three Rivers		5351.35	95		178.36	5351.35 percent of total billed charges	
BX PANCREAS PERC	48102	CPT	both			5633		2132.36	UHC		Medicaid		1777.21	31.55		178.36	5351.35 percent of total billed charges	
BX PANCREAS PERC	48102	CPT	both			5633		2132.36	UHC		Medicare		1854.23			178.36	5351.35 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX PANCREAS PERC	48102	CPT	both			5633		2132.36	United		Commercial|PPO		2493			178.36	5351.35 case rate	
BX PANCREAS PERC	48102	CPT	both			5633		2132.36	United		Oxford		2493			178.36	5351.35 case rate	
BX PANCREAS PERC	48102	CPT	both			5633		2132.36	Wellcare		Medicare		1854.23			178.36	5351.35 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX PANCREAS PERC	48102	CPT	both			5633		2132.36	Wellcare		Medicaid		1777.21	31.55		178.36	5351.35 percent of total billed charges	
BX PANCREAS PERC	48102	CPT	both			5633		2132.36	WellPoint		WellPoint		1812.7	32.18		178.36	5351.35 percent of total billed charges	
UNLISTED PROCED,PANCREAS RPT ATTACHED	48999	CPT	outpatient			1543		925.36	Aetna		Better Health		486.82	31.55		475.24	1817 percent of total billed charges	
UNLISTED PROCED,PANCREAS RPT ATTACHED	48999	CPT	outpatient			1543		925.36	Aetna		Medicare		475.24	30.8		475.24	1817 percent of total billed charges	
UNLISTED PROCED,PANCREAS RPT ATTACHED	48999	CPT	outpatient			1543		925.36	Aetna		Commercial		1281.02			475.24	1817 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCED,PANCREAS RPT ATTACHED	48999	CPT	outpatient			1543		925.36	Americare		Americare		1157.25	75		475.24	1817 percent of total billed charges	
UNLISTED PROCED,PANCREAS RPT ATTACHED	48999	CPT	outpatient			1543		925.36	Amerihealth		HMO/PPO		1002.95	65		475.24	1817 percent of total billed charges	
UNLISTED PROCED,PANCREAS RPT ATTACHED	48999	CPT	outpatient			1543		925.36	Amerihealth		Medicare		804.66			475.24	1817 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCED,PANCREAS RPT ATTACHED	48999	CPT	outpatient			1543		925.36	Consumer		Consumer		1465.85	95		475.24	1817 percent of total billed charges	
UNLISTED PROCED,PANCREAS RPT ATTACHED	48999	CPT	outpatient			1543		925.36	Corrections		Corrections		1234.4	80		475.24	1817 percent of total billed charges	
UNLISTED PROCED,PANCREAS RPT ATTACHED	48999	CPT	outpatient			1543		925.36	First Health		First Health		1080.1	70		475.24	1817 percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
UNLISTED PROCED,PANCREAS RPT ATTACHED	48999	CPT	outpatient			1543	925.36	First Trenton	First Trenton		1388.7	90			475.24	1817	percent of total billed charges	
UNLISTED PROCED,PANCREAS RPT ATTACHED	48999	CPT	outpatient			1543	925.36	Horizon	MGD		1497.47				475.24	1817	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCED,PANCREAS RPT ATTACHED	48999	CPT	outpatient			1543	925.36	Horizon	Indemnity		1497.47				475.24	1817	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCED,PANCREAS RPT ATTACHED	48999	CPT	outpatient			1543	925.36	Horizon	PPO		1497.47				475.24	1817	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCED,PANCREAS RPT ATTACHED	48999	CPT	outpatient			1543	925.36	Horizon	Medicare Blue		804.66				475.24	1817	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCED,PANCREAS RPT ATTACHED	48999	CPT	outpatient			1543	925.36	Managed Care Inc	Managed Care Inc		1388.7	90			475.24	1817	percent of total billed charges	
UNLISTED PROCED,PANCREAS RPT ATTACHED	48999	CPT	outpatient			1543	925.36	Multiplan	Multiplan		1234.4	80			475.24	1817	percent of total billed charges	
UNLISTED PROCED,PANCREAS RPT ATTACHED	48999	CPT	outpatient			1543	925.36	Qualcare	Qualcare		1157.25	75			475.24	1817	percent of total billed charges	
UNLISTED PROCED,PANCREAS RPT ATTACHED	48999	CPT	outpatient			1543	925.36	Three Rivers	Three Rivers		1465.85	95			475.24	1817	percent of total billed charges	
UNLISTED PROCED,PANCREAS RPT ATTACHED	48999	CPT	outpatient			1543	925.36	UHC	Medicaid		486.82	31.55			475.24	1817	percent of total billed charges	
UNLISTED PROCED,PANCREAS RPT ATTACHED	48999	CPT	outpatient			1543	925.36	UHC	Medicare		804.66				475.24	1817	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCED,PANCREAS RPT ATTACHED	48999	CPT	outpatient			1543	925.36	United	CommercialPPO		1817				475.24	1817	case rate	
UNLISTED PROCED,PANCREAS RPT ATTACHED	48999	CPT	outpatient			1543	925.36	United	Oxford		1817				475.24	1817	case rate	
UNLISTED PROCED,PANCREAS RPT ATTACHED	48999	CPT	outpatient			1543	925.36	Wellcare	Medicaid		486.82	31.55			475.24	1817	percent of total billed charges	
UNLISTED PROCED,PANCREAS RPT ATTACHED	48999	CPT	outpatient			1543	925.36	Wellcare	Medicare		804.66				475.24	1817	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCED,PANCREAS RPT ATTACHED	48999	CPT	outpatient			1543	925.36	WellPoint	WellPoint		496.54	32.18			475.24	1817	percent of total billed charges	
MINI LAPAROTOMY	49000	CPT	outpatient			11827		Aetna	Better Health		3731.42	31.55			770.99	11235.65	percent of total billed charges	
MINI LAPAROTOMY	49000	CPT	outpatient			11827		Aetna	Commercial		4494.26	38			770.99	11235.65	percent of total billed charges	
MINI LAPAROTOMY	49000	CPT	outpatient			11827		Aetna	Medicare		3642.72	30.8			770.99	11235.65	percent of total billed charges	
MINI LAPAROTOMY	49000	CPT	outpatient			11827		Americare	Americare		8870.25	75			770.99	11235.65	percent of total billed charges	
MINI LAPAROTOMY	49000	CPT	outpatient			11827		Amerihealth	HMO/PPO		7687.55	65			770.99	11235.65	percent of total billed charges	
MINI LAPAROTOMY	49000	CPT	outpatient			11827		Consumer	Consumer		11235.65	95			770.99	11235.65	percent of total billed charges	
MINI LAPAROTOMY	49000	CPT	outpatient			11827		Corrections	Corrections		9461.6	80			770.99	11235.65	percent of total billed charges	
MINI LAPAROTOMY	49000	CPT	outpatient			11827		First Health	First Health		8278.9	70			770.99	11235.65	percent of total billed charges	
MINI LAPAROTOMY	49000	CPT	outpatient			11827		First Trenton	First Trenton		10644.3	90			770.99	11235.65	percent of total billed charges	
MINI LAPAROTOMY	49000	CPT	outpatient			11827		Horizon	Medicare Blue		3548.1	30			770.99	11235.65	percent of total billed charges	
MINI LAPAROTOMY	49000	CPT	outpatient			11827		Horizon	Indemnity		4527.38	38.28			770.99	11235.65	percent of total billed charges	
MINI LAPAROTOMY	49000	CPT	outpatient			11827		Horizon	MGD		4527.38	38.28			770.99	11235.65	percent of total billed charges	
MINI LAPAROTOMY	49000	CPT	outpatient			11827		Horizon	NJ Health		770.99				770.99	11235.65	fee schedule	
MINI LAPAROTOMY	49000	CPT	outpatient			11827		Horizon	PPO		4527.38	38.28			770.99	11235.65	percent of total billed charges	
MINI LAPAROTOMY	49000	CPT	outpatient			11827		Managed Care Inc	Managed Care Inc		10644.3	90			770.99	11235.65	percent of total billed charges	
MINI LAPAROTOMY	49000	CPT	outpatient			11827		Multiplan	Multiplan		9461.6	80			770.99	11235.65	percent of total billed charges	
MINI LAPAROTOMY	49000	CPT	outpatient			11827		Qualcare	Qualcare		8870.25	75			770.99	11235.65	percent of total billed charges	
MINI LAPAROTOMY	49000	CPT	outpatient			11827		Three Rivers	Three Rivers		11235.65	95			770.99	11235.65	percent of total billed charges	
MINI LAPAROTOMY	49000	CPT	outpatient			11827		UHC	Medicaid		3731.42	31.55			770.99	11235.65	percent of total billed charges	
MINI LAPAROTOMY	49000	CPT	outpatient			11827		United	CommercialPPO		3492				770.99	11235.65	case rate	
MINI LAPAROTOMY	49000	CPT	outpatient			11827		United	Oxford		3492				770.99	11235.65	case rate	
MINI LAPAROTOMY	49000	CPT	outpatient			11827		Wellcare	Medicaid		3731.42	31.55			770.99	11235.65	percent of total billed charges	
MINI LAPAROTOMY	49000	CPT	outpatient			11827		WellPoint	WellPoint		3805.93	32.18			770.99	11235.65	percent of total billed charges	
ABSCESS DRAINAGE OF RETROPERIT	49060	CPT	outpatient			6309		Aetna	Better Health		1990.49	31.55			792.92	5993.55	percent of total billed charges	
ABSCESS DRAINAGE OF RETROPERIT	49060	CPT	outpatient			6309		Aetna	Medicare		1943.17	30.8			792.92	5993.55	percent of total billed charges	
ABSCESS DRAINAGE OF RETROPERIT	49060	CPT	outpatient			6309		Aetna	Commercial		2397.42	38			792.92	5993.55	percent of total billed charges	
ABSCESS DRAINAGE OF RETROPERIT	49060	CPT	outpatient			6309		Americare	Americare		4731.75	75			792.92	5993.55	percent of total billed charges	
ABSCESS DRAINAGE OF RETROPERIT	49060	CPT	outpatient			6309		Amerihealth	HMO/PPO		4100.85	65			792.92	5993.55	percent of total billed charges	
ABSCESS DRAINAGE OF RETROPERIT	49060	CPT	outpatient			6309		Consumer	Consumer		5993.55	95			792.92	5993.55	percent of total billed charges	
ABSCESS DRAINAGE OF RETROPERIT	49060	CPT	outpatient			6309		Corrections	Corrections		5047.2	80			792.92	5993.55	percent of total billed charges	
ABSCESS DRAINAGE OF RETROPERIT	49060	CPT	outpatient			6309		First Health	First Health		4416.3	70			792.92	5993.55	percent of total billed charges	
ABSCESS DRAINAGE OF RETROPERIT	49060	CPT	outpatient			6309		First Trenton	First Trenton		5678.1	90			792.92	5993.55	percent of total billed charges	
ABSCESS DRAINAGE OF RETROPERIT	49060	CPT	outpatient			6309		Horizon	NJ Health		792.92				792.92	5993.55	fee schedule	
ABSCESS DRAINAGE OF RETROPERIT	49060	CPT	outpatient			6309		Horizon	MGD		2415.09	38.28			792.92	5993.55	percent of total billed charges	
ABSCESS DRAINAGE OF RETROPERIT	49060	CPT	outpatient			6309		Horizon	Medicare Blue		1892.7	30			792.92	5993.55	percent of total billed charges	
ABSCESS DRAINAGE OF RETROPERIT	49060	CPT	outpatient			6309		Horizon	Indemnity		2415.09	38.28			792.92	5993.55	percent of total billed charges	
ABSCESS DRAINAGE OF RETROPERIT	49060	CPT	outpatient			6309		Horizon	PPO		2415.09	38.28			792.92	5993.55	percent of total billed charges	
ABSCESS DRAINAGE OF RETROPERIT	49060	CPT	outpatient			6309		Managed Care Inc	Managed Care Inc		5678.1	90			792.92	5993.55	percent of total billed charges	
ABSCESS DRAINAGE OF RETROPERIT	49060	CPT	outpatient			6309		Multiplan	Multiplan		5047.2	80			792.92	5993.55	percent of total billed charges	
ABSCESS DRAINAGE OF RETROPERIT	49060	CPT	outpatient			6309		Qualcare	Qualcare		4731.75	75			792.92	5993.55	percent of total billed charges	
ABSCESS DRAINAGE OF RETROPERIT	49060	CPT	outpatient			6309		Three Rivers	Three Rivers		5993.55	95			792.92	5993.55	percent of total billed charges	
ABSCESS DRAINAGE OF RETROPERIT	49060	CPT	outpatient			6309		UHC	Medicaid		1990.49	31.55			792.92	5993.55	percent of total billed charges	
ABSCESS DRAINAGE OF RETROPERIT	49060	CPT	outpatient			6309		United	Oxford		1782				792.92	5993.55	case rate	
ABSCESS DRAINAGE OF RETROPERIT	49060	CPT	outpatient			6309		United	CommercialPPO		1782				792.92	5993.55	case rate	
ABSCESS DRAINAGE OF RETROPERIT	49060	CPT	outpatient			6309		Wellcare	Medicaid		1990.49	31.55			792.92	5993.55	percent of total billed charges	
ABSCESS DRAINAGE OF RETROPERIT	49060	CPT	outpatient			6309		WellPoint	WellPoint		2030.24	32.18			792.92	5993.55	percent of total billed charges	
PERITONEOCENTESIS INIT.	49082	CPT	both			3010	1192.23	Aetna	Medicare		1036.72				187.92	2859.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERITONEOCENTESIS INIT.	49082	CPT	both			3010	1192.23	Aetna	Commercial		1650.46				187.92	2859.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERITONEOCENTESIS INIT.	49082	CPT	both			3010	1192.23	Aetna	Better Health		949.86	31.55			187.92	2859.5	percent of total billed charges	
PERITONEOCENTESIS INIT.	49082	CPT	both			3010	1192.23	Americare	Americare		2257.5	75			187.92	2859.5	percent of total billed charges	
PERITONEOCENTESIS INIT.	49082	CPT	both			3010	1192.23	Amerihealth	Medicare		1036.72				187.92	2859.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERITONEOCENTESIS INIT.	49082	CPT	both			3010	1192.23	Amerihealth	HMO/PPO		1956.5	65			187.92	2859.5	percent of total billed charges	
PERITONEOCENTESIS INIT.	49082	CPT	both			3010	1192.23	Consumer	Consumer		2859.5	95			187.92	2859.5	percent of total billed charges	
PERITONEOCENTESIS INIT.	49082	CPT	both			3010	1192.23	Corrections	Corrections		2408	80			187.92	2859.5	percent of total billed charges	
PERITONEOCENTESIS INIT.	49082	CPT	both			3010	1192.23	First Health	First Health		2107	70			187.92	2859.5	percent of total billed charges	
PERITONEOCENTESIS INIT.	49082	CPT	both			3010	1192.23	First Trenton	First Trenton		2709	90			187.92	2859.5	percent of total billed charges	
PERITONEOCENTESIS INIT.	49082	CPT	both			3010	1192.23	Horizon	MGD		1929.34				187.92	2859.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERITONEOCENTESIS INIT.	49082	CPT	both			3010	1192.23	Horizon	Medicare Blue		1036.72				187.92	2859.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERITONEOCENTESIS INIT.	49082	CPT	both			3010	1192.23	Horizon	Indemnity		1929.34				187.92	2859.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERITONEOCENTESIS INIT.	49082	CPT	both			3010	1192.23	Horizon	NJ Health		187.92				187.92	2859.5	fee schedule	
PERITONEOCENTESIS INIT.	49082	CPT	both			3010	1192.23	Horizon	PPO		1929.34				187.92	2859.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERITONEOCENTESIS INIT.	49082	CPT	both			3010	1192.23	Managed Care Inc	Managed Care Inc		2709	90			187.92	2859.5	percent of total billed charges	
PERITONEOCENTESIS INIT.	49082	CPT	both			3010	1192.23	Multiplan	Multiplan		2408	80			187.92	2859.5	percent of total billed charges	
PERITONEOCENTESIS INIT.	49082	CPT	both			3010	1192.23	Qualcare	Qualcare		2257.5	75			187.92	2859.5	percent of total billed charges	
PERITONEOCENTESIS INIT.	49082	CPT	both			3010	1192.23	Three Rivers	Three Rivers		2859.5	95			187.92	2859.5	percent of total billed charges	
PERITONEOCENTESIS INIT.	49082	CPT	both			3010	1192.23	UHC	Medicare		1036.72				187.92	2859.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERITONEOCENTESIS INIT.	49082	CPT	both			3010	1192.23	UHC	Medicaid		949.86	31.55			187.92	2859.5	percent of total billed charges	
PERITONEOCENTESIS INIT.	49082	CPT	both			3010	1192.23	United	Oxford		2493				187.92	2859.5	case rate	
PERITONEOCENTESIS INIT.	49082	CPT	both			3010	1192.23	United	CommercialPPO		2493				187.92	2859.5	case rate	
PERITONEOCENTESIS INIT.	49082	CPT	both			3010	1192.23	Wellcare	Medicaid		949.66	31.55			187.92	2859.5	percent of total billed charges	
PERITONEOCENTESIS INIT.	49082	CPT	both			3010	1192.23	Wellcare	Medicare		1036.72				187.92	2859.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERITONEOCENTESIS INIT.	49082	CPT	both			3010	1192.23	WellPoint	WellPoint		968.62	32.18			187.92	2859.5	percent of total billed charges	
US PARACENTESIS WITH IMAGING 49083	49083	CPT	both			3211	1192.23	Aetna	Better Health		1013.07	31.55			267.15	3050.45	percent of total billed charges	
US PARACENTESIS WITH IMAGING 49083	49083	CPT	both			3211	1192.23	Aetna	Commercial		1650.46				267.15	3050.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US PARACENTESIS WITH IMAGING 49083	49083	CPT	both			3211	1192.23	Aetna	Medicare		1036.72				267.15	3050.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US PARACENTESIS WITH IMAGING 49083	49083	CPT	both			3211	1192.23	Americare	Americare		2408.25	75			267.15	3050.45	percent of total billed charges	
US PARACENTESIS WITH IMAGING 49083	49083	CPT	both			3211	1192.23	Amerihealth	HMO/PPO		2087.15	65			267.15	3050.45	percent of total billed charges	
US PARACENTESIS WITH IMAGING 49083	49083	CPT	both			3211	1192.23	Amerihealth	Medicare		1036.72				267.15	3050.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US PARACENTESIS WITH IMAGING 49083	49083	CPT	both			3211	1192.23	Consumer	Consumer		3050.45	95			267.15	3050.45	percent of total billed charges	
US PARACENTESIS WITH IMAGING 49083	49083	CPT	both			3211	1192.23	Corrections	Corrections		2568.8	80			267.15	3050.45	percent of total billed charges	
US PARACENTESIS WITH IMAGING 49083	49083	CPT	both			3211	1192.23	First Health	First Health		2247.7	70			267.15	3050.45	percent of total billed charges	
US PARACENTESIS WITH IMAGING 49083	49083	CPT	both			3211	1192.23	First Trenton	First Trenton		2889.9	90			267.15	3050.45	percent of total billed charges	
US PARACENTESIS WITH IMAGING 49083	49083	CPT	both			3211	1192.23	Horizon	PPO		1929.34				267.15	3050.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US PARACENTESIS WITH IMAGING 49083	49083	CPT	both			3211	1192.23	Horizon	Medicare Blue		1036.72				267.15	3050.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US PARACENTESIS WITH IMAGING 49083	49083	CPT	both			3211	1192.23	Horizon	Indemnity		1929.34				267.15	3050.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US PARACENTESIS WITH IMAGING 49083	49083	CPT	both			3211	1192.23	Horizon	MGD		1929.34				267.15	3050.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US PARACENTESIS WITH IMAGING 49083	49083	CPT	both			3211	1192.23	Horizon	NJ Health		267.15				267.15	3050.45	fee schedule	
US PARACENTESIS WITH IMAGING 49083	49083	CPT	both			3211	1192.23	Managed Care Inc	Managed Care Inc		2889.9	90			267.15	3050.45	percent of total billed charges	
US PARACENTESIS WITH IMAGING 49083	49083	CPT	both			3211	1192.23	Multiplan	Multiplan		2568.8	80			267.15	3050.45	percent of total billed charges	
US PARACENTESIS WITH IMAGING 49083	49083	CPT	both			3211	1192.23	Qualcare	Qualcare		2408.25	75			267.15	3050.45	percent of total billed charges	
US PARACENTESIS WITH IMAGING 49083	49083	CPT	both			3211	1192.23	Three Rivers	Three Rivers		3050.45	95			267.15	3050.45	percent of total billed charges	
US PARACENTESIS WITH IMAGING 49083	49083	CPT	both			3211	1192.23	UHC	Medicaid		1013.07	31.55			267.15	3050.45	percent of total billed charges	
US PARACENTESIS WITH IMAGING 49083	49083	CPT	both			3211	1192.23	UHC	Medicare		1036.72				267.15	3050.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US PARACENTESIS WITH IMAGING 49083	49083	CPT	both			3211	1192.23	United	Oxford		2493				267.15	3050.45	case rate	
US PARACENTESIS WITH IMAGING 49083	49083	CPT	both			3211	1192.23	United	CommercialPPO		2493				267.15	3050.45	case rate	
US PARACENTESIS WITH IMAGING 49083	49083	CPT	both			3211	1192.23	Wellcare	Medicare		1036.72				267.15	3050.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US PARACENTESIS WITH IMAGING 49083	49083	CPT	both			3211	1192.23	Wellcare	Medicaid		1013.07	31.55			267.15	3050.45	percent of total billed charges	
US PARACENTESIS WITH IMAGING 49083	49083	CPT	both			3211	1192.23	WellPoint	WellPoint		1033.3	32.18			267.15	3050.45	percent of total billed charges	
PERITONEAL LAVAGE, W/ IMAGING	49084	CPT	outpatient			2926	1192.23	Aetna	Commercial		1650.46				80.85	2779.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERITONEAL LAVAGE, W/ IMAGING	49084	CPT	outpatient			2926	1192.23	Aetna	Better Health		923.15	31.55			80.85	2779.7	percent of total billed charges	
PERITONEAL LAVAGE, W/ IMAGING	49084	CPT	outpatient			2926	1192.23	Aetna	Medicare		1036.72				80.85	2779.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERITONEAL LAVAGE, W/ IMAGING	49084	CPT	outpatient			2926	1192.23	Americare	Americare		2194.5	75			80.85	2779.7	percent of total billed charges	
PERITONEAL LAVAGE, W/ IMAGING	49084	CPT	outpatient			2926	1192.23	Amerihealth	HMO/PPO		1901.9	65			80.85	2779.7	percent of total billed charges	
PERITONEAL LAVAGE, W/ IMAGING	49084	CPT	outpatient			2926	1192.23	Amerihealth	Medicare		1036.72				80.85	2779.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERITONEAL LAVAGE, W/ IMAGING	49084	CPT	outpatient			2926	1192.23	Consumer	Consumer		2779.7	95			80.85	2779.7	percent of total billed charges	
PERITONEAL LAVAGE, W/ IMAGING	49084	CPT	outpatient			2926	1192.23	Corrections	Corrections		2340.8	80			80.85	2779.7	percent of total billed charges	
PERITONEAL LAVAGE, W/ IMAGING	49084	CPT	outpatient			2926	1192.23	First Health	First Health		2048.2	70			80.85	2779.7	percent of total billed charges	
PERITONEAL LAVAGE, W/ IMAGING	49084	CPT	outpatient			2926	1192.23	First Trenton	First Trenton		2633.4	90			80.85	2779.7	percent of total billed charges	
PERITONEAL LAVAGE, W/ IMAGING	49084	CPT	outpatient			2926	1192.23	Horizon	MGD		1929.34				80.85	2779.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERITONEAL LAVAGE, W/ IMAGING	49084	CPT	outpatient			2926	1192.23	Horizon	Indemnity		1929.34				80.85	2779.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERITONEAL LAVAGE, W/ IMAGING	49084	CPT	outpatient			2926	1192.23	Horizon	NJ Health		80.85				80.85	2779.7	fee schedule	
PERITONEAL LAVAGE, W/ IMAGING	49084	CPT	outpatient			2926	1192.23	Horizon	Medicare Blue		1036.72				80.85	2779.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERITONEAL LAVAGE, W/ IMAGING	49084	CPT	outpatient			2926	1192.23	Horizon	PPO		1929.34				80.85	2779.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERITONEAL LAVAGE, W/ IMAGING	49084	CPT	outpatient			2926	1192.23	Managed Care Inc	Managed Care Inc		2633.4	90			80.85	2779.7	percent of total billed charges	
PERITONEAL LAVAGE, W/ IMAGING	49084	CPT	outpatient			2926	1192.23	Multiplan	Multiplan		2340.8	80			80.85	2779.7	percent of total billed charges	
PERITONEAL LAVAGE, W/ IMAGING	49084	CPT	outpatient			2926	1192.23	Qualcare	Qualcare		2194.5	75			80.85	2779.7	percent of total billed charges	
PERITONEAL LAVAGE, W/ IMAGING	49084	CPT	outpatient			2926	1192.23	Three Rivers	Three Rivers		2779.7	95			80.85	2779.7	percent of total billed charges	
PERITONEAL LAVAGE, W/ IMAGING	49084	CPT	outpatient			2926	1192.23	UHC	Medicare		1036.72				80.85	2779.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERITONEAL LAVAGE, W/ IMAGING	49084	CPT	outpatient			2926	1192.23	UHC	Medicaid		923.15	31.55			80.85	2779.7	percent of total billed charges	
PERITONEAL LAVAGE, W/ IMAGING	49084	CPT	outpatient			2926	1192.23	United	Oxford		2493				80.85	2779.7	case rate	
PERITONEAL LAVAGE, W/ IMAGING	49084	CPT	outpatient			2926	1192.23	United	CommercialPPO		2493				80.85	2779.7	case rate	
PERITONEAL LAVAGE, W/ IMAGING	49084	CPT	outpatient			2926	1192.23	Wellcare	Medicare		1036.72				80.85	2779.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERITONEAL LAVAGE, W/ IMAGING	49084	CPT	outpatient			2926	1192.23	Wellcare	Medicaid		923.15	31.55			80.85	2779.7	percent of total billed charges	
PERITONEAL LAVAGE, W/ IMAGING	49084	CPT	outpatient			2926	1192.23	WellPoint	WellPoint		941.59	32.18			80.85	2779.7	percent of total billed charges	
BX ABDOMINAL MASS	49180	CPT	both			5464	2132.36	Aetna	Commercial		2951.93				119.56	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX ABDOMINAL MASS	49180	CPT	both			5464	2132.36	Aetna	Better Health		1723.89	31.55			119.56	5190.8	percent of total billed charges	
BX ABDOMINAL MASS	49180	CPT	both			5464	2132.36	Aetna	Medicare		1854.23				119.56	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX ABDOMINAL MASS	49180	CPT	both			5464	2132.36	Americare	Americare		4098	75			119.56	5190.8	percent of total billed charges	
BX ABDOMINAL MASS	49180	CPT	both			5464	2132.36	Amerihealth	HMO/PPO		3551.6	65			119.56	5190.8	percent of total billed charges	
BX ABDOMINAL MASS	49180	CPT	both			5464	2132.36	Amerihealth	Medicare		1854.23				119.56	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX ABDOMINAL MASS	49180	CPT	both			5464	2132.36	Consumer	Consumer		5190.8	95			119.56	5190.8	percent of total billed charges	
BX ABDOMINAL MASS	49180	CPT	both			5464	2132.36	Corrections	Corrections		4371.2	80			119.56	5190.8	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
BX ADBOMINAL MASS	49180	CPT	both			5464		2132.36	First Health		3824.8	70			119.56	5190.8	percent of total billed charges	
BX ADBOMINAL MASS	49180	CPT	both			5464		2132.36	First Trenton		4917.6	90			119.56	5190.8	percent of total billed charges	
BX ADBOMINAL MASS	49180	CPT	both			5464		2132.36	Horizon		MGD				119.56	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX ADBOMINAL MASS	49180	CPT	both			5464		2132.36	Horizon		Medicare Blue				119.56	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX ADBOMINAL MASS	49180	CPT	both			5464		2132.36	Horizon		Indemnity				119.56	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX ADBOMINAL MASS	49180	CPT	both			5464		2132.36	Horizon		NJ Health				119.56	5190.8	fee schedule	
BX ADBOMINAL MASS	49180	CPT	both			5464		2132.36	Horizon		PPO				119.56	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX ADBOMINAL MASS	49180	CPT	both			5464		2132.36	Managed Care Inc		Managed Care Inc				119.56	5190.8	percent of total billed charges	
BX ADBOMINAL MASS	49180	CPT	both			5464		2132.36	Multiplan		Multiplan				119.56	5190.8	percent of total billed charges	
BX ADBOMINAL MASS	49180	CPT	both			5464		2132.36	Qualcare		Qualcare				119.56	5190.8	percent of total billed charges	
BX ADBOMINAL MASS	49180	CPT	both			5464		2132.36	Three Rivers		Three Rivers				119.56	5190.8	percent of total billed charges	
BX ADBOMINAL MASS	49180	CPT	both			5464		2132.36	UHC		Medicare				119.56	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX ADBOMINAL MASS	49180	CPT	both			5464		2132.36	UHC		Medicaid		31.55		119.56	5190.8	percent of total billed charges	
BX ADBOMINAL MASS	49180	CPT	both			5464		2132.36	United		Oxford				119.56	5190.8	case rate	
BX ADBOMINAL MASS	49180	CPT	both			5464		2132.36	United		CommercialPPO				119.56	5190.8	case rate	
BX ADBOMINAL MASS	49180	CPT	both			5464		2132.36	Wellcare		Medicaid		31.55		119.56	5190.8	percent of total billed charges	
BX ADBOMINAL MASS	49180	CPT	both			5464		2132.36	Wellcare		Medicare				119.56	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX ADBOMINAL MASS	49180	CPT	both			5464		2132.36	WellPoint		WellPoint		32.18		119.56	5190.8	percent of total billed charges	
SCLEROTHERAPY OF FLUID COLLECT,PERC,IN	49185	CPT	outpatient			4252		2132.36	Aetna		Commercial				1107.4	4039.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCLEROTHERAPY OF FLUID COLLECT,PERC,IN	49185	CPT	outpatient			4252		2132.36	Aetna		Better Health		31.55		1107.4	4039.4	percent of total billed charges	
SCLEROTHERAPY OF FLUID COLLECT,PERC,IN	49185	CPT	outpatient			4252		2132.36	Aetna		Medicare				1107.4	4039.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCLEROTHERAPY OF FLUID COLLECT,PERC,IN	49185	CPT	outpatient			4252		2132.36	Americare		Americare		75		1107.4	4039.4	percent of total billed charges	
SCLEROTHERAPY OF FLUID COLLECT,PERC,IN	49185	CPT	outpatient			4252		2132.36	Amerihealth		HMO/PPO		65		1107.4	4039.4	percent of total billed charges	
SCLEROTHERAPY OF FLUID COLLECT,PERC,IN	49185	CPT	outpatient			4252		2132.36	Amerihealth		Medicare				1107.4	4039.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCLEROTHERAPY OF FLUID COLLECT,PERC,IN	49185	CPT	outpatient			4252		2132.36	Consumer		Consumer		95		1107.4	4039.4	percent of total billed charges	
SCLEROTHERAPY OF FLUID COLLECT,PERC,IN	49185	CPT	outpatient			4252		2132.36	Corrections		Corrections		80		1107.4	4039.4	percent of total billed charges	
SCLEROTHERAPY OF FLUID COLLECT,PERC,IN	49185	CPT	outpatient			4252		2132.36	First Health		First Health		70		1107.4	4039.4	percent of total billed charges	
SCLEROTHERAPY OF FLUID COLLECT,PERC,IN	49185	CPT	outpatient			4252		2132.36	First Trenton		First Trenton		90		1107.4	4039.4	percent of total billed charges	
SCLEROTHERAPY OF FLUID COLLECT,PERC,IN	49185	CPT	outpatient			4252		2132.36	Horizon		PPO				1107.4	4039.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCLEROTHERAPY OF FLUID COLLECT,PERC,IN	49185	CPT	outpatient			4252		2132.36	Horizon		MGD				1107.4	4039.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCLEROTHERAPY OF FLUID COLLECT,PERC,IN	49185	CPT	outpatient			4252		2132.36	Horizon		Medicare Blue				1107.4	4039.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCLEROTHERAPY OF FLUID COLLECT,PERC,IN	49185	CPT	outpatient			4252		2132.36	Horizon		NJ Health				1107.4	4039.4	fee schedule	
SCLEROTHERAPY OF FLUID COLLECT,PERC,IN	49185	CPT	outpatient			4252		2132.36	Horizon		Indemnity				1107.4	4039.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCLEROTHERAPY OF FLUID COLLECT,PERC,IN	49185	CPT	outpatient			4252		2132.36	Managed Care Inc		Managed Care Inc		90		1107.4	4039.4	percent of total billed charges	
SCLEROTHERAPY OF FLUID COLLECT,PERC,IN	49185	CPT	outpatient			4252		2132.36	Multiplan		Multiplan		80		1107.4	4039.4	percent of total billed charges	
SCLEROTHERAPY OF FLUID COLLECT,PERC,IN	49185	CPT	outpatient			4252		2132.36	Qualcare		Qualcare		75		1107.4	4039.4	percent of total billed charges	
SCLEROTHERAPY OF FLUID COLLECT,PERC,IN	49185	CPT	outpatient			4252		2132.36	Three Rivers		Three Rivers		95		1107.4	4039.4	percent of total billed charges	
SCLEROTHERAPY OF FLUID COLLECT,PERC,IN	49185	CPT	outpatient			4252		2132.36	UHC		Medicaid		31.55		1107.4	4039.4	percent of total billed charges	
SCLEROTHERAPY OF FLUID COLLECT,PERC,IN	49185	CPT	outpatient			4252		2132.36	UHC		Medicare				1107.4	4039.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCLEROTHERAPY OF FLUID COLLECT,PERC,IN	49185	CPT	outpatient			4252		2132.36	United		Oxford				1107.4	4039.4	case rate	
SCLEROTHERAPY OF FLUID COLLECT,PERC,IN	49185	CPT	outpatient			4252		2132.36	United		CommercialPPO				1107.4	4039.4	case rate	
SCLEROTHERAPY OF FLUID COLLECT,PERC,IN	49185	CPT	outpatient			4252		2132.36	Wellcare		Medicare				1107.4	4039.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCLEROTHERAPY OF FLUID COLLECT,PERC,IN	49185	CPT	outpatient			4252		2132.36	Wellcare		Medicaid		31.55		1107.4	4039.4	percent of total billed charges	
SCLEROTHERAPY OF FLUID COLLECT,PERC,IN	49185	CPT	outpatient			4252		2132.36	WellPoint		WellPoint		32.18		1107.4	4039.4	percent of total billed charges	
EXC/DEST INTRA-ABD/RETR LE	49203	CPT	outpatient			11142			Aetna		Medicare		30.8		1310.01	10584.9	percent of total billed charges	
EXC/DEST INTRA-ABD/RETR LE	49203	CPT	outpatient			11142			Aetna		Better Health		31.55		1310.01	10584.9	percent of total billed charges	
EXC/DEST INTRA-ABD/RETR LE	49203	CPT	outpatient			11142			Aetna		Commercial		38		1310.01	10584.9	percent of total billed charges	
EXC/DEST INTRA-ABD/RETR LE	49203	CPT	outpatient			11142			Americare		Americare		75		1310.01	10584.9	percent of total billed charges	
EXC/DEST INTRA-ABD/RETR LE	49203	CPT	outpatient			11142			Amerihealth		HMO/PPO		65		1310.01	10584.9	percent of total billed charges	
EXC/DEST INTRA-ABD/RETR LE	49203	CPT	outpatient			11142			Consumer		Consumer		95		1310.01	10584.9	percent of total billed charges	
EXC/DEST INTRA-ABD/RETR LE	49203	CPT	outpatient			11142			Corrections		Corrections		80		1310.01	10584.9	percent of total billed charges	
EXC/DEST INTRA-ABD/RETR LE	49203	CPT	outpatient			11142			First Health		First Health		70		1310.01	10584.9	percent of total billed charges	
EXC/DEST INTRA-ABD/RETR LE	49203	CPT	outpatient			11142			First Trenton		First Trenton		90		1310.01	10584.9	percent of total billed charges	
EXC/DEST INTRA-ABD/RETR LE	49203	CPT	outpatient			11142			Horizon		Medicare Blue		30		1310.01	10584.9	percent of total billed charges	
EXC/DEST INTRA-ABD/RETR LE	49203	CPT	outpatient			11142			Horizon		Indemnity		38.28		1310.01	10584.9	percent of total billed charges	
EXC/DEST INTRA-ABD/RETR LE	49203	CPT	outpatient			11142			Horizon		NJ Health				1310.01	10584.9	fee schedule	
EXC/DEST INTRA-ABD/RETR LE	49203	CPT	outpatient			11142			Horizon		MGD		38.28		1310.01	10584.9	percent of total billed charges	
EXC/DEST INTRA-ABD/RETR LE	49203	CPT	outpatient			11142			Horizon		PPO		38.28		1310.01	10584.9	percent of total billed charges	
EXC/DEST INTRA-ABD/RETR LE	49203	CPT	outpatient			11142			Managed Care Inc		Managed Care Inc		90		1310.01	10584.9	percent of total billed charges	
EXC/DEST INTRA-ABD/RETR LE	49203	CPT	outpatient			11142			Multiplan		Multiplan		80		1310.01	10584.9	percent of total billed charges	
EXC/DEST INTRA-ABD/RETR LE	49203	CPT	outpatient			11142			Qualcare		Qualcare		75		1310.01	10584.9	percent of total billed charges	
EXC/DEST INTRA-ABD/RETR LE	49203	CPT	outpatient			11142			Three Rivers		Three Rivers		95		1310.01	10584.9	percent of total billed charges	
EXC/DEST INTRA-ABD/RETR LE	49203	CPT	outpatient			11142			UHC		Medicaid		31.55		1310.01	10584.9	percent of total billed charges	
EXC/DEST INTRA-ABD/RETR LE	49203	CPT	outpatient			11142			United		CommercialPPO				1310.01	10584.9	case rate	
EXC/DEST INTRA-ABD/RETR LE	49203	CPT	outpatient			11142			United		Oxford				1310.01	10584.9	case rate	
EXC/DEST INTRA-ABD/RETR LE	49203	CPT	outpatient			11142			Wellcare		Medicaid		31.55		1310.01	10584.9	percent of total billed charges	
EXC/DEST INTRA-ABD/RETR LE	49203	CPT	outpatient			11142			WellPoint		WellPoint		32.18		1310.01	10584.9	percent of total billed charges	
EXC/DEST INTRA-ABD/RETR LES EXT	49204	CPT	outpatient			8960			Aetna		Better Health		31.55		2688	8512	percent of total billed charges	
EXC/DEST INTRA-ABD/RETR LES EXT	49204	CPT	outpatient			8960			Aetna		Medicare		30.8		2688	8512	percent of total billed charges	
EXC/DEST INTRA-ABD/RETR LES EXT	49204	CPT	outpatient			8960			Aetna		Commercial		38		2688	8512	percent of total billed charges	
EXC/DEST INTRA-ABD/RETR LES EXT	49204	CPT	outpatient			8960			Americare		Americare		75		2688	8512	percent of total billed charges	
EXC/DEST INTRA-ABD/RETR LES EXT	49204	CPT	outpatient			8960			Amerihealth		HMO/PPO		65		2688	8512	percent of total billed charges	
EXC/DEST INTRA-ABD/RETR LES EXT	49204	CPT	outpatient			8960			Consumer		Consumer		95		2688	8512	percent of total billed charges	
EXC/DEST INTRA-ABD/RETR LES EXT	49204	CPT	outpatient			8960			Corrections		Corrections		80		2688	8512	percent of total billed charges	
EXC/DEST INTRA-ABD/RETR LES EXT	49204	CPT	outpatient			8960			First Health		First Health		70		2688	8512	percent of total billed charges	
EXC/DEST INTRA-ABD/RETR LES EXT	49204	CPT	outpatient			8960			First Trenton		First Trenton		90		2688	8512	percent of total billed charges	
EXC/DEST INTRA-ABD/RETR LES EXT	49204	CPT	outpatient			8960			Horizon		Indemnity		38.28		2688	8512	percent of total billed charges	
EXC/DEST INTRA-ABD/RETR LES EXT	49204	CPT	outpatient			8960			Horizon		PPO		38.28		2688	8512	percent of total billed charges	
EXC/DEST INTRA-ABD/RETR LES EXT	49204	CPT	outpatient			8960			Horizon		MGD		38.28		2688	8512	percent of total billed charges	
EXC/DEST INTRA-ABD/RETR LES EXT	49204	CPT	outpatient			8960			Horizon		Medicare Blue		30		2688	8512	percent of total billed charges	
EXC/DEST INTRA-ABD/RETR LES EXT	49204	CPT	outpatient			8960			Managed Care Inc		Managed Care Inc		90		2688	8512	percent of total billed charges	
EXC/DEST INTRA-ABD/RETR LES EXT	49204	CPT	outpatient			8960			Multiplan		Multiplan		80		2688	8512	percent of total billed charges	
EXC/DEST INTRA-ABD/RETR LES EXT	49204	CPT	outpatient			8960			Qualcare		Qualcare		75		2688	8512	percent of total billed charges	
EXC/DEST INTRA-ABD/RETR LES EXT	49204	CPT	outpatient			8960			Three Rivers		Three Rivers		95		2688	8512	percent of total billed charges	
EXC/DEST INTRA-ABD/RETR LES EXT	49204	CPT	outpatient			8960			UHC		Medicaid		31.55		2688	8512	percent of total billed charges	
EXC/DEST INTRA-ABD/RETR LES EXT	49204	CPT	outpatient			8960			United		CommercialPPO				2688	8512	case rate	
EXC/DEST INTRA-ABD/RETR LES EXT	49204	CPT	outpatient			8960			United		Oxford				2688	8512	case rate	
EXC/DEST INTRA-ABD/RETR LES EXT	49204	CPT	outpatient			8960			Wellcare		Medicaid		31.55		2688	8512	percent of total billed charges	
EXC/DEST INTRA-ABD/RETR LES EXT	49204	CPT	outpatient			8960			WellPoint		WellPoint		32.18		2688	8512	percent of total billed charges	
LAPAROSCOPY	49320	CPT	outpatient			20391		7588.83	Aetna		Commercial				475.02	19371.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LAPAROSCOPY	49320	CPT	outpatient			20391		7588.83	Aetna		Medicare		30.8		475.02	19371.45	percent of total billed charges	
LAPAROSCOPY	49320	CPT	outpatient			20391		7588.83	Aetna		Better Health		31.55		475.02	19371.45	percent of total billed charges	
LAPAROSCOPY	49320	CPT	outpatient			20391		7588.83	Americare		Americare		75		475.02	19371.45	percent of total billed charges	
LAPAROSCOPY	49320	CPT	outpatient			20391		7588.83	Amerihealth		HMO/PPO		65		475.02	19371.45	percent of total billed charges	
LAPAROSCOPY	49320	CPT	outpatient			20391		7588.83	Amerihealth		Medicare				475.02	19371.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LAPAROSCOPY	49320	CPT	outpatient			20391		7588.83	Consumer		Consumer		95		475.02	19371.45	percent of total billed charges	
LAPAROSCOPY	49320	CPT	outpatient			20391		7588.83	Corrections		Corrections		80		475.02	19371.45	percent of total billed charges	
LAPAROSCOPY	49320	CPT	outpatient			20391		7588.83	First Health		First Health		70		475.02	19371.45	percent of total billed charges	
LAPAROSCOPY	49320	CPT	outpatient			20391		7588.83	First Trenton		First Trenton		90		475.02	19371.45	percent of total billed charges	
LAPAROSCOPY	49320	CPT	outpatient			20391		7588.83	Horizon		Medicare Blue				475.02	19371.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LAPAROSCOPY	49320	CPT	outpatient			20391		7588.83	Horizon		MGD				475.02	19371.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LAPAROSCOPY	49320	CPT	outpatient			20391		7588.83	Horizon		PPO				475.02	19371.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LAPAROSCOPY	49320	CPT	outpatient			20391		7588.83	Horizon		Indemnity				475.02	19371.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LAPAROSCOPY	49320	CPT	outpatient			20391		7588.83	Horizon		NJ Health				475.02	19371.45	fee schedule	
LAPAROSCOPY	49320	CPT	outpatient			20391		7588.83	Managed Care Inc		Managed Care Inc		90		475.02	19371.45	percent of total billed charges	
LAPAROSCOPY	49320	CPT	outpatient			20391		7588.83	Multiplan		Multiplan		80		475.02	19371.45	percent of total billed charges	
LAPAROSCOPY	49320	CPT	outpatient			20391		7588.83	Qualcare		Qualcare		75		475.02	19371.45	percent of total billed charges	
LAPAROSCOPY	49320	CPT	outpatient			20391		7588.83	Three Rivers		Three Rivers		95		475.02	19371.45	percent of total billed charges	
LAPAROSCOPY	49320	CPT	outpatient			20391		7588.83	UHC		Medicaid		31.55		475.02	19371.45	percent of total billed charges	
LAPAROSCOPY	49320	CPT	outpatient			20391		7588.83	UHC		Medicare				475.02	19371.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LAPAROSCOPY	49320	CPT	outpatient			20391		7588.83	United		Oxford				475.02	19371.45	case rate	
LAPAROSCOPY	49320	CPT	outpatient			20391		7588.83	United		CommercialPPO				475.02	19371.45	case rate	
LAPAROSCOPY	49320	CPT	outpatient			20391		7588.83	Wellcare		Medicare				475.02	19371.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LAPAROSCOPY	49320	CPT	outpatient			20391		7588.83	Wellcare		Medicaid		31.55		475.02	19371.45	percent of total billed charges	
LAPAROSCOPY	49320	CPT	outpatient			20391		7588.83	WellPoint		WellPoint		32.18		475.02	19371.45	percent of total billed charges	
INJ PERITONEAL CAVITY	49400	CPT	outpatient			1201			Aetna		Medicare		30.8		71.15	1782	percent of total billed charges	
INJ PERITONEAL CAVITY	49400	CPT	outpatient			1201			Aetna		Better Health		31.55		71.15	1782	percent of total billed charges	
INJ PERITONEAL CAVITY	49400	CPT	outpatient			1201			Aetna		Commercial		38		71.15	1782	percent of total billed charges	
INJ PERITONEAL CAVITY	49400	CPT	outpatient			1201			Americare		Americare		75		71.15	1782	percent of total billed charges	
INJ PERITONEAL CAVITY	49400	CPT	outpatient			1201			Amerihealth		HMO/PPO		65		71.15	1782	percent of total billed charges	
INJ PERITONEAL CAVITY	49400	CPT	outpatient			1201			Consumer		Consumer		95		71.15	1782	percent of total billed charges	
INJ PERITONEAL CAVITY	49400	CPT	outpatient			1201			Corrections		Corrections		80		71.15	1782	percent of total billed charges	
INJ PERITONEAL CAVITY	49400	CPT	outpatient			1201			First Health		First Health		70		71.15	1782	percent of total billed charges	
INJ PERITONEAL CAVITY	49400	CPT	outpatient			1201			First Trenton		First Trenton		90		71.15	1782	percent of total billed charges	
INJ PERITONEAL CAVITY	49400	CPT	outpatient			1201			Horizon		NJ Health				71.15	1782	fee schedule	
INJ PERITONEAL CAVITY	49400	CPT	outpatient			1201			Horizon		MGD		38.28		71.15	1782	percent of total billed charges	
INJ PERITONEAL CAVITY	49400	CPT	outpatient			1201			Horizon		Medicare Blue		30		71.15	1782	percent of total billed charges	
INJ PERITONEAL CAVITY	49400	CPT	outpatient			1201			Horizon		Indemnity		38.28		71.15	1782	percent of total billed charges	
INJ PERITONEAL CAVITY	49400	CPT	outpatient			1201			Horizon		PPO		38.28		71.15	1782	percent of total billed charges	
INJ PERITONEAL CAVITY	49400	CPT	outpatient			1201			Managed Care Inc		Managed Care Inc		90		71.15	1782	percent of total billed charges	
INJ PERITONEAL CAVITY	49400	CPT	outpatient			1201			Multiplan		Multiplan		80		71.15	1782	percent of total billed charges	
INJ PERITONEAL CAVITY	49400	CPT	outpatient			1201			Qualcare		Qualcare		75		71.15	1782	percent of total billed charges	
INJ PERITONEAL CAVITY	49400	CPT	outpatient			1201			Three Rivers		Three Rivers		95		71.15	1782	percent of total billed charges	
INJ PERITONEAL CAVITY	49400	CPT	outpatient			1201			UHC		Medicaid		31.55		71.15	1782	percent of total billed charges	
INJ PERITONEAL CAVITY	49400	CPT	outpatient			1201			United		CommercialPPO				71.15	1782	case rate	
INJ PERITONEAL CAVITY	49400	CPT	outpatient			1201			United		Oxford				71.15	1782	case rate	
INJ PERITONEAL CAVITY	49400	CPT	outpatient			1201			Wellcare		Medicaid		31.55		71.15	1782	percent of total billed charges	
INJ PERITONEAL CAVITY	49400	CPT	outpatient			1201			WellPoint		WellPoint		32.18		71.15	1782	percent of total billed charges	
ULTRASOUND DRAIN ABD ORGANS	49405	CPT	both			5852		2132.36	Aetna		Commercial				181.59	5559.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULTRASOUND DRAIN ABD ORGANS	49405	CPT	both			5852		2132.36	Aetna		Medicare				181.59	5559.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULTRASOUND DRAIN ABD ORGANS	49405	CPT	both			5852		2132.36	Aetna		Better Health		31.55		181.59	5559.4	percent of total billed charges	
ULTRASOUND DRAIN ABD ORGANS	49405	CPT	both			5852		2132.36	Americare		Americare		75		181.59	5559.4	percent of total billed charges	
ULTRASOUND DRAIN ABD ORGANS	49405	CPT	both			5852		2132.36	Amerihealth		HMO/PPO		65		181.59	5559.4	percent of total billed charges	
ULTRASOUND DRAIN ABD ORGANS	49405	CPT	both			5852		2132.36	Amerihealth		Medicare				181.59	5559.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULTRASOUND DRAIN ABD ORGANS	49405	CPT	both			5852		2132.36	Consumer		Consumer		95		181.59	5559.4	percent of total billed charges	
ULTRASOUND DRAIN ABD ORGANS	49405	CPT	both			5852		2132.36	Corrections		Corrections		80		181.59	5559.4	percent of total billed charges	
ULTRASOUND DRAIN ABD ORGANS	49405	CPT	both			5852		2132.36	First Health		First Health		70		181.59	5559.4	percent of total billed charges	
ULTRASOUND DRAIN ABD ORGANS	49405	CPT	both			5852		2132.36	First Trenton		First Trenton		90		181.59	5559.4	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ULTRASOUND DRAIN ABD ORGANS	49405	CPT	both			5852		2132.36 Horizon	MGD		3450.72				181.59	5559.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULTRASOUND DRAIN ABD ORGANS	49405	CPT	both			5852		2132.36 Horizon	Medicare Blue		1854.23				181.59	5559.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULTRASOUND DRAIN ABD ORGANS	49405	CPT	both			5852		2132.36 Horizon	Indemnity		3450.72				181.59	5559.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULTRASOUND DRAIN ABD ORGANS	49405	CPT	both			5852		2132.36 Horizon	NJ Health		181.59				181.59	5559.4	fee schedule	
ULTRASOUND DRAIN ABD ORGANS	49405	CPT	both			5852		2132.36 Horizon	PPO		3450.72				181.59	5559.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULTRASOUND DRAIN ABD ORGANS	49405	CPT	both			5852		2132.36 Managed Care Inc	Managed Care Inc		5266.8	90			181.59	5559.4	percent of total billed charges	
ULTRASOUND DRAIN ABD ORGANS	49405	CPT	both			5852		2132.36 Multiplan	Multiplan		4681.6	80			181.59	5559.4	percent of total billed charges	
ULTRASOUND DRAIN ABD ORGANS	49405	CPT	both			5852		2132.36 Qualcare	Qualcare		4389	75			181.59	5559.4	percent of total billed charges	
ULTRASOUND DRAIN ABD ORGANS	49405	CPT	both			5852		2132.36 Three Rivers	Three Rivers		5559.4	95			181.59	5559.4	percent of total billed charges	
ULTRASOUND DRAIN ABD ORGANS	49405	CPT	both			5852		2132.36 UHC	Medicaid		1846.31	31.55			181.59	5559.4	percent of total billed charges	
ULTRASOUND DRAIN ABD ORGANS	49405	CPT	both			5852		2132.36 UHC	Medicare		1854.23				181.59	5559.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULTRASOUND DRAIN ABD ORGANS	49405	CPT	both			5852		2132.36 United	Oxford		2493				181.59	5559.4	case rate	
ULTRASOUND DRAIN ABD ORGANS	49405	CPT	both			5852		2132.36 United	Commercial|PPO		2493				181.59	5559.4	case rate	
ULTRASOUND DRAIN ABD ORGANS	49405	CPT	both			5852		2132.36 Wellcare	Medicaid		1846.31	31.55			181.59	5559.4	percent of total billed charges	
ULTRASOUND DRAIN ABD ORGANS	49405	CPT	both			5852		2132.36 Wellcare	Medicare		1854.23				181.59	5559.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULTRASOUND DRAIN ABD ORGANS	49405	CPT	both			5852		2132.36 WellPoint	WellPoint		1883.17	32.18			181.59	5559.4	percent of total billed charges	
ULTRASOUND DRAIN PERITONEAL	49406	CPT	both			5852		2132.36 Aetna	Better Health		1846.31	31.55			181.91	5559.4	percent of total billed charges	
ULTRASOUND DRAIN PERITONEAL	49406	CPT	both			5852		2132.36 Aetna	Commercial		2951.93				181.91	5559.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULTRASOUND DRAIN PERITONEAL	49406	CPT	both			5852		2132.36 Aetna	Medicare		1854.23				181.91	5559.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULTRASOUND DRAIN PERITONEAL	49406	CPT	both			5852		2132.36 Americare	Americare		4389	75			181.91	5559.4	percent of total billed charges	
ULTRASOUND DRAIN PERITONEAL	49406	CPT	both			5852		2132.36 Amerihealth	Medicare		1854.23				181.91	5559.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULTRASOUND DRAIN PERITONEAL	49406	CPT	both			5852		2132.36 Amerihealth	HMO|PPO		3803.8	65			181.91	5559.4	percent of total billed charges	
ULTRASOUND DRAIN PERITONEAL	49406	CPT	both			5852		2132.36 Consumer	Consumer		5559.4	95			181.91	5559.4	percent of total billed charges	
ULTRASOUND DRAIN PERITONEAL	49406	CPT	both			5852		2132.36 Corrections	Corrections		4681.6	80			181.91	5559.4	percent of total billed charges	
ULTRASOUND DRAIN PERITONEAL	49406	CPT	both			5852		2132.36 First Health	First Health		4096.4	70			181.91	5559.4	percent of total billed charges	
ULTRASOUND DRAIN PERITONEAL	49406	CPT	both			5852		2132.36 First Trenton	First Trenton		5266.8	90			181.91	5559.4	percent of total billed charges	
ULTRASOUND DRAIN PERITONEAL	49406	CPT	both			5852		2132.36 Horizon	MGD		3450.72				181.91	5559.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULTRASOUND DRAIN PERITONEAL	49406	CPT	both			5852		2132.36 Horizon	Indemnity		3450.72				181.91	5559.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULTRASOUND DRAIN PERITONEAL	49406	CPT	both			5852		2132.36 Horizon	NJ Health		181.91				181.91	5559.4	fee schedule	
ULTRASOUND DRAIN PERITONEAL	49406	CPT	both			5852		2132.36 Horizon	Medicare Blue		1854.23				181.91	5559.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULTRASOUND DRAIN PERITONEAL	49406	CPT	both			5852		2132.36 Horizon	PPO		3450.72				181.91	5559.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULTRASOUND DRAIN PERITONEAL	49406	CPT	both			5852		2132.36 Managed Care Inc	Managed Care Inc		5266.8	90			181.91	5559.4	percent of total billed charges	
ULTRASOUND DRAIN PERITONEAL	49406	CPT	both			5852		2132.36 Multiplan	Multiplan		4681.6	80			181.91	5559.4	percent of total billed charges	
ULTRASOUND DRAIN PERITONEAL	49406	CPT	both			5852		2132.36 Qualcare	Qualcare		4389	75			181.91	5559.4	percent of total billed charges	
ULTRASOUND DRAIN PERITONEAL	49406	CPT	both			5852		2132.36 Three Rivers	Three Rivers		5559.4	95			181.91	5559.4	percent of total billed charges	
ULTRASOUND DRAIN PERITONEAL	49406	CPT	both			5852		2132.36 UHC	Medicaid		1846.31	31.55			181.91	5559.4	percent of total billed charges	
ULTRASOUND DRAIN PERITONEAL	49406	CPT	both			5852		2132.36 UHC	Medicare		1854.23				181.91	5559.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULTRASOUND DRAIN PERITONEAL	49406	CPT	both			5852		2132.36 United	Commercial|PPO		2493				181.91	5559.4	case rate	
ULTRASOUND DRAIN PERITONEAL	49406	CPT	both			5852		2132.36 United	Oxford		2493				181.91	5559.4	case rate	
ULTRASOUND DRAIN PERITONEAL	49406	CPT	both			5852		2132.36 Wellcare	Medicaid		1846.31	31.55			181.91	5559.4	percent of total billed charges	
ULTRASOUND DRAIN PERITONEAL	49406	CPT	both			5852		2132.36 Wellcare	Medicare		1854.23				181.91	5559.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULTRASOUND DRAIN PERITONEAL	49406	CPT	both			5852		2132.36 WellPoint	WellPoint		1883.17	32.18			181.91	5559.4	percent of total billed charges	
ULTRASOUND DRAIN OVARIAN VAG. APPROACH	49407	CPT	both			5628		2132.36 Aetna	Commercial		2951.93				193.79	5346.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULTRASOUND DRAIN OVARIAN VAG. APPROACH	49407	CPT	both			5628		2132.36 Aetna	Medicare		1733.42	30.8			193.79	5346.6	percent of total billed charges	
ULTRASOUND DRAIN OVARIAN VAG. APPROACH	49407	CPT	both			5628		2132.36 Aetna	Better Health		1775.63	31.55			193.79	5346.6	percent of total billed charges	
ULTRASOUND DRAIN OVARIAN VAG. APPROACH	49407	CPT	both			5628		2132.36 Americare	Americare		4221	75			193.79	5346.6	percent of total billed charges	
ULTRASOUND DRAIN OVARIAN VAG. APPROACH	49407	CPT	both			5628		2132.36 Amerihealth	HMO|PPO		3658.2	65			193.79	5346.6	percent of total billed charges	
ULTRASOUND DRAIN OVARIAN VAG. APPROACH	49407	CPT	both			5628		2132.36 Amerihealth	Medicare		1854.23				193.79	5346.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULTRASOUND DRAIN OVARIAN VAG. APPROACH	49407	CPT	both			5628		2132.36 Consumer	Consumer		5346.6	95			193.79	5346.6	percent of total billed charges	
ULTRASOUND DRAIN OVARIAN VAG. APPROACH	49407	CPT	both			5628		2132.36 Corrections	Corrections		4502.4	80			193.79	5346.6	percent of total billed charges	
ULTRASOUND DRAIN OVARIAN VAG. APPROACH	49407	CPT	both			5628		2132.36 First Health	First Health		3939.6	70			193.79	5346.6	percent of total billed charges	
ULTRASOUND DRAIN OVARIAN VAG. APPROACH	49407	CPT	both			5628		2132.36 First Trenton	First Trenton		5065.2	90			193.79	5346.6	percent of total billed charges	
ULTRASOUND DRAIN OVARIAN VAG. APPROACH	49407	CPT	both			5628		2132.36 Horizon	PPO		3450.72				193.79	5346.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULTRASOUND DRAIN OVARIAN VAG. APPROACH	49407	CPT	both			5628		2132.36 Horizon	Medicare Blue		1854.23				193.79	5346.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULTRASOUND DRAIN OVARIAN VAG. APPROACH	49407	CPT	both			5628		2132.36 Horizon	Indemnity		3450.72				193.79	5346.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULTRASOUND DRAIN OVARIAN VAG. APPROACH	49407	CPT	both			5628		2132.36 Horizon	MGD		3450.72				193.79	5346.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULTRASOUND DRAIN OVARIAN VAG. APPROACH	49407	CPT	both			5628		2132.36 Horizon	NJ Health		193.79				193.79	5346.6	fee schedule	
ULTRASOUND DRAIN OVARIAN VAG. APPROACH	49407	CPT	both			5628		2132.36 Managed Care Inc	Managed Care Inc		5065.2	90			193.79	5346.6	percent of total billed charges	
ULTRASOUND DRAIN OVARIAN VAG. APPROACH	49407	CPT	both			5628		2132.36 Multiplan	Multiplan		4502.4	80			193.79	5346.6	percent of total billed charges	
ULTRASOUND DRAIN OVARIAN VAG. APPROACH	49407	CPT	both			5628		2132.36 Qualcare	Qualcare		4221	75			193.79	5346.6	percent of total billed charges	
ULTRASOUND DRAIN OVARIAN VAG. APPROACH	49407	CPT	both			5628		2132.36 Three Rivers	Three Rivers		5346.6	95			193.79	5346.6	percent of total billed charges	
ULTRASOUND DRAIN OVARIAN VAG. APPROACH	49407	CPT	both			5628		2132.36 UHC	Medicaid		1775.63	31.55			193.79	5346.6	percent of total billed charges	
ULTRASOUND DRAIN OVARIAN VAG. APPROACH	49407	CPT	both			5628		2132.36 UHC	Medicare		1854.23				193.79	5346.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULTRASOUND DRAIN OVARIAN VAG. APPROACH	49407	CPT	both			5628		2132.36 United	Commercial|PPO		2493				193.79	5346.6	case rate	
ULTRASOUND DRAIN OVARIAN VAG. APPROACH	49407	CPT	both			5628		2132.36 United	Oxford		2493				193.79	5346.6	case rate	
ULTRASOUND DRAIN OVARIAN VAG. APPROACH	49407	CPT	both			5628		2132.36 Wellcare	Medicare		1854.23				193.79	5346.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULTRASOUND DRAIN OVARIAN VAG. APPROACH	49407	CPT	both			5628		2132.36 Wellcare	Medicaid		1775.63	31.55			193.79	5346.6	percent of total billed charges	
ULTRASOUND DRAIN OVARIAN VAG. APPROACH	49407	CPT	both			5628		2132.36 WellPoint	WellPoint		1811.09	32.18			193.79	5346.6	percent of total billed charges	
INSRT TNLD INTRAP CATH W/RS&I	49418	CPT	both			11279		4550.24 Aetna	Medicare		3956.73				1769.06	10715.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT TNLD INTRAP CATH W/RS&I	49418	CPT	both			11279		4550.24 Aetna	Better Health		3558.52	31.55			1769.06	10715.05	percent of total billed charges	
INSRT TNLD INTRAP CATH W/RS&I	49418	CPT	both			11279		4550.24 Aetna	Commercial		6299.11				1769.06	10715.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT TNLD INTRAP CATH W/RS&I	49418	CPT	both			11279		4550.24 Americare	Americare		8459.25	75			1769.06	10715.05	percent of total billed charges	
INSRT TNLD INTRAP CATH W/RS&I	49418	CPT	both			11279		4550.24 Amerihealth	Medicare		3956.73				1769.06	10715.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT TNLD INTRAP CATH W/RS&I	49418	CPT	both			11279		4550.24 Amerihealth	HMO|PPO		7331.35	65			1769.06	10715.05	percent of total billed charges	
INSRT TNLD INTRAP CATH W/RS&I	49418	CPT	both			11279		4550.24 Consumer	Consumer		10715.05	95			1769.06	10715.05	percent of total billed charges	
INSRT TNLD INTRAP CATH W/RS&I	49418	CPT	both			11279		4550.24 Corrections	Corrections		9023.2	80			1769.06	10715.05	percent of total billed charges	
INSRT TNLD INTRAP CATH W/RS&I	49418	CPT	both			11279		4550.24 First Health	First Health		7895.3	70			1769.06	10715.05	percent of total billed charges	
INSRT TNLD INTRAP CATH W/RS&I	49418	CPT	both			11279		4550.24 First Trenton	First Trenton		10151.1	90			1769.06	10715.05	percent of total billed charges	
INSRT TNLD INTRAP CATH W/RS&I	49418	CPT	both			11279		4550.24 Horizon	NJ Health		1769.06				1769.06	10715.05	fee schedule	
INSRT TNLD INTRAP CATH W/RS&I	49418	CPT	both			11279		4550.24 Horizon	Indemnity		7363.47				1769.06	10715.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT TNLD INTRAP CATH W/RS&I	49418	CPT	both			11279		4550.24 Horizon	Medicare Blue		3956.73				1769.06	10715.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT TNLD INTRAP CATH W/RS&I	49418	CPT	both			11279		4550.24 Horizon	MGD		7363.47				1769.06	10715.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT TNLD INTRAP CATH W/RS&I	49418	CPT	both			11279		4550.24 Horizon	PPO		7363.47				1769.06	10715.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT TNLD INTRAP CATH W/RS&I	49418	CPT	both			11279		4550.24 Managed Care Inc	Managed Care Inc		10151.1	90			1769.06	10715.05	percent of total billed charges	
INSRT TNLD INTRAP CATH W/RS&I	49418	CPT	both			11279		4550.24 Multiplan	Multiplan		9023.2	80			1769.06	10715.05	percent of total billed charges	
INSRT TNLD INTRAP CATH W/RS&I	49418	CPT	both			11279		4550.24 Qualcare	Qualcare		8459.25	75			1769.06	10715.05	percent of total billed charges	
INSRT TNLD INTRAP CATH W/RS&I	49418	CPT	both			11279		4550.24 Three Rivers	Three Rivers		10715.05	95			1769.06	10715.05	percent of total billed charges	
INSRT TNLD INTRAP CATH W/RS&I	49418	CPT	both			11279		4550.24 UHC	Medicare		3956.73				1769.06	10715.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT TNLD INTRAP CATH W/RS&I	49418	CPT	both			11279		4550.24 UHC	Medicaid		3558.52	31.55			1769.06	10715.05	percent of total billed charges	
INSRT TNLD INTRAP CATH W/RS&I	49418	CPT	both			11279		4550.24 United	Oxford		3492				1769.06	10715.05	case rate	
INSRT TNLD INTRAP CATH W/RS&I	49418	CPT	both			11279		4550.24 United	Commercial|PPO		3492				1769.06	10715.05	case rate	
INSRT TNLD INTRAP CATH W/RS&I	49418	CPT	both			11279		4550.24 Wellcare	Medicare		3956.73				1769.06	10715.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT TNLD INTRAP CATH W/RS&I	49418	CPT	both			11279		4550.24 Wellcare	Medicaid		3558.52	31.55			1769.06	10715.05	percent of total billed charges	
INSRT TNLD INTRAP CATH W/RS&I	49418	CPT	both			11279		4550.24 WellPoint	WellPoint		3629.58	32.18			1769.06	10715.05	percent of total billed charges	
INSERT INTRAPERITONEAL CANN/CATH W/SUB	49419	CPT	outpatient			29842		7227.61 Aetna	Medicare		6284.88				589.86	28349.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERT INTRAPERITONEAL CANN/CATH W/SUB	49419	CPT	outpatient			29842		7227.61 Aetna	Better Health		9415.15	31.55			589.86	28349.9	percent of total billed charges	
INSERT INTRAPERITONEAL CANN/CATH W/SUB	49419	CPT	outpatient			29842		7227.61 Aetna	Commercial		10005.53				589.86	28349.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERT INTRAPERITONEAL CANN/CATH W/SUB	49419	CPT	outpatient			29842		7227.61 Americare	Americare		22381.5	75			589.86	28349.9	percent of total billed charges	
INSERT INTRAPERITONEAL CANN/CATH W/SUB	49419	CPT	outpatient			29842		7227.61 Amerihealth	HMO|PPO		19397.3	65			589.86	28349.9	percent of total billed charges	
INSERT INTRAPERITONEAL CANN/CATH W/SUB	49419	CPT	outpatient			29842		7227.61 Amerihealth	Medicare		6284.88				589.86	28349.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERT INTRAPERITONEAL CANN/CATH W/SUB	49419	CPT	outpatient			29842		7227.61 Consumer	Consumer		28349.9	95			589.86	28349.9	percent of total billed charges	
INSERT INTRAPERITONEAL CANN/CATH W/SUB	49419	CPT	outpatient			29842		7227.61 Corrections	Corrections		23873.6	80			589.86	28349.9	percent of total billed charges	
INSERT INTRAPERITONEAL CANN/CATH W/SUB	49419	CPT	outpatient			29842		7227.61 First Health	First Health		20889.4	70			589.86	28349.9	percent of total billed charges	
INSERT INTRAPERITONEAL CANN/CATH W/SUB	49419	CPT	outpatient			29842		7227.61 First Trenton	First Trenton		26857.8	90			589.86	28349.9	percent of total billed charges	
INSERT INTRAPERITONEAL CANN/CATH W/SUB	49419	CPT	outpatient			29842		7227.61 Horizon	PPO		11696.16				589.86	28349.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERT INTRAPERITONEAL CANN/CATH W/SUB	49419	CPT	outpatient			29842		7227.61 Horizon	MGD		11696.16				589.86	28349.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERT INTRAPERITONEAL CANN/CATH W/SUB	49419	CPT	outpatient			29842		7227.61 Horizon	Indemnity		11696.16				589.86	28349.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERT INTRAPERITONEAL CANN/CATH W/SUB	49419	CPT	outpatient			29842		7227.61 Horizon	Medicare Blue		6284.88				589.86	28349.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERT INTRAPERITONEAL CANN/CATH W/SUB	49419	CPT	outpatient			29842		7227.61 Horizon	NJ Health		589.86				589.86	28349.9	fee schedule	
INSERT INTRAPERITONEAL CANN/CATH W/SUB	49419	CPT	outpatient			29842		7227.61 Managed Care Inc	Managed Care Inc		26857.8	90			589.86	28349.9	percent of total billed charges	
INSERT INTRAPERITONEAL CANN/CATH W/SUB	49419	CPT	outpatient			29842		7227.61 Multiplan	Multiplan		23873.6	80			589.86	28349.9	percent of total billed charges	
INSERT INTRAPERITONEAL CANN/CATH W/SUB	49419	CPT	outpatient			29842		7227.61 Qualcare	Qualcare		22381.5	75			589.86	28349.9	percent of total billed charges	
INSERT INTRAPERITONEAL CANN/CATH W/SUB	49419	CPT	outpatient			29842		7227.61 Three Rivers	Three Rivers		28349.9	95			589.86	28349.9	percent of total billed charges	
INSERT INTRAPERITONEAL CANN/CATH W/SUB	49419	CPT	outpatient			29842		7227.61 UHC	Medicaid		9415.15	31.55			589.86	28349.9	percent of total billed charges	
INSERT INTRAPERITONEAL CANN/CATH W/SUB	49419	CPT	outpatient			29842		7227.61 UHC	Medicare		6284.88				589.86	28349.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERT INTRAPERITONEAL CANN/CATH W/SUB	49419	CPT	outpatient			29842		7227.61 United	Commercial|PPO		4702				589.86	28349.9	case rate	
INSERT INTRAPERITONEAL CANN/CATH W/SUB	49419	CPT	outpatient			29842		7227.61 United	Oxford		4702				589.86	28349.9	case rate	
INSERT INTRAPERITONEAL CANN/CATH W/SUB	49419	CPT	outpatient			29842		7227.61 Wellcare	Medicare		6284.88				589.86	28349.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERT INTRAPERITONEAL CANN/CATH W/SUB	49419	CPT	outpatient			29842		7227.61 Wellcare	Medicaid		9415.15	31.55			589.86	28349.9	percent of total billed charges	
INSERT INTRAPERITONEAL CANN/CATH W/SUB	49419	CPT	outpatient			29842		7227.61 WellPoint	WellPoint		9603.16	32.18			589.86	28349.9	percent of total billed charges	
INS,INTRAPERITONEAL CANN/CATH,DRAIN/DIA	49421	CPT	both			10686		4550.24 Aetna	Commercial		6299.11				356.72	10151.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INS,INTRAPERITONEAL CANN/CATH,DRAIN/DIA	49421	CPT	both			10686		4550.24 Aetna	Medicare		3956.73				356.72	10151.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INS,INTRAPERITONEAL CANN/CATH,DRAIN/DIA	49421	CPT	both			10686		4550.24 Aetna	Better Health		3371.43	31.55			356.72	10151.7	percent of total billed charges	
INS,INTRAPERITONEAL CANN/CATH,DRAIN/DIA	49421	CPT	both			10686		4550.24 Americare	Americare		8014.5	75			356.72	10151.7	percent of total billed charges	
INS,INTRAPERITONEAL CANN/CATH,DRAIN/DIA	49421	CPT	both			10686		4550.24 Amerihealth	HMO|PPO		6945.9	65			356.72	10151.7	percent of total billed charges	
INS,INTRAPERITONEAL CANN/CATH,DRAIN/DIA	49421	CPT	both			10686		4550.24 Amerihealth	Medicare		3956.73				356.72	10151.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INS,INTRAPERITONEAL CANN/CATH,DRAIN/DIA	49421	CPT	both			10686		4550.24 Consumer	Consumer		10151.7	95			356.72	10151.7	percent of total billed charges	
INS,INTRAPERITONEAL CANN/CATH,DRAIN/DIA	49421	CPT	both			10686		4550.24 Corrections	Corrections		8548.8	80			356.72	10151.7	percent of total billed charges	
INS,INTRAPERITONEAL CANN/CATH,DRAIN/DIA	49421	CPT	both			10686		4550.24 First Health	First Health		7480.2	70			356.72	10151.7	percent of total billed charges	
INS,INTRAPERITONEAL CANN/CATH,DRAIN/DIA	49421	CPT	both			10686		4550.24 First Trenton	First Trenton		9617.4	90			356.72	10151.7	percent of total billed charges	
INS,INTRAPERITONEAL CANN/CATH,DRAIN/DIA	49421	CPT	both			10686		4550.24 Horizon	Medicare Blue		3956.73				356.72	10151.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INS,INTRAPERITONEAL CANN/CATH,DRAIN/DIA	49421	CPT	both			10686		4550.24 Horizon	MGD		7363.47				356.72	10151.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INS,INTRAPERITONEAL CANN/CATH,DRAIN/DIA	49421	CPT	both			10686		4550.24 Horizon	Indemnity		7363.47				356.72	10151.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INS,INTRAPERITONEAL CANN/CATH,DRAIN/DIA	49421	CPT	both			10686		4550.24 Horizon	NJ Health		356.72				356.72	10151.7	fee schedule	
INS,INTRAPERITONEAL CANN/CATH,DRAIN/DIA	49421	CPT	both			10686		4550.24 Horizon	PPO		7363.47				356.72	10151.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INS,INTRAPERITONEAL CANN/CATH,DRAIN/DIA	49421	CPT	both			10686		4550.24 Managed Care Inc	Managed Care Inc		9617.4	90			356.72	10151.7	percent of total billed charges	
INS,INTRAPERITONEAL CANN/CATH,DRAIN/DIA	49421	CPT	both			10686		4550.24 Multiplan	Multiplan		8548.8	80			356.72	10151.7	percent of total billed charges	
INS,INTRAPERITONEAL CANN/CATH,DRAIN/DIA	49421	CPT	both			10686		4550.24 Qualcare	Qualcare		8014.5	75			356.72	10151.7	percent of total billed charges	
INS,INTRAPERITONEAL CANN/CATH,DRAIN/DIA	49421	CPT	both			10686		4550.24 Three Rivers	Three Rivers		10151.7	95			356.72	10151.7	percent of total billed charges	
INS,INTRAPERITONEAL CANN/CATH,DRAIN/DIA	49421	CPT	both			10686		4550.24 UHC	Medicaid		3371.43	31.55			356.72	10151.7	percent of total billed charges	
INS,INTRAPERITONEAL CANN/CATH,DRAIN/DIA	49421	CPT	both			10686		4550.24 UHC	Medicare		3956.73				356.72	10151.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INS,INTRAPERITONEAL CANN/CATH,DRAIN/DIA	49421	CPT	both			10686		4550.24 United	Commercial|PPO		3492				356.72	10151.7	case rate	
INS,INTRAPERITONEAL CANN/CATH,DRAIN/DIA	49421	CPT	both			10686		4550.24 United	Oxford		3492				356.72	10151.7	case rate	
INS,INTRAPERITONEAL CANN/CATH,DRAIN/DIA	49421	CPT	both			10686		4550.24 Wellcare	Medicare		3956.73				356.72	10151.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INS,INTRAPERITONEAL CANN/CATH,DRAIN/DIA	49421	CPT	both			10686		4550.24 Wellcare	Medicaid		3371.43	31.55			356.72	10151.7	percent of total billed charges	
INS,INTRAPERITONEAL CANN/CATH,DRAIN/DIA	49421	CPT	both			10686		4550.24 WellPoint	WellPoint		3438.75	32.18			356.72	10151.7	percent of total billed charges	
REM,PERMANENT INTRAPERITONEAL CANN/CAT

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
REM,PERMANENT INTRAPERITONEAL CANN/CATH	49422	CPT	both			7065		4192.26 Aetna	Medicare		3645.44				633.08	6784.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM,PERMANENT INTRAPERITONEAL CANN/CATH	49422	CPT	both			7065		4192.26 Americare	Americare		5298.75	75			633.08	6784.16	percent of total billed charges	
REM,PERMANENT INTRAPERITONEAL CANN/CATH	49422	CPT	both			7065		4192.26 Amerihealth	HMO/PPO		4592.25	65			633.08	6784.16	percent of total billed charges	
REM,PERMANENT INTRAPERITONEAL CANN/CATH	49422	CPT	both			7065		4192.26 Amerihealth	Medicare		3645.44				633.08	6784.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM,PERMANENT INTRAPERITONEAL CANN/CATH	49422	CPT	both			7065		4192.26 Consumer	Consumer		6711.75	95			633.08	6784.16	percent of total billed charges	
REM,PERMANENT INTRAPERITONEAL CANN/CATH	49422	CPT	both			7065		4192.26 Corrections	Corrections		5652	80			633.08	6784.16	percent of total billed charges	
REM,PERMANENT INTRAPERITONEAL CANN/CATH	49422	CPT	both			7065		4192.26 First Health	First Health		4945.5	70			633.08	6784.16	percent of total billed charges	
REM,PERMANENT INTRAPERITONEAL CANN/CATH	49422	CPT	both			7065		4192.26 First Trenton	First Trenton		6358.5	90			633.08	6784.16	percent of total billed charges	
REM,PERMANENT INTRAPERITONEAL CANN/CATH	49422	CPT	both			7065		4192.26 Horizon	MGD		6784.16				633.08	6784.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM,PERMANENT INTRAPERITONEAL CANN/CATH	49422	CPT	both			7065		4192.26 Horizon	Medicare Blue		3645.44				633.08	6784.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM,PERMANENT INTRAPERITONEAL CANN/CATH	49422	CPT	both			7065		4192.26 Horizon	Indemnity		6784.16				633.08	6784.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM,PERMANENT INTRAPERITONEAL CANN/CATH	49422	CPT	both			7065		4192.26 Horizon	NJ Health		633.08				633.08	6784.16	fee schedule	
REM,PERMANENT INTRAPERITONEAL CANN/CATH	49422	CPT	both			7065		4192.26 Horizon	PPO		6784.16				633.08	6784.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM,PERMANENT INTRAPERITONEAL CANN/CATH	49422	CPT	both			7065		4192.26 Managed Care Inc	Managed Care Inc		6358.5	90			633.08	6784.16	percent of total billed charges	
REM,PERMANENT INTRAPERITONEAL CANN/CATH	49422	CPT	both			7065		4192.26 Multiplan	Multiplan		5652	80			633.08	6784.16	percent of total billed charges	
REM,PERMANENT INTRAPERITONEAL CANN/CATH	49422	CPT	both			7065		4192.26 Qualcare	Qualcare		5298.75	75			633.08	6784.16	percent of total billed charges	
REM,PERMANENT INTRAPERITONEAL CANN/CATH	49422	CPT	both			7065		4192.26 Three Rivers	Three Rivers		6711.75	95			633.08	6784.16	percent of total billed charges	
REM,PERMANENT INTRAPERITONEAL CANN/CATH	49422	CPT	both			7065		4192.26 UHC	Medicaid		2229.01	31.55			633.08	6784.16	percent of total billed charges	
REM,PERMANENT INTRAPERITONEAL CANN/CATH	49422	CPT	both			7065		4192.26 UHC	Medicare		3645.44				633.08	6784.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM,PERMANENT INTRAPERITONEAL CANN/CATH	49422	CPT	both			7065		4192.26 United	Commercial/PPO		3492				633.08	6784.16	case rate	
REM,PERMANENT INTRAPERITONEAL CANN/CATH	49422	CPT	both			7065		4192.26 United	Oxford		3492				633.08	6784.16	case rate	
REM,PERMANENT INTRAPERITONEAL CANN/CATH	49422	CPT	both			7065		4192.26 Wellcare	Medicaid		2229.01	31.55			633.08	6784.16	percent of total billed charges	
REM,PERMANENT INTRAPERITONEAL CANN/CATH	49422	CPT	both			7065		4192.26 Wellcare	Medicare		3645.44				633.08	6784.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM,PERMANENT INTRAPERITONEAL CANN/CATH	49422	CPT	both			7065		4192.26 WellPoint	WellPoint		2273.52	32.18			633.08	6784.16	percent of total billed charges	
EXCHING DRAINAGE CATH	49423	CPT	both			6256		2502.63 Aetna	Medicare		2176.2				1060.71	5943.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCHING DRAINAGE CATH	49423	CPT	both			6256		2502.63 Aetna	Better Health		1973.77	31.55			1060.71	5943.2	percent of total billed charges	
EXCHING DRAINAGE CATH	49423	CPT	both			6256		2502.63 Aetna	Commercial		3464.51				1060.71	5943.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCHING DRAINAGE CATH	49423	CPT	both			6256		2502.63 Americare	Americare		4692	75			1060.71	5943.2	percent of total billed charges	
EXCHING DRAINAGE CATH	49423	CPT	both			6256		2502.63 Amerihealth	Medicare		2176.2				1060.71	5943.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCHING DRAINAGE CATH	49423	CPT	both			6256		2502.63 Amerihealth	HMO/PPO		4066.4	65			1060.71	5943.2	percent of total billed charges	
EXCHING DRAINAGE CATH	49423	CPT	both			6256		2502.63 Consumer	Consumer		5943.2	95			1060.71	5943.2	percent of total billed charges	
EXCHING DRAINAGE CATH	49423	CPT	both			6256		2502.63 Corrections	Corrections		5004.8	80			1060.71	5943.2	percent of total billed charges	
EXCHING DRAINAGE CATH	49423	CPT	both			6256		2502.63 First Health	First Health		4379.2	70			1060.71	5943.2	percent of total billed charges	
EXCHING DRAINAGE CATH	49423	CPT	both			6256		2502.63 First Trenton	First Trenton		5630.4	90			1060.71	5943.2	percent of total billed charges	
EXCHING DRAINAGE CATH	49423	CPT	both			6256		2502.63 Horizon	PPO		4049.91				1060.71	5943.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCHING DRAINAGE CATH	49423	CPT	both			6256		2502.63 Horizon	MGD		4049.91				1060.71	5943.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCHING DRAINAGE CATH	49423	CPT	both			6256		2502.63 Horizon	Indemnity		4049.91				1060.71	5943.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCHING DRAINAGE CATH	49423	CPT	both			6256		2502.63 Horizon	Medicare Blue		2176.2				1060.71	5943.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCHING DRAINAGE CATH	49423	CPT	both			6256		2502.63 Managed Care Inc	Managed Care Inc		5630.4	90			1060.71	5943.2	percent of total billed charges	
EXCHING DRAINAGE CATH	49423	CPT	both			6256		2502.63 Multiplan	Multiplan		5004.8	80			1060.71	5943.2	percent of total billed charges	
EXCHING DRAINAGE CATH	49423	CPT	both			6256		2502.63 Qualcare	Qualcare		4692	75			1060.71	5943.2	percent of total billed charges	
EXCHING DRAINAGE CATH	49423	CPT	both			6256		2502.63 Three Rivers	Three Rivers		5943.2	95			1060.71	5943.2	percent of total billed charges	
EXCHING DRAINAGE CATH	49423	CPT	both			6256		2502.63 UHC	Medicare		2176.2				1060.71	5943.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCHING DRAINAGE CATH	49423	CPT	both			6256		2502.63 UHC	Medicaid		1973.77	31.55			1060.71	5943.2	percent of total billed charges	
EXCHING DRAINAGE CATH	49423	CPT	both			6256		2502.63 United	Commercial/PPO		2493				1060.71	5943.2	case rate	
EXCHING DRAINAGE CATH	49423	CPT	both			6256		2502.63 United	Oxford		2493				1060.71	5943.2	case rate	
EXCHING DRAINAGE CATH	49423	CPT	both			6256		2502.63 Wellcare	Medicare		2176.2				1060.71	5943.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCHING DRAINAGE CATH	49423	CPT	both			6256		2502.63 Wellcare	Medicaid		1973.77	31.55			1060.71	5943.2	percent of total billed charges	
EXCHING DRAINAGE CATH	49423	CPT	both			6256		2502.63 WellPoint	WellPoint		2013.18	32.18			1060.71	5943.2	percent of total billed charges	
INJ ABCESS/CYST VIA CATH	49424	CPT	outpatient			1798		Aetna	Better Health		567.27	31.55			80.36	1782	percent of total billed charges	
INJ ABCESS/CYST VIA CATH	49424	CPT	outpatient			1798		Aetna	Medicare		553.78	30.8			80.36	1782	percent of total billed charges	
INJ ABCESS/CYST VIA CATH	49424	CPT	outpatient			1798		Aetna	Commercial		683.24	38			80.36	1782	percent of total billed charges	
INJ ABCESS/CYST VIA CATH	49424	CPT	outpatient			1798		Americare	Americare		1348.5	75			80.36	1782	percent of total billed charges	
INJ ABCESS/CYST VIA CATH	49424	CPT	outpatient			1798		Amerihealth	HMO/PPO		1168.7	65			80.36	1782	percent of total billed charges	
INJ ABCESS/CYST VIA CATH	49424	CPT	outpatient			1798		Consumer	Consumer		1708.1	95			80.36	1782	percent of total billed charges	
INJ ABCESS/CYST VIA CATH	49424	CPT	outpatient			1798		Corrections	Corrections		1438.4	80			80.36	1782	percent of total billed charges	
INJ ABCESS/CYST VIA CATH	49424	CPT	outpatient			1798		First Health	First Health		1258.6	70			80.36	1782	percent of total billed charges	
INJ ABCESS/CYST VIA CATH	49424	CPT	outpatient			1798		First Trenton	First Trenton		1618.2	90			80.36	1782	percent of total billed charges	
INJ ABCESS/CYST VIA CATH	49424	CPT	outpatient			1798		Horizon	Medicare Blue		539.4	30			80.36	1782	percent of total billed charges	
INJ ABCESS/CYST VIA CATH	49424	CPT	outpatient			1798		Horizon	MGD		688.27	38.28			80.36	1782	percent of total billed charges	
INJ ABCESS/CYST VIA CATH	49424	CPT	outpatient			1798		Horizon	Indemnity		688.27	38.28			80.36	1782	percent of total billed charges	
INJ ABCESS/CYST VIA CATH	49424	CPT	outpatient			1798		Horizon	NJ Health		80.36				80.36	1782	fee schedule	
INJ ABCESS/CYST VIA CATH	49424	CPT	outpatient			1798		Horizon	PPO		688.27	38.28			80.36	1782	percent of total billed charges	
INJ ABCESS/CYST VIA CATH	49424	CPT	outpatient			1798		Managed Care Inc	Managed Care Inc		1618.2	90			80.36	1782	percent of total billed charges	
INJ ABCESS/CYST VIA CATH	49424	CPT	outpatient			1798		Multiplan	Multiplan		1438.4	80			80.36	1782	percent of total billed charges	
INJ ABCESS/CYST VIA CATH	49424	CPT	outpatient			1798		Qualcare	Qualcare		1348.5	75			80.36	1782	percent of total billed charges	
INJ ABCESS/CYST VIA CATH	49424	CPT	outpatient			1798		Three Rivers	Three Rivers		1708.1	95			80.36	1782	percent of total billed charges	
INJ ABCESS/CYST VIA CATH	49424	CPT	outpatient			1798		UHC	Medicaid		567.27	31.55			80.36	1782	percent of total billed charges	
INJ ABCESS/CYST VIA CATH	49424	CPT	outpatient			1798		United	Commercial/PPO		1782				80.36	1782	case rate	
INJ ABCESS/CYST VIA CATH	49424	CPT	outpatient			1798		United	Oxford		1782				80.36	1782	case rate	
INJ ABCESS/CYST VIA CATH	49424	CPT	outpatient			1798		Wellcare	Medicaid		567.27	31.55			80.36	1782	percent of total billed charges	
INJ ABCESS/CYST VIA CATH	49424	CPT	outpatient			1798		WellPoint	WellPoint		578.6	32.18			80.36	1782	percent of total billed charges	
INJ FOR EVAL EXIST PER-VENOUS SHUNT	49427	CPT	outpatient			568		Aetna	Medicare		174.94	30.8			98	1782	percent of total billed charges	
INJ FOR EVAL EXIST PER-VENOUS SHUNT	49427	CPT	outpatient			568		Aetna	Better Health		179.2	31.55			98	1782	percent of total billed charges	
INJ FOR EVAL EXIST PER-VENOUS SHUNT	49427	CPT	outpatient			568		Aetna	Commercial		215.84	38			98	1782	percent of total billed charges	
INJ FOR EVAL EXIST PER-VENOUS SHUNT	49427	CPT	outpatient			568		Americare	Americare		426	75			98	1782	percent of total billed charges	
INJ FOR EVAL EXIST PER-VENOUS SHUNT	49427	CPT	outpatient			568		Amerihealth	HMO/PPO		369.2	65			98	1782	percent of total billed charges	
INJ FOR EVAL EXIST PER-VENOUS SHUNT	49427	CPT	outpatient			568		Consumer	Consumer		539.6	95			98	1782	percent of total billed charges	
INJ FOR EVAL EXIST PER-VENOUS SHUNT	49427	CPT	outpatient			568		Corrections	Corrections		454.4	80			98	1782	percent of total billed charges	
INJ FOR EVAL EXIST PER-VENOUS SHUNT	49427	CPT	outpatient			568		First Health	First Health		397.6	70			98	1782	percent of total billed charges	
INJ FOR EVAL EXIST PER-VENOUS SHUNT	49427	CPT	outpatient			568		First Trenton	First Trenton		511.2	90			98	1782	percent of total billed charges	
INJ FOR EVAL EXIST PER-VENOUS SHUNT	49427	CPT	outpatient			568		Horizon	MGD		217.43	38.28			98	1782	percent of total billed charges	
INJ FOR EVAL EXIST PER-VENOUS SHUNT	49427	CPT	outpatient			568		Horizon	NJ Health		98				98	1782	fee schedule	
INJ FOR EVAL EXIST PER-VENOUS SHUNT	49427	CPT	outpatient			568		Horizon	Medicare Blue		170.4	30			98	1782	percent of total billed charges	
INJ FOR EVAL EXIST PER-VENOUS SHUNT	49427	CPT	outpatient			568		Horizon	Indemnity		217.43	38.28			98	1782	percent of total billed charges	
INJ FOR EVAL EXIST PER-VENOUS SHUNT	49427	CPT	outpatient			568		Horizon	PPO		217.43	38.28			98	1782	percent of total billed charges	
INJ FOR EVAL EXIST PER-VENOUS SHUNT	49427	CPT	outpatient			568		Managed Care Inc	Managed Care Inc		511.2	90			98	1782	percent of total billed charges	
INJ FOR EVAL EXIST PER-VENOUS SHUNT	49427	CPT	outpatient			568		Multiplan	Multiplan		454.4	80			98	1782	percent of total billed charges	
INJ FOR EVAL EXIST PER-VENOUS SHUNT	49427	CPT	outpatient			568		Qualcare	Qualcare		426	75			98	1782	percent of total billed charges	
INJ FOR EVAL EXIST PER-VENOUS SHUNT	49427	CPT	outpatient			568		Three Rivers	Three Rivers		539.6	95			98	1782	percent of total billed charges	
INJ FOR EVAL EXIST PER-VENOUS SHUNT	49427	CPT	outpatient			568		UHC	Medicaid		179.2	31.55			98	1782	percent of total billed charges	
INJ FOR EVAL EXIST PER-VENOUS SHUNT	49427	CPT	outpatient			568		United	Commercial/PPO		1782				98	1782	case rate	
INJ FOR EVAL EXIST PER-VENOUS SHUNT	49427	CPT	outpatient			568		United	Oxford		1782				98	1782	case rate	
INJ FOR EVAL EXIST PER-VENOUS SHUNT	49427	CPT	outpatient			568		Wellcare	Medicaid		179.2	31.55			98	1782	percent of total billed charges	
INJ FOR EVAL EXIST PER-VENOUS SHUNT	49427	CPT	outpatient			568		WellPoint	WellPoint		182.78	32.18			98	1782	percent of total billed charges	
PLACE GASTROSTOMY TUBE PERC	49440	CPT	both			6535		2502.63 Aetna	Commercial		3464.51				1356.97	6208.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACE GASTROSTOMY TUBE PERC	49440	CPT	both			6535		2502.63 Aetna	Better Health		2061.79	31.55			1356.97	6208.25	percent of total billed charges	
PLACE GASTROSTOMY TUBE PERC	49440	CPT	both			6535		2502.63 Aetna	Medicare		2176.2				1356.97	6208.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACE GASTROSTOMY TUBE PERC	49440	CPT	both			6535		2502.63 Americare	Americare		4901.25	75			1356.97	6208.25	percent of total billed charges	
PLACE GASTROSTOMY TUBE PERC	49440	CPT	both			6535		2502.63 Amerihealth	HMO/PPO		4247.75	65			1356.97	6208.25	percent of total billed charges	
PLACE GASTROSTOMY TUBE PERC	49440	CPT	both			6535		2502.63 Amerihealth	Medicare		2176.2				1356.97	6208.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACE GASTROSTOMY TUBE PERC	49440	CPT	both			6535		2502.63 Consumer	Consumer		6208.25	95			1356.97	6208.25	percent of total billed charges	
PLACE GASTROSTOMY TUBE PERC	49440	CPT	both			6535		2502.63 Corrections	Corrections		5228	80			1356.97	6208.25	percent of total billed charges	
PLACE GASTROSTOMY TUBE PERC	49440	CPT	both			6535		2502.63 First Health	First Health		4574.5	70			1356.97	6208.25	percent of total billed charges	
PLACE GASTROSTOMY TUBE PERC	49440	CPT	both			6535		2502.63 First Trenton	First Trenton		5881.5	90			1356.97	6208.25	percent of total billed charges	
PLACE GASTROSTOMY TUBE PERC	49440	CPT	both			6535		2502.63 Horizon	Indemnity		4049.91				1356.97	6208.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACE GASTROSTOMY TUBE PERC	49440	CPT	both			6535		2502.63 Horizon	MGD		4049.91				1356.97	6208.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACE GASTROSTOMY TUBE PERC	49440	CPT	both			6535		2502.63 Horizon	NJ Health		1356.97				1356.97	6208.25	fee schedule	
PLACE GASTROSTOMY TUBE PERC	49440	CPT	both			6535		2502.63 Horizon	Medicare Blue		2176.2				1356.97	6208.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACE GASTROSTOMY TUBE PERC	49440	CPT	both			6535		2502.63 Horizon	PPO		4049.91				1356.97	6208.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACE GASTROSTOMY TUBE PERC	49440	CPT	both			6535		2502.63 Managed Care Inc	Managed Care Inc		5881.5	90			1356.97	6208.25	percent of total billed charges	
PLACE GASTROSTOMY TUBE PERC	49440	CPT	both			6535		2502.63 Multiplan	Multiplan		5228	80			1356.97	6208.25	percent of total billed charges	
PLACE GASTROSTOMY TUBE PERC	49440	CPT	both			6535		2502.63 Qualcare	Qualcare		4901.25	75			1356.97	6208.25	percent of total billed charges	
PLACE GASTROSTOMY TUBE PERC	49440	CPT	both			6535		2502.63 Three Rivers	Three Rivers		6208.25	95			1356.97	6208.25	percent of total billed charges	
PLACE GASTROSTOMY TUBE PERC	49440	CPT	both			6535		2502.63 UHC	Medicaid		2061.79	31.55			1356.97	6208.25	percent of total billed charges	
PLACE GASTROSTOMY TUBE PERC	49440	CPT	both			6535		2502.63 UHC	Medicare		2176.2				1356.97	6208.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACE GASTROSTOMY TUBE PERC	49440	CPT	both			6535		2502.63 United	Commercial/PPO		2493				1356.97	6208.25	case rate	
PLACE GASTROSTOMY TUBE PERC	49440	CPT	both			6535		2502.63 United	Oxford		2493				1356.97	6208.25	case rate	
PLACE GASTROSTOMY TUBE PERC	49440	CPT	both			6535		2502.63 Wellcare	Medicare		2176.2				1356.97	6208.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACE GASTROSTOMY TUBE PERC	49440	CPT	both			6535		2502.63 Wellcare	Medicaid		2061.79	31.55			1356.97	6208.25	percent of total billed charges	
PLACE GASTROSTOMY TUBE PERC	49440	CPT	both			6535		2502.63 WellPoint	WellPoint		2102.96	32.18			1356.97	6208.25	percent of total billed charges	
INSRT D-TUBE PC W FLU IMG RPRT	49441	CPT	inpatient			5987		2502.63 Aetna	Medicare		1844	30.8			1844	5687.65	percent of total billed charges	
INSRT D-TUBE PC W FLU IMG RPRT	49441	CPT	inpatient			5987		2502.63 Aetna	Commercial		3464.51				1844	5687.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT D-TUBE PC W FLU IMG RPRT	49441	CPT	inpatient			5987		2502.63 Aetna	Better Health		1888.9	31.55			1844	5687.65	percent of total billed charges	
INSRT D-TUBE PC W FLU IMG RPRT	49441	CPT	inpatient			5987		2502.63 Americare	Americare		4490.25	75			1844	5687.65	percent of total billed charges	
INSRT D-TUBE PC W FLU IMG RPRT	49441	CPT	inpatient			5987		2502.63 Amerihealth	HMO/PPO		3891.55	65			1844	5687.65	percent of total billed charges	
INSRT D-TUBE PC W FLU IMG RPRT	49441	CPT	inpatient			5987		2502.63 Amerihealth	Medicare		2176.2				1844	5687.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT D-TUBE PC W FLU IMG RPRT	49441	CPT	inpatient			5987		2502.63 Consumer	Consumer		5687.65	95			1844	5687.65	percent of total billed charges	
INSRT D-TUBE PC W FLU IMG RPRT	49441	CPT	inpatient			5987		2502.63 Corrections	Corrections		4789.6	80			1844	5687.65	percent of total billed charges	
INSRT D-TUBE PC W FLU IMG RPRT	49441	CPT	inpatient			5987		2502.63 First Health	First Health		4190.9	70			1844	5687.65	percent of total billed charges	
INSRT D-TUBE PC W FLU IMG RPRT	49441	CPT	inpatient			5987		2502.63 First Trenton	First Trenton		5388.3	90			1844	5687.65	percent of total billed charges	
INSRT D-TUBE PC W FLU IMG RPRT	49441	CPT	inpatient			5987		2502.63 Horizon	MGD		4049.91				1844	5687.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT D-TUBE PC W FLU IMG RPRT	49441	CPT	inpatient			5987		2502.63 Horizon	Indemnity		4049.91				1844	5687.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT D-TUBE PC W FLU IMG RPRT	49441	CPT	inpatient			5987		2502.63 Horizon	PPO		4049.91				1844	5687.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT D-TUBE PC W FLU IMG RPRT	49441	CPT	inpatient			5987		2502.63 Horizon	Medicare Blue		2176.2				1844	5687.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT D-TUBE PC W FLU IMG RPRT	49441	CPT	inpatient			5987		2502.63 Managed Care Inc	Managed Care Inc		5388.3	90			1844	5687.65	percent of total billed charges	
INSRT D-TUBE PC W FLU IMG RPRT	49441	CPT	inpatient			5987		2502.63 Multiplan	Multiplan		4789.6	80			1844	5687.65	percent of total billed charges	
INSRT D-TUBE PC W FLU IMG RPRT	49441	CPT	inpatient			5987		2502.63 Qualcare	Qualcare		4490.25	75			1844	5687.65	percent of total billed charges	
INSRT D-TUBE PC W FLU IMG RPRT	49441	CPT	inpatient			5987		2502.63 Three Rivers	Three Rivers		5687.65	95			1844	5687.65	percent of total billed charges	
INSRT D-TUBE PC W FLU IMG RPRT	49441	CPT	inpatient			5987		2502.63 UHC	Medicaid		1888.9	31.55			1844	5687.65	percent of total billed charges	
INSRT D-TUBE PC W FLU IMG RPRT	49441	CPT	inpatient			5987		2502.63 UHC	Medicare		2176.2				1844	5687.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT D-TUBE PC W FLU IMG RPRT	49441	CPT	inpatient			5987		2502.63 United	Oxford		2493				1844	5687.65	case rate	
INSRT D-TUBE PC W FLU IMG RPRT	49441	CPT	inpatient			5987		2502.63 United	Commercial/PPO		2493				1844	5687.65	case rate	
INSRT D-TUBE PC W FLU IMG RPRT	49441	CPT	inpatient			5987		2502.63 Wellcare	Medicare		2176.2				1844	5687.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT D-TUBE PC W FLU IMG RPRT	49441	CPT	inpatient			5987		2502.63 Wellcare	Medicaid		1888.9	31.55			1844	5687.65	percent of total billed charges	
INSRT D-TUBE PC W FLU IMG RPRT	49441	CPT	inpatient			5987		2502.63 WellPoint	WellPoint		1926.62	32.18			1844	5687.65	percent of total billed charges	
INSRT C-TUBE PC W FLU IMG RPRT	49442	CPT	inpatient			4642		1552.05 Aetna	Commercial		2148.58				1349.61	4409.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT C-TUBE PC W FLU IMG RPRT	49442	CPT	inpatient			4642		1552.05 Aetna	Better Health		1464.55	31.55			1349.61	4409.9	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.																
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true															
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
INSRT C-TUBE PC W FLU IMG RPRT	49442	CPT	inpatient			4642		1552.05 Aetna	Medicare		1349.61				1349.61	4409.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT C-TUBE PC W FLU IMG RPRT	49442	CPT	inpatient			4642		1552.05 Americare	Americare		3481.5	75			1349.61	4409.9	percent of total billed charges	
INSRT C-TUBE PC W FLU IMG RPRT	49442	CPT	inpatient			4642		1552.05 Amerihealth	HMO/PPO		3017.3	65			1349.61	4409.9	percent of total billed charges	
INSRT C-TUBE PC W FLU IMG RPRT	49442	CPT	inpatient			4642		1552.05 Amerihealth	Medicare		1349.61				1349.61	4409.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT C-TUBE PC W FLU IMG RPRT	49442	CPT	inpatient			4642		1552.05 Consumer	Consumer		4409.9	95			1349.61	4409.9	percent of total billed charges	
INSRT C-TUBE PC W FLU IMG RPRT	49442	CPT	inpatient			4642		1552.05 Corrections	Corrections		3713.6	80			1349.61	4409.9	percent of total billed charges	
INSRT C-TUBE PC W FLU IMG RPRT	49442	CPT	inpatient			4642		1552.05 First Health	First Health		3249.4	70			1349.61	4409.9	percent of total billed charges	
INSRT C-TUBE PC W FLU IMG RPRT	49442	CPT	inpatient			4642		1552.05 First Trenton	First Trenton		4177.8	90			1349.61	4409.9	percent of total billed charges	
INSRT C-TUBE PC W FLU IMG RPRT	49442	CPT	inpatient			4642		1552.05 Horizon	MGD		2511.62				1349.61	4409.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT C-TUBE PC W FLU IMG RPRT	49442	CPT	inpatient			4642		1552.05 Horizon	Medicare Blue		1349.61				1349.61	4409.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT C-TUBE PC W FLU IMG RPRT	49442	CPT	inpatient			4642		1552.05 Horizon	PPO		2511.62				1349.61	4409.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT C-TUBE PC W FLU IMG RPRT	49442	CPT	inpatient			4642		1552.05 Horizon	Indemnity		2511.62				1349.61	4409.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT C-TUBE PC W FLU IMG RPRT	49442	CPT	inpatient			4642		1552.05 Managed Care Inc	Managed Care Inc		4177.8	90			1349.61	4409.9	percent of total billed charges	
INSRT C-TUBE PC W FLU IMG RPRT	49442	CPT	inpatient			4642		1552.05 Multiplan	Multiplan		3713.6	80			1349.61	4409.9	percent of total billed charges	
INSRT C-TUBE PC W FLU IMG RPRT	49442	CPT	inpatient			4642		1552.05 Qualcare	Qualcare		3481.5	75			1349.61	4409.9	percent of total billed charges	
INSRT C-TUBE PC W FLU IMG RPRT	49442	CPT	inpatient			4642		1552.05 Three Rivers	Three Rivers		4409.9	95			1349.61	4409.9	percent of total billed charges	
INSRT C-TUBE PC W FLU IMG RPRT	49442	CPT	inpatient			4642		1552.05 UHC	Medicare		1349.61				1349.61	4409.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT C-TUBE PC W FLU IMG RPRT	49442	CPT	inpatient			4642		1552.05 UHC	Medicaid		1464.55	31.55			1349.61	4409.9	percent of total billed charges	
INSRT C-TUBE PC W FLU IMG RPRT	49442	CPT	inpatient			4642		1552.05 United	Commercial|PPO		2493				1349.61	4409.9	case rate	
INSRT C-TUBE PC W FLU IMG RPRT	49442	CPT	inpatient			4642		1552.05 United	Oxford		2493				1349.61	4409.9	case rate	
INSRT C-TUBE PC W FLU IMG RPRT	49442	CPT	inpatient			4642		1552.05 Wellcare	Medicaid		1464.55	31.55			1349.61	4409.9	percent of total billed charges	
INSRT C-TUBE PC W FLU IMG RPRT	49442	CPT	inpatient			4642		1552.05 Wellcare	Medicare		1349.61				1349.61	4409.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT C-TUBE PC W FLU IMG RPRT	49442	CPT	inpatient			4642		1552.05 WellPoint	WellPoint		1493.8	32.18			1349.61	4409.9	percent of total billed charges	
CONVERT GAST TO GAST-JEJNOSTMY	49446	CPT	inpatient			4549		2502.63 Aetna	Better Health		3464.51	31.55			1436.21	4321.55	percent of total billed charges	
CONVERT GAST TO GAST-JEJNOSTMY	49446	CPT	inpatient			4549		2502.63 Aetna	Commercial		3464.51				1436.21	4321.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONVERT GAST TO GAST-JEJNOSTMY	49446	CPT	inpatient			4549		2502.63 Aetna	Medicare		2176.2				1436.21	4321.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONVERT GAST TO GAST-JEJNOSTMY	49446	CPT	inpatient			4549		2502.63 Americare	Americare		3411.75	75			1436.21	4321.55	percent of total billed charges	
CONVERT GAST TO GAST-JEJNOSTMY	49446	CPT	inpatient			4549		2502.63 Amerihealth	HMO/PPO		2956.85	65			1436.21	4321.55	percent of total billed charges	
CONVERT GAST TO GAST-JEJNOSTMY	49446	CPT	inpatient			4549		2502.63 Amerihealth	Medicare		2176.2				1436.21	4321.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONVERT GAST TO GAST-JEJNOSTMY	49446	CPT	inpatient			4549		2502.63 Consumer	Consumer		4321.55	95			1436.21	4321.55	percent of total billed charges	
CONVERT GAST TO GAST-JEJNOSTMY	49446	CPT	inpatient			4549		2502.63 Corrections	Corrections		3639.2	80			1436.21	4321.55	percent of total billed charges	
CONVERT GAST TO GAST-JEJNOSTMY	49446	CPT	inpatient			4549		2502.63 First Health	First Health		3184.3	70			1436.21	4321.55	percent of total billed charges	
CONVERT GAST TO GAST-JEJNOSTMY	49446	CPT	inpatient			4549		2502.63 First Trenton	First Trenton		4094.1	90			1436.21	4321.55	percent of total billed charges	
CONVERT GAST TO GAST-JEJNOSTMY	49446	CPT	inpatient			4549		2502.63 Horizon	Indemnity		4049.91				1436.21	4321.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONVERT GAST TO GAST-JEJNOSTMY	49446	CPT	inpatient			4549		2502.63 Horizon	Medicare Blue		2176.2				1436.21	4321.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONVERT GAST TO GAST-JEJNOSTMY	49446	CPT	inpatient			4549		2502.63 Horizon	PPO		4049.91				1436.21	4321.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONVERT GAST TO GAST-JEJNOSTMY	49446	CPT	inpatient			4549		2502.63 Horizon	MGD		4049.91				1436.21	4321.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONVERT GAST TO GAST-JEJNOSTMY	49446	CPT	inpatient			4549		2502.63 Managed Care Inc	Managed Care Inc		4094.1	90			1436.21	4321.55	percent of total billed charges	
CONVERT GAST TO GAST-JEJNOSTMY	49446	CPT	inpatient			4549		2502.63 Multiplan	Multiplan		3639.2	80			1436.21	4321.55	percent of total billed charges	
CONVERT GAST TO GAST-JEJNOSTMY	49446	CPT	inpatient			4549		2502.63 Qualcare	Qualcare		3411.75	75			1436.21	4321.55	percent of total billed charges	
CONVERT GAST TO GAST-JEJNOSTMY	49446	CPT	inpatient			4549		2502.63 Three Rivers	Three Rivers		4321.55	95			1436.21	4321.55	percent of total billed charges	
CONVERT GAST TO GAST-JEJNOSTMY	49446	CPT	inpatient			4549		2502.63 UHC	Medicaid		1435.21	31.55			1436.21	4321.55	percent of total billed charges	
CONVERT GAST TO GAST-JEJNOSTMY	49446	CPT	inpatient			4549		2502.63 UHC	Medicare		2176.2				1436.21	4321.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONVERT GAST TO GAST-JEJNOSTMY	49446	CPT	inpatient			4549		2502.63 United	Commercial|PPO		2493				1436.21	4321.55	case rate	
CONVERT GAST TO GAST-JEJNOSTMY	49446	CPT	inpatient			4549		2502.63 United	Oxford		2493				1436.21	4321.55	case rate	
CONVERT GAST TO GAST-JEJNOSTMY	49446	CPT	inpatient			4549		2502.63 Wellcare	Medicare		2176.2				1436.21	4321.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONVERT GAST TO GAST-JEJNOSTMY	49446	CPT	inpatient			4549		2502.63 Wellcare	Medicaid		1435.21	31.55			1436.21	4321.55	percent of total billed charges	
CONVERT GAST TO GAST-JEJNOSTMY	49446	CPT	inpatient			4549		2502.63 WellPoint	WellPoint		1463.87	32.18			1436.21	4321.55	percent of total billed charges	
RPLC GSTRO/CECOS TUBE, PERC	49450	CPT	both			3010		1192.23 Aetna	Commercial		1650.46				677.6	2859.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPLC GSTRO/CECOS TUBE, PERC	49450	CPT	both			3010		1192.23 Aetna	Medicare		927.08	30.8			677.6	2859.5	percent of total billed charges	
RPLC GSTRO/CECOS TUBE, PERC	49450	CPT	both			3010		1192.23 Aetna	Better Health		949.66	31.55			677.6	2859.5	percent of total billed charges	
RPLC GSTRO/CECOS TUBE, PERC	49450	CPT	both			3010		1192.23 Americare	Americare		2257.5	75			677.6	2859.5	percent of total billed charges	
RPLC GSTRO/CECOS TUBE, PERC	49450	CPT	both			3010		1192.23 Amerihealth	HMO/PPO		1956.5	65			677.6	2859.5	percent of total billed charges	
RPLC GSTRO/CECOS TUBE, PERC	49450	CPT	both			3010		1192.23 Amerihealth	Medicare		1036.72				677.6	2859.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPLC GSTRO/CECOS TUBE, PERC	49450	CPT	both			3010		1192.23 Consumer	Consumer		2859.5	95			677.6	2859.5	percent of total billed charges	
RPLC GSTRO/CECOS TUBE, PERC	49450	CPT	both			3010		1192.23 Corrections	Corrections		2408	80			677.6	2859.5	percent of total billed charges	
RPLC GSTRO/CECOS TUBE, PERC	49450	CPT	both			3010		1192.23 First Health	First Health		2107	70			677.6	2859.5	percent of total billed charges	
RPLC GSTRO/CECOS TUBE, PERC	49450	CPT	both			3010		1192.23 First Trenton	First Trenton		2709	90			677.6	2859.5	percent of total billed charges	
RPLC GSTRO/CECOS TUBE, PERC	49450	CPT	both			3010		1192.23 Horizon	Indemnity		1929.34				677.6	2859.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPLC GSTRO/CECOS TUBE, PERC	49450	CPT	both			3010		1192.23 Horizon	MGD		1929.34				677.6	2859.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPLC GSTRO/CECOS TUBE, PERC	49450	CPT	both			3010		1192.23 Horizon	PPO		1929.34				677.6	2859.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPLC GSTRO/CECOS TUBE, PERC	49450	CPT	both			3010		1192.23 Horizon	NJ Health		1072.74				677.6	2859.5	fee schedule	
RPLC GSTRO/CECOS TUBE, PERC	49450	CPT	both			3010		1192.23 Horizon	Medicare Blue		1036.72				677.6	2859.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPLC GSTRO/CECOS TUBE, PERC	49450	CPT	both			3010		1192.23 Managed Care Inc	Managed Care Inc		2709	90			677.6	2859.5	percent of total billed charges	
RPLC GSTRO/CECOS TUBE, PERC	49450	CPT	both			3010		1192.23 Multiplan	Multiplan		2408	80			677.6	2859.5	percent of total billed charges	
RPLC GSTRO/CECOS TUBE, PERC	49450	CPT	both			3010		1192.23 Qualcare	Qualcare		2257.5	75			677.6	2859.5	percent of total billed charges	
RPLC GSTRO/CECOS TUBE, PERC	49450	CPT	both			3010		1192.23 Three Rivers	Three Rivers		2859.5	95			677.6	2859.5	percent of total billed charges	
RPLC GSTRO/CECOS TUBE, PERC	49450	CPT	both			3010		1192.23 UHC	Medicare		1036.72				677.6	2859.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPLC GSTRO/CECOS TUBE, PERC	49450	CPT	both			3010		1192.23 UHC	Medicaid		949.66	31.55			677.6	2859.5	percent of total billed charges	
RPLC GSTRO/CECOS TUBE, PERC	49450	CPT	both			3010		1192.23 United	Oxford		2493				677.6	2859.5	case rate	
RPLC GSTRO/CECOS TUBE, PERC	49450	CPT	both			3010		1192.23 United	Commercial|PPO		2493				677.6	2859.5	case rate	
RPLC GSTRO/CECOS TUBE, PERC	49450	CPT	both			3010		1192.23 Wellcare	Medicaid		949.66	31.55			677.6	2859.5	percent of total billed charges	
RPLC GSTRO/CECOS TUBE, PERC	49450	CPT	both			3010		1192.23 Wellcare	Medicare		1036.72				677.6	2859.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPLC GSTRO/CECOS TUBE, PERC	49450	CPT	both			3010		1192.23 WellPoint	WellPoint		968.62	32.18			677.6	2859.5	percent of total billed charges	
RPLCMNT D-TUBE PC FLU IMG RPRT	49451	CPT	both			3010		1192.23 Aetna	Commercial		1650.46				381.76	2859.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPLCMNT D-TUBE PC FLU IMG RPRT	49451	CPT	both			3010		1192.23 Aetna	Better Health		949.66	31.55			381.76	2859.5	percent of total billed charges	
RPLCMNT D-TUBE PC FLU IMG RPRT	49451	CPT	both			3010		1192.23 Aetna	Medicare		1036.72				381.76	2859.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPLCMNT D-TUBE PC FLU IMG RPRT	49451	CPT	both			3010		1192.23 Americare	Americare		2257.5	75			381.76	2859.5	percent of total billed charges	
RPLCMNT D-TUBE PC FLU IMG RPRT	49451	CPT	both			3010		1192.23 Amerihealth	HMO/PPO		1956.5	65			381.76	2859.5	percent of total billed charges	
RPLCMNT D-TUBE PC FLU IMG RPRT	49451	CPT	both			3010		1192.23 Amerihealth	Medicare		1036.72				381.76	2859.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPLCMNT D-TUBE PC FLU IMG RPRT	49451	CPT	both			3010		1192.23 Consumer	Consumer		2859.5	95			381.76	2859.5	percent of total billed charges	
RPLCMNT D-TUBE PC FLU IMG RPRT	49451	CPT	both			3010		1192.23 Corrections	Corrections		2408	80			381.76	2859.5	percent of total billed charges	
RPLCMNT D-TUBE PC FLU IMG RPRT	49451	CPT	both			3010		1192.23 First Health	First Health		2107	70			381.76	2859.5	percent of total billed charges	
RPLCMNT D-TUBE PC FLU IMG RPRT	49451	CPT	both			3010		1192.23 First Trenton	First Trenton		2709	90			381.76	2859.5	percent of total billed charges	
RPLCMNT D-TUBE PC FLU IMG RPRT	49451	CPT	both			3010		1192.23 Horizon	Medicare Blue		1036.72				381.76	2859.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPLCMNT D-TUBE PC FLU IMG RPRT	49451	CPT	both			3010		1192.23 Horizon	Indemnity		1929.34				381.76	2859.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPLCMNT D-TUBE PC FLU IMG RPRT	49451	CPT	both			3010		1192.23 Horizon	MGD		1929.34				381.76	2859.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPLCMNT D-TUBE PC FLU IMG RPRT	49451	CPT	both			3010		1192.23 Horizon	PPO		1929.34				381.76	2859.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPLCMNT D-TUBE PC FLU IMG RPRT	49451	CPT	both			3010		1192.23 Managed Care Inc	Managed Care Inc		2709	90			381.76	2859.5	percent of total billed charges	
RPLCMNT D-TUBE PC FLU IMG RPRT	49451	CPT	both			3010		1192.23 Multiplan	Multiplan		2408	80			381.76	2859.5	percent of total billed charges	
RPLCMNT D-TUBE PC FLU IMG RPRT	49451	CPT	both			3010		1192.23 Qualcare	Qualcare		2257.5	75			381.76	2859.5	percent of total billed charges	
RPLCMNT D-TUBE PC FLU IMG RPRT	49451	CPT	both			3010		1192.23 Three Rivers	Three Rivers		2859.5	95			381.76	2859.5	percent of total billed charges	
RPLCMNT D-TUBE PC FLU IMG RPRT	49451	CPT	both			3010		1192.23 UHC	Medicaid		949.66	31.55			381.76	2859.5	percent of total billed charges	
RPLCMNT D-TUBE PC FLU IMG RPRT	49451	CPT	both			3010		1192.23 UHC	Medicare		1036.72				381.76	2859.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPLCMNT D-TUBE PC FLU IMG RPRT	49451	CPT	both			3010		1192.23 United	Commercial|PPO		2493				381.76	2859.5	case rate	
RPLCMNT D-TUBE PC FLU IMG RPRT	49451	CPT	both			3010		1192.23 United	Oxford		2493				381.76	2859.5	case rate	
RPLCMNT D-TUBE PC FLU IMG RPRT	49451	CPT	both			3010		1192.23 Wellcare	Medicaid		949.66	31.55			381.76	2859.5	percent of total billed charges	
RPLCMNT D-TUBE PC FLU IMG RPRT	49451	CPT	both			3010		1192.23 Wellcare	Medicare		1036.72				381.76	2859.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPLCMNT D-TUBE PC FLU IMG RPRT	49451	CPT	both			3010		1192.23 WellPoint	WellPoint		968.62	32.18			381.76	2859.5	percent of total billed charges	
RPLC GST-JEJ TUBE PERC	49452	CPT	both			3117		1192.23 Aetna	Medicare		960.04	30.8			645.57	2961.15	percent of total billed charges	
RPLC GST-JEJ TUBE PERC	49452	CPT	both			3117		1192.23 Aetna	Better Health		983.41	31.55			645.57	2961.15	percent of total billed charges	
RPLC GST-JEJ TUBE PERC	49452	CPT	both			3117		1192.23 Aetna	Commercial		1650.46				645.57	2961.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPLC GST-JEJ TUBE PERC	49452	CPT	both			3117		1192.23 Americare	Americare		2337.75	75			645.57	2961.15	percent of total billed charges	
RPLC GST-JEJ TUBE PERC	49452	CPT	both			3117		1192.23 Amerihealth	HMO/PPO		2026.05	65			645.57	2961.15	percent of total billed charges	
RPLC GST-JEJ TUBE PERC	49452	CPT	both			3117		1192.23 Amerihealth	Medicare		1036.72				645.57	2961.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPLC GST-JEJ TUBE PERC	49452	CPT	both			3117		1192.23 Consumer	Consumer		2961.15	95			645.57	2961.15	percent of total billed charges	
RPLC GST-JEJ TUBE PERC	49452	CPT	both			3117		1192.23 Corrections	Corrections		2493.6	80			645.57	2961.15	percent of total billed charges	
RPLC GST-JEJ TUBE PERC	49452	CPT	both			3117		1192.23 First Health	First Health		2181.9	70			645.57	2961.15	percent of total billed charges	
RPLC GST-JEJ TUBE PERC	49452	CPT	both			3117		1192.23 First Trenton	First Trenton		2805.3	90			645.57	2961.15	percent of total billed charges	
RPLC GST-JEJ TUBE PERC	49452	CPT	both			3117		1192.23 Horizon	NJ Health		1394.91				645.57	2961.15	fee schedule	
RPLC GST-JEJ TUBE PERC	49452	CPT	both			3117		1192.23 Horizon	Indemnity		1929.34				645.57	2961.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPLC GST-JEJ TUBE PERC	49452	CPT	both			3117		1192.23 Horizon	Medicare Blue		1036.72				645.57	2961.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPLC GST-JEJ TUBE PERC	49452	CPT	both			3117		1192.23 Horizon	MGD		1929.34				645.57	2961.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPLC GST-JEJ TUBE PERC	49452	CPT	both			3117		1192.23 Horizon	PPO		1929.34				645.57	2961.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPLC GST-JEJ TUBE PERC	49452	CPT	both			3117		1192.23 Managed Care Inc	Managed Care Inc		2805.3	90			645.57	2961.15	percent of total billed charges	
RPLC GST-JEJ TUBE PERC	49452	CPT	both			3117		1192.23 Multiplan	Multiplan		2493.6	80			645.57	2961.15	percent of total billed charges	
RPLC GST-JEJ TUBE PERC	49452	CPT	both			3117		1192.23 Qualcare	Qualcare		2337.75	75			645.57	2961.15	percent of total billed charges	
RPLC GST-JEJ TUBE PERC	49452	CPT	both			3117		1192.23 Three Rivers	Three Rivers		2961.15	95			645.57	2961.15	percent of total billed charges	
RPLC GST-JEJ TUBE PERC	49452	CPT	both			3117		1192.23 UHC	Medicaid		983.41	31.55			645.57	2961.15	percent of total billed charges	
RPLC GST-JEJ TUBE PERC	49452	CPT	both			3117		1192.23 UHC	Medicare		1036.72				645.57	2961.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPLC GST-JEJ TUBE PERC	49452	CPT	both			3117		1192.23 United	Commercial|PPO		2493				645.57	2961.15	case rate	
RPLC GST-JEJ TUBE PERC	49452	CPT	both			3117		1192.23 United	Oxford		2493				645.57	2961.15	case rate	
RPLC GST-JEJ TUBE PERC	49452	CPT	both			3117		1192.23 Wellcare	Medicare		1036.72				645.57	2961.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPLC GST-JEJ TUBE PERC	49452	CPT	both			3117		1192.23 Wellcare	Medicaid		983.41	31.55			645.57	2961.15	percent of total billed charges	
RPLC GST-JEJ TUBE PERC	49452	CPT	both			3117		1192.23 WellPoint	WellPoint		1003.05	32.18			645.57	2961.15	percent of total billed charges	
REMOVAL OBSTRCT D,C OR G-TUBE	49460	CPT	both			1242		1192.23 Aetna	Commercial		1650.46				391.85	2493	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OBSTRCT D,C OR G-TUBE	49460	CPT	both			1242		1192.23 Aetna	Better Health		391.85	31.55			391.85	2493	percent of total billed charges	
REMOVAL OBSTRCT D,C OR G-TUBE	49460	CPT	both			1242		1192.23 Aetna	Medicare		1036.72				391.85	2493	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OBSTRCT D,C OR G-TUBE	49460	CPT	both			1242		1192.23 Americare	Americare		931.5	75			391.85	2493	percent of total billed charges	
REMOVAL OBSTRCT D,C OR G-TUBE	49460	CPT	both			1242		1192.23 Amerihealth	HMO/PPO		807.3	65			391.85	2493	percent of total billed charges	
REMOVAL OBSTRCT D,C OR G-TUBE	49460	CPT	both			1242		1192.23 Amerihealth	Medicare		1036.72				391.85	2493	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OBSTRCT D,C OR G-TUBE	49460	CPT	both			1242		1192.23 Consumer	Consumer		1179.9	95			391.85	2493	percent of total billed charges	
REMOVAL OBSTRCT D,C OR G-TUBE	49460	CPT	both			1242		1192.23 Corrections	Corrections		993.6	80			391.85	2493	percent of total billed charges	
REMOVAL OBSTRCT D,C OR G-TUBE	49460	CPT	both			1242		1192.23 First Health	First Health		869.4	70			391.85	2493	percent of total billed charges	
REMOVAL OBSTRCT D,C OR G-TUBE	49460	CPT	both			1242		1192.23 First Trenton	First Trenton		1117.8	90			391.85	2493	percent of total billed charges	
REMOVAL OBSTRCT D,C OR G-TUBE	49460	CPT	both			1242		1192.23 Horizon	Indemnity		1929.34				391.85	2493	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OBSTRCT D,C OR G-TUBE	49460	CPT	both			1242		1192.23 Horizon	MGD		1929.34				391.85	2493	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OBSTRCT D,C OR G-TUBE	49460	CPT	both			1242		1192.23 Horizon	Medicare Blue		1036.72				391.85	2493	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OBSTRCT D,C OR G-TUBE	49460	CPT	both			1242		1192.23 Horizon	PPO		1929.34				391.85	2493	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OBSTRCT D,C OR G-TUBE	49460	CPT	both			1242		1192.23 Managed Care Inc	Managed Care Inc		1117.8	90			391.85	2493	percent of total billed charges	
REMOVAL OBSTRCT D,C OR G-TUBE	49460	CPT	both			1242		1192.23 Multiplan	Multiplan		993.6	80			391.85	2493	percent of total billed charges	
REMOVAL OBSTRCT D,C OR G-TUBE	49460	CPT	both			1242		1192.23 Qualcare	Qualcare		931.5	75			391.85	2493	percent of total billed charges	
REMOVAL OBSTRCT D,C OR G-TUBE	49460	CPT	both			1242		1192.23 Three Rivers	Three Rivers		1179.9	95			391.85	2493	percent of total billed charges	
REMOVAL OBSTRCT D,C OR G-TUBE	49460	CPT	both			1242		1192.23 UHC	Medicare		1036.72				391.85	2493	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OBSTRCT D,C OR G-TUBE	49460	CPT	both			1242		1192.23 UHC	Medicaid		391.85	31.55			391.85	2493	percent of total billed charges	
REMOVAL OBSTRCT D,C OR G-TUBE	49460	CPT	both			1242		1192.23 United	Oxford		2493				391.85	2493	case rate	
REMOVAL OBSTRCT D,C OR G-TUBE	49460	CPT	both			1242		1192.23 United	Commercial|PPO		2493				391.85	2493	case rate	
REMOVAL OBSTRCT D,C OR G-TUBE	49460	CPT	both			1242		1192.23 Wellcare	Medicare		1036.72				391.85	2493	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
REMOVAL OBSTRCT D,C OR G-TUBE	49460	CPT	both			1242		1192.23 Wellcare	Medicaid		391.85	31.55			391.85	2493	percent of total billed charges	
REMOVAL OBSTRCT D,C OR G-TUBE	49460	CPT	both			1242		1192.23 WellPoint	WellPoint		399.68	32.18			391.85	2493	percent of total billed charges	
PERC INJECT G TUBE, J TUBE, OSTOMY	49465	CPT	both			737		322.28 Aetna	Commercial		446.14				232.52	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERC INJECT G TUBE, J TUBE, OSTOMY	49465	CPT	both			737		322.28 Aetna	Medicare		280.24				232.52	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERC INJECT G TUBE, J TUBE, OSTOMY	49465	CPT	both			737		322.28 Aetna	Better Health		232.52	31.55			232.52	1782	percent of total billed charges	
PERC INJECT G TUBE, J TUBE, OSTOMY	49465	CPT	both			737		322.28 Americare	Americare		552.75	75			232.52	1782	percent of total billed charges	
PERC INJECT G TUBE, J TUBE, OSTOMY	49465	CPT	both			737		322.28 Amerihealth	HMO/PPO		479.05	65			232.52	1782	percent of total billed charges	
PERC INJECT G TUBE, J TUBE, OSTOMY	49465	CPT	both			737		322.28 Amerihealth	Medicare		280.24				232.52	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERC INJECT G TUBE, J TUBE, OSTOMY	49465	CPT	both			737		322.28 Consumer	Consumer		700.15	95			232.52	1782	percent of total billed charges	
PERC INJECT G TUBE, J TUBE, OSTOMY	49465	CPT	both			737		322.28 Corrections	Corrections		589.6	80			232.52	1782	percent of total billed charges	
PERC INJECT G TUBE, J TUBE, OSTOMY	49465	CPT	both			737		322.28 First Health	First Health		515.9	70			232.52	1782	percent of total billed charges	
PERC INJECT G TUBE, J TUBE, OSTOMY	49465	CPT	both			737		322.28 First Trenton	First Trenton		663.3	90			232.52	1782	percent of total billed charges	
PERC INJECT G TUBE, J TUBE, OSTOMY	49465	CPT	both			737		322.28 Horizon	MGD		521.53				232.52	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERC INJECT G TUBE, J TUBE, OSTOMY	49465	CPT	both			737		322.28 Horizon	Medicare Blue		280.24				232.52	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERC INJECT G TUBE, J TUBE, OSTOMY	49465	CPT	both			737		322.28 Horizon	Indemnity		521.53				232.52	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERC INJECT G TUBE, J TUBE, OSTOMY	49465	CPT	both			737		322.28 Horizon	PPO		521.53				232.52	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERC INJECT G TUBE, J TUBE, OSTOMY	49465	CPT	both			737		322.28 Managed Care Inc	Managed Care Inc		663.3	90			232.52	1782	percent of total billed charges	
PERC INJECT G TUBE, J TUBE, OSTOMY	49465	CPT	both			737		322.28 Multiplan	Multiplan		589.6	80			232.52	1782	percent of total billed charges	
PERC INJECT G TUBE, J TUBE, OSTOMY	49465	CPT	both			737		322.28 Qualcare	Qualcare		552.75	75			232.52	1782	percent of total billed charges	
PERC INJECT G TUBE, J TUBE, OSTOMY	49465	CPT	both			737		322.28 Three Rivers	Three Rivers		700.15	95			232.52	1782	percent of total billed charges	
PERC INJECT G TUBE, J TUBE, OSTOMY	49465	CPT	both			737		322.28 UHC	Medicare		280.24				232.52	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERC INJECT G TUBE, J TUBE, OSTOMY	49465	CPT	both			737		322.28 UHC	Medicaid		232.52	31.55			232.52	1782	percent of total billed charges	
PERC INJECT G TUBE, J TUBE, OSTOMY	49465	CPT	both			737		322.28 United	Oxford		1782				232.52	1782	case rate	
PERC INJECT G TUBE, J TUBE, OSTOMY	49465	CPT	both			737		322.28 United	CommercialPPO		1782				232.52	1782	case rate	
PERC INJECT G TUBE, J TUBE, OSTOMY	49465	CPT	both			737		322.28 Wellcare	Medicaid		232.52	31.55			232.52	1782	percent of total billed charges	
PERC INJECT G TUBE, J TUBE, OSTOMY	49465	CPT	both			737		322.28 Wellcare	Medicare		280.24				232.52	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERC INJECT G TUBE, J TUBE, OSTOMY	49465	CPT	both			737		322.28 WellPoint	WellPoint		237.17	32.18			232.52	1782	percent of total billed charges	
REP INIT ING HERNIA AGE 5+ RED.	49505	CPT	outpatient			8817		4550.24 Aetna	Commercial		6299.11				528.63	8376.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP INIT ING HERNIA AGE 5+ RED.	49505	CPT	outpatient			8817		4550.24 Aetna	Better Health		2781.76	31.55			528.63	8376.15	percent of total billed charges	
REP INIT ING HERNIA AGE 5+ RED.	49505	CPT	outpatient			8817		4550.24 Aetna	Medicare		3956.73				528.63	8376.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP INIT ING HERNIA AGE 5+ RED.	49505	CPT	outpatient			8817		4550.24 Americare	Americare		6612.75	75			528.63	8376.15	percent of total billed charges	
REP INIT ING HERNIA AGE 5+ RED.	49505	CPT	outpatient			8817		4550.24 Amerihealth	Medicare		3956.73				528.63	8376.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP INIT ING HERNIA AGE 5+ RED.	49505	CPT	outpatient			8817		4550.24 Amerihealth	HMO/PPO		5731.05	65			528.63	8376.15	percent of total billed charges	
REP INIT ING HERNIA AGE 5+ RED.	49505	CPT	outpatient			8817		4550.24 Consumer	Consumer		8376.15	95			528.63	8376.15	percent of total billed charges	
REP INIT ING HERNIA AGE 5+ RED.	49505	CPT	outpatient			8817		4550.24 Corrections	Corrections		7053.6	80			528.63	8376.15	percent of total billed charges	
REP INIT ING HERNIA AGE 5+ RED.	49505	CPT	outpatient			8817		4550.24 First Health	First Health		6171.9	70			528.63	8376.15	percent of total billed charges	
REP INIT ING HERNIA AGE 5+ RED.	49505	CPT	outpatient			8817		4550.24 First Trenton	First Trenton		7935.3	90			528.63	8376.15	percent of total billed charges	
REP INIT ING HERNIA AGE 5+ RED.	49505	CPT	outpatient			8817		4550.24 Horizon	MGD		7363.47				528.63	8376.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP INIT ING HERNIA AGE 5+ RED.	49505	CPT	outpatient			8817		4550.24 Horizon	PPO		7363.47				528.63	8376.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP INIT ING HERNIA AGE 5+ RED.	49505	CPT	outpatient			8817		4550.24 Horizon	NJ Health		528.63				528.63	8376.15	fee schedule	
REP INIT ING HERNIA AGE 5+ RED.	49505	CPT	outpatient			8817		4550.24 Horizon	Indemnity		7363.47				528.63	8376.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP INIT ING HERNIA AGE 5+ RED.	49505	CPT	outpatient			8817		4550.24 Horizon	Medicare Blue		3956.73				528.63	8376.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP INIT ING HERNIA AGE 5+ RED.	49505	CPT	outpatient			8817		4550.24 Managed Care Inc	Managed Care Inc		7935.3	90			528.63	8376.15	percent of total billed charges	
REP INIT ING HERNIA AGE 5+ RED.	49505	CPT	outpatient			8817		4550.24 Multiplan	Multiplan		7053.6	80			528.63	8376.15	percent of total billed charges	
REP INIT ING HERNIA AGE 5+ RED.	49505	CPT	outpatient			8817		4550.24 Qualcare	Qualcare		6612.75	75			528.63	8376.15	percent of total billed charges	
REP INIT ING HERNIA AGE 5+ RED.	49505	CPT	outpatient			8817		4550.24 Three Rivers	Three Rivers		8376.15	95			528.63	8376.15	percent of total billed charges	
REP INIT ING HERNIA AGE 5+ RED.	49505	CPT	outpatient			8817		4550.24 UHC	Medicare		3956.73				528.63	8376.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP INIT ING HERNIA AGE 5+ RED.	49505	CPT	outpatient			8817		4550.24 UHC	Medicaid		2781.76	31.55			528.63	8376.15	percent of total billed charges	
REP INIT ING HERNIA AGE 5+ RED.	49505	CPT	outpatient			8817		4550.24 United	Oxford		3492				528.63	8376.15	case rate	
REP INIT ING HERNIA AGE 5+ RED.	49505	CPT	outpatient			8817		4550.24 United	CommercialPPO		3492				528.63	8376.15	case rate	
REP INIT ING HERNIA AGE 5+ RED.	49505	CPT	outpatient			8817		4550.24 Wellcare	Medicaid		2781.76	31.55			528.63	8376.15	percent of total billed charges	
REP INIT ING HERNIA AGE 5+ RED.	49505	CPT	outpatient			8817		4550.24 Wellcare	Medicare		3956.73				528.63	8376.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP INIT ING HERNIA AGE 5+ RED.	49505	CPT	outpatient			8817		4550.24 WellPoint	WellPoint		2837.31	32.18			528.63	8376.15	percent of total billed charges	
UNLISTED PROCEDURE, ABDOMINAL	49999	CPT	outpatient			9790		1192.23 Aetna	Commercial		1690.46				1036.72	9300.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE, ABDOMINAL	49999	CPT	outpatient			9790		1192.23 Aetna	Better Health		3088.75	31.55			1036.72	9300.5	percent of total billed charges	
UNLISTED PROCEDURE, ABDOMINAL	49999	CPT	outpatient			9790		1192.23 Aetna	Medicare		1036.72				1036.72	9300.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE, ABDOMINAL	49999	CPT	outpatient			9790		1192.23 Americare	Americare		7342.5	75			1036.72	9300.5	percent of total billed charges	
UNLISTED PROCEDURE, ABDOMINAL	49999	CPT	outpatient			9790		1192.23 Amerihealth	Medicare		1036.72				1036.72	9300.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE, ABDOMINAL	49999	CPT	outpatient			9790		1192.23 Amerihealth	HMO/PPO		6363.5	65			1036.72	9300.5	percent of total billed charges	
UNLISTED PROCEDURE, ABDOMINAL	49999	CPT	outpatient			9790		1192.23 Consumer	Consumer		9300.5	95			1036.72	9300.5	percent of total billed charges	
UNLISTED PROCEDURE, ABDOMINAL	49999	CPT	outpatient			9790		1192.23 Corrections	Corrections		7832	80			1036.72	9300.5	percent of total billed charges	
UNLISTED PROCEDURE, ABDOMINAL	49999	CPT	outpatient			9790		1192.23 First Health	First Health		6853	70			1036.72	9300.5	percent of total billed charges	
UNLISTED PROCEDURE, ABDOMINAL	49999	CPT	outpatient			9790		1192.23 First Trenton	First Trenton		8811	90			1036.72	9300.5	percent of total billed charges	
UNLISTED PROCEDURE, ABDOMINAL	49999	CPT	outpatient			9790		1192.23 Horizon	Indemnity		1929.34				1036.72	9300.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE, ABDOMINAL	49999	CPT	outpatient			9790		1192.23 Horizon	MGD		1929.34				1036.72	9300.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE, ABDOMINAL	49999	CPT	outpatient			9790		1192.23 Horizon	Medicare Blue		1036.72				1036.72	9300.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE, ABDOMINAL	49999	CPT	outpatient			9790		1192.23 Horizon	PPO		1929.34				1036.72	9300.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE, ABDOMINAL	49999	CPT	outpatient			9790		1192.23 Managed Care Inc	Managed Care Inc		8811	90			1036.72	9300.5	percent of total billed charges	
UNLISTED PROCEDURE, ABDOMINAL	49999	CPT	outpatient			9790		1192.23 Multiplan	Multiplan		7832	80			1036.72	9300.5	percent of total billed charges	
UNLISTED PROCEDURE, ABDOMINAL	49999	CPT	outpatient			9790		1192.23 Qualcare	Qualcare		7342.5	75			1036.72	9300.5	percent of total billed charges	
UNLISTED PROCEDURE, ABDOMINAL	49999	CPT	outpatient			9790		1192.23 Three Rivers	Three Rivers		9300.5	95			1036.72	9300.5	percent of total billed charges	
UNLISTED PROCEDURE, ABDOMINAL	49999	CPT	outpatient			9790		1192.23 UHC	Medicare		1036.72				1036.72	9300.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE, ABDOMINAL	49999	CPT	outpatient			9790		1192.23 UHC	Medicaid		3088.75	31.55			1036.72	9300.5	percent of total billed charges	
UNLISTED PROCEDURE, ABDOMINAL	49999	CPT	outpatient			9790		1192.23 United	Oxford		2493				1036.72	9300.5	case rate	
UNLISTED PROCEDURE, ABDOMINAL	49999	CPT	outpatient			9790		1192.23 United	CommercialPPO		2493				1036.72	9300.5	case rate	
UNLISTED PROCEDURE, ABDOMINAL	49999	CPT	outpatient			9790		1192.23 Wellcare	Medicare		1036.72				1036.72	9300.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE, ABDOMINAL	49999	CPT	outpatient			9790		1192.23 Wellcare	Medicaid		3088.75	31.55			1036.72	9300.5	percent of total billed charges	
UNLISTED PROCEDURE, ABDOMINAL	49999	CPT	outpatient			9790		1192.23 WellPoint	WellPoint		3150.42	32.18			1036.72	9300.5	percent of total billed charges	
ANGIO ULTRASOUND GUIDED PARA - RENAL	50020	CPT	outpatient			9081		2678.87 Aetna	Commercial		3708.48				645.08	8626.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIO ULTRASOUND GUIDED PARA - RENAL	50020	CPT	outpatient			9081		2678.87 Aetna	Better Health		2865.06	31.55			645.08	8626.95	percent of total billed charges	
ANGIO ULTRASOUND GUIDED PARA - RENAL	50020	CPT	outpatient			9081		2678.87 Aetna	Medicare		2329.45				645.08	8626.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIO ULTRASOUND GUIDED PARA - RENAL	50020	CPT	outpatient			9081		2678.87 Americare	Americare		6810.75	75			645.08	8626.95	percent of total billed charges	
ANGIO ULTRASOUND GUIDED PARA - RENAL	50020	CPT	outpatient			9081		2678.87 Amerihealth	HMO/PPO		5902.65	65			645.08	8626.95	percent of total billed charges	
ANGIO ULTRASOUND GUIDED PARA - RENAL	50020	CPT	outpatient			9081		2678.87 Amerihealth	Medicare		2329.45				645.08	8626.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIO ULTRASOUND GUIDED PARA - RENAL	50020	CPT	outpatient			9081		2678.87 Consumer	Consumer		8626.95	95			645.08	8626.95	percent of total billed charges	
ANGIO ULTRASOUND GUIDED PARA - RENAL	50020	CPT	outpatient			9081		2678.87 Corrections	Corrections		7264.8	80			645.08	8626.95	percent of total billed charges	
ANGIO ULTRASOUND GUIDED PARA - RENAL	50020	CPT	outpatient			9081		2678.87 First Health	First Health		6366.7	70			645.08	8626.95	percent of total billed charges	
ANGIO ULTRASOUND GUIDED PARA - RENAL	50020	CPT	outpatient			9081		2678.87 First Trenton	First Trenton		8172.9	90			645.08	8626.95	percent of total billed charges	
ANGIO ULTRASOUND GUIDED PARA - RENAL	50020	CPT	outpatient			9081		2678.87 Horizon	MGD		4335.11				645.08	8626.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIO ULTRASOUND GUIDED PARA - RENAL	50020	CPT	outpatient			9081		2678.87 Horizon	Medicare Blue		2329.45				645.08	8626.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIO ULTRASOUND GUIDED PARA - RENAL	50020	CPT	outpatient			9081		2678.87 Horizon	Indemnity		4335.11				645.08	8626.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIO ULTRASOUND GUIDED PARA - RENAL	50020	CPT	outpatient			9081		2678.87 Horizon	NJ Health		645.08				645.08	8626.95	fee schedule	
ANGIO ULTRASOUND GUIDED PARA - RENAL	50020	CPT	outpatient			9081		2678.87 Horizon	PPO		4335.11				645.08	8626.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIO ULTRASOUND GUIDED PARA - RENAL	50020	CPT	outpatient			9081		2678.87 Managed Care Inc	Managed Care Inc		8172.9	90			645.08	8626.95	percent of total billed charges	
ANGIO ULTRASOUND GUIDED PARA - RENAL	50020	CPT	outpatient			9081		2678.87 Multiplan	Multiplan		7264.8	80			645.08	8626.95	percent of total billed charges	
ANGIO ULTRASOUND GUIDED PARA - RENAL	50020	CPT	outpatient			9081		2678.87 Qualcare	Qualcare		6810.75	75			645.08	8626.95	percent of total billed charges	
ANGIO ULTRASOUND GUIDED PARA - RENAL	50020	CPT	outpatient			9081		2678.87 Three Rivers	Three Rivers		8626.95	95			645.08	8626.95	percent of total billed charges	
ANGIO ULTRASOUND GUIDED PARA - RENAL	50020	CPT	outpatient			9081		2678.87 UHC	Medicare		2329.45				645.08	8626.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIO ULTRASOUND GUIDED PARA - RENAL	50020	CPT	outpatient			9081		2678.87 UHC	Medicaid		2865.06	31.55			645.08	8626.95	percent of total billed charges	
ANGIO ULTRASOUND GUIDED PARA - RENAL	50020	CPT	outpatient			9081		2678.87 United	Oxford		2776				645.08	8626.95	case rate	
ANGIO ULTRASOUND GUIDED PARA - RENAL	50020	CPT	outpatient			9081		2678.87 United	CommercialPPO		2776				645.08	8626.95	case rate	
ANGIO ULTRASOUND GUIDED PARA - RENAL	50020	CPT	outpatient			9081		2678.87 Wellcare	Medicaid		2865.06	31.55			645.08	8626.95	percent of total billed charges	
ANGIO ULTRASOUND GUIDED PARA - RENAL	50020	CPT	outpatient			9081		2678.87 Wellcare	Medicare		2329.45				645.08	8626.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIO ULTRASOUND GUIDED PARA - RENAL	50020	CPT	outpatient			9081		2678.87 WellPoint	WellPoint		2922.27	32.18			645.08	8626.95	percent of total billed charges	
NEPHROTOMY W/DRAINAGE	50040	CPT	outpatient			8672		Aetna	Better Health		2736.02	31.55			1025.73	8238.4	percent of total billed charges	
NEPHROTOMY W/DRAINAGE	50040	CPT	outpatient			8672		Aetna	Commercial		3295.36	38			1025.73	8238.4	percent of total billed charges	
NEPHROTOMY W/DRAINAGE	50040	CPT	outpatient			8672		Aetna	Medicare		2670.98	30.8			1025.73	8238.4	percent of total billed charges	
NEPHROTOMY W/DRAINAGE	50040	CPT	outpatient			8672		Americare	Americare		6504	75			1025.73	8238.4	percent of total billed charges	
NEPHROTOMY W/DRAINAGE	50040	CPT	outpatient			8672		Amerihealth	HMO/PPO		5636.8	65			1025.73	8238.4	percent of total billed charges	
NEPHROTOMY W/DRAINAGE	50040	CPT	outpatient			8672		Consumer	Consumer		8238.4	95			1025.73	8238.4	percent of total billed charges	
NEPHROTOMY W/DRAINAGE	50040	CPT	outpatient			8672		Corrections	Corrections		6937.6	80			1025.73	8238.4	percent of total billed charges	
NEPHROTOMY W/DRAINAGE	50040	CPT	outpatient			8672		First Health	First Health		6070.4	70			1025.73	8238.4	percent of total billed charges	
NEPHROTOMY W/DRAINAGE	50040	CPT	outpatient			8672		First Trenton	First Trenton		7804.8	90			1025.73	8238.4	percent of total billed charges	
NEPHROTOMY W/DRAINAGE	50040	CPT	outpatient			8672		Horizon	NJ Health		1025.73				1025.73	8238.4	fee schedule	
NEPHROTOMY W/DRAINAGE	50040	CPT	outpatient			8672		Horizon	Indemnity		3319.64	38.28			1025.73	8238.4	percent of total billed charges	
NEPHROTOMY W/DRAINAGE	50040	CPT	outpatient			8672		Horizon	PPO		3319.64	38.28			1025.73	8238.4	percent of total billed charges	
NEPHROTOMY W/DRAINAGE	50040	CPT	outpatient			8672		Horizon	MGD		3319.64	38.28			1025.73	8238.4	percent of total billed charges	
NEPHROTOMY W/DRAINAGE	50040	CPT	outpatient			8672		Horizon	Medicare Blue		2601.6	30			1025.73	8238.4	percent of total billed charges	
NEPHROTOMY W/DRAINAGE	50040	CPT	outpatient			8672		Managed Care Inc	Managed Care Inc		7804.8	90			1025.73	8238.4	percent of total billed charges	
NEPHROTOMY W/DRAINAGE	50040	CPT	outpatient			8672		Multiplan	Multiplan		6937.6	80			1025.73	8238.4	percent of total billed charges	
NEPHROTOMY W/DRAINAGE	50040	CPT	outpatient			8672		Qualcare	Qualcare		6504	75			1025.73	8238.4	percent of total billed charges	
NEPHROTOMY W/DRAINAGE	50040	CPT	outpatient			8672		Three Rivers	Three Rivers		8238.4	95			1025.73	8238.4	percent of total billed charges	
NEPHROTOMY W/DRAINAGE	50040	CPT	outpatient			8672		UHC	Medicaid		2736.02	31.55			1025.73	8238.4	percent of total billed charges	
NEPHROTOMY W/DRAINAGE	50040	CPT	outpatient			8672		United	CommercialPPO		2776				1025.73	8238.4	case rate	
NEPHROTOMY W/DRAINAGE	50040	CPT	outpatient			8672		United	Oxford		2776				1025.73	8238.4	case rate	
NEPHROTOMY W/DRAINAGE	50040	CPT	outpatient			8672		Wellcare	Medicaid		2736.02	31.55			1025.73	8238.4	percent of total billed charges	
NEPHROTOMY W/DRAINAGE	50040	CPT	outpatient			8672		WellPoint	WellPoint		2790.65	32.18			1025.73	8238.4	percent of total billed charges	
PERC NEPHROSTOL -UP TO 2 CM	50080	CPT	outpatient			14706		12116.26 Aetna	Better Health		4639.74	31.55			707.13	19607.27	percent of total billed charges	
PERC NEPHROSTOL -UP TO 2 CM	50080	CPT	outpatient			14706		12116.26 Aetna	Commercial		16773.12				707.13	19607.27	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERC NEPHROSTOL -UP TO 2 CM	50080	CPT	outpatient			14706		12116.26 Aetna	Medicare		10535.88				707.13	19607.27	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERC NEPHROSTOL -UP TO 2 CM	50080	CPT	outpatient			14706		12116.26 Americare	Americare		11029.5	75			707.13	19607.27	percent of total billed charges	
PERC NEPHROSTOL -UP TO 2 CM	50080	CPT	outpatient			14706		12116.26 Amerihealth	HMO/PPO		9558.9	65			707.13	19607.27	percent of total billed charges	
PERC NEPHROSTOL -UP TO 2 CM	50080	CPT	outpatient			14706		12116.26 Amerihealth	Medicare		10535.88				707.13	19607.27	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERC NEPHROSTOL -UP TO 2 CM	50080	CPT	outpatient			14706		12116.26 Consumer	Consumer		13970.7	95			707.13	19607.27	percent of total billed charges	
PERC NEPHROSTOL -UP TO 2 CM	50080	CPT	outpatient			14706		12116.26 Corrections	Corrections		11764.8	80			707.13	19607.27	percent of total billed charges	
PERC NEPHROSTOL -UP TO 2 CM	50080	CPT	outpatient			14706		12116.26 First Health	First Health		10294.2	70			707.13	19607.27	percent of total billed charges	
PERC NEPHROSTOL -UP TO 2 CM	50080	CPT	outpatient			14706		12116.26 First Trenton	First Trenton		13235.4	90			707.13	19607.27	percent of total billed charges	
PERC NEPHROSTOL -UP TO 2 CM	50080	CPT	outpatient			14706		12116.26 Horizon	Indemnity		19607.27				707.13	19607.27	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERC NEPHROSTOL -UP TO 2 CM	50080	CPT	outpatient			14706		12116.26 Horizon	NJ Health		707.13				707.13	19607.27	fee schedule	
PERC NEPHROSTOL -UP TO 2 CM	50080	CPT	outpatient			14706		12116.26 Horizon	MGD		19607.27				707.13	19607.27	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERC NEPHROSTOL -UP TO 2 CM	50080	CPT	outpatient			14706		12116.26 Horizon	Medicare Blue		10535.88				707.13	19607.27	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERC NEPHROSTOL -UP TO 2 CM	50080	CPT	outpatient			14706		12116.26 Horizon	PPO		19607.27				707.13	19607.27	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERC NEPHROSTOL -UP TO 2 CM	50080	CPT	outpatient			14706		12116.26 Managed Care Inc	Managed Care Inc		13235.4	90			707.13	19607.27	percent of total billed charges	
PERC NEPHROSTOL -UP TO 2 CM	50080	CPT	outpatient			14706		12116.26 Multiplan	Multiplan		11764.8	80			707.13	19607.27	percent of total billed charges	
PERC NEPHROSTOL -UP TO 2 CM	50080	CPT	outpatient			14706		12116.26 Qualcare	Qualcare		11029.5	75			707.13	19607.27	percent of total billed charges	
PERC NEPHROSTOL -UP TO 2 CM	50080	CPT	outpatient			14706		12116.26 Three Rivers	Three Rivers		13970.7	95			707.13	19607.27	percent of total billed charges	
PERC NEPHROSTOL -UP TO 2 CM	50080	CPT	outpatient			14706		12116.26 UHC	Medicaid		4639.74	31.55			707.13	19607.27	percent of total billed charges	
PERC NEPHROSTOL -UP TO 2 CM	50080	CPT	outpatient			14706		12116.26 UHC	Medicare		10535.88				707.13	19607.27	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.															
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true														
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
PERC NEPHROSTOL -UP TO 2 CM	50080	CPT	outpatient			14706		12116.26 United	CommercialPPO		6362				707.13	19607.27	case rate	
PERC NEPHROSTOL -UP TO 2 CM	50080	CPT	outpatient			14706		12116.26 United	Oxford		6362				707.13	19607.27	case rate	
PERC NEPHROSTOL -UP TO 2 CM	50080	CPT	outpatient			14706		12116.26 Wellcare	Medicare		10535.88				707.13	19607.27	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERC NEPHROSTOL -UP TO 2 CM	50080	CPT	outpatient			14706		12116.26 Wellcare	Medicaid		4639.74	31.55			707.13	19607.27	percent of total billed charges	
PERC NEPHROSTOL -UP TO 2 CM	50080	CPT	outpatient			14706		12116.26 WellPoint	WellPoint		4732.39	32.18			707.13	19607.27	percent of total billed charges	
PERC NEPHROS. - OVER 2 CM	50081	CPT	outpatient			14706		12116.26 Aetna	Commercial		16773.12				439.04	19607.27	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERC NEPHROS. - OVER 2 CM	50081	CPT	outpatient			14706		12116.26 Aetna	Medicare		10535.88				439.04	19607.27	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERC NEPHROS. - OVER 2 CM	50081	CPT	outpatient			14706		12116.26 Aetna	Better Health		4639.74	31.55			439.04	19607.27	percent of total billed charges	
PERC NEPHROS. - OVER 2 CM	50081	CPT	outpatient			14706		12116.26 Americare	Americare		11029.5	75			439.04	19607.27	percent of total billed charges	
PERC NEPHROS. - OVER 2 CM	50081	CPT	outpatient			14706		12116.26 Amerihealth	HMO/PPO		9558.9	65			439.04	19607.27	percent of total billed charges	
PERC NEPHROS. - OVER 2 CM	50081	CPT	outpatient			14706		12116.26 Amerihealth	Medicare		10535.88				439.04	19607.27	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERC NEPHROS. - OVER 2 CM	50081	CPT	outpatient			14706		12116.26 Consumer	Consumer		13970.7	95			439.04	19607.27	percent of total billed charges	
PERC NEPHROS. - OVER 2 CM	50081	CPT	outpatient			14706		12116.26 Corrections	Corrections		11764.8	80			439.04	19607.27	percent of total billed charges	
PERC NEPHROS. - OVER 2 CM	50081	CPT	outpatient			14706		12116.26 First Health	First Health		10294.2	70			439.04	19607.27	percent of total billed charges	
PERC NEPHROS. - OVER 2 CM	50081	CPT	outpatient			14706		12116.26 First Trenton	First Trenton		13235.4	90			439.04	19607.27	percent of total billed charges	
PERC NEPHROS. - OVER 2 CM	50081	CPT	outpatient			14706		12116.26 Horizon	Indemnity		19607.27				439.04	19607.27	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERC NEPHROS. - OVER 2 CM	50081	CPT	outpatient			14706		12116.26 Horizon	MGD		19607.27				439.04	19607.27	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERC NEPHROS. - OVER 2 CM	50081	CPT	outpatient			14706		12116.26 Horizon	NJ Health		439.04				439.04	19607.27	fee schedule	
PERC NEPHROS. - OVER 2 CM	50081	CPT	outpatient			14706		12116.26 Horizon	PPO		19607.27				439.04	19607.27	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERC NEPHROS. - OVER 2 CM	50081	CPT	outpatient			14706		12116.26 Horizon	Medicare Blue		10535.88				439.04	19607.27	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERC NEPHROS. - OVER 2 CM	50081	CPT	outpatient			14706		12116.26 Managed Care Inc	Managed Care Inc		13235.4	90			439.04	19607.27	percent of total billed charges	
PERC NEPHROS. - OVER 2 CM	50081	CPT	outpatient			14706		12116.26 Multiplan	Multiplan		11764.8	80			439.04	19607.27	percent of total billed charges	
PERC NEPHROS. - OVER 2 CM	50081	CPT	outpatient			14706		12116.26 Qualcare	Qualcare		11029.5	75			439.04	19607.27	percent of total billed charges	
PERC NEPHROS. - OVER 2 CM	50081	CPT	outpatient			14706		12116.26 Three Rivers	Three Rivers		13970.7	95			439.04	19607.27	percent of total billed charges	
PERC NEPHROS. - OVER 2 CM	50081	CPT	outpatient			14706		12116.26 UHC	Medicare		10535.88				439.04	19607.27	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERC NEPHROS. - OVER 2 CM	50081	CPT	outpatient			14706		12116.26 UHC	Medicaid		4639.74	31.55			439.04	19607.27	percent of total billed charges	
PERC NEPHROS. - OVER 2 CM	50081	CPT	outpatient			14706		12116.26 United	Oxford		6362				439.04	19607.27	case rate	
PERC NEPHROS. - OVER 2 CM	50081	CPT	outpatient			14706		12116.26 United	CommercialPPO		6362				439.04	19607.27	case rate	
PERC NEPHROS. - OVER 2 CM	50081	CPT	outpatient			14706		12116.26 Wellcare	Medicare		10535.88				439.04	19607.27	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERC NEPHROS. - OVER 2 CM	50081	CPT	outpatient			14706		12116.26 Wellcare	Medicaid		4639.74	31.55			439.04	19607.27	percent of total billed charges	
PERC NEPHROS. - OVER 2 CM	50081	CPT	outpatient			14706		12116.26 WellPoint	WellPoint		4732.39	32.18			439.04	19607.27	percent of total billed charges	
RENAL BIOPSY PRQ TROCAR/NEEDLE	50200	CPT	both			5515		2132.36 Aetna	Better Health		1739.98	31.55			82.32	5239.25	percent of total billed charges	
RENAL BIOPSY PRQ TROCAR/NEEDLE	50200	CPT	both			5515		2132.36 Aetna	Commercial		2951.93				82.32	5239.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RENAL BIOPSY PRQ TROCAR/NEEDLE	50200	CPT	both			5515		2132.36 Aetna	Medicare		1854.23				82.32	5239.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RENAL BIOPSY PRQ TROCAR/NEEDLE	50200	CPT	both			5515		2132.36 Americare	Americare		4136.25	75			82.32	5239.25	percent of total billed charges	
RENAL BIOPSY PRQ TROCAR/NEEDLE	50200	CPT	both			5515		2132.36 Amerihealth	HMO/PPO		3584.75	65			82.32	5239.25	percent of total billed charges	
RENAL BIOPSY PRQ TROCAR/NEEDLE	50200	CPT	both			5515		2132.36 Amerihealth	Medicare		1854.23				82.32	5239.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RENAL BIOPSY PRQ TROCAR/NEEDLE	50200	CPT	both			5515		2132.36 Consumer	Consumer		5239.25	95			82.32	5239.25	percent of total billed charges	
RENAL BIOPSY PRQ TROCAR/NEEDLE	50200	CPT	both			5515		2132.36 Corrections	Corrections		4412	80			82.32	5239.25	percent of total billed charges	
RENAL BIOPSY PRQ TROCAR/NEEDLE	50200	CPT	both			5515		2132.36 First Health	First Health		3860.5	70			82.32	5239.25	percent of total billed charges	
RENAL BIOPSY PRQ TROCAR/NEEDLE	50200	CPT	both			5515		2132.36 First Trenton	First Trenton		4963.5	90			82.32	5239.25	percent of total billed charges	
RENAL BIOPSY PRQ TROCAR/NEEDLE	50200	CPT	both			5515		2132.36 Horizon	MGD		3450.72				82.32	5239.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RENAL BIOPSY PRQ TROCAR/NEEDLE	50200	CPT	both			5515		2132.36 Horizon	Medicare Blue		1854.23				82.32	5239.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RENAL BIOPSY PRQ TROCAR/NEEDLE	50200	CPT	both			5515		2132.36 Horizon	Indemnity		3450.72				82.32	5239.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RENAL BIOPSY PRQ TROCAR/NEEDLE	50200	CPT	both			5515		2132.36 Horizon	NJ Health		82.32				82.32	5239.25	fee schedule	
RENAL BIOPSY PRQ TROCAR/NEEDLE	50200	CPT	both			5515		2132.36 Horizon	PPO		3450.72				82.32	5239.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RENAL BIOPSY PRQ TROCAR/NEEDLE	50200	CPT	both			5515		2132.36 Managed Care Inc	Managed Care Inc		4963.5	90			82.32	5239.25	percent of total billed charges	
RENAL BIOPSY PRQ TROCAR/NEEDLE	50200	CPT	both			5515		2132.36 Multiplan	Multiplan		4412	80			82.32	5239.25	percent of total billed charges	
RENAL BIOPSY PRQ TROCAR/NEEDLE	50200	CPT	both			5515		2132.36 Qualcare	Qualcare		4136.25	75			82.32	5239.25	percent of total billed charges	
RENAL BIOPSY PRQ TROCAR/NEEDLE	50200	CPT	both			5515		2132.36 Three Rivers	Three Rivers		5239.25	95			82.32	5239.25	percent of total billed charges	
RENAL BIOPSY PRQ TROCAR/NEEDLE	50200	CPT	both			5515		2132.36 UHC	Medicaid		1739.98	31.55			82.32	5239.25	percent of total billed charges	
RENAL BIOPSY PRQ TROCAR/NEEDLE	50200	CPT	both			5515		2132.36 UHC	Medicare		1854.23				82.32	5239.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RENAL BIOPSY PRQ TROCAR/NEEDLE	50200	CPT	both			5515		2132.36 United	Oxford		2493				82.32	5239.25	case rate	
RENAL BIOPSY PRQ TROCAR/NEEDLE	50200	CPT	both			5515		2132.36 United	CommercialPPO		2493				82.32	5239.25	case rate	
RENAL BIOPSY PRQ TROCAR/NEEDLE	50200	CPT	both			5515		2132.36 Wellcare	Medicare		1854.23				82.32	5239.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RENAL BIOPSY PRQ TROCAR/NEEDLE	50200	CPT	both			5515		2132.36 Wellcare	Medicaid		1739.98	31.55			82.32	5239.25	percent of total billed charges	
RENAL BIOPSY PRQ TROCAR/NEEDLE	50200	CPT	both			5515		2132.36 WellPoint	WellPoint		1774.73	32.18			82.32	5239.25	percent of total billed charges	
REMOVAL & REPLACE OF INTERNAL	50382	CPT	outpatient			6758		2678.87 Aetna	Commercial		3708.48				1374.69	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL & REPLACE OF INTERNAL	50382	CPT	outpatient			6758		2678.87 Aetna	Medicare		2329.45				1374.69	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL & REPLACE OF INTERNAL	50382	CPT	outpatient			6758		2678.87 Aetna	Better Health		2132.15	31.55			1374.69	6420.1	percent of total billed charges	
REMOVAL & REPLACE OF INTERNAL	50382	CPT	outpatient			6758		2678.87 Americare	Americare		5068.5	75			1374.69	6420.1	percent of total billed charges	
REMOVAL & REPLACE OF INTERNAL	50382	CPT	outpatient			6758		2678.87 Amerihealth	HMO/PPO		4392.7	65			1374.69	6420.1	percent of total billed charges	
REMOVAL & REPLACE OF INTERNAL	50382	CPT	outpatient			6758		2678.87 Amerihealth	Medicare		2329.45				1374.69	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL & REPLACE OF INTERNAL	50382	CPT	outpatient			6758		2678.87 Consumer	Consumer		6420.1	95			1374.69	6420.1	percent of total billed charges	
REMOVAL & REPLACE OF INTERNAL	50382	CPT	outpatient			6758		2678.87 Corrections	Corrections		5406.4	80			1374.69	6420.1	percent of total billed charges	
REMOVAL & REPLACE OF INTERNAL	50382	CPT	outpatient			6758		2678.87 First Health	First Health		4730.6	70			1374.69	6420.1	percent of total billed charges	
REMOVAL & REPLACE OF INTERNAL	50382	CPT	outpatient			6758		2678.87 First Trenton	First Trenton		6082.2	90			1374.69	6420.1	percent of total billed charges	
REMOVAL & REPLACE OF INTERNAL	50382	CPT	outpatient			6758		2678.87 Horizon	Medicare Blue		2329.45				1374.69	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL & REPLACE OF INTERNAL	50382	CPT	outpatient			6758		2678.87 Horizon	Indemnity		4335.11				1374.69	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL & REPLACE OF INTERNAL	50382	CPT	outpatient			6758		2678.87 Horizon	MGD		4335.11				1374.69	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL & REPLACE OF INTERNAL	50382	CPT	outpatient			6758		2678.87 Horizon	NJ Health		1374.69				1374.69	6420.1	fee schedule	
REMOVAL & REPLACE OF INTERNAL	50382	CPT	outpatient			6758		2678.87 Horizon	PPO		4335.11				1374.69	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL & REPLACE OF INTERNAL	50382	CPT	outpatient			6758		2678.87 Managed Care Inc	Managed Care Inc		6082.2	90			1374.69	6420.1	percent of total billed charges	
REMOVAL & REPLACE OF INTERNAL	50382	CPT	outpatient			6758		2678.87 Multiplan	Multiplan		5406.4	80			1374.69	6420.1	percent of total billed charges	
REMOVAL & REPLACE OF INTERNAL	50382	CPT	outpatient			6758		2678.87 Qualcare	Qualcare		5068.5	75			1374.69	6420.1	percent of total billed charges	
REMOVAL & REPLACE OF INTERNAL	50382	CPT	outpatient			6758		2678.87 Three Rivers	Three Rivers		6420.1	95			1374.69	6420.1	percent of total billed charges	
REMOVAL & REPLACE OF INTERNAL	50382	CPT	outpatient			6758		2678.87 UHC	Medicaid		2132.15	31.55			1374.69	6420.1	percent of total billed charges	
REMOVAL & REPLACE OF INTERNAL	50382	CPT	outpatient			6758		2678.87 UHC	Medicare		2329.45				1374.69	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL & REPLACE OF INTERNAL	50382	CPT	outpatient			6758		2678.87 United	Oxford		2776				1374.69	6420.1	case rate	
REMOVAL & REPLACE OF INTERNAL	50382	CPT	outpatient			6758		2678.87 United	CommercialPPO		2776				1374.69	6420.1	case rate	
REMOVAL & REPLACE OF INTERNAL	50382	CPT	outpatient			6758		2678.87 Wellcare	Medicare		2329.45				1374.69	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL & REPLACE OF INTERNAL	50382	CPT	outpatient			6758		2678.87 Wellcare	Medicaid		2132.15	31.55			1374.69	6420.1	percent of total billed charges	
REMOVAL & REPLACE OF INTERNAL	50382	CPT	outpatient			6758		2678.87 WellPoint	WellPoint		2174.72	32.18			1374.69	6420.1	percent of total billed charges	
REMV INTER STENT PERCU R S&I	50384	CPT	outpatient			6758		2678.87 Aetna	Better Health		2132.15	31.55			1329.1	6420.1	percent of total billed charges	
REMV INTER STENT PERCU R S&I	50384	CPT	outpatient			6758		2678.87 Aetna	Commercial		3708.48				1329.1	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMV INTER STENT PERCU R S&I	50384	CPT	outpatient			6758		2678.87 Aetna	Medicare		2329.45				1329.1	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMV INTER STENT PERCU R S&I	50384	CPT	outpatient			6758		2678.87 Americare	Americare		5068.5	75			1329.1	6420.1	percent of total billed charges	
REMV INTER STENT PERCU R S&I	50384	CPT	outpatient			6758		2678.87 Amerihealth	HMO/PPO		4392.7	65			1329.1	6420.1	percent of total billed charges	
REMV INTER STENT PERCU R S&I	50384	CPT	outpatient			6758		2678.87 Amerihealth	Medicare		2329.45				1329.1	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMV INTER STENT PERCU R S&I	50384	CPT	outpatient			6758		2678.87 Consumer	Consumer		6420.1	95			1329.1	6420.1	percent of total billed charges	
REMV INTER STENT PERCU R S&I	50384	CPT	outpatient			6758		2678.87 Corrections	Corrections		5406.4	80			1329.1	6420.1	percent of total billed charges	
REMV INTER STENT PERCU R S&I	50384	CPT	outpatient			6758		2678.87 First Health	First Health		4730.6	70			1329.1	6420.1	percent of total billed charges	
REMV INTER STENT PERCU R S&I	50384	CPT	outpatient			6758		2678.87 First Trenton	First Trenton		6082.2	90			1329.1	6420.1	percent of total billed charges	
REMV INTER STENT PERCU R S&I	50384	CPT	outpatient			6758		2678.87 Horizon	MGD		4335.11				1329.1	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMV INTER STENT PERCU R S&I	50384	CPT	outpatient			6758		2678.87 Horizon	Medicare Blue		2329.45				1329.1	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMV INTER STENT PERCU R S&I	50384	CPT	outpatient			6758		2678.87 Horizon	PPO		4335.11				1329.1	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMV INTER STENT PERCU R S&I	50384	CPT	outpatient			6758		2678.87 Horizon	Indemnity		4335.11				1329.1	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMV INTER STENT PERCU R S&I	50384	CPT	outpatient			6758		2678.87 Horizon	NJ Health		1329.1				1329.1	6420.1	fee schedule	
REMV INTER STENT PERCU R S&I	50384	CPT	outpatient			6758		2678.87 Managed Care Inc	Managed Care Inc		6082.2	90			1329.1	6420.1	percent of total billed charges	
REMV INTER STENT PERCU R S&I	50384	CPT	outpatient			6758		2678.87 Multiplan	Multiplan		5406.4	80			1329.1	6420.1	percent of total billed charges	
REMV INTER STENT PERCU R S&I	50384	CPT	outpatient			6758		2678.87 Qualcare	Qualcare		5068.5	75			1329.1	6420.1	percent of total billed charges	
REMV INTER STENT PERCU R S&I	50384	CPT	outpatient			6758		2678.87 Three Rivers	Three Rivers		6420.1	95			1329.1	6420.1	percent of total billed charges	
REMV INTER STENT PERCU R S&I	50384	CPT	outpatient			6758		2678.87 UHC	Medicare		2329.45				1329.1	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMV INTER STENT PERCU R S&I	50384	CPT	outpatient			6758		2678.87 UHC	Medicaid		2132.15	31.55			1329.1	6420.1	percent of total billed charges	
REMV INTER STENT PERCU R S&I	50384	CPT	outpatient			6758		2678.87 United	Oxford		2776				1329.1	6420.1	case rate	
REMV INTER STENT PERCU R S&I	50384	CPT	outpatient			6758		2678.87 United	CommercialPPO		2776				1329.1	6420.1	case rate	
REMV INTER STENT PERCU R S&I	50384	CPT	outpatient			6758		2678.87 Wellcare	Medicaid		2132.15	31.55			1329.1	6420.1	percent of total billed charges	
REMV INTER STENT PERCU R S&I	50384	CPT	outpatient			6758		2678.87 Wellcare	Medicare		2329.45				1329.1	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMV INTER STENT PERCU R S&I	50384	CPT	outpatient			6758		2678.87 WellPoint	WellPoint		2174.72	32.18			1329.1	6420.1	percent of total billed charges	
TRANSURETH REM URETER STENT	50386	CPT	outpatient			7099		2678.87 Aetna	Better Health		2239.73	31.55			2132.15	6744.05	percent of total billed charges	
TRANSURETH REM URETER STENT	50386	CPT	outpatient			7099		2678.87 Aetna	Commercial		3708.48				2132.15	6744.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSURETH REM URETER STENT	50386	CPT	outpatient			7099		2678.87 Aetna	Medicare		2329.45				2132.15	6744.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSURETH REM URETER STENT	50386	CPT	outpatient			7099		2678.87 Americare	Americare		5324.25	75			2132.15	6744.05	percent of total billed charges	
TRANSURETH REM URETER STENT	50386	CPT	outpatient			7099		2678.87 Amerihealth	HMO/PPO		4614.35	65			2132.15	6744.05	percent of total billed charges	
TRANSURETH REM URETER STENT	50386	CPT	outpatient			7099		2678.87 Amerihealth	Medicare		2329.45				2132.15	6744.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSURETH REM URETER STENT	50386	CPT	outpatient			7099		2678.87 Consumer	Consumer		6744.05	95			2132.15	6744.05	percent of total billed charges	
TRANSURETH REM URETER STENT	50386	CPT	outpatient			7099		2678.87 Corrections	Corrections		5679.2	80			2132.15	6744.05	percent of total billed charges	
TRANSURETH REM URETER STENT	50386	CPT	outpatient			7099		2678.87 First Health	First Health		4969.3	70			2132.15	6744.05	percent of total billed charges	
TRANSURETH REM URETER STENT	50386	CPT	outpatient			7099		2678.87 First Trenton	First Trenton		6389.1	90			2132.15	6744.05	percent of total billed charges	
TRANSURETH REM URETER STENT	50386	CPT	outpatient			7099		2678.87 Horizon	MGD		4335.11				2132.15	6744.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSURETH REM URETER STENT	50386	CPT	outpatient			7099		2678.87 Horizon	Medicare Blue		2329.45				2132.15	6744.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSURETH REM URETER STENT	50386	CPT	outpatient			7099		2678.87 Horizon	PPO		4335.11				2132.15	6744.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSURETH REM URETER STENT	50386	CPT	outpatient			7099		2678.87 Horizon	Indemnity		4335.11				2132.15	6744.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSURETH REM URETER STENT	50386	CPT	outpatient			7099		2678.87 Managed Care Inc	Managed Care Inc		6389.1	90			2132.15	6744.05	percent of total billed charges	
TRANSURETH REM URETER STENT	50386	CPT	outpatient			7099		2678.87 Multiplan	Multiplan		5679.2	80			2132.15	6744.05	percent of total billed charges	
TRANSURETH REM URETER STENT	50386	CPT	outpatient			7099		2678.87 Qualcare	Qualcare		5324.25	75			2132.15	6744.05	percent of total billed charges	
TRANSURETH REM URETER STENT	50386	CPT	outpatient			7099		2678.87 Three Rivers	Three Rivers		6744.05	95			2132.15	6744.05	percent of total billed charges	
TRANSURETH REM URETER STENT	50386	CPT	outpatient			7099		2678.87 UHC	Medicaid		2239.73	31.55			2132.15	6744.05	percent of total billed charges	
TRANSURETH REM URETER STENT	50386	CPT	outpatient			7099		2678.87 UHC	Medicare		2329.45				2132.15	6744.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSURETH REM URETER STENT	50386	CPT	outpatient			7099		2678.87 United	CommercialPPO		2776				2132.15	6744.05	case rate	
TRANSURETH REM URETER STENT	50386	CPT	outpatient			7099		2678.87 United	Oxford		2776				2132.15	6744.05	case rate	
TRANSURETH REM URETER STENT	50386	CPT	outpatient			7099		2678.87 Wellcare	Medicare		2329.45				2132.15	6744.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSURETH REM URETER STENT	50386	CPT	outpatient			7099		2678.87 Wellcare	Medicaid		2239.73	31.55			2132.15	6744.05	percent of total billed charges	
TRANSURETH REM URETER STENT	50386	CPT	outpatient			7099		2678.87 WellPoint	WellPoint		2284.46	32.18			2132.15	6744.05	percent of total billed charges	
CHANGE EXT/INT URETER STENT	50387	CPT	outpatient			7098		2678.87 Aetna	Commercial		3708.48				668.6	6743.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHANGE EXT/INT URETER STENT	50387	CPT	outpatient			7098		2678.87 Aetna	Better Health		2239.42	31.55			668.6	6743.1	percent of total billed charges	
CHANGE EXT/INT URETER STENT	50387	CPT	outpatient			7098		2678.87 Aetna	Medicare		2329.45				668.6	6743.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHANGE EXT/INT URETER STENT	50387	CPT	outpatient			7098		2678.87 Americare	Americare		5323.5	75			668.6	6743.1	percent of total billed charges	
CHANGE EXT/INT URETER STENT	50387	CPT	outpatient			7098		2678.87 Amerihealth	Medicare		2329.45				668.6	6743.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHANGE EXT/INT URETER STENT	50387	CPT	outpatient			7098		2678.87 Amerihealth	HMO/PPO		4613.7	65			668.6	6743.1	percent of total billed charges	
CHANGE EXT/INT URETER STENT	50387	CPT	outpatient			7098		2678.87 Consumer	Consumer		6743.1	95			668.6	6743.1	percent of total billed charges	
CHANGE EXT/INT URETER STENT	50387	CPT	outpatient			7098		2678.87 Corrections	Corrections		5678.4	80			668.6	6743.1	percent of total billed charges	
CHANGE EXT/INT URETER STENT	50387	CPT	outpatient			7098		2678.87 First Health	First Health		4968.6	70			668.6	6743.1	percent of total billed charges	
CHANGE EXT/INT URETER STENT	50387	CPT	outpatient			7098		2678.87 First Trenton	First Trenton		6388.2	90			668.6	6743.1	percent of total billed charges	
CHANGE EXT/INT URETER STENT	50387	CPT	outpatient			7098		2678.87 Horizon	Medicare Blue		2329.45				668.6	6743.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHANGE EXT/INT URETER STENT	50387	CPT	outpatient			7098		2678.87 Horizon	MGD		4335.11				668.6	6743.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHANGE EXT/INT URETER STENT	50387	CPT	outpatient			7098		2678.87 Horizon	Indemnity		4335.11				668.6	6743.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHANGE EXT/INT URETER STENT	50387	CPT	outpatient			7098		2678.87 Horizon	PPO		4335.11				668.6	6743.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CHANGE EXT/INT URETER STENT	50387	CPT	outpatient			7098	2678.87	Horizon	NJ Health		668.6				668.6	668.6	6743.1 fee schedule	
CHANGE EXT/INT URETER STENT	50387	CPT	outpatient			7098	2678.87	Managed Care Inc	Managed Care Inc		6388.2	90			668.6	6743.1	6743.1 percent of total billed charges	
CHANGE EXT/INT URETER STENT	50387	CPT	outpatient			7098	2678.87	Multiplan	Multiplan		5678.4	80			668.6	6743.1	6743.1 percent of total billed charges	
CHANGE EXT/INT URETER STENT	50387	CPT	outpatient			7098	2678.87	Qualcare	Qualcare		5323.5	75			668.6	6743.1	6743.1 percent of total billed charges	
CHANGE EXT/INT URETER STENT	50387	CPT	outpatient			7098	2678.87	Three Rivers	Three Rivers		6743.1	95			668.6	6743.1	6743.1 percent of total billed charges	
CHANGE EXT/INT URETER STENT	50387	CPT	outpatient			7098	2678.87	UHC	Medicare		2329.45				668.6	6743.1	6743.1 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHANGE EXT/INT URETER STENT	50387	CPT	outpatient			7098	2678.87	UHC	Medicaid		2239.42	31.55			668.6	6743.1	6743.1 percent of total billed charges	
CHANGE EXT/INT URETER STENT	50387	CPT	outpatient			7098	2678.87	United	Commercial|PPO		2493				668.6	6743.1	6743.1 case rate	
CHANGE EXT/INT URETER STENT	50387	CPT	outpatient			7098	2678.87	United	Oxford		2493				668.6	6743.1	6743.1 case rate	
CHANGE EXT/INT URETER STENT	50387	CPT	outpatient			7098	2678.87	Wellcare	Medicare		2329.45				668.6	6743.1	6743.1 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHANGE EXT/INT URETER STENT	50387	CPT	outpatient			7098	2678.87	Wellcare	Medicaid		2239.42	31.55			668.6	6743.1	6743.1 percent of total billed charges	
CHANGE EXT/INT URETER STENT	50387	CPT	outpatient			7098	2678.87	WellPoint	WellPoint		2284.14	32.18			668.6	6743.1	6743.1 percent of total billed charges	
REM NEPHROS TUBE FLUORO	50389	CPT	both			2435	898.44	Aetna	Better Health		768.24	31.55			386.17	2313.25	2313.25 percent of total billed charges	
REM NEPHROS TUBE FLUORO	50389	CPT	both			2435	898.44	Aetna	Commercial		1243.75				386.17	2313.25	2313.25 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM NEPHROS TUBE FLUORO	50389	CPT	both			2435	898.44	Aetna	Medicare		781.25				386.17	2313.25	2313.25 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM NEPHROS TUBE FLUORO	50389	CPT	both			2435	898.44	Americare	Americare		1826.25	75			386.17	2313.25	2313.25 percent of total billed charges	
REM NEPHROS TUBE FLUORO	50389	CPT	both			2435	898.44	Amerihealth	HMO|PPO		1582.75	65			386.17	2313.25	2313.25 percent of total billed charges	
REM NEPHROS TUBE FLUORO	50389	CPT	both			2435	898.44	Amerihealth	Medicare		781.25				386.17	2313.25	2313.25 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM NEPHROS TUBE FLUORO	50389	CPT	both			2435	898.44	Consumer	Consumer		2313.25	95			386.17	2313.25	2313.25 percent of total billed charges	
REM NEPHROS TUBE FLUORO	50389	CPT	both			2435	898.44	Corrections	Corrections		1948	80			386.17	2313.25	2313.25 percent of total billed charges	
REM NEPHROS TUBE FLUORO	50389	CPT	both			2435	898.44	First Health	First Health		1704.5	70			386.17	2313.25	2313.25 percent of total billed charges	
REM NEPHROS TUBE FLUORO	50389	CPT	both			2435	898.44	First Trenton	First Trenton		2191.5	90			386.17	2313.25	2313.25 percent of total billed charges	
REM NEPHROS TUBE FLUORO	50389	CPT	both			2435	898.44	Horizon	NJ Health		458.62				386.17	2313.25	2313.25 fee schedule	
REM NEPHROS TUBE FLUORO	50389	CPT	both			2435	898.44	Horizon	Indemnity		1453.91				386.17	2313.25	2313.25 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM NEPHROS TUBE FLUORO	50389	CPT	both			2435	898.44	Horizon	MGD		1453.91				386.17	2313.25	2313.25 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM NEPHROS TUBE FLUORO	50389	CPT	both			2435	898.44	Horizon	Medicare Blue		781.25				386.17	2313.25	2313.25 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM NEPHROS TUBE FLUORO	50389	CPT	both			2435	898.44	Horizon	PPO		1453.91				386.17	2313.25	2313.25 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM NEPHROS TUBE FLUORO	50389	CPT	both			2435	898.44	Managed Care Inc	Managed Care Inc		2191.5	90			386.17	2313.25	2313.25 percent of total billed charges	
REM NEPHROS TUBE FLUORO	50389	CPT	both			2435	898.44	Multiplan	Multiplan		1948	80			386.17	2313.25	2313.25 percent of total billed charges	
REM NEPHROS TUBE FLUORO	50389	CPT	both			2435	898.44	Qualcare	Qualcare		1826.25	75			386.17	2313.25	2313.25 percent of total billed charges	
REM NEPHROS TUBE FLUORO	50389	CPT	both			2435	898.44	Three Rivers	Three Rivers		2313.25	95			386.17	2313.25	2313.25 percent of total billed charges	
REM NEPHROS TUBE FLUORO	50389	CPT	both			2435	898.44	UHC	Medicaid		768.24	31.55			386.17	2313.25	2313.25 percent of total billed charges	
REM NEPHROS TUBE FLUORO	50389	CPT	both			2435	898.44	UHC	Medicare		781.25				386.17	2313.25	2313.25 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM NEPHROS TUBE FLUORO	50389	CPT	both			2435	898.44	United	Commercial|PPO		1817				386.17	2313.25	2313.25 case rate	
REM NEPHROS TUBE FLUORO	50389	CPT	both			2435	898.44	United	Oxford		1817				386.17	2313.25	2313.25 case rate	
REM NEPHROS TUBE FLUORO	50389	CPT	both			2435	898.44	Wellcare	Medicare		781.25				386.17	2313.25	2313.25 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM NEPHROS TUBE FLUORO	50389	CPT	both			2435	898.44	Wellcare	Medicaid		768.24	31.55			386.17	2313.25	2313.25 percent of total billed charges	
REM NEPHROS TUBE FLUORO	50389	CPT	both			2435	898.44	WellPoint	WellPoint		783.58	32.18			386.17	2313.25	2313.25 percent of total billed charges	
IR ASP/INJ RENAL CYST	50390	CPT	outpatient			3309	925.36	Aetna	Medicare		804.66				82.32	3143.55	3143.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IR ASP/INJ RENAL CYST	50390	CPT	outpatient			3309	925.36	Aetna	Commercial		1281.02				82.32	3143.55	3143.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IR ASP/INJ RENAL CYST	50390	CPT	outpatient			3309	925.36	Aetna	Better Health		1043.99	31.55			82.32	3143.55	3143.55 percent of total billed charges	
IR ASP/INJ RENAL CYST	50390	CPT	outpatient			3309	925.36	Americare	Americare		2481.75	75			82.32	3143.55	3143.55 percent of total billed charges	
IR ASP/INJ RENAL CYST	50390	CPT	outpatient			3309	925.36	Amerihealth	HMO|PPO		2150.85	65			82.32	3143.55	3143.55 percent of total billed charges	
IR ASP/INJ RENAL CYST	50390	CPT	outpatient			3309	925.36	Amerihealth	Medicare		804.66				82.32	3143.55	3143.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IR ASP/INJ RENAL CYST	50390	CPT	outpatient			3309	925.36	Consumer	Consumer		3143.55	95			82.32	3143.55	3143.55 percent of total billed charges	
IR ASP/INJ RENAL CYST	50390	CPT	outpatient			3309	925.36	Corrections	Corrections		2647.2	80			82.32	3143.55	3143.55 percent of total billed charges	
IR ASP/INJ RENAL CYST	50390	CPT	outpatient			3309	925.36	First Health	First Health		2316.3	70			82.32	3143.55	3143.55 percent of total billed charges	
IR ASP/INJ RENAL CYST	50390	CPT	outpatient			3309	925.36	First Trenton	First Trenton		2978.1	90			82.32	3143.55	3143.55 percent of total billed charges	
IR ASP/INJ RENAL CYST	50390	CPT	outpatient			3309	925.36	Horizon	NJ Health		82.32				82.32	3143.55	3143.55 fee schedule	
IR ASP/INJ RENAL CYST	50390	CPT	outpatient			3309	925.36	Horizon	Indemnity		1497.47				82.32	3143.55	3143.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IR ASP/INJ RENAL CYST	50390	CPT	outpatient			3309	925.36	Horizon	Medicare Blue		804.66				82.32	3143.55	3143.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IR ASP/INJ RENAL CYST	50390	CPT	outpatient			3309	925.36	Horizon	MGD		1497.47				82.32	3143.55	3143.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IR ASP/INJ RENAL CYST	50390	CPT	outpatient			3309	925.36	Horizon	PPO		1497.47				82.32	3143.55	3143.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IR ASP/INJ RENAL CYST	50390	CPT	outpatient			3309	925.36	Managed Care Inc	Managed Care Inc		2978.1	90			82.32	3143.55	3143.55 percent of total billed charges	
IR ASP/INJ RENAL CYST	50390	CPT	outpatient			3309	925.36	Multiplan	Multiplan		2647.2	80			82.32	3143.55	3143.55 percent of total billed charges	
IR ASP/INJ RENAL CYST	50390	CPT	outpatient			3309	925.36	Qualcare	Qualcare		2481.75	75			82.32	3143.55	3143.55 percent of total billed charges	
IR ASP/INJ RENAL CYST	50390	CPT	outpatient			3309	925.36	Three Rivers	Three Rivers		3143.55	95			82.32	3143.55	3143.55 percent of total billed charges	
IR ASP/INJ RENAL CYST	50390	CPT	outpatient			3309	925.36	UHC	Medicaid		1043.99	31.55			82.32	3143.55	3143.55 percent of total billed charges	
IR ASP/INJ RENAL CYST	50390	CPT	outpatient			3309	925.36	UHC	Medicare		804.66				82.32	3143.55	3143.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IR ASP/INJ RENAL CYST	50390	CPT	outpatient			3309	925.36	United	Commercial|PPO		1817				82.32	3143.55	3143.55 case rate	
IR ASP/INJ RENAL CYST	50390	CPT	outpatient			3309	925.36	United	Oxford		1817				82.32	3143.55	3143.55 case rate	
IR ASP/INJ RENAL CYST	50390	CPT	outpatient			3309	925.36	Wellcare	Medicare		804.66				82.32	3143.55	3143.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IR ASP/INJ RENAL CYST	50390	CPT	outpatient			3309	925.36	Wellcare	Medicaid		1043.99	31.55			82.32	3143.55	3143.55 percent of total billed charges	
IR ASP/INJ RENAL CYST	50390	CPT	outpatient			3309	925.36	WellPoint	WellPoint		1064.84	32.18			82.32	3143.55	3143.55 percent of total billed charges	
INSTILL RX RENAL PEL/URE VIA NEPH RT	50391	CPT	outpatient			900	325.06	Aetna	Better Health		283.95	31.55			282.66	1782	1782 percent of total billed charges	
INSTILL RX RENAL PEL/URE VIA NEPH RT	50391	CPT	outpatient			900	325.06	Aetna	Medicare		282.66				282.66	1782	1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSTILL RX RENAL PEL/URE VIA NEPH RT	50391	CPT	outpatient			900	325.06	Aetna	Commercial		449.99				282.66	1782	1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSTILL RX RENAL PEL/URE VIA NEPH RT	50391	CPT	outpatient			900	325.06	Americare	Americare		675	75			282.66	1782	1782 percent of total billed charges	
INSTILL RX RENAL PEL/URE VIA NEPH RT	50391	CPT	outpatient			900	325.06	Amerihealth	HMO|PPO		585	65			282.66	1782	1782 percent of total billed charges	
INSTILL RX RENAL PEL/URE VIA NEPH RT	50391	CPT	outpatient			900	325.06	Amerihealth	Medicare		282.66				282.66	1782	1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSTILL RX RENAL PEL/URE VIA NEPH RT	50391	CPT	outpatient			900	325.06	Consumer	Consumer		855	95			282.66	1782	1782 percent of total billed charges	
INSTILL RX RENAL PEL/URE VIA NEPH RT	50391	CPT	outpatient			900	325.06	Corrections	Corrections		720	80			282.66	1782	1782 percent of total billed charges	
INSTILL RX RENAL PEL/URE VIA NEPH RT	50391	CPT	outpatient			900	325.06	First Health	First Health		630	70			282.66	1782	1782 percent of total billed charges	
INSTILL RX RENAL PEL/URE VIA NEPH RT	50391	CPT	outpatient			900	325.06	First Trenton	First Trenton		810	90			282.66	1782	1782 percent of total billed charges	
INSTILL RX RENAL PEL/URE VIA NEPH RT	50391	CPT	outpatient			900	325.06	Horizon	PPO		526.03				282.66	1782	1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSTILL RX RENAL PEL/URE VIA NEPH RT	50391	CPT	outpatient			900	325.06	Horizon	MGD		526.03				282.66	1782	1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSTILL RX RENAL PEL/URE VIA NEPH RT	50391	CPT	outpatient			900	325.06	Horizon	Indemnity		526.03				282.66	1782	1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSTILL RX RENAL PEL/URE VIA NEPH RT	50391	CPT	outpatient			900	325.06	Horizon	Medicare Blue		282.66				282.66	1782	1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSTILL RX RENAL PEL/URE VIA NEPH RT	50391	CPT	outpatient			900	325.06	Managed Care Inc	Managed Care Inc		810	90			282.66	1782	1782 percent of total billed charges	
INSTILL RX RENAL PEL/URE VIA NEPH RT	50391	CPT	outpatient			900	325.06	Multiplan	Multiplan		720	80			282.66	1782	1782 percent of total billed charges	
INSTILL RX RENAL PEL/URE VIA NEPH RT	50391	CPT	outpatient			900	325.06	Qualcare	Qualcare		675	75			282.66	1782	1782 percent of total billed charges	
INSTILL RX RENAL PEL/URE VIA NEPH RT	50391	CPT	outpatient			900	325.06	Three Rivers	Three Rivers		855	95			282.66	1782	1782 percent of total billed charges	
INSTILL RX RENAL PEL/URE VIA NEPH RT	50391	CPT	outpatient			900	325.06	UHC	Medicare		282.66				282.66	1782	1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSTILL RX RENAL PEL/URE VIA NEPH RT	50391	CPT	outpatient			900	325.06	UHC	Medicaid		283.95	31.55			282.66	1782	1782 percent of total billed charges	
INSTILL RX RENAL PEL/URE VIA NEPH RT	50391	CPT	outpatient			900	325.06	United	Oxford		1782				282.66	1782	1782 case rate	
INSTILL RX RENAL PEL/URE VIA NEPH RT	50391	CPT	outpatient			900	325.06	United	Commercial|PPO		1782				282.66	1782	1782 case rate	
INSTILL RX RENAL PEL/URE VIA NEPH RT	50391	CPT	outpatient			900	325.06	Wellcare	Medicare		282.66				282.66	1782	1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSTILL RX RENAL PEL/URE VIA NEPH RT	50391	CPT	outpatient			900	325.06	Wellcare	Medicaid		283.95	31.55			282.66	1782	1782 percent of total billed charges	
INSTILL RX RENAL PEL/URE VIA NEPH RT	50391	CPT	outpatient			900	325.06	WellPoint	WellPoint		289.62	32.18			282.66	1782	1782 percent of total billed charges	
MANO STUDIES THRU NEPHROSTOMY	50396	CPT	outpatient			2306	898.44	Aetna	Medicare		781.25				47.43	2190.7	2190.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MANO STUDIES THRU NEPHROSTOMY	50396	CPT	outpatient			2306	898.44	Aetna	Better Health		727.54	31.55			47.43	2190.7	2190.7 percent of total billed charges	
MANO STUDIES THRU NEPHROSTOMY	50396	CPT	outpatient			2306	898.44	Aetna	Commercial		1243.75				47.43	2190.7	2190.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MANO STUDIES THRU NEPHROSTOMY	50396	CPT	outpatient			2306	898.44	Americare	Americare		1729.5	75			47.43	2190.7	2190.7 percent of total billed charges	
MANO STUDIES THRU NEPHROSTOMY	50396	CPT	outpatient			2306	898.44	Amerihealth	HMO|PPO		1498.9	65			47.43	2190.7	2190.7 percent of total billed charges	
MANO STUDIES THRU NEPHROSTOMY	50396	CPT	outpatient			2306	898.44	Amerihealth	Medicare		781.25				47.43	2190.7	2190.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MANO STUDIES THRU NEPHROSTOMY	50396	CPT	outpatient			2306	898.44	Consumer	Consumer		2190.7	95			47.43	2190.7	2190.7 percent of total billed charges	
MANO STUDIES THRU NEPHROSTOMY	50396	CPT	outpatient			2306	898.44	Corrections	Corrections		1844.8	80			47.43	2190.7	2190.7 percent of total billed charges	
MANO STUDIES THRU NEPHROSTOMY	50396	CPT	outpatient			2306	898.44	First Health	First Health		1614.2	70			47.43	2190.7	2190.7 percent of total billed charges	
MANO STUDIES THRU NEPHROSTOMY	50396	CPT	outpatient			2306	898.44	First Trenton	First Trenton		2075.4	90			47.43	2190.7	2190.7 percent of total billed charges	
MANO STUDIES THRU NEPHROSTOMY	50396	CPT	outpatient			2306	898.44	Horizon	NJ Health		47.43				47.43	2190.7	2190.7 fee schedule	
MANO STUDIES THRU NEPHROSTOMY	50396	CPT	outpatient			2306	898.44	Horizon	Medicare Blue		781.25				47.43	2190.7	2190.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MANO STUDIES THRU NEPHROSTOMY	50396	CPT	outpatient			2306	898.44	Horizon	MGD		1453.91				47.43	2190.7	2190.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MANO STUDIES THRU NEPHROSTOMY	50396	CPT	outpatient			2306	898.44	Horizon	PPO		1453.91				47.43	2190.7	2190.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MANO STUDIES THRU NEPHROSTOMY	50396	CPT	outpatient			2306	898.44	Horizon	Indemnity		1453.91				47.43	2190.7	2190.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MANO STUDIES THRU NEPHROSTOMY	50396	CPT	outpatient			2306	898.44	Managed Care Inc	Managed Care Inc		2075.4	90			47.43	2190.7	2190.7 percent of total billed charges	
MANO STUDIES THRU NEPHROSTOMY	50396	CPT	outpatient			2306	898.44	Multiplan	Multiplan		1844.8	80			47.43	2190.7	2190.7 percent of total billed charges	
MANO STUDIES THRU NEPHROSTOMY	50396	CPT	outpatient			2306	898.44	Qualcare	Qualcare		1729.5	75			47.43	2190.7	2190.7 percent of total billed charges	
MANO STUDIES THRU NEPHROSTOMY	50396	CPT	outpatient			2306	898.44	Three Rivers	Three Rivers		2190.7	95			47.43	2190.7	2190.7 percent of total billed charges	
MANO STUDIES THRU NEPHROSTOMY	50396	CPT	outpatient			2306	898.44	UHC	Medicaid		727.54	31.55			47.43	2190.7	2190.7 percent of total billed charges	
MANO STUDIES THRU NEPHROSTOMY	50396	CPT	outpatient			2306	898.44	UHC	Medicare		781.25				47.43	2190.7	2190.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MANO STUDIES THRU NEPHROSTOMY	50396	CPT	outpatient			2306	898.44	United	Commercial|PPO		1817				47.43	2190.7	2190.7 case rate	
MANO STUDIES THRU NEPHROSTOMY	50396	CPT	outpatient			2306	898.44	United	Oxford		1817				47.43	2190.7	2190.7 case rate	
MANO STUDIES THRU NEPHROSTOMY	50396	CPT	outpatient			2306	898.44	Wellcare	Medicare		781.25				47.43	2190.7	2190.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MANO STUDIES THRU NEPHROSTOMY	50396	CPT	outpatient			2306	898.44	Wellcare	Medicaid		727.54	31.55			47.43	2190.7	2190.7 percent of total billed charges	
MANO STUDIES THRU NEPHROSTOMY	50396	CPT	outpatient			2306	898.44	WellPoint	WellPoint		742.07	32.18			47.43	2190.7	2190.7 percent of total billed charges	
INJECT THRU NEW PCN W/NEPHROSTOGRAM INC	50430	CPT	inpatient			2369	898.44	Aetna	Better Health		747.42	31.55			255.56	2250.55	2250.55 percent of total billed charges	
INJECT THRU NEW PCN W/NEPHROSTOGRAM INC	50430	CPT	inpatient			2369	898.44	Aetna	Medicare		781.25				255.56	2250.55	2250.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECT THRU NEW PCN W/NEPHROSTOGRAM INC	50430	CPT	inpatient			2369	898.44	Aetna	Commercial		1243.75				255.56	2250.55	2250.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECT THRU NEW PCN W/NEPHROSTOGRAM INC	50430	CPT	inpatient			2369	898.44	Americare	Americare		1776.75	75			255.56	2250.55	2250.55 percent of total billed charges	
INJECT THRU NEW PCN W/NEPHROSTOGRAM INC	50430	CPT	inpatient			2369	898.44	Amerihealth	HMO|PPO		1539.85	65			255.56	2250.55	2250.55 percent of total billed charges	
INJECT THRU NEW PCN W/NEPHROSTOGRAM INC	50430	CPT	inpatient			2369	898.44	Amerihealth	Medicare		781.25				255.56	2250.55	2250.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECT THRU NEW PCN W/NEPHROSTOGRAM INC	50430	CPT	inpatient			2369	898.44	Consumer	Consumer		2250.55	95			255.56	2250.55	2250.55 percent of total billed charges	
INJECT THRU NEW PCN W/NEPHROSTOGRAM INC	50430	CPT	inpatient			2369	898.44	Corrections	Corrections		1895.2	80			255.56	2250.55	2250.55 percent of total billed charges	
INJECT THRU NEW PCN W/NEPHROSTOGRAM INC	50430	CPT	inpatient			2369	898.44	First Health	First Health		1658.3	70			255.56	2250.55	2250.55 percent of total billed charges	
INJECT THRU NEW PCN W/NEPHROSTOGRAM INC	50430	CPT	inpatient			2369	898.44	First Trenton	First Trenton		2132.1	90			255.56	2250.55	2250.55 percent of total billed charges	
INJECT THRU NEW PCN W/NEPHROSTOGRAM INC	50430	CPT	inpatient			2369	898.44	Horizon	Medicare Blue		781.25				255.56	2250.55	2250.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECT THRU NEW PCN W/NEPHROSTOGRAM INC	50430	CPT	inpatient			2369	898.44	Horizon	MGD		1453.91				255.56	2250.55	2250.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECT THRU NEW PCN W/NEPHROSTOGRAM INC	50430	CPT	inpatient			2369	898.44	Horizon	Indemnity		1453.91				255.56	2250.55	2250.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECT THRU NEW PCN W/NEPHROSTOGRAM INC	50430	CPT	inpatient			2369	898.44	Horizon	NJ Health		573.61				255.56	2250.55	2250.55 fee schedule	
INJECT THRU NEW PCN W/NEPHROSTOGRAM INC	50430	CPT	inpatient			2369	898.44	Horizon	PPO		1453.91				255.56	2250.55	2250.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECT THRU NEW PCN W/NEPHROSTOGRAM INC	50430	CPT	inpatient			2369	898.44	Managed Care Inc	Managed Care Inc		2132.1	90			255.56	2250.55	2250.55 percent of total billed charges	
INJECT THRU NEW PCN W/NEPHROSTOGRAM INC	50430	CPT	inpatient			2369	898.44	Multiplan	Multiplan		1895.2	80			255.56	2250.55	2250.55 percent of total billed charges	
INJECT THRU NEW PCN W/NEPHROSTOGRAM INC	50430	CPT	inpatient			2369	898.44	Qualcare	Qualcare		1776.75	75			255.56	2250.55	2250.55 percent of total billed charges	
INJECT THRU NEW PCN W/NEPHROSTOGRAM INC	50430	CPT	inpatient			2369	898.44	Three Rivers	Three Rivers		2250.55	95			255.56	2250.55	2250.55 percent of total billed charges	
INJECT THRU NEW PCN W/NEPHROSTOGRAM INC	50430	CPT	inpatient			2369	898.44	UHC	Medicaid		747.42	31.55			255.56	2250.55	2250.55 percent of total billed charges	
INJECT THRU NEW PCN W/NEPHROSTOGRAM INC	50430	CPT	inpatient			2369	898.44	UHC	Medicare		781.25				255.56	2250.55	2250.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECT THRU NEW PCN W/NEPHROSTOGRAM INC	50430	CPT	inpatient			2369	898.44	United	Oxford		1817				255.56	2250.55	2250.55 case rate	
INJECT THRU NEW PCN W/NEPHROSTOGRAM INC	50430	CPT	inpatient			2369	898.44	United	Commercial|PPO		1817				255.56	2250.55	2250.55 case rate	
INJECT THRU NEW PCN W/NEPHROSTOGRAM INC	50430	CPT	inpatient			2369	898.44	Wellcare	Medicare		781.25				255.56	2250.55	2250.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECT THRU NEW PCN W/NEPHROSTOGRAM INC	50430	CPT	inpatient			2369	898.44	Wellcare	Medicaid		747.42	31.55			255.56	2250.55	2250.55 percent of total billed charges	
INJECT THRU NEW PCN W/NEPHROSTOGRAM INC	50430	CPT	inpatient			2369	898.44	WellPoint	WellPoint		762.34	32.18			255.56	2250.55	2250.55 percent of total billed charges	
NJX PX ANTEGR NFR&/URT EXST ACESS	50431	CPT	both			2369	898.44	Aetna	Commercial		1243.75				178.01	2250.55	2250.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX PX ANTEGR NFR&/URT EXST ACESS	50431	CPT	both			2369	898.44	Aetna	Medicare		781.25				178.01	2250.55	2250.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX PX ANTEGR NFR&/URT EXST ACESS	50431	CPT	both			2369	898.44	Aetna	Better Health		747.42	31.55			178.01	2250.55	2250.55 percent

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-09-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
NJX PX ANTEGR NFR&/URT EXST ACESS	50431	CPT	both			2369	898.44	Corrections	Corrections		1895.2	80			178.01	2250.55	percent of total billed charges	
NJX PX ANTEGR NFR&/URT EXST ACESS	50431	CPT	both			2369	898.44	First Health	First Health		1658.3	70			178.01	2250.55	percent of total billed charges	
NJX PX ANTEGR NFR&/URT EXST ACESS	50431	CPT	both			2369	898.44	First Trenton	First Trenton		2132.1	90			178.01	2250.55	percent of total billed charges	
NJX PX ANTEGR NFR&/URT EXST ACESS	50431	CPT	both			2369	898.44	Horizon	Medicare Blue		781.25				178.01	2250.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX PX ANTEGR NFR&/URT EXST ACESS	50431	CPT	both			2369	898.44	Horizon	Indemnity		1463.91				178.01	2250.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX PX ANTEGR NFR&/URT EXST ACESS	50431	CPT	both			2369	898.44	Horizon	MGD		1453.91				178.01	2250.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX PX ANTEGR NFR&/URT EXST ACESS	50431	CPT	both			2369	898.44	Horizon	NJ Health		178.01				178.01	2250.55	fee schedule	
NJX PX ANTEGR NFR&/URT EXST ACESS	50431	CPT	both			2369	898.44	Horizon	PPO		1453.91				178.01	2250.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX PX ANTEGR NFR&/URT EXST ACESS	50431	CPT	both			2369	898.44	Managed Care Inc	Managed Care Inc		2132.1	90			178.01	2250.55	percent of total billed charges	
NJX PX ANTEGR NFR&/URT EXST ACESS	50431	CPT	both			2369	898.44	Multiplan	Multiplan		1895.2	80			178.01	2250.55	percent of total billed charges	
NJX PX ANTEGR NFR&/URT EXST ACESS	50431	CPT	both			2369	898.44	Qualcare	Qualcare		1776.75	75			178.01	2250.55	percent of total billed charges	
NJX PX ANTEGR NFR&/URT EXST ACESS	50431	CPT	both			2369	898.44	Three Rivers	Three Rivers		2250.55	95			178.01	2250.55	percent of total billed charges	
NJX PX ANTEGR NFR&/URT EXST ACESS	50431	CPT	both			2369	898.44	UHC	Medicaid		747.42	31.55			178.01	2250.55	percent of total billed charges	
NJX PX ANTEGR NFR&/URT EXST ACESS	50431	CPT	both			2369	898.44	UHC	Medicare		781.25				178.01	2250.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX PX ANTEGR NFR&/URT EXST ACESS	50431	CPT	both			2369	898.44	United	CommercialPPO		1817				178.01	2250.55	case rate	
NJX PX ANTEGR NFR&/URT EXST ACESS	50431	CPT	both			2369	898.44	United	Oxford		1817				178.01	2250.55	case rate	
NJX PX ANTEGR NFR&/URT EXST ACESS	50431	CPT	both			2369	898.44	Wellcare	Medicare		781.25				178.01	2250.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX PX ANTEGR NFR&/URT EXST ACESS	50431	CPT	both			2369	898.44	Wellcare	Medicaid		747.42	31.55			178.01	2250.55	percent of total billed charges	
NJX PX ANTEGR NFR&/URT EXST ACESS	50431	CPT	both			2369	898.44	WellPoint	WellPoint		782.34	32.18			178.01	2250.55	percent of total billed charges	
PLACE PCN CATH. W/ NEPHROSTOGRAM, INCL	50432	CPT	both			6794	2678.87	Aetna	Medicare		2329.45				933.2	6454.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACE PCN CATH. W/ NEPHROSTOGRAM, INCL	50432	CPT	both			6794	2678.87	Aetna	Better Health		2143.51	31.55			933.2	6454.3	percent of total billed charges	
PLACE PCN CATH. W/ NEPHROSTOGRAM, INCL	50432	CPT	both			6794	2678.87	Aetna	Commercial		3708.48				933.2	6454.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACE PCN CATH. W/ NEPHROSTOGRAM, INCL	50432	CPT	both			6794	2678.87	Americare	Americare		5095.5	75			933.2	6454.3	percent of total billed charges	
PLACE PCN CATH. W/ NEPHROSTOGRAM, INCL	50432	CPT	both			6794	2678.87	Amerihealth	HMO/PPO		4416.1	65			933.2	6454.3	percent of total billed charges	
PLACE PCN CATH. W/ NEPHROSTOGRAM, INCL	50432	CPT	both			6794	2678.87	Amerihealth	Medicare		2329.45				933.2	6454.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACE PCN CATH. W/ NEPHROSTOGRAM, INCL	50432	CPT	both			6794	2678.87	Consumer	Consumer		6454.3	95			933.2	6454.3	percent of total billed charges	
PLACE PCN CATH. W/ NEPHROSTOGRAM, INCL	50432	CPT	both			6794	2678.87	Corrections	Corrections		5435.2	80			933.2	6454.3	percent of total billed charges	
PLACE PCN CATH. W/ NEPHROSTOGRAM, INCL	50432	CPT	both			6794	2678.87	First Health	First Health		4755.8	70			933.2	6454.3	percent of total billed charges	
PLACE PCN CATH. W/ NEPHROSTOGRAM, INCL	50432	CPT	both			6794	2678.87	First Trenton	First Trenton		6114.6	90			933.2	6454.3	percent of total billed charges	
PLACE PCN CATH. W/ NEPHROSTOGRAM, INCL	50432	CPT	both			6794	2678.87	Horizon	MGD		4335.11				933.2	6454.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACE PCN CATH. W/ NEPHROSTOGRAM, INCL	50432	CPT	both			6794	2678.87	Horizon	Medicare Blue		2329.45				933.2	6454.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACE PCN CATH. W/ NEPHROSTOGRAM, INCL	50432	CPT	both			6794	2678.87	Horizon	NJ Health		933.2				933.2	6454.3	fee schedule	
PLACE PCN CATH. W/ NEPHROSTOGRAM, INCL	50432	CPT	both			6794	2678.87	Horizon	Indemnity		4335.11				933.2	6454.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACE PCN CATH. W/ NEPHROSTOGRAM, INCL	50432	CPT	both			6794	2678.87	Horizon	PPO		4335.11				933.2	6454.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACE PCN CATH. W/ NEPHROSTOGRAM, INCL	50432	CPT	both			6794	2678.87	Managed Care Inc	Managed Care Inc		6114.6	90			933.2	6454.3	percent of total billed charges	
PLACE PCN CATH. W/ NEPHROSTOGRAM, INCL	50432	CPT	both			6794	2678.87	Multiplan	Multiplan		5435.2	80			933.2	6454.3	percent of total billed charges	
PLACE PCN CATH. W/ NEPHROSTOGRAM, INCL	50432	CPT	both			6794	2678.87	Qualcare	Qualcare		5095.5	75			933.2	6454.3	percent of total billed charges	
PLACE PCN CATH. W/ NEPHROSTOGRAM, INCL	50432	CPT	both			6794	2678.87	Three Rivers	Three Rivers		6454.3	95			933.2	6454.3	percent of total billed charges	
PLACE PCN CATH. W/ NEPHROSTOGRAM, INCL	50432	CPT	both			6794	2678.87	UHC	Medicaid		2143.51	31.55			933.2	6454.3	percent of total billed charges	
PLACE PCN CATH. W/ NEPHROSTOGRAM, INCL	50432	CPT	both			6794	2678.87	UHC	Medicare		2329.45				933.2	6454.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACE PCN CATH. W/ NEPHROSTOGRAM, INCL	50432	CPT	both			6794	2678.87	United	CommercialPPO		2776				933.2	6454.3	case rate	
PLACE PCN CATH. W/ NEPHROSTOGRAM, INCL	50432	CPT	both			6794	2678.87	United	Oxford		2776				933.2	6454.3	case rate	
PLACE PCN CATH. W/ NEPHROSTOGRAM, INCL	50432	CPT	both			6794	2678.87	Wellcare	Medicaid		2143.51	31.55			933.2	6454.3	percent of total billed charges	
PLACE PCN CATH. W/ NEPHROSTOGRAM, INCL	50432	CPT	both			6794	2678.87	Wellcare	Medicare		2329.45				933.2	6454.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACE PCN CATH. W/ NEPHROSTOGRAM, INCL	50432	CPT	both			6794	2678.87	WellPoint	WellPoint		2186.31	32.18			933.2	6454.3	percent of total billed charges	
PLACE NEPHROURET CATH W/NEPHROSTOGRAM,	50433	CPT	both			6794	4585.08	Aetna	Commercial		6347.35				1257.42	7419.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACE NEPHROURET CATH W/NEPHROSTOGRAM,	50433	CPT	both			6794	4585.08	Aetna	Medicare		2092.55	30.8			1257.42	7419.86	percent of total billed charges	
PLACE NEPHROURET CATH W/NEPHROSTOGRAM,	50433	CPT	both			6794	4585.08	Aetna	Better Health		2143.51	31.55			1257.42	7419.86	percent of total billed charges	
PLACE NEPHROURET CATH W/NEPHROSTOGRAM,	50433	CPT	both			6794	4585.08	Americare	Americare		5095.5	75			1257.42	7419.86	percent of total billed charges	
PLACE NEPHROURET CATH W/NEPHROSTOGRAM,	50433	CPT	both			6794	4585.08	Amerihealth	HMO/PPO		4416.1	65			1257.42	7419.86	percent of total billed charges	
PLACE NEPHROURET CATH W/NEPHROSTOGRAM,	50433	CPT	both			6794	4585.08	Amerihealth	Medicare		3987.03				1257.42	7419.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACE NEPHROURET CATH W/NEPHROSTOGRAM,	50433	CPT	both			6794	4585.08	Consumer	Consumer		6454.3	95			1257.42	7419.86	percent of total billed charges	
PLACE NEPHROURET CATH W/NEPHROSTOGRAM,	50433	CPT	both			6794	4585.08	Corrections	Corrections		5435.2	80			1257.42	7419.86	percent of total billed charges	
PLACE NEPHROURET CATH W/NEPHROSTOGRAM,	50433	CPT	both			6794	4585.08	First Health	First Health		4755.8	70			1257.42	7419.86	percent of total billed charges	
PLACE NEPHROURET CATH W/NEPHROSTOGRAM,	50433	CPT	both			6794	4585.08	First Trenton	First Trenton		6114.6	90			1257.42	7419.86	percent of total billed charges	
PLACE NEPHROURET CATH W/NEPHROSTOGRAM,	50433	CPT	both			6794	4585.08	Horizon	NJ Health		1257.42				1257.42	7419.86	fee schedule	
PLACE NEPHROURET CATH W/NEPHROSTOGRAM,	50433	CPT	both			6794	4585.08	Horizon	Indemnity		7419.86				1257.42	7419.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACE NEPHROURET CATH W/NEPHROSTOGRAM,	50433	CPT	both			6794	4585.08	Horizon	Medicare Blue		3987.03				1257.42	7419.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACE NEPHROURET CATH W/NEPHROSTOGRAM,	50433	CPT	both			6794	4585.08	Horizon	MGD		7419.86				1257.42	7419.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACE NEPHROURET CATH W/NEPHROSTOGRAM,	50433	CPT	both			6794	4585.08	Horizon	PPO		7419.86				1257.42	7419.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACE NEPHROURET CATH W/NEPHROSTOGRAM,	50433	CPT	both			6794	4585.08	Managed Care Inc	Managed Care Inc		6114.6	90			1257.42	7419.86	percent of total billed charges	
PLACE NEPHROURET CATH W/NEPHROSTOGRAM,	50433	CPT	both			6794	4585.08	Multiplan	Multiplan		5435.2	80			1257.42	7419.86	percent of total billed charges	
PLACE NEPHROURET CATH W/NEPHROSTOGRAM,	50433	CPT	both			6794	4585.08	Qualcare	Qualcare		5095.5	75			1257.42	7419.86	percent of total billed charges	
PLACE NEPHROURET CATH W/NEPHROSTOGRAM,	50433	CPT	both			6794	4585.08	Three Rivers	Three Rivers		6454.3	95			1257.42	7419.86	percent of total billed charges	
PLACE NEPHROURET CATH W/NEPHROSTOGRAM,	50433	CPT	both			6794	4585.08	UHC	Medicaid		2143.51	31.55			1257.42	7419.86	percent of total billed charges	
PLACE NEPHROURET CATH W/NEPHROSTOGRAM,	50433	CPT	both			6794	4585.08	UHC	Medicare		3987.03				1257.42	7419.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACE NEPHROURET CATH W/NEPHROSTOGRAM,	50433	CPT	both			6794	4585.08	United	CommercialPPO		2776				1257.42	7419.86	case rate	
PLACE NEPHROURET CATH W/NEPHROSTOGRAM,	50433	CPT	both			6794	4585.08	United	Oxford		2776				1257.42	7419.86	case rate	
PLACE NEPHROURET CATH W/NEPHROSTOGRAM,	50433	CPT	both			6794	4585.08	Wellcare	Medicare		3987.03				1257.42	7419.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACE NEPHROURET CATH W/NEPHROSTOGRAM,	50433	CPT	both			6794	4585.08	Wellcare	Medicaid		2143.51	31.55			1257.42	7419.86	percent of total billed charges	
PLACE NEPHROURET CATH W/NEPHROSTOGRAM,	50433	CPT	both			6794	4585.08	WellPoint	WellPoint		2186.31	32.18			1257.42	7419.86	percent of total billed charges	
CONVERT PCN TO NEPHROURTRAL CATH INCL	50434	CPT	both			7123	2678.87	Aetna	Better Health		2247.31	31.55			995.68	6766.85	percent of total billed charges	
CONVERT PCN TO NEPHROURTRAL CATH INCL	50434	CPT	both			7123	2678.87	Aetna	Commercial		3708.48				995.68	6766.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONVERT PCN TO NEPHROURTRAL CATH INCL	50434	CPT	both			7123	2678.87	Aetna	Medicare		2329.45				995.68	6766.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONVERT PCN TO NEPHROURTRAL CATH INCL	50434	CPT	both			7123	2678.87	Americare	Americare		5342.25	75			995.68	6766.85	percent of total billed charges	
CONVERT PCN TO NEPHROURTRAL CATH INCL	50434	CPT	both			7123	2678.87	Amerihealth	HMO/PPO		4629.95	65			995.68	6766.85	percent of total billed charges	
CONVERT PCN TO NEPHROURTRAL CATH INCL	50434	CPT	both			7123	2678.87	Amerihealth	Medicare		2329.45				995.68	6766.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONVERT PCN TO NEPHROURTRAL CATH INCL	50434	CPT	both			7123	2678.87	Consumer	Consumer		6766.85	95			995.68	6766.85	percent of total billed charges	
CONVERT PCN TO NEPHROURTRAL CATH INCL	50434	CPT	both			7123	2678.87	Corrections	Corrections		5698.4	80			995.68	6766.85	percent of total billed charges	
CONVERT PCN TO NEPHROURTRAL CATH INCL	50434	CPT	both			7123	2678.87	First Health	First Health		4986.1	70			995.68	6766.85	percent of total billed charges	
CONVERT PCN TO NEPHROURTRAL CATH INCL	50434	CPT	both			7123	2678.87	First Trenton	First Trenton		6410.7	90			995.68	6766.85	percent of total billed charges	
CONVERT PCN TO NEPHROURTRAL CATH INCL	50434	CPT	both			7123	2678.87	Horizon	PPO		4335.11				995.68	6766.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONVERT PCN TO NEPHROURTRAL CATH INCL	50434	CPT	both			7123	2678.87	Horizon	MGD		4335.11				995.68	6766.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONVERT PCN TO NEPHROURTRAL CATH INCL	50434	CPT	both			7123	2678.87	Horizon	Medicare Blue		2329.45				995.68	6766.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONVERT PCN TO NEPHROURTRAL CATH INCL	50434	CPT	both			7123	2678.87	Horizon	NJ Health		995.68				995.68	6766.85	fee schedule	
CONVERT PCN TO NEPHROURTRAL CATH INCL	50434	CPT	both			7123	2678.87	Horizon	Indemnity		4335.11				995.68	6766.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONVERT PCN TO NEPHROURTRAL CATH INCL	50434	CPT	both			7123	2678.87	Managed Care Inc	Managed Care Inc		6410.7	90			995.68	6766.85	percent of total billed charges	
CONVERT PCN TO NEPHROURTRAL CATH INCL	50434	CPT	both			7123	2678.87	Multiplan	Multiplan		5698.4	80			995.68	6766.85	percent of total billed charges	
CONVERT PCN TO NEPHROURTRAL CATH INCL	50434	CPT	both			7123	2678.87	Qualcare	Qualcare		5342.25	75			995.68	6766.85	percent of total billed charges	
CONVERT PCN TO NEPHROURTRAL CATH INCL	50434	CPT	both			7123	2678.87	Three Rivers	Three Rivers		6766.85	95			995.68	6766.85	percent of total billed charges	
CONVERT PCN TO NEPHROURTRAL CATH INCL	50434	CPT	both			7123	2678.87	UHC	Medicaid		2247.31	31.55			995.68	6766.85	percent of total billed charges	
CONVERT PCN TO NEPHROURTRAL CATH INCL	50434	CPT	both			7123	2678.87	UHC	Medicare		2329.45				995.68	6766.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONVERT PCN TO NEPHROURTRAL CATH INCL	50434	CPT	both			7123	2678.87	United	CommercialPPO		1817				995.68	6766.85	case rate	
CONVERT PCN TO NEPHROURTRAL CATH INCL	50434	CPT	both			7123	2678.87	United	Oxford		1817				995.68	6766.85	case rate	
CONVERT PCN TO NEPHROURTRAL CATH INCL	50434	CPT	both			7123	2678.87	Wellcare	Medicare		2329.45				995.68	6766.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONVERT PCN TO NEPHROURTRAL CATH INCL	50434	CPT	both			7123	2678.87	Wellcare	Medicaid		2247.31	31.55			995.68	6766.85	percent of total billed charges	
CONVERT PCN TO NEPHROURTRAL CATH INCL	50434	CPT	both			7123	2678.87	WellPoint	WellPoint		2292.18	32.18			995.68	6766.85	percent of total billed charges	
EXHANGE PCN CATH INCL NEPHRO/URETEROGRAM	50435	CPT	both			7123	2678.87	Aetna	Better Health		2247.31	31.55			523.56	6766.85	percent of total billed charges	
EXHANGE PCN CATH INCL NEPHRO/URETEROGRAM	50435	CPT	both			7123	2678.87	Aetna	Commercial		3708.48				523.56	6766.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXHANGE PCN CATH INCL NEPHRO/URETEROGRAM	50435	CPT	both			7123	2678.87	Aetna	Medicare		2329.45				523.56	6766.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXHANGE PCN CATH INCL NEPHRO/URETEROGRAM	50435	CPT	both			7123	2678.87	Americare	Americare		5342.25	75			523.56	6766.85	percent of total billed charges	
EXHANGE PCN CATH INCL NEPHRO/URETEROGRAM	50435	CPT	both			7123	2678.87	Amerihealth	HMO/PPO		4629.95	65			523.56	6766.85	percent of total billed charges	
EXHANGE PCN CATH INCL NEPHRO/URETEROGRAM	50435	CPT	both			7123	2678.87	Amerihealth	Medicare		2329.45				523.56	6766.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXHANGE PCN CATH INCL NEPHRO/URETEROGRAM	50435	CPT	both			7123	2678.87	Consumer	Consumer		6766.85	95			523.56	6766.85	percent of total billed charges	
EXHANGE PCN CATH INCL NEPHRO/URETEROGRAM	50435	CPT	both			7123	2678.87	Corrections	Corrections		5698.4	80			523.56	6766.85	percent of total billed charges	
EXHANGE PCN CATH INCL NEPHRO/URETEROGRAM	50435	CPT	both			7123	2678.87	First Health	First Health		4986.1	70			523.56	6766.85	percent of total billed charges	
EXHANGE PCN CATH INCL NEPHRO/URETEROGRAM	50435	CPT	both			7123	2678.87	First Trenton	First Trenton		6410.7	90			523.56	6766.85	percent of total billed charges	
EXHANGE PCN CATH INCL NEPHRO/URETEROGRAM	50435	CPT	both			7123	2678.87	Horizon	PPO		4335.11				523.56	6766.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXHANGE PCN CATH INCL NEPHRO/URETEROGRAM	50435	CPT	both			7123	2678.87	Horizon	Medicare Blue		2329.45				523.56	6766.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXHANGE PCN CATH INCL NEPHRO/URETEROGRAM	50435	CPT	both			7123	2678.87	Horizon	MGD		4335.11				523.56	6766.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXHANGE PCN CATH INCL NEPHRO/URETEROGRAM	50435	CPT	both			7123	2678.87	Horizon	Indemnity		4335.11				523.56	6766.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXHANGE PCN CATH INCL NEPHRO/URETEROGRAM	50435	CPT	both			7123	2678.87	Horizon	NJ Health		523.56				523.56	6766.85	fee schedule	
EXHANGE PCN CATH INCL NEPHRO/URETEROGRAM	50435	CPT	both			7123	2678.87	Managed Care Inc	Managed Care Inc		6410.7	90			523.56	6766.85	percent of total billed charges	
EXHANGE PCN CATH INCL NEPHRO/URETEROGRAM	50435	CPT	both			7123	2678.87	Multiplan	Multiplan		5698.4	80			523.56	6766.85	percent of total billed charges	
EXHANGE PCN CATH INCL NEPHRO/URETEROGRAM	50435	CPT	both			7123	2678.87	Qualcare	Qualcare		5342.25	75			523.56	6766.85	percent of total billed charges	
EXHANGE PCN CATH INCL NEPHRO/URETEROGRAM	50435	CPT	both			7123	2678.87	Three Rivers	Three Rivers		6766.85	95			523.56	6766.85	percent of total billed charges	
EXHANGE PCN CATH INCL NEPHRO/URETEROGRAM	50435	CPT	both			7123	2678.87	UHC	Medicaid		2247.31	31.55			523.56	6766.85	percent of total billed charges	
EXHANGE PCN CATH INCL NEPHRO/URETEROGRAM	50435	CPT	both			7123	2678.87	UHC	Medicare		2329.45				523.56	6766.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXHANGE PCN CATH INCL NEPHRO/URETEROGRAM	50435	CPT	both			7123	2678.87	United	Oxford		1817				523.56	6766.85	case rate	
EXHANGE PCN CATH INCL NEPHRO/URETEROGRAM	50435	CPT	both			7123	2678.87	United	CommercialPPO		1817				523.56	6766.85	case rate	
EXHANGE PCN CATH INCL NEPHRO/URETEROGRAM	50435	CPT	both			7123	2678.87	Wellcare	Medicare		2329.45				523.56	6766.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXHANGE PCN CATH INCL NEPHRO/URETEROGRAM	50435	CPT	both			7123	2678.87	Wellcare	Medicaid		2247.31	31.55			523.56	6766.85	percent of total billed charges	
EXHANGE PCN CATH INCL NEPHRO/URETEROGRAM	50435	CPT	both			7123	2678.87	WellPoint	WellPoint		2292.18	32.18			523.56	6766.85	percent of total billed charges	
DILAT XST RENAL TRC PERCU NDURLGC	50436	CPT	outpatient			7123	4585.08	Aetna	Better Health		2247.31	31.55			129.48	7419.86	percent of total billed charges	
DILAT XST RENAL TRC PERCU NDURLGC	50436	CPT	outpatient			7123	4585.08	Aetna	Commercial		6347.35				129.48	7419.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILAT XST RENAL TRC PERCU NDURLGC	50436	CPT	outpatient			7123	4585.08	Aetna	Medicare		3987.03				129.48	7419.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILAT XST RENAL TRC PERCU NDURLGC	50436	CPT	outpatient			7123	4585.08	Americare	Americare		5342.25	75			129.48	7419.86	percent of total billed charges	
DILAT XST RENAL TRC PERCU NDURLGC	50436	CPT	outpatient			7123	4585.08	Amerihealth	HMO/PPO		4629.95	65			129.48	7419.86	percent of total billed charges	
DILAT XST RENAL TRC PERCU NDURLGC	50436	CPT	outpatient			7123	4585.08	Amerihealth	Medicare		3987.03				129.48	7419.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILAT XST RENAL TRC PERCU NDURLGC	50436	CPT	outpatient			7123	4585.08	Consumer	Consumer		6766.85	95			129.48	7419.86	percent of total billed charges	
DILAT XST RENAL TRC PERCU NDURLGC	50436	CPT	outpatient			7123	4585.08	Corrections	Corrections		5698.4	80			129.48	7419.86	percent of total billed charges	
DILAT XST RENAL TRC PERCU NDURLGC	50436	CPT	outpatient			7123	4585.08	First Health	First Health		4986.1	70			129.48	7419.86	percent of total billed charges	
DILAT XST RENAL TRC PERCU NDURLGC	50436	CPT	outpatient			7123	4585.08	First Trenton	First Trenton		6410.7	90			129.48	7419.86	percent of total billed charges	
DILAT XST RENAL TRC PERCU NDURLGC	50436	CPT	outpatient			7123	4585.08	Horizon	MGD		7419.86				129.48	7419.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILAT XST RENAL TRC PERCU NDURLGC	50436	CPT	outpatient			7123	4585.08	Horizon	Indemnity		7419.86				129.48	7419.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILAT XST RENAL TRC PERCU NDURLGC	50436	CPT	outpatient			7123	4585.08	Horizon	Medicare Blue		3987.03				129.48	7419.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILAT XST RENAL TRC PERCU NDURLGC	50436	CPT	outpatient			7123	4585.08	Horizon	NJ Health		129.48				129.48	7419.86	fee schedule	
DILAT XST RENAL TRC PERCU NDURLGC	50436	CPT	outpatient			7123	4585.08	Horizon	PPO		7419.86				129.48	7419.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILAT XST RENAL TRC PERCU NDURLGC	50436	CPT	outpatient			7123	4585.08	Managed Care Inc	Managed Care Inc		6410.7	90			129.48	7419.86	percent of total billed charges	
DILAT XST RENAL TRC PERCU NDURLGC	50436	CPT	outpatient			7123	4585.08	Multiplan	Multiplan		5698.4	80			129.48	7419.86	percent of total billed charges	
DILAT XST RENAL TRC PERCU NDURLGC	50436	CPT	outpatient			7123	4585.08	Qualcare	Qualcare		5342.25	75			129.48	7419.86	percent of total billed charges	
DILAT XST RENAL TRC PERCU NDURLGC	50436	CPT	outpatient			7123	4585.08	Three Rivers	Three Rivers		6766.85	95			129.48	7419.86	percent of total billed charges	
DILAT XST RENAL TRC PERCU NDURLGC	50436	CPT	outpatient			7123	4585.08	UHC	Medicaid		2247.31	31.55			129.48	7419.86	percent of total billed charges	
DILAT XST RENAL TRC PERCU NDURLGC	50436	CPT	outpatient			7123	4585.08	UHC

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.														
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103		310119 true													
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
DILAT XST RENAL TRC PERCU NDURLGC	50436	CPT	outpatient			7123	4585.08	WellPoint	WellPoint		2292.18	32.18			129.48	7419.86	percent of total billed charges	
DILAT XST NEW ACCESS NDURLGC PROCEDURE	50437	CPT	outpatient			11977	4585.08	Aetna	Commercial		6347.35				215.4	11378.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILAT XST NEW ACCESS NDURLGC PROCEDURE	50437	CPT	outpatient			11977	4585.08	Aetna	Better Health		3778.74	31.55			215.4	11378.15	percent of total billed charges	
DILAT XST NEW ACCESS NDURLGC PROCEDURE	50437	CPT	outpatient			11977	4585.08	Aetna	Medicare		3987.03				215.4	11378.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILAT XST NEW ACCESS NDURLGC PROCEDURE	50437	CPT	outpatient			11977	4585.08	Americare	Americare		8982.75	75			215.4	11378.15	percent of total billed charges	
DILAT XST NEW ACCESS NDURLGC PROCEDURE	50437	CPT	outpatient			11977	4585.08	Amerihealth	HMO/PPO		7785.05	65			215.4	11378.15	percent of total billed charges	
DILAT XST NEW ACCESS NDURLGC PROCEDURE	50437	CPT	outpatient			11977	4585.08	Amerihealth	Medicare		3987.03				215.4	11378.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILAT XST NEW ACCESS NDURLGC PROCEDURE	50437	CPT	outpatient			11977	4585.08	Consumer	Consumer		11378.15	95			215.4	11378.15	percent of total billed charges	
DILAT XST NEW ACCESS NDURLGC PROCEDURE	50437	CPT	outpatient			11977	4585.08	Corrections	Corrections		9581.6	80			215.4	11378.15	percent of total billed charges	
DILAT XST NEW ACCESS NDURLGC PROCEDURE	50437	CPT	outpatient			11977	4585.08	First Health	First Health		8383.9	70			215.4	11378.15	percent of total billed charges	
DILAT XST NEW ACCESS NDURLGC PROCEDURE	50437	CPT	outpatient			11977	4585.08	First Trenton	First Trenton		10779.3	90			215.4	11378.15	percent of total billed charges	
DILAT XST NEW ACCESS NDURLGC PROCEDURE	50437	CPT	outpatient			11977	4585.08	Horizon	PPO		7419.86				215.4	11378.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILAT XST NEW ACCESS NDURLGC PROCEDURE	50437	CPT	outpatient			11977	4585.08	Horizon	MGD		7419.86				215.4	11378.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILAT XST NEW ACCESS NDURLGC PROCEDURE	50437	CPT	outpatient			11977	4585.08	Horizon	Indemnity		7419.86				215.4	11378.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILAT XST NEW ACCESS NDURLGC PROCEDURE	50437	CPT	outpatient			11977	4585.08	Horizon	NJ Health		215.4				215.4	11378.15	fee schedule	
DILAT XST NEW ACCESS NDURLGC PROCEDURE	50437	CPT	outpatient			11977	4585.08	Horizon	Medicare Blue		3987.03				215.4	11378.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILAT XST NEW ACCESS NDURLGC PROCEDURE	50437	CPT	outpatient			11977	4585.08	Managed Care Inc	Managed Care Inc		10779.3	90			215.4	11378.15	percent of total billed charges	
DILAT XST NEW ACCESS NDURLGC PROCEDURE	50437	CPT	outpatient			11977	4585.08	Multiplan	Multiplan		9581.6	80			215.4	11378.15	percent of total billed charges	
DILAT XST NEW ACCESS NDURLGC PROCEDURE	50437	CPT	outpatient			11977	4585.08	Qualcare	Qualcare		8982.75	75			215.4	11378.15	percent of total billed charges	
DILAT XST NEW ACCESS NDURLGC PROCEDURE	50437	CPT	outpatient			11977	4585.08	Three Rivers	Three Rivers		11378.15	95			215.4	11378.15	percent of total billed charges	
DILAT XST NEW ACCESS NDURLGC PROCEDURE	50437	CPT	outpatient			11977	4585.08	UHC	Medicare		3987.03				215.4	11378.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILAT XST NEW ACCESS NDURLGC PROCEDURE	50437	CPT	outpatient			11977	4585.08	UHC	Medicaid		3778.74	31.55			215.4	11378.15	percent of total billed charges	
DILAT XST NEW ACCESS NDURLGC PROCEDURE	50437	CPT	outpatient			11977	4585.08	United	Commercial|PPO		3492				215.4	11378.15	case rate	
DILAT XST NEW ACCESS NDURLGC PROCEDURE	50437	CPT	outpatient			11977	4585.08	United	Oxford		3492				215.4	11378.15	case rate	
DILAT XST NEW ACCESS NDURLGC PROCEDURE	50437	CPT	outpatient			11977	4585.08	Wellcare	Medicare		3987.03				215.4	11378.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILAT XST NEW ACCESS NDURLGC PROCEDURE	50437	CPT	outpatient			11977	4585.08	Wellcare	Medicaid		3778.74	31.55			215.4	11378.15	percent of total billed charges	
DILAT XST NEW ACCESS NDURLGC PROCEDURE	50437	CPT	outpatient			11977	4585.08	WellPoint	WellPoint		3854.2	32.18			215.4	11378.15	percent of total billed charges	
RENAL ENDO THRU NEPHROSTOMY	50551	CPT	outpatient			15535	6805.44	Aetna	Commercial		9421.09				360.02	14758.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RENAL ENDO THRU NEPHROSTOMY	50551	CPT	outpatient			15535	6805.44	Aetna	Better Health		4901.29	31.55			360.02	14758.25	percent of total billed charges	
RENAL ENDO THRU NEPHROSTOMY	50551	CPT	outpatient			15535	6805.44	Aetna	Medicare		5917.77				360.02	14758.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RENAL ENDO THRU NEPHROSTOMY	50551	CPT	outpatient			15535	6805.44	Americare	Americare		11651.25	75			360.02	14758.25	percent of total billed charges	
RENAL ENDO THRU NEPHROSTOMY	50551	CPT	outpatient			15535	6805.44	Amerihealth	Medicare		5917.77				360.02	14758.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RENAL ENDO THRU NEPHROSTOMY	50551	CPT	outpatient			15535	6805.44	Amerihealth	HMO/PPO		10097.75	65			360.02	14758.25	percent of total billed charges	
RENAL ENDO THRU NEPHROSTOMY	50551	CPT	outpatient			15535	6805.44	Consumer	Consumer		14758.25	95			360.02	14758.25	percent of total billed charges	
RENAL ENDO THRU NEPHROSTOMY	50551	CPT	outpatient			15535	6805.44	Corrections	Corrections		12428	80			360.02	14758.25	percent of total billed charges	
RENAL ENDO THRU NEPHROSTOMY	50551	CPT	outpatient			15535	6805.44	First Health	First Health		10874.5	70			360.02	14758.25	percent of total billed charges	
RENAL ENDO THRU NEPHROSTOMY	50551	CPT	outpatient			15535	6805.44	First Trenton	First Trenton		13981.5	90			360.02	14758.25	percent of total billed charges	
RENAL ENDO THRU NEPHROSTOMY	50551	CPT	outpatient			15535	6805.44	Horizon	Indemnity		11012.97				360.02	14758.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RENAL ENDO THRU NEPHROSTOMY	50551	CPT	outpatient			15535	6805.44	Horizon	PPO		11012.97				360.02	14758.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RENAL ENDO THRU NEPHROSTOMY	50551	CPT	outpatient			15535	6805.44	Horizon	MGD		11012.97				360.02	14758.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RENAL ENDO THRU NEPHROSTOMY	50551	CPT	outpatient			15535	6805.44	Horizon	Medicare Blue		5917.77				360.02	14758.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RENAL ENDO THRU NEPHROSTOMY	50551	CPT	outpatient			15535	6805.44	Horizon	NJ Health		360.02				360.02	14758.25	fee schedule	
RENAL ENDO THRU NEPHROSTOMY	50551	CPT	outpatient			15535	6805.44	Managed Care Inc	Managed Care Inc		13981.5	90			360.02	14758.25	percent of total billed charges	
RENAL ENDO THRU NEPHROSTOMY	50551	CPT	outpatient			15535	6805.44	Multiplan	Multiplan		12428	80			360.02	14758.25	percent of total billed charges	
RENAL ENDO THRU NEPHROSTOMY	50551	CPT	outpatient			15535	6805.44	Qualcare	Qualcare		11651.25	75			360.02	14758.25	percent of total billed charges	
RENAL ENDO THRU NEPHROSTOMY	50551	CPT	outpatient			15535	6805.44	Three Rivers	Three Rivers		14758.25	95			360.02	14758.25	percent of total billed charges	
RENAL ENDO THRU NEPHROSTOMY	50551	CPT	outpatient			15535	6805.44	UHC	Medicare		5917.77				360.02	14758.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RENAL ENDO THRU NEPHROSTOMY	50551	CPT	outpatient			15535	6805.44	UHC	Medicaid		4901.29	31.55			360.02	14758.25	percent of total billed charges	
RENAL ENDO THRU NEPHROSTOMY	50551	CPT	outpatient			15535	6805.44	United	Oxford		2493				360.02	14758.25	case rate	
RENAL ENDO THRU NEPHROSTOMY	50551	CPT	outpatient			15535	6805.44	United	Commercial|PPO		2493				360.02	14758.25	case rate	
RENAL ENDO THRU NEPHROSTOMY	50551	CPT	outpatient			15535	6805.44	Wellcare	Medicare		5917.77				360.02	14758.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RENAL ENDO THRU NEPHROSTOMY	50551	CPT	outpatient			15535	6805.44	Wellcare	Medicaid		4901.29	31.55			360.02	14758.25	percent of total billed charges	
RENAL ENDO THRU NEPHROSTOMY	50551	CPT	outpatient			15535	6805.44	WellPoint	WellPoint		4999.16	32.18			360.02	14758.25	percent of total billed charges	
RENAL THRU NEPHAS.W/URET.CATH.	50553	CPT	outpatient			15535	6805.44	Aetna	Better Health		4901.29	31.55			407.39	14758.25	percent of total billed charges	
RENAL THRU NEPHAS.W/URET.CATH.	50553	CPT	outpatient			15535	6805.44	Aetna	Medicare		5917.77				407.39	14758.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RENAL THRU NEPHAS.W/URET.CATH.	50553	CPT	outpatient			15535	6805.44	Aetna	Commercial		9421.09				407.39	14758.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RENAL THRU NEPHAS.W/URET.CATH.	50553	CPT	outpatient			15535	6805.44	Americare	Americare		11651.25	75			407.39	14758.25	percent of total billed charges	
RENAL THRU NEPHAS.W/URET.CATH.	50553	CPT	outpatient			15535	6805.44	Amerihealth	HMO/PPO		10097.75	65			407.39	14758.25	percent of total billed charges	
RENAL THRU NEPHAS.W/URET.CATH.	50553	CPT	outpatient			15535	6805.44	Amerihealth	Medicare		5917.77				407.39	14758.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RENAL THRU NEPHAS.W/URET.CATH.	50553	CPT	outpatient			15535	6805.44	Consumer	Consumer		14758.25	95			407.39	14758.25	percent of total billed charges	
RENAL THRU NEPHAS.W/URET.CATH.	50553	CPT	outpatient			15535	6805.44	Corrections	Corrections		12428	80			407.39	14758.25	percent of total billed charges	
RENAL THRU NEPHAS.W/URET.CATH.	50553	CPT	outpatient			15535	6805.44	First Health	First Health		10874.5	70			407.39	14758.25	percent of total billed charges	
RENAL THRU NEPHAS.W/URET.CATH.	50553	CPT	outpatient			15535	6805.44	First Trenton	First Trenton		13981.5	90			407.39	14758.25	percent of total billed charges	
RENAL THRU NEPHAS.W/URET.CATH.	50553	CPT	outpatient			15535	6805.44	Horizon	Medicare Blue		5917.77				407.39	14758.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RENAL THRU NEPHAS.W/URET.CATH.	50553	CPT	outpatient			15535	6805.44	Horizon	MGD		11012.97				407.39	14758.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RENAL THRU NEPHAS.W/URET.CATH.	50553	CPT	outpatient			15535	6805.44	Horizon	Indemnity		11012.97				407.39	14758.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RENAL THRU NEPHAS.W/URET.CATH.	50553	CPT	outpatient			15535	6805.44	Horizon	NJ Health		407.39				407.39	14758.25	fee schedule	
RENAL THRU NEPHAS.W/URET.CATH.	50553	CPT	outpatient			15535	6805.44	Horizon	PPO		11012.97				407.39	14758.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RENAL THRU NEPHAS.W/URET.CATH.	50553	CPT	outpatient			15535	6805.44	Managed Care Inc	Managed Care Inc		13981.5	90			407.39	14758.25	percent of total billed charges	
RENAL THRU NEPHAS.W/URET.CATH.	50553	CPT	outpatient			15535	6805.44	Multiplan	Multiplan		12428	80			407.39	14758.25	percent of total billed charges	
RENAL THRU NEPHAS.W/URET.CATH.	50553	CPT	outpatient			15535	6805.44	Qualcare	Qualcare		11651.25	75			407.39	14758.25	percent of total billed charges	
RENAL THRU NEPHAS.W/URET.CATH.	50553	CPT	outpatient			15535	6805.44	Three Rivers	Three Rivers		14758.25	95			407.39	14758.25	percent of total billed charges	
RENAL THRU NEPHAS.W/URET.CATH.	50553	CPT	outpatient			15535	6805.44	UHC	Medicaid		4901.29	31.55			407.39	14758.25	percent of total billed charges	
RENAL THRU NEPHAS.W/URET.CATH.	50553	CPT	outpatient			15535	6805.44	UHC	Medicare		5917.77				407.39	14758.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RENAL THRU NEPHAS.W/URET.CATH.	50553	CPT	outpatient			15535	6805.44	United	Commercial|PPO		2776				407.39	14758.25	case rate	
RENAL THRU NEPHAS.W/URET.CATH.	50553	CPT	outpatient			15535	6805.44	United	Oxford		2776				407.39	14758.25	case rate	
RENAL THRU NEPHAS.W/URET.CATH.	50553	CPT	outpatient			15535	6805.44	Wellcare	Medicare		5917.77				407.39	14758.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RENAL THRU NEPHAS.W/URET.CATH.	50553	CPT	outpatient			15535	6805.44	Wellcare	Medicaid		4901.29	31.55			407.39	14758.25	percent of total billed charges	
RENAL THRU NEPHAS.W/URET.CATH.	50553	CPT	outpatient			15535	6805.44	WellPoint	WellPoint		4999.16	32.18			407.39	14758.25	percent of total billed charges	
RENAL NEPHAS.W/REM FB RT	50561	CPT	outpatient			17284	6805.44	Aetna	Better Health		5453.1	31.55			451.61	16419.8	percent of total billed charges	
RENAL NEPHAS.W/REM FB RT	50561	CPT	outpatient			17284	6805.44	Aetna	Commercial		9421.09				451.61	16419.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RENAL NEPHAS.W/REM FB RT	50561	CPT	outpatient			17284	6805.44	Aetna	Medicare		5917.77				451.61	16419.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RENAL NEPHAS.W/REM FB RT	50561	CPT	outpatient			17284	6805.44	Americare	Americare		12963	75			451.61	16419.8	percent of total billed charges	
RENAL NEPHAS.W/REM FB RT	50561	CPT	outpatient			17284	6805.44	Amerihealth	HMO/PPO		11234.6	65			451.61	16419.8	percent of total billed charges	
RENAL NEPHAS.W/REM FB RT	50561	CPT	outpatient			17284	6805.44	Amerihealth	Medicare		5917.77				451.61	16419.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RENAL NEPHAS.W/REM FB RT	50561	CPT	outpatient			17284	6805.44	Consumer	Consumer		16419.8	95			451.61	16419.8	percent of total billed charges	
RENAL NEPHAS.W/REM FB RT	50561	CPT	outpatient			17284	6805.44	Corrections	Corrections		13827.2	80			451.61	16419.8	percent of total billed charges	
RENAL NEPHAS.W/REM FB RT	50561	CPT	outpatient			17284	6805.44	First Health	First Health		12098.8	70			451.61	16419.8	percent of total billed charges	
RENAL NEPHAS.W/REM FB RT	50561	CPT	outpatient			17284	6805.44	First Trenton	First Trenton		15555.6	90			451.61	16419.8	percent of total billed charges	
RENAL NEPHAS.W/REM FB RT	50561	CPT	outpatient			17284	6805.44	Horizon	Medicare Blue		5917.77				451.61	16419.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RENAL NEPHAS.W/REM FB RT	50561	CPT	outpatient			17284	6805.44	Horizon	PPO		11012.97				451.61	16419.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RENAL NEPHAS.W/REM FB RT	50561	CPT	outpatient			17284	6805.44	Horizon	MGD		11012.97				451.61	16419.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RENAL NEPHAS.W/REM FB RT	50561	CPT	outpatient			17284	6805.44	Horizon	Indemnity		11012.97				451.61	16419.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RENAL NEPHAS.W/REM FB RT	50561	CPT	outpatient			17284	6805.44	Horizon	NJ Health		451.61				451.61	16419.8	fee schedule	
RENAL NEPHAS.W/REM FB RT	50561	CPT	outpatient			17284	6805.44	Managed Care Inc	Managed Care Inc		15555.6	90			451.61	16419.8	percent of total billed charges	
RENAL NEPHAS.W/REM FB RT	50561	CPT	outpatient			17284	6805.44	Multiplan	Multiplan		13827.2	80			451.61	16419.8	percent of total billed charges	
RENAL NEPHAS.W/REM FB RT	50561	CPT	outpatient			17284	6805.44	Qualcare	Qualcare		12963	75			451.61	16419.8	percent of total billed charges	
RENAL NEPHAS.W/REM FB RT	50561	CPT	outpatient			17284	6805.44	Three Rivers	Three Rivers		16419.8	95			451.61	16419.8	percent of total billed charges	
RENAL NEPHAS.W/REM FB RT	50561	CPT	outpatient			17284	6805.44	UHC	Medicaid		5453.1	31.55			451.61	16419.8	percent of total billed charges	
RENAL NEPHAS.W/REM FB RT	50561	CPT	outpatient			17284	6805.44	UHC	Medicare		5917.77				451.61	16419.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RENAL NEPHAS.W/REM FB RT	50561	CPT	outpatient			17284	6805.44	United	Commercial|PPO		2776				451.61	16419.8	case rate	
RENAL NEPHAS.W/REM FB RT	50561	CPT	outpatient			17284	6805.44	United	Oxford		2776				451.61	16419.8	case rate	
RENAL NEPHAS.W/REM FB RT	50561	CPT	outpatient			17284	6805.44	Wellcare	Medicaid		5453.1	31.55			451.61	16419.8	percent of total billed charges	
RENAL NEPHAS.W/REM FB RT	50561	CPT	outpatient			17284	6805.44	Wellcare	Medicare		5917.77				451.61	16419.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RENAL NEPHAS.W/REM FB RT	50561	CPT	outpatient			17284	6805.44	WellPoint	WellPoint		5561.99	32.18			451.61	16419.8	percent of total billed charges	
RENAL ENDOSCOPY THRU NEPHRO LT	50570	CPT	outpatient			9756	4585.08	Aetna	Medicare		3094.85	30.8			360.02	9268.2	percent of total billed charges	
RENAL ENDOSCOPY THRU NEPHRO LT	50570	CPT	outpatient			9756	4585.08	Aetna	Commercial		6347.35				360.02	9268.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RENAL ENDOSCOPY THRU NEPHRO LT	50570	CPT	outpatient			9756	4585.08	Aetna	Better Health		3078.02	31.55			360.02	9268.2	percent of total billed charges	
RENAL ENDOSCOPY THRU NEPHRO LT	50570	CPT	outpatient			9756	4585.08	Americare	Americare		7317	75			360.02	9268.2	percent of total billed charges	
RENAL ENDOSCOPY THRU NEPHRO LT	50570	CPT	outpatient			9756	4585.08	Amerihealth	Medicare		3987.03				360.02	9268.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RENAL ENDOSCOPY THRU NEPHRO LT	50570	CPT	outpatient			9756	4585.08	Amerihealth	HMO/PPO		6341.4	65			360.02	9268.2	percent of total billed charges	
RENAL ENDOSCOPY THRU NEPHRO LT	50570	CPT	outpatient			9756	4585.08	Consumer	Consumer		9268.2	95			360.02	9268.2	percent of total billed charges	
RENAL ENDOSCOPY THRU NEPHRO LT	50570	CPT	outpatient			9756	4585.08	Corrections	Corrections		7804.8	80			360.02	9268.2	percent of total billed charges	
RENAL ENDOSCOPY THRU NEPHRO LT	50570	CPT	outpatient			9756	4585.08	First Health	First Health		6829.2	70			360.02	9268.2	percent of total billed charges	
RENAL ENDOSCOPY THRU NEPHRO LT	50570	CPT	outpatient			9756	4585.08	First Trenton	First Trenton		8780.4	90			360.02	9268.2	percent of total billed charges	
RENAL ENDOSCOPY THRU NEPHRO LT	50570	CPT	outpatient			9756	4585.08	Horizon	Indemnity		7419.86				360.02	9268.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RENAL ENDOSCOPY THRU NEPHRO LT	50570	CPT	outpatient			9756	4585.08	Horizon	MGD		7419.86				360.02	9268.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RENAL ENDOSCOPY THRU NEPHRO LT	50570	CPT	outpatient			9756	4585.08	Horizon	PPO		7419.86				360.02	9268.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RENAL ENDOSCOPY THRU NEPHRO LT	50570	CPT	outpatient			9756	4585.08	Horizon	Medicare Blue		3987.03				360.02	9268.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RENAL ENDOSCOPY THRU NEPHRO LT	50570	CPT	outpatient			9756	4585.08	Horizon	NJ Health		360.02				360.02	9268.2	fee schedule	
RENAL ENDOSCOPY THRU NEPHRO LT	50570	CPT	outpatient			9756	4585.08	Managed Care Inc	Managed Care Inc		8780.4	90			360.02	9268.2	percent of total billed charges	
RENAL ENDOSCOPY THRU NEPHRO LT	50570	CPT	outpatient			9756	4585.08	Multiplan	Multiplan		7804.8	80			360.02	9268.2	percent of total billed charges	
RENAL ENDOSCOPY THRU NEPHRO LT	50570	CPT	outpatient			9756	4585.08	Qualcare	Qualcare		7317	75			360.02	9268.2	percent of total billed charges	
RENAL ENDOSCOPY THRU NEPHRO LT	50570	CPT	outpatient			9756	4585.08	Three Rivers	Three Rivers		9268.2	95			360.02	9268.2	percent of total billed charges	
RENAL ENDOSCOPY THRU NEPHRO LT	50570	CPT	outpatient			9756	4585.08	UHC	Medicare		3987.03				360.02	9268.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RENAL ENDOSCOPY THRU NEPHRO LT	50570	CPT	outpatient			9756	4585.08	UHC	Medicaid		3078.02	31.55			360.02	9268.2	percent of total billed charges	
RENAL ENDOSCOPY THRU NEPHRO LT	50570	CPT	outpatient			9756	4585.08	United	Commercial|PPO		1817				360.02	9268.2	case rate	
RENAL ENDOSCOPY THRU NEPHRO LT	50570	CPT	outpatient			9756	4585.08	United	Oxford		1817				360.02	9268.2	case rate	
RENAL ENDOSCOPY THRU NEPHRO LT	50570	CPT	outpatient			9756	4585.08	Wellcare	Medicaid		3078.02	31.55			360.02	9268.2	percent of total billed charges	
RENAL ENDOSCOPY THRU NEPHRO LT	50570	CPT	outpatient			9756	4585.08	Wellcare	Medicare		3987.03				360.02	9268.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RENAL ENDOSCOPY THRU NEPHRO LT	50570	CPT	outpatient			9756	4585.08	WellPoint	WellPoint		3139.48	32.18			360.02	9268.2	percent of total billed charges	
RENAL ENDOS.NEPHRO W/ENDOPYELO LT	50575	CPT	outpatient			13225	6805.44	Aetna	Medicare		4073.3	30.8			1087.46	12563.75	percent of total billed charges	
RENAL ENDOS.NEPHRO W/ENDOPYELO LT	50575	CPT	outpatient			13225	6805.44	Aetna	Commercial		9421.09				1087.46	12563.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RENAL ENDOS.NEPHRO W/ENDOPYELO LT	50575	CPT	outpatient			13225	6805.44	Aetna	Better Health		4172.49	31.55			1087.46	12563.75	percent of total billed charges	
RENAL ENDOS.NEPHRO W/ENDOPYELO LT	50575	CPT	outpatient			13225	6805.44	Americare	Americare		9918.75	75			1087.46	12563.75	percent of total billed charges	
RENAL ENDOS.NEPHRO W/ENDOPYELO LT	50575	CPT	outpatient			13225	6805.44	Amerihealth	Medicare		5917.77				1087.46	12563.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RENAL ENDOS.NEPHRO W/ENDOPYELO LT	50575	CPT	outpatient			13225	6805.44	Amerihealth	HMO/PPO		8596.25	65			1087.46	12563.75	percent of total billed charges	
RENAL ENDOS.NEPHRO W/ENDOPYELO LT	50575	CPT	outpatient			13225	6805.44	Consumer	Consumer		12563.75	95			1087.46	12563.75	percent of total billed charges	
RENAL ENDOS.NEPHRO W/ENDOPYELO LT	50575	CPT	outpatient			13225	6805.44	Corrections	Corrections		10580	80			1087.46	12563.75	percent of total billed charges	
RENAL ENDOS.NEPHRO W/ENDOPYELO LT	50575	CPT	outpatient			13225	6805.44	First Health	First Health		9257.5	70			1087.46	12563.75	percent of total billed charges	
RENAL ENDOS.NEPHRO W/ENDOPYELO LT	50575	CPT	outpatient			13225	6805.44	First Trenton	First Trenton		11902.5	90			1087.46	12563.75	percent of total billed charges	
RENAL ENDOS.NEPHRO W/ENDOPYELO LT	50575	CPT	outpatient			13225	6805.44	Horizon	Indemnity		11012.97				1087.46	12563.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RENAL ENDOS.NEPHRO W/ENDOPYELO LT	50575	CPT	outpatient			13225	6805.44	Horizon	MGD		11012.97				1087.46	12563.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RENAL ENDOS.NEPHRO W/ENDOPYELO LT	50575	CPT	outpatient			13225	6805.44	Horizon	Medicare Blue		5917.77				1087.46	12563.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RENAL ENDOS.NEPHRO W/ENDOPYELO LT	50575	CPT	outpatient			13225	6805.44	Horizon	NJ Health		1087.46				1087.46	12563.75	fee schedule	
RENAL ENDOS.NEPHRO W/ENDOPYELO LT	50575	CPT	outpatient			13225

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.																
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true															
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
RENAL ENDOS.NEPHRO W/ENDOPYELO LT	50575	CPT	outpatient			13225	6805.44	Qualcare	Qualcare		9918.75	75			1087.46	12563.75	percent of total billed charges	
RENAL ENDOS.NEPHRO W/ENDOPYELO LT	50575	CPT	outpatient			13225	6805.44	Three Rivers	Three Rivers		12563.75	95			1087.46	12563.75	percent of total billed charges	
RENAL ENDOS.NEPHRO W/ENDOPYELO LT	50575	CPT	outpatient			13225	6805.44	UHC	Medicare		5917.77				1087.46	12563.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RENAL ENDOS.NEPHRO W/ENDOPYELO LT	50575	CPT	outpatient			13225	6805.44	UHC	Medicaid		4172.49	31.55			1087.46	12563.75	percent of total billed charges	
RENAL ENDOS.NEPHRO W/ENDOPYELO LT	50575	CPT	outpatient			13225	6805.44	United	Oxford		6362				1087.46	12563.75	case rate	
RENAL ENDOS.NEPHRO W/ENDOPYELO LT	50575	CPT	outpatient			13225	6805.44	United	Commercial|PPO		6362				1087.46	12563.75	case rate	
RENAL ENDOS.NEPHRO W/ENDOPYELO LT	50575	CPT	outpatient			13225	6805.44	Wellcare	Medicare		5917.77				1087.46	12563.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RENAL ENDOS.NEPHRO W/ENDOPYELO LT	50575	CPT	outpatient			13225	6805.44	Wellcare	Medicaid		4172.49	31.55			1087.46	12563.75	percent of total billed charges	
RENAL ENDOS.NEPHRO W/ENDOPYELO LT	50575	CPT	outpatient			13225	6805.44	WellPoint	WellPoint		4255.81	32.18			1087.46	12563.75	percent of total billed charges	
ESWL	50590	CPT	outpatient			13873	4585.08	Aetna	Better Health		4376.93	31.55			977.58	13179.35	percent of total billed charges	
ESWL	50590	CPT	outpatient			13873	4585.08	Aetna	Commercial		6347.35				977.58	13179.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESWL	50590	CPT	outpatient			13873	4585.08	Aetna	Medicare		3987.03				977.58	13179.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESWL	50590	CPT	outpatient			13873	4585.08	Americare	Americare		10404.75	75			977.58	13179.35	percent of total billed charges	
ESWL	50590	CPT	outpatient			13873	4585.08	Amerihealth	HMO|PPO		9017.45	65			977.58	13179.35	percent of total billed charges	
ESWL	50590	CPT	outpatient			13873	4585.08	Amerihealth	Medicare		3987.03				977.58	13179.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESWL	50590	CPT	outpatient			13873	4585.08	Consumer	Consumer		13179.35	95			977.58	13179.35	percent of total billed charges	
ESWL	50590	CPT	outpatient			13873	4585.08	Corrections	Corrections		11098.4	80			977.58	13179.35	percent of total billed charges	
ESWL	50590	CPT	outpatient			13873	4585.08	First Health	First Health		9711.1	70			977.58	13179.35	percent of total billed charges	
ESWL	50590	CPT	outpatient			13873	4585.08	First Trenton	First Trenton		12485.7	90			977.58	13179.35	percent of total billed charges	
ESWL	50590	CPT	outpatient			13873	4585.08	Horizon	PPO		7419.86				977.58	13179.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESWL	50590	CPT	outpatient			13873	4585.08	Horizon	Medicare Blue		3987.03				977.58	13179.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESWL	50590	CPT	outpatient			13873	4585.08	Horizon	Indemnity		7419.86				977.58	13179.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESWL	50590	CPT	outpatient			13873	4585.08	Horizon	MGD		7419.86				977.58	13179.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESWL	50590	CPT	outpatient			13873	4585.08	Horizon	NJ Health		977.58				977.58	13179.35	fee schedule	
ESWL	50590	CPT	outpatient			13873	4585.08	Managed Care Inc	Managed Care Inc		12485.7	90			977.58	13179.35	percent of total billed charges	
ESWL	50590	CPT	outpatient			13873	4585.08	Multiplan	Multiplan		11098.4	80			977.58	13179.35	percent of total billed charges	
ESWL	50590	CPT	outpatient			13873	4585.08	Qualcare	Qualcare		10404.75	75			977.58	13179.35	percent of total billed charges	
ESWL	50590	CPT	outpatient			13873	4585.08	Three Rivers	Three Rivers		13179.35	95			977.58	13179.35	percent of total billed charges	
ESWL	50590	CPT	outpatient			13873	4585.08	UHC	Medicaid		4376.93	31.55			977.58	13179.35	percent of total billed charges	
ESWL	50590	CPT	outpatient			13873	4585.08	UHC	Medicare		3987.03				977.58	13179.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESWL	50590	CPT	outpatient			13873	4585.08	United	Commercial|PPO		4702				977.58	13179.35	case rate	
ESWL	50590	CPT	outpatient			13873	4585.08	United	Oxford		4702				977.58	13179.35	case rate	
ESWL	50590	CPT	outpatient			13873	4585.08	Wellcare	Medicare		3987.03				977.58	13179.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESWL	50590	CPT	outpatient			13873	4585.08	Wellcare	Medicaid		4376.93	31.55			977.58	13179.35	percent of total billed charges	
ESWL	50590	CPT	outpatient			13873	4585.08	WellPoint	WellPoint		4464.33	32.18			977.58	13179.35	percent of total billed charges	
PERC RF ABLATE RENAL TUMOR UNI	50592	CPT	both			21371	7588.83	Aetna	Commercial		10505.58				3958.26	20302.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERC RF ABLATE RENAL TUMOR UNI	50592	CPT	both			21371	7588.83	Aetna	Better Health		6742.55	31.55			3958.26	20302.45	percent of total billed charges	
PERC RF ABLATE RENAL TUMOR UNI	50592	CPT	both			21371	7588.83	Aetna	Medicare		6598.98				3958.26	20302.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERC RF ABLATE RENAL TUMOR UNI	50592	CPT	both			21371	7588.83	Americare	Americare		16028.25	75			3958.26	20302.45	percent of total billed charges	
PERC RF ABLATE RENAL TUMOR UNI	50592	CPT	both			21371	7588.83	Amerihealth	HMO|PPO		13891.15	65			3958.26	20302.45	percent of total billed charges	
PERC RF ABLATE RENAL TUMOR UNI	50592	CPT	both			21371	7588.83	Amerihealth	Medicare		6598.98				3958.26	20302.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERC RF ABLATE RENAL TUMOR UNI	50592	CPT	both			21371	7588.83	Consumer	Consumer		20302.45	95			3958.26	20302.45	percent of total billed charges	
PERC RF ABLATE RENAL TUMOR UNI	50592	CPT	both			21371	7588.83	Corrections	Corrections		17096.8	80			3958.26	20302.45	percent of total billed charges	
PERC RF ABLATE RENAL TUMOR UNI	50592	CPT	both			21371	7588.83	First Health	First Health		14959.7	70			3958.26	20302.45	percent of total billed charges	
PERC RF ABLATE RENAL TUMOR UNI	50592	CPT	both			21371	7588.83	First Trenton	First Trenton		19233.9	90			3958.26	20302.45	percent of total billed charges	
PERC RF ABLATE RENAL TUMOR UNI	50592	CPT	both			21371	7588.83	Horizon	PPO		12280.7				3958.26	20302.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERC RF ABLATE RENAL TUMOR UNI	50592	CPT	both			21371	7588.83	Horizon	MGD		12280.7				3958.26	20302.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERC RF ABLATE RENAL TUMOR UNI	50592	CPT	both			21371	7588.83	Horizon	Medicare Blue		6598.98				3958.26	20302.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERC RF ABLATE RENAL TUMOR UNI	50592	CPT	both			21371	7588.83	Horizon	NJ Health		6884.92				3958.26	20302.45	fee schedule	
PERC RF ABLATE RENAL TUMOR UNI	50592	CPT	both			21371	7588.83	Horizon	Indemnity		12280.7				3958.26	20302.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERC RF ABLATE RENAL TUMOR UNI	50592	CPT	both			21371	7588.83	Managed Care Inc	Managed Care Inc		19233.9	90			3958.26	20302.45	percent of total billed charges	
PERC RF ABLATE RENAL TUMOR UNI	50592	CPT	both			21371	7588.83	Multiplan	Multiplan		17096.8	80			3958.26	20302.45	percent of total billed charges	
PERC RF ABLATE RENAL TUMOR UNI	50592	CPT	both			21371	7588.83	Qualcare	Qualcare		16028.25	75			3958.26	20302.45	percent of total billed charges	
PERC RF ABLATE RENAL TUMOR UNI	50592	CPT	both			21371	7588.83	Three Rivers	Three Rivers		20302.45	95			3958.26	20302.45	percent of total billed charges	
PERC RF ABLATE RENAL TUMOR UNI	50592	CPT	both			21371	7588.83	UHC	Medicaid		6742.55	31.55			3958.26	20302.45	percent of total billed charges	
PERC RF ABLATE RENAL TUMOR UNI	50592	CPT	both			21371	7588.83	UHC	Medicare		6598.98				3958.26	20302.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERC RF ABLATE RENAL TUMOR UNI	50592	CPT	both			21371	7588.83	United	Commercial|PPO		4702				3958.26	20302.45	case rate	
PERC RF ABLATE RENAL TUMOR UNI	50592	CPT	both			21371	7588.83	United	Oxford		4702				3958.26	20302.45	case rate	
PERC RF ABLATE RENAL TUMOR UNI	50592	CPT	both			21371	7588.83	Wellcare	Medicare		6598.98				3958.26	20302.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERC RF ABLATE RENAL TUMOR UNI	50592	CPT	both			21371	7588.83	Wellcare	Medicaid		6742.55	31.55			3958.26	20302.45	percent of total billed charges	
PERC RF ABLATE RENAL TUMOR UNI	50592	CPT	both			21371	7588.83	WellPoint	WellPoint		6877.19	32.18			3958.26	20302.45	percent of total billed charges	
RFA RENAL UNILATERAL CRYOTHERAPY	50593	CPT	outpatient			35328	13538.55	Aetna	Medicare		11772.65				4702	33561.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RFA RENAL UNILATERAL CRYOTHERAPY	50593	CPT	outpatient			35328	13538.55	Aetna	Commercial		18742.06				4702	33561.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RFA RENAL UNILATERAL CRYOTHERAPY	50593	CPT	outpatient			35328	13538.55	Aetna	Better Health		11145.98	31.55			4702	33561.6	percent of total billed charges	
RFA RENAL UNILATERAL CRYOTHERAPY	50593	CPT	outpatient			35328	13538.55	Americare	Americare		26496	75			4702	33561.6	percent of total billed charges	
RFA RENAL UNILATERAL CRYOTHERAPY	50593	CPT	outpatient			35328	13538.55	Amerihealth	HMO|PPO		22963.2	65			4702	33561.6	percent of total billed charges	
RFA RENAL UNILATERAL CRYOTHERAPY	50593	CPT	outpatient			35328	13538.55	Amerihealth	Medicare		11772.65				4702	33561.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RFA RENAL UNILATERAL CRYOTHERAPY	50593	CPT	outpatient			35328	13538.55	Consumer	Consumer		33561.6	95			4702	33561.6	percent of total billed charges	
RFA RENAL UNILATERAL CRYOTHERAPY	50593	CPT	outpatient			35328	13538.55	Corrections	Corrections		28262.4	80			4702	33561.6	percent of total billed charges	
RFA RENAL UNILATERAL CRYOTHERAPY	50593	CPT	outpatient			35328	13538.55	First Health	First Health		24729.6	70			4702	33561.6	percent of total billed charges	
RFA RENAL UNILATERAL CRYOTHERAPY	50593	CPT	outpatient			35328	13538.55	First Trenton	First Trenton		31795.2	90			4702	33561.6	percent of total billed charges	
RFA RENAL UNILATERAL CRYOTHERAPY	50593	CPT	outpatient			35328	13538.55	Horizon	Medicare Blue		11772.65				4702	33561.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RFA RENAL UNILATERAL CRYOTHERAPY	50593	CPT	outpatient			35328	13538.55	Horizon	Indemnity		21908.9				4702	33561.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RFA RENAL UNILATERAL CRYOTHERAPY	50593	CPT	outpatient			35328	13538.55	Horizon	MGD		21908.9				4702	33561.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RFA RENAL UNILATERAL CRYOTHERAPY	50593	CPT	outpatient			35328	13538.55	Horizon	PPO		21908.9				4702	33561.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RFA RENAL UNILATERAL CRYOTHERAPY	50593	CPT	outpatient			35328	13538.55	Managed Care Inc	Managed Care Inc		31795.2	90			4702	33561.6	percent of total billed charges	
RFA RENAL UNILATERAL CRYOTHERAPY	50593	CPT	outpatient			35328	13538.55	Multiplan	Multiplan		28262.4	80			4702	33561.6	percent of total billed charges	
RFA RENAL UNILATERAL CRYOTHERAPY	50593	CPT	outpatient			35328	13538.55	Qualcare	Qualcare		26496	75			4702	33561.6	percent of total billed charges	
RFA RENAL UNILATERAL CRYOTHERAPY	50593	CPT	outpatient			35328	13538.55	Three Rivers	Three Rivers		33561.6	95			4702	33561.6	percent of total billed charges	
RFA RENAL UNILATERAL CRYOTHERAPY	50593	CPT	outpatient			35328	13538.55	UHC	Medicare		11772.65				4702	33561.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RFA RENAL UNILATERAL CRYOTHERAPY	50593	CPT	outpatient			35328	13538.55	UHC	Medicaid		11145.98	31.55			4702	33561.6	percent of total billed charges	
RFA RENAL UNILATERAL CRYOTHERAPY	50593	CPT	outpatient			35328	13538.55	United	Oxford		4702				4702	33561.6	case rate	
RFA RENAL UNILATERAL CRYOTHERAPY	50593	CPT	outpatient			35328	13538.55	United	Commercial|PPO		4702				4702	33561.6	case rate	
RFA RENAL UNILATERAL CRYOTHERAPY	50593	CPT	outpatient			35328	13538.55	Wellcare	Medicare		11772.65				4702	33561.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RFA RENAL UNILATERAL CRYOTHERAPY	50593	CPT	outpatient			35328	13538.55	Wellcare	Medicaid		11145.98	31.55			4702	33561.6	percent of total billed charges	
RFA RENAL UNILATERAL CRYOTHERAPY	50593	CPT	outpatient			35328	13538.55	WellPoint	WellPoint		11368.55	32.18			4702	33561.6	percent of total billed charges	
UNILATERAL ENDOLUMINAL BIOPSY OF URETER	50606	CPT	outpatient			10114		Aetna	Better Health		3190.97	31.55			581.39	9608.3	percent of total billed charges	
UNILATERAL ENDOLUMINAL BIOPSY OF URETER	50606	CPT	outpatient			10114		Aetna	Commercial		3843.32	38			581.39	9608.3	percent of total billed charges	
UNILATERAL ENDOLUMINAL BIOPSY OF URETER	50606	CPT	outpatient			10114		Aetna	Medicare		3115.11	30.8			581.39	9608.3	percent of total billed charges	
UNILATERAL ENDOLUMINAL BIOPSY OF URETER	50606	CPT	outpatient			10114		Americare	Americare		7585.5	75			581.39	9608.3	percent of total billed charges	
UNILATERAL ENDOLUMINAL BIOPSY OF URETER	50606	CPT	outpatient			10114		Amerihealth	HMO|PPO		6574.1	65			581.39	9608.3	percent of total billed charges	
UNILATERAL ENDOLUMINAL BIOPSY OF URETER	50606	CPT	outpatient			10114		Consumer	Consumer		9608.3	95			581.39	9608.3	percent of total billed charges	
UNILATERAL ENDOLUMINAL BIOPSY OF URETER	50606	CPT	outpatient			10114		Corrections	Corrections		8091.2	80			581.39	9608.3	percent of total billed charges	
UNILATERAL ENDOLUMINAL BIOPSY OF URETER	50606	CPT	outpatient			10114		First Health	First Health		7079.8	70			581.39	9608.3	percent of total billed charges	
UNILATERAL ENDOLUMINAL BIOPSY OF URETER	50606	CPT	outpatient			10114		First Trenton	First Trenton		9102.6	90			581.39	9608.3	percent of total billed charges	
UNILATERAL ENDOLUMINAL BIOPSY OF URETER	50606	CPT	outpatient			10114		Horizon	Medicare Blue		3034.2	30			581.39	9608.3	percent of total billed charges	
UNILATERAL ENDOLUMINAL BIOPSY OF URETER	50606	CPT	outpatient			10114		Horizon	Indemnity		3871.64	38.28			581.39	9608.3	percent of total billed charges	
UNILATERAL ENDOLUMINAL BIOPSY OF URETER	50606	CPT	outpatient			10114		Horizon	MGD		3871.64	38.28			581.39	9608.3	percent of total billed charges	
UNILATERAL ENDOLUMINAL BIOPSY OF URETER	50606	CPT	outpatient			10114		Horizon	NJ Health		581.39				581.39	9608.3	fee schedule	
UNILATERAL ENDOLUMINAL BIOPSY OF URETER	50606	CPT	outpatient			10114		Horizon	PPO		3871.64	38.28			581.39	9608.3	percent of total billed charges	
UNILATERAL ENDOLUMINAL BIOPSY OF URETER	50606	CPT	outpatient			10114		Managed Care Inc	Managed Care Inc		9102.6	90			581.39	9608.3	percent of total billed charges	
UNILATERAL ENDOLUMINAL BIOPSY OF URETER	50606	CPT	outpatient			10114		Multiplan	Multiplan		8091.2	80			581.39	9608.3	percent of total billed charges	
UNILATERAL ENDOLUMINAL BIOPSY OF URETER	50606	CPT	outpatient			10114		Qualcare	Qualcare		7585.5	75			581.39	9608.3	percent of total billed charges	
UNILATERAL ENDOLUMINAL BIOPSY OF URETER	50606	CPT	outpatient			10114		Three Rivers	Three Rivers		9608.3	95			581.39	9608.3	percent of total billed charges	
UNILATERAL ENDOLUMINAL BIOPSY OF URETER	50606	CPT	outpatient			10114		UHC	Medicaid		3190.97	31.55			581.39	9608.3	percent of total billed charges	
UNILATERAL ENDOLUMINAL BIOPSY OF URETER	50606	CPT	outpatient			10114		United	Commercial|PPO		1782				581.39	9608.3	case rate	
UNILATERAL ENDOLUMINAL BIOPSY OF URETER	50606	CPT	outpatient			10114		United	Oxford		1782				581.39	9608.3	case rate	
UNILATERAL ENDOLUMINAL BIOPSY OF URETER	50606	CPT	outpatient			10114		Wellcare	Medicaid		3190.97	31.55			581.39	9608.3	percent of total billed charges	
UNILATERAL ENDOLUMINAL BIOPSY OF URETER	50606	CPT	outpatient			10114		WellPoint	WellPoint		3254.69	32.18			581.39	9608.3	percent of total billed charges	
INJ FOR URETEROPYELOGRAPHY-STOMA/CAT	50684	CPT	outpatient			493		Aetna	Better Health		155.54	31.55			39.2	1782	percent of total billed charges	
INJ FOR URETEROPYELOGRAPHY-STOMA/CAT	50684	CPT	outpatient			493		Aetna	Medicare		151.84	30.8			39.2	1782	percent of total billed charges	
INJ FOR URETEROPYELOGRAPHY-STOMA/CAT	50684	CPT	outpatient			493		Aetna	Commercial		187.34	38			39.2	1782	percent of total billed charges	
INJ FOR URETEROPYELOGRAPHY-STOMA/CAT	50684	CPT	outpatient			493		Americare	Americare		369.75	75			39.2	1782	percent of total billed charges	
INJ FOR URETEROPYELOGRAPHY-STOMA/CAT	50684	CPT	outpatient			493		Amerihealth	HMO|PPO		320.45	65			39.2	1782	percent of total billed charges	
INJ FOR URETEROPYELOGRAPHY-STOMA/CAT	50684	CPT	outpatient			493		Consumer	Consumer		468.35	95			39.2	1782	percent of total billed charges	
INJ FOR URETEROPYELOGRAPHY-STOMA/CAT	50684	CPT	outpatient			493		Corrections	Corrections		394.4	80			39.2	1782	percent of total billed charges	
INJ FOR URETEROPYELOGRAPHY-STOMA/CAT	50684	CPT	outpatient			493		First Health	First Health		345.1	70			39.2	1782	percent of total billed charges	
INJ FOR URETEROPYELOGRAPHY-STOMA/CAT	50684	CPT	outpatient			493		First Trenton	First Trenton		443.7	90			39.2	1782	percent of total billed charges	
INJ FOR URETEROPYELOGRAPHY-STOMA/CAT	50684	CPT	outpatient			493		Horizon	MGD		188.72	38.28			39.2	1782	percent of total billed charges	
INJ FOR URETEROPYELOGRAPHY-STOMA/CAT	50684	CPT	outpatient			493		Horizon	Medicare Blue		147.9	30			39.2	1782	percent of total billed charges	
INJ FOR URETEROPYELOGRAPHY-STOMA/CAT	50684	CPT	outpatient			493		Horizon	Indemnity		188.72	38.28			39.2	1782	percent of total billed charges	
INJ FOR URETEROPYELOGRAPHY-STOMA/CAT	50684	CPT	outpatient			493		Horizon	NJ Health		39.2				39.2	1782	fee schedule	
INJ FOR URETEROPYELOGRAPHY-STOMA/CAT	50684	CPT	outpatient			493		Horizon	PPO		188.72	38.28			39.2	1782	percent of total billed charges	
INJ FOR URETEROPYELOGRAPHY-STOMA/CAT	50684	CPT	outpatient			493		Managed Care Inc	Managed Care Inc		443.7	90			39.2	1782	percent of total billed charges	
INJ FOR URETEROPYELOGRAPHY-STOMA/CAT	50684	CPT	outpatient			493		Multiplan	Multiplan		394.4	80			39.2	1782	percent of total billed charges	
INJ FOR URETEROPYELOGRAPHY-STOMA/CAT	50684	CPT	outpatient			493		Qualcare	Qualcare		369.75	75			39.2	1782	percent of total billed charges	
INJ FOR URETEROPYELOGRAPHY-STOMA/CAT	50684	CPT	outpatient			493		Three Rivers	Three Rivers		468.35	95			39.2	1782	percent of total billed charges	
INJ FOR URETEROPYELOGRAPHY-STOMA/CAT	50684	CPT	outpatient			493		UHC	Medicaid		155.54	31.55			39.2	1782	percent of total billed charges	
INJ FOR URETEROPYELOGRAPHY-STOMA/CAT	50684	CPT	outpatient			493		United	Oxford		1782				39.2	1782	case rate	
INJ FOR URETEROPYELOGRAPHY-STOMA/CAT	50684	CPT	outpatient			493		United	Commercial|PPO		1782				39.2	1782	case rate	
INJ FOR URETEROPYELOGRAPHY-STOMA/CAT	50684	CPT	outpatient			493		Wellcare	Medicaid		155.54	31.55			39.2	1782	percent of total billed charges	
INJ FOR URETEROPYELOGRAPHY-STOMA/CAT	50684	CPT	outpatient			493		WellPoint	WellPoint		158.65	32.18			39.2	1782	percent of total billed charges	
CHANGE URETEROSTOMY TUBE	50688	CPT	outpatient			7088	2678.87	Aetna	Commercial		3708.48				94.74	6733.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHANGE URETEROSTOMY TUBE	50688	CPT	outpatient			7088	2678.87	Aetna	Better Health		2236.26	31.55			94.74	6733.6	percent of total billed charges	
CHANGE URETEROSTOMY TUBE	50688	CPT	outpatient			7088	2678.87	Aetna	Medicare		2329.45				94.74	6733.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHANGE URETEROSTOMY TUBE	50688	CPT	outpatient			7088	2678.87	Americare	Americare		5316	75			94.74	6733.6	percent of total billed charges	
CHANGE URETEROSTOMY TUBE	50688	CPT	outpatient			7088	2678.87	Amerihealth	HMO|PPO		4607.2	65			94.74	6733.6	percent of total billed charges	
CHANGE URETEROSTOMY TUBE	50688	CPT	outpatient			7088	2678.87	Amerihealth	Medicare		2329.45				94.74	6733.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHANGE URETEROSTOMY TUBE	50688	CPT	outpatient			7088	2678.87	Consumer	Consumer		6733.6	95			94.74	6733.6	percent of total billed charges	
CHANGE URETEROSTOMY TUBE	50688	CPT	outpatient			7088	2678.87	Corrections	Corrections		5670.4	80			94.74	6733.6	percent of total billed charges	
CHANGE URETEROSTOMY TUBE	50688	CPT	outpatient			7088	2678.87	First Health	First Health		4961.6	70			94.74	6733.6	percent of total billed charges	
CHANGE URETEROSTOMY TUBE	50688	CPT	outpatient			7088	2678.87	First Trenton	First Trenton		6379.2	90			94.74	6733.6	percent of total billed charges	
CHANGE URETEROSTOMY TUBE	50688	CPT	outpatient			7088	2678.87	Horizon	MGD		4335.11				94.74	6733.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHANGE URETEROSTOMY TUBE	50688	CPT	outpatient			7088	2678.87	Horizon	Medicare Blue		2329.45				94.74	6733.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHANGE URETEROSTOMY TUBE	50688	CPT	outpatient			7088	2678.87	Horizon	PPO		4335.11				94.74	6733.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHANGE URETEROSTOMY TUBE	50688	CPT	outpatient			7088	2678.87	Horizon	Indemnity		4335.11				94.74	6733.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHANGE URETEROSTOMY TUBE	50688	CPT	outpatient			7088	2678.87	Horizon	NJ Health		94.74				94.74	6733.6	fee schedule	
CHANGE URETEROSTOMY TUBE	50688	CPT	outpatient			7088	2678.87	Managed Care Inc	Managed Care Inc		6379.2	90			94.74	6733.6	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CHANGE URETEROSTOMY TUBE	50688	CPT	outpatient			7088	2678.87	Multiplan	Multiplan		5670.4	80			94.74		6733.6 percent of total billed charges	
CHANGE URETEROSTOMY TUBE	50688	CPT	outpatient			7088	2678.87	Qualcare	Qualcare		5316	75			94.74		6733.6 percent of total billed charges	
CHANGE URETEROSTOMY TUBE	50688	CPT	outpatient			7088	2678.87	Three Rivers	Three Rivers		6733.6	95			94.74		6733.6 percent of total billed charges	
CHANGE URETEROSTOMY TUBE	50688	CPT	outpatient			7088	2678.87	UHC	Medicaid		2236.26	31.55			94.74		6733.6 percent of total billed charges	
CHANGE URETEROSTOMY TUBE	50688	CPT	outpatient			7088	2678.87	UHC	Medicare		2329.45				94.74		6733.6 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHANGE URETEROSTOMY TUBE	50688	CPT	outpatient			7088	2678.87	United	Commercial|PPO		2493				94.74		6733.6 case rate	
CHANGE URETEROSTOMY TUBE	50688	CPT	outpatient			7088	2678.87	United	Oxford		2493				94.74		6733.6 case rate	
CHANGE URETEROSTOMY TUBE	50688	CPT	outpatient			7088	2678.87	Wellcare	Medicaid		2236.26	31.55			94.74		6733.6 percent of total billed charges	
CHANGE URETEROSTOMY TUBE	50688	CPT	outpatient			7088	2678.87	Wellcare	Medicare		2329.45				94.74		6733.6 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHANGE URETEROSTOMY TUBE	50688	CPT	outpatient			7088	2678.87	WellPoint	WellPoint		2280.92	32.18			94.74		6733.6 percent of total billed charges	
INJ ILEAL CONDUIT/URETEROPYELOGRAPHY	50690	CPT	outpatient			3111		Aetna	Commercial		1182.18	38			50.9		2955.45 percent of total billed charges	
INJ ILEAL CONDUIT/URETEROPYELOGRAPHY	50690	CPT	outpatient			3111		Aetna	Better Health		981.52	31.55			50.9		2955.45 percent of total billed charges	
INJ ILEAL CONDUIT/URETEROPYELOGRAPHY	50690	CPT	outpatient			3111		Aetna	Medicare		958.19	30.8			50.9		2955.45 percent of total billed charges	
INJ ILEAL CONDUIT/URETEROPYELOGRAPHY	50690	CPT	outpatient			3111		Americare	Americare		2333.25	75			50.9		2955.45 percent of total billed charges	
INJ ILEAL CONDUIT/URETEROPYELOGRAPHY	50690	CPT	outpatient			3111		Amerihealth	HMO|PPO		2022.15	65			50.9		2955.45 percent of total billed charges	
INJ ILEAL CONDUIT/URETEROPYELOGRAPHY	50690	CPT	outpatient			3111		Consumer	Consumer		2955.45	95			50.9		2955.45 percent of total billed charges	
INJ ILEAL CONDUIT/URETEROPYELOGRAPHY	50690	CPT	outpatient			3111		Corrections	Corrections		2488.8	80			50.9		2955.45 percent of total billed charges	
INJ ILEAL CONDUIT/URETEROPYELOGRAPHY	50690	CPT	outpatient			3111		First Health	First Health		2177.7	70			50.9		2955.45 percent of total billed charges	
INJ ILEAL CONDUIT/URETEROPYELOGRAPHY	50690	CPT	outpatient			3111		First Trenton	First Trenton		2799.9	90			50.9		2955.45 percent of total billed charges	
INJ ILEAL CONDUIT/URETEROPYELOGRAPHY	50690	CPT	outpatient			3111		Horizon	Medicare Blue		933.3	30			50.9		2955.45 percent of total billed charges	
INJ ILEAL CONDUIT/URETEROPYELOGRAPHY	50690	CPT	outpatient			3111		Horizon	MGD		1190.89	38.28			50.9		2955.45 percent of total billed charges	
INJ ILEAL CONDUIT/URETEROPYELOGRAPHY	50690	CPT	outpatient			3111		Horizon	Indemnity		1190.89	38.28			50.9		2955.45 percent of total billed charges	
INJ ILEAL CONDUIT/URETEROPYELOGRAPHY	50690	CPT	outpatient			3111		Horizon	NJ Health		50.9				50.9		2955.45 fee schedule	
INJ ILEAL CONDUIT/URETEROPYELOGRAPHY	50690	CPT	outpatient			3111		Horizon	PPO		1190.89	38.28			50.9		2955.45 percent of total billed charges	
INJ ILEAL CONDUIT/URETEROPYELOGRAPHY	50690	CPT	outpatient			3111		Managed Care Inc	Managed Care Inc		2799.9	90			50.9		2955.45 percent of total billed charges	
INJ ILEAL CONDUIT/URETEROPYELOGRAPHY	50690	CPT	outpatient			3111		Multiplan	Multiplan		2488.8	80			50.9		2955.45 percent of total billed charges	
INJ ILEAL CONDUIT/URETEROPYELOGRAPHY	50690	CPT	outpatient			3111		Qualcare	Qualcare		2333.25	75			50.9		2955.45 percent of total billed charges	
INJ ILEAL CONDUIT/URETEROPYELOGRAPHY	50690	CPT	outpatient			3111		Three Rivers	Three Rivers		2955.45	95			50.9		2955.45 percent of total billed charges	
INJ ILEAL CONDUIT/URETEROPYELOGRAPHY	50690	CPT	outpatient			3111		UHC	Medicaid		981.52	31.55			50.9		2955.45 percent of total billed charges	
INJ ILEAL CONDUIT/URETEROPYELOGRAPHY	50690	CPT	outpatient			3111		United	Oxford		1782				50.9		2955.45 case rate	
INJ ILEAL CONDUIT/URETEROPYELOGRAPHY	50690	CPT	outpatient			3111		United	Commercial|PPO		1782				50.9		2955.45 case rate	
INJ ILEAL CONDUIT/URETEROPYELOGRAPHY	50690	CPT	outpatient			3111		Wellcare	Medicaid		981.52	31.55			50.9		2955.45 percent of total billed charges	
INJ ILEAL CONDUIT/URETEROPYELOGRAPHY	50690	CPT	outpatient			3111		WellPoint	WellPoint		1001.12	32.18			50.9		2955.45 percent of total billed charges	
PLMNT URETERAL STENT THRU EXIST PCN	50693	CPT	both			10117	4585.08	Aetna	Commercial		6347.35				1172.96		9611.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLMNT URETERAL STENT THRU EXIST PCN	50693	CPT	both			10117	4585.08	Aetna	Better Health		3191.91	31.55			1172.96		9611.15 percent of total billed charges	
PLMNT URETERAL STENT THRU EXIST PCN	50693	CPT	both			10117	4585.08	Aetna	Medicare		3987.03				1172.96		9611.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLMNT URETERAL STENT THRU EXIST PCN	50693	CPT	both			10117	4585.08	Americare	Americare		7587.75	75			1172.96		9611.15 percent of total billed charges	
PLMNT URETERAL STENT THRU EXIST PCN	50693	CPT	both			10117	4585.08	Amerihealth	HMO|PPO		6576.05	65			1172.96		9611.15 percent of total billed charges	
PLMNT URETERAL STENT THRU EXIST PCN	50693	CPT	both			10117	4585.08	Amerihealth	Medicare		3987.03				1172.96		9611.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLMNT URETERAL STENT THRU EXIST PCN	50693	CPT	both			10117	4585.08	Consumer	Consumer		9611.15	95			1172.96		9611.15 percent of total billed charges	
PLMNT URETERAL STENT THRU EXIST PCN	50693	CPT	both			10117	4585.08	Corrections	Corrections		8093.6	80			1172.96		9611.15 percent of total billed charges	
PLMNT URETERAL STENT THRU EXIST PCN	50693	CPT	both			10117	4585.08	First Health	First Health		7081.9	70			1172.96		9611.15 percent of total billed charges	
PLMNT URETERAL STENT THRU EXIST PCN	50693	CPT	both			10117	4585.08	First Trenton	First Trenton		9105.3	90			1172.96		9611.15 percent of total billed charges	
PLMNT URETERAL STENT THRU EXIST PCN	50693	CPT	both			10117	4585.08	Horizon	MGD		7419.86				1172.96		9611.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLMNT URETERAL STENT THRU EXIST PCN	50693	CPT	both			10117	4585.08	Horizon	Medicare Blue		3987.03				1172.96		9611.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLMNT URETERAL STENT THRU EXIST PCN	50693	CPT	both			10117	4585.08	Horizon	Indemnity		7419.86				1172.96		9611.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLMNT URETERAL STENT THRU EXIST PCN	50693	CPT	both			10117	4585.08	Horizon	NJ Health		1172.96				1172.96		9611.15 fee schedule	
PLMNT URETERAL STENT THRU EXIST PCN	50693	CPT	both			10117	4585.08	Horizon	PPO		7419.86				1172.96		9611.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLMNT URETERAL STENT THRU EXIST PCN	50693	CPT	both			10117	4585.08	Managed Care Inc	Managed Care Inc		9105.3	90			1172.96		9611.15 percent of total billed charges	
PLMNT URETERAL STENT THRU EXIST PCN	50693	CPT	both			10117	4585.08	Multiplan	Multiplan		8093.6	80			1172.96		9611.15 percent of total billed charges	
PLMNT URETERAL STENT THRU EXIST PCN	50693	CPT	both			10117	4585.08	Qualcare	Qualcare		7587.75	75			1172.96		9611.15 percent of total billed charges	
PLMNT URETERAL STENT THRU EXIST PCN	50693	CPT	both			10117	4585.08	Three Rivers	Three Rivers		9611.15	95			1172.96		9611.15 percent of total billed charges	
PLMNT URETERAL STENT THRU EXIST PCN	50693	CPT	both			10117	4585.08	UHC	Medicare		3987.03				1172.96		9611.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLMNT URETERAL STENT THRU EXIST PCN	50693	CPT	both			10117	4585.08	UHC	Medicaid		3191.91	31.55			1172.96		9611.15 percent of total billed charges	
PLMNT URETERAL STENT THRU EXIST PCN	50693	CPT	both			10117	4585.08	United	Oxford		3492				1172.96		9611.15 case rate	
PLMNT URETERAL STENT THRU EXIST PCN	50693	CPT	both			10117	4585.08	United	Commercial|PPO		3492				1172.96		9611.15 case rate	
PLMNT URETERAL STENT THRU EXIST PCN	50693	CPT	both			10117	4585.08	Wellcare	Medicaid		3191.91	31.55			1172.96		9611.15 percent of total billed charges	
PLMNT URETERAL STENT THRU EXIST PCN	50693	CPT	both			10117	4585.08	Wellcare	Medicare		3987.03				1172.96		9611.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLMNT URETERAL STENT THRU EXIST PCN	50693	CPT	both			10117	4585.08	WellPoint	WellPoint		3255.65	32.18			1172.96		9611.15 percent of total billed charges	
PLMNT OF BILATERAL URETERAL STENT NEW	50694	CPT	outpatient			10117	4585.08	Aetna	Better Health		3191.91	31.55			1288.68		9611.15 percent of total billed charges	
PLMNT OF BILATERAL URETERAL STENT NEW	50694	CPT	outpatient			10117	4585.08	Aetna	Commercial		6347.35				1288.68		9611.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLMNT OF BILATERAL URETERAL STENT NEW	50694	CPT	outpatient			10117	4585.08	Aetna	Medicare		3987.03				1288.68		9611.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLMNT OF BILATERAL URETERAL STENT NEW	50694	CPT	outpatient			10117	4585.08	Americare	Americare		7587.75	75			1288.68		9611.15 percent of total billed charges	
PLMNT OF BILATERAL URETERAL STENT NEW	50694	CPT	outpatient			10117	4585.08	Amerihealth	Medicare		3987.03				1288.68		9611.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLMNT OF BILATERAL URETERAL STENT NEW	50694	CPT	outpatient			10117	4585.08	Amerihealth	HMO|PPO		6576.05	65			1288.68		9611.15 percent of total billed charges	
PLMNT OF BILATERAL URETERAL STENT NEW	50694	CPT	outpatient			10117	4585.08	Consumer	Consumer		9611.15	95			1288.68		9611.15 percent of total billed charges	
PLMNT OF BILATERAL URETERAL STENT NEW	50694	CPT	outpatient			10117	4585.08	Corrections	Corrections		8093.6	80			1288.68		9611.15 percent of total billed charges	
PLMNT OF BILATERAL URETERAL STENT NEW	50694	CPT	outpatient			10117	4585.08	First Health	First Health		7081.9	70			1288.68		9611.15 percent of total billed charges	
PLMNT OF BILATERAL URETERAL STENT NEW	50694	CPT	outpatient			10117	4585.08	First Trenton	First Trenton		9105.3	90			1288.68		9611.15 percent of total billed charges	
PLMNT OF BILATERAL URETERAL STENT NEW	50694	CPT	outpatient			10117	4585.08	Horizon	PPO		7419.86				1288.68		9611.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLMNT OF BILATERAL URETERAL STENT NEW	50694	CPT	outpatient			10117	4585.08	Horizon	MGD		7419.86				1288.68		9611.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLMNT OF BILATERAL URETERAL STENT NEW	50694	CPT	outpatient			10117	4585.08	Horizon	Medicare Blue		3987.03				1288.68		9611.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLMNT OF BILATERAL URETERAL STENT NEW	50694	CPT	outpatient			10117	4585.08	Horizon	NJ Health		1288.68				1288.68		9611.15 fee schedule	
PLMNT OF BILATERAL URETERAL STENT NEW	50694	CPT	outpatient			10117	4585.08	Horizon	Indemnity		7419.86				1288.68		9611.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLMNT OF BILATERAL URETERAL STENT NEW	50694	CPT	outpatient			10117	4585.08	Managed Care Inc	Managed Care Inc		9105.3	90			1288.68		9611.15 percent of total billed charges	
PLMNT OF BILATERAL URETERAL STENT NEW	50694	CPT	outpatient			10117	4585.08	Multiplan	Multiplan		8093.6	80			1288.68		9611.15 percent of total billed charges	
PLMNT OF BILATERAL URETERAL STENT NEW	50694	CPT	outpatient			10117	4585.08	Qualcare	Qualcare		7587.75	75			1288.68		9611.15 percent of total billed charges	
PLMNT OF BILATERAL URETERAL STENT NEW	50694	CPT	outpatient			10117	4585.08	Three Rivers	Three Rivers		9611.15	95			1288.68		9611.15 percent of total billed charges	
PLMNT OF BILATERAL URETERAL STENT NEW	50694	CPT	outpatient			10117	4585.08	UHC	Medicare		3987.03				1288.68		9611.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLMNT OF BILATERAL URETERAL STENT NEW	50694	CPT	outpatient			10117	4585.08	UHC	Medicaid		3191.91	31.55			1288.68		9611.15 percent of total billed charges	
PLMNT OF BILATERAL URETERAL STENT NEW	50694	CPT	outpatient			10117	4585.08	United	Commercial|PPO		3492				1288.68		9611.15 case rate	
PLMNT OF BILATERAL URETERAL STENT NEW	50694	CPT	outpatient			10117	4585.08	United	Oxford		3492				1288.68		9611.15 case rate	
PLMNT OF BILATERAL URETERAL STENT NEW	50694	CPT	outpatient			10117	4585.08	Wellcare	Medicare		3987.03				1288.68		9611.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLMNT OF BILATERAL URETERAL STENT NEW	50694	CPT	outpatient			10117	4585.08	Wellcare	Medicaid		3191.91	31.55			1288.68		9611.15 percent of total billed charges	
PLMNT OF BILATERAL URETERAL STENT NEW	50694	CPT	outpatient			10117	4585.08	WellPoint	WellPoint		3255.65	32.18			1288.68		9611.15 percent of total billed charges	
PLMNT OF BILATERAL URETERAL STENT NEW	50695	CPT	outpatient			10117	4585.08	Aetna	Better Health		3191.91	31.55			1570.06		9611.15 percent of total billed charges	
PLMNT OF BILATERAL URETERAL STENT NEW	50695	CPT	outpatient			10117	4585.08	Aetna	Medicare		3987.03				1570.06		9611.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLMNT OF BILATERAL URETERAL STENT NEW	50695	CPT	outpatient			10117	4585.08	Aetna	Commercial		6347.35				1570.06		9611.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLMNT OF BILATERAL URETERAL STENT NEW	50695	CPT	outpatient			10117	4585.08	Americare	Americare		7587.75	75			1570.06		9611.15 percent of total billed charges	
PLMNT OF BILATERAL URETERAL STENT NEW	50695	CPT	outpatient			10117	4585.08	Amerihealth	HMO|PPO		6576.05	65			1570.06		9611.15 percent of total billed charges	
PLMNT OF BILATERAL URETERAL STENT NEW	50695	CPT	outpatient			10117	4585.08	Amerihealth	Medicare		3987.03				1570.06		9611.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLMNT OF BILATERAL URETERAL STENT NEW	50695	CPT	outpatient			10117	4585.08	Consumer	Consumer		9611.15	95			1570.06		9611.15 percent of total billed charges	
PLMNT OF BILATERAL URETERAL STENT NEW	50695	CPT	outpatient			10117	4585.08	Corrections	Corrections		8093.6	80			1570.06		9611.15 percent of total billed charges	
PLMNT OF BILATERAL URETERAL STENT NEW	50695	CPT	outpatient			10117	4585.08	First Health	First Health		7081.9	70			1570.06		9611.15 percent of total billed charges	
PLMNT OF BILATERAL URETERAL STENT NEW	50695	CPT	outpatient			10117	4585.08	First Trenton	First Trenton		9105.3	90			1570.06		9611.15 percent of total billed charges	
PLMNT OF BILATERAL URETERAL STENT NEW	50695	CPT	outpatient			10117	4585.08	Horizon	Medicare Blue		3987.03				1570.06		9611.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLMNT OF BILATERAL URETERAL STENT NEW	50695	CPT	outpatient			10117	4585.08	Horizon	MGD		7419.86				1570.06		9611.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLMNT OF BILATERAL URETERAL STENT NEW	50695	CPT	outpatient			10117	4585.08	Horizon	Indemnity		7419.86				1570.06		9611.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLMNT OF BILATERAL URETERAL STENT NEW	50695	CPT	outpatient			10117	4585.08	Horizon	NJ Health		1570.06				1570.06		9611.15 fee schedule	
PLMNT OF BILATERAL URETERAL STENT NEW	50695	CPT	outpatient			10117	4585.08	Horizon	PPO		7419.86				1570.06		9611.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLMNT OF BILATERAL URETERAL STENT NEW	50695	CPT	outpatient			10117	4585.08	Managed Care Inc	Managed Care Inc		9105.3	90			1570.06		9611.15 percent of total billed charges	
PLMNT OF BILATERAL URETERAL STENT NEW	50695	CPT	outpatient			10117	4585.08	Multiplan	Multiplan		8093.6	80			1570.06		9611.15 percent of total billed charges	
PLMNT OF BILATERAL URETERAL STENT NEW	50695	CPT	outpatient			10117	4585.08	Qualcare	Qualcare		7587.75	75			1570.06		9611.15 percent of total billed charges	
PLMNT OF BILATERAL URETERAL STENT NEW	50695	CPT	outpatient			10117	4585.08	Three Rivers	Three Rivers		9611.15	95			1570.06		9611.15 percent of total billed charges	
PLMNT OF BILATERAL URETERAL STENT NEW	50695	CPT	outpatient			10117	4585.08	UHC	Medicaid		3191.91	31.55			1570.06		9611.15 percent of total billed charges	
PLMNT OF BILATERAL URETERAL STENT NEW	50695	CPT	outpatient			10117	4585.08	UHC	Medicare		3987.03				1570.06		9611.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLMNT OF BILATERAL URETERAL STENT NEW	50695	CPT	outpatient			10117	4585.08	United	Commercial|PPO		3492				1570.06		9611.15 case rate	
PLMNT OF BILATERAL URETERAL STENT NEW	50695	CPT	outpatient			10117	4585.08	United	Oxford		3492				1570.06		9611.15 case rate	
PLMNT OF BILATERAL URETERAL STENT NEW	50695	CPT	outpatient			10117	4585.08	Wellcare	Medicare		3987.03				1570.06		9611.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLMNT OF BILATERAL URETERAL STENT NEW	50695	CPT	outpatient			10117	4585.08	Wellcare	Medicaid		3191.91	31.55			1570.06		9611.15 percent of total billed charges	
PLMNT OF BILATERAL URETERAL STENT NEW	50695	CPT	outpatient			10117	4585.08	WellPoint	WellPoint		3255.65	32.18			1570.06		9611.15 percent of total billed charges	
BILATERAL URETERAL EMBO OR OCCLUSION	50705	CPT	outpatient			10114		Aetna	Commercial		3843.32	38			1782		9608.3 percent of total billed charges	
BILATERAL URETERAL EMBO OR OCCLUSION	50705	CPT	outpatient			10114		Aetna	Better Health		3190.97	31.55			1782		9608.3 percent of total billed charges	
BILATERAL URETERAL EMBO OR OCCLUSION	50705	CPT	outpatient			10114		Aetna	Medicare		3115.11	30.8			1782		9608.3 percent of total billed charges	
BILATERAL URETERAL EMBO OR OCCLUSION	50705	CPT	outpatient			10114		Americare	Americare		7585.5	75			1782		9608.3 percent of total billed charges	
BILATERAL URETERAL EMBO OR OCCLUSION	50705	CPT	outpatient			10114		Amerihealth	HMO|PPO		6574.1	65			1782		9608.3 percent of total billed charges	
BILATERAL URETERAL EMBO OR OCCLUSION	50705	CPT	outpatient			10114		Consumer	Consumer		9608.3	95			1782		9608.3 percent of total billed charges	
BILATERAL URETERAL EMBO OR OCCLUSION	50705	CPT	outpatient			10114		Corrections	Corrections		8091.2	80			1782		9608.3 percent of total billed charges	
BILATERAL URETERAL EMBO OR OCCLUSION	50705	CPT	outpatient			10114		First Health	First Health		7079.8	70			1782		9608.3 percent of total billed charges	
BILATERAL URETERAL EMBO OR OCCLUSION	50705	CPT	outpatient			10114		First Trenton	First Trenton		9102.6	90			1782		9608.3 percent of total billed charges	
BILATERAL URETERAL EMBO OR OCCLUSION	50705	CPT	outpatient			10114		Horizon	MGD		3871.64	38.28			1782		9608.3 percent of total billed charges	
BILATERAL URETERAL EMBO OR OCCLUSION	50705	CPT	outpatient			10114		Horizon	NJ Health		1898.2				1782		9608.3 fee schedule	
BILATERAL URETERAL EMBO OR OCCLUSION	50705	CPT	outpatient			10114		Horizon	Indemnity		3871.64	38.28			1782		9608.3 percent of total billed charges	
BILATERAL URETERAL EMBO OR OCCLUSION	50705	CPT	outpatient			10114		Horizon	Medicare Blue		3034.2	30			1782		9608.3 percent of total billed charges	
BILATERAL URETERAL EMBO OR OCCLUSION	50705	CPT	outpatient			10114		Horizon	PPO		3871.64	38.28			1782		9608.3 percent of total billed charges	
BILATERAL URETERAL EMBO OR OCCLUSION	50705	CPT	outpatient			10114		Managed Care Inc	Managed Care Inc		9102.6	90			1782		9608.3 percent of total billed charges	
BILATERAL URETERAL EMBO OR OCCLUSION	50705	CPT	outpatient			10114		Multiplan	Multiplan		8091.2	80			1782		9608.3 percent of total billed charges	
BILATERAL URETERAL EMBO OR OCCLUSION	50705	CPT	outpatient			10114		Qualcare	Qualcare		7585.5	75			1782		9608.3 percent of total billed charges	
BILATERAL URETERAL EMBO OR OCCLUSION	50705	CPT	outpatient			10114		Three Rivers	Three Rivers		9608.3	95			1782		9608.3 percent of total billed charges	
BILATERAL URETERAL EMBO OR OCCLUSION	50705	CPT	outpatient			10114		UHC	Medicaid		3190.97	31.55			1782		9608.3 percent of total billed charges	
BILATERAL URETERAL EMBO OR OCCLUSION	50705	CPT	outpatient			10114		United	Commercial|PPO		1782				1782		9608.3 case rate	
BILATERAL URETERAL EMBO OR OCCLUSION	50705	CPT	outpatient			10114		United	Oxford		1782				1782		9608.3 case rate	
BILATERAL URETERAL EMBO OR OCCLUSION	50705	CPT	outpatient			10114		Wellcare	Medicaid		3190.97	31.55			1782		9608.3 percent of total billed charges	
BILATERAL URETERAL EMBO OR OCCLUSION	50705	CPT	outpatient			10114		WellPoint	WellPoint		3254.69	32.18			1782		9608.3 percent of total billed charges	
URETERAL EMBO OR OCCLUSION INCL IMAGING	50706	CPT	outpatient			10114		Aetna	Better Health		3190.97	31.55			844.41		9608.3 percent of total billed charges	
URETERAL EMBO OR OCCLUSION INCL IMAGING	50706	CPT	outpatient			10114		Aetna	Commercial		3843.32	38			844.41		9608.3 percent of total billed charges	
URETERAL EMBO OR OCCLUSION INCL IMAGING	50706	CPT	outpatient			10114		Aetna	Medicare		3115.11	30.8			844.41		9608.3 percent of total billed charges	
URETERAL EMBO OR OCCLUSION INCL IMAGING	50706	CPT	outpatient			10114		Americare	Americare		7585.5	75			844.41		9608.3 percent of total billed charges	
URETERAL EMBO OR OCCLUSION INCL IMAGING	50706	CPT	outpatient			10114		Amerihealth	HMO|PPO		6574.1	65			844.41		9608.3 percent of total billed charges	
URETERAL EMBO OR OCCLUSION INCL IMAGING	50706	CPT	outpatient			10114		Consumer	Consumer		9608.3	95			844.41		9608.3 percent of total billed charges	
URETERAL EMBO OR OCCLUSION INCL IMAGING	50706	CPT	outpatient			10114		Corrections	Corrections		8091.2	80			844.41		9608.3 percent of total billed charges	
URETERAL EMBO OR OCCLUSION INCL IMAGING	50706	CPT	outpatient			10114		First Health	First Health		7079.8	70			844.41		9608.3 percent of total billed charges	
URETERAL EMBO OR OCCLUSION INCL IMAGING	50706	CPT	outpatient			10114		First Trenton	First Trenton		9102.6	90			844.41		9608.3 percent of total billed charges	
URETERAL EMBO OR OCCLUSION INCL IMAGING	50706	CPT	outpatient			10114		Horizon	MGD		3871.64	38.28			844.41		9608.3 percent of total billed charges	
URETERAL EMBO OR OCCLUSION INCL IMAGING	50706	CPT	outpatient			10114		Horizon	PPO		3871.64	38.28			844.41		9608.3 percent of total billed charges	
URETERAL EMBO OR OCCLUSION INCL IMAGING	50706	CPT	outpatient			10114		Horizon	Indemnity		3871.64	38.28			844.41		9608.3 percent of total billed charges	
URETERAL EMBO OR OCCLUSION INCL IMAGING	50706	CPT	outpatient			10114		Horizon	NJ Health		844.41				844.41		9608.3 fee schedule	
URETERAL EMBO OR OCCLUSION INCL IMAGING	50706	CPT	outpatient			10114		Horizon	Medicare Blue		3034.2	30			844.41		9608.3 percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
URETERAL EMBO OR OCCLUSION INCL IMAGING	50706	CPT	outpatient					Managed Care Inc	Managed Care Inc		9102.6	90			844.41	9608.3	percent of total billed charges	
URETERAL EMBO OR OCCLUSION INCL IMAGING	50706	CPT	outpatient					Multiplan	Multiplan		8091.2	80			844.41	9608.3	percent of total billed charges	
URETERAL EMBO OR OCCLUSION INCL IMAGING	50706	CPT	outpatient					Qualcare	Qualcare		7585.5	75			844.41	9608.3	percent of total billed charges	
URETERAL EMBO OR OCCLUSION INCL IMAGING	50706	CPT	outpatient					Three Rivers	Three Rivers		9608.3	95			844.41	9608.3	percent of total billed charges	
URETERAL EMBO OR OCCLUSION INCL IMAGING	50706	CPT	outpatient					UHC	Medicaid		3190.97	31.55			844.41	9608.3	percent of total billed charges	
URETERAL EMBO OR OCCLUSION INCL IMAGING	50706	CPT	outpatient					United	Oxford		1782				844.41	9608.3	case rate	
URETERAL EMBO OR OCCLUSION INCL IMAGING	50706	CPT	outpatient					United	CommercialPPO		1782				844.41	9608.3	case rate	
URETERAL EMBO OR OCCLUSION INCL IMAGING	50706	CPT	outpatient					Wellcare	Medicaid		3190.97	31.55			844.41	9608.3	percent of total billed charges	
URETERAL EMBO OR OCCLUSION INCL IMAGING	50706	CPT	outpatient					WellPoint	WellPoint		3254.69	32.18			844.41	9608.3	percent of total billed charges	
REV URINARY ANASTOMOSIS	50727	CPT	outpatient				7070	4585.08	Aetna	Better Health		2230.59	31.55		944.82	7419.86	percent of total billed charges	
REV URINARY ANASTOMOSIS	50727	CPT	outpatient				7070	4585.08	Aetna	Medicare		3987.03			944.82	7419.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REV URINARY ANASTOMOSIS	50727	CPT	outpatient				7070	4585.08	Aetna	Commercial		6347.35			944.82	7419.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REV URINARY ANASTOMOSIS	50727	CPT	outpatient				7070	4585.08	Americare	Americare		5302.5	75		944.82	7419.86	percent of total billed charges	
REV URINARY ANASTOMOSIS	50727	CPT	outpatient				7070	4585.08	Amerihealth	Medicare		3987.03			944.82	7419.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REV URINARY ANASTOMOSIS	50727	CPT	outpatient				7070	4585.08	Amerihealth	HMO/PPO		4595.5	65		944.82	7419.86	percent of total billed charges	
REV URINARY ANASTOMOSIS	50727	CPT	outpatient				7070	4585.08	Consumer	Consumer		6716.5	95		944.82	7419.86	percent of total billed charges	
REV URINARY ANASTOMOSIS	50727	CPT	outpatient				7070	4585.08	Corrections	Corrections		5656	80		944.82	7419.86	percent of total billed charges	
REV URINARY ANASTOMOSIS	50727	CPT	outpatient				7070	4585.08	First Health	First Health		4949	70		944.82	7419.86	percent of total billed charges	
REV URINARY ANASTOMOSIS	50727	CPT	outpatient				7070	4585.08	First Trenton	First Trenton		6363	90		944.82	7419.86	percent of total billed charges	
REV URINARY ANASTOMOSIS	50727	CPT	outpatient				7070	4585.08	Horizon	PPO		7419.86			944.82	7419.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REV URINARY ANASTOMOSIS	50727	CPT	outpatient				7070	4585.08	Horizon	Medicare Blue		3987.03			944.82	7419.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REV URINARY ANASTOMOSIS	50727	CPT	outpatient				7070	4585.08	Horizon	Indemnity		7419.86			944.82	7419.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REV URINARY ANASTOMOSIS	50727	CPT	outpatient				7070	4585.08	Horizon	NJ Health		944.82			944.82	7419.86	fee schedule	
REV URINARY ANASTOMOSIS	50727	CPT	outpatient				7070	4585.08	Horizon	MGD		7419.86			944.82	7419.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REV URINARY ANASTOMOSIS	50727	CPT	outpatient				7070	4585.08	Managed Care Inc	Managed Care Inc		6363	90		944.82	7419.86	percent of total billed charges	
REV URINARY ANASTOMOSIS	50727	CPT	outpatient				7070	4585.08	Multiplan	Multiplan		5656	80		944.82	7419.86	percent of total billed charges	
REV URINARY ANASTOMOSIS	50727	CPT	outpatient				7070	4585.08	Qualcare	Qualcare		5302.5	75		944.82	7419.86	percent of total billed charges	
REV URINARY ANASTOMOSIS	50727	CPT	outpatient				7070	4585.08	Three Rivers	Three Rivers		6716.5	95		944.82	7419.86	percent of total billed charges	
REV URINARY ANASTOMOSIS	50727	CPT	outpatient				7070	4585.08	UHC	Medicare		3987.03			944.82	7419.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REV URINARY ANASTOMOSIS	50727	CPT	outpatient				7070	4585.08	UHC	Medicaid		2230.59	31.55		944.82	7419.86	percent of total billed charges	
REV URINARY ANASTOMOSIS	50727	CPT	outpatient				7070	4585.08	United	CommercialPPO		2776			944.82	7419.86	case rate	
REV URINARY ANASTOMOSIS	50727	CPT	outpatient				7070	4585.08	United	Oxford		2776			944.82	7419.86	case rate	
REV URINARY ANASTOMOSIS	50727	CPT	outpatient				7070	4585.08	Wellcare	Medicare		3987.03			944.82	7419.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REV URINARY ANASTOMOSIS	50727	CPT	outpatient				7070	4585.08	Wellcare	Medicaid		2230.59	31.55		944.82	7419.86	percent of total billed charges	
REV URINARY ANASTOMOSIS	50727	CPT	outpatient				7070	4585.08	WellPoint	WellPoint		2275.13	32.18		944.82	7419.86	percent of total billed charges	
URETRAL ENDOSCOPY W/URETRAL CATH	50953	CPT	outpatient				15535	4585.08	Aetna	Medicare		3987.03			189.49	14758.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETRAL ENDOSCOPY W/URETRAL CATH	50953	CPT	outpatient				15535	4585.08	Aetna	Better Health		4901.29	31.55		189.49	14758.25	percent of total billed charges	
URETRAL ENDOSCOPY W/URETRAL CATH	50953	CPT	outpatient				15535	4585.08	Aetna	Commercial		6347.35			189.49	14758.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETRAL ENDOSCOPY W/URETRAL CATH	50953	CPT	outpatient				15535	4585.08	Americare	Americare		11651.25	75		189.49	14758.25	percent of total billed charges	
URETRAL ENDOSCOPY W/URETRAL CATH	50953	CPT	outpatient				15535	4585.08	Amerihealth	HMO/PPO		10097.75	65		189.49	14758.25	percent of total billed charges	
URETRAL ENDOSCOPY W/URETRAL CATH	50953	CPT	outpatient				15535	4585.08	Amerihealth	Medicare		3987.03			189.49	14758.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETRAL ENDOSCOPY W/URETRAL CATH	50953	CPT	outpatient				15535	4585.08	Consumer	Consumer		14798.25	95		189.49	14758.25	percent of total billed charges	
URETRAL ENDOSCOPY W/URETRAL CATH	50953	CPT	outpatient				15535	4585.08	Corrections	Corrections		12428	80		189.49	14758.25	percent of total billed charges	
URETRAL ENDOSCOPY W/URETRAL CATH	50953	CPT	outpatient				15535	4585.08	First Health	First Health		10874.5	70		189.49	14758.25	percent of total billed charges	
URETRAL ENDOSCOPY W/URETRAL CATH	50953	CPT	outpatient				15535	4585.08	First Trenton	First Trenton		13961.5	90		189.49	14758.25	percent of total billed charges	
URETRAL ENDOSCOPY W/URETRAL CATH	50953	CPT	outpatient				15535	4585.08	Horizon	MGD		7419.86			189.49	14758.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETRAL ENDOSCOPY W/URETRAL CATH	50953	CPT	outpatient				15535	4585.08	Horizon	Indemnity		7419.86			189.49	14758.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETRAL ENDOSCOPY W/URETRAL CATH	50953	CPT	outpatient				15535	4585.08	Horizon	PPO		7419.86			189.49	14758.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETRAL ENDOSCOPY W/URETRAL CATH	50953	CPT	outpatient				15535	4585.08	Horizon	Medicare Blue		3987.03			189.49	14758.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETRAL ENDOSCOPY W/URETRAL CATH	50953	CPT	outpatient				15535	4585.08	Horizon	NJ Health		189.49			189.49	14758.25	fee schedule	
URETRAL ENDOSCOPY W/URETRAL CATH	50953	CPT	outpatient				15535	4585.08	Managed Care Inc	Managed Care Inc		13981.5	90		189.49	14758.25	percent of total billed charges	
URETRAL ENDOSCOPY W/URETRAL CATH	50953	CPT	outpatient				15535	4585.08	Multiplan	Multiplan		12428	80		189.49	14758.25	percent of total billed charges	
URETRAL ENDOSCOPY W/URETRAL CATH	50953	CPT	outpatient				15535	4585.08	Qualcare	Qualcare		11651.25	75		189.49	14758.25	percent of total billed charges	
URETRAL ENDOSCOPY W/URETRAL CATH	50953	CPT	outpatient				15535	4585.08	Three Rivers	Three Rivers		14798.25	95		189.49	14758.25	percent of total billed charges	
URETRAL ENDOSCOPY W/URETRAL CATH	50953	CPT	outpatient				15535	4585.08	UHC	Medicaid		4901.29	31.55		189.49	14758.25	percent of total billed charges	
URETRAL ENDOSCOPY W/URETRAL CATH	50953	CPT	outpatient				15535	4585.08	UHC	Medicare		3987.03			189.49	14758.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETRAL ENDOSCOPY W/URETRAL CATH	50953	CPT	outpatient				15535	4585.08	United	Oxford		2493			189.49	14758.25	case rate	
URETRAL ENDOSCOPY W/URETRAL CATH	50953	CPT	outpatient				15535	4585.08	United	CommercialPPO		2493			189.49	14758.25	case rate	
URETRAL ENDOSCOPY W/URETRAL CATH	50953	CPT	outpatient				15535	4585.08	Wellcare	Medicare		3987.03			189.49	14758.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETRAL ENDOSCOPY W/URETRAL CATH	50953	CPT	outpatient				15535	4585.08	Wellcare	Medicaid		4901.29	31.55		189.49	14758.25	percent of total billed charges	
URETRAL ENDOSCOPY W/URETRAL CATH	50953	CPT	outpatient				15535	4585.08	WellPoint	WellPoint		4999.16	32.18		189.49	14758.25	percent of total billed charges	
URETRAL ENDOSCOPY W/BIOPSY	50955	CPT	outpatient				15535	6805.44	Aetna	Commercial		9421.09			189.49	14758.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETRAL ENDOSCOPY W/BIOPSY	50955	CPT	outpatient				15535	6805.44	Aetna	Better Health		4901.29	31.55		189.49	14758.25	percent of total billed charges	
URETRAL ENDOSCOPY W/BIOPSY	50955	CPT	outpatient				15535	6805.44	Aetna	Medicare		5917.77			189.49	14758.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETRAL ENDOSCOPY W/BIOPSY	50955	CPT	outpatient				15535	6805.44	Americare	Americare		11651.25	75		189.49	14758.25	percent of total billed charges	
URETRAL ENDOSCOPY W/BIOPSY	50955	CPT	outpatient				15535	6805.44	Amerihealth	HMO/PPO		10097.75	65		189.49	14758.25	percent of total billed charges	
URETRAL ENDOSCOPY W/BIOPSY	50955	CPT	outpatient				15535	6805.44	Amerihealth	Medicare		5917.77			189.49	14758.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETRAL ENDOSCOPY W/BIOPSY	50955	CPT	outpatient				15535	6805.44	Consumer	Consumer		14798.25	95		189.49	14758.25	percent of total billed charges	
URETRAL ENDOSCOPY W/BIOPSY	50955	CPT	outpatient				15535	6805.44	Corrections	Corrections		12428	80		189.49	14758.25	percent of total billed charges	
URETRAL ENDOSCOPY W/BIOPSY	50955	CPT	outpatient				15535	6805.44	First Health	First Health		10874.5	70		189.49	14758.25	percent of total billed charges	
URETRAL ENDOSCOPY W/BIOPSY	50955	CPT	outpatient				15535	6805.44	First Trenton	First Trenton		13981.5	90		189.49	14758.25	percent of total billed charges	
URETRAL ENDOSCOPY W/BIOPSY	50955	CPT	outpatient				15535	6805.44	Horizon	MGD		11012.97			189.49	14758.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETRAL ENDOSCOPY W/BIOPSY	50955	CPT	outpatient				15535	6805.44	Horizon	Medicare Blue		5917.77			189.49	14758.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETRAL ENDOSCOPY W/BIOPSY	50955	CPT	outpatient				15535	6805.44	Horizon	Indemnity		11012.97			189.49	14758.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETRAL ENDOSCOPY W/BIOPSY	50955	CPT	outpatient				15535	6805.44	Horizon	NJ Health		189.49			189.49	14758.25	fee schedule	
URETRAL ENDOSCOPY W/BIOPSY	50955	CPT	outpatient				15535	6805.44	Horizon	PPO		11012.97			189.49	14758.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETRAL ENDOSCOPY W/BIOPSY	50955	CPT	outpatient				15535	6805.44	Managed Care Inc	Managed Care Inc		13981.5	90		189.49	14758.25	percent of total billed charges	
URETRAL ENDOSCOPY W/BIOPSY	50955	CPT	outpatient				15535	6805.44	Multiplan	Multiplan		12428	80		189.49	14758.25	percent of total billed charges	
URETRAL ENDOSCOPY W/BIOPSY	50955	CPT	outpatient				15535	6805.44	Qualcare	Qualcare		11651.25	75		189.49	14758.25	percent of total billed charges	
URETRAL ENDOSCOPY W/BIOPSY	50955	CPT	outpatient				15535	6805.44	Three Rivers	Three Rivers		14798.25	95		189.49	14758.25	percent of total billed charges	
URETRAL ENDOSCOPY W/BIOPSY	50955	CPT	outpatient				15535	6805.44	UHC	Medicare		5917.77			189.49	14758.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETRAL ENDOSCOPY W/BIOPSY	50955	CPT	outpatient				15535	6805.44	UHC	Medicaid		4901.29	31.55		189.49	14758.25	percent of total billed charges	
URETRAL ENDOSCOPY W/BIOPSY	50955	CPT	outpatient				15535	6805.44	United	Oxford		2776			189.49	14758.25	case rate	
URETRAL ENDOSCOPY W/BIOPSY	50955	CPT	outpatient				15535	6805.44	United	CommercialPPO		2776			189.49	14758.25	case rate	
URETRAL ENDOSCOPY W/BIOPSY	50955	CPT	outpatient				15535	6805.44	Wellcare	Medicaid		4901.29	31.55		189.49	14758.25	percent of total billed charges	
URETRAL ENDOSCOPY W/BIOPSY	50955	CPT	outpatient				15535	6805.44	Wellcare	Medicare		5917.77			189.49	14758.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETRAL ENDOSCOPY W/BIOPSY	50955	CPT	outpatient				15535	6805.44	WellPoint	WellPoint		4999.16	32.18		189.49	14758.25	percent of total billed charges	
URETRAL ENDOS W/REM FORGN BOD/CALC	50961	CPT	outpatient				16455	6805.44	Aetna	Medicare		5068.14	30.8		255.78	15632.25	percent of total billed charges	
URETRAL ENDOS W/REM FORGN BOD/CALC	50961	CPT	outpatient				16455	6805.44	Aetna	Commercial		9421.09			255.78	15632.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETRAL ENDOS W/REM FORGN BOD/CALC	50961	CPT	outpatient				16455	6805.44	Aetna	Better Health		5191.55	31.55		255.78	15632.25	percent of total billed charges	
URETRAL ENDOS W/REM FORGN BOD/CALC	50961	CPT	outpatient				16455	6805.44	Americare	Americare		12341.25	75		255.78	15632.25	percent of total billed charges	
URETRAL ENDOS W/REM FORGN BOD/CALC	50961	CPT	outpatient				16455	6805.44	Amerihealth	HMO/PPO		10695.75	65		255.78	15632.25	percent of total billed charges	
URETRAL ENDOS W/REM FORGN BOD/CALC	50961	CPT	outpatient				16455	6805.44	Amerihealth	Medicare		5917.77			255.78	15632.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETRAL ENDOS W/REM FORGN BOD/CALC	50961	CPT	outpatient				16455	6805.44	Consumer	Consumer		15632.25	95		255.78	15632.25	percent of total billed charges	
URETRAL ENDOS W/REM FORGN BOD/CALC	50961	CPT	outpatient				16455	6805.44	Corrections	Corrections		13164	80		255.78	15632.25	percent of total billed charges	
URETRAL ENDOS W/REM FORGN BOD/CALC	50961	CPT	outpatient				16455	6805.44	First Health	First Health		11518.5	70		255.78	15632.25	percent of total billed charges	
URETRAL ENDOS W/REM FORGN BOD/CALC	50961	CPT	outpatient				16455	6805.44	First Trenton	First Trenton		14809.5	90		255.78	15632.25	percent of total billed charges	
URETRAL ENDOS W/REM FORGN BOD/CALC	50961	CPT	outpatient				16455	6805.44	Horizon	Indemnity		11012.97			255.78	15632.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETRAL ENDOS W/REM FORGN BOD/CALC	50961	CPT	outpatient				16455	6805.44	Horizon	MGD		11012.97			255.78	15632.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETRAL ENDOS W/REM FORGN BOD/CALC	50961	CPT	outpatient				16455	6805.44	Horizon	NJ Health		255.78			255.78	15632.25	fee schedule	
URETRAL ENDOS W/REM FORGN BOD/CALC	50961	CPT	outpatient				16455	6805.44	Horizon	Medicare Blue		5917.77			255.78	15632.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETRAL ENDOS W/REM FORGN BOD/CALC	50961	CPT	outpatient				16455	6805.44	Horizon	PPO		11012.97			255.78	15632.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETRAL ENDOS W/REM FORGN BOD/CALC	50961	CPT	outpatient				16455	6805.44	Managed Care Inc	Managed Care Inc		14809.5	90		255.78	15632.25	percent of total billed charges	
URETRAL ENDOS W/REM FORGN BOD/CALC	50961	CPT	outpatient				16455	6805.44	Multiplan	Multiplan		13164	80		255.78	15632.25	percent of total billed charges	
URETRAL ENDOS W/REM FORGN BOD/CALC	50961	CPT	outpatient				16455	6805.44	Qualcare	Qualcare		12341.25	75		255.78	15632.25	percent of total billed charges	
URETRAL ENDOS W/REM FORGN BOD/CALC	50961	CPT	outpatient				16455	6805.44	Three Rivers	Three Rivers		15632.25	95		255.78	15632.25	percent of total billed charges	
URETRAL ENDOS W/REM FORGN BOD/CALC	50961	CPT	outpatient				16455	6805.44	UHC	Medicare		5917.77			255.78	15632.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETRAL ENDOS W/REM FORGN BOD/CALC	50961	CPT	outpatient				16455	6805.44	UHC	Medicaid		5191.55	31.55		255.78	15632.25	percent of total billed charges	
URETRAL ENDOS W/REM FORGN BOD/CALC	50961	CPT	outpatient				16455	6805.44	United	Oxford		2776			255.78	15632.25	case rate	
URETRAL ENDOS W/REM FORGN BOD/CALC	50961	CPT	outpatient				16455	6805.44	United	CommercialPPO		2776			255.78	15632.25	case rate	
URETRAL ENDOS W/REM FORGN BOD/CALC	50961	CPT	outpatient				16455	6805.44	Wellcare	Medicare		5917.77			255.78	15632.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETRAL ENDOS W/REM FORGN BOD/CALC	50961	CPT	outpatient				16455	6805.44	Wellcare	Medicaid		5191.55	31.55		255.78	15632.25	percent of total billed charges	
URETRAL ENDOS W/REM FORGN BOD/CALC	50961	CPT	outpatient				16455	6805.44	WellPoint	WellPoint		5295.22	32.18		255.78	15632.25	percent of total billed charges	
CYSTOSTOMY W DRAINAGE	51040	CPT	outpatient				9780	2678.87	Aetna	Commercial		3708.48			474.32	9291	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOSTOMY W DRAINAGE	51040	CPT	outpatient				9780	2678.87	Aetna	Better Health		3085.59	31.55		474.32	9291	percent of total billed charges	
CYSTOSTOMY W DRAINAGE	51040	CPT	outpatient				9780	2678.87	Aetna	Medicare		2329.45			474.32	9291	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOSTOMY W DRAINAGE	51040	CPT	outpatient				9780	2678.87	Americare	Americare		7335	75		474.32	9291	percent of total billed charges	
CYSTOSTOMY W DRAINAGE	51040	CPT	outpatient				9780	2678.87	Amerihealth	HMO/PPO		6357	65		474.32	9291	percent of total billed charges	
CYSTOSTOMY W DRAINAGE	51040	CPT	outpatient				9780	2678.87	Amerihealth	Medicare		2329.45			474.32	9291	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOSTOMY W DRAINAGE	51040	CPT	outpatient				9780	2678.87	Consumer	Consumer		9291	95		474.32	9291	percent of total billed charges	
CYSTOSTOMY W DRAINAGE	51040	CPT	outpatient				9780	2678.87	Corrections	Corrections		7824	80		474.32	9291	percent of total billed charges	
CYSTOSTOMY W DRAINAGE	51040	CPT	outpatient				9780	2678.87	First Health	First Health		6846	70		474.32	9291	percent of total billed charges	
CYSTOSTOMY W DRAINAGE	51040	CPT	outpatient				9780	2678.87	First Trenton	First Trenton		8802	90		474.32	9291	percent of total billed charges	
CYSTOSTOMY W DRAINAGE	51040	CPT	outpatient				9780	2678.87	Horizon	MGD		4335.11			474.32	9291	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOSTOMY W DRAINAGE	51040	CPT	outpatient				9780	2678.87	Horizon	PPO		4335.11			474.32	9291	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOSTOMY W DRAINAGE	51040	CPT	outpatient				9780	2678.87	Horizon	Indemnity		4335.11			474.32	9291	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOSTOMY W DRAINAGE	51040	CPT	outpatient				9780	2678.87	Horizon	Medicare Blue		2329.45			474.32	9291	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOSTOMY W DRAINAGE	51040	CPT	outpatient				9780	2678.87	Horizon	NJ Health		474.32			474.32	9291	fee schedule	
CYSTOSTOMY W DRAINAGE	51040	CPT	outpatient				9780	2678.87	Managed Care Inc	Managed Care Inc		8802	90		474.32	9291	percent of total billed charges	
CYSTOSTOMY W DRAINAGE	51040	CPT	outpatient				9780	2678.87	Multiplan	Multiplan		7824	80		474.32	9291	percent of total billed charges	
CYSTOSTOMY W DRAINAGE	51040	CPT	outpatient				9780	2678.87	Qualcare	Qualcare		7335	75		474.32	9291	percent of total billed charges	
CYSTOSTOMY W DRAINAGE	51040	CPT	outpatient				9780	2678.87	Three Rivers	Three Rivers		9291	95		474.32	9291	percent of total billed charges	
CYSTOSTOMY W DRAINAGE	51040	CPT	outpatient				9780	2678.87	UHC	Medicaid		3085.59	31.55		474.32	9291	percent of total billed charges	
CYSTOSTOMY W DRAINAGE	51040	CPT	outpatient				9780	2678.87	UHC	Medicare		2329.45			474.32	9291	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOSTOMY W DRAINAGE	51040	CPT	outpatient				9780	2678.87	United	CommercialPPO		2776			474.32	9291	case rate	
CYSTOSTOMY W DRAINAGE	51040	CPT	outpatient				9780	2678.87	United	Oxford		2776			474.32	9291	case rate	
CYSTOSTOMY W DRAINAGE	51040	CPT	outpatient				9780	2678.87	Wellcare	Medicare		2329.45			474.32	9291	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOSTOMY W DRAINAGE	51040	CPT	outpatient				9780	2678.87	Wellcare	Medicaid		3085.59	31.55		474.32	9291	percent of total billed charges	
CYSTOSTOMY W DRAINAGE	51040	CPT	outpatient				9780	2678.87	WellPoint	WellPoint		3147.2	32.18		474.32	9291	percent of total billed charges	
CYSTOLITHOTOMY	51050	CPT	outpatient				17131	6805.44	Aetna	Medicare		5917.77			533.12	16274.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOLITHOTOMY	51050	CPT	outpatient				17131	6805.44	Aetna	Better Health		5404.83	31.55		533.12	16274.45	percent of total billed charges	
CYSTOLITHOTOMY	51050	CPT	outpatient				17131	6805.44	Aetna	Commercial		9421.09			533.12	16274.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOLITHOTOMY	51050	CPT	outpatient				17131	6805.44	Americare	Americare		12848.25	75		533.12	16274.45	percent of total billed charges	
CYSTOLITHOTOMY	51050	CPT	outpatient				17131	6805.44	Amerihealth	Medicare		5917.77			533.12	16274.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOLITHOTOMY	51050	CPT	outpatient				17131	6805.44	Amerihealth	HMO/PPO		11135.15	65		533.12	16274.45	percent of total billed charges	
CYSTOLITHOTOMY	51050	CPT	outpatient				17131	6805.44	Consumer	Consumer		16274.45	95		533.12	16274.45	percent of total billed charges	
CYSTOLITHOTOMY	51050	CPT	outpatient				17131	6805.44	Corrections	Corrections		13704.8	80		533.12	16274.45	percent of total billed charges	
CYSTOLITHOTOMY	51050	CPT	outpatient				17131	6805.44	First Health	First Health		11991.7	70		533.12	16274.45	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CYSTOLITHOTOMY	51050	CPT	outpatient			17131		6805.44 First Trenton	First Trenton		15417.9	90			533.12	16274.45	percent of total billed charges	
CYSTOLITHOTOMY	51050	CPT	outpatient			17131		6805.44 Horizon	PPO		11012.97				533.12	16274.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOLITHOTOMY	51050	CPT	outpatient			17131		6805.44 Horizon	Medicare Blue		5917.77				533.12	16274.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOLITHOTOMY	51050	CPT	outpatient			17131		6805.44 Horizon	MGD		11012.97				533.12	16274.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOLITHOTOMY	51050	CPT	outpatient			17131		6805.44 Horizon	Indemnity		11012.97				533.12	16274.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOLITHOTOMY	51050	CPT	outpatient			17131		6805.44 Horizon	NJ Health		533.12				533.12	16274.45	fee schedule	
CYSTOLITHOTOMY	51050	CPT	outpatient			17131		6805.44 Managed Care Inc	Managed Care Inc		15417.9	90			533.12	16274.45	percent of total billed charges	
CYSTOLITHOTOMY	51050	CPT	outpatient			17131		6805.44 Multiplan	Multiplan		13704.8	80			533.12	16274.45	percent of total billed charges	
CYSTOLITHOTOMY	51050	CPT	outpatient			17131		6805.44 Qualcare	Qualcare		12848.25	75			533.12	16274.45	percent of total billed charges	
CYSTOLITHOTOMY	51050	CPT	outpatient			17131		6805.44 Three Rivers	Three Rivers		16274.45	95			533.12	16274.45	percent of total billed charges	
CYSTOLITHOTOMY	51050	CPT	outpatient			17131		6805.44 UHC	Medicaid		5404.83	31.55			533.12	16274.45	percent of total billed charges	
CYSTOLITHOTOMY	51050	CPT	outpatient			17131		6805.44 UHC	Medicare		5917.77				533.12	16274.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOLITHOTOMY	51050	CPT	outpatient			17131		6805.44 United	CommercialPPO		2776				533.12	16274.45	case rate	
CYSTOLITHOTOMY	51050	CPT	outpatient			17131		6805.44 United	Oxford		2776				533.12	16274.45	case rate	
CYSTOLITHOTOMY	51050	CPT	outpatient			17131		6805.44 Wellcare	Medicare		5917.77				533.12	16274.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOLITHOTOMY	51050	CPT	outpatient			17131		6805.44 Wellcare	Medicaid		5404.83	31.55			533.12	16274.45	percent of total billed charges	
CYSTOLITHOTOMY	51050	CPT	outpatient			17131		6805.44 WellPoint	WellPoint		5512.76	32.18			533.12	16274.45	percent of total billed charges	
DRAIN PERIVESICAL/SPCE ABSCES LTD	51080	CPT	outpatient			5701		3737.2 Aetna	Better Health		1798.67	31.55			321.5	6047.77	percent of total billed charges	
DRAIN PERIVESICAL/SPCE ABSCES LTD	51080	CPT	outpatient			5701		3737.2 Aetna	Commercial		5173.59				321.5	6047.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAIN PERIVESICAL/SPCE ABSCES LTD	51080	CPT	outpatient			5701		3737.2 Aetna	Medicare		3249.74				321.5	6047.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAIN PERIVESICAL/SPCE ABSCES LTD	51080	CPT	outpatient			5701		3737.2 Americare	Americare		4275.75	75			321.5	6047.77	percent of total billed charges	
DRAIN PERIVESICAL/SPCE ABSCES LTD	51080	CPT	outpatient			5701		3737.2 Amerihealth	HMO/PPO		3705.65	65			321.5	6047.77	percent of total billed charges	
DRAIN PERIVESICAL/SPCE ABSCES LTD	51080	CPT	outpatient			5701		3737.2 Amerihealth	Medicare		3249.74				321.5	6047.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAIN PERIVESICAL/SPCE ABSCES LTD	51080	CPT	outpatient			5701		3737.2 Consumer	Consumer		5415.95	95			321.5	6047.77	percent of total billed charges	
DRAIN PERIVESICAL/SPCE ABSCES LTD	51080	CPT	outpatient			5701		3737.2 Corrections	Corrections		4560.8	80			321.5	6047.77	percent of total billed charges	
DRAIN PERIVESICAL/SPCE ABSCES LTD	51080	CPT	outpatient			5701		3737.2 First Health	First Health		3990.7	70			321.5	6047.77	percent of total billed charges	
DRAIN PERIVESICAL/SPCE ABSCES LTD	51080	CPT	outpatient			5701		3737.2 First Trenton	First Trenton		5130.9	90			321.5	6047.77	percent of total billed charges	
DRAIN PERIVESICAL/SPCE ABSCES LTD	51080	CPT	outpatient			5701		3737.2 Horizon	MGD		6047.77				321.5	6047.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAIN PERIVESICAL/SPCE ABSCES LTD	51080	CPT	outpatient			5701		3737.2 Horizon	Indemnity		6047.77				321.5	6047.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAIN PERIVESICAL/SPCE ABSCES LTD	51080	CPT	outpatient			5701		3737.2 Horizon	PPO		6047.77				321.5	6047.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAIN PERIVESICAL/SPCE ABSCES LTD	51080	CPT	outpatient			5701		3737.2 Horizon	NJ Health		321.5				321.5	6047.77	fee schedule	
DRAIN PERIVESICAL/SPCE ABSCES LTD	51080	CPT	outpatient			5701		3737.2 Horizon	Medicare Blue		3249.74				321.5	6047.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAIN PERIVESICAL/SPCE ABSCES LTD	51080	CPT	outpatient			5701		3737.2 Managed Care Inc	Managed Care Inc		5130.9	90			321.5	6047.77	percent of total billed charges	
DRAIN PERIVESICAL/SPCE ABSCES LTD	51080	CPT	outpatient			5701		3737.2 Multiplan	Multiplan		4560.8	80			321.5	6047.77	percent of total billed charges	
DRAIN PERIVESICAL/SPCE ABSCES LTD	51080	CPT	outpatient			5701		3737.2 Qualcare	Qualcare		4275.75	75			321.5	6047.77	percent of total billed charges	
DRAIN PERIVESICAL/SPCE ABSCES LTD	51080	CPT	outpatient			5701		3737.2 Three Rivers	Three Rivers		5415.95	95			321.5	6047.77	percent of total billed charges	
DRAIN PERIVESICAL/SPCE ABSCES LTD	51080	CPT	outpatient			5701		3737.2 UHC	Medicaid		1798.67	31.55			321.5	6047.77	percent of total billed charges	
DRAIN PERIVESICAL/SPCE ABSCES LTD	51080	CPT	outpatient			5701		3737.2 UHC	Medicare		3249.74				321.5	6047.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAIN PERIVESICAL/SPCE ABSCES LTD	51080	CPT	outpatient			5701		3737.2 United	Oxford		2493				321.5	6047.77	case rate	
DRAIN PERIVESICAL/SPCE ABSCES LTD	51080	CPT	outpatient			5701		3737.2 United	CommercialPPO		2493				321.5	6047.77	case rate	
DRAIN PERIVESICAL/SPCE ABSCES LTD	51080	CPT	outpatient			5701		3737.2 Wellcare	Medicare		3249.74				321.5	6047.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAIN PERIVESICAL/SPCE ABSCES LTD	51080	CPT	outpatient			5701		3737.2 Wellcare	Medicaid		1798.67	31.55			321.5	6047.77	percent of total billed charges	
DRAIN PERIVESICAL/SPCE ABSCES LTD	51080	CPT	outpatient			5701		3737.2 WellPoint	WellPoint		1834.58	32.18			321.5	6047.77	percent of total billed charges	
ASPIR. BLADDER, NEEDLE	51100	CPT	outpatient			2375		325.06 Aetna	Medicare		282.66				237.57	2256.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ASPIR. BLADDER, NEEDLE	51100	CPT	outpatient			2375		325.06 Aetna	Better Health		749.31	31.55			237.57	2256.25	percent of total billed charges	
ASPIR. BLADDER, NEEDLE	51100	CPT	outpatient			2375		325.06 Aetna	Commercial		449.99				237.57	2256.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ASPIR. BLADDER, NEEDLE	51100	CPT	outpatient			2375		325.06 Americare	Americare		1781.25	75			237.57	2256.25	percent of total billed charges	
ASPIR. BLADDER, NEEDLE	51100	CPT	outpatient			2375		325.06 Amerihealth	HMO/PPO		1543.75	65			237.57	2256.25	percent of total billed charges	
ASPIR. BLADDER, NEEDLE	51100	CPT	outpatient			2375		325.06 Amerihealth	Medicare		282.66				237.57	2256.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ASPIR. BLADDER, NEEDLE	51100	CPT	outpatient			2375		325.06 Consumer	Consumer		2256.25	95			237.57	2256.25	percent of total billed charges	
ASPIR. BLADDER, NEEDLE	51100	CPT	outpatient			2375		325.06 Corrections	Corrections		1900	80			237.57	2256.25	percent of total billed charges	
ASPIR. BLADDER, NEEDLE	51100	CPT	outpatient			2375		325.06 First Health	First Health		1662.5	70			237.57	2256.25	percent of total billed charges	
ASPIR. BLADDER, NEEDLE	51100	CPT	outpatient			2375		325.06 First Trenton	First Trenton		2137.5	90			237.57	2256.25	percent of total billed charges	
ASPIR. BLADDER, NEEDLE	51100	CPT	outpatient			2375		325.06 Horizon	PPO		526.03				237.57	2256.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ASPIR. BLADDER, NEEDLE	51100	CPT	outpatient			2375		325.06 Horizon	MGD		526.03				237.57	2256.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ASPIR. BLADDER, NEEDLE	51100	CPT	outpatient			2375		325.06 Horizon	Indemnity		526.03				237.57	2256.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ASPIR. BLADDER, NEEDLE	51100	CPT	outpatient			2375		325.06 Horizon	Medicare Blue		282.66				237.57	2256.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ASPIR. BLADDER, NEEDLE	51100	CPT	outpatient			2375		325.06 Managed Care Inc	Managed Care Inc		2137.5	90			237.57	2256.25	percent of total billed charges	
ASPIR. BLADDER, NEEDLE	51100	CPT	outpatient			2375		325.06 Multiplan	Multiplan		1900	80			237.57	2256.25	percent of total billed charges	
ASPIR. BLADDER, NEEDLE	51100	CPT	outpatient			2375		325.06 Qualcare	Qualcare		1781.25	75			237.57	2256.25	percent of total billed charges	
ASPIR. BLADDER, NEEDLE	51100	CPT	outpatient			2375		325.06 Three Rivers	Three Rivers		2256.25	95			237.57	2256.25	percent of total billed charges	
ASPIR. BLADDER, NEEDLE	51100	CPT	outpatient			2375		325.06 UHC	Medicaid		749.31	31.55			237.57	2256.25	percent of total billed charges	
ASPIR. BLADDER, NEEDLE	51100	CPT	outpatient			2375		325.06 UHC	Medicare		282.66				237.57	2256.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ASPIR. BLADDER, NEEDLE	51100	CPT	outpatient			2375		325.06 United	Oxford		1782				237.57	2256.25	case rate	
ASPIR. BLADDER, NEEDLE	51100	CPT	outpatient			2375		325.06 United	CommercialPPO		1782				237.57	2256.25	case rate	
ASPIR. BLADDER, NEEDLE	51100	CPT	outpatient			2375		325.06 Wellcare	Medicare		282.66				237.57	2256.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ASPIR. BLADDER, NEEDLE	51100	CPT	outpatient			2375		325.06 Wellcare	Medicaid		749.31	31.55			237.57	2256.25	percent of total billed charges	
ASPIR. BLADDER, NEEDLE	51100	CPT	outpatient			2375		325.06 WellPoint	WellPoint		764.28	32.18			237.57	2256.25	percent of total billed charges	
DRAINAGE OF BLADDER	51101	CPT	outpatient			3787		1375.11 Aetna	Better Health		1194.8	31.55			1074.59	3597.65	percent of total billed charges	
DRAINAGE OF BLADDER	51101	CPT	outpatient			3787		1375.11 Aetna	Commercial		1903.63				1074.59	3597.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAINAGE OF BLADDER	51101	CPT	outpatient			3787		1375.11 Aetna	Medicare		1195.75				1074.59	3597.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAINAGE OF BLADDER	51101	CPT	outpatient			3787		1375.11 Americare	Americare		2840.25	75			1074.59	3597.65	percent of total billed charges	
DRAINAGE OF BLADDER	51101	CPT	outpatient			3787		1375.11 Amerihealth	HMO/PPO		2461.55	65			1074.59	3597.65	percent of total billed charges	
DRAINAGE OF BLADDER	51101	CPT	outpatient			3787		1375.11 Amerihealth	Medicare		1195.75				1074.59	3597.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAINAGE OF BLADDER	51101	CPT	outpatient			3787		1375.11 Consumer	Consumer		3597.65	95			1074.59	3597.65	percent of total billed charges	
DRAINAGE OF BLADDER	51101	CPT	outpatient			3787		1375.11 Corrections	Corrections		3029.6	80			1074.59	3597.65	percent of total billed charges	
DRAINAGE OF BLADDER	51101	CPT	outpatient			3787		1375.11 First Health	First Health		2650.9	70			1074.59	3597.65	percent of total billed charges	
DRAINAGE OF BLADDER	51101	CPT	outpatient			3787		1375.11 First Trenton	First Trenton		3408.3	90			1074.59	3597.65	percent of total billed charges	
DRAINAGE OF BLADDER	51101	CPT	outpatient			3787		1375.11 Horizon	Medicare Blue		1195.75				1074.59	3597.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAINAGE OF BLADDER	51101	CPT	outpatient			3787		1375.11 Horizon	MGD		2225.29				1074.59	3597.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAINAGE OF BLADDER	51101	CPT	outpatient			3787		1375.11 Horizon	Indemnity		2225.29				1074.59	3597.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAINAGE OF BLADDER	51101	CPT	outpatient			3787		1375.11 Horizon	PPO		2225.29				1074.59	3597.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAINAGE OF BLADDER	51101	CPT	outpatient			3787		1375.11 Managed Care Inc	Managed Care Inc		3408.3	90			1074.59	3597.65	percent of total billed charges	
DRAINAGE OF BLADDER	51101	CPT	outpatient			3787		1375.11 Multiplan	Multiplan		3029.6	80			1074.59	3597.65	percent of total billed charges	
DRAINAGE OF BLADDER	51101	CPT	outpatient			3787		1375.11 Qualcare	Qualcare		2840.25	75			1074.59	3597.65	percent of total billed charges	
DRAINAGE OF BLADDER	51101	CPT	outpatient			3787		1375.11 Three Rivers	Three Rivers		3597.65	95			1074.59	3597.65	percent of total billed charges	
DRAINAGE OF BLADDER	51101	CPT	outpatient			3787		1375.11 UHC	Medicare		1195.75				1074.59	3597.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAINAGE OF BLADDER	51101	CPT	outpatient			3787		1375.11 UHC	Medicaid		1194.8	31.55			1074.59	3597.65	percent of total billed charges	
DRAINAGE OF BLADDER	51101	CPT	outpatient			3787		1375.11 United	Oxford		2493				1074.59	3597.65	case rate	
DRAINAGE OF BLADDER	51101	CPT	outpatient			3787		1375.11 United	CommercialPPO		2493				1074.59	3597.65	case rate	
DRAINAGE OF BLADDER	51101	CPT	outpatient			3787		1375.11 Wellcare	Medicare		1195.75				1074.59	3597.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAINAGE OF BLADDER	51101	CPT	outpatient			3787		1375.11 Wellcare	Medicaid		1194.8	31.55			1074.59	3597.65	percent of total billed charges	
DRAINAGE OF BLADDER	51101	CPT	outpatient			3787		1375.11 WellPoint	WellPoint		1218.66	32.18			1074.59	3597.65	percent of total billed charges	
DRAINAGE BLADDER W SUPRA CATH	51102	CPT	outpatient			7170		2678.87 Aetna	Better Health		2262.14	31.55			2120.79	6811.5	percent of total billed charges	
DRAINAGE BLADDER W SUPRA CATH	51102	CPT	outpatient			7170		2678.87 Aetna	Commercial		3708.48				2120.79	6811.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAINAGE BLADDER W SUPRA CATH	51102	CPT	outpatient			7170		2678.87 Aetna	Medicare		2329.45				2120.79	6811.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAINAGE BLADDER W SUPRA CATH	51102	CPT	outpatient			7170		2678.87 Americare	Americare		5377.5	75			2120.79	6811.5	percent of total billed charges	
DRAINAGE BLADDER W SUPRA CATH	51102	CPT	outpatient			7170		2678.87 Amerihealth	Medicare		2329.45				2120.79	6811.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAINAGE BLADDER W SUPRA CATH	51102	CPT	outpatient			7170		2678.87 Amerihealth	HMO/PPO		4660.5	65			2120.79	6811.5	percent of total billed charges	
DRAINAGE BLADDER W SUPRA CATH	51102	CPT	outpatient			7170		2678.87 Consumer	Consumer		6811.5	95			2120.79	6811.5	percent of total billed charges	
DRAINAGE BLADDER W SUPRA CATH	51102	CPT	outpatient			7170		2678.87 Corrections	Corrections		5736	80			2120.79	6811.5	percent of total billed charges	
DRAINAGE BLADDER W SUPRA CATH	51102	CPT	outpatient			7170		2678.87 First Health	First Health		5019	70			2120.79	6811.5	percent of total billed charges	
DRAINAGE BLADDER W SUPRA CATH	51102	CPT	outpatient			7170		2678.87 First Trenton	First Trenton		6453	90			2120.79	6811.5	percent of total billed charges	
DRAINAGE BLADDER W SUPRA CATH	51102	CPT	outpatient			7170		2678.87 Horizon	Indemnity		4335.11				2120.79	6811.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAINAGE BLADDER W SUPRA CATH	51102	CPT	outpatient			7170		2678.87 Horizon	PPO		4335.11				2120.79	6811.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAINAGE BLADDER W SUPRA CATH	51102	CPT	outpatient			7170		2678.87 Horizon	MGD		4335.11				2120.79	6811.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAINAGE BLADDER W SUPRA CATH	51102	CPT	outpatient			7170		2678.87 Horizon	Medicare Blue		2329.45				2120.79	6811.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAINAGE BLADDER W SUPRA CATH	51102	CPT	outpatient			7170		2678.87 Managed Care Inc	Managed Care Inc		6453	90			2120.79	6811.5	percent of total billed charges	
DRAINAGE BLADDER W SUPRA CATH	51102	CPT	outpatient			7170		2678.87 Multiplan	Multiplan		5736	80			2120.79	6811.5	percent of total billed charges	
DRAINAGE BLADDER W SUPRA CATH	51102	CPT	outpatient			7170		2678.87 Qualcare	Qualcare		5377.5	75			2120.79	6811.5	percent of total billed charges	
DRAINAGE BLADDER W SUPRA CATH	51102	CPT	outpatient			7170		2678.87 Three Rivers	Three Rivers		6811.5	95			2120.79	6811.5	percent of total billed charges	
DRAINAGE BLADDER W SUPRA CATH	51102	CPT	outpatient			7170		2678.87 UHC	Medicaid		2262.14	31.55			2120.79	6811.5	percent of total billed charges	
DRAINAGE BLADDER W SUPRA CATH	51102	CPT	outpatient			7170		2678.87 UHC	Medicare		2329.45				2120.79	6811.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAINAGE BLADDER W SUPRA CATH	51102	CPT	outpatient			7170		2678.87 United	CommercialPPO		2776				2120.79	6811.5	case rate	
DRAINAGE BLADDER W SUPRA CATH	51102	CPT	outpatient			7170		2678.87 United	Oxford		2776				2120.79	6811.5	case rate	
DRAINAGE BLADDER W SUPRA CATH	51102	CPT	outpatient			7170		2678.87 Wellcare	Medicare		2329.45				2120.79	6811.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAINAGE BLADDER W SUPRA CATH	51102	CPT	outpatient			7170		2678.87 Wellcare	Medicaid		2262.14	31.55			2120.79	6811.5	percent of total billed charges	
DRAINAGE BLADDER W SUPRA CATH	51102	CPT	outpatient			7170		2678.87 WellPoint	WellPoint		2307.31	32.18			2120.79	6811.5	percent of total billed charges	
INJECTION FOR CYSTOGRAPHY	51600	CPT	both			2533		Aetna	Better Health		799.16	31.55			0.01	2406.35	percent of total billed charges	
INJECTION FOR CYSTOGRAPHY	51600	CPT	both			2533		Aetna	Commercial		962.54	38			0.01	2406.35	percent of total billed charges	
INJECTION FOR CYSTOGRAPHY	51600	CPT	both			2533		Aetna	Medicare		780.16	30.8			0.01	2406.35	percent of total billed charges	
INJECTION FOR CYSTOGRAPHY	51600	CPT	both			2533		Americare	Americare		1899.75	75			0.01	2406.35	percent of total billed charges	
INJECTION FOR CYSTOGRAPHY	51600	CPT	both			2533		Amerihealth	HMO/PPO		1646.45	65			0.01	2406.35	percent of total billed charges	
INJECTION FOR CYSTOGRAPHY	51600	CPT	both			2533		Consumer	Consumer		2406.35	95			0.01	2406.35	percent of total billed charges	
INJECTION FOR CYSTOGRAPHY	51600	CPT	both			2533		Corrections	Corrections		2026.4	80			0.01	2406.35	percent of total billed charges	
INJECTION FOR CYSTOGRAPHY	51600	CPT	both			2533		First Health	First Health		1773.1	70			0.01	2406.35	percent of total billed charges	
INJECTION FOR CYSTOGRAPHY	51600	CPT	both			2533		First Trenton	First Trenton		2279.7	90			0.01	2406.35	percent of total billed charges	
INJECTION FOR CYSTOGRAPHY	51600	CPT	both			2533		Horizon	Indemnity		969.63	38.28			0.01	2406.35	percent of total billed charges	
INJECTION FOR CYSTOGRAPHY	51600	CPT	both			2533		Horizon	Medicare Blue		759.9	30			0.01	2406.35	percent of total billed charges	
INJECTION FOR CYSTOGRAPHY	51600	CPT	both			2533		Horizon	PPO		969.63	38.28			0.01	2406.35	percent of total billed charges	
INJECTION FOR CYSTOGRAPHY	51600	CPT	both			2533		Horizon	MGD		969.63	38.28			0.01	2406.35	percent of total billed charges	
INJECTION FOR CYSTOGRAPHY	51600	CPT	both			2533		Horizon	NJ Health		45.28				0.01	2406.35	fee schedule	
INJECTION FOR CYSTOGRAPHY	51600	CPT	both			2533		Managed Care Inc	Managed Care Inc		2279.7	90			0.01	2406.35	percent of total billed charges	
INJECTION FOR CYSTOGRAPHY	51600	CPT	both			2533		Multiplan	Multiplan		2026.4	80			0.01	2406.35	percent of total billed charges	
INJECTION FOR CYSTOGRAPHY	51600	CPT	both			2533		Qualcare	Qualcare		1899.75	75			0.01	2406.35	percent of total billed charges	
INJECTION FOR CYSTOGRAPHY	51600	CPT	both			2533		Three Rivers	Three Rivers		2406.35	95			0.01	2406.35	percent of total billed charges	
INJECTION FOR CYSTOGRAPHY	51600	CPT	both			2533		UHC	Medicaid		799.16	31.55			0.01	2406.35	percent of total billed charges	
INJECTION FOR CYSTOGRAPHY	51600	CPT	both			2533		United	CommercialPPO		1782				0.01	2406.35	case rate	
INJECTION FOR CYSTOGRAPHY	51600	CPT	both			2533		United	Oxford		1782				0.01	2406.35	case rate	
INJECTION FOR CYSTOGRAPHY	51600	CPT	both			2533		Wellcare	Medicaid		799.16	31.55			0.01	2406.35	percent of total billed charges	
INJECTION FOR CYSTOGRAPHY	51600	CPT	both			2533		WellPoint	WellPoint		815.12	32.18			0.01	2406.35	percent of total billed charges	
INJ FOR URETHROCYST	51605	CPT	outpatient			3040		Aetna	Medicare		936.32	30.8			68.99	2888	percent of total billed charges	
INJ FOR URETHROCYST	51605	CPT	outpatient			3040		Aetna	Better Health		959.12	31.55			68.99	2888	percent of total billed charges	
INJ FOR URETHROCYST	51605	CPT	outpatient			3040		Aetna	Commercial		1155.2	38			68.99	2888	percent of total billed charges	
INJ FOR URETHROCYST	51605	CPT	outpatient			3040		Americare	Americare		2280	75			68.99	2888	percent of total billed charges	
INJ FOR URETHROCYST	51605	CPT	outpatient			3040		Amerihealth	HMO/PPO		1976	65			68.99	2888	percent of total billed charges	
INJ FOR URETHROCYST	51605	CPT	outpatient			3040		Consumer	Consumer		2888	95			68.99	2888	percent of total billed charges	
INJ FOR URETHROCYST	51605	CPT	outpatient			3040		Corrections	Corrections		2432	80			68.99	2888	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
INJ FOR URETHROCYST	51605	CPT	outpatient			3040		First Health	First Health		2128				70	68.99	2888	percent of total billed charges	
INJ FOR URETHROCYST	51605	CPT	outpatient			3040		First Trenton	First Trenton		2736				90	68.99	2888	percent of total billed charges	
INJ FOR URETHROCYST	51605	CPT	outpatient			3040		Horizon	Medicare Blue		912				30	68.99	2888	percent of total billed charges	
INJ FOR URETHROCYST	51605	CPT	outpatient			3040		Horizon	Indemnity		1163.71	38.28			68.99	2888	percent of total billed charges	
INJ FOR URETHROCYST	51605	CPT	outpatient			3040		Horizon	NJ Health		68.99				68.99	2888	fee schedule	
INJ FOR URETHROCYST	51605	CPT	outpatient			3040		Horizon	MGD		1163.71	38.28			68.99	2888	percent of total billed charges	
INJ FOR URETHROCYST	51605	CPT	outpatient			3040		Horizon	PPO		1163.71	38.28			68.99	2888	percent of total billed charges	
INJ FOR URETHROCYST	51605	CPT	outpatient			3040		Managed Care Inc	Managed Care Inc		2736				90	68.99	2888	percent of total billed charges	
INJ FOR URETHROCYST	51605	CPT	outpatient			3040		Multiplan	Multiplan		2432				80	68.99	2888	percent of total billed charges	
INJ FOR URETHROCYST	51605	CPT	outpatient			3040		Qualcare	Qualcare		2280				75	68.99	2888	percent of total billed charges	
INJ FOR URETHROCYST	51605	CPT	outpatient			3040		Three Rivers	Three Rivers		2888				95	68.99	2888	percent of total billed charges	
INJ FOR URETHROCYST	51605	CPT	outpatient			3040		UHC	Medicaid		959.12	31.55			68.99	2888	percent of total billed charges	
INJ FOR URETHROCYST	51605	CPT	outpatient			3040		United	Oxford		1782				68.99	2888	case rate	
INJ FOR URETHROCYST	51605	CPT	outpatient			3040		United	Commercial|PPO		1782				68.99	2888	case rate	
INJ FOR URETHROCYST	51605	CPT	outpatient			3040		Wellcare	Medicaid		959.12	31.55			68.99	2888	percent of total billed charges	
INJ FOR URETHROCYST	51605	CPT	outpatient			3040		WellPoint	WellPoint		978.27	32.18			68.99	2888	percent of total billed charges	
RETRO INJ URETHRA	51610	CPT	both			3479		Aetna	Better Health		1097.62	31.55			0.01	3305.05	percent of total billed charges	
RETRO INJ URETHRA	51610	CPT	both			3479		Aetna	Medicare		1071.53	30.8			0.01	3305.05	percent of total billed charges	
RETRO INJ URETHRA	51610	CPT	both			3479		Aetna	Commercial		1322.02	38			0.01	3305.05	percent of total billed charges	
RETRO INJ URETHRA	51610	CPT	both			3479		Americare	Americare		2609.25	75			0.01	3305.05	percent of total billed charges	
RETRO INJ URETHRA	51610	CPT	both			3479		Amerihealth	HMO|PPO		2261.35	65			0.01	3305.05	percent of total billed charges	
RETRO INJ URETHRA	51610	CPT	both			3479		Consumer	Consumer		3305.05	95			0.01	3305.05	percent of total billed charges	
RETRO INJ URETHRA	51610	CPT	both			3479		Corrections	Corrections		2783.2	80			0.01	3305.05	percent of total billed charges	
RETRO INJ URETHRA	51610	CPT	both			3479		First Health	First Health		2435.3	70			0.01	3305.05	percent of total billed charges	
RETRO INJ URETHRA	51610	CPT	both			3479		First Trenton	First Trenton		3131.1	90			0.01	3305.05	percent of total billed charges	
RETRO INJ URETHRA	51610	CPT	both			3479		Horizon	Medicare Blue		1043.7	30			0.01	3305.05	percent of total billed charges	
RETRO INJ URETHRA	51610	CPT	both			3479		Horizon	MGD		1331.76	38.28			0.01	3305.05	percent of total billed charges	
RETROGRADE URETHROCYST,-INJ	51610	CPT	both			3479		Horizon	NJ Health		57.62				0.01	3305.05	fee schedule	
RETRO INJ URETHRA	51610	CPT	both			3479		Horizon	Indemnity		1331.76	38.28			0.01	3305.05	percent of total billed charges	
RETRO INJ URETHRA	51610	CPT	both			3479		Horizon	PPO		1331.76	38.28			0.01	3305.05	percent of total billed charges	
RETRO INJ URETHRA	51610	CPT	both			3479		Managed Care Inc	Managed Care Inc		3131.1	90			0.01	3305.05	percent of total billed charges	
RETRO INJ URETHRA	51610	CPT	both			3479		Multiplan	Multiplan		2783.2	80			0.01	3305.05	percent of total billed charges	
RETRO INJ URETHRA	51610	CPT	both			3479		Qualcare	Qualcare		2609.25	75			0.01	3305.05	percent of total billed charges	
RETRO INJ URETHRA	51610	CPT	both			3479		Three Rivers	Three Rivers		3305.05	95			0.01	3305.05	percent of total billed charges	
RETRO INJ URETHRA	51610	CPT	both			3479		UHC	Medicaid		1097.62	31.55			0.01	3305.05	percent of total billed charges	
RETROGRADE URETHROCYST,-INJ	51610	CPT	both			3479		United	Oxford		1782				0.01	3305.05	case rate	
RETROGRADE URETHROCYST,-INJ	51610	CPT	both			3479		United	Commercial|PPO		1782				0.01	3305.05	case rate	
RETRO INJ URETHRA	51610	CPT	both			3479		Wellcare	Medicaid		1097.62	31.55			0.01	3305.05	percent of total billed charges	
RETRO INJ URETHRA	51610	CPT	both			3479		WellPoint	WellPoint		1119.54	32.18			0.01	3305.05	percent of total billed charges	
IRRIGATION OF BLADDER	51700	CPT	outpatient			936	325.06	Aetna	Better Health		295.31	31.55			41.16	1782	percent of total billed charges	
IRRIGATION OF BLADDER	51700	CPT	outpatient			936	325.06	Aetna	Commercial		449.99				41.16	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IRRIGATION OF BLADDER	51700	CPT	outpatient			936	325.06	Aetna	Medicare		282.66				41.16	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IRRIGATION OF BLADDER	51700	CPT	outpatient			936	325.06	Americare	Americare		702	75			41.16	1782	percent of total billed charges	
IRRIGATION OF BLADDER	51700	CPT	outpatient			936	325.06	Amerihealth	Medicare		282.66				41.16	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IRRIGATION OF BLADDER	51700	CPT	outpatient			936	325.06	Amerihealth	HMO|PPO		608.4	65			41.16	1782	percent of total billed charges	
IRRIGATION OF BLADDER	51700	CPT	outpatient			936	325.06	Consumer	Consumer		889.2	95			41.16	1782	percent of total billed charges	
IRRIGATION OF BLADDER	51700	CPT	outpatient			936	325.06	Corrections	Corrections		748.8	80			41.16	1782	percent of total billed charges	
IRRIGATION OF BLADDER	51700	CPT	outpatient			936	325.06	First Health	First Health		655.2	70			41.16	1782	percent of total billed charges	
IRRIGATION OF BLADDER	51700	CPT	outpatient			936	325.06	First Trenton	First Trenton		842.4	90			41.16	1782	percent of total billed charges	
IRRIGATION OF BLADDER	51700	CPT	outpatient			936	325.06	Horizon	Indemnity		526.03				41.16	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IRRIGATION OF BLADDER	51700	CPT	outpatient			936	325.06	Horizon	Medicare Blue		282.66				41.16	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IRRIGATION OF BLADDER	51700	CPT	outpatient			936	325.06	Horizon	NJ Health		41.16				41.16	1782	fee schedule	
IRRIGATION OF BLADDER	51700	CPT	outpatient			936	325.06	Horizon	MGD		526.03				41.16	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IRRIGATION OF BLADDER	51700	CPT	outpatient			936	325.06	Horizon	PPO		526.03				41.16	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IRRIGATION OF BLADDER	51700	CPT	outpatient			936	325.06	Managed Care Inc	Managed Care Inc		842.4	90			41.16	1782	percent of total billed charges	
IRRIGATION OF BLADDER	51700	CPT	outpatient			936	325.06	Multiplan	Multiplan		748.8	80			41.16	1782	percent of total billed charges	
IRRIGATION OF BLADDER	51700	CPT	outpatient			936	325.06	Qualcare	Qualcare		702	75			41.16	1782	percent of total billed charges	
IRRIGATION OF BLADDER	51700	CPT	outpatient			936	325.06	Three Rivers	Three Rivers		889.2	95			41.16	1782	percent of total billed charges	
IRRIGATION OF BLADDER	51700	CPT	outpatient			936	325.06	UHC	Medicaid		295.31	31.55			41.16	1782	percent of total billed charges	
IRRIGATION OF BLADDER	51700	CPT	outpatient			936	325.06	UHC	Medicare		282.66				41.16	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IRRIGATION OF BLADDER	51700	CPT	outpatient			936	325.06	United	Commercial|PPO		1782				41.16	1782	case rate	
IRRIGATION OF BLADDER	51700	CPT	outpatient			936	325.06	United	Oxford		1782				41.16	1782	case rate	
IRRIGATION OF BLADDER	51700	CPT	outpatient			936	325.06	Wellcare	Medicare		282.66				41.16	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IRRIGATION OF BLADDER	51700	CPT	outpatient			936	325.06	Wellcare	Medicaid		295.31	31.55			41.16	1782	percent of total billed charges	
IRRIGATION OF BLADDER	51700	CPT	outpatient			936	325.06	WellPoint	WellPoint		301.2	32.18			41.16	1782	percent of total billed charges	
STRAIGHT URINE CATH	51701	CPT	outpatient			424	168	Aetna	Better Health		133.77	31.55			74.48	1782	percent of total billed charges	
STRAIGHT URINE CATH	51701	CPT	outpatient			424	168	Aetna	Commercial		232.58				74.48	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAIGHT URINE CATH	51701	CPT	outpatient			424	168	Aetna	Medicare		146.09				74.48	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAIGHT URINE CATH	51701	CPT	outpatient			424	168	Americare	Americare		318	75			74.48	1782	percent of total billed charges	
STRAIGHT URINE CATH	51701	CPT	outpatient			424	168	Amerihealth	HMO|PPO		275.6	65			74.48	1782	percent of total billed charges	
STRAIGHT URINE CATH	51701	CPT	outpatient			424	168	Amerihealth	Medicare		146.09				74.48	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAIGHT URINE CATH	51701	CPT	outpatient			424	168	Consumer	Consumer		402.8	95			74.48	1782	percent of total billed charges	
STRAIGHT URINE CATH	51701	CPT	outpatient			424	168	Corrections	Corrections		339.2	80			74.48	1782	percent of total billed charges	
STRAIGHT URINE CATH	51701	CPT	outpatient			424	168	First Health	First Health		296.8	70			74.48	1782	percent of total billed charges	
STRAIGHT URINE CATH	51701	CPT	outpatient			424	168	First Trenton	First Trenton		381.6	90			74.48	1782	percent of total billed charges	
STRAIGHT URINE CATH	51701	CPT	outpatient			424	168	Horizon	Medicare Blue		146.09				74.48	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAIGHT URINE CATH	51701	CPT	outpatient			424	168	Horizon	MGD		271.87				74.48	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAIGHT URINE CATH	51701	CPT	outpatient			424	168	Horizon	Indemnity		271.87				74.48	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAIGHT URINE CATH	51701	CPT	outpatient			424	168	Horizon	NJ Health		74.48				74.48	1782	fee schedule	
STRAIGHT URINE CATH	51701	CPT	outpatient			424	168	Horizon	PPO		271.87				74.48	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAIGHT URINE CATH	51701	CPT	outpatient			424	168	Managed Care Inc	Managed Care Inc		381.6	90			74.48	1782	percent of total billed charges	
STRAIGHT URINE CATH	51701	CPT	outpatient			424	168	Multiplan	Multiplan		339.2	80			74.48	1782	percent of total billed charges	
STRAIGHT URINE CATH	51701	CPT	outpatient			424	168	Qualcare	Qualcare		318	75			74.48	1782	percent of total billed charges	
STRAIGHT URINE CATH	51701	CPT	outpatient			424	168	Three Rivers	Three Rivers		402.8	95			74.48	1782	percent of total billed charges	
STRAIGHT URINE CATH	51701	CPT	outpatient			424	168	UHC	Medicaid		133.77	31.55			74.48	1782	percent of total billed charges	
STRAIGHT URINE CATH	51701	CPT	outpatient			424	168	UHC	Medicare		146.09				74.48	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAIGHT URINE CATH	51701	CPT	outpatient			424	168	United	Commercial|PPO		1782				74.48	1782	case rate	
STRAIGHT URINE CATH	51701	CPT	outpatient			424	168	United	Oxford		1782				74.48	1782	case rate	
STRAIGHT URINE CATH	51701	CPT	outpatient			424	168	Wellcare	Medicaid		133.77	31.55			74.48	1782	percent of total billed charges	
STRAIGHT URINE CATH	51701	CPT	outpatient			424	168	Wellcare	Medicare		146.09				74.48	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAIGHT URINE CATH	51701	CPT	outpatient			424	168	WellPoint	WellPoint		136.44	32.18			74.48	1782	percent of total billed charges	
INSRT TEMP INDWLNG BLDR CATH	51702	CPT	both			467	168	Aetna	Commercial		232.58				72.25	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT TEMP INDWLNG BLDR CATH	51702	CPT	both			467	168	Aetna	Better Health		147.34	31.55			72.25	1782	percent of total billed charges	
INSRT TEMP INDWLNG BLDR CATH	51702	CPT	both			467	168	Aetna	Medicare		146.09				72.25	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT TEMP INDWLNG BLDR CATH	51702	CPT	both			467	168	Americare	Americare		350.25	75			72.25	1782	percent of total billed charges	
INSRT TEMP INDWLNG BLDR CATH	51702	CPT	both			467	168	Amerihealth	HMO|PPO		303.55	65			72.25	1782	percent of total billed charges	
INSRT TEMP INDWLNG BLDR CATH	51702	CPT	both			467	168	Amerihealth	Medicare		146.09				72.25	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT TEMP INDWLNG BLDR CATH	51702	CPT	both			467	168	Consumer	Consumer		443.65	95			72.25	1782	percent of total billed charges	
INSRT TEMP INDWLNG BLDR CATH	51702	CPT	both			467	168	Corrections	Corrections		373.6	80			72.25	1782	percent of total billed charges	
INSRT TEMP INDWLNG BLDR CATH	51702	CPT	both			467	168	First Health	First Health		326.9	70			72.25	1782	percent of total billed charges	
INSRT TEMP INDWLNG BLDR CATH	51702	CPT	both			467	168	First Trenton	First Trenton		420.3	90			72.25	1782	percent of total billed charges	
INSRT TEMP INDWLNG BLDR CATH	51702	CPT	both			467	168	Horizon	PPO		271.87				72.25	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT TEMP INDWLNG BLDR CATH	51702	CPT	both			467	168	Horizon	Indemnity		271.87				72.25	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT TEMP INDWLNG BLDR CATH	51702	CPT	both			467	168	Horizon	NJ Health		78.64				72.25	1782	fee schedule	
INSRT TEMP INDWLNG BLDR CATH	51702	CPT	both			467	168	Horizon	MGD		271.87				72.25	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT TEMP INDWLNG BLDR CATH	51702	CPT	both			467	168	Horizon	Medicare Blue		146.09				72.25	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT TEMP INDWLNG BLDR CATH	51702	CPT	both			467	168	Managed Care Inc	Managed Care Inc		420.3	90			72.25	1782	percent of total billed charges	
INSRT TEMP INDWLNG BLDR CATH	51702	CPT	both			467	168	Multiplan	Multiplan		373.6	80			72.25	1782	percent of total billed charges	
INSRT TEMP INDWLNG BLDR CATH	51702	CPT	both			467	168	Qualcare	Qualcare		350.25	75			72.25	1782	percent of total billed charges	
INSRT TEMP INDWLNG BLDR CATH	51702	CPT	both			467	168	Three Rivers	Three Rivers		443.65	95			72.25	1782	percent of total billed charges	
INSRT TEMP INDWLNG BLDR CATH	51702	CPT	both			467	168	UHC	Medicare		146.09				72.25	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT TEMP INDWLNG BLDR CATH	51702	CPT	both			467	168	UHC	Medicaid		147.34	31.55			72.25	1782	percent of total billed charges	
INSRT TEMP INDWLNG BLDR CATH	51702	CPT	both			467	168	United	Oxford		1782				72.25	1782	case rate	
INSRT TEMP INDWLNG BLDR CATH	51702	CPT	both			467	168	United	Commercial|PPO		1782				72.25	1782	case rate	
INSRT TEMP INDWLNG BLDR CATH	51702	CPT	both			467	168	Wellcare	Medicare		146.09				72.25	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT TEMP INDWLNG BLDR CATH	51702	CPT	both			467	168	Wellcare	Medicaid		147.34	31.55			72.25	1782	percent of total billed charges	
INSRT TEMP INDWLNG BLDR CATH	51702	CPT	both			467	168	WellPoint	WellPoint		160.28	32.18			72.25	1782	percent of total billed charges	
INSERTION OF TEMP INDWELL CATH	51703	CPT	outpatient			994	205.45	Aetna	Better Health		313.61	31.55			74.54	1782	percent of total billed charges	
INSERTION OF TEMP INDWELL CATH	51703	CPT	outpatient			994	205.45	Aetna	Medicare		306.15	30.8			74.54	1782	percent of total billed charges	
INSERTION OF TEMP INDWELL CATH	51703	CPT	outpatient			994	205.45	Aetna	Commercial		284.41				74.54	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION OF TEMP INDWELL CATH	51703	CPT	outpatient			994	205.45	Americare	Americare		745.5	75			74.54	1782	percent of total billed charges	
INSERTION OF TEMP INDWELL CATH	51703	CPT	outpatient			994	205.45	Amerihealth	HMO|PPO		646.1	65			74.54	1782	percent of total billed charges	
INSERTION OF TEMP INDWELL CATH	51703	CPT	outpatient			994	205.45	Amerihealth	Medicare		178.65				74.54	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION OF TEMP INDWELL CATH	51703	CPT	outpatient			994	205.45	Consumer	Consumer		944.3	95			74.54	1782	percent of total billed charges	
INSERTION OF TEMP INDWELL CATH	51703	CPT	outpatient			994	205.45	Corrections	Corrections		795.2	80			74.54	1782	percent of total billed charges	
INSERTION OF TEMP INDWELL CATH	51703	CPT	outpatient			994	205.45	First Health	First Health		695.8	70			74.54	1782	percent of total billed charges	
INSERTION OF TEMP INDWELL CATH	51703	CPT	outpatient			994	205.45	First Trenton	First Trenton		894.6	90			74.54	1782	percent of total billed charges	
INSERTION OF TEMP INDWELL CATH	51703	CPT	outpatient			994	205.45	Horizon	PPO		332.47				74.54	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION OF TEMP INDWELL CATH	51703	CPT	outpatient			994	205.45	Horizon	MGD		332.47				74.54	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION OF TEMP INDWELL CATH	51703	CPT	outpatient			994	205.45	Horizon	NJ Health		162.68				74.54	1782	fee schedule	
INSERTION OF TEMP INDWELL CATH	51703	CPT	outpatient			994	205.45	Horizon	Indemnity		332.47				74.54	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION OF TEMP INDWELL CATH	51703	CPT	outpatient			994	205.45	Horizon	Medicare Blue		178.65				74.54	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION OF TEMP INDWELL CATH	51703	CPT	outpatient			994	205.45	Managed Care Inc	Managed Care Inc		894.6	90			74.54	1782	percent of total billed charges	
INSERTION OF TEMP INDWELL CATH	51703	CPT	outpatient			994	205.45	Multiplan	Multiplan		795.2	80			74.54	1782	percent of total billed charges	
INSERTION OF TEMP INDWELL CATH	51703	CPT	outpatient			994	205.45	Qualcare	Qualcare		745.5	75			74.54	1782	percent of total billed charges	
INSERTION OF TEMP INDWELL CATH	51703	CPT	outpatient			994	205.45	Three Rivers	Three Rivers		944.3	95			74.54	1782	percent of total billed charges	
INSERTION OF TEMP INDWELL CATH	51703	CPT	outpatient			994	205.45	UHC	Medicaid		313.61	31.55			74.54	1782	percent of total billed charges	
INSERTION OF TEMP INDWELL CATH	51703	CPT	outpatient			994	205.45	UHC	Medicare		178.65				74.54	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION OF TEMP INDWELL CATH	51703	CPT	outpatient			994	205.45	United	Commercial|PPO		1782				74.54	1782	case rate	
INSERTION OF TEMP INDWELL CATH	51703	CPT	outpatient			994	205.45	United	Oxford		1782				74.54	1782	case rate	
INSERTION OF TEMP INDWELL CATH	51703	CPT	outpatient			994	205.45	Wellcare	Medicare		178.65				74.54	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION OF TEMP INDWELL CATH	51703	CPT	outpatient			994	205.45	Wellcare	Medicaid		313.61	31.55			74.54	1782	percent of total billed charges	
INSERTION OF TEMP INDWELL CATH	51703	CPT	outpatient			994	205.45	WellPoint	WellPoint		319.87	32.18			74.54	1782	percent of total billed charges	
CHANGE OF PERCU TUBE,SIMPLE	51705	CPT	both			798	325.06	Aetna	Commercial		449.99				41.16	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHANGE OF PERCU TUBE,SIMPLE	51705	CPT	both			798	325.06	Aetna	Better Health		251.77	31.55			41.16	1782	percent of total billed charges	
CHANGE OF PERCU TUBE,SIMPLE	51705	CPT	both			798	325.06	Aetna	Medicare		282.66				41.16	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHANGE OF PERCU TUBE,SIMPLE	51705	CPT	both			798	325.06	Americare	Americare		598.5	75			41.16	1782	percent of total billed charges	
CHANGE OF PERCU TUBE,SIMPLE	51705	CPT	both			798	325.06	Amerihealth	HMO|PPO		518.7	65			41.16	1782	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.														
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103		310119 true													
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CHANGE OF PERCU TUBE,SIMPLE	51705	CPT	both			798	325.06	Ameriheath	Medicare		282.66				41.16		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHANGE OF PERCU TUBE,SIMPLE	51705	CPT	both			798	325.06	Consumer	Consumer		758.1	95			41.16		1782 percent of total billed charges	
CHANGE OF PERCU TUBE,SIMPLE	51705	CPT	both			798	325.06	Corrections	Corrections		638.4	80			41.16		1782 percent of total billed charges	
CHANGE OF PERCU TUBE,SIMPLE	51705	CPT	both			798	325.06	First Health	First Health		558.6	70			41.16		1782 percent of total billed charges	
CHANGE OF PERCU TUBE,SIMPLE	51705	CPT	both			798	325.06	First Trenton	First Trenton		718.2	90			41.16		1782 percent of total billed charges	
CHANGE OF PERCU TUBE,SIMPLE	51705	CPT	both			798	325.06	Horizon	PPO		526.03				41.16		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHANGE OF PERCU TUBE,SIMPLE	51705	CPT	both			798	325.06	Horizon	Medicare Blue		282.66				41.16		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHANGE OF PERCU TUBE,SIMPLE	51705	CPT	both			798	325.06	Horizon	MGD		526.03				41.16		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHANGE OF PERCU TUBE,SIMPLE	51705	CPT	both			798	325.06	Horizon	Indemnity		526.03				41.16		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHANGE OF PERCU TUBE,SIMPLE	51705	CPT	both			798	325.06	Horizon	NJ Health		41.16				41.16		1782 fee schedule	
CHANGE OF PERCU TUBE,SIMPLE	51705	CPT	both			798	325.06	Managed Care Inc	Managed Care Inc		718.2	90			41.16		1782 percent of total billed charges	
CHANGE OF PERCU TUBE,SIMPLE	51705	CPT	both			798	325.06	Multiplan	Multiplan		638.4	80			41.16		1782 percent of total billed charges	
CHANGE OF PERCU TUBE,SIMPLE	51705	CPT	both			798	325.06	Qualcare	Qualcare		598.5	75			41.16		1782 percent of total billed charges	
CHANGE OF PERCU TUBE,SIMPLE	51705	CPT	both			798	325.06	Three Rivers	Three Rivers		758.1	95			41.16		1782 percent of total billed charges	
CHANGE OF PERCU TUBE,SIMPLE	51705	CPT	both			798	325.06	UHC	Medicaid		251.77	31.55			41.16		1782 percent of total billed charges	
CHANGE OF PERCU TUBE,SIMPLE	51705	CPT	both			798	325.06	UHC	Medicare		282.66				41.16		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHANGE OF PERCU TUBE,SIMPLE	51705	CPT	both			798	325.06	United	Commercial|PPO		1782				41.16		1782 case rate	
CHANGE OF PERCU TUBE,SIMPLE	51705	CPT	both			798	325.06	United	Oxford		1782				41.16		1782 case rate	
CHANGE OF PERCU TUBE,SIMPLE	51705	CPT	both			798	325.06	Wellcare	Medicaid		251.77	31.55			41.16		1782 percent of total billed charges	
CHANGE OF PERCU TUBE,SIMPLE	51705	CPT	both			798	325.06	Wellcare	Medicare		282.66				41.16		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHANGE OF PERCU TUBE,SIMPLE	51705	CPT	both			798	325.06	WellPoint	WellPoint		256.8	32.18			41.16		1782 percent of total billed charges	
CHANGE OF PERCUTAN TUBE	51710	CPT	outpatient			869	898.44	Aetna	Commercial		1243.75				75.89		1817 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHANGE OF PERCUTAN TUBE	51710	CPT	outpatient			869	898.44	Aetna	Medicare		267.65	30.8			75.89		1817 percent of total billed charges	
CHANGE OF PERCUTAN TUBE	51710	CPT	outpatient			869	898.44	Aetna	Better Health		274.17	31.55			75.89		1817 percent of total billed charges	
CHANGE OF PERCUTAN TUBE	51710	CPT	outpatient			869	898.44	Americare	Americare		651.75	75			75.89		1817 percent of total billed charges	
CHANGE OF PERCUTAN TUBE	51710	CPT	outpatient			869	898.44	Ameriheath	HMO|PPO		564.85	65			75.89		1817 percent of total billed charges	
CHANGE OF PERCUTAN TUBE	51710	CPT	outpatient			869	898.44	Ameriheath	Medicare		781.25				75.89		1817 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHANGE OF PERCUTAN TUBE	51710	CPT	outpatient			869	898.44	Consumer	Consumer		825.55	95			75.89		1817 percent of total billed charges	
CHANGE OF PERCUTAN TUBE	51710	CPT	outpatient			869	898.44	Corrections	Corrections		695.2	80			75.89		1817 percent of total billed charges	
CHANGE OF PERCUTAN TUBE	51710	CPT	outpatient			869	898.44	First Health	First Health		608.3	70			75.89		1817 percent of total billed charges	
CHANGE OF PERCUTAN TUBE	51710	CPT	outpatient			869	898.44	First Trenton	First Trenton		782.1	90			75.89		1817 percent of total billed charges	
CHANGE OF PERCUTAN TUBE	51710	CPT	outpatient			869	898.44	Horizon	MGD		1453.91				75.89		1817 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHANGE OF PERCUTAN TUBE	51710	CPT	outpatient			869	898.44	Horizon	PPO		1453.91				75.89		1817 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHANGE OF PERCUTAN TUBE	51710	CPT	outpatient			869	898.44	Horizon	Indemnity		1453.91				75.89		1817 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHANGE OF PERCUTAN TUBE	51710	CPT	outpatient			869	898.44	Horizon	NJ Health		75.89				75.89		1817 fee schedule	
CHANGE OF PERCUTAN TUBE	51710	CPT	outpatient			869	898.44	Horizon	Medicare Blue		781.25				75.89		1817 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHANGE OF PERCUTAN TUBE	51710	CPT	outpatient			869	898.44	Managed Care Inc	Managed Care Inc		782.1	90			75.89		1817 percent of total billed charges	
CHANGE OF PERCUTAN TUBE	51710	CPT	outpatient			869	898.44	Multiplan	Multiplan		695.2	80			75.89		1817 percent of total billed charges	
CHANGE OF PERCUTAN TUBE	51710	CPT	outpatient			869	898.44	Qualcare	Qualcare		651.75	75			75.89		1817 percent of total billed charges	
CHANGE OF PERCUTAN TUBE	51710	CPT	outpatient			869	898.44	Three Rivers	Three Rivers		825.55	95			75.89		1817 percent of total billed charges	
CHANGE OF PERCUTAN TUBE	51710	CPT	outpatient			869	898.44	UHC	Medicare		781.25				75.89		1817 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHANGE OF PERCUTAN TUBE	51710	CPT	outpatient			869	898.44	UHC	Medicaid		274.17	31.55			75.89		1817 percent of total billed charges	
CHANGE OF PERCUTAN TUBE	51710	CPT	outpatient			869	898.44	United	Commercial|PPO		1817				75.89		1817 case rate	
CHANGE OF PERCUTAN TUBE	51710	CPT	outpatient			869	898.44	United	Oxford		1817				75.89		1817 case rate	
CHANGE OF PERCUTAN TUBE	51710	CPT	outpatient			869	898.44	Wellcare	Medicare		781.25				75.89		1817 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHANGE OF PERCUTAN TUBE	51710	CPT	outpatient			869	898.44	Wellcare	Medicaid		274.17	31.55			75.89		1817 percent of total billed charges	
CHANGE OF PERCUTAN TUBE	51710	CPT	outpatient			869	898.44	WellPoint	WellPoint		279.64	32.18			75.89		1817 percent of total billed charges	
URETHROSCOPY	51715	CPT	outpatient			11978	4585.08	Aetna	Better Health		3779.06	31.55			218.44		11379.1 percent of total billed charges	
URETHROSCOPY	51715	CPT	outpatient			11978	4585.08	Aetna	Medicare		3689.22	30.8			218.44		11379.1 percent of total billed charges	
URETHROSCOPY	51715	CPT	outpatient			11978	4585.08	Aetna	Commercial		6347.35				218.44		11379.1 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETHROSCOPY	51715	CPT	outpatient			11978	4585.08	Americare	Americare		8983.5	75			218.44		11379.1 percent of total billed charges	
URETHROSCOPY	51715	CPT	outpatient			11978	4585.08	Ameriheath	HMO|PPO		7785.7	65			218.44		11379.1 percent of total billed charges	
URETHROSCOPY	51715	CPT	outpatient			11978	4585.08	Ameriheath	Medicare		3987.03				218.44		11379.1 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETHROSCOPY	51715	CPT	outpatient			11978	4585.08	Consumer	Consumer		11379.1	95			218.44		11379.1 percent of total billed charges	
URETHROSCOPY	51715	CPT	outpatient			11978	4585.08	Corrections	Corrections		9582.4	80			218.44		11379.1 percent of total billed charges	
URETHROSCOPY	51715	CPT	outpatient			11978	4585.08	First Health	First Health		8384.6	70			218.44		11379.1 percent of total billed charges	
URETHROSCOPY	51715	CPT	outpatient			11978	4585.08	First Trenton	First Trenton		10780.2	90			218.44		11379.1 percent of total billed charges	
URETHROSCOPY	51715	CPT	outpatient			11978	4585.08	Horizon	MGD		7419.86				218.44		11379.1 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETHROSCOPY	51715	CPT	outpatient			11978	4585.08	Horizon	Indemnity		7419.86				218.44		11379.1 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETHROSCOPY	51715	CPT	outpatient			11978	4585.08	Horizon	PPO		7419.86				218.44		11379.1 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETHROSCOPY	51715	CPT	outpatient			11978	4585.08	Horizon	NJ Health		218.44				218.44		11379.1 fee schedule	
URETHROSCOPY	51715	CPT	outpatient			11978	4585.08	Horizon	Medicare Blue		3987.03				218.44		11379.1 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETHROSCOPY	51715	CPT	outpatient			11978	4585.08	Managed Care Inc	Managed Care Inc		10780.2	90			218.44		11379.1 percent of total billed charges	
URETHROSCOPY	51715	CPT	outpatient			11978	4585.08	Multiplan	Multiplan		9582.4	80			218.44		11379.1 percent of total billed charges	
URETHROSCOPY	51715	CPT	outpatient			11978	4585.08	Qualcare	Qualcare		8983.5	75			218.44		11379.1 percent of total billed charges	
URETHROSCOPY	51715	CPT	outpatient			11978	4585.08	Three Rivers	Three Rivers		11379.1	95			218.44		11379.1 percent of total billed charges	
URETHROSCOPY	51715	CPT	outpatient			11978	4585.08	UHC	Medicaid		3779.06	31.55			218.44		11379.1 percent of total billed charges	
URETHROSCOPY	51715	CPT	outpatient			11978	4585.08	UHC	Medicare		3987.03				218.44		11379.1 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETHROSCOPY	51715	CPT	outpatient			11978	4585.08	United	Commercial|PPO		3492				218.44		11379.1 case rate	
URETHROSCOPY	51715	CPT	outpatient			11978	4585.08	United	Oxford		3492				218.44		11379.1 case rate	
URETHROSCOPY	51715	CPT	outpatient			11978	4585.08	Wellcare	Medicaid		3779.06	31.55			218.44		11379.1 percent of total billed charges	
URETHROSCOPY	51715	CPT	outpatient			11978	4585.08	Wellcare	Medicare		3987.03				218.44		11379.1 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETHROSCOPY	51715	CPT	outpatient			11978	4585.08	WellPoint	WellPoint		3854.52	32.18			218.44		11379.1 percent of total billed charges	
BLADDER INSTILLTN ANTICARCINOG	51720	CPT	outpatient			2281	898.44	Aetna	Better Health		719.66	31.55			78.4		2166.95 percent of total billed charges	
BLADDER INSTILLTN ANTICARCINOG	51720	CPT	outpatient			2281	898.44	Aetna	Medicare		781.25				78.4		2166.95 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLADDER INSTILLTN ANTICARCINOG	51720	CPT	outpatient			2281	898.44	Aetna	Commercial		1243.75				78.4		2166.95 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLADDER INSTILLTN ANTICARCINOG	51720	CPT	outpatient			2281	898.44	Americare	Americare		1710.75	75			78.4		2166.95 percent of total billed charges	
BLADDER INSTILLTN ANTICARCINOG	51720	CPT	outpatient			2281	898.44	Ameriheath	HMO|PPO		1482.65	65			78.4		2166.95 percent of total billed charges	
BLADDER INSTILLTN ANTICARCINOG	51720	CPT	outpatient			2281	898.44	Ameriheath	Medicare		781.25				78.4		2166.95 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLADDER INSTILLTN ANTICARCINOG	51720	CPT	outpatient			2281	898.44	Consumer	Consumer		2166.95	95			78.4		2166.95 percent of total billed charges	
BLADDER INSTILLTN ANTICARCINOG	51720	CPT	outpatient			2281	898.44	Corrections	Corrections		1824.8	80			78.4		2166.95 percent of total billed charges	
BLADDER INSTILLTN ANTICARCINOG	51720	CPT	outpatient			2281	898.44	First Health	First Health		1596.7	70			78.4		2166.95 percent of total billed charges	
BLADDER INSTILLTN ANTICARCINOG	51720	CPT	outpatient			2281	898.44	First Trenton	First Trenton		2052.9	90			78.4		2166.95 percent of total billed charges	
BLADDER INSTILLTN ANTICARCINOG	51720	CPT	outpatient			2281	898.44	Horizon	MGD		1453.91				78.4		2166.95 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLADDER INSTILLTN ANTICARCINOG	51720	CPT	outpatient			2281	898.44	Horizon	Indemnity		1453.91				78.4		2166.95 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLADDER INSTILLTN ANTICARCINOG	51720	CPT	outpatient			2281	898.44	Horizon	PPO		1453.91				78.4		2166.95 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLADDER INSTILLTN ANTICARCINOG	51720	CPT	outpatient			2281	898.44	Horizon	NJ Health		78.4				78.4		2166.95 fee schedule	
BLADDER INSTILLTN ANTICARCINOG	51720	CPT	outpatient			2281	898.44	Horizon	Medicare Blue		781.25				78.4		2166.95 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLADDER INSTILLTN ANTICARCINOG	51720	CPT	outpatient			2281	898.44	Managed Care Inc	Managed Care Inc		2052.9	90			78.4		2166.95 percent of total billed charges	
BLADDER INSTILLTN ANTICARCINOG	51720	CPT	outpatient			2281	898.44	Multiplan	Multiplan		1824.8	80			78.4		2166.95 percent of total billed charges	
BLADDER INSTILLTN ANTICARCINOG	51720	CPT	outpatient			2281	898.44	Qualcare	Qualcare		1710.75	75			78.4		2166.95 percent of total billed charges	
BLADDER INSTILLTN ANTICARCINOG	51720	CPT	outpatient			2281	898.44	Three Rivers	Three Rivers		2166.95	95			78.4		2166.95 percent of total billed charges	
BLADDER INSTILLTN ANTICARCINOG	51720	CPT	outpatient			2281	898.44	UHC	Medicaid		719.66	31.55			78.4		2166.95 percent of total billed charges	
BLADDER INSTILLTN ANTICARCINOG	51720	CPT	outpatient			2281	898.44	UHC	Medicare		781.25				78.4		2166.95 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLADDER INSTILLTN ANTICARCINOG	51720	CPT	outpatient			2281	898.44	United	Commercial|PPO		1782				78.4		2166.95 case rate	
BLADDER INSTILLTN ANTICARCINOG	51720	CPT	outpatient			2281	898.44	United	Oxford		1782				78.4		2166.95 case rate	
BLADDER INSTILLTN ANTICARCINOG	51720	CPT	outpatient			2281	898.44	Wellcare	Medicare		781.25				78.4		2166.95 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLADDER INSTILLTN ANTICARCINOG	51720	CPT	outpatient			2281	898.44	Wellcare	Medicaid		719.66	31.55			78.4		2166.95 percent of total billed charges	
BLADDER INSTILLTN ANTICARCINOG	51720	CPT	outpatient			2281	898.44	WellPoint	WellPoint		734.03	32.18			78.4		2166.95 percent of total billed charges	
SIMPLE CYSTOMETROGRAM	51725	CPT	outpatient			1782	325.06	Aetna	Better Health		562.22	31.55			89.57		1782 percent of total billed charges	
SIMPLE CYSTOMETROGRAM	51725	CPT	outpatient			1782	325.06	Aetna	Commercial		449.99				89.57		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMPLE CYSTOMETROGRAM	51725	CPT	outpatient			1782	325.06	Aetna	Medicare		282.66				89.57		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMPLE CYSTOMETROGRAM	51725	CPT	outpatient			1782	325.06	Americare	Americare		1336.5	75			89.57		1782 percent of total billed charges	
SIMPLE CYSTOMETROGRAM	51725	CPT	outpatient			1782	325.06	Ameriheath	HMO|PPO		1158.3	65			89.57		1782 percent of total billed charges	
SIMPLE CYSTOMETROGRAM	51725	CPT	outpatient			1782	325.06	Ameriheath	Medicare		282.66				89.57		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMPLE CYSTOMETROGRAM	51725	CPT	outpatient			1782	325.06	Consumer	Consumer		1692.9	95			89.57		1782 percent of total billed charges	
SIMPLE CYSTOMETROGRAM	51725	CPT	outpatient			1782	325.06	Corrections	Corrections		1425.6	80			89.57		1782 percent of total billed charges	
SIMPLE CYSTOMETROGRAM	51725	CPT	outpatient			1782	325.06	First Health	First Health		1247.4	70			89.57		1782 percent of total billed charges	
SIMPLE CYSTOMETROGRAM	51725	CPT	outpatient			1782	325.06	First Trenton	First Trenton		1603.8	90			89.57		1782 percent of total billed charges	
SIMPLE CYSTOMETROGRAM	51725	CPT	outpatient			1782	325.06	Horizon	Indemnity		526.03				89.57		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMPLE CYSTOMETROGRAM	51725	CPT	outpatient			1782	325.06	Horizon	Medicare Blue		282.66				89.57		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMPLE CYSTOMETROGRAM	51725	CPT	outpatient			1782	325.06	Horizon	NJ Health		89.57				89.57		1782 fee schedule	
SIMPLE CYSTOMETROGRAM	51725	CPT	outpatient			1782	325.06	Horizon	MGD		526.03				89.57		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMPLE CYSTOMETROGRAM	51725	CPT	outpatient			1782	325.06	Horizon	PPO		526.03				89.57		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMPLE CYSTOMETROGRAM	51725	CPT	outpatient			1782	325.06	Managed Care Inc	Managed Care Inc		1603.8	90			89.57		1782 percent of total billed charges	
SIMPLE CYSTOMETROGRAM	51725	CPT	outpatient			1782	325.06	Multiplan	Multiplan		1425.6	80			89.57		1782 percent of total billed charges	
SIMPLE CYSTOMETROGRAM	51725	CPT	outpatient			1782	325.06	Qualcare	Qualcare		1336.5	75			89.57		1782 percent of total billed charges	
SIMPLE CYSTOMETROGRAM	51725	CPT	outpatient			1782	325.06	Three Rivers	Three Rivers		1692.9	95			89.57		1782 percent of total billed charges	
SIMPLE CYSTOMETROGRAM	51725	CPT	outpatient			1782	325.06	UHC	Medicaid		562.22	31.55			89.57		1782 percent of total billed charges	
SIMPLE CYSTOMETROGRAM	51725	CPT	outpatient			1782	325.06	UHC	Medicare		282.66				89.57		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMPLE CYSTOMETROGRAM	51725	CPT	outpatient			1782	325.06	United	Commercial|PPO		1782				89.57		1782 case rate	
SIMPLE CYSTOMETROGRAM	51725	CPT	outpatient			1782	325.06	United	Oxford		1782				89.57		1782 case rate	
SIMPLE CYSTOMETROGRAM	51725	CPT	outpatient			1782	325.06	Wellcare	Medicaid		562.22	31.55			89.57		1782 percent of total billed charges	
SIMPLE CYSTOMETROGRAM	51725	CPT	outpatient			1782	325.06	Wellcare	Medicare		282.66				89.57		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMPLE CYSTOMETROGRAM	51725	CPT	outpatient			1782	325.06	WellPoint	WellPoint		573.45	32.18			89.57		1782 percent of total billed charges	
CYSTOMETROGRAM-COMPLEX	51726	CPT	outpatient			1782	325.06	Aetna	Commercial		449.99				77.62		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOMETROGRAM-COMPLEX	51726	CPT	outpatient			1782	325.06	Aetna	Better Health		562.22	31.55			77.62		1782 percent of total billed charges	
CYSTOMETROGRAM-COMPLEX	51726	CPT	outpatient			1782	325.06	Aetna	Medicare		282.66				77.62		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOMETROGRAM-COMPLEX	51726	CPT	outpatient			1782	325.06	Americare	Americare		1336.5	75			77.62		1782 percent of total billed charges	
CYSTOMETROGRAM-COMPLEX	51726	CPT	outpatient			1782	325.06	Ameriheath	HMO|PPO		1158.3	65			77.62		1782 percent of total billed charges	
CYSTOMETROGRAM-COMPLEX	51726	CPT	outpatient			1782	325.06	Ameriheath	Medicare		282.66				77.62		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOMETROGRAM-COMPLEX	51726	CPT	outpatient			1782	325.06	Consumer	Consumer		1692.9	95			77.62		1782 percent of total billed charges	
CYSTOMETROGRAM-COMPLEX	51726	CPT	outpatient			1782	325.06	Corrections	Corrections		1425.6	80			77.62		1782 percent of total billed charges	
CYSTOMETROGRAM-COMPLEX	51726	CPT	outpatient			1782	325.06	First Health	First Health		1247.4	70			77.62		1782 percent of total billed charges	
CYSTOMETROGRAM-COMPLEX	51726	CPT	outpatient			1782	325.06	First Trenton	First Trenton		1603.8	90			77.62		1782 percent of total billed charges	
CYSTOMETROGRAM-COMPLEX	51726	CPT	outpatient			1782	325.06	Horizon	MGD		526.03				77.62		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOMETROGRAM-COMPLEX	51726	CPT	outpatient			1782	325.06	Horizon	Indemnity		526.03				77.62		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOMETROGRAM-COMPLEX	51726	CPT	outpatient			1782	325.06	Horizon	NJ Health		77.62				77.62		1782 fee schedule	
CYSTOMETROGRAM-COMPLEX	51726	CPT	outpatient			1782	325.06	Horizon	PPO		526.03				77.62		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOMETROGRAM-COMPLEX	51726	CPT	outpatient			1782	325.06	Horizon	Medicare Blue		282.66				77.62		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOMETROGRAM-COMPLEX	51726	CPT	outpatient			1782	325.06	Managed Care Inc	Managed Care Inc		1603.8	90			77.62		1782 percent of total billed charges	
CYSTOMETROGRAM-COMPLEX	51726	CPT	outpatient			1782	325.06	Multiplan	Multiplan		1425.6	80			77.62		1782 percent of total billed charges	
CYSTOMETROGRAM-COMPLEX	51726	CPT	outpatient			1782	325.06	Qualcare	Qualcare		1336.5	75			77.62		1782 percent of total billed charges	
CYSTOMETROGRAM-COMPLEX	51726	CPT	outpatient			1782	325.06	Three Rivers	Three Rivers		1692.9	95			77.62		1782 percent of total billed charges	
CYSTOMETROGRAM-COMPLEX	51726	CPT	outpatient			1782	325.06	UHC	Medicaid		562.22	31.55			77.62		1782 percent of total billed charges	
CYSTOMETROGRAM-COMPLEX	51726	CPT	outpatient			1782	325.06	UHC	Medicare		282.66				77.62		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOMETROGRAM-COMPLEX	51726	CPT	outpatient			1782	325.06	United	Commercial|PPO		1782				77.62		1782 case rate	
CYSTOMETROGRAM-COMPLEX	51726	CPT	outpatient			1782	325.06	United	Oxford		1782				77.62		1782 case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101191	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CYSTOMETROGRAM-COMPLEX	51726	CPT	outpatient			1782		325.06 Wellcare	Medicare		282.86				77.62		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOMETROGRAM-COMPLEX	51726	CPT	outpatient			1782		325.06 Wellcare	Medicaid		562.22	31.55			77.62		1782 percent of total billed charges	
CYSTOMETROGRAM-COMPLEX	51726	CPT	outpatient			1782		325.06 WellPoint	WellPoint		573.45	32.18			77.62		1782 percent of total billed charges	
URETHRAL PRESSURE PROFILE	51727	CPT	outpatient			2281		898.44 Aetna	Better Health		719.66	31.55			269.68		2166.95 percent of total billed charges	
URETHRAL PRESSURE PROFILE	51727	CPT	outpatient			2281		898.44 Aetna	Commercial		1243.75				269.68		2166.95 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETHRAL PRESSURE PROFILE	51727	CPT	outpatient			2281		898.44 Aetna	Medicare		781.25				269.68		2166.95 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETHRAL PRESSURE PROFILE	51727	CPT	outpatient			2281		898.44 Americare	Americare		1710.75	75			269.68		2166.95 percent of total billed charges	
URETHRAL PRESSURE PROFILE	51727	CPT	outpatient			2281		898.44 Amerihealth	HMO/PPO		1482.65	65			269.68		2166.95 percent of total billed charges	
URETHRAL PRESSURE PROFILE	51727	CPT	outpatient			2281		898.44 Amerihealth	Medicare		781.25				269.68		2166.95 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETHRAL PRESSURE PROFILE	51727	CPT	outpatient			2281		898.44 Consumer	Consumer		2166.95	95			269.68		2166.95 percent of total billed charges	
URETHRAL PRESSURE PROFILE	51727	CPT	outpatient			2281		898.44 Corrections	Corrections		1824.8	80			269.68		2166.95 percent of total billed charges	
URETHRAL PRESSURE PROFILE	51727	CPT	outpatient			2281		898.44 First Health	First Health		1596.7	70			269.68		2166.95 percent of total billed charges	
URETHRAL PRESSURE PROFILE	51727	CPT	outpatient			2281		898.44 First Trenton	First Trenton		2052.9	90			269.68		2166.95 percent of total billed charges	
URETHRAL PRESSURE PROFILE	51727	CPT	outpatient			2281		898.44 Horizon	MGD		1453.91				269.68		2166.95 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETHRAL PRESSURE PROFILE	51727	CPT	outpatient			2281		898.44 Horizon	Medicare Blue		781.25				269.68		2166.95 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETHRAL PRESSURE PROFILE	51727	CPT	outpatient			2281		898.44 Horizon	PPO		1453.91				269.68		2166.95 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETHRAL PRESSURE PROFILE	51727	CPT	outpatient			2281		898.44 Horizon	NJ Health		269.68				269.68		2166.95 fee schedule	
URETHRAL PRESSURE PROFILE	51727	CPT	outpatient			2281		898.44 Horizon	Indemnity		1453.91				269.68		2166.95 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETHRAL PRESSURE PROFILE	51727	CPT	outpatient			2281		898.44 Managed Care Inc	Managed Care Inc		2052.9	90			269.68		2166.95 percent of total billed charges	
URETHRAL PRESSURE PROFILE	51727	CPT	outpatient			2281		898.44 Multiplan	Multiplan		1824.8	80			269.68		2166.95 percent of total billed charges	
URETHRAL PRESSURE PROFILE	51727	CPT	outpatient			2281		898.44 Qualcare	Qualcare		1710.75	75			269.68		2166.95 percent of total billed charges	
URETHRAL PRESSURE PROFILE	51727	CPT	outpatient			2281		898.44 Three Rivers	Three Rivers		2166.95	95			269.68		2166.95 percent of total billed charges	
URETHRAL PRESSURE PROFILE	51727	CPT	outpatient			2281		898.44 UHC	Medicare		781.25				269.68		2166.95 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETHRAL PRESSURE PROFILE	51727	CPT	outpatient			2281		898.44 UHC	Medicaid		719.66	31.55			269.68		2166.95 percent of total billed charges	
URETHRAL PRESSURE PROFILE	51727	CPT	outpatient			2281		898.44 United	CommercialPPO		1817				269.68		2166.95 case rate	
URETHRAL PRESSURE PROFILE	51727	CPT	outpatient			2281		898.44 United	Oxford		1817				269.68		2166.95 case rate	
URETHRAL PRESSURE PROFILE	51727	CPT	outpatient			2281		898.44 Wellcare	Medicaid		719.66	31.55			269.68		2166.95 percent of total billed charges	
URETHRAL PRESSURE PROFILE	51727	CPT	outpatient			2281		898.44 Wellcare	Medicare		781.25				269.68		2166.95 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETHRAL PRESSURE PROFILE	51727	CPT	outpatient			2281		898.44 WellPoint	WellPoint		734.03	32.18			269.68		2166.95 percent of total billed charges	
VOIDING PRESSURE STUDIES	51728	CPT	outpatient			2281		898.44 Aetna	Commercial		1243.75				269.38		2166.95 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VOIDING PRESSURE STUDIES	51728	CPT	outpatient			2281		898.44 Aetna	Better Health		719.66	31.55			269.38		2166.95 percent of total billed charges	
VOIDING PRESSURE STUDIES	51728	CPT	outpatient			2281		898.44 Aetna	Medicare		781.25				269.38		2166.95 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VOIDING PRESSURE STUDIES	51728	CPT	outpatient			2281		898.44 Americare	Americare		1710.75	75			269.38		2166.95 percent of total billed charges	
VOIDING PRESSURE STUDIES	51728	CPT	outpatient			2281		898.44 Amerihealth	HMO/PPO		1482.65	65			269.38		2166.95 percent of total billed charges	
VOIDING PRESSURE STUDIES	51728	CPT	outpatient			2281		898.44 Amerihealth	Medicare		781.25				269.38		2166.95 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VOIDING PRESSURE STUDIES	51728	CPT	outpatient			2281		898.44 Consumer	Consumer		2166.95	95			269.38		2166.95 percent of total billed charges	
VOIDING PRESSURE STUDIES	51728	CPT	outpatient			2281		898.44 Corrections	Corrections		1824.8	80			269.38		2166.95 percent of total billed charges	
VOIDING PRESSURE STUDIES	51728	CPT	outpatient			2281		898.44 First Health	First Health		1596.7	70			269.38		2166.95 percent of total billed charges	
VOIDING PRESSURE STUDIES	51728	CPT	outpatient			2281		898.44 First Trenton	First Trenton		2052.9	90			269.38		2166.95 percent of total billed charges	
VOIDING PRESSURE STUDIES	51728	CPT	outpatient			2281		898.44 Horizon	Indemnity		1453.91				269.38		2166.95 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VOIDING PRESSURE STUDIES	51728	CPT	outpatient			2281		898.44 Horizon	PPO		1453.91				269.38		2166.95 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VOIDING PRESSURE STUDIES	51728	CPT	outpatient			2281		898.44 Horizon	MGD		1453.91				269.38		2166.95 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VOIDING PRESSURE STUDIES	51728	CPT	outpatient			2281		898.44 Horizon	Medicare Blue		781.25				269.38		2166.95 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VOIDING PRESSURE STUDIES	51728	CPT	outpatient			2281		898.44 Horizon	NJ Health		269.38				269.38		2166.95 fee schedule	
VOIDING PRESSURE STUDIES	51728	CPT	outpatient			2281		898.44 Managed Care Inc	Managed Care Inc		2052.9	90			269.38		2166.95 percent of total billed charges	
VOIDING PRESSURE STUDIES	51728	CPT	outpatient			2281		898.44 Multiplan	Multiplan		1824.8	80			269.38		2166.95 percent of total billed charges	
VOIDING PRESSURE STUDIES	51728	CPT	outpatient			2281		898.44 Qualcare	Qualcare		1710.75	75			269.38		2166.95 percent of total billed charges	
VOIDING PRESSURE STUDIES	51728	CPT	outpatient			2281		898.44 Three Rivers	Three Rivers		2166.95	95			269.38		2166.95 percent of total billed charges	
VOIDING PRESSURE STUDIES	51728	CPT	outpatient			2281		898.44 UHC	Medicare		781.25				269.38		2166.95 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VOIDING PRESSURE STUDIES	51728	CPT	outpatient			2281		898.44 UHC	Medicaid		719.66	31.55			269.38		2166.95 percent of total billed charges	
VOIDING PRESSURE STUDIES	51728	CPT	outpatient			2281		898.44 United	Oxford		1817				269.38		2166.95 case rate	
VOIDING PRESSURE STUDIES	51728	CPT	outpatient			2281		898.44 United	CommercialPPO		1817				269.38		2166.95 case rate	
VOIDING PRESSURE STUDIES	51728	CPT	outpatient			2281		898.44 Wellcare	Medicare		781.25				269.38		2166.95 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VOIDING PRESSURE STUDIES	51728	CPT	outpatient			2281		898.44 Wellcare	Medicaid		719.66	31.55			269.38		2166.95 percent of total billed charges	
VOIDING PRESSURE STUDIES	51728	CPT	outpatient			2281		898.44 WellPoint	WellPoint		734.03	32.18			269.38		2166.95 percent of total billed charges	
COMP CYSTO W/VOID PRESS	51729	CPT	outpatient			2281		898.44 Aetna	Commercial		1243.75				288.96		2166.95 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMP CYSTO W/VOID PRESS	51729	CPT	outpatient			2281		898.44 Aetna	Medicare		781.25				288.96		2166.95 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMP CYSTO W/VOID PRESS	51729	CPT	outpatient			2281		898.44 Aetna	Better Health		719.66	31.55			288.96		2166.95 percent of total billed charges	
COMP CYSTO W/VOID PRESS	51729	CPT	outpatient			2281		898.44 Americare	Americare		1710.75	75			288.96		2166.95 percent of total billed charges	
COMP CYSTO W/VOID PRESS	51729	CPT	outpatient			2281		898.44 Amerihealth	HMO/PPO		1482.65	65			288.96		2166.95 percent of total billed charges	
COMP CYSTO W/VOID PRESS	51729	CPT	outpatient			2281		898.44 Amerihealth	Medicare		781.25				288.96		2166.95 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMP CYSTO W/VOID PRESS	51729	CPT	outpatient			2281		898.44 Consumer	Consumer		2166.95	95			288.96		2166.95 percent of total billed charges	
COMP CYSTO W/VOID PRESS	51729	CPT	outpatient			2281		898.44 Corrections	Corrections		1824.8	80			288.96		2166.95 percent of total billed charges	
COMP CYSTO W/VOID PRESS	51729	CPT	outpatient			2281		898.44 First Health	First Health		1596.7	70			288.96		2166.95 percent of total billed charges	
COMP CYSTO W/VOID PRESS	51729	CPT	outpatient			2281		898.44 First Trenton	First Trenton		2052.9	90			288.96		2166.95 percent of total billed charges	
COMP CYSTO W/VOID PRESS	51729	CPT	outpatient			2281		898.44 Horizon	Indemnity		1453.91				288.96		2166.95 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMP CYSTO W/VOID PRESS	51729	CPT	outpatient			2281		898.44 Horizon	Medicare Blue		781.25				288.96		2166.95 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMP CYSTO W/VOID PRESS	51729	CPT	outpatient			2281		898.44 Horizon	NJ Health		288.96				288.96		2166.95 fee schedule	
COMP CYSTO W/VOID PRESS	51729	CPT	outpatient			2281		898.44 Horizon	MGD		1453.91				288.96		2166.95 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMP CYSTO W/VOID PRESS	51729	CPT	outpatient			2281		898.44 Horizon	PPO		1453.91				288.96		2166.95 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMP CYSTO W/VOID PRESS	51729	CPT	outpatient			2281		898.44 Managed Care Inc	Managed Care Inc		2052.9	90			288.96		2166.95 percent of total billed charges	
COMP CYSTO W/VOID PRESS	51729	CPT	outpatient			2281		898.44 Multiplan	Multiplan		1824.8	80			288.96		2166.95 percent of total billed charges	
COMP CYSTO W/VOID PRESS	51729	CPT	outpatient			2281		898.44 Qualcare	Qualcare		1710.75	75			288.96		2166.95 percent of total billed charges	
COMP CYSTO W/VOID PRESS	51729	CPT	outpatient			2281		898.44 Three Rivers	Three Rivers		2166.95	95			288.96		2166.95 percent of total billed charges	
COMP CYSTO W/VOID PRESS	51729	CPT	outpatient			2281		898.44 UHC	Medicaid		719.66	31.55			288.96		2166.95 percent of total billed charges	
COMP CYSTO W/VOID PRESS	51729	CPT	outpatient			2281		898.44 UHC	Medicare		781.25				288.96		2166.95 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMP CYSTO W/VOID PRESS	51729	CPT	outpatient			2281		898.44 United	CommercialPPO		1817				288.96		2166.95 case rate	
COMP CYSTO W/VOID PRESS	51729	CPT	outpatient			2281		898.44 United	Oxford		1817				288.96		2166.95 case rate	
COMP CYSTO W/VOID PRESS	51729	CPT	outpatient			2281		898.44 Wellcare	Medicare		781.25				288.96		2166.95 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMP CYSTO W/VOID PRESS	51729	CPT	outpatient			2281		898.44 Wellcare	Medicaid		719.66	31.55			288.96		2166.95 percent of total billed charges	
COMP CYSTO W/VOID PRESS	51729	CPT	outpatient			2281		898.44 WellPoint	WellPoint		734.03	32.18			288.96		2166.95 percent of total billed charges	
SIMPLE UROFLOWMETRY	51736	CPT	outpatient			424		168 Aetna	Better Health		133.77	31.55			70.56		1782 percent of total billed charges	
SIMPLE UROFLOWMETRY	51736	CPT	outpatient			424		168 Aetna	Commercial		232.98				70.56		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMPLE UROFLOWMETRY	51736	CPT	outpatient			424		168 Aetna	Medicare		146.09				70.56		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMPLE UROFLOWMETRY	51736	CPT	outpatient			424		168 Americare	Americare		318	75			70.56		1782 percent of total billed charges	
SIMPLE UROFLOWMETRY	51736	CPT	outpatient			424		168 Amerihealth	HMO/PPO		275.6	65			70.56		1782 percent of total billed charges	
SIMPLE UROFLOWMETRY	51736	CPT	outpatient			424		168 Amerihealth	Medicare		146.09				70.56		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMPLE UROFLOWMETRY	51736	CPT	outpatient			424		168 Consumer	Consumer		402.8	95			70.56		1782 percent of total billed charges	
SIMPLE UROFLOWMETRY	51736	CPT	outpatient			424		168 Corrections	Corrections		339.2	80			70.56		1782 percent of total billed charges	
SIMPLE UROFLOWMETRY	51736	CPT	outpatient			424		168 First Health	First Health		296.8	70			70.56		1782 percent of total billed charges	
SIMPLE UROFLOWMETRY	51736	CPT	outpatient			424		168 First Trenton	First Trenton		381.6	90			70.56		1782 percent of total billed charges	
SIMPLE UROFLOWMETRY	51736	CPT	outpatient			424		168 Horizon	MGD		271.87				70.56		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMPLE UROFLOWMETRY	51736	CPT	outpatient			424		168 Horizon	PPO		271.87				70.56		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMPLE UROFLOWMETRY	51736	CPT	outpatient			424		168 Horizon	Indemnity		271.87				70.56		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMPLE UROFLOWMETRY	51736	CPT	outpatient			424		168 Horizon	NJ Health		70.56				70.56		1782 fee schedule	
SIMPLE UROFLOWMETRY	51736	CPT	outpatient			424		168 Horizon	Medicare Blue		146.09				70.56		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMPLE UROFLOWMETRY	51736	CPT	outpatient			424		168 Managed Care Inc	Managed Care Inc		381.6	90			70.56		1782 percent of total billed charges	
SIMPLE UROFLOWMETRY	51736	CPT	outpatient			424		168 Multiplan	Multiplan		339.2	80			70.56		1782 percent of total billed charges	
SIMPLE UROFLOWMETRY	51736	CPT	outpatient			424		168 Qualcare	Qualcare		318	75			70.56		1782 percent of total billed charges	
SIMPLE UROFLOWMETRY	51736	CPT	outpatient			424		168 Three Rivers	Three Rivers		402.8	95			70.56		1782 percent of total billed charges	
SIMPLE UROFLOWMETRY	51736	CPT	outpatient			424		168 UHC	Medicaid		133.77	31.55			70.56		1782 percent of total billed charges	
SIMPLE UROFLOWMETRY	51736	CPT	outpatient			424		168 UHC	Medicare		146.09				70.56		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMPLE UROFLOWMETRY	51736	CPT	outpatient			424		168 United	CommercialPPO		1782				70.56		1782 case rate	
SIMPLE UROFLOWMETRY	51736	CPT	outpatient			424		168 United	Oxford		1782				70.56		1782 case rate	
SIMPLE UROFLOWMETRY	51736	CPT	outpatient			424		168 Wellcare	Medicare		146.09				70.56		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMPLE UROFLOWMETRY	51736	CPT	outpatient			424		168 Wellcare	Medicaid		133.77	31.55			70.56		1782 percent of total billed charges	
SIMPLE UROFLOWMETRY	51736	CPT	outpatient			424		168 WellPoint	WellPoint		136.44	32.18			70.56		1782 percent of total billed charges	
UROFLOW,COMPLEX	51741	CPT	outpatient			532		412.82 Aetna	Medicare		358.97				155.23		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UROFLOW,COMPLEX	51741	CPT	outpatient			532		412.82 Aetna	Better Health		167.85	31.55			155.23		1782 percent of total billed charges	
UROFLOW,COMPLEX	51741	CPT	outpatient			532		412.82 Aetna	Commercial		571.48				155.23		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UROFLOW,COMPLEX	51741	CPT	outpatient			532		412.82 Americare	Americare		399	75			155.23		1782 percent of total billed charges	
UROFLOW,COMPLEX	51741	CPT	outpatient			532		412.82 Amerihealth	HMO/PPO		345.8	65			155.23		1782 percent of total billed charges	
UROFLOW,COMPLEX	51741	CPT	outpatient			532		412.82 Amerihealth	Medicare		358.97				155.23		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UROFLOW,COMPLEX	51741	CPT	outpatient			532		412.82 Consumer	Consumer		505.4	95			155.23		1782 percent of total billed charges	
UROFLOW,COMPLEX	51741	CPT	outpatient			532		412.82 Corrections	Corrections		425.6	80			155.23		1782 percent of total billed charges	
UROFLOW,COMPLEX	51741	CPT	outpatient			532		412.82 First Health	First Health		372.4	70			155.23		1782 percent of total billed charges	
UROFLOW,COMPLEX	51741	CPT	outpatient			532		412.82 First Trenton	First Trenton		478.8	90			155.23		1782 percent of total billed charges	
UROFLOW,COMPLEX	51741	CPT	outpatient			532		412.82 Horizon	Indemnity		668.04				155.23		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UROFLOW,COMPLEX	51741	CPT	outpatient			532		412.82 Horizon	MGD		668.04				155.23		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UROFLOW,COMPLEX	51741	CPT	outpatient			532		412.82 Horizon	Medicare Blue		358.97				155.23		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UROFLOW,COMPLEX	51741	CPT	outpatient			532		412.82 Horizon	NJ Health		155.23				155.23		1782 fee schedule	
UROFLOW,COMPLEX	51741	CPT	outpatient			532		412.82 Horizon	PPO		668.04				155.23		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UROFLOW,COMPLEX	51741	CPT	outpatient			532		412.82 Managed Care Inc	Managed Care Inc		478.8	90			155.23		1782 percent of total billed charges	
UROFLOW,COMPLEX	51741	CPT	outpatient			532		412.82 Multiplan	Multiplan		425.6	80			155.23		1782 percent of total billed charges	
UROFLOW,COMPLEX	51741	CPT	outpatient			532		412.82 Qualcare	Qualcare		399	75			155.23		1782 percent of total billed charges	
UROFLOW,COMPLEX	51741	CPT	outpatient			532		412.82 Three Rivers	Three Rivers		505.4	95			155.23		1782 percent of total billed charges	
UROFLOW,COMPLEX	51741	CPT	outpatient			532		412.82 UHC	Medicare		358.97				155.23		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UROFLOW,COMPLEX	51741	CPT	outpatient			532		412.82 UHC	Medicaid		167.85	31.55			155.23		1782 percent of total billed charges	
UROFLOW,COMPLEX	51741	CPT	outpatient			532		412.82 United	Oxford		1782				155.23		1782 case rate	
UROFLOW,COMPLEX	51741	CPT	outpatient			532		412.82 United	CommercialPPO		1782				155.23		1782 case rate	
UROFLOW,COMPLEX	51741	CPT	outpatient			532		412.82 Wellcare	Medicare		358.97				155.23		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UROFLOW,COMPLEX	51741	CPT	outpatient			532		412.82 Wellcare	Medicaid		167.85	31.55			155.23		1782 percent of total billed charges	
UROFLOW,COMPLEX	51741	CPT	outpatient			532		412.82 WellPoint	WellPoint		171.2	32.18			155.23		1782 percent of total billed charges	
EMG OTHER THAN NEEDLE ANY TECH	51784	CPT	outpatient			532		205.45 Aetna	Medicare		178.65				129.99		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMG OTHER THAN NEEDLE ANY TECH	51784	CPT	outpatient			532		205.45 Aetna	Commercial		284.41				129.99		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMG OTHER THAN NEEDLE ANY TECH	51784	CPT	outpatient			532		205.45 Aetna	Better Health		167.85	31.55			129.99		1782 percent of total billed charges	
EMG OTHER THAN NEEDLE ANY TECH	51784	CPT	outpatient			532		205.45 Americare	Americare		399	75			129.99		1782 percent of total billed charges	
EMG OTHER THAN NEEDLE ANY TECH	51784	CPT	outpatient			532		205.45 Amerihealth	HMO/PPO		345.8	65			129.99		1782 percent of total billed charges	
EMG OTHER THAN NEEDLE ANY TECH	51784	CPT	outpatient			532		205.45 Amerihealth	Medicare		178.65				129.99		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMG OTHER THAN NEEDLE ANY TECH	51784	CPT	outpatient			532		205.45 Consumer	Consumer		505.4	95			129.99		1782 percent of total billed charges	
EMG OTHER THAN NEEDLE ANY TECH	51784	CPT	outpatient			532		205.45 Corrections	Corrections		425.6	80			129.99		1782 percent of total billed charges	
EMG OTHER THAN NEEDLE ANY TECH	51784	CPT	outpatient			532		205.45 First Health	First Health		372.4	70			129.99		1782 percent of total billed charges	
EMG OTHER THAN NEEDLE ANY TECH	51784	CPT	outpatient			532		205.45 First Trenton	First Trenton		478.8	90			129.99		1782 percent of total billed charges	
EMG OTHER THAN NEEDLE ANY TECH	51784	CPT	outpatient			532		205.45 Horizon	Medicare Blue		178.65				129.99		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMG OTHER THAN NEEDLE ANY TECH	51784	CPT	outpatient			532		205.45 Horizon	PPO		332.47				129.99		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMG OTHER THAN NEEDLE ANY TECH	51784	CPT	outpatient			532		205.45 Horizon	NJ Health		159.21				129.99		1782 fee schedule	
EMG OTHER THAN NEEDLE ANY TECH	51784	CPT	outpatient			532		205.45 Horizon	Indemnity		332.47				129.99		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMG OTHER THAN NEEDLE ANY TECH	51784	CPT	outpatient			532		205.45 Horizon	MGD		332.47				129.99		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.															
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true														
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
EMG OTHER THAN NEEDLE ANY TECH	51784	CPT	outpatient			532	205.45	Managed Care Inc	Managed Care Inc		478.8	90			129.99	1782	percent of total billed charges	
EMG OTHER THAN NEEDLE ANY TECH	51784	CPT	outpatient			532	205.45	Multiplan	Multiplan		425.6	80			129.99	1782	percent of total billed charges	
EMG OTHER THAN NEEDLE ANY TECH	51784	CPT	outpatient			532	205.45	Qualcare	Qualcare		399	75			129.99	1782	percent of total billed charges	
EMG OTHER THAN NEEDLE ANY TECH	51784	CPT	outpatient			532	205.45	Three Rivers	Three Rivers		505.4	95			129.99	1782	percent of total billed charges	
EMG OTHER THAN NEEDLE ANY TECH	51784	CPT	outpatient			532	205.45	UHC	Medicaid		167.85	31.55			129.99	1782	percent of total billed charges	
EMG OTHER THAN NEEDLE ANY TECH	51784	CPT	outpatient			532	205.45	UHC	Medicare		178.65				129.99	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMG OTHER THAN NEEDLE ANY TECH	51784	CPT	outpatient			532	205.45	United	CommercialPPO		1782				129.99	1782	case rate	
EMG OTHER THAN NEEDLE ANY TECH	51784	CPT	outpatient			532	205.45	United	Oxford		1782				129.99	1782	case rate	
EMG OTHER THAN NEEDLE ANY TECH	51784	CPT	outpatient			532	205.45	Wellcare	Medicare		178.65				129.99	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMG OTHER THAN NEEDLE ANY TECH	51784	CPT	outpatient			532	205.45	Wellcare	Medicaid		167.85	31.55			129.99	1782	percent of total billed charges	
EMG OTHER THAN NEEDLE ANY TECH	51784	CPT	outpatient			532	205.45	WellPoint	WellPoint		171.2	32.18			129.99	1782	percent of total billed charges	
NDL EMG STDS EMG ANAL/URTL SPHNCTR ANY T	51785	CPT	outpatient			785	325.06	Aetna	Commercial		449.99				122.3	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NDL EMG STDS EMG ANAL/URTL SPHNCTR ANY T	51785	CPT	outpatient			785	325.06	Aetna	Better Health		247.67	31.55			122.3	1782	percent of total billed charges	
NDL EMG STDS EMG ANAL/URTL SPHNCTR ANY T	51785	CPT	outpatient			785	325.06	Aetna	Medicare		282.66				122.3	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NDL EMG STDS EMG ANAL/URTL SPHNCTR ANY T	51785	CPT	outpatient			785	325.06	Americare	Americare		588.75	75			122.3	1782	percent of total billed charges	
NDL EMG STDS EMG ANAL/URTL SPHNCTR ANY T	51785	CPT	outpatient			785	325.06	Amerihealth	Medicare		282.66				122.3	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NDL EMG STDS EMG ANAL/URTL SPHNCTR ANY T	51785	CPT	outpatient			785	325.06	Amerihealth	HMO/PPO		510.25	65			122.3	1782	percent of total billed charges	
NDL EMG STDS EMG ANAL/URTL SPHNCTR ANY T	51785	CPT	outpatient			785	325.06	Consumer	Consumer		745.75	95			122.3	1782	percent of total billed charges	
NDL EMG STDS EMG ANAL/URTL SPHNCTR ANY T	51785	CPT	outpatient			785	325.06	Corrections	Corrections		628	80			122.3	1782	percent of total billed charges	
NDL EMG STDS EMG ANAL/URTL SPHNCTR ANY T	51785	CPT	outpatient			785	325.06	First Health	First Health		549.5	70			122.3	1782	percent of total billed charges	
NDL EMG STDS EMG ANAL/URTL SPHNCTR ANY T	51785	CPT	outpatient			785	325.06	First Trenton	First Trenton		706.5	90			122.3	1782	percent of total billed charges	
NDL EMG STDS EMG ANAL/URTL SPHNCTR ANY T	51785	CPT	outpatient			785	325.06	Horizon	MGD		526.03				122.3	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NDL EMG STDS EMG ANAL/URTL SPHNCTR ANY T	51785	CPT	outpatient			785	325.06	Horizon	Indemnity		526.03				122.3	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NDL EMG STDS EMG ANAL/URTL SPHNCTR ANY T	51785	CPT	outpatient			785	325.06	Horizon	NJ Health		122.3				122.3	1782	fee schedule	
NDL EMG STDS EMG ANAL/URTL SPHNCTR ANY T	51785	CPT	outpatient			785	325.06	Horizon	Medicare Blue		282.66				122.3	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NDL EMG STDS EMG ANAL/URTL SPHNCTR ANY T	51785	CPT	outpatient			785	325.06	Horizon	PPO		526.03				122.3	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NDL EMG STDS EMG ANAL/URTL SPHNCTR ANY T	51785	CPT	outpatient			785	325.06	Managed Care Inc	Managed Care Inc		706.5	90			122.3	1782	percent of total billed charges	
NDL EMG STDS EMG ANAL/URTL SPHNCTR ANY T	51785	CPT	outpatient			785	325.06	Multiplan	Multiplan		628	80			122.3	1782	percent of total billed charges	
NDL EMG STDS EMG ANAL/URTL SPHNCTR ANY T	51785	CPT	outpatient			785	325.06	Qualcare	Qualcare		588.75	75			122.3	1782	percent of total billed charges	
NDL EMG STDS EMG ANAL/URTL SPHNCTR ANY T	51785	CPT	outpatient			785	325.06	Three Rivers	Three Rivers		745.75	95			122.3	1782	percent of total billed charges	
NDL EMG STDS EMG ANAL/URTL SPHNCTR ANY T	51785	CPT	outpatient			785	325.06	UHC	Medicare		282.66				122.3	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NDL EMG STDS EMG ANAL/URTL SPHNCTR ANY T	51785	CPT	outpatient			785	325.06	UHC	Medicaid		247.67	31.55			122.3	1782	percent of total billed charges	
NDL EMG STDS EMG ANAL/URTL SPHNCTR ANY T	51785	CPT	outpatient			785	325.06	United	CommercialPPO		1782				122.3	1782	case rate	
NDL EMG STDS EMG ANAL/URTL SPHNCTR ANY T	51785	CPT	outpatient			785	325.06	United	Oxford		1782				122.3	1782	case rate	
NDL EMG STDS EMG ANAL/URTL SPHNCTR ANY T	51785	CPT	outpatient			785	325.06	Wellcare	Medicare		282.66				122.3	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NDL EMG STDS EMG ANAL/URTL SPHNCTR ANY T	51785	CPT	outpatient			785	325.06	Wellcare	Medicaid		247.67	31.55			122.3	1782	percent of total billed charges	
NDL EMG STDS EMG ANAL/URTL SPHNCTR ANY T	51785	CPT	outpatient			785	325.06	WellPoint	WellPoint		252.61	32.18			122.3	1782	percent of total billed charges	
EMG ABDOMINAL MUSCULATURE	51792	CPT	outpatient			667	80.45	Aetna	Commercial		111.38				69.96	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMG ABDOMINAL MUSCULATURE	51792	CPT	outpatient			667	80.45	Aetna	Better Health		210.44	31.55			69.96	1782	percent of total billed charges	
EMG ABDOMINAL MUSCULATURE	51792	CPT	outpatient			667	80.45	Aetna	Medicare		69.96				69.96	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMG ABDOMINAL MUSCULATURE	51792	CPT	outpatient			667	80.45	Americare	Americare		500.25	75			69.96	1782	percent of total billed charges	
EMG ABDOMINAL MUSCULATURE	51792	CPT	outpatient			667	80.45	Amerihealth	Medicare		69.96				69.96	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMG ABDOMINAL MUSCULATURE	51792	CPT	outpatient			667	80.45	Amerihealth	HMO/PPO		433.55	65			69.96	1782	percent of total billed charges	
EMG ABDOMINAL MUSCULATURE	51792	CPT	outpatient			667	80.45	Consumer	Consumer		633.65	95			69.96	1782	percent of total billed charges	
EMG ABDOMINAL MUSCULATURE	51792	CPT	outpatient			667	80.45	Corrections	Corrections		533.6	80			69.96	1782	percent of total billed charges	
EMG ABDOMINAL MUSCULATURE	51792	CPT	outpatient			667	80.45	First Health	First Health		466.9	70			69.96	1782	percent of total billed charges	
EMG ABDOMINAL MUSCULATURE	51792	CPT	outpatient			667	80.45	First Trenton	First Trenton		600.3	90			69.96	1782	percent of total billed charges	
EMG ABDOMINAL MUSCULATURE	51792	CPT	outpatient			667	80.45	Horizon	MGD		130.2				69.96	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMG ABDOMINAL MUSCULATURE	51792	CPT	outpatient			667	80.45	Horizon	Indemnity		130.2				69.96	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMG ABDOMINAL MUSCULATURE	51792	CPT	outpatient			667	80.45	Horizon	Medicare Blue		69.96				69.96	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMG ABDOMINAL MUSCULATURE	51792	CPT	outpatient			667	80.45	Horizon	NJ Health		90.16				69.96	1782	fee schedule	
EMG ABDOMINAL MUSCULATURE	51792	CPT	outpatient			667	80.45	Horizon	PPO		130.2				69.96	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMG ABDOMINAL MUSCULATURE	51792	CPT	outpatient			667	80.45	Managed Care Inc	Managed Care Inc		600.3	90			69.96	1782	percent of total billed charges	
EMG ABDOMINAL MUSCULATURE	51792	CPT	outpatient			667	80.45	Multiplan	Multiplan		533.6	80			69.96	1782	percent of total billed charges	
EMG ABDOMINAL MUSCULATURE	51792	CPT	outpatient			667	80.45	Qualcare	Qualcare		500.25	75			69.96	1782	percent of total billed charges	
EMG ABDOMINAL MUSCULATURE	51792	CPT	outpatient			667	80.45	Three Rivers	Three Rivers		633.65	95			69.96	1782	percent of total billed charges	
EMG ABDOMINAL MUSCULATURE	51792	CPT	outpatient			667	80.45	UHC	Medicaid		210.44	31.55			69.96	1782	percent of total billed charges	
EMG ABDOMINAL MUSCULATURE	51792	CPT	outpatient			667	80.45	UHC	Medicare		69.96				69.96	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMG ABDOMINAL MUSCULATURE	51792	CPT	outpatient			667	80.45	United	CommercialPPO		1782				69.96	1782	case rate	
EMG ABDOMINAL MUSCULATURE	51792	CPT	outpatient			667	80.45	United	Oxford		1782				69.96	1782	case rate	
EMG ABDOMINAL MUSCULATURE	51792	CPT	outpatient			667	80.45	Wellcare	Medicare		69.96				69.96	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMG ABDOMINAL MUSCULATURE	51792	CPT	outpatient			667	80.45	Wellcare	Medicaid		210.44	31.55			69.96	1782	percent of total billed charges	
EMG ABDOMINAL MUSCULATURE	51792	CPT	outpatient			667	80.45	WellPoint	WellPoint		214.64	32.18			69.96	1782	percent of total billed charges	
VOID PRESSURE STUDIES INTRAAB	51797	CPT	outpatient					Horizon	NJ Health		113.68				113.68	1782	fee schedule	
VOID PRESSURE STUDIES INTRAAB	51797	CPT	outpatient					United	Oxford		1782				113.68	1782	case rate	
VOID PRESSURE STUDIES INTRAAB	51797	CPT	outpatient					United	CommercialPPO		1782				113.68	1782	case rate	
POSTVOID RESIDUAL BLADDER US	51798	CPT	outpatient			211	80.45	Aetna	Medicare		69.96				41.76	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
POSTVOID RESIDUAL BLADDER US	51798	CPT	outpatient			211	80.45	Aetna	Better Health		66.57	31.55			41.76	1782	percent of total billed charges	
POSTVOID RESIDUAL BLADDER US	51798	CPT	outpatient			211	80.45	Aetna	Commercial		111.38				41.76	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
POSTVOID RESIDUAL BLADDER US	51798	CPT	outpatient			211	80.45	Americare	Americare		158.25	75			41.76	1782	percent of total billed charges	
POSTVOID RESIDUAL BLADDER US	51798	CPT	outpatient			211	80.45	Amerihealth	Medicare		69.96				41.76	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
POSTVOID RESIDUAL BLADDER US	51798	CPT	outpatient			211	80.45	Amerihealth	HMO/PPO		137.15	65			41.76	1782	percent of total billed charges	
POSTVOID RESIDUAL BLADDER US	51798	CPT	outpatient			211	80.45	Consumer	Consumer		200.45	95			41.76	1782	percent of total billed charges	
POSTVOID RESIDUAL BLADDER US	51798	CPT	outpatient			211	80.45	Corrections	Corrections		168.8	80			41.76	1782	percent of total billed charges	
POSTVOID RESIDUAL BLADDER US	51798	CPT	outpatient			211	80.45	First Health	First Health		147.7	70			41.76	1782	percent of total billed charges	
POSTVOID RESIDUAL BLADDER US	51798	CPT	outpatient			211	80.45	First Trenton	First Trenton		189.9	90			41.76	1782	percent of total billed charges	
POSTVOID RESIDUAL BLADDER US	51798	CPT	outpatient			211	80.45	Horizon	PPO		130.2				41.76	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
POSTVOID RESIDUAL BLADDER US	51798	CPT	outpatient			211	80.45	Horizon	Indemnity		130.2				41.76	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
POSTVOID RESIDUAL BLADDER US	51798	CPT	outpatient			211	80.45	Horizon	MGD		130.2				41.76	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
POSTVOID RESIDUAL BLADDER US	51798	CPT	outpatient			211	80.45	Horizon	Medicare Blue		69.96				41.76	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
POSTVOID RESIDUAL BLADDER US	51798	CPT	outpatient			211	80.45	Horizon	NJ Health		41.76				41.76	1782	fee schedule	
POSTVOID RESIDUAL BLADDER US	51798	CPT	outpatient			211	80.45	Managed Care Inc	Managed Care Inc		189.9	90			41.76	1782	percent of total billed charges	
POSTVOID RESIDUAL BLADDER US	51798	CPT	outpatient			211	80.45	Multiplan	Multiplan		168.8	80			41.76	1782	percent of total billed charges	
POSTVOID RESIDUAL BLADDER US	51798	CPT	outpatient			211	80.45	Qualcare	Qualcare		158.25	75			41.76	1782	percent of total billed charges	
POSTVOID RESIDUAL BLADDER US	51798	CPT	outpatient			211	80.45	Three Rivers	Three Rivers		200.45	95			41.76	1782	percent of total billed charges	
POSTVOID RESIDUAL BLADDER US	51798	CPT	outpatient			211	80.45	UHC	Medicare		69.96				41.76	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
POSTVOID RESIDUAL BLADDER US	51798	CPT	outpatient			211	80.45	UHC	Medicaid		66.57	31.55			41.76	1782	percent of total billed charges	
POSTVOID RESIDUAL BLADDER US	51798	CPT	outpatient			211	80.45	United	CommercialPPO		1782				41.76	1782	case rate	
POSTVOID RESIDUAL BLADDER US	51798	CPT	outpatient			211	80.45	United	Oxford		1782				41.76	1782	case rate	
POSTVOID RESIDUAL BLADDER US	51798	CPT	outpatient			211	80.45	Wellcare	Medicare		69.96				41.76	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
POSTVOID RESIDUAL BLADDER US	51798	CPT	outpatient			211	80.45	Wellcare	Medicaid		66.57	31.55			41.76	1782	percent of total billed charges	
POSTVOID RESIDUAL BLADDER US	51798	CPT	outpatient			211	80.45	WellPoint	WellPoint		67.9	32.18			41.76	1782	percent of total billed charges	
VAGINAL URETHRO.STAMEY,RAZ	51845	CPT	outpatient			16443	6541.81	Aetna	Better Health		5187.77	31.55			1082.27	15620.85	percent of total billed charges	
VAGINAL URETHRO.STAMEY,RAZ	51845	CPT	outpatient			16443	6541.81	Aetna	Commercial		9056.14				1082.27	15620.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VAGINAL URETHRO.STAMEY,RAZ	51845	CPT	outpatient			16443	6541.81	Aetna	Medicare		5688.53				1082.27	15620.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VAGINAL URETHRO.STAMEY,RAZ	51845	CPT	outpatient			16443	6541.81	Americare	Americare		12332.25	75			1082.27	15620.85	percent of total billed charges	
VAGINAL URETHRO.STAMEY,RAZ	51845	CPT	outpatient			16443	6541.81	Amerihealth	HMO/PPO		10687.95	65			1082.27	15620.85	percent of total billed charges	
VAGINAL URETHRO.STAMEY,RAZ	51845	CPT	outpatient			16443	6541.81	Amerihealth	Medicare		5688.53				1082.27	15620.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VAGINAL URETHRO.STAMEY,RAZ	51845	CPT	outpatient			16443	6541.81	Consumer	Consumer		15620.85	95			1082.27	15620.85	percent of total billed charges	
VAGINAL URETHRO.STAMEY,RAZ	51845	CPT	outpatient			16443	6541.81	Corrections	Corrections		13154.4	80			1082.27	15620.85	percent of total billed charges	
VAGINAL URETHRO.STAMEY,RAZ	51845	CPT	outpatient			16443	6541.81	First Health	First Health		11510.1	70			1082.27	15620.85	percent of total billed charges	
VAGINAL URETHRO.STAMEY,RAZ	51845	CPT	outpatient			16443	6541.81	First Trenton	First Trenton		14798.7	90			1082.27	15620.85	percent of total billed charges	
VAGINAL URETHRO.STAMEY,RAZ	51845	CPT	outpatient			16443	6541.81	Horizon	PPO		10586.35				1082.27	15620.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VAGINAL URETHRO.STAMEY,RAZ	51845	CPT	outpatient			16443	6541.81	Horizon	Medicare Blue		5688.53				1082.27	15620.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VAGINAL URETHRO.STAMEY,RAZ	51845	CPT	outpatient			16443	6541.81	Horizon	Indemnity		10586.35				1082.27	15620.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VAGINAL URETHRO.STAMEY,RAZ	51845	CPT	outpatient			16443	6541.81	Horizon	MGD		10586.35				1082.27	15620.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VAGINAL URETHRO.STAMEY,RAZ	51845	CPT	outpatient			16443	6541.81	Horizon	NJ Health		1062.27				1082.27	15620.85	fee schedule	
VAGINAL URETHRO.STAMEY,RAZ	51845	CPT	outpatient			16443	6541.81	Managed Care Inc	Managed Care Inc		14798.7	90			1082.27	15620.85	percent of total billed charges	
VAGINAL URETHRO.STAMEY,RAZ	51845	CPT	outpatient			16443	6541.81	Multiplan	Multiplan		13154.4	80			1082.27	15620.85	percent of total billed charges	
VAGINAL URETHRO.STAMEY,RAZ	51845	CPT	outpatient			16443	6541.81	Qualcare	Qualcare		12332.25	75			1082.27	15620.85	percent of total billed charges	
VAGINAL URETHRO.STAMEY,RAZ	51845	CPT	outpatient			16443	6541.81	Three Rivers	Three Rivers		15620.85	95			1082.27	15620.85	percent of total billed charges	
VAGINAL URETHRO.STAMEY,RAZ	51845	CPT	outpatient			16443	6541.81	UHC	Medicaid		5187.77	31.55			1082.27	15620.85	percent of total billed charges	
VAGINAL URETHRO.STAMEY,RAZ	51845	CPT	outpatient			16443	6541.81	UHC	Medicare		5688.53				1082.27	15620.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VAGINAL URETHRO.STAMEY,RAZ	51845	CPT	outpatient			16443	6541.81	United	Oxford		6362				1082.27	15620.85	case rate	
VAGINAL URETHRO.STAMEY,RAZ	51845	CPT	outpatient			16443	6541.81	United	CommercialPPO		6362				1082.27	15620.85	case rate	
VAGINAL URETHRO.STAMEY,RAZ	51845	CPT	outpatient			16443	6541.81	Wellcare	Medicare		5688.53				1082.27	15620.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VAGINAL URETHRO.STAMEY,RAZ	51845	CPT	outpatient			16443	6541.81	Wellcare	Medicaid		5187.77	31.55			1082.27	15620.85	percent of total billed charges	
VAGINAL URETHRO.STAMEY,RAZ	51845	CPT	outpatient			16443	6541.81	WellPoint	WellPoint		5291.36	32.18			1082.27	15620.85	percent of total billed charges	
CYSTORRHAPHY REPAIR OF RUPTURE	51860	CPT	outpatient			16455	12116.26	Aetna	Commercial		16773.12				829.98	19607.27	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTORRHAPHY REPAIR OF RUPTURE	51860	CPT	outpatient			16455	12116.26	Aetna	Better Health		5191.55	31.55			829.98	19607.27	percent of total billed charges	
CYSTORRHAPHY REPAIR OF RUPTURE	51860	CPT	outpatient			16455	12116.26	Aetna	Medicare		10535.88				829.98	19607.27	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTORRHAPHY REPAIR OF RUPTURE	51860	CPT	outpatient			16455	12116.26	Americare	Americare		12341.25	75			829.98	19607.27	percent of total billed charges	
CYSTORRHAPHY REPAIR OF RUPTURE	51860	CPT	outpatient			16455	12116.26	Amerihealth	HMO/PPO		10695.75	65			829.98	19607.27	percent of total billed charges	
CYSTORRHAPHY REPAIR OF RUPTURE	51860	CPT	outpatient			16455	12116.26	Amerihealth	Medicare		10535.88				829.98	19607.27	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTORRHAPHY REPAIR OF RUPTURE	51860	CPT	outpatient			16455	12116.26	Consumer	Consumer		15632.25	95			829.98	19607.27	percent of total billed charges	
CYSTORRHAPHY REPAIR OF RUPTURE	51860	CPT	outpatient			16455	12116.26	Corrections	Corrections		13164	80			829.98	19607.27	percent of total billed charges	
CYSTORRHAPHY REPAIR OF RUPTURE	51860	CPT	outpatient			16455	12116.26	First Health	First Health		11518.5	70			829.98	19607.27	percent of total billed charges	
CYSTORRHAPHY REPAIR OF RUPTURE	51860	CPT	outpatient			16455	12116.26	First Trenton	First Trenton		14809.5	90			829.98	19607.27	percent of total billed charges	
CYSTORRHAPHY REPAIR OF RUPTURE	51860	CPT	outpatient			16455	12116.26	Horizon	PPO		19607.27				829.98	19607.27	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTORRHAPHY REPAIR OF RUPTURE	51860	CPT	outpatient			16455	12116.26	Horizon	MGD		19607.27				829.98	19607.27	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTORRHAPHY REPAIR OF RUPTURE	51860	CPT	outpatient			16455	12116.26	Horizon	Indemnity		19607.27				829.98	19607.27	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTORRHAPHY REPAIR OF RUPTURE	51860	CPT	outpatient			16455	12116.26	Horizon	NJ Health		829.98				829.98	19607.27	fee schedule	
CYSTORRHAPHY REPAIR OF RUPTURE	51860	CPT	outpatient			16455	12116.26	Horizon	Medicare Blue		10535.88				829.98	19607.27	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTORRHAPHY REPAIR OF RUPTURE	51860	CPT	outpatient			16455	12116.26	Managed Care Inc	Managed Care Inc		14809.5	90			829.98	19607.27	percent of total billed charges	
CYSTORRHAPHY REPAIR OF RUPTURE	51860	CPT	outpatient			16455	12116.26	Multiplan	Multiplan		13164	80			829.98	19607.27	percent of total billed charges	
CYSTORRHAPHY REPAIR OF RUPTURE	51860	CPT	outpatient			16455	12116.26	Qualcare	Qualcare		12341.25	75			829.98	19607.27	percent of total billed charges	
CYSTORRHAPHY REPAIR OF RUPTURE	51860	CPT	outpatient			16455	12116.26	Three Rivers	Three Rivers		15632.25	95			829.98	19607.27	percent of total billed charges	
CYSTORRHAPHY REPAIR OF RUPTURE	51860	CPT	outpatient			16455	12116.26	UHC	Medicare		10535.88				829.98	19607.27	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTORRHAPHY REPAIR OF RUPTURE	51860	CPT	outpatient			16455	12116.26	UHC	Medicaid		5191.55	31.55			829.98	19607.27	percent of total billed charges	
CYSTORRHAPHY REPAIR OF RUPTURE	51860	CPT	outpatient			16455	12116.26	United	CommercialPPO		2776				829.98	19607.27	case rate	
CYSTORRHAPHY REPAIR OF RUPTURE	51860	CPT	outpatient			16455	12116.26	United	Oxford		2776				829.98	19607.27	case rate	
CYSTORRHAPHY REPAIR OF RUPTURE	51860	CPT	outpatient			16455	12116.26	Wellcare	Medicare		10535.88				829.98	19607.27	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTORRHAPHY REPAIR OF RUPTURE	51860	CPT	outpatient			16455	12116.26	Wellcare	Medicaid		5191.55	31.55			829.98	19607.27	percent of total billed charges	
CYSTORRHAPHY REPAIR OF RUPTURE	51860	CPT	outpatient			16455	12116.26	WellPoint	WellPoint		5295.22	32.18			829.98	19607.27	percent of total billed charges	
PORTABLE CYSTOSCOPY WITHOUT STENT	52000	CPT	both			2281	898.44	Aetna	Better Health		719.66	31.55			117.45	2166.95	percent of total billed charges	
PORTABLE CYSTOSCOPY WITHOUT STENT	52000	CPT	both			2281	898.44	Aetna	Commercial		1243.75				117.45	2166.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PORTABLE CYSTOSCOPY WITHOUT STENT	52000	CPT	both			2281	898.44	Aetna	Medicare		702.55	30.8			117.45	2166.95	percent of total billed charges	
PORTABLE CYSTOSCOPY WITHOUT STENT	52000	CPT	both			2281	898.44	Americare	Americare		1710.75	75			117.45	2166.95	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
PORTABLE CYSTOSCOPY WITHOUT STENT	52000	CPT	both			2281	898.44	Amerihealth	HMO/PPO		65				117.45	2166.95	percent of total billed charges	
PORTABLE CYSTOSCOPY WITHOUT STENT	52000	CPT	both			2281	898.44	Amerihealth	Medicare		781.25				117.45	2166.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PORTABLE CYSTOSCOPY WITHOUT STENT	52000	CPT	both			2281	898.44	Consumer	Consumer		2166.95	95			117.45	2166.95	percent of total billed charges	
PORTABLE CYSTOSCOPY WITHOUT STENT	52000	CPT	both			2281	898.44	Corrections	Corrections		1824.8	80			117.45	2166.95	percent of total billed charges	
PORTABLE CYSTOSCOPY WITHOUT STENT	52000	CPT	both			2281	898.44	First Health	First Health		1596.7	70			117.45	2166.95	percent of total billed charges	
PORTABLE CYSTOSCOPY WITHOUT STENT	52000	CPT	both			2281	898.44	First Trenton	First Trenton		2052.9	90			117.45	2166.95	percent of total billed charges	
PORTABLE CYSTOSCOPY WITHOUT STENT	52000	CPT	both			2281	898.44	Horizon	PPO		1453.91				117.45	2166.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PORTABLE CYSTOSCOPY WITHOUT STENT	52000	CPT	both			2281	898.44	Horizon	Indemnity		1453.91				117.45	2166.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PORTABLE CYSTOSCOPY WITHOUT STENT	52000	CPT	both			2281	898.44	Horizon	NJ Health		117.45				117.45	2166.95	fee schedule	
PORTABLE CYSTOSCOPY WITHOUT STENT	52000	CPT	both			2281	898.44	Horizon	MGD		1453.91				117.45	2166.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PORTABLE CYSTOSCOPY WITHOUT STENT	52000	CPT	both			2281	898.44	Horizon	Medicare Blue		781.25				117.45	2166.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PORTABLE CYSTOSCOPY WITHOUT STENT	52000	CPT	both			2281	898.44	Managed Care Inc	Managed Care Inc		2052.9	90			117.45	2166.95	percent of total billed charges	
PORTABLE CYSTOSCOPY WITHOUT STENT	52000	CPT	both			2281	898.44	Multiplan	Multiplan		1824.8	80			117.45	2166.95	percent of total billed charges	
PORTABLE CYSTOSCOPY WITHOUT STENT	52000	CPT	both			2281	898.44	Qualcare	Qualcare		1710.75	75			117.45	2166.95	percent of total billed charges	
PORTABLE CYSTOSCOPY WITHOUT STENT	52000	CPT	both			2281	898.44	Three Rivers	Three Rivers		2166.95	95			117.45	2166.95	percent of total billed charges	
PORTABLE CYSTOSCOPY WITHOUT STENT	52000	CPT	both			2281	898.44	UHC	Medicare		781.25				117.45	2166.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PORTABLE CYSTOSCOPY WITHOUT STENT	52000	CPT	both			2281	898.44	UHC	Medicaid		719.66	31.55			117.45	2166.95	percent of total billed charges	
PORTABLE CYSTOSCOPY WITHOUT STENT	52000	CPT	both			2281	898.44	United	CommercialPPO		1817				117.45	2166.95	case rate	
PORTABLE CYSTOSCOPY WITHOUT STENT	52000	CPT	both			2281	898.44	United	Oxford		1817				117.45	2166.95	case rate	
PORTABLE CYSTOSCOPY WITHOUT STENT	52000	CPT	both			2281	898.44	Wellcare	Medicare		781.25				117.45	2166.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PORTABLE CYSTOSCOPY WITHOUT STENT	52000	CPT	both			2281	898.44	Wellcare	Medicaid		719.66	31.55			117.45	2166.95	percent of total billed charges	
PORTABLE CYSTOSCOPY WITHOUT STENT	52000	CPT	both			2281	898.44	WellPoint	WellPoint		734.03	32.18			117.45	2166.95	percent of total billed charges	
CYSTY W/URETERAL CATHERIZATION	52005	CPT	outpatient			6892	2678.87	Aetna	Better Health		2174.43	31.55			238.82	6547.4	percent of total billed charges	
CYSTY W/URETERAL CATHERIZATION	52005	CPT	outpatient			6892	2678.87	Aetna	Medicare		2122.74	30.8			238.82	6547.4	percent of total billed charges	
CYSTY W/URETERAL CATHERIZATION	52005	CPT	outpatient			6892	2678.87	Aetna	Commercial		3708.48				238.82	6547.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTY W/URETERAL CATHERIZATION	52005	CPT	outpatient			6892	2678.87	Americare	Americare		5169	75			238.82	6547.4	percent of total billed charges	
CYSTY W/URETERAL CATHERIZATION	52005	CPT	outpatient			6892	2678.87	Amerihealth	HMO/PPO		4479.8	65			238.82	6547.4	percent of total billed charges	
CYSTY W/URETERAL CATHERIZATION	52005	CPT	outpatient			6892	2678.87	Amerihealth	Medicare		2329.45				238.82	6547.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTY W/URETERAL CATHERIZATION	52005	CPT	outpatient			6892	2678.87	Consumer	Consumer		6547.4	95			238.82	6547.4	percent of total billed charges	
CYSTY W/URETERAL CATHERIZATION	52005	CPT	outpatient			6892	2678.87	Corrections	Corrections		5513.6	80			238.82	6547.4	percent of total billed charges	
CYSTY W/URETERAL CATHERIZATION	52005	CPT	outpatient			6892	2678.87	First Health	First Health		4824.4	70			238.82	6547.4	percent of total billed charges	
CYSTY W/URETERAL CATHERIZATION	52005	CPT	outpatient			6892	2678.87	First Trenton	First Trenton		6202.8	90			238.82	6547.4	percent of total billed charges	
CYSTY W/URETERAL CATHERIZATION	52005	CPT	outpatient			6892	2678.87	Horizon	Indemnity		4335.11				238.82	6547.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTY W/URETERAL CATHERIZATION	52005	CPT	outpatient			6892	2678.87	Horizon	MGD		4335.11				238.82	6547.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTY W/URETERAL CATHERIZATION	52005	CPT	outpatient			6892	2678.87	Horizon	NJ Health		238.82				238.82	6547.4	fee schedule	
CYSTY W/URETERAL CATHERIZATION	52005	CPT	outpatient			6892	2678.87	Horizon	Medicare Blue		2329.45				238.82	6547.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTY W/URETERAL CATHERIZATION	52005	CPT	outpatient			6892	2678.87	Horizon	PPO		4335.11				238.82	6547.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTY W/URETERAL CATHERIZATION	52005	CPT	outpatient			6892	2678.87	Managed Care Inc	Managed Care Inc		6202.8	90			238.82	6547.4	percent of total billed charges	
CYSTY W/URETERAL CATHERIZATION	52005	CPT	outpatient			6892	2678.87	Multiplan	Multiplan		5513.6	80			238.82	6547.4	percent of total billed charges	
CYSTY W/URETERAL CATHERIZATION	52005	CPT	outpatient			6892	2678.87	Qualcare	Qualcare		5169	75			238.82	6547.4	percent of total billed charges	
CYSTY W/URETERAL CATHERIZATION	52005	CPT	outpatient			6892	2678.87	Three Rivers	Three Rivers		6547.4	95			238.82	6547.4	percent of total billed charges	
CYSTY W/URETERAL CATHERIZATION	52005	CPT	outpatient			6892	2678.87	UHC	Medicaid		2174.43	31.55			238.82	6547.4	percent of total billed charges	
CYSTY W/URETERAL CATHERIZATION	52005	CPT	outpatient			6892	2678.87	UHC	Medicare		2329.45				238.82	6547.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTY W/URETERAL CATHERIZATION	52005	CPT	outpatient			6892	2678.87	United	CommercialPPO		2776				238.82	6547.4	case rate	
CYSTY W/URETERAL CATHERIZATION	52005	CPT	outpatient			6892	2678.87	United	Oxford		2776				238.82	6547.4	case rate	
CYSTY W/URETERAL CATHERIZATION	52005	CPT	outpatient			6892	2678.87	Wellcare	Medicare		2329.45				238.82	6547.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTY W/URETERAL CATHERIZATION	52005	CPT	outpatient			6892	2678.87	Wellcare	Medicaid		2174.43	31.55			238.82	6547.4	percent of total billed charges	
CYSTY W/URETERAL CATHERIZATION	52005	CPT	outpatient			6892	2678.87	WellPoint	WellPoint		2217.85	32.18			238.82	6547.4	percent of total billed charges	
CYSTO W/EJACULATORY CATH	52010	CPT	outpatient			2281	898.44	Aetna	Commercial		1243.75				287.39	2166.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTO W/EJACULATORY CATH	52010	CPT	outpatient			2281	898.44	Aetna	Medicare		781.25				287.39	2166.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTO W/EJACULATORY CATH	52010	CPT	outpatient			2281	898.44	Aetna	Better Health		719.66	31.55			287.39	2166.95	percent of total billed charges	
CYSTO W/EJACULATORY CATH	52010	CPT	outpatient			2281	898.44	Americare	Americare		1710.75	75			287.39	2166.95	percent of total billed charges	
CYSTO W/EJACULATORY CATH	52010	CPT	outpatient			2281	898.44	Amerihealth	Medicare		781.25				287.39	2166.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTO W/EJACULATORY CATH	52010	CPT	outpatient			2281	898.44	Amerihealth	HMO/PPO		1482.65	65			287.39	2166.95	percent of total billed charges	
CYSTO W/EJACULATORY CATH	52010	CPT	outpatient			2281	898.44	Consumer	Consumer		2166.95	95			287.39	2166.95	percent of total billed charges	
CYSTO W/EJACULATORY CATH	52010	CPT	outpatient			2281	898.44	Corrections	Corrections		1824.8	80			287.39	2166.95	percent of total billed charges	
CYSTO W/EJACULATORY CATH	52010	CPT	outpatient			2281	898.44	First Health	First Health		1596.7	70			287.39	2166.95	percent of total billed charges	
CYSTO W/EJACULATORY CATH	52010	CPT	outpatient			2281	898.44	First Trenton	First Trenton		2052.9	90			287.39	2166.95	percent of total billed charges	
CYSTO W/EJACULATORY CATH	52010	CPT	outpatient			2281	898.44	Horizon	MGD		1453.91				287.39	2166.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTO W/EJACULATORY CATH	52010	CPT	outpatient			2281	898.44	Horizon	Indemnity		1453.91				287.39	2166.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTO W/EJACULATORY CATH	52010	CPT	outpatient			2281	898.44	Horizon	NJ Health		287.39				287.39	2166.95	fee schedule	
CYSTO W/EJACULATORY CATH	52010	CPT	outpatient			2281	898.44	Horizon	Medicare Blue		781.25				287.39	2166.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTO W/EJACULATORY CATH	52010	CPT	outpatient			2281	898.44	Horizon	PPO		1453.91				287.39	2166.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTO W/EJACULATORY CATH	52010	CPT	outpatient			2281	898.44	Managed Care Inc	Managed Care Inc		2052.9	90			287.39	2166.95	percent of total billed charges	
CYSTO W/EJACULATORY CATH	52010	CPT	outpatient			2281	898.44	Multiplan	Multiplan		1824.8	80			287.39	2166.95	percent of total billed charges	
CYSTO W/EJACULATORY CATH	52010	CPT	outpatient			2281	898.44	Qualcare	Qualcare		1710.75	75			287.39	2166.95	percent of total billed charges	
CYSTO W/EJACULATORY CATH	52010	CPT	outpatient			2281	898.44	Three Rivers	Three Rivers		2166.95	95			287.39	2166.95	percent of total billed charges	
CYSTO W/EJACULATORY CATH	52010	CPT	outpatient			2281	898.44	UHC	Medicare		781.25				287.39	2166.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTO W/EJACULATORY CATH	52010	CPT	outpatient			2281	898.44	UHC	Medicaid		719.66	31.55			287.39	2166.95	percent of total billed charges	
CYSTO W/EJACULATORY CATH	52010	CPT	outpatient			2281	898.44	United	CommercialPPO		1817				287.39	2166.95	case rate	
CYSTO W/EJACULATORY CATH	52010	CPT	outpatient			2281	898.44	United	Oxford		1817				287.39	2166.95	case rate	
CYSTO W/EJACULATORY CATH	52010	CPT	outpatient			2281	898.44	Wellcare	Medicare		781.25				287.39	2166.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTO W/EJACULATORY CATH	52010	CPT	outpatient			2281	898.44	Wellcare	Medicaid		719.66	31.55			287.39	2166.95	percent of total billed charges	
CYSTO W/EJACULATORY CATH	52010	CPT	outpatient			2281	898.44	WellPoint	WellPoint		734.03	32.18			287.39	2166.95	percent of total billed charges	
CYSTY W/CUP BIOSPY BLADDER	52204	CPT	outpatient			6758	2678.87	Aetna	Better Health		2132.15	31.55			153.47	6420.1	percent of total billed charges	
CYSTY W/CUP BIOSPY BLADDER	52204	CPT	outpatient			6758	2678.87	Aetna	Medicare		2081.46	30.8			153.47	6420.1	percent of total billed charges	
CYSTY W/CUP BIOSPY BLADDER	52204	CPT	outpatient			6758	2678.87	Aetna	Commercial		3708.48				153.47	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTY W/CUP BIOSPY BLADDER	52204	CPT	outpatient			6758	2678.87	Americare	Americare		5068.5	75			153.47	6420.1	percent of total billed charges	
CYSTY W/CUP BIOSPY BLADDER	52204	CPT	outpatient			6758	2678.87	Amerihealth	HMO/PPO		4392.7	65			153.47	6420.1	percent of total billed charges	
CYSTY W/CUP BIOSPY BLADDER	52204	CPT	outpatient			6758	2678.87	Amerihealth	Medicare		2329.45				153.47	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTY W/CUP BIOSPY BLADDER	52204	CPT	outpatient			6758	2678.87	Consumer	Consumer		6420.1	95			153.47	6420.1	percent of total billed charges	
CYSTY W/CUP BIOSPY BLADDER	52204	CPT	outpatient			6758	2678.87	Corrections	Corrections		5406.4	80			153.47	6420.1	percent of total billed charges	
CYSTY W/CUP BIOSPY BLADDER	52204	CPT	outpatient			6758	2678.87	First Health	First Health		4730.6	70			153.47	6420.1	percent of total billed charges	
CYSTY W/CUP BIOSPY BLADDER	52204	CPT	outpatient			6758	2678.87	First Trenton	First Trenton		6082.2	90			153.47	6420.1	percent of total billed charges	
CYSTY W/CUP BIOSPY BLADDER	52204	CPT	outpatient			6758	2678.87	Horizon	Medicare Blue		2329.45				153.47	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTY W/CUP BIOSPY BLADDER	52204	CPT	outpatient			6758	2678.87	Horizon	MGD		4335.11				153.47	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTY W/CUP BIOSPY BLADDER	52204	CPT	outpatient			6758	2678.87	Horizon	NJ Health		153.47				153.47	6420.1	fee schedule	
CYSTY W/CUP BIOSPY BLADDER	52204	CPT	outpatient			6758	2678.87	Horizon	PPO		4335.11				153.47	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTY W/CUP BIOSPY BLADDER	52204	CPT	outpatient			6758	2678.87	Horizon	Indemnity		4335.11				153.47	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTY W/CUP BIOSPY BLADDER	52204	CPT	outpatient			6758	2678.87	Managed Care Inc	Managed Care Inc		6082.2	90			153.47	6420.1	percent of total billed charges	
CYSTY W/CUP BIOSPY BLADDER	52204	CPT	outpatient			6758	2678.87	Multiplan	Multiplan		5406.4	80			153.47	6420.1	percent of total billed charges	
CYSTY W/CUP BIOSPY BLADDER	52204	CPT	outpatient			6758	2678.87	Qualcare	Qualcare		5068.5	75			153.47	6420.1	percent of total billed charges	
CYSTY W/CUP BIOSPY BLADDER	52204	CPT	outpatient			6758	2678.87	Three Rivers	Three Rivers		6420.1	95			153.47	6420.1	percent of total billed charges	
CYSTY W/CUP BIOSPY BLADDER	52204	CPT	outpatient			6758	2678.87	UHC	Medicaid		2132.15	31.55			153.47	6420.1	percent of total billed charges	
CYSTY W/CUP BIOSPY BLADDER	52204	CPT	outpatient			6758	2678.87	UHC	Medicare		2329.45				153.47	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTY W/CUP BIOSPY BLADDER	52204	CPT	outpatient			6758	2678.87	United	CommercialPPO		2776				153.47	6420.1	case rate	
CYSTY W/CUP BIOSPY BLADDER	52204	CPT	outpatient			6758	2678.87	United	Oxford		2776				153.47	6420.1	case rate	
CYSTY W/CUP BIOSPY BLADDER	52204	CPT	outpatient			6758	2678.87	Wellcare	Medicaid		2132.15	31.55			153.47	6420.1	percent of total billed charges	
CYSTY W/CUP BIOSPY BLADDER	52204	CPT	outpatient			6758	2678.87	Wellcare	Medicare		2329.45				153.47	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTY W/CUP BIOSPY BLADDER	52204	CPT	outpatient			6758	2678.87	WellPoint	WellPoint		2174.72	32.18			153.47	6420.1	percent of total billed charges	
CTSTOURETHROSCOPY W/FULGURATIO	52214	CPT	outpatient			11678	4585.08	Aetna	Medicare		3987.03				394.76	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTSTOURETHROSCOPY W/FULGURATIO	52214	CPT	outpatient			11678	4585.08	Aetna	Better Health		3684.41	31.55			394.76	11094.1	percent of total billed charges	
CTSTOURETHROSCOPY W/FULGURATIO	52214	CPT	outpatient			11678	4585.08	Aetna	Commercial		6347.35				394.76	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTSTOURETHROSCOPY W/FULGURATIO	52214	CPT	outpatient			11678	4585.08	Americare	Americare		8758.5	75			394.76	11094.1	percent of total billed charges	
CTSTOURETHROSCOPY W/FULGURATIO	52214	CPT	outpatient			11678	4585.08	Amerihealth	HMO/PPO		7590.7	65			394.76	11094.1	percent of total billed charges	
CTSTOURETHROSCOPY W/FULGURATIO	52214	CPT	outpatient			11678	4585.08	Amerihealth	Medicare		3987.03				394.76	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTSTOURETHROSCOPY W/FULGURATIO	52214	CPT	outpatient			11678	4585.08	Consumer	Consumer		11094.1	95			394.76	11094.1	percent of total billed charges	
CTSTOURETHROSCOPY W/FULGURATIO	52214	CPT	outpatient			11678	4585.08	Corrections	Corrections		9342.4	80			394.76	11094.1	percent of total billed charges	
CTSTOURETHROSCOPY W/FULGURATIO	52214	CPT	outpatient			11678	4585.08	First Health	First Health		8174.6	70			394.76	11094.1	percent of total billed charges	
CTSTOURETHROSCOPY W/FULGURATIO	52214	CPT	outpatient			11678	4585.08	First Trenton	First Trenton		10510.2	90			394.76	11094.1	percent of total billed charges	
CTSTOURETHROSCOPY W/FULGURATIO	52214	CPT	outpatient			11678	4585.08	Horizon	Medicare Blue		3987.03				394.76	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTSTOURETHROSCOPY W/FULGURATIO	52214	CPT	outpatient			11678	4585.08	Horizon	Indemnity		7419.86				394.76	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTSTOURETHROSCOPY W/FULGURATIO	52214	CPT	outpatient			11678	4585.08	Horizon	MGD		7419.86				394.76	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTSTOURETHROSCOPY W/FULGURATIO	52214	CPT	outpatient			11678	4585.08	Horizon	NJ Health		394.76				394.76	11094.1	fee schedule	
CTSTOURETHROSCOPY W/FULGURATIO	52214	CPT	outpatient			11678	4585.08	Horizon	PPO		7419.86				394.76	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTSTOURETHROSCOPY W/FULGURATIO	52214	CPT	outpatient			11678	4585.08	Managed Care Inc	Managed Care Inc		10510.2	90			394.76	11094.1	percent of total billed charges	
CTSTOURETHROSCOPY W/FULGURATIO	52214	CPT	outpatient			11678	4585.08	Multiplan	Multiplan		9342.4	80			394.76	11094.1	percent of total billed charges	
CTSTOURETHROSCOPY W/FULGURATIO	52214	CPT	outpatient			11678	4585.08	Qualcare	Qualcare		8758.5	75			394.76	11094.1	percent of total billed charges	
CTSTOURETHROSCOPY W/FULGURATIO	52214	CPT	outpatient			11678	4585.08	Three Rivers	Three Rivers		11094.1	95			394.76	11094.1	percent of total billed charges	
CTSTOURETHROSCOPY W/FULGURATIO	52214	CPT	outpatient			11678	4585.08	UHC	Medicaid		3684.41	31.55			394.76	11094.1	percent of total billed charges	
CTSTOURETHROSCOPY W/FULGURATIO	52214	CPT	outpatient			11678	4585.08	UHC	Medicare		3987.03				394.76	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTSTOURETHROSCOPY W/FULGURATIO	52214	CPT	outpatient			11678	4585.08	United	CommercialPPO		2776				394.76	11094.1	case rate	
CTSTOURETHROSCOPY W/FULGURATIO	52214	CPT	outpatient			11678	4585.08	United	Oxford		2776				394.76	11094.1	case rate	
CTSTOURETHROSCOPY W/FULGURATIO	52214	CPT	outpatient			11678	4585.08	Wellcare	Medicaid		3684.41	31.55			394.76	11094.1	percent of total billed charges	
CTSTOURETHROSCOPY W/FULGURATIO	52214	CPT	outpatient			11678	4585.08	Wellcare	Medicare		3987.03				394.76	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTSTOURETHROSCOPY W/FULGURATIO	52214	CPT	outpatient			11678	4585.08	WellPoint	WellPoint		3757.98	32.18			394.76	11094.1	percent of total billed charges	
CYSTY W/FULGURATION-MINOR LESI	52224	CPT	outpatient			11678	4585.08	Aetna	Medicare		3987.03				131.54	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTY W/FULGURATION-MINOR LESI	52224	CPT	outpatient			11678	4585.08	Aetna	Commercial		6347.35				131.54	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTY W/FULGURATION-MINOR LESI	52224	CPT	outpatient			11678	4585.08	Aetna	Better Health		3684.41	31.55			131.54	11094.1	percent of total billed charges	
CYSTY W/FULGURATION-MINOR LESI	52224	CPT	outpatient			11678	4585.08	Americare	Americare		8758.5	75			131.54	11094.1	percent of total billed charges	
CYSTY W/FULGURATION-MINOR LESI	52224	CPT	outpatient			11678	4585.08	Amerihealth	HMO/PPO		7590.7	65			131.54	11094.1	percent of total billed charges	
CYSTY W/FULGURATION-MINOR LESI	52224	CPT	outpatient			11678	4585.08	Amerihealth	Medicare		3987.03				131.54	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTY W/FULGURATION-MINOR LESI	52224	CPT	outpatient			11678	4585.08	Consumer	Consumer		11094.1	95			131.54	11094.1	percent of total billed charges	
CYSTY W/FULGURATION-MINOR LESI	52224	CPT	outpatient			11678	4585.08	Corrections	Corrections		9342.4	80			131.54	11094.1	percent of total billed charges	
CYSTY W/FULGURATION-MINOR LESI	52224	CPT	outpatient			11678	4585.08	First Health	First Health		8174.6	70			131.54	11094.1	percent of total billed charges	
CYSTY W/FULGURATION-MINOR LESI	52224	CPT	outpatient			11678	4585.08	First Trenton	First Trenton		10510.2	90			131.54	11094.1	percent of total billed charges	
CYSTY W/FULGURATION-MINOR LESI	52224	CPT	outpatient			11678	4585.08	Horizon	Indemnity		7419.86				131.54	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTY W/FULGURATION-MINOR LESI	52224	CPT	outpatient			11678	4585.08	Horizon	PPO		7419.86				131.54	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTY W/FULGURATION-MINOR LESI	52224	CPT	outpatient			11678	4585.08	Horizon	MGD		7419.86				131.54	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTY W/FULGURATION-MINOR LESI	52224	CPT	outpatient			11678	4585.08	Horizon	Medicare Blue		3987.03				131.54	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTY W/FULGURATION-MINOR LESI	52224	CPT	outpatient			11678	4585.08	Horizon	NJ Health		131.54				131.54	11094.1	fee schedule	
CYSTY W/FULGURATION-MINOR LESI	52224	CPT	outpatient			11678	4585.08	Managed Care Inc	Managed Care Inc		10510.2	90			131.54	11094.1	percent of total billed charges	
CYSTY W/FULGURATION-MINOR LESI	52224	CPT	outpatient			11678	4585.08	Multiplan	Multiplan		9342.4	80			131.54	11094.1	percent of total billed charges	
CYSTY W/FULGURATION-MINOR LESI	52224	CPT	outpatient			11678	4585.08	Qualcare	Qualcare		8758.5	75			131.54	11094.1	percent of total billed charges	
CYSTY W/FULGURATION-MINOR LESI	52224	CPT	outpatient			11678	4585.08	Three Rivers	Three Rivers		11094.1	95			131.54	11094.1	percent of total billed charges	
CYSTY W/FULGURATION-MINOR LESI	52224	CPT	outpatient			11678	4585.08	UHC	Medicaid		3684.41	31.55			131.54	11094.1	percent of total billed charges	
CYSTY W/FULGURATION-MINOR LESI	52224	CPT	outpatient			11678	4585.08	UHC	Medicare		3987.03				131.54	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTY W/FULGURATION-MINOR LESI	52224	CPT	outpatient			11678	4585.08	United	CommercialPPO		2776				131.54	11094.1	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CYSTY W/FULGURATION-MINOR LESI	52224	CPT	outpatient			11678	4585.08	United	Oxford		2776				131.54	11094.1	case rate	
CYSTY W/FULGURATION-MINOR LESI	52224	CPT	outpatient			11678	4585.08	Wellcare	Medicare		3987.03				131.54	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTY W/FULGURATION-MINOR LESI	52224	CPT	outpatient			11678	4585.08	Wellcare	Medicaid		3684.41	31.55			131.54	11094.1	percent of total billed charges	
CYSTY W/FULGURATION-MINOR LESI	52224	CPT	outpatient			11678	4585.08	WellPoint	WellPoint		3757.98	32.18			131.54	11094.1	percent of total billed charges	
CYSTO W REM TUMORS SMALL	52234	CPT	outpatient			11678	4585.08	Aetna	Commercial		6347.35				281.54	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTO W REM TUMORS SMALL	52234	CPT	outpatient			11678	4585.08	Aetna	Medicare		3596.82	30.8			281.54	11094.1	percent of total billed charges	
CYSTO W REM TUMORS SMALL	52234	CPT	outpatient			11678	4585.08	Aetna	Better Health		3684.41	31.55			281.54	11094.1	percent of total billed charges	
CYSTO W REM TUMORS SMALL	52234	CPT	outpatient			11678	4585.08	Americare	Americare		8758.5	75			281.54	11094.1	percent of total billed charges	
CYSTO W REM TUMORS SMALL	52234	CPT	outpatient			11678	4585.08	Amerihealth	HMO/PPO		7590.7	65			281.54	11094.1	percent of total billed charges	
CYSTO W REM TUMORS SMALL	52234	CPT	outpatient			11678	4585.08	Amerihealth	Medicare		3987.03				281.54	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTO W REM TUMORS SMALL	52234	CPT	outpatient			11678	4585.08	Consumer	Consumer		11094.1	95			281.54	11094.1	percent of total billed charges	
CYSTO W REM TUMORS SMALL	52234	CPT	outpatient			11678	4585.08	Corrections	Corrections		9342.4	80			281.54	11094.1	percent of total billed charges	
CYSTO W REM TUMORS SMALL	52234	CPT	outpatient			11678	4585.08	First Health	First Health		8174.6	70			281.54	11094.1	percent of total billed charges	
CYSTO W REM TUMORS SMALL	52234	CPT	outpatient			11678	4585.08	First Trenton	First Trenton		10510.2	90			281.54	11094.1	percent of total billed charges	
CYSTO W REM TUMORS SMALL	52234	CPT	outpatient			11678	4585.08	Horizon	Medicare Blue		3987.03				281.54	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTO W REM TUMORS SMALL	52234	CPT	outpatient			11678	4585.08	Horizon	Indemnity		7419.86				281.54	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTO W REM TUMORS SMALL	52234	CPT	outpatient			11678	4585.08	Horizon	MGD		7419.86				281.54	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTO W REM TUMORS SMALL	52234	CPT	outpatient			11678	4585.08	Horizon	NJ Health		281.54				281.54	11094.1	fee schedule	
CYSTO W REM TUMORS SMALL	52234	CPT	outpatient			11678	4585.08	Horizon	PPO		7419.86				281.54	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTO W REM TUMORS SMALL	52234	CPT	outpatient			11678	4585.08	Managed Care Inc	Managed Care Inc		10510.2	90			281.54	11094.1	percent of total billed charges	
CYSTO W REM TUMORS SMALL	52234	CPT	outpatient			11678	4585.08	Multiplan	Multiplan		9342.4	80			281.54	11094.1	percent of total billed charges	
CYSTO W REM TUMORS SMALL	52234	CPT	outpatient			11678	4585.08	Qualcare	Qualcare		8758.5	75			281.54	11094.1	percent of total billed charges	
CYSTO W REM TUMORS SMALL	52234	CPT	outpatient			11678	4585.08	Three Rivers	Three Rivers		11094.1	95			281.54	11094.1	percent of total billed charges	
CYSTO W REM TUMORS SMALL	52234	CPT	outpatient			11678	4585.08	UHC	Medicaid		3684.41	31.55			281.54	11094.1	percent of total billed charges	
CYSTO W REM TUMORS SMALL	52234	CPT	outpatient			11678	4585.08	UHC	Medicare		3987.03				281.54	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTO W REM TUMORS SMALL	52234	CPT	outpatient			11678	4585.08	United	Commercial|PPO		2776				281.54	11094.1	case rate	
CYSTO W REM TUMORS SMALL	52234	CPT	outpatient			11678	4585.08	United	Oxford		2776				281.54	11094.1	case rate	
CYSTO W REM TUMORS SMALL	52234	CPT	outpatient			11678	4585.08	Wellcare	Medicare		3987.03				281.54	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTO W REM TUMORS SMALL	52234	CPT	outpatient			11678	4585.08	Wellcare	Medicaid		3684.41	31.55			281.54	11094.1	percent of total billed charges	
CYSTO W REM TUMORS SMALL	52234	CPT	outpatient			11678	4585.08	WellPoint	WellPoint		3757.98	32.18			281.54	11094.1	percent of total billed charges	
CYSTOURETHROSCOPY, LOC ANES	52265	CPT	outpatient			6758	2678.87	Aetna	Commercial		3708.48				170.54	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOURETHROSCOPY, LOC ANES	52265	CPT	outpatient			6758	2678.87	Aetna	Medicare		2081.46	30.8			170.54	6420.1	percent of total billed charges	
CYSTOURETHROSCOPY, LOC ANES	52265	CPT	outpatient			6758	2678.87	Aetna	Better Health		2132.15	31.55			170.54	6420.1	percent of total billed charges	
CYSTOURETHROSCOPY, LOC ANES	52265	CPT	outpatient			6758	2678.87	Americare	Americare		5068.5	75			170.54	6420.1	percent of total billed charges	
CYSTOURETHROSCOPY, LOC ANES	52265	CPT	outpatient			6758	2678.87	Amerihealth	Medicare		2329.45				170.54	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOURETHROSCOPY, LOC ANES	52265	CPT	outpatient			6758	2678.87	Amerihealth	HMO/PPO		4392.7	65			170.54	6420.1	percent of total billed charges	
CYSTOURETHROSCOPY, LOC ANES	52265	CPT	outpatient			6758	2678.87	Consumer	Consumer		6420.1	95			170.54	6420.1	percent of total billed charges	
CYSTOURETHROSCOPY, LOC ANES	52265	CPT	outpatient			6758	2678.87	Corrections	Corrections		5406.4	80			170.54	6420.1	percent of total billed charges	
CYSTOURETHROSCOPY, LOC ANES	52265	CPT	outpatient			6758	2678.87	First Health	First Health		4730.6	70			170.54	6420.1	percent of total billed charges	
CYSTOURETHROSCOPY, LOC ANES	52265	CPT	outpatient			6758	2678.87	First Trenton	First Trenton		6082.2	90			170.54	6420.1	percent of total billed charges	
CYSTOURETHROSCOPY, LOC ANES	52265	CPT	outpatient			6758	2678.87	Horizon	Indemnity		4335.11				170.54	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOURETHROSCOPY, LOC ANES	52265	CPT	outpatient			6758	2678.87	Horizon	MGD		4335.11				170.54	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOURETHROSCOPY, LOC ANES	52265	CPT	outpatient			6758	2678.87	Horizon	PPO		4335.11				170.54	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOURETHROSCOPY, LOC ANES	52265	CPT	outpatient			6758	2678.87	Horizon	NJ Health		170.54				170.54	6420.1	fee schedule	
CYSTOURETHROSCOPY, LOC ANES	52265	CPT	outpatient			6758	2678.87	Horizon	Medicare Blue		2329.45				170.54	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOURETHROSCOPY, LOC ANES	52265	CPT	outpatient			6758	2678.87	Managed Care Inc	Managed Care Inc		6082.2	90			170.54	6420.1	percent of total billed charges	
CYSTOURETHROSCOPY, LOC ANES	52265	CPT	outpatient			6758	2678.87	Multiplan	Multiplan		5406.4	80			170.54	6420.1	percent of total billed charges	
CYSTOURETHROSCOPY, LOC ANES	52265	CPT	outpatient			6758	2678.87	Qualcare	Qualcare		5068.5	75			170.54	6420.1	percent of total billed charges	
CYSTOURETHROSCOPY, LOC ANES	52265	CPT	outpatient			6758	2678.87	Three Rivers	Three Rivers		6420.1	95			170.54	6420.1	percent of total billed charges	
CYSTOURETHROSCOPY, LOC ANES	52265	CPT	outpatient			6758	2678.87	UHC	Medicare		2329.45				170.54	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOURETHROSCOPY, LOC ANES	52265	CPT	outpatient			6758	2678.87	UHC	Medicaid		2132.15	31.55			170.54	6420.1	percent of total billed charges	
CYSTOURETHROSCOPY, LOC ANES	52265	CPT	outpatient			6758	2678.87	United	Oxford		1817				170.54	6420.1	case rate	
CYSTOURETHROSCOPY, LOC ANES	52265	CPT	outpatient			6758	2678.87	United	Commercial|PPO		1817				170.54	6420.1	case rate	
CYSTOURETHROSCOPY, LOC ANES	52265	CPT	outpatient			6758	2678.87	Wellcare	Medicare		2329.45				170.54	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOURETHROSCOPY, LOC ANES	52265	CPT	outpatient			6758	2678.87	Wellcare	Medicaid		2132.15	31.55			170.54	6420.1	percent of total billed charges	
CYSTOURETHROSCOPY, LOC ANES	52265	CPT	outpatient			6758	2678.87	WellPoint	WellPoint		2174.72	32.18			170.54	6420.1	percent of total billed charges	
CYSTY W/INTERNAL URETHROTOMY	52276	CPT	outpatient			6758	2678.87	Aetna	Commercial		3708.48				222.89	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTY W/INTERNAL URETHROTOMY	52276	CPT	outpatient			6758	2678.87	Aetna	Better Health		2132.15	31.55			222.89	6420.1	percent of total billed charges	
CYSTY W/INTERNAL URETHROTOMY	52276	CPT	outpatient			6758	2678.87	Aetna	Medicare		2081.46	30.8			222.89	6420.1	percent of total billed charges	
CYSTY W/INTERNAL URETHROTOMY	52276	CPT	outpatient			6758	2678.87	Americare	Americare		5068.5	75			222.89	6420.1	percent of total billed charges	
CYSTY W/INTERNAL URETHROTOMY	52276	CPT	outpatient			6758	2678.87	Amerihealth	HMO/PPO		4392.7	65			222.89	6420.1	percent of total billed charges	
CYSTY W/INTERNAL URETHROTOMY	52276	CPT	outpatient			6758	2678.87	Amerihealth	Medicare		2329.45				222.89	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTY W/INTERNAL URETHROTOMY	52276	CPT	outpatient			6758	2678.87	Consumer	Consumer		6420.1	95			222.89	6420.1	percent of total billed charges	
CYSTY W/INTERNAL URETHROTOMY	52276	CPT	outpatient			6758	2678.87	Corrections	Corrections		5406.4	80			222.89	6420.1	percent of total billed charges	
CYSTY W/INTERNAL URETHROTOMY	52276	CPT	outpatient			6758	2678.87	First Health	First Health		4730.6	70			222.89	6420.1	percent of total billed charges	
CYSTY W/INTERNAL URETHROTOMY	52276	CPT	outpatient			6758	2678.87	First Trenton	First Trenton		6082.2	90			222.89	6420.1	percent of total billed charges	
CYSTY W/INTERNAL URETHROTOMY	52276	CPT	outpatient			6758	2678.87	Horizon	PPO		4335.11				222.89	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTY W/INTERNAL URETHROTOMY	52276	CPT	outpatient			6758	2678.87	Horizon	Indemnity		4335.11				222.89	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTY W/INTERNAL URETHROTOMY	52276	CPT	outpatient			6758	2678.87	Horizon	Medicare Blue		2329.45				222.89	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTY W/INTERNAL URETHROTOMY	52276	CPT	outpatient			6758	2678.87	Horizon	NJ Health		222.89				222.89	6420.1	fee schedule	
CYSTY W/INTERNAL URETHROTOMY	52276	CPT	outpatient			6758	2678.87	Horizon	MGD		4335.11				222.89	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTY W/INTERNAL URETHROTOMY	52276	CPT	outpatient			6758	2678.87	Managed Care Inc	Managed Care Inc		6082.2	90			222.89	6420.1	percent of total billed charges	
CYSTY W/INTERNAL URETHROTOMY	52276	CPT	outpatient			6758	2678.87	Multiplan	Multiplan		5406.4	80			222.89	6420.1	percent of total billed charges	
CYSTY W/INTERNAL URETHROTOMY	52276	CPT	outpatient			6758	2678.87	Qualcare	Qualcare		5068.5	75			222.89	6420.1	percent of total billed charges	
CYSTY W/INTERNAL URETHROTOMY	52276	CPT	outpatient			6758	2678.87	Three Rivers	Three Rivers		6420.1	95			222.89	6420.1	percent of total billed charges	
CYSTY W/INTERNAL URETHROTOMY	52276	CPT	outpatient			6758	2678.87	UHC	Medicare		2329.45				222.89	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTY W/INTERNAL URETHROTOMY	52276	CPT	outpatient			6758	2678.87	UHC	Medicaid		2132.15	31.55			222.89	6420.1	percent of total billed charges	
CYSTY W/INTERNAL URETHROTOMY	52276	CPT	outpatient			6758	2678.87	United	Commercial|PPO		2776				222.89	6420.1	case rate	
CYSTY W/INTERNAL URETHROTOMY	52276	CPT	outpatient			6758	2678.87	United	Oxford		2776				222.89	6420.1	case rate	
CYSTY W/INTERNAL URETHROTOMY	52276	CPT	outpatient			6758	2678.87	Wellcare	Medicare		2329.45				222.89	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTY W/INTERNAL URETHROTOMY	52276	CPT	outpatient			6758	2678.87	Wellcare	Medicaid		2132.15	31.55			222.89	6420.1	percent of total billed charges	
CYSTY W/INTERNAL URETHROTOMY	52276	CPT	outpatient			6758	2678.87	WellPoint	WellPoint		2174.72	32.18			222.89	6420.1	percent of total billed charges	
CYSTY W/CALIB & DILATION STRIC	52281	CPT	outpatient			6758	2678.87	Aetna	Commercial		3708.48				168.08	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTY W/CALIB & DILATION STRIC	52281	CPT	outpatient			6758	2678.87	Aetna	Better Health		2132.15	31.55			168.08	6420.1	percent of total billed charges	
CYSTY W/CALIB & DILATION STRIC	52281	CPT	outpatient			6758	2678.87	Aetna	Medicare		2329.45				168.08	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTY W/CALIB & DILATION STRIC	52281	CPT	outpatient			6758	2678.87	Americare	Americare		5068.5	75			168.08	6420.1	percent of total billed charges	
CYSTY W/CALIB & DILATION STRIC	52281	CPT	outpatient			6758	2678.87	Amerihealth	Medicare		2329.45				168.08	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTY W/CALIB & DILATION STRIC	52281	CPT	outpatient			6758	2678.87	Amerihealth	HMO/PPO		4392.7	65			168.08	6420.1	percent of total billed charges	
CYSTY W/CALIB & DILATION STRIC	52281	CPT	outpatient			6758	2678.87	Consumer	Consumer		6420.1	95			168.08	6420.1	percent of total billed charges	
CYSTY W/CALIB & DILATION STRIC	52281	CPT	outpatient			6758	2678.87	Corrections	Corrections		5406.4	80			168.08	6420.1	percent of total billed charges	
CYSTY W/CALIB & DILATION STRIC	52281	CPT	outpatient			6758	2678.87	First Health	First Health		4730.6	70			168.08	6420.1	percent of total billed charges	
CYSTY W/CALIB & DILATION STRIC	52281	CPT	outpatient			6758	2678.87	First Trenton	First Trenton		6082.2	90			168.08	6420.1	percent of total billed charges	
CYSTY W/CALIB & DILATION STRIC	52281	CPT	outpatient			6758	2678.87	Horizon	Indemnity		4335.11				168.08	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTY W/CALIB & DILATION STRIC	52281	CPT	outpatient			6758	2678.87	Horizon	MGD		4335.11				168.08	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTY W/CALIB & DILATION STRIC	52281	CPT	outpatient			6758	2678.87	Horizon	PPO		4335.11				168.08	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTY W/CALIB & DILATION STRIC	52281	CPT	outpatient			6758	2678.87	Horizon	Medicare Blue		2329.45				168.08	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTY W/CALIB & DILATION STRIC	52281	CPT	outpatient			6758	2678.87	Horizon	NJ Health		168.08				168.08	6420.1	fee schedule	
CYSTY W/CALIB & DILATION STRIC	52281	CPT	outpatient			6758	2678.87	Managed Care Inc	Managed Care Inc		6082.2	90			168.08	6420.1	percent of total billed charges	
CYSTY W/CALIB & DILATION STRIC	52281	CPT	outpatient			6758	2678.87	Multiplan	Multiplan		5406.4	80			168.08	6420.1	percent of total billed charges	
CYSTY W/CALIB & DILATION STRIC	52281	CPT	outpatient			6758	2678.87	Qualcare	Qualcare		5068.5	75			168.08	6420.1	percent of total billed charges	
CYSTY W/CALIB & DILATION STRIC	52281	CPT	outpatient			6758	2678.87	Three Rivers	Three Rivers		6420.1	95			168.08	6420.1	percent of total billed charges	
CYSTY W/CALIB & DILATION STRIC	52281	CPT	outpatient			6758	2678.87	UHC	Medicare		2329.45				168.08	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTY W/CALIB & DILATION STRIC	52281	CPT	outpatient			6758	2678.87	UHC	Medicaid		2132.15	31.55			168.08	6420.1	percent of total billed charges	
CYSTY W/CALIB & DILATION STRIC	52281	CPT	outpatient			6758	2678.87	United	Commercial|PPO		2493				168.08	6420.1	case rate	
CYSTY W/CALIB & DILATION STRIC	52281	CPT	outpatient			6758	2678.87	United	Oxford		2493				168.08	6420.1	case rate	
CYSTY W/CALIB & DILATION STRIC	52281	CPT	outpatient			6758	2678.87	Wellcare	Medicare		2329.45				168.08	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTY W/CALIB & DILATION STRIC	52281	CPT	outpatient			6758	2678.87	Wellcare	Medicaid		2132.15	31.55			168.08	6420.1	percent of total billed charges	
CYSTY W/CALIB & DILATION STRIC	52281	CPT	outpatient			6758	2678.87	WellPoint	WellPoint		2174.72	32.18			168.08	6420.1	percent of total billed charges	
CYSTOURETHROSCOPY	52285	CPT	outpatient			2281	898.44	Aetna	Better Health		719.66	31.55			309.68	2493	percent of total billed charges	
CYSTOURETHROSCOPY	52285	CPT	outpatient			2281	898.44	Aetna	Commercial		1243.75				309.68	2493	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOURETHROSCOPY	52285	CPT	outpatient			2281	898.44	Aetna	Medicare		781.25				309.68	2493	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOURETHROSCOPY	52285	CPT	outpatient			2281	898.44	Americare	Americare		1710.75	75			309.68	2493	percent of total billed charges	
CYSTOURETHROSCOPY	52285	CPT	outpatient			2281	898.44	Amerihealth	HMO/PPO		1482.65	65			309.68	2493	percent of total billed charges	
CYSTOURETHROSCOPY	52285	CPT	outpatient			2281	898.44	Amerihealth	Medicare		781.25				309.68	2493	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOURETHROSCOPY	52285	CPT	outpatient			2281	898.44	Consumer	Consumer		2166.95	95			309.68	2493	percent of total billed charges	
CYSTOURETHROSCOPY	52285	CPT	outpatient			2281	898.44	Corrections	Corrections		1824.8	80			309.68	2493	percent of total billed charges	
CYSTOURETHROSCOPY	52285	CPT	outpatient			2281	898.44	First Health	First Health		1596.7	70			309.68	2493	percent of total billed charges	
CYSTOURETHROSCOPY	52285	CPT	outpatient			2281	898.44	First Trenton	First Trenton		2052.9	90			309.68	2493	percent of total billed charges	
CYSTOURETHROSCOPY	52285	CPT	outpatient			2281	898.44	Horizon	NJ Health		309.68				309.68	2493	fee schedule	
CYSTOURETHROSCOPY	52285	CPT	outpatient			2281	898.44	Horizon	Indemnity		1453.91				309.68	2493	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOURETHROSCOPY	52285	CPT	outpatient			2281	898.44	Horizon	MGD		1453.91				309.68	2493	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOURETHROSCOPY	52285	CPT	outpatient			2281	898.44	Horizon	PPO		1453.91				309.68	2493	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOURETHROSCOPY	52285	CPT	outpatient			2281	898.44	Horizon	Medicare Blue		781.25				309.68	2493	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOURETHROSCOPY	52285	CPT	outpatient			2281	898.44	Managed Care Inc	Managed Care Inc		2052.9	90			309.68	2493	percent of total billed charges	
CYSTOURETHROSCOPY	52285	CPT	outpatient			2281	898.44	Multiplan	Multiplan		1824.8	80			309.68	2493	percent of total billed charges	
CYSTOURETHROSCOPY	52285	CPT	outpatient			2281	898.44	Qualcare	Qualcare		1710.75	75			309.68	2493	percent of total billed charges	
CYSTOURETHROSCOPY	52285	CPT	outpatient			2281	898.44	Three Rivers	Three Rivers		2166.95	95			309.68	2493	percent of total billed charges	
CYSTOURETHROSCOPY	52285	CPT	outpatient			2281	898.44	UHC	Medicaid		719.66	31.55			309.68	2493	percent of total billed charges	
CYSTOURETHROSCOPY	52285	CPT	outpatient			2281	898.44	UHC	Medicare		781.25				309.68	2493	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOURETHROSCOPY	52285	CPT	outpatient			2281	898.44	United	Commercial|PPO		2493				309.68	2493	case rate	
CYSTOURETHROSCOPY	52285	CPT	outpatient			2281	898.44	United	Oxford		2493				309.68	2493	case rate	
CYSTOURETHROSCOPY	52285	CPT	outpatient			2281	898.44	Wellcare	Medicare		781.25				309.68	2493	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOURETHROSCOPY	52285	CPT	outpatient			2281	898.44	Wellcare	Medicaid		719.66	31.55			309.68	2493	percent of total billed charges	
CYSTOURETHROSCOPY	52285	CPT	outpatient			2281	898.44	WellPoint	WellPoint		734.03	32.18			309.68	2493	percent of total billed charges	
PORTABLE CYSTOSCOPY W/ STENT REMOVAL	52310	CPT	outpatient			6983	2678.87	Aetna	Commercial		3708.48				222.89	6633.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PORTABLE CYSTOSCOPY W/ STENT REMOVAL	52310	CPT	outpatient			6983	2678.87	Aetna	Medicare		2150.76	30.8			222.89	6633.85	percent of total billed charges	
PORTABLE CYSTOSCOPY W/ STENT REMOVAL	52310	CPT	outpatient			6983	2678.87	Aetna	Better Health		2203.14	31.55			222.89	6633.85	percent of total billed charges	
PORTABLE CYSTOSCOPY W/ STENT REMOVAL	52310	CPT	outpatient			6983	2678.87	Americare	Americare		5237.25	75			222.89	6633.85	percent of total billed charges	
PORTABLE CYSTOSCOPY W/ STENT REMOVAL	52310	CPT	outpatient			6983	2678.87	Amerihealth	HMO/PPO		4538.95	65			222.89	6633.85	percent of total billed charges	
PORTABLE CYSTOSCOPY W/ STENT REMOVAL	52310	CPT	outpatient			6983	2678.87	Amerihealth	Medicare		2329.45				222.89	6633.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PORTABLE CYSTOSCOPY W/ STENT REMOVAL	52310	CPT	outpatient			6983	2678.87	Consumer	Consumer		6633.85	95			222.89	6633.85	percent of total billed charges	
PORTABLE CYSTOSCOPY W/ STENT REMOVAL	52310	CPT	outpatient			6983	2678.87	Corrections	Corrections		5586.4	80			222.89	6633.85	percent of total billed charges	
PORTABLE CYSTOSCOPY W/ STENT REMOVAL	52310	CPT	outpatient			6983	2678.87	First Health	First Health		4888.1	70			222.89	6633.85	percent of total billed charges	
PORTABLE CYSTOSCOPY W/ STENT REMOVAL	52310	CPT	outpatient			6983	2678.87	First Trenton	First Trenton		6284.7	90			222.89	6633.85	percent of total billed charges	
PORTABLE CYSTOSCOPY W/ STENT REMOVAL	52310	CPT	outpatient			6983	2678.87	Horizon	MGD		4335.11				222.89	6633.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PORTABLE CYSTOSCOPY W/ STENT REMOVAL	52310	CPT	outpatient			6983	2678.87	Horizon	Medicare Blue		2329.45				222.89	6633.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PORTABLE CYSTOSCOPY W/ STENT REMOVAL	52310	CPT	outpatient			6983	2678.87	Horizon	PPO		4335.11				222.89	6633.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PORTABLE CYSTOSCOPY W/ STENT REMOVAL	52310	CPT	outpatient			6983	2678.87	Horizon	Indemnity		4335.11				222.89	6633.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
PORTABLE CYSTOSCOPY W/ STENT REMOVAL	52310	CPT	outpatient			6983	2678.87	Horizon	NJ Health		222.89				222.89	6633.85	fee schedule	
PORTABLE CYSTOSCOPY W/ STENT REMOVAL	52310	CPT	outpatient			6983	2678.87	Managed Care Inc	Managed Care Inc		6284.7	90			222.89	6633.85	percent of total billed charges	
PORTABLE CYSTOSCOPY W/ STENT REMOVAL	52310	CPT	outpatient			6983	2678.87	Multiplan	Multiplan		5586.4	80			222.89	6633.85	percent of total billed charges	
PORTABLE CYSTOSCOPY W/ STENT REMOVAL	52310	CPT	outpatient			6983	2678.87	Qualcare	Qualcare		5237.25	75			222.89	6633.85	percent of total billed charges	
PORTABLE CYSTOSCOPY W/ STENT REMOVAL	52310	CPT	outpatient			6983	2678.87	Three Rivers	Three Rivers		6633.85	95			222.89	6633.85	percent of total billed charges	
PORTABLE CYSTOSCOPY W/ STENT REMOVAL	52310	CPT	outpatient			6983	2678.87	UHC	Medicaid		2203.14	31.55			222.89	6633.85	percent of total billed charges	
PORTABLE CYSTOSCOPY W/ STENT REMOVAL	52310	CPT	outpatient			6983	2678.87	UHC	Medicare		2329.45				222.89	6633.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PORTABLE CYSTOSCOPY W/ STENT REMOVAL	52310	CPT	outpatient			6983	2678.87	United	Oxford		2493				222.89	6633.85	case rate	
PORTABLE CYSTOSCOPY W/ STENT REMOVAL	52310	CPT	outpatient			6983	2678.87	United	CommercialPPO		2493				222.89	6633.85	case rate	
PORTABLE CYSTOSCOPY W/ STENT REMOVAL	52310	CPT	outpatient			6983	2678.87	Wellcare	Medicare		2329.45				222.89	6633.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PORTABLE CYSTOSCOPY W/ STENT REMOVAL	52310	CPT	outpatient			6983	2678.87	Wellcare	Medicaid		2203.14	31.55			222.89	6633.85	percent of total billed charges	
PORTABLE CYSTOSCOPY W/ STENT REMOVAL	52310	CPT	outpatient			6983	2678.87	WellPoint	WellPoint		2247.13	32.18			222.89	6633.85	percent of total billed charges	
CYSTOSCOPT W/LITHPOLAPAXY	52317	CPT	outpatient			11678	4585.08	Aetna	Commercial		6347.35				610.37	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOSCOPT W/LITHPOLAPAXY	52317	CPT	outpatient			11678	4585.08	Aetna	Better Health		3684.41	31.55			610.37	11094.1	percent of total billed charges	
CYSTOSCOPT W/LITHPOLAPAXY	52317	CPT	outpatient			11678	4585.08	Aetna	Medicare		3987.03				610.37	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOSCOPT W/LITHPOLAPAXY	52317	CPT	outpatient			11678	4585.08	Americare	Americare		8758.5	75			610.37	11094.1	percent of total billed charges	
CYSTOSCOPT W/LITHPOLAPAXY	52317	CPT	outpatient			11678	4585.08	Amerihealth	HMO/PPO		7590.7	65			610.37	11094.1	percent of total billed charges	
CYSTOSCOPT W/LITHPOLAPAXY	52317	CPT	outpatient			11678	4585.08	Amerihealth	Medicare		3987.03				610.37	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOSCOPT W/LITHPOLAPAXY	52317	CPT	outpatient			11678	4585.08	Consumer	Consumer		11094.1	95			610.37	11094.1	percent of total billed charges	
CYSTOSCOPT W/LITHPOLAPAXY	52317	CPT	outpatient			11678	4585.08	Corrections	Corrections		9342.4	80			610.37	11094.1	percent of total billed charges	
CYSTOSCOPT W/LITHPOLAPAXY	52317	CPT	outpatient			11678	4585.08	First Health	First Health		8174.6	70			610.37	11094.1	percent of total billed charges	
CYSTOSCOPT W/LITHPOLAPAXY	52317	CPT	outpatient			11678	4585.08	First Trenton	First Trenton		10510.2	90			610.37	11094.1	percent of total billed charges	
CYSTOSCOPT W/LITHPOLAPAXY	52317	CPT	outpatient			11678	4585.08	Horizon	Indemnity		7419.86				610.37	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOSCOPT W/LITHPOLAPAXY	52317	CPT	outpatient			11678	4585.08	Horizon	Medicare Blue		3987.03				610.37	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOSCOPT W/LITHPOLAPAXY	52317	CPT	outpatient			11678	4585.08	Horizon	NJ Health		610.37				610.37	11094.1	fee schedule	
CYSTOSCOPT W/LITHPOLAPAXY	52317	CPT	outpatient			11678	4585.08	Horizon	MGD		7419.86				610.37	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOSCOPT W/LITHPOLAPAXY	52317	CPT	outpatient			11678	4585.08	Horizon	PPO		7419.86				610.37	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOSCOPT W/LITHPOLAPAXY	52317	CPT	outpatient			11678	4585.08	Managed Care Inc	Managed Care Inc		10510.2	90			610.37	11094.1	percent of total billed charges	
CYSTOSCOPT W/LITHPOLAPAXY	52317	CPT	outpatient			11678	4585.08	Multiplan	Multiplan		9342.4	80			610.37	11094.1	percent of total billed charges	
CYSTOSCOPT W/LITHPOLAPAXY	52317	CPT	outpatient			11678	4585.08	Qualcare	Qualcare		8758.5	75			610.37	11094.1	percent of total billed charges	
CYSTOSCOPT W/LITHPOLAPAXY	52317	CPT	outpatient			11678	4585.08	Three Rivers	Three Rivers		11094.1	95			610.37	11094.1	percent of total billed charges	
CYSTOSCOPT W/LITHPOLAPAXY	52317	CPT	outpatient			11678	4585.08	UHC	Medicare		3987.03				610.37	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOSCOPT W/LITHPOLAPAXY	52317	CPT	outpatient			11678	4585.08	UHC	Medicaid		3684.41	31.55			610.37	11094.1	percent of total billed charges	
CYSTOSCOPT W/LITHPOLAPAXY	52317	CPT	outpatient			11678	4585.08	United	Oxford		2776				610.37	11094.1	case rate	
CYSTOSCOPT W/LITHPOLAPAXY	52317	CPT	outpatient			11678	4585.08	United	CommercialPPO		2776				610.37	11094.1	case rate	
CYSTOSCOPT W/LITHPOLAPAXY	52317	CPT	outpatient			11678	4585.08	Wellcare	Medicare		3987.03				610.37	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOSCOPT W/LITHPOLAPAXY	52317	CPT	outpatient			11678	4585.08	Wellcare	Medicaid		3684.41	31.55			610.37	11094.1	percent of total billed charges	
CYSTOSCOPT W/LITHPOLAPAXY	52317	CPT	outpatient			11678	4585.08	WellPoint	WellPoint		3757.98	32.18			610.37	11094.1	percent of total billed charges	
CYSTY W/EXTRACT URETHERAL CALC	52320	CPT	outpatient			11678	4585.08	Aetna	Medicare		3987.03				378.45	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTY W/EXTRACT URETHERAL CALC	52320	CPT	outpatient			11678	4585.08	Aetna	Better Health		3684.41	31.55			378.45	11094.1	percent of total billed charges	
CYSTY W/EXTRACT URETHERAL CALC	52320	CPT	outpatient			11678	4585.08	Aetna	Commercial		6347.35				378.45	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTY W/EXTRACT URETHERAL CALC	52320	CPT	outpatient			11678	4585.08	Americare	Americare		8758.5	75			378.45	11094.1	percent of total billed charges	
CYSTY W/EXTRACT URETHERAL CALC	52320	CPT	outpatient			11678	4585.08	Amerihealth	HMO/PPO		7590.7	65			378.45	11094.1	percent of total billed charges	
CYSTY W/EXTRACT URETHERAL CALC	52320	CPT	outpatient			11678	4585.08	Amerihealth	Medicare		3987.03				378.45	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTY W/EXTRACT URETHERAL CALC	52320	CPT	outpatient			11678	4585.08	Consumer	Consumer		11094.1	95			378.45	11094.1	percent of total billed charges	
CYSTY W/EXTRACT URETHERAL CALC	52320	CPT	outpatient			11678	4585.08	Corrections	Corrections		9342.4	80			378.45	11094.1	percent of total billed charges	
CYSTY W/EXTRACT URETHERAL CALC	52320	CPT	outpatient			11678	4585.08	First Health	First Health		8174.6	70			378.45	11094.1	percent of total billed charges	
CYSTY W/EXTRACT URETHERAL CALC	52320	CPT	outpatient			11678	4585.08	First Trenton	First Trenton		10510.2	90			378.45	11094.1	percent of total billed charges	
CYSTY W/EXTRACT URETHERAL CALC	52320	CPT	outpatient			11678	4585.08	Horizon	MGD		7419.86				378.45	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTY W/EXTRACT URETHERAL CALC	52320	CPT	outpatient			11678	4585.08	Horizon	NJ Health		378.45				378.45	11094.1	fee schedule	
CYSTY W/EXTRACT URETHERAL CALC	52320	CPT	outpatient			11678	4585.08	Horizon	Indemnity		7419.86				378.45	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTY W/EXTRACT URETHERAL CALC	52320	CPT	outpatient			11678	4585.08	Horizon	Medicare Blue		3987.03				378.45	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTY W/EXTRACT URETHERAL CALC	52320	CPT	outpatient			11678	4585.08	Horizon	PPO		7419.86				378.45	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTY W/EXTRACT URETHERAL CALC	52320	CPT	outpatient			11678	4585.08	Managed Care Inc	Managed Care Inc		10510.2	90			378.45	11094.1	percent of total billed charges	
CYSTY W/EXTRACT URETHERAL CALC	52320	CPT	outpatient			11678	4585.08	Multiplan	Multiplan		9342.4	80			378.45	11094.1	percent of total billed charges	
CYSTY W/EXTRACT URETHERAL CALC	52320	CPT	outpatient			11678	4585.08	Qualcare	Qualcare		8758.5	75			378.45	11094.1	percent of total billed charges	
CYSTY W/EXTRACT URETHERAL CALC	52320	CPT	outpatient			11678	4585.08	Three Rivers	Three Rivers		11094.1	95			378.45	11094.1	percent of total billed charges	
CYSTY W/EXTRACT URETHERAL CALC	52320	CPT	outpatient			11678	4585.08	UHC	Medicaid		3684.41	31.55			378.45	11094.1	percent of total billed charges	
CYSTY W/EXTRACT URETHERAL CALC	52320	CPT	outpatient			11678	4585.08	UHC	Medicare		3987.03				378.45	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTY W/EXTRACT URETHERAL CALC	52320	CPT	outpatient			11678	4585.08	United	Oxford		2776				378.45	11094.1	case rate	
CYSTY W/EXTRACT URETHERAL CALC	52320	CPT	outpatient			11678	4585.08	United	CommercialPPO		2776				378.45	11094.1	case rate	
CYSTY W/EXTRACT URETHERAL CALC	52320	CPT	outpatient			11678	4585.08	Wellcare	Medicaid		3684.41	31.55			378.45	11094.1	percent of total billed charges	
CYSTY W/EXTRACT URETHERAL CALC	52320	CPT	outpatient			11678	4585.08	Wellcare	Medicare		3987.03				378.45	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTY W/EXTRACT URETHERAL CALC	52320	CPT	outpatient			11678	4585.08	WellPoint	WellPoint		3757.98	32.18			378.45	11094.1	percent of total billed charges	
CYSTOURETHROSCOPY	52325	CPT	outpatient			15535	6805.44	Aetna	Commercial		9421.09				378.45	14758.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOURETHROSCOPY	52325	CPT	outpatient			15535	6805.44	Aetna	Better Health		4901.29	31.55			378.45	14758.25	percent of total billed charges	
CYSTOURETHROSCOPY	52325	CPT	outpatient			15535	6805.44	Aetna	Medicare		5917.77				378.45	14758.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOURETHROSCOPY	52325	CPT	outpatient			15535	6805.44	Americare	Americare		11651.25	75			378.45	14758.25	percent of total billed charges	
CYSTOURETHROSCOPY	52325	CPT	outpatient			15535	6805.44	Amerihealth	HMO/PPO		10097.75	65			378.45	14758.25	percent of total billed charges	
CYSTOURETHROSCOPY	52325	CPT	outpatient			15535	6805.44	Amerihealth	Medicare		5917.77				378.45	14758.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOURETHROSCOPY	52325	CPT	outpatient			15535	6805.44	Consumer	Consumer		14758.25	95			378.45	14758.25	percent of total billed charges	
CYSTOURETHROSCOPY	52325	CPT	outpatient			15535	6805.44	Corrections	Corrections		12428	80			378.45	14758.25	percent of total billed charges	
CYSTOURETHROSCOPY	52325	CPT	outpatient			15535	6805.44	First Health	First Health		10874.5	70			378.45	14758.25	percent of total billed charges	
CYSTOURETHROSCOPY	52325	CPT	outpatient			15535	6805.44	First Trenton	First Trenton		13981.5	90			378.45	14758.25	percent of total billed charges	
CYSTOURETHROSCOPY	52325	CPT	outpatient			15535	6805.44	Horizon	MGD		11012.97				378.45	14758.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOURETHROSCOPY	52325	CPT	outpatient			15535	6805.44	Horizon	Medicare Blue		5917.77				378.45	14758.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOURETHROSCOPY	52325	CPT	outpatient			15535	6805.44	Horizon	Indemnity		11012.97				378.45	14758.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOURETHROSCOPY	52325	CPT	outpatient			15535	6805.44	Horizon	NJ Health		378.45				378.45	14758.25	fee schedule	
CYSTOURETHROSCOPY	52325	CPT	outpatient			15535	6805.44	Horizon	PPO		11012.97				378.45	14758.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOURETHROSCOPY	52325	CPT	outpatient			15535	6805.44	Managed Care Inc	Managed Care Inc		13981.5	90			378.45	14758.25	percent of total billed charges	
CYSTOURETHROSCOPY	52325	CPT	outpatient			15535	6805.44	Multiplan	Multiplan		12428	80			378.45	14758.25	percent of total billed charges	
CYSTOURETHROSCOPY	52325	CPT	outpatient			15535	6805.44	Qualcare	Qualcare		11651.25	75			378.45	14758.25	percent of total billed charges	
CYSTOURETHROSCOPY	52325	CPT	outpatient			15535	6805.44	Three Rivers	Three Rivers		14758.25	95			378.45	14758.25	percent of total billed charges	
CYSTOURETHROSCOPY	52325	CPT	outpatient			15535	6805.44	UHC	Medicaid		4901.29	31.55			378.45	14758.25	percent of total billed charges	
CYSTOURETHROSCOPY	52325	CPT	outpatient			15535	6805.44	UHC	Medicare		5917.77				378.45	14758.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOURETHROSCOPY	52325	CPT	outpatient			15535	6805.44	United	Oxford		2776				378.45	14758.25	case rate	
CYSTOURETHROSCOPY	52325	CPT	outpatient			15535	6805.44	United	CommercialPPO		2776				378.45	14758.25	case rate	
CYSTOURETHROSCOPY	52325	CPT	outpatient			15535	6805.44	Wellcare	Medicaid		4901.29	31.55			378.45	14758.25	percent of total billed charges	
CYSTOURETHROSCOPY	52325	CPT	outpatient			15535	6805.44	Wellcare	Medicare		5917.77				378.45	14758.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOURETHROSCOPY	52325	CPT	outpatient			15535	6805.44	WellPoint	WellPoint		4999.16	32.18			378.45	14758.25	percent of total billed charges	
CYSTO URETHRO. W/MANIUP URETRAL CALC.	52330	CPT	outpatient			4907	4585.08	Aetna	Medicare		3987.03				376.36	7419.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTO URETHRO. W/MANIUP URETRAL CALC.	52330	CPT	outpatient			4907	4585.08	Aetna	Better Health		1548.16	31.55			376.36	7419.86	percent of total billed charges	
CYSTO URETHRO. W/MANIUP URETRAL CALC.	52330	CPT	outpatient			4907	4585.08	Aetna	Commercial		6347.35				376.36	7419.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTO URETHRO. W/MANIUP URETRAL CALC.	52330	CPT	outpatient			4907	4585.08	Americare	Americare		3680.25	75			376.36	7419.86	percent of total billed charges	
CYSTO URETHRO. W/MANIUP URETRAL CALC.	52330	CPT	outpatient			4907	4585.08	Amerihealth	Medicare		3987.03				376.36	7419.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTO URETHRO. W/MANIUP URETRAL CALC.	52330	CPT	outpatient			4907	4585.08	Amerihealth	HMO/PPO		3189.55	65			376.36	7419.86	percent of total billed charges	
CYSTO URETHRO. W/MANIUP URETRAL CALC.	52330	CPT	outpatient			4907	4585.08	Consumer	Consumer		4661.65	95			376.36	7419.86	percent of total billed charges	
CYSTO URETHRO. W/MANIUP URETRAL CALC.	52330	CPT	outpatient			4907	4585.08	Corrections	Corrections		3925.6	80			376.36	7419.86	percent of total billed charges	
CYSTO URETHRO. W/MANIUP URETRAL CALC.	52330	CPT	outpatient			4907	4585.08	First Health	First Health		3434.9	70			376.36	7419.86	percent of total billed charges	
CYSTO URETHRO. W/MANIUP URETRAL CALC.	52330	CPT	outpatient			4907	4585.08	First Trenton	First Trenton		4416.3	90			376.36	7419.86	percent of total billed charges	
CYSTO URETHRO. W/MANIUP URETRAL CALC.	52330	CPT	outpatient			4907	4585.08	Horizon	PPO		7419.86				376.36	7419.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTO URETHRO. W/MANIUP URETRAL CALC.	52330	CPT	outpatient			4907	4585.08	Horizon	Indemnity		7419.86				376.36	7419.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTO URETHRO. W/MANIUP URETRAL CALC.	52330	CPT	outpatient			4907	4585.08	Horizon	MGD		7419.86				376.36	7419.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTO URETHRO. W/MANIUP URETRAL CALC.	52330	CPT	outpatient			4907	4585.08	Horizon	Medicare Blue		3987.03				376.36	7419.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTO URETHRO. W/MANIUP URETRAL CALC.	52330	CPT	outpatient			4907	4585.08	Horizon	NJ Health		376.36				376.36	7419.86	fee schedule	
CYSTO URETHRO. W/MANIUP URETRAL CALC.	52330	CPT	outpatient			4907	4585.08	Managed Care Inc	Managed Care Inc		4416.3	90			376.36	7419.86	percent of total billed charges	
CYSTO URETHRO. W/MANIUP URETRAL CALC.	52330	CPT	outpatient			4907	4585.08	Multiplan	Multiplan		3925.6	80			376.36	7419.86	percent of total billed charges	
CYSTO URETHRO. W/MANIUP URETRAL CALC.	52330	CPT	outpatient			4907	4585.08	Qualcare	Qualcare		3680.25	75			376.36	7419.86	percent of total billed charges	
CYSTO URETHRO. W/MANIUP URETRAL CALC.	52330	CPT	outpatient			4907	4585.08	Three Rivers	Three Rivers		4661.65	95			376.36	7419.86	percent of total billed charges	
CYSTO URETHRO. W/MANIUP URETRAL CALC.	52330	CPT	outpatient			4907	4585.08	UHC	Medicare		3987.03				376.36	7419.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTO URETHRO. W/MANIUP URETRAL CALC.	52330	CPT	outpatient			4907	4585.08	UHC	Medicaid		1548.16	31.55			376.36	7419.86	percent of total billed charges	
CYSTO URETHRO. W/MANIUP URETRAL CALC.	52330	CPT	outpatient			4907	4585.08	United	CommercialPPO		2776				376.36	7419.86	case rate	
CYSTO URETHRO. W/MANIUP URETRAL CALC.	52330	CPT	outpatient			4907	4585.08	United	Oxford		2776				376.36	7419.86	case rate	
CYSTO URETHRO. W/MANIUP URETRAL CALC.	52330	CPT	outpatient			4907	4585.08	Wellcare	Medicare		3987.03				376.36	7419.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTO URETHRO. W/MANIUP URETRAL CALC.	52330	CPT	outpatient			4907	4585.08	Wellcare	Medicaid		1548.16	31.55			376.36	7419.86	percent of total billed charges	
CYSTO URETHRO. W/MANIUP URETRAL CALC.	52330	CPT	outpatient			4907	4585.08	WellPoint	WellPoint		1579.07	32.18			376.36	7419.86	percent of total billed charges	
CYSTY W/INTER URETERAL STENT	52332	CPT	outpatient			11678	4585.08	Aetna	Better Health		3684.41	31.55			305.37	11094.1	percent of total billed charges	
CYSTY W/INTER URETERAL STENT	52332	CPT	outpatient			11678	4585.08	Aetna	Medicare		3596.82	30.8			305.37	11094.1	percent of total billed charges	
CYSTY W/INTER URETERAL STENT	52332	CPT	outpatient			11678	4585.08	Aetna	Commercial		6347.35				305.37	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTY W/INTER URETERAL STENT	52332	CPT	outpatient			11678	4585.08	Americare	Americare		8758.5	75			305.37	11094.1	percent of total billed charges	
CYSTY W/INTER URETERAL STENT	52332	CPT	outpatient			11678	4585.08	Amerihealth	HMO/PPO		7590.7	65			305.37	11094.1	percent of total billed charges	
CYSTY W/INTER URETERAL STENT	52332	CPT	outpatient			11678	4585.08	Amerihealth	Medicare		3987.03				305.37	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTY W/INTER URETERAL STENT	52332	CPT	outpatient			11678	4585.08	Consumer	Consumer		11094.1	95			305.37	11094.1	percent of total billed charges	
CYSTY W/INTER URETERAL STENT	52332	CPT	outpatient			11678	4585.08	Corrections	Corrections		9342.4	80			305.37	11094.1	percent of total billed charges	
CYSTY W/INTER URETERAL STENT	52332	CPT	outpatient			11678	4585.08	First Health	First Health		8174.6	70			305.37	11094.1	percent of total billed charges	
CYSTY W/INTER URETERAL STENT	52332	CPT	outpatient			11678	4585.08	First Trenton	First Trenton		10510.2	90			305.37	11094.1	percent of total billed charges	
CYSTY W/INTER URETERAL STENT	52332	CPT	outpatient			11678	4585.08	Horizon	MGD		7419.86				305.37	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTY W/INTER URETERAL STENT	52332	CPT	outpatient			11678	4585.08	Horizon	Medicare Blue		3987.03				305.37	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTY W/INTER URETERAL STENT	52332	CPT	outpatient			11678	4585.08	Horizon	PPO		7419.86				305.37	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTY W/INTER URETERAL STENT	52332	CPT	outpatient			11678	4585.08	Horizon	NJ Health		305.37				305.37	11094.1	fee schedule	
CYSTY W/INTER URETERAL STENT	52332	CPT	outpatient			11678	4585.08	Horizon	Indemnity		7419.86				305.37	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTY W/INTER URETERAL STENT	52332	CPT	outpatient			11678	4585.08	Managed Care Inc	Managed Care Inc		10510.2	90			305.37	11094.1	percent of total billed charges	
CYSTY W/INTER URETERAL STENT	52332	CPT	outpatient			11678	4585.08	Multiplan	Multiplan		9342.4	80			305.37	11094.1	percent of total billed charges	
CYSTY W/INTER URETERAL STENT	52332	CPT	outpatient			11678	4585.08	Qualcare	Qualcare		8758.5	75			305.37	11094.1	percent of total billed charges	
CYSTY W/INTER URETERAL STENT	52332	CPT	outpatient			11678	4585.08	Three Rivers	Three Rivers		11094.1	95			305.37	11094.1	percent of total billed charges	
CYSTY W/INTER URETERAL STENT	52332	CPT	outpatient			11678	4585.08	UHC	Medicaid		3684.41	31.55			305.37	11094.1	percent of total billed charges	
CYSTY W/INTER URETERAL STENT	52332	CPT	outpatient			11678	4585.08	UHC	Medicare		3987.03				305.37	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTY W/INTER URETERAL STENT	52332	CPT	outpatient			11678	4585.08	United	CommercialPPO		2776				305.37	11094.1	case rate	
CYSTY W/INTER URETERAL STENT	52332	CPT	outpatient			11678	4585.08	United	Oxford		2776				305.37	11094.1	case rate	
CYSTY W/INTER URETERAL STENT	52332	CPT	outpatient			11678	4585.08	Wellcare	Medicaid		3684.41	31.55			305.37	11094.1	percent of total billed charges	
CYSTY W/INTER URETERAL STENT	52332	CPT	outpatient			11678	4585.08	Wellcare	Medicare		3987.03				305.37	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTY W/INTER URETERAL STENT	52332	CPT	outpatient			11678	4585.08	WellPoint	WellPoint		3757.98	32.18			305.37	11094.1	percent of total billed charges	
CYSTO W RETGR INS OF GDE WR	52334	CPT	outpatient			10114	4585.08	Aetna	Commercial		6347.35				315.81	9608.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTO W RETGR INS OF GDE WR	52334	CPT	outpatient			10114	4585.08	Aetna	Better Health		3190.97	31.55			315.81	9608.3	percent of total billed charges	
CYSTO W RETGR INS OF GDE WR	52334	CPT	outpatient			10114	4585.08	Aetna	Medicare		3987.03				315.81	9608.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTO W RETGR INS OF GDE WR	52334	CPT	outpatient			10114	4585.08	Americare	Americare		7565.5	75			315.81	9608.3	percent of total billed charges	
CYSTO W RETGR INS OF GDE WR	52334	CPT	outpatient			10114	4585.08	Amerihealth	HMO/PPO		6574.1	65			315.81	9608.3	percent of total billed charges	
CYSTO W RETGR INS OF GDE WR	52334	CPT	outpatient			10114	4585.08	Amerihealth	Medicare		3987.03				315.81	9608.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101191	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CYSTO W RETGR INS OF GDE WR	52334	CPT	outpatient			10114	4585.08	Consumer	Consumer		9608.3	95			315.81		9608.3 percent of total billed charges	
CYSTO W RETGR INS OF GDE WR	52334	CPT	outpatient			10114	4585.08	Corrections	Corrections		8091.2	80			315.81		9608.3 percent of total billed charges	
CYSTO W RETGR INS OF GDE WR	52334	CPT	outpatient			10114	4585.08	First Health	First Health		7079.8	70			315.81		9608.3 percent of total billed charges	
CYSTO W RETGR INS OF GDE WR	52334	CPT	outpatient			10114	4585.08	First Trenton	First Trenton		9102.6	90			315.81		9608.3 percent of total billed charges	
CYSTO W RETGR INS OF GDE WR	52334	CPT	outpatient			10114	4585.08	Horizon	NJ Health		315.81				315.81		9608.3 fee schedule	
CYSTO W RETGR INS OF GDE WR	52334	CPT	outpatient			10114	4585.08	Horizon	Indemnity		7419.86				315.81		9608.3 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTO W RETGR INS OF GDE WR	52334	CPT	outpatient			10114	4585.08	Horizon	MGD		7419.86				315.81		9608.3 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTO W RETGR INS OF GDE WR	52334	CPT	outpatient			10114	4585.08	Horizon	PPO		7419.86				315.81		9608.3 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTO W RETGR INS OF GDE WR	52334	CPT	outpatient			10114	4585.08	Horizon	Medicare Blue		3987.03				315.81		9608.3 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTO W RETGR INS OF GDE WR	52334	CPT	outpatient			10114	4585.08	Managed Care Inc	Managed Care Inc		9102.6	90			315.81		9608.3 percent of total billed charges	
CYSTO W RETGR INS OF GDE WR	52334	CPT	outpatient			10114	4585.08	Multiplan	Multiplan		8091.2	80			315.81		9608.3 percent of total billed charges	
CYSTO W RETGR INS OF GDE WR	52334	CPT	outpatient			10114	4585.08	Qualcare	Qualcare		7585.5	75			315.81		9608.3 percent of total billed charges	
CYSTO W RETGR INS OF GDE WR	52334	CPT	outpatient			10114	4585.08	Three Rivers	Three Rivers		9608.3	95			315.81		9608.3 percent of total billed charges	
CYSTO W RETGR INS OF GDE WR	52334	CPT	outpatient			10114	4585.08	UHC	Medicare		3987.03				315.81		9608.3 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTO W RETGR INS OF GDE WR	52334	CPT	outpatient			10114	4585.08	UHC	Medicaid		3190.97	31.55			315.81		9608.3 percent of total billed charges	
CYSTO W RETGR INS OF GDE WR	52334	CPT	outpatient			10114	4585.08	United	Oxford		2776				315.81		9608.3 case rate	
CYSTO W RETGR INS OF GDE WR	52334	CPT	outpatient			10114	4585.08	United	CommercialPPO		2776				315.81		9608.3 case rate	
CYSTO W RETGR INS OF GDE WR	52334	CPT	outpatient			10114	4585.08	Wellcare	Medicare		3987.03				315.81		9608.3 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTO W RETGR INS OF GDE WR	52334	CPT	outpatient			10114	4585.08	Wellcare	Medicaid		3190.97	31.55			315.81		9608.3 percent of total billed charges	
CYSTO W RETGR INS OF GDE WR	52334	CPT	outpatient			10114	4585.08	WellPoint	WellPoint		3254.69	32.18			315.81		9608.3 percent of total billed charges	
CYSTOURETHROSCOPY; WIRX URET STRICT	52341	CPT	outpatient			7898	4585.08	Aetna	Commercial		6347.35				475.02		7503.1 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOURETHROSCOPY; WIRX URET STRICT	52341	CPT	outpatient			7898	4585.08	Aetna	Better Health		2491.82	31.55			475.02		7503.1 percent of total billed charges	
CYSTOURETHROSCOPY; WIRX URET STRICT	52341	CPT	outpatient			7898	4585.08	Aetna	Medicare		3987.03				475.02		7503.1 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOURETHROSCOPY; WIRX URET STRICT	52341	CPT	outpatient			7898	4585.08	Americare	Americare		5923.5	75			475.02		7503.1 percent of total billed charges	
CYSTOURETHROSCOPY; WIRX URET STRICT	52341	CPT	outpatient			7898	4585.08	Amerihealth	HMO/PPO		5133.7	65			475.02		7503.1 percent of total billed charges	
CYSTOURETHROSCOPY; WIRX URET STRICT	52341	CPT	outpatient			7898	4585.08	Amerihealth	Medicare		3987.03				475.02		7503.1 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOURETHROSCOPY; WIRX URET STRICT	52341	CPT	outpatient			7898	4585.08	Consumer	Consumer		7503.1	95			475.02		7503.1 percent of total billed charges	
CYSTOURETHROSCOPY; WIRX URET STRICT	52341	CPT	outpatient			7898	4585.08	Corrections	Corrections		6318.4	80			475.02		7503.1 percent of total billed charges	
CYSTOURETHROSCOPY; WIRX URET STRICT	52341	CPT	outpatient			7898	4585.08	First Health	First Health		5528.6	70			475.02		7503.1 percent of total billed charges	
CYSTOURETHROSCOPY; WIRX URET STRICT	52341	CPT	outpatient			7898	4585.08	First Trenton	First Trenton		7108.2	90			475.02		7503.1 percent of total billed charges	
CYSTOURETHROSCOPY; WIRX URET STRICT	52341	CPT	outpatient			7898	4585.08	Horizon	Indemnity		7419.86				475.02		7503.1 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOURETHROSCOPY; WIRX URET STRICT	52341	CPT	outpatient			7898	4585.08	Horizon	MGD		7419.86				475.02		7503.1 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOURETHROSCOPY; WIRX URET STRICT	52341	CPT	outpatient			7898	4585.08	Horizon	NJ Health		475.02				475.02		7503.1 fee schedule	
CYSTOURETHROSCOPY; WIRX URET STRICT	52341	CPT	outpatient			7898	4585.08	Horizon	Medicare Blue		3987.03				475.02		7503.1 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOURETHROSCOPY; WIRX URET STRICT	52341	CPT	outpatient			7898	4585.08	Horizon	PPO		7419.86				475.02		7503.1 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOURETHROSCOPY; WIRX URET STRICT	52341	CPT	outpatient			7898	4585.08	Managed Care Inc	Managed Care Inc		7108.2	90			475.02		7503.1 percent of total billed charges	
CYSTOURETHROSCOPY; WIRX URET STRICT	52341	CPT	outpatient			7898	4585.08	Multiplan	Multiplan		6318.4	80			475.02		7503.1 percent of total billed charges	
CYSTOURETHROSCOPY; WIRX URET STRICT	52341	CPT	outpatient			7898	4585.08	Qualcare	Qualcare		5923.5	75			475.02		7503.1 percent of total billed charges	
CYSTOURETHROSCOPY; WIRX URET STRICT	52341	CPT	outpatient			7898	4585.08	Three Rivers	Three Rivers		7503.1	95			475.02		7503.1 percent of total billed charges	
CYSTOURETHROSCOPY; WIRX URET STRICT	52341	CPT	outpatient			7898	4585.08	UHC	Medicaid		2491.82	31.55			475.02		7503.1 percent of total billed charges	
CYSTOURETHROSCOPY; WIRX URET STRICT	52341	CPT	outpatient			7898	4585.08	UHC	Medicare		3987.03				475.02		7503.1 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOURETHROSCOPY; WIRX URET STRICT	52341	CPT	outpatient			7898	4585.08	United	CommercialPPO		2776				475.02		7503.1 case rate	
CYSTOURETHROSCOPY; WIRX URET STRICT	52341	CPT	outpatient			7898	4585.08	United	Oxford		2776				475.02		7503.1 case rate	
CYSTOURETHROSCOPY; WIRX URET STRICT	52341	CPT	outpatient			7898	4585.08	Wellcare	Medicaid		2491.82	31.55			475.02		7503.1 percent of total billed charges	
CYSTOURETHROSCOPY; WIRX URET STRICT	52341	CPT	outpatient			7898	4585.08	Wellcare	Medicare		3987.03				475.02		7503.1 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOURETHROSCOPY; WIRX URET STRICT	52341	CPT	outpatient			7898	4585.08	WellPoint	WellPoint		2541.58	32.18			475.02		7503.1 percent of total billed charges	
URETEROSCOPY	52351	CPT	outpatient			11678	4585.08	Aetna	Better Health		3684.41	31.55			456.75		11094.1 percent of total billed charges	
URETEROSCOPY	52351	CPT	outpatient			11678	4585.08	Aetna	Commercial		6347.35				456.75		11094.1 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETEROSCOPY	52351	CPT	outpatient			11678	4585.08	Aetna	Medicare		3987.03				456.75		11094.1 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETEROSCOPY	52351	CPT	outpatient			11678	4585.08	Americare	Americare		8758.5	75			456.75		11094.1 percent of total billed charges	
URETEROSCOPY	52351	CPT	outpatient			11678	4585.08	Amerihealth	HMO/PPO		7590.7	65			456.75		11094.1 percent of total billed charges	
URETEROSCOPY	52351	CPT	outpatient			11678	4585.08	Amerihealth	Medicare		3987.03				456.75		11094.1 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETEROSCOPY	52351	CPT	outpatient			11678	4585.08	Consumer	Consumer		11094.1	95			456.75		11094.1 percent of total billed charges	
URETEROSCOPY	52351	CPT	outpatient			11678	4585.08	Corrections	Corrections		9342.4	80			456.75		11094.1 percent of total billed charges	
URETEROSCOPY	52351	CPT	outpatient			11678	4585.08	First Health	First Health		8174.6	70			456.75		11094.1 percent of total billed charges	
URETEROSCOPY	52351	CPT	outpatient			11678	4585.08	First Trenton	First Trenton		10510.2	90			456.75		11094.1 percent of total billed charges	
URETEROSCOPY	52351	CPT	outpatient			11678	4585.08	Horizon	MGD		7419.86				456.75		11094.1 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETEROSCOPY	52351	CPT	outpatient			11678	4585.08	Horizon	Medicare Blue		3987.03				456.75		11094.1 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETEROSCOPY	52351	CPT	outpatient			11678	4585.08	Horizon	Indemnity		7419.86				456.75		11094.1 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETEROSCOPY	52351	CPT	outpatient			11678	4585.08	Horizon	NJ Health		456.75				456.75		11094.1 fee schedule	
URETEROSCOPY	52351	CPT	outpatient			11678	4585.08	Horizon	PPO		7419.86				456.75		11094.1 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETEROSCOPY	52351	CPT	outpatient			11678	4585.08	Managed Care Inc	Managed Care Inc		10510.2	90			456.75		11094.1 percent of total billed charges	
URETEROSCOPY	52351	CPT	outpatient			11678	4585.08	Multiplan	Multiplan		9342.4	80			456.75		11094.1 percent of total billed charges	
URETEROSCOPY	52351	CPT	outpatient			11678	4585.08	Qualcare	Qualcare		8758.5	75			456.75		11094.1 percent of total billed charges	
URETEROSCOPY	52351	CPT	outpatient			11678	4585.08	Three Rivers	Three Rivers		11094.1	95			456.75		11094.1 percent of total billed charges	
URETEROSCOPY	52351	CPT	outpatient			11678	4585.08	UHC	Medicare		3987.03				456.75		11094.1 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETEROSCOPY	52351	CPT	outpatient			11678	4585.08	UHC	Medicaid		3684.41	31.55			456.75		11094.1 percent of total billed charges	
URETEROSCOPY	52351	CPT	outpatient			11678	4585.08	United	Oxford		2776				456.75		11094.1 case rate	
URETEROSCOPY	52351	CPT	outpatient			11678	4585.08	United	CommercialPPO		2776				456.75		11094.1 case rate	
URETEROSCOPY	52351	CPT	outpatient			11678	4585.08	Wellcare	Medicaid		3684.41	31.55			456.75		11094.1 percent of total billed charges	
URETEROSCOPY	52351	CPT	outpatient			11678	4585.08	Wellcare	Medicare		3987.03				456.75		11094.1 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETEROSCOPY	52351	CPT	outpatient			11678	4585.08	WellPoint	WellPoint		3757.98	32.18			456.75		11094.1 percent of total billed charges	
URETEROSCOPY W/CALCUL REMOVAL	52352	CPT	outpatient			11678	4585.08	Aetna	Commercial		6347.35				584.64		11094.1 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETEROSCOPY W/CALCUL REMOVAL	52352	CPT	outpatient			11678	4585.08	Aetna	Better Health		3684.41	31.55			584.64		11094.1 percent of total billed charges	
URETEROSCOPY W/CALCUL REMOVAL	52352	CPT	outpatient			11678	4585.08	Aetna	Medicare		3987.03				584.64		11094.1 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETEROSCOPY W/CALCUL REMOVAL	52352	CPT	outpatient			11678	4585.08	Americare	Americare		8758.5	75			584.64		11094.1 percent of total billed charges	
URETEROSCOPY W/CALCUL REMOVAL	52352	CPT	outpatient			11678	4585.08	Amerihealth	HMO/PPO		7590.7	65			584.64		11094.1 percent of total billed charges	
URETEROSCOPY W/CALCUL REMOVAL	52352	CPT	outpatient			11678	4585.08	Amerihealth	Medicare		3987.03				584.64		11094.1 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETEROSCOPY W/CALCUL REMOVAL	52352	CPT	outpatient			11678	4585.08	Consumer	Consumer		11094.1	95			584.64		11094.1 percent of total billed charges	
URETEROSCOPY W/CALCUL REMOVAL	52352	CPT	outpatient			11678	4585.08	Corrections	Corrections		9342.4	80			584.64		11094.1 percent of total billed charges	
URETEROSCOPY W/CALCUL REMOVAL	52352	CPT	outpatient			11678	4585.08	First Health	First Health		8174.6	70			584.64		11094.1 percent of total billed charges	
URETEROSCOPY W/CALCUL REMOVAL	52352	CPT	outpatient			11678	4585.08	First Trenton	First Trenton		10510.2	90			584.64		11094.1 percent of total billed charges	
URETEROSCOPY W/CALCUL REMOVAL	52352	CPT	outpatient			11678	4585.08	Horizon	MGD		7419.86				584.64		11094.1 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETEROSCOPY W/CALCUL REMOVAL	52352	CPT	outpatient			11678	4585.08	Horizon	NJ Health		584.64				584.64		11094.1 fee schedule	
URETEROSCOPY W/CALCUL REMOVAL	52352	CPT	outpatient			11678	4585.08	Horizon	Indemnity		7419.86				584.64		11094.1 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETEROSCOPY W/CALCUL REMOVAL	52352	CPT	outpatient			11678	4585.08	Horizon	Medicare Blue		3987.03				584.64		11094.1 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETEROSCOPY W/CALCUL REMOVAL	52352	CPT	outpatient			11678	4585.08	Horizon	PPO		7419.86				584.64		11094.1 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETEROSCOPY W/CALCUL REMOVAL	52352	CPT	outpatient			11678	4585.08	Managed Care Inc	Managed Care Inc		10510.2	90			584.64		11094.1 percent of total billed charges	
URETEROSCOPY W/CALCUL REMOVAL	52352	CPT	outpatient			11678	4585.08	Multiplan	Multiplan		9342.4	80			584.64		11094.1 percent of total billed charges	
URETEROSCOPY W/CALCUL REMOVAL	52352	CPT	outpatient			11678	4585.08	Qualcare	Qualcare		8758.5	75			584.64		11094.1 percent of total billed charges	
URETEROSCOPY W/CALCUL REMOVAL	52352	CPT	outpatient			11678	4585.08	Three Rivers	Three Rivers		11094.1	95			584.64		11094.1 percent of total billed charges	
URETEROSCOPY W/CALCUL REMOVAL	52352	CPT	outpatient			11678	4585.08	UHC	Medicare		3987.03				584.64		11094.1 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETEROSCOPY W/CALCUL REMOVAL	52352	CPT	outpatient			11678	4585.08	UHC	Medicaid		3684.41	31.55			584.64		11094.1 percent of total billed charges	
URETEROSCOPY W/CALCUL REMOVAL	52352	CPT	outpatient			11678	4585.08	United	Oxford		2776				584.64		11094.1 case rate	
URETEROSCOPY W/CALCUL REMOVAL	52352	CPT	outpatient			11678	4585.08	United	CommercialPPO		2776				584.64		11094.1 case rate	
URETEROSCOPY W/CALCUL REMOVAL	52352	CPT	outpatient			11678	4585.08	Wellcare	Medicaid		3684.41	31.55			584.64		11094.1 percent of total billed charges	
URETEROSCOPY W/CALCUL REMOVAL	52352	CPT	outpatient			11678	4585.08	Wellcare	Medicare		3987.03				584.64		11094.1 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETEROSCOPY W/CALCUL REMOVAL	52352	CPT	outpatient			11678	4585.08	WellPoint	WellPoint		3757.98	32.18			584.64		11094.1 percent of total billed charges	
CYSTO URETHRO.W/BIOPSY OR FULG	52354	CPT	outpatient			16455	6805.44	Aetna	Commercial		9421.09				639.45		15632.25 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTO URETHRO.W/BIOPSY OR FULG	52354	CPT	outpatient			16455	6805.44	Aetna	Better Health		5191.55	31.55			639.45		15632.25 percent of total billed charges	
CYSTO URETHRO.W/BIOPSY OR FULG	52354	CPT	outpatient			16455	6805.44	Aetna	Medicare		5917.77				639.45		15632.25 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTO URETHRO.W/BIOPSY OR FULG	52354	CPT	outpatient			16455	6805.44	Americare	Americare		12341.25	75			639.45		15632.25 percent of total billed charges	
CYSTO URETHRO.W/BIOPSY OR FULG	52354	CPT	outpatient			16455	6805.44	Amerihealth	HMO/PPO		10695.75	65			639.45		15632.25 percent of total billed charges	
CYSTO URETHRO.W/BIOPSY OR FULG	52354	CPT	outpatient			16455	6805.44	Amerihealth	Medicare		5917.77				639.45		15632.25 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTO URETHRO.W/BIOPSY OR FULG	52354	CPT	outpatient			16455	6805.44	Consumer	Consumer		15632.25	95			639.45		15632.25 percent of total billed charges	
CYSTO URETHRO.W/BIOPSY OR FULG	52354	CPT	outpatient			16455	6805.44	Corrections	Corrections		13164	80			639.45		15632.25 percent of total billed charges	
CYSTO URETHRO.W/BIOPSY OR FULG	52354	CPT	outpatient			16455	6805.44	First Health	First Health		11518.5	70			639.45		15632.25 percent of total billed charges	
CYSTO URETHRO.W/BIOPSY OR FULG	52354	CPT	outpatient			16455	6805.44	First Trenton	First Trenton		14809.5	90			639.45		15632.25 percent of total billed charges	
CYSTO URETHRO.W/BIOPSY OR FULG	52354	CPT	outpatient			16455	6805.44	Horizon	MGD		11012.97				639.45		15632.25 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTO URETHRO.W/BIOPSY OR FULG	52354	CPT	outpatient			16455	6805.44	Horizon	Medicare Blue		5917.77				639.45		15632.25 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTO URETHRO.W/BIOPSY OR FULG	52354	CPT	outpatient			16455	6805.44	Horizon	Indemnity		11012.97				639.45		15632.25 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTO URETHRO.W/BIOPSY OR FULG	52354	CPT	outpatient			16455	6805.44	Horizon	NJ Health		639.45				639.45		15632.25 fee schedule	
CYSTO URETHRO.W/BIOPSY OR FULG	52354	CPT	outpatient			16455	6805.44	Horizon	PPO		11012.97				639.45		15632.25 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTO URETHRO.W/BIOPSY OR FULG	52354	CPT	outpatient			16455	6805.44	Managed Care Inc	Managed Care Inc		14809.5	90			639.45		15632.25 percent of total billed charges	
CYSTO URETHRO.W/BIOPSY OR FULG	52354	CPT	outpatient			16455	6805.44	Multiplan	Multiplan		13164	80			639.45		15632.25 percent of total billed charges	
CYSTO URETHRO.W/BIOPSY OR FULG	52354	CPT	outpatient			16455	6805.44	Qualcare	Qualcare		12341.25	75			639.45		15632.25 percent of total billed charges	
CYSTO URETHRO.W/BIOPSY OR FULG	52354	CPT	outpatient			16455	6805.44	Three Rivers	Three Rivers		15632.25	95			639.45		15632.25 percent of total billed charges	
CYSTO URETHRO.W/BIOPSY OR FULG	52354	CPT	outpatient			16455	6805.44	UHC	Medicaid		5191.55	31.55			639.45		15632.25 percent of total billed charges	
CYSTO URETHRO.W/BIOPSY OR FULG	52354	CPT	outpatient			16455	6805.44	UHC	Medicare		5917.77				639.45		15632.25 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTO URETHRO.W/BIOPSY OR FULG	52354	CPT	outpatient			16455	6805.44	United	Oxford		2776				639.45		15632.25 case rate	
CYSTO URETHRO.W/BIOPSY OR FULG	52354	CPT	outpatient			16455	6805.44	United	CommercialPPO		2776				639.45		15632.25 case rate	
CYSTO URETHRO.W/BIOPSY OR FULG	52354	CPT	outpatient			16455	6805.44	Wellcare	Medicaid		5191.55	31.55			639.45		15632.25 percent of total billed charges	
CYSTO URETHRO.W/BIOPSY OR FULG	52354	CPT	outpatient			16455	6805.44	Wellcare	Medicare		5917.77				639.45		15632.25 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTO URETHRO.W/BIOPSY OR FULG	52354	CPT	outpatient			16455	6805.44	WellPoint	WellPoint		5295.22	32.18			639.45		15632.25 percent of total billed charges	
CYSTO URETHRO W/TRANS DRAIN PR	52700	CPT	outpatient			8159	4585.08	Aetna	Better Health		2574.16	31.55			356.72		7751.05 percent of total billed charges	
CYSTO URETHRO W/TRANS DRAIN PR	52700	CPT	outpatient			8159	4585.08	Aetna	Commercial		6347.35				356.72		7751.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTO URETHRO W/TRANS DRAIN PR	52700	CPT	outpatient			8159	4585.08	Aetna	Medicare		3987.03				356.72		7751.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTO URETHRO W/TRANS DRAIN PR	52700	CPT	outpatient			8159	4585.08	Americare	Americare		6119.25	75			356.72		7751.05 percent of total billed charges	
CYSTO URETHRO W/TRANS DRAIN PR	52700	CPT	outpatient			8159	4585.08	Amerihealth	HMO/PPO		5303.35	65			356.72		7751.05 percent of total billed charges	
CYSTO URETHRO W/TRANS DRAIN PR	52700	CPT	outpatient			8159	4585.08	Amerihealth	Medicare		3987.03				356.72		7751.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTO URETHRO W/TRANS DRAIN PR	52700	CPT	outpatient			8159	4585.08	Consumer	Consumer		7751.05	95			356.72		7751.05 percent of total billed charges	
CYSTO URETHRO W/TRANS DRAIN PR	52700	CPT	outpatient			8159	4585.08	Corrections	Corrections		6527.2	80			356.72		7751.05 percent of total billed charges	
CYSTO URETHRO W/TRANS DRAIN PR	52700	CPT	outpatient			8159	4585.08	First Health	First Health		5711.3	70			356.72		7751.05 percent of total billed charges	
CYSTO URETHRO W/TRANS DRAIN PR	52700	CPT	outpatient			8159	4585.08	First Trenton	First Trenton		7343.1	90			356.72		7751.05 percent of total billed charges	
CYSTO URETHRO W/TRANS DRAIN PR	52700	CPT	outpatient			8159	4585.08	Horizon	Indemnity		7419.86				356.72		7751.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTO URETHRO W/TRANS DRAIN PR	52700	CPT	outpatient			8159	4585.08	Horizon	Medicare Blue		3987.03				356.72		7751.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTO URETHRO W/TRANS DRAIN PR	52700	CPT	outpatient			8159	4585.08	Horizon	NJ Health		356.72				356.72		7751.05 fee schedule	
CYSTO URETHRO W/TRANS DRAIN PR	52700	CPT	outpatient			8159	4585.08	Horizon	PPO		7419.86				356.72		7751.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTO URETHRO W/TRANS DRAIN PR	52700	CPT	outpatient			8159	4585.08	Horizon	MGD		7419.86				356.72		7751.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTO URETHRO W/TRANS DRAIN PR	52700	CPT	outpatient			8159	4585.08	Managed Care Inc	Managed Care Inc		7343.1	90			356.72		7751.05 percent of total billed charges	
CYSTO URETHRO W/TRANS DRAIN PR	52700	CPT	outpatient			8159	4585.08	Multiplan	Multiplan		6527.2	80			356.72		7751.05 percent of total billed charges	
CYSTO URETHRO W/TRANS DRAIN PR	52700	CPT	outpatient			8159	4585.08	Qualcare	Qualcare		6119.25	75			356.72		7751.05 percent of total billed charges	
CYSTO URETHRO W/TRANS DRAIN PR	52700	CPT	outpatient			8159	4585.08	Three Rivers	Three Rivers		7751.05	95			356.72		7751.05 percent of total billed charges	
CYSTO URETHRO W/TRANS DRAIN PR	52700	CPT	outpatient			8159	4585.08	UHC	Medicare		3987.03				356.72		7751.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTO URETHRO W/TRANS DRAIN PR	52700	CPT	outpatient			8159	4585.08	UHC	Medicaid		2574.16	31.55			356.72		7751.05 percent of total billed charges	
CYSTO URETHRO W/TRANS DRAIN PR	52700	CPT	outpatient			8159	4585.08	United	Oxford		2776				356.72		7751.05 case rate	
CYSTO URETHRO W/TRANS DRAIN PR	52700	CPT	outpatient			8159	4585.08	United	CommercialPPO		2776				356.72		7751.05 case rate	
CYSTO URETHRO W/TRANS DRAIN PR	52700	CPT	outpatient			8159	4585.08	Wellcare	Medicare		3987.03				356.72		7751.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CYSTO URETHRO W/TRANS DRAIN PR	52700	CPT	outpatient			8159	4585.08	Wellcare	Medicaid		2574.16	31.55			356.72	7751.05	percent of total billed charges	
CYSTO URETHRO W/TRANS DRAIN PR	52700	CPT	outpatient			8159	4585.08	WellPoint	WellPoint		2625.57	32.18			356.72	7751.05	percent of total billed charges	
MEATOTMY	53020	CPT	outpatient			6758	2678.87	Aetna	Commercial		3708.48				65.77	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MEATOTMY	53020	CPT	outpatient			6758	2678.87	Aetna	Better Health		2132.15	31.55			65.77	6420.1	percent of total billed charges	
MEATOTMY	53020	CPT	outpatient			6758	2678.87	Aetna	Medicare		2081.46	30.8			65.77	6420.1	percent of total billed charges	
MEATOTMY	53020	CPT	outpatient			6758	2678.87	Americare	Americare		5068.5	75			65.77	6420.1	percent of total billed charges	
MEATOTMY	53020	CPT	outpatient			6758	2678.87	Amerihealth	Medicare		2329.45				65.77	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MEATOTMY	53020	CPT	outpatient			6758	2678.87	Amerihealth	HMO/PPO		4392.7	65			65.77	6420.1	percent of total billed charges	
MEATOTMY	53020	CPT	outpatient			6758	2678.87	Consumer	Consumer		6420.1	95			65.77	6420.1	percent of total billed charges	
MEATOTMY	53020	CPT	outpatient			6758	2678.87	Corrections	Corrections		5406.4	80			65.77	6420.1	percent of total billed charges	
MEATOTMY	53020	CPT	outpatient			6758	2678.87	First Health	First Health		4730.6	70			65.77	6420.1	percent of total billed charges	
MEATOTMY	53020	CPT	outpatient			6758	2678.87	First Trenton	First Trenton		6082.2	90			65.77	6420.1	percent of total billed charges	
MEATOTMY	53020	CPT	outpatient			6758	2678.87	Horizon	Medicare Blue		2329.45				65.77	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MEATOTMY	53020	CPT	outpatient			6758	2678.87	Horizon	MGD		4335.11				65.77	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MEATOTMY	53020	CPT	outpatient			6758	2678.87	Horizon	Indemnity		4335.11				65.77	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MEATOTMY	53020	CPT	outpatient			6758	2678.87	Horizon	NJ Health		65.77				65.77	6420.1	fee schedule	
MEATOTMY	53020	CPT	outpatient			6758	2678.87	Horizon	PPO		4335.11				65.77	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MEATOTMY	53020	CPT	outpatient			6758	2678.87	Managed Care Inc	Managed Care Inc		6082.2	90			65.77	6420.1	percent of total billed charges	
MEATOTMY	53020	CPT	outpatient			6758	2678.87	Multiplan	Multiplan		5406.4	80			65.77	6420.1	percent of total billed charges	
MEATOTMY	53020	CPT	outpatient			6758	2678.87	Qualcare	Qualcare		5068.5	75			65.77	6420.1	percent of total billed charges	
MEATOTMY	53020	CPT	outpatient			6758	2678.87	Three Rivers	Three Rivers		6420.1	95			65.77	6420.1	percent of total billed charges	
MEATOTMY	53020	CPT	outpatient			6758	2678.87	UHC	Medicaid		2132.15	31.55			65.77	6420.1	percent of total billed charges	
MEATOTMY	53020	CPT	outpatient			6758	2678.87	UHC	Medicare		2329.45				65.77	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MEATOTMY	53020	CPT	outpatient			6758	2678.87	United	Oxford		2776				65.77	6420.1	case rate	
MEATOTMY	53020	CPT	outpatient			6758	2678.87	United	Commercial|PPO		2776				65.77	6420.1	case rate	
MEATOTMY	53020	CPT	outpatient			6758	2678.87	Wellcare	Medicare		2329.45				65.77	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MEATOTMY	53020	CPT	outpatient			6758	2678.87	Wellcare	Medicaid		2132.15	31.55			65.77	6420.1	percent of total billed charges	
MEATOTMY	53020	CPT	outpatient			6758	2678.87	WellPoint	WellPoint		2174.72	32.18			65.77	6420.1	percent of total billed charges	
URETHRO. W/DRAIN OF PER ABSCE	53040	CPT	outpatient			11678	4585.08	Aetna	Medicare		3987.03				144.67	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETHRO. W/DRAIN OF PER ABSCE	53040	CPT	outpatient			11678	4585.08	Aetna	Commercial		6347.35				144.67	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETHRO. W/DRAIN OF PER ABSCE	53040	CPT	outpatient			11678	4585.08	Aetna	Better Health		3684.41	31.55			144.67	11094.1	percent of total billed charges	
URETHRO. W/DRAIN OF PER ABSCE	53040	CPT	outpatient			11678	4585.08	Americare	Americare		8758.5	75			144.67	11094.1	percent of total billed charges	
URETHRO. W/DRAIN OF PER ABSCE	53040	CPT	outpatient			11678	4585.08	Amerihealth	HMO/PPO		7590.7	65			144.67	11094.1	percent of total billed charges	
URETHRO. W/DRAIN OF PER ABSCE	53040	CPT	outpatient			11678	4585.08	Amerihealth	Medicare		3987.03				144.67	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETHRO. W/DRAIN OF PER ABSCE	53040	CPT	outpatient			11678	4585.08	Consumer	Consumer		11094.1	95			144.67	11094.1	percent of total billed charges	
URETHRO. W/DRAIN OF PER ABSCE	53040	CPT	outpatient			11678	4585.08	Corrections	Corrections		9342.4	80			144.67	11094.1	percent of total billed charges	
URETHRO. W/DRAIN OF PER ABSCE	53040	CPT	outpatient			11678	4585.08	First Health	First Health		8174.6	70			144.67	11094.1	percent of total billed charges	
URETHRO. W/DRAIN OF PER ABSCE	53040	CPT	outpatient			11678	4585.08	First Trenton	First Trenton		10510.2	90			144.67	11094.1	percent of total billed charges	
URETHRO. W/DRAIN OF PER ABSCE	53040	CPT	outpatient			11678	4585.08	Horizon	MGD		7419.86				144.67	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETHRO. W/DRAIN OF PER ABSCE	53040	CPT	outpatient			11678	4585.08	Horizon	Medicare Blue		3987.03				144.67	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETHRO. W/DRAIN OF PER ABSCE	53040	CPT	outpatient			11678	4585.08	Horizon	Indemnity		7419.86				144.67	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETHRO. W/DRAIN OF PER ABSCE	53040	CPT	outpatient			11678	4585.08	Horizon	PPO		7419.86				144.67	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETHRO. W/DRAIN OF PER ABSCE	53040	CPT	outpatient			11678	4585.08	Horizon	NJ Health		144.67				144.67	11094.1	fee schedule	
URETHRO. W/DRAIN OF PER ABSCE	53040	CPT	outpatient			11678	4585.08	Managed Care Inc	Managed Care Inc		10510.2	90			144.67	11094.1	percent of total billed charges	
URETHRO. W/DRAIN OF PER ABSCE	53040	CPT	outpatient			11678	4585.08	Multiplan	Multiplan		9342.4	80			144.67	11094.1	percent of total billed charges	
URETHRO. W/DRAIN OF PER ABSCE	53040	CPT	outpatient			11678	4585.08	Qualcare	Qualcare		8758.5	75			144.67	11094.1	percent of total billed charges	
URETHRO. W/DRAIN OF PER ABSCE	53040	CPT	outpatient			11678	4585.08	Three Rivers	Three Rivers		11094.1	95			144.67	11094.1	percent of total billed charges	
URETHRO. W/DRAIN OF PER ABSCE	53040	CPT	outpatient			11678	4585.08	UHC	Medicaid		3684.41	31.55			144.67	11094.1	percent of total billed charges	
URETHRO. W/DRAIN OF PER ABSCE	53040	CPT	outpatient			11678	4585.08	UHC	Medicare		3987.03				144.67	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETHRO. W/DRAIN OF PER ABSCE	53040	CPT	outpatient			11678	4585.08	United	Commercial|PPO		2776				144.67	11094.1	case rate	
URETHRO. W/DRAIN OF PER ABSCE	53040	CPT	outpatient			11678	4585.08	United	Oxford		2776				144.67	11094.1	case rate	
URETHRO. W/DRAIN OF PER ABSCE	53040	CPT	outpatient			11678	4585.08	Wellcare	Medicare		3987.03				144.67	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETHRO. W/DRAIN OF PER ABSCE	53040	CPT	outpatient			11678	4585.08	Wellcare	Medicaid		3684.41	31.55			144.67	11094.1	percent of total billed charges	
URETHRO. W/DRAIN OF PER ABSCE	53040	CPT	outpatient			11678	4585.08	WellPoint	WellPoint		3757.98	32.18			144.67	11094.1	percent of total billed charges	
URE.W/DRAIN SKEN GLAND ABSC/CY	53060	CPT	outpatient			7540	2678.87	Aetna	Medicare		2322.32	30.8			82.32	7163	percent of total billed charges	
URE.W/DRAIN SKEN GLAND ABSC/CY	53060	CPT	outpatient			7540	2678.87	Aetna	Commercial		3708.48				82.32	7163	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URE.W/DRAIN SKEN GLAND ABSC/CY	53060	CPT	outpatient			7540	2678.87	Aetna	Better Health		2378.87	31.55			82.32	7163	percent of total billed charges	
URE.W/DRAIN SKEN GLAND ABSC/CY	53060	CPT	outpatient			7540	2678.87	Americare	Americare		5655	75			82.32	7163	percent of total billed charges	
URE.W/DRAIN SKEN GLAND ABSC/CY	53060	CPT	outpatient			7540	2678.87	Amerihealth	HMO/PPO		4901	65			82.32	7163	percent of total billed charges	
URE.W/DRAIN SKEN GLAND ABSC/CY	53060	CPT	outpatient			7540	2678.87	Amerihealth	Medicare		2329.45				82.32	7163	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URE.W/DRAIN SKEN GLAND ABSC/CY	53060	CPT	outpatient			7540	2678.87	Consumer	Consumer		7163	95			82.32	7163	percent of total billed charges	
URE.W/DRAIN SKEN GLAND ABSC/CY	53060	CPT	outpatient			7540	2678.87	Corrections	Corrections		6032	80			82.32	7163	percent of total billed charges	
URE.W/DRAIN SKEN GLAND ABSC/CY	53060	CPT	outpatient			7540	2678.87	First Health	First Health		5278	70			82.32	7163	percent of total billed charges	
URE.W/DRAIN SKEN GLAND ABSC/CY	53060	CPT	outpatient			7540	2678.87	First Trenton	First Trenton		6786	90			82.32	7163	percent of total billed charges	
URE.W/DRAIN SKEN GLAND ABSC/CY	53060	CPT	outpatient			7540	2678.87	Horizon	MGD		4335.11				82.32	7163	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URE.W/DRAIN SKEN GLAND ABSC/CY	53060	CPT	outpatient			7540	2678.87	Horizon	Medicare Blue		2329.45				82.32	7163	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URE.W/DRAIN SKEN GLAND ABSC/CY	53060	CPT	outpatient			7540	2678.87	Horizon	Indemnity		4335.11				82.32	7163	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URE.W/DRAIN SKEN GLAND ABSC/CY	53060	CPT	outpatient			7540	2678.87	Horizon	NJ Health		82.32				82.32	7163	fee schedule	
URE.W/DRAIN SKEN GLAND ABSC/CY	53060	CPT	outpatient			7540	2678.87	Horizon	PPO		4335.11				82.32	7163	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URE.W/DRAIN SKEN GLAND ABSC/CY	53060	CPT	outpatient			7540	2678.87	Managed Care Inc	Managed Care Inc		6786	90			82.32	7163	percent of total billed charges	
URE.W/DRAIN SKEN GLAND ABSC/CY	53060	CPT	outpatient			7540	2678.87	Multiplan	Multiplan		6032	80			82.32	7163	percent of total billed charges	
URE.W/DRAIN SKEN GLAND ABSC/CY	53060	CPT	outpatient			7540	2678.87	Qualcare	Qualcare		5655	75			82.32	7163	percent of total billed charges	
URE.W/DRAIN SKEN GLAND ABSC/CY	53060	CPT	outpatient			7540	2678.87	Three Rivers	Three Rivers		7163	95			82.32	7163	percent of total billed charges	
URE.W/DRAIN SKEN GLAND ABSC/CY	53060	CPT	outpatient			7540	2678.87	UHC	Medicaid		2378.87	31.55			82.32	7163	percent of total billed charges	
URE.W/DRAIN SKEN GLAND ABSC/CY	53060	CPT	outpatient			7540	2678.87	UHC	Medicare		2329.45				82.32	7163	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URE.W/DRAIN SKEN GLAND ABSC/CY	53060	CPT	outpatient			7540	2678.87	United	Oxford		2776				82.32	7163	case rate	
URE.W/DRAIN SKEN GLAND ABSC/CY	53060	CPT	outpatient			7540	2678.87	United	Commercial|PPO		2776				82.32	7163	case rate	
URE.W/DRAIN SKEN GLAND ABSC/CY	53060	CPT	outpatient			7540	2678.87	Wellcare	Medicaid		2378.87	31.55			82.32	7163	percent of total billed charges	
URE.W/DRAIN SKEN GLAND ABSC/CY	53060	CPT	outpatient			7540	2678.87	Wellcare	Medicare		2329.45				82.32	7163	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URE.W/DRAIN SKEN GLAND ABSC/CY	53060	CPT	outpatient			7540	2678.87	WellPoint	WellPoint		2426.37	32.18			82.32	7163	percent of total billed charges	
URE. W/DRAIN OF PER. EXTRAVAST	53080	CPT	outpatient			6214	898.44	Aetna	Commercial		1243.75				227.38	5903.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URE. W/DRAIN OF PER. EXTRAVAST	53080	CPT	outpatient			6214	898.44	Aetna	Better Health		1960.52	31.55			227.38	5903.3	percent of total billed charges	
URE. W/DRAIN OF PER. EXTRAVAST	53080	CPT	outpatient			6214	898.44	Aetna	Medicare		781.25				227.38	5903.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URE. W/DRAIN OF PER. EXTRAVAST	53080	CPT	outpatient			6214	898.44	Americare	Americare		4660.5	75			227.38	5903.3	percent of total billed charges	
URE. W/DRAIN OF PER. EXTRAVAST	53080	CPT	outpatient			6214	898.44	Amerihealth	HMO/PPO		4039.1	65			227.38	5903.3	percent of total billed charges	
URE. W/DRAIN OF PER. EXTRAVAST	53080	CPT	outpatient			6214	898.44	Amerihealth	Medicare		781.25				227.38	5903.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URE. W/DRAIN OF PER. EXTRAVAST	53080	CPT	outpatient			6214	898.44	Consumer	Consumer		5903.3	95			227.38	5903.3	percent of total billed charges	
URE. W/DRAIN OF PER. EXTRAVAST	53080	CPT	outpatient			6214	898.44	Corrections	Corrections		4971.2	80			227.38	5903.3	percent of total billed charges	
URE. W/DRAIN OF PER. EXTRAVAST	53080	CPT	outpatient			6214	898.44	First Health	First Health		4349.8	70			227.38	5903.3	percent of total billed charges	
URE. W/DRAIN OF PER. EXTRAVAST	53080	CPT	outpatient			6214	898.44	First Trenton	First Trenton		5592.6	90			227.38	5903.3	percent of total billed charges	
URE. W/DRAIN OF PER. EXTRAVAST	53080	CPT	outpatient			6214	898.44	Horizon	Indemnity		1453.91				227.38	5903.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URE. W/DRAIN OF PER. EXTRAVAST	53080	CPT	outpatient			6214	898.44	Horizon	PPO		1453.91				227.38	5903.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URE. W/DRAIN OF PER. EXTRAVAST	53080	CPT	outpatient			6214	898.44	Horizon	MGD		1453.91				227.38	5903.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URE. W/DRAIN OF PER. EXTRAVAST	53080	CPT	outpatient			6214	898.44	Horizon	Medicare Blue		781.25				227.38	5903.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URE. W/DRAIN OF PER. EXTRAVAST	53080	CPT	outpatient			6214	898.44	Horizon	NJ Health		227.38				227.38	5903.3	fee schedule	
URE. W/DRAIN OF PER. EXTRAVAST	53080	CPT	outpatient			6214	898.44	Managed Care Inc	Managed Care Inc		5592.6	90			227.38	5903.3	percent of total billed charges	
URE. W/DRAIN OF PER. EXTRAVAST	53080	CPT	outpatient			6214	898.44	Multiplan	Multiplan		4971.2	80			227.38	5903.3	percent of total billed charges	
URE. W/DRAIN OF PER. EXTRAVAST	53080	CPT	outpatient			6214	898.44	Qualcare	Qualcare		4660.5	75			227.38	5903.3	percent of total billed charges	
URE. W/DRAIN OF PER. EXTRAVAST	53080	CPT	outpatient			6214	898.44	Three Rivers	Three Rivers		5903.3	95			227.38	5903.3	percent of total billed charges	
URE. W/DRAIN OF PER. EXTRAVAST	53080	CPT	outpatient			6214	898.44	UHC	Medicare		781.25				227.38	5903.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URE. W/DRAIN OF PER. EXTRAVAST	53080	CPT	outpatient			6214	898.44	UHC	Medicaid		1960.52	31.55			227.38	5903.3	percent of total billed charges	
URE. W/DRAIN OF PER. EXTRAVAST	53080	CPT	outpatient			6214	898.44	United	Oxford		2776				227.38	5903.3	case rate	
URE. W/DRAIN OF PER. EXTRAVAST	53080	CPT	outpatient			6214	898.44	United	Commercial|PPO		2776				227.38	5903.3	case rate	
URE. W/DRAIN OF PER. EXTRAVAST	53080	CPT	outpatient			6214	898.44	Wellcare	Medicare		781.25				227.38	5903.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URE. W/DRAIN OF PER. EXTRAVAST	53080	CPT	outpatient			6214	898.44	Wellcare	Medicaid		1960.52	31.55			227.38	5903.3	percent of total billed charges	
URE. W/DRAIN OF PER. EXTRAVAST	53080	CPT	outpatient			6214	898.44	WellPoint	WellPoint		1999.67	32.18			227.38	5903.3	percent of total billed charges	
BIOPSY OF URETHRA	53200	CPT	outpatient			6758	2678.87	Aetna	Better Health		2132.15	31.55			151.59	6420.1	percent of total billed charges	
BIOPSY OF URETHRA	53200	CPT	outpatient			6758	2678.87	Aetna	Medicare		2329.45				151.59	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY OF URETHRA	53200	CPT	outpatient			6758	2678.87	Aetna	Commercial		3708.48				151.59	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY OF URETHRA	53200	CPT	outpatient			6758	2678.87	Americare	Americare		5068.5	75			151.59	6420.1	percent of total billed charges	
BIOPSY OF URETHRA	53200	CPT	outpatient			6758	2678.87	Amerihealth	HMO/PPO		4392.7	65			151.59	6420.1	percent of total billed charges	
BIOPSY OF URETHRA	53200	CPT	outpatient			6758	2678.87	Amerihealth	Medicare		2329.45				151.59	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY OF URETHRA	53200	CPT	outpatient			6758	2678.87	Consumer	Consumer		6420.1	95			151.59	6420.1	percent of total billed charges	
BIOPSY OF URETHRA	53200	CPT	outpatient			6758	2678.87	Corrections	Corrections		5406.4	80			151.59	6420.1	percent of total billed charges	
BIOPSY OF URETHRA	53200	CPT	outpatient			6758	2678.87	First Health	First Health		4730.6	70			151.59	6420.1	percent of total billed charges	
BIOPSY OF URETHRA	53200	CPT	outpatient			6758	2678.87	First Trenton	First Trenton		6082.2	90			151.59	6420.1	percent of total billed charges	
BIOPSY OF URETHRA	53200	CPT	outpatient			6758	2678.87	Horizon	MGD		4335.11				151.59	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY OF URETHRA	53200	CPT	outpatient			6758	2678.87	Horizon	Indemnity		4335.11				151.59	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY OF URETHRA	53200	CPT	outpatient			6758	2678.87	Horizon	PPO		4335.11				151.59	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY OF URETHRA	53200	CPT	outpatient			6758	2678.87	Horizon	NJ Health		151.59				151.59	6420.1	fee schedule	
BIOPSY OF URETHRA	53200	CPT	outpatient			6758	2678.87	Horizon	Medicare Blue		2329.45				151.59	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY OF URETHRA	53200	CPT	outpatient			6758	2678.87	Managed Care Inc	Managed Care Inc		6082.2	90			151.59	6420.1	percent of total billed charges	
BIOPSY OF URETHRA	53200	CPT	outpatient			6758	2678.87	Multiplan	Multiplan		5406.4	80			151.59	6420.1	percent of total billed charges	
BIOPSY OF URETHRA	53200	CPT	outpatient			6758	2678.87	Qualcare	Qualcare		5068.5	75			151.59	6420.1	percent of total billed charges	
BIOPSY OF URETHRA	53200	CPT	outpatient			6758	2678.87	Three Rivers	Three Rivers		6420.1	95			151.59	6420.1	percent of total billed charges	
BIOPSY OF URETHRA	53200	CPT	outpatient			6758	2678.87	UHC	Medicaid		2132.15	31.55			151.59	6420.1	percent of total billed charges	
BIOPSY OF URETHRA	53200	CPT	outpatient			6758	2678.87	UHC	Medicare		2329.45				151.59	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY OF URETHRA	53200	CPT	outpatient			6758	2678.87	United	Oxford		2776				151.59	6420.1	case rate	
BIOPSY OF URETHRA	53200	CPT	outpatient			6758	2678.87	United	Commercial|PPO		2776				151.59	6420.1	case rate	
BIOPSY OF URETHRA	53200	CPT	outpatient			6758	2678.87	Wellcare	Medicare		2329.45				151.59	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY OF URETHRA	53200	CPT	outpatient			6758	2678.87	Wellcare	Medicaid		2132.15	31.55			151.59	6420.1	percent of total billed charges	
BIOPSY OF URETHRA	53200	CPT	outpatient			6758	2678.87	WellPoint	WellPoint		2174.72	32.18			151.59	6420.1	percent of total billed charges	
EXC./FULGRT; URETH POLYP	53260	CPT	outpatient			11678	4585.08	Aetna	Commercial		6347.35				94.74	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC./FULGRT; URETH POLYP	53260	CPT	outpatient			11678	4585.08	Aetna	Better Health		3684.41	31.55			94.74	11094.1	percent of total billed charges	
EXC./FULGRT; URETH POLYP	53260	CPT	outpatient			11678	4585.08	Aetna	Medicare		3987.03				94.74	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC./FULGRT; URETH POLYP	53260	CPT	outpatient			11678	4585.08	Americare	Americare		8758.5	75			94.74	11094.1	percent of total billed charges	
EXC./FULGRT; URETH POLYP	53260	CPT	outpatient			11678	4585.08	Amerihealth	HMO/PPO		7590.7	65			94.74	11094.1	percent of total billed charges	
EXC./FULGRT; URETH POLYP	53260	CPT	outpatient			11678	4585.08	Amerihealth	Medicare		3987.03				94.74	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC./FULGRT; URETH POLYP	53260	CPT	outpatient			11678	4585.08	Consumer	Consumer		11094.1	95			94.74	11094.1	percent of total billed charges	
EXC./FULGRT; URETH POLYP	53260	CPT	outpatient			11678	4585.08	Corrections	Corrections		9342.4	80			94.74	11094.1	percent of total billed charges	
EXC./FULGRT; URETH POLYP	53260	CPT	outpatient			11678	4585.08	First Health	First Health		8174.6	70			94.74	11094.1	percent of total billed charges	
EXC./FULGRT; URETH POLYP	53260	CPT	outpatient			11678	4585.08	First Trenton	First Trenton		10510.2	90			94.74	11094.1	percent of total billed charges	
EXC./FULGRT; URETH POLYP	53260	CPT	outpatient			11678	4585.08	Horizon	Medicare Blue		3987.03				94.74	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC./FULGRT; URETH POLYP	53260	CPT	outpatient			11678	4585.08	Horizon	MGD		7419.86				94.74	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC./FULGRT; URETH POLYP	53260	CPT	outpatient			11678	4585.08	Horizon	Indemnity		7419.86				94.74	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC./FULGRT; URETH POLYP	53260	CPT	outpatient			11678	4585.08	Horizon	NJ Health		94.74				94.74	11094.1	fee schedule	
EXC./FULGRT; URETH POLYP	53260	CPT	outpatient			11678	4585.08	Horizon	PPO		7419.86				94.74	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC./FULGRT; URETH POLYP	53260	CPT	outpatient			11678	4585.08	Managed Care Inc	Managed Care Inc		10510.2	90			94.74	11094.1	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.															
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true														
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
EXC /FULGRT; URETH POLYP	53260	CPT	outpatient			11678	4585.08	Multiplan	Multiplan		9342.4	80			94.74	11094.1	percent of total billed charges	
EXC /FULGRT; URETH POLYP	53260	CPT	outpatient			11678	4585.08	Qualcare	Qualcare		8758.5	75			94.74	11094.1	percent of total billed charges	
EXC /FULGRT; URETH POLYP	53260	CPT	outpatient			11678	4585.08	Three Rivers	Three Rivers		11094.1	95			94.74	11094.1	percent of total billed charges	
EXC /FULGRT; URETH POLYP	53260	CPT	outpatient			11678	4585.08	UHC	Medicaid		3684.41	31.55			94.74	11094.1	percent of total billed charges	
EXC /FULGRT; URETH POLYP	53260	CPT	outpatient			11678	4585.08	UHC	Medicare		3987.03				94.74	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC /FULGRT; URETH POLYP	53260	CPT	outpatient			11678	4585.08	United	CommercialPPO		2776				94.74	11094.1	case rate	
EXC /FULGRT; URETH POLYP	53260	CPT	outpatient			11678	4585.08	United	Oxford		2776				94.74	11094.1	case rate	
EXC /FULGRT; URETH POLYP	53260	CPT	outpatient			11678	4585.08	Wellcare	Medicare		3987.03				94.74	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC /FULGRT; URETH POLYP	53260	CPT	outpatient			11678	4585.08	Wellcare	Medicaid		3684.41	31.55			94.74	11094.1	percent of total billed charges	
EXC /FULGRT; URETH POLYP	53260	CPT	outpatient			11678	4585.08	WellPoint	WellPoint		3757.98	32.18			94.74	11094.1	percent of total billed charges	
SUTURE PENILE/URETHRA	53505	CPT	outpatient			17131	6805.44	Aetna	Better Health		5404.83	31.55			382.13	16274.45	percent of total billed charges	
SUTURE PENILE/URETHRA	53505	CPT	outpatient			17131	6805.44	Aetna	Commercial		9421.09				382.13	16274.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE PENILE/URETHRA	53505	CPT	outpatient			17131	6805.44	Aetna	Medicare		5276.35	30.8			382.13	16274.45	percent of total billed charges	
SUTURE PENILE/URETHRA	53505	CPT	outpatient			17131	6805.44	Americare	Americare		12848.25	75			382.13	16274.45	percent of total billed charges	
SUTURE PENILE/URETHRA	53505	CPT	outpatient			17131	6805.44	Amerihealth	Medicare		5917.77				382.13	16274.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE PENILE/URETHRA	53505	CPT	outpatient			17131	6805.44	Amerihealth	HMO/PPO		11135.15	65			382.13	16274.45	percent of total billed charges	
SUTURE PENILE/URETHRA	53505	CPT	outpatient			17131	6805.44	Consumer	Consumer		16274.45	95			382.13	16274.45	percent of total billed charges	
SUTURE PENILE/URETHRA	53505	CPT	outpatient			17131	6805.44	Corrections	Corrections		13704.8	80			382.13	16274.45	percent of total billed charges	
SUTURE PENILE/URETHRA	53505	CPT	outpatient			17131	6805.44	First Health	First Health		11991.7	70			382.13	16274.45	percent of total billed charges	
SUTURE PENILE/URETHRA	53505	CPT	outpatient			17131	6805.44	First Trenton	First Trenton		15417.9	90			382.13	16274.45	percent of total billed charges	
SUTURE PENILE/URETHRA	53505	CPT	outpatient			17131	6805.44	Horizon	MGD		11012.97				382.13	16274.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE PENILE/URETHRA	53505	CPT	outpatient			17131	6805.44	Horizon	Medicare Blue		5917.77				382.13	16274.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE PENILE/URETHRA	53505	CPT	outpatient			17131	6805.44	Horizon	Indemnity		11012.97				382.13	16274.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE PENILE/URETHRA	53505	CPT	outpatient			17131	6805.44	Horizon	NJ Health		382.13				382.13	16274.45	fee schedule	
SUTURE PENILE/URETHRA	53505	CPT	outpatient			17131	6805.44	Horizon	PPO		11012.97				382.13	16274.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE PENILE/URETHRA	53505	CPT	outpatient			17131	6805.44	Managed Care Inc	Managed Care Inc		15417.9	90			382.13	16274.45	percent of total billed charges	
SUTURE PENILE/URETHRA	53505	CPT	outpatient			17131	6805.44	Multiplan	Multiplan		13704.8	80			382.13	16274.45	percent of total billed charges	
SUTURE PENILE/URETHRA	53505	CPT	outpatient			17131	6805.44	Qualcare	Qualcare		12848.25	75			382.13	16274.45	percent of total billed charges	
SUTURE PENILE/URETHRA	53505	CPT	outpatient			17131	6805.44	Three Rivers	Three Rivers		16274.45	95			382.13	16274.45	percent of total billed charges	
SUTURE PENILE/URETHRA	53505	CPT	outpatient			17131	6805.44	UHC	Medicaid		5404.83	31.55			382.13	16274.45	percent of total billed charges	
SUTURE PENILE/URETHRA	53505	CPT	outpatient			17131	6805.44	UHC	Medicare		5917.77				382.13	16274.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE PENILE/URETHRA	53505	CPT	outpatient			17131	6805.44	United	CommercialPPO		3492				382.13	16274.45	case rate	
SUTURE PENILE/URETHRA	53505	CPT	outpatient			17131	6805.44	United	Oxford		3492				382.13	16274.45	case rate	
SUTURE PENILE/URETHRA	53505	CPT	outpatient			17131	6805.44	Wellcare	Medicare		5917.77				382.13	16274.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE PENILE/URETHRA	53505	CPT	outpatient			17131	6805.44	Wellcare	Medicaid		5404.83	31.55			382.13	16274.45	percent of total billed charges	
SUTURE PENILE/URETHRA	53505	CPT	outpatient			17131	6805.44	WellPoint	WellPoint		5512.76	32.18			382.13	16274.45	percent of total billed charges	
DILATION OF URETRAL STRUCTURE	53600	CPT	outpatient			1149	325.06	Aetna	Better Health		362.51	31.55			58.46	1782	percent of total billed charges	
DILATION OF URETRAL STRUCTURE	53600	CPT	outpatient			1149	325.06	Aetna	Commercial		449.99				58.46	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILATION OF URETRAL STRUCTURE	53600	CPT	outpatient			1149	325.06	Aetna	Medicare		282.66				58.46	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILATION OF URETRAL STRUCTURE	53600	CPT	outpatient			1149	325.06	Americare	Americare		861.75	75			58.46	1782	percent of total billed charges	
DILATION OF URETRAL STRUCTURE	53600	CPT	outpatient			1149	325.06	Amerihealth	Medicare		282.66				58.46	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILATION OF URETRAL STRUCTURE	53600	CPT	outpatient			1149	325.06	Amerihealth	HMO/PPO		746.85	65			58.46	1782	percent of total billed charges	
DILATION OF URETRAL STRUCTURE	53600	CPT	outpatient			1149	325.06	Consumer	Consumer		1091.55	95			58.46	1782	percent of total billed charges	
DILATION OF URETRAL STRUCTURE	53600	CPT	outpatient			1149	325.06	Corrections	Corrections		919.2	80			58.46	1782	percent of total billed charges	
DILATION OF URETRAL STRUCTURE	53600	CPT	outpatient			1149	325.06	First Health	First Health		804.3	70			58.46	1782	percent of total billed charges	
DILATION OF URETRAL STRUCTURE	53600	CPT	outpatient			1149	325.06	First Trenton	First Trenton		1034.1	90			58.46	1782	percent of total billed charges	
DILATION OF URETRAL STRUCTURE	53600	CPT	outpatient			1149	325.06	Horizon	MGD		526.03				58.46	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILATION OF URETRAL STRUCTURE	53600	CPT	outpatient			1149	325.06	Horizon	Indemnity		526.03				58.46	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILATION OF URETRAL STRUCTURE	53600	CPT	outpatient			1149	325.06	Horizon	Medicare Blue		282.66				58.46	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILATION OF URETRAL STRUCTURE	53600	CPT	outpatient			1149	325.06	Horizon	NJ Health		58.46				58.46	1782	fee schedule	
DILATION OF URETRAL STRUCTURE	53600	CPT	outpatient			1149	325.06	Horizon	PPO		526.03				58.46	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILATION OF URETRAL STRUCTURE	53600	CPT	outpatient			1149	325.06	Managed Care Inc	Managed Care Inc		1034.1	90			58.46	1782	percent of total billed charges	
DILATION OF URETRAL STRUCTURE	53600	CPT	outpatient			1149	325.06	Multiplan	Multiplan		919.2	80			58.46	1782	percent of total billed charges	
DILATION OF URETRAL STRUCTURE	53600	CPT	outpatient			1149	325.06	Qualcare	Qualcare		861.75	75			58.46	1782	percent of total billed charges	
DILATION OF URETRAL STRUCTURE	53600	CPT	outpatient			1149	325.06	Three Rivers	Three Rivers		1091.55	95			58.46	1782	percent of total billed charges	
DILATION OF URETRAL STRUCTURE	53600	CPT	outpatient			1149	325.06	UHC	Medicare		282.66				58.46	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILATION OF URETRAL STRUCTURE	53600	CPT	outpatient			1149	325.06	UHC	Medicaid		362.51	31.55			58.46	1782	percent of total billed charges	
DILATION OF URETRAL STRUCTURE	53600	CPT	outpatient			1149	325.06	United	Oxford		1782				58.46	1782	case rate	
DILATION OF URETRAL STRUCTURE	53600	CPT	outpatient			1149	325.06	United	CommercialPPO		1782				58.46	1782	case rate	
DILATION OF URETRAL STRUCTURE	53600	CPT	outpatient			1149	325.06	Wellcare	Medicaid		362.51	31.55			58.46	1782	percent of total billed charges	
DILATION OF URETRAL STRUCTURE	53600	CPT	outpatient			1149	325.06	Wellcare	Medicare		282.66				58.46	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILATION OF URETRAL STRUCTURE	53600	CPT	outpatient			1149	325.06	WellPoint	WellPoint		369.75	32.18			58.46	1782	percent of total billed charges	
DILAT. OF URE.STRUC.SUBSEQUENT	53601	CPT	outpatient			832	168	Aetna	Medicare		146.09				58.33	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILAT. OF URE.STRUC.SUBSEQUENT	53601	CPT	outpatient			832	168	Aetna	Better Health		262.5	31.55			58.33	1782	percent of total billed charges	
DILAT. OF URE.STRUC.SUBSEQUENT	53601	CPT	outpatient			832	168	Aetna	Commercial		232.58				58.33	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILAT. OF URE.STRUC.SUBSEQUENT	53601	CPT	outpatient			832	168	Americare	Americare		624	75			58.33	1782	percent of total billed charges	
DILAT. OF URE.STRUC.SUBSEQUENT	53601	CPT	outpatient			832	168	Amerihealth	Medicare		146.09				58.33	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILAT. OF URE.STRUC.SUBSEQUENT	53601	CPT	outpatient			832	168	Amerihealth	HMO/PPO		540.8	65			58.33	1782	percent of total billed charges	
DILAT. OF URE.STRUC.SUBSEQUENT	53601	CPT	outpatient			832	168	Consumer	Consumer		790.4	95			58.33	1782	percent of total billed charges	
DILAT. OF URE.STRUC.SUBSEQUENT	53601	CPT	outpatient			832	168	Corrections	Corrections		665.6	80			58.33	1782	percent of total billed charges	
DILAT. OF URE.STRUC.SUBSEQUENT	53601	CPT	outpatient			832	168	First Health	First Health		582.4	70			58.33	1782	percent of total billed charges	
DILAT. OF URE.STRUC.SUBSEQUENT	53601	CPT	outpatient			832	168	First Trenton	First Trenton		748.8	90			58.33	1782	percent of total billed charges	
DILAT. OF URE.STRUC.SUBSEQUENT	53601	CPT	outpatient			832	168	Horizon	PPO		271.87				58.33	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILAT. OF URE.STRUC.SUBSEQUENT	53601	CPT	outpatient			832	168	Horizon	Indemnity		271.87				58.33	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILAT. OF URE.STRUC.SUBSEQUENT	53601	CPT	outpatient			832	168	Horizon	Medicare Blue		146.09				58.33	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILAT. OF URE.STRUC.SUBSEQUENT	53601	CPT	outpatient			832	168	Horizon	NJ Health		58.33				58.33	1782	fee schedule	
DILAT. OF URE.STRUC.SUBSEQUENT	53601	CPT	outpatient			832	168	Horizon	MGD		271.87				58.33	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILAT. OF URE.STRUC.SUBSEQUENT	53601	CPT	outpatient			832	168	Managed Care Inc	Managed Care Inc		748.8	90			58.33	1782	percent of total billed charges	
DILAT. OF URE.STRUC.SUBSEQUENT	53601	CPT	outpatient			832	168	Multiplan	Multiplan		665.6	80			58.33	1782	percent of total billed charges	
DILAT. OF URE.STRUC.SUBSEQUENT	53601	CPT	outpatient			832	168	Qualcare	Qualcare		624	75			58.33	1782	percent of total billed charges	
DILAT. OF URE.STRUC.SUBSEQUENT	53601	CPT	outpatient			832	168	Three Rivers	Three Rivers		790.4	95			58.33	1782	percent of total billed charges	
DILAT. OF URE.STRUC.SUBSEQUENT	53601	CPT	outpatient			832	168	UHC	Medicaid		262.5	31.55			58.33	1782	percent of total billed charges	
DILAT. OF URE.STRUC.SUBSEQUENT	53601	CPT	outpatient			832	168	UHC	Medicare		146.09				58.33	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILAT. OF URE.STRUC.SUBSEQUENT	53601	CPT	outpatient			832	168	United	Oxford		1782				58.33	1782	case rate	
DILAT. OF URE.STRUC.SUBSEQUENT	53601	CPT	outpatient			832	168	United	CommercialPPO		1782				58.33	1782	case rate	
DILAT. OF URE.STRUC.SUBSEQUENT	53601	CPT	outpatient			832	168	Wellcare	Medicare		146.09				58.33	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILAT. OF URE.STRUC.SUBSEQUENT	53601	CPT	outpatient			832	168	Wellcare	Medicaid		262.5	31.55			58.33	1782	percent of total billed charges	
DILAT. OF URE.STRUC.SUBSEQUENT	53601	CPT	outpatient			832	168	WellPoint	WellPoint		267.74	32.18			58.33	1782	percent of total billed charges	
DIL URE.STRUC.SUB OR VES NECK	53605	CPT	outpatient			7134	4585.08	Aetna	Commercial		6347.35				93.96	7419.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIL URE.STRUC.SUB OR VES NECK	53605	CPT	outpatient			7134	4585.08	Aetna	Better Health		2250.78	31.55			93.96	7419.86	percent of total billed charges	
DIL URE.STRUC.SUB OR VES NECK	53605	CPT	outpatient			7134	4585.08	Aetna	Medicare		3987.03				93.96	7419.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIL URE.STRUC.SUB OR VES NECK	53605	CPT	outpatient			7134	4585.08	Americare	Americare		5350.5	75			93.96	7419.86	percent of total billed charges	
DIL URE.STRUC.SUB OR VES NECK	53605	CPT	outpatient			7134	4585.08	Amerihealth	HMO/PPO		4637.1	65			93.96	7419.86	percent of total billed charges	
DIL URE.STRUC.SUB OR VES NECK	53605	CPT	outpatient			7134	4585.08	Amerihealth	Medicare		3987.03				93.96	7419.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIL URE.STRUC.SUB OR VES NECK	53605	CPT	outpatient			7134	4585.08	Consumer	Consumer		6777.3	95			93.96	7419.86	percent of total billed charges	
DIL URE.STRUC.SUB OR VES NECK	53605	CPT	outpatient			7134	4585.08	Corrections	Corrections		5707.2	80			93.96	7419.86	percent of total billed charges	
DIL URE.STRUC.SUB OR VES NECK	53605	CPT	outpatient			7134	4585.08	First Health	First Health		4993.8	70			93.96	7419.86	percent of total billed charges	
DIL URE.STRUC.SUB OR VES NECK	53605	CPT	outpatient			7134	4585.08	First Trenton	First Trenton		6420.6	90			93.96	7419.86	percent of total billed charges	
DIL URE.STRUC.SUB OR VES NECK	53605	CPT	outpatient			7134	4585.08	Horizon	NJ Health		93.96				93.96	7419.86	fee schedule	
DIL URE.STRUC.SUB OR VES NECK	53605	CPT	outpatient			7134	4585.08	Horizon	Indemnity		7419.86				93.96	7419.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIL URE.STRUC.SUB OR VES NECK	53605	CPT	outpatient			7134	4585.08	Horizon	Medicare Blue		3987.03				93.96	7419.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIL URE.STRUC.SUB OR VES NECK	53605	CPT	outpatient			7134	4585.08	Horizon	MGD		7419.86				93.96	7419.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIL URE.STRUC.SUB OR VES NECK	53605	CPT	outpatient			7134	4585.08	Horizon	PPO		7419.86				93.96	7419.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIL URE.STRUC.SUB OR VES NECK	53605	CPT	outpatient			7134	4585.08	Managed Care Inc	Managed Care Inc		6420.6	90			93.96	7419.86	percent of total billed charges	
DIL URE.STRUC.SUB OR VES NECK	53605	CPT	outpatient			7134	4585.08	Multiplan	Multiplan		5707.2	80			93.96	7419.86	percent of total billed charges	
DIL URE.STRUC.SUB OR VES NECK	53605	CPT	outpatient			7134	4585.08	Qualcare	Qualcare		5350.5	75			93.96	7419.86	percent of total billed charges	
DIL URE.STRUC.SUB OR VES NECK	53605	CPT	outpatient			7134	4585.08	Three Rivers	Three Rivers		6777.3	95			93.96	7419.86	percent of total billed charges	
DIL URE.STRUC.SUB OR VES NECK	53605	CPT	outpatient			7134	4585.08	UHC	Medicaid		2250.78	31.55			93.96	7419.86	percent of total billed charges	
DIL URE.STRUC.SUB OR VES NECK	53605	CPT	outpatient			7134	4585.08	UHC	Medicare		3987.03				93.96	7419.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIL URE.STRUC.SUB OR VES NECK	53605	CPT	outpatient			7134	4585.08	United	Oxford		2493				93.96	7419.86	case rate	
DIL URE.STRUC.SUB OR VES NECK	53605	CPT	outpatient			7134	4585.08	United	CommercialPPO		2493				93.96	7419.86	case rate	
DIL URE.STRUC.SUB OR VES NECK	53605	CPT	outpatient			7134	4585.08	Wellcare	Medicaid		2250.78	31.55			93.96	7419.86	percent of total billed charges	
DIL URE.STRUC.SUB OR VES NECK	53605	CPT	outpatient			7134	4585.08	Wellcare	Medicare		3987.03				93.96	7419.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIL URE.STRUC.SUB OR VES NECK	53605	CPT	outpatient			7134	4585.08	WellPoint	WellPoint		2295.72	32.18			93.96	7419.86	percent of total billed charges	
DILAT URETHRA, FEMALE, INITIAL	53660	CPT	outpatient			532	205.45	Aetna	Commercial		284.41				41.76	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILAT URETHRA, FEMALE, INITIAL	53660	CPT	outpatient			532	205.45	Aetna	Medicare		163.86	30.8			41.76	1782	percent of total billed charges	
DILAT URETHRA, FEMALE, INITIAL	53660	CPT	outpatient			532	205.45	Aetna	Better Health		167.85	31.55			41.76	1782	percent of total billed charges	
DILAT URETHRA, FEMALE, INITIAL	53660	CPT	outpatient			532	205.45	Americare	Americare		399	75			41.76	1782	percent of total billed charges	
DILAT URETHRA, FEMALE, INITIAL	53660	CPT	outpatient			532	205.45	Amerihealth	HMO/PPO		345.8	65			41.76	1782	percent of total billed charges	
DILAT URETHRA, FEMALE, INITIAL	53660	CPT	outpatient			532	205.45	Amerihealth	Medicare		178.65				41.76	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILAT URETHRA, FEMALE, INITIAL	53660	CPT	outpatient			532	205.45	Consumer	Consumer		505.4	95			41.76	1782	percent of total billed charges	
DILAT URETHRA, FEMALE, INITIAL	53660	CPT	outpatient			532	205.45	Corrections	Corrections		425.6	80			41.76	1782	percent of total billed charges	
DILAT URETHRA, FEMALE, INITIAL	53660	CPT	outpatient			532	205.45	First Health	First Health		372.4	70			41.76	1782	percent of total billed charges	
DILAT URETHRA, FEMALE, INITIAL	53660	CPT	outpatient			532	205.45	First Trenton	First Trenton		478.8	90			41.76	1782	percent of total billed charges	
DILAT URETHRA, FEMALE, INITIAL	53660	CPT	outpatient			532	205.45	Horizon	Medicare Blue		178.65				41.76	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILAT URETHRA, FEMALE, INITIAL	53660	CPT	outpatient			532	205.45	Horizon	NJ Health		41.76				41.76	1782	fee schedule	
DILAT URETHRA, FEMALE, INITIAL	53660	CPT	outpatient			532	205.45	Horizon	Indemnity		332.47				41.76	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILAT URETHRA, FEMALE, INITIAL	53660	CPT	outpatient			532	205.45	Horizon	MGD		332.47				41.76	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILAT URETHRA, FEMALE, INITIAL	53660	CPT	outpatient			532	205.45	Horizon	PPO		332.47				41.76	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILAT URETHRA, FEMALE, INITIAL	53660	CPT	outpatient			532	205.45	Managed Care Inc	Managed Care Inc		478.8	90			41.76	1782	percent of total billed charges	
DILAT URETHRA, FEMALE, INITIAL	53660	CPT	outpatient			532	205.45	Multiplan	Multiplan		425.6	80			41.76	1782	percent of total billed charges	
DILAT URETHRA, FEMALE, INITIAL	53660	CPT	outpatient			532	205.45	Qualcare	Qualcare		399	75			41.76	1782	percent of total billed charges	
DILAT URETHRA, FEMALE, INITIAL	53660	CPT	outpatient			532	205.45	Three Rivers	Three Rivers		505.4	95			41.76	1782	percent of total billed charges	
DILAT URETHRA, FEMALE, INITIAL	53660	CPT	outpatient			532	205.45	UHC	Medicaid		167.85	31.55			41.76	1782	percent of total billed charges	
DILAT URETHRA, FEMALE, INITIAL	53660	CPT	outpatient			532	205.45	UHC	Medicare		178.65				41.76	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILAT URETHRA, FEMALE, INITIAL	53660	CPT	outpatient			532	205.45	United	Oxford		1782				41.76	1782	case rate	
DILAT URETHRA, FEMALE, INITIAL	53660	CPT	outpatient			532	205.45	United	CommercialPPO		1782				41.76	1782	case rate	
DILAT URETHRA, FEMALE, INITIAL	53660	CPT	outpatient			532	205.45	Wellcare	Medicaid		167.85	31.55			41.76	1782	percent of total billed charges	
DILAT URETHRA, FEMALE, INITIAL	53660	CPT	outpatient			532	205.45	Wellcare	Medicare		178.65				41.76	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILAT URETHRA, FEMALE, INITIAL	53660	CPT	outpatient			532	205.45	WellPoint	WellPoint		171.2	32.18			41.76	1782	percent of total billed charges	
TEMP PROS URETHR STNT MEAS	53855	CPT	outpatient			7098	2678.87	Aetna	Commercial		3708.48				1817	6743.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TEMP PROS URETHR STNT MEAS	53855	CPT	outpatient			7098	2678.87	Aetna	Better Health		2239.42	31.55			1817	6743.1	percent of total billed charges	
TEMP PROS URETHR STNT MEAS	53855	CPT	outpatient			7098	2678.87	Aetna	Medicare		2329.45				1817	6743.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TEMP PROS URETHR STNT MEAS	53855	CPT	outpatient			7098	2678.87	Americare	Americare		5323.5	75			1817	6743.1	percent of total billed charges	
TEMP PROS URETHR STNT MEAS	53855	CPT	outpatient			7098	2678.87	Amerihealth	HMO/PPO		4613.7	65			1817	6743.1	percent of total billed charges	
TEMP PROS URETHR STNT MEAS	53855	CPT	outpatient			7098	2678.87	Amerihealth	Medicare		2329.45				1817	6743.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TEMP PROS URETHR STNT MEAS	53855	CPT	outpatient			7098	2678.87	Consumer	Consumer		6743.1	95			1817	6743.1	percent of total billed charges	
TEMP PROS URETHR STNT MEAS	53855	CPT	outpatient			7098	2678.87	Corrections	Corrections		5678.4	80			1817	6743.1	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
TEMP PROS URETHR STNT MEAS	53855	CPT	outpatient			7098	2678.87	First Health	First Health		4968.6	70			1817	6743.1	percent of total billed charges	
TEMP PROS URETHR STNT MEAS	53855	CPT	outpatient			7098	2678.87	First Health	First Trenton		6388.2	90			1817	6743.1	percent of total billed charges	
TEMP PROS URETHR STNT MEAS	53855	CPT	outpatient			7098	2678.87	Horizon	Indemnity		4335.11				1817	6743.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TEMP PROS URETHR STNT MEAS	53855	CPT	outpatient			7098	2678.87	Horizon	MGD		4335.11				1817	6743.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TEMP PROS URETHR STNT MEAS	53855	CPT	outpatient			7098	2678.87	Horizon	PPO		4335.11				1817	6743.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TEMP PROS URETHR STNT MEAS	53855	CPT	outpatient			7098	2678.87	Horizon	Medicare Blue		2329.45				1817	6743.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TEMP PROS URETHR STNT MEAS	53855	CPT	outpatient			7098	2678.87	Managed Care Inc	Managed Care Inc		6388.2	90			1817	6743.1	percent of total billed charges	
TEMP PROS URETHR STNT MEAS	53855	CPT	outpatient			7098	2678.87	Multiplan	Multiplan		5678.4	80			1817	6743.1	percent of total billed charges	
TEMP PROS URETHR STNT MEAS	53855	CPT	outpatient			7098	2678.87	Qualcare	Qualcare		5323.5	75			1817	6743.1	percent of total billed charges	
TEMP PROS URETHR STNT MEAS	53855	CPT	outpatient			7098	2678.87	Three Rivers	Three Rivers		6743.1	95			1817	6743.1	percent of total billed charges	
TEMP PROS URETHR STNT MEAS	53855	CPT	outpatient			7098	2678.87	UHC	Medicaid		2239.42	31.55			1817	6743.1	percent of total billed charges	
TEMP PROS URETHR STNT MEAS	53855	CPT	outpatient			7098	2678.87	UHC	Medicare		2329.45				1817	6743.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TEMP PROS URETHR STNT MEAS	53855	CPT	outpatient			7098	2678.87	United	Commercial|PPO		1817				1817	6743.1	case rate	
TEMP PROS URETHR STNT MEAS	53855	CPT	outpatient			7098	2678.87	United	Oxford		1817				1817	6743.1	case rate	
TEMP PROS URETHR STNT MEAS	53855	CPT	outpatient			7098	2678.87	Wellcare	Medicaid		2239.42	31.55			1817	6743.1	percent of total billed charges	
TEMP PROS URETHR STNT MEAS	53855	CPT	outpatient			7098	2678.87	Wellcare	Medicare		2329.45				1817	6743.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TEMP PROS URETHR STNT MEAS	53855	CPT	outpatient			7098	2678.87	WellPoint	WellPoint		2284.14	32.18			1817	6743.1	percent of total billed charges	
UNLISTED PROCEDURE,URINARY SYSTEM	53899	CPT	outpatient			384	325.06	Aetna	Better Health		121.15	31.55			116.42	1782	percent of total billed charges	
UNLISTED PROCEDURE,URINARY SYSTEM	53899	CPT	outpatient			384	325.06	Aetna	Commercial		449.99				116.42	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE,URINARY SYSTEM	53899	CPT	outpatient			384	325.06	Aetna	Medicare		282.66				116.42	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE,URINARY SYSTEM	53899	CPT	outpatient			384	325.06	Americare	Americare		288	75			116.42	1782	percent of total billed charges	
UNLISTED PROCEDURE,URINARY SYSTEM	53899	CPT	outpatient			384	325.06	Amerihealth	HMO/PPO		249.6	65			116.42	1782	percent of total billed charges	
UNLISTED PROCEDURE,URINARY SYSTEM	53899	CPT	outpatient			384	325.06	Amerihealth	Medicare		282.66				116.42	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE,URINARY SYSTEM	53899	CPT	outpatient			384	325.06	Consumer	Consumer		364.8	95			116.42	1782	percent of total billed charges	
UNLISTED PROCEDURE,URINARY SYSTEM	53899	CPT	outpatient			384	325.06	Corrections	Corrections		307.2	80			116.42	1782	percent of total billed charges	
UNLISTED PROCEDURE,URINARY SYSTEM	53899	CPT	outpatient			384	325.06	First Health	First Health		268.8	70			116.42	1782	percent of total billed charges	
UNLISTED PROCEDURE,URINARY SYSTEM	53899	CPT	outpatient			384	325.06	First Trenton	First Trenton		345.6	90			116.42	1782	percent of total billed charges	
UNLISTED PROCEDURE,URINARY SYSTEM	53899	CPT	outpatient			384	325.06	Horizon	Indemnity		526.03				116.42	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE,URINARY SYSTEM	53899	CPT	outpatient			384	325.06	Horizon	PPO		526.03				116.42	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE,URINARY SYSTEM	53899	CPT	outpatient			384	325.06	Horizon	MGD		526.03				116.42	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE,URINARY SYSTEM	53899	CPT	outpatient			384	325.06	Horizon	Medicare Blue		282.66				116.42	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE,URINARY SYSTEM	53899	CPT	outpatient			384	325.06	Managed Care Inc	Managed Care Inc		345.6	90			116.42	1782	percent of total billed charges	
UNLISTED PROCEDURE,URINARY SYSTEM	53899	CPT	outpatient			384	325.06	Multiplan	Multiplan		307.2	80			116.42	1782	percent of total billed charges	
UNLISTED PROCEDURE,URINARY SYSTEM	53899	CPT	outpatient			384	325.06	Qualcare	Qualcare		288	75			116.42	1782	percent of total billed charges	
UNLISTED PROCEDURE,URINARY SYSTEM	53899	CPT	outpatient			384	325.06	Three Rivers	Three Rivers		364.8	95			116.42	1782	percent of total billed charges	
UNLISTED PROCEDURE,URINARY SYSTEM	53899	CPT	outpatient			384	325.06	UHC	Medicaid		121.15	31.55			116.42	1782	percent of total billed charges	
UNLISTED PROCEDURE,URINARY SYSTEM	53899	CPT	outpatient			384	325.06	UHC	Medicare		282.66				116.42	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE,URINARY SYSTEM	53899	CPT	outpatient			384	325.06	United	Commercial|PPO		1782				116.42	1782	case rate	
UNLISTED PROCEDURE,URINARY SYSTEM	53899	CPT	outpatient			384	325.06	United	Oxford		1782				116.42	1782	case rate	
UNLISTED PROCEDURE,URINARY SYSTEM	53899	CPT	outpatient			384	325.06	Wellcare	Medicare		282.66				116.42	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE,URINARY SYSTEM	53899	CPT	outpatient			384	325.06	Wellcare	Medicaid		121.15	31.55			116.42	1782	percent of total billed charges	
UNLISTED PROCEDURE,URINARY SYSTEM	53899	CPT	outpatient			384	325.06	WellPoint	WellPoint		123.57	32.18			116.42	1782	percent of total billed charges	
SLITTING PREPUCE, NOT NEWBRN	54001	CPT	outpatient			6758	2678.87	Aetna	Commercial		3708.48				56.85	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLITTING PREPUCE, NOT NEWBRN	54001	CPT	outpatient			6758	2678.87	Aetna	Better Health		2132.15	31.55			56.85	6420.1	percent of total billed charges	
SLITTING PREPUCE, NOT NEWBRN	54001	CPT	outpatient			6758	2678.87	Aetna	Medicare		2329.45				56.85	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLITTING PREPUCE, NOT NEWBRN	54001	CPT	outpatient			6758	2678.87	Americare	Americare		5068.5	75			56.85	6420.1	percent of total billed charges	
SLITTING PREPUCE, NOT NEWBRN	54001	CPT	outpatient			6758	2678.87	Amerihealth	HMO/PPO		4392.7	65			56.85	6420.1	percent of total billed charges	
SLITTING PREPUCE, NOT NEWBRN	54001	CPT	outpatient			6758	2678.87	Amerihealth	Medicare		2329.45				56.85	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLITTING PREPUCE, NOT NEWBRN	54001	CPT	outpatient			6758	2678.87	Consumer	Consumer		6420.1	95			56.85	6420.1	percent of total billed charges	
SLITTING PREPUCE, NOT NEWBRN	54001	CPT	outpatient			6758	2678.87	Corrections	Corrections		5406.4	80			56.85	6420.1	percent of total billed charges	
SLITTING PREPUCE, NOT NEWBRN	54001	CPT	outpatient			6758	2678.87	First Health	First Health		4730.6	70			56.85	6420.1	percent of total billed charges	
SLITTING PREPUCE, NOT NEWBRN	54001	CPT	outpatient			6758	2678.87	First Trenton	First Trenton		6082.2	90			56.85	6420.1	percent of total billed charges	
SLITTING PREPUCE, NOT NEWBRN	54001	CPT	outpatient			6758	2678.87	Horizon	Indemnity		4335.11				56.85	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLITTING PREPUCE, NOT NEWBRN	54001	CPT	outpatient			6758	2678.87	Horizon	Medicare Blue		2329.45				56.85	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLITTING PREPUCE, NOT NEWBRN	54001	CPT	outpatient			6758	2678.87	Horizon	NJ Health		56.85				56.85	6420.1	fee schedule	
SLITTING PREPUCE, NOT NEWBRN	54001	CPT	outpatient			6758	2678.87	Horizon	MGD		4335.11				56.85	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLITTING PREPUCE, NOT NEWBRN	54001	CPT	outpatient			6758	2678.87	Horizon	PPO		4335.11				56.85	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLITTING PREPUCE, NOT NEWBRN	54001	CPT	outpatient			6758	2678.87	Managed Care Inc	Managed Care Inc		6082.2	90			56.85	6420.1	percent of total billed charges	
SLITTING PREPUCE, NOT NEWBRN	54001	CPT	outpatient			6758	2678.87	Multiplan	Multiplan		5406.4	80			56.85	6420.1	percent of total billed charges	
SLITTING PREPUCE, NOT NEWBRN	54001	CPT	outpatient			6758	2678.87	Qualcare	Qualcare		5068.5	75			56.85	6420.1	percent of total billed charges	
SLITTING PREPUCE, NOT NEWBRN	54001	CPT	outpatient			6758	2678.87	Three Rivers	Three Rivers		6420.1	95			56.85	6420.1	percent of total billed charges	
SLITTING PREPUCE, NOT NEWBRN	54001	CPT	outpatient			6758	2678.87	UHC	Medicaid		2132.15	31.55			56.85	6420.1	percent of total billed charges	
SLITTING PREPUCE, NOT NEWBRN	54001	CPT	outpatient			6758	2678.87	UHC	Medicare		2329.45				56.85	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLITTING PREPUCE, NOT NEWBRN	54001	CPT	outpatient			6758	2678.87	United	Commercial|PPO		2776				56.85	6420.1	case rate	
SLITTING PREPUCE, NOT NEWBRN	54001	CPT	outpatient			6758	2678.87	United	Oxford		2776				56.85	6420.1	case rate	
SLITTING PREPUCE, NOT NEWBRN	54001	CPT	outpatient			6758	2678.87	Wellcare	Medicare		2329.45				56.85	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLITTING PREPUCE, NOT NEWBRN	54001	CPT	outpatient			6758	2678.87	Wellcare	Medicaid		2132.15	31.55			56.85	6420.1	percent of total billed charges	
SLITTING PREPUCE, NOT NEWBRN	54001	CPT	outpatient			6758	2678.87	WellPoint	WellPoint		2174.72	32.18			56.85	6420.1	percent of total billed charges	
DESTR LESION	54050	CPT	outpatient			1360	524.43	Aetna	Medicare		418.88	30.8			58.46	1782	percent of total billed charges	
DESTR LESION	54050	CPT	outpatient			1360	524.43	Aetna	Commercial		726				58.46	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR LESION	54050	CPT	outpatient			1360	524.43	Aetna	Better Health		429.08	31.55			58.46	1782	percent of total billed charges	
DESTR LESION	54050	CPT	outpatient			1360	524.43	Americare	Americare		1020	75			58.46	1782	percent of total billed charges	
DESTR LESION	54050	CPT	outpatient			1360	524.43	Amerihealth	HMO/PPO		884	65			58.46	1782	percent of total billed charges	
DESTR LESION	54050	CPT	outpatient			1360	524.43	Amerihealth	Medicare		456.03				58.46	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR LESION	54050	CPT	outpatient			1360	524.43	Consumer	Consumer		1292	95			58.46	1782	percent of total billed charges	
DESTR LESION	54050	CPT	outpatient			1360	524.43	Corrections	Corrections		1088	80			58.46	1782	percent of total billed charges	
DESTR LESION	54050	CPT	outpatient			1360	524.43	First Health	First Health		952	70			58.46	1782	percent of total billed charges	
DESTR LESION	54050	CPT	outpatient			1360	524.43	First Trenton	First Trenton		1224	90			58.46	1782	percent of total billed charges	
DESTR LESION	54050	CPT	outpatient			1360	524.43	Horizon	Indemnity		848.67				58.46	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR LESION	54050	CPT	outpatient			1360	524.43	Horizon	Medicare Blue		456.03				58.46	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR LESION	54050	CPT	outpatient			1360	524.43	Horizon	NJ Health		58.46				58.46	1782	fee schedule	
DESTR LESION	54050	CPT	outpatient			1360	524.43	Horizon	MGD		848.67				58.46	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR LESION	54050	CPT	outpatient			1360	524.43	Horizon	PPO		848.67				58.46	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR LESION	54050	CPT	outpatient			1360	524.43	Managed Care Inc	Managed Care Inc		1224	90			58.46	1782	percent of total billed charges	
DESTR LESION	54050	CPT	outpatient			1360	524.43	Multiplan	Multiplan		1088	80			58.46	1782	percent of total billed charges	
DESTR LESION	54050	CPT	outpatient			1360	524.43	Qualcare	Qualcare		1020	75			58.46	1782	percent of total billed charges	
DESTR LESION	54050	CPT	outpatient			1360	524.43	Three Rivers	Three Rivers		1292	95			58.46	1782	percent of total billed charges	
DESTR LESION	54050	CPT	outpatient			1360	524.43	UHC	Medicaid		429.08	31.55			58.46	1782	percent of total billed charges	
DESTR LESION	54050	CPT	outpatient			1360	524.43	UHC	Medicare		456.03				58.46	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR LESION	54050	CPT	outpatient			1360	524.43	United	Commercial|PPO		1782				58.46	1782	case rate	
DESTR LESION	54050	CPT	outpatient			1360	524.43	United	Oxford		1782				58.46	1782	case rate	
DESTR LESION	54050	CPT	outpatient			1360	524.43	Wellcare	Medicaid		429.08	31.55			58.46	1782	percent of total billed charges	
DESTR LESION	54050	CPT	outpatient			1360	524.43	Wellcare	Medicare		456.03				58.46	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR LESION	54050	CPT	outpatient			1360	524.43	WellPoint	WellPoint		437.65	32.18			58.46	1782	percent of total billed charges	
DSTR LSN PENIS, ELCTRODESCTN	54055	CPT	outpatient			6289	2398.47	Aetna	Medicare		1937.01	30.8			101.06	5974.55	percent of total billed charges	
DSTR LSN PENIS, ELCTRODESCTN	54055	CPT	outpatient			6289	2398.47	Aetna	Commercial		3320.32				101.06	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTR LSN PENIS, ELCTRODESCTN	54055	CPT	outpatient			6289	2398.47	Aetna	Better Health		1984.18	31.55			101.06	5974.55	percent of total billed charges	
DSTR LSN PENIS, ELCTRODESCTN	54055	CPT	outpatient			6289	2398.47	Americare	Americare		4716.75	75			101.06	5974.55	percent of total billed charges	
DSTR LSN PENIS, ELCTRODESCTN	54055	CPT	outpatient			6289	2398.47	Amerihealth	Medicare		2085.63				101.06	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTR LSN PENIS, ELCTRODESCTN	54055	CPT	outpatient			6289	2398.47	Amerihealth	HMO/PPO		4087.85	65			101.06	5974.55	percent of total billed charges	
DSTR LSN PENIS, ELCTRODESCTN	54055	CPT	outpatient			6289	2398.47	Consumer	Consumer		5974.55	95			101.06	5974.55	percent of total billed charges	
DSTR LSN PENIS, ELCTRODESCTN	54055	CPT	outpatient			6289	2398.47	Corrections	Corrections		5031.2	80			101.06	5974.55	percent of total billed charges	
DSTR LSN PENIS, ELCTRODESCTN	54055	CPT	outpatient			6289	2398.47	First Health	First Health		4402.3	70			101.06	5974.55	percent of total billed charges	
DSTR LSN PENIS, ELCTRODESCTN	54055	CPT	outpatient			6289	2398.47	First Trenton	First Trenton		5660.1	90			101.06	5974.55	percent of total billed charges	
DSTR LSN PENIS, ELCTRODESCTN	54055	CPT	outpatient			6289	2398.47	Horizon	Indemnity		3881.36				101.06	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTR LSN PENIS, ELCTRODESCTN	54055	CPT	outpatient			6289	2398.47	Horizon	MGD		3881.36				101.06	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTR LSN PENIS, ELCTRODESCTN	54055	CPT	outpatient			6289	2398.47	Horizon	NJ Health		101.06				101.06	5974.55	fee schedule	
DSTR LSN PENIS, ELCTRODESCTN	54055	CPT	outpatient			6289	2398.47	Horizon	Medicare Blue		2085.63				101.06	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTR LSN PENIS, ELCTRODESCTN	54055	CPT	outpatient			6289	2398.47	Horizon	PPO		3881.36				101.06	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTR LSN PENIS, ELCTRODESCTN	54055	CPT	outpatient			6289	2398.47	Managed Care Inc	Managed Care Inc		5660.1	90			101.06	5974.55	percent of total billed charges	
DSTR LSN PENIS, ELCTRODESCTN	54055	CPT	outpatient			6289	2398.47	Multiplan	Multiplan		5031.2	80			101.06	5974.55	percent of total billed charges	
DSTR LSN PENIS, ELCTRODESCTN	54055	CPT	outpatient			6289	2398.47	Qualcare	Qualcare		4716.75	75			101.06	5974.55	percent of total billed charges	
DSTR LSN PENIS, ELCTRODESCTN	54055	CPT	outpatient			6289	2398.47	Three Rivers	Three Rivers		5974.55	95			101.06	5974.55	percent of total billed charges	
DSTR LSN PENIS, ELCTRODESCTN	54055	CPT	outpatient			6289	2398.47	UHC	Medicaid		1984.18	31.55			101.06	5974.55	percent of total billed charges	
DSTR LSN PENIS, ELCTRODESCTN	54055	CPT	outpatient			6289	2398.47	UHC	Medicare		2085.63				101.06	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTR LSN PENIS, ELCTRODESCTN	54055	CPT	outpatient			6289	2398.47	United	Oxford		2493				101.06	5974.55	case rate	
DSTR LSN PENIS, ELCTRODESCTN	54055	CPT	outpatient			6289	2398.47	United	Commercial|PPO		2493				101.06	5974.55	case rate	
DSTR LSN PENIS, ELCTRODESCTN	54055	CPT	outpatient			6289	2398.47	Wellcare	Medicare		2085.63				101.06	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTR LSN PENIS, ELCTRODESCTN	54055	CPT	outpatient			6289	2398.47	Wellcare	Medicaid		1984.18	31.55			101.06	5974.55	percent of total billed charges	
DSTR LSN PENIS, ELCTRODESCTN	54055	CPT	outpatient			6289	2398.47	WellPoint	WellPoint		2023.8	32.18			101.06	5974.55	percent of total billed charges	
DESTR LESION	54056	CPT	outpatient			659	263.3	Aetna	Better Health		207.91	31.55			101.06	1782	percent of total billed charges	
DESTR LESION	54056	CPT	outpatient			659	263.3	Aetna	Medicare		228.96				101.06	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR LESION	54056	CPT	outpatient			659	263.3	Aetna	Commercial		364.5				101.06	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR LESION	54056	CPT	outpatient			659	263.3	Americare	Americare		494.25	75			101.06	1782	percent of total billed charges	
DESTR LESION	54056	CPT	outpatient			659	263.3	Amerihealth	HMO/PPO		428.35	65			101.06	1782	percent of total billed charges	
DESTR LESION	54056	CPT	outpatient			659	263.3	Amerihealth	Medicare		228.96				101.06	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR LESION	54056	CPT	outpatient			659	263.3	Consumer	Consumer		626.05	95			101.06	1782	percent of total billed charges	
DESTR LESION	54056	CPT	outpatient			659	263.3	Corrections	Corrections		527.2	80			101.06	1782	percent of total billed charges	
DESTR LESION	54056	CPT	outpatient			659	263.3	First Health	First Health		461.3	70			101.06	1782	percent of total billed charges	
DESTR LESION	54056	CPT	outpatient			659	263.3	First Trenton	First Trenton		593.1	90			101.06	1782	percent of total billed charges	
DESTR LESION	54056	CPT	outpatient			659	263.3	Horizon	MGD		426.09				101.06	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR LESION	54056	CPT	outpatient			659	263.3	Horizon	NJ Health		101.06				101.06	1782	fee schedule	
DESTR LESION	54056	CPT	outpatient			659	263.3	Horizon	Indemnity		426.09				101.06	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR LESION	54056	CPT	outpatient			659	263.3	Horizon	Medicare Blue		228.96				101.06	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR LESION	54056	CPT	outpatient			659	263.3	Horizon	PPO		426.09				101.06	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR LESION	54056	CPT	outpatient			659	263.3	Managed Care Inc	Managed Care Inc		593.1	90			101.06	1782	percent of total billed charges	
DESTR LESION	54056	CPT	outpatient			659	263.3	Multiplan	Multiplan		527.2	80			101.06	1782	percent of total billed charges	
DESTR LESION	54056	CPT	outpatient			659	263.3	Qualcare	Qualcare		494.25	75			101.06	1782	percent of total billed charges	
DESTR LESION	54056	CPT	outpatient			659	263.3	Three Rivers	Three Rivers		626.05	95			101.06	1782	percent of total billed charges	
DESTR LESION	54056	CPT	outpatient			659	263.3	UHC	Medicaid		207.91	31.55			101.06	1782	percent of total billed charges	
DESTR LESION	54056	CPT	outpatient			659	263.3	UHC	Medicare		228.96				101.06	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR LESION	54056	CPT	outpatient			659	263.3	United	Oxford		1782				101.06	1782	case rate	
DESTR LESION	54056	CPT	outpatient			659	263.3	United	Commercial|PPO		1782				101.06	1782	case rate	
DESTR LESION	54056	CPT	outpatient			659	263.3	Wellcare	Medicaid		207.91	31.55			101.06	1782	percent of total billed charges	
DESTR LESION	54056	CPT	outpatient			659	263.3	Wellcare	Medicare		228.96				101.06	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR LESION	54056	CPT	outpatient			659	263.3	WellPoint	WellPoint		212.07	32.18			101.06	1782	percent of total billed charges	
DEST PENILE LES SIMPLE LASER	54057	CPT	outpatient			6289	2398.47	Aetna	Commercial		3320.32				116.93	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEST PENILE LES SIMPLE LASER	54057	CPT	outpatient			6289	2398.47	Aetna	Medicare		1937.01	30.8			116.93	5974.55	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
DEST PENILE LES SIMPLE LASER	54057	CPT	outpatient			6289		2398.47 Aetna	Better Health		1984.18	31.55			116.93	5974.55	percent of total billed charges	
DEST PENILE LES SIMPLE LASER	54057	CPT	outpatient			6289		2398.47 Americare	Americare		4716.75	75			116.93	5974.55	percent of total billed charges	
DEST PENILE LES SIMPLE LASER	54057	CPT	outpatient			6289		2398.47 Amerihealth	Medicare		2085.63				116.93	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEST PENILE LES SIMPLE LASER	54057	CPT	outpatient			6289		2398.47 Amerihealth	HMO/PPO		4087.85	65			116.93	5974.55	percent of total billed charges	
DEST PENILE LES SIMPLE LASER	54057	CPT	outpatient			6289		2398.47 Consumer	Consumer		5974.55	95			116.93	5974.55	percent of total billed charges	
DEST PENILE LES SIMPLE LASER	54057	CPT	outpatient			6289		2398.47 Corrections	Corrections		5031.2	80			116.93	5974.55	percent of total billed charges	
DEST PENILE LES SIMPLE LASER	54057	CPT	outpatient			6289		2398.47 First Health	First Health		4402.3	70			116.93	5974.55	percent of total billed charges	
DEST PENILE LES SIMPLE LASER	54057	CPT	outpatient			6289		2398.47 First Trenton	First Trenton		5660.1	90			116.93	5974.55	percent of total billed charges	
DEST PENILE LES SIMPLE LASER	54057	CPT	outpatient			6289		2398.47 Horizon	MGD		3881.36				116.93	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEST PENILE LES SIMPLE LASER	54057	CPT	outpatient			6289		2398.47 Horizon	PPO		3881.36				116.93	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEST PENILE LES SIMPLE LASER	54057	CPT	outpatient			6289		2398.47 Horizon	NJ Health		116.93				116.93	5974.55	fee schedule	
DEST PENILE LES SIMPLE LASER	54057	CPT	outpatient			6289		2398.47 Horizon	Indemnity		3881.36				116.93	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEST PENILE LES SIMPLE LASER	54057	CPT	outpatient			6289		2398.47 Horizon	Medicare Blue		2085.63				116.93	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEST PENILE LES SIMPLE LASER	54057	CPT	outpatient			6289		2398.47 Managed Care Inc	Managed Care Inc		5660.1	90			116.93	5974.55	percent of total billed charges	
DEST PENILE LES SIMPLE LASER	54057	CPT	outpatient			6289		2398.47 Multiplan	Multiplan		5031.2	80			116.93	5974.55	percent of total billed charges	
DEST PENILE LES SIMPLE LASER	54057	CPT	outpatient			6289		2398.47 Qualcare	Qualcare		4716.75	75			116.93	5974.55	percent of total billed charges	
DEST PENILE LES SIMPLE LASER	54057	CPT	outpatient			6289		2398.47 Three Rivers	Three Rivers		5974.55	95			116.93	5974.55	percent of total billed charges	
DEST PENILE LES SIMPLE LASER	54057	CPT	outpatient			6289		2398.47 UHC	Medicaid		1984.18	31.55			116.93	5974.55	percent of total billed charges	
DEST PENILE LES SIMPLE LASER	54057	CPT	outpatient			6289		2398.47 UHC	Medicare		2085.63				116.93	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEST PENILE LES SIMPLE LASER	54057	CPT	outpatient			6289		2398.47 United	Commercial|PPO		2493				116.93	5974.55	case rate	
DEST PENILE LES SIMPLE LASER	54057	CPT	outpatient			6289		2398.47 United	Oxford		2493				116.93	5974.55	case rate	
DEST PENILE LES SIMPLE LASER	54057	CPT	outpatient			6289		2398.47 Wellcare	Medicare		2085.63				116.93	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEST PENILE LES SIMPLE LASER	54057	CPT	outpatient			6289		2398.47 Wellcare	Medicaid		1984.18	31.55			116.93	5974.55	percent of total billed charges	
DEST PENILE LES SIMPLE LASER	54057	CPT	outpatient			6289		2398.47 WellPoint	WellPoint		2023.8	32.18			116.93	5974.55	percent of total billed charges	
EXCISION CONDYLOMA,PENILE	54060	CPT	outpatient			6289		2398.47 Aetna	Medicare		1937.01	30.8			138.33	5974.55	percent of total billed charges	
EXCISION CONDYLOMA,PENILE	54060	CPT	outpatient			6289		2398.47 Aetna	Better Health		1984.18	31.55			138.33	5974.55	percent of total billed charges	
EXCISION CONDYLOMA,PENILE	54060	CPT	outpatient			6289		2398.47 Aetna	Commercial		3320.32				138.33	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION CONDYLOMA,PENILE	54060	CPT	outpatient			6289		2398.47 Americare	Americare		4716.75	75			138.33	5974.55	percent of total billed charges	
EXCISION CONDYLOMA,PENILE	54060	CPT	outpatient			6289		2398.47 Amerihealth	HMO/PPO		4087.85	65			138.33	5974.55	percent of total billed charges	
EXCISION CONDYLOMA,PENILE	54060	CPT	outpatient			6289		2398.47 Amerihealth	Medicare		2085.63				138.33	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION CONDYLOMA,PENILE	54060	CPT	outpatient			6289		2398.47 Consumer	Consumer		5974.55	95			138.33	5974.55	percent of total billed charges	
EXCISION CONDYLOMA,PENILE	54060	CPT	outpatient			6289		2398.47 Corrections	Corrections		5031.2	80			138.33	5974.55	percent of total billed charges	
EXCISION CONDYLOMA,PENILE	54060	CPT	outpatient			6289		2398.47 First Health	First Health		4402.3	70			138.33	5974.55	percent of total billed charges	
EXCISION CONDYLOMA,PENILE	54060	CPT	outpatient			6289		2398.47 First Trenton	First Trenton		5660.1	90			138.33	5974.55	percent of total billed charges	
EXCISION CONDYLOMA,PENILE	54060	CPT	outpatient			6289		2398.47 Horizon	Indemnity		3881.36				138.33	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION CONDYLOMA,PENILE	54060	CPT	outpatient			6289		2398.47 Horizon	MGD		3881.36				138.33	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION CONDYLOMA,PENILE	54060	CPT	outpatient			6289		2398.47 Horizon	NJ Health		138.33				138.33	5974.55	fee schedule	
EXCISION CONDYLOMA,PENILE	54060	CPT	outpatient			6289		2398.47 Horizon	PPO		3881.36				138.33	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION CONDYLOMA,PENILE	54060	CPT	outpatient			6289		2398.47 Horizon	Medicare Blue		2085.63				138.33	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION CONDYLOMA,PENILE	54060	CPT	outpatient			6289		2398.47 Managed Care Inc	Managed Care Inc		5660.1	90			138.33	5974.55	percent of total billed charges	
EXCISION CONDYLOMA,PENILE	54060	CPT	outpatient			6289		2398.47 Multiplan	Multiplan		5031.2	80			138.33	5974.55	percent of total billed charges	
EXCISION CONDYLOMA,PENILE	54060	CPT	outpatient			6289		2398.47 Qualcare	Qualcare		4716.75	75			138.33	5974.55	percent of total billed charges	
EXCISION CONDYLOMA,PENILE	54060	CPT	outpatient			6289		2398.47 Three Rivers	Three Rivers		5974.55	95			138.33	5974.55	percent of total billed charges	
EXCISION CONDYLOMA,PENILE	54060	CPT	outpatient			6289		2398.47 UHC	Medicaid		1984.18	31.55			138.33	5974.55	percent of total billed charges	
EXCISION CONDYLOMA,PENILE	54060	CPT	outpatient			6289		2398.47 UHC	Medicare		2085.63				138.33	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION CONDYLOMA,PENILE	54060	CPT	outpatient			6289		2398.47 United	Oxford		2493				138.33	5974.55	case rate	
EXCISION CONDYLOMA,PENILE	54060	CPT	outpatient			6289		2398.47 United	Commercial|PPO		2493				138.33	5974.55	case rate	
EXCISION CONDYLOMA,PENILE	54060	CPT	outpatient			6289		2398.47 Wellcare	Medicare		2085.63				138.33	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION CONDYLOMA,PENILE	54060	CPT	outpatient			6289		2398.47 Wellcare	Medicaid		1984.18	31.55			138.33	5974.55	percent of total billed charges	
EXCISION CONDYLOMA,PENILE	54060	CPT	outpatient			6289		2398.47 WellPoint	WellPoint		2023.8	32.18			138.33	5974.55	percent of total billed charges	
DESTR PENIS LESION(S)	54065	CPT	outpatient			6289		2398.47 Aetna	Better Health		1984.18	31.55			297.54	5974.55	percent of total billed charges	
DESTR PENIS LESION(S)	54065	CPT	outpatient			6289		2398.47 Aetna	Commercial		3320.32				297.54	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR PENIS LESION(S)	54065	CPT	outpatient			6289		2398.47 Aetna	Medicare		2085.63				297.54	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR PENIS LESION(S)	54065	CPT	outpatient			6289		2398.47 Americare	Americare		4716.75	75			297.54	5974.55	percent of total billed charges	
DESTR PENIS LESION(S)	54065	CPT	outpatient			6289		2398.47 Amerihealth	HMO/PPO		4087.85	65			297.54	5974.55	percent of total billed charges	
DESTR PENIS LESION(S)	54065	CPT	outpatient			6289		2398.47 Amerihealth	Medicare		2085.63				297.54	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR PENIS LESION(S)	54065	CPT	outpatient			6289		2398.47 Consumer	Consumer		5974.55	95			297.54	5974.55	percent of total billed charges	
DESTR PENIS LESION(S)	54065	CPT	outpatient			6289		2398.47 Corrections	Corrections		5031.2	80			297.54	5974.55	percent of total billed charges	
DESTR PENIS LESION(S)	54065	CPT	outpatient			6289		2398.47 First Health	First Health		4402.3	70			297.54	5974.55	percent of total billed charges	
DESTR PENIS LESION(S)	54065	CPT	outpatient			6289		2398.47 First Trenton	First Trenton		5660.1	90			297.54	5974.55	percent of total billed charges	
DESTR PENIS LESION(S)	54065	CPT	outpatient			6289		2398.47 Horizon	PPO		3881.36				297.54	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR PENIS LESION(S)	54065	CPT	outpatient			6289		2398.47 Horizon	MGD		3881.36				297.54	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR PENIS LESION(S)	54065	CPT	outpatient			6289		2398.47 Horizon	Indemnity		3881.36				297.54	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR PENIS LESION(S)	54065	CPT	outpatient			6289		2398.47 Horizon	NJ Health		297.54				297.54	5974.55	fee schedule	
DESTR PENIS LESION(S)	54065	CPT	outpatient			6289		2398.47 Horizon	Medicare Blue		2085.63				297.54	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR PENIS LESION(S)	54065	CPT	outpatient			6289		2398.47 Managed Care Inc	Managed Care Inc		5660.1	90			297.54	5974.55	percent of total billed charges	
DESTR PENIS LESION(S)	54065	CPT	outpatient			6289		2398.47 Multiplan	Multiplan		5031.2	80			297.54	5974.55	percent of total billed charges	
DESTR PENIS LESION(S)	54065	CPT	outpatient			6289		2398.47 Qualcare	Qualcare		4716.75	75			297.54	5974.55	percent of total billed charges	
DESTR PENIS LESION(S)	54065	CPT	outpatient			6289		2398.47 Three Rivers	Three Rivers		5974.55	95			297.54	5974.55	percent of total billed charges	
DESTR PENIS LESION(S)	54065	CPT	outpatient			6289		2398.47 UHC	Medicare		2085.63				297.54	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR PENIS LESION(S)	54065	CPT	outpatient			6289		2398.47 UHC	Medicaid		1984.18	31.55			297.54	5974.55	percent of total billed charges	
DESTR PENIS LESION(S)	54065	CPT	outpatient			6289		2398.47 United	Commercial|PPO		2493				297.54	5974.55	case rate	
DESTR PENIS LESION(S)	54065	CPT	outpatient			6289		2398.47 United	Oxford		2493				297.54	5974.55	case rate	
DESTR PENIS LESION(S)	54065	CPT	outpatient			6289		2398.47 Wellcare	Medicare		2085.63				297.54	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR PENIS LESION(S)	54065	CPT	outpatient			6289		2398.47 Wellcare	Medicaid		1984.18	31.55			297.54	5974.55	percent of total billed charges	
DESTR PENIS LESION(S)	54065	CPT	outpatient			6289		2398.47 WellPoint	WellPoint		2023.8	32.18			297.54	5974.55	percent of total billed charges	
BX PENIS SEPARATE PROCEDURE	54100	CPT	outpatient			5464		2132.36 Aetna	Better Health		1723.89	31.55			58.46	5190.8	percent of total billed charges	
BX PENIS SEPARATE PROCEDURE	54100	CPT	outpatient			5464		2132.36 Aetna	Commercial		2951.93				58.46	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX PENIS SEPARATE PROCEDURE	54100	CPT	outpatient			5464		2132.36 Aetna	Medicare		1854.23				58.46	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX PENIS SEPARATE PROCEDURE	54100	CPT	outpatient			5464		2132.36 Americare	Americare		4098	75			58.46	5190.8	percent of total billed charges	
BX PENIS SEPARATE PROCEDURE	54100	CPT	outpatient			5464		2132.36 Amerihealth	HMO/PPO		3551.6	65			58.46	5190.8	percent of total billed charges	
BX PENIS SEPARATE PROCEDURE	54100	CPT	outpatient			5464		2132.36 Amerihealth	Medicare		1854.23				58.46	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX PENIS SEPARATE PROCEDURE	54100	CPT	outpatient			5464		2132.36 Consumer	Consumer		5190.8	95			58.46	5190.8	percent of total billed charges	
BX PENIS SEPARATE PROCEDURE	54100	CPT	outpatient			5464		2132.36 Corrections	Corrections		4371.2	80			58.46	5190.8	percent of total billed charges	
BX PENIS SEPARATE PROCEDURE	54100	CPT	outpatient			5464		2132.36 First Health	First Health		3824.8	70			58.46	5190.8	percent of total billed charges	
BX PENIS SEPARATE PROCEDURE	54100	CPT	outpatient			5464		2132.36 First Trenton	First Trenton		4917.6	90			58.46	5190.8	percent of total billed charges	
BX PENIS SEPARATE PROCEDURE	54100	CPT	outpatient			5464		2132.36 Horizon	PPO		3450.72				58.46	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX PENIS SEPARATE PROCEDURE	54100	CPT	outpatient			5464		2132.36 Horizon	Indemnity		3450.72				58.46	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX PENIS SEPARATE PROCEDURE	54100	CPT	outpatient			5464		2132.36 Horizon	MGD		3450.72				58.46	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX PENIS SEPARATE PROCEDURE	54100	CPT	outpatient			5464		2132.36 Horizon	Medicare Blue		1854.23				58.46	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX PENIS SEPARATE PROCEDURE	54100	CPT	outpatient			5464		2132.36 Horizon	NJ Health		58.46				58.46	5190.8	fee schedule	
BX PENIS SEPARATE PROCEDURE	54100	CPT	outpatient			5464		2132.36 Managed Care Inc	Managed Care Inc		4917.6	90			58.46	5190.8	percent of total billed charges	
BX PENIS SEPARATE PROCEDURE	54100	CPT	outpatient			5464		2132.36 Multiplan	Multiplan		4371.2	80			58.46	5190.8	percent of total billed charges	
BX PENIS SEPARATE PROCEDURE	54100	CPT	outpatient			5464		2132.36 Qualcare	Qualcare		4098	75			58.46	5190.8	percent of total billed charges	
BX PENIS SEPARATE PROCEDURE	54100	CPT	outpatient			5464		2132.36 Three Rivers	Three Rivers		5190.8	95			58.46	5190.8	percent of total billed charges	
BX PENIS SEPARATE PROCEDURE	54100	CPT	outpatient			5464		2132.36 UHC	Medicaid		1723.89	31.55			58.46	5190.8	percent of total billed charges	
BX PENIS SEPARATE PROCEDURE	54100	CPT	outpatient			5464		2132.36 UHC	Medicare		1854.23				58.46	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX PENIS SEPARATE PROCEDURE	54100	CPT	outpatient			5464		2132.36 United	Commercial|PPO		2493				58.46	5190.8	case rate	
BX PENIS SEPARATE PROCEDURE	54100	CPT	outpatient			5464		2132.36 United	Oxford		2493				58.46	5190.8	case rate	
BX PENIS SEPARATE PROCEDURE	54100	CPT	outpatient			5464		2132.36 Wellcare	Medicare		1854.23				58.46	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX PENIS SEPARATE PROCEDURE	54100	CPT	outpatient			5464		2132.36 Wellcare	Medicaid		1723.89	31.55			58.46	5190.8	percent of total billed charges	
BX PENIS SEPARATE PROCEDURE	54100	CPT	outpatient			5464		2132.36 WellPoint	WellPoint		1758.32	32.18			58.46	5190.8	percent of total billed charges	
REPAIR CIRCUMCISION	54163	CPT	outpatient			6758		2678.87 Aetna	Better Health		2132.15	31.55			347.13	6420.1	percent of total billed charges	
REPAIR CIRCUMCISION	54163	CPT	outpatient			6758		2678.87 Aetna	Commercial		3708.48				347.13	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR CIRCUMCISION	54163	CPT	outpatient			6758		2678.87 Aetna	Medicare		2329.45				347.13	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR CIRCUMCISION	54163	CPT	outpatient			6758		2678.87 Americare	Americare		5068.5	75			347.13	6420.1	percent of total billed charges	
REPAIR CIRCUMCISION	54163	CPT	outpatient			6758		2678.87 Amerihealth	HMO/PPO		4392.7	65			347.13	6420.1	percent of total billed charges	
REPAIR CIRCUMCISION	54163	CPT	outpatient			6758		2678.87 Amerihealth	Medicare		2329.45				347.13	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR CIRCUMCISION	54163	CPT	outpatient			6758		2678.87 Consumer	Consumer		6420.1	95			347.13	6420.1	percent of total billed charges	
REPAIR CIRCUMCISION	54163	CPT	outpatient			6758		2678.87 Corrections	Corrections		5406.4	80			347.13	6420.1	percent of total billed charges	
REPAIR CIRCUMCISION	54163	CPT	outpatient			6758		2678.87 First Health	First Health		4730.6	70			347.13	6420.1	percent of total billed charges	
REPAIR CIRCUMCISION	54163	CPT	outpatient			6758		2678.87 First Trenton	First Trenton		6082.2	90			347.13	6420.1	percent of total billed charges	
REPAIR CIRCUMCISION	54163	CPT	outpatient			6758		2678.87 Horizon	PPO		4335.11				347.13	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR CIRCUMCISION	54163	CPT	outpatient			6758		2678.87 Horizon	Medicare Blue		2329.45				347.13	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR CIRCUMCISION	54163	CPT	outpatient			6758		2678.87 Horizon	Indemnity		4335.11				347.13	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR CIRCUMCISION	54163	CPT	outpatient			6758		2678.87 Horizon	MGD		4335.11				347.13	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR CIRCUMCISION	54163	CPT	outpatient			6758		2678.87 Horizon	NJ Health		347.13				347.13	6420.1	fee schedule	
REPAIR CIRCUMCISION	54163	CPT	outpatient			6758		2678.87 Managed Care Inc	Managed Care Inc		6082.2	90			347.13	6420.1	percent of total billed charges	
REPAIR CIRCUMCISION	54163	CPT	outpatient			6758		2678.87 Multiplan	Multiplan		5406.4	80			347.13	6420.1	percent of total billed charges	
REPAIR CIRCUMCISION	54163	CPT	outpatient			6758		2678.87 Qualcare	Qualcare		5068.5	75			347.13	6420.1	percent of total billed charges	
REPAIR CIRCUMCISION	54163	CPT	outpatient			6758		2678.87 Three Rivers	Three Rivers		6420.1	95			347.13	6420.1	percent of total billed charges	
REPAIR CIRCUMCISION	54163	CPT	outpatient			6758		2678.87 UHC	Medicaid		2132.15	31.55			347.13	6420.1	percent of total billed charges	
REPAIR CIRCUMCISION	54163	CPT	outpatient			6758		2678.87 UHC	Medicare		2329.45				347.13	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR CIRCUMCISION	54163	CPT	outpatient			6758		2678.87 United	Commercial|PPO		2776				347.13	6420.1	case rate	
REPAIR CIRCUMCISION	54163	CPT	outpatient			6758		2678.87 United	Oxford		2776				347.13	6420.1	case rate	
REPAIR CIRCUMCISION	54163	CPT	outpatient			6758		2678.87 Wellcare	Medicare		2329.45				347.13	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR CIRCUMCISION	54163	CPT	outpatient			6758		2678.87 Wellcare	Medicaid		2132.15	31.55			347.13	6420.1	percent of total billed charges	
REPAIR CIRCUMCISION	54163	CPT	outpatient			6758		2678.87 WellPoint	WellPoint		2174.72	32.18			347.13	6420.1	percent of total billed charges	
INJ PEYRONIE DISEASE	54200	CPT	outpatient			785		325.06 Aetna	Better Health		247.67	31.55			101.06	1782	percent of total billed charges	
INJ PEYRONIE DISEASE	54200	CPT	outpatient			785		325.06 Aetna	Medicare		241.78	30.8			101.06	1782	percent of total billed charges	
INJ PEYRONIE DISEASE	54200	CPT	outpatient			785		325.06 Aetna	Commercial		449.99				101.06	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ PEYRONIE DISEASE	54200	CPT	outpatient			785		325.06 Americare	Americare		588.75	75			101.06	1782	percent of total billed charges	
INJ PEYRONIE DISEASE	54200	CPT	outpatient			785		325.06 Amerihealth	HMO/PPO		510.25	65			101.06	1782	percent of total billed charges	
INJ PEYRONIE DISEASE	54200	CPT	outpatient			785		325.06 Amerihealth	Medicare		282.66				101.06	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ PEYRONIE DISEASE	54200	CPT	outpatient			785		325.06 Consumer	Consumer		745.75	95			101.06	1782	percent of total billed charges	
INJ PEYRONIE DISEASE	54200	CPT	outpatient			785		325.06 Corrections	Corrections		628	80			101.06	1782	percent of total billed charges	
INJ PEYRONIE DISEASE	54200	CPT	outpatient			785		325.06 First Health	First Health		549.5	70			101.06	1782	percent of total billed charges	
INJ PEYRONIE DISEASE	54200	CPT	outpatient			785		325.06 First Trenton	First Trenton		706.5	90			101.06	1782	percent of total billed charges	
INJ PEYRONIE DISEASE	54200	CPT	outpatient			785		325.06 Horizon	Indemnity		526.03				101.06	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ PEYRONIE DISEASE	54200	CPT	outpatient			785		325.06 Horizon	MGD		526.03				101.06	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ PEYRONIE DISEASE	54200	CPT	outpatient			785		325.06 Horizon	Medicare Blue		282.66				101.06	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ PEYRONIE DISEASE	54200	CPT	outpatient			785		325.06 Horizon	NJ Health		101.06				101.06	1782	fee schedule	
INJ PEYRONIE DISEASE	54200	CPT	outpatient			785		325.06 Horizon	PPO		526.03				101.06	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ PEYRONIE DISEASE	54200	CPT	outpatient			785		325.06 Managed Care Inc	Managed Care Inc		706.5	90			101.06	1782	percent of total billed charges	
INJ PEYRONIE DISEASE	54200	CPT	outpatient			785		325.06 Multiplan	Multiplan		628	80			101.06	1782	percent of total billed charges	
INJ PEYRONIE DISEASE	54200	CPT	outpatient			785		325.06 Qualcare	Qualcare		588.75	75			101.06	1782	percent of total billed charges	
INJ PEYRONIE DISEASE	54200	CPT	outpatient			785		325.06 Three Rivers	Three Rivers		745.75	95			101.06	1782	percent of total billed charges	
INJ PEYRONIE DISEASE	54200	CPT	outpatient			785		325.06 UHC	Medicare		282.66				101.06	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
INJ PEYRONIE DISEASE	54200	CPT	outpatient			785	325.06	UHC	Medicaid		247.67	31.55			101.06	1782	percent of total billed charges	
INJ PEYRONIE DISEASE	54200	CPT	outpatient			785	325.06	United	Oxford		1782				101.06	1782	case rate	
INJ PEYRONIE DISEASE	54200	CPT	outpatient			785	325.06	United	Commercial|PPO		1782				101.06	1782	case rate	
INJ PEYRONIE DISEASE	54200	CPT	outpatient			785	325.06	Wellcare	Medicare		282.66				101.06	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ PEYRONIE DISEASE	54200	CPT	outpatient			785	325.06	Wellcare	Medicaid		247.67	31.55			101.06	1782	percent of total billed charges	
INJ PEYRONIE DISEASE	54200	CPT	outpatient			785	325.06	WellPoint	WellPoint		252.61	32.18			101.06	1782	percent of total billed charges	
IRR, CORPORA CAVERNOSA, PRIAPISM	54220	CPT	outpatient			924	325.06	Aetna	Commercial		449.99				224.96	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IRR, CORPORA CAVERNOSA, PRIAPISM	54220	CPT	outpatient			924	325.06	Aetna	Better Health		291.52	31.55			224.96	1782	percent of total billed charges	
IRR, CORPORA CAVERNOSA, PRIAPISM	54220	CPT	outpatient			924	325.06	Aetna	Medicare		284.59	30.8			224.96	1782	percent of total billed charges	
IRR, CORPORA CAVERNOSA, PRIAPISM	54220	CPT	outpatient			924	325.06	Americare	Americare		693	75			224.96	1782	percent of total billed charges	
IRR, CORPORA CAVERNOSA, PRIAPISM	54220	CPT	outpatient			924	325.06	Amerihealth	HMO|PPO		600.6	65			224.96	1782	percent of total billed charges	
IRR, CORPORA CAVERNOSA, PRIAPISM	54220	CPT	outpatient			924	325.06	Amerihealth	Medicare		282.66				224.96	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IRR, CORPORA CAVERNOSA, PRIAPISM	54220	CPT	outpatient			924	325.06	Consumer	Consumer		877.8	95			224.96	1782	percent of total billed charges	
IRR, CORPORA CAVERNOSA, PRIAPISM	54220	CPT	outpatient			924	325.06	Corrections	Corrections		739.2	80			224.96	1782	percent of total billed charges	
IRR, CORPORA CAVERNOSA, PRIAPISM	54220	CPT	outpatient			924	325.06	First Health	First Health		646.8	70			224.96	1782	percent of total billed charges	
IRR, CORPORA CAVERNOSA, PRIAPISM	54220	CPT	outpatient			924	325.06	First Trenton	First Trenton		831.6	90			224.96	1782	percent of total billed charges	
IRR, CORPORA CAVERNOSA, PRIAPISM	54220	CPT	outpatient			924	325.06	Horizon	NJ Health		224.96				224.96	1782	fee schedule	
IRR, CORPORA CAVERNOSA, PRIAPISM	54220	CPT	outpatient			924	325.06	Horizon	Indemnity		526.03				224.96	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IRR, CORPORA CAVERNOSA, PRIAPISM	54220	CPT	outpatient			924	325.06	Horizon	MGD		526.03				224.96	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IRR, CORPORA CAVERNOSA, PRIAPISM	54220	CPT	outpatient			924	325.06	Horizon	PPO		526.03				224.96	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IRR, CORPORA CAVERNOSA, PRIAPISM	54220	CPT	outpatient			924	325.06	Horizon	Medicare Blue		282.66				224.96	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IRR, CORPORA CAVERNOSA, PRIAPISM	54220	CPT	outpatient			924	325.06	Managed Care Inc	Managed Care Inc		831.6	90			224.96	1782	percent of total billed charges	
IRR, CORPORA CAVERNOSA, PRIAPISM	54220	CPT	outpatient			924	325.06	Multiplan	Multiplan		739.2	80			224.96	1782	percent of total billed charges	
IRR, CORPORA CAVERNOSA, PRIAPISM	54220	CPT	outpatient			924	325.06	Qualcare	Qualcare		693	75			224.96	1782	percent of total billed charges	
IRR, CORPORA CAVERNOSA, PRIAPISM	54220	CPT	outpatient			924	325.06	Three Rivers	Three Rivers		877.8	95			224.96	1782	percent of total billed charges	
IRR, CORPORA CAVERNOSA, PRIAPISM	54220	CPT	outpatient			924	325.06	UHC	Medicaid		291.52	31.55			224.96	1782	percent of total billed charges	
IRR, CORPORA CAVERNOSA, PRIAPISM	54220	CPT	outpatient			924	325.06	UHC	Medicare		282.66				224.96	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IRR, CORPORA CAVERNOSA, PRIAPISM	54220	CPT	outpatient			924	325.06	United	Oxford		1782				224.96	1782	case rate	
IRR, CORPORA CAVERNOSA, PRIAPISM	54220	CPT	outpatient			924	325.06	United	Commercial|PPO		1782				224.96	1782	case rate	
IRR, CORPORA CAVERNOSA, PRIAPISM	54220	CPT	outpatient			924	325.06	Wellcare	Medicaid		291.52	31.55			224.96	1782	percent of total billed charges	
IRR, CORPORA CAVERNOSA, PRIAPISM	54220	CPT	outpatient			924	325.06	Wellcare	Medicare		282.66				224.96	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IRR, CORPORA CAVERNOSA, PRIAPISM	54220	CPT	outpatient			924	325.06	WellPoint	WellPoint		297.34	32.18			224.96	1782	percent of total billed charges	
INJECT PROC CORPORA CAVERNOSOGRAPHY	54230	CPT	outpatient			1809		Aetna	Commercial		687.42	38			75.89	1782	percent of total billed charges	
INJECT PROC CORPORA CAVERNOSOGRAPHY	54230	CPT	outpatient			1809		Aetna	Better Health		570.74	31.55			75.89	1782	percent of total billed charges	
INJECT PROC CORPORA CAVERNOSOGRAPHY	54230	CPT	outpatient			1809		Aetna	Medicare		557.17	30.8			75.89	1782	percent of total billed charges	
INJECT PROC CORPORA CAVERNOSOGRAPHY	54230	CPT	outpatient			1809		Americare	Americare		1356.75	75			75.89	1782	percent of total billed charges	
INJECT PROC CORPORA CAVERNOSOGRAPHY	54230	CPT	outpatient			1809		Amerihealth	HMO|PPO		1175.85	65			75.89	1782	percent of total billed charges	
INJECT PROC CORPORA CAVERNOSOGRAPHY	54230	CPT	outpatient			1809		Consumer	Consumer		1718.55	95			75.89	1782	percent of total billed charges	
INJECT PROC CORPORA CAVERNOSOGRAPHY	54230	CPT	outpatient			1809		Corrections	Corrections		1447.2	80			75.89	1782	percent of total billed charges	
INJECT PROC CORPORA CAVERNOSOGRAPHY	54230	CPT	outpatient			1809		First Health	First Health		1266.3	70			75.89	1782	percent of total billed charges	
INJECT PROC CORPORA CAVERNOSOGRAPHY	54230	CPT	outpatient			1809		First Trenton	First Trenton		1628.1	90			75.89	1782	percent of total billed charges	
INJECT PROC CORPORA CAVERNOSOGRAPHY	54230	CPT	outpatient			1809		Horizon	MGD		692.49	38.28			75.89	1782	percent of total billed charges	
INJECT PROC CORPORA CAVERNOSOGRAPHY	54230	CPT	outpatient			1809		Horizon	Indemnity		692.49	38.28			75.89	1782	percent of total billed charges	
INJECT PROC CORPORA CAVERNOSOGRAPHY	54230	CPT	outpatient			1809		Horizon	NJ Health		75.89				75.89	1782	fee schedule	
INJECT PROC CORPORA CAVERNOSOGRAPHY	54230	CPT	outpatient			1809		Horizon	Medicare Blue		542.7	30			75.89	1782	percent of total billed charges	
INJECT PROC CORPORA CAVERNOSOGRAPHY	54230	CPT	outpatient			1809		Horizon	PPO		692.49	38.28			75.89	1782	percent of total billed charges	
INJECT PROC CORPORA CAVERNOSOGRAPHY	54230	CPT	outpatient			1809		Managed Care Inc	Managed Care Inc		1628.1	90			75.89	1782	percent of total billed charges	
INJECT PROC CORPORA CAVERNOSOGRAPHY	54230	CPT	outpatient			1809		Multiplan	Multiplan		1447.2	80			75.89	1782	percent of total billed charges	
INJECT PROC CORPORA CAVERNOSOGRAPHY	54230	CPT	outpatient			1809		Qualcare	Qualcare		1356.75	75			75.89	1782	percent of total billed charges	
INJECT PROC CORPORA CAVERNOSOGRAPHY	54230	CPT	outpatient			1809		Three Rivers	Three Rivers		1718.55	95			75.89	1782	percent of total billed charges	
INJECT PROC CORPORA CAVERNOSOGRAPHY	54230	CPT	outpatient			1809		UHC	Medicaid		570.74	31.55			75.89	1782	percent of total billed charges	
INJECT PROC CORPORA CAVERNOSOGRAPHY	54230	CPT	outpatient			1809		United	Commercial|PPO		1782				75.89	1782	case rate	
INJECT PROC CORPORA CAVERNOSOGRAPHY	54230	CPT	outpatient			1809		United	Oxford		1782				75.89	1782	case rate	
INJECT PROC CORPORA CAVERNOSOGRAPHY	54230	CPT	outpatient			1809		Wellcare	Medicaid		570.74	31.55			75.89	1782	percent of total billed charges	
INJECT PROC CORPORA CAVERNOSOGRAPHY	54230	CPT	outpatient			1809		WellPoint	WellPoint		582.14	32.18			75.89	1782	percent of total billed charges	
DYNAMIC CAVERNOSOMETRY	54231	CPT	outpatient			7607	325.06	Aetna	Medicare		282.66				178.36	7226.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DYNAMIC CAVERNOSOMETRY	54231	CPT	outpatient			7607	325.06	Aetna	Commercial		449.99				178.36	7226.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DYNAMIC CAVERNOSOMETRY	54231	CPT	outpatient			7607	325.06	Aetna	Better Health		2400.01	31.55			178.36	7226.65	percent of total billed charges	
DYNAMIC CAVERNOSOMETRY	54231	CPT	outpatient			7607	325.06	Americare	Americare		5705.25	75			178.36	7226.65	percent of total billed charges	
DYNAMIC CAVERNOSOMETRY	54231	CPT	outpatient			7607	325.06	Amerihealth	HMO|PPO		4944.55	65			178.36	7226.65	percent of total billed charges	
DYNAMIC CAVERNOSOMETRY	54231	CPT	outpatient			7607	325.06	Amerihealth	Medicare		282.66				178.36	7226.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DYNAMIC CAVERNOSOMETRY	54231	CPT	outpatient			7607	325.06	Consumer	Consumer		7226.65	95			178.36	7226.65	percent of total billed charges	
DYNAMIC CAVERNOSOMETRY	54231	CPT	outpatient			7607	325.06	Corrections	Corrections		6085.6	80			178.36	7226.65	percent of total billed charges	
DYNAMIC CAVERNOSOMETRY	54231	CPT	outpatient			7607	325.06	First Health	First Health		5324.9	70			178.36	7226.65	percent of total billed charges	
DYNAMIC CAVERNOSOMETRY	54231	CPT	outpatient			7607	325.06	First Trenton	First Trenton		6846.3	90			178.36	7226.65	percent of total billed charges	
DYNAMIC CAVERNOSOMETRY	54231	CPT	outpatient			7607	325.06	Horizon	Indemnity		526.03				178.36	7226.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DYNAMIC CAVERNOSOMETRY	54231	CPT	outpatient			7607	325.06	Horizon	MGD		526.03				178.36	7226.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DYNAMIC CAVERNOSOMETRY	54231	CPT	outpatient			7607	325.06	Horizon	NJ Health		178.36				178.36	7226.65	fee schedule	
DYNAMIC CAVERNOSOMETRY	54231	CPT	outpatient			7607	325.06	Horizon	Medicare Blue		282.66				178.36	7226.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DYNAMIC CAVERNOSOMETRY	54231	CPT	outpatient			7607	325.06	Horizon	PPO		526.03				178.36	7226.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DYNAMIC CAVERNOSOMETRY	54231	CPT	outpatient			7607	325.06	Managed Care Inc	Managed Care Inc		6846.3	90			178.36	7226.65	percent of total billed charges	
DYNAMIC CAVERNOSOMETRY	54231	CPT	outpatient			7607	325.06	Multiplan	Multiplan		6085.6	80			178.36	7226.65	percent of total billed charges	
DYNAMIC CAVERNOSOMETRY	54231	CPT	outpatient			7607	325.06	Qualcare	Qualcare		5705.25	75			178.36	7226.65	percent of total billed charges	
DYNAMIC CAVERNOSOMETRY	54231	CPT	outpatient			7607	325.06	Three Rivers	Three Rivers		7226.65	95			178.36	7226.65	percent of total billed charges	
DYNAMIC CAVERNOSOMETRY	54231	CPT	outpatient			7607	325.06	UHC	Medicaid		2400.01	31.55			178.36	7226.65	percent of total billed charges	
DYNAMIC CAVERNOSOMETRY	54231	CPT	outpatient			7607	325.06	UHC	Medicare		282.66				178.36	7226.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DYNAMIC CAVERNOSOMETRY	54231	CPT	outpatient			7607	325.06	United	Commercial|PPO		2493				178.36	7226.65	case rate	
DYNAMIC CAVERNOSOMETRY	54231	CPT	outpatient			7607	325.06	United	Oxford		2493				178.36	7226.65	case rate	
DYNAMIC CAVERNOSOMETRY	54231	CPT	outpatient			7607	325.06	Wellcare	Medicare		282.66				178.36	7226.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DYNAMIC CAVERNOSOMETRY	54231	CPT	outpatient			7607	325.06	Wellcare	Medicaid		2400.01	31.55			178.36	7226.65	percent of total billed charges	
DYNAMIC CAVERNOSOMETRY	54231	CPT	outpatient			7607	325.06	WellPoint	WellPoint		2447.93	32.18			178.36	7226.65	percent of total billed charges	
INJ CORPORA CAVERNOSA W/DRUG	54235	CPT	outpatient			785	325.06	Aetna	Medicare		282.66				62.72	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ CORPORA CAVERNOSA W/DRUG	54235	CPT	outpatient			785	325.06	Aetna	Better Health		247.67	31.55			62.72	1782	percent of total billed charges	
INJ CORPORA CAVERNOSA W/DRUG	54235	CPT	outpatient			785	325.06	Aetna	Commercial		449.99				62.72	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ CORPORA CAVERNOSA W/DRUG	54235	CPT	outpatient			785	325.06	Americare	Americare		588.75	75			62.72	1782	percent of total billed charges	
INJ CORPORA CAVERNOSA W/DRUG	54235	CPT	outpatient			785	325.06	Amerihealth	Medicare		282.66				62.72	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ CORPORA CAVERNOSA W/DRUG	54235	CPT	outpatient			785	325.06	Amerihealth	HMO|PPO		510.25	65			62.72	1782	percent of total billed charges	
INJ CORPORA CAVERNOSA W/DRUG	54235	CPT	outpatient			785	325.06	Consumer	Consumer		745.75	95			62.72	1782	percent of total billed charges	
INJ CORPORA CAVERNOSA W/DRUG	54235	CPT	outpatient			785	325.06	Corrections	Corrections		628	80			62.72	1782	percent of total billed charges	
INJ CORPORA CAVERNOSA W/DRUG	54235	CPT	outpatient			785	325.06	First Health	First Health		549.5	70			62.72	1782	percent of total billed charges	
INJ CORPORA CAVERNOSA W/DRUG	54235	CPT	outpatient			785	325.06	First Trenton	First Trenton		706.5	90			62.72	1782	percent of total billed charges	
INJ CORPORA CAVERNOSA W/DRUG	54235	CPT	outpatient			785	325.06	Horizon	Indemnity		526.03				62.72	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ CORPORA CAVERNOSA W/DRUG	54235	CPT	outpatient			785	325.06	Horizon	Medicare Blue		282.66				62.72	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ CORPORA CAVERNOSA W/DRUG	54235	CPT	outpatient			785	325.06	Horizon	PPO		526.03				62.72	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ CORPORA CAVERNOSA W/DRUG	54235	CPT	outpatient			785	325.06	Horizon	MGD		526.03				62.72	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ CORPORA CAVERNOSA W/DRUG	54235	CPT	outpatient			785	325.06	Horizon	NJ Health		62.72				62.72	1782	fee schedule	
INJ CORPORA CAVERNOSA W/DRUG	54235	CPT	outpatient			785	325.06	Managed Care Inc	Managed Care Inc		706.5	90			62.72	1782	percent of total billed charges	
INJ CORPORA CAVERNOSA W/DRUG	54235	CPT	outpatient			785	325.06	Multiplan	Multiplan		628	80			62.72	1782	percent of total billed charges	
INJ CORPORA CAVERNOSA W/DRUG	54235	CPT	outpatient			785	325.06	Qualcare	Qualcare		588.75	75			62.72	1782	percent of total billed charges	
INJ CORPORA CAVERNOSA W/DRUG	54235	CPT	outpatient			785	325.06	Three Rivers	Three Rivers		745.75	95			62.72	1782	percent of total billed charges	
INJ CORPORA CAVERNOSA W/DRUG	54235	CPT	outpatient			785	325.06	UHC	Medicare		282.66				62.72	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ CORPORA CAVERNOSA W/DRUG	54235	CPT	outpatient			785	325.06	UHC	Medicaid		247.67	31.55			62.72	1782	percent of total billed charges	
INJ CORPORA CAVERNOSA W/DRUG	54235	CPT	outpatient			785	325.06	United	Oxford		1782				62.72	1782	case rate	
INJ CORPORA CAVERNOSA W/DRUG	54235	CPT	outpatient			785	325.06	United	Commercial|PPO		1782				62.72	1782	case rate	
INJ CORPORA CAVERNOSA W/DRUG	54235	CPT	outpatient			785	325.06	Wellcare	Medicare		282.66				62.72	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ CORPORA CAVERNOSA W/DRUG	54235	CPT	outpatient			785	325.06	Wellcare	Medicaid		247.67	31.55			62.72	1782	percent of total billed charges	
INJ CORPORA CAVERNOSA W/DRUG	54235	CPT	outpatient			785	325.06	WellPoint	WellPoint		252.61	32.18			62.72	1782	percent of total billed charges	
REMOVE PENILE PROS	54406	CPT	outpatient			11678	4585.08	Aetna	Commercial		6347.35				921.33	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE PENILE PROS	54406	CPT	outpatient			11678	4585.08	Aetna	Better Health		3684.41	31.55			921.33	11094.1	percent of total billed charges	
REMOVE PENILE PROS	54406	CPT	outpatient			11678	4585.08	Aetna	Medicare		3987.03				921.33	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE PENILE PROS	54406	CPT	outpatient			11678	4585.08	Americare	Americare		8758.5	75			921.33	11094.1	percent of total billed charges	
REMOVE PENILE PROS	54406	CPT	outpatient			11678	4585.08	Amerihealth	Medicare		3987.03				921.33	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE PENILE PROS	54406	CPT	outpatient			11678	4585.08	Amerihealth	HMO|PPO		7590.7	65			921.33	11094.1	percent of total billed charges	
REMOVE PENILE PROS	54406	CPT	outpatient			11678	4585.08	Consumer	Consumer		11094.1	95			921.33	11094.1	percent of total billed charges	
REMOVE PENILE PROS	54406	CPT	outpatient			11678	4585.08	Corrections	Corrections		9342.4	80			921.33	11094.1	percent of total billed charges	
REMOVE PENILE PROS	54406	CPT	outpatient			11678	4585.08	First Health	First Health		8174.6	70			921.33	11094.1	percent of total billed charges	
REMOVE PENILE PROS	54406	CPT	outpatient			11678	4585.08	First Trenton	First Trenton		10510.2	90			921.33	11094.1	percent of total billed charges	
REMOVE PENILE PROS	54406	CPT	outpatient			11678	4585.08	Horizon	Medicare Blue		3987.03				921.33	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE PENILE PROS	54406	CPT	outpatient			11678	4585.08	Horizon	Indemnity		7419.86				921.33	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE PENILE PROS	54406	CPT	outpatient			11678	4585.08	Horizon	MGD		7419.86				921.33	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE PENILE PROS	54406	CPT	outpatient			11678	4585.08	Horizon	PPO		7419.86				921.33	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE PENILE PROS	54406	CPT	outpatient			11678	4585.08	Horizon	NJ Health		921.33				921.33	11094.1	fee schedule	
REMOVE PENILE PROS	54406	CPT	outpatient			11678	4585.08	Managed Care Inc	Managed Care Inc		10510.2	90			921.33	11094.1	percent of total billed charges	
REMOVE PENILE PROS	54406	CPT	outpatient			11678	4585.08	Multiplan	Multiplan		9342.4	80			921.33	11094.1	percent of total billed charges	
REMOVE PENILE PROS	54406	CPT	outpatient			11678	4585.08	Qualcare	Qualcare		8758.5	75			921.33	11094.1	percent of total billed charges	
REMOVE PENILE PROS	54406	CPT	outpatient			11678	4585.08	Three Rivers	Three Rivers		11094.1	95			921.33	11094.1	percent of total billed charges	
REMOVE PENILE PROS	54406	CPT	outpatient			11678	4585.08	UHC	Medicare		3987.03				921.33	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE PENILE PROS	54406	CPT	outpatient			11678	4585.08	UHC	Medicaid		3684.41	31.55			921.33	11094.1	percent of total billed charges	
REMOVE PENILE PROS	54406	CPT	outpatient			11678	4585.08	United	Commercial|PPO		3492				921.33	11094.1	case rate	
REMOVE PENILE PROS	54406	CPT	outpatient			11678	4585.08	United	Oxford		3492				921.33	11094.1	case rate	
REMOVE PENILE PROS	54406	CPT	outpatient			11678	4585.08	Wellcare	Medicare		3987.03				921.33	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE PENILE PROS	54406	CPT	outpatient			11678	4585.08	Wellcare	Medicaid		3684.41	31.55			921.33	11094.1	percent of total billed charges	
REMOVE PENILE PROS	54406	CPT	outpatient			11678	4585.08	WellPoint	WellPoint		3757.98	32.18			921.33	11094.1	percent of total billed charges	
COPORA CAVERNOSA GLANS	54435	CPT	outpatient			7112	4585.08	Aetna	Better Health		2243.84	31.55			360.02	7419.86	percent of total billed charges	
COPORA CAVERNOSA GLANS	54435	CPT	outpatient			7112	4585.08	Aetna	Commercial		6347.35				360.02	7419.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COPORA CAVERNOSA GLANS	54435	CPT	outpatient			7112	4585.08	Aetna	Medicare		3987.03				360.02	7419.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COPORA CAVERNOSA GLANS	54435	CPT	outpatient			7112	4585.08	Americare	Americare		5334	75			360.02	7419.86	percent of total billed charges	
COPORA CAVERNOSA GLANS	54435	CPT	outpatient			7112	4585.08	Amerihealth	Medicare		3987.03				360.02	7419.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COPORA CAVERNOSA GLANS	54435	CPT	outpatient			7112	4585.08	Amerihealth	HMO|PPO		4622.8	65			360.02	7419.86	percent of total billed charges	
COPORA CAVERNOSA GLANS	54435	CPT	outpatient			7112	4585.08	Consumer	Consumer		6756.4	95			360.02	7419.86	percent of total billed charges	
COPORA CAVERNOSA GLANS	54435	CPT	outpatient			7112	4585.08	Corrections	Corrections		5689.6	80			360.02	7419.86	percent of total billed charges	
COPORA CAVERNOSA GLANS	54435	CPT	outpatient			7112	4585.08	First Health	First Health		4978.4	70			360.02	7419.86	percent of total billed charges	
COPORA CAVERNOSA GLANS	54435	CPT	outpatient			7112	4585.08	First Trenton	First Trenton		6400.8	90			360.02	7419.86	percent of total billed charges	
COPORA CAVERNOSA GLANS	54435	CPT	outpatient			7112	4585.08	Horizon	Indemnity		7419.86				360.02	7419.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COPORA CAVERNOSA GLANS	54435	CPT	outpatient			7112	4585.08	Horizon	Medicare Blue		3987.03				360.02	7419.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COPORA CAVERNOSA GLANS	54435	CPT	outpatient			7112	4585.08	Horizon	NJ Health		360.02				360.02	7419.86	fee schedule	
COPORA CAVERNOSA GLANS	54435	CPT	outpatient			7112	4585.08	Horizon	MGD		7419.86				360.02	7419.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COPORA CAVERNOSA GLANS	54435	CPT	outpatient			7112	4585.08	Horizon	PPO		7419.86				360.02	7419.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
COPORA CAVERNOSA GLANS	54435	CPT	outpatient			7112	4585.08	Managed Care Inc	Managed Care Inc		6400.8	90			360.02	7419.86	percent of total billed charges	
COPORA CAVERNOSA GLANS	54435	CPT	outpatient			7112	4585.08	Multiplan	Multiplan		5689.6	80			360.02	7419.86	percent of total billed charges	
COPORA CAVERNOSA GLANS	54435	CPT	outpatient			7112	4585.08	Qualcare	Qualcare		5334	75			360.02	7419.86	percent of total billed charges	
COPORA CAVERNOSA GLANS	54435	CPT	outpatient			7112	4585.08	Three Rivers	Three Rivers		6756.4	95			360.02	7419.86	percent of total billed charges	
COPORA CAVERNOSA GLANS	54435	CPT	outpatient			7112	4585.08	UHC	Medicaid		2243.84	31.55			360.02	7419.86	percent of total billed charges	
COPORA CAVERNOSA GLANS	54435	CPT	outpatient			7112	4585.08	UHC	Medicare		3987.03				360.02	7419.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COPORA CAVERNOSA GLANS	54435	CPT	outpatient			7112	4585.08	United	Oxford		3492				360.02	7419.86	case rate	
COPORA CAVERNOSA GLANS	54435	CPT	outpatient			7112	4585.08	United	CommercialPPO		3492				360.02	7419.86	case rate	
COPORA CAVERNOSA GLANS	54435	CPT	outpatient			7112	4585.08	Wellcare	Medicare		3987.03				360.02	7419.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COPORA CAVERNOSA GLANS	54435	CPT	outpatient			7112	4585.08	Wellcare	Medicaid		2243.84	31.55			360.02	7419.86	percent of total billed charges	
COPORA CAVERNOSA GLANS	54435	CPT	outpatient			7112	4585.08	WellPoint	WellPoint		2288.64	32.18			360.02	7419.86	percent of total billed charges	
MANIPULATION FORESKIN PENIS	54450	CPT	outpatient			1401	325.06	Aetna	Better Health		442.02	31.55			91.35	1782	percent of total billed charges	
MANIPULATION FORESKIN PENIS	54450	CPT	outpatient			1401	325.06	Aetna	Medicare		431.51	30.8			91.35	1782	percent of total billed charges	
MANIPULATION FORESKIN PENIS	54450	CPT	outpatient			1401	325.06	Aetna	Commercial		449.99				91.35	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MANIPULATION FORESKIN PENIS	54450	CPT	outpatient			1401	325.06	Americare	Americare		1050.75	75			91.35	1782	percent of total billed charges	
MANIPULATION FORESKIN PENIS	54450	CPT	outpatient			1401	325.06	Amerihealth	Medicare		282.66				91.35	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MANIPULATION FORESKIN PENIS	54450	CPT	outpatient			1401	325.06	Amerihealth	HMO/PPO		910.65	65			91.35	1782	percent of total billed charges	
MANIPULATION FORESKIN PENIS	54450	CPT	outpatient			1401	325.06	Consumer	Consumer		1330.95	95			91.35	1782	percent of total billed charges	
MANIPULATION FORESKIN PENIS	54450	CPT	outpatient			1401	325.06	Corrections	Corrections		1120.8	80			91.35	1782	percent of total billed charges	
MANIPULATION FORESKIN PENIS	54450	CPT	outpatient			1401	325.06	First Health	First Health		980.7	70			91.35	1782	percent of total billed charges	
MANIPULATION FORESKIN PENIS	54450	CPT	outpatient			1401	325.06	First Trenton	First Trenton		1260.9	90			91.35	1782	percent of total billed charges	
MANIPULATION FORESKIN PENIS	54450	CPT	outpatient			1401	325.06	Horizon	PPO		526.03				91.35	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MANIPULATION FORESKIN PENIS	54450	CPT	outpatient			1401	325.06	Horizon	Medicare Blue		282.66				91.35	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MANIPULATION FORESKIN PENIS	54450	CPT	outpatient			1401	325.06	Horizon	Indemnity		526.03				91.35	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MANIPULATION FORESKIN PENIS	54450	CPT	outpatient			1401	325.06	Horizon	MGD		526.03				91.35	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MANIPULATION FORESKIN PENIS	54450	CPT	outpatient			1401	325.06	Horizon	NJ Health		91.35				91.35	1782	fee schedule	
MANIPULATION FORESKIN PENIS	54450	CPT	outpatient			1401	325.06	Managed Care Inc	Managed Care Inc		1260.9	90			91.35	1782	percent of total billed charges	
MANIPULATION FORESKIN PENIS	54450	CPT	outpatient			1401	325.06	Multiplan	Multiplan		1120.8	80			91.35	1782	percent of total billed charges	
MANIPULATION FORESKIN PENIS	54450	CPT	outpatient			1401	325.06	Qualcare	Qualcare		1050.75	75			91.35	1782	percent of total billed charges	
MANIPULATION FORESKIN PENIS	54450	CPT	outpatient			1401	325.06	Three Rivers	Three Rivers		1330.95	95			91.35	1782	percent of total billed charges	
MANIPULATION FORESKIN PENIS	54450	CPT	outpatient			1401	325.06	UHC	Medicaid		442.02	31.55			91.35	1782	percent of total billed charges	
MANIPULATION FORESKIN PENIS	54450	CPT	outpatient			1401	325.06	UHC	Medicare		282.66				91.35	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MANIPULATION FORESKIN PENIS	54450	CPT	outpatient			1401	325.06	United	CommercialPPO		1782				91.35	1782	case rate	
MANIPULATION FORESKIN PENIS	54450	CPT	outpatient			1401	325.06	United	Oxford		1782				91.35	1782	case rate	
MANIPULATION FORESKIN PENIS	54450	CPT	outpatient			1401	325.06	Wellcare	Medicare		282.66				91.35	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MANIPULATION FORESKIN PENIS	54450	CPT	outpatient			1401	325.06	Wellcare	Medicaid		442.02	31.55			91.35	1782	percent of total billed charges	
MANIPULATION FORESKIN PENIS	54450	CPT	outpatient			1401	325.06	WellPoint	WellPoint		450.84	32.18			91.35	1782	percent of total billed charges	
BX, TESTIS, NEEDLE (SEP PROC)	54500	CPT	outpatient			9413	3737.2	Aetna	Commercial		5173.59				50.53	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX, TESTIS, NEEDLE (SEP PROC)	54500	CPT	outpatient			9413	3737.2	Aetna	Better Health		2969.8	31.55			50.53	8942.35	percent of total billed charges	
BX, TESTIS, NEEDLE (SEP PROC)	54500	CPT	outpatient			9413	3737.2	Aetna	Medicare		3249.74				50.53	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX, TESTIS, NEEDLE (SEP PROC)	54500	CPT	outpatient			9413	3737.2	Americare	Americare		7059.75	75			50.53	8942.35	percent of total billed charges	
BX, TESTIS, NEEDLE (SEP PROC)	54500	CPT	outpatient			9413	3737.2	Amerihealth	HMO/PPO		6118.45	65			50.53	8942.35	percent of total billed charges	
BX, TESTIS, NEEDLE (SEP PROC)	54500	CPT	outpatient			9413	3737.2	Amerihealth	Medicare		3249.74				50.53	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX, TESTIS, NEEDLE (SEP PROC)	54500	CPT	outpatient			9413	3737.2	Consumer	Consumer		8942.35	95			50.53	8942.35	percent of total billed charges	
BX, TESTIS, NEEDLE (SEP PROC)	54500	CPT	outpatient			9413	3737.2	Corrections	Corrections		7530.4	80			50.53	8942.35	percent of total billed charges	
BX, TESTIS, NEEDLE (SEP PROC)	54500	CPT	outpatient			9413	3737.2	First Health	First Health		6589.1	70			50.53	8942.35	percent of total billed charges	
BX, TESTIS, NEEDLE (SEP PROC)	54500	CPT	outpatient			9413	3737.2	First Trenton	First Trenton		8471.7	90			50.53	8942.35	percent of total billed charges	
BX, TESTIS, NEEDLE (SEP PROC)	54500	CPT	outpatient			9413	3737.2	Horizon	PPO		6047.77				50.53	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX, TESTIS, NEEDLE (SEP PROC)	54500	CPT	outpatient			9413	3737.2	Horizon	MGD		6047.77				50.53	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX, TESTIS, NEEDLE (SEP PROC)	54500	CPT	outpatient			9413	3737.2	Horizon	Indemnity		6047.77				50.53	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX, TESTIS, NEEDLE (SEP PROC)	54500	CPT	outpatient			9413	3737.2	Horizon	NJ Health		50.53				50.53	8942.35	fee schedule	
BX, TESTIS, NEEDLE (SEP PROC)	54500	CPT	outpatient			9413	3737.2	Horizon	Medicare Blue		3249.74				50.53	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX, TESTIS, NEEDLE (SEP PROC)	54500	CPT	outpatient			9413	3737.2	Managed Care Inc	Managed Care Inc		8471.7	90			50.53	8942.35	percent of total billed charges	
BX, TESTIS, NEEDLE (SEP PROC)	54500	CPT	outpatient			9413	3737.2	Multiplan	Multiplan		7530.4	80			50.53	8942.35	percent of total billed charges	
BX, TESTIS, NEEDLE (SEP PROC)	54500	CPT	outpatient			9413	3737.2	Qualcare	Qualcare		7059.75	75			50.53	8942.35	percent of total billed charges	
BX, TESTIS, NEEDLE (SEP PROC)	54500	CPT	outpatient			9413	3737.2	Three Rivers	Three Rivers		8942.35	95			50.53	8942.35	percent of total billed charges	
BX, TESTIS, NEEDLE (SEP PROC)	54500	CPT	outpatient			9413	3737.2	UHC	Medicaid		2969.8	31.55			50.53	8942.35	percent of total billed charges	
BX, TESTIS, NEEDLE (SEP PROC)	54500	CPT	outpatient			9413	3737.2	UHC	Medicare		3249.74				50.53	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX, TESTIS, NEEDLE (SEP PROC)	54500	CPT	outpatient			9413	3737.2	United	CommercialPPO		2493				50.53	8942.35	case rate	
BX, TESTIS, NEEDLE (SEP PROC)	54500	CPT	outpatient			9413	3737.2	United	Oxford		2493				50.53	8942.35	case rate	
BX, TESTIS, NEEDLE (SEP PROC)	54500	CPT	outpatient			9413	3737.2	Wellcare	Medicaid		2969.8	31.55			50.53	8942.35	percent of total billed charges	
BX, TESTIS, NEEDLE (SEP PROC)	54500	CPT	outpatient			9413	3737.2	Wellcare	Medicare		3249.74				50.53	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX, TESTIS, NEEDLE (SEP PROC)	54500	CPT	outpatient			9413	3737.2	WellPoint	WellPoint		3029.1	32.18			50.53	8942.35	percent of total billed charges	
I&D EQIDIDYMIS TESTIS OR SCROT	54700	CPT	outpatient			7022	2678.87	Aetna	Commercial		3708.48				200.68	6670.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D EQIDIDYMIS TESTIS OR SCROT	54700	CPT	outpatient			7022	2678.87	Aetna	Better Health		2215.44	31.55			200.68	6670.9	percent of total billed charges	
I&D EQIDIDYMIS TESTIS OR SCROT	54700	CPT	outpatient			7022	2678.87	Aetna	Medicare		2329.45				200.68	6670.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D EQIDIDYMIS TESTIS OR SCROT	54700	CPT	outpatient			7022	2678.87	Americare	Americare		5266.5	75			200.68	6670.9	percent of total billed charges	
I&D EQIDIDYMIS TESTIS OR SCROT	54700	CPT	outpatient			7022	2678.87	Amerihealth	HMO/PPO		4564.3	65			200.68	6670.9	percent of total billed charges	
I&D EQIDIDYMIS TESTIS OR SCROT	54700	CPT	outpatient			7022	2678.87	Amerihealth	Medicare		2329.45				200.68	6670.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D EQIDIDYMIS TESTIS OR SCROT	54700	CPT	outpatient			7022	2678.87	Consumer	Consumer		6670.9	95			200.68	6670.9	percent of total billed charges	
I&D EQIDIDYMIS TESTIS OR SCROT	54700	CPT	outpatient			7022	2678.87	Corrections	Corrections		5617.6	80			200.68	6670.9	percent of total billed charges	
I&D EQIDIDYMIS TESTIS OR SCROT	54700	CPT	outpatient			7022	2678.87	First Health	First Health		4915.4	70			200.68	6670.9	percent of total billed charges	
I&D EQIDIDYMIS TESTIS OR SCROT	54700	CPT	outpatient			7022	2678.87	First Trenton	First Trenton		6319.8	90			200.68	6670.9	percent of total billed charges	
I&D EQIDIDYMIS TESTIS OR SCROT	54700	CPT	outpatient			7022	2678.87	Horizon	MGD		4335.11				200.68	6670.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D EQIDIDYMIS TESTIS OR SCROT	54700	CPT	outpatient			7022	2678.87	Horizon	Indemnity		4335.11				200.68	6670.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D EQIDIDYMIS TESTIS OR SCROT	54700	CPT	outpatient			7022	2678.87	Horizon	NJ Health		200.68				200.68	6670.9	fee schedule	
I&D EQIDIDYMIS TESTIS OR SCROT	54700	CPT	outpatient			7022	2678.87	Horizon	Medicare Blue		2329.45				200.68	6670.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D EQIDIDYMIS TESTIS OR SCROT	54700	CPT	outpatient			7022	2678.87	Horizon	PPO		4335.11				200.68	6670.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D EQIDIDYMIS TESTIS OR SCROT	54700	CPT	outpatient			7022	2678.87	Managed Care Inc	Managed Care Inc		6319.8	90			200.68	6670.9	percent of total billed charges	
I&D EQIDIDYMIS TESTIS OR SCROT	54700	CPT	outpatient			7022	2678.87	Multiplan	Multiplan		5617.6	80			200.68	6670.9	percent of total billed charges	
I&D EQIDIDYMIS TESTIS OR SCROT	54700	CPT	outpatient			7022	2678.87	Qualcare	Qualcare		5266.5	75			200.68	6670.9	percent of total billed charges	
I&D EQIDIDYMIS TESTIS OR SCROT	54700	CPT	outpatient			7022	2678.87	Three Rivers	Three Rivers		6670.9	95			200.68	6670.9	percent of total billed charges	
I&D EQIDIDYMIS TESTIS OR SCROT	54700	CPT	outpatient			7022	2678.87	UHC	Medicaid		2215.44	31.55			200.68	6670.9	percent of total billed charges	
I&D EQIDIDYMIS TESTIS OR SCROT	54700	CPT	outpatient			7022	2678.87	UHC	Medicare		2329.45				200.68	6670.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D EQIDIDYMIS TESTIS OR SCROT	54700	CPT	outpatient			7022	2678.87	United	CommercialPPO		2776				200.68	6670.9	case rate	
I&D EQIDIDYMIS TESTIS OR SCROT	54700	CPT	outpatient			7022	2678.87	United	Oxford		2776				200.68	6670.9	case rate	
I&D EQIDIDYMIS TESTIS OR SCROT	54700	CPT	outpatient			7022	2678.87	Wellcare	Medicaid		2215.44	31.55			200.68	6670.9	percent of total billed charges	
I&D EQIDIDYMIS TESTIS OR SCROT	54700	CPT	outpatient			7022	2678.87	Wellcare	Medicare		2329.45				200.68	6670.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D EQIDIDYMIS TESTIS OR SCROT	54700	CPT	outpatient			7022	2678.87	WellPoint	WellPoint		2259.68	32.18			200.68	6670.9	percent of total billed charges	
BIOPSY,EPIDIDYMIS,NEEDLE	54800	CPT	outpatient			5653	2132.36	Aetna	Commercial		2951.93				50.53	5370.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY,EPIDIDYMIS,NEEDLE	54800	CPT	outpatient			5653	2132.36	Aetna	Better Health		1783.52	31.55			50.53	5370.35	percent of total billed charges	
BIOPSY,EPIDIDYMIS,NEEDLE	54800	CPT	outpatient			5653	2132.36	Aetna	Medicare		1854.23				50.53	5370.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY,EPIDIDYMIS,NEEDLE	54800	CPT	outpatient			5653	2132.36	Americare	Americare		4239.75	75			50.53	5370.35	percent of total billed charges	
BIOPSY,EPIDIDYMIS,NEEDLE	54800	CPT	outpatient			5653	2132.36	Amerihealth	HMO/PPO		3674.45	65			50.53	5370.35	percent of total billed charges	
BIOPSY,EPIDIDYMIS,NEEDLE	54800	CPT	outpatient			5653	2132.36	Amerihealth	Medicare		1854.23				50.53	5370.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY,EPIDIDYMIS,NEEDLE	54800	CPT	outpatient			5653	2132.36	Consumer	Consumer		5370.35	95			50.53	5370.35	percent of total billed charges	
BIOPSY,EPIDIDYMIS,NEEDLE	54800	CPT	outpatient			5653	2132.36	Corrections	Corrections		4522.4	80			50.53	5370.35	percent of total billed charges	
BIOPSY,EPIDIDYMIS,NEEDLE	54800	CPT	outpatient			5653	2132.36	First Health	First Health		3957.1	70			50.53	5370.35	percent of total billed charges	
BIOPSY,EPIDIDYMIS,NEEDLE	54800	CPT	outpatient			5653	2132.36	First Trenton	First Trenton		5087.7	90			50.53	5370.35	percent of total billed charges	
BIOPSY,EPIDIDYMIS,NEEDLE	54800	CPT	outpatient			5653	2132.36	Horizon	Indemnity		3450.72				50.53	5370.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY,EPIDIDYMIS,NEEDLE	54800	CPT	outpatient			5653	2132.36	Horizon	MGD		3450.72				50.53	5370.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY,EPIDIDYMIS,NEEDLE	54800	CPT	outpatient			5653	2132.36	Horizon	PPO		3450.72				50.53	5370.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY,EPIDIDYMIS,NEEDLE	54800	CPT	outpatient			5653	2132.36	Horizon	NJ Health		50.53				50.53	5370.35	fee schedule	
BIOPSY,EPIDIDYMIS,NEEDLE	54800	CPT	outpatient			5653	2132.36	Horizon	Medicare Blue		1854.23				50.53	5370.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY,EPIDIDYMIS,NEEDLE	54800	CPT	outpatient			5653	2132.36	Managed Care Inc	Managed Care Inc		5087.7	90			50.53	5370.35	percent of total billed charges	
BIOPSY,EPIDIDYMIS,NEEDLE	54800	CPT	outpatient			5653	2132.36	Multiplan	Multiplan		4522.4	80			50.53	5370.35	percent of total billed charges	
BIOPSY,EPIDIDYMIS,NEEDLE	54800	CPT	outpatient			5653	2132.36	Qualcare	Qualcare		4239.75	75			50.53	5370.35	percent of total billed charges	
BIOPSY,EPIDIDYMIS,NEEDLE	54800	CPT	outpatient			5653	2132.36	Three Rivers	Three Rivers		5370.35	95			50.53	5370.35	percent of total billed charges	
BIOPSY,EPIDIDYMIS,NEEDLE	54800	CPT	outpatient			5653	2132.36	UHC	Medicare		1854.23				50.53	5370.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY,EPIDIDYMIS,NEEDLE	54800	CPT	outpatient			5653	2132.36	UHC	Medicaid		1783.52	31.55			50.53	5370.35	percent of total billed charges	
BIOPSY,EPIDIDYMIS,NEEDLE	54800	CPT	outpatient			5653	2132.36	United	Oxford		1817				50.53	5370.35	case rate	
BIOPSY,EPIDIDYMIS,NEEDLE	54800	CPT	outpatient			5653	2132.36	United	CommercialPPO		1817				50.53	5370.35	case rate	
BIOPSY,EPIDIDYMIS,NEEDLE	54800	CPT	outpatient			5653	2132.36	Wellcare	Medicaid		1783.52	31.55			50.53	5370.35	percent of total billed charges	
BIOPSY,EPIDIDYMIS,NEEDLE	54800	CPT	outpatient			5653	2132.36	Wellcare	Medicare		1854.23				50.53	5370.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY,EPIDIDYMIS,NEEDLE	54800	CPT	outpatient			5653	2132.36	WellPoint	WellPoint		1819.14	32.18			50.53	5370.35	percent of total billed charges	
PNCT ASP W/WOUT INJCTN OF MED	55000	CPT	outpatient			2367	925.36	Aetna	Commercial		1281.02				58.46	2248.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PNCT ASP W/WOUT INJCTN OF MED	55000	CPT	outpatient			2367	925.36	Aetna	Better Health		746.79	31.55			58.46	2248.65	percent of total billed charges	
PNCT ASP W/WOUT INJCTN OF MED	55000	CPT	outpatient			2367	925.36	Aetna	Medicare		804.66				58.46	2248.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PNCT ASP W/WOUT INJCTN OF MED	55000	CPT	outpatient			2367	925.36	Americare	Americare		1775.25	75			58.46	2248.65	percent of total billed charges	
PNCT ASP W/WOUT INJCTN OF MED	55000	CPT	outpatient			2367	925.36	Amerihealth	Medicare		804.66				58.46	2248.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PNCT ASP W/WOUT INJCTN OF MED	55000	CPT	outpatient			2367	925.36	Amerihealth	HMO/PPO		1538.55	65			58.46	2248.65	percent of total billed charges	
PNCT ASP W/WOUT INJCTN OF MED	55000	CPT	outpatient			2367	925.36	Consumer	Consumer		2248.65	95			58.46	2248.65	percent of total billed charges	
PNCT ASP W/WOUT INJCTN OF MED	55000	CPT	outpatient			2367	925.36	Corrections	Corrections		1893.6	80			58.46	2248.65	percent of total billed charges	
PNCT ASP W/WOUT INJCTN OF MED	55000	CPT	outpatient			2367	925.36	First Health	First Health		1656.9	70			58.46	2248.65	percent of total billed charges	
PNCT ASP W/WOUT INJCTN OF MED	55000	CPT	outpatient			2367	925.36	First Trenton	First Trenton		2130.3	90			58.46	2248.65	percent of total billed charges	
PNCT ASP W/WOUT INJCTN OF MED	55000	CPT	outpatient			2367	925.36	Horizon	NJ Health		58.46				58.46	2248.65	fee schedule	
PNCT ASP W/WOUT INJCTN OF MED	55000	CPT	outpatient			2367	925.36	Horizon	Indemnity		1497.47				58.46	2248.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PNCT ASP W/WOUT INJCTN OF MED	55000	CPT	outpatient			2367	925.36	Horizon	Medicare Blue		804.66				58.46	2248.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PNCT ASP W/WOUT INJCTN OF MED	55000	CPT	outpatient			2367	925.36	Horizon	MGD		1497.47				58.46	2248.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PNCT ASP W/WOUT INJCTN OF MED	55000	CPT	outpatient			2367	925.36	Horizon	PPO		1497.47				58.46	2248.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PNCT ASP W/WOUT INJCTN OF MED	55000	CPT	outpatient			2367	925.36	Managed Care Inc	Managed Care Inc		2130.3	90			58.46	2248.65	percent of total billed charges	
PNCT ASP W/WOUT INJCTN OF MED	55000	CPT	outpatient			2367	925.36	Multiplan	Multiplan		1893.6	80			58.46	2248.65	percent of total billed charges	
PNCT ASP W/WOUT INJCTN OF MED	55000	CPT	outpatient			2367	925.36	Qualcare	Qualcare		1775.25	75			58.46	2248.65	percent of total billed charges	
PNCT ASP W/WOUT INJCTN OF MED	55000	CPT	outpatient			2367	925.36	Three Rivers	Three Rivers		2248.65	95			58.46	2248.65	percent of total billed charges	
PNCT ASP W/WOUT INJCTN OF MED	55000	CPT	outpatient			2367	925.36	UHC	Medicaid		746.79	31.55			58.46	2248.65	percent of total billed charges	
PNCT ASP W/WOUT INJCTN OF MED	55000	CPT	outpatient			2367	925.36	UHC	Medicare		804.66				58.46	2248.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PNCT ASP W/WOUT INJCTN OF MED	55000	CPT	outpatient			2367	925.36	United	CommercialPPO		1817				58.46	2248.65	case rate	
PNCT ASP W/WOUT INJCTN OF MED	55000	CPT	outpatient			2367	925.36	United	Oxford		1817				58.46	2248.65	case rate	
PNCT ASP W/WOUT INJCTN OF MED	55000	CPT	outpatient			2367	925.36	Wellcare	Medicaid		746.79	31.55			58.46	2248.65	percent of total billed charges	
PNCT ASP W/WOUT INJCTN OF MED	55000	CPT	outpatient			2367	925.36	Wellcare	Medicare		804.66				58.46	2248.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PNCT ASP W/WOUT INJCTN OF MED	55000	CPT	outpatient			2367	925.36	WellPoint	WellPoint		761.7	32.18			58.46	2248.65	percent of total billed charges	
INCISE & DRAIN ABSCESS SCROTUM	55100	CPT	outpatient			5464	2132.36	Aetna	Commercial		2951.93				109.62	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISE & DRAIN ABSCESS SCROTUM	55100	CPT	outpatient			5464	2132.36	Aetna	Medicare		1854.23				109.62	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISE & DRAIN ABSCESS SCROTUM	55100	CPT	outpatient			5464	2132.36	Aetna	Better Health		1723.89	31.55			109.62	5190.8	percent of total billed charges	
INCISE & DRAIN ABSCESS SCROTUM	55100	CPT	outpatient			5464	2132.36	Americare	Americare		4098	75			109.62	5190.8	percent of total billed charges	
INCISE & DRAIN ABSCESS SCROTUM	55100	CPT	outpatient			5464	2132.36	Amerihealth	HMO/PPO		3551.6	65			109.62	5190.8	percent of total billed charges	
INCISE & DRAIN ABSCESS SCROTUM	55100	CPT	outpatient			5464	2132.36	Amerihealth	Medicare		1854.23				109.62	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISE & DRAIN ABSCESS SCROTUM	55100	CPT	outpatient			5464	2132.36	Consumer	Consumer		5190.8	95			109.62	5190.8	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.															
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103		310119 true														
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
INCISE & DRAIN ABSCESS SCROTUM	55100	CPT	outpatient			5464		2132.36 Corrections	Corrections		4371.2	80			109.62	5190.8	percent of total billed charges	
INCISE & DRAIN ABSCESS SCROTUM	55100	CPT	outpatient			5464		2132.36 First Health	First Health		3824.8	70			109.62	5190.8	percent of total billed charges	
INCISE & DRAIN ABSCESS SCROTUM	55100	CPT	outpatient			5464		2132.36 First Trenton	First Trenton		4917.6	90			109.62	5190.8	percent of total billed charges	
INCISE & DRAIN ABSCESS SCROTUM	55100	CPT	outpatient			5464		2132.36 Horizon	Indemnity		3450.72				109.62	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISE & DRAIN ABSCESS SCROTUM	55100	CPT	outpatient			5464		2132.36 Horizon	Medicare Blue		1854.23				109.62	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISE & DRAIN ABSCESS SCROTUM	55100	CPT	outpatient			5464		2132.36 Horizon	NJ Health		109.62				109.62	5190.8	fee schedule	
INCISE & DRAIN ABSCESS SCROTUM	55100	CPT	outpatient			5464		2132.36 Horizon	MGD		3450.72				109.62	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISE & DRAIN ABSCESS SCROTUM	55100	CPT	outpatient			5464		2132.36 Horizon	PPO		3450.72				109.62	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISE & DRAIN ABSCESS SCROTUM	55100	CPT	outpatient			5464		2132.36 Managed Care Inc	Managed Care Inc		4917.6	90			109.62	5190.8	percent of total billed charges	
INCISE & DRAIN ABSCESS SCROTUM	55100	CPT	outpatient			5464		2132.36 Multiplan	Multiplan		4371.2	80			109.62	5190.8	percent of total billed charges	
INCISE & DRAIN ABSCESS SCROTUM	55100	CPT	outpatient			5464		2132.36 Qualcare	Qualcare		4098	75			109.62	5190.8	percent of total billed charges	
INCISE & DRAIN ABSCESS SCROTUM	55100	CPT	outpatient			5464		2132.36 Three Rivers	Three Rivers		5190.8	95			109.62	5190.8	percent of total billed charges	
INCISE & DRAIN ABSCESS SCROTUM	55100	CPT	outpatient			5464		2132.36 UHC	Medicaid		1723.89	31.55			109.62	5190.8	percent of total billed charges	
INCISE & DRAIN ABSCESS SCROTUM	55100	CPT	outpatient			5464		2132.36 UHC	Medicare		1854.23				109.62	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISE & DRAIN ABSCESS SCROTUM	55100	CPT	outpatient			5464		2132.36 United	Commercial|PPO		2493				109.62	5190.8	case rate	
INCISE & DRAIN ABSCESS SCROTUM	55100	CPT	outpatient			5464		2132.36 United	Oxford		2493				109.62	5190.8	case rate	
INCISE & DRAIN ABSCESS SCROTUM	55100	CPT	outpatient			5464		2132.36 Wellcare	Medicaid		1723.89	31.55			109.62	5190.8	percent of total billed charges	
INCISE & DRAIN ABSCESS SCROTUM	55100	CPT	outpatient			5464		2132.36 Wellcare	Medicare		1854.23				109.62	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISE & DRAIN ABSCESS SCROTUM	55100	CPT	outpatient			5464		2132.36 WellPoint	WellPoint		1758.32	32.18			109.62	5190.8	percent of total billed charges	
EXPLORE SCROTUM	55110	CPT	outpatient			7088		4585.08 Aetna	Medicare		2183.1	30.8			397.87	7419.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXPLORE SCROTUM	55110	CPT	outpatient			7088		4585.08 Aetna	Better Health		2236.26	31.55			397.87	7419.86	percent of total billed charges	
EXPLORE SCROTUM	55110	CPT	outpatient			7088		4585.08 Aetna	Commercial		6347.35				397.87	7419.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXPLORE SCROTUM	55110	CPT	outpatient			7088		4585.08 Americare	Americare		5316	75			397.87	7419.86	percent of total billed charges	
EXPLORE SCROTUM	55110	CPT	outpatient			7088		4585.08 Amerihealth	HMO|PPO		4607.2	65			397.87	7419.86	percent of total billed charges	
EXPLORE SCROTUM	55110	CPT	outpatient			7088		4585.08 Amerihealth	Medicare		3987.03				397.87	7419.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXPLORE SCROTUM	55110	CPT	outpatient			7088		4585.08 Consumer	Consumer		6733.6	95			397.87	7419.86	percent of total billed charges	
EXPLORE SCROTUM	55110	CPT	outpatient			7088		4585.08 Corrections	Corrections		5670.4	80			397.87	7419.86	percent of total billed charges	
EXPLORE SCROTUM	55110	CPT	outpatient			7088		4585.08 First Health	First Health		4961.6	70			397.87	7419.86	percent of total billed charges	
EXPLORE SCROTUM	55110	CPT	outpatient			7088		4585.08 First Trenton	First Trenton		6379.2	90			397.87	7419.86	percent of total billed charges	
EXPLORE SCROTUM	55110	CPT	outpatient			7088		4585.08 Horizon	PPO		7419.86				397.87	7419.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXPLORE SCROTUM	55110	CPT	outpatient			7088		4585.08 Horizon	MGD		7419.86				397.87	7419.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXPLORE SCROTUM	55110	CPT	outpatient			7088		4585.08 Horizon	Indemnity		7419.86				397.87	7419.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXPLORE SCROTUM	55110	CPT	outpatient			7088		4585.08 Horizon	NJ Health		397.87				397.87	7419.86	fee schedule	
EXPLORE SCROTUM	55110	CPT	outpatient			7088		4585.08 Horizon	Medicare Blue		3987.03				397.87	7419.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXPLORE SCROTUM	55110	CPT	outpatient			7088		4585.08 Managed Care Inc	Managed Care Inc		6379.2	90			397.87	7419.86	percent of total billed charges	
EXPLORE SCROTUM	55110	CPT	outpatient			7088		4585.08 Multiplan	Multiplan		5670.4	80			397.87	7419.86	percent of total billed charges	
EXPLORE SCROTUM	55110	CPT	outpatient			7088		4585.08 Qualcare	Qualcare		5316	75			397.87	7419.86	percent of total billed charges	
EXPLORE SCROTUM	55110	CPT	outpatient			7088		4585.08 Three Rivers	Three Rivers		6733.6	95			397.87	7419.86	percent of total billed charges	
EXPLORE SCROTUM	55110	CPT	outpatient			7088		4585.08 UHC	Medicaid		2236.26	31.55			397.87	7419.86	percent of total billed charges	
EXPLORE SCROTUM	55110	CPT	outpatient			7088		4585.08 UHC	Medicare		3987.03				397.87	7419.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXPLORE SCROTUM	55110	CPT	outpatient			7088		4585.08 United	Commercial|PPO		2776				397.87	7419.86	case rate	
EXPLORE SCROTUM	55110	CPT	outpatient			7088		4585.08 United	Oxford		2776				397.87	7419.86	case rate	
EXPLORE SCROTUM	55110	CPT	outpatient			7088		4585.08 Wellcare	Medicaid		2236.26	31.55			397.87	7419.86	percent of total billed charges	
EXPLORE SCROTUM	55110	CPT	outpatient			7088		4585.08 Wellcare	Medicare		3987.03				397.87	7419.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXPLORE SCROTUM	55110	CPT	outpatient			7088		4585.08 WellPoint	WellPoint		2280.92	32.18			397.87	7419.86	percent of total billed charges	
REMOVAL OF SCROTUM LESION	55120	CPT	outpatient			7088		2678.87 Aetna	Better Health		2236.26	31.55			94.74	6733.6	percent of total billed charges	
REMOVAL OF SCROTUM LESION	55120	CPT	outpatient			7088		2678.87 Aetna	Commercial		3708.48				94.74	6733.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF SCROTUM LESION	55120	CPT	outpatient			7088		2678.87 Aetna	Medicare		2183.1	30.8			94.74	6733.6	percent of total billed charges	
REMOVAL OF SCROTUM LESION	55120	CPT	outpatient			7088		2678.87 Americare	Americare		5316	75			94.74	6733.6	percent of total billed charges	
REMOVAL OF SCROTUM LESION	55120	CPT	outpatient			7088		2678.87 Amerihealth	Medicare		2329.45				94.74	6733.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF SCROTUM LESION	55120	CPT	outpatient			7088		2678.87 Amerihealth	HMO|PPO		4607.2	65			94.74	6733.6	percent of total billed charges	
REMOVAL OF SCROTUM LESION	55120	CPT	outpatient			7088		2678.87 Consumer	Consumer		6733.6	95			94.74	6733.6	percent of total billed charges	
REMOVAL OF SCROTUM LESION	55120	CPT	outpatient			7088		2678.87 Corrections	Corrections		5670.4	80			94.74	6733.6	percent of total billed charges	
REMOVAL OF SCROTUM LESION	55120	CPT	outpatient			7088		2678.87 First Health	First Health		4961.6	70			94.74	6733.6	percent of total billed charges	
REMOVAL OF SCROTUM LESION	55120	CPT	outpatient			7088		2678.87 First Trenton	First Trenton		6379.2	90			94.74	6733.6	percent of total billed charges	
REMOVAL OF SCROTUM LESION	55120	CPT	outpatient			7088		2678.87 Horizon	PPO		4335.11				94.74	6733.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF SCROTUM LESION	55120	CPT	outpatient			7088		2678.87 Horizon	Indemnity		4335.11				94.74	6733.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF SCROTUM LESION	55120	CPT	outpatient			7088		2678.87 Horizon	MGD		4335.11				94.74	6733.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF SCROTUM LESION	55120	CPT	outpatient			7088		2678.87 Horizon	Medicare Blue		2329.45				94.74	6733.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF SCROTUM LESION	55120	CPT	outpatient			7088		2678.87 Horizon	NJ Health		94.74				94.74	6733.6	fee schedule	
REMOVAL OF SCROTUM LESION	55120	CPT	outpatient			7088		2678.87 Managed Care Inc	Managed Care Inc		6379.2	90			94.74	6733.6	percent of total billed charges	
REMOVAL OF SCROTUM LESION	55120	CPT	outpatient			7088		2678.87 Multiplan	Multiplan		5670.4	80			94.74	6733.6	percent of total billed charges	
REMOVAL OF SCROTUM LESION	55120	CPT	outpatient			7088		2678.87 Qualcare	Qualcare		5316	75			94.74	6733.6	percent of total billed charges	
REMOVAL OF SCROTUM LESION	55120	CPT	outpatient			7088		2678.87 Three Rivers	Three Rivers		6733.6	95			94.74	6733.6	percent of total billed charges	
REMOVAL OF SCROTUM LESION	55120	CPT	outpatient			7088		2678.87 UHC	Medicaid		2236.26	31.55			94.74	6733.6	percent of total billed charges	
REMOVAL OF SCROTUM LESION	55120	CPT	outpatient			7088		2678.87 UHC	Medicare		2329.45				94.74	6733.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF SCROTUM LESION	55120	CPT	outpatient			7088		2678.87 United	Commercial|PPO		2776				94.74	6733.6	case rate	
REMOVAL OF SCROTUM LESION	55120	CPT	outpatient			7088		2678.87 United	Oxford		2776				94.74	6733.6	case rate	
REMOVAL OF SCROTUM LESION	55120	CPT	outpatient			7088		2678.87 Wellcare	Medicare		2329.45				94.74	6733.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF SCROTUM LESION	55120	CPT	outpatient			7088		2678.87 Wellcare	Medicaid		2236.26	31.55			94.74	6733.6	percent of total billed charges	
REMOVAL OF SCROTUM LESION	55120	CPT	outpatient			7088		2678.87 WellPoint	WellPoint		2280.92	32.18			94.74	6733.6	percent of total billed charges	
VASECTOMY	55250	CPT	outpatient			6758		2678.87 Aetna	Better Health		2132.15	31.55			2132.15	6420.1	percent of total billed charges	
VASECTOMY	55250	CPT	outpatient			6758		2678.87 Aetna	Commercial		3708.48				2132.15	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VASECTOMY	55250	CPT	outpatient			6758		2678.87 Aetna	Medicare		2329.45				2132.15	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VASECTOMY	55250	CPT	outpatient			6758		2678.87 Americare	Americare		5068.5	75			2132.15	6420.1	percent of total billed charges	
VASECTOMY	55250	CPT	outpatient			6758		2678.87 Amerihealth	HMO|PPO		4392.7	65			2132.15	6420.1	percent of total billed charges	
VASECTOMY	55250	CPT	outpatient			6758		2678.87 Amerihealth	Medicare		2329.45				2132.15	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VASECTOMY	55250	CPT	outpatient			6758		2678.87 Consumer	Consumer		6420.1	95			2132.15	6420.1	percent of total billed charges	
VASECTOMY	55250	CPT	outpatient			6758		2678.87 Corrections	Corrections		5406.4	80			2132.15	6420.1	percent of total billed charges	
VASECTOMY	55250	CPT	outpatient			6758		2678.87 First Health	First Health		4730.6	70			2132.15	6420.1	percent of total billed charges	
VASECTOMY	55250	CPT	outpatient			6758		2678.87 First Trenton	First Trenton		6082.2	90			2132.15	6420.1	percent of total billed charges	
VASECTOMY	55250	CPT	outpatient			6758		2678.87 Horizon	Indemnity		4335.11				2132.15	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VASECTOMY	55250	CPT	outpatient			6758		2678.87 Horizon	MGD		4335.11				2132.15	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VASECTOMY	55250	CPT	outpatient			6758		2678.87 Horizon	Medicare Blue		2329.45				2132.15	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VASECTOMY	55250	CPT	outpatient			6758		2678.87 Horizon	PPO		4335.11				2132.15	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VASECTOMY	55250	CPT	outpatient			6758		2678.87 Managed Care Inc	Managed Care Inc		6082.2	90			2132.15	6420.1	percent of total billed charges	
VASECTOMY	55250	CPT	outpatient			6758		2678.87 Multiplan	Multiplan		5406.4	80			2132.15	6420.1	percent of total billed charges	
VASECTOMY	55250	CPT	outpatient			6758		2678.87 Qualcare	Qualcare		5068.5	75			2132.15	6420.1	percent of total billed charges	
VASECTOMY	55250	CPT	outpatient			6758		2678.87 Three Rivers	Three Rivers		6420.1	95			2132.15	6420.1	percent of total billed charges	
VASECTOMY	55250	CPT	outpatient			6758		2678.87 UHC	Medicaid		2132.15	31.55			2132.15	6420.1	percent of total billed charges	
VASECTOMY	55250	CPT	outpatient			6758		2678.87 UHC	Medicare		2329.45				2132.15	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VASECTOMY	55250	CPT	outpatient			6758		2678.87 United	Commercial|PPO		2776				2132.15	6420.1	case rate	
VASECTOMY	55250	CPT	outpatient			6758		2678.87 United	Oxford		2776				2132.15	6420.1	case rate	
VASECTOMY	55250	CPT	outpatient			6758		2678.87 Wellcare	Medicare		2329.45				2132.15	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VASECTOMY	55250	CPT	outpatient			6758		2678.87 Wellcare	Medicaid		2132.15	31.55			2132.15	6420.1	percent of total billed charges	
VASECTOMY	55250	CPT	outpatient			6758		2678.87 WellPoint	WellPoint		2174.72	32.18			2132.15	6420.1	percent of total billed charges	
PROSTATE NEEDLE BX, ANY APPROACH	55700	CPT	outpatient			7123		2678.87 Aetna	Better Health		2247.31	31.55			109.62	6766.85	percent of total billed charges	
PROSTATE NEEDLE BX, ANY APPROACH	55700	CPT	outpatient			7123		2678.87 Aetna	Commercial		3708.48				109.62	6766.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROSTATE NEEDLE BX, ANY APPROACH	55700	CPT	outpatient			7123		2678.87 Aetna	Medicare		2329.45				109.62	6766.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROSTATE NEEDLE BX, ANY APPROACH	55700	CPT	outpatient			7123		2678.87 Americare	Americare		5342.25	75			109.62	6766.85	percent of total billed charges	
PROSTATE NEEDLE BX, ANY APPROACH	55700	CPT	outpatient			7123		2678.87 Amerihealth	HMO|PPO		4629.95	65			109.62	6766.85	percent of total billed charges	
PROSTATE NEEDLE BX, ANY APPROACH	55700	CPT	outpatient			7123		2678.87 Amerihealth	Medicare		2329.45				109.62	6766.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROSTATE NEEDLE BX, ANY APPROACH	55700	CPT	outpatient			7123		2678.87 Consumer	Consumer		6766.85	95			109.62	6766.85	percent of total billed charges	
PROSTATE NEEDLE BX, ANY APPROACH	55700	CPT	outpatient			7123		2678.87 Corrections	Corrections		5698.4	80			109.62	6766.85	percent of total billed charges	
PROSTATE NEEDLE BX, ANY APPROACH	55700	CPT	outpatient			7123		2678.87 First Health	First Health		4986.1	70			109.62	6766.85	percent of total billed charges	
PROSTATE NEEDLE BX, ANY APPROACH	55700	CPT	outpatient			7123		2678.87 First Trenton	First Trenton		6410.7	90			109.62	6766.85	percent of total billed charges	
PROSTATE NEEDLE BX, ANY APPROACH	55700	CPT	outpatient			7123		2678.87 Horizon	Indemnity		4335.11				109.62	6766.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROSTATE NEEDLE BX, ANY APPROACH	55700	CPT	outpatient			7123		2678.87 Horizon	MGD		4335.11				109.62	6766.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROSTATE NEEDLE BX, ANY APPROACH	55700	CPT	outpatient			7123		2678.87 Horizon	NJ Health		109.62				109.62	6766.85	fee schedule	
PROSTATE NEEDLE BX, ANY APPROACH	55700	CPT	outpatient			7123		2678.87 Horizon	Medicare Blue		2329.45				109.62	6766.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROSTATE NEEDLE BX, ANY APPROACH	55700	CPT	outpatient			7123		2678.87 Horizon	PPO		4335.11				109.62	6766.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROSTATE NEEDLE BX, ANY APPROACH	55700	CPT	outpatient			7123		2678.87 Managed Care Inc	Managed Care Inc		6410.7	90			109.62	6766.85	percent of total billed charges	
PROSTATE NEEDLE BX, ANY APPROACH	55700	CPT	outpatient			7123		2678.87 Multiplan	Multiplan		5698.4	80			109.62	6766.85	percent of total billed charges	
PROSTATE NEEDLE BX, ANY APPROACH	55700	CPT	outpatient			7123		2678.87 Qualcare	Qualcare		5342.25	75			109.62	6766.85	percent of total billed charges	
PROSTATE NEEDLE BX, ANY APPROACH	55700	CPT	outpatient			7123		2678.87 Three Rivers	Three Rivers		6766.85	95			109.62	6766.85	percent of total billed charges	
PROSTATE NEEDLE BX, ANY APPROACH	55700	CPT	outpatient			7123		2678.87 UHC	Medicare		2329.45				109.62	6766.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROSTATE NEEDLE BX, ANY APPROACH	55700	CPT	outpatient			7123		2678.87 UHC	Medicaid		2247.31	31.55			109.62	6766.85	percent of total billed charges	
PROSTATE NEEDLE BX, ANY APPROACH	55700	CPT	outpatient			7123		2678.87 United	Oxford		2493				109.62	6766.85	case rate	
PROSTATE NEEDLE BX, ANY APPROACH	55700	CPT	outpatient			7123		2678.87 United	Commercial|PPO		2493				109.62	6766.85	case rate	
PROSTATE NEEDLE BX, ANY APPROACH	55700	CPT	outpatient			7123		2678.87 Wellcare	Medicare		2329.45				109.62	6766.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROSTATE NEEDLE BX, ANY APPROACH	55700	CPT	outpatient			7123		2678.87 Wellcare	Medicaid		2247.31	31.55			109.62	6766.85	percent of total billed charges	
PROSTATE NEEDLE BX, ANY APPROACH	55700	CPT	outpatient			7123		2678.87 WellPoint	WellPoint		2292.18	32.18			109.62	6766.85	percent of total billed charges	
PROSTATE BX	55706	CPT	outpatient			11678		4585.08 Aetna	Better Health		3684.41	31.55			1445.62	11094.1	percent of total billed charges	
PROSTATE BX	55706	CPT	outpatient			11678		4585.08 Aetna	Commercial		6347.35				1445.62	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROSTATE BX	55706	CPT	outpatient			11678		4585.08 Aetna	Medicare		3987.03				1445.62	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROSTATE BX	55706	CPT	outpatient			11678		4585.08 Americare	Americare		8758.5	75			1445.62	11094.1	percent of total billed charges	
PROSTATE BX	55706	CPT	outpatient			11678		4585.08 Amerihealth	HMO|PPO		7590.7	65			1445.62	11094.1	percent of total billed charges	
PROSTATE BX	55706	CPT	outpatient			11678		4585.08 Amerihealth	Medicare		3987.03				1445.62	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROSTATE BX	55706	CPT	outpatient			11678		4585.08 Consumer	Consumer		11094.1	95			1445.62	11094.1	percent of total billed charges	
PROSTATE BX	55706	CPT	outpatient			11678		4585.08 Corrections	Corrections		9342.4	80			1445.62	11094.1	percent of total billed charges	
PROSTATE BX	55706	CPT	outpatient			11678		4585.08 First Health	First Health		8174.6	70			1445.62	11094.1	percent of total billed charges	
PROSTATE BX	55706	CPT	outpatient			11678		4585.08 First Trenton	First Trenton		10510.2	90			1445.62	11094.1	percent of total billed charges	
PROSTATE BX	55706	CPT	outpatient			11678		4585.08 Horizon	Medicare Blue		3987.03				1445.62	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROSTATE BX	55706	CPT	outpatient			11678		4585.08 Horizon	Indemnity		7419.86				1445.62	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROSTATE BX	55706	CPT	outpatient			11678		4585.08 Horizon	MGD		7419.86				1445.62	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROSTATE BX	55706	CPT	outpatient			11678		4585.08 Horizon	PPO		7419.86				1445.62	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROSTATE BX	55706	CPT	outpatient			11678		4585.08 Managed Care Inc	Managed Care Inc		10510.2	90			1445.62	11094.1	percent of total billed charges	
PROSTATE BX	55706	CPT	outpatient			11678		4585.08 Multiplan	Multiplan		9342.4	80			1445.62	11094.1	percent of total billed charges	
PROSTATE BX	55706	CPT	outpatient			11678		4585.08 Qualcare	Qualcare		8758.5	75			1445.62	11094.1	percent of total billed charges	
PROSTATE BX	55706	CPT	outpatient			11678		4585.08 Three Rivers	Three Rivers		11094.1	95			1445.62	11094.1	percent of total billed charges	
PROSTATE BX	55706	CPT	outpatient			11678		4585.08 UHC	Medicaid		3684.41	31.55			1445.62	11094.1	percent of total billed charges	
PROSTATE BX	55706	CPT	outpatient			11678		4585.08 UHC	Medicare		3987.03				1445.62	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROSTATE BX	55706	CPT	outpatient			11678		4585.08 United	Commercial|PPO		2493				1445.62	11094.1	case rate	
PROSTATE BX	55706	CPT	outpatient			11678		4585.08 United	Oxford		2493				1445.62	11094.1	case rate	
PROSTATE BX	55706	CPT	outpatient			11678		4585.08 Wellcare	Medicaid		3684.41	31.55			1445.62	11094.1	percent of total billed charges	
PROSTATE BX	55706	CPT	outpatient			11678		4585.08 Wellcare	Medicare		3987.03				1445.62	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROSTATE BX	55706	CPT	outpatient			11678		4585.08 WellPoint	WellPoint		3757.98	32.18			1445.62	11094.1	percent of total billed charges	
PROSTATOTOMY;SIMPLE	55720	CPT	outpatient			7123		4585.08 Aetna	Better Health		2247.31	31.55			382.13	7419.86	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
PROSTATOTOMY;SIMPLE	55720	CPT	outpatient			7123	4585.08	Aetna	Medicare		2193.88	30.8			382.13	7419.86	percent of total billed charges	
PROSTATOTOMY;SIMPLE	55720	CPT	outpatient			7123	4585.08	Aetna	Commercial		6347.35				382.13	7419.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROSTATOTOMY;SIMPLE	55720	CPT	outpatient			7123	4585.08	Americare	Americare		5342.25	75			382.13	7419.86	percent of total billed charges	
PROSTATOTOMY;SIMPLE	55720	CPT	outpatient			7123	4585.08	Amerihealth	Medicare		3987.03				382.13	7419.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROSTATOTOMY;SIMPLE	55720	CPT	outpatient			7123	4585.08	Amerihealth	HMO/PPO		4629.95	65			382.13	7419.86	percent of total billed charges	
PROSTATOTOMY;SIMPLE	55720	CPT	outpatient			7123	4585.08	Consumer	Consumer		6766.85	95			382.13	7419.86	percent of total billed charges	
PROSTATOTOMY;SIMPLE	55720	CPT	outpatient			7123	4585.08	Corrections	Corrections		5698.4	80			382.13	7419.86	percent of total billed charges	
PROSTATOTOMY;SIMPLE	55720	CPT	outpatient			7123	4585.08	First Health	First Health		4986.1	70			382.13	7419.86	percent of total billed charges	
PROSTATOTOMY;SIMPLE	55720	CPT	outpatient			7123	4585.08	First Trenton	First Trenton		6410.7	90			382.13	7419.86	percent of total billed charges	
PROSTATOTOMY;SIMPLE	55720	CPT	outpatient			7123	4585.08	Horizon	Medicare Blue		3987.03				382.13	7419.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROSTATOTOMY;SIMPLE	55720	CPT	outpatient			7123	4585.08	Horizon	MGD		7419.86				382.13	7419.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROSTATOTOMY;SIMPLE	55720	CPT	outpatient			7123	4585.08	Horizon	Indemnity		7419.86				382.13	7419.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROSTATOTOMY;SIMPLE	55720	CPT	outpatient			7123	4585.08	Horizon	NJ Health		382.13				382.13	7419.86	fee schedule	
PROSTATOTOMY;SIMPLE	55720	CPT	outpatient			7123	4585.08	Horizon	PPO		7419.86				382.13	7419.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROSTATOTOMY;SIMPLE	55720	CPT	outpatient			7123	4585.08	Managed Care Inc	Managed Care Inc		6410.7	90			382.13	7419.86	percent of total billed charges	
PROSTATOTOMY;SIMPLE	55720	CPT	outpatient			7123	4585.08	Multiplan	Multiplan		5698.4	80			382.13	7419.86	percent of total billed charges	
PROSTATOTOMY;SIMPLE	55720	CPT	outpatient			7123	4585.08	Qualcare	Qualcare		5342.25	75			382.13	7419.86	percent of total billed charges	
PROSTATOTOMY;SIMPLE	55720	CPT	outpatient			7123	4585.08	Three Rivers	Three Rivers		6766.85	95			382.13	7419.86	percent of total billed charges	
PROSTATOTOMY;SIMPLE	55720	CPT	outpatient			7123	4585.08	UHC	Medicare		3987.03				382.13	7419.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROSTATOTOMY;SIMPLE	55720	CPT	outpatient			7123	4585.08	UHC	Medicaid		2247.31	31.55			382.13	7419.86	percent of total billed charges	
PROSTATOTOMY;SIMPLE	55720	CPT	outpatient			7123	4585.08	United	CommercialPPO		2776				382.13	7419.86	case rate	
PROSTATOTOMY;SIMPLE	55720	CPT	outpatient			7123	4585.08	United	Oxford		2776				382.13	7419.86	case rate	
PROSTATOTOMY;SIMPLE	55720	CPT	outpatient			7123	4585.08	Wellcare	Medicare		3987.03				382.13	7419.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROSTATOTOMY;SIMPLE	55720	CPT	outpatient			7123	4585.08	Wellcare	Medicaid		2247.31	31.55			382.13	7419.86	percent of total billed charges	
PROSTATOTOMY;SIMPLE	55720	CPT	outpatient			7123	4585.08	WellPoint	WellPoint		2292.18	32.18			382.13	7419.86	percent of total billed charges	
PROSTATOTOMY; COMPLICATED	55725	CPT	outpatient			11978	4585.08	Aetna	Commercial		6347.35				631.62	11379.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROSTATOTOMY; COMPLICATED	55725	CPT	outpatient			11978	4585.08	Aetna	Better Health		3779.06	31.55			631.62	11379.1	percent of total billed charges	
PROSTATOTOMY; COMPLICATED	55725	CPT	outpatient			11978	4585.08	Aetna	Medicare		3987.03				631.62	11379.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROSTATOTOMY; COMPLICATED	55725	CPT	outpatient			11978	4585.08	Americare	Americare		8983.5	75			631.62	11379.1	percent of total billed charges	
PROSTATOTOMY; COMPLICATED	55725	CPT	outpatient			11978	4585.08	Amerihealth	HMO/PPO		7785.7	65			631.62	11379.1	percent of total billed charges	
PROSTATOTOMY; COMPLICATED	55725	CPT	outpatient			11978	4585.08	Amerihealth	Medicare		3987.03				631.62	11379.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROSTATOTOMY; COMPLICATED	55725	CPT	outpatient			11978	4585.08	Consumer	Consumer		11379.1	95			631.62	11379.1	percent of total billed charges	
PROSTATOTOMY; COMPLICATED	55725	CPT	outpatient			11978	4585.08	Corrections	Corrections		9582.4	80			631.62	11379.1	percent of total billed charges	
PROSTATOTOMY; COMPLICATED	55725	CPT	outpatient			11978	4585.08	First Health	First Health		8384.6	70			631.62	11379.1	percent of total billed charges	
PROSTATOTOMY; COMPLICATED	55725	CPT	outpatient			11978	4585.08	First Trenton	First Trenton		10780.2	90			631.62	11379.1	percent of total billed charges	
PROSTATOTOMY; COMPLICATED	55725	CPT	outpatient			11978	4585.08	Horizon	PPO		7419.86				631.62	11379.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROSTATOTOMY; COMPLICATED	55725	CPT	outpatient			11978	4585.08	Horizon	Medicare Blue		3987.03				631.62	11379.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROSTATOTOMY; COMPLICATED	55725	CPT	outpatient			11978	4585.08	Horizon	MGD		7419.86				631.62	11379.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROSTATOTOMY; COMPLICATED	55725	CPT	outpatient			11978	4585.08	Horizon	Indemnity		7419.86				631.62	11379.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROSTATOTOMY; COMPLICATED	55725	CPT	outpatient			11978	4585.08	Horizon	NJ Health		631.62				631.62	11379.1	fee schedule	
PROSTATOTOMY; COMPLICATED	55725	CPT	outpatient			11978	4585.08	Managed Care Inc	Managed Care Inc		10780.2	90			631.62	11379.1	percent of total billed charges	
PROSTATOTOMY; COMPLICATED	55725	CPT	outpatient			11978	4585.08	Multiplan	Multiplan		9582.4	80			631.62	11379.1	percent of total billed charges	
PROSTATOTOMY; COMPLICATED	55725	CPT	outpatient			11978	4585.08	Qualcare	Qualcare		8983.5	75			631.62	11379.1	percent of total billed charges	
PROSTATOTOMY; COMPLICATED	55725	CPT	outpatient			11978	4585.08	Three Rivers	Three Rivers		11379.1	95			631.62	11379.1	percent of total billed charges	
PROSTATOTOMY; COMPLICATED	55725	CPT	outpatient			11978	4585.08	UHC	Medicaid		3779.06	31.55			631.62	11379.1	percent of total billed charges	
PROSTATOTOMY; COMPLICATED	55725	CPT	outpatient			11978	4585.08	UHC	Medicare		3987.03				631.62	11379.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROSTATOTOMY; COMPLICATED	55725	CPT	outpatient			11978	4585.08	United	CommercialPPO		2776				631.62	11379.1	case rate	
PROSTATOTOMY; COMPLICATED	55725	CPT	outpatient			11978	4585.08	United	Oxford		2776				631.62	11379.1	case rate	
PROSTATOTOMY; COMPLICATED	55725	CPT	outpatient			11978	4585.08	Wellcare	Medicare		3987.03				631.62	11379.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROSTATOTOMY; COMPLICATED	55725	CPT	outpatient			11978	4585.08	Wellcare	Medicaid		3779.06	31.55			631.62	11379.1	percent of total billed charges	
PROSTATOTOMY; COMPLICATED	55725	CPT	outpatient			11978	4585.08	WellPoint	WellPoint		3854.52	32.18			631.62	11379.1	percent of total billed charges	
TRANSPER PLMT BIODE MT 1/MLT NJ	55874	CPT	outpatient			17629	6805.44	Aetna	Medicare		5429.73	30.8			1025.73	16747.55	percent of total billed charges	
TRANSPER PLMT BIODE MT 1/MLT NJ	55874	CPT	outpatient			17629	6805.44	Aetna	Better Health		5561.95	31.55			1025.73	16747.55	percent of total billed charges	
TRANSPER PLMT BIODE MT 1/MLT NJ	55874	CPT	outpatient			17629	6805.44	Aetna	Commercial		9421.09				1025.73	16747.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSPER PLMT BIODE MT 1/MLT NJ	55874	CPT	outpatient			17629	6805.44	Americare	Americare		13221.75	75			1025.73	16747.55	percent of total billed charges	
TRANSPER PLMT BIODE MT 1/MLT NJ	55874	CPT	outpatient			17629	6805.44	Amerihealth	Medicare		5917.77				1025.73	16747.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSPER PLMT BIODE MT 1/MLT NJ	55874	CPT	outpatient			17629	6805.44	Amerihealth	HMO/PPO		11458.85	65			1025.73	16747.55	percent of total billed charges	
TRANSPER PLMT BIODE MT 1/MLT NJ	55874	CPT	outpatient			17629	6805.44	Consumer	Consumer		16747.55	95			1025.73	16747.55	percent of total billed charges	
TRANSPER PLMT BIODE MT 1/MLT NJ	55874	CPT	outpatient			17629	6805.44	Corrections	Corrections		14103.2	80			1025.73	16747.55	percent of total billed charges	
TRANSPER PLMT BIODE MT 1/MLT NJ	55874	CPT	outpatient			17629	6805.44	First Health	First Health		12340.3	70			1025.73	16747.55	percent of total billed charges	
TRANSPER PLMT BIODE MT 1/MLT NJ	55874	CPT	outpatient			17629	6805.44	First Trenton	First Trenton		15866.1	90			1025.73	16747.55	percent of total billed charges	
TRANSPER PLMT BIODE MT 1/MLT NJ	55874	CPT	outpatient			17629	6805.44	Horizon	Indemnity		11012.97				1025.73	16747.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSPER PLMT BIODE MT 1/MLT NJ	55874	CPT	outpatient			17629	6805.44	Horizon	MGD		11012.97				1025.73	16747.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSPER PLMT BIODE MT 1/MLT NJ	55874	CPT	outpatient			17629	6805.44	Horizon	PPO		11012.97				1025.73	16747.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSPER PLMT BIODE MT 1/MLT NJ	55874	CPT	outpatient			17629	6805.44	Horizon	Medicare Blue		5917.77				1025.73	16747.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSPER PLMT BIODE MT 1/MLT NJ	55874	CPT	outpatient			17629	6805.44	Horizon	NJ Health		1025.73				1025.73	16747.55	fee schedule	
TRANSPER PLMT BIODE MT 1/MLT NJ	55874	CPT	outpatient			17629	6805.44	Managed Care Inc	Managed Care Inc		16866.1	90			1025.73	16747.55	percent of total billed charges	
TRANSPER PLMT BIODE MT 1/MLT NJ	55874	CPT	outpatient			17629	6805.44	Multiplan	Multiplan		14103.2	80			1025.73	16747.55	percent of total billed charges	
TRANSPER PLMT BIODE MT 1/MLT NJ	55874	CPT	outpatient			17629	6805.44	Qualcare	Qualcare		13221.75	75			1025.73	16747.55	percent of total billed charges	
TRANSPER PLMT BIODE MT 1/MLT NJ	55874	CPT	outpatient			17629	6805.44	Three Rivers	Three Rivers		16747.55	95			1025.73	16747.55	percent of total billed charges	
TRANSPER PLMT BIODE MT 1/MLT NJ	55874	CPT	outpatient			17629	6805.44	UHC	Medicaid		5561.95	31.55			1025.73	16747.55	percent of total billed charges	
TRANSPER PLMT BIODE MT 1/MLT NJ	55874	CPT	outpatient			17629	6805.44	UHC	Medicare		5917.77				1025.73	16747.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSPER PLMT BIODE MT 1/MLT NJ	55874	CPT	outpatient			17629	6805.44	United	Oxford		4702				1025.73	16747.55	case rate	
TRANSPER PLMT BIODE MT 1/MLT NJ	55874	CPT	outpatient			17629	6805.44	United	CommercialPPO		4702				1025.73	16747.55	case rate	
TRANSPER PLMT BIODE MT 1/MLT NJ	55874	CPT	outpatient			17629	6805.44	Wellcare	Medicaid		5561.95	31.55			1025.73	16747.55	percent of total billed charges	
TRANSPER PLMT BIODE MT 1/MLT NJ	55874	CPT	outpatient			17629	6805.44	Wellcare	Medicare		5917.77				1025.73	16747.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSPER PLMT BIODE MT 1/MLT NJ	55874	CPT	outpatient			17629	6805.44	WellPoint	WellPoint		5673.01	32.18			1025.73	16747.55	percent of total billed charges	
TRANPERI PLMT ND/CA PRO RAD INSJ	55875	CPT	outpatient			17284	6805.44	Aetna	Better Health		5453.1	31.55			5453.1	16419.8	percent of total billed charges	
TRANPERI PLMT ND/CA PRO RAD INSJ	55875	CPT	outpatient			17284	6805.44	Aetna	Commercial		9421.09				5453.1	16419.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANPERI PLMT ND/CA PRO RAD INSJ	55875	CPT	outpatient			17284	6805.44	Aetna	Medicare		5917.77				5453.1	16419.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANPERI PLMT ND/CA PRO RAD INSJ	55875	CPT	outpatient			17284	6805.44	Americare	Americare		12963	75			5453.1	16419.8	percent of total billed charges	
TRANPERI PLMT ND/CA PRO RAD INSJ	55875	CPT	outpatient			17284	6805.44	Amerihealth	HMO/PPO		11234.6	65			5453.1	16419.8	percent of total billed charges	
TRANPERI PLMT ND/CA PRO RAD INSJ	55875	CPT	outpatient			17284	6805.44	Amerihealth	Medicare		5917.77				5453.1	16419.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANPERI PLMT ND/CA PRO RAD INSJ	55875	CPT	outpatient			17284	6805.44	Consumer	Consumer		16419.8	95			5453.1	16419.8	percent of total billed charges	
TRANPERI PLMT ND/CA PRO RAD INSJ	55875	CPT	outpatient			17284	6805.44	Corrections	Corrections		13827.2	80			5453.1	16419.8	percent of total billed charges	
TRANPERI PLMT ND/CA PRO RAD INSJ	55875	CPT	outpatient			17284	6805.44	First Health	First Health		12098.8	70			5453.1	16419.8	percent of total billed charges	
TRANPERI PLMT ND/CA PRO RAD INSJ	55875	CPT	outpatient			17284	6805.44	First Trenton	First Trenton		15555.6	90			5453.1	16419.8	percent of total billed charges	
TRANPERI PLMT ND/CA PRO RAD INSJ	55875	CPT	outpatient			17284	6805.44	Horizon	MGD		11012.97				5453.1	16419.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANPERI PLMT ND/CA PRO RAD INSJ	55875	CPT	outpatient			17284	6805.44	Horizon	Medicare Blue		5917.77				5453.1	16419.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANPERI PLMT ND/CA PRO RAD INSJ	55875	CPT	outpatient			17284	6805.44	Horizon	Indemnity		11012.97				5453.1	16419.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANPERI PLMT ND/CA PRO RAD INSJ	55875	CPT	outpatient			17284	6805.44	Horizon	PPO		11012.97				5453.1	16419.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANPERI PLMT ND/CA PRO RAD INSJ	55875	CPT	outpatient			17284	6805.44	Managed Care Inc	Managed Care Inc		15555.6	90			5453.1	16419.8	percent of total billed charges	
TRANPERI PLMT ND/CA PRO RAD INSJ	55875	CPT	outpatient			17284	6805.44	Multiplan	Multiplan		13827.2	80			5453.1	16419.8	percent of total billed charges	
TRANPERI PLMT ND/CA PRO RAD INSJ	55875	CPT	outpatient			17284	6805.44	Qualcare	Qualcare		12963	75			5453.1	16419.8	percent of total billed charges	
TRANPERI PLMT ND/CA PRO RAD INSJ	55875	CPT	outpatient			17284	6805.44	Three Rivers	Three Rivers		16419.8	95			5453.1	16419.8	percent of total billed charges	
TRANPERI PLMT ND/CA PRO RAD INSJ	55875	CPT	outpatient			17284	6805.44	UHC	Medicare		5917.77				5453.1	16419.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANPERI PLMT ND/CA PRO RAD INSJ	55875	CPT	outpatient			17284	6805.44	UHC	Medicaid		5453.1	31.55			5453.1	16419.8	percent of total billed charges	
TRANPERI PLMT ND/CA PRO RAD INSJ	55875	CPT	outpatient			17284	6805.44	United	Oxford		6362				5453.1	16419.8	case rate	
TRANPERI PLMT ND/CA PRO RAD INSJ	55875	CPT	outpatient			17284	6805.44	United	CommercialPPO		6362				5453.1	16419.8	case rate	
TRANPERI PLMT ND/CA PRO RAD INSJ	55875	CPT	outpatient			17284	6805.44	Wellcare	Medicaid		5453.1	31.55			5453.1	16419.8	percent of total billed charges	
TRANPERI PLMT ND/CA PRO RAD INSJ	55875	CPT	outpatient			17284	6805.44	Wellcare	Medicare		5917.77				5453.1	16419.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANPERI PLMT ND/CA PRO RAD INSJ	55875	CPT	outpatient			17284	6805.44	WellPoint	WellPoint		5561.99	32.18			5453.1	16419.8	percent of total billed charges	
PL INTERSTITIAL DEV RAD TX PROSTATE	55876	CPT	outpatient			5043	1822.41	Aetna	Medicare		1584.7				1541.53	4790.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PL INTERSTITIAL DEV RAD TX PROSTATE	55876	CPT	outpatient			5043	1822.41	Aetna	Better Health		1591.07	31.55			1541.53	4790.85	percent of total billed charges	
PL INTERSTITIAL DEV RAD TX PROSTATE	55876	CPT	outpatient			5043	1822.41	Aetna	Commercial		2522.84				1541.53	4790.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PL INTERSTITIAL DEV RAD TX PROSTATE	55876	CPT	outpatient			5043	1822.41	Americare	Americare		3782.25	75			1541.53	4790.85	percent of total billed charges	
PL INTERSTITIAL DEV RAD TX PROSTATE	55876	CPT	outpatient			5043	1822.41	Amerihealth	HMO/PPO		3277.95	65			1541.53	4790.85	percent of total billed charges	
PL INTERSTITIAL DEV RAD TX PROSTATE	55876	CPT	outpatient			5043	1822.41	Amerihealth	Medicare		1584.7				1541.53	4790.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PL INTERSTITIAL DEV RAD TX PROSTATE	55876	CPT	outpatient			5043	1822.41	Consumer	Consumer		4790.85	95			1541.53	4790.85	percent of total billed charges	
PL INTERSTITIAL DEV RAD TX PROSTATE	55876	CPT	outpatient			5043	1822.41	Corrections	Corrections		4034.4	80			1541.53	4790.85	percent of total billed charges	
PL INTERSTITIAL DEV RAD TX PROSTATE	55876	CPT	outpatient			5043	1822.41	First Health	First Health		3530.1	70			1541.53	4790.85	percent of total billed charges	
PL INTERSTITIAL DEV RAD TX PROSTATE	55876	CPT	outpatient			5043	1822.41	First Trenton	First Trenton		4538.7	90			1541.53	4790.85	percent of total billed charges	
PL INTERSTITIAL DEV RAD TX PROSTATE	55876	CPT	outpatient			5043	1822.41	Horizon	PPO		2949.13				1541.53	4790.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PL INTERSTITIAL DEV RAD TX PROSTATE	55876	CPT	outpatient			5043	1822.41	Horizon	MGD		2949.13				1541.53	4790.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PL INTERSTITIAL DEV RAD TX PROSTATE	55876	CPT	outpatient			5043	1822.41	Horizon	Indemnity		2949.13				1541.53	4790.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PL INTERSTITIAL DEV RAD TX PROSTATE	55876	CPT	outpatient			5043	1822.41	Horizon	Medicare Blue		1584.7				1541.53	4790.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PL INTERSTITIAL DEV RAD TX PROSTATE	55876	CPT	outpatient			5043	1822.41	Managed Care Inc	Managed Care Inc		4538.7	90			1541.53	4790.85	percent of total billed charges	
PL INTERSTITIAL DEV RAD TX PROSTATE	55876	CPT	outpatient			5043	1822.41	Multiplan	Multiplan		4034.4	80			1541.53	4790.85	percent of total billed charges	
PL INTERSTITIAL DEV RAD TX PROSTATE	55876	CPT	outpatient			5043	1822.41	Qualcare	Qualcare		3782.25	75			1541.53	4790.85	percent of total billed charges	
PL INTERSTITIAL DEV RAD TX PROSTATE	55876	CPT	outpatient			5043	1822.41	Three Rivers	Three Rivers		4790.85	95			1541.53	4790.85	percent of total billed charges	
PL INTERSTITIAL DEV RAD TX PROSTATE	55876	CPT	outpatient			5043	1822.41	UHC	Medicare		1584.7				1541.53	4790.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PL INTERSTITIAL DEV RAD TX PROSTATE	55876	CPT	outpatient			5043	1822.41	UHC	Medicaid		1591.07	31.55			1541.53	4790.85	percent of total billed charges	
PL INTERSTITIAL DEV RAD TX PROSTATE	55876	CPT	outpatient			5043	1822.41	United	Oxford		2493				1541.53	4790.85	case rate	
PL INTERSTITIAL DEV RAD TX PROSTATE	55876	CPT	outpatient			5043	1822.41	United	CommercialPPO		2493				1541.53	4790.85	case rate	
PL INTERSTITIAL DEV RAD TX PROSTATE	55876	CPT	outpatient			5043	1822.41	Wellcare	Medicare		1584.7				1541.53	4790.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PL INTERSTITIAL DEV RAD TX PROSTATE	55876	CPT	outpatient			5043	1822.41	Wellcare	Medicaid		1591.07	31.55			1541.53	4790.85	percent of total billed charges	
PL INTERSTITIAL DEV RAD TX PROSTATE	55876	CPT	outpatient			5043	1822.41	WellPoint	WellPoint		1622.84	32.18			1541.53	4790.85	percent of total billed charges	
PLACEMENT OF NEEDLES INTO PELVIS ORGANS	55920	CPT	outpatient			17266	6541.81	Aetna	Better Health		5447.42	31.55			3492	16402.7	percent of total billed charges	
PLACEMENT OF NEEDLES INTO PELVIS ORGANS	55920	CPT	outpatient			17266	6541.81	Aetna	Medicare		5688.53				3492	16402.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACEMENT OF NEEDLES INTO PELVIS ORGANS	55920	CPT	outpatient			17266	6541.81	Aetna	Commercial		9056.14				3492	16402.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACEMENT OF NEEDLES INTO PELVIS ORGANS	55920	CPT	outpatient			17266	6541.81	Americare	Americare		12949.5	75			3492	16402.7	percent of total billed charges	
PLACEMENT OF NEEDLES INTO PELVIS ORGANS	55920	CPT	outpatient			17266	6541.81	Amerihealth	HMO/PPO		11222.9	65			3492	16402.7	percent of total billed charges	
PLACEMENT OF NEEDLES INTO PELVIS ORGANS	55920	CPT	outpatient			17266	6541.81	Amerihealth	Medicare		5688.53				3492	16402.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACEMENT OF NEEDLES INTO PELVIS ORGANS	55920	CPT	outpatient			17266	6541.81	Consumer	Consumer		16402.7	95			3492	16402.7	percent of total billed charges	
PLACEMENT OF NEEDLES INTO PELVIS ORGANS	55920	CPT	outpatient			17266	6541.81	Corrections	Corrections		13812.8	80			3492	16402.7	percent of total billed charges	
PLACEMENT OF NEEDLES INTO PELVIS ORGANS	55920	CPT	outpatient			17266	6541.81	First Health	First Health		12086.2	70			3492	16402.7	percent of total billed charges	
PLACEMENT OF NEEDLES INTO PELVIS ORGANS	55920	CPT	outpatient			17266	6541.81	First Trenton	First Trenton		15539.4	90			3492	16402.7	percent of total billed charges	
PLACEMENT OF NEEDLES INTO PELVIS ORGANS	55920	CPT	outpatient			17266	6541.81	Horizon	Indemnity		10586.35				3492	16402.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACEMENT OF NEEDLES INTO PELVIS ORGANS	55920	CPT	outpatient			17266	6541.81	Horizon	Medicare Blue		5688.53				3492	16402.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACEMENT OF NEEDLES INTO PELVIS ORGANS	55920	CPT	outpatient			17266	6541.81	Horizon	MGD		10586.35				3492	16402.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACEMENT OF NEEDLES INTO PELVIS ORGANS	55920	CPT	outpatient			17266	6541.81	Horizon	PPO		10586.35				3492	16402.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACEMENT OF NEEDLES INTO PELVIS ORGANS	55920	CPT	outpatient			17266	6541.81	Managed Care Inc	Managed Care Inc		15539.4	90			3492	16402.7	percent of total billed charges	
PLACEMENT OF NEEDLES INTO PELVIS ORGANS	55920	CPT	outpatient			17266	6541.81	Multiplan	Multiplan		13812.8	80			3492	16402.7	percent of total billed charges	
PLACEMENT OF NEEDLES INTO PELVIS ORGANS	55920	CPT	outpatient			17266	6541.81	Qualcare	Qualcare		12949.5	75			3492	16402.7	percent of total billed charges	
PLACEMENT OF NEEDLES INTO PELVIS ORGANS	55920	CPT	outpatient			17266	6541.81	Three Rivers	Three Rivers		16402.7	95			3492	16402.7	percent of total billed charges	
PLACEMENT OF NEEDLES INTO PELVIS ORGANS	55920	CPT	outpatient			17266	6

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
PLACEMENT OF NEEDLES INTO PELVIS ORGANS	55920	CPT	outpatient			17266	6541.81	United	Oxford		3492				3492	16402.7	case rate	
PLACEMENT OF NEEDLES INTO PELVIS ORGANS	55920	CPT	outpatient			17266	6541.81	Wellcare	Medicare		5688.53				3492	16402.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACEMENT OF NEEDLES INTO PELVIS ORGANS	55920	CPT	outpatient			17266	6541.81	Wellcare	Medicaid		5447.42	31.55			3492	16402.7	percent of total billed charges	
PLACEMENT OF NEEDLES INTO PELVIS ORGANS	55920	CPT	outpatient			17266	6541.81	WellPoint	WellPoint		5556.2	32.18			3492	16402.7	percent of total billed charges	
I&D VULVAPERINEAL ABSCESS	56405	CPT	outpatient			2097	421.94	Aetna	Better Health		661.6	31.55			76.6	1992.15	percent of total billed charges	
I&D VULVAPERINEAL ABSCESS	56405	CPT	outpatient			2097	421.94	Aetna	Commercial		584.1				76.6	1992.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D VULVAPERINEAL ABSCESS	56405	CPT	outpatient			2097	421.94	Aetna	Medicare		366.9				76.6	1992.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D VULVAPERINEAL ABSCESS	56405	CPT	outpatient			2097	421.94	Americare	Americare		1572.75	75			76.6	1992.15	percent of total billed charges	
I&D VULVAPERINEAL ABSCESS	56405	CPT	outpatient			2097	421.94	Amerihealth	HMO/PPO		1363.05	65			76.6	1992.15	percent of total billed charges	
I&D VULVAPERINEAL ABSCESS	56405	CPT	outpatient			2097	421.94	Amerihealth	Medicare		366.9				76.6	1992.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D VULVAPERINEAL ABSCESS	56405	CPT	outpatient			2097	421.94	Consumer	Consumer		1992.15	95			76.6	1992.15	percent of total billed charges	
I&D VULVAPERINEAL ABSCESS	56405	CPT	outpatient			2097	421.94	Corrections	Corrections		1677.6	80			76.6	1992.15	percent of total billed charges	
I&D VULVAPERINEAL ABSCESS	56405	CPT	outpatient			2097	421.94	First Health	First Health		1467.9	70			76.6	1992.15	percent of total billed charges	
I&D VULVAPERINEAL ABSCESS	56405	CPT	outpatient			2097	421.94	First Trenton	First Trenton		1887.3	90			76.6	1992.15	percent of total billed charges	
I&D VULVAPERINEAL ABSCESS	56405	CPT	outpatient			2097	421.94	Horizon	Indemnity		682.8				76.6	1992.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D VULVAPERINEAL ABSCESS	56405	CPT	outpatient			2097	421.94	Horizon	MGD		682.8				76.6	1992.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D VULVAPERINEAL ABSCESS	56405	CPT	outpatient			2097	421.94	Horizon	Medicare Blue		366.9				76.6	1992.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D VULVAPERINEAL ABSCESS	56405	CPT	outpatient			2097	421.94	Horizon	NJ Health		76.6				76.6	1992.15	fee schedule	
I&D VULVAPERINEAL ABSCESS	56405	CPT	outpatient			2097	421.94	Horizon	PPO		682.8				76.6	1992.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D VULVAPERINEAL ABSCESS	56405	CPT	outpatient			2097	421.94	Managed Care Inc	Managed Care Inc		1887.3	90			76.6	1992.15	percent of total billed charges	
I&D VULVAPERINEAL ABSCESS	56405	CPT	outpatient			2097	421.94	Multiplan	Multiplan		1677.6	80			76.6	1992.15	percent of total billed charges	
I&D VULVAPERINEAL ABSCESS	56405	CPT	outpatient			2097	421.94	Qualcare	Qualcare		1572.75	75			76.6	1992.15	percent of total billed charges	
I&D VULVAPERINEAL ABSCESS	56405	CPT	outpatient			2097	421.94	Three Rivers	Three Rivers		1992.15	95			76.6	1992.15	percent of total billed charges	
I&D VULVAPERINEAL ABSCESS	56405	CPT	outpatient			2097	421.94	UHC	Medicaid		661.6	31.55			76.6	1992.15	percent of total billed charges	
I&D VULVAPERINEAL ABSCESS	56405	CPT	outpatient			2097	421.94	UHC	Medicare		366.9				76.6	1992.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D VULVAPERINEAL ABSCESS	56405	CPT	outpatient			2097	421.94	United	Commercial|PPO		1782				76.6	1992.15	case rate	
I&D VULVAPERINEAL ABSCESS	56405	CPT	outpatient			2097	421.94	United	Oxford		1782				76.6	1992.15	case rate	
I&D VULVAPERINEAL ABSCESS	56405	CPT	outpatient			2097	421.94	Wellcare	Medicaid		661.6	31.55			76.6	1992.15	percent of total billed charges	
I&D VULVAPERINEAL ABSCESS	56405	CPT	outpatient			2097	421.94	Wellcare	Medicare		366.9				76.6	1992.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D VULVAPERINEAL ABSCESS	56405	CPT	outpatient			2097	421.94	WellPoint	WellPoint		674.81	32.18			76.6	1992.15	percent of total billed charges	
INCISION & DRAINAGE, BARTHOLINS GLAND	56420	CPT	outpatient			649	262.09	Aetna	Commercial		362.82				73.79	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION & DRAINAGE, BARTHOLINS GLAND	56420	CPT	outpatient			649	262.09	Aetna	Better Health		204.76	31.55			73.79	1782	percent of total billed charges	
INCISION & DRAINAGE, BARTHOLINS GLAND	56420	CPT	outpatient			649	262.09	Aetna	Medicare		227.9				73.79	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION & DRAINAGE, BARTHOLINS GLAND	56420	CPT	outpatient			649	262.09	Americare	Americare		486.75	75			73.79	1782	percent of total billed charges	
INCISION & DRAINAGE, BARTHOLINS GLAND	56420	CPT	outpatient			649	262.09	Amerihealth	HMO/PPO		421.85	65			73.79	1782	percent of total billed charges	
INCISION & DRAINAGE, BARTHOLINS GLAND	56420	CPT	outpatient			649	262.09	Amerihealth	Medicare		227.9				73.79	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION & DRAINAGE, BARTHOLINS GLAND	56420	CPT	outpatient			649	262.09	Consumer	Consumer		616.55	95			73.79	1782	percent of total billed charges	
INCISION & DRAINAGE, BARTHOLINS GLAND	56420	CPT	outpatient			649	262.09	Corrections	Corrections		519.2	80			73.79	1782	percent of total billed charges	
INCISION & DRAINAGE, BARTHOLINS GLAND	56420	CPT	outpatient			649	262.09	First Health	First Health		454.3	70			73.79	1782	percent of total billed charges	
INCISION & DRAINAGE, BARTHOLINS GLAND	56420	CPT	outpatient			649	262.09	First Trenton	First Trenton		584.1	90			73.79	1782	percent of total billed charges	
INCISION & DRAINAGE, BARTHOLINS GLAND	56420	CPT	outpatient			649	262.09	Horizon	Medicare Blue		227.9				73.79	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION & DRAINAGE, BARTHOLINS GLAND	56420	CPT	outpatient			649	262.09	Horizon	MGD		424.12				73.79	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION & DRAINAGE, BARTHOLINS GLAND	56420	CPT	outpatient			649	262.09	Horizon	Indemnity		424.12				73.79	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION & DRAINAGE, BARTHOLINS GLAND	56420	CPT	outpatient			649	262.09	Horizon	PPO		424.12				73.79	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION & DRAINAGE, BARTHOLINS GLAND	56420	CPT	outpatient			649	262.09	Horizon	NJ Health		73.79				73.79	1782	fee schedule	
INCISION & DRAINAGE, BARTHOLINS GLAND	56420	CPT	outpatient			649	262.09	Managed Care Inc	Managed Care Inc		584.1	90			73.79	1782	percent of total billed charges	
INCISION & DRAINAGE, BARTHOLINS GLAND	56420	CPT	outpatient			649	262.09	Multiplan	Multiplan		519.2	80			73.79	1782	percent of total billed charges	
INCISION & DRAINAGE, BARTHOLINS GLAND	56420	CPT	outpatient			649	262.09	Qualcare	Qualcare		486.75	75			73.79	1782	percent of total billed charges	
INCISION & DRAINAGE, BARTHOLINS GLAND	56420	CPT	outpatient			649	262.09	Three Rivers	Three Rivers		616.55	95			73.79	1782	percent of total billed charges	
INCISION & DRAINAGE, BARTHOLINS GLAND	56420	CPT	outpatient			649	262.09	UHC	Medicaid		204.76	31.55			73.79	1782	percent of total billed charges	
INCISION & DRAINAGE, BARTHOLINS GLAND	56420	CPT	outpatient			649	262.09	UHC	Medicare		227.9				73.79	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION & DRAINAGE, BARTHOLINS GLAND	56420	CPT	outpatient			649	262.09	United	Commercial|PPO		1782				73.79	1782	case rate	
INCISION & DRAINAGE, BARTHOLINS GLAND	56420	CPT	outpatient			649	262.09	United	Oxford		1782				73.79	1782	case rate	
INCISION & DRAINAGE, BARTHOLINS GLAND	56420	CPT	outpatient			649	262.09	Wellcare	Medicare		227.9				73.79	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION & DRAINAGE, BARTHOLINS GLAND	56420	CPT	outpatient			649	262.09	Wellcare	Medicaid		204.76	31.55			73.79	1782	percent of total billed charges	
INCISION & DRAINAGE, BARTHOLINS GLAND	56420	CPT	outpatient			649	262.09	WellPoint	WellPoint		208.85	32.18			73.79	1782	percent of total billed charges	
MARSUP BARTHOLI CYST	56440	CPT	outpatient			7152	4111.87	Aetna	Medicare		3575.54				210.26	6794.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MARSUP BARTHOLI CYST	56440	CPT	outpatient			7152	4111.87	Aetna	Commercial		5692.26				210.26	6794.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MARSUP BARTHOLI CYST	56440	CPT	outpatient			7152	4111.87	Aetna	Better Health		2256.46	31.55			210.26	6794.4	percent of total billed charges	
MARSUP BARTHOLI CYST	56440	CPT	outpatient			7152	4111.87	Americare	Americare		5364	75			210.26	6794.4	percent of total billed charges	
MARSUP BARTHOLI CYST	56440	CPT	outpatient			7152	4111.87	Amerihealth	HMO/PPO		4648.8	65			210.26	6794.4	percent of total billed charges	
MARSUP BARTHOLI CYST	56440	CPT	outpatient			7152	4111.87	Amerihealth	Medicare		3575.54				210.26	6794.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MARSUP BARTHOLI CYST	56440	CPT	outpatient			7152	4111.87	Consumer	Consumer		6794.4	95			210.26	6794.4	percent of total billed charges	
MARSUP BARTHOLI CYST	56440	CPT	outpatient			7152	4111.87	Corrections	Corrections		5721.6	80			210.26	6794.4	percent of total billed charges	
MARSUP BARTHOLI CYST	56440	CPT	outpatient			7152	4111.87	First Health	First Health		5006.4	70			210.26	6794.4	percent of total billed charges	
MARSUP BARTHOLI CYST	56440	CPT	outpatient			7152	4111.87	First Trenton	First Trenton		6436.8	90			210.26	6794.4	percent of total billed charges	
MARSUP BARTHOLI CYST	56440	CPT	outpatient			7152	4111.87	Horizon	Medicare Blue		3575.54				210.26	6794.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MARSUP BARTHOLI CYST	56440	CPT	outpatient			7152	4111.87	Horizon	PPO		6654.08				210.26	6794.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MARSUP BARTHOLI CYST	56440	CPT	outpatient			7152	4111.87	Horizon	MGD		6654.08				210.26	6794.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MARSUP BARTHOLI CYST	56440	CPT	outpatient			7152	4111.87	Horizon	Indemnity		6654.08				210.26	6794.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MARSUP BARTHOLI CYST	56440	CPT	outpatient			7152	4111.87	Horizon	NJ Health		210.26				210.26	6794.4	fee schedule	
MARSUP BARTHOLI CYST	56440	CPT	outpatient			7152	4111.87	Managed Care Inc	Managed Care Inc		6436.8	90			210.26	6794.4	percent of total billed charges	
MARSUP BARTHOLI CYST	56440	CPT	outpatient			7152	4111.87	Multiplan	Multiplan		5721.6	80			210.26	6794.4	percent of total billed charges	
MARSUP BARTHOLI CYST	56440	CPT	outpatient			7152	4111.87	Qualcare	Qualcare		5364	75			210.26	6794.4	percent of total billed charges	
MARSUP BARTHOLI CYST	56440	CPT	outpatient			7152	4111.87	Three Rivers	Three Rivers		6794.4	95			210.26	6794.4	percent of total billed charges	
MARSUP BARTHOLI CYST	56440	CPT	outpatient			7152	4111.87	UHC	Medicaid		2256.46	31.55			210.26	6794.4	percent of total billed charges	
MARSUP BARTHOLI CYST	56440	CPT	outpatient			7152	4111.87	UHC	Medicare		3575.54				210.26	6794.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MARSUP BARTHOLI CYST	56440	CPT	outpatient			7152	4111.87	United	Commercial|PPO		2776				210.26	6794.4	case rate	
MARSUP BARTHOLI CYST	56440	CPT	outpatient			7152	4111.87	United	Oxford		2776				210.26	6794.4	case rate	
MARSUP BARTHOLI CYST	56440	CPT	outpatient			7152	4111.87	Wellcare	Medicaid		2256.46	31.55			210.26	6794.4	percent of total billed charges	
MARSUP BARTHOLI CYST	56440	CPT	outpatient			7152	4111.87	Wellcare	Medicare		3575.54				210.26	6794.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MARSUP BARTHOLI CYST	56440	CPT	outpatient			7152	4111.87	WellPoint	WellPoint		2301.51	32.18			210.26	6794.4	percent of total billed charges	
LYSIS LABIAL ADHESIONS	56441	CPT	outpatient			10303	4111.87	Aetna	Better Health		3250.6	31.55			109.62	9787.85	percent of total billed charges	
LYSIS LABIAL ADHESIONS	56441	CPT	outpatient			10303	4111.87	Aetna	Medicare		3575.54				109.62	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYSIS LABIAL ADHESIONS	56441	CPT	outpatient			10303	4111.87	Aetna	Commercial		5692.26				109.62	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYSIS LABIAL ADHESIONS	56441	CPT	outpatient			10303	4111.87	Americare	Americare		7727.25	75			109.62	9787.85	percent of total billed charges	
LYSIS LABIAL ADHESIONS	56441	CPT	outpatient			10303	4111.87	Amerihealth	Medicare		3575.54				109.62	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYSIS LABIAL ADHESIONS	56441	CPT	outpatient			10303	4111.87	Amerihealth	HMO/PPO		6696.95	65			109.62	9787.85	percent of total billed charges	
LYSIS LABIAL ADHESIONS	56441	CPT	outpatient			10303	4111.87	Consumer	Consumer		9787.85	95			109.62	9787.85	percent of total billed charges	
LYSIS LABIAL ADHESIONS	56441	CPT	outpatient			10303	4111.87	Corrections	Corrections		8242.4	80			109.62	9787.85	percent of total billed charges	
LYSIS LABIAL ADHESIONS	56441	CPT	outpatient			10303	4111.87	First Health	First Health		7212.1	70			109.62	9787.85	percent of total billed charges	
LYSIS LABIAL ADHESIONS	56441	CPT	outpatient			10303	4111.87	First Trenton	First Trenton		9272.7	90			109.62	9787.85	percent of total billed charges	
LYSIS LABIAL ADHESIONS	56441	CPT	outpatient			10303	4111.87	Horizon	NJ Health		109.62				109.62	9787.85	fee schedule	
LYSIS LABIAL ADHESIONS	56441	CPT	outpatient			10303	4111.87	Horizon	Indemnity		6654.08				109.62	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYSIS LABIAL ADHESIONS	56441	CPT	outpatient			10303	4111.87	Horizon	Medicare Blue		3575.54				109.62	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYSIS LABIAL ADHESIONS	56441	CPT	outpatient			10303	4111.87	Horizon	MGD		6654.08				109.62	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYSIS LABIAL ADHESIONS	56441	CPT	outpatient			10303	4111.87	Horizon	PPO		6654.08				109.62	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYSIS LABIAL ADHESIONS	56441	CPT	outpatient			10303	4111.87	Managed Care Inc	Managed Care Inc		9272.7	90			109.62	9787.85	percent of total billed charges	
LYSIS LABIAL ADHESIONS	56441	CPT	outpatient			10303	4111.87	Multiplan	Multiplan		8242.4	80			109.62	9787.85	percent of total billed charges	
LYSIS LABIAL ADHESIONS	56441	CPT	outpatient			10303	4111.87	Qualcare	Qualcare		7727.25	75			109.62	9787.85	percent of total billed charges	
LYSIS LABIAL ADHESIONS	56441	CPT	outpatient			10303	4111.87	Three Rivers	Three Rivers		9787.85	95			109.62	9787.85	percent of total billed charges	
LYSIS LABIAL ADHESIONS	56441	CPT	outpatient			10303	4111.87	UHC	Medicare		3575.54				109.62	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYSIS LABIAL ADHESIONS	56441	CPT	outpatient			10303	4111.87	UHC	Medicaid		3250.6	31.55			109.62	9787.85	percent of total billed charges	
LYSIS LABIAL ADHESIONS	56441	CPT	outpatient			10303	4111.87	United	Oxford		2776				109.62	9787.85	case rate	
LYSIS LABIAL ADHESIONS	56441	CPT	outpatient			10303	4111.87	United	Commercial|PPO		2776				109.62	9787.85	case rate	
LYSIS LABIAL ADHESIONS	56441	CPT	outpatient			10303	4111.87	Wellcare	Medicare		3575.54				109.62	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYSIS LABIAL ADHESIONS	56441	CPT	outpatient			10303	4111.87	Wellcare	Medicaid		3250.6	31.55			109.62	9787.85	percent of total billed charges	
LYSIS LABIAL ADHESIONS	56441	CPT	outpatient			10303	4111.87	WellPoint	WellPoint		3315.51	32.18			109.62	9787.85	percent of total billed charges	
DESTRUCTION LESION VULVA	56501	CPT	outpatient			6289	2398.47	Aetna	Better Health		1984.18	31.55			92.89	5974.55	percent of total billed charges	
DESTRUCTION LESION VULVA	56501	CPT	outpatient			6289	2398.47	Aetna	Commercial		3320.32				92.89	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION LESION VULVA	56501	CPT	outpatient			6289	2398.47	Aetna	Medicare		2085.63				92.89	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION LESION VULVA	56501	CPT	outpatient			6289	2398.47	Americare	Americare		4716.75	75			92.89	5974.55	percent of total billed charges	
DESTRUCTION LESION VULVA	56501	CPT	outpatient			6289	2398.47	Amerihealth	HMO/PPO		4087.85	65			92.89	5974.55	percent of total billed charges	
DESTRUCTION LESION VULVA	56501	CPT	outpatient			6289	2398.47	Amerihealth	Medicare		2085.63				92.89	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION LESION VULVA	56501	CPT	outpatient			6289	2398.47	Consumer	Consumer		5974.55	95			92.89	5974.55	percent of total billed charges	
DESTRUCTION LESION VULVA	56501	CPT	outpatient			6289	2398.47	Corrections	Corrections		5031.2	80			92.89	5974.55	percent of total billed charges	
DESTRUCTION LESION VULVA	56501	CPT	outpatient			6289	2398.47	First Health	First Health		4402.3	70			92.89	5974.55	percent of total billed charges	
DESTRUCTION LESION VULVA	56501	CPT	outpatient			6289	2398.47	First Trenton	First Trenton		5660.1	90			92.89	5974.55	percent of total billed charges	
DESTRUCTION LESION VULVA	56501	CPT	outpatient			6289	2398.47	Horizon	MGD		3881.36				92.89	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION LESION VULVA	56501	CPT	outpatient			6289	2398.47	Horizon	Indemnity		3881.36				92.89	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION LESION VULVA	56501	CPT	outpatient			6289	2398.47	Horizon	NJ Health		92.89				92.89	5974.55	fee schedule	
DESTRUCTION LESION VULVA	56501	CPT	outpatient			6289	2398.47	Horizon	PPO		3881.36				92.89	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION LESION VULVA	56501	CPT	outpatient			6289	2398.47	Horizon	Medicare Blue		2085.63				92.89	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION LESION VULVA	56501	CPT	outpatient			6289	2398.47	Managed Care Inc	Managed Care Inc		5660.1	90			92.89	5974.55	percent of total billed charges	
DESTRUCTION LESION VULVA	56501	CPT	outpatient			6289	2398.47	Multiplan	Multiplan		5031.2	80			92.89	5974.55	percent of total billed charges	
DESTRUCTION LESION VULVA	56501	CPT	outpatient			6289	2398.47	Qualcare	Qualcare		4716.75	75			92.89	5974.55	percent of total billed charges	
DESTRUCTION LESION VULVA	56501	CPT	outpatient			6289	2398.47	Three Rivers	Three Rivers		5974.55	95			92.89	5974.55	percent of total billed charges	
DESTRUCTION LESION VULVA	56501	CPT	outpatient			6289	2398.47	UHC	Medicaid		1984.18	31.55			92.89	5974.55	percent of total billed charges	
DESTRUCTION LESION VULVA	56501	CPT	outpatient			6289	2398.47	UHC	Medicare		2085.63				92.89	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION LESION VULVA	56501	CPT	outpatient			6289	2398.47	United	Oxford		2493				92.89	5974.55	case rate	
DESTRUCTION LESION VULVA	56501	CPT	outpatient			6289	2398.47	United	Commercial|PPO		2493				92.89	5974.55	case rate	
DESTRUCTION LESION VULVA	56501	CPT	outpatient			6289	2398.47	Wellcare	Medicare		2085.63				92.89	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION LESION VULVA	56501	CPT	outpatient			6289	2398.47	Wellcare	Medicaid		1984.18	31.55			92.89	5974.55	percent of total billed charges	
DESTRUCTION LESION VULVA	56501	CPT	outpatient			6289	2398.47	WellPoint	WellPoint		2023.8	32.18			92.89	5974.55	percent of total billed charges	
DESTRUCT OF LESION VULVA COM	56515	CPT	outpatient			6289	2398.47	Aetna	Better Health		1984.18	31.55			315.81	5974.55	percent of total billed charges	
DESTRUCT OF LESION VULVA COM	56515	CPT	outpatient			6289	2398.47	Aetna	Commercial		3320.32				315.81	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCT OF LESION VULVA COM	56515	CPT	outpatient			6289	2398.47	Aetna	Medicare		2085.63				315.81	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCT OF LESION VULVA COM	56515	CPT	outpatient			6289	2398.47	Americare	Americare		4716.75	75			315.81	5974.55	percent of total billed charges	
DESTRUCT OF LESION VULVA COM	56515	CPT	outpatient			6289	2398.47	Amerihealth	HMO/PPO		4087.85	65			315.81	5974.55	percent of total billed charges	
DESTRUCT OF LESION VULVA COM	56515	CPT	outpatient			6289	2398.47	Amerihealth	Medicare		2085.63				315.81	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCT OF LESION VULVA COM	56515	CPT	outpatient			6289	2398.47	Consumer	Consumer		5974.55	95			315.81	5974.55	percent of total billed charges	
DESTRUCT OF LESION VULVA COM	56515	CPT	outpatient			6289	2398.47	Corrections	Corrections		5031.2	80			315.81	5974.55	percent of total billed charges	
DESTRUCT OF LESION VULVA COM	56515	CPT	outpatient			6289	2398.47	First Health	First Health		4402.3	70			315.81	5974.55	percent of total billed charges	
DESTRUCT OF LESION VULVA COM	56515	CPT	outpatient			6289	2398.47	First Trenton	First Trenton		5660.1	90			315.81	5974.55	percent of total billed charges	
DESTRUCT OF LESION VULVA COM	56515	CPT	outpatient			6289	2398.47	Horizon	MGD		3881.36				315.81	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCT OF LESION VULVA COM	56515	CPT	outpatient			6289	2398.47	Horizon	Medicare Blue		2085.63				315.81	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCT OF LESION VULVA COM	56515	CPT	outpatient			6289	2398.47	Horizon	Indemnity		3881.36				315.81	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCT OF LESION VULVA COM	56515	CPT	outpatient			6289	2398.47	Horizon	NJ Health		315.81				315.81	5974.55	fee schedule	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
DESTRUCT OF LESION VULVA COM	56515	CPT	outpatient			6289		2398.47 Horizon	PPO		3881.36				315.81	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCT OF LESION VULVA COM	56515	CPT	outpatient			6289		2398.47 Managed Care Inc	Managed Care Inc		5660.1	90			315.81	5974.55	percent of total billed charges	
DESTRUCT OF LESION VULVA COM	56515	CPT	outpatient			6289		2398.47 Multiplan	Multiplan		5031.2	80			315.81	5974.55	percent of total billed charges	
DESTRUCT OF LESION VULVA COM	56515	CPT	outpatient			6289		2398.47 Qualcare	Qualcare		4716.75	75			315.81	5974.55	percent of total billed charges	
DESTRUCT OF LESION VULVA COM	56515	CPT	outpatient			6289		2398.47 Three Rivers	Three Rivers		5974.55	95			315.81	5974.55	percent of total billed charges	
DESTRUCT OF LESION VULVA COM	56515	CPT	outpatient			6289		2398.47 UHC	Medicare		2085.63				315.81	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCT OF LESION VULVA COM	56515	CPT	outpatient			6289		2398.47 UHC	Medicaid		1984.18	31.55			315.81	5974.55	percent of total billed charges	
DESTRUCT OF LESION VULVA COM	56515	CPT	outpatient			6289		2398.47 United	Oxford		2493				315.81	5974.55	case rate	
DESTRUCT OF LESION VULVA COM	56515	CPT	outpatient			6289		2398.47 United	CommercialPPO		2493				315.81	5974.55	case rate	
DESTRUCT OF LESION VULVA COM	56515	CPT	outpatient			6289		2398.47 Wellcare	Medicaid		1984.18	31.55			315.81	5974.55	percent of total billed charges	
DESTRUCT OF LESION VULVA COM	56515	CPT	outpatient			6289		2398.47 Wellcare	Medicare		2085.63				315.81	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCT OF LESION VULVA COM	56515	CPT	outpatient			6289		2398.47 WellPoint	WellPoint		2023.8	32.18			315.81	5974.55	percent of total billed charges	
VULVAR BIOPSY,ONE LESION	56605	CPT	outpatient			2565		1057.32 Aetna	Better Health		809.26	31.55			61.52	2436.75	percent of total billed charges	
VULVAR BIOPSY,ONE LESION	56605	CPT	outpatient			2565		1057.32 Aetna	Commercial		1463.7				61.52	2436.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VULVAR BIOPSY,ONE LESION	56605	CPT	outpatient			2565		1057.32 Aetna	Medicare		919.41				61.52	2436.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VULVAR BIOPSY,ONE LESION	56605	CPT	outpatient			2565		1057.32 Americare	Americare		1923.75	75			61.52	2436.75	percent of total billed charges	
VULVAR BIOPSY,ONE LESION	56605	CPT	outpatient			2565		1057.32 Amerihealth	HMO/PPO		1667.25	65			61.52	2436.75	percent of total billed charges	
VULVAR BIOPSY,ONE LESION	56605	CPT	outpatient			2565		1057.32 Amerihealth	Medicare		919.41				61.52	2436.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VULVAR BIOPSY,ONE LESION	56605	CPT	outpatient			2565		1057.32 Consumer	Consumer		2436.75	95			61.52	2436.75	percent of total billed charges	
VULVAR BIOPSY,ONE LESION	56605	CPT	outpatient			2565		1057.32 Corrections	Corrections		2052	80			61.52	2436.75	percent of total billed charges	
VULVAR BIOPSY,ONE LESION	56605	CPT	outpatient			2565		1057.32 First Health	First Health		1795.5	70			61.52	2436.75	percent of total billed charges	
VULVAR BIOPSY,ONE LESION	56605	CPT	outpatient			2565		1057.32 First Trenton	First Trenton		2308.5	90			61.52	2436.75	percent of total billed charges	
VULVAR BIOPSY,ONE LESION	56605	CPT	outpatient			2565		1057.32 Horizon	PPO		1711.02				61.52	2436.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VULVAR BIOPSY,ONE LESION	56605	CPT	outpatient			2565		1057.32 Horizon	Medicare Blue		919.41				61.52	2436.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VULVAR BIOPSY,ONE LESION	56605	CPT	outpatient			2565		1057.32 Horizon	MGD		1711.02				61.52	2436.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VULVAR BIOPSY,ONE LESION	56605	CPT	outpatient			2565		1057.32 Horizon	Indemnity		1711.02				61.52	2436.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VULVAR BIOPSY,ONE LESION	56605	CPT	outpatient			2565		1057.32 Horizon	NJ Health		61.52				61.52	2436.75	fee schedule	
VULVAR BIOPSY,ONE LESION	56605	CPT	outpatient			2565		1057.32 Managed Care Inc	Managed Care Inc		2308.5	90			61.52	2436.75	percent of total billed charges	
VULVAR BIOPSY,ONE LESION	56605	CPT	outpatient			2565		1057.32 Multiplan	Multiplan		2052	80			61.52	2436.75	percent of total billed charges	
VULVAR BIOPSY,ONE LESION	56605	CPT	outpatient			2565		1057.32 Qualcare	Qualcare		1923.75	75			61.52	2436.75	percent of total billed charges	
VULVAR BIOPSY,ONE LESION	56605	CPT	outpatient			2565		1057.32 Three Rivers	Three Rivers		2436.75	95			61.52	2436.75	percent of total billed charges	
VULVAR BIOPSY,ONE LESION	56605	CPT	outpatient			2565		1057.32 UHC	Medicaid		809.26	31.55			61.52	2436.75	percent of total billed charges	
VULVAR BIOPSY,ONE LESION	56605	CPT	outpatient			2565		1057.32 UHC	Medicare		919.41				61.52	2436.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VULVAR BIOPSY,ONE LESION	56605	CPT	outpatient			2565		1057.32 United	Oxford		1817				61.52	2436.75	case rate	
VULVAR BIOPSY,ONE LESION	56605	CPT	outpatient			2565		1057.32 United	CommercialPPO		1817				61.52	2436.75	case rate	
VULVAR BIOPSY,ONE LESION	56605	CPT	outpatient			2565		1057.32 Wellcare	Medicaid		809.26	31.55			61.52	2436.75	percent of total billed charges	
VULVAR BIOPSY,ONE LESION	56605	CPT	outpatient			2565		1057.32 Wellcare	Medicare		919.41				61.52	2436.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VULVAR BIOPSY,ONE LESION	56605	CPT	outpatient			2565		1057.32 WellPoint	WellPoint		825.42	32.18			61.52	2436.75	percent of total billed charges	
BIOPSY VULVAPERINEUM EA ADDL	56606	CPT	outpatient					Horizon	NJ Health		46.98				46.98	1782	fee schedule	
BIOPSY VULVAPERINEUM EA ADDL	56606	CPT	outpatient					United	CommercialPPO		1782				46.98	1782	case rate	
BIOPSY VULVAPERINEUM EA ADDL	56606	CPT	outpatient					United	Oxford		1782				46.98	1782	case rate	
VULVECTOMY, SIMPLE, PARTIAL	56620	CPT	outpatient			10303		4111.87 Aetna	Medicare		3575.54				566.81	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VULVECTOMY, SIMPLE, PARTIAL	56620	CPT	outpatient			10303		4111.87 Aetna	Better Health		3250.6	31.55			566.81	9787.85	percent of total billed charges	
VULVECTOMY, SIMPLE, PARTIAL	56620	CPT	outpatient			10303		4111.87 Aetna	Commercial		5692.26				566.81	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VULVECTOMY, SIMPLE, PARTIAL	56620	CPT	outpatient			10303		4111.87 Americare	Americare		7727.25	75			566.81	9787.85	percent of total billed charges	
VULVECTOMY, SIMPLE, PARTIAL	56620	CPT	outpatient			10303		4111.87 Amerihealth	HMO/PPO		6696.95	65			566.81	9787.85	percent of total billed charges	
VULVECTOMY, SIMPLE, PARTIAL	56620	CPT	outpatient			10303		4111.87 Amerihealth	Medicare		3575.54				566.81	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VULVECTOMY, SIMPLE, PARTIAL	56620	CPT	outpatient			10303		4111.87 Consumer	Consumer		9787.85	95			566.81	9787.85	percent of total billed charges	
VULVECTOMY, SIMPLE, PARTIAL	56620	CPT	outpatient			10303		4111.87 Corrections	Corrections		8242.4	80			566.81	9787.85	percent of total billed charges	
VULVECTOMY, SIMPLE, PARTIAL	56620	CPT	outpatient			10303		4111.87 First Health	First Health		7212.1	70			566.81	9787.85	percent of total billed charges	
VULVECTOMY, SIMPLE, PARTIAL	56620	CPT	outpatient			10303		4111.87 First Trenton	First Trenton		9272.7	90			566.81	9787.85	percent of total billed charges	
VULVECTOMY, SIMPLE, PARTIAL	56620	CPT	outpatient			10303		4111.87 Horizon	Indemnity		6654.08				566.81	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VULVECTOMY, SIMPLE, PARTIAL	56620	CPT	outpatient			10303		4111.87 Horizon	Medicare Blue		3575.54				566.81	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VULVECTOMY, SIMPLE, PARTIAL	56620	CPT	outpatient			10303		4111.87 Horizon	NJ Health		566.81				566.81	9787.85	fee schedule	
VULVECTOMY, SIMPLE, PARTIAL	56620	CPT	outpatient			10303		4111.87 Horizon	MGD		6654.08				566.81	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VULVECTOMY, SIMPLE, PARTIAL	56620	CPT	outpatient			10303		4111.87 Horizon	PPO		6654.08				566.81	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VULVECTOMY, SIMPLE, PARTIAL	56620	CPT	outpatient			10303		4111.87 Managed Care Inc	Managed Care Inc		9272.7	90			566.81	9787.85	percent of total billed charges	
VULVECTOMY, SIMPLE, PARTIAL	56620	CPT	outpatient			10303		4111.87 Multiplan	Multiplan		8242.4	80			566.81	9787.85	percent of total billed charges	
VULVECTOMY, SIMPLE, PARTIAL	56620	CPT	outpatient			10303		4111.87 Qualcare	Qualcare		7727.25	75			566.81	9787.85	percent of total billed charges	
VULVECTOMY, SIMPLE, PARTIAL	56620	CPT	outpatient			10303		4111.87 Three Rivers	Three Rivers		9787.85	95			566.81	9787.85	percent of total billed charges	
VULVECTOMY, SIMPLE, PARTIAL	56620	CPT	outpatient			10303		4111.87 UHC	Medicaid		3250.6	31.55			566.81	9787.85	percent of total billed charges	
VULVECTOMY, SIMPLE, PARTIAL	56620	CPT	outpatient			10303		4111.87 UHC	Medicare		3575.54				566.81	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VULVECTOMY, SIMPLE, PARTIAL	56620	CPT	outpatient			10303		4111.87 United	CommercialPPO		2776				566.81	9787.85	case rate	
VULVECTOMY, SIMPLE, PARTIAL	56620	CPT	outpatient			10303		4111.87 United	Oxford		2776				566.81	9787.85	case rate	
VULVECTOMY, SIMPLE, PARTIAL	56620	CPT	outpatient			10303		4111.87 Wellcare	Medicare		3575.54				566.81	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VULVECTOMY, SIMPLE, PARTIAL	56620	CPT	outpatient			10303		4111.87 Wellcare	Medicaid		3250.6	31.55			566.81	9787.85	percent of total billed charges	
VULVECTOMY, SIMPLE, PARTIAL	56620	CPT	outpatient			10303		4111.87 WellPoint	WellPoint		3315.51	32.18			566.81	9787.85	percent of total billed charges	
EXC BARTHOLINS CYST	56740	CPT	outpatient			7511		4111.87 Aetna	Medicare		3575.54				305.92	7135.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC BARTHOLINS CYST	56740	CPT	outpatient			7511		4111.87 Aetna	Better Health		2369.72	31.55			305.92	7135.45	percent of total billed charges	
EXC BARTHOLINS CYST	56740	CPT	outpatient			7511		4111.87 Aetna	Commercial		5692.26				305.92	7135.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC BARTHOLINS CYST	56740	CPT	outpatient			7511		4111.87 Americare	Americare		5633.25	75			305.92	7135.45	percent of total billed charges	
EXC BARTHOLINS CYST	56740	CPT	outpatient			7511		4111.87 Amerihealth	HMO/PPO		4882.15	65			305.92	7135.45	percent of total billed charges	
EXC BARTHOLINS CYST	56740	CPT	outpatient			7511		4111.87 Amerihealth	Medicare		3575.54				305.92	7135.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC BARTHOLINS CYST	56740	CPT	outpatient			7511		4111.87 Consumer	Consumer		7135.45	95			305.92	7135.45	percent of total billed charges	
EXC BARTHOLINS CYST	56740	CPT	outpatient			7511		4111.87 Corrections	Corrections		6008.8	80			305.92	7135.45	percent of total billed charges	
EXC BARTHOLINS CYST	56740	CPT	outpatient			7511		4111.87 First Health	First Health		5257.7	70			305.92	7135.45	percent of total billed charges	
EXC BARTHOLINS CYST	56740	CPT	outpatient			7511		4111.87 First Trenton	First Trenton		6759.9	90			305.92	7135.45	percent of total billed charges	
EXC BARTHOLINS CYST	56740	CPT	outpatient			7511		4111.87 Horizon	MGD		6654.08				305.92	7135.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC BARTHOLINS CYST	56740	CPT	outpatient			7511		4111.87 Horizon	Medicare Blue		3575.54				305.92	7135.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC BARTHOLINS CYST	56740	CPT	outpatient			7511		4111.87 Horizon	Indemnity		6654.08				305.92	7135.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC BARTHOLINS CYST	56740	CPT	outpatient			7511		4111.87 Horizon	NJ Health		305.92				305.92	7135.45	fee schedule	
EXC BARTHOLINS CYST	56740	CPT	outpatient			7511		4111.87 Horizon	PPO		6654.08				305.92	7135.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC BARTHOLINS CYST	56740	CPT	outpatient			7511		4111.87 Managed Care Inc	Managed Care Inc		6759.9	90			305.92	7135.45	percent of total billed charges	
EXC BARTHOLINS CYST	56740	CPT	outpatient			7511		4111.87 Multiplan	Multiplan		6008.8	80			305.92	7135.45	percent of total billed charges	
EXC BARTHOLINS CYST	56740	CPT	outpatient			7511		4111.87 Qualcare	Qualcare		5633.25	75			305.92	7135.45	percent of total billed charges	
EXC BARTHOLINS CYST	56740	CPT	outpatient			7511		4111.87 Three Rivers	Three Rivers		7135.45	95			305.92	7135.45	percent of total billed charges	
EXC BARTHOLINS CYST	56740	CPT	outpatient			7511		4111.87 UHC	Medicaid		2369.72	31.55			305.92	7135.45	percent of total billed charges	
EXC BARTHOLINS CYST	56740	CPT	outpatient			7511		4111.87 UHC	Medicare		3575.54				305.92	7135.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC BARTHOLINS CYST	56740	CPT	outpatient			7511		4111.87 United	CommercialPPO		2776				305.92	7135.45	case rate	
EXC BARTHOLINS CYST	56740	CPT	outpatient			7511		4111.87 United	Oxford		2776				305.92	7135.45	case rate	
EXC BARTHOLINS CYST	56740	CPT	outpatient			7511		4111.87 Wellcare	Medicare		3575.54				305.92	7135.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC BARTHOLINS CYST	56740	CPT	outpatient			7511		4111.87 Wellcare	Medicaid		2369.72	31.55			305.92	7135.45	percent of total billed charges	
EXC BARTHOLINS CYST	56740	CPT	outpatient			7511		4111.87 WellPoint	WellPoint		2417.04	32.18			305.92	7135.45	percent of total billed charges	
REPAIR OF PERINEUM	56810	CPT	outpatient			10303		4111.87 Aetna	Better Health		3250.6	31.55			284.23	9787.85	percent of total billed charges	
REPAIR OF PERINEUM	56810	CPT	outpatient			10303		4111.87 Aetna	Medicare		3173.32	30.8			284.23	9787.85	percent of total billed charges	
REPAIR OF PERINEUM	56810	CPT	outpatient			10303		4111.87 Aetna	Commercial		5692.26				284.23	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR OF PERINEUM	56810	CPT	outpatient			10303		4111.87 Americare	Americare		7727.25	75			284.23	9787.85	percent of total billed charges	
REPAIR OF PERINEUM	56810	CPT	outpatient			10303		4111.87 Amerihealth	HMO/PPO		6696.95	65			284.23	9787.85	percent of total billed charges	
REPAIR OF PERINEUM	56810	CPT	outpatient			10303		4111.87 Amerihealth	Medicare		3575.54				284.23	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR OF PERINEUM	56810	CPT	outpatient			10303		4111.87 Consumer	Consumer		9787.85	95			284.23	9787.85	percent of total billed charges	
REPAIR OF PERINEUM	56810	CPT	outpatient			10303		4111.87 Corrections	Corrections		8242.4	80			284.23	9787.85	percent of total billed charges	
REPAIR OF PERINEUM	56810	CPT	outpatient			10303		4111.87 First Health	First Health		7212.1	70			284.23	9787.85	percent of total billed charges	
REPAIR OF PERINEUM	56810	CPT	outpatient			10303		4111.87 First Trenton	First Trenton		9272.7	90			284.23	9787.85	percent of total billed charges	
REPAIR OF PERINEUM	56810	CPT	outpatient			10303		4111.87 Horizon	MGD		6654.08				284.23	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR OF PERINEUM	56810	CPT	outpatient			10303		4111.87 Horizon	Medicare Blue		3575.54				284.23	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR OF PERINEUM	56810	CPT	outpatient			10303		4111.87 Horizon	Indemnity		6654.08				284.23	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR OF PERINEUM	56810	CPT	outpatient			10303		4111.87 Horizon	NJ Health		284.23				284.23	9787.85	fee schedule	
REPAIR OF PERINEUM	56810	CPT	outpatient			10303		4111.87 Horizon	PPO		6654.08				284.23	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR OF PERINEUM	56810	CPT	outpatient			10303		4111.87 Managed Care Inc	Managed Care Inc		9272.7	90			284.23	9787.85	percent of total billed charges	
REPAIR OF PERINEUM	56810	CPT	outpatient			10303		4111.87 Multiplan	Multiplan		8242.4	80			284.23	9787.85	percent of total billed charges	
REPAIR OF PERINEUM	56810	CPT	outpatient			10303		4111.87 Qualcare	Qualcare		7727.25	75			284.23	9787.85	percent of total billed charges	
REPAIR OF PERINEUM	56810	CPT	outpatient			10303		4111.87 Three Rivers	Three Rivers		9787.85	95			284.23	9787.85	percent of total billed charges	
REPAIR OF PERINEUM	56810	CPT	outpatient			10303		4111.87 UHC	Medicaid		3250.6	31.55			284.23	9787.85	percent of total billed charges	
REPAIR OF PERINEUM	56810	CPT	outpatient			10303		4111.87 UHC	Medicare		3575.54				284.23	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR OF PERINEUM	56810	CPT	outpatient			10303		4111.87 United	CommercialPPO		2776				284.23	9787.85	case rate	
REPAIR OF PERINEUM	56810	CPT	outpatient			10303		4111.87 United	Oxford		2776				284.23	9787.85	case rate	
REPAIR OF PERINEUM	56810	CPT	outpatient			10303		4111.87 Wellcare	Medicaid		3250.6	31.55			284.23	9787.85	percent of total billed charges	
REPAIR OF PERINEUM	56810	CPT	outpatient			10303		4111.87 Wellcare	Medicare		3575.54				284.23	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR OF PERINEUM	56810	CPT	outpatient			10303		4111.87 WellPoint	WellPoint		3315.51	32.18			284.23	9787.85	percent of total billed charges	
COLPOSCOPY, VULVA	56820	CPT	outpatient			649		262.09 Aetna	Commercial		362.82				204.76	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY, VULVA	56820	CPT	outpatient			649		262.09 Aetna	Better Health		204.76	31.55			204.76	1782	percent of total billed charges	
COLPOSCOPY, VULVA	56820	CPT	outpatient			649		262.09 Aetna	Medicare		227.9				204.76	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY, VULVA	56820	CPT	outpatient			649		262.09 Americare	Americare		486.75	75			204.76	1782	percent of total billed charges	
COLPOSCOPY, VULVA	56820	CPT	outpatient			649		262.09 Amerihealth	HMO/PPO		421.85	65			204.76	1782	percent of total billed charges	
COLPOSCOPY, VULVA	56820	CPT	outpatient			649		262.09 Amerihealth	Medicare		227.9				204.76	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY, VULVA	56820	CPT	outpatient			649		262.09 Consumer	Consumer		616.55	95			204.76	1782	percent of total billed charges	
COLPOSCOPY, VULVA	56820	CPT	outpatient			649		262.09 Corrections	Corrections		519.2	80			204.76	1782	percent of total billed charges	
COLPOSCOPY, VULVA	56820	CPT	outpatient			649		262.09 First Health	First Health		454.3	70			204.76	1782	percent of total billed charges	
COLPOSCOPY, VULVA	56820	CPT	outpatient			649		262.09 First Trenton	First Trenton		584.1	90			204.76	1782	percent of total billed charges	
COLPOSCOPY, VULVA	56820	CPT	outpatient			649		262.09 Horizon	MGD		424.12				204.76	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY, VULVA	56820	CPT	outpatient			649		262.09 Horizon	Medicare Blue		227.9				204.76	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY, VULVA	56820	CPT	outpatient			649		262.09 Horizon	PPO		424.12				204.76	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY, VULVA	56820	CPT	outpatient			649		262.09 Horizon	Indemnity		424.12				204.76	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY, VULVA	56820	CPT	outpatient			649		262.09 Horizon	NJ Health		229.68				204.76	1782	fee schedule	
COLPOSCOPY, VULVA	56820	CPT	outpatient			649		262.09 Managed Care Inc	Managed Care Inc		584.1	90			204.76	1782	percent of total billed charges	
COLPOSCOPY, VULVA	56820	CPT	outpatient			649		262.09 Multiplan	Multiplan		519.2	80			204.76	1782	percent of total billed charges	
COLPOSCOPY, VULVA	56820	CPT	outpatient			649		262.09 Qualcare	Qualcare		486.75	75			204.76	1782	percent of total billed charges	
COLPOSCOPY, VULVA	56820	CPT	outpatient			649		262.09 Three Rivers	Three Rivers		616.55	95			204.76	1782	percent of total billed charges	
COLPOSCOPY, VULVA	56820	CPT	outpatient			649		262.09 UHC	Medicare		227.9				204.76	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY, VULVA	56820	CPT	outpatient			649		262.09 UHC	Medicaid		204.76	31.55			204.76	1782	percent of total billed charges	
COLPOSCOPY, VULVA	56820	CPT	outpatient			649		262.09 United	Oxford		1782				204.76	1782	case rate	
COLPOSCOPY, VULVA	56820	CPT	outpatient			649		262.09 United	CommercialPPO		1782				204.76	1782	case rate	
COLPOSCOPY, VULVA	56820	CPT	outpatient			649		262.09 Wellcare	Medicare		227.9				204.76	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY, VULVA	56820	CPT	outpatient			649		262.09 Wellcare	Medicaid		204.76	31.55			204.76	1782	percent of total billed charges	
COLPOSCOPY, VULVA	56820	CPT	outpatient			649		262.09 WellPoint	WellPoint		208.85	32.18			204.76	1782	percent of total billed charges	
COLPOSCOPY OF VULVA W BIOPSY	56821	CPT	outpatient			1067		421.94 Aetna	Commercial		584.1				294.93	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY OF VULVA W BIOPSY	56821	CPT	outpatient			1067		421.94 Aetna	Medicare		366.9				294.93	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY OF VULVA W BIOPSY	56821	CPT	outpatient			1067		421.94 Aetna	Better Health		336.64	31.55			294.93	1782	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.															
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true														
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
COLPOSCOPY OF VULVA W BIOPSY	56821	CPT	outpatient			1067		421.94 Americare	Americare		800.25	75			294.93	1782	percent of total billed charges	
COLPOSCOPY OF VULVA W BIOPSY	56821	CPT	outpatient			1067		421.94 Amerihealth	Medicare		366.9				294.93	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY OF VULVA W BIOPSY	56821	CPT	outpatient			1067		421.94 Amerihealth	HMO/PPO		693.55	65			294.93	1782	percent of total billed charges	
COLPOSCOPY OF VULVA W BIOPSY	56821	CPT	outpatient			1067		421.94 Consumer	Consumer		1013.65	95			294.93	1782	percent of total billed charges	
COLPOSCOPY OF VULVA W BIOPSY	56821	CPT	outpatient			1067		421.94 Corrections	Corrections		853.6	80			294.93	1782	percent of total billed charges	
COLPOSCOPY OF VULVA W BIOPSY	56821	CPT	outpatient			1067		421.94 First Health	First Health		746.9	70			294.93	1782	percent of total billed charges	
COLPOSCOPY OF VULVA W BIOPSY	56821	CPT	outpatient			1067		421.94 First Trenton	First Trenton		960.3	90			294.93	1782	percent of total billed charges	
COLPOSCOPY OF VULVA W BIOPSY	56821	CPT	outpatient			1067		421.94 Horizon	MGD		682.8				294.93	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY OF VULVA W BIOPSY	56821	CPT	outpatient			1067		421.94 Horizon	Indemnity		682.8				294.93	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY OF VULVA W BIOPSY	56821	CPT	outpatient			1067		421.94 Horizon	NJ Health		294.93				294.93	1782	fee schedule	
COLPOSCOPY OF VULVA W BIOPSY	56821	CPT	outpatient			1067		421.94 Horizon	Medicare Blue		366.9				294.93	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY OF VULVA W BIOPSY	56821	CPT	outpatient			1067		421.94 Horizon	PPO		682.8				294.93	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY OF VULVA W BIOPSY	56821	CPT	outpatient			1067		421.94 Managed Care Inc	Managed Care Inc		960.3	90			294.93	1782	percent of total billed charges	
COLPOSCOPY OF VULVA W BIOPSY	56821	CPT	outpatient			1067		421.94 Multiplan	Multiplan		853.6	80			294.93	1782	percent of total billed charges	
COLPOSCOPY OF VULVA W BIOPSY	56821	CPT	outpatient			1067		421.94 Qualcare	Qualcare		800.25	75			294.93	1782	percent of total billed charges	
COLPOSCOPY OF VULVA W BIOPSY	56821	CPT	outpatient			1067		421.94 Three Rivers	Three Rivers		1013.65	95			294.93	1782	percent of total billed charges	
COLPOSCOPY OF VULVA W BIOPSY	56821	CPT	outpatient			1067		421.94 UHC	Medicare		366.9				294.93	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY OF VULVA W BIOPSY	56821	CPT	outpatient			1067		421.94 UHC	Medicaid		336.64	31.55			294.93	1782	percent of total billed charges	
COLPOSCOPY OF VULVA W BIOPSY	56821	CPT	outpatient			1067		421.94 United	Commercial|PPO		1782				294.93	1782	case rate	
COLPOSCOPY OF VULVA W BIOPSY	56821	CPT	outpatient			1067		421.94 United	Oxford		1782				294.93	1782	case rate	
COLPOSCOPY OF VULVA W BIOPSY	56821	CPT	outpatient			1067		421.94 Wellcare	Medicare		366.9				294.93	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY OF VULVA W BIOPSY	56821	CPT	outpatient			1067		421.94 Wellcare	Medicaid		336.64	31.55			294.93	1782	percent of total billed charges	
COLPOSCOPY OF VULVA W BIOPSY	56821	CPT	outpatient			1067		421.94 WellPoint	WellPoint		343.36	32.18			294.93	1782	percent of total billed charges	
COLPOTOMY W DRAIN PELV. ABSCESS	57010	CPT	outpatient			4509		4111.87 Aetna	Better Health		1422.59	31.55			288.67	6654.08	percent of total billed charges	
COLPOTOMY W DRAIN PELV. ABSCESS	57010	CPT	outpatient			4509		4111.87 Aetna	Medicare		3575.54				288.67	6654.08	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOTOMY W DRAIN PELV. ABSCESS	57010	CPT	outpatient			4509		4111.87 Aetna	Commercial		5692.26				288.67	6654.08	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOTOMY W DRAIN PELV. ABSCESS	57010	CPT	outpatient			4509		4111.87 Americare	Americare		3381.75	75			288.67	6654.08	percent of total billed charges	
COLPOTOMY W DRAIN PELV. ABSCESS	57010	CPT	outpatient			4509		4111.87 Amerihealth	Medicare		3575.54				288.67	6654.08	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOTOMY W DRAIN PELV. ABSCESS	57010	CPT	outpatient			4509		4111.87 Amerihealth	HMO/PPO		2930.85	65			288.67	6654.08	percent of total billed charges	
COLPOTOMY W DRAIN PELV. ABSCESS	57010	CPT	outpatient			4509		4111.87 Consumer	Consumer		4283.55	95			288.67	6654.08	percent of total billed charges	
COLPOTOMY W DRAIN PELV. ABSCESS	57010	CPT	outpatient			4509		4111.87 Corrections	Corrections		3607.2	80			288.67	6654.08	percent of total billed charges	
COLPOTOMY W DRAIN PELV. ABSCESS	57010	CPT	outpatient			4509		4111.87 First Health	First Health		3156.3	70			288.67	6654.08	percent of total billed charges	
COLPOTOMY W DRAIN PELV. ABSCESS	57010	CPT	outpatient			4509		4111.87 First Trenton	First Trenton		4058.1	90			288.67	6654.08	percent of total billed charges	
COLPOTOMY W DRAIN PELV. ABSCESS	57010	CPT	outpatient			4509		4111.87 Horizon	MGD		6654.08				288.67	6654.08	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOTOMY W DRAIN PELV. ABSCESS	57010	CPT	outpatient			4509		4111.87 Horizon	Indemnity		6654.08				288.67	6654.08	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOTOMY W DRAIN PELV. ABSCESS	57010	CPT	outpatient			4509		4111.87 Horizon	Medicare Blue		3575.54				288.67	6654.08	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOTOMY W DRAIN PELV. ABSCESS	57010	CPT	outpatient			4509		4111.87 Horizon	NJ Health		288.67				288.67	6654.08	fee schedule	
COLPOTOMY W DRAIN PELV. ABSCESS	57010	CPT	outpatient			4509		4111.87 Horizon	PPO		6654.08				288.67	6654.08	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOTOMY W DRAIN PELV. ABSCESS	57010	CPT	outpatient			4509		4111.87 Managed Care Inc	Managed Care Inc		4058.1	90			288.67	6654.08	percent of total billed charges	
COLPOTOMY W DRAIN PELV. ABSCESS	57010	CPT	outpatient			4509		4111.87 Multiplan	Multiplan		3607.2	80			288.67	6654.08	percent of total billed charges	
COLPOTOMY W DRAIN PELV. ABSCESS	57010	CPT	outpatient			4509		4111.87 Qualcare	Qualcare		3381.75	75			288.67	6654.08	percent of total billed charges	
COLPOTOMY W DRAIN PELV. ABSCESS	57010	CPT	outpatient			4509		4111.87 Three Rivers	Three Rivers		4283.55	95			288.67	6654.08	percent of total billed charges	
COLPOTOMY W DRAIN PELV. ABSCESS	57010	CPT	outpatient			4509		4111.87 UHC	Medicaid		1422.59	31.55			288.67	6654.08	percent of total billed charges	
COLPOTOMY W DRAIN PELV. ABSCESS	57010	CPT	outpatient			4509		4111.87 UHC	Medicare		3575.54				288.67	6654.08	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOTOMY W DRAIN PELV. ABSCESS	57010	CPT	outpatient			4509		4111.87 United	Oxford		2776				288.67	6654.08	case rate	
COLPOTOMY W DRAIN PELV. ABSCESS	57010	CPT	outpatient			4509		4111.87 United	Commercial|PPO		2776				288.67	6654.08	case rate	
COLPOTOMY W DRAIN PELV. ABSCESS	57010	CPT	outpatient			4509		4111.87 Wellcare	Medicaid		1422.59	31.55			288.67	6654.08	percent of total billed charges	
COLPOTOMY W DRAIN PELV. ABSCESS	57010	CPT	outpatient			4509		4111.87 Wellcare	Medicare		3575.54				288.67	6654.08	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOTOMY W DRAIN PELV. ABSCESS	57010	CPT	outpatient			4509		4111.87 WellPoint	WellPoint		1451	32.18			288.67	6654.08	percent of total billed charges	
I&D VAGINAL HEMATOMA NON OB	57023	CPT	outpatient			9280		3737.2 Aetna	Better Health		2927.84	31.55			207.18	8816	percent of total billed charges	
I&D VAGINAL HEMATOMA NON OB	57023	CPT	outpatient			9280		3737.2 Aetna	Commercial		5173.59				207.18	8816	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D VAGINAL HEMATOMA NON OB	57023	CPT	outpatient			9280		3737.2 Aetna	Medicare		2858.24	30.8			207.18	8816	percent of total billed charges	
I&D VAGINAL HEMATOMA NON OB	57023	CPT	outpatient			9280		3737.2 Americare	Americare		6960	75			207.18	8816	percent of total billed charges	
I&D VAGINAL HEMATOMA NON OB	57023	CPT	outpatient			9280		3737.2 Amerihealth	HMO/PPO		6032	65			207.18	8816	percent of total billed charges	
I&D VAGINAL HEMATOMA NON OB	57023	CPT	outpatient			9280		3737.2 Amerihealth	Medicare		3249.74				207.18	8816	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D VAGINAL HEMATOMA NON OB	57023	CPT	outpatient			9280		3737.2 Consumer	Consumer		8816	95			207.18	8816	percent of total billed charges	
I&D VAGINAL HEMATOMA NON OB	57023	CPT	outpatient			9280		3737.2 Corrections	Corrections		7424	80			207.18	8816	percent of total billed charges	
I&D VAGINAL HEMATOMA NON OB	57023	CPT	outpatient			9280		3737.2 First Health	First Health		6496	70			207.18	8816	percent of total billed charges	
I&D VAGINAL HEMATOMA NON OB	57023	CPT	outpatient			9280		3737.2 First Trenton	First Trenton		8352	90			207.18	8816	percent of total billed charges	
I&D VAGINAL HEMATOMA NON OB	57023	CPT	outpatient			9280		3737.2 Horizon	MGD		6047.77				207.18	8816	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D VAGINAL HEMATOMA NON OB	57023	CPT	outpatient			9280		3737.2 Horizon	NJ Health		207.18				207.18	8816	fee schedule	
I&D VAGINAL HEMATOMA NON OB	57023	CPT	outpatient			9280		3737.2 Horizon	Indemnity		6047.77				207.18	8816	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D VAGINAL HEMATOMA NON OB	57023	CPT	outpatient			9280		3737.2 Horizon	Medicare Blue		3249.74				207.18	8816	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D VAGINAL HEMATOMA NON OB	57023	CPT	outpatient			9280		3737.2 Horizon	PPO		6047.77				207.18	8816	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D VAGINAL HEMATOMA NON OB	57023	CPT	outpatient			9280		3737.2 Managed Care Inc	Managed Care Inc		8352	90			207.18	8816	percent of total billed charges	
I&D VAGINAL HEMATOMA NON OB	57023	CPT	outpatient			9280		3737.2 Multiplan	Multiplan		7424	80			207.18	8816	percent of total billed charges	
I&D VAGINAL HEMATOMA NON OB	57023	CPT	outpatient			9280		3737.2 Qualcare	Qualcare		6960	75			207.18	8816	percent of total billed charges	
I&D VAGINAL HEMATOMA NON OB	57023	CPT	outpatient			9280		3737.2 Three Rivers	Three Rivers		8816	95			207.18	8816	percent of total billed charges	
I&D VAGINAL HEMATOMA NON OB	57023	CPT	outpatient			9280		3737.2 UHC	Medicare		3249.74				207.18	8816	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D VAGINAL HEMATOMA NON OB	57023	CPT	outpatient			9280		3737.2 UHC	Medicaid		2927.84	31.55			207.18	8816	percent of total billed charges	
I&D VAGINAL HEMATOMA NON OB	57023	CPT	outpatient			9280		3737.2 United	Oxford		2776				207.18	8816	case rate	
I&D VAGINAL HEMATOMA NON OB	57023	CPT	outpatient			9280		3737.2 United	Commercial|PPO		2776				207.18	8816	case rate	
I&D VAGINAL HEMATOMA NON OB	57023	CPT	outpatient			9280		3737.2 Wellcare	Medicaid		2927.84	31.55			207.18	8816	percent of total billed charges	
I&D VAGINAL HEMATOMA NON OB	57023	CPT	outpatient			9280		3737.2 Wellcare	Medicare		3249.74				207.18	8816	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D VAGINAL HEMATOMA NON OB	57023	CPT	outpatient			9280		3737.2 WellPoint	WellPoint		2986.3	32.18			207.18	8816	percent of total billed charges	
DISTROY VAG LSN; SIMP	57061	CPT	outpatient			10303		4111.87 Aetna	Better Health		3250.6	31.55			91.35	9787.85	percent of total billed charges	
DISTROY VAG LSN; SIMP	57061	CPT	outpatient			10303		4111.87 Aetna	Commercial		5692.26				91.35	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DISTROY VAG LSN; SIMP	57061	CPT	outpatient			10303		4111.87 Aetna	Medicare		3575.54				91.35	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DISTROY VAG LSN; SIMP	57061	CPT	outpatient			10303		4111.87 Americare	Americare		7727.25	75			91.35	9787.85	percent of total billed charges	
DISTROY VAG LSN; SIMP	57061	CPT	outpatient			10303		4111.87 Amerihealth	HMO/PPO		6696.95	65			91.35	9787.85	percent of total billed charges	
DISTROY VAG LSN; SIMP	57061	CPT	outpatient			10303		4111.87 Amerihealth	Medicare		3575.54				91.35	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DISTROY VAG LSN; SIMP	57061	CPT	outpatient			10303		4111.87 Consumer	Consumer		9787.85	95			91.35	9787.85	percent of total billed charges	
DISTROY VAG LSN; SIMP	57061	CPT	outpatient			10303		4111.87 Corrections	Corrections		8242.4	80			91.35	9787.85	percent of total billed charges	
DISTROY VAG LSN; SIMP	57061	CPT	outpatient			10303		4111.87 First Health	First Health		7212.1	70			91.35	9787.85	percent of total billed charges	
DISTROY VAG LSN; SIMP	57061	CPT	outpatient			10303		4111.87 First Trenton	First Trenton		9272.7	90			91.35	9787.85	percent of total billed charges	
DISTROY VAG LSN; SIMP	57061	CPT	outpatient			10303		4111.87 Horizon	PPO		6654.08				91.35	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DISTROY VAG LSN; SIMP	57061	CPT	outpatient			10303		4111.87 Horizon	Medicare Blue		3575.54				91.35	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DISTROY VAG LSN; SIMP	57061	CPT	outpatient			10303		4111.87 Horizon	MGD		6654.08				91.35	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DISTROY VAG LSN; SIMP	57061	CPT	outpatient			10303		4111.87 Horizon	Indemnity		6654.08				91.35	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DISTROY VAG LSN; SIMP	57061	CPT	outpatient			10303		4111.87 Horizon	NJ Health		91.35				91.35	9787.85	fee schedule	
DISTROY VAG LSN; SIMP	57061	CPT	outpatient			10303		4111.87 Managed Care Inc	Managed Care Inc		9272.7	90			91.35	9787.85	percent of total billed charges	
DISTROY VAG LSN; SIMP	57061	CPT	outpatient			10303		4111.87 Multiplan	Multiplan		8242.4	80			91.35	9787.85	percent of total billed charges	
DISTROY VAG LSN; SIMP	57061	CPT	outpatient			10303		4111.87 Qualcare	Qualcare		7727.25	75			91.35	9787.85	percent of total billed charges	
DISTROY VAG LSN; SIMP	57061	CPT	outpatient			10303		4111.87 Three Rivers	Three Rivers		9787.85	95			91.35	9787.85	percent of total billed charges	
DISTROY VAG LSN; SIMP	57061	CPT	outpatient			10303		4111.87 UHC	Medicaid		3250.6	31.55			91.35	9787.85	percent of total billed charges	
DISTROY VAG LSN; SIMP	57061	CPT	outpatient			10303		4111.87 UHC	Medicare		3575.54				91.35	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DISTROY VAG LSN; SIMP	57061	CPT	outpatient			10303		4111.87 United	Commercial|PPO		2776				91.35	9787.85	case rate	
DISTROY VAG LSN; SIMP	57061	CPT	outpatient			10303		4111.87 United	Oxford		2776				91.35	9787.85	case rate	
DISTROY VAG LSN; SIMP	57061	CPT	outpatient			10303		4111.87 Wellcare	Medicare		3575.54				91.35	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DISTROY VAG LSN; SIMP	57061	CPT	outpatient			10303		4111.87 Wellcare	Medicaid		3250.6	31.55			91.35	9787.85	percent of total billed charges	
DISTROY VAG LSN; SIMP	57061	CPT	outpatient			10303		4111.87 WellPoint	WellPoint		3315.51	32.18			91.35	9787.85	percent of total billed charges	
DESTRUCT VAGINAL LESIONS EXTENS	57065	CPT	outpatient			10303		4111.87 Aetna	Better Health		3250.6	31.55			182.7	9787.85	percent of total billed charges	
DESTRUCT VAGINAL LESIONS EXTENS	57065	CPT	outpatient			10303		4111.87 Aetna	Medicare		3575.54				182.7	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCT VAGINAL LESIONS EXTENS	57065	CPT	outpatient			10303		4111.87 Aetna	Commercial		5692.26				182.7	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCT VAGINAL LESIONS EXTENS	57065	CPT	outpatient			10303		4111.87 Americare	Americare		7727.25	75			182.7	9787.85	percent of total billed charges	
DESTRUCT VAGINAL LESIONS EXTENS	57065	CPT	outpatient			10303		4111.87 Amerihealth	Medicare		3575.54				182.7	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCT VAGINAL LESIONS EXTENS	57065	CPT	outpatient			10303		4111.87 Amerihealth	HMO/PPO		6696.95	65			182.7	9787.85	percent of total billed charges	
DESTRUCT VAGINAL LESIONS EXTENS	57065	CPT	outpatient			10303		4111.87 Consumer	Consumer		9787.85	95			182.7	9787.85	percent of total billed charges	
DESTRUCT VAGINAL LESIONS EXTENS	57065	CPT	outpatient			10303		4111.87 Corrections	Corrections		8242.4	80			182.7	9787.85	percent of total billed charges	
DESTRUCT VAGINAL LESIONS EXTENS	57065	CPT	outpatient			10303		4111.87 First Health	First Health		7212.1	70			182.7	9787.85	percent of total billed charges	
DESTRUCT VAGINAL LESIONS EXTENS	57065	CPT	outpatient			10303		4111.87 First Trenton	First Trenton		9272.7	90			182.7	9787.85	percent of total billed charges	
DESTRUCT VAGINAL LESIONS EXTENS	57065	CPT	outpatient			10303		4111.87 Horizon	Indemnity		6654.08				182.7	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCT VAGINAL LESIONS EXTENS	57065	CPT	outpatient			10303		4111.87 Horizon	NJ Health		182.7				182.7	9787.85	fee schedule	
DESTRUCT VAGINAL LESIONS EXTENS	57065	CPT	outpatient			10303		4111.87 Horizon	MGD		6654.08				182.7	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCT VAGINAL LESIONS EXTENS	57065	CPT	outpatient			10303		4111.87 Horizon	Medicare Blue		3575.54				182.7	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCT VAGINAL LESIONS EXTENS	57065	CPT	outpatient			10303		4111.87 Horizon	PPO		6654.08				182.7	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCT VAGINAL LESIONS EXTENS	57065	CPT	outpatient			10303		4111.87 Managed Care Inc	Managed Care Inc		9272.7	90			182.7	9787.85	percent of total billed charges	
DESTRUCT VAGINAL LESIONS EXTENS	57065	CPT	outpatient			10303		4111.87 Multiplan	Multiplan		8242.4	80			182.7	9787.85	percent of total billed charges	
DESTRUCT VAGINAL LESIONS EXTENS	57065	CPT	outpatient			10303		4111.87 Qualcare	Qualcare		7727.25	75			182.7	9787.85	percent of total billed charges	
DESTRUCT VAGINAL LESIONS EXTENS	57065	CPT	outpatient			10303		4111.87 Three Rivers	Three Rivers		9787.85	95			182.7	9787.85	percent of total billed charges	
DESTRUCT VAGINAL LESIONS EXTENS	57065	CPT	outpatient			10303		4111.87 UHC	Medicaid		3250.6	31.55			182.7	9787.85	percent of total billed charges	
DESTRUCT VAGINAL LESIONS EXTENS	57065	CPT	outpatient			10303		4111.87 UHC	Medicare		3575.54				182.7	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCT VAGINAL LESIONS EXTENS	57065	CPT	outpatient			10303		4111.87 United	Commercial|PPO		2776				182.7	9787.85	case rate	
DESTRUCT VAGINAL LESIONS EXTENS	57065	CPT	outpatient			10303		4111.87 United	Oxford		2776				182.7	9787.85	case rate	
DESTRUCT VAGINAL LESIONS EXTENS	57065	CPT	outpatient			10303		4111.87 Wellcare	Medicare		3575.54				182.7	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCT VAGINAL LESIONS EXTENS	57065	CPT	outpatient			10303		4111.87 Wellcare	Medicaid		3250.6	31.55			182.7	9787.85	percent of total billed charges	
DESTRUCT VAGINAL LESIONS EXTENS	57065	CPT	outpatient			10303		4111.87 WellPoint	WellPoint		3315.51	32.18			182.7	9787.85	percent of total billed charges	
BX VAGINAL MUCOSA SIMPLE	57100	CPT	outpatient			2565		1057.32 Aetna	Better Health		809.26	31.55			58.46	2436.75	percent of total billed charges	
BX VAGINAL MUCOSA SIMPLE	57100	CPT	outpatient			2565		1057.32 Aetna	Medicare		790.02	30.8			58.46	2436.75	percent of total billed charges	
BX VAGINAL MUCOSA SIMPLE	57100	CPT	outpatient			2565		1057.32 Aetna	Commercial		1463.7				58.46	2436.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX VAGINAL MUCOSA SIMPLE	57100	CPT	outpatient			2565		1057.32 Americare	Americare		1923.75	75			58.46	2436.75	percent of total billed charges	
BX VAGINAL MUCOSA SIMPLE	57100	CPT	outpatient			2565		1057.32 Amerihealth	Medicare		919.41				58.46	2436.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX VAGINAL MUCOSA SIMPLE	57100	CPT	outpatient			2565		1057.32 Amerihealth	HMO/PPO		1667.25	65			58.46	2436.75	percent of total billed charges	
BX VAGINAL MUCOSA SIMPLE	57100	CPT	outpatient			2565		1057.32 Consumer	Consumer		2436.75	95			58.46	2436.75	percent of total billed charges	
BX VAGINAL MUCOSA SIMPLE	57100	CPT	outpatient			2565		1057.32 Corrections	Corrections		2052	80			58.46	2436.75	percent of total billed charges	
BX VAGINAL MUCOSA SIMPLE	57100	CPT	outpatient			2565		1057.32 First Health	First Health		1795.5	70			58.46	2436.75	percent of total billed charges	
BX VAGINAL MUCOSA SIMPLE	57100	CPT	outpatient			2565		1057.32 First Trenton	First Trenton		2308.5	90			58.46	2436.75	percent of total billed charges	
BX VAGINAL MUCOSA SIMPLE	57100	CPT	outpatient			2565		1057.32 Horizon	MGD		1711.02				58.46	2436.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX VAGINAL MUCOSA SIMPLE	57100	CPT	outpatient			2565		1057.32 Horizon	Indemnity		1711.02				58.46	2436.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX VAGINAL MUCOSA SIMPLE	57100	CPT	outpatient			2565		1057.32 Horizon	NJ Health		58.46				58.46	2436.75	fee schedule	
BX VAGINAL MUCOSA SIMPLE	57100	CPT	outpatient			2565		1057.32 Horizon	Medicare Blue		919.41				58.46	2436.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX VAGINAL MUCOSA SIMPLE	57100	CPT	outpatient			2565		1057.32 Horizon	PPO		1711.02				58.46	2436.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX VAGINAL MUCOSA SIMPLE	57100	CPT	outpatient			2565		1057.32 Managed Care Inc	Managed Care Inc		2308.5	90			58.46	2436.75	percent of total billed charges	
BX VAGINAL MUCOSA SIMPLE	57100	CPT	outpatient			2565		1057.32 Multiplan	Multiplan		2052	80			58.46	2436.75	percent of total billed charges	
BX VAGINAL MUCOSA SIMPLE	57100	CPT	outpatient			2565		1057.32 Qualcare	Qualcare		1923.75	75			58.46	2436.75	percent of total billed charges	
BX VAGINAL MUCOSA SIMPLE	57100	CPT	outpatient			2565		1057.32 Three Rivers	Three Rivers		2436.75	95			58.46	2436.75	percent of total billed charges	
BX VAGINAL MUCOSA SIMPLE	57100	CPT	outpatient			2565		1057.32 UHC	Medicare		919.41				58.46	2436.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX VAGINAL MUCOSA SIMPLE	57100	CPT	outpatient			2565		1057.32 UHC	Medicaid		809.26	31.55			58.46	2436.75	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
BX VAGINAL MUCOSA SIMPLE	57100	CPT	outpatient			2565		Commercial	PPO		1817				58.46	2436.75	case rate	
BX VAGINAL MUCOSA SIMPLE	57100	CPT	outpatient			2565		United	Oxford		1057.32				58.46	2436.75	case rate	
BX VAGINAL MUCOSA SIMPLE	57100	CPT	outpatient			2565		Wellcare	Medicare		919.41				58.46	2436.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX VAGINAL MUCOSA SIMPLE	57100	CPT	outpatient			2565		Wellcare	Medicaid		809.26	31.55			58.46	2436.75	percent of total billed charges	
BX VAGINAL MUCOSA SIMPLE	57100	CPT	outpatient			2565		WellPoint	WellPoint		825.42	32.18			58.46	2436.75	percent of total billed charges	
BX VAGINAL MUCOSA EXT W SUT	57105	CPT	outpatient			10303		Medicare	Medicare		3575.54				161.22	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX VAGINAL MUCOSA EXT W SUT	57105	CPT	outpatient			10303		Aetna	Better Health		3250.6	31.55			161.22	9787.85	percent of total billed charges	
BX VAGINAL MUCOSA EXT W SUT	57105	CPT	outpatient			10303		Aetna	Commercial		5692.26				161.22	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX VAGINAL MUCOSA EXT W SUT	57105	CPT	outpatient			10303		Americare	Americare		7727.25	75			161.22	9787.85	percent of total billed charges	
BX VAGINAL MUCOSA EXT W SUT	57105	CPT	outpatient			10303		Amerihealth	HMO/PPO		6696.95	65			161.22	9787.85	percent of total billed charges	
BX VAGINAL MUCOSA EXT W SUT	57105	CPT	outpatient			10303		Amerihealth	Medicare		3575.54				161.22	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX VAGINAL MUCOSA EXT W SUT	57105	CPT	outpatient			10303		Consumer	Consumer		9787.85	95			161.22	9787.85	percent of total billed charges	
BX VAGINAL MUCOSA EXT W SUT	57105	CPT	outpatient			10303		Corrections	Corrections		8242.4	80			161.22	9787.85	percent of total billed charges	
BX VAGINAL MUCOSA EXT W SUT	57105	CPT	outpatient			10303		First Health	First Health		7212.1	70			161.22	9787.85	percent of total billed charges	
BX VAGINAL MUCOSA EXT W SUT	57105	CPT	outpatient			10303		First Trenton	First Trenton		9272.7	90			161.22	9787.85	percent of total billed charges	
BX VAGINAL MUCOSA EXT W SUT	57105	CPT	outpatient			10303		Horizon	Indemnity		6654.08				161.22	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX VAGINAL MUCOSA EXT W SUT	57105	CPT	outpatient			10303		Horizon	PPO		6654.08				161.22	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX VAGINAL MUCOSA EXT W SUT	57105	CPT	outpatient			10303		Horizon	MGD		6654.08				161.22	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX VAGINAL MUCOSA EXT W SUT	57105	CPT	outpatient			10303		Horizon	NJ Health		161.22				161.22	9787.85	fee schedule	
BX VAGINAL MUCOSA EXT W SUT	57105	CPT	outpatient			10303		Horizon	Medicare Blue		3575.54				161.22	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX VAGINAL MUCOSA EXT W SUT	57105	CPT	outpatient			10303		Managed Care Inc	Managed Care Inc		9272.7	90			161.22	9787.85	percent of total billed charges	
BX VAGINAL MUCOSA EXT W SUT	57105	CPT	outpatient			10303		Multiplan	Multiplan		8242.4	80			161.22	9787.85	percent of total billed charges	
BX VAGINAL MUCOSA EXT W SUT	57105	CPT	outpatient			10303		Qualcare	Qualcare		7727.25	75			161.22	9787.85	percent of total billed charges	
BX VAGINAL MUCOSA EXT W SUT	57105	CPT	outpatient			10303		Three Rivers	Three Rivers		9787.85	95			161.22	9787.85	percent of total billed charges	
BX VAGINAL MUCOSA EXT W SUT	57105	CPT	outpatient			10303		UHC	Medicaid		3250.6	31.55			161.22	9787.85	percent of total billed charges	
BX VAGINAL MUCOSA EXT W SUT	57105	CPT	outpatient			10303		UHC	Medicare		3575.54				161.22	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX VAGINAL MUCOSA EXT W SUT	57105	CPT	outpatient			10303		United	CommercialPPO		2776				161.22	9787.85	case rate	
BX VAGINAL MUCOSA EXT W SUT	57105	CPT	outpatient			10303		United	Oxford		2776				161.22	9787.85	case rate	
BX VAGINAL MUCOSA EXT W SUT	57105	CPT	outpatient			10303		Wellcare	Medicaid		3250.6	31.55			161.22	9787.85	percent of total billed charges	
BX VAGINAL MUCOSA EXT W SUT	57105	CPT	outpatient			10303		Wellcare	Medicare		3575.54				161.22	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX VAGINAL MUCOSA EXT W SUT	57105	CPT	outpatient			10303		WellPoint	WellPoint		3315.51	32.18			161.22	9787.85	percent of total billed charges	
VAGINECTOMY PARTIAL REMOVAL	57106	CPT	outpatient			10303		Aetna	Medicare		3575.54				2776	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VAGINECTOMY PARTIAL REMOVAL	57106	CPT	outpatient			10303		Aetna	Commercial		5692.26				2776	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VAGINECTOMY PARTIAL REMOVAL	57106	CPT	outpatient			10303		Aetna	Better Health		3250.6	31.55			2776	9787.85	percent of total billed charges	
VAGINECTOMY PARTIAL REMOVAL	57106	CPT	outpatient			10303		Americare	Americare		7727.25	75			2776	9787.85	percent of total billed charges	
VAGINECTOMY PARTIAL REMOVAL	57106	CPT	outpatient			10303		Amerihealth	HMO/PPO		6696.95	65			2776	9787.85	percent of total billed charges	
VAGINECTOMY PARTIAL REMOVAL	57106	CPT	outpatient			10303		Amerihealth	Medicare		3575.54				2776	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VAGINECTOMY PARTIAL REMOVAL	57106	CPT	outpatient			10303		Consumer	Consumer		9787.85	95			2776	9787.85	percent of total billed charges	
VAGINECTOMY PARTIAL REMOVAL	57106	CPT	outpatient			10303		Corrections	Corrections		8242.4	80			2776	9787.85	percent of total billed charges	
VAGINECTOMY PARTIAL REMOVAL	57106	CPT	outpatient			10303		First Health	First Health		7212.1	70			2776	9787.85	percent of total billed charges	
VAGINECTOMY PARTIAL REMOVAL	57106	CPT	outpatient			10303		First Trenton	First Trenton		9272.7	90			2776	9787.85	percent of total billed charges	
VAGINECTOMY PARTIAL REMOVAL	57106	CPT	outpatient			10303		Horizon	MGD		6654.08				2776	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VAGINECTOMY PARTIAL REMOVAL	57106	CPT	outpatient			10303		Horizon	Medicare Blue		3575.54				2776	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VAGINECTOMY PARTIAL REMOVAL	57106	CPT	outpatient			10303		Horizon	Indemnity		6654.08				2776	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VAGINECTOMY PARTIAL REMOVAL	57106	CPT	outpatient			10303		Horizon	PPO		6654.08				2776	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VAGINECTOMY PARTIAL REMOVAL	57106	CPT	outpatient			10303		Managed Care Inc	Managed Care Inc		9272.7	90			2776	9787.85	percent of total billed charges	
VAGINECTOMY PARTIAL REMOVAL	57106	CPT	outpatient			10303		Multiplan	Multiplan		8242.4	80			2776	9787.85	percent of total billed charges	
VAGINECTOMY PARTIAL REMOVAL	57106	CPT	outpatient			10303		Qualcare	Qualcare		7727.25	75			2776	9787.85	percent of total billed charges	
VAGINECTOMY PARTIAL REMOVAL	57106	CPT	outpatient			10303		Three Rivers	Three Rivers		9787.85	95			2776	9787.85	percent of total billed charges	
VAGINECTOMY PARTIAL REMOVAL	57106	CPT	outpatient			10303		UHC	Medicaid		3250.6	31.55			2776	9787.85	percent of total billed charges	
VAGINECTOMY PARTIAL REMOVAL	57106	CPT	outpatient			10303		UHC	Medicare		3575.54				2776	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VAGINECTOMY PARTIAL REMOVAL	57106	CPT	outpatient			10303		United	CommercialPPO		2776				2776	9787.85	case rate	
VAGINECTOMY PARTIAL REMOVAL	57106	CPT	outpatient			10303		United	Oxford		2776				2776	9787.85	case rate	
VAGINECTOMY PARTIAL REMOVAL	57106	CPT	outpatient			10303		Wellcare	Medicaid		3250.6	31.55			2776	9787.85	percent of total billed charges	
VAGINECTOMY PARTIAL REMOVAL	57106	CPT	outpatient			10303		Wellcare	Medicare		3575.54				2776	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VAGINECTOMY PARTIAL REMOVAL	57106	CPT	outpatient			10303		WellPoint	WellPoint		3315.51	32.18			2776	9787.85	percent of total billed charges	
EXCISION, VAGINAL CYST/TUMOR	57135	CPT	outpatient			10303		Aetna	Medicare		3173.32	30.8			224.46	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION, VAGINAL CYST/TUMOR	57135	CPT	outpatient			10303		Aetna	Commercial		5692.26				224.46	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION, VAGINAL CYST/TUMOR	57135	CPT	outpatient			10303		Aetna	Better Health		3250.6	31.55			224.46	9787.85	percent of total billed charges	
EXCISION, VAGINAL CYST/TUMOR	57135	CPT	outpatient			10303		Americare	Americare		7727.25	75			224.46	9787.85	percent of total billed charges	
EXCISION, VAGINAL CYST/TUMOR	57135	CPT	outpatient			10303		Amerihealth	HMO/PPO		6696.95	65			224.46	9787.85	percent of total billed charges	
EXCISION, VAGINAL CYST/TUMOR	57135	CPT	outpatient			10303		Amerihealth	Medicare		3575.54				224.46	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION, VAGINAL CYST/TUMOR	57135	CPT	outpatient			10303		Consumer	Consumer		9787.85	95			224.46	9787.85	percent of total billed charges	
EXCISION, VAGINAL CYST/TUMOR	57135	CPT	outpatient			10303		Corrections	Corrections		8242.4	80			224.46	9787.85	percent of total billed charges	
EXCISION, VAGINAL CYST/TUMOR	57135	CPT	outpatient			10303		First Health	First Health		7212.1	70			224.46	9787.85	percent of total billed charges	
EXCISION, VAGINAL CYST/TUMOR	57135	CPT	outpatient			10303		First Trenton	First Trenton		9272.7	90			224.46	9787.85	percent of total billed charges	
EXCISION, VAGINAL CYST/TUMOR	57135	CPT	outpatient			10303		Horizon	Medicare Blue		3575.54				224.46	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION, VAGINAL CYST/TUMOR	57135	CPT	outpatient			10303		Horizon	Indemnity		6654.08				224.46	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION, VAGINAL CYST/TUMOR	57135	CPT	outpatient			10303		Horizon	PPO		6654.08				224.46	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION, VAGINAL CYST/TUMOR	57135	CPT	outpatient			10303		Horizon	MGD		6654.08				224.46	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION, VAGINAL CYST/TUMOR	57135	CPT	outpatient			10303		Horizon	NJ Health		224.46				224.46	9787.85	fee schedule	
EXCISION, VAGINAL CYST/TUMOR	57135	CPT	outpatient			10303		Managed Care Inc	Managed Care Inc		9272.7	90			224.46	9787.85	percent of total billed charges	
EXCISION, VAGINAL CYST/TUMOR	57135	CPT	outpatient			10303		Multiplan	Multiplan		8242.4	80			224.46	9787.85	percent of total billed charges	
EXCISION, VAGINAL CYST/TUMOR	57135	CPT	outpatient			10303		Qualcare	Qualcare		7727.25	75			224.46	9787.85	percent of total billed charges	
EXCISION, VAGINAL CYST/TUMOR	57135	CPT	outpatient			10303		Three Rivers	Three Rivers		9787.85	95			224.46	9787.85	percent of total billed charges	
EXCISION, VAGINAL CYST/TUMOR	57135	CPT	outpatient			10303		UHC	Medicare		3575.54				224.46	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION, VAGINAL CYST/TUMOR	57135	CPT	outpatient			10303		UHC	Medicaid		3250.6	31.55			224.46	9787.85	percent of total billed charges	
EXCISION, VAGINAL CYST/TUMOR	57135	CPT	outpatient			10303		United	CommercialPPO		2776				224.46	9787.85	case rate	
EXCISION, VAGINAL CYST/TUMOR	57135	CPT	outpatient			10303		United	Oxford		2776				224.46	9787.85	case rate	
EXCISION, VAGINAL CYST/TUMOR	57135	CPT	outpatient			10303		Wellcare	Medicare		3575.54				224.46	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION, VAGINAL CYST/TUMOR	57135	CPT	outpatient			10303		Wellcare	Medicaid		3250.6	31.55			224.46	9787.85	percent of total billed charges	
EXCISION, VAGINAL CYST/TUMOR	57135	CPT	outpatient			10303		WellPoint	WellPoint		3315.51	32.18			224.46	9787.85	percent of total billed charges	
INSERT UTER TAND&/VAG OVOID	57155	CPT	both			17267		Aetna	Commercial		9656.14				361.21	16403.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERT UTER TAND&/VAG OVOID	57155	CPT	both			17267		Aetna	Better Health		5447.74	31.55			361.21	16403.65	percent of total billed charges	
INSERT UTER TAND&/VAG OVOID	57155	CPT	both			17267		Aetna	Medicare		5688.53				361.21	16403.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERT UTER TAND&/VAG OVOID	57155	CPT	both			17267		Americare	Americare		12950.25	75			361.21	16403.65	percent of total billed charges	
INSERT UTER TAND&/VAG OVOID	57155	CPT	both			17267		Amerihealth	HMO/PPO		11223.55	65			361.21	16403.65	percent of total billed charges	
INSERT UTER TAND&/VAG OVOID	57155	CPT	both			17267		Amerihealth	Medicare		5688.53				361.21	16403.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERT UTER TAND&/VAG OVOID	57155	CPT	both			17267		Consumer	Consumer		16403.65	95			361.21	16403.65	percent of total billed charges	
INSERT UTER TAND&/VAG OVOID	57155	CPT	both			17267		Corrections	Corrections		13813.6	80			361.21	16403.65	percent of total billed charges	
INSERT UTER TAND&/VAG OVOID	57155	CPT	both			17267		First Health	First Health		12086.9	70			361.21	16403.65	percent of total billed charges	
INSERT UTER TAND&/VAG OVOID	57155	CPT	both			17267		First Trenton	First Trenton		15540.3	90			361.21	16403.65	percent of total billed charges	
INSERT UTER TAND&/VAG OVOID	57155	CPT	both			17267		Horizon	Medicare Blue		5688.53				361.21	16403.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERT UTER TAND&/VAG OVOID	57155	CPT	both			17267		Horizon	PPO		10586.35				361.21	16403.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERT UTER TAND&/VAG OVOID	57155	CPT	both			17267		Horizon	MGD		10586.35				361.21	16403.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERT UTER TAND&/VAG OVOID	57155	CPT	both			17267		Horizon	Indemnity		10586.35				361.21	16403.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERT UTER TAND&/VAG OVOID	57155	CPT	both			17267		Horizon	NJ Health		361.21				361.21	16403.65	fee schedule	
INSERT UTER TAND&/VAG OVOID	57155	CPT	both			17267		Managed Care Inc	Managed Care Inc		15540.3	90			361.21	16403.65	percent of total billed charges	
INSERT UTER TAND&/VAG OVOID	57155	CPT	both			17267		Multiplan	Multiplan		13813.6	80			361.21	16403.65	percent of total billed charges	
INSERT UTER TAND&/VAG OVOID	57155	CPT	both			17267		Qualcare	Qualcare		12950.25	75			361.21	16403.65	percent of total billed charges	
INSERT UTER TAND&/VAG OVOID	57155	CPT	both			17267		Three Rivers	Three Rivers		16403.65	95			361.21	16403.65	percent of total billed charges	
INSERT UTER TAND&/VAG OVOID	57155	CPT	both			17267		UHC	Medicare		5688.53				361.21	16403.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERT UTER TAND&/VAG OVOID	57155	CPT	both			17267		UHC	Medicaid		5447.74	31.55			361.21	16403.65	percent of total billed charges	
INSERT UTER TAND&/VAG OVOID	57155	CPT	both			17267		United	CommercialPPO		1817				361.21	16403.65	case rate	
INSERT UTER TAND&/VAG OVOID	57155	CPT	both			17267		United	Oxford		1817				361.21	16403.65	case rate	
INSERT UTER TAND&/VAG OVOID	57155	CPT	both			17267		Wellcare	Medicare		5688.53				361.21	16403.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERT UTER TAND&/VAG OVOID	57155	CPT	both			17267		Wellcare	Medicaid		5447.74	31.55			361.21	16403.65	percent of total billed charges	
INSERT UTER TAND&/VAG OVOID	57155	CPT	both			17267		WellPoint	WellPoint		5556.52	32.18			361.21	16403.65	percent of total billed charges	
INSJ VAGINAL RADIATION DEVICE	57156	CPT	outpatient			1104		Aetna	Better Health		348.31	31.55			169.47	1782	percent of total billed charges	
INSJ VAGINAL RADIATION DEVICE	57156	CPT	outpatient			1104		Aetna	Commercial		584.1				169.47	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ VAGINAL RADIATION DEVICE	57156	CPT	outpatient			1104		Aetna	Medicare		366.9				169.47	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ VAGINAL RADIATION DEVICE	57156	CPT	outpatient			1104		Americare	Americare		828	75			169.47	1782	percent of total billed charges	
INSJ VAGINAL RADIATION DEVICE	57156	CPT	outpatient			1104		Amerihealth	HMO/PPO		717.6	65			169.47	1782	percent of total billed charges	
INSJ VAGINAL RADIATION DEVICE	57156	CPT	outpatient			1104		Amerihealth	Medicare		366.9				169.47	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ VAGINAL RADIATION DEVICE	57156	CPT	outpatient			1104		Consumer	Consumer		1048.8	95			169.47	1782	percent of total billed charges	
INSJ VAGINAL RADIATION DEVICE	57156	CPT	outpatient			1104		Corrections	Corrections		883.2	80			169.47	1782	percent of total billed charges	
INSJ VAGINAL RADIATION DEVICE	57156	CPT	outpatient			1104		First Health	First Health		772.8	70			169.47	1782	percent of total billed charges	
INSJ VAGINAL RADIATION DEVICE	57156	CPT	outpatient			1104		First Trenton	First Trenton		993.6	90			169.47	1782	percent of total billed charges	
INSJ VAGINAL RADIATION DEVICE	57156	CPT	outpatient			1104		Horizon	MGD		682.8				169.47	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ VAGINAL RADIATION DEVICE	57156	CPT	outpatient			1104		Horizon	Indemnity		682.8				169.47	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ VAGINAL RADIATION DEVICE	57156	CPT	outpatient			1104		Horizon	Medicare Blue		366.9				169.47	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ VAGINAL RADIATION DEVICE	57156	CPT	outpatient			1104		Horizon	PPO		682.8				169.47	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ VAGINAL RADIATION DEVICE	57156	CPT	outpatient			1104		Horizon	NJ Health		169.47				169.47	1782	fee schedule	
INSJ VAGINAL RADIATION DEVICE	57156	CPT	outpatient			1104		Managed Care Inc	Managed Care Inc		993.6	90			169.47	1782	percent of total billed charges	
INSJ VAGINAL RADIATION DEVICE	57156	CPT	outpatient			1104		Multiplan	Multiplan		883.2	80			169.47	1782	percent of total billed charges	
INSJ VAGINAL RADIATION DEVICE	57156	CPT	outpatient			1104		Qualcare	Qualcare		828	75			169.47	1782	percent of total billed charges	
INSJ VAGINAL RADIATION DEVICE	57156	CPT	outpatient			1104		Three Rivers	Three Rivers		1048.8	95			169.47	1782	percent of total billed charges	
INSJ VAGINAL RADIATION DEVICE	57156	CPT	outpatient			1104		UHC	Medicare		366.9				169.47	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ VAGINAL RADIATION DEVICE	57156	CPT	outpatient			1104		UHC	Medicaid		348.31	31.55			169.47	1782	percent of total billed charges	
INSJ VAGINAL RADIATION DEVICE	57156	CPT	outpatient			1104		United	Oxford		1782				169.47	1782	case rate	
INSJ VAGINAL RADIATION DEVICE	57156	CPT	outpatient			1104		United	CommercialPPO		1782				169.47	1782	case rate	
INSJ VAGINAL RADIATION DEVICE	57156	CPT	outpatient			1104		Wellcare	Medicare		366.9				169.47	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ VAGINAL RADIATION DEVICE	57156	CPT	outpatient			1104		Wellcare	Medicaid		348.31	31.55			169.47	1782	percent of total billed charges	
INSJ VAGINAL RADIATION DEVICE	57156	CPT	outpatient			1104		WellPoint	WellPoint		355.27	32.18			169.47	1782	percent of total billed charges	
PESSARY INSERTION	57160	CPT	outpatient			682		Aetna	Commercial		362.82				51.6	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PESSARY INSERTION	57160	CPT	outpatient			682		Aetna	Better Health		215.17	31.55			51.6	1782	percent of total billed charges	
PESSARY INSERTION	57160	CPT	outpatient			682		Aetna	Medicare		227.9				51.6	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PESSARY INSERTION	57160	CPT	outpatient			682		Americare	Americare		511.5	75			51.6	1782	percent of total billed charges	
PESSARY INSERTION	57160	CPT	outpatient			682		Amerihealth	Medicare		227.9				51.6	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PESSARY INSERTION	57160	CPT	outpatient			682		Amerihealth	HMO/PPO		443.3	65			51.6	1782	percent of total billed charges	
PESSARY INSERTION	57160	CPT	outpatient			682		Consumer	Consumer		647.9	95			51.6	1782	percent of total billed charges	
PESSARY INSERTION	57160	CPT	outpatient			682		Corrections	Corrections		545.6	80			51.6	1782	percent of total billed charges	
PESSARY INSERTION	57160	CPT	outpatient			682		First Health	First Health		477.4	70			51.6	1782	percent of total billed charges	
PESSARY INSERTION	57160	CPT	outpatient			682		First Trenton	First Trenton		613.8	90			51.6	1782	percent of total billed charges	
PESSARY INSERTION	57160	CPT	outpatient			682		Horizon	MGD		424.12				51.6	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PESSARY INSERTION	57160	CPT	outpatient			682		Horizon	Medicare Blue		227.9				51.6	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PESSARY INSERTION	57160	CPT	outpatient			682		Horizon	Indemnity		424.12				51.6	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PESSARY INSERTION	57160	CPT	outpatient			682		Horizon	NJ Health		51.6				51.6	1782	fee schedule	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
PESSARY INSERTION	57160	CPT	outpatient			682	262.09	Horizon	PPO		424.12				51.6	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PESSARY INSERTION	57160	CPT	outpatient			682	262.09	Managed Care Inc	Managed Care Inc		613.8	90			51.6	1782	percent of total billed charges	
PESSARY INSERTION	57160	CPT	outpatient			682	262.09	Multiplan	Multiplan		545.6	80			51.6	1782	percent of total billed charges	
PESSARY INSERTION	57160	CPT	outpatient			682	262.09	Qualcare	Qualcare		511.5	75			51.6	1782	percent of total billed charges	
PESSARY INSERTION	57160	CPT	outpatient			682	262.09	Three Rivers	Three Rivers		647.9	95			51.6	1782	percent of total billed charges	
PESSARY INSERTION	57160	CPT	outpatient			682	262.09	UHC	Medicare		227.9				51.6	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PESSARY INSERTION	57160	CPT	outpatient			682	262.09	UHC	Medicaid		215.17	31.55			51.6	1782	percent of total billed charges	
PESSARY INSERTION	57160	CPT	outpatient			682	262.09	United	Oxford		1782				51.6	1782	case rate	
PESSARY INSERTION	57160	CPT	outpatient			682	262.09	United	Commercial|PPO		1782				51.6	1782	case rate	
PESSARY INSERTION	57160	CPT	outpatient			682	262.09	Wellcare	Medicaid		215.17	31.55			51.6	1782	percent of total billed charges	
PESSARY INSERTION	57160	CPT	outpatient			682	262.09	Wellcare	Medicare		227.9				51.6	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PESSARY INSERTION	57160	CPT	outpatient			682	262.09	WellPoint	WellPoint		219.47	32.18			51.6	1782	percent of total billed charges	
TREAT VAGINAL BLEEDING	57180	CPT	outpatient			649	262.09	Aetna	Medicare		227.9				86.97	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT VAGINAL BLEEDING	57180	CPT	outpatient			649	262.09	Aetna	Better Health		204.76	31.55			86.97	1782	percent of total billed charges	
TREAT VAGINAL BLEEDING	57180	CPT	outpatient			649	262.09	Aetna	Commercial		382.82				86.97	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT VAGINAL BLEEDING	57180	CPT	outpatient			649	262.09	Americare	Americare		486.75	75			86.97	1782	percent of total billed charges	
TREAT VAGINAL BLEEDING	57180	CPT	outpatient			649	262.09	Amerihealth	Medicare		227.9				86.97	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT VAGINAL BLEEDING	57180	CPT	outpatient			649	262.09	Amerihealth	HMO|PPO		421.85	65			86.97	1782	percent of total billed charges	
TREAT VAGINAL BLEEDING	57180	CPT	outpatient			649	262.09	Consumer	Consumer		616.55	95			86.97	1782	percent of total billed charges	
TREAT VAGINAL BLEEDING	57180	CPT	outpatient			649	262.09	Corrections	Corrections		519.2	80			86.97	1782	percent of total billed charges	
TREAT VAGINAL BLEEDING	57180	CPT	outpatient			649	262.09	First Health	First Health		454.3	70			86.97	1782	percent of total billed charges	
TREAT VAGINAL BLEEDING	57180	CPT	outpatient			649	262.09	First Trenton	First Trenton		584.1	90			86.97	1782	percent of total billed charges	
TREAT VAGINAL BLEEDING	57180	CPT	outpatient			649	262.09	Horizon	PPO		424.12				86.97	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT VAGINAL BLEEDING	57180	CPT	outpatient			649	262.09	Horizon	Indemnity		424.12				86.97	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT VAGINAL BLEEDING	57180	CPT	outpatient			649	262.09	Horizon	MGD		424.12				86.97	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT VAGINAL BLEEDING	57180	CPT	outpatient			649	262.09	Horizon	Medicare Blue		227.9				86.97	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT VAGINAL BLEEDING	57180	CPT	outpatient			649	262.09	Horizon	NJ Health		95.37				86.97	1782	fee schedule	
TREAT VAGINAL BLEEDING	57180	CPT	outpatient			649	262.09	Managed Care Inc	Managed Care Inc		584.1	90			86.97	1782	percent of total billed charges	
TREAT VAGINAL BLEEDING	57180	CPT	outpatient			649	262.09	Multiplan	Multiplan		519.2	80			86.97	1782	percent of total billed charges	
TREAT VAGINAL BLEEDING	57180	CPT	outpatient			649	262.09	Qualcare	Qualcare		486.75	75			86.97	1782	percent of total billed charges	
TREAT VAGINAL BLEEDING	57180	CPT	outpatient			649	262.09	Three Rivers	Three Rivers		616.55	95			86.97	1782	percent of total billed charges	
TREAT VAGINAL BLEEDING	57180	CPT	outpatient			649	262.09	UHC	Medicare		227.9				86.97	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT VAGINAL BLEEDING	57180	CPT	outpatient			649	262.09	UHC	Medicaid		204.76	31.55			86.97	1782	percent of total billed charges	
TREAT VAGINAL BLEEDING	57180	CPT	outpatient			649	262.09	United	Oxford		1782				86.97	1782	case rate	
TREAT VAGINAL BLEEDING	57180	CPT	outpatient			649	262.09	United	Commercial|PPO		1782				86.97	1782	case rate	
TREAT VAGINAL BLEEDING	57180	CPT	outpatient			649	262.09	Wellcare	Medicare		227.9				86.97	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT VAGINAL BLEEDING	57180	CPT	outpatient			649	262.09	Wellcare	Medicaid		204.76	31.55			86.97	1782	percent of total billed charges	
TREAT VAGINAL BLEEDING	57180	CPT	outpatient			649	262.09	WellPoint	WellPoint		208.85	32.18			86.97	1782	percent of total billed charges	
SUTURE RPR OF INJ TO VAGINA AND PERINEUM	57200	CPT	outpatient			9002	4111.87	Aetna	Better Health		2840.13	31.55			175.39	8551.9	percent of total billed charges	
SUTURE RPR OF INJ TO VAGINA AND PERINEUM	57200	CPT	outpatient			9002	4111.87	Aetna	Commercial		5692.26				175.39	8551.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE RPR OF INJ TO VAGINA AND PERINEUM	57200	CPT	outpatient			9002	4111.87	Aetna	Medicare		2772.62	30.8			175.39	8551.9	percent of total billed charges	
SUTURE RPR OF INJ TO VAGINA AND PERINEUM	57200	CPT	outpatient			9002	4111.87	Americare	Americare		6751.5	75			175.39	8551.9	percent of total billed charges	
SUTURE RPR OF INJ TO VAGINA AND PERINEUM	57200	CPT	outpatient			9002	4111.87	Amerihealth	Medicare		3575.54				175.39	8551.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE RPR OF INJ TO VAGINA AND PERINEUM	57200	CPT	outpatient			9002	4111.87	Amerihealth	HMO|PPO		5851.3	65			175.39	8551.9	percent of total billed charges	
SUTURE RPR OF INJ TO VAGINA AND PERINEUM	57200	CPT	outpatient			9002	4111.87	Consumer	Consumer		8551.9	95			175.39	8551.9	percent of total billed charges	
SUTURE RPR OF INJ TO VAGINA AND PERINEUM	57200	CPT	outpatient			9002	4111.87	Corrections	Corrections		7201.6	80			175.39	8551.9	percent of total billed charges	
SUTURE RPR OF INJ TO VAGINA AND PERINEUM	57200	CPT	outpatient			9002	4111.87	First Health	First Health		6301.4	70			175.39	8551.9	percent of total billed charges	
SUTURE RPR OF INJ TO VAGINA AND PERINEUM	57200	CPT	outpatient			9002	4111.87	First Trenton	First Trenton		8101.8	90			175.39	8551.9	percent of total billed charges	
SUTURE RPR OF INJ TO VAGINA AND PERINEUM	57200	CPT	outpatient			9002	4111.87	Horizon	Medicare Blue		3575.54				175.39	8551.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE RPR OF INJ TO VAGINA AND PERINEUM	57200	CPT	outpatient			9002	4111.87	Horizon	MGD		6654.08				175.39	8551.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE RPR OF INJ TO VAGINA AND PERINEUM	57200	CPT	outpatient			9002	4111.87	Horizon	Indemnity		6654.08				175.39	8551.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE RPR OF INJ TO VAGINA AND PERINEUM	57200	CPT	outpatient			9002	4111.87	Horizon	NJ Health		175.39				175.39	8551.9	fee schedule	
SUTURE RPR OF INJ TO VAGINA AND PERINEUM	57200	CPT	outpatient			9002	4111.87	Horizon	PPO		6654.08				175.39	8551.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE RPR OF INJ TO VAGINA AND PERINEUM	57200	CPT	outpatient			9002	4111.87	Managed Care Inc	Managed Care Inc		8101.8	90			175.39	8551.9	percent of total billed charges	
SUTURE RPR OF INJ TO VAGINA AND PERINEUM	57200	CPT	outpatient			9002	4111.87	Multiplan	Multiplan		7201.6	80			175.39	8551.9	percent of total billed charges	
SUTURE RPR OF INJ TO VAGINA AND PERINEUM	57200	CPT	outpatient			9002	4111.87	Qualcare	Qualcare		6751.5	75			175.39	8551.9	percent of total billed charges	
SUTURE RPR OF INJ TO VAGINA AND PERINEUM	57200	CPT	outpatient			9002	4111.87	Three Rivers	Three Rivers		8551.9	95			175.39	8551.9	percent of total billed charges	
SUTURE RPR OF INJ TO VAGINA AND PERINEUM	57200	CPT	outpatient			9002	4111.87	UHC	Medicaid		2840.13	31.55			175.39	8551.9	percent of total billed charges	
SUTURE RPR OF INJ TO VAGINA AND PERINEUM	57200	CPT	outpatient			9002	4111.87	UHC	Medicare		3575.54				175.39	8551.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE RPR OF INJ TO VAGINA AND PERINEUM	57200	CPT	outpatient			9002	4111.87	United	Oxford		2776				175.39	8551.9	case rate	
SUTURE RPR OF INJ TO VAGINA AND PERINEUM	57200	CPT	outpatient			9002	4111.87	United	Commercial|PPO		2776				175.39	8551.9	case rate	
SUTURE RPR OF INJ TO VAGINA AND PERINEUM	57200	CPT	outpatient			9002	4111.87	Wellcare	Medicare		3575.54				175.39	8551.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE RPR OF INJ TO VAGINA AND PERINEUM	57200	CPT	outpatient			9002	4111.87	Wellcare	Medicaid		2840.13	31.55			175.39	8551.9	percent of total billed charges	
SUTURE RPR OF INJ TO VAGINA AND PERINEUM	57200	CPT	outpatient			9002	4111.87	WellPoint	WellPoint		2896.84	32.18			175.39	8551.9	percent of total billed charges	
COLPORRHAPHY, POSTERIOR	57250	CPT	outpatient			16886	6541.81	Aetna	Medicare		5688.53				420.11	16041.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPORRHAPHY, POSTERIOR	57250	CPT	outpatient			16886	6541.81	Aetna	Commercial		9056.14				420.11	16041.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPORRHAPHY, POSTERIOR	57250	CPT	outpatient			16886	6541.81	Aetna	Better Health		5327.53	31.55			420.11	16041.7	percent of total billed charges	
COLPORRHAPHY, POSTERIOR	57250	CPT	outpatient			16886	6541.81	Americare	Americare		12664.5	75			420.11	16041.7	percent of total billed charges	
COLPORRHAPHY, POSTERIOR	57250	CPT	outpatient			16886	6541.81	Amerihealth	Medicare		5688.53				420.11	16041.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPORRHAPHY, POSTERIOR	57250	CPT	outpatient			16886	6541.81	Amerihealth	HMO|PPO		10975.9	65			420.11	16041.7	percent of total billed charges	
COLPORRHAPHY, POSTERIOR	57250	CPT	outpatient			16886	6541.81	Consumer	Consumer		16041.7	95			420.11	16041.7	percent of total billed charges	
COLPORRHAPHY, POSTERIOR	57250	CPT	outpatient			16886	6541.81	Corrections	Corrections		13508.8	80			420.11	16041.7	percent of total billed charges	
COLPORRHAPHY, POSTERIOR	57250	CPT	outpatient			16886	6541.81	First Health	First Health		11820.2	70			420.11	16041.7	percent of total billed charges	
COLPORRHAPHY, POSTERIOR	57250	CPT	outpatient			16886	6541.81	First Trenton	First Trenton		15197.4	90			420.11	16041.7	percent of total billed charges	
COLPORRHAPHY, POSTERIOR	57250	CPT	outpatient			16886	6541.81	Horizon	Indemnity		10586.35				420.11	16041.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPORRHAPHY, POSTERIOR	57250	CPT	outpatient			16886	6541.81	Horizon	Medicare Blue		5688.53				420.11	16041.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPORRHAPHY, POSTERIOR	57250	CPT	outpatient			16886	6541.81	Horizon	PPO		10586.35				420.11	16041.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPORRHAPHY, POSTERIOR	57250	CPT	outpatient			16886	6541.81	Horizon	MGD		10586.35				420.11	16041.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPORRHAPHY, POSTERIOR	57250	CPT	outpatient			16886	6541.81	Horizon	NJ Health		420.11				420.11	16041.7	fee schedule	
COLPORRHAPHY, POSTERIOR	57250	CPT	outpatient			16886	6541.81	Managed Care Inc	Managed Care Inc		15197.4	90			420.11	16041.7	percent of total billed charges	
COLPORRHAPHY, POSTERIOR	57250	CPT	outpatient			16886	6541.81	Multiplan	Multiplan		13508.8	80			420.11	16041.7	percent of total billed charges	
COLPORRHAPHY, POSTERIOR	57250	CPT	outpatient			16886	6541.81	Qualcare	Qualcare		12664.5	75			420.11	16041.7	percent of total billed charges	
COLPORRHAPHY, POSTERIOR	57250	CPT	outpatient			16886	6541.81	Three Rivers	Three Rivers		16041.7	95			420.11	16041.7	percent of total billed charges	
COLPORRHAPHY, POSTERIOR	57250	CPT	outpatient			16886	6541.81	UHC	Medicare		5688.53				420.11	16041.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPORRHAPHY, POSTERIOR	57250	CPT	outpatient			16886	6541.81	UHC	Medicaid		5327.53	31.55			420.11	16041.7	percent of total billed charges	
COLPORRHAPHY, POSTERIOR	57250	CPT	outpatient			16886	6541.81	United	Oxford		3492				420.11	16041.7	case rate	
COLPORRHAPHY, POSTERIOR	57250	CPT	outpatient			16886	6541.81	United	Commercial|PPO		3492				420.11	16041.7	case rate	
COLPORRHAPHY, POSTERIOR	57250	CPT	outpatient			16886	6541.81	Wellcare	Medicare		5688.53				420.11	16041.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPORRHAPHY, POSTERIOR	57250	CPT	outpatient			16886	6541.81	Wellcare	Medicaid		5327.53	31.55			420.11	16041.7	percent of total billed charges	
COLPORRHAPHY, POSTERIOR	57250	CPT	outpatient			16886	6541.81	WellPoint	WellPoint		5433.91	32.18			420.11	16041.7	percent of total billed charges	
VESICO VAG. FISTULA CLOSURE	57320	CPT	outpatient			16443	6541.81	Aetna	Better Health		5187.77	31.55			892.62	15620.85	percent of total billed charges	
VESICO VAG. FISTULA CLOSURE	57320	CPT	outpatient			16443	6541.81	Aetna	Commercial		9056.14				892.62	15620.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VESICO VAG. FISTULA CLOSURE	57320	CPT	outpatient			16443	6541.81	Aetna	Medicare		5688.53				892.62	15620.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VESICO VAG. FISTULA CLOSURE	57320	CPT	outpatient			16443	6541.81	Americare	Americare		12332.25	75			892.62	15620.85	percent of total billed charges	
VESICO VAG. FISTULA CLOSURE	57320	CPT	outpatient			16443	6541.81	Amerihealth	HMO|PPO		10687.95	65			892.62	15620.85	percent of total billed charges	
VESICO VAG. FISTULA CLOSURE	57320	CPT	outpatient			16443	6541.81	Amerihealth	Medicare		5688.53				892.62	15620.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VESICO VAG. FISTULA CLOSURE	57320	CPT	outpatient			16443	6541.81	Consumer	Consumer		15620.85	95			892.62	15620.85	percent of total billed charges	
VESICO VAG. FISTULA CLOSURE	57320	CPT	outpatient			16443	6541.81	Corrections	Corrections		13154.4	80			892.62	15620.85	percent of total billed charges	
VESICO VAG. FISTULA CLOSURE	57320	CPT	outpatient			16443	6541.81	First Health	First Health		11510.1	70			892.62	15620.85	percent of total billed charges	
VESICO VAG. FISTULA CLOSURE	57320	CPT	outpatient			16443	6541.81	First Trenton	First Trenton		14798.7	90			892.62	15620.85	percent of total billed charges	
VESICO VAG. FISTULA CLOSURE	57320	CPT	outpatient			16443	6541.81	Horizon	MGD		10586.35				892.62	15620.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VESICO VAG. FISTULA CLOSURE	57320	CPT	outpatient			16443	6541.81	Horizon	Indemnity		10586.35				892.62	15620.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VESICO VAG. FISTULA CLOSURE	57320	CPT	outpatient			16443	6541.81	Horizon	PPO		10586.35				892.62	15620.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VESICO VAG. FISTULA CLOSURE	57320	CPT	outpatient			16443	6541.81	Horizon	NJ Health		892.62				892.62	15620.85	fee schedule	
VESICO VAG. FISTULA CLOSURE	57320	CPT	outpatient			16443	6541.81	Horizon	Medicare Blue		5688.53				892.62	15620.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VESICO VAG. FISTULA CLOSURE	57320	CPT	outpatient			16443	6541.81	Managed Care Inc	Managed Care Inc		14798.7	90			892.62	15620.85	percent of total billed charges	
VESICO VAG. FISTULA CLOSURE	57320	CPT	outpatient			16443	6541.81	Multiplan	Multiplan		13154.4	80			892.62	15620.85	percent of total billed charges	
VESICO VAG. FISTULA CLOSURE	57320	CPT	outpatient			16443	6541.81	Qualcare	Qualcare		12332.25	75			892.62	15620.85	percent of total billed charges	
VESICO VAG. FISTULA CLOSURE	57320	CPT	outpatient			16443	6541.81	Three Rivers	Three Rivers		15620.85	95			892.62	15620.85	percent of total billed charges	
VESICO VAG. FISTULA CLOSURE	57320	CPT	outpatient			16443	6541.81	UHC	Medicaid		5187.77	31.55			892.62	15620.85	percent of total billed charges	
VESICO VAG. FISTULA CLOSURE	57320	CPT	outpatient			16443	6541.81	UHC	Medicare		5688.53				892.62	15620.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VESICO VAG. FISTULA CLOSURE	57320	CPT	outpatient			16443	6541.81	United	Commercial|PPO		3492				892.62	15620.85	case rate	
VESICO VAG. FISTULA CLOSURE	57320	CPT	outpatient			16443	6541.81	United	Oxford		3492				892.62	15620.85	case rate	
VESICO VAG. FISTULA CLOSURE	57320	CPT	outpatient			16443	6541.81	Wellcare	Medicare		5688.53				892.62	15620.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VESICO VAG. FISTULA CLOSURE	57320	CPT	outpatient			16443	6541.81	Wellcare	Medicaid		5187.77	31.55			892.62	15620.85	percent of total billed charges	
VESICO VAG. FISTULA CLOSURE	57320	CPT	outpatient			16443	6541.81	WellPoint	WellPoint		5291.36	32.18			892.62	15620.85	percent of total billed charges	
REMOVE IMPACTED VAGINAL FB	57415	CPT	outpatient			8071	4111.87	Aetna	Commercial		5692.26				91.35	7667.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE IMPACTED VAGINAL FB	57415	CPT	outpatient			8071	4111.87	Aetna	Medicare		3575.54				91.35	7667.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE IMPACTED VAGINAL FB	57415	CPT	outpatient			8071	4111.87	Aetna	Better Health		2546.4	31.55			91.35	7667.45	percent of total billed charges	
REMOVE IMPACTED VAGINAL FB	57415	CPT	outpatient			8071	4111.87	Americare	Americare		6053.25	75			91.35	7667.45	percent of total billed charges	
REMOVE IMPACTED VAGINAL FB	57415	CPT	outpatient			8071	4111.87	Amerihealth	HMO|PPO		5246.15	65			91.35	7667.45	percent of total billed charges	
REMOVE IMPACTED VAGINAL FB	57415	CPT	outpatient			8071	4111.87	Amerihealth	Medicare		3575.54				91.35	7667.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE IMPACTED VAGINAL FB	57415	CPT	outpatient			8071	4111.87	Consumer	Consumer		7667.45	95			91.35	7667.45	percent of total billed charges	
REMOVE IMPACTED VAGINAL FB	57415	CPT	outpatient			8071	4111.87	Corrections	Corrections		6456.8	80			91.35	7667.45	percent of total billed charges	
REMOVE IMPACTED VAGINAL FB	57415	CPT	outpatient			8071	4111.87	First Health	First Health		5649.7	70			91.35	7667.45	percent of total billed charges	
REMOVE IMPACTED VAGINAL FB	57415	CPT	outpatient			8071	4111.87	First Trenton	First Trenton		7263.9	90			91.35	7667.45	percent of total billed charges	
REMOVE IMPACTED VAGINAL FB	57415	CPT	outpatient			8071	4111.87	Horizon	Indemnity		6654.08				91.35	7667.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE IMPACTED VAGINAL FB	57415	CPT	outpatient			8071	4111.87	Horizon	NJ Health		91.35				91.35	7667.45	fee schedule	
REMOVE IMPACTED VAGINAL FB	57415	CPT	outpatient			8071	4111.87	Horizon	MGD		6654.08				91.35	7667.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE IMPACTED VAGINAL FB	57415	CPT	outpatient			8071	4111.87	Horizon	Medicare Blue		3575.54				91.35	7667.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE IMPACTED VAGINAL FB	57415	CPT	outpatient			8071	4111.87	Horizon	PPO		6654.08				91.35	7667.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE IMPACTED VAGINAL FB	57415	CPT	outpatient			8071	4111.87	Managed Care Inc	Managed Care Inc		7263.9	90			91.35	7667.45	percent of total billed charges	
REMOVE IMPACTED VAGINAL FB	57415	CPT	outpatient			8071	4111.87	Multiplan	Multiplan		6456.8	80			91.35	7667.45	percent of total billed charges	
REMOVE IMPACTED VAGINAL FB	57415	CPT	outpatient			8071	4111.87	Qualcare	Qualcare		6053.25	75			91.35	7667.45	percent of total billed charges	
REMOVE IMPACTED VAGINAL FB	57415	CPT	outpatient			8071	4111.87	Three Rivers	Three Rivers		7667.45	95			91.35	7667.45	percent of total billed charges	
REMOVE IMPACTED VAGINAL FB	57415	CPT	outpatient			8071	4111.87	UHC	Medicare		3575.54				91.35	7667.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE IMPACTED VAGINAL FB	57415	CPT	outpatient			8071	4111.87	UHC	Medicaid		2546.4	31.55			91.35	7667.45	percent of total billed charges	
REMOVE IMPACTED VAGINAL FB	57415	CPT	outpatient			8071	4111.87	United	Commercial|PPO		2776				91.35	7667.45	case rate	
REMOVE IMPACTED VAGINAL FB	57415	CPT	outpatient			8071	4111.87	United	Oxford		2776				91.35	7667.45	case rate	
REMOVE IMPACTED VAGINAL FB	57415	CPT	outpatient			8071	4111.87	Wellcare	Medicare		3575.54				91.35	7667.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE IMPACTED VAGINAL FB	57415	CPT	outpatient			8071	4111.87	Wellcare	Medicaid		2546.4	31.55			91.35	7667.45	percent of total billed charges	
REMOVE IMPACTED VAGINAL FB	57415	CPT	outpatient			8071	4111.87	WellPoint	WellPoint		2597.25	32.18			91.35	7667.45	percent of total billed charges	
COLPOSCOPY, ENTIRE VAGINA	57420	CPT	outpatient			1067	421.94	Aetna	Commercial		584.1				185.31	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY, ENTIRE VAGINA	57420	CPT	outpatient			1067	421.94	Aetna	Better Health		336.64	31.55			185.31	1782	percent of total billed charges	
COLPOSCOPY, ENTIRE VAGINA	57420	CPT	outpatient			1067	421.94	Aetna	Medicare		366.9				185.31	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY, ENTIRE VAGINA	57420	CPT	outpatient			1067	421.94	Americare	Americare		800.25	75			185.31	1782	percent of total billed charges	
COLPOSCOPY, ENTIRE VAGINA	57420	CPT	outpatient			1067	421.94	Amerihealth	HMO|PPO		693.55	65			185.31	1782	percent of total billed charges	
COLPOSCOPY, ENTIRE VAGINA	57420	CPT	outpatient			1067	421.94	Amerihealth	Medicare		366.9				185.31	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
COLPOSCOPY, ENTIRE VAGINA	57420	CPT	outpatient			1067		421.94 Consumer	Consumer		1013.65	95			185.31		1782 percent of total billed charges	
COLPOSCOPY, ENTIRE VAGINA	57420	CPT	outpatient			1067		421.94 Corrections	Corrections		853.6	80			185.31		1782 percent of total billed charges	
COLPOSCOPY, ENTIRE VAGINA	57420	CPT	outpatient			1067		421.94 First Health	First Health		746.9	70			185.31		1782 percent of total billed charges	
COLPOSCOPY, ENTIRE VAGINA	57420	CPT	outpatient			1067		421.94 First Trenton	First Trenton		960.3	90			185.31		1782 percent of total billed charges	
COLPOSCOPY, ENTIRE VAGINA	57420	CPT	outpatient			1067		421.94 Horizon	NJ Health		185.31				185.31		1782 fee schedule	
COLPOSCOPY, ENTIRE VAGINA	57420	CPT	outpatient			1067		421.94 Horizon	Indemnity		682.8				185.31		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY, ENTIRE VAGINA	57420	CPT	outpatient			1067		421.94 Horizon	Medicare Blue		366.9				185.31		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY, ENTIRE VAGINA	57420	CPT	outpatient			1067		421.94 Horizon	MGD		682.8				185.31		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY, ENTIRE VAGINA	57420	CPT	outpatient			1067		421.94 Horizon	PPO		682.8				185.31		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY, ENTIRE VAGINA	57420	CPT	outpatient			1067		421.94 Managed Care Inc	Managed Care Inc		960.3	90			185.31		1782 percent of total billed charges	
COLPOSCOPY, ENTIRE VAGINA	57420	CPT	outpatient			1067		421.94 Multiplan	Multiplan		853.6	80			185.31		1782 percent of total billed charges	
COLPOSCOPY, ENTIRE VAGINA	57420	CPT	outpatient			1067		421.94 Qualcare	Qualcare		800.25	75			185.31		1782 percent of total billed charges	
COLPOSCOPY, ENTIRE VAGINA	57420	CPT	outpatient			1067		421.94 Three Rivers	Three Rivers		1013.65	95			185.31		1782 percent of total billed charges	
COLPOSCOPY, ENTIRE VAGINA	57420	CPT	outpatient			1067		421.94 UHC	Medicare		366.9				185.31		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY, ENTIRE VAGINA	57420	CPT	outpatient			1067		421.94 UHC	Medicaid		336.64	31.55			185.31		1782 percent of total billed charges	
COLPOSCOPY, ENTIRE VAGINA	57420	CPT	outpatient			1067		421.94 United	Oxford		1782				185.31		1782 case rate	
COLPOSCOPY, ENTIRE VAGINA	57420	CPT	outpatient			1067		421.94 United	Commercial|PPO		1782				185.31		1782 case rate	
COLPOSCOPY, ENTIRE VAGINA	57420	CPT	outpatient			1067		421.94 Wellcare	Medicare		366.9				185.31		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY, ENTIRE VAGINA	57420	CPT	outpatient			1067		421.94 Wellcare	Medicaid		336.64	31.55			185.31		1782 percent of total billed charges	
COLPOSCOPY, ENTIRE VAGINA	57420	CPT	outpatient			1067		421.94 WellPoint	WellPoint		343.36	32.18			185.31		1782 percent of total billed charges	
COLPOSCOPY|VAGINA W/CERV W/BX	57421	CPT	outpatient			2565		1057.32 Aetna	Commercial		1463.7				242.73		2436.75 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY|VAGINA W/CERV W/BX	57421	CPT	outpatient			2565		1057.32 Aetna	Better Health		809.26	31.55			242.73		2436.75 percent of total billed charges	
COLPOSCOPY|VAGINA W/CERV W/BX	57421	CPT	outpatient			2565		1057.32 Aetna	Medicare		919.41				242.73		2436.75 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY|VAGINA W/CERV W/BX	57421	CPT	outpatient			2565		1057.32 AmeriHealth	Americare		1923.75	75			242.73		2436.75 percent of total billed charges	
COLPOSCOPY|VAGINA W/CERV W/BX	57421	CPT	outpatient			2565		1057.32 Amerihealth	HMO/PPO		1667.25	65			242.73		2436.75 percent of total billed charges	
COLPOSCOPY|VAGINA W/CERV W/BX	57421	CPT	outpatient			2565		1057.32 Amerihealth	Medicare		919.41				242.73		2436.75 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY|VAGINA W/CERV W/BX	57421	CPT	outpatient			2565		1057.32 Consumer	Consumer		2436.75	95			242.73		2436.75 percent of total billed charges	
COLPOSCOPY|VAGINA W/CERV W/BX	57421	CPT	outpatient			2565		1057.32 Corrections	Corrections		2052	80			242.73		2436.75 percent of total billed charges	
COLPOSCOPY|VAGINA W/CERV W/BX	57421	CPT	outpatient			2565		1057.32 First Health	First Health		1795.5	70			242.73		2436.75 percent of total billed charges	
COLPOSCOPY|VAGINA W/CERV W/BX	57421	CPT	outpatient			2565		1057.32 First Trenton	First Trenton		2308.5	90			242.73		2436.75 percent of total billed charges	
COLPOSCOPY|VAGINA W/CERV W/BX	57421	CPT	outpatient			2565		1057.32 Horizon	MGD		1711.02				242.73		2436.75 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY|VAGINA W/CERV W/BX	57421	CPT	outpatient			2565		1057.32 Horizon	Medicare Blue		919.41				242.73		2436.75 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY|VAGINA W/CERV W/BX	57421	CPT	outpatient			2565		1057.32 Horizon	NJ Health		242.73				242.73		2436.75 fee schedule	
COLPOSCOPY|VAGINA W/CERV W/BX	57421	CPT	outpatient			2565		1057.32 Horizon	Indemnity		1711.02				242.73		2436.75 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY|VAGINA W/CERV W/BX	57421	CPT	outpatient			2565		1057.32 Horizon	PPO		1711.02				242.73		2436.75 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY|VAGINA W/CERV W/BX	57421	CPT	outpatient			2565		1057.32 Managed Care Inc	Managed Care Inc		2308.5	90			242.73		2436.75 percent of total billed charges	
COLPOSCOPY|VAGINA W/CERV W/BX	57421	CPT	outpatient			2565		1057.32 Multiplan	Multiplan		2052	80			242.73		2436.75 percent of total billed charges	
COLPOSCOPY|VAGINA W/CERV W/BX	57421	CPT	outpatient			2565		1057.32 Qualcare	Qualcare		1923.75	75			242.73		2436.75 percent of total billed charges	
COLPOSCOPY|VAGINA W/CERV W/BX	57421	CPT	outpatient			2565		1057.32 Three Rivers	Three Rivers		2436.75	95			242.73		2436.75 percent of total billed charges	
COLPOSCOPY|VAGINA W/CERV W/BX	57421	CPT	outpatient			2565		1057.32 UHC	Medicaid		809.26	31.55			242.73		2436.75 percent of total billed charges	
COLPOSCOPY|VAGINA W/CERV W/BX	57421	CPT	outpatient			2565		1057.32 UHC	Medicare		919.41				242.73		2436.75 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY|VAGINA W/CERV W/BX	57421	CPT	outpatient			2565		1057.32 United	Oxford		1817				242.73		2436.75 case rate	
COLPOSCOPY|VAGINA W/CERV W/BX	57421	CPT	outpatient			2565		1057.32 United	Commercial|PPO		1817				242.73		2436.75 case rate	
COLPOSCOPY|VAGINA W/CERV W/BX	57421	CPT	outpatient			2565		1057.32 Wellcare	Medicaid		809.26	31.55			242.73		2436.75 percent of total billed charges	
COLPOSCOPY|VAGINA W/CERV W/BX	57421	CPT	outpatient			2565		1057.32 Wellcare	Medicare		919.41				242.73		2436.75 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY|VAGINA W/CERV W/BX	57421	CPT	outpatient			2565		1057.32 WellPoint	WellPoint		825.42	32.18			242.73		2436.75 percent of total billed charges	
COLPOSCOPY OF CERVIX	57452	CPT	outpatient			649		262.09 Aetna	Commercial		362.82				114.58		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY OF CERVIX	57452	CPT	outpatient			649		262.09 Aetna	Better Health		204.76	31.55			114.58		1782 percent of total billed charges	
COLPOSCOPY OF CERVIX	57452	CPT	outpatient			649		262.09 Aetna	Medicare		199.89	30.8			114.58		1782 percent of total billed charges	
COLPOSCOPY OF CERVIX	57452	CPT	outpatient			649		262.09 Americare	Americare		486.75	75			114.58		1782 percent of total billed charges	
COLPOSCOPY OF CERVIX	57452	CPT	outpatient			649		262.09 Amerihealth	HMO/PPO		421.85	65			114.58		1782 percent of total billed charges	
COLPOSCOPY OF CERVIX	57452	CPT	outpatient			649		262.09 Amerihealth	Medicare		227.9				114.58		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY OF CERVIX	57452	CPT	outpatient			649		262.09 Consumer	Consumer		616.55	95			114.58		1782 percent of total billed charges	
COLPOSCOPY OF CERVIX	57452	CPT	outpatient			649		262.09 Corrections	Corrections		519.2	80			114.58		1782 percent of total billed charges	
COLPOSCOPY OF CERVIX	57452	CPT	outpatient			649		262.09 First Health	First Health		454.3	70			114.58		1782 percent of total billed charges	
COLPOSCOPY OF CERVIX	57452	CPT	outpatient			649		262.09 First Trenton	First Trenton		584.1	90			114.58		1782 percent of total billed charges	
COLPOSCOPY OF CERVIX	57452	CPT	outpatient			649		262.09 Horizon	Indemnity		424.12				114.58		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY OF CERVIX	57452	CPT	outpatient			649		262.09 Horizon	Medicare Blue		227.9				114.58		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY OF CERVIX	57452	CPT	outpatient			649		262.09 Horizon	NJ Health		159.97				114.58		1782 fee schedule	
COLPOSCOPY OF CERVIX	57452	CPT	outpatient			649		262.09 Horizon	MGD		424.12				114.58		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY OF CERVIX	57452	CPT	outpatient			649		262.09 Horizon	PPO		424.12				114.58		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY OF CERVIX	57452	CPT	outpatient			649		262.09 Managed Care Inc	Managed Care Inc		584.1	90			114.58		1782 percent of total billed charges	
COLPOSCOPY OF CERVIX	57452	CPT	outpatient			649		262.09 Multiplan	Multiplan		519.2	80			114.58		1782 percent of total billed charges	
COLPOSCOPY OF CERVIX	57452	CPT	outpatient			649		262.09 Qualcare	Qualcare		486.75	75			114.58		1782 percent of total billed charges	
COLPOSCOPY OF CERVIX	57452	CPT	outpatient			649		262.09 Three Rivers	Three Rivers		616.55	95			114.58		1782 percent of total billed charges	
COLPOSCOPY OF CERVIX	57452	CPT	outpatient			649		262.09 UHC	Medicaid		204.76	31.55			114.58		1782 percent of total billed charges	
COLPOSCOPY OF CERVIX	57452	CPT	outpatient			649		262.09 UHC	Medicare		227.9				114.58		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY OF CERVIX	57452	CPT	outpatient			649		262.09 United	Oxford		1782				114.58		1782 case rate	
COLPOSCOPY OF CERVIX	57452	CPT	outpatient			649		262.09 United	Commercial|PPO		1782				114.58		1782 case rate	
COLPOSCOPY OF CERVIX	57452	CPT	outpatient			649		262.09 Wellcare	Medicare		227.9				114.58		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY OF CERVIX	57452	CPT	outpatient			649		262.09 Wellcare	Medicaid		204.76	31.55			114.58		1782 percent of total billed charges	
COLPOSCOPY OF CERVIX	57452	CPT	outpatient			649		262.09 WellPoint	WellPoint		208.85	32.18			114.58		1782 percent of total billed charges	
W/BIOPSY	57454	CPT	outpatient			1067		421.94 Aetna	Better Health		336.64	31.55			211.29		1782 percent of total billed charges	
W/BIOPSY	57454	CPT	outpatient			1067		421.94 Aetna	Commercial		584.1				211.29		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
W/BIOPSY	57454	CPT	outpatient			1067		421.94 Aetna	Medicare		328.64	30.8			211.29		1782 percent of total billed charges	
W/BIOPSY	57454	CPT	outpatient			1067		421.94 Americare	Americare		800.25	75			211.29		1782 percent of total billed charges	
W/BIOPSY	57454	CPT	outpatient			1067		421.94 Amerihealth	HMO/PPO		693.55	65			211.29		1782 percent of total billed charges	
W/BIOPSY	57454	CPT	outpatient			1067		421.94 Amerihealth	Medicare		366.9				211.29		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
W/BIOPSY	57454	CPT	outpatient			1067		421.94 Consumer	Consumer		1013.65	95			211.29		1782 percent of total billed charges	
W/BIOPSY	57454	CPT	outpatient			1067		421.94 Corrections	Corrections		853.6	80			211.29		1782 percent of total billed charges	
W/BIOPSY	57454	CPT	outpatient			1067		421.94 First Health	First Health		746.9	70			211.29		1782 percent of total billed charges	
W/BIOPSY	57454	CPT	outpatient			1067		421.94 First Trenton	First Trenton		960.3	90			211.29		1782 percent of total billed charges	
W/BIOPSY	57454	CPT	outpatient			1067		421.94 Horizon	Indemnity		682.8				211.29		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
W/BIOPSY	57454	CPT	outpatient			1067		421.94 Horizon	Medicare Blue		366.9				211.29		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
W/BIOPSY	57454	CPT	outpatient			1067		421.94 Horizon	NJ Health		225.11				211.29		1782 fee schedule	
W/BIOPSY	57454	CPT	outpatient			1067		421.94 Horizon	MGD		682.8				211.29		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
W/BIOPSY	57454	CPT	outpatient			1067		421.94 Horizon	PPO		682.8				211.29		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
W/BIOPSY	57454	CPT	outpatient			1067		421.94 Managed Care Inc	Managed Care Inc		960.3	90			211.29		1782 percent of total billed charges	
W/BIOPSY	57454	CPT	outpatient			1067		421.94 Multiplan	Multiplan		853.6	80			211.29		1782 percent of total billed charges	
W/BIOPSY	57454	CPT	outpatient			1067		421.94 Qualcare	Qualcare		800.25	75			211.29		1782 percent of total billed charges	
W/BIOPSY	57454	CPT	outpatient			1067		421.94 Three Rivers	Three Rivers		1013.65	95			211.29		1782 percent of total billed charges	
W/BIOPSY	57454	CPT	outpatient			1067		421.94 UHC	Medicare		366.9				211.29		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
W/BIOPSY	57454	CPT	outpatient			1067		421.94 UHC	Medicaid		336.64	31.55			211.29		1782 percent of total billed charges	
W/BIOPSY	57454	CPT	outpatient			1067		421.94 United	Oxford		1782				211.29		1782 case rate	
W/BIOPSY	57454	CPT	outpatient			1067		421.94 United	Commercial|PPO		1782				211.29		1782 case rate	
W/BIOPSY	57454	CPT	outpatient			1067		421.94 Wellcare	Medicare		366.9				211.29		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
W/BIOPSY	57454	CPT	outpatient			1067		421.94 Wellcare	Medicaid		336.64	31.55			211.29		1782 percent of total billed charges	
W/BIOPSY	57454	CPT	outpatient			1067		421.94 WellPoint	WellPoint		343.36	32.18			211.29		1782 percent of total billed charges	
COLPOSCOPY W/BX, CERVIX	57455	CPT	outpatient			1262		421.94 Aetna	Commercial		584.1				221.85		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY W/BX, CERVIX	57455	CPT	outpatient			1262		421.94 Aetna	Better Health		398.16	31.55			221.85		1782 percent of total billed charges	
COLPOSCOPY W/BX, CERVIX	57455	CPT	outpatient			1262		421.94 Aetna	Medicare		366.9				221.85		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY W/BX, CERVIX	57455	CPT	outpatient			1262		421.94 Americare	Americare		946.5	75			221.85		1782 percent of total billed charges	
COLPOSCOPY W/BX, CERVIX	57455	CPT	outpatient			1262		421.94 Amerihealth	HMO/PPO		820.3	65			221.85		1782 percent of total billed charges	
COLPOSCOPY W/BX, CERVIX	57455	CPT	outpatient			1262		421.94 Amerihealth	Medicare		366.9				221.85		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY W/BX, CERVIX	57455	CPT	outpatient			1262		421.94 Consumer	Consumer		1198.9	95			221.85		1782 percent of total billed charges	
COLPOSCOPY W/BX, CERVIX	57455	CPT	outpatient			1262		421.94 Corrections	Corrections		1009.6	80			221.85		1782 percent of total billed charges	
COLPOSCOPY W/BX, CERVIX	57455	CPT	outpatient			1262		421.94 First Health	First Health		883.4	70			221.85		1782 percent of total billed charges	
COLPOSCOPY W/BX, CERVIX	57455	CPT	outpatient			1262		421.94 First Trenton	First Trenton		1135.8	90			221.85		1782 percent of total billed charges	
COLPOSCOPY W/BX, CERVIX	57455	CPT	outpatient			1262		421.94 Horizon	Medicare Blue		366.9				221.85		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY W/BX, CERVIX	57455	CPT	outpatient			1262		421.94 Horizon	Indemnity		682.8				221.85		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY W/BX, CERVIX	57455	CPT	outpatient			1262		421.94 Horizon	PPO		682.8				221.85		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY W/BX, CERVIX	57455	CPT	outpatient			1262		421.94 Horizon	MGD		682.8				221.85		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY W/BX, CERVIX	57455	CPT	outpatient			1262		421.94 Horizon	NJ Health		221.85				221.85		1782 fee schedule	
COLPOSCOPY W/BX, CERVIX	57455	CPT	outpatient			1262		421.94 Managed Care Inc	Managed Care Inc		1135.8	90			221.85		1782 percent of total billed charges	
COLPOSCOPY W/BX, CERVIX	57455	CPT	outpatient			1262		421.94 Multiplan	Multiplan		1009.6	80			221.85		1782 percent of total billed charges	
COLPOSCOPY W/BX, CERVIX	57455	CPT	outpatient			1262		421.94 Qualcare	Qualcare		946.5	75			221.85		1782 percent of total billed charges	
COLPOSCOPY W/BX, CERVIX	57455	CPT	outpatient			1262		421.94 Three Rivers	Three Rivers		1198.9	95			221.85		1782 percent of total billed charges	
COLPOSCOPY W/BX, CERVIX	57455	CPT	outpatient			1262		421.94 UHC	Medicare		366.9				221.85		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY W/BX, CERVIX	57455	CPT	outpatient			1262		421.94 UHC	Medicaid		398.16	31.55			221.85		1782 percent of total billed charges	
COLPOSCOPY W/BX, CERVIX	57455	CPT	outpatient			1262		421.94 United	Commercial|PPO		1782				221.85		1782 case rate	
COLPOSCOPY W/BX, CERVIX	57455	CPT	outpatient			1262		421.94 United	Oxford		1782				221.85		1782 case rate	
COLPOSCOPY W/BX, CERVIX	57455	CPT	outpatient			1262		421.94 Wellcare	Medicare		366.9				221.85		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY W/BX, CERVIX	57455	CPT	outpatient			1262		421.94 Wellcare	Medicaid		398.16	31.55			221.85		1782 percent of total billed charges	
COLPOSCOPY W/BX, CERVIX	57455	CPT	outpatient			1262		421.94 WellPoint	WellPoint		406.11	32.18			221.85		1782 percent of total billed charges	
COLPOSCOPY W/ENDOCERV CURETT	57456	CPT	outpatient			1067		421.94 Aetna	Better Health		336.64	31.55			199.4		1782 percent of total billed charges	
COLPOSCOPY W/ENDOCERV CURETT	57456	CPT	outpatient			1067		421.94 Aetna	Commercial		584.1				199.4		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY W/ENDOCERV CURETT	57456	CPT	outpatient			1067		421.94 Aetna	Medicare		366.9				199.4		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY W/ENDOCERV CURETT	57456	CPT	outpatient			1067		421.94 Americare	Americare		800.25	75			199.4		1782 percent of total billed charges	
COLPOSCOPY W/ENDOCERV CURETT	57456	CPT	outpatient			1067		421.94 Amerihealth	Medicare		366.9				199.4		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY W/ENDOCERV CURETT	57456	CPT	outpatient			1067		421.94 Amerihealth	HMO/PPO		693.55	65			199.4		1782 percent of total billed charges	
COLPOSCOPY W/ENDOCERV CURETT	57456	CPT	outpatient			1067		421.94 Consumer	Consumer		1013.65	95			199.4		1782 percent of total billed charges	
COLPOSCOPY W/ENDOCERV CURETT	57456	CPT	outpatient			1067		421.94 Corrections	Corrections		853.6	80			199.4		1782 percent of total billed charges	
COLPOSCOPY W/ENDOCERV CURETT	57456	CPT	outpatient			1067		421.94 First Health	First Health		746.9	70			199.4		1782 percent of total billed charges	
COLPOSCOPY W/ENDOCERV CURETT	57456	CPT	outpatient			1067		421.94 First Trenton	First Trenton		960.3	90			199.4		1782 percent of total billed charges	
COLPOSCOPY W/ENDOCERV CURETT	57456	CPT	outpatient			1067		421.94 Horizon	Indemnity		682.8				199.4		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY W/ENDOCERV CURETT	57456	CPT	outpatient			1067		421.94 Horizon	PPO		682.8				199.4		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY W/ENDOCERV CURETT	57456	CPT	outpatient			1067		421.94 Horizon	Medicare Blue		366.9				199.4		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY W/ENDOCERV CURETT	57456	CPT	outpatient			1067		421.94 Horizon	MGD		682.8				199.4		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY W/ENDOCERV CURETT	57456	CPT	outpatient			1067		421.94 Horizon	NJ Health		199.4				199.4		1782 fee schedule	
COLPOSCOPY W/ENDOCERV CURETT	57456	CPT	outpatient			1067		421.94 Managed Care Inc	Managed Care Inc		960.3	90			199.4		1782 percent of total billed charges	
COLPOSCOPY W/ENDOCERV CURETT	57456	CPT	outpatient			1067		421.94 Multiplan	Multiplan		853.6	80			199.4		1782 percent of total billed charges	
COLPOSCOPY W/ENDOCERV CURETT	57456	CPT	outpatient			1067		421.94 Qualcare	Qualcare		800.25	75			199.4		1782 percent of total billed charges	
COLPOSCOPY W/ENDOCERV CURETT	57456	CPT	outpatient			1067		421.94 Three Rivers	Three Rivers		1013.65	95			199.4		1782 percent of total billed charges	
COLPOSCOPY W/ENDOCERV CURETT	57456	CPT	outpatient			1067		421.94 UHC	Medicare		366.9				199.4		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY W/ENDOCERV CURETT	57456	CPT	outpatient			1067		421.94 UHC	Medicaid		336.64	31.55			199.4		1782 percent of total billed charges	
COLPOSCOPY W/ENDOCERV CURETT	57456	CPT	outpatient			1067		421.94 United	Oxford		1782				199.4		1782 case rate	
COLPOSCOPY W/ENDOCERV CURETT	57456	CPT	outpatient			1067		421.94 United	Commercial|PPO		1782				199.4		1782 case rate	
COLPOSCOPY W/ENDOCERV CURETT	57456	CPT	outpatient			1067		421.94 Wellcare	Medicaid		336.64	31.55			199.4		1782 percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
COLPOSCOPY WIENDOCERV CURETT	57456	CPT	outpatient			1067	421.94	Wellcare	Medicare		366.9				199.4	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY WIENDOCERV CURETT	57456	CPT	outpatient			1067	421.94	WellPoint	WellPoint		343.36	32.18			199.4	1782	percent of total billed charges	
ENDOSCOPY W/DEEP-CERVIX EXCISION	57460	CPT	outpatient			10303	4111.87	Aetna	Medicare		3575.54				219.24	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOSCOPY W/DEEP-CERVIX EXCISION	57460	CPT	outpatient			10303	4111.87	Aetna	Better Health		3250.6	31.55			219.24	9787.85	percent of total billed charges	
ENDOSCOPY W/DEEP-CERVIX EXCISION	57460	CPT	outpatient			10303	4111.87	Aetna	Commercial		5692.26				219.24	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOSCOPY W/DEEP-CERVIX EXCISION	57460	CPT	outpatient			10303	4111.87	Americare	Americare		7727.25	75			219.24	9787.85	percent of total billed charges	
ENDOSCOPY W/DEEP-CERVIX EXCISION	57460	CPT	outpatient			10303	4111.87	Amerihealth	HMO/PPO		6696.95	65			219.24	9787.85	percent of total billed charges	
ENDOSCOPY W/DEEP-CERVIX EXCISION	57460	CPT	outpatient			10303	4111.87	Amerihealth	Medicare		3575.54				219.24	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOSCOPY W/DEEP-CERVIX EXCISION	57460	CPT	outpatient			10303	4111.87	Consumer	Consumer		9787.85	95			219.24	9787.85	percent of total billed charges	
ENDOSCOPY W/DEEP-CERVIX EXCISION	57460	CPT	outpatient			10303	4111.87	Corrections	Corrections		8242.4	80			219.24	9787.85	percent of total billed charges	
ENDOSCOPY W/DEEP-CERVIX EXCISION	57460	CPT	outpatient			10303	4111.87	First Health	First Health		7212.1	70			219.24	9787.85	percent of total billed charges	
ENDOSCOPY W/DEEP-CERVIX EXCISION	57460	CPT	outpatient			10303	4111.87	First Trenton	First Trenton		9272.7	90			219.24	9787.85	percent of total billed charges	
ENDOSCOPY W/DEEP-CERVIX EXCISION	57460	CPT	outpatient			10303	4111.87	Horizon	MGD		6654.08				219.24	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOSCOPY W/DEEP-CERVIX EXCISION	57460	CPT	outpatient			10303	4111.87	Horizon	Medicare Blue		3575.54				219.24	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOSCOPY W/DEEP-CERVIX EXCISION	57460	CPT	outpatient			10303	4111.87	Horizon	Indemnity		6654.08				219.24	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOSCOPY W/DEEP-CERVIX EXCISION	57460	CPT	outpatient			10303	4111.87	Horizon	NJ Health		219.24				219.24	9787.85	fee schedule	
ENDOSCOPY W/DEEP-CERVIX EXCISION	57460	CPT	outpatient			10303	4111.87	Horizon	PPO		6654.08				219.24	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOSCOPY W/DEEP-CERVIX EXCISION	57460	CPT	outpatient			10303	4111.87	Managed Care Inc	Managed Care Inc		9272.7	90			219.24	9787.85	percent of total billed charges	
ENDOSCOPY W/DEEP-CERVIX EXCISION	57460	CPT	outpatient			10303	4111.87	Multiplan	Multiplan		8242.4	80			219.24	9787.85	percent of total billed charges	
ENDOSCOPY W/DEEP-CERVIX EXCISION	57460	CPT	outpatient			10303	4111.87	Qualcare	Qualcare		7727.25	75			219.24	9787.85	percent of total billed charges	
ENDOSCOPY W/DEEP-CERVIX EXCISION	57460	CPT	outpatient			10303	4111.87	Three Rivers	Three Rivers		9787.85	95			219.24	9787.85	percent of total billed charges	
ENDOSCOPY W/DEEP-CERVIX EXCISION	57460	CPT	outpatient			10303	4111.87	UHC	Medicaid		3250.6	31.55			219.24	9787.85	percent of total billed charges	
ENDOSCOPY W/DEEP-CERVIX EXCISION	57460	CPT	outpatient			10303	4111.87	UHC	Medicare		3575.54				219.24	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOSCOPY W/DEEP-CERVIX EXCISION	57460	CPT	outpatient			10303	4111.87	United	CommercialPPO		2776				219.24	9787.85	case rate	
ENDOSCOPY W/DEEP-CERVIX EXCISION	57460	CPT	outpatient			10303	4111.87	United	Oxford		2776				219.24	9787.85	case rate	
ENDOSCOPY W/DEEP-CERVIX EXCISION	57460	CPT	outpatient			10303	4111.87	Wellcare	Medicaid		3250.6	31.55			219.24	9787.85	percent of total billed charges	
ENDOSCOPY W/DEEP-CERVIX EXCISION	57460	CPT	outpatient			10303	4111.87	Wellcare	Medicare		3575.54				219.24	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOSCOPY W/DEEP-CERVIX EXCISION	57460	CPT	outpatient			10303	4111.87	WellPoint	WellPoint		3315.51	32.18			219.24	9787.85	percent of total billed charges	
CONZ OF CERVIX W/SCOPE LEEP	57461	CPT	outpatient			10303	4111.87	Aetna	Better Health		3250.6	31.55			495.9	9787.85	percent of total billed charges	
CONZ OF CERVIX W/SCOPE LEEP	57461	CPT	outpatient			10303	4111.87	Aetna	Medicare		3173.32	30.8			495.9	9787.85	percent of total billed charges	
CONZ OF CERVIX W/SCOPE LEEP	57461	CPT	outpatient			10303	4111.87	Aetna	Commercial		5692.26				495.9	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONZ OF CERVIX W/SCOPE LEEP	57461	CPT	outpatient			10303	4111.87	Americare	Americare		7727.25	75			495.9	9787.85	percent of total billed charges	
CONZ OF CERVIX W/SCOPE LEEP	57461	CPT	outpatient			10303	4111.87	Amerihealth	Medicare		3575.54				495.9	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONZ OF CERVIX W/SCOPE LEEP	57461	CPT	outpatient			10303	4111.87	Amerihealth	HMO/PPO		6696.95	65			495.9	9787.85	percent of total billed charges	
CONZ OF CERVIX W/SCOPE LEEP	57461	CPT	outpatient			10303	4111.87	Consumer	Consumer		9787.85	95			495.9	9787.85	percent of total billed charges	
CONZ OF CERVIX W/SCOPE LEEP	57461	CPT	outpatient			10303	4111.87	Corrections	Corrections		8242.4	80			495.9	9787.85	percent of total billed charges	
CONZ OF CERVIX W/SCOPE LEEP	57461	CPT	outpatient			10303	4111.87	First Health	First Health		7212.1	70			495.9	9787.85	percent of total billed charges	
CONZ OF CERVIX W/SCOPE LEEP	57461	CPT	outpatient			10303	4111.87	First Trenton	First Trenton		9272.7	90			495.9	9787.85	percent of total billed charges	
CONZ OF CERVIX W/SCOPE LEEP	57461	CPT	outpatient			10303	4111.87	Horizon	Indemnity		6654.08				495.9	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONZ OF CERVIX W/SCOPE LEEP	57461	CPT	outpatient			10303	4111.87	Horizon	Medicare Blue		3575.54				495.9	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONZ OF CERVIX W/SCOPE LEEP	57461	CPT	outpatient			10303	4111.87	Horizon	PPO		6654.08				495.9	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONZ OF CERVIX W/SCOPE LEEP	57461	CPT	outpatient			10303	4111.87	Horizon	NJ Health		495.9				495.9	9787.85	fee schedule	
CONZ OF CERVIX W/SCOPE LEEP	57461	CPT	outpatient			10303	4111.87	Horizon	MGD		6654.08				495.9	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONZ OF CERVIX W/SCOPE LEEP	57461	CPT	outpatient			10303	4111.87	Managed Care Inc	Managed Care Inc		9272.7	90			495.9	9787.85	percent of total billed charges	
CONZ OF CERVIX W/SCOPE LEEP	57461	CPT	outpatient			10303	4111.87	Multiplan	Multiplan		8242.4	80			495.9	9787.85	percent of total billed charges	
CONZ OF CERVIX W/SCOPE LEEP	57461	CPT	outpatient			10303	4111.87	Qualcare	Qualcare		7727.25	75			495.9	9787.85	percent of total billed charges	
CONZ OF CERVIX W/SCOPE LEEP	57461	CPT	outpatient			10303	4111.87	Three Rivers	Three Rivers		9787.85	95			495.9	9787.85	percent of total billed charges	
CONZ OF CERVIX W/SCOPE LEEP	57461	CPT	outpatient			10303	4111.87	UHC	Medicare		3575.54				495.9	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONZ OF CERVIX W/SCOPE LEEP	57461	CPT	outpatient			10303	4111.87	UHC	Medicaid		3250.6	31.55			495.9	9787.85	percent of total billed charges	
CONZ OF CERVIX W/SCOPE LEEP	57461	CPT	outpatient			10303	4111.87	United	CommercialPPO		2776				495.9	9787.85	case rate	
CONZ OF CERVIX W/SCOPE LEEP	57461	CPT	outpatient			10303	4111.87	United	Oxford		2776				495.9	9787.85	case rate	
CONZ OF CERVIX W/SCOPE LEEP	57461	CPT	outpatient			10303	4111.87	Wellcare	Medicaid		3250.6	31.55			495.9	9787.85	percent of total billed charges	
CONZ OF CERVIX W/SCOPE LEEP	57461	CPT	outpatient			10303	4111.87	Wellcare	Medicare		3575.54				495.9	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONZ OF CERVIX W/SCOPE LEEP	57461	CPT	outpatient			10303	4111.87	WellPoint	WellPoint		3315.51	32.18			495.9	9787.85	percent of total billed charges	
CERVIX - BIOPSY	57500	CPT	outpatient			2878	1057.32	Aetna	Medicare		919.41				65.77	2734.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CERVIX - BIOPSY	57500	CPT	outpatient			2878	1057.32	Aetna	Better Health		908.01	31.55			65.77	2734.1	percent of total billed charges	
CERVIX - BIOPSY	57500	CPT	outpatient			2878	1057.32	Aetna	Commercial		1463.7				65.77	2734.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CERVIX - BIOPSY	57500	CPT	outpatient			2878	1057.32	Americare	Americare		2158.5	75			65.77	2734.1	percent of total billed charges	
CERVIX - BIOPSY	57500	CPT	outpatient			2878	1057.32	Amerihealth	HMO/PPO		1870.7	65			65.77	2734.1	percent of total billed charges	
CERVIX - BIOPSY	57500	CPT	outpatient			2878	1057.32	Amerihealth	Medicare		919.41				65.77	2734.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CERVIX - BIOPSY	57500	CPT	outpatient			2878	1057.32	Consumer	Consumer		2734.1	95			65.77	2734.1	percent of total billed charges	
CERVIX - BIOPSY	57500	CPT	outpatient			2878	1057.32	Corrections	Corrections		2302.4	80			65.77	2734.1	percent of total billed charges	
CERVIX - BIOPSY	57500	CPT	outpatient			2878	1057.32	First Health	First Health		2014.6	70			65.77	2734.1	percent of total billed charges	
CERVIX - BIOPSY	57500	CPT	outpatient			2878	1057.32	First Trenton	First Trenton		2590.2	90			65.77	2734.1	percent of total billed charges	
CERVIX - BIOPSY	57500	CPT	outpatient			2878	1057.32	Horizon	Indemnity		1711.02				65.77	2734.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CERVIX - BIOPSY	57500	CPT	outpatient			2878	1057.32	Horizon	MGD		1711.02				65.77	2734.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CERVIX - BIOPSY	57500	CPT	outpatient			2878	1057.32	Horizon	NJ Health		65.77				65.77	2734.1	fee schedule	
CERVIX - BIOPSY	57500	CPT	outpatient			2878	1057.32	Horizon	Medicare Blue		919.41				65.77	2734.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CERVIX - BIOPSY	57500	CPT	outpatient			2878	1057.32	Horizon	PPO		1711.02				65.77	2734.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CERVIX - BIOPSY	57500	CPT	outpatient			2878	1057.32	Managed Care Inc	Managed Care Inc		2590.2	90			65.77	2734.1	percent of total billed charges	
CERVIX - BIOPSY	57500	CPT	outpatient			2878	1057.32	Multiplan	Multiplan		2302.4	80			65.77	2734.1	percent of total billed charges	
CERVIX - BIOPSY	57500	CPT	outpatient			2878	1057.32	Qualcare	Qualcare		2158.5	75			65.77	2734.1	percent of total billed charges	
CERVIX - BIOPSY	57500	CPT	outpatient			2878	1057.32	Three Rivers	Three Rivers		2734.1	95			65.77	2734.1	percent of total billed charges	
CERVIX - BIOPSY	57500	CPT	outpatient			2878	1057.32	UHC	Medicare		919.41				65.77	2734.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CERVIX - BIOPSY	57500	CPT	outpatient			2878	1057.32	UHC	Medicaid		908.01	31.55			65.77	2734.1	percent of total billed charges	
CERVIX - BIOPSY	57500	CPT	outpatient			2878	1057.32	United	Oxford		1817				65.77	2734.1	case rate	
CERVIX - BIOPSY	57500	CPT	outpatient			2878	1057.32	United	CommercialPPO		1817				65.77	2734.1	case rate	
CERVIX - BIOPSY	57500	CPT	outpatient			2878	1057.32	Wellcare	Medicare		919.41				65.77	2734.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CERVIX - BIOPSY	57500	CPT	outpatient			2878	1057.32	Wellcare	Medicaid		908.01	31.55			65.77	2734.1	percent of total billed charges	
CERVIX - BIOPSY	57500	CPT	outpatient			2878	1057.32	WellPoint	WellPoint		926.14	32.18			65.77	2734.1	percent of total billed charges	
ENDOCERVICAL CURETTAGE	57505	CPT	outpatient			2565	1057.32	Aetna	Medicare		790.02	30.8			67.86	2436.75	percent of total billed charges	
ENDOCERVICAL CURETTAGE	57505	CPT	outpatient			2565	1057.32	Aetna	Commercial		1463.7				67.86	2436.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOCERVICAL CURETTAGE	57505	CPT	outpatient			2565	1057.32	Aetna	Better Health		809.26	31.55			67.86	2436.75	percent of total billed charges	
ENDOCERVICAL CURETTAGE	57505	CPT	outpatient			2565	1057.32	Americare	Americare		1923.75	75			67.86	2436.75	percent of total billed charges	
ENDOCERVICAL CURETTAGE	57505	CPT	outpatient			2565	1057.32	Amerihealth	HMO/PPO		1667.25	65			67.86	2436.75	percent of total billed charges	
ENDOCERVICAL CURETTAGE	57505	CPT	outpatient			2565	1057.32	Amerihealth	Medicare		919.41				67.86	2436.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOCERVICAL CURETTAGE	57505	CPT	outpatient			2565	1057.32	Consumer	Consumer		2436.75	95			67.86	2436.75	percent of total billed charges	
ENDOCERVICAL CURETTAGE	57505	CPT	outpatient			2565	1057.32	Corrections	Corrections		2052	80			67.86	2436.75	percent of total billed charges	
ENDOCERVICAL CURETTAGE	57505	CPT	outpatient			2565	1057.32	First Health	First Health		1795.5	70			67.86	2436.75	percent of total billed charges	
ENDOCERVICAL CURETTAGE	57505	CPT	outpatient			2565	1057.32	First Trenton	First Trenton		2308.5	90			67.86	2436.75	percent of total billed charges	
ENDOCERVICAL CURETTAGE	57505	CPT	outpatient			2565	1057.32	Horizon	Medicare Blue		919.41				67.86	2436.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOCERVICAL CURETTAGE	57505	CPT	outpatient			2565	1057.32	Horizon	Indemnity		1711.02				67.86	2436.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOCERVICAL CURETTAGE	57505	CPT	outpatient			2565	1057.32	Horizon	MGD		1711.02				67.86	2436.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOCERVICAL CURETTAGE	57505	CPT	outpatient			2565	1057.32	Horizon	NJ Health		67.86				67.86	2436.75	fee schedule	
ENDOCERVICAL CURETTAGE	57505	CPT	outpatient			2565	1057.32	Horizon	PPO		1711.02				67.86	2436.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOCERVICAL CURETTAGE	57505	CPT	outpatient			2565	1057.32	Managed Care Inc	Managed Care Inc		2308.5	90			67.86	2436.75	percent of total billed charges	
ENDOCERVICAL CURETTAGE	57505	CPT	outpatient			2565	1057.32	Multiplan	Multiplan		2052	80			67.86	2436.75	percent of total billed charges	
ENDOCERVICAL CURETTAGE	57505	CPT	outpatient			2565	1057.32	Qualcare	Qualcare		1923.75	75			67.86	2436.75	percent of total billed charges	
ENDOCERVICAL CURETTAGE	57505	CPT	outpatient			2565	1057.32	Three Rivers	Three Rivers		2436.75	95			67.86	2436.75	percent of total billed charges	
ENDOCERVICAL CURETTAGE	57505	CPT	outpatient			2565	1057.32	UHC	Medicaid		809.26	31.55			67.86	2436.75	percent of total billed charges	
ENDOCERVICAL CURETTAGE	57505	CPT	outpatient			2565	1057.32	UHC	Medicare		919.41				67.86	2436.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOCERVICAL CURETTAGE	57505	CPT	outpatient			2565	1057.32	United	CommercialPPO		1817				67.86	2436.75	case rate	
ENDOCERVICAL CURETTAGE	57505	CPT	outpatient			2565	1057.32	United	Oxford		1817				67.86	2436.75	case rate	
ENDOCERVICAL CURETTAGE	57505	CPT	outpatient			2565	1057.32	Wellcare	Medicare		919.41				67.86	2436.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOCERVICAL CURETTAGE	57505	CPT	outpatient			2565	1057.32	Wellcare	Medicaid		809.26	31.55			67.86	2436.75	percent of total billed charges	
ENDOCERVICAL CURETTAGE	57505	CPT	outpatient			2565	1057.32	WellPoint	WellPoint		825.42	32.18			67.86	2436.75	percent of total billed charges	
LASER VAPORIZATION	57513	CPT	outpatient			9666	4111.87	Aetna	Commercial		5692.26				87.7	9182.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER VAPORIZATION	57513	CPT	outpatient			9666	4111.87	Aetna	Better Health		3049.62	31.55			87.7	9182.7	percent of total billed charges	
LASER VAPORIZATION	57513	CPT	outpatient			9666	4111.87	Aetna	Medicare		2977.13	30.8			87.7	9182.7	percent of total billed charges	
LASER VAPORIZATION	57513	CPT	outpatient			9666	4111.87	Americare	Americare		7249.5	75			87.7	9182.7	percent of total billed charges	
LASER VAPORIZATION	57513	CPT	outpatient			9666	4111.87	Amerihealth	Medicare		3575.54				87.7	9182.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER VAPORIZATION	57513	CPT	outpatient			9666	4111.87	Amerihealth	HMO/PPO		6282.9	65			87.7	9182.7	percent of total billed charges	
LASER VAPORIZATION	57513	CPT	outpatient			9666	4111.87	Consumer	Consumer		9182.7	95			87.7	9182.7	percent of total billed charges	
LASER VAPORIZATION	57513	CPT	outpatient			9666	4111.87	Corrections	Corrections		7732.8	80			87.7	9182.7	percent of total billed charges	
LASER VAPORIZATION	57513	CPT	outpatient			9666	4111.87	First Health	First Health		6766.2	70			87.7	9182.7	percent of total billed charges	
LASER VAPORIZATION	57513	CPT	outpatient			9666	4111.87	First Trenton	First Trenton		8699.4	90			87.7	9182.7	percent of total billed charges	
LASER VAPORIZATION	57513	CPT	outpatient			9666	4111.87	Horizon	Indemnity		6654.08				87.7	9182.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER VAPORIZATION	57513	CPT	outpatient			9666	4111.87	Horizon	MGD		6654.08				87.7	9182.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER VAPORIZATION	57513	CPT	outpatient			9666	4111.87	Horizon	Medicare Blue		3575.54				87.7	9182.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER VAPORIZATION	57513	CPT	outpatient			9666	4111.87	Horizon	NJ Health		87.7				87.7	9182.7	fee schedule	
LASER VAPORIZATION	57513	CPT	outpatient			9666	4111.87	Horizon	PPO		6654.08				87.7	9182.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER VAPORIZATION	57513	CPT	outpatient			9666	4111.87	Managed Care Inc	Managed Care Inc		8699.4	90			87.7	9182.7	percent of total billed charges	
LASER VAPORIZATION	57513	CPT	outpatient			9666	4111.87	Multiplan	Multiplan		7732.8	80			87.7	9182.7	percent of total billed charges	
LASER VAPORIZATION	57513	CPT	outpatient			9666	4111.87	Qualcare	Qualcare		7249.5	75			87.7	9182.7	percent of total billed charges	
LASER VAPORIZATION	57513	CPT	outpatient			9666	4111.87	Three Rivers	Three Rivers		9182.7	95			87.7	9182.7	percent of total billed charges	
LASER VAPORIZATION	57513	CPT	outpatient			9666	4111.87	UHC	Medicaid		3049.62	31.55			87.7	9182.7	percent of total billed charges	
LASER VAPORIZATION	57513	CPT	outpatient			9666	4111.87	UHC	Medicare		3575.54				87.7	9182.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER VAPORIZATION	57513	CPT	outpatient			9666	4111.87	United	Oxford		2776				87.7	9182.7	case rate	
LASER VAPORIZATION	57513	CPT	outpatient			9666	4111.87	United	CommercialPPO		2776				87.7	9182.7	case rate	
LASER VAPORIZATION	57513	CPT	outpatient			9666	4111.87	Wellcare	Medicare		3575.54				87.7	9182.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER VAPORIZATION	57513	CPT	outpatient			9666	4111.87	Wellcare	Medicaid		3049.62	31.55			87.7	9182.7	percent of total billed charges	
LASER VAPORIZATION	57513	CPT	outpatient			9666	4111.87	WellPoint	WellPoint		3110.52	32.18			87.7	9182.7	percent of total billed charges	
CONIZATION OF CERVIX	57520	CPT	outpatient			9666	4111.87	Aetna	Commercial		5692.26				332.78	9182.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONIZATION OF CERVIX	57520	CPT	outpatient			9666	4111.87	Aetna	Medicare		3575.54				332.78	9182.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONIZATION OF CERVIX	57520	CPT	outpatient			9666	4111.87	Aetna	Better Health		3049.62	31.55			332.78	9182.7	percent of total billed charges	
CONIZATION OF CERVIX	57520	CPT	outpatient			9666	4111.87	Americare	Americare		7249.5	75			332.78	9182.7	percent of total billed charges	
CONIZATION OF CERVIX	57520	CPT	outpatient			9666	4111.87	Amerihealth	Medicare		3575.54				332.78	9182.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONIZATION OF CERVIX	57520	CPT	outpatient			9666	4111.87	Amerihealth	HMO/PPO		6282.9	65			332.78	9182.7	percent of total billed charges	
CONIZATION OF CERVIX	57520	CPT	outpatient			9666	4111.87	Consumer	Consumer		9182.7	95			332.78	9182.7	percent of total billed charges	
CONIZATION OF CERVIX	57520	CPT	outpatient			9666	4111.87	Corrections	Corrections		7732.8	80			332.78	9182.7	percent of total billed charges	
CONIZATION OF CERVIX	57520	CPT	outpatient			9666	4111.87	First Health	First Health		6766.2	70			332.78	9182.7	percent of total billed charges	
CONIZATION OF CERVIX	57520	CPT	outpatient			9666	4111.87	First Trenton	First Trenton		8699.4	90			332.78	9182.7	percent of total billed charges	
CONIZATION OF CERVIX	57520	CPT	outpatient			9666	4111.87	Horizon	Indemnity		6654.08				332.78	9182.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONIZATION OF CERVIX	57520	CPT	outpatient			9666	4111.87	Horizon	MGD		6654.08				332.78	9182.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONIZATION OF CERVIX	57520	CPT	outpatient			9666	4111.87	Horizon	PPO		6654.08				332.78	9182.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONIZATION OF CERVIX	57520	CPT	outpatient			9666	4111.87	Horizon	NJ Health		332.78				332.78	9182.7	fee schedule	
CONIZATION OF CERVIX	57520	CPT	outpatient			9666	4111.87	Horizon	Medicare Blue		3575.54				332.78	9182.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONIZATION OF CERVIX	57520	CPT	outpatient			9666	4111.87	Managed Care Inc	Managed Care Inc		8699.4	90			332.78	9182.7	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CONIZATION OF CERVIX	57520	CPT	outpatient			9666		4111.67 Multiplan	Multiplan		7732.8	80			332.78		9182.7 percent of total billed charges	
CONIZATION OF CERVIX	57520	CPT	outpatient			9666		4111.67 Qualcare	Qualcare		7249.5	75			332.78		9182.7 percent of total billed charges	
CONIZATION OF CERVIX	57520	CPT	outpatient			9666		4111.67 Three Rivers	Three Rivers		9182.7	95			332.78		9182.7 percent of total billed charges	
CONIZATION OF CERVIX	57520	CPT	outpatient			9666		4111.67 UHC	Medicare		3575.54				332.78		9182.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONIZATION OF CERVIX	57520	CPT	outpatient			9666		4111.67 UHC	Medicaid		3049.62	31.55			332.78		9182.7 percent of total billed charges	
CONIZATION OF CERVIX	57520	CPT	outpatient			9666		4111.67 United	Oxford		2776				332.78		9182.7 case rate	
CONIZATION OF CERVIX	57520	CPT	outpatient			9666		4111.67 United	CommercialPPO		2776				332.78		9182.7 case rate	
CONIZATION OF CERVIX	57520	CPT	outpatient			9666		4111.67 Wellcare	Medicare		3575.54				332.78		9182.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONIZATION OF CERVIX	57520	CPT	outpatient			9666		4111.67 Wellcare	Medicaid		3049.62	31.55			332.78		9182.7 percent of total billed charges	
CONIZATION OF CERVIX	57520	CPT	outpatient			9666		4111.67 WellPoint	WellPoint		3110.52	32.18			332.78		9182.7 percent of total billed charges	
LOOP ELECTRODE EXCISION	57522	CPT	outpatient			10303		4111.67 Aetna	Medicare		3173.32	30.8			336.69		9787.85 percent of total billed charges	
LOOP ELECTRODE EXCISION	57522	CPT	outpatient			10303		4111.67 Aetna	Better Health		3250.6	31.55			336.69		9787.85 percent of total billed charges	
LOOP ELECTRODE EXCISION	57522	CPT	outpatient			10303		4111.67 Aetna	Commercial		5692.26				336.69		9787.85 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LOOP ELECTRODE EXCISION	57522	CPT	outpatient			10303		4111.67 Americare	Americare		7727.25	75			336.69		9787.85 percent of total billed charges	
LOOP ELECTRODE EXCISION	57522	CPT	outpatient			10303		4111.67 Amerihealth	HMO/PPO		6696.95	65			336.69		9787.85 percent of total billed charges	
LOOP ELECTRODE EXCISION	57522	CPT	outpatient			10303		4111.67 Amerihealth	Medicare		3575.54				336.69		9787.85 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LOOP ELECTRODE EXCISION	57522	CPT	outpatient			10303		4111.67 Consumer	Consumer		9787.85	95			336.69		9787.85 percent of total billed charges	
LOOP ELECTRODE EXCISION	57522	CPT	outpatient			10303		4111.67 Corrections	Corrections		8242.4	80			336.69		9787.85 percent of total billed charges	
LOOP ELECTRODE EXCISION	57522	CPT	outpatient			10303		4111.67 First Health	First Health		7212.1	70			336.69		9787.85 percent of total billed charges	
LOOP ELECTRODE EXCISION	57522	CPT	outpatient			10303		4111.67 First Trenton	First Trenton		9272.7	90			336.69		9787.85 percent of total billed charges	
LOOP ELECTRODE EXCISION	57522	CPT	outpatient			10303		4111.67 Horizon	Medicare Blue		3575.54				336.69		9787.85 other	
LOOP ELECTRODE EXCISION	57522	CPT	outpatient			10303		4111.67 Horizon	PPO		6654.08				336.69		9787.85 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LOOP ELECTRODE EXCISION	57522	CPT	outpatient			10303		4111.67 Horizon	MGD		6654.08				336.69		9787.85 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LOOP ELECTRODE EXCISION	57522	CPT	outpatient			10303		4111.67 Horizon	Indemnity		6654.08				336.69		9787.85 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LOOP ELECTRODE EXCISION	57522	CPT	outpatient			10303		4111.67 Horizon	NJ Health		336.69				336.69		9787.85 fee schedule	
LOOP ELECTRODE EXCISION	57522	CPT	outpatient			10303		4111.67 Managed Care Inc	Managed Care Inc		9272.7	90			336.69		9787.85 percent of total billed charges	
LOOP ELECTRODE EXCISION	57522	CPT	outpatient			10303		4111.67 Multiplan	Multiplan		8242.4	80			336.69		9787.85 percent of total billed charges	
LOOP ELECTRODE EXCISION	57522	CPT	outpatient			10303		4111.67 Qualcare	Qualcare		7727.25	75			336.69		9787.85 percent of total billed charges	
LOOP ELECTRODE EXCISION	57522	CPT	outpatient			10303		4111.67 Three Rivers	Three Rivers		9787.85	95			336.69		9787.85 percent of total billed charges	
LOOP ELECTRODE EXCISION	57522	CPT	outpatient			10303		4111.67 UHC	Medicare		3575.54				336.69		9787.85 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LOOP ELECTRODE EXCISION	57522	CPT	outpatient			10303		4111.67 UHC	Medicaid		3250.6	31.55			336.69		9787.85 percent of total billed charges	
LOOP ELECTRODE EXCISION	57522	CPT	outpatient			10303		4111.67 United	CommercialPPO		2776				336.69		9787.85 case rate	
LOOP ELECTRODE EXCISION	57522	CPT	outpatient			10303		4111.67 United	Oxford		2776				336.69		9787.85 case rate	
LOOP ELECTRODE EXCISION	57522	CPT	outpatient			10303		4111.67 Wellcare	Medicaid		3250.6	31.55			336.69		9787.85 percent of total billed charges	
LOOP ELECTRODE EXCISION	57522	CPT	outpatient			10303		4111.67 Wellcare	Medicare		3575.54				336.69		9787.85 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LOOP ELECTRODE EXCISION	57522	CPT	outpatient			10303		4111.67 WellPoint	WellPoint		3315.51	32.18			336.69		9787.85 percent of total billed charges	
D&C CERVICAL STUMP	57558	CPT	outpatient			6395		4111.67 Aetna	Commercial		5692.26				2017.62		6654.08 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
D&C CERVICAL STUMP	57558	CPT	outpatient			6395		4111.67 Aetna	Better Health		2017.62	31.55			2017.62		6654.08 percent of total billed charges	
D&C CERVICAL STUMP	57558	CPT	outpatient			6395		4111.67 Aetna	Medicare		3575.54				2017.62		6654.08 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
D&C CERVICAL STUMP	57558	CPT	outpatient			6395		4111.67 Americare	Americare		4796.25	75			2017.62		6654.08 percent of total billed charges	
D&C CERVICAL STUMP	57558	CPT	outpatient			6395		4111.67 Amerihealth	HMO/PPO		4156.75	65			2017.62		6654.08 percent of total billed charges	
D&C CERVICAL STUMP	57558	CPT	outpatient			6395		4111.67 Amerihealth	Medicare		3575.54				2017.62		6654.08 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
D&C CERVICAL STUMP	57558	CPT	outpatient			6395		4111.67 Consumer	Consumer		6075.25	95			2017.62		6654.08 percent of total billed charges	
D&C CERVICAL STUMP	57558	CPT	outpatient			6395		4111.67 Corrections	Corrections		5116	80			2017.62		6654.08 percent of total billed charges	
D&C CERVICAL STUMP	57558	CPT	outpatient			6395		4111.67 First Health	First Health		4476.5	70			2017.62		6654.08 percent of total billed charges	
D&C CERVICAL STUMP	57558	CPT	outpatient			6395		4111.67 First Trenton	First Trenton		5755.5	90			2017.62		6654.08 percent of total billed charges	
D&C CERVICAL STUMP	57558	CPT	outpatient			6395		4111.67 Horizon	Indemnity		6654.08				2017.62		6654.08 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
D&C CERVICAL STUMP	57558	CPT	outpatient			6395		4111.67 Horizon	MGD		6654.08				2017.62		6654.08 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
D&C CERVICAL STUMP	57558	CPT	outpatient			6395		4111.67 Horizon	PPO		6654.08				2017.62		6654.08 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
D&C CERVICAL STUMP	57558	CPT	outpatient			6395		4111.67 Horizon	Medicare Blue		3575.54				2017.62		6654.08 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
D&C CERVICAL STUMP	57558	CPT	outpatient			6395		4111.67 Managed Care Inc	Managed Care Inc		5755.5	90			2017.62		6654.08 percent of total billed charges	
D&C CERVICAL STUMP	57558	CPT	outpatient			6395		4111.67 Multiplan	Multiplan		5116	80			2017.62		6654.08 percent of total billed charges	
D&C CERVICAL STUMP	57558	CPT	outpatient			6395		4111.67 Qualcare	Qualcare		4796.25	75			2017.62		6654.08 percent of total billed charges	
D&C CERVICAL STUMP	57558	CPT	outpatient			6395		4111.67 Three Rivers	Three Rivers		6075.25	95			2017.62		6654.08 percent of total billed charges	
D&C CERVICAL STUMP	57558	CPT	outpatient			6395		4111.67 UHC	Medicare		3575.54				2017.62		6654.08 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
D&C CERVICAL STUMP	57558	CPT	outpatient			6395		4111.67 UHC	Medicaid		2017.62	31.55			2017.62		6654.08 percent of total billed charges	
D&C CERVICAL STUMP	57558	CPT	outpatient			6395		4111.67 United	Oxford		2776				2017.62		6654.08 case rate	
D&C CERVICAL STUMP	57558	CPT	outpatient			6395		4111.67 United	CommercialPPO		2776				2017.62		6654.08 case rate	
D&C CERVICAL STUMP	57558	CPT	outpatient			6395		4111.67 Wellcare	Medicare		3575.54				2017.62		6654.08 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
D&C CERVICAL STUMP	57558	CPT	outpatient			6395		4111.67 Wellcare	Medicaid		2017.62	31.55			2017.62		6654.08 percent of total billed charges	
D&C CERVICAL STUMP	57558	CPT	outpatient			6395		4111.67 WellPoint	WellPoint		2057.91	32.18			2017.62		6654.08 percent of total billed charges	
DILATION OF CERVICAL CANAL	57800	CPT	outpatient			10303		4111.67 Aetna	Better Health		3250.6	31.55			78.3		9787.85 percent of total billed charges	
DILATION OF CERVICAL CANAL	57800	CPT	outpatient			10303		4111.67 Aetna	Commercial		5692.26				78.3		9787.85 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILATION OF CERVICAL CANAL	57800	CPT	outpatient			10303		4111.67 Aetna	Medicare		3575.54				78.3		9787.85 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILATION OF CERVICAL CANAL	57800	CPT	outpatient			10303		4111.67 Americare	Americare		7727.25	75			78.3		9787.85 percent of total billed charges	
DILATION OF CERVICAL CANAL	57800	CPT	outpatient			10303		4111.67 Amerihealth	HMO/PPO		6696.95	65			78.3		9787.85 percent of total billed charges	
DILATION OF CERVICAL CANAL	57800	CPT	outpatient			10303		4111.67 Amerihealth	Medicare		3575.54				78.3		9787.85 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILATION OF CERVICAL CANAL	57800	CPT	outpatient			10303		4111.67 Consumer	Consumer		9787.85	95			78.3		9787.85 percent of total billed charges	
DILATION OF CERVICAL CANAL	57800	CPT	outpatient			10303		4111.67 Corrections	Corrections		8242.4	80			78.3		9787.85 percent of total billed charges	
DILATION OF CERVICAL CANAL	57800	CPT	outpatient			10303		4111.67 First Health	First Health		7212.1	70			78.3		9787.85 percent of total billed charges	
DILATION OF CERVICAL CANAL	57800	CPT	outpatient			10303		4111.67 First Trenton	First Trenton		9272.7	90			78.3		9787.85 percent of total billed charges	
DILATION OF CERVICAL CANAL	57800	CPT	outpatient			10303		4111.67 Horizon	Medicare Blue		3575.54				78.3		9787.85 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILATION OF CERVICAL CANAL	57800	CPT	outpatient			10303		4111.67 Horizon	NJ Health		78.3				78.3		9787.85 fee schedule	
DILATION OF CERVICAL CANAL	57800	CPT	outpatient			10303		4111.67 Horizon	Indemnity		6654.08				78.3		9787.85 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILATION OF CERVICAL CANAL	57800	CPT	outpatient			10303		4111.67 Horizon	MGD		6654.08				78.3		9787.85 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILATION OF CERVICAL CANAL	57800	CPT	outpatient			10303		4111.67 Horizon	PPO		6654.08				78.3		9787.85 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILATION OF CERVICAL CANAL	57800	CPT	outpatient			10303		4111.67 Managed Care Inc	Managed Care Inc		9272.7	90			78.3		9787.85 percent of total billed charges	
DILATION OF CERVICAL CANAL	57800	CPT	outpatient			10303		4111.67 Multiplan	Multiplan		8242.4	80			78.3		9787.85 percent of total billed charges	
DILATION OF CERVICAL CANAL	57800	CPT	outpatient			10303		4111.67 Qualcare	Qualcare		7727.25	75			78.3		9787.85 percent of total billed charges	
DILATION OF CERVICAL CANAL	57800	CPT	outpatient			10303		4111.67 Three Rivers	Three Rivers		9787.85	95			78.3		9787.85 percent of total billed charges	
DILATION OF CERVICAL CANAL	57800	CPT	outpatient			10303		4111.67 UHC	Medicaid		3250.6	31.55			78.3		9787.85 percent of total billed charges	
DILATION OF CERVICAL CANAL	57800	CPT	outpatient			10303		4111.67 UHC	Medicare		3575.54				78.3		9787.85 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILATION OF CERVICAL CANAL	57800	CPT	outpatient			10303		4111.67 United	Oxford		2776				78.3		9787.85 case rate	
DILATION OF CERVICAL CANAL	57800	CPT	outpatient			10303		4111.67 United	CommercialPPO		2776				78.3		9787.85 case rate	
DILATION OF CERVICAL CANAL	57800	CPT	outpatient			10303		4111.67 Wellcare	Medicaid		3250.6	31.55			78.3		9787.85 percent of total billed charges	
DILATION OF CERVICAL CANAL	57800	CPT	outpatient			10303		4111.67 Wellcare	Medicare		3575.54				78.3		9787.85 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILATION OF CERVICAL CANAL	57800	CPT	outpatient			10303		4111.67 WellPoint	WellPoint		3315.51	32.18			78.3		9787.85 percent of total billed charges	
ENDOMETRIAL SAMPLING BIOPSY	58100	CPT	outpatient			1067		262.09 Aetna	Better Health		336.64	31.55			161.79		1782 percent of total billed charges	
ENDOMETRIAL SAMPLING BIOPSY	58100	CPT	outpatient			1067		262.09 Aetna	Commercial		362.82				161.79		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOMETRIAL SAMPLING BIOPSY	58100	CPT	outpatient			1067		262.09 Aetna	Medicare		227.9				161.79		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOMETRIAL SAMPLING BIOPSY	58100	CPT	outpatient			1067		262.09 Americare	Americare		800.25	75			161.79		1782 percent of total billed charges	
ENDOMETRIAL SAMPLING BIOPSY	58100	CPT	outpatient			1067		262.09 Amerihealth	Medicare		227.9				161.79		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOMETRIAL SAMPLING BIOPSY	58100	CPT	outpatient			1067		262.09 Amerihealth	HMO/PPO		693.55	65			161.79		1782 percent of total billed charges	
ENDOMETRIAL SAMPLING BIOPSY	58100	CPT	outpatient			1067		262.09 Consumer	Consumer		1013.65	95			161.79		1782 percent of total billed charges	
ENDOMETRIAL SAMPLING BIOPSY	58100	CPT	outpatient			1067		262.09 Corrections	Corrections		853.6	80			161.79		1782 percent of total billed charges	
ENDOMETRIAL SAMPLING BIOPSY	58100	CPT	outpatient			1067		262.09 First Health	First Health		746.9	70			161.79		1782 percent of total billed charges	
ENDOMETRIAL SAMPLING BIOPSY	58100	CPT	outpatient			1067		262.09 First Trenton	First Trenton		960.3	90			161.79		1782 percent of total billed charges	
ENDOMETRIAL SAMPLING BIOPSY	58100	CPT	outpatient			1067		262.09 Horizon	Indemnity		424.12				161.79		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOMETRIAL SAMPLING BIOPSY	58100	CPT	outpatient			1067		262.09 Horizon	Medicare Blue		227.9				161.79		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOMETRIAL SAMPLING BIOPSY	58100	CPT	outpatient			1067		262.09 Horizon	MGD		424.12				161.79		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOMETRIAL SAMPLING BIOPSY	58100	CPT	outpatient			1067		262.09 Horizon	PPO		424.12				161.79		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOMETRIAL SAMPLING BIOPSY	58100	CPT	outpatient			1067		262.09 Horizon	NJ Health		161.79				161.79		1782 fee schedule	
ENDOMETRIAL SAMPLING BIOPSY	58100	CPT	outpatient			1067		262.09 Managed Care Inc	Managed Care Inc		960.3	90			161.79		1782 percent of total billed charges	
ENDOMETRIAL SAMPLING BIOPSY	58100	CPT	outpatient			1067		262.09 Multiplan	Multiplan		853.6	80			161.79		1782 percent of total billed charges	
ENDOMETRIAL SAMPLING BIOPSY	58100	CPT	outpatient			1067		262.09 Qualcare	Qualcare		800.25	75			161.79		1782 percent of total billed charges	
ENDOMETRIAL SAMPLING BIOPSY	58100	CPT	outpatient			1067		262.09 Three Rivers	Three Rivers		1013.65	95			161.79		1782 percent of total billed charges	
ENDOMETRIAL SAMPLING BIOPSY	58100	CPT	outpatient			1067		262.09 UHC	Medicaid		336.64	31.55			161.79		1782 percent of total billed charges	
ENDOMETRIAL SAMPLING BIOPSY	58100	CPT	outpatient			1067		262.09 UHC	Medicare		227.9				161.79		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOMETRIAL SAMPLING BIOPSY	58100	CPT	outpatient			1067		262.09 United	Oxford		1782				161.79		1782 case rate	
ENDOMETRIAL SAMPLING BIOPSY	58100	CPT	outpatient			1067		262.09 United	CommercialPPO		1782				161.79		1782 case rate	
ENDOMETRIAL SAMPLING BIOPSY	58100	CPT	outpatient			1067		262.09 Wellcare	Medicare		227.9				161.79		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOMETRIAL SAMPLING BIOPSY	58100	CPT	outpatient			1067		262.09 Wellcare	Medicaid		336.64	31.55			161.79		1782 percent of total billed charges	
ENDOMETRIAL SAMPLING BIOPSY	58100	CPT	outpatient			1067		262.09 WellPoint	WellPoint		343.36	32.18			161.79		1782 percent of total billed charges	
ENDOMETRIAL BX W/COLPOSCOPY	58110	CPT	outpatient					Horizon	NJ Health		58.15				58.15		1782 fee schedule	
ENDOMETRIAL BX W/COLPOSCOPY	58110	CPT	outpatient					United	CommercialPPO		1782				58.15		1782 case rate	
ENDOMETRIAL BX W/COLPOSCOPY	58110	CPT	outpatient					United	Oxford		1782				58.15		1782 case rate	
DILATION AND CURETTAGE (D&C)	58120	CPT	outpatient			10303		4111.67 Aetna	Better Health		3250.6	31.55			257.82		9787.85 percent of total billed charges	
DILATION AND CURETTAGE (D&C)	58120	CPT	outpatient			10303		4111.67 Aetna	Commercial		5692.26				257.82		9787.85 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILATION AND CURETTAGE (D&C)	58120	CPT	outpatient			10303		4111.67 Aetna	Medicare		3575.54				257.82		9787.85 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILATION AND CURETTAGE (D&C)	58120	CPT	outpatient			10303		4111.67 Americare	Americare		7727.25	75			257.82		9787.85 percent of total billed charges	
DILATION AND CURETTAGE (D&C)	58120	CPT	outpatient			10303		4111.67 Amerihealth	HMO/PPO		6696.95	65			257.82		9787.85 percent of total billed charges	
DILATION AND CURETTAGE (D&C)	58120	CPT	outpatient			10303		4111.67 Amerihealth	Medicare		3575.54				257.82		9787.85 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILATION AND CURETTAGE (D&C)	58120	CPT	outpatient			10303		4111.67 Consumer	Consumer		9787.85	95			257.82		9787.85 percent of total billed charges	
DILATION AND CURETTAGE (D&C)	58120	CPT	outpatient			10303		4111.67 Corrections	Corrections		8242.4	80			257.82		9787.85 percent of total billed charges	
DILATION AND CURETTAGE (D&C)	58120	CPT	outpatient			10303		4111.67 First Health	First Health		7212.1	70			257.82		9787.85 percent of total billed charges	
DILATION AND CURETTAGE (D&C)	58120	CPT	outpatient			10303		4111.67 First Trenton	First Trenton		9272.7	90			257.82		9787.85 percent of total billed charges	
DILATION AND CURETTAGE (D&C)	58120	CPT	outpatient			10303		4111.67 Horizon	PPO		6654.08				257.82		9787.85 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILATION AND CURETTAGE (D&C)	58120	CPT	outpatient			10303		4111.67 Horizon	MGD		6654.08				257.82		9787.85 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILATION AND CURETTAGE (D&C)	58120	CPT	outpatient			10303		4111.67 Horizon	Medicare Blue		3575.54				257.82		9787.85 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILATION AND CURETTAGE (D&C)	58120	CPT	outpatient			10303		4111.67 Horizon	NJ Health		257.82				257.82		9787.85 fee schedule	
DILATION AND CURETTAGE (D&C)	58120	CPT	outpatient			10303		4111.67 Horizon	Indemnity		6654.08				257.82		9787.85 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILATION AND CURETTAGE (D&C)	58120	CPT	outpatient			10303		4111.67 Managed Care Inc	Managed Care Inc		9272.7	90			257.82		9787.85 percent of total billed charges	
DILATION AND CURETTAGE (D&C)	58120	CPT	outpatient			10303		4111.67 Multiplan	Multiplan		8242.4	80			257.82		9787.85 percent of total billed charges	
DILATION AND CURETTAGE (D&C)	58120	CPT	outpatient			10303		4111.67 Qualcare	Qualcare		7727.25	75			257.82		9787.85 percent of total billed charges	
DILATION AND CURETTAGE (D&C)	58120	CPT	outpatient			10303		4111.67 Three Rivers	Three Rivers		9787.85	95			257.82		9787.85 percent of total billed charges	
DILATION AND CURETTAGE (D&C)	58120	CPT	outpatient			10303		4111.67 UHC	Medicare		3575.54				257.82		9787.85 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILATION AND CURETTAGE (D&C)	58120	CPT	outpatient			10303		4111.67 UHC	Medicaid		3250.6	31.55			257.82		9787.85 percent of total billed charges	
DILATION AND CURETTAGE (D&C)	58120	CPT	outpatient			10303		4111.67 United	CommercialPPO		2776				257.82		9787.85 case rate	
DILATION AND CURETTAGE (D&C)	58120	CPT	outpatient			10303		4111.67 United	Oxford		2776				257.82		9787.85 case rate	
DILATION AND CURETTAGE (D&C)	58120	CPT	outpatient			10303		4111.67 Wellcare	Medicare		3575.54				257.82		9787.85 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILATION AND CURETTAGE (D&C)	58120	CPT	outpatient			10303		4111.67 Wellcare	Medicaid		3250.6	31.55			257.82		9787.85 percent of total billed charges	
DILATION AND CURETTAGE (D&C)	58120	CPT	outpatient			10303		4111.67 WellPoint	WellPoint		3315.51	32.18			257.82		9787.85 percent of total billed charges	
MYOMECTOMY VAG 1-4 MYOMAS<=250G	58145	CPT	outpatient			8666		4111.67 Aetna	Commercial		5692.26				709.92		8232.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYOMECTOMY VAG 1-4 MYOMAS<=250G	58145	CPT	outpatient			8666		4111.67 Aetna	Medicare		3575.54				709.92		8232.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYOMECTOMY VAG 1-4 MYOMAS<=250G	58145	CPT	outpatient			8666		4111.67 Aetna	Better Health		2734.12	31.55			709.92		8232.7 percent of total billed charges	
MYOMECTOMY VAG 1-4 MYOMAS<=250G	58145	CPT	outpatient			8666		4111.67 Americare	Americare		6489.5	75			709.92		8232.7 percent of total billed charges	
MYOMECTOMY VAG 1-4 MYOMAS<=250G	58145	CPT	outpatient			8666		4111.67 Amerihealth	Medicare		3575.54				709.92		8232.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYOMECTOMY VAG 1-4 MYOMAS<=250G	58145	CPT	outpatient			8666		4111.67 Amerihealth	HMO/PPO		5632.9	65			709.92		8232.7 percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
MYOMECTOMY VAG 1-4 MYOMAS<=250G	58145	CPT	outpatient			8666		4111.87 Consumer	Consumer		8232.7	95			709.92	8232.7	percent of total billed charges	
MYOMECTOMY VAG 1-4 MYOMAS<=250G	58145	CPT	outpatient			8666		4111.87 Corrections	Corrections		6932.8	80			709.92	8232.7	percent of total billed charges	
MYOMECTOMY VAG 1-4 MYOMAS<=250G	58145	CPT	outpatient			8666		4111.87 First Health	First Health		6066.2	70			709.92	8232.7	percent of total billed charges	
MYOMECTOMY VAG 1-4 MYOMAS<=250G	58145	CPT	outpatient			8666		4111.87 First Trenton	First Trenton		7799.4	90			709.92	8232.7	percent of total billed charges	
MYOMECTOMY VAG 1-4 MYOMAS<=250G	58145	CPT	outpatient			8666		4111.87 Horizon	NJ Health		709.92				709.92	8232.7	fee schedule	
MYOMECTOMY VAG 1-4 MYOMAS<=250G	58145	CPT	outpatient			8666		4111.87 Horizon	Indemnity		6654.08				709.92	8232.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYOMECTOMY VAG 1-4 MYOMAS<=250G	58145	CPT	outpatient			8666		4111.87 Horizon	Medicare Blue		3575.54				709.92	8232.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYOMECTOMY VAG 1-4 MYOMAS<=250G	58145	CPT	outpatient			8666		4111.87 Horizon	MGD		6654.08				709.92	8232.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYOMECTOMY VAG 1-4 MYOMAS<=250G	58145	CPT	outpatient			8666		4111.87 Horizon	PPO		6654.08				709.92	8232.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYOMECTOMY VAG 1-4 MYOMAS<=250G	58145	CPT	outpatient			8666		4111.87 Managed Care Inc	Managed Care Inc		7799.4	90			709.92	8232.7	percent of total billed charges	
MYOMECTOMY VAG 1-4 MYOMAS<=250G	58145	CPT	outpatient			8666		4111.87 Multiplan	Multiplan		6932.8	80			709.92	8232.7	percent of total billed charges	
MYOMECTOMY VAG 1-4 MYOMAS<=250G	58145	CPT	outpatient			8666		4111.87 Qualcare	Qualcare		6499.5	75			709.92	8232.7	percent of total billed charges	
MYOMECTOMY VAG 1-4 MYOMAS<=250G	58145	CPT	outpatient			8666		4111.87 Three Rivers	Three Rivers		8232.7	95			709.92	8232.7	percent of total billed charges	
MYOMECTOMY VAG 1-4 MYOMAS<=250G	58145	CPT	outpatient			8666		4111.87 UHC	Medicaid		2734.12	31.55			709.92	8232.7	percent of total billed charges	
MYOMECTOMY VAG 1-4 MYOMAS<=250G	58145	CPT	outpatient			8666		4111.87 UHC	Medicare		3575.54				709.92	8232.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYOMECTOMY VAG 1-4 MYOMAS<=250G	58145	CPT	outpatient			8666		4111.87 United	Commercial|PPO		2776				709.92	8232.7	case rate	
MYOMECTOMY VAG 1-4 MYOMAS<=250G	58145	CPT	outpatient			8666		4111.87 United	Oxford		2776				709.92	8232.7	case rate	
MYOMECTOMY VAG 1-4 MYOMAS<=250G	58145	CPT	outpatient			8666		4111.87 Wellcare	Medicare		3575.54				709.92	8232.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYOMECTOMY VAG 1-4 MYOMAS<=250G	58145	CPT	outpatient			8666		4111.87 Wellcare	Medicaid		2734.12	31.55			709.92	8232.7	percent of total billed charges	
MYOMECTOMY VAG 1-4 MYOMAS<=250G	58145	CPT	outpatient			8666		4111.87 WellPoint	WellPoint		2788.72	32.18			709.92	8232.7	percent of total billed charges	
INSERT INTRAUTERINE DEVICE	58300	CPT	outpatient			450		Aetna	Medicare		138.6	30.8			135	1782	percent of total billed charges	
INSERT INTRAUTERINE DEVICE	58300	CPT	outpatient			450		Aetna	Commercial		171	38			135	1782	percent of total billed charges	
INSERT INTRAUTERINE DEVICE	58300	CPT	outpatient			450		Aetna	Better Health		141.98	31.55			135	1782	percent of total billed charges	
INSERT INTRAUTERINE DEVICE	58300	CPT	outpatient			450		Americare	Americare		337.5	75			135	1782	percent of total billed charges	
INSERT INTRAUTERINE DEVICE	58300	CPT	outpatient			450		Amerihealth	HMO|PPO		292.5	65			135	1782	percent of total billed charges	
INSERT INTRAUTERINE DEVICE	58300	CPT	outpatient			450		Consumer	Consumer		427.5	95			135	1782	percent of total billed charges	
INSERT INTRAUTERINE DEVICE	58300	CPT	outpatient			450		Corrections	Corrections		360	80			135	1782	percent of total billed charges	
INSERT INTRAUTERINE DEVICE	58300	CPT	outpatient			450		First Health	First Health		315	70			135	1782	percent of total billed charges	
INSERT INTRAUTERINE DEVICE	58300	CPT	outpatient			450		First Trenton	First Trenton		405	90			135	1782	percent of total billed charges	
INSERT INTRAUTERINE DEVICE	58300	CPT	outpatient			450		Horizon	MGD		172.26	38.28			135	1782	percent of total billed charges	
INSERT INTRAUTERINE DEVICE	58300	CPT	outpatient			450		Horizon	Indemnity		172.26	38.28			135	1782	percent of total billed charges	
INSERT INTRAUTERINE DEVICE	58300	CPT	outpatient			450		Horizon	Medicare Blue		135	30			135	1782	percent of total billed charges	
INSERT INTRAUTERINE DEVICE	58300	CPT	outpatient			450		Horizon	PPO		172.26	38.28			135	1782	percent of total billed charges	
INSERT INTRAUTERINE DEVICE	58300	CPT	outpatient			450		Managed Care Inc	Managed Care Inc		405	90			135	1782	percent of total billed charges	
INSERT INTRAUTERINE DEVICE	58300	CPT	outpatient			450		Multiplan	Multiplan		360	80			135	1782	percent of total billed charges	
INSERT INTRAUTERINE DEVICE	58300	CPT	outpatient			450		Qualcare	Qualcare		337.5	75			135	1782	percent of total billed charges	
INSERT INTRAUTERINE DEVICE	58300	CPT	outpatient			450		Three Rivers	Three Rivers		427.5	95			135	1782	percent of total billed charges	
INSERT INTRAUTERINE DEVICE	58300	CPT	outpatient			450		UHC	Medicaid		141.98	31.55			135	1782	percent of total billed charges	
INSERTION IUD	58300	CPT	outpatient			450		United	Oxford		1782				135	1782	case rate	
INSERTION IUD	58300	CPT	outpatient			450		United	Commercial|PPO		1782				135	1782	case rate	
INSERT INTRAUTERINE DEVICE	58300	CPT	outpatient			450		Wellcare	Medicaid		141.98	31.55			135	1782	percent of total billed charges	
INSERT INTRAUTERINE DEVICE	58300	CPT	outpatient			450		WellPoint	WellPoint		144.81	32.18			135	1782	percent of total billed charges	
REMOVE INTRAUTERINE DEVICE	58301	CPT	outpatient			1104	421.94	Aetna	Better Health		348.31	31.55			328.64	1782	percent of total billed charges	
REMOVE INTRAUTERINE DEVICE	58301	CPT	outpatient			1104	421.94	Aetna	Medicare		340.03	30.8			328.64	1782	percent of total billed charges	
REMOVE INTRAUTERINE DEVICE	58301	CPT	outpatient			1104	421.94	Aetna	Commercial		584.1				328.64	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE INTRAUTERINE DEVICE	58301	CPT	outpatient			1104	421.94	Americare	Americare		828	75			328.64	1782	percent of total billed charges	
REMOVE INTRAUTERINE DEVICE	58301	CPT	outpatient			1104	421.94	Amerihealth	HMO|PPO		717.6	65			328.64	1782	percent of total billed charges	
REMOVE INTRAUTERINE DEVICE	58301	CPT	outpatient			1104	421.94	Amerihealth	Medicare		366.9				328.64	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE INTRAUTERINE DEVICE	58301	CPT	outpatient			1104	421.94	Consumer	Consumer		1048.8	95			328.64	1782	percent of total billed charges	
REMOVE INTRAUTERINE DEVICE	58301	CPT	outpatient			1104	421.94	Corrections	Corrections		883.2	80			328.64	1782	percent of total billed charges	
REMOVE INTRAUTERINE DEVICE	58301	CPT	outpatient			1104	421.94	First Health	First Health		772.8	70			328.64	1782	percent of total billed charges	
REMOVE INTRAUTERINE DEVICE	58301	CPT	outpatient			1104	421.94	First Trenton	First Trenton		993.6	90			328.64	1782	percent of total billed charges	
REMOVE INTRAUTERINE DEVICE	58301	CPT	outpatient			1104	421.94	Horizon	Medicare Blue		366.9				328.64	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE INTRAUTERINE DEVICE	58301	CPT	outpatient			1104	421.94	Horizon	PPO		682.8				328.64	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE INTRAUTERINE DEVICE	58301	CPT	outpatient			1104	421.94	Horizon	MGD		682.8				328.64	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE INTRAUTERINE DEVICE	58301	CPT	outpatient			1104	421.94	Horizon	Indemnity		682.8				328.64	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE INTRAUTERINE DEVICE	58301	CPT	outpatient			1104	421.94	Managed Care Inc	Managed Care Inc		993.6	90			328.64	1782	percent of total billed charges	
REMOVE INTRAUTERINE DEVICE	58301	CPT	outpatient			1104	421.94	Multiplan	Multiplan		883.2	80			328.64	1782	percent of total billed charges	
REMOVE INTRAUTERINE DEVICE	58301	CPT	outpatient			1104	421.94	Qualcare	Qualcare		828	75			328.64	1782	percent of total billed charges	
REMOVE INTRAUTERINE DEVICE	58301	CPT	outpatient			1104	421.94	Three Rivers	Three Rivers		1048.8	95			328.64	1782	percent of total billed charges	
REMOVE INTRAUTERINE DEVICE	58301	CPT	outpatient			1104	421.94	UHC	Medicaid		348.31	31.55			328.64	1782	percent of total billed charges	
REMOVE INTRAUTERINE DEVICE	58301	CPT	outpatient			1104	421.94	UHC	Medicare		366.9				328.64	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE INTRAUTERINE DEVICE	58301	CPT	outpatient			1104	421.94	United	Commercial|PPO		1782				328.64	1782	case rate	
REMOVE INTRAUTERINE DEVICE	58301	CPT	outpatient			1104	421.94	United	Oxford		1782				328.64	1782	case rate	
REMOVE INTRAUTERINE DEVICE	58301	CPT	outpatient			1104	421.94	Wellcare	Medicaid		348.31	31.55			328.64	1782	percent of total billed charges	
REMOVE INTRAUTERINE DEVICE	58301	CPT	outpatient			1104	421.94	Wellcare	Medicare		366.9				328.64	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE INTRAUTERINE DEVICE	58301	CPT	outpatient			1104	421.94	WellPoint	WellPoint		355.27	32.18			328.64	1782	percent of total billed charges	
IR CATH & INTRO SALINE/CONTRAST	58340	CPT	outpatient			1871		Aetna	Commercial		710.98	38			98.7	1782	percent of total billed charges	
IR CATH & INTRO SALINE/CONTRAST	58340	CPT	outpatient			1871		Aetna	Medicare		576.27	30.8			98.7	1782	percent of total billed charges	
IR CATH & INTRO SALINE/CONTRAST	58340	CPT	outpatient			1871		Aetna	Better Health		590.3	31.55			98.7	1782	percent of total billed charges	
IR CATH & INTRO SALINE/CONTRAST	58340	CPT	outpatient			1871		Americare	Americare		1403.25	75			98.7	1782	percent of total billed charges	
IR CATH & INTRO SALINE/CONTRAST	58340	CPT	outpatient			1871		Amerihealth	HMO|PPO		1216.15	65			98.7	1782	percent of total billed charges	
IR CATH & INTRO SALINE/CONTRAST	58340	CPT	outpatient			1871		Consumer	Consumer		1777.45	95			98.7	1782	percent of total billed charges	
IR CATH & INTRO SALINE/CONTRAST	58340	CPT	outpatient			1871		Corrections	Corrections		1496.8	80			98.7	1782	percent of total billed charges	
IR CATH & INTRO SALINE/CONTRAST	58340	CPT	outpatient			1871		First Health	First Health		1309.7	70			98.7	1782	percent of total billed charges	
IR CATH & INTRO SALINE/CONTRAST	58340	CPT	outpatient			1871		First Trenton	First Trenton		1683.9	90			98.7	1782	percent of total billed charges	
IR CATH & INTRO SALINE/CONTRAST	58340	CPT	outpatient			1871		Horizon	Indemnity		716.22	38.28			98.7	1782	percent of total billed charges	
IR CATH & INTRO SALINE/CONTRAST	58340	CPT	outpatient			1871		Horizon	MGD		716.22	38.28			98.7	1782	percent of total billed charges	
IR CATH & INTRO SALINE/CONTRAST	58340	CPT	outpatient			1871		Horizon	Medicare Blue		561.3	30			98.7	1782	percent of total billed charges	
IR CATH & INTRO SALINE/CONTRAST	58340	CPT	outpatient			1871		Horizon	NJ Health		106.11				98.7	1782	fee schedule	
IR CATH & INTRO SALINE/CONTRAST	58340	CPT	outpatient			1871		Horizon	PPO		716.22	38.28			98.7	1782	percent of total billed charges	
IR CATH & INTRO SALINE/CONTRAST	58340	CPT	outpatient			1871		Managed Care Inc	Managed Care Inc		1683.9	90			98.7	1782	percent of total billed charges	
IR CATH & INTRO SALINE/CONTRAST	58340	CPT	outpatient			1871		Multiplan	Multiplan		1496.8	80			98.7	1782	percent of total billed charges	
IR CATH & INTRO SALINE/CONTRAST	58340	CPT	outpatient			1871		Qualcare	Qualcare		1403.25	75			98.7	1782	percent of total billed charges	
IR CATH & INTRO SALINE/CONTRAST	58340	CPT	outpatient			1871		Three Rivers	Three Rivers		1777.45	95			98.7	1782	percent of total billed charges	
IR CATH & INTRO SALINE/CONTRAST	58340	CPT	outpatient			1871		UHC	Medicaid		590.3	31.55			98.7	1782	percent of total billed charges	
IR CATH & INTRO SALINE/CONTRAST	58340	CPT	outpatient			1871		United	Oxford		1782				98.7	1782	case rate	
IR CATH & INTRO SALINE/CONTRAST	58340	CPT	outpatient			1871		United	Commercial|PPO		1782				98.7	1782	case rate	
IR CATH & INTRO SALINE/CONTRAST	58340	CPT	outpatient			1871		Wellcare	Medicaid		590.3	31.55			98.7	1782	percent of total billed charges	
IR CATH & INTRO SALINE/CONTRAST	58340	CPT	outpatient			1871		WellPoint	WellPoint		602.09	32.18			98.7	1782	percent of total billed charges	
TRANSCERV INTR FALL TUBE CATH RT	58345	CPT	outpatient			8650	4111.87	Aetna	Medicare		2664.2	30.8			1778.08	8217.5	percent of total billed charges	
TRANSCERV INTR FALL TUBE CATH RT	58345	CPT	outpatient			8650	4111.87	Aetna	Commercial		5692.26				1778.08	8217.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSCERV INTR FALL TUBE CATH RT	58345	CPT	outpatient			8650	4111.87	Aetna	Better Health		2729.08	31.55			1778.08	8217.5	percent of total billed charges	
TRANSCERV INTR FALL TUBE CATH RT	58345	CPT	outpatient			8650	4111.87	Americare	Americare		6487.5	75			1778.08	8217.5	percent of total billed charges	
TRANSCERV INTR FALL TUBE CATH RT	58345	CPT	outpatient			8650	4111.87	Amerihealth	Medicare		3575.54				1778.08	8217.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSCERV INTR FALL TUBE CATH RT	58345	CPT	outpatient			8650	4111.87	Amerihealth	HMO|PPO		5622.5	65			1778.08	8217.5	percent of total billed charges	
TRANSCERV INTR FALL TUBE CATH RT	58345	CPT	outpatient			8650	4111.87	Consumer	Consumer		8217.5	95			1778.08	8217.5	percent of total billed charges	
TRANSCERV INTR FALL TUBE CATH RT	58345	CPT	outpatient			8650	4111.87	Corrections	Corrections		6920	80			1778.08	8217.5	percent of total billed charges	
TRANSCERV INTR FALL TUBE CATH RT	58345	CPT	outpatient			8650	4111.87	First Health	First Health		6055	70			1778.08	8217.5	percent of total billed charges	
TRANSCERV INTR FALL TUBE CATH RT	58345	CPT	outpatient			8650	4111.87	First Trenton	First Trenton		7785	90			1778.08	8217.5	percent of total billed charges	
TRANSCERV INTR FALL TUBE CATH RT	58345	CPT	outpatient			8650	4111.87	Horizon	MGD		6654.08				1778.08	8217.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSCERV INTR FALL TUBE CATH RT	58345	CPT	outpatient			8650	4111.87	Horizon	PPO		6654.08				1778.08	8217.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSCERV INTR FALL TUBE CATH RT	58345	CPT	outpatient			8650	4111.87	Horizon	Indemnity		6654.08				1778.08	8217.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSCERV INTR FALL TUBE CATH RT	58345	CPT	outpatient			8650	4111.87	Horizon	Medicare Blue		3575.54				1778.08	8217.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSCERV INTR FALL TUBE CATH RT	58345	CPT	outpatient			8650	4111.87	Managed Care Inc	Managed Care Inc		7785	90			1778.08	8217.5	percent of total billed charges	
TRANSCERV INTR FALL TUBE CATH RT	58345	CPT	outpatient			8650	4111.87	Multiplan	Multiplan		6920	80			1778.08	8217.5	percent of total billed charges	
TRANSCERV INTR FALL TUBE CATH RT	58345	CPT	outpatient			8650	4111.87	Qualcare	Qualcare		6487.5	75			1778.08	8217.5	percent of total billed charges	
TRANSCERV INTR FALL TUBE CATH RT	58345	CPT	outpatient			8650	4111.87	Three Rivers	Three Rivers		8217.5	95			1778.08	8217.5	percent of total billed charges	
TRANSCERV INTR FALL TUBE CATH RT	58345	CPT	outpatient			8650	4111.87	UHC	Medicaid		2729.08	31.55			1778.08	8217.5	percent of total billed charges	
TRANSCERV INTR FALL TUBE CATH RT	58345	CPT	outpatient			8650	4111.87	UHC	Medicare		3575.54				1778.08	8217.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSCERV INTR FALL TUBE CATH RT	58345	CPT	outpatient			8650	4111.87	United	Commercial|PPO		2776				1778.08	8217.5	case rate	
TRANSCERV INTR FALL TUBE CATH RT	58345	CPT	outpatient			8650	4111.87	United	Oxford		2776				1778.08	8217.5	case rate	
TRANSCERV INTR FALL TUBE CATH RT	58345	CPT	outpatient			8650	4111.87	Wellcare	Medicare		3575.54				1778.08	8217.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSCERV INTR FALL TUBE CATH RT	58345	CPT	outpatient			8650	4111.87	Wellcare	Medicaid		2729.08	31.55			1778.08	8217.5	percent of total billed charges	
TRANSCERV INTR FALL TUBE CATH RT	58345	CPT	outpatient			8650	4111.87	WellPoint	WellPoint		2783.57	32.18			1778.08	8217.5	percent of total billed charges	
CHROMOTUBATION OF OVIDUCT	58350	CPT	outpatient			16887	6541.81	Aetna	Medicare		5688.53				3492	16042.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHROMOTUBATION OF OVIDUCT	58350	CPT	outpatient			16887	6541.81	Aetna	Commercial		9056.14				3492	16042.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHROMOTUBATION OF OVIDUCT	58350	CPT	outpatient			16887	6541.81	Aetna	Better Health		5327.85	31.55			3492	16042.65	percent of total billed charges	
CHROMOTUBATION OF OVIDUCT	58350	CPT	outpatient			16887	6541.81	Americare	Americare		12665.25	75			3492	16042.65	percent of total billed charges	
CHROMOTUBATION OF OVIDUCT	58350	CPT	outpatient			16887	6541.81	Amerihealth	Medicare		5688.53				3492	16042.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHROMOTUBATION OF OVIDUCT	58350	CPT	outpatient			16887	6541.81	Amerihealth	HMO|PPO		10976.55	65			3492	16042.65	percent of total billed charges	
CHROMOTUBATION OF OVIDUCT	58350	CPT	outpatient			16887	6541.81	Consumer	Consumer		16042.65	95			3492	16042.65	percent of total billed charges	
CHROMOTUBATION OF OVIDUCT	58350	CPT	outpatient			16887	6541.81	Corrections	Corrections		13509.6	80			3492	16042.65	percent of total billed charges	
CHROMOTUBATION OF OVIDUCT	58350	CPT	outpatient			16887	6541.81	First Health	First Health		11820.9	70			3492	16042.65	percent of total billed charges	
CHROMOTUBATION OF OVIDUCT	58350	CPT	outpatient			16887	6541.81	First Trenton	First Trenton		15198.3	90			3492	16042.65	percent of total billed charges	
CHROMOTUBATION OF OVIDUCT	58350	CPT	outpatient			16887	6541.81	Horizon	PPO		10586.35				3492	16042.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHROMOTUBATION OF OVIDUCT	58350	CPT	outpatient			16887	6541.81	Horizon	Medicare Blue		5688.53				3492	16042.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHROMOTUBATION OF OVIDUCT	58350	CPT	outpatient			16887	6541.81	Horizon	MGD		10586.35				3492	16042.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHROMOTUBATION OF OVIDUCT	58350	CPT	outpatient			16887	6541.81	Horizon	Indemnity		10586.35				3492	16042.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHROMOTUBATION OF OVIDUCT	58350	CPT	outpatient			16887	6541.81	Managed Care Inc	Managed Care Inc		15198.3	90			3492	16042.65	percent of total billed charges	
CHROMOTUBATION OF OVIDUCT	58350	CPT	outpatient			16887	6541.81	Multiplan	Multiplan		13509.6	80			3492	16042.65	percent of total billed charges	
CHROMOTUBATION OF OVIDUCT	58350	CPT	outpatient			16887	6541.81	Qualcare	Qualcare		12665.25	75			3492	16042.65	percent of total billed charges	
CHROMOTUBATION OF OVIDUCT	58350	CPT	outpatient			16887	6541.81	Three Rivers	Three Rivers		16042.65	95			3492	16042.65	percent of total billed charges	
CHROMOTUBATION OF OVIDUCT	58350	CPT	outpatient			16887	6541.81	UHC	Medicaid		5327.85	31.55			3492	16042.65	percent of total billed charges	
CHROMOTUBATION OF OVIDUCT	58350	CPT	outpatient			16887	6541.81	UHC	Medicare		5688.53				3492	16042.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHROMOTUBATION OF OVIDUCT	58350	CPT	outpatient			16887	6541.81	United	Commercial|PPO		3492				3492	16042.65	case rate	
CHROMOTUBATION OF OVIDUCT	58350	CPT	outpatient			16887	6541.81	United	Oxford		3492				3492	16042.65	case rate	
CHROMOTUBATION OF OVIDUCT	58350	CPT	outpatient			16887	6541.81	Wellcare	Medicare		5688.53				3492	16042.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHROMOTUBATION OF OVIDUCT	58350	CPT	outpatient			16887	6541.81	Wellcare	Medicaid		5327.85	31.55			3492	16042.65	percent of total billed charges	
CHROMOTUBATION OF OVIDUCT	58350	CPT	outpatient			16887	6541.81	WellPoint	WellPoint		5434.24	32.18			3492	16042.65	percent of total billed charges	
ENDMTR ABLTN W/OUT HYSTEROSCPY	58353	CPT	outpatient			16887	6541.81	Aetna	Commercial		9056.14				284.65	16042.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDMTR ABLTN W/OUT HYSTEROSCPY	58353	CPT	outpatient			16887	6541.81	Aetna	Better Health		5327.85	31.55			284.65	16042.65	percent of total billed charges	
ENDMTR ABLTN W/OUT HYSTEROSCPY	58353	CPT	outpatient			16887	6541.81	Aetna	Medicare		5688.53				284.65	16042.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDMTR ABLTN W/OUT HYSTEROSCPY	58353	CPT	outpatient			16887	6541.81	Americare	Americare		12665.25	75			284.65	16042.65	percent of total billed charges	
ENDMTR ABLTN W/OUT HYSTEROSCPY	58353	CPT	outpatient			16887	6541.81	Amerihealth	Medicare		5688.53				284.65	16042.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDMTR ABLTN W/OUT HYSTEROSCPY	58353	CPT	outpatient			16887	6541.81	Amerihealth	HMO|PPO		10976.55	65			284.65	16042.65	percent of total billed charges	
ENDMTR ABLTN W/OUT HYSTEROSCPY	58353	CPT	outpatient			16887	6541.81	Consumer	Consumer		16042.65	95			284.65	16042.65	percent of total billed charges	
ENDMTR ABLTN W/OUT HYSTEROSCPY	58353	CPT	outpatient			16887	6541.81	Corrections	Corrections		13509.6	80			284.65	16042.65	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.															
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true														
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ENDMTR ABLTN W/OUT HYSTEROSCOPY	58353	CPT	outpatient			16887	6541.81	First Health	First Health		11820.9	70			284.65	16042.65	percent of total billed charges	
ENDMTR ABLTN W/OUT HYSTEROSCOPY	58353	CPT	outpatient			16887	6541.81	First Trenton	First Trenton		15198.3	90			284.65	16042.65	percent of total billed charges	
ENDMTR ABLTN W/OUT HYSTEROSCOPY	58353	CPT	outpatient			16887	6541.81	Horizon	Indemnity		10586.35				284.65	16042.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDMTR ABLTN W/OUT HYSTEROSCOPY	58353	CPT	outpatient			16887	6541.81	Horizon	PPO		10586.35				284.65	16042.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDMTR ABLTN W/OUT HYSTEROSCOPY	58353	CPT	outpatient			16887	6541.81	Horizon	MGD		10586.35				284.65	16042.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDMTR ABLTN W/OUT HYSTEROSCOPY	58353	CPT	outpatient			16887	6541.81	Horizon	Medicare Blue		5688.53				284.65	16042.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDMTR ABLTN W/OUT HYSTEROSCOPY	58353	CPT	outpatient			16887	6541.81	Horizon	NJ Health		284.65				284.65	16042.65	fee schedule	
ENDMTR ABLTN W/OUT HYSTEROSCOPY	58353	CPT	outpatient			16887	6541.81	Managed Care Inc	Managed Care Inc		15198.3	90			284.65	16042.65	percent of total billed charges	
ENDMTR ABLTN W/OUT HYSTEROSCOPY	58353	CPT	outpatient			16887	6541.81	Multiplan	Multiplan		13509.6	80			284.65	16042.65	percent of total billed charges	
ENDMTR ABLTN W/OUT HYSTEROSCOPY	58353	CPT	outpatient			16887	6541.81	Qualcare	Qualcare		12665.25	75			284.65	16042.65	percent of total billed charges	
ENDMTR ABLTN W/OUT HYSTEROSCOPY	58353	CPT	outpatient			16887	6541.81	Three Rivers	Three Rivers		16042.65	95			284.65	16042.65	percent of total billed charges	
ENDMTR ABLTN W/OUT HYSTEROSCOPY	58353	CPT	outpatient			16887	6541.81	UHC	Medicaid		5327.85	31.55			284.65	16042.65	percent of total billed charges	
ENDMTR ABLTN W/OUT HYSTEROSCOPY	58353	CPT	outpatient			16887	6541.81	UHC	Medicare		5688.53				284.65	16042.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDMTR ABLTN W/OUT HYSTEROSCOPY	58353	CPT	outpatient			16887	6541.81	United	CommercialPPO		3492				284.65	16042.65	case rate	
ENDMTR ABLTN W/OUT HYSTEROSCOPY	58353	CPT	outpatient			16887	6541.81	United	Oxford		3492				284.65	16042.65	case rate	
ENDMTR ABLTN W/OUT HYSTEROSCOPY	58353	CPT	outpatient			16887	6541.81	Wellcare	Medicare		5688.53				284.65	16042.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDMTR ABLTN W/OUT HYSTEROSCOPY	58353	CPT	outpatient			16887	6541.81	Wellcare	Medicaid		5327.85	31.55			284.65	16042.65	percent of total billed charges	
ENDMTR ABLTN W/OUT HYSTEROSCOPY	58353	CPT	outpatient			16887	6541.81	WellPoint	WellPoint		5434.24	32.18			284.65	16042.65	percent of total billed charges	
HYSTEROSCOPY, DIAG.COMPL	58555	CPT	outpatient			9002	4111.87	Aetna	Commercial		5692.26				109.99	8551.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HYSTEROSCOPY, DIAG.COMPL	58555	CPT	outpatient			9002	4111.87	Aetna	Medicare		2772.62	30.8			109.99	8551.9	percent of total billed charges	
HYSTEROSCOPY, DIAG.COMPL	58555	CPT	outpatient			9002	4111.87	Aetna	Better Health		2840.13	31.55			109.99	8551.9	percent of total billed charges	
HYSTEROSCOPY, DIAG.COMPL	58555	CPT	outpatient			9002	4111.87	Americare	Americare		6751.5	75			109.99	8551.9	percent of total billed charges	
HYSTEROSCOPY, DIAG.COMPL	58555	CPT	outpatient			9002	4111.87	Amerihealth	HMO/PPO		5861.3	65			109.99	8551.9	percent of total billed charges	
HYSTEROSCOPY, DIAG.COMPL	58555	CPT	outpatient			9002	4111.87	Amerihealth	Medicare		3575.54				109.99	8551.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HYSTEROSCOPY, DIAG.COMPL	58555	CPT	outpatient			9002	4111.87	Consumer	Consumer		8551.9	95			109.99	8551.9	percent of total billed charges	
HYSTEROSCOPY, DIAG.COMPL	58555	CPT	outpatient			9002	4111.87	Corrections	Corrections		7201.6	80			109.99	8551.9	percent of total billed charges	
HYSTEROSCOPY, DIAG.COMPL	58555	CPT	outpatient			9002	4111.87	First Health	First Health		6301.4	70			109.99	8551.9	percent of total billed charges	
HYSTEROSCOPY, DIAG.COMPL	58555	CPT	outpatient			9002	4111.87	First Trenton	First Trenton		8101.8	90			109.99	8551.9	percent of total billed charges	
HYSTEROSCOPY, DIAG.COMPL	58555	CPT	outpatient			9002	4111.87	Horizon	Indemnity		6654.08				109.99	8551.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HYSTEROSCOPY, DIAG.COMPL	58555	CPT	outpatient			9002	4111.87	Horizon	PPO		6654.08				109.99	8551.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HYSTEROSCOPY, DIAG.COMPL	58555	CPT	outpatient			9002	4111.87	Horizon	MGD		6654.08				109.99	8551.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HYSTEROSCOPY, DIAG.COMPL	58555	CPT	outpatient			9002	4111.87	Horizon	Medicare Blue		3575.54				109.99	8551.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HYSTEROSCOPY, DIAG.COMPL	58555	CPT	outpatient			9002	4111.87	Horizon	NJ Health		109.99				109.99	8551.9	fee schedule	
HYSTEROSCOPY, DIAG.COMPL	58555	CPT	outpatient			9002	4111.87	Managed Care Inc	Managed Care Inc		8101.8	90			109.99	8551.9	percent of total billed charges	
HYSTEROSCOPY, DIAG.COMPL	58555	CPT	outpatient			9002	4111.87	Multiplan	Multiplan		7201.6	80			109.99	8551.9	percent of total billed charges	
HYSTEROSCOPY, DIAG.COMPL	58555	CPT	outpatient			9002	4111.87	Qualcare	Qualcare		6751.5	75			109.99	8551.9	percent of total billed charges	
HYSTEROSCOPY, DIAG.COMPL	58555	CPT	outpatient			9002	4111.87	Three Rivers	Three Rivers		8551.9	95			109.99	8551.9	percent of total billed charges	
HYSTEROSCOPY, DIAG.COMPL	58555	CPT	outpatient			9002	4111.87	UHC	Medicaid		2840.13	31.55			109.99	8551.9	percent of total billed charges	
HYSTEROSCOPY, DIAG.COMPL	58555	CPT	outpatient			9002	4111.87	UHC	Medicare		3575.54				109.99	8551.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HYSTEROSCOPY, DIAG.COMPL	58555	CPT	outpatient			9002	4111.87	United	CommercialPPO		2776				109.99	8551.9	case rate	
HYSTEROSCOPY, DIAG.COMPL	58555	CPT	outpatient			9002	4111.87	United	Oxford		2776				109.99	8551.9	case rate	
HYSTEROSCOPY, DIAG.COMPL	58555	CPT	outpatient			9002	4111.87	Wellcare	Medicaid		2840.13	31.55			109.99	8551.9	percent of total billed charges	
HYSTEROSCOPY, DIAG.COMPL	58555	CPT	outpatient			9002	4111.87	Wellcare	Medicare		3575.54				109.99	8551.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HYSTEROSCOPY, DIAG.COMPL	58555	CPT	outpatient			9002	4111.87	WellPoint	WellPoint		2896.84	32.18			109.99	8551.9	percent of total billed charges	
HYSRTSCPY W/BX; W-W/OUT D&C	58558	CPT	outpatient			10303	4111.87	Aetna	Commercial		5692.26				319.83	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HYSRTSCPY W/BX; W-W/OUT D&C	58558	CPT	outpatient			10303	4111.87	Aetna	Better Health		3250.6	31.55			319.83	9787.85	percent of total billed charges	
HYSRTSCPY W/BX; W-W/OUT D&C	58558	CPT	outpatient			10303	4111.87	Aetna	Medicare		3575.54				319.83	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HYSRTSCPY W/BX; W-W/OUT D&C	58558	CPT	outpatient			10303	4111.87	Americare	Americare		7727.25	75			319.83	9787.85	percent of total billed charges	
HYSRTSCPY W/BX; W-W/OUT D&C	58558	CPT	outpatient			10303	4111.87	Amerihealth	HMO/PPO		6696.95	65			319.83	9787.85	percent of total billed charges	
HYSRTSCPY W/BX; W-W/OUT D&C	58558	CPT	outpatient			10303	4111.87	Amerihealth	Medicare		3575.54				319.83	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HYSRTSCPY W/BX; W-W/OUT D&C	58558	CPT	outpatient			10303	4111.87	Consumer	Consumer		9787.85	95			319.83	9787.85	percent of total billed charges	
HYSRTSCPY W/BX; W-W/OUT D&C	58558	CPT	outpatient			10303	4111.87	Corrections	Corrections		8242.4	80			319.83	9787.85	percent of total billed charges	
HYSRTSCPY W/BX; W-W/OUT D&C	58558	CPT	outpatient			10303	4111.87	First Health	First Health		7212.1	70			319.83	9787.85	percent of total billed charges	
HYSRTSCPY W/BX; W-W/OUT D&C	58558	CPT	outpatient			10303	4111.87	First Trenton	First Trenton		9272.7	90			319.83	9787.85	percent of total billed charges	
HYSRTSCPY W/BX; W-W/OUT D&C	58558	CPT	outpatient			10303	4111.87	Horizon	Indemnity		6654.08				319.83	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HYSRTSCPY W/BX; W-W/OUT D&C	58558	CPT	outpatient			10303	4111.87	Horizon	PPO		6654.08				319.83	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HYSRTSCPY W/BX; W-W/OUT D&C	58558	CPT	outpatient			10303	4111.87	Horizon	NJ Health		319.83				319.83	9787.85	fee schedule	
HYSRTSCPY W/BX; W-W/OUT D&C	58558	CPT	outpatient			10303	4111.87	Horizon	MGD		6654.08				319.83	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HYSRTSCPY W/BX; W-W/OUT D&C	58558	CPT	outpatient			10303	4111.87	Horizon	Medicare Blue		3575.54				319.83	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HYSRTSCPY W/BX; W-W/OUT D&C	58558	CPT	outpatient			10303	4111.87	Managed Care Inc	Managed Care Inc		9272.7	90			319.83	9787.85	percent of total billed charges	
HYSRTSCPY W/BX; W-W/OUT D&C	58558	CPT	outpatient			10303	4111.87	Multiplan	Multiplan		8242.4	80			319.83	9787.85	percent of total billed charges	
HYSRTSCPY W/BX; W-W/OUT D&C	58558	CPT	outpatient			10303	4111.87	Qualcare	Qualcare		7727.25	75			319.83	9787.85	percent of total billed charges	
HYSRTSCPY W/BX; W-W/OUT D&C	58558	CPT	outpatient			10303	4111.87	Three Rivers	Three Rivers		9787.85	95			319.83	9787.85	percent of total billed charges	
HYSRTSCPY W/BX; W-W/OUT D&C	58558	CPT	outpatient			10303	4111.87	UHC	Medicare		3575.54				319.83	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HYSRTSCPY W/BX; W-W/OUT D&C	58558	CPT	outpatient			10303	4111.87	UHC	Medicaid		3250.6	31.55			319.83	9787.85	percent of total billed charges	
HYSRTSCPY W/BX; W-W/OUT D&C	58558	CPT	outpatient			10303	4111.87	United	Oxford		2776				319.83	9787.85	case rate	
HYSRTSCPY W/BX; W-W/OUT D&C	58558	CPT	outpatient			10303	4111.87	United	CommercialPPO		2776				319.83	9787.85	case rate	
HYSRTSCPY W/BX; W-W/OUT D&C	58558	CPT	outpatient			10303	4111.87	Wellcare	Medicare		3575.54				319.83	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HYSRTSCPY W/BX; W-W/OUT D&C	58558	CPT	outpatient			10303	4111.87	Wellcare	Medicaid		3250.6	31.55			319.83	9787.85	percent of total billed charges	
HYSRTSCPY W/BX; W-W/OUT D&C	58558	CPT	outpatient			10303	4111.87	WellPoint	WellPoint		3315.51	32.18			319.83	9787.85	percent of total billed charges	
LIGATION/TRANSECTION FALL TUBE	58600	CPT	outpatient			9666	4111.87	Aetna	Better Health		3049.62	31.55			2776	9182.7	percent of total billed charges	
LIGATION/TRANSECTION FALL TUBE	58600	CPT	outpatient			9666	4111.87	Aetna	Commercial		5692.26				2776	9182.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIGATION/TRANSECTION FALL TUBE	58600	CPT	outpatient			9666	4111.87	Aetna	Medicare		3575.54				2776	9182.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIGATION/TRANSECTION FALL TUBE	58600	CPT	outpatient			9666	4111.87	Americare	Americare		7249.5	75			2776	9182.7	percent of total billed charges	
LIGATION/TRANSECTION FALL TUBE	58600	CPT	outpatient			9666	4111.87	Amerihealth	Medicare		3575.54				2776	9182.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIGATION/TRANSECTION FALL TUBE	58600	CPT	outpatient			9666	4111.87	Amerihealth	HMO/PPO		6282.9	65			2776	9182.7	percent of total billed charges	
LIGATION/TRANSECTION FALL TUBE	58600	CPT	outpatient			9666	4111.87	Consumer	Consumer		9182.7	95			2776	9182.7	percent of total billed charges	
LIGATION/TRANSECTION FALL TUBE	58600	CPT	outpatient			9666	4111.87	Corrections	Corrections		7732.8	80			2776	9182.7	percent of total billed charges	
LIGATION/TRANSECTION FALL TUBE	58600	CPT	outpatient			9666	4111.87	First Health	First Health		6766.2	70			2776	9182.7	percent of total billed charges	
LIGATION/TRANSECTION FALL TUBE	58600	CPT	outpatient			9666	4111.87	First Trenton	First Trenton		8699.4	90			2776	9182.7	percent of total billed charges	
LIGATION/TRANSECTION FALL TUBE	58600	CPT	outpatient			9666	4111.87	Horizon	PPO		6654.08				2776	9182.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIGATION/TRANSECTION FALL TUBE	58600	CPT	outpatient			9666	4111.87	Horizon	Medicare Blue		3575.54				2776	9182.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIGATION/TRANSECTION FALL TUBE	58600	CPT	outpatient			9666	4111.87	Horizon	MGD		6654.08				2776	9182.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIGATION/TRANSECTION FALL TUBE	58600	CPT	outpatient			9666	4111.87	Horizon	Indemnity		6654.08				2776	9182.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIGATION/TRANSECTION FALL TUBE	58600	CPT	outpatient			9666	4111.87	Managed Care Inc	Managed Care Inc		8699.4	90			2776	9182.7	percent of total billed charges	
LIGATION/TRANSECTION FALL TUBE	58600	CPT	outpatient			9666	4111.87	Multiplan	Multiplan		7732.8	80			2776	9182.7	percent of total billed charges	
LIGATION/TRANSECTION FALL TUBE	58600	CPT	outpatient			9666	4111.87	Qualcare	Qualcare		7249.5	75			2776	9182.7	percent of total billed charges	
LIGATION/TRANSECTION FALL TUBE	58600	CPT	outpatient			9666	4111.87	Three Rivers	Three Rivers		9182.7	95			2776	9182.7	percent of total billed charges	
LIGATION/TRANSECTION FALL TUBE	58600	CPT	outpatient			9666	4111.87	UHC	Medicaid		3049.62	31.55			2776	9182.7	percent of total billed charges	
LIGATION/TRANSECTION FALL TUBE	58600	CPT	outpatient			9666	4111.87	UHC	Medicare		3575.54				2776	9182.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIGATION/TRANSECTION FALL TUBE	58600	CPT	outpatient			9666	4111.87	United	CommercialPPO		2776				2776	9182.7	case rate	
LIGATION/TRANSECTION FALL TUBE	58600	CPT	outpatient			9666	4111.87	United	Oxford		2776				2776	9182.7	case rate	
LIGATION/TRANSECTION FALL TUBE	58600	CPT	outpatient			9666	4111.87	Wellcare	Medicare		3575.54				2776	9182.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIGATION/TRANSECTION FALL TUBE	58600	CPT	outpatient			9666	4111.87	Wellcare	Medicaid		3049.62	31.55			2776	9182.7	percent of total billed charges	
LIGATION/TRANSECTION FALL TUBE	58600	CPT	outpatient			9666	4111.87	WellPoint	WellPoint		3110.52	32.18			2776	9182.7	percent of total billed charges	
TUBAL LIGATION ABD/VAGINAL	58605	CPT	inpatient			3752		Aetna	Commercial		1425.76	38			1125.6	3564.4	percent of total billed charges	
TUBAL LIGATION ABD/VAGINAL	58605	CPT	inpatient			3752		Aetna	Medicare		1155.62	30.8			1125.6	3564.4	percent of total billed charges	
TUBAL LIGATION ABD/VAGINAL	58605	CPT	inpatient			3752		Aetna	Better Health		1183.76	31.55			1125.6	3564.4	percent of total billed charges	
TUBAL LIGATION ABD/VAGINAL	58605	CPT	inpatient			3752		Americare	Americare		2814	75			1125.6	3564.4	percent of total billed charges	
TUBAL LIGATION ABD/VAGINAL	58605	CPT	inpatient			3752		Amerihealth	HMO/PPO		2438.8	65			1125.6	3564.4	percent of total billed charges	
TUBAL LIGATION ABD/VAGINAL	58605	CPT	inpatient			3752		Consumer	Consumer		3564.4	95			1125.6	3564.4	percent of total billed charges	
TUBAL LIGATION ABD/VAGINAL	58605	CPT	inpatient			3752		Corrections	Corrections		3001.6	80			1125.6	3564.4	percent of total billed charges	
TUBAL LIGATION ABD/VAGINAL	58605	CPT	inpatient			3752		First Health	First Health		2626.4	70			1125.6	3564.4	percent of total billed charges	
TUBAL LIGATION ABD/VAGINAL	58605	CPT	inpatient			3752		First Trenton	First Trenton		3376.8	90			1125.6	3564.4	percent of total billed charges	
TUBAL LIGATION ABD/VAGINAL	58605	CPT	inpatient			3752		Horizon	MGD		1436.27	38.28			1125.6	3564.4	percent of total billed charges	
TUBAL LIGATION ABD/VAGINAL	58605	CPT	inpatient			3752		Horizon	Indemnity		1436.27	38.28			1125.6	3564.4	percent of total billed charges	
TUBAL LIGATION ABD/VAGINAL	58605	CPT	inpatient			3752		Horizon	PPO		1436.27	38.28			1125.6	3564.4	percent of total billed charges	
TUBAL LIGATION ABD/VAGINAL	58605	CPT	inpatient			3752		Horizon	Medicare Blue		1125.6	30			1125.6	3564.4	percent of total billed charges	
TUBAL LIGATION ABD/VAGINAL	58605	CPT	inpatient			3752		Managed Care Inc	Managed Care Inc		3376.8	90			1125.6	3564.4	percent of total billed charges	
TUBAL LIGATION ABD/VAGINAL	58605	CPT	inpatient			3752		Multiplan	Multiplan		3001.6	80			1125.6	3564.4	percent of total billed charges	
TUBAL LIGATION ABD/VAGINAL	58605	CPT	inpatient			3752		Qualcare	Qualcare		2814	75			1125.6	3564.4	percent of total billed charges	
TUBAL LIGATION ABD/VAGINAL	58605	CPT	inpatient			3752		Three Rivers	Three Rivers		3564.4	95			1125.6	3564.4	percent of total billed charges	
TUBAL LIGATION ABD/VAGINAL	58605	CPT	inpatient			3752		UHC	Medicaid		1183.76	31.55			1125.6	3564.4	percent of total billed charges	
TUBAL LIGATION ABD/VAGINAL	58605	CPT	inpatient			3752		United	Oxford		2493				1125.6	3564.4	case rate	
TUBAL LIGATION ABD/VAGINAL	58605	CPT	inpatient			3752		United	CommercialPPO		2493				1125.6	3564.4	case rate	
TUBAL LIGATION ABD/VAGINAL	58605	CPT	inpatient			3752		Wellcare	Medicaid		1183.76	31.55			1125.6	3564.4	percent of total billed charges	
TUBAL LIGATION ABD/VAGINAL	58605	CPT	inpatient			3752		WellPoint	WellPoint		1207.39	32.18			1125.6	3564.4	percent of total billed charges	
TUBAL LIGATION W/C SECTION	58611	CPT	inpatient			7262		Aetna	Medicare		2236.7	30.8			1782	6898.9	percent of total billed charges	
TUBAL LIGATION W/C SECTION	58611	CPT	inpatient			7262		Aetna	Better Health		2291.16	31.55			1782	6898.9	percent of total billed charges	
TUBAL LIGATION W/C SECTION	58611	CPT	inpatient			7262		Aetna	Commercial		2759.56	38			1782	6898.9	percent of total billed charges	
TUBAL LIGATION W/C SECTION	58611	CPT	inpatient			7262		Americare	Americare		5446.5	75			1782	6898.9	percent of total billed charges	
TUBAL LIGATION W/C SECTION	58611	CPT	inpatient			7262		Amerihealth	HMO/PPO		4720.3	65			1782	6898.9	percent of total billed charges	
TUBAL LIGATION W/C SECTION	58611	CPT	inpatient			7262		Consumer	Consumer		6898.9	95			1782	6898.9	percent of total billed charges	
TUBAL LIGATION W/C SECTION	58611	CPT	inpatient			7262		Corrections	Corrections		5809.6	80			1782	6898.9	percent of total billed charges	
TUBAL LIGATION W/C SECTION	58611	CPT	inpatient			7262		First Health	First Health		5083.4	70			1782	6898.9	percent of total billed charges	
TUBAL LIGATION W/C SECTION	58611	CPT	inpatient			7262		First Trenton	First Trenton		6535.8	90			1782	6898.9	percent of total billed charges	
TUBAL LIGATION W/C SECTION	58611	CPT	inpatient			7262		Horizon	Medicare Blue		2178.6	30			1782	6898.9	percent of total billed charges	
TUBAL LIGATION W/C SECTION	58611	CPT	inpatient			7262		Horizon	Indemnity		2779.89	38.28			1782	6898.9	percent of total billed charges	
TUBAL LIGATION W/C SECTION	58611	CPT	inpatient			7262		Horizon	MGD		2779.89	38.28			1782	6898.9	percent of total billed charges	
TUBAL LIGATION W/C SECTION	58611	CPT	inpatient			7262		Horizon	PPO		2779.89	38.28			1782	6898.9	percent of total billed charges	
TUBAL LIGATION W/C SECTION	58611	CPT	inpatient			7262		Managed Care Inc	Managed Care Inc		6535.8	90			1782	6898.9	percent of total billed charges	
TUBAL LIGATION W/C SECTION	58611	CPT	inpatient			7262		Multiplan	Multiplan		5809.6	80			1782	6898.9	percent of total billed charges	
TUBAL LIGATION W/C SECTION	58611	CPT	inpatient			7262		Qualcare	Qualcare		5446.5	75			1782	6898.9	percent of total billed charges	
TUBAL LIGATION W/C SECTION	58611	CPT	inpatient			7262		Three Rivers	Three Rivers		6898.9	95			1782	6898.9	percent of total billed charges	
TUBAL LIGATION W/C SECTION	58611	CPT	inpatient			7262		UHC	Medicaid		2291.16	31.55			1782	6898.9	percent of total billed charges	
TUBAL LIGATION W/C SECTION	58611	CPT	inpatient			7262		United	Oxford		1782				1782	6898.9	case rate	
TUBAL LIGATION W/C SECTION	58611	CPT	inpatient			7262		United	CommercialPPO		1782				1782	6898.9	case rate	
TUBAL LIGATION W/C SECTION	58611	CPT	inpatient			7262		Wellcare	Medicaid		2291.16	31.55			1782	6898.9	percent of total billed charges	
TUBAL LIGATION W/C SECTION	58611	CPT	inpatient			7262		WellPoint	WellPoint		2336.91	32.18			1782	6898.9	percent of total billed charges	
LAPAROSCOPY	58660	CPT	outpatient			17574	7588.83	Aetna	Medicare		6598.98				766.17	16695.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LAPAROSCOPY	58660	CPT	outpatient			17574	7588.83	Aetna	Commercial		10505.58				766.17	16695.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LAPAROSCOPY	58660	CPT	outpatient			17574	7588.83	Aetna	Better Health		5544.6	31.55			766.17	16695.3	percent of total billed charges	
LAPAROSCOPY	58660	CPT	outpatient			17574	7588.83	Americare	Americare		13180.5	75			766.17	16695.3	percent of total billed charges	
LAPAROSCOPY	58660	CPT	outpatient			17574	7588.83	Amerihealth	Medicare		6598.98				766.17	16695.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LAPAROSCOPY	58660	CPT	outpatient			17574	7588.83	Amerihealth	HMO/PPO		11423.1	65			766.17	16695.3	percent of total billed charges	
LAPAROSCOPY	58660	CPT	outpatient			17574	7588.83	Consumer	Consumer		16695.3	95			766.17	16695.3	percent of total billed charges	
LAPAROSCOPY	58660	CPT	outpatient			17574	7588.83	Corrections	Corrections		14059.2	80			766.17	16695.3	percent of total billed charges	
LAPAROSCOPY	58660	CPT	outpatient			17574	7588.83	First Health	First Health		12301.8	70			766.17	16695.3	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.														
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103		310119 true													
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
LAPAROSCOPY	58660	CPT	outpatient			17574	7588.83	First Trenton	First Trenton		15816.6	90			766.17	16695.3	percent of total billed charges	
LAPAROSCOPY	58660	CPT	outpatient			17574	7588.83	Horizon	MGD		12280.7				766.17	16695.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LAPAROSCOPY	58660	CPT	outpatient			17574	7588.83	Horizon	Medicare Blue		6598.98				766.17	16695.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LAPAROSCOPY	58660	CPT	outpatient			17574	7588.83	Horizon	Indemnity		12280.7				766.17	16695.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LAPAROSCOPY	58660	CPT	outpatient			17574	7588.83	Horizon	NJ Health		766.17				766.17	16695.3	fee schedule	
LAPAROSCOPY	58660	CPT	outpatient			17574	7588.83	Horizon	PPO		12280.7				766.17	16695.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LAPAROSCOPY	58660	CPT	outpatient			17574	7588.83	Managed Care Inc	Managed Care Inc		15816.6	90			766.17	16695.3	percent of total billed charges	
LAPAROSCOPY	58660	CPT	outpatient			17574	7588.83	Multiplan	Multiplan		14059.2	80			766.17	16695.3	percent of total billed charges	
LAPAROSCOPY	58660	CPT	outpatient			17574	7588.83	Qualcare	Qualcare		13180.5	75			766.17	16695.3	percent of total billed charges	
LAPAROSCOPY	58660	CPT	outpatient			17574	7588.83	Three Rivers	Three Rivers		16695.3	95			766.17	16695.3	percent of total billed charges	
LAPAROSCOPY	58660	CPT	outpatient			17574	7588.83	UHC	Medicare		6598.98				766.17	16695.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LAPAROSCOPY	58660	CPT	outpatient			17574	7588.83	UHC	Medicaid		5544.6	31.55			766.17	16695.3	percent of total billed charges	
LAPAROSCOPY	58660	CPT	outpatient			17574	7588.83	United	Commercial|PPO		4702				766.17	16695.3	case rate	
LAPAROSCOPY	58660	CPT	outpatient			17574	7588.83	United	Oxford		4702				766.17	16695.3	case rate	
LAPAROSCOPY	58660	CPT	outpatient			17574	7588.83	Wellcare	Medicaid		5544.6	31.55			766.17	16695.3	percent of total billed charges	
LAPAROSCOPY	58660	CPT	outpatient			17574	7588.83	Wellcare	Medicare		6598.98				766.17	16695.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LAPAROSCOPY	58660	CPT	outpatient			17574	7588.83	WellPoint	WellPoint		5655.31	32.18			766.17	16695.3	percent of total billed charges	
W/FULGURATION OF OVIDUCTS	58670	CPT	outpatient			18119	7588.83	Aetna	Commercial		10505.58				4702	17213.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
W/FULGURATION OF OVIDUCTS	58670	CPT	outpatient			18119	7588.83	Aetna	Medicare		5580.65	30.8			4702	17213.05	percent of total billed charges	
W/FULGURATION OF OVIDUCTS	58670	CPT	outpatient			18119	7588.83	Aetna	Better Health		5716.54	31.55			4702	17213.05	percent of total billed charges	
W/FULGURATION OF OVIDUCTS	58670	CPT	outpatient			18119	7588.83	Americare	Americare		13589.25	75			4702	17213.05	percent of total billed charges	
W/FULGURATION OF OVIDUCTS	58670	CPT	outpatient			18119	7588.83	Amerihealth	HMO|PPO		11777.35	65			4702	17213.05	percent of total billed charges	
W/FULGURATION OF OVIDUCTS	58670	CPT	outpatient			18119	7588.83	Amerihealth	Medicare		6598.98				4702	17213.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
W/FULGURATION OF OVIDUCTS	58670	CPT	outpatient			18119	7588.83	Consumer	Consumer		12123.05	95			4702	17213.05	percent of total billed charges	
W/FULGURATION OF OVIDUCTS	58670	CPT	outpatient			18119	7588.83	Corrections	Corrections		14495.2	80			4702	17213.05	percent of total billed charges	
W/FULGURATION OF OVIDUCTS	58670	CPT	outpatient			18119	7588.83	First Health	First Health		12683.3	70			4702	17213.05	percent of total billed charges	
W/FULGURATION OF OVIDUCTS	58670	CPT	outpatient			18119	7588.83	First Trenton	First Trenton		16307.1	90			4702	17213.05	percent of total billed charges	
W/FULGURATION OF OVIDUCTS	58670	CPT	outpatient			18119	7588.83	Horizon	Indemnity		12280.7				4702	17213.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
W/FULGURATION OF OVIDUCTS	58670	CPT	outpatient			18119	7588.83	Horizon	MGD		12280.7				4702	17213.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
W/FULGURATION OF OVIDUCTS	58670	CPT	outpatient			18119	7588.83	Horizon	Medicare Blue		6598.98				4702	17213.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
W/FULGURATION OF OVIDUCTS	58670	CPT	outpatient			18119	7588.83	Horizon	PPO		12280.7				4702	17213.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
W/FULGURATION OF OVIDUCTS	58670	CPT	outpatient			18119	7588.83	Managed Care Inc	Managed Care Inc		16307.1	90			4702	17213.05	percent of total billed charges	
W/FULGURATION OF OVIDUCTS	58670	CPT	outpatient			18119	7588.83	Multiplan	Multiplan		14495.2	80			4702	17213.05	percent of total billed charges	
W/FULGURATION OF OVIDUCTS	58670	CPT	outpatient			18119	7588.83	Qualcare	Qualcare		13589.25	75			4702	17213.05	percent of total billed charges	
W/FULGURATION OF OVIDUCTS	58670	CPT	outpatient			18119	7588.83	Three Rivers	Three Rivers		17213.05	95			4702	17213.05	percent of total billed charges	
W/FULGURATION OF OVIDUCTS	58670	CPT	outpatient			18119	7588.83	UHC	Medicaid		5716.54	31.55			4702	17213.05	percent of total billed charges	
W/FULGURATION OF OVIDUCTS	58670	CPT	outpatient			18119	7588.83	UHC	Medicare		6598.98				4702	17213.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
W/FULGURATION OF OVIDUCTS	58670	CPT	outpatient			18119	7588.83	United	Commercial|PPO		4702				4702	17213.05	case rate	
W/FULGURATION OF OVIDUCTS	58670	CPT	outpatient			18119	7588.83	United	Oxford		4702				4702	17213.05	case rate	
W/FULGURATION OF OVIDUCTS	58670	CPT	outpatient			18119	7588.83	Wellcare	Medicare		6598.98				4702	17213.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
W/FULGURATION OF OVIDUCTS	58670	CPT	outpatient			18119	7588.83	Wellcare	Medicaid		5716.54	31.55			4702	17213.05	percent of total billed charges	
W/FULGURATION OF OVIDUCTS	58670	CPT	outpatient			18119	7588.83	WellPoint	WellPoint		5830.69	32.18			4702	17213.05	percent of total billed charges	
DRAINAGE OVARIAN CYST VAG APPR	58800	CPT	outpatient			9014	4111.87	Aetna	Commercial		5692.26				357.1	8563.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAINAGE OVARIAN CYST VAG APPR	58800	CPT	outpatient			9014	4111.87	Aetna	Medicare		2776.31	30.8			357.1	8563.3	percent of total billed charges	
DRAINAGE OVARIAN CYST VAG APPR	58800	CPT	outpatient			9014	4111.87	Aetna	Better Health		2843.92	31.55			357.1	8563.3	percent of total billed charges	
DRAINAGE OVARIAN CYST VAG APPR	58800	CPT	outpatient			9014	4111.87	Americare	Americare		6760.5	75			357.1	8563.3	percent of total billed charges	
DRAINAGE OVARIAN CYST VAG APPR	58800	CPT	outpatient			9014	4111.87	Amerihealth	HMO|PPO		5859.1	65			357.1	8563.3	percent of total billed charges	
DRAINAGE OVARIAN CYST VAG APPR	58800	CPT	outpatient			9014	4111.87	Amerihealth	Medicare		3575.54				357.1	8563.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAINAGE OVARIAN CYST VAG APPR	58800	CPT	outpatient			9014	4111.87	Consumer	Consumer		8563.3	95			357.1	8563.3	percent of total billed charges	
DRAINAGE OVARIAN CYST VAG APPR	58800	CPT	outpatient			9014	4111.87	Corrections	Corrections		7211.2	80			357.1	8563.3	percent of total billed charges	
DRAINAGE OVARIAN CYST VAG APPR	58800	CPT	outpatient			9014	4111.87	First Health	First Health		6309.8	70			357.1	8563.3	percent of total billed charges	
DRAINAGE OVARIAN CYST VAG APPR	58800	CPT	outpatient			9014	4111.87	First Trenton	First Trenton		8112.6	90			357.1	8563.3	percent of total billed charges	
DRAINAGE OVARIAN CYST VAG APPR	58800	CPT	outpatient			9014	4111.87	Horizon	Medicare Blue		3575.54				357.1	8563.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAINAGE OVARIAN CYST VAG APPR	58800	CPT	outpatient			9014	4111.87	Horizon	PPO		6654.08				357.1	8563.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAINAGE OVARIAN CYST VAG APPR	58800	CPT	outpatient			9014	4111.87	Horizon	NJ Health		357.1				357.1	8563.3	fee schedule	
DRAINAGE OVARIAN CYST VAG APPR	58800	CPT	outpatient			9014	4111.87	Horizon	Indemnity		6654.08				357.1	8563.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAINAGE OVARIAN CYST VAG APPR	58800	CPT	outpatient			9014	4111.87	Horizon	MGD		6654.08				357.1	8563.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAINAGE OVARIAN CYST VAG APPR	58800	CPT	outpatient			9014	4111.87	Managed Care Inc	Managed Care Inc		8112.6	90			357.1	8563.3	percent of total billed charges	
DRAINAGE OVARIAN CYST VAG APPR	58800	CPT	outpatient			9014	4111.87	Multiplan	Multiplan		7211.2	80			357.1	8563.3	percent of total billed charges	
DRAINAGE OVARIAN CYST VAG APPR	58800	CPT	outpatient			9014	4111.87	Qualcare	Qualcare		6760.5	75			357.1	8563.3	percent of total billed charges	
DRAINAGE OVARIAN CYST VAG APPR	58800	CPT	outpatient			9014	4111.87	Three Rivers	Three Rivers		8563.3	95			357.1	8563.3	percent of total billed charges	
DRAINAGE OVARIAN CYST VAG APPR	58800	CPT	outpatient			9014	4111.87	UHC	Medicaid		2843.92	31.55			357.1	8563.3	percent of total billed charges	
DRAINAGE OVARIAN CYST VAG APPR	58800	CPT	outpatient			9014	4111.87	UHC	Medicare		3575.54				357.1	8563.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAINAGE OVARIAN CYST VAG APPR	58800	CPT	outpatient			9014	4111.87	United	Commercial|PPO		2776				357.1	8563.3	case rate	
DRAINAGE OVARIAN CYST VAG APPR	58800	CPT	outpatient			9014	4111.87	United	Oxford		2776				357.1	8563.3	case rate	
DRAINAGE OVARIAN CYST VAG APPR	58800	CPT	outpatient			9014	4111.87	Wellcare	Medicaid		2843.92	31.55			357.1	8563.3	percent of total billed charges	
DRAINAGE OVARIAN CYST VAG APPR	58800	CPT	outpatient			9014	4111.87	Wellcare	Medicare		3575.54				357.1	8563.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAINAGE OVARIAN CYST VAG APPR	58800	CPT	outpatient			9014	4111.87	WellPoint	WellPoint		2900.71	32.18			357.1	8563.3	percent of total billed charges	
DRAINAGE OVARIAN CYST ABD APPR	58805	CPT	outpatient			4931	4111.87	Aetna	Commercial		5692.26				631.62	6654.08	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAINAGE OVARIAN CYST ABD APPR	58805	CPT	outpatient			4931	4111.87	Aetna	Better Health		1555.73	31.55			631.62	6654.08	percent of total billed charges	
DRAINAGE OVARIAN CYST ABD APPR	58805	CPT	outpatient			4931	4111.87	Aetna	Medicare		3575.54				631.62	6654.08	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAINAGE OVARIAN CYST ABD APPR	58805	CPT	outpatient			4931	4111.87	Americare	Americare		3698.25	75			631.62	6654.08	percent of total billed charges	
DRAINAGE OVARIAN CYST ABD APPR	58805	CPT	outpatient			4931	4111.87	Amerihealth	HMO|PPO		3205.15	65			631.62	6654.08	percent of total billed charges	
DRAINAGE OVARIAN CYST ABD APPR	58805	CPT	outpatient			4931	4111.87	Amerihealth	Medicare		3575.54				631.62	6654.08	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAINAGE OVARIAN CYST ABD APPR	58805	CPT	outpatient			4931	4111.87	Consumer	Consumer		4684.45	95			631.62	6654.08	percent of total billed charges	
DRAINAGE OVARIAN CYST ABD APPR	58805	CPT	outpatient			4931	4111.87	Corrections	Corrections		3944.8	80			631.62	6654.08	percent of total billed charges	
DRAINAGE OVARIAN CYST ABD APPR	58805	CPT	outpatient			4931	4111.87	First Health	First Health		3451.7	70			631.62	6654.08	percent of total billed charges	
DRAINAGE OVARIAN CYST ABD APPR	58805	CPT	outpatient			4931	4111.87	First Trenton	First Trenton		4437.9	90			631.62	6654.08	percent of total billed charges	
DRAINAGE OVARIAN CYST ABD APPR	58805	CPT	outpatient			4931	4111.87	Horizon	PPO		6654.08				631.62	6654.08	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAINAGE OVARIAN CYST ABD APPR	58805	CPT	outpatient			4931	4111.87	Horizon	Indemnity		6654.08				631.62	6654.08	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAINAGE OVARIAN CYST ABD APPR	58805	CPT	outpatient			4931	4111.87	Horizon	MGD		6654.08				631.62	6654.08	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAINAGE OVARIAN CYST ABD APPR	58805	CPT	outpatient			4931	4111.87	Horizon	NJ Health		631.62				631.62	6654.08	fee schedule	
DRAINAGE OVARIAN CYST ABD APPR	58805	CPT	outpatient			4931	4111.87	Horizon	Medicare Blue		3575.54				631.62	6654.08	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAINAGE OVARIAN CYST ABD APPR	58805	CPT	outpatient			4931	4111.87	Managed Care Inc	Managed Care Inc		4437.9	90			631.62	6654.08	percent of total billed charges	
DRAINAGE OVARIAN CYST ABD APPR	58805	CPT	outpatient			4931	4111.87	Multiplan	Multiplan		3944.8	80			631.62	6654.08	percent of total billed charges	
DRAINAGE OVARIAN CYST ABD APPR	58805	CPT	outpatient			4931	4111.87	Qualcare	Qualcare		3698.25	75			631.62	6654.08	percent of total billed charges	
DRAINAGE OVARIAN CYST ABD APPR	58805	CPT	outpatient			4931	4111.87	Three Rivers	Three Rivers		4684.45	95			631.62	6654.08	percent of total billed charges	
DRAINAGE OVARIAN CYST ABD APPR	58805	CPT	outpatient			4931	4111.87	UHC	Medicaid		1555.73	31.55			631.62	6654.08	percent of total billed charges	
DRAINAGE OVARIAN CYST ABD APPR	58805	CPT	outpatient			4931	4111.87	UHC	Medicare		3575.54				631.62	6654.08	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAINAGE OVARIAN CYST ABD APPR	58805	CPT	outpatient			4931	4111.87	United	Commercial|PPO		2776				631.62	6654.08	case rate	
DRAINAGE OVARIAN CYST ABD APPR	58805	CPT	outpatient			4931	4111.87	United	Oxford		2776				631.62	6654.08	case rate	
DRAINAGE OVARIAN CYST ABD APPR	58805	CPT	outpatient			4931	4111.87	Wellcare	Medicare		3575.54				631.62	6654.08	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAINAGE OVARIAN CYST ABD APPR	58805	CPT	outpatient			4931	4111.87	Wellcare	Medicaid		1555.73	31.55			631.62	6654.08	percent of total billed charges	
DRAINAGE OVARIAN CYST ABD APPR	58805	CPT	outpatient			4931	4111.87	WellPoint	WellPoint		1586.8	32.18			631.62	6654.08	percent of total billed charges	
BIOPSY, OVARY	58900	CPT	outpatient			10303	4111.87	Aetna	Better Health		3250.6	31.55			550.71	9787.85	percent of total billed charges	
BIOPSY, OVARY	58900	CPT	outpatient			10303	4111.87	Aetna	Commercial		5692.26				550.71	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY, OVARY	58900	CPT	outpatient			10303	4111.87	Aetna	Medicare		3173.32	30.8			550.71	9787.85	percent of total billed charges	
BIOPSY, OVARY	58900	CPT	outpatient			10303	4111.87	Americare	Americare		7727.25	75			550.71	9787.85	percent of total billed charges	
BIOPSY, OVARY	58900	CPT	outpatient			10303	4111.87	Amerihealth	Medicare		3575.54				550.71	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY, OVARY	58900	CPT	outpatient			10303	4111.87	Amerihealth	HMO|PPO		6696.95	65			550.71	9787.85	percent of total billed charges	
BIOPSY, OVARY	58900	CPT	outpatient			10303	4111.87	Consumer	Consumer		9787.85	95			550.71	9787.85	percent of total billed charges	
BIOPSY, OVARY	58900	CPT	outpatient			10303	4111.87	Corrections	Corrections		8242.4	80			550.71	9787.85	percent of total billed charges	
BIOPSY, OVARY	58900	CPT	outpatient			10303	4111.87	First Health	First Health		7212.1	70			550.71	9787.85	percent of total billed charges	
BIOPSY, OVARY	58900	CPT	outpatient			10303	4111.87	First Trenton	First Trenton		9272.7	90			550.71	9787.85	percent of total billed charges	
BIOPSY, OVARY	58900	CPT	outpatient			10303	4111.87	Horizon	Indemnity		6654.08				550.71	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY, OVARY	58900	CPT	outpatient			10303	4111.87	Horizon	MGD		6654.08				550.71	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY, OVARY	58900	CPT	outpatient			10303	4111.87	Horizon	Medicare Blue		3575.54				550.71	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY, OVARY	58900	CPT	outpatient			10303	4111.87	Horizon	NJ Health		550.71				550.71	9787.85	fee schedule	
BIOPSY, OVARY	58900	CPT	outpatient			10303	4111.87	Horizon	PPO		6654.08				550.71	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY, OVARY	58900	CPT	outpatient			10303	4111.87	Managed Care Inc	Managed Care Inc		9272.7	90			550.71	9787.85	percent of total billed charges	
BIOPSY, OVARY	58900	CPT	outpatient			10303	4111.87	Multiplan	Multiplan		8242.4	80			550.71	9787.85	percent of total billed charges	
BIOPSY, OVARY	58900	CPT	outpatient			10303	4111.87	Qualcare	Qualcare		7727.25	75			550.71	9787.85	percent of total billed charges	
BIOPSY, OVARY	58900	CPT	outpatient			10303	4111.87	Three Rivers	Three Rivers		9787.85	95			550.71	9787.85	percent of total billed charges	
BIOPSY, OVARY	58900	CPT	outpatient			10303	4111.87	UHC	Medicaid		3250.6	31.55			550.71	9787.85	percent of total billed charges	
BIOPSY, OVARY	58900	CPT	outpatient			10303	4111.87	UHC	Medicare		3575.54				550.71	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY, OVARY	58900	CPT	outpatient			10303	4111.87	United	Commercial|PPO		2776				550.71	9787.85	case rate	
BIOPSY, OVARY	58900	CPT	outpatient			10303	4111.87	United	Oxford		2776				550.71	9787.85	case rate	
BIOPSY, OVARY	58900	CPT	outpatient			10303	4111.87	Wellcare	Medicaid		3250.6	31.55			550.71	9787.85	percent of total billed charges	
BIOPSY, OVARY	58900	CPT	outpatient			10303	4111.87	Wellcare	Medicare		3575.54				550.71	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY, OVARY	58900	CPT	outpatient			10303	4111.87	WellPoint	WellPoint		3315.91	32.18			550.71	9787.85	percent of total billed charges	
IN VITRO FERTILIZATION	58974	CPT	outpatient			2482	1057.32	Aetna	Commercial		1463.7				421.82	2357.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IN VITRO FERTILIZATION	58974	CPT	outpatient			2482	1057.32	Aetna	Better Health		783.07	31.55			421.82	2357.9	percent of total billed charges	
IN VITRO FERTILIZATION	58974	CPT	outpatient			2482	1057.32	Aetna	Medicare		919.41				421.82	2357.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IN VITRO FERTILIZATION	58974	CPT	outpatient			2482	1057.32	Americare	Americare		1861.5	75			421.82	2357.9	percent of total billed charges	
IN VITRO FERTILIZATION	58974	CPT	outpatient			2482	1057.32	Amerihealth	HMO|PPO		1613.3	65			421.82	2357.9	percent of total billed charges	
IN VITRO FERTILIZATION	58974	CPT	outpatient			2482	1057.32	Amerihealth	Medicare		919.41				421.82	2357.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IN VITRO FERTILIZATION	58974	CPT	outpatient			2482	1057.32	Consumer	Consumer		2357.9	95			421.82	2357.9	percent of total billed charges	
IN VITRO FERTILIZATION	58974	CPT	outpatient			2482	1057.32	Corrections	Corrections		1985.6	80			421.82	2357.9	percent of total billed charges	
IN VITRO FERTILIZATION	58974	CPT	outpatient			2482	1057.32	First Health	First Health		1737.4	70			421.82	2357.9	percent of total billed charges	
IN VITRO FERTILIZATION	58974	CPT	outpatient			2482	1057.32	First Trenton	First Trenton		2233.8	90			421.82	2357.9	percent of total billed charges	
IN VITRO FERTILIZATION	58974	CPT	outpatient			2482	1057.32	Horizon	PPO		1711.02				421.82	2357.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IN VITRO FERTILIZATION	58974	CPT	outpatient			2482	1057.32	Horizon	MGD		1711.02				421.82	2357.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IN VITRO FERTILIZATION	58974	CPT	outpatient			2482	1057.32	Horizon	Medicare Blue		919.41				421.82	2357.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IN VITRO FERTILIZATION	58974	CPT	outpatient			2482	1057.32	Horizon	Indemnity		1711.02				421.82	2357.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IN VITRO FERTILIZATION	58974	CPT	outpatient			2482	1057.32	Managed Care Inc	Managed Care Inc		2233.8	90			421.82	2357.9	percent of total billed charges	
IN VITRO FERTILIZATION	58974	CPT	outpatient			2482	1057.32	Multiplan	Multiplan		1985.6	80			421.82	2357.9	percent of total billed charges	
IN VITRO FERTILIZATION	58974	CPT	outpatient			2482	1057.32	Qualcare	Qualcare		1861.5	75			421.82	2357.9	percent of total billed charges	
IN VITRO FERTILIZATION	58974	CPT	outpatient			2482	1057.32	Three Rivers	Three Rivers		2357.9	95			421.82	2357.9	percent of total billed charges	
IN VITRO FERTILIZATION	58974	CPT	outpatient			2482	1057.32	UHC	Medicaid		783.07	31.55			421.82	2357.9	percent of total billed charges	
IN VITRO FERTILIZATION	58974	CPT	outpatient			2482	1057.32	UHC	Medicare		919.41				421.82	2357.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IN VITRO FERTILIZATION	58974	CPT	outpatient			2482	1057.32	United	Oxford		1817				421.82	2357.9	case rate	
IN VITRO FERTILIZATION	58974	CPT	outpatient			2482	1057.32	United	Commercial|PPO		1817				421.82	2357.9	case rate	
IN VITRO FERTILIZATION	58974	CPT	outpatient			2482	1057.32	Wellcare	Medicare		919.41				421.82	2357.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IN VITRO FERTILIZATION	58974	CPT	outpatient			2482	1057.32	Wellcare	Medicaid		783.07	31.55			421.82	2357.9	percent of total billed charges	
IN VITRO FERTILIZATION	58974	CPT	outpatient			2482	1057.32	WellPoint	WellPoint		798.71	32.18			421.82	2357.9	percent of total billed charges	
UNLISTED PROC, F GEN. SYS(NON-OB)	58999	CPT	outpatient			682	262.09	Aetna	Medicare		210.06	30.8			199.89	1782	percent of total billed charges	
UNLISTED PROC, F GEN. SYS(NON-OB)	58999	CPT	outpatient			682	262.09	Aetna	Commercial		362.82				199.89	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC, F GEN. SYS(NON-OB)	58999	CPT	outpatient			682	262.09	Aetna	Better Health		215.17	31.55			199.89	1782	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
UNLISTED PROC, F GEN. SYS(NON-OB)	58999	CPT	outpatient			682		262.09 Americare	Americare		511.5	75			199.89	1782	percent of total billed charges	
UNLISTED PROC, F GEN. SYS(NON-OB)	58999	CPT	outpatient			682		262.09 Amerihealth	Medicare		227.9				199.89	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC, F GEN. SYS(NON-OB)	58999	CPT	outpatient			682		262.09 Amerihealth	HMO/PPO		443.3	65			199.89	1782	percent of total billed charges	
UNLISTED PROC, F GEN. SYS(NON-OB)	58999	CPT	outpatient			682		262.09 Consumer	Consumer		647.9	95			199.89	1782	percent of total billed charges	
UNLISTED PROC, F GEN. SYS(NON-OB)	58999	CPT	outpatient			682		262.09 Corrections	Corrections		545.6	80			199.89	1782	percent of total billed charges	
UNLISTED PROC, F GEN. SYS(NON-OB)	58999	CPT	outpatient			682		262.09 First Health	First Health		477.4	70			199.89	1782	percent of total billed charges	
UNLISTED PROC, F GEN. SYS(NON-OB)	58999	CPT	outpatient			682		262.09 First Trenton	First Trenton		613.8	90			199.89	1782	percent of total billed charges	
UNLISTED PROC, F GEN. SYS(NON-OB)	58999	CPT	outpatient			682		262.09 Horizon	Indemnity		424.12				199.89	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC, F GEN. SYS(NON-OB)	58999	CPT	outpatient			682		262.09 Horizon	Medicare Blue		227.9				199.89	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC, F GEN. SYS(NON-OB)	58999	CPT	outpatient			682		262.09 Horizon	MGD		424.12				199.89	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC, F GEN. SYS(NON-OB)	58999	CPT	outpatient			682		262.09 Horizon	PPO		424.12				199.89	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC, F GEN. SYS(NON-OB)	58999	CPT	outpatient			682		262.09 Managed Care Inc	Managed Care Inc		613.8	90			199.89	1782	percent of total billed charges	
UNLISTED PROC, F GEN. SYS(NON-OB)	58999	CPT	outpatient			682		262.09 Multiplan	Multiplan		545.6	80			199.89	1782	percent of total billed charges	
UNLISTED PROC, F GEN. SYS(NON-OB)	58999	CPT	outpatient			682		262.09 Qualcare	Qualcare		511.5	75			199.89	1782	percent of total billed charges	
UNLISTED PROC, F GEN. SYS(NON-OB)	58999	CPT	outpatient			682		262.09 Three Rivers	Three Rivers		647.9	95			199.89	1782	percent of total billed charges	
UNLISTED PROC, F GEN. SYS(NON-OB)	58999	CPT	outpatient			682		262.09 UHC	Medicaid		215.17	31.55			199.89	1782	percent of total billed charges	
UNLISTED PROC, F GEN. SYS(NON-OB)	58999	CPT	outpatient			682		262.09 UHC	Medicare		227.9				199.89	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC, F GEN. SYS(NON-OB)	58999	CPT	outpatient			682		262.09 United	Oxford		1782				199.89	1782	case rate	
UNLISTED PROC, F GEN. SYS(NON-OB)	58999	CPT	outpatient			682		262.09 United	Commercial|PPO		1782				199.89	1782	case rate	
UNLISTED PROC, F GEN. SYS(NON-OB)	58999	CPT	outpatient			682		262.09 Wellcare	Medicare		227.9				199.89	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC, F GEN. SYS(NON-OB)	58999	CPT	outpatient			682		262.09 Wellcare	Medicaid		215.17	31.55			199.89	1782	percent of total billed charges	
UNLISTED PROC, F GEN. SYS(NON-OB)	58999	CPT	outpatient			682		262.09 WellPoint	WellPoint		219.47	32.18			199.89	1782	percent of total billed charges	
AMNIOCENTESIS,ANY METHOD	59000	CPT	outpatient			2877		1057.32 Aetna	Medicare		919.41				191.63	2733.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMNIOCENTESIS,ANY METHOD	59000	CPT	outpatient			2877		1057.32 Aetna	Better Health		907.69	31.55			191.63	2733.15	percent of total billed charges	
AMNIOCENTESIS,ANY METHOD	59000	CPT	outpatient			2877		1057.32 Aetna	Commercial		1463.7				191.63	2733.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMNIOCENTESIS,ANY METHOD	59000	CPT	outpatient			2877		1057.32 Americare	Americare		2157.75	75			191.63	2733.15	percent of total billed charges	
AMNIOCENTESIS,ANY METHOD	59000	CPT	outpatient			2877		1057.32 Amerihealth	HMO/PPO		1870.05	65			191.63	2733.15	percent of total billed charges	
AMNIOCENTESIS,ANY METHOD	59000	CPT	outpatient			2877		1057.32 Amerihealth	Medicare		919.41				191.63	2733.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMNIOCENTESIS,ANY METHOD	59000	CPT	outpatient			2877		1057.32 Consumer	Consumer		2733.15	95			191.63	2733.15	percent of total billed charges	
AMNIOCENTESIS,ANY METHOD	59000	CPT	outpatient			2877		1057.32 Corrections	Corrections		2301.6	80			191.63	2733.15	percent of total billed charges	
AMNIOCENTESIS,ANY METHOD	59000	CPT	outpatient			2877		1057.32 First Health	First Health		2013.9	70			191.63	2733.15	percent of total billed charges	
AMNIOCENTESIS,ANY METHOD	59000	CPT	outpatient			2877		1057.32 First Trenton	First Trenton		2589.3	90			191.63	2733.15	percent of total billed charges	
AMNIOCENTESIS,ANY METHOD	59000	CPT	outpatient			2877		1057.32 Horizon	NJ Health		191.63				191.63	2733.15	fee schedule	
AMNIOCENTESIS,ANY METHOD	59000	CPT	outpatient			2877		1057.32 Horizon	PPO		1711.02				191.63	2733.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMNIOCENTESIS,ANY METHOD	59000	CPT	outpatient			2877		1057.32 Horizon	Indemnity		1711.02				191.63	2733.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMNIOCENTESIS,ANY METHOD	59000	CPT	outpatient			2877		1057.32 Horizon	Medicare Blue		919.41				191.63	2733.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMNIOCENTESIS,ANY METHOD	59000	CPT	outpatient			2877		1057.32 Horizon	MGD		1711.02				191.63	2733.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMNIOCENTESIS,ANY METHOD	59000	CPT	outpatient			2877		1057.32 Managed Care Inc	Managed Care Inc		2589.3	90			191.63	2733.15	percent of total billed charges	
AMNIOCENTESIS,ANY METHOD	59000	CPT	outpatient			2877		1057.32 Multiplan	Multiplan		2301.6	80			191.63	2733.15	percent of total billed charges	
AMNIOCENTESIS,ANY METHOD	59000	CPT	outpatient			2877		1057.32 Qualcare	Qualcare		2157.75	75			191.63	2733.15	percent of total billed charges	
AMNIOCENTESIS,ANY METHOD	59000	CPT	outpatient			2877		1057.32 Three Rivers	Three Rivers		2733.15	95			191.63	2733.15	percent of total billed charges	
AMNIOCENTESIS,ANY METHOD	59000	CPT	outpatient			2877		1057.32 UHC	Medicaid		907.69	31.55			191.63	2733.15	percent of total billed charges	
AMNIOCENTESIS,ANY METHOD	59000	CPT	outpatient			2877		1057.32 UHC	Medicare		919.41				191.63	2733.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMNIOCENTESIS,ANY METHOD	59000	CPT	outpatient			2877		1057.32 United	Commercial|PPO		1817				191.63	2733.15	case rate	
AMNIOCENTESIS,ANY METHOD	59000	CPT	outpatient			2877		1057.32 United	Oxford		1817				191.63	2733.15	case rate	
AMNIOCENTESIS,ANY METHOD	59000	CPT	outpatient			2877		1057.32 Wellcare	Medicare		919.41				191.63	2733.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMNIOCENTESIS,ANY METHOD	59000	CPT	outpatient			2877		1057.32 Wellcare	Medicaid		907.69	31.55			191.63	2733.15	percent of total billed charges	
AMNIOCENTESIS,ANY METHOD	59000	CPT	outpatient			2877		1057.32 WellPoint	WellPoint		925.82	32.18			191.63	2733.15	percent of total billed charges	
AMNIOCENTESIS THERAPEUTIC	59001	CPT	outpatient			7134		421.94 Aetna	Commercial		584.1				208.85	6777.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMNIOCENTESIS THERAPEUTIC	59001	CPT	outpatient			7134		421.94 Aetna	Better Health		2250.78	31.55			208.85	6777.3	percent of total billed charges	
AMNIOCENTESIS THERAPEUTIC	59001	CPT	outpatient			7134		421.94 Aetna	Medicare		366.9				208.85	6777.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMNIOCENTESIS THERAPEUTIC	59001	CPT	outpatient			7134		421.94 Americare	Americare		5350.5	75			208.85	6777.3	percent of total billed charges	
AMNIOCENTESIS THERAPEUTIC	59001	CPT	outpatient			7134		421.94 Amerihealth	Medicare		366.9				208.85	6777.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMNIOCENTESIS THERAPEUTIC	59001	CPT	outpatient			7134		421.94 Amerihealth	HMO/PPO		4637.1	65			208.85	6777.3	percent of total billed charges	
AMNIOCENTESIS THERAPEUTIC	59001	CPT	outpatient			7134		421.94 Consumer	Consumer		6777.3	95			208.85	6777.3	percent of total billed charges	
AMNIOCENTESIS THERAPEUTIC	59001	CPT	outpatient			7134		421.94 Corrections	Corrections		5707.2	80			208.85	6777.3	percent of total billed charges	
AMNIOCENTESIS THERAPEUTIC	59001	CPT	outpatient			7134		421.94 First Health	First Health		4993.8	70			208.85	6777.3	percent of total billed charges	
AMNIOCENTESIS THERAPEUTIC	59001	CPT	outpatient			7134		421.94 First Trenton	First Trenton		6420.6	90			208.85	6777.3	percent of total billed charges	
AMNIOCENTESIS THERAPEUTIC	59001	CPT	outpatient			7134		421.94 Horizon	PPO		682.8				208.85	6777.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMNIOCENTESIS THERAPEUTIC	59001	CPT	outpatient			7134		421.94 Horizon	MGD		682.8				208.85	6777.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMNIOCENTESIS THERAPEUTIC	59001	CPT	outpatient			7134		421.94 Horizon	Indemnity		682.8				208.85	6777.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMNIOCENTESIS THERAPEUTIC	59001	CPT	outpatient			7134		421.94 Horizon	NJ Health		208.85				208.85	6777.3	fee schedule	
AMNIOCENTESIS THERAPEUTIC	59001	CPT	outpatient			7134		421.94 Horizon	Medicare Blue		366.9				208.85	6777.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMNIOCENTESIS THERAPEUTIC	59001	CPT	outpatient			7134		421.94 Managed Care Inc	Managed Care Inc		6420.6	90			208.85	6777.3	percent of total billed charges	
AMNIOCENTESIS THERAPEUTIC	59001	CPT	outpatient			7134		421.94 Multiplan	Multiplan		5707.2	80			208.85	6777.3	percent of total billed charges	
AMNIOCENTESIS THERAPEUTIC	59001	CPT	outpatient			7134		421.94 Qualcare	Qualcare		5350.5	75			208.85	6777.3	percent of total billed charges	
AMNIOCENTESIS THERAPEUTIC	59001	CPT	outpatient			7134		421.94 Three Rivers	Three Rivers		6777.3	95			208.85	6777.3	percent of total billed charges	
AMNIOCENTESIS THERAPEUTIC	59001	CPT	outpatient			7134		421.94 UHC	Medicaid		2250.78	31.55			208.85	6777.3	percent of total billed charges	
AMNIOCENTESIS THERAPEUTIC	59001	CPT	outpatient			7134		421.94 UHC	Medicare		366.9				208.85	6777.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMNIOCENTESIS THERAPEUTIC	59001	CPT	outpatient			7134		421.94 United	Oxford		1782				208.85	6777.3	case rate	
AMNIOCENTESIS THERAPEUTIC	59001	CPT	outpatient			7134		421.94 United	Commercial|PPO		1782				208.85	6777.3	case rate	
AMNIOCENTESIS THERAPEUTIC	59001	CPT	outpatient			7134		421.94 Wellcare	Medicare		366.9				208.85	6777.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMNIOCENTESIS THERAPEUTIC	59001	CPT	outpatient			7134		421.94 Wellcare	Medicaid		2250.78	31.55			208.85	6777.3	percent of total billed charges	
AMNIOCENTESIS THERAPEUTIC	59001	CPT	outpatient			7134		421.94 WellPoint	WellPoint		2295.72	32.18			208.85	6777.3	percent of total billed charges	
CORDOCENTESIS (INTRAUTERINE)ANY METHOD	59012	CPT	outpatient			490		421.94 Aetna	Commercial		584.1				135.2	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORDOCENTESIS (INTRAUTERINE)ANY METHOD	59012	CPT	outpatient			490		421.94 Aetna	Medicare		366.9				135.2	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORDOCENTESIS (INTRAUTERINE)ANY METHOD	59012	CPT	outpatient			490		421.94 Aetna	Better Health		154.6	31.55			135.2	1782	percent of total billed charges	
CORDOCENTESIS (INTRAUTERINE)ANY METHOD	59012	CPT	outpatient			490		421.94 Americare	Americare		367.5	75			135.2	1782	percent of total billed charges	
CORDOCENTESIS (INTRAUTERINE)ANY METHOD	59012	CPT	outpatient			490		421.94 Amerihealth	HMO/PPO		318.5	65			135.2	1782	percent of total billed charges	
CORDOCENTESIS (INTRAUTERINE)ANY METHOD	59012	CPT	outpatient			490		421.94 Amerihealth	Medicare		366.9				135.2	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORDOCENTESIS (INTRAUTERINE)ANY METHOD	59012	CPT	outpatient			490		421.94 Consumer	Consumer		465.5	95			135.2	1782	percent of total billed charges	
CORDOCENTESIS (INTRAUTERINE)ANY METHOD	59012	CPT	outpatient			490		421.94 Corrections	Corrections		392	80			135.2	1782	percent of total billed charges	
CORDOCENTESIS (INTRAUTERINE)ANY METHOD	59012	CPT	outpatient			490		421.94 First Health	First Health		343	70			135.2	1782	percent of total billed charges	
CORDOCENTESIS (INTRAUTERINE)ANY METHOD	59012	CPT	outpatient			490		421.94 First Trenton	First Trenton		441	90			135.2	1782	percent of total billed charges	
CORDOCENTESIS (INTRAUTERINE)ANY METHOD	59012	CPT	outpatient			490		421.94 Horizon	MGD		682.8				135.2	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORDOCENTESIS (INTRAUTERINE)ANY METHOD	59012	CPT	outpatient			490		421.94 Horizon	NJ Health		135.2				135.2	1782	fee schedule	
CORDOCENTESIS (INTRAUTERINE)ANY METHOD	59012	CPT	outpatient			490		421.94 Horizon	Indemnity		682.8				135.2	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORDOCENTESIS (INTRAUTERINE)ANY METHOD	59012	CPT	outpatient			490		421.94 Horizon	Medicare Blue		366.9				135.2	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORDOCENTESIS (INTRAUTERINE)ANY METHOD	59012	CPT	outpatient			490		421.94 Horizon	PPO		682.8				135.2	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORDOCENTESIS (INTRAUTERINE)ANY METHOD	59012	CPT	outpatient			490		421.94 Managed Care Inc	Managed Care Inc		441	90			135.2	1782	percent of total billed charges	
CORDOCENTESIS (INTRAUTERINE)ANY METHOD	59012	CPT	outpatient			490		421.94 Multiplan	Multiplan		392	80			135.2	1782	percent of total billed charges	
CORDOCENTESIS (INTRAUTERINE)ANY METHOD	59012	CPT	outpatient			490		421.94 Qualcare	Qualcare		367.5	75			135.2	1782	percent of total billed charges	
CORDOCENTESIS (INTRAUTERINE)ANY METHOD	59012	CPT	outpatient			490		421.94 Three Rivers	Three Rivers		465.5	95			135.2	1782	percent of total billed charges	
CORDOCENTESIS (INTRAUTERINE)ANY METHOD	59012	CPT	outpatient			490		421.94 UHC	Medicare		366.9				135.2	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORDOCENTESIS (INTRAUTERINE)ANY METHOD	59012	CPT	outpatient			490		421.94 UHC	Medicaid		154.6	31.55			135.2	1782	percent of total billed charges	
CORDOCENTESIS (INTRAUTERINE)ANY METHOD	59012	CPT	outpatient			490		421.94 United	Commercial|PPO		1782				135.2	1782	case rate	
CORDOCENTESIS (INTRAUTERINE)ANY METHOD	59012	CPT	outpatient			490		421.94 United	Oxford		1782				135.2	1782	case rate	
CORDOCENTESIS (INTRAUTERINE)ANY METHOD	59012	CPT	outpatient			490		421.94 Wellcare	Medicare		366.9				135.2	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORDOCENTESIS (INTRAUTERINE)ANY METHOD	59012	CPT	outpatient			490		421.94 Wellcare	Medicaid		154.6	31.55			135.2	1782	percent of total billed charges	
CORDOCENTESIS (INTRAUTERINE)ANY METHOD	59012	CPT	outpatient			490		421.94 WellPoint	WellPoint		157.68	32.18			135.2	1782	percent of total billed charges	
US CHORIONIC VILLI SAMPLING(CVS)	59015	CPT	outpatient			2565		1057.32 Aetna	Better Health		809.26	31.55			230.46	2436.75	percent of total billed charges	
US CHORIONIC VILLI SAMPLING(CVS)	59015	CPT	outpatient			2565		1057.32 Aetna	Medicare		790.02	30.8			230.46	2436.75	percent of total billed charges	
US CHORIONIC VILLI SAMPLING(CVS)	59015	CPT	outpatient			2565		1057.32 Aetna	Commercial		1463.7				230.46	2436.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US CHORIONIC VILLI SAMPLING(CVS)	59015	CPT	outpatient			2565		1057.32 Americare	Americare		1923.75	75			230.46	2436.75	percent of total billed charges	
US CHORIONIC VILLI SAMPLING(CVS)	59015	CPT	outpatient			2565		1057.32 Amerihealth	HMO/PPO		1667.25	65			230.46	2436.75	percent of total billed charges	
US CHORIONIC VILLI SAMPLING(CVS)	59015	CPT	outpatient			2565		1057.32 Amerihealth	Medicare		919.41				230.46	2436.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US CHORIONIC VILLI SAMPLING(CVS)	59015	CPT	outpatient			2565		1057.32 Consumer	Consumer		2436.75	95			230.46	2436.75	percent of total billed charges	
US CHORIONIC VILLI SAMPLING(CVS)	59015	CPT	outpatient			2565		1057.32 Corrections	Corrections		2052	80			230.46	2436.75	percent of total billed charges	
US CHORIONIC VILLI SAMPLING(CVS)	59015	CPT	outpatient			2565		1057.32 First Health	First Health		1795.5	70			230.46	2436.75	percent of total billed charges	
US CHORIONIC VILLI SAMPLING(CVS)	59015	CPT	outpatient			2565		1057.32 First Trenton	First Trenton		2308.5	90			230.46	2436.75	percent of total billed charges	
US CHORIONIC VILLI SAMPLING(CVS)	59015	CPT	outpatient			2565		1057.32 Horizon	Medicare Blue		919.41				230.46	2436.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US CHORIONIC VILLI SAMPLING(CVS)	59015	CPT	outpatient			2565		1057.32 Horizon	MGD		1711.02				230.46	2436.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US CHORIONIC VILLI SAMPLING(CVS)	59015	CPT	outpatient			2565		1057.32 Horizon	Indemnity		1711.02				230.46	2436.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US CHORIONIC VILLI SAMPLING(CVS)	59015	CPT	outpatient			2565		1057.32 Horizon	NJ Health		230.46				230.46	2436.75	fee schedule	
US CHORIONIC VILLI SAMPLING(CVS)	59015	CPT	outpatient			2565		1057.32 Horizon	PPO		1711.02				230.46	2436.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US CHORIONIC VILLI SAMPLING(CVS)	59015	CPT	outpatient			2565		1057.32 Managed Care Inc	Managed Care Inc		2308.5	90			230.46	2436.75	percent of total billed charges	
US CHORIONIC VILLI SAMPLING(CVS)	59015	CPT	outpatient			2565		1057.32 Multiplan	Multiplan		2052	80			230.46	2436.75	percent of total billed charges	
US CHORIONIC VILLI SAMPLING(CVS)	59015	CPT	outpatient			2565		1057.32 Qualcare	Qualcare		1923.75	75			230.46	2436.75	percent of total billed charges	
US CHORIONIC VILLI SAMPLING(CVS)	59015	CPT	outpatient			2565		1057.32 Three Rivers	Three Rivers		2436.75	95			230.46	2436.75	percent of total billed charges	
US CHORIONIC VILLI SAMPLING(CVS)	59015	CPT	outpatient			2565		1057.32 UHC	Medicaid		809.26	31.55			230.46	2436.75	percent of total billed charges	
US CHORIONIC VILLI SAMPLING(CVS)	59015	CPT	outpatient			2565		1057.32 UHC	Medicare		919.41				230.46	2436.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US CHORIONIC VILLI SAMPLING(CVS)	59015	CPT	outpatient			2565		1057.32 United	Commercial|PPO		1817				230.46	2436.75	case rate	
US CHORIONIC VILLI SAMPLING(CVS)	59015	CPT	outpatient			2565		1057.32 United	Oxford		1817				230.46	2436.75	case rate	
US CHORIONIC VILLI SAMPLING(CVS)	59015	CPT	outpatient			2565		1057.32 Wellcare	Medicare		919.41				230.46	2436.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US CHORIONIC VILLI SAMPLING(CVS)	59015	CPT	outpatient			2565		1057.32 Wellcare	Medicaid		809.26	31.55			230.46	2436.75	percent of total billed charges	
US CHORIONIC VILLI SAMPLING(CVS)	59015	CPT	outpatient			2565		1057.32 WellPoint	WellPoint		825.42	32.18			230.46	2436.75	percent of total billed charges	
FETAL CONTRACTION STRESS TEST	59020	CPT	both			336		262.09 Aetna	Medicare		103.49	30.8			89.01	1782	percent of total billed charges	
FETAL CONTRACTION STRESS TEST	59020	CPT	both			336		262.09 Aetna	Commercial		362.82				89.01	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL CONTRACTION STRESS TEST	59020	CPT	both			336		262.09 Aetna	Better Health		106.01	31.55			89.01	1782	percent of total billed charges	
FETAL CONTRACTION STRESS TEST	59020	CPT	both			336		262.09 Americare	Americare		252	75			89.01	1782	percent of total billed charges	
FETAL CONTRACTION STRESS TEST	59020	CPT	both			336		262.09 Amerihealth	HMO/PPO		218.4	65			89.01	1782	percent of total billed charges	
FETAL CONTRACTION STRESS TEST	59020	CPT	both			336		262.09 Amerihealth	Medicare		227.9				89.01	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL CONTRACTION STRESS TEST	59020	CPT	both			336		262.09 Consumer	Consumer		319.2	95			89.01	1782	percent of total billed charges	
FETAL CONTRACTION STRESS TEST	59020	CPT	both			336		262.09 Corrections	Corrections		268.8	80			89.01	1782	percent of total billed charges	
FETAL CONTRACTION STRESS TEST	59020	CPT	both			336		262.09 First Health	First Health		235.2	70			89.01	1782	percent of total billed charges	
FETAL CONTRACTION STRESS TEST	59020	CPT	both			336		262.09 First Trenton	First Trenton		302.4	90			89.01	1782	percent of total billed charges	
FETAL CONTRACTION STRESS TEST	59020	CPT	both			336		262.09 Horizon	NJ Health		103.59				89.01	1782	fee schedule	
FETAL CONTRACTION STRESS TEST	59020	CPT	both			336		262.09 Horizon	Indemnity		424.12				89.01	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL CONTRACTION STRESS TEST	59020	CPT	both			336		262.09 Horizon	Medicare Blue		227.9				89.01	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL CONTRACTION STRESS TEST	59020	CPT	both			336		262.09 Horizon	MGD		424.12				89.01	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL CONTRACTION STRESS TEST	59020	CPT	both			336		262.09 Horizon	PPO		424.12				89.01	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL CONTRACTION STRESS TEST	59020	CPT	both			336		262.09 Managed Care Inc	Managed Care Inc		302.4	90			89.01	1782	percent of total billed charges	
FETAL CONTRACTION STRESS TEST	59020	CPT	both			336		262.09 Multiplan	Multiplan		268.8	80			89.01	1782	percent of total billed charges	
FETAL CONTRACTION STRESS TEST	59020	CPT	both			336		262.09 Qualcare	Qualcare		252	75			89.01	1782	percent of total billed charges	
FETAL CONTRACTION STRESS TEST	59020	CPT	both			336		262.09 Three Rivers	Three Rivers		319.2	95			89.01	1782	percent of total billed charges	
FETAL CONTRACTION STRESS TEST	59020	CPT	both			336		262.09 UHC	Medicaid		106.01	31.55			89.01	1782	percent of total billed charges	
FETAL CONTRACTION STRESS TEST	59020	CPT	both			336		262.09 UHC	Medicare		227.9				89.01	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL CONTRACTION STRESS TEST	59020	CPT	both			336		262.09 United	Oxford		1782				89.01	1782	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101191	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
FETAL CONTRACTION STRESS TEST	59020	CPT	both			336		262.09 United	Commercial|PPO		1782				89.01		1782 case rate	
FETAL CONTRACTION STRESS TEST	59020	CPT	both			336		262.09 Wellcare	Medicaid		106.01	31.55			89.01		1782 percent of total billed charges	
FETAL CONTRACTION STRESS TEST	59020	CPT	both			336		262.09 Wellcare	Medicare		227.9				89.01		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL CONTRACTION STRESS TEST	59020	CPT	both			336		262.09 WellPoint	WellPoint		106.12	32.18			89.01		1782 percent of total billed charges	
NON-STRESS TEST	59025	CPT	both			716		262.09 Aetna	Better Health		225.9	31.55			199.89		1782 percent of total billed charges	
NON-STRESS TEST	59025	CPT	both			716		262.09 Aetna	Commercial		362.82				199.89		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NON-STRESS TEST	59025	CPT	both			716		262.09 Aetna	Medicare		220.53	30.8			199.89		1782 percent of total billed charges	
NON-STRESS TEST	59025	CPT	both			716		262.09 Americare	Americare		537	75			199.89		1782 percent of total billed charges	
NON-STRESS TEST	59025	CPT	both			716		262.09 Amerihealth	Medicare		227.9				199.89		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NON-STRESS TEST	59025	CPT	both			716		262.09 Amerihealth	HMO|PPO		465.4	65			199.89		1782 percent of total billed charges	
NON-STRESS TEST	59025	CPT	both			716		262.09 Consumer	Consumer		680.2	95			199.89		1782 percent of total billed charges	
NON-STRESS TEST	59025	CPT	both			716		262.09 Corrections	Corrections		572.8	80			199.89		1782 percent of total billed charges	
NON-STRESS TEST	59025	CPT	both			716		262.09 First Health	First Health		501.2	70			199.89		1782 percent of total billed charges	
NON-STRESS TEST	59025	CPT	both			716		262.09 First Trenton	First Trenton		644.4	90			199.89		1782 percent of total billed charges	
NON-STRESS TEST	59025	CPT	both			716		262.09 Horizon	MGD		424.12				199.89		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NON-STRESS TEST	59025	CPT	both			716		262.09 Horizon	Indemnity		424.12				199.89		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NON-STRESS TEST	59025	CPT	both			716		262.09 Horizon	NJ Health		678.6				199.89		1782 fee schedule	
NON-STRESS TEST	59025	CPT	both			716		262.09 Horizon	PPO		424.12				199.89		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NON-STRESS TEST	59025	CPT	both			716		262.09 Horizon	Medicare Blue		227.9				199.89		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NON-STRESS TEST	59025	CPT	both			716		262.09 Managed Care Inc	Managed Care Inc		644.4	90			199.89		1782 percent of total billed charges	
NON-STRESS TEST	59025	CPT	both			716		262.09 Multiplan	Multiplan		572.8	80			199.89		1782 percent of total billed charges	
NON-STRESS TEST	59025	CPT	both			716		262.09 Qualcare	Qualcare		537	75			199.89		1782 percent of total billed charges	
NON-STRESS TEST	59025	CPT	both			716		262.09 Three Rivers	Three Rivers		680.2	95			199.89		1782 percent of total billed charges	
NON-STRESS TEST	59025	CPT	both			716		262.09 UHC	Medicaid		225.9	31.55			199.89		1782 percent of total billed charges	
NON-STRESS TEST	59025	CPT	both			716		262.09 UHC	Medicare		227.9				199.89		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NON-STRESS TEST	59025	CPT	both			716		262.09 United	Commercial|PPO		1782				199.89		1782 case rate	
NON-STRESS TEST	59025	CPT	both			716		262.09 United	Oxford		1782				199.89		1782 case rate	
NON-STRESS TEST	59025	CPT	both			716		262.09 Wellcare	Medicare		227.9				199.89		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NON-STRESS TEST	59025	CPT	both			716		262.09 Wellcare	Medicaid		225.9	31.55			199.89		1782 percent of total billed charges	
NON-STRESS TEST	59025	CPT	both			716		262.09 WellPoint	WellPoint		230.41	32.18			199.89		1782 percent of total billed charges	
FETAL SCALP PH SAMPLE	59030	CPT	outpatient			1149		421.94 Aetna	Commercial		584.1				135.2		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL SCALP PH SAMPLE	59030	CPT	outpatient			1149		421.94 Aetna	Medicare		366.9				135.2		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL SCALP PH SAMPLE	59030	CPT	outpatient			1149		421.94 Aetna	Better Health		362.51	31.55			135.2		1782 percent of total billed charges	
FETAL SCALP PH SAMPLE	59030	CPT	outpatient			1149		421.94 Americare	Americare		861.75	75			135.2		1782 percent of total billed charges	
FETAL SCALP PH SAMPLE	59030	CPT	outpatient			1149		421.94 Amerihealth	HMO|PPO		746.85	65			135.2		1782 percent of total billed charges	
FETAL SCALP PH SAMPLE	59030	CPT	outpatient			1149		421.94 Amerihealth	Medicare		366.9				135.2		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL SCALP PH SAMPLE	59030	CPT	outpatient			1149		421.94 Consumer	Consumer		1091.55	95			135.2		1782 percent of total billed charges	
FETAL SCALP PH SAMPLE	59030	CPT	outpatient			1149		421.94 Corrections	Corrections		919.2	80			135.2		1782 percent of total billed charges	
FETAL SCALP PH SAMPLE	59030	CPT	outpatient			1149		421.94 First Health	First Health		804.3	70			135.2		1782 percent of total billed charges	
FETAL SCALP PH SAMPLE	59030	CPT	outpatient			1149		421.94 First Trenton	First Trenton		1034.1	90			135.2		1782 percent of total billed charges	
FETAL SCALP PH SAMPLE	59030	CPT	outpatient			1149		421.94 Horizon	MGD		682.8				135.2		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL SCALP PH SAMPLE	59030	CPT	outpatient			1149		421.94 Horizon	Indemnity		682.8				135.2		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL SCALP PH SAMPLE	59030	CPT	outpatient			1149		421.94 Horizon	Medicare Blue		366.9				135.2		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL SCALP PH SAMPLE	59030	CPT	outpatient			1149		421.94 Horizon	NJ Health		135.2				135.2		1782 fee schedule	
FETAL SCALP PH SAMPLE	59030	CPT	outpatient			1149		421.94 Horizon	PPO		682.8				135.2		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL SCALP PH SAMPLE	59030	CPT	outpatient			1149		421.94 Managed Care Inc	Managed Care Inc		1034.1	90			135.2		1782 percent of total billed charges	
FETAL SCALP PH SAMPLE	59030	CPT	outpatient			1149		421.94 Multiplan	Multiplan		919.2	80			135.2		1782 percent of total billed charges	
FETAL SCALP PH SAMPLE	59030	CPT	outpatient			1149		421.94 Qualcare	Qualcare		861.75	75			135.2		1782 percent of total billed charges	
FETAL SCALP PH SAMPLE	59030	CPT	outpatient			1149		421.94 Three Rivers	Three Rivers		1091.55	95			135.2		1782 percent of total billed charges	
FETAL SCALP PH SAMPLE	59030	CPT	outpatient			1149		421.94 UHC	Medicare		366.9				135.2		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL SCALP PH SAMPLE	59030	CPT	outpatient			1149		421.94 UHC	Medicaid		362.51	31.55			135.2		1782 percent of total billed charges	
FETAL SCALP PH SAMPLE	59030	CPT	outpatient			1149		421.94 United	Commercial|PPO		1782				135.2		1782 case rate	
FETAL SCALP PH SAMPLE	59030	CPT	outpatient			1149		421.94 United	Oxford		1782				135.2		1782 case rate	
FETAL SCALP PH SAMPLE	59030	CPT	outpatient			1149		421.94 Wellcare	Medicare		366.9				135.2		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL SCALP PH SAMPLE	59030	CPT	outpatient			1149		421.94 Wellcare	Medicaid		362.51	31.55			135.2		1782 percent of total billed charges	
FETAL SCALP PH SAMPLE	59030	CPT	outpatient			1149		421.94 WellPoint	WellPoint		369.75	32.18			135.2		1782 percent of total billed charges	
INTERNAL FETAL MONITORING	59050	CPT	both			598		Aetna	Medicare		184.18	30.8			179.4		1782 percent of total billed charges	
INTERNAL FETAL MONITORING	59050	CPT	both			598		Aetna	Better Health		188.67	31.55			179.4		1782 percent of total billed charges	
INTERNAL FETAL MONITORING	59050	CPT	both			598		Aetna	Commercial		227.24	38			179.4		1782 percent of total billed charges	
INTERNAL FETAL MONITORING	59050	CPT	both			598		Americare	Americare		448.5	75			179.4		1782 percent of total billed charges	
INTERNAL FETAL MONITORING	59050	CPT	both			598		Amerihealth	HMO|PPO		388.7	65			179.4		1782 percent of total billed charges	
INTERNAL FETAL MONITORING	59050	CPT	both			598		Consumer	Consumer		568.1	95			179.4		1782 percent of total billed charges	
INTERNAL FETAL MONITORING	59050	CPT	both			598		Corrections	Corrections		478.4	80			179.4		1782 percent of total billed charges	
INTERNAL FETAL MONITORING	59050	CPT	both			598		First Health	First Health		418.6	70			179.4		1782 percent of total billed charges	
INTERNAL FETAL MONITORING	59050	CPT	both			598		First Trenton	First Trenton		538.2	90			179.4		1782 percent of total billed charges	
INTERNAL FETAL MONITORING	59050	CPT	both			598		Horizon	MGD		228.91	38.28			179.4		1782 percent of total billed charges	
INTERNAL FETAL MONITORING	59050	CPT	both			598		Horizon	Medicare Blue		179.4	30			179.4		1782 percent of total billed charges	
INTERNAL FETAL MONITORING	59050	CPT	both			598		Horizon	Indemnity		228.91	38.28			179.4		1782 percent of total billed charges	
INTERNAL FETAL MONITORING	59050	CPT	both			598		Horizon	NJ Health		751.68				179.4		1782 fee schedule	
INTERNAL FETAL MONITORING	59050	CPT	both			598		Horizon	PPO		228.91	38.28			179.4		1782 percent of total billed charges	
INTERNAL FETAL MONITORING	59050	CPT	both			598		Managed Care Inc	Managed Care Inc		538.2	90			179.4		1782 percent of total billed charges	
INTERNAL FETAL MONITORING	59050	CPT	both			598		Multiplan	Multiplan		478.4	80			179.4		1782 percent of total billed charges	
INTERNAL FETAL MONITORING	59050	CPT	both			598		Qualcare	Qualcare		448.5	75			179.4		1782 percent of total billed charges	
INTERNAL FETAL MONITORING	59050	CPT	both			598		Three Rivers	Three Rivers		568.1	95			179.4		1782 percent of total billed charges	
INTERNAL FETAL MONITORING	59050	CPT	both			598		UHC	Medicaid		188.67	31.55			179.4		1782 percent of total billed charges	
INTERNAL FETAL MONITORING	59050	CPT	both			598		United	Oxford		1782				179.4		1782 case rate	
INTERNAL FETAL MONITORING	59050	CPT	both			598		United	Commercial|PPO		1782				179.4		1782 case rate	
INTERNAL FETAL MONITORING	59050	CPT	both			598		Wellcare	Medicaid		188.67	31.55			179.4		1782 percent of total billed charges	
INTERNAL FETAL MONITORING	59050	CPT	both			598		WellPoint	WellPoint		192.44	32.18			179.4		1782 percent of total billed charges	
HYSTERO.,ABDMNL|(FOR HYDA,MOLE ABORT)	59100	CPT	inpatient			12786		6541.81 Aetna	Commercial		9056.14				859		12146.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HYSTERO.,ABDMNL|(FOR HYDA,MOLE ABORT)	59100	CPT	inpatient			12786		6541.81 Aetna	Better Health		4033.98	31.55			859		12146.7 percent of total billed charges	
HYSTERO.,ABDMNL|(FOR HYDA,MOLE ABORT)	59100	CPT	inpatient			12786		6541.81 Aetna	Medicare		5688.53				859		12146.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HYSTERO.,ABDMNL|(FOR HYDA,MOLE ABORT)	59100	CPT	inpatient			12786		6541.81 Americare	Americare		9589.5	75			859		12146.7 percent of total billed charges	
HYSTERO.,ABDMNL|(FOR HYDA,MOLE ABORT)	59100	CPT	inpatient			12786		6541.81 Amerihealth	Medicare		5688.53				859		12146.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HYSTERO.,ABDMNL|(FOR HYDA,MOLE ABORT)	59100	CPT	inpatient			12786		6541.81 Amerihealth	HMO|PPO		8310.9	65			859		12146.7 percent of total billed charges	
HYSTERO.,ABDMNL|(FOR HYDA,MOLE ABORT)	59100	CPT	inpatient			12786		6541.81 Consumer	Consumer		12146.7	95			859		12146.7 percent of total billed charges	
HYSTERO.,ABDMNL|(FOR HYDA,MOLE ABORT)	59100	CPT	inpatient			12786		6541.81 Corrections	Corrections		10228.8	80			859		12146.7 percent of total billed charges	
HYSTERO.,ABDMNL|(FOR HYDA,MOLE ABORT)	59100	CPT	inpatient			12786		6541.81 First Health	First Health		8950.2	70			859		12146.7 percent of total billed charges	
HYSTERO.,ABDMNL|(FOR HYDA,MOLE ABORT)	59100	CPT	inpatient			12786		6541.81 First Trenton	First Trenton		11507.4	90			859		12146.7 percent of total billed charges	
HYSTERO.,ABDMNL|(FOR HYDA,MOLE ABORT)	59100	CPT	inpatient			12786		6541.81 Horizon	NJ Health		859				859		12146.7 fee schedule	
HYSTERO.,ABDMNL|(FOR HYDA,MOLE ABORT)	59100	CPT	inpatient			12786		6541.81 Horizon	Indemnity		10586.35				859		12146.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HYSTERO.,ABDMNL|(FOR HYDA,MOLE ABORT)	59100	CPT	inpatient			12786		6541.81 Horizon	Medicare Blue		5688.53				859		12146.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HYSTERO.,ABDMNL|(FOR HYDA,MOLE ABORT)	59100	CPT	inpatient			12786		6541.81 Horizon	MGD		10586.35				859		12146.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HYSTERO.,ABDMNL|(FOR HYDA,MOLE ABORT)	59100	CPT	inpatient			12786		6541.81 Horizon	PPO		10586.35				859		12146.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HYSTERO.,ABDMNL|(FOR HYDA,MOLE ABORT)	59100	CPT	inpatient			12786		6541.81 Managed Care Inc	Managed Care Inc		11507.4	90			859		12146.7 percent of total billed charges	
HYSTERO.,ABDMNL|(FOR HYDA,MOLE ABORT)	59100	CPT	inpatient			12786		6541.81 Multiplan	Multiplan		10228.8	80			859		12146.7 percent of total billed charges	
HYSTERO.,ABDMNL|(FOR HYDA,MOLE ABORT)	59100	CPT	inpatient			12786		6541.81 Qualcare	Qualcare		9589.5	75			859		12146.7 percent of total billed charges	
HYSTERO.,ABDMNL|(FOR HYDA,MOLE ABORT)	59100	CPT	inpatient			12786		6541.81 Three Rivers	Three Rivers		12146.7	95			859		12146.7 percent of total billed charges	
HYSTERO.,ABDMNL|(FOR HYDA,MOLE ABORT)	59100	CPT	inpatient			12786		6541.81 UHC	Medicare		5688.53				859		12146.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HYSTERO.,ABDMNL|(FOR HYDA,MOLE ABORT)	59100	CPT	inpatient			12786		6541.81 UHC	Medicaid		4033.98	31.55			859		12146.7 percent of total billed charges	
HYSTERO.,ABDMNL|(FOR HYDA,MOLE ABORT)	59100	CPT	inpatient			12786		6541.81 United	Commercial|PPO		2776				859		12146.7 case rate	
HYSTERO.,ABDMNL|(FOR HYDA,MOLE ABORT)	59100	CPT	inpatient			12786		6541.81 United	Oxford		2776				859		12146.7 case rate	
HYSTERO.,ABDMNL|(FOR HYDA,MOLE ABORT)	59100	CPT	inpatient			12786		6541.81 Wellcare	Medicare		5688.53				859		12146.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HYSTERO.,ABDMNL|(FOR HYDA,MOLE ABORT)	59100	CPT	inpatient			12786		6541.81 Wellcare	Medicaid		4033.98	31.55			859		12146.7 percent of total billed charges	
HYSTERO.,ABDMNL|(FOR HYDA,MOLE ABORT)	59100	CPT	inpatient			12786		6541.81 WellPoint	WellPoint		4114.53	32.18			859		12146.7 percent of total billed charges	
CURETAGE & POSTPARTUM	59160	CPT	both			9002		4111.87 Aetna	Better Health		2840.13	31.55			263.09		8551.9 percent of total billed charges	
CURETAGE & POSTPARTUM	59160	CPT	both			9002		4111.87 Aetna	Medicare		3575.54				263.09		8551.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CURETAGE & POSTPARTUM	59160	CPT	both			9002		4111.87 Aetna	Commercial		5692.26				263.09		8551.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CURETAGE & POSTPARTUM	59160	CPT	both			9002		4111.87 Americare	Americare		6751.5	75			263.09		8551.9 percent of total billed charges	
CURETAGE & POSTPARTUM	59160	CPT	both			9002		4111.87 Amerihealth	HMO|PPO		5851.3	65			263.09		8551.9 percent of total billed charges	
CURETAGE & POSTPARTUM	59160	CPT	both			9002		4111.87 Amerihealth	Medicare		3575.54				263.09		8551.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CURETAGE & POSTPARTUM	59160	CPT	both			9002		4111.87 Consumer	Consumer		8551.9	95			263.09		8551.9 percent of total billed charges	
CURETAGE & POSTPARTUM	59160	CPT	both			9002		4111.87 Corrections	Corrections		7201.6	80			263.09		8551.9 percent of total billed charges	
CURETAGE & POSTPARTUM	59160	CPT	both			9002		4111.87 First Health	First Health		6301.4	70			263.09		8551.9 percent of total billed charges	
CURETAGE & POSTPARTUM	59160	CPT	both			9002		4111.87 First Trenton	First Trenton		8101.8	90			263.09		8551.9 percent of total billed charges	
CURETAGE & POSTPARTUM	59160	CPT	both			9002		4111.87 Horizon	Medicare Blue		3575.54				263.09		8551.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CURETAGE & POSTPARTUM	59160	CPT	both			9002		4111.87 Horizon	MGD		6654.08				263.09		8551.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CURETAGE & POSTPARTUM	59160	CPT	both			9002		4111.87 Horizon	Indemnity		6654.08				263.09		8551.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CURETAGE & POSTPARTUM	59160	CPT	both			9002		4111.87 Horizon	NJ Health		263.09				263.09		8551.9 fee schedule	
CURETAGE & POSTPARTUM	59160	CPT	both			9002		4111.87 Horizon	PPO		6654.08				263.09		8551.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CURETAGE & POSTPARTUM	59160	CPT	both			9002		4111.87 Managed Care Inc	Managed Care Inc		8101.8	90			263.09		8551.9 percent of total billed charges	
CURETAGE & POSTPARTUM	59160	CPT	both			9002		4111.87 Multiplan	Multiplan		7201.6	80			263.09		8551.9 percent of total billed charges	
CURETAGE & POSTPARTUM	59160	CPT	both			9002		4111.87 Qualcare	Qualcare		6751.5	75			263.09		8551.9 percent of total billed charges	
CURETAGE & POSTPARTUM	59160	CPT	both			9002		4111.87 Three Rivers	Three Rivers		8551.9	95			263.09		8551.9 percent of total billed charges	
CURETAGE & POSTPARTUM	59160	CPT	both			9002		4111.87 UHC	Medicaid		2840.13	31.55			263.09		8551.9 percent of total billed charges	
CURETAGE & POSTPARTUM	59160	CPT	both			9002		4111.87 UHC	Medicare		3575.54				263.09		8551.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CURETAGE & POSTPARTUM	59160	CPT	both			9002		4111.87 United	Oxford		2776				263.09		8551.9 case rate	
CURETAGE & POSTPARTUM	59160	CPT	both			9002		4111.87 United	Commercial|PPO		2776				263.09		8551.9 case rate	
CURETAGE & POSTPARTUM	59160	CPT	both			9002		4111.87 Wellcare	Medicare		3575.54				263.09		8551.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CURETAGE & POSTPARTUM	59160	CPT	both			9002		4111.87 Wellcare	Medicaid		2840.13	31.55			263.09		8551.9 percent of total billed charges	
CURETAGE & POSTPARTUM	59160	CPT	both			9002		4111.87 WellPoint	WellPoint		2896.84	32.18			263.09		8551.9 percent of total billed charges	
LAMINARIA INSERTION	59200	CPT	outpatient			1121		421.94 Aetna	Medicare		366.9				108.97		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LAMINARIA INSERTION	59200	CPT	outpatient			1121		421.94 Aetna	Commercial		584.1				108.97		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LAMINARIA INSERTION	59200	CPT	outpatient			1121		421.94 Aetna	Better Health		353.68	31.55			108.97		1782 percent of total billed charges	
LAMINARIA INSERTION	59200	CPT	outpatient			1121		421.94 Americare	Americare		840.75	75			108.97		1782 percent of total billed charges	
LAMINARIA INSERTION	59200	CPT	outpatient			1121		421.94 Amerihealth	HMO|PPO		728.65	65			108.97		1782 percent of total billed charges	
LAMINARIA INSERTION	59200	CPT	outpatient			1121		421.94 Amerihealth	Medicare		366.9				108.97		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LAMINARIA INSERTION	59200	CPT	outpatient			1121		421.94 Consumer	Consumer		1064.95	95			108.97		1782 percent of total billed charges	
LAMINARIA INSERTION	59200	CPT	outpatient			1121		421.94 Corrections	Corrections		896.8	80			108.97		1782 percent of total billed charges	
LAMINARIA INSERTION	59200	CPT	outpatient			1121		421.94 First Health	First Health		784.7	70			108.97		1782 percent of total billed charges	
LAMINARIA INSERTION	59200	CPT	outpatient			1121		421.94 First Trenton	First Trenton		1008.9	90			108.97		1782 percent of total billed charges	
LAMINARIA INSERTION	59200	CPT	outpatient			1121		421.94 Horizon	Indemnity		682.8				108.97		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LAMINARIA INSERTION	59200	CPT	outpatient			1121		421.94 Horizon	PPO		682.8				108.97		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LAMINARIA INSERTION	59200	CPT	outpatient			1121		421.94 Horizon	MGD		682.8				108.97		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LAMINARIA INSERTION	59200	CPT	outpatient			1121		421.94 Horizon	NJ Health		108.97				108.97		1782 fee schedule	
LAMINARIA INSERTION	59200	CPT	outpatient			1121		421.94 Horizon	Medicare Blue		366.9				108.97		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LAMINARIA INSERTION	59200	CPT	outpatient			1121		421.94 Managed Care Inc	Managed Care Inc		1008.9	90			108.97		1782 percent of total billed charges	
LAMINARIA INSERTION	59200	CPT	outpatient			1121		421.94 Multiplan	Multiplan		896.8	80			108.97		1782 percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.																
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true															
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
LAMINARIA INSERTION	59200	CPT	outpatient			1121	421.94	Qualcare	Qualcare		840.75				108.97		1782 percent of total billed charges	
LAMINARIA INSERTION	59200	CPT	outpatient			1121	421.94	Three Rivers	Three Rivers		1064.95				108.97		1782 percent of total billed charges	
LAMINARIA INSERTION	59200	CPT	outpatient			1121	421.94	UHC	Medicaid		353.68	31.55			108.97		1782 percent of total billed charges	
LAMINARIA INSERTION	59200	CPT	outpatient			1121	421.94	UHC	Medicare		366.9				108.97		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LAMINARIA INSERTION	59200	CPT	outpatient			1121	421.94	United	Commercial|PPO		1782				108.97		1782 case rate	
LAMINARIA INSERTION	59200	CPT	outpatient			1121	421.94	United	Oxford		1782				108.97		1782 case rate	
LAMINARIA INSERTION	59200	CPT	outpatient			1121	421.94	Wellcare	Medicare		366.9				108.97		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LAMINARIA INSERTION	59200	CPT	outpatient			1121	421.94	Wellcare	Medicaid		353.68	31.55			108.97		1782 percent of total billed charges	
LAMINARIA INSERTION	59200	CPT	outpatient			1121	421.94	WellPoint	WellPoint		360.74	32.18			108.97		1782 percent of total billed charges	
CERCLAGE,CERVIX VAGINAL	59320	CPT	both			10303	4111.87	Aetna	Better Health		3250.6	31.55			221.85		9787.85 percent of total billed charges	
CERCLAGE,CERVIX VAGINAL	59320	CPT	both			10303	4111.87	Aetna	Medicare		3575.54				221.85		9787.85 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CERCLAGE,CERVIX VAGINAL	59320	CPT	both			10303	4111.87	Aetna	Commercial		5692.26				221.85		9787.85 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CERCLAGE,CERVIX VAGINAL	59320	CPT	both			10303	4111.87	Americare	Americare		7727.25	75			221.85		9787.85 percent of total billed charges	
CERCLAGE,CERVIX VAGINAL	59320	CPT	both			10303	4111.87	Amerihealth	HMO|PPO		6696.95	65			221.85		9787.85 percent of total billed charges	
CERCLAGE,CERVIX VAGINAL	59320	CPT	both			10303	4111.87	Amerihealth	Medicare		3575.54				221.85		9787.85 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CERCLAGE,CERVIX VAGINAL	59320	CPT	both			10303	4111.87	Consumer	Consumer		9787.85	95			221.85		9787.85 percent of total billed charges	
CERCLAGE,CERVIX VAGINAL	59320	CPT	both			10303	4111.87	Corrections	Corrections		8242.4	80			221.85		9787.85 percent of total billed charges	
CERCLAGE,CERVIX VAGINAL	59320	CPT	both			10303	4111.87	First Health	First Health		7212.1	70			221.85		9787.85 percent of total billed charges	
CERCLAGE,CERVIX VAGINAL	59320	CPT	both			10303	4111.87	First Trenton	First Trenton		9272.7	90			221.85		9787.85 percent of total billed charges	
CERCLAGE,CERVIX VAGINAL	59320	CPT	both			10303	4111.87	Horizon	Indemnity		6654.08				221.85		9787.85 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CERCLAGE,CERVIX VAGINAL	59320	CPT	both			10303	4111.87	Horizon	PPO		6654.08				221.85		9787.85 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CERCLAGE,CERVIX VAGINAL	59320	CPT	both			10303	4111.87	Horizon	MGD		6654.08				221.85		9787.85 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CERCLAGE,CERVIX VAGINAL	59320	CPT	both			10303	4111.87	Horizon	Medicare Blue		3575.54				221.85		9787.85 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CERCLAGE,CERVIX VAGINAL	59320	CPT	both			10303	4111.87	Horizon	NJ Health		221.85				221.85		9787.85 fee schedule	
CERCLAGE,CERVIX VAGINAL	59320	CPT	both			10303	4111.87	Managed Care Inc	Managed Care Inc		9272.7	90			221.85		9787.85 percent of total billed charges	
CERCLAGE,CERVIX VAGINAL	59320	CPT	both			10303	4111.87	Multiplan	Multiplan		8242.4	80			221.85		9787.85 percent of total billed charges	
CERCLAGE,CERVIX VAGINAL	59320	CPT	both			10303	4111.87	Qualcare	Qualcare		7727.25	75			221.85		9787.85 percent of total billed charges	
CERCLAGE,CERVIX VAGINAL	59320	CPT	both			10303	4111.87	Three Rivers	Three Rivers		9787.85	95			221.85		9787.85 percent of total billed charges	
CERCLAGE,CERVIX VAGINAL	59320	CPT	both			10303	4111.87	UHC	Medicaid		3250.6	31.55			221.85		9787.85 percent of total billed charges	
CERCLAGE,CERVIX VAGINAL	59320	CPT	both			10303	4111.87	UHC	Medicare		3575.54				221.85		9787.85 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CERCLAGE,CERVIX VAGINAL	59320	CPT	both			10303	4111.87	United	Commercial|PPO		2776				221.85		9787.85 case rate	
CERCLAGE,CERVIX VAGINAL	59320	CPT	both			10303	4111.87	United	Oxford		2776				221.85		9787.85 case rate	
CERCLAGE,CERVIX VAGINAL	59320	CPT	both			10303	4111.87	Wellcare	Medicare		3575.54				221.85		9787.85 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CERCLAGE,CERVIX VAGINAL	59320	CPT	both			10303	4111.87	Wellcare	Medicaid		3250.6	31.55			221.85		9787.85 percent of total billed charges	
CERCLAGE,CERVIX VAGINAL	59320	CPT	both			10303	4111.87	WellPoint	WellPoint		3315.51	32.18			221.85		9787.85 percent of total billed charges	
CERCIAGE OF CERVIX\PREG.,ABDMNI	59325	CPT	inpatient			840		Aetna	Medicare		258.72	30.8			252		1782 percent of total billed charges	
CERCIAGE OF CERVIX\PREG.,ABDMNI	59325	CPT	inpatient			840		Aetna	Better Health		265.02	31.55			252		1782 percent of total billed charges	
CERCIAGE OF CERVIX\PREG.,ABDMNI	59325	CPT	inpatient			840		Aetna	Commercial		319.2	38			252		1782 percent of total billed charges	
CERCIAGE OF CERVIX\PREG.,ABDMNI	59325	CPT	inpatient			840		Americare	Americare		630	75			252		1782 percent of total billed charges	
CERCIAGE OF CERVIX\PREG.,ABDMNI	59325	CPT	inpatient			840		Amerihealth	HMO|PPO		546	65			252		1782 percent of total billed charges	
CERCIAGE OF CERVIX\PREG.,ABDMNI	59325	CPT	inpatient			840		Consumer	Consumer		798	95			252		1782 percent of total billed charges	
CERCIAGE OF CERVIX\PREG.,ABDMNI	59325	CPT	inpatient			840		Corrections	Corrections		672	80			252		1782 percent of total billed charges	
CERCIAGE OF CERVIX\PREG.,ABDMNI	59325	CPT	inpatient			840		First Health	First Health		588	70			252		1782 percent of total billed charges	
CERCIAGE OF CERVIX\PREG.,ABDMNI	59325	CPT	inpatient			840		First Trenton	First Trenton		756	90			252		1782 percent of total billed charges	
CERCIAGE OF CERVIX\PREG.,ABDMNI	59325	CPT	inpatient			840		Horizon	Medicare Blue		252	30			252		1782 percent of total billed charges	
CERCIAGE OF CERVIX\PREG.,ABDMNI	59325	CPT	inpatient			840		Horizon	Indemnity		321.55	38.28			252		1782 percent of total billed charges	
CERCIAGE OF CERVIX\PREG.,ABDMNI	59325	CPT	inpatient			840		Horizon	MGD		321.55	38.28			252		1782 percent of total billed charges	
CERCIAGE OF CERVIX\PREG.,ABDMNI	59325	CPT	inpatient			840		Horizon	PPO		321.55	38.28			252		1782 percent of total billed charges	
CERCIAGE OF CERVIX\PREG.,ABDMNI	59325	CPT	inpatient			840		Horizon	NJ Health		492.66				252		1782 fee schedule	
CERCIAGE OF CERVIX\PREG.,ABDMNI	59325	CPT	inpatient			840		Managed Care Inc	Managed Care Inc		756	90			252		1782 percent of total billed charges	
CERCIAGE OF CERVIX\PREG.,ABDMNI	59325	CPT	inpatient			840		Multiplan	Multiplan		672	80			252		1782 percent of total billed charges	
CERCIAGE OF CERVIX\PREG.,ABDMNI	59325	CPT	inpatient			840		Qualcare	Qualcare		630	75			252		1782 percent of total billed charges	
CERCIAGE OF CERVIX\PREG.,ABDMNI	59325	CPT	inpatient			840		Three Rivers	Three Rivers		798	95			252		1782 percent of total billed charges	
CERCIAGE OF CERVIX\PREG.,ABDMNI	59325	CPT	inpatient			840		UHC	Medicaid		265.02	31.55			252		1782 percent of total billed charges	
CERCIAGE OF CERVIX\PREG.,ABDMNI	59325	CPT	inpatient			840		United	Oxford		1782				252		1782 case rate	
CERCIAGE OF CERVIX\PREG.,ABDMNI	59325	CPT	inpatient			840		United	Commercial|PPO		1782				252		1782 case rate	
CERCIAGE OF CERVIX\PREG.,ABDMNI	59325	CPT	inpatient			840		Wellcare	Medicaid		265.02	31.55			252		1782 percent of total billed charges	
CERCIAGE OF CERVIX\PREG.,ABDMNI	59325	CPT	inpatient			840		WellPoint	WellPoint		270.31	32.18			252		1782 percent of total billed charges	
HYSTERRAHAPPY OF RUPTURED UTERUS	59350	CPT	inpatient			1909		Aetna	Medicare		587.97	30.8			572.7		1813.55 percent of total billed charges	
HYSTERRAHAPPY OF RUPTURED UTERUS	59350	CPT	inpatient			1909		Aetna	Better Health		602.29	31.55			572.7		1813.55 percent of total billed charges	
HYSTERRAHAPPY OF RUPTURED UTERUS	59350	CPT	inpatient			1909		Aetna	Commercial		725.42	38			572.7		1813.55 percent of total billed charges	
HYSTERRAHAPPY OF RUPTURED UTERUS	59350	CPT	inpatient			1909		Americare	Americare		1431.75	75			572.7		1813.55 percent of total billed charges	
HYSTERRAHAPPY OF RUPTURED UTERUS	59350	CPT	inpatient			1909		Amerihealth	HMO|PPO		1240.85	65			572.7		1813.55 percent of total billed charges	
HYSTERRAHAPPY OF RUPTURED UTERUS	59350	CPT	inpatient			1909		Consumer	Consumer		1813.55	95			572.7		1813.55 percent of total billed charges	
HYSTERRAHAPPY OF RUPTURED UTERUS	59350	CPT	inpatient			1909		Corrections	Corrections		1527.2	80			572.7		1813.55 percent of total billed charges	
HYSTERRAHAPPY OF RUPTURED UTERUS	59350	CPT	inpatient			1909		First Health	First Health		1336.3	70			572.7		1813.55 percent of total billed charges	
HYSTERRAHAPPY OF RUPTURED UTERUS	59350	CPT	inpatient			1909		First Trenton	First Trenton		1718.1	90			572.7		1813.55 percent of total billed charges	
HYSTERRAHAPPY OF RUPTURED UTERUS	59350	CPT	inpatient			1909		Horizon	Medicare Blue		572.7	30			572.7		1813.55 percent of total billed charges	
HYSTERRAHAPPY OF RUPTURED UTERUS	59350	CPT	inpatient			1909		Horizon	NJ Health		631.62				572.7		1813.55 fee schedule	
HYSTERRAHAPPY OF RUPTURED UTERUS	59350	CPT	inpatient			1909		Horizon	MGD		730.77	38.28			572.7		1813.55 percent of total billed charges	
HYSTERRAHAPPY OF RUPTURED UTERUS	59350	CPT	inpatient			1909		Horizon	Indemnity		730.77	38.28			572.7		1813.55 percent of total billed charges	
HYSTERRAHAPPY OF RUPTURED UTERUS	59350	CPT	inpatient			1909		Horizon	PPO		730.77	38.28			572.7		1813.55 percent of total billed charges	
HYSTERRAHAPPY OF RUPTURED UTERUS	59350	CPT	inpatient			1909		Managed Care Inc	Managed Care Inc		1718.1	90			572.7		1813.55 percent of total billed charges	
HYSTERRAHAPPY OF RUPTURED UTERUS	59350	CPT	inpatient			1909		Multiplan	Multiplan		1527.2	80			572.7		1813.55 percent of total billed charges	
HYSTERRAHAPPY OF RUPTURED UTERUS	59350	CPT	inpatient			1909		Qualcare	Qualcare		1431.75	75			572.7		1813.55 percent of total billed charges	
HYSTERRAHAPPY OF RUPTURED UTERUS	59350	CPT	inpatient			1909		Three Rivers	Three Rivers		1813.55	95			572.7		1813.55 percent of total billed charges	
HYSTERRAHAPPY OF RUPTURED UTERUS	59350	CPT	inpatient			1909		UHC	Medicaid		602.29	31.55			572.7		1813.55 percent of total billed charges	
HYSTERRAHAPPY OF RUPTURED UTERUS	59350	CPT	inpatient			1909		Wellcare	Medicaid		602.29	31.55			572.7		1813.55 percent of total billed charges	
HYSTERRAHAPPY OF RUPTURED UTERUS	59350	CPT	inpatient			1909		WellPoint	WellPoint		614.32	32.18			572.7		1813.55 percent of total billed charges	
VAG.DEL. W/PR & POST NATAL CARE	59400	CPT	outpatient			8304		Aetna	Commercial		3155.52	38			1331.1		7888.8 percent of total billed charges	
VAG.DEL. W/PR & POST NATAL CARE	59400	CPT	outpatient			8304		Aetna	Better Health		2619.91	31.55			1331.1		7888.8 percent of total billed charges	
VAG.DEL. W/PR & POST NATAL CARE	59400	CPT	outpatient			8304		Aetna	Medicare		2557.63	30.8			1331.1		7888.8 percent of total billed charges	
VAG.DEL. W/PR & POST NATAL CARE	59400	CPT	outpatient			8304		Americare	Americare		6228	75			1331.1		7888.8 percent of total billed charges	
VAG.DEL. W/PR & POST NATAL CARE	59400	CPT	outpatient			8304		Amerihealth	HMO|PPO		5397.6	65			1331.1		7888.8 percent of total billed charges	
VAG.DEL. W/PR & POST NATAL CARE	59400	CPT	outpatient			8304		Consumer	Consumer		7888.8	95			1331.1		7888.8 percent of total billed charges	
VAG.DEL. W/PR & POST NATAL CARE	59400	CPT	outpatient			8304		Corrections	Corrections		6643.2	80			1331.1		7888.8 percent of total billed charges	
VAG.DEL. W/PR & POST NATAL CARE	59400	CPT	outpatient			8304		First Health	First Health		5812.8	70			1331.1		7888.8 percent of total billed charges	
VAG.DEL. W/PR & POST NATAL CARE	59400	CPT	outpatient			8304		First Trenton	First Trenton		7473.6	90			1331.1		7888.8 percent of total billed charges	
VAG.DEL. W/PR & POST NATAL CARE	59400	CPT	outpatient			8304		Horizon	MGD		3178.77	38.28			1331.1		7888.8 percent of total billed charges	
VAG.DEL. W/PR & POST NATAL CARE	59400	CPT	outpatient			8304		Horizon	Indemnity		3178.77	38.28			1331.1		7888.8 percent of total billed charges	
VAG.DEL. W/PR & POST NATAL CARE	59400	CPT	outpatient			8304		Horizon	PPO		3178.77	38.28			1331.1		7888.8 percent of total billed charges	
VAG.DEL. W/PR & POST NATAL CARE	59400	CPT	outpatient			8304		Horizon	Medicare Blue		2491.2	30			1331.1		7888.8 percent of total billed charges	
VAG.DEL. W/PR & POST NATAL CARE	59400	CPT	outpatient			8304		Horizon	NJ Health		1331.1				1331.1		7888.8 fee schedule	
VAG.DEL. W/PR & POST NATAL CARE	59400	CPT	outpatient			8304		Managed Care Inc	Managed Care Inc		7473.6	90			1331.1		7888.8 percent of total billed charges	
VAG.DEL. W/PR & POST NATAL CARE	59400	CPT	outpatient			8304		Multiplan	Multiplan		6643.2	80			1331.1		7888.8 percent of total billed charges	
VAG.DEL. W/PR & POST NATAL CARE	59400	CPT	outpatient			8304		Qualcare	Qualcare		6228	75			1331.1		7888.8 percent of total billed charges	
VAG.DEL. W/PR & POST NATAL CARE	59400	CPT	outpatient			8304		Three Rivers	Three Rivers		7888.8	95			1331.1		7888.8 percent of total billed charges	
VAG.DEL. W/PR & POST NATAL CARE	59400	CPT	outpatient			8304		UHC	Medicaid		2619.91	31.55			1331.1		7888.8 percent of total billed charges	
VAG.DEL. W/PR & POST NATAL CARE	59400	CPT	outpatient			8304		Wellcare	Medicaid		2619.91	31.55			1331.1		7888.8 percent of total billed charges	
VAG.DEL. W/PR & POST NATAL CARE	59400	CPT	outpatient			8304		WellPoint	WellPoint		2672.23	32.18			1331.1		7888.8 percent of total billed charges	
VAGINAL DELIVERY	59409	CPT	both			8193	4111.87	Aetna	Better Health		2584.89	31.55			1090.9		7783.35 percent of total billed charges	
VAGINAL DELIVERY	59409	CPT	both			8193	4111.87	Aetna	Commercial		5692.26				1090.9		7783.35 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VAGINAL DELIVERY	59409	CPT	both			8193	4111.87	Aetna	Medicare		3575.54				1090.9		7783.35 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VAGINAL DELIVERY	59409	CPT	both			8193	4111.87	Americare	Americare		6144.75	75			1090.9		7783.35 percent of total billed charges	
VAGINAL DELIVERY	59409	CPT	both			8193	4111.87	Amerihealth	HMO|PPO		5325.45	65			1090.9		7783.35 percent of total billed charges	
VAGINAL DELIVERY	59409	CPT	both			8193	4111.87	Amerihealth	Medicare		3575.54				1090.9		7783.35 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VAGINAL DELIVERY	59409	CPT	both			8193	4111.87	Consumer	Consumer		7783.35	95			1090.9		7783.35 percent of total billed charges	
VAGINAL DELIVERY	59409	CPT	both			8193	4111.87	Corrections	Corrections		6554.4	80			1090.9		7783.35 percent of total billed charges	
VAGINAL DELIVERY	59409	CPT	both			8193	4111.87	First Health	First Health		5735.1	70			1090.9		7783.35 percent of total billed charges	
VAGINAL DELIVERY	59409	CPT	both			8193	4111.87	First Trenton	First Trenton		7373.7	90			1090.9		7783.35 percent of total billed charges	
VAGINAL DELIVERY	59409	CPT	both			8193	4111.87	Horizon	MGD		6654.08				1090.9		7783.35 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VAGINAL DELIVERY	59409	CPT	both			8193	4111.87	Horizon	Medicare Blue		3575.54				1090.9		7783.35 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VAGINAL DELIVERY	59409	CPT	both			8193	4111.87	Horizon	Indemnity		6654.08				1090.9		7783.35 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VAGINAL DELIVERY	59409	CPT	both			8193	4111.87	Horizon	NJ Health		1090.9				1090.9		7783.35 fee schedule	
VAGINAL DELIVERY	59409	CPT	both			8193	4111.87	Horizon	PPO		6654.08				1090.9		7783.35 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VAGINAL DELIVERY	59409	CPT	both			8193	4111.87	Managed Care Inc	Managed Care Inc		7373.7	90			1090.9		7783.35 percent of total billed charges	
VAGINAL DELIVERY	59409	CPT	both			8193	4111.87	Multiplan	Multiplan		6554.4	80			1090.9		7783.35 percent of total billed charges	
VAGINAL DELIVERY	59409	CPT	both			8193	4111.87	Qualcare	Qualcare		6144.75	75			1090.9		7783.35 percent of total billed charges	
VAGINAL DELIVERY	59409	CPT	both			8193	4111.87	Three Rivers	Three Rivers		7783.35	95			1090.9		7783.35 percent of total billed charges	
VAGINAL DELIVERY	59409	CPT	both			8193	4111.87	UHC	Medicaid		2584.89	31.55			1090.9		7783.35 percent of total billed charges	
VAGINAL DELIVERY	59409	CPT	both			8193	4111.87	UHC	Medicare		3575.54				1090.9		7783.35 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VAGINAL DELIVERY	59409	CPT	both			8193	4111.87	United	Commercial|PPO		2776				1090.9		7783.35 case rate	
VAGINAL DELIVERY	59409	CPT	both			8193	4111.87	United	Oxford		2776				1090.9		7783.35 case rate	
VAGINAL DELIVERY	59409	CPT	both			8193	4111.87	Wellcare	Medicare		3575.54				1090.9		7783.35 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VAGINAL DELIVERY	59409	CPT	both			8193	4111.87	Wellcare	Medicaid		2584.89	31.55			1090.9		7783.35 percent of total billed charges	
VAGINAL DELIVERY	59409	CPT	both			8193	4111.87	WellPoint	WellPoint		2636.51	32.18			1090.9		7783.35 percent of total billed charges	
EXTML CEPHALIC VERSION,W/ORW/O TOCLYSIS	59412	CPT	both			11049	4111.87	Aetna	Commercial		5692.26				123.95		10496.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXTML CEPHALIC VERSION,W/ORW/O TOCLYSIS	59412	CPT	both			11049	4111.87	Aetna	Better Health		3485.96	31.55			123.95		10496.55 percent of total billed charges	
EXTML CEPHALIC VERSION,W/ORW/O TOCLYSIS	59412	CPT	both			11049	4111.87	Aetna	Medicare		3575.54				123.95		10496.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXTML CEPHALIC VERSION,W/ORW/O TOCLYSIS	59412	CPT	both			11049	4111.87	Americare	Americare		8286.75	75			123.95		10496.55 percent of total billed charges	
EXTML CEPHALIC VERSION,W/ORW/O TOCLYSIS	59412	CPT	both			11049	4111.87	Amerihealth	HMO|PPO		7181.85	65			123.95		10496.55 percent of total billed charges	
EXTML CEPHALIC VERSION,W/ORW/O TOCLYSIS	59412	CPT	both			11049	4111.87	Amerihealth	Medicare		3575.54				123.95		10496.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXTML CEPHALIC VERSION,W/ORW/O TOCLYSIS	59412	CPT	both			11049	4111.87	Consumer	Consumer		10496.55	95			123.95		10496.55 percent of total billed charges	
EXTML CEPHALIC VERSION,W/ORW/O TOCLYSIS	59412	CPT	both			11049	4111.87	Corrections	Corrections		8839.2	80			123.95		10496.55 percent of total billed charges	
EXTML CEPHALIC VERSION,W/ORW/O TOCLYSIS	59412	CPT	both			11049	4111.87	First Health	First Health		7734.3	70			123.95		10496.55 percent of total billed charges	
EXTML CEPHALIC VERSION,W/ORW/O TOCLYSIS	59412	CPT	both			11049	4111.87	First Trenton	First Trenton		9944.1	90			123.95		10496.55 percent of total billed charges	
EXTML CEPHALIC VERSION,W/ORW/O TOCLYSIS	59412	CPT	both			11049	4111.87	Horizon	MGD		6654.08				123.95		10496.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXTML CEPHALIC VERSION,W/ORW/O TOCLYSIS	59412	CPT	both			11049	4111.87	Horizon	PPO		6654.08				123.95		10496.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXTML CEPHALIC VERSION,W/ORW/O TOCLYSIS	59412	CPT	both			11049	4111.87	Horizon	NJ Health		123.95				123.95		10496.55 fee schedule	
EXTML CEPHALIC VERSION,W/ORW/O TOCLYSIS	59412	CPT	both			11049	4111.87	Horizon	Medicare Blue		3575.54				123.95		10496.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXTML CEPHALIC VERSION,W/ORW/O TOCLYSIS	59412	CPT	both			11049	4111.87	Horizon	Indemnity		6654.08				123.95		10496.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXTML CEPHALIC VERSION,W/ORW/O TOCLYSIS	59412	CPT	both			11049	4111.87	Managed Care Inc	Managed Care Inc		9944.1	90			123.95		10496.55 percent of total billed charges	
EXTML CEPHALIC VERSION,W/ORW/O TOCLYSIS	59412	CPT	both			11049	4111.87	Multiplan	Multiplan		8839.2	80			123.95		10496.55 percent of total billed charges	
EXTML CEPHALIC VERSION,W/ORW/O TOCLYSIS	59412	CPT	both			11049	4111.87	Qualcare	Qualcare		8286.75	75			123.95		10496.55 percent of total billed charges	
EXTML CEPHALIC VERSION,W/ORW/O TOCLYSIS	59412	CPT	both			11049	4111.87	Three Rivers	Three Rivers		10496.55	95			123.95		10496.55 percent of total billed charges	
EXTML CEPHALIC VERSION,W/ORW/O TOCLYSIS	59412	CPT	both			11049	4111.87	UHC	Medicare		3575.54				123.95		10496.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXTML CEPHALIC VERSION,W/ORW/O TOCLYSIS	59412	CPT	both			11049	4111.87	UHC	Medicaid		3485.96	31.55			123.95		10496.55 percent of total billed charges	
EXTML CEPHALIC VERSION,W/ORW/O TOCLYSIS	59412	CPT	both			11049	4111.87	United	Commercial|PPO		2776				123.95		10496.55 case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
EXTML CEPHALIC VERSION,W/ORW/O TOCLYSIS	59412	CPT	both			11049		4111.87 United	Oxford		2776				123.95	10496.55	case rate	
EXTML CEPHALIC VERSION,W/ORW/O TOCLYSIS	59412	CPT	both			11049		4111.87 Wellcare	Medicare		3575.54				123.95	10496.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXTML CEPHALIC VERSION,W/ORW/O TOCLYSIS	59412	CPT	both			11049		4111.87 Wellcare	Medicaid		3485.96	31.55			123.95	10496.55	percent of total billed charges	
EXTML CEPHALIC VERSION,W/ORW/O TOCLYSIS	59412	CPT	both			11049		4111.87 WellPoint	WellPoint		3555.57	32.18			123.95	10496.55	percent of total billed charges	
DELIVERY PLACENTA (SEPARATE)	59414	CPT	both			9002		4111.87 Aetna	Better Health		2840.13	31.55			109.62	8551.9	percent of total billed charges	
DELIVERY PLACENTA (SEPARATE)	59414	CPT	both			9002		4111.87 Aetna	Commercial		5692.26				109.62	8551.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DELIVERY PLACENTA (SEPARATE)	59414	CPT	both			9002		4111.87 Aetna	Medicare		3575.54				109.62	8551.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DELIVERY PLACENTA (SEPARATE)	59414	CPT	both			9002		4111.87 Americare	Americare		6751.5	75			109.62	8551.9	percent of total billed charges	
DELIVERY PLACENTA (SEPARATE)	59414	CPT	both			9002		4111.87 Amerihealth	HMO/PPO		5851.3	65			109.62	8551.9	percent of total billed charges	
DELIVERY PLACENTA (SEPARATE)	59414	CPT	both			9002		4111.87 Amerihealth	Medicare		3575.54				109.62	8551.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DELIVERY PLACENTA (SEPARATE)	59414	CPT	both			9002		4111.87 Consumer	Consumer		8551.9	95			109.62	8551.9	percent of total billed charges	
DELIVERY PLACENTA (SEPARATE)	59414	CPT	both			9002		4111.87 Corrections	Corrections		7201.6	80			109.62	8551.9	percent of total billed charges	
DELIVERY PLACENTA (SEPARATE)	59414	CPT	both			9002		4111.87 First Health	First Health		6301.4	70			109.62	8551.9	percent of total billed charges	
DELIVERY PLACENTA (SEPARATE)	59414	CPT	both			9002		4111.87 First Trenton	First Trenton		8101.8	90			109.62	8551.9	percent of total billed charges	
DELIVERY PLACENTA (SEPARATE)	59414	CPT	both			9002		4111.87 Horizon	Indemnity		6654.08				109.62	8551.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DELIVERY PLACENTA (SEPARATE)	59414	CPT	both			9002		4111.87 Horizon	MGD		6654.08				109.62	8551.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DELIVERY PLACENTA (SEPARATE)	59414	CPT	both			9002		4111.87 Horizon	Medicare Blue		3575.54				109.62	8551.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DELIVERY PLACENTA (SEPARATE)	59414	CPT	both			9002		4111.87 Horizon	NJ Health		109.62				109.62	8551.9	fee schedule	
DELIVERY PLACENTA (SEPARATE)	59414	CPT	both			9002		4111.87 Horizon	PPO		6654.08				109.62	8551.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DELIVERY PLACENTA (SEPARATE)	59414	CPT	both			9002		4111.87 Managed Care Inc	Managed Care Inc		8101.8	90			109.62	8551.9	percent of total billed charges	
DELIVERY PLACENTA (SEPARATE)	59414	CPT	both			9002		4111.87 Multiplan	Multiplan		7201.6	80			109.62	8551.9	percent of total billed charges	
DELIVERY PLACENTA (SEPARATE)	59414	CPT	both			9002		4111.87 Qualcare	Qualcare		6751.5	75			109.62	8551.9	percent of total billed charges	
DELIVERY PLACENTA (SEPARATE)	59414	CPT	both			9002		4111.87 Three Rivers	Three Rivers		8551.9	95			109.62	8551.9	percent of total billed charges	
DELIVERY PLACENTA (SEPARATE)	59414	CPT	both			9002		4111.87 UHC	Medicaid		2840.13	31.55			109.62	8551.9	percent of total billed charges	
DELIVERY PLACENTA (SEPARATE)	59414	CPT	both			9002		4111.87 UHC	Medicare		3575.54				109.62	8551.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DELIVERY PLACENTA (SEPARATE)	59414	CPT	both			9002		4111.87 United	Oxford		2776				109.62	8551.9	case rate	
DELIVERY PLACENTA (SEPARATE)	59414	CPT	both			9002		4111.87 United	CommercialPPO		2776				109.62	8551.9	case rate	
DELIVERY PLACENTA (SEPARATE)	59414	CPT	both			9002		4111.87 Wellcare	Medicaid		2840.13	31.55			109.62	8551.9	percent of total billed charges	
DELIVERY PLACENTA (SEPARATE)	59414	CPT	both			9002		4111.87 Wellcare	Medicare		3575.54				109.62	8551.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DELIVERY PLACENTA (SEPARATE)	59414	CPT	both			9002		4111.87 WellPoint	WellPoint		2896.84	32.18			109.62	8551.9	percent of total billed charges	
EMERGENCY C/SECTION - ONLY	59514	CPT	both			15443		Aetna	Medicare		4756.44	30.8			1122.3	14670.85	percent of total billed charges	
EMERGENCY C/SECTION - ONLY	59514	CPT	both			15443		Aetna	Better Health		4872.27	31.55			1122.3	14670.85	percent of total billed charges	
EMERGENCY C/SECTION - ONLY	59514	CPT	both			15443		Aetna	Commercial		5868.34	38			1122.3	14670.85	percent of total billed charges	
EMERGENCY C/SECTION - ONLY	59514	CPT	both			15443		Americare	Americare		11582.25	75			1122.3	14670.85	percent of total billed charges	
EMERGENCY C/SECTION - ONLY	59514	CPT	both			15443		Amerihealth	HMO/PPO		10037.95	65			1122.3	14670.85	percent of total billed charges	
EMERGENCY C/SECTION - ONLY	59514	CPT	both			15443		Consumer	Consumer		14670.85	95			1122.3	14670.85	percent of total billed charges	
EMERGENCY C/SECTION - ONLY	59514	CPT	both			15443		Corrections	Corrections		12354.4	80			1122.3	14670.85	percent of total billed charges	
EMERGENCY C/SECTION - ONLY	59514	CPT	both			15443		First Health	First Health		10810.1	70			1122.3	14670.85	percent of total billed charges	
EMERGENCY C/SECTION - ONLY	59514	CPT	both			15443		First Trenton	First Trenton		13868.7	90			1122.3	14670.85	percent of total billed charges	
EMERGENCY C/SECTION - ONLY	59514	CPT	both			15443		Horizon	Medicare Blue		4632.9	30			1122.3	14670.85	percent of total billed charges	
EMERGENCY C/SECTION - ONLY	59514	CPT	both			15443		Horizon	MGD		5911.58	38.28			1122.3	14670.85	percent of total billed charges	
EMERGENCY C/SECTION - ONLY	59514	CPT	both			15443		Horizon	Indemnity		5911.58	38.28			1122.3	14670.85	percent of total billed charges	
EMERGENCY C/SECTION - ONLY	59514	CPT	both			15443		Horizon	PPO		5911.58	38.28			1122.3	14670.85	percent of total billed charges	
EMERGENCY C/SECTION - ONLY	59514	CPT	both			15443		Horizon	NJ Health		1122.3				1122.3	14670.85	fee schedule	
EMERGENCY C/SECTION - ONLY	59514	CPT	both			15443		Managed Care Inc	Managed Care Inc		13868.7	90			1122.3	14670.85	percent of total billed charges	
EMERGENCY C/SECTION - ONLY	59514	CPT	both			15443		Multiplan	Multiplan		12354.4	80			1122.3	14670.85	percent of total billed charges	
EMERGENCY C/SECTION - ONLY	59514	CPT	both			15443		Qualcare	Qualcare		11582.25	75			1122.3	14670.85	percent of total billed charges	
EMERGENCY C/SECTION - ONLY	59514	CPT	both			15443		Three Rivers	Three Rivers		14670.85	95			1122.3	14670.85	percent of total billed charges	
EMERGENCY C/SECTION - ONLY	59514	CPT	both			15443		UHC	Medicaid		4872.27	31.55			1122.3	14670.85	percent of total billed charges	
EMERGENCY C/SECTION - ONLY	59514	CPT	both			15443		Wellcare	Medicaid		4872.27	31.55			1122.3	14670.85	percent of total billed charges	
EMERGENCY C/SECTION - ONLY	59514	CPT	both			15443		WellPoint	WellPoint		4969.56	32.18			1122.3	14670.85	percent of total billed charges	
C/SECT W/HYSTERECTOMY	59525	CPT	outpatient			18715		Aetna	Better Health		5904.58	31.55			944.82	17779.25	percent of total billed charges	
C/SECT W/HYSTERECTOMY	59525	CPT	outpatient			18715		Aetna	Commercial		7111.7	38			944.82	17779.25	percent of total billed charges	
C/SECT W/HYSTERECTOMY	59525	CPT	outpatient			18715		Aetna	Medicare		5764.22	30.8			944.82	17779.25	percent of total billed charges	
C/SECT W/HYSTERECTOMY	59525	CPT	outpatient			18715		Americare	Americare		14036.25	75			944.82	17779.25	percent of total billed charges	
C/SECT W/HYSTERECTOMY	59525	CPT	outpatient			18715		Amerihealth	HMO/PPO		12164.75	65			944.82	17779.25	percent of total billed charges	
C/SECT W/HYSTERECTOMY	59525	CPT	outpatient			18715		Consumer	Consumer		17779.25	95			944.82	17779.25	percent of total billed charges	
C/SECT W/HYSTERECTOMY	59525	CPT	outpatient			18715		Corrections	Corrections		14972	80			944.82	17779.25	percent of total billed charges	
C/SECT W/HYSTERECTOMY	59525	CPT	outpatient			18715		First Health	First Health		13100.5	70			944.82	17779.25	percent of total billed charges	
C/SECT W/HYSTERECTOMY	59525	CPT	outpatient			18715		First Trenton	First Trenton		16843.5	90			944.82	17779.25	percent of total billed charges	
C/SECT W/HYSTERECTOMY	59525	CPT	outpatient			18715		Horizon	Indemnity		7164.1	38.28			944.82	17779.25	percent of total billed charges	
C/SECT W/HYSTERECTOMY	59525	CPT	outpatient			18715		Horizon	Medicare Blue		5614.5	30			944.82	17779.25	percent of total billed charges	
C/SECT W/HYSTERECTOMY	59525	CPT	outpatient			18715		Horizon	NJ Health		944.82				944.82	17779.25	fee schedule	
C/SECT W/HYSTERECTOMY	59525	CPT	outpatient			18715		Horizon	MGD		7164.1	38.28			944.82	17779.25	percent of total billed charges	
C/SECT W/HYSTERECTOMY	59525	CPT	outpatient			18715		Horizon	PPO		7164.1	38.28			944.82	17779.25	percent of total billed charges	
C/SECT W/HYSTERECTOMY	59525	CPT	outpatient			18715		Managed Care Inc	Managed Care Inc		16843.5	90			944.82	17779.25	percent of total billed charges	
C/SECT W/HYSTERECTOMY	59525	CPT	outpatient			18715		Multiplan	Multiplan		14972	80			944.82	17779.25	percent of total billed charges	
C/SECT W/HYSTERECTOMY	59525	CPT	outpatient			18715		Qualcare	Qualcare		14036.25	75			944.82	17779.25	percent of total billed charges	
C/SECT W/HYSTERECTOMY	59525	CPT	outpatient			18715		Three Rivers	Three Rivers		17779.25	95			944.82	17779.25	percent of total billed charges	
C/SECT W/HYSTERECTOMY	59525	CPT	outpatient			18715		UHC	Medicaid		5904.58	31.55			944.82	17779.25	percent of total billed charges	
C/SECT W/HYSTERECTOMY	59525	CPT	outpatient			18715		Wellcare	Medicaid		5904.58	31.55			944.82	17779.25	percent of total billed charges	
C/SECT W/HYSTERECTOMY	59525	CPT	outpatient			18715		WellPoint	WellPoint		6022.49	32.18			944.82	17779.25	percent of total billed charges	
VBAC	59612	CPT	inpatient			6169		4111.87 Aetna	Commercial		5692.26				1043.79	6654.08	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VBAC	59612	CPT	inpatient			6169		4111.87 Aetna	Better Health		1946.32	31.55			1043.79	6654.08	percent of total billed charges	
VBAC	59612	CPT	inpatient			6169		4111.87 Aetna	Medicare		3575.54				1043.79	6654.08	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VBAC	59612	CPT	inpatient			6169		4111.87 Americare	Americare		4626.75	75			1043.79	6654.08	percent of total billed charges	
VBAC	59612	CPT	inpatient			6169		4111.87 Amerihealth	HMO/PPO		4009.85	65			1043.79	6654.08	percent of total billed charges	
VBAC	59612	CPT	inpatient			6169		4111.87 Amerihealth	Medicare		3575.54				1043.79	6654.08	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VBAC	59612	CPT	inpatient			6169		4111.87 Consumer	Consumer		5860.55	95			1043.79	6654.08	percent of total billed charges	
VBAC	59612	CPT	inpatient			6169		4111.87 Corrections	Corrections		4935.2	80			1043.79	6654.08	percent of total billed charges	
VBAC	59612	CPT	inpatient			6169		4111.87 First Health	First Health		4318.3	70			1043.79	6654.08	percent of total billed charges	
VBAC	59612	CPT	inpatient			6169		4111.87 First Trenton	First Trenton		5552.1	90			1043.79	6654.08	percent of total billed charges	
VBAC	59612	CPT	inpatient			6169		4111.87 Horizon	NJ Health		1043.79				1043.79	6654.08	fee schedule	
VBAC	59612	CPT	inpatient			6169		4111.87 Horizon	PPO		6654.08				1043.79	6654.08	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VBAC	59612	CPT	inpatient			6169		4111.87 Horizon	MGD		6654.08				1043.79	6654.08	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VBAC	59612	CPT	inpatient			6169		4111.87 Horizon	Medicare Blue		3575.54				1043.79	6654.08	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VBAC	59612	CPT	inpatient			6169		4111.87 Horizon	Indemnity		6654.08				1043.79	6654.08	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VBAC	59612	CPT	inpatient			6169		4111.87 Managed Care Inc	Managed Care Inc		5552.1	90			1043.79	6654.08	percent of total billed charges	
VBAC	59612	CPT	inpatient			6169		4111.87 Multiplan	Multiplan		4935.2	80			1043.79	6654.08	percent of total billed charges	
VBAC	59612	CPT	inpatient			6169		4111.87 Qualcare	Qualcare		4626.75	75			1043.79	6654.08	percent of total billed charges	
VBAC	59612	CPT	inpatient			6169		4111.87 Three Rivers	Three Rivers		5860.55	95			1043.79	6654.08	percent of total billed charges	
VBAC	59612	CPT	inpatient			6169		4111.87 UHC	Medicare		3575.54				1043.79	6654.08	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VBAC	59612	CPT	inpatient			6169		4111.87 UHC	Medicaid		1946.32	31.55			1043.79	6654.08	percent of total billed charges	
VBAC	59612	CPT	inpatient			6169		4111.87 United	Oxford		2776				1043.79	6654.08	case rate	
VBAC	59612	CPT	inpatient			6169		4111.87 United	CommercialPPO		2776				1043.79	6654.08	case rate	
VBAC	59612	CPT	inpatient			6169		4111.87 Wellcare	Medicaid		1946.32	31.55			1043.79	6654.08	percent of total billed charges	
VBAC	59612	CPT	inpatient			6169		4111.87 Wellcare	Medicare		3575.54				1043.79	6654.08	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VBAC	59612	CPT	inpatient			6169		4111.87 WellPoint	WellPoint		1985.18	32.18			1043.79	6654.08	percent of total billed charges	
C SECT.REPEAT,FOLL.ATTEMPT VAG DEL	59620	CPT	inpatient			12172		Aetna	Better Health		3840.27	31.55			1201.23	11563.4	percent of total billed charges	
C SECT.REPEAT,FOLL.ATTEMPT VAG DEL	59620	CPT	inpatient			12172		Aetna	Medicare		3748.98	30.8			1201.23	11563.4	percent of total billed charges	
C SECT.REPEAT,FOLL.ATTEMPT VAG DEL	59620	CPT	inpatient			12172		Aetna	Commercial		4625.36	38			1201.23	11563.4	percent of total billed charges	
C SECT.REPEAT,FOLL.ATTEMPT VAG DEL	59620	CPT	inpatient			12172		Americare	Americare		9129	75			1201.23	11563.4	percent of total billed charges	
C SECT.REPEAT,FOLL.ATTEMPT VAG DEL	59620	CPT	inpatient			12172		Amerihealth	HMO/PPO		7911.8	65			1201.23	11563.4	percent of total billed charges	
C SECT.REPEAT,FOLL.ATTEMPT VAG DEL	59620	CPT	inpatient			12172		Consumer	Consumer		11563.4	95			1201.23	11563.4	percent of total billed charges	
C SECT.REPEAT,FOLL.ATTEMPT VAG DEL	59620	CPT	inpatient			12172		Corrections	Corrections		9737.6	80			1201.23	11563.4	percent of total billed charges	
C SECT.REPEAT,FOLL.ATTEMPT VAG DEL	59620	CPT	inpatient			12172		First Health	First Health		8520.4	70			1201.23	11563.4	percent of total billed charges	
C SECT.REPEAT,FOLL.ATTEMPT VAG DEL	59620	CPT	inpatient			12172		First Trenton	First Trenton		10954.8	90			1201.23	11563.4	percent of total billed charges	
C SECT.REPEAT,FOLL.ATTEMPT VAG DEL	59620	CPT	inpatient			12172		Horizon	NJ Health		1201.23				1201.23	11563.4	fee schedule	
C SECT.REPEAT,FOLL.ATTEMPT VAG DEL	59620	CPT	inpatient			12172		Horizon	MGD		4659.44	38.28			1201.23	11563.4	percent of total billed charges	
C SECT.REPEAT,FOLL.ATTEMPT VAG DEL	59620	CPT	inpatient			12172		Horizon	Medicare Blue		3651.6	30			1201.23	11563.4	percent of total billed charges	
C SECT.REPEAT,FOLL.ATTEMPT VAG DEL	59620	CPT	inpatient			12172		Horizon	Indemnity		4659.44	38.28			1201.23	11563.4	percent of total billed charges	
C SECT.REPEAT,FOLL.ATTEMPT VAG DEL	59620	CPT	inpatient			12172		Horizon	PPO		4659.44	38.28			1201.23	11563.4	percent of total billed charges	
C SECT.REPEAT,FOLL.ATTEMPT VAG DEL	59620	CPT	inpatient			12172		Managed Care Inc	Managed Care Inc		10954.8	90			1201.23	11563.4	percent of total billed charges	
C SECT.REPEAT,FOLL.ATTEMPT VAG DEL	59620	CPT	inpatient			12172		Multiplan	Multiplan		9737.6	80			1201.23	11563.4	percent of total billed charges	
C SECT.REPEAT,FOLL.ATTEMPT VAG DEL	59620	CPT	inpatient			12172		Qualcare	Qualcare		9129	75			1201.23	11563.4	percent of total billed charges	
C SECT.REPEAT,FOLL.ATTEMPT VAG DEL	59620	CPT	inpatient			12172		Three Rivers	Three Rivers		11563.4	95			1201.23	11563.4	percent of total billed charges	
C SECT.REPEAT,FOLL.ATTEMPT VAG DEL	59620	CPT	inpatient			12172		UHC	Medicaid		3840.27	31.55			1201.23	11563.4	percent of total billed charges	
C SECT.REPEAT,FOLL.ATTEMPT VAG DEL	59620	CPT	inpatient			12172		Wellcare	Medicaid		3840.27	31.55			1201.23	11563.4	percent of total billed charges	
C SECT.REPEAT,FOLL.ATTEMPT VAG DEL	59620	CPT	inpatient			12172		WellPoint	WellPoint		3916.95	32.18			1201.23	11563.4	percent of total billed charges	
TREATMENT OF MISCARRIAGE	59812	CPT	outpatient			10303		4111.87 Aetna	Medicare		3575.54				301.46	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREATMENT OF MISCARRIAGE	59812	CPT	outpatient			10303		4111.87 Aetna	Commercial		5692.26				301.46	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREATMENT OF MISCARRIAGE	59812	CPT	outpatient			10303		4111.87 Aetna	Better Health		3250.6	31.55			301.46	9787.85	percent of total billed charges	
TREATMENT OF MISCARRIAGE	59812	CPT	outpatient			10303		4111.87 Americare	Americare		7727.25	75			301.46	9787.85	percent of total billed charges	
TREATMENT OF MISCARRIAGE	59812	CPT	outpatient			10303		4111.87 Amerihealth	HMO/PPO		6696.95	65			301.46	9787.85	percent of total billed charges	
TREATMENT OF MISCARRIAGE	59812	CPT	outpatient			10303		4111.87 Amerihealth	Medicare		3575.54				301.46	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREATMENT OF MISCARRIAGE	59812	CPT	outpatient			10303		4111.87 Consumer	Consumer		9787.85	95			301.46	9787.85	percent of total billed charges	
TREATMENT OF MISCARRIAGE	59812	CPT	outpatient			10303		4111.87 Corrections	Corrections		8242.4	80			301.46	9787.85	percent of total billed charges	
TREATMENT OF MISCARRIAGE	59812	CPT	outpatient			10303		4111.87 First Health	First Health		7212.1	70			301.46	9787.85	percent of total billed charges	
TREATMENT OF MISCARRIAGE	59812	CPT	outpatient			10303		4111.87 First Trenton	First Trenton		9272.7	90			301.46	9787.85	percent of total billed charges	
TREATMENT OF MISCARRIAGE	59812	CPT	outpatient			10303		4111.87 Horizon	PPO		6654.08				301.46	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREATMENT OF MISCARRIAGE	59812	CPT	outpatient			10303		4111.87 Horizon	MGD		6654.08				301.46	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREATMENT OF MISCARRIAGE	59812	CPT	outpatient			10303		4111.87 Horizon	Indemnity		6654.08				301.46	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREATMENT OF MISCARRIAGE	59812	CPT	outpatient			10303		4111.87 Horizon	Medicare Blue		3575.54				301.46	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREATMENT OF MISCARRIAGE	59812	CPT	outpatient			10303		4111.87 Horizon	NJ Health		301.46				301.46	9787.85	fee schedule	
TREATMENT OF MISCARRIAGE	59812	CPT	outpatient			10303		4111.87 Managed Care Inc	Managed Care Inc		9272.7	90			301.46	9787.85	percent of total billed charges	
TREATMENT OF MISCARRIAGE	59812	CPT	outpatient			10303		4111.87 Multiplan	Multiplan		8242.4	80			301.46	9787.85	percent of total billed charges	
TREATMENT OF MISCARRIAGE	59812	CPT	outpatient			10303		4111.87 Qualcare	Qualcare		7727.25	75			301.46	9787.85	percent of total billed charges	
TREATMENT OF MISCARRIAGE	59812	CPT	outpatient			10303		4111.87 Three Rivers	Three Rivers		9787.85	95			301.46	9787.85	percent of total billed charges	
TREATMENT OF MISCARRIAGE	59812	CPT	outpatient			10303		4111.87 UHC	Medicaid		3250.6	31.55			301.46	9787.85	percent of total billed charges	
TREATMENT OF MISCARRIAGE	59812	CPT	outpatient			10303		4111.87 UHC	Medicare		3575.54				301.46	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREATMENT OF MISCARRIAGE	59812	CPT	outpatient			10303		4111.87 United	CommercialPPO		2776				301.46	9787.85	case rate	
TREATMENT OF MISCARRIAGE	59812	CPT	outpatient			10303		4111.87 United	Oxford		2776				301.46	9787.85	case rate	
TREATMENT OF MISCARRIAGE	59812	CPT	outpatient			10303		4111.87 Wellcare	Medicare		3575.54				301.46	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREATMENT OF MISCARRIAGE	59812	CPT	outpatient			10303		4111.87 Wellcare	Medicaid		3250.6	31.55			301.46	9787.85	percent of total billed charges	
TREATMENT OF MISCARRIAGE	59812	CPT	outpatient			10303		4111.87 WellPoint	WellPoint		3315.51	32.18			301.46	9787.85	percent of total billed charges	
MIDDED.SURG.COM. 1ST TRIM	59820	CPT	outpatient			10303		4111.87 Aetna	Better Health		3250.6	31.55			383.67	9787.85	percent of total billed charges	
MIDDED.SURG.COM. 1ST TRIM	59820	CPT	outpatient			10303		4111.87 Aetna	Medicare		3575.54				383.67	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MIDDED.SURG.COM. 1ST TRIM	59820	CPT	outpatient			10303		4111.87 Aetna	Commercial		5692.26				383.67	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101191	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
MIDDED.SURG.COM. 1ST TRIM	59820	CPT	outpatient			10303		4111.67	Americare	Americare	7727.25	75			383.67	9787.85	percent of total billed charges	
MIDDED.SURG.COM. 1ST TRIM	59820	CPT	outpatient			10303		4111.67	Amerihealth	HMO/PPO	6696.95	65			383.67	9787.85	percent of total billed charges	
MIDDED.SURG.COM. 1ST TRIM	59820	CPT	outpatient			10303		4111.67	Amerihealth	Medicare	3575.54				383.67	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MIDDED.SURG.COM. 1ST TRIM	59820	CPT	outpatient			10303		4111.67	Consumer	Consumer	9787.85	95			383.67	9787.85	percent of total billed charges	
MIDDED.SURG.COM. 1ST TRIM	59820	CPT	outpatient			10303		4111.67	Corrections	Corrections	8242.4	80			383.67	9787.85	percent of total billed charges	
MIDDED.SURG.COM. 1ST TRIM	59820	CPT	outpatient			10303		4111.67	First Health	First Health	7212.1	70			383.67	9787.85	percent of total billed charges	
MIDDED.SURG.COM. 1ST TRIM	59820	CPT	outpatient			10303		4111.67	First Trenton	First Trenton	9272.7	90			383.67	9787.85	percent of total billed charges	
MIDDED.SURG.COM. 1ST TRIM	59820	CPT	outpatient			10303		4111.67	Horizon	NJ Health	383.67				383.67	9787.85	fee schedule	
MIDDED.SURG.COM. 1ST TRIM	59820	CPT	outpatient			10303		4111.67	Horizon	Medicare Blue	3575.54				383.67	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MIDDED.SURG.COM. 1ST TRIM	59820	CPT	outpatient			10303		4111.67	Horizon	MGD	6654.08				383.67	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MIDDED.SURG.COM. 1ST TRIM	59820	CPT	outpatient			10303		4111.67	Horizon	Indemnity	6654.08				383.67	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MIDDED.SURG.COM. 1ST TRIM	59820	CPT	outpatient			10303		4111.67	Horizon	PPO	6654.08				383.67	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MIDDED.SURG.COM. 1ST TRIM	59820	CPT	outpatient			10303		4111.67	Managed Care Inc	Managed Care Inc	9272.7	90			383.67	9787.85	percent of total billed charges	
MIDDED.SURG.COM. 1ST TRIM	59820	CPT	outpatient			10303		4111.67	Multiplan	Multiplan	8242.4	80			383.67	9787.85	percent of total billed charges	
MIDDED.SURG.COM. 1ST TRIM	59820	CPT	outpatient			10303		4111.67	Qualcare	Qualcare	7727.25	75			383.67	9787.85	percent of total billed charges	
MIDDED.SURG.COM. 1ST TRIM	59820	CPT	outpatient			10303		4111.67	Three Rivers	Three Rivers	9787.85	95			383.67	9787.85	percent of total billed charges	
MIDDED.SURG.COM. 1ST TRIM	59820	CPT	outpatient			10303		4111.67	UHC	Medicaid	3250.6	31.55			383.67	9787.85	percent of total billed charges	
MIDDED.SURG.COM. 1ST TRIM	59820	CPT	outpatient			10303		4111.67	UHC	Medicare	3575.54				383.67	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MIDDED.SURG.COM. 1ST TRIM	59820	CPT	outpatient			10303		4111.67	United	Oxford	2776				383.67	9787.85	case rate	
MIDDED.SURG.COM. 1ST TRIM	59820	CPT	outpatient			10303		4111.67	United	Commercial|PPO	2776				383.67	9787.85	case rate	
MIDDED.SURG.COM. 1ST TRIM	59820	CPT	outpatient			10303		4111.67	Wellcare	Medicaid	3250.6	31.55			383.67	9787.85	percent of total billed charges	
MIDDED.SURG.COM. 1ST TRIM	59820	CPT	outpatient			10303		4111.67	Wellcare	Medicare	3575.54				383.67	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MIDDED.SURG.COM. 1ST TRIM	59820	CPT	outpatient			10303		4111.67	WellPoint	WellPoint	3315.51	32.18			383.67	9787.85	percent of total billed charges	
TREATMENT OF MISCARRIAGE	59821	CPT	outpatient			7152		4111.67	Aetna	Better Health	2256.46	31.55			274.05	6794.4	other	
TREATMENT OF MISCARRIAGE	59821	CPT	outpatient			7152		4111.67	Aetna	Medicare	3575.54				274.05	6794.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREATMENT OF MISCARRIAGE	59821	CPT	outpatient			7152		4111.67	Aetna	Commercial	5692.26				274.05	6794.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREATMENT OF MISCARRIAGE	59821	CPT	outpatient			7152		4111.67	Americare	Americare	5364	75			274.05	6794.4	percent of total billed charges	
TREATMENT OF MISCARRIAGE	59821	CPT	outpatient			7152		4111.67	Amerihealth	HMO/PPO	4648.8	65			274.05	6794.4	percent of total billed charges	
TREATMENT OF MISCARRIAGE	59821	CPT	outpatient			7152		4111.67	Amerihealth	Medicare	3575.54				274.05	6794.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREATMENT OF MISCARRIAGE	59821	CPT	outpatient			7152		4111.67	Consumer	Consumer	6794.4	95			274.05	6794.4	percent of total billed charges	
TREATMENT OF MISCARRIAGE	59821	CPT	outpatient			7152		4111.67	Corrections	Corrections	5721.6	80			274.05	6794.4	percent of total billed charges	
TREATMENT OF MISCARRIAGE	59821	CPT	outpatient			7152		4111.67	First Health	First Health	5006.4	70			274.05	6794.4	percent of total billed charges	
TREATMENT OF MISCARRIAGE	59821	CPT	outpatient			7152		4111.67	First Trenton	First Trenton	6436.8	90			274.05	6794.4	percent of total billed charges	
TREATMENT OF MISCARRIAGE	59821	CPT	outpatient			7152		4111.67	Horizon	Medicare Blue	3575.54				274.05	6794.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREATMENT OF MISCARRIAGE	59821	CPT	outpatient			7152		4111.67	Horizon	MGD	6654.08				274.05	6794.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREATMENT OF MISCARRIAGE	59821	CPT	outpatient			7152		4111.67	Horizon	PPO	6654.08				274.05	6794.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREATMENT OF MISCARRIAGE	59821	CPT	outpatient			7152		4111.67	Horizon	Indemnity	6654.08				274.05	6794.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREATMENT OF MISCARRIAGE	59821	CPT	outpatient			7152		4111.67	Horizon	NJ Health	274.05				274.05	6794.4	fee schedule	
TREATMENT OF MISCARRIAGE	59821	CPT	outpatient			7152		4111.67	Managed Care Inc	Managed Care Inc	6436.8	90			274.05	6794.4	percent of total billed charges	
TREATMENT OF MISCARRIAGE	59821	CPT	outpatient			7152		4111.67	Multiplan	Multiplan	5721.6	80			274.05	6794.4	percent of total billed charges	
TREATMENT OF MISCARRIAGE	59821	CPT	outpatient			7152		4111.67	Qualcare	Qualcare	5364	75			274.05	6794.4	percent of total billed charges	
TREATMENT OF MISCARRIAGE	59821	CPT	outpatient			7152		4111.67	Three Rivers	Three Rivers	6794.4	95			274.05	6794.4	percent of total billed charges	
TREATMENT OF MISCARRIAGE	59821	CPT	outpatient			7152		4111.67	UHC	Medicaid	2256.46	31.55			274.05	6794.4	percent of total billed charges	
TREATMENT OF MISCARRIAGE	59821	CPT	outpatient			7152		4111.67	UHC	Medicare	3575.54				274.05	6794.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREATMENT OF MISCARRIAGE	59821	CPT	outpatient			7152		4111.67	United	Oxford	2776				274.05	6794.4	case rate	
TREATMENT OF MISCARRIAGE	59821	CPT	outpatient			7152		4111.67	United	Commercial|PPO	2776				274.05	6794.4	case rate	
TREATMENT OF MISCARRIAGE	59821	CPT	outpatient			7152		4111.67	Wellcare	Medicare	3575.54				274.05	6794.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREATMENT OF MISCARRIAGE	59821	CPT	outpatient			7152		4111.67	Wellcare	Medicaid	2256.46	31.55			274.05	6794.4	percent of total billed charges	
TREATMENT OF MISCARRIAGE	59821	CPT	outpatient			7152		4111.67	WellPoint	WellPoint	2301.51	32.18			274.05	6794.4	percent of total billed charges	
INDUCED, D&C	59840	CPT	outpatient			10303		4111.67	Aetna	Better Health	3250.6	31.55			2776	9787.85	percent of total billed charges	
INDUCED, D&C	59840	CPT	outpatient			10303		4111.67	Aetna	Commercial	5692.26				2776	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INDUCED, D&C	59840	CPT	outpatient			10303		4111.67	Aetna	Medicare	3173.32	30.8			2776	9787.85	percent of total billed charges	
INDUCED, D&C	59840	CPT	outpatient			10303		4111.67	Americare	Americare	7727.25	75			2776	9787.85	percent of total billed charges	
INDUCED, D&C	59840	CPT	outpatient			10303		4111.67	Amerihealth	Medicare	3575.54				2776	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INDUCED, D&C	59840	CPT	outpatient			10303		4111.67	Amerihealth	HMO/PPO	6696.95	65			2776	9787.85	percent of total billed charges	
INDUCED, D&C	59840	CPT	outpatient			10303		4111.67	Consumer	Consumer	9787.85	95			2776	9787.85	percent of total billed charges	
INDUCED, D&C	59840	CPT	outpatient			10303		4111.67	Corrections	Corrections	8242.4	80			2776	9787.85	percent of total billed charges	
INDUCED, D&C	59840	CPT	outpatient			10303		4111.67	First Health	First Health	7212.1	70			2776	9787.85	percent of total billed charges	
INDUCED, D&C	59840	CPT	outpatient			10303		4111.67	First Trenton	First Trenton	9272.7	90			2776	9787.85	percent of total billed charges	
INDUCED, D&C	59840	CPT	outpatient			10303		4111.67	Horizon	Indemnity	6654.08				2776	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INDUCED, D&C	59840	CPT	outpatient			10303		4111.67	Horizon	MGD	6654.08				2776	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INDUCED, D&C	59840	CPT	outpatient			10303		4111.67	Horizon	Medicare Blue	3575.54				2776	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INDUCED, D&C	59840	CPT	outpatient			10303		4111.67	Horizon	PPO	6654.08				2776	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INDUCED, D&C	59840	CPT	outpatient			10303		4111.67	Managed Care Inc	Managed Care Inc	9272.7	90			2776	9787.85	percent of total billed charges	
INDUCED, D&C	59840	CPT	outpatient			10303		4111.67	Multiplan	Multiplan	8242.4	80			2776	9787.85	percent of total billed charges	
INDUCED, D&C	59840	CPT	outpatient			10303		4111.67	Qualcare	Qualcare	7727.25	75			2776	9787.85	percent of total billed charges	
INDUCED, D&C	59840	CPT	outpatient			10303		4111.67	Three Rivers	Three Rivers	9787.85	95			2776	9787.85	percent of total billed charges	
INDUCED, D&C	59840	CPT	outpatient			10303		4111.67	UHC	Medicaid	3250.6	31.55			2776	9787.85	percent of total billed charges	
INDUCED, D&C	59840	CPT	outpatient			10303		4111.67	UHC	Medicare	3575.54				2776	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INDUCED, D&C	59840	CPT	outpatient			10303		4111.67	United	Oxford	2776				2776	9787.85	case rate	
INDUCED, D&C	59840	CPT	outpatient			10303		4111.67	United	Commercial|PPO	2776				2776	9787.85	case rate	
INDUCED, D&C	59840	CPT	outpatient			10303		4111.67	Wellcare	Medicare	3575.54				2776	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INDUCED, D&C	59840	CPT	outpatient			10303		4111.67	Wellcare	Medicaid	3250.6	31.55			2776	9787.85	percent of total billed charges	
INDUCED, D&C	59840	CPT	outpatient			10303		4111.67	WellPoint	WellPoint	3315.51	32.18			2776	9787.85	percent of total billed charges	
INDUCED ABRTN BY D & C	59841	CPT	outpatient			10612		4111.67	Aetna	Better Health	3348.09	31.55			2776	10081.4	percent of total billed charges	
INDUCED ABRTN BY D & C	59841	CPT	outpatient			10612		4111.67	Aetna	Commercial	5692.26				2776	10081.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INDUCED ABRTN BY D & C	59841	CPT	outpatient			10612		4111.67	Aetna	Medicare	3575.54				2776	10081.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INDUCED ABRTN BY D & C	59841	CPT	outpatient			10612		4111.67	Americare	Americare	7959	75			2776	10081.4	percent of total billed charges	
INDUCED ABRTN BY D & C	59841	CPT	outpatient			10612		4111.67	Amerihealth	HMO/PPO	6897.8	65			2776	10081.4	percent of total billed charges	
INDUCED ABRTN BY D & C	59841	CPT	outpatient			10612		4111.67	Amerihealth	Medicare	3575.54				2776	10081.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INDUCED ABRTN BY D & C	59841	CPT	outpatient			10612		4111.67	Consumer	Consumer	10081.4	95			2776	10081.4	percent of total billed charges	
INDUCED ABRTN BY D & C	59841	CPT	outpatient			10612		4111.67	Corrections	Corrections	8489.6	80			2776	10081.4	percent of total billed charges	
INDUCED ABRTN BY D & C	59841	CPT	outpatient			10612		4111.67	First Health	First Health	7428.4	70			2776	10081.4	percent of total billed charges	
INDUCED ABRTN BY D & C	59841	CPT	outpatient			10612		4111.67	First Trenton	First Trenton	9550.8	90			2776	10081.4	percent of total billed charges	
INDUCED ABRTN BY D & C	59841	CPT	outpatient			10612		4111.67	Horizon	MGD	6654.08				2776	10081.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INDUCED ABRTN BY D & C	59841	CPT	outpatient			10612		4111.67	Horizon	Medicare Blue	3575.54				2776	10081.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INDUCED ABRTN BY D & C	59841	CPT	outpatient			10612		4111.67	Horizon	Indemnity	6654.08				2776	10081.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INDUCED ABRTN BY D & C	59841	CPT	outpatient			10612		4111.67	Horizon	PPO	6654.08				2776	10081.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INDUCED ABRTN BY D & C	59841	CPT	outpatient			10612		4111.67	Managed Care Inc	Managed Care Inc	9550.8	90			2776	10081.4	percent of total billed charges	
INDUCED ABRTN BY D & C	59841	CPT	outpatient			10612		4111.67	Multiplan	Multiplan	8489.6	80			2776	10081.4	percent of total billed charges	
INDUCED ABRTN BY D & C	59841	CPT	outpatient			10612		4111.67	Qualcare	Qualcare	7959	75			2776	10081.4	percent of total billed charges	
INDUCED ABRTN BY D & C	59841	CPT	outpatient			10612		4111.67	Three Rivers	Three Rivers	10081.4	95			2776	10081.4	percent of total billed charges	
INDUCED ABRTN BY D & C	59841	CPT	outpatient			10612		4111.67	UHC	Medicaid	3348.09	31.55			2776	10081.4	percent of total billed charges	
INDUCED ABRTN BY D & C	59841	CPT	outpatient			10612		4111.67	UHC	Medicare	3575.54				2776	10081.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INDUCED ABRTN BY D & C	59841	CPT	outpatient			10612		4111.67	United	Commercial|PPO	2776				2776	10081.4	case rate	
INDUCED ABRTN BY D & C	59841	CPT	outpatient			10612		4111.67	United	Oxford	2776				2776	10081.4	case rate	
INDUCED ABRTN BY D & C	59841	CPT	outpatient			10612		4111.67	Wellcare	Medicaid	3348.09	31.55			2776	10081.4	percent of total billed charges	
INDUCED ABRTN BY D & C	59841	CPT	outpatient			10612		4111.67	Wellcare	Medicare	3575.54				2776	10081.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INDUCED ABRTN BY D & C	59841	CPT	outpatient			10612		4111.67	WellPoint	WellPoint	3414.94	32.18			2776	10081.4	percent of total billed charges	
ABORTION W/INJECTION	59850	CPT	outpatient			2149			Aetna	Commercial	816.62	38			644.7	2041.55	percent of total billed charges	
ABORTION W/INJECTION	59850	CPT	outpatient			2149			Aetna	Better Health	678.01	31.55			644.7	2041.55	percent of total billed charges	
ABORTION W/INJECTION	59850	CPT	outpatient			2149			Aetna	Medicare	661.89	30.8			644.7	2041.55	percent of total billed charges	
ABORTION W/INJECTION	59850	CPT	outpatient			2149			Americare	Americare	1611.75	75			644.7	2041.55	percent of total billed charges	
ABORTION W/INJECTION	59850	CPT	outpatient			2149			Amerihealth	HMO/PPO	1396.85	65			644.7	2041.55	percent of total billed charges	
ABORTION W/INJECTION	59850	CPT	outpatient			2149			Consumer	Consumer	2041.55	95			644.7	2041.55	percent of total billed charges	
ABORTION W/INJECTION	59850	CPT	outpatient			2149			Corrections	Corrections	1719.2	80			644.7	2041.55	percent of total billed charges	
ABORTION W/INJECTION	59850	CPT	outpatient			2149			First Health	First Health	1504.3	70			644.7	2041.55	percent of total billed charges	
ABORTION W/INJECTION	59850	CPT	outpatient			2149			First Trenton	First Trenton	1934.1	90			644.7	2041.55	percent of total billed charges	
ABORTION W/INJECTION	59850	CPT	outpatient			2149			Horizon	MGD	822.64	38.28			644.7	2041.55	percent of total billed charges	
ABORTION W/INJECTION	59850	CPT	outpatient			2149			Horizon	Indemnity	822.64	38.28			644.7	2041.55	percent of total billed charges	
ABORTION W/INJECTION	59850	CPT	outpatient			2149			Horizon	PPO	822.64	38.28			644.7	2041.55	percent of total billed charges	
ABORTION W/INJECTION	59850	CPT	outpatient			2149			Horizon	Medicare Blue	644.7	30			644.7	2041.55	percent of total billed charges	
ABORTION W/INJECTION	59850	CPT	outpatient			2149			Managed Care Inc	Managed Care Inc	1934.1	90			644.7	2041.55	percent of total billed charges	
ABORTION W/INJECTION	59850	CPT	outpatient			2149			Multiplan	Multiplan	1719.2	80			644.7	2041.55	percent of total billed charges	
ABORTION W/INJECTION	59850	CPT	outpatient			2149			Qualcare	Qualcare	1611.75	75			644.7	2041.55	percent of total billed charges	
ABORTION W/INJECTION	59850	CPT	outpatient			2149			Three Rivers	Three Rivers	2041.55	95			644.7	2041.55	percent of total billed charges	
ABORTION W/INJECTION	59850	CPT	outpatient			2149			UHC	Medicaid	678.01	31.55			644.7	2041.55	percent of total billed charges	
ABORTION W/INJECTION	59850	CPT	outpatient			2149			United	Commercial|PPO	1782				644.7	2041.55	case rate	
ABORTION W/INJECTION	59850	CPT	outpatient			2149			United	Oxford	1782				644.7	2041.55	case rate	
ABORTION W/INJECTION	59850	CPT	outpatient			2149			Wellcare	Medicaid	678.01	31.55			644.7	2041.55	percent of total billed charges	
ABORTION W/INJECTION	59850	CPT	outpatient			2149			WellPoint	WellPoint	691.55	32.18			644.7	2041.55	percent of total billed charges	
REMOVAL OF CERCLAGE	59871	CPT	outpatient			10303		4111.67	Aetna	Commercial	5692.26				188.76	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF CERCLAGE	59871	CPT	outpatient			10303		4111.67	Aetna	Better Health	3250.6	31.55			188.76	9787.85	percent of total billed charges	
REMOVAL OF CERCLAGE	59871	CPT	outpatient			10303		4111.67	Aetna	Medicare	3575.54				188.76	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF CERCLAGE	59871	CPT	outpatient			10303		4111.67	Americare	Americare	7727.25	75			188.76	9787.85	percent of total billed charges	
REMOVAL OF CERCLAGE	59871	CPT	outpatient			10303		4111.67	Amerihealth	HMO/PPO	6696.95	65			188.76	9787.85	percent of total billed charges	
REMOVAL OF CERCLAGE	59871	CPT	outpatient			10303		4111.67	Amerihealth	Medicare	3575.54				188.76	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF CERCLAGE	59871	CPT	outpatient			10303		4111.67	Consumer	Consumer	9787.85	95			188.76	9787.85	percent of total billed charges	
REMOVAL OF CERCLAGE	59871	CPT	outpatient			10303		4111.67	Corrections	Corrections	8242.4	80			188.76	9787.85	percent of total billed charges	
REMOVAL OF CERCLAGE	59871	CPT	outpatient			10303		4111.67	First Health	First Health	7212.1	70			188.76	9787.85	percent of total billed charges	
REMOVAL OF CERCLAGE	59871	CPT	outpatient			10303		4111.67	First Trenton	First Trenton	9272.7	90			188.76	9787.85	percent of total billed charges	
REMOVAL OF CERCLAGE	59871	CPT	outpatient			10303		4111.67	Horizon	Indemnity	6654.08				188.76	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF CERCLAGE	59871	CPT	outpatient			10303		4111.67	Horizon	MGD	6654.08				188.76	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF CERCLAGE	59871	CPT	outpatient			10303		4111.67	Horizon	PPO	6654.08				188.76	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF CERCLAGE	59871	CPT	outpatient			10303		4111.67	Horizon	NJ Health	188.76				188.76	9787.85	fee schedule	
REMOVAL OF CERCLAGE	59871	CPT	outpatient			10303		4111.67	Horizon	Medicare Blue	3575.54				188.76	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF CERCLAGE	59871	CPT	outpatient			10303		4111.67	Managed Care Inc	Managed Care Inc	9272.7	90			188.76	9787.85	percent of total billed charges	
REMOVAL OF CERCLAGE	59871	CPT	outpatient			10303		4111.67	Multiplan	Multiplan	8242.4	80			188.76	9787.85	percent of total billed charges	
REMOVAL OF CERCLAGE	59871	CPT	outpatient			10303		4111.67	Qualcare	Qualcare	7727.25	75			188.76	9787.85	percent of total billed charges	
REMOVAL OF CERCLAGE	59871	CPT	outpatient			10303		4111.67	Three Rivers	Three Rivers	9787.85	95			188.76	9787.85	percent of total billed charges	
REMOVAL OF CERCLAGE	59871	CPT	outpatient			10303		4111.67	UHC	Medicare	3575.54				188.76	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF CERCLAGE	59871	CPT	outpatient			10303		4111.67	UHC	Medicaid	3250.6	31.55			188.76	9787.85	percent of total billed charges	
REMOVAL OF CERCLAGE	59871	CPT	outpatient			10303		4111.67	United	Oxford	3492				188.76	9787.85	case rate	
REMOVAL OF CERCLAGE	59871	CPT	outpatient			10303		4111.67	United	Commercial|PPO	3492				188.76	9787.85	case rate	
REMOVAL OF CERCLAGE	59871	CPT	outpatient			10303		4111.67	Wellcare	Medicaid	3250.6	31.55			188.76	9787.85	percent of total billed charges	
REMOVAL OF CERCLAGE	59871	CPT	outpatient			10303		4111.67	Wellcare	Medicare	3575.54				188.76	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF CERCLAGE	59871	CPT	outpatient			10303		4111.67	WellPoint	WellPoint	3315.51	32.18			188.76	9787.85	percent of total billed charges	
UNLISTED FTL INVASIVE	59897	CPT	outpatient			649		262.09	Aetna	Medicare	199.89	30.8			199.89	1782	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
UNLISTED FTL INVASIVE	59897	CPT	outpatient			649	262.09	Aetna	Better Health		204.76	31.55			199.89		1782 percent of total billed charges	
UNLISTED FTL INVASIVE	59897	CPT	outpatient			649	262.09	Aetna	Commercial		362.82				199.89		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED FTL INVASIVE	59897	CPT	outpatient			649	262.09	Americare	Americare		486.75	75			199.89		1782 percent of total billed charges	
UNLISTED FTL INVASIVE	59897	CPT	outpatient			649	262.09	Amerihealth	Medicare		227.9				199.89		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED FTL INVASIVE	59897	CPT	outpatient			649	262.09	Amerihealth	HMO/PPO		421.85	65			199.89		1782 percent of total billed charges	
UNLISTED FTL INVASIVE	59897	CPT	outpatient			649	262.09	Consumer	Consumer		616.55	95			199.89		1782 percent of total billed charges	
UNLISTED FTL INVASIVE	59897	CPT	outpatient			649	262.09	Corrections	Corrections		519.2	80			199.89		1782 percent of total billed charges	
UNLISTED FTL INVASIVE	59897	CPT	outpatient			649	262.09	First Health	First Health		454.3	70			199.89		1782 percent of total billed charges	
UNLISTED FTL INVASIVE	59897	CPT	outpatient			649	262.09	First Trenton	First Trenton		584.1	90			199.89		1782 percent of total billed charges	
UNLISTED FTL INVASIVE	59897	CPT	outpatient			649	262.09	Horizon	MGD		424.12				199.89		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED FTL INVASIVE	59897	CPT	outpatient			649	262.09	Horizon	Indemnity		424.12				199.89		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED FTL INVASIVE	59897	CPT	outpatient			649	262.09	Horizon	Medicare Blue		227.9				199.89		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED FTL INVASIVE	59897	CPT	outpatient			649	262.09	Horizon	PPO		424.12				199.89		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED FTL INVASIVE	59897	CPT	outpatient			649	262.09	Managed Care Inc	Managed Care Inc		584.1	90			199.89		1782 percent of total billed charges	
UNLISTED FTL INVASIVE	59897	CPT	outpatient			649	262.09	Multiplan	Multiplan		519.2	80			199.89		1782 percent of total billed charges	
UNLISTED FTL INVASIVE	59897	CPT	outpatient			649	262.09	Qualcare	Qualcare		486.75	75			199.89		1782 percent of total billed charges	
UNLISTED FTL INVASIVE	59897	CPT	outpatient			649	262.09	Three Rivers	Three Rivers		616.55	95			199.89		1782 percent of total billed charges	
UNLISTED FTL INVASIVE	59897	CPT	outpatient			649	262.09	UHC	Medicare		227.9				199.89		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED FTL INVASIVE	59897	CPT	outpatient			649	262.09	UHC	Medicaid		204.76	31.55			199.89		1782 percent of total billed charges	
UNLISTED FTL INVASIVE	59897	CPT	outpatient			649	262.09	United	Oxford		1782				199.89		1782 case rate	
UNLISTED FTL INVASIVE	59897	CPT	outpatient			649	262.09	United	Commercial|PPO		1782				199.89		1782 case rate	
UNLISTED FTL INVASIVE	59897	CPT	outpatient			649	262.09	Wellcare	Medicare		227.9				199.89		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED FTL INVASIVE	59897	CPT	outpatient			649	262.09	Wellcare	Medicaid		204.76	31.55			199.89		1782 percent of total billed charges	
UNLISTED FTL INVASIVE	59897	CPT	outpatient			649	262.09	WellPoint	WellPoint		208.85	32.18			199.89		1782 percent of total billed charges	
UNLISTED PROCEDURE	59899	CPT	outpatient			5592	262.09	Aetna	Commercial		362.82				222.43		5312.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE	59899	CPT	outpatient			5592	262.09	Aetna	Medicare		227.9				222.43		5312.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE	59899	CPT	outpatient			5592	262.09	Aetna	Better Health		1764.28	31.55			222.43		5312.4 percent of total billed charges	
UNLISTED PROCEDURE	59899	CPT	outpatient			5592	262.09	Americare	Americare		4194	75			222.43		5312.4 percent of total billed charges	
UNLISTED PROCEDURE	59899	CPT	outpatient			5592	262.09	Amerihealth	Medicare		227.9				222.43		5312.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE	59899	CPT	outpatient			5592	262.09	Amerihealth	HMO/PPO		3634.8	65			222.43		5312.4 percent of total billed charges	
UNLISTED PROCEDURE	59899	CPT	outpatient			5592	262.09	Consumer	Consumer		5312.4	95			222.43		5312.4 percent of total billed charges	
UNLISTED PROCEDURE	59899	CPT	outpatient			5592	262.09	Corrections	Corrections		4473.6	80			222.43		5312.4 percent of total billed charges	
UNLISTED PROCEDURE	59899	CPT	outpatient			5592	262.09	First Health	First Health		3914.4	70			222.43		5312.4 percent of total billed charges	
UNLISTED PROCEDURE	59899	CPT	outpatient			5592	262.09	First Trenton	First Trenton		5002.8	90			222.43		5312.4 percent of total billed charges	
UNLISTED PROCEDURE	59899	CPT	outpatient			5592	262.09	Horizon	MGD		424.12				222.43		5312.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE	59899	CPT	outpatient			5592	262.09	Horizon	Indemnity		424.12				222.43		5312.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE	59899	CPT	outpatient			5592	262.09	Horizon	Medicare Blue		227.9				222.43		5312.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE	59899	CPT	outpatient			5592	262.09	Horizon	PPO		424.12				222.43		5312.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE	59899	CPT	outpatient			5592	262.09	Managed Care Inc	Managed Care Inc		5002.8	90			222.43		5312.4 percent of total billed charges	
UNLISTED PROCEDURE	59899	CPT	outpatient			5592	262.09	Multiplan	Multiplan		4473.6	80			222.43		5312.4 percent of total billed charges	
UNLISTED PROCEDURE	59899	CPT	outpatient			5592	262.09	Qualcare	Qualcare		4194	75			222.43		5312.4 percent of total billed charges	
UNLISTED PROCEDURE	59899	CPT	outpatient			5592	262.09	Three Rivers	Three Rivers		5312.4	95			222.43		5312.4 percent of total billed charges	
UNLISTED PROCEDURE	59899	CPT	outpatient			5592	262.09	UHC	Medicare		227.9				222.43		5312.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE	59899	CPT	outpatient			5592	262.09	UHC	Medicaid		1764.28	31.55			222.43		5312.4 percent of total billed charges	
UNLISTED PROCEDURE	59899	CPT	outpatient			5592	262.09	United	Commercial|PPO		1782				222.43		5312.4 case rate	
UNLISTED PROCEDURE	59899	CPT	outpatient			5592	262.09	United	Oxford		1782				222.43		5312.4 case rate	
UNLISTED PROCEDURE	59899	CPT	outpatient			5592	262.09	Wellcare	Medicare		227.9				222.43		5312.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE	59899	CPT	outpatient			5592	262.09	Wellcare	Medicaid		1764.28	31.55			222.43		5312.4 percent of total billed charges	
UNLISTED PROCEDURE	59899	CPT	outpatient			5592	262.09	WellPoint	WellPoint		1798.51	32.18			222.43		5312.4 percent of total billed charges	
I&D THYRO CY	60000	CPT	outpatient			5059	2005.77	Aetna	Commercial		2776.69				151.59		4806.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D THYRO CY	60000	CPT	outpatient			5059	2005.77	Aetna	Better Health		1596.11	31.55			151.59		4806.05 percent of total billed charges	
I&D THYRO CY	60000	CPT	outpatient			5059	2005.77	Aetna	Medicare		1558.17	30.8			151.59		4806.05 percent of total billed charges	
I&D THYRO CY	60000	CPT	outpatient			5059	2005.77	Americare	Americare		3794.25	75			151.59		4806.05 percent of total billed charges	
I&D THYRO CY	60000	CPT	outpatient			5059	2005.77	Amerihealth	Medicare		1744.15				151.59		4806.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D THYRO CY	60000	CPT	outpatient			5059	2005.77	Amerihealth	HMO/PPO		3288.35	65			151.59		4806.05 percent of total billed charges	
I&D THYRO CY	60000	CPT	outpatient			5059	2005.77	Consumer	Consumer		4806.05	95			151.59		4806.05 percent of total billed charges	
I&D THYRO CY	60000	CPT	outpatient			5059	2005.77	Corrections	Corrections		4047.2	80			151.59		4806.05 percent of total billed charges	
I&D THYRO CY	60000	CPT	outpatient			5059	2005.77	First Health	First Health		3541.3	70			151.59		4806.05 percent of total billed charges	
I&D THYRO CY	60000	CPT	outpatient			5059	2005.77	First Trenton	First Trenton		4553.1	90			151.59		4806.05 percent of total billed charges	
I&D THYRO CY	60000	CPT	outpatient			5059	2005.77	Horizon	Medicare Blue		1744.15				151.59		4806.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D THYRO CY	60000	CPT	outpatient			5059	2005.77	Horizon	PPO		3245.86				151.59		4806.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D THYRO CY	60000	CPT	outpatient			5059	2005.77	Horizon	MGD		3245.86				151.59		4806.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D THYRO CY	60000	CPT	outpatient			5059	2005.77	Horizon	Indemnity		3245.86				151.59		4806.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D THYRO CY	60000	CPT	outpatient			5059	2005.77	Horizon	NJ Health		151.59				151.59		4806.05 fee schedule	
I&D THYRO CY	60000	CPT	outpatient			5059	2005.77	Managed Care Inc	Managed Care Inc		4553.1	90			151.59		4806.05 percent of total billed charges	
I&D THYRO CY	60000	CPT	outpatient			5059	2005.77	Multiplan	Multiplan		4047.2	80			151.59		4806.05 percent of total billed charges	
I&D THYRO CY	60000	CPT	outpatient			5059	2005.77	Qualcare	Qualcare		3794.25	75			151.59		4806.05 percent of total billed charges	
I&D THYRO CY	60000	CPT	outpatient			5059	2005.77	Three Rivers	Three Rivers		4806.05	95			151.59		4806.05 percent of total billed charges	
I&D THYRO CY	60000	CPT	outpatient			5059	2005.77	UHC	Medicare		1744.15				151.59		4806.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D THYRO CY	60000	CPT	outpatient			5059	2005.77	UHC	Medicaid		1596.11	31.55			151.59		4806.05 percent of total billed charges	
I&D THYRO CY	60000	CPT	outpatient			5059	2005.77	United	Commercial|PPO		2493				151.59		4806.05 case rate	
I&D THYRO CY	60000	CPT	outpatient			5059	2005.77	United	Oxford		2493				151.59		4806.05 case rate	
I&D THYRO CY	60000	CPT	outpatient			5059	2005.77	Wellcare	Medicaid		1596.11	31.55			151.59		4806.05 percent of total billed charges	
I&D THYRO CY	60000	CPT	outpatient			5059	2005.77	Wellcare	Medicare		1744.15				151.59		4806.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D THYRO CY	60000	CPT	outpatient			5059	2005.77	WellPoint	WellPoint		1627.99	32.18			151.59		4806.05 percent of total billed charges	
THYROID PERCUTANEOUS CORE NEED BIOPSY	60100	CPT	outpatient			2375	925.36	Aetna	Commercial		1281.02				164.82		2256.25 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THYROID PERCUTANEOUS CORE NEED BIOPSY	60100	CPT	outpatient			2375	925.36	Aetna	Better Health		749.31	31.55			164.82		2256.25 percent of total billed charges	
THYROID PERCUTANEOUS CORE NEED BIOPSY	60100	CPT	outpatient			2375	925.36	Aetna	Medicare		804.66				164.82		2256.25 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THYROID PERCUTANEOUS CORE NEED BIOPSY	60100	CPT	outpatient			2375	925.36	Americare	Americare		1781.25	75			164.82		2256.25 percent of total billed charges	
THYROID PERCUTANEOUS CORE NEED BIOPSY	60100	CPT	outpatient			2375	925.36	Amerihealth	Medicare		804.66				164.82		2256.25 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THYROID PERCUTANEOUS CORE NEED BIOPSY	60100	CPT	outpatient			2375	925.36	Amerihealth	HMO/PPO		1543.75	65			164.82		2256.25 percent of total billed charges	
THYROID PERCUTANEOUS CORE NEED BIOPSY	60100	CPT	outpatient			2375	925.36	Consumer	Consumer		2256.25	95			164.82		2256.25 percent of total billed charges	
THYROID PERCUTANEOUS CORE NEED BIOPSY	60100	CPT	outpatient			2375	925.36	Corrections	Corrections		1900	80			164.82		2256.25 percent of total billed charges	
THYROID PERCUTANEOUS CORE NEED BIOPSY	60100	CPT	outpatient			2375	925.36	First Health	First Health		1662.5	70			164.82		2256.25 percent of total billed charges	
THYROID PERCUTANEOUS CORE NEED BIOPSY	60100	CPT	outpatient			2375	925.36	First Trenton	First Trenton		2137.5	90			164.82		2256.25 percent of total billed charges	
THYROID PERCUTANEOUS CORE NEED BIOPSY	60100	CPT	outpatient			2375	925.36	Horizon	Indemnity		1497.47				164.82		2256.25 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THYROID PERCUTANEOUS CORE NEED BIOPSY	60100	CPT	outpatient			2375	925.36	Horizon	NJ Health		164.82				164.82		2256.25 fee schedule	
THYROID PERCUTANEOUS CORE NEED BIOPSY	60100	CPT	outpatient			2375	925.36	Horizon	MGD		1497.47				164.82		2256.25 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THYROID PERCUTANEOUS CORE NEED BIOPSY	60100	CPT	outpatient			2375	925.36	Horizon	Medicare Blue		804.66				164.82		2256.25 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THYROID PERCUTANEOUS CORE NEED BIOPSY	60100	CPT	outpatient			2375	925.36	Horizon	PPO		1497.47				164.82		2256.25 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THYROID PERCUTANEOUS CORE NEED BIOPSY	60100	CPT	outpatient			2375	925.36	Managed Care Inc	Managed Care Inc		2137.5	90			164.82		2256.25 percent of total billed charges	
THYROID PERCUTANEOUS CORE NEED BIOPSY	60100	CPT	outpatient			2375	925.36	Multiplan	Multiplan		1900	80			164.82		2256.25 percent of total billed charges	
THYROID PERCUTANEOUS CORE NEED BIOPSY	60100	CPT	outpatient			2375	925.36	Qualcare	Qualcare		1781.25	75			164.82		2256.25 percent of total billed charges	
THYROID PERCUTANEOUS CORE NEED BIOPSY	60100	CPT	outpatient			2375	925.36	Three Rivers	Three Rivers		2256.25	95			164.82		2256.25 percent of total billed charges	
THYROID PERCUTANEOUS CORE NEED BIOPSY	60100	CPT	outpatient			2375	925.36	UHC	Medicare		804.66				164.82		2256.25 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THYROID PERCUTANEOUS CORE NEED BIOPSY	60100	CPT	outpatient			2375	925.36	UHC	Medicaid		749.31	31.55			164.82		2256.25 percent of total billed charges	
THYROID PERCUTANEOUS CORE NEED BIOPSY	60100	CPT	outpatient			2375	925.36	United	Commercial|PPO		1817				164.82		2256.25 case rate	
THYROID PERCUTANEOUS CORE NEED BIOPSY	60100	CPT	outpatient			2375	925.36	United	Oxford		1817				164.82		2256.25 case rate	
THYROID PERCUTANEOUS CORE NEED BIOPSY	60100	CPT	outpatient			2375	925.36	Wellcare	Medicare		804.66				164.82		2256.25 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THYROID PERCUTANEOUS CORE NEED BIOPSY	60100	CPT	outpatient			2375	925.36	Wellcare	Medicaid		749.31	31.55			164.82		2256.25 percent of total billed charges	
THYROID PERCUTANEOUS CORE NEED BIOPSY	60100	CPT	outpatient			2375	925.36	WellPoint	WellPoint		764.28	32.18			164.82		2256.25 percent of total billed charges	
US ASP/NDL THYROIDCYST	60300	CPT	outpatient			3011	925.36	Aetna	Better Health		949.97	31.55			477.04		2860.45 percent of total billed charges	
US ASP/NDL THYROIDCYST	60300	CPT	outpatient			3011	925.36	Aetna	Commercial		1281.02				477.04		2860.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US ASP/NDL THYROIDCYST	60300	CPT	outpatient			3011	925.36	Aetna	Medicare		804.66				477.04		2860.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US ASP/NDL THYROIDCYST	60300	CPT	outpatient			3011	925.36	Americare	Americare		2258.25	75			477.04		2860.45 percent of total billed charges	
US ASP/NDL THYROIDCYST	60300	CPT	outpatient			3011	925.36	Amerihealth	Medicare		804.66				477.04		2860.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US ASP/NDL THYROIDCYST	60300	CPT	outpatient			3011	925.36	Amerihealth	HMO/PPO		1957.15	65			477.04		2860.45 percent of total billed charges	
US ASP/NDL THYROIDCYST	60300	CPT	outpatient			3011	925.36	Consumer	Consumer		2860.45	95			477.04		2860.45 percent of total billed charges	
US ASP/NDL THYROIDCYST	60300	CPT	outpatient			3011	925.36	Corrections	Corrections		2408.8	80			477.04		2860.45 percent of total billed charges	
US ASP/NDL THYROIDCYST	60300	CPT	outpatient			3011	925.36	First Health	First Health		2107.7	70			477.04		2860.45 percent of total billed charges	
US ASP/NDL THYROIDCYST	60300	CPT	outpatient			3011	925.36	First Trenton	First Trenton		2709.9	90			477.04		2860.45 percent of total billed charges	
US ASP/NDL THYROIDCYST	60300	CPT	outpatient			3011	925.36	Horizon	Indemnity		1497.47				477.04		2860.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US ASP/NDL THYROIDCYST	60300	CPT	outpatient			3011	925.36	Horizon	MGD		1497.47				477.04		2860.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US ASP/NDL THYROIDCYST	60300	CPT	outpatient			3011	925.36	Horizon	Medicare Blue		804.66				477.04		2860.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US ASP/NDL THYROIDCYST	60300	CPT	outpatient			3011	925.36	Horizon	PPO		1497.47				477.04		2860.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US ASP/NDL THYROIDCYST	60300	CPT	outpatient			3011	925.36	Managed Care Inc	Managed Care Inc		2709.9	90			477.04		2860.45 percent of total billed charges	
US ASP/NDL THYROIDCYST	60300	CPT	outpatient			3011	925.36	Multiplan	Multiplan		2408.8	80			477.04		2860.45 percent of total billed charges	
US ASP/NDL THYROIDCYST	60300	CPT	outpatient			3011	925.36	Qualcare	Qualcare		2258.25	75			477.04		2860.45 percent of total billed charges	
US ASP/NDL THYROIDCYST	60300	CPT	outpatient			3011	925.36	Three Rivers	Three Rivers		2860.45	95			477.04		2860.45 percent of total billed charges	
US ASP/NDL THYROIDCYST	60300	CPT	outpatient			3011	925.36	UHC	Medicaid		949.97	31.55			477.04		2860.45 percent of total billed charges	
US ASP/NDL THYROIDCYST	60300	CPT	outpatient			3011	925.36	UHC	Medicare		804.66				477.04		2860.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US ASP/NDL THYROIDCYST	60300	CPT	outpatient			3011	925.36	United	Oxford		1817				477.04		2860.45 case rate	
US ASP/NDL THYROIDCYST	60300	CPT	outpatient			3011	925.36	United	Commercial|PPO		1817				477.04		2860.45 case rate	
US ASP/NDL THYROIDCYST	60300	CPT	outpatient			3011	925.36	Wellcare	Medicare		804.66				477.04		2860.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US ASP/NDL THYROIDCYST	60300	CPT	outpatient			3011	925.36	Wellcare	Medicaid		949.97	31.55			477.04		2860.45 percent of total billed charges	
US ASP/NDL THYROIDCYST	60300	CPT	outpatient			3011	925.36	WellPoint	WellPoint		968.94	32.18			477.04		2860.45 percent of total billed charges	
UNLISTED PROCEDURE, ENDOCRINE SYSTEM	60699	CPT	outpatient			17951	7588.83	Aetna	Commercial		10505.58				4702		17053.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE, ENDOCRINE SYSTEM	60699	CPT	outpatient			17951	7588.83	Aetna	Medicare		6598.98				4702		17053.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE, ENDOCRINE SYSTEM	60699	CPT	outpatient			17951	7588.83	Aetna	Better Health		5663.54	31.55			4702		17053.45 percent of total billed charges	
UNLISTED PROCEDURE, ENDOCRINE SYSTEM	60699	CPT	outpatient			17951	7588.83	Americare	Americare		13463.25	75			4702		17053.45 percent of total billed charges	
UNLISTED PROCEDURE, ENDOCRINE SYSTEM	60699	CPT	outpatient			17951	7588.83	Amerihealth	HMO/PPO		11668.15	65			4702		17053.45 percent of total billed charges	
UNLISTED PROCEDURE, ENDOCRINE SYSTEM	60699	CPT	outpatient			17951	7588.83	Amerihealth	Medicare		6598.98				4702		17053.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE, ENDOCRINE SYSTEM	60699	CPT	outpatient			17951	7588.83	Consumer	Consumer		17053.45	95			4702		17053.45 percent of total billed charges	
UNLISTED PROCEDURE, ENDOCRINE SYSTEM	60699	CPT	outpatient			17951	7588.83	Corrections	Corrections		14360.8	80			4702		17053.45 percent of total billed charges	
UNLISTED PROCEDURE, ENDOCRINE SYSTEM	60699	CPT	outpatient			17951	7588.83	First Health	First Health		12565.7	70			4702		17053.45 percent of total billed charges	
UNLISTED PROCEDURE, ENDOCRINE SYSTEM	60699	CPT	outpatient			17951	7588.83	First Trenton	First Trenton		16155.9	90			4702		17053.45 percent of total billed charges	
UNLISTED PROCEDURE, ENDOCRINE SYSTEM	60699	CPT	outpatient			17951	7588.83	Horizon	MGD		12280.7				4702		17053.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE, ENDOCRINE SYSTEM	60699	CPT	outpatient			17951	7588.83	Horizon	Medicare Blue		6598.98				4702		17053.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE, ENDOCRINE SYSTEM	60699	CPT	outpatient			17951	7588.83	Horizon	PPO		12280.7				4702		17053.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE, ENDOCRINE SYSTEM	60699	CPT	outpatient			17951	7588.83	Horizon	Indemnity		12280.7				4702		17053.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE, ENDOCRINE SYSTEM	60699	CPT	outpatient			17951	7588.83	Managed Care Inc	Managed Care Inc		16155.9	90			4702		17053.45 percent of total billed charges	
UNLISTED PROCEDURE, ENDOCRINE SYSTEM	60699	CPT	outpatient			17951	7588.83	Multiplan	Multiplan		14360.8	80			4702		17053.45 percent of total billed charges	
UNLISTED PROCEDURE, ENDOCRINE SYSTEM	60699	CPT	outpatient			17951	7588.83	Qualcare	Qualcare		13463.25	75			4702		17053.45 percent of total billed charges	
UNLISTED PROCEDURE, ENDOCRINE SYSTEM	60699	CPT	outpatient			17951	7588.83	Three Rivers	Three Rivers		17053.45	95			4702		17053.45 percent of total billed charges	
UNLISTED PROCEDURE, ENDOCRINE SYSTEM	60699	CPT	outpatient			17951	7588.83	UHC	Medicaid		5663.54	31.55			4702		17053.45 percent of total billed charges	
UNLISTED PROCEDURE, ENDOCRINE SYSTEM	60699	CPT	outpatient			17951	7588.83	UHC	Medicare		6598.98				4702		17053.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE, ENDOCRINE SYSTEM	60699	CPT	outpatient			17951	7588.83	United	Commercial|PPO		4702				4702		17053.45 case rate	
UNLISTED PROCEDURE, ENDOCRINE SYSTEM	60699	CPT	outpatient			17951	7588.83	United	Oxford		4702				4702		17053.45 case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.														
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103		310119 true													
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
UNLISTED PROCEDURE, ENDOCRINE SYSTEM	60699	CPT	outpatient			17951	7588.83	Wellcare	Medicare		6598.98				4702	17053.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE, ENDOCRINE SYSTEM	60699	CPT	outpatient			17951	7588.83	Wellcare	Medicaid		5663.54	31.55			4702	17053.45	percent of total billed charges	
UNLISTED PROCEDURE, ENDOCRINE SYSTEM	60699	CPT	outpatient			17951	7588.83	WellPoint	WellPoint		5776.63	32.18			4702	17053.45	percent of total billed charges	
SUBDURAL TAP INFANT	61000	CPT	outpatient			2454	909.54	Aetna	Medicare		755.83	30.8			114.63	2331.3	percent of total billed charges	
SUBDURAL TAP INFANT	61000	CPT	outpatient			2454	909.54	Aetna	Commercial		1259.11				114.63	2331.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUBDURAL TAP INFANT	61000	CPT	outpatient			2454	909.54	Aetna	Better Health		774.24	31.55			114.63	2331.3	percent of total billed charges	
SUBDURAL TAP INFANT	61000	CPT	outpatient			2454	909.54	Americare	Americare		1840.5	75			114.63	2331.3	percent of total billed charges	
SUBDURAL TAP INFANT	61000	CPT	outpatient			2454	909.54	Amerihealth	HMO/PPO		1595.1	65			114.63	2331.3	percent of total billed charges	
SUBDURAL TAP INFANT	61000	CPT	outpatient			2454	909.54	Amerihealth	Medicare		790.9				114.63	2331.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUBDURAL TAP INFANT	61000	CPT	outpatient			2454	909.54	Consumer	Consumer		2331.3	95			114.63	2331.3	percent of total billed charges	
SUBDURAL TAP INFANT	61000	CPT	outpatient			2454	909.54	Corrections	Corrections		1963.2	80			114.63	2331.3	percent of total billed charges	
SUBDURAL TAP INFANT	61000	CPT	outpatient			2454	909.54	First Health	First Health		1717.8	70			114.63	2331.3	percent of total billed charges	
SUBDURAL TAP INFANT	61000	CPT	outpatient			2454	909.54	First Trenton	First Trenton		2208.6	90			114.63	2331.3	percent of total billed charges	
SUBDURAL TAP INFANT	61000	CPT	outpatient			2454	909.54	Horizon	MGD		1471.86				114.63	2331.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUBDURAL TAP INFANT	61000	CPT	outpatient			2454	909.54	Horizon	Indemnity		1471.86				114.63	2331.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUBDURAL TAP INFANT	61000	CPT	outpatient			2454	909.54	Horizon	NJ Health		114.63				114.63	2331.3	fee schedule	
SUBDURAL TAP INFANT	61000	CPT	outpatient			2454	909.54	Horizon	Medicare Blue		790.9				114.63	2331.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUBDURAL TAP INFANT	61000	CPT	outpatient			2454	909.54	Horizon	PPO		1471.86				114.63	2331.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUBDURAL TAP INFANT	61000	CPT	outpatient			2454	909.54	Managed Care Inc	Managed Care Inc		2208.6	90			114.63	2331.3	percent of total billed charges	
SUBDURAL TAP INFANT	61000	CPT	outpatient			2454	909.54	Multiplan	Multiplan		1963.2	80			114.63	2331.3	percent of total billed charges	
SUBDURAL TAP INFANT	61000	CPT	outpatient			2454	909.54	Qualcare	Qualcare		1840.5	75			114.63	2331.3	percent of total billed charges	
SUBDURAL TAP INFANT	61000	CPT	outpatient			2454	909.54	Three Rivers	Three Rivers		2331.3	95			114.63	2331.3	percent of total billed charges	
SUBDURAL TAP INFANT	61000	CPT	outpatient			2454	909.54	UHC	Medicare		790.9				114.63	2331.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUBDURAL TAP INFANT	61000	CPT	outpatient			2454	909.54	UHC	Medicaid		774.24	31.55			114.63	2331.3	percent of total billed charges	
SUBDURAL TAP INFANT	61000	CPT	outpatient			2454	909.54	United	CommercialPPO		1817				114.63	2331.3	case rate	
SUBDURAL TAP INFANT	61000	CPT	outpatient			2454	909.54	United	Oxford		1817				114.63	2331.3	case rate	
SUBDURAL TAP INFANT	61000	CPT	outpatient			2454	909.54	Wellcare	Medicaid		774.24	31.55			114.63	2331.3	percent of total billed charges	
SUBDURAL TAP INFANT	61000	CPT	outpatient			2454	909.54	Wellcare	Medicare		790.9				114.63	2331.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUBDURAL TAP INFANT	61000	CPT	outpatient			2454	909.54	WellPoint	WellPoint		789.7	32.18			114.63	2331.3	percent of total billed charges	
VENTRICULAR PUNCTURE; 2O INJ	61020	CPT	outpatient			3166	1198.81	Aetna	Commercial		1659.56				109.62	3007.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENTRICULAR PUNCTURE; 2O INJ	61020	CPT	outpatient			3166	1198.81	Aetna	Better Health		998.87	31.55			109.62	3007.7	percent of total billed charges	
VENTRICULAR PUNCTURE; 2O INJ	61020	CPT	outpatient			3166	1198.81	Aetna	Medicare		1042.44				109.62	3007.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENTRICULAR PUNCTURE; 2O INJ	61020	CPT	outpatient			3166	1198.81	Americare	Americare		2374.5	75			109.62	3007.7	percent of total billed charges	
VENTRICULAR PUNCTURE; 2O INJ	61020	CPT	outpatient			3166	1198.81	Amerihealth	HMO/PPO		2057.9	65			109.62	3007.7	percent of total billed charges	
VENTRICULAR PUNCTURE; 2O INJ	61020	CPT	outpatient			3166	1198.81	Amerihealth	Medicare		1042.44				109.62	3007.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENTRICULAR PUNCTURE; 2O INJ	61020	CPT	outpatient			3166	1198.81	Consumer	Consumer		3007.7	95			109.62	3007.7	percent of total billed charges	
VENTRICULAR PUNCTURE; 2O INJ	61020	CPT	outpatient			3166	1198.81	Corrections	Corrections		2532.8	80			109.62	3007.7	percent of total billed charges	
VENTRICULAR PUNCTURE; 2O INJ	61020	CPT	outpatient			3166	1198.81	First Health	First Health		2216.2	70			109.62	3007.7	percent of total billed charges	
VENTRICULAR PUNCTURE; 2O INJ	61020	CPT	outpatient			3166	1198.81	First Trenton	First Trenton		2849.4	90			109.62	3007.7	percent of total billed charges	
VENTRICULAR PUNCTURE; 2O INJ	61020	CPT	outpatient			3166	1198.81	Horizon	Indemnity		1939.98				109.62	3007.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENTRICULAR PUNCTURE; 2O INJ	61020	CPT	outpatient			3166	1198.81	Horizon	NJ Health		109.62				109.62	3007.7	fee schedule	
VENTRICULAR PUNCTURE; 2O INJ	61020	CPT	outpatient			3166	1198.81	Horizon	Medicare Blue		1042.44				109.62	3007.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENTRICULAR PUNCTURE; 2O INJ	61020	CPT	outpatient			3166	1198.81	Horizon	MGD		1939.98				109.62	3007.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENTRICULAR PUNCTURE; 2O INJ	61020	CPT	outpatient			3166	1198.81	Horizon	PPO		1939.98				109.62	3007.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENTRICULAR PUNCTURE; 2O INJ	61020	CPT	outpatient			3166	1198.81	Managed Care Inc	Managed Care Inc		2849.4	90			109.62	3007.7	percent of total billed charges	
VENTRICULAR PUNCTURE; 2O INJ	61020	CPT	outpatient			3166	1198.81	Multiplan	Multiplan		2532.8	80			109.62	3007.7	percent of total billed charges	
VENTRICULAR PUNCTURE; 2O INJ	61020	CPT	outpatient			3166	1198.81	Qualcare	Qualcare		2374.5	75			109.62	3007.7	percent of total billed charges	
VENTRICULAR PUNCTURE; 2O INJ	61020	CPT	outpatient			3166	1198.81	Three Rivers	Three Rivers		3007.7	95			109.62	3007.7	percent of total billed charges	
VENTRICULAR PUNCTURE; 2O INJ	61020	CPT	outpatient			3166	1198.81	UHC	Medicaid		998.87	31.55			109.62	3007.7	percent of total billed charges	
VENTRICULAR PUNCTURE; 2O INJ	61020	CPT	outpatient			3166	1198.81	UHC	Medicare		1042.44				109.62	3007.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENTRICULAR PUNCTURE; 2O INJ	61020	CPT	outpatient			3166	1198.81	United	CommercialPPO		1817				109.62	3007.7	case rate	
VENTRICULAR PUNCTURE; 2O INJ	61020	CPT	outpatient			3166	1198.81	United	Oxford		1817				109.62	3007.7	case rate	
VENTRICULAR PUNCTURE; 2O INJ	61020	CPT	outpatient			3166	1198.81	Wellcare	Medicare		1042.44				109.62	3007.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENTRICULAR PUNCTURE; 2O INJ	61020	CPT	outpatient			3166	1198.81	Wellcare	Medicaid		998.87	31.55			109.62	3007.7	percent of total billed charges	
VENTRICULAR PUNCTURE; 2O INJ	61020	CPT	outpatient			3166	1198.81	WellPoint	WellPoint		1018.82	32.18			109.62	3007.7	percent of total billed charges	
PUNC RESERVOIR W/INJ/DRUG	61026	CPT	outpatient			2686	909.54	Aetna	Medicare		790.9				147.26	2551.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PUNC RESERVOIR W/INJ/DRUG	61026	CPT	outpatient			2686	909.54	Aetna	Better Health		847.43	31.55			147.26	2551.7	percent of total billed charges	
PUNC RESERVOIR W/INJ/DRUG	61026	CPT	outpatient			2686	909.54	Aetna	Commercial		1259.11				147.26	2551.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PUNC RESERVOIR W/INJ/DRUG	61026	CPT	outpatient			2686	909.54	Americare	Americare		2014.5	75			147.26	2551.7	percent of total billed charges	
PUNC RESERVOIR W/INJ/DRUG	61026	CPT	outpatient			2686	909.54	Amerihealth	Medicare		790.9				147.26	2551.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PUNC RESERVOIR W/INJ/DRUG	61026	CPT	outpatient			2686	909.54	Amerihealth	HMO/PPO		1745.9	65			147.26	2551.7	percent of total billed charges	
PUNC RESERVOIR W/INJ/DRUG	61026	CPT	outpatient			2686	909.54	Consumer	Consumer		2551.7	95			147.26	2551.7	percent of total billed charges	
PUNC RESERVOIR W/INJ/DRUG	61026	CPT	outpatient			2686	909.54	Corrections	Corrections		2148.8	80			147.26	2551.7	percent of total billed charges	
PUNC RESERVOIR W/INJ/DRUG	61026	CPT	outpatient			2686	909.54	First Health	First Health		1880.2	70			147.26	2551.7	percent of total billed charges	
PUNC RESERVOIR W/INJ/DRUG	61026	CPT	outpatient			2686	909.54	First Trenton	First Trenton		2417.4	90			147.26	2551.7	percent of total billed charges	
PUNC RESERVOIR W/INJ/DRUG	61026	CPT	outpatient			2686	909.54	Horizon	Indemnity		1471.86				147.26	2551.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PUNC RESERVOIR W/INJ/DRUG	61026	CPT	outpatient			2686	909.54	Horizon	MGD		1471.86				147.26	2551.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PUNC RESERVOIR W/INJ/DRUG	61026	CPT	outpatient			2686	909.54	Horizon	NJ Health		147.26				147.26	2551.7	fee schedule	
PUNC RESERVOIR W/INJ/DRUG	61026	CPT	outpatient			2686	909.54	Horizon	Medicare Blue		790.9				147.26	2551.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PUNC RESERVOIR W/INJ/DRUG	61026	CPT	outpatient			2686	909.54	Horizon	PPO		1471.86				147.26	2551.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PUNC RESERVOIR W/INJ/DRUG	61026	CPT	outpatient			2686	909.54	Managed Care Inc	Managed Care Inc		2417.4	90			147.26	2551.7	percent of total billed charges	
PUNC RESERVOIR W/INJ/DRUG	61026	CPT	outpatient			2686	909.54	Multiplan	Multiplan		2148.8	80			147.26	2551.7	percent of total billed charges	
PUNC RESERVOIR W/INJ/DRUG	61026	CPT	outpatient			2686	909.54	Qualcare	Qualcare		2014.5	75			147.26	2551.7	percent of total billed charges	
PUNC RESERVOIR W/INJ/DRUG	61026	CPT	outpatient			2686	909.54	Three Rivers	Three Rivers		2551.7	95			147.26	2551.7	percent of total billed charges	
PUNC RESERVOIR W/INJ/DRUG	61026	CPT	outpatient			2686	909.54	UHC	Medicaid		847.43	31.55			147.26	2551.7	percent of total billed charges	
PUNC RESERVOIR W/INJ/DRUG	61026	CPT	outpatient			2686	909.54	UHC	Medicare		790.9				147.26	2551.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PUNC RESERVOIR W/INJ/DRUG	61026	CPT	outpatient			2686	909.54	United	Oxford		1817				147.26	2551.7	case rate	
PUNC RESERVOIR W/INJ/DRUG	61026	CPT	outpatient			2686	909.54	United	CommercialPPO		1817				147.26	2551.7	case rate	
PUNC RESERVOIR W/INJ/DRUG	61026	CPT	outpatient			2686	909.54	Wellcare	Medicare		790.9				147.26	2551.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PUNC RESERVOIR W/INJ/DRUG	61026	CPT	outpatient			2686	909.54	Wellcare	Medicaid		847.43	31.55			147.26	2551.7	percent of total billed charges	
PUNC RESERVOIR W/INJ/DRUG	61026	CPT	outpatient			2686	909.54	WellPoint	WellPoint		864.35	32.18			147.26	2551.7	percent of total billed charges	
CIST OR LAT CERV PUNC W/O INJ	61050	CPT	outpatient			1307	389.55	Aetna	Medicare		402.56	30.8			113.69	1782	percent of total billed charges	
CIST OR LAT CERV PUNC W/O INJ	61050	CPT	outpatient			1307	389.55	Aetna	Commercial		539.27				113.69	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CIST OR LAT CERV PUNC W/O INJ	61050	CPT	outpatient			1307	389.55	Aetna	Better Health		412.36	31.55			113.69	1782	percent of total billed charges	
CIST OR LAT CERV PUNC W/O INJ	61050	CPT	outpatient			1307	389.55	Americare	Americare		980.25	75			113.69	1782	percent of total billed charges	
CIST OR LAT CERV PUNC W/O INJ	61050	CPT	outpatient			1307	389.55	Amerihealth	HMO/PPO		849.55	65			113.69	1782	percent of total billed charges	
CIST OR LAT CERV PUNC W/O INJ	61050	CPT	outpatient			1307	389.55	Amerihealth	Medicare		338.74				113.69	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CIST OR LAT CERV PUNC W/O INJ	61050	CPT	outpatient			1307	389.55	Consumer	Consumer		1241.65	95			113.69	1782	percent of total billed charges	
CIST OR LAT CERV PUNC W/O INJ	61050	CPT	outpatient			1307	389.55	Corrections	Corrections		1045.6	80			113.69	1782	percent of total billed charges	
CIST OR LAT CERV PUNC W/O INJ	61050	CPT	outpatient			1307	389.55	First Health	First Health		914.9	70			113.69	1782	percent of total billed charges	
CIST OR LAT CERV PUNC W/O INJ	61050	CPT	outpatient			1307	389.55	First Trenton	First Trenton		1176.3	90			113.69	1782	percent of total billed charges	
CIST OR LAT CERV PUNC W/O INJ	61050	CPT	outpatient			1307	389.55	Horizon	MGD		630.4				113.69	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CIST OR LAT CERV PUNC W/O INJ	61050	CPT	outpatient			1307	389.55	Horizon	Indemnity		630.4				113.69	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CIST OR LAT CERV PUNC W/O INJ	61050	CPT	outpatient			1307	389.55	Horizon	NJ Health		113.69				113.69	1782	fee schedule	
CIST OR LAT CERV PUNC W/O INJ	61050	CPT	outpatient			1307	389.55	Horizon	Medicare Blue		338.74				113.69	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CIST OR LAT CERV PUNC W/O INJ	61050	CPT	outpatient			1307	389.55	Horizon	PPO		630.4				113.69	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CIST OR LAT CERV PUNC W/O INJ	61050	CPT	outpatient			1307	389.55	Managed Care Inc	Managed Care Inc		1176.3	90			113.69	1782	percent of total billed charges	
CIST OR LAT CERV PUNC W/O INJ	61050	CPT	outpatient			1307	389.55	Multiplan	Multiplan		1045.6	80			113.69	1782	percent of total billed charges	
CIST OR LAT CERV PUNC W/O INJ	61050	CPT	outpatient			1307	389.55	Qualcare	Qualcare		980.25	75			113.69	1782	percent of total billed charges	
CIST OR LAT CERV PUNC W/O INJ	61050	CPT	outpatient			1307	389.55	Three Rivers	Three Rivers		1241.65	95			113.69	1782	percent of total billed charges	
CIST OR LAT CERV PUNC W/O INJ	61050	CPT	outpatient			1307	389.55	UHC	Medicare		338.74				113.69	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CIST OR LAT CERV PUNC W/O INJ	61050	CPT	outpatient			1307	389.55	UHC	Medicaid		412.36	31.55			113.69	1782	percent of total billed charges	
CIST OR LAT CERV PUNC W/O INJ	61050	CPT	outpatient			1307	389.55	United	CommercialPPO		1782				113.69	1782	case rate	
CIST OR LAT CERV PUNC W/O INJ	61050	CPT	outpatient			1307	389.55	United	Oxford		1782				113.69	1782	case rate	
CIST OR LAT CERV PUNC W/O INJ	61050	CPT	outpatient			1307	389.55	Wellcare	Medicare		338.74				113.69	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CIST OR LAT CERV PUNC W/O INJ	61050	CPT	outpatient			1307	389.55	Wellcare	Medicaid		412.36	31.55			113.69	1782	percent of total billed charges	
CIST OR LAT CERV PUNC W/O INJ	61050	CPT	outpatient			1307	389.55	WellPoint	WellPoint		420.59	32.18			113.69	1782	percent of total billed charges	
PUNCTURE (C1-C2) W/INJ	61055	CPT	inpatient			2681	389.55	Aetna	Better Health		845.86	31.55			159.55	2546.95	percent of total billed charges	
PUNCTURE (C1-C2) W/INJ	61055	CPT	inpatient			2681	389.55	Aetna	Commercial		539.27				159.55	2546.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PUNCTURE (C1-C2) W/INJ	61055	CPT	inpatient			2681	389.55	Aetna	Medicare		338.74				159.55	2546.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PUNCTURE (C1-C2) W/INJ	61055	CPT	inpatient			2681	389.55	Americare	Americare		2010.75	75			159.55	2546.95	percent of total billed charges	
PUNCTURE (C1-C2) W/INJ	61055	CPT	inpatient			2681	389.55	Amerihealth	HMO/PPO		1742.65	65			159.55	2546.95	percent of total billed charges	
PUNCTURE (C1-C2) W/INJ	61055	CPT	inpatient			2681	389.55	Amerihealth	Medicare		338.74				159.55	2546.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PUNCTURE (C1-C2) W/INJ	61055	CPT	inpatient			2681	389.55	Consumer	Consumer		2546.95	95			159.55	2546.95	percent of total billed charges	
PUNCTURE (C1-C2) W/INJ	61055	CPT	inpatient			2681	389.55	Corrections	Corrections		2144.8	80			159.55	2546.95	percent of total billed charges	
PUNCTURE (C1-C2) W/INJ	61055	CPT	inpatient			2681	389.55	First Health	First Health		1876.7	70			159.55	2546.95	percent of total billed charges	
PUNCTURE (C1-C2) W/INJ	61055	CPT	inpatient			2681	389.55	First Trenton	First Trenton		2412.9	90			159.55	2546.95	percent of total billed charges	
PUNCTURE (C1-C2) W/INJ	61055	CPT	inpatient			2681	389.55	Horizon	MGD		630.4				159.55	2546.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PUNCTURE (C1-C2) W/INJ	61055	CPT	inpatient			2681	389.55	Horizon	Indemnity		630.4				159.55	2546.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PUNCTURE (C1-C2) W/INJ	61055	CPT	inpatient			2681	389.55	Horizon	PPO		630.4				159.55	2546.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PUNCTURE (C1-C2) W/INJ	61055	CPT	inpatient			2681	389.55	Horizon	NJ Health		159.55				159.55	2546.95	fee schedule	
PUNCTURE (C1-C2) W/INJ	61055	CPT	inpatient			2681	389.55	Horizon	Medicare Blue		338.74				159.55	2546.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PUNCTURE (C1-C2) W/INJ	61055	CPT	inpatient			2681	389.55	Managed Care Inc	Managed Care Inc		2412.9	90			159.55	2546.95	percent of total billed charges	
PUNCTURE (C1-C2) W/INJ	61055	CPT	inpatient			2681	389.55	Multiplan	Multiplan		2144.8	80			159.55	2546.95	percent of total billed charges	
PUNCTURE (C1-C2) W/INJ	61055	CPT	inpatient			2681	389.55	Qualcare	Qualcare		2010.75	75			159.55	2546.95	percent of total billed charges	
PUNCTURE (C1-C2) W/INJ	61055	CPT	inpatient			2681	389.55	Three Rivers	Three Rivers		2546.95	95			159.55	2546.95	percent of total billed charges	
PUNCTURE (C1-C2) W/INJ	61055	CPT	inpatient			2681	389.55	UHC	Medicare		338.74				159.55	2546.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PUNCTURE (C1-C2) W/INJ	61055	CPT	inpatient			2681	389.55	UHC	Medicaid		845.86	31.55			159.55	2546.95	percent of total billed charges	
PUNCTURE (C1-C2) W/INJ	61055	CPT	inpatient			2681	389.55	United	CommercialPPO		1782				159.55	2546.95	case rate	
PUNCTURE (C1-C2) W/INJ	61055	CPT	inpatient			2681	389.55	United	Oxford		1782				159.55	2546.95	case rate	
PUNCTURE (C1-C2) W/INJ	61055	CPT	inpatient			2681	389.55	Wellcare	Medicare		338.74				159.55	2546.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PUNCTURE (C1-C2) W/INJ	61055	CPT	inpatient			2681	389.55	Wellcare	Medicaid		845.86	31.55			159.55	2546.95	percent of total billed charges	
PUNCTURE (C1-C2) W/INJ	61055	CPT	inpatient			2681	389.55	WellPoint	WellPoint		862.75	32.18			159.55	2546.95	percent of total billed charges	
PUNCTURE,SHUNT TUBING/RESRVOIR,ASPIRATIO	61070	CPT	outpatient			2536	909.54	Aetna	Medicare		790.9				130.5	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PUNCTURE,SHUNT TUBING/RESRVOIR,ASPIRATIO	61070	CPT	outpatient			2536	909.54	Aetna	Better Health		800.11	31.55			130.5	2409.2	percent of total billed charges	
PUNCTURE,SHUNT TUBING/RESRVOIR,ASPIRATIO	61070	CPT	outpatient			2536	909.54	Aetna	Commercial		1259.11				130.5	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PUNCTURE,SHUNT TUBING/RESRVOIR,ASPIRATIO	61070	CPT	outpatient			2536	909.54	Americare	Americare		1902	75			130.5	2409.2	percent of total billed charges	
PUNCTURE,SHUNT TUBING/RESRVOIR,ASPIRATIO	61070	CPT	outpatient			2536	909.54	Amerihealth	Medicare		790.9				130.5	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PUNCTURE,SHUNT TUBING/RESRVOIR,ASPIRATIO	61070	CPT	outpatient			2536	909.54	Amerihealth	HMO/PPO		1648.4	65			130.5	2409.2	percent of total billed charges	
PUNCTURE,SHUNT TUBING/RESRVOIR,ASPIRATIO	61070	CPT	outpatient			2536	909.54	Consumer	Consumer		2409.2	95			130.5	2409.2	percent of total billed charges	
PUNCTURE,SHUNT TUBING/RESRVOIR,ASPIRATIO	61070	CPT	outpatient			2536	909.54	Corrections	Corrections		2028.8	80			130.5	2409.2	percent of total billed charges	
PUNCTURE,SHUNT TUBING/RESRVOIR,ASPIRATIO	61070	CPT	outpatient			2536	909.54	First Health	First Health		1775.2	70			130.5	2409.2	percent of total billed charges	
PUNCTURE,SHUNT TUBING/RESRVOIR,ASPIRATIO	61070	CPT	outpatient			2536	909.54	First Trenton	First Trenton		2282.4	90			130.5	2409.2	percent of total billed charges	
PUNCTURE,SHUNT TUBING/RESRVOIR,ASPIRATIO	61070	CPT	outpatient			2536	909.54	Horizon	Indemnity		1471.86				130.5	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PUNCTURE,SHUNT TUBING/RESRVOIR,ASPIRATIO	61070	CPT	outpatient			2536	909.54	Horizon	MGD		1471.86				130.5	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PUNCTURE,SHUNT TUBING/RESRVOIR,ASPIRATIO	61070	CPT	outpatient			2536	909.54	Horizon	Medicare Blue		790.9				130.5	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PUNCTURE,SHUNT TUBING/RESRVOIR,ASPIRATIO	61070	CPT	outpatient			2536	909.54	Horizon	PPO		1471.86				130.5	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PUNCTURE,SHUNT TUBING/RESRVOIR,ASPIRATIO	61070	CPT	outpatient			2536	909.54	Horizon	NJ Health		130.5				130.5	2409.2	fee schedule	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.																
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true															
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
PUNCTURE,SHUNT TUBING|RESRVOIR,ASPIRATIO	61070	CPT	outpatient			2536	909.54	Managed Care Inc	Managed Care Inc		2282.4	90			130.5		2409.2 percent of total billed charges	
PUNCTURE,SHUNT TUBING|RESRVOIR,ASPIRATIO	61070	CPT	outpatient			2536	909.54	Multiplan	Multiplan		2028.8	80			130.5		2409.2 percent of total billed charges	
PUNCTURE,SHUNT TUBING|RESRVOIR,ASPIRATIO	61070	CPT	outpatient			2536	909.54	Qualcare	Qualcare		1902	75			130.5		2409.2 percent of total billed charges	
PUNCTURE,SHUNT TUBING|RESRVOIR,ASPIRATIO	61070	CPT	outpatient			2536	909.54	Three Rivers	Three Rivers		2409.2	95			130.5		2409.2 percent of total billed charges	
PUNCTURE,SHUNT TUBING|RESRVOIR,ASPIRATIO	61070	CPT	outpatient			2536	909.54	UHC	Medicaid		800.11	31.55			130.5		2409.2 percent of total billed charges	
PUNCTURE,SHUNT TUBING|RESRVOIR,ASPIRATIO	61070	CPT	outpatient			2536	909.54	UHC	Medicare		790.9				130.5		2409.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PUNCTURE,SHUNT TUBING|RESRVOIR,ASPIRATIO	61070	CPT	outpatient			2536	909.54	United	Commercial|PPO		1817				130.5		2409.2 case rate	
PUNCTURE,SHUNT TUBING|RESRVOIR,ASPIRATIO	61070	CPT	outpatient			2536	909.54	United	Oxford		1817				130.5		2409.2 case rate	
PUNCTURE,SHUNT TUBING|RESRVOIR,ASPIRATIO	61070	CPT	outpatient			2536	909.54	Wellcare	Medicaid		800.11	31.55			130.5		2409.2 percent of total billed charges	
PUNCTURE,SHUNT TUBING|RESRVOIR,ASPIRATIO	61070	CPT	outpatient			2536	909.54	Wellcare	Medicare		790.9				130.5		2409.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PUNCTURE,SHUNT TUBING|RESRVOIR,ASPIRATIO	61070	CPT	outpatient			2536	909.54	WellPoint	WellPoint		816.08	32.18			130.5		2409.2 percent of total billed charges	
VENTRICULAR PUNCTURE;	61105	CPT	outpatient			2011		Aetna	Better Health		634.47	31.55			446.34		1910.45 percent of total billed charges	
VENTRICULAR PUNCTURE;	61105	CPT	outpatient			2011		Aetna	Commercial		764.18	38			446.34		1910.45 percent of total billed charges	
VENTRICULAR PUNCTURE;	61105	CPT	outpatient			2011		Aetna	Medicare		619.39	30.8			446.34		1910.45 percent of total billed charges	
VENTRICULAR PUNCTURE;	61105	CPT	outpatient			2011		Americare	Americare		1508.25	75			446.34		1910.45 percent of total billed charges	
VENTRICULAR PUNCTURE;	61105	CPT	outpatient			2011		Amerihealth	HMO|PPO		1307.15	65			446.34		1910.45 percent of total billed charges	
VENTRICULAR PUNCTURE;	61105	CPT	outpatient			2011		Consumer	Consumer		1910.45	95			446.34		1910.45 percent of total billed charges	
VENTRICULAR PUNCTURE;	61105	CPT	outpatient			2011		Corrections	Corrections		1608.8	80			446.34		1910.45 percent of total billed charges	
VENTRICULAR PUNCTURE;	61105	CPT	outpatient			2011		First Health	First Health		1407.7	70			446.34		1910.45 percent of total billed charges	
VENTRICULAR PUNCTURE;	61105	CPT	outpatient			2011		First Trenton	First Trenton		1809.9	90			446.34		1910.45 percent of total billed charges	
VENTRICULAR PUNCTURE;	61105	CPT	outpatient			2011		Horizon	Medicare Blue		603.3	30			446.34		1910.45 percent of total billed charges	
VENTRICULAR PUNCTURE;	61105	CPT	outpatient			2011		Horizon	Indemnity		769.81	38.28			446.34		1910.45 percent of total billed charges	
VENTRICULAR PUNCTURE;	61105	CPT	outpatient			2011		Horizon	MGD		769.81	38.28			446.34		1910.45 percent of total billed charges	
VENTRICULAR PUNCTURE;	61105	CPT	outpatient			2011		Horizon	PPO		769.81	38.28			446.34		1910.45 percent of total billed charges	
VENTRICULAR PUNCTURE;	61105	CPT	outpatient			2011		Horizon	NJ Health		446.34				446.34		1910.45 fee schedule	
VENTRICULAR PUNCTURE;	61105	CPT	outpatient			2011		Managed Care Inc	Managed Care Inc		1809.9	90			446.34		1910.45 percent of total billed charges	
VENTRICULAR PUNCTURE;	61105	CPT	outpatient			2011		Multiplan	Multiplan		1608.8	80			446.34		1910.45 percent of total billed charges	
VENTRICULAR PUNCTURE;	61105	CPT	outpatient			2011		Qualcare	Qualcare		1508.25	75			446.34		1910.45 percent of total billed charges	
VENTRICULAR PUNCTURE;	61105	CPT	outpatient			2011		Three Rivers	Three Rivers		1910.45	95			446.34		1910.45 percent of total billed charges	
VENTRICULAR PUNCTURE;	61105	CPT	outpatient			2011		UHC	Medicaid		634.47	31.55			446.34		1910.45 percent of total billed charges	
VENTRICULAR PUNCTURE;	61105	CPT	outpatient			2011		United	Oxford		1782				446.34		1910.45 case rate	
VENTRICULAR PUNCTURE;	61105	CPT	outpatient			2011		United	Commercial|PPO		1782				446.34		1910.45 case rate	
VENTRICULAR PUNCTURE;	61105	CPT	outpatient			2011		Wellcare	Medicaid		634.47	31.55			446.34		1910.45 percent of total billed charges	
VENTRICULAR PUNCTURE;	61105	CPT	outpatient			2011		WellPoint	WellPoint		647.14	32.18			446.34		1910.45 percent of total billed charges	
VENTRICULOSTOMY W/PRESSURE REC	61107	CPT	outpatient			2777		Aetna	Commercial		1055.26	38			522		2638.15 percent of total billed charges	
VENTRICULOSTOMY W/PRESSURE REC	61107	CPT	outpatient			2777		Aetna	Better Health		876.14	31.55			522		2638.15 percent of total billed charges	
VENTRICULOSTOMY W/PRESSURE REC	61107	CPT	outpatient			2777		Aetna	Medicare		855.32	30.8			522		2638.15 percent of total billed charges	
VENTRICULOSTOMY W/PRESSURE REC	61107	CPT	outpatient			2777		Americare	Americare		2082.75	75			522		2638.15 percent of total billed charges	
VENTRICULOSTOMY W/PRESSURE REC	61107	CPT	outpatient			2777		Amerihealth	HMO|PPO		1805.05	65			522		2638.15 percent of total billed charges	
VENTRICULOSTOMY W/PRESSURE REC	61107	CPT	outpatient			2777		Consumer	Consumer		2638.15	95			522		2638.15 percent of total billed charges	
VENTRICULOSTOMY W/PRESSURE REC	61107	CPT	outpatient			2777		Corrections	Corrections		2221.6	80			522		2638.15 percent of total billed charges	
VENTRICULOSTOMY W/PRESSURE REC	61107	CPT	outpatient			2777		First Health	First Health		1943.9	70			522		2638.15 percent of total billed charges	
VENTRICULOSTOMY W/PRESSURE REC	61107	CPT	outpatient			2777		First Trenton	First Trenton		2499.3	90			522		2638.15 percent of total billed charges	
VENTRICULOSTOMY W/PRESSURE REC	61107	CPT	outpatient			2777		Horizon	Medicare Blue		833.1	30			522		2638.15 percent of total billed charges	
VENTRICULOSTOMY W/PRESSURE REC	61107	CPT	outpatient			2777		Horizon	Indemnity		1063.04	38.28			522		2638.15 percent of total billed charges	
VENTRICULOSTOMY W/PRESSURE REC	61107	CPT	outpatient			2777		Horizon	NJ Health		522				522		2638.15 fee schedule	
VENTRICULOSTOMY W/PRESSURE REC	61107	CPT	outpatient			2777		Horizon	MGD		1063.04	38.28			522		2638.15 percent of total billed charges	
VENTRICULOSTOMY W/PRESSURE REC	61107	CPT	outpatient			2777		Horizon	PPO		1063.04	38.28			522		2638.15 percent of total billed charges	
VENTRICULOSTOMY W/PRESSURE REC	61107	CPT	outpatient			2777		Managed Care Inc	Managed Care Inc		2499.3	90			522		2638.15 percent of total billed charges	
VENTRICULOSTOMY W/PRESSURE REC	61107	CPT	outpatient			2777		Multiplan	Multiplan		2221.6	80			522		2638.15 percent of total billed charges	
VENTRICULOSTOMY W/PRESSURE REC	61107	CPT	outpatient			2777		Qualcare	Qualcare		2082.75	75			522		2638.15 percent of total billed charges	
VENTRICULOSTOMY W/PRESSURE REC	61107	CPT	outpatient			2777		Three Rivers	Three Rivers		2638.15	95			522		2638.15 percent of total billed charges	
VENTRICULOSTOMY W/PRESSURE REC	61107	CPT	outpatient			2777		UHC	Medicaid		876.14	31.55			522		2638.15 percent of total billed charges	
VENTRICULOSTOMY W/PRESSURE REC	61107	CPT	outpatient			2777		United	Commercial|PPO		1782				522		2638.15 case rate	
VENTRICULOSTOMY W/PRESSURE REC	61107	CPT	outpatient			2777		United	Oxford		1782				522		2638.15 case rate	
VENTRICULOSTOMY W/PRESSURE REC	61107	CPT	outpatient			2777		Wellcare	Medicaid		876.14	31.55			522		2638.15 percent of total billed charges	
VENTRICULOSTOMY W/PRESSURE REC	61107	CPT	outpatient			2777		WellPoint	WellPoint		893.64	32.18			522		2638.15 percent of total billed charges	
PIERCE SKULL IMPLANT DEVICE	61210	CPT	outpatient			11139		Aetna	Commercial		4232.82	38			435.17		10582.05 percent of total billed charges	
PIERCE SKULL IMPLANT DEVICE	61210	CPT	outpatient			11139		Aetna	Better Health		3514.35	31.55			435.17		10582.05 percent of total billed charges	
PIERCE SKULL IMPLANT DEVICE	61210	CPT	outpatient			11139		Aetna	Medicare		3430.81	30.8			435.17		10582.05 percent of total billed charges	
PIERCE SKULL IMPLANT DEVICE	61210	CPT	outpatient			11139		Americare	Americare		8354.25	75			435.17		10582.05 percent of total billed charges	
PIERCE SKULL IMPLANT DEVICE	61210	CPT	outpatient			11139		Amerihealth	HMO|PPO		7240.35	65			435.17		10582.05 percent of total billed charges	
PIERCE SKULL IMPLANT DEVICE	61210	CPT	outpatient			11139		Consumer	Consumer		10582.05	95			435.17		10582.05 percent of total billed charges	
PIERCE SKULL IMPLANT DEVICE	61210	CPT	outpatient			11139		Corrections	Corrections		8911.2	80			435.17		10582.05 percent of total billed charges	
PIERCE SKULL IMPLANT DEVICE	61210	CPT	outpatient			11139		First Health	First Health		7797.3	70			435.17		10582.05 percent of total billed charges	
PIERCE SKULL IMPLANT DEVICE	61210	CPT	outpatient			11139		First Trenton	First Trenton		10025.1	90			435.17		10582.05 percent of total billed charges	
PIERCE SKULL IMPLANT DEVICE	61210	CPT	outpatient			11139		Horizon	MGD		4264.01	38.28			435.17		10582.05 percent of total billed charges	
PIERCE SKULL IMPLANT DEVICE	61210	CPT	outpatient			11139		Horizon	NJ Health		435.17				435.17		10582.05 fee schedule	
PIERCE SKULL IMPLANT DEVICE	61210	CPT	outpatient			11139		Horizon	Indemnity		4264.01	38.28			435.17		10582.05 percent of total billed charges	
PIERCE SKULL IMPLANT DEVICE	61210	CPT	outpatient			11139		Horizon	PPO		4264.01	38.28			435.17		10582.05 percent of total billed charges	
PIERCE SKULL IMPLANT DEVICE	61210	CPT	outpatient			11139		Horizon	Medicare Blue		3341.7	30			435.17		10582.05 percent of total billed charges	
PIERCE SKULL IMPLANT DEVICE	61210	CPT	outpatient			11139		Managed Care Inc	Managed Care Inc		10025.1	90			435.17		10582.05 percent of total billed charges	
PIERCE SKULL IMPLANT DEVICE	61210	CPT	outpatient			11139		Multiplan	Multiplan		8911.2	80			435.17		10582.05 percent of total billed charges	
PIERCE SKULL IMPLANT DEVICE	61210	CPT	outpatient			11139		Qualcare	Qualcare		8354.25	75			435.17		10582.05 percent of total billed charges	
PIERCE SKULL IMPLANT DEVICE	61210	CPT	outpatient			11139		Three Rivers	Three Rivers		10582.05	95			435.17		10582.05 percent of total billed charges	
PIERCE SKULL IMPLANT DEVICE	61210	CPT	outpatient			11139		UHC	Medicaid		3514.35	31.55			435.17		10582.05 percent of total billed charges	
PIERCE SKULL IMPLANT DEVICE	61210	CPT	outpatient			11139		United	Oxford		1782				435.17		10582.05 case rate	
PIERCE SKULL IMPLANT DEVICE	61210	CPT	outpatient			11139		United	Commercial|PPO		1782				435.17		10582.05 case rate	
PIERCE SKULL IMPLANT DEVICE	61210	CPT	outpatient			11139		Wellcare	Medicaid		3514.35	31.55			435.17		10582.05 percent of total billed charges	
PIERCE SKULL IMPLANT DEVICE	61210	CPT	outpatient			11139		WellPoint	WellPoint		3584.53	32.18			435.17		10582.05 percent of total billed charges	
INSERT BRAIN-FLUID DEVICE	61215	CPT	outpatient			15459	8761.3	Aetna	Better Health		4877.31	31.55			436.89		14686.05 percent of total billed charges	
INSERT BRAIN-FLUID DEVICE	61215	CPT	outpatient			15459	8761.3	Aetna	Commercial		12128.68				436.89		14686.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERT BRAIN-FLUID DEVICE	61215	CPT	outpatient			15459	8761.3	Aetna	Medicare		7618.52				436.89		14686.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERT BRAIN-FLUID DEVICE	61215	CPT	outpatient			15459	8761.3	Americare	Americare		11594.25	75			436.89		14686.05 percent of total billed charges	
INSERT BRAIN-FLUID DEVICE	61215	CPT	outpatient			15459	8761.3	Amerihealth	HMO|PPO		10048.35	65			436.89		14686.05 percent of total billed charges	
INSERT BRAIN-FLUID DEVICE	61215	CPT	outpatient			15459	8761.3	Amerihealth	Medicare		7618.52				436.89		14686.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERT BRAIN-FLUID DEVICE	61215	CPT	outpatient			15459	8761.3	Consumer	Consumer		14686.05	95			436.89		14686.05 percent of total billed charges	
INSERT BRAIN-FLUID DEVICE	61215	CPT	outpatient			15459	8761.3	Corrections	Corrections		12367.2	80			436.89		14686.05 percent of total billed charges	
INSERT BRAIN-FLUID DEVICE	61215	CPT	outpatient			15459	8761.3	First Health	First Health		10821.3	70			436.89		14686.05 percent of total billed charges	
INSERT BRAIN-FLUID DEVICE	61215	CPT	outpatient			15459	8761.3	First Trenton	First Trenton		13913.1	90			436.89		14686.05 percent of total billed charges	
INSERT BRAIN-FLUID DEVICE	61215	CPT	outpatient			15459	8761.3	Horizon	Indemnity		14178.07				436.89		14686.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERT BRAIN-FLUID DEVICE	61215	CPT	outpatient			15459	8761.3	Horizon	Medicare Blue		7618.52				436.89		14686.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERT BRAIN-FLUID DEVICE	61215	CPT	outpatient			15459	8761.3	Horizon	NJ Health		436.89				436.89		14686.05 fee schedule	
INSERT BRAIN-FLUID DEVICE	61215	CPT	outpatient			15459	8761.3	Horizon	MGD		14178.07				436.89		14686.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERT BRAIN-FLUID DEVICE	61215	CPT	outpatient			15459	8761.3	Horizon	PPO		14178.07				436.89		14686.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERT BRAIN-FLUID DEVICE	61215	CPT	outpatient			15459	8761.3	Managed Care Inc	Managed Care Inc		13913.1	90			436.89		14686.05 percent of total billed charges	
INSERT BRAIN-FLUID DEVICE	61215	CPT	outpatient			15459	8761.3	Multiplan	Multiplan		12367.2	80			436.89		14686.05 percent of total billed charges	
INSERT BRAIN-FLUID DEVICE	61215	CPT	outpatient			15459	8761.3	Qualcare	Qualcare		11594.25	75			436.89		14686.05 percent of total billed charges	
INSERT BRAIN-FLUID DEVICE	61215	CPT	outpatient			15459	8761.3	Three Rivers	Three Rivers		14686.05	95			436.89		14686.05 percent of total billed charges	
INSERT BRAIN-FLUID DEVICE	61215	CPT	outpatient			15459	8761.3	UHC	Medicare		7618.52				436.89		14686.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERT BRAIN-FLUID DEVICE	61215	CPT	outpatient			15459	8761.3	UHC	Medicaid		4877.31	31.55			436.89		14686.05 percent of total billed charges	
INSERT BRAIN-FLUID DEVICE	61215	CPT	outpatient			15459	8761.3	United	Oxford		6362				436.89		14686.05 case rate	
INSERT BRAIN-FLUID DEVICE	61215	CPT	outpatient			15459	8761.3	United	Commercial|PPO		6362				436.89		14686.05 case rate	
INSERT BRAIN-FLUID DEVICE	61215	CPT	outpatient			15459	8761.3	Wellcare	Medicare		7618.52				436.89		14686.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERT BRAIN-FLUID DEVICE	61215	CPT	outpatient			15459	8761.3	Wellcare	Medicaid		4877.31	31.55			436.89		14686.05 percent of total billed charges	
INSERT BRAIN-FLUID DEVICE	61215	CPT	outpatient			15459	8761.3	WellPoint	WellPoint		4974.71	32.18			436.89		14686.05 percent of total billed charges	
CRANIOTOMY,SUPRATENT,INTRACE	61313	CPT	outpatient			837		Aetna	Commercial		318.06	38			251.1		1968.7 percent of total billed charges	
CRANIOTOMY,SUPRATENT,INTRACE	61313	CPT	outpatient			837		Aetna	Better Health		264.07	31.55			251.1		1968.7 percent of total billed charges	
CRANIOTOMY,SUPRATENT,INTRACE	61313	CPT	outpatient			837		Aetna	Medicare		257.8	30.8			251.1		1968.7 percent of total billed charges	
CRANIOTOMY,SUPRATENT,INTRACE	61313	CPT	outpatient			837		Americare	Americare		627.75	75			251.1		1968.7 percent of total billed charges	
CRANIOTOMY,SUPRATENT,INTRACE	61313	CPT	outpatient			837		Amerihealth	HMO|PPO		544.05	65			251.1		1968.7 percent of total billed charges	
CRANIOTOMY,SUPRATENT,INTRACE	61313	CPT	outpatient			837		Consumer	Consumer		795.15	95			251.1		1968.7 percent of total billed charges	
CRANIOTOMY,SUPRATENT,INTRACE	61313	CPT	outpatient			837		Corrections	Corrections		669.6	80			251.1		1968.7 percent of total billed charges	
CRANIOTOMY,SUPRATENT,INTRACE	61313	CPT	outpatient			837		First Health	First Health		585.9	70			251.1		1968.7 percent of total billed charges	
CRANIOTOMY,SUPRATENT,INTRACE	61313	CPT	outpatient			837		First Trenton	First Trenton		753.3	90			251.1		1968.7 percent of total billed charges	
CRANIOTOMY,SUPRATENT,INTRACE	61313	CPT	outpatient			837		Horizon	MGD		320.4	38.28			251.1		1968.7 percent of total billed charges	
CRANIOTOMY,SUPRATENT,INTRACE	61313	CPT	outpatient			837		Horizon	Indemnity		320.4	38.28			251.1		1968.7 percent of total billed charges	
CRANIOTOMY,SUPRATENT,INTRACE	61313	CPT	outpatient			837		Horizon	NJ Health		1968.7				251.1		1968.7 fee schedule	
CRANIOTOMY,SUPRATENT,INTRACE	61313	CPT	outpatient			837		Horizon	Medicare Blue		251.1	30			251.1		1968.7 percent of total billed charges	
CRANIOTOMY,SUPRATENT,INTRACE	61313	CPT	outpatient			837		Horizon	PPO		320.4	38.28			251.1		1968.7 percent of total billed charges	
CRANIOTOMY,SUPRATENT,INTRACE	61313	CPT	outpatient			837		Managed Care Inc	Managed Care Inc		753.3	90			251.1		1968.7 percent of total billed charges	
CRANIOTOMY,SUPRATENT,INTRACE	61313	CPT	outpatient			837		Multiplan	Multiplan		669.6	80			251.1		1968.7 percent of total billed charges	
CRANIOTOMY,SUPRATENT,INTRACE	61313	CPT	outpatient			837		Qualcare	Qualcare		627.75	75			251.1		1968.7 percent of total billed charges	
CRANIOTOMY,SUPRATENT,INTRACE	61313	CPT	outpatient			837		Three Rivers	Three Rivers		795.15	95			251.1		1968.7 percent of total billed charges	
CRANIOTOMY,SUPRATENT,INTRACE	61313	CPT	outpatient			837		UHC	Medicaid		264.07	31.55			251.1		1968.7 percent of total billed charges	
CRANIOTOMY,SUPRATENT,INTRACE	61313	CPT	outpatient			837		United	Oxford		1782				251.1		1968.7 case rate	
CRANIOTOMY,SUPRATENT,INTRACE	61313	CPT	outpatient			837		United	Commercial|PPO		1782				251.1		1968.7 case rate	
CRANIOTOMY,SUPRATENT,INTRACE	61313	CPT	outpatient			837		Wellcare	Medicaid		264.07	31.55			251.1		1968.7 percent of total billed charges	
CRANIOTOMY,SUPRATENT,INTRACE	61313	CPT	outpatient			837		WellPoint	WellPoint		269.35	32.18			251.1		1968.7 percent of total billed charges	
ENDOVASC TEMP OCCL HD/NCK W/VESS CATH	61623	CPT	inpatient			44053	14469	Aetna	Medicare		12581.74				1941.84		41850.35 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOVASC TEMP OCCL HD/NCK W/VESS CATH	61623	CPT	inpatient			44053	14469	Aetna	Commercial		20030.13				1941.84		41850.35 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOVASC TEMP OCCL HD/NCK W/VESS CATH	61623	CPT	inpatient			44053	14469	Aetna	Better Health		13898.72	31.55			1941.84		41850.35 percent of total billed charges	
ENDOVASC TEMP OCCL HD/NCK W/VESS CATH	61623	CPT	inpatient			44053	14469	Americare	Americare		33039.75	75			1941.84		41850.35 percent of total billed charges	
ENDOVASC TEMP OCCL HD/NCK W/VESS CATH	61623	CPT	inpatient			44053	14469	Amerihealth	HMO|PPO		28634.45	65			1941.84		41850.35 percent of total billed charges	
ENDOVASC TEMP OCCL HD/NCK W/VESS CATH	61623	CPT	inpatient			44053	14469	Amerihealth	Medicare		12581.74				1941.84		41850.35 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOVASC TEMP OCCL HD/NCK W/VESS CATH	61623	CPT	inpatient			44053	14469	Consumer	Consumer		41850.35	95			1941.84		41850.35 percent of total billed charges	
ENDOVASC TEMP OCCL HD/NCK W/VESS CATH	61623	CPT	inpatient			44053	14469	Corrections	Corrections		35242.4	80			1941.84		41850.35 percent of total billed charges	
ENDOVASC TEMP OCCL HD/NCK W/VESS CATH	61623	CPT	inpatient			44053	14469	First Health	First Health		30837.1	70			1941.84		41850.35 percent of total billed charges	
ENDOVASC TEMP OCCL HD/NCK W/VESS CATH	61623	CPT	inpatient			44053	14469	First Trenton	First Trenton		39647.7	90			1941.84		41850.35 percent of total billed charges	
ENDOVASC TEMP OCCL HD/NCK W/VESS CATH	61623	CPT	inpatient			44053	14469	Horizon	Medicare Blue		12581.74				1941.84		41850.35 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOVASC TEMP OCCL HD/NCK W/VESS CATH	61623	CPT	inpatient			44053	14469	Horizon	MGD		23414.62				1941.84		41850.35 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOVASC TEMP OCCL HD/NCK W/VESS CATH	61623	CPT	inpatient			44053	14469	Horizon	Indemnity		23414.62				1941.84		41850.35 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOVASC TEMP OCCL HD/NCK W/VESS CATH	61623	CPT	inpatient			44053	14469	Horizon	PPO		23414.62				1941.84		41850.35 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOVASC TEMP OCCL HD/NCK W/VESS CATH	61623	CPT	inpatient			44053	14469	Horizon	NJ Health		1941.84				1941.84		41850.35 fee schedule	
ENDOVASC TEMP OCCL HD/NCK W/VESS CATH	61623	CPT	inpatient			44053	14469	Managed Care Inc	Managed Care Inc		39647.7	90			1941.84		41850.35 percent of total billed charges	
ENDOVASC TEMP OCCL HD/NCK W/VESS CATH	61623	CPT	inpatient			44053	14469	Multiplan	Multiplan		35242.4	80			1941.84		41850.35 percent of total billed charges	
ENDOVASC TEMP OCCL HD/NCK W/VESS CATH	61623	CPT	inpatient			44053	14469	Qualcare	Qualcare		33039.75	75			1941.84		41850.35 percent of total billed charges	
ENDOVASC TEMP OCCL HD/NCK W/VESS CATH	61623	CPT	inpatient			44053	14469	Three Rivers	Three Rivers		41850.35	95			1941.84		41850.35 percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ENDOVASC TEMP OCCL HD/NCK W/VESS CATH	61623	CPT	inpatient			44053		14469	UHC		Medicaid	13898.72	31.55			1941.84	41850.35	percent of total billed charges	
ENDOVASC TEMP OCCL HD/NCK W/VESS CATH	61623	CPT	inpatient			44053		14469	UHC		Medicare	12581.74				1941.84	41850.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOVASC TEMP OCCL HD/NCK W/VESS CATH	61623	CPT	inpatient			44053		14469	United		Commercial/PPO	5843				1941.84	41850.35	case rate	
ENDOVASC TEMP OCCL HD/NCK W/VESS CATH	61623	CPT	inpatient			44053		14469	United		Oxford	5843				1941.84	41850.35	case rate	
ENDOVASC TEMP OCCL HD/NCK W/VESS CATH	61623	CPT	inpatient			44053		14469	Wellcare		Medicare	12581.74				1941.84	41850.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOVASC TEMP OCCL HD/NCK W/VESS CATH	61623	CPT	inpatient			44053		14469	Wellcare		Medicaid	13898.72	31.55			1941.84	41850.35	percent of total billed charges	
ENDOVASC TEMP OCCL HD/NCK W/VESS CATH	61623	CPT	inpatient			44053		14469	WellPoint		WellPoint	14176.26	32.18			1941.84	41850.35	percent of total billed charges	
OCCLUEMBO PERC CNS	61624	CPT	both			62900			Aetna		Commercial	23902	38			1231.06	59755	percent of total billed charges	
OCCLUEMBO PERC CNS	61624	CPT	both			62900			Aetna		Medicare	19373.2	30.8			1231.06	59755	percent of total billed charges	
OCCLUEMBO PERC CNS	61624	CPT	both			62900			Aetna		Better Health	19844.95	31.55			1231.06	59755	percent of total billed charges	
OCCLUEMBO PERC CNS	61624	CPT	both			62900			Americare		Americare	47175	75			1231.06	59755	percent of total billed charges	
OCCLUEMBO PERC CNS	61624	CPT	both			62900			Amerihealth		HMO/PPO	40885	65			1231.06	59755	percent of total billed charges	
OCCLUEMBO PERC CNS	61624	CPT	both			62900			Consumer		Consumer	59755	95			1231.06	59755	percent of total billed charges	
OCCLUEMBO PERC CNS	61624	CPT	both			62900			Corrections		Corrections	50320	80			1231.06	59755	percent of total billed charges	
OCCLUEMBO PERC CNS	61624	CPT	both			62900			First Health		First Health	44030	70			1231.06	59755	percent of total billed charges	
OCCLUEMBO PERC CNS	61624	CPT	both			62900			First Trenton		First Trenton	56610	90			1231.06	59755	percent of total billed charges	
OCCLUEMBO PERC CNS	61624	CPT	both			62900			Horizon		MGD	24078.12	38.28			1231.06	59755	percent of total billed charges	
OCCLUEMBO PERC CNS	61624	CPT	both			62900			Horizon		Medicare Blue	18870	30			1231.06	59755	percent of total billed charges	
OCCLUEMBO PERC CNS	61624	CPT	both			62900			Horizon		Indemnity	24078.12	38.28			1231.06	59755	percent of total billed charges	
OCCLUEMBO PERC CNS	61624	CPT	both			62900			Horizon		PPO	24078.12	38.28			1231.06	59755	percent of total billed charges	
OCCLUEMBO PERC CNS	61624	CPT	both			62900			Horizon		NJ Health	1231.06				1231.06	59755	fee schedule	
OCCLUEMBO PERC CNS	61624	CPT	both			62900			Managed Care Inc		Managed Care Inc	56610	90			1231.06	59755	percent of total billed charges	
OCCLUEMBO PERC CNS	61624	CPT	both			62900			Multiplan		Multiplan	50320	80			1231.06	59755	percent of total billed charges	
OCCLUEMBO PERC CNS	61624	CPT	both			62900			Qualcare		Qualcare	47175	75			1231.06	59755	percent of total billed charges	
OCCLUEMBO PERC CNS	61624	CPT	both			62900			Three Rivers		Three Rivers	59755	95			1231.06	59755	percent of total billed charges	
OCCLUEMBO PERC CNS	61624	CPT	both			62900			UHC		Medicaid	19844.95	31.55			1231.06	59755	percent of total billed charges	
OCCLUEMBO PERC CNS	61624	CPT	both			62900			United		Commercial/PPO	5843				1231.06	59755	case rate	
OCCLUEMBO PERC CNS	61624	CPT	both			62900			United		Oxford	5843				1231.06	59755	case rate	
OCCLUEMBO PERC CNS	61624	CPT	both			62900			Wellcare		Medicaid	19844.95	31.55			1231.06	59755	percent of total billed charges	
OCCLUEMBO PERC CNS	61624	CPT	both			62900			WellPoint		WellPoint	20241.22	32.18			1231.06	59755	percent of total billed charges	
SLCTV CATH XTRNL CAROTID ANGIO XTRNL	61626	CPT	both			37686		14469	Aetna		Better Health	11889.93	31.55			1050.53	35801.7	percent of total billed charges	
SLCTV CATH XTRNL CAROTID ANGIO XTRNL	61626	CPT	both			37686		14469	Aetna		Commercial	20030.13				1050.53	35801.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLCTV CATH XTRNL CAROTID ANGIO XTRNL	61626	CPT	both			37686		14469	Aetna		Medicare	12581.74				1050.53	35801.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLCTV CATH XTRNL CAROTID ANGIO XTRNL	61626	CPT	both			37686		14469	Americare		Americare	28264.5	75			1050.53	35801.7	percent of total billed charges	
SLCTV CATH XTRNL CAROTID ANGIO XTRNL	61626	CPT	both			37686		14469	Amerihealth		HMO/PPO	24866.9	65			1050.53	35801.7	percent of total billed charges	
SLCTV CATH XTRNL CAROTID ANGIO XTRNL	61626	CPT	both			37686		14469	Amerihealth		Medicare	12581.74				1050.53	35801.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLCTV CATH XTRNL CAROTID ANGIO XTRNL	61626	CPT	both			37686		14469	Consumer		Consumer	35801.7	95			1050.53	35801.7	percent of total billed charges	
SLCTV CATH XTRNL CAROTID ANGIO XTRNL	61626	CPT	both			37686		14469	Corrections		Corrections	30148.8	80			1050.53	35801.7	percent of total billed charges	
SLCTV CATH XTRNL CAROTID ANGIO XTRNL	61626	CPT	both			37686		14469	First Health		First Health	26380.2	70			1050.53	35801.7	percent of total billed charges	
SLCTV CATH XTRNL CAROTID ANGIO XTRNL	61626	CPT	both			37686		14469	First Trenton		First Trenton	33917.4	90			1050.53	35801.7	percent of total billed charges	
SLCTV CATH XTRNL CAROTID ANGIO XTRNL	61626	CPT	both			37686		14469	Horizon		Medicare Blue	12581.74				1050.53	35801.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLCTV CATH XTRNL CAROTID ANGIO XTRNL	61626	CPT	both			37686		14469	Horizon		MGD	23414.62				1050.53	35801.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLCTV CATH XTRNL CAROTID ANGIO XTRNL	61626	CPT	both			37686		14469	Horizon		Indemnity	23414.62				1050.53	35801.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLCTV CATH XTRNL CAROTID ANGIO XTRNL	61626	CPT	both			37686		14469	Horizon		NJ Health	1050.53				1050.53	35801.7	fee schedule	
SLCTV CATH XTRNL CAROTID ANGIO XTRNL	61626	CPT	both			37686		14469	Horizon		PPO	23414.62				1050.53	35801.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLCTV CATH XTRNL CAROTID ANGIO XTRNL	61626	CPT	both			37686		14469	Managed Care Inc		Managed Care Inc	33917.4	90			1050.53	35801.7	percent of total billed charges	
SLCTV CATH XTRNL CAROTID ANGIO XTRNL	61626	CPT	both			37686		14469	Multiplan		Multiplan	30148.8	80			1050.53	35801.7	percent of total billed charges	
SLCTV CATH XTRNL CAROTID ANGIO XTRNL	61626	CPT	both			37686		14469	Qualcare		Qualcare	28264.5	75			1050.53	35801.7	percent of total billed charges	
SLCTV CATH XTRNL CAROTID ANGIO XTRNL	61626	CPT	both			37686		14469	Three Rivers		Three Rivers	35801.7	95			1050.53	35801.7	percent of total billed charges	
SLCTV CATH XTRNL CAROTID ANGIO XTRNL	61626	CPT	both			37686		14469	UHC		Medicaid	11889.93	31.55			1050.53	35801.7	percent of total billed charges	
SLCTV CATH XTRNL CAROTID ANGIO XTRNL	61626	CPT	both			37686		14469	UHC		Medicare	12581.74				1050.53	35801.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLCTV CATH XTRNL CAROTID ANGIO XTRNL	61626	CPT	both			37686		14469	United		Oxford	5843				1050.53	35801.7	case rate	
SLCTV CATH XTRNL CAROTID ANGIO XTRNL	61626	CPT	both			37686		14469	United		Commercial/PPO	5843				1050.53	35801.7	case rate	
SLCTV CATH XTRNL CAROTID ANGIO XTRNL	61626	CPT	both			37686		14469	Wellcare		Medicare	12581.74				1050.53	35801.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLCTV CATH XTRNL CAROTID ANGIO XTRNL	61626	CPT	both			37686		14469	Wellcare		Medicaid	11889.93	31.55			1050.53	35801.7	percent of total billed charges	
SLCTV CATH XTRNL CAROTID ANGIO XTRNL	61626	CPT	both			37686		14469	WellPoint		WellPoint	12127.35	32.18			1050.53	35801.7	percent of total billed charges	
INTERCRANIAL ANGIOPLASTY '59'	61630	CPT	inpatient			9993			Aetna		Better Health	3152.79	31.55			1572.89	9493.35	percent of total billed charges	
INTERCRANIAL ANGIOPLASTY '59'	61630	CPT	inpatient			9993			Aetna		Medicare	3077.84	30.8			1572.89	9493.35	percent of total billed charges	
INTERCRANIAL ANGIOPLASTY '59'	61630	CPT	inpatient			9993			Aetna		Commercial	3797.34	38			1572.89	9493.35	percent of total billed charges	
INTERCRANIAL ANGIOPLASTY '59'	61630	CPT	inpatient			9993			Americare		Americare	7494.75	75			1572.89	9493.35	percent of total billed charges	
INTERCRANIAL ANGIOPLASTY '59'	61630	CPT	inpatient			9993			Amerihealth		HMO/PPO	6495.45	65			1572.89	9493.35	percent of total billed charges	
INTERCRANIAL ANGIOPLASTY '59'	61630	CPT	inpatient			9993			Consumer		Consumer	9493.35	95			1572.89	9493.35	percent of total billed charges	
INTERCRANIAL ANGIOPLASTY '59'	61630	CPT	inpatient			9993			Corrections		Corrections	7994.4	80			1572.89	9493.35	percent of total billed charges	
INTERCRANIAL ANGIOPLASTY '59'	61630	CPT	inpatient			9993			First Health		First Health	6995.1	70			1572.89	9493.35	percent of total billed charges	
INTERCRANIAL ANGIOPLASTY '59'	61630	CPT	inpatient			9993			First Trenton		First Trenton	8993.7	90			1572.89	9493.35	percent of total billed charges	
INTERCRANIAL ANGIOPLASTY '59'	61630	CPT	inpatient			9993			Horizon		Medicare Blue	2997.9	30			1572.89	9493.35	percent of total billed charges	
INTERCRANIAL ANGIOPLASTY '59'	61630	CPT	inpatient			9993			Horizon		Indemnity	3825.32	38.28			1572.89	9493.35	percent of total billed charges	
INTERCRANIAL ANGIOPLASTY '59'	61630	CPT	inpatient			9993			Horizon		NJ Health	1572.89				1572.89	9493.35	fee schedule	
INTERCRANIAL ANGIOPLASTY '59'	61630	CPT	inpatient			9993			Horizon		MGD	3825.32	38.28			1572.89	9493.35	percent of total billed charges	
INTERCRANIAL ANGIOPLASTY '59'	61630	CPT	inpatient			9993			Horizon		PPO	3825.32	38.28			1572.89	9493.35	percent of total billed charges	
INTERCRANIAL ANGIOPLASTY '59'	61630	CPT	inpatient			9993			Managed Care Inc		Managed Care Inc	8993.7	90			1572.89	9493.35	percent of total billed charges	
INTERCRANIAL ANGIOPLASTY '59'	61630	CPT	inpatient			9993			Multiplan		Multiplan	7994.4	80			1572.89	9493.35	percent of total billed charges	
INTERCRANIAL ANGIOPLASTY '59'	61630	CPT	inpatient			9993			Qualcare		Qualcare	7494.75	75			1572.89	9493.35	percent of total billed charges	
INTERCRANIAL ANGIOPLASTY '59'	61630	CPT	inpatient			9993			Three Rivers		Three Rivers	9493.35	95			1572.89	9493.35	percent of total billed charges	
INTERCRANIAL ANGIOPLASTY '59'	61630	CPT	inpatient			9993			UHC		Medicaid	3152.79	31.55			1572.89	9493.35	percent of total billed charges	
INTERCRANIAL ANGIOPLASTY '59'	61630	CPT	inpatient			9993			United		Oxford	1782				1572.89	9493.35	case rate	
INTERCRANIAL ANGIOPLASTY '59'	61630	CPT	inpatient			9993			United		Commercial/PPO	1782				1572.89	9493.35	case rate	
INTERCRANIAL ANGIOPLASTY '59'	61630	CPT	inpatient			9993			Wellcare		Medicaid	3152.79	31.55			1572.89	9493.35	percent of total billed charges	
INTERCRANIAL ANGIOPLASTY '59'	61630	CPT	inpatient			9993			WellPoint		WellPoint	3215.75	32.18			1572.89	9493.35	percent of total billed charges	
INTERCRAN ANGPLSTY W/STENT '59'	61635	CPT	inpatient			9993			Aetna		Better Health	3152.79	31.55			1761	9493.35	percent of total billed charges	
INTERCRAN ANGPLSTY W/STENT '59'	61635	CPT	inpatient			9993			Aetna		Commercial	3797.34	38			1761	9493.35	percent of total billed charges	
INTERCRAN ANGPLSTY W/STENT '59'	61635	CPT	inpatient			9993			Aetna		Medicare	3077.84	30.8			1761	9493.35	percent of total billed charges	
INTERCRAN ANGPLSTY W/STENT '59'	61635	CPT	inpatient			9993			Americare		Americare	7494.75	75			1761	9493.35	percent of total billed charges	
INTERCRAN ANGPLSTY W/STENT '59'	61635	CPT	inpatient			9993			Amerihealth		HMO/PPO	6495.45	65			1761	9493.35	percent of total billed charges	
INTERCRAN ANGPLSTY W/STENT '59'	61635	CPT	inpatient			9993			Consumer		Consumer	9493.35	95			1761	9493.35	percent of total billed charges	
INTERCRAN ANGPLSTY W/STENT '59'	61635	CPT	inpatient			9993			Corrections		Corrections	7994.4	80			1761	9493.35	percent of total billed charges	
INTERCRAN ANGPLSTY W/STENT '59'	61635	CPT	inpatient			9993			First Health		First Health	6995.1	70			1761	9493.35	percent of total billed charges	
INTERCRAN ANGPLSTY W/STENT '59'	61635	CPT	inpatient			9993			First Trenton		First Trenton	8993.7	90			1761	9493.35	percent of total billed charges	
INTERCRAN ANGPLSTY W/STENT '59'	61635	CPT	inpatient			9993			Horizon		Medicare Blue	2997.9	30			1761	9493.35	percent of total billed charges	
INTERCRAN ANGPLSTY W/STENT '59'	61635	CPT	inpatient			9993			Horizon		Indemnity	3825.32	38.28			1761	9493.35	percent of total billed charges	
INTERCRAN ANGPLSTY W/STENT '59'	61635	CPT	inpatient			9993			Horizon		MGD	3825.32	38.28			1761	9493.35	percent of total billed charges	
TCAT PLMT IV STENT ICRA W/BALO ANGIOP IF	61635	CPT	inpatient			9993			Horizon		NJ Health	1796.88				1761	9493.35	fee schedule	
INTERCRAN ANGPLSTY W/STENT '59'	61635	CPT	inpatient			9993			Horizon		PPO	3825.32	38.28			1761	9493.35	percent of total billed charges	
INTERCRAN ANGPLSTY W/STENT '59'	61635	CPT	inpatient			9993			Managed Care Inc		Managed Care Inc	8993.7	90			1761	9493.35	percent of total billed charges	
INTERCRAN ANGPLSTY W/STENT '59'	61635	CPT	inpatient			9993			Multiplan		Multiplan	7994.4	80			1761	9493.35	percent of total billed charges	
INTERCRAN ANGPLSTY W/STENT '59'	61635	CPT	inpatient			9993			Qualcare		Qualcare	7494.75	75			1761	9493.35	percent of total billed charges	
INTERCRAN ANGPLSTY W/STENT '59'	61635	CPT	inpatient			9993			Three Rivers		Three Rivers	9493.35	95			1761	9493.35	percent of total billed charges	
INTERCRAN ANGPLSTY W/STENT '59'	61635	CPT	inpatient			9993			UHC		Medicaid	3152.79	31.55			1761	9493.35	percent of total billed charges	
TCAT PLMT IV STENT ICRA W/BALO ANGIOP IF	61635	CPT	inpatient			9993			United		Oxford	1782				1761	9493.35	case rate	
TCAT PLMT IV STENT ICRA W/BALO ANGIOP IF	61635	CPT	inpatient			9993			United		Commercial/PPO	1782				1761	9493.35	case rate	
INTERCRAN ANGPLSTY W/STENT '59'	61635	CPT	inpatient			9993			Wellcare		Medicaid	3152.79	31.55			1761	9493.35	percent of total billed charges	
INTERCRAN ANGPLSTY W/STENT '59'	61635	CPT	inpatient			9993			WellPoint		WellPoint	3215.75	32.18			1761	9493.35	percent of total billed charges	
DILATE IC VASOSPASM, INIT	61640	CPT	inpatient			6665			Aetna		Medicare	2052.82	30.8			1347.67	6331.75	percent of total billed charges	
DILATE IC VASOSPASM, INIT	61640	CPT	inpatient			6665			Aetna		Commercial	2532.7	38			1347.67	6331.75	percent of total billed charges	
DILATE IC VASOSPASM, INIT	61640	CPT	inpatient			6665			Aetna		Better Health	2102.81	31.55			1347.67	6331.75	percent of total billed charges	
DILATE IC VASOSPASM, INIT	61640	CPT	inpatient			6665			Americare		Americare	4998.75	75			1347.67	6331.75	percent of total billed charges	
DILATE IC VASOSPASM, INIT	61640	CPT	inpatient			6665			Amerihealth		HMO/PPO	4332.25	65			1347.67	6331.75	percent of total billed charges	
DILATE IC VASOSPASM, INIT	61640	CPT	inpatient			6665			Consumer		Consumer	6331.75	95			1347.67	6331.75	percent of total billed charges	
DILATE IC VASOSPASM, INIT	61640	CPT	inpatient			6665			Corrections		Corrections	5332	80			1347.67	6331.75	percent of total billed charges	
DILATE IC VASOSPASM, INIT	61640	CPT	inpatient			6665			First Health		First Health	4665.5	70			1347.67	6331.75	percent of total billed charges	
DILATE IC VASOSPASM, INIT	61640	CPT	inpatient			6665			First Trenton		First Trenton	5998.5	90			1347.67	6331.75	percent of total billed charges	
DILATE IC VASOSPASM, INIT	61640	CPT	inpatient			6665			Horizon		Indemnity	2551.36	38.28			1347.67	6331.75	percent of total billed charges	
DILATE IC VASOSPASM, INIT	61640	CPT	inpatient			6665			Horizon		Medicare Blue	1999.5	30			1347.67	6331.75	percent of total billed charges	
DILATE IC VASOSPASM, INIT	61640	CPT	inpatient			6665			Horizon		PPO	2551.36	38.28			1347.67	6331.75	percent of total billed charges	
DILATE IC VASOSPASM, INIT	61640	CPT	inpatient			6665			Horizon		MGD	2551.36	38.28			1347.67	6331.75	percent of total billed charges	
DILATE IC VASOSPASM, INIT	61640	CPT	inpatient			6665			Horizon		NJ Health	1347.67				1347.67	6331.75	fee schedule	
DILATE IC VASOSPASM, INIT	61640	CPT	inpatient			6665			Managed Care Inc		Managed Care Inc	5998.5	90			1347.67	6331.75	percent of total billed charges	
DILATE IC VASOSPASM, INIT	61640	CPT	inpatient			6665			Multiplan		Multiplan	5332	80			1347.67	6331.75	percent of total billed charges	
DILATE IC VASOSPASM, INIT	61640	CPT	inpatient			6665			Qualcare		Qualcare	4998.75	75			1347.67	6331.75	percent of total billed charges	
DILATE IC VASOSPASM, INIT	61640	CPT	inpatient			6665			Three Rivers		Three Rivers	6331.75	95			1347.67	6331.75	percent of total billed charges	
DILATE IC VASOSPASM, INIT	61640	CPT	inpatient			6665			UHC		Medicaid	2102.81	31.55			1347.67	6331.75	percent of total billed charges	
DILATE IC VASOSPASM, INIT	61640	CPT	inpatient			6665			United		Oxford	1782				1347.67	6331.75	case rate	
DILATE IC VASOSPASM, INIT	61640	CPT	inpatient			6665			United		Commercial/PPO	1782				1347.67	6331.75	case rate	
DILATE IC VASOSPASM, INIT	61640	CPT	inpatient			6665			Wellcare		Medicaid	2102.81	31.55			1347.67	6331.75	percent of total billed charges	
DILATE IC VASOSPASM, INIT	61640	CPT	inpatient			6665			WellPoint		WellPoint	2144.8	32.18			1347.67	6331.75	percent of total billed charges	
DILATE IC VASOSPASM ADD-ON '59'	61641	CPT	inpatient			6665			Aetna		Medicare	2052.82	30.8			674.42	6331.75	percent of total billed charges	
DILATE IC VASOSPASM ADD-ON '59'	61641	CPT	inpatient			6665			Aetna		Better Health	2102.81	31.55			674.42	6331.75	percent of total billed charges	
DILATE IC VASOSPASM ADD-ON '59'	61641	CPT	inpatient			6665			Aetna		Commercial	2532.7	38			674.42	6331.75	percent of total billed charges	
DILATE IC VASOSPASM ADD-ON '59'	61641	CPT	inpatient			6665			Americare		Americare	4998.75	75			674.42	6331.75	percent of total billed charges	
DILATE IC VASOSPASM ADD-ON '59'	61641	CPT	inpatient			6665			Amerihealth		HMO/PPO	4332.25	65			674.42	6331.75	percent of total billed charges	
DILATE IC VASOSPASM ADD-ON '59'	61641	CPT	inpatient			6665			Consumer		Consumer	6331.75	95			674.42	6331.75	percent of total billed charges	
DILATE IC VASOSPASM ADD-ON '59'	61641	CPT	inpatient			6665			Corrections		Corrections	5332	80			674.42	6331.75	percent of total billed charges	
DILATE IC VASOSPASM ADD-ON '59'	61641	CPT	inpatient			6665			First Health		First Health	4665.5	70			674.42	6331.75	percent of total billed charges	
DILATE IC VASOSPASM ADD-ON '59'	61641	CPT	inpatient			6665			First Trenton		First Trenton	5998.5	90			674.42	6331.75	percent of total billed charges	
DILATE IC VASOSPASM ADD-ON '59'	61641	CPT	inpatient			6665			Horizon		MGD	2551.36	38.28			674.42	6331.75	percent of total billed charges	
DILATE IC VASOSPASM ADD-ON '59'	61641	CPT	inpatient			6665			Horizon		Medicare Blue	1999.5	30			674.42	6331.75	percent of total billed charges	
DILATE IC VASOSPASM ADD-ON '59'	61641	CPT	inpatient			6665			Horizon		Indemnity	2551.36	38.28			674.42	6331.75	percent of total billed charges	
DILATE IC VASOSPASM ADD-ON '59'	61641	CPT	inpatient			6665			Horizon		NJ Health	674.42				674.42	6331.75	fee schedule	
DILATE IC VASOSPASM ADD-ON '59'	61641	CPT	inpatient			6665			Horizon		PPO	2551.36	38.28			674.42	6331.75	percent of total billed charges	
DILATE IC VASOSPASM ADD-ON '59'	61641	CPT	inpatient			6665			Managed Care Inc		Managed Care Inc	5998.5	90			674.42	6331.75	percent of total billed charges	
DILATE IC VASOSPASM ADD-ON '59'	61641	CPT	inpatient			6665			Multiplan		Multiplan	5332	80			674.42	6331.75	percent of total billed charges	
DILATE IC VASOSPASM ADD-ON '59'	61641	CPT	inpatient			6665			Qualcare		Qualcare	4998.75	75			674.42	6331.75	percent of total billed charges	
DILATE IC VASOSPASM ADD-ON '59'	61641	CPT	inpatient			6665			Three Rivers		Three Rivers	6331.75	95			674.42	6331.75	percent of total billed charges	
DILATE IC VASOSPASM ADD-ON '59'	61641	CPT	inpatient			6665			UHC		Medicaid	2102.81	31.55			674.42	6331.75	percent of total billed charges	
DILATE IC VASOSPASM ADD-ON '59'	61641	CPT	inpatient			6665			United		Commercial/PPO	1782				674.42	6331.75	case rate	
DILATE IC VASOSPASM ADD-ON '59'	61641	CPT	inpatient			6665			United		Oxford	1782				674.42	6331.75	case rate	
DILATE IC VASOSPASM ADD-ON '59'	61641	CPT	inpatient			6665			Wellcare		Medicaid	2102.81	31.55			674.42	6331.75	percent of total billed charges	
DILATE IC VASOSPASM ADD-ON '59'	61641	CPT	inpatient			6665			WellPoint		WellPoint	2144.8	32.18			674.42	6331.75	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
DILATE IC VASOSPASM ADD-ON '59'	61642	CPT	inpatient			6665		Aetna	Better Health		2102.81	31.55			674.42	6331.75	percent of total billed charges	
DILATE IC VASOSPASM ADD-ON '59'	61642	CPT	inpatient			6665		Aetna	Commercial		2532.7	38			674.42	6331.75	percent of total billed charges	
DILATE IC VASOSPASM ADD-ON '59'	61642	CPT	inpatient			6665		Aetna	Medicare		2052.82	30.8			674.42	6331.75	percent of total billed charges	
DILATE IC VASOSPASM ADD-ON '59'	61642	CPT	inpatient			6665		Americare	Americare		4996.75	75			674.42	6331.75	percent of total billed charges	
DILATE IC VASOSPASM ADD-ON '59'	61642	CPT	inpatient			6665		Amerihealth	HMO/PPO		4332.25	65			674.42	6331.75	percent of total billed charges	
DILATE IC VASOSPASM ADD-ON '59'	61642	CPT	inpatient			6665		Consumer	Consumer		6331.75	95			674.42	6331.75	percent of total billed charges	
DILATE IC VASOSPASM ADD-ON '59'	61642	CPT	inpatient			6665		Corrections	Corrections		5332	80			674.42	6331.75	percent of total billed charges	
DILATE IC VASOSPASM ADD-ON '59'	61642	CPT	inpatient			6665		First Health	First Health		4665.5	70			674.42	6331.75	percent of total billed charges	
DILATE IC VASOSPASM ADD-ON '59'	61642	CPT	inpatient			6665		First Trenton	First Trenton		5998.5	90			674.42	6331.75	percent of total billed charges	
DILATE IC VASOSPASM ADD-ON '59'	61642	CPT	inpatient			6665		Horizon	MGD		2551.36	38.28			674.42	6331.75	percent of total billed charges	
DILATE IC VASOSPASM ADD-ON '59'	61642	CPT	inpatient			6665		Horizon	Indemnity		2551.36	38.28			674.42	6331.75	percent of total billed charges	
DILATE IC VASOSPASM ADD-ON '59'	61642	CPT	inpatient			6665		Horizon	Medicare Blue		1999.5	30			674.42	6331.75	percent of total billed charges	
DILATE IC VASOSPASM ADD-ON '59'	61642	CPT	inpatient			6665		Horizon	NJ Health		674.42				674.42	6331.75	fee schedule	
DILATE IC VASOSPASM ADD-ON '59'	61642	CPT	inpatient			6665		Horizon	PPO		2551.36	38.28			674.42	6331.75	percent of total billed charges	
DILATE IC VASOSPASM ADD-ON '59'	61642	CPT	inpatient			6665		Managed Care Inc	Managed Care Inc		5998.5	90			674.42	6331.75	percent of total billed charges	
DILATE IC VASOSPASM ADD-ON '59'	61642	CPT	inpatient			6665		Multiplan	Multiplan		5332	80			674.42	6331.75	percent of total billed charges	
DILATE IC VASOSPASM ADD-ON '59'	61642	CPT	inpatient			6665		Qualcare	Qualcare		4998.75	75			674.42	6331.75	percent of total billed charges	
DILATE IC VASOSPASM ADD-ON '59'	61642	CPT	inpatient			6665		Three Rivers	Three Rivers		6331.75	95			674.42	6331.75	percent of total billed charges	
DILATE IC VASOSPASM ADD-ON '59'	61642	CPT	inpatient			6665		UHC	Medicaid		2102.81	31.55			674.42	6331.75	percent of total billed charges	
DILATE IC VASOSPASM ADD-ON '59'	61642	CPT	inpatient			6665		United	Oxford		1782				674.42	6331.75	case rate	
DILATE IC VASOSPASM ADD-ON '59'	61642	CPT	inpatient			6665		United	Commercial|PPO		1782				674.42	6331.75	case rate	
DILATE IC VASOSPASM ADD-ON '59'	61642	CPT	inpatient			6665		Wellcare	Medicaid		2102.81	31.55			674.42	6331.75	percent of total billed charges	
DILATE IC VASOSPASM ADD-ON '59'	61642	CPT	inpatient			6665		WellPoint	WellPoint		2144.8	32.18			674.42	6331.75	percent of total billed charges	
PERC ART THROMBECTOMY/LYSIS, ANY METHOD	61645	CPT	inpatient			15715		Aetna	Better Health		4958.08	31.55			1112.41	14929.25	percent of total billed charges	
PERC ART THROMBECTOMY/LYSIS, ANY METHOD	61645	CPT	inpatient			15715		Aetna	Commercial		5971.7	38			1112.41	14929.25	percent of total billed charges	
PERC ART THROMBECTOMY/LYSIS, ANY METHOD	61645	CPT	inpatient			15715		Aetna	Medicare		4840.22	30.8			1112.41	14929.25	percent of total billed charges	
PERC ART THROMBECTOMY/LYSIS, ANY METHOD	61645	CPT	inpatient			15715		Americare	Americare		11786.25	75			1112.41	14929.25	percent of total billed charges	
PERC ART THROMBECTOMY/LYSIS, ANY METHOD	61645	CPT	inpatient			15715		Amerihealth	HMO/PPO		10214.75	65			1112.41	14929.25	percent of total billed charges	
PERC ART THROMBECTOMY/LYSIS, ANY METHOD	61645	CPT	inpatient			15715		Consumer	Consumer		14929.25	95			1112.41	14929.25	percent of total billed charges	
PERC ART THROMBECTOMY/LYSIS, ANY METHOD	61645	CPT	inpatient			15715		Corrections	Corrections		12572	80			1112.41	14929.25	percent of total billed charges	
PERC ART THROMBECTOMY/LYSIS, ANY METHOD	61645	CPT	inpatient			15715		First Health	First Health		11000.5	70			1112.41	14929.25	percent of total billed charges	
PERC ART THROMBECTOMY/LYSIS, ANY METHOD	61645	CPT	inpatient			15715		First Trenton	First Trenton		14143.5	90			1112.41	14929.25	percent of total billed charges	
PERC ART THROMBECTOMY/LYSIS, ANY METHOD	61645	CPT	inpatient			15715		Horizon	MGD		6015.7	38.28			1112.41	14929.25	percent of total billed charges	
PERC ART THROMBECTOMY/LYSIS, ANY METHOD	61645	CPT	inpatient			15715		Horizon	Indemnity		6015.7	38.28			1112.41	14929.25	percent of total billed charges	
PERC ART THROMBECTOMY/LYSIS, ANY METHOD	61645	CPT	inpatient			15715		Horizon	PPO		6015.7	38.28			1112.41	14929.25	percent of total billed charges	
PERC ART THROMBECTOMY/LYSIS, ANY METHOD	61645	CPT	inpatient			15715		Horizon	Medicare Blue		4714.5	30			1112.41	14929.25	percent of total billed charges	
PERC ART THROMBECTOMY/LYSIS, ANY METHOD	61645	CPT	inpatient			15715		Horizon	NJ Health		1112.41				1112.41	14929.25	fee schedule	
PERC ART THROMBECTOMY/LYSIS, ANY METHOD	61645	CPT	inpatient			15715		Managed Care Inc	Managed Care Inc		14143.5	90			1112.41	14929.25	percent of total billed charges	
PERC ART THROMBECTOMY/LYSIS, ANY METHOD	61645	CPT	inpatient			15715		Multiplan	Multiplan		12572	80			1112.41	14929.25	percent of total billed charges	
PERC ART THROMBECTOMY/LYSIS, ANY METHOD	61645	CPT	inpatient			15715		Qualcare	Qualcare		11786.25	75			1112.41	14929.25	percent of total billed charges	
PERC ART THROMBECTOMY/LYSIS, ANY METHOD	61645	CPT	inpatient			15715		Three Rivers	Three Rivers		14929.25	95			1112.41	14929.25	percent of total billed charges	
PERC ART THROMBECTOMY/LYSIS, ANY METHOD	61645	CPT	inpatient			15715		UHC	Medicaid		4958.08	31.55			1112.41	14929.25	percent of total billed charges	
PERC ART THROMBECTOMY/LYSIS, ANY METHOD	61645	CPT	inpatient			15715		United	Oxford		1782				1112.41	14929.25	case rate	
PERC ART THROMBECTOMY/LYSIS, ANY METHOD	61645	CPT	inpatient			15715		United	Commercial|PPO		1782				1112.41	14929.25	case rate	
PERC ART THROMBECTOMY/LYSIS, ANY METHOD	61645	CPT	inpatient			15715		Wellcare	Medicaid		4958.08	31.55			1112.41	14929.25	percent of total billed charges	
PERC ART THROMBECTOMY/LYSIS, ANY METHOD	61645	CPT	inpatient			15715		WellPoint	WellPoint		5057.09	32.18			1112.41	14929.25	percent of total billed charges	
THROMBOLYSIS(OTHER THAN CORONARY	61650	CPT	both			16438		Aetna	Better Health		5186.19	31.55			742.47	15616.1	percent of total billed charges	
THROMBOLYSIS(OTHER THAN CORONARY	61650	CPT	both			16438		Aetna	Commercial		6246.44	38			742.47	15616.1	percent of total billed charges	
THROMBOLYSIS(OTHER THAN CORONARY	61650	CPT	both			16438		Aetna	Medicare		5062.9	30.8			742.47	15616.1	percent of total billed charges	
THROMBOLYSIS(OTHER THAN CORONARY	61650	CPT	both			16438		Americare	Americare		12328.5	75			742.47	15616.1	percent of total billed charges	
THROMBOLYSIS(OTHER THAN CORONARY	61650	CPT	both			16438		Amerihealth	HMO/PPO		10684.7	65			742.47	15616.1	percent of total billed charges	
THROMBOLYSIS(OTHER THAN CORONARY	61650	CPT	both			16438		Consumer	Consumer		15616.1	95			742.47	15616.1	percent of total billed charges	
THROMBOLYSIS(OTHER THAN CORONARY	61650	CPT	both			16438		Corrections	Corrections		13150.4	80			742.47	15616.1	percent of total billed charges	
THROMBOLYSIS(OTHER THAN CORONARY	61650	CPT	both			16438		First Health	First Health		11506.6	70			742.47	15616.1	percent of total billed charges	
THROMBOLYSIS(OTHER THAN CORONARY	61650	CPT	both			16438		First Trenton	First Trenton		14794.2	90			742.47	15616.1	percent of total billed charges	
THROMBOLYSIS(OTHER THAN CORONARY	61650	CPT	both			16438		Horizon	Medicare Blue		4931.4	30			742.47	15616.1	percent of total billed charges	
THROMBOLYSIS(OTHER THAN CORONARY	61650	CPT	both			16438		Horizon	Indemnity		6292.47	38.28			742.47	15616.1	percent of total billed charges	
THROMBOLYSIS(OTHER THAN CORONARY	61650	CPT	both			16438		Horizon	MGD		6292.47	38.28			742.47	15616.1	percent of total billed charges	
THROMBOLYSIS(OTHER THAN CORONARY	61650	CPT	both			16438		Horizon	PPO		6292.47	38.28			742.47	15616.1	percent of total billed charges	
THROMBOLYSIS(OTHER THAN CORONARY	61650	CPT	both			16438		Horizon	NJ Health		742.47				742.47	15616.1	fee schedule	
THROMBOLYSIS(OTHER THAN CORONARY	61650	CPT	both			16438		Managed Care Inc	Managed Care Inc		14794.2	90			742.47	15616.1	percent of total billed charges	
THROMBOLYSIS(OTHER THAN CORONARY	61650	CPT	both			16438		Multiplan	Multiplan		13150.4	80			742.47	15616.1	percent of total billed charges	
THROMBOLYSIS(OTHER THAN CORONARY	61650	CPT	both			16438		Qualcare	Qualcare		12328.5	75			742.47	15616.1	percent of total billed charges	
THROMBOLYSIS(OTHER THAN CORONARY	61650	CPT	both			16438		Three Rivers	Three Rivers		15616.1	95			742.47	15616.1	percent of total billed charges	
THROMBOLYSIS(OTHER THAN CORONARY	61650	CPT	both			16438		UHC	Medicaid		5186.19	31.55			742.47	15616.1	percent of total billed charges	
THROMBOLYSIS(OTHER THAN CORONARY	61650	CPT	both			16438		United	Oxford		1782				742.47	15616.1	case rate	
THROMBOLYSIS(OTHER THAN CORONARY	61650	CPT	both			16438		United	Commercial|PPO		1782				742.47	15616.1	case rate	
THROMBOLYSIS(OTHER THAN CORONARY	61650	CPT	both			16438		Wellcare	Medicaid		5186.19	31.55			742.47	15616.1	percent of total billed charges	
THROMBOLYSIS(OTHER THAN CORONARY	61650	CPT	both			16438		WellPoint	WellPoint		5289.75	32.18			742.47	15616.1	percent of total billed charges	
ADMIN PHARM AGENTS,EACH ADDIT TERRITORY	61651	CPT	inpatient			3216		Aetna	Better Health		1014.65	31.55			315.31	3055.2	percent of total billed charges	
ADMIN PHARM AGENTS,EACH ADDIT TERRITORY	61651	CPT	inpatient			3216		Aetna	Commercial		1222.08	38			315.31	3055.2	percent of total billed charges	
ADMIN PHARM AGENTS,EACH ADDIT TERRITORY	61651	CPT	inpatient			3216		Aetna	Medicare		990.53	30.8			315.31	3055.2	percent of total billed charges	
ADMIN PHARM AGENTS,EACH ADDIT TERRITORY	61651	CPT	inpatient			3216		Americare	Americare		2412	75			315.31	3055.2	percent of total billed charges	
ADMIN PHARM AGENTS,EACH ADDIT TERRITORY	61651	CPT	inpatient			3216		Amerihealth	HMO/PPO		2090.4	65			315.31	3055.2	percent of total billed charges	
ADMIN PHARM AGENTS,EACH ADDIT TERRITORY	61651	CPT	inpatient			3216		Consumer	Consumer		3055.2	95			315.31	3055.2	percent of total billed charges	
ADMIN PHARM AGENTS,EACH ADDIT TERRITORY	61651	CPT	inpatient			3216		Corrections	Corrections		2572.8	80			315.31	3055.2	percent of total billed charges	
ADMIN PHARM AGENTS,EACH ADDIT TERRITORY	61651	CPT	inpatient			3216		First Health	First Health		2251.2	70			315.31	3055.2	percent of total billed charges	
ADMIN PHARM AGENTS,EACH ADDIT TERRITORY	61651	CPT	inpatient			3216		First Trenton	First Trenton		2894.4	90			315.31	3055.2	percent of total billed charges	
ADMIN PHARM AGENTS,EACH ADDIT TERRITORY	61651	CPT	inpatient			3216		Horizon	Indemnity		1231.08	38.28			315.31	3055.2	percent of total billed charges	
ADMIN PHARM AGENTS,EACH ADDIT TERRITORY	61651	CPT	inpatient			3216		Horizon	Medicare Blue		964.8	30			315.31	3055.2	percent of total billed charges	
ADMIN PHARM AGENTS,EACH ADDIT TERRITORY	61651	CPT	inpatient			3216		Horizon	MGD		1231.08	38.28			315.31	3055.2	percent of total billed charges	
ADMIN PHARM AGENTS,EACH ADDIT TERRITORY	61651	CPT	inpatient			3216		Horizon	NJ Health		315.31				315.31	3055.2	fee schedule	
ADMIN PHARM AGENTS,EACH ADDIT TERRITORY	61651	CPT	inpatient			3216		Horizon	PPO		1231.08	38.28			315.31	3055.2	percent of total billed charges	
ADMIN PHARM AGENTS,EACH ADDIT TERRITORY	61651	CPT	inpatient			3216		Managed Care Inc	Managed Care Inc		2894.4	90			315.31	3055.2	percent of total billed charges	
ADMIN PHARM AGENTS,EACH ADDIT TERRITORY	61651	CPT	inpatient			3216		Multiplan	Multiplan		2572.8	80			315.31	3055.2	percent of total billed charges	
ADMIN PHARM AGENTS,EACH ADDIT TERRITORY	61651	CPT	inpatient			3216		Qualcare	Qualcare		2412	75			315.31	3055.2	percent of total billed charges	
ADMIN PHARM AGENTS,EACH ADDIT TERRITORY	61651	CPT	inpatient			3216		Three Rivers	Three Rivers		3055.2	95			315.31	3055.2	percent of total billed charges	
ADMIN PHARM AGENTS,EACH ADDIT TERRITORY	61651	CPT	inpatient			3216		UHC	Medicaid		1014.65	31.55			315.31	3055.2	percent of total billed charges	
ADMIN PHARM AGENTS,EACH ADDIT TERRITORY	61651	CPT	inpatient			3216		United	Commercial|PPO		1782				315.31	3055.2	case rate	
ADMIN PHARM AGENTS,EACH ADDIT TERRITORY	61651	CPT	inpatient			3216		United	Oxford		1782				315.31	3055.2	case rate	
ADMIN PHARM AGENTS,EACH ADDIT TERRITORY	61651	CPT	inpatient			3216		Wellcare	Medicaid		1014.65	31.55			315.31	3055.2	percent of total billed charges	
ADMIN PHARM AGENTS,EACH ADDIT TERRITORY	61651	CPT	inpatient			3216		WellPoint	WellPoint		1034.91	32.18			315.31	3055.2	percent of total billed charges	
NEUROENDOSCOPY ADD-ON	62160	CPT	outpatient			2777		Aetna	Commercial		1055.26	38			328.86	2638.15	percent of total billed charges	
NEUROENDOSCOPY ADD-ON	62160	CPT	outpatient			2777		Aetna	Better Health		876.14	31.55			328.86	2638.15	percent of total billed charges	
NEUROENDOSCOPY ADD-ON	62160	CPT	outpatient			2777		Aetna	Medicare		855.32	30.8			328.86	2638.15	percent of total billed charges	
NEUROENDOSCOPY ADD-ON	62160	CPT	outpatient			2777		Americare	Americare		2082.75	75			328.86	2638.15	percent of total billed charges	
NEUROENDOSCOPY ADD-ON	62160	CPT	outpatient			2777		Amerihealth	HMO/PPO		1805.05	65			328.86	2638.15	percent of total billed charges	
NEUROENDOSCOPY ADD-ON	62160	CPT	outpatient			2777		Consumer	Consumer		2638.15	95			328.86	2638.15	percent of total billed charges	
NEUROENDOSCOPY ADD-ON	62160	CPT	outpatient			2777		Corrections	Corrections		2221.6	80			328.86	2638.15	percent of total billed charges	
NEUROENDOSCOPY ADD-ON	62160	CPT	outpatient			2777		First Health	First Health		1943.9	70			328.86	2638.15	percent of total billed charges	
NEUROENDOSCOPY ADD-ON	62160	CPT	outpatient			2777		First Trenton	First Trenton		2499.3	90			328.86	2638.15	percent of total billed charges	
NEUROENDOSCOPY ADD-ON	62160	CPT	outpatient			2777		Horizon	MGD		1063.04	38.28			328.86	2638.15	percent of total billed charges	
NEUROENDOSCOPY ADD-ON	62160	CPT	outpatient			2777		Horizon	Indemnity		1063.04	38.28			328.86	2638.15	percent of total billed charges	
NEUROENDOSCOPY ADD-ON	62160	CPT	outpatient			2777		Horizon	NJ Health		328.86				328.86	2638.15	fee schedule	
NEUROENDOSCOPY ADD-ON	62160	CPT	outpatient			2777		Horizon	Medicare Blue		833.1	30			328.86	2638.15	percent of total billed charges	
NEUROENDOSCOPY ADD-ON	62160	CPT	outpatient			2777		Horizon	PPO		1063.04	38.28			328.86	2638.15	percent of total billed charges	
NEUROENDOSCOPY ADD-ON	62160	CPT	outpatient			2777		Managed Care Inc	Managed Care Inc		2499.3	90			328.86	2638.15	percent of total billed charges	
NEUROENDOSCOPY ADD-ON	62160	CPT	outpatient			2777		Multiplan	Multiplan		2221.6	80			328.86	2638.15	percent of total billed charges	
NEUROENDOSCOPY ADD-ON	62160	CPT	outpatient			2777		Qualcare	Qualcare		2082.75	75			328.86	2638.15	percent of total billed charges	
NEUROENDOSCOPY ADD-ON	62160	CPT	outpatient			2777		Three Rivers	Three Rivers		2638.15	95			328.86	2638.15	percent of total billed charges	
NEUROENDOSCOPY ADD-ON	62160	CPT	outpatient			2777		UHC	Medicaid		876.14	31.55			328.86	2638.15	percent of total billed charges	
NEUROENDOSCOPY ADD-ON	62160	CPT	outpatient			2777		United	Commercial|PPO		1782				328.86	2638.15	case rate	
NEUROENDOSCOPY ADD-ON	62160	CPT	outpatient			2777		United	Oxford		1782				328.86	2638.15	case rate	
NEUROENDOSCOPY ADD-ON	62160	CPT	outpatient			2777		Wellcare	Medicaid		876.14	31.55			328.86	2638.15	percent of total billed charges	
NEUROENDOSCOPY ADD-ON	62160	CPT	outpatient			2777		WellPoint	WellPoint		893.64	32.18			328.86	2638.15	percent of total billed charges	
VENTRICULOCISTERNOSTOMY	62180	CPT	outpatient			11930		Aetna	Better Health		3763.92	31.55			1654.74	11333.5	percent of total billed charges	
VENTRICULOCISTERNOSTOMY	62180	CPT	outpatient			11930		Aetna	Commercial		4533.4	38			1654.74	11333.5	percent of total billed charges	
VENTRICULOCISTERNOSTOMY	62180	CPT	outpatient			11930		Aetna	Medicare		3674.44	30.8			1654.74	11333.5	percent of total billed charges	
VENTRICULOCISTERNOSTOMY	62180	CPT	outpatient			11930		Americare	Americare		8947.5	75			1654.74	11333.5	percent of total billed charges	
VENTRICULOCISTERNOSTOMY	62180	CPT	outpatient			11930		Amerihealth	HMO/PPO		7754.5	65			1654.74	11333.5	percent of total billed charges	
VENTRICULOCISTERNOSTOMY	62180	CPT	outpatient			11930		Consumer	Consumer		11333.5	95			1654.74	11333.5	percent of total billed charges	
VENTRICULOCISTERNOSTOMY	62180	CPT	outpatient			11930		Corrections	Corrections		9544	80			1654.74	11333.5	percent of total billed charges	
VENTRICULOCISTERNOSTOMY	62180	CPT	outpatient			11930		First Health	First Health		8351	70			1654.74	11333.5	percent of total billed charges	
VENTRICULOCISTERNOSTOMY	62180	CPT	outpatient			11930		First Trenton	First Trenton		10737	90			1654.74	11333.5	percent of total billed charges	
VENTRICULOCISTERNOSTOMY	62180	CPT	outpatient			11930		Horizon	NJ Health		1654.74				1654.74	11333.5	fee schedule	
VENTRICULOCISTERNOSTOMY	62180	CPT	outpatient			11930		Horizon	Medicare Blue		3579	30			1654.74	11333.5	percent of total billed charges	
VENTRICULOCISTERNOSTOMY	62180	CPT	outpatient			11930		Horizon	Indemnity		4566.8	38.28			1654.74	11333.5	percent of total billed charges	
VENTRICULOCISTERNOSTOMY	62180	CPT	outpatient			11930		Horizon	MGD		4566.8	38.28			1654.74	11333.5	percent of total billed charges	
VENTRICULOCISTERNOSTOMY	62180	CPT	outpatient			11930		Horizon	PPO		4566.8	38.28			1654.74	11333.5	percent of total billed charges	
VENTRICULOCISTERNOSTOMY	62180	CPT	outpatient			11930		Managed Care Inc	Managed Care Inc		10737	90			1654.74	11333.5	percent of total billed charges	
VENTRICULOCISTERNOSTOMY	62180	CPT	outpatient			11930		Multiplan	Multiplan		9544	80			1654.74	11333.5	percent of total billed charges	
VENTRICULOCISTERNOSTOMY	62180	CPT	outpatient			11930		Qualcare	Qualcare		8947.5	75			1654.74	11333.5	percent of total billed charges	
VENTRICULOCISTERNOSTOMY	62180	CPT	outpatient			11930		Three Rivers	Three Rivers		11333.5	95			1654.74	11333.5	percent of total billed charges	
VENTRICULOCISTERNOSTOMY	62180	CPT	outpatient			11930		UHC	Medicaid		3763.92	31.55			1654.74	11333.5	percent of total billed charges	
VENTRICULOCISTERNOSTOMY	62180	CPT	outpatient			11930		United	Oxford		1782				1654.74	11333.5	case rate	
VENTRICULOCISTERNOSTOMY	62180	CPT	outpatient			11930		United	Commercial|PPO		1782				1654.74	11333.5	case rate	
VENTRICULOCISTERNOSTOMY	62180	CPT	outpatient			11930		Wellcare	Medicaid		3763.92	31.55			1654.74	11333.5	percent of total billed charges	
VENTRICULOCISTERNOSTOMY	62180	CPT	outpatient			11930		WellPoint	WellPoint		3839.07	32.18			1654.74	11333.5	percent of total billed charges	
REPROGRAMMING CFS SHUNT	62252	CPT	outpatient			1011		392.84 Aetna	Medicare		341.6				96.57	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPROGRAMMING CFS SHUNT	62252	CPT	outpatient			1011		392.84 Aetna	Better Health		318.97	31.55			96.57	1782	percent of total billed charges	
REPROGRAMMING CFS SHUNT	62252	CPT	outpatient			1011		392.84 Aetna	Commercial		543.83				96.57	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPROGRAMMING CFS SHUNT	62252	CPT	outpatient			1011		392.84 Americare	Americare		758.25	75			96.57	1782	percent of total billed charges	
REPROGRAMMING CFS SHUNT	62252	CPT	outpatient			1011		392.84 Amerihealth	HMO/PPO		657.15	65			96.57	1782	percent of total billed charges	
REPROGRAMMING CFS SHUNT	62252	CPT	outpatient			1011		392.84 Amerihealth	Medicare		341.6				96.57	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPROGRAMMING CFS SHUNT	62252	CPT	outpatient			1011		392.84 Consumer	Consumer		960.45	95			96.57	1782	percent of total billed charges	
REPROGRAMMING CFS SHUNT	62252	CPT	outpatient			1011		392.84 Corrections	Corrections		808.8	80			96.57	1782	percent of total billed charges	
REPROGRAMMING CFS SHUNT	62252	CPT	outpatient			1011		392.84 First Health	First Health		707.7	70			96.57	1782	percent of total billed charges	
REPROGRAMMING CFS SHUNT	62252	CPT	outpatient			1011		392.84 First Trenton	First Trenton		909.9	90			96.57	1782	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.														
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true													
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
REPROGRAMMING CFS SHUNT	62252	CPT	outpatient			1011	392.84	Horizon	Medicare Blue		341.6				96.57	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPROGRAMMING CFS SHUNT	62252	CPT	outpatient			1011	392.84	Horizon	MGD		635.72				96.57	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPROGRAMMING CFS SHUNT	62252	CPT	outpatient			1011	392.84	Horizon	Indemnity		635.72				96.57	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPROGRAMMING CFS SHUNT	62252	CPT	outpatient			1011	392.84	Horizon	NJ Health		96.57				96.57	1782	fee schedule	
REPROGRAMMING CFS SHUNT	62252	CPT	outpatient			1011	392.84	Horizon	PPO		635.72				96.57	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPROGRAMMING CFS SHUNT	62252	CPT	outpatient			1011	392.84	Managed Care Inc	Managed Care Inc		909.9	90			96.57	1782	percent of total billed charges	
REPROGRAMMING CFS SHUNT	62252	CPT	outpatient			1011	392.84	Multiplan	Multiplan		808.8	80			96.57	1782	percent of total billed charges	
REPROGRAMMING CFS SHUNT	62252	CPT	outpatient			1011	392.84	Qualcare	Qualcare		758.25	75			96.57	1782	percent of total billed charges	
REPROGRAMMING CFS SHUNT	62252	CPT	outpatient			1011	392.84	Three Rivers	Three Rivers		960.45	95			96.57	1782	percent of total billed charges	
REPROGRAMMING CFS SHUNT	62252	CPT	outpatient			1011	392.84	UHC	Medicaid		318.97	31.55			96.57	1782	percent of total billed charges	
REPROGRAMMING CFS SHUNT	62252	CPT	outpatient			1011	392.84	UHC	Medicare		341.6				96.57	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPROGRAMMING CFS SHUNT	62252	CPT	outpatient			1011	392.84	United	CommercialPPO		1782				96.57	1782	case rate	
REPROGRAMMING CFS SHUNT	62252	CPT	outpatient			1011	392.84	United	Oxford		1782				96.57	1782	case rate	
REPROGRAMMING CFS SHUNT	62252	CPT	outpatient			1011	392.84	Wellcare	Medicare		341.6				96.57	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPROGRAMMING CFS SHUNT	62252	CPT	outpatient			1011	392.84	Wellcare	Medicaid		318.97	31.55			96.57	1782	percent of total billed charges	
REPROGRAMMING CFS SHUNT	62252	CPT	outpatient			1011	392.84	WellPoint	WellPoint		325.34	32.18			96.57	1782	percent of total billed charges	
RACZ PROCEDURE	62263	CPT	outpatient			3696	1198.81	Aetna	Medicare		1138.37	30.8			420.78	3511.2	percent of total billed charges	
RACZ PROCEDURE	62263	CPT	outpatient			3696	1198.81	Aetna	Commercial		1659.56				420.78	3511.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RACZ PROCEDURE	62263	CPT	outpatient			3696	1198.81	Aetna	Better Health		1166.09	31.55			420.78	3511.2	percent of total billed charges	
RACZ PROCEDURE	62263	CPT	outpatient			3696	1198.81	Americare	Americare		2772	75			420.78	3511.2	percent of total billed charges	
RACZ PROCEDURE	62263	CPT	outpatient			3696	1198.81	Amerihealth	HMO/PPO		2402.4	65			420.78	3511.2	percent of total billed charges	
RACZ PROCEDURE	62263	CPT	outpatient			3696	1198.81	Amerihealth	Medicare		1042.44				420.78	3511.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RACZ PROCEDURE	62263	CPT	outpatient			3696	1198.81	Consumer	Consumer		3511.2	95			420.78	3511.2	percent of total billed charges	
RACZ PROCEDURE	62263	CPT	outpatient			3696	1198.81	Corrections	Corrections		2956.8	80			420.78	3511.2	percent of total billed charges	
RACZ PROCEDURE	62263	CPT	outpatient			3696	1198.81	First Health	First Health		2587.2	70			420.78	3511.2	percent of total billed charges	
RACZ PROCEDURE	62263	CPT	outpatient			3696	1198.81	First Trenton	First Trenton		3326.4	90			420.78	3511.2	percent of total billed charges	
RACZ PROCEDURE	62263	CPT	outpatient			3696	1198.81	Horizon	MGD		1939.98				420.78	3511.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RACZ PROCEDURE	62263	CPT	outpatient			3696	1198.81	Horizon	Indemnity		1939.98				420.78	3511.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RACZ PROCEDURE	62263	CPT	outpatient			3696	1198.81	Horizon	PPO		1939.98				420.78	3511.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RACZ PROCEDURE	62263	CPT	outpatient			3696	1198.81	Horizon	Medicare Blue		1042.44				420.78	3511.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RACZ PROCEDURE	62263	CPT	outpatient			3696	1198.81	Horizon	NJ Health		420.78				420.78	3511.2	fee schedule	
RACZ PROCEDURE	62263	CPT	outpatient			3696	1198.81	Managed Care Inc	Managed Care Inc		3326.4	90			420.78	3511.2	percent of total billed charges	
RACZ PROCEDURE	62263	CPT	outpatient			3696	1198.81	Multiplan	Multiplan		2956.8	80			420.78	3511.2	percent of total billed charges	
RACZ PROCEDURE	62263	CPT	outpatient			3696	1198.81	Qualcare	Qualcare		2772	75			420.78	3511.2	percent of total billed charges	
RACZ PROCEDURE	62263	CPT	outpatient			3696	1198.81	Three Rivers	Three Rivers		3511.2	95			420.78	3511.2	percent of total billed charges	
RACZ PROCEDURE	62263	CPT	outpatient			3696	1198.81	UHC	Medicare		1042.44				420.78	3511.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RACZ PROCEDURE	62263	CPT	outpatient			3696	1198.81	UHC	Medicaid		1166.09	31.55			420.78	3511.2	percent of total billed charges	
RACZ PROCEDURE	62263	CPT	outpatient			3696	1198.81	United	CommercialPPO		1817				420.78	3511.2	case rate	
RACZ PROCEDURE	62263	CPT	outpatient			3696	1198.81	United	Oxford		1817				420.78	3511.2	case rate	
RACZ PROCEDURE	62263	CPT	outpatient			3696	1198.81	Wellcare	Medicare		1042.44				420.78	3511.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RACZ PROCEDURE	62263	CPT	outpatient			3696	1198.81	Wellcare	Medicaid		1166.09	31.55			420.78	3511.2	percent of total billed charges	
RACZ PROCEDURE	62263	CPT	outpatient			3696	1198.81	WellPoint	WellPoint		1189.37	32.18			420.78	3511.2	percent of total billed charges	
PERCAN LYSIS OF EPIDU ADHES USING SOL	62264	CPT	outpatient			4743	1198.81	Aetna	Commercial		1659.56				997.3	4505.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCAN LYSIS OF EPIDU ADHES USING SOL	62264	CPT	outpatient			4743	1198.81	Aetna	Better Health		1496.42	31.55			997.3	4505.85	percent of total billed charges	
PERCAN LYSIS OF EPIDU ADHES USING SOL	62264	CPT	outpatient			4743	1198.81	Aetna	Medicare		1042.44				997.3	4505.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCAN LYSIS OF EPIDU ADHES USING SOL	62264	CPT	outpatient			4743	1198.81	Americare	Americare		3657.25	75			997.3	4505.85	percent of total billed charges	
PERCAN LYSIS OF EPIDU ADHES USING SOL	62264	CPT	outpatient			4743	1198.81	Amerihealth	Medicare		1042.44				997.3	4505.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCAN LYSIS OF EPIDU ADHES USING SOL	62264	CPT	outpatient			4743	1198.81	Amerihealth	HMO/PPO		3082.95	65			997.3	4505.85	percent of total billed charges	
PERCAN LYSIS OF EPIDU ADHES USING SOL	62264	CPT	outpatient			4743	1198.81	Consumer	Consumer		4505.85	95			997.3	4505.85	percent of total billed charges	
PERCAN LYSIS OF EPIDU ADHES USING SOL	62264	CPT	outpatient			4743	1198.81	Corrections	Corrections		3794.4	80			997.3	4505.85	percent of total billed charges	
PERCAN LYSIS OF EPIDU ADHES USING SOL	62264	CPT	outpatient			4743	1198.81	First Health	First Health		3320.1	70			997.3	4505.85	percent of total billed charges	
PERCAN LYSIS OF EPIDU ADHES USING SOL	62264	CPT	outpatient			4743	1198.81	First Trenton	First Trenton		4268.7	90			997.3	4505.85	percent of total billed charges	
PERCAN LYSIS OF EPIDU ADHES USING SOL	62264	CPT	outpatient			4743	1198.81	Horizon	Indemnity		1939.98				997.3	4505.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCAN LYSIS OF EPIDU ADHES USING SOL	62264	CPT	outpatient			4743	1198.81	Horizon	MGD		1939.98				997.3	4505.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCAN LYSIS OF EPIDU ADHES USING SOL	62264	CPT	outpatient			4743	1198.81	Horizon	PPO		1939.98				997.3	4505.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCAN LYSIS OF EPIDU ADHES USING SOL	62264	CPT	outpatient			4743	1198.81	Horizon	NJ Health		1472.04				997.3	4505.85	fee schedule	
PERCAN LYSIS OF EPIDU ADHES USING SOL	62264	CPT	outpatient			4743	1198.81	Horizon	Medicare Blue		1042.44				997.3	4505.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCAN LYSIS OF EPIDU ADHES USING SOL	62264	CPT	outpatient			4743	1198.81	Managed Care Inc	Managed Care Inc		4268.7	90			997.3	4505.85	percent of total billed charges	
PERCAN LYSIS OF EPIDU ADHES USING SOL	62264	CPT	outpatient			4743	1198.81	Multiplan	Multiplan		3794.4	80			997.3	4505.85	percent of total billed charges	
PERCAN LYSIS OF EPIDU ADHES USING SOL	62264	CPT	outpatient			4743	1198.81	Qualcare	Qualcare		3557.25	75			997.3	4505.85	percent of total billed charges	
PERCAN LYSIS OF EPIDU ADHES USING SOL	62264	CPT	outpatient			4743	1198.81	Three Rivers	Three Rivers		4505.85	95			997.3	4505.85	percent of total billed charges	
PERCAN LYSIS OF EPIDU ADHES USING SOL	62264	CPT	outpatient			4743	1198.81	UHC	Medicare		1042.44				997.3	4505.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCAN LYSIS OF EPIDU ADHES USING SOL	62264	CPT	outpatient			4743	1198.81	UHC	Medicaid		1496.42	31.55			997.3	4505.85	percent of total billed charges	
PERCAN LYSIS OF EPIDU ADHES USING SOL	62264	CPT	outpatient			4743	1198.81	United	Oxford		1817				997.3	4505.85	case rate	
PERCAN LYSIS OF EPIDU ADHES USING SOL	62264	CPT	outpatient			4743	1198.81	United	CommercialPPO		1817				997.3	4505.85	case rate	
PERCAN LYSIS OF EPIDU ADHES USING SOL	62264	CPT	outpatient			4743	1198.81	Wellcare	Medicaid		1496.42	31.55			997.3	4505.85	percent of total billed charges	
PERCAN LYSIS OF EPIDU ADHES USING SOL	62264	CPT	outpatient			4743	1198.81	Wellcare	Medicare		1042.44				997.3	4505.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCAN LYSIS OF EPIDU ADHES USING SOL	62264	CPT	outpatient			4743	1198.81	WellPoint	WellPoint		1526.3	32.18			997.3	4505.85	percent of total billed charges	
ASP NUCL PULP VERT TIS DX	62267	CPT	outpatient			1700	925.36	Aetna	Better Health		536.35	31.55			536.35	1817	percent of total billed charges	
ASP NUCL PULP VERT TIS DX	62267	CPT	outpatient			1700	925.36	Aetna	Commercial		1281.02				536.35	1817	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ASP NUCL PULP VERT TIS DX	62267	CPT	outpatient			1700	925.36	Aetna	Medicare		804.66				536.35	1817	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ASP NUCL PULP VERT TIS DX	62267	CPT	outpatient			1700	925.36	Americare	Americare		1275	75			536.35	1817	percent of total billed charges	
ASP NUCL PULP VERT TIS DX	62267	CPT	outpatient			1700	925.36	Amerihealth	HMO/PPO		1105	65			536.35	1817	percent of total billed charges	
ASP NUCL PULP VERT TIS DX	62267	CPT	outpatient			1700	925.36	Amerihealth	Medicare		804.66				536.35	1817	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ASP NUCL PULP VERT TIS DX	62267	CPT	outpatient			1700	925.36	Consumer	Consumer		1615	95			536.35	1817	percent of total billed charges	
ASP NUCL PULP VERT TIS DX	62267	CPT	outpatient			1700	925.36	Corrections	Corrections		1360	80			536.35	1817	percent of total billed charges	
ASP NUCL PULP VERT TIS DX	62267	CPT	outpatient			1700	925.36	First Health	First Health		1190	70			536.35	1817	percent of total billed charges	
ASP NUCL PULP VERT TIS DX	62267	CPT	outpatient			1700	925.36	First Trenton	First Trenton		1530	90			536.35	1817	percent of total billed charges	
ASP NUCL PULP VERT TIS DX	62267	CPT	outpatient			1700	925.36	Horizon	Medicare Blue		804.66				536.35	1817	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ASP NUCL PULP VERT TIS DX	62267	CPT	outpatient			1700	925.36	Horizon	MGD		1497.47				536.35	1817	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ASP NUCL PULP VERT TIS DX	62267	CPT	outpatient			1700	925.36	Horizon	Indemnity		1497.47				536.35	1817	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ASP NUCL PULP VERT TIS DX	62267	CPT	outpatient			1700	925.36	Horizon	PPO		1497.47				536.35	1817	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ASP NUCL PULP VERT TIS DX	62267	CPT	outpatient			1700	925.36	Managed Care Inc	Managed Care Inc		1530	90			536.35	1817	percent of total billed charges	
ASP NUCL PULP VERT TIS DX	62267	CPT	outpatient			1700	925.36	Multiplan	Multiplan		1360	80			536.35	1817	percent of total billed charges	
ASP NUCL PULP VERT TIS DX	62267	CPT	outpatient			1700	925.36	Qualcare	Qualcare		1275	75			536.35	1817	percent of total billed charges	
ASP NUCL PULP VERT TIS DX	62267	CPT	outpatient			1700	925.36	Three Rivers	Three Rivers		1615	95			536.35	1817	percent of total billed charges	
ASP NUCL PULP VERT TIS DX	62267	CPT	outpatient			1700	925.36	UHC	Medicare		804.66				536.35	1817	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ASP NUCL PULP VERT TIS DX	62267	CPT	outpatient			1700	925.36	UHC	Medicaid		536.35	31.55			536.35	1817	percent of total billed charges	
ASP NUCL PULP VERT TIS DX	62267	CPT	outpatient			1700	925.36	United	CommercialPPO		1817				536.35	1817	case rate	
ASP NUCL PULP VERT TIS DX	62267	CPT	outpatient			1700	925.36	United	Oxford		1817				536.35	1817	case rate	
ASP NUCL PULP VERT TIS DX	62267	CPT	outpatient			1700	925.36	Wellcare	Medicare		804.66				536.35	1817	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ASP NUCL PULP VERT TIS DX	62267	CPT	outpatient			1700	925.36	Wellcare	Medicaid		536.35	31.55			536.35	1817	percent of total billed charges	
ASP NUCL PULP VERT TIS DX	62267	CPT	outpatient			1700	925.36	WellPoint	WellPoint		547.06	32.18			536.35	1817	percent of total billed charges	
PERCUTENOUS ASPIRATION, SPINAL CORD CYS	62268	CPT	outpatient			2992	1198.81	Aetna	Better Health		943.98	31.55			405.54	2842.4	percent of total billed charges	
PERCUTENOUS ASPIRATION, SPINAL CORD CYS	62268	CPT	outpatient			2992	1198.81	Aetna	Commercial		1659.56				405.54	2842.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCUTENOUS ASPIRATION, SPINAL CORD CYS	62268	CPT	outpatient			2992	1198.81	Aetna	Medicare		1042.44				405.54	2842.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCUTENOUS ASPIRATION, SPINAL CORD CYS	62268	CPT	outpatient			2992	1198.81	Americare	Americare		2244	75			405.54	2842.4	percent of total billed charges	
PERCUTENOUS ASPIRATION, SPINAL CORD CYS	62268	CPT	outpatient			2992	1198.81	Amerihealth	HMO/PPO		1944.8	65			405.54	2842.4	percent of total billed charges	
PERCUTENOUS ASPIRATION, SPINAL CORD CYS	62268	CPT	outpatient			2992	1198.81	Amerihealth	Medicare		1042.44				405.54	2842.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCUTENOUS ASPIRATION, SPINAL CORD CYS	62268	CPT	outpatient			2992	1198.81	Consumer	Consumer		2842.4	95			405.54	2842.4	percent of total billed charges	
PERCUTENOUS ASPIRATION, SPINAL CORD CYS	62268	CPT	outpatient			2992	1198.81	Corrections	Corrections		2393.6	80			405.54	2842.4	percent of total billed charges	
PERCUTENOUS ASPIRATION, SPINAL CORD CYS	62268	CPT	outpatient			2992	1198.81	First Health	First Health		2094.4	70			405.54	2842.4	percent of total billed charges	
PERCUTENOUS ASPIRATION, SPINAL CORD CYS	62268	CPT	outpatient			2992	1198.81	First Trenton	First Trenton		2692.8	90			405.54	2842.4	percent of total billed charges	
PERCUTENOUS ASPIRATION, SPINAL CORD CYS	62268	CPT	outpatient			2992	1198.81	Horizon	PPO		1939.98				405.54	2842.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCUTENOUS ASPIRATION, SPINAL CORD CYS	62268	CPT	outpatient			2992	1198.81	Horizon	Indemnity		1939.98				405.54	2842.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCUTENOUS ASPIRATION, SPINAL CORD CYS	62268	CPT	outpatient			2992	1198.81	Horizon	Medicare Blue		1042.44				405.54	2842.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCUTENOUS ASPIRATION, SPINAL CORD CYS	62268	CPT	outpatient			2992	1198.81	Horizon	MGD		1939.98				405.54	2842.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCUTENOUS ASPIRATION, SPINAL CORD CYS	62268	CPT	outpatient			2992	1198.81	Horizon	NJ Health		405.54				405.54	2842.4	fee schedule	
PERCUTENOUS ASPIRATION, SPINAL CORD CYS	62268	CPT	outpatient			2992	1198.81	Managed Care Inc	Managed Care Inc		2692.8	90			405.54	2842.4	percent of total billed charges	
PERCUTENOUS ASPIRATION, SPINAL CORD CYS	62268	CPT	outpatient			2992	1198.81	Multiplan	Multiplan		2393.6	80			405.54	2842.4	percent of total billed charges	
PERCUTENOUS ASPIRATION, SPINAL CORD CYS	62268	CPT	outpatient			2992	1198.81	Qualcare	Qualcare		2244	75			405.54	2842.4	percent of total billed charges	
PERCUTENOUS ASPIRATION, SPINAL CORD CYS	62268	CPT	outpatient			2992	1198.81	Three Rivers	Three Rivers		2842.4	95			405.54	2842.4	percent of total billed charges	
PERCUTENOUS ASPIRATION, SPINAL CORD CYS	62268	CPT	outpatient			2992	1198.81	UHC	Medicare		1042.44				405.54	2842.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCUTENOUS ASPIRATION, SPINAL CORD CYS	62268	CPT	outpatient			2992	1198.81	UHC	Medicaid		943.98	31.55			405.54	2842.4	percent of total billed charges	
PERCUTENOUS ASPIRATION, SPINAL CORD CYS	62268	CPT	outpatient			2992	1198.81	United	CommercialPPO		1817				405.54	2842.4	case rate	
PERCUTENOUS ASPIRATION, SPINAL CORD CYS	62268	CPT	outpatient			2992	1198.81	United	Oxford		1817				405.54	2842.4	case rate	
PERCUTENOUS ASPIRATION, SPINAL CORD CYS	62268	CPT	outpatient			2992	1198.81	Wellcare	Medicare		1042.44				405.54	2842.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCUTENOUS ASPIRATION, SPINAL CORD CYS	62268	CPT	outpatient			2992	1198.81	Wellcare	Medicaid		943.98	31.55			405.54	2842.4	percent of total billed charges	
PERCUTENOUS ASPIRATION, SPINAL CORD CYS	62268	CPT	outpatient			2992	1198.81	WellPoint	WellPoint		962.83	32.18			405.54	2842.4	percent of total billed charges	
BX SPINAL CORD	62269	CPT	outpatient			3474	2132.36	Aetna	Commercial		2951.93				405.54	3450.72	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX SPINAL CORD	62269	CPT	outpatient			3474	2132.36	Aetna	Better Health		1096.05	31.55			405.54	3450.72	percent of total billed charges	
BX SPINAL CORD	62269	CPT	outpatient			3474	2132.36	Aetna	Medicare		1069.99	30.8			405.54	3450.72	percent of total billed charges	
BX SPINAL CORD	62269	CPT	outpatient			3474	2132.36	Americare	Americare		2605.5	75			405.54	3450.72	percent of total billed charges	
BX SPINAL CORD	62269	CPT	outpatient			3474	2132.36	Amerihealth	HMO/PPO		2258.1	65			405.54	3450.72	percent of total billed charges	
BX SPINAL CORD	62269	CPT	outpatient			3474	2132.36	Amerihealth	Medicare		1854.23				405.54	3450.72	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX SPINAL CORD	62269	CPT	outpatient			3474	2132.36	Consumer	Consumer		3300.3	95			405.54	3450.72	percent of total billed charges	
BX SPINAL CORD	62269	CPT	outpatient			3474	2132.36	Corrections	Corrections		2779.2	80			405.54	3450.72	percent of total billed charges	
BX SPINAL CORD	62269	CPT	outpatient			3474	2132.36	First Health	First Health		2431.8	70			405.54	3450.72	percent of total billed charges	
BX SPINAL CORD	62269	CPT	outpatient			3474	2132.36	First Trenton	First Trenton		3126.6	90			405.54	3450.72	percent of total billed charges	
BX SPINAL CORD	62269	CPT	outpatient			3474	2132.36	Horizon	Indemnity		3450.72				405.54	3450.72	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX SPINAL CORD	62269	CPT	outpatient			3474	2132.36	Horizon	Medicare Blue		1854.23				405.54	3450.72	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX SPINAL CORD	62269	CPT	outpatient			3474	2132.36	Horizon	NJ Health		405.54				405.54	3450.72	fee schedule	
BX SPINAL CORD	62269	CPT	outpatient			3474	2132.36	Horizon	PPO		3450.72				405.54	3450.72	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX SPINAL CORD	62269	CPT	outpatient			3474	2132.36	Horizon	MGD		3450.72				405.54	3450.72	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX SPINAL CORD	62269	CPT	outpatient			3474	2132.36	Managed Care Inc	Managed Care Inc		3126.6	90			405.54	3450.72	percent of total billed charges	
BX SPINAL CORD	62269	CPT	outpatient			3474	2132.36	Multiplan	Multiplan		2779.2	80			405.54	3450.72	percent of total billed charges	
BX SPINAL CORD	62269	CPT	outpatient			3474	2132.36	Qualcare	Qualcare		2605.5	75			405.54	3450.72	percent of total billed charges	
BX SPINAL CORD	62269	CPT	outpatient			3474	2132.36	Three Rivers	Three Rivers		3300.3	95			405.54	3450.72	percent of total billed charges	
BX SPINAL CORD	62269	CPT	outpatient			3474	2132.36	UHC	Medicaid		1096.05	31.55			405.54	3450.72	percent of total billed charges	
BX SPINAL CORD	62269	CPT	outpatient			3474	2132.36	UHC	Medicare		1854.23				405.54	3450.72	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX SPINAL CORD	62269	CPT	outpatient			3474	2132.36	United	Oxford		2493				405.54	3450.72	case rate	
BX SPINAL CORD	62269	CPT	outpatient			3474	2132.36	United	CommercialPPO		2493				405.54	3450.72	case rate	
BX SPINAL CORD	62269	CPT	outpatient			3474	2132.36	Wellcare	Medicare		1854.23				405.54	3450.72	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX SPINAL CORD	62269	CPT	outpatient			3474	2132.36	Wellcare	Medicaid		1096.05	31.55			405.54	3450.72	percent of total billed charges	
BX SPINAL CORD	62269	CPT	outpatient			3474	2132.36	WellPoint	WellPoint		1117.93	32.18			405.54	3450.72	percent of total billed charges	
SPINAL/LUMBAR PUNCTURE	62270	CPT	both			2536	909.54	Aetna	Commercial		1259.11				79.38	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPINAL/LUMBAR PUNCTURE	62270	CPT	both			2536	909.54	Aetna	Better Health		800.11	31.55			79.38	2409.2	percent of total billed charges	
SPINAL/LUMBAR PUNCTURE	62270	CPT	both			2536	909.54	Aetna	Medicare		790.9				79.38	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
SPINAL/LUMBAR PUNCTURE	62270	CPT	both			2536		909.54 Americare	Americare		1902	75			79.38		2409.2 percent of total billed charges	
SPINAL/LUMBAR PUNCTURE	62270	CPT	both			2536		909.54 Amerihealth	HMO/PPO		1648.4	65			79.38		2409.2 percent of total billed charges	
SPINAL/LUMBAR PUNCTURE	62270	CPT	both			2536		909.54 Amerihealth	Medicare		790.9				79.38		2409.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPINAL/LUMBAR PUNCTURE	62270	CPT	both			2536		909.54 Consumer	Consumer		2409.2	95			79.38		2409.2 percent of total billed charges	
SPINAL/LUMBAR PUNCTURE	62270	CPT	both			2536		909.54 Corrections	Corrections		2028.8	80			79.38		2409.2 percent of total billed charges	
SPINAL/LUMBAR PUNCTURE	62270	CPT	both			2536		909.54 First Health	First Health		1775.2	70			79.38		2409.2 percent of total billed charges	
SPINAL/LUMBAR PUNCTURE	62270	CPT	both			2536		909.54 First Trenton	First Trenton		2282.4	90			79.38		2409.2 percent of total billed charges	
SPINAL/LUMBAR PUNCTURE	62270	CPT	both			2536		909.54 Horizon	Medicare Blue		790.9				79.38		2409.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPINAL/LUMBAR PUNCTURE	62270	CPT	both			2536		909.54 Horizon	Indemnity		1471.86				79.38		2409.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPINAL/LUMBAR PUNCTURE	62270	CPT	both			2536		909.54 Horizon	PPO		1471.86				79.38		2409.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPINAL/LUMBAR PUNCTURE	62270	CPT	both			2536		909.54 Horizon	MGD		1471.86				79.38		2409.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPINAL/LUMBAR PUNCTURE	62270	CPT	both			2536		909.54 Horizon	NJ Health		79.38				79.38		2409.2 fee schedule	
SPINAL/LUMBAR PUNCTURE	62270	CPT	both			2536		909.54 Managed Care Inc	Managed Care Inc		2282.4	90			79.38		2409.2 percent of total billed charges	
SPINAL/LUMBAR PUNCTURE	62270	CPT	both			2536		909.54 Multiplan	Multiplan		2028.8	80			79.38		2409.2 percent of total billed charges	
SPINAL/LUMBAR PUNCTURE	62270	CPT	both			2536		909.54 Qualcare	Qualcare		1902	75			79.38		2409.2 percent of total billed charges	
SPINAL/LUMBAR PUNCTURE	62270	CPT	both			2536		909.54 Three Rivers	Three Rivers		2409.2	95			79.38		2409.2 percent of total billed charges	
SPINAL/LUMBAR PUNCTURE	62270	CPT	both			2536		909.54 UHC	Medicare		790.9				79.38		2409.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPINAL/LUMBAR PUNCTURE	62270	CPT	both			2536		909.54 UHC	Medicaid		800.11	31.55			79.38		2409.2 percent of total billed charges	
SPINAL/LUMBAR PUNCTURE	62270	CPT	both			2536		909.54 United	Commercial|PPO		1817				79.38		2409.2 case rate	
SPINAL/LUMBAR PUNCTURE	62270	CPT	both			2536		909.54 United	Oxford		1817				79.38		2409.2 case rate	
SPINAL/LUMBAR PUNCTURE	62270	CPT	both			2536		909.54 Wellcare	Medicare		790.9				79.38		2409.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPINAL/LUMBAR PUNCTURE	62270	CPT	both			2536		909.54 Wellcare	Medicaid		800.11	31.55			79.38		2409.2 percent of total billed charges	
SPINAL/LUMBAR PUNCTURE	62270	CPT	both			2536		909.54 WellPoint	WellPoint		816.08	32.18			79.38		2409.2 percent of total billed charges	
SPINAL PUNCTURE FOR DRAINAGE	62272	CPT	outpatient			2536		909.54 Aetna	Better Health		800.11	31.55			126.66		2409.2 percent of total billed charges	
SPINAL PUNCTURE FOR DRAINAGE	62272	CPT	outpatient			2536		909.54 Aetna	Commercial		1259.11				126.66		2409.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPINAL PUNCTURE FOR DRAINAGE	62272	CPT	outpatient			2536		909.54 Aetna	Medicare		790.9				126.66		2409.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPINAL PUNCTURE FOR DRAINAGE	62272	CPT	outpatient			2536		909.54 Americare	Americare		1902	75			126.66		2409.2 percent of total billed charges	
SPINAL PUNCTURE FOR DRAINAGE	62272	CPT	outpatient			2536		909.54 Amerihealth	HMO/PPO		1648.4	65			126.66		2409.2 percent of total billed charges	
SPINAL PUNCTURE FOR DRAINAGE	62272	CPT	outpatient			2536		909.54 Amerihealth	Medicare		790.9				126.66		2409.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPINAL PUNCTURE FOR DRAINAGE	62272	CPT	outpatient			2536		909.54 Consumer	Consumer		2409.2	95			126.66		2409.2 percent of total billed charges	
SPINAL PUNCTURE FOR DRAINAGE	62272	CPT	outpatient			2536		909.54 Corrections	Corrections		2028.8	80			126.66		2409.2 percent of total billed charges	
SPINAL PUNCTURE FOR DRAINAGE	62272	CPT	outpatient			2536		909.54 First Health	First Health		1775.2	70			126.66		2409.2 percent of total billed charges	
SPINAL PUNCTURE FOR DRAINAGE	62272	CPT	outpatient			2536		909.54 First Trenton	First Trenton		2282.4	90			126.66		2409.2 percent of total billed charges	
SPINAL PUNCTURE FOR DRAINAGE	62272	CPT	outpatient			2536		909.54 Horizon	PPO		1471.86				126.66		2409.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPINAL PUNCTURE FOR DRAINAGE	62272	CPT	outpatient			2536		909.54 Horizon	MGD		1471.86				126.66		2409.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPINAL PUNCTURE FOR DRAINAGE	62272	CPT	outpatient			2536		909.54 Horizon	Indemnity		1471.86				126.66		2409.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPINAL PUNCTURE FOR DRAINAGE	62272	CPT	outpatient			2536		909.54 Horizon	NJ Health		126.66				126.66		2409.2 fee schedule	
SPINAL PUNCTURE FOR DRAINAGE	62272	CPT	outpatient			2536		909.54 Horizon	Medicare Blue		790.9				126.66		2409.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPINAL PUNCTURE FOR DRAINAGE	62272	CPT	outpatient			2536		909.54 Managed Care Inc	Managed Care Inc		2282.4	90			126.66		2409.2 percent of total billed charges	
SPINAL PUNCTURE FOR DRAINAGE	62272	CPT	outpatient			2536		909.54 Multiplan	Multiplan		2028.8	80			126.66		2409.2 percent of total billed charges	
SPINAL PUNCTURE FOR DRAINAGE	62272	CPT	outpatient			2536		909.54 Qualcare	Qualcare		1902	75			126.66		2409.2 percent of total billed charges	
SPINAL PUNCTURE FOR DRAINAGE	62272	CPT	outpatient			2536		909.54 Three Rivers	Three Rivers		2409.2	95			126.66		2409.2 percent of total billed charges	
SPINAL PUNCTURE FOR DRAINAGE	62272	CPT	outpatient			2536		909.54 UHC	Medicaid		800.11	31.55			126.66		2409.2 percent of total billed charges	
SPINAL PUNCTURE FOR DRAINAGE	62272	CPT	outpatient			2536		909.54 UHC	Medicare		790.9				126.66		2409.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPINAL PUNCTURE FOR DRAINAGE	62272	CPT	outpatient			2536		909.54 United	Commercial|PPO		1817				126.66		2409.2 case rate	
SPINAL PUNCTURE FOR DRAINAGE	62272	CPT	outpatient			2536		909.54 United	Oxford		1817				126.66		2409.2 case rate	
SPINAL PUNCTURE FOR DRAINAGE	62272	CPT	outpatient			2536		909.54 Wellcare	Medicaid		800.11	31.55			126.66		2409.2 percent of total billed charges	
SPINAL PUNCTURE FOR DRAINAGE	62272	CPT	outpatient			2536		909.54 Wellcare	Medicare		790.9				126.66		2409.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPINAL PUNCTURE FOR DRAINAGE	62272	CPT	outpatient			2536		909.54 WellPoint	WellPoint		816.08	32.18			126.66		2409.2 percent of total billed charges	
INJECT EPID,BLOOD/CLOT PA	62273	CPT	outpatient			2536		909.54 Aetna	Better Health		800.11	31.55			145.04		2409.2 percent of total billed charges	
INJECT EPID,BLOOD/CLOT PA	62273	CPT	outpatient			2536		909.54 Aetna	Commercial		1259.11				145.04		2409.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECT EPID,BLOOD/CLOT PA	62273	CPT	outpatient			2536		909.54 Aetna	Medicare		790.9				145.04		2409.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECT EPID,BLOOD/CLOT PA	62273	CPT	outpatient			2536		909.54 Americare	Americare		1902	75			145.04		2409.2 percent of total billed charges	
INJECT EPID,BLOOD/CLOT PA	62273	CPT	outpatient			2536		909.54 Amerihealth	Medicare		790.9				145.04		2409.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECT EPID,BLOOD/CLOT PA	62273	CPT	outpatient			2536		909.54 Amerihealth	HMO/PPO		1648.4	65			145.04		2409.2 percent of total billed charges	
INJECT EPID,BLOOD/CLOT PA	62273	CPT	outpatient			2536		909.54 Consumer	Consumer		2409.2	95			145.04		2409.2 percent of total billed charges	
INJECT EPID,BLOOD/CLOT PA	62273	CPT	outpatient			2536		909.54 Corrections	Corrections		2028.8	80			145.04		2409.2 percent of total billed charges	
INJECT EPID,BLOOD/CLOT PA	62273	CPT	outpatient			2536		909.54 First Health	First Health		1775.2	70			145.04		2409.2 percent of total billed charges	
INJECT EPID,BLOOD/CLOT PA	62273	CPT	outpatient			2536		909.54 First Trenton	First Trenton		2282.4	90			145.04		2409.2 percent of total billed charges	
INJECT EPID,BLOOD/CLOT PA	62273	CPT	outpatient			2536		909.54 Horizon	PPO		1471.86				145.04		2409.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECT EPID,BLOOD/CLOT PA	62273	CPT	outpatient			2536		909.54 Horizon	MGD		1471.86				145.04		2409.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECT EPID,BLOOD/CLOT PA	62273	CPT	outpatient			2536		909.54 Horizon	Indemnity		1471.86				145.04		2409.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECT EPID,BLOOD/CLOT PA	62273	CPT	outpatient			2536		909.54 Horizon	NJ Health		145.04				145.04		2409.2 fee schedule	
INJECT EPID,BLOOD/CLOT PA	62273	CPT	outpatient			2536		909.54 Horizon	Medicare Blue		790.9				145.04		2409.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECT EPID,BLOOD/CLOT PA	62273	CPT	outpatient			2536		909.54 Managed Care Inc	Managed Care Inc		2282.4	90			145.04		2409.2 percent of total billed charges	
INJECT EPID,BLOOD/CLOT PA	62273	CPT	outpatient			2536		909.54 Multiplan	Multiplan		2028.8	80			145.04		2409.2 percent of total billed charges	
INJECT EPID,BLOOD/CLOT PA	62273	CPT	outpatient			2536		909.54 Qualcare	Qualcare		1902	75			145.04		2409.2 percent of total billed charges	
INJECT EPID,BLOOD/CLOT PA	62273	CPT	outpatient			2536		909.54 Three Rivers	Three Rivers		2409.2	95			145.04		2409.2 percent of total billed charges	
INJECT EPID,BLOOD/CLOT PA	62273	CPT	outpatient			2536		909.54 UHC	Medicare		790.9				145.04		2409.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECT EPID,BLOOD/CLOT PA	62273	CPT	outpatient			2536		909.54 UHC	Medicaid		800.11	31.55			145.04		2409.2 percent of total billed charges	
INJECT EPID,BLOOD/CLOT PA	62273	CPT	outpatient			2536		909.54 United	Commercial|PPO		1817				145.04		2409.2 case rate	
INJECT EPID,BLOOD/CLOT PA	62273	CPT	outpatient			2536		909.54 United	Oxford		1817				145.04		2409.2 case rate	
INJECT EPID,BLOOD/CLOT PA	62273	CPT	outpatient			2536		909.54 Wellcare	Medicare		790.9				145.04		2409.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECT EPID,BLOOD/CLOT PA	62273	CPT	outpatient			2536		909.54 Wellcare	Medicaid		800.11	31.55			145.04		2409.2 percent of total billed charges	
INJECT EPID,BLOOD/CLOT PA	62273	CPT	outpatient			2536		909.54 WellPoint	WellPoint		816.08	32.18			145.04		2409.2 percent of total billed charges	
INJ SUBARACNOID NEUROLYTIC	62280	CPT	outpatient			1432		1198.81 Aetna	Better Health		451.8	31.55			242.75		1939.98 percent of total billed charges	
INJ SUBARACNOID NEUROLYTIC	62280	CPT	outpatient			1432		1198.81 Aetna	Commercial		1659.56				242.75		1939.98 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ SUBARACNOID NEUROLYTIC	62280	CPT	outpatient			1432		1198.81 Aetna	Medicare		1042.44				242.75		1939.98 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ SUBARACNOID NEUROLYTIC	62280	CPT	outpatient			1432		1198.81 Americare	Americare		1074	75			242.75		1939.98 percent of total billed charges	
INJ SUBARACNOID NEUROLYTIC	62280	CPT	outpatient			1432		1198.81 Amerihealth	Medicare		1042.44				242.75		1939.98 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ SUBARACNOID NEUROLYTIC	62280	CPT	outpatient			1432		1198.81 Amerihealth	HMO/PPO		930.8	65			242.75		1939.98 percent of total billed charges	
INJ SUBARACNOID NEUROLYTIC	62280	CPT	outpatient			1432		1198.81 Consumer	Consumer		1360.4	95			242.75		1939.98 percent of total billed charges	
INJ SUBARACNOID NEUROLYTIC	62280	CPT	outpatient			1432		1198.81 Corrections	Corrections		1145.6	80			242.75		1939.98 percent of total billed charges	
INJ SUBARACNOID NEUROLYTIC	62280	CPT	outpatient			1432		1198.81 First Health	First Health		1002.4	70			242.75		1939.98 percent of total billed charges	
INJ SUBARACNOID NEUROLYTIC	62280	CPT	outpatient			1432		1198.81 First Trenton	First Trenton		1288.8	90			242.75		1939.98 percent of total billed charges	
INJ SUBARACNOID NEUROLYTIC	62280	CPT	outpatient			1432		1198.81 Horizon	Indemnity		1939.98				242.75		1939.98 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ SUBARACNOID NEUROLYTIC	62280	CPT	outpatient			1432		1198.81 Horizon	Medicare Blue		1042.44				242.75		1939.98 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ SUBARACNOID NEUROLYTIC	62280	CPT	outpatient			1432		1198.81 Horizon	PPO		1939.98				242.75		1939.98 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ SUBARACNOID NEUROLYTIC	62280	CPT	outpatient			1432		1198.81 Horizon	NJ Health		242.75				242.75		1939.98 fee schedule	
INJ SUBARACNOID NEUROLYTIC	62280	CPT	outpatient			1432		1198.81 Horizon	MGD		1939.98				242.75		1939.98 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ SUBARACNOID NEUROLYTIC	62280	CPT	outpatient			1432		1198.81 Managed Care Inc	Managed Care Inc		1288.8	90			242.75		1939.98 percent of total billed charges	
INJ SUBARACNOID NEUROLYTIC	62280	CPT	outpatient			1432		1198.81 Multiplan	Multiplan		1145.6	80			242.75		1939.98 percent of total billed charges	
INJ SUBARACNOID NEUROLYTIC	62280	CPT	outpatient			1432		1198.81 Qualcare	Qualcare		1074	75			242.75		1939.98 percent of total billed charges	
INJ SUBARACNOID NEUROLYTIC	62280	CPT	outpatient			1432		1198.81 Three Rivers	Three Rivers		1360.4	95			242.75		1939.98 percent of total billed charges	
INJ SUBARACNOID NEUROLYTIC	62280	CPT	outpatient			1432		1198.81 UHC	Medicare		1042.44				242.75		1939.98 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ SUBARACNOID NEUROLYTIC	62280	CPT	outpatient			1432		1198.81 UHC	Medicaid		451.8	31.55			242.75		1939.98 percent of total billed charges	
INJ SUBARACNOID NEUROLYTIC	62280	CPT	outpatient			1432		1198.81 United	Commercial|PPO		1817				242.75		1939.98 case rate	
INJ SUBARACNOID NEUROLYTIC	62280	CPT	outpatient			1432		1198.81 United	Oxford		1817				242.75		1939.98 case rate	
INJ SUBARACNOID NEUROLYTIC	62280	CPT	outpatient			1432		1198.81 Wellcare	Medicaid		451.8	31.55			242.75		1939.98 percent of total billed charges	
INJ SUBARACNOID NEUROLYTIC	62280	CPT	outpatient			1432		1198.81 Wellcare	Medicare		1042.44				242.75		1939.98 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ SUBARACNOID NEUROLYTIC	62280	CPT	outpatient			1432		1198.81 WellPoint	WellPoint		460.82	32.18			242.75		1939.98 percent of total billed charges	
NEUROLYTIC AGENT INJ.	62282	CPT	outpatient			3106		1198.81 Aetna	Better Health		979.94	31.55			181.44		2950.7 percent of total billed charges	
NEUROLYTIC AGENT INJ.	62282	CPT	outpatient			3106		1198.81 Aetna	Medicare		956.65	30.8			181.44		2950.7 percent of total billed charges	
NEUROLYTIC AGENT INJ.	62282	CPT	outpatient			3106		1198.81 Aetna	Commercial		1659.56				181.44		2950.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEUROLYTIC AGENT INJ.	62282	CPT	outpatient			3106		1198.81 Americare	Americare		2329.5	75			181.44		2950.7 percent of total billed charges	
NEUROLYTIC AGENT INJ.	62282	CPT	outpatient			3106		1198.81 Amerihealth	HMO/PPO		2018.9	65			181.44		2950.7 percent of total billed charges	
NEUROLYTIC AGENT INJ.	62282	CPT	outpatient			3106		1198.81 Amerihealth	Medicare		1042.44				181.44		2950.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEUROLYTIC AGENT INJ.	62282	CPT	outpatient			3106		1198.81 Consumer	Consumer		2950.7	95			181.44		2950.7 percent of total billed charges	
NEUROLYTIC AGENT INJ.	62282	CPT	outpatient			3106		1198.81 Corrections	Corrections		2484.8	80			181.44		2950.7 percent of total billed charges	
NEUROLYTIC AGENT INJ.	62282	CPT	outpatient			3106		1198.81 First Health	First Health		2174.2	70			181.44		2950.7 percent of total billed charges	
NEUROLYTIC AGENT INJ.	62282	CPT	outpatient			3106		1198.81 First Trenton	First Trenton		2795.4	90			181.44		2950.7 percent of total billed charges	
NEUROLYTIC AGENT INJ.	62282	CPT	outpatient			3106		1198.81 Horizon	MGD		1939.98				181.44		2950.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEUROLYTIC AGENT INJ.	62282	CPT	outpatient			3106		1198.81 Horizon	PPO		1939.98				181.44		2950.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEUROLYTIC AGENT INJ.	62282	CPT	outpatient			3106		1198.81 Horizon	Indemnity		1939.98				181.44		2950.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEUROLYTIC AGENT INJ.	62282	CPT	outpatient			3106		1198.81 Horizon	NJ Health		181.44				181.44		2950.7 fee schedule	
NEUROLYTIC AGENT INJ.	62282	CPT	outpatient			3106		1198.81 Horizon	Medicare Blue		1042.44				181.44		2950.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEUROLYTIC AGENT INJ.	62282	CPT	outpatient			3106		1198.81 Managed Care Inc	Managed Care Inc		2795.4	90			181.44		2950.7 percent of total billed charges	
NEUROLYTIC AGENT INJ.	62282	CPT	outpatient			3106		1198.81 Multiplan	Multiplan		2484.8	80			181.44		2950.7 percent of total billed charges	
NEUROLYTIC AGENT INJ.	62282	CPT	outpatient			3106		1198.81 Qualcare	Qualcare		2329.5	75			181.44		2950.7 percent of total billed charges	
NEUROLYTIC AGENT INJ.	62282	CPT	outpatient			3106		1198.81 Three Rivers	Three Rivers		2950.7	95			181.44		2950.7 percent of total billed charges	
NEUROLYTIC AGENT INJ.	62282	CPT	outpatient			3106		1198.81 UHC	Medicaid		979.94	31.55			181.44		2950.7 percent of total billed charges	
NEUROLYTIC AGENT INJ.	62282	CPT	outpatient			3106		1198.81 UHC	Medicare		1042.44				181.44		2950.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEUROLYTIC AGENT INJ.	62282	CPT	outpatient			3106		1198.81 United	Commercial|PPO		1817				181.44		2950.7 case rate	
NEUROLYTIC AGENT INJ.	62282	CPT	outpatient			3106		1198.81 United	Oxford		1817				181.44		2950.7 case rate	
NEUROLYTIC AGENT INJ.	62282	CPT	outpatient			3106		1198.81 Wellcare	Medicare		1042.44				181.44		2950.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEUROLYTIC AGENT INJ.	62282	CPT	outpatient			3106		1198.81 Wellcare	Medicaid		979.94	31.55			181.44		2950.7 percent of total billed charges	
NEUROLYTIC AGENT INJ.	62282	CPT	outpatient			3106		1198.81 WellPoint	WellPoint		999.51	32.18			181.44		2950.7 percent of total billed charges	
SPINAL INJ OT...	62284	CPT	outpatient			2670		Aetna	Better Health		842.39	31.55			210.6		2536.5 percent of total billed charges	
SPINAL INJ OT...	62284	CPT	outpatient			2670		Aetna	Medicare		822.36	30.8			210.6		2536.5 percent of total billed charges	
SPINAL INJ OT...	62284	CPT	outpatient			2670		Aetna	Commercial		1014.6	38			210.6		2536.5 percent of total billed charges	
SPINAL INJ OT...	62284	CPT	outpatient			2670		Americare	Americare		2002.5	75			210.6		2536.5 percent of total billed charges	
SPINAL INJ OT...	62284	CPT	outpatient			2670		Amerihealth	HMO/PPO		1735.5	65			210.6		2536.5 percent of total billed charges	
SPINAL INJ OT...	62284	CPT	outpatient			2670		Consumer	Consumer		2536.5	95			210.6		2536.5 percent of total billed charges	
SPINAL INJ OT...	62284	CPT	outpatient			2670		Corrections	Corrections		2136	80			210.6		2536.5 percent of total billed charges	
SPINAL INJ OT...	62284	CPT	outpatient			2670		First Health	First Health		1869	70			210.6		2536.5 percent of total billed charges	
SPINAL INJ OT...	62284	CPT	outpatient			2670		First Trenton	First Trenton		2403	90			210.6		2536.5 percent of total billed charges	
SPINAL INJ OT...	62284	CPT	outpatient			2670		Horizon	Medicare Blue		801	30			210.6		2536.5 percent of total billed charges	
SPINAL INJ OT...	62284	CPT	outpatient			2670		Horizon	Indemnity		1022.08	38.28			210.6		2536.5 percent of total billed charges	
SPINAL INJ OT...	62284	CPT	outpatient			2670		Horizon	MGD		1022.08	38.28			210.6		2536.5 percent of total billed charges	
SPINAL INJ OT...	62284	CPT	outpatient			2670		Horizon	NJ Health		210.6				210.6		2536.5 fee schedule	
SPINAL INJ OT...	62284	CPT	outpatient			2670		Horizon	PPO		1022.08	38.28			210.6		2536.5 percent of total billed charges	
SPINAL INJ OT...	62284	CPT	outpatient			2670		Managed Care Inc	Managed Care Inc		2403	90			210.6		2536.5 percent of total billed charges	
SPINAL INJ OT...	62284	CPT	outpatient			2670		Multiplan	Multiplan		2136	80			210.6		2536.5 percent of total billed charges	
SPINAL INJ OT...	62284	CPT	outpatient			2670		Qualcare	Qualcare		2002.5	75			210.6		2536.5 percent of total billed charges	
SPINAL INJ OT...	62284	CPT	outpatient			2670		Three Rivers	Three Rivers		2536.5	95			210.6		2536.5 percent of total billed charges	
SPINAL INJ OT...	62284	CPT	outpatient			2670		UHC	Medicaid		842.39	31.55			210.6		2536.5 percent of total billed charges	
SPINAL INJ OT...	62284	CPT	outpatient			2670		United	Commercial|PPO		1782				210.6		2536.5 case rate	
SPINAL INJ OT...	62284	CPT	outpatient			2670		United	Oxford		1782				210.6		2536.5 case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
SPINAL INJ OT...	62284	CPT	outpatient			2670		Wellcare	Medicaid		842.39	31.55			210.6	2536.5	percent of total billed charges	
SPINAL INJ OT...	62284	CPT	outpatient			2670		WellPoint	WellPoint		859.21	32.18			210.6	2536.5	percent of total billed charges	
ENDOSC DCMPRN PERQ NUCLEUS	62287	CPT	outpatient			12964	2539.41	Aetna	Better Health		4090.14	31.55			1109.36	12315.8	percent of total billed charges	
ENDOSC DCMPRN PERQ NUCLEUS	62287	CPT	outpatient			12964	2539.41	Aetna	Medicare		2208.18				1109.36	12315.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOSC DCMPRN PERQ NUCLEUS	62287	CPT	outpatient			12964	2539.41	Aetna	Commercial		3915.42				1109.36	12315.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOSC DCMPRN PERQ NUCLEUS	62287	CPT	outpatient			12964	2539.41	Americare	Americare		9723	75			1109.36	12315.8	percent of total billed charges	
ENDOSC DCMPRN PERQ NUCLEUS	62287	CPT	outpatient			12964	2539.41	Amerihealth	Medicare		2208.18				1109.36	12315.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOSC DCMPRN PERQ NUCLEUS	62287	CPT	outpatient			12964	2539.41	Amerihealth	HMO/PPO		8426.6	65			1109.36	12315.8	percent of total billed charges	
ENDOSC DCMPRN PERQ NUCLEUS	62287	CPT	outpatient			12964	2539.41	Consumer	Consumer		12315.8	95			1109.36	12315.8	percent of total billed charges	
ENDOSC DCMPRN PERQ NUCLEUS	62287	CPT	outpatient			12964	2539.41	Corrections	Corrections		10371.2	80			1109.36	12315.8	percent of total billed charges	
ENDOSC DCMPRN PERQ NUCLEUS	62287	CPT	outpatient			12964	2539.41	First Health	First Health		9074.8	70			1109.36	12315.8	percent of total billed charges	
ENDOSC DCMPRN PERQ NUCLEUS	62287	CPT	outpatient			12964	2539.41	First Trenton	First Trenton		11667.6	90			1109.36	12315.8	percent of total billed charges	
ENDOSC DCMPRN PERQ NUCLEUS	62287	CPT	outpatient			12964	2539.41	Horizon	PPO		4109.42				1109.36	12315.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOSC DCMPRN PERQ NUCLEUS	62287	CPT	outpatient			12964	2539.41	Horizon	Indemnity		4109.42				1109.36	12315.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOSC DCMPRN PERQ NUCLEUS	62287	CPT	outpatient			12964	2539.41	Horizon	MGD		4109.42				1109.36	12315.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOSC DCMPRN PERQ NUCLEUS	62287	CPT	outpatient			12964	2539.41	Horizon	Medicare Blue		2208.18				1109.36	12315.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOSC DCMPRN PERQ NUCLEUS	62287	CPT	outpatient			12964	2539.41	Horizon	NJ Health		1109.36				1109.36	12315.8	fee schedule	
ENDOSC DCMPRN PERQ NUCLEUS	62287	CPT	outpatient			12964	2539.41	Managed Care Inc	Managed Care Inc		11667.6	90			1109.36	12315.8	percent of total billed charges	
ENDOSC DCMPRN PERQ NUCLEUS	62287	CPT	outpatient			12964	2539.41	Multiplan	Multiplan		10371.2	80			1109.36	12315.8	percent of total billed charges	
ENDOSC DCMPRN PERQ NUCLEUS	62287	CPT	outpatient			12964	2539.41	Qualcare	Qualcare		9723	75			1109.36	12315.8	percent of total billed charges	
ENDOSC DCMPRN PERQ NUCLEUS	62287	CPT	outpatient			12964	2539.41	Three Rivers	Three Rivers		12315.8	95			1109.36	12315.8	percent of total billed charges	
ENDOSC DCMPRN PERQ NUCLEUS	62287	CPT	outpatient			12964	2539.41	UHC	Medicaid		4090.14	31.55			1109.36	12315.8	percent of total billed charges	
ENDOSC DCMPRN PERQ NUCLEUS	62287	CPT	outpatient			12964	2539.41	UHC	Medicare		2208.18				1109.36	12315.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOSC DCMPRN PERQ NUCLEUS	62287	CPT	outpatient			12964	2539.41	United	Oxford		3492				1109.36	12315.8	case rate	
ENDOSC DCMPRN PERQ NUCLEUS	62287	CPT	outpatient			12964	2539.41	United	Commercial|PPO		3492				1109.36	12315.8	case rate	
ENDOSC DCMPRN PERQ NUCLEUS	62287	CPT	outpatient			12964	2539.41	Wellcare	Medicare		2208.18				1109.36	12315.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOSC DCMPRN PERQ NUCLEUS	62287	CPT	outpatient			12964	2539.41	Wellcare	Medicaid		4090.14	31.55			1109.36	12315.8	percent of total billed charges	
ENDOSC DCMPRN PERQ NUCLEUS	62287	CPT	outpatient			12964	2539.41	WellPoint	WellPoint		4171.82	32.18			1109.36	12315.8	percent of total billed charges	
INJ FOR DISKOGRAPHY, EA LEVEL,LUMBAR	62290	CPT	outpatient			2579		Aetna	Better Health		813.67	31.55			251.08	2450.05	percent of total billed charges	
INJ FOR DISKOGRAPHY, EA LEVEL,LUMBAR	62290	CPT	outpatient			2579		Aetna	Commercial		980.02	38			251.08	2450.05	percent of total billed charges	
INJ FOR DISKOGRAPHY, EA LEVEL,LUMBAR	62290	CPT	outpatient			2579		Aetna	Medicare		794.33	30.8			251.08	2450.05	percent of total billed charges	
INJ FOR DISKOGRAPHY, EA LEVEL,LUMBAR	62290	CPT	outpatient			2579		Americare	Americare		1934.25	75			251.08	2450.05	percent of total billed charges	
INJ FOR DISKOGRAPHY, EA LEVEL,LUMBAR	62290	CPT	outpatient			2579		Amerihealth	HMO/PPO		1676.35	65			251.08	2450.05	percent of total billed charges	
INJ FOR DISKOGRAPHY, EA LEVEL,LUMBAR	62290	CPT	outpatient			2579		Consumer	Consumer		2450.05	95			251.08	2450.05	percent of total billed charges	
INJ FOR DISKOGRAPHY, EA LEVEL,LUMBAR	62290	CPT	outpatient			2579		Corrections	Corrections		2063.2	80			251.08	2450.05	percent of total billed charges	
INJ FOR DISKOGRAPHY, EA LEVEL,LUMBAR	62290	CPT	outpatient			2579		First Health	First Health		1805.3	70			251.08	2450.05	percent of total billed charges	
INJ FOR DISKOGRAPHY, EA LEVEL,LUMBAR	62290	CPT	outpatient			2579		First Trenton	First Trenton		2321.1	90			251.08	2450.05	percent of total billed charges	
INJ FOR DISKOGRAPHY, EA LEVEL,LUMBAR	62290	CPT	outpatient			2579		Horizon	Indemnity		987.24	38.28			251.08	2450.05	percent of total billed charges	
INJ FOR DISKOGRAPHY, EA LEVEL,LUMBAR	62290	CPT	outpatient			2579		Horizon	MGD		987.24	38.28			251.08	2450.05	percent of total billed charges	
INJ FOR DISKOGRAPHY, EA LEVEL,LUMBAR	62290	CPT	outpatient			2579		Horizon	PPO		987.24	38.28			251.08	2450.05	percent of total billed charges	
INJ FOR DISKOGRAPHY, EA LEVEL,LUMBAR	62290	CPT	outpatient			2579		Horizon	Medicare Blue		773.7	30			251.08	2450.05	percent of total billed charges	
INJ PX DICOGRAPHY EACH LEVEL LUMBAR	62290	CPT	outpatient			2579		Horizon	NJ Health		251.08				251.08	2450.05	fee schedule	
INJ FOR DISKOGRAPHY, EA LEVEL,LUMBAR	62290	CPT	outpatient			2579		Managed Care Inc	Managed Care Inc		2321.1	90			251.08	2450.05	percent of total billed charges	
INJ FOR DISKOGRAPHY, EA LEVEL,LUMBAR	62290	CPT	outpatient			2579		Multiplan	Multiplan		2063.2	80			251.08	2450.05	percent of total billed charges	
INJ FOR DISKOGRAPHY, EA LEVEL,LUMBAR	62290	CPT	outpatient			2579		Qualcare	Qualcare		1934.25	75			251.08	2450.05	percent of total billed charges	
INJ FOR DISKOGRAPHY, EA LEVEL,LUMBAR	62290	CPT	outpatient			2579		Three Rivers	Three Rivers		2450.05	95			251.08	2450.05	percent of total billed charges	
INJ FOR DISKOGRAPHY, EA LEVEL,LUMBAR	62290	CPT	outpatient			2579		UHC	Medicaid		813.67	31.55			251.08	2450.05	percent of total billed charges	
INJ PX DICOGRAPHY EACH LEVEL LUMBAR	62290	CPT	outpatient			2579		United	Oxford		1782				251.08	2450.05	case rate	
INJ PX DICOGRAPHY EACH LEVEL LUMBAR	62290	CPT	outpatient			2579		United	Commercial|PPO		1782				251.08	2450.05	case rate	
INJ FOR DISKOGRAPHY, EA LEVEL,LUMBAR	62290	CPT	outpatient			2579		Wellcare	Medicaid		813.67	31.55			251.08	2450.05	percent of total billed charges	
INJ FOR DISKOGRAPHY, EA LEVEL,LUMBAR	62290	CPT	outpatient			2579		WellPoint	WellPoint		829.92	32.18			251.08	2450.05	percent of total billed charges	
INJ SPINE DISK CERVTHOR EA LVL	62291	CPT	outpatient			2555		Aetna	Commercial		970.9	38			251.08	2427.25	percent of total billed charges	
INJ SPINE DISK CERVTHOR EA LVL	62291	CPT	outpatient			2555		Aetna	Better Health		806.1	31.55			251.08	2427.25	percent of total billed charges	
INJ SPINE DISK CERVTHOR EA LVL	62291	CPT	outpatient			2555		Aetna	Medicare		786.94	30.8			251.08	2427.25	percent of total billed charges	
INJ SPINE DISK CERVTHOR EA LVL	62291	CPT	outpatient			2555		Americare	Americare		1916.25	75			251.08	2427.25	percent of total billed charges	
INJ SPINE DISK CERVTHOR EA LVL	62291	CPT	outpatient			2555		Amerihealth	HMO/PPO		1660.75	65			251.08	2427.25	percent of total billed charges	
INJ SPINE DISK CERVTHOR EA LVL	62291	CPT	outpatient			2555		Consumer	Consumer		2427.25	95			251.08	2427.25	percent of total billed charges	
INJ SPINE DISK CERVTHOR EA LVL	62291	CPT	outpatient			2555		Corrections	Corrections		2044	80			251.08	2427.25	percent of total billed charges	
INJ SPINE DISK CERVTHOR EA LVL	62291	CPT	outpatient			2555		First Health	First Health		1788.5	70			251.08	2427.25	percent of total billed charges	
INJ SPINE DISK CERVTHOR EA LVL	62291	CPT	outpatient			2555		First Trenton	First Trenton		2299.5	90			251.08	2427.25	percent of total billed charges	
INJ SPINE DISK CERVTHOR EA LVL	62291	CPT	outpatient			2555		Horizon	Indemnity		978.05	38.28			251.08	2427.25	percent of total billed charges	
INJ SPINE DISK CERVTHOR EA LVL	62291	CPT	outpatient			2555		Horizon	Medicare Blue		766.5	30			251.08	2427.25	percent of total billed charges	
INJ SPINE DISK CERVTHOR EA LVL	62291	CPT	outpatient			2555		Horizon	MGD		978.05	38.28			251.08	2427.25	percent of total billed charges	
INJ SPINE DISK CERVTHOR EA LVL	62291	CPT	outpatient			2555		Horizon	NJ Health		251.08				251.08	2427.25	fee schedule	
INJ SPINE DISK CERVTHOR EA LVL	62291	CPT	outpatient			2555		Horizon	PPO		978.05	38.28			251.08	2427.25	percent of total billed charges	
INJ SPINE DISK CERVTHOR EA LVL	62291	CPT	outpatient			2555		Managed Care Inc	Managed Care Inc		2299.5	90			251.08	2427.25	percent of total billed charges	
INJ SPINE DISK CERVTHOR EA LVL	62291	CPT	outpatient			2555		Multiplan	Multiplan		2044	80			251.08	2427.25	percent of total billed charges	
INJ SPINE DISK CERVTHOR EA LVL	62291	CPT	outpatient			2555		Qualcare	Qualcare		1916.25	75			251.08	2427.25	percent of total billed charges	
INJ SPINE DISK CERVTHOR EA LVL	62291	CPT	outpatient			2555		Three Rivers	Three Rivers		2427.25	95			251.08	2427.25	percent of total billed charges	
INJ SPINE DISK CERVTHOR EA LVL	62291	CPT	outpatient			2555		UHC	Medicaid		806.1	31.55			251.08	2427.25	percent of total billed charges	
INJ SPINE DISK CERVTHOR EA LVL	62291	CPT	outpatient			2555		United	Commercial|PPO		1782				251.08	2427.25	case rate	
INJ SPINE DISK CERVTHOR EA LVL	62291	CPT	outpatient			2555		United	Oxford		1782				251.08	2427.25	case rate	
INJ SPINE DISK CERVTHOR EA LVL	62291	CPT	outpatient			2555		Wellcare	Medicaid		806.1	31.55			251.08	2427.25	percent of total billed charges	
INJ SPINE DISK CERVTHOR EA LVL	62291	CPT	outpatient			2555		WellPoint	WellPoint		822.2	32.18			251.08	2427.25	percent of total billed charges	
INJ ART OCCLU AVM SPINAL	62294	CPT	outpatient			1307	1198.81	Aetna	Commercial		1659.56				412.36	1939.98	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ ART OCCLU AVM SPINAL	62294	CPT	outpatient			1307	1198.81	Aetna	Better Health		412.36	31.55			412.36	1939.98	percent of total billed charges	
INJ ART OCCLU AVM SPINAL	62294	CPT	outpatient			1307	1198.81	Aetna	Medicare		1042.44				412.36	1939.98	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ ART OCCLU AVM SPINAL	62294	CPT	outpatient			1307	1198.81	Americare	Americare		980.25	75			412.36	1939.98	percent of total billed charges	
INJ ART OCCLU AVM SPINAL	62294	CPT	outpatient			1307	1198.81	Amerihealth	HMO/PPO		849.55	65			412.36	1939.98	percent of total billed charges	
INJ ART OCCLU AVM SPINAL	62294	CPT	outpatient			1307	1198.81	Amerihealth	Medicare		1042.44				412.36	1939.98	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ ART OCCLU AVM SPINAL	62294	CPT	outpatient			1307	1198.81	Consumer	Consumer		1241.65	95			412.36	1939.98	percent of total billed charges	
INJ ART OCCLU AVM SPINAL	62294	CPT	outpatient			1307	1198.81	Corrections	Corrections		1045.6	80			412.36	1939.98	percent of total billed charges	
INJ ART OCCLU AVM SPINAL	62294	CPT	outpatient			1307	1198.81	First Health	First Health		914.9	70			412.36	1939.98	percent of total billed charges	
INJ ART OCCLU AVM SPINAL	62294	CPT	outpatient			1307	1198.81	First Trenton	First Trenton		1176.3	90			412.36	1939.98	percent of total billed charges	
INJ ART OCCLU AVM SPINAL	62294	CPT	outpatient			1307	1198.81	Horizon	Medicare Blue		1042.44				412.36	1939.98	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ ART OCCLU AVM SPINAL	62294	CPT	outpatient			1307	1198.81	Horizon	MGD		1939.98				412.36	1939.98	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ ART OCCLU AVM SPINAL	62294	CPT	outpatient			1307	1198.81	Horizon	Indemnity		1939.98				412.36	1939.98	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ ART OCCLU AVM SPINAL	62294	CPT	outpatient			1307	1198.81	Horizon	NJ Health		599.05				412.36	1939.98	fee schedule	
INJ ART OCCLU AVM SPINAL	62294	CPT	outpatient			1307	1198.81	Horizon	PPO		1939.98				412.36	1939.98	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ ART OCCLU AVM SPINAL	62294	CPT	outpatient			1307	1198.81	Managed Care Inc	Managed Care Inc		1176.3	90			412.36	1939.98	percent of total billed charges	
INJ ART OCCLU AVM SPINAL	62294	CPT	outpatient			1307	1198.81	Multiplan	Multiplan		1045.6	80			412.36	1939.98	percent of total billed charges	
INJ ART OCCLU AVM SPINAL	62294	CPT	outpatient			1307	1198.81	Qualcare	Qualcare		980.25	75			412.36	1939.98	percent of total billed charges	
INJ ART OCCLU AVM SPINAL	62294	CPT	outpatient			1307	1198.81	Three Rivers	Three Rivers		1241.65	95			412.36	1939.98	percent of total billed charges	
INJ ART OCCLU AVM SPINAL	62294	CPT	outpatient			1307	1198.81	UHC	Medicaid		412.36	31.55			412.36	1939.98	percent of total billed charges	
INJ ART OCCLU AVM SPINAL	62294	CPT	outpatient			1307	1198.81	UHC	Medicare		1042.44				412.36	1939.98	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ ART OCCLU AVM SPINAL	62294	CPT	outpatient			1307	1198.81	United	Oxford		1817				412.36	1939.98	case rate	
INJ ART OCCLU AVM SPINAL	62294	CPT	outpatient			1307	1198.81	United	Commercial|PPO		1817				412.36	1939.98	case rate	
INJ ART OCCLU AVM SPINAL	62294	CPT	outpatient			1307	1198.81	Wellcare	Medicare		1042.44				412.36	1939.98	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ ART OCCLU AVM SPINAL	62294	CPT	outpatient			1307	1198.81	Wellcare	Medicaid		412.36	31.55			412.36	1939.98	percent of total billed charges	
INJ ART OCCLU AVM SPINAL	62294	CPT	outpatient			1307	1198.81	WellPoint	WellPoint		420.59	32.18			412.36	1939.98	percent of total billed charges	
MYELO, CERVICAL ONLY W/INJECT, S & I	62302	CPT	outpatient			2687	1053.08	Aetna	Medicare		915.72				910.85	2742.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYELO, CERVICAL ONLY W/INJECT, S & I	62302	CPT	outpatient			2687	1053.08	Aetna	Better Health		910.85	31.55			910.85	2742.65	percent of total billed charges	
MYELO, CERVICAL ONLY W/INJECT, S & I	62302	CPT	outpatient			2687	1053.08	Aetna	Commercial		1457.83				910.85	2742.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYELO, CERVICAL ONLY W/INJECT, S & I	62302	CPT	outpatient			2687	1053.08	Americare	Americare		2165.25	75			910.85	2742.65	percent of total billed charges	
MYELO, CERVICAL ONLY W/INJECT, S & I	62302	CPT	outpatient			2687	1053.08	Amerihealth	Medicare		915.72				910.85	2742.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYELO, CERVICAL ONLY W/INJECT, S & I	62302	CPT	outpatient			2687	1053.08	Amerihealth	HMO/PPO		1876.55	65			910.85	2742.65	percent of total billed charges	
MYELO, CERVICAL ONLY W/INJECT, S & I	62302	CPT	outpatient			2687	1053.08	Consumer	Consumer		2742.65	95			910.85	2742.65	percent of total billed charges	
MYELO, CERVICAL ONLY W/INJECT, S & I	62302	CPT	outpatient			2687	1053.08	Corrections	Corrections		2309.6	80			910.85	2742.65	percent of total billed charges	
MYELO, CERVICAL ONLY W/INJECT, S & I	62302	CPT	outpatient			2687	1053.08	First Health	First Health		2020.9	70			910.85	2742.65	percent of total billed charges	
MYELO, CERVICAL ONLY W/INJECT, S & I	62302	CPT	outpatient			2687	1053.08	First Trenton	First Trenton		2598.3	90			910.85	2742.65	percent of total billed charges	
MYELO, CERVICAL ONLY W/INJECT, S & I	62302	CPT	outpatient			2687	1053.08	Horizon	Medicare Blue		915.72				910.85	2742.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYELO, CERVICAL ONLY W/INJECT, S & I	62302	CPT	outpatient			2687	1053.08	Horizon	Indemnity		1704.15				910.85	2742.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYELO, CERVICAL ONLY W/INJECT, S & I	62302	CPT	outpatient			2687	1053.08	Horizon	MGD		1704.15				910.85	2742.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYELO, CERVICAL ONLY W/INJECT, S & I	62302	CPT	outpatient			2687	1053.08	Horizon	PPO		1704.15				910.85	2742.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYELO, CERVICAL ONLY W/INJECT, S & I	62302	CPT	outpatient			2687	1053.08	Managed Care Inc	Managed Care Inc		2598.3	90			910.85	2742.65	percent of total billed charges	
MYELO, CERVICAL ONLY W/INJECT, S & I	62302	CPT	outpatient			2687	1053.08	Multiplan	Multiplan		2309.6	80			910.85	2742.65	percent of total billed charges	
MYELO, CERVICAL ONLY W/INJECT, S & I	62302	CPT	outpatient			2687	1053.08	Qualcare	Qualcare		2165.25	75			910.85	2742.65	percent of total billed charges	
MYELO, CERVICAL ONLY W/INJECT, S & I	62302	CPT	outpatient			2687	1053.08	Three Rivers	Three Rivers		2742.65	95			910.85	2742.65	percent of total billed charges	
MYELO, CERVICAL ONLY W/INJECT, S & I	62302	CPT	outpatient			2687	1053.08	UHC	Medicare		915.72				910.85	2742.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYELO, CERVICAL ONLY W/INJECT, S & I	62302	CPT	outpatient			2687	1053.08	UHC	Medicaid		910.85	31.55			910.85	2742.65	percent of total billed charges	
MYELO, CERVICAL ONLY W/INJECT, S & I	62302	CPT	outpatient			2687	1053.08	United	Commercial|PPO		1817				910.85	2742.65	case rate	
MYELO, CERVICAL ONLY W/INJECT, S & I	62302	CPT	outpatient			2687	1053.08	United	Oxford		1817				910.85	2742.65	case rate	
MYELO, CERVICAL ONLY W/INJECT, S & I	62302	CPT	outpatient			2687	1053.08	Wellcare	Medicaid		910.85	31.55			910.85	2742.65	percent of total billed charges	
MYELO, CERVICAL ONLY W/INJECT, S & I	62302	CPT	outpatient			2687	1053.08	Wellcare	Medicare		915.72				910.85	2742.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYELO, CERVICAL ONLY W/INJECT, S & I	62302	CPT	outpatient			2687	1053.08	WellPoint	WellPoint		929.04	32.18			910.85	2742.65	percent of total billed charges	
MYELO, THORACIC ONLY W/INJECT, S & I	62303	CPT	inpatient			2687	1053.08	Aetna	Better Health		910.85	31.55			910.85	2742.65	percent of total billed charges	
MYELO, THORACIC ONLY W/INJECT, S & I	62303	CPT	inpatient			2687	1053.08	Aetna	Commercial		1457.83				910.85	2742.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYELO, THORACIC ONLY W/INJECT, S & I	62303	CPT	inpatient			2687	1053.08	Aetna	Medicare		915.72				910.85	2742.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYELO, THORACIC ONLY W/INJECT, S & I	62303	CPT	inpatient			2687	1053.08	Americare	Americare		2165.25	75			910.85	2742.65	percent of total billed charges	
MYELO, THORACIC ONLY W/INJECT, S & I	62303	CPT	inpatient			2687	1053.08	Amerihealth	HMO/PPO		1876.55	65			910.85	2742.65	percent of total billed charges	
MYELO, THORACIC ONLY W/INJECT, S & I	62303	CPT	inpatient			2687	1053.08	Amerihealth	Medicare		915.72				910.85	2742.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYELO, THORACIC ONLY W/INJECT, S & I	62303	CPT	inpatient			2687	1053.08	Consumer	Consumer		2742.65	95			910.85	2742.65	percent of total billed charges	
MYELO, THORACIC ONLY W/INJECT, S & I	62303	CPT	inpatient			2687	1053.08	Corrections	Corrections		2309.6	80			910.85	2742.65	percent of total billed charges	
MYELO, THORACIC ONLY W/INJECT, S & I	62303	CPT	inpatient			2687	1053.08	First Health	First Health		2020.9	70			910.85	2742.65	percent of total billed charges	
MYELO, THORACIC ONLY W/INJECT, S & I	62303	CPT	inpatient			2687	1053.08	First Trenton	First Trenton		2598.3	90			910.85	2742.65	percent of total billed charges	
MYELO, THORACIC ONLY W/INJECT, S & I	62303	CPT	inpatient			2687	1053.08	Horizon	MGD		1704.15				910.85	2742.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYELO, THORACIC ONLY W/INJECT, S & I	62303	CPT	inpatient			2687	1053.08	Horizon	Indemnity		1704.15				910.85	2742.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYELO, THORACIC ONLY W/INJECT, S & I	62303	CPT	inpatient			2687	1053.08	Horizon	PPO		1704.15				910.85	2742.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYELO, THORACIC ONLY W/INJECT, S & I	62303	CPT	inpatient			2687	1053.08	Horizon	Medicare Blue		915.72				910.85	2742.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYELO, THORACIC ONLY W/INJECT, S & I	62303	CPT	inpatient			2687	1053.08	Managed Care Inc	Managed Care Inc		2598.3	90			910.85	2742.65	percent of total billed charges	
MYELO, THORACIC ONLY W/INJECT, S & I	62303	CPT	inpatient			2687	1053.08	Multiplan	Multiplan		2309.6	80			910.85	2742.65	percent of total billed charges	
MYELO, THORACIC ONLY W/INJECT, S & I	62303	CPT	inpatient			2687	1053.08	Qualcare	Qualcare		2165.25	75			910.85	2742.65	percent of total billed charges	
MYELO, THORACIC ONLY W/INJECT, S & I	62303	CPT	inpatient			2687	1053.08	Three Rivers	Three Rivers		2742.65	95			910.85	2742.65	percent of total billed charges	
MYELO, THORACIC ONLY W/INJECT, S & I	62303	CPT	inpatient			2687	1053.08	UHC	Medicare		915.72				910.85	2742.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYELO, THORACIC ONLY W/INJECT, S & I	62303	CPT	inpatient			2687	1053.08	UHC	Medicaid		910.85	31.55			910.85	2742.65	percent of total billed charges	
MYELO, THORACIC ONLY W/INJECT, S & I	62303	CPT	inpatient			2687	1053.08	United	Oxford		1817				910.85	2742.65	case rate	
MYELO, THORACIC ONLY W/INJECT, S & I	62303	CPT	inpatient			2687	1053.08	United	Commercial|PPO		1817				910.85	2742.65	case rate	
MYELO, THORACIC ONLY W/INJECT, S & I	62303	CPT	inpatient			2687	1053.08	Wellcare	Medicare		915.72				910.85	2742.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-09-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
MYELO, THORACIC ONLY W/INJECT, S & I	62303	CPT	inpatient			2887	1053.08	Wellcare	Medicaid		910.85	31.55			910.85	2742.65	percent of total billed charges	
MYELO, THORACIC ONLY W/INJECT, S & I	62303	CPT	inpatient			2887	1053.08	WellPoint	WellPoint		929.04	32.18			910.85	2742.65	percent of total billed charges	
MYELO, LUMBAR ONLY W/INJECT, S & I	62304	CPT	both			2887	1053.08	Aetna	Commercial		1457.83				889.2	2742.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYELO, LUMBAR ONLY W/INJECT, S & I	62304	CPT	both			2887	1053.08	Aetna	Medicare		889.2	30.8			889.2	2742.65	percent of total billed charges	
MYELO, LUMBAR ONLY W/INJECT, S & I	62304	CPT	both			2887	1053.08	Aetna	Better Health		910.85	31.55			889.2	2742.65	percent of total billed charges	
MYELO, LUMBAR ONLY W/INJECT, S & I	62304	CPT	both			2887	1053.08	Americare	Americare		2165.25	75			889.2	2742.65	percent of total billed charges	
MYELO, LUMBAR ONLY W/INJECT, S & I	62304	CPT	both			2887	1053.08	Amerihealth	Medicare		915.72				889.2	2742.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYELO, LUMBAR ONLY W/INJECT, S & I	62304	CPT	both			2887	1053.08	Amerihealth	HMO/PPO		1876.55	65			889.2	2742.65	percent of total billed charges	
MYELO, LUMBAR ONLY W/INJECT, S & I	62304	CPT	both			2887	1053.08	Consumer	Consumer		2742.65	95			889.2	2742.65	percent of total billed charges	
MYELO, LUMBAR ONLY W/INJECT, S & I	62304	CPT	both			2887	1053.08	Corrections	Corrections		2309.6	80			889.2	2742.65	percent of total billed charges	
MYELO, LUMBAR ONLY W/INJECT, S & I	62304	CPT	both			2887	1053.08	First Health	First Health		2020.9	70			889.2	2742.65	percent of total billed charges	
MYELO, LUMBAR ONLY W/INJECT, S & I	62304	CPT	both			2887	1053.08	First Trenton	First Trenton		2598.3	90			889.2	2742.65	percent of total billed charges	
MYELO, LUMBAR ONLY W/INJECT, S & I	62304	CPT	both			2887	1053.08	Horizon	MGD		1704.15				889.2	2742.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYELO, LUMBAR ONLY W/INJECT, S & I	62304	CPT	both			2887	1053.08	Horizon	Indemnity		1704.15				889.2	2742.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYELO, LUMBAR ONLY W/INJECT, S & I	62304	CPT	both			2887	1053.08	Horizon	Medicare Blue		915.72				889.2	2742.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYELO, LUMBAR ONLY W/INJECT, S & I	62304	CPT	both			2887	1053.08	Horizon	PPO		1704.15				889.2	2742.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYELO, LUMBAR ONLY W/INJECT, S & I	62304	CPT	both			2887	1053.08	Managed Care Inc	Managed Care Inc		2598.3	90			889.2	2742.65	percent of total billed charges	
MYELO, LUMBAR ONLY W/INJECT, S & I	62304	CPT	both			2887	1053.08	Multiplan	Multiplan		2309.6	80			889.2	2742.65	percent of total billed charges	
MYELO, LUMBAR ONLY W/INJECT, S & I	62304	CPT	both			2887	1053.08	Qualcare	Qualcare		2165.25	75			889.2	2742.65	percent of total billed charges	
MYELO, LUMBAR ONLY W/INJECT, S & I	62304	CPT	both			2887	1053.08	Three Rivers	Three Rivers		2742.65	95			889.2	2742.65	percent of total billed charges	
MYELO, LUMBAR ONLY W/INJECT, S & I	62304	CPT	both			2887	1053.08	UHC	Medicaid		910.85	31.55			889.2	2742.65	percent of total billed charges	
MYELO, LUMBAR ONLY W/INJECT, S & I	62304	CPT	both			2887	1053.08	UHC	Medicare		915.72				889.2	2742.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYELO, LUMBAR ONLY W/INJECT, S & I	62304	CPT	both			2887	1053.08	United	Oxford		1817				889.2	2742.65	case rate	
MYELO, LUMBAR ONLY W/INJECT, S & I	62304	CPT	both			2887	1053.08	United	CommercialIPPO		1817				889.2	2742.65	case rate	
MYELO, LUMBAR ONLY W/INJECT, S & I	62304	CPT	both			2887	1053.08	Wellcare	Medicare		915.72				889.2	2742.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYELO, LUMBAR ONLY W/INJECT, S & I	62304	CPT	both			2887	1053.08	Wellcare	Medicaid		910.85	31.55			889.2	2742.65	percent of total billed charges	
MYELO, LUMBAR ONLY W/INJECT, S & I	62304	CPT	both			2887	1053.08	WellPoint	WellPoint		929.04	32.18			889.2	2742.65	percent of total billed charges	
MYELO, 2 OR MORE REGIONS, W/INJECT	62305	CPT	outpatient			2887	1053.08	Aetna	Medicare		889.2	30.8			889.2	2742.65	percent of total billed charges	
MYELO, 2 OR MORE REGIONS, W/INJECT	62305	CPT	outpatient			2887	1053.08	Aetna	Better Health		910.85	31.55			889.2	2742.65	percent of total billed charges	
MYELO, 2 OR MORE REGIONS, W/INJECT	62305	CPT	outpatient			2887	1053.08	Aetna	Commercial		1457.83				889.2	2742.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYELO, 2 OR MORE REGIONS, W/INJECT	62305	CPT	outpatient			2887	1053.08	Americare	Americare		2165.25	75			889.2	2742.65	percent of total billed charges	
MYELO, 2 OR MORE REGIONS, W/INJECT	62305	CPT	outpatient			2887	1053.08	Amerihealth	HMO/PPO		1876.55	65			889.2	2742.65	percent of total billed charges	
MYELO, 2 OR MORE REGIONS, W/INJECT	62305	CPT	outpatient			2887	1053.08	Amerihealth	Medicare		915.72				889.2	2742.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYELO, 2 OR MORE REGIONS, W/INJECT	62305	CPT	outpatient			2887	1053.08	Consumer	Consumer		2742.65	95			889.2	2742.65	percent of total billed charges	
MYELO, 2 OR MORE REGIONS, W/INJECT	62305	CPT	outpatient			2887	1053.08	Corrections	Corrections		2309.6	80			889.2	2742.65	percent of total billed charges	
MYELO, 2 OR MORE REGIONS, W/INJECT	62305	CPT	outpatient			2887	1053.08	First Health	First Health		2020.9	70			889.2	2742.65	percent of total billed charges	
MYELO, 2 OR MORE REGIONS, W/INJECT	62305	CPT	outpatient			2887	1053.08	First Trenton	First Trenton		2598.3	90			889.2	2742.65	percent of total billed charges	
MYELO, 2 OR MORE REGIONS, W/INJECT	62305	CPT	outpatient			2887	1053.08	Horizon	PPO		1704.15				889.2	2742.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYELO, 2 OR MORE REGIONS, W/INJECT	62305	CPT	outpatient			2887	1053.08	Horizon	Indemnity		1704.15				889.2	2742.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYELO, 2 OR MORE REGIONS, W/INJECT	62305	CPT	outpatient			2887	1053.08	Horizon	MGD		1704.15				889.2	2742.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYELO, 2 OR MORE REGIONS, W/INJECT	62305	CPT	outpatient			2887	1053.08	Horizon	Medicare Blue		915.72				889.2	2742.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYELO, 2 OR MORE REGIONS, W/INJECT	62305	CPT	outpatient			2887	1053.08	Managed Care Inc	Managed Care Inc		2598.3	90			889.2	2742.65	percent of total billed charges	
MYELO, 2 OR MORE REGIONS, W/INJECT	62305	CPT	outpatient			2887	1053.08	Multiplan	Multiplan		2309.6	80			889.2	2742.65	percent of total billed charges	
MYELO, 2 OR MORE REGIONS, W/INJECT	62305	CPT	outpatient			2887	1053.08	Qualcare	Qualcare		2165.25	75			889.2	2742.65	percent of total billed charges	
MYELO, 2 OR MORE REGIONS, W/INJECT	62305	CPT	outpatient			2887	1053.08	Three Rivers	Three Rivers		2742.65	95			889.2	2742.65	percent of total billed charges	
MYELO, 2 OR MORE REGIONS, W/INJECT	62305	CPT	outpatient			2887	1053.08	UHC	Medicaid		910.85	31.55			889.2	2742.65	percent of total billed charges	
MYELO, 2 OR MORE REGIONS, W/INJECT	62305	CPT	outpatient			2887	1053.08	UHC	Medicare		915.72				889.2	2742.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYELO, 2 OR MORE REGIONS, W/INJECT	62305	CPT	outpatient			2887	1053.08	United	Oxford		1817				889.2	2742.65	case rate	
MYELO, 2 OR MORE REGIONS, W/INJECT	62305	CPT	outpatient			2887	1053.08	United	CommercialIPPO		1817				889.2	2742.65	case rate	
MYELO, 2 OR MORE REGIONS, W/INJECT	62305	CPT	outpatient			2887	1053.08	Wellcare	Medicare		915.72				889.2	2742.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYELO, 2 OR MORE REGIONS, W/INJECT	62305	CPT	outpatient			2887	1053.08	Wellcare	Medicaid		910.85	31.55			889.2	2742.65	percent of total billed charges	
MYELO, 2 OR MORE REGIONS, W/INJECT	62305	CPT	outpatient			2887	1053.08	WellPoint	WellPoint		929.04	32.18			889.2	2742.65	percent of total billed charges	
THORACIC EPIDURAL STEROID INJECTION	62320	CPT	outpatient			2536	909.54	Aetna	Commercial		1259.11				225.43	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THORACIC EPIDURAL STEROID INJECTION	62320	CPT	outpatient			2536	909.54	Aetna	Better Health		800.11	31.55			225.43	2409.2	percent of total billed charges	
THORACIC EPIDURAL STEROID INJECTION	62320	CPT	outpatient			2536	909.54	Aetna	Medicare		790.9				225.43	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THORACIC EPIDURAL STEROID INJECTION	62320	CPT	outpatient			2536	909.54	Americare	Americare		1902	75			225.43	2409.2	percent of total billed charges	
THORACIC EPIDURAL STEROID INJECTION	62320	CPT	outpatient			2536	909.54	Amerihealth	HMO/PPO		1648.4	65			225.43	2409.2	percent of total billed charges	
THORACIC EPIDURAL STEROID INJECTION	62320	CPT	outpatient			2536	909.54	Amerihealth	Medicare		790.9				225.43	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THORACIC EPIDURAL STEROID INJECTION	62320	CPT	outpatient			2536	909.54	Consumer	Consumer		2409.2	95			225.43	2409.2	percent of total billed charges	
THORACIC EPIDURAL STEROID INJECTION	62320	CPT	outpatient			2536	909.54	Corrections	Corrections		2028.8	80			225.43	2409.2	percent of total billed charges	
THORACIC EPIDURAL STEROID INJECTION	62320	CPT	outpatient			2536	909.54	First Health	First Health		1775.2	70			225.43	2409.2	percent of total billed charges	
THORACIC EPIDURAL STEROID INJECTION	62320	CPT	outpatient			2536	909.54	First Trenton	First Trenton		2282.4	90			225.43	2409.2	percent of total billed charges	
THORACIC EPIDURAL STEROID INJECTION	62320	CPT	outpatient			2536	909.54	Horizon	Indemnity		1471.86				225.43	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THORACIC EPIDURAL STEROID INJECTION	62320	CPT	outpatient			2536	909.54	Horizon	Medicare Blue		790.9				225.43	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THORACIC EPIDURAL STEROID INJECTION	62320	CPT	outpatient			2536	909.54	Horizon	NJ Health		225.43				225.43	2409.2	fee schedule	
THORACIC EPIDURAL STEROID INJECTION	62320	CPT	outpatient			2536	909.54	Horizon	MGD		1471.86				225.43	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THORACIC EPIDURAL STEROID INJECTION	62320	CPT	outpatient			2536	909.54	Horizon	PPO		1471.86				225.43	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THORACIC EPIDURAL STEROID INJECTION	62320	CPT	outpatient			2536	909.54	Managed Care Inc	Managed Care Inc		2282.4	90			225.43	2409.2	percent of total billed charges	
THORACIC EPIDURAL STEROID INJECTION	62320	CPT	outpatient			2536	909.54	Multiplan	Multiplan		2028.8	80			225.43	2409.2	percent of total billed charges	
THORACIC EPIDURAL STEROID INJECTION	62320	CPT	outpatient			2536	909.54	Qualcare	Qualcare		1902	75			225.43	2409.2	percent of total billed charges	
THORACIC EPIDURAL STEROID INJECTION	62320	CPT	outpatient			2536	909.54	Three Rivers	Three Rivers		2409.2	95			225.43	2409.2	percent of total billed charges	
THORACIC EPIDURAL STEROID INJECTION	62320	CPT	outpatient			2536	909.54	UHC	Medicaid		800.11	31.55			225.43	2409.2	percent of total billed charges	
THORACIC EPIDURAL STEROID INJECTION	62320	CPT	outpatient			2536	909.54	UHC	Medicare		790.9				225.43	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THORACIC EPIDURAL STEROID INJECTION	62320	CPT	outpatient			2536	909.54	United	CommercialIPPO		1817				225.43	2409.2	case rate	
THORACIC EPIDURAL STEROID INJECTION	62320	CPT	outpatient			2536	909.54	United	Oxford		1817				225.43	2409.2	case rate	
THORACIC EPIDURAL STEROID INJECTION	62320	CPT	outpatient			2536	909.54	Wellcare	Medicare		790.9				225.43	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THORACIC EPIDURAL STEROID INJECTION	62320	CPT	outpatient			2536	909.54	Wellcare	Medicaid		800.11	31.55			225.43	2409.2	percent of total billed charges	
THORACIC EPIDURAL STEROID INJECTION	62320	CPT	outpatient			2536	909.54	WellPoint	WellPoint		816.08	32.18			225.43	2409.2	percent of total billed charges	
INTLMR INJX EPIDURAL CERV/THOR W/ GUID	62321	CPT	outpatient			2536	909.54	Aetna	Commercial		1259.11				220.36	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTLMR INJX EPIDURAL CERV/THOR W/ GUID	62321	CPT	outpatient			2536	909.54	Aetna	Medicare		790.9				220.36	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTLMR INJX EPIDURAL CERV/THOR W/ GUID	62321	CPT	outpatient			2536	909.54	Aetna	Better Health		800.11	31.55			220.36	2409.2	percent of total billed charges	
INTLMR INJX EPIDURAL CERV/THOR W/ GUID	62321	CPT	outpatient			2536	909.54	Americare	Americare		1902	75			220.36	2409.2	percent of total billed charges	
INTLMR INJX EPIDURAL CERV/THOR W/ GUID	62321	CPT	outpatient			2536	909.54	Amerihealth	HMO/PPO		1648.4	65			220.36	2409.2	percent of total billed charges	
INTLMR INJX EPIDURAL CERV/THOR W/ GUID	62321	CPT	outpatient			2536	909.54	Amerihealth	Medicare		790.9				220.36	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTLMR INJX EPIDURAL CERV/THOR W/ GUID	62321	CPT	outpatient			2536	909.54	Consumer	Consumer		2409.2	95			220.36	2409.2	percent of total billed charges	
INTLMR INJX EPIDURAL CERV/THOR W/ GUID	62321	CPT	outpatient			2536	909.54	Corrections	Corrections		2028.8	80			220.36	2409.2	percent of total billed charges	
INTLMR INJX EPIDURAL CERV/THOR W/ GUID	62321	CPT	outpatient			2536	909.54	First Health	First Health		1775.2	70			220.36	2409.2	percent of total billed charges	
INTLMR INJX EPIDURAL CERV/THOR W/ GUID	62321	CPT	outpatient			2536	909.54	First Trenton	First Trenton		2282.4	90			220.36	2409.2	percent of total billed charges	
INTLMR INJX EPIDURAL CERV/THOR W/ GUID	62321	CPT	outpatient			2536	909.54	Horizon	NJ Health		220.36				220.36	2409.2	fee schedule	
INTLMR INJX EPIDURAL CERV/THOR W/ GUID	62321	CPT	outpatient			2536	909.54	Horizon	Indemnity		1471.86				220.36	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTLMR INJX EPIDURAL CERV/THOR W/ GUID	62321	CPT	outpatient			2536	909.54	Horizon	MGD		1471.86				220.36	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTLMR INJX EPIDURAL CERV/THOR W/ GUID	62321	CPT	outpatient			2536	909.54	Horizon	PPO		1471.86				220.36	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTLMR INJX EPIDURAL CERV/THOR W/ GUID	62321	CPT	outpatient			2536	909.54	Horizon	Medicare Blue		790.9				220.36	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTLMR INJX EPIDURAL CERV/THOR W/ GUID	62321	CPT	outpatient			2536	909.54	Managed Care Inc	Managed Care Inc		2282.4	90			220.36	2409.2	percent of total billed charges	
INTLMR INJX EPIDURAL CERV/THOR W/ GUID	62321	CPT	outpatient			2536	909.54	Multiplan	Multiplan		2028.8	80			220.36	2409.2	percent of total billed charges	
INTLMR INJX EPIDURAL CERV/THOR W/ GUID	62321	CPT	outpatient			2536	909.54	Qualcare	Qualcare		1902	75			220.36	2409.2	percent of total billed charges	
INTLMR INJX EPIDURAL CERV/THOR W/ GUID	62321	CPT	outpatient			2536	909.54	Three Rivers	Three Rivers		2409.2	95			220.36	2409.2	percent of total billed charges	
INTLMR INJX EPIDURAL CERV/THOR W/ GUID	62321	CPT	outpatient			2536	909.54	UHC	Medicare		790.9				220.36	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTLMR INJX EPIDURAL CERV/THOR W/ GUID	62321	CPT	outpatient			2536	909.54	UHC	Medicaid		800.11	31.55			220.36	2409.2	percent of total billed charges	
INTLMR INJX EPIDURAL CERV/THOR W/ GUID	62321	CPT	outpatient			2536	909.54	United	Oxford		1817				220.36	2409.2	case rate	
INTLMR INJX EPIDURAL CERV/THOR W/ GUID	62321	CPT	outpatient			2536	909.54	United	CommercialIPPO		1817				220.36	2409.2	case rate	
INTLMR INJX EPIDURAL CERV/THOR W/ GUID	62321	CPT	outpatient			2536	909.54	Wellcare	Medicare		790.9				220.36	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTLMR INJX EPIDURAL CERV/THOR W/ GUID	62321	CPT	outpatient			2536	909.54	Wellcare	Medicaid		800.11	31.55			220.36	2409.2	percent of total billed charges	
INTLMR INJX EPIDURAL CERV/THOR W/ GUID	62321	CPT	outpatient			2536	909.54	WellPoint	WellPoint		816.08	32.18			220.36	2409.2	percent of total billed charges	
NJX INTERLAMINAR LMBR/SAC	62322	CPT	outpatient			3106	1198.81	Aetna	Medicare		1042.44				210.24	2950.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX INTERLAMINAR LMBR/SAC	62322	CPT	outpatient			3106	1198.81	Aetna	Better Health		979.94	31.55			210.24	2950.7	percent of total billed charges	
NJX INTERLAMINAR LMBR/SAC	62322	CPT	outpatient			3106	1198.81	Aetna	Commercial		1659.56				210.24	2950.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX INTERLAMINAR LMBR/SAC	62322	CPT	outpatient			3106	1198.81	Americare	Americare		2329.5	75			210.24	2950.7	percent of total billed charges	
NJX INTERLAMINAR LMBR/SAC	62322	CPT	outpatient			3106	1198.81	Amerihealth	HMO/PPO		2018.9	65			210.24	2950.7	percent of total billed charges	
NJX INTERLAMINAR LMBR/SAC	62322	CPT	outpatient			3106	1198.81	Amerihealth	Medicare		1042.44				210.24	2950.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX INTERLAMINAR LMBR/SAC	62322	CPT	outpatient			3106	1198.81	Consumer	Consumer		2950.7	95			210.24	2950.7	percent of total billed charges	
NJX INTERLAMINAR LMBR/SAC	62322	CPT	outpatient			3106	1198.81	Corrections	Corrections		2484.8	80			210.24	2950.7	percent of total billed charges	
NJX INTERLAMINAR LMBR/SAC	62322	CPT	outpatient			3106	1198.81	First Health	First Health		2174.2	70			210.24	2950.7	percent of total billed charges	
NJX INTERLAMINAR LMBR/SAC	62322	CPT	outpatient			3106	1198.81	First Trenton	First Trenton		2795.4	90			210.24	2950.7	percent of total billed charges	
NJX INTERLAMINAR LMBR/SAC	62322	CPT	outpatient			3106	1198.81	Horizon	Indemnity		1939.98				210.24	2950.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX INTERLAMINAR LMBR/SAC	62322	CPT	outpatient			3106	1198.81	Horizon	MGD		1939.98				210.24	2950.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX INTERLAMINAR LMBR/SAC	62322	CPT	outpatient			3106	1198.81	Horizon	PPO		1939.98				210.24	2950.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX INTERLAMINAR LMBR/SAC	62322	CPT	outpatient			3106	1198.81	Horizon	NJ Health		210.24				210.24	2950.7	fee schedule	
NJX INTERLAMINAR LMBR/SAC	62322	CPT	outpatient			3106	1198.81	Horizon	Medicare Blue		1042.44				210.24	2950.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX INTERLAMINAR LMBR/SAC	62322	CPT	outpatient			3106	1198.81	Managed Care Inc	Managed Care Inc		2795.4	90			210.24	2950.7	percent of total billed charges	
NJX INTERLAMINAR LMBR/SAC	62322	CPT	outpatient			3106	1198.81	Multiplan	Multiplan		2484.8	80			210.24	2950.7	percent of total billed charges	
NJX INTERLAMINAR LMBR/SAC	62322	CPT	outpatient			3106	1198.81	Qualcare	Qualcare		2329.5	75			210.24	2950.7	percent of total billed charges	
NJX INTERLAMINAR LMBR/SAC	62322	CPT	outpatient			3106	1198.81	Three Rivers	Three Rivers		2950.7	95			210.24	2950.7	percent of total billed charges	
NJX INTERLAMINAR LMBR/SAC	62322	CPT	outpatient			3106	1198.81	UHC	Medicare		1042.44				210.24	2950.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX INTERLAMINAR LMBR/SAC	62322	CPT	outpatient			3106	1198.81	UHC	Medicaid		979.94	31.55			210.24	2950.7	percent of total billed charges	
NJX INTERLAMINAR LMBR/SAC	62322	CPT	outpatient			3106	1198.81	United	Oxford		1817				210.24	2950.7	case rate	
NJX INTERLAMINAR LMBR/SAC	62322	CPT	outpatient			3106	1198.81	United	CommercialIPPO		1817				210.24	2950.7	case rate	
NJX INTERLAMINAR LMBR/SAC	62322	CPT	outpatient			3106	1198.81	Wellcare	Medicare		1042.44				210.24	2950.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX INTERLAMINAR LMBR/SAC	62322	CPT	outpatient			3106	1198.81	Wellcare	Medicaid		979.94	31.55			210.24	2950.7	percent of total billed charges	
NJX INTERLAMINAR LMBR/SAC	62322	CPT	outpatient			3106	1198.81	WellPoint	WellPoint		999.51	32.18			210.24	2950.7	percent of total billed charges	
LUMBAR EPIDURAL STEROID INJECTION	62323	CPT	outpatient			2536	909.54	Aetna	Commercial		1259.11				216.31	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LUMBAR EPIDURAL STEROID INJECTION	62323	CPT	outpatient			2536	909.54	Aetna	Better Health		800.11	31.55			216.31	2409.2	percent of total billed charges	
LUMBAR EPIDURAL STEROID INJECTION	62323	CPT	outpatient			2536	909.54	Aetna	Medicare		790.9				216.31	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LUMBAR EPIDURAL STEROID INJECTION	62323	CPT	outpatient			2536	909.54	Americare	Americare		1902	75			216.31	2409.2	percent of total billed charges	
LUMBAR EPIDURAL STEROID INJECTION	62323	CPT	outpatient			2536	909.54	Amerihealth	HMO/PPO		1648.4	65			216.31	2409.2	percent of total billed charges	
LUMBAR EPIDURAL STEROID INJECTION	62323	CPT	outpatient			2536	909.54	Amerihealth	Medicare		790.9				216.31	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LUMBAR EPIDURAL STEROID INJECTION	62323	CPT	outpatient			2536	909.54	Consumer	Consumer		2409.2	95			216.31	2409.2	percent of total billed charges	
LUMBAR EPIDURAL STEROID INJECTION	62323	CPT	outpatient			2536	909.54	Corrections	Corrections		2028.8	80			216.31	2409.2	percent of total billed charges	
LUMBAR EPIDURAL STEROID INJECTION	62323	CPT	outpatient			2536	909.54	First Health	First Health		1775.2	70			216.31	2409.2	percent of total billed charges	
LUMBAR EPIDURAL STEROID INJECTION	62323	CPT	outpatient			2536	909.54	First Trenton	First Trenton		2282.4	90			216.31	2409.2	percent of total billed charges	
LUMBAR EPIDURAL STEROID INJECTION	62323	CPT	outpatient			2536	909.54	Horizon	Indemnity		1471.86				216.31	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LUMBAR EPIDURAL STEROID INJECTION	62323	CPT	outpatient			2536	909.54	Horizon	NJ Health		216.31				216.31	2409.2	fee schedule	
LUMBAR EPIDURAL STEROID INJECTION	62323	CPT	outpatient			2536	909.54	Horizon	Medicare Blue		790.9				216.31	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LUMBAR EPIDURAL STEROID INJECTION	62323	CPT	outpatient			2536	909.54	Horizon	MGD		1471.86				216.31	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LUMBAR EPIDURAL STEROID INJECTION	62323	CPT	outpatient			2536	909.54	Horizon	PPO		1471.86				216.31	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LUMBAR EPIDURAL STEROID INJECTION	62323	CPT	outpatient			2536	909.54	Managed Care Inc	Managed Care Inc		2282.4	90			216.31	2409.2	percent of total billed charges	
LUMBAR EPIDURAL STEROID INJECTION	62323	CPT	outpatient			2536	909.54	Multiplan	Multiplan		2028.8	80			216.31

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
LUMBAR EPIDURAL STEROID INJECTION	62323	CPT	outpatient			2536	909.54	Three Rivers	Three Rivers		2409.2	95			216.31	2409.2	percent of total billed charges	
LUMBAR EPIDURAL STEROID INJECTION	62323	CPT	outpatient			2536	909.54	UHC	Medicaid		800.11	31.55			216.31	2409.2	percent of total billed charges	
LUMBAR EPIDURAL STEROID INJECTION	62323	CPT	outpatient			2536	909.54	UHC	Medicare		790.9				216.31	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LUMBAR EPIDURAL STEROID INJECTION	62323	CPT	outpatient			2536	909.54	United	Commercial|PPO		1817				216.31	2409.2	case rate	
LUMBAR EPIDURAL STEROID INJECTION	62323	CPT	outpatient			2536	909.54	United	Oxford		1817				216.31	2409.2	case rate	
LUMBAR EPIDURAL STEROID INJECTION	62323	CPT	outpatient			2536	909.54	Wellcare	Medicare		790.9				216.31	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LUMBAR EPIDURAL STEROID INJECTION	62323	CPT	outpatient			2536	909.54	Wellcare	Medicaid		800.11	31.55			216.31	2409.2	percent of total billed charges	
LUMBAR EPIDURAL STEROID INJECTION	62323	CPT	outpatient			2536	909.54	WellPoint	WellPoint		816.08	32.18			216.31	2409.2	percent of total billed charges	
NJX INTERLAMINAR CRV/THRC	62324	CPT	outpatient			3286	1198.81	Aetna	Commercial		1659.56				196.95	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX INTERLAMINAR CRV/THRC	62324	CPT	outpatient			3286	1198.81	Aetna	Better Health		1036.73	31.55			196.95	3121.7	percent of total billed charges	
NJX INTERLAMINAR CRV/THRC	62324	CPT	outpatient			3286	1198.81	Aetna	Medicare		1042.44				196.95	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX INTERLAMINAR CRV/THRC	62324	CPT	outpatient			3286	1198.81	Americare	Americare		2464.5	75			196.95	3121.7	percent of total billed charges	
NJX INTERLAMINAR CRV/THRC	62324	CPT	outpatient			3286	1198.81	Amerihealth	Medicare		1042.44				196.95	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX INTERLAMINAR CRV/THRC	62324	CPT	outpatient			3286	1198.81	Amerihealth	HMO|PPO		2135.9	65			196.95	3121.7	percent of total billed charges	
NJX INTERLAMINAR CRV/THRC	62324	CPT	outpatient			3286	1198.81	Consumer	Consumer		3121.7	95			196.95	3121.7	percent of total billed charges	
NJX INTERLAMINAR CRV/THRC	62324	CPT	outpatient			3286	1198.81	Corrections	Corrections		2628.8	80			196.95	3121.7	percent of total billed charges	
NJX INTERLAMINAR CRV/THRC	62324	CPT	outpatient			3286	1198.81	First Health	First Health		2300.2	70			196.95	3121.7	percent of total billed charges	
NJX INTERLAMINAR CRV/THRC	62324	CPT	outpatient			3286	1198.81	First Trenton	First Trenton		2957.4	90			196.95	3121.7	percent of total billed charges	
NJX INTERLAMINAR CRV/THRC	62324	CPT	outpatient			3286	1198.81	Horizon	PPO		1939.98				196.95	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX INTERLAMINAR CRV/THRC	62324	CPT	outpatient			3286	1198.81	Horizon	NJ Health		196.95				196.95	3121.7	fee schedule	
NJX INTERLAMINAR CRV/THRC	62324	CPT	outpatient			3286	1198.81	Horizon	Indemnity		1939.98				196.95	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX INTERLAMINAR CRV/THRC	62324	CPT	outpatient			3286	1198.81	Horizon	Medicare Blue		1042.44				196.95	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX INTERLAMINAR CRV/THRC	62324	CPT	outpatient			3286	1198.81	Horizon	MGD		1939.98				196.95	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX INTERLAMINAR CRV/THRC	62324	CPT	outpatient			3286	1198.81	Managed Care Inc	Managed Care Inc		2957.4	90			196.95	3121.7	percent of total billed charges	
NJX INTERLAMINAR CRV/THRC	62324	CPT	outpatient			3286	1198.81	Multiplan	Multiplan		2628.8	80			196.95	3121.7	percent of total billed charges	
NJX INTERLAMINAR CRV/THRC	62324	CPT	outpatient			3286	1198.81	Qualcare	Qualcare		2464.5	75			196.95	3121.7	percent of total billed charges	
NJX INTERLAMINAR CRV/THRC	62324	CPT	outpatient			3286	1198.81	Three Rivers	Three Rivers		3121.7	95			196.95	3121.7	percent of total billed charges	
NJX INTERLAMINAR CRV/THRC	62324	CPT	outpatient			3286	1198.81	UHC	Medicaid		1036.73	31.55			196.95	3121.7	percent of total billed charges	
NJX INTERLAMINAR CRV/THRC	62324	CPT	outpatient			3286	1198.81	UHC	Medicare		1042.44				196.95	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX INTERLAMINAR CRV/THRC	62324	CPT	outpatient			3286	1198.81	United	Commercial|PPO		1817				196.95	3121.7	case rate	
NJX INTERLAMINAR CRV/THRC	62324	CPT	outpatient			3286	1198.81	United	Oxford		1817				196.95	3121.7	case rate	
NJX INTERLAMINAR CRV/THRC	62324	CPT	outpatient			3286	1198.81	Wellcare	Medicare		1042.44				196.95	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX INTERLAMINAR CRV/THRC	62324	CPT	outpatient			3286	1198.81	Wellcare	Medicaid		1036.73	31.55			196.95	3121.7	percent of total billed charges	
NJX INTERLAMINAR CRV/THRC	62324	CPT	outpatient			3286	1198.81	WellPoint	WellPoint		1057.43	32.18			196.95	3121.7	percent of total billed charges	
THORACIC EPIDURAL CATHETER PLACEMENT	62325	CPT	outpatient			3286	1198.81	Aetna	Commercial		1659.56				195.39	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THORACIC EPIDURAL CATHETER PLACEMENT	62325	CPT	outpatient			3286	1198.81	Aetna	Better Health		1036.73	31.55			195.39	3121.7	percent of total billed charges	
THORACIC EPIDURAL CATHETER PLACEMENT	62325	CPT	outpatient			3286	1198.81	Aetna	Medicare		1042.44				195.39	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THORACIC EPIDURAL CATHETER PLACEMENT	62325	CPT	outpatient			3286	1198.81	Americare	Americare		2464.5	75			195.39	3121.7	percent of total billed charges	
THORACIC EPIDURAL CATHETER PLACEMENT	62325	CPT	outpatient			3286	1198.81	Amerihealth	HMO|PPO		2135.9	65			195.39	3121.7	percent of total billed charges	
THORACIC EPIDURAL CATHETER PLACEMENT	62325	CPT	outpatient			3286	1198.81	Amerihealth	Medicare		1042.44				195.39	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THORACIC EPIDURAL CATHETER PLACEMENT	62325	CPT	outpatient			3286	1198.81	Consumer	Consumer		3121.7	95			195.39	3121.7	percent of total billed charges	
THORACIC EPIDURAL CATHETER PLACEMENT	62325	CPT	outpatient			3286	1198.81	Corrections	Corrections		2628.8	80			195.39	3121.7	percent of total billed charges	
THORACIC EPIDURAL CATHETER PLACEMENT	62325	CPT	outpatient			3286	1198.81	First Health	First Health		2300.2	70			195.39	3121.7	percent of total billed charges	
THORACIC EPIDURAL CATHETER PLACEMENT	62325	CPT	outpatient			3286	1198.81	First Trenton	First Trenton		2957.4	90			195.39	3121.7	percent of total billed charges	
THORACIC EPIDURAL CATHETER PLACEMENT	62325	CPT	outpatient			3286	1198.81	Horizon	Medicare Blue		1042.44				195.39	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THORACIC EPIDURAL CATHETER PLACEMENT	62325	CPT	outpatient			3286	1198.81	Horizon	MGD		1939.98				195.39	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THORACIC EPIDURAL CATHETER PLACEMENT	62325	CPT	outpatient			3286	1198.81	Horizon	Indemnity		1939.98				195.39	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THORACIC EPIDURAL CATHETER PLACEMENT	62325	CPT	outpatient			3286	1198.81	Horizon	NJ Health		195.39				195.39	3121.7	fee schedule	
THORACIC EPIDURAL CATHETER PLACEMENT	62325	CPT	outpatient			3286	1198.81	Horizon	PPO		1939.98				195.39	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THORACIC EPIDURAL CATHETER PLACEMENT	62325	CPT	outpatient			3286	1198.81	Managed Care Inc	Managed Care Inc		2957.4	90			195.39	3121.7	percent of total billed charges	
THORACIC EPIDURAL CATHETER PLACEMENT	62325	CPT	outpatient			3286	1198.81	Multiplan	Multiplan		2628.8	80			195.39	3121.7	percent of total billed charges	
THORACIC EPIDURAL CATHETER PLACEMENT	62325	CPT	outpatient			3286	1198.81	Qualcare	Qualcare		2464.5	75			195.39	3121.7	percent of total billed charges	
THORACIC EPIDURAL CATHETER PLACEMENT	62325	CPT	outpatient			3286	1198.81	Three Rivers	Three Rivers		3121.7	95			195.39	3121.7	percent of total billed charges	
THORACIC EPIDURAL CATHETER PLACEMENT	62325	CPT	outpatient			3286	1198.81	UHC	Medicaid		1036.73	31.55			195.39	3121.7	percent of total billed charges	
THORACIC EPIDURAL CATHETER PLACEMENT	62325	CPT	outpatient			3286	1198.81	UHC	Medicare		1042.44				195.39	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THORACIC EPIDURAL CATHETER PLACEMENT	62325	CPT	outpatient			3286	1198.81	United	Commercial|PPO		1817				195.39	3121.7	case rate	
THORACIC EPIDURAL CATHETER PLACEMENT	62325	CPT	outpatient			3286	1198.81	United	Oxford		1817				195.39	3121.7	case rate	
THORACIC EPIDURAL CATHETER PLACEMENT	62325	CPT	outpatient			3286	1198.81	Wellcare	Medicaid		1036.73	31.55			195.39	3121.7	percent of total billed charges	
THORACIC EPIDURAL CATHETER PLACEMENT	62325	CPT	outpatient			3286	1198.81	Wellcare	Medicare		1042.44				195.39	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THORACIC EPIDURAL CATHETER PLACEMENT	62325	CPT	outpatient			3286	1198.81	WellPoint	WellPoint		1057.43	32.18			195.39	3121.7	percent of total billed charges	
RACZ CATHETERIZATION	62326	CPT	outpatient			3286	1198.81	Aetna	Commercial		1659.56				206.92	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RACZ CATHETERIZATION	62326	CPT	outpatient			3286	1198.81	Aetna	Medicare		1042.44				206.92	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RACZ CATHETERIZATION	62326	CPT	outpatient			3286	1198.81	Aetna	Better Health		1036.73	31.55			206.92	3121.7	percent of total billed charges	
RACZ CATHETERIZATION	62326	CPT	outpatient			3286	1198.81	Americare	Americare		2464.5	75			206.92	3121.7	percent of total billed charges	
RACZ CATHETERIZATION	62326	CPT	outpatient			3286	1198.81	Amerihealth	Medicare		1042.44				206.92	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RACZ CATHETERIZATION	62326	CPT	outpatient			3286	1198.81	Amerihealth	HMO|PPO		2135.9	65			206.92	3121.7	percent of total billed charges	
RACZ CATHETERIZATION	62326	CPT	outpatient			3286	1198.81	Consumer	Consumer		3121.7	95			206.92	3121.7	percent of total billed charges	
RACZ CATHETERIZATION	62326	CPT	outpatient			3286	1198.81	Corrections	Corrections		2628.8	80			206.92	3121.7	percent of total billed charges	
RACZ CATHETERIZATION	62326	CPT	outpatient			3286	1198.81	First Health	First Health		2300.2	70			206.92	3121.7	percent of total billed charges	
RACZ CATHETERIZATION	62326	CPT	outpatient			3286	1198.81	First Trenton	First Trenton		2957.4	90			206.92	3121.7	percent of total billed charges	
RACZ CATHETERIZATION	62326	CPT	outpatient			3286	1198.81	Horizon	MGD		1939.98				206.92	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RACZ CATHETERIZATION	62326	CPT	outpatient			3286	1198.81	Horizon	Indemnity		1939.98				206.92	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RACZ CATHETERIZATION	62326	CPT	outpatient			3286	1198.81	Horizon	Medicare Blue		1042.44				206.92	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RACZ CATHETERIZATION	62326	CPT	outpatient			3286	1198.81	Horizon	NJ Health		206.92				206.92	3121.7	fee schedule	
RACZ CATHETERIZATION	62326	CPT	outpatient			3286	1198.81	Horizon	PPO		1939.98				206.92	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RACZ CATHETERIZATION	62326	CPT	outpatient			3286	1198.81	Managed Care Inc	Managed Care Inc		2957.4	90			206.92	3121.7	percent of total billed charges	
RACZ CATHETERIZATION	62326	CPT	outpatient			3286	1198.81	Multiplan	Multiplan		2628.8	80			206.92	3121.7	percent of total billed charges	
RACZ CATHETERIZATION	62326	CPT	outpatient			3286	1198.81	Qualcare	Qualcare		2464.5	75			206.92	3121.7	percent of total billed charges	
RACZ CATHETERIZATION	62326	CPT	outpatient			3286	1198.81	Three Rivers	Three Rivers		3121.7	95			206.92	3121.7	percent of total billed charges	
RACZ CATHETERIZATION	62326	CPT	outpatient			3286	1198.81	UHC	Medicaid		1036.73	31.55			206.92	3121.7	percent of total billed charges	
RACZ CATHETERIZATION	62326	CPT	outpatient			3286	1198.81	UHC	Medicare		1042.44				206.92	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RACZ CATHETERIZATION	62326	CPT	outpatient			3286	1198.81	United	Commercial|PPO		1817				206.92	3121.7	case rate	
RACZ CATHETERIZATION	62326	CPT	outpatient			3286	1198.81	United	Oxford		1817				206.92	3121.7	case rate	
RACZ CATHETERIZATION	62326	CPT	outpatient			3286	1198.81	Wellcare	Medicare		1042.44				206.92	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RACZ CATHETERIZATION	62326	CPT	outpatient			3286	1198.81	Wellcare	Medicaid		1036.73	31.55			206.92	3121.7	percent of total billed charges	
RACZ CATHETERIZATION	62326	CPT	outpatient			3286	1198.81	WellPoint	WellPoint		1057.43	32.18			206.92	3121.7	percent of total billed charges	
INJX INDWELLING CATH LUMBAR W/ GUIDANCE	62327	CPT	outpatient			3072	1198.81	Aetna	Medicare		1042.44				199.16	2918.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJX INDWELLING CATH LUMBAR W/ GUIDANCE	62327	CPT	outpatient			3072	1198.81	Aetna	Better Health		969.22	31.55			199.16	2918.4	percent of total billed charges	
INJX INDWELLING CATH LUMBAR W/ GUIDANCE	62327	CPT	outpatient			3072	1198.81	Aetna	Commercial		1659.56				199.16	2918.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJX INDWELLING CATH LUMBAR W/ GUIDANCE	62327	CPT	outpatient			3072	1198.81	Americare	Americare		2304	75			199.16	2918.4	percent of total billed charges	
INJX INDWELLING CATH LUMBAR W/ GUIDANCE	62327	CPT	outpatient			3072	1198.81	Amerihealth	HMO|PPO		1966.8	65			199.16	2918.4	percent of total billed charges	
INJX INDWELLING CATH LUMBAR W/ GUIDANCE	62327	CPT	outpatient			3072	1198.81	Amerihealth	Medicare		1042.44				199.16	2918.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJX INDWELLING CATH LUMBAR W/ GUIDANCE	62327	CPT	outpatient			3072	1198.81	Consumer	Consumer		2918.4	95			199.16	2918.4	percent of total billed charges	
INJX INDWELLING CATH LUMBAR W/ GUIDANCE	62327	CPT	outpatient			3072	1198.81	Corrections	Corrections		2457.6	80			199.16	2918.4	percent of total billed charges	
INJX INDWELLING CATH LUMBAR W/ GUIDANCE	62327	CPT	outpatient			3072	1198.81	First Health	First Health		2150.4	70			199.16	2918.4	percent of total billed charges	
INJX INDWELLING CATH LUMBAR W/ GUIDANCE	62327	CPT	outpatient			3072	1198.81	First Trenton	First Trenton		2764.8	90			199.16	2918.4	percent of total billed charges	
INJX INDWELLING CATH LUMBAR W/ GUIDANCE	62327	CPT	outpatient			3072	1198.81	Horizon	MGD		1939.98				199.16	2918.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJX INDWELLING CATH LUMBAR W/ GUIDANCE	62327	CPT	outpatient			3072	1198.81	Horizon	Indemnity		1939.98				199.16	2918.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJX INDWELLING CATH LUMBAR W/ GUIDANCE	62327	CPT	outpatient			3072	1198.81	Horizon	PPO		1939.98				199.16	2918.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJX INDWELLING CATH LUMBAR W/ GUIDANCE	62327	CPT	outpatient			3072	1198.81	Horizon	NJ Health		199.16				199.16	2918.4	fee schedule	
INJX INDWELLING CATH LUMBAR W/ GUIDANCE	62327	CPT	outpatient			3072	1198.81	Horizon	Medicare Blue		1042.44				199.16	2918.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJX INDWELLING CATH LUMBAR W/ GUIDANCE	62327	CPT	outpatient			3072	1198.81	Managed Care Inc	Managed Care Inc		2764.8	90			199.16	2918.4	percent of total billed charges	
INJX INDWELLING CATH LUMBAR W/ GUIDANCE	62327	CPT	outpatient			3072	1198.81	Multiplan	Multiplan		2457.6	80			199.16	2918.4	percent of total billed charges	
INJX INDWELLING CATH LUMBAR W/ GUIDANCE	62327	CPT	outpatient			3072	1198.81	Qualcare	Qualcare		2304	75			199.16	2918.4	percent of total billed charges	
INJX INDWELLING CATH LUMBAR W/ GUIDANCE	62327	CPT	outpatient			3072	1198.81	Three Rivers	Three Rivers		2918.4	95			199.16	2918.4	percent of total billed charges	
INJX INDWELLING CATH LUMBAR W/ GUIDANCE	62327	CPT	outpatient			3072	1198.81	UHC	Medicaid		969.22	31.55			199.16	2918.4	percent of total billed charges	
INJX INDWELLING CATH LUMBAR W/ GUIDANCE	62327	CPT	outpatient			3072	1198.81	UHC	Medicare		1042.44				199.16	2918.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJX INDWELLING CATH LUMBAR W/ GUIDANCE	62327	CPT	outpatient			3072	1198.81	United	Commercial|PPO		1817				199.16	2918.4	case rate	
INJX INDWELLING CATH LUMBAR W/ GUIDANCE	62327	CPT	outpatient			3072	1198.81	United	Oxford		1817				199.16	2918.4	case rate	
INJX INDWELLING CATH LUMBAR W/ GUIDANCE	62327	CPT	outpatient			3072	1198.81	Wellcare	Medicare		1042.44				199.16	2918.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJX INDWELLING CATH LUMBAR W/ GUIDANCE	62327	CPT	outpatient			3072	1198.81	Wellcare	Medicaid		969.22	31.55			199.16	2918.4	percent of total billed charges	
INJX INDWELLING CATH LUMBAR W/ GUIDANCE	62327	CPT	outpatient			3072	1198.81	WellPoint	WellPoint		988.57	32.18			199.16	2918.4	percent of total billed charges	
X-RAY FLUORO GUIDED LUMBAR PUNCTURE	62328	CPT	both			2505	909.54	Aetna	Better Health		790.33	31.55			230.77	2379.75	percent of total billed charges	
X-RAY FLUORO GUIDED LUMBAR PUNCTURE	62328	CPT	both			2505	909.54	Aetna	Commercial		1259.11				230.77	2379.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
X-RAY FLUORO GUIDED LUMBAR PUNCTURE	62328	CPT	both			2505	909.54	Aetna	Medicare		790.9				230.77	2379.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
X-RAY FLUORO GUIDED LUMBAR PUNCTURE	62328	CPT	both			2505	909.54	Americare	Americare		1876.75	75			230.77	2379.75	percent of total billed charges	
X-RAY FLUORO GUIDED LUMBAR PUNCTURE	62328	CPT	both			2505	909.54	Amerihealth	Medicare		790.9				230.77	2379.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
X-RAY FLUORO GUIDED LUMBAR PUNCTURE	62328	CPT	both			2505	909.54	Amerihealth	HMO|PPO		1628.25	65			230.77	2379.75	percent of total billed charges	
X-RAY FLUORO GUIDED LUMBAR PUNCTURE	62328	CPT	both			2505	909.54	Consumer	Consumer		2379.75	95			230.77	2379.75	percent of total billed charges	
X-RAY FLUORO GUIDED LUMBAR PUNCTURE	62328	CPT	both			2505	909.54	Corrections	Corrections		2004	80			230.77	2379.75	percent of total billed charges	
X-RAY FLUORO GUIDED LUMBAR PUNCTURE	62328	CPT	both			2505	909.54	First Health	First Health		1753.5	70			230.77	2379.75	percent of total billed charges	
X-RAY FLUORO GUIDED LUMBAR PUNCTURE	62328	CPT	both			2505	909.54	First Trenton	First Trenton		2254.5	90			230.77	2379.75	percent of total billed charges	
X-RAY FLUORO GUIDED LUMBAR PUNCTURE	62328	CPT	both			2505	909.54	Horizon	PPO		1471.86				230.77	2379.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
X-RAY FLUORO GUIDED LUMBAR PUNCTURE	62328	CPT	both			2505	909.54	Horizon	MGD		1471.86				230.77	2379.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
X-RAY FLUORO GUIDED LUMBAR PUNCTURE	62328	CPT	both			2505	909.54	Horizon	Indemnity		1471.86				230.77	2379.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
X-RAY FLUORO GUIDED LUMBAR PUNCTURE	62328	CPT	both			2505	909.54	Horizon	NJ Health		230.77				230.77	2379.75	fee schedule	
X-RAY FLUORO GUIDED LUMBAR PUNCTURE	62328	CPT	both			2505	909.54	Horizon	Medicare Blue		790.9				230.77	2379.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
X-RAY FLUORO GUIDED LUMBAR PUNCTURE	62328	CPT	both			2505	909.54	Managed Care Inc	Managed Care Inc		2254.5	90			230.77	2379.75	percent of total billed charges	
X-RAY FLUORO GUIDED LUMBAR PUNCTURE	62328	CPT	both			2505	909.54	Multiplan	Multiplan		2004	80			230.77	2379.75	percent of total billed charges	
X-RAY FLUORO GUIDED LUMBAR PUNCTURE	62328	CPT	both			2505	909.54	Qualcare	Qualcare		1878.75	75			230.77	2379.75	percent of total billed charges	
X-RAY FLUORO GUIDED LUMBAR PUNCTURE	62328	CPT	both			2505	909.54	Three Rivers	Three Rivers		2379.75	95			230.77	2379.75	percent of total billed charges	
X-RAY FLUORO GUIDED LUMBAR PUNCTURE	62328	CPT	both			2505	909.54	UHC	Medicaid		790.33	31.55			230.77	2379.75	percent of total billed charges	
X-RAY FLUORO GUIDED LUMBAR PUNCTURE	62328	CPT	both			2505	909.54	UHC	Medicare		790.9				230.77	2379.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
X-RAY FLUORO GUIDED LUMBAR PUNCTURE	62328	CPT	both			2505	909.54	United	Oxford		1817				230.77	2379.75	case rate	
X-RAY FLUORO GUIDED LUMBAR PUNCTURE	62328	CPT	both			2505	909.54	United	Commercial|PPO		1817				230.77	2379.75	case rate	
X-RAY FLUORO GUIDED LUMBAR PUNCTURE	62328	CPT	both			2505	909.54	Wellcare	Medicare		790.9				230.77	2379.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
X-RAY FLUORO GUIDED LUMBAR PUNCTURE	62328	CPT	both			2505	909.54	Wellcare	Medicaid		790.33	31.55			230.77	2379.75	percent of total billed charges	
X-RAY FLUORO GUIDED LUMBAR PUNCTURE	62328	CPT	both			2505	909.54	WellPoint	WellPoint		806.11	32.18			230.77	2379.75	percent of total billed charges	
XRAY FLUORO SPINAL PUNCTURE; THERA/ DRAI	62329	CPT	both			2505	909.54	Aetna	Better Health		790.33	31.55			286.26	2379.75	percent of total billed charges	
XRAY FLUORO SPINAL PUNCTURE; THERA/ DRAI	62329	CPT	both			2505	909.54	Aetna	Commercial		1259.11				286.26	2379.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY FLUORO SPINAL PUNCTURE; THERA/ DRAI	62329	CPT	both			2505	909.54	Aetna	Medicare		790.9				286.26	2379.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY FLUORO SPINAL PUNCTURE; THERA/ DRAI	62329	CPT	both			2505	909.54	Americare	Americare		1876.75	75			286.26	2379.75	percent of total billed charges	
XRAY FLUORO SPINAL PUNCTURE; THERA/ DRAI	62329	CPT	both			2505	909.54	Amerihealth	HMO|PPO		1628.25	65			286.26	2379.75	percent of total billed charges	
XRAY FLUORO SPINAL PUNCTURE; THERA/ DRAI	62329	CPT	both			2505	909.54	Amerihealth	Medicare		790.9				286.26	2379.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY FLUORO SPINAL PUNCTURE; THERA/ DRAI	62329	CPT	both			2505	909.54	Consumer	Consumer		2379.75	95			286.26	2379.75	percent of total billed charges	
XRAY FLUORO SPINAL PUNCTURE; THERA/ DRAI	62329	CPT	both			2505	909.54	Corrections	Corrections		2004	80			286.26	2379.75	percent of total billed charges	
XRAY FLUORO SPINAL PUNCTURE; THERA/ DRAI	62329	CPT	both			2505	909.54	First Health	First Health		1753.5	70			286.26	2379.75	percent of total billed charges	
XRAY FLUORO SPINAL PUNCTURE; THERA/ DRAI	62329	CPT	both			2505	909.54	First Trenton	First Trenton		2254.5	90			286.

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101191	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
XRAY FLUORO SPINAL PUNCTURE; THERA/ DRAI	62329	CPT	both			2505	909.54	Horizon	NJ Health		286.26				286.26	2379.75	fee schedule	
XRAY FLUORO SPINAL PUNCTURE; THERA/ DRAI	62329	CPT	both			2505	909.54	Horizon	Indemnity		1471.86				286.26	2379.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY FLUORO SPINAL PUNCTURE; THERA/ DRAI	62329	CPT	both			2505	909.54	Horizon	Medicare Blue		790.9				286.26	2379.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY FLUORO SPINAL PUNCTURE; THERA/ DRAI	62329	CPT	both			2505	909.54	Horizon	MGD		1471.86				286.26	2379.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY FLUORO SPINAL PUNCTURE; THERA/ DRAI	62329	CPT	both			2505	909.54	Horizon	PPO		1471.86				286.26	2379.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY FLUORO SPINAL PUNCTURE; THERA/ DRAI	62329	CPT	both			2505	909.54	Managed Care Inc	Managed Care Inc		2254.5	90			286.26	2379.75	percent of total billed charges	
XRAY FLUORO SPINAL PUNCTURE; THERA/ DRAI	62329	CPT	both			2505	909.54	Multiplan	Multiplan		2004	80			286.26	2379.75	percent of total billed charges	
XRAY FLUORO SPINAL PUNCTURE; THERA/ DRAI	62329	CPT	both			2505	909.54	Qualcare	Qualcare		1876.75	75			286.26	2379.75	percent of total billed charges	
XRAY FLUORO SPINAL PUNCTURE; THERA/ DRAI	62329	CPT	both			2505	909.54	Three Rivers	Three Rivers		2379.75	95			286.26	2379.75	percent of total billed charges	
XRAY FLUORO SPINAL PUNCTURE; THERA/ DRAI	62329	CPT	both			2505	909.54	UHC	Medicare		790.9				286.26	2379.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY FLUORO SPINAL PUNCTURE; THERA/ DRAI	62329	CPT	both			2505	909.54	UHC	Medicaid		790.33	31.55			286.26	2379.75	percent of total billed charges	
XRAY FLUORO SPINAL PUNCTURE; THERA/ DRAI	62329	CPT	both			2505	909.54	United	Oxford		1817				286.26	2379.75	case rate	
XRAY FLUORO SPINAL PUNCTURE; THERA/ DRAI	62329	CPT	both			2505	909.54	United	CommercialPPO		1817				286.26	2379.75	case rate	
XRAY FLUORO SPINAL PUNCTURE; THERA/ DRAI	62329	CPT	both			2505	909.54	Wellcare	Medicare		790.9				286.26	2379.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY FLUORO SPINAL PUNCTURE; THERA/ DRAI	62329	CPT	both			2505	909.54	Wellcare	Medicaid		790.33	31.55			286.26	2379.75	percent of total billed charges	
XRAY FLUORO SPINAL PUNCTURE; THERA/ DRAI	62329	CPT	both			2505	909.54	WellPoint	WellPoint		806.11	32.18			286.26	2379.75	percent of total billed charges	
IMPL REV SP CATH	62360	CPT	outpatient			9661	8761.3	Aetna	Better Health		3048.05	31.55			558.6	14178.07	percent of total billed charges	
IMPL REV SP CATH	62360	CPT	outpatient			9661	8761.3	Aetna	Medicare		7618.52				558.6	14178.07	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMPL REV SP CATH	62360	CPT	outpatient			9661	8761.3	Aetna	Commercial		12126.68				558.6	14178.07	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMPL REV SP CATH	62360	CPT	outpatient			9661	8761.3	Americare	Americare		7245.75	75			558.6	14178.07	percent of total billed charges	
IMPL REV SP CATH	62360	CPT	outpatient			9661	8761.3	Amerihealth	HMO/PPO		6279.65	65			558.6	14178.07	percent of total billed charges	
IMPL REV SP CATH	62360	CPT	outpatient			9661	8761.3	Amerihealth	Medicare		7618.52				558.6	14178.07	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMPL REV SP CATH	62360	CPT	outpatient			9661	8761.3	Consumer	Consumer		9177.95	95			558.6	14178.07	percent of total billed charges	
IMPL REV SP CATH	62360	CPT	outpatient			9661	8761.3	Corrections	Corrections		7728.8	80			558.6	14178.07	percent of total billed charges	
IMPL REV SP CATH	62360	CPT	outpatient			9661	8761.3	First Health	First Health		6762.7	70			558.6	14178.07	percent of total billed charges	
IMPL REV SP CATH	62360	CPT	outpatient			9661	8761.3	First Trenton	First Trenton		8694.9	90			558.6	14178.07	percent of total billed charges	
IMPL REV SP CATH	62360	CPT	outpatient			9661	8761.3	Horizon	PPO		14178.07				558.6	14178.07	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMPL REV SP CATH	62360	CPT	outpatient			9661	8761.3	Horizon	MGD		14178.07				558.6	14178.07	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMPL REV SP CATH	62360	CPT	outpatient			9661	8761.3	Horizon	Indemnity		14178.07				558.6	14178.07	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMPL REV SP CATH	62360	CPT	outpatient			9661	8761.3	Horizon	NJ Health		558.6				558.6	14178.07	fee schedule	
IMPL REV SP CATH	62360	CPT	outpatient			9661	8761.3	Horizon	Medicare Blue		7618.52				558.6	14178.07	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMPL REV SP CATH	62360	CPT	outpatient			9661	8761.3	Managed Care Inc	Managed Care Inc		8694.9	90			558.6	14178.07	percent of total billed charges	
IMPL REV SP CATH	62360	CPT	outpatient			9661	8761.3	Multiplan	Multiplan		7728.8	80			558.6	14178.07	percent of total billed charges	
IMPL REV SP CATH	62360	CPT	outpatient			9661	8761.3	Qualcare	Qualcare		7245.75	75			558.6	14178.07	percent of total billed charges	
IMPL REV SP CATH	62360	CPT	outpatient			9661	8761.3	Three Rivers	Three Rivers		9177.95	95			558.6	14178.07	percent of total billed charges	
IMPL REV SP CATH	62360	CPT	outpatient			9661	8761.3	UHC	Medicare		7618.52				558.6	14178.07	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMPL REV SP CATH	62360	CPT	outpatient			9661	8761.3	UHC	Medicaid		3048.05	31.55			558.6	14178.07	percent of total billed charges	
IMPL REV SP CATH	62360	CPT	outpatient			9661	8761.3	United	Oxford		6362				558.6	14178.07	case rate	
IMPL REV SP CATH	62360	CPT	outpatient			9661	8761.3	United	CommercialPPO		6362				558.6	14178.07	case rate	
IMPL REV SP CATH	62360	CPT	outpatient			9661	8761.3	Wellcare	Medicare		7618.52				558.6	14178.07	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMPL REV SP CATH	62360	CPT	outpatient			9661	8761.3	Wellcare	Medicaid		3048.05	31.55			558.6	14178.07	percent of total billed charges	
IMPL REV SP CATH	62360	CPT	outpatient			9661	8761.3	WellPoint	WellPoint		3108.91	32.18			558.6	14178.07	percent of total billed charges	
REMOVAL OF IMPAN CATH	62355	CPT	outpatient			4195	2539.41	Aetna	Commercial		3515.42				579.42	4109.42	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF IMPAN CATH	62355	CPT	outpatient			4195	2539.41	Aetna	Better Health		1323.52	31.55			579.42	4109.42	percent of total billed charges	
REMOVAL OF IMPAN CATH	62355	CPT	outpatient			4195	2539.41	Aetna	Medicare		2208.18				579.42	4109.42	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF IMPAN CATH	62355	CPT	outpatient			4195	2539.41	Americare	Americare		3146.25	75			579.42	4109.42	percent of total billed charges	
REMOVAL OF IMPAN CATH	62355	CPT	outpatient			4195	2539.41	Amerihealth	HMO/PPO		2726.75	65			579.42	4109.42	percent of total billed charges	
REMOVAL OF IMPAN CATH	62355	CPT	outpatient			4195	2539.41	Amerihealth	Medicare		2208.18				579.42	4109.42	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF IMPAN CATH	62355	CPT	outpatient			4195	2539.41	Consumer	Consumer		3985.25	95			579.42	4109.42	percent of total billed charges	
REMOVAL OF IMPAN CATH	62355	CPT	outpatient			4195	2539.41	Corrections	Corrections		3356	80			579.42	4109.42	percent of total billed charges	
REMOVAL OF IMPAN CATH	62355	CPT	outpatient			4195	2539.41	First Health	First Health		2936.5	70			579.42	4109.42	percent of total billed charges	
REMOVAL OF IMPAN CATH	62355	CPT	outpatient			4195	2539.41	First Trenton	First Trenton		3775.5	90			579.42	4109.42	percent of total billed charges	
REMOVAL OF IMPAN CATH	62355	CPT	outpatient			4195	2539.41	Horizon	Medicare Blue		2208.18				579.42	4109.42	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF IMPAN CATH	62355	CPT	outpatient			4195	2539.41	Horizon	MGD		4109.42				579.42	4109.42	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF IMPAN CATH	62355	CPT	outpatient			4195	2539.41	Horizon	Indemnity		4109.42				579.42	4109.42	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF IMPAN CATH	62355	CPT	outpatient			4195	2539.41	Horizon	NJ Health		579.42				579.42	4109.42	fee schedule	
REMOVAL OF IMPAN CATH	62355	CPT	outpatient			4195	2539.41	Horizon	PPO		4109.42				579.42	4109.42	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF IMPAN CATH	62355	CPT	outpatient			4195	2539.41	Managed Care Inc	Managed Care Inc		3775.5	90			579.42	4109.42	percent of total billed charges	
REMOVAL OF IMPAN CATH	62355	CPT	outpatient			4195	2539.41	Multiplan	Multiplan		3356	80			579.42	4109.42	percent of total billed charges	
REMOVAL OF IMPAN CATH	62355	CPT	outpatient			4195	2539.41	Qualcare	Qualcare		3146.25	75			579.42	4109.42	percent of total billed charges	
REMOVAL OF IMPAN CATH	62355	CPT	outpatient			4195	2539.41	Three Rivers	Three Rivers		3985.25	95			579.42	4109.42	percent of total billed charges	
REMOVAL OF IMPAN CATH	62355	CPT	outpatient			4195	2539.41	UHC	Medicaid		1323.52	31.55			579.42	4109.42	percent of total billed charges	
REMOVAL OF IMPAN CATH	62355	CPT	outpatient			4195	2539.41	UHC	Medicare		2208.18				579.42	4109.42	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF IMPAN CATH	62355	CPT	outpatient			4195	2539.41	United	CommercialPPO		2776				579.42	4109.42	case rate	
REMOVAL OF IMPAN CATH	62355	CPT	outpatient			4195	2539.41	United	Oxford		2776				579.42	4109.42	case rate	
REMOVAL OF IMPAN CATH	62355	CPT	outpatient			4195	2539.41	Wellcare	Medicare		2208.18				579.42	4109.42	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF IMPAN CATH	62355	CPT	outpatient			4195	2539.41	Wellcare	Medicaid		1323.52	31.55			579.42	4109.42	percent of total billed charges	
REMOVAL OF IMPAN CATH	62355	CPT	outpatient			4195	2539.41	WellPoint	WellPoint		1349.96	32.18			579.42	4109.42	percent of total billed charges	
INTRATHECAL PUMP TRIAL	62360	CPT	outpatient			69175	23456.12	Aetna	Commercial		32471.43				247.95	65716.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRATHECAL PUMP TRIAL	62360	CPT	outpatient			69175	23456.12	Aetna	Medicare		20396.63				247.95	65716.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRATHECAL PUMP TRIAL	62360	CPT	outpatient			69175	23456.12	Aetna	Better Health		21824.71	31.55			247.95	65716.25	percent of total billed charges	
INTRATHECAL PUMP TRIAL	62360	CPT	outpatient			69175	23456.12	Americare	Americare		51881.25	75			247.95	65716.25	percent of total billed charges	
INTRATHECAL PUMP TRIAL	62360	CPT	outpatient			69175	23456.12	Amerihealth	HMO/PPO		44963.75	65			247.95	65716.25	percent of total billed charges	
INTRATHECAL PUMP TRIAL	62360	CPT	outpatient			69175	23456.12	Amerihealth	Medicare		20396.63				247.95	65716.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRATHECAL PUMP TRIAL	62360	CPT	outpatient			69175	23456.12	Consumer	Consumer		65716.25	95			247.95	65716.25	percent of total billed charges	
INTRATHECAL PUMP TRIAL	62360	CPT	outpatient			69175	23456.12	Corrections	Corrections		55340	80			247.95	65716.25	percent of total billed charges	
INTRATHECAL PUMP TRIAL	62360	CPT	outpatient			69175	23456.12	First Health	First Health		48422.5	70			247.95	65716.25	percent of total billed charges	
INTRATHECAL PUMP TRIAL	62360	CPT	outpatient			69175	23456.12	First Trenton	First Trenton		62257.5	90			247.95	65716.25	percent of total billed charges	
INTRATHECAL PUMP TRIAL	62360	CPT	outpatient			69175	23456.12	Horizon	MGD		37958.13				247.95	65716.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRATHECAL PUMP TRIAL	62360	CPT	outpatient			69175	23456.12	Horizon	NJ Health		247.95				247.95	65716.25	fee schedule	
INTRATHECAL PUMP TRIAL	62360	CPT	outpatient			69175	23456.12	Horizon	Indemnity		37958.13				247.95	65716.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRATHECAL PUMP TRIAL	62360	CPT	outpatient			69175	23456.12	Horizon	Medicare Blue		20396.63				247.95	65716.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRATHECAL PUMP TRIAL	62360	CPT	outpatient			69175	23456.12	Horizon	PPO		37958.13				247.95	65716.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRATHECAL PUMP TRIAL	62360	CPT	outpatient			69175	23456.12	Managed Care Inc	Managed Care Inc		62257.5	90			247.95	65716.25	percent of total billed charges	
INTRATHECAL PUMP TRIAL	62360	CPT	outpatient			69175	23456.12	Multiplan	Multiplan		55340	80			247.95	65716.25	percent of total billed charges	
INTRATHECAL PUMP TRIAL	62360	CPT	outpatient			69175	23456.12	Qualcare	Qualcare		51881.25	75			247.95	65716.25	percent of total billed charges	
INTRATHECAL PUMP TRIAL	62360	CPT	outpatient			69175	23456.12	Three Rivers	Three Rivers		65716.25	95			247.95	65716.25	percent of total billed charges	
INTRATHECAL PUMP TRIAL	62360	CPT	outpatient			69175	23456.12	UHC	Medicaid		21824.71	31.55			247.95	65716.25	percent of total billed charges	
INTRATHECAL PUMP TRIAL	62360	CPT	outpatient			69175	23456.12	UHC	Medicare		20396.63				247.95	65716.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRATHECAL PUMP TRIAL	62360	CPT	outpatient			69175	23456.12	United	Oxford		6362				247.95	65716.25	case rate	
INTRATHECAL PUMP TRIAL	62360	CPT	outpatient			69175	23456.12	United	CommercialPPO		6362				247.95	65716.25	case rate	
INTRATHECAL PUMP TRIAL	62360	CPT	outpatient			69175	23456.12	Wellcare	Medicaid		21824.71	31.55			247.95	65716.25	percent of total billed charges	
INTRATHECAL PUMP TRIAL	62360	CPT	outpatient			69175	23456.12	Wellcare	Medicare		20396.63				247.95	65716.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRATHECAL PUMP TRIAL	62360	CPT	outpatient			69175	23456.12	WellPoint	WellPoint		22260.52	32.18			247.95	65716.25	percent of total billed charges	
ELECTROD ANALYSIS OF PUMP/NO REPROG	62367	CPT	outpatient			1020	392.84	Aetna	Commercial		543.83				65.25	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECTROD ANALYSIS OF PUMP/NO REPROG	62367	CPT	outpatient			1020	392.84	Aetna	Medicare		341.6				65.25	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECTROD ANALYSIS OF PUMP/NO REPROG	62367	CPT	outpatient			1020	392.84	Aetna	Better Health		321.81	31.55			65.25	1782	percent of total billed charges	
ELECTROD ANALYSIS OF PUMP/NO REPROG	62367	CPT	outpatient			1020	392.84	Americare	Americare		765	75			65.25	1782	percent of total billed charges	
ELECTROD ANALYSIS OF PUMP/NO REPROG	62367	CPT	outpatient			1020	392.84	Amerihealth	HMO/PPO		663	65			65.25	1782	percent of total billed charges	
ELECTROD ANALYSIS OF PUMP/NO REPROG	62367	CPT	outpatient			1020	392.84	Amerihealth	Medicare		341.6				65.25	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECTROD ANALYSIS OF PUMP/NO REPROG	62367	CPT	outpatient			1020	392.84	Consumer	Consumer		969	95			65.25	1782	percent of total billed charges	
ELECTROD ANALYSIS OF PUMP/NO REPROG	62367	CPT	outpatient			1020	392.84	Corrections	Corrections		816	80			65.25	1782	percent of total billed charges	
ELECTROD ANALYSIS OF PUMP/NO REPROG	62367	CPT	outpatient			1020	392.84	First Health	First Health		714	70			65.25	1782	percent of total billed charges	
ELECTROD ANALYSIS OF PUMP/NO REPROG	62367	CPT	outpatient			1020	392.84	First Trenton	First Trenton		918	90			65.25	1782	percent of total billed charges	
ELECTROD ANALYSIS OF PUMP/NO REPROG	62367	CPT	outpatient			1020	392.84	Horizon	MGD		635.72				65.25	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECTROD ANALYSIS OF PUMP/NO REPROG	62367	CPT	outpatient			1020	392.84	Horizon	Medicare Blue		341.6				65.25	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECTROD ANALYSIS OF PUMP/NO REPROG	62367	CPT	outpatient			1020	392.84	Horizon	PPO		635.72				65.25	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECTROD ANALYSIS OF PUMP/NO REPROG	62367	CPT	outpatient			1020	392.84	Horizon	Indemnity		635.72				65.25	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECTROD ANALYSIS OF PUMP/NO REPROG	62367	CPT	outpatient			1020	392.84	Horizon	NJ Health		65.25				65.25	1782	fee schedule	
ELECTROD ANALYSIS OF PUMP/NO REPROG	62367	CPT	outpatient			1020	392.84	Managed Care Inc	Managed Care Inc		918	90			65.25	1782	percent of total billed charges	
ELECTROD ANALYSIS OF PUMP/NO REPROG	62367	CPT	outpatient			1020	392.84	Multiplan	Multiplan		816	80			65.25	1782	percent of total billed charges	
ELECTROD ANALYSIS OF PUMP/NO REPROG	62367	CPT	outpatient			1020	392.84	Qualcare	Qualcare		765	75			65.25	1782	percent of total billed charges	
ELECTROD ANALYSIS OF PUMP/NO REPROG	62367	CPT	outpatient			1020	392.84	Three Rivers	Three Rivers		969	95			65.25	1782	percent of total billed charges	
ELECTROD ANALYSIS OF PUMP/NO REPROG	62367	CPT	outpatient			1020	392.84	UHC	Medicaid		321.81	31.55			65.25	1782	percent of total billed charges	
ELECTROD ANALYSIS OF PUMP/NO REPROG	62367	CPT	outpatient			1020	392.84	UHC	Medicare		341.6				65.25	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECTROD ANALYSIS OF PUMP/NO REPROG	62367	CPT	outpatient			1020	392.84	United	CommercialPPO		1782				65.25	1782	case rate	
ELECTROD ANALYSIS OF PUMP/NO REPROG	62367	CPT	outpatient			1020	392.84	United	Oxford		1782				65.25	1782	case rate	
ELECTROD ANALYSIS OF PUMP/NO REPROG	62367	CPT	outpatient			1020	392.84	Wellcare	Medicare		341.6				65.25	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECTROD ANALYSIS OF PUMP/NO REPROG	62367	CPT	outpatient			1020	392.84	Wellcare	Medicaid		321.81	31.55			65.25	1782	percent of total billed charges	
ELECTROD ANALYSIS OF PUMP/NO REPROG	62367	CPT	outpatient			1020	392.84	WellPoint	WellPoint		328.24	32.18			65.25	1782	percent of total billed charges	
ELEC ANALYSIS OF PROGRAMMABLE IMPLANTED	62368	CPT	outpatient			1089	392.84	Aetna	Commercial		543.83				109.1	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELEC ANALYSIS OF PROGRAMMABLE IMPLANTED	62368	CPT	outpatient			1089	392.84	Aetna	Better Health		343.58	31.55			109.1	1782	percent of total billed charges	
ELEC ANALYSIS OF PROGRAMMABLE IMPLANTED	62368	CPT	outpatient			1089	392.84	Aetna	Medicare		341.6				109.1	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELEC ANALYSIS OF PROGRAMMABLE IMPLANTED	62368	CPT	outpatient			1089	392.84	Americare	Americare		816.75	75			109.1	1782	percent of total billed charges	
ELEC ANALYSIS OF PROGRAMMABLE IMPLANTED	62368	CPT	outpatient			1089	392.84	Amerihealth	Medicare		341.6				109.1	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELEC ANALYSIS OF PROGRAMMABLE IMPLANTED	62368	CPT	outpatient			1089	392.84	Amerihealth	HMO/PPO		707.85	65			109.1	1782	percent of total billed charges	
ELEC ANALYSIS OF PROGRAMMABLE IMPLANTED	62368	CPT	outpatient			1089	392.84	Consumer	Consumer		1034.55	95			109.1	1782	percent of total billed charges	
ELEC ANALYSIS OF PROGRAMMABLE IMPLANTED	62368	CPT	outpatient			1089	392.84	Corrections	Corrections		871.2	80			109.1	1782	percent of total billed charges	
ELEC ANALYSIS OF PROGRAMMABLE IMPLANTED	62368	CPT	outpatient			1089	392.84	First Health	First Health		762.3	70			109.1	1782	percent of total billed charges	
ELEC ANALYSIS OF PROGRAMMABLE IMPLANTED	62368	CPT	outpatient			1089	392.84	First Trenton	First Trenton		980.1	90			109.1	1782	percent of total billed charges	
ELEC ANALYSIS OF PROGRAMMABLE IMPLANTED	62368	CPT	outpatient			1089	392.84	Horizon	MGD		635.72				109.1	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELEC ANALYSIS OF PROGRAMMABLE IMPLANTED	62368	CPT	outpatient			1089	392.84	Horizon	PPO		635.72				109.1	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELEC ANALYSIS OF PROGRAMMABLE IMPLANTED	62368	CPT	outpatient			1089	392.84	Horizon	NJ Health		109.1				109.1	1782	fee schedule	
ELEC ANALYSIS OF PROGRAMMABLE IMPLANTED	62368	CPT	outpatient			1089	392.84	Horizon	Indemnity		635.72				109.1	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELEC ANALYSIS OF PROGRAMMABLE IMPLANTED	62368	CPT	outpatient			1089	392.84	Horizon	Medicare Blue		341.6				109.1	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELEC ANALYSIS OF PROGRAMMABLE IMPLANTED	62368	CPT	outpatient			1089	392.84	Managed Care Inc	Managed Care Inc		980.1	90			109.1	1782	percent of total billed charges	
ELEC ANALYSIS OF PROGRAMMABLE IMPLANTED	62368	CPT	outpatient			1089	392.84	Multiplan	Multiplan		871.2	80			109.1	1782	percent of total billed charges	
ELEC ANALYSIS OF PROGRAMMABLE IMPLANTED	62368	CPT	outpatient			1089	392.84	Qualcare	Qualcare		816.75	75			109.1	1782	percent of total billed charges	
ELEC ANALYSIS OF PROGRAMMABLE IMPLANTED	62368	CPT	outpatient			1089	392.84	Three Rivers	Three Rivers		1034.55	95			109.1	1782	percent of total billed charges	
ELEC ANALYSIS OF PROGRAMMABLE IMPLANTED	62368	CPT	outpatient			1089	392.84	UHC	Medicaid		343.58	31.55			109.1	1782	percent of total billed charges	
ELEC ANALYSIS OF PROGRAMMABLE IMPLANTED	62368	CPT	outpatient			1089	392.84	UHC	Medicare		341.6				109.1	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELEC ANALYSIS OF PROGRAMMABLE IMPLANTED	62368	CPT	outpatient			1089	392.84	United	CommercialPPO		1782				109.1	1782	case rate	
ELEC ANALYSIS OF PROGRAMMABLE IMPLANTED	62368	CPT	outpatient			1089	392.84	United	Oxford		1782				109.1	1782	case rate	
ELEC ANALYSIS OF PROGRAMMABLE IMPLANTED	62368	CPT	outpatient			1089	392.84	Wellcare	Medicare		341.6				109.1	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELEC ANALYSIS OF PROGRAMMABLE IMPLANTED	62368	CPT	outpatient			1089	392.84	Wellcare	Medicaid		343.58	31.55			109.1	1782	percent of total billed charges	
ELEC ANALYSIS OF PROGRAMMABLE IMPLANTED	62368	CPT	outpatient			1089	392.84	WellPoint	WellPoint		350.44	32.18			109.1	1782	percent of total billed charges	
ELECT ANLYS IMPLT LTHCL/EDRL PMP W/REP	62369	CPT	outpatient			1165	392.84	Aetna	Commercial		543.83				143.84	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECT ANLYS IMPLT LTHCL/EDRL PMP W/REP	62369	CPT	outpatient			1165	392.84	Aetna	Better Health		367.56	31.55			143.84	1782	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ELECT ANLYS IMPLT LTHCL/EDRL PMP W/REP	62369	CPT	outpatient			1165		392.84 Aetna	Medicare		341.6				143.84	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECT ANLYS IMPLT LTHCL/EDRL PMP W/REP	62369	CPT	outpatient			1165		392.84 Americare	Americare		873.75	75			143.84	1782	percent of total billed charges	
ELECT ANLYS IMPLT LTHCL/EDRL PMP W/REP	62369	CPT	outpatient			1165		392.84 Amerihealth	Medicare		341.6				143.84	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECT ANLYS IMPLT LTHCL/EDRL PMP W/REP	62369	CPT	outpatient			1165		392.84 Amerihealth	HMO/PPO		757.25	65			143.84	1782	percent of total billed charges	
ELECT ANLYS IMPLT LTHCL/EDRL PMP W/REP	62369	CPT	outpatient			1165		392.84 Consumer	Consumer		1106.75	95			143.84	1782	percent of total billed charges	
ELECT ANLYS IMPLT LTHCL/EDRL PMP W/REP	62369	CPT	outpatient			1165		392.84 Corrections	Corrections		932	80			143.84	1782	percent of total billed charges	
ELECT ANLYS IMPLT LTHCL/EDRL PMP W/REP	62369	CPT	outpatient			1165		392.84 First Health	First Health		815.5	70			143.84	1782	percent of total billed charges	
ELECT ANLYS IMPLT LTHCL/EDRL PMP W/REP	62369	CPT	outpatient			1165		392.84 First Trenton	First Trenton		1048.5	90			143.84	1782	percent of total billed charges	
ELECT ANLYS IMPLT LTHCL/EDRL PMP W/REP	62369	CPT	outpatient			1165		392.84 Horizon	Indemnity		635.72				143.84	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECT ANLYS IMPLT LTHCL/EDRL PMP W/REP	62369	CPT	outpatient			1165		392.84 Horizon	MGD		635.72				143.84	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECT ANLYS IMPLT LTHCL/EDRL PMP W/REP	62369	CPT	outpatient			1165		392.84 Horizon	Medicare Blue		341.6				143.84	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECT ANLYS IMPLT LTHCL/EDRL PMP W/REP	62369	CPT	outpatient			1165		392.84 Horizon	NJ Health		143.84				143.84	1782	fee schedule	
ELECT ANLYS IMPLT LTHCL/EDRL PMP W/REP	62369	CPT	outpatient			1165		392.84 Horizon	PPO		635.72				143.84	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECT ANLYS IMPLT LTHCL/EDRL PMP W/REP	62369	CPT	outpatient			1165		392.84 Managed Care Inc	Managed Care Inc		1048.5	90			143.84	1782	percent of total billed charges	
ELECT ANLYS IMPLT LTHCL/EDRL PMP W/REP	62369	CPT	outpatient			1165		392.84 Multiplan	Multiplan		932	80			143.84	1782	percent of total billed charges	
ELECT ANLYS IMPLT LTHCL/EDRL PMP W/REP	62369	CPT	outpatient			1165		392.84 Qualcare	Qualcare		873.75	75			143.84	1782	percent of total billed charges	
ELECT ANLYS IMPLT LTHCL/EDRL PMP W/REP	62369	CPT	outpatient			1165		392.84 Three Rivers	Three Rivers		1106.75	95			143.84	1782	percent of total billed charges	
ELECT ANLYS IMPLT LTHCL/EDRL PMP W/REP	62369	CPT	outpatient			1165		392.84 UHC	Medicaid		367.56	31.55			143.84	1782	percent of total billed charges	
ELECT ANLYS IMPLT LTHCL/EDRL PMP W/REP	62369	CPT	outpatient			1165		392.84 UHC	Medicare		341.6				143.84	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECT ANLYS IMPLT LTHCL/EDRL PMP W/REP	62369	CPT	outpatient			1165		392.84 United	Commercial/PPO		1782				143.84	1782	case rate	
ELECT ANLYS IMPLT LTHCL/EDRL PMP W/REP	62369	CPT	outpatient			1165		392.84 United	Oxford		1782				143.84	1782	case rate	
ELECT ANLYS IMPLT LTHCL/EDRL PMP W/REP	62369	CPT	outpatient			1165		392.84 Wellcare	Medicare		341.6				143.84	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECT ANLYS IMPLT LTHCL/EDRL PMP W/REP	62369	CPT	outpatient			1165		392.84 Wellcare	Medicaid		367.56	31.55			143.84	1782	percent of total billed charges	
ELECT ANLYS IMPLT LTHCL/EDRL PMP W/REP	62369	CPT	outpatient			1165		392.84 WellPoint	WellPoint		374.9	32.18			143.84	1782	percent of total billed charges	
ELEC ANLYS IMPLT ITHCL/EDRL PMP W/REPR P	62370	CPT	outpatient			1298		392.84 Aetna	Medicare		341.6				149.71	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELEC ANLYS IMPLT ITHCL/EDRL PMP W/REPR P	62370	CPT	outpatient			1298		392.84 Aetna	Better Health		409.52	31.55			149.71	1782	percent of total billed charges	
ELEC ANLYS IMPLT ITHCL/EDRL PMP W/REPR P	62370	CPT	outpatient			1298		392.84 Aetna	Commercial		543.83				149.71	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELEC ANLYS IMPLT ITHCL/EDRL PMP W/REPR P	62370	CPT	outpatient			1298		392.84 Americare	Americare		973.5	75			149.71	1782	percent of total billed charges	
ELEC ANLYS IMPLT ITHCL/EDRL PMP W/REPR P	62370	CPT	outpatient			1298		392.84 Amerihealth	Medicare		341.6				149.71	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELEC ANLYS IMPLT ITHCL/EDRL PMP W/REPR P	62370	CPT	outpatient			1298		392.84 Amerihealth	HMO/PPO		843.7	65			149.71	1782	percent of total billed charges	
ELEC ANLYS IMPLT ITHCL/EDRL PMP W/REPR P	62370	CPT	outpatient			1298		392.84 Consumer	Consumer		1233.1	95			149.71	1782	percent of total billed charges	
ELEC ANLYS IMPLT ITHCL/EDRL PMP W/REPR P	62370	CPT	outpatient			1298		392.84 Corrections	Corrections		1038.4	80			149.71	1782	percent of total billed charges	
ELEC ANLYS IMPLT ITHCL/EDRL PMP W/REPR P	62370	CPT	outpatient			1298		392.84 First Health	First Health		908.6	70			149.71	1782	percent of total billed charges	
ELEC ANLYS IMPLT ITHCL/EDRL PMP W/REPR P	62370	CPT	outpatient			1298		392.84 First Trenton	First Trenton		1168.2	90			149.71	1782	percent of total billed charges	
ELEC ANLYS IMPLT ITHCL/EDRL PMP W/REPR P	62370	CPT	outpatient			1298		392.84 Horizon	MGD		635.72				149.71	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELEC ANLYS IMPLT ITHCL/EDRL PMP W/REPR P	62370	CPT	outpatient			1298		392.84 Horizon	Indemnity		635.72				149.71	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELEC ANLYS IMPLT ITHCL/EDRL PMP W/REPR P	62370	CPT	outpatient			1298		392.84 Horizon	Medicare Blue		341.6				149.71	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELEC ANLYS IMPLT ITHCL/EDRL PMP W/REPR P	62370	CPT	outpatient			1298		392.84 Horizon	NJ Health		149.71				149.71	1782	fee schedule	
ELEC ANLYS IMPLT ITHCL/EDRL PMP W/REPR P	62370	CPT	outpatient			1298		392.84 Horizon	PPO		635.72				149.71	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELEC ANLYS IMPLT ITHCL/EDRL PMP W/REPR P	62370	CPT	outpatient			1298		392.84 Managed Care Inc	Managed Care Inc		1168.2	90			149.71	1782	percent of total billed charges	
ELEC ANLYS IMPLT ITHCL/EDRL PMP W/REPR P	62370	CPT	outpatient			1298		392.84 Multiplan	Multiplan		1038.4	80			149.71	1782	percent of total billed charges	
ELEC ANLYS IMPLT ITHCL/EDRL PMP W/REPR P	62370	CPT	outpatient			1298		392.84 Qualcare	Qualcare		973.5	75			149.71	1782	percent of total billed charges	
ELEC ANLYS IMPLT ITHCL/EDRL PMP W/REPR P	62370	CPT	outpatient			1298		392.84 Three Rivers	Three Rivers		1233.1	95			149.71	1782	percent of total billed charges	
ELEC ANLYS IMPLT ITHCL/EDRL PMP W/REPR P	62370	CPT	outpatient			1298		392.84 UHC	Medicaid		409.52	31.55			149.71	1782	percent of total billed charges	
ELEC ANLYS IMPLT ITHCL/EDRL PMP W/REPR P	62370	CPT	outpatient			1298		392.84 UHC	Medicare		341.6				149.71	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELEC ANLYS IMPLT ITHCL/EDRL PMP W/REPR P	62370	CPT	outpatient			1298		392.84 United	Commercial/PPO		1782				149.71	1782	case rate	
ELEC ANLYS IMPLT ITHCL/EDRL PMP W/REPR P	62370	CPT	outpatient			1298		392.84 United	Oxford		1782				149.71	1782	case rate	
ELEC ANLYS IMPLT ITHCL/EDRL PMP W/REPR P	62370	CPT	outpatient			1298		392.84 Wellcare	Medicare		341.6				149.71	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELEC ANLYS IMPLT ITHCL/EDRL PMP W/REPR P	62370	CPT	outpatient			1298		392.84 Wellcare	Medicaid		409.52	31.55			149.71	1782	percent of total billed charges	
ELEC ANLYS IMPLT ITHCL/EDRL PMP W/REPR P	62370	CPT	outpatient			1298		392.84 WellPoint	WellPoint		417.7	32.18			149.71	1782	percent of total billed charges	
PERCUT.IMPLANT NEURO.ELCT EPIC	63650	CPT	outpatient			24605		8995.01 Aetna	Medicare		7821.75				1117.08	23374.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCUT.IMPLANT NEURO.ELCT EPIC	63650	CPT	outpatient			24605		8995.01 Aetna	Better Health		7762.88	31.55			1117.08	23374.75	percent of total billed charges	
PERCUT.IMPLANT NEURO.ELCT EPIC	63650	CPT	outpatient			24605		8995.01 Aetna	Commercial		12452.23				1117.08	23374.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCUT.IMPLANT NEURO.ELCT EPIC	63650	CPT	outpatient			24605		8995.01 Americare	Americare		18453.75	75			1117.08	23374.75	percent of total billed charges	
PERCUT.IMPLANT NEURO.ELCT EPIC	63650	CPT	outpatient			24605		8995.01 Amerihealth	Medicare		7821.75				1117.08	23374.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCUT.IMPLANT NEURO.ELCT EPIC	63650	CPT	outpatient			24605		8995.01 Amerihealth	HMO/PPO		15993.25	65			1117.08	23374.75	percent of total billed charges	
PERCUT.IMPLANT NEURO.ELCT EPIC	63650	CPT	outpatient			24605		8995.01 Consumer	Consumer		23374.75	95			1117.08	23374.75	percent of total billed charges	
PERCUT.IMPLANT NEURO.ELCT EPIC	63650	CPT	outpatient			24605		8995.01 Corrections	Corrections		19684	80			1117.08	23374.75	percent of total billed charges	
PERCUT.IMPLANT NEURO.ELCT EPIC	63650	CPT	outpatient			24605		8995.01 First Health	First Health		17223.5	70			1117.08	23374.75	percent of total billed charges	
PERCUT.IMPLANT NEURO.ELCT EPIC	63650	CPT	outpatient			24605		8995.01 First Trenton	First Trenton		22144.5	90			1117.08	23374.75	percent of total billed charges	
PERCUT.IMPLANT NEURO.ELCT EPIC	63650	CPT	outpatient			24605		8995.01 Horizon	Indemnity		14556.28				1117.08	23374.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCUT.IMPLANT NEURO.ELCT EPIC	63650	CPT	outpatient			24605		8995.01 Horizon	MGD		14556.28				1117.08	23374.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCUT.IMPLANT NEURO.ELCT EPIC	63650	CPT	outpatient			24605		8995.01 Horizon	NJ Health		1117.08				1117.08	23374.75	fee schedule	
PERCUT.IMPLANT NEURO.ELCT EPIC	63650	CPT	outpatient			24605		8995.01 Horizon	Medicare Blue		7821.75				1117.08	23374.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCUT.IMPLANT NEURO.ELCT EPIC	63650	CPT	outpatient			24605		8995.01 Horizon	PPO		14556.28				1117.08	23374.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCUT.IMPLANT NEURO.ELCT EPIC	63650	CPT	outpatient			24605		8995.01 Managed Care Inc	Managed Care Inc		22144.5	90			1117.08	23374.75	percent of total billed charges	
PERCUT.IMPLANT NEURO.ELCT EPIC	63650	CPT	outpatient			24605		8995.01 Multiplan	Multiplan		19684	80			1117.08	23374.75	percent of total billed charges	
PERCUT.IMPLANT NEURO.ELCT EPIC	63650	CPT	outpatient			24605		8995.01 Qualcare	Qualcare		18453.75	75			1117.08	23374.75	percent of total billed charges	
PERCUT.IMPLANT NEURO.ELCT EPIC	63650	CPT	outpatient			24605		8995.01 Three Rivers	Three Rivers		23374.75	95			1117.08	23374.75	percent of total billed charges	
PERCUT.IMPLANT NEURO.ELCT EPIC	63650	CPT	outpatient			24605		8995.01 UHC	Medicaid		7762.88	31.55			1117.08	23374.75	percent of total billed charges	
PERCUT.IMPLANT NEURO.ELCT EPIC	63650	CPT	outpatient			24605		8995.01 UHC	Medicare		7821.75				1117.08	23374.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCUT.IMPLANT NEURO.ELCT EPIC	63650	CPT	outpatient			24605		8995.01 United	Commercial/PPO		4702				1117.08	23374.75	case rate	
PERCUT.IMPLANT NEURO.ELCT EPIC	63650	CPT	outpatient			24605		8995.01 United	Oxford		4702				1117.08	23374.75	case rate	
PERCUT.IMPLANT NEURO.ELCT EPIC	63650	CPT	outpatient			24605		8995.01 Wellcare	Medicaid		7762.88	31.55			1117.08	23374.75	percent of total billed charges	
PERCUT.IMPLANT NEURO.ELCT EPIC	63650	CPT	outpatient			24605		8995.01 Wellcare	Medicare		7821.75				1117.08	23374.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCUT.IMPLANT NEURO.ELCT EPIC	63650	CPT	outpatient			24605		8995.01 WellPoint	WellPoint		7917.89	32.18			1117.08	23374.75	percent of total billed charges	
REMOVE/REVISE SPINAL ELECT	63661	CPT	outpatient			7230		2539.41 Aetna	Better Health		2281.07	31.55			522	6868.5	percent of total billed charges	
REMOVE/REVISE SPINAL ELECT	63661	CPT	outpatient			7230		2539.41 Aetna	Medicare		2226.84	30.8			522	6868.5	percent of total billed charges	
REMOVE/REVISE SPINAL ELECT	63661	CPT	outpatient			7230		2539.41 Aetna	Commercial		3515.42				522	6868.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE/REVISE SPINAL ELECT	63661	CPT	outpatient			7230		2539.41 Americare	Americare		5422.5	75			522	6868.5	percent of total billed charges	
REMOVE/REVISE SPINAL ELECT	63661	CPT	outpatient			7230		2539.41 Amerihealth	HMO/PPO		4699.5	65			522	6868.5	percent of total billed charges	
REMOVE/REVISE SPINAL ELECT	63661	CPT	outpatient			7230		2539.41 Amerihealth	Medicare		2208.18				522	6868.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE/REVISE SPINAL ELECT	63661	CPT	outpatient			7230		2539.41 Consumer	Consumer		6868.5	95			522	6868.5	percent of total billed charges	
REMOVE/REVISE SPINAL ELECT	63661	CPT	outpatient			7230		2539.41 Corrections	Corrections		5784	80			522	6868.5	percent of total billed charges	
REMOVE/REVISE SPINAL ELECT	63661	CPT	outpatient			7230		2539.41 First Health	First Health		5051	70			522	6868.5	percent of total billed charges	
REMOVE/REVISE SPINAL ELECT	63661	CPT	outpatient			7230		2539.41 First Trenton	First Trenton		6507	90			522	6868.5	percent of total billed charges	
REMOVE/REVISE SPINAL ELECT	63661	CPT	outpatient			7230		2539.41 Horizon	Medicare Blue		2208.18				522	6868.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE/REVISE SPINAL ELECT	63661	CPT	outpatient			7230		2539.41 Horizon	MGD		4109.42				522	6868.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE/REVISE SPINAL ELECT	63661	CPT	outpatient			7230		2539.41 Horizon	Indemnity		4109.42				522	6868.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE/REVISE SPINAL ELECT	63661	CPT	outpatient			7230		2539.41 Horizon	NJ Health		522				522	6868.5	fee schedule	
REMOVE/REVISE SPINAL ELECT	63661	CPT	outpatient			7230		2539.41 Horizon	PPO		4109.42				522	6868.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE/REVISE SPINAL ELECT	63661	CPT	outpatient			7230		2539.41 Managed Care Inc	Managed Care Inc		6507	90			522	6868.5	percent of total billed charges	
REMOVE/REVISE SPINAL ELECT	63661	CPT	outpatient			7230		2539.41 Multiplan	Multiplan		5784	80			522	6868.5	percent of total billed charges	
REMOVE/REVISE SPINAL ELECT	63661	CPT	outpatient			7230		2539.41 Qualcare	Qualcare		5422.5	75			522	6868.5	percent of total billed charges	
REMOVE/REVISE SPINAL ELECT	63661	CPT	outpatient			7230		2539.41 Three Rivers	Three Rivers		6868.5	95			522	6868.5	percent of total billed charges	
REMOVE/REVISE SPINAL ELECT	63661	CPT	outpatient			7230		2539.41 UHC	Medicaid		2281.07	31.55			522	6868.5	percent of total billed charges	
REMOVE/REVISE SPINAL ELECT	63661	CPT	outpatient			7230		2539.41 UHC	Medicare		2208.18				522	6868.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE/REVISE SPINAL ELECT	63661	CPT	outpatient			7230		2539.41 United	Oxford		2776				522	6868.5	case rate	
REMOVE/REVISE SPINAL ELECT	63661	CPT	outpatient			7230		2539.41 United	Commercial/PPO		2776				522	6868.5	case rate	
REMOVE/REVISE SPINAL ELECT	63661	CPT	outpatient			7230		2539.41 Wellcare	Medicare		2208.18				522	6868.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE/REVISE SPINAL ELECT	63661	CPT	outpatient			7230		2539.41 Wellcare	Medicaid		2281.07	31.55			522	6868.5	percent of total billed charges	
REMOVE/REVISE SPINAL ELECT	63661	CPT	outpatient			7230		2539.41 WellPoint	WellPoint		2326.61	32.18			522	6868.5	percent of total billed charges	
RE SP/NEUROSTIMU ELECTRODE	63662	CPT	outpatient			7230		4475.09 Aetna	Better Health		2281.07	31.55			2281.07	7241.86	percent of total billed charges	
RE SP/NEUROSTIMU ELECTRODE	63662	CPT	outpatient			7230		4475.09 Aetna	Commercial		6195.08				2281.07	7241.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RE SP/NEUROSTIMU ELECTRODE	63662	CPT	outpatient			7230		4475.09 Aetna	Medicare		3891.38				2281.07	7241.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RE SP/NEUROSTIMU ELECTRODE	63662	CPT	outpatient			7230		4475.09 Americare	Americare		5422.5	75			2281.07	7241.86	percent of total billed charges	
RE SP/NEUROSTIMU ELECTRODE	63662	CPT	outpatient			7230		4475.09 Amerihealth	HMO/PPO		4699.5	65			2281.07	7241.86	percent of total billed charges	
RE SP/NEUROSTIMU ELECTRODE	63662	CPT	outpatient			7230		4475.09 Amerihealth	Medicare		3891.38				2281.07	7241.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RE SP/NEUROSTIMU ELECTRODE	63662	CPT	outpatient			7230		4475.09 Consumer	Consumer		6868.5	95			2281.07	7241.86	percent of total billed charges	
RE SP/NEUROSTIMU ELECTRODE	63662	CPT	outpatient			7230		4475.09 Corrections	Corrections		5784	80			2281.07	7241.86	percent of total billed charges	
RE SP/NEUROSTIMU ELECTRODE	63662	CPT	outpatient			7230		4475.09 First Health	First Health		5051	70			2281.07	7241.86	percent of total billed charges	
RE SP/NEUROSTIMU ELECTRODE	63662	CPT	outpatient			7230		4475.09 First Trenton	First Trenton		6507	90			2281.07	7241.86	percent of total billed charges	
RE SP/NEUROSTIMU ELECTRODE	63662	CPT	outpatient			7230		4475.09 Horizon	Medicare Blue		3891.38				2281.07	7241.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RE SP/NEUROSTIMU ELECTRODE	63662	CPT	outpatient			7230		4475.09 Horizon	Indemnity		7241.86				2281.07	7241.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RE SP/NEUROSTIMU ELECTRODE	63662	CPT	outpatient			7230		4475.09 Horizon	MGD		7241.86				2281.07	7241.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RE SP/NEUROSTIMU ELECTRODE	63662	CPT	outpatient			7230		4475.09 Horizon	PPO		7241.86				2281.07	7241.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RE SP/NEUROSTIMU ELECTRODE	63662	CPT	outpatient			7230		4475.09 Managed Care Inc	Managed Care Inc		6507	90			2281.07	7241.86	percent of total billed charges	
RE SP/NEUROSTIMU ELECTRODE	63662	CPT	outpatient			7230		4475.09 Multiplan	Multiplan		5784	80			2281.07	7241.86	percent of total billed charges	
RE SP/NEUROSTIMU ELECTRODE	63662	CPT	outpatient			7230		4475.09 Qualcare	Qualcare		5422.5	75			2281.07	7241.86	percent of total billed charges	
RE SP/NEUROSTIMU ELECTRODE	63662	CPT	outpatient			7230		4475.09 Three Rivers	Three Rivers		6868.5	95			2281.07	7241.86	percent of total billed charges	
RE SP/NEUROSTIMU ELECTRODE	63662	CPT	outpatient			7230		4475.09 UHC	Medicare		3891.38				2281.07	7241.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RE SP/NEUROSTIMU ELECTRODE	63662	CPT	outpatient			7230		4475.09 UHC	Medicaid		2281.07	31.55			2281.07	7241.86	percent of total billed charges	
RE SP/NEUROSTIMU ELECTRODE	63662	CPT	outpatient			7230		4475.09 United	Oxford		3492				2281.07	7241.86	case rate	
RE SP/NEUROSTIMU ELECTRODE	63662	CPT	outpatient			7230		4475.09 United	Commercial/PPO		3492				2281.07	7241.86	case rate	
RE SP/NEUROSTIMU ELECTRODE	63662	CPT	outpatient			7230		4475.09 Wellcare	Medicare		3891.38				2281.07	7241.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RE SP/NEUROSTIMU ELECTRODE	63662	CPT	outpatient			7230		4475.09 Wellcare	Medicaid		2281.07	31.55			2281.07	7241.86	percent of total billed charges	
RE SP/NEUROSTIMU ELECTRODE	63662	CPT	outpatient			7230		4475.09 WellPoint	WellPoint		2326.61	32.18			2281.07	7241.86	percent of total billed charges	
REV SP/NEUROSTIMUL ELECTRODE	63664	CPT	outpatient			76551		17916.02 Aetna	Better Health		24151.84	31.55			4702	72723.45	percent of total billed charges	
REV SP/NEUROSTIMUL ELECTRODE	63664	CPT	outpatient			76551		17916.02 Aetna	Commercial		24802.01				4702	72723.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REV SP/NEUROSTIMUL ELECTRODE	63664	CPT	outpatient			76551		17916.02 Aetna	Medicare		15579.15				4702	72723.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REV SP/NEUROSTIMUL ELECTRODE	63664	CPT	outpatient			76551		17916.02 Americare	Americare		57413.25	75			4702	72723.45	percent of total billed charges	
REV SP/NEUROSTIMUL ELECTRODE	63664	CPT	outpatient			76551		17916.02 Amerihealth	Medicare		15579.15				4702	72723.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REV SP/NEUROSTIMUL ELECTRODE	63664	CPT	outpatient			76551		17916.02 Amerihealth	HMO/PPO		49758.15	65			4702	72723.45	percent of total billed charges	
REV SP/NEUROSTIMUL ELECTRODE	63664	CPT	outpatient			76551		17916.02 Consumer	Consumer		72723.45	95			4702	72723.45	percent of total billed charges	
REV SP/NEUROSTIMUL ELECTRODE	63664	CPT	outpatient			76551		17916.02 Corrections	Corrections		61240.8	80			4702	72723.45	percent of total billed charges	
REV SP/NEUROSTIMUL ELECTRODE	63664	CPT	outpatient			76551		17916.02 First Health	First Health		53985.7	70			4702	72723.45	percent of total billed charges	
REV SP/NEUROSTIMUL ELECTRODE	63664	CPT	outpatient			76551		17916.02 First Trenton	First Trenton		68895.9	90			4702	72723.45	percent of total billed charges	
REV SP/NEUROSTIMUL ELECTRODE	63664	CPT	outpatient			76551		17916.02 Horizon	Indemnity		28992.8				4702	72723.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REV SP/NEUROSTIMUL ELECTRODE	63664	CPT	outpatient			76551		17916.02 Horizon	PPO		28992.8				4702	72723.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REV SP/NEUROSTIMUL ELECTRODE	63664	CPT	outpatient			76551		17916.02 Horizon	MGD		28992.8				4702	72723.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REV SP/NEUROSTIMUL ELECTRODE	63664	CPT	outpatient			76551		17916.02 Horizon	Medicare Blue		15579.15				4702	72723.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REV SP/NEUROSTIMUL ELECTRODE	63664	CPT	outpatient			76551		17916.02 Managed Care Inc	Managed Care Inc		68895.9	90			4702	72723.45	percent of total billed charges	
REV SP/NEUROSTIMUL ELECTRODE	63664	CPT	outpatient			76551		17916.02 Multiplan	Multiplan		61240.8	80			4702	72723.45	percent of total billed charges	
REV SP/NEUROSTIMUL ELECTRODE	63664	CPT	outpatient			76551		17916.02 Qualcare	Qualcare		57413.25	75			4702	72723.45	percent of total billed charges	
REV SP/NEUROSTIMUL ELECTRODE	63664	CPT	outpatient			76551		17916.02 Three Rivers	Three Rivers		72723.45	95

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
REV SP/NEUROSTIMUL ELECTRODE	63664	CPT	outpatient			76551	17916.02	United	Oxford		4702				4702	72723.45	case rate	
REV SP/NEUROSTIMUL ELECTRODE	63664	CPT	outpatient			76551	17916.02	Wellcare	Medicare		15579.15				4702	72723.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REV SP/NEUROSTIMUL ELECTRODE	63664	CPT	outpatient			76551	17916.02	Wellcare	Medicaid		24151.84	31.55			4702	72723.45	percent of total billed charges	
REV SP/NEUROSTIMUL ELECTRODE	63664	CPT	outpatient			76551	17916.02	WellPoint	WellPoint		24634.11	32.18			4702	72723.45	percent of total billed charges	
PLACEMENT SUBQ SPINE NEUROSTIM	63685	CPT	outpatient			117590	40840.65	Aetna	Commercial		56537.67				524.64	111710.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACEMENT SUBQ SPINE NEUROSTIM	63685	CPT	outpatient			117590	40840.65	Aetna	Medicare		36217.72	30.8			524.64	111710.5	percent of total billed charges	
PLACEMENT SUBQ SPINE NEUROSTIM	63685	CPT	outpatient			117590	40840.65	Aetna	Better Health		37099.65	31.55			524.64	111710.5	percent of total billed charges	
PLACEMENT SUBQ SPINE NEUROSTIM	63685	CPT	outpatient			117590	40840.65	Americare	Americare		88192.5	75			524.64	111710.5	percent of total billed charges	
PLACEMENT SUBQ SPINE NEUROSTIM	63685	CPT	outpatient			117590	40840.65	Amerihealth	HMO/PPO		76433.5	65			524.64	111710.5	percent of total billed charges	
PLACEMENT SUBQ SPINE NEUROSTIM	63685	CPT	outpatient			117590	40840.65	Amerihealth	Medicare		35513.61				524.64	111710.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACEMENT SUBQ SPINE NEUROSTIM	63685	CPT	outpatient			117590	40840.65	Consumer	Consumer		111710.5	95			524.64	111710.5	percent of total billed charges	
PLACEMENT SUBQ SPINE NEUROSTIM	63685	CPT	outpatient			117590	40840.65	Corrections	Corrections		94072	80			524.64	111710.5	percent of total billed charges	
PLACEMENT SUBQ SPINE NEUROSTIM	63685	CPT	outpatient			117590	40840.65	First Health	First Health		82313	70			524.64	111710.5	percent of total billed charges	
PLACEMENT SUBQ SPINE NEUROSTIM	63685	CPT	outpatient			117590	40840.65	First Trenton	First Trenton		105831	90			524.64	111710.5	percent of total billed charges	
PLACEMENT SUBQ SPINE NEUROSTIM	63685	CPT	outpatient			117590	40840.65	Horizon	Medicare Blue		35513.61				524.64	111710.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACEMENT SUBQ SPINE NEUROSTIM	63685	CPT	outpatient			117590	40840.65	Horizon	PPO		66090.83				524.64	111710.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACEMENT SUBQ SPINE NEUROSTIM	63685	CPT	outpatient			117590	40840.65	Horizon	Indemnity		66090.83				524.64	111710.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACEMENT SUBQ SPINE NEUROSTIM	63685	CPT	outpatient			117590	40840.65	Horizon	MGD		66090.83				524.64	111710.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACEMENT SUBQ SPINE NEUROSTIM	63685	CPT	outpatient			117590	40840.65	Horizon	NJ Health		524.64				524.64	111710.5	fee schedule	
PLACEMENT SUBQ SPINE NEUROSTIM	63685	CPT	outpatient			117590	40840.65	Managed Care Inc	Managed Care Inc		105831	90			524.64	111710.5	percent of total billed charges	
PLACEMENT SUBQ SPINE NEUROSTIM	63685	CPT	outpatient			117590	40840.65	Multiplan	Multiplan		94072	80			524.64	111710.5	percent of total billed charges	
PLACEMENT SUBQ SPINE NEUROSTIM	63685	CPT	outpatient			117590	40840.65	Qualcare	Qualcare		88192.5	75			524.64	111710.5	percent of total billed charges	
PLACEMENT SUBQ SPINE NEUROSTIM	63685	CPT	outpatient			117590	40840.65	Three Rivers	Three Rivers		111710.5	95			524.64	111710.5	percent of total billed charges	
PLACEMENT SUBQ SPINE NEUROSTIM	63685	CPT	outpatient			117590	40840.65	UHC	Medicaid		37099.65	31.55			524.64	111710.5	percent of total billed charges	
PLACEMENT SUBQ SPINE NEUROSTIM	63685	CPT	outpatient			117590	40840.65	UHC	Medicare		35513.61				524.64	111710.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACEMENT SUBQ SPINE NEUROSTIM	63685	CPT	outpatient			117590	40840.65	United	Commercial|PPO		6553				524.64	111710.5	case rate	
PLACEMENT SUBQ SPINE NEUROSTIM	63685	CPT	outpatient			117590	40840.65	United	Oxford		6553				524.64	111710.5	case rate	
PLACEMENT SUBQ SPINE NEUROSTIM	63685	CPT	outpatient			117590	40840.65	Wellcare	Medicare		35513.61				524.64	111710.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACEMENT SUBQ SPINE NEUROSTIM	63685	CPT	outpatient			117590	40840.65	Wellcare	Medicaid		37099.65	31.55			524.64	111710.5	percent of total billed charges	
PLACEMENT SUBQ SPINE NEUROSTIM	63685	CPT	outpatient			117590	40840.65	WellPoint	WellPoint		37840.46	32.18			524.64	111710.5	percent of total billed charges	
TRIGENINAL	64400	CPT	outpatient			1218	389.55	Aetna	Medicare		338.74				98.66	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRIGENINAL	64400	CPT	outpatient			1218	389.55	Aetna	Better Health		384.28	31.55			98.66	1782	percent of total billed charges	
TRIGENINAL	64400	CPT	outpatient			1218	389.55	Aetna	Commercial		539.27				98.66	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRIGENINAL	64400	CPT	outpatient			1218	389.55	Americare	Americare		913.5	75			98.66	1782	percent of total billed charges	
TRIGENINAL	64400	CPT	outpatient			1218	389.55	Amerihealth	HMO/PPO		791.7	65			98.66	1782	percent of total billed charges	
TRIGENINAL	64400	CPT	outpatient			1218	389.55	Amerihealth	Medicare		338.74				98.66	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRIGENINAL	64400	CPT	outpatient			1218	389.55	Consumer	Consumer		1157.1	95			98.66	1782	percent of total billed charges	
TRIGENINAL	64400	CPT	outpatient			1218	389.55	Corrections	Corrections		974.4	80			98.66	1782	percent of total billed charges	
TRIGENINAL	64400	CPT	outpatient			1218	389.55	First Health	First Health		852.6	70			98.66	1782	percent of total billed charges	
TRIGENINAL	64400	CPT	outpatient			1218	389.55	First Trenton	First Trenton		1096.2	90			98.66	1782	percent of total billed charges	
TRIGENINAL	64400	CPT	outpatient			1218	389.55	Horizon	Indemnity		630.4				98.66	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRIGENINAL	64400	CPT	outpatient			1218	389.55	Horizon	MGD		630.4				98.66	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRIGENINAL	64400	CPT	outpatient			1218	389.55	Horizon	NJ Health		98.66				98.66	1782	fee schedule	
TRIGENINAL	64400	CPT	outpatient			1218	389.55	Horizon	Medicare Blue		338.74				98.66	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRIGENINAL	64400	CPT	outpatient			1218	389.55	Horizon	PPO		630.4				98.66	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRIGENINAL	64400	CPT	outpatient			1218	389.55	Managed Care Inc	Managed Care Inc		1096.2	90			98.66	1782	percent of total billed charges	
TRIGENINAL	64400	CPT	outpatient			1218	389.55	Multiplan	Multiplan		974.4	80			98.66	1782	percent of total billed charges	
TRIGENINAL	64400	CPT	outpatient			1218	389.55	Qualcare	Qualcare		913.5	75			98.66	1782	percent of total billed charges	
TRIGENINAL	64400	CPT	outpatient			1218	389.55	Three Rivers	Three Rivers		1157.1	95			98.66	1782	percent of total billed charges	
TRIGENINAL	64400	CPT	outpatient			1218	389.55	UHC	Medicare		338.74				98.66	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRIGENINAL	64400	CPT	outpatient			1218	389.55	UHC	Medicaid		384.28	31.55			98.66	1782	percent of total billed charges	
TRIGENINAL	64400	CPT	outpatient			1218	389.55	United	Oxford		1782				98.66	1782	case rate	
TRIGENINAL	64400	CPT	outpatient			1218	389.55	United	Commercial|PPO		1782				98.66	1782	case rate	
TRIGENINAL	64400	CPT	outpatient			1218	389.55	Wellcare	Medicare		338.74				98.66	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRIGENINAL	64400	CPT	outpatient			1218	389.55	Wellcare	Medicaid		384.28	31.55			98.66	1782	percent of total billed charges	
TRIGENINAL	64400	CPT	outpatient			1218	389.55	WellPoint	WellPoint		391.95	32.18			98.66	1782	percent of total billed charges	
INJ ANESTH; FACIAL NERVE	64402	CPT	outpatient			1218		Aetna	Better Health		384.28	31.55			365.4	1157.1	percent of total billed charges	
INJ ANESTH; FACIAL NERVE	64402	CPT	outpatient			1218		Aetna	Medicare		375.14	30.8			365.4	1157.1	percent of total billed charges	
INJ ANESTH; FACIAL NERVE	64402	CPT	outpatient			1218		Aetna	Commercial		462.84	38			365.4	1157.1	percent of total billed charges	
INJ ANESTH; FACIAL NERVE	64402	CPT	outpatient			1218		Americare	Americare		913.5	75			365.4	1157.1	percent of total billed charges	
INJ ANESTH; FACIAL NERVE	64402	CPT	outpatient			1218		Amerihealth	HMO/PPO		791.7	65			365.4	1157.1	percent of total billed charges	
INJ ANESTH; FACIAL NERVE	64402	CPT	outpatient			1218		Consumer	Consumer		1157.1	95			365.4	1157.1	percent of total billed charges	
INJ ANESTH; FACIAL NERVE	64402	CPT	outpatient			1218		Corrections	Corrections		974.4	80			365.4	1157.1	percent of total billed charges	
INJ ANESTH; FACIAL NERVE	64402	CPT	outpatient			1218		First Health	First Health		852.6	70			365.4	1157.1	percent of total billed charges	
INJ ANESTH; FACIAL NERVE	64402	CPT	outpatient			1218		First Trenton	First Trenton		1096.2	90			365.4	1157.1	percent of total billed charges	
INJ ANESTH; FACIAL NERVE	64402	CPT	outpatient			1218		Horizon	Medicare Blue		365.4	30			365.4	1157.1	percent of total billed charges	
INJ ANESTH; FACIAL NERVE	64402	CPT	outpatient			1218		Horizon	Indemnity		466.25	38.28			365.4	1157.1	percent of total billed charges	
INJ ANESTH; FACIAL NERVE	64402	CPT	outpatient			1218		Horizon	MGD		466.25	38.28			365.4	1157.1	percent of total billed charges	
INJ ANESTH; FACIAL NERVE	64402	CPT	outpatient			1218		Horizon	PPO		466.25	38.28			365.4	1157.1	percent of total billed charges	
INJ ANESTH; FACIAL NERVE	64402	CPT	outpatient			1218		Managed Care Inc	Managed Care Inc		1096.2	90			365.4	1157.1	percent of total billed charges	
INJ ANESTH; FACIAL NERVE	64402	CPT	outpatient			1218		Multiplan	Multiplan		974.4	80			365.4	1157.1	percent of total billed charges	
INJ ANESTH; FACIAL NERVE	64402	CPT	outpatient			1218		Qualcare	Qualcare		913.5	75			365.4	1157.1	percent of total billed charges	
INJ ANESTH; FACIAL NERVE	64402	CPT	outpatient			1218		Three Rivers	Three Rivers		1157.1	95			365.4	1157.1	percent of total billed charges	
INJ ANESTH; FACIAL NERVE	64402	CPT	outpatient			1218		UHC	Medicaid		384.28	31.55			365.4	1157.1	percent of total billed charges	
INJ ANESTH; FACIAL NERVE	64402	CPT	outpatient			1218		Wellcare	Medicaid		384.28	31.55			365.4	1157.1	percent of total billed charges	
INJ ANESTH; FACIAL NERVE	64402	CPT	outpatient			1218		WellPoint	WellPoint		391.95	32.18			365.4	1157.1	percent of total billed charges	
OCCIPITAL NERVE BLOCK	64405	CPT	outpatient			1218	389.55	Aetna	Better Health		384.28	31.55			125.51	1782	percent of total billed charges	
OCCIPITAL NERVE BLOCK	64405	CPT	outpatient			1218	389.55	Aetna	Medicare		338.74				125.51	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCCIPITAL NERVE BLOCK	64405	CPT	outpatient			1218	389.55	Aetna	Commercial		539.27				125.51	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCCIPITAL NERVE BLOCK	64405	CPT	outpatient			1218	389.55	Americare	Americare		913.5	75			125.51	1782	percent of total billed charges	
OCCIPITAL NERVE BLOCK	64405	CPT	outpatient			1218	389.55	Amerihealth	Medicare		338.74				125.51	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCCIPITAL NERVE BLOCK	64405	CPT	outpatient			1218	389.55	Amerihealth	HMO/PPO		791.7	65			125.51	1782	percent of total billed charges	
OCCIPITAL NERVE BLOCK	64405	CPT	outpatient			1218	389.55	Consumer	Consumer		1157.1	95			125.51	1782	percent of total billed charges	
OCCIPITAL NERVE BLOCK	64405	CPT	outpatient			1218	389.55	Corrections	Corrections		974.4	80			125.51	1782	percent of total billed charges	
OCCIPITAL NERVE BLOCK	64405	CPT	outpatient			1218	389.55	First Health	First Health		852.6	70			125.51	1782	percent of total billed charges	
OCCIPITAL NERVE BLOCK	64405	CPT	outpatient			1218	389.55	First Trenton	First Trenton		1096.2	90			125.51	1782	percent of total billed charges	
OCCIPITAL NERVE BLOCK	64405	CPT	outpatient			1218	389.55	Horizon	Indemnity		630.4				125.51	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCCIPITAL NERVE BLOCK	64405	CPT	outpatient			1218	389.55	Horizon	MGD		630.4				125.51	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCCIPITAL NERVE BLOCK	64405	CPT	outpatient			1218	389.55	Horizon	NJ Health		125.51				125.51	1782	fee schedule	
OCCIPITAL NERVE BLOCK	64405	CPT	outpatient			1218	389.55	Horizon	Medicare Blue		338.74				125.51	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCCIPITAL NERVE BLOCK	64405	CPT	outpatient			1218	389.55	Horizon	PPO		630.4				125.51	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCCIPITAL NERVE BLOCK	64405	CPT	outpatient			1218	389.55	Managed Care Inc	Managed Care Inc		1096.2	90			125.51	1782	percent of total billed charges	
OCCIPITAL NERVE BLOCK	64405	CPT	outpatient			1218	389.55	Multiplan	Multiplan		974.4	80			125.51	1782	percent of total billed charges	
OCCIPITAL NERVE BLOCK	64405	CPT	outpatient			1218	389.55	Qualcare	Qualcare		913.5	75			125.51	1782	percent of total billed charges	
OCCIPITAL NERVE BLOCK	64405	CPT	outpatient			1218	389.55	Three Rivers	Three Rivers		1157.1	95			125.51	1782	percent of total billed charges	
OCCIPITAL NERVE BLOCK	64405	CPT	outpatient			1218	389.55	UHC	Medicaid		384.28	31.55			125.51	1782	percent of total billed charges	
OCCIPITAL NERVE BLOCK	64405	CPT	outpatient			1218	389.55	UHC	Medicare		338.74				125.51	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCCIPITAL NERVE BLOCK	64405	CPT	outpatient			1218	389.55	United	Oxford		1782				125.51	1782	case rate	
OCCIPITAL NERVE BLOCK	64405	CPT	outpatient			1218	389.55	United	Commercial|PPO		1782				125.51	1782	case rate	
OCCIPITAL NERVE BLOCK	64405	CPT	outpatient			1218	389.55	Wellcare	Medicare		338.74				125.51	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCCIPITAL NERVE BLOCK	64405	CPT	outpatient			1218	389.55	Wellcare	Medicaid		384.28	31.55			125.51	1782	percent of total billed charges	
OCCIPITAL NERVE BLOCK	64405	CPT	outpatient			1218	389.55	WellPoint	WellPoint		391.95	32.18			125.51	1782	percent of total billed charges	
NERVE BLOCK VARGUS	64408	CPT	outpatient			1218	389.55	Aetna	Commercial		539.27				85.27	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NERVE BLOCK VARGUS	64408	CPT	outpatient			1218	389.55	Aetna	Better Health		384.28	31.55			85.27	1782	percent of total billed charges	
NERVE BLOCK VARGUS	64408	CPT	outpatient			1218	389.55	Aetna	Medicare		338.74				85.27	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NERVE BLOCK VARGUS	64408	CPT	outpatient			1218	389.55	Americare	Americare		913.5	75			85.27	1782	percent of total billed charges	
NERVE BLOCK VARGUS	64408	CPT	outpatient			1218	389.55	Amerihealth	Medicare		338.74				85.27	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NERVE BLOCK VARGUS	64408	CPT	outpatient			1218	389.55	Amerihealth	HMO/PPO		791.7	65			85.27	1782	percent of total billed charges	
NERVE BLOCK VARGUS	64408	CPT	outpatient			1218	389.55	Consumer	Consumer		1157.1	95			85.27	1782	percent of total billed charges	
NERVE BLOCK VARGUS	64408	CPT	outpatient			1218	389.55	Corrections	Corrections		974.4	80			85.27	1782	percent of total billed charges	
NERVE BLOCK VARGUS	64408	CPT	outpatient			1218	389.55	First Health	First Health		852.6	70			85.27	1782	percent of total billed charges	
NERVE BLOCK VARGUS	64408	CPT	outpatient			1218	389.55	First Trenton	First Trenton		1096.2	90			85.27	1782	percent of total billed charges	
NERVE BLOCK VARGUS	64408	CPT	outpatient			1218	389.55	Horizon	MGD		630.4				85.27	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NERVE BLOCK VARGUS	64408	CPT	outpatient			1218	389.55	Horizon	Indemnity		630.4				85.27	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NERVE BLOCK VARGUS	64408	CPT	outpatient			1218	389.55	Horizon	PPO		630.4				85.27	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NERVE BLOCK VARGUS	64408	CPT	outpatient			1218	389.55	Horizon	NJ Health		85.27				85.27	1782	fee schedule	
NERVE BLOCK VARGUS	64408	CPT	outpatient			1218	389.55	Horizon	Medicare Blue		338.74				85.27	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NERVE BLOCK VARGUS	64408	CPT	outpatient			1218	389.55	Managed Care Inc	Managed Care Inc		1096.2	90			85.27	1782	percent of total billed charges	
NERVE BLOCK VARGUS	64408	CPT	outpatient			1218	389.55	Multiplan	Multiplan		974.4	80			85.27	1782	percent of total billed charges	
NERVE BLOCK VARGUS	64408	CPT	outpatient			1218	389.55	Qualcare	Qualcare		913.5	75			85.27	1782	percent of total billed charges	
NERVE BLOCK VARGUS	64408	CPT	outpatient			1218	389.55	Three Rivers	Three Rivers		1157.1	95			85.27	1782	percent of total billed charges	
NERVE BLOCK VARGUS	64408	CPT	outpatient			1218	389.55	UHC	Medicare		338.74				85.27	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NERVE BLOCK VARGUS	64408	CPT	outpatient			1218	389.55	UHC	Medicaid		384.28	31.55			85.27	1782	percent of total billed charges	
NERVE BLOCK VARGUS	64408	CPT	outpatient			1218	389.55	United	Commercial|PPO		1782				85.27	1782	case rate	
NERVE BLOCK VARGUS	64408	CPT	outpatient			1218	389.55	United	Oxford		1782				85.27	1782	case rate	
NERVE BLOCK VARGUS	64408	CPT	outpatient			1218	389.55	Wellcare	Medicare		338.74				85.27	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NERVE BLOCK VARGUS	64408	CPT	outpatient			1218	389.55	Wellcare	Medicaid		384.28	31.55			85.27	1782	percent of total billed charges	
NERVE BLOCK VARGUS	64408	CPT	outpatient			1218	389.55	WellPoint	WellPoint		391.95	32.18			85.27	1782	percent of total billed charges	
INJ ANESTH;CERVICAL PLEXUS	64413	CPT	outpatient			1698		Aetna	Better Health		535.72	31.55			509.4	1613.1	percent of total billed charges	
INJ ANESTH;CERVICAL PLEXUS	64413	CPT	outpatient			1698		Aetna	Medicare		522.98	30.8			509.4	1613.1	percent of total billed charges	
INJ ANESTH;CERVICAL PLEXUS	64413	CPT	outpatient			1698		Aetna	Commercial		645.24	38			509.4	1613.1	percent of total billed charges	
INJ ANESTH;CERVICAL PLEXUS	64413	CPT	outpatient			1698		Americare	Americare		1273.5	75			509.4	1613.1	percent of total billed charges	
INJ ANESTH;CERVICAL PLEXUS	64413	CPT	outpatient			1698		Amerihealth	HMO/PPO		1103.7	65			509.4	1613.1	percent of total billed charges	
INJ ANESTH;CERVICAL PLEXUS	64413	CPT	outpatient			1698		Consumer	Consumer		1613.1	95			509.4	1613.1	percent of total billed charges	
INJ ANESTH;CERVICAL PLEXUS	64413	CPT	outpatient			1698		Corrections	Corrections		1358.4	80			509.4	1613.1	percent of total billed charges	
INJ ANESTH;CERVICAL PLEXUS	64413	CPT	outpatient			1698		First Health	First Health		1188.6	70			509.4	1613.1	percent of total billed charges	
INJ ANESTH;CERVICAL PLEXUS	64413	CPT	outpatient			1698		First Trenton	First Trenton		1528.2	90			509.4	1613.1	percent of total billed charges	
INJ ANESTH;CERVICAL PLEXUS	64413	CPT	outpatient			1698		Horizon	MGD		649.99	38.28			509.4	1613.1	percent of total billed charges	
INJ ANESTH;CERVICAL PLEXUS	64413	CPT	outpatient			1698		Horizon	Medicare Blue		509.4	30			509.4	1613.1	percent of total billed charges	
INJ ANESTH;CERVICAL PLEXUS	64413	CPT	outpatient			1698		Horizon	PPO		649.99	38.28			509.4	1613.1	percent of total billed charges	
INJ ANESTH;CERVICAL PLEXUS	64413	CPT	outpatient			1698		Horizon	Indemnity		649.99	38.28			509.4	1613.1	percent of total billed charges	
INJ ANESTH;CERVICAL PLEXUS	64413	CPT	outpatient			1698		Managed Care Inc	Managed Care Inc		1528.2	90			509.4	1613.1	percent of total billed charges	
INJ ANESTH;CERVICAL PLEXUS	64413	CPT	outpatient			1698		Multiplan	Multiplan		1358.4	80			509.4	1613.1	percent of total billed charges	
INJ ANESTH;CERVICAL PLEXUS	64413	CPT	outpatient			1698		Qualcare	Qualcare		1273.5	75			509.4	1613.1	percent of total billed charges	
INJ ANESTH;CERVICAL PLEXUS	64413	CPT	outpatient			1698		Three Rivers	Three Rivers		1613.1	95			509.4	1613.1	percent of total billed charges	
INJ ANESTH;CERVICAL PLEXUS	64413	CPT	outpatient			1698		UHC	Medicaid		535.72	31.55			509.4	1613.1	percent of total billed charges	
INJ ANESTH;CERVICAL PLEXUS	64413	CPT	outpatient			1698		Wellcare	Medicaid		535.72	31.55			509.4	1613.1	percent of total billed charges	
INJ ANESTH;CERVICAL PLEXUS	64413	CPT	outpatient			1698		WellPoint	WellPoint		546.42	32.18			509.4	1613.1	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
SINGLE NERVE BLOCK ARM NERVE	64415	CPT	outpatient			3286		1198.81 Aetna	Commercial		1659.56				137		3121.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SINGLE NERVE BLOCK ARM NERVE	64415	CPT	outpatient			3286		1198.81 Aetna	Better Health		1036.73	31.55			137		3121.7 percent of total billed charges	
SINGLE NERVE BLOCK ARM NERVE	64415	CPT	outpatient			3286		1198.81 Aetna	Medicare		1042.44				137		3121.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SINGLE NERVE BLOCK ARM NERVE	64415	CPT	outpatient			3286		1198.81 Americare	Americare		2464.5	75			137		3121.7 percent of total billed charges	
SINGLE NERVE BLOCK ARM NERVE	64415	CPT	outpatient			3286		1198.81 Amerihealth	HMO/PPO		2155.9	65			137		3121.7 percent of total billed charges	
SINGLE NERVE BLOCK ARM NERVE	64415	CPT	outpatient			3286		1198.81 Amerihealth	Medicare		1042.44				137		3121.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SINGLE NERVE BLOCK ARM NERVE	64415	CPT	outpatient			3286		1198.81 Consumer	Consumer		3121.7	95			137		3121.7 percent of total billed charges	
SINGLE NERVE BLOCK ARM NERVE	64415	CPT	outpatient			3286		1198.81 Corrections	Corrections		2628.8	80			137		3121.7 percent of total billed charges	
SINGLE NERVE BLOCK ARM NERVE	64415	CPT	outpatient			3286		1198.81 First Health	First Health		2300.2	70			137		3121.7 percent of total billed charges	
SINGLE NERVE BLOCK ARM NERVE	64415	CPT	outpatient			3286		1198.81 First Trenton	First Trenton		2957.4	90			137		3121.7 percent of total billed charges	
SINGLE NERVE BLOCK ARM NERVE	64415	CPT	outpatient			3286		1198.81 Horizon	MGD		1939.98				137		3121.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SINGLE NERVE BLOCK ARM NERVE	64415	CPT	outpatient			3286		1198.81 Horizon	Medicare Blue		1042.44				137		3121.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SINGLE NERVE BLOCK ARM NERVE	64415	CPT	outpatient			3286		1198.81 Horizon	PPO		1939.98				137		3121.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SINGLE NERVE BLOCK ARM NERVE	64415	CPT	outpatient			3286		1198.81 Horizon	Indemnity		1939.98				137		3121.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SINGLE NERVE BLOCK ARM NERVE	64415	CPT	outpatient			3286		1198.81 Horizon	NJ Health		137				137		3121.7 fee schedule	
SINGLE NERVE BLOCK ARM NERVE	64415	CPT	outpatient			3286		1198.81 Managed Care Inc	Managed Care Inc		2957.4	90			137		3121.7 percent of total billed charges	
SINGLE NERVE BLOCK ARM NERVE	64415	CPT	outpatient			3286		1198.81 Multiplan	Multiplan		2628.8	80			137		3121.7 percent of total billed charges	
SINGLE NERVE BLOCK ARM NERVE	64415	CPT	outpatient			3286		1198.81 Qualcare	Qualcare		2464.5	75			137		3121.7 percent of total billed charges	
SINGLE NERVE BLOCK ARM NERVE	64415	CPT	outpatient			3286		1198.81 Three Rivers	Three Rivers		3121.7	95			137		3121.7 percent of total billed charges	
SINGLE NERVE BLOCK ARM NERVE	64415	CPT	outpatient			3286		1198.81 UHC	Medicare		1042.44				137		3121.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SINGLE NERVE BLOCK ARM NERVE	64415	CPT	outpatient			3286		1198.81 UHC	Medicaid		1036.73	31.55			137		3121.7 percent of total billed charges	
SINGLE NERVE BLOCK ARM NERVE	64415	CPT	outpatient			3286		1198.81 United	CommercialPPO		1817				137		3121.7 case rate	
SINGLE NERVE BLOCK ARM NERVE	64415	CPT	outpatient			3286		1198.81 United	Oxford		1817				137		3121.7 case rate	
SINGLE NERVE BLOCK ARM NERVE	64415	CPT	outpatient			3286		1198.81 Wellcare	Medicaid		1036.73	31.55			137		3121.7 percent of total billed charges	
SINGLE NERVE BLOCK ARM NERVE	64415	CPT	outpatient			3286		1198.81 Wellcare	Medicare		1042.44				137		3121.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SINGLE NERVE BLOCK ARM NERVE	64415	CPT	outpatient			3286		1198.81 WellPoint	WellPoint		1057.43	32.18			137		3121.7 percent of total billed charges	
INJECTION,ANESTHETIC AGENT, AXILLARY NER	64417	CPT	outpatient			3286		1198.81 Aetna	Better Health		1036.73	31.55			142.11		3121.7 percent of total billed charges	
INJECTION,ANESTHETIC AGENT, AXILLARY NER	64417	CPT	outpatient			3286		1198.81 Aetna	Commercial		1659.56				142.11		3121.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION,ANESTHETIC AGENT, AXILLARY NER	64417	CPT	outpatient			3286		1198.81 Aetna	Medicare		1042.44				142.11		3121.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION,ANESTHETIC AGENT, AXILLARY NER	64417	CPT	outpatient			3286		1198.81 Americare	Americare		2464.5	75			142.11		3121.7 percent of total billed charges	
INJECTION,ANESTHETIC AGENT, AXILLARY NER	64417	CPT	outpatient			3286		1198.81 Amerihealth	HMO/PPO		2155.9	65			142.11		3121.7 percent of total billed charges	
INJECTION,ANESTHETIC AGENT, AXILLARY NER	64417	CPT	outpatient			3286		1198.81 Amerihealth	Medicare		1042.44				142.11		3121.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION,ANESTHETIC AGENT, AXILLARY NER	64417	CPT	outpatient			3286		1198.81 Consumer	Consumer		3121.7	95			142.11		3121.7 percent of total billed charges	
INJECTION,ANESTHETIC AGENT, AXILLARY NER	64417	CPT	outpatient			3286		1198.81 Corrections	Corrections		2628.8	80			142.11		3121.7 percent of total billed charges	
INJECTION,ANESTHETIC AGENT, AXILLARY NER	64417	CPT	outpatient			3286		1198.81 First Health	First Health		2300.2	70			142.11		3121.7 percent of total billed charges	
INJECTION,ANESTHETIC AGENT, AXILLARY NER	64417	CPT	outpatient			3286		1198.81 First Trenton	First Trenton		2957.4	90			142.11		3121.7 percent of total billed charges	
INJECTION,ANESTHETIC AGENT, AXILLARY NER	64417	CPT	outpatient			3286		1198.81 Horizon	NJ Health		142.11				142.11		3121.7 fee schedule	
INJECTION,ANESTHETIC AGENT, AXILLARY NER	64417	CPT	outpatient			3286		1198.81 Horizon	Indemnity		1939.98				142.11		3121.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION,ANESTHETIC AGENT, AXILLARY NER	64417	CPT	outpatient			3286		1198.81 Horizon	MGD		1939.98				142.11		3121.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION,ANESTHETIC AGENT, AXILLARY NER	64417	CPT	outpatient			3286		1198.81 Horizon	Medicare Blue		1042.44				142.11		3121.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION,ANESTHETIC AGENT, AXILLARY NER	64417	CPT	outpatient			3286		1198.81 Horizon	PPO		1939.98				142.11		3121.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION,ANESTHETIC AGENT, AXILLARY NER	64417	CPT	outpatient			3286		1198.81 Managed Care Inc	Managed Care Inc		2957.4	90			142.11		3121.7 percent of total billed charges	
INJECTION,ANESTHETIC AGENT, AXILLARY NER	64417	CPT	outpatient			3286		1198.81 Multiplan	Multiplan		2628.8	80			142.11		3121.7 percent of total billed charges	
INJECTION,ANESTHETIC AGENT, AXILLARY NER	64417	CPT	outpatient			3286		1198.81 Qualcare	Qualcare		2464.5	75			142.11		3121.7 percent of total billed charges	
INJECTION,ANESTHETIC AGENT, AXILLARY NER	64417	CPT	outpatient			3286		1198.81 Three Rivers	Three Rivers		3121.7	95			142.11		3121.7 percent of total billed charges	
INJECTION,ANESTHETIC AGENT, AXILLARY NER	64417	CPT	outpatient			3286		1198.81 UHC	Medicaid		1036.73	31.55			142.11		3121.7 percent of total billed charges	
INJECTION,ANESTHETIC AGENT, AXILLARY NER	64417	CPT	outpatient			3286		1198.81 UHC	Medicare		1042.44				142.11		3121.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION,ANESTHETIC AGENT, AXILLARY NER	64417	CPT	outpatient			3286		1198.81 United	CommercialPPO		1817				142.11		3121.7 case rate	
INJECTION,ANESTHETIC AGENT, AXILLARY NER	64417	CPT	outpatient			3286		1198.81 United	Oxford		1817				142.11		3121.7 case rate	
INJECTION,ANESTHETIC AGENT, AXILLARY NER	64417	CPT	outpatient			3286		1198.81 Wellcare	Medicare		1042.44				142.11		3121.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION,ANESTHETIC AGENT, AXILLARY NER	64417	CPT	outpatient			3286		1198.81 Wellcare	Medicaid		1036.73	31.55			142.11		3121.7 percent of total billed charges	
INJECTION,ANESTHETIC AGENT, AXILLARY NER	64417	CPT	outpatient			3286		1198.81 WellPoint	WellPoint		1057.43	32.18			142.11		3121.7 percent of total billed charges	
SUPRASCPULAR NERVE BLOCK	64418	CPT	outpatient			2536		909.54 Aetna	Commercial		1259.11				98.66		2409.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUPRASCPULAR NERVE BLOCK	64418	CPT	outpatient			2536		909.54 Aetna	Better Health		800.11	31.55			98.66		2409.2 percent of total billed charges	
SUPRASCPULAR NERVE BLOCK	64418	CPT	outpatient			2536		909.54 Aetna	Medicare		790.9				98.66		2409.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUPRASCPULAR NERVE BLOCK	64418	CPT	outpatient			2536		909.54 Americare	Americare		1902	75			98.66		2409.2 percent of total billed charges	
SUPRASCPULAR NERVE BLOCK	64418	CPT	outpatient			2536		909.54 Amerihealth	HMO/PPO		1648.4	65			98.66		2409.2 percent of total billed charges	
SUPRASCPULAR NERVE BLOCK	64418	CPT	outpatient			2536		909.54 Amerihealth	Medicare		790.9				98.66		2409.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUPRASCPULAR NERVE BLOCK	64418	CPT	outpatient			2536		909.54 Consumer	Consumer		2409.2	95			98.66		2409.2 percent of total billed charges	
SUPRASCPULAR NERVE BLOCK	64418	CPT	outpatient			2536		909.54 Corrections	Corrections		2028.8	80			98.66		2409.2 percent of total billed charges	
SUPRASCPULAR NERVE BLOCK	64418	CPT	outpatient			2536		909.54 First Health	First Health		1775.2	70			98.66		2409.2 percent of total billed charges	
SUPRASCPULAR NERVE BLOCK	64418	CPT	outpatient			2536		909.54 First Trenton	First Trenton		2282.4	90			98.66		2409.2 percent of total billed charges	
SUPRASCPULAR NERVE BLOCK	64418	CPT	outpatient			2536		909.54 Horizon	Indemnity		1471.86				98.66		2409.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUPRASCPULAR NERVE BLOCK	64418	CPT	outpatient			2536		909.54 Horizon	Medicare Blue		790.9				98.66		2409.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUPRASCPULAR NERVE BLOCK	64418	CPT	outpatient			2536		909.54 Horizon	NJ Health		98.66				98.66		2409.2 fee schedule	
SUPRASCPULAR NERVE BLOCK	64418	CPT	outpatient			2536		909.54 Horizon	MGD		1471.86				98.66		2409.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUPRASCPULAR NERVE BLOCK	64418	CPT	outpatient			2536		909.54 Horizon	PPO		1471.86				98.66		2409.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUPRASCPULAR NERVE BLOCK	64418	CPT	outpatient			2536		909.54 Managed Care Inc	Managed Care Inc		2282.4	90			98.66		2409.2 percent of total billed charges	
SUPRASCPULAR NERVE BLOCK	64418	CPT	outpatient			2536		909.54 Multiplan	Multiplan		2028.8	80			98.66		2409.2 percent of total billed charges	
SUPRASCPULAR NERVE BLOCK	64418	CPT	outpatient			2536		909.54 Qualcare	Qualcare		1902	75			98.66		2409.2 percent of total billed charges	
SUPRASCPULAR NERVE BLOCK	64418	CPT	outpatient			2536		909.54 Three Rivers	Three Rivers		2409.2	95			98.66		2409.2 percent of total billed charges	
SUPRASCPULAR NERVE BLOCK	64418	CPT	outpatient			2536		909.54 UHC	Medicaid		800.11	31.55			98.66		2409.2 percent of total billed charges	
SUPRASCPULAR NERVE BLOCK	64418	CPT	outpatient			2536		909.54 UHC	Medicare		790.9				98.66		2409.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUPRASCPULAR NERVE BLOCK	64418	CPT	outpatient			2536		909.54 United	CommercialPPO		1817				98.66		2409.2 case rate	
SUPRASCPULAR NERVE BLOCK	64418	CPT	outpatient			2536		909.54 United	Oxford		1817				98.66		2409.2 case rate	
SUPRASCPULAR NERVE BLOCK	64418	CPT	outpatient			2536		909.54 Wellcare	Medicaid		800.11	31.55			98.66		2409.2 percent of total billed charges	
SUPRASCPULAR NERVE BLOCK	64418	CPT	outpatient			2536		909.54 Wellcare	Medicare		790.9				98.66		2409.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUPRASCPULAR NERVE BLOCK	64418	CPT	outpatient			2536		909.54 WellPoint	WellPoint		816.08	32.18			98.66		2409.2 percent of total billed charges	
SINGLE INTERCOSTAL NERVE BLOCK	64420	CPT	outpatient			2536		909.54 Aetna	Medicare		781.09	30.8			85.27		2409.2 percent of total billed charges	
SINGLE INTERCOSTAL NERVE BLOCK	64420	CPT	outpatient			2536		909.54 Aetna	Commercial		1259.11				85.27		2409.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SINGLE INTERCOSTAL NERVE BLOCK	64420	CPT	outpatient			2536		909.54 Aetna	Better Health		800.11	31.55			85.27		2409.2 percent of total billed charges	
SINGLE INTERCOSTAL NERVE BLOCK	64420	CPT	outpatient			2536		909.54 Americare	Americare		1902	75			85.27		2409.2 percent of total billed charges	
SINGLE INTERCOSTAL NERVE BLOCK	64420	CPT	outpatient			2536		909.54 Amerihealth	HMO/PPO		1648.4	65			85.27		2409.2 percent of total billed charges	
SINGLE INTERCOSTAL NERVE BLOCK	64420	CPT	outpatient			2536		909.54 Amerihealth	Medicare		790.9				85.27		2409.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SINGLE INTERCOSTAL NERVE BLOCK	64420	CPT	outpatient			2536		909.54 Consumer	Consumer		2409.2	95			85.27		2409.2 percent of total billed charges	
SINGLE INTERCOSTAL NERVE BLOCK	64420	CPT	outpatient			2536		909.54 Corrections	Corrections		2028.8	80			85.27		2409.2 percent of total billed charges	
SINGLE INTERCOSTAL NERVE BLOCK	64420	CPT	outpatient			2536		909.54 First Health	First Health		1775.2	70			85.27		2409.2 percent of total billed charges	
SINGLE INTERCOSTAL NERVE BLOCK	64420	CPT	outpatient			2536		909.54 First Trenton	First Trenton		2282.4	90			85.27		2409.2 percent of total billed charges	
SINGLE INTERCOSTAL NERVE BLOCK	64420	CPT	outpatient			2536		909.54 Horizon	MGD		1471.86				85.27		2409.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SINGLE INTERCOSTAL NERVE BLOCK	64420	CPT	outpatient			2536		909.54 Horizon	Indemnity		1471.86				85.27		2409.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SINGLE INTERCOSTAL NERVE BLOCK	64420	CPT	outpatient			2536		909.54 Horizon	NJ Health		85.27				85.27		2409.2 fee schedule	
SINGLE INTERCOSTAL NERVE BLOCK	64420	CPT	outpatient			2536		909.54 Horizon	PPO		1471.86				85.27		2409.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SINGLE INTERCOSTAL NERVE BLOCK	64420	CPT	outpatient			2536		909.54 Horizon	Medicare Blue		790.9				85.27		2409.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SINGLE INTERCOSTAL NERVE BLOCK	64420	CPT	outpatient			2536		909.54 Managed Care Inc	Managed Care Inc		2282.4	90			85.27		2409.2 percent of total billed charges	
SINGLE INTERCOSTAL NERVE BLOCK	64420	CPT	outpatient			2536		909.54 Multiplan	Multiplan		2028.8	80			85.27		2409.2 percent of total billed charges	
SINGLE INTERCOSTAL NERVE BLOCK	64420	CPT	outpatient			2536		909.54 Qualcare	Qualcare		1902	75			85.27		2409.2 percent of total billed charges	
SINGLE INTERCOSTAL NERVE BLOCK	64420	CPT	outpatient			2536		909.54 Three Rivers	Three Rivers		2409.2	95			85.27		2409.2 percent of total billed charges	
SINGLE INTERCOSTAL NERVE BLOCK	64420	CPT	outpatient			2536		909.54 UHC	Medicare		790.9				85.27		2409.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SINGLE INTERCOSTAL NERVE BLOCK	64420	CPT	outpatient			2536		909.54 UHC	Medicaid		800.11	31.55			85.27		2409.2 percent of total billed charges	
SINGLE INTERCOSTAL NERVE BLOCK	64420	CPT	outpatient			2536		909.54 United	Oxford		1817				85.27		2409.2 case rate	
SINGLE INTERCOSTAL NERVE BLOCK	64420	CPT	outpatient			2536		909.54 United	CommercialPPO		1817				85.27		2409.2 case rate	
SINGLE INTERCOSTAL NERVE BLOCK	64420	CPT	outpatient			2536		909.54 Wellcare	Medicare		790.9				85.27		2409.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SINGLE INTERCOSTAL NERVE BLOCK	64420	CPT	outpatient			2536		909.54 Wellcare	Medicaid		800.11	31.55			85.27		2409.2 percent of total billed charges	
SINGLE INTERCOSTAL NERVE BLOCK	64420	CPT	outpatient			2536		909.54 WellPoint	WellPoint		816.08	32.18			85.27		2409.2 percent of total billed charges	
INTERCOSTAL NERVES BLOCK MULT	64421	CPT	outpatient			3286		1198.81 Aetna	Better Health		1036.73	31.55			232.55		3121.7 percent of total billed charges	
INTERCOSTAL NERVES BLOCK MULT	64421	CPT	outpatient			3286		1198.81 Aetna	Medicare		1042.44				232.55		3121.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERCOSTAL NERVES BLOCK MULT	64421	CPT	outpatient			3286		1198.81 Aetna	Commercial		1659.56				232.55		3121.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERCOSTAL NERVES BLOCK MULT	64421	CPT	outpatient			3286		1198.81 Americare	Americare		2464.5	75			232.55		3121.7 percent of total billed charges	
INTERCOSTAL NERVES BLOCK MULT	64421	CPT	outpatient			3286		1198.81 Amerihealth	HMO/PPO		2155.9	65			232.55		3121.7 percent of total billed charges	
INTERCOSTAL NERVES BLOCK MULT	64421	CPT	outpatient			3286		1198.81 Amerihealth	Medicare		1042.44				232.55		3121.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERCOSTAL NERVES BLOCK MULT	64421	CPT	outpatient			3286		1198.81 Consumer	Consumer		3121.7	95			232.55		3121.7 percent of total billed charges	
INTERCOSTAL NERVES BLOCK MULT	64421	CPT	outpatient			3286		1198.81 Corrections	Corrections		2628.8	80			232.55		3121.7 percent of total billed charges	
INTERCOSTAL NERVES BLOCK MULT	64421	CPT	outpatient			3286		1198.81 First Health	First Health		2300.2	70			232.55		3121.7 percent of total billed charges	
INTERCOSTAL NERVES BLOCK MULT	64421	CPT	outpatient			3286		1198.81 First Trenton	First Trenton		2957.4	90			232.55		3121.7 percent of total billed charges	
INTERCOSTAL NERVES BLOCK MULT	64421	CPT	outpatient			3286		1198.81 Horizon	MGD		1939.98				232.55		3121.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERCOSTAL NERVES BLOCK MULT	64421	CPT	outpatient			3286		1198.81 Horizon	Medicare Blue		1042.44				232.55		3121.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERCOSTAL NERVES BLOCK MULT	64421	CPT	outpatient			3286		1198.81 Horizon	NJ Health		232.55				232.55		3121.7 fee schedule	
INTERCOSTAL NERVES BLOCK MULT	64421	CPT	outpatient			3286		1198.81 Horizon	Indemnity		1939.98				232.55		3121.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERCOSTAL NERVES BLOCK MULT	64421	CPT	outpatient			3286		1198.81 Horizon	PPO		1939.98				232.55		3121.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERCOSTAL NERVES BLOCK MULT	64421	CPT	outpatient			3286		1198.81 Managed Care Inc	Managed Care Inc		2957.4	90			232.55		3121.7 percent of total billed charges	
INTERCOSTAL NERVES BLOCK MULT	64421	CPT	outpatient			3286		1198.81 Multiplan	Multiplan		2628.8	80			232.55		3121.7 percent of total billed charges	
INTERCOSTAL NERVES BLOCK MULT	64421	CPT	outpatient			3286		1198.81 Qualcare	Qualcare		2464.5	75			232.55		3121.7 percent of total billed charges	
INTERCOSTAL NERVES BLOCK MULT	64421	CPT	outpatient			3286		1198.81 Three Rivers	Three Rivers		3121.7	95			232.55		3121.7 percent of total billed charges	
INTERCOSTAL NERVES BLOCK MULT	64421	CPT	outpatient			3286		1198.81 UHC	Medicaid		1036.73	31.55			232.55		3121.7 percent of total billed charges	
INTERCOSTAL NERVES BLOCK MULT	64421	CPT	outpatient			3286		1198.81 UHC	Medicare		1042.44				232.55		3121.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERCOSTAL NERVES BLOCK MULT	64421	CPT	outpatient			3286		1198.81 United	Oxford		1817				232.55		3121.7 case rate	
INTERCOSTAL NERVES BLOCK MULT	64421	CPT	outpatient			3286		1198.81 United	CommercialPPO		1817				232.55		3121.7 case rate	
INTERCOSTAL NERVES BLOCK MULT	64421	CPT	outpatient			3286		1198.81 Wellcare	Medicaid		1036.73	31.55			232.55		3121.7 percent of total billed charges	
INTERCOSTAL NERVES BLOCK MULT	64421	CPT	outpatient			3286		1198.81 Wellcare	Medicare		1042.44				232.55		3121.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERCOSTAL NERVES BLOCK MULT	64421	CPT	outpatient			3286		1198.81 WellPoint	WellPoint		1057.43	32.18			232.55		3121.7 percent of total billed charges	
NB LIONGUINAL/LLIOHYPOGASTRIC	64425	CPT	outpatient			2536		909.54 Aetna	Better Health		800.11	31.55			154.09		2409.2 percent of total billed charges	
NB LIONGUINAL/LLIOHYPOGASTRIC	64425	CPT	outpatient			2536		909.54 Aetna	Medicare		790.9				154.09		2409.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NB LIONGUINAL/LLIOHYPOGASTRIC	64425	CPT	outpatient			2536		909.54 Aetna	Commercial		1259.11				154.09		2409.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NB LIONGUINAL/LLIOHYPOGASTRIC	64425	CPT	outpatient			2536		909.54 Americare	Americare		1902	75			154.09		2409.2 percent of total billed charges	
NB LIONGUINAL/LLIOHYPOGASTRIC	64425	CPT	outpatient			2536		909.54 Amerihealth	HMO/PPO		1648.4	65			154.09		2409.2 percent of total billed charges	
NB LIONGUINAL/LLIOHYPOGASTRIC	64425	CPT	outpatient			2536		909.54 Amerihealth	Medicare		790.9				154.09		2409.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NB LIONGUINAL/LLIOHYPOGASTRIC	64425	CPT	outpatient			2536		909.54 Consumer	Consumer		2409.2	95			154.09		2409.2 percent of total billed charges	
NB LIONGUINAL/LLIOHYPOGASTRIC	64425	CPT	outpatient			2536		909.54 Corrections	Corrections		2028.8	80			154.09		2409.2 percent of total billed charges	
NB LIONGUINAL/LLIOHYPOGASTRIC	64425	CPT	outpatient			2536		909.54 First Health	First Health		1775.2	70			154.09		2409.2 percent of total billed charges	
NB LIONGUINAL/LLIOHYPOGASTRIC	64425	CPT	outpatient			2536		909.54 First Trenton	First Trenton		2282.4	90			154.09		2409.2 percent of total billed charges	
NB LIONGUINAL/LLIOHYPOGASTRIC	64425	CPT	outpatient			2536		909.54 Horizon	PPO		1471.86				154.09		2409.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NB LIONGUINAL/LLIOHYPOGASTRIC	64425	CPT	outpatient			2536		909.54 Horizon	MGD		1471.86				154.09		2409.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NB LIONGUINAL/LLIOHYPOGASTRIC	64425	CPT	outpatient			2536		909.54 Horizon	Medicare Blue		790.9				154.09		2409.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NB LIONGUINAL/LLIOHYPOGASTRIC	64425	CPT	outpatient			2536		909.54 Horizon	NJ Health		154.09				154.09		2409.2 fee schedule	
NB LIONGUINAL/LLIOHYPOGASTRIC	64425	CPT	outpatient			2536		909.54 Horizon	Indemnity		1471.86				154.09		2409.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NB LIONGUINAL/LLIOHYPOGASTRIC	64425	CPT	outpatient			2536		909.54 Managed Care Inc	Managed Care Inc		2282.4	90			154.09		2409.2 percent of total billed charges	
NB LIONGUINAL/LLIOHYPOGASTRIC	64425	CPT	outpatient			2536		909.54 Multiplan	Multiplan		2028.8	80			154.09		2409.2 percent of total billed charges	
NB LIONGUINAL/LLIOHYPOGASTRIC	64425	CPT	outpatient			2536		909.54 Qualcare	Qualcare		1902	75			154.09		2409.2 percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
NB LLIONGUINAL/LLIOHYPOGASTRIC	64425	CPT	outpatient			2536	909.54	Three Rivers	Three Rivers		2409.2	95			154.09		2409.2 percent of total billed charges	
NB LLIONGUINAL/LLIOHYPOGASTRIC	64425	CPT	outpatient			2536	909.54	UHC	Medicaid		800.11	31.55			154.09		2409.2 percent of total billed charges	
NB LLIONGUINAL/LLIOHYPOGASTRIC	64425	CPT	outpatient			2536	909.54	UHC	Medicare		790.9				154.09		2409.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NB LLIONGUINAL/LLIOHYPOGASTRIC	64425	CPT	outpatient			2536	909.54	United	Commercial|PPO		1817				154.09		2409.2 case rate	
NB LLIONGUINAL/LLIOHYPOGASTRIC	64425	CPT	outpatient			2536	909.54	United	Oxford		1817				154.09		2409.2 case rate	
NB LLIONGUINAL/LLIOHYPOGASTRIC	64425	CPT	outpatient			2536	909.54	Wellcare	Medicaid		800.11	31.55			154.09		2409.2 percent of total billed charges	
NB LLIONGUINAL/LLIOHYPOGASTRIC	64425	CPT	outpatient			2536	909.54	Wellcare	Medicare		790.9				154.09		2409.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NB LLIONGUINAL/LLIOHYPOGASTRIC	64425	CPT	outpatient			2536	909.54	WellPoint	WellPoint		816.08	32.18			154.09		2409.2 percent of total billed charges	
NERVE BLOCK PUDENDAL	64430	CPT	outpatient			3106	1198.81	Aetna	Commercial		1659.56				164.43		2950.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NERVE BLOCK PUDENDAL	64430	CPT	outpatient			3106	1198.81	Aetna	Better Health		979.94	31.55			164.43		2950.7 percent of total billed charges	
NERVE BLOCK PUDENDAL	64430	CPT	outpatient			3106	1198.81	Aetna	Medicare		1042.44				164.43		2950.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NERVE BLOCK PUDENDAL	64430	CPT	outpatient			3106	1198.81	Americare	Americare		2329.5	75			164.43		2950.7 percent of total billed charges	
NERVE BLOCK PUDENDAL	64430	CPT	outpatient			3106	1198.81	Amerihealth	HMO|PPO		2018.9	65			164.43		2950.7 percent of total billed charges	
NERVE BLOCK PUDENDAL	64430	CPT	outpatient			3106	1198.81	Amerihealth	Medicare		1042.44				164.43		2950.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NERVE BLOCK PUDENDAL	64430	CPT	outpatient			3106	1198.81	Consumer	Consumer		2950.7	95			164.43		2950.7 percent of total billed charges	
NERVE BLOCK PUDENDAL	64430	CPT	outpatient			3106	1198.81	Corrections	Corrections		2484.8	80			164.43		2950.7 percent of total billed charges	
NERVE BLOCK PUDENDAL	64430	CPT	outpatient			3106	1198.81	First Health	First Health		2174.2	70			164.43		2950.7 percent of total billed charges	
NERVE BLOCK PUDENDAL	64430	CPT	outpatient			3106	1198.81	First Trenton	First Trenton		2795.4	90			164.43		2950.7 percent of total billed charges	
NERVE BLOCK PUDENDAL	64430	CPT	outpatient			3106	1198.81	Horizon	MGD		1939.98				164.43		2950.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NERVE BLOCK PUDENDAL	64430	CPT	outpatient			3106	1198.81	Horizon	Medicare Blue		1042.44				164.43		2950.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NERVE BLOCK PUDENDAL	64430	CPT	outpatient			3106	1198.81	Horizon	Indemnity		1939.98				164.43		2950.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NERVE BLOCK PUDENDAL	64430	CPT	outpatient			3106	1198.81	Horizon	NJ Health		164.43				164.43		2950.7 fee schedule	
NERVE BLOCK PUDENDAL	64430	CPT	outpatient			3106	1198.81	Horizon	PPO		1939.98				164.43		2950.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NERVE BLOCK PUDENDAL	64430	CPT	outpatient			3106	1198.81	Managed Care Inc	Managed Care Inc		2795.4	90			164.43		2950.7 percent of total billed charges	
NERVE BLOCK PUDENDAL	64430	CPT	outpatient			3106	1198.81	Multiplan	Multiplan		2484.8	80			164.43		2950.7 percent of total billed charges	
NERVE BLOCK PUDENDAL	64430	CPT	outpatient			3106	1198.81	Qualcare	Qualcare		2329.5	75			164.43		2950.7 percent of total billed charges	
NERVE BLOCK PUDENDAL	64430	CPT	outpatient			3106	1198.81	Three Rivers	Three Rivers		2950.7	95			164.43		2950.7 percent of total billed charges	
NERVE BLOCK PUDENDAL	64430	CPT	outpatient			3106	1198.81	UHC	Medicare		1042.44				164.43		2950.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NERVE BLOCK PUDENDAL	64430	CPT	outpatient			3106	1198.81	UHC	Medicaid		979.94	31.55			164.43		2950.7 percent of total billed charges	
NERVE BLOCK PUDENDAL	64430	CPT	outpatient			3106	1198.81	United	Oxford		1817				164.43		2950.7 case rate	
NERVE BLOCK PUDENDAL	64430	CPT	outpatient			3106	1198.81	United	Commercial|PPO		1817				164.43		2950.7 case rate	
NERVE BLOCK PUDENDAL	64430	CPT	outpatient			3106	1198.81	Wellcare	Medicaid		979.94	31.55			164.43		2950.7 percent of total billed charges	
NERVE BLOCK PUDENDAL	64430	CPT	outpatient			3106	1198.81	Wellcare	Medicare		1042.44				164.43		2950.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NERVE BLOCK PUDENDAL	64430	CPT	outpatient			3106	1198.81	WellPoint	WellPoint		999.51	32.18			164.43		2950.7 percent of total billed charges	
NB PARACERVICAL	64435	CPT	outpatient			2349	909.54	Aetna	Better Health		741.11	31.55			160.25		2231.55 percent of total billed charges	
NB PARACERVICAL	64435	CPT	outpatient			2349	909.54	Aetna	Commercial		1259.11				160.25		2231.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NB PARACERVICAL	64435	CPT	outpatient			2349	909.54	Aetna	Medicare		790.9				160.25		2231.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NB PARACERVICAL	64435	CPT	outpatient			2349	909.54	Americare	Americare		1761.75	75			160.25		2231.55 percent of total billed charges	
NB PARACERVICAL	64435	CPT	outpatient			2349	909.54	Amerihealth	Medicare		790.9				160.25		2231.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NB PARACERVICAL	64435	CPT	outpatient			2349	909.54	Amerihealth	HMO|PPO		1526.85	65			160.25		2231.55 percent of total billed charges	
NB PARACERVICAL	64435	CPT	outpatient			2349	909.54	Consumer	Consumer		2231.55	95			160.25		2231.55 percent of total billed charges	
NB PARACERVICAL	64435	CPT	outpatient			2349	909.54	Corrections	Corrections		1879.2	80			160.25		2231.55 percent of total billed charges	
NB PARACERVICAL	64435	CPT	outpatient			2349	909.54	First Health	First Health		1644.3	70			160.25		2231.55 percent of total billed charges	
NB PARACERVICAL	64435	CPT	outpatient			2349	909.54	First Trenton	First Trenton		2114.1	90			160.25		2231.55 percent of total billed charges	
NB PARACERVICAL	64435	CPT	outpatient			2349	909.54	Horizon	PPO		1471.86				160.25		2231.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NB PARACERVICAL	64435	CPT	outpatient			2349	909.54	Horizon	Indemnity		1471.86				160.25		2231.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NB PARACERVICAL	64435	CPT	outpatient			2349	909.54	Horizon	MGD		1471.86				160.25		2231.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NB PARACERVICAL	64435	CPT	outpatient			2349	909.54	Horizon	Medicare Blue		790.9				160.25		2231.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NB PARACERVICAL	64435	CPT	outpatient			2349	909.54	Horizon	NJ Health		160.25				160.25		2231.55 fee schedule	
NB PARACERVICAL	64435	CPT	outpatient			2349	909.54	Managed Care Inc	Managed Care Inc		2114.1	90			160.25		2231.55 percent of total billed charges	
NB PARACERVICAL	64435	CPT	outpatient			2349	909.54	Multiplan	Multiplan		1879.2	80			160.25		2231.55 percent of total billed charges	
NB PARACERVICAL	64435	CPT	outpatient			2349	909.54	Qualcare	Qualcare		1761.75	75			160.25		2231.55 percent of total billed charges	
NB PARACERVICAL	64435	CPT	outpatient			2349	909.54	Three Rivers	Three Rivers		2231.55	95			160.25		2231.55 percent of total billed charges	
NB PARACERVICAL	64435	CPT	outpatient			2349	909.54	UHC	Medicare		790.9				160.25		2231.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NB PARACERVICAL	64435	CPT	outpatient			2349	909.54	UHC	Medicaid		741.11	31.55			160.25		2231.55 percent of total billed charges	
NB PARACERVICAL	64435	CPT	outpatient			2349	909.54	United	Commercial|PPO		1817				160.25		2231.55 case rate	
NB PARACERVICAL	64435	CPT	outpatient			2349	909.54	United	Oxford		1817				160.25		2231.55 case rate	
NB PARACERVICAL	64435	CPT	outpatient			2349	909.54	Wellcare	Medicare		790.9				160.25		2231.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NB PARACERVICAL	64435	CPT	outpatient			2349	909.54	Wellcare	Medicaid		741.11	31.55			160.25		2231.55 percent of total billed charges	
NB PARACERVICAL	64435	CPT	outpatient			2349	909.54	WellPoint	WellPoint		755.91	32.18			160.25		2231.55 percent of total billed charges	
NERVE BLOCK SCIATIC	64445	CPT	both			2536	909.54	Aetna	Medicare		790.9				161.53		2409.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NERVE BLOCK SCIATIC	64445	CPT	both			2536	909.54	Aetna	Better Health		800.11	31.55			161.53		2409.2 percent of total billed charges	
NERVE BLOCK SCIATIC	64445	CPT	both			2536	909.54	Aetna	Commercial		1259.11				161.53		2409.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NERVE BLOCK SCIATIC	64445	CPT	both			2536	909.54	Americare	Americare		1902	75			161.53		2409.2 percent of total billed charges	
NERVE BLOCK SCIATIC	64445	CPT	both			2536	909.54	Amerihealth	Medicare		790.9				161.53		2409.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NERVE BLOCK SCIATIC	64445	CPT	both			2536	909.54	Amerihealth	HMO|PPO		1648.4	65			161.53		2409.2 percent of total billed charges	
NERVE BLOCK SCIATIC	64445	CPT	both			2536	909.54	Consumer	Consumer		2409.2	95			161.53		2409.2 percent of total billed charges	
NERVE BLOCK SCIATIC	64445	CPT	both			2536	909.54	Corrections	Corrections		2028.8	80			161.53		2409.2 percent of total billed charges	
NERVE BLOCK SCIATIC	64445	CPT	both			2536	909.54	First Health	First Health		1775.2	70			161.53		2409.2 percent of total billed charges	
NERVE BLOCK SCIATIC	64445	CPT	both			2536	909.54	First Trenton	First Trenton		2282.4	90			161.53		2409.2 percent of total billed charges	
NERVE BLOCK SCIATIC	64445	CPT	both			2536	909.54	Horizon	MGD		1471.86				161.53		2409.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NERVE BLOCK SCIATIC	64445	CPT	both			2536	909.54	Horizon	Medicare Blue		790.9				161.53		2409.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NERVE BLOCK SCIATIC	64445	CPT	both			2536	909.54	Horizon	Indemnity		1471.86				161.53		2409.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NERVE BLOCK SCIATIC	64445	CPT	both			2536	909.54	Horizon	NJ Health		161.53				161.53		2409.2 fee schedule	
NERVE BLOCK SCIATIC	64445	CPT	both			2536	909.54	Horizon	PPO		1471.86				161.53		2409.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NERVE BLOCK SCIATIC	64445	CPT	both			2536	909.54	Managed Care Inc	Managed Care Inc		2282.4	90			161.53		2409.2 percent of total billed charges	
NERVE BLOCK SCIATIC	64445	CPT	both			2536	909.54	Multiplan	Multiplan		2028.8	80			161.53		2409.2 percent of total billed charges	
NERVE BLOCK SCIATIC	64445	CPT	both			2536	909.54	Qualcare	Qualcare		1902	75			161.53		2409.2 percent of total billed charges	
NERVE BLOCK SCIATIC	64445	CPT	both			2536	909.54	Three Rivers	Three Rivers		2409.2	95			161.53		2409.2 percent of total billed charges	
NERVE BLOCK SCIATIC	64445	CPT	both			2536	909.54	UHC	Medicare		790.9				161.53		2409.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NERVE BLOCK SCIATIC	64445	CPT	both			2536	909.54	UHC	Medicaid		800.11	31.55			161.53		2409.2 percent of total billed charges	
NERVE BLOCK SCIATIC	64445	CPT	both			2536	909.54	United	Commercial|PPO		1817				161.53		2409.2 case rate	
NERVE BLOCK SCIATIC	64445	CPT	both			2536	909.54	United	Oxford		1817				161.53		2409.2 case rate	
NERVE BLOCK SCIATIC	64445	CPT	both			2536	909.54	Wellcare	Medicare		790.9				161.53		2409.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NERVE BLOCK SCIATIC	64445	CPT	both			2536	909.54	Wellcare	Medicaid		800.11	31.55			161.53		2409.2 percent of total billed charges	
NERVE BLOCK SCIATIC	64445	CPT	both			2536	909.54	WellPoint	WellPoint		816.08	32.18			161.53		2409.2 percent of total billed charges	
INJ, ANETH AGENT,FEMORAL N.	64447	CPT	outpatient			2536	909.54	Aetna	Commercial		1259.11				99.18		2409.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ, ANETH AGENT,FEMORAL N.	64447	CPT	outpatient			2536	909.54	Aetna	Medicare		781.09	30.8			99.18		2409.2 percent of total billed charges	
INJ, ANETH AGENT,FEMORAL N.	64447	CPT	outpatient			2536	909.54	Aetna	Better Health		800.11	31.55			99.18		2409.2 percent of total billed charges	
INJ, ANETH AGENT,FEMORAL N.	64447	CPT	outpatient			2536	909.54	Americare	Americare		1902	75			99.18		2409.2 percent of total billed charges	
INJ, ANETH AGENT,FEMORAL N.	64447	CPT	outpatient			2536	909.54	Amerihealth	Medicare		790.9				99.18		2409.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ, ANETH AGENT,FEMORAL N.	64447	CPT	outpatient			2536	909.54	Amerihealth	HMO|PPO		1648.4	65			99.18		2409.2 percent of total billed charges	
INJ, ANETH AGENT,FEMORAL N.	64447	CPT	outpatient			2536	909.54	Consumer	Consumer		2409.2	95			99.18		2409.2 percent of total billed charges	
INJ, ANETH AGENT,FEMORAL N.	64447	CPT	outpatient			2536	909.54	Corrections	Corrections		2028.8	80			99.18		2409.2 percent of total billed charges	
INJ, ANETH AGENT,FEMORAL N.	64447	CPT	outpatient			2536	909.54	First Health	First Health		1775.2	70			99.18		2409.2 percent of total billed charges	
INJ, ANETH AGENT,FEMORAL N.	64447	CPT	outpatient			2536	909.54	First Trenton	First Trenton		2282.4	90			99.18		2409.2 percent of total billed charges	
INJ, ANETH AGENT,FEMORAL N.	64447	CPT	outpatient			2536	909.54	Horizon	Indemnity		1471.86				99.18		2409.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ, ANETH AGENT,FEMORAL N.	64447	CPT	outpatient			2536	909.54	Horizon	Medicare Blue		790.9				99.18		2409.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ, ANETH AGENT,FEMORAL N.	64447	CPT	outpatient			2536	909.54	Horizon	NJ Health		99.18				99.18		2409.2 fee schedule	
INJ, ANETH AGENT,FEMORAL N.	64447	CPT	outpatient			2536	909.54	Horizon	MGD		1471.86				99.18		2409.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ, ANETH AGENT,FEMORAL N.	64447	CPT	outpatient			2536	909.54	Horizon	PPO		1471.86				99.18		2409.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ, ANETH AGENT,FEMORAL N.	64447	CPT	outpatient			2536	909.54	Managed Care Inc	Managed Care Inc		2282.4	90			99.18		2409.2 percent of total billed charges	
INJ, ANETH AGENT,FEMORAL N.	64447	CPT	outpatient			2536	909.54	Multiplan	Multiplan		2028.8	80			99.18		2409.2 percent of total billed charges	
INJ, ANETH AGENT,FEMORAL N.	64447	CPT	outpatient			2536	909.54	Qualcare	Qualcare		1902	75			99.18		2409.2 percent of total billed charges	
INJ, ANETH AGENT,FEMORAL N.	64447	CPT	outpatient			2536	909.54	Three Rivers	Three Rivers		2409.2	95			99.18		2409.2 percent of total billed charges	
INJ, ANETH AGENT,FEMORAL N.	64447	CPT	outpatient			2536	909.54	UHC	Medicaid		800.11	31.55			99.18		2409.2 percent of total billed charges	
INJ, ANETH AGENT,FEMORAL N.	64447	CPT	outpatient			2536	909.54	UHC	Medicare		790.9				99.18		2409.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ, ANETH AGENT,FEMORAL N.	64447	CPT	outpatient			2536	909.54	United	Commercial|PPO		1817				99.18		2409.2 case rate	
INJ, ANETH AGENT,FEMORAL N.	64447	CPT	outpatient			2536	909.54	United	Oxford		1817				99.18		2409.2 case rate	
INJ, ANETH AGENT,FEMORAL N.	64447	CPT	outpatient			2536	909.54	Wellcare	Medicaid		800.11	31.55			99.18		2409.2 percent of total billed charges	
INJ, ANETH AGENT,FEMORAL N.	64447	CPT	outpatient			2536	909.54	Wellcare	Medicare		790.9				99.18		2409.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ, ANETH AGENT,FEMORAL N.	64447	CPT	outpatient			2536	909.54	WellPoint	WellPoint		816.08	32.18			99.18		2409.2 percent of total billed charges	
INJ, ANESTH; LUMBAR PLEXUS	64449	CPT	outpatient			2751	1198.81	Aetna	Commercial		1659.56				198.36		2613.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ, ANESTH; LUMBAR PLEXUS	64449	CPT	outpatient			2751	1198.81	Aetna	Better Health		867.94	31.55			198.36		2613.45 percent of total billed charges	
INJ, ANESTH; LUMBAR PLEXUS	64449	CPT	outpatient			2751	1198.81	Aetna	Medicare		1042.44				198.36		2613.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ, ANESTH; LUMBAR PLEXUS	64449	CPT	outpatient			2751	1198.81	Americare	Americare		2063.25	75			198.36		2613.45 percent of total billed charges	
INJ, ANESTH; LUMBAR PLEXUS	64449	CPT	outpatient			2751	1198.81	Amerihealth	Medicare		1042.44				198.36		2613.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ, ANESTH; LUMBAR PLEXUS	64449	CPT	outpatient			2751	1198.81	Amerihealth	HMO|PPO		1788.15	65			198.36		2613.45 percent of total billed charges	
INJ, ANESTH; LUMBAR PLEXUS	64449	CPT	outpatient			2751	1198.81	Consumer	Consumer		2613.45	95			198.36		2613.45 percent of total billed charges	
INJ, ANESTH; LUMBAR PLEXUS	64449	CPT	outpatient			2751	1198.81	Corrections	Corrections		2200.8	80			198.36		2613.45 percent of total billed charges	
INJ, ANESTH; LUMBAR PLEXUS	64449	CPT	outpatient			2751	1198.81	First Health	First Health		1925.7	70			198.36		2613.45 percent of total billed charges	
INJ, ANESTH; LUMBAR PLEXUS	64449	CPT	outpatient			2751	1198.81	First Trenton	First Trenton		2475.9	90			198.36		2613.45 percent of total billed charges	
INJ, ANESTH; LUMBAR PLEXUS	64449	CPT	outpatient			2751	1198.81	Horizon	Indemnity		1939.98				198.36		2613.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ, ANESTH; LUMBAR PLEXUS	64449	CPT	outpatient			2751	1198.81	Horizon	PPO		1939.98				198.36		2613.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ, ANESTH; LUMBAR PLEXUS	64449	CPT	outpatient			2751	1198.81	Horizon	MGD		1939.98				198.36		2613.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ, ANESTH; LUMBAR PLEXUS	64449	CPT	outpatient			2751	1198.81	Horizon	Medicare Blue		1042.44				198.36		2613.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ, ANESTH; LUMBAR PLEXUS	64449	CPT	outpatient			2751	1198.81	Horizon	NJ Health		198.36				198.36		2613.45 fee schedule	
INJ, ANESTH; LUMBAR PLEXUS	64449	CPT	outpatient			2751	1198.81	Managed Care Inc	Managed Care Inc		2475.9	90			198.36		2613.45 percent of total billed charges	
INJ, ANESTH; LUMBAR PLEXUS	64449	CPT	outpatient			2751	1198.81	Multiplan	Multiplan		2200.8	80			198.36		2613.45 percent of total billed charges	
INJ, ANESTH; LUMBAR PLEXUS	64449	CPT	outpatient			2751	1198.81	Qualcare	Qualcare		2063.25	75			198.36		2613.45 percent of total billed charges	
INJ, ANESTH; LUMBAR PLEXUS	64449	CPT	outpatient			2751	1198.81	Three Rivers	Three Rivers		2613.45	95			198.36		2613.45 percent of total billed charges	
INJ, ANESTH; LUMBAR PLEXUS	64449	CPT	outpatient			2751	1198.81	UHC	Medicare		1042.44				198.36		2613.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ, ANESTH; LUMBAR PLEXUS	64449	CPT	outpatient			2751	1198.81	UHC	Medicaid		867.94	31.55			198.36		2613.45 percent of total billed charges	
INJ, ANESTH; LUMBAR PLEXUS	64449	CPT	outpatient			2751	1198.81	United	Oxford		1817				198.36		2613.45 case rate	
INJ, ANESTH; LUMBAR PLEXUS	64449	CPT	outpatient			2751	1198.81	United	Commercial|PPO		1817				198.36		2613.45 case rate	
INJ, ANESTH; LUMBAR PLEXUS	64449	CPT	outpatient			2751	1198.81	Wellcare	Medicare		1042.44				198.36		2613.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ, ANESTH; LUMBAR PLEXUS	64449	CPT	outpatient			2751	1198.81	Wellcare	Medicaid		867.94	31.55			198.36		2613.45 percent of total billed charges	
INJ, ANESTH; LUMBAR PLEXUS	64449	CPT	outpatient			2751	1198.81	WellPoint	WellPoint		885.27	32.18			198.36		2613.45 percent of total billed charges	
PERIPH NERVE INJ	64450	CPT	outpatient			2536	909.54	Aetna	Better Health		800.11	31.55			98.66		2409.2 percent of total billed charges	
PERIPH NERVE INJ	64450	CPT	outpatient			2536	909.54	Aetna	Commercial		1259.11				98.66		2409.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERIPH NERVE INJ	64450	CPT	outpatient			2536	909.54	Aetna	Medicare		790.9				98.66		2409.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERIPH NERVE INJ	64450	CPT	outpatient			2536	909.54	Americare	Americare		1902	75			98.66		2409.2 percent of total billed charges	
PERIPH NERVE INJ	64450	CPT	outpatient			2536	909.54	Amerihealth	Medicare		790.9				98.66		2409.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERIPH NERVE INJ	64450	CPT	outpatient			2536	909.54	Amerihealth	HMO|PPO		1648.4	65			98.66		2409.2 percent of total billed charges	
PERIPH NERVE INJ	64450	CPT	outpatient			2536	909.54	Consumer	Consumer		2409.2	95			98.66		2409.2 percent of total billed charges	
PERIPH NERVE INJ	64450	CPT	outpatient			2536	909.54	Corrections	Corrections		2028.8	80			98.66		2409.2 percent of total billed charges	
PERIPH NERVE INJ	64450	CPT	outpatient			2536	909.54	First Health	First Health		1775.2	70			98.66		2409.2 percent of total billed charges	
PERIPH NERVE INJ	64450	CPT	outpatient			2536	909.54	First Trenton	First Trenton		2282.4	90			98.66		2409.2 percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
PERIPH NERVE INJ	64450	CPT	outpatient			2536		909.54 Horizon	PPO		1471.86				98.66		2409.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERIPH NERVE INJ	64450	CPT	outpatient			2536		909.54 Horizon	MGD		1471.86				98.66		2409.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERIPH NERVE INJ	64450	CPT	outpatient			2536		909.54 Horizon	Indemnity		1471.86				98.66		2409.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERIPH NERVE INJ	64450	CPT	outpatient			2536		909.54 Horizon	NJ Health		98.66				98.66		2409.2 fee schedule	
PERIPH NERVE INJ	64450	CPT	outpatient			2536		909.54 Horizon	Medicare Blue		790.9				98.66		2409.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERIPH NERVE INJ	64450	CPT	outpatient			2536		909.54 Managed Care Inc	Managed Care Inc		2282.4	90			98.66		2409.2 percent of total billed charges	
PERIPH NERVE INJ	64450	CPT	outpatient			2536		909.54 Multiplan	Multiplan		2028.8	80			98.66		2409.2 percent of total billed charges	
PERIPH NERVE INJ	64450	CPT	outpatient			2536		909.54 Qualcare	Qualcare		1902	75			98.66		2409.2 percent of total billed charges	
PERIPH NERVE INJ	64450	CPT	outpatient			2536		909.54 Three Rivers	Three Rivers		2409.2	95			98.66		2409.2 percent of total billed charges	
PERIPH NERVE INJ	64450	CPT	outpatient			2536		909.54 UHC	Medicare		790.9				98.66		2409.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERIPH NERVE INJ	64450	CPT	outpatient			2536		909.54 UHC	Medicaid		800.11	31.55			98.66		2409.2 percent of total billed charges	
PERIPH NERVE INJ	64450	CPT	outpatient			2536		909.54 United	CommercialPPO		1817				98.66		2409.2 case rate	
PERIPH NERVE INJ	64450	CPT	outpatient			2536		909.54 United	Oxford		1817				98.66		2409.2 case rate	
PERIPH NERVE INJ	64450	CPT	outpatient			2536		909.54 Wellcare	Medicare		790.9				98.66		2409.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERIPH NERVE INJ	64450	CPT	outpatient			2536		909.54 Wellcare	Medicaid		800.11	31.55			98.66		2409.2 percent of total billed charges	
PERIPH NERVE INJ	64450	CPT	outpatient			2536		909.54 WellPoint	WellPoint		816.08	32.18			98.66		2409.2 percent of total billed charges	
INJ AA*/STRD NERV SL JOINT W/IMG	64451	CPT	outpatient			2349		909.54 Aetna	Better Health		741.11	31.55			186.69		2231.55 percent of total billed charges	
INJ AA*/STRD NERV SL JOINT W/IMG	64451	CPT	outpatient			2349		909.54 Aetna	Commercial		1259.11				186.69		2231.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ AA*/STRD NERV SL JOINT W/IMG	64451	CPT	outpatient			2349		909.54 Aetna	Medicare		790.9				186.69		2231.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ AA*/STRD NERV SL JOINT W/IMG	64451	CPT	outpatient			2349		909.54 Americare	Americare		1761.75	75			186.69		2231.55 percent of total billed charges	
INJ AA*/STRD NERV SL JOINT W/IMG	64451	CPT	outpatient			2349		909.54 Amerihealth	HMO/PPO		1526.85	65			186.69		2231.55 percent of total billed charges	
INJ AA*/STRD NERV SL JOINT W/IMG	64451	CPT	outpatient			2349		909.54 Amerihealth	Medicare		790.9				186.69		2231.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ AA*/STRD NERV SL JOINT W/IMG	64451	CPT	outpatient			2349		909.54 Consumer	Consumer		2231.55	95			186.69		2231.55 percent of total billed charges	
INJ AA*/STRD NERV SL JOINT W/IMG	64451	CPT	outpatient			2349		909.54 Corrections	Corrections		1879.2	80			186.69		2231.55 percent of total billed charges	
INJ AA*/STRD NERV SL JOINT W/IMG	64451	CPT	outpatient			2349		909.54 First Health	First Health		1644.3	70			186.69		2231.55 percent of total billed charges	
INJ AA*/STRD NERV SL JOINT W/IMG	64451	CPT	outpatient			2349		909.54 First Trenton	First Trenton		2114.1	90			186.69		2231.55 percent of total billed charges	
INJ AA*/STRD NERV SL JOINT W/IMG	64451	CPT	outpatient			2349		909.54 Horizon	Medicare Blue		790.9				186.69		2231.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ AA*/STRD NERV SL JOINT W/IMG	64451	CPT	outpatient			2349		909.54 Horizon	Indemnity		1471.86				186.69		2231.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ AA*/STRD NERV SL JOINT W/IMG	64451	CPT	outpatient			2349		909.54 Horizon	MGD		1471.86				186.69		2231.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ AA*/STRD NERV SL JOINT W/IMG	64451	CPT	outpatient			2349		909.54 Horizon	NJ Health		186.69				186.69		2231.55 fee schedule	
INJ AA*/STRD NERV SL JOINT W/IMG	64451	CPT	outpatient			2349		909.54 Horizon	PPO		1471.86				186.69		2231.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ AA*/STRD NERV SL JOINT W/IMG	64451	CPT	outpatient			2349		909.54 Managed Care Inc	Managed Care Inc		2114.1	90			186.69		2231.55 percent of total billed charges	
INJ AA*/STRD NERV SL JOINT W/IMG	64451	CPT	outpatient			2349		909.54 Multiplan	Multiplan		1879.2	80			186.69		2231.55 percent of total billed charges	
INJ AA*/STRD NERV SL JOINT W/IMG	64451	CPT	outpatient			2349		909.54 Qualcare	Qualcare		1761.75	75			186.69		2231.55 percent of total billed charges	
INJ AA*/STRD NERV SL JOINT W/IMG	64451	CPT	outpatient			2349		909.54 Three Rivers	Three Rivers		2231.55	95			186.69		2231.55 percent of total billed charges	
INJ AA*/STRD NERV SL JOINT W/IMG	64451	CPT	outpatient			2349		909.54 UHC	Medicaid		741.11	31.55			186.69		2231.55 percent of total billed charges	
INJ AA*/STRD NERV SL JOINT W/IMG	64451	CPT	outpatient			2349		909.54 UHC	Medicare		790.9				186.69		2231.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ AA*/STRD NERV SL JOINT W/IMG	64451	CPT	outpatient			2349		909.54 United	CommercialPPO		1817				186.69		2231.55 case rate	
INJ AA*/STRD NERV SL JOINT W/IMG	64451	CPT	outpatient			2349		909.54 United	Oxford		1817				186.69		2231.55 case rate	
INJ AA*/STRD NERV SL JOINT W/IMG	64451	CPT	outpatient			2349		909.54 Wellcare	Medicaid		741.11	31.55			186.69		2231.55 percent of total billed charges	
INJ AA*/STRD NERV SL JOINT W/IMG	64451	CPT	outpatient			2349		909.54 Wellcare	Medicare		790.9				186.69		2231.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ AA*/STRD NERV SL JOINT W/IMG	64451	CPT	outpatient			2349		909.54 WellPoint	WellPoint		755.91	32.18			186.69		2231.55 percent of total billed charges	
PORTABLE INJECT ANESTHETIC AGENT OR STER	64454	CPT	outpatient			2536		909.54 Aetna	Commercial		1259.11				188.61		2409.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PORTABLE INJECT ANESTHETIC AGENT OR STER	64454	CPT	outpatient			2536		909.54 Aetna	Better Health		800.11	31.55			188.61		2409.2 percent of total billed charges	
PORTABLE INJECT ANESTHETIC AGENT OR STER	64454	CPT	outpatient			2536		909.54 Aetna	Medicare		790.9				188.61		2409.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PORTABLE INJECT ANESTHETIC AGENT OR STER	64454	CPT	outpatient			2536		909.54 Americare	Americare		1902	75			188.61		2409.2 percent of total billed charges	
PORTABLE INJECT ANESTHETIC AGENT OR STER	64454	CPT	outpatient			2536		909.54 Amerihealth	HMO/PPO		1648.4	65			188.61		2409.2 percent of total billed charges	
PORTABLE INJECT ANESTHETIC AGENT OR STER	64454	CPT	outpatient			2536		909.54 Amerihealth	Medicare		790.9				188.61		2409.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PORTABLE INJECT ANESTHETIC AGENT OR STER	64454	CPT	outpatient			2536		909.54 Consumer	Consumer		2409.2	95			188.61		2409.2 percent of total billed charges	
PORTABLE INJECT ANESTHETIC AGENT OR STER	64454	CPT	outpatient			2536		909.54 Corrections	Corrections		2028.8	80			188.61		2409.2 percent of total billed charges	
PORTABLE INJECT ANESTHETIC AGENT OR STER	64454	CPT	outpatient			2536		909.54 First Health	First Health		1775.2	70			188.61		2409.2 percent of total billed charges	
PORTABLE INJECT ANESTHETIC AGENT OR STER	64454	CPT	outpatient			2536		909.54 First Trenton	First Trenton		2282.4	90			188.61		2409.2 percent of total billed charges	
PORTABLE INJECT ANESTHETIC AGENT OR STER	64454	CPT	outpatient			2536		909.54 Horizon	Medicare Blue		790.9				188.61		2409.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PORTABLE INJECT ANESTHETIC AGENT OR STER	64454	CPT	outpatient			2536		909.54 Horizon	MGD		1471.86				188.61		2409.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PORTABLE INJECT ANESTHETIC AGENT OR STER	64454	CPT	outpatient			2536		909.54 Horizon	Indemnity		1471.86				188.61		2409.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PORTABLE INJECT ANESTHETIC AGENT OR STER	64454	CPT	outpatient			2536		909.54 Horizon	NJ Health		188.61				188.61		2409.2 fee schedule	
PORTABLE INJECT ANESTHETIC AGENT OR STER	64454	CPT	outpatient			2536		909.54 Horizon	PPO		1471.86				188.61		2409.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PORTABLE INJECT ANESTHETIC AGENT OR STER	64454	CPT	outpatient			2536		909.54 Managed Care Inc	Managed Care Inc		2282.4	90			188.61		2409.2 percent of total billed charges	
PORTABLE INJECT ANESTHETIC AGENT OR STER	64454	CPT	outpatient			2536		909.54 Multiplan	Multiplan		2028.8	80			188.61		2409.2 percent of total billed charges	
PORTABLE INJECT ANESTHETIC AGENT OR STER	64454	CPT	outpatient			2536		909.54 Qualcare	Qualcare		1902	75			188.61		2409.2 percent of total billed charges	
PORTABLE INJECT ANESTHETIC AGENT OR STER	64454	CPT	outpatient			2536		909.54 Three Rivers	Three Rivers		2409.2	95			188.61		2409.2 percent of total billed charges	
PORTABLE INJECT ANESTHETIC AGENT OR STER	64454	CPT	outpatient			2536		909.54 UHC	Medicaid		800.11	31.55			188.61		2409.2 percent of total billed charges	
PORTABLE INJECT ANESTHETIC AGENT OR STER	64454	CPT	outpatient			2536		909.54 UHC	Medicare		790.9				188.61		2409.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PORTABLE INJECT ANESTHETIC AGENT OR STER	64454	CPT	outpatient			2536		909.54 United	Oxford		1817				188.61		2409.2 case rate	
PORTABLE INJECT ANESTHETIC AGENT OR STER	64454	CPT	outpatient			2536		909.54 United	CommercialPPO		1817				188.61		2409.2 case rate	
PORTABLE INJECT ANESTHETIC AGENT OR STER	64454	CPT	outpatient			2536		909.54 Wellcare	Medicaid		800.11	31.55			188.61		2409.2 percent of total billed charges	
PORTABLE INJECT ANESTHETIC AGENT OR STER	64454	CPT	outpatient			2536		909.54 Wellcare	Medicare		790.9				188.61		2409.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PORTABLE INJECT ANESTHETIC AGENT OR STER	64454	CPT	outpatient			2536		909.54 WellPoint	WellPoint		816.08	32.18			188.61		2409.2 percent of total billed charges	
REV.SPI NEUROSTIMUL ELECTRODE	64455	CPT	outpatient			1045		389.55 Aetna	Better Health		329.7	31.55			299.41		1782 percent of total billed charges	
REV.SPI NEUROSTIMUL ELECTRODE	64455	CPT	outpatient			1045		389.55 Aetna	Commercial		539.27				299.41		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REV.SPI NEUROSTIMUL ELECTRODE	64455	CPT	outpatient			1045		389.55 Aetna	Medicare		338.74				299.41		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REV.SPI NEUROSTIMUL ELECTRODE	64455	CPT	outpatient			1045		389.55 Americare	Americare		783.75	75			299.41		1782 percent of total billed charges	
REV.SPI NEUROSTIMUL ELECTRODE	64455	CPT	outpatient			1045		389.55 Amerihealth	Medicare		338.74				299.41		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REV.SPI NEUROSTIMUL ELECTRODE	64455	CPT	outpatient			1045		389.55 Amerihealth	HMO/PPO		679.25	65			299.41		1782 percent of total billed charges	
REV.SPI NEUROSTIMUL ELECTRODE	64455	CPT	outpatient			1045		389.55 Consumer	Consumer		992.75	95			299.41		1782 percent of total billed charges	
REV.SPI NEUROSTIMUL ELECTRODE	64455	CPT	outpatient			1045		389.55 Corrections	Corrections		836	80			299.41		1782 percent of total billed charges	
REV.SPI NEUROSTIMUL ELECTRODE	64455	CPT	outpatient			1045		389.55 First Health	First Health		731.5	70			299.41		1782 percent of total billed charges	
REV.SPI NEUROSTIMUL ELECTRODE	64455	CPT	outpatient			1045		389.55 First Trenton	First Trenton		940.5	90			299.41		1782 percent of total billed charges	
REV.SPI NEUROSTIMUL ELECTRODE	64455	CPT	outpatient			1045		389.55 Horizon	Indemnity		630.4				299.41		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REV.SPI NEUROSTIMUL ELECTRODE	64455	CPT	outpatient			1045		389.55 Horizon	MGD		630.4				299.41		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REV.SPI NEUROSTIMUL ELECTRODE	64455	CPT	outpatient			1045		389.55 Horizon	Medicare Blue		338.74				299.41		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REV.SPI NEUROSTIMUL ELECTRODE	64455	CPT	outpatient			1045		389.55 Horizon	PPO		630.4				299.41		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REV.SPI NEUROSTIMUL ELECTRODE	64455	CPT	outpatient			1045		389.55 Managed Care Inc	Managed Care Inc		940.5	90			299.41		1782 percent of total billed charges	
REV.SPI NEUROSTIMUL ELECTRODE	64455	CPT	outpatient			1045		389.55 Multiplan	Multiplan		836	80			299.41		1782 percent of total billed charges	
REV.SPI NEUROSTIMUL ELECTRODE	64455	CPT	outpatient			1045		389.55 Qualcare	Qualcare		783.75	75			299.41		1782 percent of total billed charges	
REV.SPI NEUROSTIMUL ELECTRODE	64455	CPT	outpatient			1045		389.55 Three Rivers	Three Rivers		992.75	95			299.41		1782 percent of total billed charges	
REV.SPI NEUROSTIMUL ELECTRODE	64455	CPT	outpatient			1045		389.55 UHC	Medicare		338.74				299.41		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REV.SPI NEUROSTIMUL ELECTRODE	64455	CPT	outpatient			1045		389.55 UHC	Medicaid		329.7	31.55			299.41		1782 percent of total billed charges	
REV.SPI NEUROSTIMUL ELECTRODE	64455	CPT	outpatient			1045		389.55 United	Oxford		1782				299.41		1782 case rate	
REV.SPI NEUROSTIMUL ELECTRODE	64455	CPT	outpatient			1045		389.55 United	CommercialPPO		1782				299.41		1782 case rate	
REV.SPI NEUROSTIMUL ELECTRODE	64455	CPT	outpatient			1045		389.55 Wellcare	Medicaid		329.7	31.55			299.41		1782 percent of total billed charges	
REV.SPI NEUROSTIMUL ELECTRODE	64455	CPT	outpatient			1045		389.55 Wellcare	Medicare		338.74				299.41		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REV.SPI NEUROSTIMUL ELECTRODE	64455	CPT	outpatient			1045		389.55 WellPoint	WellPoint		336.28	32.18			299.41		1782 percent of total billed charges	
PARAVERTEBRAL THORACIC BLOCK	64461	CPT	outpatient			2536		909.54 Aetna	Better Health		800.11	31.55			213.39		2409.2 percent of total billed charges	
PARAVERTEBRAL THORACIC BLOCK	64461	CPT	outpatient			2536		909.54 Aetna	Commercial		1259.11				213.39		2409.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARAVERTEBRAL THORACIC BLOCK	64461	CPT	outpatient			2536		909.54 Aetna	Medicare		790.9				213.39		2409.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARAVERTEBRAL THORACIC BLOCK	64461	CPT	outpatient			2536		909.54 Americare	Americare		1902	75			213.39		2409.2 percent of total billed charges	
PARAVERTEBRAL THORACIC BLOCK	64461	CPT	outpatient			2536		909.54 Amerihealth	Medicare		790.9				213.39		2409.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARAVERTEBRAL THORACIC BLOCK	64461	CPT	outpatient			2536		909.54 Amerihealth	HMO/PPO		1648.4	65			213.39		2409.2 percent of total billed charges	
PARAVERTEBRAL THORACIC BLOCK	64461	CPT	outpatient			2536		909.54 Consumer	Consumer		2409.2	95			213.39		2409.2 percent of total billed charges	
PARAVERTEBRAL THORACIC BLOCK	64461	CPT	outpatient			2536		909.54 Corrections	Corrections		2028.8	80			213.39		2409.2 percent of total billed charges	
PARAVERTEBRAL THORACIC BLOCK	64461	CPT	outpatient			2536		909.54 First Health	First Health		1775.2	70			213.39		2409.2 percent of total billed charges	
PARAVERTEBRAL THORACIC BLOCK	64461	CPT	outpatient			2536		909.54 First Trenton	First Trenton		2282.4	90			213.39		2409.2 percent of total billed charges	
PARAVERTEBRAL THORACIC BLOCK	64461	CPT	outpatient			2536		909.54 Horizon	Indemnity		1471.86				213.39		2409.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARAVERTEBRAL THORACIC BLOCK	64461	CPT	outpatient			2536		909.54 Horizon	MGD		1471.86				213.39		2409.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARAVERTEBRAL THORACIC BLOCK	64461	CPT	outpatient			2536		909.54 Horizon	Medicare Blue		790.9				213.39		2409.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARAVERTEBRAL THORACIC BLOCK	64461	CPT	outpatient			2536		909.54 Horizon	NJ Health		213.39				213.39		2409.2 fee schedule	
PARAVERTEBRAL THORACIC BLOCK	64461	CPT	outpatient			2536		909.54 Horizon	PPO		1471.86				213.39		2409.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARAVERTEBRAL THORACIC BLOCK	64461	CPT	outpatient			2536		909.54 Managed Care Inc	Managed Care Inc		2282.4	90			213.39		2409.2 percent of total billed charges	
PARAVERTEBRAL THORACIC BLOCK	64461	CPT	outpatient			2536		909.54 Multiplan	Multiplan		2028.8	80			213.39		2409.2 percent of total billed charges	
PARAVERTEBRAL THORACIC BLOCK	64461	CPT	outpatient			2536		909.54 Qualcare	Qualcare		1902	75			213.39		2409.2 percent of total billed charges	
PARAVERTEBRAL THORACIC BLOCK	64461	CPT	outpatient			2536		909.54 Three Rivers	Three Rivers		2409.2	95			213.39		2409.2 percent of total billed charges	
PARAVERTEBRAL THORACIC BLOCK	64461	CPT	outpatient			2536		909.54 UHC	Medicare		790.9				213.39		2409.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARAVERTEBRAL THORACIC BLOCK	64461	CPT	outpatient			2536		909.54 UHC	Medicaid		800.11	31.55			213.39		2409.2 percent of total billed charges	
PARAVERTEBRAL THORACIC BLOCK	64461	CPT	outpatient			2536		909.54 United	CommercialPPO		1817				213.39		2409.2 case rate	
PARAVERTEBRAL THORACIC BLOCK	64461	CPT	outpatient			2536		909.54 United	Oxford		1817				213.39		2409.2 case rate	
PARAVERTEBRAL THORACIC BLOCK	64461	CPT	outpatient			2536		909.54 Wellcare	Medicare		790.9				213.39		2409.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARAVERTEBRAL THORACIC BLOCK	64461	CPT	outpatient			2536		909.54 Wellcare	Medicaid		800.11	31.55			213.39		2409.2 percent of total billed charges	
PARAVERTEBRAL THORACIC BLOCK	64461	CPT	outpatient			2536		909.54 WellPoint	WellPoint		816.08	32.18			213.39		2409.2 percent of total billed charges	
TRANSFOR,C/T EPI STER INJ	64479	CPT	outpatient			3286		1198.81 Aetna	Commercial		1659.56				135.15		3121.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSFOR,C/T EPI STER INJ	64479	CPT	outpatient			3286		1198.81 Aetna	Medicare		1042.44				135.15		3121.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSFOR,C/T EPI STER INJ	64479	CPT	outpatient			3286		1198.81 Aetna	Better Health		1036.73	31.55			135.15		3121.7 percent of total billed charges	
TRANSFOR,C/T EPI STER INJ	64479	CPT	outpatient			3286		1198.81 Americare	Americare		2464.5	75			135.15		3121.7 percent of total billed charges	
TRANSFOR,C/T EPI STER INJ	64479	CPT	outpatient			3286		1198.81 Amerihealth	HMO/PPO		2135.9	65			135.15		3121.7 percent of total billed charges	
TRANSFOR,C/T EPI STER INJ	64479	CPT	outpatient			3286		1198.81 Amerihealth	Medicare		1042.44				135.15		3121.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSFOR,C/T EPI STER INJ	64479	CPT	outpatient			3286		1198.81 Consumer	Consumer		3121.7	95			135.15		3121.7 percent of total billed charges	
TRANSFOR,C/T EPI STER INJ	64479	CPT	outpatient			3286		1198.81 Corrections	Corrections		2628.8	80			135.15		3121.7 percent of total billed charges	
TRANSFOR,C/T EPI STER INJ	64479	CPT	outpatient			3286		1198.81 First Health	First Health		2300.2	70			135.15		3121.7 percent of total billed charges	
TRANSFOR,C/T EPI STER INJ	64479	CPT	outpatient			3286		1198.81 First Trenton	First Trenton		2957.4	90			135.15		3121.7 percent of total billed charges	
TRANSFOR,C/T EPI STER INJ	64479	CPT	outpatient			3286		1198.81 Horizon	NJ Health		135.15				135.15		3121.7 fee schedule	
TRANSFOR,C/T EPI STER INJ	64479	CPT	outpatient			3286		1198.81 Horizon	Indemnity		1939.98				135.15		3121.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSFOR,C/T EPI STER INJ	64479	CPT	outpatient			3286		1198.81 Horizon	MGD		1939.98				135.15		3121.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSFOR,C/T EPI STER INJ	64479	CPT	outpatient			3286		1198.81 Horizon	Medicare Blue		1042.44				135.15		3121.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSFOR,C/T EPI STER INJ	64479	CPT	outpatient			3286		1198.81 Horizon	PPO		1939.98				135.15		3121.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSFOR,C/T EPI STER INJ	64479	CPT	outpatient			3286		1198.81 Managed Care Inc	Managed Care Inc		2957.4	90			135.15		3121.7 percent of total billed charges	
TRANSFOR,C/T EPI STER INJ	64479	CPT	outpatient			3286		1198.81 Multiplan	Multiplan		2628.8	80			135.15		3121.7 percent of total billed charges	
TRANSFOR,C/T EPI STER INJ	64479	CPT	outpatient			3286		1198.81 Qualcare	Qualcare		2464.5	75			135.15		3121.7 percent of total billed charges	
TRANSFOR,C/T EPI STER INJ	64479	CPT	outpatient			3286		1198.81 Three Rivers	Three Rivers		3121.7	95			135.15		3121.7 percent of total billed charges	
TRANSFOR,C/T EPI STER INJ	64479	CPT	outpatient			3286		1198.81 UHC	Medicare		1042.44				135.15		3121.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSFOR,C/T EPI STER INJ	64479	CPT	outpatient			3286		1198.81 UHC	Medicaid		1036.73	31.55			135.15		3121.7 percent of total billed charges	
TRANSFOR,C/T EPI STER INJ	64479	CPT	outpatient			3286		1198.81 United	Oxford		1817				135.15		3121.7 case rate	
TRANSFOR,C/T EPI STER INJ	64479	CPT	outpatient			3286		1198.81 United	CommercialPPO		1817				135.15		3121.7 case rate	
TRANSFOR,C/T EPI STER INJ	64479	CPT	outpatient			3286		1198.81 Wellcare	Medicare		1042.44				135.15		3121.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSFOR,C/T EPI STER INJ	64479	CPT	outpatient			3286		1198.81 Wellcare	Medicaid		1036.73	31.55			135.15		3121.7 percent of total billed charges	
TRANSFOR,C/T EPI STER INJ	64479	CPT	outpatient			3286		1198.81 WellPoint	WellPoint		1057.43	32.18			135.15		3121.7 percent of total billed charges	
INJ FORAMEN EPID C/T EA ADDL LVL	64480	CPT	outpatient			1330		Aetna	Commercial		505.4	38			93.54		1782 percent of total billed charges	
INJ FORAMEN EPID C/T EA ADDL LVL	64480	CPT	outpatient			1330		Aetna	Better Health		419.62	31.55			93.54		1782 percent of total billed charges	
INJ FORAMEN EPID C/T EA ADDL LVL	64480	CPT	outpatient			1330		Aetna	Medicare		409.64	30.8			93.54		1782 percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
INJ FORAMEN EPID C/T EA ADDL LVL	64480	CPT	outpatient			1330		Americare	Americare		997.5	75			93.54	1782	percent of total billed charges	
INJ FORAMEN EPID C/T EA ADDL LVL	64480	CPT	outpatient			1330		Amerihealth	HMO/PPO		864.5	65			93.54	1782	percent of total billed charges	
INJ FORAMEN EPID C/T EA ADDL LVL	64480	CPT	outpatient			1330		Consumer	Consumer		1263.5	95			93.54	1782	percent of total billed charges	
INJ FORAMEN EPID C/T EA ADDL LVL	64480	CPT	outpatient			1330		Corrections	Corrections		1064	80			93.54	1782	percent of total billed charges	
INJ FORAMEN EPID C/T EA ADDL LVL	64480	CPT	outpatient			1330		First Health	First Health		931	70			93.54	1782	percent of total billed charges	
INJ FORAMEN EPID C/T EA ADDL LVL	64480	CPT	outpatient			1330		First Trenton	First Trenton		1197	90			93.54	1782	percent of total billed charges	
INJ FORAMEN EPID C/T EA ADDL LVL	64480	CPT	outpatient			1330		Horizon	MGD		509.12	38.28			93.54	1782	percent of total billed charges	
INJ FORAMEN EPID C/T EA ADDL LVL	64480	CPT	outpatient			1330		Horizon	Indemnity		509.12	38.28			93.54	1782	percent of total billed charges	
INJ TRANSORAMINAL EA ADD'L	64480	CPT	outpatient			1330		Horizon	NJ Health		93.54				93.54	1782	fee schedule	
INJ FORAMEN EPID C/T EA ADDL LVL	64480	CPT	outpatient			1330		Horizon	Medicare Blue		399	30			93.54	1782	percent of total billed charges	
INJ FORAMEN EPID C/T EA ADDL LVL	64480	CPT	outpatient			1330		Horizon	PPO		509.12	38.28			93.54	1782	percent of total billed charges	
INJ FORAMEN EPID C/T EA ADDL LVL	64480	CPT	outpatient			1330		Managed Care Inc	Managed Care Inc		1197	90			93.54	1782	percent of total billed charges	
INJ FORAMEN EPID C/T EA ADDL LVL	64480	CPT	outpatient			1330		Multiplan	Multiplan		1064	80			93.54	1782	percent of total billed charges	
INJ FORAMEN EPID C/T EA ADDL LVL	64480	CPT	outpatient			1330		Qualcare	Qualcare		997.5	75			93.54	1782	percent of total billed charges	
INJ FORAMEN EPID C/T EA ADDL LVL	64480	CPT	outpatient			1330		Three Rivers	Three Rivers		1263.5	95			93.54	1782	percent of total billed charges	
INJ FORAMEN EPID C/T EA ADDL LVL	64480	CPT	outpatient			1330		UHC	Medicaid		419.62	31.55			93.54	1782	percent of total billed charges	
INJ TRANSORAMINAL EA ADD'L	64480	CPT	outpatient			1330		United	Oxford		1782				93.54	1782	case rate	
INJ TRANSORAMINAL EA ADD'L	64480	CPT	outpatient			1330		United	Commercial|PPO		1782				93.54	1782	case rate	
INJ FORAMEN EPID C/T EA ADDL LVL	64480	CPT	outpatient			1330		Wellcare	Medicaid		419.62	31.55			93.54	1782	percent of total billed charges	
INJ FORAMEN EPID C/T EA ADDL LVL	64480	CPT	outpatient			1330		WellPoint	WellPoint		427.99	32.18			93.54	1782	percent of total billed charges	
TRANSFOR,L/S,EPID STER INJ	64483	CPT	outpatient			3286	1198.81	Aetna	Better Health		1036.73	31.55			365.17	3121.7	percent of total billed charges	
TRANSFOR,L/S,EPID STER INJ	64483	CPT	outpatient			3286	1198.81	Aetna	Commercial		1659.56				365.17	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSFOR,L/S,EPID STER INJ	64483	CPT	outpatient			3286	1198.81	Aetna	Medicare		1042.44				365.17	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSFOR,L/S,EPID STER INJ	64483	CPT	outpatient			3286	1198.81	Americare	Americare		2464.5	75			365.17	3121.7	percent of total billed charges	
TRANSFOR,L/S,EPID STER INJ	64483	CPT	outpatient			3286	1198.81	Amerihealth	Medicare		1042.44				365.17	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSFOR,L/S,EPID STER INJ	64483	CPT	outpatient			3286	1198.81	Amerihealth	HMO/PPO		2135.9	65			365.17	3121.7	percent of total billed charges	
TRANSFOR,L/S,EPID STER INJ	64483	CPT	outpatient			3286	1198.81	Consumer	Consumer		3121.7	95			365.17	3121.7	percent of total billed charges	
TRANSFOR,L/S,EPID STER INJ	64483	CPT	outpatient			3286	1198.81	Corrections	Corrections		2628.8	80			365.17	3121.7	percent of total billed charges	
TRANSFOR,L/S,EPID STER INJ	64483	CPT	outpatient			3286	1198.81	First Health	First Health		2300.2	70			365.17	3121.7	percent of total billed charges	
TRANSFOR,L/S,EPID STER INJ	64483	CPT	outpatient			3286	1198.81	First Trenton	First Trenton		2957.4	90			365.17	3121.7	percent of total billed charges	
TRANSFOR,L/S,EPID STER INJ	64483	CPT	outpatient			3286	1198.81	Horizon	MGD		1939.98				365.17	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSFOR,L/S,EPID STER INJ	64483	CPT	outpatient			3286	1198.81	Horizon	Indemnity		1939.98				365.17	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSFOR,L/S,EPID STER INJ	64483	CPT	outpatient			3286	1198.81	Horizon	Medicare Blue		1042.44				365.17	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSFOR,L/S,EPID STER INJ	64483	CPT	outpatient			3286	1198.81	Horizon	NJ Health		365.17				365.17	3121.7	fee schedule	
TRANSFOR,L/S,EPID STER INJ	64483	CPT	outpatient			3286	1198.81	Horizon	PPO		1939.98				365.17	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSFOR,L/S,EPID STER INJ	64483	CPT	outpatient			3286	1198.81	Managed Care Inc	Managed Care Inc		2957.4	90			365.17	3121.7	percent of total billed charges	
TRANSFOR,L/S,EPID STER INJ	64483	CPT	outpatient			3286	1198.81	Multiplan	Multiplan		2628.8	80			365.17	3121.7	percent of total billed charges	
TRANSFOR,L/S,EPID STER INJ	64483	CPT	outpatient			3286	1198.81	Qualcare	Qualcare		2464.5	75			365.17	3121.7	percent of total billed charges	
TRANSFOR,L/S,EPID STER INJ	64483	CPT	outpatient			3286	1198.81	Three Rivers	Three Rivers		3121.7	95			365.17	3121.7	percent of total billed charges	
TRANSFOR,L/S,EPID STER INJ	64483	CPT	outpatient			3286	1198.81	UHC	Medicaid		1036.73	31.55			365.17	3121.7	percent of total billed charges	
TRANSFOR,L/S,EPID STER INJ	64483	CPT	outpatient			3286	1198.81	UHC	Medicare		1042.44				365.17	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSFOR,L/S,EPID STER INJ	64483	CPT	outpatient			3286	1198.81	United	Oxford		1817				365.17	3121.7	case rate	
TRANSFOR,L/S,EPID STER INJ	64483	CPT	outpatient			3286	1198.81	United	Commercial|PPO		1817				365.17	3121.7	case rate	
TRANSFOR,L/S,EPID STER INJ	64483	CPT	outpatient			3286	1198.81	Wellcare	Medicaid		1036.73	31.55			365.17	3121.7	percent of total billed charges	
TRANSFOR,L/S,EPID STER INJ	64483	CPT	outpatient			3286	1198.81	Wellcare	Medicare		1042.44				365.17	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSFOR,L/S,EPID STER INJ	64483	CPT	outpatient			3286	1198.81	WellPoint	WellPoint		1057.43	32.18			365.17	3121.7	percent of total billed charges	
INJ FORAMEN EPIDURAL EA ADDL LVL	64484	CPT	outpatient			2680		Aetna	Medicare		887.04	30.8			160.05	2736	percent of total billed charges	
INJ FORAMEN EPIDURAL EA ADDL LVL	64484	CPT	outpatient			2680		Aetna	Better Health		908.64	31.55			160.05	2736	percent of total billed charges	
INJ FORAMEN EPIDURAL EA ADDL LVL	64484	CPT	outpatient			2680		Aetna	Commercial		1094.4	38			160.05	2736	percent of total billed charges	
INJ FORAMEN EPIDURAL EA ADDL LVL	64484	CPT	outpatient			2680		Americare	Americare		2160	75			160.05	2736	percent of total billed charges	
INJ FORAMEN EPIDURAL EA ADDL LVL	64484	CPT	outpatient			2680		Amerihealth	HMO/PPO		1872	65			160.05	2736	percent of total billed charges	
INJ FORAMEN EPIDURAL EA ADDL LVL	64484	CPT	outpatient			2680		Consumer	Consumer		2736	95			160.05	2736	percent of total billed charges	
INJ FORAMEN EPIDURAL EA ADDL LVL	64484	CPT	outpatient			2680		Corrections	Corrections		2304	80			160.05	2736	percent of total billed charges	
INJ FORAMEN EPIDURAL EA ADDL LVL	64484	CPT	outpatient			2680		First Health	First Health		2016	70			160.05	2736	percent of total billed charges	
INJ FORAMEN EPIDURAL EA ADDL LVL	64484	CPT	outpatient			2680		First Trenton	First Trenton		2592	90			160.05	2736	percent of total billed charges	
INJ FORAMEN EPIDURAL EA ADDL LVL	64484	CPT	outpatient			2680		Horizon	Medicare Blue		864	30			160.05	2736	percent of total billed charges	
INJ FORAMEN EPIDURAL EA ADDL LVL	64484	CPT	outpatient			2680		Horizon	Indemnity		1102.46	38.28			160.05	2736	percent of total billed charges	
INJ FORAMEN EPIDURAL EA ADDL LVL	64484	CPT	outpatient			2680		Horizon	NJ Health		160.05				160.05	2736	fee schedule	
INJ FORAMEN EPIDURAL EA ADDL LVL	64484	CPT	outpatient			2680		Horizon	MGD		1102.46	38.28			160.05	2736	percent of total billed charges	
INJ FORAMEN EPIDURAL EA ADDL LVL	64484	CPT	outpatient			2680		Horizon	PPO		1102.46	38.28			160.05	2736	percent of total billed charges	
INJ FORAMEN EPIDURAL EA ADDL LVL	64484	CPT	outpatient			2680		Managed Care Inc	Managed Care Inc		2592	90			160.05	2736	percent of total billed charges	
INJ FORAMEN EPIDURAL EA ADDL LVL	64484	CPT	outpatient			2680		Multiplan	Multiplan		2304	80			160.05	2736	percent of total billed charges	
INJ FORAMEN EPIDURAL EA ADDL LVL	64484	CPT	outpatient			2680		Qualcare	Qualcare		2160	75			160.05	2736	percent of total billed charges	
INJ FORAMEN EPIDURAL EA ADDL LVL	64484	CPT	outpatient			2680		Three Rivers	Three Rivers		2736	95			160.05	2736	percent of total billed charges	
INJ FORAMEN EPIDURAL EA ADDL LVL	64484	CPT	outpatient			2680		UHC	Medicaid		908.64	31.55			160.05	2736	percent of total billed charges	
INJ FORAMEN EPIDURAL EA ADDL LVL	64484	CPT	outpatient			2680		United	Commercial|PPO		1782				160.05	2736	case rate	
INJ FORAMEN EPIDURAL EA ADDL LVL	64484	CPT	outpatient			2680		United	Oxford		1782				160.05	2736	case rate	
INJ FORAMEN EPIDURAL EA ADDL LVL	64484	CPT	outpatient			2680		Wellcare	Medicaid		908.64	31.55			160.05	2736	percent of total billed charges	
INJ FORAMEN EPIDURAL EA ADDL LVL	64484	CPT	outpatient			2680		WellPoint	WellPoint		926.78	32.18			160.05	2736	percent of total billed charges	
TAP BLOCK UNILATERAL BY INJECTION	64486	CPT	outpatient			1327		Aetna	Medicare		408.72	30.8			185.86	1782	percent of total billed charges	
TAP BLOCK UNILATERAL BY INJECTION	64486	CPT	outpatient			1327		Aetna	Better Health		418.67	31.55			185.86	1782	percent of total billed charges	
TAP BLOCK UNILATERAL BY INJECTION	64486	CPT	outpatient			1327		Aetna	Commercial		504.26	38			185.86	1782	percent of total billed charges	
TAP BLOCK UNILATERAL BY INJECTION	64486	CPT	outpatient			1327		Americare	Americare		995.25	75			185.86	1782	percent of total billed charges	
TAP BLOCK UNILATERAL BY INJECTION	64486	CPT	outpatient			1327		Amerihealth	HMO/PPO		862.55	65			185.86	1782	percent of total billed charges	
TAP BLOCK UNILATERAL BY INJECTION	64486	CPT	outpatient			1327		Consumer	Consumer		1260.65	95			185.86	1782	percent of total billed charges	
TAP BLOCK UNILATERAL BY INJECTION	64486	CPT	outpatient			1327		Corrections	Corrections		1061.6	80			185.86	1782	percent of total billed charges	
TAP BLOCK UNILATERAL BY INJECTION	64486	CPT	outpatient			1327		First Health	First Health		928.9	70			185.86	1782	percent of total billed charges	
TAP BLOCK UNILATERAL BY INJECTION	64486	CPT	outpatient			1327		First Trenton	First Trenton		1194.3	90			185.86	1782	percent of total billed charges	
TAP BLOCK UNILATERAL BY INJECTION	64486	CPT	outpatient			1327		Horizon	Medicare Blue		398.1	30			185.86	1782	percent of total billed charges	
TAP BLOCK UNILATERAL BY INJECTION	64486	CPT	outpatient			1327		Horizon	PPO		507.98	38.28			185.86	1782	percent of total billed charges	
TAP BLOCK UNILATERAL BY INJECTION	64486	CPT	outpatient			1327		Horizon	MGD		507.98	38.28			185.86	1782	percent of total billed charges	
TAP BLOCK UNILATERAL BY INJECTION	64486	CPT	outpatient			1327		Horizon	Indemnity		507.98	38.28			185.86	1782	percent of total billed charges	
TAP BLOCK UNILATERAL BY INJECTION(S)	64486	CPT	outpatient			1327		Horizon	NJ Health		185.86				185.86	1782	fee schedule	
TAP BLOCK UNILATERAL BY INJECTION	64486	CPT	outpatient			1327		Managed Care Inc	Managed Care Inc		1194.3	90			185.86	1782	percent of total billed charges	
TAP BLOCK UNILATERAL BY INJECTION	64486	CPT	outpatient			1327		Multiplan	Multiplan		1061.6	80			185.86	1782	percent of total billed charges	
TAP BLOCK UNILATERAL BY INJECTION	64486	CPT	outpatient			1327		Qualcare	Qualcare		995.25	75			185.86	1782	percent of total billed charges	
TAP BLOCK UNILATERAL BY INJECTION	64486	CPT	outpatient			1327		Three Rivers	Three Rivers		1260.65	95			185.86	1782	percent of total billed charges	
TAP BLOCK UNILATERAL BY INJECTION	64486	CPT	outpatient			1327		UHC	Medicaid		418.67	31.55			185.86	1782	percent of total billed charges	
TAP BLOCK UNILATERAL BY INJECTION(S)	64486	CPT	outpatient			1327		United	Oxford		1782				185.86	1782	case rate	
TAP BLOCK UNILATERAL BY INJECTION(S)	64486	CPT	outpatient			1327		United	Commercial|PPO		1782				185.86	1782	case rate	
TAP BLOCK UNILATERAL BY INJECTION	64486	CPT	outpatient			1327		Wellcare	Medicaid		418.67	31.55			185.86	1782	percent of total billed charges	
TAP BLOCK UNILATERAL BY INJECTION	64486	CPT	outpatient			1327		WellPoint	WellPoint		427.03	32.18			185.86	1782	percent of total billed charges	
TAP BLOCK, BILATERAL	64488	CPT	outpatient			1327		Aetna	Better Health		418.67	31.55			228.24	1782	percent of total billed charges	
TAP BLOCK, BILATERAL	64488	CPT	outpatient			1327		Aetna	Commercial		504.26	38			228.24	1782	percent of total billed charges	
TAP BLOCK, BILATERAL	64488	CPT	outpatient			1327		Aetna	Medicare		408.72	30.8			228.24	1782	percent of total billed charges	
TAP BLOCK, BILATERAL	64488	CPT	outpatient			1327		Americare	Americare		995.25	75			228.24	1782	percent of total billed charges	
TAP BLOCK, BILATERAL	64488	CPT	outpatient			1327		Amerihealth	HMO/PPO		862.55	65			228.24	1782	percent of total billed charges	
TAP BLOCK, BILATERAL	64488	CPT	outpatient			1327		Consumer	Consumer		1260.65	95			228.24	1782	percent of total billed charges	
TAP BLOCK, BILATERAL	64488	CPT	outpatient			1327		Corrections	Corrections		1061.6	80			228.24	1782	percent of total billed charges	
TAP BLOCK, BILATERAL	64488	CPT	outpatient			1327		First Health	First Health		928.9	70			228.24	1782	percent of total billed charges	
TAP BLOCK, BILATERAL	64488	CPT	outpatient			1327		First Trenton	First Trenton		1194.3	90			228.24	1782	percent of total billed charges	
TAP BLOCK, BILATERAL	64488	CPT	outpatient			1327		Horizon	Medicare Blue		398.1	30			228.24	1782	percent of total billed charges	
TAP BLOCK, BILATERAL	64488	CPT	outpatient			1327		Horizon	MGD		507.98	38.28			228.24	1782	percent of total billed charges	
TAP BLOCK, BILATERAL	64488	CPT	outpatient			1327		Horizon	Indemnity		507.98	38.28			228.24	1782	percent of total billed charges	
TAP BLOCK, BILATERAL	64488	CPT	outpatient			1327		Horizon	NJ Health		228.24				228.24	1782	fee schedule	
TAP BLOCK, BILATERAL	64488	CPT	outpatient			1327		Horizon	PPO		507.98	38.28			228.24	1782	percent of total billed charges	
TAP BLOCK, BILATERAL	64488	CPT	outpatient			1327		Managed Care Inc	Managed Care Inc		1194.3	90			228.24	1782	percent of total billed charges	
TAP BLOCK, BILATERAL	64488	CPT	outpatient			1327		Multiplan	Multiplan		1061.6	80			228.24	1782	percent of total billed charges	
TAP BLOCK, BILATERAL	64488	CPT	outpatient			1327		Qualcare	Qualcare		995.25	75			228.24	1782	percent of total billed charges	
TAP BLOCK, BILATERAL	64488	CPT	outpatient			1327		Three Rivers	Three Rivers		1260.65	95			228.24	1782	percent of total billed charges	
TAP BLOCK, BILATERAL	64488	CPT	outpatient			1327		UHC	Medicaid		418.67	31.55			228.24	1782	percent of total billed charges	
TAP BLOCK, BILATERAL	64488	CPT	outpatient			1327		United	Oxford		1782				228.24	1782	case rate	
TAP BLOCK, BILATERAL	64488	CPT	outpatient			1327		United	Commercial|PPO		1782				228.24	1782	case rate	
TAP BLOCK, BILATERAL	64488	CPT	outpatient			1327		Wellcare	Medicaid		418.67	31.55			228.24	1782	percent of total billed charges	
TAP BLOCK, BILATERAL	64488	CPT	outpatient			1327		WellPoint	WellPoint		427.03	32.18			228.24	1782	percent of total billed charges	
PARAVERTEBAL FACET JT SINGLE	64490	CPT	outpatient			3286	1198.81	Aetna	Better Health		1036.73	31.55			197.71	3121.7	percent of total billed charges	
PARAVERTEBAL FACET JT SINGLE	64490	CPT	outpatient			3286	1198.81	Aetna	Commercial		1659.56				197.71	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARAVERTEBAL FACET JT SINGLE	64490	CPT	outpatient			3286	1198.81	Aetna	Medicare		1042.44				197.71	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARAVERTEBAL FACET JT SINGLE	64490	CPT	outpatient			3286	1198.81	Americare	Americare		2464.5	75			197.71	3121.7	percent of total billed charges	
PARAVERTEBAL FACET JT SINGLE	64490	CPT	outpatient			3286	1198.81	Amerihealth	HMO/PPO		2135.9	65			197.71	3121.7	percent of total billed charges	
PARAVERTEBAL FACET JT SINGLE	64490	CPT	outpatient			3286	1198.81	Amerihealth	Medicare		1042.44				197.71	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARAVERTEBAL FACET JT SINGLE	64490	CPT	outpatient			3286	1198.81	Consumer	Consumer		3121.7	95			197.71	3121.7	percent of total billed charges	
PARAVERTEBAL FACET JT SINGLE	64490	CPT	outpatient			3286	1198.81	Corrections	Corrections		2628.8	80			197.71	3121.7	percent of total billed charges	
PARAVERTEBAL FACET JT SINGLE	64490	CPT	outpatient			3286	1198.81	First Health	First Health		2300.2	70			197.71	3121.7	percent of total billed charges	
PARAVERTEBAL FACET JT SINGLE	64490	CPT	outpatient			3286	1198.81	First Trenton	First Trenton		2957.4	90			197.71	3121.7	percent of total billed charges	
PARAVERTEBAL FACET JT SINGLE	64490	CPT	outpatient			3286	1198.81	Horizon	MGD		1939.98				197.71	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARAVERTEBAL FACET JT SINGLE	64490	CPT	outpatient			3286	1198.81	Horizon	Indemnity		1939.98				197.71	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARAVERTEBAL FACET JT SINGLE	64490	CPT	outpatient			3286	1198.81	Horizon	NJ Health		197.71				197.71	3121.7	fee schedule	
PARAVERTEBAL FACET JT SINGLE	64490	CPT	outpatient			3286	1198.81	Horizon	Medicare Blue		1042.44				197.71	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARAVERTEBAL FACET JT SINGLE	64490	CPT	outpatient			3286	1198.81	Horizon	PPO		1939.98				197.71	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARAVERTEBAL FACET JT SINGLE	64490	CPT	outpatient			3286	1198.81	Managed Care Inc	Managed Care Inc		2957.4	90			197.71	3121.7	percent of total billed charges	
PARAVERTEBAL FACET JT SINGLE	64490	CPT	outpatient			3286	1198.81	Multiplan	Multiplan		2628.8	80			197.71	3121.7	percent of total billed charges	
PARAVERTEBAL FACET JT SINGLE	64490	CPT	outpatient			3286	1198.81	Qualcare	Qualcare		2464.5	75			197.71	3121.7	percent of total billed charges	
PARAVERTEBAL FACET JT SINGLE	64490	CPT	outpatient			3286	1198.81	Three Rivers	Three Rivers		3121.7	95			197.71	3121.7	percent of total billed charges	
PARAVERTEBAL FACET JT SINGLE	64490	CPT	outpatient			3286	1198.81	UHC	Medicare		1042.44				197.71	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARAVERTEBAL FACET JT SINGLE	64490	CPT	outpatient			3286	1198.81	UHC	Medicaid		1036.73	31.55			197.71	3121.7	percent of total billed charges	
PARAVERTEBAL FACET JT SINGLE	64490	CPT	outpatient			3286	1198.81	United	Commercial|PPO		1817				197.71	3121.7	case rate	
PARAVERTEBAL FACET JT SINGLE	64490	CPT	outpatient			3286	1198.81	United	Oxford		1817				197.71	3121.7	case rate	
PARAVERTEBAL FACET JT SINGLE	64490	CPT	outpatient			3286	1198.81	Wellcare	Medicare		1042.44				197.71	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARAVERTEBAL FACET JT SINGLE	64490	CPT	outpatient			3286	1198.81	Wellcare	Medicaid		1036.73	31.55			197.71	3121.7	percent of total billed charges	
PARAVERTEBAL FACET JT SINGLE	64490	CPT	outpatient			3286	1198.81	WellPoint	WellPoint		1057.43	32.18			197.71	3121.7	percent of total billed charges	
INJ PARAVT FACET JT CRV/THRC 2LV	64491	CPT	outpatient			949		Aetna	Commercial		360.62	38			95.32	1782	percent of total billed charges	
INJ PARAVT FACET JT CRV/THRC 2LV	64491	CPT	outpatient			949		Aetna	Better Health		299.41	31.55			95.32	1782	percent of total billed charges	
INJ PARAVT FACET JT CRV/THRC 2LV	64491	CPT	outpatient			949		Aetna	Medicare		292.29	30.8			95.32	1782	percent of total billed charges	
INJ PARAVT FACET JT CRV/THRC 2LV	64491	CPT	outpatient			949		Americare	Americare		711.75	75			95.32	1782	percent of total billed charges	
INJ PARAVT FACET JT CRV/THRC 2LV	64491	CPT	outpatient			949		Amerihealth	HMO/PPO		616.85	65			95.32	1782	percent of total billed charges	
INJ PARAVT FACET JT CRV/THRC 2LV	64491	CPT	outpatient			949		Consumer	Consumer		901.55	95			95.32	1782	percent of total billed charges	
INJ PARAVT FACET JT CRV/THRC 2LV	64491	CPT	outpatient			949		Corrections	Corrections		759.2	80			95.32	1782	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
INJ PARAVT FACET JT CRV/THRC 2LV	64491	CPT	outpatient			949		First Health	First Health		664.3	70			95.32	1782	percent of total billed charges	
INJ PARAVT FACET JT CRV/THRC 2LV	64491	CPT	outpatient			949		First Trenton	First Trenton		854.1	90			95.32	1782	percent of total billed charges	
INJ PARAVT FACET JT CRV/THRC 2LV	64491	CPT	outpatient			949		Horizon	Medicare Blue		284.7	30			95.32	1782	percent of total billed charges	
INJ PARAVT FACET JT CRV/THRC 2LV	64491	CPT	outpatient			949		Horizon	MGD		363.28	38.28			95.32	1782	percent of total billed charges	
INJ PARAVT FACET JT CRV/THRC 2LV	64491	CPT	outpatient			949		Horizon	Indemnity		363.28	38.28			95.32	1782	percent of total billed charges	
INJ PARAVT FACET JT CRV/THRC 2LV	64491	CPT	outpatient			949		Horizon	PPO		363.28	38.28			95.32	1782	percent of total billed charges	
INJECTION CRV/THRC 2ND LEVEL	64491	CPT	outpatient			949		Horizon	NJ Health		95.32				95.32	1782	fee schedule	
INJ PARAVT FACET JT CRV/THRC 2LV	64491	CPT	outpatient			949		Managed Care Inc	Managed Care Inc		854.1	90			95.32	1782	percent of total billed charges	
INJ PARAVT FACET JT CRV/THRC 2LV	64491	CPT	outpatient			949		Multiplan	Multiplan		759.2	80			95.32	1782	percent of total billed charges	
INJ PARAVT FACET JT CRV/THRC 2LV	64491	CPT	outpatient			949		Qualcare	Qualcare		711.75	75			95.32	1782	percent of total billed charges	
INJ PARAVT FACET JT CRV/THRC 2LV	64491	CPT	outpatient			949		Three Rivers	Three Rivers		901.55	95			95.32	1782	percent of total billed charges	
INJ PARAVT FACET JT CRV/THRC 2LV	64491	CPT	outpatient			949		UHC	Medicaid		299.41	31.55			95.32	1782	percent of total billed charges	
INJECTION CRV/THRC 2ND LEVEL	64491	CPT	outpatient			949		United	CommercialPPO		1782				95.32	1782	case rate	
INJECTION CRV/THRC 2ND LEVEL	64491	CPT	outpatient			949		United	Oxford		1782				95.32	1782	case rate	
INJ PARAVT FACET JT CRV/THRC 2LV	64491	CPT	outpatient			949		Wellcare	Medicaid		299.41	31.55			95.32	1782	percent of total billed charges	
INJ PARAVT FACET JT CRV/THRC 2LV	64491	CPT	outpatient			949		WellPoint	WellPoint		305.39	32.18			95.32	1782	percent of total billed charges	
INJ PARAVERT F JNT C/T >=3 LVLS	64492	CPT	outpatient			949		Aetna	Better Health		299.41	31.55			96.7	1782	percent of total billed charges	
INJ PARAVERT F JNT C/T >=3 LVLS	64492	CPT	outpatient			949		Aetna	Medicare		292.29	30.8			96.7	1782	percent of total billed charges	
INJ PARAVERT F JNT C/T >=3 LVLS	64492	CPT	outpatient			949		Aetna	Commercial		360.62	38			96.7	1782	percent of total billed charges	
INJ PARAVERT F JNT C/T >=3 LVLS	64492	CPT	outpatient			949		Americare	Americare		711.75	75			96.7	1782	percent of total billed charges	
INJ PARAVERT F JNT C/T >=3 LVLS	64492	CPT	outpatient			949		Amerihealth	HMO/PPO		616.85	65			96.7	1782	percent of total billed charges	
INJ PARAVERT F JNT C/T >=3 LVLS	64492	CPT	outpatient			949		Consumer	Consumer		901.55	95			96.7	1782	percent of total billed charges	
INJ PARAVERT F JNT C/T >=3 LVLS	64492	CPT	outpatient			949		Corrections	Corrections		759.2	80			96.7	1782	percent of total billed charges	
INJ PARAVERT F JNT C/T >=3 LVLS	64492	CPT	outpatient			949		First Health	First Health		664.3	70			96.7	1782	percent of total billed charges	
INJ PARAVERT F JNT C/T >=3 LVLS	64492	CPT	outpatient			949		First Trenton	First Trenton		854.1	90			96.7	1782	percent of total billed charges	
PARAVERTEBRAL FACET JT EA ADD	64492	CPT	outpatient			949		Horizon	NJ Health		96.7				96.7	1782	fee schedule	
INJ PARAVERT F JNT C/T >=3 LVLS	64492	CPT	outpatient			949		Horizon	MGD		363.28	38.28			96.7	1782	percent of total billed charges	
INJ PARAVERT F JNT C/T >=3 LVLS	64492	CPT	outpatient			949		Horizon	Medicare Blue		284.7	30			96.7	1782	percent of total billed charges	
INJ PARAVERT F JNT C/T >=3 LVLS	64492	CPT	outpatient			949		Horizon	PPO		363.28	38.28			96.7	1782	percent of total billed charges	
INJ PARAVERT F JNT C/T >=3 LVLS	64492	CPT	outpatient			949		Horizon	Indemnity		363.28	38.28			96.7	1782	percent of total billed charges	
INJ PARAVERT F JNT C/T >=3 LVLS	64492	CPT	outpatient			949		Managed Care Inc	Managed Care Inc		854.1	90			96.7	1782	percent of total billed charges	
INJ PARAVERT F JNT C/T >=3 LVLS	64492	CPT	outpatient			949		Multiplan	Multiplan		759.2	80			96.7	1782	percent of total billed charges	
INJ PARAVERT F JNT C/T >=3 LVLS	64492	CPT	outpatient			949		Qualcare	Qualcare		711.75	75			96.7	1782	percent of total billed charges	
INJ PARAVERT F JNT C/T >=3 LVLS	64492	CPT	outpatient			949		Three Rivers	Three Rivers		901.55	95			96.7	1782	percent of total billed charges	
INJ PARAVERT F JNT C/T >=3 LVLS	64492	CPT	outpatient			949		UHC	Medicaid		299.41	31.55			96.7	1782	percent of total billed charges	
PARAVERTEBRAL FACET JT EA ADD	64492	CPT	outpatient			949		United	CommercialPPO		1782				96.7	1782	case rate	
PARAVERTEBRAL FACET JT EA ADD	64492	CPT	outpatient			949		United	Oxford		1782				96.7	1782	case rate	
INJ PARAVERT F JNT C/T >=3 LVLS	64492	CPT	outpatient			949		Wellcare	Medicaid		299.41	31.55			96.7	1782	percent of total billed charges	
INJ PARAVERT F JNT C/T >=3 LVLS	64492	CPT	outpatient			949		WellPoint	WellPoint		305.39	32.18			96.7	1782	percent of total billed charges	
INJECT, ANESTH, LUMBAR, SNGL	64493	CPT	outpatient			3286	1198.81	Aetna	Commercial		1659.56				264.16	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECT, ANESTH, LUMBAR, SNGL	64493	CPT	outpatient			3286	1198.81	Aetna	Better Health		1036.73	31.55			264.16	3121.7	percent of total billed charges	
INJECT, ANESTH, LUMBAR, SNGL	64493	CPT	outpatient			3286	1198.81	Aetna	Medicare		1042.44				264.16	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECT, ANESTH, LUMBAR, SNGL	64493	CPT	outpatient			3286	1198.81	Americare	Americare		2464.5	75			264.16	3121.7	percent of total billed charges	
INJECT, ANESTH, LUMBAR, SNGL	64493	CPT	outpatient			3286	1198.81	Amerihealth	Medicare		1042.44				264.16	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECT, ANESTH, LUMBAR, SNGL	64493	CPT	outpatient			3286	1198.81	Amerihealth	HMO/PPO		2135.9	65			264.16	3121.7	percent of total billed charges	
INJECT, ANESTH, LUMBAR, SNGL	64493	CPT	outpatient			3286	1198.81	Consumer	Consumer		3121.7	95			264.16	3121.7	percent of total billed charges	
INJECT, ANESTH, LUMBAR, SNGL	64493	CPT	outpatient			3286	1198.81	Corrections	Corrections		2628.8	80			264.16	3121.7	percent of total billed charges	
INJECT, ANESTH, LUMBAR, SNGL	64493	CPT	outpatient			3286	1198.81	First Health	First Health		2300.2	70			264.16	3121.7	percent of total billed charges	
INJECT, ANESTH, LUMBAR, SNGL	64493	CPT	outpatient			3286	1198.81	First Trenton	First Trenton		2957.4	90			264.16	3121.7	percent of total billed charges	
INJECT, ANESTH, LUMBAR, SNGL	64493	CPT	outpatient			3286	1198.81	Horizon	NJ Health		264.16				264.16	3121.7	fee schedule	
INJECT, ANESTH, LUMBAR, SNGL	64493	CPT	outpatient			3286	1198.81	Horizon	Indemnity		1939.98				264.16	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECT, ANESTH, LUMBAR, SNGL	64493	CPT	outpatient			3286	1198.81	Horizon	Medicare Blue		1042.44				264.16	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECT, ANESTH, LUMBAR, SNGL	64493	CPT	outpatient			3286	1198.81	Horizon	MGD		1939.98				264.16	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECT, ANESTH, LUMBAR, SNGL	64493	CPT	outpatient			3286	1198.81	Horizon	PPO		1939.98				264.16	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECT, ANESTH, LUMBAR, SNGL	64493	CPT	outpatient			3286	1198.81	Managed Care Inc	Managed Care Inc		2957.4	90			264.16	3121.7	percent of total billed charges	
INJECT, ANESTH, LUMBAR, SNGL	64493	CPT	outpatient			3286	1198.81	Multiplan	Multiplan		2628.8	80			264.16	3121.7	percent of total billed charges	
INJECT, ANESTH, LUMBAR, SNGL	64493	CPT	outpatient			3286	1198.81	Qualcare	Qualcare		2464.5	75			264.16	3121.7	percent of total billed charges	
INJECT, ANESTH, LUMBAR, SNGL	64493	CPT	outpatient			3286	1198.81	Three Rivers	Three Rivers		3121.7	95			264.16	3121.7	percent of total billed charges	
INJECT, ANESTH, LUMBAR, SNGL	64493	CPT	outpatient			3286	1198.81	UHC	Medicaid		1036.73	31.55			264.16	3121.7	percent of total billed charges	
INJECT, ANESTH, LUMBAR, SNGL	64493	CPT	outpatient			3286	1198.81	UHC	Medicare		1042.44				264.16	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECT, ANESTH, LUMBAR, SNGL	64493	CPT	outpatient			3286	1198.81	United	CommercialPPO		1817				264.16	3121.7	case rate	
INJECT, ANESTH, LUMBAR, SNGL	64493	CPT	outpatient			3286	1198.81	United	Oxford		1817				264.16	3121.7	case rate	
INJECT, ANESTH, LUMBAR, SNGL	64493	CPT	outpatient			3286	1198.81	Wellcare	Medicare		1042.44				264.16	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECT, ANESTH, LUMBAR, SNGL	64493	CPT	outpatient			3286	1198.81	Wellcare	Medicaid		1036.73	31.55			264.16	3121.7	percent of total billed charges	
INJECT, ANESTH, LUMBAR, SNGL	64493	CPT	outpatient			3286	1198.81	WellPoint	WellPoint		1057.43	32.18			264.16	3121.7	percent of total billed charges	
INJ PARAVRT F JNT LS/2LVL ADDON	64494	CPT	outpatient			949		Aetna	Medicare		292.29	30.8			130.63	1782	percent of total billed charges	
INJ PARAVRT F JNT LS/2LVL ADDON	64494	CPT	outpatient			949		Aetna	Commercial		360.62	38			130.63	1782	percent of total billed charges	
INJ PARAVRT F JNT LS/2LVL ADDON	64494	CPT	outpatient			949		Aetna	Better Health		299.41	31.55			130.63	1782	percent of total billed charges	
INJ PARAVRT F JNT LS/2LVL ADDON	64494	CPT	outpatient			949		Americare	Americare		711.75	75			130.63	1782	percent of total billed charges	
INJ PARAVRT F JNT LS/2LVL ADDON	64494	CPT	outpatient			949		Amerihealth	HMO/PPO		616.85	65			130.63	1782	percent of total billed charges	
INJ PARAVRT F JNT LS/2LVL ADDON	64494	CPT	outpatient			949		Consumer	Consumer		901.55	95			130.63	1782	percent of total billed charges	
INJ PARAVRT F JNT LS/2LVL ADDON	64494	CPT	outpatient			949		Corrections	Corrections		759.2	80			130.63	1782	percent of total billed charges	
INJ PARAVRT F JNT LS/2LVL ADDON	64494	CPT	outpatient			949		First Health	First Health		664.3	70			130.63	1782	percent of total billed charges	
INJ PARAVRT F JNT LS/2LVL ADDON	64494	CPT	outpatient			949		First Trenton	First Trenton		854.1	90			130.63	1782	percent of total billed charges	
NJX DX LMBR/SAC 2ND LEVEL	64494	CPT	outpatient			949		Horizon	NJ Health		130.63				130.63	1782	fee schedule	
INJ PARAVRT F JNT LS/2LVL ADDON	64494	CPT	outpatient			949		Horizon	Medicare Blue		284.7	30			130.63	1782	percent of total billed charges	
INJ PARAVRT F JNT LS/2LVL ADDON	64494	CPT	outpatient			949		Horizon	Indemnity		363.28	38.28			130.63	1782	percent of total billed charges	
INJ PARAVRT F JNT LS/2LVL ADDON	64494	CPT	outpatient			949		Horizon	MGD		363.28	38.28			130.63	1782	percent of total billed charges	
INJ PARAVRT F JNT LS/2LVL ADDON	64494	CPT	outpatient			949		Horizon	PPO		363.28	38.28			130.63	1782	percent of total billed charges	
INJ PARAVRT F JNT LS/2LVL ADDON	64494	CPT	outpatient			949		Managed Care Inc	Managed Care Inc		854.1	90			130.63	1782	percent of total billed charges	
INJ PARAVRT F JNT LS/2LVL ADDON	64494	CPT	outpatient			949		Multiplan	Multiplan		759.2	80			130.63	1782	percent of total billed charges	
INJ PARAVRT F JNT LS/2LVL ADDON	64494	CPT	outpatient			949		Qualcare	Qualcare		711.75	75			130.63	1782	percent of total billed charges	
INJ PARAVRT F JNT LS/2LVL ADDON	64494	CPT	outpatient			949		Three Rivers	Three Rivers		901.55	95			130.63	1782	percent of total billed charges	
INJ PARAVRT F JNT LS/2LVL ADDON	64494	CPT	outpatient			949		UHC	Medicaid		299.41	31.55			130.63	1782	percent of total billed charges	
NJX DX LMBR/SAC 2ND LEVEL	64494	CPT	outpatient			949		United	CommercialPPO		1782				130.63	1782	case rate	
NJX DX LMBR/SAC 2ND LEVEL	64494	CPT	outpatient			949		United	Oxford		1782				130.63	1782	case rate	
INJ PARAVRT F JNT LS/2LVL ADDON	64494	CPT	outpatient			949		Wellcare	Medicaid		299.41	31.55			130.63	1782	percent of total billed charges	
INJ PARAVRT F JNT LS/2LVL ADDON	64494	CPT	outpatient			949		WellPoint	WellPoint		305.39	32.18			130.63	1782	percent of total billed charges	
INJ PARAVERT F/JNT L/S 3 LEV	64495	CPT	outpatient			949		Aetna	Medicare		292.29	30.8			132.77	1782	percent of total billed charges	
INJ PARAVERT F/JNT L/S 3 LEV	64495	CPT	outpatient			949		Aetna	Better Health		299.41	31.55			132.77	1782	percent of total billed charges	
INJ PARAVERT F/JNT L/S 3 LEV	64495	CPT	outpatient			949		Aetna	Commercial		360.62	38			132.77	1782	percent of total billed charges	
INJ PARAVERT F/JNT L/S 3 LEV	64495	CPT	outpatient			949		Americare	Americare		711.75	75			132.77	1782	percent of total billed charges	
INJ PARAVERT F/JNT L/S 3 LEV	64495	CPT	outpatient			949		Amerihealth	HMO/PPO		616.85	65			132.77	1782	percent of total billed charges	
INJ PARAVERT F/JNT L/S 3 LEV	64495	CPT	outpatient			949		Consumer	Consumer		901.55	95			132.77	1782	percent of total billed charges	
INJ PARAVERT F/JNT L/S 3 LEV	64495	CPT	outpatient			949		Corrections	Corrections		759.2	80			132.77	1782	percent of total billed charges	
INJ PARAVERT F/JNT L/S 3 LEV	64495	CPT	outpatient			949		First Health	First Health		664.3	70			132.77	1782	percent of total billed charges	
INJ PARAVERT F/JNT L/S 3 LEV	64495	CPT	outpatient			949		First Trenton	First Trenton		854.1	90			132.77	1782	percent of total billed charges	
INJ PARAVERT F/JNT L/S 3 LEV	64495	CPT	outpatient			949		Horizon	Medicare Blue		284.7	30			132.77	1782	percent of total billed charges	
INJ PARAVERT F/JNT L/S 3 LEV	64495	CPT	outpatient			949		Horizon	Indemnity		363.28	38.28			132.77	1782	percent of total billed charges	
INJ PARAVERT F/JNT L/S 3 LEV	64495	CPT	outpatient			949		Horizon	MGD		363.28	38.28			132.77	1782	percent of total billed charges	
INJ PARAVERT F/JNT L/S 3 LEV	64495	CPT	outpatient			949		Horizon	PPO		363.28	38.28			132.77	1782	percent of total billed charges	
NJX DX LMBR/SAC 3+ LEVEL	64495	CPT	outpatient			949		Horizon	NJ Health		132.77				132.77	1782	fee schedule	
INJ PARAVERT F/JNT L/S 3 LEV	64495	CPT	outpatient			949		Managed Care Inc	Managed Care Inc		854.1	90			132.77	1782	percent of total billed charges	
INJ PARAVERT F/JNT L/S 3 LEV	64495	CPT	outpatient			949		Multiplan	Multiplan		759.2	80			132.77	1782	percent of total billed charges	
INJ PARAVERT F/JNT L/S 3 LEV	64495	CPT	outpatient			949		Qualcare	Qualcare		711.75	75			132.77	1782	percent of total billed charges	
INJ PARAVERT F/JNT L/S 3 LEV	64495	CPT	outpatient			949		Three Rivers	Three Rivers		901.55	95			132.77	1782	percent of total billed charges	
INJ PARAVERT F/JNT L/S 3 LEV	64495	CPT	outpatient			949		UHC	Medicaid		299.41	31.55			132.77	1782	percent of total billed charges	
NJX DX LMBR/SAC 3+ LEVEL	64495	CPT	outpatient			949		United	Oxford		1782				132.77	1782	case rate	
NJX DX LMBR/SAC 3+ LEVEL	64495	CPT	outpatient			949		United	CommercialPPO		1782				132.77	1782	case rate	
INJ PARAVERT F/JNT L/S 3 LEV	64495	CPT	outpatient			949		Wellcare	Medicaid		299.41	31.55			132.77	1782	percent of total billed charges	
INJ PARAVERT F/JNT L/S 3 LEV	64495	CPT	outpatient			949		WellPoint	WellPoint		305.39	32.18			132.77	1782	percent of total billed charges	
SPHENOPALATINE GANGLION BLOCK	64505	CPT	outpatient			1218	389.55	Aetna	Better Health		384.28	31.55			117.74	1782	percent of total billed charges	
SPHENOPALATINE GANGLION BLOCK	64505	CPT	outpatient			1218	389.55	Aetna	Commercial		539.27				117.74	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPHENOPALATINE GANGLION BLOCK	64505	CPT	outpatient			1218	389.55	Aetna	Medicare		338.74				117.74	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPHENOPALATINE GANGLION BLOCK	64505	CPT	outpatient			1218	389.55	Americare	Americare		913.5	75			117.74	1782	percent of total billed charges	
SPHENOPALATINE GANGLION BLOCK	64505	CPT	outpatient			1218	389.55	Amerihealth	HMO/PPO		791.7	65			117.74	1782	percent of total billed charges	
SPHENOPALATINE GANGLION BLOCK	64505	CPT	outpatient			1218	389.55	Amerihealth	Medicare		338.74				117.74	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPHENOPALATINE GANGLION BLOCK	64505	CPT	outpatient			1218	389.55	Consumer	Consumer		1157.1	95			117.74	1782	percent of total billed charges	
SPHENOPALATINE GANGLION BLOCK	64505	CPT	outpatient			1218	389.55	Corrections	Corrections		974.4	80			117.74	1782	percent of total billed charges	
SPHENOPALATINE GANGLION BLOCK	64505	CPT	outpatient			1218	389.55	First Health	First Health		852.6	70			117.74	1782	percent of total billed charges	
SPHENOPALATINE GANGLION BLOCK	64505	CPT	outpatient			1218	389.55	First Trenton	First Trenton		1096.2	90			117.74	1782	percent of total billed charges	
SPHENOPALATINE GANGLION BLOCK	64505	CPT	outpatient			1218	389.55	Horizon	MGD		630.4				117.74	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPHENOPALATINE GANGLION BLOCK	64505	CPT	outpatient			1218	389.55	Horizon	Indemnity		630.4				117.74	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPHENOPALATINE GANGLION BLOCK	64505	CPT	outpatient			1218	389.55	Horizon	PPO		630.4				117.74	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPHENOPALATINE GANGLION BLOCK	64505	CPT	outpatient			1218	389.55	Horizon	NJ Health		117.74				117.74	1782	fee schedule	
SPHENOPALATINE GANGLION BLOCK	64505	CPT	outpatient			1218	389.55	Horizon	Medicare Blue		338.74				117.74	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPHENOPALATINE GANGLION BLOCK	64505	CPT	outpatient			1218	389.55	Managed Care Inc	Managed Care Inc		1096.2	90			117.74	1782	percent of total billed charges	
SPHENOPALATINE GANGLION BLOCK	64505	CPT	outpatient			1218	389.55	Multiplan	Multiplan		974.4	80			117.74	1782	percent of total billed charges	
SPHENOPALATINE GANGLION BLOCK	64505	CPT	outpatient			1218	389.55	Qualcare	Qualcare		913.5	75			117.74	1782	percent of total billed charges	
SPHENOPALATINE GANGLION BLOCK	64505	CPT	outpatient			1218	389.55	Three Rivers	Three Rivers		1157.1	95			117.74	1782	percent of total billed charges	
SPHENOPALATINE GANGLION BLOCK	64505	CPT	outpatient			1218	389.55	UHC	Medicaid		384.28	31.55			117.74	1782	percent of total billed charges	
SPHENOPALATINE GANGLION BLOCK	64505	CPT	outpatient			1218	389.55	UHC	Medicare		338.74				117.74	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPHENOPALATINE GANGLION BLOCK	64505	CPT	outpatient			1218	389.55	United	Oxford		1782				117.74	1782	case rate	
SPHENOPALATINE GANGLION BLOCK	64505	CPT	outpatient			1218	389.55	United	CommercialPPO		1782				117.74	1782	case rate	
SPHENOPALATINE GANGLION BLOCK	64505	CPT	outpatient			1218	389.55	Wellcare	Medicare		338.74				117.74	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPHENOPALATINE GANGLION BLOCK	64505	CPT	outpatient			1218	389.55	Wellcare	Medicaid		384.28	31.55			117.74	1782	percent of total billed charges	
SPHENOPALATINE GANGLION BLOCK	64505	CPT	outpatient			1218	389.55	WellPoint	WellPoint		391.95	32.18			117.74	1782	percent of total billed charges	
IN ANE AGT CAROT SINU SEP PRO	64508	CPT	outpatient			1218		Aetna	Better Health		384.28	31.55			365.4	1157.1	percent of total billed charges	
IN ANE AGT CAROT SINU SEP PRO	64508	CPT	outpatient			1218		Aetna	Medicare		375.14	30.8			365.4	1157.1	percent of total billed charges	
IN ANE AGT CAROT SINU SEP PRO	64508	CPT	outpatient			1218		Aetna	Commercial		462.84	38			365.4	1157.1	percent of total billed charges	
IN ANE AGT CAROT SINU SEP PRO	64508	CPT	outpatient			1218		Americare	Americare		913.5	75			365.4	1157.1	percent of total billed charges	
IN ANE AGT CAROT SINU SEP PRO	64508	CPT	outpatient			1218		Amerihealth	HMO/PPO		791.7	65			365.4	1157.1	percent of total billed charges	
IN ANE AGT CAROT SINU SEP PRO	64508	CPT	outpatient			1218		Consumer	Consumer		1157.1	95			365.4	1157.1	percent of total billed charges	
IN ANE AGT CAROT SINU SEP PRO	64508	CPT	outpatient			1218		Corrections	Corrections		974.4	80			365.4	1157.1	percent of total billed charges	
IN ANE AGT CAROT SINU SEP PRO	64508	CPT	outpatient			1218		First Health	First Health		852.6	70			365.4	1157.1	percent of total billed charges	
IN ANE AGT CAROT SINU SEP PRO	64508	CPT	outpatient			1218		First Trenton	First Trenton		1096.2	90			365.4	1157.1	percent of total billed charges	
IN ANE AGT CAROT SINU SEP PRO	64508	CPT	outpatient			1218		Horizon	Medicare Blue		365.4	30			365.4	1157.1	percent of total billed charges	
IN ANE AGT CAROT SINU SEP PRO	64508	CPT	outpatient			1218		Horizon	Indemnity		466.25	38.28			365.4	1157.1	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
IN ANE AGT CAROT SINU SEP PRO	64508	CPT	outpatient			1218		Horizon	MGD		466.25	38.28			365.4	1157.1	percent of total billed charges	
IN ANE AGT CAROT SINU SEP PRO	64508	CPT	outpatient			1218		Horizon	PPO		466.25	38.28			365.4	1157.1	percent of total billed charges	
IN ANE AGT CAROT SINU SEP PRO	64508	CPT	outpatient			1218		Managed Care Inc	Managed Care Inc		1096.2	90			365.4	1157.1	percent of total billed charges	
IN ANE AGT CAROT SINU SEP PRO	64508	CPT	outpatient			1218		Multiplan	Multiplan		974.4	80			365.4	1157.1	percent of total billed charges	
IN ANE AGT CAROT SINU SEP PRO	64508	CPT	outpatient			1218		Qualcare	Qualcare		913.5	75			365.4	1157.1	percent of total billed charges	
IN ANE AGT CAROT SINU SEP PRO	64508	CPT	outpatient			1218		Three Rivers	Three Rivers		1157.1	95			365.4	1157.1	percent of total billed charges	
IN ANE AGT CAROT SINU SEP PRO	64508	CPT	outpatient			1218		UHC	Medicaid		384.28	31.55			365.4	1157.1	percent of total billed charges	
IN ANE AGT CAROT SINU SEP PRO	64508	CPT	outpatient			1218		Wellcare	Medicaid		384.28	31.55			365.4	1157.1	percent of total billed charges	
IN ANE AGT CAROT SINU SEP PRO	64508	CPT	outpatient			1218		WellPoint	WellPoint		391.95	32.18			365.4	1157.1	percent of total billed charges	
SYMPATHETIC NERVE BLOCK;CERVICAL	64510	CPT	outpatient			3286		Aetna	Commercial		1659.56				203.35	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SYMPATHETIC NERVE BLOCK;CERVICAL	64510	CPT	outpatient			3286	1198.81	Aetna	Better Health		1036.73	31.55			203.35	3121.7	percent of total billed charges	
SYMPATHETIC NERVE BLOCK;CERVICAL	64510	CPT	outpatient			3286	1198.81	Aetna	Medicare		1042.44				203.35	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SYMPATHETIC NERVE BLOCK;CERVICAL	64510	CPT	outpatient			3286	1198.81	Americare	Americare		2464.5	75			203.35	3121.7	percent of total billed charges	
SYMPATHETIC NERVE BLOCK;CERVICAL	64510	CPT	outpatient			3286	1198.81	Amerihealth	Medicare		1042.44				203.35	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SYMPATHETIC NERVE BLOCK;CERVICAL	64510	CPT	outpatient			3286	1198.81	Amerihealth	HMO/PPO		2135.9	65			203.35	3121.7	percent of total billed charges	
SYMPATHETIC NERVE BLOCK;CERVICAL	64510	CPT	outpatient			3286	1198.81	Consumer	Consumer		3121.7	95			203.35	3121.7	percent of total billed charges	
SYMPATHETIC NERVE BLOCK;CERVICAL	64510	CPT	outpatient			3286	1198.81	Corrections	Corrections		2628.8	80			203.35	3121.7	percent of total billed charges	
SYMPATHETIC NERVE BLOCK;CERVICAL	64510	CPT	outpatient			3286	1198.81	First Health	First Health		2300.2	70			203.35	3121.7	percent of total billed charges	
SYMPATHETIC NERVE BLOCK;CERVICAL	64510	CPT	outpatient			3286	1198.81	First Trenton	First Trenton		2957.4	90			203.35	3121.7	percent of total billed charges	
SYMPATHETIC NERVE BLOCK;CERVICAL	64510	CPT	outpatient			3286	1198.81	Horizon	Indemnity		1939.98				203.35	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SYMPATHETIC NERVE BLOCK;CERVICAL	64510	CPT	outpatient			3286	1198.81	Horizon	Medicare Blue		1042.44				203.35	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SYMPATHETIC NERVE BLOCK;CERVICAL	64510	CPT	outpatient			3286	1198.81	Horizon	MGD		1939.98				203.35	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SYMPATHETIC NERVE BLOCK;CERVICAL	64510	CPT	outpatient			3286	1198.81	Horizon	PPO		1939.98				203.35	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SYMPATHETIC NERVE BLOCK;CERVICAL	64510	CPT	outpatient			3286	1198.81	Horizon	NJ Health		203.35				203.35	3121.7	fee schedule	
SYMPATHETIC NERVE BLOCK;CERVICAL	64510	CPT	outpatient			3286	1198.81	Managed Care Inc	Managed Care Inc		2957.4	90			203.35	3121.7	percent of total billed charges	
SYMPATHETIC NERVE BLOCK;CERVICAL	64510	CPT	outpatient			3286	1198.81	Multiplan	Multiplan		2628.8	80			203.35	3121.7	percent of total billed charges	
SYMPATHETIC NERVE BLOCK;CERVICAL	64510	CPT	outpatient			3286	1198.81	Qualcare	Qualcare		2464.5	75			203.35	3121.7	percent of total billed charges	
SYMPATHETIC NERVE BLOCK;CERVICAL	64510	CPT	outpatient			3286	1198.81	Three Rivers	Three Rivers		3121.7	95			203.35	3121.7	percent of total billed charges	
SYMPATHETIC NERVE BLOCK;CERVICAL	64510	CPT	outpatient			3286	1198.81	UHC	Medicare		1042.44				203.35	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SYMPATHETIC NERVE BLOCK;CERVICAL	64510	CPT	outpatient			3286	1198.81	UHC	Medicaid		1036.73	31.55			203.35	3121.7	percent of total billed charges	
SYMPATHETIC NERVE BLOCK;CERVICAL	64510	CPT	outpatient			3286	1198.81	United	Oxford		1817				203.35	3121.7	case rate	
SYMPATHETIC NERVE BLOCK;CERVICAL	64510	CPT	outpatient			3286	1198.81	United	Commercial|PPO		1817				203.35	3121.7	case rate	
SYMPATHETIC NERVE BLOCK;CERVICAL	64510	CPT	outpatient			3286	1198.81	Wellcare	Medicare		1042.44				203.35	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SYMPATHETIC NERVE BLOCK;CERVICAL	64510	CPT	outpatient			3286	1198.81	Wellcare	Medicaid		1036.73	31.55			203.35	3121.7	percent of total billed charges	
SYMPATHETIC NERVE BLOCK;CERVICAL	64510	CPT	outpatient			3286	1198.81	WellPoint	WellPoint		1057.43	32.18			203.35	3121.7	percent of total billed charges	
NB INJ HYPOGAS PLXS	64517	CPT	outpatient			3286	1198.81	Aetna	Better Health		1036.73	31.55			270.53	3121.7	percent of total billed charges	
NB INJ HYPOGAS PLXS	64517	CPT	outpatient			3286	1198.81	Aetna	Commercial		1659.56				270.53	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NB INJ HYPOGAS PLXS	64517	CPT	outpatient			3286	1198.81	Aetna	Medicare		1042.44				270.53	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NB INJ HYPOGAS PLXS	64517	CPT	outpatient			3286	1198.81	Americare	Americare		2464.5	75			270.53	3121.7	percent of total billed charges	
NB INJ HYPOGAS PLXS	64517	CPT	outpatient			3286	1198.81	Amerihealth	HMO/PPO		2135.9	65			270.53	3121.7	percent of total billed charges	
NB INJ HYPOGAS PLXS	64517	CPT	outpatient			3286	1198.81	Amerihealth	Medicare		1042.44				270.53	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NB INJ HYPOGAS PLXS	64517	CPT	outpatient			3286	1198.81	Consumer	Consumer		3121.7	95			270.53	3121.7	percent of total billed charges	
NB INJ HYPOGAS PLXS	64517	CPT	outpatient			3286	1198.81	Corrections	Corrections		2628.8	80			270.53	3121.7	percent of total billed charges	
NB INJ HYPOGAS PLXS	64517	CPT	outpatient			3286	1198.81	First Health	First Health		2300.2	70			270.53	3121.7	percent of total billed charges	
NB INJ HYPOGAS PLXS	64517	CPT	outpatient			3286	1198.81	First Trenton	First Trenton		2957.4	90			270.53	3121.7	percent of total billed charges	
NB INJ HYPOGAS PLXS	64517	CPT	outpatient			3286	1198.81	Horizon	Indemnity		1939.98				270.53	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NB INJ HYPOGAS PLXS	64517	CPT	outpatient			3286	1198.81	Horizon	Medicare Blue		1042.44				270.53	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NB INJ HYPOGAS PLXS	64517	CPT	outpatient			3286	1198.81	Horizon	NJ Health		270.53				270.53	3121.7	fee schedule	
NB INJ HYPOGAS PLXS	64517	CPT	outpatient			3286	1198.81	Horizon	MGD		1939.98				270.53	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NB INJ HYPOGAS PLXS	64517	CPT	outpatient			3286	1198.81	Horizon	PPO		1939.98				270.53	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NB INJ HYPOGAS PLXS	64517	CPT	outpatient			3286	1198.81	Managed Care Inc	Managed Care Inc		2957.4	90			270.53	3121.7	percent of total billed charges	
NB INJ HYPOGAS PLXS	64517	CPT	outpatient			3286	1198.81	Multiplan	Multiplan		2628.8	80			270.53	3121.7	percent of total billed charges	
NB INJ HYPOGAS PLXS	64517	CPT	outpatient			3286	1198.81	Qualcare	Qualcare		2464.5	75			270.53	3121.7	percent of total billed charges	
NB INJ HYPOGAS PLXS	64517	CPT	outpatient			3286	1198.81	Three Rivers	Three Rivers		3121.7	95			270.53	3121.7	percent of total billed charges	
NB INJ HYPOGAS PLXS	64517	CPT	outpatient			3286	1198.81	UHC	Medicaid		1036.73	31.55			270.53	3121.7	percent of total billed charges	
NB INJ HYPOGAS PLXS	64517	CPT	outpatient			3286	1198.81	UHC	Medicare		1042.44				270.53	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NB INJ HYPOGAS PLXS	64517	CPT	outpatient			3286	1198.81	United	Commercial|PPO		1817				270.53	3121.7	case rate	
NB INJ HYPOGAS PLXS	64517	CPT	outpatient			3286	1198.81	United	Oxford		1817				270.53	3121.7	case rate	
NB INJ HYPOGAS PLXS	64517	CPT	outpatient			3286	1198.81	Wellcare	Medicare		1042.44				270.53	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NB INJ HYPOGAS PLXS	64517	CPT	outpatient			3286	1198.81	Wellcare	Medicaid		1036.73	31.55			270.53	3121.7	percent of total billed charges	
NB INJ HYPOGAS PLXS	64517	CPT	outpatient			3286	1198.81	WellPoint	WellPoint		1057.43	32.18			270.53	3121.7	percent of total billed charges	
SYMPATHETIC NERVE BLOCK;THRC	64520	CPT	outpatient			3286	1198.81	Aetna	Medicare		1012.09	30.8			296.89	3121.7	percent of total billed charges	
SYMPATHETIC NERVE BLOCK;THRC	64520	CPT	outpatient			3286	1198.81	Aetna	Better Health		1036.73	31.55			296.89	3121.7	percent of total billed charges	
SYMPATHETIC NERVE BLOCK;THRC	64520	CPT	outpatient			3286	1198.81	Aetna	Commercial		1659.56				296.89	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SYMPATHETIC NERVE BLOCK;THRC	64520	CPT	outpatient			3286	1198.81	Americare	Americare		2464.5	75			296.89	3121.7	percent of total billed charges	
SYMPATHETIC NERVE BLOCK;THRC	64520	CPT	outpatient			3286	1198.81	Amerihealth	Medicare		1042.44				296.89	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SYMPATHETIC NERVE BLOCK;THRC	64520	CPT	outpatient			3286	1198.81	Amerihealth	HMO/PPO		2135.9	65			296.89	3121.7	percent of total billed charges	
SYMPATHETIC NERVE BLOCK;THRC	64520	CPT	outpatient			3286	1198.81	Consumer	Consumer		3121.7	95			296.89	3121.7	percent of total billed charges	
SYMPATHETIC NERVE BLOCK;THRC	64520	CPT	outpatient			3286	1198.81	Corrections	Corrections		2628.8	80			296.89	3121.7	percent of total billed charges	
SYMPATHETIC NERVE BLOCK;THRC	64520	CPT	outpatient			3286	1198.81	First Health	First Health		2300.2	70			296.89	3121.7	percent of total billed charges	
SYMPATHETIC NERVE BLOCK;THRC	64520	CPT	outpatient			3286	1198.81	First Trenton	First Trenton		2957.4	90			296.89	3121.7	percent of total billed charges	
SYMPATHETIC NERVE BLOCK;THRC	64520	CPT	outpatient			3286	1198.81	Horizon	Indemnity		1939.98				296.89	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SYMPATHETIC NERVE BLOCK;THRC	64520	CPT	outpatient			3286	1198.81	Horizon	PPO		1939.98				296.89	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SYMPATHETIC NERVE BLOCK;THRC	64520	CPT	outpatient			3286	1198.81	Horizon	NJ Health		296.89				296.89	3121.7	fee schedule	
SYMPATHETIC NERVE BLOCK;THRC	64520	CPT	outpatient			3286	1198.81	Horizon	Medicare Blue		1042.44				296.89	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SYMPATHETIC NERVE BLOCK;THRC	64520	CPT	outpatient			3286	1198.81	Horizon	MGD		1939.98				296.89	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SYMPATHETIC NERVE BLOCK;THRC	64520	CPT	outpatient			3286	1198.81	Managed Care Inc	Managed Care Inc		2957.4	90			296.89	3121.7	percent of total billed charges	
SYMPATHETIC NERVE BLOCK;THRC	64520	CPT	outpatient			3286	1198.81	Multiplan	Multiplan		2628.8	80			296.89	3121.7	percent of total billed charges	
SYMPATHETIC NERVE BLOCK;THRC	64520	CPT	outpatient			3286	1198.81	Qualcare	Qualcare		2464.5	75			296.89	3121.7	percent of total billed charges	
SYMPATHETIC NERVE BLOCK;THRC	64520	CPT	outpatient			3286	1198.81	Three Rivers	Three Rivers		3121.7	95			296.89	3121.7	percent of total billed charges	
SYMPATHETIC NERVE BLOCK;THRC	64520	CPT	outpatient			3286	1198.81	UHC	Medicare		1042.44				296.89	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SYMPATHETIC NERVE BLOCK;THRC	64520	CPT	outpatient			3286	1198.81	UHC	Medicaid		1036.73	31.55			296.89	3121.7	percent of total billed charges	
SYMPATHETIC NERVE BLOCK;THRC	64520	CPT	outpatient			3286	1198.81	United	Commercial|PPO		1817				296.89	3121.7	case rate	
SYMPATHETIC NERVE BLOCK;THRC	64520	CPT	outpatient			3286	1198.81	United	Oxford		1817				296.89	3121.7	case rate	
SYMPATHETIC NERVE BLOCK;THRC	64520	CPT	outpatient			3286	1198.81	Wellcare	Medicaid		1036.73	31.55			296.89	3121.7	percent of total billed charges	
SYMPATHETIC NERVE BLOCK;THRC	64520	CPT	outpatient			3286	1198.81	Wellcare	Medicare		1042.44				296.89	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SYMPATHETIC NERVE BLOCK;THRC	64520	CPT	outpatient			3286	1198.81	WellPoint	WellPoint		1057.43	32.18			296.89	3121.7	percent of total billed charges	
N BLOCK INJ CELIAC PLEXUS	64530	CPT	outpatient			3286	1198.81	Aetna	Better Health		1036.73	31.55			164.43	3121.7	percent of total billed charges	
N BLOCK INJ CELIAC PLEXUS	64530	CPT	outpatient			3286	1198.81	Aetna	Commercial		1659.56				164.43	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
N BLOCK INJ CELIAC PLEXUS	64530	CPT	outpatient			3286	1198.81	Aetna	Medicare		1042.44				164.43	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
N BLOCK INJ CELIAC PLEXUS	64530	CPT	outpatient			3286	1198.81	Americare	Americare		2464.5	75			164.43	3121.7	percent of total billed charges	
N BLOCK INJ CELIAC PLEXUS	64530	CPT	outpatient			3286	1198.81	Amerihealth	HMO/PPO		2135.9	65			164.43	3121.7	percent of total billed charges	
N BLOCK INJ CELIAC PLEXUS	64530	CPT	outpatient			3286	1198.81	Amerihealth	Medicare		1042.44				164.43	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
N BLOCK INJ CELIAC PLEXUS	64530	CPT	outpatient			3286	1198.81	Consumer	Consumer		3121.7	95			164.43	3121.7	percent of total billed charges	
N BLOCK INJ CELIAC PLEXUS	64530	CPT	outpatient			3286	1198.81	Corrections	Corrections		2628.8	80			164.43	3121.7	percent of total billed charges	
N BLOCK INJ CELIAC PLEXUS	64530	CPT	outpatient			3286	1198.81	First Health	First Health		2300.2	70			164.43	3121.7	percent of total billed charges	
N BLOCK INJ CELIAC PLEXUS	64530	CPT	outpatient			3286	1198.81	First Trenton	First Trenton		2957.4	90			164.43	3121.7	percent of total billed charges	
N BLOCK INJ CELIAC PLEXUS	64530	CPT	outpatient			3286	1198.81	Horizon	MGD		1939.98				164.43	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
N BLOCK INJ CELIAC PLEXUS	64530	CPT	outpatient			3286	1198.81	Horizon	Medicare Blue		1042.44				164.43	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
N BLOCK INJ CELIAC PLEXUS	64530	CPT	outpatient			3286	1198.81	Horizon	Indemnity		1939.98				164.43	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
N BLOCK INJ CELIAC PLEXUS	64530	CPT	outpatient			3286	1198.81	Horizon	NJ Health		164.43				164.43	3121.7	fee schedule	
N BLOCK INJ CELIAC PLEXUS	64530	CPT	outpatient			3286	1198.81	Horizon	PPO		1939.98				164.43	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
N BLOCK INJ CELIAC PLEXUS	64530	CPT	outpatient			3286	1198.81	Managed Care Inc	Managed Care Inc		2957.4	90			164.43	3121.7	percent of total billed charges	
N BLOCK INJ CELIAC PLEXUS	64530	CPT	outpatient			3286	1198.81	Multiplan	Multiplan		2628.8	80			164.43	3121.7	percent of total billed charges	
N BLOCK INJ CELIAC PLEXUS	64530	CPT	outpatient			3286	1198.81	Qualcare	Qualcare		2464.5	75			164.43	3121.7	percent of total billed charges	
N BLOCK INJ CELIAC PLEXUS	64530	CPT	outpatient			3286	1198.81	Three Rivers	Three Rivers		3121.7	95			164.43	3121.7	percent of total billed charges	
N BLOCK INJ CELIAC PLEXUS	64530	CPT	outpatient			3286	1198.81	UHC	Medicare		1042.44				164.43	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
N BLOCK INJ CELIAC PLEXUS	64530	CPT	outpatient			3286	1198.81	UHC	Medicaid		1036.73	31.55			164.43	3121.7	percent of total billed charges	
N BLOCK INJ CELIAC PLEXUS	64530	CPT	outpatient			3286	1198.81	United	Oxford		1817				164.43	3121.7	case rate	
N BLOCK INJ CELIAC PLEXUS	64530	CPT	outpatient			3286	1198.81	United	Commercial|PPO		1817				164.43	3121.7	case rate	
N BLOCK INJ CELIAC PLEXUS	64530	CPT	outpatient			3286	1198.81	Wellcare	Medicaid		1036.73	31.55			164.43	3121.7	percent of total billed charges	
N BLOCK INJ CELIAC PLEXUS	64530	CPT	outpatient			3286	1198.81	Wellcare	Medicare		1042.44				164.43	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
N BLOCK INJ CELIAC PLEXUS	64530	CPT	outpatient			3286	1198.81	WellPoint	WellPoint		1057.43	32.18			164.43	3121.7	percent of total billed charges	
PERIPHERAL NERVE (EXCLUDES SACRAL NERVE	64555	CPT	outpatient			24471	8995.01	Aetna	Commercial		12452.23				245.57	23247.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERIPHERAL NERVE (EXCLUDES SACRAL NERVE	64555	CPT	outpatient			24471	8995.01	Aetna	Better Health		7720.6	31.55			245.57	23247.45	percent of total billed charges	
PERIPHERAL NERVE (EXCLUDES SACRAL NERVE	64555	CPT	outpatient			24471	8995.01	Aetna	Medicare		7821.75				245.57	23247.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERIPHERAL NERVE (EXCLUDES SACRAL NERVE	64555	CPT	outpatient			24471	8995.01	Americare	Americare		18353.25	75			245.57	23247.45	percent of total billed charges	
PERIPHERAL NERVE (EXCLUDES SACRAL NERVE	64555	CPT	outpatient			24471	8995.01	Amerihealth	Medicare		7821.75				245.57	23247.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERIPHERAL NERVE (EXCLUDES SACRAL NERVE	64555	CPT	outpatient			24471	8995.01	Amerihealth	HMO/PPO		15906.15	65			245.57	23247.45	percent of total billed charges	
PERIPHERAL NERVE (EXCLUDES SACRAL NERVE	64555	CPT	outpatient			24471	8995.01	Consumer	Consumer		23247.45	95			245.57	23247.45	percent of total billed charges	
PERIPHERAL NERVE (EXCLUDES SACRAL NERVE	64555	CPT	outpatient			24471	8995.01	Corrections	Corrections		19576.8	80			245.57	23247.45	percent of total billed charges	
PERIPHERAL NERVE (EXCLUDES SACRAL NERVE	64555	CPT	outpatient			24471	8995.01	First Health	First Health		17129.7	70			245.57	23247.45	percent of total billed charges	
PERIPHERAL NERVE (EXCLUDES SACRAL NERVE	64555	CPT	outpatient			24471	8995.01	First Trenton	First Trenton		22023.9	90			245.57	23247.45	percent of total billed charges	
PERIPHERAL NERVE (EXCLUDES SACRAL NERVE	64555	CPT	outpatient			24471	8995.01	Horizon	Indemnity		14556.28				245.57	23247.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERIPHERAL NERVE (EXCLUDES SACRAL NERVE	64555	CPT	outpatient			24471	8995.01	Horizon	MGD		14556.28				245.57	23247.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERIPHERAL NERVE (EXCLUDES SACRAL NERVE	64555	CPT	outpatient			24471	8995.01	Horizon	NJ Health		245.57				245.57	23247.45	fee schedule	
PERIPHERAL NERVE (EXCLUDES SACRAL NERVE	64555	CPT	outpatient			24471	8995.01	Horizon	Medicare Blue		7821.75				245.57	23247.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERIPHERAL NERVE (EXCLUDES SACRAL NERVE	64555	CPT	outpatient			24471	8995.01	Horizon	PPO		14556.28				245.57	23247.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERIPHERAL NERVE (EXCLUDES SACRAL NERVE	64555	CPT	outpatient			24471	8995.01	Managed Care Inc	Managed Care Inc		22023.9	90			245.57	23247.45	percent of total billed charges	
PERIPHERAL NERVE (EXCLUDES SACRAL NERVE	64555	CPT	outpatient			24471	8995.01	Multiplan	Multiplan		19576.8	80			245.57	23247.45	percent of total billed charges	
PERIPHERAL NERVE (EXCLUDES SACRAL NERVE	64555	CPT	outpatient			24471	8995.01	Qualcare	Qualcare		18353.25	75			245.57	23247.45	percent of total billed charges	
PERIPHERAL NERVE (EXCLUDES SACRAL NERVE	64555	CPT	outpatient			24471	8995.01	Three Rivers	Three Rivers		23247.45	95			245.57	23247.45	percent of total billed charges	
PERIPHERAL NERVE (EXCLUDES SACRAL NERVE	64555	CPT	outpatient			24471	8995.01	UHC	Medicare		7821.75				245.57	23247.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERIPHERAL NERVE (EXCLUDES SACRAL NERVE	64555	CPT	outpatient			24471	8995.01	UHC	Medicaid		7720.6	31.55			245.57	23247.45	percent of total billed charges	
PERIPHERAL NERVE (EXCLUDES SACRAL NERVE	64555	CPT	outpatient			24471	8995.01	United	Oxford		4702				245.57	23247.45	case rate	
PERIPHERAL NERVE (EXCLUDES SACRAL NERVE	64555	CPT	outpatient			24471	8995.01	United	Commercial|PPO		4702				245.57	23247.45	case rate	
PERIPHERAL NERVE (EXCLUDES SACRAL NERVE	64555	CPT	outpatient			24471	8995.01	Wellcare	Medicare		7821.75				245.57	23247.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERIPHERAL NERVE (EXCLUDES SACRAL NERVE	64555	CPT	outpatient			24471	8995.01	Wellcare	Medicaid		7720.6	31.55			245.57	23247.45	percent of total billed charges	
PERIPHERAL NERVE (EXCLUDES SACRAL NERVE	64555	CPT	outpatient			24471	8995.01	WellPoint	WellPoint		7874.77	32.18			245.57	23247.45	percent of total billed charges	
INC FOR VAGUS N ELECT IMPL	64568	CPT	outpatient			116896	40840.65	Aetna	Medicare		35513.61				721.67	111051.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INC FOR VAGUS N ELECT IMPL	64568	CPT	outpatient			116896	40840.65	Aetna	Commercial		56537.67				721.67	111051.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INC FOR VAGUS N ELECT IMPL	64568	CPT	outpatient			116896	40840.65	Aetna	Better Health		36880.69	31.55			721.67	111051.2	percent of total billed charges	
INC FOR VAGUS N ELECT IMPL	64568	CPT	outpatient			116896	40840.65	Americare	Americare		87672	75			721.67	111051.2	percent of total billed charges	
INC FOR VAGUS N ELECT IMPL	64568	CPT	outpatient			116896	40840.65	Amerihealth	Medicare		35513.61				721.67	111051.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INC FOR VAGUS N ELECT IMPL	64568	CPT	outpatient			116896	40840.65	Amerihealth	HMO/PPO		75982.4	65			721.67	111051.2	percent of total billed charges	
INC FOR VAGUS N ELECT IMPL	64568	CPT	outpatient			116896	40840.65	Consumer	Consumer		111051.2	95			721.67	111051.2	percent of total billed charges	
INC FOR VAGUS N ELECT IMPL	64568	CPT	outpatient			116896	40840.65	Corrections	Corrections		93516.8	80			721.67	111051.2	percent of total billed charges	
INC FOR VAGUS N ELECT IMPL	64568	CPT	outpatient			116896	40840.65	First Health	First Health		81827.2	70			721.67	111051.2	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
INC FOR VAGUS N ELECT IMPL	64568	CPT	outpatient			116896	40840.65	First Trenton	First Trenton		105206.4	90			721.67	111051.2	percent of total billed charges	
INC FOR VAGUS N ELECT IMPL	64568	CPT	outpatient			116896	40840.65	Horizon	MGD		66090.83				721.67	111051.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INC FOR VAGUS N ELECT IMPL	64568	CPT	outpatient			116896	40840.65	Horizon	Indemnity		66090.83				721.67	111051.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INC FOR VAGUS N ELECT IMPL	64568	CPT	outpatient			116896	40840.65	Horizon	NJ Health		721.67				721.67	111051.2	fee schedule	
INC FOR VAGUS N ELECT IMPL	64568	CPT	outpatient			116896	40840.65	Horizon	Medicare Blue		35513.61				721.67	111051.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INC FOR VAGUS N ELECT IMPL	64568	CPT	outpatient			116896	40840.65	Horizon	PPO		66090.83				721.67	111051.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INC FOR VAGUS N ELECT IMPL	64568	CPT	outpatient			116896	40840.65	Managed Care Inc	Managed Care Inc		105206.4	90			721.67	111051.2	percent of total billed charges	
INC FOR VAGUS N ELECT IMPL	64568	CPT	outpatient			116896	40840.65	Multiplan	Multiplan		93516.8	80			721.67	111051.2	percent of total billed charges	
INC FOR VAGUS N ELECT IMPL	64568	CPT	outpatient			116896	40840.65	Qualcare	Qualcare		87672	75			721.67	111051.2	percent of total billed charges	
INC FOR VAGUS N ELECT IMPL	64568	CPT	outpatient			116896	40840.65	Three Rivers	Three Rivers		111051.2	95			721.67	111051.2	percent of total billed charges	
INC FOR VAGUS N ELECT IMPL	64568	CPT	outpatient			116896	40840.65	UHC	Medicaid		36880.69	31.55			721.67	111051.2	percent of total billed charges	
INC FOR VAGUS N ELECT IMPL	64568	CPT	outpatient			116896	40840.65	UHC	Medicare		35513.61				721.67	111051.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INC FOR VAGUS N ELECT IMPL	64568	CPT	outpatient			116896	40840.65	United	Commercial|PPO		10829				721.67	111051.2	case rate	
INC FOR VAGUS N ELECT IMPL	64568	CPT	outpatient			116896	40840.65	United	Oxford		10829				721.67	111051.2	case rate	
INC FOR VAGUS N ELECT IMPL	64568	CPT	outpatient			116896	40840.65	Wellcare	Medicare		35513.61				721.67	111051.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INC FOR VAGUS N ELECT IMPL	64568	CPT	outpatient			116896	40840.65	Wellcare	Medicaid		36880.69	31.55			721.67	111051.2	percent of total billed charges	
INC FOR VAGUS N ELECT IMPL	64568	CPT	outpatient			116896	40840.65	WellPoint	WellPoint		37617.13	32.18			721.67	111051.2	percent of total billed charges	
OPN IMPLNT PRPHL NRV	64575	CPT	outpatient			43997	17916.02	Aetna	Better Health		13881.05	31.55			391.5	41797.15	percent of total billed charges	
OPN IMPLNT PRPHL NRV	64575	CPT	outpatient			43997	17916.02	Aetna	Commercial		24802.01				391.5	41797.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPN IMPLNT PRPHL NRV	64575	CPT	outpatient			43997	17916.02	Aetna	Medicare		15579.15				391.5	41797.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPN IMPLNT PRPHL NRV	64575	CPT	outpatient			43997	17916.02	Americare	Americare		32997.75	75			391.5	41797.15	percent of total billed charges	
OPN IMPLNT PRPHL NRV	64575	CPT	outpatient			43997	17916.02	Amerihealth	HMO/PPO		28598.05	65			391.5	41797.15	percent of total billed charges	
OPN IMPLNT PRPHL NRV	64575	CPT	outpatient			43997	17916.02	Amerihealth	Medicare		15579.15				391.5	41797.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPN IMPLNT PRPHL NRV	64575	CPT	outpatient			43997	17916.02	Consumer	Consumer		41797.15	95			391.5	41797.15	percent of total billed charges	
OPN IMPLNT PRPHL NRV	64575	CPT	outpatient			43997	17916.02	Corrections	Corrections		35197.6	80			391.5	41797.15	percent of total billed charges	
OPN IMPLNT PRPHL NRV	64575	CPT	outpatient			43997	17916.02	First Health	First Health		30797.9	70			391.5	41797.15	percent of total billed charges	
OPN IMPLNT PRPHL NRV	64575	CPT	outpatient			43997	17916.02	First Trenton	First Trenton		39597.3	90			391.5	41797.15	percent of total billed charges	
OPN IMPLNT PRPHL NRV	64575	CPT	outpatient			43997	17916.02	Horizon	PPO		28992.8				391.5	41797.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPN IMPLNT PRPHL NRV	64575	CPT	outpatient			43997	17916.02	Horizon	Medicare Blue		15579.15				391.5	41797.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPN IMPLNT PRPHL NRV	64575	CPT	outpatient			43997	17916.02	Horizon	MGD		28992.8				391.5	41797.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPN IMPLNT PRPHL NRV	64575	CPT	outpatient			43997	17916.02	Horizon	NJ Health		391.5				391.5	41797.15	fee schedule	
OPN IMPLNT PRPHL NRV	64575	CPT	outpatient			43997	17916.02	Horizon	Indemnity		28992.8				391.5	41797.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPN IMPLNT PRPHL NRV	64575	CPT	outpatient			43997	17916.02	Managed Care Inc	Managed Care Inc		39597.3	90			391.5	41797.15	percent of total billed charges	
OPN IMPLNT PRPHL NRV	64575	CPT	outpatient			43997	17916.02	Multiplan	Multiplan		35197.6	80			391.5	41797.15	percent of total billed charges	
OPN IMPLNT PRPHL NRV	64575	CPT	outpatient			43997	17916.02	Qualcare	Qualcare		32997.75	75			391.5	41797.15	percent of total billed charges	
OPN IMPLNT PRPHL NRV	64575	CPT	outpatient			43997	17916.02	Three Rivers	Three Rivers		41797.15	95			391.5	41797.15	percent of total billed charges	
OPN IMPLNT PRPHL NRV	64575	CPT	outpatient			43997	17916.02	UHC	Medicaid		13881.05	31.55			391.5	41797.15	percent of total billed charges	
OPN IMPLNT PRPHL NRV	64575	CPT	outpatient			43997	17916.02	UHC	Medicare		15579.15				391.5	41797.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPN IMPLNT PRPHL NRV	64575	CPT	outpatient			43997	17916.02	United	Oxford		5843				391.5	41797.15	case rate	
OPN IMPLNT PRPHL NRV	64575	CPT	outpatient			43997	17916.02	United	Commercial|PPO		5843				391.5	41797.15	case rate	
OPN IMPLNT PRPHL NRV	64575	CPT	outpatient			43997	17916.02	Wellcare	Medicaid		13881.05	31.55			391.5	41797.15	percent of total billed charges	
OPN IMPLNT PRPHL NRV	64575	CPT	outpatient			43997	17916.02	Wellcare	Medicare		15579.15				391.5	41797.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPN IMPLNT PRPHL NRV	64575	CPT	outpatient			43997	17916.02	WellPoint	WellPoint		14158.23	32.18			391.5	41797.15	percent of total billed charges	
INCISION OF IMPLANT.NEUROMUSCU	64580	CPT	outpatient			78388	2871.26	Aetna	Commercial		39829.44				391.5	74468.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION OF IMPLANT.NEUROMUSCU	64580	CPT	outpatient			78388	2871.26	Aetna	Better Health		24731.41	31.55			391.5	74468.6	percent of total billed charges	
INCISION OF IMPLANT.NEUROMUSCU	64580	CPT	outpatient			78388	2871.26	Aetna	Medicare		25018.49				391.5	74468.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION OF IMPLANT.NEUROMUSCU	64580	CPT	outpatient			78388	2871.26	Americare	Americare		58791	75			391.5	74468.6	percent of total billed charges	
INCISION OF IMPLANT.NEUROMUSCU	64580	CPT	outpatient			78388	2871.26	Amerihealth	Medicare		25018.49				391.5	74468.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION OF IMPLANT.NEUROMUSCU	64580	CPT	outpatient			78388	2871.26	Amerihealth	HMO/PPO		50952.2	65			391.5	74468.6	percent of total billed charges	
INCISION OF IMPLANT.NEUROMUSCU	64580	CPT	outpatient			78388	2871.26	Consumer	Consumer		74468.6	95			391.5	74468.6	percent of total billed charges	
INCISION OF IMPLANT.NEUROMUSCU	64580	CPT	outpatient			78388	2871.26	Corrections	Corrections		62710.4	80			391.5	74468.6	percent of total billed charges	
INCISION OF IMPLANT.NEUROMUSCU	64580	CPT	outpatient			78388	2871.26	First Health	First Health		54871.6	70			391.5	74468.6	percent of total billed charges	
INCISION OF IMPLANT.NEUROMUSCU	64580	CPT	outpatient			78388	2871.26	First Trenton	First Trenton		70549.2	90			391.5	74468.6	percent of total billed charges	
INCISION OF IMPLANT.NEUROMUSCU	64580	CPT	outpatient			78388	2871.26	Horizon	PPO		46559.41				391.5	74468.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION OF IMPLANT.NEUROMUSCU	64580	CPT	outpatient			78388	2871.26	Horizon	Indemnity		46559.41				391.5	74468.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION OF IMPLANT.NEUROMUSCU	64580	CPT	outpatient			78388	2871.26	Horizon	MGD		46559.41				391.5	74468.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION OF IMPLANT.NEUROMUSCU	64580	CPT	outpatient			78388	2871.26	Horizon	Medicare Blue		25018.49				391.5	74468.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION OF IMPLANT.NEUROMUSCU	64580	CPT	outpatient			78388	2871.26	Horizon	NJ Health		391.5				391.5	74468.6	fee schedule	
INCISION OF IMPLANT.NEUROMUSCU	64580	CPT	outpatient			78388	2871.26	Managed Care Inc	Managed Care Inc		70549.2	90			391.5	74468.6	percent of total billed charges	
INCISION OF IMPLANT.NEUROMUSCU	64580	CPT	outpatient			78388	2871.26	Multiplan	Multiplan		62710.4	80			391.5	74468.6	percent of total billed charges	
INCISION OF IMPLANT.NEUROMUSCU	64580	CPT	outpatient			78388	2871.26	Qualcare	Qualcare		58791	75			391.5	74468.6	percent of total billed charges	
INCISION OF IMPLANT.NEUROMUSCU	64580	CPT	outpatient			78388	2871.26	Three Rivers	Three Rivers		74468.6	95			391.5	74468.6	percent of total billed charges	
INCISION OF IMPLANT.NEUROMUSCU	64580	CPT	outpatient			78388	2871.26	UHC	Medicaid		24731.41	31.55			391.5	74468.6	percent of total billed charges	
INCISION OF IMPLANT.NEUROMUSCU	64580	CPT	outpatient			78388	2871.26	UHC	Medicare		25018.49				391.5	74468.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION OF IMPLANT.NEUROMUSCU	64580	CPT	outpatient			78388	2871.26	United	Commercial|PPO		5843				391.5	74468.6	case rate	
INCISION OF IMPLANT.NEUROMUSCU	64580	CPT	outpatient			78388	2871.26	United	Oxford		5843				391.5	74468.6	case rate	
INCISION OF IMPLANT.NEUROMUSCU	64580	CPT	outpatient			78388	2871.26	Wellcare	Medicare		25018.49				391.5	74468.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION OF IMPLANT.NEUROMUSCU	64580	CPT	outpatient			78388	2871.26	Wellcare	Medicaid		24731.41	31.55			391.5	74468.6	percent of total billed charges	
INCISION OF IMPLANT.NEUROMUSCU	64580	CPT	outpatient			78388	2871.26	WellPoint	WellPoint		25225.26	32.18			391.5	74468.6	percent of total billed charges	
REVIREM PERIPH NEUROSTIM ELEC	64585	CPT	outpatient			11835	4475.09	Aetna	Commercial		6195.08				345.62	11243.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVIREM PERIPH NEUROSTIM ELEC	64585	CPT	outpatient			11835	4475.09	Aetna	Medicare		3891.38				345.62	11243.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVIREM PERIPH NEUROSTIM ELEC	64585	CPT	outpatient			11835	4475.09	Aetna	Better Health		3733.94	31.55			345.62	11243.25	percent of total billed charges	
REVIREM PERIPH NEUROSTIM ELEC	64585	CPT	outpatient			11835	4475.09	Americare	Americare		8876.25	75			345.62	11243.25	percent of total billed charges	
REVIREM PERIPH NEUROSTIM ELEC	64585	CPT	outpatient			11835	4475.09	Amerihealth	Medicare		3891.38				345.62	11243.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVIREM PERIPH NEUROSTIM ELEC	64585	CPT	outpatient			11835	4475.09	Amerihealth	HMO/PPO		7692.75	65			345.62	11243.25	percent of total billed charges	
REVIREM PERIPH NEUROSTIM ELEC	64585	CPT	outpatient			11835	4475.09	Consumer	Consumer		11243.25	95			345.62	11243.25	percent of total billed charges	
REVIREM PERIPH NEUROSTIM ELEC	64585	CPT	outpatient			11835	4475.09	Corrections	Corrections		9468	80			345.62	11243.25	percent of total billed charges	
REVIREM PERIPH NEUROSTIM ELEC	64585	CPT	outpatient			11835	4475.09	First Health	First Health		8284.5	70			345.62	11243.25	percent of total billed charges	
REVIREM PERIPH NEUROSTIM ELEC	64585	CPT	outpatient			11835	4475.09	First Trenton	First Trenton		10651.5	90			345.62	11243.25	percent of total billed charges	
REVIREM PERIPH NEUROSTIM ELEC	64585	CPT	outpatient			11835	4475.09	Horizon	Indemnity		7241.86				345.62	11243.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVIREM PERIPH NEUROSTIM ELEC	64585	CPT	outpatient			11835	4475.09	Horizon	MGD		7241.86				345.62	11243.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVIREM PERIPH NEUROSTIM ELEC	64585	CPT	outpatient			11835	4475.09	Horizon	PPO		7241.86				345.62	11243.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVIREM PERIPH NEUROSTIM ELEC	64585	CPT	outpatient			11835	4475.09	Horizon	NJ Health		345.62				345.62	11243.25	fee schedule	
REVIREM PERIPH NEUROSTIM ELEC	64585	CPT	outpatient			11835	4475.09	Horizon	Medicare Blue		3891.38				345.62	11243.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVIREM PERIPH NEUROSTIM ELEC	64585	CPT	outpatient			11835	4475.09	Managed Care Inc	Managed Care Inc		10651.5	90			345.62	11243.25	percent of total billed charges	
REVIREM PERIPH NEUROSTIM ELEC	64585	CPT	outpatient			11835	4475.09	Multiplan	Multiplan		9468	80			345.62	11243.25	percent of total billed charges	
REVIREM PERIPH NEUROSTIM ELEC	64585	CPT	outpatient			11835	4475.09	Qualcare	Qualcare		8876.25	75			345.62	11243.25	percent of total billed charges	
REVIREM PERIPH NEUROSTIM ELEC	64585	CPT	outpatient			11835	4475.09	Three Rivers	Three Rivers		11243.25	95			345.62	11243.25	percent of total billed charges	
REVIREM PERIPH NEUROSTIM ELEC	64585	CPT	outpatient			11835	4475.09	UHC	Medicare		3891.38				345.62	11243.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVIREM PERIPH NEUROSTIM ELEC	64585	CPT	outpatient			11835	4475.09	UHC	Medicaid		3733.94	31.55			345.62	11243.25	percent of total billed charges	
REVIREM PERIPH NEUROSTIM ELEC	64585	CPT	outpatient			11835	4475.09	United	Oxford		3492				345.62	11243.25	case rate	
REVIREM PERIPH NEUROSTIM ELEC	64585	CPT	outpatient			11835	4475.09	United	Commercial|PPO		3492				345.62	11243.25	case rate	
REVIREM PERIPH NEUROSTIM ELEC	64585	CPT	outpatient			11835	4475.09	Wellcare	Medicare		3891.38				345.62	11243.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVIREM PERIPH NEUROSTIM ELEC	64585	CPT	outpatient			11835	4475.09	Wellcare	Medicaid		3733.94	31.55			345.62	11243.25	percent of total billed charges	
REVIREM PERIPH NEUROSTIM ELEC	64585	CPT	outpatient			11835	4475.09	WellPoint	WellPoint		3808.5	32.18			345.62	11243.25	percent of total billed charges	
INSRT/REDO PN/GASTR STIMUL	64590	CPT	outpatient			78388	2871.26	Aetna	Better Health		24731.41	31.55			438.38	74468.6	percent of total billed charges	
INSRT/REDO PN/GASTR STIMUL	64590	CPT	outpatient			78388	2871.26	Aetna	Medicare		25018.49				438.38	74468.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT/REDO PN/GASTR STIMUL	64590	CPT	outpatient			78388	2871.26	Aetna	Commercial		39829.44				438.38	74468.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT/REDO PN/GASTR STIMUL	64590	CPT	outpatient			78388	2871.26	Americare	Americare		58791	75			438.38	74468.6	percent of total billed charges	
INSRT/REDO PN/GASTR STIMUL	64590	CPT	outpatient			78388	2871.26	Amerihealth	Medicare		25018.49				438.38	74468.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT/REDO PN/GASTR STIMUL	64590	CPT	outpatient			78388	2871.26	Amerihealth	HMO/PPO		50952.2	65			438.38	74468.6	percent of total billed charges	
INSRT/REDO PN/GASTR STIMUL	64590	CPT	outpatient			78388	2871.26	Consumer	Consumer		74468.6	95			438.38	74468.6	percent of total billed charges	
INSRT/REDO PN/GASTR STIMUL	64590	CPT	outpatient			78388	2871.26	Corrections	Corrections		62710.4	80			438.38	74468.6	percent of total billed charges	
INSRT/REDO PN/GASTR STIMUL	64590	CPT	outpatient			78388	2871.26	First Health	First Health		54871.6	70			438.38	74468.6	percent of total billed charges	
INSRT/REDO PN/GASTR STIMUL	64590	CPT	outpatient			78388	2871.26	First Trenton	First Trenton		70549.2	90			438.38	74468.6	percent of total billed charges	
INSRT/REDO PN/GASTR STIMUL	64590	CPT	outpatient			78388	2871.26	Horizon	Indemnity		46559.41				438.38	74468.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT/REDO PN/GASTR STIMUL	64590	CPT	outpatient			78388	2871.26	Horizon	Medicare Blue		25018.49				438.38	74468.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT/REDO PN/GASTR STIMUL	64590	CPT	outpatient			78388	2871.26	Horizon	PPO		46559.41				438.38	74468.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT/REDO PN/GASTR STIMUL	64590	CPT	outpatient			78388	2871.26	Horizon	NJ Health		438.38				438.38	74468.6	fee schedule	
INSRT/REDO PN/GASTR STIMUL	64590	CPT	outpatient			78388	2871.26	Horizon	MGD		46559.41				438.38	74468.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT/REDO PN/GASTR STIMUL	64590	CPT	outpatient			78388	2871.26	Managed Care Inc	Managed Care Inc		70549.2	90			438.38	74468.6	percent of total billed charges	
INSRT/REDO PN/GASTR STIMUL	64590	CPT	outpatient			78388	2871.26	Multiplan	Multiplan		62710.4	80			438.38	74468.6	percent of total billed charges	
INSRT/REDO PN/GASTR STIMUL	64590	CPT	outpatient			78388	2871.26	Qualcare	Qualcare		58791	75			438.38	74468.6	percent of total billed charges	
INSRT/REDO PN/GASTR STIMUL	64590	CPT	outpatient			78388	2871.26	Three Rivers	Three Rivers		74468.6	95			438.38	74468.6	percent of total billed charges	
INSRT/REDO PN/GASTR STIMUL	64590	CPT	outpatient			78388	2871.26	UHC	Medicare		25018.49				438.38	74468.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT/REDO PN/GASTR STIMUL	64590	CPT	outpatient			78388	2871.26	UHC	Medicaid		24731.41	31.55			438.38	74468.6	percent of total billed charges	
INSRT/REDO PN/GASTR STIMUL	64590	CPT	outpatient			78388	2871.26	United	Commercial|PPO		6553				438.38	74468.6	case rate	
INSRT/REDO PN/GASTR STIMUL	64590	CPT	outpatient			78388	2871.26	United	Oxford		6553				438.38	74468.6	case rate	
INSRT/REDO PN/GASTR STIMUL	64590	CPT	outpatient			78388	2871.26	Wellcare	Medicaid		24731.41	31.55			438.38	74468.6	percent of total billed charges	
INSRT/REDO PN/GASTR STIMUL	64590	CPT	outpatient			78388	2871.26	Wellcare	Medicare		25018.49				438.38	74468.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT/REDO PN/GASTR STIMUL	64590	CPT	outpatient			78388	2871.26	WellPoint	WellPoint		25225.26	32.18			438.38	74468.6	percent of total billed charges	
RFA DESTR W NEUROLYT TRIGEM NERVE	64600	CPT	outpatient			3708	1198.81	Aetna	Better Health		1169.87	31.55			175.29	3522.6	percent of total billed charges	
RFA DESTR W NEUROLYT TRIGEM NERVE	64600	CPT	outpatient			3708	1198.81	Aetna	Medicare		1042.44				175.29	3522.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RFA DESTR W NEUROLYT TRIGEM NERVE	64600	CPT	outpatient			3708	1198.81	Aetna	Commercial		1659.56				175.29	3522.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RFA DESTR W NEUROLYT TRIGEM NERVE	64600	CPT	outpatient			3708	1198.81	Americare	Americare		2781	75			175.29	3522.6	percent of total billed charges	
RFA DESTR W NEUROLYT TRIGEM NERVE	64600	CPT	outpatient			3708	1198.81	Amerihealth	HMO/PPO		2410.2	65			175.29	3522.6	percent of total billed charges	
RFA DESTR W NEUROLYT TRIGEM NERVE	64600	CPT	outpatient			3708	1198.81	Amerihealth	Medicare		1042.44				175.29	3522.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RFA DESTR W NEUROLYT TRIGEM NERVE	64600	CPT	outpatient			3708	1198.81	Consumer	Consumer		3522.6	95			175.29	3522.6	percent of total billed charges	
RFA DESTR W NEUROLYT TRIGEM NERVE	64600	CPT	outpatient			3708	1198.81	Corrections	Corrections		2966.4	80			175.29	3522.6	percent of total billed charges	
RFA DESTR W NEUROLYT TRIGEM NERVE	64600	CPT	outpatient			3708	1198.81	First Health	First Health		2595.6	70			175.29	3522.6	percent of total billed charges	
RFA DESTR W NEUROLYT TRIGEM NERVE	64600	CPT	outpatient			3708	1198.81	First Trenton	First Trenton		3337.2	90			175.29	3522.6	percent of total billed charges	
RFA DESTR W NEUROLYT TRIGEM NERVE	64600	CPT	outpatient			3708	1198.81	Horizon	Indemnity		1939.98				175.29	3522.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RFA DESTR W NEUROLYT TRIGEM NERVE	64600	CPT	outpatient			3708	1198.81	Horizon	MGD		1939.98				175.29	3522.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RFA DESTR W NEUROLYT TRIGEM NERVE	64600	CPT	outpatient			3708	1198.81	Horizon	NJ Health		175.29				175.29	3522.6	fee schedule	
RFA DESTR W NEUROLYT TRIGEM NERVE	64600	CPT	outpatient			3708	1198.81	Horizon	Medicare Blue		1042.44				175.29	3522.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RFA DESTR W NEUROLYT TRIGEM NERVE	64600	CPT	outpatient			3708	1198.81	Horizon	PPO		1939.98				175.29	3522.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RFA DESTR W NEUROLYT TRIGEM NERVE	64600	CPT	outpatient			3708	1198.81	Managed Care Inc	Managed Care Inc		3337.2	90			175.29	3522.6	percent of total billed charges	
RFA DESTR W NEUROLYT TRIGEM NERVE	64600	CPT	outpatient			3708	1198.81	Multiplan	Multiplan		2966.4	80			175.29	3522.6	percent of total billed charges	
RFA DESTR W NEUROLYT TRIGEM NERVE	64600	CPT	outpatient			3708	1198.81	Qualcare	Qualcare		2781	75			175.29	3522.6	percent of total billed charges	
RFA DESTR W NEUROLYT TRIGEM NERVE	64600	CPT	outpatient			3708	1198.81	Three Rivers	Three Rivers		3522.6	95			175.29	3522.6	percent of total billed charges	
RFA DESTR W NEUROLYT TRIGEM NERVE	64600	CPT	outpatient			3708	1198.81	UHC	Medicare		1042.44				175.29	3522.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RFA DESTR W NEUROLYT TRIGEM NERVE	64600	CPT	outpatient			3708	1198.81	UHC	Medicaid		1169.87	31.55			175.29	3522.6	percent of total billed charges	
RFA DESTR W NEUROLYT TRIGEM NERVE	64600	CPT	outpatient			3708	1198.81	United	Oxford		1817				175.29	3522.6	case rate	
RFA DESTR W NEUROLYT TRIGEM NERVE	64600	CPT	outpatient			3708	1198.81	United	Commercial|PPO		1817				175.29	3522.6	case rate	
RFA DESTR W NEUROLYT TRIGEM NERVE	64600	CPT	outpatient			3708	1198.81	Wellcare	Medicare		1042.44				175.29	3522.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RFA DESTR W NEUROLYT TRIGEM NERVE	64600	CPT	outpatient			3708	1198.81	Wellcare	Medicaid		1169.87	31.55			175.29	3522.6	percent of total billed charges	
RFA DESTR W NEUROLYT TRIGEM NERVE	64600	CPT	outpatient			3708	1198.81	WellPoint	WellPoint		1193.23	32.18			175.29	3522.6	percent of total billed charges	
RFA DESTR W NEUROLYT TRIGEM NRV2&3RD	64605	CPT	outpatient			6753	2539.41	Aetna	Commercial		3515.42				227.38	6415.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
RFA DESTR W NEUROLYT TRIGEM NRV2&3RD	64605	CPT	outpatient			6753	2539.41	Aetna	Better Health		2130.57	31.55			227.38	6415.35	percent of total billed charges	
RFA DESTR W NEUROLYT TRIGEM NRV2&3RD	64605	CPT	outpatient			6753	2539.41	Aetna	Medicare		2208.18				227.38	6415.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RFA DESTR W NEUROLYT TRIGEM NRV2&3RD	64605	CPT	outpatient			6753	2539.41	Americare	Americare		5064.75	75			227.38	6415.35	percent of total billed charges	
RFA DESTR W NEUROLYT TRIGEM NRV2&3RD	64605	CPT	outpatient			6753	2539.41	Amerihealth	HMO/PPO		4389.45	65			227.38	6415.35	percent of total billed charges	
RFA DESTR W NEUROLYT TRIGEM NRV2&3RD	64605	CPT	outpatient			6753	2539.41	Amerihealth	Medicare		2208.18				227.38	6415.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RFA DESTR W NEUROLYT TRIGEM NRV2&3RD	64605	CPT	outpatient			6753	2539.41	Consumer	Consumer		6415.35	95			227.38	6415.35	percent of total billed charges	
RFA DESTR W NEUROLYT TRIGEM NRV2&3RD	64605	CPT	outpatient			6753	2539.41	Corrections	Corrections		5402.4	80			227.38	6415.35	percent of total billed charges	
RFA DESTR W NEUROLYT TRIGEM NRV2&3RD	64605	CPT	outpatient			6753	2539.41	First Health	First Health		4727.1	70			227.38	6415.35	percent of total billed charges	
RFA DESTR W NEUROLYT TRIGEM NRV2&3RD	64605	CPT	outpatient			6753	2539.41	First Trenton	First Trenton		6077.7	90			227.38	6415.35	percent of total billed charges	
RFA DESTR W NEUROLYT TRIGEM NRV2&3RD	64605	CPT	outpatient			6753	2539.41	Horizon	MGD		4109.42				227.38	6415.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RFA DESTR W NEUROLYT TRIGEM NRV2&3RD	64605	CPT	outpatient			6753	2539.41	Horizon	Indemnity		4109.42				227.38	6415.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RFA DESTR W NEUROLYT TRIGEM NRV2&3RD	64605	CPT	outpatient			6753	2539.41	Horizon	NJ Health		227.38				227.38	6415.35	fee schedule	
RFA DESTR W NEUROLYT TRIGEM NRV2&3RD	64605	CPT	outpatient			6753	2539.41	Horizon	Medicare Blue		2208.18				227.38	6415.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RFA DESTR W NEUROLYT TRIGEM NRV2&3RD	64605	CPT	outpatient			6753	2539.41	Horizon	PPO		4109.42				227.38	6415.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RFA DESTR W NEUROLYT TRIGEM NRV2&3RD	64605	CPT	outpatient			6753	2539.41	Managed Care Inc	Managed Care Inc		6077.7	90			227.38	6415.35	percent of total billed charges	
RFA DESTR W NEUROLYT TRIGEM NRV2&3RD	64605	CPT	outpatient			6753	2539.41	Multiplan	Multiplan		5402.4	80			227.38	6415.35	percent of total billed charges	
RFA DESTR W NEUROLYT TRIGEM NRV2&3RD	64605	CPT	outpatient			6753	2539.41	Qualcare	Qualcare		5064.75	75			227.38	6415.35	percent of total billed charges	
RFA DESTR W NEUROLYT TRIGEM NRV2&3RD	64605	CPT	outpatient			6753	2539.41	Three Rivers	Three Rivers		6415.35	95			227.38	6415.35	percent of total billed charges	
RFA DESTR W NEUROLYT TRIGEM NRV2&3RD	64605	CPT	outpatient			6753	2539.41	UHC	Medicare		2208.18				227.38	6415.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RFA DESTR W NEUROLYT TRIGEM NRV2&3RD	64605	CPT	outpatient			6753	2539.41	UHC	Medicaid		2130.57	31.55			227.38	6415.35	percent of total billed charges	
RFA DESTR W NEUROLYT TRIGEM NRV2&3RD	64605	CPT	outpatient			6753	2539.41	United	Oxford		2776				227.38	6415.35	case rate	
RFA DESTR W NEUROLYT TRIGEM NRV2&3RD	64605	CPT	outpatient			6753	2539.41	United	CommercialPPO		2776				227.38	6415.35	case rate	
RFA DESTR W NEUROLYT TRIGEM NRV2&3RD	64605	CPT	outpatient			6753	2539.41	Wellcare	Medicare		2208.18				227.38	6415.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RFA DESTR W NEUROLYT TRIGEM NRV2&3RD	64605	CPT	outpatient			6753	2539.41	Wellcare	Medicaid		2130.57	31.55			227.38	6415.35	percent of total billed charges	
RFA DESTR W NEUROLYT TRIGEM NRV2&3RD	64605	CPT	outpatient			6753	2539.41	WellPoint	WellPoint		2173.12	32.18			227.38	6415.35	percent of total billed charges	
RFA DEST W NEURLYT TRIGM NRV W/GUIDE	64610	CPT	outpatient			6753	2539.41	Aetna	Better Health		2130.57	31.55			577.75	6415.35	percent of total billed charges	
RFA DEST W NEURLYT TRIGM NRV W/GUIDE	64610	CPT	outpatient			6753	2539.41	Aetna	Commercial		3615.42				577.75	6415.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RFA DEST W NEURLYT TRIGM NRV W/GUIDE	64610	CPT	outpatient			6753	2539.41	Aetna	Medicare		2208.18				577.75	6415.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RFA DEST W NEURLYT TRIGM NRV W/GUIDE	64610	CPT	outpatient			6753	2539.41	Americare	Americare		5064.75	75			577.75	6415.35	percent of total billed charges	
RFA DEST W NEURLYT TRIGM NRV W/GUIDE	64610	CPT	outpatient			6753	2539.41	Amerihealth	HMO/PPO		4389.45	65			577.75	6415.35	percent of total billed charges	
RFA DEST W NEURLYT TRIGM NRV W/GUIDE	64610	CPT	outpatient			6753	2539.41	Amerihealth	Medicare		2208.18				577.75	6415.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RFA DEST W NEURLYT TRIGM NRV W/GUIDE	64610	CPT	outpatient			6753	2539.41	Consumer	Consumer		6415.35	95			577.75	6415.35	percent of total billed charges	
RFA DEST W NEURLYT TRIGM NRV W/GUIDE	64610	CPT	outpatient			6753	2539.41	Corrections	Corrections		5402.4	80			577.75	6415.35	percent of total billed charges	
RFA DEST W NEURLYT TRIGM NRV W/GUIDE	64610	CPT	outpatient			6753	2539.41	First Health	First Health		4727.1	70			577.75	6415.35	percent of total billed charges	
RFA DEST W NEURLYT TRIGM NRV W/GUIDE	64610	CPT	outpatient			6753	2539.41	First Trenton	First Trenton		6077.7	90			577.75	6415.35	percent of total billed charges	
RFA DEST W NEURLYT TRIGM NRV W/GUIDE	64610	CPT	outpatient			6753	2539.41	Horizon	MGD		4109.42				577.75	6415.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RFA DEST W NEURLYT TRIGM NRV W/GUIDE	64610	CPT	outpatient			6753	2539.41	Horizon	Indemnity		4109.42				577.75	6415.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RFA DEST W NEURLYT TRIGM NRV W/GUIDE	64610	CPT	outpatient			6753	2539.41	Horizon	PPO		4109.42				577.75	6415.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RFA DEST W NEURLYT TRIGM NRV W/GUIDE	64610	CPT	outpatient			6753	2539.41	Horizon	Medicare Blue		2208.18				577.75	6415.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RFA DEST W NEURLYT TRIGM NRV W/GUIDE	64610	CPT	outpatient			6753	2539.41	Horizon	NJ Health		577.75				577.75	6415.35	fee schedule	
RFA DEST W NEURLYT TRIGM NRV W/GUIDE	64610	CPT	outpatient			6753	2539.41	Managed Care Inc	Managed Care Inc		6077.7	90			577.75	6415.35	percent of total billed charges	
RFA DEST W NEURLYT TRIGM NRV W/GUIDE	64610	CPT	outpatient			6753	2539.41	Multiplan	Multiplan		5402.4	80			577.75	6415.35	percent of total billed charges	
RFA DEST W NEURLYT TRIGM NRV W/GUIDE	64610	CPT	outpatient			6753	2539.41	Qualcare	Qualcare		5064.75	75			577.75	6415.35	percent of total billed charges	
RFA DEST W NEURLYT TRIGM NRV W/GUIDE	64610	CPT	outpatient			6753	2539.41	Three Rivers	Three Rivers		6415.35	95			577.75	6415.35	percent of total billed charges	
RFA DEST W NEURLYT TRIGM NRV W/GUIDE	64610	CPT	outpatient			6753	2539.41	UHC	Medicaid		2130.57	31.55			577.75	6415.35	percent of total billed charges	
RFA DEST W NEURLYT TRIGM NRV W/GUIDE	64610	CPT	outpatient			6753	2539.41	UHC	Medicare		2208.18				577.75	6415.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RFA DEST W NEURLYT TRIGM NRV W/GUIDE	64610	CPT	outpatient			6753	2539.41	United	Oxford		2776				577.75	6415.35	case rate	
RFA DEST W NEURLYT TRIGM NRV W/GUIDE	64610	CPT	outpatient			6753	2539.41	United	CommercialPPO		2776				577.75	6415.35	case rate	
RFA DEST W NEURLYT TRIGM NRV W/GUIDE	64610	CPT	outpatient			6753	2539.41	Wellcare	Medicare		2208.18				577.75	6415.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RFA DEST W NEURLYT TRIGM NRV W/GUIDE	64610	CPT	outpatient			6753	2539.41	Wellcare	Medicaid		2130.57	31.55			577.75	6415.35	percent of total billed charges	
RFA DEST W NEURLYT TRIGM NRV W/GUIDE	64610	CPT	outpatient			6753	2539.41	WellPoint	WellPoint		2173.12	32.18			577.75	6415.35	percent of total billed charges	
CHEMODNRVTN PRTD/SBMNDLR, BILAT	64611	CPT	outpatient			992	389.55	Aetna	Better Health		312.98	31.55			113.8	1782	percent of total billed charges	
CHEMODNRVTN PRTD/SBMNDLR, BILAT	64611	CPT	outpatient			992	389.55	Aetna	Commercial		539.27				113.8	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMODNRVTN PRTD/SBMNDLR, BILAT	64611	CPT	outpatient			992	389.55	Aetna	Medicare		338.74				113.8	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMODNRVTN PRTD/SBMNDLR, BILAT	64611	CPT	outpatient			992	389.55	Americare	Americare		744	75			113.8	1782	percent of total billed charges	
CHEMODNRVTN PRTD/SBMNDLR, BILAT	64611	CPT	outpatient			992	389.55	Amerihealth	HMO/PPO		644.8	65			113.8	1782	percent of total billed charges	
CHEMODNRVTN PRTD/SBMNDLR, BILAT	64611	CPT	outpatient			992	389.55	Amerihealth	Medicare		338.74				113.8	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMODNRVTN PRTD/SBMNDLR, BILAT	64611	CPT	outpatient			992	389.55	Consumer	Consumer		942.4	95			113.8	1782	percent of total billed charges	
CHEMODNRVTN PRTD/SBMNDLR, BILAT	64611	CPT	outpatient			992	389.55	Corrections	Corrections		793.6	80			113.8	1782	percent of total billed charges	
CHEMODNRVTN PRTD/SBMNDLR, BILAT	64611	CPT	outpatient			992	389.55	First Health	First Health		694.4	70			113.8	1782	percent of total billed charges	
CHEMODNRVTN PRTD/SBMNDLR, BILAT	64611	CPT	outpatient			992	389.55	First Trenton	First Trenton		892.8	90			113.8	1782	percent of total billed charges	
CHEMODNRVTN PRTD/SBMNDLR, BILAT	64611	CPT	outpatient			992	389.55	Horizon	Indemnity		630.4				113.8	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMODNRVTN PRTD/SBMNDLR, BILAT	64611	CPT	outpatient			992	389.55	Horizon	MGD		630.4				113.8	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMODNRVTN PRTD/SBMNDLR, BILAT	64611	CPT	outpatient			992	389.55	Horizon	NJ Health		113.8				113.8	1782	fee schedule	
CHEMODNRVTN PRTD/SBMNDLR, BILAT	64611	CPT	outpatient			992	389.55	Horizon	Medicare Blue		338.74				113.8	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMODNRVTN PRTD/SBMNDLR, BILAT	64611	CPT	outpatient			992	389.55	Horizon	PPO		630.4				113.8	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMODNRVTN PRTD/SBMNDLR, BILAT	64611	CPT	outpatient			992	389.55	Managed Care Inc	Managed Care Inc		892.8	90			113.8	1782	percent of total billed charges	
CHEMODNRVTN PRTD/SBMNDLR, BILAT	64611	CPT	outpatient			992	389.55	Multiplan	Multiplan		793.6	80			113.8	1782	percent of total billed charges	
CHEMODNRVTN PRTD/SBMNDLR, BILAT	64611	CPT	outpatient			992	389.55	Qualcare	Qualcare		744	75			113.8	1782	percent of total billed charges	
CHEMODNRVTN PRTD/SBMNDLR, BILAT	64611	CPT	outpatient			992	389.55	Three Rivers	Three Rivers		942.4	95			113.8	1782	percent of total billed charges	
CHEMODNRVTN PRTD/SBMNDLR, BILAT	64611	CPT	outpatient			992	389.55	UHC	Medicare		338.74				113.8	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMODNRVTN PRTD/SBMNDLR, BILAT	64611	CPT	outpatient			992	389.55	UHC	Medicaid		312.98	31.55			113.8	1782	percent of total billed charges	
CHEMODNRVTN PRTD/SBMNDLR, BILAT	64611	CPT	outpatient			992	389.55	United	CommercialPPO		1782				113.8	1782	case rate	
CHEMODNRVTN PRTD/SBMNDLR, BILAT	64611	CPT	outpatient			992	389.55	United	Oxford		1782				113.8	1782	case rate	
CHEMODNRVTN PRTD/SBMNDLR, BILAT	64611	CPT	outpatient			992	389.55	Wellcare	Medicare		338.74				113.8	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMODNRVTN PRTD/SBMNDLR, BILAT	64611	CPT	outpatient			992	389.55	Wellcare	Medicaid		312.98	31.55			113.8	1782	percent of total billed charges	
CHEMODNRVTN PRTD/SBMNDLR, BILAT	64611	CPT	outpatient			992	389.55	WellPoint	WellPoint		319.23	32.18			113.8	1782	percent of total billed charges	
CHEMONRVT MUSC INN FAC NRV UN	64612	CPT	outpatient			992	389.55	Aetna	Better Health		312.98	31.55			200.92	1782	percent of total billed charges	
CHEMONRVT MUSC INN FAC NRV UN	64612	CPT	outpatient			992	389.55	Aetna	Commercial		539.27				200.92	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMONRVT MUSC INN FAC NRV UN	64612	CPT	outpatient			992	389.55	Aetna	Medicare		338.74				200.92	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMONRVT MUSC INN FAC NRV UN	64612	CPT	outpatient			992	389.55	Americare	Americare		744	75			200.92	1782	percent of total billed charges	
CHEMONRVT MUSC INN FAC NRV UN	64612	CPT	outpatient			992	389.55	Amerihealth	Medicare		338.74				200.92	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMONRVT MUSC INN FAC NRV UN	64612	CPT	outpatient			992	389.55	Amerihealth	HMO/PPO		644.8	65			200.92	1782	percent of total billed charges	
CHEMONRVT MUSC INN FAC NRV UN	64612	CPT	outpatient			992	389.55	Consumer	Consumer		942.4	95			200.92	1782	percent of total billed charges	
CHEMONRVT MUSC INN FAC NRV UN	64612	CPT	outpatient			992	389.55	Corrections	Corrections		793.6	80			200.92	1782	percent of total billed charges	
CHEMONRVT MUSC INN FAC NRV UN	64612	CPT	outpatient			992	389.55	First Health	First Health		694.4	70			200.92	1782	percent of total billed charges	
CHEMONRVT MUSC INN FAC NRV UN	64612	CPT	outpatient			992	389.55	First Trenton	First Trenton		892.8	90			200.92	1782	percent of total billed charges	
CHEMONRVT MUSC INN FAC NRV UN	64612	CPT	outpatient			992	389.55	Horizon	Indemnity		630.4				200.92	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMONRVT MUSC INN FAC NRV UN	64612	CPT	outpatient			992	389.55	Horizon	PPO		630.4				200.92	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMONRVT MUSC INN FAC NRV UN	64612	CPT	outpatient			992	389.55	Horizon	MGD		630.4				200.92	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMONRVT MUSC INN FAC NRV UN	64612	CPT	outpatient			992	389.55	Horizon	Medicare Blue		338.74				200.92	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMONRVT MUSC INN FAC NRV UN	64612	CPT	outpatient			992	389.55	Horizon	NJ Health		200.92				200.92	1782	fee schedule	
CHEMONRVT MUSC INN FAC NRV UN	64612	CPT	outpatient			992	389.55	Managed Care Inc	Managed Care Inc		892.8	90			200.92	1782	percent of total billed charges	
CHEMONRVT MUSC INN FAC NRV UN	64612	CPT	outpatient			992	389.55	Multiplan	Multiplan		793.6	80			200.92	1782	percent of total billed charges	
CHEMONRVT MUSC INN FAC NRV UN	64612	CPT	outpatient			992	389.55	Qualcare	Qualcare		744	75			200.92	1782	percent of total billed charges	
CHEMONRVT MUSC INN FAC NRV UN	64612	CPT	outpatient			992	389.55	Three Rivers	Three Rivers		942.4	95			200.92	1782	percent of total billed charges	
CHEMONRVT MUSC INN FAC NRV UN	64612	CPT	outpatient			992	389.55	UHC	Medicare		338.74				200.92	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMONRVT MUSC INN FAC NRV UN	64612	CPT	outpatient			992	389.55	UHC	Medicaid		312.98	31.55			200.92	1782	percent of total billed charges	
CHEMONRVT MUSC INN FAC NRV UN	64612	CPT	outpatient			992	389.55	United	Oxford		1782				200.92	1782	case rate	
CHEMONRVT MUSC INN FAC NRV UN	64612	CPT	outpatient			992	389.55	United	CommercialPPO		1782				200.92	1782	case rate	
CHEMONRVT MUSC INN FAC NRV UN	64612	CPT	outpatient			992	389.55	Wellcare	Medicare		338.74				200.92	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMONRVT MUSC INN FAC NRV UN	64612	CPT	outpatient			992	389.55	Wellcare	Medicaid		312.98	31.55			200.92	1782	percent of total billed charges	
CHEMONRVT MUSC INN FAC NRV UN	64612	CPT	outpatient			992	389.55	WellPoint	WellPoint		319.23	32.18			200.92	1782	percent of total billed charges	
CHEMOOERVATE F/TRICERV MUS	64615	CPT	outpatient			1045	389.55	Aetna	Commercial		539.27				160.57	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOOERVATE F/TRICERV MUS	64615	CPT	outpatient			1045	389.55	Aetna	Better Health		329.7	31.55			160.57	1782	percent of total billed charges	
CHEMOOERVATE F/TRICERV MUS	64615	CPT	outpatient			1045	389.55	Aetna	Medicare		321.86	30.8			160.57	1782	percent of total billed charges	
CHEMOOERVATE F/TRICERV MUS	64615	CPT	outpatient			1045	389.55	Americare	Americare		783.75	75			160.57	1782	percent of total billed charges	
CHEMOOERVATE F/TRICERV MUS	64615	CPT	outpatient			1045	389.55	Amerihealth	HMO/PPO		679.25	65			160.57	1782	percent of total billed charges	
CHEMOOERVATE F/TRICERV MUS	64615	CPT	outpatient			1045	389.55	Amerihealth	Medicare		338.74				160.57	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOOERVATE F/TRICERV MUS	64615	CPT	outpatient			1045	389.55	Consumer	Consumer		992.75	95			160.57	1782	percent of total billed charges	
CHEMOOERVATE F/TRICERV MUS	64615	CPT	outpatient			1045	389.55	Corrections	Corrections		836	80			160.57	1782	percent of total billed charges	
CHEMOOERVATE F/TRICERV MUS	64615	CPT	outpatient			1045	389.55	First Health	First Health		731.5	70			160.57	1782	percent of total billed charges	
CHEMOOERVATE F/TRICERV MUS	64615	CPT	outpatient			1045	389.55	First Trenton	First Trenton		940.5	90			160.57	1782	percent of total billed charges	
CHEMOOERVATE F/TRICERV MUS	64615	CPT	outpatient			1045	389.55	Horizon	MGD		630.4				160.57	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOOERVATE F/TRICERV MUS	64615	CPT	outpatient			1045	389.55	Horizon	Medicare Blue		338.74				160.57	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOOERVATE F/TRICERV MUS	64615	CPT	outpatient			1045	389.55	Horizon	PPO		630.4				160.57	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOOERVATE F/TRICERV MUS	64615	CPT	outpatient			1045	389.55	Horizon	NJ Health		160.57				160.57	1782	fee schedule	
CHEMOOERVATE F/TRICERV MUS	64615	CPT	outpatient			1045	389.55	Horizon	Indemnity		630.4				160.57	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOOERVATE F/TRICERV MUS	64615	CPT	outpatient			1045	389.55	Managed Care Inc	Managed Care Inc		940.5	90			160.57	1782	percent of total billed charges	
CHEMOOERVATE F/TRICERV MUS	64615	CPT	outpatient			1045	389.55	Multiplan	Multiplan		836	80			160.57	1782	percent of total billed charges	
CHEMOOERVATE F/TRICERV MUS	64615	CPT	outpatient			1045	389.55	Qualcare	Qualcare		783.75	75			160.57	1782	percent of total billed charges	
CHEMOOERVATE F/TRICERV MUS	64615	CPT	outpatient			1045	389.55	Three Rivers	Three Rivers		992.75	95			160.57	1782	percent of total billed charges	
CHEMOOERVATE F/TRICERV MUS	64615	CPT	outpatient			1045	389.55	UHC	Medicaid		329.7	31.55			160.57	1782	percent of total billed charges	
CHEMOOERVATE F/TRICERV MUS	64615	CPT	outpatient			1045	389.55	UHC	Medicare		338.74				160.57	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOOERVATE F/TRICERV MUS	64615	CPT	outpatient			1045	389.55	United	CommercialPPO		1782				160.57	1782	case rate	
CHEMOOERVATE F/TRICERV MUS	64615	CPT	outpatient			1045	389.55	United	Oxford		1782				160.57	1782	case rate	
CHEMOOERVATE F/TRICERV MUS	64615	CPT	outpatient			1045	389.55	Wellcare	Medicare		338.74				160.57	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOOERVATE F/TRICERV MUS	64615	CPT	outpatient			1045	389.55	Wellcare	Medicaid		329.7	31.55			160.57	1782	percent of total billed charges	
CHEMOOERVATE F/TRICERV MUS	64615	CPT	outpatient			1045	389.55	WellPoint	WellPoint		336.28	32.18			160.57	1782	percent of total billed charges	
NECK MUSCLE(S), EXCLUDING MUSCLES OF TH	64616	CPT	outpatient			1686	389.55	Aetna	Medicare		338.74				122.46	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NECK MUSCLE(S), EXCLUDING MUSCLES OF TH	64616	CPT	outpatient			1686	389.55	Aetna	Commercial		539.27				122.46	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NECK MUSCLE(S), EXCLUDING MUSCLES OF TH	64616	CPT	outpatient			1686	389.55	Aetna	Better Health		531.93	31.55			122.46	1782	percent of total billed charges	
NECK MUSCLE(S), EXCLUDING MUSCLES OF TH	64616	CPT	outpatient			1686	389.55	Americare	Americare		1264.5	75			122.46	1782	percent of total billed charges	
NECK MUSCLE(S), EXCLUDING MUSCLES OF TH	64616	CPT	outpatient			1686	389.55	Amerihealth	HMO/PPO		1095.9	65			122.46	1782	percent of total billed charges	
NECK MUSCLE(S), EXCLUDING MUSCLES OF TH	64616	CPT	outpatient			1686	389.55	Amerihealth	Medicare		338.74				122.46	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NECK MUSCLE(S), EXCLUDING MUSCLES OF TH	64616	CPT	outpatient			1686	389.55	Consumer	Consumer		1601.7	95			122.46	1782	percent of total billed charges	
NECK MUSCLE(S), EXCLUDING MUSCLES OF TH	64616	CPT	outpatient			1686	389.55	Corrections	Corrections		1348.8	80			122.46	1782	percent of total billed charges	
NECK MUSCLE(S), EXCLUDING MUSCLES OF TH	64616	CPT	outpatient			1686	389.55	First Health	First Health		1180.2	70			122.46	1782	percent of total billed charges	
NECK MUSCLE(S), EXCLUDING MUSCLES OF TH	64616	CPT	outpatient			1686	389.55	First Trenton	First Trenton		1517.4	90			122.46	1782	percent of total billed charges	
NECK MUSCLE(S), EXCLUDING MUSCLES OF TH	64616	CPT	outpatient			1686	389.55	Horizon	Indemnity		630.4				122.46	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NECK MUSCLE(S), EXCLUDING MUSCLES OF TH	64616	CPT	outpatient			1686	389.55	Horizon	Medicare Blue		338.74				122.46	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NECK MUSCLE(S), EXCLUDING MUSCLES OF TH	64616	CPT	outpatient			1686	389.55	Horizon	NJ Health		122.46				122.46	1782	fee schedule	
NECK MUSCLE(S), EXCLUDING MUSCLES OF TH	64616	CPT	outpatient			1686	389.55	Horizon	MGD		630.4				122.46	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NECK MUSCLE(S), EXCLUDING MUSCLES OF TH	64616	CPT	outpatient			1686	389.55	Horizon	PPO		630.4				122.46	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NECK MUSCLE(S), EXCLUDING MUSCLES OF TH	64616	CPT	outpatient			1686	389.55	Managed Care Inc	Managed Care Inc		1517.4	90			122.46	1782	percent of total billed charges	
NECK MUSCLE(S), EXCLUDING MUSCLES OF TH	64616	CPT	outpatient			1686	389.55	Multiplan	Multiplan		1348.8	80			122.46	1782	percent of total billed charges	
NECK MUSCLE(S), EXCLUDING MUSCLES OF TH	64616	C

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
NECK MUSCLE(S), EXCLUDING MUSCLES OF TH	64616	CPT	outpatient			1686	389.55	UHC	Medicare		338.74				122.46	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NECK MUSCLE(S), EXCLUDING MUSCLES OF TH	64616	CPT	outpatient			1686	389.55	UHC	Medicaid		531.93	31.55			122.46	1782	percent of total billed charges	
NECK MUSCLE(S), EXCLUDING MUSCLES OF TH	64616	CPT	outpatient			1686	389.55	United	Oxford		1782				122.46	1782	case rate	
NECK MUSCLE(S), EXCLUDING MUSCLES OF TH	64616	CPT	outpatient			1686	389.55	United	CommercialPPO		1782				122.46	1782	case rate	
NECK MUSCLE(S), EXCLUDING MUSCLES OF TH	64616	CPT	outpatient			1686	389.55	Wellcare	Medicare		338.74				122.46	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NECK MUSCLE(S), EXCLUDING MUSCLES OF TH	64616	CPT	outpatient			1686	389.55	Wellcare	Medicaid		531.93	31.55			122.46	1782	percent of total billed charges	
NECK MUSCLE(S), EXCLUDING MUSCLES OF TH	64616	CPT	outpatient			1686	389.55	WellPoint	WellPoint		542.55	32.18			122.46	1782	percent of total billed charges	
DESTRUCTION NEUROLYTIC AGENT INTERCOSTAL	64620	CPT	outpatient			3222	1198.81	Aetna	Medicare		1042.44				288.98	3060.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION NEUROLYTIC AGENT INTERCOSTAL	64620	CPT	outpatient			3222	1198.81	Aetna	Better Health		1016.54	31.55			288.98	3060.9	percent of total billed charges	
DESTRUCTION NEUROLYTIC AGENT INTERCOSTAL	64620	CPT	outpatient			3222	1198.81	Aetna	Commercial		1659.56				288.98	3060.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION NEUROLYTIC AGENT INTERCOSTAL	64620	CPT	outpatient			3222	1198.81	Americare	Americare		2416.5	75			288.98	3060.9	percent of total billed charges	
DESTRUCTION NEUROLYTIC AGENT INTERCOSTAL	64620	CPT	outpatient			3222	1198.81	Amerihealth	Medicare		1042.44				288.98	3060.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION NEUROLYTIC AGENT INTERCOSTAL	64620	CPT	outpatient			3222	1198.81	Amerihealth	HMO/PPO		2094.3	65			288.98	3060.9	percent of total billed charges	
DESTRUCTION NEUROLYTIC AGENT INTERCOSTAL	64620	CPT	outpatient			3222	1198.81	Consumer	Consumer		3060.9	95			288.98	3060.9	percent of total billed charges	
DESTRUCTION NEUROLYTIC AGENT INTERCOSTAL	64620	CPT	outpatient			3222	1198.81	Corrections	Corrections		2577.6	80			288.98	3060.9	percent of total billed charges	
DESTRUCTION NEUROLYTIC AGENT INTERCOSTAL	64620	CPT	outpatient			3222	1198.81	First Health	First Health		2255.4	70			288.98	3060.9	percent of total billed charges	
DESTRUCTION NEUROLYTIC AGENT INTERCOSTAL	64620	CPT	outpatient			3222	1198.81	First Trenton	First Trenton		2899.8	90			288.98	3060.9	percent of total billed charges	
DESTRUCTION NEUROLYTIC AGENT INTERCOSTAL	64620	CPT	outpatient			3222	1198.81	Horizon	MGD		1939.98				288.98	3060.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION NEUROLYTIC AGENT INTERCOSTAL	64620	CPT	outpatient			3222	1198.81	Horizon	Indemnity		1939.98				288.98	3060.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION NEUROLYTIC AGENT INTERCOSTAL	64620	CPT	outpatient			3222	1198.81	Horizon	Medicare Blue		1042.44				288.98	3060.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION NEUROLYTIC AGENT INTERCOSTAL	64620	CPT	outpatient			3222	1198.81	Horizon	NJ Health		288.98				288.98	3060.9	fee schedule	
DESTRUCTION NEUROLYTIC AGENT INTERCOSTAL	64620	CPT	outpatient			3222	1198.81	Horizon	PPO		1939.98				288.98	3060.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION NEUROLYTIC AGENT INTERCOSTAL	64620	CPT	outpatient			3222	1198.81	Managed Care Inc	Managed Care Inc		2899.8	90			288.98	3060.9	percent of total billed charges	
DESTRUCTION NEUROLYTIC AGENT INTERCOSTAL	64620	CPT	outpatient			3222	1198.81	Multiplan	Multiplan		2577.6	80			288.98	3060.9	percent of total billed charges	
DESTRUCTION NEUROLYTIC AGENT INTERCOSTAL	64620	CPT	outpatient			3222	1198.81	Qualcare	Qualcare		2416.5	75			288.98	3060.9	percent of total billed charges	
DESTRUCTION NEUROLYTIC AGENT INTERCOSTAL	64620	CPT	outpatient			3222	1198.81	Three Rivers	Three Rivers		3060.9	95			288.98	3060.9	percent of total billed charges	
DESTRUCTION NEUROLYTIC AGENT INTERCOSTAL	64620	CPT	outpatient			3222	1198.81	UHC	Medicaid		1016.54	31.55			288.98	3060.9	percent of total billed charges	
DESTRUCTION NEUROLYTIC AGENT INTERCOSTAL	64620	CPT	outpatient			3222	1198.81	UHC	Medicare		1042.44				288.98	3060.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION NEUROLYTIC AGENT INTERCOSTAL	64620	CPT	outpatient			3222	1198.81	United	CommercialPPO		1817				288.98	3060.9	case rate	
DESTRUCTION NEUROLYTIC AGENT INTERCOSTAL	64620	CPT	outpatient			3222	1198.81	United	Oxford		1817				288.98	3060.9	case rate	
DESTRUCTION NEUROLYTIC AGENT INTERCOSTAL	64620	CPT	outpatient			3222	1198.81	Wellcare	Medicare		1042.44				288.98	3060.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION NEUROLYTIC AGENT INTERCOSTAL	64620	CPT	outpatient			3222	1198.81	Wellcare	Medicaid		1016.54	31.55			288.98	3060.9	percent of total billed charges	
DESTRUCTION NEUROLYTIC AGENT INTERCOSTAL	64620	CPT	outpatient			3222	1198.81	WellPoint	WellPoint		1036.84	32.18			288.98	3060.9	percent of total billed charges	
DSTRY NULYT AGT-GENICULAR NERVE	64624	CPT	outpatient			7009	2539.41	Aetna	Medicare		2156.77	30.8			362.13	6658.55	percent of total billed charges	
DSTRY NULYT AGT-GENICULAR NERVE	64624	CPT	outpatient			7009	2539.41	Aetna	Better Health		2211.34	31.55			362.13	6658.55	percent of total billed charges	
DSTRY NULYT AGT-GENICULAR NERVE	64624	CPT	outpatient			7009	2539.41	Aetna	Commercial		3515.42				362.13	6658.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTRY NULYT AGT-GENICULAR NERVE	64624	CPT	outpatient			7009	2539.41	Americare	Americare		5256.75	75			362.13	6658.55	percent of total billed charges	
DSTRY NULYT AGT-GENICULAR NERVE	64624	CPT	outpatient			7009	2539.41	Amerihealth	Medicare		2208.18				362.13	6658.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTRY NULYT AGT-GENICULAR NERVE	64624	CPT	outpatient			7009	2539.41	Amerihealth	HMO/PPO		4555.85	65			362.13	6658.55	percent of total billed charges	
DSTRY NULYT AGT-GENICULAR NERVE	64624	CPT	outpatient			7009	2539.41	Consumer	Consumer		6658.55	95			362.13	6658.55	percent of total billed charges	
DSTRY NULYT AGT-GENICULAR NERVE	64624	CPT	outpatient			7009	2539.41	Corrections	Corrections		5607.2	80			362.13	6658.55	percent of total billed charges	
DSTRY NULYT AGT-GENICULAR NERVE	64624	CPT	outpatient			7009	2539.41	First Health	First Health		4906.3	70			362.13	6658.55	percent of total billed charges	
DSTRY NULYT AGT-GENICULAR NERVE	64624	CPT	outpatient			7009	2539.41	First Trenton	First Trenton		6308.1	90			362.13	6658.55	percent of total billed charges	
DSTRY NULYT AGT-GENICULAR NERVE	64624	CPT	outpatient			7009	2539.41	Horizon	MGD		4109.42				362.13	6658.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTRY NULYT AGT-GENICULAR NERVE	64624	CPT	outpatient			7009	2539.41	Horizon	Medicare Blue		2208.18				362.13	6658.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTRY NULYT AGT-GENICULAR NERVE	64624	CPT	outpatient			7009	2539.41	Horizon	Indemnity		4109.42				362.13	6658.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTRY NULYT AGT-GENICULAR NERVE	64624	CPT	outpatient			7009	2539.41	Horizon	NJ Health		362.13				362.13	6658.55	fee schedule	
DSTRY NULYT AGT-GENICULAR NERVE	64624	CPT	outpatient			7009	2539.41	Horizon	PPO		4109.42				362.13	6658.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTRY NULYT AGT-GENICULAR NERVE	64624	CPT	outpatient			7009	2539.41	Managed Care Inc	Managed Care Inc		6308.1	90			362.13	6658.55	percent of total billed charges	
DSTRY NULYT AGT-GENICULAR NERVE	64624	CPT	outpatient			7009	2539.41	Multiplan	Multiplan		5607.2	80			362.13	6658.55	percent of total billed charges	
DSTRY NULYT AGT-GENICULAR NERVE	64624	CPT	outpatient			7009	2539.41	Qualcare	Qualcare		5256.75	75			362.13	6658.55	percent of total billed charges	
DSTRY NULYT AGT-GENICULAR NERVE	64624	CPT	outpatient			7009	2539.41	Three Rivers	Three Rivers		6658.55	95			362.13	6658.55	percent of total billed charges	
DSTRY NULYT AGT-GENICULAR NERVE	64624	CPT	outpatient			7009	2539.41	UHC	Medicare		2208.18				362.13	6658.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTRY NULYT AGT-GENICULAR NERVE	64624	CPT	outpatient			7009	2539.41	UHC	Medicaid		2211.34	31.55			362.13	6658.55	percent of total billed charges	
DSTRY NULYT AGT-GENICULAR NERVE	64624	CPT	outpatient			7009	2539.41	United	CommercialPPO		2776				362.13	6658.55	case rate	
DSTRY NULYT AGT-GENICULAR NERVE	64624	CPT	outpatient			7009	2539.41	United	Oxford		2776				362.13	6658.55	case rate	
DSTRY NULYT AGT-GENICULAR NERVE	64624	CPT	outpatient			7009	2539.41	Wellcare	Medicare		2208.18				362.13	6658.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTRY NULYT AGT-GENICULAR NERVE	64624	CPT	outpatient			7009	2539.41	Wellcare	Medicaid		2211.34	31.55			362.13	6658.55	percent of total billed charges	
DSTRY NULYT AGT-GENICULAR NERVE	64624	CPT	outpatient			7009	2539.41	WellPoint	WellPoint		2255.5	32.18			362.13	6658.55	percent of total billed charges	
RFA NERVE INNERVATING SACRAL JT W/IMAGE	64625	CPT	outpatient			7009	2539.41	Aetna	Commercial		3515.42				441.45	6658.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RFA NERVE INNERVATING SACRAL JT W/IMAGE	64625	CPT	outpatient			7009	2539.41	Aetna	Medicare		2208.18				441.45	6658.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RFA NERVE INNERVATING SACRAL JT W/IMAGE	64625	CPT	outpatient			7009	2539.41	Aetna	Better Health		2211.34	31.55			441.45	6658.55	percent of total billed charges	
RFA NERVE INNERVATING SACRAL JT W/IMAGE	64625	CPT	outpatient			7009	2539.41	Americare	Americare		5256.75	75			441.45	6658.55	percent of total billed charges	
RFA NERVE INNERVATING SACRAL JT W/IMAGE	64625	CPT	outpatient			7009	2539.41	Amerihealth	HMO/PPO		4555.85	65			441.45	6658.55	percent of total billed charges	
RFA NERVE INNERVATING SACRAL JT W/IMAGE	64625	CPT	outpatient			7009	2539.41	Amerihealth	Medicare		2208.18				441.45	6658.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RFA NERVE INNERVATING SACRAL JT W/IMAGE	64625	CPT	outpatient			7009	2539.41	Consumer	Consumer		6658.55	95			441.45	6658.55	percent of total billed charges	
RFA NERVE INNERVATING SACRAL JT W/IMAGE	64625	CPT	outpatient			7009	2539.41	Corrections	Corrections		5607.2	80			441.45	6658.55	percent of total billed charges	
RFA NERVE INNERVATING SACRAL JT W/IMAGE	64625	CPT	outpatient			7009	2539.41	First Health	First Health		4906.3	70			441.45	6658.55	percent of total billed charges	
RFA NERVE INNERVATING SACRAL JT W/IMAGE	64625	CPT	outpatient			7009	2539.41	First Trenton	First Trenton		6308.1	90			441.45	6658.55	percent of total billed charges	
RFA NERVE INNERVATING SACRAL JT W/IMAGE	64625	CPT	outpatient			7009	2539.41	Horizon	MGD		4109.42				441.45	6658.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RFA NERVE INNERVATING SACRAL JT W/IMAGE	64625	CPT	outpatient			7009	2539.41	Horizon	Medicare Blue		2208.18				441.45	6658.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RFA NERVE INNERVATING SACRAL JT W/IMAGE	64625	CPT	outpatient			7009	2539.41	Horizon	Indemnity		4109.42				441.45	6658.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RFA NERVE INNERVATING SACRAL JT W/IMAGE	64625	CPT	outpatient			7009	2539.41	Horizon	NJ Health		441.45				441.45	6658.55	fee schedule	
RFA NERVE INNERVATING SACRAL JT W/IMAGE	64625	CPT	outpatient			7009	2539.41	Horizon	PPO		4109.42				441.45	6658.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RFA NERVE INNERVATING SACRAL JT W/IMAGE	64625	CPT	outpatient			7009	2539.41	Managed Care Inc	Managed Care Inc		6308.1	90			441.45	6658.55	percent of total billed charges	
RFA NERVE INNERVATING SACRAL JT W/IMAGE	64625	CPT	outpatient			7009	2539.41	Multiplan	Multiplan		5607.2	80			441.45	6658.55	percent of total billed charges	
RFA NERVE INNERVATING SACRAL JT W/IMAGE	64625	CPT	outpatient			7009	2539.41	Qualcare	Qualcare		5256.75	75			441.45	6658.55	percent of total billed charges	
RFA NERVE INNERVATING SACRAL JT W/IMAGE	64625	CPT	outpatient			7009	2539.41	Three Rivers	Three Rivers		6658.55	95			441.45	6658.55	percent of total billed charges	
RFA NERVE INNERVATING SACRAL JT W/IMAGE	64625	CPT	outpatient			7009	2539.41	UHC	Medicaid		2211.34	31.55			441.45	6658.55	percent of total billed charges	
RFA NERVE INNERVATING SACRAL JT W/IMAGE	64625	CPT	outpatient			7009	2539.41	UHC	Medicare		2208.18				441.45	6658.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RFA NERVE INNERVATING SACRAL JT W/IMAGE	64625	CPT	outpatient			7009	2539.41	United	CommercialPPO		2776				441.45	6658.55	case rate	
RFA NERVE INNERVATING SACRAL JT W/IMAGE	64625	CPT	outpatient			7009	2539.41	United	Oxford		2776				441.45	6658.55	case rate	
RFA NERVE INNERVATING SACRAL JT W/IMAGE	64625	CPT	outpatient			7009	2539.41	Wellcare	Medicaid		2211.34	31.55			441.45	6658.55	percent of total billed charges	
RFA NERVE INNERVATING SACRAL JT W/IMAGE	64625	CPT	outpatient			7009	2539.41	Wellcare	Medicare		2208.18				441.45	6658.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RFA NERVE INNERVATING SACRAL JT W/IMAGE	64625	CPT	outpatient			7009	2539.41	WellPoint	WellPoint		2255.5	32.18			441.45	6658.55	percent of total billed charges	
THERMAL DESTRUCT INTEROS BASIVERTEB NERV	64628	CPT	outpatient			48908	17309.86	Aetna	Better Health		15430.47	31.55			392.12	46462.6	percent of total billed charges	
THERMAL DESTRUCT INTEROS BASIVERTEB NERV	64628	CPT	outpatient			48908	17309.86	Aetna	Medicare		15063.86	30.8			392.12	46462.6	percent of total billed charges	
THERMAL DESTRUCT INTEROS BASIVERTEB NERV	64628	CPT	outpatient			48908	17309.86	Aetna	Commercial		23962.86				392.12	46462.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THERMAL DESTRUCT INTEROS BASIVERTEB NERV	64628	CPT	outpatient			48908	17309.86	Americare	Americare		36681	75			392.12	46462.6	percent of total billed charges	
THERMAL DESTRUCT INTEROS BASIVERTEB NERV	64628	CPT	outpatient			48908	17309.86	Amerihealth	Medicare		15052.05				392.12	46462.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THERMAL DESTRUCT INTEROS BASIVERTEB NERV	64628	CPT	outpatient			48908	17309.86	Amerihealth	HMO/PPO		31790.2	65			392.12	46462.6	percent of total billed charges	
THERMAL DESTRUCT INTEROS BASIVERTEB NERV	64628	CPT	outpatient			48908	17309.86	Consumer	Consumer		46462.6	95			392.12	46462.6	percent of total billed charges	
THERMAL DESTRUCT INTEROS BASIVERTEB NERV	64628	CPT	outpatient			48908	17309.86	Corrections	Corrections		39126.4	80			392.12	46462.6	percent of total billed charges	
THERMAL DESTRUCT INTEROS BASIVERTEB NERV	64628	CPT	outpatient			48908	17309.86	First Health	First Health		34235.6	70			392.12	46462.6	percent of total billed charges	
THERMAL DESTRUCT INTEROS BASIVERTEB NERV	64628	CPT	outpatient			48908	17309.86	First Trenton	First Trenton		44017.2	90			392.12	46462.6	percent of total billed charges	
THERMAL DESTRUCT INTEROS BASIVERTEB NERV	64628	CPT	outpatient			48908	17309.86	Horizon	Indemnity		28011.87				392.12	46462.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THERMAL DESTRUCT INTEROS BASIVERTEB NERV	64628	CPT	outpatient			48908	17309.86	Horizon	MGD		28011.87				392.12	46462.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THERMAL DESTRUCT INTEROS BASIVERTEB NERV	64628	CPT	outpatient			48908	17309.86	Horizon	Medicare Blue		15052.05				392.12	46462.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THERMAL DESTRUCT INTEROS BASIVERTEB NERV	64628	CPT	outpatient			48908	17309.86	Horizon	NJ Health		392.12				392.12	46462.6	fee schedule	
THERMAL DESTRUCT INTEROS BASIVERTEB NERV	64628	CPT	outpatient			48908	17309.86	Horizon	PPO		28011.87				392.12	46462.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THERMAL DESTRUCT INTEROS BASIVERTEB NERV	64628	CPT	outpatient			48908	17309.86	Managed Care Inc	Managed Care Inc		44017.2	90			392.12	46462.6	percent of total billed charges	
THERMAL DESTRUCT INTEROS BASIVERTEB NERV	64628	CPT	outpatient			48908	17309.86	Multiplan	Multiplan		39126.4	80			392.12	46462.6	percent of total billed charges	
THERMAL DESTRUCT INTEROS BASIVERTEB NERV	64628	CPT	outpatient			48908	17309.86	Qualcare	Qualcare		36681	75			392.12	46462.6	percent of total billed charges	
THERMAL DESTRUCT INTEROS BASIVERTEB NERV	64628	CPT	outpatient			48908	17309.86	Three Rivers	Three Rivers		46462.6	95			392.12	46462.6	percent of total billed charges	
THERMAL DESTRUCT INTEROS BASIVERTEB NERV	64628	CPT	outpatient			48908	17309.86	UHC	Medicare		15052.05				392.12	46462.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THERMAL DESTRUCT INTEROS BASIVERTEB NERV	64628	CPT	outpatient			48908	17309.86	UHC	Medicaid		15430.47	31.55			392.12	46462.6	percent of total billed charges	
THERMAL DESTRUCT INTEROS BASIVERTEB NERV	64628	CPT	outpatient			48908	17309.86	United	Oxford		4702				392.12	46462.6	case rate	
THERMAL DESTRUCT INTEROS BASIVERTEB NERV	64628	CPT	outpatient			48908	17309.86	United	CommercialPPO		4702				392.12	46462.6	case rate	
THERMAL DESTRUCT INTEROS BASIVERTEB NERV	64628	CPT	outpatient			48908	17309.86	Wellcare	Medicare		15052.05				392.12	46462.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THERMAL DESTRUCT INTEROS BASIVERTEB NERV	64628	CPT	outpatient			48908	17309.86	Wellcare	Medicaid		15430.47	31.55			392.12	46462.6	percent of total billed charges	
THERMAL DESTRUCT INTEROS BASIVERTEB NERV	64628	CPT	outpatient			48908	17309.86	WellPoint	WellPoint		15738.59	32.18			392.12	46462.6	percent of total billed charges	
THERMAL DESTRUCTION EACH ADD VERT	64629	CPT	outpatient					Horizon	NJ Health		181.85				181.85	1782	fee schedule	
THERMAL DESTRUCTION EACH ADD VERT	64629	CPT	outpatient					United	CommercialPPO		1782				181.85	1782	case rate	
THERMAL DESTRUCTION EACH ADD VERT	64629	CPT	outpatient					United	Oxford		1782				181.85	1782	case rate	
LUMBAR NEUROLYSIS AGEN OR RADIOFREGQ	64633	CPT	outpatient			7009	2539.41	Aetna	Better Health		2211.34	31.55			516.49	6658.55	percent of total billed charges	
LUMBAR NEUROLYSIS AGEN OR RADIOFREGQ	64633	CPT	outpatient			7009	2539.41	Aetna	Commercial		3515.42				516.49	6658.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LUMBAR NEUROLYSIS AGEN OR RADIOFREGQ	64633	CPT	outpatient			7009	2539.41	Aetna	Medicare		2208.18				516.49	6658.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LUMBAR NEUROLYSIS AGEN OR RADIOFREGQ	64633	CPT	outpatient			7009	2539.41	Americare	Americare		5256.75	75			516.49	6658.55	percent of total billed charges	
LUMBAR NEUROLYSIS AGEN OR RADIOFREGQ	64633	CPT	outpatient			7009	2539.41	Amerihealth	HMO/PPO		4555.85	65			516.49	6658.55	percent of total billed charges	
LUMBAR NEUROLYSIS AGEN OR RADIOFREGQ	64633	CPT	outpatient			7009	2539.41	Amerihealth	Medicare		2208.18				516.49	6658.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LUMBAR NEUROLYSIS AGEN OR RADIOFREGQ	64633	CPT	outpatient			7009	2539.41	Consumer	Consumer		6658.55	95			516.49	6658.55	percent of total billed charges	
LUMBAR NEUROLYSIS AGEN OR RADIOFREGQ	64633	CPT	outpatient			7009	2539.41	Corrections	Corrections		5607.2	80			516.49	6658.55	percent of total billed charges	
LUMBAR NEUROLYSIS AGEN OR RADIOFREGQ	64633	CPT	outpatient			7009	2539.41	First Health	First Health		4906.3	70			516.49	6658.55	percent of total billed charges	
LUMBAR NEUROLYSIS AGEN OR RADIOFREGQ	64633	CPT	outpatient			7009	2539.41	First Trenton	First Trenton		6308.1	90			516.49	6658.55	percent of total billed charges	
LUMBAR NEUROLYSIS AGEN OR RADIOFREGQ	64633	CPT	outpatient			7009	2539.41	Horizon	MGD		4109.42				516.49	6658.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LUMBAR NEUROLYSIS AGEN OR RADIOFREGQ	64633	CPT	outpatient			7009	2539.41	Horizon	Medicare Blue		2208.18				516.49	6658.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LUMBAR NEUROLYSIS AGEN OR RADIOFREGQ	64633	CPT	outpatient			7009	2539.41	Horizon	PPO		4109.42				516.49	6658.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LUMBAR NEUROLYSIS AGEN OR RADIOFREGQ	64633	CPT	outpatient			7009	2539.41	Horizon	NJ Health		516.49				516.49	6658.55	fee schedule	
LUMBAR NEUROLYSIS AGEN OR RADIOFREGQ	64633	CPT	outpatient			7009	2539.41	Horizon	Indemnity		4109.42				516.49	6658.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LUMBAR NEUROLYSIS AGEN OR RADIOFREGQ	64633	CPT	outpatient			7009	2539.41	Managed Care Inc	Managed Care Inc		6308.1	90			516.49	6658.55	percent of total billed charges	
LUMBAR NEUROLYSIS AGEN OR RADIOFREGQ	64633	CPT	outpatient			7009	2539.41	Multiplan	Multiplan		5607.2	80			516.49	6658.55	percent of total billed charges	
LUMBAR NEUROLYSIS AGEN OR RADIOFREGQ	64633	CPT	outpatient			7009	2539.41	Qualcare	Qualcare		5256.75	75			516.49	6658.55	percent of total billed charges	
LUMBAR NEUROLYSIS AGEN OR RADIOFREGQ	64633	CPT	outpatient			7009	2539.41	Three Rivers	Three Rivers		6658.55	95			516.49	6658.55	percent of total billed charges	
LUMBAR NEUROLYSIS AGEN OR RADIOFREGQ	64633	CPT	outpatient			7009	2539.41	UHC	Medicaid		2211.34	31.55			516.49	6658.55	percent of total billed charges	
LUMBAR NEUROLYSIS AGEN OR RADIOFREGQ	64633	CPT	outpatient			7009	2539.41	UHC	Medicare		2208.18				516.49	6658.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LUMBAR NEUROLYSIS AGEN OR RADIOFREGQ	64633	CPT	outpatient			7009	2539.41	United	CommercialPPO		2776				516.49	6658.55	case rate	
LUMBAR NEUROLYSIS AGEN OR RADIOFREGQ	64633	CPT	outpatient			7009	2539.41	United	Oxford		2776				516.49	6658.55	case rate	
LUMBAR NEUROLYSIS AGEN OR RADIOFREGQ	64633	CPT	outpatient			7009	2539.41	Wellcare	Medicaid		2211.34	31.55			516.49	6658.55	percent of total billed charges	
LUMBAR NEUROLYSIS AGEN OR RADIOFREGQ	64633	CPT	outpatient			7009	2539.41	Wellcare	Medicare		2208.18				516.49	6658.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LUMBAR NEUROLYSIS AGEN OR RADIOFREGQ	64633	CPT	outpatient			7009	2539.41	WellPoint	WellPoint		2255.5	32.18			516.49	6658.55	percent of total billed charges	
DSTR NROLYTC AGNT ADDL CRVC/TH	64634	CPT	outpatient			898		Aetna	Commercial		341.24	38			238.45	1782	percent of total billed charges	
DSTR NROLYTC AGNT ADDL CRVC/TH	64634	CPT	outpatient			898		Aetna	Better Health		283.32	31.

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
DSTR NROLYTC AGNT ADDL CRVC/TH	64634	CPT	outpatient			898		First Trenton	First Trenton		808.2	90			238.45	1782	percent of total billed charges	
DSTR NROLYTC AGNT ADDL CRVC/TH	64634	CPT	outpatient			898		Horizon	MGD		343.75	38.28			238.45	1782	percent of total billed charges	
DSTR NROLYTC AGNT ADDL CRVC/TH	64634	CPT	outpatient			898		Horizon	Indemnity		343.75	38.28			238.45	1782	percent of total billed charges	
EA ADD'L C/T LEVEL(RF)	64634	CPT	outpatient			898		Horizon	NJ Health		238.45				238.45	1782	fee schedule	
DSTR NROLYTC AGNT ADDL CRVC/TH	64634	CPT	outpatient			898		Horizon	Medicare Blue		269.4	30			238.45	1782	percent of total billed charges	
DSTR NROLYTC AGNT ADDL CRVC/TH	64634	CPT	outpatient			898		Horizon	PPO		343.75	38.28			238.45	1782	percent of total billed charges	
DSTR NROLYTC AGNT ADDL CRVC/TH	64634	CPT	outpatient			898		Managed Care Inc	Managed Care Inc		808.2	90			238.45	1782	percent of total billed charges	
DSTR NROLYTC AGNT ADDL CRVC/TH	64634	CPT	outpatient			898		Multiplan	Multiplan		718.4	80			238.45	1782	percent of total billed charges	
DSTR NROLYTC AGNT ADDL CRVC/TH	64634	CPT	outpatient			898		Qualcare	Qualcare		673.5	75			238.45	1782	percent of total billed charges	
DSTR NROLYTC AGNT ADDL CRVC/TH	64634	CPT	outpatient			898		Three Rivers	Three Rivers		853.1	95			238.45	1782	percent of total billed charges	
DSTR NROLYTC AGNT ADDL CRVC/TH	64634	CPT	outpatient			898		UHC	Medicaid		283.32	31.55			238.45	1782	percent of total billed charges	
EA ADD'L C/T LEVEL(RF)	64634	CPT	outpatient			898		United	Oxford		1782				238.45	1782	case rate	
EA ADD'L C/T LEVEL(RF)	64634	CPT	outpatient			898		United	CommercialPPO		1782				238.45	1782	case rate	
DSTR NROLYTC AGNT ADDL CRVC/TH	64634	CPT	outpatient			898		Wellcare	Medicaid		283.32	31.55			238.45	1782	percent of total billed charges	
DSTR NROLYTC AGNT ADDL CRVC/TH	64634	CPT	outpatient			898		WellPoint	WellPoint		288.98	32.18			238.45	1782	percent of total billed charges	
RFA OF LUMB FACET,MED BRANCH	64635	CPT	outpatient			7009		2539.41	Aetna	Better Health	2211.34	31.55			662.18	6658.55	percent of total billed charges	
RFA OF LUMB FACET,MED BRANCH	64635	CPT	outpatient			7009		2539.41	Aetna	Commercial	3515.42				662.18	6658.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RFA OF LUMB FACET,MED BRANCH	64635	CPT	outpatient			7009		2539.41	Aetna	Medicare	2208.18				662.18	6658.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RFA OF LUMB FACET,MED BRANCH	64635	CPT	outpatient			7009		2539.41	Americare	Americare	5256.75	75			662.18	6658.55	percent of total billed charges	
RFA OF LUMB FACET,MED BRANCH	64635	CPT	outpatient			7009		2539.41	Amerihealth	HMO/PPO	4555.85	65			662.18	6658.55	percent of total billed charges	
RFA OF LUMB FACET,MED BRANCH	64635	CPT	outpatient			7009		2539.41	Amerihealth	Medicare	2208.18				662.18	6658.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RFA OF LUMB FACET,MED BRANCH	64635	CPT	outpatient			7009		2539.41	Consumer	Consumer	6658.55	95			662.18	6658.55	percent of total billed charges	
RFA OF LUMB FACET,MED BRANCH	64635	CPT	outpatient			7009		2539.41	Corrections	Corrections	5607.2	80			662.18	6658.55	percent of total billed charges	
RFA OF LUMB FACET,MED BRANCH	64635	CPT	outpatient			7009		2539.41	First Health	First Health	4906.3	70			662.18	6658.55	percent of total billed charges	
RFA OF LUMB FACET,MED BRANCH	64635	CPT	outpatient			7009		2539.41	First Trenton	First Trenton	6308.1	90			662.18	6658.55	percent of total billed charges	
RFA OF LUMB FACET,MED BRANCH	64635	CPT	outpatient			7009		2539.41	Horizon	Medicare Blue	2208.18				662.18	6658.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RFA OF LUMB FACET,MED BRANCH	64635	CPT	outpatient			7009		2539.41	Horizon	PPO	4109.42				662.18	6658.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RFA OF LUMB FACET,MED BRANCH	64635	CPT	outpatient			7009		2539.41	Horizon	Indemnity	4109.42				662.18	6658.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RFA OF LUMB FACET,MED BRANCH	64635	CPT	outpatient			7009		2539.41	Horizon	MGD	4109.42				662.18	6658.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RFA OF LUMB FACET,MED BRANCH	64635	CPT	outpatient			7009		2539.41	Horizon	NJ Health	662.18				662.18	6658.55	fee schedule	
RFA OF LUMB FACET,MED BRANCH	64635	CPT	outpatient			7009		2539.41	Managed Care Inc	Managed Care Inc	6308.1	90			662.18	6658.55	percent of total billed charges	
RFA OF LUMB FACET,MED BRANCH	64635	CPT	outpatient			7009		2539.41	Multiplan	Multiplan	5607.2	80			662.18	6658.55	percent of total billed charges	
RFA OF LUMB FACET,MED BRANCH	64635	CPT	outpatient			7009		2539.41	Qualcare	Qualcare	5256.75	75			662.18	6658.55	percent of total billed charges	
RFA OF LUMB FACET,MED BRANCH	64635	CPT	outpatient			7009		2539.41	Three Rivers	Three Rivers	6658.55	95			662.18	6658.55	percent of total billed charges	
RFA OF LUMB FACET,MED BRANCH	64635	CPT	outpatient			7009		2539.41	UHC	Medicare	2208.18				662.18	6658.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RFA OF LUMB FACET,MED BRANCH	64635	CPT	outpatient			7009		2539.41	UHC	Medicaid	2211.34	31.55			662.18	6658.55	percent of total billed charges	
RFA OF LUMB FACET,MED BRANCH	64635	CPT	outpatient			7009		2539.41	United	CommercialPPO	2776				662.18	6658.55	case rate	
RFA OF LUMB FACET,MED BRANCH	64635	CPT	outpatient			7009		2539.41	United	Oxford	2776				662.18	6658.55	case rate	
RFA OF LUMB FACET,MED BRANCH	64635	CPT	outpatient			7009		2539.41	Wellcare	Medicare	2208.18				662.18	6658.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RFA OF LUMB FACET,MED BRANCH	64635	CPT	outpatient			7009		2539.41	Wellcare	Medicaid	2211.34	31.55			662.18	6658.55	percent of total billed charges	
RFA OF LUMB FACET,MED BRANCH	64635	CPT	outpatient			7009		2539.41	WellPoint	WellPoint	2255.5	32.18			662.18	6658.55	percent of total billed charges	
DSTR NROLYTC AGNT PARVERTEB FCT ADDL	64636	CPT	outpatient			2681			Aetna	Medicare	825.75	30.8			280.81	2546.95	percent of total billed charges	
DSTR NROLYTC AGNT PARVERTEB FCT ADDL	64636	CPT	outpatient			2681			Aetna	Commercial	1018.78	38			280.81	2546.95	percent of total billed charges	
DSTR NROLYTC AGNT PARVERTEB FCT ADDL	64636	CPT	outpatient			2681			Aetna	Better Health	845.86	31.55			280.81	2546.95	percent of total billed charges	
DSTR NROLYTC AGNT PARVERTEB FCT ADDL	64636	CPT	outpatient			2681			Americare	Americare	2010.75	75			280.81	2546.95	percent of total billed charges	
DSTR NROLYTC AGNT PARVERTEB FCT ADDL	64636	CPT	outpatient			2681			Amerihealth	HMO/PPO	1742.65	65			280.81	2546.95	percent of total billed charges	
DSTR NROLYTC AGNT PARVERTEB FCT ADDL	64636	CPT	outpatient			2681			Consumer	Consumer	2546.95	95			280.81	2546.95	percent of total billed charges	
DSTR NROLYTC AGNT PARVERTEB FCT ADDL	64636	CPT	outpatient			2681			Corrections	Corrections	2144.8	80			280.81	2546.95	percent of total billed charges	
DSTR NROLYTC AGNT PARVERTEB FCT ADDL	64636	CPT	outpatient			2681			First Health	First Health	1876.7	70			280.81	2546.95	percent of total billed charges	
DSTR NROLYTC AGNT PARVERTEB FCT ADDL	64636	CPT	outpatient			2681			First Trenton	First Trenton	2412.9	90			280.81	2546.95	percent of total billed charges	
DSTR NROLYTC AGNT PARVERTEB FCT ADDL	64636	CPT	outpatient			2681			Horizon	Indemnity	1026.29	38.28			280.81	2546.95	percent of total billed charges	
DSTR NROLYTC AGNT PARVERTEB FCT ADDL	64636	CPT	outpatient			2681			Horizon	Medicare Blue	804.3	30			280.81	2546.95	percent of total billed charges	
DSTR NROLYTC AGNT PARVERTEB FCT ADDL	64636	CPT	outpatient			2681			Horizon	MGD	1026.29	38.28			280.81	2546.95	percent of total billed charges	
EA ADD'L LIS LEVEL (RF)	64636	CPT	outpatient			2681			Horizon	NJ Health	280.81				280.81	2546.95	fee schedule	
DSTR NROLYTC AGNT PARVERTEB FCT ADDL	64636	CPT	outpatient			2681			Horizon	PPO	1026.29	38.28			280.81	2546.95	percent of total billed charges	
DSTR NROLYTC AGNT PARVERTEB FCT ADDL	64636	CPT	outpatient			2681			Managed Care Inc	Managed Care Inc	2412.9	90			280.81	2546.95	percent of total billed charges	
DSTR NROLYTC AGNT PARVERTEB FCT ADDL	64636	CPT	outpatient			2681			Multiplan	Multiplan	2144.8	80			280.81	2546.95	percent of total billed charges	
DSTR NROLYTC AGNT PARVERTEB FCT ADDL	64636	CPT	outpatient			2681			Qualcare	Qualcare	2010.75	75			280.81	2546.95	percent of total billed charges	
DSTR NROLYTC AGNT PARVERTEB FCT ADDL	64636	CPT	outpatient			2681			Three Rivers	Three Rivers	2546.95	95			280.81	2546.95	percent of total billed charges	
DSTR NROLYTC AGNT PARVERTEB FCT ADDL	64636	CPT	outpatient			2681			UHC	Medicaid	845.86	31.55			280.81	2546.95	percent of total billed charges	
EA ADD'L LIS LEVEL (RF)	64636	CPT	outpatient			2681			United	Oxford	1782				280.81	2546.95	case rate	
EA ADD'L LIS LEVEL (RF)	64636	CPT	outpatient			2681			United	CommercialPPO	1782				280.81	2546.95	case rate	
DSTR NROLYTC AGNT PARVERTEB FCT ADDL	64636	CPT	outpatient			2681			Wellcare	Medicaid	845.86	31.55			280.81	2546.95	percent of total billed charges	
DSTR NROLYTC AGNT PARVERTEB FCT ADDL	64636	CPT	outpatient			2681			WellPoint	WellPoint	862.75	32.18			280.81	2546.95	percent of total billed charges	
READIOFREQUENCY ABLATION OTHER NERVE	64640	CPT	outpatient			3286		1198.81	Aetna	Commercial	1659.96				206.71	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
READIOFREQUENCY ABLATION OTHER NERVE	64640	CPT	outpatient			3286		1198.81	Aetna	Better Health	1036.73	31.55			206.71	3121.7	percent of total billed charges	
READIOFREQUENCY ABLATION OTHER NERVE	64640	CPT	outpatient			3286		1198.81	Aetna	Medicare	1042.44				206.71	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
READIOFREQUENCY ABLATION OTHER NERVE	64640	CPT	outpatient			3286		1198.81	Americare	Americare	2464.5	75			206.71	3121.7	percent of total billed charges	
READIOFREQUENCY ABLATION OTHER NERVE	64640	CPT	outpatient			3286		1198.81	Amerihealth	HMO/PPO	2135.9	65			206.71	3121.7	percent of total billed charges	
READIOFREQUENCY ABLATION OTHER NERVE	64640	CPT	outpatient			3286		1198.81	Amerihealth	Medicare	1042.44				206.71	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
READIOFREQUENCY ABLATION OTHER NERVE	64640	CPT	outpatient			3286		1198.81	Consumer	Consumer	3121.7	95			206.71	3121.7	percent of total billed charges	
READIOFREQUENCY ABLATION OTHER NERVE	64640	CPT	outpatient			3286		1198.81	Corrections	Corrections	2628.8	80			206.71	3121.7	percent of total billed charges	
READIOFREQUENCY ABLATION OTHER NERVE	64640	CPT	outpatient			3286		1198.81	First Health	First Health	2300.2	70			206.71	3121.7	percent of total billed charges	
READIOFREQUENCY ABLATION OTHER NERVE	64640	CPT	outpatient			3286		1198.81	First Trenton	First Trenton	2957.4	90			206.71	3121.7	percent of total billed charges	
READIOFREQUENCY ABLATION OTHER NERVE	64640	CPT	outpatient			3286		1198.81	Horizon	PPO	1939.98				206.71	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
READIOFREQUENCY ABLATION OTHER NERVE	64640	CPT	outpatient			3286		1198.81	Horizon	MGD	1939.98				206.71	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
READIOFREQUENCY ABLATION OTHER NERVE	64640	CPT	outpatient			3286		1198.81	Horizon	NJ Health	206.71				206.71	3121.7	fee schedule	
READIOFREQUENCY ABLATION OTHER NERVE	64640	CPT	outpatient			3286		1198.81	Horizon	Indemnity	1939.98				206.71	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
READIOFREQUENCY ABLATION OTHER NERVE	64640	CPT	outpatient			3286		1198.81	Horizon	Medicare Blue	1042.44				206.71	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
READIOFREQUENCY ABLATION OTHER NERVE	64640	CPT	outpatient			3286		1198.81	Managed Care Inc	Managed Care Inc	2957.4	90			206.71	3121.7	percent of total billed charges	
READIOFREQUENCY ABLATION OTHER NERVE	64640	CPT	outpatient			3286		1198.81	Multiplan	Multiplan	2628.8	80			206.71	3121.7	percent of total billed charges	
READIOFREQUENCY ABLATION OTHER NERVE	64640	CPT	outpatient			3286		1198.81	Qualcare	Qualcare	2464.5	75			206.71	3121.7	percent of total billed charges	
READIOFREQUENCY ABLATION OTHER NERVE	64640	CPT	outpatient			3286		1198.81	Three Rivers	Three Rivers	3121.7	95			206.71	3121.7	percent of total billed charges	
READIOFREQUENCY ABLATION OTHER NERVE	64640	CPT	outpatient			3286		1198.81	UHC	Medicaid	1036.73	31.55			206.71	3121.7	percent of total billed charges	
READIOFREQUENCY ABLATION OTHER NERVE	64640	CPT	outpatient			3286		1198.81	UHC	Medicare	1042.44				206.71	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
READIOFREQUENCY ABLATION OTHER NERVE	64640	CPT	outpatient			3286		1198.81	United	CommercialPPO	1817				206.71	3121.7	case rate	
READIOFREQUENCY ABLATION OTHER NERVE	64640	CPT	outpatient			3286		1198.81	United	Oxford	1817				206.71	3121.7	case rate	
READIOFREQUENCY ABLATION OTHER NERVE	64640	CPT	outpatient			3286		1198.81	Wellcare	Medicare	1042.44				206.71	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
READIOFREQUENCY ABLATION OTHER NERVE	64640	CPT	outpatient			3286		1198.81	Wellcare	Medicaid	1036.73	31.55			206.71	3121.7	percent of total billed charges	
READIOFREQUENCY ABLATION OTHER NERVE	64640	CPT	outpatient			3286		1198.81	WellPoint	WellPoint	1057.43	32.18			206.71	3121.7	percent of total billed charges	
CHEMODENERV ONE EXTR 1-4 MUSCL	64642	CPT	outpatient			2349		909.54	Aetna	Commercial	1259.11				121.83	2231.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMODENERV ONE EXTR 1-4 MUSCL	64642	CPT	outpatient			2349		909.54	Aetna	Better Health	741.11	31.55			121.83	2231.55	percent of total billed charges	
CHEMODENERV ONE EXTR 1-4 MUSCL	64642	CPT	outpatient			2349		909.54	Aetna	Medicare	790.9				121.83	2231.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMODENERV ONE EXTR 1-4 MUSCL	64642	CPT	outpatient			2349		909.54	Americare	Americare	1761.75	75			121.83	2231.55	percent of total billed charges	
CHEMODENERV ONE EXTR 1-4 MUSCL	64642	CPT	outpatient			2349		909.54	Amerihealth	HMO/PPO	1526.85	65			121.83	2231.55	percent of total billed charges	
CHEMODENERV ONE EXTR 1-4 MUSCL	64642	CPT	outpatient			2349		909.54	Amerihealth	Medicare	790.9				121.83	2231.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMODENERV ONE EXTR 1-4 MUSCL	64642	CPT	outpatient			2349		909.54	Consumer	Consumer	2231.55	95			121.83	2231.55	percent of total billed charges	
CHEMODENERV ONE EXTR 1-4 MUSCL	64642	CPT	outpatient			2349		909.54	Corrections	Corrections	1879.2	80			121.83	2231.55	percent of total billed charges	
CHEMODENERV ONE EXTR 1-4 MUSCL	64642	CPT	outpatient			2349		909.54	First Health	First Health	1644.3	70			121.83	2231.55	percent of total billed charges	
CHEMODENERV ONE EXTR 1-4 MUSCL	64642	CPT	outpatient			2349		909.54	First Trenton	First Trenton	2114.1	90			121.83	2231.55	percent of total billed charges	
CHEMODENERV ONE EXTR 1-4 MUSCL	64642	CPT	outpatient			2349		909.54	Horizon	MGD	1471.86				121.83	2231.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMODENERV ONE EXTR 1-4 MUSCL	64642	CPT	outpatient			2349		909.54	Horizon	Indemnity	1471.86				121.83	2231.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMODENERV ONE EXTR 1-4 MUSCL	64642	CPT	outpatient			2349		909.54	Horizon	NJ Health	121.83				121.83	2231.55	fee schedule	
CHEMODENERV ONE EXTR 1-4 MUSCL	64642	CPT	outpatient			2349		909.54	Horizon	Medicare Blue	790.9				121.83	2231.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMODENERV ONE EXTR 1-4 MUSCL	64642	CPT	outpatient			2349		909.54	Horizon	PPO	1471.86				121.83	2231.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMODENERV ONE EXTR 1-4 MUSCL	64642	CPT	outpatient			2349		909.54	Managed Care Inc	Managed Care Inc	2114.1	90			121.83	2231.55	percent of total billed charges	
CHEMODENERV ONE EXTR 1-4 MUSCL	64642	CPT	outpatient			2349		909.54	Multiplan	Multiplan	1879.2	80			121.83	2231.55	percent of total billed charges	
CHEMODENERV ONE EXTR 1-4 MUSCL	64642	CPT	outpatient			2349		909.54	Qualcare	Qualcare	1761.75	75			121.83	2231.55	percent of total billed charges	
CHEMODENERV ONE EXTR 1-4 MUSCL	64642	CPT	outpatient			2349		909.54	Three Rivers	Three Rivers	2231.55	95			121.83	2231.55	percent of total billed charges	
CHEMODENERV ONE EXTR 1-4 MUSCL	64642	CPT	outpatient			2349		909.54	UHC	Medicaid	741.11	31.55			121.83	2231.55	percent of total billed charges	
CHEMODENERV ONE EXTR 1-4 MUSCL	64642	CPT	outpatient			2349		909.54	UHC	Medicare	790.9				121.83	2231.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMODENERV ONE EXTR 1-4 MUSCL	64642	CPT	outpatient			2349		909.54	United	Oxford	1817				121.83	2231.55	case rate	
CHEMODENERV ONE EXTR 1-4 MUSCL	64642	CPT	outpatient			2349		909.54	United	CommercialPPO	1817				121.83	2231.55	case rate	
CHEMODENERV ONE EXTR 1-4 MUSCL	64642	CPT	outpatient			2349		909.54	Wellcare	Medicaid	741.11	31.55			121.83	2231.55	percent of total billed charges	
CHEMODENERV ONE EXTR 1-4 MUSCL	64642	CPT	outpatient			2349		909.54	Wellcare	Medicare	790.9				121.83	2231.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMODENERV ONE EXTR 1-4 MUSCL	64642	CPT	outpatient			2349		909.54	WellPoint	WellPoint	755.91	32.18			121.83	2231.55	percent of total billed charges	
CHEMODENERV, 1 EXTRM,ADDL EXTR	64643	CPT	outpatient						Horizon	NJ Health	81.14				81.14	1782	fee schedule	
CHEMODENERV, 1 EXTRM,ADDL EXTR	64643	CPT	outpatient						United	Oxford	1782				81.14	1782	case rate	
CHEMODENERV, 1 EXTRM,ADDL EXTR	64643	CPT	outpatient						United	CommercialPPO	1782				81.14	1782	case rate	
CHEMODENERV, 1 EXTRM,5<MUSCLES	64644	CPT	outpatient			2432		909.54	Aetna	Commercial	1259.11				132.93	2310.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMODENERV, 1 EXTRM,5<MUSCLES	64644	CPT	outpatient			2432		909.54	Aetna	Better Health	767.3	31.55			132.93	2310.4	percent of total billed charges	
CHEMODENERV, 1 EXTRM,5<MUSCLES	64644	CPT	outpatient			2432		909.54	Aetna	Medicare	749.06	30.8			132.93	2310.4	percent of total billed charges	
CHEMODENERV, 1 EXTRM,5<MUSCLES	64644	CPT	outpatient			2432		909.54	Americare	Americare	1824	75			132.93	2310.4	percent of total billed charges	
CHEMODENERV, 1 EXTRM,5<MUSCLES	64644	CPT	outpatient			2432		909.54	Amerihealth	HMO/PPO	1580.8	65			132.93	2310.4	percent of total billed charges	
CHEMODENERV, 1 EXTRM,5<MUSCLES	64644	CPT	outpatient			2432		909.54	Amerihealth	Medicare	790.9				132.93	2310.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMODENERV, 1 EXTRM,5<MUSCLES	64644	CPT	outpatient			2432		909.54	Consumer	Consumer	2310.4	95			132.93	2310.4	percent of total billed charges	
CHEMODENERV, 1 EXTRM,5<MUSCLES	64644	CPT	outpatient			2432		909.54	Corrections	Corrections	1945.6	80			132.93	2310.4	percent of total billed charges	
CHEMODENERV, 1 EXTRM,5<MUSCLES	64644	CPT	outpatient			2432		909.54	First Health	First Health	1702.4	70			132.93	2310.4	percent of total billed charges	
CHEMODENERV, 1 EXTRM,5<MUSCLES	64644	CPT	outpatient			2432		909.54	First Trenton	First Trenton	2188.8	90			132.93	2310.4	percent of total billed charges	
CHEMODENERV, 1 EXTRM,5<MUSCLES	64644	CPT	outpatient			2432		909.54	Horizon	Medicare Blue	790.9				132.93	2310.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMODENERV, 1 EXTRM,5<MUSCLES	64644	CPT	outpatient			2432		909.54	Horizon	Indemnity	1471.86				132.93	2310.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMODENERV, 1 EXTRM,5<MUSCLES	64644	CPT	outpatient			2432		909.54	Horizon	MGD	1471.86				132.93	2310.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMODENERV, 1 EXTRM,5<MUSCLES	64644	CPT	outpatient			2432		909.54	Horizon	NJ Health	132.93				132.93	2310.4	fee schedule	
CHEMODENERV, 1 EXTRM,5<MUSCLES	64644	CPT	outpatient			2432		909.54	Horizon	PPO	1471.86				132.93	2310.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMODENERV, 1 EXTRM,5<MUSCLES	64644	CPT	outpatient			2432		909.54	Managed Care Inc	Managed Care Inc	2188.8	90			132.93	2310.4	percent of total billed charges	
CHEMODENERV, 1 EXTRM,5<MUSCLES	64644	CPT	outpatient			2432		909.54	Multiplan	Multiplan	1945.6	80			132.93	2310.4	percent of total billed charges	
CHEMODENERV, 1 EXTRM,5<MUSCLES	64644	CPT	outpatient			2432		909.54	Qualcare	Qualcare	1824	75			132.93	2310.4	percent of total billed charges	
CHEMODENERV, 1 EXTRM,5<MUSCLES	64644	CPT	outpatient			2432		909.54	Three Rivers	Three Rivers	2310.4	95			132.93	2310.4	percent of total billed charges	
CHEMODENERV, 1 EXTRM,5<MUSCLES	64644	CPT	outpatient			2432		909.54	UHC	Medicaid	767.3	31.55			132.93	2310.4	percent of total billed charges	
CHEMODENERV, 1 EXTRM,5<MUSCLES	64644	CPT	outpatient			2432		909.54	UHC	Medicare	790.9				132.93	2310.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMODENERV, 1 EXTRM,5<MUSCLES	64644	CPT	outpatient			2432		909.54	United	CommercialPPO	1817				132.93	2310.4	case rate	
CHEMODENERV, 1 EXTRM,5<MUSCLES	64644	CPT	outpatient			2432		909.54	United	Oxford	1817				132.93	2310.4	case rate	
CHEMODENERV, 1 EXTRM,5<MUSCLES	64644	CPT	outpatient			2432		909.54	Wellcare	Medicaid	767.3	31.55			132.93	2310.4	percent of total billed charges	
CHEMODENERV, 1 EXTRM,5<MUSCLES	64644	CPT	outpatient			2432		909.54	Wellcare	Medicare	790.9				132.93	2310.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMODENERV, 1 EXTRM,5<MUSCLES	64644	CPT	outpatient			2432		909.54	WellPoint	WellPoint	782.62	32.18			132.93	2310.4	percent of total billed charges	
CHEMODENERV ADDL EXT>/=5 MUSC	64645	CPT	outpatient						Horizon	NJ Health	93.05				93.05	1782	fee schedule	
CHEMODENERV ADDL EXT>/=5 MUSC	64645	CPT	outpatient						United	CommercialPPO	1782				93.05	1782	case rate	
CHEMODENERV ADDL EXT>/=5 MUSC	64645	CPT	outpatient						United	Oxford	1782				93.05	1782	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
US-GUIDED SOMATIC NERVE ABLATION	64646	CPT	outpatient			2536		909.54 Aetna	Medicare		781.09	30.8			131.75		2409.2 percent of total billed charges	
US-GUIDED SOMATIC NERVE ABLATION	64646	CPT	outpatient			2536		909.54 Aetna	Better Health		800.11	31.55			131.75		2409.2 percent of total billed charges	
US-GUIDED SOMATIC NERVE ABLATION	64646	CPT	outpatient			2536		909.54 Aetna	Commercial		1259.11				131.75		2409.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US-GUIDED SOMATIC NERVE ABLATION	64646	CPT	outpatient			2536		909.54 Americare	Americare		1902	75			131.75		2409.2 percent of total billed charges	
US-GUIDED SOMATIC NERVE ABLATION	64646	CPT	outpatient			2536		909.54 Amerihealth	HMO/PPO		1648.4	65			131.75		2409.2 percent of total billed charges	
US-GUIDED SOMATIC NERVE ABLATION	64646	CPT	outpatient			2536		909.54 Amerihealth	Medicare		790.9				131.75		2409.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US-GUIDED SOMATIC NERVE ABLATION	64646	CPT	outpatient			2536		909.54 Consumer	Consumer		2409.2	95			131.75		2409.2 percent of total billed charges	
US-GUIDED SOMATIC NERVE ABLATION	64646	CPT	outpatient			2536		909.54 Corrections	Corrections		2028.8	80			131.75		2409.2 percent of total billed charges	
US-GUIDED SOMATIC NERVE ABLATION	64646	CPT	outpatient			2536		909.54 First Health	First Health		1775.2	70			131.75		2409.2 percent of total billed charges	
US-GUIDED SOMATIC NERVE ABLATION	64646	CPT	outpatient			2536		909.54 First Trenton	First Trenton		2282.4	90			131.75		2409.2 percent of total billed charges	
US-GUIDED SOMATIC NERVE ABLATION	64646	CPT	outpatient			2536		909.54 Horizon	MGD		1471.86				131.75		2409.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US-GUIDED SOMATIC NERVE ABLATION	64646	CPT	outpatient			2536		909.54 Horizon	Indemnity		1471.86				131.75		2409.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US-GUIDED SOMATIC NERVE ABLATION	64646	CPT	outpatient			2536		909.54 Horizon	PPO		1471.86				131.75		2409.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US-GUIDED SOMATIC NERVE ABLATION	64646	CPT	outpatient			2536		909.54 Horizon	Medicare Blue		790.9				131.75		2409.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US-GUIDED SOMATIC NERVE ABLATION	64646	CPT	outpatient			2536		909.54 Horizon	NJ Health		131.75				131.75		2409.2 fee schedule	
US-GUIDED SOMATIC NERVE ABLATION	64646	CPT	outpatient			2536		909.54 Managed Care Inc	Managed Care Inc		2282.4	90			131.75		2409.2 percent of total billed charges	
US-GUIDED SOMATIC NERVE ABLATION	64646	CPT	outpatient			2536		909.54 Multiplan	Multiplan		2028.8	80			131.75		2409.2 percent of total billed charges	
US-GUIDED SOMATIC NERVE ABLATION	64646	CPT	outpatient			2536		909.54 Qualcare	Qualcare		1902	75			131.75		2409.2 percent of total billed charges	
US-GUIDED SOMATIC NERVE ABLATION	64646	CPT	outpatient			2536		909.54 Three Rivers	Three Rivers		2409.2	95			131.75		2409.2 percent of total billed charges	
US-GUIDED SOMATIC NERVE ABLATION	64646	CPT	outpatient			2536		909.54 UHC	Medicaid		800.11	31.55			131.75		2409.2 percent of total billed charges	
US-GUIDED SOMATIC NERVE ABLATION	64646	CPT	outpatient			2536		909.54 UHC	Medicare		790.9				131.75		2409.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US-GUIDED SOMATIC NERVE ABLATION	64646	CPT	outpatient			2536		909.54 United	Oxford		1817				131.75		2409.2 case rate	
US-GUIDED SOMATIC NERVE ABLATION	64646	CPT	outpatient			2536		909.54 United	CommercialPPO		1817				131.75		2409.2 case rate	
US-GUIDED SOMATIC NERVE ABLATION	64646	CPT	outpatient			2536		909.54 Wellcare	Medicare		790.9				131.75		2409.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US-GUIDED SOMATIC NERVE ABLATION	64646	CPT	outpatient			2536		909.54 Wellcare	Medicaid		800.11	31.55			131.75		2409.2 percent of total billed charges	
US-GUIDED SOMATIC NERVE ABLATION	64646	CPT	outpatient			2536		909.54 WellPoint	WellPoint		816.08	32.18			131.75		2409.2 percent of total billed charges	
BOTOX, TRUNK,6/>MUSCLES	64647	CPT	outpatient			2349		909.54 Aetna	Commercial		1259.11				151.9		2231.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BOTOX, TRUNK,6/>MUSCLES	64647	CPT	outpatient			2349		909.54 Aetna	Better Health		741.11	31.55			151.9		2231.55 percent of total billed charges	
BOTOX, TRUNK,6/>MUSCLES	64647	CPT	outpatient			2349		909.54 Aetna	Medicare		790.9				151.9		2231.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BOTOX, TRUNK,6/>MUSCLES	64647	CPT	outpatient			2349		909.54 Americare	Americare		1761.75	75			151.9		2231.55 percent of total billed charges	
BOTOX, TRUNK,6/>MUSCLES	64647	CPT	outpatient			2349		909.54 Amerihealth	HMO/PPO		1526.85	65			151.9		2231.55 percent of total billed charges	
BOTOX, TRUNK,6/>MUSCLES	64647	CPT	outpatient			2349		909.54 Amerihealth	Medicare		790.9				151.9		2231.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BOTOX, TRUNK,6/>MUSCLES	64647	CPT	outpatient			2349		909.54 Consumer	Consumer		2231.55	95			151.9		2231.55 percent of total billed charges	
BOTOX, TRUNK,6/>MUSCLES	64647	CPT	outpatient			2349		909.54 Corrections	Corrections		1879.2	80			151.9		2231.55 percent of total billed charges	
BOTOX, TRUNK,6/>MUSCLES	64647	CPT	outpatient			2349		909.54 First Health	First Health		1644.3	70			151.9		2231.55 percent of total billed charges	
BOTOX, TRUNK,6/>MUSCLES	64647	CPT	outpatient			2349		909.54 First Trenton	First Trenton		2114.1	90			151.9		2231.55 percent of total billed charges	
BOTOX, TRUNK,6/>MUSCLES	64647	CPT	outpatient			2349		909.54 Horizon	NJ Health		151.9				151.9		2231.55 fee schedule	
BOTOX, TRUNK,6/>MUSCLES	64647	CPT	outpatient			2349		909.54 Horizon	Indemnity		1471.86				151.9		2231.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BOTOX, TRUNK,6/>MUSCLES	64647	CPT	outpatient			2349		909.54 Horizon	Medicare Blue		790.9				151.9		2231.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BOTOX, TRUNK,6/>MUSCLES	64647	CPT	outpatient			2349		909.54 Horizon	MGD		1471.86				151.9		2231.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BOTOX, TRUNK,6/>MUSCLES	64647	CPT	outpatient			2349		909.54 Horizon	PPO		1471.86				151.9		2231.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BOTOX, TRUNK,6/>MUSCLES	64647	CPT	outpatient			2349		909.54 Managed Care Inc	Managed Care Inc		2114.1	90			151.9		2231.55 percent of total billed charges	
BOTOX, TRUNK,6/>MUSCLES	64647	CPT	outpatient			2349		909.54 Multiplan	Multiplan		1879.2	80			151.9		2231.55 percent of total billed charges	
BOTOX, TRUNK,6/>MUSCLES	64647	CPT	outpatient			2349		909.54 Qualcare	Qualcare		1761.75	75			151.9		2231.55 percent of total billed charges	
BOTOX, TRUNK,6/>MUSCLES	64647	CPT	outpatient			2349		909.54 Three Rivers	Three Rivers		2231.55	95			151.9		2231.55 percent of total billed charges	
BOTOX, TRUNK,6/>MUSCLES	64647	CPT	outpatient			2349		909.54 UHC	Medicaid		741.11	31.55			151.9		2231.55 percent of total billed charges	
BOTOX, TRUNK,6/>MUSCLES	64647	CPT	outpatient			2349		909.54 UHC	Medicare		790.9				151.9		2231.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BOTOX, TRUNK,6/>MUSCLES	64647	CPT	outpatient			2349		909.54 United	CommercialPPO		1817				151.9		2231.55 case rate	
BOTOX, TRUNK,6/>MUSCLES	64647	CPT	outpatient			2349		909.54 United	Oxford		1817				151.9		2231.55 case rate	
BOTOX, TRUNK,6/>MUSCLES	64647	CPT	outpatient			2349		909.54 Wellcare	Medicare		790.9				151.9		2231.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BOTOX, TRUNK,6/>MUSCLES	64647	CPT	outpatient			2349		909.54 Wellcare	Medicaid		741.11	31.55			151.9		2231.55 percent of total billed charges	
BOTOX, TRUNK,6/>MUSCLES	64647	CPT	outpatient			2349		909.54 WellPoint	WellPoint		755.91	32.18			151.9		2231.55 percent of total billed charges	
CELIAC PLEXUX NEUROLYTIC PROC	64680	CPT	outpatient			4195		1198.81 Aetna	Commercial		1659.56				427.23		3985.25 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CELIAC PLEXUX NEUROLYTIC PROC	64680	CPT	outpatient			4195		1198.81 Aetna	Better Health		1323.52	31.55			427.23		3985.25 percent of total billed charges	
CELIAC PLEXUX NEUROLYTIC PROC	64680	CPT	outpatient			4195		1198.81 Aetna	Medicare		1292.06	30.8			427.23		3985.25 percent of total billed charges	
CELIAC PLEXUX NEUROLYTIC PROC	64680	CPT	outpatient			4195		1198.81 Americare	Americare		3146.25	75			427.23		3985.25 percent of total billed charges	
CELIAC PLEXUX NEUROLYTIC PROC	64680	CPT	outpatient			4195		1198.81 Amerihealth	HMO/PPO		2726.75	65			427.23		3985.25 percent of total billed charges	
CELIAC PLEXUX NEUROLYTIC PROC	64680	CPT	outpatient			4195		1198.81 Amerihealth	Medicare		1042.44				427.23		3985.25 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CELIAC PLEXUX NEUROLYTIC PROC	64680	CPT	outpatient			4195		1198.81 Consumer	Consumer		3985.25	95			427.23		3985.25 percent of total billed charges	
CELIAC PLEXUX NEUROLYTIC PROC	64680	CPT	outpatient			4195		1198.81 Corrections	Corrections		3356	80			427.23		3985.25 percent of total billed charges	
CELIAC PLEXUX NEUROLYTIC PROC	64680	CPT	outpatient			4195		1198.81 First Health	First Health		2936.5	70			427.23		3985.25 percent of total billed charges	
CELIAC PLEXUX NEUROLYTIC PROC	64680	CPT	outpatient			4195		1198.81 First Trenton	First Trenton		3775.5	90			427.23		3985.25 percent of total billed charges	
CELIAC PLEXUX NEUROLYTIC PROC	64680	CPT	outpatient			4195		1198.81 Horizon	PPO		1939.98				427.23		3985.25 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CELIAC PLEXUX NEUROLYTIC PROC	64680	CPT	outpatient			4195		1198.81 Horizon	MGD		1939.98				427.23		3985.25 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CELIAC PLEXUX NEUROLYTIC PROC	64680	CPT	outpatient			4195		1198.81 Horizon	Indemnity		1939.98				427.23		3985.25 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CELIAC PLEXUX NEUROLYTIC PROC	64680	CPT	outpatient			4195		1198.81 Horizon	NJ Health		427.23				427.23		3985.25 fee schedule	
CELIAC PLEXUX NEUROLYTIC PROC	64680	CPT	outpatient			4195		1198.81 Horizon	Medicare Blue		1042.44				427.23		3985.25 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CELIAC PLEXUX NEUROLYTIC PROC	64680	CPT	outpatient			4195		1198.81 Managed Care Inc	Managed Care Inc		3775.5	90			427.23		3985.25 percent of total billed charges	
CELIAC PLEXUX NEUROLYTIC PROC	64680	CPT	outpatient			4195		1198.81 Multiplan	Multiplan		3356	80			427.23		3985.25 percent of total billed charges	
CELIAC PLEXUX NEUROLYTIC PROC	64680	CPT	outpatient			4195		1198.81 Qualcare	Qualcare		3146.25	75			427.23		3985.25 percent of total billed charges	
CELIAC PLEXUX NEUROLYTIC PROC	64680	CPT	outpatient			4195		1198.81 Three Rivers	Three Rivers		3985.25	95			427.23		3985.25 percent of total billed charges	
CELIAC PLEXUX NEUROLYTIC PROC	64680	CPT	outpatient			4195		1198.81 UHC	Medicare		1042.44				427.23		3985.25 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CELIAC PLEXUX NEUROLYTIC PROC	64680	CPT	outpatient			4195		1198.81 UHC	Medicaid		1323.52	31.55			427.23		3985.25 percent of total billed charges	
CELIAC PLEXUX NEUROLYTIC PROC	64680	CPT	outpatient			4195		1198.81 United	Oxford		1817				427.23		3985.25 case rate	
CELIAC PLEXUX NEUROLYTIC PROC	64680	CPT	outpatient			4195		1198.81 United	CommercialPPO		1817				427.23		3985.25 case rate	
CELIAC PLEXUX NEUROLYTIC PROC	64680	CPT	outpatient			4195		1198.81 Wellcare	Medicaid		1323.52	31.55			427.23		3985.25 percent of total billed charges	
CELIAC PLEXUX NEUROLYTIC PROC	64680	CPT	outpatient			4195		1198.81 Wellcare	Medicare		1042.44				427.23		3985.26 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CELIAC PLEXUX NEUROLYTIC PROC	64680	CPT	outpatient			4195		1198.81 WellPoint	WellPoint		1349.95	32.18			427.23		3985.25 percent of total billed charges	
DSTRC W/W/O RAD MONTR;HYPGSTR	64681	CPT	outpatient			3199		1198.81 Aetna	Commercial		1659.56				589.16		3039.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTRC W/W/O RAD MONTR;HYPGSTR	64681	CPT	outpatient			3199		1198.81 Aetna	Better Health		1009.28	31.55			589.16		3039.05 percent of total billed charges	
DSTRC W/W/O RAD MONTR;HYPGSTR	64681	CPT	outpatient			3199		1198.81 Aetna	Medicare		1042.44				589.16		3039.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTRC W/W/O RAD MONTR;HYPGSTR	64681	CPT	outpatient			3199		1198.81 Americare	Americare		2399.25	75			589.16		3039.05 percent of total billed charges	
DSTRC W/W/O RAD MONTR;HYPGSTR	64681	CPT	outpatient			3199		1198.81 Amerihealth	HMO/PPO		2079.35	65			589.16		3039.05 percent of total billed charges	
DSTRC W/W/O RAD MONTR;HYPGSTR	64681	CPT	outpatient			3199		1198.81 Amerihealth	Medicare		1042.44				589.16		3039.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTRC W/W/O RAD MONTR;HYPGSTR	64681	CPT	outpatient			3199		1198.81 Consumer	Consumer		3039.05	95			589.16		3039.05 percent of total billed charges	
DSTRC W/W/O RAD MONTR;HYPGSTR	64681	CPT	outpatient			3199		1198.81 Corrections	Corrections		2559.2	80			589.16		3039.05 percent of total billed charges	
DSTRC W/W/O RAD MONTR;HYPGSTR	64681	CPT	outpatient			3199		1198.81 First Health	First Health		2239.3	70			589.16		3039.05 percent of total billed charges	
DSTRC W/W/O RAD MONTR;HYPGSTR	64681	CPT	outpatient			3199		1198.81 First Trenton	First Trenton		2879.1	90			589.16		3039.05 percent of total billed charges	
DSTRC W/W/O RAD MONTR;HYPGSTR	64681	CPT	outpatient			3199		1198.81 Horizon	MGD		1939.98				589.16		3039.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTRC W/W/O RAD MONTR;HYPGSTR	64681	CPT	outpatient			3199		1198.81 Horizon	Medicare Blue		1042.44				589.16		3039.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTRC W/W/O RAD MONTR;HYPGSTR	64681	CPT	outpatient			3199		1198.81 Horizon	PPO		1939.98				589.16		3039.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTRC W/W/O RAD MONTR;HYPGSTR	64681	CPT	outpatient			3199		1198.81 Horizon	Indemnity		1939.98				589.16		3039.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTRC W/W/O RAD MONTR;HYPGSTR	64681	CPT	outpatient			3199		1198.81 Horizon	NJ Health		589.16				589.16		3039.05 fee schedule	
DSTRC W/W/O RAD MONTR;HYPGSTR	64681	CPT	outpatient			3199		1198.81 Managed Care Inc	Managed Care Inc		2879.1	90			589.16		3039.05 percent of total billed charges	
DSTRC W/W/O RAD MONTR;HYPGSTR	64681	CPT	outpatient			3199		1198.81 Multiplan	Multiplan		2559.2	80			589.16		3039.05 percent of total billed charges	
DSTRC W/W/O RAD MONTR;HYPGSTR	64681	CPT	outpatient			3199		1198.81 Qualcare	Qualcare		2399.25	75			589.16		3039.05 percent of total billed charges	
DSTRC W/W/O RAD MONTR;HYPGSTR	64681	CPT	outpatient			3199		1198.81 Three Rivers	Three Rivers		3039.05	95			589.16		3039.05 percent of total billed charges	
DSTRC W/W/O RAD MONTR;HYPGSTR	64681	CPT	outpatient			3199		1198.81 UHC	Medicaid		1009.28	31.55			589.16		3039.05 percent of total billed charges	
DSTRC W/W/O RAD MONTR;HYPGSTR	64681	CPT	outpatient			3199		1198.81 UHC	Medicare		1042.44				589.16		3039.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTRC W/W/O RAD MONTR;HYPGSTR	64681	CPT	outpatient			3199		1198.81 United	Oxford		1817				589.16		3039.05 case rate	
DSTRC W/W/O RAD MONTR;HYPGSTR	64681	CPT	outpatient			3199		1198.81 United	CommercialPPO		1817				589.16		3039.05 case rate	
DSTRC W/W/O RAD MONTR;HYPGSTR	64681	CPT	outpatient			3199		1198.81 Wellcare	Medicare		1042.44				589.16		3039.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTRC W/W/O RAD MONTR;HYPGSTR	64681	CPT	outpatient			3199		1198.81 Wellcare	Medicaid		1009.28	31.55			589.16		3039.05 percent of total billed charges	
DSTRC W/W/O RAD MONTR;HYPGSTR	64681	CPT	outpatient			3199		1198.81 WellPoint	WellPoint		1029.44	32.18			589.16		3039.05 percent of total billed charges	
SUTURE, DIG NERVE, H/F, 1 NERVE	64831	CPT	outpatient			6889		2539.41 Aetna	Better Health		2173.48	31.55			433		6544.55 percent of total billed charges	
SUTURE, DIG NERVE, H/F, 1 NERVE	64831	CPT	outpatient			6889		2539.41 Aetna	Commercial		3515.42				433		6544.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE, DIG NERVE, H/F, 1 NERVE	64831	CPT	outpatient			6889		2539.41 Aetna	Medicare		2208.18				433		6544.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE, DIG NERVE, H/F, 1 NERVE	64831	CPT	outpatient			6889		2539.41 Americare	Americare		5166.75	75			433		6544.55 percent of total billed charges	
SUTURE, DIG NERVE, H/F, 1 NERVE	64831	CPT	outpatient			6889		2539.41 Amerihealth	HMO/PPO		4477.85	65			433		6544.55 percent of total billed charges	
SUTURE, DIG NERVE, H/F, 1 NERVE	64831	CPT	outpatient			6889		2539.41 Amerihealth	Medicare		2208.18				433		6544.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE, DIG NERVE, H/F, 1 NERVE	64831	CPT	outpatient			6889		2539.41 Consumer	Consumer		6544.55	95			433		6544.55 percent of total billed charges	
SUTURE, DIG NERVE, H/F, 1 NERVE	64831	CPT	outpatient			6889		2539.41 Corrections	Corrections		5511.2	80			433		6544.55 percent of total billed charges	
SUTURE, DIG NERVE, H/F, 1 NERVE	64831	CPT	outpatient			6889		2539.41 First Health	First Health		4822.3	70			433		6544.55 percent of total billed charges	
SUTURE, DIG NERVE, H/F, 1 NERVE	64831	CPT	outpatient			6889		2539.41 First Trenton	First Trenton		6200.1	90			433		6544.55 percent of total billed charges	
SUTURE, DIG NERVE, H/F, 1 NERVE	64831	CPT	outpatient			6889		2539.41 Horizon	Indemnity		4109.42				433		6544.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE, DIG NERVE, H/F, 1 NERVE	64831	CPT	outpatient			6889		2539.41 Horizon	MGD		4109.42				433		6544.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE, DIG NERVE, H/F, 1 NERVE	64831	CPT	outpatient			6889		2539.41 Horizon	NJ Health		433				433		6544.55 fee schedule	
SUTURE, DIG NERVE, H/F, 1 NERVE	64831	CPT	outpatient			6889		2539.41 Horizon	Medicare Blue		2208.18				433		6544.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE, DIG NERVE, H/F, 1 NERVE	64831	CPT	outpatient			6889		2539.41 Horizon	PPO		4109.42				433		6544.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE, DIG NERVE, H/F, 1 NERVE	64831	CPT	outpatient			6889		2539.41 Managed Care Inc	Managed Care Inc		6200.1	90			433		6544.55 percent of total billed charges	
SUTURE, DIG NERVE, H/F, 1 NERVE	64831	CPT	outpatient			6889		2539.41 Multiplan	Multiplan		5511.2	80			433		6544.55 percent of total billed charges	
SUTURE, DIG NERVE, H/F, 1 NERVE	64831	CPT	outpatient			6889		2539.41 Qualcare	Qualcare		5166.75	75			433		6544.55 percent of total billed charges	
SUTURE, DIG NERVE, H/F, 1 NERVE	64831	CPT	outpatient			6889		2539.41 Three Rivers	Three Rivers		6544.55	95			433		6544.55 percent of total billed charges	
SUTURE, DIG NERVE, H/F, 1 NERVE	64831	CPT	outpatient			6889		2539.41 UHC	Medicaid		2173.48	31.55			433		6544.55 percent of total billed charges	
SUTURE, DIG NERVE, H/F, 1 NERVE	64831	CPT	outpatient			6889		2539.41 UHC	Medicare		2208.18				433		6544.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE, DIG NERVE, H/F, 1 NERVE	64831	CPT	outpatient			6889		2539.41 United	CommercialPPO		3492				433		6544.55 case rate	
SUTURE, DIG NERVE, H/F, 1 NERVE	64831	CPT	outpatient			6889		2539.41 United	Oxford		3492				433		6544.55 case rate	
SUTURE, DIG NERVE, H/F, 1 NERVE	64831	CPT	outpatient			6889		2539.41 Wellcare	Medicare		2208.18				433		6544.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE, DIG NERVE, H/F, 1 NERVE	64831	CPT	outpatient			6889		2539.41 Wellcare	Medicaid		2173.48	31.55			433		6544.55 percent of total billed charges	
SUTURE, DIG NERVE, H/F, 1 NERVE	64831	CPT	outpatient			6889		2539.41 WellPoint	WellPoint		2216.88	32.18			433		6544.55 percent of total billed charges	
SUTURE 1 NERVE HAND/FOOT	64834	CPT	outpatient			8986		8761.3 Aetna	Commercial		12126.68				575.51		14178.07 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE 1 NERVE HAND/FOOT	64834	CPT	outpatient			8986		8761.3 Aetna	Better Health		2835.08	31.55			575.51		14178.07 percent of total billed charges	
SUTURE 1 NERVE HAND/FOOT	64834	CPT	outpatient			8986		8761.3 Aetna	Medicare		7618.52				575.51		14178.07 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE 1 NERVE HAND/FOOT	64834	CPT	outpatient			8986		8761.3 Americare	Americare		6739.5	75			575.51		14178.07 percent of total billed charges	
SUTURE 1 NERVE HAND/FOOT	64834	CPT	outpatient			8986		8761.3 Amerihealth	HMO/PPO		5840.9	65			575.51		14178.07 percent of total billed charges	
SUTURE 1 NERVE HAND/FOOT	64834	CPT	outpatient			8986		8761.3 Amerihealth	Medicare		7618.52				575.51		14178.07 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE 1 NERVE HAND/FOOT	64834	CPT	outpatient			8986		8761.3 Consumer	Consumer		8536.7	95			575.51		14178.07 percent of total billed charges	
SUTURE 1 NERVE HAND/FOOT	64834	CPT	outpatient			8986		8761.3 Corrections	Corrections		7188.8	80			575.51		14178.07 percent of total billed charges	
SUTURE 1 NERVE HAND/FOOT	64834	CPT	outpatient			8986		8761.3 First Health	First Health		6290.2	70			575.51		14178.07 percent of total billed charges	
SUTURE 1 NERVE HAND/FOOT	64834	CPT	outpatient			8986		8761.3 First Trenton	First Trenton		8087.4	90			575.51		14178.07 percent of total billed charges	
SUTURE 1 NERVE HAND/FOOT	64834	CPT	outpatient			8986		8761.3 Horizon	Indemnity		14178.07				575.51		14178.07 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE 1 NERVE HAND/FOOT	64834	CPT	outpatient			8986		8761.3 Horizon	NJ Health		575.51				575.51		14178.07 fee schedule	
SUTURE 1 NERVE HAND/FOOT	64834	CPT	outpatient			8986		8761.3 Horizon	MGD		14178.07				575.51		14178.07 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE 1 NERVE HAND/FOOT	64834	CPT	outpatient			8986		8761.3 Horizon	Medicare Blue		7618.52				575.51		14178.07 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE 1 NERVE HAND/FOOT	64834	CPT	outpatient			8986		8761.3 Horizon	PPO		14178.07				575.51		14178.07 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE 1 NERVE HAND/FOOT	64834	CPT	outpatient			8986		8761.3 Managed Care Inc	Managed Care Inc		8087.4	90			575.51		14178.07 percent of total billed charges	
SUTURE 1 NERVE HAND/FOOT	64834	CPT	outpatient			8986		8761.3 Multiplan	Multiplan		7188.8	80			575.51		14178.07 percent of total billed charges	
SUTURE 1 NERVE HAND/FOOT	64834	CPT	outpatient			8986		8

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
SUTURE 1 NERVE HAND/FOOT	64834	CPT	outpatient			8986		8761.3 Three Rivers	Three Rivers		8536.7				575.51	14178.07	percent of total billed charges	
SUTURE 1 NERVE HAND/FOOT	64834	CPT	outpatient			8986		8761.3 UHC	Medicaid		2835.08	31.55			575.51	14178.07	percent of total billed charges	
SUTURE 1 NERVE HAND/FOOT	64834	CPT	outpatient			8986		8761.3 UHC	Medicare		7618.52				575.51	14178.07	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE 1 NERVE HAND/FOOT	64834	CPT	outpatient			8986		8761.3 United	Commercial|PPO		6362				575.51	14178.07	case rate	
SUTURE 1 NERVE HAND/FOOT	64834	CPT	outpatient			8986		8761.3 United	Oxford		6362				575.51	14178.07	case rate	
SUTURE 1 NERVE HAND/FOOT	64834	CPT	outpatient			8986		8761.3 Wellcare	Medicare		7618.52				575.51	14178.07	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE 1 NERVE HAND/FOOT	64834	CPT	outpatient			8986		8761.3 Wellcare	Medicaid		2835.08	31.55			575.51	14178.07	percent of total billed charges	
SUTURE 1 NERVE HAND/FOOT	64834	CPT	outpatient			8986		8761.3 WellPoint	WellPoint		2891.69	32.18			575.51	14178.07	percent of total billed charges	
SUTURE 1 NERVE MEDIAN MOTOR TH	64835	CPT	outpatient			22321		8761.3 Aetna	Commercial		12128.68				866	21204.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE 1 NERVE MEDIAN MOTOR TH	64835	CPT	outpatient			22321		8761.3 Aetna	Medicare		7618.52				866	21204.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE 1 NERVE MEDIAN MOTOR TH	64835	CPT	outpatient			22321		8761.3 Aetna	Better Health		7042.28	31.55			866	21204.95	percent of total billed charges	
SUTURE 1 NERVE MEDIAN MOTOR TH	64835	CPT	outpatient			22321		8761.3 Americare	Americare		16740.75	75			866	21204.95	percent of total billed charges	
SUTURE 1 NERVE MEDIAN MOTOR TH	64835	CPT	outpatient			22321		8761.3 Amerihealth	HMO|PPO		14508.65	65			866	21204.95	percent of total billed charges	
SUTURE 1 NERVE MEDIAN MOTOR TH	64835	CPT	outpatient			22321		8761.3 Amerihealth	Medicare		7618.52				866	21204.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE 1 NERVE MEDIAN MOTOR TH	64835	CPT	outpatient			22321		8761.3 Consumer	Consumer		21204.95	95			866	21204.95	percent of total billed charges	
SUTURE 1 NERVE MEDIAN MOTOR TH	64835	CPT	outpatient			22321		8761.3 Corrections	Corrections		17856.8	80			866	21204.95	percent of total billed charges	
SUTURE 1 NERVE MEDIAN MOTOR TH	64835	CPT	outpatient			22321		8761.3 First Health	First Health		15624.7	70			866	21204.95	percent of total billed charges	
SUTURE 1 NERVE MEDIAN MOTOR TH	64835	CPT	outpatient			22321		8761.3 First Trenton	First Trenton		20088.9	90			866	21204.95	percent of total billed charges	
SUTURE 1 NERVE MEDIAN MOTOR TH	64835	CPT	outpatient			22321		8761.3 Horizon	Indemnity		14178.07				866	21204.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE 1 NERVE MEDIAN MOTOR TH	64835	CPT	outpatient			22321		8761.3 Horizon	MGD		14178.07				866	21204.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE 1 NERVE MEDIAN MOTOR TH	64835	CPT	outpatient			22321		8761.3 Horizon	Medicare Blue		7618.52				866	21204.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE 1 NERVE MEDIAN MOTOR TH	64835	CPT	outpatient			22321		8761.3 Horizon	NJ Health		866				866	21204.95	fee schedule	
SUTURE 1 NERVE MEDIAN MOTOR TH	64835	CPT	outpatient			22321		8761.3 Horizon	PPO		14178.07				866	21204.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE 1 NERVE MEDIAN MOTOR TH	64835	CPT	outpatient			22321		8761.3 Managed Care Inc	Managed Care Inc		20088.9	90			866	21204.95	percent of total billed charges	
SUTURE 1 NERVE MEDIAN MOTOR TH	64835	CPT	outpatient			22321		8761.3 Multiplan	Multiplan		17856.8	80			866	21204.95	percent of total billed charges	
SUTURE 1 NERVE MEDIAN MOTOR TH	64835	CPT	outpatient			22321		8761.3 Qualcare	Qualcare		16740.75	75			866	21204.95	percent of total billed charges	
SUTURE 1 NERVE MEDIAN MOTOR TH	64835	CPT	outpatient			22321		8761.3 Three Rivers	Three Rivers		21204.95	95			866	21204.95	percent of total billed charges	
SUTURE 1 NERVE MEDIAN MOTOR TH	64835	CPT	outpatient			22321		8761.3 UHC	Medicare		7618.52				866	21204.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE 1 NERVE MEDIAN MOTOR TH	64835	CPT	outpatient			22321		8761.3 UHC	Medicaid		7042.28	31.55			866	21204.95	percent of total billed charges	
SUTURE 1 NERVE MEDIAN MOTOR TH	64835	CPT	outpatient			22321		8761.3 United	Oxford		6362				866	21204.95	case rate	
SUTURE 1 NERVE MEDIAN MOTOR TH	64835	CPT	outpatient			22321		8761.3 United	Commercial|PPO		6362				866	21204.95	case rate	
SUTURE 1 NERVE MEDIAN MOTOR TH	64835	CPT	outpatient			22321		8761.3 Wellcare	Medicare		7618.52				866	21204.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE 1 NERVE MEDIAN MOTOR TH	64835	CPT	outpatient			22321		8761.3 Wellcare	Medicaid		7042.28	31.55			866	21204.95	percent of total billed charges	
SUTURE 1 NERVE MEDIAN MOTOR TH	64835	CPT	outpatient			22321		8761.3 WellPoint	WellPoint		7162.9	32.18			866	21204.95	percent of total billed charges	
SUTURE FACE NERVE;EXTRACRANIAL	64864	CPT	outpatient			14727		8761.3 Aetna	Commercial		12128.68				1028.34	14178.07	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE FACE NERVE;EXTRACRANIAL	64864	CPT	outpatient			14727		8761.3 Aetna	Better Health		4646.37	31.55			1028.34	14178.07	percent of total billed charges	
SUTURE FACE NERVE;EXTRACRANIAL	64864	CPT	outpatient			14727		8761.3 Aetna	Medicare		7618.52				1028.34	14178.07	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE FACE NERVE;EXTRACRANIAL	64864	CPT	outpatient			14727		8761.3 Americare	Americare		11045.25	75			1028.34	14178.07	percent of total billed charges	
SUTURE FACE NERVE;EXTRACRANIAL	64864	CPT	outpatient			14727		8761.3 Amerihealth	Medicare		7618.52				1028.34	14178.07	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE FACE NERVE;EXTRACRANIAL	64864	CPT	outpatient			14727		8761.3 Amerihealth	HMO|PPO		9572.55	65			1028.34	14178.07	percent of total billed charges	
SUTURE FACE NERVE;EXTRACRANIAL	64864	CPT	outpatient			14727		8761.3 Consumer	Consumer		13990.65	95			1028.34	14178.07	percent of total billed charges	
SUTURE FACE NERVE;EXTRACRANIAL	64864	CPT	outpatient			14727		8761.3 Corrections	Corrections		11781.6	80			1028.34	14178.07	percent of total billed charges	
SUTURE FACE NERVE;EXTRACRANIAL	64864	CPT	outpatient			14727		8761.3 First Health	First Health		10308.9	70			1028.34	14178.07	percent of total billed charges	
SUTURE FACE NERVE;EXTRACRANIAL	64864	CPT	outpatient			14727		8761.3 First Trenton	First Trenton		13254.3	90			1028.34	14178.07	percent of total billed charges	
SUTURE FACE NERVE;EXTRACRANIAL	64864	CPT	outpatient			14727		8761.3 Horizon	Medicare Blue		7618.52				1028.34	14178.07	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE FACE NERVE;EXTRACRANIAL	64864	CPT	outpatient			14727		8761.3 Horizon	Indemnity		14178.07				1028.34	14178.07	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE FACE NERVE;EXTRACRANIAL	64864	CPT	outpatient			14727		8761.3 Horizon	MGD		14178.07				1028.34	14178.07	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE FACE NERVE;EXTRACRANIAL	64864	CPT	outpatient			14727		8761.3 Horizon	PPO		14178.07				1028.34	14178.07	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE FACE NERVE;EXTRACRANIAL	64864	CPT	outpatient			14727		8761.3 Horizon	NJ Health		1028.34				1028.34	14178.07	fee schedule	
SUTURE FACE NERVE;EXTRACRANIAL	64864	CPT	outpatient			14727		8761.3 Managed Care Inc	Managed Care Inc		13254.3	90			1028.34	14178.07	percent of total billed charges	
SUTURE FACE NERVE;EXTRACRANIAL	64864	CPT	outpatient			14727		8761.3 Multiplan	Multiplan		11781.6	80			1028.34	14178.07	percent of total billed charges	
SUTURE FACE NERVE;EXTRACRANIAL	64864	CPT	outpatient			14727		8761.3 Qualcare	Qualcare		11045.25	75			1028.34	14178.07	percent of total billed charges	
SUTURE FACE NERVE;EXTRACRANIAL	64864	CPT	outpatient			14727		8761.3 Three Rivers	Three Rivers		13990.65	95			1028.34	14178.07	percent of total billed charges	
SUTURE FACE NERVE;EXTRACRANIAL	64864	CPT	outpatient			14727		8761.3 UHC	Medicare		7618.52				1028.34	14178.07	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE FACE NERVE;EXTRACRANIAL	64864	CPT	outpatient			14727		8761.3 UHC	Medicaid		4646.37	31.55			1028.34	14178.07	percent of total billed charges	
SUTURE FACE NERVE;EXTRACRANIAL	64864	CPT	outpatient			14727		8761.3 United	Commercial|PPO		6362				1028.34	14178.07	case rate	
SUTURE FACE NERVE;EXTRACRANIAL	64864	CPT	outpatient			14727		8761.3 United	Oxford		6362				1028.34	14178.07	case rate	
SUTURE FACE NERVE;EXTRACRANIAL	64864	CPT	outpatient			14727		8761.3 Wellcare	Medicare		7618.52				1028.34	14178.07	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE FACE NERVE;EXTRACRANIAL	64864	CPT	outpatient			14727		8761.3 Wellcare	Medicaid		4646.37	31.55			1028.34	14178.07	percent of total billed charges	
SUTURE FACE NERVE;EXTRACRANIAL	64864	CPT	outpatient			14727		8761.3 WellPoint	WellPoint		4739.15	32.18			1028.34	14178.07	percent of total billed charges	
UNLISTED PROC, NERVOUS SYSTEM	64999	CPT	outpatient			1045		389.55 Aetna	Medicare		338.74				216.12	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC, NERVOUS SYSTEM	64999	CPT	outpatient			1045		389.55 Aetna	Better Health		329.7	31.55			216.12	1782	percent of total billed charges	
UNLISTED PROC, NERVOUS SYSTEM	64999	CPT	outpatient			1045		389.55 Aetna	Commercial		539.27				216.12	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC, NERVOUS SYSTEM	64999	CPT	outpatient			1045		389.55 Americare	Americare		783.75	75			216.12	1782	percent of total billed charges	
UNLISTED PROC, NERVOUS SYSTEM	64999	CPT	outpatient			1045		389.55 Amerihealth	Medicare		338.74				216.12	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC, NERVOUS SYSTEM	64999	CPT	outpatient			1045		389.55 Amerihealth	HMO|PPO		679.25	65			216.12	1782	percent of total billed charges	
UNLISTED PROC, NERVOUS SYSTEM	64999	CPT	outpatient			1045		389.55 Consumer	Consumer		992.75	95			216.12	1782	percent of total billed charges	
UNLISTED PROC, NERVOUS SYSTEM	64999	CPT	outpatient			1045		389.55 Corrections	Corrections		836	80			216.12	1782	percent of total billed charges	
UNLISTED PROC, NERVOUS SYSTEM	64999	CPT	outpatient			1045		389.55 First Health	First Health		731.5	70			216.12	1782	percent of total billed charges	
UNLISTED PROC, NERVOUS SYSTEM	64999	CPT	outpatient			1045		389.55 First Trenton	First Trenton		940.5	90			216.12	1782	percent of total billed charges	
UNLISTED PROC, NERVOUS SYSTEM	64999	CPT	outpatient			1045		389.55 Horizon	MGD		630.4				216.12	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC, NERVOUS SYSTEM	64999	CPT	outpatient			1045		389.55 Horizon	Indemnity		630.4				216.12	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC, NERVOUS SYSTEM	64999	CPT	outpatient			1045		389.55 Horizon	Medicare Blue		338.74				216.12	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC, NERVOUS SYSTEM	64999	CPT	outpatient			1045		389.55 Horizon	PPO		630.4				216.12	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC, NERVOUS SYSTEM	64999	CPT	outpatient			1045		389.55 Managed Care Inc	Managed Care Inc		940.5	90			216.12	1782	percent of total billed charges	
UNLISTED PROC, NERVOUS SYSTEM	64999	CPT	outpatient			1045		389.55 Multiplan	Multiplan		836	80			216.12	1782	percent of total billed charges	
UNLISTED PROC, NERVOUS SYSTEM	64999	CPT	outpatient			1045		389.55 Qualcare	Qualcare		783.75	75			216.12	1782	percent of total billed charges	
UNLISTED PROC, NERVOUS SYSTEM	64999	CPT	outpatient			1045		389.55 Three Rivers	Three Rivers		992.75	95			216.12	1782	percent of total billed charges	
UNLISTED PROC, NERVOUS SYSTEM	64999	CPT	outpatient			1045		389.55 UHC	Medicaid		329.7	31.55			216.12	1782	percent of total billed charges	
UNLISTED PROC, NERVOUS SYSTEM	64999	CPT	outpatient			1045		389.55 UHC	Medicare		338.74				216.12	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC, NERVOUS SYSTEM	64999	CPT	outpatient			1045		389.55 United	CommercialIPPO		1782				216.12	1782	case rate	
UNLISTED PROC, NERVOUS SYSTEM	64999	CPT	outpatient			1045		389.55 United	Oxford		1782				216.12	1782	case rate	
UNLISTED PROC, NERVOUS SYSTEM	64999	CPT	outpatient			1045		389.55 Wellcare	Medicaid		329.7	31.55			216.12	1782	percent of total billed charges	
UNLISTED PROC, NERVOUS SYSTEM	64999	CPT	outpatient			1045		389.55 Wellcare	Medicare		338.74				216.12	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC, NERVOUS SYSTEM	64999	CPT	outpatient			1045		389.55 WellPoint	WellPoint		336.28	32.18			216.12	1782	percent of total billed charges	
REMOVAL FB EXT EYE CONJ SPERFIC	65205	CPT	outpatient			424		168 Aetna	Commercial		232.58				58.46	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL FB EXT EYE CONJ SPERFIC	65205	CPT	outpatient			424		168 Aetna	Medicare		130.59	30.8			58.46	1782	percent of total billed charges	
REMOVAL FB EXT EYE CONJ SPERFIC	65205	CPT	outpatient			424		168 Aetna	Better Health		133.77	31.55			58.46	1782	percent of total billed charges	
REMOVAL FB EXT EYE CONJ SPERFIC	65205	CPT	outpatient			424		168 Americare	Americare		318	75			58.46	1782	percent of total billed charges	
REMOVAL FB EXT EYE CONJ SPERFIC	65205	CPT	outpatient			424		168 Amerihealth	HMO|PPO		275.6	65			58.46	1782	percent of total billed charges	
REMOVAL FB EXT EYE CONJ SPERFIC	65205	CPT	outpatient			424		168 Amerihealth	Medicare		146.09				58.46	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL FB EXT EYE CONJ SPERFIC	65205	CPT	outpatient			424		168 Consumer	Consumer		402.8	95			58.46	1782	percent of total billed charges	
REMOVAL FB EXT EYE CONJ SPERFIC	65205	CPT	outpatient			424		168 Corrections	Corrections		339.2	80			58.46	1782	percent of total billed charges	
REMOVAL FB EXT EYE CONJ SPERFIC	65205	CPT	outpatient			424		168 First Health	First Health		296.8	70			58.46	1782	percent of total billed charges	
REMOVAL FB EXT EYE CONJ SPERFIC	65205	CPT	outpatient			424		168 First Trenton	First Trenton		381.6	90			58.46	1782	percent of total billed charges	
REMOVAL FB EXT EYE CONJ SPERFIC	65205	CPT	outpatient			424		168 Horizon	NJ Health		58.46				58.46	1782	fee schedule	
REMOVAL FB EXT EYE CONJ SPERFIC	65205	CPT	outpatient			424		168 Horizon	Medicare Blue		146.09				58.46	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL FB EXT EYE CONJ SPERFIC	65205	CPT	outpatient			424		168 Horizon	MGD		271.87				58.46	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL FB EXT EYE CONJ SPERFIC	65205	CPT	outpatient			424		168 Horizon	Indemnity		271.87				58.46	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL FB EXT EYE CONJ SPERFIC	65205	CPT	outpatient			424		168 Horizon	PPO		271.87				58.46	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL FB EXT EYE CONJ SPERFIC	65205	CPT	outpatient			424		168 Managed Care Inc	Managed Care Inc		381.6	90			58.46	1782	percent of total billed charges	
REMOVAL FB EXT EYE CONJ SPERFIC	65205	CPT	outpatient			424		168 Multiplan	Multiplan		339.2	80			58.46	1782	percent of total billed charges	
REMOVAL FB EXT EYE CONJ SPERFIC	65205	CPT	outpatient			424		168 Qualcare	Qualcare		318	75			58.46	1782	percent of total billed charges	
REMOVAL FB EXT EYE CONJ SPERFIC	65205	CPT	outpatient			424		168 Three Rivers	Three Rivers		402.8	95			58.46	1782	percent of total billed charges	
REMOVAL FB EXT EYE CONJ SPERFIC	65205	CPT	outpatient			424		168 UHC	Medicaid		133.77	31.55			58.46	1782	percent of total billed charges	
REMOVAL FB EXT EYE CONJ SPERFIC	65205	CPT	outpatient			424		168 UHC	Medicare		146.09				58.46	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL FB EXT EYE CONJ SPERFIC	65205	CPT	outpatient			424		168 United	Oxford		1782				58.46	1782	case rate	
REMOVAL FB EXT EYE CONJ SPERFIC	65205	CPT	outpatient			424		168 United	CommercialIPPO		1782				58.46	1782	case rate	
REMOVAL FB EXT EYE CONJ SPERFIC	65205	CPT	outpatient			424		168 Wellcare	Medicaid		133.77	31.55			58.46	1782	percent of total billed charges	
REMOVAL FB EXT EYE CONJ SPERFIC	65205	CPT	outpatient			424		168 Wellcare	Medicare		146.09				58.46	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL FB EXT EYE CONJ SPERFIC	65205	CPT	outpatient			424		168 WellPoint	WellPoint		136.44	32.18			58.46	1782	percent of total billed charges	
REMOVAL FB EXT EYE CONJ EMBEDD	65210	CPT	outpatient			1379		524.04 Aetna	Commercial		725.46				83.52	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL FB EXT EYE CONJ EMBEDD	65210	CPT	outpatient			1379		524.04 Aetna	Better Health		435.07	31.55			83.52	1782	percent of total billed charges	
REMOVAL FB EXT EYE CONJ EMBEDD	65210	CPT	outpatient			1379		524.04 Aetna	Medicare		455.69				83.52	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL FB EXT EYE CONJ EMBEDD	65210	CPT	outpatient			1379		524.04 Americare	Americare		1034.25	75			83.52	1782	percent of total billed charges	
REMOVAL FB EXT EYE CONJ EMBEDD	65210	CPT	outpatient			1379		524.04 Amerihealth	HMO|PPO		896.35	65			83.52	1782	percent of total billed charges	
REMOVAL FB EXT EYE CONJ EMBEDD	65210	CPT	outpatient			1379		524.04 Amerihealth	Medicare		455.69				83.52	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL FB EXT EYE CONJ EMBEDD	65210	CPT	outpatient			1379		524.04 Consumer	Consumer		1310.05	95			83.52	1782	percent of total billed charges	
REMOVAL FB EXT EYE CONJ EMBEDD	65210	CPT	outpatient			1379		524.04 Corrections	Corrections		1103.2	80			83.52	1782	percent of total billed charges	
REMOVAL FB EXT EYE CONJ EMBEDD	65210	CPT	outpatient			1379		524.04 First Health	First Health		965.3	70			83.52	1782	percent of total billed charges	
REMOVAL FB EXT EYE CONJ EMBEDD	65210	CPT	outpatient			1379		524.04 First Trenton	First Trenton		1241.1	90			83.52	1782	percent of total billed charges	
REMOVAL FB EXT EYE CONJ EMBEDD	65210	CPT	outpatient			1379		524.04 Horizon	NJ Health		83.52				83.52	1782	fee schedule	
REMOVAL FB EXT EYE CONJ EMBEDD	65210	CPT	outpatient			1379		524.04 Horizon	MGD		848.04				83.52	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL FB EXT EYE CONJ EMBEDD	65210	CPT	outpatient			1379		524.04 Horizon	Indemnity		848.04				83.52	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL FB EXT EYE CONJ EMBEDD	65210	CPT	outpatient			1379		524.04 Horizon	PPO		848.04				83.52	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL FB EXT EYE CONJ EMBEDD	65210	CPT	outpatient			1379		524.04 Horizon	Medicare Blue		455.69				83.52	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL FB EXT EYE CONJ EMBEDD	65210	CPT	outpatient			1379		524.04 Managed Care Inc	Managed Care Inc		1241.1	90			83.52	1782	percent of total billed charges	
REMOVAL FB EXT EYE CONJ EMBEDD	65210	CPT	outpatient			1379		524.04 Multiplan	Multiplan		1103.2	80			83.52	1782	percent of total billed charges	
REMOVAL FB EXT EYE CONJ EMBEDD	65210	CPT	outpatient			1379		524.04 Qualcare	Qualcare		1034.25	75			83.52	1782	percent of total billed charges	
REMOVAL FB EXT EYE CONJ EMBEDD	65210	CPT	outpatient			1379		524.04 Three Rivers	Three Rivers		1310.05	95			83.52	1782	percent of total billed charges	
REMOVAL FB EXT EYE CONJ EMBEDD	65210	CPT	outpatient			1379		524.04 UHC	Medicaid		435.07	31.55			83.52	1782	percent of total billed charges	
REMOVAL FB EXT EYE CONJ EMBEDD	65210	CPT	outpatient			1379		524.04 UHC	Medicare		455.69				83.52	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL FB EXT EYE CONJ EMBEDD	65210	CPT	outpatient			1379		524.04 United	CommercialIPPO		1782				83.52	1782	case rate	
REMOVAL FB EXT EYE CONJ EMBEDD	65210	CPT	outpatient			1379		524.04 United	Oxford		1782				83.52	1782	case rate	
REMOVAL FB EXT EYE CONJ EMBEDD	65210	CPT	outpatient			1379		524.04 Wellcare	Medicaid		435.07	31.55			83.52	1782	percent of total billed charges	
REMOVAL FB EXT EYE CONJ EMBEDD	65210	CPT	outpatient			1379		524.04 Wellcare	Medicare		455.69				83.52	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL FB EXT EYE CONJ EMBEDD	65210	CPT	outpatient			1379		524.04 WellPoint	WellPoint		443.76	32.18			83.52	1782	percent of total billed charges	
RMVL FB EXT EYE CORNEAL W/O SLIT	65220	CPT	outpatient			1379		524.04 Aetna	Commercial		725.46				83.52	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL FB EXT EYE CORNEAL W/O SLIT	65220	CPT	outpatient			1379		524.04 Aetna	Medicare		455.69				83.52	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL FB EXT EYE CORNEAL W/O SLIT	65220	CPT	outpatient			1379		524.04 Aetna	Better Health		435.07	31.55			83.52	1782	percent of total billed charges	
RMVL FB EXT EYE CORNEAL W/O SLIT	65220	CPT	outpatient			1379		524.04 Americare	Americare		1034.25	75			83.52	1782	percent of total billed charges	
RMVL FB EXT EYE CORNEAL W/O SLIT	65220	CPT	outpatient			1379		524.04 Amerihealth	Medicare		455.69				83.52	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL FB EXT EYE CORNEAL W/O SLIT	65220	CPT	outpatient			1379		524.04 Amerihealth	HMO|PPO		896.35	65			83.52	1782	percent of total billed charges	
RMVL FB EXT EYE CORNEAL W/O SLIT	65220	CPT	outpatient			1379		524.04 Consumer	Consumer		1310.05	95			83.52	1782	percent of total billed charges	
RMVL FB EXT EYE CORNEAL W/O SLIT	65220	CPT	outpatient			1379		524.04 Corrections	Corrections		1103.2	80			83.52	1782	percent of total billed charges	
RMVL FB EXT EYE CORNEAL W/O SLIT	65220	CPT	outpatient			1379		524.04 First Health	First Health		965.3	70			83.52	1782	percent of total billed charges	
RMVL FB EXT EYE CORNEAL W/O SLIT	65220	CPT	outpatient			1379		524.04 First Trenton	First Trenton		1241.1	90			83.52	1782	percent of total billed charges	
RMVL FB EXT EYE CORNEAL W/O SLIT	65220	CPT	outpatient			1379		524.04 Horizon	Indemnity		848.04				83.52	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
RMVL FB EXT EYE CORNEAL WO SLIT	65220	CPT	outpatient			1379		524.04 Horizon	NJ Health		83.52				83.52		1782 fee schedule	
RMVL FB EXT EYE CORNEAL WO SLIT	65220	CPT	outpatient			1379		524.04 Horizon	PPO		848.04				83.52		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL FB EXT EYE CORNEAL WO SLIT	65220	CPT	outpatient			1379		524.04 Horizon	Medicare Blue		455.69				83.52		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL FB EXT EYE CORNEAL WO SLIT	65220	CPT	outpatient			1379		524.04 Horizon	MGD		848.04				83.52		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL FB EXT EYE CORNEAL WO SLIT	65220	CPT	outpatient			1379		524.04 Managed Care Inc	Managed Care Inc		1241.1	90			83.52		1782 percent of total billed charges	
RMVL FB EXT EYE CORNEAL WO SLIT	65220	CPT	outpatient			1379		524.04 Multiplan	Multiplan		1103.2	80			83.52		1782 percent of total billed charges	
RMVL FB EXT EYE CORNEAL WO SLIT	65220	CPT	outpatient			1379		524.04 Qualcare	Qualcare		1034.25	75			83.52		1782 percent of total billed charges	
RMVL FB EXT EYE CORNEAL WO SLIT	65220	CPT	outpatient			1379		524.04 Three Rivers	Three Rivers		1310.05	95			83.52		1782 percent of total billed charges	
RMVL FB EXT EYE CORNEAL WO SLIT	65220	CPT	outpatient			1379		524.04 UHC	Medicare		455.69				83.52		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL FB EXT EYE CORNEAL WO SLIT	65220	CPT	outpatient			1379		524.04 UHC	Medicaid		435.07	31.55			83.52		1782 percent of total billed charges	
RMVL FB EXT EYE CORNEAL WO SLIT	65220	CPT	outpatient			1379		524.04 United	Commercial|PPO		1782				83.52		1782 case rate	
RMVL FB EXT EYE CORNEAL WO SLIT	65220	CPT	outpatient			1379		524.04 United	Oxford		1782				83.52		1782 case rate	
RMVL FB EXT EYE CORNEAL WO SLIT	65220	CPT	outpatient			1379		524.04 Wellcare	Medicare		455.69				83.52		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL FB EXT EYE CORNEAL WO SLIT	65220	CPT	outpatient			1379		524.04 Wellcare	Medicaid		435.07	31.55			83.52		1782 percent of total billed charges	
RMVL FB EXT EYE CORNEAL WO SLIT	65220	CPT	outpatient			1379		524.04 WellPoint	WellPoint		443.76	32.18			83.52		1782 percent of total billed charges	
RMVL FB EXT EYE CORNEAL W SLIT	65222	CPT	outpatient			424		168 Aetna	Medicare		146.09				110.74		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL FB EXT EYE CORNEAL W SLIT	65222	CPT	outpatient			424		168 Aetna	Commercial		232.58				110.74		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL FB EXT EYE CORNEAL W SLIT	65222	CPT	outpatient			424		168 Aetna	Better Health		133.77	31.55			110.74		1782 percent of total billed charges	
RMVL FB EXT EYE CORNEAL W SLIT	65222	CPT	outpatient			424		168 Americare	Americare		318	75			110.74		1782 percent of total billed charges	
RMVL FB EXT EYE CORNEAL W SLIT	65222	CPT	outpatient			424		168 Amerihealth	HMO|PPO		275.6	65			110.74		1782 percent of total billed charges	
RMVL FB EXT EYE CORNEAL W SLIT	65222	CPT	outpatient			424		168 Amerihealth	Medicare		146.09				110.74		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL FB EXT EYE CORNEAL W SLIT	65222	CPT	outpatient			424		168 Consumer	Consumer		402.8	95			110.74		1782 percent of total billed charges	
RMVL FB EXT EYE CORNEAL W SLIT	65222	CPT	outpatient			424		168 Corrections	Corrections		339.2	80			110.74		1782 percent of total billed charges	
RMVL FB EXT EYE CORNEAL W SLIT	65222	CPT	outpatient			424		168 First Health	First Health		296.8	70			110.74		1782 percent of total billed charges	
RMVL FB EXT EYE CORNEAL W SLIT	65222	CPT	outpatient			424		168 First Trenton	First Trenton		381.6	90			110.74		1782 percent of total billed charges	
RMVL FB EXT EYE CORNEAL W SLIT	65222	CPT	outpatient			424		168 Horizon	PPO		271.87				110.74		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL FB EXT EYE CORNEAL W SLIT	65222	CPT	outpatient			424		168 Horizon	Medicare Blue		146.09				110.74		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL FB EXT EYE CORNEAL W SLIT	65222	CPT	outpatient			424		168 Horizon	MGD		271.87				110.74		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL FB EXT EYE CORNEAL W SLIT	65222	CPT	outpatient			424		168 Horizon	Indemnity		271.87				110.74		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL FB EXT EYE CORNEAL W SLIT	65222	CPT	outpatient			424		168 Horizon	NJ Health		125.28				110.74		1782 fee schedule	
RMVL FB EXT EYE CORNEAL W SLIT	65222	CPT	outpatient			424		168 Managed Care Inc	Managed Care Inc		381.6	90			110.74		1782 percent of total billed charges	
RMVL FB EXT EYE CORNEAL W SLIT	65222	CPT	outpatient			424		168 Multiplan	Multiplan		339.2	80			110.74		1782 percent of total billed charges	
RMVL FB EXT EYE CORNEAL W SLIT	65222	CPT	outpatient			424		168 Qualcare	Qualcare		318	75			110.74		1782 percent of total billed charges	
RMVL FB EXT EYE CORNEAL W SLIT	65222	CPT	outpatient			424		168 Three Rivers	Three Rivers		402.8	95			110.74		1782 percent of total billed charges	
RMVL FB EXT EYE CORNEAL W SLIT	65222	CPT	outpatient			424		168 UHC	Medicaid		133.77	31.55			110.74		1782 percent of total billed charges	
RMVL FB EXT EYE CORNEAL W SLIT	65222	CPT	outpatient			424		168 UHC	Medicare		146.09				110.74		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL FB EXT EYE CORNEAL W SLIT	65222	CPT	outpatient			424		168 United	Commercial|PPO		1782				110.74		1782 case rate	
RMVL FB EXT EYE CORNEAL W SLIT	65222	CPT	outpatient			424		168 United	Oxford		1782				110.74		1782 case rate	
RMVL FB EXT EYE CORNEAL W SLIT	65222	CPT	outpatient			424		168 Wellcare	Medicaid		133.77	31.55			110.74		1782 percent of total billed charges	
RMVL FB EXT EYE CORNEAL W SLIT	65222	CPT	outpatient			424		168 Wellcare	Medicare		146.09				110.74		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL FB EXT EYE CORNEAL W SLIT	65222	CPT	outpatient			424		168 WellPoint	WellPoint		136.44	32.18			110.74		1782 percent of total billed charges	
REMOVE FB FROM EYE	65235	CPT	outpatient			5996		3064.95 Aetna	Better Health		1891.74	31.55			641.25		5696.2 percent of total billed charges	
REMOVE FB FROM EYE	65235	CPT	outpatient			5996		3064.95 Aetna	Commercial		4242.95				641.25		5696.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE FB FROM EYE	65235	CPT	outpatient			5996		3064.95 Aetna	Medicare		2665.17				641.25		5696.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE FB FROM EYE	65235	CPT	outpatient			5996		3064.95 Americare	Americare		4497	75			641.25		5696.2 percent of total billed charges	
REMOVE FB FROM EYE	65235	CPT	outpatient			5996		3064.95 Amerihealth	HMO|PPO		3897.4	65			641.25		5696.2 percent of total billed charges	
REMOVE FB FROM EYE	65235	CPT	outpatient			5996		3064.95 Amerihealth	Medicare		2665.17				641.25		5696.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE FB FROM EYE	65235	CPT	outpatient			5996		3064.95 Consumer	Consumer		5696.2	95			641.25		5696.2 percent of total billed charges	
REMOVE FB FROM EYE	65235	CPT	outpatient			5996		3064.95 Corrections	Corrections		4796.8	80			641.25		5696.2 percent of total billed charges	
REMOVE FB FROM EYE	65235	CPT	outpatient			5996		3064.95 First Health	First Health		4197.2	70			641.25		5696.2 percent of total billed charges	
REMOVE FB FROM EYE	65235	CPT	outpatient			5996		3064.95 First Trenton	First Trenton		5396.4	90			641.25		5696.2 percent of total billed charges	
REMOVE FB FROM EYE	65235	CPT	outpatient			5996		3064.95 Horizon	NJ Health		641.25				641.25		5696.2 fee schedule	
REMOVE FB FROM EYE	65235	CPT	outpatient			5996		3064.95 Horizon	Medicare Blue		2665.17				641.25		5696.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE FB FROM EYE	65235	CPT	outpatient			5996		3064.95 Horizon	MGD		4959.88				641.25		5696.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE FB FROM EYE	65235	CPT	outpatient			5996		3064.95 Horizon	PPO		4959.88				641.25		5696.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE FB FROM EYE	65235	CPT	outpatient			5996		3064.95 Horizon	Indemnity		4959.88				641.25		5696.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE FB FROM EYE	65235	CPT	outpatient			5996		3064.95 Managed Care Inc	Managed Care Inc		5396.4	90			641.25		5696.2 percent of total billed charges	
REMOVE FB FROM EYE	65235	CPT	outpatient			5996		3064.95 Multiplan	Multiplan		4796.8	80			641.25		5696.2 percent of total billed charges	
REMOVE FB FROM EYE	65235	CPT	outpatient			5996		3064.95 Qualcare	Qualcare		4497	75			641.25		5696.2 percent of total billed charges	
REMOVE FB FROM EYE	65235	CPT	outpatient			5996		3064.95 Three Rivers	Three Rivers		5696.2	95			641.25		5696.2 percent of total billed charges	
REMOVE FB FROM EYE	65235	CPT	outpatient			5996		3064.95 UHC	Medicaid		1891.74	31.55			641.25		5696.2 percent of total billed charges	
REMOVE FB FROM EYE	65235	CPT	outpatient			5996		3064.95 UHC	Medicare		2665.17				641.25		5696.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE FB FROM EYE	65235	CPT	outpatient			5996		3064.95 United	Commercial|PPO		2776				641.25		5696.2 case rate	
REMOVE FB FROM EYE	65235	CPT	outpatient			5996		3064.95 United	Oxford		2776				641.25		5696.2 case rate	
REMOVE FB FROM EYE	65235	CPT	outpatient			5996		3064.95 Wellcare	Medicare		2665.17				641.25		5696.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE FB FROM EYE	65235	CPT	outpatient			5996		3064.95 Wellcare	Medicaid		1891.74	31.55			641.25		5696.2 percent of total billed charges	
REMOVE FB FROM EYE	65235	CPT	outpatient			5996		3064.95 WellPoint	WellPoint		1929.51	32.18			641.25		5696.2 percent of total billed charges	
REP LAC CONJUCTIVA W DIRECT CLOSURE	65270	CPT	outpatient			7704		3073.41 Aetna	Better Health		2430.61	31.55			109.62		7318.8 percent of total billed charges	
REP LAC CONJUCTIVA W DIRECT CLOSURE	65270	CPT	outpatient			7704		3073.41 Aetna	Commercial		4254.67				109.62		7318.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP LAC CONJUCTIVA W DIRECT CLOSURE	65270	CPT	outpatient			7704		3073.41 Aetna	Medicare		2672.53				109.62		7318.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP LAC CONJUCTIVA W DIRECT CLOSURE	65270	CPT	outpatient			7704		3073.41 Americare	Americare		5778	75			109.62		7318.8 percent of total billed charges	
REP LAC CONJUCTIVA W DIRECT CLOSURE	65270	CPT	outpatient			7704		3073.41 Amerihealth	HMO|PPO		5007.6	65			109.62		7318.8 percent of total billed charges	
REP LAC CONJUCTIVA W DIRECT CLOSURE	65270	CPT	outpatient			7704		3073.41 Amerihealth	Medicare		2672.53				109.62		7318.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP LAC CONJUCTIVA W DIRECT CLOSURE	65270	CPT	outpatient			7704		3073.41 Consumer	Consumer		7318.8	95			109.62		7318.8 percent of total billed charges	
REP LAC CONJUCTIVA W DIRECT CLOSURE	65270	CPT	outpatient			7704		3073.41 Corrections	Corrections		6163.2	80			109.62		7318.8 percent of total billed charges	
REP LAC CONJUCTIVA W DIRECT CLOSURE	65270	CPT	outpatient			7704		3073.41 First Health	First Health		5392.8	70			109.62		7318.8 percent of total billed charges	
REP LAC CONJUCTIVA W DIRECT CLOSURE	65270	CPT	outpatient			7704		3073.41 First Trenton	First Trenton		6933.6	90			109.62		7318.8 percent of total billed charges	
REP LAC CONJUCTIVA W DIRECT CLOSURE	65270	CPT	outpatient			7704		3073.41 Horizon	MGD		4973.58				109.62		7318.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP LAC CONJUCTIVA W DIRECT CLOSURE	65270	CPT	outpatient			7704		3073.41 Horizon	Medicare Blue		2672.53				109.62		7318.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP LAC CONJUCTIVA W DIRECT CLOSURE	65270	CPT	outpatient			7704		3073.41 Horizon	Indemnity		4973.58				109.62		7318.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP LAC CONJUCTIVA W DIRECT CLOSURE	65270	CPT	outpatient			7704		3073.41 Horizon	NJ Health		109.62				109.62		7318.8 fee schedule	
REP LAC CONJUCTIVA W DIRECT CLOSURE	65270	CPT	outpatient			7704		3073.41 Horizon	PPO		4973.58				109.62		7318.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP LAC CONJUCTIVA W DIRECT CLOSURE	65270	CPT	outpatient			7704		3073.41 Managed Care Inc	Managed Care Inc		6933.6	90			109.62		7318.8 percent of total billed charges	
REP LAC CONJUCTIVA W DIRECT CLOSURE	65270	CPT	outpatient			7704		3073.41 Multiplan	Multiplan		6163.2	80			109.62		7318.8 percent of total billed charges	
REP LAC CONJUCTIVA W DIRECT CLOSURE	65270	CPT	outpatient			7704		3073.41 Qualcare	Qualcare		5778	75			109.62		7318.8 percent of total billed charges	
REP LAC CONJUCTIVA W DIRECT CLOSURE	65270	CPT	outpatient			7704		3073.41 Three Rivers	Three Rivers		7318.8	95			109.62		7318.8 percent of total billed charges	
REP LAC CONJUCTIVA W DIRECT CLOSURE	65270	CPT	outpatient			7704		3073.41 UHC	Medicare		2672.53				109.62		7318.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP LAC CONJUCTIVA W DIRECT CLOSURE	65270	CPT	outpatient			7704		3073.41 UHC	Medicaid		2430.61	31.55			109.62		7318.8 percent of total billed charges	
REP LAC CONJUCTIVA W DIRECT CLOSURE	65270	CPT	outpatient			7704		3073.41 United	Oxford		2776				109.62		7318.8 case rate	
REP LAC CONJUCTIVA W DIRECT CLOSURE	65270	CPT	outpatient			7704		3073.41 United	Commercial|PPO		2776				109.62		7318.8 case rate	
REP LAC CONJUCTIVA W DIRECT CLOSURE	65270	CPT	outpatient			7704		3073.41 Wellcare	Medicaid		2430.61	31.55			109.62		7318.8 percent of total billed charges	
REP LAC CONJUCTIVA W DIRECT CLOSURE	65270	CPT	outpatient			7704		3073.41 Wellcare	Medicare		2672.53				109.62		7318.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP LAC CONJUCTIVA W DIRECT CLOSURE	65270	CPT	outpatient			7704		3073.41 WellPoint	WellPoint		2479.15	32.18			109.62		7318.8 percent of total billed charges	
REP EYE LAC,CORNEA,NONPERFOR	65275	CPT	outpatient			12737		5085.16 Aetna	Commercial		7039.63				469.8		12100.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP EYE LAC,CORNEA,NONPERFOR	65275	CPT	outpatient			12737		5085.16 Aetna	Better Health		4018.52	31.55			469.8		12100.15 percent of total billed charges	
REP EYE LAC,CORNEA,NONPERFOR	65275	CPT	outpatient			12737		5085.16 Aetna	Medicare		4421.88				469.8		12100.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP EYE LAC,CORNEA,NONPERFOR	65275	CPT	outpatient			12737		5085.16 Americare	Americare		9552.75	75			469.8		12100.15 percent of total billed charges	
REP EYE LAC,CORNEA,NONPERFOR	65275	CPT	outpatient			12737		5085.16 Amerihealth	Medicare		4421.88				469.8		12100.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP EYE LAC,CORNEA,NONPERFOR	65275	CPT	outpatient			12737		5085.16 Amerihealth	HMO|PPO		8279.05	65			469.8		12100.15 percent of total billed charges	
REP EYE LAC,CORNEA,NONPERFOR	65275	CPT	outpatient			12737		5085.16 Consumer	Consumer		12100.15	95			469.8		12100.15 percent of total billed charges	
REP EYE LAC,CORNEA,NONPERFOR	65275	CPT	outpatient			12737		5085.16 Corrections	Corrections		10189.6	80			469.8		12100.15 percent of total billed charges	
REP EYE LAC,CORNEA,NONPERFOR	65275	CPT	outpatient			12737		5085.16 First Health	First Health		8915.9	70			469.8		12100.15 percent of total billed charges	
REP EYE LAC,CORNEA,NONPERFOR	65275	CPT	outpatient			12737		5085.16 First Trenton	First Trenton		11463.3	90			469.8		12100.15 percent of total billed charges	
REP EYE LAC,CORNEA,NONPERFOR	65275	CPT	outpatient			12737		5085.16 Horizon	Indemnity		8229.12				469.8		12100.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP EYE LAC,CORNEA,NONPERFOR	65275	CPT	outpatient			12737		5085.16 Horizon	Medicare Blue		4421.88				469.8		12100.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP EYE LAC,CORNEA,NONPERFOR	65275	CPT	outpatient			12737		5085.16 Horizon	NJ Health		469.8				469.8		12100.15 fee schedule	
REP EYE LAC,CORNEA,NONPERFOR	65275	CPT	outpatient			12737		5085.16 Horizon	MGD		8229.12				469.8		12100.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP EYE LAC,CORNEA,NONPERFOR	65275	CPT	outpatient			12737		5085.16 Horizon	PPO		8229.12				469.8		12100.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP EYE LAC,CORNEA,NONPERFOR	65275	CPT	outpatient			12737		5085.16 Managed Care Inc	Managed Care Inc		11463.3	90			469.8		12100.15 percent of total billed charges	
REP EYE LAC,CORNEA,NONPERFOR	65275	CPT	outpatient			12737		5085.16 Multiplan	Multiplan		10189.6	80			469.8		12100.15 percent of total billed charges	
REP EYE LAC,CORNEA,NONPERFOR	65275	CPT	outpatient			12737		5085.16 Qualcare	Qualcare		9552.75	75			469.8		12100.15 percent of total billed charges	
REP EYE LAC,CORNEA,NONPERFOR	65275	CPT	outpatient			12737		5085.16 Three Rivers	Three Rivers		12100.15	95			469.8		12100.15 percent of total billed charges	
REP EYE LAC,CORNEA,NONPERFOR	65275	CPT	outpatient			12737		5085.16 UHC	Medicaid		4018.52	31.55			469.8		12100.15 percent of total billed charges	
REP EYE LAC,CORNEA,NONPERFOR	65275	CPT	outpatient			12737		5085.16 UHC	Medicare		4421.88				469.8		12100.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP EYE LAC,CORNEA,NONPERFOR	65275	CPT	outpatient			12737		5085.16 United	Oxford		3492				469.8		12100.15 case rate	
REP EYE LAC,CORNEA,NONPERFOR	65275	CPT	outpatient			12737		5085.16 United	Commercial|PPO		3492				469.8		12100.15 case rate	
REP EYE LAC,CORNEA,NONPERFOR	65275	CPT	outpatient			12737		5085.16 Wellcare	Medicare		4421.88				469.8		12100.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP EYE LAC,CORNEA,NONPERFOR	65275	CPT	outpatient			12737		5085.16 Wellcare	Medicaid		4018.52	31.55			469.8		12100.15 percent of total billed charges	
REP EYE LAC,CORNEA,NONPERFOR	65275	CPT	outpatient			12737		5085.16 WellPoint	WellPoint		4098.77	32.18			469.8		12100.15 percent of total billed charges	
REP CORN/SCLER LAC NO UVEAL	65280	CPT	outpatient			14557		6874.07 Aetna	Better Health		4592.73	31.55			621.78		13829.15 percent of total billed charges	
REP CORN/SCLER LAC NO UVEAL	65280	CPT	outpatient			14557		6874.07 Aetna	Commercial		9516.1				621.78		13829.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP CORN/SCLER LAC NO UVEAL	65280	CPT	outpatient			14557		6874.07 Aetna	Medicare		5977.45				621.78		13829.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP CORN/SCLER LAC NO UVEAL	65280	CPT	outpatient			14557		6874.07 Americare	Americare		10917.75	75			621.78		13829.15 percent of total billed charges	
REP CORN/SCLER LAC NO UVEAL	65280	CPT	outpatient			14557		6874.07 Amerihealth	HMO|PPO		9462.05	65			621.78		13829.15 percent of total billed charges	
REP CORN/SCLER LAC NO UVEAL	65280	CPT	outpatient			14557		6874.07 Amerihealth	Medicare		5977.45				621.78		13829.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP CORN/SCLER LAC NO UVEAL	65280	CPT	outpatient			14557		6874.07 Consumer	Consumer		13829.15	95			621.78		13829.15 percent of total billed charges	
REP CORN/SCLER LAC NO UVEAL	65280	CPT	outpatient			14557		6874.07 Corrections	Corrections		11645.6	80			621.78		13829.15 percent of total billed charges	
REP CORN/SCLER LAC NO UVEAL	65280	CPT	outpatient			14557		6874.07 First Health	First Health		10189.9	70			621.78		13829.15 percent of total billed charges	
REP CORN/SCLER LAC NO UVEAL	65280	CPT	outpatient			14557		6874.07 First Trenton	First Trenton		13101.3	90			621.78		13829.15 percent of total billed charges	
REP CORN/SCLER LAC NO UVEAL	65280	CPT	outpatient			14557		6874.07 Horizon	Indemnity		11124.03				621.78		13829.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP CORN/SCLER LAC NO UVEAL	65280	CPT	outpatient			14557		6874.07 Horizon	MGD		11124.03				621.78		13829.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP CORN/SCLER LAC NO UVEAL	65280	CPT	outpatient			14557		6874.07 Horizon	NJ Health		621.78				621.78		13829.15 fee schedule	
REP CORN/SCLER LAC NO UVEAL	65280	CPT	outpatient			14557		6874.07 Horizon	Medicare Blue		5977.45				621.78		13829.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP CORN/SCLER LAC NO UVEAL	65280	CPT	outpatient			14557		6874.07 Horizon	PPO		11124.03				621.78		13829.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP CORN/SCLER LAC NO UVEAL	65280	CPT	outpatient			14557		6874.07 Managed Care Inc	Managed Care Inc		13101.3	90			621.78		13829.15 percent of total billed charges	
REP CORN/SCLER LAC NO UVEAL	65280	CPT	outpatient			14557		6874.07 Multiplan	Multiplan		11645.6	80			621.78		13829.15 percent of total billed charges	
REP CORN/SCLER LAC NO UVEAL	65280	CPT	outpatient			14557		6874.07 Qualcare	Qualcare		10917.75	75			621.78		13829.15 percent of total billed charges	
REP CORN/SCLER LAC NO UVEAL	65280	CPT	outpatient			14557		6874.07 Three Rivers	Three Rivers		13829.15	95			621.78		13829.15 percent of total billed charges	
REP CORN/SCLER LAC NO UVEAL	65280	CPT	outpatient			14557		6874.07 UHC	Medicaid		4592.73	31.55			621.78		13829.15 percent of total billed charges	
REP CORN/SCLER LAC NO UVEAL	65280	CPT	outpatient			14557		6874.07 UHC	Medicare		5977.45				621.78		13829.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP CORN/SCLER LAC NO UVEAL	65280	CPT	outpatient			14557		6874.07 United	Commercial|PPO		2776				621.78		13829.15 case rate	
REP CORN/SCLER LAC NO UVEAL	65280	CPT	outpatient			14557		6874.07 United	Oxford		2776				621.78		13829.15 case rate	
REP CORN/SCLER LAC NO UVEAL	65280	CPT	outpatient			14557		6874.07 Wellcare	Medicare		5977.45				621.78		13829.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP CORN/SCLER LAC NO UVEAL	65280	CPT	outpatient			14557		6874.07 Wellcare	Medicaid		4592.73	31.55			621.78		13829.15 percent of total billed charges	
REP CORN/SCLER LAC NO UVEAL	65280	CPT	outpatient			14557		6874.07 WellPoint	WellPoint		4684.44	32.18			621.78		13829.15 percent of total billed charges	
REP CORN/SCLR LAC+REPOS	65285	CPT	outpatient			14557		6874.07 Aetna	Commercial		9516.1				770.99		13829.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP CORN/SCLR LAC+REPOS	65285	CPT	outpatient			14557		6874.07 Aetna	Better Health		4592.73	31.55			770.99		13829.15 percent of total billed charges	
REP CORN/SCLR LAC+REPOS	65285	CPT	outpatient			14557		6874.07 Aetna	Medicare		5977.45				770.99		13829.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
REP CORN/SCLR LAC+REPOS	65285	CPT	outpatient			14557	6874.07	Americare	Americare		10917.75	75			770.99	13829.15	percent of total billed charges	
REP CORN/SCLR LAC+REPOS	65285	CPT	outpatient			14557	6874.07	Amerihealth	Medicare		5977.45				770.99	13829.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP CORN/SCLR LAC+REPOS	65285	CPT	outpatient			14557	6874.07	Amerihealth	HMO/PPO		9462.05	65			770.99	13829.15	percent of total billed charges	
REP CORN/SCLR LAC+REPOS	65285	CPT	outpatient			14557	6874.07	Consumer	Consumer		13829.15	95			770.99	13829.15	percent of total billed charges	
REP CORN/SCLR LAC+REPOS	65285	CPT	outpatient			14557	6874.07	Corrections	Corrections		11645.6	80			770.99	13829.15	percent of total billed charges	
REP CORN/SCLR LAC+REPOS	65285	CPT	outpatient			14557	6874.07	First Health	First Health		10189.9	70			770.99	13829.15	percent of total billed charges	
REP CORN/SCLR LAC+REPOS	65285	CPT	outpatient			14557	6874.07	First Trenton	First Trenton		13101.3	90			770.99	13829.15	percent of total billed charges	
REP CORN/SCLR LAC+REPOS	65285	CPT	outpatient			14557	6874.07	Horizon	MGD		11124.03				770.99	13829.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP CORN/SCLR LAC+REPOS	65285	CPT	outpatient			14557	6874.07	Horizon	Indemnity		11124.03				770.99	13829.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP CORN/SCLR LAC+REPOS	65285	CPT	outpatient			14557	6874.07	Horizon	Medicare Blue		5977.45				770.99	13829.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP CORN/SCLR LAC+REPOS	65285	CPT	outpatient			14557	6874.07	Horizon	NJ Health		770.99				770.99	13829.15	fee schedule	
REP CORN/SCLR LAC+REPOS	65285	CPT	outpatient			14557	6874.07	Horizon	PPO		11124.03				770.99	13829.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP CORN/SCLR LAC+REPOS	65285	CPT	outpatient			14557	6874.07	Managed Care Inc	Managed Care Inc		13101.3	90			770.99	13829.15	percent of total billed charges	
REP CORN/SCLR LAC+REPOS	65285	CPT	outpatient			14557	6874.07	Multiplan	Multiplan		11645.6	80			770.99	13829.15	percent of total billed charges	
REP CORN/SCLR LAC+REPOS	65285	CPT	outpatient			14557	6874.07	Qualcare	Qualcare		10917.75	75			770.99	13829.15	percent of total billed charges	
REP CORN/SCLR LAC+REPOS	65285	CPT	outpatient			14557	6874.07	Three Rivers	Three Rivers		13829.15	95			770.99	13829.15	percent of total billed charges	
REP CORN/SCLR LAC+REPOS	65285	CPT	outpatient			14557	6874.07	UHC	Medicaid		4592.73	31.55			770.99	13829.15	percent of total billed charges	
REP CORN/SCLR LAC+REPOS	65285	CPT	outpatient			14557	6874.07	UHC	Medicare		5977.45				770.99	13829.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP CORN/SCLR LAC+REPOS	65285	CPT	outpatient			14557	6874.07	United	Oxford		2776				770.99	13829.15	case rate	
REP CORN/SCLR LAC+REPOS	65285	CPT	outpatient			14557	6874.07	United	Commercial|PPO		2776				770.99	13829.15	case rate	
REP CORN/SCLR LAC+REPOS	65285	CPT	outpatient			14557	6874.07	Wellcare	Medicare		5977.45				770.99	13829.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP CORN/SCLR LAC+REPOS	65285	CPT	outpatient			14557	6874.07	Wellcare	Medicaid		4592.73	31.55			770.99	13829.15	percent of total billed charges	
REP CORN/SCLR LAC+REPOS	65285	CPT	outpatient			14557	6874.07	WellPoint	WellPoint		4684.44	32.18			770.99	13829.15	percent of total billed charges	
RPR LAC APPL TIS GLUE WD CORNEA/SCLERA	65286	CPT	outpatient			7868	3064.95	Aetna	Commercial		4242.95				568.46	7474.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR LAC APPL TIS GLUE WD CORNEA/SCLERA	65286	CPT	outpatient			7868	3064.95	Aetna	Medicare		2665.17				568.46	7474.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR LAC APPL TIS GLUE WD CORNEA/SCLERA	65286	CPT	outpatient			7868	3064.95	Aetna	Better Health		2482.35	31.55			568.46	7474.6	percent of total billed charges	
RPR LAC APPL TIS GLUE WD CORNEA/SCLERA	65286	CPT	outpatient			7868	3064.95	Americare	Americare		5901	75			568.46	7474.6	percent of total billed charges	
RPR LAC APPL TIS GLUE WD CORNEA/SCLERA	65286	CPT	outpatient			7868	3064.95	Amerihealth	HMO/PPO		5114.2	65			568.46	7474.6	percent of total billed charges	
RPR LAC APPL TIS GLUE WD CORNEA/SCLERA	65286	CPT	outpatient			7868	3064.95	Amerihealth	Medicare		2665.17				568.46	7474.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR LAC APPL TIS GLUE WD CORNEA/SCLERA	65286	CPT	outpatient			7868	3064.95	Consumer	Consumer		7474.6	95			568.46	7474.6	percent of total billed charges	
RPR LAC APPL TIS GLUE WD CORNEA/SCLERA	65286	CPT	outpatient			7868	3064.95	Corrections	Corrections		6294.4	80			568.46	7474.6	percent of total billed charges	
RPR LAC APPL TIS GLUE WD CORNEA/SCLERA	65286	CPT	outpatient			7868	3064.95	First Health	First Health		5507.6	70			568.46	7474.6	percent of total billed charges	
RPR LAC APPL TIS GLUE WD CORNEA/SCLERA	65286	CPT	outpatient			7868	3064.95	First Trenton	First Trenton		7081.2	90			568.46	7474.6	percent of total billed charges	
RPR LAC APPL TIS GLUE WD CORNEA/SCLERA	65286	CPT	outpatient			7868	3064.95	Horizon	Indemnity		4959.88				568.46	7474.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR LAC APPL TIS GLUE WD CORNEA/SCLERA	65286	CPT	outpatient			7868	3064.95	Horizon	MGD		4959.88				568.46	7474.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR LAC APPL TIS GLUE WD CORNEA/SCLERA	65286	CPT	outpatient			7868	3064.95	Horizon	NJ Health		568.46				568.46	7474.6	fee schedule	
RPR LAC APPL TIS GLUE WD CORNEA/SCLERA	65286	CPT	outpatient			7868	3064.95	Horizon	PPO		4959.88				568.46	7474.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR LAC APPL TIS GLUE WD CORNEA/SCLERA	65286	CPT	outpatient			7868	3064.95	Horizon	Medicare Blue		2665.17				568.46	7474.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR LAC APPL TIS GLUE WD CORNEA/SCLERA	65286	CPT	outpatient			7868	3064.95	Managed Care Inc	Managed Care Inc		7081.2	90			568.46	7474.6	percent of total billed charges	
RPR LAC APPL TIS GLUE WD CORNEA/SCLERA	65286	CPT	outpatient			7868	3064.95	Multiplan	Multiplan		6294.4	80			568.46	7474.6	percent of total billed charges	
RPR LAC APPL TIS GLUE WD CORNEA/SCLERA	65286	CPT	outpatient			7868	3064.95	Qualcare	Qualcare		5901	75			568.46	7474.6	percent of total billed charges	
RPR LAC APPL TIS GLUE WD CORNEA/SCLERA	65286	CPT	outpatient			7868	3064.95	Three Rivers	Three Rivers		7474.6	95			568.46	7474.6	percent of total billed charges	
RPR LAC APPL TIS GLUE WD CORNEA/SCLERA	65286	CPT	outpatient			7868	3064.95	UHC	Medicare		2665.17				568.46	7474.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR LAC APPL TIS GLUE WD CORNEA/SCLERA	65286	CPT	outpatient			7868	3064.95	UHC	Medicaid		2482.35	31.55			568.46	7474.6	percent of total billed charges	
RPR LAC APPL TIS GLUE WD CORNEA/SCLERA	65286	CPT	outpatient			7868	3064.95	United	Oxford		2493				568.46	7474.6	case rate	
RPR LAC APPL TIS GLUE WD CORNEA/SCLERA	65286	CPT	outpatient			7868	3064.95	United	Commercial|PPO		2493				568.46	7474.6	case rate	
RPR LAC APPL TIS GLUE WD CORNEA/SCLERA	65286	CPT	outpatient			7868	3064.95	Wellcare	Medicare		2665.17				568.46	7474.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR LAC APPL TIS GLUE WD CORNEA/SCLERA	65286	CPT	outpatient			7868	3064.95	Wellcare	Medicaid		2482.35	31.55			568.46	7474.6	percent of total billed charges	
RPR LAC APPL TIS GLUE WD CORNEA/SCLERA	65286	CPT	outpatient			7868	3064.95	WellPoint	WellPoint		2531.92	32.18			568.46	7474.6	percent of total billed charges	
EXC LES, CORNEA	65400	CPT	outpatient			3180	1331.59	Aetna	Better Health		1003.29	31.55			551.75	3021	percent of total billed charges	
EXC LES, CORNEA	65400	CPT	outpatient			3180	1331.59	Aetna	Medicare		979.44	30.8			551.75	3021	percent of total billed charges	
EXC LES, CORNEA	65400	CPT	outpatient			3180	1331.59	Aetna	Commercial		1843.38				551.75	3021	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC LES, CORNEA	65400	CPT	outpatient			3180	1331.59	Americare	Americare		2385	75			551.75	3021	percent of total billed charges	
EXC LES, CORNEA	65400	CPT	outpatient			3180	1331.59	Amerihealth	HMO/PPO		2067	65			551.75	3021	percent of total billed charges	
EXC LES, CORNEA	65400	CPT	outpatient			3180	1331.59	Amerihealth	Medicare		1157.9				551.75	3021	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC LES, CORNEA	65400	CPT	outpatient			3180	1331.59	Consumer	Consumer		3021	95			551.75	3021	percent of total billed charges	
EXC LES, CORNEA	65400	CPT	outpatient			3180	1331.59	Corrections	Corrections		2544	80			551.75	3021	percent of total billed charges	
EXC LES, CORNEA	65400	CPT	outpatient			3180	1331.59	First Health	First Health		2226	70			551.75	3021	percent of total billed charges	
EXC LES, CORNEA	65400	CPT	outpatient			3180	1331.59	First Trenton	First Trenton		2862	90			551.75	3021	percent of total billed charges	
EXC LES, CORNEA	65400	CPT	outpatient			3180	1331.59	Horizon	Medicare Blue		1157.9				551.75	3021	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC LES, CORNEA	65400	CPT	outpatient			3180	1331.59	Horizon	MGD		2154.85				551.75	3021	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC LES, CORNEA	65400	CPT	outpatient			3180	1331.59	Horizon	PPO		2154.85				551.75	3021	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC LES, CORNEA	65400	CPT	outpatient			3180	1331.59	Horizon	Indemnity		2154.85				551.75	3021	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC LES, CORNEA	65400	CPT	outpatient			3180	1331.59	Horizon	NJ Health		551.75				551.75	3021	fee schedule	
EXC LES, CORNEA	65400	CPT	outpatient			3180	1331.59	Managed Care Inc	Managed Care Inc		2862	90			551.75	3021	percent of total billed charges	
EXC LES, CORNEA	65400	CPT	outpatient			3180	1331.59	Multiplan	Multiplan		2544	80			551.75	3021	percent of total billed charges	
EXC LES, CORNEA	65400	CPT	outpatient			3180	1331.59	Qualcare	Qualcare		2385	75			551.75	3021	percent of total billed charges	
EXC LES, CORNEA	65400	CPT	outpatient			3180	1331.59	Three Rivers	Three Rivers		3021	95			551.75	3021	percent of total billed charges	
EXC LES, CORNEA	65400	CPT	outpatient			3180	1331.59	UHC	Medicaid		1003.29	31.55			551.75	3021	percent of total billed charges	
EXC LES, CORNEA	65400	CPT	outpatient			3180	1331.59	UHC	Medicare		1157.9				551.75	3021	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC LES, CORNEA	65400	CPT	outpatient			3180	1331.59	United	Oxford		2493				551.75	3021	case rate	
EXC LES, CORNEA	65400	CPT	outpatient			3180	1331.59	United	Commercial|PPO		2493				551.75	3021	case rate	
EXC LES, CORNEA	65400	CPT	outpatient			3180	1331.59	Wellcare	Medicare		1157.9				551.75	3021	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC LES, CORNEA	65400	CPT	outpatient			3180	1331.59	Wellcare	Medicaid		1003.29	31.55			551.75	3021	percent of total billed charges	
EXC LES, CORNEA	65400	CPT	outpatient			3180	1331.59	WellPoint	WellPoint		1023.32	32.18			551.75	3021	percent of total billed charges	
CORNEAL BIOPSY	65410	CPT	outpatient			7704	3073.41	Aetna	Commercial		4254.67				87.7	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORNEAL BIOPSY	65410	CPT	outpatient			7704	3073.41	Aetna	Medicare		2672.53				87.7	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORNEAL BIOPSY	65410	CPT	outpatient			7704	3073.41	Aetna	Better Health		2430.61	31.55			87.7	7318.8	percent of total billed charges	
CORNEAL BIOPSY	65410	CPT	outpatient			7704	3073.41	Americare	Americare		5778	75			87.7	7318.8	percent of total billed charges	
CORNEAL BIOPSY	65410	CPT	outpatient			7704	3073.41	Amerihealth	HMO/PPO		5007.6	65			87.7	7318.8	percent of total billed charges	
CORNEAL BIOPSY	65410	CPT	outpatient			7704	3073.41	Amerihealth	Medicare		2672.53				87.7	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORNEAL BIOPSY	65410	CPT	outpatient			7704	3073.41	Consumer	Consumer		7318.8	95			87.7	7318.8	percent of total billed charges	
CORNEAL BIOPSY	65410	CPT	outpatient			7704	3073.41	Corrections	Corrections		6163.2	80			87.7	7318.8	percent of total billed charges	
CORNEAL BIOPSY	65410	CPT	outpatient			7704	3073.41	First Health	First Health		5392.8	70			87.7	7318.8	percent of total billed charges	
CORNEAL BIOPSY	65410	CPT	outpatient			7704	3073.41	First Trenton	First Trenton		6933.6	90			87.7	7318.8	percent of total billed charges	
CORNEAL BIOPSY	65410	CPT	outpatient			7704	3073.41	Horizon	Medicare Blue		2672.53				87.7	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORNEAL BIOPSY	65410	CPT	outpatient			7704	3073.41	Horizon	PPO		4973.58				87.7	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORNEAL BIOPSY	65410	CPT	outpatient			7704	3073.41	Horizon	NJ Health		87.7				87.7	7318.8	fee schedule	
CORNEAL BIOPSY	65410	CPT	outpatient			7704	3073.41	Horizon	Indemnity		4973.58				87.7	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORNEAL BIOPSY	65410	CPT	outpatient			7704	3073.41	Horizon	MGD		4973.58				87.7	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORNEAL BIOPSY	65410	CPT	outpatient			7704	3073.41	Managed Care Inc	Managed Care Inc		6933.6	90			87.7	7318.8	percent of total billed charges	
CORNEAL BIOPSY	65410	CPT	outpatient			7704	3073.41	Multiplan	Multiplan		6163.2	80			87.7	7318.8	percent of total billed charges	
CORNEAL BIOPSY	65410	CPT	outpatient			7704	3073.41	Qualcare	Qualcare		5778	75			87.7	7318.8	percent of total billed charges	
CORNEAL BIOPSY	65410	CPT	outpatient			7704	3073.41	Three Rivers	Three Rivers		7318.8	95			87.7	7318.8	percent of total billed charges	
CORNEAL BIOPSY	65410	CPT	outpatient			7704	3073.41	UHC	Medicaid		2430.61	31.55			87.7	7318.8	percent of total billed charges	
CORNEAL BIOPSY	65410	CPT	outpatient			7704	3073.41	UHC	Medicare		2672.53				87.7	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORNEAL BIOPSY	65410	CPT	outpatient			7704	3073.41	United	Commercial|PPO		1817				87.7	7318.8	case rate	
CORNEAL BIOPSY	65410	CPT	outpatient			7704	3073.41	United	Oxford		1817				87.7	7318.8	case rate	
CORNEAL BIOPSY	65410	CPT	outpatient			7704	3073.41	Wellcare	Medicaid		2430.61	31.55			87.7	7318.8	percent of total billed charges	
CORNEAL BIOPSY	65410	CPT	outpatient			7704	3073.41	Wellcare	Medicare		2672.53				87.7	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORNEAL BIOPSY	65410	CPT	outpatient			7704	3073.41	WellPoint	WellPoint		2479.15	32.18			87.7	7318.8	percent of total billed charges	
EXC PTERYGIUM, W/O GRAFT	65420	CPT	outpatient			7704	3073.41	Aetna	Commercial		4254.67				388.24	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC PTERYGIUM, W/O GRAFT	65420	CPT	outpatient			7704	3073.41	Aetna	Medicare		2672.53				388.24	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC PTERYGIUM, W/O GRAFT	65420	CPT	outpatient			7704	3073.41	Aetna	Better Health		2430.61	31.55			388.24	7318.8	percent of total billed charges	
EXC PTERYGIUM, W/O GRAFT	65420	CPT	outpatient			7704	3073.41	Americare	Americare		5778	75			388.24	7318.8	percent of total billed charges	
EXC PTERYGIUM, W/O GRAFT	65420	CPT	outpatient			7704	3073.41	Amerihealth	HMO/PPO		5007.6	65			388.24	7318.8	percent of total billed charges	
EXC PTERYGIUM, W/O GRAFT	65420	CPT	outpatient			7704	3073.41	Amerihealth	Medicare		2672.53				388.24	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC PTERYGIUM, W/O GRAFT	65420	CPT	outpatient			7704	3073.41	Consumer	Consumer		7318.8	95			388.24	7318.8	percent of total billed charges	
EXC PTERYGIUM, W/O GRAFT	65420	CPT	outpatient			7704	3073.41	Corrections	Corrections		6163.2	80			388.24	7318.8	percent of total billed charges	
EXC PTERYGIUM, W/O GRAFT	65420	CPT	outpatient			7704	3073.41	First Health	First Health		5392.8	70			388.24	7318.8	percent of total billed charges	
EXC PTERYGIUM, W/O GRAFT	65420	CPT	outpatient			7704	3073.41	First Trenton	First Trenton		6933.6	90			388.24	7318.8	percent of total billed charges	
EXC PTERYGIUM, W/O GRAFT	65420	CPT	outpatient			7704	3073.41	Horizon	MGD		4973.58				388.24	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC PTERYGIUM, W/O GRAFT	65420	CPT	outpatient			7704	3073.41	Horizon	Medicare Blue		2672.53				388.24	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC PTERYGIUM, W/O GRAFT	65420	CPT	outpatient			7704	3073.41	Horizon	PPO		4973.58				388.24	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC PTERYGIUM, W/O GRAFT	65420	CPT	outpatient			7704	3073.41	Horizon	Indemnity		4973.58				388.24	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC PTERYGIUM, W/O GRAFT	65420	CPT	outpatient			7704	3073.41	Horizon	NJ Health		388.24				388.24	7318.8	fee schedule	
EXC PTERYGIUM, W/O GRAFT	65420	CPT	outpatient			7704	3073.41	Managed Care Inc	Managed Care Inc		6933.6	90			388.24	7318.8	percent of total billed charges	
EXC PTERYGIUM, W/O GRAFT	65420	CPT	outpatient			7704	3073.41	Multiplan	Multiplan		6163.2	80			388.24	7318.8	percent of total billed charges	
EXC PTERYGIUM, W/O GRAFT	65420	CPT	outpatient			7704	3073.41	Qualcare	Qualcare		5778	75			388.24	7318.8	percent of total billed charges	
EXC PTERYGIUM, W/O GRAFT	65420	CPT	outpatient			7704	3073.41	Three Rivers	Three Rivers		7318.8	95			388.24	7318.8	percent of total billed charges	
EXC PTERYGIUM, W/O GRAFT	65420	CPT	outpatient			7704	3073.41	UHC	Medicaid		2430.61	31.55			388.24	7318.8	percent of total billed charges	
EXC PTERYGIUM, W/O GRAFT	65420	CPT	outpatient			7704	3073.41	UHC	Medicare		2672.53				388.24	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC PTERYGIUM, W/O GRAFT	65420	CPT	outpatient			7704	3073.41	United	Commercial|PPO		2776				388.24	7318.8	case rate	
EXC PTERYGIUM, W/O GRAFT	65420	CPT	outpatient			7704	3073.41	United	Oxford		2776				388.24	7318.8	case rate	
EXC PTERYGIUM, W/O GRAFT	65420	CPT	outpatient			7704	3073.41	Wellcare	Medicaid		2430.61	31.55			388.24	7318.8	percent of total billed charges	
EXC PTERYGIUM, W/O GRAFT	65420	CPT	outpatient			7704	3073.41	Wellcare	Medicare		2672.53				388.24	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC PTERYGIUM, W/O GRAFT	65420	CPT	outpatient			7704	3073.41	WellPoint	WellPoint		2479.15	32.18			388.24	7318.8	percent of total billed charges	
EXC PTERYGIUM, W GRAFT	65426	CPT	outpatient			7704	3073.41	Aetna	Commercial		4254.67				442.13	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC PTERYGIUM, W GRAFT	65426	CPT	outpatient			7704	3073.41	Aetna	Better Health		2430.61	31.55			442.13	7318.8	percent of total billed charges	
EXC PTERYGIUM, W GRAFT	65426	CPT	outpatient			7704	3073.41	Aetna	Medicare		2672.53				442.13	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC PTERYGIUM, W GRAFT	65426	CPT	outpatient			7704	3073.41	Americare	Americare		5778	75			442.13	7318.8	percent of total billed charges	
EXC PTERYGIUM, W GRAFT	65426	CPT	outpatient			7704	3073.41	Amerihealth	HMO/PPO		5007.6	65			442.13	7318.8	percent of total billed charges	
EXC PTERYGIUM, W GRAFT	65426	CPT	outpatient			7704	3073.41	Amerihealth	Medicare		2672.53				442.13	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC PTERYGIUM, W GRAFT	65426	CPT	outpatient			7704	3073.41	Consumer	Consumer		7318.8	95			442.13	7318.8	percent of total billed charges	
EXC PTERYGIUM, W GRAFT	65426	CPT	outpatient			7704	3073.41	Corrections	Corrections		6163.2	80			442.13	7318.8	percent of total billed charges	
EXC PTERYGIUM, W GRAFT	65426	CPT	outpatient			7704	3073.41	First Health	First Health		5392.8	70			442.13	7318.8	percent of total billed charges	
EXC PTERYGIUM, W GRAFT	65426	CPT	outpatient			7704	3073.41	First Trenton	First Trenton		6933.6	90			442.13	7318.8	percent of total billed charges	
EXC PTERYGIUM, W GRAFT	65426	CPT	outpatient			7704	3073.41	Horizon	Indemnity		4973.58				442.13	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC PTERYGIUM, W GRAFT	65426	CPT	outpatient			7704	3073.41	Horizon	NJ Health		442.13				442.13	7318.8	fee schedule	
EXC PTERYGIUM, W GRAFT	65426	CPT	outpatient			7704	3073.41	Horizon	PPO		4973.58				442.13	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC PTERYGIUM, W GRAFT	65426	CPT	outpatient			7704	3073.41	Horizon	MGD		4973.58				442.13	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC PTERYGIUM, W GRAFT	65426	CPT	outpatient			7704	3073.41	Horizon	Medicare Blue		2672.53				442.13	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC PTERYGIUM, W GRAFT	65426	CPT	outpatient			7704	3073.41	Managed Care Inc	Managed Care Inc		6933.6	90			442.13	7318.8	percent of total billed charges	
EXC PTERYGIUM, W GRAFT	65426	CPT	outpatient			7704	3073.41	Multiplan	Multiplan		6163.2	80			442.13	7318.8	percent of total billed charges	
EXC PTERYGIUM, W GRAFT	65426	CPT	outpatient			7704	3073.41	Qualcare	Qualcare		5778	75			442.13	7318.8	percent of total billed charges	
EXC PTERYGIUM, W GRAFT	65426	CPT	outpatient			7704	3073.41	Three Rivers	Three Rivers		7318.8	95			442.13	7318.8	percent of total billed charges	
EXC PTERYGIUM, W GRAFT	65426	CPT	outpatient			7704	3073.41	UHC	Medicare		2672.53				442.13	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC PTERYGIUM, W GRAFT	65426	CPT	outpatient			7704	3073.41	UHC	Medicaid		2430.61	31.55			442.13	7318.8	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
EXC PTERYGIUM, W/ GRAFT	65426	CPT	outpatient			7704		3073.41 United	Commercial|PPO		2776				442.13	7318.8	case rate	
EXC PTERYGIUM, W/ GRAFT	65426	CPT	outpatient			7704		3073.41 United	Oxford		2776				442.13	7318.8	case rate	
EXC PTERYGIUM, W/ GRAFT	65426	CPT	outpatient			7704		3073.41 Wellcare	Medicare		2672.53				442.13	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC PTERYGIUM, W/ GRAFT	65426	CPT	outpatient			7704		3073.41 Wellcare	Medicaid		2430.61	31.55			442.13	7318.8	percent of total billed charges	
EXC PTERYGIUM, W/ GRAFT	65426	CPT	outpatient			7704		3073.41 WellPoint	WellPoint		2479.15	32.18			442.13	7318.8	percent of total billed charges	
CORNEA SCRAPING, CULTURE	65430	CPT	outpatient			1379		524.04 Aetna	Better Health		435.07	31.55			58.46	1782	percent of total billed charges	
CORNEA SCRAPING, CULTURE	65430	CPT	outpatient			1379		524.04 Aetna	Commercial		725.46				58.46	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORNEA SCRAPING, CULTURE	65430	CPT	outpatient			1379		524.04 Aetna	Medicare		455.69				58.46	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORNEA SCRAPING, CULTURE	65430	CPT	outpatient			1379		524.04 Amerigroup	Amerigroup		1034.25	75			58.46	1782	percent of total billed charges	
CORNEA SCRAPING, CULTURE	65430	CPT	outpatient			1379		524.04 Amerihealth	HMO|PPO		896.35	65			58.46	1782	percent of total billed charges	
CORNEA SCRAPING, CULTURE	65430	CPT	outpatient			1379		524.04 Amerihealth	Medicare		455.69				58.46	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORNEA SCRAPING, CULTURE	65430	CPT	outpatient			1379		524.04 Consumer	Consumer		1310.05	95			58.46	1782	percent of total billed charges	
CORNEA SCRAPING, CULTURE	65430	CPT	outpatient			1379		524.04 Corrections	Corrections		1103.2	80			58.46	1782	percent of total billed charges	
CORNEA SCRAPING, CULTURE	65430	CPT	outpatient			1379		524.04 First Health	First Health		965.3	70			58.46	1782	percent of total billed charges	
CORNEA SCRAPING, CULTURE	65430	CPT	outpatient			1379		524.04 First Trenton	First Trenton		1241.1	90			58.46	1782	percent of total billed charges	
CORNEA SCRAPING, CULTURE	65430	CPT	outpatient			1379		524.04 Horizon	NJ Health		58.46				58.46	1782	fee schedule	
CORNEA SCRAPING, CULTURE	65430	CPT	outpatient			1379		524.04 Horizon	Indemnity		848.04				58.46	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORNEA SCRAPING, CULTURE	65430	CPT	outpatient			1379		524.04 Horizon	MGD		848.04				58.46	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORNEA SCRAPING, CULTURE	65430	CPT	outpatient			1379		524.04 Horizon	PPO		848.04				58.46	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORNEA SCRAPING, CULTURE	65430	CPT	outpatient			1379		524.04 Horizon	Medicare Blue		455.69				58.46	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORNEA SCRAPING, CULTURE	65430	CPT	outpatient			1379		524.04 Managed Care Inc	Managed Care Inc		1241.1	90			58.46	1782	percent of total billed charges	
CORNEA SCRAPING, CULTURE	65430	CPT	outpatient			1379		524.04 Multiplan	Multiplan		1103.2	80			58.46	1782	percent of total billed charges	
CORNEA SCRAPING, CULTURE	65430	CPT	outpatient			1379		524.04 Qualcare	Qualcare		1034.25	75			58.46	1782	percent of total billed charges	
CORNEA SCRAPING, CULTURE	65430	CPT	outpatient			1379		524.04 Three Rivers	Three Rivers		1310.05	95			58.46	1782	percent of total billed charges	
CORNEA SCRAPING, CULTURE	65430	CPT	outpatient			1379		524.04 UHC	Medicaid		435.07	31.55			58.46	1782	percent of total billed charges	
CORNEA SCRAPING, CULTURE	65430	CPT	outpatient			1379		524.04 UHC	Medicare		455.69				58.46	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORNEA SCRAPING, CULTURE	65430	CPT	outpatient			1379		524.04 United	Commercial|PPO		1782				58.46	1782	case rate	
CORNEA SCRAPING, CULTURE	65430	CPT	outpatient			1379		524.04 United	Oxford		1782				58.46	1782	case rate	
CORNEA SCRAPING, CULTURE	65430	CPT	outpatient			1379		524.04 Wellcare	Medicare		455.69				58.46	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORNEA SCRAPING, CULTURE	65430	CPT	outpatient			1379		524.04 Wellcare	Medicaid		435.07	31.55			58.46	1782	percent of total billed charges	
CORNEA SCRAPING, CULTURE	65430	CPT	outpatient			1379		524.04 WellPoint	WellPoint		443.76	32.18			58.46	1782	percent of total billed charges	
REM CORNEAL EPITHELIUM	65435	CPT	outpatient			3180		1331.59 Aetna	Better Health		1003.29	31.55			78.3	3021	percent of total billed charges	
REM CORNEAL EPITHELIUM	65435	CPT	outpatient			3180		1331.59 Aetna	Commercial		1843.38				78.3	3021	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM CORNEAL EPITHELIUM	65435	CPT	outpatient			3180		1331.59 Aetna	Medicare		1157.9				78.3	3021	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM CORNEAL EPITHELIUM	65435	CPT	outpatient			3180		1331.59 Amerigroup	Amerigroup		2385	75			78.3	3021	percent of total billed charges	
REM CORNEAL EPITHELIUM	65435	CPT	outpatient			3180		1331.59 Amerihealth	Medicare		1157.9				78.3	3021	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM CORNEAL EPITHELIUM	65435	CPT	outpatient			3180		1331.59 Amerihealth	HMO|PPO		2067	65			78.3	3021	percent of total billed charges	
REM CORNEAL EPITHELIUM	65435	CPT	outpatient			3180		1331.59 Consumer	Consumer		3021	95			78.3	3021	percent of total billed charges	
REM CORNEAL EPITHELIUM	65435	CPT	outpatient			3180		1331.59 Corrections	Corrections		2544	80			78.3	3021	percent of total billed charges	
REM CORNEAL EPITHELIUM	65435	CPT	outpatient			3180		1331.59 First Health	First Health		2226	70			78.3	3021	percent of total billed charges	
REM CORNEAL EPITHELIUM	65435	CPT	outpatient			3180		1331.59 First Trenton	First Trenton		2862	90			78.3	3021	percent of total billed charges	
REM CORNEAL EPITHELIUM	65435	CPT	outpatient			3180		1331.59 Horizon	NJ Health		78.3				78.3	3021	fee schedule	
REM CORNEAL EPITHELIUM	65435	CPT	outpatient			3180		1331.59 Horizon	Indemnity		2154.85				78.3	3021	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM CORNEAL EPITHELIUM	65435	CPT	outpatient			3180		1331.59 Horizon	Medicare Blue		1157.9				78.3	3021	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM CORNEAL EPITHELIUM	65435	CPT	outpatient			3180		1331.59 Horizon	MGD		2154.85				78.3	3021	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM CORNEAL EPITHELIUM	65435	CPT	outpatient			3180		1331.59 Horizon	PPO		2154.85				78.3	3021	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM CORNEAL EPITHELIUM	65435	CPT	outpatient			3180		1331.59 Managed Care Inc	Managed Care Inc		2862	90			78.3	3021	percent of total billed charges	
REM CORNEAL EPITHELIUM	65435	CPT	outpatient			3180		1331.59 Multiplan	Multiplan		2544	80			78.3	3021	percent of total billed charges	
REM CORNEAL EPITHELIUM	65435	CPT	outpatient			3180		1331.59 Qualcare	Qualcare		2385	75			78.3	3021	percent of total billed charges	
REM CORNEAL EPITHELIUM	65435	CPT	outpatient			3180		1331.59 Three Rivers	Three Rivers		3021	95			78.3	3021	percent of total billed charges	
REM CORNEAL EPITHELIUM	65435	CPT	outpatient			3180		1331.59 UHC	Medicaid		1003.29	31.55			78.3	3021	percent of total billed charges	
REM CORNEAL EPITHELIUM	65435	CPT	outpatient			3180		1331.59 UHC	Medicare		1157.9				78.3	3021	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM CORNEAL EPITHELIUM	65435	CPT	outpatient			3180		1331.59 United	Commercial|PPO		2493				78.3	3021	case rate	
REM CORNEAL EPITHELIUM	65435	CPT	outpatient			3180		1331.59 United	Oxford		2493				78.3	3021	case rate	
REM CORNEAL EPITHELIUM	65435	CPT	outpatient			3180		1331.59 Wellcare	Medicaid		1003.29	31.55			78.3	3021	percent of total billed charges	
REM CORNEAL EPITHELIUM	65435	CPT	outpatient			3180		1331.59 Wellcare	Medicare		1157.9				78.3	3021	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM CORNEAL EPITHELIUM	65435	CPT	outpatient			3180		1331.59 WellPoint	WellPoint		1023.32	32.18			78.3	3021	percent of total billed charges	
RMVL CORN EPTH W/APP CHEL AG	65436	CPT	outpatient			7704		3073.41 Aetna	Better Health		2430.61	31.55			200.63	7318.8	percent of total billed charges	
RMVL CORN EPTH W/APP CHEL AG	65436	CPT	outpatient			7704		3073.41 Aetna	Commercial		4254.67				200.63	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL CORN EPTH W/APP CHEL AG	65436	CPT	outpatient			7704		3073.41 Aetna	Medicare		2372.83	30.8			200.63	7318.8	percent of total billed charges	
RMVL CORN EPTH W/APP CHEL AG	65436	CPT	outpatient			7704		3073.41 Amerigroup	Amerigroup		5778	75			200.63	7318.8	percent of total billed charges	
RMVL CORN EPTH W/APP CHEL AG	65436	CPT	outpatient			7704		3073.41 Amerihealth	Medicare		2672.53				200.63	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL CORN EPTH W/APP CHEL AG	65436	CPT	outpatient			7704		3073.41 Amerihealth	HMO|PPO		5007.6	65			200.63	7318.8	percent of total billed charges	
RMVL CORN EPTH W/APP CHEL AG	65436	CPT	outpatient			7704		3073.41 Consumer	Consumer		7318.8	95			200.63	7318.8	percent of total billed charges	
RMVL CORN EPTH W/APP CHEL AG	65436	CPT	outpatient			7704		3073.41 Corrections	Corrections		6163.2	80			200.63	7318.8	percent of total billed charges	
RMVL CORN EPTH W/APP CHEL AG	65436	CPT	outpatient			7704		3073.41 First Health	First Health		5392.8	70			200.63	7318.8	percent of total billed charges	
RMVL CORN EPTH W/APP CHEL AG	65436	CPT	outpatient			7704		3073.41 First Trenton	First Trenton		6933.6	90			200.63	7318.8	percent of total billed charges	
RMVL CORN EPTH W/APP CHEL AG	65436	CPT	outpatient			7704		3073.41 Horizon	MGD		4973.58				200.63	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL CORN EPTH W/APP CHEL AG	65436	CPT	outpatient			7704		3073.41 Horizon	Indemnity		4973.58				200.63	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL CORN EPTH W/APP CHEL AG	65436	CPT	outpatient			7704		3073.41 Horizon	Medicare Blue		2672.53				200.63	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL CORN EPTH W/APP CHEL AG	65436	CPT	outpatient			7704		3073.41 Horizon	NJ Health		200.63				200.63	7318.8	fee schedule	
RMVL CORN EPTH W/APP CHEL AG	65436	CPT	outpatient			7704		3073.41 Horizon	PPO		4973.58				200.63	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL CORN EPTH W/APP CHEL AG	65436	CPT	outpatient			7704		3073.41 Managed Care Inc	Managed Care Inc		6933.6	90			200.63	7318.8	percent of total billed charges	
RMVL CORN EPTH W/APP CHEL AG	65436	CPT	outpatient			7704		3073.41 Multiplan	Multiplan		6163.2	80			200.63	7318.8	percent of total billed charges	
RMVL CORN EPTH W/APP CHEL AG	65436	CPT	outpatient			7704		3073.41 Qualcare	Qualcare		5778	75			200.63	7318.8	percent of total billed charges	
RMVL CORN EPTH W/APP CHEL AG	65436	CPT	outpatient			7704		3073.41 Three Rivers	Three Rivers		7318.8	95			200.63	7318.8	percent of total billed charges	
RMVL CORN EPTH W/APP CHEL AG	65436	CPT	outpatient			7704		3073.41 UHC	Medicaid		2430.61	31.55			200.63	7318.8	percent of total billed charges	
RMVL CORN EPTH W/APP CHEL AG	65436	CPT	outpatient			7704		3073.41 UHC	Medicare		2672.53				200.63	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL CORN EPTH W/APP CHEL AG	65436	CPT	outpatient			7704		3073.41 United	Oxford		2776				200.63	7318.8	case rate	
RMVL CORN EPTH W/APP CHEL AG	65436	CPT	outpatient			7704		3073.41 United	Commercial|PPO		2776				200.63	7318.8	case rate	
RMVL CORN EPTH W/APP CHEL AG	65436	CPT	outpatient			7704		3073.41 Wellcare	Medicaid		2430.61	31.55			200.63	7318.8	percent of total billed charges	
RMVL CORN EPTH W/APP CHEL AG	65436	CPT	outpatient			7704		3073.41 Wellcare	Medicare		2672.53				200.63	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL CORN EPTH W/APP CHEL AG	65436	CPT	outpatient			7704		3073.41 WellPoint	WellPoint		2479.15	32.18			200.63	7318.8	percent of total billed charges	
DEST LESION CORNEA,CRYOTHERAPY	65450	CPT	outpatient			968		383.15 Aetna	Medicare		333.17				94.74	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEST LESION CORNEA,CRYOTHERAPY	65450	CPT	outpatient			968		383.15 Aetna	Better Health		305.4	31.55			94.74	1782	percent of total billed charges	
DEST LESION CORNEA,CRYOTHERAPY	65450	CPT	outpatient			968		383.15 Aetna	Commercial		530.41				94.74	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEST LESION CORNEA,CRYOTHERAPY	65450	CPT	outpatient			968		383.15 Americare	Americare		726	75			94.74	1782	percent of total billed charges	
DEST LESION CORNEA,CRYOTHERAPY	65450	CPT	outpatient			968		383.15 Amerihealth	HMO|PPO		629.2	65			94.74	1782	percent of total billed charges	
DEST LESION CORNEA,CRYOTHERAPY	65450	CPT	outpatient			968		383.15 Amerihealth	Medicare		333.17				94.74	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEST LESION CORNEA,CRYOTHERAPY	65450	CPT	outpatient			968		383.15 Consumer	Consumer		919.6	95			94.74	1782	percent of total billed charges	
DEST LESION CORNEA,CRYOTHERAPY	65450	CPT	outpatient			968		383.15 Corrections	Corrections		774.4	80			94.74	1782	percent of total billed charges	
DEST LESION CORNEA,CRYOTHERAPY	65450	CPT	outpatient			968		383.15 First Health	First Health		677.6	70			94.74	1782	percent of total billed charges	
DEST LESION CORNEA,CRYOTHERAPY	65450	CPT	outpatient			968		383.15 First Trenton	First Trenton		871.2	90			94.74	1782	percent of total billed charges	
DEST LESION CORNEA,CRYOTHERAPY	65450	CPT	outpatient			968		383.15 Horizon	Indemnity		620.03				94.74	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEST LESION CORNEA,CRYOTHERAPY	65450	CPT	outpatient			968		383.15 Horizon	Medicare Blue		333.17				94.74	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEST LESION CORNEA,CRYOTHERAPY	65450	CPT	outpatient			968		383.15 Horizon	MGD		620.03				94.74	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEST LESION CORNEA,CRYOTHERAPY	65450	CPT	outpatient			968		383.15 Horizon	NJ Health		94.74				94.74	1782	fee schedule	
DEST LESION CORNEA,CRYOTHERAPY	65450	CPT	outpatient			968		383.15 Horizon	PPO		620.03				94.74	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEST LESION CORNEA,CRYOTHERAPY	65450	CPT	outpatient			968		383.15 Managed Care Inc	Managed Care Inc		871.2	90			94.74	1782	percent of total billed charges	
DEST LESION CORNEA,CRYOTHERAPY	65450	CPT	outpatient			968		383.15 Multiplan	Multiplan		774.4	80			94.74	1782	percent of total billed charges	
DEST LESION CORNEA,CRYOTHERAPY	65450	CPT	outpatient			968		383.15 Qualcare	Qualcare		726	75			94.74	1782	percent of total billed charges	
DEST LESION CORNEA,CRYOTHERAPY	65450	CPT	outpatient			968		383.15 Three Rivers	Three Rivers		919.6	95			94.74	1782	percent of total billed charges	
DEST LESION CORNEA,CRYOTHERAPY	65450	CPT	outpatient			968		383.15 UHC	Medicaid		305.4	31.55			94.74	1782	percent of total billed charges	
DEST LESION CORNEA,CRYOTHERAPY	65450	CPT	outpatient			968		383.15 UHC	Medicare		333.17				94.74	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEST LESION CORNEA,CRYOTHERAPY	65450	CPT	outpatient			968		383.15 United	Oxford		1782				94.74	1782	case rate	
DEST LESION CORNEA,CRYOTHERAPY	65450	CPT	outpatient			968		383.15 United	Commercial|PPO		1782				94.74	1782	case rate	
DEST LESION CORNEA,CRYOTHERAPY	65450	CPT	outpatient			968		383.15 Wellcare	Medicare		333.17				94.74	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEST LESION CORNEA,CRYOTHERAPY	65450	CPT	outpatient			968		383.15 Wellcare	Medicaid		305.4	31.55			94.74	1782	percent of total billed charges	
DEST LESION CORNEA,CRYOTHERAPY	65450	CPT	outpatient			968		383.15 WellPoint	WellPoint		311.5	32.18			94.74	1782	percent of total billed charges	
MUL PUNCT ANT CORNEA	65600	CPT	outpatient			7704		3073.41 Aetna	Commercial		4254.67				394.11	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MUL PUNCT ANT CORNEA	65600	CPT	outpatient			7704		3073.41 Aetna	Medicare		2672.53				394.11	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MUL PUNCT ANT CORNEA	65600	CPT	outpatient			7704		3073.41 Aetna	Better Health		2430.61	31.55			394.11	7318.8	percent of total billed charges	
MUL PUNCT ANT CORNEA	65600	CPT	outpatient			7704		3073.41 Americare	Americare		5778	75			394.11	7318.8	percent of total billed charges	
MUL PUNCT ANT CORNEA	65600	CPT	outpatient			7704		3073.41 Amerihealth	HMO|PPO		5007.6	65			394.11	7318.8	percent of total billed charges	
MUL PUNCT ANT CORNEA	65600	CPT	outpatient			7704		3073.41 Amerihealth	Medicare		2672.53				394.11	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MUL PUNCT ANT CORNEA	65600	CPT	outpatient			7704		3073.41 Consumer	Consumer		7318.8	95			394.11	7318.8	percent of total billed charges	
MUL PUNCT ANT CORNEA	65600	CPT	outpatient			7704		3073.41 Corrections	Corrections		6163.2	80			394.11	7318.8	percent of total billed charges	
MUL PUNCT ANT CORNEA	65600	CPT	outpatient			7704		3073.41 First Health	First Health		5392.8	70			394.11	7318.8	percent of total billed charges	
MUL PUNCT ANT CORNEA	65600	CPT	outpatient			7704		3073.41 First Trenton	First Trenton		6933.6	90			394.11	7318.8	percent of total billed charges	
MUL PUNCT ANT CORNEA	65600	CPT	outpatient			7704		3073.41 Horizon	MGD		4973.58				394.11	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MUL PUNCT ANT CORNEA	65600	CPT	outpatient			7704		3073.41 Horizon	Medicare Blue		2672.53				394.11	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MUL PUNCT ANT CORNEA	65600	CPT	outpatient			7704		3073.41 Horizon	Indemnity		4973.58				394.11	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MUL PUNCT ANT CORNEA	65600	CPT	outpatient			7704		3073.41 Horizon	NJ Health		394.11				394.11	7318.8	fee schedule	
MUL PUNCT ANT CORNEA	65600	CPT	outpatient			7704		3073.41 Horizon	PPO		4973.58				394.11	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MUL PUNCT ANT CORNEA	65600	CPT	outpatient			7704		3073.41 Managed Care Inc	Managed Care Inc		6933.6	90			394.11	7318.8	percent of total billed charges	
MUL PUNCT ANT CORNEA	65600	CPT	outpatient			7704		3073.41 Multiplan	Multiplan		6163.2	80			394.11	7318.8	percent of total billed charges	
MUL PUNCT ANT CORNEA	65600	CPT	outpatient			7704		3073.41 Qualcare	Qualcare		5778	75			394.11	7318.8	percent of total billed charges	
MUL PUNCT ANT CORNEA	65600	CPT	outpatient			7704		3073.41 Three Rivers	Three Rivers		7318.8	95			394.11	7318.8	percent of total billed charges	
MUL PUNCT ANT CORNEA	65600	CPT	outpatient			7704		3073.41 UHC	Medicaid		2430.61	31.55			394.11	7318.8	percent of total billed charges	
MUL PUNCT ANT CORNEA	65600	CPT	outpatient			7704		3073.41 UHC	Medicare		2672.53				394.11	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MUL PUNCT ANT CORNEA	65600	CPT	outpatient			7704		3073.41 United	Oxford		2776				394.11	7318.8	case rate	
MUL PUNCT ANT CORNEA	65600	CPT	outpatient			7704		3073.41 United	Commercial|PPO		2776				394.11	7318.8	case rate	
MUL PUNCT ANT CORNEA	65600	CPT	outpatient			7704		3073.41 Wellcare	Medicaid		2430.61	31.55			394.11	7318.8	percent of total billed charges	
MUL PUNCT ANT CORNEA	65600	CPT	outpatient			7704		3073.41 Wellcare	Medicare		2672.53				394.11	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MUL PUNCT ANT CORNEA	65600	CPT	outpatient			7704		3073.41 WellPoint	WellPoint		2479.15	32.18			394.11	7318.8	percent of total billed charges	
PLC AMNIO MEMB OCU SURF,W/O SUT	65778	CPT	outpatient			3180		1331.59 Aetna	Medicare		1157.9				1003.29	3021	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLC AMNIO MEMB OCU SURF,W/O SUT	65778	CPT	outpatient			3180		1331.59 Aetna	Better Health		1003.29	31.55			1003.29	3021	percent of total billed charges	
PLC AMNIO MEMB OCU SURF,W/O SUT	65778	CPT	outpatient			3180		1331.59 Aetna	Commercial		1843.38				1003.29	3021	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLC AMNIO MEMB OCU SURF,W/O SUT	65778	CPT	outpatient			3180		1331.59 Americare	Americare		2385	75			1003.29	3021	percent of total billed charges	
PLC AMNIO MEMB OCU SURF,W/O SUT	65778	CPT	outpatient			3180		1331.59 Amerihealth	HMO|PPO		2067	65			1003.29	3021	percent of total billed charges	
PLC AMNIO MEMB OCU SURF,W/O SUT	65778	CPT	outpatient			3180		1331.59 Amerihealth	Medicare		1157.9				1003.29	3021	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLC AMNIO MEMB OCU SURF,W/O SUT	65778	CPT	outpatient			3180		1331.59 Consumer	Consumer		3021	95			1003.29	3021	percent of total billed charges	
PLC AMNIO MEMB OCU SURF,W/O SUT	65778	CPT	outpatient			3180		1331.59 Corrections	Corrections		2544	80			1003.29	3021	percent of total billed charges	
PLC AMNIO MEMB OCU SURF,W/O SUT	65778	CPT	outpatient			3180		1331.59 First Health	First Health		2226	70			1003.29	3021	percent of total billed charges	
PLC AMNIO MEMB OCU SURF,W/O SUT	65778	CPT	outpatient			3180		1331.59 First Trenton	First Trenton		2862	90			1003.29	3021	percent of total billed charges	
PLC AMNIO MEMB OCU SURF,W/O SUT	65778	CPT	outpatient			3180		1331.59 Horizon	PPO		2154.85				1003.29	3021	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLC AMNIO MEMB OCU SURF,W/O SUT	65778	CPT	outpatient			3180		1331.59 Horizon	Medicare Blue		1157.9				1003.29	3021	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLC AMNIO MEMB OCU SURF,W/O SUT	65778	CPT	outpatient			3180		1331.59 Horizon	MGD		2154.85				1003.29	3021	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
PLC AMNIO MEMB OCU SURF,W/O SUT	65778	CPT	outpatient			3180	1331.59	Horizon	Indemnity		2154.85				1003.29		3021 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLC AMNIO MEMB OCU SURF,W/O SUT	65778	CPT	outpatient			3180	1331.59	Horizon	NJ Health		1469.43				1003.29		3021 fee schedule	
PLC AMNIO MEMB OCU SURF,W/O SUT	65778	CPT	outpatient			3180	1331.59	Managed Care Inc	Managed Care Inc		2862	90			1003.29		3021 percent of total billed charges	
PLC AMNIO MEMB OCU SURF,W/O SUT	65778	CPT	outpatient			3180	1331.59	Multiplan	Multiplan		2544	80			1003.29		3021 percent of total billed charges	
PLC AMNIO MEMB OCU SURF,W/O SUT	65778	CPT	outpatient			3180	1331.59	Qualcare	Qualcare		2385	75			1003.29		3021 percent of total billed charges	
PLC AMNIO MEMB OCU SURF,W/O SUT	65778	CPT	outpatient			3180	1331.59	Three Rivers	Three Rivers		3021	95			1003.29		3021 percent of total billed charges	
PLC AMNIO MEMB OCU SURF,W/O SUT	65778	CPT	outpatient			3180	1331.59	UHC	Medicaid		1003.29	31.55			1003.29		3021 percent of total billed charges	
PLC AMNIO MEMB OCU SURF,W/O SUT	65778	CPT	outpatient			3180	1331.59	UHC	Medicare		1157.9				1003.29		3021 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLC AMNIO MEMB OCU SURF,W/O SUT	65778	CPT	outpatient			3180	1331.59	United	Commercial|PPO		2493				1003.29		3021 case rate	
PLC AMNIO MEMB OCU SURF,W/O SUT	65778	CPT	outpatient			3180	1331.59	United	Oxford		2493				1003.29		3021 case rate	
PLC AMNIO MEMB OCU SURF,W/O SUT	65778	CPT	outpatient			3180	1331.59	Wellcare	Medicaid		1003.29	31.55			1003.29		3021 percent of total billed charges	
PLC AMNIO MEMB OCU SURF,W/O SUT	65778	CPT	outpatient			3180	1331.59	Wellcare	Medicare		1157.9				1003.29		3021 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLC AMNIO MEMB OCU SURF,W/O SUT	65778	CPT	outpatient			3180	1331.59	WellPoint	WellPoint		1023.32	32.18			1003.29		3021 percent of total billed charges	
AMNIOTIC MEMBRANE GRAFT, SUTURED	65779	CPT	outpatient			12737	5085.16	Aetna	Commercial		7039.63				1319.2		12100.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMNIOTIC MEMBRANE GRAFT, SUTURED	65779	CPT	outpatient			12737	5085.16	Aetna	Better Health		4018.52	31.55			1319.2		12100.15 percent of total billed charges	
AMNIOTIC MEMBRANE GRAFT, SUTURED	65779	CPT	outpatient			12737	5085.16	Aetna	Medicare		4421.88				1319.2		12100.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMNIOTIC MEMBRANE GRAFT, SUTURED	65779	CPT	outpatient			12737	5085.16	Americare	Americare		9552.75	75			1319.2		12100.15 percent of total billed charges	
AMNIOTIC MEMBRANE GRAFT, SUTURED	65779	CPT	outpatient			12737	5085.16	Amerihealth	HMO|PPO		8279.05	65			1319.2		12100.15 percent of total billed charges	
AMNIOTIC MEMBRANE GRAFT, SUTURED	65779	CPT	outpatient			12737	5085.16	Amerihealth	Medicare		4421.88				1319.2		12100.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMNIOTIC MEMBRANE GRAFT, SUTURED	65779	CPT	outpatient			12737	5085.16	Consumer	Consumer		12100.15	95			1319.2		12100.15 percent of total billed charges	
AMNIOTIC MEMBRANE GRAFT, SUTURED	65779	CPT	outpatient			12737	5085.16	Corrections	Corrections		10189.6	80			1319.2		12100.15 percent of total billed charges	
AMNIOTIC MEMBRANE GRAFT, SUTURED	65779	CPT	outpatient			12737	5085.16	First Health	First Health		8915.9	70			1319.2		12100.15 percent of total billed charges	
AMNIOTIC MEMBRANE GRAFT, SUTURED	65779	CPT	outpatient			12737	5085.16	First Trenton	First Trenton		11463.3	90			1319.2		12100.15 percent of total billed charges	
AMNIOTIC MEMBRANE GRAFT, SUTURED	65779	CPT	outpatient			12737	5085.16	Horizon	MGD		8229.12				1319.2		12100.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMNIOTIC MEMBRANE GRAFT, SUTURED	65779	CPT	outpatient			12737	5085.16	Horizon	Medicare Blue		4421.88				1319.2		12100.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMNIOTIC MEMBRANE GRAFT, SUTURED	65779	CPT	outpatient			12737	5085.16	Horizon	PPO		8229.12				1319.2		12100.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMNIOTIC MEMBRANE GRAFT, SUTURED	65779	CPT	outpatient			12737	5085.16	Horizon	Indemnity		8229.12				1319.2		12100.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMNIOTIC MEMBRANE GRAFT, SUTURED	65779	CPT	outpatient			12737	5085.16	Horizon	NJ Health		1319.2				1319.2		12100.15 fee schedule	
AMNIOTIC MEMBRANE GRAFT, SUTURED	65779	CPT	outpatient			12737	5085.16	Managed Care Inc	Managed Care Inc		11463.3	90			1319.2		12100.15 percent of total billed charges	
AMNIOTIC MEMBRANE GRAFT, SUTURED	65779	CPT	outpatient			12737	5085.16	Multiplan	Multiplan		10189.6	80			1319.2		12100.15 percent of total billed charges	
AMNIOTIC MEMBRANE GRAFT, SUTURED	65779	CPT	outpatient			12737	5085.16	Qualcare	Qualcare		9552.75	75			1319.2		12100.15 percent of total billed charges	
AMNIOTIC MEMBRANE GRAFT, SUTURED	65779	CPT	outpatient			12737	5085.16	Three Rivers	Three Rivers		12100.15	95			1319.2		12100.15 percent of total billed charges	
AMNIOTIC MEMBRANE GRAFT, SUTURED	65779	CPT	outpatient			12737	5085.16	UHC	Medicaid		4018.52	31.55			1319.2		12100.15 percent of total billed charges	
AMNIOTIC MEMBRANE GRAFT, SUTURED	65779	CPT	outpatient			12737	5085.16	UHC	Medicare		4421.88				1319.2		12100.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMNIOTIC MEMBRANE GRAFT, SUTURED	65779	CPT	outpatient			12737	5085.16	United	Oxford		3492				1319.2		12100.15 case rate	
AMNIOTIC MEMBRANE GRAFT, SUTURED	65779	CPT	outpatient			12737	5085.16	United	Commercial|PPO		3492				1319.2		12100.15 case rate	
AMNIOTIC MEMBRANE GRAFT, SUTURED	65779	CPT	outpatient			12737	5085.16	Wellcare	Medicare		4421.88				1319.2		12100.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMNIOTIC MEMBRANE GRAFT, SUTURED	65779	CPT	outpatient			12737	5085.16	Wellcare	Medicaid		4018.52	31.55			1319.2		12100.15 percent of total billed charges	
AMNIOTIC MEMBRANE GRAFT, SUTURED	65779	CPT	outpatient			12737	5085.16	WellPoint	WellPoint		4098.77	32.18			1319.2		12100.15 percent of total billed charges	
OCULAR SURFACERECON	65780	CPT	outpatient			12737	5085.16	Aetna	Better Health		4018.52	31.55			919.66		12100.15 percent of total billed charges	
OCULAR SURFACERECON	65780	CPT	outpatient			12737	5085.16	Aetna	Commercial		7039.63				919.66		12100.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCULAR SURFACERECON	65780	CPT	outpatient			12737	5085.16	Aetna	Medicare		4421.88				919.66		12100.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCULAR SURFACERECON	65780	CPT	outpatient			12737	5085.16	Americare	Americare		9552.75	75			919.66		12100.15 percent of total billed charges	
OCULAR SURFACERECON	65780	CPT	outpatient			12737	5085.16	Amerihealth	HMO|PPO		8279.05	65			919.66		12100.15 percent of total billed charges	
OCULAR SURFACERECON	65780	CPT	outpatient			12737	5085.16	Amerihealth	Medicare		4421.88				919.66		12100.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCULAR SURFACERECON	65780	CPT	outpatient			12737	5085.16	Consumer	Consumer		12100.15	95			919.66		12100.15 percent of total billed charges	
OCULAR SURFACERECON	65780	CPT	outpatient			12737	5085.16	Corrections	Corrections		10189.6	80			919.66		12100.15 percent of total billed charges	
OCULAR SURFACERECON	65780	CPT	outpatient			12737	5085.16	First Health	First Health		8915.9	70			919.66		12100.15 percent of total billed charges	
OCULAR SURFACERECON	65780	CPT	outpatient			12737	5085.16	First Trenton	First Trenton		11463.3	90			919.66		12100.15 percent of total billed charges	
OCULAR SURFACERECON	65780	CPT	outpatient			12737	5085.16	Horizon	Indemnity		8229.12				919.66		12100.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCULAR SURFACERECON	65780	CPT	outpatient			12737	5085.16	Horizon	NJ Health		919.66				919.66		12100.15 fee schedule	
OCULAR SURFACERECON	65780	CPT	outpatient			12737	5085.16	Horizon	MGD		8229.12				919.66		12100.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCULAR SURFACERECON	65780	CPT	outpatient			12737	5085.16	Horizon	Medicare Blue		4421.88				919.66		12100.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCULAR SURFACERECON	65780	CPT	outpatient			12737	5085.16	Horizon	PPO		8229.12				919.66		12100.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCULAR SURFACERECON	65780	CPT	outpatient			12737	5085.16	Managed Care Inc	Managed Care Inc		11463.3	90			919.66		12100.15 percent of total billed charges	
OCULAR SURFACERECON	65780	CPT	outpatient			12737	5085.16	Multiplan	Multiplan		10189.6	80			919.66		12100.15 percent of total billed charges	
OCULAR SURFACERECON	65780	CPT	outpatient			12737	5085.16	Qualcare	Qualcare		9552.75	75			919.66		12100.15 percent of total billed charges	
OCULAR SURFACERECON	65780	CPT	outpatient			12737	5085.16	Three Rivers	Three Rivers		12100.15	95			919.66		12100.15 percent of total billed charges	
OCULAR SURFACERECON	65780	CPT	outpatient			12737	5085.16	UHC	Medicaid		4018.52	31.55			919.66		12100.15 percent of total billed charges	
OCULAR SURFACERECON	65780	CPT	outpatient			12737	5085.16	UHC	Medicare		4421.88				919.66		12100.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCULAR SURFACERECON	65780	CPT	outpatient			12737	5085.16	United	Commercial|PPO		3492				919.66		12100.15 case rate	
OCULAR SURFACERECON	65780	CPT	outpatient			12737	5085.16	United	Oxford		3492				919.66		12100.15 case rate	
OCULAR SURFACERECON	65780	CPT	outpatient			12737	5085.16	Wellcare	Medicare		4421.88				919.66		12100.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCULAR SURFACERECON	65780	CPT	outpatient			12737	5085.16	Wellcare	Medicaid		4018.52	31.55			919.66		12100.15 percent of total billed charges	
OCULAR SURFACERECON	65780	CPT	outpatient			12737	5085.16	WellPoint	WellPoint		4098.77	32.18			919.66		12100.15 percent of total billed charges	
OCULAR RECONST LIMBAL SC ALGRFT	65781	CPT	outpatient			14557	6874.07	Aetna	Commercial		9516.1				1396.35		13829.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCULAR RECONST LIMBAL SC ALGRFT	65781	CPT	outpatient			14557	6874.07	Aetna	Better Health		4592.73	31.55			1396.35		13829.15 percent of total billed charges	
OCULAR RECONST LIMBAL SC ALGRFT	65781	CPT	outpatient			14557	6874.07	Aetna	Medicare		5977.45				1396.35		13829.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCULAR RECONST LIMBAL SC ALGRFT	65781	CPT	outpatient			14557	6874.07	Americare	Americare		10917.75	75			1396.35		13829.15 percent of total billed charges	
OCULAR RECONST LIMBAL SC ALGRFT	65781	CPT	outpatient			14557	6874.07	Amerihealth	HMO|PPO		9462.05	65			1396.35		13829.15 percent of total billed charges	
OCULAR RECONST LIMBAL SC ALGRFT	65781	CPT	outpatient			14557	6874.07	Amerihealth	Medicare		5977.45				1396.35		13829.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCULAR RECONST LIMBAL SC ALGRFT	65781	CPT	outpatient			14557	6874.07	Consumer	Consumer		13829.15	95			1396.35		13829.15 percent of total billed charges	
OCULAR RECONST LIMBAL SC ALGRFT	65781	CPT	outpatient			14557	6874.07	Corrections	Corrections		11645.6	80			1396.35		13829.15 percent of total billed charges	
OCULAR RECONST LIMBAL SC ALGRFT	65781	CPT	outpatient			14557	6874.07	First Health	First Health		10189.9	70			1396.35		13829.15 percent of total billed charges	
OCULAR RECONST LIMBAL SC ALGRFT	65781	CPT	outpatient			14557	6874.07	First Trenton	First Trenton		13101.3	90			1396.35		13829.15 percent of total billed charges	
OCULAR RECONST LIMBAL SC ALGRFT	65781	CPT	outpatient			14557	6874.07	Horizon	MGD		11124.03				1396.35		13829.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCULAR RECONST LIMBAL SC ALGRFT	65781	CPT	outpatient			14557	6874.07	Horizon	Indemnity		11124.03				1396.35		13829.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCULAR RECONST LIMBAL SC ALGRFT	65781	CPT	outpatient			14557	6874.07	Horizon	PPO		11124.03				1396.35		13829.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCULAR RECONST LIMBAL SC ALGRFT	65781	CPT	outpatient			14557	6874.07	Horizon	NJ Health		1396.35				1396.35		13829.15 fee schedule	
OCULAR RECONST LIMBAL SC ALGRFT	65781	CPT	outpatient			14557	6874.07	Horizon	Medicare Blue		5977.45				1396.35		13829.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCULAR RECONST LIMBAL SC ALGRFT	65781	CPT	outpatient			14557	6874.07	Managed Care Inc	Managed Care Inc		13101.3	90			1396.35		13829.15 percent of total billed charges	
OCULAR RECONST LIMBAL SC ALGRFT	65781	CPT	outpatient			14557	6874.07	Multiplan	Multiplan		11645.6	80			1396.35		13829.15 percent of total billed charges	
OCULAR RECONST LIMBAL SC ALGRFT	65781	CPT	outpatient			14557	6874.07	Qualcare	Qualcare		10917.75	75			1396.35		13829.15 percent of total billed charges	
OCULAR RECONST LIMBAL SC ALGRFT	65781	CPT	outpatient			14557	6874.07	Three Rivers	Three Rivers		13829.15	95			1396.35		13829.15 percent of total billed charges	
OCULAR RECONST LIMBAL SC ALGRFT	65781	CPT	outpatient			14557	6874.07	UHC	Medicaid		4592.73	31.55			1396.35		13829.15 percent of total billed charges	
OCULAR RECONST LIMBAL SC ALGRFT	65781	CPT	outpatient			14557	6874.07	UHC	Medicare		5977.45				1396.35		13829.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCULAR RECONST LIMBAL SC ALGRFT	65781	CPT	outpatient			14557	6874.07	United	Commercial|PPO		6362				1396.35		13829.15 case rate	
OCULAR RECONST LIMBAL SC ALGRFT	65781	CPT	outpatient			14557	6874.07	United	Oxford		6362				1396.35		13829.15 case rate	
OCULAR RECONST LIMBAL SC ALGRFT	65781	CPT	outpatient			14557	6874.07	Wellcare	Medicare		5977.45				1396.35		13829.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCULAR RECONST LIMBAL SC ALGRFT	65781	CPT	outpatient			14557	6874.07	Wellcare	Medicaid		4592.73	31.55			1396.35		13829.15 percent of total billed charges	
OCULAR RECONST LIMBAL SC ALGRFT	65781	CPT	outpatient			14557	6874.07	WellPoint	WellPoint		4684.44	32.18			1396.35		13829.15 percent of total billed charges	
PARACENTESIS OF ANTERIOR CHAMBER	65800	CPT	outpatient			7871	3064.95	Aetna	Better Health		2483.3	31.55			166.15		7477.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARACENTESIS OF ANTERIOR CHAMBER	65800	CPT	outpatient			7871	3064.95	Aetna	Medicare		2665.17				166.15		7477.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARACENTESIS OF ANTERIOR CHAMBER	65800	CPT	outpatient			7871	3064.95	Aetna	Commercial		4242.95				166.15		7477.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARACENTESIS OF ANTERIOR CHAMBER	65800	CPT	outpatient			7871	3064.95	Americare	Americare		5903.25	75			166.15		7477.45 percent of total billed charges	
PARACENTESIS OF ANTERIOR CHAMBER	65800	CPT	outpatient			7871	3064.95	Amerihealth	Medicare		2665.17				166.15		7477.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARACENTESIS OF ANTERIOR CHAMBER	65800	CPT	outpatient			7871	3064.95	Amerihealth	HMO|PPO		5116.15	65			166.15		7477.45 percent of total billed charges	
PARACENTESIS OF ANTERIOR CHAMBER	65800	CPT	outpatient			7871	3064.95	Consumer	Consumer		7477.45	95			166.15		7477.45 percent of total billed charges	
PARACENTESIS OF ANTERIOR CHAMBER	65800	CPT	outpatient			7871	3064.95	Corrections	Corrections		6296.8	80			166.15		7477.45 percent of total billed charges	
PARACENTESIS OF ANTERIOR CHAMBER	65800	CPT	outpatient			7871	3064.95	First Health	First Health		5509.7	70			166.15		7477.45 percent of total billed charges	
PARACENTESIS OF ANTERIOR CHAMBER	65800	CPT	outpatient			7871	3064.95	First Trenton	First Trenton		7083.9	90			166.15		7477.45 percent of total billed charges	
PARACENTESIS OF ANTERIOR CHAMBER	65800	CPT	outpatient			7871	3064.95	Horizon	MGD		4959.88				166.15		7477.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARACENTESIS OF ANTERIOR CHAMBER	65800	CPT	outpatient			7871	3064.95	Horizon	Medicare Blue		2665.17				166.15		7477.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARACENTESIS OF ANTERIOR CHAMBER	65800	CPT	outpatient			7871	3064.95	Horizon	Indemnity		4959.88				166.15		7477.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARACENTESIS OF ANTERIOR CHAMBER	65800	CPT	outpatient			7871	3064.95	Horizon	NJ Health		166.15				166.15		7477.45 fee schedule	
PARACENTESIS OF ANTERIOR CHAMBER	65800	CPT	outpatient			7871	3064.95	Horizon	PPO		4959.88				166.15		7477.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARACENTESIS OF ANTERIOR CHAMBER	65800	CPT	outpatient			7871	3064.95	Managed Care Inc	Managed Care Inc		7083.9	90			166.15		7477.45 percent of total billed charges	
PARACENTESIS OF ANTERIOR CHAMBER	65800	CPT	outpatient			7871	3064.95	Multiplan	Multiplan		6296.8	80			166.15		7477.45 percent of total billed charges	
PARACENTESIS OF ANTERIOR CHAMBER	65800	CPT	outpatient			7871	3064.95	Qualcare	Qualcare		5903.25	75			166.15		7477.45 percent of total billed charges	
PARACENTESIS OF ANTERIOR CHAMBER	65800	CPT	outpatient			7871	3064.95	Three Rivers	Three Rivers		7477.45	95			166.15		7477.45 percent of total billed charges	
PARACENTESIS OF ANTERIOR CHAMBER	65800	CPT	outpatient			7871	3064.95	UHC	Medicare		2665.17				166.15		7477.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARACENTESIS OF ANTERIOR CHAMBER	65800	CPT	outpatient			7871	3064.95	UHC	Medicaid		2483.3	31.55			166.15		7477.45 percent of total billed charges	
PARACENTESIS OF ANTERIOR CHAMBER	65800	CPT	outpatient			7871	3064.95	United	Oxford		1782				166.15		7477.45 case rate	
PARACENTESIS OF ANTERIOR CHAMBER	65800	CPT	outpatient			7871	3064.95	United	Commercial|PPO		1782				166.15		7477.45 case rate	
PARACENTESIS OF ANTERIOR CHAMBER	65800	CPT	outpatient			7871	3064.95	Wellcare	Medicaid		2483.3	31.55			166.15		7477.45 percent of total billed charges	
PARACENTESIS OF ANTERIOR CHAMBER	65800	CPT	outpatient			7871	3064.95	Wellcare	Medicare		2665.17				166.15		7477.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARACENTESIS OF ANTERIOR CHAMBER	65800	CPT	outpatient			7871	3064.95	WellPoint	WellPoint		2532.89	32.18			166.15		7477.45 percent of total billed charges	
DRAIN EYE,W/REM OF BLOOD	65815	CPT	outpatient			7871	3064.95	Aetna	Better Health		2483.3	31.55			315.81		7477.45 percent of total billed charges	
DRAIN EYE,W/REM OF BLOOD	65815	CPT	outpatient			7871	3064.95	Aetna	Commercial		4242.95				315.81		7477.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAIN EYE,W/REM OF BLOOD	65815	CPT	outpatient			7871	3064.95	Aetna	Medicare		2665.17				315.81		7477.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAIN EYE,W/REM OF BLOOD	65815	CPT	outpatient			7871	3064.95	Americare	Americare		5903.25	75			315.81		7477.45 percent of total billed charges	
DRAIN EYE,W/REM OF BLOOD	65815	CPT	outpatient			7871	3064.95	Amerihealth	Medicare		2665.17				315.81		7477.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAIN EYE,W/REM OF BLOOD	65815	CPT	outpatient			7871	3064.95	Amerihealth	HMO|PPO		5116.15	65			315.81		7477.45 percent of total billed charges	
DRAIN EYE,W/REM OF BLOOD	65815	CPT	outpatient			7871	3064.95	Consumer	Consumer		7477.45	95			315.81		7477.45 percent of total billed charges	
DRAIN EYE,W/REM OF BLOOD	65815	CPT	outpatient			7871	3064.95	Corrections	Corrections		6296.8	80			315.81		7477.45 percent of total billed charges	
DRAIN EYE,W/REM OF BLOOD	65815	CPT	outpatient			7871	3064.95	First Health	First Health		5509.7	70			315.81		7477.45 percent of total billed charges	
DRAIN EYE,W/REM OF BLOOD	65815	CPT	outpatient			7871	3064.95	First Trenton	First Trenton		7083.9	90			315.81		7477.45 percent of total billed charges	
DRAIN EYE,W/REM OF BLOOD	65815	CPT	outpatient			7871	3064.95	Horizon	Indemnity		4959.88				315.81		7477.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAIN EYE,W/REM OF BLOOD	65815	CPT	outpatient			7871	3064.95	Horizon	MGD		4959.88				315.81		7477.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAIN EYE,W/REM OF BLOOD	65815	CPT	outpatient			7871	3064.95	Horizon	Medicare Blue		2665.17				315.81		7477.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAIN EYE,W/REM OF BLOOD	65815	CPT	outpatient			7871	3064.95	Horizon	NJ Health		315.81				315.81		7477.45 fee schedule	
DRAIN EYE,W/REM OF BLOOD	65815	CPT	outpatient			7871	3064.95	Horizon	PPO		4959.88				315.81		7477.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAIN EYE,W/REM OF BLOOD	65815	CPT	outpatient			7871	3064.95	Managed Care Inc	Managed Care Inc		7083.9	90			315.81		7477.45 percent of total billed charges	
DRAIN EYE,W/REM OF BLOOD	65815	CPT	outpatient			7871	3064.95	Multiplan	Multiplan		6296.8	80			315.81		7477.45 percent of total billed charges	
DRAIN EYE,W/REM OF BLOOD	65815	CPT	outpatient			7871	3064.95	Qualcare	Qualcare		5903.25	75			315.81		7477.45 percent of total billed charges	
DRAIN EYE,W/REM OF BLOOD	65815	CPT	outpatient			7871	3064.95	Three Rivers	Three Rivers		7477.45	95			315.81		7477.45 percent of total billed charges	
DRAIN EYE,W/REM OF BLOOD	65815	CPT	outpatient			7871	3064.95	UHC	Medicare		2665.17				315.81		7477.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAIN EYE,W/REM OF BLOOD	65815	CPT	outpatient			7871	3064.95	UHC	Medicaid		2483.3	31.55			315.81		7477.45 percent of total billed charges	
DRAIN EYE,W/REM OF BLOOD	65815	CPT	outpatient			7871	3064.95	United	Oxford		2776				315.81		7477.45 case rate	
DRAIN EYE,W/REM OF BLOOD	65815	CPT	outpatient			7871	3064.95	United	Commercial|PPO		2776				315.81		7477.45 case rate	
DRAIN EYE,W/REM OF BLOOD	65815	CPT	outpatient			7871	3064.95	Wellcare	Medicare		2665.17				315.81		7477.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAIN EYE,W/REM OF BLOOD	65815	CPT	outpatient			7871	3064.95	Wellcare	Medicaid		2483.3	31.55			315.81		7477.45 percent of total billed charges	
DRAIN EYE,W/REM OF BLOOD	65815	CPT	outpatient			7871	3064.95	WellPoint	WellPoint		2532.89	32.18			315.81		7477.45 percent of total billed charges	
LASER-TRABECULOPLASTY	65855	CPT	outpatient			1935	764.5	Aetna	Medicare		664.78				610.49		1838.25 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER-TRABECULOPLASTY	65855	CPT	outpatient			1935	764.5	Aetna	Commercial		1058.33				610.49		1838.25 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER-TRABECULOPLASTY	65855	CPT	outpatient			1935	764.5	Aetna	Better Health		610.49	31.55			610.49		1838.25 percent of total billed charges	
LASER-TRABECULOPLASTY	65855	CPT	outpatient			1935	764.5	Americare	Americare		1451.25	75			610.49		1838.25 percent of total billed charges	
LASER-TRABECULOPLASTY	65855	CPT	outpatient			1935	764.5	Amerihealth	HMO|PPO		1257.75	65			610.49		1838.25 percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101191	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
LASER-TRABECULOPLASTY	65855	CPT	outpatient			1935		764.5 Amerihealth	Medicare		664.78				610.49	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER-TRABECULOPLASTY	65855	CPT	outpatient			1935		764.5 Consumer	Consumer		1838.25	95			610.49	1838.25	percent of total billed charges	
LASER-TRABECULOPLASTY	65855	CPT	outpatient			1935		764.5 Corrections	Corrections		1548	80			610.49	1838.25	percent of total billed charges	
LASER-TRABECULOPLASTY	65855	CPT	outpatient			1935		764.5 First Health	First Health		1364.5	70			610.49	1838.25	percent of total billed charges	
LASER-TRABECULOPLASTY	65855	CPT	outpatient			1935		764.5 First Trenton	First Trenton		1741.5	90			610.49	1838.25	percent of total billed charges	
LASER-TRABECULOPLASTY	65855	CPT	outpatient			1935		764.5 Horizon	Indemnity		1237.16				610.49	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER-TRABECULOPLASTY	65855	CPT	outpatient			1935		764.5 Horizon	Medicare Blue		664.78				610.49	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER-TRABECULOPLASTY	65855	CPT	outpatient			1935		764.5 Horizon	NJ Health		709.92				610.49	1838.25	fee schedule	
LASER-TRABECULOPLASTY	65855	CPT	outpatient			1935		764.5 Horizon	MGD		1237.16				610.49	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER-TRABECULOPLASTY	65855	CPT	outpatient			1935		764.5 Horizon	PPO		1237.16				610.49	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER-TRABECULOPLASTY	65855	CPT	outpatient			1935		764.5 Managed Care Inc	Managed Care Inc		1741.5	90			610.49	1838.25	percent of total billed charges	
LASER-TRABECULOPLASTY	65855	CPT	outpatient			1935		764.5 Multiplan	Multiplan		1548	80			610.49	1838.25	percent of total billed charges	
LASER-TRABECULOPLASTY	65855	CPT	outpatient			1935		764.5 Qualcare	Qualcare		1451.25	75			610.49	1838.25	percent of total billed charges	
LASER-TRABECULOPLASTY	65855	CPT	outpatient			1935		764.5 Three Rivers	Three Rivers		1838.25	95			610.49	1838.25	percent of total billed charges	
LASER-TRABECULOPLASTY	65855	CPT	outpatient			1935		764.5 UHC	Medicare		664.78				610.49	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER-TRABECULOPLASTY	65855	CPT	outpatient			1935		764.5 UHC	Medicaid		610.49	31.55			610.49	1838.25	percent of total billed charges	
LASER-TRABECULOPLASTY	65855	CPT	outpatient			1935		764.5 United	Oxford		1817				610.49	1838.25	case rate	
LASER-TRABECULOPLASTY	65855	CPT	outpatient			1935		764.5 United	Commercial|PPO		1817				610.49	1838.25	case rate	
LASER-TRABECULOPLASTY	65855	CPT	outpatient			1935		764.5 Wellcare	Medicare		664.78				610.49	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER-TRABECULOPLASTY	65855	CPT	outpatient			1935		764.5 Wellcare	Medicaid		610.49	31.55			610.49	1838.25	percent of total billed charges	
LASER-TRABECULOPLASTY	65855	CPT	outpatient			1935		764.5 WellPoint	WellPoint		622.68	32.18			610.49	1838.25	percent of total billed charges	
LASER ADHESIONS ANT SEGMENT	65860	CPT	outpatient			1935		764.5 Aetna	Better Health		610.49	31.55			468.96	1838.25	percent of total billed charges	
LASER ADHESIONS ANT SEGMENT	65860	CPT	outpatient			1935		764.5 Aetna	Commercial		1058.33				468.96	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER ADHESIONS ANT SEGMENT	65860	CPT	outpatient			1935		764.5 Aetna	Medicare		664.78				468.96	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER ADHESIONS ANT SEGMENT	65860	CPT	outpatient			1935		764.5 Americare	Americare		1451.25	75			468.96	1838.25	percent of total billed charges	
LASER ADHESIONS ANT SEGMENT	65860	CPT	outpatient			1935		764.5 Amerihealth	HMO/PPO		1257.75	65			468.96	1838.25	percent of total billed charges	
LASER ADHESIONS ANT SEGMENT	65860	CPT	outpatient			1935		764.5 Amerihealth	Medicare		664.78				468.96	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER ADHESIONS ANT SEGMENT	65860	CPT	outpatient			1935		764.5 Consumer	Consumer		1838.25	95			468.96	1838.25	percent of total billed charges	
LASER ADHESIONS ANT SEGMENT	65860	CPT	outpatient			1935		764.5 Corrections	Corrections		1548	80			468.96	1838.25	percent of total billed charges	
LASER ADHESIONS ANT SEGMENT	65860	CPT	outpatient			1935		764.5 First Health	First Health		1364.5	70			468.96	1838.25	percent of total billed charges	
LASER ADHESIONS ANT SEGMENT	65860	CPT	outpatient			1935		764.5 First Trenton	First Trenton		1741.5	90			468.96	1838.25	percent of total billed charges	
LASER ADHESIONS ANT SEGMENT	65860	CPT	outpatient			1935		764.5 Horizon	MGD		1237.16				468.96	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER ADHESIONS ANT SEGMENT	65860	CPT	outpatient			1935		764.5 Horizon	Indemnity		1237.16				468.96	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER ADHESIONS ANT SEGMENT	65860	CPT	outpatient			1935		764.5 Horizon	Medicare Blue		664.78				468.96	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER ADHESIONS ANT SEGMENT	65860	CPT	outpatient			1935		764.5 Horizon	NJ Health		468.96				468.96	1838.25	fee schedule	
LASER ADHESIONS ANT SEGMENT	65860	CPT	outpatient			1935		764.5 Horizon	PPO		1237.16				468.96	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER ADHESIONS ANT SEGMENT	65860	CPT	outpatient			1935		764.5 Managed Care Inc	Managed Care Inc		1741.5	90			468.96	1838.25	percent of total billed charges	
LASER ADHESIONS ANT SEGMENT	65860	CPT	outpatient			1935		764.5 Multiplan	Multiplan		1548	80			468.96	1838.25	percent of total billed charges	
LASER ADHESIONS ANT SEGMENT	65860	CPT	outpatient			1935		764.5 Qualcare	Qualcare		1451.25	75			468.96	1838.25	percent of total billed charges	
LASER ADHESIONS ANT SEGMENT	65860	CPT	outpatient			1935		764.5 Three Rivers	Three Rivers		1838.25	95			468.96	1838.25	percent of total billed charges	
LASER ADHESIONS ANT SEGMENT	65860	CPT	outpatient			1935		764.5 UHC	Medicare		664.78				468.96	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER ADHESIONS ANT SEGMENT	65860	CPT	outpatient			1935		764.5 UHC	Medicaid		610.49	31.55			468.96	1838.25	percent of total billed charges	
LASER ADHESIONS ANT SEGMENT	65860	CPT	outpatient			1935		764.5 United	Commercial|PPO		1817				468.96	1838.25	case rate	
LASER ADHESIONS ANT SEGMENT	65860	CPT	outpatient			1935		764.5 United	Oxford		1817				468.96	1838.25	case rate	
LASER ADHESIONS ANT SEGMENT	65860	CPT	outpatient			1935		764.5 Wellcare	Medicare		664.78				468.96	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER ADHESIONS ANT SEGMENT	65860	CPT	outpatient			1935		764.5 Wellcare	Medicaid		610.49	31.55			468.96	1838.25	percent of total billed charges	
LASER ADHESIONS ANT SEGMENT	65860	CPT	outpatient			1935		764.5 WellPoint	WellPoint		622.68	32.18			468.96	1838.25	percent of total billed charges	
INCIS ADHESNS, ANT SYNECHIAE	65870	CPT	outpatient			7871		3064.95 Aetna	Medicare		2665.17				569.63	7477.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCIS ADHESNS, ANT SYNECHIAE	65870	CPT	outpatient			7871		3064.95 Aetna	Better Health		2483.3	31.55			569.63	7477.45	percent of total billed charges	
INCIS ADHESNS, ANT SYNECHIAE	65870	CPT	outpatient			7871		3064.95 Aetna	Commercial		4242.95				569.63	7477.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCIS ADHESNS, ANT SYNECHIAE	65870	CPT	outpatient			7871		3064.95 Americare	Americare		5903.25	75			569.63	7477.45	percent of total billed charges	
INCIS ADHESNS, ANT SYNECHIAE	65870	CPT	outpatient			7871		3064.95 Amerihealth	HMO/PPO		5116.15	65			569.63	7477.45	percent of total billed charges	
INCIS ADHESNS, ANT SYNECHIAE	65870	CPT	outpatient			7871		3064.95 Amerihealth	Medicare		2665.17				569.63	7477.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCIS ADHESNS, ANT SYNECHIAE	65870	CPT	outpatient			7871		3064.95 Consumer	Consumer		7477.45	95			569.63	7477.45	percent of total billed charges	
INCIS ADHESNS, ANT SYNECHIAE	65870	CPT	outpatient			7871		3064.95 Corrections	Corrections		6296.8	80			569.63	7477.45	percent of total billed charges	
INCIS ADHESNS, ANT SYNECHIAE	65870	CPT	outpatient			7871		3064.95 First Health	First Health		5509.7	70			569.63	7477.45	percent of total billed charges	
INCIS ADHESNS, ANT SYNECHIAE	65870	CPT	outpatient			7871		3064.95 First Trenton	First Trenton		7083.9	90			569.63	7477.45	percent of total billed charges	
INCIS ADHESNS, ANT SYNECHIAE	65870	CPT	outpatient			7871		3064.95 Horizon	Indemnity		4959.88				569.63	7477.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCIS ADHESNS, ANT SYNECHIAE	65870	CPT	outpatient			7871		3064.95 Horizon	PPO		4959.88				569.63	7477.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCIS ADHESNS, ANT SYNECHIAE	65870	CPT	outpatient			7871		3064.95 Horizon	MGD		4959.88				569.63	7477.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCIS ADHESNS, ANT SYNECHIAE	65870	CPT	outpatient			7871		3064.95 Horizon	Medicare Blue		2665.17				569.63	7477.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCIS ADHESNS, ANT SYNECHIAE	65870	CPT	outpatient			7871		3064.95 Horizon	NJ Health		569.63				569.63	7477.45	fee schedule	
INCIS ADHESNS, ANT SYNECHIAE	65870	CPT	outpatient			7871		3064.95 Managed Care Inc	Managed Care Inc		7083.9	90			569.63	7477.45	percent of total billed charges	
INCIS ADHESNS, ANT SYNECHIAE	65870	CPT	outpatient			7871		3064.95 Multiplan	Multiplan		6296.8	80			569.63	7477.45	percent of total billed charges	
INCIS ADHESNS, ANT SYNECHIAE	65870	CPT	outpatient			7871		3064.95 Qualcare	Qualcare		5903.25	75			569.63	7477.45	percent of total billed charges	
INCIS ADHESNS, ANT SYNECHIAE	65870	CPT	outpatient			7871		3064.95 Three Rivers	Three Rivers		7477.45	95			569.63	7477.45	percent of total billed charges	
INCIS ADHESNS, ANT SYNECHIAE	65870	CPT	outpatient			7871		3064.95 UHC	Medicaid		2483.3	31.55			569.63	7477.45	percent of total billed charges	
INCIS ADHESNS, ANT SYNECHIAE	65870	CPT	outpatient			7871		3064.95 UHC	Medicare		2665.17				569.63	7477.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCIS ADHESNS, ANT SYNECHIAE	65870	CPT	outpatient			7871		3064.95 United	Commercial|PPO		2776				569.63	7477.45	case rate	
INCIS ADHESNS, ANT SYNECHIAE	65870	CPT	outpatient			7871		3064.95 United	Oxford		2776				569.63	7477.45	case rate	
INCIS ADHESNS, ANT SYNECHIAE	65870	CPT	outpatient			7871		3064.95 Wellcare	Medicare		2665.17				569.63	7477.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCIS ADHESNS, ANT SYNECHIAE	65870	CPT	outpatient			7871		3064.95 Wellcare	Medicaid		2483.3	31.55			569.63	7477.45	percent of total billed charges	
INCIS ADHESNS, ANT SYNECHIAE	65870	CPT	outpatient			7871		3064.95 WellPoint	WellPoint		2532.89	32.18			569.63	7477.45	percent of total billed charges	
REMOVAL GROWTH EYE	65900	CPT	outpatient			5132		3064.95 Aetna	Commercial		4242.95				631.62	4959.88	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL GROWTH EYE	65900	CPT	outpatient			5132		3064.95 Aetna	Better Health		1619.15	31.55			631.62	4959.88	percent of total billed charges	
REMOVAL GROWTH EYE	65900	CPT	outpatient			5132		3064.95 Aetna	Medicare		1580.66	30.8			631.62	4959.88	percent of total billed charges	
REMOVAL GROWTH EYE	65900	CPT	outpatient			5132		3064.95 Americare	Americare		3849	75			631.62	4959.88	percent of total billed charges	
REMOVAL GROWTH EYE	65900	CPT	outpatient			5132		3064.95 Amerihealth	HMO/PPO		3335.8	65			631.62	4959.88	percent of total billed charges	
REMOVAL GROWTH EYE	65900	CPT	outpatient			5132		3064.95 Amerihealth	Medicare		2665.17				631.62	4959.88	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL GROWTH EYE	65900	CPT	outpatient			5132		3064.95 Consumer	Consumer		4875.4	95			631.62	4959.88	percent of total billed charges	
REMOVAL GROWTH EYE	65900	CPT	outpatient			5132		3064.95 Corrections	Corrections		4105.6	80			631.62	4959.88	percent of total billed charges	
REMOVAL GROWTH EYE	65900	CPT	outpatient			5132		3064.95 First Health	First Health		3592.4	70			631.62	4959.88	percent of total billed charges	
REMOVAL GROWTH EYE	65900	CPT	outpatient			5132		3064.95 First Trenton	First Trenton		4618.8	90			631.62	4959.88	percent of total billed charges	
REMOVAL GROWTH EYE	65900	CPT	outpatient			5132		3064.95 Horizon	Medicare Blue		2665.17				631.62	4959.88	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL GROWTH EYE	65900	CPT	outpatient			5132		3064.95 Horizon	MGD		4959.88				631.62	4959.88	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL GROWTH EYE	65900	CPT	outpatient			5132		3064.95 Horizon	Indemnity		4959.88				631.62	4959.88	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL GROWTH EYE	65900	CPT	outpatient			5132		3064.95 Horizon	NJ Health		631.62				631.62	4959.88	fee schedule	
REMOVAL GROWTH EYE	65900	CPT	outpatient			5132		3064.95 Horizon	PPO		4959.88				631.62	4959.88	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL GROWTH EYE	65900	CPT	outpatient			5132		3064.95 Managed Care Inc	Managed Care Inc		4618.8	90			631.62	4959.88	percent of total billed charges	
REMOVAL GROWTH EYE	65900	CPT	outpatient			5132		3064.95 Multiplan	Multiplan		4105.6	80			631.62	4959.88	percent of total billed charges	
REMOVAL GROWTH EYE	65900	CPT	outpatient			5132		3064.95 Qualcare	Qualcare		3849	75			631.62	4959.88	percent of total billed charges	
REMOVAL GROWTH EYE	65900	CPT	outpatient			5132		3064.95 Three Rivers	Three Rivers		4875.4	95			631.62	4959.88	percent of total billed charges	
REMOVAL GROWTH EYE	65900	CPT	outpatient			5132		3064.95 UHC	Medicaid		1619.15	31.55			631.62	4959.88	percent of total billed charges	
REMOVAL GROWTH EYE	65900	CPT	outpatient			5132		3064.95 UHC	Medicare		2665.17				631.62	4959.88	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL GROWTH EYE	65900	CPT	outpatient			5132		3064.95 United	Commercial|PPO		2776				631.62	4959.88	case rate	
REMOVAL GROWTH EYE	65900	CPT	outpatient			5132		3064.95 United	Oxford		2776				631.62	4959.88	case rate	
REMOVAL GROWTH EYE	65900	CPT	outpatient			5132		3064.95 Wellcare	Medicare		2665.17				631.62	4959.88	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL GROWTH EYE	65900	CPT	outpatient			5132		3064.95 Wellcare	Medicaid		1619.15	31.55			631.62	4959.88	percent of total billed charges	
REMOVAL GROWTH EYE	65900	CPT	outpatient			5132		3064.95 WellPoint	WellPoint		1651.48	32.18			631.62	4959.88	percent of total billed charges	
REM IMPLNT MTRL, ANT SEG, EYE	65920	CPT	outpatient			7871		3064.95 Aetna	Better Health		2483.3	31.55			730.8	7477.45	percent of total billed charges	
REM IMPLNT MTRL, ANT SEG, EYE	65920	CPT	outpatient			7871		3064.95 Aetna	Commercial		4242.95				730.8	7477.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM IMPLNT MTRL, ANT SEG, EYE	65920	CPT	outpatient			7871		3064.95 Aetna	Medicare		2665.17				730.8	7477.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM IMPLNT MTRL, ANT SEG, EYE	65920	CPT	outpatient			7871		3064.95 Americare	Americare		5903.25	75			730.8	7477.45	percent of total billed charges	
REM IMPLNT MTRL, ANT SEG, EYE	65920	CPT	outpatient			7871		3064.95 Amerihealth	HMO/PPO		5116.15	65			730.8	7477.45	percent of total billed charges	
REM IMPLNT MTRL, ANT SEG, EYE	65920	CPT	outpatient			7871		3064.95 Amerihealth	Medicare		2665.17				730.8	7477.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM IMPLNT MTRL, ANT SEG, EYE	65920	CPT	outpatient			7871		3064.95 Consumer	Consumer		7477.45	95			730.8	7477.45	percent of total billed charges	
REM IMPLNT MTRL, ANT SEG, EYE	65920	CPT	outpatient			7871		3064.95 Corrections	Corrections		6296.8	80			730.8	7477.45	percent of total billed charges	
REM IMPLNT MTRL, ANT SEG, EYE	65920	CPT	outpatient			7871		3064.95 First Health	First Health		5509.7	70			730.8	7477.45	percent of total billed charges	
REM IMPLNT MTRL, ANT SEG, EYE	65920	CPT	outpatient			7871		3064.95 First Trenton	First Trenton		7083.9	90			730.8	7477.45	percent of total billed charges	
REM IMPLNT MTRL, ANT SEG, EYE	65920	CPT	outpatient			7871		3064.95 Horizon	Indemnity		4959.88				730.8	7477.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM IMPLNT MTRL, ANT SEG, EYE	65920	CPT	outpatient			7871		3064.95 Horizon	MGD		4959.88				730.8	7477.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM IMPLNT MTRL, ANT SEG, EYE	65920	CPT	outpatient			7871		3064.95 Horizon	NJ Health		730.8				730.8	7477.45	fee schedule	
REM IMPLNT MTRL, ANT SEG, EYE	65920	CPT	outpatient			7871		3064.95 Horizon	Medicare Blue		2665.17				730.8	7477.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM IMPLNT MTRL, ANT SEG, EYE	65920	CPT	outpatient			7871		3064.95 Horizon	PPO		4959.88				730.8	7477.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM IMPLNT MTRL, ANT SEG, EYE	65920	CPT	outpatient			7871		3064.95 Managed Care Inc	Managed Care Inc		7083.9	90			730.8	7477.45	percent of total billed charges	
REM IMPLNT MTRL, ANT SEG, EYE	65920	CPT	outpatient			7871		3064.95 Multiplan	Multiplan		6296.8	80			730.8	7477.45	percent of total billed charges	
REM IMPLNT MTRL, ANT SEG, EYE	65920	CPT	outpatient			7871		3064.95 Qualcare	Qualcare		5903.25	75			730.8	7477.45	percent of total billed charges	
REM IMPLNT MTRL, ANT SEG, EYE	65920	CPT	outpatient			7871		3064.95 Three Rivers	Three Rivers		7477.45	95			730.8	7477.45	percent of total billed charges	
REM IMPLNT MTRL, ANT SEG, EYE	65920	CPT	outpatient			7871		3064.95 UHC	Medicaid		2483.3	31.55			730.8	7477.45	percent of total billed charges	
REM IMPLNT MTRL, ANT SEG, EYE	65920	CPT	outpatient			7871		3064.95 UHC	Medicare		2665.17				730.8	7477.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM IMPLNT MTRL, ANT SEG, EYE	65920	CPT	outpatient			7871		3064.95 United	Commercial|PPO		2776				730.8	7477.45	case rate	
REM IMPLNT MTRL, ANT SEG, EYE	65920	CPT	outpatient			7871		3064.95 United	Oxford		2776				730.8	7477.45	case rate	
REM IMPLNT MTRL, ANT SEG, EYE	65920	CPT	outpatient			7871		3064.95 Wellcare	Medicare		2665.17				730.8	7477.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM IMPLNT MTRL, ANT SEG, EYE	65920	CPT	outpatient			7871		3064.95 Wellcare	Medicaid		2483.3	31.55			730.8	7477.45	percent of total billed charges	
REM IMPLNT MTRL, ANT SEG, EYE	65920	CPT	outpatient			7871		3064.95 WellPoint	WellPoint		2532.89	32.18			730.8	7477.45	percent of total billed charges	
REMOVAL BLOOD CLOT EYE	65930	CPT	outpatient			7871		3064.95 Aetna	Medicare		2424.27	30.8			640.02	7477.45	percent of total billed charges	
REMOVAL BLOOD CLOT EYE	65930	CPT	outpatient			7871		3064.95 Aetna	Better Health		2483.3	31.55			640.02	7477.45	percent of total billed charges	
REMOVAL BLOOD CLOT EYE	65930	CPT	outpatient			7871		3064.95 Aetna	Commercial		4242.95				640.02	7477.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL BLOOD CLOT EYE	65930	CPT	outpatient			7871		3064.95 Americare	Americare		5903.25	75			640.02	7477.45	percent of total billed charges	
REMOVAL BLOOD CLOT EYE	65930	CPT	outpatient			7871		3064.95 Amerihealth	HMO/PPO		5116.15	65			640.02	7477.45	percent of total billed charges	
REMOVAL BLOOD CLOT EYE	65930	CPT	outpatient			7871		3064.95 Amerihealth	Medicare		2665.17				640.02	7477.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL BLOOD CLOT EYE	65930	CPT	outpatient			7871		3064.95 Consumer	Consumer		7477.45	95			640.02	7477.45	percent of total billed charges	
REMOVAL BLOOD CLOT EYE	65930	CPT	outpatient			7871		3064.95 Corrections	Corrections		6296.8	80			640.02	7477.45	percent of total billed charges	
REMOVAL BLOOD CLOT EYE	65930	CPT	outpatient			7871		3064.95 First Health	First Health		5509.7	70			640.02	7477.45	percent of total billed charges	
REMOVAL BLOOD CLOT EYE	65930	CPT	outpatient			7871		3064.95 First Trenton	First Trenton		7083.9	90			640.02	7477.45	percent of total billed charges	
REMOVAL BLOOD CLOT EYE	65930	CPT	outpatient			7871		3064.95 Horizon	PPO		4959.88				640.02	7477.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL BLOOD CLOT EYE	65930	CPT	outpatient			7871		3064.95 Horizon	MGD		4959.88				640.02	7477.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL BLOOD CLOT EYE	65930	CPT	outpatient			7871		3064.95 Horizon	Medicare Blue		2665.17				640.02	7477.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL BLOOD CLOT EYE	65930	CPT	outpatient			7871		3064.95 Horizon	NJ Health		640.02				640.02	7477.45	fee schedule	
REMOVAL BLOOD CLOT EYE	65930	CPT	outpatient			7871		3064.95 Horizon	Indemnity		4959.88				640.02	7477.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL BLOOD CLOT EYE	65930	CPT	outpatient			7871		3064.95 Managed Care Inc	Managed Care Inc		7083.9	90			640.02	7477.45	percent of total billed charges	
REMOVAL BLOOD CLOT EYE	65930	CPT	outpatient			7871		3064.95 Multiplan	Multiplan		6296.8	80			640.02	7477.45	percent of total billed charges	
REMOVAL BLOOD CLOT EYE	65930	CPT	outpatient			7871		3064.95 Qualcare	Qualcare		5903.25	75			640.02	7477.45	percent of total billed charges	
REMOVAL BLOOD CLOT EYE	65930	CPT	outpatient			7871		3064.95 Three Rivers	Three Rivers		7477.45	95			640.02	7477.45	percent of total billed charges	
REMOVAL BLOOD CLOT EYE	65930	CPT	outpatient			7871		3064.95 UHC	Medicare		2665.17				640.02	7477.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL BLOOD CLOT EYE	65930	CPT	outpatient			7871		3064.95 UHC	Medicaid		2483.3	31.55			640.02	7477.45	percent of total billed charges	
REMOVAL BLOOD CLOT EYE	65930	CPT	outpatient			7871		3064.95 United	Commercial|PPO		2776				640.02	7477.45	case rate	
REMOVAL BLOOD CLOT EYE	65930	CPT	outpatient			7871		3064.95 United	Oxford		2776				640.02	7477.45	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
REMOVAL BLOOD CLOT EYE	65930	CPT	outpatient			7671		3064.95	Wellcare	Medicare	2665.17				640.02		7477.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL BLOOD CLOT EYE	65930	CPT	outpatient			7671		3064.95	Wellcare	Medicaid	2483.3				640.02		7477.45	percent of total billed charges	
REMOVAL BLOOD CLOT EYE	65930	CPT	outpatient			7671		3064.95	WellPoint	WellPoint	2532.89				640.02		7477.45	percent of total billed charges	
INJECTION AC AIR/LIQUID	66020	CPT	outpatient			7671		3064.95	Aetna	Commercial	4242.95				234.9		7477.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION AC AIR/LIQUID	66020	CPT	outpatient			7671		3064.95	Aetna	Better Health	2483.3				234.9		7477.45	percent of total billed charges	
INJECTION AC AIR/LIQUID	66020	CPT	outpatient			7671		3064.95	Aetna	Medicare	2665.17				234.9		7477.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION AC AIR/LIQUID	66020	CPT	outpatient			7671		3064.95	Americare	Americare	5903.25	75			234.9		7477.45	percent of total billed charges	
INJECTION AC AIR/LIQUID	66020	CPT	outpatient			7671		3064.95	Amerihealth	HMO/PPO	5116.15	65			234.9		7477.45	percent of total billed charges	
INJECTION AC AIR/LIQUID	66020	CPT	outpatient			7671		3064.95	Amerihealth	Medicare	2665.17				234.9		7477.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION AC AIR/LIQUID	66020	CPT	outpatient			7671		3064.95	Consumer	Consumer	7477.45	95			234.9		7477.45	percent of total billed charges	
INJECTION AC AIR/LIQUID	66020	CPT	outpatient			7671		3064.95	Corrections	Corrections	6296.8	80			234.9		7477.45	percent of total billed charges	
INJECTION AC AIR/LIQUID	66020	CPT	outpatient			7671		3064.95	First Health	First Health	5509.7	70			234.9		7477.45	percent of total billed charges	
INJECTION AC AIR/LIQUID	66020	CPT	outpatient			7671		3064.95	First Trenton	First Trenton	7083.9	90			234.9		7477.45	percent of total billed charges	
INJECTION AC AIR/LIQUID	66020	CPT	outpatient			7671		3064.95	Horizon	PPO	4959.88				234.9		7477.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION AC AIR/LIQUID	66020	CPT	outpatient			7671		3064.95	Horizon	Indemnity	4959.88				234.9		7477.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION AC AIR/LIQUID	66020	CPT	outpatient			7671		3064.95	Horizon	NJ Health	234.9				234.9		7477.45	fee schedule	
INJECTION AC AIR/LIQUID	66020	CPT	outpatient			7671		3064.95	Horizon	MGD	4959.88				234.9		7477.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION AC AIR/LIQUID	66020	CPT	outpatient			7671		3064.95	Horizon	Medicare Blue	2665.17				234.9		7477.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION AC AIR/LIQUID	66020	CPT	outpatient			7671		3064.95	Managed Care Inc	Managed Care Inc	7083.9	90			234.9		7477.45	percent of total billed charges	
INJECTION AC AIR/LIQUID	66020	CPT	outpatient			7671		3064.95	Multiplan	Multiplan	6296.8	80			234.9		7477.45	percent of total billed charges	
INJECTION AC AIR/LIQUID	66020	CPT	outpatient			7671		3064.95	Qualcare	Qualcare	5903.25	75			234.9		7477.45	percent of total billed charges	
INJECTION AC AIR/LIQUID	66020	CPT	outpatient			7671		3064.95	Three Rivers	Three Rivers	7477.45	95			234.9		7477.45	percent of total billed charges	
INJECTION AC AIR/LIQUID	66020	CPT	outpatient			7671		3064.95	UHC	Medicare	2665.17				234.9		7477.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION AC AIR/LIQUID	66020	CPT	outpatient			7671		3064.95	UHC	Medicaid	2483.3	31.55			234.9		7477.45	percent of total billed charges	
INJECTION AC AIR/LIQUID	66020	CPT	outpatient			7671		3064.95	United	CommercialPPO	2493				234.9		7477.45	case rate	
INJECTION AC AIR/LIQUID	66020	CPT	outpatient			7671		3064.95	United	Oxford	2493				234.9		7477.45	case rate	
INJECTION AC AIR/LIQUID	66020	CPT	outpatient			7671		3064.95	Wellcare	Medicare	2665.17				234.9		7477.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION AC AIR/LIQUID	66020	CPT	outpatient			7671		3064.95	Wellcare	Medicaid	2483.3	31.55			234.9		7477.45	percent of total billed charges	
INJECTION AC AIR/LIQUID	66020	CPT	outpatient			7671		3064.95	WellPoint	WellPoint	2532.89	32.18			234.9		7477.45	percent of total billed charges	
INJECTION ANTERIOR CHAMBER	66030	CPT	outpatient			7671		3064.95	Aetna	Medicare	2665.17				234.9		7477.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION ANTERIOR CHAMBER	66030	CPT	outpatient			7671		3064.95	Aetna	Better Health	2483.3	31.55			234.9		7477.45	percent of total billed charges	
INJECTION ANTERIOR CHAMBER	66030	CPT	outpatient			7671		3064.95	Aetna	Commercial	4242.95				234.9		7477.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION ANTERIOR CHAMBER	66030	CPT	outpatient			7671		3064.95	Americare	Americare	5903.25	75			234.9		7477.45	percent of total billed charges	
INJECTION ANTERIOR CHAMBER	66030	CPT	outpatient			7671		3064.95	Amerihealth	HMO/PPO	5116.15	65			234.9		7477.45	percent of total billed charges	
INJECTION ANTERIOR CHAMBER	66030	CPT	outpatient			7671		3064.95	Amerihealth	Medicare	2665.17				234.9		7477.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION ANTERIOR CHAMBER	66030	CPT	outpatient			7671		3064.95	Consumer	Consumer	7477.45	95			234.9		7477.45	percent of total billed charges	
INJECTION ANTERIOR CHAMBER	66030	CPT	outpatient			7671		3064.95	Corrections	Corrections	6296.8	80			234.9		7477.45	percent of total billed charges	
INJECTION ANTERIOR CHAMBER	66030	CPT	outpatient			7671		3064.95	First Health	First Health	5509.7	70			234.9		7477.45	percent of total billed charges	
INJECTION ANTERIOR CHAMBER	66030	CPT	outpatient			7671		3064.95	First Trenton	First Trenton	7083.9	90			234.9		7477.45	percent of total billed charges	
INJECTION ANTERIOR CHAMBER	66030	CPT	outpatient			7671		3064.95	Horizon	MGD	4959.88				234.9		7477.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION ANTERIOR CHAMBER	66030	CPT	outpatient			7671		3064.95	Horizon	Medicare Blue	2665.17				234.9		7477.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION ANTERIOR CHAMBER	66030	CPT	outpatient			7671		3064.95	Horizon	Indemnity	4959.88				234.9		7477.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION ANTERIOR CHAMBER	66030	CPT	outpatient			7671		3064.95	Horizon	NJ Health	234.9				234.9		7477.45	fee schedule	
INJECTION ANTERIOR CHAMBER	66030	CPT	outpatient			7671		3064.95	Horizon	PPO	4959.88				234.9		7477.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION ANTERIOR CHAMBER	66030	CPT	outpatient			7671		3064.95	Managed Care Inc	Managed Care Inc	7083.9	90			234.9		7477.45	percent of total billed charges	
INJECTION ANTERIOR CHAMBER	66030	CPT	outpatient			7671		3064.95	Multiplan	Multiplan	6296.8	80			234.9		7477.45	percent of total billed charges	
INJECTION ANTERIOR CHAMBER	66030	CPT	outpatient			7671		3064.95	Qualcare	Qualcare	5903.25	75			234.9		7477.45	percent of total billed charges	
INJECTION ANTERIOR CHAMBER	66030	CPT	outpatient			7671		3064.95	Three Rivers	Three Rivers	7477.45	95			234.9		7477.45	percent of total billed charges	
INJECTION ANTERIOR CHAMBER	66030	CPT	outpatient			7671		3064.95	UHC	Medicaid	2483.3	31.55			234.9		7477.45	percent of total billed charges	
INJECTION ANTERIOR CHAMBER	66030	CPT	outpatient			7671		3064.95	UHC	Medicare	2665.17				234.9		7477.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION ANTERIOR CHAMBER	66030	CPT	outpatient			7671		3064.95	United	CommercialPPO	2493				234.9		7477.45	case rate	
INJECTION ANTERIOR CHAMBER	66030	CPT	outpatient			7671		3064.95	United	Oxford	2493				234.9		7477.45	case rate	
INJECTION ANTERIOR CHAMBER	66030	CPT	outpatient			7671		3064.95	Wellcare	Medicaid	2483.3	31.55			234.9		7477.45	percent of total billed charges	
INJECTION ANTERIOR CHAMBER	66030	CPT	outpatient			7671		3064.95	Wellcare	Medicare	2665.17				234.9		7477.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION ANTERIOR CHAMBER	66030	CPT	outpatient			7671		3064.95	WellPoint	WellPoint	2532.89	32.18			234.9		7477.45	percent of total billed charges	
INCISION OF EYE	66172	CPT	outpatient			7671		3064.95	Aetna	Commercial	4242.95				1174.5		7477.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION OF EYE	66172	CPT	outpatient			7671		3064.95	Aetna	Better Health	2483.3	31.55			1174.5		7477.45	percent of total billed charges	
INCISION OF EYE	66172	CPT	outpatient			7671		3064.95	Aetna	Medicare	2665.17				1174.5		7477.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION OF EYE	66172	CPT	outpatient			7671		3064.95	Americare	Americare	5903.25	75			1174.5		7477.45	percent of total billed charges	
INCISION OF EYE	66172	CPT	outpatient			7671		3064.95	Amerihealth	HMO/PPO	5116.15	65			1174.5		7477.45	percent of total billed charges	
INCISION OF EYE	66172	CPT	outpatient			7671		3064.95	Amerihealth	Medicare	2665.17				1174.5		7477.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION OF EYE	66172	CPT	outpatient			7671		3064.95	Consumer	Consumer	7477.45	95			1174.5		7477.45	percent of total billed charges	
INCISION OF EYE	66172	CPT	outpatient			7671		3064.95	Corrections	Corrections	6296.8	80			1174.5		7477.45	percent of total billed charges	
INCISION OF EYE	66172	CPT	outpatient			7671		3064.95	First Health	First Health	5509.7	70			1174.5		7477.45	percent of total billed charges	
INCISION OF EYE	66172	CPT	outpatient			7671		3064.95	First Trenton	First Trenton	7083.9	90			1174.5		7477.45	percent of total billed charges	
INCISION OF EYE	66172	CPT	outpatient			7671		3064.95	Horizon	MGD	4959.88				1174.5		7477.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION OF EYE	66172	CPT	outpatient			7671		3064.95	Horizon	Medicare Blue	2665.17				1174.5		7477.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION OF EYE	66172	CPT	outpatient			7671		3064.95	Horizon	Indemnity	4959.88				1174.5		7477.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION OF EYE	66172	CPT	outpatient			7671		3064.95	Horizon	NJ Health	1174.5				1174.5		7477.45	fee schedule	
INCISION OF EYE	66172	CPT	outpatient			7671		3064.95	Horizon	PPO	4959.88				1174.5		7477.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION OF EYE	66172	CPT	outpatient			7671		3064.95	Managed Care Inc	Managed Care Inc	7083.9	90			1174.5		7477.45	percent of total billed charges	
INCISION OF EYE	66172	CPT	outpatient			7671		3064.95	Multiplan	Multiplan	6296.8	80			1174.5		7477.45	percent of total billed charges	
INCISION OF EYE	66172	CPT	outpatient			7671		3064.95	Qualcare	Qualcare	5903.25	75			1174.5		7477.45	percent of total billed charges	
INCISION OF EYE	66172	CPT	outpatient			7671		3064.95	Three Rivers	Three Rivers	7477.45	95			1174.5		7477.45	percent of total billed charges	
INCISION OF EYE	66172	CPT	outpatient			7671		3064.95	UHC	Medicare	2665.17				1174.5		7477.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION OF EYE	66172	CPT	outpatient			7671		3064.95	UHC	Medicaid	2483.3	31.55			1174.5		7477.45	percent of total billed charges	
INCISION OF EYE	66172	CPT	outpatient			7671		3064.95	United	Oxford	2776				1174.5		7477.45	case rate	
INCISION OF EYE	66172	CPT	outpatient			7671		3064.95	United	CommercialPPO	2776				1174.5		7477.45	case rate	
INCISION OF EYE	66172	CPT	outpatient			7671		3064.95	Wellcare	Medicaid	2483.3	31.55			1174.5		7477.45	percent of total billed charges	
INCISION OF EYE	66172	CPT	outpatient			7671		3064.95	Wellcare	Medicare	2665.17				1174.5		7477.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION OF EYE	66172	CPT	outpatient			7671		3064.95	WellPoint	WellPoint	2532.89	32.18			1174.5		7477.45	percent of total billed charges	
REV AQUEOUS SHUNT TO EXOCULAR RSVR.	66185	CPT	outpatient			7671		3064.95	Aetna	Better Health	2483.3	31.55			1062.27		7477.45	percent of total billed charges	
REV AQUEOUS SHUNT TO EXOCULAR RSVR.	66185	CPT	outpatient			7671		3064.95	Aetna	Commercial	4242.95				1062.27		7477.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REV AQUEOUS SHUNT TO EXOCULAR RSVR.	66185	CPT	outpatient			7671		3064.95	Aetna	Medicare	2665.17				1062.27		7477.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REV AQUEOUS SHUNT TO EXOCULAR RSVR.	66185	CPT	outpatient			7671		3064.95	Americare	Americare	5903.25	75			1062.27		7477.45	percent of total billed charges	
REV AQUEOUS SHUNT TO EXOCULAR RSVR.	66185	CPT	outpatient			7671		3064.95	Amerihealth	HMO/PPO	5116.15	65			1062.27		7477.45	percent of total billed charges	
REV AQUEOUS SHUNT TO EXOCULAR RSVR.	66185	CPT	outpatient			7671		3064.95	Amerihealth	Medicare	2665.17				1062.27		7477.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REV AQUEOUS SHUNT TO EXOCULAR RSVR.	66185	CPT	outpatient			7671		3064.95	Consumer	Consumer	7477.45	95			1062.27		7477.45	percent of total billed charges	
REV AQUEOUS SHUNT TO EXOCULAR RSVR.	66185	CPT	outpatient			7671		3064.95	Corrections	Corrections	6296.8	80			1062.27		7477.45	percent of total billed charges	
REV AQUEOUS SHUNT TO EXOCULAR RSVR.	66185	CPT	outpatient			7671		3064.95	First Health	First Health	5509.7	70			1062.27		7477.45	percent of total billed charges	
REV AQUEOUS SHUNT TO EXOCULAR RSVR.	66185	CPT	outpatient			7671		3064.95	First Trenton	First Trenton	7083.9	90			1062.27		7477.45	percent of total billed charges	
REV AQUEOUS SHUNT TO EXOCULAR RSVR.	66185	CPT	outpatient			7671		3064.95	Horizon	MGD	4959.88				1062.27		7477.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REV AQUEOUS SHUNT TO EXOCULAR RSVR.	66185	CPT	outpatient			7671		3064.95	Horizon	Medicare Blue	2665.17				1062.27		7477.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REV AQUEOUS SHUNT TO EXOCULAR RSVR.	66185	CPT	outpatient			7671		3064.95	Horizon	PPO	4959.88				1062.27		7477.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REV AQUEOUS SHUNT TO EXOCULAR RSVR.	66185	CPT	outpatient			7671		3064.95	Horizon	Indemnity	4959.88				1062.27		7477.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REV AQUEOUS SHUNT TO EXOCULAR RSVR.	66185	CPT	outpatient			7671		3064.95	Horizon	NJ Health	1062.27				1062.27		7477.45	fee schedule	
REV AQUEOUS SHUNT TO EXOCULAR RSVR.	66185	CPT	outpatient			7671		3064.95	Managed Care Inc	Managed Care Inc	7083.9	90			1062.27		7477.45	percent of total billed charges	
REV AQUEOUS SHUNT TO EXOCULAR RSVR.	66185	CPT	outpatient			7671		3064.95	Multiplan	Multiplan	6296.8	80			1062.27		7477.45	percent of total billed charges	
REV AQUEOUS SHUNT TO EXOCULAR RSVR.	66185	CPT	outpatient			7671		3064.95	Qualcare	Qualcare	5903.25	75			1062.27		7477.45	percent of total billed charges	
REV AQUEOUS SHUNT TO EXOCULAR RSVR.	66185	CPT	outpatient			7671		3064.95	Three Rivers	Three Rivers	7477.45	95			1062.27		7477.45	percent of total billed charges	
REV AQUEOUS SHUNT TO EXOCULAR RSVR.	66185	CPT	outpatient			7671		3064.95	UHC	Medicare	2665.17				1062.27		7477.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REV AQUEOUS SHUNT TO EXOCULAR RSVR.	66185	CPT	outpatient			7671		3064.95	UHC	Medicaid	2483.3	31.55			1062.27		7477.45	percent of total billed charges	
REV AQUEOUS SHUNT TO EXOCULAR RSVR.	66185	CPT	outpatient			7671		3064.95	United	CommercialPPO	2776				1062.27		7477.45	case rate	
REV AQUEOUS SHUNT TO EXOCULAR RSVR.	66185	CPT	outpatient			7671		3064.95	United	Oxford	2776				1062.27		7477.45	case rate	
REV AQUEOUS SHUNT TO EXOCULAR RSVR.	66185	CPT	outpatient			7671		3064.95	Wellcare	Medicaid	2483.3	31.55			1062.27		7477.45	percent of total billed charges	
REV AQUEOUS SHUNT TO EXOCULAR RSVR.	66185	CPT	outpatient			7671		3064.95	Wellcare	Medicare	2665.17				1062.27		7477.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REV AQUEOUS SHUNT TO EXOCULAR RSVR.	66185	CPT	outpatient			7671		3064.95	WellPoint	WellPoint	2532.89	32.18			1062.27		7477.45	percent of total billed charges	
REV OPERATIVE WOUND, ANT SEGMENT	66250	CPT	outpatient			7704		3073.41	Aetna	Commercial	4254.67				442.13		7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REV OPERATIVE WOUND, ANT SEGMENT	66250	CPT	outpatient			7704		3073.41	Aetna	Better Health	2430.61	31.55			442.13		7318.8	percent of total billed charges	
REV OPERATIVE WOUND, ANT SEGMENT	66250	CPT	outpatient			7704		3073.41	Aetna	Medicare	2672.53				442.13		7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REV OPERATIVE WOUND, ANT SEGMENT	66250	CPT	outpatient			7704		3073.41	Americare	Americare	5778	75			442.13		7318.8	percent of total billed charges	
REV OPERATIVE WOUND, ANT SEGMENT	66250	CPT	outpatient			7704		3073.41	Amerihealth	HMO/PPO	5007.6	65			442.13		7318.8	percent of total billed charges	
REV OPERATIVE WOUND, ANT SEGMENT	66250	CPT	outpatient			7704		3073.41	Amerihealth	Medicare	2672.53				442.13		7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REV OPERATIVE WOUND, ANT SEGMENT	66250	CPT	outpatient			7704		3073.41	Consumer	Consumer	7318.8	95			442.13		7318.8	percent of total billed charges	
REV OPERATIVE WOUND, ANT SEGMENT	66250	CPT	outpatient			7704		3073.41	Corrections	Corrections	6163.2	80			442.13		7318.8	percent of total billed charges	
REV OPERATIVE WOUND, ANT SEGMENT	66250	CPT	outpatient			7704		3073.41	First Health	First Health	5392.8	70			442.13		7318.8	percent of total billed charges	
REV OPERATIVE WOUND, ANT SEGMENT	66250	CPT	outpatient			7704		3073.41	First Trenton	First Trenton	6933.6	90			442.13		7318.8	percent of total billed charges	
REV OPERATIVE WOUND, ANT SEGMENT	66250	CPT	outpatient			7704		3073.41	Horizon	Medicare Blue	2672.53				442.13		7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REV OPERATIVE WOUND, ANT SEGMENT	66250	CPT	outpatient			7704		3073.41	Horizon	MGD	4973.58				442.13		7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REV OPERATIVE WOUND, ANT SEGMENT	66250	CPT	outpatient			7704		3073.41	Horizon	Indemnity	4973.58				442.13		7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REV OPERATIVE WOUND, ANT SEGMENT	66250	CPT	outpatient			7704		3073.41	Horizon	NJ Health	442.13				442.13		7318.8	fee schedule	
REV OPERATIVE WOUND, ANT SEGMENT	66250	CPT	outpatient			7704		3073.41	Horizon	PPO	4973.58				442.13		7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REV OPERATIVE WOUND, ANT SEGMENT	66250	CPT	outpatient			7704		3073.41	Managed Care Inc	Managed Care Inc	6933.6	90			442.13		7318.8	percent of total billed charges	
REV OPERATIVE WOUND, ANT SEGMENT	66250	CPT	outpatient			7704		3073.41	Multiplan	Multiplan	6163.2	80			442.13		7318.8	percent of total billed charges	
REV OPERATIVE WOUND, ANT SEGMENT	66250	CPT	outpatient			7704		3073.41	Qualcare	Qualcare	5778	75			442.13		7318.8	percent of total billed charges	
REV OPERATIVE WOUND, ANT SEGMENT	66250	CPT	outpatient			7704		3073.41	Three Rivers	Three Rivers	7318.8	95			442.13		7318.8	percent of total billed charges	
REV OPERATIVE WOUND, ANT SEGMENT	66250	CPT	outpatient			7704		3073.41	UHC	Medicaid	2430.61	31.55			442.13		7318.8	percent of total billed charges	
REV OPERATIVE WOUND, ANT SEGMENT	66250	CPT	outpatient			7704		3073.41	UHC	Medicare	2672.53				442.13		7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REV OPERATIVE WOUND, ANT SEGMENT	66250	CPT	outpatient			7704		3073.41	United	Oxford	2776				442.13		7318.8	case rate	
REV OPERATIVE WOUND, ANT SEGMENT	66250	CPT	outpatient			7704		3073.41	United	CommercialPPO	2776				442.13		7318.8	case rate	
REV OPERATIVE WOUND, ANT SEGMENT	66250	CPT	outpatient			7704		3073.41	Wellcare	Medicare	2672.53				442.13		7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REV OPERATIVE WOUND, ANT SEGMENT	66250	CPT	outpatient			7704		3073.41	Wellcare	Medicaid	2430.61	31.55			442.13		7318.8	percent of total billed charges	
REV OPERATIVE WOUND, ANT SEGMENT	66250	CPT	outpatient			7704		3073.41	WellPoint	WellPoint	2479.15	32.18			442.13		7318.8	percent of total billed charges	
IRIDOTOMY	66500	CPT	outpatient			7671		3064.95	Aetna	Medicare	2424.27	30.8			375.87		7477.45	percent of total billed charges	
IRIDOTOMY	66500	CPT	outpatient			7671		3064.95	Aetna	Better Health	2483.3	31.55			375.87		7477.45	percent of total billed charges	
IRIDOTOMY	66500	CPT	outpatient			7671		3064.95	Aetna	Commercial	4242.95				375.87		7477.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IRIDOTOMY	66500	CPT	outpatient			7671		3064.95	Americare	Americare	5903.25	75			375.87		7477.45	percent of total billed charges	
IRIDOTOMY	66500	CPT	outpatient			7671		3064.95	Amerihealth	HMO/PPO	5116.15	65			375.87		7477.45	percent of total billed charges	
IRIDOTOMY	66500	CPT	outpatient			7671		3064.95	Amerihealth	Medicare	2665.17				375.87		7477.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IRIDOTOMY	66500	CPT	outpatient			7671		3064.95	Consumer	Consumer	7477.45	95			375.87		7477.45	percent of total billed charges	
IRIDOTOMY	66500	CPT	outpatient			7671		3064.95	Corrections	Corrections	6296.8	80			375.87		7477.45	percent of total billed charges	
IRIDOTOMY	66500	CPT	outpatient			7671		3064.95	First Health	First Health	5509.7	70			375.87		7477.45	percent of total billed charges	
IRIDOTOMY	66500	CPT	outpatient			7671		3064.95	First Trenton	First Trenton	7083.9	90			375.87		7477.45	percent of total billed charges	
IRIDOTOMY	66500	CPT	outpatient			7671		3064.95	Horizon	NJ Health	375.87				375.87		7477.45	fee schedule	
IRIDOTOMY	66500	CPT	outpatient			7671		3064.95	Horizon	Indemnity	4959.88				375.87		7477.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IRIDOTOMY	66500	CPT	outpatient			7671		3064.95	Horizon	Medicare Blue	2665.17				375.87		7477.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IRIDOTOMY	66500	CPT	outpatient			7671		3064.95	Horizon	MGD	4959.88				375.87		7477.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IRIDOTOMY	66500	CPT	outpatient			7671		3064.95	Horizon	PPO	4959.88				375.87		7477.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
IRIDOTOMY	66500	CPT	outpatient			7871	3064.95	Managed Care Inc	Managed Care Inc		7083.9	90			375.87	7477.45	percent of total billed charges	
IRIDOTOMY	66500	CPT	outpatient			7871	3064.95	Multiplan	Multiplan		6296.8	80			375.87	7477.45	percent of total billed charges	
IRIDOTOMY	66500	CPT	outpatient			7871	3064.95	Qualcare	Qualcare		5903.25	75			375.87	7477.45	percent of total billed charges	
IRIDOTOMY	66500	CPT	outpatient			7871	3064.95	Three Rivers	Three Rivers		7477.45	95			375.87	7477.45	percent of total billed charges	
IRIDOTOMY	66500	CPT	outpatient			7871	3064.95	UHC	Medicare		2665.17				375.87	7477.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IRIDOTOMY	66500	CPT	outpatient			7871	3064.95	UHC	Medicaid		2483.3	31.55			375.87	7477.45	percent of total billed charges	
IRIDOTOMY	66500	CPT	outpatient			7871	3064.95	United	Oxford		1782				375.87	7477.45	case rate	
IRIDOTOMY	66500	CPT	outpatient			7871	3064.95	United	CommercialPPO		1782				375.87	7477.45	case rate	
IRIDOTOMY	66500	CPT	outpatient			7871	3064.95	Wellcare	Medicare		2665.17				375.87	7477.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IRIDOTOMY	66500	CPT	outpatient			7871	3064.95	Wellcare	Medicaid		2483.3	31.55			375.87	7477.45	percent of total billed charges	
IRIDOTOMY	66500	CPT	outpatient			7871	3064.95	WellPoint	WellPoint		2632.89	32.18			375.87	7477.45	percent of total billed charges	
LASER-TSCPC	66710	CPT	outpatient			7704	3073.41	Aetna	Medicare		2672.53				339.3	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER-TSCPC	66710	CPT	outpatient			7704	3073.41	Aetna	Better Health		2430.61	31.55			339.3	7318.8	percent of total billed charges	
LASER-TSCPC	66710	CPT	outpatient			7704	3073.41	Aetna	Commercial		4254.67				339.3	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER-TSCPC	66710	CPT	outpatient			7704	3073.41	Americare	Americare		5778	75			339.3	7318.8	percent of total billed charges	
LASER-TSCPC	66710	CPT	outpatient			7704	3073.41	Amerihealth	HMO/PPO		5007.6	65			339.3	7318.8	percent of total billed charges	
LASER-TSCPC	66710	CPT	outpatient			7704	3073.41	Amerihealth	Medicare		2672.53				339.3	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER-TSCPC	66710	CPT	outpatient			7704	3073.41	Consumer	Consumer		7318.8	95			339.3	7318.8	percent of total billed charges	
LASER-TSCPC	66710	CPT	outpatient			7704	3073.41	Corrections	Corrections		6163.2	80			339.3	7318.8	percent of total billed charges	
LASER-TSCPC	66710	CPT	outpatient			7704	3073.41	First Health	First Health		5392.8	70			339.3	7318.8	percent of total billed charges	
LASER-TSCPC	66710	CPT	outpatient			7704	3073.41	First Trenton	First Trenton		6933.6	90			339.3	7318.8	percent of total billed charges	
LASER-TSCPC	66710	CPT	outpatient			7704	3073.41	Horizon	PPO		4973.58				339.3	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER-TSCPC	66710	CPT	outpatient			7704	3073.41	Horizon	Indemnity		4973.58				339.3	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER-TSCPC	66710	CPT	outpatient			7704	3073.41	Horizon	Medicare Blue		2672.53				339.3	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER-TSCPC	66710	CPT	outpatient			7704	3073.41	Horizon	NJ Health		339.3				339.3	7318.8	fee schedule	
LASER-TSCPC	66710	CPT	outpatient			7704	3073.41	Horizon	MGD		4973.58				339.3	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER-TSCPC	66710	CPT	outpatient			7704	3073.41	Managed Care Inc	Managed Care Inc		6933.6	90			339.3	7318.8	percent of total billed charges	
LASER-TSCPC	66710	CPT	outpatient			7704	3073.41	Multiplan	Multiplan		6163.2	80			339.3	7318.8	percent of total billed charges	
LASER-TSCPC	66710	CPT	outpatient			7704	3073.41	Qualcare	Qualcare		5778	75			339.3	7318.8	percent of total billed charges	
LASER-TSCPC	66710	CPT	outpatient			7704	3073.41	Three Rivers	Three Rivers		7318.8	95			339.3	7318.8	percent of total billed charges	
LASER-TSCPC	66710	CPT	outpatient			7704	3073.41	UHC	Medicaid		2430.61	31.55			339.3	7318.8	percent of total billed charges	
LASER-TSCPC	66710	CPT	outpatient			7704	3073.41	UHC	Medicare		2672.53				339.3	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER-TSCPC	66710	CPT	outpatient			7704	3073.41	United	CommercialPPO		2776				339.3	7318.8	case rate	
LASER-TSCPC	66710	CPT	outpatient			7704	3073.41	United	Oxford		2776				339.3	7318.8	case rate	
LASER-TSCPC	66710	CPT	outpatient			7704	3073.41	Wellcare	Medicare		2672.53				339.3	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER-TSCPC	66710	CPT	outpatient			7704	3073.41	Wellcare	Medicaid		2430.61	31.55			339.3	7318.8	percent of total billed charges	
LASER-TSCPC	66710	CPT	outpatient			7704	3073.41	WellPoint	WellPoint		2479.15	32.18			339.3	7318.8	percent of total billed charges	
CYCLOCRYO-INITIAL	66720	CPT	outpatient			7704	3073.41	Aetna	Commercial		4254.67				442.13	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYCLOCRYO-INITIAL	66720	CPT	outpatient			7704	3073.41	Aetna	Better Health		2430.61	31.55			442.13	7318.8	percent of total billed charges	
CYCLOCRYO-INITIAL	66720	CPT	outpatient			7704	3073.41	Aetna	Medicare		2672.53				442.13	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYCLOCRYO-INITIAL	66720	CPT	outpatient			7704	3073.41	Americare	Americare		5778	75			442.13	7318.8	percent of total billed charges	
CYCLOCRYO-INITIAL	66720	CPT	outpatient			7704	3073.41	Amerihealth	HMO/PPO		5007.6	65			442.13	7318.8	percent of total billed charges	
CYCLOCRYO-INITIAL	66720	CPT	outpatient			7704	3073.41	Amerihealth	Medicare		2672.53				442.13	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYCLOCRYO-INITIAL	66720	CPT	outpatient			7704	3073.41	Consumer	Consumer		7318.8	95			442.13	7318.8	percent of total billed charges	
CYCLOCRYO-INITIAL	66720	CPT	outpatient			7704	3073.41	Corrections	Corrections		6163.2	80			442.13	7318.8	percent of total billed charges	
CYCLOCRYO-INITIAL	66720	CPT	outpatient			7704	3073.41	First Health	First Health		5392.8	70			442.13	7318.8	percent of total billed charges	
CYCLOCRYO-INITIAL	66720	CPT	outpatient			7704	3073.41	First Trenton	First Trenton		6933.6	90			442.13	7318.8	percent of total billed charges	
CYCLOCRYO-INITIAL	66720	CPT	outpatient			7704	3073.41	Horizon	Indemnity		4973.58				442.13	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYCLOCRYO-INITIAL	66720	CPT	outpatient			7704	3073.41	Horizon	MGD		4973.58				442.13	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYCLOCRYO-INITIAL	66720	CPT	outpatient			7704	3073.41	Horizon	NJ Health		442.13				442.13	7318.8	fee schedule	
CYCLOCRYO-INITIAL	66720	CPT	outpatient			7704	3073.41	Horizon	Medicare Blue		2672.53				442.13	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYCLOCRYO-INITIAL	66720	CPT	outpatient			7704	3073.41	Horizon	PPO		4973.58				442.13	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYCLOCRYO-INITIAL	66720	CPT	outpatient			7704	3073.41	Managed Care Inc	Managed Care Inc		6933.6	90			442.13	7318.8	percent of total billed charges	
CYCLOCRYO-INITIAL	66720	CPT	outpatient			7704	3073.41	Multiplan	Multiplan		6163.2	80			442.13	7318.8	percent of total billed charges	
CYCLOCRYO-INITIAL	66720	CPT	outpatient			7704	3073.41	Qualcare	Qualcare		5778	75			442.13	7318.8	percent of total billed charges	
CYCLOCRYO-INITIAL	66720	CPT	outpatient			7704	3073.41	Three Rivers	Three Rivers		7318.8	95			442.13	7318.8	percent of total billed charges	
CYCLOCRYO-INITIAL	66720	CPT	outpatient			7704	3073.41	UHC	Medicare		2672.53				442.13	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYCLOCRYO-INITIAL	66720	CPT	outpatient			7704	3073.41	UHC	Medicaid		2430.61	31.55			442.13	7318.8	percent of total billed charges	
CYCLOCRYO-INITIAL	66720	CPT	outpatient			7704	3073.41	United	CommercialPPO		2776				442.13	7318.8	case rate	
CYCLOCRYO-INITIAL	66720	CPT	outpatient			7704	3073.41	United	Oxford		2776				442.13	7318.8	case rate	
CYCLOCRYO-INITIAL	66720	CPT	outpatient			7704	3073.41	Wellcare	Medicare		2672.53				442.13	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYCLOCRYO-INITIAL	66720	CPT	outpatient			7704	3073.41	Wellcare	Medicaid		2430.61	31.55			442.13	7318.8	percent of total billed charges	
CYCLOCRYO-INITIAL	66720	CPT	outpatient			7704	3073.41	WellPoint	WellPoint		2479.15	32.18			442.13	7318.8	percent of total billed charges	
LASER-PERIPH IRIDOTOMY	66761	CPT	outpatient			1935	764.5	Aetna	Medicare		664.78				436.03	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER-PERIPH IRIDOTOMY	66761	CPT	outpatient			1935	764.5	Aetna	Commercial		1058.33				436.03	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER-PERIPH IRIDOTOMY	66761	CPT	outpatient			1935	764.5	Aetna	Better Health		610.49	31.55			436.03	1838.25	percent of total billed charges	
LASER-PERIPH IRIDOTOMY	66761	CPT	outpatient			1935	764.5	Americare	Americare		1451.25	75			436.03	1838.25	percent of total billed charges	
LASER-PERIPH IRIDOTOMY	66761	CPT	outpatient			1935	764.5	Amerihealth	HMO/PPO		1257.75	65			436.03	1838.25	percent of total billed charges	
LASER-PERIPH IRIDOTOMY	66761	CPT	outpatient			1935	764.5	Amerihealth	Medicare		664.78				436.03	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER-PERIPH IRIDOTOMY	66761	CPT	outpatient			1935	764.5	Consumer	Consumer		1838.25	95			436.03	1838.25	percent of total billed charges	
LASER-PERIPH IRIDOTOMY	66761	CPT	outpatient			1935	764.5	Corrections	Corrections		1548	80			436.03	1838.25	percent of total billed charges	
LASER-PERIPH IRIDOTOMY	66761	CPT	outpatient			1935	764.5	First Health	First Health		1354.5	70			436.03	1838.25	percent of total billed charges	
LASER-PERIPH IRIDOTOMY	66761	CPT	outpatient			1935	764.5	First Trenton	First Trenton		1741.5	90			436.03	1838.25	percent of total billed charges	
LASER-PERIPH IRIDOTOMY	66761	CPT	outpatient			1935	764.5	Horizon	NJ Health		436.03				436.03	1838.25	fee schedule	
LASER-PERIPH IRIDOTOMY	66761	CPT	outpatient			1935	764.5	Horizon	Indemnity		1237.16				436.03	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER-PERIPH IRIDOTOMY	66761	CPT	outpatient			1935	764.5	Horizon	MGD		1237.16				436.03	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER-PERIPH IRIDOTOMY	66761	CPT	outpatient			1935	764.5	Horizon	PPO		1237.16				436.03	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER-PERIPH IRIDOTOMY	66761	CPT	outpatient			1935	764.5	Horizon	Medicare Blue		664.78				436.03	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER-PERIPH IRIDOTOMY	66761	CPT	outpatient			1935	764.5	Managed Care Inc	Managed Care Inc		1741.5	90			436.03	1838.25	percent of total billed charges	
LASER-PERIPH IRIDOTOMY	66761	CPT	outpatient			1935	764.5	Multiplan	Multiplan		1548	80			436.03	1838.25	percent of total billed charges	
LASER-PERIPH IRIDOTOMY	66761	CPT	outpatient			1935	764.5	Qualcare	Qualcare		1451.25	75			436.03	1838.25	percent of total billed charges	
LASER-PERIPH IRIDOTOMY	66761	CPT	outpatient			1935	764.5	Three Rivers	Three Rivers		1838.25	95			436.03	1838.25	percent of total billed charges	
LASER-PERIPH IRIDOTOMY	66761	CPT	outpatient			1935	764.5	UHC	Medicare		664.78				436.03	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER-PERIPH IRIDOTOMY	66761	CPT	outpatient			1935	764.5	UHC	Medicaid		610.49	31.55			436.03	1838.25	percent of total billed charges	
LASER-PERIPH IRIDOTOMY	66761	CPT	outpatient			1935	764.5	United	Oxford		1817				436.03	1838.25	case rate	
LASER-PERIPH IRIDOTOMY	66761	CPT	outpatient			1935	764.5	United	CommercialPPO		1817				436.03	1838.25	case rate	
LASER-PERIPH IRIDOTOMY	66761	CPT	outpatient			1935	764.5	Wellcare	Medicare		664.78				436.03	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER-PERIPH IRIDOTOMY	66761	CPT	outpatient			1935	764.5	Wellcare	Medicaid		610.49	31.55			436.03	1838.25	percent of total billed charges	
LASER-PERIPH IRIDOTOMY	66761	CPT	outpatient			1935	764.5	WellPoint	WellPoint		622.68	32.18			436.03	1838.25	percent of total billed charges	
LASER-IRIDOPLASTY	66762	CPT	outpatient			1935	764.5	Aetna	Better Health		610.49	31.55			442.13	1838.25	percent of total billed charges	
LASER-IRIDOPLASTY	66762	CPT	outpatient			1935	764.5	Aetna	Medicare		664.78				442.13	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER-IRIDOPLASTY	66762	CPT	outpatient			1935	764.5	Aetna	Commercial		1058.33				442.13	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER-IRIDOPLASTY	66762	CPT	outpatient			1935	764.5	Americare	Americare		1451.25	75			442.13	1838.25	percent of total billed charges	
LASER-IRIDOPLASTY	66762	CPT	outpatient			1935	764.5	Amerihealth	Medicare		664.78				442.13	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER-IRIDOPLASTY	66762	CPT	outpatient			1935	764.5	Amerihealth	HMO/PPO		1257.75	65			442.13	1838.25	percent of total billed charges	
LASER-IRIDOPLASTY	66762	CPT	outpatient			1935	764.5	Consumer	Consumer		1838.25	95			442.13	1838.25	percent of total billed charges	
LASER-IRIDOPLASTY	66762	CPT	outpatient			1935	764.5	Corrections	Corrections		1548	80			442.13	1838.25	percent of total billed charges	
LASER-IRIDOPLASTY	66762	CPT	outpatient			1935	764.5	First Health	First Health		1354.5	70			442.13	1838.25	percent of total billed charges	
LASER-IRIDOPLASTY	66762	CPT	outpatient			1935	764.5	First Trenton	First Trenton		1741.5	90			442.13	1838.25	percent of total billed charges	
LASER-IRIDOPLASTY	66762	CPT	outpatient			1935	764.5	Horizon	Medicare Blue		664.78				442.13	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER-IRIDOPLASTY	66762	CPT	outpatient			1935	764.5	Horizon	MGD		1237.16				442.13	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER-IRIDOPLASTY	66762	CPT	outpatient			1935	764.5	Horizon	Indemnity		1237.16				442.13	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER-IRIDOPLASTY	66762	CPT	outpatient			1935	764.5	Horizon	NJ Health		442.13				442.13	1838.25	fee schedule	
LASER-IRIDOPLASTY	66762	CPT	outpatient			1935	764.5	Horizon	PPO		1237.16				442.13	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER-IRIDOPLASTY	66762	CPT	outpatient			1935	764.5	Managed Care Inc	Managed Care Inc		1741.5	90			442.13	1838.25	percent of total billed charges	
LASER-IRIDOPLASTY	66762	CPT	outpatient			1935	764.5	Multiplan	Multiplan		1548	80			442.13	1838.25	percent of total billed charges	
LASER-IRIDOPLASTY	66762	CPT	outpatient			1935	764.5	Qualcare	Qualcare		1451.25	75			442.13	1838.25	percent of total billed charges	
LASER-IRIDOPLASTY	66762	CPT	outpatient			1935	764.5	Three Rivers	Three Rivers		1838.25	95			442.13	1838.25	percent of total billed charges	
LASER-IRIDOPLASTY	66762	CPT	outpatient			1935	764.5	UHC	Medicare		664.78				442.13	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER-IRIDOPLASTY	66762	CPT	outpatient			1935	764.5	UHC	Medicaid		610.49	31.55			442.13	1838.25	percent of total billed charges	
LASER-IRIDOPLASTY	66762	CPT	outpatient			1935	764.5	United	CommercialPPO		1817				442.13	1838.25	case rate	
LASER-IRIDOPLASTY	66762	CPT	outpatient			1935	764.5	United	Oxford		1817				442.13	1838.25	case rate	
LASER-IRIDOPLASTY	66762	CPT	outpatient			1935	764.5	Wellcare	Medicaid		610.49	31.55			442.13	1838.25	percent of total billed charges	
LASER-IRIDOPLASTY	66762	CPT	outpatient			1935	764.5	Wellcare	Medicare		664.78				442.13	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER-IRIDOPLASTY	66762	CPT	outpatient			1935	764.5	WellPoint	WellPoint		622.68	32.18			442.13	1838.25	percent of total billed charges	
LASER-POSTERIOR CAPSULOTOMY	66821	CPT	outpatient			1935	764.5	Aetna	Better Health		610.49	31.55			394.11	1838.25	percent of total billed charges	
LASER-POSTERIOR CAPSULOTOMY	66821	CPT	outpatient			1935	764.5	Aetna	Commercial		1058.33				394.11	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER-POSTERIOR CAPSULOTOMY	66821	CPT	outpatient			1935	764.5	Aetna	Medicare		664.78				394.11	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER-POSTERIOR CAPSULOTOMY	66821	CPT	outpatient			1935	764.5	Americare	Americare		1451.25	75			394.11	1838.25	percent of total billed charges	
LASER-POSTERIOR CAPSULOTOMY	66821	CPT	outpatient			1935	764.5	Amerihealth	HMO/PPO		1257.75	65			394.11	1838.25	percent of total billed charges	
LASER-POSTERIOR CAPSULOTOMY	66821	CPT	outpatient			1935	764.5	Amerihealth	Medicare		664.78				394.11	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER-POSTERIOR CAPSULOTOMY	66821	CPT	outpatient			1935	764.5	Consumer	Consumer		1838.25	95			394.11	1838.25	percent of total billed charges	
LASER-POSTERIOR CAPSULOTOMY	66821	CPT	outpatient			1935	764.5	Corrections	Corrections		1548	80			394.11	1838.25	percent of total billed charges	
LASER-POSTERIOR CAPSULOTOMY	66821	CPT	outpatient			1935	764.5	First Health	First Health		1354.5	70			394.11	1838.25	percent of total billed charges	
LASER-POSTERIOR CAPSULOTOMY	66821	CPT	outpatient			1935	764.5	First Trenton	First Trenton		1741.5	90			394.11	1838.25	percent of total billed charges	
LASER-POSTERIOR CAPSULOTOMY	66821	CPT	outpatient			1935	764.5	Horizon	Indemnity		1237.16				394.11	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER-POSTERIOR CAPSULOTOMY	66821	CPT	outpatient			1935	764.5	Horizon	Medicare Blue		664.78				394.11	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER-POSTERIOR CAPSULOTOMY	66821	CPT	outpatient			1935	764.5	Horizon	MGD		1237.16				394.11	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER-POSTERIOR CAPSULOTOMY	66821	CPT	outpatient			1935	764.5	Horizon	NJ Health		394.11				394.11	1838.25	fee schedule	
LASER-POSTERIOR CAPSULOTOMY	66821	CPT	outpatient			1935	764.5	Horizon	PPO		1237.16				394.11	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER-POSTERIOR CAPSULOTOMY	66821	CPT	outpatient			1935	764.5	Managed Care Inc	Managed Care Inc		1741.5	90			394.11	1838.25	percent of total billed charges	
LASER-POSTERIOR CAPSULOTOMY	66821	CPT	outpatient			1935	764.5	Multiplan	Multiplan		1548	80			394.11	1838.25	percent of total billed charges	
LASER-POSTERIOR CAPSULOTOMY	66821	CPT	outpatient			1935	764.5	Qualcare	Qualcare		1451.25	75			394.11	1838.25	percent of total billed charges	
LASER-POSTERIOR CAPSULOTOMY	66821	CPT	outpatient			1935	764.5	Three Rivers	Three Rivers		1838.25	95			394.11	1838.25	percent of total billed charges	
LASER-POSTERIOR CAPSULOTOMY	66821	CPT	outpatient			1935	764.5	UHC	Medicare		664.78				394.11	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER-POSTERIOR CAPSULOTOMY	66821	CPT	outpatient			1935	764.5	UHC	Medicaid		610.49	31.55			394.11	1838.25	percent of total billed charges	
LASER-POSTERIOR CAPSULOTOMY	66821	CPT	outpatient			1935	764.5	United	Oxford		1817				394.11	1838.25	case rate	
LASER-POSTERIOR CAPSULOTOMY	66821	CPT	outpatient			1935	764.5	United	CommercialPPO		1817				394.11	1838.25	case rate	
LASER-POSTERIOR CAPSULOTOMY	66821	CPT	outpatient			1935	764.5	Wellcare	Medicaid		610.49	31.55			394.11	1838.25	percent of total billed charges	
LASER-POSTERIOR CAPSULOTOMY	66821	CPT	outpatient			1935	764.5	Wellcare	Medicare		664.78				394.11	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER-POSTERIOR CAPSULOTOMY	66821	CPT	outpatient			1935	764.5	WellPoint	WellPoint		622.68	32.18			394.11	1838.25	percent of total billed charges	
PARS PLANA VITRECTOMY	66852	CPT	outpatient			14557	5347.5	Aetna	Medicare		4650				1025.73	13829.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARS PLANA VITRECTOMY	66852	CPT	outpatient			14557	5347.5	Aetna	Better Health		4592.73	31.55			1025.73	13829.15	percent of total billed charges	
PARS PLANA VITRECTOMY	66852	CPT	outpatient			14557	5347.5	Aetna	Commercial		7402.8				1025.73	13829.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARS PLANA VITRECTOMY	66852	CPT	outpatient			14557	5347.5	Americare	Americare		10917.75	75			1025.73	13829.15	percent of total billed charges	
PARS PLANA VITRECTOMY	66852	CPT	outpatient			14557	5347.5	Amerihealth	Medicare		4650				1025.73	13829.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARS PLANA VITRECTOMY	66852	CPT	outpatient			14557	5347.5	Amerihealth	HMO/PPO		9492.05	65			1025.73	13829.15	percent of total billed charges	
PARS PLANA VITRECTOMY	66852	CPT	outpatient			14557	5347.5	Consumer	Consumer		13829.15	95			1025.73	13829.15	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
PARS PLANA VITRECTOMY	66852	CPT	outpatient			14557	5347.5	Corrections	Corrections		11645.6	80			1025.73	13829.15	percent of total billed charges	
PARS PLANA VITRECTOMY	66852	CPT	outpatient			14557	5347.5	First Health	First Health		10189.9	70			1025.73	13829.15	percent of total billed charges	
PARS PLANA VITRECTOMY	66852	CPT	outpatient			14557	5347.5	First Trenton	First Trenton		13101.3	90			1025.73	13829.15	percent of total billed charges	
PARS PLANA VITRECTOMY	66852	CPT	outpatient			14557	5347.5	Horizon	Indemnity		8653.65				1025.73	13829.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARS PLANA VITRECTOMY	66852	CPT	outpatient			14557	5347.5	Horizon	MGD		8653.65				1025.73	13829.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARS PLANA VITRECTOMY	66852	CPT	outpatient			14557	5347.5	Horizon	PPO		8653.65				1025.73	13829.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARS PLANA VITRECTOMY	66852	CPT	outpatient			14557	5347.5	Horizon	Medicare Blue		4650				1025.73	13829.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARS PLANA VITRECTOMY	66852	CPT	outpatient			14557	5347.5	Horizon	NJ Health		1025.73				1025.73	13829.15	fee schedule	
PARS PLANA VITRECTOMY	66852	CPT	outpatient			14557	5347.5	Managed Care Inc	Managed Care Inc		13101.3	90			1025.73	13829.15	percent of total billed charges	
PARS PLANA VITRECTOMY	66852	CPT	outpatient			14557	5347.5	Multiplan	Multiplan		11645.6	80			1025.73	13829.15	percent of total billed charges	
PARS PLANA VITRECTOMY	66852	CPT	outpatient			14557	5347.5	Qualcare	Qualcare		10917.75	75			1025.73	13829.15	percent of total billed charges	
PARS PLANA VITRECTOMY	66852	CPT	outpatient			14557	5347.5	Three Rivers	Three Rivers		13829.15	95			1025.73	13829.15	percent of total billed charges	
PARS PLANA VITRECTOMY	66852	CPT	outpatient			14557	5347.5	UHC	Medicaid		4592.73	31.55			1025.73	13829.15	percent of total billed charges	
PARS PLANA VITRECTOMY	66852	CPT	outpatient			14557	5347.5	UHC	Medicare		4650				1025.73	13829.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARS PLANA VITRECTOMY	66852	CPT	outpatient			14557	5347.5	United	Oxford		6362				1025.73	13829.15	case rate	
PARS PLANA VITRECTOMY	66852	CPT	outpatient			14557	5347.5	United	CommercialPPO		6362				1025.73	13829.15	case rate	
PARS PLANA VITRECTOMY	66852	CPT	outpatient			14557	5347.5	Wellcare	Medicaid		4592.73	31.55			1025.73	13829.15	percent of total billed charges	
PARS PLANA VITRECTOMY	66852	CPT	outpatient			14557	5347.5	Wellcare	Medicare		4650				1025.73	13829.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARS PLANA VITRECTOMY	66852	CPT	outpatient			14557	5347.5	WellPoint	WellPoint		4684.44	32.18			1025.73	13829.15	percent of total billed charges	
UNLISTED PROC, ANT SEG, EYE	66999	CPT	outpatient			7868	3064.95	Aetna	Better Health		2482.35	31.55			2482.35	7474.6	other	
UNLISTED PROC, ANT SEG, EYE	66999	CPT	outpatient			7868	3064.95	Aetna	Commercial		4242.95				2482.35	7474.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC, ANT SEG, EYE	66999	CPT	outpatient			7868	3064.95	Aetna	Medicare		2665.17				2482.35	7474.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC, ANT SEG, EYE	66999	CPT	outpatient			7868	3064.95	Americare	Americare		5901	75			2482.35	7474.6	percent of total billed charges	
UNLISTED PROC, ANT SEG, EYE	66999	CPT	outpatient			7868	3064.95	Amerihealth	HMO/PPO		5114.2	65			2482.35	7474.6	percent of total billed charges	
UNLISTED PROC, ANT SEG, EYE	66999	CPT	outpatient			7868	3064.95	Amerihealth	Medicare		2665.17				2482.35	7474.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC, ANT SEG, EYE	66999	CPT	outpatient			7868	3064.95	Consumer	Consumer		7474.6	95			2482.35	7474.6	percent of total billed charges	
UNLISTED PROC, ANT SEG, EYE	66999	CPT	outpatient			7868	3064.95	Corrections	Corrections		6294.4	80			2482.35	7474.6	percent of total billed charges	
UNLISTED PROC, ANT SEG, EYE	66999	CPT	outpatient			7868	3064.95	First Health	First Health		5507.6	70			2482.35	7474.6	percent of total billed charges	
UNLISTED PROC, ANT SEG, EYE	66999	CPT	outpatient			7868	3064.95	First Trenton	First Trenton		7081.2	90			2482.35	7474.6	percent of total billed charges	
UNLISTED PROC, ANT SEG, EYE	66999	CPT	outpatient			7868	3064.95	Horizon	MGD		4959.88				2482.35	7474.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC, ANT SEG, EYE	66999	CPT	outpatient			7868	3064.95	Horizon	Indemnity		4959.88				2482.35	7474.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC, ANT SEG, EYE	66999	CPT	outpatient			7868	3064.95	Horizon	Medicare Blue		2665.17				2482.35	7474.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC, ANT SEG, EYE	66999	CPT	outpatient			7868	3064.95	Horizon	PPO		4959.88				2482.35	7474.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC, ANT SEG, EYE	66999	CPT	outpatient			7868	3064.95	Managed Care Inc	Managed Care Inc		7081.2	90			2482.35	7474.6	percent of total billed charges	
UNLISTED PROC, ANT SEG, EYE	66999	CPT	outpatient			7868	3064.95	Multiplan	Multiplan		6294.4	80			2482.35	7474.6	percent of total billed charges	
UNLISTED PROC, ANT SEG, EYE	66999	CPT	outpatient			7868	3064.95	Qualcare	Qualcare		5901	75			2482.35	7474.6	percent of total billed charges	
UNLISTED PROC, ANT SEG, EYE	66999	CPT	outpatient			7868	3064.95	Three Rivers	Three Rivers		7474.6	95			2482.35	7474.6	percent of total billed charges	
UNLISTED PROC, ANT SEG, EYE	66999	CPT	outpatient			7868	3064.95	UHC	Medicaid		2482.35	31.55			2482.35	7474.6	percent of total billed charges	
UNLISTED PROC, ANT SEG, EYE	66999	CPT	outpatient			7868	3064.95	UHC	Medicare		2665.17				2482.35	7474.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC, ANT SEG, EYE	66999	CPT	outpatient			7868	3064.95	United	Oxford		2493				2482.35	7474.6	case rate	
UNLISTED PROC, ANT SEG, EYE	66999	CPT	outpatient			7868	3064.95	United	CommercialPPO		2493				2482.35	7474.6	case rate	
UNLISTED PROC, ANT SEG, EYE	66999	CPT	outpatient			7868	3064.95	Wellcare	Medicaid		2482.35	31.55			2482.35	7474.6	percent of total billed charges	
UNLISTED PROC, ANT SEG, EYE	66999	CPT	outpatient			7868	3064.95	Wellcare	Medicare		2665.17				2482.35	7474.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC, ANT SEG, EYE	66999	CPT	outpatient			7868	3064.95	WellPoint	WellPoint		2531.92	32.18			2482.35	7474.6	percent of total billed charges	
ASPIRATION OF VIT ,PARS PLANA	67015	CPT	outpatient			7868	3064.95	Aetna	Medicare		2665.17				551.75	7474.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ASPIRATION OF VIT ,PARS PLANA	67015	CPT	outpatient			7868	3064.95	Aetna	Better Health		2482.35	31.55			551.75	7474.6	percent of total billed charges	
ASPIRATION OF VIT ,PARS PLANA	67015	CPT	outpatient			7868	3064.95	Aetna	Commercial		4242.95				551.75	7474.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ASPIRATION OF VIT ,PARS PLANA	67015	CPT	outpatient			7868	3064.95	Americare	Americare		5901	75			551.75	7474.6	percent of total billed charges	
ASPIRATION OF VIT ,PARS PLANA	67015	CPT	outpatient			7868	3064.95	Amerihealth	HMO/PPO		5114.2	65			551.75	7474.6	percent of total billed charges	
ASPIRATION OF VIT ,PARS PLANA	67015	CPT	outpatient			7868	3064.95	Amerihealth	Medicare		2665.17				551.75	7474.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ASPIRATION OF VIT ,PARS PLANA	67015	CPT	outpatient			7868	3064.95	Consumer	Consumer		7474.6	95			551.75	7474.6	percent of total billed charges	
ASPIRATION OF VIT ,PARS PLANA	67015	CPT	outpatient			7868	3064.95	Corrections	Corrections		6294.4	80			551.75	7474.6	percent of total billed charges	
ASPIRATION OF VIT ,PARS PLANA	67015	CPT	outpatient			7868	3064.95	First Health	First Health		5507.6	70			551.75	7474.6	percent of total billed charges	
ASPIRATION OF VIT ,PARS PLANA	67015	CPT	outpatient			7868	3064.95	First Trenton	First Trenton		7081.2	90			551.75	7474.6	percent of total billed charges	
ASPIRATION OF VIT ,PARS PLANA	67015	CPT	outpatient			7868	3064.95	Horizon	PPO		4959.88				551.75	7474.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ASPIRATION OF VIT ,PARS PLANA	67015	CPT	outpatient			7868	3064.95	Horizon	Indemnity		4959.88				551.75	7474.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ASPIRATION OF VIT ,PARS PLANA	67015	CPT	outpatient			7868	3064.95	Horizon	MGD		4959.88				551.75	7474.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ASPIRATION OF VIT ,PARS PLANA	67015	CPT	outpatient			7868	3064.95	Horizon	Medicare Blue		2665.17				551.75	7474.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ASPIRATION OF VIT ,PARS PLANA	67015	CPT	outpatient			7868	3064.95	Horizon	NJ Health		551.75				551.75	7474.6	fee schedule	
ASPIRATION OF VIT ,PARS PLANA	67015	CPT	outpatient			7868	3064.95	Managed Care Inc	Managed Care Inc		7081.2	90			551.75	7474.6	percent of total billed charges	
ASPIRATION OF VIT ,PARS PLANA	67015	CPT	outpatient			7868	3064.95	Multiplan	Multiplan		6294.4	80			551.75	7474.6	percent of total billed charges	
ASPIRATION OF VIT ,PARS PLANA	67015	CPT	outpatient			7868	3064.95	Qualcare	Qualcare		5901	75			551.75	7474.6	percent of total billed charges	
ASPIRATION OF VIT ,PARS PLANA	67015	CPT	outpatient			7868	3064.95	Three Rivers	Three Rivers		7474.6	95			551.75	7474.6	percent of total billed charges	
ASPIRATION OF VIT ,PARS PLANA	67015	CPT	outpatient			7868	3064.95	UHC	Medicare		2665.17				551.75	7474.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ASPIRATION OF VIT ,PARS PLANA	67015	CPT	outpatient			7868	3064.95	UHC	Medicaid		2482.35	31.55			551.75	7474.6	percent of total billed charges	
ASPIRATION OF VIT ,PARS PLANA	67015	CPT	outpatient			7868	3064.95	United	Oxford		2776				551.75	7474.6	case rate	
ASPIRATION OF VIT ,PARS PLANA	67015	CPT	outpatient			7868	3064.95	United	CommercialPPO		2776				551.75	7474.6	case rate	
ASPIRATION OF VIT ,PARS PLANA	67015	CPT	outpatient			7868	3064.95	Wellcare	Medicare		2665.17				551.75	7474.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ASPIRATION OF VIT ,PARS PLANA	67015	CPT	outpatient			7868	3064.95	Wellcare	Medicaid		2482.35	31.55			551.75	7474.6	percent of total billed charges	
ASPIRATION OF VIT ,PARS PLANA	67015	CPT	outpatient			7868	3064.95	WellPoint	WellPoint		2531.92	32.18			551.75	7474.6	percent of total billed charges	
VIT FLUID-GAS EXCHANGE	67025	CPT	outpatient			7868	3064.95	Aetna	Commercial		4242.95				743.85	7474.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VIT FLUID-GAS EXCHANGE	67025	CPT	outpatient			7868	3064.95	Aetna	Medicare		2665.17				743.85	7474.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VIT FLUID-GAS EXCHANGE	67025	CPT	outpatient			7868	3064.95	Aetna	Better Health		2482.35	31.55			743.85	7474.6	percent of total billed charges	
VIT FLUID-GAS EXCHANGE	67025	CPT	outpatient			7868	3064.95	Americare	Americare		5901	75			743.85	7474.6	percent of total billed charges	
VIT FLUID-GAS EXCHANGE	67025	CPT	outpatient			7868	3064.95	Amerihealth	HMO/PPO		5114.2	65			743.85	7474.6	percent of total billed charges	
VIT FLUID-GAS EXCHANGE	67025	CPT	outpatient			7868	3064.95	Amerihealth	Medicare		2665.17				743.85	7474.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VIT FLUID-GAS EXCHANGE	67025	CPT	outpatient			7868	3064.95	Consumer	Consumer		7474.6	95			743.85	7474.6	percent of total billed charges	
VIT FLUID-GAS EXCHANGE	67025	CPT	outpatient			7868	3064.95	Corrections	Corrections		6294.4	80			743.85	7474.6	percent of total billed charges	
VIT FLUID-GAS EXCHANGE	67025	CPT	outpatient			7868	3064.95	First Health	First Health		5507.6	70			743.85	7474.6	percent of total billed charges	
VIT FLUID-GAS EXCHANGE	67025	CPT	outpatient			7868	3064.95	First Trenton	First Trenton		7081.2	90			743.85	7474.6	percent of total billed charges	
VIT FLUID-GAS EXCHANGE	67025	CPT	outpatient			7868	3064.95	Horizon	MGD		4959.88				743.85	7474.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VIT FLUID-GAS EXCHANGE	67025	CPT	outpatient			7868	3064.95	Horizon	Medicare Blue		2665.17				743.85	7474.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VIT FLUID-GAS EXCHANGE	67025	CPT	outpatient			7868	3064.95	Horizon	Indemnity		4959.88				743.85	7474.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VIT FLUID-GAS EXCHANGE	67025	CPT	outpatient			7868	3064.95	Horizon	NJ Health		743.85				743.85	7474.6	fee schedule	
VIT FLUID-GAS EXCHANGE	67025	CPT	outpatient			7868	3064.95	Horizon	PPO		4959.88				743.85	7474.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VIT FLUID-GAS EXCHANGE	67025	CPT	outpatient			7868	3064.95	Managed Care Inc	Managed Care Inc		7081.2	90			743.85	7474.6	percent of total billed charges	
VIT FLUID-GAS EXCHANGE	67025	CPT	outpatient			7868	3064.95	Multiplan	Multiplan		6294.4	80			743.85	7474.6	percent of total billed charges	
VIT FLUID-GAS EXCHANGE	67025	CPT	outpatient			7868	3064.95	Qualcare	Qualcare		5901	75			743.85	7474.6	percent of total billed charges	
VIT FLUID-GAS EXCHANGE	67025	CPT	outpatient			7868	3064.95	Three Rivers	Three Rivers		7474.6	95			743.85	7474.6	percent of total billed charges	
VIT FLUID-GAS EXCHANGE	67025	CPT	outpatient			7868	3064.95	UHC	Medicare		2665.17				743.85	7474.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VIT FLUID-GAS EXCHANGE	67025	CPT	outpatient			7868	3064.95	UHC	Medicaid		2482.35	31.55			743.85	7474.6	percent of total billed charges	
VIT FLUID-GAS EXCHANGE	67025	CPT	outpatient			7868	3064.95	United	Oxford		2776				743.85	7474.6	case rate	
VIT FLUID-GAS EXCHANGE	67025	CPT	outpatient			7868	3064.95	United	CommercialPPO		2776				743.85	7474.6	case rate	
VIT FLUID-GAS EXCHANGE	67025	CPT	outpatient			7868	3064.95	Wellcare	Medicaid		2482.35	31.55			743.85	7474.6	percent of total billed charges	
VIT FLUID-GAS EXCHANGE	67025	CPT	outpatient			7868	3064.95	Wellcare	Medicare		2665.17				743.85	7474.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VIT FLUID-GAS EXCHANGE	67025	CPT	outpatient			7868	3064.95	WellPoint	WellPoint		2531.92	32.18			743.85	7474.6	percent of total billed charges	
VITREOUS INJ OF PHARM AGENT	67028	CPT	outpatient			1219	445.43	Aetna	Better Health		384.59	31.55			208.8	1782	percent of total billed charges	
VITREOUS INJ OF PHARM AGENT	67028	CPT	outpatient			1219	445.43	Aetna	Commercial		616.63				208.8	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VITREOUS INJ OF PHARM AGENT	67028	CPT	outpatient			1219	445.43	Aetna	Medicare		387.33				208.8	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VITREOUS INJ OF PHARM AGENT	67028	CPT	outpatient			1219	445.43	Americare	Americare		914.25	75			208.8	1782	percent of total billed charges	
VITREOUS INJ OF PHARM AGENT	67028	CPT	outpatient			1219	445.43	Amerihealth	Medicare		387.33				208.8	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VITREOUS INJ OF PHARM AGENT	67028	CPT	outpatient			1219	445.43	Amerihealth	HMO/PPO		792.35	65			208.8	1782	percent of total billed charges	
VITREOUS INJ OF PHARM AGENT	67028	CPT	outpatient			1219	445.43	Consumer	Consumer		1158.05	95			208.8	1782	percent of total billed charges	
VITREOUS INJ OF PHARM AGENT	67028	CPT	outpatient			1219	445.43	Corrections	Corrections		975.2	80			208.8	1782	percent of total billed charges	
VITREOUS INJ OF PHARM AGENT	67028	CPT	outpatient			1219	445.43	First Health	First Health		853.3	70			208.8	1782	percent of total billed charges	
VITREOUS INJ OF PHARM AGENT	67028	CPT	outpatient			1219	445.43	First Trenton	First Trenton		1097.1	90			208.8	1782	percent of total billed charges	
VITREOUS INJ OF PHARM AGENT	67028	CPT	outpatient			1219	445.43	Horizon	Indemnity		720.82				208.8	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VITREOUS INJ OF PHARM AGENT	67028	CPT	outpatient			1219	445.43	Horizon	MGD		720.82				208.8	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VITREOUS INJ OF PHARM AGENT	67028	CPT	outpatient			1219	445.43	Horizon	Medicare Blue		387.33				208.8	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VITREOUS INJ OF PHARM AGENT	67028	CPT	outpatient			1219	445.43	Horizon	NJ Health		208.8				208.8	1782	fee schedule	
VITREOUS INJ OF PHARM AGENT	67028	CPT	outpatient			1219	445.43	Horizon	PPO		720.82				208.8	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VITREOUS INJ OF PHARM AGENT	67028	CPT	outpatient			1219	445.43	Managed Care Inc	Managed Care Inc		1097.1	90			208.8	1782	percent of total billed charges	
VITREOUS INJ OF PHARM AGENT	67028	CPT	outpatient			1219	445.43	Multiplan	Multiplan		975.2	80			208.8	1782	percent of total billed charges	
VITREOUS INJ OF PHARM AGENT	67028	CPT	outpatient			1219	445.43	Qualcare	Qualcare		914.25	75			208.8	1782	percent of total billed charges	
VITREOUS INJ OF PHARM AGENT	67028	CPT	outpatient			1219	445.43	Three Rivers	Three Rivers		1158.05	95			208.8	1782	percent of total billed charges	
VITREOUS INJ OF PHARM AGENT	67028	CPT	outpatient			1219	445.43	UHC	Medicaid		384.59	31.55			208.8	1782	percent of total billed charges	
VITREOUS INJ OF PHARM AGENT	67028	CPT	outpatient			1219	445.43	UHC	Medicare		387.33				208.8	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VITREOUS INJ OF PHARM AGENT	67028	CPT	outpatient			1219	445.43	United	CommercialPPO		1782				208.8	1782	case rate	
VITREOUS INJ OF PHARM AGENT	67028	CPT	outpatient			1219	445.43	United	Oxford		1782				208.8	1782	case rate	
VITREOUS INJ OF PHARM AGENT	67028	CPT	outpatient			1219	445.43	Wellcare	Medicare		387.33				208.8	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VITREOUS INJ OF PHARM AGENT	67028	CPT	outpatient			1219	445.43	Wellcare	Medicaid		384.59	31.55			208.8	1782	percent of total billed charges	
VITREOUS INJ OF PHARM AGENT	67028	CPT	outpatient			1219	445.43	WellPoint	WellPoint		392.27	32.18			208.8	1782	percent of total billed charges	
DISCISSION VITREOUS STRNDS	67030	CPT	outpatient			8238	3064.95	Aetna	Better Health		2599.09	31.55			866.52	7826.1	percent of total billed charges	
DISCISSION VITREOUS STRNDS	67030	CPT	outpatient			8238	3064.95	Aetna	Medicare		2665.17				866.52	7826.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DISCISSION VITREOUS STRNDS	67030	CPT	outpatient			8238	3064.95	Aetna	Commercial		4242.95				866.52	7826.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DISCISSION VITREOUS STRNDS	67030	CPT	outpatient			8238	3064.95	Americare	Americare		6178.5	75			866.52	7826.1	percent of total billed charges	
DISCISSION VITREOUS STRNDS	67030	CPT	outpatient			8238	3064.95	Amerihealth	HMO/PPO		5354.7	65			866.52	7826.1	percent of total billed charges	
DISCISSION VITREOUS STRNDS	67030	CPT	outpatient			8238	3064.95	Amerihealth	Medicare		2665.17				866.52	7826.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DISCISSION VITREOUS STRNDS	67030	CPT	outpatient			8238	3064.95	Consumer	Consumer		7826.1	95			866.52	7826.1	percent of total billed charges	
DISCISSION VITREOUS STRNDS	67030	CPT	outpatient			8238	3064.95	Corrections	Corrections		6590.4	80			866.52	7826.1	percent of total billed charges	
DISCISSION VITREOUS STRNDS	67030	CPT	outpatient			8238	3064.95	First Health	First Health		5766.6	70			866.52	7826.1	percent of total billed charges	
DISCISSION VITREOUS STRNDS	67030	CPT	outpatient			8238	3064.95	First Trenton	First Trenton		7414.2	90			866.52	7826.1	percent of total billed charges	
DISCISSION VITREOUS STRNDS	67030	CPT	outpatient			8238	3064.95	Horizon	MGD		4959.88				866.52	7826.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DISCISSION VITREOUS STRNDS	67030	CPT	outpatient			8238	3064.95	Horizon	NJ Health		866.52				866.52	7826.1	fee schedule	
DISCISSION VITREOUS STRNDS	67030	CPT	outpatient			8238	3064.95	Horizon	Indemnity		4959.88				866.52	7826.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DISCISSION VITREOUS STRNDS	67030	CPT	outpatient			8238	3064.95	Horizon	PPO		4959.88				866.52	7826.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DISCISSION VITREOUS STRNDS	67030	CPT	outpatient			8238	3064.95	Horizon	Medicare Blue		2665.17				866.52	7826.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DISCISSION VITREOUS STRNDS	67030	CPT	outpatient			8238	3064.95	Managed Care Inc	Managed Care Inc		7414.2	90			866.52	7826.1	percent of total billed charges	
DISCISSION VITREOUS STRNDS	67030	CPT	outpatient			8238	3064.95	Multiplan	Multiplan		6590.4	80			866.52	7826.1	percent of total billed charges	
DISCISSION VITREOUS STRNDS	67030	CPT	outpatient			8238	3064.95	Qualcare	Qualcare		6178.5	75			866.52	7826.1	percent of total billed charges	
DISCISSION VITREOUS STRNDS	67030	CPT	outpatient			8238	3064.95	Three Rivers	Three Rivers		7826.1	95			866.52	7826.1	percent of total billed charges	
DISCISSION VITREOUS STRNDS	67030	CPT	outpatient			8238	3064.95	UHC	Medicaid		2599.09	31.55			866.52	7826.1	percent of total billed charges	
DISCISSION VITREOUS STRNDS	67030	CPT	outpatient			8238	3064.95	UHC	Medicare		2665.17				866.52	7826.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DISCISSION VITREOUS STRNDS	67030	CPT	outpatient			8238	3064.95	United	CommercialPPO		2776				866.52	7826.1	case rate	
DISCISSION VITREOUS STRNDS	67030	CPT	outpatient			8238	3064.95	United	Oxford		2776				866.52	7826.1	case rate	
DISCISSION VITREOUS STRNDS	67030	CPT	outpatient			8238	3064.95	Wellcare	Medicare		2665.17				866.52	7826.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DISCISSION VITREOUS STRNDS	67030	CPT	outpatient			8238	3064.95	Wellcare	Medicaid		2599.09	31.55			866.52	7826.1	percent of total billed charges	
DISCISSION VITREOUS STRNDS	67030	CPT	outpatient			8238	3064.95	WellPoint	WellPoint		2650.99	32.18			866.52	7826.1	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
LASER VITREOLYSIS	67031	CPT	outpatient			1935		764.5 Aetna	Better Health		610.49	31.55			610.49	1838.25	percent of total billed charges	
LASER VITREOLYSIS	67031	CPT	outpatient			1935		764.5 Aetna	Commercial		1058.33				610.49	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER VITREOLYSIS	67031	CPT	outpatient			1935		764.5 Aetna	Medicare		664.78				610.49	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER VITREOLYSIS	67031	CPT	outpatient			1935		764.5 Americare	Americare		1451.25	75			610.49	1838.25	percent of total billed charges	
LASER VITREOLYSIS	67031	CPT	outpatient			1935		764.5 Amerihealth	HMO/PPO		1257.75	65			610.49	1838.25	percent of total billed charges	
LASER VITREOLYSIS	67031	CPT	outpatient			1935		764.5 Amerihealth	Medicare		664.78				610.49	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER VITREOLYSIS	67031	CPT	outpatient			1935		764.5 Consumer	Consumer		1838.25	95			610.49	1838.25	percent of total billed charges	
LASER VITREOLYSIS	67031	CPT	outpatient			1935		764.5 Corrections	Corrections		1548	80			610.49	1838.25	percent of total billed charges	
LASER VITREOLYSIS	67031	CPT	outpatient			1935		764.5 First Health	First Health		1354.5	70			610.49	1838.25	percent of total billed charges	
LASER VITREOLYSIS	67031	CPT	outpatient			1935		764.5 First Trenton	First Trenton		1741.5	90			610.49	1838.25	percent of total billed charges	
LASER VITREOLYSIS	67031	CPT	outpatient			1935		764.5 Horizon	MGD		1237.16				610.49	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER VITREOLYSIS	67031	CPT	outpatient			1935		764.5 Horizon	PPO		1237.16				610.49	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER VITREOLYSIS	67031	CPT	outpatient			1935		764.5 Horizon	Indemnity		1237.16				610.49	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER VITREOLYSIS	67031	CPT	outpatient			1935		764.5 Horizon	Medicare Blue		664.78				610.49	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER VITREOLYSIS	67031	CPT	outpatient			1935		764.5 Horizon	NJ Health		678.6				610.49	1838.25	fee schedule	
LASER VITREOLYSIS	67031	CPT	outpatient			1935		764.5 Managed Care Inc	Managed Care Inc		1741.5	90			610.49	1838.25	percent of total billed charges	
LASER VITREOLYSIS	67031	CPT	outpatient			1935		764.5 Multiplan	Multiplan		1548	80			610.49	1838.25	percent of total billed charges	
LASER VITREOLYSIS	67031	CPT	outpatient			1935		764.5 Qualcare	Qualcare		1451.25	75			610.49	1838.25	percent of total billed charges	
LASER VITREOLYSIS	67031	CPT	outpatient			1935		764.5 Three Rivers	Three Rivers		1838.25	95			610.49	1838.25	percent of total billed charges	
LASER VITREOLYSIS	67031	CPT	outpatient			1935		764.5 UHC	Medicare		664.78				610.49	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER VITREOLYSIS	67031	CPT	outpatient			1935		764.5 UHC	Medicaid		610.49	31.55			610.49	1838.25	percent of total billed charges	
LASER VITREOLYSIS	67031	CPT	outpatient			1935		764.5 United	Commercial|PPO		1817				610.49	1838.25	case rate	
LASER VITREOLYSIS	67031	CPT	outpatient			1935		764.5 United	Oxford		1817				610.49	1838.25	case rate	
LASER VITREOLYSIS	67031	CPT	outpatient			1935		764.5 Wellcare	Medicare		664.78				610.49	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER VITREOLYSIS	67031	CPT	outpatient			1935		764.5 Wellcare	Medicaid		610.49	31.55			610.49	1838.25	percent of total billed charges	
LASER VITREOLYSIS	67031	CPT	outpatient			1935		764.5 WellPoint	WellPoint		622.68	32.18			610.49	1838.25	percent of total billed charges	
VITREC,MECH,PANRET,PHOTOCOAG	67040	CPT	outpatient			14557		5347.5 Aetna	Commercial		7402.8				1348.33	13829.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VITREC,MECH,PANRET,PHOTOCOAG	67040	CPT	outpatient			14557		5347.5 Aetna	Better Health		4592.73	31.55			1348.33	13829.15	percent of total billed charges	
VITREC,MECH,PANRET,PHOTOCOAG	67040	CPT	outpatient			14557		5347.5 Aetna	Medicare		4650				1348.33	13829.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VITREC,MECH,PANRET,PHOTOCOAG	67040	CPT	outpatient			14557		5347.5 Americare	Americare		10917.75	75			1348.33	13829.15	percent of total billed charges	
VITREC,MECH,PANRET,PHOTOCOAG	67040	CPT	outpatient			14557		5347.5 Amerihealth	HMO/PPO		9462.05	65			1348.33	13829.15	percent of total billed charges	
VITREC,MECH,PANRET,PHOTOCOAG	67040	CPT	outpatient			14557		5347.5 Amerihealth	Medicare		4650				1348.33	13829.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VITREC,MECH,PANRET,PHOTOCOAG	67040	CPT	outpatient			14557		5347.5 Consumer	Consumer		13829.15	95			1348.33	13829.15	percent of total billed charges	
VITREC,MECH,PANRET,PHOTOCOAG	67040	CPT	outpatient			14557		5347.5 Corrections	Corrections		11645.6	80			1348.33	13829.15	percent of total billed charges	
VITREC,MECH,PANRET,PHOTOCOAG	67040	CPT	outpatient			14557		5347.5 First Health	First Health		10189.9	70			1348.33	13829.15	percent of total billed charges	
VITREC,MECH,PANRET,PHOTOCOAG	67040	CPT	outpatient			14557		5347.5 First Trenton	First Trenton		13101.3	90			1348.33	13829.15	percent of total billed charges	
VITREC,MECH,PANRET,PHOTOCOAG	67040	CPT	outpatient			14557		5347.5 Horizon	MGD		8653.65				1348.33	13829.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VITREC,MECH,PANRET,PHOTOCOAG	67040	CPT	outpatient			14557		5347.5 Horizon	Medicare Blue		4650				1348.33	13829.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VITREC,MECH,PANRET,PHOTOCOAG	67040	CPT	outpatient			14557		5347.5 Horizon	Indemnity		8653.65				1348.33	13829.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VITREC,MECH,PANRET,PHOTOCOAG	67040	CPT	outpatient			14557		5347.5 Horizon	NJ Health		1348.33				1348.33	13829.15	fee schedule	
VITREC,MECH,PANRET,PHOTOCOAG	67040	CPT	outpatient			14557		5347.5 Horizon	PPO		8653.65				1348.33	13829.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VITREC,MECH,PANRET,PHOTOCOAG	67040	CPT	outpatient			14557		5347.5 Managed Care Inc	Managed Care Inc		13101.3	90			1348.33	13829.15	percent of total billed charges	
VITREC,MECH,PANRET,PHOTOCOAG	67040	CPT	outpatient			14557		5347.5 Multiplan	Multiplan		11645.6	80			1348.33	13829.15	percent of total billed charges	
VITREC,MECH,PANRET,PHOTOCOAG	67040	CPT	outpatient			14557		5347.5 Qualcare	Qualcare		10917.75	75			1348.33	13829.15	percent of total billed charges	
VITREC,MECH,PANRET,PHOTOCOAG	67040	CPT	outpatient			14557		5347.5 Three Rivers	Three Rivers		13829.15	95			1348.33	13829.15	percent of total billed charges	
VITREC,MECH,PANRET,PHOTOCOAG	67040	CPT	outpatient			14557		5347.5 UHC	Medicaid		4592.73	31.55			1348.33	13829.15	percent of total billed charges	
VITREC,MECH,PANRET,PHOTOCOAG	67040	CPT	outpatient			14557		5347.5 UHC	Medicare		4650				1348.33	13829.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VITREC,MECH,PANRET,PHOTOCOAG	67040	CPT	outpatient			14557		5347.5 United	Commercial|PPO		6362				1348.33	13829.15	case rate	
VITREC,MECH,PANRET,PHOTOCOAG	67040	CPT	outpatient			14557		5347.5 United	Oxford		6362				1348.33	13829.15	case rate	
VITREC,MECH,PANRET,PHOTOCOAG	67040	CPT	outpatient			14557		5347.5 Wellcare	Medicare		4650				1348.33	13829.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VITREC,MECH,PANRET,PHOTOCOAG	67040	CPT	outpatient			14557		5347.5 Wellcare	Medicaid		4592.73	31.55			1348.33	13829.15	percent of total billed charges	
VITREC,MECH,PANRET,PHOTOCOAG	67040	CPT	outpatient			14557		5347.5 WellPoint	WellPoint		4684.44	32.18			1348.33	13829.15	percent of total billed charges	
VITRECTOMY, MEECH, PARS PLANA W/PERINTA	67041	CPT	outpatient			15135		5347.5 Aetna	Medicare		4661.58	30.8			4650	14378.25	percent of total billed charges	
VITRECTOMY, MEECH, PARS PLANA W/PERINTA	67041	CPT	outpatient			15135		5347.5 Aetna	Better Health		4775.09	31.55			4650	14378.25	percent of total billed charges	
VITRECTOMY, MEECH, PARS PLANA W/PERINTA	67041	CPT	outpatient			15135		5347.5 Aetna	Commercial		7402.8				4650	14378.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VITRECTOMY, MEECH, PARS PLANA W/PERINTA	67041	CPT	outpatient			15135		5347.5 Americare	Americare		11351.25	75			4650	14378.25	percent of total billed charges	
VITRECTOMY, MEECH, PARS PLANA W/PERINTA	67041	CPT	outpatient			15135		5347.5 Amerihealth	Medicare		4650				4650	14378.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VITRECTOMY, MEECH, PARS PLANA W/PERINTA	67041	CPT	outpatient			15135		5347.5 Amerihealth	HMO/PPO		9637.75	65			4650	14378.25	percent of total billed charges	
VITRECTOMY, MEECH, PARS PLANA W/PERINTA	67041	CPT	outpatient			15135		5347.5 Consumer	Consumer		14378.25	95			4650	14378.25	percent of total billed charges	
VITRECTOMY, MEECH, PARS PLANA W/PERINTA	67041	CPT	outpatient			15135		5347.5 Corrections	Corrections		12108	80			4650	14378.25	percent of total billed charges	
VITRECTOMY, MEECH, PARS PLANA W/PERINTA	67041	CPT	outpatient			15135		5347.5 First Health	First Health		10594.5	70			4650	14378.25	percent of total billed charges	
VITRECTOMY, MEECH, PARS PLANA W/PERINTA	67041	CPT	outpatient			15135		5347.5 First Trenton	First Trenton		13621.5	90			4650	14378.25	percent of total billed charges	
VITRECTOMY, MEECH, PARS PLANA W/PERINTA	67041	CPT	outpatient			15135		5347.5 Horizon	Indemnity		8653.65				4650	14378.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VITRECTOMY, MEECH, PARS PLANA W/PERINTA	67041	CPT	outpatient			15135		5347.5 Horizon	MGD		8653.65				4650	14378.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VITRECTOMY, MEECH, PARS PLANA W/PERINTA	67041	CPT	outpatient			15135		5347.5 Horizon	PPO		8653.65				4650	14378.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VITRECTOMY, MEECH, PARS PLANA W/PERINTA	67041	CPT	outpatient			15135		5347.5 Horizon	Medicare Blue		4650				4650	14378.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VITRECTOMY, MEECH, PARS PLANA W/PERINTA	67041	CPT	outpatient			15135		5347.5 Managed Care Inc	Managed Care Inc		13621.5	90			4650	14378.25	percent of total billed charges	
VITRECTOMY, MEECH, PARS PLANA W/PERINTA	67041	CPT	outpatient			15135		5347.5 Multiplan	Multiplan		12108	80			4650	14378.25	percent of total billed charges	
VITRECTOMY, MEECH, PARS PLANA W/PERINTA	67041	CPT	outpatient			15135		5347.5 Qualcare	Qualcare		11351.25	75			4650	14378.25	percent of total billed charges	
VITRECTOMY, MEECH, PARS PLANA W/PERINTA	67041	CPT	outpatient			15135		5347.5 Three Rivers	Three Rivers		14378.25	95			4650	14378.25	percent of total billed charges	
VITRECTOMY, MEECH, PARS PLANA W/PERINTA	67041	CPT	outpatient			15135		5347.5 UHC	Medicare		4650				4650	14378.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VITRECTOMY, MEECH, PARS PLANA W/PERINTA	67041	CPT	outpatient			15135		5347.5 UHC	Medicaid		4775.09	31.55			4650	14378.25	percent of total billed charges	
VITRECTOMY, MEECH, PARS PLANA W/PERINTA	67041	CPT	outpatient			15135		5347.5 United	Commercial|PPO		6362				4650	14378.25	case rate	
VITRECTOMY, MEECH, PARS PLANA W/PERINTA	67041	CPT	outpatient			15135		5347.5 United	Oxford		6362				4650	14378.25	case rate	
VITRECTOMY, MEECH, PARS PLANA W/PERINTA	67041	CPT	outpatient			15135		5347.5 Wellcare	Medicare		4650				4650	14378.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VITRECTOMY, MEECH, PARS PLANA W/PERINTA	67041	CPT	outpatient			15135		5347.5 Wellcare	Medicaid		4775.09	31.55			4650	14378.25	percent of total billed charges	
VITRECTOMY, MEECH, PARS PLANA W/PERINTA	67041	CPT	outpatient			15135		5347.5 WellPoint	WellPoint		4870.44	32.18			4650	14378.25	percent of total billed charges	
REPAIR OF RETINAL DETACHMENT	67101	CPT	outpatient			8055		3064.95 Aetna	Better Health		2541.35	31.55			944.82	7652.25	percent of total billed charges	
REPAIR OF RETINAL DETACHMENT	67101	CPT	outpatient			8055		3064.95 Aetna	Commercial		4242.95				944.82	7652.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR OF RETINAL DETACHMENT	67101	CPT	outpatient			8055		3064.95 Aetna	Medicare		2665.17				944.82	7652.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR OF RETINAL DETACHMENT	67101	CPT	outpatient			8055		3064.95 Americare	Americare		6041.25	75			944.82	7652.25	percent of total billed charges	
REPAIR OF RETINAL DETACHMENT	67101	CPT	outpatient			8055		3064.95 Amerihealth	Medicare		2665.17				944.82	7652.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR OF RETINAL DETACHMENT	67101	CPT	outpatient			8055		3064.95 Amerihealth	HMO/PPO		5235.75	65			944.82	7652.25	percent of total billed charges	
REPAIR OF RETINAL DETACHMENT	67101	CPT	outpatient			8055		3064.95 Consumer	Consumer		7652.25	95			944.82	7652.25	percent of total billed charges	
REPAIR OF RETINAL DETACHMENT	67101	CPT	outpatient			8055		3064.95 Corrections	Corrections		6444	80			944.82	7652.25	percent of total billed charges	
REPAIR OF RETINAL DETACHMENT	67101	CPT	outpatient			8055		3064.95 First Health	First Health		5638.5	70			944.82	7652.25	percent of total billed charges	
REPAIR OF RETINAL DETACHMENT	67101	CPT	outpatient			8055		3064.95 First Trenton	First Trenton		7249.5	90			944.82	7652.25	percent of total billed charges	
REPAIR OF RETINAL DETACHMENT	67101	CPT	outpatient			8055		3064.95 Horizon	Medicare Blue		2665.17				944.82	7652.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR OF RETINAL DETACHMENT	67101	CPT	outpatient			8055		3064.95 Horizon	MGD		4959.88				944.82	7652.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR OF RETINAL DETACHMENT	67101	CPT	outpatient			8055		3064.95 Horizon	Indemnity		4959.88				944.82	7652.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR OF RETINAL DETACHMENT	67101	CPT	outpatient			8055		3064.95 Horizon	NJ Health		944.82				944.82	7652.25	fee schedule	
REPAIR OF RETINAL DETACHMENT	67101	CPT	outpatient			8055		3064.95 Horizon	PPO		4959.88				944.82	7652.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR OF RETINAL DETACHMENT	67101	CPT	outpatient			8055		3064.95 Managed Care Inc	Managed Care Inc		7249.5	90			944.82	7652.25	percent of total billed charges	
REPAIR OF RETINAL DETACHMENT	67101	CPT	outpatient			8055		3064.95 Multiplan	Multiplan		6444	80			944.82	7652.25	percent of total billed charges	
REPAIR OF RETINAL DETACHMENT	67101	CPT	outpatient			8055		3064.95 Qualcare	Qualcare		6041.25	75			944.82	7652.25	percent of total billed charges	
REPAIR OF RETINAL DETACHMENT	67101	CPT	outpatient			8055		3064.95 Three Rivers	Three Rivers		7652.25	95			944.82	7652.25	percent of total billed charges	
REPAIR OF RETINAL DETACHMENT	67101	CPT	outpatient			8055		3064.95 UHC	Medicaid		2541.35	31.55			944.82	7652.25	percent of total billed charges	
REPAIR OF RETINAL DETACHMENT	67101	CPT	outpatient			8055		3064.95 UHC	Medicare		2665.17				944.82	7652.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR OF RETINAL DETACHMENT	67101	CPT	outpatient			8055		3064.95 United	Oxford		2776				944.82	7652.25	case rate	
REPAIR OF RETINAL DETACHMENT	67101	CPT	outpatient			8055		3064.95 United	Commercial|PPO		2776				944.82	7652.25	case rate	
REPAIR OF RETINAL DETACHMENT	67101	CPT	outpatient			8055		3064.95 Wellcare	Medicare		2665.17				944.82	7652.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR OF RETINAL DETACHMENT	67101	CPT	outpatient			8055		3064.95 Wellcare	Medicaid		2541.35	31.55			944.82	7652.25	percent of total billed charges	
REPAIR OF RETINAL DETACHMENT	67101	CPT	outpatient			8055		3064.95 WellPoint	WellPoint		2592.1	32.18			944.82	7652.25	percent of total billed charges	
LASER-RETINAL DETACHMENT	67105	CPT	outpatient			1935		764.5 Aetna	Medicare		595.98	30.8			595.98	1838.25	percent of total billed charges	
LASER-RETINAL DETACHMENT	67105	CPT	outpatient			1935		764.5 Aetna	Commercial		1058.33				595.98	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER-RETINAL DETACHMENT	67105	CPT	outpatient			1935		764.5 Aetna	Better Health		610.49	31.55			595.98	1838.25	percent of total billed charges	
LASER-RETINAL DETACHMENT	67105	CPT	outpatient			1935		764.5 Americare	Americare		1451.25	75			595.98	1838.25	percent of total billed charges	
LASER-RETINAL DETACHMENT	67105	CPT	outpatient			1935		764.5 Amerihealth	HMO/PPO		1257.75	65			595.98	1838.25	percent of total billed charges	
LASER-RETINAL DETACHMENT	67105	CPT	outpatient			1935		764.5 Amerihealth	Medicare		664.78				595.98	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER-RETINAL DETACHMENT	67105	CPT	outpatient			1935		764.5 Consumer	Consumer		1838.25	95			595.98	1838.25	percent of total billed charges	
LASER-RETINAL DETACHMENT	67105	CPT	outpatient			1935		764.5 Corrections	Corrections		1548	80			595.98	1838.25	percent of total billed charges	
LASER-RETINAL DETACHMENT	67105	CPT	outpatient			1935		764.5 First Health	First Health		1354.5	70			595.98	1838.25	percent of total billed charges	
LASER-RETINAL DETACHMENT	67105	CPT	outpatient			1935		764.5 First Trenton	First Trenton		1741.5	90			595.98	1838.25	percent of total billed charges	
LASER-RETINAL DETACHMENT	67105	CPT	outpatient			1935		764.5 Horizon	NJ Health		944.82				595.98	1838.25	fee schedule	
LASER-RETINAL DETACHMENT	67105	CPT	outpatient			1935		764.5 Horizon	Medicare Blue		664.78				595.98	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER-RETINAL DETACHMENT	67105	CPT	outpatient			1935		764.5 Horizon	MGD		1237.16				595.98	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER-RETINAL DETACHMENT	67105	CPT	outpatient			1935		764.5 Horizon	Indemnity		1237.16				595.98	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER-RETINAL DETACHMENT	67105	CPT	outpatient			1935		764.5 Horizon	PPO		1237.16				595.98	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER-RETINAL DETACHMENT	67105	CPT	outpatient			1935		764.5 Managed Care Inc	Managed Care Inc		1741.5	90			595.98	1838.25	percent of total billed charges	
LASER-RETINAL DETACHMENT	67105	CPT	outpatient			1935		764.5 Multiplan	Multiplan		1548	80			595.98	1838.25	percent of total billed charges	
LASER-RETINAL DETACHMENT	67105	CPT	outpatient			1935		764.5 Qualcare	Qualcare		1451.25	75			595.98	1838.25	percent of total billed charges	
LASER-RETINAL DETACHMENT	67105	CPT	outpatient			1935		764.5 Three Rivers	Three Rivers		1838.25	95			595.98	1838.25	percent of total billed charges	
LASER-RETINAL DETACHMENT	67105	CPT	outpatient			1935		764.5 UHC	Medicare		664.78				595.98	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER-RETINAL DETACHMENT	67105	CPT	outpatient			1935		764.5 UHC	Medicaid		610.49	31.55			595.98	1838.25	percent of total billed charges	
LASER-RETINAL DETACHMENT	67105	CPT	outpatient			1935		764.5 United	Commercial|PPO		1817				595.98	1838.25	case rate	
LASER-RETINAL DETACHMENT	67105	CPT	outpatient			1935		764.5 United	Oxford		1817				595.98	1838.25	case rate	
LASER-RETINAL DETACHMENT	67105	CPT	outpatient			1935		764.5 Wellcare	Medicare		664.78				595.98	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER-RETINAL DETACHMENT	67105	CPT	outpatient			1935		764.5 Wellcare	Medicaid		610.49	31.55			595.98	1838.25	percent of total billed charges	
LASER-RETINAL DETACHMENT	67105	CPT	outpatient			1935		764.5 WellPoint	WellPoint		622.68	32.18			595.98	1838.25	percent of total billed charges	
PNEUMATIC RETINOPEXY	67110	CPT	outpatient			7868		3064.95 Aetna	Commercial		4242.95				795.84	7474.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PNEUMATIC RETINOPEXY	67110	CPT	outpatient			7868		3064.95 Aetna	Better Health		2492.35	31.55			795.84	7474.6	percent of total billed charges	
PNEUMATIC RETINOPEXY	67110	CPT	outpatient			7868		3064.95 Aetna	Medicare		2665.17				795.84	7474.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PNEUMATIC RETINOPEXY	67110	CPT	outpatient			7868		3064.95 Americare	Americare		5901	75			795.84	7474.6	percent of total billed charges	
PNEUMATIC RETINOPEXY	67110	CPT	outpatient			7868		3064.95 Amerihealth	HMO/PPO		5114.2	65			795.84	7474.6	percent of total billed charges	
PNEUMATIC RETINOPEXY	67110	CPT	outpatient			7868		3064.95 Amerihealth	Medicare		2665.17				795.84	7474.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PNEUMATIC RETINOPEXY	67110	CPT	outpatient			7868		3064.95 Consumer	Consumer		7474.6	95			795.84	7474.6	percent of total billed charges	
PNEUMATIC RETINOPEXY	67110	CPT	outpatient			7868		3064.95 Corrections	Corrections		6294.4	80			795.84	7474.6	percent of total billed charges	
PNEUMATIC RETINOPEXY	67110	CPT	outpatient			7868		3064.95 First Health	First Health		5507.6	70			795.84	7474.6	percent of total billed charges	
PNEUMATIC RETINOPEXY	67110	CPT	outpatient			7868		3064.95 First Trenton	First Trenton		7081.2	90			795.84	7474.6	percent of total billed charges	
PNEUMATIC RETINOPEXY	67110	CPT	outpatient			7868		3064.95 Horizon	Indemnity		4959.88				795.84	7474.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PNEUMATIC RETINOPEXY	67110	CPT	outpatient			7868		3064.95 Horizon	MGD		4959.88				795.84	7474.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PNEUMATIC RETINOPEXY	67110	CPT	outpatient			7868		3064.95 Horizon	NJ Health		795.84				795.84	7474.6	fee schedule	
PNEUMATIC RETINOPEXY	67110	CPT	outpatient			7868		3064.95 Horizon	Medicare Blue		2665.17				795.84	7474.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PNEUMATIC RETINOPEXY	67110	CPT	outpatient			7868		3064.95 Horizon	PPO		4959.88				795.84	7474.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PNEUMATIC RETINOPEXY	67110	CPT	outpatient			7868		3064.95 Managed Care Inc	Managed Care Inc		7081.2	90			795.84	7474.6	percent of total billed charges	
PNEUMATIC RETINOPEXY	67110	CPT	outpatient			7868		3064.95 Multiplan	Multiplan		6294.4	80			795.84	7474.6	percent of total billed charges	
PNEUMATIC RETINOPEXY	67110	CPT	outpatient			7868		3064.95 Qualcare	Qualcare		5901	75			795.84	7474.6	percent of total billed charges	
PNEUMATIC RETINOPEXY	67110	CPT	outpatient			7868		3064.95 Three Rivers	Three Rivers		7474.6	95			795.84	7474.6	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
PNEUMATIC RETINOPEXY	67110	CPT	outpatient			7868	3064.95	UHC	Medicaid		2482.35	31.55			795.84	7474.6	percent of total billed charges	
PNEUMATIC RETINOPEXY	67110	CPT	outpatient			7868	3064.95	UHC	Medicare		2665.17				795.84	7474.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PNEUMATIC RETINOPEXY	67110	CPT	outpatient			7868	3064.95	United	CommercialPPO		2776				795.84	7474.6	case rate	
PNEUMATIC RETINOPEXY	67110	CPT	outpatient			7868	3064.95	United	Oxford		2776				795.84	7474.6	case rate	
PNEUMATIC RETINOPEXY	67110	CPT	outpatient			7868	3064.95	Wellcare	Medicare		2665.17				795.84	7474.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PNEUMATIC RETINOPEXY	67110	CPT	outpatient			7868	3064.95	Wellcare	Medicaid		2482.35	31.55			795.84	7474.6	percent of total billed charges	
PNEUMATIC RETINOPEXY	67110	CPT	outpatient			7868	3064.95	WellPoint	WellPoint		2531.92	32.18			795.84	7474.6	percent of total billed charges	
RMVL IMP MATL POST SEG EXTRAOC	67120	CPT	outpatient			7868	3064.95	Aetna	Better Health		2482.35	31.55			654.59	7474.6	percent of total billed charges	
RMVL IMP MATL POST SEG EXTRAOC	67120	CPT	outpatient			7868	3064.95	Aetna	Commercial		4242.95				654.59	7474.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL IMP MATL POST SEG EXTRAOC	67120	CPT	outpatient			7868	3064.95	Aetna	Medicare		2665.17				654.59	7474.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL IMP MATL POST SEG EXTRAOC	67120	CPT	outpatient			7868	3064.95	Americare	Americare		5901	75			654.59	7474.6	percent of total billed charges	
RMVL IMP MATL POST SEG EXTRAOC	67120	CPT	outpatient			7868	3064.95	Amerihealth	HMO/PPO		5114.2	65			654.59	7474.6	percent of total billed charges	
RMVL IMP MATL POST SEG EXTRAOC	67120	CPT	outpatient			7868	3064.95	Amerihealth	Medicare		2665.17				654.59	7474.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL IMP MATL POST SEG EXTRAOC	67120	CPT	outpatient			7868	3064.95	Consumer	Consumer		7474.6	95			654.59	7474.6	percent of total billed charges	
RMVL IMP MATL POST SEG EXTRAOC	67120	CPT	outpatient			7868	3064.95	Corrections	Corrections		6294.4	80			654.59	7474.6	percent of total billed charges	
RMVL IMP MATL POST SEG EXTRAOC	67120	CPT	outpatient			7868	3064.95	First Health	First Health		5907.6	70			654.59	7474.6	percent of total billed charges	
RMVL IMP MATL POST SEG EXTRAOC	67120	CPT	outpatient			7868	3064.95	First Trenton	First Trenton		7081.2	90			654.59	7474.6	percent of total billed charges	
RMVL IMP MATL POST SEG EXTRAOC	67120	CPT	outpatient			7868	3064.95	Horizon	NJ Health		654.59				654.59	7474.6	fee schedule	
RMVL IMP MATL POST SEG EXTRAOC	67120	CPT	outpatient			7868	3064.95	Horizon	Indemnity		4959.88				654.59	7474.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL IMP MATL POST SEG EXTRAOC	67120	CPT	outpatient			7868	3064.95	Horizon	MGD		4959.88				654.59	7474.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL IMP MATL POST SEG EXTRAOC	67120	CPT	outpatient			7868	3064.95	Horizon	Medicare Blue		2665.17				654.59	7474.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL IMP MATL POST SEG EXTRAOC	67120	CPT	outpatient			7868	3064.95	Horizon	PPO		4959.88				654.59	7474.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL IMP MATL POST SEG EXTRAOC	67120	CPT	outpatient			7868	3064.95	Managed Care Inc	Managed Care Inc		7061.2	90			654.59	7474.6	percent of total billed charges	
RMVL IMP MATL POST SEG EXTRAOC	67120	CPT	outpatient			7868	3064.95	Multiplan	Multiplan		6294.4	80			654.59	7474.6	percent of total billed charges	
RMVL IMP MATL POST SEG EXTRAOC	67120	CPT	outpatient			7868	3064.95	Qualcare	Qualcare		5901	75			654.59	7474.6	percent of total billed charges	
RMVL IMP MATL POST SEG EXTRAOC	67120	CPT	outpatient			7868	3064.95	Three Rivers	Three Rivers		7474.6	95			654.59	7474.6	percent of total billed charges	
RMVL IMP MATL POST SEG EXTRAOC	67120	CPT	outpatient			7868	3064.95	UHC	Medicaid		2482.35	31.55			654.59	7474.6	percent of total billed charges	
RMVL IMP MATL POST SEG EXTRAOC	67120	CPT	outpatient			7868	3064.95	UHC	Medicare		2665.17				654.59	7474.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL IMP MATL POST SEG EXTRAOC	67120	CPT	outpatient			7868	3064.95	United	CommercialPPO		2776				654.59	7474.6	case rate	
RMVL IMP MATL POST SEG EXTRAOC	67120	CPT	outpatient			7868	3064.95	United	Oxford		2776				654.59	7474.6	case rate	
RMVL IMP MATL POST SEG EXTRAOC	67120	CPT	outpatient			7868	3064.95	Wellcare	Medicare		2665.17				654.59	7474.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL IMP MATL POST SEG EXTRAOC	67120	CPT	outpatient			7868	3064.95	Wellcare	Medicaid		2482.35	31.55			654.59	7474.6	percent of total billed charges	
RMVL IMP MATL POST SEG EXTRAOC	67120	CPT	outpatient			7868	3064.95	WellPoint	WellPoint		2531.92	32.18			654.59	7474.6	percent of total billed charges	
CRYO FOR TEAR, LATTICE	67141	CPT	outpatient			968	383.15	Aetna	Medicare		333.17				305.4	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CRYO FOR TEAR, LATTICE	67141	CPT	outpatient			968	383.15	Aetna	Better Health		305.4	31.55			305.4	1782	percent of total billed charges	
CRYO FOR TEAR, LATTICE	67141	CPT	outpatient			968	383.15	Aetna	Commercial		530.41				305.4	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CRYO FOR TEAR, LATTICE	67141	CPT	outpatient			968	383.15	Americare	Americare		726	75			305.4	1782	percent of total billed charges	
CRYO FOR TEAR, LATTICE	67141	CPT	outpatient			968	383.15	Amerihealth	Medicare		333.17				305.4	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CRYO FOR TEAR, LATTICE	67141	CPT	outpatient			968	383.15	Amerihealth	HMO/PPO		629.2	65			305.4	1782	percent of total billed charges	
CRYO FOR TEAR, LATTICE	67141	CPT	outpatient			968	383.15	Consumer	Consumer		919.6	95			305.4	1782	percent of total billed charges	
CRYO FOR TEAR, LATTICE	67141	CPT	outpatient			968	383.15	Corrections	Corrections		774.4	80			305.4	1782	percent of total billed charges	
CRYO FOR TEAR, LATTICE	67141	CPT	outpatient			968	383.15	First Health	First Health		677.6	70			305.4	1782	percent of total billed charges	
CRYO FOR TEAR, LATTICE	67141	CPT	outpatient			968	383.15	First Trenton	First Trenton		871.2	90			305.4	1782	percent of total billed charges	
CRYO FOR TEAR, LATTICE	67141	CPT	outpatient			968	383.15	Horizon	MGD		620.03				305.4	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CRYO FOR TEAR, LATTICE	67141	CPT	outpatient			968	383.15	Horizon	Indemnity		620.03				305.4	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CRYO FOR TEAR, LATTICE	67141	CPT	outpatient			968	383.15	Horizon	Medicare Blue		333.17				305.4	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CRYO FOR TEAR, LATTICE	67141	CPT	outpatient			968	383.15	Horizon	NJ Health		595.08				305.4	1782	fee schedule	
CRYO FOR TEAR, LATTICE	67141	CPT	outpatient			968	383.15	Horizon	PPO		620.03				305.4	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CRYO FOR TEAR, LATTICE	67141	CPT	outpatient			968	383.15	Managed Care Inc	Managed Care Inc		871.2	90			305.4	1782	percent of total billed charges	
CRYO FOR TEAR, LATTICE	67141	CPT	outpatient			968	383.15	Multiplan	Multiplan		774.4	80			305.4	1782	percent of total billed charges	
CRYO FOR TEAR, LATTICE	67141	CPT	outpatient			968	383.15	Qualcare	Qualcare		726	75			305.4	1782	percent of total billed charges	
CRYO FOR TEAR, LATTICE	67141	CPT	outpatient			968	383.15	Three Rivers	Three Rivers		919.6	95			305.4	1782	percent of total billed charges	
CRYO FOR TEAR, LATTICE	67141	CPT	outpatient			968	383.15	UHC	Medicaid		305.4	31.55			305.4	1782	percent of total billed charges	
CRYO FOR TEAR, LATTICE	67141	CPT	outpatient			968	383.15	UHC	Medicare		333.17				305.4	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CRYO FOR TEAR, LATTICE	67141	CPT	outpatient			968	383.15	United	CommercialPPO		1782				305.4	1782	case rate	
CRYO FOR TEAR, LATTICE	67141	CPT	outpatient			968	383.15	United	Oxford		1782				305.4	1782	case rate	
CRYO FOR TEAR, LATTICE	67141	CPT	outpatient			968	383.15	Wellcare	Medicaid		305.4	31.55			305.4	1782	percent of total billed charges	
CRYO FOR TEAR, LATTICE	67141	CPT	outpatient			968	383.15	Wellcare	Medicare		333.17				305.4	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CRYO FOR TEAR, LATTICE	67141	CPT	outpatient			968	383.15	WellPoint	WellPoint		311.5	32.18			305.4	1782	percent of total billed charges	
LASER - RETINAL BREAK	67145	CPT	outpatient			1935	764.5	Aetna	Better Health		610.49	31.55			498.77	1838.25	percent of total billed charges	
LASER - RETINAL BREAK	67145	CPT	outpatient			1935	764.5	Aetna	Commercial		1058.33				498.77	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER - RETINAL BREAK	67145	CPT	outpatient			1935	764.5	Aetna	Medicare		664.78				498.77	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER - RETINAL BREAK	67145	CPT	outpatient			1935	764.5	Americare	Americare		1451.25	75			498.77	1838.25	percent of total billed charges	
LASER - RETINAL BREAK	67145	CPT	outpatient			1935	764.5	Amerihealth	HMO/PPO		1257.75	65			498.77	1838.25	percent of total billed charges	
LASER - RETINAL BREAK	67145	CPT	outpatient			1935	764.5	Amerihealth	Medicare		664.78				498.77	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER - RETINAL BREAK	67145	CPT	outpatient			1935	764.5	Consumer	Consumer		1838.25	95			498.77	1838.25	percent of total billed charges	
LASER - RETINAL BREAK	67145	CPT	outpatient			1935	764.5	Corrections	Corrections		1548	80			498.77	1838.25	percent of total billed charges	
LASER - RETINAL BREAK	67145	CPT	outpatient			1935	764.5	First Health	First Health		1354.5	70			498.77	1838.25	percent of total billed charges	
LASER - RETINAL BREAK	67145	CPT	outpatient			1935	764.5	First Trenton	First Trenton		1741.5	90			498.77	1838.25	percent of total billed charges	
LASER - RETINAL BREAK	67145	CPT	outpatient			1935	764.5	Horizon	Medicare Blue		664.78				498.77	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER - RETINAL BREAK	67145	CPT	outpatient			1935	764.5	Horizon	MGD		1237.16				498.77	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER - RETINAL BREAK	67145	CPT	outpatient			1935	764.5	Horizon	Indemnity		1237.16				498.77	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER - RETINAL BREAK	67145	CPT	outpatient			1935	764.5	Horizon	PPO		1237.16				498.77	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER - RETINAL BREAK	67145	CPT	outpatient			1935	764.5	Horizon	NJ Health		498.77				498.77	1838.25	fee schedule	
LASER - RETINAL BREAK	67145	CPT	outpatient			1935	764.5	Managed Care Inc	Managed Care Inc		1741.5	90			498.77	1838.25	percent of total billed charges	
LASER - RETINAL BREAK	67145	CPT	outpatient			1935	764.5	Multiplan	Multiplan		1548	80			498.77	1838.25	percent of total billed charges	
LASER - RETINAL BREAK	67145	CPT	outpatient			1935	764.5	Qualcare	Qualcare		1451.25	75			498.77	1838.25	percent of total billed charges	
LASER - RETINAL BREAK	67145	CPT	outpatient			1935	764.5	Three Rivers	Three Rivers		1838.25	95			498.77	1838.25	percent of total billed charges	
LASER - RETINAL BREAK	67145	CPT	outpatient			1935	764.5	UHC	Medicaid		610.49	31.55			498.77	1838.25	percent of total billed charges	
LASER - RETINAL BREAK	67145	CPT	outpatient			1935	764.5	UHC	Medicare		664.78				498.77	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER - RETINAL BREAK	67145	CPT	outpatient			1935	764.5	United	CommercialPPO		1817				498.77	1838.25	case rate	
LASER - RETINAL BREAK	67145	CPT	outpatient			1935	764.5	United	Oxford		1817				498.77	1838.25	case rate	
LASER - RETINAL BREAK	67145	CPT	outpatient			1935	764.5	Wellcare	Medicare		664.78				498.77	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER - RETINAL BREAK	67145	CPT	outpatient			1935	764.5	Wellcare	Medicaid		610.49	31.55			498.77	1838.25	percent of total billed charges	
LASER - RETINAL BREAK	67145	CPT	outpatient			1935	764.5	WellPoint	WellPoint		622.68	32.18			498.77	1838.25	percent of total billed charges	
CRYO LOCAL LESION	67208	CPT	outpatient			968	383.15	Aetna	Better Health		305.4	31.55			305.4	1782	percent of total billed charges	
CRYO LOCAL LESION	67208	CPT	outpatient			968	383.15	Aetna	Commercial		530.41				305.4	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CRYO LOCAL LESION	67208	CPT	outpatient			968	383.15	Aetna	Medicare		333.17				305.4	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CRYO LOCAL LESION	67208	CPT	outpatient			968	383.15	Americare	Americare		726	75			305.4	1782	percent of total billed charges	
CRYO LOCAL LESION	67208	CPT	outpatient			968	383.15	Amerihealth	Medicare		333.17				305.4	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CRYO LOCAL LESION	67208	CPT	outpatient			968	383.15	Amerihealth	HMO/PPO		629.2	65			305.4	1782	percent of total billed charges	
CRYO LOCAL LESION	67208	CPT	outpatient			968	383.15	Consumer	Consumer		919.6	95			305.4	1782	percent of total billed charges	
CRYO LOCAL LESION	67208	CPT	outpatient			968	383.15	Corrections	Corrections		774.4	80			305.4	1782	percent of total billed charges	
CRYO LOCAL LESION	67208	CPT	outpatient			968	383.15	First Health	First Health		677.6	70			305.4	1782	percent of total billed charges	
CRYO LOCAL LESION	67208	CPT	outpatient			968	383.15	First Trenton	First Trenton		871.2	90			305.4	1782	percent of total billed charges	
CRYO LOCAL LESION	67208	CPT	outpatient			968	383.15	Horizon	Indemnity		620.03				305.4	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CRYO LOCAL LESION	67208	CPT	outpatient			968	383.15	Horizon	MGD		620.03				305.4	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CRYO LOCAL LESION	67208	CPT	outpatient			968	383.15	Horizon	NJ Health		944.82				305.4	1782	fee schedule	
CRYO LOCAL LESION	67208	CPT	outpatient			968	383.15	Horizon	Medicare Blue		333.17				305.4	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CRYO LOCAL LESION	67208	CPT	outpatient			968	383.15	Horizon	PPO		620.03				305.4	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CRYO LOCAL LESION	67208	CPT	outpatient			968	383.15	Managed Care Inc	Managed Care Inc		871.2	90			305.4	1782	percent of total billed charges	
CRYO LOCAL LESION	67208	CPT	outpatient			968	383.15	Multiplan	Multiplan		774.4	80			305.4	1782	percent of total billed charges	
CRYO LOCAL LESION	67208	CPT	outpatient			968	383.15	Qualcare	Qualcare		726	75			305.4	1782	percent of total billed charges	
CRYO LOCAL LESION	67208	CPT	outpatient			968	383.15	Three Rivers	Three Rivers		919.6	95			305.4	1782	percent of total billed charges	
CRYO LOCAL LESION	67208	CPT	outpatient			968	383.15	UHC	Medicaid		305.4	31.55			305.4	1782	percent of total billed charges	
CRYO LOCAL LESION	67208	CPT	outpatient			968	383.15	UHC	Medicare		333.17				305.4	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CRYO LOCAL LESION	67208	CPT	outpatient			968	383.15	United	Oxford		1782				305.4	1782	case rate	
CRYO LOCAL LESION	67208	CPT	outpatient			968	383.15	United	CommercialPPO		1782				305.4	1782	case rate	
CRYO LOCAL LESION	67208	CPT	outpatient			968	383.15	Wellcare	Medicare		333.17				305.4	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CRYO LOCAL LESION	67208	CPT	outpatient			968	383.15	Wellcare	Medicaid		305.4	31.55			305.4	1782	percent of total billed charges	
CRYO LOCAL LESION	67208	CPT	outpatient			968	383.15	WellPoint	WellPoint		311.5	32.18			305.4	1782	percent of total billed charges	
LASER-DESTRUCT MACULOPATHY	67210	CPT	outpatient			1935	764.5	Aetna	Commercial		1058.33				610.49	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER-DESTRUCT MACULOPATHY	67210	CPT	outpatient			1935	764.5	Aetna	Better Health		610.49	31.55			610.49	1838.25	percent of total billed charges	
LASER-DESTRUCT MACULOPATHY	67210	CPT	outpatient			1935	764.5	Aetna	Medicare		664.78				610.49	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER-DESTRUCT MACULOPATHY	67210	CPT	outpatient			1935	764.5	Americare	Americare		1451.25	75			610.49	1838.25	percent of total billed charges	
LASER-DESTRUCT MACULOPATHY	67210	CPT	outpatient			1935	764.5	Amerihealth	HMO/PPO		1257.75	65			610.49	1838.25	percent of total billed charges	
LASER-DESTRUCT MACULOPATHY	67210	CPT	outpatient			1935	764.5	Amerihealth	Medicare		664.78				610.49	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER-DESTRUCT MACULOPATHY	67210	CPT	outpatient			1935	764.5	Consumer	Consumer		1838.25	95			610.49	1838.25	percent of total billed charges	
LASER-DESTRUCT MACULOPATHY	67210	CPT	outpatient			1935	764.5	Corrections	Corrections		1548	80			610.49	1838.25	percent of total billed charges	
LASER-DESTRUCT MACULOPATHY	67210	CPT	outpatient			1935	764.5	First Health	First Health		1354.5	70			610.49	1838.25	percent of total billed charges	
LASER-DESTRUCT MACULOPATHY	67210	CPT	outpatient			1935	764.5	First Trenton	First Trenton		1741.5	90			610.49	1838.25	percent of total billed charges	
LASER-DESTRUCT MACULOPATHY	67210	CPT	outpatient			1935	764.5	Horizon	Indemnity		1237.16				610.49	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER-DESTRUCT MACULOPATHY	67210	CPT	outpatient			1935	764.5	Horizon	Medicare Blue		664.78				610.49	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER-DESTRUCT MACULOPATHY	67210	CPT	outpatient			1935	764.5	Horizon	NJ Health		665.03				610.49	1838.25	fee schedule	
LASER-DESTRUCT MACULOPATHY	67210	CPT	outpatient			1935	764.5	Horizon	MGD		1237.16				610.49	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER-DESTRUCT MACULOPATHY	67210	CPT	outpatient			1935	764.5	Horizon	PPO		1237.16				610.49	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER-DESTRUCT MACULOPATHY	67210	CPT	outpatient			1935	764.5	Managed Care Inc	Managed Care Inc		1741.5	90			610.49	1838.25	percent of total billed charges	
LASER-DESTRUCT MACULOPATHY	67210	CPT	outpatient			1935	764.5	Multiplan	Multiplan		1548	80			610.49	1838.25	percent of total billed charges	
LASER-DESTRUCT MACULOPATHY	67210	CPT	outpatient			1935	764.5	Qualcare	Qualcare		1451.25	75			610.49	1838.25	percent of total billed charges	
LASER-DESTRUCT MACULOPATHY	67210	CPT	outpatient			1935	764.5	Three Rivers	Three Rivers		1838.25	95			610.49	1838.25	percent of total billed charges	
LASER-DESTRUCT MACULOPATHY	67210	CPT	outpatient			1935	764.5	UHC	Medicare		664.78				610.49	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER-DESTRUCT MACULOPATHY	67210	CPT	outpatient			1935	764.5	UHC	Medicaid		610.49	31.55			610.49	1838.25	percent of total billed charges	
LASER-DESTRUCT MACULOPATHY	67210	CPT	outpatient			1935	764.5	United	Oxford		1817				610.49	1838.25	case rate	
LASER-DESTRUCT MACULOPATHY	67210	CPT	outpatient			1935	764.5	United	CommercialPPO		1817				610.49	1838.25	case rate	
LASER-DESTRUCT MACULOPATHY	67210	CPT	outpatient			1935	764.5	Wellcare	Medicare		664.78				610.49	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER-DESTRUCT MACULOPATHY	67210	CPT	outpatient			1935	764.5	Wellcare	Medicaid		610.49	31.55			610.49	1838.25	percent of total billed charges	
LASER-DESTRUCT MACULOPATHY	67210	CPT	outpatient			1935	764.5	WellPoint	WellPoint		622.68	32.18			610.49	1838.25	percent of total billed charges	
LASER DESTR-CHOROID LESION	67220	CPT	outpatient			1935	764.5	Aetna	Commercial		1058.33				610.49	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER DESTR-CHOROID LESION	67220	CPT	outpatient			1935	764.5	Aetna	Better Health		610.49	31.55			610.49	1838.25	percent of total billed charges	
LASER DESTR-CHOROID LESION	67220	CPT	outpatient			1935	764.5	Aetna	Medicare		664.78				610.49	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER DESTR-CHOROID LESION	67220	CPT	outpatient			1935	764.5	Americare	Americare		1451.25	75			610.49	1838.25	percent of total billed charges	
LASER DESTR-CHOROID LESION	67220	CPT	outpatient			1935	764.5	Amerihealth	HMO/PPO		1257.75	65			610.49	1838.25	percent of total billed charges	
LASER DESTR-CHOROID LESION	67220	CPT	outpatient			1935	764.5	Amerihealth	Medicare		664.78				610.49	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER DESTR-CHOROID LESION	67220	CPT	outpatient			1935	764.5	Consumer	Consumer		1838.25	95			610.49	1838.25	percent of total billed charges	
LASER DESTR-CHOROID LESION	67220	CPT	outpatient			1935	764.5	Corrections	Corrections		1548	80			610.49	1838.25	percent of total billed charges	
LASER DESTR-CHOROID LESION	67220	CPT	outpatient			1935	764.5	First Health	First Health		1354.5	70			610.49	1838.25	percent of total billed charges	
LASER DESTR-CHOROID LESION	67220	CPT	outpatient			1935	764.5	First Trenton	First Trenton		1741.5	90			610.49	1838.25	percent of total billed charges	
LASER DESTR-CHOROID LESION	67220	CPT	outpatient			1935	764.5	Horizon	Medicare Blue		664.78				610.49	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101191 true	

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
LASER DESTR-CHOROID LESION	67220	CPT	outpatient			1935		764.5 Horizon	MGD		1237.16				610.49	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER DESTR-CHOROID LESION	67220	CPT	outpatient			1935		764.5 Horizon	Indemnity		1237.16				610.49	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER DESTR-CHOROID LESION	67220	CPT	outpatient			1935		764.5 Horizon	NJ Health		931.48				610.49	1838.25	fee schedule	
LASER DESTR-CHOROID LESION	67220	CPT	outpatient			1935		764.5 Horizon	PPO		1237.16				610.49	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER DESTR-CHOROID LESION	67220	CPT	outpatient			1935		764.5 Managed Care Inc	Managed Care Inc		1741.5	90			610.49	1838.25	percent of total billed charges	
LASER DESTR-CHOROID LESION	67220	CPT	outpatient			1935		764.5 Multiplan	Multiplan		1548	80			610.49	1838.25	percent of total billed charges	
LASER DESTR-CHOROID LESION	67220	CPT	outpatient			1935		764.5 Qualcare	Qualcare		1451.25	75			610.49	1838.25	percent of total billed charges	
LASER DESTR-CHOROID LESION	67220	CPT	outpatient			1935		764.5 Three Rivers	Three Rivers		1838.25	95			610.49	1838.25	percent of total billed charges	
LASER DESTR-CHOROID LESION	67220	CPT	outpatient			1935		764.5 UHC	Medicaid		610.49	31.55			610.49	1838.25	percent of total billed charges	
LASER DESTR-CHOROID LESION	67220	CPT	outpatient			1935		764.5 UHC	Medicare		664.78				610.49	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER DESTR-CHOROID LESION	67220	CPT	outpatient			1935		764.5 United	Oxford		1817				610.49	1838.25	case rate	
LASER DESTR-CHOROID LESION	67220	CPT	outpatient			1935		764.5 United	Commercial|PPO		1817				610.49	1838.25	case rate	
LASER DESTR-CHOROID LESION	67220	CPT	outpatient			1935		764.5 Wellcare	Medicare		664.78				610.49	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER DESTR-CHOROID LESION	67220	CPT	outpatient			1935		764.5 Wellcare	Medicaid		610.49	31.55			610.49	1838.25	percent of total billed charges	
LASER DESTR-CHOROID LESION	67220	CPT	outpatient			1935		764.5 WellPoint	WellPoint		622.68	32.18			610.49	1838.25	percent of total billed charges	
OPT FOR OCCULT CNV	67221	CPT	outpatient			1935		764.5 Aetna	Better Health		610.49	31.55			578.31	1838.25	percent of total billed charges	
OPT FOR OCCULT CNV	67221	CPT	outpatient			1935		764.5 Aetna	Commercial		1058.33				578.31	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPT FOR OCCULT CNV	67221	CPT	outpatient			1935		764.5 Aetna	Medicare		664.78				578.31	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPT FOR OCCULT CNV	67221	CPT	outpatient			1935		764.5 Americare	Americare		1451.25	75			578.31	1838.25	percent of total billed charges	
OPT FOR OCCULT CNV	67221	CPT	outpatient			1935		764.5 Amerihealth	HMO|PPO		1257.75	65			578.31	1838.25	percent of total billed charges	
OPT FOR OCCULT CNV	67221	CPT	outpatient			1935		764.5 Amerihealth	Medicare		664.78				578.31	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPT FOR OCCULT CNV	67221	CPT	outpatient			1935		764.5 Consumer	Consumer		1838.25	95			578.31	1838.25	percent of total billed charges	
OPT FOR OCCULT CNV	67221	CPT	outpatient			1935		764.5 Corrections	Corrections		1548	80			578.31	1838.25	percent of total billed charges	
OPT FOR OCCULT CNV	67221	CPT	outpatient			1935		764.5 First Health	First Health		1354.5	70			578.31	1838.25	percent of total billed charges	
OPT FOR OCCULT CNV	67221	CPT	outpatient			1935		764.5 First Trenton	First Trenton		1741.5	90			578.31	1838.25	percent of total billed charges	
OPT FOR OCCULT CNV	67221	CPT	outpatient			1935		764.5 Horizon	NJ Health		738.63				578.31	1838.25	fee schedule	
OPT FOR OCCULT CNV	67221	CPT	outpatient			1935		764.5 Horizon	PPO		1237.16				578.31	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPT FOR OCCULT CNV	67221	CPT	outpatient			1935		764.5 Horizon	MGD		1237.16				578.31	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPT FOR OCCULT CNV	67221	CPT	outpatient			1935		764.5 Horizon	Indemnity		1237.16				578.31	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPT FOR OCCULT CNV	67221	CPT	outpatient			1935		764.5 Horizon	Medicare Blue		664.78				578.31	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPT FOR OCCULT CNV	67221	CPT	outpatient			1935		764.5 Managed Care Inc	Managed Care Inc		1741.5	90			578.31	1838.25	percent of total billed charges	
OPT FOR OCCULT CNV	67221	CPT	outpatient			1935		764.5 Multiplan	Multiplan		1548	80			578.31	1838.25	percent of total billed charges	
OPT FOR OCCULT CNV	67221	CPT	outpatient			1935		764.5 Qualcare	Qualcare		1451.25	75			578.31	1838.25	percent of total billed charges	
OPT FOR OCCULT CNV	67221	CPT	outpatient			1935		764.5 Three Rivers	Three Rivers		1838.25	95			578.31	1838.25	percent of total billed charges	
OPT FOR OCCULT CNV	67221	CPT	outpatient			1935		764.5 UHC	Medicare		664.78				578.31	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPT FOR OCCULT CNV	67221	CPT	outpatient			1935		764.5 UHC	Medicaid		610.49	31.55			578.31	1838.25	percent of total billed charges	
OPT FOR OCCULT CNV	67221	CPT	outpatient			1935		764.5 United	Commercial|PPO		1817				578.31	1838.25	case rate	
OPT FOR OCCULT CNV	67221	CPT	outpatient			1935		764.5 United	Oxford		1817				578.31	1838.25	case rate	
OPT FOR OCCULT CNV	67221	CPT	outpatient			1935		764.5 Wellcare	Medicare		664.78				578.31	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPT FOR OCCULT CNV	67221	CPT	outpatient			1935		764.5 Wellcare	Medicaid		610.49	31.55			578.31	1838.25	percent of total billed charges	
OPT FOR OCCULT CNV	67221	CPT	outpatient			1935		764.5 WellPoint	WellPoint		622.68	32.18			578.31	1838.25	percent of total billed charges	
OPT, OTHER EYE	67225	CPT	outpatient					Horizon	NJ Health		60.03				60.03	1782	fee schedule	
OPT, OTHER EYE	67225	CPT	outpatient					United	Commercial|PPO		1782				60.03	1782	case rate	
OPT, OTHER EYE	67225	CPT	outpatient					United	Oxford		1782				60.03	1782	case rate	
CRYOPEXY DIABETIC	67227	CPT	outpatient			12737		5085.16 Aetna	Medicare		4421.88				591.17	12100.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CRYOPEXY DIABETIC	67227	CPT	outpatient			12737		5085.16 Aetna	Better Health		4018.52	31.55			591.17	12100.15	percent of total billed charges	
CRYOPEXY DIABETIC	67227	CPT	outpatient			12737		5085.16 Aetna	Commercial		7039.63				591.17	12100.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CRYOPEXY DIABETIC	67227	CPT	outpatient			12737		5085.16 Americare	Americare		9552.75	75			591.17	12100.15	percent of total billed charges	
CRYOPEXY DIABETIC	67227	CPT	outpatient			12737		5085.16 Amerihealth	HMO|PPO		8279.05	65			591.17	12100.15	percent of total billed charges	
CRYOPEXY DIABETIC	67227	CPT	outpatient			12737		5085.16 Amerihealth	Medicare		4421.88				591.17	12100.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CRYOPEXY DIABETIC	67227	CPT	outpatient			12737		5085.16 Consumer	Consumer		12100.15	95			591.17	12100.15	percent of total billed charges	
CRYOPEXY DIABETIC	67227	CPT	outpatient			12737		5085.16 Corrections	Corrections		10189.6	80			591.17	12100.15	percent of total billed charges	
CRYOPEXY DIABETIC	67227	CPT	outpatient			12737		5085.16 First Health	First Health		8915.9	70			591.17	12100.15	percent of total billed charges	
CRYOPEXY DIABETIC	67227	CPT	outpatient			12737		5085.16 First Trenton	First Trenton		11463.3	90			591.17	12100.15	percent of total billed charges	
CRYOPEXY DIABETIC	67227	CPT	outpatient			12737		5085.16 Horizon	MGD		8229.12				591.17	12100.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CRYOPEXY DIABETIC	67227	CPT	outpatient			12737		5085.16 Horizon	Medicare Blue		4421.88				591.17	12100.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CRYOPEXY DIABETIC	67227	CPT	outpatient			12737		5085.16 Horizon	PPO		8229.12				591.17	12100.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CRYOPEXY DIABETIC	67227	CPT	outpatient			12737		5085.16 Horizon	Indemnity		8229.12				591.17	12100.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CRYOPEXY DIABETIC	67227	CPT	outpatient			12737		5085.16 Horizon	NJ Health		591.17				591.17	12100.15	fee schedule	
CRYOPEXY DIABETIC	67227	CPT	outpatient			12737		5085.16 Managed Care Inc	Managed Care Inc		11463.3	90			591.17	12100.15	percent of total billed charges	
CRYOPEXY DIABETIC	67227	CPT	outpatient			12737		5085.16 Multiplan	Multiplan		10189.6	80			591.17	12100.15	percent of total billed charges	
CRYOPEXY DIABETIC	67227	CPT	outpatient			12737		5085.16 Qualcare	Qualcare		9552.75	75			591.17	12100.15	percent of total billed charges	
CRYOPEXY DIABETIC	67227	CPT	outpatient			12737		5085.16 Three Rivers	Three Rivers		12100.15	95			591.17	12100.15	percent of total billed charges	
CRYOPEXY DIABETIC	67227	CPT	outpatient			12737		5085.16 UHC	Medicaid		4018.52	31.55			591.17	12100.15	percent of total billed charges	
CRYOPEXY DIABETIC	67227	CPT	outpatient			12737		5085.16 UHC	Medicare		4421.88				591.17	12100.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CRYOPEXY DIABETIC	67227	CPT	outpatient			12737		5085.16 United	Commercial|PPO		3492				591.17	12100.15	case rate	
CRYOPEXY DIABETIC	67227	CPT	outpatient			12737		5085.16 United	Oxford		3492				591.17	12100.15	case rate	
CRYOPEXY DIABETIC	67227	CPT	outpatient			12737		5085.16 Wellcare	Medicare		4421.88				591.17	12100.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CRYOPEXY DIABETIC	67227	CPT	outpatient			12737		5085.16 Wellcare	Medicaid		4018.52	31.55			591.17	12100.15	percent of total billed charges	
CRYOPEXY DIABETIC	67227	CPT	outpatient			12737		5085.16 WellPoint	WellPoint		4098.77	32.18			591.17	12100.15	percent of total billed charges	
LASER-PRP	67228	CPT	outpatient			1935		764.5 Aetna	Commercial		1058.33				610.49	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER-PRP	67228	CPT	outpatient			1935		764.5 Aetna	Better Health		610.49	31.55			610.49	1838.25	percent of total billed charges	
LASER-PRP	67228	CPT	outpatient			1935		764.5 Aetna	Medicare		664.78				610.49	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER-PRP	67228	CPT	outpatient			1935		764.5 Americare	Americare		1451.25	75			610.49	1838.25	percent of total billed charges	
LASER-PRP	67228	CPT	outpatient			1935		764.5 Amerihealth	HMO|PPO		1257.75	65			610.49	1838.25	percent of total billed charges	
LASER-PRP	67228	CPT	outpatient			1935		764.5 Amerihealth	Medicare		664.78				610.49	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER-PRP	67228	CPT	outpatient			1935		764.5 Consumer	Consumer		1838.25	95			610.49	1838.25	percent of total billed charges	
LASER-PRP	67228	CPT	outpatient			1935		764.5 Corrections	Corrections		1548	80			610.49	1838.25	percent of total billed charges	
LASER-PRP	67228	CPT	outpatient			1935		764.5 First Health	First Health		1354.5	70			610.49	1838.25	percent of total billed charges	
LASER-PRP	67228	CPT	outpatient			1935		764.5 First Trenton	First Trenton		1741.5	90			610.49	1838.25	percent of total billed charges	
LASER-PRP	67228	CPT	outpatient			1935		764.5 Horizon	MGD		1237.16				610.49	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER-PRP	67228	CPT	outpatient			1935		764.5 Horizon	Medicare Blue		664.78				610.49	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER-PRP	67228	CPT	outpatient			1935		764.5 Horizon	PPO		1237.16				610.49	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER-PRP	67228	CPT	outpatient			1935		764.5 Horizon	Indemnity		1237.16				610.49	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER-PRP	67228	CPT	outpatient			1935		764.5 Horizon	NJ Health		665.03				610.49	1838.25	fee schedule	
LASER-PRP	67228	CPT	outpatient			1935		764.5 Managed Care Inc	Managed Care Inc		1741.5	90			610.49	1838.25	percent of total billed charges	
LASER-PRP	67228	CPT	outpatient			1935		764.5 Multiplan	Multiplan		1548	80			610.49	1838.25	percent of total billed charges	
LASER-PRP	67228	CPT	outpatient			1935		764.5 Qualcare	Qualcare		1451.25	75			610.49	1838.25	percent of total billed charges	
LASER-PRP	67228	CPT	outpatient			1935		764.5 Three Rivers	Three Rivers		1838.25	95			610.49	1838.25	percent of total billed charges	
LASER-PRP	67228	CPT	outpatient			1935		764.5 UHC	Medicare		664.78				610.49	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER-PRP	67228	CPT	outpatient			1935		764.5 UHC	Medicaid		610.49	31.55			610.49	1838.25	percent of total billed charges	
LASER-PRP	67228	CPT	outpatient			1935		764.5 United	Oxford		1817				610.49	1838.25	case rate	
LASER-PRP	67228	CPT	outpatient			1935		764.5 United	Commercial|PPO		1817				610.49	1838.25	case rate	
LASER-PRP	67228	CPT	outpatient			1935		764.5 Wellcare	Medicare		664.78				610.49	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER-PRP	67228	CPT	outpatient			1935		764.5 Wellcare	Medicaid		610.49	31.55			610.49	1838.25	percent of total billed charges	
LASER-PRP	67228	CPT	outpatient			1935		764.5 WellPoint	WellPoint		622.68	32.18			610.49	1838.25	percent of total billed charges	
TR RETINAL LES PRETERM INF	67229	CPT	outpatient			1935		764.5 Aetna	Commercial		1058.33				595.98	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TR RETINAL LES PRETERM INF	67229	CPT	outpatient			1935		764.5 Aetna	Better Health		610.49	31.55			595.98	1838.25	percent of total billed charges	
TR RETINAL LES PRETERM INF	67229	CPT	outpatient			1935		764.5 Aetna	Medicare		595.98	30.8			595.98	1838.25	percent of total billed charges	
TR RETINAL LES PRETERM INF	67229	CPT	outpatient			1935		764.5 Americare	Americare		1451.25	75			595.98	1838.25	percent of total billed charges	
TR RETINAL LES PRETERM INF	67229	CPT	outpatient			1935		764.5 Amerihealth	HMO|PPO		1257.75	65			595.98	1838.25	percent of total billed charges	
TR RETINAL LES PRETERM INF	67229	CPT	outpatient			1935		764.5 Amerihealth	Medicare		664.78				595.98	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TR RETINAL LES PRETERM INF	67229	CPT	outpatient			1935		764.5 Consumer	Consumer		1838.25	95			595.98	1838.25	percent of total billed charges	
TR RETINAL LES PRETERM INF	67229	CPT	outpatient			1935		764.5 Corrections	Corrections		1548	80			595.98	1838.25	percent of total billed charges	
TR RETINAL LES PRETERM INF	67229	CPT	outpatient			1935		764.5 First Health	First Health		1354.5	70			595.98	1838.25	percent of total billed charges	
TR RETINAL LES PRETERM INF	67229	CPT	outpatient			1935		764.5 First Trenton	First Trenton		1741.5	90			595.98	1838.25	percent of total billed charges	
TR RETINAL LES PRETERM INF	67229	CPT	outpatient			1935		764.5 Horizon	Medicare Blue		664.78				595.98	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TR RETINAL LES PRETERM INF	67229	CPT	outpatient			1935		764.5 Horizon	MGD		1237.16				595.98	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TR RETINAL LES PRETERM INF	67229	CPT	outpatient			1935		764.5 Horizon	Indemnity		1237.16				595.98	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TR RETINAL LES PRETERM INF	67229	CPT	outpatient			1935		764.5 Horizon	PPO		1237.16				595.98	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TR RETINAL LES PRETERM INF	67229	CPT	outpatient			1935		764.5 Managed Care Inc	Managed Care Inc		1741.5	90			595.98	1838.25	percent of total billed charges	
TR RETINAL LES PRETERM INF	67229	CPT	outpatient			1935		764.5 Multiplan	Multiplan		1548	80			595.98	1838.25	percent of total billed charges	
TR RETINAL LES PRETERM INF	67229	CPT	outpatient			1935		764.5 Qualcare	Qualcare		1451.25	75			595.98	1838.25	percent of total billed charges	
TR RETINAL LES PRETERM INF	67229	CPT	outpatient			1935		764.5 Three Rivers	Three Rivers		1838.25	95			595.98	1838.25	percent of total billed charges	
TR RETINAL LES PRETERM INF	67229	CPT	outpatient			1935		764.5 UHC	Medicaid		610.49	31.55			595.98	1838.25	percent of total billed charges	
TR RETINAL LES PRETERM INF	67229	CPT	outpatient			1935		764.5 UHC	Medicare		664.78				595.98	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TR RETINAL LES PRETERM INF	67229	CPT	outpatient			1935		764.5 United	Commercial|PPO		1817				595.98	1838.25	case rate	
TR RETINAL LES PRETERM INF	67229	CPT	outpatient			1935		764.5 United	Oxford		1817				595.98	1838.25	case rate	
TR RETINAL LES PRETERM INF	67229	CPT	outpatient			1935		764.5 Wellcare	Medicaid		610.49	31.55			595.98	1838.25	percent of total billed charges	
TR RETINAL LES PRETERM INF	67229	CPT	outpatient			1935		764.5 Wellcare	Medicare		664.78				595.98	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TR RETINAL LES PRETERM INF	67229	CPT	outpatient			1935		764.5 WellPoint	WellPoint		622.68	32.18			595.98	1838.25	percent of total billed charges	
OTHER PROCEDURES OF POSTERIOR SEG	67299	CPT	outpatient			7868		3064.95 Aetna	Medicare		2423.34	30.8			2423.34	7474.6	percent of total billed charges	
OTHER PROCEDURES OF POSTERIOR SEG	67299	CPT	outpatient			7868		3064.95 Aetna	Better Health		2482.35	31.55			2423.34	7474.6	percent of total billed charges	
OTHER PROCEDURES OF POSTERIOR SEG	67299	CPT	outpatient			7868		3064.95 Aetna	Commercial		4242.95				2423.34	7474.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OTHER PROCEDURES OF POSTERIOR SEG	67299	CPT	outpatient			7868		3064.95 Americare	Americare		5901	75			2423.34	7474.6	percent of total billed charges	
OTHER PROCEDURES OF POSTERIOR SEG	67299	CPT	outpatient			7868		3064.95 Amerihealth	HMO|PPO		5114.2	65			2423.34	7474.6	percent of total billed charges	
OTHER PROCEDURES OF POSTERIOR SEG	67299	CPT	outpatient			7868		3064.95 Amerihealth	Medicare		2665.17				2423.34	7474.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OTHER PROCEDURES OF POSTERIOR SEG	67299	CPT	outpatient			7868		3064.95 Consumer	Consumer		7474.6	95			2423.34	7474.6	percent of total billed charges	
OTHER PROCEDURES OF POSTERIOR SEG	67299	CPT	outpatient			7868		3064.95 Corrections	Corrections		6294.4	80			2423.34	7474.6	percent of total billed charges	
OTHER PROCEDURES OF POSTERIOR SEG	67299	CPT	outpatient			7868		3064.95 First Health	First Health		5507.6	70			2423.34	7474.6	percent of total billed charges	
OTHER PROCEDURES OF POSTERIOR SEG	67299	CPT	outpatient			7868		3064.95 First Trenton	First Trenton		7081.2	90			2423.34	7474.6	percent of total billed charges	
OTHER PROCEDURES OF POSTERIOR SEG	67299	CPT	outpatient			7868		3064.95 Horizon	Indemnity		4959.88				2423.34	7474.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OTHER PROCEDURES OF POSTERIOR SEG	67299	CPT	outpatient			7868		3064.95 Horizon	MGD		4959.88				2423.34	7474.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OTHER PROCEDURES OF POSTERIOR SEG	67299	CPT	outpatient			7868		3064.95 Horizon	Medicare Blue		2665.17				2423.34	7474.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OTHER PROCEDURES OF POSTERIOR SEG	67299	CPT	outpatient			7868		3064.95 Horizon	PPO		4959.88				2423.34	7474.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OTHER PROCEDURES OF POSTERIOR SEG	67299	CPT	outpatient			7868		3064.95 Managed Care Inc	Managed Care Inc		7081.2	90			2423.34	7474.6	percent of total billed charges	
OTHER PROCEDURES OF POSTERIOR SEG	67299	CPT	outpatient			7868		3064.95 Multiplan	Multiplan		6294.4	80			2423.34	7474.6	percent of total billed charges	
OTHER PROCEDURES OF POSTERIOR SEG	67299	CPT	outpatient			7868		3064.95 Qualcare	Qualcare		5901	75			2423.34	7474.6	percent of total billed charges	
OTHER PROCEDURES OF POSTERIOR SEG	67299	CPT	outpatient			7868		3064.95 Three Rivers	Three Rivers		7474.6	95			2423.34	7474.6	percent of total billed charges	
OTHER PROCEDURES OF POSTERIOR SEG	67299	CPT	outpatient			7868		3064.95 UHC	Medicaid		2482.35	31.55			2423.34	7474.6	percent of total billed charges	
OTHER PROCEDURES OF POSTERIOR SEG	67299	CPT	outpatient			7868		3064.95 UHC	Medicare		2665.17				2423.34	7474.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OTHER PROCEDURES OF POSTERIOR SEG	67299	CPT	outpatient			7868		3064.95 United	Commercial|PPO		2493				2423.34	7474.6	case rate	
OTHER PROCEDURES OF POSTERIOR SEG	67299	CPT	outpatient			7868		3064.95 United	Oxford		2493				2423.34	7474.6	case rate	
OTHER PROCEDURES OF POSTERIOR SEG	67299	CPT	outpatient			7868		3064.95 Wellcare	Medicare		2665.17				2423.34	7474.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OTHER PROCEDURES OF POSTERIOR SEG	67299	CPT	outpatient			7868		3064.95 Wellcare	Medicaid		2482.35	31.55			2423.34	7474.6	percent of total billed charges	
OTHER PROCEDURES OF POSTERIOR SEG	67299	CPT	outpatient			7868		3064.95 WellPoint	WellPoint		2531.92	32.18			2423.34	7474.6	percent of total billed charges	
CHEMODENERVATION EXTRAOCULAR MUSCLE	67345	CPT	outpatient			968		383.15 Aetna	Better Health		305.4	31.55			149.81	1782	percent of total billed charges	
CHEMODENERVATION EXTRAOCULAR MUSCLE	67345	CPT	outpatient			968		383.15 Aetna	Commercial		530.41				149.81	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.															
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103		310119 true														
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CHEMODENERVATION EXTRAOCULAR MUSCLE	67345	CPT	outpatient			968	383.15	Aetna	Medicare		333.17				149.81	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMODENERVATION EXTRAOCULAR MUSCLE	67345	CPT	outpatient			968	383.15	Americare	Americare		726	75			149.81	1782	percent of total billed charges	
CHEMODENERVATION EXTRAOCULAR MUSCLE	67345	CPT	outpatient			968	383.15	Amerihealth	HMO/PPO		629.2	65			149.81	1782	percent of total billed charges	
CHEMODENERVATION EXTRAOCULAR MUSCLE	67345	CPT	outpatient			968	383.15	Amerihealth	Medicare		333.17				149.81	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMODENERVATION EXTRAOCULAR MUSCLE	67345	CPT	outpatient			968	383.15	Consumer	Consumer		919.6	95			149.81	1782	percent of total billed charges	
CHEMODENERVATION EXTRAOCULAR MUSCLE	67345	CPT	outpatient			968	383.15	Corrections	Corrections		774.4	80			149.81	1782	percent of total billed charges	
CHEMODENERVATION EXTRAOCULAR MUSCLE	67345	CPT	outpatient			968	383.15	First Health	First Health		677.6	70			149.81	1782	percent of total billed charges	
CHEMODENERVATION EXTRAOCULAR MUSCLE	67345	CPT	outpatient			968	383.15	First Trenton	First Trenton		871.2	90			149.81	1782	percent of total billed charges	
CHEMODENERVATION EXTRAOCULAR MUSCLE	67345	CPT	outpatient			968	383.15	Horizon	Medicare Blue		333.17				149.81	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMODENERVATION EXTRAOCULAR MUSCLE	67345	CPT	outpatient			968	383.15	Horizon	NJ Health		149.81				149.81	1782	fee schedule	
CHEMODENERVATION EXTRAOCULAR MUSCLE	67345	CPT	outpatient			968	383.15	Horizon	MGD		620.03				149.81	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMODENERVATION EXTRAOCULAR MUSCLE	67345	CPT	outpatient			968	383.15	Horizon	Indemnity		620.03				149.81	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMODENERVATION EXTRAOCULAR MUSCLE	67345	CPT	outpatient			968	383.15	Horizon	PPO		620.03				149.81	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMODENERVATION EXTRAOCULAR MUSCLE	67345	CPT	outpatient			968	383.15	Managed Care Inc	Managed Care Inc		871.2	90			149.81	1782	percent of total billed charges	
CHEMODENERVATION EXTRAOCULAR MUSCLE	67345	CPT	outpatient			968	383.15	Multiplan	Multiplan		774.4	80			149.81	1782	percent of total billed charges	
CHEMODENERVATION EXTRAOCULAR MUSCLE	67345	CPT	outpatient			968	383.15	Qualcare	Qualcare		726	75			149.81	1782	percent of total billed charges	
CHEMODENERVATION EXTRAOCULAR MUSCLE	67345	CPT	outpatient			968	383.15	Three Rivers	Three Rivers		919.6	95			149.81	1782	percent of total billed charges	
CHEMODENERVATION EXTRAOCULAR MUSCLE	67345	CPT	outpatient			968	383.15	UHC	Medicaid		305.4	31.55			149.81	1782	percent of total billed charges	
CHEMODENERVATION EXTRAOCULAR MUSCLE	67345	CPT	outpatient			968	383.15	UHC	Medicare		333.17				149.81	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMODENERVATION EXTRAOCULAR MUSCLE	67345	CPT	outpatient			968	383.15	United	Commercial|PPO		1782				149.81	1782	case rate	
CHEMODENERVATION EXTRAOCULAR MUSCLE	67345	CPT	outpatient			968	383.15	United	Oxford		1782				149.81	1782	case rate	
CHEMODENERVATION EXTRAOCULAR MUSCLE	67345	CPT	outpatient			968	383.15	Wellcare	Medicaid		305.4	31.55			149.81	1782	percent of total billed charges	
CHEMODENERVATION EXTRAOCULAR MUSCLE	67345	CPT	outpatient			968	383.15	Wellcare	Medicare		333.17				149.81	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMODENERVATION EXTRAOCULAR MUSCLE	67345	CPT	outpatient			968	383.15	WellPoint	WellPoint		311.5	32.18			149.81	1782	percent of total billed charges	
ORBITOTOMY	67400	CPT	outpatient			12737	5085.16	Aetna	Better Health		4018.52	31.55			884.27	12100.15	percent of total billed charges	
ORBITOTOMY	67400	CPT	outpatient			12737	5085.16	Aetna	Commercial		7039.63				884.27	12100.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORBITOTOMY	67400	CPT	outpatient			12737	5085.16	Aetna	Medicare		4421.88				884.27	12100.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORBITOTOMY	67400	CPT	outpatient			12737	5085.16	Americare	Americare		9552.75	75			884.27	12100.15	percent of total billed charges	
ORBITOTOMY	67400	CPT	outpatient			12737	5085.16	Amerihealth	HMO/PPO		8279.05	65			884.27	12100.15	percent of total billed charges	
ORBITOTOMY	67400	CPT	outpatient			12737	5085.16	Amerihealth	Medicare		4421.88				884.27	12100.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORBITOTOMY	67400	CPT	outpatient			12737	5085.16	Consumer	Consumer		12100.15	95			884.27	12100.15	percent of total billed charges	
ORBITOTOMY	67400	CPT	outpatient			12737	5085.16	Corrections	Corrections		10189.6	80			884.27	12100.15	percent of total billed charges	
ORBITOTOMY	67400	CPT	outpatient			12737	5085.16	First Health	First Health		8915.9	70			884.27	12100.15	percent of total billed charges	
ORBITOTOMY	67400	CPT	outpatient			12737	5085.16	First Trenton	First Trenton		11463.3	90			884.27	12100.15	percent of total billed charges	
ORBITOTOMY	67400	CPT	outpatient			12737	5085.16	Horizon	Medicare Blue		4421.88				884.27	12100.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORBITOTOMY	67400	CPT	outpatient			12737	5085.16	Horizon	Indemnity		8229.12				884.27	12100.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORBITOTOMY	67400	CPT	outpatient			12737	5085.16	Horizon	MGD		8229.12				884.27	12100.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORBITOTOMY	67400	CPT	outpatient			12737	5085.16	Horizon	PPO		8229.12				884.27	12100.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORBITOTOMY	67400	CPT	outpatient			12737	5085.16	Horizon	NJ Health		884.27				884.27	12100.15	fee schedule	
ORBITOTOMY	67400	CPT	outpatient			12737	5085.16	Managed Care Inc	Managed Care Inc		11463.3	90			884.27	12100.15	percent of total billed charges	
ORBITOTOMY	67400	CPT	outpatient			12737	5085.16	Multiplan	Multiplan		10189.6	80			884.27	12100.15	percent of total billed charges	
ORBITOTOMY	67400	CPT	outpatient			12737	5085.16	Qualcare	Qualcare		9552.75	75			884.27	12100.15	percent of total billed charges	
ORBITOTOMY	67400	CPT	outpatient			12737	5085.16	Three Rivers	Three Rivers		12100.15	95			884.27	12100.15	percent of total billed charges	
ORBITOTOMY	67400	CPT	outpatient			12737	5085.16	UHC	Medicaid		4018.52	31.55			884.27	12100.15	percent of total billed charges	
ORBITOTOMY	67400	CPT	outpatient			12737	5085.16	UHC	Medicare		4421.88				884.27	12100.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORBITOTOMY	67400	CPT	outpatient			12737	5085.16	United	Commercial|PPO		3492				884.27	12100.15	case rate	
ORBITOTOMY	67400	CPT	outpatient			12737	5085.16	United	Oxford		3492				884.27	12100.15	case rate	
ORBITOTOMY	67400	CPT	outpatient			12737	5085.16	Wellcare	Medicare		4421.88				884.27	12100.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORBITOTOMY	67400	CPT	outpatient			12737	5085.16	Wellcare	Medicaid		4018.52	31.55			884.27	12100.15	percent of total billed charges	
ORBITOTOMY	67400	CPT	outpatient			12737	5085.16	WellPoint	WellPoint		4098.77	32.18			884.27	12100.15	percent of total billed charges	
ORBITOTOMY WO BONE FLAP	67405	CPT	outpatient			9240	3073.41	Aetna	Commercial		4254.67				799.57	8778	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORBITOTOMY WO BONE FLAP	67405	CPT	outpatient			9240	3073.41	Aetna	Better Health		2915.22	31.55			799.57	8778	percent of total billed charges	
ORBITOTOMY WO BONE FLAP	67405	CPT	outpatient			9240	3073.41	Aetna	Medicare		2672.53				799.57	8778	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORBITOTOMY WO BONE FLAP	67405	CPT	outpatient			9240	3073.41	Americare	Americare		6930	75			799.57	8778	percent of total billed charges	
ORBITOTOMY WO BONE FLAP	67405	CPT	outpatient			9240	3073.41	Amerihealth	Medicare		2672.53				799.57	8778	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORBITOTOMY WO BONE FLAP	67405	CPT	outpatient			9240	3073.41	Amerihealth	HMO/PPO		6006	65			799.57	8778	percent of total billed charges	
ORBITOTOMY WO BONE FLAP	67405	CPT	outpatient			9240	3073.41	Consumer	Consumer		8778	95			799.57	8778	percent of total billed charges	
ORBITOTOMY WO BONE FLAP	67405	CPT	outpatient			9240	3073.41	Corrections	Corrections		7392	80			799.57	8778	percent of total billed charges	
ORBITOTOMY WO BONE FLAP	67405	CPT	outpatient			9240	3073.41	First Health	First Health		6468	70			799.57	8778	percent of total billed charges	
ORBITOTOMY WO BONE FLAP	67405	CPT	outpatient			9240	3073.41	First Trenton	First Trenton		8316	90			799.57	8778	percent of total billed charges	
ORBITOTOMY WO BONE FLAP	67405	CPT	outpatient			9240	3073.41	Horizon	Medicare Blue		2672.53				799.57	8778	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORBITOTOMY WO BONE FLAP	67405	CPT	outpatient			9240	3073.41	Horizon	MGD		4973.58				799.57	8778	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORBITOTOMY WO BONE FLAP	67405	CPT	outpatient			9240	3073.41	Horizon	PPO		4973.58				799.57	8778	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORBITOTOMY WO BONE FLAP	67405	CPT	outpatient			9240	3073.41	Horizon	Indemnity		4973.58				799.57	8778	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORBITOTOMY WO BONE FLAP	67405	CPT	outpatient			9240	3073.41	Horizon	NJ Health		799.57				799.57	8778	fee schedule	
ORBITOTOMY WO BONE FLAP	67405	CPT	outpatient			9240	3073.41	Managed Care Inc	Managed Care Inc		8316	90			799.57	8778	percent of total billed charges	
ORBITOTOMY WO BONE FLAP	67405	CPT	outpatient			9240	3073.41	Multiplan	Multiplan		7392	80			799.57	8778	percent of total billed charges	
ORBITOTOMY WO BONE FLAP	67405	CPT	outpatient			9240	3073.41	Qualcare	Qualcare		6930	75			799.57	8778	percent of total billed charges	
ORBITOTOMY WO BONE FLAP	67405	CPT	outpatient			9240	3073.41	Three Rivers	Three Rivers		8778	95			799.57	8778	percent of total billed charges	
ORBITOTOMY WO BONE FLAP	67405	CPT	outpatient			9240	3073.41	UHC	Medicaid		2915.22	31.55			799.57	8778	percent of total billed charges	
ORBITOTOMY WO BONE FLAP	67405	CPT	outpatient			9240	3073.41	UHC	Medicare		2672.53				799.57	8778	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORBITOTOMY WO BONE FLAP	67405	CPT	outpatient			9240	3073.41	United	Commercial|PPO		2776				799.57	8778	case rate	
ORBITOTOMY WO BONE FLAP	67405	CPT	outpatient			9240	3073.41	United	Oxford		2776				799.57	8778	case rate	
ORBITOTOMY WO BONE FLAP	67405	CPT	outpatient			9240	3073.41	Wellcare	Medicare		2672.53				799.57	8778	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORBITOTOMY WO BONE FLAP	67405	CPT	outpatient			9240	3073.41	Wellcare	Medicaid		2915.22	31.55			799.57	8778	percent of total billed charges	
ORBITOTOMY WO BONE FLAP	67405	CPT	outpatient			9240	3073.41	WellPoint	WellPoint		2973.43	32.18			799.57	8778	percent of total billed charges	
ORBITOTOMY WIREMOVAL OF LESION	67412	CPT	outpatient			10203	3073.41	Aetna	Commercial		4254.67				920.05	9692.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORBITOTOMY WIREMOVAL OF LESION	67412	CPT	outpatient			10203	3073.41	Aetna	Better Health		3219.05	31.55			920.05	9692.85	percent of total billed charges	
ORBITOTOMY WIREMOVAL OF LESION	67412	CPT	outpatient			10203	3073.41	Aetna	Medicare		2672.53				920.05	9692.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORBITOTOMY WIREMOVAL OF LESION	67412	CPT	outpatient			10203	3073.41	Americare	Americare		7652.25	75			920.05	9692.85	percent of total billed charges	
ORBITOTOMY WIREMOVAL OF LESION	67412	CPT	outpatient			10203	3073.41	Amerihealth	HMO/PPO		6631.95	65			920.05	9692.85	percent of total billed charges	
ORBITOTOMY WIREMOVAL OF LESION	67412	CPT	outpatient			10203	3073.41	Amerihealth	Medicare		2672.53				920.05	9692.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORBITOTOMY WIREMOVAL OF LESION	67412	CPT	outpatient			10203	3073.41	Consumer	Consumer		9692.85	95			920.05	9692.85	percent of total billed charges	
ORBITOTOMY WIREMOVAL OF LESION	67412	CPT	outpatient			10203	3073.41	Corrections	Corrections		8162.4	80			920.05	9692.85	percent of total billed charges	
ORBITOTOMY WIREMOVAL OF LESION	67412	CPT	outpatient			10203	3073.41	First Health	First Health		7142.1	70			920.05	9692.85	percent of total billed charges	
ORBITOTOMY WIREMOVAL OF LESION	67412	CPT	outpatient			10203	3073.41	First Trenton	First Trenton		9182.7	90			920.05	9692.85	percent of total billed charges	
ORBITOTOMY WIREMOVAL OF LESION	67412	CPT	outpatient			10203	3073.41	Horizon	Indemnity		4973.58				920.05	9692.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORBITOTOMY WIREMOVAL OF LESION	67412	CPT	outpatient			10203	3073.41	Horizon	Medicare Blue		2672.53				920.05	9692.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORBITOTOMY WIREMOVAL OF LESION	67412	CPT	outpatient			10203	3073.41	Horizon	NJ Health		920.05				920.05	9692.85	fee schedule	
ORBITOTOMY WIREMOVAL OF LESION	67412	CPT	outpatient			10203	3073.41	Horizon	PPO		4973.58				920.05	9692.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORBITOTOMY WIREMOVAL OF LESION	67412	CPT	outpatient			10203	3073.41	Horizon	MGD		4973.58				920.05	9692.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORBITOTOMY WIREMOVAL OF LESION	67412	CPT	outpatient			10203	3073.41	Managed Care Inc	Managed Care Inc		9182.7	90			920.05	9692.85	percent of total billed charges	
ORBITOTOMY WIREMOVAL OF LESION	67412	CPT	outpatient			10203	3073.41	Multiplan	Multiplan		8162.4	80			920.05	9692.85	percent of total billed charges	
ORBITOTOMY WIREMOVAL OF LESION	67412	CPT	outpatient			10203	3073.41	Qualcare	Qualcare		7652.25	75			920.05	9692.85	percent of total billed charges	
ORBITOTOMY WIREMOVAL OF LESION	67412	CPT	outpatient			10203	3073.41	Three Rivers	Three Rivers		9692.85	95			920.05	9692.85	percent of total billed charges	
ORBITOTOMY WIREMOVAL OF LESION	67412	CPT	outpatient			10203	3073.41	UHC	Medicare		2672.53				920.05	9692.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORBITOTOMY WIREMOVAL OF LESION	67412	CPT	outpatient			10203	3073.41	UHC	Medicaid		3219.05	31.55			920.05	9692.85	percent of total billed charges	
ORBITOTOMY WIREMOVAL OF LESION	67412	CPT	outpatient			10203	3073.41	United	Oxford		2776				920.05	9692.85	case rate	
ORBITOTOMY WIREMOVAL OF LESION	67412	CPT	outpatient			10203	3073.41	United	Commercial|PPO		2776				920.05	9692.85	case rate	
ORBITOTOMY WIREMOVAL OF LESION	67412	CPT	outpatient			10203	3073.41	Wellcare	Medicare		2672.53				920.05	9692.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORBITOTOMY WIREMOVAL OF LESION	67412	CPT	outpatient			10203	3073.41	Wellcare	Medicaid		3219.05	31.55			920.05	9692.85	percent of total billed charges	
ORBITOTOMY WIREMOVAL OF LESION	67412	CPT	outpatient			10203	3073.41	WellPoint	WellPoint		3283.33	32.18			920.05	9692.85	percent of total billed charges	
ORBITOTOMY WIREM OF FB	67413	CPT	outpatient			7704	3073.41	Aetna	Medicare		2672.53				859	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORBITOTOMY WIREM OF FB	67413	CPT	outpatient			7704	3073.41	Aetna	Better Health		2430.61	31.55			859	7318.8	percent of total billed charges	
ORBITOTOMY WIREM OF FB	67413	CPT	outpatient			7704	3073.41	Aetna	Commercial		4254.67				859	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORBITOTOMY WIREM OF FB	67413	CPT	outpatient			7704	3073.41	Americare	Americare		5778	75			859	7318.8	percent of total billed charges	
ORBITOTOMY WIREM OF FB	67413	CPT	outpatient			7704	3073.41	Amerihealth	Medicare		2672.53				859	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORBITOTOMY WIREM OF FB	67413	CPT	outpatient			7704	3073.41	Amerihealth	HMO/PPO		5007.6	65			859	7318.8	percent of total billed charges	
ORBITOTOMY WIREM OF FB	67413	CPT	outpatient			7704	3073.41	Consumer	Consumer		7318.8	95			859	7318.8	percent of total billed charges	
ORBITOTOMY WIREM OF FB	67413	CPT	outpatient			7704	3073.41	Corrections	Corrections		6163.2	80			859	7318.8	percent of total billed charges	
ORBITOTOMY WIREM OF FB	67413	CPT	outpatient			7704	3073.41	First Health	First Health		5392.8	70			859	7318.8	percent of total billed charges	
ORBITOTOMY WIREM OF FB	67413	CPT	outpatient			7704	3073.41	First Trenton	First Trenton		6933.6	90			859	7318.8	percent of total billed charges	
ORBITOTOMY WIREM OF FB	67413	CPT	outpatient			7704	3073.41	Horizon	PPO		4973.58				859	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORBITOTOMY WIREM OF FB	67413	CPT	outpatient			7704	3073.41	Horizon	Indemnity		4973.58				859	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORBITOTOMY WIREM OF FB	67413	CPT	outpatient			7704	3073.41	Horizon	MGD		4973.58				859	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORBITOTOMY WIREM OF FB	67413	CPT	outpatient			7704	3073.41	Horizon	Medicare Blue		2672.53				859	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORBITOTOMY WIREM OF FB	67413	CPT	outpatient			7704	3073.41	Horizon	NJ Health		859				859	7318.8	fee schedule	
ORBITOTOMY WIREM OF FB	67413	CPT	outpatient			7704	3073.41	Managed Care Inc	Managed Care Inc		6933.6	90			859	7318.8	percent of total billed charges	
ORBITOTOMY WIREM OF FB	67413	CPT	outpatient			7704	3073.41	Multiplan	Multiplan		6163.2	80			859	7318.8	percent of total billed charges	
ORBITOTOMY WIREM OF FB	67413	CPT	outpatient			7704	3073.41	Qualcare	Qualcare		5778	75			859	7318.8	percent of total billed charges	
ORBITOTOMY WIREM OF FB	67413	CPT	outpatient			7704	3073.41	Three Rivers	Three Rivers		7318.8	95			859	7318.8	percent of total billed charges	
ORBITOTOMY WIREM OF FB	67413	CPT	outpatient			7704	3073.41	UHC	Medicare		2672.53				859	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORBITOTOMY WIREM OF FB	67413	CPT	outpatient			7704	3073.41	UHC	Medicaid		2430.61	31.55			859	7318.8	percent of total billed charges	
ORBITOTOMY WIREM OF FB	67413	CPT	outpatient			7704	3073.41	United	Commercial|PPO		2776				859	7318.8	case rate	
ORBITOTOMY WIREM OF FB	67413	CPT	outpatient			7704	3073.41	United	Oxford		2776				859	7318.8	case rate	
ORBITOTOMY WIREM OF FB	67413	CPT	outpatient			7704	3073.41	Wellcare	Medicare		2672.53				859	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORBITOTOMY WIREM OF FB	67413	CPT	outpatient			7704	3073.41	Wellcare	Medicaid		2430.61	31.55			859	7318.8	percent of total billed charges	
ORBITOTOMY WIREM OF FB	67413	CPT	outpatient			7704	3073.41	WellPoint	WellPoint		2475.15	32.18			859	7318.8	percent of total billed charges	
FINE NEEDLE ASPIRATION, ORBIT	67415	CPT	outpatient			7704	3073.41	Aetna	Medicare		2672.53				125.28	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FINE NEEDLE ASPIRATION, ORBIT	67415	CPT	outpatient			7704	3073.41	Aetna	Commercial		4254.67				125.28	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FINE NEEDLE ASPIRATION, ORBIT	67415	CPT	outpatient			7704	3073.41	Aetna	Better Health		2430.61	31.55			125.28	7318.8	percent of total billed charges	
FINE NEEDLE ASPIRATION, ORBIT	67415	CPT	outpatient			7704	3073.41	Americare	Americare		5778	75			125.28	7318.8	percent of total billed charges	
FINE NEEDLE ASPIRATION, ORBIT	67415	CPT	outpatient			7704	3073.41	Amerihealth	Medicare		2672.53				125.28	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FINE NEEDLE ASPIRATION, ORBIT	67415	CPT	outpatient			7704	3073.41	Amerihealth	HMO/PPO		5007.6	65			125.28	7318.8	percent of total billed charges	
FINE NEEDLE ASPIRATION, ORBIT	67415	CPT	outpatient			7704	3073.41	Consumer	Consumer		7318.8	95			125.28	7318.8	percent of total billed charges	
FINE NEEDLE ASPIRATION, ORBIT	67415	CPT	outpatient			7704	3073.41	Corrections	Corrections		6163.2	80			125.28	7318.8	percent of total billed charges	
FINE NEEDLE ASPIRATION, ORBIT	67415	CPT	outpatient			7704	3073.41	First Health	First Health		5392.8	70			125.28	7318.8	percent of total billed charges	
FINE NEEDLE ASPIRATION, ORBIT	67415	CPT	outpatient			7704	3073.41	First Trenton	First Trenton		6933.6	90			125.28	7318.8	percent of total billed charges	
FINE NEEDLE ASPIRATION, ORBIT	67415	CPT	outpatient			7704	3073.41	Horizon	PPO		4973.58				125.28	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FINE NEEDLE ASPIRATION, ORBIT	67415	CPT	outpatient			7704	3073.41	Horizon	NJ Health		125.28				125.28	7318.8	fee schedule	
FINE NEEDLE ASPIRATION, ORBIT	67415	CPT	outpatient			7704	3073.41	Horizon	Indemnity		4973.58				125.28	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FINE NEEDLE ASPIRATION, ORBIT	67415	CPT	outpatient			7704	3073.41	Horizon	Medicare Blue		2672.53				125.28	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FINE NEEDLE ASPIRATION, ORBIT	67415	CPT	outpatient			7704	3073.41	Horizon	MGD		4973.58				125.28	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FINE NEEDLE ASPIRATION, ORBIT	67415	CPT	outpatient			7704	3073.41	Managed Care Inc	Managed Care Inc		6933.6	90			125.28	7318.8	percent of total billed charges	
FINE NEEDLE ASPIRATION, ORBIT	67415	CPT	outpatient			7704	3073.41	Multiplan	Multiplan		6163.2	80			125.28	7318.8	percent of total billed charges	
FINE NEEDLE ASPIRATION, ORBIT	67415	CPT	outpatient			7704	3073.41	Qualcare	Qualcare		5778	75			125.28	7318.8	percent of total billed charges	
FINE NEEDLE ASPIRATION, ORBIT	67415	CPT	outpatient			7704	3073.41	Three Rivers	Three Rivers		7318.8	95			125.28	7318.8	percent of total billed charges	
FINE NEEDLE ASPIRATION, ORBIT	67415	CPT	outpatient			7704	3073.41	UHC	Medicare		2672.53				125.28	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.														
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103		310119 true													
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
FINE NEEDLE ASPIRATION, ORBIT	67415	CPT	outpatient			7704	3073.41	UHC	Medicaid		2430.61	31.55			125.28	7318.8	percent of total billed charges	
FINE NEEDLE ASPIRATION, ORBIT	67415	CPT	outpatient			7704	3073.41	United	Oxford		2776				125.28	7318.8	case rate	
FINE NEEDLE ASPIRATION, ORBIT	67415	CPT	outpatient			7704	3073.41	United	Commercial|PPO		2776				125.28	7318.8	case rate	
FINE NEEDLE ASPIRATION, ORBIT	67415	CPT	outpatient			7704	3073.41	Wellcare	Medicare		2672.53				125.28	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FINE NEEDLE ASPIRATION, ORBIT	67415	CPT	outpatient			7704	3073.41	Wellcare	Medicaid		2430.61	31.55			125.28	7318.8	percent of total billed charges	
FINE NEEDLE ASPIRATION, ORBIT	67415	CPT	outpatient			7704	3073.41	WellPoint	WellPoint		2479.15	32.18			125.28	7318.8	percent of total billed charges	
RETROBULBAR INJECTION,MEDICATION	67500	CPT	outpatient			968	383.15	Aetna	Medicare		333.17				148.77	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RETROBULBAR INJECTION,MEDICATION	67500	CPT	outpatient			968	383.15	Aetna	Better Health		305.4	31.55			148.77	1782	percent of total billed charges	
RETROBULBAR INJECTION,MEDICATION	67500	CPT	outpatient			968	383.15	Aetna	Commercial		530.41				148.77	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RETROBULBAR INJECTION,MEDICATION	67500	CPT	outpatient			968	383.15	Americare	Americare		726	75			148.77	1782	percent of total billed charges	
RETROBULBAR INJECTION,MEDICATION	67500	CPT	outpatient			968	383.15	Amerihealth	HMO/PPO		629.2	65			148.77	1782	percent of total billed charges	
RETROBULBAR INJECTION,MEDICATION	67500	CPT	outpatient			968	383.15	Amerihealth	Medicare		333.17				148.77	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RETROBULBAR INJECTION,MEDICATION	67500	CPT	outpatient			968	383.15	Consumer	Consumer		919.6	95			148.77	1782	percent of total billed charges	
RETROBULBAR INJECTION,MEDICATION	67500	CPT	outpatient			968	383.15	Corrections	Corrections		774.4	80			148.77	1782	percent of total billed charges	
RETROBULBAR INJECTION,MEDICATION	67500	CPT	outpatient			968	383.15	First Health	First Health		677.6	70			148.77	1782	percent of total billed charges	
RETROBULBAR INJECTION,MEDICATION	67500	CPT	outpatient			968	383.15	First Trenton	First Trenton		871.2	90			148.77	1782	percent of total billed charges	
RETROBULBAR INJECTION,MEDICATION	67500	CPT	outpatient			968	383.15	Horizon	Indemnity		620.03				148.77	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RETROBULBAR INJECTION,MEDICATION	67500	CPT	outpatient			968	383.15	Horizon	Medicare Blue		333.17				148.77	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RETROBULBAR INJECTION,MEDICATION	67500	CPT	outpatient			968	383.15	Horizon	NJ Health		148.77				148.77	1782	fee schedule	
RETROBULBAR INJECTION,MEDICATION	67500	CPT	outpatient			968	383.15	Horizon	MGD		620.03				148.77	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RETROBULBAR INJECTION,MEDICATION	67500	CPT	outpatient			968	383.15	Horizon	PPO		620.03				148.77	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RETROBULBAR INJECTION,MEDICATION	67500	CPT	outpatient			968	383.15	Managed Care Inc	Managed Care Inc		871.2	90			148.77	1782	percent of total billed charges	
RETROBULBAR INJECTION,MEDICATION	67500	CPT	outpatient			968	383.15	Multiplan	Multiplan		774.4	80			148.77	1782	percent of total billed charges	
RETROBULBAR INJECTION,MEDICATION	67500	CPT	outpatient			968	383.15	Qualcare	Qualcare		726	75			148.77	1782	percent of total billed charges	
RETROBULBAR INJECTION,MEDICATION	67500	CPT	outpatient			968	383.15	Three Rivers	Three Rivers		919.6	95			148.77	1782	percent of total billed charges	
RETROBULBAR INJECTION,MEDICATION	67500	CPT	outpatient			968	383.15	UHC	Medicare		333.17				148.77	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RETROBULBAR INJECTION,MEDICATION	67500	CPT	outpatient			968	383.15	UHC	Medicaid		305.4	31.55			148.77	1782	percent of total billed charges	
RETROBULBAR INJECTION,MEDICATION	67500	CPT	outpatient			968	383.15	United	Oxford		1782				148.77	1782	case rate	
RETROBULBAR INJECTION,MEDICATION	67500	CPT	outpatient			968	383.15	United	Commercial|PPO		1782				148.77	1782	case rate	
RETROBULBAR INJECTION,MEDICATION	67500	CPT	outpatient			968	383.15	Wellcare	Medicare		333.17				148.77	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RETROBULBAR INJECTION,MEDICATION	67500	CPT	outpatient			968	383.15	Wellcare	Medicaid		305.4	31.55			148.77	1782	percent of total billed charges	
RETROBULBAR INJECTION,MEDICATION	67500	CPT	outpatient			968	383.15	WellPoint	WellPoint		311.5	32.18			148.77	1782	percent of total billed charges	
RETROBULBAR ALCOHOL INJ, W/DRU	67505	CPT	outpatient			968	383.15	Aetna	Better Health		305.4	31.55			148.77	1782	percent of total billed charges	
RETROBULBAR ALCOHOL INJ, W/DRU	67505	CPT	outpatient			968	383.15	Aetna	Medicare		333.17				148.77	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RETROBULBAR ALCOHOL INJ, W/DRU	67505	CPT	outpatient			968	383.15	Aetna	Commercial		530.41				148.77	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RETROBULBAR ALCOHOL INJ, W/DRU	67505	CPT	outpatient			968	383.15	Americare	Americare		726	75			148.77	1782	percent of total billed charges	
RETROBULBAR ALCOHOL INJ, W/DRU	67505	CPT	outpatient			968	383.15	Amerihealth	HMO/PPO		629.2	65			148.77	1782	percent of total billed charges	
RETROBULBAR ALCOHOL INJ, W/DRU	67505	CPT	outpatient			968	383.15	Amerihealth	Medicare		333.17				148.77	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RETROBULBAR ALCOHOL INJ, W/DRU	67505	CPT	outpatient			968	383.15	Consumer	Consumer		919.6	95			148.77	1782	percent of total billed charges	
RETROBULBAR ALCOHOL INJ, W/DRU	67505	CPT	outpatient			968	383.15	Corrections	Corrections		774.4	80			148.77	1782	percent of total billed charges	
RETROBULBAR ALCOHOL INJ, W/DRU	67505	CPT	outpatient			968	383.15	First Health	First Health		677.6	70			148.77	1782	percent of total billed charges	
RETROBULBAR ALCOHOL INJ, W/DRU	67505	CPT	outpatient			968	383.15	First Trenton	First Trenton		871.2	90			148.77	1782	percent of total billed charges	
RETROBULBAR ALCOHOL INJ, W/DRU	67505	CPT	outpatient			968	383.15	Horizon	Indemnity		620.03				148.77	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RETROBULBAR ALCOHOL INJ, W/DRU	67505	CPT	outpatient			968	383.15	Horizon	MGD		620.03				148.77	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RETROBULBAR ALCOHOL INJ, W/DRU	67505	CPT	outpatient			968	383.15	Horizon	NJ Health		148.77				148.77	1782	fee schedule	
RETROBULBAR ALCOHOL INJ, W/DRU	67505	CPT	outpatient			968	383.15	Horizon	PPO		620.03				148.77	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RETROBULBAR ALCOHOL INJ, W/DRU	67505	CPT	outpatient			968	383.15	Horizon	Medicare Blue		333.17				148.77	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RETROBULBAR ALCOHOL INJ, W/DRU	67505	CPT	outpatient			968	383.15	Managed Care Inc	Managed Care Inc		871.2	90			148.77	1782	percent of total billed charges	
RETROBULBAR ALCOHOL INJ, W/DRU	67505	CPT	outpatient			968	383.15	Multiplan	Multiplan		774.4	80			148.77	1782	percent of total billed charges	
RETROBULBAR ALCOHOL INJ, W/DRU	67505	CPT	outpatient			968	383.15	Qualcare	Qualcare		726	75			148.77	1782	percent of total billed charges	
RETROBULBAR ALCOHOL INJ, W/DRU	67505	CPT	outpatient			968	383.15	Three Rivers	Three Rivers		919.6	95			148.77	1782	percent of total billed charges	
RETROBULBAR ALCOHOL INJ, W/DRU	67505	CPT	outpatient			968	383.15	UHC	Medicare		333.17				148.77	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RETROBULBAR ALCOHOL INJ, W/DRU	67505	CPT	outpatient			968	383.15	UHC	Medicaid		305.4	31.55			148.77	1782	percent of total billed charges	
RETROBULBAR ALCOHOL INJ, W/DRU	67505	CPT	outpatient			968	383.15	United	Oxford		1782				148.77	1782	case rate	
RETROBULBAR ALCOHOL INJ, W/DRU	67505	CPT	outpatient			968	383.15	United	Commercial|PPO		1782				148.77	1782	case rate	
RETROBULBAR ALCOHOL INJ, W/DRU	67505	CPT	outpatient			968	383.15	Wellcare	Medicare		333.17				148.77	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RETROBULBAR ALCOHOL INJ, W/DRU	67505	CPT	outpatient			968	383.15	Wellcare	Medicaid		305.4	31.55			148.77	1782	percent of total billed charges	
RETROBULBAR ALCOHOL INJ, W/DRU	67505	CPT	outpatient			968	383.15	WellPoint	WellPoint		311.5	32.18			148.77	1782	percent of total billed charges	
INJECT/TREAT EYE SOCKET	67515	CPT	outpatient			968	383.15	Aetna	Medicare		333.17				78.3	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECT/TREAT EYE SOCKET	67515	CPT	outpatient			968	383.15	Aetna	Better Health		305.4	31.55			78.3	1782	percent of total billed charges	
INJECT/TREAT EYE SOCKET	67515	CPT	outpatient			968	383.15	Aetna	Commercial		530.41				78.3	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECT/TREAT EYE SOCKET	67515	CPT	outpatient			968	383.15	Americare	Americare		726	75			78.3	1782	percent of total billed charges	
INJECT/TREAT EYE SOCKET	67515	CPT	outpatient			968	383.15	Amerihealth	HMO/PPO		629.2	65			78.3	1782	percent of total billed charges	
INJECT/TREAT EYE SOCKET	67515	CPT	outpatient			968	383.15	Amerihealth	Medicare		333.17				78.3	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECT/TREAT EYE SOCKET	67515	CPT	outpatient			968	383.15	Consumer	Consumer		919.6	95			78.3	1782	percent of total billed charges	
INJECT/TREAT EYE SOCKET	67515	CPT	outpatient			968	383.15	Corrections	Corrections		774.4	80			78.3	1782	percent of total billed charges	
INJECT/TREAT EYE SOCKET	67515	CPT	outpatient			968	383.15	First Health	First Health		677.6	70			78.3	1782	percent of total billed charges	
INJECT/TREAT EYE SOCKET	67515	CPT	outpatient			968	383.15	First Trenton	First Trenton		871.2	90			78.3	1782	percent of total billed charges	
INJECT/TREAT EYE SOCKET	67515	CPT	outpatient			968	383.15	Horizon	Indemnity		620.03				78.3	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECT/TREAT EYE SOCKET	67515	CPT	outpatient			968	383.15	Horizon	Medicare Blue		333.17				78.3	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECT/TREAT EYE SOCKET	67515	CPT	outpatient			968	383.15	Horizon	NJ Health		78.3				78.3	1782	fee schedule	
INJECT/TREAT EYE SOCKET	67515	CPT	outpatient			968	383.15	Horizon	MGD		620.03				78.3	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECT/TREAT EYE SOCKET	67515	CPT	outpatient			968	383.15	Horizon	PPO		620.03				78.3	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECT/TREAT EYE SOCKET	67515	CPT	outpatient			968	383.15	Managed Care Inc	Managed Care Inc		871.2	90			78.3	1782	percent of total billed charges	
INJECT/TREAT EYE SOCKET	67515	CPT	outpatient			968	383.15	Multiplan	Multiplan		774.4	80			78.3	1782	percent of total billed charges	
INJECT/TREAT EYE SOCKET	67515	CPT	outpatient			968	383.15	Qualcare	Qualcare		726	75			78.3	1782	percent of total billed charges	
INJECT/TREAT EYE SOCKET	67515	CPT	outpatient			968	383.15	Three Rivers	Three Rivers		919.6	95			78.3	1782	percent of total billed charges	
INJECT/TREAT EYE SOCKET	67515	CPT	outpatient			968	383.15	UHC	Medicaid		305.4	31.55			78.3	1782	percent of total billed charges	
INJECT/TREAT EYE SOCKET	67515	CPT	outpatient			968	383.15	UHC	Medicare		333.17				78.3	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECT/TREAT EYE SOCKET	67515	CPT	outpatient			968	383.15	United	Commercial|PPO		1782				78.3	1782	case rate	
INJECT/TREAT EYE SOCKET	67515	CPT	outpatient			968	383.15	United	Oxford		1782				78.3	1782	case rate	
INJECT/TREAT EYE SOCKET	67515	CPT	outpatient			968	383.15	Wellcare	Medicare		333.17				78.3	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECT/TREAT EYE SOCKET	67515	CPT	outpatient			968	383.15	Wellcare	Medicaid		305.4	31.55			78.3	1782	percent of total billed charges	
INJECT/TREAT EYE SOCKET	67515	CPT	outpatient			968	383.15	WellPoint	WellPoint		311.5	32.18			78.3	1782	percent of total billed charges	
BLEPHAROTOMY, DR ABSCESS EYELID	67700	CPT	outpatient			1049	383.15	Aetna	Commercial		530.41				83.39	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLEPHAROTOMY, DR ABSCESS EYELID	67700	CPT	outpatient			1049	383.15	Aetna	Medicare		323.09	30.8			83.39	1782	percent of total billed charges	
BLEPHAROTOMY, DR ABSCESS EYELID	67700	CPT	outpatient			1049	383.15	Aetna	Better Health		330.96	31.55			83.39	1782	percent of total billed charges	
BLEPHAROTOMY, DR ABSCESS EYELID	67700	CPT	outpatient			1049	383.15	Americare	Americare		786.75	75			83.39	1782	percent of total billed charges	
BLEPHAROTOMY, DR ABSCESS EYELID	67700	CPT	outpatient			1049	383.15	Amerihealth	HMO/PPO		681.85	65			83.39	1782	percent of total billed charges	
BLEPHAROTOMY, DR ABSCESS EYELID	67700	CPT	outpatient			1049	383.15	Amerihealth	Medicare		333.17				83.39	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLEPHAROTOMY, DR ABSCESS EYELID	67700	CPT	outpatient			1049	383.15	Consumer	Consumer		996.55	95			83.39	1782	percent of total billed charges	
BLEPHAROTOMY, DR ABSCESS EYELID	67700	CPT	outpatient			1049	383.15	Corrections	Corrections		839.2	80			83.39	1782	percent of total billed charges	
BLEPHAROTOMY, DR ABSCESS EYELID	67700	CPT	outpatient			1049	383.15	First Health	First Health		734.3	70			83.39	1782	percent of total billed charges	
BLEPHAROTOMY, DR ABSCESS EYELID	67700	CPT	outpatient			1049	383.15	First Trenton	First Trenton		944.1	90			83.39	1782	percent of total billed charges	
BLEPHAROTOMY, DR ABSCESS EYELID	67700	CPT	outpatient			1049	383.15	Horizon	MGD		620.03				83.39	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLEPHAROTOMY, DR ABSCESS EYELID	67700	CPT	outpatient			1049	383.15	Horizon	Indemnity		620.03				83.39	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLEPHAROTOMY, DR ABSCESS EYELID	67700	CPT	outpatient			1049	383.15	Horizon	PPO		620.03				83.39	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLEPHAROTOMY, DR ABSCESS EYELID	67700	CPT	outpatient			1049	383.15	Horizon	Medicare Blue		333.17				83.39	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLEPHAROTOMY, DR ABSCESS EYELID	67700	CPT	outpatient			1049	383.15	Horizon	NJ Health		83.39				83.39	1782	fee schedule	
BLEPHAROTOMY, DR ABSCESS EYELID	67700	CPT	outpatient			1049	383.15	Managed Care Inc	Managed Care Inc		944.1	90			83.39	1782	percent of total billed charges	
BLEPHAROTOMY, DR ABSCESS EYELID	67700	CPT	outpatient			1049	383.15	Multiplan	Multiplan		839.2	80			83.39	1782	percent of total billed charges	
BLEPHAROTOMY, DR ABSCESS EYELID	67700	CPT	outpatient			1049	383.15	Qualcare	Qualcare		786.75	75			83.39	1782	percent of total billed charges	
BLEPHAROTOMY, DR ABSCESS EYELID	67700	CPT	outpatient			1049	383.15	Three Rivers	Three Rivers		996.55	95			83.39	1782	percent of total billed charges	
BLEPHAROTOMY, DR ABSCESS EYELID	67700	CPT	outpatient			1049	383.15	UHC	Medicare		333.17				83.39	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLEPHAROTOMY, DR ABSCESS EYELID	67700	CPT	outpatient			1049	383.15	UHC	Medicaid		330.96	31.55			83.39	1782	percent of total billed charges	
BLEPHAROTOMY, DR ABSCESS EYELID	67700	CPT	outpatient			1049	383.15	United	Commercial|PPO		1782				83.39	1782	case rate	
BLEPHAROTOMY, DR ABSCESS EYELID	67700	CPT	outpatient			1049	383.15	United	Oxford		1782				83.39	1782	case rate	
BLEPHAROTOMY, DR ABSCESS EYELID	67700	CPT	outpatient			1049	383.15	Wellcare	Medicare		333.17				83.39	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLEPHAROTOMY, DR ABSCESS EYELID	67700	CPT	outpatient			1049	383.15	Wellcare	Medicaid		330.96	31.55			83.39	1782	percent of total billed charges	
BLEPHAROTOMY, DR ABSCESS EYELID	67700	CPT	outpatient			1049	383.15	WellPoint	WellPoint		337.57	32.18			83.39	1782	percent of total billed charges	
SEVERING TARSORRHAPHY	67710	CPT	outpatient			3180	1331.59	Aetna	Commercial		1843.38				75.79	3021	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SEVERING TARSORRHAPHY	67710	CPT	outpatient			3180	1331.59	Aetna	Better Health		1003.29	31.55			75.79	3021	percent of total billed charges	
SEVERING TARSORRHAPHY	67710	CPT	outpatient			3180	1331.59	Aetna	Medicare		1157.9				75.79	3021	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SEVERING TARSORRHAPHY	67710	CPT	outpatient			3180	1331.59	Americare	Americare		2385	75			75.79	3021	percent of total billed charges	
SEVERING TARSORRHAPHY	67710	CPT	outpatient			3180	1331.59	Amerihealth	Medicare		1157.9				75.79	3021	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SEVERING TARSORRHAPHY	67710	CPT	outpatient			3180	1331.59	Amerihealth	HMO/PPO		2067	65			75.79	3021	percent of total billed charges	
SEVERING TARSORRHAPHY	67710	CPT	outpatient			3180	1331.59	Consumer	Consumer		3021	95			75.79	3021	percent of total billed charges	
SEVERING TARSORRHAPHY	67710	CPT	outpatient			3180	1331.59	Corrections	Corrections		2544	80			75.79	3021	percent of total billed charges	
SEVERING TARSORRHAPHY	67710	CPT	outpatient			3180	1331.59	First Health	First Health		2226	70			75.79	3021	percent of total billed charges	
SEVERING TARSORRHAPHY	67710	CPT	outpatient			3180	1331.59	First Trenton	First Trenton		2862	90			75.79	3021	percent of total billed charges	
SEVERING TARSORRHAPHY	67710	CPT	outpatient			3180	1331.59	Horizon	MGD		2154.85				75.79	3021	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SEVERING TARSORRHAPHY	67710	CPT	outpatient			3180	1331.59	Horizon	Indemnity		2154.85				75.79	3021	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SEVERING TARSORRHAPHY	67710	CPT	outpatient			3180	1331.59	Horizon	Medicare Blue		1157.9				75.79	3021	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SEVERING TARSORRHAPHY	67710	CPT	outpatient			3180	1331.59	Horizon	NJ Health		75.79				75.79	3021	fee schedule	
SEVERING TARSORRHAPHY	67710	CPT	outpatient			3180	1331.59	Horizon	PPO		2154.85				75.79	3021	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SEVERING TARSORRHAPHY	67710	CPT	outpatient			3180	1331.59	Managed Care Inc	Managed Care Inc		2862	90			75.79	3021	percent of total billed charges	
SEVERING TARSORRHAPHY	67710	CPT	outpatient			3180	1331.59	Multiplan	Multiplan		2544	80			75.79	3021	percent of total billed charges	
SEVERING TARSORRHAPHY	67710	CPT	outpatient			3180	1331.59	Qualcare	Qualcare		2385	75			75.79	3021	percent of total billed charges	
SEVERING TARSORRHAPHY	67710	CPT	outpatient			3180	1331.59	Three Rivers	Three Rivers		3021	95			75.79	3021	percent of total billed charges	
SEVERING TARSORRHAPHY	67710	CPT	outpatient			3180	1331.59	UHC	Medicaid		1003.29	31.55			75.79	3021	percent of total billed charges	
SEVERING TARSORRHAPHY	67710	CPT	outpatient			3180	1331.59	UHC	Medicare		1157.9				75.79	3021	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SEVERING TARSORRHAPHY	67710	CPT	outpatient			3180	1331.59	United	Oxford		2493				75.79	3021	case rate	
SEVERING TARSORRHAPHY	67710	CPT	outpatient			3180	1331.59	United	Commercial|PPO		2493				75.79	3021	case rate	
SEVERING TARSORRHAPHY	67710	CPT	outpatient			3180	1331.59	Wellcare	Medicaid		1003.29	31.55			75.79	3021	percent of total billed charges	
SEVERING TARSORRHAPHY	67710	CPT	outpatient			3180	1331.59	Wellcare	Medicare		1157.9				75.79	3021	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SEVERING TARSORRHAPHY	67710	CPT	outpatient			3180	1331.59	WellPoint	WellPoint		1023.32	32.18			75.79	3021	percent of total billed charges	
CANTHOTOMY	67715	CPT	outpatient			7704	3073.41	Aetna	Better Health		2430.61	31.55			87.7	7318.8	percent of total billed charges	
CANTHOTOMY	67715	CPT	outpatient			7704	3073.41	Aetna	Commercial		4254.67				87.7	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CANTHOTOMY	67715	CPT	outpatient			7704	3073.41	Aetna	Medicare		2372.83	30.8			87.7	7318.8	percent of total billed charges	
CANTHOTOMY	67715	CPT	outpatient			7704	3073.41	Americare	Americare		5778	75			87.7	7318.8	percent of total billed charges	
CANTHOTOMY	67715	CPT	outpatient			7704	3073.41	Amerihealth	HMO/PPO		5007.6	65			87.7	7318.8	percent of total billed charges	
CANTHOTOMY	67715	CPT	outpatient			7704	3073.41	Amerihealth	Medicare		2672.53				87.7	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CANTHOTOMY	67715	CPT	outpatient			7704	3073.41	Consumer	Consumer		7318.8	95			87.7	7318.8	percent of total billed charges	
CANTHOTOMY	67715	CPT	outpatient			7704	3073.41	Corrections	Corrections		6163.2	80			87.7	7318.8	percent of total billed charges	
CANTHOTOMY	67715	CPT	outpatient			7704	3073.41	First Health	First Health		5392.8	70			87.7	7318.8	percent of total billed charges	
CANTHOTOMY	67715	CPT	outpatient			7704	3073.41	First Trenton	First Trenton		6933.6	90			87.7	7318.8	percent of total billed charges	
CANTHOTOMY	67715	CPT	outpatient			7704	3073.41	Horizon	Medicare Blue		2672.53				87.7	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CANTHOTOMY	67715	CPT	outpatient			7704	3073.41	Horizon	MGD		4973.58				87.7	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.																
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103		310119	true														
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CANTHOTOMY	67715	CPT	outpatient			7704		3073.41	Horizon		Indemnity				87.7	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CANTHOTOMY	67715	CPT	outpatient			7704		3073.41	Horizon		NJ Health				87.7	7318.8	fee schedule	
CANTHOTOMY	67715	CPT	outpatient			7704		3073.41	Horizon		PPO				87.7	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CANTHOTOMY	67715	CPT	outpatient			7704		3073.41	Managed Care Inc		Managed Care Inc		90		87.7	7318.8	percent of total billed charges	
CANTHOTOMY	67715	CPT	outpatient			7704		3073.41	Multiplan		Multiplan		80		87.7	7318.8	percent of total billed charges	
CANTHOTOMY	67715	CPT	outpatient			7704		3073.41	Qualcare		Qualcare		75		87.7	7318.8	percent of total billed charges	
CANTHOTOMY	67715	CPT	outpatient			7704		3073.41	Three Rivers		Three Rivers		95		87.7	7318.8	percent of total billed charges	
CANTHOTOMY	67715	CPT	outpatient			7704		3073.41	UHC		Medicaid		31.55		87.7	7318.8	percent of total billed charges	
CANTHOTOMY	67715	CPT	outpatient			7704		3073.41	UHC		Medicare				87.7	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CANTHOTOMY	67715	CPT	outpatient			7704		3073.41	United		CommercialPPO				87.7	7318.8	case rate	
CANTHOTOMY	67715	CPT	outpatient			7704		3073.41	United		Oxford				87.7	7318.8	case rate	
CANTHOTOMY	67715	CPT	outpatient			7704		3073.41	Wellcare		Medicare				87.7	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CANTHOTOMY	67715	CPT	outpatient			7704		3073.41	Wellcare		Medicaid		31.55		87.7	7318.8	percent of total billed charges	
CANTHOTOMY	67715	CPT	outpatient			7704		3073.41	WellPoint		WellPoint		32.18		87.7	7318.8	percent of total billed charges	
CHALAZION EXCISION, SINGLE	67800	CPT	outpatient			968		383.15	Aetna		Better Health		31.55		107.27	1782	percent of total billed charges	
CHALAZION EXCISION, SINGLE	67800	CPT	outpatient			968		383.15	Aetna		Commercial				107.27	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHALAZION EXCISION, SINGLE	67800	CPT	outpatient			968		383.15	Aetna		Medicare				107.27	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHALAZION EXCISION, SINGLE	67800	CPT	outpatient			968		383.15	Americare		Americare		75		107.27	1782	percent of total billed charges	
CHALAZION EXCISION, SINGLE	67800	CPT	outpatient			968		383.15	Amerihealth		Medicare				107.27	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHALAZION EXCISION, SINGLE	67800	CPT	outpatient			968		383.15	Amerihealth		HMO/PPO		65		107.27	1782	percent of total billed charges	
CHALAZION EXCISION, SINGLE	67800	CPT	outpatient			968		383.15	Consumer		Consumer		95		107.27	1782	percent of total billed charges	
CHALAZION EXCISION, SINGLE	67800	CPT	outpatient			968		383.15	Corrections		Corrections		80		107.27	1782	percent of total billed charges	
CHALAZION EXCISION, SINGLE	67800	CPT	outpatient			968		383.15	First Health		First Health		70		107.27	1782	percent of total billed charges	
CHALAZION EXCISION, SINGLE	67800	CPT	outpatient			968		383.15	First Trenton		First Trenton		90		107.27	1782	percent of total billed charges	
CHALAZION EXCISION, SINGLE	67800	CPT	outpatient			968		383.15	Horizon		Indemnity				107.27	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHALAZION EXCISION, SINGLE	67800	CPT	outpatient			968		383.15	Horizon		MGD				107.27	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHALAZION EXCISION, SINGLE	67800	CPT	outpatient			968		383.15	Horizon		PPO				107.27	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHALAZION EXCISION, SINGLE	67800	CPT	outpatient			968		383.15	Horizon		NJ Health				107.27	1782	fee schedule	
CHALAZION EXCISION, SINGLE	67800	CPT	outpatient			968		383.15	Horizon		Medicare Blue				107.27	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHALAZION EXCISION, SINGLE	67800	CPT	outpatient			968		383.15	Managed Care Inc		Managed Care Inc		90		107.27	1782	percent of total billed charges	
CHALAZION EXCISION, SINGLE	67800	CPT	outpatient			968		383.15	Multiplan		Multiplan		80		107.27	1782	percent of total billed charges	
CHALAZION EXCISION, SINGLE	67800	CPT	outpatient			968		383.15	Qualcare		Qualcare		75		107.27	1782	percent of total billed charges	
CHALAZION EXCISION, SINGLE	67800	CPT	outpatient			968		383.15	Three Rivers		Three Rivers		95		107.27	1782	percent of total billed charges	
CHALAZION EXCISION, SINGLE	67800	CPT	outpatient			968		383.15	UHC		Medicare				107.27	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHALAZION EXCISION, SINGLE	67800	CPT	outpatient			968		383.15	UHC		Medicaid		31.55		107.27	1782	percent of total billed charges	
CHALAZION EXCISION, SINGLE	67800	CPT	outpatient			968		383.15	United		Oxford				107.27	1782	case rate	
CHALAZION EXCISION, SINGLE	67800	CPT	outpatient			968		383.15	United		CommercialPPO				107.27	1782	case rate	
CHALAZION EXCISION, SINGLE	67800	CPT	outpatient			968		383.15	Wellcare		Medicare				107.27	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHALAZION EXCISION, SINGLE	67800	CPT	outpatient			968		383.15	Wellcare		Medicaid		31.55		107.27	1782	percent of total billed charges	
CHALAZION EXCISION, SINGLE	67800	CPT	outpatient			968		383.15	WellPoint		WellPoint		32.18		107.27	1782	percent of total billed charges	
CHALAZION EXC., MULT SAME LID	67801	CPT	outpatient			3180		1331.59	Aetna		Medicare				151.56	3021	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHALAZION EXC., MULT SAME LID	67801	CPT	outpatient			3180		1331.59	Aetna		Commercial				151.56	3021	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHALAZION EXC., MULT SAME LID	67801	CPT	outpatient			3180		1331.59	Aetna		Better Health		31.55		151.56	3021	percent of total billed charges	
CHALAZION EXC., MULT SAME LID	67801	CPT	outpatient			3180		1331.59	Americare		Americare		75		151.56	3021	percent of total billed charges	
CHALAZION EXC., MULT SAME LID	67801	CPT	outpatient			3180		1331.59	Amerihealth		HMO/PPO		65		151.56	3021	percent of total billed charges	
CHALAZION EXC., MULT SAME LID	67801	CPT	outpatient			3180		1331.59	Amerihealth		Medicare				151.56	3021	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHALAZION EXC., MULT SAME LID	67801	CPT	outpatient			3180		1331.59	Consumer		Consumer		95		151.56	3021	percent of total billed charges	
CHALAZION EXC., MULT SAME LID	67801	CPT	outpatient			3180		1331.59	Corrections		Corrections		80		151.56	3021	percent of total billed charges	
CHALAZION EXC., MULT SAME LID	67801	CPT	outpatient			3180		1331.59	First Health		First Health		70		151.56	3021	percent of total billed charges	
CHALAZION EXC., MULT SAME LID	67801	CPT	outpatient			3180		1331.59	First Trenton		First Trenton		90		151.56	3021	percent of total billed charges	
CHALAZION EXC., MULT SAME LID	67801	CPT	outpatient			3180		1331.59	Horizon		Indemnity		2154.85		151.56	3021	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHALAZION EXC., MULT SAME LID	67801	CPT	outpatient			3180		1331.59	Horizon		MGD		2154.85		151.56	3021	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHALAZION EXC., MULT SAME LID	67801	CPT	outpatient			3180		1331.59	Horizon		PPO		2154.85		151.56	3021	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHALAZION EXC., MULT SAME LID	67801	CPT	outpatient			3180		1331.59	Horizon		Medicare Blue		1157.9		151.56	3021	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHALAZION EXC., MULT SAME LID	67801	CPT	outpatient			3180		1331.59	Horizon		NJ Health		151.56		151.56	3021	fee schedule	
CHALAZION EXC., MULT SAME LID	67801	CPT	outpatient			3180		1331.59	Managed Care Inc		Managed Care Inc		2862		151.56	3021	percent of total billed charges	
CHALAZION EXC., MULT SAME LID	67801	CPT	outpatient			3180		1331.59	Multiplan		Multiplan		2544		151.56	3021	percent of total billed charges	
CHALAZION EXC., MULT SAME LID	67801	CPT	outpatient			3180		1331.59	Qualcare		Qualcare		2385		151.56	3021	percent of total billed charges	
CHALAZION EXC., MULT SAME LID	67801	CPT	outpatient			3180		1331.59	Three Rivers		Three Rivers		3021		151.56	3021	percent of total billed charges	
CHALAZION EXC., MULT SAME LID	67801	CPT	outpatient			3180		1331.59	UHC		Medicare		1157.9		151.56	3021	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHALAZION EXC., MULT SAME LID	67801	CPT	outpatient			3180		1331.59	UHC		Medicaid		1003.29		151.56	3021	percent of total billed charges	
CHALAZION EXC., MULT SAME LID	67801	CPT	outpatient			3180		1331.59	United		CommercialPPO		2493		151.56	3021	case rate	
CHALAZION EXC., MULT SAME LID	67801	CPT	outpatient			3180		1331.59	United		Oxford		2493		151.56	3021	case rate	
CHALAZION EXC., MULT SAME LID	67801	CPT	outpatient			3180		1331.59	Wellcare		Medicare		1157.9		151.56	3021	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHALAZION EXC., MULT SAME LID	67801	CPT	outpatient			3180		1331.59	Wellcare		Medicaid		1003.29		151.56	3021	percent of total billed charges	
CHALAZION EXC., MULT SAME LID	67801	CPT	outpatient			3180		1331.59	WellPoint		WellPoint		1023.32		151.56	3021	percent of total billed charges	
CHALAZION EXC., MULT DIFF LIDS	67805	CPT	outpatient			968		383.15	Aetna		Commercial		530.41		165.89	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHALAZION EXC., MULT DIFF LIDS	67805	CPT	outpatient			968		383.15	Aetna		Better Health		305.4		165.89	1782	percent of total billed charges	
CHALAZION EXC., MULT DIFF LIDS	67805	CPT	outpatient			968		383.15	Aetna		Medicare		333.17		165.89	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHALAZION EXC., MULT DIFF LIDS	67805	CPT	outpatient			968		383.15	Americare		Americare		726		165.89	1782	percent of total billed charges	
CHALAZION EXC., MULT DIFF LIDS	67805	CPT	outpatient			968		383.15	Amerihealth		HMO/PPO		629.2		165.89	1782	percent of total billed charges	
CHALAZION EXC., MULT DIFF LIDS	67805	CPT	outpatient			968		383.15	Amerihealth		Medicare		333.17		165.89	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHALAZION EXC., MULT DIFF LIDS	67805	CPT	outpatient			968		383.15	Consumer		Consumer		919.6		165.89	1782	percent of total billed charges	
CHALAZION EXC., MULT DIFF LIDS	67805	CPT	outpatient			968		383.15	Corrections		Corrections		774.4		165.89	1782	percent of total billed charges	
CHALAZION EXC., MULT DIFF LIDS	67805	CPT	outpatient			968		383.15	First Health		First Health		677.6		165.89	1782	percent of total billed charges	
CHALAZION EXC., MULT DIFF LIDS	67805	CPT	outpatient			968		383.15	First Trenton		First Trenton		871.2		165.89	1782	percent of total billed charges	
CHALAZION EXC., MULT DIFF LIDS	67805	CPT	outpatient			968		383.15	Horizon		Medicare Blue		333.17		165.89	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHALAZION EXC., MULT DIFF LIDS	67805	CPT	outpatient			968		383.15	Horizon		MGD		620.03		165.89	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHALAZION EXC., MULT DIFF LIDS	67805	CPT	outpatient			968		383.15	Horizon		Indemnity		620.03		165.89	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHALAZION EXC., MULT DIFF LIDS	67805	CPT	outpatient			968		383.15	Horizon		NJ Health		165.89		165.89	1782	fee schedule	
CHALAZION EXC., MULT DIFF LIDS	67805	CPT	outpatient			968		383.15	Horizon		PPO		620.03		165.89	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHALAZION EXC., MULT DIFF LIDS	67805	CPT	outpatient			968		383.15	Managed Care Inc		Managed Care Inc		871.2		165.89	1782	percent of total billed charges	
CHALAZION EXC., MULT DIFF LIDS	67805	CPT	outpatient			968		383.15	Multiplan		Multiplan		774.4		165.89	1782	percent of total billed charges	
CHALAZION EXC., MULT DIFF LIDS	67805	CPT	outpatient			968		383.15	Qualcare		Qualcare		726		165.89	1782	percent of total billed charges	
CHALAZION EXC., MULT DIFF LIDS	67805	CPT	outpatient			968		383.15	Three Rivers		Three Rivers		919.6		165.89	1782	percent of total billed charges	
CHALAZION EXC., MULT DIFF LIDS	67805	CPT	outpatient			968		383.15	UHC		Medicaid		305.4		165.89	1782	percent of total billed charges	
CHALAZION EXC., MULT DIFF LIDS	67805	CPT	outpatient			968		383.15	UHC		Medicare		333.17		165.89	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHALAZION EXC., MULT DIFF LIDS	67805	CPT	outpatient			968		383.15	United		CommercialPPO		1782		165.89	1782	case rate	
CHALAZION EXC., MULT DIFF LIDS	67805	CPT	outpatient			968		383.15	United		Oxford		1782		165.89	1782	case rate	
CHALAZION EXC., MULT DIFF LIDS	67805	CPT	outpatient			968		383.15	Wellcare		Medicaid		305.4		165.89	1782	percent of total billed charges	
CHALAZION EXC., MULT DIFF LIDS	67805	CPT	outpatient			968		383.15	Wellcare		Medicare		333.17		165.89	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHALAZION EXC., MULT DIFF LIDS	67805	CPT	outpatient			968		383.15	WellPoint		WellPoint		311.5		165.89	1782	percent of total billed charges	
BIOSPY EYELID	67810	CPT	outpatient			968		383.15	Aetna		Better Health		305.4		50.53	1782	percent of total billed charges	
BIOSPY EYELID	67810	CPT	outpatient			968		383.15	Aetna		Medicare		333.17		50.53	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOSPY EYELID	67810	CPT	outpatient			968		383.15	Aetna		Commercial		530.41		50.53	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOSPY EYELID	67810	CPT	outpatient			968		383.15	Americare		Americare		726		50.53	1782	percent of total billed charges	
BIOSPY EYELID	67810	CPT	outpatient			968		383.15	Amerihealth		Medicare		333.17		50.53	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOSPY EYELID	67810	CPT	outpatient			968		383.15	Amerihealth		HMO/PPO		629.2		50.53	1782	percent of total billed charges	
BIOSPY EYELID	67810	CPT	outpatient			968		383.15	Consumer		Consumer		919.6		50.53	1782	percent of total billed charges	
BIOSPY EYELID	67810	CPT	outpatient			968		383.15	Corrections		Corrections		774.4		50.53	1782	percent of total billed charges	
BIOSPY EYELID	67810	CPT	outpatient			968		383.15	First Health		First Health		677.6		50.53	1782	percent of total billed charges	
BIOSPY EYELID	67810	CPT	outpatient			968		383.15	First Trenton		First Trenton		871.2		50.53	1782	percent of total billed charges	
BIOSPY EYELID	67810	CPT	outpatient			968		383.15	Horizon		MGD		620.03		50.53	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOSPY EYELID	67810	CPT	outpatient			968		383.15	Horizon		Indemnity		620.03		50.53	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOSPY EYELID	67810	CPT	outpatient			968		383.15	Horizon		Medicare Blue		333.17		50.53	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOSPY EYELID	67810	CPT	outpatient			968		383.15	Horizon		NJ Health		50.53		50.53	1782	fee schedule	
BIOSPY EYELID	67810	CPT	outpatient			968		383.15	Horizon		PPO		620.03		50.53	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOSPY EYELID	67810	CPT	outpatient			968		383.15	Managed Care Inc		Managed Care Inc		871.2		50.53	1782	percent of total billed charges	
BIOSPY EYELID	67810	CPT	outpatient			968		383.15	Multiplan		Multiplan		774.4		50.53	1782	percent of total billed charges	
BIOSPY EYELID	67810	CPT	outpatient			968		383.15	Qualcare		Qualcare		726		50.53	1782	percent of total billed charges	
BIOSPY EYELID	67810	CPT	outpatient			968		383.15	Three Rivers		Three Rivers		919.6		50.53	1782	percent of total billed charges	
BIOSPY EYELID	67810	CPT	outpatient			968		383.15	UHC		Medicare		333.17		50.53	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOSPY EYELID	67810	CPT	outpatient			968		383.15	UHC		Medicaid		305.4		50.53	1782	percent of total billed charges	
BIOSPY EYELID	67810	CPT	outpatient			968		383.15	United		Oxford		1782		50.53	1782	case rate	
BIOSPY EYELID	67810	CPT	outpatient			968		383.15	United		CommercialPPO		1782		50.53	1782	case rate	
BIOSPY EYELID	67810	CPT	outpatient			968		383.15	Wellcare		Medicaid		305.4		50.53	1782	percent of total billed charges	
BIOSPY EYELID	67810	CPT	outpatient			968		383.15	Wellcare		Medicare		333.17		50.53	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOSPY EYELID	67810	CPT	outpatient			968		383.15	WellPoint		WellPoint		311.5		50.53	1782	percent of total billed charges	
EPILATION, FORCEPS BOTH	67820	CPT	outpatient			592		168	Aetna		Better Health		186.78		58.46	1782	percent of total billed charges	
EPILATION, FORCEPS BOTH	67820	CPT	outpatient			592		168	Aetna		Commercial		232.58		58.46	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EPILATION, FORCEPS BOTH	67820	CPT	outpatient			592		168	Aetna		Medicare		146.09		58.46	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EPILATION, FORCEPS BOTH	67820	CPT	outpatient			592		168	Americare		Americare		444		58.46	1782	percent of total billed charges	
EPILATION, FORCEPS BOTH	67820	CPT	outpatient			592		168	Amerihealth		Medicare		146.09		58.46	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EPILATION, FORCEPS BOTH	67820	CPT	outpatient			592		168	Amerihealth		HMO/PPO		384.8		58.46	1782	percent of total billed charges	
EPILATION, FORCEPS BOTH	67820	CPT	outpatient			592		168	Consumer		Consumer		562.4		58.46	1782	percent of total billed charges	
EPILATION, FORCEPS BOTH	67820	CPT	outpatient			592		168	Corrections		Corrections		473.6		58.46	1782	percent of total billed charges	
EPILATION, FORCEPS BOTH	67820	CPT	outpatient			592		168	First Health		First Health		414.4		58.46	1782	percent of total billed charges	
EPILATION, FORCEPS BOTH	67820	CPT	outpatient			592		168	First Trenton		First Trenton		532.8		58.46	1782	percent of total billed charges	
EPILATION, FORCEPS BOTH	67820	CPT	outpatient			592		168	Horizon		Indemnity		271.87		58.46	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EPILATION, FORCEPS BOTH	67820	CPT	outpatient			592		168	Horizon		PPO		271.87		58.46	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EPILATION, FORCEPS BOTH	67820	CPT	outpatient			592		168	Horizon		MGD		271.87		58.46	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EPILATION, FORCEPS BOTH	67820	CPT	outpatient			592		168	Horizon		Medicare Blue		146.09		58.46	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EPILATION, FORCEPS BOTH	67820	CPT	outpatient			592		168	Horizon		NJ Health		58.46		58.46	1782	fee schedule	
EPILATION, FORCEPS BOTH	67820	CPT	outpatient			592		168	Managed Care Inc		Managed Care Inc		532.8		58.46	1782	percent of total billed charges	
EPILATION, FORCEPS BOTH	67820	CPT	outpatient			592		168	Multiplan		Multiplan		473.6		58.46	1782	percent of total billed charges	
EPILATION, FORCEPS BOTH	67820	CPT	outpatient			592		168	Qualcare		Qualcare		444		58.46	1782	percent of total billed charges	
EPILATION, FORCEPS BOTH	67820	CPT	outpatient			592		168	Three Rivers		Three Rivers		562.4		58.46	1782	percent of total billed charges	
EPILATION, FORCEPS BOTH	67820	CPT	outpatient			592		168	UHC		Medicaid		186.78		58.46	1782	percent of total billed charges	
EPILATION, FORCEPS BOTH	67820	CPT	outpatient			592		168	UHC		Medicare		146.09		58.46	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EPILATION, FORCEPS BOTH	67820	CPT	outpatient			592		168	United		CommercialPPO		1782		58.46	1782	case rate	
EPILATION, FORCEPS BOTH	67820	CPT	outpatient			592		168	United		Oxford		1782		58.46	1782	case rate	
EPILATION, FORCEPS BOTH	67820	CPT	outpatient			592		168	Wellcare		Medicare		146.09		58.46	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EPILATION, FORCEPS BOTH	67820	CPT	outpatient			592		168	Wellcare		Medicaid		186.78		58.46	1782	percent of total billed charges	
EPILATION, FORCEPS BOTH	67820	CPT	outpatient			592		168	WellPoint		WellPoint		190.51		58.46	1782	percent of total billed charges	
EPILATIONELECTROCAUTERY	67825	CPT	outpatient			1692		383.15	Aetna		Commercial		530.41		73.08	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EPILATIONELECTROCAUTERY	67825	CPT	outpatient			1692		383.15	Aetna		Better Health		533.83		73.08	1782	percent of total billed charges	
EPILATIONELECTROCAUTERY	67825	CPT	outpatient			1692		383.15	Aetna		Medicare		333.17		73.08	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EPILATIONELECTROCAUTERY	67825	CPT	outpatient			1692		383.15	Americare		Americare		1269		73.08	1782	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
EPILATIONELECTROCAUTERY	67825	CPT	outpatient			1692		383.15 Amerihealth	Medicare		333.17				73.08	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EPILATIONELECTROCAUTERY	67825	CPT	outpatient			1692		383.15 Amerihealth	HMO/PPO		1099.8	65			73.08	1782	percent of total billed charges	
EPILATIONELECTROCAUTERY	67825	CPT	outpatient			1692		383.15 Consumer	Consumer		1607.4	95			73.08	1782	percent of total billed charges	
EPILATIONELECTROCAUTERY	67825	CPT	outpatient			1692		383.15 Corrections	Corrections		1353.6	80			73.08	1782	percent of total billed charges	
EPILATIONELECTROCAUTERY	67825	CPT	outpatient			1692		383.15 First Health	First Health		1184.4	70			73.08	1782	percent of total billed charges	
EPILATIONELECTROCAUTERY	67825	CPT	outpatient			1692		383.15 First Trenton	First Trenton		1522.8	90			73.08	1782	percent of total billed charges	
EPILATIONELECTROCAUTERY	67825	CPT	outpatient			1692		383.15 Horizon	PPO		620.03				73.08	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EPILATIONELECTROCAUTERY	67825	CPT	outpatient			1692		383.15 Horizon	Indemnity		620.03				73.08	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EPILATIONELECTROCAUTERY	67825	CPT	outpatient			1692		383.15 Horizon	Medicare Blue		333.17				73.08	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EPILATIONELECTROCAUTERY	67825	CPT	outpatient			1692		383.15 Horizon	NJ Health		73.08				73.08	1782	fee schedule	
EPILATIONELECTROCAUTERY	67825	CPT	outpatient			1692		383.15 Horizon	MGD		620.03				73.08	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EPILATIONELECTROCAUTERY	67825	CPT	outpatient			1692		383.15 Managed Care Inc	Managed Care Inc		1522.8	90			73.08	1782	percent of total billed charges	
EPILATIONELECTROCAUTERY	67825	CPT	outpatient			1692		383.15 Multiplan	Multiplan		1353.6	80			73.08	1782	percent of total billed charges	
EPILATIONELECTROCAUTERY	67825	CPT	outpatient			1692		383.15 Qualcare	Qualcare		1269	75			73.08	1782	percent of total billed charges	
EPILATIONELECTROCAUTERY	67825	CPT	outpatient			1692		383.15 Three Rivers	Three Rivers		1607.4	95			73.08	1782	percent of total billed charges	
EPILATIONELECTROCAUTERY	67825	CPT	outpatient			1692		383.15 UHC	Medicaid		533.83	31.55			73.08	1782	percent of total billed charges	
EPILATIONELECTROCAUTERY	67825	CPT	outpatient			1692		383.15 UHC	Medicare		333.17				73.08	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EPILATIONELECTROCAUTERY	67825	CPT	outpatient			1692		383.15 United	CommercialPPO		1782				73.08	1782	case rate	
EPILATIONELECTROCAUTERY	67825	CPT	outpatient			1692		383.15 United	Oxford		1782				73.08	1782	case rate	
EPILATIONELECTROCAUTERY	67825	CPT	outpatient			1692		383.15 Wellcare	Medicare		333.17				73.08	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EPILATIONELECTROCAUTERY	67825	CPT	outpatient			1692		383.15 Wellcare	Medicaid		533.83	31.55			73.08	1782	percent of total billed charges	
EPILATIONELECTROCAUTERY	67825	CPT	outpatient			1692		383.15 WellPoint	WellPoint		544.49	32.18			73.08	1782	percent of total billed charges	
CORR TRICHIASIS, INC. LID MARGIN	67830	CPT	outpatient			3180		1331.59 Aetna	Medicare		979.44	30.8			315.81	3021	percent of total billed charges	
CORR TRICHIASIS, INC. LID MARGIN	67830	CPT	outpatient			3180		1331.59 Aetna	Better Health		1003.29	31.55			315.81	3021	percent of total billed charges	
CORR TRICHIASIS, INC. LID MARGIN	67830	CPT	outpatient			3180		1331.59 Aetna	Commercial		1843.38				315.81	3021	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORR TRICHIASIS, INC. LID MARGIN	67830	CPT	outpatient			3180		1331.59 Americare	Americare		2385	75			315.81	3021	percent of total billed charges	
CORR TRICHIASIS, INC. LID MARGIN	67830	CPT	outpatient			3180		1331.59 Amerihealth	Medicare		1157.9				315.81	3021	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORR TRICHIASIS, INC. LID MARGIN	67830	CPT	outpatient			3180		1331.59 Amerihealth	HMO/PPO		2067	65			315.81	3021	percent of total billed charges	
CORR TRICHIASIS, INC. LID MARGIN	67830	CPT	outpatient			3180		1331.59 Consumer	Consumer		3021	95			315.81	3021	percent of total billed charges	
CORR TRICHIASIS, INC. LID MARGIN	67830	CPT	outpatient			3180		1331.59 Corrections	Corrections		2544	80			315.81	3021	percent of total billed charges	
CORR TRICHIASIS, INC. LID MARGIN	67830	CPT	outpatient			3180		1331.59 First Health	First Health		2226	70			315.81	3021	percent of total billed charges	
CORR TRICHIASIS, INC. LID MARGIN	67830	CPT	outpatient			3180		1331.59 First Trenton	First Trenton		2862	90			315.81	3021	percent of total billed charges	
CORR TRICHIASIS, INC. LID MARGIN	67830	CPT	outpatient			3180		1331.59 Horizon	Medicare Blue		1157.9				315.81	3021	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORR TRICHIASIS, INC. LID MARGIN	67830	CPT	outpatient			3180		1331.59 Horizon	NJ Health		315.81				315.81	3021	fee schedule	
CORR TRICHIASIS, INC. LID MARGIN	67830	CPT	outpatient			3180		1331.59 Horizon	MGD		2154.85				315.81	3021	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORR TRICHIASIS, INC. LID MARGIN	67830	CPT	outpatient			3180		1331.59 Horizon	Indemnity		2154.85				315.81	3021	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORR TRICHIASIS, INC. LID MARGIN	67830	CPT	outpatient			3180		1331.59 Horizon	PPO		2154.85				315.81	3021	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORR TRICHIASIS, INC. LID MARGIN	67830	CPT	outpatient			3180		1331.59 Managed Care Inc	Managed Care Inc		2862	90			315.81	3021	percent of total billed charges	
CORR TRICHIASIS, INC. LID MARGIN	67830	CPT	outpatient			3180		1331.59 Multiplan	Multiplan		2544	80			315.81	3021	percent of total billed charges	
CORR TRICHIASIS, INC. LID MARGIN	67830	CPT	outpatient			3180		1331.59 Qualcare	Qualcare		2385	75			315.81	3021	percent of total billed charges	
CORR TRICHIASIS, INC. LID MARGIN	67830	CPT	outpatient			3180		1331.59 Three Rivers	Three Rivers		3021	95			315.81	3021	percent of total billed charges	
CORR TRICHIASIS, INC. LID MARGIN	67830	CPT	outpatient			3180		1331.59 UHC	Medicaid		1003.29	31.55			315.81	3021	percent of total billed charges	
CORR TRICHIASIS, INC. LID MARGIN	67830	CPT	outpatient			3180		1331.59 UHC	Medicare		1157.9				315.81	3021	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORR TRICHIASIS, INC. LID MARGIN	67830	CPT	outpatient			3180		1331.59 United	CommercialPPO		2493				315.81	3021	case rate	
CORR TRICHIASIS, INC. LID MARGIN	67830	CPT	outpatient			3180		1331.59 United	Oxford		2493				315.81	3021	case rate	
CORR TRICHIASIS, INC. LID MARGIN	67830	CPT	outpatient			3180		1331.59 Wellcare	Medicare		1157.9				315.81	3021	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORR TRICHIASIS, INC. LID MARGIN	67830	CPT	outpatient			3180		1331.59 Wellcare	Medicaid		1003.29	31.55			315.81	3021	percent of total billed charges	
CORR TRICHIASIS, INC. LID MARGIN	67830	CPT	outpatient			3180		1331.59 WellPoint	WellPoint		1023.32	32.18			315.81	3021	percent of total billed charges	
EXCISION LESION LID INV MARGIN	67840	CPT	outpatient			3180		1331.59 Aetna	Commercial		1843.38				65.77	3021	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION LESION LID INV MARGIN	67840	CPT	outpatient			3180		1331.59 Aetna	Better Health		1003.29	31.55			65.77	3021	percent of total billed charges	
EXCISION LESION LID INV MARGIN	67840	CPT	outpatient			3180		1331.59 Aetna	Medicare		979.44	30.8			65.77	3021	percent of total billed charges	
EXCISION LESION LID INV MARGIN	67840	CPT	outpatient			3180		1331.59 Americare	Americare		2385	75			65.77	3021	percent of total billed charges	
EXCISION LESION LID INV MARGIN	67840	CPT	outpatient			3180		1331.59 Amerihealth	HMO/PPO		2067	65			65.77	3021	percent of total billed charges	
EXCISION LESION LID INV MARGIN	67840	CPT	outpatient			3180		1331.59 Amerihealth	Medicare		1157.9				65.77	3021	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION LESION LID INV MARGIN	67840	CPT	outpatient			3180		1331.59 Consumer	Consumer		3021	95			65.77	3021	percent of total billed charges	
EXCISION LESION LID INV MARGIN	67840	CPT	outpatient			3180		1331.59 Corrections	Corrections		2544	80			65.77	3021	percent of total billed charges	
EXCISION LESION LID INV MARGIN	67840	CPT	outpatient			3180		1331.59 First Health	First Health		2226	70			65.77	3021	percent of total billed charges	
EXCISION LESION LID INV MARGIN	67840	CPT	outpatient			3180		1331.59 First Trenton	First Trenton		2862	90			65.77	3021	percent of total billed charges	
EXCISION LESION LID INV MARGIN	67840	CPT	outpatient			3180		1331.59 Horizon	Indemnity		2154.85				65.77	3021	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION LESION LID INV MARGIN	67840	CPT	outpatient			3180		1331.59 Horizon	MGD		2154.85				65.77	3021	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION LESION LID INV MARGIN	67840	CPT	outpatient			3180		1331.59 Horizon	NJ Health		65.77				65.77	3021	fee schedule	
EXCISION LESION LID INV MARGIN	67840	CPT	outpatient			3180		1331.59 Horizon	Medicare Blue		1157.9				65.77	3021	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION LESION LID INV MARGIN	67840	CPT	outpatient			3180		1331.59 Horizon	PPO		2154.85				65.77	3021	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION LESION LID INV MARGIN	67840	CPT	outpatient			3180		1331.59 Managed Care Inc	Managed Care Inc		2862	90			65.77	3021	percent of total billed charges	
EXCISION LESION LID INV MARGIN	67840	CPT	outpatient			3180		1331.59 Multiplan	Multiplan		2544	80			65.77	3021	percent of total billed charges	
EXCISION LESION LID INV MARGIN	67840	CPT	outpatient			3180		1331.59 Qualcare	Qualcare		2385	75			65.77	3021	percent of total billed charges	
EXCISION LESION LID INV MARGIN	67840	CPT	outpatient			3180		1331.59 Three Rivers	Three Rivers		3021	95			65.77	3021	percent of total billed charges	
EXCISION LESION LID INV MARGIN	67840	CPT	outpatient			3180		1331.59 UHC	Medicaid		1003.29	31.55			65.77	3021	percent of total billed charges	
EXCISION LESION LID INV MARGIN	67840	CPT	outpatient			3180		1331.59 UHC	Medicare		1157.9				65.77	3021	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION LESION LID INV MARGIN	67840	CPT	outpatient			3180		1331.59 United	CommercialPPO		2493				65.77	3021	case rate	
EXCISION LESION LID INV MARGIN	67840	CPT	outpatient			3180		1331.59 United	Oxford		2493				65.77	3021	case rate	
EXCISION LESION LID INV MARGIN	67840	CPT	outpatient			3180		1331.59 Wellcare	Medicare		1157.9				65.77	3021	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION LESION LID INV MARGIN	67840	CPT	outpatient			3180		1331.59 Wellcare	Medicaid		1003.29	31.55			65.77	3021	percent of total billed charges	
EXCISION LESION LID INV MARGIN	67840	CPT	outpatient			3180		1331.59 WellPoint	WellPoint		1023.32	32.18			65.77	3021	percent of total billed charges	
TARSORRHAPHY, TEMPORARY	67875	CPT	outpatient			3180		1331.59 Aetna	Commercial		1843.38				182.7	3021	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TARSORRHAPHY, TEMPORARY	67875	CPT	outpatient			3180		1331.59 Aetna	Medicare		1157.9				182.7	3021	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TARSORRHAPHY, TEMPORARY	67875	CPT	outpatient			3180		1331.59 Aetna	Better Health		1003.29	31.55			182.7	3021	percent of total billed charges	
TARSORRHAPHY, TEMPORARY	67875	CPT	outpatient			3180		1331.59 Americare	Americare		2385	75			182.7	3021	percent of total billed charges	
TARSORRHAPHY, TEMPORARY	67875	CPT	outpatient			3180		1331.59 Amerihealth	Medicare		1157.9				182.7	3021	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TARSORRHAPHY, TEMPORARY	67875	CPT	outpatient			3180		1331.59 Amerihealth	HMO/PPO		2067	65			182.7	3021	percent of total billed charges	
TARSORRHAPHY, TEMPORARY	67875	CPT	outpatient			3180		1331.59 Consumer	Consumer		3021	95			182.7	3021	percent of total billed charges	
TARSORRHAPHY, TEMPORARY	67875	CPT	outpatient			3180		1331.59 Corrections	Corrections		2544	80			182.7	3021	percent of total billed charges	
TARSORRHAPHY, TEMPORARY	67875	CPT	outpatient			3180		1331.59 First Health	First Health		2226	70			182.7	3021	percent of total billed charges	
TARSORRHAPHY, TEMPORARY	67875	CPT	outpatient			3180		1331.59 First Trenton	First Trenton		2862	90			182.7	3021	percent of total billed charges	
TARSORRHAPHY, TEMPORARY	67875	CPT	outpatient			3180		1331.59 Horizon	Indemnity		2154.85				182.7	3021	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TARSORRHAPHY, TEMPORARY	67875	CPT	outpatient			3180		1331.59 Horizon	MGD		2154.85				182.7	3021	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TARSORRHAPHY, TEMPORARY	67875	CPT	outpatient			3180		1331.59 Horizon	PPO		2154.85				182.7	3021	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TARSORRHAPHY, TEMPORARY	67875	CPT	outpatient			3180		1331.59 Horizon	Medicare Blue		1157.9				182.7	3021	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TARSORRHAPHY, TEMPORARY	67875	CPT	outpatient			3180		1331.59 Horizon	NJ Health		182.7				182.7	3021	fee schedule	
TARSORRHAPHY, TEMPORARY	67875	CPT	outpatient			3180		1331.59 Managed Care Inc	Managed Care Inc		2862	90			182.7	3021	percent of total billed charges	
TARSORRHAPHY, TEMPORARY	67875	CPT	outpatient			3180		1331.59 Multiplan	Multiplan		2544	80			182.7	3021	percent of total billed charges	
TARSORRHAPHY, TEMPORARY	67875	CPT	outpatient			3180		1331.59 Qualcare	Qualcare		2385	75			182.7	3021	percent of total billed charges	
TARSORRHAPHY, TEMPORARY	67875	CPT	outpatient			3180		1331.59 Three Rivers	Three Rivers		3021	95			182.7	3021	percent of total billed charges	
TARSORRHAPHY, TEMPORARY	67875	CPT	outpatient			3180		1331.59 UHC	Medicare		1157.9				182.7	3021	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TARSORRHAPHY, TEMPORARY	67875	CPT	outpatient			3180		1331.59 UHC	Medicaid		1003.29	31.55			182.7	3021	percent of total billed charges	
TARSORRHAPHY, TEMPORARY	67875	CPT	outpatient			3180		1331.59 United	Oxford		2493				182.7	3021	case rate	
TARSORRHAPHY, TEMPORARY	67875	CPT	outpatient			3180		1331.59 United	CommercialPPO		2493				182.7	3021	case rate	
TARSORRHAPHY, TEMPORARY	67875	CPT	outpatient			3180		1331.59 Wellcare	Medicare		1157.9				182.7	3021	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TARSORRHAPHY, TEMPORARY	67875	CPT	outpatient			3180		1331.59 Wellcare	Medicaid		1003.29	31.55			182.7	3021	percent of total billed charges	
TARSORRHAPHY, TEMPORARY	67875	CPT	outpatient			3180		1331.59 WellPoint	WellPoint		1023.32	32.18			182.7	3021	percent of total billed charges	
TARSORRHAPHY, PERMANENT	67880	CPT	outpatient			7704		3073.41 Aetna	Better Health		2430.61	31.55			277.7	7318.8	percent of total billed charges	
TARSORRHAPHY, PERMANENT	67880	CPT	outpatient			7704		3073.41 Aetna	Commercial		4254.67				277.7	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TARSORRHAPHY, PERMANENT	67880	CPT	outpatient			7704		3073.41 Aetna	Medicare		2672.53				277.7	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TARSORRHAPHY, PERMANENT	67880	CPT	outpatient			7704		3073.41 Americare	Americare		5778	75			277.7	7318.8	percent of total billed charges	
TARSORRHAPHY, PERMANENT	67880	CPT	outpatient			7704		3073.41 Amerihealth	HMO/PPO		5007.6	65			277.7	7318.8	percent of total billed charges	
TARSORRHAPHY, PERMANENT	67880	CPT	outpatient			7704		3073.41 Amerihealth	Medicare		2672.53				277.7	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TARSORRHAPHY, PERMANENT	67880	CPT	outpatient			7704		3073.41 Consumer	Consumer		7318.8	95			277.7	7318.8	percent of total billed charges	
TARSORRHAPHY, PERMANENT	67880	CPT	outpatient			7704		3073.41 Corrections	Corrections		6163.2	80			277.7	7318.8	percent of total billed charges	
TARSORRHAPHY, PERMANENT	67880	CPT	outpatient			7704		3073.41 First Health	First Health		5392.8	70			277.7	7318.8	percent of total billed charges	
TARSORRHAPHY, PERMANENT	67880	CPT	outpatient			7704		3073.41 First Trenton	First Trenton		6933.6	90			277.7	7318.8	percent of total billed charges	
TARSORRHAPHY, PERMANENT	67880	CPT	outpatient			7704		3073.41 Horizon	MGD		4973.58				277.7	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TARSORRHAPHY, PERMANENT	67880	CPT	outpatient			7704		3073.41 Horizon	Indemnity		4973.58				277.7	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TARSORRHAPHY, PERMANENT	67880	CPT	outpatient			7704		3073.41 Horizon	NJ Health		277.7				277.7	7318.8	fee schedule	
TARSORRHAPHY, PERMANENT	67880	CPT	outpatient			7704		3073.41 Horizon	PPO		4973.58				277.7	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TARSORRHAPHY, PERMANENT	67880	CPT	outpatient			7704		3073.41 Horizon	Medicare Blue		2672.53				277.7	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TARSORRHAPHY, PERMANENT	67880	CPT	outpatient			7704		3073.41 Managed Care Inc	Managed Care Inc		6933.6	90			277.7	7318.8	percent of total billed charges	
TARSORRHAPHY, PERMANENT	67880	CPT	outpatient			7704		3073.41 Multiplan	Multiplan		6163.2	80			277.7	7318.8	percent of total billed charges	
TARSORRHAPHY, PERMANENT	67880	CPT	outpatient			7704		3073.41 Qualcare	Qualcare		5778	75			277.7	7318.8	percent of total billed charges	
TARSORRHAPHY, PERMANENT	67880	CPT	outpatient			7704		3073.41 Three Rivers	Three Rivers		7318.8	95			277.7	7318.8	percent of total billed charges	
TARSORRHAPHY, PERMANENT	67880	CPT	outpatient			7704		3073.41 UHC	Medicare		2672.53				277.7	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TARSORRHAPHY, PERMANENT	67880	CPT	outpatient			7704		3073.41 UHC	Medicaid		2430.61	31.55			277.7	7318.8	percent of total billed charges	
TARSORRHAPHY, PERMANENT	67880	CPT	outpatient			7704		3073.41 United	Oxford		2776				277.7	7318.8	case rate	
TARSORRHAPHY, PERMANENT	67880	CPT	outpatient			7704		3073.41 United	CommercialPPO		2776				277.7	7318.8	case rate	
TARSORRHAPHY, PERMANENT	67880	CPT	outpatient			7704		3073.41 Wellcare	Medicare		2672.53				277.7	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TARSORRHAPHY, PERMANENT	67880	CPT	outpatient			7704		3073.41 Wellcare	Medicaid		2430.61	31.55			277.7	7318.8	percent of total billed charges	
TARSORRHAPHY, PERMANENT	67880	CPT	outpatient			7704		3073.41 WellPoint	WellPoint		2479.15	32.18			277.7	7318.8	percent of total billed charges	
CANTHOPLASTY W TRANSPOS. OF TARSAL PLATE	67882	CPT	outpatient			7704		3073.41 Aetna	Commercial		4254.67				360.02	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CANTHOPLASTY W TRANSPOS. OF TARSAL PLATE	67882	CPT	outpatient			7704		3073.41 Aetna	Better Health		2430.61	31.55			360.02	7318.8	percent of total billed charges	
CANTHOPLASTY W TRANSPOS. OF TARSAL PLATE	67882	CPT	outpatient			7704		3073.41 Aetna	Medicare		2672.53				360.02	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CANTHOPLASTY W TRANSPOS. OF TARSAL PLATE	67882	CPT	outpatient			7704		3073.41 Americare	Americare		5778	75			360.02	7318.8	percent of total billed charges	
CANTHOPLASTY W TRANSPOS. OF TARSAL PLATE	67882	CPT	outpatient			7704		3073.41 Amerihealth	HMO/PPO		5007.6	65			360.02	7318.8	percent of total billed charges	
CANTHOPLASTY W TRANSPOS. OF TARSAL PLATE	67882	CPT	outpatient			7704		3073.41 Amerihealth	Medicare		2672.53				360.02	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CANTHOPLASTY W TRANSPOS. OF TARSAL PLATE	67882	CPT	outpatient			7704		3073.41 Consumer	Consumer		7318.8	95			360.02	7318.8	percent of total billed charges	
CANTHOPLASTY W TRANSPOS. OF TARSAL PLATE	67882	CPT	outpatient			7704		3073.41 Corrections	Corrections		6163.2	80			360.02	7318.8	percent of total billed charges	
CANTHOPLASTY W TRANSPOS. OF TARSAL PLATE	67882	CPT	outpatient			7704		3073.41 First Health	First Health		5392.8	70			360.02	7318.8	percent of total billed charges	
CANTHOPLASTY W TRANSPOS. OF TARSAL PLATE	67882	CPT	outpatient			7704		3073.41 First Trenton	First Trenton		6933.6	90			360.02	7318.8	percent of total billed charges	
CANTHOPLASTY W TRANSPOS. OF TARSAL PLATE	67882	CPT	outpatient			7704		3073.41 Horizon	Medicare Blue		2672.53				360.02	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CANTHOPLASTY W TRANSPOS. OF TARSAL PLATE	67882	CPT	outpatient			7704		3073.41 Horizon	PPO		4973.58				360.02	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CANTHOPLASTY W TRANSPOS. OF TARSAL PLATE	67882	CPT	outpatient			7704		3073.41 Horizon	MGD		4973.58				360.02	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CANTHOPLASTY W TRANSPOS. OF TARSAL PLATE	67882	CPT	outpatient			7704		3073.41 Horizon	NJ Health		360.02				360.02	7318.8	fee schedule	
CANTHOPLASTY W TRANSPOS. OF TARSAL PLATE	67882	CPT	outpatient			7704		3073.41 Horizon	Indemnity		4973.58				360.02	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CANTHOPLASTY W TRANSPOS. OF TARSAL PLATE	67882	CPT	outpatient			7704		3073.41 Managed Care Inc	Managed Care Inc		6933.6	90			360.02	7318.8	percent of total billed charges	
CANTHOPLASTY W TRANSPOS. OF TARSAL PLATE	67882	CPT	outpatient			7704		3073.41 Multiplan	Multiplan		6163.2	80			360.02	7318.8	percent of total billed charges	
CANTHOPLASTY W TRANSPOS. OF TARSAL PLATE	67882	CPT	outpatient			7704		3073.41 Qualcare	Qualcare		5778	75			360.02	7318.8	percent of total billed charges	
CANTHOPLASTY W TRANSPOS. OF TARSAL PLATE	67882	CPT	outpatient			7704		3073.41 Three Rivers	Three Rivers		7318.8	95			360.02	7318.8	percent of total billed charges	
CANTHOPLASTY W TRANSPOS. OF TARSAL PLATE	67882	CPT	outpatient			7704		3073.41 UHC	Medicare		2672.53				360.02	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CANTHOPLASTY W TRANSPOS. OF TARSAL PLATE	67882	CPT	outpatient			7704		3073.41 UHC	Medicaid		2430.61	31.55			360.02	7318.8	percent of total billed charges	
CANTHOPLASTY W TRANSPOS. OF TARSAL PLATE	67882	CPT	outpatient			7704		3073.41 United	CommercialPPO		2776				360.02	7318.8	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CANTHOPLASTY W TRANSPOS. OF TARSAL PLATE	67882	CPT	outpatient			7704		3073.41 United	Oxford		2776				360.02	7318.8	case rate	
CANTHOPLASTY W TRANSPOS. OF TARSAL PLATE	67882	CPT	outpatient			7704		3073.41 Wellcare	Medicaid		2430.61	31.55			360.02	7318.8	percent of total billed charges	
CANTHOPLASTY W TRANSPOS. OF TARSAL PLATE	67882	CPT	outpatient			7704		3073.41 Wellcare	Medicare		2672.53				360.02	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CANTHOPLASTY W TRANSPOS. OF TARSAL PLATE	67882	CPT	outpatient			7704		3073.41 WellPoint	WellPoint		2479.15	32.18			360.02	7318.8	percent of total billed charges	
REPAIR BRWO PTOSIS	67900	CPT	outpatient			7704		3073.41 Aetna	Better Health		2430.61	31.55			378.97	7318.8	percent of total billed charges	
REPAIR BRWO PTOSIS	67900	CPT	outpatient			7704		3073.41 Aetna	Commercial		4254.67				378.97	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR BRWO PTOSIS	67900	CPT	outpatient			7704		3073.41 Aetna	Medicare		2672.53				378.97	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR BRWO PTOSIS	67900	CPT	outpatient			7704		3073.41 Americare	Americare		5778	75			378.97	7318.8	percent of total billed charges	
REPAIR BRWO PTOSIS	67900	CPT	outpatient			7704		3073.41 Amerihealth	HMO/PPO		5007.6	65			378.97	7318.8	percent of total billed charges	
REPAIR BRWO PTOSIS	67900	CPT	outpatient			7704		3073.41 Amerihealth	Medicare		2672.53				378.97	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR BRWO PTOSIS	67900	CPT	outpatient			7704		3073.41 Consumer	Consumer		7318.8	95			378.97	7318.8	percent of total billed charges	
REPAIR BRWO PTOSIS	67900	CPT	outpatient			7704		3073.41 Corrections	Corrections		6163.2	80			378.97	7318.8	percent of total billed charges	
REPAIR BRWO PTOSIS	67900	CPT	outpatient			7704		3073.41 First Health	First Health		5392.8	70			378.97	7318.8	percent of total billed charges	
REPAIR BRWO PTOSIS	67900	CPT	outpatient			7704		3073.41 First Trenton	First Trenton		6933.6	90			378.97	7318.8	percent of total billed charges	
REPAIR BRWO PTOSIS	67900	CPT	outpatient			7704		3073.41 Horizon	MGD		4973.58				378.97	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR BRWO PTOSIS	67900	CPT	outpatient			7704		3073.41 Horizon	Medicare Blue		2672.53				378.97	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR BRWO PTOSIS	67900	CPT	outpatient			7704		3073.41 Horizon	PPO		4973.58				378.97	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR BRWO PTOSIS	67900	CPT	outpatient			7704		3073.41 Horizon	Indemnity		4973.58				378.97	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR BRWO PTOSIS	67900	CPT	outpatient			7704		3073.41 Horizon	NJ Health		378.97				378.97	7318.8	fee schedule	
REPAIR BRWO PTOSIS	67900	CPT	outpatient			7704		3073.41 Managed Care Inc	Managed Care Inc		6933.6	90			378.97	7318.8	percent of total billed charges	
REPAIR BRWO PTOSIS	67900	CPT	outpatient			7704		3073.41 Multiplan	Multiplan		6163.2	80			378.97	7318.8	percent of total billed charges	
REPAIR BRWO PTOSIS	67900	CPT	outpatient			7704		3073.41 Qualcare	Qualcare		5778	75			378.97	7318.8	percent of total billed charges	
REPAIR BRWO PTOSIS	67900	CPT	outpatient			7704		3073.41 Three Rivers	Three Rivers		7318.8	95			378.97	7318.8	percent of total billed charges	
REPAIR BRWO PTOSIS	67900	CPT	outpatient			7704		3073.41 UHC	Medicare		2672.53				378.97	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR BRWO PTOSIS	67900	CPT	outpatient			7704		3073.41 UHC	Medicaid		2430.61	31.55			378.97	7318.8	percent of total billed charges	
REPAIR BRWO PTOSIS	67900	CPT	outpatient			7704		3073.41 United	CommercialPPO		2776				378.97	7318.8	case rate	
REPAIR BRWO PTOSIS	67900	CPT	outpatient			7704		3073.41 United	Oxford		2776				378.97	7318.8	case rate	
REPAIR BRWO PTOSIS	67900	CPT	outpatient			7704		3073.41 Wellcare	Medicaid		2430.61	31.55			378.97	7318.8	percent of total billed charges	
REPAIR BRWO PTOSIS	67900	CPT	outpatient			7704		3073.41 Wellcare	Medicare		2672.53				378.97	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR BRWO PTOSIS	67900	CPT	outpatient			7704		3073.41 WellPoint	WellPoint		2479.15	32.18			378.97	7318.8	percent of total billed charges	
RPR BLEPH FRONTALIS MUS SUT/OTH	67901	CPT	outpatient			7704		3073.41 Aetna	Commercial		4254.67				709.92	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR BLEPH FRONTALIS MUS SUT/OTH	67901	CPT	outpatient			7704		3073.41 Aetna	Better Health		2430.61	31.55			709.92	7318.8	percent of total billed charges	
RPR BLEPH FRONTALIS MUS SUT/OTH	67901	CPT	outpatient			7704		3073.41 Aetna	Medicare		2672.53				709.92	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR BLEPH FRONTALIS MUS SUT/OTH	67901	CPT	outpatient			7704		3073.41 Americare	Americare		5778	75			709.92	7318.8	percent of total billed charges	
RPR BLEPH FRONTALIS MUS SUT/OTH	67901	CPT	outpatient			7704		3073.41 Amerihealth	HMO/PPO		5007.6	65			709.92	7318.8	percent of total billed charges	
RPR BLEPH FRONTALIS MUS SUT/OTH	67901	CPT	outpatient			7704		3073.41 Amerihealth	Medicare		2672.53				709.92	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR BLEPH FRONTALIS MUS SUT/OTH	67901	CPT	outpatient			7704		3073.41 Consumer	Consumer		7318.8	95			709.92	7318.8	percent of total billed charges	
RPR BLEPH FRONTALIS MUS SUT/OTH	67901	CPT	outpatient			7704		3073.41 Corrections	Corrections		6163.2	80			709.92	7318.8	percent of total billed charges	
RPR BLEPH FRONTALIS MUS SUT/OTH	67901	CPT	outpatient			7704		3073.41 First Health	First Health		5392.8	70			709.92	7318.8	percent of total billed charges	
RPR BLEPH FRONTALIS MUS SUT/OTH	67901	CPT	outpatient			7704		3073.41 First Trenton	First Trenton		6933.6	90			709.92	7318.8	percent of total billed charges	
RPR BLEPH FRONTALIS MUS SUT/OTH	67901	CPT	outpatient			7704		3073.41 Horizon	Medicare Blue		2672.53				709.92	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR BLEPH FRONTALIS MUS SUT/OTH	67901	CPT	outpatient			7704		3073.41 Horizon	NJ Health		709.92				709.92	7318.8	fee schedule	
RPR BLEPH FRONTALIS MUS SUT/OTH	67901	CPT	outpatient			7704		3073.41 Horizon	Indemnity		4973.58				709.92	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR BLEPH FRONTALIS MUS SUT/OTH	67901	CPT	outpatient			7704		3073.41 Horizon	MGD		4973.58				709.92	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR BLEPH FRONTALIS MUS SUT/OTH	67901	CPT	outpatient			7704		3073.41 Horizon	PPO		4973.58				709.92	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR BLEPH FRONTALIS MUS SUT/OTH	67901	CPT	outpatient			7704		3073.41 Managed Care Inc	Managed Care Inc		6933.6	90			709.92	7318.8	percent of total billed charges	
RPR BLEPH FRONTALIS MUS SUT/OTH	67901	CPT	outpatient			7704		3073.41 Multiplan	Multiplan		6163.2	80			709.92	7318.8	percent of total billed charges	
RPR BLEPH FRONTALIS MUS SUT/OTH	67901	CPT	outpatient			7704		3073.41 Qualcare	Qualcare		5778	75			709.92	7318.8	percent of total billed charges	
RPR BLEPH FRONTALIS MUS SUT/OTH	67901	CPT	outpatient			7704		3073.41 Three Rivers	Three Rivers		7318.8	95			709.92	7318.8	percent of total billed charges	
RPR BLEPH FRONTALIS MUS SUT/OTH	67901	CPT	outpatient			7704		3073.41 UHC	Medicaid		2430.61	31.55			709.92	7318.8	percent of total billed charges	
RPR BLEPH FRONTALIS MUS SUT/OTH	67901	CPT	outpatient			7704		3073.41 UHC	Medicare		2672.53				709.92	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR BLEPH FRONTALIS MUS SUT/OTH	67901	CPT	outpatient			7704		3073.41 United	CommercialPPO		2776				709.92	7318.8	case rate	
RPR BLEPH FRONTALIS MUS SUT/OTH	67901	CPT	outpatient			7704		3073.41 United	Oxford		2776				709.92	7318.8	case rate	
RPR BLEPH FRONTALIS MUS SUT/OTH	67901	CPT	outpatient			7704		3073.41 Wellcare	Medicare		2672.53				709.92	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR BLEPH FRONTALIS MUS SUT/OTH	67901	CPT	outpatient			7704		3073.41 Wellcare	Medicaid		2430.61	31.55			709.92	7318.8	percent of total billed charges	
RPR BLEPH FRONTALIS MUS SUT/OTH	67901	CPT	outpatient			7704		3073.41 WellPoint	WellPoint		2479.15	32.18			709.92	7318.8	percent of total billed charges	
REPAIR PTOSIS-EXT LEV RESECT	67904	CPT	outpatient			7704		3073.41 Aetna	Medicare		2672.53				722.53	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR PTOSIS-EXT LEV RESECT	67904	CPT	outpatient			7704		3073.41 Aetna	Better Health		2430.61	31.55			722.53	7318.8	percent of total billed charges	
REPAIR PTOSIS-EXT LEV RESECT	67904	CPT	outpatient			7704		3073.41 Aetna	Commercial		4254.67				722.53	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR PTOSIS-EXT LEV RESECT	67904	CPT	outpatient			7704		3073.41 Americare	Americare		5778	75			722.53	7318.8	percent of total billed charges	
REPAIR PTOSIS-EXT LEV RESECT	67904	CPT	outpatient			7704		3073.41 Amerihealth	Medicare		2672.53				722.53	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR PTOSIS-EXT LEV RESECT	67904	CPT	outpatient			7704		3073.41 Amerihealth	HMO/PPO		5007.6	65			722.53	7318.8	percent of total billed charges	
REPAIR PTOSIS-EXT LEV RESECT	67904	CPT	outpatient			7704		3073.41 Consumer	Consumer		7318.8	95			722.53	7318.8	percent of total billed charges	
REPAIR PTOSIS-EXT LEV RESECT	67904	CPT	outpatient			7704		3073.41 Corrections	Corrections		6163.2	80			722.53	7318.8	percent of total billed charges	
REPAIR PTOSIS-EXT LEV RESECT	67904	CPT	outpatient			7704		3073.41 First Health	First Health		5392.8	70			722.53	7318.8	percent of total billed charges	
REPAIR PTOSIS-EXT LEV RESECT	67904	CPT	outpatient			7704		3073.41 First Trenton	First Trenton		6933.6	90			722.53	7318.8	percent of total billed charges	
REPAIR PTOSIS-EXT LEV RESECT	67904	CPT	outpatient			7704		3073.41 Horizon	Indemnity		4973.58				722.53	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR PTOSIS-EXT LEV RESECT	67904	CPT	outpatient			7704		3073.41 Horizon	Medicare Blue		2672.53				722.53	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR PTOSIS-EXT LEV RESECT	67904	CPT	outpatient			7704		3073.41 Horizon	PPO		4973.58				722.53	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR PTOSIS-EXT LEV RESECT	67904	CPT	outpatient			7704		3073.41 Horizon	NJ Health		722.53				722.53	7318.8	fee schedule	
REPAIR PTOSIS-EXT LEV RESECT	67904	CPT	outpatient			7704		3073.41 Horizon	MGD		4973.58				722.53	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR PTOSIS-EXT LEV RESECT	67904	CPT	outpatient			7704		3073.41 Managed Care Inc	Managed Care Inc		6933.6	90			722.53	7318.8	percent of total billed charges	
REPAIR PTOSIS-EXT LEV RESECT	67904	CPT	outpatient			7704		3073.41 Multiplan	Multiplan		6163.2	80			722.53	7318.8	percent of total billed charges	
REPAIR PTOSIS-EXT LEV RESECT	67904	CPT	outpatient			7704		3073.41 Qualcare	Qualcare		5778	75			722.53	7318.8	percent of total billed charges	
REPAIR PTOSIS-EXT LEV RESECT	67904	CPT	outpatient			7704		3073.41 Three Rivers	Three Rivers		7318.8	95			722.53	7318.8	percent of total billed charges	
REPAIR PTOSIS-EXT LEV RESECT	67904	CPT	outpatient			7704		3073.41 UHC	Medicare		2672.53				722.53	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR PTOSIS-EXT LEV RESECT	67904	CPT	outpatient			7704		3073.41 UHC	Medicaid		2430.61	31.55			722.53	7318.8	percent of total billed charges	
REPAIR PTOSIS-EXT LEV RESECT	67904	CPT	outpatient			7704		3073.41 United	CommercialPPO		2776				722.53	7318.8	case rate	
REPAIR PTOSIS-EXT LEV RESECT	67904	CPT	outpatient			7704		3073.41 United	Oxford		2776				722.53	7318.8	case rate	
REPAIR PTOSIS-EXT LEV RESECT	67904	CPT	outpatient			7704		3073.41 Wellcare	Medicare		2672.53				722.53	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR PTOSIS-EXT LEV RESECT	67904	CPT	outpatient			7704		3073.41 Wellcare	Medicaid		2430.61	31.55			722.53	7318.8	percent of total billed charges	
REPAIR PTOSIS-EXT LEV RESECT	67904	CPT	outpatient			7704		3073.41 WellPoint	WellPoint		2479.15	32.18			722.53	7318.8	percent of total billed charges	
REP BLEPHOSIS; W RESEC	67908	CPT	outpatient			7704		3073.41 Aetna	Medicare		2672.53				535.05	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP BLEPHOSIS; W RESEC	67908	CPT	outpatient			7704		3073.41 Aetna	Commercial		4254.67				535.05	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP BLEPHOSIS; W RESEC	67908	CPT	outpatient			7704		3073.41 Aetna	Better Health		2430.61	31.55			535.05	7318.8	percent of total billed charges	
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REP BLEPHOSIS; W RESEC	67908	CPT	outpatient			7704		3073.41 Corrections	Corrections		6163.2	80			535.05	7318.8	percent of total billed charges	
REP BLEPHOSIS; W RESEC	67908	CPT	outpatient			7704		3073.41 First Health	First Health		5392.8	70			535.05	7318.8	percent of total billed charges	
REP BLEPHOSIS; W RESEC	67908	CPT	outpatient			7704		3073.41 First Trenton	First Trenton		6933.6	90			535.05	7318.8	percent of total billed charges	
REP BLEPHOSIS; W RESEC	67908	CPT	outpatient			7704		3073.41 Horizon	Medicare Blue		2672.53				535.05	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP BLEPHOSIS; W RESEC	67908	CPT	outpatient			7704		3073.41 Horizon	MGD		4973.58				535.05	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP BLEPHOSIS; W RESEC	67908	CPT	outpatient			7704		3073.41 Horizon	Indemnity		4973.58				535.05	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
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REP BLEPHOSIS; W RESEC	67908	CPT	outpatient			7704		3073.41 Qualcare	Qualcare		5778	75			535.05	7318.8	percent of total billed charges	
REP BLEPHOSIS; W RESEC	67908	CPT	outpatient			7704		3073.41 Three Rivers	Three Rivers		7318.8	95			535.05	7318.8	percent of total billed charges	
REP BLEPHOSIS; W RESEC	67908	CPT	outpatient			7704		3073.41 UHC	Medicare		2672.53				535.05	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP BLEPHOSIS; W RESEC	67908	CPT	outpatient			7704		3073.41 UHC	Medicaid		2430.61	31.55			535.05	7318.8	percent of total billed charges	
REP BLEPHOSIS; W RESEC	67908	CPT	outpatient			7704		3073.41 United	Oxford		2776				535.05	7318.8	case rate	
REP BLEPHOSIS; W RESEC	67908	CPT	outpatient			7704		3073.41 United	CommercialPPO		2776				535.05	7318.8	case rate	
REP BLEPHOSIS; W RESEC	67908	CPT	outpatient			7704		3073.41 Wellcare	Medicare		2672.53				535.05	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP BLEPHOSIS; W RESEC	67908	CPT	outpatient			7704		3073.41 Wellcare	Medicaid		2430.61	31.55			535.05	7318.8	percent of total billed charges	
REP BLEPHOSIS; W RESEC	67908	CPT	outpatient			7704		3073.41 WellPoint	WellPoint		2479.15	32.18			535.05	7318.8	percent of total billed charges	
REDUCTION OVERCORR. PTOSIS	67909	CPT	outpatient			7704		3073.41 Aetna	Commercial		4254.67				360.02	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REDUCTION OVERCORR. PTOSIS	67909	CPT	outpatient			7704		3073.41 Aetna	Medicare		2672.53				360.02	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REDUCTION OVERCORR. PTOSIS	67909	CPT	outpatient			7704		3073.41 Aetna	Better Health		2430.61	31.55			360.02	7318.8	percent of total billed charges	
REDUCTION OVERCORR. PTOSIS	67909	CPT	outpatient			7704		3073.41 Americare	Americare		5778	75			360.02	7318.8	percent of total billed charges	
REDUCTION OVERCORR. PTOSIS	67909	CPT	outpatient			7704		3073.41 Amerihealth	HMO/PPO		5007.6	65			360.02	7318.8	percent of total billed charges	
REDUCTION OVERCORR. PTOSIS	67909	CPT	outpatient			7704		3073.41 Amerihealth	Medicare		2672.53				360.02	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REDUCTION OVERCORR. PTOSIS	67909	CPT	outpatient			7704		3073.41 Consumer	Consumer		7318.8	95			360.02	7318.8	percent of total billed charges	
REDUCTION OVERCORR. PTOSIS	67909	CPT	outpatient			7704		3073.41 Corrections	Corrections		6163.2	80			360.02	7318.8	percent of total billed charges	
REDUCTION OVERCORR. PTOSIS	67909	CPT	outpatient			7704		3073.41 First Health	First Health		5392.8	70			360.02	7318.8	percent of total billed charges	
REDUCTION OVERCORR. PTOSIS	67909	CPT	outpatient			7704		3073.41 First Trenton	First Trenton		6933.6	90			360.02	7318.8	percent of total billed charges	
REDUCTION OVERCORR. PTOSIS	67909	CPT	outpatient			7704		3073.41 Horizon	Medicare Blue		2672.53				360.02	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REDUCTION OVERCORR. PTOSIS	67909	CPT	outpatient			7704		3073.41 Horizon	MGD		4973.58				360.02	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REDUCTION OVERCORR. PTOSIS	67909	CPT	outpatient			7704		3073.41 Horizon	Indemnity		4973.58				360.02	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REDUCTION OVERCORR. PTOSIS	67909	CPT	outpatient			7704		3073.41 Horizon	NJ Health		360.02				360.02	7318.8	fee schedule	
REDUCTION OVERCORR. PTOSIS	67909	CPT	outpatient			7704		3073.41 Horizon	PPO		4973.58				360.02	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REDUCTION OVERCORR. PTOSIS	67909	CPT	outpatient			7704		3073.41 Managed Care Inc	Managed Care Inc		6933.6	90			360.02	7318.8	percent of total billed charges	
REDUCTION OVERCORR. PTOSIS	67909	CPT	outpatient			7704		3073.41 Multiplan	Multiplan		6163.2	80			360.02	7318.8	percent of total billed charges	
REDUCTION OVERCORR. PTOSIS	67909	CPT	outpatient			7704		3073.41 Qualcare	Qualcare		5778	75			360.02	7318.8	percent of total billed charges	
REDUCTION OVERCORR. PTOSIS	67909	CPT	outpatient			7704		3073.41 Three Rivers	Three Rivers		7318.8	95			360.02	7318.8	percent of total billed charges	
REDUCTION OVERCORR. PTOSIS	67909	CPT	outpatient			7704		3073.41 UHC	Medicaid		2430.61	31.55			360.02	7318.8	percent of total billed charges	
REDUCTION OVERCORR. PTOSIS	67909	CPT	outpatient			7704		3073.41 UHC	Medicare		2672.53				360.02	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REDUCTION OVERCORR. PTOSIS	67909	CPT	outpatient			7704		3073.41 United	Oxford		2776				360.02	7318.8	case rate	
REDUCTION OVERCORR. PTOSIS	67909	CPT	outpatient			7704		3073.41 United	CommercialPPO		2776				360.02	7318.8	case rate	
REDUCTION OVERCORR. PTOSIS	67909	CPT	outpatient			7704		3073.41 Wellcare	Medicare		2672.53				360.02	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REDUCTION OVERCORR. PTOSIS	67909	CPT	outpatient			7704		3073.41 Wellcare	Medicaid		2430.61	31.55			360.02	7318.8	percent of total billed charges	
REDUCTION OVERCORR. PTOSIS	67909	CPT	outpatient			7704		3073.41 WellPoint	WellPoint		2479.15	32.18			360.02	7318.8	percent of total billed charges	
CORRECTION, LID RETRACTION	67911	CPT	outpatient			7704		3073.41 Aetna	Better Health		2430.61	31.55			535.05	7318.8	percent of total billed charges	
CORRECTION, LID RETRACTION	67911	CPT	outpatient			7704		3073.41 Aetna	Commercial		4254.67				535.05	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORRECTION, LID RETRACTION	67911	CPT	outpatient			7704		3073.41 Aetna	Medicare		2672.53				535.05	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORRECTION, LID RETRACTION	67911	CPT	outpatient			7704		3073.41 Americare	Americare		5778	75			535.05	7318.8	percent of total billed charges	
CORRECTION, LID RETRACTION	67911	CPT	outpatient			7704		3073.41 Amerihealth	HMO/PPO		5007.6	65			535.05	7318.8	percent of total billed charges	
CORRECTION, LID RETRACTION	67911	CPT	outpatient			7704		3073.41 Amerihealth	Medicare		2672.53				535.05	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORRECTION, LID RETRACTION	67911	CPT	outpatient			7704		3073.41 Consumer	Consumer		7318.8	95			535.05	7318.8	percent of total billed charges	
CORRECTION, LID RETRACTION	67911	CPT	outpatient			7704		3073.41 Corrections	Corrections		6163.2	80			535.05	7318.8	percent of total billed charges	
CORRECTION, LID RETRACTION	67911	CPT	outpatient			7704		3073.41 First Health	First Health		5392.8	70			535.05	7318.8	percent of total billed charges	
CORRECTION, LID RETRACTION	67911	CPT	outpatient			7704		3073.41 First Trenton	First Trenton		6933.6	90			535.05	7318.8	percent of total billed charges	
CORRECTION, LID RETRACTION	67911	CPT	outpatient			7704		3073.41 Horizon	NJ Health		535.05				535.05	7318.8	fee schedule	
CORRECTION, LID RETRACTION	67911	CPT	outpatient			7704		3073.41 Horizon	Indemnity		4973.58				535.05	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORRECTION, LID RETRACTION	67911	CPT	outpatient			7704		3073.41 Horizon	MGD		4973.58				535.05	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORRECTION, LID RETRACTION	67911	CPT	outpatient			7704		3073.41 Horizon	Medicare Blue		2672.53				535.05	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.															
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true														
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CORRECTION, LID RETRACTION	67911	CPT	outpatient			7704		3073.41 Horizon	PPO		4973.58				535.05		7318.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORRECTION, LID RETRACTION	67911	CPT	outpatient			7704		3073.41 Managed Care Inc	Managed Care Inc		6933.6	90			535.05		7318.8 percent of total billed charges	
CORRECTION, LID RETRACTION	67911	CPT	outpatient			7704		3073.41 Multiplan	Multiplan		6163.2	80			535.05		7318.8 percent of total billed charges	
CORRECTION, LID RETRACTION	67911	CPT	outpatient			7704		3073.41 Qualcare	Qualcare		5778	75			535.05		7318.8 percent of total billed charges	
CORRECTION, LID RETRACTION	67911	CPT	outpatient			7704		3073.41 Three Rivers	Three Rivers		7318.8	95			535.05		7318.8 percent of total billed charges	
CORRECTION, LID RETRACTION	67911	CPT	outpatient			7704		3073.41 UHC	Medicaid		2430.61	31.55			535.05		7318.8 percent of total billed charges	
CORRECTION, LID RETRACTION	67911	CPT	outpatient			7704		3073.41 UHC	Medicare		2672.53				535.05		7318.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORRECTION, LID RETRACTION	67911	CPT	outpatient			7704		3073.41 United	Commercial|PPO		2776				535.05		7318.8 case rate	
CORRECTION, LID RETRACTION	67911	CPT	outpatient			7704		3073.41 United	Oxford		2776				535.05		7318.8 case rate	
CORRECTION, LID RETRACTION	67911	CPT	outpatient			7704		3073.41 Wellcare	Medicare		2672.53				535.05		7318.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORRECTION, LID RETRACTION	67911	CPT	outpatient			7704		3073.41 Wellcare	Medicaid		2430.61	31.55			535.05		7318.8 percent of total billed charges	
CORRECTION, LID RETRACTION	67911	CPT	outpatient			7704		3073.41 WellPoint	WellPoint		2479.15	32.18			535.05		7318.8 percent of total billed charges	
CORRECT, LAGOPHTHALMOS	67912	CPT	outpatient			7704		3073.41 Aetna	Better Health		2430.61	31.55			1263.24		7318.8 percent of total billed charges	
CORRECT, LAGOPHTHALMOS	67912	CPT	outpatient			7704		3073.41 Aetna	Commercial		4254.67				1263.24		7318.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORRECT, LAGOPHTHALMOS	67912	CPT	outpatient			7704		3073.41 Aetna	Medicare		2672.53				1263.24		7318.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORRECT, LAGOPHTHALMOS	67912	CPT	outpatient			7704		3073.41 Americare	Americare		5778	75			1263.24		7318.8 percent of total billed charges	
CORRECT, LAGOPHTHALMOS	67912	CPT	outpatient			7704		3073.41 Amerihealth	HMO|PPO		5007.6	65			1263.24		7318.8 percent of total billed charges	
CORRECT, LAGOPHTHALMOS	67912	CPT	outpatient			7704		3073.41 Amerihealth	Medicare		2672.53				1263.24		7318.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORRECT, LAGOPHTHALMOS	67912	CPT	outpatient			7704		3073.41 Consumer	Consumer		7318.8	95			1263.24		7318.8 percent of total billed charges	
CORRECT, LAGOPHTHALMOS	67912	CPT	outpatient			7704		3073.41 Corrections	Corrections		6163.2	80			1263.24		7318.8 percent of total billed charges	
CORRECT, LAGOPHTHALMOS	67912	CPT	outpatient			7704		3073.41 First Health	First Health		5392.8	70			1263.24		7318.8 percent of total billed charges	
CORRECT, LAGOPHTHALMOS	67912	CPT	outpatient			7704		3073.41 First Trenton	First Trenton		6933.6	90			1263.24		7318.8 percent of total billed charges	
CORRECT, LAGOPHTHALMOS	67912	CPT	outpatient			7704		3073.41 Horizon	PPO		4973.58				1263.24		7318.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORRECT, LAGOPHTHALMOS	67912	CPT	outpatient			7704		3073.41 Horizon	MGD		4973.58				1263.24		7318.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORRECT, LAGOPHTHALMOS	67912	CPT	outpatient			7704		3073.41 Horizon	Indemnity		4973.58				1263.24		7318.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORRECT, LAGOPHTHALMOS	67912	CPT	outpatient			7704		3073.41 Horizon	Medicare Blue		2672.53				1263.24		7318.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORRECT, LAGOPHTHALMOS	67912	CPT	outpatient			7704		3073.41 Horizon	NJ Health		1263.24				1263.24		7318.8 fee schedule	
CORRECT, LAGOPHTHALMOS	67912	CPT	outpatient			7704		3073.41 Managed Care Inc	Managed Care Inc		6933.6	90			1263.24		7318.8 percent of total billed charges	
CORRECT, LAGOPHTHALMOS	67912	CPT	outpatient			7704		3073.41 Multiplan	Multiplan		6163.2	80			1263.24		7318.8 percent of total billed charges	
CORRECT, LAGOPHTHALMOS	67912	CPT	outpatient			7704		3073.41 Qualcare	Qualcare		5778	75			1263.24		7318.8 percent of total billed charges	
CORRECT, LAGOPHTHALMOS	67912	CPT	outpatient			7704		3073.41 Three Rivers	Three Rivers		7318.8	95			1263.24		7318.8 percent of total billed charges	
CORRECT, LAGOPHTHALMOS	67912	CPT	outpatient			7704		3073.41 UHC	Medicaid		2430.61	31.55			1263.24		7318.8 percent of total billed charges	
CORRECT, LAGOPHTHALMOS	67912	CPT	outpatient			7704		3073.41 UHC	Medicare		2672.53				1263.24		7318.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORRECT, LAGOPHTHALMOS	67912	CPT	outpatient			7704		3073.41 United	Commercial|PPO		2776				1263.24		7318.8 case rate	
CORRECT, LAGOPHTHALMOS	67912	CPT	outpatient			7704		3073.41 United	Oxford		2776				1263.24		7318.8 case rate	
CORRECT, LAGOPHTHALMOS	67912	CPT	outpatient			7704		3073.41 Wellcare	Medicare		2672.53				1263.24		7318.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORRECT, LAGOPHTHALMOS	67912	CPT	outpatient			7704		3073.41 Wellcare	Medicaid		2430.61	31.55			1263.24		7318.8 percent of total billed charges	
CORRECT, LAGOPHTHALMOS	67912	CPT	outpatient			7704		3073.41 WellPoint	WellPoint		2479.15	32.18			1263.24		7318.8 percent of total billed charges	
REPAIR OF ECTROPION-SUTURE	67914	CPT	outpatient			7704		3073.41 Aetna	Commercial		4254.67				94.74		7318.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR OF ECTROPION-SUTURE	67914	CPT	outpatient			7704		3073.41 Aetna	Better Health		2430.61	31.55			94.74		7318.8 percent of total billed charges	
REPAIR OF ECTROPION-SUTURE	67914	CPT	outpatient			7704		3073.41 Aetna	Medicare		2672.53				94.74		7318.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR OF ECTROPION-SUTURE	67914	CPT	outpatient			7704		3073.41 Americare	Americare		5778	75			94.74		7318.8 percent of total billed charges	
REPAIR OF ECTROPION-SUTURE	67914	CPT	outpatient			7704		3073.41 Amerihealth	HMO|PPO		5007.6	65			94.74		7318.8 percent of total billed charges	
REPAIR OF ECTROPION-SUTURE	67914	CPT	outpatient			7704		3073.41 Amerihealth	Medicare		2672.53				94.74		7318.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR OF ECTROPION-SUTURE	67914	CPT	outpatient			7704		3073.41 Consumer	Consumer		7318.8	95			94.74		7318.8 percent of total billed charges	
REPAIR OF ECTROPION-SUTURE	67914	CPT	outpatient			7704		3073.41 Corrections	Corrections		6163.2	80			94.74		7318.8 percent of total billed charges	
REPAIR OF ECTROPION-SUTURE	67914	CPT	outpatient			7704		3073.41 First Health	First Health		5392.8	70			94.74		7318.8 percent of total billed charges	
REPAIR OF ECTROPION-SUTURE	67914	CPT	outpatient			7704		3073.41 First Trenton	First Trenton		6933.6	90			94.74		7318.8 percent of total billed charges	
REPAIR OF ECTROPION-SUTURE	67914	CPT	outpatient			7704		3073.41 Horizon	PPO		4973.58				94.74		7318.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR OF ECTROPION-SUTURE	67914	CPT	outpatient			7704		3073.41 Horizon	Medicare Blue		2672.53				94.74		7318.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR OF ECTROPION-SUTURE	67914	CPT	outpatient			7704		3073.41 Horizon	Indemnity		4973.58				94.74		7318.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR OF ECTROPION-SUTURE	67914	CPT	outpatient			7704		3073.41 Horizon	MGD		4973.58				94.74		7318.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR OF ECTROPION-SUTURE	67914	CPT	outpatient			7704		3073.41 Horizon	NJ Health		94.74				94.74		7318.8 fee schedule	
REPAIR OF ECTROPION-SUTURE	67914	CPT	outpatient			7704		3073.41 Managed Care Inc	Managed Care Inc		6933.6	90			94.74		7318.8 percent of total billed charges	
REPAIR OF ECTROPION-SUTURE	67914	CPT	outpatient			7704		3073.41 Multiplan	Multiplan		6163.2	80			94.74		7318.8 percent of total billed charges	
REPAIR OF ECTROPION-SUTURE	67914	CPT	outpatient			7704		3073.41 Qualcare	Qualcare		5778	75			94.74		7318.8 percent of total billed charges	
REPAIR OF ECTROPION-SUTURE	67914	CPT	outpatient			7704		3073.41 Three Rivers	Three Rivers		7318.8	95			94.74		7318.8 percent of total billed charges	
REPAIR OF ECTROPION-SUTURE	67914	CPT	outpatient			7704		3073.41 UHC	Medicaid		2430.61	31.55			94.74		7318.8 percent of total billed charges	
REPAIR OF ECTROPION-SUTURE	67914	CPT	outpatient			7704		3073.41 UHC	Medicare		2672.53				94.74		7318.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR OF ECTROPION-SUTURE	67914	CPT	outpatient			7704		3073.41 United	Commercial|PPO		2776				94.74		7318.8 case rate	
REPAIR OF ECTROPION-SUTURE	67914	CPT	outpatient			7704		3073.41 United	Oxford		2776				94.74		7318.8 case rate	
REPAIR OF ECTROPION-SUTURE	67914	CPT	outpatient			7704		3073.41 Wellcare	Medicare		2672.53				94.74		7318.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR OF ECTROPION-SUTURE	67914	CPT	outpatient			7704		3073.41 Wellcare	Medicaid		2430.61	31.55			94.74		7318.8 percent of total billed charges	
REPAIR OF ECTROPION-SUTURE	67914	CPT	outpatient			7704		3073.41 WellPoint	WellPoint		2479.15	32.18			94.74		7318.8 percent of total billed charges	
REP ECTROP, EXC TARSAL WEDGE	67916	CPT	outpatient			7704		3073.41 Aetna	Commercial		4254.67				549.8		7318.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP ECTROP, EXC TARSAL WEDGE	67916	CPT	outpatient			7704		3073.41 Aetna	Better Health		2430.61	31.55			549.8		7318.8 percent of total billed charges	
REP ECTROP, EXC TARSAL WEDGE	67916	CPT	outpatient			7704		3073.41 Aetna	Medicare		2672.53				549.8		7318.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP ECTROP, EXC TARSAL WEDGE	67916	CPT	outpatient			7704		3073.41 Americare	Americare		5778	75			549.8		7318.8 percent of total billed charges	
REP ECTROP, EXC TARSAL WEDGE	67916	CPT	outpatient			7704		3073.41 Amerihealth	Medicare		2672.53				549.8		7318.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP ECTROP, EXC TARSAL WEDGE	67916	CPT	outpatient			7704		3073.41 Amerihealth	HMO|PPO		5007.6	65			549.8		7318.8 percent of total billed charges	
REP ECTROP, EXC TARSAL WEDGE	67916	CPT	outpatient			7704		3073.41 Consumer	Consumer		7318.8	95			549.8		7318.8 percent of total billed charges	
REP ECTROP, EXC TARSAL WEDGE	67916	CPT	outpatient			7704		3073.41 Corrections	Corrections		6163.2	80			549.8		7318.8 percent of total billed charges	
REP ECTROP, EXC TARSAL WEDGE	67916	CPT	outpatient			7704		3073.41 First Health	First Health		5392.8	70			549.8		7318.8 percent of total billed charges	
REP ECTROP, EXC TARSAL WEDGE	67916	CPT	outpatient			7704		3073.41 First Trenton	First Trenton		6933.6	90			549.8		7318.8 percent of total billed charges	
REP ECTROP, EXC TARSAL WEDGE	67916	CPT	outpatient			7704		3073.41 Horizon	Indemnity		4973.58				549.8		7318.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP ECTROP, EXC TARSAL WEDGE	67916	CPT	outpatient			7704		3073.41 Horizon	PPO		4973.58				549.8		7318.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP ECTROP, EXC TARSAL WEDGE	67916	CPT	outpatient			7704		3073.41 Horizon	MGD		4973.58				549.8		7318.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP ECTROP, EXC TARSAL WEDGE	67916	CPT	outpatient			7704		3073.41 Horizon	Medicare Blue		2672.53				549.8		7318.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP ECTROP, EXC TARSAL WEDGE	67916	CPT	outpatient			7704		3073.41 Horizon	NJ Health		549.8				549.8		7318.8 fee schedule	
REP ECTROP, EXC TARSAL WEDGE	67916	CPT	outpatient			7704		3073.41 Managed Care Inc	Managed Care Inc		6933.6	90			549.8		7318.8 percent of total billed charges	
REP ECTROP, EXC TARSAL WEDGE	67916	CPT	outpatient			7704		3073.41 Multiplan	Multiplan		6163.2	80			549.8		7318.8 percent of total billed charges	
REP ECTROP, EXC TARSAL WEDGE	67916	CPT	outpatient			7704		3073.41 Qualcare	Qualcare		5778	75			549.8		7318.8 percent of total billed charges	
REP ECTROP, EXC TARSAL WEDGE	67916	CPT	outpatient			7704		3073.41 Three Rivers	Three Rivers		7318.8	95			549.8		7318.8 percent of total billed charges	
REP ECTROP, EXC TARSAL WEDGE	67916	CPT	outpatient			7704		3073.41 UHC	Medicare		2672.53				549.8		7318.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP ECTROP, EXC TARSAL WEDGE	67916	CPT	outpatient			7704		3073.41 UHC	Medicaid		2430.61	31.55			549.8		7318.8 percent of total billed charges	
REP ECTROP, EXC TARSAL WEDGE	67916	CPT	outpatient			7704		3073.41 United	Oxford		2776				549.8		7318.8 case rate	
REP ECTROP, EXC TARSAL WEDGE	67916	CPT	outpatient			7704		3073.41 United	Commercial|PPO		2776				549.8		7318.8 case rate	
REP ECTROP, EXC TARSAL WEDGE	67916	CPT	outpatient			7704		3073.41 Wellcare	Medicare		2672.53				549.8		7318.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP ECTROP, EXC TARSAL WEDGE	67916	CPT	outpatient			7704		3073.41 Wellcare	Medicaid		2430.61	31.55			549.8		7318.8 percent of total billed charges	
REP ECTROP, EXC TARSAL WEDGE	67916	CPT	outpatient			7704		3073.41 WellPoint	WellPoint		2479.15	32.18			549.8		7318.8 percent of total billed charges	
REPAIR OF ECTROPION-EXTENSIVE	67917	CPT	outpatient			7704		3073.41 Aetna	Medicare		2672.53				655.32		7318.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR OF ECTROPION-EXTENSIVE	67917	CPT	outpatient			7704		3073.41 Aetna	Commercial		4254.67				655.32		7318.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR OF ECTROPION-EXTENSIVE	67917	CPT	outpatient			7704		3073.41 Aetna	Better Health		2430.61	31.55			655.32		7318.8 percent of total billed charges	
REPAIR OF ECTROPION-EXTENSIVE	67917	CPT	outpatient			7704		3073.41 Americare	Americare		5778	75			655.32		7318.8 percent of total billed charges	
REPAIR OF ECTROPION-EXTENSIVE	67917	CPT	outpatient			7704		3073.41 Amerihealth	HMO|PPO		5007.6	65			655.32		7318.8 percent of total billed charges	
REPAIR OF ECTROPION-EXTENSIVE	67917	CPT	outpatient			7704		3073.41 Amerihealth	Medicare		2672.53				655.32		7318.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR OF ECTROPION-EXTENSIVE	67917	CPT	outpatient			7704		3073.41 Consumer	Consumer		7318.8	95			655.32		7318.8 percent of total billed charges	
REPAIR OF ECTROPION-EXTENSIVE	67917	CPT	outpatient			7704		3073.41 Corrections	Corrections		6163.2	80			655.32		7318.8 percent of total billed charges	
REPAIR OF ECTROPION-EXTENSIVE	67917	CPT	outpatient			7704		3073.41 First Health	First Health		5392.8	70			655.32		7318.8 percent of total billed charges	
REPAIR OF ECTROPION-EXTENSIVE	67917	CPT	outpatient			7704		3073.41 First Trenton	First Trenton		6933.6	90			655.32		7318.8 percent of total billed charges	
REPAIR OF ECTROPION-EXTENSIVE	67917	CPT	outpatient			7704		3073.41 Horizon	Medicare Blue		2672.53				655.32		7318.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR OF ECTROPION-EXTENSIVE	67917	CPT	outpatient			7704		3073.41 Horizon	PPO		4973.58				655.32		7318.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR OF ECTROPION-EXTENSIVE	67917	CPT	outpatient			7704		3073.41 Horizon	MGD		4973.58				655.32		7318.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR OF ECTROPION-EXTENSIVE	67917	CPT	outpatient			7704		3073.41 Horizon	Indemnity		4973.58				655.32		7318.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR OF ECTROPION-EXTENSIVE	67917	CPT	outpatient			7704		3073.41 Horizon	NJ Health		655.32				655.32		7318.8 fee schedule	
REPAIR OF ECTROPION-EXTENSIVE	67917	CPT	outpatient			7704		3073.41 Managed Care Inc	Managed Care Inc		6933.6	90			655.32		7318.8 percent of total billed charges	
REPAIR OF ECTROPION-EXTENSIVE	67917	CPT	outpatient			7704		3073.41 Multiplan	Multiplan		6163.2	80			655.32		7318.8 percent of total billed charges	
REPAIR OF ECTROPION-EXTENSIVE	67917	CPT	outpatient			7704		3073.41 Qualcare	Qualcare		5778	75			655.32		7318.8 percent of total billed charges	
REPAIR OF ECTROPION-EXTENSIVE	67917	CPT	outpatient			7704		3073.41 Three Rivers	Three Rivers		7318.8	95			655.32		7318.8 percent of total billed charges	
REPAIR OF ECTROPION-EXTENSIVE	67917	CPT	outpatient			7704		3073.41 UHC	Medicaid		2430.61	31.55			655.32		7318.8 percent of total billed charges	
REPAIR OF ECTROPION-EXTENSIVE	67917	CPT	outpatient			7704		3073.41 UHC	Medicare		2672.53				655.32		7318.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR OF ECTROPION-EXTENSIVE	67917	CPT	outpatient			7704		3073.41 United	Commercial|PPO		2776				655.32		7318.8 case rate	
REPAIR OF ECTROPION-EXTENSIVE	67917	CPT	outpatient			7704		3073.41 United	Oxford		2776				655.32		7318.8 case rate	
REPAIR OF ECTROPION-EXTENSIVE	67917	CPT	outpatient			7704		3073.41 Wellcare	Medicaid		2430.61	31.55			655.32		7318.8 percent of total billed charges	
REPAIR OF ECTROPION-EXTENSIVE	67917	CPT	outpatient			7704		3073.41 Wellcare	Medicare		2672.53				655.32		7318.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR OF ECTROPION-EXTENSIVE	67917	CPT	outpatient			7704		3073.41 WellPoint	WellPoint		2479.15	32.18			655.32		7318.8 percent of total billed charges	
REPAIR OF ENTROPION-SUTURE	67921	CPT	outpatient			7704		3073.41 Aetna	Medicare		2672.53				109.62		7318.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR OF ENTROPION-SUTURE	67921	CPT	outpatient			7704		3073.41 Aetna	Better Health		2430.61	31.55			109.62		7318.8 percent of total billed charges	
REPAIR OF ENTROPION-SUTURE	67921	CPT	outpatient			7704		3073.41 Aetna	Commercial		4254.67				109.62		7318.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR OF ENTROPION-SUTURE	67921	CPT	outpatient			7704		3073.41 Americare	Americare		5778	75			109.62		7318.8 percent of total billed charges	
REPAIR OF ENTROPION-SUTURE	67921	CPT	outpatient			7704		3073.41 Amerihealth	HMO|PPO		5007.6	65			109.62		7318.8 percent of total billed charges	
REPAIR OF ENTROPION-SUTURE	67921	CPT	outpatient			7704		3073.41 Amerihealth	Medicare		2672.53				109.62		7318.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR OF ENTROPION-SUTURE	67921	CPT	outpatient			7704		3073.41 Consumer	Consumer		7318.8	95			109.62		7318.8 percent of total billed charges	
REPAIR OF ENTROPION-SUTURE	67921	CPT	outpatient			7704		3073.41 Corrections	Corrections		6163.2	80			109.62		7318.8 percent of total billed charges	
REPAIR OF ENTROPION-SUTURE	67921	CPT	outpatient			7704		3073.41 First Health	First Health		5392.8	70			109.62		7318.8 percent of total billed charges	
REPAIR OF ENTROPION-SUTURE	67921	CPT	outpatient			7704		3073.41 First Trenton	First Trenton		6933.6	90			109.62		7318.8 percent of total billed charges	
REPAIR OF ENTROPION-SUTURE	67921	CPT	outpatient			7704		3073.41 Horizon	MGD		4973.58				109.62		7318.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR OF ENTROPION-SUTURE	67921	CPT	outpatient			7704		3073.41 Horizon	Medicare Blue		2672.53				109.62		7318.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR OF ENTROPION-SUTURE	67921	CPT	outpatient			7704		3073.41 Horizon	Indemnity		4973.58				109.62		7318.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR OF ENTROPION-SUTURE	67921	CPT	outpatient			7704		3073.41 Horizon	NJ Health		109.62				109.62		7318.8 fee schedule	
REPAIR OF ENTROPION-SUTURE	67921	CPT	outpatient			7704		3073.41 Horizon	PPO		4973.58				109.62		7318.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR OF ENTROPION-SUTURE	67921	CPT	outpatient			7704		3073.41 Managed Care Inc	Managed Care Inc		6933.6	90			109.62		7318.8 percent of total billed charges	
REPAIR OF ENTROPION-SUTURE	67921	CPT	outpatient			7704		3073.41 Multiplan	Multiplan		6163.2	80			109.62		7318.8 percent of total billed charges	
REPAIR OF ENTROPION-SUTURE	67921	CPT	outpatient			7704		3073.41 Qualcare	Qualcare		5778	75			109.62		7318.8 percent of total billed charges	
REPAIR OF ENTROPION-SUTURE	67921	CPT	outpatient			7704		3073.41 Three Rivers	Three Rivers		7318.8	95			109.62		7318.8 percent of total billed charges	
REPAIR OF ENTROPION-SUTURE	67921	CPT	outpatient			7704		3073.41 UHC	Medicaid		2430.61	31.55			109.62		7318.8 percent of total billed charges	
REPAIR OF ENTROPION-SUTURE	67921	CPT	outpatient			7704		3073.41 UHC	Medicare		2672.53				109.62		7318.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR OF ENTROPION-SUTURE	67921	CPT	outpatient			7704		3073.41 United	Commercial|PPO		2776				109.62		7318.8 case rate	
REPAIR OF ENTROPION-SUTURE	67921	CPT	outpatient			7704		3073.41 United	Oxford		2776				109.62		7318.8 case rate	
REPAIR OF ENTROPION-SUTURE	67921	CPT	outpatient			7704		3073.41 Wellcare	Medicaid		2430.61	31.55			109.62		7318.8 percent of total billed charges	
REPAIR OF ENTROPION-SUTURE	67921	CPT	outpatient			7704		3073.41 Wellcare	Medicare		2672.53				109.62		7318.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR OF ENTROPION-SUTURE	67921	CPT	outpatient			7704		3073.41 WellPoint	WellPoint		2479.15	32.18			109.62		7318.8 percent of total billed charges	
REPAIR ENTROP THERMOCAUT	67922	CPT	outpatient			7704		3073.41 Aetna	Commercial		4254.67				94.74		7318.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR ENTROP THERMOCAUT	67922	CPT	outpatient			7704		3073.41 Aetna	Better Health		2430.61	31.55			94.74		7318.8 percent of total billed charges	
REPAIR ENTROP THERMOCAUT	67922	CPT	outpatient			7704		3073.41 Aetna	Medicare		2372.83	30.8			94.74		7318.8 percent of total billed charges	
REPAIR ENTROP THERMOCAUT	67922	CPT	outpatient			7704		3073.41 Americare	Americare		5778	75			94.74		7318.8 percent of total billed charges	
REPAIR ENTROP THERMOCAUT	67922	CPT	outpatient			7704		3073.41 Amerihealth	HMO|PPO		5007.6	65			94.74		7318.8 percent of total billed charges	
REPAIR ENTROP THERMOCAUT	67922	CPT	outpatient			7704		3073.41 Amerihealth	Medicare		2672.53				94.74		7318.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
REPAIR ENTROP THERMOCAUT	67922	CPT	outpatient			7704		3073.41 Consumer	Consumer		7318.8	95			94.74	7318.8	percent of total billed charges	
REPAIR ENTROP THERMOCAUT	67922	CPT	outpatient			7704		3073.41 Corrections	Corrections		6163.2	80			94.74	7318.8	percent of total billed charges	
REPAIR ENTROP THERMOCAUT	67922	CPT	outpatient			7704		3073.41 First Health	First Health		5392.8	70			94.74	7318.8	percent of total billed charges	
REPAIR ENTROP THERMOCAUT	67922	CPT	outpatient			7704		3073.41 First Trenton	First Trenton		6933.6	90			94.74	7318.8	percent of total billed charges	
REPAIR ENTROP THERMOCAUT	67922	CPT	outpatient			7704		3073.41 Horizon	Indemnity		4973.58				94.74	7318.8	other	
REPAIR ENTROP THERMOCAUT	67922	CPT	outpatient			7704		3073.41 Horizon	NJ Health		94.74				94.74	7318.8	fee schedule	
REPAIR ENTROP THERMOCAUT	67922	CPT	outpatient			7704		3073.41 Horizon	MGD		4973.58				94.74	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR ENTROP THERMOCAUT	67922	CPT	outpatient			7704		3073.41 Horizon	PPO		4973.58				94.74	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR ENTROP THERMOCAUT	67922	CPT	outpatient			7704		3073.41 Horizon	Medicare Blue		2672.53				94.74	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR ENTROP THERMOCAUT	67922	CPT	outpatient			7704		3073.41 Managed Care Inc	Managed Care Inc		6933.6	90			94.74	7318.8	percent of total billed charges	
REPAIR ENTROP THERMOCAUT	67922	CPT	outpatient			7704		3073.41 Multiplan	Multiplan		6163.2	80			94.74	7318.8	percent of total billed charges	
REPAIR ENTROP THERMOCAUT	67922	CPT	outpatient			7704		3073.41 Qualcare	Qualcare		5778	75			94.74	7318.8	percent of total billed charges	
REPAIR ENTROP THERMOCAUT	67922	CPT	outpatient			7704		3073.41 Three Rivers	Three Rivers		7318.8	95			94.74	7318.8	percent of total billed charges	
REPAIR ENTROP THERMOCAUT	67922	CPT	outpatient			7704		3073.41 UHC	Medicaid		2430.61	31.55			94.74	7318.8	percent of total billed charges	
REPAIR ENTROP THERMOCAUT	67922	CPT	outpatient			7704		3073.41 UHC	Medicare		2672.53				94.74	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR ENTROP THERMOCAUT	67922	CPT	outpatient			7704		3073.41 United	Commercial|PPO		2776				94.74	7318.8	case rate	
REPAIR ENTROP THERMOCAUT	67922	CPT	outpatient			7704		3073.41 United	Oxford		2776				94.74	7318.8	case rate	
REPAIR ENTROP THERMOCAUT	67922	CPT	outpatient			7704		3073.41 Wellcare	Medicare		2672.53				94.74	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR ENTROP THERMOCAUT	67922	CPT	outpatient			7704		3073.41 Wellcare	Medicaid		2430.61	31.55			94.74	7318.8	percent of total billed charges	
REPAIR ENTROP THERMOCAUT	67922	CPT	outpatient			7704		3073.41 WellPoint	WellPoint		2479.15	32.18			94.74	7318.8	percent of total billed charges	
REPAIR ENTROPIAN EXC TARSAL WDG	67923	CPT	outpatient			7704		3073.41 Aetna	Better Health		2430.61	31.55			490.94	7318.8	percent of total billed charges	
REPAIR ENTROPIAN EXC TARSAL WDG	67923	CPT	outpatient			7704		3073.41 Aetna	Medicare		2372.83	30.8			490.94	7318.8	percent of total billed charges	
REPAIR ENTROPIAN EXC TARSAL WDG	67923	CPT	outpatient			7704		3073.41 Aetna	Commercial		4254.67				490.94	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR ENTROPIAN EXC TARSAL WDG	67923	CPT	outpatient			7704		3073.41 Americare	Americare		5778	75			490.94	7318.8	percent of total billed charges	
REPAIR ENTROPIAN EXC TARSAL WDG	67923	CPT	outpatient			7704		3073.41 Amerihealth	HMO/PPO		5007.6	65			490.94	7318.8	percent of total billed charges	
REPAIR ENTROPIAN EXC TARSAL WDG	67923	CPT	outpatient			7704		3073.41 Amerihealth	Medicare		2672.53				490.94	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR ENTROPIAN EXC TARSAL WDG	67923	CPT	outpatient			7704		3073.41 Consumer	Consumer		7318.8	95			490.94	7318.8	percent of total billed charges	
REPAIR ENTROPIAN EXC TARSAL WDG	67923	CPT	outpatient			7704		3073.41 Corrections	Corrections		6163.2	80			490.94	7318.8	percent of total billed charges	
REPAIR ENTROPIAN EXC TARSAL WDG	67923	CPT	outpatient			7704		3073.41 First Health	First Health		5392.8	70			490.94	7318.8	percent of total billed charges	
REPAIR ENTROPIAN EXC TARSAL WDG	67923	CPT	outpatient			7704		3073.41 First Trenton	First Trenton		6933.6	90			490.94	7318.8	percent of total billed charges	
REPAIR ENTROPIAN EXC TARSAL WDG	67923	CPT	outpatient			7704		3073.41 Horizon	PPO		4973.58				490.94	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR ENTROPIAN EXC TARSAL WDG	67923	CPT	outpatient			7704		3073.41 Horizon	Medicare Blue		2672.53				490.94	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR ENTROPIAN EXC TARSAL WDG	67923	CPT	outpatient			7704		3073.41 Horizon	Indemnity		4973.58				490.94	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR ENTROPIAN EXC TARSAL WDG	67923	CPT	outpatient			7704		3073.41 Horizon	MGD		4973.58				490.94	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR ENTROPIAN EXC TARSAL WDG	67923	CPT	outpatient			7704		3073.41 Horizon	NJ Health		490.94				490.94	7318.8	fee schedule	
REPAIR ENTROPIAN EXC TARSAL WDG	67923	CPT	outpatient			7704		3073.41 Managed Care Inc	Managed Care Inc		6933.6	90			490.94	7318.8	percent of total billed charges	
REPAIR ENTROPIAN EXC TARSAL WDG	67923	CPT	outpatient			7704		3073.41 Multiplan	Multiplan		6163.2	80			490.94	7318.8	percent of total billed charges	
REPAIR ENTROPIAN EXC TARSAL WDG	67923	CPT	outpatient			7704		3073.41 Qualcare	Qualcare		5778	75			490.94	7318.8	percent of total billed charges	
REPAIR ENTROPIAN EXC TARSAL WDG	67923	CPT	outpatient			7704		3073.41 Three Rivers	Three Rivers		7318.8	95			490.94	7318.8	percent of total billed charges	
REPAIR ENTROPIAN EXC TARSAL WDG	67923	CPT	outpatient			7704		3073.41 UHC	Medicaid		2430.61	31.55			490.94	7318.8	percent of total billed charges	
REPAIR ENTROPIAN EXC TARSAL WDG	67923	CPT	outpatient			7704		3073.41 UHC	Medicare		2672.53				490.94	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR ENTROPIAN EXC TARSAL WDG	67923	CPT	outpatient			7704		3073.41 United	Commercial|PPO		2776				490.94	7318.8	case rate	
REPAIR ENTROPIAN EXC TARSAL WDG	67923	CPT	outpatient			7704		3073.41 United	Oxford		2776				490.94	7318.8	case rate	
REPAIR ENTROPIAN EXC TARSAL WDG	67923	CPT	outpatient			7704		3073.41 Wellcare	Medicare		2672.53				490.94	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR ENTROPIAN EXC TARSAL WDG	67923	CPT	outpatient			7704		3073.41 Wellcare	Medicaid		2430.61	31.55			490.94	7318.8	percent of total billed charges	
REPAIR ENTROPIAN EXC TARSAL WDG	67923	CPT	outpatient			7704		3073.41 WellPoint	WellPoint		2479.15	32.18			490.94	7318.8	percent of total billed charges	
REPAIR OF ECTROPION-EXTENSIVE	67924	CPT	outpatient			7704		3073.41 Aetna	Commercial		4254.67				641.43	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR OF ECTROPION-EXTENSIVE	67924	CPT	outpatient			7704		3073.41 Aetna	Better Health		2430.61	31.55			641.43	7318.8	percent of total billed charges	
REPAIR OF ECTROPION-EXTENSIVE	67924	CPT	outpatient			7704		3073.41 Aetna	Medicare		2672.53				641.43	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR OF ECTROPION-EXTENSIVE	67924	CPT	outpatient			7704		3073.41 Americare	Americare		5778	75			641.43	7318.8	percent of total billed charges	
REPAIR OF ECTROPION-EXTENSIVE	67924	CPT	outpatient			7704		3073.41 Amerihealth	HMO/PPO		5007.6	65			641.43	7318.8	percent of total billed charges	
REPAIR OF ECTROPION-EXTENSIVE	67924	CPT	outpatient			7704		3073.41 Amerihealth	Medicare		2672.53				641.43	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR OF ECTROPION-EXTENSIVE	67924	CPT	outpatient			7704		3073.41 Consumer	Consumer		7318.8	95			641.43	7318.8	percent of total billed charges	
REPAIR OF ECTROPION-EXTENSIVE	67924	CPT	outpatient			7704		3073.41 Corrections	Corrections		6163.2	80			641.43	7318.8	percent of total billed charges	
REPAIR OF ECTROPION-EXTENSIVE	67924	CPT	outpatient			7704		3073.41 First Health	First Health		5392.8	70			641.43	7318.8	percent of total billed charges	
REPAIR OF ECTROPION-EXTENSIVE	67924	CPT	outpatient			7704		3073.41 First Trenton	First Trenton		6933.6	90			641.43	7318.8	percent of total billed charges	
REPAIR OF ECTROPION-EXTENSIVE	67924	CPT	outpatient			7704		3073.41 Horizon	PPO		4973.58				641.43	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR OF ECTROPION-EXTENSIVE	67924	CPT	outpatient			7704		3073.41 Horizon	Indemnity		4973.58				641.43	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR OF ECTROPION-EXTENSIVE	67924	CPT	outpatient			7704		3073.41 Horizon	Medicare Blue		2672.53				641.43	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR OF ECTROPION-EXTENSIVE	67924	CPT	outpatient			7704		3073.41 Horizon	NJ Health		641.43				641.43	7318.8	fee schedule	
REPAIR OF ECTROPION-EXTENSIVE	67924	CPT	outpatient			7704		3073.41 Horizon	MGD		4973.58				641.43	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR OF ECTROPION-EXTENSIVE	67924	CPT	outpatient			7704		3073.41 Managed Care Inc	Managed Care Inc		6933.6	90			641.43	7318.8	percent of total billed charges	
REPAIR OF ECTROPION-EXTENSIVE	67924	CPT	outpatient			7704		3073.41 Multiplan	Multiplan		6163.2	80			641.43	7318.8	percent of total billed charges	
REPAIR OF ECTROPION-EXTENSIVE	67924	CPT	outpatient			7704		3073.41 Qualcare	Qualcare		5778	75			641.43	7318.8	percent of total billed charges	
REPAIR OF ECTROPION-EXTENSIVE	67924	CPT	outpatient			7704		3073.41 Three Rivers	Three Rivers		7318.8	95			641.43	7318.8	percent of total billed charges	
REPAIR OF ECTROPION-EXTENSIVE	67924	CPT	outpatient			7704		3073.41 UHC	Medicaid		2430.61	31.55			641.43	7318.8	percent of total billed charges	
REPAIR OF ECTROPION-EXTENSIVE	67924	CPT	outpatient			7704		3073.41 UHC	Medicare		2672.53				641.43	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR OF ECTROPION-EXTENSIVE	67924	CPT	outpatient			7704		3073.41 United	Commercial|PPO		2776				641.43	7318.8	case rate	
REPAIR OF ECTROPION-EXTENSIVE	67924	CPT	outpatient			7704		3073.41 United	Oxford		2776				641.43	7318.8	case rate	
REPAIR OF ECTROPION-EXTENSIVE	67924	CPT	outpatient			7704		3073.41 Wellcare	Medicaid		2430.61	31.55			641.43	7318.8	percent of total billed charges	
REPAIR OF ECTROPION-EXTENSIVE	67924	CPT	outpatient			7704		3073.41 Wellcare	Medicare		2672.53				641.43	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR OF ECTROPION-EXTENSIVE	67924	CPT	outpatient			7704		3073.41 WellPoint	WellPoint		2479.15	32.18			641.43	7318.8	percent of total billed charges	
SUTURE RECENT WD EYELID	67930	CPT	outpatient			7704		3073.41 Aetna	Medicare		2372.83	30.8			109.62	7318.8	percent of total billed charges	
SUTURE RECENT WD EYELID	67930	CPT	outpatient			7704		3073.41 Aetna	Better Health		2430.61	31.55			109.62	7318.8	percent of total billed charges	
SUTURE RECENT WD EYELID	67930	CPT	outpatient			7704		3073.41 Aetna	Commercial		4254.67				109.62	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE RECENT WD EYELID	67930	CPT	outpatient			7704		3073.41 Americare	Americare		5778	75			109.62	7318.8	percent of total billed charges	
SUTURE RECENT WD EYELID	67930	CPT	outpatient			7704		3073.41 Amerihealth	HMO/PPO		5007.6	65			109.62	7318.8	percent of total billed charges	
SUTURE RECENT WD EYELID	67930	CPT	outpatient			7704		3073.41 Amerihealth	Medicare		2672.53				109.62	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE RECENT WD EYELID	67930	CPT	outpatient			7704		3073.41 Consumer	Consumer		7318.8	95			109.62	7318.8	percent of total billed charges	
SUTURE RECENT WD EYELID	67930	CPT	outpatient			7704		3073.41 Corrections	Corrections		6163.2	80			109.62	7318.8	percent of total billed charges	
SUTURE RECENT WD EYELID	67930	CPT	outpatient			7704		3073.41 First Health	First Health		5392.8	70			109.62	7318.8	percent of total billed charges	
SUTURE RECENT WD EYELID	67930	CPT	outpatient			7704		3073.41 First Trenton	First Trenton		6933.6	90			109.62	7318.8	percent of total billed charges	
SUTURE RECENT WD EYELID	67930	CPT	outpatient			7704		3073.41 Horizon	MGD		4973.58				109.62	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE RECENT WD EYELID	67930	CPT	outpatient			7704		3073.41 Horizon	Medicare Blue		2672.53				109.62	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE RECENT WD EYELID	67930	CPT	outpatient			7704		3073.41 Horizon	Indemnity		4973.58				109.62	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE RECENT WD EYELID	67930	CPT	outpatient			7704		3073.41 Horizon	NJ Health		109.62				109.62	7318.8	fee schedule	
SUTURE RECENT WD EYELID	67930	CPT	outpatient			7704		3073.41 Horizon	PPO		4973.58				109.62	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE RECENT WD EYELID	67930	CPT	outpatient			7704		3073.41 Managed Care Inc	Managed Care Inc		6933.6	90			109.62	7318.8	percent of total billed charges	
SUTURE RECENT WD EYELID	67930	CPT	outpatient			7704		3073.41 Multiplan	Multiplan		6163.2	80			109.62	7318.8	percent of total billed charges	
SUTURE RECENT WD EYELID	67930	CPT	outpatient			7704		3073.41 Qualcare	Qualcare		5778	75			109.62	7318.8	percent of total billed charges	
SUTURE RECENT WD EYELID	67930	CPT	outpatient			7704		3073.41 Three Rivers	Three Rivers		7318.8	95			109.62	7318.8	percent of total billed charges	
SUTURE RECENT WD EYELID	67930	CPT	outpatient			7704		3073.41 UHC	Medicaid		2430.61	31.55			109.62	7318.8	percent of total billed charges	
SUTURE RECENT WD EYELID	67930	CPT	outpatient			7704		3073.41 UHC	Medicare		2672.53				109.62	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE RECENT WD EYELID	67930	CPT	outpatient			7704		3073.41 United	Oxford		2776				109.62	7318.8	case rate	
SUTURE RECENT WD EYELID	67930	CPT	outpatient			7704		3073.41 United	Commercial|PPO		2776				109.62	7318.8	case rate	
SUTURE RECENT WD EYELID	67930	CPT	outpatient			7704		3073.41 Wellcare	Medicaid		2430.61	31.55			109.62	7318.8	percent of total billed charges	
SUTURE RECENT WD EYELID	67930	CPT	outpatient			7704		3073.41 Wellcare	Medicare		2672.53				109.62	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE RECENT WD EYELID	67930	CPT	outpatient			7704		3073.41 WellPoint	WellPoint		2479.15	32.18			109.62	7318.8	percent of total billed charges	
SUTURE EYELID FULL THICKNESS	67935	CPT	outpatient			7704		3073.41 Aetna	Better Health		2430.61	31.55			208.28	7318.8	percent of total billed charges	
SUTURE EYELID FULL THICKNESS	67935	CPT	outpatient			7704		3073.41 Aetna	Commercial		4254.67				208.28	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE EYELID FULL THICKNESS	67935	CPT	outpatient			7704		3073.41 Aetna	Medicare		2672.53				208.28	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE EYELID FULL THICKNESS	67935	CPT	outpatient			7704		3073.41 Americare	Americare		5778	75			208.28	7318.8	percent of total billed charges	
SUTURE EYELID FULL THICKNESS	67935	CPT	outpatient			7704		3073.41 Amerihealth	Medicare		2672.53				208.28	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE EYELID FULL THICKNESS	67935	CPT	outpatient			7704		3073.41 Amerihealth	HMO/PPO		5007.6	65			208.28	7318.8	percent of total billed charges	
SUTURE EYELID FULL THICKNESS	67935	CPT	outpatient			7704		3073.41 Consumer	Consumer		7318.8	95			208.28	7318.8	percent of total billed charges	
SUTURE EYELID FULL THICKNESS	67935	CPT	outpatient			7704		3073.41 Corrections	Corrections		6163.2	80			208.28	7318.8	percent of total billed charges	
SUTURE EYELID FULL THICKNESS	67935	CPT	outpatient			7704		3073.41 First Health	First Health		5392.8	70			208.28	7318.8	percent of total billed charges	
SUTURE EYELID FULL THICKNESS	67935	CPT	outpatient			7704		3073.41 First Trenton	First Trenton		6933.6	90			208.28	7318.8	percent of total billed charges	
SUTURE EYELID FULL THICKNESS	67935	CPT	outpatient			7704		3073.41 Horizon	MGD		4973.58				208.28	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE EYELID FULL THICKNESS	67935	CPT	outpatient			7704		3073.41 Horizon	Indemnity		4973.58				208.28	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE EYELID FULL THICKNESS	67935	CPT	outpatient			7704		3073.41 Horizon	Medicare Blue		2672.53				208.28	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE EYELID FULL THICKNESS	67935	CPT	outpatient			7704		3073.41 Horizon	NJ Health		208.28				208.28	7318.8	fee schedule	
SUTURE EYELID FULL THICKNESS	67935	CPT	outpatient			7704		3073.41 Horizon	PPO		4973.58				208.28	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE EYELID FULL THICKNESS	67935	CPT	outpatient			7704		3073.41 Managed Care Inc	Managed Care Inc		6933.6	90			208.28	7318.8	percent of total billed charges	
SUTURE EYELID FULL THICKNESS	67935	CPT	outpatient			7704		3073.41 Multiplan	Multiplan		6163.2	80			208.28	7318.8	percent of total billed charges	
SUTURE EYELID FULL THICKNESS	67935	CPT	outpatient			7704		3073.41 Qualcare	Qualcare		5778	75			208.28	7318.8	percent of total billed charges	
SUTURE EYELID FULL THICKNESS	67935	CPT	outpatient			7704		3073.41 Three Rivers	Three Rivers		7318.8	95			208.28	7318.8	percent of total billed charges	
SUTURE EYELID FULL THICKNESS	67935	CPT	outpatient			7704		3073.41 UHC	Medicaid		2430.61	31.55			208.28	7318.8	percent of total billed charges	
SUTURE EYELID FULL THICKNESS	67935	CPT	outpatient			7704		3073.41 UHC	Medicare		2672.53				208.28	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE EYELID FULL THICKNESS	67935	CPT	outpatient			7704		3073.41 United	Commercial|PPO		2776				208.28	7318.8	case rate	
SUTURE EYELID FULL THICKNESS	67935	CPT	outpatient			7704		3073.41 United	Oxford		2776				208.28	7318.8	case rate	
SUTURE EYELID FULL THICKNESS	67935	CPT	outpatient			7704		3073.41 Wellcare	Medicare		2672.53				208.28	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE EYELID FULL THICKNESS	67935	CPT	outpatient			7704		3073.41 Wellcare	Medicaid		2430.61	31.55			208.28	7318.8	percent of total billed charges	
SUTURE EYELID FULL THICKNESS	67935	CPT	outpatient			7704		3073.41 WellPoint	WellPoint		2479.15	32.18			208.28	7318.8	percent of total billed charges	
REMOVE EYELID FOREIGN BODY	67938	CPT	outpatient			1162		383.15 Aetna	Commercial		530.41				86.13	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE EYELID FOREIGN BODY	67938	CPT	outpatient			1162		383.15 Aetna	Medicare		357.9	30.8			86.13	1782	percent of total billed charges	
REMOVE EYELID FOREIGN BODY	67938	CPT	outpatient			1162		383.15 Aetna	Better Health		366.61	31.55			86.13	1782	percent of total billed charges	
REMOVE EYELID FOREIGN BODY	67938	CPT	outpatient			1162		383.15 Americare	Americare		871.5	75			86.13	1782	percent of total billed charges	
REMOVE EYELID FOREIGN BODY	67938	CPT	outpatient			1162		383.15 Amerihealth	HMO/PPO		755.3	65			86.13	1782	percent of total billed charges	
REMOVE EYELID FOREIGN BODY	67938	CPT	outpatient			1162		383.15 Amerihealth	Medicare		333.17				86.13	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE EYELID FOREIGN BODY	67938	CPT	outpatient			1162		383.15 Consumer	Consumer		1103.9	95			86.13	1782	percent of total billed charges	
REMOVE EYELID FOREIGN BODY	67938	CPT	outpatient			1162		383.15 Corrections	Corrections		929.6	80			86.13	1782	percent of total billed charges	
REMOVE EYELID FOREIGN BODY	67938	CPT	outpatient			1162		383.15 First Health	First Health		813.4	70			86.13	1782	percent of total billed charges	
REMOVE EYELID FOREIGN BODY	67938	CPT	outpatient			1162		383.15 First Trenton	First Trenton		1045.8	90			86.13	1782	percent of total billed charges	
REMOVE EYELID FOREIGN BODY	67938	CPT	outpatient			1162		383.15 Horizon	NJ Health		86.13				86.13	1782	fee schedule	
REMOVE EYELID FOREIGN BODY	67938	CPT	outpatient			1162		383.15 Horizon	Indemnity		620.03				86.13	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE EYELID FOREIGN BODY	67938	CPT	outpatient			1162		383.15 Horizon	Medicare Blue		333.17				86.13	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE EYELID FOREIGN BODY	67938	CPT	outpatient			1162		383.15 Horizon	MGD		620.03				86.13	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE EYELID FOREIGN BODY	67938	CPT	outpatient			1162		383.15 Horizon	PPO		620.03				86.13	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE EYELID FOREIGN BODY	67938	CPT	outpatient			1162		383.15 Managed Care Inc	Managed Care Inc		1045.8	90			86.13	1782	percent of total billed charges	
REMOVE EYELID FOREIGN BODY	67938	CPT	outpatient			1162		383.15 Multiplan	Multiplan		929.6	80			86.13	1782	percent of total billed charges	
REMOVE EYELID FOREIGN BODY	67938	CPT	outpatient			1162		383.15 Qualcare	Qualcare		871.5	75			86.13	1782	percent of total billed charges	
REMOVE EYELID FOREIGN BODY	67938	CPT	outpatient			1162		383.15 Three Rivers	Three Rivers		1103.9	95			86.13	1782	percent of total billed charges	
REMOVE EYELID FOREIGN BODY	67938	CPT	outpatient			1162		383.15 UHC	Medicaid		366.61	31.55			86.13	1782	percent of total billed charges	
REMOVE EYELID FOREIGN BODY	67938	CPT	outpatient			1162		383.15 UHC	Medicare		333.17				86.13	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE EYELID FOREIGN BODY	67938	CPT	outpatient			1162		383.15 United	Oxford		1782				86.13	1782	case rate	
REMOVE EYELID FOREIGN BODY	67938	CPT	outpatient			1162		383.15 United	Commercial|PPO		1782				86.13	1782	case rate	
REMOVE EYELID FOREIGN BODY	67938	CPT	outpatient			1162		383.15 Wellcare	Medicaid		366.61	31.55			86.13	1782	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.														
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true													
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
REMOVE EYELID FOREIGN BODY	67938	CPT	outpatient			1162	383.15	Wellcare	Medicare		333.17				86.13	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE EYELID FOREIGN BODY	67938	CPT	outpatient			1162	383.15	WellPoint	WellPoint		373.93	32.18			86.13	1782	percent of total billed charges	
CANTHOPLASTY	67950	CPT	outpatient			7704	3073.41	Aetna	Better Health		2430.61	31.55			442.13	7318.8	percent of total billed charges	
CANTHOPLASTY	67950	CPT	outpatient			7704	3073.41	Aetna	Commercial		4254.67				442.13	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CANTHOPLASTY	67950	CPT	outpatient			7704	3073.41	Aetna	Medicare		2372.83	30.8			442.13	7318.8	percent of total billed charges	
CANTHOPLASTY	67950	CPT	outpatient			7704	3073.41	Americare	Americare		5778	75			442.13	7318.8	percent of total billed charges	
CANTHOPLASTY	67950	CPT	outpatient			7704	3073.41	Amerihealth	Medicare		2672.53				442.13	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CANTHOPLASTY	67950	CPT	outpatient			7704	3073.41	Amerihealth	HMO/PPO		5007.6	65			442.13	7318.8	percent of total billed charges	
CANTHOPLASTY	67950	CPT	outpatient			7704	3073.41	Consumer	Consumer		7318.8	95			442.13	7318.8	percent of total billed charges	
CANTHOPLASTY	67950	CPT	outpatient			7704	3073.41	Corrections	Corrections		6163.2	80			442.13	7318.8	percent of total billed charges	
CANTHOPLASTY	67950	CPT	outpatient			7704	3073.41	First Health	First Health		5392.8	70			442.13	7318.8	percent of total billed charges	
CANTHOPLASTY	67950	CPT	outpatient			7704	3073.41	First Trenton	First Trenton		6933.6	90			442.13	7318.8	percent of total billed charges	
CANTHOPLASTY	67950	CPT	outpatient			7704	3073.41	Horizon	Indemnity		4973.58				442.13	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CANTHOPLASTY	67950	CPT	outpatient			7704	3073.41	Horizon	NJ Health		442.13				442.13	7318.8	fee schedule	
CANTHOPLASTY	67950	CPT	outpatient			7704	3073.41	Horizon	PPO		4973.58				442.13	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CANTHOPLASTY	67950	CPT	outpatient			7704	3073.41	Horizon	Medicare Blue		2672.53				442.13	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CANTHOPLASTY	67950	CPT	outpatient			7704	3073.41	Horizon	MGD		4973.58				442.13	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CANTHOPLASTY	67950	CPT	outpatient			7704	3073.41	Managed Care Inc	Managed Care Inc		6933.6	90			442.13	7318.8	percent of total billed charges	
CANTHOPLASTY	67950	CPT	outpatient			7704	3073.41	Multiplan	Multiplan		6163.2	80			442.13	7318.8	percent of total billed charges	
CANTHOPLASTY	67950	CPT	outpatient			7704	3073.41	Qualcare	Qualcare		5778	75			442.13	7318.8	percent of total billed charges	
CANTHOPLASTY	67950	CPT	outpatient			7704	3073.41	Three Rivers	Three Rivers		7318.8	95			442.13	7318.8	percent of total billed charges	
CANTHOPLASTY	67950	CPT	outpatient			7704	3073.41	UHC	Medicare		2672.53				442.13	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CANTHOPLASTY	67950	CPT	outpatient			7704	3073.41	UHC	Medicaid		2430.61	31.55			442.13	7318.8	percent of total billed charges	
CANTHOPLASTY	67950	CPT	outpatient			7704	3073.41	United	Commercial|PPO		2776				442.13	7318.8	case rate	
CANTHOPLASTY	67950	CPT	outpatient			7704	3073.41	United	Oxford		2776				442.13	7318.8	case rate	
CANTHOPLASTY	67950	CPT	outpatient			7704	3073.41	Wellcare	Medicare		2672.53				442.13	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CANTHOPLASTY	67950	CPT	outpatient			7704	3073.41	Wellcare	Medicaid		2430.61	31.55			442.13	7318.8	percent of total billed charges	
CANTHOPLASTY	67950	CPT	outpatient			7704	3073.41	WellPoint	WellPoint		2479.15	32.18			442.13	7318.8	percent of total billed charges	
EXC AND REPAIR OF EYELID	67961	CPT	outpatient			7704	3073.41	Aetna	Better Health		2430.61	31.55			592.47	7318.8	percent of total billed charges	
EXC AND REPAIR OF EYELID	67961	CPT	outpatient			7704	3073.41	Aetna	Commercial		4254.67				592.47	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC AND REPAIR OF EYELID	67961	CPT	outpatient			7704	3073.41	Aetna	Medicare		2672.53				592.47	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC AND REPAIR OF EYELID	67961	CPT	outpatient			7704	3073.41	Americare	Americare		5778	75			592.47	7318.8	percent of total billed charges	
EXC AND REPAIR OF EYELID	67961	CPT	outpatient			7704	3073.41	Amerihealth	Medicare		2672.53				592.47	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC AND REPAIR OF EYELID	67961	CPT	outpatient			7704	3073.41	Amerihealth	HMO/PPO		5007.6	65			592.47	7318.8	percent of total billed charges	
EXC AND REPAIR OF EYELID	67961	CPT	outpatient			7704	3073.41	Consumer	Consumer		7318.8	95			592.47	7318.8	percent of total billed charges	
EXC AND REPAIR OF EYELID	67961	CPT	outpatient			7704	3073.41	Corrections	Corrections		6163.2	80			592.47	7318.8	percent of total billed charges	
EXC AND REPAIR OF EYELID	67961	CPT	outpatient			7704	3073.41	First Health	First Health		5392.8	70			592.47	7318.8	percent of total billed charges	
EXC AND REPAIR OF EYELID	67961	CPT	outpatient			7704	3073.41	First Trenton	First Trenton		6933.6	90			592.47	7318.8	percent of total billed charges	
EXC AND REPAIR OF EYELID	67961	CPT	outpatient			7704	3073.41	Horizon	Medicare Blue		2672.53				592.47	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC AND REPAIR OF EYELID	67961	CPT	outpatient			7704	3073.41	Horizon	Indemnity		4973.58				592.47	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC AND REPAIR OF EYELID	67961	CPT	outpatient			7704	3073.41	Horizon	MGD		4973.58				592.47	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC AND REPAIR OF EYELID	67961	CPT	outpatient			7704	3073.41	Horizon	PPO		4973.58				592.47	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC AND REPAIR OF EYELID	67961	CPT	outpatient			7704	3073.41	Horizon	NJ Health		592.47				592.47	7318.8	fee schedule	
EXC AND REPAIR OF EYELID	67961	CPT	outpatient			7704	3073.41	Managed Care Inc	Managed Care Inc		6933.6	90			592.47	7318.8	percent of total billed charges	
EXC AND REPAIR OF EYELID	67961	CPT	outpatient			7704	3073.41	Multiplan	Multiplan		6163.2	80			592.47	7318.8	percent of total billed charges	
EXC AND REPAIR OF EYELID	67961	CPT	outpatient			7704	3073.41	Qualcare	Qualcare		5778	75			592.47	7318.8	percent of total billed charges	
EXC AND REPAIR OF EYELID	67961	CPT	outpatient			7704	3073.41	Three Rivers	Three Rivers		7318.8	95			592.47	7318.8	percent of total billed charges	
EXC AND REPAIR OF EYELID	67961	CPT	outpatient			7704	3073.41	UHC	Medicare		2672.53				592.47	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC AND REPAIR OF EYELID	67961	CPT	outpatient			7704	3073.41	UHC	Medicaid		2430.61	31.55			592.47	7318.8	percent of total billed charges	
EXC AND REPAIR OF EYELID	67961	CPT	outpatient			7704	3073.41	United	Commercial|PPO		2776				592.47	7318.8	case rate	
EXC AND REPAIR OF EYELID	67961	CPT	outpatient			7704	3073.41	United	Oxford		2776				592.47	7318.8	case rate	
EXC AND REPAIR OF EYELID	67961	CPT	outpatient			7704	3073.41	Wellcare	Medicare		2672.53				592.47	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC AND REPAIR OF EYELID	67961	CPT	outpatient			7704	3073.41	Wellcare	Medicaid		2430.61	31.55			592.47	7318.8	percent of total billed charges	
EXC AND REPAIR OF EYELID	67961	CPT	outpatient			7704	3073.41	WellPoint	WellPoint		2479.15	32.18			592.47	7318.8	percent of total billed charges	
RECONSTRUC EYELID FULL	67975	CPT	outpatient			7704	3073.41	Aetna	Commercial		4254.67				145.27	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RECONSTRUC EYELID FULL	67975	CPT	outpatient			7704	3073.41	Aetna	Better Health		2430.61	31.55			145.27	7318.8	percent of total billed charges	
RECONSTRUC EYELID FULL	67975	CPT	outpatient			7704	3073.41	Aetna	Medicare		2672.53				145.27	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RECONSTRUC EYELID FULL	67975	CPT	outpatient			7704	3073.41	Americare	Americare		5778	75			145.27	7318.8	percent of total billed charges	
RECONSTRUC EYELID FULL	67975	CPT	outpatient			7704	3073.41	Amerihealth	HMO/PPO		5007.6	65			145.27	7318.8	percent of total billed charges	
RECONSTRUC EYELID FULL	67975	CPT	outpatient			7704	3073.41	Amerihealth	Medicare		2672.53				145.27	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RECONSTRUC EYELID FULL	67975	CPT	outpatient			7704	3073.41	Consumer	Consumer		7318.8	95			145.27	7318.8	percent of total billed charges	
RECONSTRUC EYELID FULL	67975	CPT	outpatient			7704	3073.41	Corrections	Corrections		6163.2	80			145.27	7318.8	percent of total billed charges	
RECONSTRUC EYELID FULL	67975	CPT	outpatient			7704	3073.41	First Health	First Health		5392.8	70			145.27	7318.8	percent of total billed charges	
RECONSTRUC EYELID FULL	67975	CPT	outpatient			7704	3073.41	First Trenton	First Trenton		6933.6	90			145.27	7318.8	percent of total billed charges	
RECONSTRUC EYELID FULL	67975	CPT	outpatient			7704	3073.41	Horizon	Indemnity		4973.58				145.27	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RECONSTRUC EYELID FULL	67975	CPT	outpatient			7704	3073.41	Horizon	MGD		4973.58				145.27	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RECONSTRUC EYELID FULL	67975	CPT	outpatient			7704	3073.41	Horizon	PPO		4973.58				145.27	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RECONSTRUC EYELID FULL	67975	CPT	outpatient			7704	3073.41	Horizon	NJ Health		145.27				145.27	7318.8	fee schedule	
RECONSTRUC EYELID FULL	67975	CPT	outpatient			7704	3073.41	Horizon	Medicare Blue		2672.53				145.27	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RECONSTRUC EYELID FULL	67975	CPT	outpatient			7704	3073.41	Managed Care Inc	Managed Care Inc		6933.6	90			145.27	7318.8	percent of total billed charges	
RECONSTRUC EYELID FULL	67975	CPT	outpatient			7704	3073.41	Multiplan	Multiplan		6163.2	80			145.27	7318.8	percent of total billed charges	
RECONSTRUC EYELID FULL	67975	CPT	outpatient			7704	3073.41	Qualcare	Qualcare		5778	75			145.27	7318.8	percent of total billed charges	
RECONSTRUC EYELID FULL	67975	CPT	outpatient			7704	3073.41	Three Rivers	Three Rivers		7318.8	95			145.27	7318.8	percent of total billed charges	
RECONSTRUC EYELID FULL	67975	CPT	outpatient			7704	3073.41	UHC	Medicare		2672.53				145.27	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RECONSTRUC EYELID FULL	67975	CPT	outpatient			7704	3073.41	UHC	Medicaid		2430.61	31.55			145.27	7318.8	percent of total billed charges	
RECONSTRUC EYELID FULL	67975	CPT	outpatient			7704	3073.41	United	Oxford		2776				145.27	7318.8	case rate	
RECONSTRUC EYELID FULL	67975	CPT	outpatient			7704	3073.41	United	Commercial|PPO		2776				145.27	7318.8	case rate	
RECONSTRUC EYELID FULL	67975	CPT	outpatient			7704	3073.41	Wellcare	Medicaid		2430.61	31.55			145.27	7318.8	percent of total billed charges	
RECONSTRUC EYELID FULL	67975	CPT	outpatient			7704	3073.41	Wellcare	Medicare		2672.53				145.27	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RECONSTRUC EYELID FULL	67975	CPT	outpatient			7704	3073.41	WellPoint	WellPoint		2479.15	32.18			145.27	7318.8	percent of total billed charges	
GOLD WEIGHT REMOVAL-EYELID	67999	CPT	outpatient			968	383.15	Aetna	Commercial		530.41				305.4	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GOLD WEIGHT REMOVAL-EYELID	67999	CPT	outpatient			968	383.15	Aetna	Medicare		333.17				305.4	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GOLD WEIGHT REMOVAL-EYELID	67999	CPT	outpatient			968	383.15	Aetna	Better Health		305.4	31.55			305.4	1782	percent of total billed charges	
GOLD WEIGHT REMOVAL-EYELID	67999	CPT	outpatient			968	383.15	Americare	Americare		726	75			305.4	1782	percent of total billed charges	
GOLD WEIGHT REMOVAL-EYELID	67999	CPT	outpatient			968	383.15	Amerihealth	Medicare		333.17				305.4	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GOLD WEIGHT REMOVAL-EYELID	67999	CPT	outpatient			968	383.15	Amerihealth	HMO/PPO		629.2	65			305.4	1782	percent of total billed charges	
GOLD WEIGHT REMOVAL-EYELID	67999	CPT	outpatient			968	383.15	Consumer	Consumer		919.6	95			305.4	1782	percent of total billed charges	
GOLD WEIGHT REMOVAL-EYELID	67999	CPT	outpatient			968	383.15	Corrections	Corrections		774.4	80			305.4	1782	percent of total billed charges	
GOLD WEIGHT REMOVAL-EYELID	67999	CPT	outpatient			968	383.15	First Health	First Health		677.6	70			305.4	1782	percent of total billed charges	
GOLD WEIGHT REMOVAL-EYELID	67999	CPT	outpatient			968	383.15	First Trenton	First Trenton		871.2	90			305.4	1782	percent of total billed charges	
GOLD WEIGHT REMOVAL-EYELID	67999	CPT	outpatient			968	383.15	Horizon	MGD		620.03				305.4	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GOLD WEIGHT REMOVAL-EYELID	67999	CPT	outpatient			968	383.15	Horizon	Indemnity		620.03				305.4	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GOLD WEIGHT REMOVAL-EYELID	67999	CPT	outpatient			968	383.15	Horizon	PPO		620.03				305.4	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GOLD WEIGHT REMOVAL-EYELID	67999	CPT	outpatient			968	383.15	Horizon	Medicare Blue		333.17				305.4	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GOLD WEIGHT REMOVAL-EYELID	67999	CPT	outpatient			968	383.15	Managed Care Inc	Managed Care Inc		871.2	90			305.4	1782	percent of total billed charges	
GOLD WEIGHT REMOVAL-EYELID	67999	CPT	outpatient			968	383.15	Multiplan	Multiplan		774.4	80			305.4	1782	percent of total billed charges	
GOLD WEIGHT REMOVAL-EYELID	67999	CPT	outpatient			968	383.15	Qualcare	Qualcare		726	75			305.4	1782	percent of total billed charges	
GOLD WEIGHT REMOVAL-EYELID	67999	CPT	outpatient			968	383.15	Three Rivers	Three Rivers		919.6	95			305.4	1782	percent of total billed charges	
GOLD WEIGHT REMOVAL-EYELID	67999	CPT	outpatient			968	383.15	UHC	Medicaid		305.4	31.55			305.4	1782	percent of total billed charges	
GOLD WEIGHT REMOVAL-EYELID	67999	CPT	outpatient			968	383.15	UHC	Medicare		333.17				305.4	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GOLD WEIGHT REMOVAL-EYELID	67999	CPT	outpatient			968	383.15	United	Commercial|PPO		1782				305.4	1782	case rate	
GOLD WEIGHT REMOVAL-EYELID	67999	CPT	outpatient			968	383.15	United	Oxford		1782				305.4	1782	case rate	
GOLD WEIGHT REMOVAL-EYELID	67999	CPT	outpatient			968	383.15	Wellcare	Medicare		333.17				305.4	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GOLD WEIGHT REMOVAL-EYELID	67999	CPT	outpatient			968	383.15	Wellcare	Medicaid		305.4	31.55			305.4	1782	percent of total billed charges	
GOLD WEIGHT REMOVAL-EYELID	67999	CPT	outpatient			968	383.15	WellPoint	WellPoint		311.5	32.18			305.4	1782	percent of total billed charges	
INCISION OF CONJ, DRAIN CYST	68020	CPT	outpatient			6362	1331.59	Aetna	Better Health		2007.21	31.55			50.53	6043.9	percent of total billed charges	
INCISION OF CONJ, DRAIN CYST	68020	CPT	outpatient			6362	1331.59	Aetna	Commercial		1843.38				50.53	6043.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION OF CONJ, DRAIN CYST	68020	CPT	outpatient			6362	1331.59	Aetna	Medicare		1157.9				50.53	6043.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION OF CONJ, DRAIN CYST	68020	CPT	outpatient			6362	1331.59	Americare	Americare		4771.5	75			50.53	6043.9	percent of total billed charges	
INCISION OF CONJ, DRAIN CYST	68020	CPT	outpatient			6362	1331.59	Amerihealth	Medicare		1157.9				50.53	6043.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION OF CONJ, DRAIN CYST	68020	CPT	outpatient			6362	1331.59	Amerihealth	HMO/PPO		4135.3	65			50.53	6043.9	percent of total billed charges	
INCISION OF CONJ, DRAIN CYST	68020	CPT	outpatient			6362	1331.59	Consumer	Consumer		6043.9	95			50.53	6043.9	percent of total billed charges	
INCISION OF CONJ, DRAIN CYST	68020	CPT	outpatient			6362	1331.59	Corrections	Corrections		5089.6	80			50.53	6043.9	percent of total billed charges	
INCISION OF CONJ, DRAIN CYST	68020	CPT	outpatient			6362	1331.59	First Health	First Health		4453.4	70			50.53	6043.9	percent of total billed charges	
INCISION OF CONJ, DRAIN CYST	68020	CPT	outpatient			6362	1331.59	First Trenton	First Trenton		5725.8	90			50.53	6043.9	percent of total billed charges	
INCISION OF CONJ, DRAIN CYST	68020	CPT	outpatient			6362	1331.59	Horizon	Indemnity		2154.85				50.53	6043.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION OF CONJ, DRAIN CYST	68020	CPT	outpatient			6362	1331.59	Horizon	MGD		2154.85				50.53	6043.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION OF CONJ, DRAIN CYST	68020	CPT	outpatient			6362	1331.59	Horizon	PPO		2154.85				50.53	6043.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION OF CONJ, DRAIN CYST	68020	CPT	outpatient			6362	1331.59	Horizon	NJ Health		50.53				50.53	6043.9	fee schedule	
INCISION OF CONJ, DRAIN CYST	68020	CPT	outpatient			6362	1331.59	Horizon	Medicare Blue		1157.9				50.53	6043.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION OF CONJ, DRAIN CYST	68020	CPT	outpatient			6362	1331.59	Managed Care Inc	Managed Care Inc		5725.8	90			50.53	6043.9	percent of total billed charges	
INCISION OF CONJ, DRAIN CYST	68020	CPT	outpatient			6362	1331.59	Multiplan	Multiplan		5089.6	80			50.53	6043.9	percent of total billed charges	
INCISION OF CONJ, DRAIN CYST	68020	CPT	outpatient			6362	1331.59	Qualcare	Qualcare		4771.5	75			50.53	6043.9	percent of total billed charges	
INCISION OF CONJ, DRAIN CYST	68020	CPT	outpatient			6362	1331.59	Three Rivers	Three Rivers		6043.9	95			50.53	6043.9	percent of total billed charges	
INCISION OF CONJ, DRAIN CYST	68020	CPT	outpatient			6362	1331.59	UHC	Medicare		1157.9				50.53	6043.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION OF CONJ, DRAIN CYST	68020	CPT	outpatient			6362	1331.59	UHC	Medicaid		2007.21	31.55			50.53	6043.9	percent of total billed charges	
INCISION OF CONJ, DRAIN CYST	68020	CPT	outpatient			6362	1331.59	United	Oxford		2493				50.53	6043.9	case rate	
INCISION OF CONJ, DRAIN CYST	68020	CPT	outpatient			6362	1331.59	United	Commercial|PPO		2493				50.53	6043.9	case rate	
INCISION OF CONJ, DRAIN CYST	68020	CPT	outpatient			6362	1331.59	Wellcare	Medicaid		2007.21	31.55			50.53	6043.9	percent of total billed charges	
INCISION OF CONJ, DRAIN CYST	68020	CPT	outpatient			6362	1331.59	Wellcare	Medicare		1157.9				50.53	6043.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION OF CONJ, DRAIN CYST	68020	CPT	outpatient			6362	1331.59	WellPoint	WellPoint		2047.29	32.18			50.53	6043.9	percent of total billed charges	
BIOPSY OF CONJUNCTIVA	68100	CPT	outpatient			7704	3073.41	Aetna	Better Health		2430.61	31.55			65.77	7318.8	percent of total billed charges	
BIOPSY OF CONJUNCTIVA	68100	CPT	outpatient			7704	3073.41	Aetna	Commercial		4254.67				65.77	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY OF CONJUNCTIVA	68100	CPT	outpatient			7704	3073.41	Aetna	Medicare		2672.53				65.77	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY OF CONJUNCTIVA	68100	CPT	outpatient			7704	3073.41	Americare	Americare		5778	75			65.77	7318.8	percent of total billed charges	
BIOPSY OF CONJUNCTIVA	68100	CPT	outpatient			7704	3073.41	Amerihealth	HMO/PPO		5007.6	65			65.77	7318.8	percent of total billed charges	
BIOPSY OF CONJUNCTIVA	68100	CPT	outpatient			7704	3073.41	Amerihealth	Medicare		2672.53				65.77	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY OF CONJUNCTIVA	68100	CPT	outpatient			7704	3073.41	Consumer	Consumer		7318.8	95			65.77	7318.8	percent of total billed charges	
BIOPSY OF CONJUNCTIVA	68100	CPT	outpatient			7704	3073.41	Corrections	Corrections		6163.2	80			65.77	7318.8	percent of total billed charges	
BIOPSY OF CONJUNCTIVA	68100	CPT	outpatient			7704	3073.41	First Health	First Health		5392.8	70			65.77	7318.8	percent of total billed charges	
BIOPSY OF CONJUNCTIVA	68100	CPT	outpatient			7704	3073.41	First Trenton	First Trenton		6933.6	90			65.77	7318.8	percent of total billed charges	
BIOPSY OF CONJUNCTIVA	68100	CPT	outpatient			7704	3073.41	Horizon	PPO		4973.58				65.77	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY OF CONJUNCTIVA	68100	CPT	outpatient			7704	3073.41	Horizon	MGD		4973.58				65.77	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY OF CONJUNCTIVA	68100	CPT	outpatient			7704	3073.41	Horizon	Medicare Blue		2672.53				65.77	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY OF CONJUNCTIVA	68100	CPT	outpatient			7704	3073.41	Horizon	NJ Health		65.77				65.77	7318.8	fee schedule	
BIOPSY OF CONJUNCTIVA	68100	CPT	outpatient			7704	3073.41	Horizon	Indemnity		4973.58				65.77	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY OF CONJUNCTIVA	68100	CPT	outpatient			7704	3073.41	Managed Care Inc	Managed Care Inc		6933.6	90			65.77	7318.8	percent of total billed charges	
BIOPSY OF CONJUNCTIVA	68100	CPT	outpatient			7704	3073.41	Multiplan	Multiplan		6163.2	80			65.77	7318.8	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
BIOPSY OF CONJUNCTIVA	68100	CPT	outpatient			7704		3073.41	Qualcare		5778				65.77		7318.8	percent of total billed charges	
BIOPSY OF CONJUNCTIVA	68100	CPT	outpatient			7704		3073.41	Three Rivers		7318.8				65.77		7318.8	percent of total billed charges	
BIOPSY OF CONJUNCTIVA	68100	CPT	outpatient			7704		3073.41	UHC		Medicaid	2430.61			31.55	65.77		7318.8	percent of total billed charges	
BIOPSY OF CONJUNCTIVA	68100	CPT	outpatient			7704		3073.41	UHC		Medicare	2672.53				65.77		7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY OF CONJUNCTIVA	68100	CPT	outpatient			7704		3073.41	United		Oxford	1817				65.77		7318.8	case rate	
BIOPSY OF CONJUNCTIVA	68100	CPT	outpatient			7704		3073.41	United		CommercialPPO	1817				65.77		7318.8	case rate	
BIOPSY OF CONJUNCTIVA	68100	CPT	outpatient			7704		3073.41	Wellcare		Medicare	2672.53				65.77		7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY OF CONJUNCTIVA	68100	CPT	outpatient			7704		3073.41	Wellcare		Medicaid	2430.61			31.55	65.77		7318.8	percent of total billed charges	
BIOPSY OF CONJUNCTIVA	68100	CPT	outpatient			7704		3073.41	WellPoint		2479.15				32.18	65.77		7318.8	percent of total billed charges	
EXCISION OF CONJ LESION;UP TO 1CM	68110	CPT	outpatient			7704		3073.41	Aetna		Better Health	2430.61			31.55	78.3		7318.8	percent of total billed charges	
EXCISION OF CONJ LESION;UP TO 1CM	68110	CPT	outpatient			7704		3073.41	Aetna		Commercial	4254.67				78.3		7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION OF CONJ LESION;UP TO 1CM	68110	CPT	outpatient			7704		3073.41	Aetna		Medicare	2672.53				78.3		7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION OF CONJ LESION;UP TO 1CM	68110	CPT	outpatient			7704		3073.41	Americare		Americare	5778			75	78.3		7318.8	percent of total billed charges	
EXCISION OF CONJ LESION;UP TO 1CM	68110	CPT	outpatient			7704		3073.41	Amerihealth		HMO/PPO	5007.6			65	78.3		7318.8	percent of total billed charges	
EXCISION OF CONJ LESION;UP TO 1CM	68110	CPT	outpatient			7704		3073.41	Amerihealth		Medicare	2672.53				78.3		7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION OF CONJ LESION;UP TO 1CM	68110	CPT	outpatient			7704		3073.41	Consumer		Consumer	7318.8			95	78.3		7318.8	percent of total billed charges	
EXCISION OF CONJ LESION;UP TO 1CM	68110	CPT	outpatient			7704		3073.41	Corrections		Corrections	6163.2			80	78.3		7318.8	percent of total billed charges	
EXCISION OF CONJ LESION;UP TO 1CM	68110	CPT	outpatient			7704		3073.41	First Health		First Health	5392.8			70	78.3		7318.8	percent of total billed charges	
EXCISION OF CONJ LESION;UP TO 1CM	68110	CPT	outpatient			7704		3073.41	First Trenton		First Trenton	6933.6			90	78.3		7318.8	percent of total billed charges	
EXCISION OF CONJ LESION;UP TO 1CM	68110	CPT	outpatient			7704		3073.41	Horizon		PPO	4973.58				78.3		7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION OF CONJ LESION;UP TO 1CM	68110	CPT	outpatient			7704		3073.41	Horizon		MGD	4973.58				78.3		7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION OF CONJ LESION;UP TO 1CM	68110	CPT	outpatient			7704		3073.41	Horizon		Medicare Blue	2672.53				78.3		7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION OF CONJ LESION;UP TO 1CM	68110	CPT	outpatient			7704		3073.41	Horizon		NJ Health	78.3				78.3		7318.8	fee schedule	
EXCISION OF CONJ LESION;UP TO 1CM	68110	CPT	outpatient			7704		3073.41	Horizon		Indemnity	4973.58				78.3		7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION OF CONJ LESION;UP TO 1CM	68110	CPT	outpatient			7704		3073.41	Managed Care Inc	Managed Care Inc		6933.6	90			78.3		7318.8	percent of total billed charges	
EXCISION OF CONJ LESION;UP TO 1CM	68110	CPT	outpatient			7704		3073.41	Multiplan	Multiplan		6163.2	80			78.3		7318.8	percent of total billed charges	
EXCISION OF CONJ LESION;UP TO 1CM	68110	CPT	outpatient			7704		3073.41	Qualcare	Qualcare		5778	75			78.3		7318.8	percent of total billed charges	
EXCISION OF CONJ LESION;UP TO 1CM	68110	CPT	outpatient			7704		3073.41	Three Rivers	Three Rivers		7318.8	95			78.3		7318.8	percent of total billed charges	
EXCISION OF CONJ LESION;UP TO 1CM	68110	CPT	outpatient			7704		3073.41	UHC		Medicaid	2430.61			31.55	78.3		7318.8	percent of total billed charges	
EXCISION OF CONJ LESION;UP TO 1CM	68110	CPT	outpatient			7704		3073.41	UHC		Medicare	2672.53				78.3		7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION OF CONJ LESION;UP TO 1CM	68110	CPT	outpatient			7704		3073.41	United		CommercialPPO	2776				78.3		7318.8	case rate	
EXCISION OF CONJ LESION;UP TO 1CM	68110	CPT	outpatient			7704		3073.41	United		Oxford	2776				78.3		7318.8	case rate	
EXCISION OF CONJ LESION;UP TO 1CM	68110	CPT	outpatient			7704		3073.41	Wellcare		Medicare	2672.53				78.3		7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION OF CONJ LESION;UP TO 1CM	68110	CPT	outpatient			7704		3073.41	Wellcare		Medicaid	2430.61			31.55	78.3		7318.8	percent of total billed charges	
EXCISION OF CONJ LESION;UP TO 1CM	68110	CPT	outpatient			7704		3073.41	WellPoint		2479.15				32.18	78.3		7318.8	percent of total billed charges	
EXCISION OF CONJ LESION;OVER 1CM	68115	CPT	outpatient			7704		3073.41	Aetna		Better Health	2430.61			31.55	109.62		7318.8	percent of total billed charges	
EXCISION OF CONJ LESION;OVER 1CM	68115	CPT	outpatient			7704		3073.41	Aetna		Medicare	2372.83			30.8	109.62		7318.8	percent of total billed charges	
EXCISION OF CONJ LESION;OVER 1CM	68115	CPT	outpatient			7704		3073.41	Aetna		Commercial	4254.67				109.62		7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION OF CONJ LESION;OVER 1CM	68115	CPT	outpatient			7704		3073.41	Americare		Americare	5778			75	109.62		7318.8	percent of total billed charges	
EXCISION OF CONJ LESION;OVER 1CM	68115	CPT	outpatient			7704		3073.41	Amerihealth		HMO/PPO	5007.6			65	109.62		7318.8	percent of total billed charges	
EXCISION OF CONJ LESION;OVER 1CM	68115	CPT	outpatient			7704		3073.41	Amerihealth		Medicare	2672.53				109.62		7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION OF CONJ LESION;OVER 1CM	68115	CPT	outpatient			7704		3073.41	Consumer		Consumer	7318.8			95	109.62		7318.8	percent of total billed charges	
EXCISION OF CONJ LESION;OVER 1CM	68115	CPT	outpatient			7704		3073.41	Corrections		Corrections	6163.2			80	109.62		7318.8	percent of total billed charges	
EXCISION OF CONJ LESION;OVER 1CM	68115	CPT	outpatient			7704		3073.41	First Health		First Health	5392.8			70	109.62		7318.8	percent of total billed charges	
EXCISION OF CONJ LESION;OVER 1CM	68115	CPT	outpatient			7704		3073.41	First Trenton		First Trenton	6933.6			90	109.62		7318.8	percent of total billed charges	
EXCISION OF CONJ LESION;OVER 1CM	68115	CPT	outpatient			7704		3073.41	Horizon		Medicare Blue	2672.53				109.62		7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION OF CONJ LESION;OVER 1CM	68115	CPT	outpatient			7704		3073.41	Horizon		MGD	4973.58				109.62		7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION OF CONJ LESION;OVER 1CM	68115	CPT	outpatient			7704		3073.41	Horizon		Indemnity	4973.58				109.62		7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION OF CONJ LESION;OVER 1CM	68115	CPT	outpatient			7704		3073.41	Horizon		NJ Health	109.62				109.62		7318.8	fee schedule	
EXCISION OF CONJ LESION;OVER 1CM	68115	CPT	outpatient			7704		3073.41	Horizon		PPO	4973.58				109.62		7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION OF CONJ LESION;OVER 1CM	68115	CPT	outpatient			7704		3073.41	Managed Care Inc	Managed Care Inc		6933.6	90			109.62		7318.8	percent of total billed charges	
EXCISION OF CONJ LESION;OVER 1CM	68115	CPT	outpatient			7704		3073.41	Multiplan	Multiplan		6163.2	80			109.62		7318.8	percent of total billed charges	
EXCISION OF CONJ LESION;OVER 1CM	68115	CPT	outpatient			7704		3073.41	Qualcare	Qualcare		5778	75			109.62		7318.8	percent of total billed charges	
EXCISION OF CONJ LESION;OVER 1CM	68115	CPT	outpatient			7704		3073.41	Three Rivers	Three Rivers		7318.8	95			109.62		7318.8	percent of total billed charges	
EXCISION OF CONJ LESION;OVER 1CM	68115	CPT	outpatient			7704		3073.41	UHC		Medicaid	2430.61			31.55	109.62		7318.8	percent of total billed charges	
EXCISION OF CONJ LESION;OVER 1CM	68115	CPT	outpatient			7704		3073.41	UHC		Medicare	2672.53				109.62		7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION OF CONJ LESION;OVER 1CM	68115	CPT	outpatient			7704		3073.41	United		Oxford	2776				109.62		7318.8	case rate	
EXCISION OF CONJ LESION;OVER 1CM	68115	CPT	outpatient			7704		3073.41	United		CommercialPPO	2776				109.62		7318.8	case rate	
EXCISION OF CONJ LESION;OVER 1CM	68115	CPT	outpatient			7704		3073.41	Wellcare		Medicare	2672.53				109.62		7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION OF CONJ LESION;OVER 1CM	68115	CPT	outpatient			7704		3073.41	Wellcare		Medicaid	2430.61			31.55	109.62		7318.8	percent of total billed charges	
EXCISION OF CONJ LESION;OVER 1CM	68115	CPT	outpatient			7704		3073.41	WellPoint		2479.15				32.18	109.62		7318.8	percent of total billed charges	
DESTRUCTION OF LESION OF CONJ	68135	CPT	outpatient			7704		3073.41	Aetna		Better Health	2430.61			31.55	58.46		7318.8	percent of total billed charges	
DESTRUCTION OF LESION OF CONJ	68135	CPT	outpatient			7704		3073.41	Aetna		Medicare	2672.53				58.46		7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION OF LESION OF CONJ	68135	CPT	outpatient			7704		3073.41	Aetna		Commercial	4254.67				58.46		7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION OF LESION OF CONJ	68135	CPT	outpatient			7704		3073.41	Americare		Americare	5778			75	58.46		7318.8	percent of total billed charges	
DESTRUCTION OF LESION OF CONJ	68135	CPT	outpatient			7704		3073.41	Amerihealth		HMO/PPO	5007.6			65	58.46		7318.8	percent of total billed charges	
DESTRUCTION OF LESION OF CONJ	68135	CPT	outpatient			7704		3073.41	Amerihealth		Medicare	2672.53				58.46		7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION OF LESION OF CONJ	68135	CPT	outpatient			7704		3073.41	Consumer		Consumer	7318.8			95	58.46		7318.8	percent of total billed charges	
DESTRUCTION OF LESION OF CONJ	68135	CPT	outpatient			7704		3073.41	Corrections		Corrections	6163.2			80	58.46		7318.8	percent of total billed charges	
DESTRUCTION OF LESION OF CONJ	68135	CPT	outpatient			7704		3073.41	First Health		First Health	5392.8			70	58.46		7318.8	percent of total billed charges	
DESTRUCTION OF LESION OF CONJ	68135	CPT	outpatient			7704		3073.41	First Trenton		First Trenton	6933.6			90	58.46		7318.8	percent of total billed charges	
DESTRUCTION OF LESION OF CONJ	68135	CPT	outpatient			7704		3073.41	Horizon		PPO	4973.58				58.46		7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION OF LESION OF CONJ	68135	CPT	outpatient			7704		3073.41	Horizon		Medicare Blue	2672.53				58.46		7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION OF LESION OF CONJ	68135	CPT	outpatient			7704		3073.41	Horizon		MGD	4973.58				58.46		7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION OF LESION OF CONJ	68135	CPT	outpatient			7704		3073.41	Horizon		Indemnity	4973.58				58.46		7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION OF LESION OF CONJ	68135	CPT	outpatient			7704		3073.41	Horizon		NJ Health	58.46				58.46		7318.8	fee schedule	
DESTRUCTION OF LESION OF CONJ	68135	CPT	outpatient			7704		3073.41	Managed Care Inc	Managed Care Inc		6933.6	90			58.46		7318.8	percent of total billed charges	
DESTRUCTION OF LESION OF CONJ	68135	CPT	outpatient			7704		3073.41	Multiplan	Multiplan		6163.2	80			58.46		7318.8	percent of total billed charges	
DESTRUCTION OF LESION OF CONJ	68135	CPT	outpatient			7704		3073.41	Qualcare	Qualcare		5778	75			58.46		7318.8	percent of total billed charges	
DESTRUCTION OF LESION OF CONJ	68135	CPT	outpatient			7704		3073.41	Three Rivers	Three Rivers		7318.8	95			58.46		7318.8	percent of total billed charges	
DESTRUCTION OF LESION OF CONJ	68135	CPT	outpatient			7704		3073.41	UHC		Medicaid	2430.61			31.55	58.46		7318.8	percent of total billed charges	
DESTRUCTION OF LESION OF CONJ	68135	CPT	outpatient			7704		3073.41	UHC		Medicare	2672.53				58.46		7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION OF LESION OF CONJ	68135	CPT	outpatient			7704		3073.41	United		CommercialPPO	2776				58.46		7318.8	case rate	
DESTRUCTION OF LESION OF CONJ	68135	CPT	outpatient			7704		3073.41	United		Oxford	2776				58.46		7318.8	case rate	
DESTRUCTION OF LESION OF CONJ	68135	CPT	outpatient			7704		3073.41	Wellcare		Medicaid	2430.61			31.55	58.46		7318.8	percent of total billed charges	
DESTRUCTION OF LESION OF CONJ	68135	CPT	outpatient			7704		3073.41	Wellcare		Medicare	2672.53				58.46		7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION OF LESION OF CONJ	68135	CPT	outpatient			7704		3073.41	WellPoint		2479.15				32.18	58.46		7318.8	percent of total billed charges	
SUB-CONJ INJ, DRUG SEPARATE	68200	CPT	outpatient			1379		524.04	Aetna		Commercial	725.46				46.12		1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUB-CONJ INJ, DRUG SEPARATE	68200	CPT	outpatient			1379		524.04	Aetna		Better Health	435.07			31.55	46.12		1782	percent of total billed charges	
SUB-CONJ INJ, DRUG SEPARATE	68200	CPT	outpatient			1379		524.04	Aetna		Medicare	455.69				46.12		1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUB-CONJ INJ, DRUG SEPARATE	68200	CPT	outpatient			1379		524.04	Americare		Americare	1034.25			75	46.12		1782	percent of total billed charges	
SUB-CONJ INJ, DRUG SEPARATE	68200	CPT	outpatient			1379		524.04	Amerihealth		HMO/PPO	896.35			65	46.12		1782	percent of total billed charges	
SUB-CONJ INJ, DRUG SEPARATE	68200	CPT	outpatient			1379		524.04	Amerihealth		Medicare	455.69				46.12		1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUB-CONJ INJ, DRUG SEPARATE	68200	CPT	outpatient			1379		524.04	Consumer		Consumer	1310.05			95	46.12		1782	percent of total billed charges	
SUB-CONJ INJ, DRUG SEPARATE	68200	CPT	outpatient			1379		524.04	Corrections		Corrections	1103.2			80	46.12		1782	percent of total billed charges	
SUB-CONJ INJ, DRUG SEPARATE	68200	CPT	outpatient			1379		524.04	First Health		First Health	965.3			70	46.12		1782	percent of total billed charges	
SUB-CONJ INJ, DRUG SEPARATE	68200	CPT	outpatient			1379		524.04	First Trenton		First Trenton	1241.1			90	46.12		1782	percent of total billed charges	
SUB-CONJ INJ, DRUG SEPARATE	68200	CPT	outpatient			1379		524.04	Horizon		NJ Health	46.12				46.12		1782	fee schedule	
SUB-CONJ INJ, DRUG SEPARATE	68200	CPT	outpatient			1379		524.04	Horizon		Indemnity	848.04				46.12		1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUB-CONJ INJ, DRUG SEPARATE	68200	CPT	outpatient			1379		524.04	Horizon		Medicare Blue	455.69				46.12		1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUB-CONJ INJ, DRUG SEPARATE	68200	CPT	outpatient			1379		524.04	Horizon		PPO	848.04				46.12		1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUB-CONJ INJ, DRUG SEPARATE	68200	CPT	outpatient			1379		524.04	Horizon		MGD	848.04				46.12		1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUB-CONJ INJ, DRUG SEPARATE	68200	CPT	outpatient			1379		524.04	Managed Care Inc	Managed Care Inc		1241.1	90			46.12		1782	percent of total billed charges	
SUB-CONJ INJ, DRUG SEPARATE	68200	CPT	outpatient			1379		524.04	Multiplan	Multiplan		1103.2	80			46.12		1782	percent of total billed charges	
SUB-CONJ INJ, DRUG SEPARATE	68200	CPT	outpatient			1379		524.04	Qualcare	Qualcare		1034.25	75			46.12		1782	percent of total billed charges	
SUB-CONJ INJ, DRUG SEPARATE	68200	CPT	outpatient			1379		524.04	Three Rivers	Three Rivers		1310.05	95			46.12		1782	percent of total billed charges	
SUB-CONJ INJ, DRUG SEPARATE	68200	CPT	outpatient			1379		524.04	UHC		Medicare	455.69				46.12		1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUB-CONJ INJ, DRUG SEPARATE	68200	CPT	outpatient			1379		524.04	UHC		Medicaid	435.07			31.55	46.12		1782	percent of total billed charges	
SUB-CONJ INJ, DRUG SEPARATE	68200	CPT	outpatient			1379		524.04	United		CommercialPPO	1782				46.12		1782	case rate	
SUB-CONJ INJ, DRUG SEPARATE	68200	CPT	outpatient			1379		524.04	United		Oxford	1782				46.12		1782	case rate	
SUB-CONJ INJ, DRUG SEPARATE	68200	CPT	outpatient			1379		524.04	Wellcare		Medicare	455.69				46.12		1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUB-CONJ INJ, DRUG SEPARATE	68200	CPT	outpatient			1379		524.04	Wellcare		Medicaid	435.07			31.55	46.12		1782	percent of total billed charges	
SUB-CONJ INJ, DRUG SEPARATE	68200	CPT	outpatient			1379		524.04	WellPoint		443.76				32.18	46.12		1782	percent of total billed charges	
CONJUCTIVOPLASTY	68320	CPT	outpatient			7704		3073.41	Aetna		Commercial	4254.67				694.78		7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONJUCTIVOPLASTY	68320	CPT	outpatient			7704		3073.41	Aetna		Medicare	2372.83			30.8	694.78		7318.8	percent of total billed charges	
CONJUCTIVOPLASTY	68320	CPT	outpatient			7704		3073.41	Aetna		Better Health	2430.61			31.55	694.78		7318.8	percent of total billed charges	
CONJUCTIVOPLASTY	68320	CPT	outpatient			7704		3073.41	Americare		Americare	5778			75	694.78		7318.8	percent of total billed charges	
CONJUCTIVOPLASTY	68320	CPT	outpatient			7704		3073.41	Amerihealth		HMO/PPO	5007.6			65	694.78		7318.8	percent of total billed charges	
CONJUCTIVOPLASTY	68320	CPT	outpatient			7704		3073.41	Amerihealth		Medicare	2672.53				694.78		7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONJUCTIVOPLASTY	68320	CPT	outpatient			7704		3073.41	Consumer		Consumer	7318.8			95	694.78		7318.8	percent of total billed charges	
CONJUCTIVOPLASTY	68320	CPT	outpatient			7704		3073.41	Corrections		Corrections	6163.2			80	694.78		7318.8	percent of total billed charges	
CONJUCTIVOPLASTY	68320	CPT	outpatient			7704		3073.41	First Health		First Health	5392.8			70	694.78		7318.8	percent of total billed charges	
CONJUCTIVOPLASTY	68320	CPT	outpatient			7704		3073.41	First Trenton		First Trenton	6933.6			90	694.78		7318.8	percent of total billed charges	
CONJUCTIVOPLASTY	68320	CPT	outpatient			7704		3073.41	Horizon		Indemnity	4973.58				694.78		7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONJUCTIVOPLASTY	68320	CPT	outpatient			7704		3073.41	Horizon		MGD	4973.58				694.78		7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONJUCTIVOPLASTY	68320	CPT	outpatient			7704		3073.41	Horizon		Medicare Blue	2672.53				694.78		7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONJUCTIVOPLASTY	68320	CPT	outpatient			7704		3073.41	Horizon		NJ Health	694.78				694.78		7318.8	fee schedule	
CONJUCTIVOPLASTY	68320	CPT	outpatient			7704		3073.41	Horizon		PPO	4973.58				694.78		7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONJUCTIVOPLASTY	68320	CPT	outpatient			7704		3073.41	Managed Care Inc	Managed Care Inc		6933.6	90			694.78		7318.8	percent of total billed charges	
CONJUCTIVOPLASTY	68320	CPT	outpatient			7704		3073.41	Multiplan	Multiplan		6163.2	80			694.78		7318.8	percent of total billed charges	
CONJUCTIVOPLASTY	68320	CPT	outpatient			7704		3073.41	Qualcare	Qualcare		5778	75			694.78		7318.8	percent of total billed charges	
CONJUCTIVOPLASTY	68320	CPT	outpatient			7704		3073.41	Three Rivers	Three Rivers		7318.8	95			694.78		7318.8	percent of total billed charges	
CONJUCTIVOPLASTY	68320	CPT	outpatient			7704		3073.41	UHC		Medicare	2672.53				694.78		7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONJUCTIVOPLASTY	68320	CPT	outpatient			7704		3073.41	UHC		Medicaid	2430.61			31.55	694.78		7318.8	percent of total billed charges	
CONJUCTIVOPLASTY	68320	CPT	outpatient			7704		3073.41	United		Oxford	2776				694.78		7318.8	case rate	
CONJUCTIVOPLASTY	68320	CPT	outpatient			7704		3073.41	United		CommercialPPO	2776				694.78		7318.8	case rate	
CONJUCTIVOPLASTY	68320	CPT	outpatient			7704		3073.41	Wellcare		Medicare	2672.53				694.78		7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONJUCTIVOPLASTY	68320	CPT	outpatient			7704		3073.41	Wellcare		Medicaid	2430.61			31.55	694.78		7318.8	percent of total billed charges	
CONJUCTIVOPLASTY	68320	CPT	outpatient			7704		3073.41	WellPoint		2479.15				32.18	694.78		7318.8	percent of total billed charges	
CONJUNCTVPLST, REV, CONJ GRFT	68326	CPT	outpatient			12737		5085.16	Aetna		Better Health	4018.52			31.55	892.62		12100.15	percent of total billed charges	
CONJUNCTVPLST, REV, CONJ GRFT	68326	CPT	outpatient			12737		5085.16	Aetna		Commercial	7039.63				892.62		12100.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONJUNCTVPLST, REV, CONJ GRFT	68326	CPT	outpatient			12737		5085.16	Aetna		Medicare	4421.88				892.62		12100.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONJUNCTVPLST, REV, CONJ GRFT	68326	CPT	outpatient			12737		5085.16	Americare		Americare	9552.75			75	892.62		12100.15	percent of total billed charges	
CONJUNCTVPLST, REV, CONJ GRFT	68326	CPT	outpatient			12737		5085.16	Amerihealth		HMO/PPO	8279.05			65	892.62		12100.15	percent of total billed charges	
CONJUNCTVPLST, REV, CONJ GRFT	68326	CPT	outpatient			12737		5085.16	Amerihealth		Medicare	4421.88				892.62		12100.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONJUNCTVPLST, REV, CONJ GRFT	68326	CPT	outpatient			12737		5085.16	Consumer		Consumer	12100.15			95	892.62		12100.15	percent of total billed charges	
CONJUNCTVPLST, REV, CONJ GRFT	68326	CPT	outpatient			12737		5085.16	Corrections		Corrections	10189.6			80	892.62		12100.15	percent of total billed charges	
CONJUNCTVPLST, REV, CONJ GRFT	68326	CPT	outpatient			12737		5085.16	First Health		First Health	8915.9			70	892.62		12100.15	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CONJUNCTVPLST, REV, CONJ GRFT	68326	CPT	outpatient			12737	5085.16	First Trenton	First Trenton		11463.3	90			892.62	12100.15	percent of total billed charges	
CONJUNCTVPLST, REV, CONJ GRFT	68326	CPT	outpatient			12737	5085.16	Horizon	Indemnity		8229.12				892.62	12100.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONJUNCTVPLST, REV, CONJ GRFT	68326	CPT	outpatient			12737	5085.16	Horizon	NJ Health		892.62				892.62	12100.15	fee schedule	
CONJUNCTVPLST, REV, CONJ GRFT	68326	CPT	outpatient			12737	5085.16	Horizon	PPO		8229.12				892.62	12100.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONJUNCTVPLST, REV, CONJ GRFT	68326	CPT	outpatient			12737	5085.16	Horizon	MGD		8229.12				892.62	12100.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONJUNCTVPLST, REV, CONJ GRFT	68326	CPT	outpatient			12737	5085.16	Horizon	Medicare Blue		4421.88				892.62	12100.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONJUNCTVPLST, REV, CONJ GRFT	68326	CPT	outpatient			12737	5085.16	Managed Care Inc	Managed Care Inc		11463.3	90			892.62	12100.15	percent of total billed charges	
CONJUNCTVPLST, REV, CONJ GRFT	68326	CPT	outpatient			12737	5085.16	Multiplan	Multiplan		10189.6	80			892.62	12100.15	percent of total billed charges	
CONJUNCTVPLST, REV, CONJ GRFT	68326	CPT	outpatient			12737	5085.16	Qualcare	Qualcare		9552.75	75			892.62	12100.15	percent of total billed charges	
CONJUNCTVPLST, REV, CONJ GRFT	68326	CPT	outpatient			12737	5085.16	Three Rivers	Three Rivers		12100.15	95			892.62	12100.15	percent of total billed charges	
CONJUNCTVPLST, REV, CONJ GRFT	68326	CPT	outpatient			12737	5085.16	UHC	Medicare		4421.88				892.62	12100.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONJUNCTVPLST, REV, CONJ GRFT	68326	CPT	outpatient			12737	5085.16	UHC	Medicaid		4018.52	31.55			892.62	12100.15	percent of total billed charges	
CONJUNCTVPLST, REV, CONJ GRFT	68326	CPT	outpatient			12737	5085.16	United	Commercial|PPO		3492				892.62	12100.15	case rate	
CONJUNCTVPLST, REV, CONJ GRFT	68326	CPT	outpatient			12737	5085.16	United	Oxford		3492				892.62	12100.15	case rate	
CONJUNCTVPLST, REV, CONJ GRFT	68326	CPT	outpatient			12737	5085.16	Wellcare	Medicare		4421.88				892.62	12100.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONJUNCTVPLST, REV, CONJ GRFT	68326	CPT	outpatient			12737	5085.16	Wellcare	Medicaid		4018.52	31.55			892.62	12100.15	percent of total billed charges	
CONJUNCTVPLST, REV, CONJ GRFT	68326	CPT	outpatient			12737	5085.16	WellPoint	WellPoint		4098.77	32.18			892.62	12100.15	percent of total billed charges	
REP SYMBLEPH;CONJUNCTIVOPLASTY	68330	CPT	outpatient			7868	3064.95	Aetna	Commercial		4242.95				670.77	7474.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP SYMBLEPH;CONJUNCTIVOPLASTY	68330	CPT	outpatient			7868	3064.95	Aetna	Better Health		2492.35	31.55			670.77	7474.6	percent of total billed charges	
REP SYMBLEPH;CONJUNCTIVOPLASTY	68330	CPT	outpatient			7868	3064.95	Aetna	Medicare		2665.17				670.77	7474.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP SYMBLEPH;CONJUNCTIVOPLASTY	68330	CPT	outpatient			7868	3064.95	Americare	Americare		5901	75			670.77	7474.6	percent of total billed charges	
REP SYMBLEPH;CONJUNCTIVOPLASTY	68330	CPT	outpatient			7868	3064.95	Amerihealth	HMO/PPO		5114.2	65			670.77	7474.6	percent of total billed charges	
REP SYMBLEPH;CONJUNCTIVOPLASTY	68330	CPT	outpatient			7868	3064.95	Amerihealth	Medicare		2665.17				670.77	7474.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP SYMBLEPH;CONJUNCTIVOPLASTY	68330	CPT	outpatient			7868	3064.95	Consumer	Consumer		7474.6	95			670.77	7474.6	percent of total billed charges	
REP SYMBLEPH;CONJUNCTIVOPLASTY	68330	CPT	outpatient			7868	3064.95	Corrections	Corrections		6294.4	80			670.77	7474.6	percent of total billed charges	
REP SYMBLEPH;CONJUNCTIVOPLASTY	68330	CPT	outpatient			7868	3064.95	First Health	First Health		5507.6	70			670.77	7474.6	percent of total billed charges	
REP SYMBLEPH;CONJUNCTIVOPLASTY	68330	CPT	outpatient			7868	3064.95	First Trenton	First Trenton		7081.2	90			670.77	7474.6	percent of total billed charges	
REP SYMBLEPH;CONJUNCTIVOPLASTY	68330	CPT	outpatient			7868	3064.95	Horizon	Indemnity		4959.88				670.77	7474.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP SYMBLEPH;CONJUNCTIVOPLASTY	68330	CPT	outpatient			7868	3064.95	Horizon	MGD		4959.88				670.77	7474.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP SYMBLEPH;CONJUNCTIVOPLASTY	68330	CPT	outpatient			7868	3064.95	Horizon	PPO		4959.88				670.77	7474.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP SYMBLEPH;CONJUNCTIVOPLASTY	68330	CPT	outpatient			7868	3064.95	Horizon	NJ Health		670.77				670.77	7474.6	fee schedule	
REP SYMBLEPH;CONJUNCTIVOPLASTY	68330	CPT	outpatient			7868	3064.95	Horizon	Medicare Blue		2665.17				670.77	7474.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP SYMBLEPH;CONJUNCTIVOPLASTY	68330	CPT	outpatient			7868	3064.95	Managed Care Inc	Managed Care Inc		7081.2	90			670.77	7474.6	percent of total billed charges	
REP SYMBLEPH;CONJUNCTIVOPLASTY	68330	CPT	outpatient			7868	3064.95	Multiplan	Multiplan		6294.4	80			670.77	7474.6	percent of total billed charges	
REP SYMBLEPH;CONJUNCTIVOPLASTY	68330	CPT	outpatient			7868	3064.95	Qualcare	Qualcare		5901	75			670.77	7474.6	percent of total billed charges	
REP SYMBLEPH;CONJUNCTIVOPLASTY	68330	CPT	outpatient			7868	3064.95	Three Rivers	Three Rivers		7474.6	95			670.77	7474.6	percent of total billed charges	
REP SYMBLEPH;CONJUNCTIVOPLASTY	68330	CPT	outpatient			7868	3064.95	UHC	Medicare		2665.17				670.77	7474.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP SYMBLEPH;CONJUNCTIVOPLASTY	68330	CPT	outpatient			7868	3064.95	UHC	Medicaid		2482.35	31.55			670.77	7474.6	percent of total billed charges	
REP SYMBLEPH;CONJUNCTIVOPLASTY	68330	CPT	outpatient			7868	3064.95	United	Oxford		2776				670.77	7474.6	case rate	
REP SYMBLEPH;CONJUNCTIVOPLASTY	68330	CPT	outpatient			7868	3064.95	United	Commercial|PPO		2776				670.77	7474.6	case rate	
REP SYMBLEPH;CONJUNCTIVOPLASTY	68330	CPT	outpatient			7868	3064.95	Wellcare	Medicaid		2482.35	31.55			670.77	7474.6	percent of total billed charges	
REP SYMBLEPH;CONJUNCTIVOPLASTY	68330	CPT	outpatient			7868	3064.95	Wellcare	Medicare		2665.17				670.77	7474.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP SYMBLEPH;CONJUNCTIVOPLASTY	68330	CPT	outpatient			7868	3064.95	WellPoint	WellPoint		2531.92	32.18			670.77	7474.6	percent of total billed charges	
REPAIR SYMBLEPHARON	68340	CPT	outpatient			7704	3073.41	Aetna	Medicare		2372.83	30.8			670.77	7318.8	percent of total billed charges	
REPAIR SYMBLEPHARON	68340	CPT	outpatient			7704	3073.41	Aetna	Commercial		4254.67				670.77	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR SYMBLEPHARON	68340	CPT	outpatient			7704	3073.41	Aetna	Better Health		2430.61	31.55			670.77	7318.8	percent of total billed charges	
REPAIR SYMBLEPHARON	68340	CPT	outpatient			7704	3073.41	Americare	Americare		5778	75			670.77	7318.8	percent of total billed charges	
REPAIR SYMBLEPHARON	68340	CPT	outpatient			7704	3073.41	Amerihealth	HMO/PPO		5007.6	65			670.77	7318.8	percent of total billed charges	
REPAIR SYMBLEPHARON	68340	CPT	outpatient			7704	3073.41	Amerihealth	Medicare		2672.53				670.77	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR SYMBLEPHARON	68340	CPT	outpatient			7704	3073.41	Consumer	Consumer		7318.8	95			670.77	7318.8	percent of total billed charges	
REPAIR SYMBLEPHARON	68340	CPT	outpatient			7704	3073.41	Corrections	Corrections		6163.2	80			670.77	7318.8	percent of total billed charges	
REPAIR SYMBLEPHARON	68340	CPT	outpatient			7704	3073.41	First Health	First Health		5392.8	70			670.77	7318.8	percent of total billed charges	
REPAIR SYMBLEPHARON	68340	CPT	outpatient			7704	3073.41	First Trenton	First Trenton		6933.6	90			670.77	7318.8	percent of total billed charges	
REPAIR SYMBLEPHARON	68340	CPT	outpatient			7704	3073.41	Horizon	Medicare Blue		2672.53				670.77	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR SYMBLEPHARON	68340	CPT	outpatient			7704	3073.41	Horizon	Indemnity		4973.58				670.77	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR SYMBLEPHARON	68340	CPT	outpatient			7704	3073.41	Horizon	MGD		4973.58				670.77	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR SYMBLEPHARON	68340	CPT	outpatient			7704	3073.41	Horizon	NJ Health		670.77				670.77	7318.8	fee schedule	
REPAIR SYMBLEPHARON	68340	CPT	outpatient			7704	3073.41	Horizon	PPO		4973.58				670.77	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR SYMBLEPHARON	68340	CPT	outpatient			7704	3073.41	Managed Care Inc	Managed Care Inc		6933.6	90			670.77	7318.8	percent of total billed charges	
REPAIR SYMBLEPHARON	68340	CPT	outpatient			7704	3073.41	Multiplan	Multiplan		6163.2	80			670.77	7318.8	percent of total billed charges	
REPAIR SYMBLEPHARON	68340	CPT	outpatient			7704	3073.41	Qualcare	Qualcare		5778	75			670.77	7318.8	percent of total billed charges	
REPAIR SYMBLEPHARON	68340	CPT	outpatient			7704	3073.41	Three Rivers	Three Rivers		7318.8	95			670.77	7318.8	percent of total billed charges	
REPAIR SYMBLEPHARON	68340	CPT	outpatient			7704	3073.41	UHC	Medicare		2672.53				670.77	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR SYMBLEPHARON	68340	CPT	outpatient			7704	3073.41	UHC	Medicaid		2430.61	31.55			670.77	7318.8	percent of total billed charges	
REPAIR SYMBLEPHARON	68340	CPT	outpatient			7704	3073.41	United	Oxford		2776				670.77	7318.8	case rate	
REPAIR SYMBLEPHARON	68340	CPT	outpatient			7704	3073.41	United	Commercial|PPO		2776				670.77	7318.8	case rate	
REPAIR SYMBLEPHARON	68340	CPT	outpatient			7704	3073.41	Wellcare	Medicare		2672.53				670.77	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR SYMBLEPHARON	68340	CPT	outpatient			7704	3073.41	Wellcare	Medicaid		2430.61	31.55			670.77	7318.8	percent of total billed charges	
REPAIR SYMBLEPHARON	68340	CPT	outpatient			7704	3073.41	WellPoint	WellPoint		2479.15	32.18			670.77	7318.8	percent of total billed charges	
CONJ FLAP; BRIDGE/PARTIAL	68360	CPT	outpatient			12737	5085.16	Aetna	Medicare		3923	30.8			360.02	12100.15	percent of total billed charges	
CONJ FLAP; BRIDGE/PARTIAL	68360	CPT	outpatient			12737	5085.16	Aetna	Better Health		4018.52	31.55			360.02	12100.15	percent of total billed charges	
CONJ FLAP; BRIDGE/PARTIAL	68360	CPT	outpatient			12737	5085.16	Aetna	Commercial		7039.63				360.02	12100.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONJ FLAP; BRIDGE/PARTIAL	68360	CPT	outpatient			12737	5085.16	Americare	Americare		9552.75	75			360.02	12100.15	percent of total billed charges	
CONJ FLAP; BRIDGE/PARTIAL	68360	CPT	outpatient			12737	5085.16	Amerihealth	HMO/PPO		8279.05	65			360.02	12100.15	percent of total billed charges	
CONJ FLAP; BRIDGE/PARTIAL	68360	CPT	outpatient			12737	5085.16	Amerihealth	Medicare		4421.88				360.02	12100.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONJ FLAP; BRIDGE/PARTIAL	68360	CPT	outpatient			12737	5085.16	Consumer	Consumer		12100.15	95			360.02	12100.15	percent of total billed charges	
CONJ FLAP; BRIDGE/PARTIAL	68360	CPT	outpatient			12737	5085.16	Corrections	Corrections		10189.6	80			360.02	12100.15	percent of total billed charges	
CONJ FLAP; BRIDGE/PARTIAL	68360	CPT	outpatient			12737	5085.16	First Health	First Health		8915.9	70			360.02	12100.15	percent of total billed charges	
CONJ FLAP; BRIDGE/PARTIAL	68360	CPT	outpatient			12737	5085.16	First Trenton	First Trenton		11463.3	90			360.02	12100.15	percent of total billed charges	
CONJ FLAP; BRIDGE/PARTIAL	68360	CPT	outpatient			12737	5085.16	Horizon	NJ Health		360.02				360.02	12100.15	fee schedule	
CONJ FLAP; BRIDGE/PARTIAL	68360	CPT	outpatient			12737	5085.16	Horizon	Indemnity		8229.12				360.02	12100.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONJ FLAP; BRIDGE/PARTIAL	68360	CPT	outpatient			12737	5085.16	Horizon	Medicare Blue		4421.88				360.02	12100.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONJ FLAP; BRIDGE/PARTIAL	68360	CPT	outpatient			12737	5085.16	Horizon	MGD		8229.12				360.02	12100.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONJ FLAP; BRIDGE/PARTIAL	68360	CPT	outpatient			12737	5085.16	Horizon	PPO		8229.12				360.02	12100.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONJ FLAP; BRIDGE/PARTIAL	68360	CPT	outpatient			12737	5085.16	Managed Care Inc	Managed Care Inc		11463.3	90			360.02	12100.15	percent of total billed charges	
CONJ FLAP; BRIDGE/PARTIAL	68360	CPT	outpatient			12737	5085.16	Multiplan	Multiplan		10189.6	80			360.02	12100.15	percent of total billed charges	
CONJ FLAP; BRIDGE/PARTIAL	68360	CPT	outpatient			12737	5085.16	Qualcare	Qualcare		9552.75	75			360.02	12100.15	percent of total billed charges	
CONJ FLAP; BRIDGE/PARTIAL	68360	CPT	outpatient			12737	5085.16	Three Rivers	Three Rivers		12100.15	95			360.02	12100.15	percent of total billed charges	
CONJ FLAP; BRIDGE/PARTIAL	68360	CPT	outpatient			12737	5085.16	UHC	Medicaid		4018.52	31.55			360.02	12100.15	percent of total billed charges	
CONJ FLAP; BRIDGE/PARTIAL	68360	CPT	outpatient			12737	5085.16	UHC	Medicare		4421.88				360.02	12100.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONJ FLAP; BRIDGE/PARTIAL	68360	CPT	outpatient			12737	5085.16	United	Commercial|PPO		3492				360.02	12100.15	case rate	
CONJ FLAP; BRIDGE/PARTIAL	68360	CPT	outpatient			12737	5085.16	United	Oxford		3492				360.02	12100.15	case rate	
CONJ FLAP; BRIDGE/PARTIAL	68360	CPT	outpatient			12737	5085.16	Wellcare	Medicaid		4018.52	31.55			360.02	12100.15	percent of total billed charges	
CONJ FLAP; BRIDGE/PARTIAL	68360	CPT	outpatient			12737	5085.16	Wellcare	Medicare		4421.88				360.02	12100.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONJ FLAP; BRIDGE/PARTIAL	68360	CPT	outpatient			12737	5085.16	WellPoint	WellPoint		4098.77	32.18			360.02	12100.15	percent of total billed charges	
I&D LACRIMAL GLAND	68400	CPT	outpatient			3180	1331.59	Aetna	Medicare		1157.9				137.81	3021	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D LACRIMAL GLAND	68400	CPT	outpatient			3180	1331.59	Aetna	Better Health		1003.29	31.55			137.81	3021	percent of total billed charges	
I&D LACRIMAL GLAND	68400	CPT	outpatient			3180	1331.59	Aetna	Commercial		1843.38				137.81	3021	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D LACRIMAL GLAND	68400	CPT	outpatient			3180	1331.59	Americare	Americare		2385	75			137.81	3021	percent of total billed charges	
I&D LACRIMAL GLAND	68400	CPT	outpatient			3180	1331.59	Amerihealth	HMO/PPO		2067	65			137.81	3021	percent of total billed charges	
I&D LACRIMAL GLAND	68400	CPT	outpatient			3180	1331.59	Amerihealth	Medicare		1157.9				137.81	3021	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D LACRIMAL GLAND	68400	CPT	outpatient			3180	1331.59	Consumer	Consumer		3021	95			137.81	3021	percent of total billed charges	
I&D LACRIMAL GLAND	68400	CPT	outpatient			3180	1331.59	Corrections	Corrections		2544	80			137.81	3021	percent of total billed charges	
I&D LACRIMAL GLAND	68400	CPT	outpatient			3180	1331.59	First Health	First Health		2226	70			137.81	3021	percent of total billed charges	
I&D LACRIMAL GLAND	68400	CPT	outpatient			3180	1331.59	First Trenton	First Trenton		2862	90			137.81	3021	percent of total billed charges	
I&D LACRIMAL GLAND	68400	CPT	outpatient			3180	1331.59	Horizon	MGD		2154.85				137.81	3021	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D LACRIMAL GLAND	68400	CPT	outpatient			3180	1331.59	Horizon	Medicare Blue		1157.9				137.81	3021	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D LACRIMAL GLAND	68400	CPT	outpatient			3180	1331.59	Horizon	Indemnity		2154.85				137.81	3021	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D LACRIMAL GLAND	68400	CPT	outpatient			3180	1331.59	Horizon	NJ Health		137.81				137.81	3021	fee schedule	
I&D LACRIMAL GLAND	68400	CPT	outpatient			3180	1331.59	Horizon	PPO		2154.85				137.81	3021	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D LACRIMAL GLAND	68400	CPT	outpatient			3180	1331.59	Managed Care Inc	Managed Care Inc		2862	90			137.81	3021	percent of total billed charges	
I&D LACRIMAL GLAND	68400	CPT	outpatient			3180	1331.59	Multiplan	Multiplan		2544	80			137.81	3021	percent of total billed charges	
I&D LACRIMAL GLAND	68400	CPT	outpatient			3180	1331.59	Qualcare	Qualcare		2385	75			137.81	3021	percent of total billed charges	
I&D LACRIMAL GLAND	68400	CPT	outpatient			3180	1331.59	Three Rivers	Three Rivers		3021	95			137.81	3021	percent of total billed charges	
I&D LACRIMAL GLAND	68400	CPT	outpatient			3180	1331.59	UHC	Medicaid		1003.29	31.55			137.81	3021	percent of total billed charges	
I&D LACRIMAL GLAND	68400	CPT	outpatient			3180	1331.59	UHC	Medicare		1157.9				137.81	3021	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D LACRIMAL GLAND	68400	CPT	outpatient			3180	1331.59	United	Commercial|PPO		2493				137.81	3021	case rate	
I&D LACRIMAL GLAND	68400	CPT	outpatient			3180	1331.59	United	Oxford		2493				137.81	3021	case rate	
I&D LACRIMAL GLAND	68400	CPT	outpatient			3180	1331.59	Wellcare	Medicare		1157.9				137.81	3021	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D LACRIMAL GLAND	68400	CPT	outpatient			3180	1331.59	Wellcare	Medicaid		1003.29	31.55			137.81	3021	percent of total billed charges	
I&D LACRIMAL GLAND	68400	CPT	outpatient			3180	1331.59	WellPoint	WellPoint		1023.32	32.18			137.81	3021	percent of total billed charges	
I&D TEAR SAC	68420	CPT	outpatient			7704	3073.41	Aetna	Medicare		2372.83	30.8			116.85	7318.8	percent of total billed charges	
I&D TEAR SAC	68420	CPT	outpatient			7704	3073.41	Aetna	Commercial		4254.67				116.85	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D TEAR SAC	68420	CPT	outpatient			7704	3073.41	Aetna	Better Health		2430.61	31.55			116.85	7318.8	percent of total billed charges	
I&D TEAR SAC	68420	CPT	outpatient			7704	3073.41	Americare	Americare		5778	75			116.85	7318.8	percent of total billed charges	
I&D TEAR SAC	68420	CPT	outpatient			7704	3073.41	Amerihealth	HMO/PPO		5007.6	65			116.85	7318.8	percent of total billed charges	
I&D TEAR SAC	68420	CPT	outpatient			7704	3073.41	Amerihealth	Medicare		2672.53				116.85	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D TEAR SAC	68420	CPT	outpatient			7704	3073.41	Consumer	Consumer		7318.8	95			116.85	7318.8	percent of total billed charges	
I&D TEAR SAC	68420	CPT	outpatient			7704	3073.41	Corrections	Corrections		6163.2	80			116.85	7318.8	percent of total billed charges	
I&D TEAR SAC	68420	CPT	outpatient			7704	3073.41	First Health	First Health		5392.8	70			116.85	7318.8	percent of total billed charges	
I&D TEAR SAC	68420	CPT	outpatient			7704	3073.41	First Trenton	First Trenton		6933.6	90			116.85	7318.8	percent of total billed charges	
I&D TEAR SAC	68420	CPT	outpatient			7704	3073.41	Horizon	Indemnity		4973.58				116.85	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D TEAR SAC	68420	CPT	outpatient			7704	3073.41	Horizon	MGD		4973.58				116.85	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D TEAR SAC	68420	CPT	outpatient			7704	3073.41	Horizon	Medicare Blue		2672.53				116.85	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D TEAR SAC	68420	CPT	outpatient			7704	3073.41	Horizon	NJ Health		116.85				116.85	7318.8	fee schedule	
I&D TEAR SAC	68420	CPT	outpatient			7704	3073.41	Horizon	PPO		4973.58				116.85	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D TEAR SAC	68420	CPT	outpatient			7704	3073.41	Managed Care Inc	Managed Care Inc		6933.6	90			116.85	7318.8	percent of total billed charges	
I&D TEAR SAC	68420	CPT	outpatient			7704	3073.41	Multiplan	Multiplan		6163.2	80			116.85	7318.8	percent of total billed charges	
I&D TEAR SAC	68420	CPT	outpatient			7704	3073.41	Qualcare	Qualcare		5778	75			116.85	7318.8	percent of total billed charges	
I&D TEAR SAC	68420	CPT	outpatient			7704	3073.41	Three Rivers	Three Rivers		7318.8	95			116.85	7318.8	percent of total billed charges	
I&D TEAR SAC	68420	CPT	outpatient			7704	3073.41	UHC	Medicaid		2430.61	31.55			116.85	7318.8	percent of total billed charges	
I&D TEAR SAC	68420	CPT	outpatient			7704	3073.41	UHC	Medicare		2672.53				116.85	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D TEAR SAC	68420	CPT	outpatient			7704	3073.41	United	Commercial|PPO		1817				116.85	7318.8	case rate	
I&D TEAR SAC	68420	CPT	outpatient			7704	3073.41	United	Oxford		1817				116.85	7318.8	case rate	
I&D TEAR SAC	68420	CPT	outpatient			7704	3073.41	Wellcare	Medicare		2672.53				116.85	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D TEAR SAC	68420	CPT	outpatient			7704	3073.41	Wellcare	Medicaid		2430.61	31.55			116.85	7318.8	percent of total billed charges	
I&D TEAR SAC	68420	CPT	outpatient			7704	3073.41	WellPoint	WellPoint		2479.15	32.18			116.85	7318.8	percent of total billed charges	
PUNCTOPLASTY	68440	CPT	outpatient			968	383.15	Aetna	Better Health		305.4	31.55			58.46	1782	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
PUNCTOPLASTY	68440	CPT	outpatient			968		383.15 Aetna	Commercial		530.41				58.46	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PUNCTOPLASTY	68440	CPT	outpatient			968		383.15 Aetna	Medicare		333.17				58.46	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PUNCTOPLASTY	68440	CPT	outpatient			968		383.15 Americare	Americare		726	75			58.46	1782	percent of total billed charges	
PUNCTOPLASTY	68440	CPT	outpatient			968		383.15 Amerihealth	HMO/PPO		629.2	65			58.46	1782	percent of total billed charges	
PUNCTOPLASTY	68440	CPT	outpatient			968		383.15 Amerihealth	Medicare		333.17				58.46	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PUNCTOPLASTY	68440	CPT	outpatient			968		383.15 Consumer	Consumer		919.6	95			58.46	1782	percent of total billed charges	
PUNCTOPLASTY	68440	CPT	outpatient			968		383.15 Corrections	Corrections		774.4	80			58.46	1782	percent of total billed charges	
PUNCTOPLASTY	68440	CPT	outpatient			968		383.15 First Health	First Health		677.6	70			58.46	1782	percent of total billed charges	
PUNCTOPLASTY	68440	CPT	outpatient			968		383.15 First Trenton	First Trenton		871.2	90			58.46	1782	percent of total billed charges	
PUNCTOPLASTY	68440	CPT	outpatient			968		383.15 Horizon	PPO		620.03				58.46	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PUNCTOPLASTY	68440	CPT	outpatient			968		383.15 Horizon	MGD		620.03				58.46	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PUNCTOPLASTY	68440	CPT	outpatient			968		383.15 Horizon	Medicare Blue		333.17				58.46	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PUNCTOPLASTY	68440	CPT	outpatient			968		383.15 Horizon	NJ Health		58.46				58.46	1782	fee schedule	
PUNCTOPLASTY	68440	CPT	outpatient			968		383.15 Horizon	Indemnity		620.03				58.46	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PUNCTOPLASTY	68440	CPT	outpatient			968		383.15 Managed Care Inc	Managed Care Inc		871.2	90			58.46	1782	percent of total billed charges	
PUNCTOPLASTY	68440	CPT	outpatient			968		383.15 Multiplan	Multiplan		774.4	80			58.46	1782	percent of total billed charges	
PUNCTOPLASTY	68440	CPT	outpatient			968		383.15 Qualcare	Qualcare		726	75			58.46	1782	percent of total billed charges	
PUNCTOPLASTY	68440	CPT	outpatient			968		383.15 Three Rivers	Three Rivers		919.6	95			58.46	1782	percent of total billed charges	
PUNCTOPLASTY	68440	CPT	outpatient			968		383.15 UHC	Medicaid		305.4	31.55			58.46	1782	percent of total billed charges	
PUNCTOPLASTY	68440	CPT	outpatient			968		383.15 UHC	Medicare		333.17				58.46	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PUNCTOPLASTY	68440	CPT	outpatient			968		383.15 United	Oxford		1782				58.46	1782	case rate	
PUNCTOPLASTY	68440	CPT	outpatient			968		383.15 United	Commercial|PPO		1782				58.46	1782	case rate	
PUNCTOPLASTY	68440	CPT	outpatient			968		383.15 Wellcare	Medicare		333.17				58.46	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PUNCTOPLASTY	68440	CPT	outpatient			968		383.15 Wellcare	Medicaid		305.4	31.55			58.46	1782	percent of total billed charges	
PUNCTOPLASTY	68440	CPT	outpatient			968		383.15 WellPoint	WellPoint		311.5	32.18			58.46	1782	percent of total billed charges	
BX LACRIMAL GLAND	68510	CPT	outpatient			7704		3073.41 Aetna	Commercial		4254.67				109.62	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX LACRIMAL GLAND	68510	CPT	outpatient			7704		3073.41 Aetna	Better Health		2430.61	31.55			109.62	7318.8	percent of total billed charges	
BX LACRIMAL GLAND	68510	CPT	outpatient			7704		3073.41 Aetna	Medicare		2672.53				109.62	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX LACRIMAL GLAND	68510	CPT	outpatient			7704		3073.41 Americare	Americare		5778	75			109.62	7318.8	percent of total billed charges	
BX LACRIMAL GLAND	68510	CPT	outpatient			7704		3073.41 Amerihealth	HMO/PPO		5007.6	65			109.62	7318.8	percent of total billed charges	
BX LACRIMAL GLAND	68510	CPT	outpatient			7704		3073.41 Amerihealth	Medicare		2672.53				109.62	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX LACRIMAL GLAND	68510	CPT	outpatient			7704		3073.41 Consumer	Consumer		7318.8	95			109.62	7318.8	percent of total billed charges	
BX LACRIMAL GLAND	68510	CPT	outpatient			7704		3073.41 Corrections	Corrections		6163.2	80			109.62	7318.8	percent of total billed charges	
BX LACRIMAL GLAND	68510	CPT	outpatient			7704		3073.41 First Health	First Health		5392.8	70			109.62	7318.8	percent of total billed charges	
BX LACRIMAL GLAND	68510	CPT	outpatient			7704		3073.41 First Trenton	First Trenton		6933.6	90			109.62	7318.8	percent of total billed charges	
BX LACRIMAL GLAND	68510	CPT	outpatient			7704		3073.41 Horizon	Medicare Blue		2672.53				109.62	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX LACRIMAL GLAND	68510	CPT	outpatient			7704		3073.41 Horizon	Indemnity		4973.58				109.62	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX LACRIMAL GLAND	68510	CPT	outpatient			7704		3073.41 Horizon	NJ Health		109.62				109.62	7318.8	fee schedule	
BX LACRIMAL GLAND	68510	CPT	outpatient			7704		3073.41 Horizon	MGD		4973.58				109.62	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX LACRIMAL GLAND	68510	CPT	outpatient			7704		3073.41 Horizon	PPO		4973.58				109.62	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX LACRIMAL GLAND	68510	CPT	outpatient			7704		3073.41 Managed Care Inc	Managed Care Inc		6933.6	90			109.62	7318.8	percent of total billed charges	
BX LACRIMAL GLAND	68510	CPT	outpatient			7704		3073.41 Multiplan	Multiplan		6163.2	80			109.62	7318.8	percent of total billed charges	
BX LACRIMAL GLAND	68510	CPT	outpatient			7704		3073.41 Qualcare	Qualcare		5778	75			109.62	7318.8	percent of total billed charges	
BX LACRIMAL GLAND	68510	CPT	outpatient			7704		3073.41 Three Rivers	Three Rivers		7318.8	95			109.62	7318.8	percent of total billed charges	
BX LACRIMAL GLAND	68510	CPT	outpatient			7704		3073.41 UHC	Medicaid		2430.61	31.55			109.62	7318.8	percent of total billed charges	
BX LACRIMAL GLAND	68510	CPT	outpatient			7704		3073.41 UHC	Medicare		2672.53				109.62	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX LACRIMAL GLAND	68510	CPT	outpatient			7704		3073.41 United	Oxford		2776				109.62	7318.8	case rate	
BX LACRIMAL GLAND	68510	CPT	outpatient			7704		3073.41 United	Commercial|PPO		2776				109.62	7318.8	case rate	
BX LACRIMAL GLAND	68510	CPT	outpatient			7704		3073.41 Wellcare	Medicaid		2430.61	31.55			109.62	7318.8	percent of total billed charges	
BX LACRIMAL GLAND	68510	CPT	outpatient			7704		3073.41 Wellcare	Medicare		2672.53				109.62	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX LACRIMAL GLAND	68510	CPT	outpatient			7704		3073.41 WellPoint	WellPoint		2479.15	32.18			109.62	7318.8	percent of total billed charges	
REM FB LACRIMAL PAS	68530	CPT	outpatient			968		383.15 Aetna	Better Health		305.4	31.55			189.49	1782	percent of total billed charges	
REM FB LACRIMAL PAS	68530	CPT	outpatient			968		383.15 Aetna	Commercial		530.41				189.49	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM FB LACRIMAL PAS	68530	CPT	outpatient			968		383.15 Aetna	Medicare		298.14	30.8			189.49	1782	percent of total billed charges	
REM FB LACRIMAL PAS	68530	CPT	outpatient			968		383.15 Americare	Americare		726	75			189.49	1782	percent of total billed charges	
REM FB LACRIMAL PAS	68530	CPT	outpatient			968		383.15 Amerihealth	Medicare		333.17				189.49	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM FB LACRIMAL PAS	68530	CPT	outpatient			968		383.15 Amerihealth	HMO/PPO		629.2	65			189.49	1782	percent of total billed charges	
REM FB LACRIMAL PAS	68530	CPT	outpatient			968		383.15 Consumer	Consumer		919.6	95			189.49	1782	percent of total billed charges	
REM FB LACRIMAL PAS	68530	CPT	outpatient			968		383.15 Corrections	Corrections		774.4	80			189.49	1782	percent of total billed charges	
REM FB LACRIMAL PAS	68530	CPT	outpatient			968		383.15 First Health	First Health		677.6	70			189.49	1782	percent of total billed charges	
REM FB LACRIMAL PAS	68530	CPT	outpatient			968		383.15 First Trenton	First Trenton		871.2	90			189.49	1782	percent of total billed charges	
REM FB LACRIMAL PAS	68530	CPT	outpatient			968		383.15 Horizon	Indemnity		620.03				189.49	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM FB LACRIMAL PAS	68530	CPT	outpatient			968		383.15 Horizon	MGD		620.03				189.49	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM FB LACRIMAL PAS	68530	CPT	outpatient			968		383.15 Horizon	PPO		620.03				189.49	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM FB LACRIMAL PAS	68530	CPT	outpatient			968		383.15 Horizon	Medicare Blue		333.17				189.49	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM FB LACRIMAL PAS	68530	CPT	outpatient			968		383.15 Horizon	NJ Health		189.49				189.49	1782	fee schedule	
REM FB LACRIMAL PAS	68530	CPT	outpatient			968		383.15 Managed Care Inc	Managed Care Inc		871.2	90			189.49	1782	percent of total billed charges	
REM FB LACRIMAL PAS	68530	CPT	outpatient			968		383.15 Multiplan	Multiplan		774.4	80			189.49	1782	percent of total billed charges	
REM FB LACRIMAL PAS	68530	CPT	outpatient			968		383.15 Qualcare	Qualcare		726	75			189.49	1782	percent of total billed charges	
REM FB LACRIMAL PAS	68530	CPT	outpatient			968		383.15 Three Rivers	Three Rivers		919.6	95			189.49	1782	percent of total billed charges	
REM FB LACRIMAL PAS	68530	CPT	outpatient			968		383.15 UHC	Medicare		333.17				189.49	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM FB LACRIMAL PAS	68530	CPT	outpatient			968		383.15 UHC	Medicaid		305.4	31.55			189.49	1782	percent of total billed charges	
REM FB LACRIMAL PAS	68530	CPT	outpatient			968		383.15 United	Commercial|PPO		1782				189.49	1782	case rate	
REM FB LACRIMAL PAS	68530	CPT	outpatient			968		383.15 United	Oxford		1782				189.49	1782	case rate	
REM FB LACRIMAL PAS	68530	CPT	outpatient			968		383.15 Wellcare	Medicare		333.17				189.49	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM FB LACRIMAL PAS	68530	CPT	outpatient			968		383.15 Wellcare	Medicaid		305.4	31.55			189.49	1782	percent of total billed charges	
REM FB LACRIMAL PAS	68530	CPT	outpatient			968		383.15 WellPoint	WellPoint		311.5	32.18			189.49	1782	percent of total billed charges	
REPAIR CANALICULUS	68700	CPT	outpatient			8016		3073.41 Aetna	Medicare		2468.93	30.8			328.86	7615.2	percent of total billed charges	
REPAIR CANALICULUS	68700	CPT	outpatient			8016		3073.41 Aetna	Commercial		4254.67				328.86	7615.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR CANALICULUS	68700	CPT	outpatient			8016		3073.41 Aetna	Better Health		2529.05	31.55			328.86	7615.2	percent of total billed charges	
REPAIR CANALICULUS	68700	CPT	outpatient			8016		3073.41 Americare	Americare		6012	75			328.86	7615.2	percent of total billed charges	
REPAIR CANALICULUS	68700	CPT	outpatient			8016		3073.41 Amerihealth	HMO/PPO		5210.4	65			328.86	7615.2	percent of total billed charges	
REPAIR CANALICULUS	68700	CPT	outpatient			8016		3073.41 Amerihealth	Medicare		2672.53				328.86	7615.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR CANALICULUS	68700	CPT	outpatient			8016		3073.41 Consumer	Consumer		7615.2	95			328.86	7615.2	percent of total billed charges	
REPAIR CANALICULUS	68700	CPT	outpatient			8016		3073.41 Corrections	Corrections		6412.8	80			328.86	7615.2	percent of total billed charges	
REPAIR CANALICULUS	68700	CPT	outpatient			8016		3073.41 First Health	First Health		5611.2	70			328.86	7615.2	percent of total billed charges	
REPAIR CANALICULUS	68700	CPT	outpatient			8016		3073.41 First Trenton	First Trenton		7214.4	90			328.86	7615.2	percent of total billed charges	
REPAIR CANALICULUS	68700	CPT	outpatient			8016		3073.41 Horizon	Indemnity		4973.58				328.86	7615.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR CANALICULUS	68700	CPT	outpatient			8016		3073.41 Horizon	NJ Health		328.86				328.86	7615.2	fee schedule	
REPAIR CANALICULUS	68700	CPT	outpatient			8016		3073.41 Horizon	Medicare Blue		2672.53				328.86	7615.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR CANALICULUS	68700	CPT	outpatient			8016		3073.41 Horizon	MGD		4973.58				328.86	7615.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR CANALICULUS	68700	CPT	outpatient			8016		3073.41 Horizon	PPO		4973.58				328.86	7615.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR CANALICULUS	68700	CPT	outpatient			8016		3073.41 Managed Care Inc	Managed Care Inc		7214.4	90			328.86	7615.2	percent of total billed charges	
REPAIR CANALICULUS	68700	CPT	outpatient			8016		3073.41 Multiplan	Multiplan		6412.8	80			328.86	7615.2	percent of total billed charges	
REPAIR CANALICULUS	68700	CPT	outpatient			8016		3073.41 Qualcare	Qualcare		6012	75			328.86	7615.2	percent of total billed charges	
REPAIR CANALICULUS	68700	CPT	outpatient			8016		3073.41 Three Rivers	Three Rivers		7615.2	95			328.86	7615.2	percent of total billed charges	
REPAIR CANALICULUS	68700	CPT	outpatient			8016		3073.41 UHC	Medicaid		2529.05	31.55			328.86	7615.2	percent of total billed charges	
REPAIR CANALICULUS	68700	CPT	outpatient			8016		3073.41 UHC	Medicare		2672.53				328.86	7615.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR CANALICULUS	68700	CPT	outpatient			8016		3073.41 United	Commercial|PPO		2776				328.86	7615.2	case rate	
REPAIR CANALICULUS	68700	CPT	outpatient			8016		3073.41 United	Oxford		2776				328.86	7615.2	case rate	
REPAIR CANALICULUS	68700	CPT	outpatient			8016		3073.41 Wellcare	Medicare		2672.53				328.86	7615.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR CANALICULUS	68700	CPT	outpatient			8016		3073.41 Wellcare	Medicaid		2529.05	31.55			328.86	7615.2	percent of total billed charges	
REPAIR CANALICULUS	68700	CPT	outpatient			8016		3073.41 WellPoint	WellPoint		2579.55	32.18			328.86	7615.2	percent of total billed charges	
CORRECT EVERTED|PUNCTUM CAUTERY	68705	CPT	outpatient			968		383.15 Aetna	Medicare		333.17				84.04	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORRECT EVERTED|PUNCTUM CAUTERY	68705	CPT	outpatient			968		383.15 Aetna	Commercial		530.41				84.04	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORRECT EVERTED|PUNCTUM CAUTERY	68705	CPT	outpatient			968		383.15 Aetna	Better Health		305.4	31.55			84.04	1782	percent of total billed charges	
CORRECT EVERTED|PUNCTUM CAUTERY	68705	CPT	outpatient			968		383.15 Americare	Americare		726	75			84.04	1782	percent of total billed charges	
CORRECT EVERTED|PUNCTUM CAUTERY	68705	CPT	outpatient			968		383.15 Amerihealth	HMO/PPO		629.2	65			84.04	1782	percent of total billed charges	
CORRECT EVERTED|PUNCTUM CAUTERY	68705	CPT	outpatient			968		383.15 Amerihealth	Medicare		333.17				84.04	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORRECT EVERTED|PUNCTUM CAUTERY	68705	CPT	outpatient			968		383.15 Consumer	Consumer		919.6	95			84.04	1782	percent of total billed charges	
CORRECT EVERTED|PUNCTUM CAUTERY	68705	CPT	outpatient			968		383.15 Corrections	Corrections		774.4	80			84.04	1782	percent of total billed charges	
CORRECT EVERTED|PUNCTUM CAUTERY	68705	CPT	outpatient			968		383.15 First Health	First Health		677.6	70			84.04	1782	percent of total billed charges	
CORRECT EVERTED|PUNCTUM CAUTERY	68705	CPT	outpatient			968		383.15 First Trenton	First Trenton		871.2	90			84.04	1782	percent of total billed charges	
CORRECT EVERTED|PUNCTUM CAUTERY	68705	CPT	outpatient			968		383.15 Horizon	Medicare Blue		333.17				84.04	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORRECT EVERTED|PUNCTUM CAUTERY	68705	CPT	outpatient			968		383.15 Horizon	Indemnity		620.03				84.04	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORRECT EVERTED|PUNCTUM CAUTERY	68705	CPT	outpatient			968		383.15 Horizon	MGD		620.03				84.04	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORRECT EVERTED|PUNCTUM CAUTERY	68705	CPT	outpatient			968		383.15 Horizon	NJ Health		84.04				84.04	1782	fee schedule	
CORRECT EVERTED|PUNCTUM CAUTERY	68705	CPT	outpatient			968		383.15 Horizon	PPO		620.03				84.04	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORRECT EVERTED|PUNCTUM CAUTERY	68705	CPT	outpatient			968		383.15 Managed Care Inc	Managed Care Inc		871.2	90			84.04	1782	percent of total billed charges	
CORRECT EVERTED|PUNCTUM CAUTERY	68705	CPT	outpatient			968		383.15 Multiplan	Multiplan		774.4	80			84.04	1782	percent of total billed charges	
CORRECT EVERTED|PUNCTUM CAUTERY	68705	CPT	outpatient			968		383.15 Qualcare	Qualcare		726	75			84.04	1782	percent of total billed charges	
CORRECT EVERTED|PUNCTUM CAUTERY	68705	CPT	outpatient			968		383.15 Three Rivers	Three Rivers		919.6	95			84.04	1782	percent of total billed charges	
CORRECT EVERTED|PUNCTUM CAUTERY	68705	CPT	outpatient			968		383.15 UHC	Medicaid		305.4	31.55			84.04	1782	percent of total billed charges	
CORRECT EVERTED|PUNCTUM CAUTERY	68705	CPT	outpatient			968		383.15 UHC	Medicare		333.17				84.04	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORRECT EVERTED|PUNCTUM CAUTERY	68705	CPT	outpatient			968		383.15 United	Commercial|PPO		1782				84.04	1782	case rate	
CORRECT EVERTED|PUNCTUM CAUTERY	68705	CPT	outpatient			968		383.15 United	Oxford		1782				84.04	1782	case rate	
CORRECT EVERTED|PUNCTUM CAUTERY	68705	CPT	outpatient			968		383.15 Wellcare	Medicare		333.17				84.04	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORRECT EVERTED|PUNCTUM CAUTERY	68705	CPT	outpatient			968		383.15 Wellcare	Medicaid		305.4	31.55			84.04	1782	percent of total billed charges	
CORRECT EVERTED|PUNCTUM CAUTERY	68705	CPT	outpatient			968		383.15 WellPoint	WellPoint		311.5	32.18			84.04	1782	percent of total billed charges	
CONJUNCTIVORHINOSTOMY	68750	CPT	outpatient			10607		5085.16 Aetna	Commercial		7039.63				759.67	10076.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONJUNCTIVORHINOSTOMY	68750	CPT	outpatient			10607		5085.16 Aetna	Better Health		3346.51	31.55			759.67	10076.65	percent of total billed charges	
CONJUNCTIVORHINOSTOMY	68750	CPT	outpatient			10607		5085.16 Aetna	Medicare		4421.88				759.67	10076.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONJUNCTIVORHINOSTOMY	68750	CPT	outpatient			10607		5085.16 Americare	Americare		7955.25	75			759.67	10076.65	percent of total billed charges	
CONJUNCTIVORHINOSTOMY	68750	CPT	outpatient			10607		5085.16 Amerihealth	Medicare		4421.88				759.67	10076.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONJUNCTIVORHINOSTOMY	68750	CPT	outpatient			10607		5085.16 Amerihealth	HMO/PPO		6894.55	65			759.67	10076.65	percent of total billed charges	
CONJUNCTIVORHINOSTOMY	68750	CPT	outpatient			10607		5085.16 Consumer	Consumer		10076.65	95			759.67	10076.65	percent of total billed charges	
CONJUNCTIVORHINOSTOMY	68750	CPT	outpatient			10607		5085.16 Corrections	Corrections		8485.6	80			759.67	10076.65	percent of total billed charges	
CONJUNCTIVORHINOSTOMY	68750	CPT	outpatient			10607		5085.16 First Health	First Health		7424.9	70			759.67	10076.65	percent of total billed charges	
CONJUNCTIVORHINOSTOMY	68750	CPT	outpatient			10607		5085.16 First Trenton	First Trenton		9546.3	90			759.67	10076.65	percent of total billed charges	
CONJUNCTIVORHINOSTOMY	68750	CPT	outpatient			10607		5085.16 Horizon	Indemnity		8229.12				759.67	10076.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONJUNCTIVORHINOSTOMY	68750	CPT	outpatient			10607		5085.16 Horizon	MGD		8229.12				759.67	10076.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONJUNCTIVORHINOSTOMY	68750	CPT	outpatient			10607		5085.16 Horizon	NJ Health		759.67				759.67	10076.65	fee schedule	
CONJUNCTIVORHINOSTOMY	68750	CPT	outpatient			10607		5085.16 Horizon	Medicare Blue		4421.88				759.67	10076.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONJUNCTIVORHINOSTOMY	68750	CPT	outpatient			10607		5085.16 Horizon	PPO		8229.12				759.67	10076.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONJUNCTIVORHINOSTOMY	68750	CPT	outpatient			10607		5085.16 Managed Care Inc	Managed Care Inc		9546.3	90			759.67	10076.65	percent of total billed charges	
CONJUNCTIVORHINOSTOMY	68750	CPT	outpatient			10607		5085.16 Multiplan	Multiplan		8485.6	80			759.67	10076.65	percent of total billed charges	
CONJUNCTIVORHINOSTOMY	68750	CPT	outpatient			10607		5085.16 Qualcare	Qualcare		7955.25	75			759.67	10076.65	percent of total billed charges	
CONJUNCTIVORHINOSTOMY	68750	CPT	outpatient			10607		5085.16 Three Rivers	Three Rivers		10076.65	95			759.67	10076.65	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101191	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CONJUNCTIVORHINOSTOMY	68750	CPT	outpatient			10607	5085.16	UHC	Medicare		4421.88				759.67	10076.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONJUNCTIVORHINOSTOMY	68750	CPT	outpatient			10607	5085.16	UHC	Medicaid		3346.51	31.55			759.67	10076.65	percent of total billed charges	
CONJUNCTIVORHINOSTOMY	68750	CPT	outpatient			10607	5085.16	United	Oxford		3492				759.67	10076.65	case rate	
CONJUNCTIVORHINOSTOMY	68750	CPT	outpatient			10607	5085.16	United	CommercialPPO		3492				759.67	10076.65	case rate	
CONJUNCTIVORHINOSTOMY	68750	CPT	outpatient			10607	5085.16	Wellcare	Medicare		4421.88				759.67	10076.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONJUNCTIVORHINOSTOMY	68750	CPT	outpatient			10607	5085.16	Wellcare	Medicaid		3346.51	31.55			759.67	10076.65	percent of total billed charges	
CONJUNCTIVORHINOSTOMY	68750	CPT	outpatient			10607	5085.16	WellPoint	WellPoint		3413.33	32.18			759.67	10076.65	percent of total billed charges	
CLOSE LACRIMAL PUNCTUM	68760	CPT	outpatient			968	383.15	Aetna	Commercial		530.41				109.62	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSE LACRIMAL PUNCTUM	68760	CPT	outpatient			968	383.15	Aetna	Better Health		305.4	31.55			109.62	1782	percent of total billed charges	
CLOSE LACRIMAL PUNCTUM	68760	CPT	outpatient			968	383.15	Aetna	Medicare		333.17				109.62	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSE LACRIMAL PUNCTUM	68760	CPT	outpatient			968	383.15	Americare	Americare		726	75			109.62	1782	percent of total billed charges	
CLOSE LACRIMAL PUNCTUM	68760	CPT	outpatient			968	383.15	Amerihealth	HMO/PPO		629.2	65			109.62	1782	percent of total billed charges	
CLOSE LACRIMAL PUNCTUM	68760	CPT	outpatient			968	383.15	Amerihealth	Medicare		333.17				109.62	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSE LACRIMAL PUNCTUM	68760	CPT	outpatient			968	383.15	Consumer	Consumer		919.6	95			109.62	1782	percent of total billed charges	
CLOSE LACRIMAL PUNCTUM	68760	CPT	outpatient			968	383.15	Corrections	Corrections		774.4	80			109.62	1782	percent of total billed charges	
CLOSE LACRIMAL PUNCTUM	68760	CPT	outpatient			968	383.15	First Health	First Health		677.6	70			109.62	1782	percent of total billed charges	
CLOSE LACRIMAL PUNCTUM	68760	CPT	outpatient			968	383.15	First Trenton	First Trenton		871.2	90			109.62	1782	percent of total billed charges	
CLOSE LACRIMAL PUNCTUM	68760	CPT	outpatient			968	383.15	Horizon	Medicare Blue		333.17				109.62	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSE LACRIMAL PUNCTUM	68760	CPT	outpatient			968	383.15	Horizon	Indemnity		620.03				109.62	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSE LACRIMAL PUNCTUM	68760	CPT	outpatient			968	383.15	Horizon	PPO		620.03				109.62	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSE LACRIMAL PUNCTUM	68760	CPT	outpatient			968	383.15	Horizon	MGD		620.03				109.62	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSE LACRIMAL PUNCTUM	68760	CPT	outpatient			968	383.15	Horizon	NJ Health		109.62				109.62	1782	fee schedule	
CLOSE LACRIMAL PUNCTUM	68760	CPT	outpatient			968	383.15	Managed Care Inc	Managed Care Inc		871.2	90			109.62	1782	percent of total billed charges	
CLOSE LACRIMAL PUNCTUM	68760	CPT	outpatient			968	383.15	Multiplan	Multiplan		774.4	80			109.62	1782	percent of total billed charges	
CLOSE LACRIMAL PUNCTUM	68760	CPT	outpatient			968	383.15	Qualcare	Qualcare		726	75			109.62	1782	percent of total billed charges	
CLOSE LACRIMAL PUNCTUM	68760	CPT	outpatient			968	383.15	Three Rivers	Three Rivers		919.6	95			109.62	1782	percent of total billed charges	
CLOSE LACRIMAL PUNCTUM	68760	CPT	outpatient			968	383.15	UHC	Medicare		333.17				109.62	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSE LACRIMAL PUNCTUM	68760	CPT	outpatient			968	383.15	UHC	Medicaid		305.4	31.55			109.62	1782	percent of total billed charges	
CLOSE LACRIMAL PUNCTUM	68760	CPT	outpatient			968	383.15	United	CommercialPPO		1782				109.62	1782	case rate	
CLOSE LACRIMAL PUNCTUM	68760	CPT	outpatient			968	383.15	United	Oxford		1782				109.62	1782	case rate	
CLOSE LACRIMAL PUNCTUM	68760	CPT	outpatient			968	383.15	Wellcare	Medicare		333.17				109.62	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSE LACRIMAL PUNCTUM	68760	CPT	outpatient			968	383.15	Wellcare	Medicaid		305.4	31.55			109.62	1782	percent of total billed charges	
CLOSE LACRIMAL PUNCTUM	68760	CPT	outpatient			968	383.15	WellPoint	WellPoint		311.5	32.18			109.62	1782	percent of total billed charges	
CLOSURE PUNCTUM BY PLUG	68761	CPT	outpatient			968	383.15	Aetna	Better Health		305.4	31.55			94.74	1782	percent of total billed charges	
CLOSURE PUNCTUM BY PLUG	68761	CPT	outpatient			968	383.15	Aetna	Medicare		333.17				94.74	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSURE PUNCTUM BY PLUG	68761	CPT	outpatient			968	383.15	Aetna	Commercial		530.41				94.74	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSURE PUNCTUM BY PLUG	68761	CPT	outpatient			968	383.15	Americare	Americare		726	75			94.74	1782	percent of total billed charges	
CLOSURE PUNCTUM BY PLUG	68761	CPT	outpatient			968	383.15	Amerihealth	Medicare		333.17				94.74	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSURE PUNCTUM BY PLUG	68761	CPT	outpatient			968	383.15	Amerihealth	HMO/PPO		629.2	65			94.74	1782	percent of total billed charges	
CLOSURE PUNCTUM BY PLUG	68761	CPT	outpatient			968	383.15	Consumer	Consumer		919.6	95			94.74	1782	percent of total billed charges	
CLOSURE PUNCTUM BY PLUG	68761	CPT	outpatient			968	383.15	Corrections	Corrections		774.4	80			94.74	1782	percent of total billed charges	
CLOSURE PUNCTUM BY PLUG	68761	CPT	outpatient			968	383.15	First Health	First Health		677.6	70			94.74	1782	percent of total billed charges	
CLOSURE PUNCTUM BY PLUG	68761	CPT	outpatient			968	383.15	First Trenton	First Trenton		871.2	90			94.74	1782	percent of total billed charges	
CLOSURE PUNCTUM BY PLUG	68761	CPT	outpatient			968	383.15	Horizon	PPO		620.03				94.74	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSURE PUNCTUM BY PLUG	68761	CPT	outpatient			968	383.15	Horizon	Indemnity		620.03				94.74	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSURE PUNCTUM BY PLUG	68761	CPT	outpatient			968	383.15	Horizon	MGD		620.03				94.74	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSURE PUNCTUM BY PLUG	68761	CPT	outpatient			968	383.15	Horizon	Medicare Blue		333.17				94.74	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSURE PUNCTUM BY PLUG	68761	CPT	outpatient			968	383.15	Horizon	NJ Health		94.74				94.74	1782	fee schedule	
CLOSURE PUNCTUM BY PLUG	68761	CPT	outpatient			968	383.15	Managed Care Inc	Managed Care Inc		871.2	90			94.74	1782	percent of total billed charges	
CLOSURE PUNCTUM BY PLUG	68761	CPT	outpatient			968	383.15	Multiplan	Multiplan		774.4	80			94.74	1782	percent of total billed charges	
CLOSURE PUNCTUM BY PLUG	68761	CPT	outpatient			968	383.15	Qualcare	Qualcare		726	75			94.74	1782	percent of total billed charges	
CLOSURE PUNCTUM BY PLUG	68761	CPT	outpatient			968	383.15	Three Rivers	Three Rivers		919.6	95			94.74	1782	percent of total billed charges	
CLOSURE PUNCTUM BY PLUG	68761	CPT	outpatient			968	383.15	UHC	Medicare		333.17				94.74	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSURE PUNCTUM BY PLUG	68761	CPT	outpatient			968	383.15	UHC	Medicaid		305.4	31.55			94.74	1782	percent of total billed charges	
CLOSURE PUNCTUM BY PLUG	68761	CPT	outpatient			968	383.15	United	CommercialPPO		1782				94.74	1782	case rate	
CLOSURE PUNCTUM BY PLUG	68761	CPT	outpatient			968	383.15	United	Oxford		1782				94.74	1782	case rate	
CLOSURE PUNCTUM BY PLUG	68761	CPT	outpatient			968	383.15	Wellcare	Medicare		333.17				94.74	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSURE PUNCTUM BY PLUG	68761	CPT	outpatient			968	383.15	Wellcare	Medicaid		305.4	31.55			94.74	1782	percent of total billed charges	
CLOSURE PUNCTUM BY PLUG	68761	CPT	outpatient			968	383.15	WellPoint	WellPoint		311.5	32.18			94.74	1782	percent of total billed charges	
PUNCTAL DILATION-BOTH	68801	CPT	outpatient			1379	524.04	Aetna	Medicare		424.73	30.8			59.38	1782	percent of total billed charges	
PUNCTAL DILATION-BOTH	68801	CPT	outpatient			1379	524.04	Aetna	Better Health		435.07	31.55			59.38	1782	percent of total billed charges	
PUNCTAL DILATION-BOTH	68801	CPT	outpatient			1379	524.04	Aetna	Commercial		725.46				59.38	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PUNCTAL DILATION-BOTH	68801	CPT	outpatient			1379	524.04	Americare	Americare		1034.25	75			59.38	1782	percent of total billed charges	
PUNCTAL DILATION-BOTH	68801	CPT	outpatient			1379	524.04	Amerihealth	HMO/PPO		896.35	65			59.38	1782	percent of total billed charges	
PUNCTAL DILATION-BOTH	68801	CPT	outpatient			1379	524.04	Amerihealth	Medicare		455.69				59.38	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PUNCTAL DILATION-BOTH	68801	CPT	outpatient			1379	524.04	Consumer	Consumer		1310.05	95			59.38	1782	percent of total billed charges	
PUNCTAL DILATION-BOTH	68801	CPT	outpatient			1379	524.04	Corrections	Corrections		1103.2	80			59.38	1782	percent of total billed charges	
PUNCTAL DILATION-BOTH	68801	CPT	outpatient			1379	524.04	First Health	First Health		965.3	70			59.38	1782	percent of total billed charges	
PUNCTAL DILATION-BOTH	68801	CPT	outpatient			1379	524.04	First Trenton	First Trenton		1241.1	90			59.38	1782	percent of total billed charges	
PUNCTAL DILATION-BOTH	68801	CPT	outpatient			1379	524.04	Horizon	NJ Health		59.38				59.38	1782	fee schedule	
PUNCTAL DILATION-BOTH	68801	CPT	outpatient			1379	524.04	Horizon	Indemnity		848.04				59.38	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PUNCTAL DILATION-BOTH	68801	CPT	outpatient			1379	524.04	Horizon	Medicare Blue		455.69				59.38	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PUNCTAL DILATION-BOTH	68801	CPT	outpatient			1379	524.04	Horizon	PPO		848.04				59.38	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PUNCTAL DILATION-BOTH	68801	CPT	outpatient			1379	524.04	Horizon	MGD		848.04				59.38	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PUNCTAL DILATION-BOTH	68801	CPT	outpatient			1379	524.04	Managed Care Inc	Managed Care Inc		1241.1	90			59.38	1782	percent of total billed charges	
PUNCTAL DILATION-BOTH	68801	CPT	outpatient			1379	524.04	Multiplan	Multiplan		1103.2	80			59.38	1782	percent of total billed charges	
PUNCTAL DILATION-BOTH	68801	CPT	outpatient			1379	524.04	Qualcare	Qualcare		1034.25	75			59.38	1782	percent of total billed charges	
PUNCTAL DILATION-BOTH	68801	CPT	outpatient			1379	524.04	Three Rivers	Three Rivers		1310.05	95			59.38	1782	percent of total billed charges	
PUNCTAL DILATION-BOTH	68801	CPT	outpatient			1379	524.04	UHC	Medicare		455.69				59.38	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PUNCTAL DILATION-BOTH	68801	CPT	outpatient			1379	524.04	UHC	Medicaid		435.07	31.55			59.38	1782	percent of total billed charges	
PUNCTAL DILATION-BOTH	68801	CPT	outpatient			1379	524.04	United	CommercialPPO		1782				59.38	1782	case rate	
PUNCTAL DILATION-BOTH	68801	CPT	outpatient			1379	524.04	United	Oxford		1782				59.38	1782	case rate	
PUNCTAL DILATION-BOTH	68801	CPT	outpatient			1379	524.04	Wellcare	Medicare		455.69				59.38	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PUNCTAL DILATION-BOTH	68801	CPT	outpatient			1379	524.04	Wellcare	Medicaid		435.07	31.55			59.38	1782	percent of total billed charges	
PUNCTAL DILATION-BOTH	68801	CPT	outpatient			1379	524.04	WellPoint	WellPoint		443.76	32.18			59.38	1782	percent of total billed charges	
PROBE NASO-LACRIMAL DUCT B	68810	CPT	outpatient			968	383.15	Aetna	Better Health		305.4	31.55			52.2	1782	percent of total billed charges	
PROBE NASO-LACRIMAL DUCT B	68810	CPT	outpatient			968	383.15	Aetna	Commercial		530.41				52.2	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROBE NASO-LACRIMAL DUCT B	68810	CPT	outpatient			968	383.15	Aetna	Medicare		333.17				52.2	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROBE NASO-LACRIMAL DUCT B	68810	CPT	outpatient			968	383.15	Americare	Americare		726	75			52.2	1782	percent of total billed charges	
PROBE NASO-LACRIMAL DUCT B	68810	CPT	outpatient			968	383.15	Amerihealth	HMO/PPO		629.2	65			52.2	1782	percent of total billed charges	
PROBE NASO-LACRIMAL DUCT B	68810	CPT	outpatient			968	383.15	Amerihealth	Medicare		333.17				52.2	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROBE NASO-LACRIMAL DUCT B	68810	CPT	outpatient			968	383.15	Consumer	Consumer		919.6	95			52.2	1782	percent of total billed charges	
PROBE NASO-LACRIMAL DUCT B	68810	CPT	outpatient			968	383.15	Corrections	Corrections		774.4	80			52.2	1782	percent of total billed charges	
PROBE NASO-LACRIMAL DUCT B	68810	CPT	outpatient			968	383.15	First Health	First Health		677.6	70			52.2	1782	percent of total billed charges	
PROBE NASO-LACRIMAL DUCT B	68810	CPT	outpatient			968	383.15	First Trenton	First Trenton		871.2	90			52.2	1782	percent of total billed charges	
PROBE NASO-LACRIMAL DUCT B	68810	CPT	outpatient			968	383.15	Horizon	NJ Health		52.2				52.2	1782	fee schedule	
PROBE NASO-LACRIMAL DUCT B	68810	CPT	outpatient			968	383.15	Horizon	Indemnity		620.03				52.2	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROBE NASO-LACRIMAL DUCT B	68810	CPT	outpatient			968	383.15	Horizon	Medicare Blue		333.17				52.2	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROBE NASO-LACRIMAL DUCT B	68810	CPT	outpatient			968	383.15	Horizon	MGD		620.03				52.2	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROBE NASO-LACRIMAL DUCT B	68810	CPT	outpatient			968	383.15	Horizon	PPO		620.03				52.2	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROBE NASO-LACRIMAL DUCT B	68810	CPT	outpatient			968	383.15	Managed Care Inc	Managed Care Inc		871.2	90			52.2	1782	percent of total billed charges	
PROBE NASO-LACRIMAL DUCT B	68810	CPT	outpatient			968	383.15	Multiplan	Multiplan		774.4	80			52.2	1782	percent of total billed charges	
PROBE NASO-LACRIMAL DUCT B	68810	CPT	outpatient			968	383.15	Qualcare	Qualcare		726	75			52.2	1782	percent of total billed charges	
PROBE NASO-LACRIMAL DUCT B	68810	CPT	outpatient			968	383.15	Three Rivers	Three Rivers		919.6	95			52.2	1782	percent of total billed charges	
PROBE NASO-LACRIMAL DUCT B	68810	CPT	outpatient			968	383.15	UHC	Medicare		333.17				52.2	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROBE NASO-LACRIMAL DUCT B	68810	CPT	outpatient			968	383.15	UHC	Medicaid		305.4	31.55			52.2	1782	percent of total billed charges	
PROBE NASO-LACRIMAL DUCT B	68810	CPT	outpatient			968	383.15	United	Oxford		1782				52.2	1782	case rate	
PROBE NASO-LACRIMAL DUCT B	68810	CPT	outpatient			968	383.15	United	CommercialPPO		1782				52.2	1782	case rate	
PROBE NASO-LACRIMAL DUCT B	68810	CPT	outpatient			968	383.15	Wellcare	Medicare		333.17				52.2	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROBE NASO-LACRIMAL DUCT B	68810	CPT	outpatient			968	383.15	Wellcare	Medicaid		305.4	31.55			52.2	1782	percent of total billed charges	
PROBE NASO-LACRIMAL DUCT B	68810	CPT	outpatient			968	383.15	WellPoint	WellPoint		311.5	32.18			52.2	1782	percent of total billed charges	
INSERTION OF STENT	68815	CPT	outpatient			7704	3073.41	Aetna	Medicare		2672.53				171.66	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION OF STENT	68815	CPT	outpatient			7704	3073.41	Aetna	Better Health		2430.61	31.55			171.66	7318.8	percent of total billed charges	
INSERTION OF STENT	68815	CPT	outpatient			7704	3073.41	Aetna	Commercial		4254.67				171.66	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION OF STENT	68815	CPT	outpatient			7704	3073.41	Americare	Americare		5778	75			171.66	7318.8	percent of total billed charges	
INSERTION OF STENT	68815	CPT	outpatient			7704	3073.41	Amerihealth	HMO/PPO		5007.6	65			171.66	7318.8	percent of total billed charges	
INSERTION OF STENT	68815	CPT	outpatient			7704	3073.41	Amerihealth	Medicare		2672.53				171.66	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION OF STENT	68815	CPT	outpatient			7704	3073.41	Consumer	Consumer		7318.8	95			171.66	7318.8	percent of total billed charges	
INSERTION OF STENT	68815	CPT	outpatient			7704	3073.41	Corrections	Corrections		6163.2	80			171.66	7318.8	percent of total billed charges	
INSERTION OF STENT	68815	CPT	outpatient			7704	3073.41	First Health	First Health		5392.8	70			171.66	7318.8	percent of total billed charges	
INSERTION OF STENT	68815	CPT	outpatient			7704	3073.41	First Trenton	First Trenton		6933.6	90			171.66	7318.8	percent of total billed charges	
INSERTION OF STENT	68815	CPT	outpatient			7704	3073.41	Horizon	Indemnity		4973.58				171.66	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION OF STENT	68815	CPT	outpatient			7704	3073.41	Horizon	MGD		4973.58				171.66	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION OF STENT	68815	CPT	outpatient			7704	3073.41	Horizon	NJ Health		171.66				171.66	7318.8	fee schedule	
INSERTION OF STENT	68815	CPT	outpatient			7704	3073.41	Horizon	PPO		4973.58				171.66	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION OF STENT	68815	CPT	outpatient			7704	3073.41	Horizon	Medicare Blue		2672.53				171.66	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION OF STENT	68815	CPT	outpatient			7704	3073.41	Managed Care Inc	Managed Care Inc		6933.6	90			171.66	7318.8	percent of total billed charges	
INSERTION OF STENT	68815	CPT	outpatient			7704	3073.41	Multiplan	Multiplan		6163.2	80			171.66	7318.8	percent of total billed charges	
INSERTION OF STENT	68815	CPT	outpatient			7704	3073.41	Qualcare	Qualcare		5778	75			171.66	7318.8	percent of total billed charges	
INSERTION OF STENT	68815	CPT	outpatient			7704	3073.41	Three Rivers	Three Rivers		7318.8	95			171.66	7318.8	percent of total billed charges	
INSERTION OF STENT	68815	CPT	outpatient			7704	3073.41	UHC	Medicaid		2430.61	31.55			171.66	7318.8	percent of total billed charges	
INSERTION OF STENT	68815	CPT	outpatient			7704	3073.41	UHC	Medicare		2672.53				171.66	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION OF STENT	68815	CPT	outpatient			7704	3073.41	United	CommercialPPO		2776				171.66	7318.8	case rate	
INSERTION OF STENT	68815	CPT	outpatient			7704	3073.41	United	Oxford		2776				171.66	7318.8	case rate	
INSERTION OF STENT	68815	CPT	outpatient			7704	3073.41	Wellcare	Medicaid		2430.61	31.55			171.66	7318.8	percent of total billed charges	
INSERTION OF STENT	68815	CPT	outpatient			7704	3073.41	Wellcare	Medicare		2672.53				171.66	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION OF STENT	68815	CPT	outpatient			7704	3073.41	WellPoint	WellPoint		2479.15	32.18			171.66	7318.8	percent of total billed charges	
PROBING LACRIMAL CANAL	68840	CPT	outpatient			968	383.15	Aetna	Medicare		333.17				29.23	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROBING LACRIMAL CANAL	68840	CPT	outpatient			968	383.15	Aetna	Better Health		305.4	31.55			29.23	1782	percent of total billed charges	
PROBING LACRIMAL CANAL	68840	CPT	outpatient			968	383.15	Aetna	Commercial		530.41				29.23	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROBING LACRIMAL CANAL	68840	CPT	outpatient			968	383.15	Americare	Americare		726	75			29.23	1782	percent of total billed charges	
PROBING LACRIMAL CANAL	68840	CPT	outpatient			968	383.15	Amerihealth	HMO/PPO		629.2	65			29.23	1782	percent of total billed charges	
PROBING LACRIMAL CANAL	68840	CPT	outpatient			968	383.15	Amerihealth	Medicare		333.17				29.23	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROBING LACRIMAL CANAL	68840	CPT	outpatient			968	383.15	Consumer	Consumer		919.6	95			29.23	1782	percent of total billed charges	
PROBING LACRIMAL CANAL	68840	CPT	outpatient			968	383.15	Corrections	Corrections		774.4	80			29.23	1782	percent of total billed charges	
PROBING LACRIMAL CANAL	68840	CPT	outpatient			968	383.15	First Health	First Health		677.6	70			29.23	1782	percent of total billed charges	
PROBING LACRIMAL CANAL	68840	CPT	outpatient			968	383.15	First Trenton	First Trenton		871.2	90			29.23	1782	percent of total billed charges	
PROBING LACRIMAL CANAL	68840	CPT	outpatient			968	383.15	Horizon	PPO		620.03				29.23	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
PROBING LACRIMAL CANAL	68840	CPT	outpatient			968		383.15 Horizon	Indemnity		620.03				29.23	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROBING LACRIMAL CANAL	68840	CPT	outpatient			968		383.15 Horizon	Medicare Blue		333.17				29.23	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROBING LACRIMAL CANAL	68840	CPT	outpatient			968		383.15 Horizon	NJ Health		29.23				29.23	1782	fee schedule	
PROBING LACRIMAL CANAL	68840	CPT	outpatient			968		383.15 Horizon	MGD		620.03				29.23	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROBING LACRIMAL CANAL	68840	CPT	outpatient			968		383.15 Managed Care Inc	Managed Care Inc		871.2	90			29.23	1782	percent of total billed charges	
PROBING LACRIMAL CANAL	68840	CPT	outpatient			968		383.15 Multiplan	Multiplan		774.4	80			29.23	1782	percent of total billed charges	
PROBING LACRIMAL CANAL	68840	CPT	outpatient			968		383.15 Qualcare	Qualcare		726	75			29.23	1782	percent of total billed charges	
PROBING LACRIMAL CANAL	68840	CPT	outpatient			968		383.15 Three Rivers	Three Rivers		919.6	95			29.23	1782	percent of total billed charges	
PROBING LACRIMAL CANAL	68840	CPT	outpatient			968		383.15 UHC	Medicaid		305.4	31.55			29.23	1782	percent of total billed charges	
PROBING LACRIMAL CANAL	68840	CPT	outpatient			968		383.15 UHC	Medicare		333.17				29.23	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROBING LACRIMAL CANAL	68840	CPT	outpatient			968		383.15 United	Commercial|PPO		1782				29.23	1782	case rate	
PROBING LACRIMAL CANAL	68840	CPT	outpatient			968		383.15 United	Oxford		1782				29.23	1782	case rate	
PROBING LACRIMAL CANAL	68840	CPT	outpatient			968		383.15 Wellcare	Medicare		333.17				29.23	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROBING LACRIMAL CANAL	68840	CPT	outpatient			968		383.15 Wellcare	Medicaid		305.4	31.55			29.23	1782	percent of total billed charges	
PROBING LACRIMAL CANAL	68840	CPT	outpatient			968		383.15 WellPoint	WellPoint		311.5	32.18			29.23	1782	percent of total billed charges	
INJ CONTRAST-DACROCYSTROGRAPHY	68850	CPT	outpatient			1626		Aetna	Commercial		617.88	38			66.32	1782	percent of total billed charges	
INJ CONTRAST-DACROCYSTROGRAPHY	68850	CPT	outpatient			1626		Aetna	Medicare		500.81	30.8			66.32	1782	percent of total billed charges	
INJ CONTRAST-DACROCYSTROGRAPHY	68850	CPT	outpatient			1626		Aetna	Better Health		513	31.55			66.32	1782	percent of total billed charges	
INJ CONTRAST-DACROCYSTROGRAPHY	68850	CPT	outpatient			1626		Americare	Americare		1219.5	75			66.32	1782	percent of total billed charges	
INJ CONTRAST-DACROCYSTROGRAPHY	68850	CPT	outpatient			1626		Amerihealth	HMO|PPO		1056.9	65			66.32	1782	percent of total billed charges	
INJ CONTRAST-DACROCYSTROGRAPHY	68850	CPT	outpatient			1626		Consumer	Consumer		1544.7	95			66.32	1782	percent of total billed charges	
INJ CONTRAST-DACROCYSTROGRAPHY	68850	CPT	outpatient			1626		Corrections	Corrections		1300.8	80			66.32	1782	percent of total billed charges	
INJ CONTRAST-DACROCYSTROGRAPHY	68850	CPT	outpatient			1626		First Health	First Health		1138.2	70			66.32	1782	percent of total billed charges	
INJ CONTRAST-DACROCYSTROGRAPHY	68850	CPT	outpatient			1626		First Trenton	First Trenton		1463.4	90			66.32	1782	percent of total billed charges	
INJ CONTRAST-DACROCYSTROGRAPHY	68850	CPT	outpatient			1626		Horizon	Medicare Blue		487.8	30			66.32	1782	percent of total billed charges	
INJ CONTRAST-DACROCYSTROGRAPHY	68850	CPT	outpatient			1626		Horizon	Indemnity		622.43	38.28			66.32	1782	percent of total billed charges	
INJ CONTRAST-DACROCYSTROGRAPHY	68850	CPT	outpatient			1626		Horizon	NJ Health		66.32				66.32	1782	fee schedule	
INJ CONTRAST-DACROCYSTROGRAPHY	68850	CPT	outpatient			1626		Horizon	MGD		622.43	38.28			66.32	1782	percent of total billed charges	
INJ CONTRAST-DACROCYSTROGRAPHY	68850	CPT	outpatient			1626		Horizon	PPO		622.43	38.28			66.32	1782	percent of total billed charges	
INJ CONTRAST-DACROCYSTROGRAPHY	68850	CPT	outpatient			1626		Managed Care Inc	Managed Care Inc		1463.4	90			66.32	1782	percent of total billed charges	
INJ CONTRAST-DACROCYSTROGRAPHY	68850	CPT	outpatient			1626		Multiplan	Multiplan		1300.8	80			66.32	1782	percent of total billed charges	
INJ CONTRAST-DACROCYSTROGRAPHY	68850	CPT	outpatient			1626		Qualcare	Qualcare		1219.5	75			66.32	1782	percent of total billed charges	
INJ CONTRAST-DACROCYSTROGRAPHY	68850	CPT	outpatient			1626		Three Rivers	Three Rivers		1544.7	95			66.32	1782	percent of total billed charges	
INJ CONTRAST-DACROCYSTROGRAPHY	68850	CPT	outpatient			1626		UHC	Medicaid		513	31.55			66.32	1782	percent of total billed charges	
INJ CONTRAST-DACROCYSTROGRAPHY	68850	CPT	outpatient			1626		United	Oxford		1782				66.32	1782	case rate	
INJ CONTRAST-DACROCYSTROGRAPHY	68850	CPT	outpatient			1626		United	Commercial|PPO		1782				66.32	1782	case rate	
INJ CONTRAST-DACROCYSTROGRAPHY	68850	CPT	outpatient			1626		Wellcare	Medicaid		513	31.55			66.32	1782	percent of total billed charges	
INJ CONTRAST-DACROCYSTROGRAPHY	68850	CPT	outpatient			1626		WellPoint	WellPoint		523.25	32.18			66.32	1782	percent of total billed charges	
UNLSTD PROC LACRIMAL SYS	68899	CPT	outpatient			1053		383.15 Aetna	Commercial		530.41				305.4	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLSTD PROC LACRIMAL SYS	68899	CPT	outpatient			1053		383.15 Aetna	Better Health		332.22	31.55			305.4	1782	percent of total billed charges	
UNLSTD PROC LACRIMAL SYS	68899	CPT	outpatient			1053		383.15 Aetna	Medicare		333.17				305.4	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLSTD PROC LACRIMAL SYS	68899	CPT	outpatient			1053		383.15 Americare	Americare		789.75	75			305.4	1782	percent of total billed charges	
UNLSTD PROC LACRIMAL SYS	68899	CPT	outpatient			1053		383.15 Amerihealth	HMO|PPO		684.45	65			305.4	1782	percent of total billed charges	
UNLSTD PROC LACRIMAL SYS	68899	CPT	outpatient			1053		383.15 Amerihealth	Medicare		333.17				305.4	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLSTD PROC LACRIMAL SYS	68899	CPT	outpatient			1053		383.15 Consumer	Consumer		1000.35	95			305.4	1782	percent of total billed charges	
UNLSTD PROC LACRIMAL SYS	68899	CPT	outpatient			1053		383.15 Corrections	Corrections		842.4	80			305.4	1782	percent of total billed charges	
UNLSTD PROC LACRIMAL SYS	68899	CPT	outpatient			1053		383.15 First Health	First Health		737.1	70			305.4	1782	percent of total billed charges	
UNLSTD PROC LACRIMAL SYS	68899	CPT	outpatient			1053		383.15 First Trenton	First Trenton		947.7	90			305.4	1782	percent of total billed charges	
UNLSTD PROC LACRIMAL SYS	68899	CPT	outpatient			1053		383.15 Horizon	Medicare Blue		333.17				305.4	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLSTD PROC LACRIMAL SYS	68899	CPT	outpatient			1053		383.15 Horizon	MGD		620.03				305.4	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLSTD PROC LACRIMAL SYS	68899	CPT	outpatient			1053		383.15 Horizon	Indemnity		620.03				305.4	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLSTD PROC LACRIMAL SYS	68899	CPT	outpatient			1053		383.15 Horizon	PPO		620.03				305.4	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLSTD PROC LACRIMAL SYS	68899	CPT	outpatient			1053		383.15 Managed Care Inc	Managed Care Inc		947.7	90			305.4	1782	percent of total billed charges	
UNLSTD PROC LACRIMAL SYS	68899	CPT	outpatient			1053		383.15 Multiplan	Multiplan		842.4	80			305.4	1782	percent of total billed charges	
UNLSTD PROC LACRIMAL SYS	68899	CPT	outpatient			1053		383.15 Qualcare	Qualcare		789.75	75			305.4	1782	percent of total billed charges	
UNLSTD PROC LACRIMAL SYS	68899	CPT	outpatient			1053		383.15 Three Rivers	Three Rivers		1000.35	95			305.4	1782	percent of total billed charges	
UNLSTD PROC LACRIMAL SYS	68899	CPT	outpatient			1053		383.15 UHC	Medicaid		332.22	31.55			305.4	1782	percent of total billed charges	
UNLSTD PROC LACRIMAL SYS	68899	CPT	outpatient			1053		383.15 UHC	Medicare		333.17				305.4	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLSTD PROC LACRIMAL SYS	68899	CPT	outpatient			1053		383.15 United	Commercial|PPO		1782				305.4	1782	case rate	
UNLSTD PROC LACRIMAL SYS	68899	CPT	outpatient			1053		383.15 United	Oxford		1782				305.4	1782	case rate	
UNLSTD PROC LACRIMAL SYS	68899	CPT	outpatient			1053		383.15 Wellcare	Medicare		333.17				305.4	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLSTD PROC LACRIMAL SYS	68899	CPT	outpatient			1053		383.15 Wellcare	Medicaid		332.22	31.55			305.4	1782	percent of total billed charges	
UNLSTD PROC LACRIMAL SYS	68899	CPT	outpatient			1053		383.15 WellPoint	WellPoint		338.86	32.18			305.4	1782	percent of total billed charges	
I&D EXT EAR SINGLE HEMATOMA	69000	CPT	outpatient			2487		925.36 Aetna	Commercial		1281.02				80.54	2362.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D EXT EAR SINGLE HEMATOMA	69000	CPT	outpatient			2487		925.36 Aetna	Better Health		784.65	31.55			80.54	2362.65	percent of total billed charges	
I&D EXT EAR SINGLE HEMATOMA	69000	CPT	outpatient			2487		925.36 Aetna	Medicare		804.66				80.54	2362.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D EXT EAR SINGLE HEMATOMA	69000	CPT	outpatient			2487		925.36 Americare	Americare		1865.25	75			80.54	2362.65	percent of total billed charges	
I&D EXT EAR SINGLE HEMATOMA	69000	CPT	outpatient			2487		925.36 Amerihealth	Medicare		804.66				80.54	2362.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D EXT EAR SINGLE HEMATOMA	69000	CPT	outpatient			2487		925.36 Amerihealth	HMO|PPO		1616.55	65			80.54	2362.65	percent of total billed charges	
I&D EXT EAR SINGLE HEMATOMA	69000	CPT	outpatient			2487		925.36 Consumer	Consumer		2362.65	95			80.54	2362.65	percent of total billed charges	
I&D EXT EAR SINGLE HEMATOMA	69000	CPT	outpatient			2487		925.36 Corrections	Corrections		1989.6	80			80.54	2362.65	percent of total billed charges	
I&D EXT EAR SINGLE HEMATOMA	69000	CPT	outpatient			2487		925.36 First Health	First Health		1740.9	70			80.54	2362.65	percent of total billed charges	
I&D EXT EAR SINGLE HEMATOMA	69000	CPT	outpatient			2487		925.36 First Trenton	First Trenton		2238.3	90			80.54	2362.65	percent of total billed charges	
I&D EXT EAR SINGLE HEMATOMA	69000	CPT	outpatient			2487		925.36 Horizon	Indemnity		1497.47				80.54	2362.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D EXT EAR SINGLE HEMATOMA	69000	CPT	outpatient			2487		925.36 Horizon	NJ Health		80.54				80.54	2362.65	fee schedule	
I&D EXT EAR SINGLE HEMATOMA	69000	CPT	outpatient			2487		925.36 Horizon	MGD		1497.47				80.54	2362.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D EXT EAR SINGLE HEMATOMA	69000	CPT	outpatient			2487		925.36 Horizon	PPO		1497.47				80.54	2362.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D EXT EAR SINGLE HEMATOMA	69000	CPT	outpatient			2487		925.36 Horizon	Medicare Blue		804.66				80.54	2362.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D EXT EAR SINGLE HEMATOMA	69000	CPT	outpatient			2487		925.36 Managed Care Inc	Managed Care Inc		2238.3	90			80.54	2362.65	percent of total billed charges	
I&D EXT EAR SINGLE HEMATOMA	69000	CPT	outpatient			2487		925.36 Multiplan	Multiplan		1989.6	80			80.54	2362.65	percent of total billed charges	
I&D EXT EAR SINGLE HEMATOMA	69000	CPT	outpatient			2487		925.36 Qualcare	Qualcare		1865.25	75			80.54	2362.65	percent of total billed charges	
I&D EXT EAR SINGLE HEMATOMA	69000	CPT	outpatient			2487		925.36 Three Rivers	Three Rivers		2362.65	95			80.54	2362.65	percent of total billed charges	
I&D EXT EAR SINGLE HEMATOMA	69000	CPT	outpatient			2487		925.36 UHC	Medicare		804.66				80.54	2362.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D EXT EAR SINGLE HEMATOMA	69000	CPT	outpatient			2487		925.36 UHC	Medicaid		784.65	31.55			80.54	2362.65	percent of total billed charges	
I&D EXT EAR SINGLE HEMATOMA	69000	CPT	outpatient			2487		925.36 United	Oxford		1817				80.54	2362.65	case rate	
I&D EXT EAR SINGLE HEMATOMA	69000	CPT	outpatient			2487		925.36 United	Commercial|PPO		1817				80.54	2362.65	case rate	
I&D EXT EAR SINGLE HEMATOMA	69000	CPT	outpatient			2487		925.36 Wellcare	Medicare		804.66				80.54	2362.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D EXT EAR SINGLE HEMATOMA	69000	CPT	outpatient			2487		925.36 Wellcare	Medicaid		784.65	31.55			80.54	2362.65	percent of total billed charges	
I&D EXT EAR SINGLE HEMATOMA	69000	CPT	outpatient			2487		925.36 WellPoint	WellPoint		800.32	32.18			80.54	2362.65	percent of total billed charges	
DRAIN EXT EAR ABS/HEMA CMPLX	69005	CPT	outpatient			5340		2132.36 Aetna	Medicare		1854.23				159.21	5073	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAIN EXT EAR ABS/HEMA CMPLX	69005	CPT	outpatient			5340		2132.36 Aetna	Better Health		1684.77	31.55			159.21	5073	percent of total billed charges	
DRAIN EXT EAR ABS/HEMA CMPLX	69005	CPT	outpatient			5340		2132.36 Aetna	Commercial		2951.93				159.21	5073	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAIN EXT EAR ABS/HEMA CMPLX	69005	CPT	outpatient			5340		2132.36 Americare	Americare		4005	75			159.21	5073	percent of total billed charges	
DRAIN EXT EAR ABS/HEMA CMPLX	69005	CPT	outpatient			5340		2132.36 Amerihealth	Medicare		1854.23				159.21	5073	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAIN EXT EAR ABS/HEMA CMPLX	69005	CPT	outpatient			5340		2132.36 Amerihealth	HMO|PPO		3471	65			159.21	5073	percent of total billed charges	
DRAIN EXT EAR ABS/HEMA CMPLX	69005	CPT	outpatient			5340		2132.36 Consumer	Consumer		5073	95			159.21	5073	percent of total billed charges	
DRAIN EXT EAR ABS/HEMA CMPLX	69005	CPT	outpatient			5340		2132.36 Corrections	Corrections		4272	80			159.21	5073	percent of total billed charges	
DRAIN EXT EAR ABS/HEMA CMPLX	69005	CPT	outpatient			5340		2132.36 First Health	First Health		3738	70			159.21	5073	percent of total billed charges	
DRAIN EXT EAR ABS/HEMA CMPLX	69005	CPT	outpatient			5340		2132.36 First Trenton	First Trenton		4806	90			159.21	5073	percent of total billed charges	
DRAIN EXT EAR ABS/HEMA CMPLX	69005	CPT	outpatient			5340		2132.36 Horizon	NJ Health		159.21				159.21	5073	fee schedule	
DRAIN EXT EAR ABS/HEMA CMPLX	69005	CPT	outpatient			5340		2132.36 Horizon	Indemnity		3450.72				159.21	5073	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAIN EXT EAR ABS/HEMA CMPLX	69005	CPT	outpatient			5340		2132.36 Horizon	Medicare Blue		1854.23				159.21	5073	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAIN EXT EAR ABS/HEMA CMPLX	69005	CPT	outpatient			5340		2132.36 Horizon	MGD		3450.72				159.21	5073	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAIN EXT EAR ABS/HEMA CMPLX	69005	CPT	outpatient			5340		2132.36 Horizon	PPO		3450.72				159.21	5073	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAIN EXT EAR ABS/HEMA CMPLX	69005	CPT	outpatient			5340		2132.36 Managed Care Inc	Managed Care Inc		4806	90			159.21	5073	percent of total billed charges	
DRAIN EXT EAR ABS/HEMA CMPLX	69005	CPT	outpatient			5340		2132.36 Multiplan	Multiplan		4272	80			159.21	5073	percent of total billed charges	
DRAIN EXT EAR ABS/HEMA CMPLX	69005	CPT	outpatient			5340		2132.36 Qualcare	Qualcare		4005	75			159.21	5073	percent of total billed charges	
DRAIN EXT EAR ABS/HEMA CMPLX	69005	CPT	outpatient			5340		2132.36 Three Rivers	Three Rivers		5073	95			159.21	5073	percent of total billed charges	
DRAIN EXT EAR ABS/HEMA CMPLX	69005	CPT	outpatient			5340		2132.36 UHC	Medicare		1854.23				159.21	5073	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAIN EXT EAR ABS/HEMA CMPLX	69005	CPT	outpatient			5340		2132.36 UHC	Medicaid		1684.77	31.55			159.21	5073	percent of total billed charges	
DRAIN EXT EAR ABS/HEMA CMPLX	69005	CPT	outpatient			5340		2132.36 United	Oxford		2493				159.21	5073	case rate	
DRAIN EXT EAR ABS/HEMA CMPLX	69005	CPT	outpatient			5340		2132.36 United	Commercial|PPO		2493				159.21	5073	case rate	
DRAIN EXT EAR ABS/HEMA CMPLX	69005	CPT	outpatient			5340		2132.36 Wellcare	Medicare		1854.23				159.21	5073	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAIN EXT EAR ABS/HEMA CMPLX	69005	CPT	outpatient			5340		2132.36 Wellcare	Medicaid		1684.77	31.55			159.21	5073	percent of total billed charges	
DRAIN EXT EAR ABS/HEMA CMPLX	69005	CPT	outpatient			5340		2132.36 WellPoint	WellPoint		1718.41	32.18			159.21	5073	percent of total billed charges	
DRAIN EXTERNAL AUDITORY CANAL ABSCESS	69020	CPT	outpatient			2328		925.36 Aetna	Medicare		804.66				65.77	2211.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAIN EXTERNAL AUDITORY CANAL ABSCESS	69020	CPT	outpatient			2328		925.36 Aetna	Commercial		1281.02				65.77	2211.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAIN EXTERNAL AUDITORY CANAL ABSCESS	69020	CPT	outpatient			2328		925.36 Aetna	Better Health		734.48	31.55			65.77	2211.6	percent of total billed charges	
DRAIN EXTERNAL AUDITORY CANAL ABSCESS	69020	CPT	outpatient			2328		925.36 Americare	Americare		1746	75			65.77	2211.6	percent of total billed charges	
DRAIN EXTERNAL AUDITORY CANAL ABSCESS	69020	CPT	outpatient			2328		925.36 Amerihealth	Medicare		804.66				65.77	2211.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAIN EXTERNAL AUDITORY CANAL ABSCESS	69020	CPT	outpatient			2328		925.36 Amerihealth	HMO|PPO		1513.2	65			65.77	2211.6	percent of total billed charges	
DRAIN EXTERNAL AUDITORY CANAL ABSCESS	69020	CPT	outpatient			2328		925.36 Consumer	Consumer		2211.6	95			65.77	2211.6	percent of total billed charges	
DRAIN EXTERNAL AUDITORY CANAL ABSCESS	69020	CPT	outpatient			2328		925.36 Corrections	Corrections		1862.4	80			65.77	2211.6	percent of total billed charges	
DRAIN EXTERNAL AUDITORY CANAL ABSCESS	69020	CPT	outpatient			2328		925.36 First Health	First Health		1629.6	70			65.77	2211.6	percent of total billed charges	
DRAIN EXTERNAL AUDITORY CANAL ABSCESS	69020	CPT	outpatient			2328		925.36 First Trenton	First Trenton		2095.2	90			65.77	2211.6	percent of total billed charges	
DRAIN EXTERNAL AUDITORY CANAL ABSCESS	69020	CPT	outpatient			2328		925.36 Horizon	MGD		1497.47				65.77	2211.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAIN EXTERNAL AUDITORY CANAL ABSCESS	69020	CPT	outpatient			2328		925.36 Horizon	Indemnity		1497.47				65.77	2211.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAIN EXTERNAL AUDITORY CANAL ABSCESS	69020	CPT	outpatient			2328		925.36 Horizon	NJ Health		65.77				65.77	2211.6	fee schedule	
DRAIN EXTERNAL AUDITORY CANAL ABSCESS	69020	CPT	outpatient			2328		925.36 Horizon	PPO		1497.47				65.77	2211.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAIN EXTERNAL AUDITORY CANAL ABSCESS	69020	CPT	outpatient			2328		925.36 Horizon	Medicare Blue		804.66				65.77	2211.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAIN EXTERNAL AUDITORY CANAL ABSCESS	69020	CPT	outpatient			2328		925.36 Managed Care Inc	Managed Care Inc		2095.2	90			65.77	2211.6	percent of total billed charges	
DRAIN EXTERNAL AUDITORY CANAL ABSCESS	69020	CPT	outpatient			2328		925.36 Multiplan	Multiplan		1862.4	80			65.77	2211.6	percent of total billed charges	
DRAIN EXTERNAL AUDITORY CANAL ABSCESS	69020	CPT	outpatient			2328		925.36 Qualcare	Qualcare		1746	75			65.77	2211.6	percent of total billed charges	
DRAIN EXTERNAL AUDITORY CANAL ABSCESS	69020	CPT	outpatient			2328		925.36 Three Rivers	Three Rivers		2211.6	95			65.77	2211.6	percent of total billed charges	
DRAIN EXTERNAL AUDITORY CANAL ABSCESS	69020	CPT	outpatient			2328		925.36 UHC	Medicaid		734.48	31.55			65.77	2211.6	percent of total billed charges	
DRAIN EXTERNAL AUDITORY CANAL ABSCESS	69020	CPT	outpatient			2328		925.36 UHC	Medicare		804.66				65.77	2211.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAIN EXTERNAL AUDITORY CANAL ABSCESS	69020	CPT	outpatient			2328		925.36 United	Commercial|PPO		1817				65.77	2211.6	case rate	
DRAIN EXTERNAL AUDITORY CANAL ABSCESS	69020	CPT	outpatient			2328		925.36 United	Oxford		1817				65.77	2211.6	case rate	
DRAIN EXTERNAL AUDITORY CANAL ABSCESS	69020	CPT	outpatient			2328		925.36 Wellcare	Medicare		804.66				65.77	2211.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAIN EXTERNAL AUDITORY CANAL ABSCESS	69020	CPT	outpatient			2328		925.36 Wellcare	Medicaid		734.48	31.55			65.77	2211.6	percent of total billed charges	
DRAIN EXTERNAL AUDITORY CANAL ABSCESS	69020	CPT	outpatient			2328		925.36 WellPoint	WellPoint		749.15	32.18			65.77	2211.6	percent of total billed charges	
BX EXTERNAL EAR	69100	CPT	outpatient			758		321.26 Aetna	Better Health		239.15	31.55			65.77	1782	percent of total billed charges	
BX EXTERNAL EAR	69100	CPT	outpatient			758		321.26 Aetna	Medicare		279.36				65.77	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX EXTERNAL EAR	69100	CPT	outpatient			758		321.26 Aetna	Commercial		444.74				65.77	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX EXTERNAL EAR	69100	CPT	outpatient			758		321.26 Americare	Americare		568.5	75			65.77	1782	percent of total billed charges	
BX EXTERNAL EAR	69100	CPT	outpatient			758		321.26 Amerihealth	HMO|PPO		492.7	65			65.77	1782	percent of total billed charges	
BX EXTERNAL EAR	69100	CPT	outpatient			758		321.26 Amerihealth	Medicare		279.36				65.77	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX EXTERNAL EAR	69100	CPT	outpatient			758		321.26 Consumer	Consumer		720.1	95			65.77	1782	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
BX EXTERNAL EAR	69100	CPT	outpatient			758	321.26	Corrections	Corrections		606.4	80			65.77	1782	percent of total billed charges	
BX EXTERNAL EAR	69100	CPT	outpatient			758	321.26	First Health	First Health		530.6	70			65.77	1782	percent of total billed charges	
BX EXTERNAL EAR	69100	CPT	outpatient			758	321.26	First Trenton	First Trenton		682.2	90			65.77	1782	percent of total billed charges	
BX EXTERNAL EAR	69100	CPT	outpatient			758	321.26	Horizon	Indemnity		519.89				65.77	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX EXTERNAL EAR	69100	CPT	outpatient			758	321.26	Horizon	PPO		519.89				65.77	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX EXTERNAL EAR	69100	CPT	outpatient			758	321.26	Horizon	MGD		519.89				65.77	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX EXTERNAL EAR	69100	CPT	outpatient			758	321.26	Horizon	NJ Health		65.77				65.77	1782	fee schedule	
BX EXTERNAL EAR	69100	CPT	outpatient			758	321.26	Horizon	Medicare Blue		279.36				65.77	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX EXTERNAL EAR	69100	CPT	outpatient			758	321.26	Managed Care Inc	Managed Care Inc		682.2	90			65.77	1782	percent of total billed charges	
BX EXTERNAL EAR	69100	CPT	outpatient			758	321.26	Multiplan	Multiplan		606.4	80			65.77	1782	percent of total billed charges	
BX EXTERNAL EAR	69100	CPT	outpatient			758	321.26	Qualcare	Qualcare		568.5	75			65.77	1782	percent of total billed charges	
BX EXTERNAL EAR	69100	CPT	outpatient			758	321.26	Three Rivers	Three Rivers		720.1	95			65.77	1782	percent of total billed charges	
BX EXTERNAL EAR	69100	CPT	outpatient			758	321.26	UHC	Medicaid		239.15	31.55			65.77	1782	percent of total billed charges	
BX EXTERNAL EAR	69100	CPT	outpatient			758	321.26	UHC	Medicare		279.36				65.77	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX EXTERNAL EAR	69100	CPT	outpatient			758	321.26	United	Commercial|PPO		1782				65.77	1782	case rate	
BX EXTERNAL EAR	69100	CPT	outpatient			758	321.26	United	Oxford		1782				65.77	1782	case rate	
BX EXTERNAL EAR	69100	CPT	outpatient			758	321.26	Wellcare	Medicare		279.36				65.77	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX EXTERNAL EAR	69100	CPT	outpatient			758	321.26	Wellcare	Medicaid		239.15	31.55			65.77	1782	percent of total billed charges	
BX EXTERNAL EAR	69100	CPT	outpatient			758	321.26	WellPoint	WellPoint		243.92	32.18			65.77	1782	percent of total billed charges	
BIOPSY EXT, AUDITORY CANAL	69105	CPT	outpatient			5059	2005.77	Aetna	Better Health		1596.11	31.55			56.85	4806.05	percent of total billed charges	
BIOPSY EXT, AUDITORY CANAL	69105	CPT	outpatient			5059	2005.77	Aetna	Commercial		2776.69				56.85	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY EXT, AUDITORY CANAL	69105	CPT	outpatient			5059	2005.77	Aetna	Medicare		1744.15				56.85	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY EXT, AUDITORY CANAL	69105	CPT	outpatient			5059	2005.77	Americare	Americare		3794.25	75			56.85	4806.05	percent of total billed charges	
BIOPSY EXT, AUDITORY CANAL	69105	CPT	outpatient			5059	2005.77	Amerihealth	HMO|PPO		3288.35	65			56.85	4806.05	percent of total billed charges	
BIOPSY EXT, AUDITORY CANAL	69105	CPT	outpatient			5059	2005.77	Amerihealth	Medicare		1744.15				56.85	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY EXT, AUDITORY CANAL	69105	CPT	outpatient			5059	2005.77	Consumer	Consumer		4806.05	95			56.85	4806.05	percent of total billed charges	
BIOPSY EXT, AUDITORY CANAL	69105	CPT	outpatient			5059	2005.77	Corrections	Corrections		4047.2	80			56.85	4806.05	percent of total billed charges	
BIOPSY EXT, AUDITORY CANAL	69105	CPT	outpatient			5059	2005.77	First Health	First Health		3541.3	70			56.85	4806.05	percent of total billed charges	
BIOPSY EXT, AUDITORY CANAL	69105	CPT	outpatient			5059	2005.77	First Trenton	First Trenton		4553.1	90			56.85	4806.05	percent of total billed charges	
BIOPSY EXT, AUDITORY CANAL	69105	CPT	outpatient			5059	2005.77	Horizon	MGD		3245.86				56.85	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY EXT, AUDITORY CANAL	69105	CPT	outpatient			5059	2005.77	Horizon	PPO		3245.86				56.85	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY EXT, AUDITORY CANAL	69105	CPT	outpatient			5059	2005.77	Horizon	NJ Health		56.85				56.85	4806.05	fee schedule	
BIOPSY EXT, AUDITORY CANAL	69105	CPT	outpatient			5059	2005.77	Horizon	Medicare Blue		1744.15				56.85	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY EXT, AUDITORY CANAL	69105	CPT	outpatient			5059	2005.77	Horizon	Indemnity		3245.86				56.85	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY EXT, AUDITORY CANAL	69105	CPT	outpatient			5059	2005.77	Managed Care Inc	Managed Care Inc		4553.1	90			56.85	4806.05	percent of total billed charges	
BIOPSY EXT, AUDITORY CANAL	69105	CPT	outpatient			5059	2005.77	Multiplan	Multiplan		4047.2	80			56.85	4806.05	percent of total billed charges	
BIOPSY EXT, AUDITORY CANAL	69105	CPT	outpatient			5059	2005.77	Qualcare	Qualcare		3794.25	75			56.85	4806.05	percent of total billed charges	
BIOPSY EXT, AUDITORY CANAL	69105	CPT	outpatient			5059	2005.77	Three Rivers	Three Rivers		4806.05	95			56.85	4806.05	percent of total billed charges	
BIOPSY EXT, AUDITORY CANAL	69105	CPT	outpatient			5059	2005.77	UHC	Medicare		1744.15				56.85	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY EXT, AUDITORY CANAL	69105	CPT	outpatient			5059	2005.77	UHC	Medicaid		1596.11	31.55			56.85	4806.05	percent of total billed charges	
BIOPSY EXT, AUDITORY CANAL	69105	CPT	outpatient			5059	2005.77	United	Commercial|PPO		2493				56.85	4806.05	case rate	
BIOPSY EXT, AUDITORY CANAL	69105	CPT	outpatient			5059	2005.77	United	Oxford		2493				56.85	4806.05	case rate	
BIOPSY EXT, AUDITORY CANAL	69105	CPT	outpatient			5059	2005.77	Wellcare	Medicare		1744.15				56.85	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY EXT, AUDITORY CANAL	69105	CPT	outpatient			5059	2005.77	Wellcare	Medicaid		1596.11	31.55			56.85	4806.05	percent of total billed charges	
BIOPSY EXT, AUDITORY CANAL	69105	CPT	outpatient			5059	2005.77	WellPoint	WellPoint		1627.99	32.18			56.85	4806.05	percent of total billed charges	
EXC KELOID	69110	CPT	outpatient			9413	3737.2	Aetna	Commercial		5173.59				277.7	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC KELOID	69110	CPT	outpatient			9413	3737.2	Aetna	Better Health		2969.8	31.55			277.7	8942.35	percent of total billed charges	
EXC KELOID	69110	CPT	outpatient			9413	3737.2	Aetna	Medicare		3249.74				277.7	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC KELOID	69110	CPT	outpatient			9413	3737.2	Americare	Americare		7059.75	75			277.7	8942.35	percent of total billed charges	
EXC KELOID	69110	CPT	outpatient			9413	3737.2	Amerihealth	HMO|PPO		6118.45	65			277.7	8942.35	percent of total billed charges	
EXC KELOID	69110	CPT	outpatient			9413	3737.2	Amerihealth	Medicare		3249.74				277.7	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC KELOID	69110	CPT	outpatient			9413	3737.2	Consumer	Consumer		8942.35	95			277.7	8942.35	percent of total billed charges	
EXC KELOID	69110	CPT	outpatient			9413	3737.2	Corrections	Corrections		7530.4	80			277.7	8942.35	percent of total billed charges	
EXC KELOID	69110	CPT	outpatient			9413	3737.2	First Health	First Health		6589.1	70			277.7	8942.35	percent of total billed charges	
EXC KELOID	69110	CPT	outpatient			9413	3737.2	First Trenton	First Trenton		8471.7	90			277.7	8942.35	percent of total billed charges	
EXC KELOID	69110	CPT	outpatient			9413	3737.2	Horizon	Medicare Blue		3249.74				277.7	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC KELOID	69110	CPT	outpatient			9413	3737.2	Horizon	MGD		6047.77				277.7	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC KELOID	69110	CPT	outpatient			9413	3737.2	Horizon	Indemnity		6047.77				277.7	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC KELOID	69110	CPT	outpatient			9413	3737.2	Horizon	NJ Health		277.7				277.7	8942.35	fee schedule	
EXC KELOID	69110	CPT	outpatient			9413	3737.2	Horizon	PPO		6047.77				277.7	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC KELOID	69110	CPT	outpatient			9413	3737.2	Managed Care Inc	Managed Care Inc		8471.7	90			277.7	8942.35	percent of total billed charges	
EXC KELOID	69110	CPT	outpatient			9413	3737.2	Multiplan	Multiplan		7530.4	80			277.7	8942.35	percent of total billed charges	
EXC KELOID	69110	CPT	outpatient			9413	3737.2	Qualcare	Qualcare		7059.75	75			277.7	8942.35	percent of total billed charges	
EXC KELOID	69110	CPT	outpatient			9413	3737.2	Three Rivers	Three Rivers		8942.35	95			277.7	8942.35	percent of total billed charges	
EXC KELOID	69110	CPT	outpatient			9413	3737.2	UHC	Medicaid		2969.8	31.55			277.7	8942.35	percent of total billed charges	
EXC KELOID	69110	CPT	outpatient			9413	3737.2	UHC	Medicare		3249.74				277.7	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC KELOID	69110	CPT	outpatient			9413	3737.2	United	Oxford		2493				277.7	8942.35	case rate	
EXC KELOID	69110	CPT	outpatient			9413	3737.2	United	Commercial|PPO		2493				277.7	8942.35	case rate	
EXC KELOID	69110	CPT	outpatient			9413	3737.2	Wellcare	Medicaid		2969.8	31.55			277.7	8942.35	percent of total billed charges	
EXC KELOID	69110	CPT	outpatient			9413	3737.2	Wellcare	Medicare		3249.74				277.7	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC KELOID	69110	CPT	outpatient			9413	3737.2	WellPoint	WellPoint		3029.1	32.18			277.7	8942.35	percent of total billed charges	
EXC SOFT TISSUE EXT EAR	69145	CPT	outpatient			9413	3737.2	Aetna	Better Health		2969.8	31.55			87.7	8942.35	percent of total billed charges	
EXC SOFT TISSUE EXT EAR	69145	CPT	outpatient			9413	3737.2	Aetna	Commercial		5173.59				87.7	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC SOFT TISSUE EXT EAR	69145	CPT	outpatient			9413	3737.2	Aetna	Medicare		3249.74				87.7	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC SOFT TISSUE EXT EAR	69145	CPT	outpatient			9413	3737.2	Americare	Americare		7059.75	75			87.7	8942.35	percent of total billed charges	
EXC SOFT TISSUE EXT EAR	69145	CPT	outpatient			9413	3737.2	Amerihealth	Medicare		3249.74				87.7	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC SOFT TISSUE EXT EAR	69145	CPT	outpatient			9413	3737.2	Amerihealth	HMO|PPO		6118.45	65			87.7	8942.35	percent of total billed charges	
EXC SOFT TISSUE EXT EAR	69145	CPT	outpatient			9413	3737.2	Consumer	Consumer		8942.35	95			87.7	8942.35	percent of total billed charges	
EXC SOFT TISSUE EXT EAR	69145	CPT	outpatient			9413	3737.2	Corrections	Corrections		7530.4	80			87.7	8942.35	percent of total billed charges	
EXC SOFT TISSUE EXT EAR	69145	CPT	outpatient			9413	3737.2	First Health	First Health		6589.1	70			87.7	8942.35	percent of total billed charges	
EXC SOFT TISSUE EXT EAR	69145	CPT	outpatient			9413	3737.2	First Trenton	First Trenton		8471.7	90			87.7	8942.35	percent of total billed charges	
EXC SOFT TISSUE EXT EAR	69145	CPT	outpatient			9413	3737.2	Horizon	PPO		6047.77				87.7	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC SOFT TISSUE EXT EAR	69145	CPT	outpatient			9413	3737.2	Horizon	Indemnity		6047.77				87.7	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC SOFT TISSUE EXT EAR	69145	CPT	outpatient			9413	3737.2	Horizon	MGD		6047.77				87.7	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC SOFT TISSUE EXT EAR	69145	CPT	outpatient			9413	3737.2	Horizon	NJ Health		87.7				87.7	8942.35	fee schedule	
EXC SOFT TISSUE EXT EAR	69145	CPT	outpatient			9413	3737.2	Horizon	Medicare Blue		3249.74				87.7	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC SOFT TISSUE EXT EAR	69145	CPT	outpatient			9413	3737.2	Managed Care Inc	Managed Care Inc		8471.7	90			87.7	8942.35	percent of total billed charges	
EXC SOFT TISSUE EXT EAR	69145	CPT	outpatient			9413	3737.2	Multiplan	Multiplan		7530.4	80			87.7	8942.35	percent of total billed charges	
EXC SOFT TISSUE EXT EAR	69145	CPT	outpatient			9413	3737.2	Qualcare	Qualcare		7059.75	75			87.7	8942.35	percent of total billed charges	
EXC SOFT TISSUE EXT EAR	69145	CPT	outpatient			9413	3737.2	Three Rivers	Three Rivers		8942.35	95			87.7	8942.35	percent of total billed charges	
EXC SOFT TISSUE EXT EAR	69145	CPT	outpatient			9413	3737.2	UHC	Medicaid		2969.8	31.55			87.7	8942.35	percent of total billed charges	
EXC SOFT TISSUE EXT EAR	69145	CPT	outpatient			9413	3737.2	UHC	Medicare		3249.74				87.7	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC SOFT TISSUE EXT EAR	69145	CPT	outpatient			9413	3737.2	United	Commercial|PPO		2493				87.7	8942.35	case rate	
EXC SOFT TISSUE EXT EAR	69145	CPT	outpatient			9413	3737.2	United	Oxford		2493				87.7	8942.35	case rate	
EXC SOFT TISSUE EXT EAR	69145	CPT	outpatient			9413	3737.2	Wellcare	Medicare		3249.74				87.7	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC SOFT TISSUE EXT EAR	69145	CPT	outpatient			9413	3737.2	Wellcare	Medicaid		2969.8	31.55			87.7	8942.35	percent of total billed charges	
EXC SOFT TISSUE EXT EAR	69145	CPT	outpatient			9413	3737.2	WellPoint	WellPoint		3029.1	32.18			87.7	8942.35	percent of total billed charges	
REMOVAL FB E	69200	CPT	outpatient			424	168	Aetna	Better Health		133.77	31.55			47.5	1782	percent of total billed charges	
REMOVAL FB E	69200	CPT	outpatient			424	168	Aetna	Medicare		130.59	30.8			47.5	1782	percent of total billed charges	
REMOVAL FB E	69200	CPT	outpatient			424	168	Aetna	Commercial		232.58				47.5	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL FB E	69200	CPT	outpatient			424	168	Americare	Americare		318	75			47.5	1782	percent of total billed charges	
REMOVAL FB E	69200	CPT	outpatient			424	168	Amerihealth	HMO|PPO		275.6	65			47.5	1782	percent of total billed charges	
REMOVAL FB E	69200	CPT	outpatient			424	168	Amerihealth	Medicare		146.09				47.5	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL FB E	69200	CPT	outpatient			424	168	Consumer	Consumer		402.8	95			47.5	1782	percent of total billed charges	
REMOVAL FB E	69200	CPT	outpatient			424	168	Corrections	Corrections		339.2	80			47.5	1782	percent of total billed charges	
REMOVAL FB E	69200	CPT	outpatient			424	168	First Health	First Health		296.8	70			47.5	1782	percent of total billed charges	
REMOVAL FB E	69200	CPT	outpatient			424	168	First Trenton	First Trenton		381.6	90			47.5	1782	percent of total billed charges	
REMOVAL FB E	69200	CPT	outpatient			424	168	Horizon	Medicare Blue		146.09				47.5	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL FB E	69200	CPT	outpatient			424	168	Horizon	MGD		271.87				47.5	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL FB E	69200	CPT	outpatient			424	168	Horizon	Indemnity		271.87				47.5	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL FB E	69200	CPT	outpatient			424	168	Horizon	PPO		271.87				47.5	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL FB E	69200	CPT	outpatient			424	168	Horizon	NJ Health		47.5				47.5	1782	fee schedule	
REMOVAL FB E	69200	CPT	outpatient			424	168	Managed Care Inc	Managed Care Inc		381.6	90			47.5	1782	percent of total billed charges	
REMOVAL FB E	69200	CPT	outpatient			424	168	Multiplan	Multiplan		339.2	80			47.5	1782	percent of total billed charges	
REMOVAL FB E	69200	CPT	outpatient			424	168	Qualcare	Qualcare		318	75			47.5	1782	percent of total billed charges	
REMOVAL FB E	69200	CPT	outpatient			424	168	Three Rivers	Three Rivers		402.8	95			47.5	1782	percent of total billed charges	
REMOVAL FB E	69200	CPT	outpatient			424	168	UHC	Medicaid		133.77	31.55			47.5	1782	percent of total billed charges	
REMOVAL FB E	69200	CPT	outpatient			424	168	UHC	Medicare		146.09				47.5	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL FB E	69200	CPT	outpatient			424	168	United	Oxford		1782				47.5	1782	case rate	
REMOVAL FB E	69200	CPT	outpatient			424	168	United	Commercial|PPO		1782				47.5	1782	case rate	
REMOVAL FB E	69200	CPT	outpatient			424	168	Wellcare	Medicare		146.09				47.5	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL FB E	69200	CPT	outpatient			424	168	Wellcare	Medicaid		133.77	31.55			47.5	1782	percent of total billed charges	
REMOVAL FB E	69200	CPT	outpatient			424	168	WellPoint	WellPoint		136.44	32.18			47.5	1782	percent of total billed charges	
REM IMPCTD EAR WAX UNI	69209	CPT	outpatient			247	80.45	Aetna	Commercial		111.38				18.92	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM IMPCTD EAR WAX UNI	69209	CPT	outpatient			247	80.45	Aetna	Better Health		77.93	31.55			18.92	1782	percent of total billed charges	
REM IMPCTD EAR WAX UNI	69209	CPT	outpatient			247	80.45	Aetna	Medicare		69.96				18.92	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM IMPCTD EAR WAX UNI	69209	CPT	outpatient			247	80.45	Americare	Americare		185.25	75			18.92	1782	percent of total billed charges	
REM IMPCTD EAR WAX UNI	69209	CPT	outpatient			247	80.45	Amerihealth	HMO|PPO		160.55	65			18.92	1782	percent of total billed charges	
REM IMPCTD EAR WAX UNI	69209	CPT	outpatient			247	80.45	Amerihealth	Medicare		69.96				18.92	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM IMPCTD EAR WAX UNI	69209	CPT	outpatient			247	80.45	Consumer	Consumer		234.65	95			18.92	1782	percent of total billed charges	
REM IMPCTD EAR WAX UNI	69209	CPT	outpatient			247	80.45	Corrections	Corrections		197.6	80			18.92	1782	percent of total billed charges	
REM IMPCTD EAR WAX UNI	69209	CPT	outpatient			247	80.45	First Health	First Health		172.9	70			18.92	1782	percent of total billed charges	
REM IMPCTD EAR WAX UNI	69209	CPT	outpatient			247	80.45	First Trenton	First Trenton		222.3	90			18.92	1782	percent of total billed charges	
REM IMPCTD EAR WAX UNI	69209	CPT	outpatient			247	80.45	Horizon	MGD		130.2				18.92	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM IMPCTD EAR WAX UNI	69209	CPT	outpatient			247	80.45	Horizon	Medicare Blue		69.96				18.92	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM IMPCTD EAR WAX UNI	69209	CPT	outpatient			247	80.45	Horizon	NJ Health		18.92				18.92	1782	fee schedule	
REM IMPCTD EAR WAX UNI	69209	CPT	outpatient			247	80.45	Horizon	Indemnity		130.2				18.92	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM IMPCTD EAR WAX UNI	69209	CPT	outpatient			247	80.45	Horizon	PPO		130.2				18.92	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM IMPCTD EAR WAX UNI	69209	CPT	outpatient			247	80.45	Managed Care Inc	Managed Care Inc		222.3	90			18.92	1782	percent of total billed charges	
REM IMPCTD EAR WAX UNI	69209	CPT	outpatient			247	80.45	Multiplan	Multiplan		197.6	80			18.92	1782	percent of total billed charges	
REM IMPCTD EAR WAX UNI	69209	CPT	outpatient			247	80.45	Qualcare	Qualcare		185.25	75			18.92	1782	percent of total billed charges	
REM IMPCTD EAR WAX UNI	69209	CPT	outpatient			247	80.45	Three Rivers	Three Rivers		234.65	95			18.92	1782	percent of total billed charges	
REM IMPCTD EAR WAX UNI	69209	CPT	outpatient			247	80.45	UHC	Medicaid		77.93	31.55			18.92	1782	percent of total billed charges	
REM IMPCTD EAR WAX UNI	69209	CPT	outpatient			247	80.45	UHC	Medicare		69.96				18.92	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM IMPCTD EAR WAX UNI	69209	CPT	outpatient			247	80.45	United	Commercial|PPO		1782				18.92	1782	case rate	
REM IMPCTD EAR WAX UNI	69209	CPT	outpatient			247	80.45	United	Oxford		1782				18.92	1782	case rate	
REM IMPCTD EAR WAX UNI	69209	CPT	outpatient			247	80.45	Wellcare	Medicaid		77.93	31.55			18.92	1782	percent of total billed charges	
REM IMPCTD EAR WAX UNI	69209	CPT	outpatient			247	80.45	Wellcare	Medicare		69.96				18.92	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101191	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
REM IMPCTD EAR WAX UNI	69209	CPT	outpatient			247	80.45	WellPoint	WellPoint		79.48	32.18			18.92	1782	percent of total billed charges	
RMVL IMPAC CERUM INST. UNI	69210	CPT	outpatient			258	80.45	Aetna	Better Health		81.4	31.55			66.57	1782	percent of total billed charges	
RMVL IMPAC CERUM INST. UNI	69210	CPT	outpatient			258	80.45	Aetna	Commercial		111.38				66.57	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL IMPAC CERUM INST. UNI	69210	CPT	outpatient			258	80.45	Aetna	Medicare		69.96				66.57	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL IMPAC CERUM INST. UNI	69210	CPT	outpatient			258	80.45	Americare	Americare		193.5	75			66.57	1782	percent of total billed charges	
RMVL IMPAC CERUM INST. UNI	69210	CPT	outpatient			258	80.45	Amerihealth	HMO/PPO		167.7	65			66.57	1782	percent of total billed charges	
RMVL IMPAC CERUM INST. UNI	69210	CPT	outpatient			258	80.45	Amerihealth	Medicare		69.96				66.57	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL IMPAC CERUM INST. UNI	69210	CPT	outpatient			258	80.45	Consumer	Consumer		245.1	95			66.57	1782	percent of total billed charges	
RMVL IMPAC CERUM INST. UNI	69210	CPT	outpatient			258	80.45	Corrections	Corrections		206.4	80			66.57	1782	percent of total billed charges	
RMVL IMPAC CERUM INST. UNI	69210	CPT	outpatient			258	80.45	First Health	First Health		180.6	70			66.57	1782	percent of total billed charges	
RMVL IMPAC CERUM INST. UNI	69210	CPT	outpatient			258	80.45	First Trenton	First Trenton		232.2	90			66.57	1782	percent of total billed charges	
RMVL IMPAC CERUM INST. UNI	69210	CPT	outpatient			258	80.45	Horizon	Indemnity		130.2				66.57	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL IMPAC CERUM INST. UNI	69210	CPT	outpatient			258	80.45	Horizon	MGD		130.2				66.57	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL IMPAC CERUM INST. UNI	69210	CPT	outpatient			258	80.45	Horizon	NJ Health		75.27				66.57	1782	fee schedule	
RMVL IMPAC CERUM INST. UNI	69210	CPT	outpatient			258	80.45	Horizon	Medicare Blue		69.96				66.57	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL IMPAC CERUM INST. UNI	69210	CPT	outpatient			258	80.45	Horizon	PPO		130.2				66.57	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL IMPAC CERUM INST. UNI	69210	CPT	outpatient			258	80.45	Managed Care Inc	Managed Care Inc		232.2	90			66.57	1782	percent of total billed charges	
RMVL IMPAC CERUM INST. UNI	69210	CPT	outpatient			258	80.45	Multiplan	Multiplan		206.4	80			66.57	1782	percent of total billed charges	
RMVL IMPAC CERUM INST. UNI	69210	CPT	outpatient			258	80.45	Qualcare	Qualcare		193.5	75			66.57	1782	percent of total billed charges	
RMVL IMPAC CERUM INST. UNI	69210	CPT	outpatient			258	80.45	Three Rivers	Three Rivers		245.1	95			66.57	1782	percent of total billed charges	
RMVL IMPAC CERUM INST. UNI	69210	CPT	outpatient			258	80.45	UHC	Medicaid		81.4	31.55			66.57	1782	percent of total billed charges	
RMVL IMPAC CERUM INST. UNI	69210	CPT	outpatient			258	80.45	UHC	Medicare		69.96				66.57	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL IMPAC CERUM INST. UNI	69210	CPT	outpatient			258	80.45	United	Commercial|PPO		1782				66.57	1782	case rate	
RMVL IMPAC CERUM INST. UNI	69210	CPT	outpatient			258	80.45	United	Oxford		1782				66.57	1782	case rate	
RMVL IMPAC CERUM INST. UNI	69210	CPT	outpatient			258	80.45	Wellcare	Medicare		69.96				66.57	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL IMPAC CERUM INST. UNI	69210	CPT	outpatient			258	80.45	Wellcare	Medicaid		81.4	31.55			66.57	1782	percent of total billed charges	
RMVL IMPAC CERUM INST. UNI	69210	CPT	outpatient			258	80.45	WellPoint	WellPoint		83.02	32.18			66.57	1782	percent of total billed charges	
DEBRIDE MASTOIDECTOMY	69220	CPT	outpatient			659	263.3	Aetna	Commercial		364.5				62.46	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDE MASTOIDECTOMY	69220	CPT	outpatient			659	263.3	Aetna	Better Health		207.91	31.55			62.46	1782	percent of total billed charges	
DEBRIDE MASTOIDECTOMY	69220	CPT	outpatient			659	263.3	Aetna	Medicare		226.96				62.46	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDE MASTOIDECTOMY	69220	CPT	outpatient			659	263.3	Americare	Americare		494.25	75			62.46	1782	percent of total billed charges	
DEBRIDE MASTOIDECTOMY	69220	CPT	outpatient			659	263.3	Amerihealth	HMO/PPO		428.35	65			62.46	1782	percent of total billed charges	
DEBRIDE MASTOIDECTOMY	69220	CPT	outpatient			659	263.3	Amerihealth	Medicare		228.96				62.46	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDE MASTOIDECTOMY	69220	CPT	outpatient			659	263.3	Consumer	Consumer		626.05	95			62.46	1782	percent of total billed charges	
DEBRIDE MASTOIDECTOMY	69220	CPT	outpatient			659	263.3	Corrections	Corrections		527.2	80			62.46	1782	percent of total billed charges	
DEBRIDE MASTOIDECTOMY	69220	CPT	outpatient			659	263.3	First Health	First Health		461.3	70			62.46	1782	percent of total billed charges	
DEBRIDE MASTOIDECTOMY	69220	CPT	outpatient			659	263.3	First Trenton	First Trenton		593.1	90			62.46	1782	percent of total billed charges	
DEBRIDE MASTOIDECTOMY	69220	CPT	outpatient			659	263.3	Horizon	NJ Health		62.46				62.46	1782	fee schedule	
DEBRIDE MASTOIDECTOMY	69220	CPT	outpatient			659	263.3	Horizon	Indemnity		426.09				62.46	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDE MASTOIDECTOMY	69220	CPT	outpatient			659	263.3	Horizon	Medicare Blue		228.96				62.46	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDE MASTOIDECTOMY	69220	CPT	outpatient			659	263.3	Horizon	MGD		426.09				62.46	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDE MASTOIDECTOMY	69220	CPT	outpatient			659	263.3	Horizon	PPO		426.09				62.46	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDE MASTOIDECTOMY	69220	CPT	outpatient			659	263.3	Managed Care Inc	Managed Care Inc		593.1	90			62.46	1782	percent of total billed charges	
DEBRIDE MASTOIDECTOMY	69220	CPT	outpatient			659	263.3	Multiplan	Multiplan		527.2	80			62.46	1782	percent of total billed charges	
DEBRIDE MASTOIDECTOMY	69220	CPT	outpatient			659	263.3	Qualcare	Qualcare		494.25	75			62.46	1782	percent of total billed charges	
DEBRIDE MASTOIDECTOMY	69220	CPT	outpatient			659	263.3	Three Rivers	Three Rivers		626.05	95			62.46	1782	percent of total billed charges	
DEBRIDE MASTOIDECTOMY	69220	CPT	outpatient			659	263.3	UHC	Medicaid		207.91	31.55			62.46	1782	percent of total billed charges	
DEBRIDE MASTOIDECTOMY	69220	CPT	outpatient			659	263.3	UHC	Medicare		228.96				62.46	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDE MASTOIDECTOMY	69220	CPT	outpatient			659	263.3	United	Commercial|PPO		1782				62.46	1782	case rate	
DEBRIDE MASTOIDECTOMY	69220	CPT	outpatient			659	263.3	United	Oxford		1782				62.46	1782	case rate	
DEBRIDE MASTOIDECTOMY	69220	CPT	outpatient			659	263.3	Wellcare	Medicaid		207.91	31.55			62.46	1782	percent of total billed charges	
DEBRIDE MASTOIDECTOMY	69220	CPT	outpatient			659	263.3	Wellcare	Medicare		228.96				62.46	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDE MASTOIDECTOMY	69220	CPT	outpatient			659	263.3	WellPoint	WellPoint		212.07	32.18			62.46	1782	percent of total billed charges	
DEBRI MASTOIDEC CAV COMPL	69222	CPT	outpatient			1666	723.64	Aetna	Commercial		1091.77				91.35	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRI MASTOIDEC CAV COMPL	69222	CPT	outpatient			1666	723.64	Aetna	Better Health		525.62	31.55			91.35	1782	percent of total billed charges	
DEBRI MASTOIDEC CAV COMPL	69222	CPT	outpatient			1666	723.64	Aetna	Medicare		629.25				91.35	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRI MASTOIDEC CAV COMPL	69222	CPT	outpatient			1666	723.64	Americare	Americare		1249.5	75			91.35	1782	percent of total billed charges	
DEBRI MASTOIDEC CAV COMPL	69222	CPT	outpatient			1666	723.64	Amerihealth	HMO/PPO		1082.9	65			91.35	1782	percent of total billed charges	
DEBRI MASTOIDEC CAV COMPL	69222	CPT	outpatient			1666	723.64	Amerihealth	Medicare		629.25				91.35	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRI MASTOIDEC CAV COMPL	69222	CPT	outpatient			1666	723.64	Consumer	Consumer		1582.7	95			91.35	1782	percent of total billed charges	
DEBRI MASTOIDEC CAV COMPL	69222	CPT	outpatient			1666	723.64	Corrections	Corrections		1332.8	80			91.35	1782	percent of total billed charges	
DEBRI MASTOIDEC CAV COMPL	69222	CPT	outpatient			1666	723.64	First Health	First Health		1166.2	70			91.35	1782	percent of total billed charges	
DEBRI MASTOIDEC CAV COMPL	69222	CPT	outpatient			1666	723.64	First Trenton	First Trenton		1499.4	90			91.35	1782	percent of total billed charges	
DEBRI MASTOIDEC CAV COMPL	69222	CPT	outpatient			1666	723.64	Horizon	MGD		1171.03				91.35	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRI MASTOIDEC CAV COMPL	69222	CPT	outpatient			1666	723.64	Horizon	Medicare Blue		629.25				91.35	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRI MASTOIDEC CAV COMPL	69222	CPT	outpatient			1666	723.64	Horizon	NJ Health		91.35				91.35	1782	fee schedule	
DEBRI MASTOIDEC CAV COMPL	69222	CPT	outpatient			1666	723.64	Horizon	Indemnity		1171.03				91.35	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRI MASTOIDEC CAV COMPL	69222	CPT	outpatient			1666	723.64	Horizon	PPO		1171.03				91.35	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRI MASTOIDEC CAV COMPL	69222	CPT	outpatient			1666	723.64	Managed Care Inc	Managed Care Inc		1499.4	90			91.35	1782	percent of total billed charges	
DEBRI MASTOIDEC CAV COMPL	69222	CPT	outpatient			1666	723.64	Multiplan	Multiplan		1332.8	80			91.35	1782	percent of total billed charges	
DEBRI MASTOIDEC CAV COMPL	69222	CPT	outpatient			1666	723.64	Qualcare	Qualcare		1249.5	75			91.35	1782	percent of total billed charges	
DEBRI MASTOIDEC CAV COMPL	69222	CPT	outpatient			1666	723.64	Three Rivers	Three Rivers		1582.7	95			91.35	1782	percent of total billed charges	
DEBRI MASTOIDEC CAV COMPL	69222	CPT	outpatient			1666	723.64	UHC	Medicaid		525.62	31.55			91.35	1782	percent of total billed charges	
DEBRI MASTOIDEC CAV COMPL	69222	CPT	outpatient			1666	723.64	UHC	Medicare		629.25				91.35	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRI MASTOIDEC CAV COMPL	69222	CPT	outpatient			1666	723.64	United	Oxford		1782				91.35	1782	case rate	
DEBRI MASTOIDEC CAV COMPL	69222	CPT	outpatient			1666	723.64	United	Commercial|PPO		1782				91.35	1782	case rate	
DEBRI MASTOIDEC CAV COMPL	69222	CPT	outpatient			1666	723.64	Wellcare	Medicaid		525.62	31.55			91.35	1782	percent of total billed charges	
DEBRI MASTOIDEC CAV COMPL	69222	CPT	outpatient			1666	723.64	Wellcare	Medicare		629.25				91.35	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRI MASTOIDEC CAV COMPL	69222	CPT	outpatient			1666	723.64	WellPoint	WellPoint		536.12	32.18			91.35	1782	percent of total billed charges	
UNLISTED PROC, EXT EAR	69399	CPT	outpatient			758	321.26	Aetna	Better Health		239.15	31.55			239.15	1782	percent of total billed charges	
UNLISTED PROC, EXT EAR	69399	CPT	outpatient			758	321.26	Aetna	Medicare		279.36				239.15	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC, EXT EAR	69399	CPT	outpatient			758	321.26	Aetna	Commercial		444.74				239.15	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC, EXT EAR	69399	CPT	outpatient			758	321.26	Americare	Americare		568.5	75			239.15	1782	percent of total billed charges	
UNLISTED PROC, EXT EAR	69399	CPT	outpatient			758	321.26	Amerihealth	HMO/PPO		492.7	65			239.15	1782	percent of total billed charges	
UNLISTED PROC, EXT EAR	69399	CPT	outpatient			758	321.26	Amerihealth	Medicare		279.36				239.15	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC, EXT EAR	69399	CPT	outpatient			758	321.26	Consumer	Consumer		720.1	95			239.15	1782	percent of total billed charges	
UNLISTED PROC, EXT EAR	69399	CPT	outpatient			758	321.26	Corrections	Corrections		606.4	80			239.15	1782	percent of total billed charges	
UNLISTED PROC, EXT EAR	69399	CPT	outpatient			758	321.26	First Health	First Health		530.6	70			239.15	1782	percent of total billed charges	
UNLISTED PROC, EXT EAR	69399	CPT	outpatient			758	321.26	First Trenton	First Trenton		682.2	90			239.15	1782	percent of total billed charges	
UNLISTED PROC, EXT EAR	69399	CPT	outpatient			758	321.26	Horizon	PPO		519.89				239.15	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC, EXT EAR	69399	CPT	outpatient			758	321.26	Horizon	Medicare Blue		279.36				239.15	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC, EXT EAR	69399	CPT	outpatient			758	321.26	Horizon	MGD		519.89				239.15	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC, EXT EAR	69399	CPT	outpatient			758	321.26	Horizon	Indemnity		519.89				239.15	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC, EXT EAR	69399	CPT	outpatient			758	321.26	Managed Care Inc	Managed Care Inc		682.2	90			239.15	1782	percent of total billed charges	
UNLISTED PROC, EXT EAR	69399	CPT	outpatient			758	321.26	Multiplan	Multiplan		606.4	80			239.15	1782	percent of total billed charges	
UNLISTED PROC, EXT EAR	69399	CPT	outpatient			758	321.26	Qualcare	Qualcare		568.5	75			239.15	1782	percent of total billed charges	
UNLISTED PROC, EXT EAR	69399	CPT	outpatient			758	321.26	Three Rivers	Three Rivers		720.1	95			239.15	1782	percent of total billed charges	
UNLISTED PROC, EXT EAR	69399	CPT	outpatient			758	321.26	UHC	Medicaid		239.15	31.55			239.15	1782	percent of total billed charges	
UNLISTED PROC, EXT EAR	69399	CPT	outpatient			758	321.26	UHC	Medicare		279.36				239.15	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC, EXT EAR	69399	CPT	outpatient			758	321.26	United	Oxford		1782				239.15	1782	case rate	
UNLISTED PROC, EXT EAR	69399	CPT	outpatient			758	321.26	United	Commercial|PPO		1782				239.15	1782	case rate	
UNLISTED PROC, EXT EAR	69399	CPT	outpatient			758	321.26	Wellcare	Medicaid		239.15	31.55			239.15	1782	percent of total billed charges	
UNLISTED PROC, EXT EAR	69399	CPT	outpatient			758	321.26	Wellcare	Medicare		279.36				239.15	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC, EXT EAR	69399	CPT	outpatient			758	321.26	WellPoint	WellPoint		243.92	32.18			239.15	1782	percent of total billed charges	
MYRINGOTOMY UNI	69420	CPT	outpatient			758	321.26	Aetna	Better Health		239.15	31.55			87.7	1782	percent of total billed charges	
MYRINGOTOMY UNI	69420	CPT	outpatient			758	321.26	Aetna	Commercial		444.74				87.7	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYRINGOTOMY UNI	69420	CPT	outpatient			758	321.26	Aetna	Medicare		279.36				87.7	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYRINGOTOMY UNI	69420	CPT	outpatient			758	321.26	Americare	Americare		568.5	75			87.7	1782	percent of total billed charges	
MYRINGOTOMY UNI	69420	CPT	outpatient			758	321.26	Amerihealth	HMO/PPO		492.7	65			87.7	1782	percent of total billed charges	
MYRINGOTOMY UNI	69420	CPT	outpatient			758	321.26	Amerihealth	Medicare		279.36				87.7	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYRINGOTOMY UNI	69420	CPT	outpatient			758	321.26	Consumer	Consumer		720.1	95			87.7	1782	percent of total billed charges	
MYRINGOTOMY UNI	69420	CPT	outpatient			758	321.26	Corrections	Corrections		606.4	80			87.7	1782	percent of total billed charges	
MYRINGOTOMY UNI	69420	CPT	outpatient			758	321.26	First Health	First Health		530.6	70			87.7	1782	percent of total billed charges	
MYRINGOTOMY UNI	69420	CPT	outpatient			758	321.26	First Trenton	First Trenton		682.2	90			87.7	1782	percent of total billed charges	
MYRINGOTOMY UNI	69420	CPT	outpatient			758	321.26	Horizon	MGD		519.89				87.7	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYRINGOTOMY UNI	69420	CPT	outpatient			758	321.26	Horizon	Medicare Blue		279.36				87.7	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYRINGOTOMY UNI	69420	CPT	outpatient			758	321.26	Horizon	NJ Health		87.7				87.7	1782	fee schedule	
MYRINGOTOMY UNI	69420	CPT	outpatient			758	321.26	Horizon	PPO		519.89				87.7	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYRINGOTOMY UNI	69420	CPT	outpatient			758	321.26	Horizon	Indemnity		519.89				87.7	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYRINGOTOMY UNI	69420	CPT	outpatient			758	321.26	Managed Care Inc	Managed Care Inc		682.2	90			87.7	1782	percent of total billed charges	
MYRINGOTOMY UNI	69420	CPT	outpatient			758	321.26	Multiplan	Multiplan		606.4	80			87.7	1782	percent of total billed charges	
MYRINGOTOMY UNI	69420	CPT	outpatient			758	321.26	Qualcare	Qualcare		568.5	75			87.7	1782	percent of total billed charges	
MYRINGOTOMY UNI	69420	CPT	outpatient			758	321.26	Three Rivers	Three Rivers		720.1	95			87.7	1782	percent of total billed charges	
MYRINGOTOMY UNI	69420	CPT	outpatient			758	321.26	UHC	Medicaid		239.15	31.55			87.7	1782	percent of total billed charges	
MYRINGOTOMY UNI	69420	CPT	outpatient			758	321.26	UHC	Medicare		279.36				87.7	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYRINGOTOMY UNI	69420	CPT	outpatient			758	321.26	United	Commercial|PPO		1782				87.7	1782	case rate	
MYRINGOTOMY UNI	69420	CPT	outpatient			758	321.26	United	Oxford		1782				87.7	1782	case rate	
MYRINGOTOMY UNI	69420	CPT	outpatient			758	321.26	Wellcare	Medicaid		239.15	31.55			87.7	1782	percent of total billed charges	
MYRINGOTOMY UNI	69420	CPT	outpatient			758	321.26	Wellcare	Medicare		279.36				87.7	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYRINGOTOMY UNI	69420	CPT	outpatient			758	321.26	WellPoint	WellPoint		243.92	32.18			87.7	1782	percent of total billed charges	
REMOVAL OF TUBE UNILATERAL	69424	CPT	outpatient			10367	4234.52	Aetna	Medicare		3682.19				65.77	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF TUBE UNILATERAL	69424	CPT	outpatient			10367	4234.52	Aetna	Commercial		5862.05				65.77	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF TUBE UNILATERAL	69424	CPT	outpatient			10367	4234.52	Aetna	Better Health		3270.79	31.55			65.77	9848.65	percent of total billed charges	
REMOVAL OF TUBE UNILATERAL	69424	CPT	outpatient			10367	4234.52	Americare	Americare		7775.25	75			65.77	9848.65	percent of total billed charges	
REMOVAL OF TUBE UNILATERAL	69424	CPT	outpatient			10367	4234.52	Amerihealth	Medicare		3682.19				65.77	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF TUBE UNILATERAL	69424	CPT	outpatient			10367	4234.52	Amerihealth	HMO/PPO		6738.55	65			65.77	9848.65	percent of total billed charges	
REMOVAL OF TUBE UNILATERAL	69424	CPT	outpatient			10367	4234.52	Consumer	Consumer		9848.65	95			65.77	9848.65	percent of total billed charges	
REMOVAL OF TUBE UNILATERAL	69424	CPT	outpatient			10367	4234.52	Corrections	Corrections		8293.6	80			65.77	9848.65	percent of total billed charges	
REMOVAL OF TUBE UNILATERAL	69424	CPT	outpatient			10367	4234.52	First Health	First Health		7256.9	70			65.77	9848.65	percent of total billed charges	
REMOVAL OF TUBE UNILATERAL	69424	CPT	outpatient			10367	4234.52	First Trenton	First Trenton		9330.3	90			65.77	9848.65	percent of total billed charges	
REMOVAL OF TUBE UNILATERAL	69424	CPT	outpatient			10367	4234.52	Horizon	Indemnity		6852.56				65.77	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF TUBE UNILATERAL	69424	CPT	outpatient			10367	4234.52	Horizon	PPO		6852.56				65.77	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF TUBE UNILATERAL	69424	CPT	outpatient			10367	4234.52	Horizon	NJ Health		65.77				65.77	9848.65	fee schedule	
REMOVAL OF TUBE UNILATERAL	69424	CPT	outpatient			10367	4234.52	Horizon	Medicare Blue		3682.19				65.77	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF TUBE UNILATERAL	69424	CPT	outpatient			10367	4234.52	Horizon	MGD		6852.56				65.77	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF TUBE UNILATERAL	69424	CPT	outpatient			10367	4234.52	Managed Care Inc	Managed Care Inc		9330.3	90			65.77	9848.65	percent of total billed charges	
REMOVAL OF TUBE UNILATERAL	69424	CPT	outpatient			10367	4234.52	Multiplan	Multiplan		8293.6	80			65.77	9848.65	percent of total billed charges	
REMOVAL OF TUBE UNILATERAL	69424	CPT	outpatient			10367	4234.52	Qualcare	Qualcare		7775.25	75			65.77	9848.65	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
REMOVAL OF TUBE UNILATERAL	69424	CPT	outpatient				10367	4234.52	Three Rivers		9848.65				65.77		9848.65 percent of total billed charges	
REMOVAL OF TUBE UNILATERAL	69424	CPT	outpatient				10367	4234.52	UHC		3270.79	31.55			65.77		9848.65 percent of total billed charges	
REMOVAL OF TUBE UNILATERAL	69424	CPT	outpatient				10367	4234.52	UHC		3682.19				65.77		9848.65 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF TUBE UNILATERAL	69424	CPT	outpatient				10367	4234.52	United		3492				65.77		9848.65 case rate	
REMOVAL OF TUBE UNILATERAL	69424	CPT	outpatient				10367	4234.52	United		3492				65.77		9848.65 case rate	
REMOVAL OF TUBE UNILATERAL	69424	CPT	outpatient				10367	4234.52	Wellcare		3682.19				65.77		9848.65 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF TUBE UNILATERAL	69424	CPT	outpatient				10367	4234.52	Wellcare		3270.79	31.55			65.77		9848.65 percent of total billed charges	
REMOVAL OF TUBE UNILATERAL	69424	CPT	outpatient				10367	4234.52	WellPoint		3336.1	32.18			65.77		9848.65 percent of total billed charges	
TYPANOTOMY W/TUBE-UNILATERAL	69433	CPT	outpatient				1666	723.64	Aetna		525.62	31.55			146.16		1782 percent of total billed charges	
TYPANOTOMY W/TUBE-UNILATERAL	69433	CPT	outpatient				1666	723.64	Aetna		1001.77				146.16		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TYPANOTOMY W/TUBE-UNILATERAL	69433	CPT	outpatient				1666	723.64	Aetna		629.25				146.16		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TYPANOTOMY W/TUBE-UNILATERAL	69433	CPT	outpatient				1666	723.64	Americare		1249.5	75			146.16		1782 percent of total billed charges	
TYPANOTOMY W/TUBE-UNILATERAL	69433	CPT	outpatient				1666	723.64	Amerihealth		Medicare				629.25		146.16	1782 other
TYPANOTOMY W/TUBE-UNILATERAL	69433	CPT	outpatient				1666	723.64	Amerihealth		HMO/PPO	1082.9	65			146.16	1782 percent of total billed charges	
TYPANOTOMY W/TUBE-UNILATERAL	69433	CPT	outpatient				1666	723.64	Consumer		Consumer	1582.7	95			146.16	1782 percent of total billed charges	
TYPANOTOMY W/TUBE-UNILATERAL	69433	CPT	outpatient				1666	723.64	Corrections		Corrections	1332.8	80			146.16	1782 percent of total billed charges	
TYPANOTOMY W/TUBE-UNILATERAL	69433	CPT	outpatient				1666	723.64	First Health		First Health	1166.2	70			146.16	1782 percent of total billed charges	
TYPANOTOMY W/TUBE-UNILATERAL	69433	CPT	outpatient				1666	723.64	First Trenton		First Trenton	1499.4	90			146.16	1782 percent of total billed charges	
TYPANOTOMY W/TUBE-UNILATERAL	69433	CPT	outpatient				1666	723.64	Horizon		MGD	1171.03				146.16	1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TYPANOTOMY W/TUBE-UNILATERAL	69433	CPT	outpatient				1666	723.64	Horizon		Indemnity	1171.03				146.16	1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TYPANOTOMY W/TUBE-UNILATERAL	69433	CPT	outpatient				1666	723.64	Horizon		NJ Health	146.16				146.16	1782 fee schedule	
TYPANOTOMY W/TUBE-UNILATERAL	69433	CPT	outpatient				1666	723.64	Horizon		Medicare Blue	629.25				146.16	1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TYPANOTOMY W/TUBE-UNILATERAL	69433	CPT	outpatient				1666	723.64	Horizon		PPO	1171.03				146.16	1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TYPANOTOMY W/TUBE-UNILATERAL	69433	CPT	outpatient				1666	723.64	Managed Care Inc		Managed Care Inc	1499.4	90			146.16	1782 percent of total billed charges	
TYPANOTOMY W/TUBE-UNILATERAL	69433	CPT	outpatient				1666	723.64	Multiplan		Multiplan	1332.8	80			146.16	1782 percent of total billed charges	
TYPANOTOMY W/TUBE-UNILATERAL	69433	CPT	outpatient				1666	723.64	Qualcare		Qualcare	1249.5	75			146.16	1782 percent of total billed charges	
TYPANOTOMY W/TUBE-UNILATERAL	69433	CPT	outpatient				1666	723.64	Three Rivers		Three Rivers	1582.7	95			146.16	1782 percent of total billed charges	
TYPANOTOMY W/TUBE-UNILATERAL	69433	CPT	outpatient				1666	723.64	UHC		Medicare	629.25				146.16	1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TYPANOTOMY W/TUBE-UNILATERAL	69433	CPT	outpatient				1666	723.64	UHC		Medicaid	525.62	31.55			146.16	1782 percent of total billed charges	
TYPANOTOMY W/TUBE-UNILATERAL	69433	CPT	outpatient				1666	723.64	United		Commercial|PPO	1782				146.16	1782 case rate	
TYPANOTOMY W/TUBE-UNILATERAL	69433	CPT	outpatient				1666	723.64	United		Oxford	1782				146.16	1782 case rate	
TYPANOTOMY W/TUBE-UNILATERAL	69433	CPT	outpatient				1666	723.64	Wellcare		Medicare	629.25				146.16	1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TYPANOTOMY W/TUBE-UNILATERAL	69433	CPT	outpatient				1666	723.64	Wellcare		Medicaid	525.62	31.55			146.16	1782 percent of total billed charges	
TYPANOTOMY W/TUBE-UNILATERAL	69433	CPT	outpatient				1666	723.64	WellPoint		WellPoint	536.12	32.18			146.16	1782 percent of total billed charges	
EXCISION AURAL POLYP	69540	CPT	outpatient				5059	2005.77	Aetna		Better Health	1596.11	31.55			96.57	4806.05 percent of total billed charges	
EXCISION AURAL POLYP	69540	CPT	outpatient				5059	2005.77	Aetna		Commercial	2776.69				96.57	4806.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION AURAL POLYP	69540	CPT	outpatient				5059	2005.77	Aetna		Medicare	1744.15				96.57	4806.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION AURAL POLYP	69540	CPT	outpatient				5059	2005.77	Americare		Americare	3794.25	75			96.57	4806.05 percent of total billed charges	
EXCISION AURAL POLYP	69540	CPT	outpatient				5059	2005.77	Amerihealth		HMO/PPO	3288.35	65			96.57	4806.05 percent of total billed charges	
EXCISION AURAL POLYP	69540	CPT	outpatient				5059	2005.77	Amerihealth		Medicare	1744.15				96.57	4806.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION AURAL POLYP	69540	CPT	outpatient				5059	2005.77	Consumer		Consumer	4806.05	95			96.57	4806.05 percent of total billed charges	
EXCISION AURAL POLYP	69540	CPT	outpatient				5059	2005.77	Corrections		Corrections	4047.2	80			96.57	4806.05 percent of total billed charges	
EXCISION AURAL POLYP	69540	CPT	outpatient				5059	2005.77	First Health		First Health	3541.3	70			96.57	4806.05 percent of total billed charges	
EXCISION AURAL POLYP	69540	CPT	outpatient				5059	2005.77	First Trenton		First Trenton	4553.1	90			96.57	4806.05 percent of total billed charges	
EXCISION AURAL POLYP	69540	CPT	outpatient				5059	2005.77	Horizon		PPO	3245.86				96.57	4806.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION AURAL POLYP	69540	CPT	outpatient				5059	2005.77	Horizon		MGD	3245.86				96.57	4806.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION AURAL POLYP	69540	CPT	outpatient				5059	2005.77	Horizon		Indemnity	3245.86				96.57	4806.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION AURAL POLYP	69540	CPT	outpatient				5059	2005.77	Horizon		NJ Health	96.57				96.57	4806.05 fee schedule	
EXCISION AURAL POLYP	69540	CPT	outpatient				5059	2005.77	Horizon		Medicare Blue	1744.15				96.57	4806.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION AURAL POLYP	69540	CPT	outpatient				5059	2005.77	Managed Care Inc		Managed Care Inc	4553.1	90			96.57	4806.05 percent of total billed charges	
EXCISION AURAL POLYP	69540	CPT	outpatient				5059	2005.77	Multiplan		Multiplan	4047.2	80			96.57	4806.05 percent of total billed charges	
EXCISION AURAL POLYP	69540	CPT	outpatient				5059	2005.77	Qualcare		Qualcare	3794.25	75			96.57	4806.05 percent of total billed charges	
EXCISION AURAL POLYP	69540	CPT	outpatient				5059	2005.77	Three Rivers		Three Rivers	4806.05	95			96.57	4806.05 percent of total billed charges	
EXCISION AURAL POLYP	69540	CPT	outpatient				5059	2005.77	UHC		Medicaid	1596.11	31.55			96.57	4806.05 percent of total billed charges	
EXCISION AURAL POLYP	69540	CPT	outpatient				5059	2005.77	UHC		Medicare	1744.15				96.57	4806.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION AURAL POLYP	69540	CPT	outpatient				5059	2005.77	United		Oxford	2493				96.57	4806.05 case rate	
EXCISION AURAL POLYP	69540	CPT	outpatient				5059	2005.77	United		Commercial|PPO	2493				96.57	4806.05 case rate	
EXCISION AURAL POLYP	69540	CPT	outpatient				5059	2005.77	Wellcare		Medicare	1744.15				96.57	4806.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION AURAL POLYP	69540	CPT	outpatient				5059	2005.77	Wellcare		Medicaid	1596.11	31.55			96.57	4806.05 percent of total billed charges	
EXCISION AURAL POLYP	69540	CPT	outpatient				5059	2005.77	WellPoint		WellPoint	1627.99	32.18			96.57	4806.05 percent of total billed charges	
UNLISTED PROC, MIDDLE EAR	69799	CPT	outpatient				758	321.26	Aetna		Commercial	444.74				239.15	1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC, MIDDLE EAR	69799	CPT	outpatient				758	321.26	Aetna		Better Health	239.15	31.55			239.15	1782 percent of total billed charges	
UNLISTED PROC, MIDDLE EAR	69799	CPT	outpatient				758	321.26	Aetna		Medicare	279.36				239.15	1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC, MIDDLE EAR	69799	CPT	outpatient				758	321.26	Americare		Americare	568.5	75			239.15	1782 percent of total billed charges	
UNLISTED PROC, MIDDLE EAR	69799	CPT	outpatient				758	321.26	Amerihealth		HMO/PPO	492.7	65			239.15	1782 percent of total billed charges	
UNLISTED PROC, MIDDLE EAR	69799	CPT	outpatient				758	321.26	Amerihealth		Medicare	279.36				239.15	1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC, MIDDLE EAR	69799	CPT	outpatient				758	321.26	Consumer		Consumer	720.1	95			239.15	1782 percent of total billed charges	
UNLISTED PROC, MIDDLE EAR	69799	CPT	outpatient				758	321.26	Corrections		Corrections	606.4	80			239.15	1782 percent of total billed charges	
UNLISTED PROC, MIDDLE EAR	69799	CPT	outpatient				758	321.26	First Health		First Health	530.6	70			239.15	1782 percent of total billed charges	
UNLISTED PROC, MIDDLE EAR	69799	CPT	outpatient				758	321.26	First Trenton		First Trenton	682.2	90			239.15	1782 percent of total billed charges	
UNLISTED PROC, MIDDLE EAR	69799	CPT	outpatient				758	321.26	Horizon		Medicare Blue	279.36				239.15	1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC, MIDDLE EAR	69799	CPT	outpatient				758	321.26	Horizon		MGD	519.89				239.15	1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC, MIDDLE EAR	69799	CPT	outpatient				758	321.26	Horizon		Indemnity	519.89				239.15	1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC, MIDDLE EAR	69799	CPT	outpatient				758	321.26	Horizon		PPO	519.89				239.15	1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC, MIDDLE EAR	69799	CPT	outpatient				758	321.26	Managed Care Inc		Managed Care Inc	682.2	90			239.15	1782 percent of total billed charges	
UNLISTED PROC, MIDDLE EAR	69799	CPT	outpatient				758	321.26	Multiplan		Multiplan	606.4	80			239.15	1782 percent of total billed charges	
UNLISTED PROC, MIDDLE EAR	69799	CPT	outpatient				758	321.26	Qualcare		Qualcare	568.5	75			239.15	1782 percent of total billed charges	
UNLISTED PROC, MIDDLE EAR	69799	CPT	outpatient				758	321.26	Three Rivers		Three Rivers	720.1	95			239.15	1782 percent of total billed charges	
UNLISTED PROC, MIDDLE EAR	69799	CPT	outpatient				758	321.26	UHC		Medicaid	239.15	31.55			239.15	1782 percent of total billed charges	
UNLISTED PROC, MIDDLE EAR	69799	CPT	outpatient				758	321.26	UHC		Medicare	279.36				239.15	1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC, MIDDLE EAR	69799	CPT	outpatient				758	321.26	United		Commercial|PPO	1782				239.15	1782 case rate	
UNLISTED PROC, MIDDLE EAR	69799	CPT	outpatient				758	321.26	United		Oxford	1782				239.15	1782 case rate	
UNLISTED PROC, MIDDLE EAR	69799	CPT	outpatient				758	321.26	Wellcare		Medicare	279.36				239.15	1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC, MIDDLE EAR	69799	CPT	outpatient				758	321.26	Wellcare		Medicaid	239.15	31.55			239.15	1782 percent of total billed charges	
UNLISTED PROC, MIDDLE EAR	69799	CPT	outpatient				758	321.26	WellPoint		WellPoint	243.92	32.18			239.15	1782 percent of total billed charges	
INCISE INNER EAR	69801	CPT	outpatient				5059	2005.77	Aetna		Better Health	1596.11	31.55			1025.73	4806.05 percent of total billed charges	
INCISE INNER EAR	69801	CPT	outpatient				5059	2005.77	Aetna		Commercial	2776.69				1025.73	4806.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISE INNER EAR	69801	CPT	outpatient				5059	2005.77	Aetna		Medicare	1744.15				1025.73	4806.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISE INNER EAR	69801	CPT	outpatient				5059	2005.77	Americare		Americare	3794.25	75			1025.73	4806.05 percent of total billed charges	
INCISE INNER EAR	69801	CPT	outpatient				5059	2005.77	Amerihealth		HMO/PPO	3288.35	65			1025.73	4806.05 percent of total billed charges	
INCISE INNER EAR	69801	CPT	outpatient				5059	2005.77	Amerihealth		Medicare	1744.15				1025.73	4806.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISE INNER EAR	69801	CPT	outpatient				5059	2005.77	Consumer		Consumer	4806.05	95			1025.73	4806.05 percent of total billed charges	
INCISE INNER EAR	69801	CPT	outpatient				5059	2005.77	Corrections		Corrections	4047.2	80			1025.73	4806.05 percent of total billed charges	
INCISE INNER EAR	69801	CPT	outpatient				5059	2005.77	First Health		First Health	3541.3	70			1025.73	4806.05 percent of total billed charges	
INCISE INNER EAR	69801	CPT	outpatient				5059	2005.77	First Trenton		First Trenton	4553.1	90			1025.73	4806.05 percent of total billed charges	
INCISE INNER EAR	69801	CPT	outpatient				5059	2005.77	Horizon		NJ Health	1025.73				1025.73	4806.05 fee schedule	
INCISE INNER EAR	69801	CPT	outpatient				5059	2005.77	Horizon		Indemnity	3245.86				1025.73	4806.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISE INNER EAR	69801	CPT	outpatient				5059	2005.77	Horizon		MGD	3245.86				1025.73	4806.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISE INNER EAR	69801	CPT	outpatient				5059	2005.77	Horizon		PPO	3245.86				1025.73	4806.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISE INNER EAR	69801	CPT	outpatient				5059	2005.77	Horizon		Medicare Blue	1744.15				1025.73	4806.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISE INNER EAR	69801	CPT	outpatient				5059	2005.77	Managed Care Inc		Managed Care Inc	4553.1	90			1025.73	4806.05 percent of total billed charges	
INCISE INNER EAR	69801	CPT	outpatient				5059	2005.77	Multiplan		Multiplan	4047.2	80			1025.73	4806.05 percent of total billed charges	
INCISE INNER EAR	69801	CPT	outpatient				5059	2005.77	Qualcare		Qualcare	3794.25	75			1025.73	4806.05 percent of total billed charges	
INCISE INNER EAR	69801	CPT	outpatient				5059	2005.77	Three Rivers		Three Rivers	4806.05	95			1025.73	4806.05 percent of total billed charges	
INCISE INNER EAR	69801	CPT	outpatient				5059	2005.77	UHC		Medicaid	1596.11	31.55			1025.73	4806.05 percent of total billed charges	
INCISE INNER EAR	69801	CPT	outpatient				5059	2005.77	UHC		Medicare	1744.15				1025.73	4806.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISE INNER EAR	69801	CPT	outpatient				5059	2005.77	United		Commercial|PPO	2493				1025.73	4806.05 case rate	
INCISE INNER EAR	69801	CPT	outpatient				5059	2005.77	United		Oxford	2493				1025.73	4806.05 case rate	
INCISE INNER EAR	69801	CPT	outpatient				5059	2005.77	Wellcare		Medicare	1744.15				1025.73	4806.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISE INNER EAR	69801	CPT	outpatient				5059	2005.77	Wellcare		Medicaid	1596.11	31.55			1025.73	4806.05 percent of total billed charges	
INCISE INNER EAR	69801	CPT	outpatient				5059	2005.77	WellPoint		WellPoint	1627.99	32.18			1025.73	4806.05 percent of total billed charges	
OPERATING MI	69990	CPT	outpatient						Horizon		NJ Health	333.2				333.2	1782 fee schedule	
OPERATING MI	69990	CPT	outpatient						United		Commercial|PPO	1782				333.2	1782 case rate	
OPERATING MI	69990	CPT	outpatient						United		Oxford	1782				333.2	1782 case rate	
CISTERNOGRAPHY	70015	CPT	outpatient				2739	1053.08	Aetna		Better Health	864.15	31.55			235.2	2602.05 percent of total billed charges	
CISTERNOGRAPHY	70015	CPT	outpatient				2739	1053.08	Aetna		Medicare	915.72				235.2	2602.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CISTERNOGRAPHY	70015	CPT	outpatient				2739	1053.08	Aetna		Commercial	1457.83				235.2	2602.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CISTERNOGRAPHY	70015	CPT	outpatient				2739	1053.08	Americare		Americare	2054.25	75			235.2	2602.05 percent of total billed charges	
CISTERNOGRAPHY	70015	CPT	outpatient				2739	1053.08	Amerihealth		Medicare	915.72				235.2	2602.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CISTERNOGRAPHY	70015	CPT	outpatient				2739	1053.08	Amerihealth		HMO/PPO	1780.35	65			235.2	2602.05 percent of total billed charges	
CISTERNOGRAPHY	70015	CPT	outpatient				2739	1053.08	Consumer		Consumer	2602.05	95			235.2	2602.05 percent of total billed charges	
CISTERNOGRAPHY	70015	CPT	outpatient				2739	1053.08	Corrections		Corrections	2191.2	80			235.2	2602.05 percent of total billed charges	
CISTERNOGRAPHY	70015	CPT	outpatient				2739	1053.08	First Health		First Health	1917.3	70			235.2	2602.05 percent of total billed charges	
CISTERNOGRAPHY	70015	CPT	outpatient				2739	1053.08	First Trenton		First Trenton	2465.1	90			235.2	2602.05 percent of total billed charges	
CISTERNOGRAPHY	70015	CPT	outpatient				2739	1053.08	Horizon		PPO	1704.15				235.2	2602.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CISTERNOGRAPHY	70015	CPT	outpatient				2739	1053.08	Horizon		NJ Health	235.2				235.2	2602.05 fee schedule	
CISTERNOGRAPHY	70015	CPT	outpatient				2739	1053.08	Horizon		Indemnity	1704.15				235.2	2602.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CISTERNOGRAPHY	70015	CPT	outpatient				2739	1053.08	Horizon		Medicare Blue	915.72				235.2	2602.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CISTERNOGRAPHY	70015	CPT	outpatient				2739	1053.08	Horizon		MGD	1704.15				235.2	2602.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CISTERNOGRAPHY	70015	CPT	outpatient				2739	1053.08	Managed Care Inc		Managed Care Inc	2465.1	90			235.2	2602.05 percent of total billed charges	
CISTERNOGRAPHY	70015	CPT	outpatient				2739	1053.08	Multiplan		Multiplan	2191.2	80			235.2	2602.05 percent of total billed charges	
CISTERNOGRAPHY	70015	CPT	outpatient				2739	1053.08	Qualcare		Qualcare	2054.25	75			235.2	2602.05 percent of total billed charges	
CISTERNOGRAPHY	70015	CPT	outpatient				2739	1053.08	Three Rivers		Three Rivers	2602.05	95			235.2	2602.05 percent of total billed charges	
CISTERNOGRAPHY	70015	CPT	outpatient				2739	1053.08	UHC		Medicare	915.72				235.2	2602.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CISTERNOGRAPHY	70015	CPT	outpatient				2739	1053.08	UHC		Medicaid	864.15	31.55			235.2	2602.05 percent of total billed charges	
CISTERNOGRAPHY	70015	CPT	outpatient				2739	1053.08	Wellcare		Medicaid	864.15	31.55			235.2	2602.05 percent of total billed charges	
CISTERNOGRAPHY	70015	CPT	outpatient				2739	1053.08	Wellcare		Medicare	915.72				235.2	2602.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CISTERNOGRAPHY	70015	CPT	outpatient				2739	1053.08	WellPoint		WellPoint	881.41	32.18			235.2	2602.05 percent of total billed charges	
EYE FOR DT & LCZ F B	70030	CPT	outpatient				821	119.52	Aetna		Better Health	299.03	31.55			29.4	779.95 percent of total billed charges	
EYE FOR DT & LCZ F B	70030	CPT	outpatient				821	119.52	Aetna		Medicare	103.93				29.4	779.95 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EYE FOR DT & LCZ F B	70030	CPT	outpatient				821	119.52	Aetna		Commercial	165.46				29.4	779.95 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EYE FOR DT & LCZ F B	70030	CPT	outpatient				821	119.52	Americare		Americare	615.75	75			29.4	779.95 percent of total billed charges	
EYE FOR DT & LCZ F B	70030	CPT	outpatient				821	119.52	Amerihealth		Medicare	103.93				29.4	779.95 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EYE FOR DT & LCZ F B	70030	CPT	outpatient				821	119.52	Amerihealth		HMO/PPO	533.65	65			29.4	779.95 percent of total billed charges	
EYE FOR DT & LCZ F B	70030	CPT	outpatient				821	119.52	Consumer		Consumer	779.95	95			29.4	779.95 percent of total billed charges	
EYE FOR DT & LCZ F B	70030	CPT	outpatient				821	119.52	Corrections		Corrections	656.8	80			29.4	779.95 percent of total billed charges	
EYE FOR DT & LCZ F B	70030	CPT	outpatient				821	119.52	First Health		First Health	574.7	70			29.4	779.95 percent of total billed charges	
EYE FOR DT & LCZ F B	70030	CPT	outpatient				821	119.52	First Trenton		First Trenton	738.9	90			29.4	779.95 percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
EYE FOR DT & LCZ F B	70030	CPT	outpatient			821		119.52 Horizon	NJ Health		29.4				29.4	779.95	fee schedule	
EYE FOR DT & LCZ F B	70030	CPT	outpatient			821		119.52 Horizon	Indemnity		193.41				29.4	779.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EYE FOR DT & LCZ F B	70030	CPT	outpatient			821		119.52 Horizon	Medicare Blue		103.93				29.4	779.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EYE FOR DT & LCZ F B	70030	CPT	outpatient			821		119.52 Horizon	MGD		193.41				29.4	779.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EYE FOR DT & LCZ F B	70030	CPT	outpatient			821		119.52 Horizon	PPO		193.41				29.4	779.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EYE FOR DT & LCZ F B	70030	CPT	outpatient			821		119.52 Managed Care Inc	Managed Care Inc		738.9	90			29.4	779.95	percent of total billed charges	
EYE FOR DT & LCZ F B	70030	CPT	outpatient			821		119.52 Multiplan	Multiplan		656.8	80			29.4	779.95	percent of total billed charges	
EYE FOR DT & LCZ F B	70030	CPT	outpatient			821		119.52 Qualcare	Qualcare		615.75	75			29.4	779.95	percent of total billed charges	
EYE FOR DT & LCZ F B	70030	CPT	outpatient			821		119.52 Three Rivers	Three Rivers		779.95	95			29.4	779.95	percent of total billed charges	
EYE FOR DT & LCZ F B	70030	CPT	outpatient			821		119.52 UHC	Medicaid		259.03	31.55			29.4	779.95	percent of total billed charges	
EYE FOR DT & LCZ F B	70030	CPT	outpatient			821		119.52 UHC	Medicare		103.93				29.4	779.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EYE FOR DT & LCZ F B	70030	CPT	outpatient			821		119.52 Wellcare	Medicare		103.93				29.4	779.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EYE FOR DT & LCZ F B	70030	CPT	outpatient			821		119.52 Wellcare	Medicaid		259.03	31.55			29.4	779.95	percent of total billed charges	
EYE FOR DT & LCZ F B	70030	CPT	outpatient			821		119.52 WellPoint	WellPoint		264.2	32.18			29.4	779.95	percent of total billed charges	
MANDIBLE	70100	CPT	both			609		119.52 Aetna	Better Health		192.14	31.55			32.34	578.55	percent of total billed charges	
MANDIBLE	70100	CPT	both			609		119.52 Aetna	Commercial		165.46				32.34	578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MANDIBLE	70100	CPT	both			609		119.52 Aetna	Medicare		187.57	30.8			32.34	578.55	percent of total billed charges	
MANDIBLE	70100	CPT	both			609		119.52 Americare	Americare		456.75	75			32.34	578.55	percent of total billed charges	
MANDIBLE	70100	CPT	both			609		119.52 Amerihealth	HMO/PPO		395.85	65			32.34	578.55	percent of total billed charges	
MANDIBLE	70100	CPT	both			609		119.52 Amerihealth	Medicare		103.93				32.34	578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MANDIBLE	70100	CPT	both			609		119.52 Consumer	Consumer		578.55	95			32.34	578.55	percent of total billed charges	
MANDIBLE	70100	CPT	both			609		119.52 Corrections	Corrections		487.2	80			32.34	578.55	percent of total billed charges	
MANDIBLE	70100	CPT	both			609		119.52 First Health	First Health		426.3	70			32.34	578.55	percent of total billed charges	
MANDIBLE	70100	CPT	both			609		119.52 First Trenton	First Trenton		548.1	90			32.34	578.55	percent of total billed charges	
MANDIBLE	70100	CPT	both			609		119.52 Horizon	MGD		193.41				32.34	578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MANDIBLE	70100	CPT	both			609		119.52 Horizon	Indemnity		193.41				32.34	578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MANDIBLE	70100	CPT	both			609		119.52 Horizon	PPO		193.41				32.34	578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MANDIBLE	70100	CPT	both			609		119.52 Horizon	Medicare Blue		103.93				32.34	578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MANDIBLE	70100	CPT	both			609		119.52 Horizon	NJ Health		32.34				32.34	578.55	fee schedule	
MANDIBLE	70100	CPT	both			609		119.52 Managed Care Inc	Managed Care Inc		548.1	90			32.34	578.55	percent of total billed charges	
MANDIBLE	70100	CPT	both			609		119.52 Multiplan	Multiplan		487.2	80			32.34	578.55	percent of total billed charges	
MANDIBLE	70100	CPT	both			609		119.52 Qualcare	Qualcare		456.75	75			32.34	578.55	percent of total billed charges	
MANDIBLE	70100	CPT	both			609		119.52 Three Rivers	Three Rivers		578.55	95			32.34	578.55	percent of total billed charges	
MANDIBLE	70100	CPT	both			609		119.52 UHC	Medicaid		192.14	31.55			32.34	578.55	percent of total billed charges	
MANDIBLE	70100	CPT	both			609		119.52 UHC	Medicare		103.93				32.34	578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MANDIBLE	70100	CPT	both			609		119.52 Wellcare	Medicaid		192.14	31.55			32.34	578.55	percent of total billed charges	
MANDIBLE	70100	CPT	both			609		119.52 Wellcare	Medicare		103.93				32.34	578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MANDIBLE	70100	CPT	both			609		119.52 WellPoint	WellPoint		195.98	32.18			32.34	578.55	percent of total billed charges	
MANDIBLE, SURGICAL/OR	70110	CPT	both			1048		144.6 Aetna	Medicare		125.74				39.2	995.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MANDIBLE, SURGICAL/OR	70110	CPT	both			1048		144.6 Aetna	Better Health		330.64	31.55			39.2	995.6	percent of total billed charges	
MANDIBLE, SURGICAL/OR	70110	CPT	both			1048		144.6 Aetna	Commercial		200.18				39.2	995.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MANDIBLE, SURGICAL/OR	70110	CPT	both			1048		144.6 Americare	Americare		786	75			39.2	995.6	percent of total billed charges	
MANDIBLE, SURGICAL/OR	70110	CPT	both			1048		144.6 Amerihealth	Medicare		125.74				39.2	995.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MANDIBLE, SURGICAL/OR	70110	CPT	both			1048		144.6 Amerihealth	HMO/PPO		681.2	65			39.2	995.6	percent of total billed charges	
MANDIBLE, SURGICAL/OR	70110	CPT	both			1048		144.6 Consumer	Consumer		995.6	95			39.2	995.6	percent of total billed charges	
MANDIBLE, SURGICAL/OR	70110	CPT	both			1048		144.6 Corrections	Corrections		838.4	80			39.2	995.6	percent of total billed charges	
MANDIBLE, SURGICAL/OR	70110	CPT	both			1048		144.6 First Health	First Health		733.6	70			39.2	995.6	percent of total billed charges	
MANDIBLE, SURGICAL/OR	70110	CPT	both			1048		144.6 First Trenton	First Trenton		943.2	90			39.2	995.6	percent of total billed charges	
MANDIBLE, SURGICAL/OR	70110	CPT	both			1048		144.6 Horizon	Indemnity		234				39.2	995.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MANDIBLE, SURGICAL/OR	70110	CPT	both			1048		144.6 Horizon	MGD		234				39.2	995.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MANDIBLE, SURGICAL/OR	70110	CPT	both			1048		144.6 Horizon	Medicare Blue		125.74				39.2	995.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MANDIBLE, SURGICAL/OR	70110	CPT	both			1048		144.6 Horizon	PPO		234				39.2	995.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MANDIBLE, SURGICAL/OR	70110	CPT	both			1048		144.6 Horizon	NJ Health		39.2				39.2	995.6	fee schedule	
MANDIBLE, SURGICAL/OR	70110	CPT	both			1048		144.6 Managed Care Inc	Managed Care Inc		943.2	90			39.2	995.6	percent of total billed charges	
MANDIBLE, SURGICAL/OR	70110	CPT	both			1048		144.6 Multiplan	Multiplan		838.4	80			39.2	995.6	percent of total billed charges	
MANDIBLE, SURGICAL/OR	70110	CPT	both			1048		144.6 Qualcare	Qualcare		786	75			39.2	995.6	percent of total billed charges	
MANDIBLE, SURGICAL/OR	70110	CPT	both			1048		144.6 Three Rivers	Three Rivers		995.6	95			39.2	995.6	percent of total billed charges	
MANDIBLE, SURGICAL/OR	70110	CPT	both			1048		144.6 UHC	Medicaid		330.64	31.55			39.2	995.6	percent of total billed charges	
MANDIBLE, SURGICAL/OR	70110	CPT	both			1048		144.6 UHC	Medicare		125.74				39.2	995.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MANDIBLE, SURGICAL/OR	70110	CPT	both			1048		144.6 Wellcare	Medicare		125.74				39.2	995.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MANDIBLE, SURGICAL/OR	70110	CPT	both			1048		144.6 Wellcare	Medicaid		330.64	31.55			39.2	995.6	percent of total billed charges	
MANDIBLE, SURGICAL/OR	70110	CPT	both			1048		144.6 WellPoint	WellPoint		337.25	32.18			39.2	995.6	percent of total billed charges	
MASTOIDS,<VIEWS PER SIDE	70120	CPT	outpatient			609		144.6 Aetna	Better Health		192.14	31.55			33.75	578.55	percent of total billed charges	
MASTOIDS,<VIEWS PER SIDE	70120	CPT	outpatient			609		144.6 Aetna	Commercial		200.18				33.75	578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MASTOIDS,<VIEWS PER SIDE	70120	CPT	outpatient			609		144.6 Aetna	Medicare		125.74				33.75	578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MASTOIDS,<VIEWS PER SIDE	70120	CPT	outpatient			609		144.6 Americare	Americare		456.75	75			33.75	578.55	percent of total billed charges	
MASTOIDS,<VIEWS PER SIDE	70120	CPT	outpatient			609		144.6 Amerihealth	Medicare		125.74				33.75	578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MASTOIDS,<VIEWS PER SIDE	70120	CPT	outpatient			609		144.6 Amerihealth	HMO/PPO		395.85	65			33.75	578.55	percent of total billed charges	
MASTOIDS,<VIEWS PER SIDE	70120	CPT	outpatient			609		144.6 Consumer	Consumer		578.55	95			33.75	578.55	percent of total billed charges	
MASTOIDS,<VIEWS PER SIDE	70120	CPT	outpatient			609		144.6 Corrections	Corrections		487.2	80			33.75	578.55	percent of total billed charges	
MASTOIDS,<VIEWS PER SIDE	70120	CPT	outpatient			609		144.6 First Health	First Health		426.3	70			33.75	578.55	percent of total billed charges	
MASTOIDS,<VIEWS PER SIDE	70120	CPT	outpatient			609		144.6 First Trenton	First Trenton		548.1	90			33.75	578.55	percent of total billed charges	
MASTOIDS,<VIEWS PER SIDE	70120	CPT	outpatient			609		144.6 Horizon	PPO		234				33.75	578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MASTOIDS,<VIEWS PER SIDE	70120	CPT	outpatient			609		144.6 Horizon	Indemnity		234				33.75	578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MASTOIDS,<VIEWS PER SIDE	70120	CPT	outpatient			609		144.6 Horizon	Medicare Blue		125.74				33.75	578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MASTOIDS,<VIEWS PER SIDE	70120	CPT	outpatient			609		144.6 Horizon	NJ Health		33.75				33.75	578.55	fee schedule	
MASTOIDS,<VIEWS PER SIDE	70120	CPT	outpatient			609		144.6 Horizon	MGD		234				33.75	578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MASTOIDS,<VIEWS PER SIDE	70120	CPT	outpatient			609		144.6 Managed Care Inc	Managed Care Inc		548.1	90			33.75	578.55	percent of total billed charges	
MASTOIDS,<VIEWS PER SIDE	70120	CPT	outpatient			609		144.6 Multiplan	Multiplan		487.2	80			33.75	578.55	percent of total billed charges	
MASTOIDS,<VIEWS PER SIDE	70120	CPT	outpatient			609		144.6 Qualcare	Qualcare		456.75	75			33.75	578.55	percent of total billed charges	
MASTOIDS,<VIEWS PER SIDE	70120	CPT	outpatient			609		144.6 Three Rivers	Three Rivers		578.55	95			33.75	578.55	percent of total billed charges	
MASTOIDS,<VIEWS PER SIDE	70120	CPT	outpatient			609		144.6 UHC	Medicaid		192.14	31.55			33.75	578.55	percent of total billed charges	
MASTOIDS,<VIEWS PER SIDE	70120	CPT	outpatient			609		144.6 UHC	Medicare		125.74				33.75	578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MASTOIDS,<VIEWS PER SIDE	70120	CPT	outpatient			609		144.6 Wellcare	Medicaid		192.14	31.55			33.75	578.55	percent of total billed charges	
MASTOIDS,<VIEWS PER SIDE	70120	CPT	outpatient			609		144.6 Wellcare	Medicare		125.74				33.75	578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MASTOIDS,<VIEWS PER SIDE	70120	CPT	outpatient			609		144.6 WellPoint	WellPoint		195.98	32.18			33.75	578.55	percent of total billed charges	
MASTOIDS, 3 VIEWS	70130	CPT	outpatient			751		144.6 Aetna	Medicare		231.31	30.8			48.16	713.45	percent of total billed charges	
MASTOIDS, 3 VIEWS	70130	CPT	outpatient			751		144.6 Aetna	Better Health		236.94	31.55			48.16	713.45	percent of total billed charges	
MASTOIDS, 3 VIEWS	70130	CPT	outpatient			751		144.6 Aetna	Commercial		200.18				48.16	713.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MASTOIDS, 3 VIEWS	70130	CPT	outpatient			751		144.6 Americare	Americare		563.25	75			48.16	713.45	percent of total billed charges	
MASTOIDS, 3 VIEWS	70130	CPT	outpatient			751		144.6 Amerihealth	HMO/PPO		488.15	65			48.16	713.45	percent of total billed charges	
MASTOIDS, 3 VIEWS	70130	CPT	outpatient			751		144.6 Amerihealth	Medicare		125.74				48.16	713.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MASTOIDS, 3 VIEWS	70130	CPT	outpatient			751		144.6 Consumer	Consumer		713.45	95			48.16	713.45	percent of total billed charges	
MASTOIDS, 3 VIEWS	70130	CPT	outpatient			751		144.6 Corrections	Corrections		600.8	80			48.16	713.45	percent of total billed charges	
MASTOIDS, 3 VIEWS	70130	CPT	outpatient			751		144.6 First Health	First Health		525.7	70			48.16	713.45	percent of total billed charges	
MASTOIDS, 3 VIEWS	70130	CPT	outpatient			751		144.6 First Trenton	First Trenton		675.9	90			48.16	713.45	percent of total billed charges	
MASTOIDS, 3 VIEWS	70130	CPT	outpatient			751		144.6 Horizon	MGD		234				48.16	713.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MASTOIDS, 3 VIEWS	70130	CPT	outpatient			751		144.6 Horizon	NJ Health		48.16				48.16	713.45	fee schedule	
MASTOIDS, 3 VIEWS	70130	CPT	outpatient			751		144.6 Horizon	Indemnity		234				48.16	713.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MASTOIDS, 3 VIEWS	70130	CPT	outpatient			751		144.6 Horizon	Medicare Blue		125.74				48.16	713.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MASTOIDS, 3 VIEWS	70130	CPT	outpatient			751		144.6 Horizon	PPO		234				48.16	713.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MASTOIDS, 3 VIEWS	70130	CPT	outpatient			751		144.6 Managed Care Inc	Managed Care Inc		675.9	90			48.16	713.45	percent of total billed charges	
MASTOIDS, 3 VIEWS	70130	CPT	outpatient			751		144.6 Multiplan	Multiplan		600.8	80			48.16	713.45	percent of total billed charges	
MASTOIDS, 3 VIEWS	70130	CPT	outpatient			751		144.6 Qualcare	Qualcare		563.25	75			48.16	713.45	percent of total billed charges	
MASTOIDS, 3 VIEWS	70130	CPT	outpatient			751		144.6 Three Rivers	Three Rivers		713.45	95			48.16	713.45	percent of total billed charges	
MASTOIDS, 3 VIEWS	70130	CPT	outpatient			751		144.6 UHC	Medicaid		236.94	31.55			48.16	713.45	percent of total billed charges	
MASTOIDS, 3 VIEWS	70130	CPT	outpatient			751		144.6 UHC	Medicare		125.74				48.16	713.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MASTOIDS, 3 VIEWS	70130	CPT	outpatient			751		144.6 Wellcare	Medicaid		236.94	31.55			48.16	713.45	percent of total billed charges	
MASTOIDS, 3 VIEWS	70130	CPT	outpatient			751		144.6 Wellcare	Medicare		125.74				48.16	713.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MASTOIDS, 3 VIEWS	70130	CPT	outpatient			751		144.6 WellPoint	WellPoint		241.67	32.18			48.16	713.45	percent of total billed charges	
AUDITORY CANALS	70134	CPT	outpatient			1049		725.57 Aetna	Commercial		1004.44				53.9	1174.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AUDITORY CANALS	70134	CPT	outpatient			1049		725.57 Aetna	Better Health		330.96	31.55			53.9	1174.16	percent of total billed charges	
AUDITORY CANALS	70134	CPT	outpatient			1049		725.57 Aetna	Medicare		630.93				53.9	1174.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AUDITORY CANALS	70134	CPT	outpatient			1049		725.57 Americare	Americare		786.75	75			53.9	1174.16	percent of total billed charges	
AUDITORY CANALS	70134	CPT	outpatient			1049		725.57 Amerihealth	HMO/PPO		681.85	65			53.9	1174.16	percent of total billed charges	
AUDITORY CANALS	70134	CPT	outpatient			1049		725.57 Amerihealth	Medicare		630.93				53.9	1174.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AUDITORY CANALS	70134	CPT	outpatient			1049		725.57 Consumer	Consumer		996.55	95			53.9	1174.16	percent of total billed charges	
AUDITORY CANALS	70134	CPT	outpatient			1049		725.57 Corrections	Corrections		839.2	80			53.9	1174.16	percent of total billed charges	
AUDITORY CANALS	70134	CPT	outpatient			1049		725.57 First Health	First Health		734.3	70			53.9	1174.16	percent of total billed charges	
AUDITORY CANALS	70134	CPT	outpatient			1049		725.57 First Trenton	First Trenton		944.1	90			53.9	1174.16	percent of total billed charges	
AUDITORY CANALS	70134	CPT	outpatient			1049		725.57 Horizon	NJ Health		53.9				53.9	1174.16	fee schedule	
AUDITORY CANALS	70134	CPT	outpatient			1049		725.57 Horizon	Indemnity		1174.16				53.9	1174.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AUDITORY CANALS	70134	CPT	outpatient			1049		725.57 Horizon	Medicare Blue		630.93				53.9	1174.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AUDITORY CANALS	70134	CPT	outpatient			1049		725.57 Horizon	MGD		1174.16				53.9	1174.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AUDITORY CANALS	70134	CPT	outpatient			1049		725.57 Horizon	PPO		1174.16				53.9	1174.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AUDITORY CANALS	70134	CPT	outpatient			1049		725.57 Managed Care Inc	Managed Care Inc		944.1	90			53.9	1174.16	percent of total billed charges	
AUDITORY CANALS	70134	CPT	outpatient			1049		725.57 Multiplan	Multiplan		839.2	80			53.9	1174.16	percent of total billed charges	
AUDITORY CANALS	70134	CPT	outpatient			1049		725.57 Qualcare	Qualcare		786.75	75			53.9	1174.16	percent of total billed charges	
AUDITORY CANALS	70134	CPT	outpatient			1049		725.57 Three Rivers	Three Rivers		996.55	95			53.9	1174.16	percent of total billed charges	
AUDITORY CANALS	70134	CPT	outpatient			1049		725.57 UHC	Medicare		630.93				53.9	1174.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AUDITORY CANALS	70134	CPT	outpatient			1049		725.57 UHC	Medicaid		330.96	31.55			53.9	1174.16	percent of total billed charges	
AUDITORY CANALS	70134	CPT	outpatient			1049		725.57 Wellcare	Medicare		630.93				53.9	1174.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AUDITORY CANALS	70134	CPT	outpatient			1049		725.57 Wellcare	Medicaid		330.96	31.55			53.9	1174.16	percent of total billed charges	
AUDITORY CANALS	70134	CPT	outpatient			1049		725.57 WellPoint	WellPoint		337.57	32.18			53.9	1174.16	percent of total billed charges	
MAXILLA	70140	CPT	both			409		119.52 Aetna	Medicare		125.97	30.8			29.4	388.55	percent of total billed charges	
MAXILLA	70140	CPT	both			409		119.52 Aetna	Commercial		165.46				29.4	388.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MAXILLA	70140	CPT	both			409		119.52 Aetna	Better Health		129.04	31.55			29.4	388.55	percent of total billed charges	
MAXILLA	70140	CPT	both			409		119.52 Americare	Americare		306.75	75			29.4	388.55	percent of total billed charges	
MAXILLA	70140	CPT	both			409		119.52 Amerihealth	HMO/PPO		265.85	65			29.4	388.55	percent of total billed charges	
MAXILLA	70140	CPT	both			409		119.52 Amerihealth	Medicare		103.93				29.4	388.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MAXILLA	70140	CPT	both			409		119.52 Consumer	Consumer		388.55	95			29.4	388.55	percent of total billed charges	
MAXILLA	70140	CPT	both			409		119.52 Corrections	Corrections		327.2	80			29.4	388.55	percent of total billed charges	
MAXILLA	70140	CPT	both			409		119.52 First Health	First Health		286.3	70			29.4	388.55	percent of total billed charges	
MAXILLA	70140	CPT	both			409		119.52 First Trenton	First Trenton		368.1	90			29.4	388.55	percent of total billed charges	
MAXILLA	70140	CPT	both			409		119.52 Horizon	MGD		193.41				29.4	388.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MAXILLA	70140	CPT	both			409		119.52 Horizon	Indemnity		193.41				29.4	388.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MAXILLA	70140	CPT	both			409		119.52 Horizon	NJ Health		29.4				29.4	388.55	fee schedule	
MAXILLA	70140	CPT	both			409		119.52 Horizon	Medicare Blue		103.93				29.4	388.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
MAXILLA	70140	CPT	both			409	119.52	Horizon	PPO		193.41				29.4	388.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MAXILLA	70140	CPT	both			409	119.52	Managed Care Inc	Managed Care Inc		368.1	90			29.4	388.55	percent of total billed charges	
MAXILLA	70140	CPT	both			409	119.52	Multiplan	Multiplan		327.2	80			29.4	388.55	percent of total billed charges	
MAXILLA	70140	CPT	both			409	119.52	Qualcare	Qualcare		306.75	75			29.4	388.55	percent of total billed charges	
MAXILLA	70140	CPT	both			409	119.52	Three Rivers	Three Rivers		388.55	95			29.4	388.55	percent of total billed charges	
MAXILLA	70140	CPT	both			409	119.52	UHC	Medicare		103.93				29.4	388.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MAXILLA	70140	CPT	both			409	119.52	UHC	Medicaid		129.04	31.55			29.4	388.55	percent of total billed charges	
MAXILLA	70140	CPT	both			409	119.52	Wellcare	Medicare		103.93				29.4	388.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MAXILLA	70140	CPT	both			409	119.52	Wellcare	Medicaid		129.04	31.55			29.4	388.55	percent of total billed charges	
MAXILLA	70140	CPT	both			409	119.52	WellPoint	WellPoint		131.62	32.18			29.4	388.55	percent of total billed charges	
FACIAL BONES MIN 3 VIEWS	70150	CPT	both			556	144.6	Aetna	Commercial		200.18				39.2	528.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FACIAL BONES MIN 3 VIEWS	70150	CPT	both			556	144.6	Aetna	Better Health		175.42	31.55			39.2	528.2	percent of total billed charges	
FACIAL BONES MIN 3 VIEWS	70150	CPT	both			556	144.6	Aetna	Medicare		125.74				39.2	528.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FACIAL BONES MIN 3 VIEWS	70150	CPT	both			556	144.6	Americare	Americare		417	75			39.2	528.2	percent of total billed charges	
FACIAL BONES MIN 3 VIEWS	70150	CPT	both			556	144.6	Amerihealth	HMO/PPO		361.4	65			39.2	528.2	percent of total billed charges	
FACIAL BONES MIN 3 VIEWS	70150	CPT	both			556	144.6	Amerihealth	Medicare		125.74				39.2	528.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FACIAL BONES MIN 3 VIEWS	70150	CPT	both			556	144.6	Consumer	Consumer		528.2	95			39.2	528.2	percent of total billed charges	
FACIAL BONES MIN 3 VIEWS	70150	CPT	both			556	144.6	Corrections	Corrections		444.8	80			39.2	528.2	percent of total billed charges	
FACIAL BONES MIN 3 VIEWS	70150	CPT	both			556	144.6	First Health	First Health		389.2	70			39.2	528.2	percent of total billed charges	
FACIAL BONES MIN 3 VIEWS	70150	CPT	both			556	144.6	First Trenton	First Trenton		500.4	90			39.2	528.2	percent of total billed charges	
FACIAL BONES MIN 3 VIEWS	70150	CPT	both			556	144.6	Horizon	MGD		234				39.2	528.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FACIAL BONES MIN 3 VIEWS	70150	CPT	both			556	144.6	Horizon	Medicare Blue		125.74				39.2	528.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FACIAL BONES MIN 3 VIEWS	70150	CPT	both			556	144.6	Horizon	PPO		234				39.2	528.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FACIAL BONES MIN 3 VIEWS	70150	CPT	both			556	144.6	Horizon	Indemnity		234				39.2	528.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FACIAL BONES MIN 3 VIEWS	70150	CPT	both			556	144.6	Horizon	NJ Health		39.2				39.2	528.2	fee schedule	
FACIAL BONES MIN 3 VIEWS	70150	CPT	both			556	144.6	Managed Care Inc	Managed Care Inc		500.4	90			39.2	528.2	percent of total billed charges	
FACIAL BONES MIN 3 VIEWS	70150	CPT	both			556	144.6	Multiplan	Multiplan		444.8	80			39.2	528.2	percent of total billed charges	
FACIAL BONES MIN 3 VIEWS	70150	CPT	both			556	144.6	Qualcare	Qualcare		417	75			39.2	528.2	percent of total billed charges	
FACIAL BONES MIN 3 VIEWS	70150	CPT	both			556	144.6	Three Rivers	Three Rivers		528.2	95			39.2	528.2	percent of total billed charges	
FACIAL BONES MIN 3 VIEWS	70150	CPT	both			556	144.6	UHC	Medicaid		175.42	31.55			39.2	528.2	percent of total billed charges	
FACIAL BONES MIN 3 VIEWS	70150	CPT	both			556	144.6	UHC	Medicare		125.74				39.2	528.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FACIAL BONES MIN 3 VIEWS	70150	CPT	both			556	144.6	Wellcare	Medicare		125.74				39.2	528.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FACIAL BONES MIN 3 VIEWS	70150	CPT	both			556	144.6	Wellcare	Medicaid		175.42	31.55			39.2	528.2	percent of total billed charges	
FACIAL BONES MIN 3 VIEWS	70150	CPT	both			556	144.6	WellPoint	WellPoint		178.92	32.18			39.2	528.2	percent of total billed charges	
NASAL BONES, PORTABLE	70160	CPT	both			627	119.52	Aetna	Commercial		165.46				32.34	595.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NASAL BONES, PORTABLE	70160	CPT	both			627	119.52	Aetna	Better Health		197.82	31.55			32.34	595.65	percent of total billed charges	
NASAL BONES, PORTABLE	70160	CPT	both			627	119.52	Aetna	Medicare		103.93				32.34	595.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NASAL BONES, PORTABLE	70160	CPT	both			627	119.52	Americare	Americare		470.25	75			32.34	595.65	percent of total billed charges	
NASAL BONES, PORTABLE	70160	CPT	both			627	119.52	Amerihealth	Medicare		103.93				32.34	595.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NASAL BONES, PORTABLE	70160	CPT	both			627	119.52	Amerihealth	HMO/PPO		407.55	65			32.34	595.65	percent of total billed charges	
NASAL BONES, PORTABLE	70160	CPT	both			627	119.52	Consumer	Consumer		595.65	95			32.34	595.65	percent of total billed charges	
NASAL BONES, PORTABLE	70160	CPT	both			627	119.52	Corrections	Corrections		501.6	80			32.34	595.65	percent of total billed charges	
NASAL BONES, PORTABLE	70160	CPT	both			627	119.52	First Health	First Health		438.9	70			32.34	595.65	percent of total billed charges	
NASAL BONES, PORTABLE	70160	CPT	both			627	119.52	First Trenton	First Trenton		564.3	90			32.34	595.65	percent of total billed charges	
NASAL BONES, PORTABLE	70160	CPT	both			627	119.52	Horizon	PPO		193.41				32.34	595.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NASAL BONES, PORTABLE	70160	CPT	both			627	119.52	Horizon	MGD		193.41				32.34	595.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NASAL BONES, PORTABLE	70160	CPT	both			627	119.52	Horizon	Indemnity		193.41				32.34	595.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NASAL BONES, PORTABLE	70160	CPT	both			627	119.52	Horizon	NJ Health		32.34				32.34	595.65	fee schedule	
NASAL BONES, PORTABLE	70160	CPT	both			627	119.52	Horizon	Medicare Blue		103.93				32.34	595.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NASAL BONES, PORTABLE	70160	CPT	both			627	119.52	Managed Care Inc	Managed Care Inc		564.3	90			32.34	595.65	percent of total billed charges	
NASAL BONES, PORTABLE	70160	CPT	both			627	119.52	Multiplan	Multiplan		501.6	80			32.34	595.65	percent of total billed charges	
NASAL BONES, PORTABLE	70160	CPT	both			627	119.52	Qualcare	Qualcare		470.25	75			32.34	595.65	percent of total billed charges	
NASAL BONES, PORTABLE	70160	CPT	both			627	119.52	Three Rivers	Three Rivers		595.65	95			32.34	595.65	percent of total billed charges	
NASAL BONES, PORTABLE	70160	CPT	both			627	119.52	UHC	Medicare		103.93				32.34	595.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NASAL BONES, PORTABLE	70160	CPT	both			627	119.52	UHC	Medicaid		197.82	31.55			32.34	595.65	percent of total billed charges	
NASAL BONES, PORTABLE	70160	CPT	both			627	119.52	Wellcare	Medicare		103.93				32.34	595.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NASAL BONES, PORTABLE	70160	CPT	both			627	119.52	Wellcare	Medicaid		197.82	31.55			32.34	595.65	percent of total billed charges	
NASAL BONES, PORTABLE	70160	CPT	both			627	119.52	WellPoint	WellPoint		201.77	32.18			32.34	595.65	percent of total billed charges	
OPTIC FORAMINA	70190	CPT	outpatient			854	119.52	Aetna	Better Health		269.44	31.55			29.4	811.3	percent of total billed charges	
OPTIC FORAMINA	70190	CPT	outpatient			854	119.52	Aetna	Medicare		103.93				29.4	811.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPTIC FORAMINA	70190	CPT	outpatient			854	119.52	Aetna	Commercial		165.46				29.4	811.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPTIC FORAMINA	70190	CPT	outpatient			854	119.52	Americare	Americare		640.5	75			29.4	811.3	percent of total billed charges	
OPTIC FORAMINA	70190	CPT	outpatient			854	119.52	Amerihealth	HMO/PPO		555.1	65			29.4	811.3	percent of total billed charges	
OPTIC FORAMINA	70190	CPT	outpatient			854	119.52	Amerihealth	Medicare		103.93				29.4	811.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPTIC FORAMINA	70190	CPT	outpatient			854	119.52	Consumer	Consumer		811.3	95			29.4	811.3	percent of total billed charges	
OPTIC FORAMINA	70190	CPT	outpatient			854	119.52	Corrections	Corrections		683.2	80			29.4	811.3	percent of total billed charges	
OPTIC FORAMINA	70190	CPT	outpatient			854	119.52	First Health	First Health		597.8	70			29.4	811.3	percent of total billed charges	
OPTIC FORAMINA	70190	CPT	outpatient			854	119.52	First Trenton	First Trenton		768.6	90			29.4	811.3	percent of total billed charges	
OPTIC FORAMINA	70190	CPT	outpatient			854	119.52	Horizon	Medicare Blue		103.93				29.4	811.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPTIC FORAMINA	70190	CPT	outpatient			854	119.52	Horizon	Indemnity		193.41				29.4	811.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPTIC FORAMINA	70190	CPT	outpatient			854	119.52	Horizon	MGD		193.41				29.4	811.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPTIC FORAMINA	70190	CPT	outpatient			854	119.52	Horizon	NJ Health		29.4				29.4	811.3	fee schedule	
OPTIC FORAMINA	70190	CPT	outpatient			854	119.52	Horizon	PPO		193.41				29.4	811.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPTIC FORAMINA	70190	CPT	outpatient			854	119.52	Managed Care Inc	Managed Care Inc		768.6	90			29.4	811.3	percent of total billed charges	
OPTIC FORAMINA	70190	CPT	outpatient			854	119.52	Multiplan	Multiplan		683.2	80			29.4	811.3	percent of total billed charges	
OPTIC FORAMINA	70190	CPT	outpatient			854	119.52	Qualcare	Qualcare		640.5	75			29.4	811.3	percent of total billed charges	
OPTIC FORAMINA	70190	CPT	outpatient			854	119.52	Three Rivers	Three Rivers		811.3	95			29.4	811.3	percent of total billed charges	
OPTIC FORAMINA	70190	CPT	outpatient			854	119.52	UHC	Medicaid		269.44	31.55			29.4	811.3	percent of total billed charges	
OPTIC FORAMINA	70190	CPT	outpatient			854	119.52	UHC	Medicare		103.93				29.4	811.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPTIC FORAMINA	70190	CPT	outpatient			854	119.52	Wellcare	Medicare		103.93				29.4	811.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPTIC FORAMINA	70190	CPT	outpatient			854	119.52	Wellcare	Medicaid		269.44	31.55			29.4	811.3	percent of total billed charges	
OPTIC FORAMINA	70190	CPT	outpatient			854	119.52	WellPoint	WellPoint		274.82	32.18			29.4	811.3	percent of total billed charges	
ZYGOMATIC ARCHES	70200	CPT	both			609	144.6	Aetna	Medicare		125.74				49	578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ZYGOMATIC ARCHES	70200	CPT	both			609	144.6	Aetna	Better Health		192.14	31.55			49	578.55	percent of total billed charges	
ZYGOMATIC ARCHES	70200	CPT	both			609	144.6	Aetna	Commercial		200.18				49	578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ZYGOMATIC ARCHES	70200	CPT	both			609	144.6	Americare	Americare		456.75	75			49	578.55	percent of total billed charges	
ZYGOMATIC ARCHES	70200	CPT	both			609	144.6	Amerihealth	Medicare		125.74				49	578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ZYGOMATIC ARCHES	70200	CPT	both			609	144.6	Amerihealth	HMO/PPO		395.85	65			49	578.55	percent of total billed charges	
ZYGOMATIC ARCHES	70200	CPT	both			609	144.6	Consumer	Consumer		578.55	95			49	578.55	percent of total billed charges	
ZYGOMATIC ARCHES	70200	CPT	both			609	144.6	Corrections	Corrections		487.2	80			49	578.55	percent of total billed charges	
ZYGOMATIC ARCHES	70200	CPT	both			609	144.6	First Health	First Health		426.3	70			49	578.55	percent of total billed charges	
ZYGOMATIC ARCHES	70200	CPT	both			609	144.6	First Trenton	First Trenton		548.1	90			49	578.55	percent of total billed charges	
ZYGOMATIC ARCHES	70200	CPT	both			609	144.6	Horizon	MGD		234				49	578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ZYGOMATIC ARCHES	70200	CPT	both			609	144.6	Horizon	Indemnity		234				49	578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ZYGOMATIC ARCHES	70200	CPT	both			609	144.6	Horizon	Medicare Blue		125.74				49	578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ZYGOMATIC ARCHES	70200	CPT	both			609	144.6	Horizon	NJ Health		49				49	578.55	fee schedule	
ZYGOMATIC ARCHES	70200	CPT	both			609	144.6	Horizon	PPO		234				49	578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ZYGOMATIC ARCHES	70200	CPT	both			609	144.6	Managed Care Inc	Managed Care Inc		548.1	90			49	578.55	percent of total billed charges	
ZYGOMATIC ARCHES	70200	CPT	both			609	144.6	Multiplan	Multiplan		487.2	80			49	578.55	percent of total billed charges	
ZYGOMATIC ARCHES	70200	CPT	both			609	144.6	Qualcare	Qualcare		456.75	75			49	578.55	percent of total billed charges	
ZYGOMATIC ARCHES	70200	CPT	both			609	144.6	Three Rivers	Three Rivers		578.55	95			49	578.55	percent of total billed charges	
ZYGOMATIC ARCHES	70200	CPT	both			609	144.6	UHC	Medicaid		192.14	31.55			49	578.55	percent of total billed charges	
ZYGOMATIC ARCHES	70200	CPT	both			609	144.6	UHC	Medicare		125.74				49	578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ZYGOMATIC ARCHES	70200	CPT	both			609	144.6	Wellcare	Medicaid		192.14	31.55			49	578.55	percent of total billed charges	
ZYGOMATIC ARCHES	70200	CPT	both			609	144.6	Wellcare	Medicare		125.74				49	578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ZYGOMATIC ARCHES	70200	CPT	both			609	144.6	WellPoint	WellPoint		195.98	32.18			49	578.55	percent of total billed charges	
SINUSES, LIMITED	70210	CPT	outpatient			609	119.52	Aetna	Medicare		103.93				39.2	578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SINUSES, LIMITED	70210	CPT	outpatient			609	119.52	Aetna	Better Health		192.14	31.55			39.2	578.55	percent of total billed charges	
SINUSES, LIMITED	70210	CPT	outpatient			609	119.52	Aetna	Commercial		165.46				39.2	578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SINUSES, LIMITED	70210	CPT	outpatient			609	119.52	Americare	Americare		456.75	75			39.2	578.55	percent of total billed charges	
SINUSES, LIMITED	70210	CPT	outpatient			609	119.52	Amerihealth	HMO/PPO		395.85	65			39.2	578.55	percent of total billed charges	
SINUSES, LIMITED	70210	CPT	outpatient			609	119.52	Amerihealth	Medicare		103.93				39.2	578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SINUSES, LIMITED	70210	CPT	outpatient			609	119.52	Consumer	Consumer		578.55	95			39.2	578.55	percent of total billed charges	
SINUSES, LIMITED	70210	CPT	outpatient			609	119.52	Corrections	Corrections		487.2	80			39.2	578.55	percent of total billed charges	
SINUSES, LIMITED	70210	CPT	outpatient			609	119.52	First Health	First Health		426.3	70			39.2	578.55	percent of total billed charges	
SINUSES, LIMITED	70210	CPT	outpatient			609	119.52	First Trenton	First Trenton		548.1	90			39.2	578.55	percent of total billed charges	
SINUSES, LIMITED	70210	CPT	outpatient			609	119.52	Horizon	NJ Health		39.2				39.2	578.55	fee schedule	
SINUSES, LIMITED	70210	CPT	outpatient			609	119.52	Horizon	Indemnity		193.41				39.2	578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SINUSES, LIMITED	70210	CPT	outpatient			609	119.52	Horizon	MGD		193.41				39.2	578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SINUSES, LIMITED	70210	CPT	outpatient			609	119.52	Horizon	PPO		193.41				39.2	578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SINUSES, LIMITED	70210	CPT	outpatient			609	119.52	Horizon	Medicare Blue		103.93				39.2	578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SINUSES, LIMITED	70210	CPT	outpatient			609	119.52	Managed Care Inc	Managed Care Inc		548.1	90			39.2	578.55	percent of total billed charges	
SINUSES, LIMITED	70210	CPT	outpatient			609	119.52	Multiplan	Multiplan		487.2	80			39.2	578.55	percent of total billed charges	
SINUSES, LIMITED	70210	CPT	outpatient			609	119.52	Qualcare	Qualcare		456.75	75			39.2	578.55	percent of total billed charges	
SINUSES, LIMITED	70210	CPT	outpatient			609	119.52	Three Rivers	Three Rivers		578.55	95			39.2	578.55	percent of total billed charges	
SINUSES, LIMITED	70210	CPT	outpatient			609	119.52	UHC	Medicare		103.93				39.2	578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SINUSES, LIMITED	70210	CPT	outpatient			609	119.52	UHC	Medicaid		192.14	31.55			39.2	578.55	percent of total billed charges	
SINUSES, LIMITED	70210	CPT	outpatient			609	119.52	Wellcare	Medicare		103.93				39.2	578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SINUSES, LIMITED	70210	CPT	outpatient			609	119.52	Wellcare	Medicaid		192.14	31.55			39.2	578.55	percent of total billed charges	
SINUSES, LIMITED	70210	CPT	outpatient			609	119.52	WellPoint	WellPoint		195.98	32.18			39.2	578.55	percent of total billed charges	
SINUSES, COMPLETE MIN 3 VIEWS	70220	CPT	both			750	119.52	Aetna	Commercial		165.46				53.9	712.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SINUSES, COMPLETE MIN 3 VIEWS	70220	CPT	both			750	119.52	Aetna	Better Health		236.63	31.55			53.9	712.5	percent of total billed charges	
SINUSES, COMPLETE MIN 3 VIEWS	70220	CPT	both			750	119.52	Aetna	Medicare		103.93				53.9	712.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SINUSES, COMPLETE MIN 3 VIEWS	70220	CPT	both			750	119.52	Americare	Americare		562.5	75			53.9	712.5	percent of total billed charges	
SINUSES, COMPLETE MIN 3 VIEWS	70220	CPT	both			750	119.52	Amerihealth	Medicare		103.93				53.9	712.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SINUSES, COMPLETE MIN 3 VIEWS	70220	CPT	both			750	119.52	Amerihealth	HMO/PPO		487.5	65			53.9	712.5	percent of total billed charges	
SINUSES, COMPLETE MIN 3 VIEWS	70220	CPT	both			750	119.52	Consumer	Consumer		712.5	95			53.9	712.5	percent of total billed charges	
SINUSES, COMPLETE MIN 3 VIEWS	70220	CPT	both			750	119.52	Corrections	Corrections		600	80			53.9	712.5	percent of total billed charges	
SINUSES, COMPLETE MIN 3 VIEWS	70220	CPT	both			750	119.52	First Health	First Health		525	70			53.9	712.5	percent of total billed charges	
SINUSES, COMPLETE MIN 3 VIEWS	70220	CPT	both			750	119.52	First Trenton	First Trenton		675	90			53.9	712.5	percent of total billed charges	
SINUSES, COMPLETE MIN 3 VIEWS	70220	CPT	both			750	119.52	Horizon	Indemnity		193.41				53.9	712.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SINUSES, COMPLETE MIN 3 VIEWS	70220	CPT	both			750	119.52	Horizon	NJ Health		53.9				53.9	712.5	fee schedule	
SINUSES, COMPLETE MIN 3 VIEWS	70220	CPT	both			750	119.52	Horizon	MGD		193.41				53.9	712.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SINUSES, COMPLETE MIN 3 VIEWS	70220	CPT	both			750	119.52	Horizon	Medicare Blue		103.93				53.9	712.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SINUSES, COMPLETE MIN 3 VIEWS	70220	CPT	both			750	119.52	Horizon	PPO		193.41				53.9	712.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SINUSES, COMPLETE MIN 3 VIEWS	70220	CPT	both			750	119.52	Managed Care Inc	Managed Care Inc		675	90			53.9	712.5	percent of total billed charges	
SINUSES, COMPLETE MIN 3 VIEWS	70220	CPT	both			750	119.52	Multiplan	Multiplan		600	80			53.9	712.5	percent of total billed charges	
SINUSES, COMPLETE MIN 3 VIEWS	70220	CPT	both			750	119.52	Qualcare	Qualcare		562.5	75			53.9	712.5	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
SINUSES, COMPLETE MIN 3 VIEWS	70220	CPT	both			750	119.52	Three Rivers	Three Rivers		712.5	95			53.9	712.5	percent of total billed charges	
SINUSES, COMPLETE MIN 3 VIEWS	70220	CPT	both			750	119.52	UHC	Medicare		103.93				53.9	712.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SINUSES, COMPLETE MIN 3 VIEWS	70220	CPT	both			750	119.52	UHC	Medicaid		236.63	31.55			53.9	712.5	percent of total billed charges	
SINUSES, COMPLETE MIN 3 VIEWS	70220	CPT	both			750	119.52	Wellcare	Medicaid		236.63	31.55			53.9	712.5	percent of total billed charges	
SINUSES, COMPLETE MIN 3 VIEWS	70220	CPT	both			750	119.52	Wellcare	Medicare		103.93				53.9	712.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SINUSES, COMPLETE MIN 3 VIEWS	70220	CPT	both			750	119.52	WellPoint	WellPoint		241.35	32.18			53.9	712.5	percent of total billed charges	
SELLA TURCICA	70240	CPT	outpatient			609	119.52	Aetna	Medicare		187.57	30.8			32.34	578.55	percent of total billed charges	
SELLA TURCICA	70240	CPT	outpatient			609	119.52	Aetna	Commercial		165.46				32.34	578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SELLA TURCICA	70240	CPT	outpatient			609	119.52	Aetna	Better Health		192.14	31.55			32.34	578.55	percent of total billed charges	
SELLA TURCICA	70240	CPT	outpatient			609	119.52	Americare	Americare		456.75	75			32.34	578.55	percent of total billed charges	
SELLA TURCICA	70240	CPT	outpatient			609	119.52	Amerihealth	HMO/PPO		395.85	65			32.34	578.55	percent of total billed charges	
SELLA TURCICA	70240	CPT	outpatient			609	119.52	Amerihealth	Medicare		103.93				32.34	578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SELLA TURCICA	70240	CPT	outpatient			609	119.52	Consumer	Consumer		578.55	95			32.34	578.55	percent of total billed charges	
SELLA TURCICA	70240	CPT	outpatient			609	119.52	Corrections	Corrections		487.2	80			32.34	578.55	percent of total billed charges	
SELLA TURCICA	70240	CPT	outpatient			609	119.52	First Health	First Health		426.3	70			32.34	578.55	percent of total billed charges	
SELLA TURCICA	70240	CPT	outpatient			609	119.52	First Trenton	First Trenton		548.1	90			32.34	578.55	percent of total billed charges	
SELLA TURCICA	70240	CPT	outpatient			609	119.52	Horizon	Medicare Blue		103.93				32.34	578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SELLA TURCICA	70240	CPT	outpatient			609	119.52	Horizon	MGD		193.41				32.34	578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SELLA TURCICA	70240	CPT	outpatient			609	119.52	Horizon	PPO		193.41				32.34	578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SELLA TURCICA	70240	CPT	outpatient			609	119.52	Horizon	Indemnity		193.41				32.34	578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SELLA TURCICA	70240	CPT	outpatient			609	119.52	Horizon	NJ Health		32.34				32.34	578.55	fee schedule	
SELLA TURCICA	70240	CPT	outpatient			609	119.52	Managed Care Inc	Managed Care Inc		548.1	90			32.34	578.55	percent of total billed charges	
SELLA TURCICA	70240	CPT	outpatient			609	119.52	Multiplan	Multiplan		487.2	80			32.34	578.55	percent of total billed charges	
SELLA TURCICA	70240	CPT	outpatient			609	119.52	Qualcare	Qualcare		456.75	75			32.34	578.55	percent of total billed charges	
SELLA TURCICA	70240	CPT	outpatient			609	119.52	Three Rivers	Three Rivers		578.55	95			32.34	578.55	percent of total billed charges	
SELLA TURCICA	70240	CPT	outpatient			609	119.52	UHC	Medicaid		192.14	31.55			32.34	578.55	percent of total billed charges	
SELLA TURCICA	70240	CPT	outpatient			609	119.52	UHC	Medicare		103.93				32.34	578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SELLA TURCICA	70240	CPT	outpatient			609	119.52	Wellcare	Medicare		103.93				32.34	578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SELLA TURCICA	70240	CPT	outpatient			609	119.52	Wellcare	Medicaid		192.14	31.55			32.34	578.55	percent of total billed charges	
SELLA TURCICA	70240	CPT	outpatient			609	119.52	WellPoint	WellPoint		195.98	32.18			32.34	578.55	percent of total billed charges	
SKULL PARTIAL	70250	CPT	both			505	144.6	Aetna	Commercial		200.18				36.91	479.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SKULL PARTIAL	70250	CPT	both			505	144.6	Aetna	Better Health		159.33	31.55			36.91	479.75	percent of total billed charges	
SKULL PARTIAL	70250	CPT	both			505	144.6	Aetna	Medicare		125.74				36.91	479.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SKULL PARTIAL	70250	CPT	both			505	144.6	Americare	Americare		378.75	75			36.91	479.75	percent of total billed charges	
SKULL PARTIAL	70250	CPT	both			505	144.6	Amerihealth	HMO/PPO		328.25	65			36.91	479.75	percent of total billed charges	
SKULL PARTIAL	70250	CPT	both			505	144.6	Amerihealth	Medicare		125.74				36.91	479.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SKULL PARTIAL	70250	CPT	both			505	144.6	Consumer	Consumer		479.75	95			36.91	479.75	percent of total billed charges	
SKULL PARTIAL	70250	CPT	both			505	144.6	Corrections	Corrections		404	80			36.91	479.75	percent of total billed charges	
SKULL PARTIAL	70250	CPT	both			505	144.6	First Health	First Health		353.5	70			36.91	479.75	percent of total billed charges	
SKULL PARTIAL	70250	CPT	both			505	144.6	First Trenton	First Trenton		454.5	90			36.91	479.75	percent of total billed charges	
SKULL PARTIAL	70250	CPT	both			505	144.6	Horizon	Indemnity		234				36.91	479.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SKULL PARTIAL	70250	CPT	both			505	144.6	Horizon	MGD		234				36.91	479.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SKULL PARTIAL	70250	CPT	both			505	144.6	Horizon	PPO		234				36.91	479.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SKULL PARTIAL	70250	CPT	both			505	144.6	Horizon	NJ Health		36.91				36.91	479.75	fee schedule	
SKULL PARTIAL	70250	CPT	both			505	144.6	Horizon	Medicare Blue		125.74				36.91	479.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SKULL PARTIAL	70250	CPT	both			505	144.6	Managed Care Inc	Managed Care Inc		454.5	90			36.91	479.75	percent of total billed charges	
SKULL PARTIAL	70250	CPT	both			505	144.6	Multiplan	Multiplan		404	80			36.91	479.75	percent of total billed charges	
SKULL PARTIAL	70250	CPT	both			505	144.6	Qualcare	Qualcare		378.75	75			36.91	479.75	percent of total billed charges	
SKULL PARTIAL	70250	CPT	both			505	144.6	Three Rivers	Three Rivers		479.75	95			36.91	479.75	percent of total billed charges	
SKULL PARTIAL	70250	CPT	both			505	144.6	UHC	Medicare		125.74				36.91	479.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SKULL PARTIAL	70250	CPT	both			505	144.6	UHC	Medicaid		159.33	31.55			36.91	479.75	percent of total billed charges	
SKULL PARTIAL	70250	CPT	both			505	144.6	Wellcare	Medicare		125.74				36.91	479.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SKULL PARTIAL	70250	CPT	both			505	144.6	Wellcare	Medicaid		159.33	31.55			36.91	479.75	percent of total billed charges	
SKULL PARTIAL	70250	CPT	both			505	144.6	WellPoint	WellPoint		162.51	32.18			36.91	479.75	percent of total billed charges	
SKULL, SURGICAL/OR	70260	CPT	both			871	144.6	Aetna	Better Health		274.8	31.55			53.9	827.45	percent of total billed charges	
SKULL, SURGICAL/OR	70260	CPT	both			871	144.6	Aetna	Medicare		125.74				53.9	827.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SKULL, SURGICAL/OR	70260	CPT	both			871	144.6	Aetna	Commercial		200.18				53.9	827.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SKULL, SURGICAL/OR	70260	CPT	both			871	144.6	Americare	Americare		653.25	75			53.9	827.45	percent of total billed charges	
SKULL, SURGICAL/OR	70260	CPT	both			871	144.6	Amerihealth	HMO/PPO		566.15	65			53.9	827.45	percent of total billed charges	
SKULL, SURGICAL/OR	70260	CPT	both			871	144.6	Amerihealth	Medicare		125.74				53.9	827.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SKULL, SURGICAL/OR	70260	CPT	both			871	144.6	Consumer	Consumer		827.45	95			53.9	827.45	percent of total billed charges	
SKULL, SURGICAL/OR	70260	CPT	both			871	144.6	Corrections	Corrections		696.8	80			53.9	827.45	percent of total billed charges	
SKULL, SURGICAL/OR	70260	CPT	both			871	144.6	First Health	First Health		609.7	70			53.9	827.45	percent of total billed charges	
SKULL, SURGICAL/OR	70260	CPT	both			871	144.6	First Trenton	First Trenton		783.9	90			53.9	827.45	percent of total billed charges	
SKULL, SURGICAL/OR	70260	CPT	both			871	144.6	Horizon	Indemnity		234				53.9	827.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SKULL, SURGICAL/OR	70260	CPT	both			871	144.6	Horizon	NJ Health		53.9				53.9	827.45	fee schedule	
SKULL, SURGICAL/OR	70260	CPT	both			871	144.6	Horizon	Medicare Blue		125.74				53.9	827.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SKULL, SURGICAL/OR	70260	CPT	both			871	144.6	Horizon	MGD		234				53.9	827.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SKULL, SURGICAL/OR	70260	CPT	both			871	144.6	Horizon	PPO		234				53.9	827.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SKULL, SURGICAL/OR	70260	CPT	both			871	144.6	Managed Care Inc	Managed Care Inc		783.9	90			53.9	827.45	percent of total billed charges	
SKULL, SURGICAL/OR	70260	CPT	both			871	144.6	Multiplan	Multiplan		696.8	80			53.9	827.45	percent of total billed charges	
SKULL, SURGICAL/OR	70260	CPT	both			871	144.6	Qualcare	Qualcare		653.25	75			53.9	827.45	percent of total billed charges	
SKULL, SURGICAL/OR	70260	CPT	both			871	144.6	Three Rivers	Three Rivers		827.45	95			53.9	827.45	percent of total billed charges	
SKULL, SURGICAL/OR	70260	CPT	both			871	144.6	UHC	Medicaid		274.8	31.55			53.9	827.45	percent of total billed charges	
SKULL, SURGICAL/OR	70260	CPT	both			871	144.6	UHC	Medicare		125.74				53.9	827.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SKULL, SURGICAL/OR	70260	CPT	both			871	144.6	Wellcare	Medicare		125.74				53.9	827.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SKULL, SURGICAL/OR	70260	CPT	both			871	144.6	Wellcare	Medicaid		274.8	31.55			53.9	827.45	percent of total billed charges	
SKULL, SURGICAL/OR	70260	CPT	both			871	144.6	WellPoint	WellPoint		280.29	32.18			53.9	827.45	percent of total billed charges	
INTRAORAL OCCLUSAL IMAGE	70300	CPT	outpatient			319	119.52	Aetna	Better Health		100.64	31.55			9.8	303.05	percent of total billed charges	
INTRAORAL OCCLUSAL IMAGE	70300	CPT	outpatient			319	119.52	Aetna	Commercial		165.46				9.8	303.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRAORAL OCCLUSAL IMAGE	70300	CPT	outpatient			319	119.52	Aetna	Medicare		103.93				9.8	303.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRAORAL OCCLUSAL IMAGE	70300	CPT	outpatient			319	119.52	Americare	Americare		239.25	75			9.8	303.05	percent of total billed charges	
INTRAORAL OCCLUSAL IMAGE	70300	CPT	outpatient			319	119.52	Amerihealth	HMO/PPO		207.35	65			9.8	303.05	percent of total billed charges	
INTRAORAL OCCLUSAL IMAGE	70300	CPT	outpatient			319	119.52	Amerihealth	Medicare		103.93				9.8	303.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRAORAL OCCLUSAL IMAGE	70300	CPT	outpatient			319	119.52	Consumer	Consumer		303.05	95			9.8	303.05	percent of total billed charges	
INTRAORAL OCCLUSAL IMAGE	70300	CPT	outpatient			319	119.52	Corrections	Corrections		255.2	80			9.8	303.05	percent of total billed charges	
INTRAORAL OCCLUSAL IMAGE	70300	CPT	outpatient			319	119.52	First Health	First Health		223.3	70			9.8	303.05	percent of total billed charges	
INTRAORAL OCCLUSAL IMAGE	70300	CPT	outpatient			319	119.52	First Trenton	First Trenton		287.1	90			9.8	303.05	percent of total billed charges	
INTRAORAL OCCLUSAL IMAGE	70300	CPT	outpatient			319	119.52	Horizon	Indemnity		193.41				9.8	303.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRAORAL OCCLUSAL IMAGE	70300	CPT	outpatient			319	119.52	Horizon	NJ Health		9.8				9.8	303.05	fee schedule	
INTRAORAL OCCLUSAL IMAGE	70300	CPT	outpatient			319	119.52	Horizon	Medicare Blue		103.93				9.8	303.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRAORAL OCCLUSAL IMAGE	70300	CPT	outpatient			319	119.52	Horizon	MGD		193.41				9.8	303.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRAORAL OCCLUSAL IMAGE	70300	CPT	outpatient			319	119.52	Horizon	PPO		193.41				9.8	303.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRAORAL OCCLUSAL IMAGE	70300	CPT	outpatient			319	119.52	Managed Care Inc	Managed Care Inc		287.1	90			9.8	303.05	percent of total billed charges	
INTRAORAL OCCLUSAL IMAGE	70300	CPT	outpatient			319	119.52	Multiplan	Multiplan		255.2	80			9.8	303.05	percent of total billed charges	
INTRAORAL OCCLUSAL IMAGE	70300	CPT	outpatient			319	119.52	Qualcare	Qualcare		239.25	75			9.8	303.05	percent of total billed charges	
INTRAORAL OCCLUSAL IMAGE	70300	CPT	outpatient			319	119.52	Three Rivers	Three Rivers		303.05	95			9.8	303.05	percent of total billed charges	
INTRAORAL OCCLUSAL IMAGE	70300	CPT	outpatient			319	119.52	UHC	Medicaid		100.64	31.55			9.8	303.05	percent of total billed charges	
INTRAORAL OCCLUSAL IMAGE	70300	CPT	outpatient			319	119.52	UHC	Medicare		103.93				9.8	303.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRAORAL OCCLUSAL IMAGE	70300	CPT	outpatient			319	119.52	Wellcare	Medicare		103.93				9.8	303.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRAORAL OCCLUSAL IMAGE	70300	CPT	outpatient			319	119.52	Wellcare	Medicaid		100.64	31.55			9.8	303.05	percent of total billed charges	
INTRAORAL OCCLUSAL IMAGE	70300	CPT	outpatient			319	119.52	WellPoint	WellPoint		102.65	32.18			9.8	303.05	percent of total billed charges	
OCCIUSAL	70310	CPT	outpatient			853	322.28	Aetna	Medicare		280.24				24.25	810.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCCIUSAL	70310	CPT	outpatient			853	322.28	Aetna	Better Health		269.12	31.55			24.25	810.35	percent of total billed charges	
OCCIUSAL	70310	CPT	outpatient			853	322.28	Aetna	Commercial		446.14				24.25	810.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCCIUSAL	70310	CPT	outpatient			853	322.28	Americare	Americare		639.75	75			24.25	810.35	percent of total billed charges	
OCCIUSAL	70310	CPT	outpatient			853	322.28	Amerihealth	HMO/PPO		554.45	65			24.25	810.35	percent of total billed charges	
OCCIUSAL	70310	CPT	outpatient			853	322.28	Amerihealth	Medicare		280.24				24.25	810.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCCIUSAL	70310	CPT	outpatient			853	322.28	Consumer	Consumer		810.35	95			24.25	810.35	percent of total billed charges	
OCCIUSAL	70310	CPT	outpatient			853	322.28	Corrections	Corrections		682.4	80			24.25	810.35	percent of total billed charges	
OCCIUSAL	70310	CPT	outpatient			853	322.28	First Health	First Health		597.1	70			24.25	810.35	percent of total billed charges	
OCCIUSAL	70310	CPT	outpatient			853	322.28	First Trenton	First Trenton		767.7	90			24.25	810.35	percent of total billed charges	
OCCIUSAL	70310	CPT	outpatient			853	322.28	Horizon	NJ Health		24.25				24.25	810.35	fee schedule	
OCCIUSAL	70310	CPT	outpatient			853	322.28	Horizon	MGD		521.53				24.25	810.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCCIUSAL	70310	CPT	outpatient			853	322.28	Horizon	Indemnity		521.53				24.25	810.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCCIUSAL	70310	CPT	outpatient			853	322.28	Horizon	Medicare Blue		280.24				24.25	810.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCCIUSAL	70310	CPT	outpatient			853	322.28	Horizon	PPO		521.53				24.25	810.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCCIUSAL	70310	CPT	outpatient			853	322.28	Managed Care Inc	Managed Care Inc		767.7	90			24.25	810.35	percent of total billed charges	
OCCIUSAL	70310	CPT	outpatient			853	322.28	Multiplan	Multiplan		682.4	80			24.25	810.35	percent of total billed charges	
OCCIUSAL	70310	CPT	outpatient			853	322.28	Qualcare	Qualcare		639.75	75			24.25	810.35	percent of total billed charges	
OCCIUSAL	70310	CPT	outpatient			853	322.28	Three Rivers	Three Rivers		810.35	95			24.25	810.35	percent of total billed charges	
OCCIUSAL	70310	CPT	outpatient			853	322.28	UHC	Medicare		280.24				24.25	810.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCCIUSAL	70310	CPT	outpatient			853	322.28	UHC	Medicaid		269.12	31.55			24.25	810.35	percent of total billed charges	
OCCIUSAL	70310	CPT	outpatient			853	322.28	Wellcare	Medicare		280.24				24.25	810.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCCIUSAL	70310	CPT	outpatient			853	322.28	Wellcare	Medicaid		269.12	31.55			24.25	810.35	percent of total billed charges	
OCCIUSAL	70310	CPT	outpatient			853	322.28	WellPoint	WellPoint		274.5	32.18			24.25	810.35	percent of total billed charges	
TMJ,OPEN & CLOSED MOUTH RT	70328	CPT	outpatient			750	119.52	Aetna	Better Health		236.63	31.55			28.83	712.5	percent of total billed charges	
TMJ,OPEN & CLOSED MOUTH RT	70328	CPT	outpatient			750	119.52	Aetna	Commercial		165.46				28.83	712.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TMJ,OPEN & CLOSED MOUTH RT	70328	CPT	outpatient			750	119.52	Aetna	Medicare		103.93				28.83	712.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TMJ,OPEN & CLOSED MOUTH RT	70328	CPT	outpatient			750	119.52	Americare	Americare		562.5	75			28.83	712.5	percent of total billed charges	
TMJ,OPEN & CLOSED MOUTH RT	70328	CPT	outpatient			750	119.52	Amerihealth	Medicare		103.93				28.83	712.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TMJ,OPEN & CLOSED MOUTH RT	70328	CPT	outpatient			750	119.52	Amerihealth	HMO/PPO		487.5	65			28.83	712.5	percent of total billed charges	
TMJ,OPEN & CLOSED MOUTH RT	70328	CPT	outpatient			750	119.52	Consumer	Consumer		712.5	95			28.83	712.5	percent of total billed charges	
TMJ,OPEN & CLOSED MOUTH RT	70328	CPT	outpatient			750	119.52	Corrections	Corrections		600	80			28.83	712.5	percent of total billed charges	
TMJ,OPEN & CLOSED MOUTH RT	70328	CPT	outpatient			750	119.52	First Health	First Health		525	70			28.83	712.5	percent of total billed charges	
TMJ,OPEN & CLOSED MOUTH RT	70328	CPT	outpatient			750	119.52	First Trenton	First Trenton		675	90			28.83	712.5	percent of total billed charges	
TMJ,OPEN & CLOSED MOUTH RT	70328	CPT	outpatient			750	119.52	Horizon	NJ Health		28.83				28.83	712.5	fee schedule	
TMJ,OPEN & CLOSED MOUTH RT	70328	CPT	outpatient			750	119.52	Horizon	Indemnity		193.41				28.83	712.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TMJ,OPEN & CLOSED MOUTH RT	70328	CPT	outpatient			750	119.52	Horizon	Medicare Blue		103.93				28.83	712.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TMJ,OPEN & CLOSED MOUTH RT	70328	CPT	outpatient			750	119.52	Horizon	MGD		193.41				28.83	712.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TMJ,OPEN & CLOSED MOUTH RT	70328	CPT	outpatient			750	119.52	Horizon	PPO		193.41				28.83	712.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TMJ,OPEN & CLOSED MOUTH RT	70328	CPT	outpatient			750	119.52	Managed Care Inc	Managed Care Inc		675	90			28.83	712.5	percent of total billed charges	
TMJ,OPEN & CLOSED MOUTH RT	70328	CPT	outpatient			750	119.52	Multiplan	Multiplan		600	80			28.83	712.5	percent of total billed charges	
TMJ,OPEN & CLOSED MOUTH RT	70328	CPT	outpatient			750	119.52	Qualcare	Qualcare		562.5	75			28.83	712.5	percent of total billed charges	
TMJ,OPEN & CLOSED MOUTH RT	70328	CPT	outpatient			750	119.52	Three Rivers	Three Rivers		712.5	95			28.83	712.5	percent of total billed charges	
TMJ,OPEN & CLOSED MOUTH RT	70328	CPT	outpatient			750	119.52	UHC	Medicare		103.93				28.83	712.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TMJ,OPEN & CLOSED MOUTH RT	70328	CPT	outpatient			750	119.52	UHC	Medicaid		236.63	31.55			28.83	712.5	percent of total billed charges	
TMJ,OPEN & CLOSED MOUTH RT	70328	CPT	outpatient			750	119.52	Wellcare	Medicare		103.93				28.83	712.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
TMJ,OPEN & CLOSED MOUTH RT	70328	CPT	outpatient			750		119.52 Wellcare	Medicaid		236.63	31.55			28.83	712.5	percent of total billed charges	
TMJ,OPEN & CLOSED MOUTH RT	70328	CPT	outpatient			750		119.52 WellPoint	WellPoint		241.35	32.18			28.83	712.5	percent of total billed charges	
TMJ,OPEN & CLOSED MOUTH BIL	70330	CPT	outpatient			609		119.52 Aetna	Commercial		165.46				39.2	578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TMJ,OPEN & CLOSED MOUTH BIL	70330	CPT	outpatient			609		119.52 Aetna	Better Health		192.14	31.55			39.2	578.55	percent of total billed charges	
TMJ,OPEN & CLOSED MOUTH BIL	70330	CPT	outpatient			609		119.52 Aetna	Medicare		103.93				39.2	578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TMJ,OPEN & CLOSED MOUTH BIL	70330	CPT	outpatient			609		119.52 Americare	Americare		456.75	75			39.2	578.55	percent of total billed charges	
TMJ,OPEN & CLOSED MOUTH BIL	70330	CPT	outpatient			609		119.52 Amerihealth	HMO/PPO		395.85	65			39.2	578.55	percent of total billed charges	
TMJ,OPEN & CLOSED MOUTH BIL	70330	CPT	outpatient			609		119.52 Amerihealth	Medicare		103.93				39.2	578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TMJ,OPEN & CLOSED MOUTH BIL	70330	CPT	outpatient			609		119.52 Consumer	Consumer		578.55	95			39.2	578.55	percent of total billed charges	
TMJ,OPEN & CLOSED MOUTH BIL	70330	CPT	outpatient			609		119.52 Corrections	Corrections		487.2	80			39.2	578.55	percent of total billed charges	
TMJ,OPEN & CLOSED MOUTH BIL	70330	CPT	outpatient			609		119.52 First Health	First Health		426.3	70			39.2	578.55	percent of total billed charges	
TMJ,OPEN & CLOSED MOUTH BIL	70330	CPT	outpatient			609		119.52 First Trenton	First Trenton		548.1	90			39.2	578.55	percent of total billed charges	
TMJ,OPEN & CLOSED MOUTH BIL	70330	CPT	outpatient			609		119.52 Horizon	PPO		193.41				39.2	578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TMJ,OPEN & CLOSED MOUTH BIL	70330	CPT	outpatient			609		119.52 Horizon	Medicare Blue		103.93				39.2	578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TMJ,OPEN & CLOSED MOUTH BIL	70330	CPT	outpatient			609		119.52 Horizon	MGD		193.41				39.2	578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TMJ,OPEN & CLOSED MOUTH BIL	70330	CPT	outpatient			609		119.52 Horizon	Indemnity		193.41				39.2	578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TMJ,OPEN & CLOSED MOUTH BIL	70330	CPT	outpatient			609		119.52 Horizon	NJ Health		39.2				39.2	578.55	fee schedule	
TMJ,OPEN & CLOSED MOUTH BIL	70330	CPT	outpatient			609		119.52 Managed Care Inc	Managed Care Inc		548.1	90			39.2	578.55	percent of total billed charges	
TMJ,OPEN & CLOSED MOUTH BIL	70330	CPT	outpatient			609		119.52 Multiplan	Multiplan		487.2	80			39.2	578.55	percent of total billed charges	
TMJ,OPEN & CLOSED MOUTH BIL	70330	CPT	outpatient			609		119.52 Qualcare	Qualcare		456.75	75			39.2	578.55	percent of total billed charges	
TMJ,OPEN & CLOSED MOUTH BIL	70330	CPT	outpatient			609		119.52 Three Rivers	Three Rivers		578.55	95			39.2	578.55	percent of total billed charges	
TMJ,OPEN & CLOSED MOUTH BIL	70330	CPT	outpatient			609		119.52 UHC	Medicaid		192.14	31.55			39.2	578.55	percent of total billed charges	
TMJ,OPEN & CLOSED MOUTH BIL	70330	CPT	outpatient			609		119.52 UHC	Medicare		103.93				39.2	578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TMJ,OPEN & CLOSED MOUTH BIL	70330	CPT	outpatient			609		119.52 Wellcare	Medicaid		192.14	31.55			39.2	578.55	percent of total billed charges	
TMJ,OPEN & CLOSED MOUTH BIL	70330	CPT	outpatient			609		119.52 Wellcare	Medicare		103.93				39.2	578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TMJ,OPEN & CLOSED MOUTH BIL	70330	CPT	outpatient			609		119.52 WellPoint	WellPoint		195.98	32.18			39.2	578.55	percent of total billed charges	
ARTHROGRAPHY, TMJ	70332	CPT	outpatient			936		322.28 Aetna	Medicare		280.24				167.21	889.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTHROGRAPHY, TMJ	70332	CPT	outpatient			936		322.28 Aetna	Commercial		446.14				167.21	889.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTHROGRAPHY, TMJ	70332	CPT	outpatient			936		322.28 Aetna	Better Health		295.31	31.55			167.21	889.2	percent of total billed charges	
ARTHROGRAPHY, TMJ	70332	CPT	outpatient			936		322.28 Americare	Americare		702	75			167.21	889.2	percent of total billed charges	
ARTHROGRAPHY, TMJ	70332	CPT	outpatient			936		322.28 Amerihealth	HMO/PPO		608.4	65			167.21	889.2	percent of total billed charges	
ARTHROGRAPHY, TMJ	70332	CPT	outpatient			936		322.28 Amerihealth	Medicare		280.24				167.21	889.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTHROGRAPHY, TMJ	70332	CPT	outpatient			936		322.28 Consumer	Consumer		889.2	95			167.21	889.2	percent of total billed charges	
ARTHROGRAPHY, TMJ	70332	CPT	outpatient			936		322.28 Corrections	Corrections		748.8	80			167.21	889.2	percent of total billed charges	
ARTHROGRAPHY, TMJ	70332	CPT	outpatient			936		322.28 First Health	First Health		655.2	70			167.21	889.2	percent of total billed charges	
ARTHROGRAPHY, TMJ	70332	CPT	outpatient			936		322.28 First Trenton	First Trenton		842.4	90			167.21	889.2	percent of total billed charges	
ARTHROGRAPHY, TMJ	70332	CPT	outpatient			936		322.28 Horizon	MGD		521.53				167.21	889.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTHROGRAPHY, TMJ	70332	CPT	outpatient			936		322.28 Horizon	NJ Health		167.21				167.21	889.2	fee schedule	
ARTHROGRAPHY, TMJ	70332	CPT	outpatient			936		322.28 Horizon	Indemnity		521.53				167.21	889.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTHROGRAPHY, TMJ	70332	CPT	outpatient			936		322.28 Horizon	Medicare Blue		280.24				167.21	889.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTHROGRAPHY, TMJ	70332	CPT	outpatient			936		322.28 Horizon	PPO		521.53				167.21	889.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTHROGRAPHY, TMJ	70332	CPT	outpatient			936		322.28 Managed Care Inc	Managed Care Inc		842.4	90			167.21	889.2	percent of total billed charges	
ARTHROGRAPHY, TMJ	70332	CPT	outpatient			936		322.28 Multiplan	Multiplan		748.8	80			167.21	889.2	percent of total billed charges	
ARTHROGRAPHY, TMJ	70332	CPT	outpatient			936		322.28 Qualcare	Qualcare		702	75			167.21	889.2	percent of total billed charges	
ARTHROGRAPHY, TMJ	70332	CPT	outpatient			936		322.28 Three Rivers	Three Rivers		889.2	95			167.21	889.2	percent of total billed charges	
ARTHROGRAPHY, TMJ	70332	CPT	outpatient			936		322.28 UHC	Medicaid		295.31	31.55			167.21	889.2	percent of total billed charges	
ARTHROGRAPHY, TMJ	70332	CPT	outpatient			936		322.28 UHC	Medicare		280.24				167.21	889.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTHROGRAPHY, TMJ	70332	CPT	outpatient			936		322.28 Wellcare	Medicaid		295.31	31.55			167.21	889.2	percent of total billed charges	
ARTHROGRAPHY, TMJ	70332	CPT	outpatient			936		322.28 Wellcare	Medicare		280.24				167.21	889.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTHROGRAPHY, TMJ	70332	CPT	outpatient			936		322.28 WellPoint	WellPoint		301.2	32.18			167.21	889.2	percent of total billed charges	
MRI-TMJ WITH CONTRAST	70336	CPT	outpatient			3002		322.28 Aetna	Better Health		947.13	31.55			280.24	2851.9	percent of total billed charges	
MRI-TMJ WITH CONTRAST	70336	CPT	outpatient			3002		322.28 Aetna	Commercial		446.14				280.24	2851.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-TMJ WITH CONTRAST	70336	CPT	outpatient			3002		322.28 Aetna	Medicare		280.24				280.24	2851.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-TMJ WITH CONTRAST	70336	CPT	outpatient			3002		322.28 Americare	Americare		2251.5	75			280.24	2851.9	percent of total billed charges	
MRI-TMJ WITH CONTRAST	70336	CPT	outpatient			3002		322.28 Amerihealth	Medicare		280.24				280.24	2851.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-TMJ WITH CONTRAST	70336	CPT	outpatient			3002		322.28 Amerihealth	HMO/PPO		1951.3	65			280.24	2851.9	percent of total billed charges	
MRI-TMJ WITH CONTRAST	70336	CPT	outpatient			3002		322.28 Consumer	Consumer		2851.9	95			280.24	2851.9	percent of total billed charges	
MRI-TMJ WITH CONTRAST	70336	CPT	outpatient			3002		322.28 Corrections	Corrections		2401.6	80			280.24	2851.9	percent of total billed charges	
MRI-TMJ WITH CONTRAST	70336	CPT	outpatient			3002		322.28 First Health	First Health		2101.4	70			280.24	2851.9	percent of total billed charges	
MRI-TMJ WITH CONTRAST	70336	CPT	outpatient			3002		322.28 First Trenton	First Trenton		2701.8	90			280.24	2851.9	percent of total billed charges	
MRI-TMJ WITH CONTRAST	70336	CPT	outpatient			3002		322.28 Horizon	NJ Health		588				280.24	2851.9	fee schedule	
MRI-TMJ WITH CONTRAST	70336	CPT	outpatient			3002		322.28 Horizon	Indemnity		521.53				280.24	2851.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-TMJ WITH CONTRAST	70336	CPT	outpatient			3002		322.28 Horizon	Medicare Blue		280.24				280.24	2851.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-TMJ WITH CONTRAST	70336	CPT	outpatient			3002		322.28 Horizon	MGD		521.53				280.24	2851.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-TMJ WITH CONTRAST	70336	CPT	outpatient			3002		322.28 Horizon	PPO		521.53				280.24	2851.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-TMJ WITH CONTRAST	70336	CPT	outpatient			3002		322.28 Managed Care Inc	Managed Care Inc		2701.8	90			280.24	2851.9	percent of total billed charges	
MRI-TMJ WITH CONTRAST	70336	CPT	outpatient			3002		322.28 Multiplan	Multiplan		2401.6	80			280.24	2851.9	percent of total billed charges	
MRI-TMJ WITH CONTRAST	70336	CPT	outpatient			3002		322.28 Qualcare	Qualcare		2251.5	75			280.24	2851.9	percent of total billed charges	
MRI-TMJ WITH CONTRAST	70336	CPT	outpatient			3002		322.28 Three Rivers	Three Rivers		2851.9	95			280.24	2851.9	percent of total billed charges	
MRI-TMJ WITH CONTRAST	70336	CPT	outpatient			3002		322.28 UHC	Medicaid		947.13	31.55			280.24	2851.9	percent of total billed charges	
MRI-TMJ WITH CONTRAST	70336	CPT	outpatient			3002		322.28 UHC	Medicare		280.24				280.24	2851.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-TMJ WITH CONTRAST	70336	CPT	outpatient			3002		322.28 Wellcare	Medicare		280.24				280.24	2851.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-TMJ WITH CONTRAST	70336	CPT	outpatient			3002		322.28 Wellcare	Medicaid		947.13	31.55			280.24	2851.9	percent of total billed charges	
MRI-TMJ WITH CONTRAST	70336	CPT	outpatient			3002		322.28 WellPoint	WellPoint		966.04	32.18			280.24	2851.9	percent of total billed charges	
CEPLIALOMETRIC FILM	70350	CPT	outpatient			319		119.52 Aetna	Commercial		165.46				18.97	303.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CEPLIALOMETRIC FILM	70350	CPT	outpatient			319		119.52 Aetna	Medicare		98.25	30.8			18.97	303.05	percent of total billed charges	
CEPLIALOMETRIC FILM	70350	CPT	outpatient			319		119.52 Aetna	Better Health		100.64	31.55			18.97	303.05	percent of total billed charges	
CEPLIALOMETRIC FILM	70350	CPT	outpatient			319		119.52 Americare	Americare		239.25	75			18.97	303.05	percent of total billed charges	
CEPLIALOMETRIC FILM	70350	CPT	outpatient			319		119.52 Amerihealth	Medicare		103.93				18.97	303.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CEPLIALOMETRIC FILM	70350	CPT	outpatient			319		119.52 Amerihealth	HMO/PPO		207.35	65			18.97	303.05	percent of total billed charges	
CEPLIALOMETRIC FILM	70350	CPT	outpatient			319		119.52 Consumer	Consumer		303.05	95			18.97	303.05	percent of total billed charges	
CEPLIALOMETRIC FILM	70350	CPT	outpatient			319		119.52 Corrections	Corrections		255.2	80			18.97	303.05	percent of total billed charges	
CEPLIALOMETRIC FILM	70350	CPT	outpatient			319		119.52 First Health	First Health		223.3	70			18.97	303.05	percent of total billed charges	
CEPLIALOMETRIC FILM	70350	CPT	outpatient			319		119.52 First Trenton	First Trenton		287.1	90			18.97	303.05	percent of total billed charges	
CEPLIALOMETRIC FILM	70350	CPT	outpatient			319		119.52 Horizon	Indemnity		193.41				18.97	303.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CEPLIALOMETRIC FILM	70350	CPT	outpatient			319		119.52 Horizon	MGD		193.41				18.97	303.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CEPLIALOMETRIC FILM	70350	CPT	outpatient			319		119.52 Horizon	PPO		193.41				18.97	303.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CEPLIALOMETRIC FILM	70350	CPT	outpatient			319		119.52 Horizon	NJ Health		18.97				18.97	303.05	fee schedule	
CEPLIALOMETRIC FILM	70350	CPT	outpatient			319		119.52 Horizon	Medicare Blue		103.93				18.97	303.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CEPLIALOMETRIC FILM	70350	CPT	outpatient			319		119.52 Managed Care Inc	Managed Care Inc		287.1	90			18.97	303.05	percent of total billed charges	
CEPLIALOMETRIC FILM	70350	CPT	outpatient			319		119.52 Multiplan	Multiplan		255.2	80			18.97	303.05	percent of total billed charges	
CEPLIALOMETRIC FILM	70350	CPT	outpatient			319		119.52 Qualcare	Qualcare		239.25	75			18.97	303.05	percent of total billed charges	
CEPLIALOMETRIC FILM	70350	CPT	outpatient			319		119.52 Three Rivers	Three Rivers		303.05	95			18.97	303.05	percent of total billed charges	
CEPLIALOMETRIC FILM	70350	CPT	outpatient			319		119.52 UHC	Medicare		103.93				18.97	303.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CEPLIALOMETRIC FILM	70350	CPT	outpatient			319		119.52 UHC	Medicaid		100.64	31.55			18.97	303.05	percent of total billed charges	
CEPLIALOMETRIC FILM	70350	CPT	outpatient			319		119.52 Wellcare	Medicaid		100.64	31.55			18.97	303.05	percent of total billed charges	
CEPLIALOMETRIC FILM	70350	CPT	outpatient			319		119.52 Wellcare	Medicare		103.93				18.97	303.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CEPLIALOMETRIC FILM	70350	CPT	outpatient			319		119.52 WellPoint	WellPoint		102.65	32.18			18.97	303.05	percent of total billed charges	
PANORAMIC X-RAY OF JAWS	70355	CPT	both			319		119.52 Aetna	Commercial		165.46				27.44	303.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PANORAMIC X-RAY OF JAWS	70355	CPT	both			319		119.52 Aetna	Better Health		100.64	31.55			27.44	303.05	percent of total billed charges	
PANORAMIC X-RAY OF JAWS	70355	CPT	both			319		119.52 Aetna	Medicare		103.93				27.44	303.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PANORAMIC X-RAY OF JAWS	70355	CPT	both			319		119.52 Americare	Americare		239.25	75			27.44	303.05	percent of total billed charges	
PANORAMIC X-RAY OF JAWS	70355	CPT	both			319		119.52 Amerihealth	HMO/PPO		207.35	65			27.44	303.05	percent of total billed charges	
PANORAMIC X-RAY OF JAWS	70355	CPT	both			319		119.52 Amerihealth	Medicare		103.93				27.44	303.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PANORAMIC X-RAY OF JAWS	70355	CPT	both			319		119.52 Consumer	Consumer		303.05	95			27.44	303.05	percent of total billed charges	
PANORAMIC X-RAY OF JAWS	70355	CPT	both			319		119.52 Corrections	Corrections		255.2	80			27.44	303.05	percent of total billed charges	
PANORAMIC X-RAY OF JAWS	70355	CPT	both			319		119.52 First Health	First Health		223.3	70			27.44	303.05	percent of total billed charges	
PANORAMIC X-RAY OF JAWS	70355	CPT	both			319		119.52 First Trenton	First Trenton		287.1	90			27.44	303.05	percent of total billed charges	
PANORAMIC X-RAY OF JAWS	70355	CPT	both			319		119.52 Horizon	Indemnity		193.41				27.44	303.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PANORAMIC X-RAY OF JAWS	70355	CPT	both			319		119.52 Horizon	MGD		193.41				27.44	303.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PANORAMIC X-RAY OF JAWS	70355	CPT	both			319		119.52 Horizon	Medicare Blue		103.93				27.44	303.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PANORAMIC X-RAY OF JAWS	70355	CPT	both			319		119.52 Horizon	NJ Health		27.44				27.44	303.05	fee schedule	
PANORAMIC X-RAY OF JAWS	70355	CPT	both			319		119.52 Horizon	PPO		193.41				27.44	303.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PANORAMIC X-RAY OF JAWS	70355	CPT	both			319		119.52 Managed Care Inc	Managed Care Inc		287.1	90			27.44	303.05	percent of total billed charges	
PANORAMIC X-RAY OF JAWS	70355	CPT	both			319		119.52 Multiplan	Multiplan		255.2	80			27.44	303.05	percent of total billed charges	
PANORAMIC X-RAY OF JAWS	70355	CPT	both			319		119.52 Qualcare	Qualcare		239.25	75			27.44	303.05	percent of total billed charges	
PANORAMIC X-RAY OF JAWS	70355	CPT	both			319		119.52 Three Rivers	Three Rivers		303.05	95			27.44	303.05	percent of total billed charges	
PANORAMIC X-RAY OF JAWS	70355	CPT	both			319		119.52 UHC	Medicare		103.93				27.44	303.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PANORAMIC X-RAY OF JAWS	70355	CPT	both			319		119.52 UHC	Medicaid		100.64	31.55			27.44	303.05	percent of total billed charges	
PANORAMIC X-RAY OF JAWS	70355	CPT	both			319		119.52 Wellcare	Medicare		103.93				27.44	303.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PANORAMIC X-RAY OF JAWS	70355	CPT	both			319		119.52 Wellcare	Medicaid		100.64	31.55			27.44	303.05	percent of total billed charges	
PANORAMIC X-RAY OF JAWS	70355	CPT	both			319		119.52 WellPoint	WellPoint		102.65	32.18			27.44	303.05	percent of total billed charges	
SOFT TISSUE NECK	70360	CPT	both			505		119.52 Aetna	Commercial		165.46				25.3	479.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SOFT TISSUE NECK	70360	CPT	both			505		119.52 Aetna	Better Health		159.33	31.55			25.3	479.75	percent of total billed charges	
SOFT TISSUE NECK	70360	CPT	both			505		119.52 Aetna	Medicare		155.54	30.8			25.3	479.75	percent of total billed charges	
SOFT TISSUE NECK	70360	CPT	both			505		119.52 Americare	Americare		378.75	75			25.3	479.75	percent of total billed charges	
SOFT TISSUE NECK	70360	CPT	both			505		119.52 Amerihealth	HMO/PPO		326.25	65			25.3	479.75	percent of total billed charges	
SOFT TISSUE NECK	70360	CPT	both			505		119.52 Amerihealth	Medicare		103.93				25.3	479.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SOFT TISSUE NECK	70360	CPT	both			505		119.52 Consumer	Consumer		479.75	95			25.3	479.75	percent of total billed charges	
SOFT TISSUE NECK	70360	CPT	both			505		119.52 Corrections	Corrections		404	80			25.3	479.75	percent of total billed charges	
SOFT TISSUE NECK	70360	CPT	both			505		119.52 First Health	First Health		353.5	70			25.3	479.75	percent of total billed charges	
SOFT TISSUE NECK	70360	CPT	both			505		119.52 First Trenton	First Trenton		454.5	90			25.3	479.75	percent of total billed charges	
SOFT TISSUE NECK	70360	CPT	both			505		119.52 Horizon	Medicare Blue		103.93				25.3	479.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SOFT TISSUE NECK	70360	CPT	both			505		119.52 Horizon	MGD		193.41				25.3	479.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SOFT TISSUE NECK	70360	CPT	both			505		119.52 Horizon	Indemnity		193.41				25.3	479.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SOFT TISSUE NECK	70360	CPT	both			505		119.52 Horizon	NJ Health		25.3				25.3	479.75	fee schedule	
SOFT TISSUE NECK	70360	CPT	both			505		119.52 Horizon	PPO		193.41				25.3	479.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SOFT TISSUE NECK	70360	CPT	both			505		119.52 Managed Care Inc	Managed Care Inc		454.5	90			25.3	479.75	percent of total billed charges	
SOFT TISSUE NECK	70360	CPT	both			505		119.52 Multiplan	Multiplan		404	80			25.3	479.75	percent of total billed charges	
SOFT TISSUE NECK	70360	CPT	both			505		119.52 Qualcare	Qualcare		378.75	75			25.3	479.75	percent of total billed charges	
SOFT TISSUE NECK	70360	CPT	both			505		119.52 Three Rivers	Three Rivers		479.75	95			25.3	479.75	percent of total billed charges	
SOFT TISSUE NECK	70360	CPT	both			505		119.52 UHC	Medicaid		159.33	31.55			25.3	479.75	percent of total billed charges	
SOFT TISSUE NECK	70360	CPT	both			505		119.52 UHC	Medicare		103.93				25.3	479.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SOFT TISSUE NECK	70360	CPT	both			505		119.52 Wellcare	Medicare		103.93				25.3	479.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SOFT TISSUE NECK	70360	CPT	both			505		119.52 Wellcare	Medicaid		159.33	31.55			25.3	479.75	percent of total billed charges	
SOFT TISSUE NECK	70360	CPT	both			505		119.52 WellPoint	WellPoint		162.51	32.18			25.3	479.75	percent of total billed charges	
SIALOGRAPHY	70390	CPT	outpatient			853		322.28 Aetna	Better Health		269.12	31.55			41.16	810.35	percent of total billed charges	
SIALOGRAPHY	70390	CPT	outpatient			853		322.28 Aetna	Medicare		280.24				41.16	810.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101191	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
SIALOGRAPHY	70390	CPT	outpatient			853	322.28	Aetna	Commercial		446.14				41.16	810.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIALOGRAPHY	70390	CPT	outpatient			853	322.28	Americare	Americare		639.75	75			41.16	810.35	percent of total billed charges	
SIALOGRAPHY	70390	CPT	outpatient			853	322.28	Amerihealth	HMO/PPO		554.45	65			41.16	810.35	percent of total billed charges	
SIALOGRAPHY	70390	CPT	outpatient			853	322.28	Amerihealth	Medicare		280.24				41.16	810.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIALOGRAPHY	70390	CPT	outpatient			853	322.28	Consumer	Consumer		810.35	95			41.16	810.35	percent of total billed charges	
SIALOGRAPHY	70390	CPT	outpatient			853	322.28	Corrections	Corrections		682.4	80			41.16	810.35	percent of total billed charges	
SIALOGRAPHY	70390	CPT	outpatient			853	322.28	First Health	First Health		597.1	70			41.16	810.35	percent of total billed charges	
SIALOGRAPHY	70390	CPT	outpatient			853	322.28	First Trenton	First Trenton		767.7	90			41.16	810.35	percent of total billed charges	
SIALOGRAPHY	70390	CPT	outpatient			853	322.28	Horizon	Medicare Blue		280.24				41.16	810.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIALOGRAPHY	70390	CPT	outpatient			853	322.28	Horizon	MGD		521.53				41.16	810.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIALOGRAPHY	70390	CPT	outpatient			853	322.28	Horizon	Indemnity		521.53				41.16	810.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIALOGRAPHY	70390	CPT	outpatient			853	322.28	Horizon	NJ Health		41.16				41.16	810.35	fee schedule	
SIALOGRAPHY	70390	CPT	outpatient			853	322.28	Horizon	PPO		521.53				41.16	810.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIALOGRAPHY	70390	CPT	outpatient			853	322.28	Managed Care Inc	Managed Care Inc		767.7	90			41.16	810.35	percent of total billed charges	
SIALOGRAPHY	70390	CPT	outpatient			853	322.28	Multiplan	Multiplan		682.4	80			41.16	810.35	percent of total billed charges	
SIALOGRAPHY	70390	CPT	outpatient			853	322.28	Qualcare	Qualcare		639.75	75			41.16	810.35	percent of total billed charges	
SIALOGRAPHY	70390	CPT	outpatient			853	322.28	Three Rivers	Three Rivers		810.35	95			41.16	810.35	percent of total billed charges	
SIALOGRAPHY	70390	CPT	outpatient			853	322.28	UHC	Medicaid		269.12	31.55			41.16	810.35	percent of total billed charges	
SIALOGRAPHY	70390	CPT	outpatient			853	322.28	UHC	Medicare		280.24				41.16	810.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIALOGRAPHY	70390	CPT	outpatient			853	322.28	Wellcare	Medicare		280.24				41.16	810.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIALOGRAPHY	70390	CPT	outpatient			853	322.28	Wellcare	Medicaid		269.12	31.55			41.16	810.35	percent of total billed charges	
SIALOGRAPHY	70390	CPT	outpatient			853	322.28	WellPoint	WellPoint		274.5	32.18			41.16	810.35	percent of total billed charges	
CTHEAD W/O CONTRAST	70450	CPT	both			2573	144.6	Aetna	Better Health		811.78	31.55			125.74	2444.35	percent of total billed charges	
CTHEAD W/O CONTRAST	70450	CPT	both			2573	144.6	Aetna	Medicare		792.48	30.8			125.74	2444.35	percent of total billed charges	
CTHEAD W/O CONTRAST	70450	CPT	both			2573	144.6	Aetna	Commercial		200.18				125.74	2444.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTHEAD W/O CONTRAST	70450	CPT	both			2573	144.6	Americare	Americare		1929.75	75			125.74	2444.35	percent of total billed charges	
CTHEAD W/O CONTRAST	70450	CPT	both			2573	144.6	Amerihealth	Medicare		125.74				125.74	2444.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTHEAD W/O CONTRAST	70450	CPT	both			2573	144.6	Amerihealth	HMO/PPO		1672.45	65			125.74	2444.35	percent of total billed charges	
CTHEAD W/O CONTRAST	70450	CPT	both			2573	144.6	Consumer	Consumer		2444.35	95			125.74	2444.35	percent of total billed charges	
CTHEAD W/O CONTRAST	70450	CPT	both			2573	144.6	Corrections	Corrections		2058.4	80			125.74	2444.35	percent of total billed charges	
CTHEAD W/O CONTRAST	70450	CPT	both			2573	144.6	First Health	First Health		1801.1	70			125.74	2444.35	percent of total billed charges	
CTHEAD W/O CONTRAST	70450	CPT	both			2573	144.6	First Trenton	First Trenton		2315.7	90			125.74	2444.35	percent of total billed charges	
CTHEAD W/O CONTRAST	70450	CPT	both			2573	144.6	Horizon	MGD		234				125.74	2444.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTHEAD W/O CONTRAST	70450	CPT	both			2573	144.6	Horizon	Indemnity		234				125.74	2444.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTHEAD W/O CONTRAST	70450	CPT	both			2573	144.6	Horizon	Medicare Blue		125.74				125.74	2444.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTHEAD W/O CONTRAST	70450	CPT	both			2573	144.6	Horizon	NJ Health		269.5				125.74	2444.35	fee schedule	
CTHEAD W/O CONTRAST	70450	CPT	both			2573	144.6	Horizon	PPO		234				125.74	2444.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTHEAD W/O CONTRAST	70450	CPT	both			2573	144.6	Managed Care Inc	Managed Care Inc		2315.7	90			125.74	2444.35	percent of total billed charges	
CTHEAD W/O CONTRAST	70450	CPT	both			2573	144.6	Multiplan	Multiplan		2058.4	80			125.74	2444.35	percent of total billed charges	
CTHEAD W/O CONTRAST	70450	CPT	both			2573	144.6	Qualcare	Qualcare		1929.75	75			125.74	2444.35	percent of total billed charges	
CTHEAD W/O CONTRAST	70450	CPT	both			2573	144.6	Three Rivers	Three Rivers		2444.35	95			125.74	2444.35	percent of total billed charges	
CTHEAD W/O CONTRAST	70450	CPT	both			2573	144.6	UHC	Medicare		125.74				125.74	2444.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTHEAD W/O CONTRAST	70450	CPT	both			2573	144.6	UHC	Medicaid		811.78	31.55			125.74	2444.35	percent of total billed charges	
CTHEAD W/O CONTRAST	70450	CPT	both			2573	144.6	Wellcare	Medicare		125.74				125.74	2444.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTHEAD W/O CONTRAST	70450	CPT	both			2573	144.6	Wellcare	Medicaid		811.78	31.55			125.74	2444.35	percent of total billed charges	
CTHEAD W/O CONTRAST	70450	CPT	both			2573	144.6	WellPoint	WellPoint		827.99	32.18			125.74	2444.35	percent of total billed charges	
CTHEAD W CONTRAST	70460	CPT	both			3081	241.65	Aetna	Better Health		972.06	31.55			210.13	2926.95	percent of total billed charges	
CTHEAD W CONTRAST	70460	CPT	both			3081	241.65	Aetna	Commercial		334.53				210.13	2926.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTHEAD W CONTRAST	70460	CPT	both			3081	241.65	Aetna	Medicare		210.13				210.13	2926.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTHEAD W CONTRAST	70460	CPT	both			3081	241.65	Americare	Americare		2310.75	75			210.13	2926.95	percent of total billed charges	
CTHEAD W CONTRAST	70460	CPT	both			3081	241.65	Amerihealth	HMO/PPO		2002.65	65			210.13	2926.95	percent of total billed charges	
CTHEAD W CONTRAST	70460	CPT	both			3081	241.65	Amerihealth	Medicare		210.13				210.13	2926.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTHEAD W CONTRAST	70460	CPT	both			3081	241.65	Consumer	Consumer		2926.95	95			210.13	2926.95	percent of total billed charges	
CTHEAD W CONTRAST	70460	CPT	both			3081	241.65	Corrections	Corrections		2464.8	80			210.13	2926.95	percent of total billed charges	
CTHEAD W CONTRAST	70460	CPT	both			3081	241.65	First Health	First Health		2156.7	70			210.13	2926.95	percent of total billed charges	
CTHEAD W CONTRAST	70460	CPT	both			3081	241.65	First Trenton	First Trenton		2772.9	90			210.13	2926.95	percent of total billed charges	
CTHEAD W CONTRAST	70460	CPT	both			3081	241.65	Horizon	MGD		391.05				210.13	2926.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTHEAD W CONTRAST	70460	CPT	both			3081	241.65	Horizon	PPO		391.05				210.13	2926.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTHEAD W CONTRAST	70460	CPT	both			3081	241.65	Horizon	Indemnity		391.05				210.13	2926.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTHEAD W CONTRAST	70460	CPT	both			3081	241.65	Horizon	Medicare Blue		210.13				210.13	2926.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTHEAD W CONTRAST	70460	CPT	both			3081	241.65	Horizon	NJ Health		275.56				210.13	2926.95	fee schedule	
CTHEAD W CONTRAST	70460	CPT	both			3081	241.65	Managed Care Inc	Managed Care Inc		2772.9	90			210.13	2926.95	percent of total billed charges	
CTHEAD W CONTRAST	70460	CPT	both			3081	241.65	Multiplan	Multiplan		2464.8	80			210.13	2926.95	percent of total billed charges	
CTHEAD W CONTRAST	70460	CPT	both			3081	241.65	Qualcare	Qualcare		2310.75	75			210.13	2926.95	percent of total billed charges	
CTHEAD W CONTRAST	70460	CPT	both			3081	241.65	Three Rivers	Three Rivers		2926.95	95			210.13	2926.95	percent of total billed charges	
CTHEAD W CONTRAST	70460	CPT	both			3081	241.65	UHC	Medicare		210.13				210.13	2926.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTHEAD W CONTRAST	70460	CPT	both			3081	241.65	UHC	Medicaid		972.06	31.55			210.13	2926.95	percent of total billed charges	
CTHEAD W CONTRAST	70460	CPT	both			3081	241.65	Wellcare	Medicare		210.13				210.13	2926.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTHEAD W CONTRAST	70460	CPT	both			3081	241.65	Wellcare	Medicaid		972.06	31.55			210.13	2926.95	percent of total billed charges	
CTHEAD W CONTRAST	70460	CPT	both			3081	241.65	WellPoint	WellPoint		991.47	32.18			210.13	2926.95	percent of total billed charges	
CTHEAD W & W/O CONTRAST	70470	CPT	both			3849	241.65	Aetna	Medicare		210.13				210.13	3656.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTHEAD W & W/O CONTRAST	70470	CPT	both			3849	241.65	Aetna	Commercial		334.53				210.13	3656.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTHEAD W & W/O CONTRAST	70470	CPT	both			3849	241.65	Aetna	Better Health		1214.36	31.55			210.13	3656.55	percent of total billed charges	
CTHEAD W & W/O CONTRAST	70470	CPT	both			3849	241.65	Americare	Americare		2886.75	75			210.13	3656.55	percent of total billed charges	
CTHEAD W & W/O CONTRAST	70470	CPT	both			3849	241.65	Amerihealth	Medicare		210.13				210.13	3656.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTHEAD W & W/O CONTRAST	70470	CPT	both			3849	241.65	Amerihealth	HMO/PPO		2501.85	65			210.13	3656.55	percent of total billed charges	
CTHEAD W & W/O CONTRAST	70470	CPT	both			3849	241.65	Consumer	Consumer		3655.55	95			210.13	3656.55	percent of total billed charges	
CTHEAD W & W/O CONTRAST	70470	CPT	both			3849	241.65	Corrections	Corrections		3079.2	80			210.13	3656.55	percent of total billed charges	
CTHEAD W & W/O CONTRAST	70470	CPT	both			3849	241.65	First Health	First Health		2694.3	70			210.13	3656.55	percent of total billed charges	
CTHEAD W & W/O CONTRAST	70470	CPT	both			3849	241.65	First Trenton	First Trenton		3464.1	90			210.13	3656.55	percent of total billed charges	
CTHEAD W & W/O CONTRAST	70470	CPT	both			3849	241.65	Horizon	Indemnity		391.05				210.13	3656.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTHEAD W & W/O CONTRAST	70470	CPT	both			3849	241.65	Horizon	MGD		391.05				210.13	3656.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTHEAD W & W/O CONTRAST	70470	CPT	both			3849	241.65	Horizon	PPO		391.05				210.13	3656.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTHEAD W & W/O CONTRAST	70470	CPT	both			3849	241.65	Horizon	NJ Health		336.73				210.13	3656.55	fee schedule	
CTHEAD W & W/O CONTRAST	70470	CPT	both			3849	241.65	Horizon	Medicare Blue		210.13				210.13	3656.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTHEAD W & W/O CONTRAST	70470	CPT	both			3849	241.65	Managed Care Inc	Managed Care Inc		3464.1	90			210.13	3656.55	percent of total billed charges	
CTHEAD W & W/O CONTRAST	70470	CPT	both			3849	241.65	Multiplan	Multiplan		3079.2	80			210.13	3656.55	percent of total billed charges	
CTHEAD W & W/O CONTRAST	70470	CPT	both			3849	241.65	Qualcare	Qualcare		2886.75	75			210.13	3656.55	percent of total billed charges	
CTHEAD W & W/O CONTRAST	70470	CPT	both			3849	241.65	Three Rivers	Three Rivers		3656.55	95			210.13	3656.55	percent of total billed charges	
CTHEAD W & W/O CONTRAST	70470	CPT	both			3849	241.65	UHC	Medicare		210.13				210.13	3656.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTHEAD W & W/O CONTRAST	70470	CPT	both			3849	241.65	UHC	Medicaid		1214.36	31.55			210.13	3656.55	percent of total billed charges	
CTHEAD W & W/O CONTRAST	70470	CPT	both			3849	241.65	Wellcare	Medicaid		1214.36	31.55			210.13	3656.55	percent of total billed charges	
CTHEAD W & W/O CONTRAST	70470	CPT	both			3849	241.65	Wellcare	Medicare		210.13				210.13	3656.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTHEAD W & W/O CONTRAST	70470	CPT	both			3849	241.65	WellPoint	WellPoint		1238.61	32.18			210.13	3656.55	percent of total billed charges	
ORBIT, SELLA POST FOSSA W/O CONTRAST	70480	CPT	both			2573	144.6	Aetna	Medicare		125.74				125.74	2444.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORBIT, SELLA POST FOSSA W/O CONTRAST	70480	CPT	both			2573	144.6	Aetna	Better Health		811.78	31.55			125.74	2444.35	percent of total billed charges	
ORBIT, SELLA POST FOSSA W/O CONTRAST	70480	CPT	both			2573	144.6	Aetna	Commercial		200.18				125.74	2444.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORBIT, SELLA POST FOSSA W/O CONTRAST	70480	CPT	both			2573	144.6	Americare	Americare		1929.75	75			125.74	2444.35	percent of total billed charges	
ORBIT, SELLA POST FOSSA W/O CONTRAST	70480	CPT	both			2573	144.6	Amerihealth	Medicare		125.74				125.74	2444.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORBIT, SELLA POST FOSSA W/O CONTRAST	70480	CPT	both			2573	144.6	Amerihealth	HMO/PPO		1672.45	65			125.74	2444.35	percent of total billed charges	
ORBIT, SELLA POST FOSSA W/O CONTRAST	70480	CPT	both			2573	144.6	Consumer	Consumer		2444.35	95			125.74	2444.35	percent of total billed charges	
ORBIT, SELLA POST FOSSA W/O CONTRAST	70480	CPT	both			2573	144.6	Corrections	Corrections		2058.4	80			125.74	2444.35	percent of total billed charges	
ORBIT, SELLA POST FOSSA W/O CONTRAST	70480	CPT	both			2573	144.6	First Health	First Health		1801.1	70			125.74	2444.35	percent of total billed charges	
ORBIT, SELLA POST FOSSA W/O CONTRAST	70480	CPT	both			2573	144.6	First Trenton	First Trenton		2315.7	90			125.74	2444.35	percent of total billed charges	
ORBIT, SELLA POST FOSSA W/O CONTRAST	70480	CPT	both			2573	144.6	Horizon	Indemnity		234				125.74	2444.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORBIT, SELLA POST FOSSA W/O CONTRAST	70480	CPT	both			2573	144.6	Horizon	Medicare Blue		125.74				125.74	2444.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORBIT, SELLA POST FOSSA W/O CONTRAST	70480	CPT	both			2573	144.6	Horizon	NJ Health		269.5				125.74	2444.35	fee schedule	
ORBIT, SELLA POST FOSSA W/O CONTRAST	70480	CPT	both			2573	144.6	Horizon	MGD		234				125.74	2444.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORBIT, SELLA POST FOSSA W/O CONTRAST	70480	CPT	both			2573	144.6	Horizon	PPO		234				125.74	2444.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORBIT, SELLA POST FOSSA W/O CONTRAST	70480	CPT	both			2573	144.6	Managed Care Inc	Managed Care Inc		2315.7	90			125.74	2444.35	percent of total billed charges	
ORBIT, SELLA POST FOSSA W/O CONTRAST	70480	CPT	both			2573	144.6	Multiplan	Multiplan		2058.4	80			125.74	2444.35	percent of total billed charges	
ORBIT, SELLA POST FOSSA W/O CONTRAST	70480	CPT	both			2573	144.6	Qualcare	Qualcare		1929.75	75			125.74	2444.35	percent of total billed charges	
ORBIT, SELLA POST FOSSA W/O CONTRAST	70480	CPT	both			2573	144.6	Three Rivers	Three Rivers		2444.35	95			125.74	2444.35	percent of total billed charges	
ORBIT, SELLA POST FOSSA W/O CONTRAST	70480	CPT	both			2573	144.6	UHC	Medicaid		811.78	31.55			125.74	2444.35	percent of total billed charges	
ORBIT, SELLA POST FOSSA W/O CONTRAST	70480	CPT	both			2573	144.6	UHC	Medicare		125.74				125.74	2444.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORBIT, SELLA POST FOSSA W/O CONTRAST	70480	CPT	both			2573	144.6	Wellcare	Medicare		125.74				125.74	2444.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORBIT, SELLA POST FOSSA W/O CONTRAST	70480	CPT	both			2573	144.6	Wellcare	Medicaid		811.78	31.55			125.74	2444.35	percent of total billed charges	
ORBIT, SELLA POST FOSSA W/O CONTRAST	70480	CPT	both			2573	144.6	WellPoint	WellPoint		827.99	32.18			125.74	2444.35	percent of total billed charges	
ORBIT SELLA POST FOSSA W/CONTRAST	70481	CPT	both			3081	241.65	Aetna	Better Health		972.06	31.55			210.13	2926.95	percent of total billed charges	
ORBIT SELLA POST FOSSA W/CONTRAST	70481	CPT	both			3081	241.65	Aetna	Medicare		210.13				210.13	2926.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORBIT SELLA POST FOSSA W/CONTRAST	70481	CPT	both			3081	241.65	Aetna	Commercial		334.53				210.13	2926.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORBIT SELLA POST FOSSA W/CONTRAST	70481	CPT	both			3081	241.65	Americare	Americare		2310.75	75			210.13	2926.95	percent of total billed charges	
ORBIT SELLA POST FOSSA W/CONTRAST	70481	CPT	both			3081	241.65	Amerihealth	HMO/PPO		2002.65	65			210.13	2926.95	percent of total billed charges	
ORBIT SELLA POST FOSSA W/CONTRAST	70481	CPT	both			3081	241.65	Amerihealth	Medicare		210.13				210.13	2926.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORBIT SELLA POST FOSSA W/CONTRAST	70481	CPT	both			3081	241.65	Consumer	Consumer		2926.95	95			210.13	2926.95	percent of total billed charges	
ORBIT SELLA POST FOSSA W/CONTRAST	70481	CPT	both			3081	241.65	Corrections	Corrections		2464.8	80			210.13	2926.95	percent of total billed charges	
ORBIT SELLA POST FOSSA W/CONTRAST	70481	CPT	both			3081	241.65	First Health	First Health		2156.7	70			210.13	2926.95	percent of total billed charges	
ORBIT SELLA POST FOSSA W/CONTRAST	70481	CPT	both			3081	241.65	First Trenton	First Trenton		2772.9	90			210.13	2926.95	percent of total billed charges	
ORBIT SELLA POST FOSSA W/CONTRAST	70481	CPT	both			3081	241.65	Horizon	MGD		391.05				210.13	2926.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORBIT SELLA POST FOSSA W/CONTRAST	70481	CPT	both			3081	241.65	Horizon	Indemnity		391.05				210.13	2926.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORBIT SELLA POST FOSSA W/CONTRAST	70481	CPT	both			3081	241.65	Horizon	NJ Health		245				210.13	2926.95	fee schedule	
ORBIT SELLA POST FOSSA W/CONTRAST	70481	CPT	both			3081	241.65	Horizon	PPO		391.05				210.13	2926.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORBIT SELLA POST FOSSA W/CONTRAST	70481	CPT	both			3081	241.65	Horizon	Medicare Blue		210.13				210.13	2926.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORBIT SELLA POST FOSSA W/CONTRAST	70481	CPT	both			3081	241.65	Managed Care Inc	Managed Care Inc		2772.9	90			210.13	2926.95	percent of total billed charges	
ORBIT SELLA POST FOSSA W/CONTRAST	70481	CPT	both			3081	241.65	Multiplan	Multiplan		2464.8	80			210.13	2926.95	percent of total billed charges	
ORBIT SELLA POST FOSSA W/CONTRAST	70481	CPT	both			3081	241.65	Qualcare	Qualcare		2310.75	75			210.13	2926.95	percent of total billed charges	
ORBIT SELLA POST FOSSA W/CONTRAST	70481	CPT	both			3081	241.65	Three Rivers	Three Rivers		2926.95	95			210.13	2926.95	percent of total billed charges	
ORBIT SELLA POST FOSSA W/CONTRAST	70481	CPT	both			3081	241.65	UHC	Medicaid		972.06	31.55			210.13	2926.95	percent of total billed charges	
ORBIT SELLA POST FOSSA W/CONTRAST	70481	CPT	both			3081	241.65	UHC	Medicare		210.13				210.13	2926.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORBIT SELLA POST FOSSA W/CONTRAST	70481	CPT	both			3081	241.65	Wellcare	Medicaid		972.06	31.55			210.13	2926.95	percent of total billed charges	
ORBIT SELLA POST FOSSA W/CONTRAST	70481	CPT	both			3081	241.65	Wellcare	Medicare		210.13				210.13	2926.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORBIT SELLA POST FOSSA W/CONTRAST	70481	CPT	both			3081	241.65	WellPoint	WellPoint		991.47	32.18			210.13	2926.95	percent of total billed charges	
ORBIT SELLA POST FOSSA W&W/O CONT	70482	CPT	both			3849	241.65	Aetna	Commercial		334.53				210.13	3656.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORBIT SELLA POST FOSSA W&W/O CONT	70482	CPT	both			3849	241.65	Aetna	Medicare		210.13				210.13	3656.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORBIT SELLA POST FOSSA W&W/O CONT	70482	CPT	both			3849	241.65	Aetna	Better Health		1214.36	31.55			210.13	3656.55	percent of total billed charges	
ORBIT SELLA POST FOSSA W&W/O CONT	70482	CPT	both			3849	241.65	Americare	Americare		2886.75	75			210.13	3656.55	percent of total billed charges	
ORBIT SELLA POST FOSSA W&W/O CONT	70482	CPT	both			3849	241.65	Amerihealth	Medicare		210.13				210.13	3656.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORBIT SELLA POST FOSSA W&W/O CONT	70482	CPT	both			3849	241.65	Amerihealth	HMO/PPO		2501.85	65			210.13	3656.55	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ORBIT SELLA POST FOSSA W&W/O CONT	70482	CPT	both			3849		241.65 Consumer	Consumer		3656.55	95			210.13		3656.55 percent of total billed charges	
ORBIT SELLA POST FOSSA W&W/O CONT	70482	CPT	both			3849		241.65 Corrections	Corrections		3079.2	80			210.13		3656.55 percent of total billed charges	
ORBIT SELLA POST FOSSA W&W/O CONT	70482	CPT	both			3849		241.65 First Health	First Health		2694.3	70			210.13		3656.55 percent of total billed charges	
ORBIT SELLA POST FOSSA W&W/O CONT	70482	CPT	both			3849		241.65 First Trenton	First Trenton		3464.1	90			210.13		3656.55 percent of total billed charges	
ORBIT SELLA POST FOSSA W&W/O CONT	70482	CPT	both			3849		241.65 Horizon	Indemnity		391.05				210.13		3656.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORBIT SELLA POST FOSSA W&W/O CONT	70482	CPT	both			3849		241.65 Horizon	MGD		391.05				210.13		3656.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORBIT SELLA POST FOSSA W&W/O CONT	70482	CPT	both			3849		241.65 Horizon	NJ Health		343				210.13		3656.55 fee schedule	
ORBIT SELLA POST FOSSA W&W/O CONT	70482	CPT	both			3849		241.65 Horizon	Medicare Blue		210.13				210.13		3656.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORBIT SELLA POST FOSSA W&W/O CONT	70482	CPT	both			3849		241.65 Horizon	PPO		391.05				210.13		3656.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORBIT SELLA POST FOSSA W&W/O CONT	70482	CPT	both			3849		241.65 Managed Care Inc	Managed Care Inc		3464.1	90			210.13		3656.55 percent of total billed charges	
ORBIT SELLA POST FOSSA W&W/O CONT	70482	CPT	both			3849		241.65 Multiplan	Multiplan		3079.2	80			210.13		3656.55 percent of total billed charges	
ORBIT SELLA POST FOSSA W&W/O CONT	70482	CPT	both			3849		241.65 Qualcare	Qualcare		2886.75	75			210.13		3656.55 percent of total billed charges	
ORBIT SELLA POST FOSSA W&W/O CONT	70482	CPT	both			3849		241.65 Three Rivers	Three Rivers		3656.55	95			210.13		3656.55 percent of total billed charges	
ORBIT SELLA POST FOSSA W&W/O CONT	70482	CPT	both			3849		241.65 UHC	Medicaid		1214.36	31.55			210.13		3656.55 percent of total billed charges	
ORBIT SELLA POST FOSSA W&W/O CONT	70482	CPT	both			3849		241.65 UHC	Medicare		210.13				210.13		3656.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORBIT SELLA POST FOSSA W&W/O CONT	70482	CPT	both			3849		241.65 Wellcare	Medicaid		1214.36	31.55			210.13		3656.55 percent of total billed charges	
ORBIT SELLA POST FOSSA W&W/O CONT	70482	CPT	both			3849		241.65 Wellcare	Medicare		210.13				210.13		3656.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORBIT SELLA POST FOSSA W&W/O CONT	70482	CPT	both			3849		241.65 WellPoint	WellPoint		1238.61	32.18			210.13		3656.55 percent of total billed charges	
MAXILLOFACIAL W/O CONTRAST	70486	CPT	both			1160		144.6 Aetna	Better Health		365.98	31.55			120.12		1102 percent of total billed charges	
MAXILLOFACIAL W/O CONTRAST	70486	CPT	both			1160		144.6 Aetna	Commercial		200.18				120.12		1102 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MAXILLOFACIAL W/O CONTRAST	70486	CPT	both			1160		144.6 Aetna	Medicare		357.28	30.8			120.12		1102 percent of total billed charges	
MAXILLOFACIAL W/O CONTRAST	70486	CPT	both			1160		144.6 Americare	Americare		870	75			120.12		1102 percent of total billed charges	
MAXILLOFACIAL W/O CONTRAST	70486	CPT	both			1160		144.6 Amerihealth	Medicare		125.74				120.12		1102 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MAXILLOFACIAL W/O CONTRAST	70486	CPT	both			1160		144.6 Amerihealth	HMO/PPO		754	65			120.12		1102 percent of total billed charges	
MAXILLOFACIAL W/O CONTRAST	70486	CPT	both			1160		144.6 Consumer	Consumer		1102	95			120.12		1102 percent of total billed charges	
MAXILLOFACIAL W/O CONTRAST	70486	CPT	both			1160		144.6 Corrections	Corrections		928	80			120.12		1102 percent of total billed charges	
MAXILLOFACIAL W/O CONTRAST	70486	CPT	both			1160		144.6 First Health	First Health		812	70			120.12		1102 percent of total billed charges	
MAXILLOFACIAL W/O CONTRAST	70486	CPT	both			1160		144.6 First Trenton	First Trenton		1044	90			120.12		1102 percent of total billed charges	
MAXILLOFACIAL W/O CONTRAST	70486	CPT	both			1160		144.6 Horizon	Indemnity		234				120.12		1102 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MAXILLOFACIAL W/O CONTRAST	70486	CPT	both			1160		144.6 Horizon	Medicare Blue		125.74				120.12		1102 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MAXILLOFACIAL W/O CONTRAST	70486	CPT	both			1160		144.6 Horizon	PPO		234				120.12		1102 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MAXILLOFACIAL W/O CONTRAST	70486	CPT	both			1160		144.6 Horizon	MGD		234				120.12		1102 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MAXILLOFACIAL W/O CONTRAST	70486	CPT	both			1160		144.6 Horizon	NJ Health		269.5				120.12		1102 fee schedule	
MAXILLOFACIAL W/O CONTRAST	70486	CPT	both			1160		144.6 Managed Care Inc	Managed Care Inc		1044	90			120.12		1102 percent of total billed charges	
MAXILLOFACIAL W/O CONTRAST	70486	CPT	both			1160		144.6 Multiplan	Multiplan		928	80			120.12		1102 percent of total billed charges	
MAXILLOFACIAL W/O CONTRAST	70486	CPT	both			1160		144.6 Qualcare	Qualcare		870	75			120.12		1102 percent of total billed charges	
MAXILLOFACIAL W/O CONTRAST	70486	CPT	both			1160		144.6 Three Rivers	Three Rivers		1102	95			120.12		1102 percent of total billed charges	
MAXILLOFACIAL W/O CONTRAST	70486	CPT	both			1160		144.6 UHC	Medicare		125.74				120.12		1102 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MAXILLOFACIAL W/O CONTRAST	70486	CPT	both			1160		144.6 UHC	Medicaid		365.98	31.55			120.12		1102 percent of total billed charges	
MAXILLOFACIAL W/O CONTRAST	70486	CPT	both			1160		144.6 Wellcare	Medicare		125.74				120.12		1102 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MAXILLOFACIAL W/O CONTRAST	70486	CPT	both			1160		144.6 Wellcare	Medicaid		365.98	31.55			120.12		1102 percent of total billed charges	
MAXILLOFACIAL W/O CONTRAST	70486	CPT	both			1160		144.6 WellPoint	WellPoint		373.29	32.18			120.12		1102 percent of total billed charges	
MAXILLOFACIAL W/CONTRAST	70487	CPT	both			3081		241.65 Aetna	Commercial		334.53				210.13		2926.95 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MAXILLOFACIAL W/CONTRAST	70487	CPT	both			3081		241.65 Aetna	Better Health		972.06	31.55			210.13		2926.95 percent of total billed charges	
MAXILLOFACIAL W/CONTRAST	70487	CPT	both			3081		241.65 Aetna	Medicare		210.13				210.13		2926.95 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MAXILLOFACIAL W/CONTRAST	70487	CPT	both			3081		241.65 Americare	Americare		2310.75	75			210.13		2926.95 percent of total billed charges	
MAXILLOFACIAL W/CONTRAST	70487	CPT	both			3081		241.65 Amerihealth	Medicare		210.13				210.13		2926.95 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MAXILLOFACIAL W/CONTRAST	70487	CPT	both			3081		241.65 Amerihealth	HMO/PPO		2002.65	65			210.13		2926.95 percent of total billed charges	
MAXILLOFACIAL W/CONTRAST	70487	CPT	both			3081		241.65 Consumer	Consumer		2926.95	95			210.13		2926.95 percent of total billed charges	
MAXILLOFACIAL W/CONTRAST	70487	CPT	both			3081		241.65 Corrections	Corrections		2464.8	80			210.13		2926.95 percent of total billed charges	
MAXILLOFACIAL W/CONTRAST	70487	CPT	both			3081		241.65 First Health	First Health		2156.7	70			210.13		2926.95 percent of total billed charges	
MAXILLOFACIAL W/CONTRAST	70487	CPT	both			3081		241.65 First Trenton	First Trenton		2772.9	90			210.13		2926.95 percent of total billed charges	
MAXILLOFACIAL W/CONTRAST	70487	CPT	both			3081		241.65 Horizon	MGD		391.05				210.13		2926.95 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MAXILLOFACIAL W/CONTRAST	70487	CPT	both			3081		241.65 Horizon	Indemnity		391.05				210.13		2926.95 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MAXILLOFACIAL W/CONTRAST	70487	CPT	both			3081		241.65 Horizon	NJ Health		245				210.13		2926.95 fee schedule	
MAXILLOFACIAL W/CONTRAST	70487	CPT	both			3081		241.65 Horizon	Medicare Blue		210.13				210.13		2926.95 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MAXILLOFACIAL W/CONTRAST	70487	CPT	both			3081		241.65 Horizon	PPO		391.05				210.13		2926.95 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MAXILLOFACIAL W/CONTRAST	70487	CPT	both			3081		241.65 Managed Care Inc	Managed Care Inc		2772.9	90			210.13		2926.95 percent of total billed charges	
MAXILLOFACIAL W/CONTRAST	70487	CPT	both			3081		241.65 Multiplan	Multiplan		2464.8	80			210.13		2926.95 percent of total billed charges	
MAXILLOFACIAL W/CONTRAST	70487	CPT	both			3081		241.65 Qualcare	Qualcare		2310.75	75			210.13		2926.95 percent of total billed charges	
MAXILLOFACIAL W/CONTRAST	70487	CPT	both			3081		241.65 Three Rivers	Three Rivers		2926.95	95			210.13		2926.95 percent of total billed charges	
MAXILLOFACIAL W/CONTRAST	70487	CPT	both			3081		241.65 UHC	Medicare		210.13				210.13		2926.95 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MAXILLOFACIAL W/CONTRAST	70487	CPT	both			3081		241.65 UHC	Medicaid		972.06	31.55			210.13		2926.95 percent of total billed charges	
MAXILLOFACIAL W/CONTRAST	70487	CPT	both			3081		241.65 Wellcare	Medicare		210.13				210.13		2926.95 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MAXILLOFACIAL W/CONTRAST	70487	CPT	both			3081		241.65 Wellcare	Medicaid		972.06	31.55			210.13		2926.95 percent of total billed charges	
MAXILLOFACIAL W/CONTRAST	70487	CPT	both			3081		241.65 WellPoint	WellPoint		991.47	32.18			210.13		2926.95 percent of total billed charges	
MAXILLOFACIAL W/O FOLL BY	70488	CPT	both			3849		241.65 Aetna	Commercial		334.53				210.13		3656.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MAXILLOFACIAL W/O FOLL BY	70488	CPT	both			3849		241.65 Aetna	Better Health		1214.36	31.55			210.13		3656.55 percent of total billed charges	
MAXILLOFACIAL W/O FOLL BY	70488	CPT	both			3849		241.65 Aetna	Medicare		210.13				210.13		3656.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MAXILLOFACIAL W/O FOLL BY	70488	CPT	both			3849		241.65 Americare	Americare		2886.75	75			210.13		3656.55 percent of total billed charges	
MAXILLOFACIAL W/O FOLL BY	70488	CPT	both			3849		241.65 Amerihealth	Medicare		210.13				210.13		3656.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MAXILLOFACIAL W/O FOLL BY	70488	CPT	both			3849		241.65 Amerihealth	HMO/PPO		2501.85	65			210.13		3656.55 percent of total billed charges	
MAXILLOFACIAL W/O FOLL BY	70488	CPT	both			3849		241.65 Consumer	Consumer		3656.55	95			210.13		3656.55 percent of total billed charges	
MAXILLOFACIAL W/O FOLL BY	70488	CPT	both			3849		241.65 Corrections	Corrections		3079.2	80			210.13		3656.55 percent of total billed charges	
MAXILLOFACIAL W/O FOLL BY	70488	CPT	both			3849		241.65 First Health	First Health		2694.3	70			210.13		3656.55 percent of total billed charges	
MAXILLOFACIAL W/O FOLL BY	70488	CPT	both			3849		241.65 First Trenton	First Trenton		3464.1	90			210.13		3656.55 percent of total billed charges	
MAXILLOFACIAL W/O FOLL BY	70488	CPT	both			3849		241.65 Horizon	Indemnity		391.05				210.13		3656.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MAXILLOFACIAL W/O FOLL BY	70488	CPT	both			3849		241.65 Horizon	PPO		391.05				210.13		3656.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MAXILLOFACIAL W/O FOLL BY	70488	CPT	both			3849		241.65 Horizon	MGD		391.05				210.13		3656.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MAXILLOFACIAL W/O FOLL BY	70488	CPT	both			3849		241.65 Horizon	Medicare Blue		210.13				210.13		3656.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MAXILLOFACIAL W/O FOLL BY	70488	CPT	both			3849		241.65 Horizon	NJ Health		343				210.13		3656.55 fee schedule	
MAXILLOFACIAL W/O FOLL BY	70488	CPT	both			3849		241.65 Managed Care Inc	Managed Care Inc		3464.1	90			210.13		3656.55 percent of total billed charges	
MAXILLOFACIAL W/O FOLL BY	70488	CPT	both			3849		241.65 Multiplan	Multiplan		3079.2	80			210.13		3656.55 percent of total billed charges	
MAXILLOFACIAL W/O FOLL BY	70488	CPT	both			3849		241.65 Qualcare	Qualcare		2886.75	75			210.13		3656.55 percent of total billed charges	
MAXILLOFACIAL W/O FOLL BY	70488	CPT	both			3849		241.65 Three Rivers	Three Rivers		3656.55	95			210.13		3656.55 percent of total billed charges	
MAXILLOFACIAL W/O FOLL BY	70488	CPT	both			3849		241.65 UHC	Medicaid		1214.36	31.55			210.13		3656.55 percent of total billed charges	
MAXILLOFACIAL W/O FOLL BY	70488	CPT	both			3849		241.65 UHC	Medicare		210.13				210.13		3656.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MAXILLOFACIAL W/O FOLL BY	70488	CPT	both			3849		241.65 Wellcare	Medicare		210.13				210.13		3656.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MAXILLOFACIAL W/O FOLL BY	70488	CPT	both			3849		241.65 Wellcare	Medicaid		1214.36	31.55			210.13		3656.55 percent of total billed charges	
MAXILLOFACIAL W/O FOLL BY	70488	CPT	both			3849		241.65 WellPoint	WellPoint		1238.61	32.18			210.13		3656.55 percent of total billed charges	
CTSOFT TISSUE NECK W/O CONTRAST	70490	CPT	both			2573		144.6 Aetna	Better Health		811.78	31.55			125.74		2444.35 percent of total billed charges	
CTSOFT TISSUE NECK W/O CONTRAST	70490	CPT	both			2573		144.6 Aetna	Commercial		200.18				125.74		2444.35 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTSOFT TISSUE NECK W/O CONTRAST	70490	CPT	both			2573		144.6 Aetna	Medicare		125.74				125.74		2444.35 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTSOFT TISSUE NECK W/O CONTRAST	70490	CPT	both			2573		144.6 Americare	Americare		1929.75	75			125.74		2444.35 percent of total billed charges	
CTSOFT TISSUE NECK W/O CONTRAST	70490	CPT	both			2573		144.6 Amerihealth	HMO/PPO		1672.45	65			125.74		2444.35 percent of total billed charges	
CTSOFT TISSUE NECK W/O CONTRAST	70490	CPT	both			2573		144.6 Amerihealth	Medicare		125.74				125.74		2444.35 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTSOFT TISSUE NECK W/O CONTRAST	70490	CPT	both			2573		144.6 Consumer	Consumer		2444.35	95			125.74		2444.35 percent of total billed charges	
CTSOFT TISSUE NECK W/O CONTRAST	70490	CPT	both			2573		144.6 Corrections	Corrections		2058.4	80			125.74		2444.35 percent of total billed charges	
CTSOFT TISSUE NECK W/O CONTRAST	70490	CPT	both			2573		144.6 First Health	First Health		1801.1	70			125.74		2444.35 percent of total billed charges	
CTSOFT TISSUE NECK W/O CONTRAST	70490	CPT	both			2573		144.6 First Trenton	First Trenton		2315.7	90			125.74		2444.35 percent of total billed charges	
CTSOFT TISSUE NECK W/O CONTRAST	70490	CPT	both			2573		144.6 Horizon	MGD		234				125.74		2444.35 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTSOFT TISSUE NECK W/O CONTRAST	70490	CPT	both			2573		144.6 Horizon	Medicare Blue		125.74				125.74		2444.35 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTSOFT TISSUE NECK W/O CONTRAST	70490	CPT	both			2573		144.6 Horizon	PPO		234				125.74		2444.35 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTSOFT TISSUE NECK W/O CONTRAST	70490	CPT	both			2573		144.6 Horizon	Indemnity		234				125.74		2444.35 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTSOFT TISSUE NECK W/O CONTRAST	70490	CPT	both			2573		144.6 Horizon	NJ Health		245				125.74		2444.35 fee schedule	
CTSOFT TISSUE NECK W/O CONTRAST	70490	CPT	both			2573		144.6 Managed Care Inc	Managed Care Inc		2315.7	90			125.74		2444.35 percent of total billed charges	
CTSOFT TISSUE NECK W/O CONTRAST	70490	CPT	both			2573		144.6 Multiplan	Multiplan		2058.4	80			125.74		2444.35 percent of total billed charges	
CTSOFT TISSUE NECK W/O CONTRAST	70490	CPT	both			2573		144.6 Qualcare	Qualcare		1929.75	75			125.74		2444.35 percent of total billed charges	
CTSOFT TISSUE NECK W/O CONTRAST	70490	CPT	both			2573		144.6 Three Rivers	Three Rivers		2444.35	95			125.74		2444.35 percent of total billed charges	
CTSOFT TISSUE NECK W/O CONTRAST	70490	CPT	both			2573		144.6 UHC	Medicaid		811.78	31.55			125.74		2444.35 percent of total billed charges	
CTSOFT TISSUE NECK W/O CONTRAST	70490	CPT	both			2573		144.6 UHC	Medicare		125.74				125.74		2444.35 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTSOFT TISSUE NECK W/O CONTRAST	70490	CPT	both			2573		144.6 Wellcare	Medicaid		811.78	31.55			125.74		2444.35 percent of total billed charges	
CTSOFT TISSUE NECK W/O CONTRAST	70490	CPT	both			2573		144.6 Wellcare	Medicare		125.74				125.74		2444.35 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTSOFT TISSUE NECK W/O CONTRAST	70490	CPT	both			2573		144.6 WellPoint	WellPoint		827.99	32.18			125.74		2444.35 percent of total billed charges	
CTSOFT TISSUE NECK W CONTRAST	70491	CPT	both			3081		241.65 Aetna	Better Health		972.06	31.55			210.13		2926.95 percent of total billed charges	
CTSOFT TISSUE NECK W CONTRAST	70491	CPT	both			3081		241.65 Aetna	Commercial		334.53				210.13		2926.95 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTSOFT TISSUE NECK W CONTRAST	70491	CPT	both			3081		241.65 Aetna	Medicare		210.13				210.13		2926.95 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTSOFT TISSUE NECK W CONTRAST	70491	CPT	both			3081		241.65 Americare	Americare		2310.75	75			210.13		2926.95 percent of total billed charges	
CTSOFT TISSUE NECK W CONTRAST	70491	CPT	both			3081		241.65 Amerihealth	HMO/PPO		2002.65	65			210.13		2926.95 percent of total billed charges	
CTSOFT TISSUE NECK W CONTRAST	70491	CPT	both			3081		241.65 Amerihealth	Medicare		210.13				210.13		2926.95 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTSOFT TISSUE NECK W CONTRAST	70491	CPT	both			3081		241.65 Consumer	Consumer		2926.95	95			210.13		2926.95 percent of total billed charges	
CTSOFT TISSUE NECK W CONTRAST	70491	CPT	both			3081		241.65 Corrections	Corrections		2464.8	80			210.13		2926.95 percent of total billed charges	
CTSOFT TISSUE NECK W CONTRAST	70491	CPT	both			3081		241.65 First Health	First Health		2156.7	70			210.13		2926.95 percent of total billed charges	
CTSOFT TISSUE NECK W CONTRAST	70491	CPT	both			3081		241.65 First Trenton	First Trenton		2772.9	90			210.13		2926.95 percent of total billed charges	
CTSOFT TISSUE NECK W CONTRAST	70491	CPT	both			3081		241.65 Horizon	PPO		391.05				210.13		2926.95 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTSOFT TISSUE NECK W CONTRAST	70491	CPT	both			3081		241.65 Horizon	Indemnity		391.05				210.13		2926.95 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTSOFT TISSUE NECK W CONTRAST	70491	CPT	both			3081		241.65 Horizon	MGD		391.05				210.13		2926.95 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTSOFT TISSUE NECK W CONTRAST	70491	CPT	both			3081		241.65 Horizon	Medicare Blue		210.13				210.13		2926.95 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTSOFT TISSUE NECK W CONTRAST	70491	CPT	both			3081		241.65 Horizon	NJ Health		289.63				210.13		2926.95 fee schedule	
CTSOFT TISSUE NECK W CONTRAST	70491	CPT	both			3081		241.65 Managed Care Inc	Managed Care Inc		2772.9	90			210.13		2926.95 percent of total billed charges	
CTSOFT TISSUE NECK W CONTRAST	70491	CPT	both			3081		241.65 Multiplan	Multiplan		2464.8	80			210.13		2926.95 percent of total billed charges	
CTSOFT TISSUE NECK W CONTRAST	70491	CPT	both			3081		241.65 Qualcare	Qualcare		2310.75	75			210.13		2926.95 percent of total billed charges	
CTSOFT TISSUE NECK W CONTRAST	70491	CPT	both			3081		241.65 Three Rivers	Three Rivers		2926.95	95			210.13		2926.95 percent of total billed charges	
CTSOFT TISSUE NECK W CONTRAST	70491	CPT	both			3081		241.65 UHC	Medicare		210.13				210.13		2926.95 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTSOFT TISSUE NECK W CONTRAST	70491	CPT	both			3081		241.65 UHC	Medicaid		972.06	31.55			210.13		2926.95 percent of total billed charges	
CTSOFT TISSUE NECK W CONTRAST	70491	CPT	both			3081		241.65 Wellcare	Medicare		210.13				210.13		2926.95 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTSOFT TISSUE NECK W CONTRAST	70491	CPT	both			3081		241.65 Wellcare	Medicaid		972.06	31.55			210.13		2926.95 percent of total billed charges	
CTSOFT TISSUE NECK W CONTRAST	70491	CPT	both			3081		241.65 WellPoint	WellPoint		991.47	32.18			210.13		2926.95 percent of total billed charges	
CTSOFT TISSUE NECK W & W/OCONTRAST	70492	CPT	both			2751		241.65 Aetna	Better Health		867.94	31.55			210.13		2613.45 percent of total billed charges	
CTSOFT TISSUE NECK W & W/OCONTRAST	70492	CPT	both			2751		241.65 Aetna	Commercial		334.53				210.13		2613.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTSOFT TISSUE NECK W & W/OCONTRAST	70492	CPT	both			2751		241.65 Aetna	Medicare		210.13				210.13		2613.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTSOFT TISSUE NECK W & W/OCONTRAST	70492	CPT	both			2751		241.65 Americare	Americare		2063.25	75			210.13		2613.45 percent of total billed charges	
CTSOFT TISSUE NECK W & W/OCONTRAST	70492	CPT	both			2751		241.65 Amerihealth	HMO/PPO		1788.15	65			210.13		2613.45 percent of total billed charges	
CTSOFT TISSUE NECK W & W/OCONTRAST	70492	CPT	both			2751		241.65 Amerihealth	Medicare		210.13				210.13		2613.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTSOFT TISSUE NECK W & W/OCONTRAST	70492	CPT	both			2751		241.65 Consumer	Consumer		2613.45	95			210.13		2613.45 percent of total billed charges	
CTSOFT TISSUE NECK W & W/OCONTRAST	70492	CPT	both			2751		241.65 Corrections	Corrections		2200.8	80			210.13		2613.45 percent of total billed charges	
CTSOFT TISSUE NECK W & W/OCONTRAST	70492	CPT	both			2751		241.65 First Health	First Health		1925.7	70			210.13		2613.45 percent of total billed charges	
CTSOFT TISSUE NECK W & W/OCONTRAST	70492	CPT	both			2751		241.65 First Trenton	First Trenton		2475.9	90			210.13		2613.45 percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.															
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103		310119 true														
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CTSOFT TISSUE NECK W & W/OCONTRAST	70492	CPT	both			2751		241.65 Horizon	Indemnity		391.05				210.13	2613.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTSOFT TISSUE NECK W & W/OCONTRAST	70492	CPT	both			2751		241.65 Horizon	MGD		391.05				210.13	2613.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTSOFT TISSUE NECK W & W/OCONTRAST	70492	CPT	both			2751		241.65 Horizon	NJ Health		343				210.13	2613.45	fee schedule	
CTSOFT TISSUE NECK W & W/OCONTRAST	70492	CPT	both			2751		241.65 Horizon	Medicare Blue		210.13				210.13	2613.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTSOFT TISSUE NECK W & W/OCONTRAST	70492	CPT	both			2751		241.65 Horizon	PPO		391.05				210.13	2613.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTSOFT TISSUE NECK W & W/OCONTRAST	70492	CPT	both			2751		241.65 Managed Care Inc	Managed Care Inc		2475.9	90			210.13	2613.45	percent of total billed charges	
CTSOFT TISSUE NECK W & W/OCONTRAST	70492	CPT	both			2751		241.65 Multiplan	Multiplan		2200.8	80			210.13	2613.45	percent of total billed charges	
CTSOFT TISSUE NECK W & W/OCONTRAST	70492	CPT	both			2751		241.65 Qualcare	Qualcare		2063.25	75			210.13	2613.45	percent of total billed charges	
CTSOFT TISSUE NECK W & W/OCONTRAST	70492	CPT	both			2751		241.65 Three Rivers	Three Rivers		2613.45	95			210.13	2613.45	percent of total billed charges	
CTSOFT TISSUE NECK W & W/OCONTRAST	70492	CPT	both			2751		241.65 UHC	Medicaid		867.94	31.55			210.13	2613.45	percent of total billed charges	
CTSOFT TISSUE NECK W & W/OCONTRAST	70492	CPT	both			2751		241.65 UHC	Medicare		210.13				210.13	2613.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTSOFT TISSUE NECK W & W/OCONTRAST	70492	CPT	both			2751		241.65 Wellcare	Medicare		210.13				210.13	2613.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTSOFT TISSUE NECK W & W/OCONTRAST	70492	CPT	both			2751		241.65 Wellcare	Medicaid		867.94	31.55			210.13	2613.45	percent of total billed charges	
CTSOFT TISSUE NECK W & W/OCONTRAST	70492	CPT	both			2751		241.65 WellPoint	WellPoint		885.27	32.18			210.13	2613.45	percent of total billed charges	
CTV HEAD W + W/O CONTR	70496	CPT	both			2461		241.65 Aetna	Better Health		776.45	31.55			210.13	2337.95	percent of total billed charges	
CTV HEAD W + W/O CONTR	70496	CPT	both			2461		241.65 Aetna	Commercial		334.53				210.13	2337.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTV HEAD W + W/O CONTR	70496	CPT	both			2461		241.65 Aetna	Medicare		210.13				210.13	2337.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTV HEAD W + W/O CONTR	70496	CPT	both			2461		241.65 Americare	Americare		1845.75	75			210.13	2337.95	percent of total billed charges	
CTV HEAD W + W/O CONTR	70496	CPT	both			2461		241.65 Amerihealth	HMO/PPO		1599.65	65			210.13	2337.95	percent of total billed charges	
CTV HEAD W + W/O CONTR	70496	CPT	both			2461		241.65 Amerihealth	Medicare		210.13				210.13	2337.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTV HEAD W + W/O CONTR	70496	CPT	both			2461		241.65 Consumer	Consumer		2337.95	95			210.13	2337.95	percent of total billed charges	
CTV HEAD W + W/O CONTR	70496	CPT	both			2461		241.65 Corrections	Corrections		1968.8	80			210.13	2337.95	percent of total billed charges	
CTV HEAD W + W/O CONTR	70496	CPT	both			2461		241.65 First Health	First Health		1722.7	70			210.13	2337.95	percent of total billed charges	
CTV HEAD W + W/O CONTR	70496	CPT	both			2461		241.65 First Trenton	First Trenton		2214.9	90			210.13	2337.95	percent of total billed charges	
CTV HEAD W + W/O CONTR	70496	CPT	both			2461		241.65 Horizon	MGD		391.05				210.13	2337.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTV HEAD W + W/O CONTR	70496	CPT	both			2461		241.65 Horizon	Medicare Blue		210.13				210.13	2337.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTV HEAD W + W/O CONTR	70496	CPT	both			2461		241.65 Horizon	PPO		391.05				210.13	2337.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTV HEAD W + W/O CONTR	70496	CPT	both			2461		241.65 Horizon	Indemnity		391.05				210.13	2337.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTV HEAD W + W/O CONTR	70496	CPT	both			2461		241.65 Horizon	NJ Health		362.6				210.13	2337.95	fee schedule	
CTV HEAD W + W/O CONTR	70496	CPT	both			2461		241.65 Managed Care Inc	Managed Care Inc		2214.9	90			210.13	2337.95	percent of total billed charges	
CTV HEAD W + W/O CONTR	70496	CPT	both			2461		241.65 Multiplan	Multiplan		1968.8	80			210.13	2337.95	percent of total billed charges	
CTV HEAD W + W/O CONTR	70496	CPT	both			2461		241.65 Qualcare	Qualcare		1845.75	75			210.13	2337.95	percent of total billed charges	
CTV HEAD W + W/O CONTR	70496	CPT	both			2461		241.65 Three Rivers	Three Rivers		2337.95	95			210.13	2337.95	percent of total billed charges	
CTV HEAD W + W/O CONTR	70496	CPT	both			2461		241.65 UHC	Medicare		210.13				210.13	2337.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTV HEAD W + W/O CONTR	70496	CPT	both			2461		241.65 UHC	Medicaid		776.45	31.55			210.13	2337.95	percent of total billed charges	
CTV HEAD W + W/O CONTR	70496	CPT	both			2461		241.65 Wellcare	Medicare		210.13				210.13	2337.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTV HEAD W + W/O CONTR	70496	CPT	both			2461		241.65 Wellcare	Medicaid		776.45	31.55			210.13	2337.95	percent of total billed charges	
CTV HEAD W + W/O CONTR	70496	CPT	both			2461		241.65 WellPoint	WellPoint		791.95	32.18			210.13	2337.95	percent of total billed charges	
CT ANGIO/NECK	70498	CPT	both			2461		241.65 Aetna	Commercial		334.53				210.13	2337.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ANGIO/NECK	70498	CPT	both			2461		241.65 Aetna	Better Health		776.45	31.55			210.13	2337.95	percent of total billed charges	
CT ANGIO/NECK	70498	CPT	both			2461		241.65 Aetna	Medicare		210.13				210.13	2337.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ANGIO/NECK	70498	CPT	both			2461		241.65 Americare	Americare		1845.75	75			210.13	2337.95	percent of total billed charges	
CT ANGIO/NECK	70498	CPT	both			2461		241.65 Amerihealth	HMO/PPO		1599.65	65			210.13	2337.95	percent of total billed charges	
CT ANGIO/NECK	70498	CPT	both			2461		241.65 Amerihealth	Medicare		210.13				210.13	2337.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ANGIO/NECK	70498	CPT	both			2461		241.65 Consumer	Consumer		2337.95	95			210.13	2337.95	percent of total billed charges	
CT ANGIO/NECK	70498	CPT	both			2461		241.65 Corrections	Corrections		1968.8	80			210.13	2337.95	percent of total billed charges	
CT ANGIO/NECK	70498	CPT	both			2461		241.65 First Health	First Health		1722.7	70			210.13	2337.95	percent of total billed charges	
CT ANGIO/NECK	70498	CPT	both			2461		241.65 First Trenton	First Trenton		2214.9	90			210.13	2337.95	percent of total billed charges	
CT ANGIO/NECK	70498	CPT	both			2461		241.65 Horizon	Indemnity		391.05				210.13	2337.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ANGIO/NECK	70498	CPT	both			2461		241.65 Horizon	MGD		391.05				210.13	2337.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ANGIO/NECK	70498	CPT	both			2461		241.65 Horizon	PPO		391.05				210.13	2337.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ANGIO/NECK	70498	CPT	both			2461		241.65 Horizon	NJ Health		362.6				210.13	2337.95	fee schedule	
CT ANGIO/NECK	70498	CPT	both			2461		241.65 Horizon	Medicare Blue		210.13				210.13	2337.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ANGIO/NECK	70498	CPT	both			2461		241.65 Managed Care Inc	Managed Care Inc		2214.9	90			210.13	2337.95	percent of total billed charges	
CT ANGIO/NECK	70498	CPT	both			2461		241.65 Multiplan	Multiplan		1968.8	80			210.13	2337.95	percent of total billed charges	
CT ANGIO/NECK	70498	CPT	both			2461		241.65 Qualcare	Qualcare		1845.75	75			210.13	2337.95	percent of total billed charges	
CT ANGIO/NECK	70498	CPT	both			2461		241.65 Three Rivers	Three Rivers		2337.95	95			210.13	2337.95	percent of total billed charges	
CT ANGIO/NECK	70498	CPT	both			2461		241.65 UHC	Medicare		210.13				210.13	2337.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ANGIO/NECK	70498	CPT	both			2461		241.65 UHC	Medicaid		776.45	31.55			210.13	2337.95	percent of total billed charges	
CT ANGIO/NECK	70498	CPT	both			2461		241.65 Wellcare	Medicare		210.13				210.13	2337.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ANGIO/NECK	70498	CPT	both			2461		241.65 Wellcare	Medicaid		776.45	31.55			210.13	2337.95	percent of total billed charges	
CT ANGIO/NECK	70498	CPT	both			2461		241.65 WellPoint	WellPoint		791.95	32.18			210.13	2337.95	percent of total billed charges	
MRI SINUSES WITHOUT CONTRAST	70540	CPT	both			3607		322.28 Aetna	Commercial		446.14				276.69	3426.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI SINUSES WITHOUT CONTRAST	70540	CPT	both			3607		322.28 Aetna	Better Health		1138.01	31.55			276.69	3426.65	percent of total billed charges	
MRI SINUSES WITHOUT CONTRAST	70540	CPT	both			3607		322.28 Aetna	Medicare		280.24				276.69	3426.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI SINUSES WITHOUT CONTRAST	70540	CPT	both			3607		322.28 Americare	Americare		2705.25	75			276.69	3426.65	percent of total billed charges	
MRI SINUSES WITHOUT CONTRAST	70540	CPT	both			3607		322.28 Amerihealth	Medicare		280.24				276.69	3426.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI SINUSES WITHOUT CONTRAST	70540	CPT	both			3607		322.28 Amerihealth	HMO/PPO		2344.55	65			276.69	3426.65	percent of total billed charges	
MRI SINUSES WITHOUT CONTRAST	70540	CPT	both			3607		322.28 Consumer	Consumer		3426.65	95			276.69	3426.65	percent of total billed charges	
MRI SINUSES WITHOUT CONTRAST	70540	CPT	both			3607		322.28 Corrections	Corrections		2885.6	80			276.69	3426.65	percent of total billed charges	
MRI SINUSES WITHOUT CONTRAST	70540	CPT	both			3607		322.28 First Health	First Health		2524.9	70			276.69	3426.65	percent of total billed charges	
MRI SINUSES WITHOUT CONTRAST	70540	CPT	both			3607		322.28 First Trenton	First Trenton		3246.3	90			276.69	3426.65	percent of total billed charges	
MRI SINUSES WITHOUT CONTRAST	70540	CPT	both			3607		322.28 Horizon	Medicare Blue		280.24				276.69	3426.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI SINUSES WITHOUT CONTRAST	70540	CPT	both			3607		322.28 Horizon	MGD		521.53				276.69	3426.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI SINUSES WITHOUT CONTRAST	70540	CPT	both			3607		322.28 Horizon	PPO		521.53				276.69	3426.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI SINUSES WITHOUT CONTRAST	70540	CPT	both			3607		322.28 Horizon	Indemnity		521.53				276.69	3426.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI SINUSES WITHOUT CONTRAST	70540	CPT	both			3607		322.28 Horizon	NJ Health		588				276.69	3426.65	fee schedule	
MRI SINUSES WITHOUT CONTRAST	70540	CPT	both			3607		322.28 Managed Care Inc	Managed Care Inc		3246.3	90			276.69	3426.65	percent of total billed charges	
MRI SINUSES WITHOUT CONTRAST	70540	CPT	both			3607		322.28 Multiplan	Multiplan		2885.6	80			276.69	3426.65	percent of total billed charges	
MRI SINUSES WITHOUT CONTRAST	70540	CPT	both			3607		322.28 Qualcare	Qualcare		2705.25	75			276.69	3426.65	percent of total billed charges	
MRI SINUSES WITHOUT CONTRAST	70540	CPT	both			3607		322.28 Three Rivers	Three Rivers		3426.65	95			276.69	3426.65	percent of total billed charges	
MRI SINUSES WITHOUT CONTRAST	70540	CPT	both			3607		322.28 UHC	Medicaid		1138.01	31.55			276.69	3426.65	percent of total billed charges	
MRI SINUSES WITHOUT CONTRAST	70540	CPT	both			3607		322.28 UHC	Medicare		280.24				276.69	3426.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI SINUSES WITHOUT CONTRAST	70540	CPT	both			3607		322.28 Wellcare	Medicare		280.24				276.69	3426.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI SINUSES WITHOUT CONTRAST	70540	CPT	both			3607		322.28 Wellcare	Medicaid		1138.01	31.55			276.69	3426.65	percent of total billed charges	
MRI SINUSES WITHOUT CONTRAST	70540	CPT	both			3607		322.28 WellPoint	WellPoint		1160.73	32.18			276.69	3426.65	percent of total billed charges	
MRI ORBIT W/ CONTR	70542	CPT	both			4926		505.8 Aetna	Better Health		1554.15	31.55			439.83	4679.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ORBIT W/ CONTR	70542	CPT	both			4926		505.8 Aetna	Commercial		700.21				439.83	4679.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ORBIT W/ CONTR	70542	CPT	both			4926		505.8 Aetna	Medicare		439.83				439.83	4679.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ORBIT W/ CONTR	70542	CPT	both			4926		505.8 Americare	Americare		3694.5	75			439.83	4679.7	percent of total billed charges	
MRI ORBIT W/ CONTR	70542	CPT	both			4926		505.8 Amerihealth	HMO/PPO		3201.9	65			439.83	4679.7	percent of total billed charges	
MRI ORBIT W/ CONTR	70542	CPT	both			4926		505.8 Amerihealth	Medicare		439.83				439.83	4679.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ORBIT W/ CONTR	70542	CPT	both			4926		505.8 Consumer	Consumer		4679.7	95			439.83	4679.7	percent of total billed charges	
MRI ORBIT W/ CONTR	70542	CPT	both			4926		505.8 Corrections	Corrections		3940.8	80			439.83	4679.7	percent of total billed charges	
MRI ORBIT W/ CONTR	70542	CPT	both			4926		505.8 First Health	First Health		3448.2	70			439.83	4679.7	percent of total billed charges	
MRI ORBIT W/ CONTR	70542	CPT	both			4926		505.8 First Trenton	First Trenton		4433.4	90			439.83	4679.7	percent of total billed charges	
MRI ORBIT W/ CONTR	70542	CPT	both			4926		505.8 Horizon	PPO		818.52				439.83	4679.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ORBIT W/ CONTR	70542	CPT	both			4926		505.8 Horizon	Medicare Blue		439.83				439.83	4679.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ORBIT W/ CONTR	70542	CPT	both			4926		505.8 Horizon	MGD		818.52				439.83	4679.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ORBIT W/ CONTR	70542	CPT	both			4926		505.8 Horizon	NJ Health		668.36				439.83	4679.7	fee schedule	
MRI ORBIT W/ CONTR	70542	CPT	both			4926		505.8 Horizon	Indemnity		818.52				439.83	4679.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ORBIT W/ CONTR	70542	CPT	both			4926		505.8 Managed Care Inc	Managed Care Inc		4433.4	90			439.83	4679.7	percent of total billed charges	
MRI ORBIT W/ CONTR	70542	CPT	both			4926		505.8 Multiplan	Multiplan		3940.8	80			439.83	4679.7	percent of total billed charges	
MRI ORBIT W/ CONTR	70542	CPT	both			4926		505.8 Qualcare	Qualcare		3694.5	75			439.83	4679.7	percent of total billed charges	
MRI ORBIT W/ CONTR	70542	CPT	both			4926		505.8 Three Rivers	Three Rivers		4679.7	95			439.83	4679.7	percent of total billed charges	
MRI ORBIT W/ CONTR	70542	CPT	both			4926		505.8 UHC	Medicaid		1554.15	31.55			439.83	4679.7	percent of total billed charges	
MRI ORBIT W/ CONTR	70542	CPT	both			4926		505.8 UHC	Medicare		439.83				439.83	4679.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ORBIT W/ CONTR	70542	CPT	both			4926		505.8 Wellcare	Medicaid		1554.15	31.55			439.83	4679.7	percent of total billed charges	
MRI ORBIT W/ CONTR	70542	CPT	both			4926		505.8 Wellcare	Medicare		439.83				439.83	4679.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ORBIT W/ CONTR	70542	CPT	both			4926		505.8 WellPoint	WellPoint		1585.19	32.18			439.83	4679.7	percent of total billed charges	
MRI SINUSES WITHOUT AND WITH CONTRAST	70543	CPT	both			4087		505.8 Aetna	Commercial		700.21				436.65	3882.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI SINUSES WITHOUT AND WITH CONTRAST	70543	CPT	both			4087		505.8 Aetna	Better Health		1289.45	31.55			436.65	3882.65	percent of total billed charges	
MRI SINUSES WITHOUT AND WITH CONTRAST	70543	CPT	both			4087		505.8 Aetna	Medicare		439.83				436.65	3882.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI SINUSES WITHOUT AND WITH CONTRAST	70543	CPT	both			4087		505.8 Americare	Americare		3065.25	75			436.65	3882.65	percent of total billed charges	
MRI SINUSES WITHOUT AND WITH CONTRAST	70543	CPT	both			4087		505.8 Amerihealth	HMO/PPO		2656.55	65			436.65	3882.65	percent of total billed charges	
MRI SINUSES WITHOUT AND WITH CONTRAST	70543	CPT	both			4087		505.8 Amerihealth	Medicare		439.83				436.65	3882.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI SINUSES WITHOUT AND WITH CONTRAST	70543	CPT	both			4087		505.8 Consumer	Consumer		3882.65	95			436.65	3882.65	percent of total billed charges	
MRI SINUSES WITHOUT AND WITH CONTRAST	70543	CPT	both			4087		505.8 Corrections	Corrections		3269.6	80			436.65	3882.65	percent of total billed charges	
MRI SINUSES WITHOUT AND WITH CONTRAST	70543	CPT	both			4087		505.8 First Health	First Health		2860.9	70			436.65	3882.65	percent of total billed charges	
MRI SINUSES WITHOUT AND WITH CONTRAST	70543	CPT	both			4087		505.8 First Trenton	First Trenton		3678.3	90			436.65	3882.65	percent of total billed charges	
MRI SINUSES WITHOUT AND WITH CONTRAST	70543	CPT	both			4087		505.8 Horizon	PPO		818.52				436.65	3882.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI SINUSES WITHOUT AND WITH CONTRAST	70543	CPT	both			4087		505.8 Horizon	Indemnity		818.52				436.65	3882.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI SINUSES WITHOUT AND WITH CONTRAST	70543	CPT	both			4087		505.8 Horizon	Medicare Blue		439.83				436.65	3882.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI SINUSES WITHOUT AND WITH CONTRAST	70543	CPT	both			4087		505.8 Horizon	NJ Health		959.24				436.65	3882.65	fee schedule	
MRI SINUSES WITHOUT AND WITH CONTRAST	70543	CPT	both			4087		505.8 Horizon	MGD		818.52				436.65	3882.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI SINUSES WITHOUT AND WITH CONTRAST	70543	CPT	both			4087		505.8 Managed Care Inc	Managed Care Inc		3678.3	90			436.65	3882.65	percent of total billed charges	
MRI SINUSES WITHOUT AND WITH CONTRAST	70543	CPT	both			4087		505.8 Multiplan	Multiplan		3269.6	80			436.65	3882.65	percent of total billed charges	
MRI SINUSES WITHOUT AND WITH CONTRAST	70543	CPT	both			4087		505.8 Qualcare	Qualcare		3065.25	75			436.65	3882.65	percent of total billed charges	
MRI SINUSES WITHOUT AND WITH CONTRAST	70543	CPT	both			4087		505.8 Three Rivers	Three Rivers		3882.65	95			436.65	3882.65	percent of total billed charges	
MRI SINUSES WITHOUT AND WITH CONTRAST	70543	CPT	both			4087		505.8 UHC	Medicaid		1289.45	31.55			436.65	3882.65	percent of total billed charges	
MRI SINUSES WITHOUT AND WITH CONTRAST	70543	CPT	both			4087		505.8 UHC	Medicare		439.83				436.65	3882.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI SINUSES WITHOUT AND WITH CONTRAST	70543	CPT	both			4087		505.8 Wellcare	Medicaid		1289.45	31.55			436.65	3882.65	percent of total billed charges	
MRI SINUSES WITHOUT AND WITH CONTRAST	70543	CPT	both			4087		505.8 Wellcare	Medicare		439.83				436.65	3882.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI SINUSES WITHOUT AND WITH CONTRAST	70543	CPT	both			4087		505.8 WellPoint	WellPoint		1315.2	32.18			436.65	3882.65	percent of total billed charges	
MRI BRAIN RESEARCH WITHOUT CONTRAST	70544	CPT	both			3607		322.28 Aetna	Commercial		446.14				280.24	3426.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN RESEARCH WITHOUT CONTRAST	70544	CPT	both			3607		322.28 Aetna	Medicare		280.24				280.24	3426.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN RESEARCH WITHOUT CONTRAST	70544	CPT	both			3607		322.28 Aetna	Better Health		1138.01	31.55			280.24	3426.65	percent of total billed charges	
MRI BRAIN RESEARCH WITHOUT CONTRAST	70544	CPT	both			3607		322.28 Americare	Americare		2705.25	75			280.24	3426.65	percent of total billed charges	
MRI BRAIN RESEARCH WITHOUT CONTRAST	70544	CPT	both			3607		322.28 Amerihealth	HMO/PPO		2344.55	65			280.24	3426.65	percent of total billed charges	
MRI BRAIN RESEARCH WITHOUT CONTRAST	70544	CPT	both			3607		322.28 Amerihealth	Medicare		280.24				280.24	3426.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN RESEARCH WITHOUT CONTRAST	70544	CPT	both			3607		322.28 Consumer	Consumer		3426.65	95			280.24	3426.65	percent of total billed charges	
MRI BRAIN RESEARCH WITHOUT CONTRAST	70544	CPT	both			3607		322.28 Corrections	Corrections		2885.6	80			280.24	3426.65	percent of total billed charges	
MRI BRAIN RESEARCH WITHOUT CONTRAST	70544	CPT	both			3607		322.28 First Health	First Health		2524.9	70			280.24	3426.65	percent of total billed charges	
MRI BRAIN RESEARCH WITHOUT CONTRAST	70544	CPT	both			3607		322.28 First Trenton	First Trenton		3246.3	90			280.24	3426.65	percent of total billed charges	
MRI BRAIN RESEARCH WITHOUT CONTRAST	70544	CPT	both			3607		322.28 Horizon	Indemnity		521.53				280.24	3426.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN RESEARCH WITHOUT CONTRAST	70544	CPT	both			3607		322.28 Horizon	Medicare Blue		280.24				280.24	3426.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN RESEARCH WITHOUT CONTRAST	70544	CPT	both			3607		322.28 Horizon	NJ Health		593.88				280.24	3426.65	fee schedule	
MRI BRAIN RESEARCH WITHOUT CONTRAST	70544	CPT	both			3607		322.28 Horizon	MGD		521.53				280.24	3426.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.															
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true														
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
MRI BRAIN RESEARCH WITHOUT CONTRAST	70544	CPT	both			3607		322.28 Horizon	PPO		521.53				280.24	3426.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN RESEARCH WITHOUT CONTRAST	70544	CPT	both			3607		322.28 Managed Care Inc	Managed Care Inc		3246.3	90			280.24	3426.65	percent of total billed charges	
MRI BRAIN RESEARCH WITHOUT CONTRAST	70544	CPT	both			3607		322.28 Multiplan	Multiplan		2885.6	80			280.24	3426.65	percent of total billed charges	
MRI BRAIN RESEARCH WITHOUT CONTRAST	70544	CPT	both			3607		322.28 Qualcare	Qualcare		2705.25	75			280.24	3426.65	percent of total billed charges	
MRI BRAIN RESEARCH WITHOUT CONTRAST	70544	CPT	both			3607		322.28 Three Rivers	Three Rivers		3426.65	95			280.24	3426.65	percent of total billed charges	
MRI BRAIN RESEARCH WITHOUT CONTRAST	70544	CPT	both			3607		322.28 UHC	Medicare		280.24				280.24	3426.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN RESEARCH WITHOUT CONTRAST	70544	CPT	both			3607		322.28 UHC	Medicaid		1138.01	31.55			280.24	3426.65	percent of total billed charges	
MRI BRAIN RESEARCH WITHOUT CONTRAST	70544	CPT	both			3607		322.28 Wellcare	Medicare		280.24				280.24	3426.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN RESEARCH WITHOUT CONTRAST	70544	CPT	both			3607		322.28 Wellcare	Medicaid		1138.01	31.55			280.24	3426.65	percent of total billed charges	
MRI BRAIN RESEARCH WITHOUT CONTRAST	70544	CPT	both			3607		322.28 WellPoint	WellPoint		1160.73	32.18			280.24	3426.65	percent of total billed charges	
MRI BRAIN RESEARCH WIT CONTRAST	70545	CPT	outpatient			4926		505.8 Aetna	Medicare		1517.21	30.8			439.83	4679.7	percent of total billed charges	
MRI BRAIN RESEARCH WIT CONTRAST	70545	CPT	outpatient			4926		505.8 Aetna	Better Health		1554.15	31.55			439.83	4679.7	percent of total billed charges	
MRI BRAIN RESEARCH WIT CONTRAST	70545	CPT	outpatient			4926		505.8 Aetna	Commercial		700.21				439.83	4679.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN RESEARCH WIT CONTRAST	70545	CPT	outpatient			4926		505.8 Americare	Americare		3694.5	75			439.83	4679.7	percent of total billed charges	
MRI BRAIN RESEARCH WIT CONTRAST	70545	CPT	outpatient			4926		505.8 Amerihealth	HMO/PPO		3201.9	65			439.83	4679.7	percent of total billed charges	
MRI BRAIN RESEARCH WIT CONTRAST	70545	CPT	outpatient			4926		505.8 Amerihealth	Medicare		439.83				439.83	4679.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN RESEARCH WIT CONTRAST	70545	CPT	outpatient			4926		505.8 Consumer	Consumer		4679.7	95			439.83	4679.7	percent of total billed charges	
MRI BRAIN RESEARCH WIT CONTRAST	70545	CPT	outpatient			4926		505.8 Corrections	Corrections		3940.8	80			439.83	4679.7	percent of total billed charges	
MRI BRAIN RESEARCH WIT CONTRAST	70545	CPT	outpatient			4926		505.8 First Health	First Health		3448.2	70			439.83	4679.7	percent of total billed charges	
MRI BRAIN RESEARCH WIT CONTRAST	70545	CPT	outpatient			4926		505.8 First Trenton	First Trenton		4433.4	90			439.83	4679.7	percent of total billed charges	
MRI BRAIN RESEARCH WIT CONTRAST	70545	CPT	outpatient			4926		505.8 Horizon	Indemnity		818.52				439.83	4679.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN RESEARCH WIT CONTRAST	70545	CPT	outpatient			4926		505.8 Horizon	MGD		818.52				439.83	4679.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN RESEARCH WIT CONTRAST	70545	CPT	outpatient			4926		505.8 Horizon	NJ Health		668.36				439.83	4679.7	fee schedule	
MRI BRAIN RESEARCH WIT CONTRAST	70545	CPT	outpatient			4926		505.8 Horizon	PPO		818.52				439.83	4679.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN RESEARCH WIT CONTRAST	70545	CPT	outpatient			4926		505.8 Horizon	Medicare Blue		439.83				439.83	4679.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN RESEARCH WIT CONTRAST	70545	CPT	outpatient			4926		505.8 Managed Care Inc	Managed Care Inc		4433.4	90			439.83	4679.7	percent of total billed charges	
MRI BRAIN RESEARCH WIT CONTRAST	70545	CPT	outpatient			4926		505.8 Multiplan	Multiplan		3940.8	80			439.83	4679.7	percent of total billed charges	
MRI BRAIN RESEARCH WIT CONTRAST	70545	CPT	outpatient			4926		505.8 Qualcare	Qualcare		3694.5	75			439.83	4679.7	percent of total billed charges	
MRI BRAIN RESEARCH WIT CONTRAST	70545	CPT	outpatient			4926		505.8 Three Rivers	Three Rivers		4679.7	95			439.83	4679.7	percent of total billed charges	
MRI BRAIN RESEARCH WIT CONTRAST	70545	CPT	outpatient			4926		505.8 UHC	Medicaid		1554.15	31.55			439.83	4679.7	percent of total billed charges	
MRI BRAIN RESEARCH WIT CONTRAST	70545	CPT	outpatient			4926		505.8 UHC	Medicare		439.83				439.83	4679.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN RESEARCH WIT CONTRAST	70545	CPT	outpatient			4926		505.8 Wellcare	Medicaid		1554.15	31.55			439.83	4679.7	percent of total billed charges	
MRI BRAIN RESEARCH WIT CONTRAST	70545	CPT	outpatient			4926		505.8 Wellcare	Medicare		439.83				439.83	4679.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN RESEARCH WIT CONTRAST	70545	CPT	outpatient			4926		505.8 WellPoint	WellPoint		1585.19	32.18			439.83	4679.7	percent of total billed charges	
MRV BRAIN ONLY (NO MRA), W AND W/O CONT	70546	CPT	both			3607		505.8 Aetna	Better Health		1138.01	31.55			439.83	3426.65	percent of total billed charges	
MRV BRAIN ONLY (NO MRA), W AND W/O CONT	70546	CPT	both			3607		505.8 Aetna	Commercial		700.21				439.83	3426.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRV BRAIN ONLY (NO MRA), W AND W/O CONT	70546	CPT	both			3607		505.8 Aetna	Medicare		439.83				439.83	3426.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRV BRAIN ONLY (NO MRA), W AND W/O CONT	70546	CPT	both			3607		505.8 Americare	Americare		2705.25	75			439.83	3426.65	percent of total billed charges	
MRV BRAIN ONLY (NO MRA), W AND W/O CONT	70546	CPT	both			3607		505.8 Amerihealth	HMO/PPO		2344.55	65			439.83	3426.65	percent of total billed charges	
MRV BRAIN ONLY (NO MRA), W AND W/O CONT	70546	CPT	both			3607		505.8 Amerihealth	Medicare		439.83				439.83	3426.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRV BRAIN ONLY (NO MRA), W AND W/O CONT	70546	CPT	both			3607		505.8 Consumer	Consumer		3426.65	95			439.83	3426.65	percent of total billed charges	
MRV BRAIN ONLY (NO MRA), W AND W/O CONT	70546	CPT	both			3607		505.8 Corrections	Corrections		2885.6	80			439.83	3426.65	percent of total billed charges	
MRV BRAIN ONLY (NO MRA), W AND W/O CONT	70546	CPT	both			3607		505.8 First Health	First Health		2524.9	70			439.83	3426.65	percent of total billed charges	
MRV BRAIN ONLY (NO MRA), W AND W/O CONT	70546	CPT	both			3607		505.8 First Trenton	First Trenton		3246.3	90			439.83	3426.65	percent of total billed charges	
MRV BRAIN ONLY (NO MRA), W AND W/O CONT	70546	CPT	both			3607		505.8 Horizon	MGD		818.52				439.83	3426.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRV BRAIN ONLY (NO MRA), W AND W/O CONT	70546	CPT	both			3607		505.8 Horizon	Medicare Blue		439.83				439.83	3426.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRV BRAIN ONLY (NO MRA), W AND W/O CONT	70546	CPT	both			3607		505.8 Horizon	Indemnity		818.52				439.83	3426.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRV BRAIN ONLY (NO MRA), W AND W/O CONT	70546	CPT	both			3607		505.8 Horizon	PPO		818.52				439.83	3426.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRV BRAIN ONLY (NO MRA), W AND W/O CONT	70546	CPT	both			3607		505.8 Horizon	NJ Health		859.73				439.83	3426.65	fee schedule	
MRV BRAIN ONLY (NO MRA), W AND W/O CONT	70546	CPT	both			3607		505.8 Managed Care Inc	Managed Care Inc		3246.3	90			439.83	3426.65	percent of total billed charges	
MRV BRAIN ONLY (NO MRA), W AND W/O CONT	70546	CPT	both			3607		505.8 Multiplan	Multiplan		2885.6	80			439.83	3426.65	percent of total billed charges	
MRV BRAIN ONLY (NO MRA), W AND W/O CONT	70546	CPT	both			3607		505.8 Qualcare	Qualcare		2705.25	75			439.83	3426.65	percent of total billed charges	
MRV BRAIN ONLY (NO MRA), W AND W/O CONT	70546	CPT	both			3607		505.8 Three Rivers	Three Rivers		3426.65	95			439.83	3426.65	percent of total billed charges	
MRV BRAIN ONLY (NO MRA), W AND W/O CONT	70546	CPT	both			3607		505.8 UHC	Medicare		439.83				439.83	3426.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRV BRAIN ONLY (NO MRA), W AND W/O CONT	70546	CPT	both			3607		505.8 UHC	Medicaid		1138.01	31.55			439.83	3426.65	percent of total billed charges	
MRV BRAIN ONLY (NO MRA), W AND W/O CONT	70546	CPT	both			3607		505.8 Wellcare	Medicaid		1138.01	31.55			439.83	3426.65	percent of total billed charges	
MRV BRAIN ONLY (NO MRA), W AND W/O CONT	70546	CPT	both			3607		505.8 Wellcare	Medicare		439.83				439.83	3426.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRV BRAIN ONLY (NO MRA), W AND W/O CONT	70546	CPT	both			3607		505.8 WellPoint	WellPoint		1160.73	32.18			439.83	3426.65	percent of total billed charges	
MRA-NECK	70547	CPT	both			3607		322.28 Aetna	Better Health		1138.01	31.55			280.24	3426.65	percent of total billed charges	
MRA-NECK	70547	CPT	both			3607		322.28 Aetna	Medicare		280.24				280.24	3426.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA-NECK	70547	CPT	both			3607		322.28 Aetna	Commercial		446.14				280.24	3426.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA-NECK	70547	CPT	both			3607		322.28 Americare	Americare		2705.25	75			280.24	3426.65	percent of total billed charges	
MRA-NECK	70547	CPT	both			3607		322.28 Amerihealth	HMO/PPO		2344.55	65			280.24	3426.65	percent of total billed charges	
MRA-NECK	70547	CPT	both			3607		322.28 Amerihealth	Medicare		280.24				280.24	3426.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA-NECK	70547	CPT	both			3607		322.28 Consumer	Consumer		3426.65	95			280.24	3426.65	percent of total billed charges	
MRA-NECK	70547	CPT	both			3607		322.28 Corrections	Corrections		2885.6	80			280.24	3426.65	percent of total billed charges	
MRA-NECK	70547	CPT	both			3607		322.28 First Health	First Health		2524.9	70			280.24	3426.65	percent of total billed charges	
MRA-NECK	70547	CPT	both			3607		322.28 First Trenton	First Trenton		3246.3	90			280.24	3426.65	percent of total billed charges	
MRA-NECK	70547	CPT	both			3607		322.28 Horizon	NJ Health		593.88				280.24	3426.65	fee schedule	
MRA-NECK	70547	CPT	both			3607		322.28 Horizon	Indemnity		521.53				280.24	3426.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA-NECK	70547	CPT	both			3607		322.28 Horizon	MGD		521.53				280.24	3426.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA-NECK	70547	CPT	both			3607		322.28 Horizon	PPO		521.53				280.24	3426.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA-NECK	70547	CPT	both			3607		322.28 Horizon	Medicare Blue		280.24				280.24	3426.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA-NECK	70547	CPT	both			3607		322.28 Managed Care Inc	Managed Care Inc		3246.3	90			280.24	3426.65	percent of total billed charges	
MRA-NECK	70547	CPT	both			3607		322.28 Multiplan	Multiplan		2885.6	80			280.24	3426.65	percent of total billed charges	
MRA-NECK	70547	CPT	both			3607		322.28 Qualcare	Qualcare		2705.25	75			280.24	3426.65	percent of total billed charges	
MRA-NECK	70547	CPT	both			3607		322.28 Three Rivers	Three Rivers		3426.65	95			280.24	3426.65	percent of total billed charges	
MRA-NECK	70547	CPT	both			3607		322.28 UHC	Medicare		280.24				280.24	3426.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA-NECK	70547	CPT	both			3607		322.28 UHC	Medicaid		1138.01	31.55			280.24	3426.65	percent of total billed charges	
MRA-NECK	70547	CPT	both			3607		322.28 Wellcare	Medicare		280.24				280.24	3426.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA-NECK	70547	CPT	both			3607		322.28 Wellcare	Medicaid		1138.01	31.55			280.24	3426.65	percent of total billed charges	
MRA-NECK	70547	CPT	both			3607		322.28 WellPoint	WellPoint		1160.73	32.18			280.24	3426.65	percent of total billed charges	
MRA NECK WITH CONTRAST	70548	CPT	both			3607		505.8 Aetna	Better Health		1138.01	31.55			439.83	3426.65	percent of total billed charges	
MRA NECK WITH CONTRAST	70548	CPT	both			3607		505.8 Aetna	Commercial		700.21				439.83	3426.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA NECK WITH CONTRAST	70548	CPT	both			3607		505.8 Aetna	Medicare		439.83				439.83	3426.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA NECK WITH CONTRAST	70548	CPT	both			3607		505.8 Americare	Americare		2705.25	75			439.83	3426.65	percent of total billed charges	
MRA NECK WITH CONTRAST	70548	CPT	both			3607		505.8 Amerihealth	HMO/PPO		2344.55	65			439.83	3426.65	percent of total billed charges	
MRA NECK WITH CONTRAST	70548	CPT	both			3607		505.8 Amerihealth	Medicare		439.83				439.83	3426.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA NECK WITH CONTRAST	70548	CPT	both			3607		505.8 Consumer	Consumer		3426.65	95			439.83	3426.65	percent of total billed charges	
MRA NECK WITH CONTRAST	70548	CPT	both			3607		505.8 Corrections	Corrections		2885.6	80			439.83	3426.65	percent of total billed charges	
MRA NECK WITH CONTRAST	70548	CPT	both			3607		505.8 First Health	First Health		2524.9	70			439.83	3426.65	percent of total billed charges	
MRA NECK WITH CONTRAST	70548	CPT	both			3607		505.8 First Trenton	First Trenton		3246.3	90			439.83	3426.65	percent of total billed charges	
MRA NECK WITH CONTRAST	70548	CPT	both			3607		505.8 Horizon	Indemnity		818.52				439.83	3426.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA NECK WITH CONTRAST	70548	CPT	both			3607		505.8 Horizon	PPO		818.52				439.83	3426.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA NECK WITH CONTRAST	70548	CPT	both			3607		505.8 Horizon	Medicare Blue		439.83				439.83	3426.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA NECK WITH CONTRAST	70548	CPT	both			3607		505.8 Horizon	MGD		818.52				439.83	3426.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA NECK WITH CONTRAST	70548	CPT	both			3607		505.8 Horizon	NJ Health		668.36				439.83	3426.65	fee schedule	
MRA NECK WITH CONTRAST	70548	CPT	both			3607		505.8 Managed Care Inc	Managed Care Inc		3246.3	90			439.83	3426.65	percent of total billed charges	
MRA NECK WITH CONTRAST	70548	CPT	both			3607		505.8 Multiplan	Multiplan		2885.6	80			439.83	3426.65	percent of total billed charges	
MRA NECK WITH CONTRAST	70548	CPT	both			3607		505.8 Qualcare	Qualcare		2705.25	75			439.83	3426.65	percent of total billed charges	
MRA NECK WITH CONTRAST	70548	CPT	both			3607		505.8 Three Rivers	Three Rivers		3426.65	95			439.83	3426.65	percent of total billed charges	
MRA NECK WITH CONTRAST	70548	CPT	both			3607		505.8 UHC	Medicare		439.83				439.83	3426.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA NECK WITH CONTRAST	70548	CPT	both			3607		505.8 UHC	Medicaid		1138.01	31.55			439.83	3426.65	percent of total billed charges	
MRA NECK WITH CONTRAST	70548	CPT	both			3607		505.8 Wellcare	Medicaid		1138.01	31.55			439.83	3426.65	percent of total billed charges	
MRA NECK WITH CONTRAST	70548	CPT	both			3607		505.8 Wellcare	Medicare		439.83				439.83	3426.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA NECK WITH CONTRAST	70548	CPT	both			3607		505.8 WellPoint	WellPoint		1160.73	32.18			439.83	3426.65	percent of total billed charges	
MRA NECK WITH/WITHOUT CONTRAST	70549	CPT	both			3607		505.8 Aetna	Commercial		700.21				439.83	3426.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA NECK WITH/WITHOUT CONTRAST	70549	CPT	both			3607		505.8 Aetna	Medicare		439.83				439.83	3426.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA NECK WITH/WITHOUT CONTRAST	70549	CPT	both			3607		505.8 Aetna	Better Health		1138.01	31.55			439.83	3426.65	percent of total billed charges	
MRA NECK WITH/WITHOUT CONTRAST	70549	CPT	both			3607		505.8 Americare	Americare		2705.25	75			439.83	3426.65	percent of total billed charges	
MRA NECK WITH/WITHOUT CONTRAST	70549	CPT	both			3607		505.8 Amerihealth	Medicare		439.83				439.83	3426.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA NECK WITH/WITHOUT CONTRAST	70549	CPT	both			3607		505.8 Amerihealth	HMO/PPO		2344.55	65			439.83	3426.65	percent of total billed charges	
MRA NECK WITH/WITHOUT CONTRAST	70549	CPT	both			3607		505.8 Consumer	Consumer		3426.65	95			439.83	3426.65	percent of total billed charges	
MRA NECK WITH/WITHOUT CONTRAST	70549	CPT	both			3607		505.8 Corrections	Corrections		2885.6	80			439.83	3426.65	percent of total billed charges	
MRA NECK WITH/WITHOUT CONTRAST	70549	CPT	both			3607		505.8 First Health	First Health		2524.9	70			439.83	3426.65	percent of total billed charges	
MRA NECK WITH/WITHOUT CONTRAST	70549	CPT	both			3607		505.8 First Trenton	First Trenton		3246.3	90			439.83	3426.65	percent of total billed charges	
MRA NECK WITH/WITHOUT CONTRAST	70549	CPT	both			3607		505.8 Horizon	MGD		818.52				439.83	3426.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA NECK WITH/WITHOUT CONTRAST	70549	CPT	both			3607		505.8 Horizon	Medicare Blue		439.83				439.83	3426.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA NECK WITH/WITHOUT CONTRAST	70549	CPT	both			3607		505.8 Horizon	Indemnity		818.52				439.83	3426.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA NECK WITH/WITHOUT CONTRAST	70549	CPT	both			3607		505.8 Horizon	PPO		818.52				439.83	3426.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA NECK WITH/WITHOUT CONTRAST	70549	CPT	both			3607		505.8 Horizon	NJ Health		859.73				439.83	3426.65	fee schedule	
MRA NECK WITH/WITHOUT CONTRAST	70549	CPT	both			3607		505.8 Managed Care Inc	Managed Care Inc		3246.3	90			439.83	3426.65	percent of total billed charges	
MRA NECK WITH/WITHOUT CONTRAST	70549	CPT	both			3607		505.8 Multiplan	Multiplan		2885.6	80			439.83	3426.65	percent of total billed charges	
MRA NECK WITH/WITHOUT CONTRAST	70549	CPT	both			3607		505.8 Qualcare	Qualcare		2705.25	75			439.83	3426.65	percent of total billed charges	
MRA NECK WITH/WITHOUT CONTRAST	70549	CPT	both			3607		505.8 Three Rivers	Three Rivers		3426.65	95			439.83	3426.65	percent of total billed charges	
MRA NECK WITH/WITHOUT CONTRAST	70549	CPT	both			3607		505.8 UHC	Medicare		439.83				439.83	3426.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA NECK WITH/WITHOUT CONTRAST	70549	CPT	both			3607		505.8 UHC	Medicaid		1138.01	31.55			439.83	3426.65	percent of total billed charges	
MRA NECK WITH/WITHOUT CONTRAST	70549	CPT	both			3607		505.8 Wellcare	Medicaid		1138.01	31.55			439.83	3426.65	percent of total billed charges	
MRA NECK WITH/WITHOUT CONTRAST	70549	CPT	both			3607		505.8 Wellcare	Medicare		439.83				439.83	3426.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA NECK WITH/WITHOUT CONTRAST	70549	CPT	both			3607		505.8 WellPoint	WellPoint		1160.73	32.18			439.83	3426.65	percent of total billed charges	
MRIBRAIN/BRAINSTEMWO/CONTRAST LTD	70551	CPT	both			6082		322.28 Aetna	Better Health		1918.87	31.55			280.24	5777.9	percent of total billed charges	
MRIBRAIN/BRAINSTEMWO/CONTRAST LTD	70551	CPT	both			6082		322.28 Aetna	Medicare		280.24				280.24	5777.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRIBRAIN/BRAINSTEMWO/CONTRAST LTD	70551	CPT	both			6082		322.28 Aetna	Commercial		446.14				280.24	5777.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRIBRAIN/BRAINSTEMWO/CONTRAST LTD	70551	CPT	both			6082		322.28 Americare	Americare		4561.5	75			280.24	5777.9	percent of total billed charges	
MRIBRAIN/BRAINSTEMWO/CONTRAST LTD	70551	CPT	both			6082		322.28 Amerihealth	HMO/PPO		3953.3	65			280.24	5777.9	percent of total billed charges	
MRIBRAIN/BRAINSTEMWO/CONTRAST LTD	70551	CPT	both			6082		322.28 Amerihealth	Medicare		280.24				280.24	5777.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRIBRAIN/BRAINSTEMWO/CONTRAST LTD	70551	CPT	both			6082		322.28 Consumer	Consumer		5777.9	95			280.24	5777.9	percent of total billed charges	
MRIBRAIN/BRAINSTEMWO/CONTRAST LTD	70551	CPT	both			6082		322.28 Corrections	Corrections		4865.6	80			280.24	5777.9	percent of total billed charges	
MRIBRAIN/BRAINSTEMWO/CONTRAST LTD	70551	CPT	both			6082		322.28 First Health	First Health		4257.4	70			280.24	5777.9	percent of total billed charges	
MRIBRAIN/BRAINSTEMWO/CONTRAST LTD	70551	CPT	both			6082		322.28 First Trenton	First Trenton		5473.8	90			280.24	5777.9	percent of total billed charges	
MRIBRAIN/BRAINSTEMWO/CONTRAST LTD	70551	CPT	both			6082		322.28 Horizon	MGD		521.53				280.24	5777.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRIBRAIN/BRAINSTEMWO/CONTRAST LTD	70551	CPT	both			6082		322.28 Horizon	Indemnity		521.53				280.24	5777.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRIBRAIN/BRAINSTEMWO/CONTRAST LTD	70551	CPT	both			6082		322.28 Horizon	PPO		521.53				280.24	5777.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRIBRAIN/BRAINSTEMWO/CONTRAST LTD	70551	CPT	both			6082		322.28 Horizon	Medicare Blue		280.24				280.24	5777.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRIBRAIN/BRAINSTEMWO/CONTRAST LTD	70551	CPT	both			6082		322.28 Horizon	NJ Health		646.8				280.24	5777.9	fee schedule	
MRIBRAIN/BRAINSTEMWO/CONTRAST LTD	70551	CPT	both			6082		322.28 Managed Care Inc	Managed Care Inc		5473.8	90			280.24	5777.9	percent of total billed charges	
MRIBRAIN/BRAINSTEMWO/CONTRAST LTD	70551	CPT	both			6082		322.28 Multiplan	Multiplan		4865.6	80			280.24	5777.9	percent of total billed charges	
MRIBRAIN/BRAINSTEMWO/CONTRAST LTD	70551	CPT	both			6082		322.28 Qualcare	Qualcare		4561.5	75			280.24	5777.9	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
MRI BRAIN/BRAINSTEM W/O CONTRAST LTD	70551	CPT	both			6082	322.28	Three Rivers	Three Rivers		5777.9	95			280.24		5777.9 percent of total billed charges	
MRI BRAIN/BRAINSTEM W/O CONTRAST LTD	70551	CPT	both			6082	322.28	UHC	Medicare		280.24				280.24		5777.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN/BRAINSTEM W/O CONTRAST LTD	70551	CPT	both			6082	322.28	UHC	Medicaid		1918.87	31.55			280.24		5777.9 percent of total billed charges	
MRI BRAIN/BRAINSTEM W/O CONTRAST LTD	70551	CPT	both			6082	322.28	Wellcare	Medicare		280.24				280.24		5777.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN/BRAINSTEM W/O CONTRAST LTD	70551	CPT	both			6082	322.28	Wellcare	Medicaid		1918.87	31.55			280.24		5777.9 percent of total billed charges	
MRI BRAIN/BRAINSTEM W/O CONTRAST LTD	70551	CPT	both			6082	322.28	WellPoint	WellPoint		1957.19	32.18			280.24		5777.9 percent of total billed charges	
MRI BRAIN/BRAINSTEM W/CONTRAST LIMITED	70552	CPT	both			7289	505.8	Aetna	Commercial		700.21				439.83		6924.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN/BRAINSTEM W/CONTRAST LIMITED	70552	CPT	both			7289	505.8	Aetna	Better Health		2299.68	31.55			439.83		6924.55 percent of total billed charges	
MRI BRAIN/BRAINSTEM W/CONTRAST LIMITED	70552	CPT	both			7289	505.8	Aetna	Medicare		2245.01	30.8			439.83		6924.55 percent of total billed charges	
MRI BRAIN/BRAINSTEM W/CONTRAST LIMITED	70552	CPT	both			7289	505.8	Americare	Americare		5466.75	75			439.83		6924.55 percent of total billed charges	
MRI BRAIN/BRAINSTEM W/CONTRAST LIMITED	70552	CPT	both			7289	505.8	Amerihealth	HMO/PPO		4737.85	65			439.83		6924.55 percent of total billed charges	
MRI BRAIN/BRAINSTEM W/CONTRAST LIMITED	70552	CPT	both			7289	505.8	Amerihealth	Medicare		439.83				439.83		6924.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN/BRAINSTEM W/CONTRAST LIMITED	70552	CPT	both			7289	505.8	Consumer	Consumer		6924.55	95			439.83		6924.55 percent of total billed charges	
MRI BRAIN/BRAINSTEM W/CONTRAST LIMITED	70552	CPT	both			7289	505.8	Corrections	Corrections		5831.2	80			439.83		6924.55 percent of total billed charges	
MRI BRAIN/BRAINSTEM W/CONTRAST LIMITED	70552	CPT	both			7289	505.8	First Health	First Health		5102.3	70			439.83		6924.55 percent of total billed charges	
MRI BRAIN/BRAINSTEM W/CONTRAST LIMITED	70552	CPT	both			7289	505.8	First Trenton	First Trenton		6560.1	90			439.83		6924.55 percent of total billed charges	
MRI BRAIN/BRAINSTEM W/CONTRAST LIMITED	70552	CPT	both			7289	505.8	Horizon	Indemnity		818.52				439.83		6924.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN/BRAINSTEM W/CONTRAST LIMITED	70552	CPT	both			7289	505.8	Horizon	MGD		818.52				439.83		6924.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN/BRAINSTEM W/CONTRAST LIMITED	70552	CPT	both			7289	505.8	Horizon	Medicare Blue		439.83				439.83		6924.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN/BRAINSTEM W/CONTRAST LIMITED	70552	CPT	both			7289	505.8	Horizon	NJ Health		689.92				439.83		6924.55 fee schedule	
MRI BRAIN/BRAINSTEM W/CONTRAST LIMITED	70552	CPT	both			7289	505.8	Horizon	PPO		818.52				439.83		6924.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN/BRAINSTEM W/CONTRAST LIMITED	70552	CPT	both			7289	505.8	Managed Care Inc	Managed Care Inc		6560.1	90			439.83		6924.55 percent of total billed charges	
MRI BRAIN/BRAINSTEM W/CONTRAST LIMITED	70552	CPT	both			7289	505.8	Multiplan	Multiplan		5831.2	80			439.83		6924.55 percent of total billed charges	
MRI BRAIN/BRAINSTEM W/CONTRAST LIMITED	70552	CPT	both			7289	505.8	Qualcare	Qualcare		5466.75	75			439.83		6924.55 percent of total billed charges	
MRI BRAIN/BRAINSTEM W/CONTRAST LIMITED	70552	CPT	both			7289	505.8	Three Rivers	Three Rivers		6924.55	95			439.83		6924.55 percent of total billed charges	
MRI BRAIN/BRAINSTEM W/CONTRAST LIMITED	70552	CPT	both			7289	505.8	UHC	Medicare		439.83				439.83		6924.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN/BRAINSTEM W/CONTRAST LIMITED	70552	CPT	both			7289	505.8	UHC	Medicaid		2299.68	31.55			439.83		6924.55 percent of total billed charges	
MRI BRAIN/BRAINSTEM W/CONTRAST LIMITED	70552	CPT	both			7289	505.8	Wellcare	Medicare		439.83				439.83		6924.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN/BRAINSTEM W/CONTRAST LIMITED	70552	CPT	both			7289	505.8	Wellcare	Medicaid		2299.68	31.55			439.83		6924.55 percent of total billed charges	
MRI BRAIN/BRAINSTEM W/CONTRAST LIMITED	70552	CPT	both			7289	505.8	WellPoint	WellPoint		2345.6	32.18			439.83		6924.55 percent of total billed charges	
MRI BRAIN/BRAINSTEM W/O/W CONTRAST	70553	CPT	both			9831	505.8	Aetna	Commercial		700.21				439.83		9339.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN/BRAINSTEM W/O/W CONTRAST	70553	CPT	both			9831	505.8	Aetna	Better Health		3101.68	31.55			439.83		9339.45 percent of total billed charges	
MRI BRAIN/BRAINSTEM W/O/W CONTRAST	70553	CPT	both			9831	505.8	Aetna	Medicare		439.83				439.83		9339.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN/BRAINSTEM W/O/W CONTRAST	70553	CPT	both			9831	505.8	Americare	Americare		7373.25	75			439.83		9339.45 percent of total billed charges	
MRI BRAIN/BRAINSTEM W/O/W CONTRAST	70553	CPT	both			9831	505.8	Amerihealth	HMO/PPO		6390.15	65			439.83		9339.45 percent of total billed charges	
MRI BRAIN/BRAINSTEM W/O/W CONTRAST	70553	CPT	both			9831	505.8	Amerihealth	Medicare		439.83				439.83		9339.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN/BRAINSTEM W/O/W CONTRAST	70553	CPT	both			9831	505.8	Consumer	Consumer		9339.45	95			439.83		9339.45 percent of total billed charges	
MRI BRAIN/BRAINSTEM W/O/W CONTRAST	70553	CPT	both			9831	505.8	Corrections	Corrections		7864.8	80			439.83		9339.45 percent of total billed charges	
MRI BRAIN/BRAINSTEM W/O/W CONTRAST	70553	CPT	both			9831	505.8	First Health	First Health		6881.7	70			439.83		9339.45 percent of total billed charges	
MRI BRAIN/BRAINSTEM W/O/W CONTRAST	70553	CPT	both			9831	505.8	First Trenton	First Trenton		8847.9	90			439.83		9339.45 percent of total billed charges	
MRI BRAIN/BRAINSTEM W/O/W CONTRAST	70553	CPT	both			9831	505.8	Horizon	Indemnity		818.52				439.83		9339.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN/BRAINSTEM W/O/W CONTRAST	70553	CPT	both			9831	505.8	Horizon	PPO		818.52				439.83		9339.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN/BRAINSTEM W/O/W CONTRAST	70553	CPT	both			9831	505.8	Horizon	MGD		818.52				439.83		9339.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN/BRAINSTEM W/O/W CONTRAST	70553	CPT	both			9831	505.8	Horizon	Medicare Blue		439.83				439.83		9339.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN/BRAINSTEM W/O/W CONTRAST	70553	CPT	both			9831	505.8	Horizon	NJ Health		1066.42				439.83		9339.45 fee schedule	
MRI BRAIN/BRAINSTEM W/O/W CONTRAST	70553	CPT	both			9831	505.8	Managed Care Inc	Managed Care Inc		8847.9	90			439.83		9339.45 percent of total billed charges	
MRI BRAIN/BRAINSTEM W/O/W CONTRAST	70553	CPT	both			9831	505.8	Multiplan	Multiplan		7864.8	80			439.83		9339.45 percent of total billed charges	
MRI BRAIN/BRAINSTEM W/O/W CONTRAST	70553	CPT	both			9831	505.8	Qualcare	Qualcare		7373.25	75			439.83		9339.45 percent of total billed charges	
MRI BRAIN/BRAINSTEM W/O/W CONTRAST	70553	CPT	both			9831	505.8	Three Rivers	Three Rivers		9339.45	95			439.83		9339.45 percent of total billed charges	
MRI BRAIN/BRAINSTEM W/O/W CONTRAST	70553	CPT	both			9831	505.8	UHC	Medicaid		3101.68	31.55			439.83		9339.45 percent of total billed charges	
MRI BRAIN/BRAINSTEM W/O/W CONTRAST	70553	CPT	both			9831	505.8	UHC	Medicare		439.83				439.83		9339.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN/BRAINSTEM W/O/W CONTRAST	70553	CPT	both			9831	505.8	Wellcare	Medicaid		3101.68	31.55			439.83		9339.45 percent of total billed charges	
MRI BRAIN/BRAINSTEM W/O/W CONTRAST	70553	CPT	both			9831	505.8	Wellcare	Medicare		439.83				439.83		9339.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN/BRAINSTEM W/O/W CONTRAST	70553	CPT	both			9831	505.8	WellPoint	WellPoint		3163.62	32.18			439.83		9339.45 percent of total billed charges	
FUNCTIONAL MRI(FMRI) BRAIN WITHOUT PHYSI	70554	CPT	outpatient			1767	322.28	Aetna	Better Health		557.49	31.55			273.54		1678.65 percent of total billed charges	
FUNCTIONAL MRI(FMRI) BRAIN WITHOUT PHYSI	70554	CPT	outpatient			1767	322.28	Aetna	Commercial		446.14				273.54		1678.65 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FUNCTIONAL MRI(FMRI) BRAIN WITHOUT PHYSI	70554	CPT	outpatient			1767	322.28	Aetna	Medicare		280.24				273.54		1678.65 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FUNCTIONAL MRI(FMRI) BRAIN WITHOUT PHYSI	70554	CPT	outpatient			1767	322.28	Americare	Americare		1325.25	75			273.54		1678.65 percent of total billed charges	
FUNCTIONAL MRI(FMRI) BRAIN WITHOUT PHYSI	70554	CPT	outpatient			1767	322.28	Amerihealth	HMO/PPO		1148.55	65			273.54		1678.65 percent of total billed charges	
FUNCTIONAL MRI(FMRI) BRAIN WITHOUT PHYSI	70554	CPT	outpatient			1767	322.28	Amerihealth	Medicare		280.24				273.54		1678.65 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FUNCTIONAL MRI(FMRI) BRAIN WITHOUT PHYSI	70554	CPT	outpatient			1767	322.28	Consumer	Consumer		1678.65	95			273.54		1678.65 percent of total billed charges	
FUNCTIONAL MRI(FMRI) BRAIN WITHOUT PHYSI	70554	CPT	outpatient			1767	322.28	Corrections	Corrections		1413.6	80			273.54		1678.65 percent of total billed charges	
FUNCTIONAL MRI(FMRI) BRAIN WITHOUT PHYSI	70554	CPT	outpatient			1767	322.28	First Health	First Health		1236.9	70			273.54		1678.65 percent of total billed charges	
FUNCTIONAL MRI(FMRI) BRAIN WITHOUT PHYSI	70554	CPT	outpatient			1767	322.28	First Trenton	First Trenton		1590.3	90			273.54		1678.65 percent of total billed charges	
FUNCTIONAL MRI(FMRI) BRAIN WITHOUT PHYSI	70554	CPT	outpatient			1767	322.28	Horizon	MGD		521.53				273.54		1678.65 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FUNCTIONAL MRI(FMRI) BRAIN WITHOUT PHYSI	70554	CPT	outpatient			1767	322.28	Horizon	Indemnity		521.53				273.54		1678.65 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FUNCTIONAL MRI(FMRI) BRAIN WITHOUT PHYSI	70554	CPT	outpatient			1767	322.28	Horizon	PPO		521.53				273.54		1678.65 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FUNCTIONAL MRI(FMRI) BRAIN WITHOUT PHYSI	70554	CPT	outpatient			1767	322.28	Horizon	Medicare Blue		280.24				273.54		1678.65 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FUNCTIONAL MRI(FMRI) BRAIN WITHOUT PHYSI	70554	CPT	outpatient			1767	322.28	Horizon	NJ Health		1131.66				273.54		1678.65 fee schedule	
FUNCTIONAL MRI(FMRI) BRAIN WITHOUT PHYSI	70554	CPT	outpatient			1767	322.28	Managed Care Inc	Managed Care Inc		1590.3	90			273.54		1678.65 percent of total billed charges	
FUNCTIONAL MRI(FMRI) BRAIN WITHOUT PHYSI	70554	CPT	outpatient			1767	322.28	Multiplan	Multiplan		1413.6	80			273.54		1678.65 percent of total billed charges	
FUNCTIONAL MRI(FMRI) BRAIN WITHOUT PHYSI	70554	CPT	outpatient			1767	322.28	Qualcare	Qualcare		1325.25	75			273.54		1678.65 percent of total billed charges	
FUNCTIONAL MRI(FMRI) BRAIN WITHOUT PHYSI	70554	CPT	outpatient			1767	322.28	Three Rivers	Three Rivers		1678.65	95			273.54		1678.65 percent of total billed charges	
FUNCTIONAL MRI(FMRI) BRAIN WITHOUT PHYSI	70554	CPT	outpatient			1767	322.28	UHC	Medicare		280.24				273.54		1678.65 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FUNCTIONAL MRI(FMRI) BRAIN WITHOUT PHYSI	70554	CPT	outpatient			1767	322.28	UHC	Medicaid		557.49	31.55			273.54		1678.65 percent of total billed charges	
FUNCTIONAL MRI(FMRI) BRAIN WITHOUT PHYSI	70554	CPT	outpatient			1767	322.28	Wellcare	Medicare		280.24				273.54		1678.65 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FUNCTIONAL MRI(FMRI) BRAIN WITHOUT PHYSI	70554	CPT	outpatient			1767	322.28	Wellcare	Medicaid		557.49	31.55			273.54		1678.65 percent of total billed charges	
FUNCTIONAL MRI(FMRI) BRAIN WITHOUT PHYSI	70554	CPT	outpatient			1767	322.28	WellPoint	WellPoint		568.62	32.18			273.54		1678.65 percent of total billed charges	
FUNCTIONAL MRI(FMRI) BRAIN WITH PHYSICIA	70555	CPT	outpatient			2687	322.28	Aetna	Commercial		446.14				273.54		2552.65 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FUNCTIONAL MRI(FMRI) BRAIN WITH PHYSICIA	70555	CPT	outpatient			2687	322.28	Aetna	Better Health		847.75	31.55			273.54		2552.65 percent of total billed charges	
FUNCTIONAL MRI(FMRI) BRAIN WITH PHYSICIA	70555	CPT	outpatient			2687	322.28	Aetna	Medicare		280.24				273.54		2552.65 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FUNCTIONAL MRI(FMRI) BRAIN WITH PHYSICIA	70555	CPT	outpatient			2687	322.28	Americare	Americare		2015.25	75			273.54		2552.65 percent of total billed charges	
FUNCTIONAL MRI(FMRI) BRAIN WITH PHYSICIA	70555	CPT	outpatient			2687	322.28	Amerihealth	Medicare		280.24				273.54		2552.65 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FUNCTIONAL MRI(FMRI) BRAIN WITH PHYSICIA	70555	CPT	outpatient			2687	322.28	Amerihealth	HMO/PPO		1746.55	65			273.54		2552.65 percent of total billed charges	
FUNCTIONAL MRI(FMRI) BRAIN WITH PHYSICIA	70555	CPT	outpatient			2687	322.28	Consumer	Consumer		2552.65	95			273.54		2552.65 percent of total billed charges	
FUNCTIONAL MRI(FMRI) BRAIN WITH PHYSICIA	70555	CPT	outpatient			2687	322.28	Corrections	Corrections		2149.6	80			273.54		2552.65 percent of total billed charges	
FUNCTIONAL MRI(FMRI) BRAIN WITH PHYSICIA	70555	CPT	outpatient			2687	322.28	First Health	First Health		1880.9	70			273.54		2552.65 percent of total billed charges	
FUNCTIONAL MRI(FMRI) BRAIN WITH PHYSICIA	70555	CPT	outpatient			2687	322.28	First Trenton	First Trenton		2418.3	90			273.54		2552.65 percent of total billed charges	
FUNCTIONAL MRI(FMRI) BRAIN WITH PHYSICIA	70555	CPT	outpatient			2687	322.28	Horizon	Indemnity		521.53				273.54		2552.65 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FUNCTIONAL MRI(FMRI) BRAIN WITH PHYSICIA	70555	CPT	outpatient			2687	322.28	Horizon	MGD		521.53				273.54		2552.65 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FUNCTIONAL MRI(FMRI) BRAIN WITH PHYSICIA	70555	CPT	outpatient			2687	322.28	Horizon	PPO		521.53				273.54		2552.65 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FUNCTIONAL MRI(FMRI) BRAIN WITH PHYSICIA	70555	CPT	outpatient			2687	322.28	Horizon	NJ Health		331.53				273.54		2552.65 fee schedule	
FUNCTIONAL MRI(FMRI) BRAIN WITH PHYSICIA	70555	CPT	outpatient			2687	322.28	Horizon	Medicare Blue		280.24				273.54		2552.65 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FUNCTIONAL MRI(FMRI) BRAIN WITH PHYSICIA	70555	CPT	outpatient			2687	322.28	Managed Care Inc	Managed Care Inc		2418.3	90			273.54		2552.65 percent of total billed charges	
FUNCTIONAL MRI(FMRI) BRAIN WITH PHYSICIA	70555	CPT	outpatient			2687	322.28	Multiplan	Multiplan		2149.6	80			273.54		2552.65 percent of total billed charges	
FUNCTIONAL MRI(FMRI) BRAIN WITH PHYSICIA	70555	CPT	outpatient			2687	322.28	Qualcare	Qualcare		2015.25	75			273.54		2552.65 percent of total billed charges	
FUNCTIONAL MRI(FMRI) BRAIN WITH PHYSICIA	70555	CPT	outpatient			2687	322.28	Three Rivers	Three Rivers		2552.65	95			273.54		2552.65 percent of total billed charges	
FUNCTIONAL MRI(FMRI) BRAIN WITH PHYSICIA	70555	CPT	outpatient			2687	322.28	UHC	Medicare		280.24				273.54		2552.65 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FUNCTIONAL MRI(FMRI) BRAIN WITH PHYSICIA	70555	CPT	outpatient			2687	322.28	UHC	Medicaid		847.75	31.55			273.54		2552.65 percent of total billed charges	
FUNCTIONAL MRI(FMRI) BRAIN WITH PHYSICIA	70555	CPT	outpatient			2687	322.28	Wellcare	Medicare		280.24				273.54		2552.65 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FUNCTIONAL MRI(FMRI) BRAIN WITH PHYSICIA	70555	CPT	outpatient			2687	322.28	Wellcare	Medicaid		847.75	31.55			273.54		2552.65 percent of total billed charges	
FUNCTIONAL MRI(FMRI) BRAIN WITH PHYSICIA	70555	CPT	outpatient			2687	322.28	WellPoint	WellPoint		864.68	32.18			273.54		2552.65 percent of total billed charges	
MRI BRAIN OPEN INTRACRANIAL W/O DYE	70557	CPT	outpatient			2315	725.57	Aetna	Commercial		1004.44				630.93		2199.25 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN OPEN INTRACRANIAL W/O DYE	70557	CPT	outpatient			2315	725.57	Aetna	Better Health		730.38	31.55			630.93		2199.25 percent of total billed charges	
MRI BRAIN OPEN INTRACRANIAL W/O DYE	70557	CPT	outpatient			2315	725.57	Aetna	Medicare		630.93				630.93		2199.25 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN OPEN INTRACRANIAL W/O DYE	70557	CPT	outpatient			2315	725.57	Americare	Americare		1736.25	75			630.93		2199.25 percent of total billed charges	
MRI BRAIN OPEN INTRACRANIAL W/O DYE	70557	CPT	outpatient			2315	725.57	Amerihealth	Medicare		630.93				630.93		2199.25 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN OPEN INTRACRANIAL W/O DYE	70557	CPT	outpatient			2315	725.57	Amerihealth	HMO/PPO		1504.75	65			630.93		2199.25 percent of total billed charges	
MRI BRAIN OPEN INTRACRANIAL W/O DYE	70557	CPT	outpatient			2315	725.57	Consumer	Consumer		2199.25	95			630.93		2199.25 percent of total billed charges	
MRI BRAIN OPEN INTRACRANIAL W/O DYE	70557	CPT	outpatient			2315	725.57	Corrections	Corrections		1852	80			630.93		2199.25 percent of total billed charges	
MRI BRAIN OPEN INTRACRANIAL W/O DYE	70557	CPT	outpatient			2315	725.57	First Health	First Health		1620.5	70			630.93		2199.25 percent of total billed charges	
MRI BRAIN OPEN INTRACRANIAL W/O DYE	70557	CPT	outpatient			2315	725.57	First Trenton	First Trenton		2083.5	90			630.93		2199.25 percent of total billed charges	
MRI BRAIN OPEN INTRACRANIAL W/O DYE	70557	CPT	outpatient			2315	725.57	Horizon	MGD		1174.16				630.93		2199.25 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN OPEN INTRACRANIAL W/O DYE	70557	CPT	outpatient			2315	725.57	Horizon	PPO		1174.16				630.93		2199.25 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN OPEN INTRACRANIAL W/O DYE	70557	CPT	outpatient			2315	725.57	Horizon	NJ Health		808.93				630.93		2199.25 fee schedule	
MRI BRAIN OPEN INTRACRANIAL W/O DYE	70557	CPT	outpatient			2315	725.57	Horizon	Medicare Blue		630.93				630.93		2199.25 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN OPEN INTRACRANIAL W/O DYE	70557	CPT	outpatient			2315	725.57	Horizon	Indemnity		1174.16				630.93		2199.25 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN OPEN INTRACRANIAL W/O DYE	70557	CPT	outpatient			2315	725.57	Managed Care Inc	Managed Care Inc		2083.5	90			630.93		2199.25 percent of total billed charges	
MRI BRAIN OPEN INTRACRANIAL W/O DYE	70557	CPT	outpatient			2315	725.57	Multiplan	Multiplan		1852	80			630.93		2199.25 percent of total billed charges	
MRI BRAIN OPEN INTRACRANIAL W/O DYE	70557	CPT	outpatient			2315	725.57	Qualcare	Qualcare		1736.25	75			630.93		2199.25 percent of total billed charges	
MRI BRAIN OPEN INTRACRANIAL W/O DYE	70557	CPT	outpatient			2315	725.57	Three Rivers	Three Rivers		2199.25	95			630.93		2199.25 percent of total billed charges	
MRI BRAIN OPEN INTRACRANIAL W/O DYE	70557	CPT	outpatient			2315	725.57	UHC	Medicare		630.93				630.93		2199.25 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN OPEN INTRACRANIAL W/O DYE	70557	CPT	outpatient			2315	725.57	UHC	Medicaid		730.38	31.55			630.93		2199.25 percent of total billed charges	
MRI BRAIN OPEN INTRACRANIAL W/O DYE	70557	CPT	outpatient			2315	725.57	Wellcare	Medicare		630.93				630.93		2199.25 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN OPEN INTRACRANIAL W/O DYE	70557	CPT	outpatient			2315	725.57	Wellcare	Medicaid		730.38	31.55			630.93		2199.25 percent of total billed charges	
MRI BRAIN OPEN INTRACRANIAL W/O DYE	70557	CPT	outpatient			2315	725.57	WellPoint	WellPoint		744.97	32.18			630.93		2199.25 percent of total billed charges	
MRI BRAIN OPEN INTRACRANIAL W DYE	70558	CPT	outpatient			2574	241.65	Aetna	Better Health		812.1	31.55			210.13		2445.3 percent of total billed charges	
MRI BRAIN OPEN INTRACRANIAL W DYE	70558	CPT	outpatient			2574	241.65	Aetna	Medicare		210.13				210.13		2445.3 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN OPEN INTRACRANIAL W DYE	70558	CPT	outpatient			2574	241.65	Aetna	Commercial		334.53				210.13		2445.3 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN OPEN INTRACRANIAL W DYE	70558	CPT	outpatient			2574	241.65	Americare	Americare		1930.5	75			210.13		2445.3 percent of total billed charges	
MRI BRAIN OPEN INTRACRANIAL W DYE	70558	CPT	outpatient			2574	241.65	Amerihealth	HMO/PPO		1673.1	65			210.13		2445.3 percent of total billed charges	
MRI BRAIN OPEN INTRACRANIAL W DYE	70558	CPT	outpatient			2574	241.65	Amerihealth	Medicare		210.13				210.13		2445.3 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN OPEN INTRACRANIAL W DYE	70558	CPT	outpatient			2574	241.65	Consumer	Consumer		2445.3	95			210.13		2445.3 percent of total billed charges	
MRI BRAIN OPEN INTRACRANIAL W DYE	70558	CPT	outpatient			2574	241.65	Corrections	Corrections		2059.2	80			210.13		2445.3 percent of total billed charges	
MRI BRAIN OPEN INTRACRANIAL W DYE	70558	CPT	outpatient			2574	241.65	First Health	First Health		1801.8	70			210.13		2445.3 percent of total billed charges	
MRI BRAIN OPEN INTRACRANIAL W DYE	70558	CPT	outpatient			2574	241.65	First Trenton	First Trenton		2316.6	90			210.13		2445.3 percent of total billed charges	
MRI BRAIN OPEN INTRACRANIAL W DYE	70558	CPT	outpatient			2574	241.65	Horizon	PPO		391.05				210.13		2445.3 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN OPEN INTRACRANIAL W DYE	70558	CPT	outpatient			2574	241.65	Horizon	Indemnity		391.05				210.13		2445.3 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN OPEN INTRACRANIAL W DYE	70558	CPT	outpatient			2574	241.65	Horizon	NJ Health		894.39			

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.																
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103		310119	true														
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
MRI BRAIN OPEN INTRACRANIAL W DYE	70558	CPT	outpatient			2574		241.65 Wellcare	Medicaid		812.1	31.55			210.13		2445.3	percent of total billed charges	
MRI BRAIN OPEN INTRACRANIAL W DYE	70558	CPT	outpatient			2574		241.65 WellPoint	WellPoint		828.31	32.18			210.13		2445.3	percent of total billed charges	
MRI BRAIN OPEN INTRACRANIAL W/O & W DYE	70559	CPT	outpatient			3329		241.65 Aetna	Commercial		334.53				210.13		3162.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN OPEN INTRACRANIAL W/O & W DYE	70559	CPT	outpatient			3329		241.65 Aetna	Medicare		1025.33	30.8			210.13		3162.55	percent of total billed charges	
MRI BRAIN OPEN INTRACRANIAL W/O & W DYE	70559	CPT	outpatient			3329		241.65 Aetna	Better Health		1050.3	31.55			210.13		3162.55	percent of total billed charges	
MRI BRAIN OPEN INTRACRANIAL W/O & W DYE	70559	CPT	outpatient			3329		241.65 Americare	Americare		2496.75	75			210.13		3162.55	percent of total billed charges	
MRI BRAIN OPEN INTRACRANIAL W/O & W DYE	70559	CPT	outpatient			3329		241.65 Amerihealth	HMO/PPO		2163.85	65			210.13		3162.55	percent of total billed charges	
MRI BRAIN OPEN INTRACRANIAL W/O & W DYE	70559	CPT	outpatient			3329		241.65 Amerihealth	Medicare		210.13				210.13		3162.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN OPEN INTRACRANIAL W/O & W DYE	70559	CPT	outpatient			3329		241.65 Consumer	Consumer		3162.55	95			210.13		3162.55	percent of total billed charges	
MRI BRAIN OPEN INTRACRANIAL W/O & W DYE	70559	CPT	outpatient			3329		241.65 Corrections	Corrections		2663.2	80			210.13		3162.55	percent of total billed charges	
MRI BRAIN OPEN INTRACRANIAL W/O & W DYE	70559	CPT	outpatient			3329		241.65 First Health	First Health		2330.3	70			210.13		3162.55	percent of total billed charges	
MRI BRAIN OPEN INTRACRANIAL W/O & W DYE	70559	CPT	outpatient			3329		241.65 First Trenton	First Trenton		2996.1	90			210.13		3162.55	percent of total billed charges	
MRI BRAIN OPEN INTRACRANIAL W/O & W DYE	70559	CPT	outpatient			3329		241.65 Horizon	MGD		391.05				210.13		3162.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN OPEN INTRACRANIAL W/O & W DYE	70559	CPT	outpatient			3329		241.65 Horizon	Medicare Blue		210.13				210.13		3162.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN OPEN INTRACRANIAL W/O & W DYE	70559	CPT	outpatient			3329		241.65 Horizon	Indemnity		391.05				210.13		3162.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN OPEN INTRACRANIAL W/O & W DYE	70559	CPT	outpatient			3329		241.65 Horizon	NJ Health		897.99				210.13		3162.55	fee schedule	
MRI BRAIN OPEN INTRACRANIAL W/O & W DYE	70559	CPT	outpatient			3329		241.65 Horizon	PPO		391.05				210.13		3162.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN OPEN INTRACRANIAL W/O & W DYE	70559	CPT	outpatient			3329		241.65 Managed Care Inc	Managed Care Inc		2996.1	90			210.13		3162.55	percent of total billed charges	
MRI BRAIN OPEN INTRACRANIAL W/O & W DYE	70559	CPT	outpatient			3329		241.65 Multiplan	Multiplan		2663.2	80			210.13		3162.55	percent of total billed charges	
MRI BRAIN OPEN INTRACRANIAL W/O & W DYE	70559	CPT	outpatient			3329		241.65 Qualcare	Qualcare		2496.75	75			210.13		3162.55	percent of total billed charges	
MRI BRAIN OPEN INTRACRANIAL W/O & W DYE	70559	CPT	outpatient			3329		241.65 Three Rivers	Three Rivers		3162.55	95			210.13		3162.55	percent of total billed charges	
MRI BRAIN OPEN INTRACRANIAL W/O & W DYE	70559	CPT	outpatient			3329		241.65 UHC	Medicare		210.13				210.13		3162.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN OPEN INTRACRANIAL W/O & W DYE	70559	CPT	outpatient			3329		241.65 UHC	Medicaid		1050.3	31.55			210.13		3162.55	percent of total billed charges	
MRI BRAIN OPEN INTRACRANIAL W/O & W DYE	70559	CPT	outpatient			3329		241.65 Wellcare	Medicaid		1050.3	31.55			210.13		3162.55	percent of total billed charges	
MRI BRAIN OPEN INTRACRANIAL W/O & W DYE	70559	CPT	outpatient			3329		241.65 Wellcare	Medicare		210.13				210.13		3162.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN OPEN INTRACRANIAL W/O & W DYE	70559	CPT	outpatient			3329		241.65 WellPoint	WellPoint		1071.27	32.18			210.13		3162.55	percent of total billed charges	
LODOX CHEST 1 VIEW	71010	CPT	outpatient			512		Aetna	Commercial		194.56	38			153.6		486.4	percent of total billed charges	
LODOX CHEST 1 VIEW	71010	CPT	outpatient			512		Aetna	Better Health		161.54	31.55			153.6		486.4	percent of total billed charges	
LODOX CHEST 1 VIEW	71010	CPT	outpatient			512		Aetna	Medicare		157.7	30.8			153.6		486.4	percent of total billed charges	
LODOX CHEST 1 VIEW	71010	CPT	outpatient			512		Americare	Americare		384	75			153.6		486.4	percent of total billed charges	
LODOX CHEST 1 VIEW	71010	CPT	outpatient			512		Amerihealth	HMO/PPO		332.8	65			153.6		486.4	percent of total billed charges	
LODOX CHEST 1 VIEW	71010	CPT	outpatient			512		Consumer	Consumer		486.4	95			153.6		486.4	percent of total billed charges	
LODOX CHEST 1 VIEW	71010	CPT	outpatient			512		Corrections	Corrections		409.6	80			153.6		486.4	percent of total billed charges	
LODOX CHEST 1 VIEW	71010	CPT	outpatient			512		First Health	First Health		358.4	70			153.6		486.4	percent of total billed charges	
LODOX CHEST 1 VIEW	71010	CPT	outpatient			512		First Trenton	First Trenton		460.8	90			153.6		486.4	percent of total billed charges	
LODOX CHEST 1 VIEW	71010	CPT	outpatient			512		Horizon	Medicare Blue		153.6	30			153.6		486.4	percent of total billed charges	
LODOX CHEST 1 VIEW	71010	CPT	outpatient			512		Horizon	MGD		195.99	38.28			153.6		486.4	percent of total billed charges	
LODOX CHEST 1 VIEW	71010	CPT	outpatient			512		Horizon	Indemnity		195.99	38.28			153.6		486.4	percent of total billed charges	
LODOX CHEST 1 VIEW	71010	CPT	outpatient			512		Horizon	PPO		195.99	38.28			153.6		486.4	percent of total billed charges	
LODOX CHEST 1 VIEW	71010	CPT	outpatient			512		Managed Care Inc	Managed Care Inc		460.8	90			153.6		486.4	percent of total billed charges	
LODOX CHEST 1 VIEW	71010	CPT	outpatient			512		Multiplan	Multiplan		409.6	80			153.6		486.4	percent of total billed charges	
LODOX CHEST 1 VIEW	71010	CPT	outpatient			512		Qualcare	Qualcare		384	75			153.6		486.4	percent of total billed charges	
LODOX CHEST 1 VIEW	71010	CPT	outpatient			512		Three Rivers	Three Rivers		486.4	95			153.6		486.4	percent of total billed charges	
LODOX CHEST 1 VIEW	71010	CPT	outpatient			512		UHC	Medicaid		161.54	31.55			153.6		486.4	percent of total billed charges	
LODOX CHEST 1 VIEW	71010	CPT	outpatient			512		Wellcare	Medicaid		161.54	31.55			153.6		486.4	percent of total billed charges	
LODOX CHEST 1 VIEW	71010	CPT	outpatient			512		WellPoint	WellPoint		164.76	32.18			153.6		486.4	percent of total billed charges	
XRAY CHEST SINGLE VIEW PA OR AP	71045	CPT	both			327	119.52	Aetna	Better Health		103.17	31.55			24.01		310.65	percent of total billed charges	
XRAY CHEST SINGLE VIEW PA OR AP	71045	CPT	both			327	119.52	Aetna	Medicare		103.93				24.01		310.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY CHEST SINGLE VIEW PA OR AP	71045	CPT	both			327	119.52	Aetna	Commercial		165.46				24.01		310.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY CHEST SINGLE VIEW PA OR AP	71045	CPT	both			327	119.52	Americare	Americare		245.25	75			24.01		310.65	percent of total billed charges	
XRAY CHEST SINGLE VIEW PA OR AP	71045	CPT	both			327	119.52	Amerihealth	HMO/PPO		212.55	65			24.01		310.65	percent of total billed charges	
XRAY CHEST SINGLE VIEW PA OR AP	71045	CPT	both			327	119.52	Amerihealth	Medicare		103.93				24.01		310.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY CHEST SINGLE VIEW PA OR AP	71045	CPT	both			327	119.52	Consumer	Consumer		310.65	95			24.01		310.65	percent of total billed charges	
XRAY CHEST SINGLE VIEW PA OR AP	71045	CPT	both			327	119.52	Corrections	Corrections		261.6	80			24.01		310.65	percent of total billed charges	
XRAY CHEST SINGLE VIEW PA OR AP	71045	CPT	both			327	119.52	First Health	First Health		228.9	70			24.01		310.65	percent of total billed charges	
XRAY CHEST SINGLE VIEW PA OR AP	71045	CPT	both			327	119.52	First Trenton	First Trenton		294.3	90			24.01		310.65	percent of total billed charges	
XRAY CHEST SINGLE VIEW PA OR AP	71045	CPT	both			327	119.52	Horizon	Indemnity		193.41				24.01		310.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY CHEST SINGLE VIEW PA OR AP	71045	CPT	both			327	119.52	Horizon	NJ Health		24.01				24.01		310.65	fee schedule	
XRAY CHEST SINGLE VIEW PA OR AP	71045	CPT	both			327	119.52	Horizon	Medicare Blue		103.93				24.01		310.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY CHEST SINGLE VIEW PA OR AP	71045	CPT	both			327	119.52	Horizon	MGD		193.41				24.01		310.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY CHEST SINGLE VIEW PA OR AP	71045	CPT	both			327	119.52	Horizon	PPO		193.41				24.01		310.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY CHEST SINGLE VIEW PA OR AP	71045	CPT	both			327	119.52	Managed Care Inc	Managed Care Inc		294.3	90			24.01		310.65	percent of total billed charges	
XRAY CHEST SINGLE VIEW PA OR AP	71045	CPT	both			327	119.52	Multiplan	Multiplan		261.6	80			24.01		310.65	percent of total billed charges	
XRAY CHEST SINGLE VIEW PA OR AP	71045	CPT	both			327	119.52	Qualcare	Qualcare		245.25	75			24.01		310.65	percent of total billed charges	
XRAY CHEST SINGLE VIEW PA OR AP	71045	CPT	both			327	119.52	Three Rivers	Three Rivers		310.65	95			24.01		310.65	percent of total billed charges	
XRAY CHEST SINGLE VIEW PA OR AP	71045	CPT	both			327	119.52	UHC	Medicaid		103.17	31.55			24.01		310.65	percent of total billed charges	
XRAY CHEST SINGLE VIEW PA OR AP	71045	CPT	both			327	119.52	UHC	Medicare		103.93				24.01		310.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY CHEST SINGLE VIEW PA OR AP	71045	CPT	both			327	119.52	Wellcare	Medicare		103.93				24.01		310.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY CHEST SINGLE VIEW PA OR AP	71045	CPT	both			327	119.52	Wellcare	Medicaid		103.17	31.55			24.01		310.65	percent of total billed charges	
XRAY CHEST SINGLE VIEW PA OR AP	71045	CPT	both			327	119.52	WellPoint	WellPoint		105.23	32.18			24.01		310.65	percent of total billed charges	
XRAY CHEST 2 VIEWS PA/LAT	71046	CPT	both			322	119.52	Aetna	Better Health		101.59	31.55			36.87		305.9	percent of total billed charges	
XRAY CHEST 2 VIEWS PA/LAT	71046	CPT	both			322	119.52	Aetna	Commercial		165.46				36.87		305.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY CHEST 2 VIEWS PA/LAT	71046	CPT	both			322	119.52	Aetna	Medicare		99.18	30.8			36.87		305.9	percent of total billed charges	
XRAY CHEST 2 VIEWS PA/LAT	71046	CPT	both			322	119.52	Americare	Americare		241.5	75			36.87		305.9	percent of total billed charges	
XRAY CHEST 2 VIEWS PA/LAT	71046	CPT	both			322	119.52	Amerihealth	HMO/PPO		209.3	65			36.87		305.9	percent of total billed charges	
XRAY CHEST 2 VIEWS PA/LAT	71046	CPT	both			322	119.52	Amerihealth	Medicare		103.93				36.87		305.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY CHEST 2 VIEWS PA/LAT	71046	CPT	both			322	119.52	Consumer	Consumer		305.9	95			36.87		305.9	percent of total billed charges	
XRAY CHEST 2 VIEWS PA/LAT	71046	CPT	both			322	119.52	Corrections	Corrections		257.6	80			36.87		305.9	percent of total billed charges	
XRAY CHEST 2 VIEWS PA/LAT	71046	CPT	both			322	119.52	First Health	First Health		225.4	70			36.87		305.9	percent of total billed charges	
XRAY CHEST 2 VIEWS PA/LAT	71046	CPT	both			322	119.52	First Trenton	First Trenton		289.8	90			36.87		305.9	percent of total billed charges	
XRAY CHEST 2 VIEWS PA/LAT	71046	CPT	both			322	119.52	Horizon	PPO		193.41				36.87		305.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY CHEST 2 VIEWS PA/LAT	71046	CPT	both			322	119.52	Horizon	MGD		193.41				36.87		305.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY CHEST 2 VIEWS PA/LAT	71046	CPT	both			322	119.52	Horizon	Indemnity		193.41				36.87		305.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY CHEST 2 VIEWS PA/LAT	71046	CPT	both			322	119.52	Horizon	NJ Health		36.87				36.87		305.9	fee schedule	
XRAY CHEST 2 VIEWS PA/LAT	71046	CPT	both			322	119.52	Horizon	Medicare Blue		103.93				36.87		305.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY CHEST 2 VIEWS PA/LAT	71046	CPT	both			322	119.52	Managed Care Inc	Managed Care Inc		289.8	90			36.87		305.9	percent of total billed charges	
XRAY CHEST 2 VIEWS PA/LAT	71046	CPT	both			322	119.52	Multiplan	Multiplan		257.6	80			36.87		305.9	percent of total billed charges	
XRAY CHEST 2 VIEWS PA/LAT	71046	CPT	both			322	119.52	Qualcare	Qualcare		241.5	75			36.87		305.9	percent of total billed charges	
XRAY CHEST 2 VIEWS PA/LAT	71046	CPT	both			322	119.52	Three Rivers	Three Rivers		305.9	95			36.87		305.9	percent of total billed charges	
XRAY CHEST 2 VIEWS PA/LAT	71046	CPT	both			322	119.52	UHC	Medicare		103.93				36.87		305.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY CHEST 2 VIEWS PA/LAT	71046	CPT	both			322	119.52	UHC	Medicaid		101.59	31.55			36.87		305.9	percent of total billed charges	
XRAY CHEST 2 VIEWS PA/LAT	71046	CPT	both			322	119.52	Wellcare	Medicare		103.93				36.87		305.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY CHEST 2 VIEWS PA/LAT	71046	CPT	both			322	119.52	Wellcare	Medicaid		101.59	31.55			36.87		305.9	percent of total billed charges	
XRAY CHEST 2 VIEWS PA/LAT	71046	CPT	both			322	119.52	WellPoint	WellPoint		103.62	32.18			36.87		305.9	percent of total billed charges	
XRAY CHEST WITH RT OR LT DECUBITIS WITH	71047	CPT	both			327	119.52	Aetna	Commercial		165.46				47.16		310.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY CHEST WITH RT OR LT DECUBITIS WITH	71047	CPT	both			327	119.52	Aetna	Better Health		103.17	31.55			47.16		310.65	percent of total billed charges	
XRAY CHEST WITH RT OR LT DECUBITIS WITH	71047	CPT	both			327	119.52	Aetna	Medicare		103.93				47.16		310.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY CHEST WITH RT OR LT DECUBITIS WITH	71047	CPT	both			327	119.52	Americare	Americare		245.25	75			47.16		310.65	percent of total billed charges	
XRAY CHEST WITH RT OR LT DECUBITIS WITH	71047	CPT	both			327	119.52	Amerihealth	HMO/PPO		212.55	65			47.16		310.65	percent of total billed charges	
XRAY CHEST WITH RT OR LT DECUBITIS WITH	71047	CPT	both			327	119.52	Amerihealth	Medicare		103.93				47.16		310.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY CHEST WITH RT OR LT DECUBITIS WITH	71047	CPT	both			327	119.52	Consumer	Consumer		310.65	95			47.16		310.65	percent of total billed charges	
XRAY CHEST WITH RT OR LT DECUBITIS WITH	71047	CPT	both			327	119.52	Corrections	Corrections		261.6	80			47.16		310.65	percent of total billed charges	
XRAY CHEST WITH RT OR LT DECUBITIS WITH	71047	CPT	both			327	119.52	First Health	First Health		228.9	70			47.16		310.65	percent of total billed charges	
XRAY CHEST WITH RT OR LT DECUBITIS WITH	71047	CPT	both			327	119.52	First Trenton	First Trenton		294.3	90			47.16		310.65	percent of total billed charges	
XRAY CHEST WITH RT OR LT DECUBITIS WITH	71047	CPT	both			327	119.52	Horizon	MGD		193.41				47.16		310.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY CHEST WITH RT OR LT DECUBITIS WITH	71047	CPT	both			327	119.52	Horizon	Medicare Blue		103.93				47.16		310.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY CHEST WITH RT OR LT DECUBITIS WITH	71047	CPT	both			327	119.52	Horizon	Indemnity		193.41				47.16		310.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY CHEST WITH RT OR LT DECUBITIS WITH	71047	CPT	both			327	119.52	Horizon	PPO		193.41				47.16		310.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY CHEST WITH RT OR LT DECUBITIS WITH	71047	CPT	both			327	119.52	Horizon	NJ Health		47.16				47.16		310.65	fee schedule	
XRAY CHEST WITH RT OR LT DECUBITIS WITH	71047	CPT	both			327	119.52	Managed Care Inc	Managed Care Inc		294.3	90			47.16		310.65	percent of total billed charges	
XRAY CHEST WITH RT OR LT DECUBITIS WITH	71047	CPT	both			327	119.52	Multiplan	Multiplan		261.6	80			47.16		310.65	percent of total billed charges	
XRAY CHEST WITH RT OR LT DECUBITIS WITH	71047	CPT	both			327	119.52	Qualcare	Qualcare		245.25	75			47.16		310.65	percent of total billed charges	
XRAY CHEST WITH RT OR LT DECUBITIS WITH	71047	CPT	both			327	119.52	Three Rivers	Three Rivers		310.65	95			47.16		310.65	percent of total billed charges	
XRAY CHEST WITH RT OR LT DECUBITIS WITH	71047	CPT	both			327	119.52	UHC	Medicare		103.93				47.16		310.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY CHEST WITH RT OR LT DECUBITIS WITH	71047	CPT	both			327	119.52	UHC	Medicaid		103.17	31.55			47.16		310.65	percent of total billed charges	
XRAY CHEST WITH RT OR LT DECUBITIS WITH	71047	CPT	both			327	119.52	Wellcare	Medicaid		103.17	31.55			47.16		310.65	percent of total billed charges	
XRAY CHEST WITH RT OR LT DECUBITIS WITH	71047	CPT	both			327	119.52	Wellcare	Medicare		103.93				47.16		310.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY CHEST WITH RT OR LT DECUBITIS WITH	71047	CPT	both			327	119.52	WellPoint	WellPoint		105.23	32.18			47.16		310.65	percent of total billed charges	
XRAY CHEST 4 OR MORE VIEWS	71048	CPT	inpatient			501	144.6	Aetna	Better Health		158.07	31.55			50.59		475.95	percent of total billed charges	
XRAY CHEST 4 OR MORE VIEWS	71048	CPT	inpatient			501	144.6	Aetna	Commercial		200.18				50.59		475.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY CHEST 4 OR MORE VIEWS	71048	CPT	inpatient			501	144.6	Aetna	Medicare		125.74				50.59		475.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY CHEST 4 OR MORE VIEWS	71048	CPT	inpatient			501	144.6	Americare	Americare		375.75	75			50.59		475.95	percent of total billed charges	
XRAY CHEST 4 OR MORE VIEWS	71048	CPT	inpatient			501	144.6	Amerihealth	HMO/PPO		325.65	65			50.59		475.95	percent of total billed charges	
XRAY CHEST 4 OR MORE VIEWS	71048	CPT	inpatient			501	144.6	Amerihealth	Medicare		125.74				50.59		475.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY CHEST 4 OR MORE VIEWS	71048	CPT	inpatient			501	144.6	Consumer	Consumer		475.95	95			50.59		475.95	percent of total billed charges	
XRAY CHEST 4 OR MORE VIEWS	71048	CPT	inpatient			501	144.6	Corrections	Corrections		400.8	80			50.59		475.95	percent of total billed charges	
XRAY CHEST 4 OR MORE VIEWS	71048	CPT	inpatient			501	144.6	First Health	First Health		350.7	70			50.59		475.95	percent of total billed charges	
XRAY CHEST 4 OR MORE VIEWS	71048	CPT	inpatient			501	144.6	First Trenton	First Trenton		450.9	90			50.59		475.95	percent of total billed charges	
XRAY CHEST 4 OR MORE VIEWS	71048	CPT	inpatient			501	144.6	Horizon	NJ Health		50.59				50.59		475.95	fee schedule	
XRAY CHEST 4 OR MORE VIEWS	71048	CPT	inpatient			501	144.6	Horizon	Indemnity		234				50.59		475.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY CHEST 4 OR MORE VIEWS	71048	CPT	inpatient			501	144.6	Horizon	Medicare Blue		125.74				50.59		475.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY CHEST 4 OR MORE VIEWS	71048	CPT	inpatient			501	144.6	Horizon	MGD		234				50.59		475.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY CHEST 4 OR MORE VIEWS	71048	CPT	inpatient			501	144.6	Horizon	PPO		234				50.59		475.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY CHEST 4 OR MORE VIEWS	71048	CPT	inpatient			501	144.6	Managed Care Inc	Managed Care Inc		450.9	90			50.59		475.95	percent of total billed charges	
XRAY CHEST 4 OR MORE VIEWS	71048	CPT	inpatient			501	144.6	Multiplan	Multiplan		400.8	80			50.59		475.95	percent of total billed charges	
XRAY CHEST 4 OR MORE VIEWS	71048	CPT	inpatient			501	144.6	Qualcare	Qualcare		375.75	75			50.59		475.95	percent of total billed charges	
XRAY CHEST 4 OR MORE VIEWS	71048	CPT	inpatient			501	144.6	Three Rivers	Three Rivers		475.95	95			50.59		475.95	percent of total billed charges	
XRAY CHEST 4 OR MORE VIEWS	71048	CPT	inpatient			501	144.6	UHC	Medicaid		158.07	31.55			50.59		475.95	percent of total billed charges	
XRAY CHEST 4 OR MORE VIEWS	71048	CPT	inpatient			501	144.6	UHC	Medicare		125.74				50.59		475.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY CHEST 4 OR MORE VIEWS	71048	CPT	inpatient			501	144.6	Wellcare	Medicare		125.74				50.59		475.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY CHEST 4 OR MORE VIEWS	71048	CPT	inpatient			501	144.6	Wellcare	Medicaid		158.07	31.55			50.59		475.95	percent of total billed charges	
XRAY CHEST 4 OR MORE VIEWS	71048	CPT	inpatient			501	144.6	WellPoint	WellPoint		161.22	32.18			50.59		475.95	percent of total billed charges	
RIBS, UNIL, 2 VIEWS	71100	CPT	both			609	119.52	Aetna	Better Health		192.14	31.55			29.4		578.55	percent of total billed charges	
RIBS, UNIL, 2 VIEWS	71100	CPT	both			609	119.52	Aetna	Commercial		165.46				29.4		578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RIBS, UNIL, 2 VIEWS	71100	CPT	both			609	119.52	Aetna	Medicare		187.57	30.8			29.4		578.55	percent of total billed charges	
RIBS, UNIL, 2 VIEWS	71100	CPT	both			609	119.52	Americare	Americare		456.75	75			29.4		578.55	percent of total billed charges	
RIBS, UNIL, 2 VIEWS	71100	CPT	both			609	119.52	Amerihealth	HMO/PPO		395.85	65			29.4		578.55	percent of total billed charges	
RIBS, UNIL, 2 VIEWS	71100	CPT	both			609	119.52	Amerihealth	Medicare		103.93				29.4		578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101191	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
RIBS, UNIL, 2 VIEWS	71100	CPT	both			609	119.52	Consumer	Consumer		578.55	95			29.4	578.55	percent of total billed charges	
RIBS, UNIL, 2 VIEWS	71100	CPT	both			609	119.52	Corrections	Corrections		487.2	80			29.4	578.55	percent of total billed charges	
RIBS, UNIL, 2 VIEWS	71100	CPT	both			609	119.52	First Health	First Health		426.3	70			29.4	578.55	percent of total billed charges	
RIBS, UNIL, 2 VIEWS	71100	CPT	both			609	119.52	First Trenton	First Trenton		548.1	90			29.4	578.55	percent of total billed charges	
RIBS, UNIL, 2 VIEWS	71100	CPT	both			609	119.52	Horizon	Indemnity		193.41				29.4	578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RIBS, UNIL, 2 VIEWS	71100	CPT	both			609	119.52	Horizon	NJ Health		29.4				29.4	578.55	fee schedule	
RIBS, UNIL, 2 VIEWS	71100	CPT	both			609	119.52	Horizon	PPO		193.41				29.4	578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RIBS, UNIL, 2 VIEWS	71100	CPT	both			609	119.52	Horizon	MGD		193.41				29.4	578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RIBS, UNIL, 2 VIEWS	71100	CPT	both			609	119.52	Horizon	Medicare Blue		103.93				29.4	578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RIBS, UNIL, 2 VIEWS	71100	CPT	both			609	119.52	Managed Care Inc	Managed Care Inc		548.1	90			29.4	578.55	percent of total billed charges	
RIBS, UNIL, 2 VIEWS	71100	CPT	both			609	119.52	Multiplan	Multiplan		487.2	80			29.4	578.55	percent of total billed charges	
RIBS, UNIL, 2 VIEWS	71100	CPT	both			609	119.52	Qualcare	Qualcare		456.75	75			29.4	578.55	percent of total billed charges	
RIBS, UNIL, 2 VIEWS	71100	CPT	both			609	119.52	Three Rivers	Three Rivers		578.55	95			29.4	578.55	percent of total billed charges	
RIBS, UNIL, 2 VIEWS	71100	CPT	both			609	119.52	UHC	Medicare		103.93				29.4	578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RIBS, UNIL, 2 VIEWS	71100	CPT	both			609	119.52	UHC	Medicaid		192.14	31.55			29.4	578.55	percent of total billed charges	
RIBS, UNIL, 2 VIEWS	71100	CPT	both			609	119.52	Wellcare	Medicare		103.93				29.4	578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RIBS, UNIL, 2 VIEWS	71100	CPT	both			609	119.52	Wellcare	Medicaid		192.14	31.55			29.4	578.55	percent of total billed charges	
RIBS, UNIL, 2 VIEWS	71100	CPT	both			609	119.52	WellPoint	WellPoint		195.98	32.18			29.4	578.55	percent of total billed charges	
RIBS,UNILATERAL,3 VIEWS RT	71101	CPT	both			750	144.6	Aetna	Better Health		236.63	31.55			53.9	712.5	percent of total billed charges	
RIBS,UNILATERAL,3 VIEWS RT	71101	CPT	both			750	144.6	Aetna	Commercial		200.18				53.9	712.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RIBS,UNILATERAL,3 VIEWS RT	71101	CPT	both			750	144.6	Aetna	Medicare		125.74				53.9	712.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RIBS,UNILATERAL,3 VIEWS RT	71101	CPT	both			750	144.6	Americare	Americare		562.5	75			53.9	712.5	percent of total billed charges	
RIBS,UNILATERAL,3 VIEWS RT	71101	CPT	both			750	144.6	Amerihealth	HMO/PPO		487.5	65			53.9	712.5	percent of total billed charges	
RIBS,UNILATERAL,3 VIEWS RT	71101	CPT	both			750	144.6	Amerihealth	Medicare		125.74				53.9	712.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RIBS,UNILATERAL,3 VIEWS RT	71101	CPT	both			750	144.6	Consumer	Consumer		712.5	95			53.9	712.5	percent of total billed charges	
RIBS,UNILATERAL,3 VIEWS RT	71101	CPT	both			750	144.6	Corrections	Corrections		600	80			53.9	712.5	percent of total billed charges	
RIBS,UNILATERAL,3 VIEWS RT	71101	CPT	both			750	144.6	First Health	First Health		525	70			53.9	712.5	percent of total billed charges	
RIBS,UNILATERAL,3 VIEWS RT	71101	CPT	both			750	144.6	First Trenton	First Trenton		675	90			53.9	712.5	percent of total billed charges	
RIBS,UNILATERAL,3 VIEWS RT	71101	CPT	both			750	144.6	Horizon	Indemnity		234				53.9	712.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RIBS,UNILATERAL,3 VIEWS RT	71101	CPT	both			750	144.6	Horizon	MGD		234				53.9	712.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RIBS,UNILATERAL,3 VIEWS RT	71101	CPT	both			750	144.6	Horizon	PPO		234				53.9	712.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RIBS,UNILATERAL,3 VIEWS RT	71101	CPT	both			750	144.6	Horizon	NJ Health		53.9				53.9	712.5	fee schedule	
RIBS,UNILATERAL,3 VIEWS RT	71101	CPT	both			750	144.6	Horizon	Medicare Blue		125.74				53.9	712.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RIBS,UNILATERAL,3 VIEWS RT	71101	CPT	both			750	144.6	Managed Care Inc	Managed Care Inc		675	90			53.9	712.5	percent of total billed charges	
RIBS,UNILATERAL,3 VIEWS RT	71101	CPT	both			750	144.6	Multiplan	Multiplan		600	80			53.9	712.5	percent of total billed charges	
RIBS,UNILATERAL,3 VIEWS RT	71101	CPT	both			750	144.6	Qualcare	Qualcare		562.5	75			53.9	712.5	percent of total billed charges	
RIBS,UNILATERAL,3 VIEWS RT	71101	CPT	both			750	144.6	Three Rivers	Three Rivers		712.5	95			53.9	712.5	percent of total billed charges	
RIBS,UNILATERAL,3 VIEWS RT	71101	CPT	both			750	144.6	UHC	Medicare		125.74				53.9	712.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RIBS,UNILATERAL,3 VIEWS RT	71101	CPT	both			750	144.6	UHC	Medicaid		236.63	31.55			53.9	712.5	percent of total billed charges	
RIBS,UNILATERAL,3 VIEWS RT	71101	CPT	both			750	144.6	Wellcare	Medicare		125.74				53.9	712.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RIBS,UNILATERAL,3 VIEWS RT	71101	CPT	both			750	144.6	Wellcare	Medicaid		236.63	31.55			53.9	712.5	percent of total billed charges	
RIBS,UNILATERAL,3 VIEWS RT	71101	CPT	both			750	144.6	WellPoint	WellPoint		241.35	32.18			53.9	712.5	percent of total billed charges	
RIBS, BILAT, 3 VIEWS	71110	CPT	both			811	144.6	Aetna	Commercial		200.18				39.2	770.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RIBS, BILAT, 3 VIEWS	71110	CPT	both			811	144.6	Aetna	Better Health		255.87	31.55			39.2	770.45	percent of total billed charges	
RIBS, BILAT, 3 VIEWS	71110	CPT	both			811	144.6	Aetna	Medicare		125.74				39.2	770.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RIBS, BILAT, 3 VIEWS	71110	CPT	both			811	144.6	Americare	Americare		608.25	75			39.2	770.45	percent of total billed charges	
RIBS, BILAT, 3 VIEWS	71110	CPT	both			811	144.6	Amerihealth	Medicare		125.74				39.2	770.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RIBS, BILAT, 3 VIEWS	71110	CPT	both			811	144.6	Amerihealth	HMO/PPO		527.15	65			39.2	770.45	percent of total billed charges	
RIBS, BILAT, 3 VIEWS	71110	CPT	both			811	144.6	Consumer	Consumer		770.45	95			39.2	770.45	percent of total billed charges	
RIBS, BILAT, 3 VIEWS	71110	CPT	both			811	144.6	Corrections	Corrections		648.8	80			39.2	770.45	percent of total billed charges	
RIBS, BILAT, 3 VIEWS	71110	CPT	both			811	144.6	First Health	First Health		567.7	70			39.2	770.45	percent of total billed charges	
RIBS, BILAT, 3 VIEWS	71110	CPT	both			811	144.6	First Trenton	First Trenton		729.9	90			39.2	770.45	percent of total billed charges	
RIBS, BILAT, 3 VIEWS	71110	CPT	both			811	144.6	Horizon	MGD		234				39.2	770.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RIBS, BILAT, 3 VIEWS	71110	CPT	both			811	144.6	Horizon	Indemnity		234				39.2	770.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RIBS, BILAT, 3 VIEWS	71110	CPT	both			811	144.6	Horizon	NJ Health		39.2				39.2	770.45	fee schedule	
RIBS, BILAT, 3 VIEWS	71110	CPT	both			811	144.6	Horizon	Medicare Blue		125.74				39.2	770.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RIBS, BILAT, 3 VIEWS	71110	CPT	both			811	144.6	Horizon	PPO		234				39.2	770.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RIBS, BILAT, 3 VIEWS	71110	CPT	both			811	144.6	Managed Care Inc	Managed Care Inc		729.9	90			39.2	770.45	percent of total billed charges	
RIBS, BILAT, 3 VIEWS	71110	CPT	both			811	144.6	Multiplan	Multiplan		648.8	80			39.2	770.45	percent of total billed charges	
RIBS, BILAT, 3 VIEWS	71110	CPT	both			811	144.6	Qualcare	Qualcare		608.25	75			39.2	770.45	percent of total billed charges	
RIBS, BILAT, 3 VIEWS	71110	CPT	both			811	144.6	Three Rivers	Three Rivers		770.45	95			39.2	770.45	percent of total billed charges	
RIBS, BILAT, 3 VIEWS	71110	CPT	both			811	144.6	UHC	Medicare		125.74				39.2	770.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RIBS, BILAT, 3 VIEWS	71110	CPT	both			811	144.6	UHC	Medicaid		255.87	31.55			39.2	770.45	percent of total billed charges	
RIBS, BILAT, 3 VIEWS	71110	CPT	both			811	144.6	Wellcare	Medicaid		255.87	31.55			39.2	770.45	percent of total billed charges	
RIBS, BILAT, 3 VIEWS	71110	CPT	both			811	144.6	Wellcare	Medicare		125.74				39.2	770.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RIBS, BILAT, 3 VIEWS	71110	CPT	both			811	144.6	WellPoint	WellPoint		260.98	32.18			39.2	770.45	percent of total billed charges	
RIBS, BILATERAL, 4 VIEWS	71111	CPT	both			946	144.6	Aetna	Commercial		200.18				68.6	898.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RIBS, BILATERAL, 4 VIEWS	71111	CPT	both			946	144.6	Aetna	Better Health		298.46	31.55			68.6	898.7	percent of total billed charges	
RIBS, BILATERAL, 4 VIEWS	71111	CPT	both			946	144.6	Aetna	Medicare		125.74				68.6	898.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RIBS, BILATERAL, 4 VIEWS	71111	CPT	both			946	144.6	Americare	Americare		709.5	75			68.6	898.7	percent of total billed charges	
RIBS, BILATERAL, 4 VIEWS	71111	CPT	both			946	144.6	Amerihealth	HMO/PPO		614.9	65			68.6	898.7	percent of total billed charges	
RIBS, BILATERAL, 4 VIEWS	71111	CPT	both			946	144.6	Amerihealth	Medicare		125.74				68.6	898.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RIBS, BILATERAL, 4 VIEWS	71111	CPT	both			946	144.6	Consumer	Consumer		898.7	95			68.6	898.7	percent of total billed charges	
RIBS, BILATERAL, 4 VIEWS	71111	CPT	both			946	144.6	Corrections	Corrections		756.8	80			68.6	898.7	percent of total billed charges	
RIBS, BILATERAL, 4 VIEWS	71111	CPT	both			946	144.6	First Health	First Health		662.2	70			68.6	898.7	percent of total billed charges	
RIBS, BILATERAL, 4 VIEWS	71111	CPT	both			946	144.6	First Trenton	First Trenton		851.4	90			68.6	898.7	percent of total billed charges	
RIBS, BILATERAL, 4 VIEWS	71111	CPT	both			946	144.6	Horizon	PPO		234				68.6	898.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RIBS, BILATERAL, 4 VIEWS	71111	CPT	both			946	144.6	Horizon	Indemnity		234				68.6	898.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RIBS, BILATERAL, 4 VIEWS	71111	CPT	both			946	144.6	Horizon	MGD		234				68.6	898.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RIBS, BILATERAL, 4 VIEWS	71111	CPT	both			946	144.6	Horizon	Medicare Blue		125.74				68.6	898.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RIBS, BILATERAL, 4 VIEWS	71111	CPT	both			946	144.6	Horizon	NJ Health		68.6				68.6	898.7	fee schedule	
RIBS, BILATERAL, 4 VIEWS	71111	CPT	both			946	144.6	Managed Care Inc	Managed Care Inc		851.4	90			68.6	898.7	percent of total billed charges	
RIBS, BILATERAL, 4 VIEWS	71111	CPT	both			946	144.6	Multiplan	Multiplan		756.8	80			68.6	898.7	percent of total billed charges	
RIBS, BILATERAL, 4 VIEWS	71111	CPT	both			946	144.6	Qualcare	Qualcare		709.5	75			68.6	898.7	percent of total billed charges	
RIBS, BILATERAL, 4 VIEWS	71111	CPT	both			946	144.6	Three Rivers	Three Rivers		898.7	95			68.6	898.7	percent of total billed charges	
RIBS, BILATERAL, 4 VIEWS	71111	CPT	both			946	144.6	UHC	Medicare		125.74				68.6	898.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RIBS, BILATERAL, 4 VIEWS	71111	CPT	both			946	144.6	UHC	Medicaid		298.46	31.55			68.6	898.7	percent of total billed charges	
RIBS, BILATERAL, 4 VIEWS	71111	CPT	both			946	144.6	Wellcare	Medicare		125.74				68.6	898.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RIBS, BILATERAL, 4 VIEWS	71111	CPT	both			946	144.6	Wellcare	Medicaid		298.46	31.55			68.6	898.7	percent of total billed charges	
RIBS, BILATERAL, 4 VIEWS	71111	CPT	both			946	144.6	WellPoint	WellPoint		304.42	32.18			68.6	898.7	percent of total billed charges	
STERNUM, MINIMUM 2 VIEWS	71120	CPT	outpatient			627	119.52	Aetna	Medicare		103.93				35.48	595.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STERNUM, MINIMUM 2 VIEWS	71120	CPT	outpatient			627	119.52	Aetna	Commercial		165.46				35.48	595.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STERNUM, MINIMUM 2 VIEWS	71120	CPT	outpatient			627	119.52	Aetna	Better Health		197.82	31.55			35.48	595.65	percent of total billed charges	
STERNUM, MINIMUM 2 VIEWS	71120	CPT	outpatient			627	119.52	Americare	Americare		470.25	75			35.48	595.65	percent of total billed charges	
STERNUM, MINIMUM 2 VIEWS	71120	CPT	outpatient			627	119.52	Amerihealth	HMO/PPO		407.55	65			35.48	595.65	percent of total billed charges	
STERNUM, MINIMUM 2 VIEWS	71120	CPT	outpatient			627	119.52	Amerihealth	Medicare		103.93				35.48	595.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STERNUM, MINIMUM 2 VIEWS	71120	CPT	outpatient			627	119.52	Consumer	Consumer		595.65	95			35.48	595.65	percent of total billed charges	
STERNUM, MINIMUM 2 VIEWS	71120	CPT	outpatient			627	119.52	Corrections	Corrections		501.6	80			35.48	595.65	percent of total billed charges	
STERNUM, MINIMUM 2 VIEWS	71120	CPT	outpatient			627	119.52	First Health	First Health		438.9	70			35.48	595.65	percent of total billed charges	
STERNUM, MINIMUM 2 VIEWS	71120	CPT	outpatient			627	119.52	First Trenton	First Trenton		564.3	90			35.48	595.65	percent of total billed charges	
STERNUM, MINIMUM 2 VIEWS	71120	CPT	outpatient			627	119.52	Horizon	NJ Health		35.48				35.48	595.65	fee schedule	
STERNUM, MINIMUM 2 VIEWS	71120	CPT	outpatient			627	119.52	Horizon	Medicare Blue		103.93				35.48	595.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STERNUM, MINIMUM 2 VIEWS	71120	CPT	outpatient			627	119.52	Horizon	MGD		193.41				35.48	595.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STERNUM, MINIMUM 2 VIEWS	71120	CPT	outpatient			627	119.52	Horizon	PPO		193.41				35.48	595.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STERNUM, MINIMUM 2 VIEWS	71120	CPT	outpatient			627	119.52	Horizon	Indemnity		193.41				35.48	595.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STERNUM, MINIMUM 2 VIEWS	71120	CPT	outpatient			627	119.52	Managed Care Inc	Managed Care Inc		564.3	90			35.48	595.65	percent of total billed charges	
STERNUM, MINIMUM 2 VIEWS	71120	CPT	outpatient			627	119.52	Multiplan	Multiplan		501.6	80			35.48	595.65	percent of total billed charges	
STERNUM, MINIMUM 2 VIEWS	71120	CPT	outpatient			627	119.52	Qualcare	Qualcare		470.25	75			35.48	595.65	percent of total billed charges	
STERNUM, MINIMUM 2 VIEWS	71120	CPT	outpatient			627	119.52	Three Rivers	Three Rivers		595.65	95			35.48	595.65	percent of total billed charges	
STERNUM, MINIMUM 2 VIEWS	71120	CPT	outpatient			627	119.52	UHC	Medicaid		197.82	31.55			35.48	595.65	percent of total billed charges	
STERNUM, MINIMUM 2 VIEWS	71120	CPT	outpatient			627	119.52	UHC	Medicare		103.93				35.48	595.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STERNUM, MINIMUM 2 VIEWS	71120	CPT	outpatient			627	119.52	Wellcare	Medicare		103.93				35.48	595.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STERNUM, MINIMUM 2 VIEWS	71120	CPT	outpatient			627	119.52	Wellcare	Medicaid		197.82	31.55			35.48	595.65	percent of total billed charges	
STERNUM, MINIMUM 2 VIEWS	71120	CPT	outpatient			627	119.52	WellPoint	WellPoint		201.77	32.18			35.48	595.65	percent of total billed charges	
STERNO CLAVICULAR JT	71130	CPT	both			433	119.52	Aetna	Commercial		165.46				39.2	411.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STERNO CLAVICULAR JT	71130	CPT	both			433	119.52	Aetna	Better Health		136.61	31.55			39.2	411.35	percent of total billed charges	
STERNO CLAVICULAR JT	71130	CPT	both			433	119.52	Aetna	Medicare		133.36	30.8			39.2	411.35	percent of total billed charges	
STERNO CLAVICULAR JT	71130	CPT	both			433	119.52	Americare	Americare		324.75	75			39.2	411.35	percent of total billed charges	
STERNO CLAVICULAR JT	71130	CPT	both			433	119.52	Amerihealth	Medicare		103.93				39.2	411.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STERNO CLAVICULAR JT	71130	CPT	both			433	119.52	Amerihealth	HMO/PPO		281.45	65			39.2	411.35	percent of total billed charges	
STERNO CLAVICULAR JT	71130	CPT	both			433	119.52	Consumer	Consumer		411.35	95			39.2	411.35	percent of total billed charges	
STERNO CLAVICULAR JT	71130	CPT	both			433	119.52	Corrections	Corrections		346.4	80			39.2	411.35	percent of total billed charges	
STERNO CLAVICULAR JT	71130	CPT	both			433	119.52	First Health	First Health		303.1	70			39.2	411.35	percent of total billed charges	
STERNO CLAVICULAR JT	71130	CPT	both			433	119.52	First Trenton	First Trenton		389.7	90			39.2	411.35	percent of total billed charges	
STERNO CLAVICULAR JT	71130	CPT	both			433	119.52	Horizon	Indemnity		193.41				39.2	411.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STERNO CLAVICULAR JT	71130	CPT	both			433	119.52	Horizon	Medicare Blue		103.93				39.2	411.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STERNO CLAVICULAR JT	71130	CPT	both			433	119.52	Horizon	PPO		193.41				39.2	411.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STERNO CLAVICULAR JT	71130	CPT	both			433	119.52	Horizon	MGD		193.41				39.2	411.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STERNO CLAVICULAR JT	71130	CPT	both			433	119.52	Horizon	NJ Health		39.2				39.2	411.35	fee schedule	
STERNO CLAVICULAR JT	71130	CPT	both			433	119.52	Managed Care Inc	Managed Care Inc		389.7	90			39.2	411.35	percent of total billed charges	
STERNO CLAVICULAR JT	71130	CPT	both			433	119.52	Multiplan	Multiplan		346.4	80			39.2	411.35	percent of total billed charges	
STERNO CLAVICULAR JT	71130	CPT	both			433	119.52	Qualcare	Qualcare		324.75	75			39.2	411.35	percent of total billed charges	
STERNO CLAVICULAR JT	71130	CPT	both			433	119.52	Three Rivers	Three Rivers		411.35	95			39.2	411.35	percent of total billed charges	
STERNO CLAVICULAR JT	71130	CPT	both			433	119.52	UHC	Medicare		103.93				39.2	411.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STERNO CLAVICULAR JT	71130	CPT	both			433	119.52	UHC	Medicaid		136.61	31.55			39.2	411.35	percent of total billed charges	
STERNO CLAVICULAR JT	71130	CPT	both			433	119.52	Wellcare	Medicare		103.93				39.2	411.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STERNO CLAVICULAR JT	71130	CPT	both			433	119.52	Wellcare	Medicaid		136.61	31.55			39.2	411.35	percent of total billed charges	
STERNO CLAVICULAR JT	71130	CPT	both			433	119.52	WellPoint	WellPoint		139.34	32.18			39.2	411.35	percent of total billed charges	
CTTHORAX W/O CONTRAST	71250	CPT	both			1032	144.6	Aetna	Better Health		325.6	31.55			125.74	980.4	percent of total billed charges	
CTTHORAX W/O CONTRAST	71250	CPT	both			1032	144.6	Aetna	Commercial		200.18				125.74	980.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTTHORAX W/O CONTRAST	71250	CPT	both			1032	144.6	Aetna	Medicare		125.74				125.74	980.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTTHORAX W/O CONTRAST	71250	CPT	both			1032	144.6	Americare	Americare		774	75			125.74	980.4	percent of total billed charges	
CTTHORAX W/O CONTRAST	71250	CPT	both			1032	144.6	Amerihealth	HMO/PPO		670.8	65			125.74	980.4	percent of total billed charges	
CTTHORAX W/O CONTRAST	71250	CPT	both			1032	144.6	Amerihealth	Medicare		125.74				125.74	980.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTTHORAX W/O CONTRAST	71250	CPT	both			1032	144.6	Consumer	Consumer		980.4	95			125.74	980.4	percent of total billed charges	
CTTHORAX W/O CONTRAST	71250	CPT	both			1032	144.6	Corrections	Corrections		825.6	80			125.74	980.4	percent of total billed charges	
CTTHORAX W/O CONTRAST	71250	CPT	both			1032	144.6	First Health	First Health		722.4	70			125.74	980.4	percent of total billed charges	
CTTHORAX W/O CONTRAST	71250	CPT	both			1032	144.6	First Trenton	First Trenton		928.8	90			125.74	980.4	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.															
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true														
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CTTHORAX W/O CONTRAST	71250	CPT	both			1032	144.6	Horizon	Indemnity		234				125.74	980.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTTHORAX W/O CONTRAST	71250	CPT	both			1032	144.6	Horizon	PPO		234				125.74	980.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTTHORAX W/O CONTRAST	71250	CPT	both			1032	144.6	Horizon	Medicare Blue		125.74				125.74	980.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTTHORAX W/O CONTRAST	71250	CPT	both			1032	144.6	Horizon	MGD		234				125.74	980.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTTHORAX W/O CONTRAST	71250	CPT	both			1032	144.6	Horizon	NJ Health		286.1				125.74	980.4	fee schedule	
CTTHORAX W/O CONTRAST	71250	CPT	both			1032	144.6	Managed Care Inc	Managed Care Inc		928.8	90			125.74	980.4	percent of total billed charges	
CTTHORAX W/O CONTRAST	71250	CPT	both			1032	144.6	Multiplan	Multiplan		825.6	80			125.74	980.4	percent of total billed charges	
CTTHORAX W/O CONTRAST	71250	CPT	both			1032	144.6	Qualcare	Qualcare		774	75			125.74	980.4	percent of total billed charges	
CTTHORAX W/O CONTRAST	71250	CPT	both			1032	144.6	Three Rivers	Three Rivers		980.4	95			125.74	980.4	percent of total billed charges	
CTTHORAX W/O CONTRAST	71250	CPT	both			1032	144.6	UHC	Medicare		125.74				125.74	980.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTTHORAX W/O CONTRAST	71250	CPT	both			1032	144.6	UHC	Medicaid		325.6	31.55			125.74	980.4	percent of total billed charges	
CTTHORAX W/O CONTRAST	71250	CPT	both			1032	144.6	Wellcare	Medicaid		325.6	31.55			125.74	980.4	percent of total billed charges	
CTTHORAX W/O CONTRAST	71250	CPT	both			1032	144.6	Wellcare	Medicare		125.74				125.74	980.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTTHORAX W/O CONTRAST	71250	CPT	both			1032	144.6	WellPoint	WellPoint		332.1	32.18			125.74	980.4	percent of total billed charges	
ED CT CHEST W CONT PE-NO PROTOCOL	71260	CPT	both			1592	241.65	Aetna	Commercial		334.53				210.13	1512.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED CT CHEST W CONT PE-NO PROTOCOL	71260	CPT	both			1592	241.65	Aetna	Medicare		490.34	30.8			210.13	1512.4	percent of total billed charges	
ED CT CHEST W CONT PE-NO PROTOCOL	71260	CPT	both			1592	241.65	Aetna	Better Health		502.28	31.55			210.13	1512.4	percent of total billed charges	
ED CT CHEST W CONT PE-NO PROTOCOL	71260	CPT	both			1592	241.65	Americare	Americare		1194	75			210.13	1512.4	percent of total billed charges	
ED CT CHEST W CONT PE-NO PROTOCOL	71260	CPT	both			1592	241.65	Amerihealth	HMO/PPO		1034.8	65			210.13	1512.4	percent of total billed charges	
ED CT CHEST W CONT PE-NO PROTOCOL	71260	CPT	both			1592	241.65	Amerihealth	Medicare		210.13				210.13	1512.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED CT CHEST W CONT PE-NO PROTOCOL	71260	CPT	both			1592	241.65	Consumer	Consumer		1512.4	95			210.13	1512.4	percent of total billed charges	
ED CT CHEST W CONT PE-NO PROTOCOL	71260	CPT	both			1592	241.65	Corrections	Corrections		1273.6	80			210.13	1512.4	percent of total billed charges	
ED CT CHEST W CONT PE-NO PROTOCOL	71260	CPT	both			1592	241.65	First Health	First Health		1114.4	70			210.13	1512.4	percent of total billed charges	
ED CT CHEST W CONT PE-NO PROTOCOL	71260	CPT	both			1592	241.65	First Trenton	First Trenton		1432.8	90			210.13	1512.4	percent of total billed charges	
ED CT CHEST W CONT PE-NO PROTOCOL	71260	CPT	both			1592	241.65	Horizon	Indemnity		391.05				210.13	1512.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED CT CHEST W CONT PE-NO PROTOCOL	71260	CPT	both			1592	241.65	Horizon	NJ Health		334.96				210.13	1512.4	fee schedule	
ED CT CHEST W CONT PE-NO PROTOCOL	71260	CPT	both			1592	241.65	Horizon	MGD		391.05				210.13	1512.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED CT CHEST W CONT PE-NO PROTOCOL	71260	CPT	both			1592	241.65	Horizon	PPO		391.05				210.13	1512.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED CT CHEST W CONT PE-NO PROTOCOL	71260	CPT	both			1592	241.65	Horizon	Medicare Blue		210.13				210.13	1512.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED CT CHEST W CONT PE-NO PROTOCOL	71260	CPT	both			1592	241.65	Managed Care Inc	Managed Care Inc		1432.8	90			210.13	1512.4	percent of total billed charges	
ED CT CHEST W CONT PE-NO PROTOCOL	71260	CPT	both			1592	241.65	Multiplan	Multiplan		1273.6	80			210.13	1512.4	percent of total billed charges	
ED CT CHEST W CONT PE-NO PROTOCOL	71260	CPT	both			1592	241.65	Qualcare	Qualcare		1194	75			210.13	1512.4	percent of total billed charges	
ED CT CHEST W CONT PE-NO PROTOCOL	71260	CPT	both			1592	241.65	Three Rivers	Three Rivers		1512.4	95			210.13	1512.4	percent of total billed charges	
ED CT CHEST W CONT PE-NO PROTOCOL	71260	CPT	both			1592	241.65	UHC	Medicaid		502.28	31.55			210.13	1512.4	percent of total billed charges	
ED CT CHEST W CONT PE-NO PROTOCOL	71260	CPT	both			1592	241.65	UHC	Medicare		210.13				210.13	1512.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED CT CHEST W CONT PE-NO PROTOCOL	71260	CPT	both			1592	241.65	Wellcare	Medicare		210.13				210.13	1512.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED CT CHEST W CONT PE-NO PROTOCOL	71260	CPT	both			1592	241.65	Wellcare	Medicaid		502.28	31.55			210.13	1512.4	percent of total billed charges	
ED CT CHEST W CONT PE-NO PROTOCOL	71260	CPT	both			1592	241.65	WellPoint	WellPoint		512.31	32.18			210.13	1512.4	percent of total billed charges	
CTTHORAX W & W/O CONTRAST	71270	CPT	both			1772	241.65	Aetna	Commercial		334.53				210.13	1683.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTTHORAX W & W/O CONTRAST	71270	CPT	both			1772	241.65	Aetna	Medicare		210.13				210.13	1683.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTTHORAX W & W/O CONTRAST	71270	CPT	both			1772	241.65	Aetna	Better Health		559.07	31.55			210.13	1683.4	percent of total billed charges	
CTTHORAX W & W/O CONTRAST	71270	CPT	both			1772	241.65	Americare	Americare		1329	75			210.13	1683.4	percent of total billed charges	
CTTHORAX W & W/O CONTRAST	71270	CPT	both			1772	241.65	Amerihealth	HMO/PPO		1151.8	65			210.13	1683.4	percent of total billed charges	
CTTHORAX W & W/O CONTRAST	71270	CPT	both			1772	241.65	Amerihealth	Medicare		210.13				210.13	1683.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTTHORAX W & W/O CONTRAST	71270	CPT	both			1772	241.65	Consumer	Consumer		1683.4	95			210.13	1683.4	percent of total billed charges	
CTTHORAX W & W/O CONTRAST	71270	CPT	both			1772	241.65	Corrections	Corrections		1417.6	80			210.13	1683.4	percent of total billed charges	
CTTHORAX W & W/O CONTRAST	71270	CPT	both			1772	241.65	First Health	First Health		1240.4	70			210.13	1683.4	percent of total billed charges	
CTTHORAX W & W/O CONTRAST	71270	CPT	both			1772	241.65	First Trenton	First Trenton		1594.8	90			210.13	1683.4	percent of total billed charges	
CTTHORAX W & W/O CONTRAST	71270	CPT	both			1772	241.65	Horizon	MGD		391.05				210.13	1683.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTTHORAX W & W/O CONTRAST	71270	CPT	both			1772	241.65	Horizon	Medicare Blue		210.13				210.13	1683.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTTHORAX W & W/O CONTRAST	71270	CPT	both			1772	241.65	Horizon	PPO		391.05				210.13	1683.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTTHORAX W & W/O CONTRAST	71270	CPT	both			1772	241.65	Horizon	Indemnity		391.05				210.13	1683.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTTHORAX W & W/O CONTRAST	71270	CPT	both			1772	241.65	Horizon	NJ Health		343				210.13	1683.4	fee schedule	
CTTHORAX W & W/O CONTRAST	71270	CPT	both			1772	241.65	Managed Care Inc	Managed Care Inc		1594.8	90			210.13	1683.4	percent of total billed charges	
CTTHORAX W & W/O CONTRAST	71270	CPT	both			1772	241.65	Multiplan	Multiplan		1417.6	80			210.13	1683.4	percent of total billed charges	
CTTHORAX W & W/O CONTRAST	71270	CPT	both			1772	241.65	Qualcare	Qualcare		1329	75			210.13	1683.4	percent of total billed charges	
CTTHORAX W & W/O CONTRAST	71270	CPT	both			1772	241.65	Three Rivers	Three Rivers		1683.4	95			210.13	1683.4	percent of total billed charges	
CTTHORAX W & W/O CONTRAST	71270	CPT	both			1772	241.65	UHC	Medicaid		559.07	31.55			210.13	1683.4	percent of total billed charges	
CTTHORAX W & W/O CONTRAST	71270	CPT	both			1772	241.65	UHC	Medicare		210.13				210.13	1683.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTTHORAX W & W/O CONTRAST	71270	CPT	both			1772	241.65	Wellcare	Medicare		210.13				210.13	1683.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTTHORAX W & W/O CONTRAST	71270	CPT	both			1772	241.65	Wellcare	Medicaid		559.07	31.55			210.13	1683.4	percent of total billed charges	
CTTHORAX W & W/O CONTRAST	71270	CPT	both			1772	241.65	WellPoint	WellPoint		570.23	32.18			210.13	1683.4	percent of total billed charges	
CT CHEST LOW DOSE LUNG CA SCREENING	71271	CPT	both			421	144.6	Aetna	Commercial		200.18				125.74	399.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT CHEST LOW DOSE LUNG CA SCREENING	71271	CPT	both			421	144.6	Aetna	Medicare		125.74				125.74	399.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT CHEST LOW DOSE LUNG CA SCREENING	71271	CPT	both			421	144.6	Aetna	Better Health		132.83	31.55			125.74	399.95	percent of total billed charges	
CT CHEST LOW DOSE LUNG CA SCREENING	71271	CPT	both			421	144.6	Americare	Americare		315.75	75			125.74	399.95	percent of total billed charges	
CT CHEST LOW DOSE LUNG CA SCREENING	71271	CPT	both			421	144.6	Amerihealth	HMO/PPO		273.65	65			125.74	399.95	percent of total billed charges	
CT CHEST LOW DOSE LUNG CA SCREENING	71271	CPT	both			421	144.6	Amerihealth	Medicare		125.74				125.74	399.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT CHEST LOW DOSE LUNG CA SCREENING	71271	CPT	both			421	144.6	Consumer	Consumer		399.95	95			125.74	399.95	percent of total billed charges	
CT CHEST LOW DOSE LUNG CA SCREENING	71271	CPT	both			421	144.6	Corrections	Corrections		336.8	80			125.74	399.95	percent of total billed charges	
CT CHEST LOW DOSE LUNG CA SCREENING	71271	CPT	both			421	144.6	First Health	First Health		294.7	70			125.74	399.95	percent of total billed charges	
CT CHEST LOW DOSE LUNG CA SCREENING	71271	CPT	both			421	144.6	First Trenton	First Trenton		378.9	90			125.74	399.95	percent of total billed charges	
CT CHEST LOW DOSE LUNG CA SCREENING	71271	CPT	both			421	144.6	Horizon	MGD		234				125.74	399.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT CHEST LOW DOSE LUNG CA SCREENING	71271	CPT	both			421	144.6	Horizon	Medicare Blue		125.74				125.74	399.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT CHEST LOW DOSE LUNG CA SCREENING	71271	CPT	both			421	144.6	Horizon	Indemnity		234				125.74	399.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT CHEST LOW DOSE LUNG CA SCREENING	71271	CPT	both			421	144.6	Horizon	PPO		234				125.74	399.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT CHEST LOW DOSE LUNG CA SCREENING	71271	CPT	both			421	144.6	Managed Care Inc	Managed Care Inc		378.9	90			125.74	399.95	percent of total billed charges	
CT CHEST LOW DOSE LUNG CA SCREENING	71271	CPT	both			421	144.6	Multiplan	Multiplan		336.8	80			125.74	399.95	percent of total billed charges	
CT CHEST LOW DOSE LUNG CA SCREENING	71271	CPT	both			421	144.6	Qualcare	Qualcare		315.75	75			125.74	399.95	percent of total billed charges	
CT CHEST LOW DOSE LUNG CA SCREENING	71271	CPT	both			421	144.6	Three Rivers	Three Rivers		399.95	95			125.74	399.95	percent of total billed charges	
CT CHEST LOW DOSE LUNG CA SCREENING	71271	CPT	both			421	144.6	UHC	Medicaid		132.83	31.55			125.74	399.95	percent of total billed charges	
CT CHEST LOW DOSE LUNG CA SCREENING	71271	CPT	both			421	144.6	UHC	Medicare		125.74				125.74	399.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT CHEST LOW DOSE LUNG CA SCREENING	71271	CPT	both			421	144.6	Wellcare	Medicaid		132.83	31.55			125.74	399.95	percent of total billed charges	
CT CHEST LOW DOSE LUNG CA SCREENING	71271	CPT	both			421	144.6	Wellcare	Medicare		125.74				125.74	399.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT CHEST LOW DOSE LUNG CA SCREENING	71271	CPT	both			421	144.6	WellPoint	WellPoint		135.48	32.18			125.74	399.95	percent of total billed charges	
ED CT CHEST W CONT PE-NO PROTOCOL	71275	CPT	both			2561	241.65	Aetna	Better Health		808	31.55			210.13	2432.95	percent of total billed charges	
ED CT CHEST W CONT PE-NO PROTOCOL	71275	CPT	both			2561	241.65	Aetna	Commercial		334.53				210.13	2432.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED CT CHEST W CONT PE-NO PROTOCOL	71275	CPT	both			2561	241.65	Aetna	Medicare		210.13				210.13	2432.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED CT CHEST W CONT PE-NO PROTOCOL	71275	CPT	both			2561	241.65	Americare	Americare		1920.75	75			210.13	2432.95	percent of total billed charges	
ED CT CHEST W CONT PE-NO PROTOCOL	71275	CPT	both			2561	241.65	Amerihealth	HMO/PPO		1664.65	65			210.13	2432.95	percent of total billed charges	
ED CT CHEST W CONT PE-NO PROTOCOL	71275	CPT	both			2561	241.65	Amerihealth	Medicare		210.13				210.13	2432.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED CT CHEST W CONT PE-NO PROTOCOL	71275	CPT	both			2561	241.65	Consumer	Consumer		2432.95	95			210.13	2432.95	percent of total billed charges	
ED CT CHEST W CONT PE-NO PROTOCOL	71275	CPT	both			2561	241.65	Corrections	Corrections		2048.8	80			210.13	2432.95	percent of total billed charges	
ED CT CHEST W CONT PE-NO PROTOCOL	71275	CPT	both			2561	241.65	First Health	First Health		1792.7	70			210.13	2432.95	percent of total billed charges	
ED CT CHEST W CONT PE-NO PROTOCOL	71275	CPT	both			2561	241.65	First Trenton	First Trenton		2304.9	90			210.13	2432.95	percent of total billed charges	
ED CT CHEST W CONT PE-NO PROTOCOL	71275	CPT	both			2561	241.65	Horizon	MGD		391.05				210.13	2432.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED CT CHEST W CONT PE-NO PROTOCOL	71275	CPT	both			2561	241.65	Horizon	Indemnity		391.05				210.13	2432.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED CT CHEST W CONT PE-NO PROTOCOL	71275	CPT	both			2561	241.65	Horizon	NJ Health		342.86				210.13	2432.95	fee schedule	
ED CT CHEST W CONT PE-NO PROTOCOL	71275	CPT	both			2561	241.65	Horizon	PPO		391.05				210.13	2432.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED CT CHEST W CONT PE-NO PROTOCOL	71275	CPT	both			2561	241.65	Horizon	Medicare Blue		210.13				210.13	2432.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED CT CHEST W CONT PE-NO PROTOCOL	71275	CPT	both			2561	241.65	Managed Care Inc	Managed Care Inc		2304.9	90			210.13	2432.95	percent of total billed charges	
ED CT CHEST W CONT PE-NO PROTOCOL	71275	CPT	both			2561	241.65	Multiplan	Multiplan		2048.8	80			210.13	2432.95	percent of total billed charges	
ED CT CHEST W CONT PE-NO PROTOCOL	71275	CPT	both			2561	241.65	Qualcare	Qualcare		1920.75	75			210.13	2432.95	percent of total billed charges	
ED CT CHEST W CONT PE-NO PROTOCOL	71275	CPT	both			2561	241.65	Three Rivers	Three Rivers		2432.95	95			210.13	2432.95	percent of total billed charges	
ED CT CHEST W CONT PE-NO PROTOCOL	71275	CPT	both			2561	241.65	UHC	Medicaid		808	31.55			210.13	2432.95	percent of total billed charges	
ED CT CHEST W CONT PE-NO PROTOCOL	71275	CPT	both			2561	241.65	UHC	Medicare		210.13				210.13	2432.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED CT CHEST W CONT PE-NO PROTOCOL	71275	CPT	both			2561	241.65	Wellcare	Medicare		210.13				210.13	2432.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED CT CHEST W CONT PE-NO PROTOCOL	71275	CPT	both			2561	241.65	Wellcare	Medicaid		808	31.55			210.13	2432.95	percent of total billed charges	
ED CT CHEST W CONT PE-NO PROTOCOL	71275	CPT	both			2561	241.65	WellPoint	WellPoint		824.13	32.18			210.13	2432.95	percent of total billed charges	
MRI CHEST WITHOUT CONTRAST	71550	CPT	outpatient			6082	322.28	Aetna	Medicare		280.24				273.54	5777.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI CHEST WITHOUT CONTRAST	71550	CPT	outpatient			6082	322.28	Aetna	Better Health		1918.87	31.55			273.54	5777.9	percent of total billed charges	
MRI CHEST WITHOUT CONTRAST	71550	CPT	outpatient			6082	322.28	Aetna	Commercial		446.14				273.54	5777.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI CHEST WITHOUT CONTRAST	71550	CPT	outpatient			6082	322.28	Americare	Americare		4561.5	75			273.54	5777.9	percent of total billed charges	
MRI CHEST WITHOUT CONTRAST	71550	CPT	outpatient			6082	322.28	Amerihealth	HMO/PPO		3953.3	65			273.54	5777.9	percent of total billed charges	
MRI CHEST WITHOUT CONTRAST	71550	CPT	outpatient			6082	322.28	Amerihealth	Medicare		280.24				273.54	5777.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI CHEST WITHOUT CONTRAST	71550	CPT	outpatient			6082	322.28	Consumer	Consumer		5777.9	95			273.54	5777.9	percent of total billed charges	
MRI CHEST WITHOUT CONTRAST	71550	CPT	outpatient			6082	322.28	Corrections	Corrections		4865.6	80			273.54	5777.9	percent of total billed charges	
MRI CHEST WITHOUT CONTRAST	71550	CPT	outpatient			6082	322.28	First Health	First Health		4257.4	70			273.54	5777.9	percent of total billed charges	
MRI CHEST WITHOUT CONTRAST	71550	CPT	outpatient			6082	322.28	First Trenton	First Trenton		5473.8	90			273.54	5777.9	percent of total billed charges	
MRI CHEST WITHOUT CONTRAST	71550	CPT	outpatient			6082	322.28	Horizon	Indemnity		521.53				273.54	5777.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI CHEST WITHOUT CONTRAST	71550	CPT	outpatient			6082	322.28	Horizon	MGD		521.53				273.54	5777.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI CHEST WITHOUT CONTRAST	71550	CPT	outpatient			6082	322.28	Horizon	NJ Health		588				273.54	5777.9	fee schedule	
MRI CHEST WITHOUT CONTRAST	71550	CPT	outpatient			6082	322.28	Horizon	PPO		521.53				273.54	5777.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI CHEST WITHOUT CONTRAST	71550	CPT	outpatient			6082	322.28	Horizon	Medicare Blue		280.24				273.54	5777.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI CHEST WITHOUT CONTRAST	71550	CPT	outpatient			6082	322.28	Managed Care Inc	Managed Care Inc		5473.8	90			273.54	5777.9	percent of total billed charges	
MRI CHEST WITHOUT CONTRAST	71550	CPT	outpatient			6082	322.28	Multiplan	Multiplan		4865.6	80			273.54	5777.9	percent of total billed charges	
MRI CHEST WITHOUT CONTRAST	71550	CPT	outpatient			6082	322.28	Qualcare	Qualcare		4561.5	75			273.54	5777.9	percent of total billed charges	
MRI CHEST WITHOUT CONTRAST	71550	CPT	outpatient			6082	322.28	Three Rivers	Three Rivers		5777.9	95			273.54	5777.9	percent of total billed charges	
MRI CHEST WITHOUT CONTRAST	71550	CPT	outpatient			6082	322.28	UHC	Medicaid		1918.87	31.55			273.54	5777.9	percent of total billed charges	
MRI CHEST WITHOUT CONTRAST	71550	CPT	outpatient			6082	322.28	UHC	Medicare		280.24				273.54	5777.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI CHEST WITHOUT CONTRAST	71550	CPT	outpatient			6082	322.28	Wellcare	Medicare		280.24				273.54	5777.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI CHEST WITHOUT CONTRAST	71550	CPT	outpatient			6082	322.28	Wellcare	Medicaid		1918.87	31.55			273.54	5777.9	percent of total billed charges	
MRI CHEST WITHOUT CONTRAST	71550	CPT	outpatient			6082	322.28	WellPoint	WellPoint		1957.19	32.18			273.54	5777.9	percent of total billed charges	
MRI CHEST WITH CONTRAST	71551	CPT	outpatient			2427	1053.08	Aetna	Better Health		765.72	31.55			584.08	2305.65	percent of total billed charges	
MRI CHEST WITH CONTRAST	71551	CPT	outpatient			2427	1053.08	Aetna	Commercial		1457.83				584.08	2305.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI CHEST WITH CONTRAST	71551	CPT	outpatient			2427	1053.08	Aetna	Medicare		915.72				584.08	2305.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI CHEST WITH CONTRAST	71551	CPT	outpatient			2427	1053.08	Americare	Americare		1820.25	75			584.08	2305.65	percent of total billed charges	
MRI CHEST WITH CONTRAST	71551	CPT	outpatient			2427	1053.08	Amerihealth	HMO/PPO		1577.55	65			584.08	2305.65	percent of total billed charges	
MRI CHEST WITH CONTRAST	71551	CPT	outpatient			2427	1053.08	Amerihealth	Medicare		915.72				584.08	2305.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI CHEST WITH CONTRAST	71551	CPT	outpatient			2427	1053.08	Consumer	Consumer		2305.65	95			584.08	2305.65	percent of total billed charges	
MRI CHEST WITH CONTRAST	71551	CPT	outpatient			2427	1053.08	Corrections	Corrections		1941.6	80			584.08	2305.65	percent of total billed charges	
MRI CHEST WITH CONTRAST	71551	CPT	outpatient			2427	1053.08	First Health	First Health		1698.9	70			584.08	2305.65	percent of total billed charges	
MRI CHEST WITH CONTRAST	71551	CPT	outpatient			2427	1053.08	First Trenton	First Trenton		2184.3	90			584.08	2305.65	percent of total billed charges	
MRI CHEST WITH CONTRAST	71551	CPT	outpatient			2427	1053.08	Horizon	MGD		1704.15				584.08	2305.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI CHEST WITH CONTRAST	71551	CPT	outpatient			2427	1053.08	Horizon	Medicare Blue		915.72				584.08	2305.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI CHEST WITH CONTRAST	71551	CPT	outpatient			2427	1053.08	Horizon	PPO		1704.15				584.08	2305.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI CHEST WITH CONTRAST	71551	CPT	outpatient			2427	1053.08	Horizon	NJ Health		584.08				584.08	2305.65	fee schedule	
MRI CHEST WITH CONTRAST	71551	CPT	outpatient			2427	1053.08	Horizon	Indemnity		1704.15				584.08	2305.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
MRI CHEST WITH CONTRAST	71551	CPT	outpatient			2427	1053.08	Managed Care Inc	Managed Care Inc		2184.3	90			584.08	2305.65	percent of total billed charges	
MRI CHEST WITH CONTRAST	71551	CPT	outpatient			2427	1053.08	Multiplan	Multiplan		1941.6	80			584.08	2305.65	percent of total billed charges	
MRI CHEST WITH CONTRAST	71551	CPT	outpatient			2427	1053.08	Qualcare	Qualcare		1820.25	75			584.08	2305.65	percent of total billed charges	
MRI CHEST WITH CONTRAST	71551	CPT	outpatient			2427	1053.08	Three Rivers	Three Rivers		2305.65	95			584.08	2305.65	percent of total billed charges	
MRI CHEST WITH CONTRAST	71551	CPT	outpatient			2427	1053.08	UHC	Medicare		915.72				584.08	2305.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI CHEST WITH CONTRAST	71551	CPT	outpatient			2427	1053.08	UHC	Medicaid		765.72	31.55			584.08	2305.65	percent of total billed charges	
MRI CHEST WITH CONTRAST	71551	CPT	outpatient			2427	1053.08	Wellcare	Medicaid		765.72	31.55			584.08	2305.65	percent of total billed charges	
MRI CHEST WITH CONTRAST	71551	CPT	outpatient			2427	1053.08	Wellcare	Medicare		915.72				584.08	2305.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI CHEST WITH CONTRAST	71551	CPT	outpatient			2427	1053.08	WellPoint	WellPoint		781.01	32.18			584.08	2305.65	percent of total billed charges	
MRI CLAVICLE L W & W/O CONTRAST	71552	CPT	outpatient			4335	505.8	Aetna	Medicare		439.83				429.4	4118.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI CLAVICLE L W & W/O CONTRAST	71552	CPT	outpatient			4335	505.8	Aetna	Better Health		1367.69	31.55			429.4	4118.25	percent of total billed charges	
MRI CLAVICLE L W & W/O CONTRAST	71552	CPT	outpatient			4335	505.8	Aetna	Commercial		700.21				429.4	4118.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI CLAVICLE L W & W/O CONTRAST	71552	CPT	outpatient			4335	505.8	Americare	Americare		3251.25	75			429.4	4118.25	percent of total billed charges	
MRI CLAVICLE L W & W/O CONTRAST	71552	CPT	outpatient			4335	505.8	Amerihealth	HMO/PPO		2817.75	65			429.4	4118.25	percent of total billed charges	
MRI CLAVICLE L W & W/O CONTRAST	71552	CPT	outpatient			4335	505.8	Amerihealth	Medicare		439.83				429.4	4118.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI CLAVICLE L W & W/O CONTRAST	71552	CPT	outpatient			4335	505.8	Consumer	Consumer		4118.25	95			429.4	4118.25	percent of total billed charges	
MRI CLAVICLE L W & W/O CONTRAST	71552	CPT	outpatient			4335	505.8	Corrections	Corrections		3468	80			429.4	4118.25	percent of total billed charges	
MRI CLAVICLE L W & W/O CONTRAST	71552	CPT	outpatient			4335	505.8	First Health	First Health		3034.5	70			429.4	4118.25	percent of total billed charges	
MRI CLAVICLE L W & W/O CONTRAST	71552	CPT	outpatient			4335	505.8	First Trenton	First Trenton		3901.5	90			429.4	4118.25	percent of total billed charges	
MRI CLAVICLE L W & W/O CONTRAST	71552	CPT	outpatient			4335	505.8	Horizon	Indemnity		818.52				429.4	4118.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI CLAVICLE L W & W/O CONTRAST	71552	CPT	outpatient			4335	505.8	Horizon	MGD		818.52				429.4	4118.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI CLAVICLE L W & W/O CONTRAST	71552	CPT	outpatient			4335	505.8	Horizon	NJ Health		949.37				429.4	4118.25	fee schedule	
MRI CLAVICLE L W & W/O CONTRAST	71552	CPT	outpatient			4335	505.8	Horizon	Medicare Blue		439.83				429.4	4118.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI CLAVICLE L W & W/O CONTRAST	71552	CPT	outpatient			4335	505.8	Horizon	PPO		818.52				429.4	4118.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI CLAVICLE L W & W/O CONTRAST	71552	CPT	outpatient			4335	505.8	Managed Care Inc	Managed Care Inc		3901.5	90			429.4	4118.25	percent of total billed charges	
MRI CLAVICLE L W & W/O CONTRAST	71552	CPT	outpatient			4335	505.8	Multiplan	Multiplan		3468	80			429.4	4118.25	percent of total billed charges	
MRI CLAVICLE L W & W/O CONTRAST	71552	CPT	outpatient			4335	505.8	Qualcare	Qualcare		3251.25	75			429.4	4118.25	percent of total billed charges	
MRI CLAVICLE L W & W/O CONTRAST	71552	CPT	outpatient			4335	505.8	Three Rivers	Three Rivers		4118.25	95			429.4	4118.25	percent of total billed charges	
MRI CLAVICLE L W & W/O CONTRAST	71552	CPT	outpatient			4335	505.8	UHC	Medicare		439.83				429.4	4118.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI CLAVICLE L W & W/O CONTRAST	71552	CPT	outpatient			4335	505.8	UHC	Medicaid		1367.69	31.55			429.4	4118.25	percent of total billed charges	
MRI CLAVICLE L W & W/O CONTRAST	71552	CPT	outpatient			4335	505.8	Wellcare	Medicaid		1367.69	31.55			429.4	4118.25	percent of total billed charges	
MRI CLAVICLE L W & W/O CONTRAST	71552	CPT	outpatient			4335	505.8	Wellcare	Medicare		439.83				429.4	4118.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI CLAVICLE L W & W/O CONTRAST	71552	CPT	outpatient			4335	505.8	WellPoint	WellPoint		1395	32.18			429.4	4118.25	percent of total billed charges	
MRA-CHEST	71555	CPT	outpatient			4937		Aetna	Commercial		1876.06	38			497.35	4690.15	percent of total billed charges	
MRA-CHEST	71555	CPT	outpatient			4937		Aetna	Better Health		1557.62	31.55			497.35	4690.15	percent of total billed charges	
MRA-CHEST	71555	CPT	outpatient			4937		Aetna	Medicare		1520.6	30.8			497.35	4690.15	percent of total billed charges	
MRA-CHEST	71555	CPT	outpatient			4937		Americare	Americare		3702.75	75			497.35	4690.15	percent of total billed charges	
MRA-CHEST	71555	CPT	outpatient			4937		Amerihealth	HMO/PPO		3209.05	65			497.35	4690.15	percent of total billed charges	
MRA-CHEST	71555	CPT	outpatient			4937		Consumer	Consumer		4690.15	95			497.35	4690.15	percent of total billed charges	
MRA-CHEST	71555	CPT	outpatient			4937		Corrections	Corrections		3949.6	80			497.35	4690.15	percent of total billed charges	
MRA-CHEST	71555	CPT	outpatient			4937		First Health	First Health		3455.9	70			497.35	4690.15	percent of total billed charges	
MRA-CHEST	71555	CPT	outpatient			4937		First Trenton	First Trenton		4443.3	90			497.35	4690.15	percent of total billed charges	
MRA-CHEST	71555	CPT	outpatient			4937		Horizon	Indemnity		1889.88	38.28			497.35	4690.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA-CHEST	71555	CPT	outpatient			4937		Horizon	MGD		1889.88	38.28			497.35	4690.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA-CHEST	71555	CPT	outpatient			4937		Horizon	NJ Health		497.35				497.35	4690.15	fee schedule	
MRA-CHEST	71555	CPT	outpatient			4937		Horizon	PPO		1889.88	38.28			497.35	4690.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA-CHEST	71555	CPT	outpatient			4937		Horizon	Medicare Blue		1481.1	30			497.35	4690.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA-CHEST	71555	CPT	outpatient			4937		Managed Care Inc	Managed Care Inc		4443.3	90			497.35	4690.15	percent of total billed charges	
MRA-CHEST	71555	CPT	outpatient			4937		Multiplan	Multiplan		3949.6	80			497.35	4690.15	percent of total billed charges	
MRA-CHEST	71555	CPT	outpatient			4937		Qualcare	Qualcare		3702.75	75			497.35	4690.15	percent of total billed charges	
MRA-CHEST	71555	CPT	outpatient			4937		Three Rivers	Three Rivers		4690.15	95			497.35	4690.15	percent of total billed charges	
MRA-CHEST	71555	CPT	outpatient			4937		UHC	Medicaid		1557.62	31.55			497.35	4690.15	percent of total billed charges	
MRA-CHEST	71555	CPT	outpatient			4937		Wellcare	Medicaid		1557.62	31.55			497.35	4690.15	percent of total billed charges	
MRA-CHEST	71555	CPT	outpatient			4937		WellPoint	WellPoint		1588.73	32.18			497.35	4690.15	percent of total billed charges	
THORACIC SPINE SURGICAL 1VW	72020	CPT	both			236	119.52	Aetna	Medicare		72.69	30.8			23.89	224.2	percent of total billed charges	
THORACIC SPINE SURGICAL 1VW	72020	CPT	both			236	119.52	Aetna	Commercial		165.46				23.89	224.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THORACIC SPINE SURGICAL 1VW	72020	CPT	both			236	119.52	Aetna	Better Health		74.46	31.55			23.89	224.2	percent of total billed charges	
THORACIC SPINE SURGICAL 1VW	72020	CPT	both			236	119.52	Americare	Americare		177	75			23.89	224.2	percent of total billed charges	
THORACIC SPINE SURGICAL 1VW	72020	CPT	both			236	119.52	Amerihealth	HMO/PPO		153.4	65			23.89	224.2	percent of total billed charges	
THORACIC SPINE SURGICAL 1VW	72020	CPT	both			236	119.52	Amerihealth	Medicare		103.93				23.89	224.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THORACIC SPINE SURGICAL 1VW	72020	CPT	both			236	119.52	Consumer	Consumer		224.2	95			23.89	224.2	percent of total billed charges	
THORACIC SPINE SURGICAL 1VW	72020	CPT	both			236	119.52	Corrections	Corrections		188.8	80			23.89	224.2	percent of total billed charges	
THORACIC SPINE SURGICAL 1VW	72020	CPT	both			236	119.52	First Health	First Health		165.2	70			23.89	224.2	percent of total billed charges	
THORACIC SPINE SURGICAL 1VW	72020	CPT	both			236	119.52	First Trenton	First Trenton		212.4	90			23.89	224.2	percent of total billed charges	
THORACIC SPINE SURGICAL 1VW	72020	CPT	both			236	119.52	Horizon	Indemnity		193.41				23.89	224.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THORACIC SPINE SURGICAL 1VW	72020	CPT	both			236	119.52	Horizon	MGD		193.41				23.89	224.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THORACIC SPINE SURGICAL 1VW	72020	CPT	both			236	119.52	Horizon	Medicare Blue		103.93				23.89	224.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THORACIC SPINE SURGICAL 1VW	72020	CPT	both			236	119.52	Horizon	NJ Health		23.89				23.89	224.2	fee schedule	
THORACIC SPINE SURGICAL 1VW	72020	CPT	both			236	119.52	Horizon	PPO		193.41				23.89	224.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THORACIC SPINE SURGICAL 1VW	72020	CPT	both			236	119.52	Managed Care Inc	Managed Care Inc		212.4	90			23.89	224.2	percent of total billed charges	
THORACIC SPINE SURGICAL 1VW	72020	CPT	both			236	119.52	Multiplan	Multiplan		188.8	80			23.89	224.2	percent of total billed charges	
THORACIC SPINE SURGICAL 1VW	72020	CPT	both			236	119.52	Qualcare	Qualcare		177	75			23.89	224.2	percent of total billed charges	
THORACIC SPINE SURGICAL 1VW	72020	CPT	both			236	119.52	Three Rivers	Three Rivers		224.2	95			23.89	224.2	percent of total billed charges	
THORACIC SPINE SURGICAL 1VW	72020	CPT	both			236	119.52	UHC	Medicaid		74.46	31.55			23.89	224.2	percent of total billed charges	
THORACIC SPINE SURGICAL 1VW	72020	CPT	both			236	119.52	UHC	Medicare		103.93				23.89	224.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THORACIC SPINE SURGICAL 1VW	72020	CPT	both			236	119.52	Wellcare	Medicaid		74.46	31.55			23.89	224.2	percent of total billed charges	
THORACIC SPINE SURGICAL 1VW	72020	CPT	both			236	119.52	Wellcare	Medicare		103.93				23.89	224.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THORACIC SPINE SURGICAL 1VW	72020	CPT	both			236	119.52	WellPoint	WellPoint		75.94	32.18			23.89	224.2	percent of total billed charges	
CERVICAL SPINE, PORTABLE	72040	CPT	both			259	119.52	Aetna	Better Health		81.71	31.55			34.79	246.05	percent of total billed charges	
CERVICAL SPINE, PORTABLE	72040	CPT	both			259	119.52	Aetna	Commercial		165.46				34.79	246.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CERVICAL SPINE, PORTABLE	72040	CPT	both			259	119.52	Aetna	Medicare		103.93				34.79	246.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CERVICAL SPINE, PORTABLE	72040	CPT	both			259	119.52	Americare	Americare		194.25	75			34.79	246.05	percent of total billed charges	
CERVICAL SPINE, PORTABLE	72040	CPT	both			259	119.52	Amerihealth	HMO/PPO		168.35	65			34.79	246.05	percent of total billed charges	
CERVICAL SPINE, PORTABLE	72040	CPT	both			259	119.52	Amerihealth	Medicare		103.93				34.79	246.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CERVICAL SPINE, PORTABLE	72040	CPT	both			259	119.52	Consumer	Consumer		246.05	95			34.79	246.05	percent of total billed charges	
CERVICAL SPINE, PORTABLE	72040	CPT	both			259	119.52	Corrections	Corrections		207.2	80			34.79	246.05	percent of total billed charges	
CERVICAL SPINE, PORTABLE	72040	CPT	both			259	119.52	First Health	First Health		181.3	70			34.79	246.05	percent of total billed charges	
CERVICAL SPINE, PORTABLE	72040	CPT	both			259	119.52	First Trenton	First Trenton		233.1	90			34.79	246.05	percent of total billed charges	
CERVICAL SPINE, PORTABLE	72040	CPT	both			259	119.52	Horizon	NJ Health		34.79				34.79	246.05	fee schedule	
CERVICAL SPINE, PORTABLE	72040	CPT	both			259	119.52	Horizon	Indemnity		193.41				34.79	246.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CERVICAL SPINE, PORTABLE	72040	CPT	both			259	119.52	Horizon	MGD		193.41				34.79	246.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CERVICAL SPINE, PORTABLE	72040	CPT	both			259	119.52	Horizon	PPO		193.41				34.79	246.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CERVICAL SPINE, PORTABLE	72040	CPT	both			259	119.52	Horizon	Medicare Blue		103.93				34.79	246.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CERVICAL SPINE, PORTABLE	72040	CPT	both			259	119.52	Managed Care Inc	Managed Care Inc		233.1	90			34.79	246.05	percent of total billed charges	
CERVICAL SPINE, PORTABLE	72040	CPT	both			259	119.52	Multiplan	Multiplan		207.2	80			34.79	246.05	percent of total billed charges	
CERVICAL SPINE, PORTABLE	72040	CPT	both			259	119.52	Qualcare	Qualcare		194.25	75			34.79	246.05	percent of total billed charges	
CERVICAL SPINE, PORTABLE	72040	CPT	both			259	119.52	Three Rivers	Three Rivers		246.05	95			34.79	246.05	percent of total billed charges	
CERVICAL SPINE, PORTABLE	72040	CPT	both			259	119.52	UHC	Medicare		103.93				34.79	246.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CERVICAL SPINE, PORTABLE	72040	CPT	both			259	119.52	UHC	Medicaid		81.71	31.55			34.79	246.05	percent of total billed charges	
CERVICAL SPINE, PORTABLE	72040	CPT	both			259	119.52	Wellcare	Medicare		103.93				34.79	246.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CERVICAL SPINE, PORTABLE	72040	CPT	both			259	119.52	Wellcare	Medicaid		81.71	31.55			34.79	246.05	percent of total billed charges	
CERVICAL SPINE, PORTABLE	72040	CPT	both			259	119.52	WellPoint	WellPoint		83.35	32.18			34.79	246.05	percent of total billed charges	
CERVICAL SPINE W/OBLIQUES >4 VIEWS	72050	CPT	outpatient			750	144.6	Aetna	Medicare		231	30.8			50.25	712.5	percent of total billed charges	
CERVICAL SPINE W/OBLIQUES >4 VIEWS	72050	CPT	outpatient			750	144.6	Aetna	Better Health		236.63	31.55			50.25	712.5	percent of total billed charges	
CERVICAL SPINE W/OBLIQUES >4 VIEWS	72050	CPT	outpatient			750	144.6	Aetna	Commercial		200.18				50.25	712.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CERVICAL SPINE W/OBLIQUES >4 VIEWS	72050	CPT	outpatient			750	144.6	Americare	Americare		562.5	75			50.25	712.5	percent of total billed charges	
CERVICAL SPINE W/OBLIQUES >4 VIEWS	72050	CPT	outpatient			750	144.6	Amerihealth	HMO/PPO		487.5	65			50.25	712.5	percent of total billed charges	
CERVICAL SPINE W/OBLIQUES >4 VIEWS	72050	CPT	outpatient			750	144.6	Amerihealth	Medicare		125.74				50.25	712.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CERVICAL SPINE W/OBLIQUES >4 VIEWS	72050	CPT	outpatient			750	144.6	Consumer	Consumer		712.5	95			50.25	712.5	percent of total billed charges	
CERVICAL SPINE W/OBLIQUES >4 VIEWS	72050	CPT	outpatient			750	144.6	Corrections	Corrections		600	80			50.25	712.5	percent of total billed charges	
CERVICAL SPINE W/OBLIQUES >4 VIEWS	72050	CPT	outpatient			750	144.6	First Health	First Health		525	70			50.25	712.5	percent of total billed charges	
CERVICAL SPINE W/OBLIQUES >4 VIEWS	72050	CPT	outpatient			750	144.6	First Trenton	First Trenton		675	90			50.25	712.5	percent of total billed charges	
CERVICAL SPINE W/OBLIQUES >4 VIEWS	72050	CPT	outpatient			750	144.6	Horizon	Indemnity		234				50.25	712.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CERVICAL SPINE W/OBLIQUES >4 VIEWS	72050	CPT	outpatient			750	144.6	Horizon	MGD		234				50.25	712.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CERVICAL SPINE W/OBLIQUES >4 VIEWS	72050	CPT	outpatient			750	144.6	Horizon	Medicare Blue		125.74				50.25	712.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CERVICAL SPINE W/OBLIQUES >4 VIEWS	72050	CPT	outpatient			750	144.6	Horizon	NJ Health		50.25				50.25	712.5	fee schedule	
CERVICAL SPINE W/OBLIQUES >4 VIEWS	72050	CPT	outpatient			750	144.6	Horizon	PPO		234				50.25	712.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CERVICAL SPINE W/OBLIQUES >4 VIEWS	72050	CPT	outpatient			750	144.6	Managed Care Inc	Managed Care Inc		675	90			50.25	712.5	percent of total billed charges	
CERVICAL SPINE W/OBLIQUES >4 VIEWS	72050	CPT	outpatient			750	144.6	Multiplan	Multiplan		600	80			50.25	712.5	percent of total billed charges	
CERVICAL SPINE W/OBLIQUES >4 VIEWS	72050	CPT	outpatient			750	144.6	Qualcare	Qualcare		562.5	75			50.25	712.5	percent of total billed charges	
CERVICAL SPINE W/OBLIQUES >4 VIEWS	72050	CPT	outpatient			750	144.6	Three Rivers	Three Rivers		712.5	95			50.25	712.5	percent of total billed charges	
CERVICAL SPINE W/OBLIQUES >4 VIEWS	72050	CPT	outpatient			750	144.6	UHC	Medicaid		236.63	31.55			50.25	712.5	percent of total billed charges	
CERVICAL SPINE W/OBLIQUES >4 VIEWS	72050	CPT	outpatient			750	144.6	UHC	Medicare		125.74				50.25	712.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CERVICAL SPINE W/OBLIQUES >4 VIEWS	72050	CPT	outpatient			750	144.6	Wellcare	Medicare		125.74				50.25	712.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CERVICAL SPINE W/OBLIQUES >4 VIEWS	72050	CPT	outpatient			750	144.6	Wellcare	Medicaid		236.63	31.55			50.25	712.5	percent of total billed charges	
CERVICAL SPINE W/OBLIQUES >4 VIEWS	72050	CPT	outpatient			750	144.6	WellPoint	WellPoint		241.35	32.18			50.25	712.5	percent of total billed charges	
CERVICLSPINE W/OBLIQ FLEX EXTEN	72052	CPT	both			627	144.6	Aetna	Medicare		193.12	30.8			61.86	595.65	percent of total billed charges	
CERVICLSPINE W/OBLIQ FLEX EXTEN	72052	CPT	both			627	144.6	Aetna	Commercial		200.18				61.86	595.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CERVICLSPINE W/OBLIQ FLEX EXTEN	72052	CPT	both			627	144.6	Aetna	Better Health		197.82	31.55			61.86	595.65	percent of total billed charges	
CERVICLSPINE W/OBLIQ FLEX EXTEN	72052	CPT	both			627	144.6	Americare	Americare		470.25	75			61.86	595.65	percent of total billed charges	
CERVICLSPINE W/OBLIQ FLEX EXTEN	72052	CPT	both			627	144.6	Amerihealth	HMO/PPO		407.55	65			61.86	595.65	percent of total billed charges	
CERVICLSPINE W/OBLIQ FLEX EXTEN	72052	CPT	both			627	144.6	Amerihealth	Medicare		125.74				61.86	595.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CERVICLSPINE W/OBLIQ FLEX EXTEN	72052	CPT	both			627	144.6	Consumer	Consumer		595.65	95			61.86	595.65	percent of total billed charges	
CERVICLSPINE W/OBLIQ FLEX EXTEN	72052	CPT	both			627	144.6	Corrections	Corrections		501.6	80			61.86	595.65	percent of total billed charges	
CERVICLSPINE W/OBLIQ FLEX EXTEN	72052	CPT	both			627	144.6	First Health	First Health		438.9	70			61.86	595.65	percent of total billed charges	
CERVICLSPINE W/OBLIQ FLEX EXTEN	72052	CPT	both			627	144.6	First Trenton	First Trenton		564.3	90			61.86	595.65	percent of total billed charges	
CERVICLSPINE W/OBLIQ FLEX EXTEN	72052	CPT	both			627	144.6	Horizon	Medicare Blue		125.74				61.86	595.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CERVICLSPINE W/OBLIQ FLEX EXTEN	72052	CPT	both			627	144.6	Horizon	PPO		234				61.86	595.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CERVICLSPINE W/OBLIQ FLEX EXTEN	72052	CPT	both			627	144.6	Horizon	NJ Health		61.86				61.86	595.65	fee schedule	
CERVICLSPINE W/OBLIQ FLEX EXTEN	72052	CPT	both			627	144.6	Horizon	Indemnity		234				61.86	595.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CERVICLSPINE W/OBLIQ FLEX EXTEN	72052	CPT	both			627	144.6	Horizon	MGD		234				61.86	595.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CERVICLSPINE W/OBLIQ FLEX EXTEN	72052	CPT	both			627	144.6	Managed Care Inc	Managed Care Inc		564.3	90			61.86	595.65	percent of total billed charges	
CERVICLSPINE W/OBLIQ FLEX EXTEN	72052	CPT	both			627	144.6	Multiplan	Multiplan		501.6	80			61.86	595.65	percent of total billed charges	
CERVICLSPINE W/OBLIQ FLEX EXTEN	72052	CPT	both			627	144.6	Qualcare	Qualcare		470.25	75			61.86	595.65	percent of total billed charges	
CERVICLSPINE W/OBLIQ FLEX EXTEN	72052	CPT	both			627	144.6	Three Rivers	Three Rivers		595.65	95			61.86	595.65	percent of total billed charges	
CERVICLSPINE W/OBLIQ FLEX EXTEN	72052	CPT	both			627	144.6	UHC	Medicaid		197.82	31.55			61.86	595.65	percent of total billed charges	
CERVICLSPINE W/OBLIQ FLEX EXTEN	72052	CPT	both			627	144.6	UHC	Medicare		125.74				61.86	595.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CERVICLSPINE W/OBLIQ FLEX EXTEN	72052	CPT	both			627	144.6	Wellcare	Medicaid		197.82	31.55			61.86	595.65	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.															
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true														
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CERVICLSPINE W/OBLIQ FLEX EXTEN	72052	CPT	both			627		144.6 Wellcare	Medicare		125.74				61.86	595.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CERVICLSPINE W/OBLIQ FLEX EXTEN	72052	CPT	both			627		144.6 WellPoint	WellPoint		201.77	32.18			61.86	595.65	percent of total billed charges	
THORACIC SPINE, PORTABLE	72070	CPT	both			247		144.6 Aetna	Better Health		77.93	31.55			36.55	234.65	percent of total billed charges	
THORACIC SPINE, PORTABLE	72070	CPT	both			247		144.6 Aetna	Commercial		200.18				36.55	234.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THORACIC SPINE, PORTABLE	72070	CPT	both			247		144.6 Aetna	Medicare		125.74				36.55	234.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THORACIC SPINE, PORTABLE	72070	CPT	both			247		144.6 Americare	Americare		185.25	75			36.55	234.65	percent of total billed charges	
THORACIC SPINE, PORTABLE	72070	CPT	both			247		144.6 Amerihealth	HMO/PPO		160.55	65			36.55	234.65	percent of total billed charges	
THORACIC SPINE, PORTABLE	72070	CPT	both			247		144.6 Amerihealth	Medicare		125.74				36.55	234.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THORACIC SPINE, PORTABLE	72070	CPT	both			247		144.6 Consumer	Consumer		234.65	95			36.55	234.65	percent of total billed charges	
THORACIC SPINE, PORTABLE	72070	CPT	both			247		144.6 Corrections	Corrections		197.6	80			36.55	234.65	percent of total billed charges	
THORACIC SPINE, PORTABLE	72070	CPT	both			247		144.6 First Health	First Health		172.9	70			36.55	234.65	percent of total billed charges	
THORACIC SPINE, PORTABLE	72070	CPT	both			247		144.6 First Trenton	First Trenton		222.3	90			36.55	234.65	percent of total billed charges	
THORACIC SPINE, PORTABLE	72070	CPT	both			247		144.6 Horizon	NJ Health		36.55				36.55	234.65	fee schedule	
THORACIC SPINE, PORTABLE	72070	CPT	both			247		144.6 Horizon	Indemnity		234				36.55	234.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THORACIC SPINE, PORTABLE	72070	CPT	both			247		144.6 Horizon	Medicare Blue		125.74				36.55	234.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THORACIC SPINE, PORTABLE	72070	CPT	both			247		144.6 Horizon	PPO		234				36.55	234.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THORACIC SPINE, PORTABLE	72070	CPT	both			247		144.6 Horizon	MGD		234				36.55	234.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THORACIC SPINE, PORTABLE	72070	CPT	both			247		144.6 Managed Care Inc	Managed Care Inc		222.3	90			36.55	234.65	percent of total billed charges	
THORACIC SPINE, PORTABLE	72070	CPT	both			247		144.6 Multiplan	Multiplan		197.6	80			36.55	234.65	percent of total billed charges	
THORACIC SPINE, PORTABLE	72070	CPT	both			247		144.6 Qualcare	Qualcare		185.25	75			36.55	234.65	percent of total billed charges	
THORACIC SPINE, PORTABLE	72070	CPT	both			247		144.6 Three Rivers	Three Rivers		234.65	95			36.55	234.65	percent of total billed charges	
THORACIC SPINE, PORTABLE	72070	CPT	both			247		144.6 UHC	Medicare		125.74				36.55	234.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THORACIC SPINE, PORTABLE	72070	CPT	both			247		144.6 UHC	Medicaid		77.93	31.55			36.55	234.65	percent of total billed charges	
THORACIC SPINE, PORTABLE	72070	CPT	both			247		144.6 Wellcare	Medicare		125.74				36.55	234.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THORACIC SPINE, PORTABLE	72070	CPT	both			247		144.6 Wellcare	Medicaid		77.93	31.55			36.55	234.65	percent of total billed charges	
THORACIC SPINE, PORTABLE	72070	CPT	both			247		144.6 WellPoint	WellPoint		79.48	32.18			36.55	234.65	percent of total billed charges	
THORACIC, AP & LAT W SWIMMERS	72072	CPT	outpatient			609		144.6 Aetna	Medicare		125.74				39.2	578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THORACIC, AP & LAT W SWIMMERS	72072	CPT	outpatient			609		144.6 Aetna	Commercial		200.18				39.2	578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THORACIC, AP & LAT W SWIMMERS	72072	CPT	outpatient			609		144.6 Aetna	Better Health		192.14	31.55			39.2	578.55	percent of total billed charges	
THORACIC, AP & LAT W SWIMMERS	72072	CPT	outpatient			609		144.6 Americare	Americare		456.75	75			39.2	578.55	percent of total billed charges	
THORACIC, AP & LAT W SWIMMERS	72072	CPT	outpatient			609		144.6 Amerihealth	HMO/PPO		395.85	65			39.2	578.55	percent of total billed charges	
THORACIC, AP & LAT W SWIMMERS	72072	CPT	outpatient			609		144.6 Amerihealth	Medicare		125.74				39.2	578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THORACIC, AP & LAT W SWIMMERS	72072	CPT	outpatient			609		144.6 Consumer	Consumer		578.55	95			39.2	578.55	percent of total billed charges	
THORACIC, AP & LAT W SWIMMERS	72072	CPT	outpatient			609		144.6 Corrections	Corrections		487.2	80			39.2	578.55	percent of total billed charges	
THORACIC, AP & LAT W SWIMMERS	72072	CPT	outpatient			609		144.6 First Health	First Health		426.3	70			39.2	578.55	percent of total billed charges	
THORACIC, AP & LAT W SWIMMERS	72072	CPT	outpatient			609		144.6 First Trenton	First Trenton		548.1	90			39.2	578.55	percent of total billed charges	
THORACIC, AP & LAT W SWIMMERS	72072	CPT	outpatient			609		144.6 Horizon	PPO		234				39.2	578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THORACIC, AP & LAT W SWIMMERS	72072	CPT	outpatient			609		144.6 Horizon	Medicare Blue		125.74				39.2	578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THORACIC, AP & LAT W SWIMMERS	72072	CPT	outpatient			609		144.6 Horizon	Indemnity		234				39.2	578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THORACIC, AP & LAT W SWIMMERS	72072	CPT	outpatient			609		144.6 Horizon	NJ Health		39.2				39.2	578.55	fee schedule	
THORACIC, AP & LAT W SWIMMERS	72072	CPT	outpatient			609		144.6 Horizon	MGD		234				39.2	578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THORACIC, AP & LAT W SWIMMERS	72072	CPT	outpatient			609		144.6 Managed Care Inc	Managed Care Inc		548.1	90			39.2	578.55	percent of total billed charges	
THORACIC, AP & LAT W SWIMMERS	72072	CPT	outpatient			609		144.6 Multiplan	Multiplan		487.2	80			39.2	578.55	percent of total billed charges	
THORACIC, AP & LAT W SWIMMERS	72072	CPT	outpatient			609		144.6 Qualcare	Qualcare		456.75	75			39.2	578.55	percent of total billed charges	
THORACIC, AP & LAT W SWIMMERS	72072	CPT	outpatient			609		144.6 Three Rivers	Three Rivers		578.55	95			39.2	578.55	percent of total billed charges	
THORACIC, AP & LAT W SWIMMERS	72072	CPT	outpatient			609		144.6 UHC	Medicaid		192.14	31.55			39.2	578.55	percent of total billed charges	
THORACIC, AP & LAT W SWIMMERS	72072	CPT	outpatient			609		144.6 UHC	Medicare		125.74				39.2	578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THORACIC, AP & LAT W SWIMMERS	72072	CPT	outpatient			609		144.6 Wellcare	Medicaid		192.14	31.55			39.2	578.55	percent of total billed charges	
THORACIC, AP & LAT W SWIMMERS	72072	CPT	outpatient			609		144.6 Wellcare	Medicare		125.74				39.2	578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THORACIC, AP & LAT W SWIMMERS	72072	CPT	outpatient			609		144.6 WellPoint	WellPoint		195.98	32.18			39.2	578.55	percent of total billed charges	
THORACIC SPINE W/OBLIQUE >4	72074	CPT	both			717		144.6 Aetna	Commercial		200.18				49	681.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THORACIC SPINE W/OBLIQUE >4	72074	CPT	both			717		144.6 Aetna	Medicare		220.84	30.8			49	681.15	percent of total billed charges	
THORACIC SPINE W/OBLIQUE >4	72074	CPT	both			717		144.6 Aetna	Better Health		226.21	31.55			49	681.15	percent of total billed charges	
THORACIC SPINE W/OBLIQUE >4	72074	CPT	both			717		144.6 Americare	Americare		537.75	75			49	681.15	percent of total billed charges	
THORACIC SPINE W/OBLIQUE >4	72074	CPT	both			717		144.6 Amerihealth	Medicare		125.74				49	681.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THORACIC SPINE W/OBLIQUE >4	72074	CPT	both			717		144.6 Amerihealth	HMO/PPO		466.05	65			49	681.15	percent of total billed charges	
THORACIC SPINE W/OBLIQUE >4	72074	CPT	both			717		144.6 Consumer	Consumer		681.15	95			49	681.15	percent of total billed charges	
THORACIC SPINE W/OBLIQUE >4	72074	CPT	both			717		144.6 Corrections	Corrections		573.6	80			49	681.15	percent of total billed charges	
THORACIC SPINE W/OBLIQUE >4	72074	CPT	both			717		144.6 First Health	First Health		501.9	70			49	681.15	percent of total billed charges	
THORACIC SPINE W/OBLIQUE >4	72074	CPT	both			717		144.6 First Trenton	First Trenton		645.3	90			49	681.15	percent of total billed charges	
THORACIC SPINE W/OBLIQUE >4	72074	CPT	both			717		144.6 Horizon	PPO		234				49	681.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THORACIC SPINE W/OBLIQUE >4	72074	CPT	both			717		144.6 Horizon	MGD		234				49	681.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THORACIC SPINE W/OBLIQUE >4	72074	CPT	both			717		144.6 Horizon	Indemnity		234				49	681.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THORACIC SPINE W/OBLIQUE >4	72074	CPT	both			717		144.6 Horizon	NJ Health		49				49	681.15	fee schedule	
THORACIC SPINE W/OBLIQUE >4	72074	CPT	both			717		144.6 Horizon	Medicare Blue		125.74				49	681.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THORACIC SPINE W/OBLIQUE >4	72074	CPT	both			717		144.6 Managed Care Inc	Managed Care Inc		645.3	90			49	681.15	percent of total billed charges	
THORACIC SPINE W/OBLIQUE >4	72074	CPT	both			717		144.6 Multiplan	Multiplan		573.6	80			49	681.15	percent of total billed charges	
THORACIC SPINE W/OBLIQUE >4	72074	CPT	both			717		144.6 Qualcare	Qualcare		537.75	75			49	681.15	percent of total billed charges	
THORACIC SPINE W/OBLIQUE >4	72074	CPT	both			717		144.6 Three Rivers	Three Rivers		681.15	95			49	681.15	percent of total billed charges	
THORACIC SPINE W/OBLIQUE >4	72074	CPT	both			717		144.6 UHC	Medicare		125.74				49	681.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THORACIC SPINE W/OBLIQUE >4	72074	CPT	both			717		144.6 UHC	Medicaid		226.21	31.55			49	681.15	percent of total billed charges	
THORACIC SPINE W/OBLIQUE >4	72074	CPT	both			717		144.6 Wellcare	Medicare		125.74				49	681.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THORACIC SPINE W/OBLIQUE >4	72074	CPT	both			717		144.6 Wellcare	Medicaid		226.21	31.55			49	681.15	percent of total billed charges	
THORACIC SPINE W/OBLIQUE >4	72074	CPT	both			717		144.6 WellPoint	WellPoint		230.73	32.18			49	681.15	percent of total billed charges	
THORACOLUMBAR JUNCTION 2VW	72080	CPT	both			999		119.52 Aetna	Commercial		165.46				37.26	949.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THORACOLUMBAR JUNCTION 2VW	72080	CPT	both			999		119.52 Aetna	Better Health		315.18	31.55			37.26	949.05	percent of total billed charges	
THORACOLUMBAR JUNCTION 2VW	72080	CPT	both			999		119.52 Aetna	Medicare		103.93				37.26	949.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THORACOLUMBAR JUNCTION 2VW	72080	CPT	both			999		119.52 Americare	Americare		749.25	75			37.26	949.05	percent of total billed charges	
THORACOLUMBAR JUNCTION 2VW	72080	CPT	both			999		119.52 Amerihealth	HMO/PPO		649.35	65			37.26	949.05	percent of total billed charges	
THORACOLUMBAR JUNCTION 2VW	72080	CPT	both			999		119.52 Amerihealth	Medicare		103.93				37.26	949.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THORACOLUMBAR JUNCTION 2VW	72080	CPT	both			999		119.52 Consumer	Consumer		949.05	95			37.26	949.05	percent of total billed charges	
THORACOLUMBAR JUNCTION 2VW	72080	CPT	both			999		119.52 Corrections	Corrections		799.2	80			37.26	949.05	percent of total billed charges	
THORACOLUMBAR JUNCTION 2VW	72080	CPT	both			999		119.52 First Health	First Health		699.3	70			37.26	949.05	percent of total billed charges	
THORACOLUMBAR JUNCTION 2VW	72080	CPT	both			999		119.52 First Trenton	First Trenton		899.1	90			37.26	949.05	percent of total billed charges	
THORACOLUMBAR JUNCTION 2VW	72080	CPT	both			999		119.52 Horizon	MGD		193.41				37.26	949.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THORACOLUMBAR JUNCTION 2VW	72080	CPT	both			999		119.52 Horizon	Medicare Blue		103.93				37.26	949.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THORACOLUMBAR JUNCTION 2VW	72080	CPT	both			999		119.52 Horizon	Indemnity		193.41				37.26	949.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THORACOLUMBAR JUNCTION 2VW	72080	CPT	both			999		119.52 Horizon	NJ Health		37.26				37.26	949.05	fee schedule	
THORACOLUMBAR JUNCTION 2VW	72080	CPT	both			999		119.52 Horizon	PPO		193.41				37.26	949.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THORACOLUMBAR JUNCTION 2VW	72080	CPT	both			999		119.52 Managed Care Inc	Managed Care Inc		899.1	90			37.26	949.05	percent of total billed charges	
THORACOLUMBAR JUNCTION 2VW	72080	CPT	both			999		119.52 Multiplan	Multiplan		799.2	80			37.26	949.05	percent of total billed charges	
THORACOLUMBAR JUNCTION 2VW	72080	CPT	both			999		119.52 Qualcare	Qualcare		749.25	75			37.26	949.05	percent of total billed charges	
THORACOLUMBAR JUNCTION 2VW	72080	CPT	both			999		119.52 Three Rivers	Three Rivers		949.05	95			37.26	949.05	percent of total billed charges	
THORACOLUMBAR JUNCTION 2VW	72080	CPT	both			999		119.52 UHC	Medicaid		315.18	31.55			37.26	949.05	percent of total billed charges	
THORACOLUMBAR JUNCTION 2VW	72080	CPT	both			999		119.52 UHC	Medicare		103.93				37.26	949.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THORACOLUMBAR JUNCTION 2VW	72080	CPT	both			999		119.52 Wellcare	Medicaid		315.18	31.55			37.26	949.05	percent of total billed charges	
THORACOLUMBAR JUNCTION 2VW	72080	CPT	both			999		119.52 Wellcare	Medicare		103.93				37.26	949.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THORACOLUMBAR JUNCTION 2VW	72080	CPT	both			999		119.52 WellPoint	WellPoint		321.48	32.18			37.26	949.05	percent of total billed charges	
SCOLLIOSIS, 1 VW	72081	CPT	both			313		119.52 Aetna	Medicare		103.93				42.08	297.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCOLLIOSIS, 1 VW	72081	CPT	both			313		119.52 Aetna	Commercial		165.46				42.08	297.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCOLLIOSIS, 1 VW	72081	CPT	both			313		119.52 Aetna	Better Health		98.75	31.55			42.08	297.35	percent of total billed charges	
SCOLLIOSIS, 1 VW	72081	CPT	both			313		119.52 Americare	Americare		234.75	75			42.08	297.35	percent of total billed charges	
SCOLLIOSIS, 1 VW	72081	CPT	both			313		119.52 Amerihealth	Medicare		103.93				42.08	297.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCOLLIOSIS, 1 VW	72081	CPT	both			313		119.52 Amerihealth	HMO/PPO		203.45	65			42.08	297.35	percent of total billed charges	
SCOLLIOSIS, 1 VW	72081	CPT	both			313		119.52 Consumer	Consumer		297.35	95			42.08	297.35	percent of total billed charges	
SCOLLIOSIS, 1 VW	72081	CPT	both			313		119.52 Corrections	Corrections		250.4	80			42.08	297.35	percent of total billed charges	
SCOLLIOSIS, 1 VW	72081	CPT	both			313		119.52 First Health	First Health		219.1	70			42.08	297.35	percent of total billed charges	
SCOLLIOSIS, 1 VW	72081	CPT	both			313		119.52 First Trenton	First Trenton		281.7	90			42.08	297.35	percent of total billed charges	
SCOLLIOSIS, 1 VW	72081	CPT	both			313		119.52 Horizon	Indemnity		193.41				42.08	297.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCOLLIOSIS, 1 VW	72081	CPT	both			313		119.52 Horizon	Medicare Blue		103.93				42.08	297.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCOLLIOSIS, 1 VW	72081	CPT	both			313		119.52 Horizon	PPO		193.41				42.08	297.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCOLLIOSIS, 1 VW	72081	CPT	both			313		119.52 Horizon	NJ Health		42.08				42.08	297.35	fee schedule	
SCOLLIOSIS, 1 VW	72081	CPT	both			313		119.52 Horizon	MGD		193.41				42.08	297.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCOLLIOSIS, 1 VW	72081	CPT	both			313		119.52 Managed Care Inc	Managed Care Inc		281.7	90			42.08	297.35	percent of total billed charges	
SCOLLIOSIS, 1 VW	72081	CPT	both			313		119.52 Multiplan	Multiplan		250.4	80			42.08	297.35	percent of total billed charges	
SCOLLIOSIS, 1 VW	72081	CPT	both			313		119.52 Qualcare	Qualcare		234.75	75			42.08	297.35	percent of total billed charges	
SCOLLIOSIS, 1 VW	72081	CPT	both			313		119.52 Three Rivers	Three Rivers		297.35	95			42.08	297.35	percent of total billed charges	
SCOLLIOSIS, 1 VW	72081	CPT	both			313		119.52 UHC	Medicare		103.93				42.08	297.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCOLLIOSIS, 1 VW	72081	CPT	both			313		119.52 UHC	Medicaid		98.75	31.55			42.08	297.35	percent of total billed charges	
SCOLLIOSIS, 1 VW	72081	CPT	both			313		119.52 Wellcare	Medicaid		98.75	31.55			42.08	297.35	percent of total billed charges	
SCOLLIOSIS, 1 VW	72081	CPT	both			313		119.52 Wellcare	Medicare		103.93				42.08	297.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCOLLIOSIS, 1 VW	72081	CPT	both			313		119.52 WellPoint	WellPoint		100.72	32.18			42.08	297.35	percent of total billed charges	
SCOLLIOSIS, 2-3 VW	72082	CPT	both			459		144.6 Aetna	Commercial		200.18				67.95	436.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCOLLIOSIS, 2-3 VW	72082	CPT	both			459		144.6 Aetna	Better Health		144.81	31.55			67.95	436.05	percent of total billed charges	
SCOLLIOSIS, 2-3 VW	72082	CPT	both			459		144.6 Aetna	Medicare		125.74				67.95	436.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCOLLIOSIS, 2-3 VW	72082	CPT	both			459		144.6 Americare	Americare		344.25	75			67.95	436.05	percent of total billed charges	
SCOLLIOSIS, 2-3 VW	72082	CPT	both			459		144.6 Amerihealth	Medicare		125.74				67.95	436.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCOLLIOSIS, 2-3 VW	72082	CPT	both			459		144.6 Amerihealth	HMO/PPO		298.35	65			67.95	436.05	percent of total billed charges	
SCOLLIOSIS, 2-3 VW	72082	CPT	both			459		144.6 Consumer	Consumer		436.05	95			67.95	436.05	percent of total billed charges	
SCOLLIOSIS, 2-3 VW	72082	CPT	both			459		144.6 Corrections	Corrections		367.2	80			67.95	436.05	percent of total billed charges	
SCOLLIOSIS, 2-3 VW	72082	CPT	both			459		144.6 First Health	First Health		321.3	70			67.95	436.05	percent of total billed charges	
SCOLLIOSIS, 2-3 VW	72082	CPT	both			459		144.6 First Trenton	First Trenton		413.1	90			67.95	436.05	percent of total billed charges	
SCOLLIOSIS, 2-3 VW	72082	CPT	both			459		144.6 Horizon	Indemnity		234				67.95	436.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCOLLIOSIS, 2-3 VW	72082	CPT	both			459		144.6 Horizon	PPO		234				67.95	436.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCOLLIOSIS, 2-3 VW	72082	CPT	both			459		144.6 Horizon	MGD		234				67.95	436.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCOLLIOSIS, 2-3 VW	72082	CPT	both			459		144.6 Horizon	Medicare Blue		125.74				67.95	436.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCOLLIOSIS, 2-3 VW	72082	CPT	both			459		144.6 Horizon	NJ Health		67.95				67.95	436.05	fee schedule	
SCOLLIOSIS, 2-3 VW	72082	CPT	both			459		144.6 Managed Care Inc	Managed Care Inc		413.1	90			67.95	436.05	percent of total billed charges	
SCOLLIOSIS, 2-3 VW	72082	CPT	both			459		144.6 Multiplan	Multiplan		367.2	80			67.95	436.05	percent of total billed charges	
SCOLLIOSIS, 2-3 VW	72082	CPT	both			459		144.6 Qualcare	Qualcare		344.25	75			67.95	436.05	percent of total billed charges	
SCOLLIOSIS, 2-3 VW	72082	CPT	both			459		144.6 Three Rivers	Three Rivers		436.05	95			67.95	436.05	percent of total billed charges	
SCOLLIOSIS, 2-3 VW	72082	CPT	both			459		144.6 UHC	Medicare		125.74				67.95	436.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCOLLIOSIS, 2-3 VW	72082	CPT	both			459		144.6 UHC	Medicaid		144.81	31.55			67.95	436.05	percent of total billed charges	
SCOLLIOSIS, 2-3 VW	72082	CPT	both			459		144.6 Wellcare	Medicare		125.74				67.95	436.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCOLLIOSIS, 2-3 VW	72082	CPT	both			459		144.6 Wellcare	Medicaid		144.81	31.55			67.95	436.05	percent of total billed charges	
SCOLLIOSIS, 2-3 VW	72082	CPT	both			459		144.6 WellPoint	WellPoint		147.71	32.18			67.95	436.05	percent of total billed charges	
SCOLLIOSIS, 4-5 VW	72083	CPT	both			869		144.6 Aetna	Better Health		274.17	31.55			73.74	825.55	percent of total billed charges	
SCOLLIOSIS, 4-5 VW	72083	CPT	both			869		144.6 Aetna	Commercial		200.18				73.74	825.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101191	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
SCOLLIOSIS, 4-5 YW	72083	CPT	both			869		144.6 Aetna	Medicare		125.74				73.74	825.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCOLLIOSIS, 4-5 YW	72083	CPT	both			869		144.6 Americare	Americare		651.75	75			73.74	825.55	percent of total billed charges	
SCOLLIOSIS, 4-5 YW	72083	CPT	both			869		144.6 Amerihealth	HMO/PPO		564.85	65			73.74	825.55	percent of total billed charges	
SCOLLIOSIS, 4-5 YW	72083	CPT	both			869		144.6 Amerihealth	Medicare		125.74				73.74	825.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCOLLIOSIS, 4-5 YW	72083	CPT	both			869		144.6 Consumer	Consumer		825.55	95			73.74	825.55	percent of total billed charges	
SCOLLIOSIS, 4-5 YW	72083	CPT	both			869		144.6 Corrections	Corrections		695.2	80			73.74	825.55	percent of total billed charges	
SCOLLIOSIS, 4-5 YW	72083	CPT	both			869		144.6 First Health	First Health		608.3	70			73.74	825.55	percent of total billed charges	
SCOLLIOSIS, 4-5 YW	72083	CPT	both			869		144.6 First Trenton	First Trenton		782.1	90			73.74	825.55	percent of total billed charges	
SCOLLIOSIS, 4-5 YW	72083	CPT	both			869		144.6 Horizon	Indemnity		234				73.74	825.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCOLLIOSIS, 4-5 YW	72083	CPT	both			869		144.6 Horizon	MGD		234				73.74	825.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCOLLIOSIS, 4-5 YW	72083	CPT	both			869		144.6 Horizon	PPO		234				73.74	825.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCOLLIOSIS, 4-5 YW	72083	CPT	both			869		144.6 Horizon	NJ Health		73.74				73.74	825.55	fee schedule	
SCOLLIOSIS, 4-5 YW	72083	CPT	both			869		144.6 Horizon	Medicare Blue		125.74				73.74	825.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCOLLIOSIS, 4-5 YW	72083	CPT	both			869		144.6 Managed Care Inc	Managed Care Inc		782.1	90			73.74	825.55	percent of total billed charges	
SCOLLIOSIS, 4-5 YW	72083	CPT	both			869		144.6 Multiplan	Multiplan		695.2	80			73.74	825.55	percent of total billed charges	
SCOLLIOSIS, 4-5 YW	72083	CPT	both			869		144.6 Qualcare	Qualcare		651.75	75			73.74	825.55	percent of total billed charges	
SCOLLIOSIS, 4-5 YW	72083	CPT	both			869		144.6 Three Rivers	Three Rivers		825.55	95			73.74	825.55	percent of total billed charges	
SCOLLIOSIS, 4-5 YW	72083	CPT	both			869		144.6 UHC	Medicare		125.74				73.74	825.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCOLLIOSIS, 4-5 YW	72083	CPT	both			869		144.6 UHC	Medicaid		274.17	31.55			73.74	825.55	percent of total billed charges	
SCOLLIOSIS, 4-5 YW	72083	CPT	both			869		144.6 Wellcare	Medicare		125.74				73.74	825.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCOLLIOSIS, 4-5 YW	72083	CPT	both			869		144.6 Wellcare	Medicaid		274.17	31.55			73.74	825.55	percent of total billed charges	
SCOLLIOSIS, 4-5 YW	72083	CPT	both			869		144.6 WellPoint	WellPoint		279.64	32.18			73.74	825.55	percent of total billed charges	
SCOLLIOSIS, MIN 6 YW	72084	CPT	both			869		144.6 Aetna	Commercial		200.18				88.14	825.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCOLLIOSIS, MIN 6 YW	72084	CPT	both			869		144.6 Aetna	Better Health		274.17	31.55			88.14	825.55	percent of total billed charges	
SCOLLIOSIS, MIN 6 YW	72084	CPT	both			869		144.6 Aetna	Medicare		125.74				88.14	825.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCOLLIOSIS, MIN 6 YW	72084	CPT	both			869		144.6 Americare	Americare		651.75	75			88.14	825.55	percent of total billed charges	
SCOLLIOSIS, MIN 6 YW	72084	CPT	both			869		144.6 Amerihealth	HMO/PPO		564.85	65			88.14	825.55	percent of total billed charges	
SCOLLIOSIS, MIN 6 YW	72084	CPT	both			869		144.6 Amerihealth	Medicare		125.74				88.14	825.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCOLLIOSIS, MIN 6 YW	72084	CPT	both			869		144.6 Consumer	Consumer		825.55	95			88.14	825.55	percent of total billed charges	
SCOLLIOSIS, MIN 6 YW	72084	CPT	both			869		144.6 Corrections	Corrections		695.2	80			88.14	825.55	percent of total billed charges	
SCOLLIOSIS, MIN 6 YW	72084	CPT	both			869		144.6 First Health	First Health		608.3	70			88.14	825.55	percent of total billed charges	
SCOLLIOSIS, MIN 6 YW	72084	CPT	both			869		144.6 First Trenton	First Trenton		782.1	90			88.14	825.55	percent of total billed charges	
SCOLLIOSIS, MIN 6 YW	72084	CPT	both			869		144.6 Horizon	Medicare Blue		125.74				88.14	825.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCOLLIOSIS, MIN 6 YW	72084	CPT	both			869		144.6 Horizon	MGD		234				88.14	825.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCOLLIOSIS, MIN 6 YW	72084	CPT	both			869		144.6 Horizon	Indemnity		234				88.14	825.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCOLLIOSIS, MIN 6 YW	72084	CPT	both			869		144.6 Horizon	NJ Health		88.14				88.14	825.55	fee schedule	
SCOLLIOSIS, MIN 6 YW	72084	CPT	both			869		144.6 Horizon	PPO		234				88.14	825.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCOLLIOSIS, MIN 6 YW	72084	CPT	both			869		144.6 Managed Care Inc	Managed Care Inc		782.1	90			88.14	825.55	percent of total billed charges	
SCOLLIOSIS, MIN 6 YW	72084	CPT	both			869		144.6 Multiplan	Multiplan		695.2	80			88.14	825.55	percent of total billed charges	
SCOLLIOSIS, MIN 6 YW	72084	CPT	both			869		144.6 Qualcare	Qualcare		651.75	75			88.14	825.55	percent of total billed charges	
SCOLLIOSIS, MIN 6 YW	72084	CPT	both			869		144.6 Three Rivers	Three Rivers		825.55	95			88.14	825.55	percent of total billed charges	
SCOLLIOSIS, MIN 6 YW	72084	CPT	both			869		144.6 UHC	Medicaid		274.17	31.55			88.14	825.55	percent of total billed charges	
SCOLLIOSIS, MIN 6 YW	72084	CPT	both			869		144.6 UHC	Medicare		125.74				88.14	825.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCOLLIOSIS, MIN 6 YW	72084	CPT	both			869		144.6 Wellcare	Medicare		125.74				88.14	825.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCOLLIOSIS, MIN 6 YW	72084	CPT	both			869		144.6 Wellcare	Medicaid		274.17	31.55			88.14	825.55	percent of total billed charges	
SCOLLIOSIS, MIN 6 YW	72084	CPT	both			869		144.6 WellPoint	WellPoint		279.64	32.18			88.14	825.55	percent of total billed charges	
SACRUM & COCCYX, PORTABLE	72100	CPT	both			465		144.6 Aetna	Commercial		200.18				43.12	441.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SACRUM & COCCYX, PORTABLE	72100	CPT	both			465		144.6 Aetna	Better Health		146.71	31.55			43.12	441.75	percent of total billed charges	
SACRUM & COCCYX, PORTABLE	72100	CPT	both			465		144.6 Aetna	Medicare		125.74				43.12	441.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SACRUM & COCCYX, PORTABLE	72100	CPT	both			465		144.6 Americare	Americare		348.75	75			43.12	441.75	percent of total billed charges	
SACRUM & COCCYX, PORTABLE	72100	CPT	both			465		144.6 Amerihealth	HMO/PPO		302.25	65			43.12	441.75	percent of total billed charges	
SACRUM & COCCYX, PORTABLE	72100	CPT	both			465		144.6 Amerihealth	Medicare		125.74				43.12	441.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SACRUM & COCCYX, PORTABLE	72100	CPT	both			465		144.6 Consumer	Consumer		441.75	95			43.12	441.75	percent of total billed charges	
SACRUM & COCCYX, PORTABLE	72100	CPT	both			465		144.6 Corrections	Corrections		372	80			43.12	441.75	percent of total billed charges	
SACRUM & COCCYX, PORTABLE	72100	CPT	both			465		144.6 First Health	First Health		325.5	70			43.12	441.75	percent of total billed charges	
SACRUM & COCCYX, PORTABLE	72100	CPT	both			465		144.6 First Trenton	First Trenton		418.5	90			43.12	441.75	percent of total billed charges	
SACRUM & COCCYX, PORTABLE	72100	CPT	both			465		144.6 Horizon	MGD		234				43.12	441.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SACRUM & COCCYX, PORTABLE	72100	CPT	both			465		144.6 Horizon	Indemnity		234				43.12	441.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SACRUM & COCCYX, PORTABLE	72100	CPT	both			465		144.6 Horizon	NJ Health		43.12				43.12	441.75	fee schedule	
SACRUM & COCCYX, PORTABLE	72100	CPT	both			465		144.6 Horizon	Medicare Blue		125.74				43.12	441.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SACRUM & COCCYX, PORTABLE	72100	CPT	both			465		144.6 Horizon	PPO		234				43.12	441.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SACRUM & COCCYX, PORTABLE	72100	CPT	both			465		144.6 Managed Care Inc	Managed Care Inc		418.5	90			43.12	441.75	percent of total billed charges	
SACRUM & COCCYX, PORTABLE	72100	CPT	both			465		144.6 Multiplan	Multiplan		372	80			43.12	441.75	percent of total billed charges	
SACRUM & COCCYX, PORTABLE	72100	CPT	both			465		144.6 Qualcare	Qualcare		348.75	75			43.12	441.75	percent of total billed charges	
SACRUM & COCCYX, PORTABLE	72100	CPT	both			465		144.6 Three Rivers	Three Rivers		441.75	95			43.12	441.75	percent of total billed charges	
SACRUM & COCCYX, PORTABLE	72100	CPT	both			465		144.6 UHC	Medicaid		146.71	31.55			43.12	441.75	percent of total billed charges	
SACRUM & COCCYX, PORTABLE	72100	CPT	both			465		144.6 UHC	Medicare		125.74				43.12	441.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SACRUM & COCCYX, PORTABLE	72100	CPT	both			465		144.6 Wellcare	Medicare		125.74				43.12	441.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SACRUM & COCCYX, PORTABLE	72100	CPT	both			465		144.6 Wellcare	Medicaid		146.71	31.55			43.12	441.75	percent of total billed charges	
SACRUM & COCCYX, PORTABLE	72100	CPT	both			465		144.6 WellPoint	WellPoint		149.64	32.18			43.12	441.75	percent of total billed charges	
LUMBARSPINE W/OBLIQUE >4 VIEWS	72110	CPT	both			396		144.6 Aetna	Commercial		200.18				53.9	376.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LUMBARSPINE W/OBLIQUE >4 VIEWS	72110	CPT	both			396		144.6 Aetna	Better Health		124.94	31.55			53.9	376.2	percent of total billed charges	
LUMBARSPINE W/OBLIQUE >4 VIEWS	72110	CPT	both			396		144.6 Aetna	Medicare		121.97	30.8			53.9	376.2	percent of total billed charges	
LUMBARSPINE W/OBLIQUE >4 VIEWS	72110	CPT	both			396		144.6 Americare	Americare		297	75			53.9	376.2	percent of total billed charges	
LUMBARSPINE W/OBLIQUE >4 VIEWS	72110	CPT	both			396		144.6 Amerihealth	HMO/PPO		257.4	65			53.9	376.2	percent of total billed charges	
LUMBARSPINE W/OBLIQUE >4 VIEWS	72110	CPT	both			396		144.6 Amerihealth	Medicare		125.74				53.9	376.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LUMBARSPINE W/OBLIQUE >4 VIEWS	72110	CPT	both			396		144.6 Consumer	Consumer		376.2	95			53.9	376.2	percent of total billed charges	
LUMBARSPINE W/OBLIQUE >4 VIEWS	72110	CPT	both			396		144.6 Corrections	Corrections		316.8	80			53.9	376.2	percent of total billed charges	
LUMBARSPINE W/OBLIQUE >4 VIEWS	72110	CPT	both			396		144.6 First Health	First Health		277.2	70			53.9	376.2	percent of total billed charges	
LUMBARSPINE W/OBLIQUE >4 VIEWS	72110	CPT	both			396		144.6 First Trenton	First Trenton		356.4	90			53.9	376.2	percent of total billed charges	
LUMBARSPINE W/OBLIQUE >4 VIEWS	72110	CPT	both			396		144.6 Horizon	Medicare Blue		125.74				53.9	376.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LUMBARSPINE W/OBLIQUE >4 VIEWS	72110	CPT	both			396		144.6 Horizon	NJ Health		53.9				53.9	376.2	fee schedule	
LUMBARSPINE W/OBLIQUE >4 VIEWS	72110	CPT	both			396		144.6 Horizon	MGD		234				53.9	376.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LUMBARSPINE W/OBLIQUE >4 VIEWS	72110	CPT	both			396		144.6 Horizon	Indemnity		234				53.9	376.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LUMBARSPINE W/OBLIQUE >4 VIEWS	72110	CPT	both			396		144.6 Horizon	PPO		234				53.9	376.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LUMBARSPINE W/OBLIQUE >4 VIEWS	72110	CPT	both			396		144.6 Managed Care Inc	Managed Care Inc		356.4	90			53.9	376.2	percent of total billed charges	
LUMBARSPINE W/OBLIQUE >4 VIEWS	72110	CPT	both			396		144.6 Multiplan	Multiplan		316.8	80			53.9	376.2	percent of total billed charges	
LUMBARSPINE W/OBLIQUE >4 VIEWS	72110	CPT	both			396		144.6 Qualcare	Qualcare		297	75			53.9	376.2	percent of total billed charges	
LUMBARSPINE W/OBLIQUE >4 VIEWS	72110	CPT	both			396		144.6 Three Rivers	Three Rivers		376.2	95			53.9	376.2	percent of total billed charges	
LUMBARSPINE W/OBLIQUE >4 VIEWS	72110	CPT	both			396		144.6 UHC	Medicare		125.74				53.9	376.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LUMBARSPINE W/OBLIQUE >4 VIEWS	72110	CPT	both			396		144.6 UHC	Medicaid		124.94	31.55			53.9	376.2	percent of total billed charges	
LUMBARSPINE W/OBLIQUE >4 VIEWS	72110	CPT	both			396		144.6 Wellcare	Medicare		125.74				53.9	376.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LUMBARSPINE W/OBLIQUE >4 VIEWS	72110	CPT	both			396		144.6 Wellcare	Medicaid		124.94	31.55			53.9	376.2	percent of total billed charges	
LUMBARSPINE W/OBLIQUE >4 VIEWS	72110	CPT	both			396		144.6 WellPoint	WellPoint		127.43	32.18			53.9	376.2	percent of total billed charges	
LUMBAR SPINE, OBLIQUES, FLEX&E	72114	CPT	both			501		144.6 Aetna	Medicare		125.74				54.88	475.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LUMBAR SPINE, OBLIQUES, FLEX&E	72114	CPT	both			501		144.6 Aetna	Commercial		200.18				54.88	475.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LUMBAR SPINE, OBLIQUES, FLEX&E	72114	CPT	both			501		144.6 Aetna	Better Health		158.07	31.55			54.88	475.95	percent of total billed charges	
LUMBAR SPINE, OBLIQUES, FLEX&E	72114	CPT	both			501		144.6 Americare	Americare		375.75	75			54.88	475.95	percent of total billed charges	
LUMBAR SPINE, OBLIQUES, FLEX&E	72114	CPT	both			501		144.6 Amerihealth	Medicare		125.74				54.88	475.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LUMBAR SPINE, OBLIQUES, FLEX&E	72114	CPT	both			501		144.6 Amerihealth	HMO/PPO		325.65	65			54.88	475.95	percent of total billed charges	
LUMBAR SPINE, OBLIQUES, FLEX&E	72114	CPT	both			501		144.6 Consumer	Consumer		475.95	95			54.88	475.95	percent of total billed charges	
LUMBAR SPINE, OBLIQUES, FLEX&E	72114	CPT	both			501		144.6 Corrections	Corrections		400.8	80			54.88	475.95	percent of total billed charges	
LUMBAR SPINE, OBLIQUES, FLEX&E	72114	CPT	both			501		144.6 First Health	First Health		350.7	70			54.88	475.95	percent of total billed charges	
LUMBAR SPINE, OBLIQUES, FLEX&E	72114	CPT	both			501		144.6 First Trenton	First Trenton		450.9	90			54.88	475.95	percent of total billed charges	
LUMBAR SPINE, OBLIQUES, FLEX&E	72114	CPT	both			501		144.6 Horizon	MGD		234				54.88	475.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LUMBAR SPINE, OBLIQUES, FLEX&E	72114	CPT	both			501		144.6 Horizon	Medicare Blue		125.74				54.88	475.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LUMBAR SPINE, OBLIQUES, FLEX&E	72114	CPT	both			501		144.6 Horizon	Indemnity		234				54.88	475.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LUMBAR SPINE, OBLIQUES, FLEX&E	72114	CPT	both			501		144.6 Horizon	NJ Health		54.88				54.88	475.95	fee schedule	
LUMBAR SPINE, OBLIQUES, FLEX&E	72114	CPT	both			501		144.6 Horizon	PPO		234				54.88	475.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LUMBAR SPINE, OBLIQUES, FLEX&E	72114	CPT	both			501		144.6 Managed Care Inc	Managed Care Inc		450.9	90			54.88	475.95	percent of total billed charges	
LUMBAR SPINE, OBLIQUES, FLEX&E	72114	CPT	both			501		144.6 Multiplan	Multiplan		400.8	80			54.88	475.95	percent of total billed charges	
LUMBAR SPINE, OBLIQUES, FLEX&E	72114	CPT	both			501		144.6 Qualcare	Qualcare		375.75	75			54.88	475.95	percent of total billed charges	
LUMBAR SPINE, OBLIQUES, FLEX&E	72114	CPT	both			501		144.6 Three Rivers	Three Rivers		475.95	95			54.88	475.95	percent of total billed charges	
LUMBAR SPINE, OBLIQUES, FLEX&E	72114	CPT	both			501		144.6 UHC	Medicaid		158.07	31.55			54.88	475.95	percent of total billed charges	
LUMBAR SPINE, OBLIQUES, FLEX&E	72114	CPT	both			501		144.6 UHC	Medicare		125.74				54.88	475.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LUMBAR SPINE, OBLIQUES, FLEX&E	72114	CPT	both			501		144.6 Wellcare	Medicaid		158.07	31.55			54.88	475.95	percent of total billed charges	
LUMBAR SPINE, OBLIQUES, FLEX&E	72114	CPT	both			501		144.6 Wellcare	Medicare		125.74				54.88	475.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LUMBAR SPINE, OBLIQUES, FLEX&E	72114	CPT	both			501		144.6 WellPoint	WellPoint		161.22	32.18			54.88	475.95	percent of total billed charges	
XR LUMBOSA SPINE FLEX 2-3 VWS	72120	CPT	both			237		144.6 Aetna	Better Health		74.77	31.55			39.2	234	percent of total billed charges	
XR LUMBOSA SPINE FLEX 2-3 VWS	72120	CPT	both			237		144.6 Aetna	Commercial		200.18				39.2	234	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XR LUMBOSA SPINE FLEX 2-3 VWS	72120	CPT	both			237		144.6 Aetna	Medicare		125.74				39.2	234	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XR LUMBOSA SPINE FLEX 2-3 VWS	72120	CPT	both			237		144.6 Americare	Americare		177.75	75			39.2	234	percent of total billed charges	
XR LUMBOSA SPINE FLEX 2-3 VWS	72120	CPT	both			237		144.6 Amerihealth	HMO/PPO		154.05	65			39.2	234	percent of total billed charges	
XR LUMBOSA SPINE FLEX 2-3 VWS	72120	CPT	both			237		144.6 Amerihealth	Medicare		125.74				39.2	234	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XR LUMBOSA SPINE FLEX 2-3 VWS	72120	CPT	both			237		144.6 Consumer	Consumer		225.15	95			39.2	234	percent of total billed charges	
XR LUMBOSA SPINE FLEX 2-3 VWS	72120	CPT	both			237		144.6 Corrections	Corrections		189.6	80			39.2	234	percent of total billed charges	
XR LUMBOSA SPINE FLEX 2-3 VWS	72120	CPT	both			237		144.6 First Health	First Health		165.9	70			39.2	234	percent of total billed charges	
XR LUMBOSA SPINE FLEX 2-3 VWS	72120	CPT	both			237		144.6 First Trenton	First Trenton		213.3	90			39.2	234	percent of total billed charges	
XR LUMBOSA SPINE FLEX 2-3 VWS	72120	CPT	both			237		144.6 Horizon	Medicare Blue		125.74				39.2	234	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XR LUMBOSA SPINE FLEX 2-3 VWS	72120	CPT	both			237		144.6 Horizon	MGD		234				39.2	234	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XR LUMBOSA SPINE FLEX 2-3 VWS	72120	CPT	both			237		144.6 Horizon	NJ Health		39.2				39.2	234	fee schedule	
XR LUMBOSA SPINE FLEX 2-3 VWS	72120	CPT	both			237		144.6 Horizon	Indemnity		234				39.2	234	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XR LUMBOSA SPINE FLEX 2-3 VWS	72120	CPT	both			237		144.6 Horizon	PPO		234				39.2	234	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XR LUMBOSA SPINE FLEX 2-3 VWS	72120	CPT	both			237		144.6 Managed Care Inc	Managed Care Inc		213.3	90			39.2	234	percent of total billed charges	
XR LUMBOSA SPINE FLEX 2-3 VWS	72120	CPT	both			237		144.6 Multiplan	Multiplan		189.6	80			39.2	234	percent of total billed charges	
XR LUMBOSA SPINE FLEX 2-3 VWS	72120	CPT	both			237		144.6 Qualcare	Qualcare		177.75	75			39.2	234	percent of total billed charges	
XR LUMBOSA SPINE FLEX 2-3 VWS	72120	CPT	both			237		144.6 Three Rivers	Three Rivers		225.15	95			39.2	234	percent of total billed charges	
XR LUMBOSA SPINE FLEX 2-3 VWS	72120	CPT	both			237		144.6 UHC	Medicaid		74.77	31.55			39.2	234	percent of total billed charges	
XR LUMBOSA SPINE FLEX 2-3 VWS	72120	CPT	both			237		144.6 UHC	Medicare		125.74				39.2	234	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XR LUMBOSA SPINE FLEX 2-3 VWS	72120	CPT	both			237		144.6 Wellcare	Medicare		125.74				39.2	234	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XR LUMBOSA SPINE FLEX 2-3 VWS	72120	CPT	both			237		144.6 Wellcare	Medicaid		74.77	31.55			39.2	234	percent of total billed charges	
XR LUMBOSA SPINE FLEX 2-3 VWS	72120	CPT	both			237		144.6 WellPoint	WellPoint		76.27	32.18			39.2	234	percent of total billed charges	
CTCERVICAL SPINE W/O CONTRAST-59	72125	CPT	both			1317		144.6 Aetna	Better Health		415.51	31.55			88.97	1251.15	percent of total billed charges	
CTCERVICAL SPINE W/O CONTRAST-59	72125	CPT	both			1317		144.6 Aetna	Commercial		200.18				88.97	1251.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTCERVICAL SPINE W/O CONTRAST-59	72125	CPT	both			1317		144.6 Aetna	Medicare		125.74				88.97	1251.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTCERVICAL SPINE W/O CONTRAST-59	72125	CPT	both			1317		144.6 Americare	Americare		987.75	75			88.97	1251.15	percent of total billed charges	
CTCERVICAL SPINE W/O CONTRAST-59	72125	CPT	both			1317		144.6 Amerihealth	HMO/PPO		856.05	65			88.97	1251.15	percent of total billed charges	
CTCERVICAL SPINE W/O CONTRAST-59	72125	CPT	both			1317		144.6 Amerihealth	Medicare		125.74				88.97	1251.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CTCERVICAL SPINE W/O CONTRAST-59	72125	CPT	both			1317		144.6 Consumer	Consumer		1251.15	95			88.97	1251.15	percent of total billed charges	
CTCERVICAL SPINE W/O CONTRAST-59	72125	CPT	both			1317		144.6 Corrections	Corrections		1053.6	80			88.97	1251.15	percent of total billed charges	
CTCERVICAL SPINE W/O CONTRAST-59	72125	CPT	both			1317		144.6 First Health	First Health		921.9	70			88.97	1251.15	percent of total billed charges	
CTCERVICAL SPINE W/O CONTRAST-59	72125	CPT	both			1317		144.6 First Trenton	First Trenton		1185.3	90			88.97	1251.15	percent of total billed charges	
CTCERVICAL SPINE W/O CONTRAST-59	72125	CPT	both			1317		144.6 Horizon	Indemnity		234				88.97	1251.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTCERVICAL SPINE W/O CONTRAST-59	72125	CPT	both			1317		144.6 Horizon	Medicare Blue		125.74				88.97	1251.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTCERVICAL SPINE W/O CONTRAST-59	72125	CPT	both			1317		144.6 Horizon	MGD		234				88.97	1251.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTCERVICAL SPINE W/O CONTRAST-59	72125	CPT	both			1317		144.6 Horizon	NJ Health		245				88.97	1251.15	fee schedule	
CTCERVICAL SPINE W/O CONTRAST-59	72125	CPT	both			1317		144.6 Horizon	PPO		234				88.97	1251.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTCERVICAL SPINE W/O CONTRAST-59	72125	CPT	both			1317		144.6 Managed Care Inc	Managed Care Inc		1185.3	90			88.97	1251.15	percent of total billed charges	
CTCERVICAL SPINE W/O CONTRAST-59	72125	CPT	both			1317		144.6 Multiplan	Multiplan		1053.6	80			88.97	1251.15	percent of total billed charges	
CTCERVICAL SPINE W/O CONTRAST-59	72125	CPT	both			1317		144.6 Qualcare	Qualcare		987.75	75			88.97	1251.15	percent of total billed charges	
CTCERVICAL SPINE W/O CONTRAST-59	72125	CPT	both			1317		144.6 Three Rivers	Three Rivers		1251.15	95			88.97	1251.15	percent of total billed charges	
CTCERVICAL SPINE W/O CONTRAST-59	72125	CPT	both			1317		144.6 UHC	Medicare		125.74				88.97	1251.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTCERVICAL SPINE W/O CONTRAST-59	72125	CPT	both			1317		144.6 UHC	Medicaid		415.51	31.55			88.97	1251.15	percent of total billed charges	
CTCERVICAL SPINE W/O CONTRAST-59	72125	CPT	both			1317		144.6 Wellcare	Medicaid		415.51	31.55			88.97	1251.15	percent of total billed charges	
CTCERVICAL SPINE W/O CONTRAST-59	72125	CPT	both			1317		144.6 Wellcare	Medicare		125.74				88.97	1251.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTCERVICAL SPINE W/O CONTRAST-59	72125	CPT	both			1317		144.6 WellPoint	WellPoint		423.81	32.18			88.97	1251.15	percent of total billed charges	
CTCERVICAL SPINE W CONTRAST-59	72126	CPT	both			1721		505.8 Aetna	Commercial		700.21				333.55	1634.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTCERVICAL SPINE W CONTRAST-59	72126	CPT	both			1721		505.8 Aetna	Better Health		542.98	31.55			333.55	1634.95	percent of total billed charges	
CTCERVICAL SPINE W CONTRAST-59	72126	CPT	both			1721		505.8 Aetna	Medicare		439.83				333.55	1634.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTCERVICAL SPINE W CONTRAST-59	72126	CPT	both			1721		505.8 Americare	Americare		1290.75	75			333.55	1634.95	percent of total billed charges	
CTCERVICAL SPINE W CONTRAST-59	72126	CPT	both			1721		505.8 Amerihealth	HMO/PPO		1118.65	65			333.55	1634.95	percent of total billed charges	
CTCERVICAL SPINE W CONTRAST-59	72126	CPT	both			1721		505.8 Amerihealth	Medicare		439.83				333.55	1634.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTCERVICAL SPINE W CONTRAST-59	72126	CPT	both			1721		505.8 Consumer	Consumer		1634.95	95			333.55	1634.95	percent of total billed charges	
CTCERVICAL SPINE W CONTRAST-59	72126	CPT	both			1721		505.8 Corrections	Corrections		1376.8	80			333.55	1634.95	percent of total billed charges	
CTCERVICAL SPINE W CONTRAST-59	72126	CPT	both			1721		505.8 First Health	First Health		1204.7	70			333.55	1634.95	percent of total billed charges	
CTCERVICAL SPINE W CONTRAST-59	72126	CPT	both			1721		505.8 First Trenton	First Trenton		1548.9	90			333.55	1634.95	percent of total billed charges	
CTCERVICAL SPINE W CONTRAST-59	72126	CPT	both			1721		505.8 Horizon	NJ Health		333.55				333.55	1634.95	fee schedule	
CTCERVICAL SPINE W CONTRAST-59	72126	CPT	both			1721		505.8 Horizon	PPO		818.52				333.55	1634.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTCERVICAL SPINE W CONTRAST-59	72126	CPT	both			1721		505.8 Horizon	MGD		818.52				333.55	1634.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTCERVICAL SPINE W CONTRAST-59	72126	CPT	both			1721		505.8 Horizon	Medicare Blue		439.83				333.55	1634.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTCERVICAL SPINE W CONTRAST-59	72126	CPT	both			1721		505.8 Horizon	Indemnity		818.52				333.55	1634.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTCERVICAL SPINE W CONTRAST-59	72126	CPT	both			1721		505.8 Managed Care Inc	Managed Care Inc		1548.9	90			333.55	1634.95	percent of total billed charges	
CTCERVICAL SPINE W CONTRAST-59	72126	CPT	both			1721		505.8 Multiplan	Multiplan		1376.8	80			333.55	1634.95	percent of total billed charges	
CTCERVICAL SPINE W CONTRAST-59	72126	CPT	both			1721		505.8 Qualcare	Qualcare		1290.75	75			333.55	1634.95	percent of total billed charges	
CTCERVICAL SPINE W CONTRAST-59	72126	CPT	both			1721		505.8 Three Rivers	Three Rivers		1634.95	95			333.55	1634.95	percent of total billed charges	
CTCERVICAL SPINE W CONTRAST-59	72126	CPT	both			1721		505.8 UHC	Medicaid		542.98	31.55			333.55	1634.95	percent of total billed charges	
CTCERVICAL SPINE W CONTRAST-59	72126	CPT	both			1721		505.8 UHC	Medicare		439.83				333.55	1634.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTCERVICAL SPINE W CONTRAST-59	72126	CPT	both			1721		505.8 Wellcare	Medicare		439.83				333.55	1634.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTCERVICAL SPINE W CONTRAST-59	72126	CPT	both			1721		505.8 Wellcare	Medicaid		542.98	31.55			333.55	1634.95	percent of total billed charges	
CTCERVICAL SPINE W CONTRAST-59	72126	CPT	both			1721		505.8 WellPoint	WellPoint		553.82	32.18			333.55	1634.95	percent of total billed charges	
CTCERVICAL SPINE W & W/O CONTRAST	72127	CPT	both			2047		241.65 Aetna	Better Health		645.83	31.55			210.13	1944.65	percent of total billed charges	
CTCERVICAL SPINE W & W/O CONTRAST	72127	CPT	both			2047		241.65 Aetna	Commercial		334.53				210.13	1944.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTCERVICAL SPINE W & W/O CONTRAST	72127	CPT	both			2047		241.65 Aetna	Medicare		210.13				210.13	1944.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTCERVICAL SPINE W & W/O CONTRAST	72127	CPT	both			2047		241.65 Americare	Americare		1535.25	75			210.13	1944.65	percent of total billed charges	
CTCERVICAL SPINE W & W/O CONTRAST	72127	CPT	both			2047		241.65 Amerihealth	HMO/PPO		1330.55	65			210.13	1944.65	percent of total billed charges	
CTCERVICAL SPINE W & W/O CONTRAST	72127	CPT	both			2047		241.65 Amerihealth	Medicare		210.13				210.13	1944.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTCERVICAL SPINE W & W/O CONTRAST	72127	CPT	both			2047		241.65 Consumer	Consumer		1944.65	95			210.13	1944.65	percent of total billed charges	
CTCERVICAL SPINE W & W/O CONTRAST	72127	CPT	both			2047		241.65 Corrections	Corrections		1637.6	80			210.13	1944.65	percent of total billed charges	
CTCERVICAL SPINE W & W/O CONTRAST	72127	CPT	both			2047		241.65 First Health	First Health		1432.9	70			210.13	1944.65	percent of total billed charges	
CTCERVICAL SPINE W & W/O CONTRAST	72127	CPT	both			2047		241.65 First Trenton	First Trenton		1842.3	90			210.13	1944.65	percent of total billed charges	
CTCERVICAL SPINE W & W/O CONTRAST	72127	CPT	both			2047		241.65 Horizon	MGD		391.05				210.13	1944.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTCERVICAL SPINE W & W/O CONTRAST	72127	CPT	both			2047		241.65 Horizon	Medicare Blue		210.13				210.13	1944.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTCERVICAL SPINE W & W/O CONTRAST	72127	CPT	both			2047		241.65 Horizon	NJ Health		343				210.13	1944.65	fee schedule	
CTCERVICAL SPINE W & W/O CONTRAST	72127	CPT	both			2047		241.65 Horizon	Indemnity		391.05				210.13	1944.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTCERVICAL SPINE W & W/O CONTRAST	72127	CPT	both			2047		241.65 Horizon	PPO		391.05				210.13	1944.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTCERVICAL SPINE W & W/O CONTRAST	72127	CPT	both			2047		241.65 Managed Care Inc	Managed Care Inc		1842.3	90			210.13	1944.65	percent of total billed charges	
CTCERVICAL SPINE W & W/O CONTRAST	72127	CPT	both			2047		241.65 Multiplan	Multiplan		1637.6	80			210.13	1944.65	percent of total billed charges	
CTCERVICAL SPINE W & W/O CONTRAST	72127	CPT	both			2047		241.65 Qualcare	Qualcare		1535.25	75			210.13	1944.65	percent of total billed charges	
CTCERVICAL SPINE W & W/O CONTRAST	72127	CPT	both			2047		241.65 Three Rivers	Three Rivers		1944.65	95			210.13	1944.65	percent of total billed charges	
CTCERVICAL SPINE W & W/O CONTRAST	72127	CPT	both			2047		241.65 UHC	Medicare		210.13				210.13	1944.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTCERVICAL SPINE W & W/O CONTRAST	72127	CPT	both			2047		241.65 UHC	Medicaid		645.83	31.55			210.13	1944.65	percent of total billed charges	
CTCERVICAL SPINE W & W/O CONTRAST	72127	CPT	both			2047		241.65 Wellcare	Medicaid		645.83	31.55			210.13	1944.65	percent of total billed charges	
CTCERVICAL SPINE W & W/O CONTRAST	72127	CPT	both			2047		241.65 Wellcare	Medicare		210.13				210.13	1944.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTCERVICAL SPINE W & W/O CONTRAST	72127	CPT	both			2047		241.65 WellPoint	WellPoint		658.72	32.18			210.13	1944.65	percent of total billed charges	
CTTHORACIC SPINE W/O CONTRAST-59	72128	CPT	both			1317		144.6 Aetna	Commercial		200.18				88.97	1251.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTTHORACIC SPINE W/O CONTRAST-59	72128	CPT	both			1317		144.6 Aetna	Better Health		415.51	31.55			88.97	1251.15	percent of total billed charges	
CTTHORACIC SPINE W/O CONTRAST-59	72128	CPT	both			1317		144.6 Aetna	Medicare		125.74				88.97	1251.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTTHORACIC SPINE W/O CONTRAST-59	72128	CPT	both			1317		144.6 Americare	Americare		987.75	75			88.97	1251.15	percent of total billed charges	
CTTHORACIC SPINE W/O CONTRAST-59	72128	CPT	both			1317		144.6 Amerihealth	HMO/PPO		856.05	65			88.97	1251.15	percent of total billed charges	
CTTHORACIC SPINE W/O CONTRAST-59	72128	CPT	both			1317		144.6 Amerihealth	Medicare		125.74				88.97	1251.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTTHORACIC SPINE W/O CONTRAST-59	72128	CPT	both			1317		144.6 Consumer	Consumer		1251.15	95			88.97	1251.15	percent of total billed charges	
CTTHORACIC SPINE W/O CONTRAST-59	72128	CPT	both			1317		144.6 Corrections	Corrections		1053.6	80			88.97	1251.15	percent of total billed charges	
CTTHORACIC SPINE W/O CONTRAST-59	72128	CPT	both			1317		144.6 First Health	First Health		921.9	70			88.97	1251.15	percent of total billed charges	
CTTHORACIC SPINE W/O CONTRAST-59	72128	CPT	both			1317		144.6 First Trenton	First Trenton		1185.3	90			88.97	1251.15	percent of total billed charges	
CTTHORACIC SPINE W/O CONTRAST-59	72128	CPT	both			1317		144.6 Horizon	MGD		234				88.97	1251.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTTHORACIC SPINE W/O CONTRAST-59	72128	CPT	both			1317		144.6 Horizon	NJ Health		245				88.97	1251.15	fee schedule	
CTTHORACIC SPINE W/O CONTRAST-59	72128	CPT	both			1317		144.6 Horizon	Indemnity		234				88.97	1251.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTTHORACIC SPINE W/O CONTRAST-59	72128	CPT	both			1317		144.6 Horizon	Medicare Blue		125.74				88.97	1251.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTTHORACIC SPINE W/O CONTRAST-59	72128	CPT	both			1317		144.6 Horizon	PPO		234				88.97	1251.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTTHORACIC SPINE W/O CONTRAST-59	72128	CPT	both			1317		144.6 Managed Care Inc	Managed Care Inc		1185.3	90			88.97	1251.15	percent of total billed charges	
CTTHORACIC SPINE W/O CONTRAST-59	72128	CPT	both			1317		144.6 Multiplan	Multiplan		1053.6	80			88.97	1251.15	percent of total billed charges	
CTTHORACIC SPINE W/O CONTRAST-59	72128	CPT	both			1317		144.6 Qualcare	Qualcare		987.75	75			88.97	1251.15	percent of total billed charges	
CTTHORACIC SPINE W/O CONTRAST-59	72128	CPT	both			1317		144.6 Three Rivers	Three Rivers		1251.15	95			88.97	1251.15	percent of total billed charges	
CTTHORACIC SPINE W/O CONTRAST-59	72128	CPT	both			1317		144.6 UHC	Medicare		125.74				88.97	1251.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTTHORACIC SPINE W/O CONTRAST-59	72128	CPT	both			1317		144.6 UHC	Medicaid		415.51	31.55			88.97	1251.15	percent of total billed charges	
CTTHORACIC SPINE W/O CONTRAST-59	72128	CPT	both			1317		144.6 Wellcare	Medicaid		415.51	31.55			88.97	1251.15	percent of total billed charges	
CTTHORACIC SPINE W/O CONTRAST-59	72128	CPT	both			1317		144.6 Wellcare	Medicare		125.74				88.97	1251.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTTHORACIC SPINE W/O CONTRAST-59	72128	CPT	both			1317		144.6 WellPoint	WellPoint		423.81	32.18			88.97	1251.15	percent of total billed charges	
CTTHORACIC SPINE W CONTRAST-59	72129	CPT	both			1721		241.65 Aetna	Commercial		334.53				210.13	1634.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTTHORACIC SPINE W CONTRAST-59	72129	CPT	both			1721		241.65 Aetna	Better Health		542.98	31.55			210.13	1634.95	percent of total billed charges	
CTTHORACIC SPINE W CONTRAST-59	72129	CPT	both			1721		241.65 Aetna	Medicare		210.13				210.13	1634.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTTHORACIC SPINE W CONTRAST-59	72129	CPT	both			1721		241.65 Americare	Americare		1290.75	75			210.13	1634.95	percent of total billed charges	
CTTHORACIC SPINE W CONTRAST-59	72129	CPT	both			1721		241.65 Amerihealth	HMO/PPO		1118.65	65			210.13	1634.95	percent of total billed charges	
CTTHORACIC SPINE W CONTRAST-59	72129	CPT	both			1721		241.65 Amerihealth	Medicare		210.13				210.13	1634.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTTHORACIC SPINE W CONTRAST-59	72129	CPT	both			1721		241.65 Consumer	Consumer		1634.95	95			210.13	1634.95	percent of total billed charges	
CTTHORACIC SPINE W CONTRAST-59	72129	CPT	both			1721		241.65 Corrections	Corrections		1376.8	80			210.13	1634.95	percent of total billed charges	
CTTHORACIC SPINE W CONTRAST-59	72129	CPT	both			1721		241.65 First Health	First Health		1204.7	70			210.13	1634.95	percent of total billed charges	
CTTHORACIC SPINE W CONTRAST-59	72129	CPT	both			1721		241.65 First Trenton	First Trenton		1548.9	90			210.13	1634.95	percent of total billed charges	
CTTHORACIC SPINE W CONTRAST-59	72129	CPT	both			1721		241.65 Horizon	NJ Health		333.55				210.13	1634.95	fee schedule	
CTTHORACIC SPINE W CONTRAST-59	72129	CPT	both			1721		241.65 Horizon	Indemnity		391.05				210.13	1634.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTTHORACIC SPINE W CONTRAST-59	72129	CPT	both			1721		241.65 Horizon	MGD		391.05				210.13	1634.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTTHORACIC SPINE W CONTRAST-59	72129	CPT	both			1721		241.65 Horizon	Medicare Blue		210.13				210.13	1634.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTTHORACIC SPINE W CONTRAST-59	72129	CPT	both			1721		241.65 Horizon	PPO		391.05				210.13	1634.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTTHORACIC SPINE W CONTRAST-59	72129	CPT	both			1721		241.65 Managed Care Inc	Managed Care Inc		1548.9	90			210.13	1634.95	percent of total billed charges	
CTTHORACIC SPINE W CONTRAST-59	72129	CPT	both			1721		241.65 Multiplan	Multiplan		1376.8	80			210.13	1634.95	percent of total billed charges	
CTTHORACIC SPINE W CONTRAST-59	72129	CPT	both			1721		241.65 Qualcare	Qualcare		1290.75	75			210.13	1634.95	percent of total billed charges	
CTTHORACIC SPINE W CONTRAST-59	72129	CPT	both			1721		241.65 Three Rivers	Three Rivers		1634.95	95			210.13	1634.95	percent of total billed charges	
CTTHORACIC SPINE W CONTRAST-59	72129	CPT	both			1721		241.65 UHC	Medicare		210.13				210.13	1634.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTTHORACIC SPINE W CONTRAST-59	72129	CPT	both			1721		241.65 UHC	Medicaid		542.98	31.55			210.13	1634.95	percent of total billed charges	
CTTHORACIC SPINE W CONTRAST-59	72129	CPT	both			1721		241.65 Wellcare	Medicaid		542.98	31.55			210.13	1634.95	percent of total billed charges	
CTTHORACIC SPINE W CONTRAST-59	72129	CPT	both			1721		241.65 Wellcare	Medicare		210.13				210.13	1634.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTTHORACIC SPINE W CONTRAST-59	72129	CPT	both			1721		241.65 WellPoint	WellPoint		553.82	32.18			210.13	1634.95	percent of total billed charges	
CTTHORACIC SPINE W & W/O CONTRAST	72130	CPT	both			2047		241.65 Aetna	Commercial		334.53				210.13	1944.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTTHORACIC SPINE W & W/O CONTRAST	72130	CPT	both			2047		241.65 Aetna	Better Health		645.83	31.55			210.13	1944.65	percent of total billed charges	
CTTHORACIC SPINE W & W/O CONTRAST	72130	CPT	both			2047		241.65 Aetna	Medicare		210.13				210.13	1944.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTTHORACIC SPINE W & W/O CONTRAST	72130	CPT	both			2047		241.65 Americare	Americare		1535.25	75			210.13	1944.65	percent of total billed charges	
CTTHORACIC SPINE W & W/O CONTRAST	72130	CPT	both			2047		241.65 Amerihealth	HMO/PPO		1330.55	65			210.13	1944.65	percent of total billed charges	
CTTHORACIC SPINE W & W/O CONTRAST	72130	CPT	both			2047		241.65 Amerihealth	Medicare		210.13				210.13	1944.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTTHORACIC SPINE W & W/O CONTRAST	72130	CPT	both			2047		241.65 Consumer	Consumer		1944.65	95			210.13	1944.65	percent of total billed charges	
CTTHORACIC SPINE W & W/O CONTRAST	72130	CPT	both			2047		241.65 Corrections	Corrections		1637.6	80			210.13	1944.65	percent of total billed charges	
CTTHORACIC SPINE W & W/O CONTRAST	72130	CPT	both			2047		241.65 First Health	First Health		1432.9	70			210.13	1944.65	percent of total billed charges	
CTTHORACIC SPINE W & W/O CONTRAST	72130	CPT	both			2047		241.65 First Trenton	First Trenton		1842.3	90			210.13	1944.65	percent of total billed charges	
CTTHORACIC SPINE W & W/O CONTRAST	72130	CPT	both			2047		241.65 Horizon	MGD		391.05				210.13	1944.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTTHORACIC SPINE W & W/O CONTRAST	72130	CPT	both			2047		241.65 Horizon	PPO		391.05				210.13	1944.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTTHORACIC SPINE W & W/O CONTRAST	72130	CPT	both			2047		241.65 Horizon	Indemnity		391.05				210.13	1944.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTTHORACIC SPINE W & W/O CONTRAST	72130	CPT	both			2047		241.65 Horizon	Medicare Blue		210.13				210.13	1944.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTTHORACIC SPINE W & W/O CONTRAST	72130	CPT	both			2047		241.65 Horizon	NJ Health		343				210.13	1944.65	fee schedule	
CTTHORACIC SPINE W & W/O CONTRAST	72130	CPT	both			2047		241.65 Managed Care Inc	Managed Care Inc		1842.3	90			210.13	1944.65	percent of total billed charges	
CTTHORACIC SPINE W & W/O CONTRAST	72130	CPT	both			2047		241.65 Multiplan	Multiplan		1637.6	80			210.13	1944.65	percent of total billed charges	
CTTHORACIC SPINE W & W/O CONTRAST	72130	CPT	both			2047		241.65 Qualcare	Qualcare		1535.25	75			210.13	1944.65	percent of total billed charges	
CTTHORACIC SPINE W & W/O CONTRAST	72130	CPT	both			2047		241.65 Three Rivers	Three Rivers		1944.65	95			210.13	1944.65	percent of total billed charges	
CTTHORACIC SPINE W & W/O CONTRAST	72130	CPT	both			2047		241.65 UHC	Medicaid		645.83	31.55			210.13	1944.65	percent of total billed charges	
CTTHORACIC SPINE W & W/O CONTRAST	72130	CPT	both			2047		241.65 UHC	Medicare		210.13				210.13	1944.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTTHORACIC SPINE W & W/O CONTRAST	72130	CPT	both			2047		241.65 Wellcare	Medicare		210.13				210.13	1944.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTTHORACIC SPINE W & W/O CONTRAST	72130	CPT	both			2047		241.65 Wellcare	Medicaid		645.83	31.55			210.13	1944.65	percent of total billed charges	
CTTHORACIC SPINE W & W/O CONTRAST	72130	CPT	both			2047		241.65 WellPoint	WellPoint		658.72	32.18			210.13	1944.65	percent of total billed charges	
CTLUMBAR SPINE W/O CONTRAST-59	72131	CPT	both			1721		144.6 Aetna	Commercial		200.18				88.97	1634.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTLUMBAR SPINE W/O CONTRAST-59	72131	CPT	both			1721		144.6 Aetna	Better Health		542.98	31.55			88.97	1634.95	percent of total billed charges	
CTLUMBAR SPINE W/O CONTRAST-59	72131	CPT	both			1721		144.6 Aetna	Medicare		125.74				88.97	1634.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTLUMBAR SPINE W/O CONTRAST-59	72131	CPT	both			1721		144.6 Americare	Americare		1290.75	75			88.97	1634.95	percent of total billed charges	
CTLUMBAR SPINE W/O CONTRAST-59	72131	CPT	both			1721		144.6 Amerihealth	Medicare		125.74				88.97	1634.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTLUMBAR SPINE W/O CONTRAST-59	72131	CPT	both			1721		144.6 Amerihealth	HMO/PPO		1118.65	65			88.97	1634.95	percent of total billed charges	
CTLUMBAR SPINE W/O CONTRAST-59	72131	CPT	both			1721		144.6 Consumer	Consumer		1634.95	95			88.97	1634.95	percent of total billed charges	
CTLUMBAR SPINE W/O CONTRAST-59	72131	CPT	both			1721		144.6 Corrections	Corrections		1376.8	80			88.97	1634.95	percent of total billed charges	
CTLUMBAR SPINE W/O CONTRAST-59	72131	CPT	both			1721		144.6 First Health	First Health		1204.7	70			88.97	1634.95	percent of total billed charges	
CTLUMBAR SPINE W/O CONTRAST-59	72131	CPT	both			1721		144.6 First Trenton	First Trenton		1548.9	90			88.97	1634.95	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.															
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true														
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CTLUMBAS SPINE W/O CONTRAST-59	72131	CPT	both			1721		144.6 Horizon	Indemnity		234				88.97	1634.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTLUMBAS SPINE W/O CONTRAST-59	72131	CPT	both			1721		144.6 Horizon	MGD		234				88.97	1634.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTLUMBAS SPINE W/O CONTRAST-59	72131	CPT	both			1721		144.6 Horizon	Medicare Blue		125.74				88.97	1634.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTLUMBAS SPINE W/O CONTRAST-59	72131	CPT	both			1721		144.6 Horizon	NJ Health		286.1				88.97	1634.95	fee schedule	
CTLUMBAS SPINE W/O CONTRAST-59	72131	CPT	both			1721		144.6 Horizon	PPO		234				88.97	1634.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTLUMBAS SPINE W/O CONTRAST-59	72131	CPT	both			1721		144.6 Managed Care Inc	Managed Care Inc		1548.9	90			88.97	1634.95	percent of total billed charges	
CTLUMBAS SPINE W/O CONTRAST-59	72131	CPT	both			1721		144.6 Multiplan	Multiplan		1376.8	80			88.97	1634.95	percent of total billed charges	
CTLUMBAS SPINE W/O CONTRAST-59	72131	CPT	both			1721		144.6 Qualcare	Qualcare		1290.75	75			88.97	1634.95	percent of total billed charges	
CTLUMBAS SPINE W/O CONTRAST-59	72131	CPT	both			1721		144.6 Three Rivers	Three Rivers		1634.95	95			88.97	1634.95	percent of total billed charges	
CTLUMBAS SPINE W/O CONTRAST-59	72131	CPT	both			1721		144.6 UHC	Medicaid		542.98	31.55			88.97	1634.95	percent of total billed charges	
CTLUMBAS SPINE W/O CONTRAST-59	72131	CPT	both			1721		144.6 UHC	Medicare		125.74				88.97	1634.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTLUMBAS SPINE W/O CONTRAST-59	72131	CPT	both			1721		144.6 Wellcare	Medicare		125.74				88.97	1634.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTLUMBAS SPINE W/O CONTRAST-59	72131	CPT	both			1721		144.6 Wellcare	Medicaid		542.98	31.55			88.97	1634.95	percent of total billed charges	
CTLUMBAS SPINE W/O CONTRAST-59	72131	CPT	both			1721		144.6 WellPoint	WellPoint		553.82	32.18			88.97	1634.95	percent of total billed charges	
CTLUMBAS SPINE W CONTRAST-59	72132	CPT	both			1721		505.8 Aetna	Commercial		700.21				333.55	1634.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTLUMBAS SPINE W CONTRAST-59	72132	CPT	both			1721		505.8 Aetna	Better Health		542.98	31.55			333.55	1634.95	percent of total billed charges	
CTLUMBAS SPINE W CONTRAST-59	72132	CPT	both			1721		505.8 Aetna	Medicare		439.83				333.55	1634.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTLUMBAS SPINE W CONTRAST-59	72132	CPT	both			1721		505.8 Americare	Americare		1290.75	75			333.55	1634.95	percent of total billed charges	
CTLUMBAS SPINE W CONTRAST-59	72132	CPT	both			1721		505.8 Amerihealth	HMO/PPO		1118.65	65			333.55	1634.95	percent of total billed charges	
CTLUMBAS SPINE W CONTRAST-59	72132	CPT	both			1721		505.8 Amerihealth	Medicare		439.83				333.55	1634.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTLUMBAS SPINE W CONTRAST-59	72132	CPT	both			1721		505.8 Consumer	Consumer		1634.95	95			333.55	1634.95	percent of total billed charges	
CTLUMBAS SPINE W CONTRAST-59	72132	CPT	both			1721		505.8 Corrections	Corrections		1376.8	80			333.55	1634.95	percent of total billed charges	
CTLUMBAS SPINE W CONTRAST-59	72132	CPT	both			1721		505.8 First Health	First Health		1204.7	70			333.55	1634.95	percent of total billed charges	
CTLUMBAS SPINE W CONTRAST-59	72132	CPT	both			1721		505.8 First Trenton	First Trenton		1548.9	90			333.55	1634.95	percent of total billed charges	
CTLUMBAS SPINE W CONTRAST-59	72132	CPT	both			1721		505.8 Horizon	MGD		818.52				333.55	1634.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTLUMBAS SPINE W CONTRAST-59	72132	CPT	both			1721		505.8 Horizon	PPO		818.52				333.55	1634.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTLUMBAS SPINE W CONTRAST-59	72132	CPT	both			1721		505.8 Horizon	NJ Health		333.55				333.55	1634.95	fee schedule	
CTLUMBAS SPINE W CONTRAST-59	72132	CPT	both			1721		505.8 Horizon	Medicare Blue		439.83				333.55	1634.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTLUMBAS SPINE W CONTRAST-59	72132	CPT	both			1721		505.8 Horizon	Indemnity		818.52				333.55	1634.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTLUMBAS SPINE W CONTRAST-59	72132	CPT	both			1721		505.8 Managed Care Inc	Managed Care Inc		1548.9	90			333.55	1634.95	percent of total billed charges	
CTLUMBAS SPINE W CONTRAST-59	72132	CPT	both			1721		505.8 Multiplan	Multiplan		1376.8	80			333.55	1634.95	percent of total billed charges	
CTLUMBAS SPINE W CONTRAST-59	72132	CPT	both			1721		505.8 Qualcare	Qualcare		1290.75	75			333.55	1634.95	percent of total billed charges	
CTLUMBAS SPINE W CONTRAST-59	72132	CPT	both			1721		505.8 Three Rivers	Three Rivers		1634.95	95			333.55	1634.95	percent of total billed charges	
CTLUMBAS SPINE W CONTRAST-59	72132	CPT	both			1721		505.8 UHC	Medicaid		542.98	31.55			333.55	1634.95	percent of total billed charges	
CTLUMBAS SPINE W CONTRAST-59	72132	CPT	both			1721		505.8 UHC	Medicare		439.83				333.55	1634.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTLUMBAS SPINE W CONTRAST-59	72132	CPT	both			1721		505.8 Wellcare	Medicare		439.83				333.55	1634.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTLUMBAS SPINE W CONTRAST-59	72132	CPT	both			1721		505.8 Wellcare	Medicaid		542.98	31.55			333.55	1634.95	percent of total billed charges	
CTLUMBAS SPINE W CONTRAST-59	72132	CPT	both			1721		505.8 WellPoint	WellPoint		553.82	32.18			333.55	1634.95	percent of total billed charges	
CTLUMBAS SPINE W & W/O CONTRAST-59	72133	CPT	both			2047		241.65 Aetna	Better Health		645.83	31.55			210.13	1944.65	percent of total billed charges	
CTLUMBAS SPINE W & W/O CONTRAST-59	72133	CPT	both			2047		241.65 Aetna	Commercial		334.53				210.13	1944.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTLUMBAS SPINE W & W/O CONTRAST-59	72133	CPT	both			2047		241.65 Aetna	Medicare		210.13				210.13	1944.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTLUMBAS SPINE W & W/O CONTRAST-59	72133	CPT	both			2047		241.65 Americare	Americare		1535.25	75			210.13	1944.65	percent of total billed charges	
CTLUMBAS SPINE W & W/O CONTRAST-59	72133	CPT	both			2047		241.65 Amerihealth	HMO/PPO		1330.55	65			210.13	1944.65	percent of total billed charges	
CTLUMBAS SPINE W & W/O CONTRAST-59	72133	CPT	both			2047		241.65 Amerihealth	Medicare		210.13				210.13	1944.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTLUMBAS SPINE W & W/O CONTRAST-59	72133	CPT	both			2047		241.65 Consumer	Consumer		1944.65	95			210.13	1944.65	percent of total billed charges	
CTLUMBAS SPINE W & W/O CONTRAST-59	72133	CPT	both			2047		241.65 Corrections	Corrections		1637.6	80			210.13	1944.65	percent of total billed charges	
CTLUMBAS SPINE W & W/O CONTRAST-59	72133	CPT	both			2047		241.65 First Health	First Health		1432.9	70			210.13	1944.65	percent of total billed charges	
CTLUMBAS SPINE W & W/O CONTRAST-59	72133	CPT	both			2047		241.65 First Trenton	First Trenton		1842.3	90			210.13	1944.65	percent of total billed charges	
CTLUMBAS SPINE W & W/O CONTRAST-59	72133	CPT	both			2047		241.65 Horizon	NJ Health		343				210.13	1944.65	fee schedule	
CTLUMBAS SPINE W & W/O CONTRAST-59	72133	CPT	both			2047		241.65 Horizon	Indemnity		391.05				210.13	1944.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTLUMBAS SPINE W & W/O CONTRAST-59	72133	CPT	both			2047		241.65 Horizon	MGD		391.05				210.13	1944.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTLUMBAS SPINE W & W/O CONTRAST-59	72133	CPT	both			2047		241.65 Horizon	Medicare Blue		210.13				210.13	1944.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTLUMBAS SPINE W & W/O CONTRAST-59	72133	CPT	both			2047		241.65 Horizon	PPO		391.05				210.13	1944.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTLUMBAS SPINE W & W/O CONTRAST-59	72133	CPT	both			2047		241.65 Managed Care Inc	Managed Care Inc		1842.3	90			210.13	1944.65	percent of total billed charges	
CTLUMBAS SPINE W & W/O CONTRAST-59	72133	CPT	both			2047		241.65 Multiplan	Multiplan		1637.6	80			210.13	1944.65	percent of total billed charges	
CTLUMBAS SPINE W & W/O CONTRAST-59	72133	CPT	both			2047		241.65 Qualcare	Qualcare		1535.25	75			210.13	1944.65	percent of total billed charges	
CTLUMBAS SPINE W & W/O CONTRAST-59	72133	CPT	both			2047		241.65 Three Rivers	Three Rivers		1944.65	95			210.13	1944.65	percent of total billed charges	
CTLUMBAS SPINE W & W/O CONTRAST-59	72133	CPT	both			2047		241.65 UHC	Medicaid		645.83	31.55			210.13	1944.65	percent of total billed charges	
CTLUMBAS SPINE W & W/O CONTRAST-59	72133	CPT	both			2047		241.65 UHC	Medicare		210.13				210.13	1944.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTLUMBAS SPINE W & W/O CONTRAST-59	72133	CPT	both			2047		241.65 Wellcare	Medicare		210.13				210.13	1944.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTLUMBAS SPINE W & W/O CONTRAST-59	72133	CPT	both			2047		241.65 Wellcare	Medicaid		645.83	31.55			210.13	1944.65	percent of total billed charges	
CTLUMBAS SPINE W & W/O CONTRAST-59	72133	CPT	both			2047		241.65 WellPoint	WellPoint		658.72	32.18			210.13	1944.65	percent of total billed charges	
MRI:CERVCLSPINE W/O CONTRAST	72141	CPT	both			6082		322.28 Aetna	Medicare		1873.26	30.8			280.24	5777.9	percent of total billed charges	
MRI:CERVCLSPINE W/O CONTRAST	72141	CPT	both			6082		322.28 Aetna	Better Health		1918.87	31.55			280.24	5777.9	percent of total billed charges	
MRI:CERVCLSPINE W/O CONTRAST	72141	CPT	both			6082		322.28 Aetna	Commercial		446.14				280.24	5777.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI:CERVCLSPINE W/O CONTRAST	72141	CPT	both			6082		322.28 Americare	Americare		4561.5	75			280.24	5777.9	percent of total billed charges	
MRI:CERVCLSPINE W/O CONTRAST	72141	CPT	both			6082		322.28 Amerihealth	HMO/PPO		3953.3	65			280.24	5777.9	percent of total billed charges	
MRI:CERVCLSPINE W/O CONTRAST	72141	CPT	both			6082		322.28 Amerihealth	Medicare		280.24				280.24	5777.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI:CERVCLSPINE W/O CONTRAST	72141	CPT	both			6082		322.28 Consumer	Consumer		5777.9	95			280.24	5777.9	percent of total billed charges	
MRI:CERVCLSPINE W/O CONTRAST	72141	CPT	both			6082		322.28 Corrections	Corrections		4865.6	80			280.24	5777.9	percent of total billed charges	
MRI:CERVCLSPINE W/O CONTRAST	72141	CPT	both			6082		322.28 First Health	First Health		4257.4	70			280.24	5777.9	percent of total billed charges	
MRI:CERVCLSPINE W/O CONTRAST	72141	CPT	both			6082		322.28 First Trenton	First Trenton		5473.8	90			280.24	5777.9	percent of total billed charges	
MRI:CERVCLSPINE W/O CONTRAST	72141	CPT	both			6082		322.28 Horizon	PPO		521.53				280.24	5777.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI:CERVCLSPINE W/O CONTRAST	72141	CPT	both			6082		322.28 Horizon	MGD		521.53				280.24	5777.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI:CERVCLSPINE W/O CONTRAST	72141	CPT	both			6082		322.28 Horizon	Indemnity		521.53				280.24	5777.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI:CERVCLSPINE W/O CONTRAST	72141	CPT	both			6082		322.28 Horizon	NJ Health		646.8				280.24	5777.9	fee schedule	
MRI:CERVCLSPINE W/O CONTRAST	72141	CPT	both			6082		322.28 Horizon	Medicare Blue		280.24				280.24	5777.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI:CERVCLSPINE W/O CONTRAST	72141	CPT	both			6082		322.28 Managed Care Inc	Managed Care Inc		5473.8	90			280.24	5777.9	percent of total billed charges	
MRI:CERVCLSPINE W/O CONTRAST	72141	CPT	both			6082		322.28 Multiplan	Multiplan		4865.6	80			280.24	5777.9	percent of total billed charges	
MRI:CERVCLSPINE W/O CONTRAST	72141	CPT	both			6082		322.28 Qualcare	Qualcare		4561.5	75			280.24	5777.9	percent of total billed charges	
MRI:CERVCLSPINE W/O CONTRAST	72141	CPT	both			6082		322.28 Three Rivers	Three Rivers		5777.9	95			280.24	5777.9	percent of total billed charges	
MRI:CERVCLSPINE W/O CONTRAST	72141	CPT	both			6082		322.28 UHC	Medicare		280.24				280.24	5777.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI:CERVCLSPINE W/O CONTRAST	72141	CPT	both			6082		322.28 UHC	Medicaid		1918.87	31.55			280.24	5777.9	percent of total billed charges	
MRI:CERVCLSPINE W/O CONTRAST	72141	CPT	both			6082		322.28 Wellcare	Medicare		280.24				280.24	5777.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI:CERVCLSPINE W/O CONTRAST	72141	CPT	both			6082		322.28 Wellcare	Medicaid		1918.87	31.55			280.24	5777.9	percent of total billed charges	
MRI:CERVCLSPINE W/O CONTRAST	72141	CPT	both			6082		322.28 WellPoint	WellPoint		1957.19	32.18			280.24	5777.9	percent of total billed charges	
MRI:CERVICAL SPINE W/CONTRAST	72142	CPT	both			7289		505.8 Aetna	Better Health		2299.68	31.55			439.83	6924.55	percent of total billed charges	
MRI:CERVICAL SPINE W/CONTRAST	72142	CPT	both			7289		505.8 Aetna	Commercial		700.21				439.83	6924.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI:CERVICAL SPINE W/CONTRAST	72142	CPT	both			7289		505.8 Aetna	Medicare		439.83				439.83	6924.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI:CERVICAL SPINE W/CONTRAST	72142	CPT	both			7289		505.8 Americare	Americare		5466.75	75			439.83	6924.55	percent of total billed charges	
MRI:CERVICAL SPINE W/CONTRAST	72142	CPT	both			7289		505.8 Amerihealth	HMO/PPO		4737.85	65			439.83	6924.55	percent of total billed charges	
MRI:CERVICAL SPINE W/CONTRAST	72142	CPT	both			7289		505.8 Amerihealth	Medicare		439.83				439.83	6924.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI:CERVICAL SPINE W/CONTRAST	72142	CPT	both			7289		505.8 Consumer	Consumer		6924.55	95			439.83	6924.55	percent of total billed charges	
MRI:CERVICAL SPINE W/CONTRAST	72142	CPT	both			7289		505.8 Corrections	Corrections		5831.2	80			439.83	6924.55	percent of total billed charges	
MRI:CERVICAL SPINE W/CONTRAST	72142	CPT	both			7289		505.8 First Health	First Health		5102.3	70			439.83	6924.55	percent of total billed charges	
MRI:CERVICAL SPINE W/CONTRAST	72142	CPT	both			7289		505.8 First Trenton	First Trenton		6560.1	90			439.83	6924.55	percent of total billed charges	
MRI:CERVICAL SPINE W/CONTRAST	72142	CPT	both			7289		505.8 Horizon	Medicare Blue		439.83				439.83	6924.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI:CERVICAL SPINE W/CONTRAST	72142	CPT	both			7289		505.8 Horizon	NJ Health		691.88				439.83	6924.55	fee schedule	
MRI:CERVICAL SPINE W/CONTRAST	72142	CPT	both			7289		505.8 Horizon	Indemnity		818.52				439.83	6924.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI:CERVICAL SPINE W/CONTRAST	72142	CPT	both			7289		505.8 Horizon	MGD		818.52				439.83	6924.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI:CERVICAL SPINE W/CONTRAST	72142	CPT	both			7289		505.8 Horizon	PPO		818.52				439.83	6924.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI:CERVICAL SPINE W/CONTRAST	72142	CPT	both			7289		505.8 Managed Care Inc	Managed Care Inc		6560.1	90			439.83	6924.55	percent of total billed charges	
MRI:CERVICAL SPINE W/CONTRAST	72142	CPT	both			7289		505.8 Multiplan	Multiplan		5831.2	80			439.83	6924.55	percent of total billed charges	
MRI:CERVICAL SPINE W/CONTRAST	72142	CPT	both			7289		505.8 Qualcare	Qualcare		5466.75	75			439.83	6924.55	percent of total billed charges	
MRI:CERVICAL SPINE W/CONTRAST	72142	CPT	both			7289		505.8 Three Rivers	Three Rivers		6924.55	95			439.83	6924.55	percent of total billed charges	
MRI:CERVICAL SPINE W/CONTRAST	72142	CPT	both			7289		505.8 UHC	Medicaid		2299.68	31.55			439.83	6924.55	percent of total billed charges	
MRI:CERVICAL SPINE W/CONTRAST	72142	CPT	both			7289		505.8 UHC	Medicare		439.83				439.83	6924.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI:CERVICAL SPINE W/CONTRAST	72142	CPT	both			7289		505.8 Wellcare	Medicaid		2299.68	31.55			439.83	6924.55	percent of total billed charges	
MRI:CERVICAL SPINE W/CONTRAST	72142	CPT	both			7289		505.8 Wellcare	Medicare		439.83				439.83	6924.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI:CERVICAL SPINE W/CONTRAST	72142	CPT	both			7289		505.8 WellPoint	WellPoint		2345.6	32.18			439.83	6924.55	percent of total billed charges	
MRI:THORACIC SPINE W/O CONTRAST	72146	CPT	both			6752		322.28 Aetna	Better Health		2130.26	31.55			280.24	6414.4	percent of total billed charges	
MRI:THORACIC SPINE W/O CONTRAST	72146	CPT	both			6752		322.28 Aetna	Commercial		446.14				280.24	6414.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI:THORACIC SPINE W/O CONTRAST	72146	CPT	both			6752		322.28 Aetna	Medicare		280.24				280.24	6414.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI:THORACIC SPINE W/O CONTRAST	72146	CPT	both			6752		322.28 Americare	Americare		5064	75			280.24	6414.4	percent of total billed charges	
MRI:THORACIC SPINE W/O CONTRAST	72146	CPT	both			6752		322.28 Amerihealth	HMO/PPO		4388.8	65			280.24	6414.4	percent of total billed charges	
MRI:THORACIC SPINE W/O CONTRAST	72146	CPT	both			6752		322.28 Amerihealth	Medicare		280.24				280.24	6414.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI:THORACIC SPINE W/O CONTRAST	72146	CPT	both			6752		322.28 Consumer	Consumer		6414.4	95			280.24	6414.4	percent of total billed charges	
MRI:THORACIC SPINE W/O CONTRAST	72146	CPT	both			6752		322.28 Corrections	Corrections		5401.6	80			280.24	6414.4	percent of total billed charges	
MRI:THORACIC SPINE W/O CONTRAST	72146	CPT	both			6752		322.28 First Health	First Health		4726.4	70			280.24	6414.4	percent of total billed charges	
MRI:THORACIC SPINE W/O CONTRAST	72146	CPT	both			6752		322.28 First Trenton	First Trenton		6076.8	90			280.24	6414.4	percent of total billed charges	
MRI:THORACIC SPINE W/O CONTRAST	72146	CPT	both			6752		322.28 Horizon	PPO		521.53				280.24	6414.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI:THORACIC SPINE W/O CONTRAST	72146	CPT	both			6752		322.28 Horizon	Medicare Blue		280.24				280.24	6414.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI:THORACIC SPINE W/O CONTRAST	72146	CPT	both			6752		322.28 Horizon	MGD		521.53				280.24	6414.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI:THORACIC SPINE W/O CONTRAST	72146	CPT	both			6752		322.28 Horizon	Indemnity		521.53				280.24	6414.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI:THORACIC SPINE W/O CONTRAST	72146	CPT	both			6752		322.28 Horizon	NJ Health		646.8				280.24	6414.4	fee schedule	
MRI:THORACIC SPINE W/O CONTRAST	72146	CPT	both			6752		322.28 Managed Care Inc	Managed Care Inc		6076.8	90			280.24	6414.4	percent of total billed charges	
MRI:THORACIC SPINE W/O CONTRAST	72146	CPT	both			6752		322.28 Multiplan	Multiplan		5401.6	80			280.24	6414.4	percent of total billed charges	
MRI:THORACIC SPINE W/O CONTRAST	72146	CPT	both			6752		322.28 Qualcare	Qualcare		5064	75			280.24	6414.4	percent of total billed charges	
MRI:THORACIC SPINE W/O CONTRAST	72146	CPT	both			6752		322.28 Three Rivers	Three Rivers		6414.4	95			280.24	6414.4	percent of total billed charges	
MRI:THORACIC SPINE W/O CONTRAST	72146	CPT	both			6752		322.28 UHC	Medicaid		2130.26	31.55			280.24	6414.4	percent of total billed charges	
MRI:THORACIC SPINE W/O CONTRAST	72146	CPT	both			6752		322.28 UHC	Medicare		280.24				280.24	6414.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI:THORACIC SPINE W/O CONTRAST	72146	CPT	both			6752		322.28 Wellcare	Medicaid		2130.26	31.55			280.24	6414.4	percent of total billed charges	
MRI:THORACIC SPINE W/O CONTRAST	72146	CPT	both			6752		322.28 Wellcare	Medicare		280.24				280.24	6414.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI:THORACIC SPINE W/O CONTRAST	72146	CPT	both			6752		322.28 WellPoint	WellPoint		2172.79	32.18			280.24	6414.4	percent of total billed charges	
MRI:THORACIC SPINE WITH CONTRAST	72147	CPT	inpatient			7289		505.8 Aetna	Commercial		700.21				439.83	6924.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI:THORACIC SPINE WITH CONTRAST	72147	CPT	inpatient			7289		505.8 Aetna	Better Health		2299.68	31.55			439.83	6924.55	percent of total billed charges	
MRI:THORACIC SPINE WITH CONTRAST	72147	CPT	inpatient			7289		505.8 Aetna	Medicare		439.83				439.83	6924.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI:THORACIC SPINE WITH CONTRAST	72147	CPT	inpatient			7289		505.8 Americare	Americare		5466.75	75			439.83	6924.55	percent of total billed charges	
MRI:THORACIC SPINE WITH CONTRAST	72147	CPT	inpatient			7289		505.8 Amerihealth	HMO/PPO		4737.85	65			439.83	6924.55	percent of total billed charges	
MRI:THORACIC SPINE WITH CONTRAST	72147	CPT	inpatient			7289		505.8 Amerihealth	Medicare		439.83				439.83	6924.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI:THORACIC SPINE WITH CONTRAST	72147	CPT	inpatient			7289		505.8 Consumer	Consumer		6924.55	95			439.83	6924.55	percent of total billed charges	
MRI:THORACIC SPINE WITH CONTRAST	72147	CPT	inpatient			7289		505.8 Corrections	Corrections		5831.2	80			439.83	6924.55	percent of total billed charges	
MRI:THORACIC SPINE WITH CONTRAST	72147	CPT	inpatient			7289		505.8 First Health	First Health		5102.3	70			439.83	6924.55	percent of total billed charges	
MRI:THORACIC SPINE WITH CONTRAST	72147	CPT	inpatient			7289		505.8 First Trenton	First Trenton		6560.1	90			439.83	6924.55	percent of total billed charges	
MRI:THORACIC SPINE WITH CONTRAST	72147	CPT	inpatient			7289		505.8 Horizon	MGD		818.52				439.83	6924.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI:THORACIC SPINE WITH CONTRAST	72147	CPT	inpatient			7289		505.8 Horizon	Medicare Blue		439.83				439.83	6924.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI:THORACIC SPINE WITH CONTRAST	72147	CPT	inpatient			7289		505.8 Horizon	PPO		818.52				439.83	6924.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI:THORACIC SPINE WITH CONTRAST	72147	CPT	inpatient			7289		505.8 Horizon	NJ Health		646.8				439.83	6924.55	fee schedule	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
MRI-THORACIC SPINE WITH CONTRAST	72147	CPT	inpatient			7289		505.8 Horizon	Indemnity		818.52				439.83	6924.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-THORACIC SPINE WITH CONTRAST	72147	CPT	inpatient			7289		505.8 Managed Care Inc	Managed Care Inc		6560.1	90			439.83	6924.55	percent of total billed charges	
MRI-THORACIC SPINE WITH CONTRAST	72147	CPT	inpatient			7289		505.8 Multiplan	Multiplan		5831.2	80			439.83	6924.55	percent of total billed charges	
MRI-THORACIC SPINE WITH CONTRAST	72147	CPT	inpatient			7289		505.8 Qualcare	Qualcare		5466.75	75			439.83	6924.55	percent of total billed charges	
MRI-THORACIC SPINE WITH CONTRAST	72147	CPT	inpatient			7289		505.8 Three Rivers	Three Rivers		6924.55	95			439.83	6924.55	percent of total billed charges	
MRI-THORACIC SPINE WITH CONTRAST	72147	CPT	inpatient			7289		505.8 UHC	Medicare		439.83				439.83	6924.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-THORACIC SPINE WITH CONTRAST	72147	CPT	inpatient			7289		505.8 UHC	Medicaid		2299.68	31.55			439.83	6924.55	percent of total billed charges	
MRI-THORACIC SPINE WITH CONTRAST	72147	CPT	inpatient			7289		505.8 Wellcare	Medicaid		2299.68	31.55			439.83	6924.55	percent of total billed charges	
MRI-THORACIC SPINE WITH CONTRAST	72147	CPT	inpatient			7289		505.8 Wellcare	Medicare		439.83				439.83	6924.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-THORACIC SPINE WITH CONTRAST	72147	CPT	inpatient			7289		505.8 WellPoint	WellPoint		2345.6	32.18			439.83	6924.55	percent of total billed charges	
MRI-LUMBAR SPINE WITHOUT CONTRAST	72148	CPT	both			1418		322.28 Aetna	Commercial		446.14				276.69	1347.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-LUMBAR SPINE WITHOUT CONTRAST	72148	CPT	both			1418		322.28 Aetna	Medicare		280.24				276.69	1347.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-LUMBAR SPINE WITHOUT CONTRAST	72148	CPT	both			1418		322.28 Aetna	Better Health		447.38	31.55			276.69	1347.1	percent of total billed charges	
MRI-LUMBAR SPINE WITHOUT CONTRAST	72148	CPT	both			1418		322.28 Americare	Americare		1063.5	75			276.69	1347.1	percent of total billed charges	
MRI-LUMBAR SPINE WITHOUT CONTRAST	72148	CPT	both			1418		322.28 Amerihealth	HMO/PPO		921.7	65			276.69	1347.1	percent of total billed charges	
MRI-LUMBAR SPINE WITHOUT CONTRAST	72148	CPT	both			1418		322.28 Amerihealth	Medicare		280.24				276.69	1347.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-LUMBAR SPINE WITHOUT CONTRAST	72148	CPT	both			1418		322.28 Consumer	Consumer		1347.1	95			276.69	1347.1	percent of total billed charges	
MRI-LUMBAR SPINE WITHOUT CONTRAST	72148	CPT	both			1418		322.28 Corrections	Corrections		1134.4	80			276.69	1347.1	percent of total billed charges	
MRI-LUMBAR SPINE WITHOUT CONTRAST	72148	CPT	both			1418		322.28 First Health	First Health		992.6	70			276.69	1347.1	percent of total billed charges	
MRI-LUMBAR SPINE WITHOUT CONTRAST	72148	CPT	both			1418		322.28 First Trenton	First Trenton		1276.2	90			276.69	1347.1	percent of total billed charges	
MRI-LUMBAR SPINE WITHOUT CONTRAST	72148	CPT	both			1418		322.28 Horizon	MGD		521.53				276.69	1347.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-LUMBAR SPINE WITHOUT CONTRAST	72148	CPT	both			1418		322.28 Horizon	NJ Health		646.8				276.69	1347.1	fee schedule	
MRI-LUMBAR SPINE WITHOUT CONTRAST	72148	CPT	both			1418		322.28 Horizon	Indemnity		521.53				276.69	1347.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-LUMBAR SPINE WITHOUT CONTRAST	72148	CPT	both			1418		322.28 Horizon	Medicare Blue		280.24				276.69	1347.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-LUMBAR SPINE WITHOUT CONTRAST	72148	CPT	both			1418		322.28 Horizon	PPO		521.53				276.69	1347.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-LUMBAR SPINE WITHOUT CONTRAST	72148	CPT	both			1418		322.28 Managed Care Inc	Managed Care Inc		1276.2	90			276.69	1347.1	percent of total billed charges	
MRI-LUMBAR SPINE WITHOUT CONTRAST	72148	CPT	both			1418		322.28 Multiplan	Multiplan		1134.4	80			276.69	1347.1	percent of total billed charges	
MRI-LUMBAR SPINE WITHOUT CONTRAST	72148	CPT	both			1418		322.28 Qualcare	Qualcare		1063.5	75			276.69	1347.1	percent of total billed charges	
MRI-LUMBAR SPINE WITHOUT CONTRAST	72148	CPT	both			1418		322.28 Three Rivers	Three Rivers		1347.1	95			276.69	1347.1	percent of total billed charges	
MRI-LUMBAR SPINE WITHOUT CONTRAST	72148	CPT	both			1418		322.28 UHC	Medicaid		447.38	31.55			276.69	1347.1	percent of total billed charges	
MRI-LUMBAR SPINE WITHOUT CONTRAST	72148	CPT	both			1418		322.28 UHC	Medicare		280.24				276.69	1347.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-LUMBAR SPINE WITHOUT CONTRAST	72148	CPT	both			1418		322.28 Wellcare	Medicaid		447.38	31.55			276.69	1347.1	percent of total billed charges	
MRI-LUMBAR SPINE WITHOUT CONTRAST	72148	CPT	both			1418		322.28 Wellcare	Medicare		280.24				276.69	1347.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-LUMBAR SPINE WITHOUT CONTRAST	72148	CPT	both			1418		322.28 WellPoint	WellPoint		456.31	32.18			276.69	1347.1	percent of total billed charges	
MRI-LUMBAR SPINE WITH CONTRAST	72149	CPT	both			7289		505.8 Aetna	Commercial		700.21				439.83	6924.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-LUMBAR SPINE WITH CONTRAST	72149	CPT	both			7289		505.8 Aetna	Medicare		2245.01	30.8			439.83	6924.55	percent of total billed charges	
MRI-LUMBAR SPINE WITH CONTRAST	72149	CPT	both			7289		505.8 Aetna	Better Health		2299.68	31.55			439.83	6924.55	percent of total billed charges	
MRI-LUMBAR SPINE WITH CONTRAST	72149	CPT	both			7289		505.8 Americare	Americare		5466.75	75			439.83	6924.55	percent of total billed charges	
MRI-LUMBAR SPINE WITH CONTRAST	72149	CPT	both			7289		505.8 Amerihealth	HMO/PPO		4737.85	65			439.83	6924.55	percent of total billed charges	
MRI-LUMBAR SPINE WITH CONTRAST	72149	CPT	both			7289		505.8 Amerihealth	Medicare		439.83				439.83	6924.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-LUMBAR SPINE WITH CONTRAST	72149	CPT	both			7289		505.8 Consumer	Consumer		6924.55	95			439.83	6924.55	percent of total billed charges	
MRI-LUMBAR SPINE WITH CONTRAST	72149	CPT	both			7289		505.8 Corrections	Corrections		5831.2	80			439.83	6924.55	percent of total billed charges	
MRI-LUMBAR SPINE WITH CONTRAST	72149	CPT	both			7289		505.8 First Health	First Health		5102.3	70			439.83	6924.55	percent of total billed charges	
MRI-LUMBAR SPINE WITH CONTRAST	72149	CPT	both			7289		505.8 First Trenton	First Trenton		6560.1	90			439.83	6924.55	percent of total billed charges	
MRI-LUMBAR SPINE WITH CONTRAST	72149	CPT	both			7289		505.8 Horizon	Indemnity		818.52				439.83	6924.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-LUMBAR SPINE WITH CONTRAST	72149	CPT	both			7289		505.8 Horizon	MGD		818.52				439.83	6924.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-LUMBAR SPINE WITH CONTRAST	72149	CPT	both			7289		505.8 Horizon	NJ Health		588				439.83	6924.55	fee schedule	
MRI-LUMBAR SPINE WITH CONTRAST	72149	CPT	both			7289		505.8 Horizon	PPO		818.52				439.83	6924.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-LUMBAR SPINE WITH CONTRAST	72149	CPT	both			7289		505.8 Horizon	Medicare Blue		439.83				439.83	6924.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-LUMBAR SPINE WITH CONTRAST	72149	CPT	both			7289		505.8 Managed Care Inc	Managed Care Inc		6560.1	90			439.83	6924.55	percent of total billed charges	
MRI-LUMBAR SPINE WITH CONTRAST	72149	CPT	both			7289		505.8 Multiplan	Multiplan		5831.2	80			439.83	6924.55	percent of total billed charges	
MRI-LUMBAR SPINE WITH CONTRAST	72149	CPT	both			7289		505.8 Qualcare	Qualcare		5466.75	75			439.83	6924.55	percent of total billed charges	
MRI-LUMBAR SPINE WITH CONTRAST	72149	CPT	both			7289		505.8 Three Rivers	Three Rivers		6924.55	95			439.83	6924.55	percent of total billed charges	
MRI-LUMBAR SPINE WITH CONTRAST	72149	CPT	both			7289		505.8 UHC	Medicaid		2299.68	31.55			439.83	6924.55	percent of total billed charges	
MRI-LUMBAR SPINE WITH CONTRAST	72149	CPT	both			7289		505.8 UHC	Medicare		439.83				439.83	6924.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-LUMBAR SPINE WITH CONTRAST	72149	CPT	both			7289		505.8 Wellcare	Medicaid		2299.68	31.55			439.83	6924.55	percent of total billed charges	
MRI-LUMBAR SPINE WITH CONTRAST	72149	CPT	both			7289		505.8 Wellcare	Medicare		439.83				439.83	6924.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-LUMBAR SPINE WITH CONTRAST	72149	CPT	both			7289		505.8 WellPoint	WellPoint		2345.6	32.18			439.83	6924.55	percent of total billed charges	
MRI CERVICAL SPINE WO/W CONTRAST	72156	CPT	both			9831		505.8 Aetna	Better Health		3101.68	31.55			439.83	9339.45	percent of total billed charges	
MRI CERVICAL SPINE WO/W CONTRAST	72156	CPT	both			9831		505.8 Aetna	Commercial		700.21				439.83	9339.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI CERVICAL SPINE WO/W CONTRAST	72156	CPT	both			9831		505.8 Aetna	Medicare		439.83				439.83	9339.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI CERVICAL SPINE WO/W CONTRAST	72156	CPT	both			9831		505.8 Americare	Americare		7373.25	75			439.83	9339.45	percent of total billed charges	
MRI CERVICAL SPINE WO/W CONTRAST	72156	CPT	both			9831		505.8 Amerihealth	HMO/PPO		6390.15	65			439.83	9339.45	percent of total billed charges	
MRI CERVICAL SPINE WO/W CONTRAST	72156	CPT	both			9831		505.8 Amerihealth	Medicare		439.83				439.83	9339.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI CERVICAL SPINE WO/W CONTRAST	72156	CPT	both			9831		505.8 Consumer	Consumer		9339.45	95			439.83	9339.45	percent of total billed charges	
MRI CERVICAL SPINE WO/W CONTRAST	72156	CPT	both			9831		505.8 Corrections	Corrections		7864.8	80			439.83	9339.45	percent of total billed charges	
MRI CERVICAL SPINE WO/W CONTRAST	72156	CPT	both			9831		505.8 First Health	First Health		6881.7	70			439.83	9339.45	percent of total billed charges	
MRI CERVICAL SPINE WO/W CONTRAST	72156	CPT	both			9831		505.8 First Trenton	First Trenton		8847.9	90			439.83	9339.45	percent of total billed charges	
MRI CERVICAL SPINE WO/W CONTRAST	72156	CPT	both			9831		505.8 Horizon	PPO		818.52				439.83	9339.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI CERVICAL SPINE WO/W CONTRAST	72156	CPT	both			9831		505.8 Horizon	Medicare Blue		439.83				439.83	9339.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI CERVICAL SPINE WO/W CONTRAST	72156	CPT	both			9831		505.8 Horizon	MGD		818.52				439.83	9339.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI CERVICAL SPINE WO/W CONTRAST	72156	CPT	both			9831		505.8 Horizon	Indemnity		818.52				439.83	9339.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI CERVICAL SPINE WO/W CONTRAST	72156	CPT	both			9831		505.8 Horizon	NJ Health		939.43				439.83	9339.45	fee schedule	
MRI CERVICAL SPINE WO/W CONTRAST	72156	CPT	both			9831		505.8 Managed Care Inc	Managed Care Inc		8847.9	90			439.83	9339.45	percent of total billed charges	
MRI CERVICAL SPINE WO/W CONTRAST	72156	CPT	both			9831		505.8 Multiplan	Multiplan		7864.8	80			439.83	9339.45	percent of total billed charges	
MRI CERVICAL SPINE WO/W CONTRAST	72156	CPT	both			9831		505.8 Qualcare	Qualcare		7373.25	75			439.83	9339.45	percent of total billed charges	
MRI CERVICAL SPINE WO/W CONTRAST	72156	CPT	both			9831		505.8 Three Rivers	Three Rivers		9339.45	95			439.83	9339.45	percent of total billed charges	
MRI CERVICAL SPINE WO/W CONTRAST	72156	CPT	both			9831		505.8 UHC	Medicaid		3101.68	31.55			439.83	9339.45	percent of total billed charges	
MRI CERVICAL SPINE WO/W CONTRAST	72156	CPT	both			9831		505.8 UHC	Medicare		439.83				439.83	9339.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI CERVICAL SPINE WO/W CONTRAST	72156	CPT	both			9831		505.8 Wellcare	Medicare		439.83				439.83	9339.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI CERVICAL SPINE WO/W CONTRAST	72156	CPT	both			9831		505.8 Wellcare	Medicaid		3101.68	31.55			439.83	9339.45	percent of total billed charges	
MRI CERVICAL SPINE WO/W CONTRAST	72156	CPT	both			9831		505.8 WellPoint	WellPoint		3163.62	32.18			439.83	9339.45	percent of total billed charges	
MRI-THORACIC SPINE WO/W CONTRAST	72157	CPT	both			9831		505.8 Aetna	Medicare		439.83				439.83	9339.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-THORACIC SPINE WO/W CONTRAST	72157	CPT	both			9831		505.8 Aetna	Better Health		3101.68	31.55			439.83	9339.45	percent of total billed charges	
MRI-THORACIC SPINE WO/W CONTRAST	72157	CPT	both			9831		505.8 Aetna	Commercial		700.21				439.83	9339.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-THORACIC SPINE WO/W CONTRAST	72157	CPT	both			9831		505.8 Americare	Americare		7373.25	75			439.83	9339.45	percent of total billed charges	
MRI-THORACIC SPINE WO/W CONTRAST	72157	CPT	both			9831		505.8 Amerihealth	Medicare		439.83				439.83	9339.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-THORACIC SPINE WO/W CONTRAST	72157	CPT	both			9831		505.8 Amerihealth	HMO/PPO		6390.15	65			439.83	9339.45	percent of total billed charges	
MRI-THORACIC SPINE WO/W CONTRAST	72157	CPT	both			9831		505.8 Consumer	Consumer		9339.45	95			439.83	9339.45	percent of total billed charges	
MRI-THORACIC SPINE WO/W CONTRAST	72157	CPT	both			9831		505.8 Corrections	Corrections		7864.8	80			439.83	9339.45	percent of total billed charges	
MRI-THORACIC SPINE WO/W CONTRAST	72157	CPT	both			9831		505.8 First Health	First Health		6881.7	70			439.83	9339.45	percent of total billed charges	
MRI-THORACIC SPINE WO/W CONTRAST	72157	CPT	both			9831		505.8 First Trenton	First Trenton		8847.9	90			439.83	9339.45	percent of total billed charges	
MRI-THORACIC SPINE WO/W CONTRAST	72157	CPT	both			9831		505.8 Horizon	Indemnity		818.52				439.83	9339.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-THORACIC SPINE WO/W CONTRAST	72157	CPT	both			9831		505.8 Horizon	MGD		818.52				439.83	9339.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-THORACIC SPINE WO/W CONTRAST	72157	CPT	both			9831		505.8 Horizon	PPO		818.52				439.83	9339.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-THORACIC SPINE WO/W CONTRAST	72157	CPT	both			9831		505.8 Horizon	Medicare Blue		439.83				439.83	9339.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-THORACIC SPINE WO/W CONTRAST	72157	CPT	both			9831		505.8 Horizon	NJ Health		939.43				439.83	9339.45	fee schedule	
MRI-THORACIC SPINE WO/W CONTRAST	72157	CPT	both			9831		505.8 Managed Care Inc	Managed Care Inc		8847.9	90			439.83	9339.45	percent of total billed charges	
MRI-THORACIC SPINE WO/W CONTRAST	72157	CPT	both			9831		505.8 Multiplan	Multiplan		7864.8	80			439.83	9339.45	percent of total billed charges	
MRI-THORACIC SPINE WO/W CONTRAST	72157	CPT	both			9831		505.8 Qualcare	Qualcare		7373.25	75			439.83	9339.45	percent of total billed charges	
MRI-THORACIC SPINE WO/W CONTRAST	72157	CPT	both			9831		505.8 Three Rivers	Three Rivers		9339.45	95			439.83	9339.45	percent of total billed charges	
MRI-THORACIC SPINE WO/W CONTRAST	72157	CPT	both			9831		505.8 UHC	Medicare		439.83				439.83	9339.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-THORACIC SPINE WO/W CONTRAST	72157	CPT	both			9831		505.8 UHC	Medicaid		3101.68	31.55			439.83	9339.45	percent of total billed charges	
MRI-THORACIC SPINE WO/W CONTRAST	72157	CPT	both			9831		505.8 Wellcare	Medicaid		3101.68	31.55			439.83	9339.45	percent of total billed charges	
MRI-THORACIC SPINE WO/W CONTRAST	72157	CPT	both			9831		505.8 Wellcare	Medicare		439.83				439.83	9339.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-THORACIC SPINE WO/W CONTRAST	72157	CPT	both			9831		505.8 WellPoint	WellPoint		3163.62	32.18			439.83	9339.45	percent of total billed charges	
MRI-LUMBAR SPINE WO/W CONTRAST	72158	CPT	both			9831		505.8 Aetna	Better Health		3101.68	31.55			436.65	9339.45	percent of total billed charges	
MRI-LUMBAR SPINE WO/W CONTRAST	72158	CPT	both			9831		505.8 Aetna	Medicare		439.83				436.65	9339.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-LUMBAR SPINE WO/W CONTRAST	72158	CPT	both			9831		505.8 Aetna	Commercial		700.21				436.65	9339.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-LUMBAR SPINE WO/W CONTRAST	72158	CPT	both			9831		505.8 Americare	Americare		7373.25	75			436.65	9339.45	percent of total billed charges	
MRI-LUMBAR SPINE WO/W CONTRAST	72158	CPT	both			9831		505.8 Amerihealth	Medicare		439.83				436.65	9339.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-LUMBAR SPINE WO/W CONTRAST	72158	CPT	both			9831		505.8 Amerihealth	HMO/PPO		6390.15	65			436.65	9339.45	percent of total billed charges	
MRI-LUMBAR SPINE WO/W CONTRAST	72158	CPT	both			9831		505.8 Consumer	Consumer		9339.45	95			436.65	9339.45	percent of total billed charges	
MRI-LUMBAR SPINE WO/W CONTRAST	72158	CPT	both			9831		505.8 Corrections	Corrections		7864.8	80			436.65	9339.45	percent of total billed charges	
MRI-LUMBAR SPINE WO/W CONTRAST	72158	CPT	both			9831		505.8 First Health	First Health		6881.7	70			436.65	9339.45	percent of total billed charges	
MRI-LUMBAR SPINE WO/W CONTRAST	72158	CPT	both			9831		505.8 First Trenton	First Trenton		8847.9	90			436.65	9339.45	percent of total billed charges	
MRI-LUMBAR SPINE WO/W CONTRAST	72158	CPT	both			9831		505.8 Horizon	Medicare Blue		439.83				436.65	9339.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-LUMBAR SPINE WO/W CONTRAST	72158	CPT	both			9831		505.8 Horizon	NJ Health		1066.42				436.65	9339.45	fee schedule	
MRI-LUMBAR SPINE WO/W CONTRAST	72158	CPT	both			9831		505.8 Horizon	Indemnity		818.52				436.65	9339.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-LUMBAR SPINE WO/W CONTRAST	72158	CPT	both			9831		505.8 Horizon	MGD		818.52				436.65	9339.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-LUMBAR SPINE WO/W CONTRAST	72158	CPT	both			9831		505.8 Horizon	PPO		818.52				436.65	9339.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-LUMBAR SPINE WO/W CONTRAST	72158	CPT	both			9831		505.8 Managed Care Inc	Managed Care Inc		8847.9	90			436.65	9339.45	percent of total billed charges	
MRI-LUMBAR SPINE WO/W CONTRAST	72158	CPT	both			9831		505.8 Multiplan	Multiplan		7864.8	80			436.65	9339.45	percent of total billed charges	
MRI-LUMBAR SPINE WO/W CONTRAST	72158	CPT	both			9831		505.8 Qualcare	Qualcare		7373.25	75			436.65	9339.45	percent of total billed charges	
MRI-LUMBAR SPINE WO/W CONTRAST	72158	CPT	both			9831		505.8 Three Rivers	Three Rivers		9339.45	95			436.65	9339.45	percent of total billed charges	
MRI-LUMBAR SPINE WO/W CONTRAST	72158	CPT	both			9831		505.8 UHC	Medicare		439.83				436.65	9339.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-LUMBAR SPINE WO/W CONTRAST	72158	CPT	both			9831		505.8 UHC	Medicaid		3101.68	31.55			436.65	9339.45	percent of total billed charges	
MRI-LUMBAR SPINE WO/W CONTRAST	72158	CPT	both			9831		505.8 Wellcare	Medicaid		3101.68	31.55			436.65	9339.45	percent of total billed charges	
MRI-LUMBAR SPINE WO/W CONTRAST	72158	CPT	both			9831		505.8 Wellcare	Medicare		439.83				436.65	9339.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-LUMBAR SPINE WO/W CONTRAST	72158	CPT	both			9831		505.8 WellPoint	WellPoint		3163.62	32.18			436.65	9339.45	percent of total billed charges	
MRA-SPINE	72159	CPT	outpatient			4937		Aetna	Better Health		1557.62	31.55			538.82	4690.15	percent of total billed charges	
MRA-SPINE	72159	CPT	outpatient			4937		Aetna	Commercial		1876.06	38			538.82	4690.15	percent of total billed charges	
MRA-SPINE	72159	CPT	outpatient			4937		Aetna	Medicare		1520.6	30.8			538.82	4690.15	percent of total billed charges	
MRA-SPINE	72159	CPT	outpatient			4937		Americare	Americare		3702.75	75			538.82	4690.15	percent of total billed charges	
MRA-SPINE	72159	CPT	outpatient			4937		Amerihealth	HMO/PPO		3209.05	65			538.82	4690.15	percent of total billed charges	
MRA-SPINE	72159	CPT	outpatient			4937		Consumer	Consumer		4690.15	95			538.82	4690.15	percent of total billed charges	
MRA-SPINE	72159	CPT	outpatient			4937		Corrections	Corrections		3949.6	80			538.82	4690.15	percent of total billed charges	
MRA-SPINE	72159	CPT	outpatient			4937		First Health	First Health		3455.9	70			538.82	4690.15	percent of total billed charges	
MRA-SPINE	72159	CPT	outpatient			4937		First Trenton	First Trenton		4443.3	90			538.82	4690.15	percent of total billed charges	
MRA-SPINE	72159	CPT	outpatient			4937		Horizon	NJ Health		538.82				538.82	4690.15	fee schedule	
MRA-SPINE	72159	CPT	outpatient			4937		Horizon	Indemnity		1889.88	38.28			538.82	4690.15	percent of total billed charges	
MRA-SPINE	72159	CPT	outpatient			4937		Horizon	Medicare Blue		1481.1	30			538.82	4690.15	percent of total billed charges	
MRA-SPINE	72159	CPT	outpatient			4937		Horizon	MGD		1889.88	38.28			538.82	4690.15	percent of total billed charges	
MRA-SPINE	72159	CPT	outpatient			4937		Horizon	PPO		1889.88	38.28			538.82	4690.15	percent of total billed charges	
MRA-SPINE	72159	CPT	outpatient			4937		Managed Care Inc	Managed Care Inc		4443.3	90			538.82	4690.15	percent of total billed charges	
MRA-SPINE	72159	CPT	outpatient			4937		Multiplan	Multiplan		3949.6	80			538.82	4690.15	percent of total billed charges	
MRA-SPINE	72159	CPT	outpatient			4937		Qualcare	Qualcare		3702.75	75			538.82	4690.15	percent of total billed charges	
MRA-SPINE	72159	CPT	outpatient			4937		Three Rivers	Three Rivers		4690.15	95			538.82	4690.15	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
MRA-SPINE	72159	CPT	outpatient			4937		UHC	Medicaid		1557.62	31.55			538.82	4690.15	percent of total billed charges	
MRA-SPINE	72159	CPT	outpatient			4937		Wellcare	Medicaid		1557.62	31.55			538.82	4690.15	percent of total billed charges	
MRA-SPINE	72159	CPT	outpatient			4937		WellPoint	WellPoint		1588.73	32.18			538.82	4690.15	percent of total billed charges	
PORTABLE PELVIS, 1 VIEW	72170	CPT	both			254	144.6	Aetna	Better Health		80.14	31.55			32.34	241.3	percent of total billed charges	
PORTABLE PELVIS, 1 VIEW	72170	CPT	both			254	144.6	Aetna	Commercial		200.18				32.34	241.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PORTABLE PELVIS, 1 VIEW	72170	CPT	both			254	144.6	Aetna	Medicare		125.74				32.34	241.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PORTABLE PELVIS, 1 VIEW	72170	CPT	both			254	144.6	Americare	Americare		190.5	75			32.34	241.3	percent of total billed charges	
PORTABLE PELVIS, 1 VIEW	72170	CPT	both			254	144.6	Amerihealth	HMO/PPO		165.1	65			32.34	241.3	percent of total billed charges	
PORTABLE PELVIS, 1 VIEW	72170	CPT	both			254	144.6	Amerihealth	Medicare		125.74				32.34	241.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PORTABLE PELVIS, 1 VIEW	72170	CPT	both			254	144.6	Consumer	Consumer		241.3	95			32.34	241.3	percent of total billed charges	
PORTABLE PELVIS, 1 VIEW	72170	CPT	both			254	144.6	Corrections	Corrections		203.2	80			32.34	241.3	percent of total billed charges	
PORTABLE PELVIS, 1 VIEW	72170	CPT	both			254	144.6	First Health	First Health		177.8	70			32.34	241.3	percent of total billed charges	
PORTABLE PELVIS, 1 VIEW	72170	CPT	both			254	144.6	First Trenton	First Trenton		228.6	90			32.34	241.3	percent of total billed charges	
PORTABLE PELVIS, 1 VIEW	72170	CPT	both			254	144.6	Horizon	PPO		234				32.34	241.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PORTABLE PELVIS, 1 VIEW	72170	CPT	both			254	144.6	Horizon	Medicare Blue		125.74				32.34	241.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PORTABLE PELVIS, 1 VIEW	72170	CPT	both			254	144.6	Horizon	Indemnity		234				32.34	241.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PORTABLE PELVIS, 1 VIEW	72170	CPT	both			254	144.6	Horizon	MGD		234				32.34	241.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PORTABLE PELVIS, 1 VIEW	72170	CPT	both			254	144.6	Horizon	NJ Health		32.34				32.34	241.3	fee schedule	
PORTABLE PELVIS, 1 VIEW	72170	CPT	both			254	144.6	Managed Care Inc	Managed Care Inc		228.6	90			32.34	241.3	percent of total billed charges	
PORTABLE PELVIS, 1 VIEW	72170	CPT	both			254	144.6	Multiplan	Multiplan		203.2	80			32.34	241.3	percent of total billed charges	
PORTABLE PELVIS, 1 VIEW	72170	CPT	both			254	144.6	Qualcare	Qualcare		190.5	75			32.34	241.3	percent of total billed charges	
PORTABLE PELVIS, 1 VIEW	72170	CPT	both			254	144.6	Three Rivers	Three Rivers		241.3	95			32.34	241.3	percent of total billed charges	
PORTABLE PELVIS, 1 VIEW	72170	CPT	both			254	144.6	UHC	Medicaid		80.14	31.55			32.34	241.3	percent of total billed charges	
PORTABLE PELVIS, 1 VIEW	72170	CPT	both			254	144.6	UHC	Medicare		125.74				32.34	241.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PORTABLE PELVIS, 1 VIEW	72170	CPT	both			254	144.6	Wellcare	Medicaid		80.14	31.55			32.34	241.3	percent of total billed charges	
PORTABLE PELVIS, 1 VIEW	72170	CPT	both			254	144.6	Wellcare	Medicare		125.74				32.34	241.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PORTABLE PELVIS, 1 VIEW	72170	CPT	both			254	144.6	WellPoint	WellPoint		81.74	32.18			32.34	241.3	percent of total billed charges	
PELVIS TRAUMA SURG OR, 3WMS	72190	CPT	both			247	144.6	Aetna	Medicare		125.74				39.2	234.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PELVIS TRAUMA SURG OR, 3WMS	72190	CPT	both			247	144.6	Aetna	Better Health		77.93	31.55			39.2	234.65	percent of total billed charges	
PELVIS TRAUMA SURG OR, 3WMS	72190	CPT	both			247	144.6	Aetna	Commercial		200.18				39.2	234.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PELVIS TRAUMA SURG OR, 3WMS	72190	CPT	both			247	144.6	Americare	Americare		185.25	75			39.2	234.65	percent of total billed charges	
PELVIS TRAUMA SURG OR, 3WMS	72190	CPT	both			247	144.6	Amerihealth	HMO/PPO		160.55	65			39.2	234.65	percent of total billed charges	
PELVIS TRAUMA SURG OR, 3WMS	72190	CPT	both			247	144.6	Amerihealth	Medicare		125.74				39.2	234.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PELVIS TRAUMA SURG OR, 3WMS	72190	CPT	both			247	144.6	Consumer	Consumer		234.65	95			39.2	234.65	percent of total billed charges	
PELVIS TRAUMA SURG OR, 3WMS	72190	CPT	both			247	144.6	Corrections	Corrections		197.6	80			39.2	234.65	percent of total billed charges	
PELVIS TRAUMA SURG OR, 3WMS	72190	CPT	both			247	144.6	First Health	First Health		172.9	70			39.2	234.65	percent of total billed charges	
PELVIS TRAUMA SURG OR, 3WMS	72190	CPT	both			247	144.6	First Trenton	First Trenton		222.3	90			39.2	234.65	percent of total billed charges	
PELVIS TRAUMA SURG OR, 3WMS	72190	CPT	both			247	144.6	Horizon	MGD		234				39.2	234.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PELVIS TRAUMA SURG OR, 3WMS	72190	CPT	both			247	144.6	Horizon	Medicare Blue		125.74				39.2	234.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PELVIS TRAUMA SURG OR, 3WMS	72190	CPT	both			247	144.6	Horizon	PPO		234				39.2	234.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PELVIS TRAUMA SURG OR, 3WMS	72190	CPT	both			247	144.6	Horizon	Indemnity		234				39.2	234.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PELVIS TRAUMA SURG OR, 3WMS	72190	CPT	both			247	144.6	Horizon	NJ Health		39.2				39.2	234.65	fee schedule	
PELVIS TRAUMA SURG OR, 3WMS	72190	CPT	both			247	144.6	Managed Care Inc	Managed Care Inc		222.3	90			39.2	234.65	percent of total billed charges	
PELVIS TRAUMA SURG OR, 3WMS	72190	CPT	both			247	144.6	Multiplan	Multiplan		197.6	80			39.2	234.65	percent of total billed charges	
PELVIS TRAUMA SURG OR, 3WMS	72190	CPT	both			247	144.6	Qualcare	Qualcare		185.25	75			39.2	234.65	percent of total billed charges	
PELVIS TRAUMA SURG OR, 3WMS	72190	CPT	both			247	144.6	Three Rivers	Three Rivers		234.65	95			39.2	234.65	percent of total billed charges	
PELVIS TRAUMA SURG OR, 3WMS	72190	CPT	both			247	144.6	UHC	Medicaid		77.93	31.55			39.2	234.65	percent of total billed charges	
PELVIS TRAUMA SURG OR, 3WMS	72190	CPT	both			247	144.6	UHC	Medicare		125.74				39.2	234.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PELVIS TRAUMA SURG OR, 3WMS	72190	CPT	both			247	144.6	Wellcare	Medicare		125.74				39.2	234.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PELVIS TRAUMA SURG OR, 3WMS	72190	CPT	both			247	144.6	Wellcare	Medicaid		77.93	31.55			39.2	234.65	percent of total billed charges	
PELVIS TRAUMA SURG OR, 3WMS	72190	CPT	both			247	144.6	WellPoint	WellPoint		79.48	32.18			39.2	234.65	percent of total billed charges	
CT ANGIO/PELVIS	72191	CPT	both			2561	241.65	Aetna	Commercial		334.53				210.13	2432.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ANGIO/PELVIS	72191	CPT	both			2561	241.65	Aetna	Better Health		808	31.55			210.13	2432.95	percent of total billed charges	
CT ANGIO/PELVIS	72191	CPT	both			2561	241.65	Aetna	Medicare		210.13				210.13	2432.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ANGIO/PELVIS	72191	CPT	both			2561	241.65	Americare	Americare		1920.75	75			210.13	2432.95	percent of total billed charges	
CT ANGIO/PELVIS	72191	CPT	both			2561	241.65	Amerihealth	Medicare		210.13				210.13	2432.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ANGIO/PELVIS	72191	CPT	both			2561	241.65	Amerihealth	HMO/PPO		1664.65	65			210.13	2432.95	percent of total billed charges	
CT ANGIO/PELVIS	72191	CPT	both			2561	241.65	Consumer	Consumer		2432.95	95			210.13	2432.95	percent of total billed charges	
CT ANGIO/PELVIS	72191	CPT	both			2561	241.65	Corrections	Corrections		2048.8	80			210.13	2432.95	percent of total billed charges	
CT ANGIO/PELVIS	72191	CPT	both			2561	241.65	First Health	First Health		1792.7	70			210.13	2432.95	percent of total billed charges	
CT ANGIO/PELVIS	72191	CPT	both			2561	241.65	First Trenton	First Trenton		2304.9	90			210.13	2432.95	percent of total billed charges	
CT ANGIO/PELVIS	72191	CPT	both			2561	241.65	Horizon	Indemnity		391.05				210.13	2432.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ANGIO/PELVIS	72191	CPT	both			2561	241.65	Horizon	PPO		391.05				210.13	2432.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ANGIO/PELVIS	72191	CPT	both			2561	241.65	Horizon	MGD		391.05				210.13	2432.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ANGIO/PELVIS	72191	CPT	both			2561	241.65	Horizon	Medicare Blue		210.13				210.13	2432.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ANGIO/PELVIS	72191	CPT	both			2561	241.65	Horizon	NJ Health		366.52				210.13	2432.95	fee schedule	
CT ANGIO/PELVIS	72191	CPT	both			2561	241.65	Managed Care Inc	Managed Care Inc		2304.9	90			210.13	2432.95	percent of total billed charges	
CT ANGIO/PELVIS	72191	CPT	both			2561	241.65	Multiplan	Multiplan		2048.8	80			210.13	2432.95	percent of total billed charges	
CT ANGIO/PELVIS	72191	CPT	both			2561	241.65	Qualcare	Qualcare		1920.75	75			210.13	2432.95	percent of total billed charges	
CT ANGIO/PELVIS	72191	CPT	both			2561	241.65	Three Rivers	Three Rivers		2432.95	95			210.13	2432.95	percent of total billed charges	
CT ANGIO/PELVIS	72191	CPT	both			2561	241.65	UHC	Medicaid		808	31.55			210.13	2432.95	percent of total billed charges	
CT ANGIO/PELVIS	72191	CPT	both			2561	241.65	UHC	Medicare		210.13				210.13	2432.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ANGIO/PELVIS	72191	CPT	both			2561	241.65	Wellcare	Medicaid		808	31.55			210.13	2432.95	percent of total billed charges	
CT ANGIO/PELVIS	72191	CPT	both			2561	241.65	Wellcare	Medicare		210.13				210.13	2432.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ANGIO/PELVIS	72191	CPT	both			2561	241.65	WellPoint	WellPoint		824.13	32.18			210.13	2432.95	percent of total billed charges	
CTPELVIS W/O CONTRAST	72192	CPT	both			1317	144.6	Aetna	Medicare		125.74				125.74	1251.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTPELVIS W/O CONTRAST	72192	CPT	both			1317	144.6	Aetna	Commercial		200.18				125.74	1251.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTPELVIS W/O CONTRAST	72192	CPT	both			1317	144.6	Aetna	Better Health		415.51	31.55			125.74	1251.15	percent of total billed charges	
CTPELVIS W/O CONTRAST	72192	CPT	both			1317	144.6	Americare	Americare		987.75	75			125.74	1251.15	percent of total billed charges	
CTPELVIS W/O CONTRAST	72192	CPT	both			1317	144.6	Amerihealth	Medicare		125.74				125.74	1251.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTPELVIS W/O CONTRAST	72192	CPT	both			1317	144.6	Amerihealth	HMO/PPO		856.05	65			125.74	1251.15	percent of total billed charges	
CTPELVIS W/O CONTRAST	72192	CPT	both			1317	144.6	Consumer	Consumer		1251.15	95			125.74	1251.15	percent of total billed charges	
CTPELVIS W/O CONTRAST	72192	CPT	both			1317	144.6	Corrections	Corrections		1053.6	80			125.74	1251.15	percent of total billed charges	
CTPELVIS W/O CONTRAST	72192	CPT	both			1317	144.6	First Health	First Health		921.9	70			125.74	1251.15	percent of total billed charges	
CTPELVIS W/O CONTRAST	72192	CPT	both			1317	144.6	First Trenton	First Trenton		1185.3	90			125.74	1251.15	percent of total billed charges	
CTPELVIS W/O CONTRAST	72192	CPT	both			1317	144.6	Horizon	Indemnity		234				125.74	1251.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTPELVIS W/O CONTRAST	72192	CPT	both			1317	144.6	Horizon	PPO		234				125.74	1251.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTPELVIS W/O CONTRAST	72192	CPT	both			1317	144.6	Horizon	NJ Health		281.53				125.74	1251.15	fee schedule	
CTPELVIS W/O CONTRAST	72192	CPT	both			1317	144.6	Horizon	Medicare Blue		125.74				125.74	1251.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTPELVIS W/O CONTRAST	72192	CPT	both			1317	144.6	Horizon	MGD		234				125.74	1251.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTPELVIS W/O CONTRAST	72192	CPT	both			1317	144.6	Managed Care Inc	Managed Care Inc		1185.3	90			125.74	1251.15	percent of total billed charges	
CTPELVIS W/O CONTRAST	72192	CPT	both			1317	144.6	Multiplan	Multiplan		1053.6	80			125.74	1251.15	percent of total billed charges	
CTPELVIS W/O CONTRAST	72192	CPT	both			1317	144.6	Qualcare	Qualcare		987.75	75			125.74	1251.15	percent of total billed charges	
CTPELVIS W/O CONTRAST	72192	CPT	both			1317	144.6	Three Rivers	Three Rivers		1251.15	95			125.74	1251.15	percent of total billed charges	
CTPELVIS W/O CONTRAST	72192	CPT	both			1317	144.6	UHC	Medicare		125.74				125.74	1251.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTPELVIS W/O CONTRAST	72192	CPT	both			1317	144.6	UHC	Medicaid		415.51	31.55			125.74	1251.15	percent of total billed charges	
CTPELVIS W/O CONTRAST	72192	CPT	both			1317	144.6	Wellcare	Medicaid		415.51	31.55			125.74	1251.15	percent of total billed charges	
CTPELVIS W/O CONTRAST	72192	CPT	both			1317	144.6	Wellcare	Medicare		125.74				125.74	1251.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTPELVIS W/O CONTRAST	72192	CPT	both			1317	144.6	WellPoint	WellPoint		423.81	32.18			125.74	1251.15	percent of total billed charges	
CTPELVIS W CONTRAST	72193	CPT	both			1721	241.65	Aetna	Better Health		542.98	31.55			210.13	1634.95	percent of total billed charges	
CTPELVIS W CONTRAST	72193	CPT	both			1721	241.65	Aetna	Commercial		334.53				210.13	1634.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTPELVIS W CONTRAST	72193	CPT	both			1721	241.65	Aetna	Medicare		210.13				210.13	1634.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTPELVIS W CONTRAST	72193	CPT	both			1721	241.65	Americare	Americare		1290.75	75			210.13	1634.95	percent of total billed charges	
CTPELVIS W CONTRAST	72193	CPT	both			1721	241.65	Amerihealth	Medicare		210.13				210.13	1634.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTPELVIS W CONTRAST	72193	CPT	both			1721	241.65	Amerihealth	HMO/PPO		1118.65	65			210.13	1634.95	percent of total billed charges	
CTPELVIS W CONTRAST	72193	CPT	both			1721	241.65	Consumer	Consumer		1634.95	95			210.13	1634.95	percent of total billed charges	
CTPELVIS W CONTRAST	72193	CPT	both			1721	241.65	Corrections	Corrections		1376.8	80			210.13	1634.95	percent of total billed charges	
CTPELVIS W CONTRAST	72193	CPT	both			1721	241.65	First Health	First Health		1204.7	70			210.13	1634.95	percent of total billed charges	
CTPELVIS W CONTRAST	72193	CPT	both			1721	241.65	First Trenton	First Trenton		1548.9	90			210.13	1634.95	percent of total billed charges	
CTPELVIS W CONTRAST	72193	CPT	both			1721	241.65	Horizon	NJ Health		321.62				210.13	1634.95	fee schedule	
CTPELVIS W CONTRAST	72193	CPT	both			1721	241.65	Horizon	Indemnity		391.05				210.13	1634.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTPELVIS W CONTRAST	72193	CPT	both			1721	241.65	Horizon	Medicare Blue		210.13				210.13	1634.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTPELVIS W CONTRAST	72193	CPT	both			1721	241.65	Horizon	PPO		391.05				210.13	1634.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTPELVIS W CONTRAST	72193	CPT	both			1721	241.65	Horizon	MGD		391.05				210.13	1634.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTPELVIS W CONTRAST	72193	CPT	both			1721	241.65	Managed Care Inc	Managed Care Inc		1548.9	90			210.13	1634.95	percent of total billed charges	
CTPELVIS W CONTRAST	72193	CPT	both			1721	241.65	Multiplan	Multiplan		1376.8	80			210.13	1634.95	percent of total billed charges	
CTPELVIS W CONTRAST	72193	CPT	both			1721	241.65	Qualcare	Qualcare		1290.75	75			210.13	1634.95	percent of total billed charges	
CTPELVIS W CONTRAST	72193	CPT	both			1721	241.65	Three Rivers	Three Rivers		1634.95	95			210.13	1634.95	percent of total billed charges	
CTPELVIS W CONTRAST	72193	CPT	both			1721	241.65	UHC	Medicare		210.13				210.13	1634.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTPELVIS W CONTRAST	72193	CPT	both			1721	241.65	UHC	Medicaid		542.98	31.55			210.13	1634.95	percent of total billed charges	
CTPELVIS W CONTRAST	72193	CPT	both			1721	241.65	Wellcare	Medicare		210.13				210.13	1634.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTPELVIS W CONTRAST	72193	CPT	both			1721	241.65	Wellcare	Medicaid		542.98	31.55			210.13	1634.95	percent of total billed charges	
CTPELVIS W CONTRAST	72193	CPT	both			1721	241.65	WellPoint	WellPoint		553.82	32.18			210.13	1634.95	percent of total billed charges	
CTPELVIS W & W/O CONTRAST	72194	CPT	both			2047	241.65	Aetna	Better Health		645.83	31.55			210.13	1944.65	percent of total billed charges	
CTPELVIS W & W/O CONTRAST	72194	CPT	both			2047	241.65	Aetna	Commercial		334.53				210.13	1944.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTPELVIS W & W/O CONTRAST	72194	CPT	both			2047	241.65	Aetna	Medicare		210.13				210.13	1944.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTPELVIS W & W/O CONTRAST	72194	CPT	both			2047	241.65	Americare	Americare		1535.25	75			210.13	1944.65	percent of total billed charges	
CTPELVIS W & W/O CONTRAST	72194	CPT	both			2047	241.65	Amerihealth	HMO/PPO		1330.55	65			210.13	1944.65	percent of total billed charges	
CTPELVIS W & W/O CONTRAST	72194	CPT	both			2047	241.65	Amerihealth	Medicare		210.13				210.13	1944.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTPELVIS W & W/O CONTRAST	72194	CPT	both			2047	241.65	Consumer	Consumer		1944.65	95			210.13	1944.65	percent of total billed charges	
CTPELVIS W & W/O CONTRAST	72194	CPT	both			2047	241.65	Corrections	Corrections		1637.6	80			210.13	1944.65	percent of total billed charges	
CTPELVIS W & W/O CONTRAST	72194	CPT	both			2047	241.65	First Health	First Health		1432.9	70			210.13	1944.65	percent of total billed charges	
CTPELVIS W & W/O CONTRAST	72194	CPT	both			2047	241.65	First Trenton	First Trenton		1842.3	90			210.13	1944.65	percent of total billed charges	
CTPELVIS W & W/O CONTRAST	72194	CPT	both			2047	241.65	Horizon	NJ Health		343				210.13	1944.65	fee schedule	
CTPELVIS W & W/O CONTRAST	72194	CPT	both			2047	241.65	Horizon	Indemnity		391.05				210.13	1944.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTPELVIS W & W/O CONTRAST	72194	CPT	both			2047	241.65	Horizon	Medicare Blue		210.13				210.13	1944.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTPELVIS W & W/O CONTRAST	72194	CPT	both			2047	241.65	Horizon	MGD		391.05				210.13	1944.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTPELVIS W & W/O CONTRAST	72194	CPT	both			2047	241.65	Horizon	PPO		391.05				210.13	1944.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTPELVIS W & W/O CONTRAST	72194	CPT	both			2047	241.65	Managed Care Inc	Managed Care Inc		1842.3	90			210.13	1944.65	percent of total billed charges	
CTPELVIS W & W/O CONTRAST	72194	CPT	both			2047	241.65	Multiplan	Multiplan		1637.6	80			210.13	1944.65	percent of total billed charges	
CTPELVIS W & W/O CONTRAST	72194	CPT	both			2047	241.65	Qualcare	Qualcare		1535.25	75			210.13	1944.65	percent of total billed charges	
CTPELVIS W & W/O CONTRAST	72194	CPT	both			2047	241.65	Three Rivers	Three Rivers		1944.65	95			210.13	1944.65	percent of total billed charges	
CTPELVIS W & W/O CONTRAST	72194	CPT	both			2047	241.65	UHC	Medicaid		645.83	31.55			210.13	1944.65	percent of total billed charges	
CTPELVIS W & W/O CONTRAST	72194	CPT	both			2047	241.65	UHC	Medicare		210.13				210.13	1944.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTPELVIS W & W/O CONTRAST	72194	CPT	both			2047	241.65	Wellcare	Medicare		210.13				210.13	1944.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTPELVIS W & W/O CONTRAST	72194	CPT	both			2047	241.65	Wellcare	Medicaid		645.83	31.55			210.13	1944.65	percent of total billed charges	
CTPELVIS W & W/O CONTRAST	72194	CPT	both			2047	241.65	WellPoint	WellPoint		658.72	32.18			210.13	1944.65	percent of total billed charges	
MRI-PELVIS WITHOUT CONTRAST	72195	CPT	both			6082	322.28	Aetna	Better Health		1918.87	31.55			268.49	5777.9	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.																
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103		310119 true															
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
MRI-PELVIS WITHOUT CONTRAST	72195	CPT	both			6082	322.28	Aetna	Commercial		446.14				268.49	5777.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-PELVIS WITHOUT CONTRAST	72195	CPT	both			6082	322.28	Aetna	Medicare		280.24				268.49	5777.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-PELVIS WITHOUT CONTRAST	72195	CPT	both			6082	322.28	Americare	Americare		4561.5	75			268.49	5777.9	percent of total billed charges	
MRI-PELVIS WITHOUT CONTRAST	72195	CPT	both			6082	322.28	Amerihealth	Medicare		280.24				268.49	5777.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-PELVIS WITHOUT CONTRAST	72195	CPT	both			6082	322.28	Amerihealth	HMO/PPO		3953.3	65			268.49	5777.9	percent of total billed charges	
MRI-PELVIS WITHOUT CONTRAST	72195	CPT	both			6082	322.28	Consumer	Consumer		5777.9	95			268.49	5777.9	percent of total billed charges	
MRI-PELVIS WITHOUT CONTRAST	72195	CPT	both			6082	322.28	Corrections	Corrections		4865.6	80			268.49	5777.9	percent of total billed charges	
MRI-PELVIS WITHOUT CONTRAST	72195	CPT	both			6082	322.28	First Health	First Health		4257.4	70			268.49	5777.9	percent of total billed charges	
MRI-PELVIS WITHOUT CONTRAST	72195	CPT	both			6082	322.28	First Trenton	First Trenton		5473.8	90			268.49	5777.9	percent of total billed charges	
MRI-PELVIS WITHOUT CONTRAST	72195	CPT	both			6082	322.28	Horizon	Medicare Blue		280.24				268.49	5777.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-PELVIS WITHOUT CONTRAST	72195	CPT	both			6082	322.28	Horizon	Indemnity		521.53				268.49	5777.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-PELVIS WITHOUT CONTRAST	72195	CPT	both			6082	322.28	Horizon	MGD		521.53				268.49	5777.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-PELVIS WITHOUT CONTRAST	72195	CPT	both			6082	322.28	Horizon	NJ Health		539				268.49	5777.9	fee schedule	
MRI-PELVIS WITHOUT CONTRAST	72195	CPT	both			6082	322.28	Horizon	PPO		521.53				268.49	5777.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-PELVIS WITHOUT CONTRAST	72195	CPT	both			6082	322.28	Managed Care Inc	Managed Care Inc		5473.8	90			268.49	5777.9	percent of total billed charges	
MRI-PELVIS WITHOUT CONTRAST	72195	CPT	both			6082	322.28	Multiplan	Multiplan		4865.6	80			268.49	5777.9	percent of total billed charges	
MRI-PELVIS WITHOUT CONTRAST	72195	CPT	both			6082	322.28	Qualcare	Qualcare		4561.5	75			268.49	5777.9	percent of total billed charges	
MRI-PELVIS WITHOUT CONTRAST	72195	CPT	both			6082	322.28	Three Rivers	Three Rivers		5777.9	95			268.49	5777.9	percent of total billed charges	
MRI-PELVIS WITHOUT CONTRAST	72195	CPT	both			6082	322.28	UHC	Medicaid		1918.87	31.55			268.49	5777.9	percent of total billed charges	
MRI-PELVIS WITHOUT CONTRAST	72195	CPT	both			6082	322.28	UHC	Medicare		280.24				268.49	5777.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-PELVIS WITHOUT CONTRAST	72195	CPT	both			6082	322.28	Wellcare	Medicaid		1918.87	31.55			268.49	5777.9	percent of total billed charges	
MRI-PELVIS WITHOUT CONTRAST	72195	CPT	both			6082	322.28	Wellcare	Medicare		280.24				268.49	5777.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-PELVIS WITHOUT CONTRAST	72195	CPT	both			6082	322.28	WellPoint	WellPoint		1957.19	32.18			268.49	5777.9	percent of total billed charges	
MRI-PELVIS WITH CONTRAST	72196	CPT	outpatient			4348	505.8	Aetna	Commercial		700.21				439.83	4130.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-PELVIS WITH CONTRAST	72196	CPT	outpatient			4348	505.8	Aetna	Better Health		1371.79	31.55			439.83	4130.6	percent of total billed charges	
MRI-PELVIS WITH CONTRAST	72196	CPT	outpatient			4348	505.8	Aetna	Medicare		439.83				439.83	4130.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-PELVIS WITH CONTRAST	72196	CPT	outpatient			4348	505.8	Americare	Americare		3261	75			439.83	4130.6	percent of total billed charges	
MRI-PELVIS WITH CONTRAST	72196	CPT	outpatient			4348	505.8	Amerihealth	Medicare		439.83				439.83	4130.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-PELVIS WITH CONTRAST	72196	CPT	outpatient			4348	505.8	Amerihealth	HMO/PPO		2826.2	65			439.83	4130.6	percent of total billed charges	
MRI-PELVIS WITH CONTRAST	72196	CPT	outpatient			4348	505.8	Consumer	Consumer		4130.6	95			439.83	4130.6	percent of total billed charges	
MRI-PELVIS WITH CONTRAST	72196	CPT	outpatient			4348	505.8	Corrections	Corrections		3478.4	80			439.83	4130.6	percent of total billed charges	
MRI-PELVIS WITH CONTRAST	72196	CPT	outpatient			4348	505.8	First Health	First Health		3043.6	70			439.83	4130.6	percent of total billed charges	
MRI-PELVIS WITH CONTRAST	72196	CPT	outpatient			4348	505.8	First Trenton	First Trenton		3913.2	90			439.83	4130.6	percent of total billed charges	
MRI-PELVIS WITH CONTRAST	72196	CPT	outpatient			4348	505.8	Horizon	Indemnity		818.52				439.83	4130.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-PELVIS WITH CONTRAST	72196	CPT	outpatient			4348	505.8	Horizon	MGD		818.52				439.83	4130.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-PELVIS WITH CONTRAST	72196	CPT	outpatient			4348	505.8	Horizon	NJ Health		588				439.83	4130.6	fee schedule	
MRI-PELVIS WITH CONTRAST	72196	CPT	outpatient			4348	505.8	Horizon	Medicare Blue		439.83				439.83	4130.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-PELVIS WITH CONTRAST	72196	CPT	outpatient			4348	505.8	Horizon	PPO		818.52				439.83	4130.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-PELVIS WITH CONTRAST	72196	CPT	outpatient			4348	505.8	Managed Care Inc	Managed Care Inc		3913.2	90			439.83	4130.6	percent of total billed charges	
MRI-PELVIS WITH CONTRAST	72196	CPT	outpatient			4348	505.8	Multiplan	Multiplan		3478.4	80			439.83	4130.6	percent of total billed charges	
MRI-PELVIS WITH CONTRAST	72196	CPT	outpatient			4348	505.8	Qualcare	Qualcare		3261	75			439.83	4130.6	percent of total billed charges	
MRI-PELVIS WITH CONTRAST	72196	CPT	outpatient			4348	505.8	Three Rivers	Three Rivers		4130.6	95			439.83	4130.6	percent of total billed charges	
MRI-PELVIS WITH CONTRAST	72196	CPT	outpatient			4348	505.8	UHC	Medicare		439.83				439.83	4130.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-PELVIS WITH CONTRAST	72196	CPT	outpatient			4348	505.8	UHC	Medicaid		1371.79	31.55			439.83	4130.6	percent of total billed charges	
MRI-PELVIS WITH CONTRAST	72196	CPT	outpatient			4348	505.8	Wellcare	Medicare		439.83				439.83	4130.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-PELVIS WITH CONTRAST	72196	CPT	outpatient			4348	505.8	Wellcare	Medicaid		1371.79	31.55			439.83	4130.6	percent of total billed charges	
MRI-PELVIS WITH CONTRAST	72196	CPT	outpatient			4348	505.8	WellPoint	WellPoint		1399.19	32.18			439.83	4130.6	percent of total billed charges	
MRI-PELVIS WITHOUT/WITH CONTRAST	72197	CPT	both			6082	505.8	Aetna	Better Health		1918.87	31.55			413.64	5777.9	percent of total billed charges	
MRI-PELVIS WITHOUT/WITH CONTRAST	72197	CPT	both			6082	505.8	Aetna	Medicare		1873.26	30.8			413.64	5777.9	percent of total billed charges	
MRI-PELVIS WITHOUT/WITH CONTRAST	72197	CPT	both			6082	505.8	Aetna	Commercial		700.21				413.64	5777.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-PELVIS WITHOUT/WITH CONTRAST	72197	CPT	both			6082	505.8	Americare	Americare		4561.5	75			413.64	5777.9	percent of total billed charges	
MRI-PELVIS WITHOUT/WITH CONTRAST	72197	CPT	both			6082	505.8	Amerihealth	Medicare		439.83				413.64	5777.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-PELVIS WITHOUT/WITH CONTRAST	72197	CPT	both			6082	505.8	Amerihealth	HMO/PPO		3953.3	65			413.64	5777.9	percent of total billed charges	
MRI-PELVIS WITHOUT/WITH CONTRAST	72197	CPT	both			6082	505.8	Consumer	Consumer		5777.9	95			413.64	5777.9	percent of total billed charges	
MRI-PELVIS WITHOUT/WITH CONTRAST	72197	CPT	both			6082	505.8	Corrections	Corrections		4865.6	80			413.64	5777.9	percent of total billed charges	
MRI-PELVIS WITHOUT/WITH CONTRAST	72197	CPT	both			6082	505.8	First Health	First Health		4257.4	70			413.64	5777.9	percent of total billed charges	
MRI-PELVIS WITHOUT/WITH CONTRAST	72197	CPT	both			6082	505.8	First Trenton	First Trenton		5473.8	90			413.64	5777.9	percent of total billed charges	
MRI-PELVIS WITHOUT/WITH CONTRAST	72197	CPT	both			6082	505.8	Horizon	NJ Health		960.95				413.64	5777.9	fee schedule	
MRI-PELVIS WITHOUT/WITH CONTRAST	72197	CPT	both			6082	505.8	Horizon	Indemnity		818.52				413.64	5777.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-PELVIS WITHOUT/WITH CONTRAST	72197	CPT	both			6082	505.8	Horizon	Medicare Blue		439.83				413.64	5777.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-PELVIS WITHOUT/WITH CONTRAST	72197	CPT	both			6082	505.8	Horizon	MGD		818.52				413.64	5777.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-PELVIS WITHOUT/WITH CONTRAST	72197	CPT	both			6082	505.8	Horizon	PPO		818.52				413.64	5777.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-PELVIS WITHOUT/WITH CONTRAST	72197	CPT	both			6082	505.8	Managed Care Inc	Managed Care Inc		5473.8	90			413.64	5777.9	percent of total billed charges	
MRI-PELVIS WITHOUT/WITH CONTRAST	72197	CPT	both			6082	505.8	Multiplan	Multiplan		4865.6	80			413.64	5777.9	percent of total billed charges	
MRI-PELVIS WITHOUT/WITH CONTRAST	72197	CPT	both			6082	505.8	Qualcare	Qualcare		4561.5	75			413.64	5777.9	percent of total billed charges	
MRI-PELVIS WITHOUT/WITH CONTRAST	72197	CPT	both			6082	505.8	Three Rivers	Three Rivers		5777.9	95			413.64	5777.9	percent of total billed charges	
MRI-PELVIS WITHOUT/WITH CONTRAST	72197	CPT	both			6082	505.8	UHC	Medicare		439.83				413.64	5777.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-PELVIS WITHOUT/WITH CONTRAST	72197	CPT	both			6082	505.8	UHC	Medicaid		1918.87	31.55			413.64	5777.9	percent of total billed charges	
MRI-PELVIS WITHOUT/WITH CONTRAST	72197	CPT	both			6082	505.8	Wellcare	Medicare		439.83				413.64	5777.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-PELVIS WITHOUT/WITH CONTRAST	72197	CPT	both			6082	505.8	Wellcare	Medicaid		1918.87	31.55			413.64	5777.9	percent of total billed charges	
MRI-PELVIS WITHOUT/WITH CONTRAST	72197	CPT	both			6082	505.8	WellPoint	WellPoint		1957.19	32.18			413.64	5777.9	percent of total billed charges	
SACROILIAC JTS. < 3 VIEWS	72200	CPT	outpatient			811	144.6	Aetna	Commercial		200.18				39.2	770.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SACROILIAC JTS. < 3 VIEWS	72200	CPT	outpatient			811	144.6	Aetna	Medicare		125.74				39.2	770.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SACROILIAC JTS. < 3 VIEWS	72200	CPT	outpatient			811	144.6	Aetna	Better Health		255.87	31.55			39.2	770.45	percent of total billed charges	
SACROILIAC JTS. < 3 VIEWS	72200	CPT	outpatient			811	144.6	Americare	Americare		608.25	75			39.2	770.45	percent of total billed charges	
SACROILIAC JTS. < 3 VIEWS	72200	CPT	outpatient			811	144.6	Amerihealth	Medicare		125.74				39.2	770.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SACROILIAC JTS. < 3 VIEWS	72200	CPT	outpatient			811	144.6	Amerihealth	HMO/PPO		527.15	65			39.2	770.45	percent of total billed charges	
SACROILIAC JTS. < 3 VIEWS	72200	CPT	outpatient			811	144.6	Consumer	Consumer		770.45	95			39.2	770.45	percent of total billed charges	
SACROILIAC JTS. < 3 VIEWS	72200	CPT	outpatient			811	144.6	Corrections	Corrections		648.8	80			39.2	770.45	percent of total billed charges	
SACROILIAC JTS. < 3 VIEWS	72200	CPT	outpatient			811	144.6	First Health	First Health		567.7	70			39.2	770.45	percent of total billed charges	
SACROILIAC JTS. < 3 VIEWS	72200	CPT	outpatient			811	144.6	First Trenton	First Trenton		729.9	90			39.2	770.45	percent of total billed charges	
SACROILIAC JTS. < 3 VIEWS	72200	CPT	outpatient			811	144.6	Horizon	Indemnity		234				39.2	770.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SACROILIAC JTS. < 3 VIEWS	72200	CPT	outpatient			811	144.6	Horizon	PPO		234				39.2	770.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SACROILIAC JTS. < 3 VIEWS	72200	CPT	outpatient			811	144.6	Horizon	NJ Health		39.2				39.2	770.45	fee schedule	
SACROILIAC JTS. < 3 VIEWS	72200	CPT	outpatient			811	144.6	Horizon	Medicare Blue		125.74				39.2	770.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SACROILIAC JTS. < 3 VIEWS	72200	CPT	outpatient			811	144.6	Horizon	MGD		234				39.2	770.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SACROILIAC JTS. < 3 VIEWS	72200	CPT	outpatient			811	144.6	Managed Care Inc	Managed Care Inc		729.9	90			39.2	770.45	percent of total billed charges	
SACROILIAC JTS. < 3 VIEWS	72200	CPT	outpatient			811	144.6	Multiplan	Multiplan		648.8	80			39.2	770.45	percent of total billed charges	
SACROILIAC JTS. < 3 VIEWS	72200	CPT	outpatient			811	144.6	Qualcare	Qualcare		608.25	75			39.2	770.45	percent of total billed charges	
SACROILIAC JTS. < 3 VIEWS	72200	CPT	outpatient			811	144.6	Three Rivers	Three Rivers		770.45	95			39.2	770.45	percent of total billed charges	
SACROILIAC JTS. < 3 VIEWS	72200	CPT	outpatient			811	144.6	UHC	Medicaid		255.87	31.55			39.2	770.45	percent of total billed charges	
SACROILIAC JTS. < 3 VIEWS	72200	CPT	outpatient			811	144.6	UHC	Medicare		125.74				39.2	770.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SACROILIAC JTS. < 3 VIEWS	72200	CPT	outpatient			811	144.6	Wellcare	Medicare		125.74				39.2	770.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SACROILIAC JTS. < 3 VIEWS	72200	CPT	outpatient			811	144.6	Wellcare	Medicaid		255.87	31.55			39.2	770.45	percent of total billed charges	
SACROILIAC JTS. < 3 VIEWS	72200	CPT	outpatient			811	144.6	WellPoint	WellPoint		260.98	32.18			39.2	770.45	percent of total billed charges	
SI JOINTS - 3 VIEWS	72202	CPT	both			609	144.6	Aetna	Commercial		200.18				39.2	578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SI JOINTS - 3 VIEWS	72202	CPT	both			609	144.6	Aetna	Better Health		192.14	31.55			39.2	578.55	percent of total billed charges	
SI JOINTS - 3 VIEWS	72202	CPT	both			609	144.6	Aetna	Medicare		125.74				39.2	578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SI JOINTS - 3 VIEWS	72202	CPT	both			609	144.6	Americare	Americare		456.75	75			39.2	578.55	percent of total billed charges	
SI JOINTS - 3 VIEWS	72202	CPT	both			609	144.6	Amerihealth	HMO/PPO		395.85	65			39.2	578.55	percent of total billed charges	
SI JOINTS - 3 VIEWS	72202	CPT	both			609	144.6	Amerihealth	Medicare		125.74				39.2	578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SI JOINTS - 3 VIEWS	72202	CPT	both			609	144.6	Consumer	Consumer		578.55	95			39.2	578.55	percent of total billed charges	
SI JOINTS - 3 VIEWS	72202	CPT	both			609	144.6	Corrections	Corrections		487.2	80			39.2	578.55	percent of total billed charges	
SI JOINTS - 3 VIEWS	72202	CPT	both			609	144.6	First Health	First Health		426.3	70			39.2	578.55	percent of total billed charges	
SI JOINTS - 3 VIEWS	72202	CPT	both			609	144.6	First Trenton	First Trenton		548.1	90			39.2	578.55	percent of total billed charges	
SI JOINTS - 3 VIEWS	72202	CPT	both			609	144.6	Horizon	MGD		234				39.2	578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SI JOINTS - 3 VIEWS	72202	CPT	both			609	144.6	Horizon	Medicare Blue		125.74				39.2	578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SI JOINTS - 3 VIEWS	72202	CPT	both			609	144.6	Horizon	NJ Health		39.2				39.2	578.55	fee schedule	
SI JOINTS - 3 VIEWS	72202	CPT	both			609	144.6	Horizon	Indemnity		234				39.2	578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SI JOINTS - 3 VIEWS	72202	CPT	both			609	144.6	Horizon	PPO		234				39.2	578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SI JOINTS - 3 VIEWS	72202	CPT	both			609	144.6	Managed Care Inc	Managed Care Inc		548.1	90			39.2	578.55	percent of total billed charges	
SI JOINTS - 3 VIEWS	72202	CPT	both			609	144.6	Multiplan	Multiplan		487.2	80			39.2	578.55	percent of total billed charges	
SI JOINTS - 3 VIEWS	72202	CPT	both			609	144.6	Qualcare	Qualcare		456.75	75			39.2	578.55	percent of total billed charges	
SI JOINTS - 3 VIEWS	72202	CPT	both			609	144.6	Three Rivers	Three Rivers		578.55	95			39.2	578.55	percent of total billed charges	
SI JOINTS - 3 VIEWS	72202	CPT	both			609	144.6	UHC	Medicaid		192.14	31.55			39.2	578.55	percent of total billed charges	
SI JOINTS - 3 VIEWS	72202	CPT	both			609	144.6	UHC	Medicare		125.74				39.2	578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SI JOINTS - 3 VIEWS	72202	CPT	both			609	144.6	Wellcare	Medicaid		192.14	31.55			39.2	578.55	percent of total billed charges	
SI JOINTS - 3 VIEWS	72202	CPT	both			609	144.6	Wellcare	Medicare		125.74				39.2	578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SI JOINTS - 3 VIEWS	72202	CPT	both			609	144.6	WellPoint	WellPoint		195.98	32.18			39.2	578.55	percent of total billed charges	
SACRUM COCCYX	72220	CPT	both			505	119.52	Aetna	Better Health		159.33	31.55			32.34	479.75	percent of total billed charges	
SACRUM COCCYX	72220	CPT	both			505	119.52	Aetna	Commercial		165.46				32.34	479.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SACRUM COCCYX	72220	CPT	both			505	119.52	Aetna	Medicare		103.93				32.34	479.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SACRUM COCCYX	72220	CPT	both			505	119.52	Americare	Americare		378.75	75			32.34	479.75	percent of total billed charges	
SACRUM COCCYX	72220	CPT	both			505	119.52	Amerihealth	Medicare		103.93				32.34	479.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SACRUM COCCYX	72220	CPT	both			505	119.52	Amerihealth	HMO/PPO		328.25	65			32.34	479.75	percent of total billed charges	
SACRUM COCCYX	72220	CPT	both			505	119.52	Consumer	Consumer		479.75	95			32.34	479.75	percent of total billed charges	
SACRUM COCCYX	72220	CPT	both			505	119.52	Corrections	Corrections		404	80			32.34	479.75	percent of total billed charges	
SACRUM COCCYX	72220	CPT	both			505	119.52	First Health	First Health		353.5	70			32.34	479.75	percent of total billed charges	
SACRUM COCCYX	72220	CPT	both			505	119.52	First Trenton	First Trenton		454.5	90			32.34	479.75	percent of total billed charges	
SACRUM COCCYX	72220	CPT	both			505	119.52	Horizon	Indemnity		193.41				32.34	479.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SACRUM COCCYX	72220	CPT	both			505	119.52	Horizon	NJ Health		32.34				32.34	479.75	fee schedule	
SACRUM COCCYX	72220	CPT	both			505	119.52	Horizon	MGD		193.41				32.34	479.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SACRUM COCCYX	72220	CPT	both			505	119.52	Horizon	Medicare Blue		103.93				32.34	479.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SACRUM COCCYX	72220	CPT	both			505	119.52	Horizon	PPO		193.41				32.34	479.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SACRUM COCCYX	72220	CPT	both			505	119.52	Managed Care Inc	Managed Care Inc		454.5	90			32.34	479.75	percent of total billed charges	
SACRUM COCCYX	72220	CPT	both			505	119.52	Multiplan	Multiplan		404	80			32.34	479.75	percent of total billed charges	
SACRUM COCCYX	72220	CPT	both			505	119.52	Qualcare	Qualcare		378.75	75			32.34	479.75	percent of total billed charges	
SACRUM COCCYX	72220	CPT	both			505	119.52	Three Rivers	Three Rivers		479.75	95			32.34	479.75	percent of total billed charges	
SACRUM COCCYX	72220	CPT	both			505	119.52	UHC	Medicare		103.93				32.34	479.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SACRUM COCCYX	72220	CPT	both			505	119.52	UHC	Medicaid		159.33	31.55			32.34	479.75	percent of total billed charges	
SACRUM COCCYX	72220	CPT	both			505	119.52	Wellcare	Medicaid		159.33	31.55			32.34	479.75	percent of total billed charges	
SACRUM COCCYX	72220	CPT	both			505	119.52	Wellcare	Medicare		103.93				32.34	479.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SACRUM COCCYX	72220	CPT	both			505	119.52	WellPoint	WellPoint		162.51	32.18			32.34	479.75	percent of total billed charges	
MYLOGRAM THOR	72255	CPT	outpatient			2587	1053.08	Aetna	Medicare		915.72				109.76	2457.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYLOGRAM THOR	72255	CPT	outpatient			2587	1053.08	Aetna	Better Health		816.2	31.55			109.76	2457.65	percent of total billed charges	
MYLOGRAM THOR	72255	CPT	outpatient			2587	1053.08	Aetna	Commercial		1457.83				109.76	2457.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYLOGRAM THOR	72255	CPT	outpatient			2587	1053.08	Americare	Americare		1940.25	75			109.76	2457.65	percent of total billed charges	
MYLOGRAM THOR	72255	CPT	outpatient			2587	1053.08	Amerihealth	Medicare		915.72				109.76	2457.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
MYLOGRAM THOR	72255	CPT	outpatient			2587	1053.08	Amerihealth	HMO/PPO		1681.55	65			109.76	2457.65	percent of total billed charges	
MYLOGRAM THOR	72255	CPT	outpatient			2587	1053.08	Consumer	Consumer		2457.65	95			109.76	2457.65	percent of total billed charges	
MYLOGRAM THOR	72255	CPT	outpatient			2587	1053.08	Corrections	Corrections		2069.6	80			109.76	2457.65	percent of total billed charges	
MYLOGRAM THOR	72255	CPT	outpatient			2587	1053.08	First Health	First Health		1810.9	70			109.76	2457.65	percent of total billed charges	
MYLOGRAM THOR	72255	CPT	outpatient			2587	1053.08	First Trenton	First Trenton		2328.3	90			109.76	2457.65	percent of total billed charges	
MYLOGRAM THOR	72255	CPT	outpatient			2587	1053.08	Horizon	Indemnity		1704.15				109.76	2457.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYLOGRAM THOR	72255	CPT	outpatient			2587	1053.08	Horizon	MGD		1704.15				109.76	2457.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYLOGRAM THOR	72255	CPT	outpatient			2587	1053.08	Horizon	PPO		1704.15				109.76	2457.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYLOGRAM THOR	72255	CPT	outpatient			2587	1053.08	Horizon	NJ Health		109.76				109.76	2457.65	fee schedule	
MYLOGRAM THOR	72255	CPT	outpatient			2587	1053.08	Horizon	Medicare Blue		915.72				109.76	2457.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYLOGRAM THOR	72255	CPT	outpatient			2587	1053.08	Managed Care Inc	Managed Care Inc		2328.3	90			109.76	2457.65	percent of total billed charges	
MYLOGRAM THOR	72255	CPT	outpatient			2587	1053.08	Multiplan	Multiplan		2069.6	80			109.76	2457.65	percent of total billed charges	
MYLOGRAM THOR	72255	CPT	outpatient			2587	1053.08	Qualcare	Qualcare		1940.25	75			109.76	2457.65	percent of total billed charges	
MYLOGRAM THOR	72255	CPT	outpatient			2587	1053.08	Three Rivers	Three Rivers		2457.65	95			109.76	2457.65	percent of total billed charges	
MYLOGRAM THOR	72255	CPT	outpatient			2587	1053.08	UHC	Medicare		915.72				109.76	2457.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYLOGRAM THOR	72255	CPT	outpatient			2587	1053.08	UHC	Medicaid		816.2	31.55			109.76	2457.65	percent of total billed charges	
MYLOGRAM THOR	72255	CPT	outpatient			2587	1053.08	Wellcare	Medicare		915.72				109.76	2457.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYLOGRAM THOR	72255	CPT	outpatient			2587	1053.08	Wellcare	Medicaid		816.2	31.55			109.76	2457.65	percent of total billed charges	
MYLOGRAM THOR	72255	CPT	outpatient			2587	1053.08	WellPoint	WellPoint		832.5	32.18			109.76	2457.65	percent of total billed charges	
MYLOGRAM LUMBAR	72265	CPT	outpatient			2587	1053.08	Aetna	Better Health		816.2	31.55			109.76	2457.65	percent of total billed charges	
MYLOGRAM LUMBAR	72265	CPT	outpatient			2587	1053.08	Aetna	Medicare		915.72				109.76	2457.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYLOGRAM LUMBAR	72265	CPT	outpatient			2587	1053.08	Aetna	Commercial		1457.83				109.76	2457.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYLOGRAM LUMBAR	72265	CPT	outpatient			2587	1053.08	Americare	Americare		1940.25	75			109.76	2457.65	percent of total billed charges	
MYLOGRAM LUMBAR	72265	CPT	outpatient			2587	1053.08	Amerihealth	Medicare		915.72				109.76	2457.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYLOGRAM LUMBAR	72265	CPT	outpatient			2587	1053.08	Amerihealth	HMO/PPO		1681.55	65			109.76	2457.65	percent of total billed charges	
MYLOGRAM LUMBAR	72265	CPT	outpatient			2587	1053.08	Consumer	Consumer		2457.65	95			109.76	2457.65	percent of total billed charges	
MYLOGRAM LUMBAR	72265	CPT	outpatient			2587	1053.08	Corrections	Corrections		2069.6	80			109.76	2457.65	percent of total billed charges	
MYLOGRAM LUMBAR	72265	CPT	outpatient			2587	1053.08	First Health	First Health		1810.9	70			109.76	2457.65	percent of total billed charges	
MYLOGRAM LUMBAR	72265	CPT	outpatient			2587	1053.08	First Trenton	First Trenton		2328.3	90			109.76	2457.65	percent of total billed charges	
MYLOGRAM LUMBAR	72265	CPT	outpatient			2587	1053.08	Horizon	Indemnity		1704.15				109.76	2457.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYLOGRAM LUMBAR	72265	CPT	outpatient			2587	1053.08	Horizon	Medicare Blue		915.72				109.76	2457.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYLOGRAM LUMBAR	72265	CPT	outpatient			2587	1053.08	Horizon	PPO		1704.15				109.76	2457.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYLOGRAM LUMBAR	72265	CPT	outpatient			2587	1053.08	Horizon	NJ Health		109.76				109.76	2457.65	fee schedule	
MYLOGRAM LUMBAR	72265	CPT	outpatient			2587	1053.08	Horizon	MGD		1704.15				109.76	2457.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYLOGRAM LUMBAR	72265	CPT	outpatient			2587	1053.08	Managed Care Inc	Managed Care Inc		2328.3	90			109.76	2457.65	percent of total billed charges	
MYLOGRAM LUMBAR	72265	CPT	outpatient			2587	1053.08	Multiplan	Multiplan		2069.6	80			109.76	2457.65	percent of total billed charges	
MYLOGRAM LUMBAR	72265	CPT	outpatient			2587	1053.08	Qualcare	Qualcare		1940.25	75			109.76	2457.65	percent of total billed charges	
MYLOGRAM LUMBAR	72265	CPT	outpatient			2587	1053.08	Three Rivers	Three Rivers		2457.65	95			109.76	2457.65	percent of total billed charges	
MYLOGRAM LUMBAR	72265	CPT	outpatient			2587	1053.08	UHC	Medicare		915.72				109.76	2457.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYLOGRAM LUMBAR	72265	CPT	outpatient			2587	1053.08	UHC	Medicaid		816.2	31.55			109.76	2457.65	percent of total billed charges	
MYLOGRAM LUMBAR	72265	CPT	outpatient			2587	1053.08	Wellcare	Medicare		915.72				109.76	2457.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYLOGRAM LUMBAR	72265	CPT	outpatient			2587	1053.08	Wellcare	Medicaid		816.2	31.55			109.76	2457.65	percent of total billed charges	
MYLOGRAM LUMBAR	72265	CPT	outpatient			2587	1053.08	WellPoint	WellPoint		832.5	32.18			109.76	2457.65	percent of total billed charges	
EP/DUROGRAPHY, RS&I	72275	CPT	outpatient			1766		Aetna	Better Health		557.17	31.55			529.8	1677.7	percent of total billed charges	
EP/DUROGRAPHY, RS&I	72275	CPT	outpatient			1766		Aetna	Commercial		671.08	38			529.8	1677.7	percent of total billed charges	
EP/DUROGRAPHY, RS&I	72275	CPT	outpatient			1766		Aetna	Medicare		543.93	30.8			529.8	1677.7	percent of total billed charges	
EP/DUROGRAPHY, RS&I	72275	CPT	outpatient			1766		Americare	Americare		1324.5	75			529.8	1677.7	percent of total billed charges	
EP/DUROGRAPHY, RS&I	72275	CPT	outpatient			1766		Amerihealth	HMO/PPO		1147.9	65			529.8	1677.7	percent of total billed charges	
EP/DUROGRAPHY, RS&I	72275	CPT	outpatient			1766		Consumer	Consumer		1677.7	95			529.8	1677.7	percent of total billed charges	
EP/DUROGRAPHY, RS&I	72275	CPT	outpatient			1766		Corrections	Corrections		1412.8	80			529.8	1677.7	percent of total billed charges	
EP/DUROGRAPHY, RS&I	72275	CPT	outpatient			1766		First Health	First Health		1236.2	70			529.8	1677.7	percent of total billed charges	
EP/DUROGRAPHY, RS&I	72275	CPT	outpatient			1766		First Trenton	First Trenton		1589.4	90			529.8	1677.7	percent of total billed charges	
EP/DUROGRAPHY, RS&I	72275	CPT	outpatient			1766		Horizon	MGD		676.02	38.28			529.8	1677.7	percent of total billed charges	
EP/DUROGRAPHY, RS&I	72275	CPT	outpatient			1766		Horizon	PPO		676.02	38.28			529.8	1677.7	percent of total billed charges	
EP/DUROGRAPHY, RS&I	72275	CPT	outpatient			1766		Horizon	Indemnity		676.02	38.28			529.8	1677.7	percent of total billed charges	
EP/DUROGRAPHY, RS&I	72275	CPT	outpatient			1766		Horizon	Medicare Blue		529.8	30			529.8	1677.7	percent of total billed charges	
EP/DUROGRAPHY, RS&I	72275	CPT	outpatient			1766		Managed Care Inc	Managed Care Inc		1589.4	90			529.8	1677.7	percent of total billed charges	
EP/DUROGRAPHY, RS&I	72275	CPT	outpatient			1766		Multiplan	Multiplan		1412.8	80			529.8	1677.7	percent of total billed charges	
EP/DUROGRAPHY, RS&I	72275	CPT	outpatient			1766		Qualcare	Qualcare		1324.5	75			529.8	1677.7	percent of total billed charges	
EP/DUROGRAPHY, RS&I	72275	CPT	outpatient			1766		Three Rivers	Three Rivers		1677.7	95			529.8	1677.7	percent of total billed charges	
EP/DUROGRAPHY, RS&I	72275	CPT	outpatient			1766		UHC	Medicaid		557.17	31.55			529.8	1677.7	percent of total billed charges	
EP/DUROGRAPHY, RS&I	72275	CPT	outpatient			1766		Wellcare	Medicaid		557.17	31.55			529.8	1677.7	percent of total billed charges	
EP/DUROGRAPHY, RS&I	72275	CPT	outpatient			1766		WellPoint	WellPoint		568.3	32.18			529.8	1677.7	percent of total billed charges	
DISKOGRAPHY CERVICAL	72285	CPT	outpatient			7009	2539.41	Aetna	Better Health		2211.34	31.55			98	6658.55	percent of total billed charges	
DISKOGRAPHY CERVICAL	72285	CPT	outpatient			7009	2539.41	Aetna	Commercial		3515.42				98	6658.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DISKOGRAPHY CERVICAL	72285	CPT	outpatient			7009	2539.41	Aetna	Medicare		2208.18				98	6658.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DISKOGRAPHY CERVICAL	72285	CPT	outpatient			7009	2539.41	Americare	Americare		5256.75	75			98	6658.55	percent of total billed charges	
DISKOGRAPHY CERVICAL	72285	CPT	outpatient			7009	2539.41	Amerihealth	HMO/PPO		4555.85	65			98	6658.55	percent of total billed charges	
DISKOGRAPHY CERVICAL	72285	CPT	outpatient			7009	2539.41	Amerihealth	Medicare		2208.18				98	6658.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DISKOGRAPHY CERVICAL	72285	CPT	outpatient			7009	2539.41	Consumer	Consumer		6658.55	95			98	6658.55	percent of total billed charges	
DISKOGRAPHY CERVICAL	72285	CPT	outpatient			7009	2539.41	Corrections	Corrections		5607.2	80			98	6658.55	percent of total billed charges	
DISKOGRAPHY CERVICAL	72285	CPT	outpatient			7009	2539.41	First Health	First Health		4906.3	70			98	6658.55	percent of total billed charges	
DISKOGRAPHY CERVICAL	72285	CPT	outpatient			7009	2539.41	First Trenton	First Trenton		6308.1	90			98	6658.55	percent of total billed charges	
DISKOGRAPHY CERVICAL	72285	CPT	outpatient			7009	2539.41	Horizon	MGD		4109.42				98	6658.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DISKOGRAPHY CERVICAL	72285	CPT	outpatient			7009	2539.41	Horizon	Medicare Blue		2208.18				98	6658.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DISKOGRAPHY CERVICAL	72285	CPT	outpatient			7009	2539.41	Horizon	PPO		4109.42				98	6658.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DISKOGRAPHY CERVICAL	72285	CPT	outpatient			7009	2539.41	Horizon	NJ Health		98				98	6658.55	fee schedule	
DISKOGRAPHY CERVICAL	72285	CPT	outpatient			7009	2539.41	Horizon	Indemnity		4109.42				98	6658.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DISKOGRAPHY CERVICAL	72285	CPT	outpatient			7009	2539.41	Managed Care Inc	Managed Care Inc		6308.1	90			98	6658.55	percent of total billed charges	
DISKOGRAPHY CERVICAL	72285	CPT	outpatient			7009	2539.41	Multiplan	Multiplan		5607.2	80			98	6658.55	percent of total billed charges	
DISKOGRAPHY CERVICAL	72285	CPT	outpatient			7009	2539.41	Qualcare	Qualcare		5256.75	75			98	6658.55	percent of total billed charges	
DISKOGRAPHY CERVICAL	72285	CPT	outpatient			7009	2539.41	Three Rivers	Three Rivers		6658.55	95			98	6658.55	percent of total billed charges	
DISKOGRAPHY CERVICAL	72285	CPT	outpatient			7009	2539.41	UHC	Medicare		2208.18				98	6658.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DISKOGRAPHY CERVICAL	72285	CPT	outpatient			7009	2539.41	UHC	Medicaid		2211.34	31.55			98	6658.55	percent of total billed charges	
DISKOGRAPHY CERVICAL	72285	CPT	outpatient			7009	2539.41	Wellcare	Medicaid		2211.34	31.55			98	6658.55	percent of total billed charges	
DISKOGRAPHY CERVICAL	72285	CPT	outpatient			7009	2539.41	Wellcare	Medicare		2208.18				98	6658.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DISKOGRAPHY CERVICAL	72285	CPT	outpatient			7009	2539.41	WellPoint	WellPoint		2255.5	32.18			98	6658.55	percent of total billed charges	
DISKOGRAPHY LUMBAR	72295	CPT	outpatient			8643	2539.41	Aetna	Better Health		2726.87	31.55			98	8210.85	percent of total billed charges	
DISKOGRAPHY LUMBAR	72295	CPT	outpatient			8643	2539.41	Aetna	Commercial		3515.42				98	8210.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DISKOGRAPHY LUMBAR	72295	CPT	outpatient			8643	2539.41	Aetna	Medicare		2208.18				98	8210.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DISKOGRAPHY LUMBAR	72295	CPT	outpatient			8643	2539.41	Americare	Americare		6482.25	75			98	8210.85	percent of total billed charges	
DISKOGRAPHY LUMBAR	72295	CPT	outpatient			8643	2539.41	Amerihealth	HMO/PPO		5617.95	65			98	8210.85	percent of total billed charges	
DISKOGRAPHY LUMBAR	72295	CPT	outpatient			8643	2539.41	Amerihealth	Medicare		2208.18				98	8210.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DISKOGRAPHY LUMBAR	72295	CPT	outpatient			8643	2539.41	Consumer	Consumer		8210.85	95			98	8210.85	percent of total billed charges	
DISKOGRAPHY LUMBAR	72295	CPT	outpatient			8643	2539.41	Corrections	Corrections		6914.4	80			98	8210.85	percent of total billed charges	
DISKOGRAPHY LUMBAR	72295	CPT	outpatient			8643	2539.41	First Health	First Health		6050.1	70			98	8210.85	percent of total billed charges	
DISKOGRAPHY LUMBAR	72295	CPT	outpatient			8643	2539.41	First Trenton	First Trenton		7778.7	90			98	8210.85	percent of total billed charges	
DISKOGRAPHY LUMBAR	72295	CPT	outpatient			8643	2539.41	Horizon	MGD		4109.42				98	8210.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DISKOGRAPHY LUMBAR	72295	CPT	outpatient			8643	2539.41	Horizon	Medicare Blue		2208.18				98	8210.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DISKOGRAPHY LUMBAR	72295	CPT	outpatient			8643	2539.41	Horizon	Indemnity		4109.42				98	8210.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DISKOGRAPHY LUMBAR	72295	CPT	outpatient			8643	2539.41	Horizon	NJ Health		98				98	8210.85	fee schedule	
DISKOGRAPHY LUMBAR	72295	CPT	outpatient			8643	2539.41	Horizon	PPO		4109.42				98	8210.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DISKOGRAPHY LUMBAR	72295	CPT	outpatient			8643	2539.41	Managed Care Inc	Managed Care Inc		7778.7	90			98	8210.85	percent of total billed charges	
DISKOGRAPHY LUMBAR	72295	CPT	outpatient			8643	2539.41	Multiplan	Multiplan		6914.4	80			98	8210.85	percent of total billed charges	
DISKOGRAPHY LUMBAR	72295	CPT	outpatient			8643	2539.41	Qualcare	Qualcare		6482.25	75			98	8210.85	percent of total billed charges	
DISKOGRAPHY LUMBAR	72295	CPT	outpatient			8643	2539.41	Three Rivers	Three Rivers		8210.85	95			98	8210.85	percent of total billed charges	
DISKOGRAPHY LUMBAR	72295	CPT	outpatient			8643	2539.41	UHC	Medicare		2208.18				98	8210.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DISKOGRAPHY LUMBAR	72295	CPT	outpatient			8643	2539.41	UHC	Medicaid		2726.87	31.55			98	8210.85	percent of total billed charges	
DISKOGRAPHY LUMBAR	72295	CPT	outpatient			8643	2539.41	Wellcare	Medicaid		2726.87	31.55			98	8210.85	percent of total billed charges	
DISKOGRAPHY LUMBAR	72295	CPT	outpatient			8643	2539.41	Wellcare	Medicare		2208.18				98	8210.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DISKOGRAPHY LUMBAR	72295	CPT	outpatient			8643	2539.41	WellPoint	WellPoint		2781.32	32.18			98	8210.85	percent of total billed charges	
CLAVICLE RT	73000	CPT	both			866	119.52	Aetna	Better Health		273.22	31.55			27.44	822.7	percent of total billed charges	
CLAVICLE RT	73000	CPT	both			866	119.52	Aetna	Commercial		165.46				27.44	822.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLAVICLE RT	73000	CPT	both			866	119.52	Aetna	Medicare		103.93				27.44	822.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLAVICLE RT	73000	CPT	both			866	119.52	Americare	Americare		649.5	75			27.44	822.7	percent of total billed charges	
CLAVICLE RT	73000	CPT	both			866	119.52	Amerihealth	HMO/PPO		562.9	65			27.44	822.7	percent of total billed charges	
CLAVICLE RT	73000	CPT	both			866	119.52	Amerihealth	Medicare		103.93				27.44	822.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLAVICLE RT	73000	CPT	both			866	119.52	Consumer	Consumer		822.7	95			27.44	822.7	percent of total billed charges	
CLAVICLE RT	73000	CPT	both			866	119.52	Corrections	Corrections		692.8	80			27.44	822.7	percent of total billed charges	
CLAVICLE RT	73000	CPT	both			866	119.52	First Health	First Health		606.2	70			27.44	822.7	percent of total billed charges	
CLAVICLE RT	73000	CPT	both			866	119.52	First Trenton	First Trenton		779.4	90			27.44	822.7	percent of total billed charges	
CLAVICLE RT	73000	CPT	both			866	119.52	Horizon	MGD		193.41				27.44	822.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLAVICLE RT	73000	CPT	both			866	119.52	Horizon	Indemnity		193.41				27.44	822.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLAVICLE RT	73000	CPT	both			866	119.52	Horizon	NJ Health		27.44				27.44	822.7	fee schedule	
CLAVICLE RT	73000	CPT	both			866	119.52	Horizon	Medicare Blue		103.93				27.44	822.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLAVICLE RT	73000	CPT	both			866	119.52	Horizon	PPO		193.41				27.44	822.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLAVICLE RT	73000	CPT	both			866	119.52	Managed Care Inc	Managed Care Inc		779.4	90			27.44	822.7	percent of total billed charges	
CLAVICLE RT	73000	CPT	both			866	119.52	Multiplan	Multiplan		692.8	80			27.44	822.7	percent of total billed charges	
CLAVICLE RT	73000	CPT	both			866	119.52	Qualcare	Qualcare		649.5	75			27.44	822.7	percent of total billed charges	
CLAVICLE RT	73000	CPT	both			866	119.52	Three Rivers	Three Rivers		822.7	95			27.44	822.7	percent of total billed charges	
CLAVICLE RT	73000	CPT	both			866	119.52	UHC	Medicaid		273.22	31.55			27.44	822.7	percent of total billed charges	
CLAVICLE RT	73000	CPT	both			866	119.52	UHC	Medicare		103.93				27.44	822.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLAVICLE RT	73000	CPT	both			866	119.52	Wellcare	Medicaid		273.22	31.55			27.44	822.7	percent of total billed charges	
CLAVICLE RT	73000	CPT	both			866	119.52	Wellcare	Medicare		103.93				27.44	822.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLAVICLE RT	73000	CPT	both			866	119.52	WellPoint	WellPoint		278.68	32.18			27.44	822.7	percent of total billed charges	
SCAPULAR RIGHT, SURGICAL	73010	CPT	both			866	144.6	Aetna	Better Health		273.22	31.55			29.4	822.7	percent of total billed charges	
SCAPULAR RIGHT, SURGICAL	73010	CPT	both			866	144.6	Aetna	Commercial		200.18				29.4	822.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCAPULAR RIGHT, SURGICAL	73010	CPT	both			866	144.6	Aetna	Medicare		125.74				29.4	822.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCAPULAR RIGHT, SURGICAL	73010	CPT	both			866	144.6	Americare	Americare		649.5	75			29.4	822.7	percent of total billed charges	
SCAPULAR RIGHT, SURGICAL	73010	CPT	both			866	144.6	Amerihealth	HMO/PPO		562.9	65			29.4	822.7	percent of total billed charges	
SCAPULAR RIGHT, SURGICAL	73010	CPT	both			866	144.6	Amerihealth	Medicare		125.74				29.4	822.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCAPULAR RIGHT, SURGICAL	73010	CPT	both			866	144.6	Consumer	Consumer		822.7	95			29.4	822.7	percent of total billed charges	
SCAPULAR RIGHT, SURGICAL	73010	CPT	both			866	144.6	Corrections	Corrections		692.8	80			29.4	822.7	percent of total billed charges	
SCAPULAR RIGHT, SURGICAL	73010	CPT	both			866	144.6	First Health	First Health		606.2	70			29.4	822.7	percent of total billed charges	
SCAPULAR RIGHT, SURGICAL	73010	CPT	both			866	144.6	First Trenton	First Trenton		779.4	90			29.4	822.7	percent of total billed charges	
SCAPULAR RIGHT, SURGICAL	73010	CPT	both			866	144.6	Horizon	Indemnity		234				29.4	822.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCAPULAR RIGHT, SURGICAL	73010	CPT	both			866	144.6	Horizon	MGD		234				29.4	822.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCAPULAR RIGHT, SURGICAL	73010	CPT	both			866	144.6	Horizon	Medicare Blue		125.74				29.4	822.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101191	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
SCAPULAR RIGHT, SURGICAL	73010	CPT	both			866		144.6 Horizon	NJ Health		29.4				29.4	29.4	822.7 fee schedule	
SCAPULAR RIGHT, SURGICAL	73010	CPT	both			866		144.6 Horizon	PPO		234				29.4	29.4	822.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCAPULAR RIGHT, SURGICAL	73010	CPT	both			866		144.6 Managed Care Inc	Managed Care Inc		779.4	90			29.4	29.4	822.7 percent of total billed charges	
SCAPULAR RIGHT, SURGICAL	73010	CPT	both			866		144.6 Multiplan	Multiplan		692.8	80			29.4	29.4	822.7 percent of total billed charges	
SCAPULAR RIGHT, SURGICAL	73010	CPT	both			866		144.6 Qualcare	Qualcare		649.5	75			29.4	29.4	822.7 percent of total billed charges	
SCAPULAR RIGHT, SURGICAL	73010	CPT	both			866		144.6 Three Rivers	Three Rivers		822.7	95			29.4	29.4	822.7 percent of total billed charges	
SCAPULAR RIGHT, SURGICAL	73010	CPT	both			866		144.6 UHC	Medicare		125.74				29.4	29.4	822.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCAPULAR RIGHT, SURGICAL	73010	CPT	both			866		144.6 UHC	Medicaid		273.22	31.55			29.4	29.4	822.7 percent of total billed charges	
SCAPULAR RIGHT, SURGICAL	73010	CPT	both			866		144.6 Wellcare	Medicare		125.74				29.4	29.4	822.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCAPULAR RIGHT, SURGICAL	73010	CPT	both			866		144.6 Wellcare	Medicaid		273.22	31.55			29.4	29.4	822.7 percent of total billed charges	
SCAPULAR RIGHT, SURGICAL	73010	CPT	both			866		144.6 WellPoint	WellPoint		278.68	32.18			29.4	29.4	822.7 percent of total billed charges	
SHOULDER, ONE VIEW	73020	CPT	both			529		119.52 Aetna	Better Health		166.9	31.55			29.4	29.4	502.55 percent of total billed charges	
SHOULDER, ONE VIEW	73020	CPT	both			529		119.52 Aetna	Medicare		103.93				29.4	29.4	502.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHOULDER, ONE VIEW	73020	CPT	both			529		119.52 Aetna	Commercial		165.46				29.4	29.4	502.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHOULDER, ONE VIEW	73020	CPT	both			529		119.52 Americare	Americare		396.75	75			29.4	29.4	502.55 percent of total billed charges	
SHOULDER, ONE VIEW	73020	CPT	both			529		119.52 Amerihealth	Medicare		103.93				29.4	29.4	502.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHOULDER, ONE VIEW	73020	CPT	both			529		119.52 Amerihealth	HMO/PPO		343.85	65			29.4	29.4	502.55 percent of total billed charges	
SHOULDER, ONE VIEW	73020	CPT	both			529		119.52 Consumer	Consumer		502.55	95			29.4	29.4	502.55 percent of total billed charges	
SHOULDER, ONE VIEW	73020	CPT	both			529		119.52 Corrections	Corrections		423.2	80			29.4	29.4	502.55 percent of total billed charges	
SHOULDER, ONE VIEW	73020	CPT	both			529		119.52 First Health	First Health		370.3	70			29.4	29.4	502.55 percent of total billed charges	
SHOULDER, ONE VIEW	73020	CPT	both			529		119.52 First Trenton	First Trenton		476.1	90			29.4	29.4	502.55 percent of total billed charges	
SHOULDER, ONE VIEW	73020	CPT	both			529		119.52 Horizon	MGD		193.41				29.4	29.4	502.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHOULDER, ONE VIEW	73020	CPT	both			529		119.52 Horizon	Indemnity		193.41				29.4	29.4	502.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHOULDER, ONE VIEW	73020	CPT	both			529		119.52 Horizon	Medicare Blue		103.93				29.4	29.4	502.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHOULDER, ONE VIEW	73020	CPT	both			529		119.52 Horizon	NJ Health		29.4				29.4	29.4	502.55 fee schedule	
SHOULDER, ONE VIEW	73020	CPT	both			529		119.52 Horizon	PPO		193.41				29.4	29.4	502.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHOULDER, ONE VIEW	73020	CPT	both			529		119.52 Managed Care Inc	Managed Care Inc		476.1	90			29.4	29.4	502.55 percent of total billed charges	
SHOULDER, ONE VIEW	73020	CPT	both			529		119.52 Multiplan	Multiplan		423.2	80			29.4	29.4	502.55 percent of total billed charges	
SHOULDER, ONE VIEW	73020	CPT	both			529		119.52 Qualcare	Qualcare		396.75	75			29.4	29.4	502.55 percent of total billed charges	
SHOULDER, ONE VIEW	73020	CPT	both			529		119.52 Three Rivers	Three Rivers		502.55	95			29.4	29.4	502.55 percent of total billed charges	
SHOULDER, ONE VIEW	73020	CPT	both			529		119.52 UHC	Medicaid		166.9	31.55			29.4	29.4	502.55 percent of total billed charges	
SHOULDER, ONE VIEW	73020	CPT	both			529		119.52 UHC	Medicare		103.93				29.4	29.4	502.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHOULDER, ONE VIEW	73020	CPT	both			529		119.52 Wellcare	Medicare		103.93				29.4	29.4	502.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHOULDER, ONE VIEW	73020	CPT	both			529		119.52 Wellcare	Medicaid		166.9	31.55			29.4	29.4	502.55 percent of total billed charges	
SHOULDER, ONE VIEW	73020	CPT	both			529		119.52 WellPoint	WellPoint		170.23	32.18			29.4	29.4	502.55 percent of total billed charges	
SHOULDER TRAUMA SERIES RIGHT	73030	CPT	both			946		119.52 Aetna	Better Health		298.46	31.55			32.34	32.34	898.7 percent of total billed charges	
SHOULDER TRAUMA SERIES RIGHT	73030	CPT	both			946		119.52 Aetna	Commercial		165.46				32.34	32.34	898.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHOULDER TRAUMA SERIES RIGHT	73030	CPT	both			946		119.52 Aetna	Medicare		103.93				32.34	32.34	898.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHOULDER TRAUMA SERIES RIGHT	73030	CPT	both			946		119.52 Americare	Americare		709.5	75			32.34	32.34	898.7 percent of total billed charges	
SHOULDER TRAUMA SERIES RIGHT	73030	CPT	both			946		119.52 Amerihealth	HMO/PPO		614.9	65			32.34	32.34	898.7 percent of total billed charges	
SHOULDER TRAUMA SERIES RIGHT	73030	CPT	both			946		119.52 Amerihealth	Medicare		103.93				32.34	32.34	898.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHOULDER TRAUMA SERIES RIGHT	73030	CPT	both			946		119.52 Consumer	Consumer		898.7	95			32.34	32.34	898.7 percent of total billed charges	
SHOULDER TRAUMA SERIES RIGHT	73030	CPT	both			946		119.52 Corrections	Corrections		756.8	80			32.34	32.34	898.7 percent of total billed charges	
SHOULDER TRAUMA SERIES RIGHT	73030	CPT	both			946		119.52 First Health	First Health		662.2	70			32.34	32.34	898.7 percent of total billed charges	
SHOULDER TRAUMA SERIES RIGHT	73030	CPT	both			946		119.52 First Trenton	First Trenton		851.4	90			32.34	32.34	898.7 percent of total billed charges	
SHOULDER TRAUMA SERIES RIGHT	73030	CPT	both			946		119.52 Horizon	Indemnity		193.41				32.34	32.34	898.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHOULDER TRAUMA SERIES RIGHT	73030	CPT	both			946		119.52 Horizon	Medicare Blue		103.93				32.34	32.34	898.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHOULDER TRAUMA SERIES RIGHT	73030	CPT	both			946		119.52 Horizon	MGD		193.41				32.34	32.34	898.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHOULDER TRAUMA SERIES RIGHT	73030	CPT	both			946		119.52 Horizon	NJ Health		32.34				32.34	32.34	898.7 fee schedule	
SHOULDER TRAUMA SERIES RIGHT	73030	CPT	both			946		119.52 Horizon	PPO		193.41				32.34	32.34	898.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHOULDER TRAUMA SERIES RIGHT	73030	CPT	both			946		119.52 Managed Care Inc	Managed Care Inc		851.4	90			32.34	32.34	898.7 percent of total billed charges	
SHOULDER TRAUMA SERIES RIGHT	73030	CPT	both			946		119.52 Multiplan	Multiplan		756.8	80			32.34	32.34	898.7 percent of total billed charges	
SHOULDER TRAUMA SERIES RIGHT	73030	CPT	both			946		119.52 Qualcare	Qualcare		709.5	75			32.34	32.34	898.7 percent of total billed charges	
SHOULDER TRAUMA SERIES RIGHT	73030	CPT	both			946		119.52 Three Rivers	Three Rivers		898.7	95			32.34	32.34	898.7 percent of total billed charges	
SHOULDER TRAUMA SERIES RIGHT	73030	CPT	both			946		119.52 UHC	Medicaid		298.46	31.55			32.34	32.34	898.7 percent of total billed charges	
SHOULDER TRAUMA SERIES RIGHT	73030	CPT	both			946		119.52 UHC	Medicare		103.93				32.34	32.34	898.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHOULDER TRAUMA SERIES RIGHT	73030	CPT	both			946		119.52 Wellcare	Medicaid		298.46	31.55			32.34	32.34	898.7 percent of total billed charges	
SHOULDER TRAUMA SERIES RIGHT	73030	CPT	both			946		119.52 Wellcare	Medicare		103.93				32.34	32.34	898.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHOULDER TRAUMA SERIES RIGHT	73030	CPT	both			946		119.52 WellPoint	WellPoint		304.42	32.18			32.34	32.34	898.7 percent of total billed charges	
SHOULDER STEROID INJECTION	73040	CPT	outpatient			1473		505.8 Aetna	Better Health		464.73	31.55			41.16	41.16	1399.35 percent of total billed charges	
SHOULDER STEROID INJECTION	73040	CPT	outpatient			1473		505.8 Aetna	Commercial		700.21				41.16	41.16	1399.35 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHOULDER STEROID INJECTION	73040	CPT	outpatient			1473		505.8 Aetna	Medicare		439.83				41.16	41.16	1399.35 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHOULDER STEROID INJECTION	73040	CPT	outpatient			1473		505.8 Americare	Americare		1104.75	75			41.16	41.16	1399.35 percent of total billed charges	
SHOULDER STEROID INJECTION	73040	CPT	outpatient			1473		505.8 Amerihealth	HMO/PPO		957.45	65			41.16	41.16	1399.35 percent of total billed charges	
SHOULDER STEROID INJECTION	73040	CPT	outpatient			1473		505.8 Amerihealth	Medicare		439.83				41.16	41.16	1399.35 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHOULDER STEROID INJECTION	73040	CPT	outpatient			1473		505.8 Consumer	Consumer		1399.35	95			41.16	41.16	1399.35 percent of total billed charges	
SHOULDER STEROID INJECTION	73040	CPT	outpatient			1473		505.8 Corrections	Corrections		1178.4	80			41.16	41.16	1399.35 percent of total billed charges	
SHOULDER STEROID INJECTION	73040	CPT	outpatient			1473		505.8 First Health	First Health		1031.1	70			41.16	41.16	1399.35 percent of total billed charges	
SHOULDER STEROID INJECTION	73040	CPT	outpatient			1473		505.8 First Trenton	First Trenton		1325.7	90			41.16	41.16	1399.35 percent of total billed charges	
SHOULDER STEROID INJECTION	73040	CPT	outpatient			1473		505.8 Horizon	Indemnity		818.52				41.16	41.16	1399.35 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHOULDER STEROID INJECTION	73040	CPT	outpatient			1473		505.8 Horizon	MGD		818.52				41.16	41.16	1399.35 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHOULDER STEROID INJECTION	73040	CPT	outpatient			1473		505.8 Horizon	Medicare Blue		439.83				41.16	41.16	1399.35 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHOULDER STEROID INJECTION	73040	CPT	outpatient			1473		505.8 Horizon	NJ Health		41.16				41.16	41.16	1399.35 fee schedule	
SHOULDER STEROID INJECTION	73040	CPT	outpatient			1473		505.8 Horizon	PPO		818.52				41.16	41.16	1399.35 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHOULDER STEROID INJECTION	73040	CPT	outpatient			1473		505.8 Managed Care Inc	Managed Care Inc		1325.7	90			41.16	41.16	1399.35 percent of total billed charges	
SHOULDER STEROID INJECTION	73040	CPT	outpatient			1473		505.8 Multiplan	Multiplan		1178.4	80			41.16	41.16	1399.35 percent of total billed charges	
SHOULDER STEROID INJECTION	73040	CPT	outpatient			1473		505.8 Qualcare	Qualcare		1104.75	75			41.16	41.16	1399.35 percent of total billed charges	
SHOULDER STEROID INJECTION	73040	CPT	outpatient			1473		505.8 Three Rivers	Three Rivers		1399.35	95			41.16	41.16	1399.35 percent of total billed charges	
SHOULDER STEROID INJECTION	73040	CPT	outpatient			1473		505.8 UHC	Medicaid		464.73	31.55			41.16	41.16	1399.35 percent of total billed charges	
SHOULDER STEROID INJECTION	73040	CPT	outpatient			1473		505.8 UHC	Medicare		439.83				41.16	41.16	1399.35 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHOULDER STEROID INJECTION	73040	CPT	outpatient			1473		505.8 Wellcare	Medicaid		464.73	31.55			41.16	41.16	1399.35 percent of total billed charges	
SHOULDER STEROID INJECTION	73040	CPT	outpatient			1473		505.8 Wellcare	Medicare		439.83				41.16	41.16	1399.35 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHOULDER STEROID INJECTION	73040	CPT	outpatient			1473		505.8 WellPoint	WellPoint		474.01	32.18			41.16	41.16	1399.35 percent of total billed charges	
ACROMIOCLAVICULAR JOINTS BILAT	73050	CPT	both			627		119.52 Aetna	Commercial		165.46				35.28	35.28	595.65 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ACROMIOCLAVICULAR JOINTS BILAT	73050	CPT	both			627		119.52 Aetna	Better Health		197.82	31.55			35.28	35.28	595.65 percent of total billed charges	
ACROMIOCLAVICULAR JOINTS BILAT	73050	CPT	both			627		119.52 Aetna	Medicare		103.93				35.28	35.28	595.65 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ACROMIOCLAVICULAR JOINTS BILAT	73050	CPT	both			627		119.52 Americare	Americare		470.25	75			35.28	35.28	595.65 percent of total billed charges	
ACROMIOCLAVICULAR JOINTS BILAT	73050	CPT	both			627		119.52 Amerihealth	HMO/PPO		407.55	65			35.28	35.28	595.65 percent of total billed charges	
ACROMIOCLAVICULAR JOINTS BILAT	73050	CPT	both			627		119.52 Amerihealth	Medicare		103.93				35.28	35.28	595.65 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ACROMIOCLAVICULAR JOINTS BILAT	73050	CPT	both			627		119.52 Consumer	Consumer		595.65	95			35.28	35.28	595.65 percent of total billed charges	
ACROMIOCLAVICULAR JOINTS BILAT	73050	CPT	both			627		119.52 Corrections	Corrections		501.6	80			35.28	35.28	595.65 percent of total billed charges	
ACROMIOCLAVICULAR JOINTS BILAT	73050	CPT	both			627		119.52 First Health	First Health		438.9	70			35.28	35.28	595.65 percent of total billed charges	
ACROMIOCLAVICULAR JOINTS BILAT	73050	CPT	both			627		119.52 First Trenton	First Trenton		564.3	90			35.28	35.28	595.65 percent of total billed charges	
ACROMIOCLAVICULAR JOINTS BILAT	73050	CPT	both			627		119.52 Horizon	MGD		193.41				35.28	35.28	595.65 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ACROMIOCLAVICULAR JOINTS BILAT	73050	CPT	both			627		119.52 Horizon	Medicare Blue		103.93				35.28	35.28	595.65 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ACROMIOCLAVICULAR JOINTS BILAT	73050	CPT	both			627		119.52 Horizon	PPO		193.41				35.28	35.28	595.65 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ACROMIOCLAVICULAR JOINTS BILAT	73050	CPT	both			627		119.52 Horizon	Indemnity		193.41				35.28	35.28	595.65 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ACROMIOCLAVICULAR JOINTS BILAT	73050	CPT	both			627		119.52 Horizon	NJ Health		35.28				35.28	35.28	595.65 fee schedule	
ACROMIOCLAVICULAR JOINTS BILAT	73050	CPT	both			627		119.52 Managed Care Inc	Managed Care Inc		564.3	90			35.28	35.28	595.65 percent of total billed charges	
ACROMIOCLAVICULAR JOINTS BILAT	73050	CPT	both			627		119.52 Multiplan	Multiplan		501.6	80			35.28	35.28	595.65 percent of total billed charges	
ACROMIOCLAVICULAR JOINTS BILAT	73050	CPT	both			627		119.52 Qualcare	Qualcare		470.25	75			35.28	35.28	595.65 percent of total billed charges	
ACROMIOCLAVICULAR JOINTS BILAT	73050	CPT	both			627		119.52 Three Rivers	Three Rivers		595.65	95			35.28	35.28	595.65 percent of total billed charges	
ACROMIOCLAVICULAR JOINTS BILAT	73050	CPT	both			627		119.52 UHC	Medicare		103.93				35.28	35.28	595.65 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ACROMIOCLAVICULAR JOINTS BILAT	73050	CPT	both			627		119.52 UHC	Medicaid		197.82	31.55			35.28	35.28	595.65 percent of total billed charges	
ACROMIOCLAVICULAR JOINTS BILAT	73050	CPT	both			627		119.52 Wellcare	Medicaid		197.82	31.55			35.28	35.28	595.65 percent of total billed charges	
ACROMIOCLAVICULAR JOINTS BILAT	73050	CPT	both			627		119.52 Wellcare	Medicare		103.93				35.28	35.28	595.65 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ACROMIOCLAVICULAR JOINTS BILAT	73050	CPT	both			627		119.52 WellPoint	WellPoint		201.77	32.18			35.28	35.28	595.65 percent of total billed charges	
X-RAY HUMERUS RIGHT	73060	CPT	both			899		119.52 Aetna	Better Health		283.63	31.55			32.34	32.34	854.05 percent of total billed charges	
X-RAY HUMERUS RIGHT	73060	CPT	both			899		119.52 Aetna	Medicare		276.89	30.8			32.34	32.34	854.05 percent of total billed charges	
X-RAY HUMERUS RIGHT	73060	CPT	both			899		119.52 Aetna	Commercial		165.46				32.34	32.34	854.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
X-RAY HUMERUS RIGHT	73060	CPT	both			899		119.52 Americare	Americare		674.25	75			32.34	32.34	854.05 percent of total billed charges	
X-RAY HUMERUS RIGHT	73060	CPT	both			899		119.52 Amerihealth	HMO/PPO		584.35	65			32.34	32.34	854.05 percent of total billed charges	
X-RAY HUMERUS RIGHT	73060	CPT	both			899		119.52 Amerihealth	Medicare		103.93				32.34	32.34	854.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
X-RAY HUMERUS RIGHT	73060	CPT	both			899		119.52 Consumer	Consumer		854.05	95			32.34	32.34	854.05 percent of total billed charges	
X-RAY HUMERUS RIGHT	73060	CPT	both			899		119.52 Corrections	Corrections		719.2	80			32.34	32.34	854.05 percent of total billed charges	
X-RAY HUMERUS RIGHT	73060	CPT	both			899		119.52 First Health	First Health		629.3	70			32.34	32.34	854.05 percent of total billed charges	
X-RAY HUMERUS RIGHT	73060	CPT	both			899		119.52 First Trenton	First Trenton		809.1	90			32.34	32.34	854.05 percent of total billed charges	
X-RAY HUMERUS RIGHT	73060	CPT	both			899		119.52 Horizon	Indemnity		193.41				32.34	32.34	854.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
X-RAY HUMERUS RIGHT	73060	CPT	both			899		119.52 Horizon	MGD		193.41				32.34	32.34	854.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
X-RAY HUMERUS RIGHT	73060	CPT	both			899		119.52 Horizon	NJ Health		32.34				32.34	32.34	854.05 fee schedule	
X-RAY HUMERUS RIGHT	73060	CPT	both			899		119.52 Horizon	Medicare Blue		103.93				32.34	32.34	854.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
X-RAY HUMERUS RIGHT	73060	CPT	both			899		119.52 Horizon	PPO		193.41				32.34	32.34	854.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
X-RAY HUMERUS RIGHT	73060	CPT	both			899		119.52 Managed Care Inc	Managed Care Inc		809.1	90			32.34	32.34	854.05 percent of total billed charges	
X-RAY HUMERUS RIGHT	73060	CPT	both			899		119.52 Multiplan	Multiplan		719.2	80			32.34	32.34	854.05 percent of total billed charges	
X-RAY HUMERUS RIGHT	73060	CPT	both			899		119.52 Qualcare	Qualcare		674.25	75			32.34	32.34	854.05 percent of total billed charges	
X-RAY HUMERUS RIGHT	73060	CPT	both			899		119.52 Three Rivers	Three Rivers		854.05	95			32.34	32.34	854.05 percent of total billed charges	
X-RAY HUMERUS RIGHT	73060	CPT	both			899		119.52 UHC	Medicaid		283.63	31.55			32.34	32.34	854.05 percent of total billed charges	
X-RAY HUMERUS RIGHT	73060	CPT	both			899		119.52 UHC	Medicare		103.93				32.34	32.34	854.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
X-RAY HUMERUS RIGHT	73060	CPT	both			899		119.52 Wellcare	Medicaid		283.63	31.55			32.34	32.34	854.05 percent of total billed charges	
X-RAY HUMERUS RIGHT	73060	CPT	both			899		119.52 Wellcare	Medicare		103.93				32.34	32.34	854.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
X-RAY HUMERUS RIGHT	73060	CPT	both			899		119.52 WellPoint	WellPoint		289.3	32.18			32.34	32.34	854.05 percent of total billed charges	
ELBOW RIGHT, SURGICAL	73070	CPT	both			899		119.52 Aetna	Commercial		165.46				32.34	32.34	854.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELBOW RIGHT, SURGICAL	73070	CPT	both			899		119.52 Aetna	Medicare		103.93				32.34	32.34	854.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELBOW RIGHT, SURGICAL	73070	CPT	both			899		119.52 Aetna	Better Health		283.63	31.55			32.34	32.34	854.05 percent of total billed charges	
ELBOW RIGHT, SURGICAL	73070	CPT	both			899		119.52 Americare	Americare		674.25	75			32.34	32.34	854.05 percent of total billed charges	
ELBOW RIGHT, SURGICAL	73070	CPT	both			899		119.52 Amerihealth	HMO/PPO		584.35	65			32.34	32.34	854.05 percent of total billed charges	
ELBOW RIGHT, SURGICAL	73070	CPT	both			899		119.52 Amerihealth	Medicare		103.93				32.34	32.34	854.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELBOW RIGHT, SURGICAL	73070	CPT	both			899		119.52 Consumer	Consumer		854.05	95			32.34	32.34	854.05 percent of total billed charges	
ELBOW RIGHT, SURGICAL	73070	CPT	both			899		119.52 Corrections	Corrections		719.2	80			32.34	32.34	854.05 percent of total billed charges	
ELBOW RIGHT, SURGICAL	73070	CPT	both			899		119.52 First Health	First Health		629.3	70			32.34	32.34	854.05 percent of total billed charges	
ELBOW RIGHT, SURGICAL	73070	CPT	both			899		119.52 First Trenton	First Trenton		809.1	90			32.34	32.34	854.05 percent of total billed charges	
ELBOW RIGHT, SURGICAL	73070	CPT	both			899		119.52 Horizon	Indemnity		193.41				32.34	32.34	854.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELBOW RIGHT, SURGICAL	73070	CPT	both			899		119.52 Horizon	PPO		193.41				32.34	32.34	854.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELBOW RIGHT, SURGICAL	73070	CPT	both			899		119.52 Horizon	MGD		193.41				32.34	32.34	854.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELBOW RIGHT, SURGICAL	73070	CPT	both			899		119.52 Horizon	Medicare Blue		103.93				32.34	32.34	854.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELBOW RIGHT, SURGICAL	73070	CPT	both			899		119.52 Horizon	NJ Health		32.34				32.34	32.34	854.05 fee schedule	
ELBOW RIGHT, SURGICAL	73070	CPT	both			899		119.52 Managed Care Inc	Managed Care Inc		809.1	90			32.34	32.34	854.05 percent of total billed charges	
ELBOW RIGHT, SURGICAL	73070	CPT	both			899		119.52 Multiplan	Multiplan		719.2	80			32.34	32.34	854.05 percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ELBOW RIGHT, SURGICAL	73070	CPT	both			899	119.52	Qualcare	Qualcare		674.25	75			32.34		854.05 percent of total billed charges	
ELBOW RIGHT, SURGICAL	73070	CPT	both			899	119.52	Three Rivers	Three Rivers		854.05	95			32.34		854.05 percent of total billed charges	
ELBOW RIGHT, SURGICAL	73070	CPT	both			899	119.52	UHC	Medicaid		283.63	31.55			32.34		854.05 percent of total billed charges	
ELBOW RIGHT, SURGICAL	73070	CPT	both			899	119.52	UHC	Medicare		103.93				32.34		854.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELBOW RIGHT, SURGICAL	73070	CPT	both			899	119.52	Wellcare	Medicaid		283.63	31.55			32.34		854.05 percent of total billed charges	
ELBOW RIGHT, SURGICAL	73070	CPT	both			899	119.52	Wellcare	Medicare		103.93				32.34		854.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELBOW RIGHT, SURGICAL	73070	CPT	both			899	119.52	WellPoint	WellPoint		289.3	32.18			32.34		854.05 percent of total billed charges	
ELBOW R, 3 OR MORE VIEWS	73080	CPT	both			283	119.52	Aetna	Better Health		99.29	31.55			32.34		268.85 percent of total billed charges	
ELBOW R, 3 OR MORE VIEWS	73080	CPT	both			283	119.52	Aetna	Commercial		165.46				32.34		268.85 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELBOW R, 3 OR MORE VIEWS	73080	CPT	both			283	119.52	Aetna	Medicare		87.16	30.8			32.34		268.85 percent of total billed charges	
ELBOW R, 3 OR MORE VIEWS	73080	CPT	both			283	119.52	Americare	Americare		212.25	75			32.34		268.85 percent of total billed charges	
ELBOW R, 3 OR MORE VIEWS	73080	CPT	both			283	119.52	Amerihealth	Medicare		103.93				32.34		268.85 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELBOW R, 3 OR MORE VIEWS	73080	CPT	both			283	119.52	Amerihealth	HMO/PPO		183.95	65			32.34		268.85 percent of total billed charges	
ELBOW R, 3 OR MORE VIEWS	73080	CPT	both			283	119.52	Consumer	Consumer		268.85	95			32.34		268.85 percent of total billed charges	
ELBOW R, 3 OR MORE VIEWS	73080	CPT	both			283	119.52	Corrections	Corrections		226.4	80			32.34		268.85 percent of total billed charges	
ELBOW R, 3 OR MORE VIEWS	73080	CPT	both			283	119.52	First Health	First Health		198.1	70			32.34		268.85 percent of total billed charges	
ELBOW R, 3 OR MORE VIEWS	73080	CPT	both			283	119.52	First Trenton	First Trenton		254.7	90			32.34		268.85 percent of total billed charges	
ELBOW R, 3 OR MORE VIEWS	73080	CPT	both			283	119.52	Horizon	MGD		193.41				32.34		268.85 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELBOW R, 3 OR MORE VIEWS	73080	CPT	both			283	119.52	Horizon	Indemnity		193.41				32.34		268.85 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELBOW R, 3 OR MORE VIEWS	73080	CPT	both			283	119.52	Horizon	NJ Health		32.34				32.34		268.85 fee schedule	
ELBOW R, 3 OR MORE VIEWS	73080	CPT	both			283	119.52	Horizon	Medicare Blue		103.93				32.34		268.85 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELBOW R, 3 OR MORE VIEWS	73080	CPT	both			283	119.52	Horizon	PPO		193.41				32.34		268.85 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELBOW R, 3 OR MORE VIEWS	73080	CPT	both			283	119.52	Managed Care Inc	Managed Care Inc		254.7	90			32.34		268.85 percent of total billed charges	
ELBOW R, 3 OR MORE VIEWS	73080	CPT	both			283	119.52	Multiplan	Multiplan		226.4	80			32.34		268.85 percent of total billed charges	
ELBOW R, 3 OR MORE VIEWS	73080	CPT	both			283	119.52	Qualcare	Qualcare		212.25	75			32.34		268.85 percent of total billed charges	
ELBOW R, 3 OR MORE VIEWS	73080	CPT	both			283	119.52	Three Rivers	Three Rivers		268.85	95			32.34		268.85 percent of total billed charges	
ELBOW R, 3 OR MORE VIEWS	73080	CPT	both			283	119.52	UHC	Medicare		103.93				32.34		268.85 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELBOW R, 3 OR MORE VIEWS	73080	CPT	both			283	119.52	UHC	Medicaid		89.29	31.55			32.34		268.85 percent of total billed charges	
ELBOW R, 3 OR MORE VIEWS	73080	CPT	both			283	119.52	Wellcare	Medicare		103.93				32.34		268.85 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELBOW R, 3 OR MORE VIEWS	73080	CPT	both			283	119.52	Wellcare	Medicaid		89.29	31.55			32.34		268.85 percent of total billed charges	
ELBOW R, 3 OR MORE VIEWS	73080	CPT	both			283	119.52	WellPoint	WellPoint		91.07	32.18			32.34		268.85 percent of total billed charges	
ELBOW ARTHRO S&I RT	73085	CPT	outpatient			1473	505.8	Aetna	Medicare		439.83				35.57		1399.35 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELBOW ARTHRO S&I RT	73085	CPT	outpatient			1473	505.8	Aetna	Better Health		464.73	31.55			35.57		1399.35 percent of total billed charges	
ELBOW ARTHRO S&I RT	73085	CPT	outpatient			1473	505.8	Aetna	Commercial		700.21				35.57		1399.35 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELBOW ARTHRO S&I RT	73085	CPT	outpatient			1473	505.8	Americare	Americare		1104.75	75			35.57		1399.35 percent of total billed charges	
ELBOW ARTHRO S&I RT	73085	CPT	outpatient			1473	505.8	Amerihealth	HMO/PPO		957.45	65			35.57		1399.35 percent of total billed charges	
ELBOW ARTHRO S&I RT	73085	CPT	outpatient			1473	505.8	Amerihealth	Medicare		439.83				35.57		1399.35 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELBOW ARTHRO S&I RT	73085	CPT	outpatient			1473	505.8	Consumer	Consumer		1399.35	95			35.57		1399.35 percent of total billed charges	
ELBOW ARTHRO S&I RT	73085	CPT	outpatient			1473	505.8	Corrections	Corrections		1178.4	80			35.57		1399.35 percent of total billed charges	
ELBOW ARTHRO S&I RT	73085	CPT	outpatient			1473	505.8	First Health	First Health		1031.1	70			35.57		1399.35 percent of total billed charges	
ELBOW ARTHRO S&I RT	73085	CPT	outpatient			1473	505.8	First Trenton	First Trenton		1325.7	90			35.57		1399.35 percent of total billed charges	
ELBOW ARTHRO S&I RT	73085	CPT	outpatient			1473	505.8	Horizon	MGD		818.52				35.57		1399.35 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELBOW ARTHRO S&I RT	73085	CPT	outpatient			1473	505.8	Horizon	Indemnity		818.52				35.57		1399.35 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELBOW ARTHRO S&I RT	73085	CPT	outpatient			1473	505.8	Horizon	PPO		818.52				35.57		1399.35 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELBOW ARTHRO S&I RT	73085	CPT	outpatient			1473	505.8	Horizon	NJ Health		35.57				35.57		1399.35 fee schedule	
ELBOW ARTHRO S&I RT	73085	CPT	outpatient			1473	505.8	Horizon	Medicare Blue		439.83				35.57		1399.35 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELBOW ARTHRO S&I RT	73085	CPT	outpatient			1473	505.8	Managed Care Inc	Managed Care Inc		1325.7	90			35.57		1399.35 percent of total billed charges	
ELBOW ARTHRO S&I RT	73085	CPT	outpatient			1473	505.8	Multiplan	Multiplan		1178.4	80			35.57		1399.35 percent of total billed charges	
ELBOW ARTHRO S&I RT	73085	CPT	outpatient			1473	505.8	Qualcare	Qualcare		1104.75	75			35.57		1399.35 percent of total billed charges	
ELBOW ARTHRO S&I RT	73085	CPT	outpatient			1473	505.8	Three Rivers	Three Rivers		1399.35	95			35.57		1399.35 percent of total billed charges	
ELBOW ARTHRO S&I RT	73085	CPT	outpatient			1473	505.8	UHC	Medicaid		464.73	31.55			35.57		1399.35 percent of total billed charges	
ELBOW ARTHRO S&I RT	73085	CPT	outpatient			1473	505.8	UHC	Medicare		439.83				35.57		1399.35 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELBOW ARTHRO S&I RT	73085	CPT	outpatient			1473	505.8	Wellcare	Medicare		439.83				35.57		1399.35 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELBOW ARTHRO S&I RT	73085	CPT	outpatient			1473	505.8	Wellcare	Medicaid		464.73	31.55			35.57		1399.35 percent of total billed charges	
ELBOW ARTHRO S&I RT	73085	CPT	outpatient			1473	505.8	WellPoint	WellPoint		474.01	32.18			35.57		1399.35 percent of total billed charges	
X-RAY FOREARM LEFT	73090	CPT	both			899	119.52	Aetna	Better Health		283.63	31.55			27.44		854.05 percent of total billed charges	
X-RAY FOREARM LEFT	73090	CPT	both			899	119.52	Aetna	Medicare		276.89	30.8			27.44		854.05 percent of total billed charges	
X-RAY FOREARM LEFT	73090	CPT	both			899	119.52	Aetna	Commercial		165.46				27.44		854.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
X-RAY FOREARM LEFT	73090	CPT	both			899	119.52	Americare	Americare		674.25	75			27.44		854.05 percent of total billed charges	
X-RAY FOREARM LEFT	73090	CPT	both			899	119.52	Amerihealth	HMO/PPO		584.35	65			27.44		854.05 percent of total billed charges	
X-RAY FOREARM LEFT	73090	CPT	both			899	119.52	Amerihealth	Medicare		103.93				27.44		854.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
X-RAY FOREARM LEFT	73090	CPT	both			899	119.52	Consumer	Consumer		854.05	95			27.44		854.05 percent of total billed charges	
X-RAY FOREARM LEFT	73090	CPT	both			899	119.52	Corrections	Corrections		719.2	80			27.44		854.05 percent of total billed charges	
X-RAY FOREARM LEFT	73090	CPT	both			899	119.52	First Health	First Health		629.3	70			27.44		854.05 percent of total billed charges	
X-RAY FOREARM LEFT	73090	CPT	both			899	119.52	First Trenton	First Trenton		809.1	90			27.44		854.05 percent of total billed charges	
X-RAY FOREARM LEFT	73090	CPT	both			899	119.52	Horizon	Medicare Blue		103.93				27.44		854.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
X-RAY FOREARM LEFT	73090	CPT	both			899	119.52	Horizon	MGD		193.41				27.44		854.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
X-RAY FOREARM LEFT	73090	CPT	both			899	119.52	Horizon	Indemnity		193.41				27.44		854.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
X-RAY FOREARM LEFT	73090	CPT	both			899	119.52	Horizon	NJ Health		27.44				27.44		854.05 fee schedule	
X-RAY FOREARM LEFT	73090	CPT	both			899	119.52	Horizon	PPO		193.41				27.44		854.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
X-RAY FOREARM LEFT	73090	CPT	both			899	119.52	Managed Care Inc	Managed Care Inc		809.1	90			27.44		854.05 percent of total billed charges	
X-RAY FOREARM LEFT	73090	CPT	both			899	119.52	Multiplan	Multiplan		719.2	80			27.44		854.05 percent of total billed charges	
X-RAY FOREARM LEFT	73090	CPT	both			899	119.52	Qualcare	Qualcare		674.25	75			27.44		854.05 percent of total billed charges	
X-RAY FOREARM LEFT	73090	CPT	both			899	119.52	Three Rivers	Three Rivers		854.05	95			27.44		854.05 percent of total billed charges	
X-RAY FOREARM LEFT	73090	CPT	both			899	119.52	UHC	Medicare		103.93				27.44		854.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
X-RAY FOREARM LEFT	73090	CPT	both			899	119.52	UHC	Medicaid		283.63	31.55			27.44		854.05 percent of total billed charges	
X-RAY FOREARM LEFT	73090	CPT	both			899	119.52	Wellcare	Medicare		103.93				27.44		854.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
X-RAY FOREARM LEFT	73090	CPT	both			899	119.52	Wellcare	Medicaid		283.63	31.55			27.44		854.05 percent of total billed charges	
X-RAY FOREARM LEFT	73090	CPT	both			899	119.52	WellPoint	WellPoint		289.3	32.18			27.44		854.05 percent of total billed charges	
UPPER EXT, INFANT, 2 VIEWS	73092	CPT	outpatient			627	144.6	Aetna	Better Health		197.82	31.55			39.2		595.65 percent of total billed charges	
UPPER EXT, INFANT, 2 VIEWS	73092	CPT	outpatient			627	144.6	Aetna	Commercial		200.18				39.2		595.65 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UPPER EXT, INFANT, 2 VIEWS	73092	CPT	outpatient			627	144.6	Aetna	Medicare		125.74				39.2		595.65 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UPPER EXT, INFANT, 2 VIEWS	73092	CPT	outpatient			627	144.6	Americare	Americare		470.25	75			39.2		595.65 percent of total billed charges	
UPPER EXT, INFANT, 2 VIEWS	73092	CPT	outpatient			627	144.6	Amerihealth	HMO/PPO		407.55	65			39.2		595.65 percent of total billed charges	
UPPER EXT, INFANT, 2 VIEWS	73092	CPT	outpatient			627	144.6	Amerihealth	Medicare		125.74				39.2		595.65 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UPPER EXT, INFANT, 2 VIEWS	73092	CPT	outpatient			627	144.6	Consumer	Consumer		595.65	95			39.2		595.65 percent of total billed charges	
UPPER EXT, INFANT, 2 VIEWS	73092	CPT	outpatient			627	144.6	Corrections	Corrections		501.6	80			39.2		595.65 percent of total billed charges	
UPPER EXT, INFANT, 2 VIEWS	73092	CPT	outpatient			627	144.6	First Health	First Health		438.9	70			39.2		595.65 percent of total billed charges	
UPPER EXT, INFANT, 2 VIEWS	73092	CPT	outpatient			627	144.6	First Trenton	First Trenton		564.3	90			39.2		595.65 percent of total billed charges	
UPPER EXT, INFANT, 2 VIEWS	73092	CPT	outpatient			627	144.6	Horizon	Medicare Blue		125.74				39.2		595.65 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UPPER EXT, INFANT, 2 VIEWS	73092	CPT	outpatient			627	144.6	Horizon	Indemnity		234				39.2		595.65 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UPPER EXT, INFANT, 2 VIEWS	73092	CPT	outpatient			627	144.6	Horizon	NJ Health		39.2				39.2		595.65 fee schedule	
UPPER EXT, INFANT, 2 VIEWS	73092	CPT	outpatient			627	144.6	Horizon	PPO		234				39.2		595.65 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UPPER EXT, INFANT, 2 VIEWS	73092	CPT	outpatient			627	144.6	Horizon	MGD		234				39.2		595.65 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UPPER EXT, INFANT, 2 VIEWS	73092	CPT	outpatient			627	144.6	Managed Care Inc	Managed Care Inc		564.3	90			39.2		595.65 percent of total billed charges	
UPPER EXT, INFANT, 2 VIEWS	73092	CPT	outpatient			627	144.6	Multiplan	Multiplan		501.6	80			39.2		595.65 percent of total billed charges	
UPPER EXT, INFANT, 2 VIEWS	73092	CPT	outpatient			627	144.6	Qualcare	Qualcare		470.25	75			39.2		595.65 percent of total billed charges	
UPPER EXT, INFANT, 2 VIEWS	73092	CPT	outpatient			627	144.6	Three Rivers	Three Rivers		595.65	95			39.2		595.65 percent of total billed charges	
UPPER EXT, INFANT, 2 VIEWS	73092	CPT	outpatient			627	144.6	UHC	Medicare		125.74				39.2		595.65 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UPPER EXT, INFANT, 2 VIEWS	73092	CPT	outpatient			627	144.6	UHC	Medicaid		197.82	31.55			39.2		595.65 percent of total billed charges	
UPPER EXT, INFANT, 2 VIEWS	73092	CPT	outpatient			627	144.6	Wellcare	Medicare		125.74				39.2		595.65 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UPPER EXT, INFANT, 2 VIEWS	73092	CPT	outpatient			627	144.6	Wellcare	Medicaid		197.82	31.55			39.2		595.65 percent of total billed charges	
UPPER EXT, INFANT, 2 VIEWS	73092	CPT	outpatient			627	144.6	WellPoint	WellPoint		201.77	32.18			39.2		595.65 percent of total billed charges	
WRIST TWO VIEWS RT	73100	CPT	both			729	119.52	Aetna	Commercial		165.46				27.07		692.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WRIST TWO VIEWS RT	73100	CPT	both			729	119.52	Aetna	Better Health		230	31.55			27.07		692.55 percent of total billed charges	
WRIST TWO VIEWS RT	73100	CPT	both			729	119.52	Aetna	Medicare		103.93				27.07		692.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WRIST TWO VIEWS RT	73100	CPT	both			729	119.52	Americare	Americare		546.75	75			27.07		692.55 percent of total billed charges	
WRIST TWO VIEWS RT	73100	CPT	both			729	119.52	Amerihealth	HMO/PPO		473.85	65			27.07		692.55 percent of total billed charges	
WRIST TWO VIEWS RT	73100	CPT	both			729	119.52	Amerihealth	Medicare		103.93				27.07		692.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WRIST TWO VIEWS RT	73100	CPT	both			729	119.52	Consumer	Consumer		692.55	95			27.07		692.55 percent of total billed charges	
WRIST TWO VIEWS RT	73100	CPT	both			729	119.52	Corrections	Corrections		583.2	80			27.07		692.55 percent of total billed charges	
WRIST TWO VIEWS RT	73100	CPT	both			729	119.52	First Health	First Health		510.3	70			27.07		692.55 percent of total billed charges	
WRIST TWO VIEWS RT	73100	CPT	both			729	119.52	First Trenton	First Trenton		656.1	90			27.07		692.55 percent of total billed charges	
WRIST TWO VIEWS RT	73100	CPT	both			729	119.52	Horizon	MGD		193.41				27.07		692.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WRIST TWO VIEWS RT	73100	CPT	both			729	119.52	Horizon	Medicare Blue		103.93				27.07		692.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WRIST TWO VIEWS RT	73100	CPT	both			729	119.52	Horizon	Indemnity		193.41				27.07		692.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WRIST TWO VIEWS RT	73100	CPT	both			729	119.52	Horizon	NJ Health		27.07				27.07		692.55 fee schedule	
WRIST TWO VIEWS RT	73100	CPT	both			729	119.52	Horizon	PPO		193.41				27.07		692.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WRIST TWO VIEWS RT	73100	CPT	both			729	119.52	Managed Care Inc	Managed Care Inc		656.1	90			27.07		692.55 percent of total billed charges	
WRIST TWO VIEWS RT	73100	CPT	both			729	119.52	Multiplan	Multiplan		583.2	80			27.07		692.55 percent of total billed charges	
WRIST TWO VIEWS RT	73100	CPT	both			729	119.52	Qualcare	Qualcare		546.75	75			27.07		692.55 percent of total billed charges	
WRIST TWO VIEWS RT	73100	CPT	both			729	119.52	Three Rivers	Three Rivers		692.55	95			27.07		692.55 percent of total billed charges	
WRIST TWO VIEWS RT	73100	CPT	both			729	119.52	UHC	Medicaid		230	31.55			27.07		692.55 percent of total billed charges	
WRIST TWO VIEWS RT	73100	CPT	both			729	119.52	UHC	Medicare		103.93				27.07		692.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WRIST TWO VIEWS RT	73100	CPT	both			729	119.52	Wellcare	Medicaid		230	31.55			27.07		692.55 percent of total billed charges	
WRIST TWO VIEWS RT	73100	CPT	both			729	119.52	Wellcare	Medicare		103.93				27.07		692.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WRIST TWO VIEWS RT	73100	CPT	both			729	119.52	WellPoint	WellPoint		234.59	32.18			27.07		692.55 percent of total billed charges	
WRIST ULNAR DEVIATION RIGHT	73110	CPT	both			529	119.52	Aetna	Better Health		166.9	31.55			32.34		502.55 percent of total billed charges	
WRIST ULNAR DEVIATION RIGHT	73110	CPT	both			529	119.52	Aetna	Medicare		103.93				32.34		502.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WRIST ULNAR DEVIATION RIGHT	73110	CPT	both			529	119.52	Aetna	Commercial		165.46				32.34		502.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WRIST ULNAR DEVIATION RIGHT	73110	CPT	both			529	119.52	Americare	Americare		396.75	75			32.34		502.55 percent of total billed charges	
WRIST ULNAR DEVIATION RIGHT	73110	CPT	both			529	119.52	Amerihealth	Medicare		103.93				32.34		502.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WRIST ULNAR DEVIATION RIGHT	73110	CPT	both			529	119.52	Amerihealth	HMO/PPO		343.85	65			32.34		502.55 percent of total billed charges	
WRIST ULNAR DEVIATION RIGHT	73110	CPT	both			529	119.52	Consumer	Consumer		502.55	95			32.34		502.55 percent of total billed charges	
WRIST ULNAR DEVIATION RIGHT	73110	CPT	both			529	119.52	Corrections	Corrections		423.2	80			32.34		502.55 percent of total billed charges	
WRIST ULNAR DEVIATION RIGHT	73110	CPT	both			529	119.52	First Health	First Health		370.3	70			32.34		502.55 percent of total billed charges	
WRIST ULNAR DEVIATION RIGHT	73110	CPT	both			529	119.52	First Trenton	First Trenton		476.1	90			32.34		502.55 percent of total billed charges	
WRIST ULNAR DEVIATION RIGHT	73110	CPT	both			529	119.52	Horizon	MGD		193.41				32.34		502.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WRIST ULNAR DEVIATION RIGHT	73110	CPT	both			529	119.52	Horizon	Medicare Blue		103.93				32.34		502.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WRIST ULNAR DEVIATION RIGHT	73110	CPT	both			529	119.52	Horizon	Indemnity		193.41				32.34		502.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WRIST ULNAR DEVIATION RIGHT	73110	CPT	both			529	119.52	Horizon	NJ Health		32.34				32.34		502.55 fee schedule	
WRIST ULNAR DEVIATION RIGHT	73110	CPT	both			529	119.52	Horizon	PPO		193.41				32.34		502.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WRIST ULNAR DEVIATION RIGHT	73110	CPT	both			529	119.52	Managed Care Inc	Managed Care Inc		476.1	90			32.34		502.55 percent of total billed charges	
WRIST ULNAR DEVIATION RIGHT	73110	CPT	both			529	119.52	Multiplan	Multiplan		423.2	80			32.34		502.55 percent of total billed charges	
WRIST ULNAR DEVIATION RIGHT	73110	CPT	both			529	119.52	Qualcare	Qualcare		396.75	75			32.34		502.55 percent of total billed charges	
WRIST ULNAR DEVIATION RIGHT	73110	CPT	both			529	119.52	Three Rivers	Three Rivers		502.55	95			32.34		502.55 percent of total billed charges	
WRIST ULNAR DEVIATION RIGHT	73110	CPT	both			529	119.52	UHC	Medicare		103.93				32.34		502.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WRIST ULNAR DEVIATION RIGHT	73110	CPT	both			529	119.52	UHC	Medicaid		166.9	31.55			32.34		502.55 percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.															
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true														
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
WRIST ULNAR DEVIATION RIGHT	73110	CPT	both			529	119.52	Medicaid	Medicaid		166.9	31.55			32.34	502.55	percent of total billed charges	
WRIST ULNAR DEVIATION RIGHT	73110	CPT	both			529	119.52	Wellcare	Medicare		103.93				32.34	502.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WRIST ULNAR DEVIATION RIGHT	73110	CPT	both			529	119.52	WellPoint	WellPoint		170.23	32.18			32.34	502.55	percent of total billed charges	
WRIST ARTHRO S&I RT	73115	CPT	outpatient			1810	505.8	Aetna	Better Health		571.06	31.55			41.16	1719.5	percent of total billed charges	
WRIST ARTHRO S&I RT	73115	CPT	outpatient			1810	505.8	Aetna	Medicare		439.83				41.16	1719.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WRIST ARTHRO S&I RT	73115	CPT	outpatient			1810	505.8	Aetna	Commercial		700.21				41.16	1719.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WRIST ARTHRO S&I RT	73115	CPT	outpatient			1810	505.8	Americare	Americare		1357.5	75			41.16	1719.5	percent of total billed charges	
WRIST ARTHRO S&I RT	73115	CPT	outpatient			1810	505.8	Amerihealth	HMO/PPO		1176.5	65			41.16	1719.5	percent of total billed charges	
WRIST ARTHRO S&I RT	73115	CPT	outpatient			1810	505.8	Amerihealth	Medicare		439.83				41.16	1719.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WRIST ARTHRO S&I RT	73115	CPT	outpatient			1810	505.8	Consumer	Consumer		1719.5	95			41.16	1719.5	percent of total billed charges	
WRIST ARTHRO S&I RT	73115	CPT	outpatient			1810	505.8	Corrections	Corrections		1448	80			41.16	1719.5	percent of total billed charges	
WRIST ARTHRO S&I RT	73115	CPT	outpatient			1810	505.8	First Health	First Health		1267	70			41.16	1719.5	percent of total billed charges	
WRIST ARTHRO S&I RT	73115	CPT	outpatient			1810	505.8	First Trenton	First Trenton		1629	90			41.16	1719.5	percent of total billed charges	
WRIST ARTHRO S&I RT	73115	CPT	outpatient			1810	505.8	Horizon	Medicare Blue		439.83				41.16	1719.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WRIST ARTHRO S&I RT	73115	CPT	outpatient			1810	505.8	Horizon	MGD		818.52				41.16	1719.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WRIST ARTHRO S&I RT	73115	CPT	outpatient			1810	505.8	Horizon	Indemnity		818.52				41.16	1719.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WRIST ARTHRO S&I RT	73115	CPT	outpatient			1810	505.8	Horizon	NJ Health		41.16				41.16	1719.5	fee schedule	
WRIST ARTHRO S&I RT	73115	CPT	outpatient			1810	505.8	Horizon	PPO		818.52				41.16	1719.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WRIST ARTHRO S&I RT	73115	CPT	outpatient			1810	505.8	Managed Care Inc	Managed Care Inc		1629	90			41.16	1719.5	percent of total billed charges	
WRIST ARTHRO S&I RT	73115	CPT	outpatient			1810	505.8	Multiplan	Multiplan		1448	80			41.16	1719.5	percent of total billed charges	
WRIST ARTHRO S&I RT	73115	CPT	outpatient			1810	505.8	Qualcare	Qualcare		1357.5	75			41.16	1719.5	percent of total billed charges	
WRIST ARTHRO S&I RT	73115	CPT	outpatient			1810	505.8	Three Rivers	Three Rivers		1719.5	95			41.16	1719.5	percent of total billed charges	
WRIST ARTHRO S&I RT	73115	CPT	outpatient			1810	505.8	UHC	Medicaid		571.06	31.55			41.16	1719.5	percent of total billed charges	
WRIST ARTHRO S&I RT	73115	CPT	outpatient			1810	505.8	UHC	Medicare		439.83				41.16	1719.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WRIST ARTHRO S&I RT	73115	CPT	outpatient			1810	505.8	Wellcare	Medicaid		571.06	31.55			41.16	1719.5	percent of total billed charges	
WRIST ARTHRO S&I RT	73115	CPT	outpatient			1810	505.8	Wellcare	Medicare		439.83				41.16	1719.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WRIST ARTHRO S&I RT	73115	CPT	outpatient			1810	505.8	WellPoint	WellPoint		582.46	32.18			41.16	1719.5	percent of total billed charges	
X-RAY HAND RIGHT	73120	CPT	both			514	144.6	Aetna	Better Health		162.17	31.55			21.56	488.3	percent of total billed charges	
X-RAY HAND RIGHT	73120	CPT	both			514	144.6	Aetna	Medicare		125.74				21.56	488.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
X-RAY HAND RIGHT	73120	CPT	both			514	144.6	Aetna	Commercial		200.18				21.56	488.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
X-RAY HAND RIGHT	73120	CPT	both			514	144.6	Americare	Americare		385.5	75			21.56	488.3	percent of total billed charges	
X-RAY HAND RIGHT	73120	CPT	both			514	144.6	Amerihealth	Medicare		125.74				21.56	488.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
X-RAY HAND RIGHT	73120	CPT	both			514	144.6	Amerihealth	HMO/PPO		334.1	65			21.56	488.3	percent of total billed charges	
X-RAY HAND RIGHT	73120	CPT	both			514	144.6	Consumer	Consumer		488.3	95			21.56	488.3	percent of total billed charges	
X-RAY HAND RIGHT	73120	CPT	both			514	144.6	Corrections	Corrections		411.2	80			21.56	488.3	percent of total billed charges	
X-RAY HAND RIGHT	73120	CPT	both			514	144.6	First Health	First Health		359.8	70			21.56	488.3	percent of total billed charges	
X-RAY HAND RIGHT	73120	CPT	both			514	144.6	First Trenton	First Trenton		462.6	90			21.56	488.3	percent of total billed charges	
X-RAY HAND RIGHT	73120	CPT	both			514	144.6	Horizon	MGD		234				21.56	488.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
X-RAY HAND RIGHT	73120	CPT	both			514	144.6	Horizon	Medicare Blue		125.74				21.56	488.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
X-RAY HAND RIGHT	73120	CPT	both			514	144.6	Horizon	Indemnity		234				21.56	488.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
X-RAY HAND RIGHT	73120	CPT	both			514	144.6	Horizon	NJ Health		21.56				21.56	488.3	fee schedule	
X-RAY HAND RIGHT	73120	CPT	both			514	144.6	Horizon	PPO		234				21.56	488.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
X-RAY HAND RIGHT	73120	CPT	both			514	144.6	Managed Care Inc	Managed Care Inc		462.6	90			21.56	488.3	percent of total billed charges	
X-RAY HAND RIGHT	73120	CPT	both			514	144.6	Multiplan	Multiplan		411.2	80			21.56	488.3	percent of total billed charges	
X-RAY HAND RIGHT	73120	CPT	both			514	144.6	Qualcare	Qualcare		385.5	75			21.56	488.3	percent of total billed charges	
X-RAY HAND RIGHT	73120	CPT	both			514	144.6	Three Rivers	Three Rivers		488.3	95			21.56	488.3	percent of total billed charges	
X-RAY HAND RIGHT	73120	CPT	both			514	144.6	UHC	Medicare		125.74				21.56	488.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
X-RAY HAND RIGHT	73120	CPT	both			514	144.6	UHC	Medicaid		162.17	31.55			21.56	488.3	percent of total billed charges	
X-RAY HAND RIGHT	73120	CPT	both			514	144.6	Wellcare	Medicaid		162.17	31.55			21.56	488.3	percent of total billed charges	
X-RAY HAND RIGHT	73120	CPT	both			514	144.6	Wellcare	Medicare		125.74				21.56	488.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
X-RAY HAND RIGHT	73120	CPT	both			514	144.6	WellPoint	WellPoint		165.41	32.18			21.56	488.3	percent of total billed charges	
XRAY HAND LEFT 3+VIEWS SURGICAL	73130	CPT	both			438	119.52	Aetna	Medicare		103.93				32.34	416.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY HAND LEFT 3+VIEWS SURGICAL	73130	CPT	both			438	119.52	Aetna	Better Health		138.19	31.55			32.34	416.1	percent of total billed charges	
XRAY HAND LEFT 3+VIEWS SURGICAL	73130	CPT	both			438	119.52	Aetna	Commercial		165.46				32.34	416.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY HAND LEFT 3+VIEWS SURGICAL	73130	CPT	both			438	119.52	Americare	Americare		328.5	75			32.34	416.1	percent of total billed charges	
XRAY HAND LEFT 3+VIEWS SURGICAL	73130	CPT	both			438	119.52	Amerihealth	HMO/PPO		284.7	65			32.34	416.1	percent of total billed charges	
XRAY HAND LEFT 3+VIEWS SURGICAL	73130	CPT	both			438	119.52	Amerihealth	Medicare		103.93				32.34	416.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY HAND LEFT 3+VIEWS SURGICAL	73130	CPT	both			438	119.52	Consumer	Consumer		416.1	95			32.34	416.1	percent of total billed charges	
XRAY HAND LEFT 3+VIEWS SURGICAL	73130	CPT	both			438	119.52	Corrections	Corrections		350.4	80			32.34	416.1	percent of total billed charges	
XRAY HAND LEFT 3+VIEWS SURGICAL	73130	CPT	both			438	119.52	First Health	First Health		306.6	70			32.34	416.1	percent of total billed charges	
XRAY HAND LEFT 3+VIEWS SURGICAL	73130	CPT	both			438	119.52	First Trenton	First Trenton		394.2	90			32.34	416.1	percent of total billed charges	
XRAY HAND LEFT 3+VIEWS SURGICAL	73130	CPT	both			438	119.52	Horizon	Indemnity		193.41				32.34	416.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY HAND LEFT 3+VIEWS SURGICAL	73130	CPT	both			438	119.52	Horizon	PPO		193.41				32.34	416.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY HAND LEFT 3+VIEWS SURGICAL	73130	CPT	both			438	119.52	Horizon	MGD		193.41				32.34	416.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY HAND LEFT 3+VIEWS SURGICAL	73130	CPT	both			438	119.52	Horizon	Medicare Blue		103.93				32.34	416.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY HAND LEFT 3+VIEWS SURGICAL	73130	CPT	both			438	119.52	Horizon	NJ Health		32.34				32.34	416.1	fee schedule	
XRAY HAND LEFT 3+VIEWS SURGICAL	73130	CPT	both			438	119.52	Managed Care Inc	Managed Care Inc		394.2	90			32.34	416.1	percent of total billed charges	
XRAY HAND LEFT 3+VIEWS SURGICAL	73130	CPT	both			438	119.52	Multiplan	Multiplan		350.4	80			32.34	416.1	percent of total billed charges	
XRAY HAND LEFT 3+VIEWS SURGICAL	73130	CPT	both			438	119.52	Qualcare	Qualcare		328.5	75			32.34	416.1	percent of total billed charges	
XRAY HAND LEFT 3+VIEWS SURGICAL	73130	CPT	both			438	119.52	Three Rivers	Three Rivers		416.1	95			32.34	416.1	percent of total billed charges	
XRAY HAND LEFT 3+VIEWS SURGICAL	73130	CPT	both			438	119.52	UHC	Medicaid		138.19	31.55			32.34	416.1	percent of total billed charges	
XRAY HAND LEFT 3+VIEWS SURGICAL	73130	CPT	both			438	119.52	UHC	Medicare		103.93				32.34	416.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY HAND LEFT 3+VIEWS SURGICAL	73130	CPT	both			438	119.52	Wellcare	Medicaid		138.19	31.55			32.34	416.1	percent of total billed charges	
XRAY HAND LEFT 3+VIEWS SURGICAL	73130	CPT	both			438	119.52	Wellcare	Medicare		103.93				32.34	416.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY HAND LEFT 3+VIEWS SURGICAL	73130	CPT	both			438	119.52	WellPoint	WellPoint		140.95	32.18			32.34	416.1	percent of total billed charges	
FINGERS RIGHT, SURGICAL	73140	CPT	both			345	119.52	Aetna	Commercial		165.46				13.72	327.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FINGERS RIGHT, SURGICAL	73140	CPT	both			345	119.52	Aetna	Better Health		108.85	31.55			13.72	327.75	percent of total billed charges	
FINGERS RIGHT, SURGICAL	73140	CPT	both			345	119.52	Aetna	Medicare		103.93				13.72	327.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FINGERS RIGHT, SURGICAL	73140	CPT	both			345	119.52	Americare	Americare		258.75	75			13.72	327.75	percent of total billed charges	
FINGERS RIGHT, SURGICAL	73140	CPT	both			345	119.52	Amerihealth	HMO/PPO		224.25	65			13.72	327.75	percent of total billed charges	
FINGERS RIGHT, SURGICAL	73140	CPT	both			345	119.52	Amerihealth	Medicare		103.93				13.72	327.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FINGERS RIGHT, SURGICAL	73140	CPT	both			345	119.52	Consumer	Consumer		327.75	95			13.72	327.75	percent of total billed charges	
FINGERS RIGHT, SURGICAL	73140	CPT	both			345	119.52	Corrections	Corrections		276	80			13.72	327.75	percent of total billed charges	
FINGERS RIGHT, SURGICAL	73140	CPT	both			345	119.52	First Health	First Health		241.5	70			13.72	327.75	percent of total billed charges	
FINGERS RIGHT, SURGICAL	73140	CPT	both			345	119.52	First Trenton	First Trenton		310.5	90			13.72	327.75	percent of total billed charges	
FINGERS RIGHT, SURGICAL	73140	CPT	both			345	119.52	Horizon	Indemnity		193.41				13.72	327.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FINGERS RIGHT, SURGICAL	73140	CPT	both			345	119.52	Horizon	Medicare Blue		103.93				13.72	327.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FINGERS RIGHT, SURGICAL	73140	CPT	both			345	119.52	Horizon	NJ Health		13.72				13.72	327.75	fee schedule	
FINGERS RIGHT, SURGICAL	73140	CPT	both			345	119.52	Horizon	MGD		193.41				13.72	327.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FINGERS RIGHT, SURGICAL	73140	CPT	both			345	119.52	Horizon	PPO		193.41				13.72	327.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FINGERS RIGHT, SURGICAL	73140	CPT	both			345	119.52	Managed Care Inc	Managed Care Inc		310.5	90			13.72	327.75	percent of total billed charges	
FINGERS RIGHT, SURGICAL	73140	CPT	both			345	119.52	Multiplan	Multiplan		276	80			13.72	327.75	percent of total billed charges	
FINGERS RIGHT, SURGICAL	73140	CPT	both			345	119.52	Qualcare	Qualcare		258.75	75			13.72	327.75	percent of total billed charges	
FINGERS RIGHT, SURGICAL	73140	CPT	both			345	119.52	Three Rivers	Three Rivers		327.75	95			13.72	327.75	percent of total billed charges	
FINGERS RIGHT, SURGICAL	73140	CPT	both			345	119.52	UHC	Medicare		103.93				13.72	327.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FINGERS RIGHT, SURGICAL	73140	CPT	both			345	119.52	UHC	Medicaid		108.85	31.55			13.72	327.75	percent of total billed charges	
FINGERS RIGHT, SURGICAL	73140	CPT	both			345	119.52	Wellcare	Medicare		103.93				13.72	327.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FINGERS RIGHT, SURGICAL	73140	CPT	both			345	119.52	Wellcare	Medicaid		108.85	31.55			13.72	327.75	percent of total billed charges	
FINGERS RIGHT, SURGICAL	73140	CPT	both			345	119.52	WellPoint	WellPoint		111.02	32.18			13.72	327.75	percent of total billed charges	
UPPER EXTREMITY W/O CONTRAST	73200	CPT	both			2056	144.6	Aetna	Better Health		648.67	31.55			125.74	1953.2	percent of total billed charges	
UPPER EXTREMITY W/O CONTRAST	73200	CPT	both			2056	144.6	Aetna	Commercial		200.18				125.74	1953.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UPPER EXTREMITY W/O CONTRAST	73200	CPT	both			2056	144.6	Aetna	Medicare		125.74				125.74	1953.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UPPER EXTREMITY W/O CONTRAST	73200	CPT	both			2056	144.6	Americare	Americare		1542	75			125.74	1953.2	percent of total billed charges	
UPPER EXTREMITY W/O CONTRAST	73200	CPT	both			2056	144.6	Amerihealth	HMO/PPO		1336.4	65			125.74	1953.2	percent of total billed charges	
UPPER EXTREMITY W/O CONTRAST	73200	CPT	both			2056	144.6	Amerihealth	Medicare		125.74				125.74	1953.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UPPER EXTREMITY W/O CONTRAST	73200	CPT	both			2056	144.6	Consumer	Consumer		1953.2	95			125.74	1953.2	percent of total billed charges	
UPPER EXTREMITY W/O CONTRAST	73200	CPT	both			2056	144.6	Corrections	Corrections		1644.8	80			125.74	1953.2	percent of total billed charges	
UPPER EXTREMITY W/O CONTRAST	73200	CPT	both			2056	144.6	First Health	First Health		1439.2	70			125.74	1953.2	percent of total billed charges	
UPPER EXTREMITY W/O CONTRAST	73200	CPT	both			2056	144.6	First Trenton	First Trenton		1850.4	90			125.74	1953.2	percent of total billed charges	
UPPER EXTREMITY W/O CONTRAST	73200	CPT	both			2056	144.6	Horizon	PPO		234				125.74	1953.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UPPER EXTREMITY W/O CONTRAST	73200	CPT	both			2056	144.6	Horizon	MGD		234				125.74	1953.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UPPER EXTREMITY W/O CONTRAST	73200	CPT	both			2056	144.6	Horizon	Indemnity		234				125.74	1953.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UPPER EXTREMITY W/O CONTRAST	73200	CPT	both			2056	144.6	Horizon	NJ Health		245				125.74	1953.2	fee schedule	
UPPER EXTREMITY W/O CONTRAST	73200	CPT	both			2056	144.6	Horizon	Medicare Blue		125.74				125.74	1953.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UPPER EXTREMITY W/O CONTRAST	73200	CPT	both			2056	144.6	Managed Care Inc	Managed Care Inc		1850.4	90			125.74	1953.2	percent of total billed charges	
UPPER EXTREMITY W/O CONTRAST	73200	CPT	both			2056	144.6	Multiplan	Multiplan		1644.8	80			125.74	1953.2	percent of total billed charges	
UPPER EXTREMITY W/O CONTRAST	73200	CPT	both			2056	144.6	Qualcare	Qualcare		1542	75			125.74	1953.2	percent of total billed charges	
UPPER EXTREMITY W/O CONTRAST	73200	CPT	both			2056	144.6	Three Rivers	Three Rivers		1953.2	95			125.74	1953.2	percent of total billed charges	
UPPER EXTREMITY W/O CONTRAST	73200	CPT	both			2056	144.6	UHC	Medicaid		648.67	31.55			125.74	1953.2	percent of total billed charges	
UPPER EXTREMITY W/O CONTRAST	73200	CPT	both			2056	144.6	UHC	Medicare		125.74				125.74	1953.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UPPER EXTREMITY W/O CONTRAST	73200	CPT	both			2056	144.6	Wellcare	Medicare		125.74				125.74	1953.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UPPER EXTREMITY W/O CONTRAST	73200	CPT	both			2056	144.6	Wellcare	Medicaid		648.67	31.55			125.74	1953.2	percent of total billed charges	
UPPER EXTREMITY W/O CONTRAST	73200	CPT	both			2056	144.6	WellPoint	WellPoint		661.62	32.18			125.74	1953.2	percent of total billed charges	
UPPER EXTREMITY W/ CONTRAST	73201	CPT	both			3124	505.8	Aetna	Medicare		439.83				286.1	2967.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UPPER EXTREMITY W/ CONTRAST	73201	CPT	both			3124	505.8	Aetna	Commercial		700.21				286.1	2967.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UPPER EXTREMITY W/ CONTRAST	73201	CPT	both			3124	505.8	Aetna	Better Health		985.62	31.55			286.1	2967.8	percent of total billed charges	
UPPER EXTREMITY W/ CONTRAST	73201	CPT	both			3124	505.8	Americare	Americare		2343	75			286.1	2967.8	percent of total billed charges	
UPPER EXTREMITY W/ CONTRAST	73201	CPT	both			3124	505.8	Amerihealth	Medicare		439.83				286.1	2967.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UPPER EXTREMITY W/ CONTRAST	73201	CPT	both			3124	505.8	Amerihealth	HMO/PPO		2030.6	65			286.1	2967.8	percent of total billed charges	
UPPER EXTREMITY W/ CONTRAST	73201	CPT	both			3124	505.8	Consumer	Consumer		2967.8	95			286.1	2967.8	percent of total billed charges	
UPPER EXTREMITY W/ CONTRAST	73201	CPT	both			3124	505.8	Corrections	Corrections		2499.2	80			286.1	2967.8	percent of total billed charges	
UPPER EXTREMITY W/ CONTRAST	73201	CPT	both			3124	505.8	First Health	First Health		2186.8	70			286.1	2967.8	percent of total billed charges	
UPPER EXTREMITY W/ CONTRAST	73201	CPT	both			3124	505.8	First Trenton	First Trenton		2811.6	90			286.1	2967.8	percent of total billed charges	
UPPER EXTREMITY W/ CONTRAST	73201	CPT	both			3124	505.8	Horizon	Indemnity		818.52				286.1	2967.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UPPER EXTREMITY W/ CONTRAST	73201	CPT	both			3124	505.8	Horizon	MGD		818.52				286.1	2967.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UPPER EXTREMITY W/ CONTRAST	73201	CPT	both			3124	505.8	Horizon	NJ Health		286.1				286.1	2967.8	fee schedule	
UPPER EXTREMITY W/ CONTRAST	73201	CPT	both			3124	505.8	Horizon	Medicare Blue		439.83				286.1	2967.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UPPER EXTREMITY W/ CONTRAST	73201	CPT	both			3124	505.8	Horizon	PPO		818.52				286.1	2967.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UPPER EXTREMITY W/ CONTRAST	73201	CPT	both			3124	505.8	Managed Care Inc	Managed Care Inc		2811.6	90			286.1	2967.8	percent of total billed charges	
UPPER EXTREMITY W/ CONTRAST	73201	CPT	both			3124	505.8	Multiplan	Multiplan		2499.2	80			286.1	2967.8	percent of total billed charges	
UPPER EXTREMITY W/ CONTRAST	73201	CPT	both			3124	505.8	Qualcare	Qualcare		2343	75			286.1	2967.8	percent of total billed charges	
UPPER EXTREMITY W/ CONTRAST	73201	CPT	both			3124	505.8	Three Rivers	Three Rivers		2967.8	95			286.1	2967.8	percent of total billed charges	
UPPER EXTREMITY W/ CONTRAST	73201	CPT	both			3124	505.8	UHC	Medicaid		985.62	31.55			286.1	2967.8	percent of total billed charges	
UPPER EXTREMITY W/ CONTRAST	73201	CPT	both			3124	505.8	UHC	Medicare		439.83				286.1	2967.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UPPER EXTREMITY W/ CONTRAST	73201	CPT	both			3124	505.8	Wellcare	Medicaid		985.62	31.55			286.1	2967.8	percent of total billed charges	
UPPER EXTREMITY W/ CONTRAST	73201	CPT	both			3124	505.8	Wellcare	Medicare		439.83				286.1	2967.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UPPER EXTREMITY W/ CONTRAST	73201	CPT	both			3124	505.8	WellPoint	WellPoint		1005.3	32.18			286.1	2967.8	percent of total billed charges	
CTUPPER EXT W & W/O CONTRAST-59	73202	CPT	both			3506	241.65	Aetna	Commercial		334.53				210.13	3330.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101191	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CTUPPER EXT W & W/O CONTRAST-59	73202	CPT	both			3506		241.65 Aetna	Better Health		1106.14	31.55			210.13		3330.7 percent of total billed charges	
CTUPPER EXT W & W/O CONTRAST-59	73202	CPT	both			3506		241.65 Aetna	Medicare		210.13				210.13		3330.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTUPPER EXT W & W/O CONTRAST-59	73202	CPT	both			3506		241.65 Americare	Americare		2629.5	75			210.13		3330.7 percent of total billed charges	
CTUPPER EXT W & W/O CONTRAST-59	73202	CPT	both			3506		241.65 Amerihealth	HMO/PPO		2278.9	65			210.13		3330.7 percent of total billed charges	
CTUPPER EXT W & W/O CONTRAST-59	73202	CPT	both			3506		241.65 Amerihealth	Medicare		210.13				210.13		3330.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTUPPER EXT W & W/O CONTRAST-59	73202	CPT	both			3506		241.65 Consumer	Consumer		3330.7	95			210.13		3330.7 percent of total billed charges	
CTUPPER EXT W & W/O CONTRAST-59	73202	CPT	both			3506		241.65 Corrections	Corrections		2804.8	80			210.13		3330.7 percent of total billed charges	
CTUPPER EXT W & W/O CONTRAST-59	73202	CPT	both			3506		241.65 First Health	First Health		2454.2	70			210.13		3330.7 percent of total billed charges	
CTUPPER EXT W & W/O CONTRAST-59	73202	CPT	both			3506		241.65 First Trenton	First Trenton		3155.4	90			210.13		3330.7 percent of total billed charges	
CTUPPER EXT W & W/O CONTRAST-59	73202	CPT	both			3506		241.65 Horizon	Indemnity		391.05				210.13		3330.7 other	
CTUPPER EXT W & W/O CONTRAST-59	73202	CPT	both			3506		241.65 Horizon	Medicare Blue		210.13				210.13		3330.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTUPPER EXT W & W/O CONTRAST-59	73202	CPT	both			3506		241.65 Horizon	PPO		391.05				210.13		3330.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTUPPER EXT W & W/O CONTRAST-59	73202	CPT	both			3506		241.65 Horizon	MGD		391.05				210.13		3330.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTUPPER EXT W & W/O CONTRAST-59	73202	CPT	both			3506		241.65 Horizon	NJ Health		245				210.13		3330.7 fee schedule	
CTUPPER EXT W & W/O CONTRAST-59	73202	CPT	both			3506		241.65 Managed Care Inc	Managed Care Inc		3155.4	90			210.13		3330.7 percent of total billed charges	
CTUPPER EXT W & W/O CONTRAST-59	73202	CPT	both			3506		241.65 Multiplan	Multiplan		2804.8	80			210.13		3330.7 percent of total billed charges	
CTUPPER EXT W & W/O CONTRAST-59	73202	CPT	both			3506		241.65 Qualcare	Qualcare		2629.5	75			210.13		3330.7 percent of total billed charges	
CTUPPER EXT W & W/O CONTRAST-59	73202	CPT	both			3506		241.65 Three Rivers	Three Rivers		3330.7	95			210.13		3330.7 percent of total billed charges	
CTUPPER EXT W & W/O CONTRAST-59	73202	CPT	both			3506		241.65 UHC	Medicare		210.13				210.13		3330.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTUPPER EXT W & W/O CONTRAST-59	73202	CPT	both			3506		241.65 UHC	Medicaid		1106.14	31.55			210.13		3330.7 percent of total billed charges	
CTUPPER EXT W & W/O CONTRAST-59	73202	CPT	both			3506		241.65 Wellcare	Medicare		210.13				210.13		3330.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTUPPER EXT W & W/O CONTRAST-59	73202	CPT	both			3506		241.65 Wellcare	Medicaid		1106.14	31.55			210.13		3330.7 percent of total billed charges	
CTUPPER EXT W & W/O CONTRAST-59	73202	CPT	both			3506		241.65 WellPoint	WellPoint		1126.23	32.18			210.13		3330.7 percent of total billed charges	
CT ANGIO/UP EXT W&W/O CONTR LT	73206	CPT	both			3582		241.65 Aetna	Medicare		210.13				210.13		3402.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ANGIO/UP EXT W&W/O CONTR LT	73206	CPT	both			3582		241.65 Aetna	Commercial		334.53				210.13		3402.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ANGIO/UP EXT W&W/O CONTR LT	73206	CPT	both			3582		241.65 Aetna	Better Health		1130.12	31.55			210.13		3402.9 percent of total billed charges	
CT ANGIO/UP EXT W&W/O CONTR LT	73206	CPT	both			3582		241.65 Americare	Americare		2686.5	75			210.13		3402.9 percent of total billed charges	
CT ANGIO/UP EXT W&W/O CONTR LT	73206	CPT	both			3582		241.65 Amerihealth	Medicare		210.13				210.13		3402.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ANGIO/UP EXT W&W/O CONTR LT	73206	CPT	both			3582		241.65 Amerihealth	HMO/PPO		2328.3	65			210.13		3402.9 percent of total billed charges	
CT ANGIO/UP EXT W&W/O CONTR LT	73206	CPT	both			3582		241.65 Consumer	Consumer		3402.9	95			210.13		3402.9 percent of total billed charges	
CT ANGIO/UP EXT W&W/O CONTR LT	73206	CPT	both			3582		241.65 Corrections	Corrections		2865.6	80			210.13		3402.9 percent of total billed charges	
CT ANGIO/UP EXT W&W/O CONTR LT	73206	CPT	both			3582		241.65 First Health	First Health		2507.4	70			210.13		3402.9 percent of total billed charges	
CT ANGIO/UP EXT W&W/O CONTR LT	73206	CPT	both			3582		241.65 First Trenton	First Trenton		3223.8	90			210.13		3402.9 percent of total billed charges	
CT ANGIO/UP EXT W&W/O CONTR LT	73206	CPT	both			3582		241.65 Horizon	Indemnity		391.05				210.13		3402.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ANGIO/UP EXT W&W/O CONTR LT	73206	CPT	both			3582		241.65 Horizon	MGD		391.05				210.13		3402.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ANGIO/UP EXT W&W/O CONTR LT	73206	CPT	both			3582		241.65 Horizon	PPO		391.05				210.13		3402.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ANGIO/UP EXT W&W/O CONTR LT	73206	CPT	both			3582		241.65 Horizon	Medicare Blue		210.13				210.13		3402.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ANGIO/UP EXT W&W/O CONTR LT	73206	CPT	both			3582		241.65 Horizon	NJ Health		366.52				210.13		3402.9 fee schedule	
CT ANGIO/UP EXT W&W/O CONTR LT	73206	CPT	both			3582		241.65 Managed Care Inc	Managed Care Inc		3223.8	90			210.13		3402.9 percent of total billed charges	
CT ANGIO/UP EXT W&W/O CONTR LT	73206	CPT	both			3582		241.65 Multiplan	Multiplan		2865.6	80			210.13		3402.9 percent of total billed charges	
CT ANGIO/UP EXT W&W/O CONTR LT	73206	CPT	both			3582		241.65 Qualcare	Qualcare		2686.5	75			210.13		3402.9 percent of total billed charges	
CT ANGIO/UP EXT W&W/O CONTR LT	73206	CPT	both			3582		241.65 Three Rivers	Three Rivers		3402.9	95			210.13		3402.9 percent of total billed charges	
CT ANGIO/UP EXT W&W/O CONTR LT	73206	CPT	both			3582		241.65 UHC	Medicare		210.13				210.13		3402.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ANGIO/UP EXT W&W/O CONTR LT	73206	CPT	both			3582		241.65 UHC	Medicaid		1130.12	31.55			210.13		3402.9 percent of total billed charges	
CT ANGIO/UP EXT W&W/O CONTR LT	73206	CPT	both			3582		241.65 Wellcare	Medicaid		1130.12	31.55			210.13		3402.9 percent of total billed charges	
CT ANGIO/UP EXT W&W/O CONTR LT	73206	CPT	both			3582		241.65 Wellcare	Medicare		210.13				210.13		3402.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ANGIO/UP EXT W&W/O CONTR LT	73206	CPT	both			3582		241.65 WellPoint	WellPoint		1152.69	32.18			210.13		3402.9 percent of total billed charges	
MRIANGIOG UPPEREXTREMTYWCONTRS	73218	CPT	both			4796		322.28 Aetna	Better Health		1513.14	31.55			280.24		4556.2 percent of total billed charges	
MRIANGIOG UPPEREXTREMTYWCONTRS	73218	CPT	both			4796		322.28 Aetna	Commercial		446.14				280.24		4556.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRIANGIOG UPPEREXTREMTYWCONTRS	73218	CPT	both			4796		322.28 Aetna	Medicare		280.24				280.24		4556.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRIANGIOG UPPEREXTREMTYWCONTRS	73218	CPT	both			4796		322.28 Americare	Americare		3597	75			280.24		4556.2 percent of total billed charges	
MRIANGIOG UPPEREXTREMTYWCONTRS	73218	CPT	both			4796		322.28 Amerihealth	HMO/PPO		3117.4	65			280.24		4556.2 percent of total billed charges	
MRIANGIOG UPPEREXTREMTYWCONTRS	73218	CPT	both			4796		322.28 Amerihealth	Medicare		280.24				280.24		4556.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRIANGIOG UPPEREXTREMTYWCONTRS	73218	CPT	both			4796		322.28 Consumer	Consumer		4556.2	95			280.24		4556.2 percent of total billed charges	
MRIANGIOG UPPEREXTREMTYWCONTRS	73218	CPT	both			4796		322.28 Corrections	Corrections		3836.8	80			280.24		4556.2 percent of total billed charges	
MRIANGIOG UPPEREXTREMTYWCONTRS	73218	CPT	both			4796		322.28 First Health	First Health		3357.2	70			280.24		4556.2 percent of total billed charges	
MRIANGIOG UPPEREXTREMTYWCONTRS	73218	CPT	both			4796		322.28 First Trenton	First Trenton		4316.4	90			280.24		4556.2 percent of total billed charges	
MRIANGIOG UPPEREXTREMTYWCONTRS	73218	CPT	both			4796		322.28 Horizon	PPO		521.53				280.24		4556.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRIANGIOG UPPEREXTREMTYWCONTRS	73218	CPT	both			4796		322.28 Horizon	MGD		521.53				280.24		4556.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRIANGIOG UPPEREXTREMTYWCONTRS	73218	CPT	both			4796		322.28 Horizon	Medicare Blue		280.24				280.24		4556.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRIANGIOG UPPEREXTREMTYWCONTRS	73218	CPT	both			4796		322.28 Horizon	NJ Health		593.88				280.24		4556.2 fee schedule	
MRIANGIOG UPPEREXTREMTYWCONTRS	73218	CPT	both			4796		322.28 Horizon	Indemnity		521.53				280.24		4556.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRIANGIOG UPPEREXTREMTYWCONTRS	73218	CPT	both			4796		322.28 Managed Care Inc	Managed Care Inc		4316.4	90			280.24		4556.2 percent of total billed charges	
MRIANGIOG UPPEREXTREMTYWCONTRS	73218	CPT	both			4796		322.28 Multiplan	Multiplan		3836.8	80			280.24		4556.2 percent of total billed charges	
MRIANGIOG UPPEREXTREMTYWCONTRS	73218	CPT	both			4796		322.28 Qualcare	Qualcare		3597	75			280.24		4556.2 percent of total billed charges	
MRIANGIOG UPPEREXTREMTYWCONTRS	73218	CPT	both			4796		322.28 Three Rivers	Three Rivers		4556.2	95			280.24		4556.2 percent of total billed charges	
MRIANGIOG UPPEREXTREMTYWCONTRS	73218	CPT	both			4796		322.28 UHC	Medicare		280.24				280.24		4556.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRIANGIOG UPPEREXTREMTYWCONTRS	73218	CPT	both			4796		322.28 UHC	Medicaid		1513.14	31.55			280.24		4556.2 percent of total billed charges	
MRIANGIOG UPPEREXTREMTYWCONTRS	73218	CPT	both			4796		322.28 Wellcare	Medicare		280.24				280.24		4556.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRIANGIOG UPPEREXTREMTYWCONTRS	73218	CPT	both			4796		322.28 Wellcare	Medicaid		1513.14	31.55			280.24		4556.2 percent of total billed charges	
MRIANGIOG UPPEREXTREMTYWCONTRS	73218	CPT	both			4796		322.28 WellPoint	WellPoint		1543.35	32.18			280.24		4556.2 percent of total billed charges	
MRI-UPPER EXTREMITY WITH CONTRAST	73219	CPT	inpatient			4458		505.8 Aetna	Commercial		700.21				439.83		4235.1 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-UPPER EXTREMITY WITH CONTRAST	73219	CPT	inpatient			4458		505.8 Aetna	Better Health		1406.5	31.55			439.83		4235.1 percent of total billed charges	
MRI-UPPER EXTREMITY WITH CONTRAST	73219	CPT	inpatient			4458		505.8 Aetna	Medicare		439.83				439.83		4235.1 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-UPPER EXTREMITY WITH CONTRAST	73219	CPT	inpatient			4458		505.8 Americare	Americare		3343.5	75			439.83		4235.1 percent of total billed charges	
MRI-UPPER EXTREMITY WITH CONTRAST	73219	CPT	inpatient			4458		505.8 Amerihealth	HMO/PPO		2897.7	65			439.83		4235.1 percent of total billed charges	
MRI-UPPER EXTREMITY WITH CONTRAST	73219	CPT	inpatient			4458		505.8 Amerihealth	Medicare		439.83				439.83		4235.1 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-UPPER EXTREMITY WITH CONTRAST	73219	CPT	inpatient			4458		505.8 Consumer	Consumer		4235.1	95			439.83		4235.1 percent of total billed charges	
MRI-UPPER EXTREMITY WITH CONTRAST	73219	CPT	inpatient			4458		505.8 Corrections	Corrections		3566.4	80			439.83		4235.1 percent of total billed charges	
MRI-UPPER EXTREMITY WITH CONTRAST	73219	CPT	inpatient			4458		505.8 First Health	First Health		3120.6	70			439.83		4235.1 percent of total billed charges	
MRI-UPPER EXTREMITY WITH CONTRAST	73219	CPT	inpatient			4458		505.8 First Trenton	First Trenton		4012.2	90			439.83		4235.1 percent of total billed charges	
MRI-UPPER EXTREMITY WITH CONTRAST	73219	CPT	inpatient			4458		505.8 Horizon	PPO		818.52				439.83		4235.1 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-UPPER EXTREMITY WITH CONTRAST	73219	CPT	inpatient			4458		505.8 Horizon	MGD		818.52				439.83		4235.1 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-UPPER EXTREMITY WITH CONTRAST	73219	CPT	inpatient			4458		505.8 Horizon	Medicare Blue		439.83				439.83		4235.1 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-UPPER EXTREMITY WITH CONTRAST	73219	CPT	inpatient			4458		505.8 Horizon	NJ Health		668.36				439.83		4235.1 fee schedule	
MRI-UPPER EXTREMITY WITH CONTRAST	73219	CPT	inpatient			4458		505.8 Horizon	Indemnity		818.52				439.83		4235.1 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-UPPER EXTREMITY WITH CONTRAST	73219	CPT	inpatient			4458		505.8 Managed Care Inc	Managed Care Inc		4012.2	90			439.83		4235.1 percent of total billed charges	
MRI-UPPER EXTREMITY WITH CONTRAST	73219	CPT	inpatient			4458		505.8 Multiplan	Multiplan		3566.4	80			439.83		4235.1 percent of total billed charges	
MRI-UPPER EXTREMITY WITH CONTRAST	73219	CPT	inpatient			4458		505.8 Qualcare	Qualcare		3343.5	75			439.83		4235.1 percent of total billed charges	
MRI-UPPER EXTREMITY WITH CONTRAST	73219	CPT	inpatient			4458		505.8 Three Rivers	Three Rivers		4235.1	95			439.83		4235.1 percent of total billed charges	
MRI-UPPER EXTREMITY WITH CONTRAST	73219	CPT	inpatient			4458		505.8 UHC	Medicaid		1406.5	31.55			439.83		4235.1 percent of total billed charges	
MRI-UPPER EXTREMITY WITH CONTRAST	73219	CPT	inpatient			4458		505.8 UHC	Medicare		439.83				439.83		4235.1 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-UPPER EXTREMITY WITH CONTRAST	73219	CPT	inpatient			4458		505.8 Wellcare	Medicare		439.83				439.83		4235.1 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-UPPER EXTREMITY WITH CONTRAST	73219	CPT	inpatient			4458		505.8 Wellcare	Medicaid		1406.5	31.55			439.83		4235.1 percent of total billed charges	
MRI-UPPER EXTREMITY WITH CONTRAST	73219	CPT	inpatient			4458		505.8 WellPoint	WellPoint		1434.58	32.18			439.83		4235.1 percent of total billed charges	
MRI-UPPER EXTREMITY WO/W CONTR	73220	CPT	both			5626		505.8 Aetna	Better Health		1775	31.55			439.83		5344.7 percent of total billed charges	
MRI-UPPER EXTREMITY WO/W CONTR	73220	CPT	both			5626		505.8 Aetna	Commercial		700.21				439.83		5344.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-UPPER EXTREMITY WO/W CONTR	73220	CPT	both			5626		505.8 Aetna	Medicare		439.83				439.83		5344.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-UPPER EXTREMITY WO/W CONTR	73220	CPT	both			5626		505.8 Americare	Americare		4219.5	75			439.83		5344.7 percent of total billed charges	
MRI-UPPER EXTREMITY WO/W CONTR	73220	CPT	both			5626		505.8 Amerihealth	Medicare		439.83				439.83		5344.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-UPPER EXTREMITY WO/W CONTR	73220	CPT	both			5626		505.8 Amerihealth	HMO/PPO		3656.9	65			439.83		5344.7 percent of total billed charges	
MRI-UPPER EXTREMITY WO/W CONTR	73220	CPT	both			5626		505.8 Consumer	Consumer		5344.7	95			439.83		5344.7 percent of total billed charges	
MRI-UPPER EXTREMITY WO/W CONTR	73220	CPT	both			5626		505.8 Corrections	Corrections		4500.8	80			439.83		5344.7 percent of total billed charges	
MRI-UPPER EXTREMITY WO/W CONTR	73220	CPT	both			5626		505.8 First Health	First Health		3938.2	70			439.83		5344.7 percent of total billed charges	
MRI-UPPER EXTREMITY WO/W CONTR	73220	CPT	both			5626		505.8 First Trenton	First Trenton		5063.4	90			439.83		5344.7 percent of total billed charges	
MRI-UPPER EXTREMITY WO/W CONTR	73220	CPT	both			5626		505.8 Horizon	PPO		818.52				439.83		5344.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-UPPER EXTREMITY WO/W CONTR	73220	CPT	both			5626		505.8 Horizon	MGD		818.52				439.83		5344.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-UPPER EXTREMITY WO/W CONTR	73220	CPT	both			5626		505.8 Horizon	Indemnity		818.52				439.83		5344.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-UPPER EXTREMITY WO/W CONTR	73220	CPT	both			5626		505.8 Horizon	NJ Health		588				439.83		5344.7 fee schedule	
MRI-UPPER EXTREMITY WO/W CONTR	73220	CPT	both			5626		505.8 Horizon	Medicare Blue		439.83				439.83		5344.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-UPPER EXTREMITY WO/W CONTR	73220	CPT	both			5626		505.8 Managed Care Inc	Managed Care Inc		5063.4	90			439.83		5344.7 percent of total billed charges	
MRI-UPPER EXTREMITY WO/W CONTR	73220	CPT	both			5626		505.8 Multiplan	Multiplan		4500.8	80			439.83		5344.7 percent of total billed charges	
MRI-UPPER EXTREMITY WO/W CONTR	73220	CPT	both			5626		505.8 Qualcare	Qualcare		4219.5	75			439.83		5344.7 percent of total billed charges	
MRI-UPPER EXTREMITY WO/W CONTR	73220	CPT	both			5626		505.8 Three Rivers	Three Rivers		5344.7	95			439.83		5344.7 percent of total billed charges	
MRI-UPPER EXTREMITY WO/W CONTR	73220	CPT	both			5626		505.8 UHC	Medicare		439.83				439.83		5344.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-UPPER EXTREMITY WO/W CONTR	73220	CPT	both			5626		505.8 UHC	Medicaid		1775	31.55			439.83		5344.7 percent of total billed charges	
MRI-UPPER EXTREMITY WO/W CONTR	73220	CPT	both			5626		505.8 Wellcare	Medicare		439.83				439.83		5344.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-UPPER EXTREMITY WO/W CONTR	73220	CPT	both			5626		505.8 Wellcare	Medicaid		1775	31.55			439.83		5344.7 percent of total billed charges	
MRI-UPPER EXTREMITY WO/W CONTR	73220	CPT	both			5626		505.8 WellPoint	WellPoint		1810.45	32.18			439.83		5344.7 percent of total billed charges	
MRIANGIOG UPPEREXTREMITYWO/WCON	73221	CPT	both			3822		322.28 Aetna	Medicare		280.24				280.24		3630.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRIANGIOG UPPEREXTREMITYWO/WCON	73221	CPT	both			3822		322.28 Aetna	Commercial		446.14				280.24		3630.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRIANGIOG UPPEREXTREMITYWO/WCON	73221	CPT	both			3822		322.28 Aetna	Better Health		1205.84	31.55			280.24		3630.9 percent of total billed charges	
MRIANGIOG UPPEREXTREMITYWO/WCON	73221	CPT	both			3822		322.28 Americare	Americare		2866.5	75			280.24		3630.9 percent of total billed charges	
MRIANGIOG UPPEREXTREMITYWO/WCON	73221	CPT	both			3822		322.28 Amerihealth	HMO/PPO		2484.3	65			280.24		3630.9 percent of total billed charges	
MRIANGIOG UPPEREXTREMITYWO/WCON	73221	CPT	both			3822		322.28 Amerihealth	Medicare		280.24				280.24		3630.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRIANGIOG UPPEREXTREMITYWO/WCON	73221	CPT	both			3822		322.28 Consumer	Consumer		3630.9	95			280.24		3630.9 percent of total billed charges	
MRIANGIOG UPPEREXTREMITYWO/WCON	73221	CPT	both			3822		322.28 Corrections	Corrections		3057.6	80			280.24		3630.9 percent of total billed charges	
MRIANGIOG UPPEREXTREMITYWO/WCON	73221	CPT	both			3822		322.28 First Health	First Health		2675.4	70			280.24		3630.9 percent of total billed charges	
MRIANGIOG UPPEREXTREMITYWO/WCON	73221	CPT	both			3822		322.28 First Trenton	First Trenton		3439.8	90			280.24		3630.9 percent of total billed charges	
MRIANGIOG UPPEREXTREMITYWO/WCON	73221	CPT	both			3822		322.28 Horizon	Indemnity		521.53				280.24		3630.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRIANGIOG UPPEREXTREMITYWO/WCON	73221	CPT	both			3822		322.28 Horizon	PPO		521.53				280.24		3630.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRIANGIOG UPPEREXTREMITYWO/WCON	73221	CPT	both			3822		322.28 Horizon	MGD		521.53				280.24		3630.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRIANGIOG UPPEREXTREMITYWO/WCON	73221	CPT	both			3822		322.28 Horizon	Medicare Blue		280.24				280.24		3630.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRIANGIOG UPPEREXTREMITYWO/WCON	73221	CPT	both			3822		322.28 Horizon	NJ Health		646.8				280.24		3630.9 fee schedule	
MRIANGIOG UPPEREXTREMITYWO/WCON	73221	CPT	both			3822		322.28 Managed Care Inc	Managed Care Inc		3439.8	90			280.24		3630.9 percent of total billed charges	
MRIANGIOG UPPEREXTREMITYWO/WCON	73221	CPT	both			3822		322.28 Multiplan	Multiplan		3057.6	80			280.24		3630.9 percent of total billed charges	
MRIANGIOG UPPEREXTREMITYWO/WCON	73221	CPT	both			3822		322.28 Qualcare	Qualcare		2866.5	75			280.24		3630.9 percent of total billed charges	
MRIANGIOG UPPEREXTREMITYWO/WCON	73221	CPT	both			3822		322.28 Three Rivers	Three Rivers		3630.9	95			280.24		3630.9 percent of total billed charges	
MRIANGIOG UPPEREXTREMITYWO/WCON	73221	CPT	both			3822		322.28 UHC	Medicaid		1205.84	31.55			280.24		3630.9 percent of total billed charges	
MRIANGIOG UPPEREXTREMITYWO/WCON	73221	CPT	both			3822		322.28 UHC	Medicare		280.24				280.24		3630.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRIANGIOG UPPEREXTREMITYWO/WCON	73221	CPT	both			3822		322.28 Wellcare	Medicaid		1205.84	31.55			280.24		3630.9 percent of total billed charges	
MRIANGIOG UPPEREXTREMITYWO/WCON	73221	CPT	both			3822		322.28 Wellcare	Medicare		280.24				280.24		3630.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRIANGIOG UPPEREXTREMITYWO/WCON	73221	CPT	both			3822		322.28 WellPoint	WellPoint		1229.92	32.18			280.24		3630.9 percent of total billed charges	
MRI-UPPER EXTREMITY JOINT WITH CONTRAST	73222	CPT	outpatient			4458		1053.08 Aetna	Commercial		1457.83				668.36		4235.1 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-UPPER EXTREMITY JOINT WITH CONTRAST	73222	CPT	outpatient			4458		1053.08 Aetna	Better Health		1406.5	31.55			668.36		4235.1 percent of total billed charges	
MRI-UPPER EXTREMITY JOINT WITH CONTRAST	73222	CPT	outpatient			4458		1053.08 Aetna	Medicare		915.72				668.36		4235.1 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-UPPER EXTREMITY JOINT WITH CONTRAST	73222	CPT	outpatient			4458		1053.08 Americare	Americare		3343.5	75			668.36		4235.1 percent of total billed charges	
MRI-UPPER EXTREMITY JOINT WITH CONTRAST	73222	CPT	outpatient			4458		1053.08 Amerihealth	HMO/PPO		2897.7	65			668.36		4235.1 percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-09-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
MRI-UPPER EXTREMITY JOINT WITH CONTRAST	73222	CPT	outpatient			4458	1053.08	Amerihealth	Medicare		915.72				668.36	4235.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-UPPER EXTREMITY JOINT WITH CONTRAST	73222	CPT	outpatient			4458	1053.08	Consumer	Consumer		4235.1	95			668.36	4235.1	percent of total billed charges	
MRI-UPPER EXTREMITY JOINT WITH CONTRAST	73222	CPT	outpatient			4458	1053.08	Corrections	Corrections		3566.4	80			668.36	4235.1	percent of total billed charges	
MRI-UPPER EXTREMITY JOINT WITH CONTRAST	73222	CPT	outpatient			4458	1053.08	First Health	First Health		3120.6	70			668.36	4235.1	percent of total billed charges	
MRI-UPPER EXTREMITY JOINT WITH CONTRAST	73222	CPT	outpatient			4458	1053.08	First Trenton	First Trenton		4012.2	90			668.36	4235.1	percent of total billed charges	
MRI-UPPER EXTREMITY JOINT WITH CONTRAST	73222	CPT	outpatient			4458	1053.08	Horizon	Indemnity		1704.15				668.36	4235.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-UPPER EXTREMITY JOINT WITH CONTRAST	73222	CPT	outpatient			4458	1053.08	Horizon	Medicare Blue		915.72				668.36	4235.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-UPPER EXTREMITY JOINT WITH CONTRAST	73222	CPT	outpatient			4458	1053.08	Horizon	NJ Health		668.36				668.36	4235.1	fee schedule	
MRI-UPPER EXTREMITY JOINT WITH CONTRAST	73222	CPT	outpatient			4458	1053.08	Horizon	MGD		1704.15				668.36	4235.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-UPPER EXTREMITY JOINT WITH CONTRAST	73222	CPT	outpatient			4458	1053.08	Horizon	PPO		1704.15				668.36	4235.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-UPPER EXTREMITY JOINT WITH CONTRAST	73222	CPT	outpatient			4458	1053.08	Managed Care Inc	Managed Care Inc		4012.2	90			668.36	4235.1	percent of total billed charges	
MRI-UPPER EXTREMITY JOINT WITH CONTRAST	73222	CPT	outpatient			4458	1053.08	Multiplan	Multiplan		3566.4	80			668.36	4235.1	percent of total billed charges	
MRI-UPPER EXTREMITY JOINT WITH CONTRAST	73222	CPT	outpatient			4458	1053.08	Qualcare	Qualcare		3343.5	75			668.36	4235.1	percent of total billed charges	
MRI-UPPER EXTREMITY JOINT WITH CONTRAST	73222	CPT	outpatient			4458	1053.08	Three Rivers	Three Rivers		4235.1	95			668.36	4235.1	percent of total billed charges	
MRI-UPPER EXTREMITY JOINT WITH CONTRAST	73222	CPT	outpatient			4458	1053.08	UHC	Medicare		915.72				668.36	4235.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-UPPER EXTREMITY JOINT WITH CONTRAST	73222	CPT	outpatient			4458	1053.08	UHC	Medicaid		1406.5	31.55			668.36	4235.1	percent of total billed charges	
MRI-UPPER EXTREMITY JOINT WITH CONTRAST	73222	CPT	outpatient			4458	1053.08	Wellcare	Medicare		915.72				668.36	4235.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-UPPER EXTREMITY JOINT WITH CONTRAST	73222	CPT	outpatient			4458	1053.08	Wellcare	Medicaid		1406.5	31.55			668.36	4235.1	percent of total billed charges	
MRI-UPPER EXTREMITY JOINT WITH CONTRAST	73222	CPT	outpatient			4458	1053.08	WellPoint	WellPoint		1434.58	32.18			668.36	4235.1	percent of total billed charges	
MRI WRIST W-W/O CONTRAST RT	73223	CPT	both			5626	505.8	Aetna	Commercial		700.21				439.83	5344.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI WRIST W-W/O CONTRAST RT	73223	CPT	both			5626	505.8	Aetna	Better Health		1775	31.55			439.83	5344.7	percent of total billed charges	
MRI WRIST W-W/O CONTRAST RT	73223	CPT	both			5626	505.8	Aetna	Medicare		439.83				439.83	5344.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI WRIST W-W/O CONTRAST RT	73223	CPT	both			5626	505.8	Americare	Americare		4219.5	75			439.83	5344.7	percent of total billed charges	
MRI WRIST W-W/O CONTRAST RT	73223	CPT	both			5626	505.8	Amerihealth	Medicare		439.83				439.83	5344.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI WRIST W-W/O CONTRAST RT	73223	CPT	both			5626	505.8	Amerihealth	HMO/PPO		3656.9	65			439.83	5344.7	percent of total billed charges	
MRI WRIST W-W/O CONTRAST RT	73223	CPT	both			5626	505.8	Consumer	Consumer		5344.7	95			439.83	5344.7	percent of total billed charges	
MRI WRIST W-W/O CONTRAST RT	73223	CPT	both			5626	505.8	Corrections	Corrections		4500.8	80			439.83	5344.7	percent of total billed charges	
MRI WRIST W-W/O CONTRAST RT	73223	CPT	both			5626	505.8	First Health	First Health		3938.2	70			439.83	5344.7	percent of total billed charges	
MRI WRIST W-W/O CONTRAST RT	73223	CPT	both			5626	505.8	First Trenton	First Trenton		5063.4	90			439.83	5344.7	percent of total billed charges	
MRI WRIST W-W/O CONTRAST RT	73223	CPT	both			5626	505.8	Horizon	PPO		818.52				439.83	5344.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI WRIST W-W/O CONTRAST RT	73223	CPT	both			5626	505.8	Horizon	MGD		818.52				439.83	5344.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI WRIST W-W/O CONTRAST RT	73223	CPT	both			5626	505.8	Horizon	Medicare Blue		439.83				439.83	5344.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI WRIST W-W/O CONTRAST RT	73223	CPT	both			5626	505.8	Horizon	NJ Health		959.24				439.83	5344.7	fee schedule	
MRI WRIST W-W/O CONTRAST RT	73223	CPT	both			5626	505.8	Horizon	Indemnity		818.52				439.83	5344.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI WRIST W-W/O CONTRAST RT	73223	CPT	both			5626	505.8	Managed Care Inc	Managed Care Inc		5063.4	90			439.83	5344.7	percent of total billed charges	
MRI WRIST W-W/O CONTRAST RT	73223	CPT	both			5626	505.8	Multiplan	Multiplan		4500.8	80			439.83	5344.7	percent of total billed charges	
MRI WRIST W-W/O CONTRAST RT	73223	CPT	both			5626	505.8	Qualcare	Qualcare		4219.5	75			439.83	5344.7	percent of total billed charges	
MRI WRIST W-W/O CONTRAST RT	73223	CPT	both			5626	505.8	Three Rivers	Three Rivers		5344.7	95			439.83	5344.7	percent of total billed charges	
MRI WRIST W-W/O CONTRAST RT	73223	CPT	both			5626	505.8	UHC	Medicare		439.83				439.83	5344.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI WRIST W-W/O CONTRAST RT	73223	CPT	both			5626	505.8	UHC	Medicaid		1775	31.55			439.83	5344.7	percent of total billed charges	
MRI WRIST W-W/O CONTRAST RT	73223	CPT	both			5626	505.8	Wellcare	Medicare		439.83				439.83	5344.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI WRIST W-W/O CONTRAST RT	73223	CPT	both			5626	505.8	Wellcare	Medicaid		1775	31.55			439.83	5344.7	percent of total billed charges	
MRI WRIST W-W/O CONTRAST RT	73223	CPT	both			5626	505.8	WellPoint	WellPoint		1810.45	32.18			439.83	5344.7	percent of total billed charges	
MRA-ARM	73225	CPT	outpatient			4937		Aetna	Commercial		1876.06	38			492.08	4690.15	percent of total billed charges	
MRA-ARM	73225	CPT	outpatient			4937		Aetna	Better Health		1557.62	31.55			492.08	4690.15	percent of total billed charges	
MRA-ARM	73225	CPT	outpatient			4937		Aetna	Medicare		1520.6	30.8			492.08	4690.15	percent of total billed charges	
MRA-ARM	73225	CPT	outpatient			4937		Americare	Americare		3702.75	75			492.08	4690.15	percent of total billed charges	
MRA-ARM	73225	CPT	outpatient			4937		Amerihealth	HMO/PPO		3209.05	65			492.08	4690.15	percent of total billed charges	
MRA-ARM	73225	CPT	outpatient			4937		Consumer	Consumer		4690.15	95			492.08	4690.15	percent of total billed charges	
MRA-ARM	73225	CPT	outpatient			4937		Corrections	Corrections		3949.6	80			492.08	4690.15	percent of total billed charges	
MRA-ARM	73225	CPT	outpatient			4937		First Health	First Health		3455.9	70			492.08	4690.15	percent of total billed charges	
MRA-ARM	73225	CPT	outpatient			4937		First Trenton	First Trenton		4443.3	90			492.08	4690.15	percent of total billed charges	
MRA-ARM	73225	CPT	outpatient			4937		Horizon	Medicare Blue		1481.1	30			492.08	4690.15	percent of total billed charges	
MRA-ARM	73225	CPT	outpatient			4937		Horizon	Indemnity		1889.88	38.28			492.08	4690.15	percent of total billed charges	
MRA-ARM	73225	CPT	outpatient			4937		Horizon	MGD		1889.88	38.28			492.08	4690.15	percent of total billed charges	
MRA-ARM	73225	CPT	outpatient			4937		Horizon	NJ Health		492.08				492.08	4690.15	fee schedule	
MRA-ARM	73225	CPT	outpatient			4937		Horizon	PPO		1889.88	38.28			492.08	4690.15	percent of total billed charges	
MRA-ARM	73225	CPT	outpatient			4937		Managed Care Inc	Managed Care Inc		4443.3	90			492.08	4690.15	percent of total billed charges	
MRA-ARM	73225	CPT	outpatient			4937		Multiplan	Multiplan		3949.6	80			492.08	4690.15	percent of total billed charges	
MRA-ARM	73225	CPT	outpatient			4937		Qualcare	Qualcare		3702.75	75			492.08	4690.15	percent of total billed charges	
MRA-ARM	73225	CPT	outpatient			4937		Three Rivers	Three Rivers		4690.15	95			492.08	4690.15	percent of total billed charges	
MRA-ARM	73225	CPT	outpatient			4937		UHC	Medicaid		1557.62	31.55			492.08	4690.15	percent of total billed charges	
MRA-ARM	73225	CPT	outpatient			4937		Wellcare	Medicaid		1557.62	31.55			492.08	4690.15	percent of total billed charges	
MRA-ARM	73225	CPT	outpatient			4937		WellPoint	WellPoint		1588.73	32.18			492.08	4690.15	percent of total billed charges	
HIP R, WITH PELVIS, 1 VIEW ONLY	73501	CPT	both			278	119.52	Aetna	Medicare		103.93				32.1	264.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HIP R, WITH PELVIS, 1 VIEW ONLY	73501	CPT	both			278	119.52	Aetna	Better Health		87.71	31.55			32.1	264.1	percent of total billed charges	
HIP R, WITH PELVIS, 1 VIEW ONLY	73501	CPT	both			278	119.52	Aetna	Commercial		165.46				32.1	264.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HIP R, WITH PELVIS, 1 VIEW ONLY	73501	CPT	both			278	119.52	Americare	Americare		208.5	75			32.1	264.1	percent of total billed charges	
HIP R, WITH PELVIS, 1 VIEW ONLY	73501	CPT	both			278	119.52	Amerihealth	Medicare		103.93				32.1	264.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HIP R, WITH PELVIS, 1 VIEW ONLY	73501	CPT	both			278	119.52	Amerihealth	HMO/PPO		180.7	65			32.1	264.1	percent of total billed charges	
HIP R, WITH PELVIS, 1 VIEW ONLY	73501	CPT	both			278	119.52	Consumer	Consumer		264.1	95			32.1	264.1	percent of total billed charges	
HIP R, WITH PELVIS, 1 VIEW ONLY	73501	CPT	both			278	119.52	Corrections	Corrections		222.4	80			32.1	264.1	percent of total billed charges	
HIP R, WITH PELVIS, 1 VIEW ONLY	73501	CPT	both			278	119.52	First Health	First Health		194.6	70			32.1	264.1	percent of total billed charges	
HIP R, WITH PELVIS, 1 VIEW ONLY	73501	CPT	both			278	119.52	First Trenton	First Trenton		250.2	90			32.1	264.1	percent of total billed charges	
HIP R, WITH PELVIS, 1 VIEW ONLY	73501	CPT	both			278	119.52	Horizon	Indemnity		193.41				32.1	264.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HIP R, WITH PELVIS, 1 VIEW ONLY	73501	CPT	both			278	119.52	Horizon	MGD		193.41				32.1	264.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HIP R, WITH PELVIS, 1 VIEW ONLY	73501	CPT	both			278	119.52	Horizon	Medicare Blue		103.93				32.1	264.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HIP R, WITH PELVIS, 1 VIEW ONLY	73501	CPT	both			278	119.52	Horizon	NJ Health		32.1				32.1	264.1	fee schedule	
HIP R, WITH PELVIS, 1 VIEW ONLY	73501	CPT	both			278	119.52	Horizon	PPO		193.41				32.1	264.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HIP R, WITH PELVIS, 1 VIEW ONLY	73501	CPT	both			278	119.52	Managed Care Inc	Managed Care Inc		250.2	90			32.1	264.1	percent of total billed charges	
HIP R, WITH PELVIS, 1 VIEW ONLY	73501	CPT	both			278	119.52	Multiplan	Multiplan		222.4	80			32.1	264.1	percent of total billed charges	
HIP R, WITH PELVIS, 1 VIEW ONLY	73501	CPT	both			278	119.52	Qualcare	Qualcare		208.5	75			32.1	264.1	percent of total billed charges	
HIP R, WITH PELVIS, 1 VIEW ONLY	73501	CPT	both			278	119.52	Three Rivers	Three Rivers		264.1	95			32.1	264.1	percent of total billed charges	
HIP R, WITH PELVIS, 1 VIEW ONLY	73501	CPT	both			278	119.52	UHC	Medicaid		87.71	31.55			32.1	264.1	percent of total billed charges	
HIP R, WITH PELVIS, 1 VIEW ONLY	73501	CPT	both			278	119.52	UHC	Medicare		103.93				32.1	264.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HIP R, WITH PELVIS, 1 VIEW ONLY	73501	CPT	both			278	119.52	Wellcare	Medicaid		87.71	31.55			32.1	264.1	percent of total billed charges	
HIP R, WITH PELVIS, 1 VIEW ONLY	73501	CPT	both			278	119.52	Wellcare	Medicare		103.93				32.1	264.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HIP R, WITH PELVIS, 1 VIEW ONLY	73501	CPT	both			278	119.52	WellPoint	WellPoint		89.46	32.18			32.1	264.1	percent of total billed charges	
HIP R, WITH PELVIS, 2-3 VIEWS	73502	CPT	both			278	119.52	Aetna	Commercial		165.46				45	264.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HIP R, WITH PELVIS, 2-3 VIEWS	73502	CPT	both			278	119.52	Aetna	Better Health		87.71	31.55			45	264.1	percent of total billed charges	
HIP R, WITH PELVIS, 2-3 VIEWS	73502	CPT	both			278	119.52	Aetna	Medicare		103.93				45	264.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HIP R, WITH PELVIS, 2-3 VIEWS	73502	CPT	both			278	119.52	Americare	Americare		208.5	75			45	264.1	percent of total billed charges	
HIP R, WITH PELVIS, 2-3 VIEWS	73502	CPT	both			278	119.52	Amerihealth	HMO/PPO		180.7	65			45	264.1	percent of total billed charges	
HIP R, WITH PELVIS, 2-3 VIEWS	73502	CPT	both			278	119.52	Amerihealth	Medicare		103.93				45	264.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HIP R, WITH PELVIS, 2-3 VIEWS	73502	CPT	both			278	119.52	Consumer	Consumer		264.1	95			45	264.1	percent of total billed charges	
HIP R, WITH PELVIS, 2-3 VIEWS	73502	CPT	both			278	119.52	Corrections	Corrections		222.4	80			45	264.1	percent of total billed charges	
HIP R, WITH PELVIS, 2-3 VIEWS	73502	CPT	both			278	119.52	First Health	First Health		194.6	70			45	264.1	percent of total billed charges	
HIP R, WITH PELVIS, 2-3 VIEWS	73502	CPT	both			278	119.52	First Trenton	First Trenton		250.2	90			45	264.1	percent of total billed charges	
HIP R, WITH PELVIS, 2-3 VIEWS	73502	CPT	both			278	119.52	Horizon	Indemnity		193.41				45	264.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HIP R, WITH PELVIS, 2-3 VIEWS	73502	CPT	both			278	119.52	Horizon	PPO		193.41				45	264.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HIP R, WITH PELVIS, 2-3 VIEWS	73502	CPT	both			278	119.52	Horizon	MGD		193.41				45	264.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HIP R, WITH PELVIS, 2-3 VIEWS	73502	CPT	both			278	119.52	Horizon	NJ Health		45				45	264.1	fee schedule	
HIP R, WITH PELVIS, 2-3 VIEWS	73502	CPT	both			278	119.52	Horizon	Medicare Blue		103.93				45	264.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HIP R, WITH PELVIS, 2-3 VIEWS	73502	CPT	both			278	119.52	Managed Care Inc	Managed Care Inc		250.2	90			45	264.1	percent of total billed charges	
HIP R, WITH PELVIS, 2-3 VIEWS	73502	CPT	both			278	119.52	Multiplan	Multiplan		222.4	80			45	264.1	percent of total billed charges	
HIP R, WITH PELVIS, 2-3 VIEWS	73502	CPT	both			278	119.52	Qualcare	Qualcare		208.5	75			45	264.1	percent of total billed charges	
HIP R, WITH PELVIS, 2-3 VIEWS	73502	CPT	both			278	119.52	Three Rivers	Three Rivers		264.1	95			45	264.1	percent of total billed charges	
HIP R, WITH PELVIS, 2-3 VIEWS	73502	CPT	both			278	119.52	UHC	Medicare		103.93				45	264.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HIP R, WITH PELVIS, 2-3 VIEWS	73502	CPT	both			278	119.52	UHC	Medicaid		87.71	31.55			45	264.1	percent of total billed charges	
HIP R, WITH PELVIS, 2-3 VIEWS	73502	CPT	both			278	119.52	Wellcare	Medicare		103.93				45	264.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HIP R, WITH PELVIS, 2-3 VIEWS	73502	CPT	both			278	119.52	Wellcare	Medicaid		87.71	31.55			45	264.1	percent of total billed charges	
HIP R, WITH PELVIS, 2-3 VIEWS	73502	CPT	both			278	119.52	WellPoint	WellPoint		89.46	32.18			45	264.1	percent of total billed charges	
HIP R, WITH PELVIS, MIN 4 VIEWS	73503	CPT	both			459	144.6	Aetna	Better Health		144.81	31.55			56.25	436.05	percent of total billed charges	
HIP R, WITH PELVIS, MIN 4 VIEWS	73503	CPT	both			459	144.6	Aetna	Commercial		200.18				56.25	436.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HIP R, WITH PELVIS, MIN 4 VIEWS	73503	CPT	both			459	144.6	Aetna	Medicare		125.74				56.25	436.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HIP R, WITH PELVIS, MIN 4 VIEWS	73503	CPT	both			459	144.6	Americare	Americare		344.25	75			56.25	436.05	percent of total billed charges	
HIP R, WITH PELVIS, MIN 4 VIEWS	73503	CPT	both			459	144.6	Amerihealth	HMO/PPO		298.35	65			56.25	436.05	percent of total billed charges	
HIP R, WITH PELVIS, MIN 4 VIEWS	73503	CPT	both			459	144.6	Amerihealth	Medicare		125.74				56.25	436.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HIP R, WITH PELVIS, MIN 4 VIEWS	73503	CPT	both			459	144.6	Consumer	Consumer		436.05	95			56.25	436.05	percent of total billed charges	
HIP R, WITH PELVIS, MIN 4 VIEWS	73503	CPT	both			459	144.6	Corrections	Corrections		367.2	80			56.25	436.05	percent of total billed charges	
HIP R, WITH PELVIS, MIN 4 VIEWS	73503	CPT	both			459	144.6	First Health	First Health		321.3	70			56.25	436.05	percent of total billed charges	
HIP R, WITH PELVIS, MIN 4 VIEWS	73503	CPT	both			459	144.6	First Trenton	First Trenton		413.1	90			56.25	436.05	percent of total billed charges	
HIP R, WITH PELVIS, MIN 4 VIEWS	73503	CPT	both			459	144.6	Horizon	Medicare Blue		125.74				56.25	436.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HIP R, WITH PELVIS, MIN 4 VIEWS	73503	CPT	both			459	144.6	Horizon	PPO		234				56.25	436.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HIP R, WITH PELVIS, MIN 4 VIEWS	73503	CPT	both			459	144.6	Horizon	MGD		234				56.25	436.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HIP R, WITH PELVIS, MIN 4 VIEWS	73503	CPT	both			459	144.6	Horizon	Indemnity		234				56.25	436.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HIP R, WITH PELVIS, MIN 4 VIEWS	73503	CPT	both			459	144.6	Horizon	NJ Health		56.25				56.25	436.05	fee schedule	
HIP R, WITH PELVIS, MIN 4 VIEWS	73503	CPT	both			459	144.6	Managed Care Inc	Managed Care Inc		413.1	90			56.25	436.05	percent of total billed charges	
HIP R, WITH PELVIS, MIN 4 VIEWS	73503	CPT	both			459	144.6	Multiplan	Multiplan		367.2	80			56.25	436.05	percent of total billed charges	
HIP R, WITH PELVIS, MIN 4 VIEWS	73503	CPT	both			459	144.6	Qualcare	Qualcare		344.25	75			56.25	436.05	percent of total billed charges	
HIP R, WITH PELVIS, MIN 4 VIEWS	73503	CPT	both			459	144.6	Three Rivers	Three Rivers		436.05	95			56.25	436.05	percent of total billed charges	
HIP R, WITH PELVIS, MIN 4 VIEWS	73503	CPT	both			459	144.6	UHC	Medicaid		144.81	31.55			56.25	436.05	percent of total billed charges	
HIP R, WITH PELVIS, MIN 4 VIEWS	73503	CPT	both			459	144.6	UHC	Medicare		125.74				56.25	436.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HIP R, WITH PELVIS, MIN 4 VIEWS	73503	CPT	both			459	144.6	Wellcare	Medicaid		144.81	31.55			56.25	436.05	percent of total billed charges	
HIP R, WITH PELVIS, MIN 4 VIEWS	73503	CPT	both			459	144.6	Wellcare	Medicare		125.74				56.25	436.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HIP R, WITH PELVIS, MIN 4 VIEWS	73503	CPT	both			459	144.6	WellPoint	WellPoint		147.71	32.18			56.25	436.05	percent of total billed charges	
HIPS, BIL WITH PELVIS, 2 VIEWS	73521	CPT	both			459	144.6	Aetna	Commercial		200.18				43.02	436.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HIPS, BIL WITH PELVIS, 2 VIEWS	73521	CPT	both			459	144.6	Aetna	Better Health		144.81	31.55			43.02	436.05	percent of total billed charges	
HIPS, BIL WITH PELVIS, 2 VIEWS	73521	CPT	both			459	144.6	Aetna	Medicare		125.74				43.02	436.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HIPS, BIL WITH PELVIS, 2 VIEWS	73521	CPT	both			459	144.6	Americare	Americare		344.25	75			43.02	436.05	percent of total billed charges	
HIPS, BIL WITH PELVIS, 2 VIEWS	73521	CPT	both			459	144.6	Amerihealth	Medicare		125.74				43.02	436.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HIPS, BIL WITH PELVIS, 2 VIEWS	73521	CPT	both			459	144.6	Amerihealth	HMO/PPO		298.35	65			43.02	436.05	percent of total billed charges	
HIPS, BIL WITH PELVIS, 2 VIEWS	73521	CPT	both			459	144.6	Consumer	Consumer		436.05	95			43.02	436.05	percent of total billed charges	
HIPS, BIL WITH PELVIS, 2 VIEWS	73521	CPT	both			459	144.6	Corrections	Corrections		367.2	80			43.02	436.05	percent of total billed charges	
HIPS, BIL WITH PELVIS, 2 VIEWS	73521	CPT	both			459	144.6	First Health	First Health		321.3	70			43.02	436.05	percent of total billed charges	
HIPS, BIL WITH PELVIS, 2 VIEWS	73521	CPT	both			459	144.6	First Trenton	First Trenton		413.1	90			43.02	436.05	percent of total billed charges	
HIPS, BIL WITH PELVIS, 2 VIEWS	73521	CPT	both			459	144.6	Horizon	Indemnity		234				43.02	436.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HIPS, BIL WITH PELVIS, 2 VIEWS	73521	CPT	both			459	144.6	Horizon	MGD		234				43.02	436.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
HIPS, BIL WITH PELVIS, 2 VIEWS	73521	CPT	both			459		144.6 Horizon	Medicare Blue		125.74				43.02	436.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HIPS, BIL WITH PELVIS, 2 VIEWS	73521	CPT	both			459		144.6 Horizon	PPO		234				43.02	436.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HIPS, BIL WITH PELVIS, 2 VIEWS	73521	CPT	both			459		144.6 Horizon	NJ Health		43.02				43.02	436.05	fee schedule	
HIPS, BIL WITH PELVIS, 2 VIEWS	73521	CPT	both			459		144.6 Managed Care Inc	Managed Care Inc		413.1	90			43.02	436.05	percent of total billed charges	
HIPS, BIL WITH PELVIS, 2 VIEWS	73521	CPT	both			459		144.6 Multiplan	Multiplan		367.2	80			43.02	436.05	percent of total billed charges	
HIPS, BIL WITH PELVIS, 2 VIEWS	73521	CPT	both			459		144.6 Qualcare	Qualcare		344.25	75			43.02	436.05	percent of total billed charges	
HIPS, BIL WITH PELVIS, 2 VIEWS	73521	CPT	both			459		144.6 Three Rivers	Three Rivers		436.05	95			43.02	436.05	percent of total billed charges	
HIPS, BIL WITH PELVIS, 2 VIEWS	73521	CPT	both			459		144.6 UHC	Medicaid		144.81	31.55			43.02	436.05	percent of total billed charges	
HIPS, BIL WITH PELVIS, 2 VIEWS	73521	CPT	both			459		144.6 UHC	Medicare		125.74				43.02	436.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HIPS, BIL WITH PELVIS, 2 VIEWS	73521	CPT	both			459		144.6 Wellcare	Medicaid		144.81	31.55			43.02	436.05	percent of total billed charges	
HIPS, BIL WITH PELVIS, 2 VIEWS	73521	CPT	both			459		144.6 Wellcare	Medicare		125.74				43.02	436.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HIPS, BIL WITH PELVIS, 2 VIEWS	73521	CPT	both			459		144.6 WellPoint	WellPoint		147.71	32.18			43.02	436.05	percent of total billed charges	
HIPS, PORTABLE BIL WITH PELVIS, 3-4 VI	73522	CPT	both			459		144.6 Aetna	Better Health		144.81	31.55			53.04	436.05	percent of total billed charges	
HIPS, PORTABLE BIL WITH PELVIS, 3-4 VI	73522	CPT	both			459		144.6 Aetna	Commercial		200.18				53.04	436.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HIPS, PORTABLE BIL WITH PELVIS, 3-4 VI	73522	CPT	both			459		144.6 Aetna	Medicare		125.74				53.04	436.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HIPS, PORTABLE BIL WITH PELVIS, 3-4 VI	73522	CPT	both			459		144.6 Americare	Americare		344.25	75			53.04	436.05	percent of total billed charges	
HIPS, PORTABLE BIL WITH PELVIS, 3-4 VI	73522	CPT	both			459		144.6 Amerihealth	HMO/PPO		298.35	65			53.04	436.05	percent of total billed charges	
HIPS, PORTABLE BIL WITH PELVIS, 3-4 VI	73522	CPT	both			459		144.6 Amerihealth	Medicare		125.74				53.04	436.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HIPS, PORTABLE BIL WITH PELVIS, 3-4 VI	73522	CPT	both			459		144.6 Consumer	Consumer		436.05	95			53.04	436.05	percent of total billed charges	
HIPS, PORTABLE BIL WITH PELVIS, 3-4 VI	73522	CPT	both			459		144.6 Corrections	Corrections		367.2	80			53.04	436.05	percent of total billed charges	
HIPS, PORTABLE BIL WITH PELVIS, 3-4 VI	73522	CPT	both			459		144.6 First Health	First Health		321.3	70			53.04	436.05	percent of total billed charges	
HIPS, PORTABLE BIL WITH PELVIS, 3-4 VI	73522	CPT	both			459		144.6 First Trenton	First Trenton		413.1	90			53.04	436.05	percent of total billed charges	
HIPS, PORTABLE BIL WITH PELVIS, 3-4 VI	73522	CPT	both			459		144.6 Horizon	PPO		234				53.04	436.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HIPS, PORTABLE BIL WITH PELVIS, 3-4 VI	73522	CPT	both			459		144.6 Horizon	Indemnity		234				53.04	436.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HIPS, PORTABLE BIL WITH PELVIS, 3-4 VI	73522	CPT	both			459		144.6 Horizon	Medicare Blue		125.74				53.04	436.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HIPS, PORTABLE BIL WITH PELVIS, 3-4 VI	73522	CPT	both			459		144.6 Horizon	MGD		234				53.04	436.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HIPS, PORTABLE BIL WITH PELVIS, 3-4 VI	73522	CPT	both			459		144.6 Horizon	NJ Health		53.04				53.04	436.05	fee schedule	
HIPS, PORTABLE BIL WITH PELVIS, 3-4 VI	73522	CPT	both			459		144.6 Managed Care Inc	Managed Care Inc		413.1	90			53.04	436.05	percent of total billed charges	
HIPS, PORTABLE BIL WITH PELVIS, 3-4 VI	73522	CPT	both			459		144.6 Multiplan	Multiplan		367.2	80			53.04	436.05	percent of total billed charges	
HIPS, PORTABLE BIL WITH PELVIS, 3-4 VI	73522	CPT	both			459		144.6 Qualcare	Qualcare		344.25	75			53.04	436.05	percent of total billed charges	
HIPS, PORTABLE BIL WITH PELVIS, 3-4 VI	73522	CPT	both			459		144.6 Three Rivers	Three Rivers		436.05	95			53.04	436.05	percent of total billed charges	
HIPS, PORTABLE BIL WITH PELVIS, 3-4 VI	73522	CPT	both			459		144.6 UHC	Medicaid		144.81	31.55			53.04	436.05	percent of total billed charges	
HIPS, PORTABLE BIL WITH PELVIS, 3-4 VI	73522	CPT	both			459		144.6 UHC	Medicare		125.74				53.04	436.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HIPS, PORTABLE BIL WITH PELVIS, 3-4 VI	73522	CPT	both			459		144.6 Wellcare	Medicare		125.74				53.04	436.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HIPS, PORTABLE BIL WITH PELVIS, 3-4 VI	73522	CPT	both			459		144.6 Wellcare	Medicaid		144.81	31.55			53.04	436.05	percent of total billed charges	
HIPS, PORTABLE BIL WITH PELVIS, 3-4 VI	73522	CPT	both			459		144.6 WellPoint	WellPoint		147.71	32.18			53.04	436.05	percent of total billed charges	
HIPS, BIL WITH PELVIS, MIN 5 VIEWS	73523	CPT	both			869		144.6 Aetna	Commercial		200.18				61.64	825.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HIPS, BIL WITH PELVIS, MIN 5 VIEWS	73523	CPT	both			869		144.6 Aetna	Medicare		125.74				61.64	825.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HIPS, BIL WITH PELVIS, MIN 5 VIEWS	73523	CPT	both			869		144.6 Aetna	Better Health		274.17	31.55			61.64	825.55	percent of total billed charges	
HIPS, BIL WITH PELVIS, MIN 5 VIEWS	73523	CPT	both			869		144.6 Americare	Americare		651.75	75			61.64	825.55	percent of total billed charges	
HIPS, BIL WITH PELVIS, MIN 5 VIEWS	73523	CPT	both			869		144.6 Amerihealth	HMO/PPO		564.85	65			61.64	825.55	percent of total billed charges	
HIPS, BIL WITH PELVIS, MIN 5 VIEWS	73523	CPT	both			869		144.6 Amerihealth	Medicare		125.74				61.64	825.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HIPS, BIL WITH PELVIS, MIN 5 VIEWS	73523	CPT	both			869		144.6 Consumer	Consumer		825.55	95			61.64	825.55	percent of total billed charges	
HIPS, BIL WITH PELVIS, MIN 5 VIEWS	73523	CPT	both			869		144.6 Corrections	Corrections		695.2	80			61.64	825.55	percent of total billed charges	
HIPS, BIL WITH PELVIS, MIN 5 VIEWS	73523	CPT	both			869		144.6 First Health	First Health		608.3	70			61.64	825.55	percent of total billed charges	
HIPS, BIL WITH PELVIS, MIN 5 VIEWS	73523	CPT	both			869		144.6 First Trenton	First Trenton		782.1	90			61.64	825.55	percent of total billed charges	
HIPS, BIL WITH PELVIS, MIN 5 VIEWS	73523	CPT	both			869		144.6 Horizon	Indemnity		234				61.64	825.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HIPS, BIL WITH PELVIS, MIN 5 VIEWS	73523	CPT	both			869		144.6 Horizon	MGD		234				61.64	825.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HIPS, BIL WITH PELVIS, MIN 5 VIEWS	73523	CPT	both			869		144.6 Horizon	NJ Health		61.64				61.64	825.55	fee schedule	
HIPS, BIL WITH PELVIS, MIN 5 VIEWS	73523	CPT	both			869		144.6 Horizon	PPO		234				61.64	825.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HIPS, BIL WITH PELVIS, MIN 5 VIEWS	73523	CPT	both			869		144.6 Horizon	Medicare Blue		125.74				61.64	825.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HIPS, BIL WITH PELVIS, MIN 5 VIEWS	73523	CPT	both			869		144.6 Managed Care Inc	Managed Care Inc		782.1	90			61.64	825.55	percent of total billed charges	
HIPS, BIL WITH PELVIS, MIN 5 VIEWS	73523	CPT	both			869		144.6 Multiplan	Multiplan		695.2	80			61.64	825.55	percent of total billed charges	
HIPS, BIL WITH PELVIS, MIN 5 VIEWS	73523	CPT	both			869		144.6 Qualcare	Qualcare		651.75	75			61.64	825.55	percent of total billed charges	
HIPS, BIL WITH PELVIS, MIN 5 VIEWS	73523	CPT	both			869		144.6 Three Rivers	Three Rivers		825.55	95			61.64	825.55	percent of total billed charges	
HIPS, BIL WITH PELVIS, MIN 5 VIEWS	73523	CPT	both			869		144.6 UHC	Medicare		125.74				61.64	825.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HIPS, BIL WITH PELVIS, MIN 5 VIEWS	73523	CPT	both			869		144.6 UHC	Medicaid		274.17	31.55			61.64	825.55	percent of total billed charges	
HIPS, BIL WITH PELVIS, MIN 5 VIEWS	73523	CPT	both			869		144.6 Wellcare	Medicare		125.74				61.64	825.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HIPS, BIL WITH PELVIS, MIN 5 VIEWS	73523	CPT	both			869		144.6 Wellcare	Medicaid		274.17	31.55			61.64	825.55	percent of total billed charges	
HIPS, BIL WITH PELVIS, MIN 5 VIEWS	73523	CPT	both			869		144.6 WellPoint	WellPoint		279.64	32.18			61.64	825.55	percent of total billed charges	
RADIOLOGIC EXAM, HIP, ARTHROGRAPHY, RAD	73525	CPT	outpatient			1917		505.8 Aetna	Commercial		700.21				41.16	1821.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM, HIP, ARTHROGRAPHY, RAD	73525	CPT	outpatient			1917		505.8 Aetna	Better Health		604.81	31.55			41.16	1821.15	percent of total billed charges	
RADIOLOGIC EXAM, HIP, ARTHROGRAPHY, RAD	73525	CPT	outpatient			1917		505.8 Aetna	Medicare		439.83				41.16	1821.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM, HIP, ARTHROGRAPHY, RAD	73525	CPT	outpatient			1917		505.8 Americare	Americare		1437.75	75			41.16	1821.15	percent of total billed charges	
RADIOLOGIC EXAM, HIP, ARTHROGRAPHY, RAD	73525	CPT	outpatient			1917		505.8 Amerihealth	HMO/PPO		1246.05	65			41.16	1821.15	percent of total billed charges	
RADIOLOGIC EXAM, HIP, ARTHROGRAPHY, RAD	73525	CPT	outpatient			1917		505.8 Amerihealth	Medicare		439.83				41.16	1821.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM, HIP, ARTHROGRAPHY, RAD	73525	CPT	outpatient			1917		505.8 Consumer	Consumer		1821.15	95			41.16	1821.15	percent of total billed charges	
RADIOLOGIC EXAM, HIP, ARTHROGRAPHY, RAD	73525	CPT	outpatient			1917		505.8 Corrections	Corrections		1533.6	80			41.16	1821.15	percent of total billed charges	
RADIOLOGIC EXAM, HIP, ARTHROGRAPHY, RAD	73525	CPT	outpatient			1917		505.8 First Health	First Health		1341.9	70			41.16	1821.15	percent of total billed charges	
RADIOLOGIC EXAM, HIP, ARTHROGRAPHY, RAD	73525	CPT	outpatient			1917		505.8 First Trenton	First Trenton		1725.3	90			41.16	1821.15	percent of total billed charges	
RADIOLOGIC EXAM, HIP, ARTHROGRAPHY, RAD	73525	CPT	outpatient			1917		505.8 Horizon	PPO		818.52				41.16	1821.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM, HIP, ARTHROGRAPHY, RAD	73525	CPT	outpatient			1917		505.8 Horizon	MGD		818.52				41.16	1821.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM, HIP, ARTHROGRAPHY, RAD	73525	CPT	outpatient			1917		505.8 Horizon	Indemnity		818.52				41.16	1821.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM, HIP, ARTHROGRAPHY, RAD	73525	CPT	outpatient			1917		505.8 Horizon	NJ Health		41.16				41.16	1821.15	fee schedule	
RADIOLOGIC EXAM, HIP, ARTHROGRAPHY, RAD	73525	CPT	outpatient			1917		505.8 Horizon	Medicare Blue		439.83				41.16	1821.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM, HIP, ARTHROGRAPHY, RAD	73525	CPT	outpatient			1917		505.8 Managed Care Inc	Managed Care Inc		1725.3	90			41.16	1821.15	percent of total billed charges	
RADIOLOGIC EXAM, HIP, ARTHROGRAPHY, RAD	73525	CPT	outpatient			1917		505.8 Multiplan	Multiplan		1533.6	80			41.16	1821.15	percent of total billed charges	
RADIOLOGIC EXAM, HIP, ARTHROGRAPHY, RAD	73525	CPT	outpatient			1917		505.8 Qualcare	Qualcare		1437.75	75			41.16	1821.15	percent of total billed charges	
RADIOLOGIC EXAM, HIP, ARTHROGRAPHY, RAD	73525	CPT	outpatient			1917		505.8 Three Rivers	Three Rivers		1821.15	95			41.16	1821.15	percent of total billed charges	
RADIOLOGIC EXAM, HIP, ARTHROGRAPHY, RAD	73525	CPT	outpatient			1917		505.8 UHC	Medicare		439.83				41.16	1821.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM, HIP, ARTHROGRAPHY, RAD	73525	CPT	outpatient			1917		505.8 UHC	Medicaid		604.81	31.55			41.16	1821.15	percent of total billed charges	
RADIOLOGIC EXAM, HIP, ARTHROGRAPHY, RAD	73525	CPT	outpatient			1917		505.8 Wellcare	Medicare		439.83				41.16	1821.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM, HIP, ARTHROGRAPHY, RAD	73525	CPT	outpatient			1917		505.8 Wellcare	Medicaid		604.81	31.55			41.16	1821.15	percent of total billed charges	
RADIOLOGIC EXAM, HIP, ARTHROGRAPHY, RAD	73525	CPT	outpatient			1917		505.8 WellPoint	WellPoint		616.89	32.18			41.16	1821.15	percent of total billed charges	
FEMUR AP & LATERAL BIL	73550	CPT	outpatient			761		Aetna	Better Health		240.1	31.55			228.3	722.95	percent of total billed charges	
FEMUR AP & LATERAL BIL	73550	CPT	outpatient			761		Aetna	Medicare		234.39	30.8			228.3	722.95	percent of total billed charges	
FEMUR AP & LATERAL BIL	73550	CPT	outpatient			761		Aetna	Commercial		289.18	38			228.3	722.95	percent of total billed charges	
FEMUR AP & LATERAL BIL	73550	CPT	outpatient			761		Americare	Americare		570.75	75			228.3	722.95	percent of total billed charges	
FEMUR AP & LATERAL BIL	73550	CPT	outpatient			761		Amerihealth	HMO/PPO		494.65	65			228.3	722.95	percent of total billed charges	
FEMUR AP & LATERAL BIL	73550	CPT	outpatient			761		Consumer	Consumer		722.95	95			228.3	722.95	percent of total billed charges	
FEMUR AP & LATERAL BIL	73550	CPT	outpatient			761		Corrections	Corrections		608.8	80			228.3	722.95	percent of total billed charges	
FEMUR AP & LATERAL BIL	73550	CPT	outpatient			761		First Health	First Health		532.7	70			228.3	722.95	percent of total billed charges	
FEMUR AP & LATERAL BIL	73550	CPT	outpatient			761		First Trenton	First Trenton		684.9	90			228.3	722.95	percent of total billed charges	
FEMUR AP & LATERAL BIL	73550	CPT	outpatient			761		Horizon	Medicare Blue		228.3	30			228.3	722.95	percent of total billed charges	
FEMUR AP & LATERAL BIL	73550	CPT	outpatient			761		Horizon	Indemnity		291.31	38.28			228.3	722.95	percent of total billed charges	
FEMUR AP & LATERAL BIL	73550	CPT	outpatient			761		Horizon	MGD		291.31	38.28			228.3	722.95	percent of total billed charges	
FEMUR AP & LATERAL BIL	73550	CPT	outpatient			761		Horizon	PPO		291.31	38.28			228.3	722.95	percent of total billed charges	
FEMUR AP & LATERAL BIL	73550	CPT	outpatient			761		Managed Care Inc	Managed Care Inc		684.9	90			228.3	722.95	percent of total billed charges	
FEMUR AP & LATERAL BIL	73550	CPT	outpatient			761		Multiplan	Multiplan		608.8	80			228.3	722.95	percent of total billed charges	
FEMUR AP & LATERAL BIL	73550	CPT	outpatient			761		Qualcare	Qualcare		570.75	75			228.3	722.95	percent of total billed charges	
FEMUR AP & LATERAL BIL	73550	CPT	outpatient			761		Three Rivers	Three Rivers		722.95	95			228.3	722.95	percent of total billed charges	
FEMUR AP & LATERAL BIL	73550	CPT	outpatient			761		UHC	Medicaid		240.1	31.55			228.3	722.95	percent of total billed charges	
FEMUR AP & LATERAL BIL	73550	CPT	outpatient			761		Wellcare	Medicaid		240.1	31.55			228.3	722.95	percent of total billed charges	
FEMUR AP & LATERAL BIL	73550	CPT	outpatient			761		WellPoint	WellPoint		244.89	32.18			228.3	722.95	percent of total billed charges	
FEMUR RT, 1 VIEW ONLY	73551	CPT	both			554		119.52 Aetna	Medicare		103.93				30.2	526.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FEMUR RT, 1 VIEW ONLY	73551	CPT	both			554		119.52 Aetna	Better Health		174.79	31.55			30.2	526.3	percent of total billed charges	
FEMUR RT, 1 VIEW ONLY	73551	CPT	both			554		119.52 Aetna	Commercial		165.46				30.2	526.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FEMUR RT, 1 VIEW ONLY	73551	CPT	both			554		119.52 Americare	Americare		415.5	75			30.2	526.3	percent of total billed charges	
FEMUR RT, 1 VIEW ONLY	73551	CPT	both			554		119.52 Amerihealth	HMO/PPO		360.1	65			30.2	526.3	percent of total billed charges	
FEMUR RT, 1 VIEW ONLY	73551	CPT	both			554		119.52 Amerihealth	Medicare		103.93				30.2	526.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FEMUR RT, 1 VIEW ONLY	73551	CPT	both			554		119.52 Consumer	Consumer		526.3	95			30.2	526.3	percent of total billed charges	
FEMUR RT, 1 VIEW ONLY	73551	CPT	both			554		119.52 Corrections	Corrections		443.2	80			30.2	526.3	percent of total billed charges	
FEMUR RT, 1 VIEW ONLY	73551	CPT	both			554		119.52 First Health	First Health		387.8	70			30.2	526.3	percent of total billed charges	
FEMUR RT, 1 VIEW ONLY	73551	CPT	both			554		119.52 First Trenton	First Trenton		498.6	90			30.2	526.3	percent of total billed charges	
FEMUR RT, 1 VIEW ONLY	73551	CPT	both			554		119.52 Horizon	NJ Health		30.2				30.2	526.3	fee schedule	
FEMUR RT, 1 VIEW ONLY	73551	CPT	both			554		119.52 Horizon	Indemnity		193.41				30.2	526.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FEMUR RT, 1 VIEW ONLY	73551	CPT	both			554		119.52 Horizon	Medicare Blue		103.93				30.2	526.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FEMUR RT, 1 VIEW ONLY	73551	CPT	both			554		119.52 Horizon	MGD		193.41				30.2	526.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FEMUR RT, 1 VIEW ONLY	73551	CPT	both			554		119.52 Horizon	PPO		193.41				30.2	526.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FEMUR RT, 1 VIEW ONLY	73551	CPT	both			554		119.52 Managed Care Inc	Managed Care Inc		498.6	90			30.2	526.3	percent of total billed charges	
FEMUR RT, 1 VIEW ONLY	73551	CPT	both			554		119.52 Multiplan	Multiplan		443.2	80			30.2	526.3	percent of total billed charges	
FEMUR RT, 1 VIEW ONLY	73551	CPT	both			554		119.52 Qualcare	Qualcare		415.5	75			30.2	526.3	percent of total billed charges	
FEMUR RT, 1 VIEW ONLY	73551	CPT	both			554		119.52 Three Rivers	Three Rivers		526.3	95			30.2	526.3	percent of total billed charges	
FEMUR RT, 1 VIEW ONLY	73551	CPT	both			554		119.52 UHC	Medicare		103.93				30.2	526.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FEMUR RT, 1 VIEW ONLY	73551	CPT	both			554		119.52 UHC	Medicaid		174.79	31.55			30.2	526.3	percent of total billed charges	
FEMUR RT, 1 VIEW ONLY	73551	CPT	both			554		119.52 Wellcare	Medicare		103.93				30.2	526.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FEMUR RT, 1 VIEW ONLY	73551	CPT	both			554		119.52 Wellcare	Medicaid		174.79	31.55			30.2	526.3	percent of total billed charges	
FEMUR RT, 1 VIEW ONLY	73551	CPT	both			554		119.52 WellPoint	WellPoint		178.28	32.18			30.2	526.3	percent of total billed charges	
FEMUR RT, MIN 2 VIEWS	73552	CPT	both			554		119.52 Aetna	Commercial		165.46				35.28	526.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FEMUR RT, MIN 2 VIEWS	73552	CPT	both			554		119.52 Aetna	Better Health		174.79	31.55			35.28	526.3	percent of total billed charges	
FEMUR RT, MIN 2 VIEWS	73552	CPT	both			554		119.52 Aetna	Medicare		103.93				35.28	526.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FEMUR RT, MIN 2 VIEWS	73552	CPT	both			554		119.52 Americare	Americare		415.5	75			35.28	526.3	percent of total billed charges	
FEMUR RT, MIN 2 VIEWS	73552	CPT	both			554		119.52 Amerihealth	HMO/PPO		360.1	65			35.28	526.3	percent of total billed charges	
FEMUR RT, MIN 2 VIEWS	73552	CPT	both			554		119.52 Amerihealth	Medicare		103.93				35.28	526.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FEMUR RT, MIN 2 VIEWS	73552	CPT	both			554		119.52 Consumer	Consumer		526.3	95			35.28	526.3	percent of total billed charges	
FEMUR RT, MIN 2 VIEWS	73552	CPT	both			554		119.52 Corrections	Corrections		443.2	80			35.28	526.3	percent of total billed charges	
FEMUR RT, MIN 2 VIEWS	73552	CPT	both			554		119.52 First Health	First Health		387.8	70			35.28	526.3	percent of total billed charges	
FEMUR RT, MIN 2 VIEWS	73552	CPT	both			554		119.52 First Trenton	First Trenton		498.6	90			35.28	526.3	percent of total billed charges	
FEMUR RT, MIN 2 VIEWS	73552	CPT	both			554		119.52 Horizon	MGD		193.41				35.28	526.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FEMUR RT, MIN 2 VIEWS	73552	CPT	both			554		119.52 Horizon	Indemnity		193.41				35.28	526.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FEMUR RT, MIN 2 VIEWS	73552	CPT	both			554		119.52 Horizon	PPO		193.41				35.28	526.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FEMUR RT, MIN 2 VIEWS	73552	CPT	both			554		119.52 Horizon	Medicare Blue		103.93				35.28	526.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FEMUR RT, MIN 2 VIEWS	73552	CPT	both			554		119.52 Horizon	NJ Health		35.28				35.28	526.3	fee schedule	
FEMUR RT, MIN 2 VIEWS	73552	CPT	both			554		119.52 Managed Care Inc	Managed Care Inc		498.6	90			35.28	526.3	percent of total billed charges	
FEMUR RT, MIN 2 VIEWS	73552	CPT	both			554		119.52 Multiplan	Multiplan		443.2	80			35.28	526.3	percent of total billed charges	
FEMUR RT, MIN 2 VIEWS	73552	CPT	both			554		119.52 Qualcare	Qualcare		415.5	75			35.28	526.3	percent of total billed charges	
FEMUR RT, MIN 2 VIEWS	73552	CPT	both			554		119.52 Three Rivers	Three Rivers		526.3	95			35.28	526.3	percent of total billed charges	
FEMUR RT, MIN 2 VIEWS	73552	CPT	both			554		119.52 UHC	Medicaid		174.79	31.55			35.28	526.3	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
FEMUR RT, MIN 2 VIEWS	73552	CPT	both			554	119.52	UHC	Medicare		103.93				35.28	526.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FEMUR RT, MIN 2 VIEWS	73552	CPT	both			554	119.52	Wellcare	Medicaid		174.79	31.55			35.28	526.3	percent of total billed charges	
FEMUR RT, MIN 2 VIEWS	73552	CPT	both			554	119.52	Wellcare	Medicare		103.93				35.28	526.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FEMUR RT, MIN 2 VIEWS	73552	CPT	both			554	119.52	WellPoint	WellPoint		178.28	32.18			35.28	526.3	percent of total billed charges	
TIBIAL PLATEAU SERIES RT	73560	CPT	both			729	119.52	Aetna	Commercial		165.46				32.34	692.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TIBIAL PLATEAU SERIES RT	73560	CPT	both			729	119.52	Aetna	Medicare		224.53	30.8			32.34	692.55	percent of total billed charges	
TIBIAL PLATEAU SERIES RT	73560	CPT	both			729	119.52	Aetna	Better Health		230	31.55			32.34	692.55	percent of total billed charges	
TIBIAL PLATEAU SERIES RT	73560	CPT	both			729	119.52	Americare	Americare		546.75	75			32.34	692.55	percent of total billed charges	
TIBIAL PLATEAU SERIES RT	73560	CPT	both			729	119.52	Amerihealth	HMO/PPO		473.85	65			32.34	692.55	percent of total billed charges	
TIBIAL PLATEAU SERIES RT	73560	CPT	both			729	119.52	Amerihealth	Medicare		103.93				32.34	692.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TIBIAL PLATEAU SERIES RT	73560	CPT	both			729	119.52	Consumer	Consumer		692.55	95			32.34	692.55	percent of total billed charges	
TIBIAL PLATEAU SERIES RT	73560	CPT	both			729	119.52	Corrections	Corrections		583.2	80			32.34	692.55	percent of total billed charges	
TIBIAL PLATEAU SERIES RT	73560	CPT	both			729	119.52	First Health	First Health		510.3	70			32.34	692.55	percent of total billed charges	
TIBIAL PLATEAU SERIES RT	73560	CPT	both			729	119.52	First Trenton	First Trenton		656.1	90			32.34	692.55	percent of total billed charges	
TIBIAL PLATEAU SERIES RT	73560	CPT	both			729	119.52	Horizon	PPO		193.41				32.34	692.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TIBIAL PLATEAU SERIES RT	73560	CPT	both			729	119.52	Horizon	MGD		193.41				32.34	692.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TIBIAL PLATEAU SERIES RT	73560	CPT	both			729	119.52	Horizon	Indemnity		193.41				32.34	692.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TIBIAL PLATEAU SERIES RT	73560	CPT	both			729	119.52	Horizon	NJ Health		32.34				32.34	692.55	fee schedule	
TIBIAL PLATEAU SERIES RT	73560	CPT	both			729	119.52	Horizon	Medicare Blue		103.93				32.34	692.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TIBIAL PLATEAU SERIES RT	73560	CPT	both			729	119.52	Managed Care Inc	Managed Care Inc		656.1	90			32.34	692.55	percent of total billed charges	
TIBIAL PLATEAU SERIES RT	73560	CPT	both			729	119.52	Multiplan	Multiplan		583.2	80			32.34	692.55	percent of total billed charges	
TIBIAL PLATEAU SERIES RT	73560	CPT	both			729	119.52	Qualcare	Qualcare		546.75	75			32.34	692.55	percent of total billed charges	
TIBIAL PLATEAU SERIES RT	73560	CPT	both			729	119.52	Three Rivers	Three Rivers		692.55	95			32.34	692.55	percent of total billed charges	
TIBIAL PLATEAU SERIES RT	73560	CPT	both			729	119.52	UHC	Medicare		103.93				32.34	692.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TIBIAL PLATEAU SERIES RT	73560	CPT	both			729	119.52	UHC	Medicaid		230	31.55			32.34	692.55	percent of total billed charges	
TIBIAL PLATEAU SERIES RT	73560	CPT	both			729	119.52	Wellcare	Medicare		103.93				32.34	692.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TIBIAL PLATEAU SERIES RT	73560	CPT	both			729	119.52	Wellcare	Medicaid		230	31.55			32.34	692.55	percent of total billed charges	
TIBIAL PLATEAU SERIES RT	73560	CPT	both			729	119.52	WellPoint	WellPoint		234.59	32.18			32.34	692.55	percent of total billed charges	
WB KNEE W/TUNNEL, 3 VIEWS R	73562	CPT	both			529	119.52	Aetna	Commercial		165.46				32.34	502.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WB KNEE W/TUNNEL, 3 VIEWS R	73562	CPT	both			529	119.52	Aetna	Better Health		166.9	31.55			32.34	502.55	percent of total billed charges	
WB KNEE W/TUNNEL, 3 VIEWS R	73562	CPT	both			529	119.52	Aetna	Medicare		103.93				32.34	502.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WB KNEE W/TUNNEL, 3 VIEWS R	73562	CPT	both			529	119.52	Americare	Americare		396.75	75			32.34	502.55	percent of total billed charges	
WB KNEE W/TUNNEL, 3 VIEWS R	73562	CPT	both			529	119.52	Amerihealth	HMO/PPO		343.85	65			32.34	502.55	percent of total billed charges	
WB KNEE W/TUNNEL, 3 VIEWS R	73562	CPT	both			529	119.52	Amerihealth	Medicare		103.93				32.34	502.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WB KNEE W/TUNNEL, 3 VIEWS R	73562	CPT	both			529	119.52	Consumer	Consumer		502.55	95			32.34	502.55	percent of total billed charges	
WB KNEE W/TUNNEL, 3 VIEWS R	73562	CPT	both			529	119.52	Corrections	Corrections		423.2	80			32.34	502.55	percent of total billed charges	
WB KNEE W/TUNNEL, 3 VIEWS R	73562	CPT	both			529	119.52	First Health	First Health		370.3	70			32.34	502.55	percent of total billed charges	
WB KNEE W/TUNNEL, 3 VIEWS R	73562	CPT	both			529	119.52	First Trenton	First Trenton		476.1	90			32.34	502.55	percent of total billed charges	
WB KNEE W/TUNNEL, 3 VIEWS R	73562	CPT	both			529	119.52	Horizon	MGD		193.41				32.34	502.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WB KNEE W/TUNNEL, 3 VIEWS R	73562	CPT	both			529	119.52	Horizon	Indemnity		193.41				32.34	502.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WB KNEE W/TUNNEL, 3 VIEWS R	73562	CPT	both			529	119.52	Horizon	Medicare Blue		103.93				32.34	502.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WB KNEE W/TUNNEL, 3 VIEWS R	73562	CPT	both			529	119.52	Horizon	NJ Health		32.34				32.34	502.55	fee schedule	
WB KNEE W/TUNNEL, 3 VIEWS R	73562	CPT	both			529	119.52	Horizon	PPO		193.41				32.34	502.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WB KNEE W/TUNNEL, 3 VIEWS R	73562	CPT	both			529	119.52	Managed Care Inc	Managed Care Inc		476.1	90			32.34	502.55	percent of total billed charges	
WB KNEE W/TUNNEL, 3 VIEWS R	73562	CPT	both			529	119.52	Multiplan	Multiplan		423.2	80			32.34	502.55	percent of total billed charges	
WB KNEE W/TUNNEL, 3 VIEWS R	73562	CPT	both			529	119.52	Qualcare	Qualcare		396.75	75			32.34	502.55	percent of total billed charges	
WB KNEE W/TUNNEL, 3 VIEWS R	73562	CPT	both			529	119.52	Three Rivers	Three Rivers		502.55	95			32.34	502.55	percent of total billed charges	
WB KNEE W/TUNNEL, 3 VIEWS R	73562	CPT	both			529	119.52	UHC	Medicaid		166.9	31.55			32.34	502.55	percent of total billed charges	
WB KNEE W/TUNNEL, 3 VIEWS R	73562	CPT	both			529	119.52	UHC	Medicare		103.93				32.34	502.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WB KNEE W/TUNNEL, 3 VIEWS R	73562	CPT	both			529	119.52	Wellcare	Medicare		103.93				32.34	502.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WB KNEE W/TUNNEL, 3 VIEWS R	73562	CPT	both			529	119.52	Wellcare	Medicaid		166.9	31.55			32.34	502.55	percent of total billed charges	
WB KNEE W/TUNNEL, 3 VIEWS R	73562	CPT	both			529	119.52	WellPoint	WellPoint		170.23	32.18			32.34	502.55	percent of total billed charges	
X-RAY RIGHT KNEE WITH OBLIQUES	73564	CPT	both			750	144.6	Aetna	Commercial		200.18				48.51	712.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
X-RAY RIGHT KNEE WITH OBLIQUES	73564	CPT	both			750	144.6	Aetna	Medicare		125.74				48.51	712.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
X-RAY RIGHT KNEE WITH OBLIQUES	73564	CPT	both			750	144.6	Aetna	Better Health		236.63	31.55			48.51	712.5	percent of total billed charges	
X-RAY RIGHT KNEE WITH OBLIQUES	73564	CPT	both			750	144.6	Americare	Americare		562.5	75			48.51	712.5	percent of total billed charges	
X-RAY RIGHT KNEE WITH OBLIQUES	73564	CPT	both			750	144.6	Amerihealth	HMO/PPO		487.5	65			48.51	712.5	percent of total billed charges	
X-RAY RIGHT KNEE WITH OBLIQUES	73564	CPT	both			750	144.6	Amerihealth	Medicare		125.74				48.51	712.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
X-RAY RIGHT KNEE WITH OBLIQUES	73564	CPT	both			750	144.6	Consumer	Consumer		712.5	95			48.51	712.5	percent of total billed charges	
X-RAY RIGHT KNEE WITH OBLIQUES	73564	CPT	both			750	144.6	Corrections	Corrections		600	80			48.51	712.5	percent of total billed charges	
X-RAY RIGHT KNEE WITH OBLIQUES	73564	CPT	both			750	144.6	First Health	First Health		525	70			48.51	712.5	percent of total billed charges	
X-RAY RIGHT KNEE WITH OBLIQUES	73564	CPT	both			750	144.6	First Trenton	First Trenton		675	90			48.51	712.5	percent of total billed charges	
X-RAY RIGHT KNEE WITH OBLIQUES	73564	CPT	both			750	144.6	Horizon	MGD		234				48.51	712.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
X-RAY RIGHT KNEE WITH OBLIQUES	73564	CPT	both			750	144.6	Horizon	Medicare Blue		125.74				48.51	712.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
X-RAY RIGHT KNEE WITH OBLIQUES	73564	CPT	both			750	144.6	Horizon	NJ Health		48.51				48.51	712.5	fee schedule	
X-RAY RIGHT KNEE WITH OBLIQUES	73564	CPT	both			750	144.6	Horizon	Indemnity		234				48.51	712.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
X-RAY RIGHT KNEE WITH OBLIQUES	73564	CPT	both			750	144.6	Horizon	PPO		234				48.51	712.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
X-RAY RIGHT KNEE WITH OBLIQUES	73564	CPT	both			750	144.6	Managed Care Inc	Managed Care Inc		675	90			48.51	712.5	percent of total billed charges	
X-RAY RIGHT KNEE WITH OBLIQUES	73564	CPT	both			750	144.6	Multiplan	Multiplan		600	80			48.51	712.5	percent of total billed charges	
X-RAY RIGHT KNEE WITH OBLIQUES	73564	CPT	both			750	144.6	Qualcare	Qualcare		562.5	75			48.51	712.5	percent of total billed charges	
X-RAY RIGHT KNEE WITH OBLIQUES	73564	CPT	both			750	144.6	Three Rivers	Three Rivers		712.5	95			48.51	712.5	percent of total billed charges	
X-RAY RIGHT KNEE WITH OBLIQUES	73564	CPT	both			750	144.6	UHC	Medicaid		236.63	31.55			48.51	712.5	percent of total billed charges	
X-RAY RIGHT KNEE WITH OBLIQUES	73564	CPT	both			750	144.6	UHC	Medicare		125.74				48.51	712.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
X-RAY RIGHT KNEE WITH OBLIQUES	73564	CPT	both			750	144.6	Wellcare	Medicare		125.74				48.51	712.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
X-RAY RIGHT KNEE WITH OBLIQUES	73564	CPT	both			750	144.6	Wellcare	Medicaid		236.63	31.55			48.51	712.5	percent of total billed charges	
X-RAY RIGHT KNEE WITH OBLIQUES	73564	CPT	both			750	144.6	WellPoint	WellPoint		241.35	32.18			48.51	712.5	percent of total billed charges	
KNEES, STANDING, AP, BOTH	73565	CPT	both			358	119.52	Aetna	Commercial		165.46				50.55	340.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
KNEES, STANDING, AP, BOTH	73565	CPT	both			358	119.52	Aetna	Better Health		112.95	31.55			50.55	340.1	percent of total billed charges	
KNEES, STANDING, AP, BOTH	73565	CPT	both			358	119.52	Aetna	Medicare		103.93				50.55	340.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
KNEES, STANDING, AP, BOTH	73565	CPT	both			358	119.52	Americare	Americare		268.5	75			50.55	340.1	percent of total billed charges	
KNEES, STANDING, AP, BOTH	73565	CPT	both			358	119.52	Amerihealth	HMO/PPO		232.7	65			50.55	340.1	percent of total billed charges	
KNEES, STANDING, AP, BOTH	73565	CPT	both			358	119.52	Amerihealth	Medicare		103.93				50.55	340.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
KNEES, STANDING, AP, BOTH	73565	CPT	both			358	119.52	Consumer	Consumer		340.1	95			50.55	340.1	percent of total billed charges	
KNEES, STANDING, AP, BOTH	73565	CPT	both			358	119.52	Corrections	Corrections		286.4	80			50.55	340.1	percent of total billed charges	
KNEES, STANDING, AP, BOTH	73565	CPT	both			358	119.52	First Health	First Health		250.6	70			50.55	340.1	percent of total billed charges	
KNEES, STANDING, AP, BOTH	73565	CPT	both			358	119.52	First Trenton	First Trenton		322.2	90			50.55	340.1	percent of total billed charges	
KNEES, STANDING, AP, BOTH	73565	CPT	both			358	119.52	Horizon	MGD		193.41				50.55	340.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
KNEES, STANDING, AP, BOTH	73565	CPT	both			358	119.52	Horizon	Medicare Blue		103.93				50.55	340.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
KNEES, STANDING, AP, BOTH	73565	CPT	both			358	119.52	Horizon	NJ Health		50.55				50.55	340.1	fee schedule	
KNEES, STANDING, AP, BOTH	73565	CPT	both			358	119.52	Horizon	Indemnity		193.41				50.55	340.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
KNEES, STANDING, AP, BOTH	73565	CPT	both			358	119.52	Horizon	PPO		193.41				50.55	340.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
KNEES, STANDING, AP, BOTH	73565	CPT	both			358	119.52	Managed Care Inc	Managed Care Inc		322.2	90			50.55	340.1	percent of total billed charges	
KNEES, STANDING, AP, BOTH	73565	CPT	both			358	119.52	Multiplan	Multiplan		286.4	80			50.55	340.1	percent of total billed charges	
KNEES, STANDING, AP, BOTH	73565	CPT	both			358	119.52	Qualcare	Qualcare		268.5	75			50.55	340.1	percent of total billed charges	
KNEES, STANDING, AP, BOTH	73565	CPT	both			358	119.52	Three Rivers	Three Rivers		340.1	95			50.55	340.1	percent of total billed charges	
KNEES, STANDING, AP, BOTH	73565	CPT	both			358	119.52	UHC	Medicare		103.93				50.55	340.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
KNEES, STANDING, AP, BOTH	73565	CPT	both			358	119.52	UHC	Medicaid		112.95	31.55			50.55	340.1	percent of total billed charges	
KNEES, STANDING, AP, BOTH	73565	CPT	both			358	119.52	Wellcare	Medicaid		112.95	31.55			50.55	340.1	percent of total billed charges	
KNEES, STANDING, AP, BOTH	73565	CPT	both			358	119.52	Wellcare	Medicare		103.93				50.55	340.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
KNEES, STANDING, AP, BOTH	73565	CPT	both			358	119.52	WellPoint	WellPoint		115.2	32.18			50.55	340.1	percent of total billed charges	
KNEE ASPIRATION	73580	CPT	outpatient			1944	505.8	Aetna	Better Health		613.33	31.55			41.16	1846.8	percent of total billed charges	
KNEE ASPIRATION	73580	CPT	outpatient			1944	505.8	Aetna	Commercial		700.21				41.16	1846.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
KNEE ASPIRATION	73580	CPT	outpatient			1944	505.8	Aetna	Medicare		439.83				41.16	1846.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
KNEE ASPIRATION	73580	CPT	outpatient			1944	505.8	Americare	Americare		1458	75			41.16	1846.8	percent of total billed charges	
KNEE ASPIRATION	73580	CPT	outpatient			1944	505.8	Amerihealth	Medicare		439.83				41.16	1846.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
KNEE ASPIRATION	73580	CPT	outpatient			1944	505.8	Amerihealth	HMO/PPO		1263.6	65			41.16	1846.8	percent of total billed charges	
KNEE ASPIRATION	73580	CPT	outpatient			1944	505.8	Consumer	Consumer		1846.8	95			41.16	1846.8	percent of total billed charges	
KNEE ASPIRATION	73580	CPT	outpatient			1944	505.8	Corrections	Corrections		1555.2	80			41.16	1846.8	percent of total billed charges	
KNEE ASPIRATION	73580	CPT	outpatient			1944	505.8	First Health	First Health		1360.8	70			41.16	1846.8	percent of total billed charges	
KNEE ASPIRATION	73580	CPT	outpatient			1944	505.8	First Trenton	First Trenton		1749.6	90			41.16	1846.8	percent of total billed charges	
KNEE ASPIRATION	73580	CPT	outpatient			1944	505.8	Horizon	MGD		818.52				41.16	1846.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
KNEE ASPIRATION	73580	CPT	outpatient			1944	505.8	Horizon	Indemnity		818.52				41.16	1846.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
KNEE ASPIRATION	73580	CPT	outpatient			1944	505.8	Horizon	Medicare Blue		439.83				41.16	1846.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
KNEE ASPIRATION	73580	CPT	outpatient			1944	505.8	Horizon	NJ Health		41.16				41.16	1846.8	fee schedule	
KNEE ASPIRATION	73580	CPT	outpatient			1944	505.8	Horizon	PPO		818.52				41.16	1846.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
KNEE ASPIRATION	73580	CPT	outpatient			1944	505.8	Managed Care Inc	Managed Care Inc		1749.6	90			41.16	1846.8	percent of total billed charges	
KNEE ASPIRATION	73580	CPT	outpatient			1944	505.8	Multiplan	Multiplan		1555.2	80			41.16	1846.8	percent of total billed charges	
KNEE ASPIRATION	73580	CPT	outpatient			1944	505.8	Qualcare	Qualcare		1458	75			41.16	1846.8	percent of total billed charges	
KNEE ASPIRATION	73580	CPT	outpatient			1944	505.8	Three Rivers	Three Rivers		1846.8	95			41.16	1846.8	percent of total billed charges	
KNEE ASPIRATION	73580	CPT	outpatient			1944	505.8	UHC	Medicaid		613.33	31.55			41.16	1846.8	percent of total billed charges	
KNEE ASPIRATION	73580	CPT	outpatient			1944	505.8	UHC	Medicare		439.83				41.16	1846.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
KNEE ASPIRATION	73580	CPT	outpatient			1944	505.8	Wellcare	Medicaid		613.33	31.55			41.16	1846.8	percent of total billed charges	
KNEE ASPIRATION	73580	CPT	outpatient			1944	505.8	Wellcare	Medicare		439.83				41.16	1846.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
KNEE ASPIRATION	73580	CPT	outpatient			1944	505.8	WellPoint	WellPoint		625.98	32.18			41.16	1846.8	percent of total billed charges	
TIBIA FIBULA LEG TWO VIEWS BIL	73590	CPT	both			899	119.52	Aetna	Better Health		283.63	31.55			32.34	854.05	percent of total billed charges	
TIBIA FIBULA LEG TWO VIEWS BIL	73590	CPT	both			899	119.52	Aetna	Commercial		165.46				32.34	854.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TIBIA FIBULA LEG TWO VIEWS BIL	73590	CPT	both			899	119.52	Aetna	Medicare		103.93				32.34	854.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TIBIA FIBULA LEG TWO VIEWS BIL	73590	CPT	both			899	119.52	Americare	Americare		674.25	75			32.34	854.05	percent of total billed charges	
TIBIA FIBULA LEG TWO VIEWS BIL	73590	CPT	both			899	119.52	Amerihealth	HMO/PPO		584.35	65			32.34	854.05	percent of total billed charges	
TIBIA FIBULA LEG TWO VIEWS BIL	73590	CPT	both			899	119.52	Amerihealth	Medicare		103.93				32.34	854.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TIBIA FIBULA LEG TWO VIEWS BIL	73590	CPT	both			899	119.52	Consumer	Consumer		854.05	95			32.34	854.05	percent of total billed charges	
TIBIA FIBULA LEG TWO VIEWS BIL	73590	CPT	both			899	119.52	Corrections	Corrections		719.2	80			32.34	854.05	percent of total billed charges	
TIBIA FIBULA LEG TWO VIEWS BIL	73590	CPT	both			899	119.52	First Health	First Health		629.3	70			32.34	854.05	percent of total billed charges	
TIBIA FIBULA LEG TWO VIEWS BIL	73590	CPT	both			899	119.52	First Trenton	First Trenton		809.1	90			32.34	854.05	percent of total billed charges	
TIBIA FIBULA LEG TWO VIEWS BIL	73590	CPT	both			899	119.52	Horizon	MGD		193.41				32.34	854.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TIBIA FIBULA LEG TWO VIEWS BIL	73590	CPT	both			899	119.52	Horizon	Medicare Blue		103.93				32.34	854.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TIBIA FIBULA LEG TWO VIEWS BIL	73590	CPT	both			899	119.52	Horizon	Indemnity		193.41				32.34	854.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TIBIA FIBULA LEG TWO VIEWS BIL	73590	CPT	both			899	119.52	Horizon	NJ Health		32.34				32.34	854.05	fee schedule	
TIBIA FIBULA LEG TWO VIEWS BIL	73590	CPT	both			899	119.52	Horizon	PPO		193.41				32.34	854.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TIBIA FIBULA LEG TWO VIEWS BIL	73590	CPT	both			899	119.52	Managed Care Inc	Managed Care Inc		809.1	90			32.34	854.05	percent of total billed charges	
TIBIA FIBULA LEG TWO VIEWS BIL	73590	CPT	both			899	119.52	Multiplan	Multiplan		719.2	80			32.34	854.05	percent of total billed charges	
TIBIA FIBULA LEG TWO VIEWS BIL	73590	CPT	both			899	119.52	Qualcare	Qualcare		674.25	75			32.34	854.05	percent of total billed charges	
TIBIA FIBULA LEG TWO VIEWS BIL	73590	CPT	both			899	119.52	Three Rivers	Three Rivers		854.05	95			32.34	854.05	percent of total billed charges	
TIBIA FIBULA LEG TWO VIEWS BIL	73590	CPT	both			899	119.52	UHC	Medicare		103.93				32.34	854.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TIBIA FIBULA LEG TWO VIEWS BIL	73590	CPT	both			899	119.52	UHC	Medicaid		283.63	31.55			32.34	854.05	percent of total billed charges	
TIBIA FIBULA LEG TWO VIEWS BIL	73590	CPT	both			899	119.52	Wellcare	Medicaid		283.63	31.55			32.34	854.05	percent of total billed charges	
TIBIA FIBULA LEG TWO VIEWS BIL	73590	CPT	both			899	119.52	Wellcare	Medicare		103.93				32.34	854.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TIBIA FIBULA LEG TWO VIEWS BIL	73590	CPT	both			899	119.52	WellPoint	WellPoint		289.3	32.18			32.34	854.05	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
LOWER EXTREMITY CHILD RIGHT,SURGICAL	73592	CPT	both			514	119.52	Aetna	Commercial		165.46				39.2	488.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LOWER EXTREMITY CHILD RIGHT,SURGICAL	73592	CPT	both			514	119.52	Aetna	Better Health		162.17	31.55			39.2	488.3	percent of total billed charges	
LOWER EXTREMITY CHILD RIGHT,SURGICAL	73592	CPT	both			514	119.52	Aetna	Medicare		103.93				39.2	488.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LOWER EXTREMITY CHILD RIGHT,SURGICAL	73592	CPT	both			514	119.52	Americare	Americare		385.5	75			39.2	488.3	percent of total billed charges	
LOWER EXTREMITY CHILD RIGHT,SURGICAL	73592	CPT	both			514	119.52	Amerihealth	HMO/PPO		334.1	65			39.2	488.3	percent of total billed charges	
LOWER EXTREMITY CHILD RIGHT,SURGICAL	73592	CPT	both			514	119.52	Amerihealth	Medicare		103.93				39.2	488.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LOWER EXTREMITY CHILD RIGHT,SURGICAL	73592	CPT	both			514	119.52	Consumer	Consumer		488.3	95			39.2	488.3	percent of total billed charges	
LOWER EXTREMITY CHILD RIGHT,SURGICAL	73592	CPT	both			514	119.52	Corrections	Corrections		411.2	80			39.2	488.3	percent of total billed charges	
LOWER EXTREMITY CHILD RIGHT,SURGICAL	73592	CPT	both			514	119.52	First Health	First Health		359.8	70			39.2	488.3	percent of total billed charges	
LOWER EXTREMITY CHILD RIGHT,SURGICAL	73592	CPT	both			514	119.52	First Trenton	First Trenton		462.6	90			39.2	488.3	percent of total billed charges	
LOWER EXTREMITY CHILD RIGHT,SURGICAL	73592	CPT	both			514	119.52	Horizon	NJ Health		39.2				39.2	488.3	fee schedule	
LOWER EXTREMITY CHILD RIGHT,SURGICAL	73592	CPT	both			514	119.52	Horizon	Medicare Blue		103.93				39.2	488.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LOWER EXTREMITY CHILD RIGHT,SURGICAL	73592	CPT	both			514	119.52	Horizon	MGD		193.41				39.2	488.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LOWER EXTREMITY CHILD RIGHT,SURGICAL	73592	CPT	both			514	119.52	Horizon	Indemnity		193.41				39.2	488.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LOWER EXTREMITY CHILD RIGHT,SURGICAL	73592	CPT	both			514	119.52	Horizon	PPO		193.41				39.2	488.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LOWER EXTREMITY CHILD RIGHT,SURGICAL	73592	CPT	both			514	119.52	Managed Care Inc	Managed Care Inc		462.6	90			39.2	488.3	percent of total billed charges	
LOWER EXTREMITY CHILD RIGHT,SURGICAL	73592	CPT	both			514	119.52	Multiplan	Multiplan		411.2	80			39.2	488.3	percent of total billed charges	
LOWER EXTREMITY CHILD RIGHT,SURGICAL	73592	CPT	both			514	119.52	Qualcare	Qualcare		385.5	75			39.2	488.3	percent of total billed charges	
LOWER EXTREMITY CHILD RIGHT,SURGICAL	73592	CPT	both			514	119.52	Three Rivers	Three Rivers		488.3	95			39.2	488.3	percent of total billed charges	
LOWER EXTREMITY CHILD RIGHT,SURGICAL	73592	CPT	both			514	119.52	UHC	Medicaid		162.17	31.55			39.2	488.3	percent of total billed charges	
LOWER EXTREMITY CHILD RIGHT,SURGICAL	73592	CPT	both			514	119.52	UHC	Medicare		103.93				39.2	488.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LOWER EXTREMITY CHILD RIGHT,SURGICAL	73592	CPT	both			514	119.52	Wellcare	Medicare		103.93				39.2	488.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LOWER EXTREMITY CHILD RIGHT,SURGICAL	73592	CPT	both			514	119.52	Wellcare	Medicaid		162.17	31.55			39.2	488.3	percent of total billed charges	
LOWER EXTREMITY CHILD RIGHT,SURGICAL	73592	CPT	both			514	119.52	WellPoint	WellPoint		165.41	32.18			39.2	488.3	percent of total billed charges	
ANKLE AP+LAT	73600	CPT	both			512	119.52	Aetna	Medicare		103.93				27.07	486.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANKLE AP+LAT	73600	CPT	both			512	119.52	Aetna	Commercial		165.46				27.07	486.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANKLE AP+LAT	73600	CPT	both			512	119.52	Aetna	Better Health		161.54	31.55			27.07	486.4	percent of total billed charges	
ANKLE AP+LAT	73600	CPT	both			512	119.52	Americare	Americare		384	75			27.07	486.4	percent of total billed charges	
ANKLE AP+LAT	73600	CPT	both			512	119.52	Amerihealth	HMO/PPO		332.8	65			27.07	486.4	percent of total billed charges	
ANKLE AP+LAT	73600	CPT	both			512	119.52	Amerihealth	Medicare		103.93				27.07	486.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANKLE AP+LAT	73600	CPT	both			512	119.52	Consumer	Consumer		486.4	95			27.07	486.4	percent of total billed charges	
ANKLE AP+LAT	73600	CPT	both			512	119.52	Corrections	Corrections		409.6	80			27.07	486.4	percent of total billed charges	
ANKLE AP+LAT	73600	CPT	both			512	119.52	First Health	First Health		358.4	70			27.07	486.4	percent of total billed charges	
ANKLE AP+LAT	73600	CPT	both			512	119.52	First Trenton	First Trenton		460.8	90			27.07	486.4	percent of total billed charges	
ANKLE AP+LAT	73600	CPT	both			512	119.52	Horizon	MGD		193.41				27.07	486.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANKLE AP+LAT	73600	CPT	both			512	119.52	Horizon	Indemnity		193.41				27.07	486.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANKLE AP+LAT	73600	CPT	both			512	119.52	Horizon	NJ Health		27.07				27.07	486.4	fee schedule	
ANKLE AP+LAT	73600	CPT	both			512	119.52	Horizon	Medicare Blue		103.93				27.07	486.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANKLE AP+LAT	73600	CPT	both			512	119.52	Horizon	PPO		193.41				27.07	486.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANKLE AP+LAT	73600	CPT	both			512	119.52	Managed Care Inc	Managed Care Inc		460.8	90			27.07	486.4	percent of total billed charges	
ANKLE AP+LAT	73600	CPT	both			512	119.52	Multiplan	Multiplan		409.6	80			27.07	486.4	percent of total billed charges	
ANKLE AP+LAT	73600	CPT	both			512	119.52	Qualcare	Qualcare		384	75			27.07	486.4	percent of total billed charges	
ANKLE AP+LAT	73600	CPT	both			512	119.52	Three Rivers	Three Rivers		486.4	95			27.07	486.4	percent of total billed charges	
ANKLE AP+LAT	73600	CPT	both			512	119.52	UHC	Medicaid		161.54	31.55			27.07	486.4	percent of total billed charges	
ANKLE AP+LAT	73600	CPT	both			512	119.52	UHC	Medicare		103.93				27.07	486.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANKLE AP+LAT	73600	CPT	both			512	119.52	Wellcare	Medicare		103.93				27.07	486.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANKLE AP+LAT	73600	CPT	both			512	119.52	Wellcare	Medicaid		161.54	31.55			27.07	486.4	percent of total billed charges	
ANKLE AP+LAT	73600	CPT	both			512	119.52	WellPoint	WellPoint		164.76	32.18			27.07	486.4	percent of total billed charges	
XRAY ANKLE MIN 3 VM	73610	CPT	both			489	119.52	Aetna	Medicare		103.93				29.79	464.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY ANKLE MIN 3 VM	73610	CPT	both			489	119.52	Aetna	Better Health		154.28	31.55			29.79	464.55	percent of total billed charges	
XRAY ANKLE MIN 3 VM	73610	CPT	both			489	119.52	Aetna	Commercial		165.46				29.79	464.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY ANKLE MIN 3 VM	73610	CPT	both			489	119.52	Americare	Americare		366.75	75			29.79	464.55	percent of total billed charges	
XRAY ANKLE MIN 3 VM	73610	CPT	both			489	119.52	Amerihealth	HMO/PPO		317.85	65			29.79	464.55	percent of total billed charges	
XRAY ANKLE MIN 3 VM	73610	CPT	both			489	119.52	Amerihealth	Medicare		103.93				29.79	464.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY ANKLE MIN 3 VM	73610	CPT	both			489	119.52	Consumer	Consumer		464.55	95			29.79	464.55	percent of total billed charges	
XRAY ANKLE MIN 3 VM	73610	CPT	both			489	119.52	Corrections	Corrections		391.2	80			29.79	464.55	percent of total billed charges	
XRAY ANKLE MIN 3 VM	73610	CPT	both			489	119.52	First Health	First Health		342.3	70			29.79	464.55	percent of total billed charges	
XRAY ANKLE MIN 3 VM	73610	CPT	both			489	119.52	First Trenton	First Trenton		440.1	90			29.79	464.55	percent of total billed charges	
XRAY ANKLE MIN 3 VM	73610	CPT	both			489	119.52	Horizon	NJ Health		29.79				29.79	464.55	fee schedule	
XRAY ANKLE MIN 3 VM	73610	CPT	both			489	119.52	Horizon	Medicare Blue		103.93				29.79	464.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY ANKLE MIN 3 VM	73610	CPT	both			489	119.52	Horizon	MGD		193.41				29.79	464.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY ANKLE MIN 3 VM	73610	CPT	both			489	119.52	Horizon	Indemnity		193.41				29.79	464.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY ANKLE MIN 3 VM	73610	CPT	both			489	119.52	Horizon	PPO		193.41				29.79	464.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY ANKLE MIN 3 VM	73610	CPT	both			489	119.52	Managed Care Inc	Managed Care Inc		440.1	90			29.79	464.55	percent of total billed charges	
XRAY ANKLE MIN 3 VM	73610	CPT	both			489	119.52	Multiplan	Multiplan		391.2	80			29.79	464.55	percent of total billed charges	
XRAY ANKLE MIN 3 VM	73610	CPT	both			489	119.52	Qualcare	Qualcare		366.75	75			29.79	464.55	percent of total billed charges	
XRAY ANKLE MIN 3 VM	73610	CPT	both			489	119.52	Three Rivers	Three Rivers		464.55	95			29.79	464.55	percent of total billed charges	
XRAY ANKLE MIN 3 VM	73610	CPT	both			489	119.52	UHC	Medicaid		154.28	31.55			29.79	464.55	percent of total billed charges	
XRAY ANKLE MIN 3 VM	73610	CPT	both			489	119.52	UHC	Medicare		103.93				29.79	464.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY ANKLE MIN 3 VM	73610	CPT	both			489	119.52	Wellcare	Medicaid		154.28	31.55			29.79	464.55	percent of total billed charges	
XRAY ANKLE MIN 3 VM	73610	CPT	both			489	119.52	Wellcare	Medicare		103.93				29.79	464.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY ANKLE MIN 3 VM	73610	CPT	both			489	119.52	WellPoint	WellPoint		157.36	32.18			29.79	464.55	percent of total billed charges	
ARTHROGRAPH - ANKLE	73615	CPT	outpatient			1345	505.8	Aetna	Commercial		700.21				79.03	1277.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTHROGRAPH - ANKLE	73615	CPT	outpatient			1345	505.8	Aetna	Better Health		424.35	31.55			79.03	1277.75	percent of total billed charges	
ARTHROGRAPH - ANKLE	73615	CPT	outpatient			1345	505.8	Aetna	Medicare		439.83				79.03	1277.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTHROGRAPH - ANKLE	73615	CPT	outpatient			1345	505.8	Americare	Americare		1008.75	75			79.03	1277.75	percent of total billed charges	
ARTHROGRAPH - ANKLE	73615	CPT	outpatient			1345	505.8	Amerihealth	HMO/PPO		874.25	65			79.03	1277.75	percent of total billed charges	
ARTHROGRAPH - ANKLE	73615	CPT	outpatient			1345	505.8	Amerihealth	Medicare		439.83				79.03	1277.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTHROGRAPH - ANKLE	73615	CPT	outpatient			1345	505.8	Consumer	Consumer		1277.75	95			79.03	1277.75	percent of total billed charges	
ARTHROGRAPH - ANKLE	73615	CPT	outpatient			1345	505.8	Corrections	Corrections		1076	80			79.03	1277.75	percent of total billed charges	
ARTHROGRAPH - ANKLE	73615	CPT	outpatient			1345	505.8	First Health	First Health		941.5	70			79.03	1277.75	percent of total billed charges	
ARTHROGRAPH - ANKLE	73615	CPT	outpatient			1345	505.8	First Trenton	First Trenton		1210.5	90			79.03	1277.75	percent of total billed charges	
ARTHROGRAPH - ANKLE	73615	CPT	outpatient			1345	505.8	Horizon	Indemnity		818.52				79.03	1277.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTHROGRAPH - ANKLE	73615	CPT	outpatient			1345	505.8	Horizon	NJ Health		79.03				79.03	1277.75	fee schedule	
ARTHROGRAPH - ANKLE	73615	CPT	outpatient			1345	505.8	Horizon	MGD		818.52				79.03	1277.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTHROGRAPH - ANKLE	73615	CPT	outpatient			1345	505.8	Horizon	Medicare Blue		439.83				79.03	1277.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTHROGRAPH - ANKLE	73615	CPT	outpatient			1345	505.8	Horizon	PPO		818.52				79.03	1277.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTHROGRAPH - ANKLE	73615	CPT	outpatient			1345	505.8	Managed Care Inc	Managed Care Inc		1210.5	90			79.03	1277.75	percent of total billed charges	
ARTHROGRAPH - ANKLE	73615	CPT	outpatient			1345	505.8	Multiplan	Multiplan		1076	80			79.03	1277.75	percent of total billed charges	
ARTHROGRAPH - ANKLE	73615	CPT	outpatient			1345	505.8	Qualcare	Qualcare		1008.75	75			79.03	1277.75	percent of total billed charges	
ARTHROGRAPH - ANKLE	73615	CPT	outpatient			1345	505.8	Three Rivers	Three Rivers		1277.75	95			79.03	1277.75	percent of total billed charges	
ARTHROGRAPH - ANKLE	73615	CPT	outpatient			1345	505.8	UHC	Medicare		439.83				79.03	1277.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTHROGRAPH - ANKLE	73615	CPT	outpatient			1345	505.8	UHC	Medicaid		424.35	31.55			79.03	1277.75	percent of total billed charges	
ARTHROGRAPH - ANKLE	73615	CPT	outpatient			1345	505.8	Wellcare	Medicare		439.83				79.03	1277.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTHROGRAPH - ANKLE	73615	CPT	outpatient			1345	505.8	Wellcare	Medicaid		424.35	31.55			79.03	1277.75	percent of total billed charges	
ARTHROGRAPH - ANKLE	73615	CPT	outpatient			1345	505.8	WellPoint	WellPoint		432.82	32.18			79.03	1277.75	percent of total billed charges	
FOOT, AP & LAT	73620	CPT	both			1278	119.52	Aetna	Better Health		403.21	31.55			27.07	1214.1	percent of total billed charges	
FOOT, AP & LAT	73620	CPT	both			1278	119.52	Aetna	Commercial		165.46				27.07	1214.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FOOT, AP & LAT	73620	CPT	both			1278	119.52	Aetna	Medicare		103.93				27.07	1214.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FOOT, AP & LAT	73620	CPT	both			1278	119.52	Americare	Americare		958.5	75			27.07	1214.1	percent of total billed charges	
FOOT, AP & LAT	73620	CPT	both			1278	119.52	Amerihealth	HMO/PPO		830.7	65			27.07	1214.1	percent of total billed charges	
FOOT, AP & LAT	73620	CPT	both			1278	119.52	Amerihealth	Medicare		103.93				27.07	1214.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FOOT, AP & LAT	73620	CPT	both			1278	119.52	Consumer	Consumer		1214.1	95			27.07	1214.1	percent of total billed charges	
FOOT, AP & LAT	73620	CPT	both			1278	119.52	Corrections	Corrections		1022.4	80			27.07	1214.1	percent of total billed charges	
FOOT, AP & LAT	73620	CPT	both			1278	119.52	First Health	First Health		894.6	70			27.07	1214.1	percent of total billed charges	
FOOT, AP & LAT	73620	CPT	both			1278	119.52	First Trenton	First Trenton		1150.2	90			27.07	1214.1	percent of total billed charges	
FOOT, AP & LAT	73620	CPT	both			1278	119.52	Horizon	Medicare Blue		103.93				27.07	1214.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FOOT, AP & LAT	73620	CPT	both			1278	119.52	Horizon	NJ Health		27.07				27.07	1214.1	fee schedule	
FOOT, AP & LAT	73620	CPT	both			1278	119.52	Horizon	Indemnity		193.41				27.07	1214.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FOOT, AP & LAT	73620	CPT	both			1278	119.52	Horizon	MGD		193.41				27.07	1214.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FOOT, AP & LAT	73620	CPT	both			1278	119.52	Horizon	PPO		193.41				27.07	1214.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FOOT, AP & LAT	73620	CPT	both			1278	119.52	Managed Care Inc	Managed Care Inc		1150.2	90			27.07	1214.1	percent of total billed charges	
FOOT, AP & LAT	73620	CPT	both			1278	119.52	Multiplan	Multiplan		1022.4	80			27.07	1214.1	percent of total billed charges	
FOOT, AP & LAT	73620	CPT	both			1278	119.52	Qualcare	Qualcare		958.5	75			27.07	1214.1	percent of total billed charges	
FOOT, AP & LAT	73620	CPT	both			1278	119.52	Three Rivers	Three Rivers		1214.1	95			27.07	1214.1	percent of total billed charges	
FOOT, AP & LAT	73620	CPT	both			1278	119.52	UHC	Medicaid		403.21	31.55			27.07	1214.1	percent of total billed charges	
FOOT, AP & LAT	73620	CPT	both			1278	119.52	UHC	Medicare		103.93				27.07	1214.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FOOT, AP & LAT	73620	CPT	both			1278	119.52	Wellcare	Medicaid		403.21	31.55			27.07	1214.1	percent of total billed charges	
FOOT, AP & LAT	73620	CPT	both			1278	119.52	Wellcare	Medicare		103.93				27.07	1214.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FOOT, AP & LAT	73620	CPT	both			1278	119.52	WellPoint	WellPoint		411.26	32.18			27.07	1214.1	percent of total billed charges	
RADIO.EXAM FOOT COMP.MIN/VIEW	73630	CPT	both			899	119.52	Aetna	Medicare		276.89	30.8			29.79	854.05	percent of total billed charges	
RADIO.EXAM FOOT COMP.MIN/VIEW	73630	CPT	both			899	119.52	Aetna	Better Health		283.63	31.55			29.79	854.05	percent of total billed charges	
RADIO.EXAM FOOT COMP.MIN/VIEW	73630	CPT	both			899	119.52	Aetna	Commercial		165.46				29.79	854.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIO.EXAM FOOT COMP.MIN/VIEW	73630	CPT	both			899	119.52	Americare	Americare		674.25	75			29.79	854.05	percent of total billed charges	
RADIO.EXAM FOOT COMP.MIN/VIEW	73630	CPT	both			899	119.52	Amerihealth	Medicare		103.93				29.79	854.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIO.EXAM FOOT COMP.MIN/VIEW	73630	CPT	both			899	119.52	Amerihealth	HMO/PPO		584.35	65			29.79	854.05	percent of total billed charges	
RADIO.EXAM FOOT COMP.MIN/VIEW	73630	CPT	both			899	119.52	Consumer	Consumer		854.05	95			29.79	854.05	percent of total billed charges	
RADIO.EXAM FOOT COMP.MIN/VIEW	73630	CPT	both			899	119.52	Corrections	Corrections		719.2	80			29.79	854.05	percent of total billed charges	
RADIO.EXAM FOOT COMP.MIN/VIEW	73630	CPT	both			899	119.52	First Health	First Health		629.3	70			29.79	854.05	percent of total billed charges	
RADIO.EXAM FOOT COMP.MIN/VIEW	73630	CPT	both			899	119.52	First Trenton	First Trenton		809.1	90			29.79	854.05	percent of total billed charges	
RADIO.EXAM FOOT COMP.MIN/VIEW	73630	CPT	both			899	119.52	Horizon	NJ Health		29.79				29.79	854.05	fee schedule	
RADIO.EXAM FOOT COMP.MIN/VIEW	73630	CPT	both			899	119.52	Horizon	Indemnity		193.41				29.79	854.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIO.EXAM FOOT COMP.MIN/VIEW	73630	CPT	both			899	119.52	Horizon	Medicare Blue		103.93				29.79	854.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIO.EXAM FOOT COMP.MIN/VIEW	73630	CPT	both			899	119.52	Horizon	MGD		193.41				29.79	854.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIO.EXAM FOOT COMP.MIN/VIEW	73630	CPT	both			899	119.52	Horizon	PPO		193.41				29.79	854.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIO.EXAM FOOT COMP.MIN/VIEW	73630	CPT	both			899	119.52	Managed Care Inc	Managed Care Inc		809.1	90			29.79	854.05	percent of total billed charges	
RADIO.EXAM FOOT COMP.MIN/VIEW	73630	CPT	both			899	119.52	Multiplan	Multiplan		719.2	80			29.79	854.05	percent of total billed charges	
RADIO.EXAM FOOT COMP.MIN/VIEW	73630	CPT	both			899	119.52	Qualcare	Qualcare		674.25	75			29.79	854.05	percent of total billed charges	
RADIO.EXAM FOOT COMP.MIN/VIEW	73630	CPT	both			899	119.52	Three Rivers	Three Rivers		854.05	95			29.79	854.05	percent of total billed charges	
RADIO.EXAM FOOT COMP.MIN/VIEW	73630	CPT	both			899	119.52	UHC	Medicaid		283.63	31.55			29.79	854.05	percent of total billed charges	
RADIO.EXAM FOOT COMP.MIN/VIEW	73630	CPT	both			899	119.52	UHC	Medicare		103.93				29.79	854.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIO.EXAM FOOT COMP.MIN/VIEW	73630	CPT	both			899	119.52	Wellcare	Medicare		103.93				29.79	854.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIO.EXAM FOOT COMP.MIN/VIEW	73630	CPT	both			899	119.52	Wellcare	Medicaid		283.63	31.55			29.79	854.05	percent of total billed charges	
RADIO.EXAM FOOT COMP.MIN/VIEW	73630	CPT	both			899	119.52	WellPoint	WellPoint		289.3	32.18			29.79	854.05	percent of total billed charges	
OS CALCIS RIGHT, SURGICAL	73650	CPT	both			720	119.52	Aetna	Better Health		227.16	31.55			26.36	684	percent of total billed charges	
OS CALCIS RIGHT, SURGICAL	73650	CPT	both			720	119.52	Aetna	Commercial		165.46				26.36	684	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OS CALCIS RIGHT, SURGICAL	73650	CPT	both			720	119.52	Aetna	Medicare		103.93				26.36	684	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OS CALCIS RIGHT, SURGICAL	73650	CPT	both			720	119.52	Americare	Americare		540	75			26.36	684	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
OS CALCIS RIGHT, SURGICAL	73650	CPT	both			720	119.52	Amerihealth	HMO/PPO		468	65			26.36		684 percent of total billed charges	
OS CALCIS RIGHT, SURGICAL	73650	CPT	both			720	119.52	Amerihealth	Medicare		103.93				26.36		684 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OS CALCIS RIGHT, SURGICAL	73650	CPT	both			720	119.52	Consumer	Consumer		684	95			26.36		684 percent of total billed charges	
OS CALCIS RIGHT, SURGICAL	73650	CPT	both			720	119.52	Corrections	Corrections		576	80			26.36		684 percent of total billed charges	
OS CALCIS RIGHT, SURGICAL	73650	CPT	both			720	119.52	First Health	First Health		504	70			26.36		684 percent of total billed charges	
OS CALCIS RIGHT, SURGICAL	73650	CPT	both			720	119.52	First Trenton	First Trenton		648	90			26.36		684 percent of total billed charges	
OS CALCIS RIGHT, SURGICAL	73650	CPT	both			720	119.52	Horizon	PPO		193.41				26.36		684 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OS CALCIS RIGHT, SURGICAL	73650	CPT	both			720	119.52	Horizon	MGD		193.41				26.36		684 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OS CALCIS RIGHT, SURGICAL	73650	CPT	both			720	119.52	Horizon	Indemnity		193.41				26.36		684 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OS CALCIS RIGHT, SURGICAL	73650	CPT	both			720	119.52	Horizon	Medicare Blue		103.93				26.36		684 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OS CALCIS RIGHT, SURGICAL	73650	CPT	both			720	119.52	Horizon	NJ Health		26.36				26.36		684 fee schedule	
OS CALCIS RIGHT, SURGICAL	73650	CPT	both			720	119.52	Managed Care Inc	Managed Care Inc		648	90			26.36		684 percent of total billed charges	
OS CALCIS RIGHT, SURGICAL	73650	CPT	both			720	119.52	Multiplan	Multiplan		576	80			26.36		684 percent of total billed charges	
OS CALCIS RIGHT, SURGICAL	73650	CPT	both			720	119.52	Qualcare	Qualcare		540	75			26.36		684 percent of total billed charges	
OS CALCIS RIGHT, SURGICAL	73650	CPT	both			720	119.52	Three Rivers	Three Rivers		684	95			26.36		684 percent of total billed charges	
OS CALCIS RIGHT, SURGICAL	73650	CPT	both			720	119.52	UHC	Medicare		103.93				26.36		684 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OS CALCIS RIGHT, SURGICAL	73650	CPT	both			720	119.52	UHC	Medicaid		227.16	31.55			26.36		684 percent of total billed charges	
OS CALCIS RIGHT, SURGICAL	73650	CPT	both			720	119.52	Wellcare	Medicare		103.93				26.36		684 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OS CALCIS RIGHT, SURGICAL	73650	CPT	both			720	119.52	Wellcare	Medicaid		227.16	31.55			26.36		684 percent of total billed charges	
OS CALCIS RIGHT, SURGICAL	73650	CPT	both			720	119.52	WellPoint	WellPoint		231.7	32.18			26.36		684 percent of total billed charges	
TOES RIGHT, SURGICAL	73660	CPT	both			644	119.52	Aetna	Better Health		203.18	31.55			13.72		611.8 percent of total billed charges	
TOES RIGHT, SURGICAL	73660	CPT	both			644	119.52	Aetna	Commercial		165.46				13.72		611.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TOES RIGHT, SURGICAL	73660	CPT	both			644	119.52	Aetna	Medicare		103.93				13.72		611.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TOES RIGHT, SURGICAL	73660	CPT	both			644	119.52	Americare	Americare		483	75			13.72		611.8 percent of total billed charges	
TOES RIGHT, SURGICAL	73660	CPT	both			644	119.52	Amerihealth	HMO/PPO		418.6	65			13.72		611.8 percent of total billed charges	
TOES RIGHT, SURGICAL	73660	CPT	both			644	119.52	Amerihealth	Medicare		103.93				13.72		611.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TOES RIGHT, SURGICAL	73660	CPT	both			644	119.52	Consumer	Consumer		611.8	95			13.72		611.8 percent of total billed charges	
TOES RIGHT, SURGICAL	73660	CPT	both			644	119.52	Corrections	Corrections		515.2	80			13.72		611.8 percent of total billed charges	
TOES RIGHT, SURGICAL	73660	CPT	both			644	119.52	First Health	First Health		450.8	70			13.72		611.8 percent of total billed charges	
TOES RIGHT, SURGICAL	73660	CPT	both			644	119.52	First Trenton	First Trenton		579.6	90			13.72		611.8 percent of total billed charges	
TOES RIGHT, SURGICAL	73660	CPT	both			644	119.52	Horizon	NJ Health		13.72				13.72		611.8 fee schedule	
TOES RIGHT, SURGICAL	73660	CPT	both			644	119.52	Horizon	Medicare Blue		103.93				13.72		611.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TOES RIGHT, SURGICAL	73660	CPT	both			644	119.52	Horizon	MGD		193.41				13.72		611.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TOES RIGHT, SURGICAL	73660	CPT	both			644	119.52	Horizon	Indemnity		193.41				13.72		611.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TOES RIGHT, SURGICAL	73660	CPT	both			644	119.52	Horizon	PPO		193.41				13.72		611.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TOES RIGHT, SURGICAL	73660	CPT	both			644	119.52	Managed Care Inc	Managed Care Inc		579.6	90			13.72		611.8 percent of total billed charges	
TOES RIGHT, SURGICAL	73660	CPT	both			644	119.52	Multiplan	Multiplan		515.2	80			13.72		611.8 percent of total billed charges	
TOES RIGHT, SURGICAL	73660	CPT	both			644	119.52	Qualcare	Qualcare		483	75			13.72		611.8 percent of total billed charges	
TOES RIGHT, SURGICAL	73660	CPT	both			644	119.52	Three Rivers	Three Rivers		611.8	95			13.72		611.8 percent of total billed charges	
TOES RIGHT, SURGICAL	73660	CPT	both			644	119.52	UHC	Medicaid		203.18	31.55			13.72		611.8 percent of total billed charges	
TOES RIGHT, SURGICAL	73660	CPT	both			644	119.52	UHC	Medicare		103.93				13.72		611.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TOES RIGHT, SURGICAL	73660	CPT	both			644	119.52	Wellcare	Medicaid		203.18	31.55			13.72		611.8 percent of total billed charges	
TOES RIGHT, SURGICAL	73660	CPT	both			644	119.52	Wellcare	Medicare		103.93				13.72		611.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TOES RIGHT, SURGICAL	73660	CPT	both			644	119.52	WellPoint	WellPoint		207.24	32.18			13.72		611.8 percent of total billed charges	
LOWER EXTREMITY W/O CONTRAST	73700	CPT	both			2205	144.6	Aetna	Better Health		695.68	31.55			88.97		2094.75 percent of total billed charges	
LOWER EXTREMITY W/O CONTRAST	73700	CPT	both			2205	144.6	Aetna	Commercial		200.18				88.97		2094.75 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LOWER EXTREMITY W/O CONTRAST	73700	CPT	both			2205	144.6	Aetna	Medicare		125.74				88.97		2094.75 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LOWER EXTREMITY W/O CONTRAST	73700	CPT	both			2205	144.6	Americare	Americare		1653.75	75			88.97		2094.75 percent of total billed charges	
LOWER EXTREMITY W/O CONTRAST	73700	CPT	both			2205	144.6	Amerihealth	Medicare		125.74				88.97		2094.75 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LOWER EXTREMITY W/O CONTRAST	73700	CPT	both			2205	144.6	Amerihealth	HMO/PPO		1433.25	65			88.97		2094.75 percent of total billed charges	
LOWER EXTREMITY W/O CONTRAST	73700	CPT	both			2205	144.6	Consumer	Consumer		2094.75	95			88.97		2094.75 percent of total billed charges	
LOWER EXTREMITY W/O CONTRAST	73700	CPT	both			2205	144.6	Corrections	Corrections		1764	80			88.97		2094.75 percent of total billed charges	
LOWER EXTREMITY W/O CONTRAST	73700	CPT	both			2205	144.6	First Health	First Health		1543.5	70			88.97		2094.75 percent of total billed charges	
LOWER EXTREMITY W/O CONTRAST	73700	CPT	both			2205	144.6	First Trenton	First Trenton		1984.5	90			88.97		2094.75 percent of total billed charges	
LOWER EXTREMITY W/O CONTRAST	73700	CPT	both			2205	144.6	Horizon	MGD		234				88.97		2094.75 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LOWER EXTREMITY W/O CONTRAST	73700	CPT	both			2205	144.6	Horizon	Indemnity		234				88.97		2094.75 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LOWER EXTREMITY W/O CONTRAST	73700	CPT	both			2205	144.6	Horizon	PPO		234				88.97		2094.75 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LOWER EXTREMITY W/O CONTRAST	73700	CPT	both			2205	144.6	Horizon	NJ Health		245				88.97		2094.75 fee schedule	
LOWER EXTREMITY W/O CONTRAST	73700	CPT	both			2205	144.6	Horizon	Medicare Blue		125.74				88.97		2094.75 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LOWER EXTREMITY W/O CONTRAST	73700	CPT	both			2205	144.6	Managed Care Inc	Managed Care Inc		1984.5	90			88.97		2094.75 percent of total billed charges	
LOWER EXTREMITY W/O CONTRAST	73700	CPT	both			2205	144.6	Multiplan	Multiplan		1764	80			88.97		2094.75 percent of total billed charges	
LOWER EXTREMITY W/O CONTRAST	73700	CPT	both			2205	144.6	Qualcare	Qualcare		1653.75	75			88.97		2094.75 percent of total billed charges	
LOWER EXTREMITY W/O CONTRAST	73700	CPT	both			2205	144.6	Three Rivers	Three Rivers		2094.75	95			88.97		2094.75 percent of total billed charges	
LOWER EXTREMITY W/O CONTRAST	73700	CPT	both			2205	144.6	UHC	Medicare		125.74				88.97		2094.75 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LOWER EXTREMITY W/O CONTRAST	73700	CPT	both			2205	144.6	UHC	Medicaid		695.68	31.55			88.97		2094.75 percent of total billed charges	
LOWER EXTREMITY W/O CONTRAST	73700	CPT	both			2205	144.6	Wellcare	Medicare		125.74				88.97		2094.75 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LOWER EXTREMITY W/O CONTRAST	73700	CPT	both			2205	144.6	Wellcare	Medicaid		695.68	31.55			88.97		2094.75 percent of total billed charges	
LOWER EXTREMITY W/O CONTRAST	73700	CPT	both			2205	144.6	WellPoint	WellPoint		709.57	32.18			88.97		2094.75 percent of total billed charges	
LOWER EXTREMITY W/ CONTRAST	73701	CPT	both			3124	241.65	Aetna	Medicare		962.19	30.8			210.13		2967.8 percent of total billed charges	
LOWER EXTREMITY W/ CONTRAST	73701	CPT	both			3124	241.65	Aetna	Better Health		985.62	31.55			210.13		2967.8 percent of total billed charges	
LOWER EXTREMITY W/ CONTRAST	73701	CPT	both			3124	241.65	Aetna	Commercial		334.53				210.13		2967.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LOWER EXTREMITY W/ CONTRAST	73701	CPT	both			3124	241.65	Americare	Americare		2343	75			210.13		2967.8 percent of total billed charges	
LOWER EXTREMITY W/ CONTRAST	73701	CPT	both			3124	241.65	Amerihealth	Medicare		210.13				210.13		2967.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LOWER EXTREMITY W/ CONTRAST	73701	CPT	both			3124	241.65	Amerihealth	HMO/PPO		2030.6	65			210.13		2967.8 percent of total billed charges	
LOWER EXTREMITY W/ CONTRAST	73701	CPT	both			3124	241.65	Consumer	Consumer		2967.8	95			210.13		2967.8 percent of total billed charges	
LOWER EXTREMITY W/ CONTRAST	73701	CPT	both			3124	241.65	Corrections	Corrections		2499.2	80			210.13		2967.8 percent of total billed charges	
LOWER EXTREMITY W/ CONTRAST	73701	CPT	both			3124	241.65	First Health	First Health		2186.8	70			210.13		2967.8 percent of total billed charges	
LOWER EXTREMITY W/ CONTRAST	73701	CPT	both			3124	241.65	First Trenton	First Trenton		2811.6	90			210.13		2967.8 percent of total billed charges	
LOWER EXTREMITY W/ CONTRAST	73701	CPT	both			3124	241.65	Horizon	Medicare Blue		210.13				210.13		2967.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LOWER EXTREMITY W/ CONTRAST	73701	CPT	both			3124	241.65	Horizon	NJ Health		245				210.13		2967.8 fee schedule	
LOWER EXTREMITY W/ CONTRAST	73701	CPT	both			3124	241.65	Horizon	MGD		391.05				210.13		2967.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LOWER EXTREMITY W/ CONTRAST	73701	CPT	both			3124	241.65	Horizon	Indemnity		391.05				210.13		2967.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LOWER EXTREMITY W/ CONTRAST	73701	CPT	both			3124	241.65	Horizon	PPO		391.05				210.13		2967.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LOWER EXTREMITY W/ CONTRAST	73701	CPT	both			3124	241.65	Managed Care Inc	Managed Care Inc		2811.6	90			210.13		2967.8 percent of total billed charges	
LOWER EXTREMITY W/ CONTRAST	73701	CPT	both			3124	241.65	Multiplan	Multiplan		2499.2	80			210.13		2967.8 percent of total billed charges	
LOWER EXTREMITY W/ CONTRAST	73701	CPT	both			3124	241.65	Qualcare	Qualcare		2343	75			210.13		2967.8 percent of total billed charges	
LOWER EXTREMITY W/ CONTRAST	73701	CPT	both			3124	241.65	Three Rivers	Three Rivers		2967.8	95			210.13		2967.8 percent of total billed charges	
LOWER EXTREMITY W/ CONTRAST	73701	CPT	both			3124	241.65	UHC	Medicare		210.13				210.13		2967.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LOWER EXTREMITY W/ CONTRAST	73701	CPT	both			3124	241.65	UHC	Medicaid		985.62	31.55			210.13		2967.8 percent of total billed charges	
LOWER EXTREMITY W/ CONTRAST	73701	CPT	both			3124	241.65	Wellcare	Medicare		210.13				210.13		2967.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LOWER EXTREMITY W/ CONTRAST	73701	CPT	both			3124	241.65	Wellcare	Medicaid		985.62	31.55			210.13		2967.8 percent of total billed charges	
LOWER EXTREMITY W/ CONTRAST	73701	CPT	both			3124	241.65	WellPoint	WellPoint		1005.3	32.18			210.13		2967.8 percent of total billed charges	
LOWER EXT W/O FOLL BY	73702	CPT	both			3506	241.65	Aetna	Better Health		1106.14	31.55			210.13		3330.7 percent of total billed charges	
LOWER EXT W/O FOLL BY	73702	CPT	both			3506	241.65	Aetna	Commercial		334.53				210.13		3330.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LOWER EXT W/O FOLL BY	73702	CPT	both			3506	241.65	Aetna	Medicare		210.13				210.13		3330.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LOWER EXT W/O FOLL BY	73702	CPT	both			3506	241.65	Americare	Americare		2629.5	75			210.13		3330.7 percent of total billed charges	
LOWER EXT W/O FOLL BY	73702	CPT	both			3506	241.65	Amerihealth	HMO/PPO		2278.9	65			210.13		3330.7 percent of total billed charges	
LOWER EXT W/O FOLL BY	73702	CPT	both			3506	241.65	Amerihealth	Medicare		210.13				210.13		3330.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LOWER EXT W/O FOLL BY	73702	CPT	both			3506	241.65	Consumer	Consumer		3330.7	95			210.13		3330.7 percent of total billed charges	
LOWER EXT W/O FOLL BY	73702	CPT	both			3506	241.65	Corrections	Corrections		2804.8	80			210.13		3330.7 percent of total billed charges	
LOWER EXT W/O FOLL BY	73702	CPT	both			3506	241.65	First Health	First Health		2454.2	70			210.13		3330.7 percent of total billed charges	
LOWER EXT W/O FOLL BY	73702	CPT	both			3506	241.65	First Trenton	First Trenton		3155.4	90			210.13		3330.7 percent of total billed charges	
LOWER EXT W/O FOLL BY	73702	CPT	both			3506	241.65	Horizon	MGD		391.05				210.13		3330.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LOWER EXT W/O FOLL BY	73702	CPT	both			3506	241.65	Horizon	Medicare Blue		210.13				210.13		3330.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LOWER EXT W/O FOLL BY	73702	CPT	both			3506	241.65	Horizon	NJ Health		343				210.13		3330.7 fee schedule	
LOWER EXT W/O FOLL BY	73702	CPT	both			3506	241.65	Horizon	Indemnity		391.05				210.13		3330.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LOWER EXT W/O FOLL BY	73702	CPT	both			3506	241.65	Horizon	PPO		391.05				210.13		3330.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LOWER EXT W/O FOLL BY	73702	CPT	both			3506	241.65	Managed Care Inc	Managed Care Inc		3155.4	90			210.13		3330.7 percent of total billed charges	
LOWER EXT W/O FOLL BY	73702	CPT	both			3506	241.65	Multiplan	Multiplan		2804.8	80			210.13		3330.7 percent of total billed charges	
LOWER EXT W/O FOLL BY	73702	CPT	both			3506	241.65	Qualcare	Qualcare		2629.5	75			210.13		3330.7 percent of total billed charges	
LOWER EXT W/O FOLL BY	73702	CPT	both			3506	241.65	Three Rivers	Three Rivers		3330.7	95			210.13		3330.7 percent of total billed charges	
LOWER EXT W/O FOLL BY	73702	CPT	both			3506	241.65	UHC	Medicaid		1106.14	31.55			210.13		3330.7 percent of total billed charges	
LOWER EXT W/O FOLL BY	73702	CPT	both			3506	241.65	UHC	Medicare		210.13				210.13		3330.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LOWER EXT W/O FOLL BY	73702	CPT	both			3506	241.65	Wellcare	Medicare		210.13				210.13		3330.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LOWER EXT W/O FOLL BY	73702	CPT	both			3506	241.65	Wellcare	Medicaid		1106.14	31.55			210.13		3330.7 percent of total billed charges	
LOWER EXT W/O FOLL BY	73702	CPT	both			3506	241.65	WellPoint	WellPoint		1126.23	32.18			210.13		3330.7 percent of total billed charges	
CT ANGIO LOWER EXTREM W/O & W/59	73706	CPT	both			3582	241.65	Aetna	Medicare		210.13				210.13		3402.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ANGIO LOWER EXTREM W/O & W/59	73706	CPT	both			3582	241.65	Aetna	Better Health		1130.12	31.55			210.13		3402.9 percent of total billed charges	
CT ANGIO LOWER EXTREM W/O & W/59	73706	CPT	both			3582	241.65	Aetna	Commercial		334.53				210.13		3402.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ANGIO LOWER EXTREM W/O & W/59	73706	CPT	both			3582	241.65	Americare	Americare		2686.5	75			210.13		3402.9 percent of total billed charges	
CT ANGIO LOWER EXTREM W/O & W/59	73706	CPT	both			3582	241.65	Amerihealth	HMO/PPO		2328.3	65			210.13		3402.9 percent of total billed charges	
CT ANGIO LOWER EXTREM W/O & W/59	73706	CPT	both			3582	241.65	Amerihealth	Medicare		210.13				210.13		3402.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ANGIO LOWER EXTREM W/O & W/59	73706	CPT	both			3582	241.65	Consumer	Consumer		3402.9	95			210.13		3402.9 percent of total billed charges	
CT ANGIO LOWER EXTREM W/O & W/59	73706	CPT	both			3582	241.65	Corrections	Corrections		2865.6	80			210.13		3402.9 percent of total billed charges	
CT ANGIO LOWER EXTREM W/O & W/59	73706	CPT	both			3582	241.65	First Health	First Health		2507.4	70			210.13		3402.9 percent of total billed charges	
CT ANGIO LOWER EXTREM W/O & W/59	73706	CPT	both			3582	241.65	First Trenton	First Trenton		3223.8	90			210.13		3402.9 percent of total billed charges	
CT ANGIO LOWER EXTREM W/O & W/59	73706	CPT	both			3582	241.65	Horizon	MGD		391.05				210.13		3402.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ANGIO LOWER EXTREM W/O & W/59	73706	CPT	both			3582	241.65	Horizon	Indemnity		391.05				210.13		3402.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ANGIO LOWER EXTREM W/O & W/59	73706	CPT	both			3582	241.65	Horizon	PPO		391.05				210.13		3402.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ANGIO LOWER EXTREM W/O & W/59	73706	CPT	both			3582	241.65	Horizon	Medicare Blue		210.13				210.13		3402.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ANGIO LOWER EXTREM W/O & W/59	73706	CPT	both			3582	241.65	Horizon	NJ Health		366.52				210.13		3402.9 fee schedule	
CT ANGIO LOWER EXTREM W/O & W/59	73706	CPT	both			3582	241.65	Managed Care Inc	Managed Care Inc		3223.8	90			210.13		3402.9 percent of total billed charges	
CT ANGIO LOWER EXTREM W/O & W/59	73706	CPT	both			3582	241.65	Multiplan	Multiplan		2865.6	80			210.13		3402.9 percent of total billed charges	
CT ANGIO LOWER EXTREM W/O & W/59	73706	CPT	both			3582	241.65	Qualcare	Qualcare		2686.5	75			210.13		3402.9 percent of total billed charges	
CT ANGIO LOWER EXTREM W/O & W/59	73706	CPT	both			3582	241.65	Three Rivers	Three Rivers		3402.9	95			210.13		3402.9 percent of total billed charges	
CT ANGIO LOWER EXTREM W/O & W/59	73706	CPT	both			3582	241.65	UHC	Medicaid		1130.12	31.55			210.13		3402.9 percent of total billed charges	
CT ANGIO LOWER EXTREM W/O & W/59	73706	CPT	both			3582	241.65	UHC	Medicare		210.13				210.13		3402.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ANGIO LOWER EXTREM W/O & W/59	73706	CPT	both			3582	241.65	Wellcare	Medicaid		1130.12	31.55			210.13		3402.9 percent of total billed charges	
CT ANGIO LOWER EXTREM W/O & W/59	73706	CPT	both			3582	241.65	Wellcare	Medicare		210.13				210.13		3402.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ANGIO LOWER EXTREM W/O & W/59	73706	CPT	both			3582	241.65	WellPoint	WellPoint		1152.69	32.18			210.13		3402.9 percent of total billed charges	
MRI TOES W/CONTRAST RT	73718	CPT	both			4202	322.28	Aetna	Medicare		280.24				280.24		3991.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI TOES W/CONTRAST RT	73718	CPT	both			4202	322.28	Aetna	Better Health		1325.73	31.55			280.24		3991.9 percent of total billed charges	
MRI TOES W/CONTRAST RT	73718	CPT	both			4202	322.28	Aetna	Commercial		446.14				280.24		3991.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI TOES W/CONTRAST RT	73718	CPT	both			4202	322.28	Americare	Americare		3151.5	75			280.24		3991.9 percent of total billed charges	
MRI TOES W/CONTRAST RT	73718	CPT	both			4202	322.28	Amerihealth	HMO/PPO		2731.3	65			280.24		3991.9 percent of total billed charges	
MRI TOES W/CONTRAST RT	73718	CPT	both			4202	322.28	Amerihealth	Medicare		280.24				280.24		3991.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI TOES W/CONTRAST RT	73718	CPT	both			4202	322.28	Consumer	Consumer		3991.9	95			280.24		3991.9 percent of total billed charges	
MRI TOES W/CONTRAST RT	73718	CPT	both			4202	322.28	Corrections	Corrections		3361.6	80			280.24		3991.9 percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
MRI TOES W/CONTRAST RT	73718	CPT	both			4202	322.28	First Health	First Health		294.1.4	70			280.24	3991.9	percent of total billed charges	
MRI TOES W/CONTRAST RT	73718	CPT	both			4202	322.28	First Trenton	First Trenton		3781.8	90			280.24	3991.9	percent of total billed charges	
MRI TOES W/CONTRAST RT	73718	CPT	both			4202	322.28	Horizon	NJ Health		593.88				280.24	3991.9	fee schedule	
MRI TOES W/CONTRAST RT	73718	CPT	both			4202	322.28	Horizon	Medicare Blue		280.24				280.24	3991.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI TOES W/CONTRAST RT	73718	CPT	both			4202	322.28	Horizon	MGD		521.53				280.24	3991.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI TOES W/CONTRAST RT	73718	CPT	both			4202	322.28	Horizon	PPO		521.53				280.24	3991.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI TOES W/CONTRAST RT	73718	CPT	both			4202	322.28	Horizon	Indemnity		521.53				280.24	3991.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI TOES W/CONTRAST RT	73718	CPT	both			4202	322.28	Managed Care Inc	Managed Care Inc		3781.8	90			280.24	3991.9	percent of total billed charges	
MRI TOES W/CONTRAST RT	73718	CPT	both			4202	322.28	Multiplan	Multiplan		3361.6	80			280.24	3991.9	percent of total billed charges	
MRI TOES W/CONTRAST RT	73718	CPT	both			4202	322.28	Qualcare	Qualcare		3151.5	75			280.24	3991.9	percent of total billed charges	
MRI TOES W/CONTRAST RT	73718	CPT	both			4202	322.28	Three Rivers	Three Rivers		3991.9	95			280.24	3991.9	percent of total billed charges	
MRI TOES W/CONTRAST RT	73718	CPT	both			4202	322.28	UHC	Medicaid		1325.73	31.55			280.24	3991.9	percent of total billed charges	
MRI TOES W/CONTRAST RT	73718	CPT	both			4202	322.28	UHC	Medicare		280.24				280.24	3991.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI TOES W/CONTRAST RT	73718	CPT	both			4202	322.28	Wellcare	Medicare		280.24				280.24	3991.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI TOES W/CONTRAST RT	73718	CPT	both			4202	322.28	Wellcare	Medicaid		1325.73	31.55			280.24	3991.9	percent of total billed charges	
MRI TOES W/CONTRAST RT	73718	CPT	both			4202	322.28	WellPoint	WellPoint		1352.2	32.18			280.24	3991.9	percent of total billed charges	
MRI-LOWER EXTREMITY WITH CONTRAST	73719	CPT	inpatient			4458	505.8	Aetna	Commercial		700.21				439.83	4235.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-LOWER EXTREMITY WITH CONTRAST	73719	CPT	inpatient			4458	505.8	Aetna	Better Health		1406.5	31.55			439.83	4235.1	percent of total billed charges	
MRI-LOWER EXTREMITY WITH CONTRAST	73719	CPT	inpatient			4458	505.8	Aetna	Medicare		439.83				439.83	4235.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-LOWER EXTREMITY WITH CONTRAST	73719	CPT	inpatient			4458	505.8	Americare	Americare		3343.5	75			439.83	4235.1	percent of total billed charges	
MRI-LOWER EXTREMITY WITH CONTRAST	73719	CPT	inpatient			4458	505.8	Amerihealth	Medicare		439.83				439.83	4235.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-LOWER EXTREMITY WITH CONTRAST	73719	CPT	inpatient			4458	505.8	Amerihealth	HMO/PPO		2897.7	65			439.83	4235.1	percent of total billed charges	
MRI-LOWER EXTREMITY WITH CONTRAST	73719	CPT	inpatient			4458	505.8	Consumer	Consumer		4235.1	95			439.83	4235.1	percent of total billed charges	
MRI-LOWER EXTREMITY WITH CONTRAST	73719	CPT	inpatient			4458	505.8	Corrections	Corrections		3566.4	80			439.83	4235.1	percent of total billed charges	
MRI-LOWER EXTREMITY WITH CONTRAST	73719	CPT	inpatient			4458	505.8	First Health	First Health		3120.6	70			439.83	4235.1	percent of total billed charges	
MRI-LOWER EXTREMITY WITH CONTRAST	73719	CPT	inpatient			4458	505.8	First Trenton	First Trenton		4012.2	90			439.83	4235.1	percent of total billed charges	
MRI-LOWER EXTREMITY WITH CONTRAST	73719	CPT	inpatient			4458	505.8	Horizon	PPO		818.52				439.83	4235.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-LOWER EXTREMITY WITH CONTRAST	73719	CPT	inpatient			4458	505.8	Horizon	Medicare Blue		439.83				439.83	4235.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-LOWER EXTREMITY WITH CONTRAST	73719	CPT	inpatient			4458	505.8	Horizon	Indemnity		818.52				439.83	4235.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-LOWER EXTREMITY WITH CONTRAST	73719	CPT	inpatient			4458	505.8	Horizon	NJ Health		668.36				439.83	4235.1	fee schedule	
MRI-LOWER EXTREMITY WITH CONTRAST	73719	CPT	inpatient			4458	505.8	Horizon	MGD		818.52				439.83	4235.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-LOWER EXTREMITY WITH CONTRAST	73719	CPT	inpatient			4458	505.8	Managed Care Inc	Managed Care Inc		4012.2	90			439.83	4235.1	percent of total billed charges	
MRI-LOWER EXTREMITY WITH CONTRAST	73719	CPT	inpatient			4458	505.8	Multiplan	Multiplan		3566.4	80			439.83	4235.1	percent of total billed charges	
MRI-LOWER EXTREMITY WITH CONTRAST	73719	CPT	inpatient			4458	505.8	Qualcare	Qualcare		3343.5	75			439.83	4235.1	percent of total billed charges	
MRI-LOWER EXTREMITY WITH CONTRAST	73719	CPT	inpatient			4458	505.8	Three Rivers	Three Rivers		4235.1	95			439.83	4235.1	percent of total billed charges	
MRI-LOWER EXTREMITY WITH CONTRAST	73719	CPT	inpatient			4458	505.8	UHC	Medicare		439.83				439.83	4235.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-LOWER EXTREMITY WITH CONTRAST	73719	CPT	inpatient			4458	505.8	UHC	Medicaid		1406.5	31.55			439.83	4235.1	percent of total billed charges	
MRI-LOWER EXTREMITY WITH CONTRAST	73719	CPT	inpatient			4458	505.8	Wellcare	Medicare		439.83				439.83	4235.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-LOWER EXTREMITY WITH CONTRAST	73719	CPT	inpatient			4458	505.8	Wellcare	Medicaid		1406.5	31.55			439.83	4235.1	percent of total billed charges	
MRI-LOWER EXTREMITY WITH CONTRAST	73719	CPT	inpatient			4458	505.8	WellPoint	WellPoint		1434.58	32.18			439.83	4235.1	percent of total billed charges	
MRI-LOWER EXTREMW/O/W CONTRAST	73720	CPT	both			5626	505.8	Aetna	Commercial		700.21				439.83	5344.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-LOWER EXTREMW/O/W CONTRAST	73720	CPT	both			5626	505.8	Aetna	Better Health		1775	31.55			439.83	5344.7	percent of total billed charges	
MRI-LOWER EXTREMW/O/W CONTRAST	73720	CPT	both			5626	505.8	Aetna	Medicare		439.83				439.83	5344.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-LOWER EXTREMW/O/W CONTRAST	73720	CPT	both			5626	505.8	Americare	Americare		4219.5	75			439.83	5344.7	percent of total billed charges	
MRI-LOWER EXTREMW/O/W CONTRAST	73720	CPT	both			5626	505.8	Amerihealth	HMO/PPO		3656.9	65			439.83	5344.7	percent of total billed charges	
MRI-LOWER EXTREMW/O/W CONTRAST	73720	CPT	both			5626	505.8	Amerihealth	Medicare		439.83				439.83	5344.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-LOWER EXTREMW/O/W CONTRAST	73720	CPT	both			5626	505.8	Consumer	Consumer		5344.7	95			439.83	5344.7	percent of total billed charges	
MRI-LOWER EXTREMW/O/W CONTRAST	73720	CPT	both			5626	505.8	Corrections	Corrections		4500.8	80			439.83	5344.7	percent of total billed charges	
MRI-LOWER EXTREMW/O/W CONTRAST	73720	CPT	both			5626	505.8	First Health	First Health		3938.2	70			439.83	5344.7	percent of total billed charges	
MRI-LOWER EXTREMW/O/W CONTRAST	73720	CPT	both			5626	505.8	First Trenton	First Trenton		5063.4	90			439.83	5344.7	percent of total billed charges	
MRI-LOWER EXTREMW/O/W CONTRAST	73720	CPT	both			5626	505.8	Horizon	Indemnity		818.52				439.83	5344.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-LOWER EXTREMW/O/W CONTRAST	73720	CPT	both			5626	505.8	Horizon	MGD		818.52				439.83	5344.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-LOWER EXTREMW/O/W CONTRAST	73720	CPT	both			5626	505.8	Horizon	NJ Health		588				439.83	5344.7	fee schedule	
MRI-LOWER EXTREMW/O/W CONTRAST	73720	CPT	both			5626	505.8	Horizon	Medicare Blue		439.83				439.83	5344.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-LOWER EXTREMW/O/W CONTRAST	73720	CPT	both			5626	505.8	Horizon	PPO		818.52				439.83	5344.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-LOWER EXTREMW/O/W CONTRAST	73720	CPT	both			5626	505.8	Managed Care Inc	Managed Care Inc		5063.4	90			439.83	5344.7	percent of total billed charges	
MRI-LOWER EXTREMW/O/W CONTRAST	73720	CPT	both			5626	505.8	Multiplan	Multiplan		4500.8	80			439.83	5344.7	percent of total billed charges	
MRI-LOWER EXTREMW/O/W CONTRAST	73720	CPT	both			5626	505.8	Qualcare	Qualcare		4219.5	75			439.83	5344.7	percent of total billed charges	
MRI-LOWER EXTREMW/O/W CONTRAST	73720	CPT	both			5626	505.8	Three Rivers	Three Rivers		5344.7	95			439.83	5344.7	percent of total billed charges	
MRI-LOWER EXTREMW/O/W CONTRAST	73720	CPT	both			5626	505.8	UHC	Medicaid		1775	31.55			439.83	5344.7	percent of total billed charges	
MRI-LOWER EXTREMW/O/W CONTRAST	73720	CPT	both			5626	505.8	UHC	Medicare		439.83				439.83	5344.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-LOWER EXTREMW/O/W CONTRAST	73720	CPT	both			5626	505.8	Wellcare	Medicare		439.83				439.83	5344.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-LOWER EXTREMW/O/W CONTRAST	73720	CPT	both			5626	505.8	Wellcare	Medicaid		1775	31.55			439.83	5344.7	percent of total billed charges	
MRI-LOWER EXTREMW/O/W CONTRAST	73720	CPT	both			5626	505.8	WellPoint	WellPoint		1810.45	32.18			439.83	5344.7	percent of total billed charges	
MRI-LOWER EXTREM JOINT WITHOUT CONTRAST	73721	CPT	both			4937	322.28	Aetna	Better Health		1557.62	31.55			280.24	4690.15	percent of total billed charges	
MRI-LOWER EXTREM JOINT WITHOUT CONTRAST	73721	CPT	both			4937	322.28	Aetna	Medicare		280.24				280.24	4690.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-LOWER EXTREM JOINT WITHOUT CONTRAST	73721	CPT	both			4937	322.28	Aetna	Commercial		446.14				280.24	4690.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-LOWER EXTREM JOINT WITHOUT CONTRAST	73721	CPT	both			4937	322.28	Americare	Americare		3702.75	75			280.24	4690.15	percent of total billed charges	
MRI-LOWER EXTREM JOINT WITHOUT CONTRAST	73721	CPT	both			4937	322.28	Amerihealth	HMO/PPO		3209.05	65			280.24	4690.15	percent of total billed charges	
MRI-LOWER EXTREM JOINT WITHOUT CONTRAST	73721	CPT	both			4937	322.28	Amerihealth	Medicare		280.24				280.24	4690.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-LOWER EXTREM JOINT WITHOUT CONTRAST	73721	CPT	both			4937	322.28	Consumer	Consumer		4690.15	95			280.24	4690.15	percent of total billed charges	
MRI-LOWER EXTREM JOINT WITHOUT CONTRAST	73721	CPT	both			4937	322.28	Corrections	Corrections		3949.6	80			280.24	4690.15	percent of total billed charges	
MRI-LOWER EXTREM JOINT WITHOUT CONTRAST	73721	CPT	both			4937	322.28	First Health	First Health		3455.9	70			280.24	4690.15	percent of total billed charges	
MRI-LOWER EXTREM JOINT WITHOUT CONTRAST	73721	CPT	both			4937	322.28	First Trenton	First Trenton		4443.3	90			280.24	4690.15	percent of total billed charges	
MRI-LOWER EXTREM JOINT WITHOUT CONTRAST	73721	CPT	both			4937	322.28	Horizon	NJ Health		646.8				280.24	4690.15	fee schedule	
MRI-LOWER EXTREM JOINT WITHOUT CONTRAST	73721	CPT	both			4937	322.28	Horizon	Medicare Blue		280.24				280.24	4690.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-LOWER EXTREM JOINT WITHOUT CONTRAST	73721	CPT	both			4937	322.28	Horizon	MGD		521.53				280.24	4690.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-LOWER EXTREM JOINT WITHOUT CONTRAST	73721	CPT	both			4937	322.28	Horizon	Indemnity		521.53				280.24	4690.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-LOWER EXTREM JOINT WITHOUT CONTRAST	73721	CPT	both			4937	322.28	Horizon	PPO		521.53				280.24	4690.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-LOWER EXTREM JOINT WITHOUT CONTRAST	73721	CPT	both			4937	322.28	Managed Care Inc	Managed Care Inc		4443.3	90			280.24	4690.15	percent of total billed charges	
MRI-LOWER EXTREM JOINT WITHOUT CONTRAST	73721	CPT	both			4937	322.28	Multiplan	Multiplan		3949.6	80			280.24	4690.15	percent of total billed charges	
MRI-LOWER EXTREM JOINT WITHOUT CONTRAST	73721	CPT	both			4937	322.28	Qualcare	Qualcare		3702.75	75			280.24	4690.15	percent of total billed charges	
MRI-LOWER EXTREM JOINT WITHOUT CONTRAST	73721	CPT	both			4937	322.28	Three Rivers	Three Rivers		4690.15	95			280.24	4690.15	percent of total billed charges	
MRI-LOWER EXTREM JOINT WITHOUT CONTRAST	73721	CPT	both			4937	322.28	UHC	Medicaid		1557.62	31.55			280.24	4690.15	percent of total billed charges	
MRI-LOWER EXTREM JOINT WITHOUT CONTRAST	73721	CPT	both			4937	322.28	UHC	Medicare		280.24				280.24	4690.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-LOWER EXTREM JOINT WITHOUT CONTRAST	73721	CPT	both			4937	322.28	Wellcare	Medicaid		1557.62	31.55			280.24	4690.15	percent of total billed charges	
MRI-LOWER EXTREM JOINT WITHOUT CONTRAST	73721	CPT	both			4937	322.28	Wellcare	Medicare		280.24				280.24	4690.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-LOWER EXTREM JOINT WITHOUT CONTRAST	73721	CPT	both			4937	322.28	WellPoint	WellPoint		1588.73	32.18			280.24	4690.15	percent of total billed charges	
MRI LOW EXTREM JOINT W CONT RT	73722	CPT	both			4458	1053.08	Aetna	Better Health		1406.5	31.55			668.36	4235.1	percent of total billed charges	
MRI LOW EXTREM JOINT W CONT RT	73722	CPT	both			4458	1053.08	Aetna	Medicare		1373.06	30.8			668.36	4235.1	percent of total billed charges	
MRI LOW EXTREM JOINT W CONT RT	73722	CPT	both			4458	1053.08	Aetna	Commercial		1457.83				668.36	4235.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI LOW EXTREM JOINT W CONT RT	73722	CPT	both			4458	1053.08	Americare	Americare		3343.5	75			668.36	4235.1	percent of total billed charges	
MRI LOW EXTREM JOINT W CONT RT	73722	CPT	both			4458	1053.08	Amerihealth	HMO/PPO		2897.7	65			668.36	4235.1	percent of total billed charges	
MRI LOW EXTREM JOINT W CONT RT	73722	CPT	both			4458	1053.08	Amerihealth	Medicare		915.72				668.36	4235.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI LOW EXTREM JOINT W CONT RT	73722	CPT	both			4458	1053.08	Consumer	Consumer		4235.1	95			668.36	4235.1	percent of total billed charges	
MRI LOW EXTREM JOINT W CONT RT	73722	CPT	both			4458	1053.08	Corrections	Corrections		3566.4	80			668.36	4235.1	percent of total billed charges	
MRI LOW EXTREM JOINT W CONT RT	73722	CPT	both			4458	1053.08	First Health	First Health		3120.6	70			668.36	4235.1	percent of total billed charges	
MRI LOW EXTREM JOINT W CONT RT	73722	CPT	both			4458	1053.08	First Trenton	First Trenton		4012.2	90			668.36	4235.1	percent of total billed charges	
MRI LOW EXTREM JOINT W CONT RT	73722	CPT	both			4458	1053.08	Horizon	MGD		1704.15				668.36	4235.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI LOW EXTREM JOINT W CONT RT	73722	CPT	both			4458	1053.08	Horizon	Medicare Blue		915.72				668.36	4235.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI LOW EXTREM JOINT W CONT RT	73722	CPT	both			4458	1053.08	Horizon	PPO		1704.15				668.36	4235.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI LOW EXTREM JOINT W CONT RT	73722	CPT	both			4458	1053.08	Horizon	Indemnity		1704.15				668.36	4235.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI LOW EXTREM JOINT W CONT RT	73722	CPT	both			4458	1053.08	Horizon	NJ Health		668.36				668.36	4235.1	fee schedule	
MRI LOW EXTREM JOINT W CONT RT	73722	CPT	both			4458	1053.08	Managed Care Inc	Managed Care Inc		4012.2	90			668.36	4235.1	percent of total billed charges	
MRI LOW EXTREM JOINT W CONT RT	73722	CPT	both			4458	1053.08	Multiplan	Multiplan		3566.4	80			668.36	4235.1	percent of total billed charges	
MRI LOW EXTREM JOINT W CONT RT	73722	CPT	both			4458	1053.08	Qualcare	Qualcare		3343.5	75			668.36	4235.1	percent of total billed charges	
MRI LOW EXTREM JOINT W CONT RT	73722	CPT	both			4458	1053.08	Three Rivers	Three Rivers		4235.1	95			668.36	4235.1	percent of total billed charges	
MRI LOW EXTREM JOINT W CONT RT	73722	CPT	both			4458	1053.08	UHC	Medicaid		1406.5	31.55			668.36	4235.1	percent of total billed charges	
MRI LOW EXTREM JOINT W CONT RT	73722	CPT	both			4458	1053.08	UHC	Medicare		915.72				668.36	4235.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI LOW EXTREM JOINT W CONT RT	73722	CPT	both			4458	1053.08	Wellcare	Medicaid		1406.5	31.55			668.36	4235.1	percent of total billed charges	
MRI LOW EXTREM JOINT W CONT RT	73722	CPT	both			4458	1053.08	Wellcare	Medicare		915.72				668.36	4235.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI LOW EXTREM JOINT W CONT RT	73722	CPT	both			4458	1053.08	WellPoint	WellPoint		1434.58	32.18			668.36	4235.1	percent of total billed charges	
MRI-LOWER EXTREMITY JOINT W/O/W CONTRAST	73723	CPT	both			5626	505.8	Aetna	Better Health		1775	31.55			439.83	5344.7	percent of total billed charges	
MRI-LOWER EXTREMITY JOINT W/O/W CONTRAST	73723	CPT	both			5626	505.8	Aetna	Commercial		700.21				439.83	5344.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-LOWER EXTREMITY JOINT W/O/W CONTRAST	73723	CPT	both			5626	505.8	Aetna	Medicare		439.83				439.83	5344.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-LOWER EXTREMITY JOINT W/O/W CONTRAST	73723	CPT	both			5626	505.8	Americare	Americare		4219.5	75			439.83	5344.7	percent of total billed charges	
MRI-LOWER EXTREMITY JOINT W/O/W CONTRAST	73723	CPT	both			5626	505.8	Amerihealth	HMO/PPO		3656.9	65			439.83	5344.7	percent of total billed charges	
MRI-LOWER EXTREMITY JOINT W/O/W CONTRAST	73723	CPT	both			5626	505.8	Amerihealth	Medicare		439.83				439.83	5344.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-LOWER EXTREMITY JOINT W/O/W CONTRAST	73723	CPT	both			5626	505.8	Consumer	Consumer		5344.7	95			439.83	5344.7	percent of total billed charges	
MRI-LOWER EXTREMITY JOINT W/O/W CONTRAST	73723	CPT	both			5626	505.8	Corrections	Corrections		4500.8	80			439.83	5344.7	percent of total billed charges	
MRI-LOWER EXTREMITY JOINT W/O/W CONTRAST	73723	CPT	both			5626	505.8	First Health	First Health		3938.2	70			439.83	5344.7	percent of total billed charges	
MRI-LOWER EXTREMITY JOINT W/O/W CONTRAST	73723	CPT	both			5626	505.8	First Trenton	First Trenton		5063.4	90			439.83	5344.7	percent of total billed charges	
MRI-LOWER EXTREMITY JOINT W/O/W CONTRAST	73723	CPT	both			5626	505.8	Horizon	Indemnity		818.52				439.83	5344.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-LOWER EXTREMITY JOINT W/O/W CONTRAST	73723	CPT	both			5626	505.8	Horizon	MGD		818.52				439.83	5344.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-LOWER EXTREMITY JOINT W/O/W CONTRAST	73723	CPT	both			5626	505.8	Horizon	NJ Health		959.24				439.83	5344.7	fee schedule	
MRI-LOWER EXTREMITY JOINT W/O/W CONTRAST	73723	CPT	both			5626	505.8	Horizon	Medicare Blue		439.83				439.83	5344.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-LOWER EXTREMITY JOINT W/O/W CONTRAST	73723	CPT	both			5626	505.8	Horizon	PPO		818.52				439.83	5344.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-LOWER EXTREMITY JOINT W/O/W CONTRAST	73723	CPT	both			5626	505.8	Managed Care Inc	Managed Care Inc		5063.4	90			439.83	5344.7	percent of total billed charges	
MRI-LOWER EXTREMITY JOINT W/O/W CONTRAST	73723	CPT	both			5626	505.8	Multiplan	Multiplan		4500.8	80			439.83	5344.7	percent of total billed charges	
MRI-LOWER EXTREMITY JOINT W/O/W CONTRAST	73723	CPT	both			5626	505.8	Qualcare	Qualcare		4219.5	75			439.83	5344.7	percent of total billed charges	
MRI-LOWER EXTREMITY JOINT W/O/W CONTRAST	73723	CPT	both			5626	505.8	Three Rivers	Three Rivers		5344.7	95			439.83	5344.7	percent of total billed charges	
MRI-LOWER EXTREMITY JOINT W/O/W CONTRAST	73723	CPT	both			5626	505.8	UHC	Medicaid		1775	31.55			439.83	5344.7	percent of total billed charges	
MRI-LOWER EXTREMITY JOINT W/O/W CONTRAST	73723	CPT	both			5626	505.8	UHC	Medicare		439.83				439.83	5344.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-LOWER EXTREMITY JOINT W/O/W CONTRAST	73723	CPT	both			5626	505.8	Wellcare	Medicare		439.83				439.83	5344.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-LOWER EXTREMITY JOINT W/O/W CONTRAST	73723	CPT	both			5626	505.8	Wellcare	Medicaid		1775	31.55			439.83	5344.7	percent of total billed charges	
MRI-LOWER EXTREMITY JOINT W/O/W CONTRAST	73723	CPT	both			5626	505.8	WellPoint	WellPoint		1810.45	32.18			439.83	5344.7	percent of total billed charges	
MRA-LEG	73725	CPT	outpatient			4937		Aetna	Better Health		1557.62	31.55			646.8	4690.15	percent of total billed charges	
MRA-LEG	73725	CPT	outpatient			4937		Aetna	Commercial		1876.06	38			646.8	4690.15	percent of total billed charges	
MRA-LEG	73725	CPT	outpatient			4937		Aetna	Medicare		1520.6	30.8			646.8	4690.15	percent of total billed charges	
MRA-LEG	73725	CPT	outpatient			4937		Americare	Americare		3702.75	75			646.8	4690.15	percent of total billed charges	
MRA-LEG	73725	CPT	outpatient			4937		Amerihealth	HMO/PPO		3209.05	65			646.8	4690.15	percent of total billed charges	
MRA-LEG	73725	CPT	outpatient			4937		Consumer	Consumer		4690.15	95			646.8	4690.15	percent of total billed charges	
MRA-LEG	73725	CPT	outpatient			4937		Corrections	Corrections		3949.6	80			646.8	4690.15	percent of total billed charges	
MRA-LEG	73725	CPT	outpatient			4937		First Health	First Health		3455.9	70			646.8	4690.15	percent of total billed charges	
MRA-LEG	73725	CPT	outpatient			4937		First Trenton	First Trenton		4443.3	90			646.8	4690.15	percent of total billed charges	
MRA-LEG	73725	CPT	outpatient			4937		Horizon	MGD		1889.88	38.28			646.8	4690.15	percent of total billed charges	
MRA-LEG	73725	CPT	outpatient			4937		Horizon	Indemnity		1889.88	38.28			646.8	4690.15	percent of total billed charges	
MRA-LEG	73725	CPT	outpatient			4937		Horizon	NJ Health		646.8				646.8	4690.15	fee schedule	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
MRA-LEG	73725	CPT	outpatient			4937		Horizon	Medicare Blue		1481.1				30	646.8	4690.15	percent of total billed charges	
MRA-LEG	73725	CPT	outpatient			4937		Horizon	PPO		1889.88	38.28			646.8	4690.15	percent of total billed charges	
MRA-LEG	73725	CPT	outpatient			4937		Managed Care Inc	Managed Care Inc		4443.3	90			646.8	4690.15	percent of total billed charges	
MRA-LEG	73725	CPT	outpatient			4937		Multiplan	Multiplan		3949.6	80			646.8	4690.15	percent of total billed charges	
MRA-LEG	73725	CPT	outpatient			4937		Qualcare	Qualcare		3702.75	75			646.8	4690.15	percent of total billed charges	
MRA-LEG	73725	CPT	outpatient			4937		Three Rivers	Three Rivers		4690.15	95			646.8	4690.15	percent of total billed charges	
MRA-LEG	73725	CPT	outpatient			4937		UHC	Medicaid		1557.62	31.55			646.8	4690.15	percent of total billed charges	
MRA-LEG	73725	CPT	outpatient			4937		Wellcare	Medicaid		1557.62	31.55			646.8	4690.15	percent of total billed charges	
MRA-LEG	73725	CPT	outpatient			4937		WellPoint	WellPoint		1588.73	32.18			646.8	4690.15	percent of total billed charges	
ABDOMEN SINGLE, AP VM	74000	CPT	outpatient			456		Aetna	Better Health		143.87	31.55			136.8	433.2	percent of total billed charges	
ABDOMEN SINGLE, AP VM	74000	CPT	outpatient			456		Aetna	Medicare		140.45	30.8			136.8	433.2	percent of total billed charges	
ABDOMEN SINGLE, AP VM	74000	CPT	outpatient			456		Aetna	Commercial		173.28	38			136.8	433.2	percent of total billed charges	
ABDOMEN SINGLE, AP VM	74000	CPT	outpatient			456		Americare	Americare		342	75			136.8	433.2	percent of total billed charges	
ABDOMEN SINGLE, AP VM	74000	CPT	outpatient			456		Amerihealth	HMO/PPO		296.4	65			136.8	433.2	percent of total billed charges	
ABDOMEN SINGLE, AP VM	74000	CPT	outpatient			456		Consumer	Consumer		433.2	95			136.8	433.2	percent of total billed charges	
ABDOMEN SINGLE, AP VM	74000	CPT	outpatient			456		Corrections	Corrections		364.8	80			136.8	433.2	percent of total billed charges	
ABDOMEN SINGLE, AP VM	74000	CPT	outpatient			456		First Health	First Health		319.2	70			136.8	433.2	percent of total billed charges	
ABDOMEN SINGLE, AP VM	74000	CPT	outpatient			456		First Trenton	First Trenton		410.4	90			136.8	433.2	percent of total billed charges	
ABDOMEN SINGLE, AP VM	74000	CPT	outpatient			456		Horizon	MGD		174.56	38.28			136.8	433.2	percent of total billed charges	
ABDOMEN SINGLE, AP VM	74000	CPT	outpatient			456		Horizon	Indemnity		174.56	38.28			136.8	433.2	percent of total billed charges	
ABDOMEN SINGLE, AP VM	74000	CPT	outpatient			456		Horizon	Medicare Blue		136.8	30			136.8	433.2	percent of total billed charges	
ABDOMEN SINGLE, AP VM	74000	CPT	outpatient			456		Horizon	PPO		174.56	38.28			136.8	433.2	percent of total billed charges	
ABDOMEN SINGLE, AP VM	74000	CPT	outpatient			456		Managed Care Inc	Managed Care Inc		410.4	90			136.8	433.2	percent of total billed charges	
ABDOMEN SINGLE, AP VM	74000	CPT	outpatient			456		Multiplan	Multiplan		364.8	80			136.8	433.2	percent of total billed charges	
ABDOMEN SINGLE, AP VM	74000	CPT	outpatient			456		Qualcare	Qualcare		342	75			136.8	433.2	percent of total billed charges	
ABDOMEN SINGLE, AP VM	74000	CPT	outpatient			456		Three Rivers	Three Rivers		433.2	95			136.8	433.2	percent of total billed charges	
ABDOMEN SINGLE, AP VM	74000	CPT	outpatient			456		UHC	Medicaid		143.87	31.55			136.8	433.2	percent of total billed charges	
ABDOMEN SINGLE, AP VM	74000	CPT	outpatient			456		Wellcare	Medicaid		143.87	31.55			136.8	433.2	percent of total billed charges	
ABDOMEN SINGLE, AP VM	74000	CPT	outpatient			456		WellPoint	WellPoint		146.74	32.18			136.8	433.2	percent of total billed charges	
XRAY ABOMEN SINGLE VIEW AP PORTABLE	74018	CPT	both			327	119.52	Aetna	Commercial		165.46				31.99	310.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY ABOMEN SINGLE VIEW AP PORTABLE	74018	CPT	both			327	119.52	Aetna	Better Health		103.17	31.55			31.99	310.65	percent of total billed charges	
XRAY ABOMEN SINGLE VIEW AP PORTABLE	74018	CPT	both			327	119.52	Aetna	Medicare		103.93				31.99	310.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY ABOMEN SINGLE VIEW AP PORTABLE	74018	CPT	both			327	119.52	Americare	Americare		245.25	75			31.99	310.65	percent of total billed charges	
XRAY ABOMEN SINGLE VIEW AP PORTABLE	74018	CPT	both			327	119.52	Amerihealth	HMO/PPO		212.55	65			31.99	310.65	percent of total billed charges	
XRAY ABOMEN SINGLE VIEW AP PORTABLE	74018	CPT	both			327	119.52	Amerihealth	Medicare		103.93				31.99	310.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY ABOMEN SINGLE VIEW AP PORTABLE	74018	CPT	both			327	119.52	Consumer	Consumer		310.65	95			31.99	310.65	percent of total billed charges	
XRAY ABOMEN SINGLE VIEW AP PORTABLE	74018	CPT	both			327	119.52	Corrections	Corrections		261.6	80			31.99	310.65	percent of total billed charges	
XRAY ABOMEN SINGLE VIEW AP PORTABLE	74018	CPT	both			327	119.52	First Health	First Health		228.9	70			31.99	310.65	percent of total billed charges	
XRAY ABOMEN SINGLE VIEW AP PORTABLE	74018	CPT	both			327	119.52	First Trenton	First Trenton		294.3	90			31.99	310.65	percent of total billed charges	
XRAY ABOMEN SINGLE VIEW AP PORTABLE	74018	CPT	both			327	119.52	Horizon	MGD		193.41				31.99	310.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY ABOMEN SINGLE VIEW AP PORTABLE	74018	CPT	both			327	119.52	Horizon	Indemnity		193.41				31.99	310.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY ABOMEN SINGLE VIEW AP PORTABLE	74018	CPT	both			327	119.52	Horizon	NJ Health		31.99				31.99	310.65	fee schedule	
XRAY ABOMEN SINGLE VIEW AP PORTABLE	74018	CPT	both			327	119.52	Horizon	PPO		193.41				31.99	310.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY ABOMEN SINGLE VIEW AP PORTABLE	74018	CPT	both			327	119.52	Horizon	Medicare Blue		103.93				31.99	310.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY ABOMEN SINGLE VIEW AP PORTABLE	74018	CPT	both			327	119.52	Managed Care Inc	Managed Care Inc		294.3	90			31.99	310.65	percent of total billed charges	
XRAY ABOMEN SINGLE VIEW AP PORTABLE	74018	CPT	both			327	119.52	Multiplan	Multiplan		261.6	80			31.99	310.65	percent of total billed charges	
XRAY ABOMEN SINGLE VIEW AP PORTABLE	74018	CPT	both			327	119.52	Qualcare	Qualcare		245.25	75			31.99	310.65	percent of total billed charges	
XRAY ABOMEN SINGLE VIEW AP PORTABLE	74018	CPT	both			327	119.52	Three Rivers	Three Rivers		310.65	95			31.99	310.65	percent of total billed charges	
XRAY ABOMEN SINGLE VIEW AP PORTABLE	74018	CPT	both			327	119.52	UHC	Medicare		103.93				31.99	310.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY ABOMEN SINGLE VIEW AP PORTABLE	74018	CPT	both			327	119.52	UHC	Medicaid		103.17	31.55			31.99	310.65	percent of total billed charges	
XRAY ABOMEN SINGLE VIEW AP PORTABLE	74018	CPT	both			327	119.52	Wellcare	Medicare		103.93				31.99	310.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY ABOMEN SINGLE VIEW AP PORTABLE	74018	CPT	both			327	119.52	Wellcare	Medicaid		103.17	31.55			31.99	310.65	percent of total billed charges	
XRAY ABOMEN SINGLE VIEW AP PORTABLE	74018	CPT	both			327	119.52	WellPoint	WellPoint		105.23	32.18			31.99	310.65	percent of total billed charges	
XRAY ABDOMEN 2 VIEWS SUPINE AND DECUBITU	74019	CPT	both			501	144.6	Aetna	Better Health		158.07	31.55			39.04	475.95	percent of total billed charges	
XRAY ABDOMEN 2 VIEWS SUPINE AND DECUBITU	74019	CPT	both			501	144.6	Aetna	Commercial		200.18				39.04	475.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY ABDOMEN 2 VIEWS SUPINE AND DECUBITU	74019	CPT	both			501	144.6	Aetna	Medicare		125.74				39.04	475.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY ABDOMEN 2 VIEWS SUPINE AND DECUBITU	74019	CPT	both			501	144.6	Americare	Americare		375.75	75			39.04	475.95	percent of total billed charges	
XRAY ABDOMEN 2 VIEWS SUPINE AND DECUBITU	74019	CPT	both			501	144.6	Amerihealth	HMO/PPO		325.65	65			39.04	475.95	percent of total billed charges	
XRAY ABDOMEN 2 VIEWS SUPINE AND DECUBITU	74019	CPT	both			501	144.6	Amerihealth	Medicare		125.74				39.04	475.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY ABDOMEN 2 VIEWS SUPINE AND DECUBITU	74019	CPT	both			501	144.6	Consumer	Consumer		475.95	95			39.04	475.95	percent of total billed charges	
XRAY ABDOMEN 2 VIEWS SUPINE AND DECUBITU	74019	CPT	both			501	144.6	Corrections	Corrections		400.8	80			39.04	475.95	percent of total billed charges	
XRAY ABDOMEN 2 VIEWS SUPINE AND DECUBITU	74019	CPT	both			501	144.6	First Health	First Health		350.7	70			39.04	475.95	percent of total billed charges	
XRAY ABDOMEN 2 VIEWS SUPINE AND DECUBITU	74019	CPT	both			501	144.6	First Trenton	First Trenton		450.9	90			39.04	475.95	percent of total billed charges	
XRAY ABDOMEN 2 VIEWS SUPINE AND DECUBITU	74019	CPT	both			501	144.6	Horizon	MGD		234				39.04	475.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY ABDOMEN 2 VIEWS SUPINE AND DECUBITU	74019	CPT	both			501	144.6	Horizon	Medicare Blue		125.74				39.04	475.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY ABDOMEN 2 VIEWS SUPINE AND DECUBITU	74019	CPT	both			501	144.6	Horizon	PPO		234				39.04	475.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY ABDOMEN 2 VIEWS SUPINE AND DECUBITU	74019	CPT	both			501	144.6	Horizon	Indemnity		234				39.04	475.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY ABDOMEN 2 VIEWS SUPINE AND DECUBITU	74019	CPT	both			501	144.6	Horizon	NJ Health		39.04				39.04	475.95	fee schedule	
XRAY ABDOMEN 2 VIEWS SUPINE AND DECUBITU	74019	CPT	both			501	144.6	Managed Care Inc	Managed Care Inc		450.9	90			39.04	475.95	percent of total billed charges	
XRAY ABDOMEN 2 VIEWS SUPINE AND DECUBITU	74019	CPT	both			501	144.6	Multiplan	Multiplan		400.8	80			39.04	475.95	percent of total billed charges	
XRAY ABDOMEN 2 VIEWS SUPINE AND DECUBITU	74019	CPT	both			501	144.6	Qualcare	Qualcare		375.75	75			39.04	475.95	percent of total billed charges	
XRAY ABDOMEN 2 VIEWS SUPINE AND DECUBITU	74019	CPT	both			501	144.6	Three Rivers	Three Rivers		475.95	95			39.04	475.95	percent of total billed charges	
XRAY ABDOMEN 2 VIEWS SUPINE AND DECUBITU	74019	CPT	both			501	144.6	UHC	Medicare		125.74				39.04	475.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY ABDOMEN 2 VIEWS SUPINE AND DECUBITU	74019	CPT	both			501	144.6	UHC	Medicaid		158.07	31.55			39.04	475.95	percent of total billed charges	
XRAY ABDOMEN 2 VIEWS SUPINE AND DECUBITU	74019	CPT	both			501	144.6	Wellcare	Medicare		125.74				39.04	475.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY ABDOMEN 2 VIEWS SUPINE AND DECUBITU	74019	CPT	both			501	144.6	Wellcare	Medicaid		158.07	31.55			39.04	475.95	percent of total billed charges	
XRAY ABDOMEN 2 VIEWS SUPINE AND DECUBITU	74019	CPT	both			501	144.6	WellPoint	WellPoint		161.22	32.18			39.04	475.95	percent of total billed charges	
XRAY ABDOMEN 3 OR MORE VIEWS	74021	CPT	outpatient			501	144.6	Aetna	Commercial		200.18				45.69	475.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY ABDOMEN 3 OR MORE VIEWS	74021	CPT	outpatient			501	144.6	Aetna	Better Health		158.07	31.55			45.69	475.95	percent of total billed charges	
XRAY ABDOMEN 3 OR MORE VIEWS	74021	CPT	outpatient			501	144.6	Aetna	Medicare		125.74				45.69	475.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY ABDOMEN 3 OR MORE VIEWS	74021	CPT	outpatient			501	144.6	Americare	Americare		375.75	75			45.69	475.95	percent of total billed charges	
XRAY ABDOMEN 3 OR MORE VIEWS	74021	CPT	outpatient			501	144.6	Amerihealth	HMO/PPO		325.65	65			45.69	475.95	percent of total billed charges	
XRAY ABDOMEN 3 OR MORE VIEWS	74021	CPT	outpatient			501	144.6	Amerihealth	Medicare		125.74				45.69	475.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY ABDOMEN 3 OR MORE VIEWS	74021	CPT	outpatient			501	144.6	Consumer	Consumer		475.95	95			45.69	475.95	percent of total billed charges	
XRAY ABDOMEN 3 OR MORE VIEWS	74021	CPT	outpatient			501	144.6	Corrections	Corrections		400.8	80			45.69	475.95	percent of total billed charges	
XRAY ABDOMEN 3 OR MORE VIEWS	74021	CPT	outpatient			501	144.6	First Health	First Health		350.7	70			45.69	475.95	percent of total billed charges	
XRAY ABDOMEN 3 OR MORE VIEWS	74021	CPT	outpatient			501	144.6	First Trenton	First Trenton		450.9	90			45.69	475.95	percent of total billed charges	
XRAY ABDOMEN 3 OR MORE VIEWS	74021	CPT	outpatient			501	144.6	Horizon	NJ Health		45.69				45.69	475.95	fee schedule	
XRAY ABDOMEN 3 OR MORE VIEWS	74021	CPT	outpatient			501	144.6	Horizon	Indemnity		234				45.69	475.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY ABDOMEN 3 OR MORE VIEWS	74021	CPT	outpatient			501	144.6	Horizon	MGD		234				45.69	475.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY ABDOMEN 3 OR MORE VIEWS	74021	CPT	outpatient			501	144.6	Horizon	PPO		234				45.69	475.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY ABDOMEN 3 OR MORE VIEWS	74021	CPT	outpatient			501	144.6	Horizon	Medicare Blue		125.74				45.69	475.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY ABDOMEN 3 OR MORE VIEWS	74021	CPT	outpatient			501	144.6	Managed Care Inc	Managed Care Inc		450.9	90			45.69	475.95	percent of total billed charges	
XRAY ABDOMEN 3 OR MORE VIEWS	74021	CPT	outpatient			501	144.6	Multiplan	Multiplan		400.8	80			45.69	475.95	percent of total billed charges	
XRAY ABDOMEN 3 OR MORE VIEWS	74021	CPT	outpatient			501	144.6	Qualcare	Qualcare		375.75	75			45.69	475.95	percent of total billed charges	
XRAY ABDOMEN 3 OR MORE VIEWS	74021	CPT	outpatient			501	144.6	Three Rivers	Three Rivers		475.95	95			45.69	475.95	percent of total billed charges	
XRAY ABDOMEN 3 OR MORE VIEWS	74021	CPT	outpatient			501	144.6	UHC	Medicaid		158.07	31.55			45.69	475.95	percent of total billed charges	
XRAY ABDOMEN 3 OR MORE VIEWS	74021	CPT	outpatient			501	144.6	UHC	Medicare		125.74				45.69	475.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY ABDOMEN 3 OR MORE VIEWS	74021	CPT	outpatient			501	144.6	Wellcare	Medicaid		158.07	31.55			45.69	475.95	percent of total billed charges	
XRAY ABDOMEN 3 OR MORE VIEWS	74021	CPT	outpatient			501	144.6	Wellcare	Medicare		125.74				45.69	475.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY ABDOMEN 3 OR MORE VIEWS	74021	CPT	outpatient			501	144.6	WellPoint	WellPoint		161.22	32.18			45.69	475.95	percent of total billed charges	
ABDOMEN COMP W/ CHEST AP,PORT	74022	CPT	both			733	144.6	Aetna	Medicare		125.74				53.9	696.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ABDOMEN COMP W/ CHEST AP,PORT	74022	CPT	both			733	144.6	Aetna	Better Health		231.26	31.55			53.9	696.35	percent of total billed charges	
ABDOMEN COMP W/ CHEST AP,PORT	74022	CPT	both			733	144.6	Aetna	Commercial		200.18				53.9	696.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ABDOMEN COMP W/ CHEST AP,PORT	74022	CPT	both			733	144.6	Americare	Americare		549.75	75			53.9	696.35	percent of total billed charges	
ABDOMEN COMP W/ CHEST AP,PORT	74022	CPT	both			733	144.6	Amerihealth	HMO/PPO		476.45	65			53.9	696.35	percent of total billed charges	
ABDOMEN COMP W/ CHEST AP,PORT	74022	CPT	both			733	144.6	Amerihealth	Medicare		125.74				53.9	696.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ABDOMEN COMP W/ CHEST AP,PORT	74022	CPT	both			733	144.6	Consumer	Consumer		696.35	95			53.9	696.35	percent of total billed charges	
ABDOMEN COMP W/ CHEST AP,PORT	74022	CPT	both			733	144.6	Corrections	Corrections		586.4	80			53.9	696.35	percent of total billed charges	
ABDOMEN COMP W/ CHEST AP,PORT	74022	CPT	both			733	144.6	First Health	First Health		513.1	70			53.9	696.35	percent of total billed charges	
ABDOMEN COMP W/ CHEST AP,PORT	74022	CPT	both			733	144.6	First Trenton	First Trenton		659.7	90			53.9	696.35	percent of total billed charges	
ABDOMEN COMP W/ CHEST AP,PORT	74022	CPT	both			733	144.6	Horizon	Medicare Blue		125.74				53.9	696.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ABDOMEN COMP W/ CHEST AP,PORT	74022	CPT	both			733	144.6	Horizon	PPO		234				53.9	696.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ABDOMEN COMP W/ CHEST AP,PORT	74022	CPT	both			733	144.6	Horizon	MGD		234				53.9	696.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ABDOMEN COMP W/ CHEST AP,PORT	74022	CPT	both			733	144.6	Horizon	Indemnity		234				53.9	696.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ABDOMEN COMP W/ CHEST AP,PORT	74022	CPT	both			733	144.6	Horizon	NJ Health		53.9				53.9	696.35	fee schedule	
ABDOMEN COMP W/ CHEST AP,PORT	74022	CPT	both			733	144.6	Managed Care Inc	Managed Care Inc		659.7	90			53.9	696.35	percent of total billed charges	
ABDOMEN COMP W/ CHEST AP,PORT	74022	CPT	both			733	144.6	Multiplan	Multiplan		586.4	80			53.9	696.35	percent of total billed charges	
ABDOMEN COMP W/ CHEST AP,PORT	74022	CPT	both			733	144.6	Qualcare	Qualcare		549.75	75			53.9	696.35	percent of total billed charges	
ABDOMEN COMP W/ CHEST AP,PORT	74022	CPT	both			733	144.6	Three Rivers	Three Rivers		696.35	95			53.9	696.35	percent of total billed charges	
ABDOMEN COMP W/ CHEST AP,PORT	74022	CPT	both			733	144.6	UHC	Medicaid		231.26	31.55			53.9	696.35	percent of total billed charges	
ABDOMEN COMP W/ CHEST AP,PORT	74022	CPT	both			733	144.6	UHC	Medicare		125.74				53.9	696.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ABDOMEN COMP W/ CHEST AP,PORT	74022	CPT	both			733	144.6	Wellcare	Medicaid		231.26	31.55			53.9	696.35	percent of total billed charges	
ABDOMEN COMP W/ CHEST AP,PORT	74022	CPT	both			733	144.6	Wellcare	Medicare		125.74				53.9	696.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ABDOMEN COMP W/ CHEST AP,PORT	74022	CPT	both			733	144.6	WellPoint	WellPoint		235.88	32.18			53.9	696.35	percent of total billed charges	
ED CT ABDOMEN /PELVIS W/O CONTRAST NON	74150	CPT	both			1317	144.6	Aetna	Commercial		200.18				125.74	1251.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED CT ABDOMEN /PELVIS W/O CONTRAST NON	74150	CPT	both			1317	144.6	Aetna	Better Health		415.51	31.55			125.74	1251.15	percent of total billed charges	
ED CT ABDOMEN /PELVIS W/O CONTRAST NON	74150	CPT	both			1317	144.6	Aetna	Medicare		125.74				125.74	1251.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED CT ABDOMEN /PELVIS W/O CONTRAST NON	74150	CPT	both			1317	144.6	Americare	Americare		987.75	75			125.74	1251.15	percent of total billed charges	
ED CT ABDOMEN /PELVIS W/O CONTRAST NON	74150	CPT	both			1317	144.6	Amerihealth	HMO/PPO		856.05	65			125.74	1251.15	percent of total billed charges	
ED CT ABDOMEN /PELVIS W/O CONTRAST NON	74150	CPT	both			1317	144.6	Amerihealth	Medicare		125.74				125.74	1251.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED CT ABDOMEN /PELVIS W/O CONTRAST NON	74150	CPT	both			1317	144.6	Consumer	Consumer		1251.15	95			125.74	1251.15	percent of total billed charges	
ED CT ABDOMEN /PELVIS W/O CONTRAST NON	74150	CPT	both			1317	144.6	Corrections	Corrections		1053.6	80			125.74	1251.15	percent of total billed charges	
ED CT ABDOMEN /PELVIS W/O CONTRAST NON	74150	CPT	both			1317	144.6	First Health	First Health		921.9	70			125.74	1251.15	percent of total billed charges	
ED CT ABDOMEN /PELVIS W/O CONTRAST NON	74150	CPT	both			1317	144.6	First Trenton	First Trenton		1185.3	90			125.74	1251.15	percent of total billed charges	
ED CT ABDOMEN /PELVIS W/O CONTRAST NON	74150	CPT	both			1317	144.6	Horizon	MGD		234				125.74	1251.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED CT ABDOMEN /PELVIS W/O CONTRAST NON	74150	CPT	both			1317	144.6	Horizon	Medicare Blue		125.74				125.74	1251.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED CT ABDOMEN /PELVIS W/O CONTRAST NON	74150	CPT	both			1317	144.6	Horizon	PPO		234				125.74	1251.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED CT ABDOMEN /PELVIS W/O CONTRAST NON	74150	CPT	both			1317	144.6	Horizon	Indemnity		234				125.74	1251.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED CT ABDOMEN /PELVIS W/O CONTRAST NON	74150	CPT	both			1317	144.6	Horizon	NJ Health		278.73				125.74	1251.15	fee schedule	
ED CT ABDOMEN /PELVIS W/O CONTRAST NON	74150	CPT	both			1317	144.6	Managed Care Inc	Managed Care Inc		1185.3	90			125.74	1251.15	percent of total billed charges	
ED CT ABDOMEN /PELVIS W/O CONTRAST NON	74150	CPT	both			1317	144.6	Multiplan	Multiplan		1053.6	80			125.74	1251.15	percent of total billed charges	
ED CT ABDOMEN /PELVIS W/O CONTRAST NON	74150	CPT	both			1317	144.6	Qualcare	Qualcare		987.75	75			125.74	1251.15	percent of total billed charges	
ED CT ABDOMEN /PELVIS W/O CONTRAST NON	74150	CPT	both			1317	144.6	Three Rivers	Three Rivers		1251.15	95			125.74	1251.15	percent of total billed charges	
ED CT ABDOMEN /PELVIS W/O CONTRAST NON	74150	CPT	both			1317	144.6	UHC	Medicaid		415.51	31.55			125.74	1251.15	percent of total billed charges	
ED CT ABDOMEN /PELVIS W/O CONTRAST NON	74150	CPT	both			1317	144.6	UHC	Medicare		125.74				125.74	1251.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED CT ABDOMEN /PELVIS W/O CONTRAST NON	74150	CPT	both			1317	144.6	Wellcare	Medicaid		415.51	31.55			125.74	1251.15	percent of total billed charges	
ED CT ABDOMEN /PELVIS W/O CONTRAST NON	74150	CPT	both			1317	144.6	Wellcare	Medicare		125.74				125.74	1251.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ED CT ABDOMEN /PELVIS W/O CONTRAST NON	74150	CPT	both			1317	144.6	WellPoint	WellPoint		423.81	32.18			125.74	1251.15	percent of total billed charges	
CTABDOMEN W CONTRAST	74160	CPT	both			3725	241.65	Aetna	Commercial		334.53				210.13	3538.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTABDOMEN W CONTRAST	74160	CPT	both			3725	241.65	Aetna	Medicare		1147.3	30.8			210.13	3538.75	percent of total billed charges	
CTABDOMEN W CONTRAST	74160	CPT	both			3725	241.65	Aetna	Better Health		1175.24	31.55			210.13	3538.75	percent of total billed charges	
CTABDOMEN W CONTRAST	74160	CPT	both			3725	241.65	Americare	Americare		2793.75	75			210.13	3538.75	percent of total billed charges	
CTABDOMEN W CONTRAST	74160	CPT	both			3725	241.65	Amerihealth	HMO/PPO		2421.25	65			210.13	3538.75	percent of total billed charges	
CTABDOMEN W CONTRAST	74160	CPT	both			3725	241.65	Amerihealth	Medicare		210.13				210.13	3538.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTABDOMEN W CONTRAST	74160	CPT	both			3725	241.65	Consumer	Consumer		3538.75	95			210.13	3538.75	percent of total billed charges	
CTABDOMEN W CONTRAST	74160	CPT	both			3725	241.65	Corrections	Corrections		2980	80			210.13	3538.75	percent of total billed charges	
CTABDOMEN W CONTRAST	74160	CPT	both			3725	241.65	First Health	First Health		2607.5	70			210.13	3538.75	percent of total billed charges	
CTABDOMEN W CONTRAST	74160	CPT	both			3725	241.65	First Trenton	First Trenton		3352.5	90			210.13	3538.75	percent of total billed charges	
CTABDOMEN W CONTRAST	74160	CPT	both			3725	241.65	Horizon	Indemnity		391.05				210.13	3538.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTABDOMEN W CONTRAST	74160	CPT	both			3725	241.65	Horizon	MGD		391.05				210.13	3538.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTABDOMEN W CONTRAST	74160	CPT	both			3725	241.65	Horizon	PPO		391.05				210.13	3538.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTABDOMEN W CONTRAST	74160	CPT	both			3725	241.65	Horizon	NJ Health		327.93				210.13	3538.75	fee schedule	
CTABDOMEN W CONTRAST	74160	CPT	both			3725	241.65	Horizon	Medicare Blue		210.13				210.13	3538.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTABDOMEN W CONTRAST	74160	CPT	both			3725	241.65	Managed Care Inc	Managed Care Inc		3352.5	90			210.13	3538.75	percent of total billed charges	
CTABDOMEN W CONTRAST	74160	CPT	both			3725	241.65	Multiplan	Multiplan		2980	80			210.13	3538.75	percent of total billed charges	
CTABDOMEN W CONTRAST	74160	CPT	both			3725	241.65	Qualcare	Qualcare		2793.75	75			210.13	3538.75	percent of total billed charges	
CTABDOMEN W CONTRAST	74160	CPT	both			3725	241.65	Three Rivers	Three Rivers		3538.75	95			210.13	3538.75	percent of total billed charges	
CTABDOMEN W CONTRAST	74160	CPT	both			3725	241.65	UHC	Medicare		210.13				210.13	3538.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTABDOMEN W CONTRAST	74160	CPT	both			3725	241.65	UHC	Medicaid		1175.24	31.55			210.13	3538.75	percent of total billed charges	
CTABDOMEN W CONTRAST	74160	CPT	both			3725	241.65	Wellcare	Medicaid		1175.24	31.55			210.13	3538.75	percent of total billed charges	
CTABDOMEN W CONTRAST	74160	CPT	both			3725	241.65	Wellcare	Medicare		210.13				210.13	3538.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTABDOMEN W CONTRAST	74160	CPT	both			3725	241.65	WellPoint	WellPoint		1198.71	32.18			210.13	3538.75	percent of total billed charges	
CTABDOMEN W & W/O CONTRAST	74170	CPT	both			4610	241.65	Aetna	Commercial		334.53				210.13	4379.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTABDOMEN W & W/O CONTRAST	74170	CPT	both			4610	241.65	Aetna	Medicare		210.13				210.13	4379.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTABDOMEN W & W/O CONTRAST	74170	CPT	both			4610	241.65	Aetna	Better Health		1454.46	31.55			210.13	4379.5	percent of total billed charges	
CTABDOMEN W & W/O CONTRAST	74170	CPT	both			4610	241.65	Americare	Americare		3457.5	75			210.13	4379.5	percent of total billed charges	
CTABDOMEN W & W/O CONTRAST	74170	CPT	both			4610	241.65	Amerihealth	Medicare		210.13				210.13	4379.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTABDOMEN W & W/O CONTRAST	74170	CPT	both			4610	241.65	Amerihealth	HMO/PPO		2996.5	65			210.13	4379.5	percent of total billed charges	
CTABDOMEN W & W/O CONTRAST	74170	CPT	both			4610	241.65	Consumer	Consumer		4379.5	95			210.13	4379.5	percent of total billed charges	
CTABDOMEN W & W/O CONTRAST	74170	CPT	both			4610	241.65	Corrections	Corrections		3688	80			210.13	4379.5	percent of total billed charges	
CTABDOMEN W & W/O CONTRAST	74170	CPT	both			4610	241.65	First Health	First Health		3227	70			210.13	4379.5	percent of total billed charges	
CTABDOMEN W & W/O CONTRAST	74170	CPT	both			4610	241.65	First Trenton	First Trenton		4149	90			210.13	4379.5	percent of total billed charges	
CTABDOMEN W & W/O CONTRAST	74170	CPT	both			4610	241.65	Horizon	MGD		391.05				210.13	4379.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTABDOMEN W & W/O CONTRAST	74170	CPT	both			4610	241.65	Horizon	Indemnity		391.05				210.13	4379.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTABDOMEN W & W/O CONTRAST	74170	CPT	both			4610	241.65	Horizon	Medicare Blue		210.13				210.13	4379.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTABDOMEN W & W/O CONTRAST	74170	CPT	both			4610	241.65	Horizon	NJ Health		343				210.13	4379.5	fee schedule	
CTABDOMEN W & W/O CONTRAST	74170	CPT	both			4610	241.65	Horizon	PPO		391.05				210.13	4379.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTABDOMEN W & W/O CONTRAST	74170	CPT	both			4610	241.65	Managed Care Inc	Managed Care Inc		4149	90			210.13	4379.5	percent of total billed charges	
CTABDOMEN W & W/O CONTRAST	74170	CPT	both			4610	241.65	Multiplan	Multiplan		3688	80			210.13	4379.5	percent of total billed charges	
CTABDOMEN W & W/O CONTRAST	74170	CPT	both			4610	241.65	Qualcare	Qualcare		3457.5	75			210.13	4379.5	percent of total billed charges	
CTABDOMEN W & W/O CONTRAST	74170	CPT	both			4610	241.65	Three Rivers	Three Rivers		4379.5	95			210.13	4379.5	percent of total billed charges	
CTABDOMEN W & W/O CONTRAST	74170	CPT	both			4610	241.65	UHC	Medicaid		1454.46	31.55			210.13	4379.5	percent of total billed charges	
CTABDOMEN W & W/O CONTRAST	74170	CPT	both			4610	241.65	UHC	Medicare		210.13				210.13	4379.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTABDOMEN W & W/O CONTRAST	74170	CPT	both			4610	241.65	Wellcare	Medicare		210.13				210.13	4379.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTABDOMEN W & W/O CONTRAST	74170	CPT	both			4610	241.65	Wellcare	Medicaid		1454.46	31.55			210.13	4379.5	percent of total billed charges	
CTABDOMEN W & W/O CONTRAST	74170	CPT	both			4610	241.65	WellPoint	WellPoint		1483.5	32.18			210.13	4379.5	percent of total billed charges	
CTA ABDOMEN AND PELVIS W/WITHOUT CONTRA	74174	CPT	both			2983	505.8	Aetna	Commercial		700.21				335.69	2833.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTA ABDOMEN AND PELVIS W/WITHOUT CONTRA	74174	CPT	both			2983	505.8	Aetna	Better Health		941.14	31.55			335.69	2833.85	percent of total billed charges	
CTA ABDOMEN AND PELVIS W/WITHOUT CONTRA	74174	CPT	both			2983	505.8	Aetna	Medicare		439.83				335.69	2833.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTA ABDOMEN AND PELVIS W/WITHOUT CONTRA	74174	CPT	both			2983	505.8	Americare	Americare		2237.25	75			335.69	2833.85	percent of total billed charges	
CTA ABDOMEN AND PELVIS W/WITHOUT CONTRA	74174	CPT	both			2983	505.8	Amerihealth	Medicare		439.83				335.69	2833.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTA ABDOMEN AND PELVIS W/WITHOUT CONTRA	74174	CPT	both			2983	505.8	Amerihealth	HMO/PPO		1938.95	65			335.69	2833.85	percent of total billed charges	
CTA ABDOMEN AND PELVIS W/WITHOUT CONTRA	74174	CPT	both			2983	505.8	Consumer	Consumer		2833.85	95			335.69	2833.85	percent of total billed charges	
CTA ABDOMEN AND PELVIS W/WITHOUT CONTRA	74174	CPT	both			2983	505.8	Corrections	Corrections		2386.4	80			335.69	2833.85	percent of total billed charges	
CTA ABDOMEN AND PELVIS W/WITHOUT CONTRA	74174	CPT	both			2983	505.8	First Health	First Health		2088.1	70			335.69	2833.85	percent of total billed charges	
CTA ABDOMEN AND PELVIS W/WITHOUT CONTRA	74174	CPT	both			2983	505.8	First Trenton	First Trenton		2684.7	90			335.69	2833.85	percent of total billed charges	
CTA ABDOMEN AND PELVIS W/WITHOUT CONTRA	74174	CPT	both			2983	505.8	Horizon	MGD		818.52				335.69	2833.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTA ABDOMEN AND PELVIS W/WITHOUT CONTRA	74174	CPT	both			2983	505.8	Horizon	NJ Health		489.9				335.69	2833.85	fee schedule	
CTA ABDOMEN AND PELVIS W/WITHOUT CONTRA	74174	CPT	both			2983	505.8	Horizon	Indemnity		818.52				335.69	2833.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTA ABDOMEN AND PELVIS W/WITHOUT CONTRA	74174	CPT	both			2983	505.8	Horizon	Medicare Blue		439.83				335.69	2833.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTA ABDOMEN AND PELVIS W/WITHOUT CONTRA	74174	CPT	both			2983	505.8	Horizon	PPO		818.52				335.69	2833.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTA ABDOMEN AND PELVIS W/WITHOUT CONTRA	74174	CPT	both			2983	505.8	Managed Care Inc	Managed Care Inc		2684.7	90			335.69	2833.85	percent of total billed charges	
CTA ABDOMEN AND PELVIS W/WITHOUT CONTRA	74174	CPT	both			2983	505.8	Multiplan	Multiplan		2386.4	80			335.69	2833.85	percent of total billed charges	
CTA ABDOMEN AND PELVIS W/WITHOUT CONTRA	74174	CPT	both			2983	505.8	Qualcare	Qualcare		2237.25	75			335.69	2833.85	percent of total billed charges	
CTA ABDOMEN AND PELVIS W/WITHOUT CONTRA	74174	CPT	both			2983	505.8	Three Rivers	Three Rivers		2833.85	95			335.69	2833.85	percent of total billed charges	
CTA ABDOMEN AND PELVIS W/WITHOUT CONTRA	74174	CPT	both			2983	505.8	UHC	Medicare		439.83				335.69	2833.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTA ABDOMEN AND PELVIS W/WITHOUT CONTRA	74174	CPT	both			2983	505.8	UHC	Medicaid		941.14	31.55			335.69	2833.85	percent of total billed charges	
CTA ABDOMEN AND PELVIS W/WITHOUT CONTRA	74174	CPT	both			2983	505.8	Wellcare	Medicaid		941.14	31.55			335.69	2833.85	percent of total billed charges	
CTA ABDOMEN AND PELVIS W/WITHOUT CONTRA	74174	CPT	both			2983	505.8	Wellcare	Medicare		439.83				335.69	2833.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTA ABDOMEN AND PELVIS W/WITHOUT CONTRA	74174	CPT	both			2983	505.8	WellPoint	WellPoint		959.93	32.18			335.69	2833.85	percent of total billed charges	
CT ANGIO ABD W&W/O CONTRAST	74175	CPT	outpatient			1561	241.65	Aetna	Commercial		334.53				210.13	1482.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ANGIO ABD W&W/O CONTRAST	74175	CPT	outpatient			1561	241.65	Aetna	Better Health		492.5	31.55			210.13	1482.95	percent of total billed charges	
CT ANGIO ABD W&W/O CONTRAST	74175	CPT	outpatient			1561	241.65	Aetna	Medicare		210.13				210.13	1482.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ANGIO ABD W&W/O CONTRAST	74175	CPT	outpatient			1561	241.65	Americare	Americare		1170.75	75			210.13	1482.95	percent of total billed charges	
CT ANGIO ABD W&W/O CONTRAST	74175	CPT	outpatient			1561	241.65	Amerihealth	HMO/PPO		1014.65	65			210.13	1482.95	percent of total billed charges	
CT ANGIO ABD W&W/O CONTRAST	74175	CPT	outpatient			1561	241.65	Amerihealth	Medicare		210.13				210.13	1482.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ANGIO ABD W&W/O CONTRAST	74175	CPT	outpatient			1561	241.65	Consumer	Consumer		1482.95	95			210.13	1482.95	percent of total billed charges	
CT ANGIO ABD W&W/O CONTRAST	74175	CPT	outpatient			1561	241.65	Corrections	Corrections		1248.8	80			210.13	1482.95	percent of total billed charges	
CT ANGIO ABD W&W/O CONTRAST	74175	CPT	outpatient			1561	241.65	First Health	First Health		1092.7	70			210.13	1482.95	percent of total billed charges	
CT ANGIO ABD W&W/O CONTRAST	74175	CPT	outpatient			1561	241.65	First Trenton	First Trenton		1404.9	90			210.13	1482.95	percent of total billed charges	
CT ANGIO ABD W&W/O CONTRAST	74175	CPT	outpatient			1561	241.65	Horizon	Indemnity		391.05				210.13	1482.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ANGIO ABD W&W/O CONTRAST	74175	CPT	outpatient			1561	241.65	Horizon	Medicare Blue		210.13				210.13	1482.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ANGIO ABD W&W/O CONTRAST	74175	CPT	outpatient			1561	241.65	Horizon	NJ Health		333.2				210.13	1482.95	fee schedule	
CT ANGIO ABD W&W/O CONTRAST	74175	CPT	outpatient			1561	241.65	Horizon	MGD		391.05				210.13	1482.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ANGIO ABD W&W/O CONTRAST	74175	CPT	outpatient			1561	241.65	Horizon	PPO		391.05				210.13	1482.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ANGIO ABD W&W/O CONTRAST	74175	CPT	outpatient			1561	241.65	Managed Care Inc	Managed Care Inc		1404.9	90			210.13	1482.95	percent of total billed charges	
CT ANGIO ABD W&W/O CONTRAST	74175	CPT	outpatient			1561	241.65	Multiplan	Multiplan		1248.8	80			210.13	1482.95	percent of total billed charges	
CT ANGIO ABD W&W/O CONTRAST	74175	CPT	outpatient			1561	241.65	Qualcare	Qualcare		1170.75	75			210.13	1482.95	percent of total billed charges	
CT ANGIO ABD W&W/O CONTRAST	74175	CPT	outpatient			1561	241.65	Three Rivers	Three Rivers		1482.95	95			210.13	1482.95	percent of total billed charges	
CT ANGIO ABD W&W/O CONTRAST	74175	CPT	outpatient			1561	241.65	UHC	Medicaid		492.5	31.55			210.13	1482.95	percent of total billed charges	
CT ANGIO ABD W&W/O CONTRAST	74175	CPT	outpatient			1561	241.65	UHC	Medicare		210.13				210.13	1482.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ANGIO ABD W&W/O CONTRAST	74175	CPT	outpatient			1561	241.65	Wellcare	Medicaid		492.5	31.55			210.13	1482.95	percent of total billed charges	
CT ANGIO ABD W&W/O CONTRAST	74175	CPT	outpatient			1561	241.65	Wellcare	Medicare		210.13				210.13	1482.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ANGIO ABD W&W/O CONTRAST	74175	CPT	outpatient			1561	241.65	WellPoint	WellPoint		502.33	32.18			210.13	1482.95	percent of total billed charges	
ED CT ABD/PEL W/O CONT RENAL STONE-NO	74176	CPT	both			1032	322.28	Aetna	Commercial		446.14				186.4	980.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED CT ABD/PEL W/O CONT RENAL STONE-NO	74176	CPT	both			1032	322.28	Aetna	Medicare		280.24				186.4	980.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED CT ABD/PEL W/O CONT RENAL STONE-NO	74176	CPT	both			1032	322.28	Aetna	Better Health		325.6	31.55			186.4	980.4	percent of total billed charges	
ED CT ABD/PEL W/O CONT RENAL STONE-NO	74176	CPT	both			1032	322.28	Americare	Americare		774	75			186.4	980.4	percent of total billed charges	
ED CT ABD/PEL W/O CONT RENAL STONE-NO	74176	CPT	both			1032	322.28	Amerihealth	HMO/PPO		670.8	65			186.4	980.4	percent of total billed charges	
ED CT ABD/PEL W/O CONT RENAL STONE-NO	74176	CPT	both			1032	322.28	Amerihealth	Medicare		280.24				186.4	980.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED CT ABD/PEL W/O CONT RENAL STONE-NO	74176	CPT	both			1032	322.28	Consumer	Consumer		980.4	95			186.4	980.4	percent of total billed charges	
ED CT ABD/PEL W/O CONT RENAL STONE-NO	74176	CPT	both			1032	322.28	Corrections	Corrections		825.6	80			186.4	980.4	percent of total billed charges	
ED CT ABD/PEL W/O CONT RENAL STONE-NO	74176	CPT	both			1032	322.28	First Health	First Health		722.4	70			186.4	980.4	percent of total billed charges	
ED CT ABD/PEL W/O CONT RENAL STONE-NO	74176	CPT	both			1032	322.28	First Trenton	First Trenton		928.8	90			186.4	980.4	percent of total billed charges	
ED CT ABD/PEL W/O CONT RENAL STONE-NO	74176	CPT	both			1032	322.28	Horizon	Medicare Blue		280.24				186.4	980.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED CT ABD/PEL W/O CONT RENAL STONE-NO	74176	CPT	both			1032	322.28	Horizon	MGD		521.53				186.4	980.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED CT ABD/PEL W/O CONT RENAL STONE-NO	74176	CPT	both			1032	322.28	Horizon	NJ Health		186.4				186.4	980.4	fee schedule	
ED CT ABD/PEL W/O CONT RENAL STONE-NO	74176	CPT	both			1032	322.28	Horizon	PPO		521.53				186.4	980.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED CT ABD/PEL W/O CONT RENAL STONE-NO	74176	CPT	both			1032	322.28	Horizon	Indemnity		521.53				186.4	980.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED CT ABD/PEL W/O CONT RENAL STONE-NO	74176	CPT	both			1032	322.28	Managed Care Inc	Managed Care Inc		928.8	90			186.4	980.4	percent of total billed charges	
ED CT ABD/PEL W/O CONT RENAL STONE-NO	74176	CPT	both			1032	322.28	Multiplan	Multiplan		825.6	80			186.4	980.4	percent of total billed charges	
ED CT ABD/PEL W/O CONT RENAL STONE-NO	74176	CPT	both			1032	322.28	Qualcare	Qualcare		774	75			186.4	980.4	percent of total billed charges	
ED CT ABD/PEL W/O CONT RENAL STONE-NO	74176	CPT	both			1032	322.28	Three Rivers	Three Rivers		980.4	95			186.4	980.4	percent of total billed charges	
ED CT ABD/PEL W/O CONT RENAL STONE-NO	74176	CPT	both			1032	322.28	UHC	Medicaid		325.6	31.55			186.4	980.4	percent of total billed charges	
ED CT ABD/PEL W/O CONT RENAL STONE-NO	74176	CPT	both			1032	322.28	UHC	Medicare		280.24				186.4	980.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED CT ABD/PEL W/O CONT RENAL STONE-NO	74176	CPT	both			1032	322.28	Wellcare	Medicaid		325.6	31.55			186.4	980.4	percent of total billed charges	
ED CT ABD/PEL W/O CONT RENAL STONE-NO	74176	CPT	both			1032	322.28	Wellcare	Medicare		280.24				186.4	980.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED CT ABD/PEL W/O CONT RENAL STONE-NO	74176	CPT	both			1032	322.28	WellPoint	WellPoint		332.1	32.18			186.4	980.4	percent of total billed charges	
ED CT ABD/PELVIS W CONT ACUTE ABDOMEN-	74177	CPT	both			1592	505.8	Aetna	Commercial		700.21				295.27	1512.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED CT ABD/PELVIS W CONT ACUTE ABDOMEN-	74177	CPT	both			1592	505.8	Aetna	Medicare		439.83				295.27	1512.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED CT ABD/PELVIS W CONT ACUTE ABDOMEN-	74177	CPT	both			1592	505.8	Aetna	Better Health		502.28	31.55			295.27	1512.4	percent of total billed charges	
ED CT ABD/PELVIS W CONT ACUTE ABDOMEN-	74177	CPT	both			1592	505.8	Americare	Americare		1194	75			295.27	1512.4	percent of total billed charges	
ED CT ABD/PELVIS W CONT ACUTE ABDOMEN-	74177	CPT	both			1592	505.8	Amerihealth	HMO/PPO		1034.8	65			295.27	1512.4	percent of total billed charges	
ED CT ABD/PELVIS W CONT ACUTE ABDOMEN-	74177	CPT	both			1592	505.8	Amerihealth	Medicare		439.83				295.27	1512.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED CT ABD/PELVIS W CONT ACUTE ABDOMEN-	74177	CPT	both			1592	505.8	Consumer	Consumer		1512.4	95			295.27	1512.4	percent of total billed charges	
ED CT ABD/PELVIS W CONT ACUTE ABDOMEN-	74177	CPT	both			1592	505.8	Corrections	Corrections		1273.6	80			295.27	1512.4	percent of total billed charges	
ED CT ABD/PELVIS W CONT ACUTE ABDOMEN-	74177	CPT	both			1592	505.8	First Health	First Health		1114.4	70			295.27	1512.4	percent of total billed charges	
ED CT ABD/PELVIS W CONT ACUTE ABDOMEN-	74177	CPT	both			1592	505.8	First Trenton	First Trenton		1432.8	90			295.27	1512.4	percent of total billed charges	
ED CT ABD/PELVIS W CONT ACUTE ABDOMEN-	74177	CPT	both			1592	505.8	Horizon	Indemnity		818.52				295.27	1512.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED CT ABD/PELVIS W CONT ACUTE ABDOMEN-	74177	CPT	both			1592	505.8	Horizon	Medicare Blue		439.83				295.27	1512.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED CT ABD/PELVIS W CONT ACUTE ABDOMEN-	74177	CPT	both			1592	505.8	Horizon	NJ Health		295.27				295.27	1512.4	fee schedule	
ED CT ABD/PELVIS W CONT ACUTE ABDOMEN-	74177	CPT	both			1592	505.8	Horizon	MGD		818.52				295.27	1512.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED CT ABD/PELVIS W CONT ACUTE ABDOMEN-	74177	CPT	both			1592	505.8	Horizon	PPO		818.52				295.27	1512.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED CT ABD/PELVIS W CONT ACUTE ABDOMEN-	74177	CPT	both			1592	505.8	Managed Care Inc	Managed Care Inc		1432.8	90			295.27	1512.4	percent of total billed charges	
ED CT ABD/PELVIS W CONT ACUTE ABDOMEN-	74177	CPT	both			1592	505.8	Multiplan	Multiplan		1273.6	80			295.27	1512.4	percent of total billed charges	
ED CT ABD/PELVIS W CONT ACUTE ABDOMEN-	74177	CPT	both			1592	505.8	Qualcare	Qualcare		1194	75			295.27	1512.4	percent of total billed charges	
ED CT ABD/PELVIS W CONT ACUTE ABDOMEN-	74177	CPT	both			1592	505.8	Three Rivers	Three Rivers		1512.4	95			295.27	1512.4	percent of total billed charges	
ED CT ABD/PELVIS W CONT ACUTE ABDOMEN-	74177	CPT	both			1592	505.8	UHC	Medicare		439.83				295.27	1512.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED CT ABD/PELVIS W CONT ACUTE ABDOMEN-	74177	CPT	both			1592	505.8	UHC	Medicaid		502.28	31.55			295.27	1512.4	percent of total billed charges	
ED CT ABD/PELVIS W CONT ACUTE ABDOMEN-	74177	CPT	both			1592	505.8	Wellcare	Medicare		439.83				295.27	1512.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED CT ABD/PELVIS W CONT ACUTE ABDOMEN-	74177	CPT	both			1592	505.8	Wellcare	Medicaid		502.28	31.55			295.27	1512.4	percent of total billed charges	
ED CT ABD/PELVIS W CONT ACUTE ABDOMEN-	74177	CPT	both			1592	505.8	WellPoint	WellPoint		512.31	32.18			295.27	1512.4	percent of total billed charges	
CT ABDOMEN PELVIS RESEARCH WITHWITHOUT	74178	CPT	both			1772	505.8	Aetna	Better Health		559.07	31.55			374.48	1683.4	percent of total billed charges	
CT ABDOMEN PELVIS RESEARCH WITHWITHOUT	74178	CPT	both			1772	505.8	Aetna	Medicare		439.83				374.48	1683.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ABDOMEN PELVIS RESEARCH WITHWITHOUT	74178	CPT	both			1772	505.8	Aetna	Commercial		700.21				374.48	1683.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CT ABDOMEN PELVIS RESEARCH WITH/WITHOUT	74178	CPT	both			1772		505.8 Americare	Americare		1329	75			374.48	1683.4	percent of total billed charges	
CT ABDOMEN PELVIS RESEARCH WITH/WITHOUT	74178	CPT	both			1772		505.8 Amerihealth	HMO/PPO		1151.8	65			374.48	1683.4	percent of total billed charges	
CT ABDOMEN PELVIS RESEARCH WITH/WITHOUT	74178	CPT	both			1772		505.8 Amerihealth	Medicare		439.83				374.48	1683.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ABDOMEN PELVIS RESEARCH WITH/WITHOUT	74178	CPT	both			1772		505.8 Consumer	Consumer		1683.4	95			374.48	1683.4	percent of total billed charges	
CT ABDOMEN PELVIS RESEARCH WITH/WITHOUT	74178	CPT	both			1772		505.8 Corrections	Corrections		1417.6	80			374.48	1683.4	percent of total billed charges	
CT ABDOMEN PELVIS RESEARCH WITH/WITHOUT	74178	CPT	both			1772		505.8 First Health	First Health		1240.4	70			374.48	1683.4	percent of total billed charges	
CT ABDOMEN PELVIS RESEARCH WITH/WITHOUT	74178	CPT	both			1772		505.8 First Trenton	First Trenton		1594.8	90			374.48	1683.4	percent of total billed charges	
CT ABDOMEN PELVIS RESEARCH WITH/WITHOUT	74178	CPT	both			1772		505.8 Horizon	PPO		818.52				374.48	1683.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ABDOMEN PELVIS RESEARCH WITH/WITHOUT	74178	CPT	both			1772		505.8 Horizon	MGD		818.52				374.48	1683.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ABDOMEN PELVIS RESEARCH WITH/WITHOUT	74178	CPT	both			1772		505.8 Horizon	Indemnity		818.52				374.48	1683.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ABDOMEN PELVIS RESEARCH WITH/WITHOUT	74178	CPT	both			1772		505.8 Horizon	Medicare Blue		439.83				374.48	1683.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ABDOMEN PELVIS RESEARCH WITH/WITHOUT	74178	CPT	both			1772		505.8 Horizon	NJ Health		374.48				374.48	1683.4	fee schedule	
CT ABDOMEN PELVIS RESEARCH WITH/WITHOUT	74178	CPT	both			1772		505.8 Managed Care Inc	Managed Care Inc		1594.8	90			374.48	1683.4	percent of total billed charges	
CT ABDOMEN PELVIS RESEARCH WITH/WITHOUT	74178	CPT	both			1772		505.8 Multiplan	Multiplan		1417.6	80			374.48	1683.4	percent of total billed charges	
CT ABDOMEN PELVIS RESEARCH WITH/WITHOUT	74178	CPT	both			1772		505.8 Qualcare	Qualcare		1329	75			374.48	1683.4	percent of total billed charges	
CT ABDOMEN PELVIS RESEARCH WITH/WITHOUT	74178	CPT	both			1772		505.8 Three Rivers	Three Rivers		1683.4	95			374.48	1683.4	percent of total billed charges	
CT ABDOMEN PELVIS RESEARCH WITH/WITHOUT	74178	CPT	both			1772		505.8 UHC	Medicaid		559.07	31.55			374.48	1683.4	percent of total billed charges	
CT ABDOMEN PELVIS RESEARCH WITH/WITHOUT	74178	CPT	both			1772		505.8 UHC	Medicare		439.83				374.48	1683.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ABDOMEN PELVIS RESEARCH WITH/WITHOUT	74178	CPT	both			1772		505.8 Wellcare	Medicaid		559.07	31.55			374.48	1683.4	percent of total billed charges	
CT ABDOMEN PELVIS RESEARCH WITH/WITHOUT	74178	CPT	both			1772		505.8 Wellcare	Medicare		439.83				374.48	1683.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ABDOMEN PELVIS RESEARCH WITH/WITHOUT	74178	CPT	both			1772		505.8 WellPoint	WellPoint		570.23	32.18			374.48	1683.4	percent of total billed charges	
MRI ABDOMEN W/O CONTRAST	74181	CPT	both			6082	322.28	Aetna	Better Health		1918.87	31.55			268.49	5777.9	percent of total billed charges	
MRI ABDOMEN W/O CONTRAST	74181	CPT	both			6082	322.28	Aetna	Commercial		446.14				268.49	5777.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ABDOMEN W/O CONTRAST	74181	CPT	both			6082	322.28	Aetna	Medicare		280.24				268.49	5777.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ABDOMEN W/O CONTRAST	74181	CPT	both			6082	322.28	Americare	Americare		4561.5	75			268.49	5777.9	percent of total billed charges	
MRI ABDOMEN W/O CONTRAST	74181	CPT	both			6082	322.28	Amerihealth	HMO/PPO		3953.3	65			268.49	5777.9	percent of total billed charges	
MRI ABDOMEN W/O CONTRAST	74181	CPT	both			6082	322.28	Amerihealth	Medicare		280.24				268.49	5777.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ABDOMEN W/O CONTRAST	74181	CPT	both			6082	322.28	Consumer	Consumer		5777.9	95			268.49	5777.9	percent of total billed charges	
MRI ABDOMEN W/O CONTRAST	74181	CPT	both			6082	322.28	Corrections	Corrections		4865.6	80			268.49	5777.9	percent of total billed charges	
MRI ABDOMEN W/O CONTRAST	74181	CPT	both			6082	322.28	First Health	First Health		4257.4	70			268.49	5777.9	percent of total billed charges	
MRI ABDOMEN W/O CONTRAST	74181	CPT	both			6082	322.28	First Trenton	First Trenton		5473.8	90			268.49	5777.9	percent of total billed charges	
MRI ABDOMEN W/O CONTRAST	74181	CPT	both			6082	322.28	Horizon	Indemnity		521.53				268.49	5777.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ABDOMEN W/O CONTRAST	74181	CPT	both			6082	322.28	Horizon	PPO		521.53				268.49	5777.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ABDOMEN W/O CONTRAST	74181	CPT	both			6082	322.28	Horizon	Medicare Blue		280.24				268.49	5777.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ABDOMEN W/O CONTRAST	74181	CPT	both			6082	322.28	Horizon	MGD		521.53				268.49	5777.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ABDOMEN W/O CONTRAST	74181	CPT	both			6082	322.28	Horizon	NJ Health		646.8				268.49	5777.9	fee schedule	
MRI ABDOMEN W/O CONTRAST	74181	CPT	both			6082	322.28	Managed Care Inc	Managed Care Inc		5473.8	90			268.49	5777.9	percent of total billed charges	
MRI ABDOMEN W/O CONTRAST	74181	CPT	both			6082	322.28	Multiplan	Multiplan		4865.6	80			268.49	5777.9	percent of total billed charges	
MRI ABDOMEN W/O CONTRAST	74181	CPT	both			6082	322.28	Qualcare	Qualcare		4561.5	75			268.49	5777.9	percent of total billed charges	
MRI ABDOMEN W/O CONTRAST	74181	CPT	both			6082	322.28	Three Rivers	Three Rivers		5777.9	95			268.49	5777.9	percent of total billed charges	
MRI ABDOMEN W/O CONTRAST	74181	CPT	both			6082	322.28	UHC	Medicare		280.24				268.49	5777.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ABDOMEN W/O CONTRAST	74181	CPT	both			6082	322.28	UHC	Medicaid		1918.87	31.55			268.49	5777.9	percent of total billed charges	
MRI ABDOMEN W/O CONTRAST	74181	CPT	both			6082	322.28	Wellcare	Medicaid		1918.87	31.55			268.49	5777.9	percent of total billed charges	
MRI ABDOMEN W/O CONTRAST	74181	CPT	both			6082	322.28	Wellcare	Medicare		280.24				268.49	5777.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ABDOMEN W/O CONTRAST	74181	CPT	both			6082	322.28	WellPoint	WellPoint		1957.19	32.18			268.49	5777.9	percent of total billed charges	
MRI-ABDOMEN WITH EOVIST	74182	CPT	both			3520	505.8	Aetna	Commercial		700.21				439.83	3344	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-ABDOMEN WITH EOVIST	74182	CPT	both			3520	505.8	Aetna	Better Health		1110.56	31.55			439.83	3344	percent of total billed charges	
MRI-ABDOMEN WITH EOVIST	74182	CPT	both			3520	505.8	Aetna	Medicare		1084.16	30.8			439.83	3344	percent of total billed charges	
MRI-ABDOMEN WITH EOVIST	74182	CPT	both			3520	505.8	Americare	Americare		2640	75			439.83	3344	percent of total billed charges	
MRI-ABDOMEN WITH EOVIST	74182	CPT	both			3520	505.8	Amerihealth	HMO/PPO		2288	65			439.83	3344	percent of total billed charges	
MRI-ABDOMEN WITH EOVIST	74182	CPT	both			3520	505.8	Amerihealth	Medicare		439.83				439.83	3344	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-ABDOMEN WITH EOVIST	74182	CPT	both			3520	505.8	Consumer	Consumer		3344	95			439.83	3344	percent of total billed charges	
MRI-ABDOMEN WITH EOVIST	74182	CPT	both			3520	505.8	Corrections	Corrections		2816	80			439.83	3344	percent of total billed charges	
MRI-ABDOMEN WITH EOVIST	74182	CPT	both			3520	505.8	First Health	First Health		2464	70			439.83	3344	percent of total billed charges	
MRI-ABDOMEN WITH EOVIST	74182	CPT	both			3520	505.8	First Trenton	First Trenton		3168	90			439.83	3344	percent of total billed charges	
MRI-ABDOMEN WITH EOVIST	74182	CPT	both			3520	505.8	Horizon	MGD		818.52				439.83	3344	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-ABDOMEN WITH EOVIST	74182	CPT	both			3520	505.8	Horizon	Medicare Blue		439.83				439.83	3344	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-ABDOMEN WITH EOVIST	74182	CPT	both			3520	505.8	Horizon	PPO		818.52				439.83	3344	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-ABDOMEN WITH EOVIST	74182	CPT	both			3520	505.8	Horizon	Indemnity		818.52				439.83	3344	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-ABDOMEN WITH EOVIST	74182	CPT	both			3520	505.8	Horizon	NJ Health		607.6				439.83	3344	fee schedule	
MRI-ABDOMEN WITH EOVIST	74182	CPT	both			3520	505.8	Managed Care Inc	Managed Care Inc		3168	90			439.83	3344	percent of total billed charges	
MRI-ABDOMEN WITH EOVIST	74182	CPT	both			3520	505.8	Multiplan	Multiplan		2816	80			439.83	3344	percent of total billed charges	
MRI-ABDOMEN WITH EOVIST	74182	CPT	both			3520	505.8	Qualcare	Qualcare		2640	75			439.83	3344	percent of total billed charges	
MRI-ABDOMEN WITH EOVIST	74182	CPT	both			3520	505.8	Three Rivers	Three Rivers		3344	95			439.83	3344	percent of total billed charges	
MRI-ABDOMEN WITH EOVIST	74182	CPT	both			3520	505.8	UHC	Medicaid		1110.56	31.55			439.83	3344	percent of total billed charges	
MRI-ABDOMEN WITH EOVIST	74182	CPT	both			3520	505.8	UHC	Medicare		439.83				439.83	3344	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-ABDOMEN WITH EOVIST	74182	CPT	both			3520	505.8	Wellcare	Medicare		439.83				439.83	3344	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-ABDOMEN WITH EOVIST	74182	CPT	both			3520	505.8	Wellcare	Medicaid		1110.56	31.55			439.83	3344	percent of total billed charges	
MRI-ABDOMEN WITH EOVIST	74182	CPT	both			3520	505.8	WellPoint	WellPoint		1132.74	32.18			439.83	3344	percent of total billed charges	
MRI-ABDOMEN WITHOUT/WITH CONTRAST	74183	CPT	both			4087	505.8	Aetna	Commercial		700.21				439.83	3882.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-ABDOMEN WITHOUT/WITH CONTRAST	74183	CPT	both			4087	505.8	Aetna	Medicare		439.83				439.83	3882.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-ABDOMEN WITHOUT/WITH CONTRAST	74183	CPT	both			4087	505.8	Aetna	Better Health		1289.45	31.55			439.83	3882.65	percent of total billed charges	
MRI-ABDOMEN WITHOUT/WITH CONTRAST	74183	CPT	both			4087	505.8	Americare	Americare		3065.25	75			439.83	3882.65	percent of total billed charges	
MRI-ABDOMEN WITHOUT/WITH CONTRAST	74183	CPT	both			4087	505.8	Amerihealth	Medicare		439.83				439.83	3882.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-ABDOMEN WITHOUT/WITH CONTRAST	74183	CPT	both			4087	505.8	Amerihealth	HMO/PPO		2656.55	65			439.83	3882.65	percent of total billed charges	
MRI-ABDOMEN WITHOUT/WITH CONTRAST	74183	CPT	both			4087	505.8	Consumer	Consumer		3882.65	95			439.83	3882.65	percent of total billed charges	
MRI-ABDOMEN WITHOUT/WITH CONTRAST	74183	CPT	both			4087	505.8	Corrections	Corrections		3269.6	80			439.83	3882.65	percent of total billed charges	
MRI-ABDOMEN WITHOUT/WITH CONTRAST	74183	CPT	both			4087	505.8	First Health	First Health		2860.9	70			439.83	3882.65	percent of total billed charges	
MRI-ABDOMEN WITHOUT/WITH CONTRAST	74183	CPT	both			4087	505.8	First Trenton	First Trenton		3678.3	90			439.83	3882.65	percent of total billed charges	
MRI-ABDOMEN WITHOUT/WITH CONTRAST	74183	CPT	both			4087	505.8	Horizon	MGD		818.52				439.83	3882.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-ABDOMEN WITHOUT/WITH CONTRAST	74183	CPT	both			4087	505.8	Horizon	Medicare Blue		439.83				439.83	3882.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-ABDOMEN WITHOUT/WITH CONTRAST	74183	CPT	both			4087	505.8	Horizon	Indemnity		818.52				439.83	3882.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-ABDOMEN WITHOUT/WITH CONTRAST	74183	CPT	both			4087	505.8	Horizon	PPO		818.52				439.83	3882.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-ABDOMEN WITHOUT/WITH CONTRAST	74183	CPT	both			4087	505.8	Horizon	NJ Health		960.95				439.83	3882.65	fee schedule	
MRI-ABDOMEN WITHOUT/WITH CONTRAST	74183	CPT	both			4087	505.8	Managed Care Inc	Managed Care Inc		3678.3	90			439.83	3882.65	percent of total billed charges	
MRI-ABDOMEN WITHOUT/WITH CONTRAST	74183	CPT	both			4087	505.8	Multiplan	Multiplan		3269.6	80			439.83	3882.65	percent of total billed charges	
MRI-ABDOMEN WITHOUT/WITH CONTRAST	74183	CPT	both			4087	505.8	Qualcare	Qualcare		3065.25	75			439.83	3882.65	percent of total billed charges	
MRI-ABDOMEN WITHOUT/WITH CONTRAST	74183	CPT	both			4087	505.8	Three Rivers	Three Rivers		3882.65	95			439.83	3882.65	percent of total billed charges	
MRI-ABDOMEN WITHOUT/WITH CONTRAST	74183	CPT	both			4087	505.8	UHC	Medicare		439.83				439.83	3882.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-ABDOMEN WITHOUT/WITH CONTRAST	74183	CPT	both			4087	505.8	UHC	Medicaid		1289.45	31.55			439.83	3882.65	percent of total billed charges	
MRI-ABDOMEN WITHOUT/WITH CONTRAST	74183	CPT	both			4087	505.8	Wellcare	Medicaid		1289.45	31.55			439.83	3882.65	percent of total billed charges	
MRI-ABDOMEN WITHOUT/WITH CONTRAST	74183	CPT	both			4087	505.8	Wellcare	Medicare		439.83				439.83	3882.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-ABDOMEN WITHOUT/WITH CONTRAST	74183	CPT	both			4087	505.8	WellPoint	WellPoint		1315.2	32.18			439.83	3882.65	percent of total billed charges	
MRA-ABDOMEN	74185	CPT	outpatient			4937		Aetna	Medicare		1520.6	30.8			274.4	4690.15	percent of total billed charges	
MRA-ABDOMEN	74185	CPT	outpatient			4937		Aetna	Better Health		1557.62	31.55			274.4	4690.15	percent of total billed charges	
MRA-ABDOMEN	74185	CPT	outpatient			4937		Aetna	Commercial		1876.06	38			274.4	4690.15	percent of total billed charges	
MRA-ABDOMEN	74185	CPT	outpatient			4937		Americare	Americare		3702.75	75			274.4	4690.15	percent of total billed charges	
MRA-ABDOMEN	74185	CPT	outpatient			4937		Amerihealth	HMO/PPO		3209.05	65			274.4	4690.15	percent of total billed charges	
MRA-ABDOMEN	74185	CPT	outpatient			4937		Consumer	Consumer		4690.15	95			274.4	4690.15	percent of total billed charges	
MRA-ABDOMEN	74185	CPT	outpatient			4937		Corrections	Corrections		3949.6	80			274.4	4690.15	percent of total billed charges	
MRA-ABDOMEN	74185	CPT	outpatient			4937		First Health	First Health		3455.9	70			274.4	4690.15	percent of total billed charges	
MRA-ABDOMEN	74185	CPT	outpatient			4937		First Trenton	First Trenton		4443.3	90			274.4	4690.15	percent of total billed charges	
MRA-ABDOMEN	74185	CPT	outpatient			4937		Horizon	MGD		1889.88	38.28			274.4	4690.15	percent of total billed charges	
MRA-ABDOMEN	74185	CPT	outpatient			4937		Horizon	NJ Health		274.4				274.4	4690.15	fee schedule	
MRA-ABDOMEN	74185	CPT	outpatient			4937		Horizon	Indemnity		1889.88	38.28			274.4	4690.15	percent of total billed charges	
MRA-ABDOMEN	74185	CPT	outpatient			4937		Horizon	PPO		1889.88	38.28			274.4	4690.15	percent of total billed charges	
MRA-ABDOMEN	74185	CPT	outpatient			4937		Horizon	Medicare Blue		1481.1	30			274.4	4690.15	percent of total billed charges	
MRA-ABDOMEN	74185	CPT	outpatient			4937		Managed Care Inc	Managed Care Inc		4443.3	90			274.4	4690.15	percent of total billed charges	
MRA-ABDOMEN	74185	CPT	outpatient			4937		Multiplan	Multiplan		3949.6	80			274.4	4690.15	percent of total billed charges	
MRA-ABDOMEN	74185	CPT	outpatient			4937		Qualcare	Qualcare		3702.75	75			274.4	4690.15	percent of total billed charges	
MRA-ABDOMEN	74185	CPT	outpatient			4937		Three Rivers	Three Rivers		4690.15	95			274.4	4690.15	percent of total billed charges	
MRA-ABDOMEN	74185	CPT	outpatient			4937		UHC	Medicaid		1557.62	31.55			274.4	4690.15	percent of total billed charges	
MRA-ABDOMEN	74185	CPT	outpatient			4937		Wellcare	Medicaid		1557.62	31.55			274.4	4690.15	percent of total billed charges	
MRA-ABDOMEN	74185	CPT	outpatient			4937		WellPoint	WellPoint		1588.73	32.18			274.4	4690.15	percent of total billed charges	
RADIO EXAM ESOPHA +CXR SING CONTRA & DEL	74220	CPT	both			695	241.65	Aetna	Medicare		214.06	30.8			54.88	660.25	percent of total billed charges	
RADIO EXAM ESOPHA +CXR SING CONTRA & DEL	74220	CPT	both			695	241.65	Aetna	Commercial		334.53				54.88	660.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIO EXAM ESOPHA +CXR SING CONTRA & DEL	74220	CPT	both			695	241.65	Aetna	Better Health		219.27	31.55			54.88	660.25	percent of total billed charges	
RADIO EXAM ESOPHA +CXR SING CONTRA & DEL	74220	CPT	both			695	241.65	Americare	Americare		521.25	75			54.88	660.25	percent of total billed charges	
RADIO EXAM ESOPHA +CXR SING CONTRA & DEL	74220	CPT	both			695	241.65	Amerihealth	HMO/PPO		451.75	65			54.88	660.25	percent of total billed charges	
RADIO EXAM ESOPHA +CXR SING CONTRA & DEL	74220	CPT	both			695	241.65	Amerihealth	Medicare		210.13				54.88	660.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIO EXAM ESOPHA +CXR SING CONTRA & DEL	74220	CPT	both			695	241.65	Consumer	Consumer		660.25	95			54.88	660.25	percent of total billed charges	
RADIO EXAM ESOPHA +CXR SING CONTRA & DEL	74220	CPT	both			695	241.65	Corrections	Corrections		556	80			54.88	660.25	percent of total billed charges	
RADIO EXAM ESOPHA +CXR SING CONTRA & DEL	74220	CPT	both			695	241.65	First Health	First Health		486.5	70			54.88	660.25	percent of total billed charges	
RADIO EXAM ESOPHA +CXR SING CONTRA & DEL	74220	CPT	both			695	241.65	First Trenton	First Trenton		625.5	90			54.88	660.25	percent of total billed charges	
RADIO EXAM ESOPHA +CXR SING CONTRA & DEL	74220	CPT	both			695	241.65	Horizon	MGD		391.05				54.88	660.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIO EXAM ESOPHA +CXR SING CONTRA & DEL	74220	CPT	both			695	241.65	Horizon	Medicare Blue		210.13				54.88	660.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIO EXAM ESOPHA +CXR SING CONTRA & DEL	74220	CPT	both			695	241.65	Horizon	Indemnity		391.05				54.88	660.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIO EXAM ESOPHA +CXR SING CONTRA & DEL	74220	CPT	both			695	241.65	Horizon	NJ Health		54.88				54.88	660.25	fee schedule	
RADIO EXAM ESOPHA +CXR SING CONTRA & DEL	74220	CPT	both			695	241.65	Horizon	PPO		391.05				54.88	660.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIO EXAM ESOPHA +CXR SING CONTRA & DEL	74220	CPT	both			695	241.65	Managed Care Inc	Managed Care Inc		625.5	90			54.88	660.25	percent of total billed charges	
RADIO EXAM ESOPHA +CXR SING CONTRA & DEL	74220	CPT	both			695	241.65	Multiplan	Multiplan		556	80			54.88	660.25	percent of total billed charges	
RADIO EXAM ESOPHA +CXR SING CONTRA & DEL	74220	CPT	both			695	241.65	Qualcare	Qualcare		521.25	75			54.88	660.25	percent of total billed charges	
RADIO EXAM ESOPHA +CXR SING CONTRA & DEL	74220	CPT	both			695	241.65	Three Rivers	Three Rivers		660.25	95			54.88	660.25	percent of total billed charges	
RADIO EXAM ESOPHA +CXR SING CONTRA & DEL	74220	CPT	both			695	241.65	UHC	Medicaid		219.27	31.55			54.88	660.25	percent of total billed charges	
RADIO EXAM ESOPHA +CXR SING CONTRA & DEL	74220	CPT	both			695	241.65	UHC	Medicare		210.13				54.88	660.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIO EXAM ESOPHA +CXR SING CONTRA & DEL	74220	CPT	both			695	241.65	Wellcare	Medicaid		219.27	31.55			54.88	660.25	percent of total billed charges	
RADIO EXAM ESOPHA +CXR SING CONTRA & DEL	74220	CPT	both			695	241.65	Wellcare	Medicare		210.13				54.88	660.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIO EXAM ESOPHA +CXR SING CONTRA & DEL	74220	CPT	both			695	241.65	WellPoint	WellPoint		223.65	32.18			54.88	660.25	percent of total billed charges	
XRAY DOUBLE CONTR-HIGH DENSITY BAEFFERV	74221	CPT	outpatient			733	241.65	Aetna	Commercial		334.53				95.79	696.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY DOUBLE CONTR-HIGH DENSITY BAEFFERV	74221	CPT	outpatient			733	241.65	Aetna	Better Health		231.26	31.55			95.79	696.35	percent of total billed charges	
XRAY DOUBLE CONTR-HIGH DENSITY BAEFFERV	74221	CPT	outpatient			733	241.65	Aetna	Medicare		210.13				95.79	696.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY DOUBLE CONTR-HIGH DENSITY BAEFFERV	74221	CPT	outpatient			733	241.65	Americare	Americare		549.75	75			95.79	696.35	percent of total billed charges	
XRAY DOUBLE CONTR-HIGH DENSITY BAEFFERV	74221	CPT	outpatient			733	241.65	Amerihealth	HMO/PPO		476.45	65			95.79	696.35	percent of total billed charges	
XRAY DOUBLE CONTR-HIGH DENSITY BAEFFERV	74221	CPT	outpatient			733	241.65	Amerihealth	Medicare		210.13				95.79	696.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY DOUBLE CONTR-HIGH DENSITY BAEFFERV	74221	CPT	outpatient			733	241.65	Consumer	Consumer		696.35	95			95.79	696.35	percent of total billed charges	
XRAY DOUBLE CONTR-HIGH DENSITY BAEFFERV	74221	CPT	outpatient			733	241.65	Corrections	Corrections		586.4	80			95.79	696.35	percent of total billed charges	
XRAY DOUBLE CONTR-HIGH DENSITY BAEFFERV	74221	CPT	outpatient			733	241.65	First Health	First Health		513.1	70			95.79	696.35	percent of total billed charges	
XRAY DOUBLE CONTR-HIGH DENSITY BAEFFERV	74221	CPT	outpatient			733	241.65	First Trenton	First Trenton		659.7	90			95.79	696.35	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
XRAY DOUBLE CONTR-HIGH DENSITY BAEFFERV	74221	CPT	outpatient			733		241.65 Horizon	NJ Health		95.79				95.79	95.79	696.35 fee schedule	
XRAY DOUBLE CONTR-HIGH DENSITY BAEFFERV	74221	CPT	outpatient			733		241.65 Horizon	Medicare Blue		210.13				95.79	696.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY DOUBLE CONTR-HIGH DENSITY BAEFFERV	74221	CPT	outpatient			733		241.65 Horizon	MGD		391.05				95.79	696.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY DOUBLE CONTR-HIGH DENSITY BAEFFERV	74221	CPT	outpatient			733		241.65 Horizon	Indemnity		391.05				95.79	696.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY DOUBLE CONTR-HIGH DENSITY BAEFFERV	74221	CPT	outpatient			733		241.65 Horizon	PPO		391.05				95.79	696.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY DOUBLE CONTR-HIGH DENSITY BAEFFERV	74221	CPT	outpatient			733		241.65 Managed Care Inc	Managed Care Inc		659.7	90			95.79	696.35	percent of total billed charges	
XRAY DOUBLE CONTR-HIGH DENSITY BAEFFERV	74221	CPT	outpatient			733		241.65 Multiplan	Multiplan		586.4	80			95.79	696.35	percent of total billed charges	
XRAY DOUBLE CONTR-HIGH DENSITY BAEFFERV	74221	CPT	outpatient			733		241.65 Qualcare	Qualcare		549.75	75			95.79	696.35	percent of total billed charges	
XRAY DOUBLE CONTR-HIGH DENSITY BAEFFERV	74221	CPT	outpatient			733		241.65 Three Rivers	Three Rivers		696.35	95			95.79	696.35	percent of total billed charges	
XRAY DOUBLE CONTR-HIGH DENSITY BAEFFERV	74221	CPT	outpatient			733		241.65 UHC	Medicaid		231.26	31.55			95.79	696.35	percent of total billed charges	
XRAY DOUBLE CONTR-HIGH DENSITY BAEFFERV	74221	CPT	outpatient			733		241.65 UHC	Medicare		210.13				95.79	696.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY DOUBLE CONTR-HIGH DENSITY BAEFFERV	74221	CPT	outpatient			733		241.65 Wellcare	Medicaid		231.26	31.55			95.79	696.35	percent of total billed charges	
XRAY DOUBLE CONTR-HIGH DENSITY BAEFFERV	74221	CPT	outpatient			733		241.65 Wellcare	Medicare		210.13				95.79	696.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY DOUBLE CONTR-HIGH DENSITY BAEFFERV	74221	CPT	outpatient			733		241.65 WellPoint	WellPoint		235.88	32.18			95.79	696.35	percent of total billed charges	
SWALLOW FUNC PHARYNX/ESOPH, SCOUT NECK &	74230	CPT	both			678		241.65 Aetna	Commercial		334.53				79.44	644.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SWALLOW FUNC PHARYNX/ESOPH, SCOUT NECK &	74230	CPT	both			678		241.65 Aetna	Better Health		213.91	31.55			79.44	644.1	percent of total billed charges	
SWALLOW FUNC PHARYNX/ESOPH, SCOUT NECK &	74230	CPT	both			678		241.65 Aetna	Medicare		210.13				79.44	644.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SWALLOW FUNC PHARYNX/ESOPH, SCOUT NECK &	74230	CPT	both			678		241.65 Americare	Americare		508.5	75			79.44	644.1	percent of total billed charges	
SWALLOW FUNC PHARYNX/ESOPH, SCOUT NECK &	74230	CPT	both			678		241.65 Amerihealth	Medicare		210.13				79.44	644.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SWALLOW FUNC PHARYNX/ESOPH, SCOUT NECK &	74230	CPT	both			678		241.65 Amerihealth	HMO/PPO		440.7	65			79.44	644.1	percent of total billed charges	
SWALLOW FUNC PHARYNX/ESOPH, SCOUT NECK &	74230	CPT	both			678		241.65 Consumer	Consumer		644.1	95			79.44	644.1	percent of total billed charges	
SWALLOW FUNC PHARYNX/ESOPH, SCOUT NECK &	74230	CPT	both			678		241.65 Corrections	Corrections		542.4	80			79.44	644.1	percent of total billed charges	
SWALLOW FUNC PHARYNX/ESOPH, SCOUT NECK &	74230	CPT	both			678		241.65 First Health	First Health		474.6	70			79.44	644.1	percent of total billed charges	
SWALLOW FUNC PHARYNX/ESOPH, SCOUT NECK &	74230	CPT	both			678		241.65 First Trenton	First Trenton		610.2	90			79.44	644.1	percent of total billed charges	
SWALLOW FUNC PHARYNX/ESOPH, SCOUT NECK &	74230	CPT	both			678		241.65 Horizon	MGD		391.05				79.44	644.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SWALLOW FUNC PHARYNX/ESOPH, SCOUT NECK &	74230	CPT	both			678		241.65 Horizon	Indemnity		391.05				79.44	644.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SWALLOW FUNC PHARYNX/ESOPH, SCOUT NECK &	74230	CPT	both			678		241.65 Horizon	Medicare Blue		210.13				79.44	644.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SWALLOW FUNC PHARYNX/ESOPH, SCOUT NECK &	74230	CPT	both			678		241.65 Horizon	NJ Health		79.44				79.44	644.1	fee schedule	
SWALLOW FUNC PHARYNX/ESOPH, SCOUT NECK &	74230	CPT	both			678		241.65 Horizon	PPO		391.05				79.44	644.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SWALLOW FUNC PHARYNX/ESOPH, SCOUT NECK &	74230	CPT	both			678		241.65 Managed Care Inc	Managed Care Inc		610.2	90			79.44	644.1	percent of total billed charges	
SWALLOW FUNC PHARYNX/ESOPH, SCOUT NECK &	74230	CPT	both			678		241.65 Multiplan	Multiplan		542.4	80			79.44	644.1	percent of total billed charges	
SWALLOW FUNC PHARYNX/ESOPH, SCOUT NECK &	74230	CPT	both			678		241.65 Qualcare	Qualcare		508.5	75			79.44	644.1	percent of total billed charges	
SWALLOW FUNC PHARYNX/ESOPH, SCOUT NECK &	74230	CPT	both			678		241.65 Three Rivers	Three Rivers		644.1	95			79.44	644.1	percent of total billed charges	
SWALLOW FUNC PHARYNX/ESOPH, SCOUT NECK &	74230	CPT	both			678		241.65 UHC	Medicaid		213.91	31.55			79.44	644.1	percent of total billed charges	
SWALLOW FUNC PHARYNX/ESOPH, SCOUT NECK &	74230	CPT	both			678		241.65 UHC	Medicare		210.13				79.44	644.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SWALLOW FUNC PHARYNX/ESOPH, SCOUT NECK &	74230	CPT	both			678		241.65 Wellcare	Medicare		210.13				79.44	644.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SWALLOW FUNC PHARYNX/ESOPH, SCOUT NECK &	74230	CPT	both			678		241.65 Wellcare	Medicaid		213.91	31.55			79.44	644.1	percent of total billed charges	
SWALLOW FUNC PHARYNX/ESOPH, SCOUT NECK &	74230	CPT	both			678		241.65 WellPoint	WellPoint		218.18	32.18			79.44	644.1	percent of total billed charges	
REMOV F.B. ESOPH W/CATH S&I	74235	CPT	outpatient			1281		Aetna	Medicare		394.55	30.8			355.74	1216.95	percent of total billed charges	
REMOV F.B. ESOPH W/CATH S&I	74235	CPT	outpatient			1281		Aetna	Better Health		404.16	31.55			355.74	1216.95	percent of total billed charges	
REMOV F.B. ESOPH W/CATH S&I	74235	CPT	outpatient			1281		Aetna	Commercial		486.78	38			355.74	1216.95	percent of total billed charges	
REMOV F.B. ESOPH W/CATH S&I	74235	CPT	outpatient			1281		Americare	Americare		960.75	75			355.74	1216.95	percent of total billed charges	
REMOV F.B. ESOPH W/CATH S&I	74235	CPT	outpatient			1281		Amerihealth	HMO/PPO		832.65	65			355.74	1216.95	percent of total billed charges	
REMOV F.B. ESOPH W/CATH S&I	74235	CPT	outpatient			1281		Consumer	Consumer		1216.95	95			355.74	1216.95	percent of total billed charges	
REMOV F.B. ESOPH W/CATH S&I	74235	CPT	outpatient			1281		Corrections	Corrections		1024.8	80			355.74	1216.95	percent of total billed charges	
REMOV F.B. ESOPH W/CATH S&I	74235	CPT	outpatient			1281		First Health	First Health		896.7	70			355.74	1216.95	percent of total billed charges	
REMOV F.B. ESOPH W/CATH S&I	74235	CPT	outpatient			1281		First Trenton	First Trenton		1152.9	90			355.74	1216.95	percent of total billed charges	
REMOV F.B. ESOPH W/CATH S&I	74235	CPT	outpatient			1281		Horizon	MGD		490.37	38.28			355.74	1216.95	percent of total billed charges	
REMOV F.B. ESOPH W/CATH S&I	74235	CPT	outpatient			1281		Horizon	Medicare Blue		384.3	30			355.74	1216.95	percent of total billed charges	
REMOV F.B. ESOPH W/CATH S&I	74235	CPT	outpatient			1281		Horizon	Indemnity		490.37	38.28			355.74	1216.95	percent of total billed charges	
REMOV F.B. ESOPH W/CATH S&I	74235	CPT	outpatient			1281		Horizon	NJ Health		355.74				355.74	1216.95	fee schedule	
REMOV F.B. ESOPH W/CATH S&I	74235	CPT	outpatient			1281		Horizon	PPO		490.37	38.28			355.74	1216.95	percent of total billed charges	
REMOV F.B. ESOPH W/CATH S&I	74235	CPT	outpatient			1281		Managed Care Inc	Managed Care Inc		1152.9	90			355.74	1216.95	percent of total billed charges	
REMOV F.B. ESOPH W/CATH S&I	74235	CPT	outpatient			1281		Multiplan	Multiplan		1024.8	80			355.74	1216.95	percent of total billed charges	
REMOV F.B. ESOPH W/CATH S&I	74235	CPT	outpatient			1281		Qualcare	Qualcare		960.75	75			355.74	1216.95	percent of total billed charges	
REMOV F.B. ESOPH W/CATH S&I	74235	CPT	outpatient			1281		Three Rivers	Three Rivers		1216.95	95			355.74	1216.95	percent of total billed charges	
REMOV F.B. ESOPH W/CATH S&I	74235	CPT	outpatient			1281		UHC	Medicaid		404.16	31.55			355.74	1216.95	percent of total billed charges	
REMOV F.B. ESOPH W/CATH S&I	74235	CPT	outpatient			1281		Wellcare	Medicaid		404.16	31.55			355.74	1216.95	percent of total billed charges	
REMOV F.B. ESOPH W/CATH S&I	74235	CPT	outpatient			1281		WellPoint	WellPoint		412.23	32.18			355.74	1216.95	percent of total billed charges	
UGI WITH DELAYED FILM +KUB SINGLE CONTRA	74240	CPT	both			999		241.65 Aetna	Better Health		315.18	31.55			93.84	949.05	percent of total billed charges	
UGI WITH DELAYED FILM +KUB SINGLE CONTRA	74240	CPT	both			999		241.65 Aetna	Medicare		307.69	30.8			93.84	949.05	percent of total billed charges	
UGI WITH DELAYED FILM +KUB SINGLE CONTRA	74240	CPT	both			999		241.65 Aetna	Commercial		334.53				93.84	949.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UGI WITH DELAYED FILM +KUB SINGLE CONTRA	74240	CPT	both			999		241.65 Americare	Americare		749.25	75			93.84	949.05	percent of total billed charges	
UGI WITH DELAYED FILM +KUB SINGLE CONTRA	74240	CPT	both			999		241.65 Amerihealth	HMO/PPO		649.35	65			93.84	949.05	percent of total billed charges	
UGI WITH DELAYED FILM +KUB SINGLE CONTRA	74240	CPT	both			999		241.65 Amerihealth	Medicare		210.13				93.84	949.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UGI WITH DELAYED FILM +KUB SINGLE CONTRA	74240	CPT	both			999		241.65 Consumer	Consumer		949.05	95			93.84	949.05	percent of total billed charges	
UGI WITH DELAYED FILM +KUB SINGLE CONTRA	74240	CPT	both			999		241.65 Corrections	Corrections		799.2	80			93.84	949.05	percent of total billed charges	
UGI WITH DELAYED FILM +KUB SINGLE CONTRA	74240	CPT	both			999		241.65 First Health	First Health		699.3	70			93.84	949.05	percent of total billed charges	
UGI WITH DELAYED FILM +KUB SINGLE CONTRA	74240	CPT	both			999		241.65 First Trenton	First Trenton		899.1	90			93.84	949.05	percent of total billed charges	
UGI WITH DELAYED FILM +KUB SINGLE CONTRA	74240	CPT	both			999		241.65 Horizon	NJ Health		93.84				93.84	949.05	fee schedule	
UGI WITH DELAYED FILM +KUB SINGLE CONTRA	74240	CPT	both			999		241.65 Horizon	Indemnity		391.05				93.84	949.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UGI WITH DELAYED FILM +KUB SINGLE CONTRA	74240	CPT	both			999		241.65 Horizon	Medicare Blue		210.13				93.84	949.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UGI WITH DELAYED FILM +KUB SINGLE CONTRA	74240	CPT	both			999		241.65 Horizon	PPO		391.05				93.84	949.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UGI WITH DELAYED FILM +KUB SINGLE CONTRA	74240	CPT	both			999		241.65 Horizon	MGD		391.05				93.84	949.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UGI WITH DELAYED FILM +KUB SINGLE CONTRA	74240	CPT	both			999		241.65 Managed Care Inc	Managed Care Inc		899.1	90			93.84	949.05	percent of total billed charges	
UGI WITH DELAYED FILM +KUB SINGLE CONTRA	74240	CPT	both			999		241.65 Multiplan	Multiplan		799.2	80			93.84	949.05	percent of total billed charges	
UGI WITH DELAYED FILM +KUB SINGLE CONTRA	74240	CPT	both			999		241.65 Qualcare	Qualcare		749.25	75			93.84	949.05	percent of total billed charges	
UGI WITH DELAYED FILM +KUB SINGLE CONTRA	74240	CPT	both			999		241.65 Three Rivers	Three Rivers		949.05	95			93.84	949.05	percent of total billed charges	
UGI WITH DELAYED FILM +KUB SINGLE CONTRA	74240	CPT	both			999		241.65 UHC	Medicare		210.13				93.84	949.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UGI WITH DELAYED FILM +KUB SINGLE CONTRA	74240	CPT	both			999		241.65 UHC	Medicaid		315.18	31.55			93.84	949.05	percent of total billed charges	
UGI WITH DELAYED FILM +KUB SINGLE CONTRA	74240	CPT	both			999		241.65 Wellcare	Medicare		210.13				93.84	949.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UGI WITH DELAYED FILM +KUB SINGLE CONTRA	74240	CPT	both			999		241.65 Wellcare	Medicaid		315.18	31.55			93.84	949.05	percent of total billed charges	
UGI WITH DELAYED FILM +KUB SINGLE CONTRA	74240	CPT	both			999		241.65 WellPoint	WellPoint		321.48	32.18			93.84	949.05	percent of total billed charges	
UGI DOUBLE W HD BARIUM + EFFERVES +/-GL	74246	CPT	both			999		241.65 Aetna	Commercial		334.53				100.88	949.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UGI DOUBLE W HD BARIUM + EFFERVES +/-GL	74246	CPT	both			999		241.65 Aetna	Better Health		315.18	31.55			100.88	949.05	percent of total billed charges	
UGI DOUBLE W HD BARIUM + EFFERVES +/-GL	74246	CPT	both			999		241.65 Aetna	Medicare		210.13				100.88	949.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UGI DOUBLE W HD BARIUM + EFFERVES +/-GL	74246	CPT	both			999		241.65 Americare	Americare		749.25	75			100.88	949.05	percent of total billed charges	
UGI DOUBLE W HD BARIUM + EFFERVES +/-GL	74246	CPT	both			999		241.65 Amerihealth	Medicare		210.13				100.88	949.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UGI DOUBLE W HD BARIUM + EFFERVES +/-GL	74246	CPT	both			999		241.65 Amerihealth	HMO/PPO		649.35	65			100.88	949.05	percent of total billed charges	
UGI DOUBLE W HD BARIUM + EFFERVES +/-GL	74246	CPT	both			999		241.65 Consumer	Consumer		949.05	95			100.88	949.05	percent of total billed charges	
UGI DOUBLE W HD BARIUM + EFFERVES +/-GL	74246	CPT	both			999		241.65 Corrections	Corrections		799.2	80			100.88	949.05	percent of total billed charges	
UGI DOUBLE W HD BARIUM + EFFERVES +/-GL	74246	CPT	both			999		241.65 First Health	First Health		699.3	70			100.88	949.05	percent of total billed charges	
UGI DOUBLE W HD BARIUM + EFFERVES +/-GL	74246	CPT	both			999		241.65 First Trenton	First Trenton		899.1	90			100.88	949.05	percent of total billed charges	
UGI DOUBLE W HD BARIUM + EFFERVES +/-GL	74246	CPT	both			999		241.65 Horizon	Medicare Blue		210.13				100.88	949.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UGI DOUBLE W HD BARIUM + EFFERVES +/-GL	74246	CPT	both			999		241.65 Horizon	PPO		391.05				100.88	949.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UGI DOUBLE W HD BARIUM + EFFERVES +/-GL	74246	CPT	both			999		241.65 Horizon	MGD		391.05				100.88	949.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UGI DOUBLE W HD BARIUM + EFFERVES +/-GL	74246	CPT	both			999		241.65 Horizon	NJ Health		100.88				100.88	949.05	fee schedule	
UGI DOUBLE W HD BARIUM + EFFERVES +/-GL	74246	CPT	both			999		241.65 Horizon	Indemnity		391.05				100.88	949.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UGI DOUBLE W HD BARIUM + EFFERVES +/-GL	74246	CPT	both			999		241.65 Managed Care Inc	Managed Care Inc		899.1	90			100.88	949.05	percent of total billed charges	
UGI DOUBLE W HD BARIUM + EFFERVES +/-GL	74246	CPT	both			999		241.65 Multiplan	Multiplan		799.2	80			100.88	949.05	percent of total billed charges	
UGI DOUBLE W HD BARIUM + EFFERVES +/-GL	74246	CPT	both			999		241.65 Qualcare	Qualcare		749.25	75			100.88	949.05	percent of total billed charges	
UGI DOUBLE W HD BARIUM + EFFERVES +/-GL	74246	CPT	both			999		241.65 Three Rivers	Three Rivers		949.05	95			100.88	949.05	percent of total billed charges	
UGI DOUBLE W HD BARIUM + EFFERVES +/-GL	74246	CPT	both			999		241.65 UHC	Medicare		210.13				100.88	949.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UGI DOUBLE W HD BARIUM + EFFERVES +/-GL	74246	CPT	both			999		241.65 UHC	Medicaid		315.18	31.55			100.88	949.05	percent of total billed charges	
UGI DOUBLE W HD BARIUM + EFFERVES +/-GL	74246	CPT	both			999		241.65 Wellcare	Medicaid		315.18	31.55			100.88	949.05	percent of total billed charges	
UGI DOUBLE W HD BARIUM + EFFERVES +/-GL	74246	CPT	both			999		241.65 Wellcare	Medicare		210.13				100.88	949.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UGI DOUBLE W HD BARIUM + EFFERVES +/-GL	74246	CPT	both			999		241.65 WellPoint	WellPoint		321.48	32.18			100.88	949.05	percent of total billed charges	
SMALL BOWELS FOLLOW THROUGH ADD ON UGI	74248	CPT	both			711		Aetna	Medicare		218.99	30.8			72.13	675.45	percent of total billed charges	
SMALL BOWELS FOLLOW THROUGH ADD ON UGI	74248	CPT	both			711		Aetna	Better Health		224.32	31.55			72.13	675.45	percent of total billed charges	
SMALL BOWELS FOLLOW THROUGH ADD ON UGI	74248	CPT	both			711		Aetna	Commercial		270.18	38			72.13	675.45	percent of total billed charges	
SMALL BOWELS FOLLOW THROUGH ADD ON UGI	74248	CPT	both			711		Americare	Americare		533.25	75			72.13	675.45	percent of total billed charges	
SMALL BOWELS FOLLOW THROUGH ADD ON UGI	74248	CPT	both			711		Amerihealth	HMO/PPO		462.15	65			72.13	675.45	percent of total billed charges	
SMALL BOWELS FOLLOW THROUGH ADD ON UGI	74248	CPT	both			711		Consumer	Consumer		675.45	95			72.13	675.45	percent of total billed charges	
SMALL BOWELS FOLLOW THROUGH ADD ON UGI	74248	CPT	both			711		Corrections	Corrections		568.8	80			72.13	675.45	percent of total billed charges	
SMALL BOWELS FOLLOW THROUGH ADD ON UGI	74248	CPT	both			711		First Health	First Health		497.7	70			72.13	675.45	percent of total billed charges	
SMALL BOWELS FOLLOW THROUGH ADD ON UGI	74248	CPT	both			711		First Trenton	First Trenton		639.9	90			72.13	675.45	percent of total billed charges	
SMALL BOWELS FOLLOW THROUGH ADD ON UGI	74248	CPT	both			711		Horizon	MGD		272.17	38.28			72.13	675.45	percent of total billed charges	
XRAY ADD-ON SMALL BOWEL FOLLOW THROUGH A	74248	CPT	both			711		Horizon	NJ Health		72.13				72.13	675.45	fee schedule	
SMALL BOWELS FOLLOW THROUGH ADD ON UGI	74248	CPT	both			711		Horizon	Indemnity		272.17	38.28			72.13	675.45	percent of total billed charges	
SMALL BOWELS FOLLOW THROUGH ADD ON UGI	74248	CPT	both			711		Horizon	PPO		272.17	38.28			72.13	675.45	percent of total billed charges	
SMALL BOWELS FOLLOW THROUGH ADD ON UGI	74248	CPT	both			711		Horizon	Medicare Blue		213.3	30			72.13	675.45	percent of total billed charges	
SMALL BOWELS FOLLOW THROUGH ADD ON UGI	74248	CPT	both			711		Managed Care Inc	Managed Care Inc		639.9	90			72.13	675.45	percent of total billed charges	
SMALL BOWELS FOLLOW THROUGH ADD ON UGI	74248	CPT	both			711		Multiplan	Multiplan		568.8	80			72.13	675.45	percent of total billed charges	
SMALL BOWELS FOLLOW THROUGH ADD ON UGI	74248	CPT	both			711		Qualcare	Qualcare		533.25	75			72.13	675.45	percent of total billed charges	
SMALL BOWELS FOLLOW THROUGH ADD ON UGI	74248	CPT	both			711		Three Rivers	Three Rivers		675.45	95			72.13	675.45	percent of total billed charges	
SMALL BOWELS FOLLOW THROUGH ADD ON UGI	74248	CPT	both			711		UHC	Medicaid		224.32	31.55			72.13	675.45	percent of total billed charges	
SMALL BOWELS FOLLOW THROUGH ADD ON UGI	74248	CPT	both			711		Wellcare	Medicaid		224.32	31.55			72.13	675.45	percent of total billed charges	
SMALL BOWELS FOLLOW THROUGH ADD ON UGI	74248	CPT	both			711		WellPoint	WellPoint		228.8	32.18			72.13	675.45	percent of total billed charges	
SMALL BOWELS SINGLE CONTRAST +SCOUT KUB	74250	CPT	outpatient			725		241.65 Aetna	Medicare		223.3	30.8			75.22	688.75	percent of total billed charges	
SMALL BOWELS SINGLE CONTRAST +SCOUT KUB	74250	CPT	outpatient			725		241.65 Aetna	Commercial		334.53				75.22	688.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALL BOWELS SINGLE CONTRAST +SCOUT KUB	74250	CPT	outpatient			725		241.65 Aetna	Better Health		228.74	31.55			75.22	688.75	percent of total billed charges	
SMALL BOWELS SINGLE CONTRAST +SCOUT KUB	74250	CPT	outpatient			725		241.65 Americare	Americare		543.75	75			75.22	688.75	percent of total billed charges	
SMALL BOWELS SINGLE CONTRAST +SCOUT KUB	74250	CPT	outpatient			725		241.65 Amerihealth	HMO/PPO		471.25	65			75.22	688.75	percent of total billed charges	
SMALL BOWELS SINGLE CONTRAST +SCOUT KUB	74250	CPT	outpatient			725		241.65 Amerihealth	Medicare		210.13				75.22	688.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALL BOWELS SINGLE CONTRAST +SCOUT KUB	74250	CPT	outpatient			725		241.65 Consumer	Consumer		686.75	95			75.22	688.75	percent of total billed charges	
SMALL BOWELS SINGLE CONTRAST +SCOUT KUB	74250	CPT	outpatient			725		241.65 Corrections	Corrections		580	80			75.22	688.75	percent of total billed charges	
SMALL BOWELS SINGLE CONTRAST +SCOUT KUB	74250	CPT	outpatient			725		241.65 First Health	First Health		507.5	70			75.22	688.75	percent of total billed charges	
SMALL BOWELS SINGLE CONTRAST +SCOUT KUB	74250	CPT	outpatient			725		241.65 First Trenton	First Trenton		652.5	90			75.22	688.75	percent of total billed charges	
SMALL BOWELS SINGLE CONTRAST +SCOUT KUB	74250	CPT	outpatient			725		241.65 Horizon	Indemnity		391.05				75.22	688.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALL BOWELS SINGLE CONTRAST +SCOUT KUB	74250	CPT	outpatient			725		241.65 Horizon	PPO		391.05				75.22	688.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALL BOWELS SINGLE CONTRAST +SCOUT KUB	74250	CPT	outpatient			725		241.65 Horizon	NJ Health		75.22				75.22	688.75	fee schedule	
SMALL BOWELS SINGLE CONTRAST +SCOUT KUB	74250	CPT	outpatient			725		241.65 Horizon	Medicare Blue		210.13				75.22	688.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALL BOWELS SINGLE CONTRAST +SCOUT KUB	74250	CPT	outpatient			725		241.65 Horizon	MGD		391.05				75.22	688.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALL BOWELS SINGLE CONTRAST +SCOUT KUB	74250	CPT	outpatient			725		241.65 Managed Care Inc	Managed Care Inc		652.5	90			75.22	688.75	percent of total billed charges	
SMALL BOWELS SINGLE CONTRAST +SCOUT KUB	74250	CPT	outpatient			725		241.65 Multiplan	Multiplan		580	80			75.22	688.75	percent of total billed charges	
SMALL BOWELS SINGLE CONTRAST +SCOUT KUB	74250	CPT	outpatient			725		241.65 Qualcare	Qualcare		543.75	75			75.22	688.75	percent of total billed charges	
SMALL BOWELS SINGLE CONTRAST +SCOUT KUB	74250	CPT	outpatient			725		241.65 Three Rivers	Three Rivers		688.75	95			75.22	688.75	percent of total billed charges	
SMALL BOWELS SINGLE CONTRAST +SCOUT KUB	74250	CPT	outpatient			725		241.65 UHC	Medicaid		228.74	31.55			75.22	688.75	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.												
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true												
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
SMALL BOWELS SINGLE CONTRAST +SCOUT KUB	74250	CPT	outpatient			725	241.65	UHC	Medicare		210.13				75.22	688.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALL BOWELS SINGLE CONTRAST +SCOUT KUB	74250	CPT	outpatient			725	241.65	Wellcare	Medicaid		228.74	31.55			75.22	688.75	percent of total billed charges	
SMALL BOWELS SINGLE CONTRAST +SCOUT KUB	74250	CPT	outpatient			725	241.65	Wellcare	Medicare		210.13				75.22	688.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALL BOWELS SINGLE CONTRAST +SCOUT KUB	74250	CPT	outpatient			725	241.65	WellPoint	WellPoint		233.31	32.18			75.22	688.75	percent of total billed charges	
SMALL BOW ENTEROCLYSIS TUBE W HI DENSITY	74251	CPT	outpatient			592	241.65	Aetna	Medicare		182.34	30.8			88.2	562.4	percent of total billed charges	
SMALL BOW ENTEROCLYSIS TUBE W HI DENSITY	74251	CPT	outpatient			592	241.65	Aetna	Better Health		186.78	31.55			88.2	562.4	percent of total billed charges	
SMALL BOW ENTEROCLYSIS TUBE W HI DENSITY	74251	CPT	outpatient			592	241.65	Aetna	Commercial		334.53				88.2	562.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALL BOW ENTEROCLYSIS TUBE W HI DENSITY	74251	CPT	outpatient			592	241.65	Americare	Americare		444	75			88.2	562.4	percent of total billed charges	
SMALL BOW ENTEROCLYSIS TUBE W HI DENSITY	74251	CPT	outpatient			592	241.65	Amerihealth	Medicare		210.13				88.2	562.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALL BOW ENTEROCLYSIS TUBE W HI DENSITY	74251	CPT	outpatient			592	241.65	Amerihealth	HMO/PPO		384.8	65			88.2	562.4	percent of total billed charges	
SMALL BOW ENTEROCLYSIS TUBE W HI DENSITY	74251	CPT	outpatient			592	241.65	Consumer	Consumer		562.4	95			88.2	562.4	percent of total billed charges	
SMALL BOW ENTEROCLYSIS TUBE W HI DENSITY	74251	CPT	outpatient			592	241.65	Corrections	Corrections		473.6	80			88.2	562.4	percent of total billed charges	
SMALL BOW ENTEROCLYSIS TUBE W HI DENSITY	74251	CPT	outpatient			592	241.65	First Health	First Health		414.4	70			88.2	562.4	percent of total billed charges	
SMALL BOW ENTEROCLYSIS TUBE W HI DENSITY	74251	CPT	outpatient			592	241.65	First Trenton	First Trenton		532.8	90			88.2	562.4	percent of total billed charges	
SMALL BOW ENTEROCLYSIS TUBE W HI DENSITY	74251	CPT	outpatient			592	241.65	Horizon	MGD		391.05				88.2	562.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALL BOW ENTEROCLYSIS TUBE W HI DENSITY	74251	CPT	outpatient			592	241.65	Horizon	Indemnity		391.05				88.2	562.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALL BOW ENTEROCLYSIS TUBE W HI DENSITY	74251	CPT	outpatient			592	241.65	Horizon	Medicare Blue		210.13				88.2	562.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALL BOW ENTEROCLYSIS TUBE W HI DENSITY	74251	CPT	outpatient			592	241.65	Horizon	NJ Health		88.2				88.2	562.4	fee schedule	
SMALL BOW ENTEROCLYSIS TUBE W HI DENSITY	74251	CPT	outpatient			592	241.65	Horizon	PPO		391.05				88.2	562.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALL BOW ENTEROCLYSIS TUBE W HI DENSITY	74251	CPT	outpatient			592	241.65	Managed Care Inc	Managed Care Inc		532.8	90			88.2	562.4	percent of total billed charges	
SMALL BOW ENTEROCLYSIS TUBE W HI DENSITY	74251	CPT	outpatient			592	241.65	Multiplan	Multiplan		473.6	80			88.2	562.4	percent of total billed charges	
SMALL BOW ENTEROCLYSIS TUBE W HI DENSITY	74251	CPT	outpatient			592	241.65	Qualcare	Qualcare		444	75			88.2	562.4	percent of total billed charges	
SMALL BOW ENTEROCLYSIS TUBE W HI DENSITY	74251	CPT	outpatient			592	241.65	Three Rivers	Three Rivers		562.4	95			88.2	562.4	percent of total billed charges	
SMALL BOW ENTEROCLYSIS TUBE W HI DENSITY	74251	CPT	outpatient			592	241.65	UHC	Medicaid		186.78	31.55			88.2	562.4	percent of total billed charges	
SMALL BOW ENTEROCLYSIS TUBE W HI DENSITY	74251	CPT	outpatient			592	241.65	UHC	Medicare		210.13				88.2	562.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALL BOW ENTEROCLYSIS TUBE W HI DENSITY	74251	CPT	outpatient			592	241.65	Wellcare	Medicaid		186.78	31.55			88.2	562.4	percent of total billed charges	
SMALL BOW ENTEROCLYSIS TUBE W HI DENSITY	74251	CPT	outpatient			592	241.65	Wellcare	Medicare		210.13				88.2	562.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALL BOW ENTEROCLYSIS TUBE W HI DENSITY	74251	CPT	outpatient			592	241.65	WellPoint	WellPoint		190.51	32.18			88.2	562.4	percent of total billed charges	
DIAGNOSTIC VIRTUAL COLONOSCOPY	74261	CPT	outpatient			1074	144.6	Aetna	Commercial		200.18				125.74	1020.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIAGNOSTIC VIRTUAL COLONOSCOPY	74261	CPT	outpatient			1074	144.6	Aetna	Better Health		338.85	31.55			125.74	1020.3	percent of total billed charges	
DIAGNOSTIC VIRTUAL COLONOSCOPY	74261	CPT	outpatient			1074	144.6	Aetna	Medicare		125.74				125.74	1020.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIAGNOSTIC VIRTUAL COLONOSCOPY	74261	CPT	outpatient			1074	144.6	Americare	Americare		805.5	75			125.74	1020.3	percent of total billed charges	
DIAGNOSTIC VIRTUAL COLONOSCOPY	74261	CPT	outpatient			1074	144.6	Amerihealth	Medicare		125.74				125.74	1020.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIAGNOSTIC VIRTUAL COLONOSCOPY	74261	CPT	outpatient			1074	144.6	Amerihealth	HMO/PPO		698.1	65			125.74	1020.3	percent of total billed charges	
DIAGNOSTIC VIRTUAL COLONOSCOPY	74261	CPT	outpatient			1074	144.6	Consumer	Consumer		1020.3	95			125.74	1020.3	percent of total billed charges	
DIAGNOSTIC VIRTUAL COLONOSCOPY	74261	CPT	outpatient			1074	144.6	Corrections	Corrections		859.2	80			125.74	1020.3	percent of total billed charges	
DIAGNOSTIC VIRTUAL COLONOSCOPY	74261	CPT	outpatient			1074	144.6	First Health	First Health		751.8	70			125.74	1020.3	percent of total billed charges	
DIAGNOSTIC VIRTUAL COLONOSCOPY	74261	CPT	outpatient			1074	144.6	First Trenton	First Trenton		966.6	90			125.74	1020.3	percent of total billed charges	
DIAGNOSTIC VIRTUAL COLONOSCOPY	74261	CPT	outpatient			1074	144.6	Horizon	Indemnity		234				125.74	1020.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIAGNOSTIC VIRTUAL COLONOSCOPY	74261	CPT	outpatient			1074	144.6	Horizon	MGD		234				125.74	1020.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIAGNOSTIC VIRTUAL COLONOSCOPY	74261	CPT	outpatient			1074	144.6	Horizon	Medicare Blue		125.74				125.74	1020.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIAGNOSTIC VIRTUAL COLONOSCOPY	74261	CPT	outpatient			1074	144.6	Horizon	NJ Health		382.26				125.74	1020.3	fee schedule	
DIAGNOSTIC VIRTUAL COLONOSCOPY	74261	CPT	outpatient			1074	144.6	Horizon	PPO		234				125.74	1020.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIAGNOSTIC VIRTUAL COLONOSCOPY	74261	CPT	outpatient			1074	144.6	Managed Care Inc	Managed Care Inc		966.6	90			125.74	1020.3	percent of total billed charges	
DIAGNOSTIC VIRTUAL COLONOSCOPY	74261	CPT	outpatient			1074	144.6	Multiplan	Multiplan		859.2	80			125.74	1020.3	percent of total billed charges	
DIAGNOSTIC VIRTUAL COLONOSCOPY	74261	CPT	outpatient			1074	144.6	Qualcare	Qualcare		805.5	75			125.74	1020.3	percent of total billed charges	
DIAGNOSTIC VIRTUAL COLONOSCOPY	74261	CPT	outpatient			1074	144.6	Three Rivers	Three Rivers		1020.3	95			125.74	1020.3	percent of total billed charges	
DIAGNOSTIC VIRTUAL COLONOSCOPY	74261	CPT	outpatient			1074	144.6	UHC	Medicaid		338.85	31.55			125.74	1020.3	percent of total billed charges	
DIAGNOSTIC VIRTUAL COLONOSCOPY	74261	CPT	outpatient			1074	144.6	UHC	Medicare		125.74				125.74	1020.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIAGNOSTIC VIRTUAL COLONOSCOPY	74261	CPT	outpatient			1074	144.6	Wellcare	Medicare		125.74				125.74	1020.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIAGNOSTIC VIRTUAL COLONOSCOPY	74261	CPT	outpatient			1074	144.6	Wellcare	Medicaid		338.85	31.55			125.74	1020.3	percent of total billed charges	
DIAGNOSTIC VIRTUAL COLONOSCOPY	74261	CPT	outpatient			1074	144.6	WellPoint	WellPoint		345.61	32.18			125.74	1020.3	percent of total billed charges	
CT DX COLONOSCOPY INCL. POST IMAG W&WO/	74262	CPT	outpatient			1630	241.65	Aetna	Medicare		210.13				210.13	1548.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT DX COLONOSCOPY INCL. POST IMAG W&WO/	74262	CPT	outpatient			1630	241.65	Aetna	Commercial		334.53				210.13	1548.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT DX COLONOSCOPY INCL. POST IMAG W&WO/	74262	CPT	outpatient			1630	241.65	Aetna	Better Health		514.27	31.55			210.13	1548.5	percent of total billed charges	
CT DX COLONOSCOPY INCL. POST IMAG W&WO/	74262	CPT	outpatient			1630	241.65	Americare	Americare		1222.5	75			210.13	1548.5	percent of total billed charges	
CT DX COLONOSCOPY INCL. POST IMAG W&WO/	74262	CPT	outpatient			1630	241.65	Amerihealth	HMO/PPO		1059.5	65			210.13	1548.5	percent of total billed charges	
CT DX COLONOSCOPY INCL. POST IMAG W&WO/	74262	CPT	outpatient			1630	241.65	Amerihealth	Medicare		210.13				210.13	1548.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT DX COLONOSCOPY INCL. POST IMAG W&WO/	74262	CPT	outpatient			1630	241.65	Consumer	Consumer		1548.5	95			210.13	1548.5	percent of total billed charges	
CT DX COLONOSCOPY INCL. POST IMAG W&WO/	74262	CPT	outpatient			1630	241.65	Corrections	Corrections		1304	80			210.13	1548.5	percent of total billed charges	
CT DX COLONOSCOPY INCL. POST IMAG W&WO/	74262	CPT	outpatient			1630	241.65	First Health	First Health		1141	70			210.13	1548.5	percent of total billed charges	
CT DX COLONOSCOPY INCL. POST IMAG W&WO/	74262	CPT	outpatient			1630	241.65	First Trenton	First Trenton		1467	90			210.13	1548.5	percent of total billed charges	
CT DX COLONOSCOPY INCL. POST IMAG W&WO/	74262	CPT	outpatient			1630	241.65	Horizon	MGD		391.05				210.13	1548.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT DX COLONOSCOPY INCL. POST IMAG W&WO/	74262	CPT	outpatient			1630	241.65	Horizon	Indemnity		391.05				210.13	1548.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT DX COLONOSCOPY INCL. POST IMAG W&WO/	74262	CPT	outpatient			1630	241.65	Horizon	PPO		391.05				210.13	1548.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT DX COLONOSCOPY INCL. POST IMAG W&WO/	74262	CPT	outpatient			1630	241.65	Horizon	NJ Health		429.81				210.13	1548.5	fee schedule	
CT DX COLONOSCOPY INCL. POST IMAG W&WO/	74262	CPT	outpatient			1630	241.65	Horizon	Medicare Blue		210.13				210.13	1548.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT DX COLONOSCOPY INCL. POST IMAG W&WO/	74262	CPT	outpatient			1630	241.65	Managed Care Inc	Managed Care Inc		1467	90			210.13	1548.5	percent of total billed charges	
CT DX COLONOSCOPY INCL. POST IMAG W&WO/	74262	CPT	outpatient			1630	241.65	Multiplan	Multiplan		1304	80			210.13	1548.5	percent of total billed charges	
CT DX COLONOSCOPY INCL. POST IMAG W&WO/	74262	CPT	outpatient			1630	241.65	Qualcare	Qualcare		1222.5	75			210.13	1548.5	percent of total billed charges	
CT DX COLONOSCOPY INCL. POST IMAG W&WO/	74262	CPT	outpatient			1630	241.65	Three Rivers	Three Rivers		1548.5	95			210.13	1548.5	percent of total billed charges	
CT DX COLONOSCOPY INCL. POST IMAG W&WO/	74262	CPT	outpatient			1630	241.65	UHC	Medicaid		514.27	31.55			210.13	1548.5	percent of total billed charges	
CT DX COLONOSCOPY INCL. POST IMAG W&WO/	74262	CPT	outpatient			1630	241.65	UHC	Medicare		210.13				210.13	1548.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT DX COLONOSCOPY INCL. POST IMAG W&WO/	74262	CPT	outpatient			1630	241.65	Wellcare	Medicare		210.13				210.13	1548.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT DX COLONOSCOPY INCL. POST IMAG W&WO/	74262	CPT	outpatient			1630	241.65	Wellcare	Medicaid		514.27	31.55			210.13	1548.5	percent of total billed charges	
CT DX COLONOSCOPY INCL. POST IMAG W&WO/	74262	CPT	outpatient			1630	241.65	WellPoint	WellPoint		524.53	32.18			210.13	1548.5	percent of total billed charges	
SCREENING VIRTUAL COLONOSCOPY	74263	CPT	outpatient			1630		Aetna	Commercial		619.4	38			489	1548.5	percent of total billed charges	
SCREENING VIRTUAL COLONOSCOPY	74263	CPT	outpatient			1630		Aetna	Better Health		514.27	31.55			489	1548.5	percent of total billed charges	
SCREENING VIRTUAL COLONOSCOPY	74263	CPT	outpatient			1630		Aetna	Medicare		502.04	30.8			489	1548.5	percent of total billed charges	
SCREENING VIRTUAL COLONOSCOPY	74263	CPT	outpatient			1630		Americare	Americare		1222.5	75			489	1548.5	percent of total billed charges	
SCREENING VIRTUAL COLONOSCOPY	74263	CPT	outpatient			1630		Amerihealth	HMO/PPO		1059.5	65			489	1548.5	percent of total billed charges	
SCREENING VIRTUAL COLONOSCOPY	74263	CPT	outpatient			1630		Consumer	Consumer		1548.5	95			489	1548.5	percent of total billed charges	
SCREENING VIRTUAL COLONOSCOPY	74263	CPT	outpatient			1630		Corrections	Corrections		1304	80			489	1548.5	percent of total billed charges	
SCREENING VIRTUAL COLONOSCOPY	74263	CPT	outpatient			1630		First Health	First Health		1141	70			489	1548.5	percent of total billed charges	
SCREENING VIRTUAL COLONOSCOPY	74263	CPT	outpatient			1630		First Trenton	First Trenton		1467	90			489	1548.5	percent of total billed charges	
SCREENING VIRTUAL COLONOSCOPY	74263	CPT	outpatient			1630		Horizon	MGD		623.96	38.28			489	1548.5	percent of total billed charges	
SCREENING VIRTUAL COLONOSCOPY	74263	CPT	outpatient			1630		Horizon	Indemnity		623.96	38.28			489	1548.5	percent of total billed charges	
SCREENING VIRTUAL COLONOSCOPY	74263	CPT	outpatient			1630		Horizon	NJ Health		667.83				489	1548.5	fee schedule	
SCREENING VIRTUAL COLONOSCOPY	74263	CPT	outpatient			1630		Horizon	Medicare Blue		489	30			489	1548.5	percent of total billed charges	
SCREENING VIRTUAL COLONOSCOPY	74263	CPT	outpatient			1630		Horizon	PPO		623.96	38.28			489	1548.5	percent of total billed charges	
SCREENING VIRTUAL COLONOSCOPY	74263	CPT	outpatient			1630		Managed Care Inc	Managed Care Inc		1467	90			489	1548.5	percent of total billed charges	
SCREENING VIRTUAL COLONOSCOPY	74263	CPT	outpatient			1630		Multiplan	Multiplan		1304	80			489	1548.5	percent of total billed charges	
SCREENING VIRTUAL COLONOSCOPY	74263	CPT	outpatient			1630		Qualcare	Qualcare		1222.5	75			489	1548.5	percent of total billed charges	
SCREENING VIRTUAL COLONOSCOPY	74263	CPT	outpatient			1630		Three Rivers	Three Rivers		1548.5	95			489	1548.5	percent of total billed charges	
SCREENING VIRTUAL COLONOSCOPY	74263	CPT	outpatient			1630		UHC	Medicaid		514.27	31.55			489	1548.5	percent of total billed charges	
SCREENING VIRTUAL COLONOSCOPY	74263	CPT	outpatient			1630		Wellcare	Medicaid		514.27	31.55			489	1548.5	percent of total billed charges	
SCREENING VIRTUAL COLONOSCOPY	74263	CPT	outpatient			1630		WellPoint	WellPoint		524.53	32.18			489	1548.5	percent of total billed charges	
LOOPOGRAM	74270	CPT	both			938	241.65	Aetna	Commercial		334.53				82.32	891.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LOOPOGRAM	74270	CPT	both			938	241.65	Aetna	Better Health		295.94	31.55			82.32	891.1	percent of total billed charges	
LOOPOGRAM	74270	CPT	both			938	241.65	Aetna	Medicare		210.13				82.32	891.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LOOPOGRAM	74270	CPT	both			938	241.65	Americare	Americare		703.5	75			82.32	891.1	percent of total billed charges	
LOOPOGRAM	74270	CPT	both			938	241.65	Amerihealth	HMO/PPO		609.7	65			82.32	891.1	percent of total billed charges	
LOOPOGRAM	74270	CPT	both			938	241.65	Amerihealth	Medicare		210.13				82.32	891.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LOOPOGRAM	74270	CPT	both			938	241.65	Consumer	Consumer		891.1	95			82.32	891.1	percent of total billed charges	
LOOPOGRAM	74270	CPT	both			938	241.65	Corrections	Corrections		750.4	80			82.32	891.1	percent of total billed charges	
LOOPOGRAM	74270	CPT	both			938	241.65	First Health	First Health		656.6	70			82.32	891.1	percent of total billed charges	
LOOPOGRAM	74270	CPT	both			938	241.65	First Trenton	First Trenton		844.2	90			82.32	891.1	percent of total billed charges	
LOOPOGRAM	74270	CPT	both			938	241.65	Horizon	PPO		391.05				82.32	891.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LOOPOGRAM	74270	CPT	both			938	241.65	Horizon	Medicare Blue		210.13				82.32	891.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LOOPOGRAM	74270	CPT	both			938	241.65	Horizon	MGD		391.05				82.32	891.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LOOPOGRAM	74270	CPT	both			938	241.65	Horizon	NJ Health		82.32				82.32	891.1	fee schedule	
LOOPOGRAM	74270	CPT	both			938	241.65	Horizon	Indemnity		391.05				82.32	891.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LOOPOGRAM	74270	CPT	both			938	241.65	Managed Care Inc	Managed Care Inc		844.2	90			82.32	891.1	percent of total billed charges	
LOOPOGRAM	74270	CPT	both			938	241.65	Multiplan	Multiplan		750.4	80			82.32	891.1	percent of total billed charges	
LOOPOGRAM	74270	CPT	both			938	241.65	Qualcare	Qualcare		703.5	75			82.32	891.1	percent of total billed charges	
LOOPOGRAM	74270	CPT	both			938	241.65	Three Rivers	Three Rivers		891.1	95			82.32	891.1	percent of total billed charges	
LOOPOGRAM	74270	CPT	both			938	241.65	UHC	Medicaid		295.94	31.55			82.32	891.1	percent of total billed charges	
LOOPOGRAM	74270	CPT	both			938	241.65	UHC	Medicare		210.13				82.32	891.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LOOPOGRAM	74270	CPT	both			938	241.65	Wellcare	Medicaid		295.94	31.55			82.32	891.1	percent of total billed charges	
LOOPOGRAM	74270	CPT	both			938	241.65	Wellcare	Medicare		210.13				82.32	891.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LOOPOGRAM	74270	CPT	both			938	241.65	WellPoint	WellPoint		301.85	32.18			82.32	891.1	percent of total billed charges	
COLON BARIUM ENEMA W/AIR	74280	CPT	outpatient			1221	241.65	Aetna	Better Health		385.23	31.55			109.76	1159.95	percent of total billed charges	
COLON BARIUM ENEMA W/AIR	74280	CPT	outpatient			1221	241.65	Aetna	Commercial		334.53				109.76	1159.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLON BARIUM ENEMA W/AIR	74280	CPT	outpatient			1221	241.65	Aetna	Medicare		210.13				109.76	1159.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLON BARIUM ENEMA W/AIR	74280	CPT	outpatient			1221	241.65	Americare	Americare		915.75	75			109.76	1159.95	percent of total billed charges	
COLON BARIUM ENEMA W/AIR	74280	CPT	outpatient			1221	241.65	Amerihealth	HMO/PPO		793.65	65			109.76	1159.95	percent of total billed charges	
COLON BARIUM ENEMA W/AIR	74280	CPT	outpatient			1221	241.65	Amerihealth	Medicare		210.13				109.76	1159.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLON BARIUM ENEMA W/AIR	74280	CPT	outpatient			1221	241.65	Consumer	Consumer		1159.95	95			109.76	1159.95	percent of total billed charges	
COLON BARIUM ENEMA W/AIR	74280	CPT	outpatient			1221	241.65	Corrections	Corrections		976.8	80			109.76	1159.95	percent of total billed charges	
COLON BARIUM ENEMA W/AIR	74280	CPT	outpatient			1221	241.65	First Health	First Health		854.7	70			109.76	1159.95	percent of total billed charges	
COLON BARIUM ENEMA W/AIR	74280	CPT	outpatient			1221	241.65	First Trenton	First Trenton		1098.9	90			109.76	1159.95	percent of total billed charges	
COLON BARIUM ENEMA W/AIR	74280	CPT	outpatient			1221	241.65	Horizon	MGD		391.05				109.76	1159.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLON BARIUM ENEMA W/AIR	74280	CPT	outpatient			1221	241.65	Horizon	Medicare Blue		210.13				109.76	1159.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLON BARIUM ENEMA W/AIR	74280	CPT	outpatient			1221	241.65	Horizon	Indemnity		391.05				109.76	1159.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLON BARIUM ENEMA W/AIR	74280	CPT	outpatient			1221	241.65	Horizon	NJ Health		109.76				109.76	1159.95	fee schedule	
COLON BARIUM ENEMA W/AIR	74280	CPT	outpatient			1221	241.65	Horizon	PPO		391.05				109.76	1159.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLON BARIUM ENEMA W/AIR	74280	CPT	outpatient			1221	241.65	Managed Care Inc	Managed Care Inc		1098.9	90			109.76	1159.95	percent of total billed charges	
COLON BARIUM ENEMA W/AIR	74280	CPT	outpatient			1221	241.65	Multiplan	Multiplan		976.8	80			109.76	1159.95	percent of total billed charges	
COLON BARIUM ENEMA W/AIR	74280	CPT	outpatient			1221	241.65	Qualcare	Qualcare		915.75	75			109.76	1159.95	percent of total billed charges	
COLON BARIUM ENEMA W/AIR	74280	CPT	outpatient			1221	241.65	Three Rivers	Three Rivers		1159.95	95			109.76	1159.95	percent of total billed charges	
COLON BARIUM ENEMA W/AIR	74280	CPT	outpatient			1221	241.65	UHC	Medicaid		385.23	31.55			109.76	1159.95	percent of total billed charges	
COLON BARIUM ENEMA W/AIR	74280	CPT	outpatient			1221	241.65	UHC	Medicare		210.13				109.76	1159.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLON BARIUM ENEMA W/AIR	74280	CPT	outpatient			1221	241.65	Wellcare	Medicaid		385.23	31.55			109.76	1159.95	percent of total billed charges	
COLON BARIUM ENEMA W/AIR	74280	CPT	outpatient			1221	241.65	Wellcare	Medicare		210.13				109.76	1159.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLON BARIUM ENEMA W/AIR	74280	CPT	outpatient			1221	241.65	WellPoint	WellPoint		392.92	32.18			109.76	1159.95	percent of total billed charges	
BE,THER FOR INTUSSUSCEPTION	74283	CPT	outpatient			1140	241.65	Aetna	Commercial		334.53				68.6	1083	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BE,THER FOR INTUSSUSCEPTION	74283	CPT	outpatient			1140	241.65	Aetna	Better Health		359.67	31.55			68.6	1083	percent of total billed charges	
BE,THER FOR INTUSSUSCEPTION	74283	CPT	outpatient			1140	241.65	Aetna	Medicare		210.13				68.6	1083	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
BE,THER FOR INTUSSUSCEPTION	74283	CPT	outpatient			1140		241.65 Americare	Americare		855	75			68.6	1083	percent of total billed charges	
BE,THER FOR INTUSSUSCEPTION	74283	CPT	outpatient			1140		241.65 Amerihealth	Medicare		210.13				68.6	1083	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BE,THER FOR INTUSSUSCEPTION	74283	CPT	outpatient			1140		241.65 Amerihealth	HMO/PPO		741	65			68.6	1083	percent of total billed charges	
BE,THER FOR INTUSSUSCEPTION	74283	CPT	outpatient			1140		241.65 Consumer	Consumer		1083	95			68.6	1083	percent of total billed charges	
BE,THER FOR INTUSSUSCEPTION	74283	CPT	outpatient			1140		241.65 Corrections	Corrections		912	80			68.6	1083	percent of total billed charges	
BE,THER FOR INTUSSUSCEPTION	74283	CPT	outpatient			1140		241.65 First Health	First Health		798	70			68.6	1083	percent of total billed charges	
BE,THER FOR INTUSSUSCEPTION	74283	CPT	outpatient			1140		241.65 First Trenton	First Trenton		1026	90			68.6	1083	percent of total billed charges	
BE,THER FOR INTUSSUSCEPTION	74283	CPT	outpatient			1140		241.65 Horizon	Indemnity		391.05				68.6	1083	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BE,THER FOR INTUSSUSCEPTION	74283	CPT	outpatient			1140		241.65 Horizon	MGD		391.05				68.6	1083	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BE,THER FOR INTUSSUSCEPTION	74283	CPT	outpatient			1140		241.65 Horizon	Medicare Blue		210.13				68.6	1083	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BE,THER FOR INTUSSUSCEPTION	74283	CPT	outpatient			1140		241.65 Horizon	PPO		391.05				68.6	1083	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BE,THER FOR INTUSSUSCEPTION	74283	CPT	outpatient			1140		241.65 Horizon	NJ Health		68.6				68.6	1083	fee schedule	
BE,THER FOR INTUSSUSCEPTION	74283	CPT	outpatient			1140		241.65 Managed Care Inc	Managed Care Inc		1026	90			68.6	1083	percent of total billed charges	
BE,THER FOR INTUSSUSCEPTION	74283	CPT	outpatient			1140		241.65 Multiplan	Multiplan		912	80			68.6	1083	percent of total billed charges	
BE,THER FOR INTUSSUSCEPTION	74283	CPT	outpatient			1140		241.65 Qualcare	Qualcare		855	75			68.6	1083	percent of total billed charges	
BE,THER FOR INTUSSUSCEPTION	74283	CPT	outpatient			1140		241.65 Three Rivers	Three Rivers		1083	95			68.6	1083	percent of total billed charges	
BE,THER FOR INTUSSUSCEPTION	74283	CPT	outpatient			1140		241.65 UHC	Medicaid		359.67	31.55			68.6	1083	percent of total billed charges	
BE,THER FOR INTUSSUSCEPTION	74283	CPT	outpatient			1140		241.65 UHC	Medicare		210.13				68.6	1083	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BE,THER FOR INTUSSUSCEPTION	74283	CPT	outpatient			1140		241.65 Wellcare	Medicaid		359.67	31.55			68.6	1083	percent of total billed charges	
BE,THER FOR INTUSSUSCEPTION	74283	CPT	outpatient			1140		241.65 Wellcare	Medicare		210.13				68.6	1083	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BE,THER FOR INTUSSUSCEPTION	74283	CPT	outpatient			1140		241.65 WellPoint	WellPoint		366.85	32.18			68.6	1083	percent of total billed charges	
GALL BLADDER	74290	CPT	outpatient			609		241.65 Aetna	Commercial		334.53				68.6	578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GALL BLADDER	74290	CPT	outpatient			609		241.65 Aetna	Better Health		192.14	31.55			68.6	578.55	percent of total billed charges	
GALL BLADDER	74290	CPT	outpatient			609		241.65 Aetna	Medicare		210.13				68.6	578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GALL BLADDER	74290	CPT	outpatient			609		241.65 Americare	Americare		456.75	75			68.6	578.55	percent of total billed charges	
GALL BLADDER	74290	CPT	outpatient			609		241.65 Amerihealth	HMO/PPO		395.85	65			68.6	578.55	percent of total billed charges	
GALL BLADDER	74290	CPT	outpatient			609		241.65 Amerihealth	Medicare		210.13				68.6	578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GALL BLADDER	74290	CPT	outpatient			609		241.65 Consumer	Consumer		578.55	95			68.6	578.55	percent of total billed charges	
GALL BLADDER	74290	CPT	outpatient			609		241.65 Corrections	Corrections		487.2	80			68.6	578.55	percent of total billed charges	
GALL BLADDER	74290	CPT	outpatient			609		241.65 First Health	First Health		426.3	70			68.6	578.55	percent of total billed charges	
GALL BLADDER	74290	CPT	outpatient			609		241.65 First Trenton	First Trenton		548.1	90			68.6	578.55	percent of total billed charges	
GALL BLADDER	74290	CPT	outpatient			609		241.65 Horizon	NJ Health		68.6				68.6	578.55	fee schedule	
GALL BLADDER	74290	CPT	outpatient			609		241.65 Horizon	Medicare Blue		210.13				68.6	578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GALL BLADDER	74290	CPT	outpatient			609		241.65 Horizon	MGD		391.05				68.6	578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GALL BLADDER	74290	CPT	outpatient			609		241.65 Horizon	Indemnity		391.05				68.6	578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GALL BLADDER	74290	CPT	outpatient			609		241.65 Horizon	PPO		391.05				68.6	578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GALL BLADDER	74290	CPT	outpatient			609		241.65 Managed Care Inc	Managed Care Inc		548.1	90			68.6	578.55	percent of total billed charges	
GALL BLADDER	74290	CPT	outpatient			609		241.65 Multiplan	Multiplan		487.2	80			68.6	578.55	percent of total billed charges	
GALL BLADDER	74290	CPT	outpatient			609		241.65 Qualcare	Qualcare		456.75	75			68.6	578.55	percent of total billed charges	
GALL BLADDER	74290	CPT	outpatient			609		241.65 Three Rivers	Three Rivers		578.55	95			68.6	578.55	percent of total billed charges	
GALL BLADDER	74290	CPT	outpatient			609		241.65 UHC	Medicaid		192.14	31.55			68.6	578.55	percent of total billed charges	
GALL BLADDER	74290	CPT	outpatient			609		241.65 UHC	Medicare		210.13				68.6	578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GALL BLADDER	74290	CPT	outpatient			609		241.65 Wellcare	Medicare		210.13				68.6	578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GALL BLADDER	74290	CPT	outpatient			609		241.65 Wellcare	Medicaid		192.14	31.55			68.6	578.55	percent of total billed charges	
GALL BLADDER	74290	CPT	outpatient			609		241.65 WellPoint	WellPoint		195.98	32.18			68.6	578.55	percent of total billed charges	
CHOLANGIOGRAPHY, SURGICAL/OR	74300	CPT	outpatient			454		Aetna	Better Health		143.24	31.55			86.24	431.3	percent of total billed charges	
CHOLANGIOGRAPHY, SURGICAL/OR	74300	CPT	outpatient			454		Aetna	Medicare		139.83	30.8			86.24	431.3	percent of total billed charges	
CHOLANGIOGRAPHY, SURGICAL/OR	74300	CPT	outpatient			454		Aetna	Commercial		172.52	38			86.24	431.3	percent of total billed charges	
CHOLANGIOGRAPHY, SURGICAL/OR	74300	CPT	outpatient			454		Americare	Americare		340.5	75			86.24	431.3	percent of total billed charges	
CHOLANGIOGRAPHY, SURGICAL/OR	74300	CPT	outpatient			454		Amerihealth	HMO/PPO		295.1	65			86.24	431.3	percent of total billed charges	
CHOLANGIOGRAPHY, SURGICAL/OR	74300	CPT	outpatient			454		Consumer	Consumer		431.3	95			86.24	431.3	percent of total billed charges	
CHOLANGIOGRAPHY, SURGICAL/OR	74300	CPT	outpatient			454		Corrections	Corrections		363.2	80			86.24	431.3	percent of total billed charges	
CHOLANGIOGRAPHY, SURGICAL/OR	74300	CPT	outpatient			454		First Health	First Health		317.8	70			86.24	431.3	percent of total billed charges	
CHOLANGIOGRAPHY, SURGICAL/OR	74300	CPT	outpatient			454		First Trenton	First Trenton		408.6	90			86.24	431.3	percent of total billed charges	
CHOLANGIOGRAPHY, SURGICAL/OR	74300	CPT	outpatient			454		Horizon	MGD		173.79	38.28			86.24	431.3	percent of total billed charges	
CHOLANGIOGRAPHY, SURGICAL/OR	74300	CPT	outpatient			454		Horizon	Medicare Blue		136.2	30			86.24	431.3	percent of total billed charges	
CHOLANGIOGRAPHY, SURGICAL/OR	74300	CPT	outpatient			454		Horizon	Indemnity		173.79	38.28			86.24	431.3	percent of total billed charges	
CHOLANGIOGRAPHY, SURGICAL/OR	74300	CPT	outpatient			454		Horizon	NJ Health		86.24				86.24	431.3	fee schedule	
CHOLANGIOGRAPHY, SURGICAL/OR	74300	CPT	outpatient			454		Horizon	PPO		173.79	38.28			86.24	431.3	percent of total billed charges	
CHOLANGIOGRAPHY, SURGICAL/OR	74300	CPT	outpatient			454		Managed Care Inc	Managed Care Inc		408.6	90			86.24	431.3	percent of total billed charges	
CHOLANGIOGRAPHY, SURGICAL/OR	74300	CPT	outpatient			454		Multiplan	Multiplan		363.2	80			86.24	431.3	percent of total billed charges	
CHOLANGIOGRAPHY, SURGICAL/OR	74300	CPT	outpatient			454		Qualcare	Qualcare		340.5	75			86.24	431.3	percent of total billed charges	
CHOLANGIOGRAPHY, SURGICAL/OR	74300	CPT	outpatient			454		Three Rivers	Three Rivers		431.3	95			86.24	431.3	percent of total billed charges	
CHOLANGIOGRAPHY, SURGICAL/OR	74300	CPT	outpatient			454		UHC	Medicaid		143.24	31.55			86.24	431.3	percent of total billed charges	
CHOLANGIOGRAPHY, SURGICAL/OR	74300	CPT	outpatient			454		Wellcare	Medicaid		143.24	31.55			86.24	431.3	percent of total billed charges	
CHOLANGIOGRAPHY, SURGICAL/OR	74300	CPT	outpatient			454		WellPoint	WellPoint		146.1	32.18			86.24	431.3	percent of total billed charges	
ENDOSCOPY BILIARY S&I	74328	CPT	outpatient			1395		Aetna	Better Health		440.12	31.55			228.1	1325.25	percent of total billed charges	
ENDOSCOPY BILIARY S&I	74328	CPT	outpatient			1395		Aetna	Medicare		429.66	30.8			228.1	1325.25	percent of total billed charges	
ENDOSCOPY BILIARY S&I	74328	CPT	outpatient			1395		Aetna	Commercial		530.1	38			228.1	1325.25	percent of total billed charges	
ENDOSCOPY BILIARY S&I	74328	CPT	outpatient			1395		Americare	Americare		1046.25	75			228.1	1325.25	percent of total billed charges	
ENDOSCOPY BILIARY S&I	74328	CPT	outpatient			1395		Amerihealth	HMO/PPO		906.75	65			228.1	1325.25	percent of total billed charges	
ENDOSCOPY BILIARY S&I	74328	CPT	outpatient			1395		Consumer	Consumer		1325.25	95			228.1	1325.25	percent of total billed charges	
ENDOSCOPY BILIARY S&I	74328	CPT	outpatient			1395		Corrections	Corrections		1116	80			228.1	1325.25	percent of total billed charges	
ENDOSCOPY BILIARY S&I	74328	CPT	outpatient			1395		First Health	First Health		976.5	70			228.1	1325.25	percent of total billed charges	
ENDOSCOPY BILIARY S&I	74328	CPT	outpatient			1395		First Trenton	First Trenton		1255.5	90			228.1	1325.25	percent of total billed charges	
ENDOSCOPY BILIARY S&I	74328	CPT	outpatient			1395		Horizon	NJ Health		228.1				228.1	1325.25	fee schedule	
ENDOSCOPY BILIARY S&I	74328	CPT	outpatient			1395		Horizon	MGD		534.01	38.28			228.1	1325.25	percent of total billed charges	
ENDOSCOPY BILIARY S&I	74328	CPT	outpatient			1395		Horizon	Medicare Blue		418.5	30			228.1	1325.25	percent of total billed charges	
ENDOSCOPY BILIARY S&I	74328	CPT	outpatient			1395		Horizon	Indemnity		534.01	38.28			228.1	1325.25	percent of total billed charges	
ENDOSCOPY BILIARY S&I	74328	CPT	outpatient			1395		Horizon	PPO		534.01	38.28			228.1	1325.25	percent of total billed charges	
ENDOSCOPY BILIARY S&I	74328	CPT	outpatient			1395		Managed Care Inc	Managed Care Inc		1255.5	90			228.1	1325.25	percent of total billed charges	
ENDOSCOPY BILIARY S&I	74328	CPT	outpatient			1395		Multiplan	Multiplan		1116	80			228.1	1325.25	percent of total billed charges	
ENDOSCOPY BILIARY S&I	74328	CPT	outpatient			1395		Qualcare	Qualcare		1046.25	75			228.1	1325.25	percent of total billed charges	
ENDOSCOPY BILIARY S&I	74328	CPT	outpatient			1395		Three Rivers	Three Rivers		1325.25	95			228.1	1325.25	percent of total billed charges	
ENDOSCOPY BILIARY S&I	74328	CPT	outpatient			1395		UHC	Medicaid		440.12	31.55			228.1	1325.25	percent of total billed charges	
ENDOSCOPY BILIARY S&I	74328	CPT	outpatient			1395		Wellcare	Medicaid		440.12	31.55			228.1	1325.25	percent of total billed charges	
ENDOSCOPY BILIARY S&I	74328	CPT	outpatient			1395		WellPoint	WellPoint		448.91	32.18			228.1	1325.25	percent of total billed charges	
ENDO CATH OR PANCREATIC DUCT	74329	CPT	outpatient			1395		Aetna	Better Health		440.12	31.55			250.1	1325.25	percent of total billed charges	
ENDO CATH OR PANCREATIC DUCT	74329	CPT	outpatient			1395		Aetna	Medicare		429.66	30.8			250.1	1325.25	percent of total billed charges	
ENDO CATH OR PANCREATIC DUCT	74329	CPT	outpatient			1395		Aetna	Commercial		530.1	38			250.1	1325.25	percent of total billed charges	
ENDO CATH OR PANCREATIC DUCT	74329	CPT	outpatient			1395		Americare	Americare		1046.25	75			250.1	1325.25	percent of total billed charges	
ENDO CATH OR PANCREATIC DUCT	74329	CPT	outpatient			1395		Amerihealth	HMO/PPO		906.75	65			250.1	1325.25	percent of total billed charges	
ENDO CATH OR PANCREATIC DUCT	74329	CPT	outpatient			1395		Consumer	Consumer		1325.25	95			250.1	1325.25	percent of total billed charges	
ENDO CATH OR PANCREATIC DUCT	74329	CPT	outpatient			1395		Corrections	Corrections		1116	80			250.1	1325.25	percent of total billed charges	
ENDO CATH OR PANCREATIC DUCT	74329	CPT	outpatient			1395		First Health	First Health		976.5	70			250.1	1325.25	percent of total billed charges	
ENDO CATH OR PANCREATIC DUCT	74329	CPT	outpatient			1395		First Trenton	First Trenton		1255.5	90			250.1	1325.25	percent of total billed charges	
ENDO CATH OR PANCREATIC DUCT	74329	CPT	outpatient			1395		Horizon	Indemnity		534.01	38.28			250.1	1325.25	percent of total billed charges	
ENDO CATH OR PANCREATIC DUCT	74329	CPT	outpatient			1395		Horizon	MGD		534.01	38.28			250.1	1325.25	percent of total billed charges	
ENDO CATH OR PANCREATIC DUCT	74329	CPT	outpatient			1395		Horizon	PPO		534.01	38.28			250.1	1325.25	percent of total billed charges	
ENDO CATH OR PANCREATIC DUCT	74329	CPT	outpatient			1395		Horizon	Medicare Blue		418.5	30			250.1	1325.25	percent of total billed charges	
ENDO CATH OR PANCREATIC DUCT	74329	CPT	outpatient			1395		Horizon	NJ Health		250.1				250.1	1325.25	fee schedule	
ENDO CATH OR PANCREATIC DUCT	74329	CPT	outpatient			1395		Managed Care Inc	Managed Care Inc		1255.5	90			250.1	1325.25	percent of total billed charges	
ENDO CATH OR PANCREATIC DUCT	74329	CPT	outpatient			1395		Multiplan	Multiplan		1116	80			250.1	1325.25	percent of total billed charges	
ENDO CATH OR PANCREATIC DUCT	74329	CPT	outpatient			1395		Qualcare	Qualcare		1046.25	75			250.1	1325.25	percent of total billed charges	
ENDO CATH OR PANCREATIC DUCT	74329	CPT	outpatient			1395		Three Rivers	Three Rivers		1325.25	95			250.1	1325.25	percent of total billed charges	
ENDO CATH OR PANCREATIC DUCT	74329	CPT	outpatient			1395		UHC	Medicaid		440.12	31.55			250.1	1325.25	percent of total billed charges	
ENDO CATH OR PANCREATIC DUCT	74329	CPT	outpatient			1395		Wellcare	Medicaid		440.12	31.55			250.1	1325.25	percent of total billed charges	
ENDO CATH OR PANCREATIC DUCT	74329	CPT	outpatient			1395		WellPoint	WellPoint		448.91	32.18			250.1	1325.25	percent of total billed charges	
INTRO GI TUBE W/FLUORO S + 1	74340	CPT	inpatient			519		Aetna	Better Health		163.74	31.55			109.76	493.05	percent of total billed charges	
INTRO GI TUBE W/FLUORO S + 1	74340	CPT	inpatient			519		Aetna	Medicare		159.85	30.8			109.76	493.05	percent of total billed charges	
INTRO GI TUBE W/FLUORO S + 1	74340	CPT	inpatient			519		Aetna	Commercial		197.22	38			109.76	493.05	percent of total billed charges	
INTRO GI TUBE W/FLUORO S + 1	74340	CPT	inpatient			519		Americare	Americare		389.25	75			109.76	493.05	percent of total billed charges	
INTRO GI TUBE W/FLUORO S + 1	74340	CPT	inpatient			519		Amerihealth	HMO/PPO		337.35	65			109.76	493.05	percent of total billed charges	
INTRO GI TUBE W/FLUORO S + 1	74340	CPT	inpatient			519		Consumer	Consumer		493.05	95			109.76	493.05	percent of total billed charges	
INTRO GI TUBE W/FLUORO S + 1	74340	CPT	inpatient			519		Corrections	Corrections		415.2	80			109.76	493.05	percent of total billed charges	
INTRO GI TUBE W/FLUORO S + 1	74340	CPT	inpatient			519		First Health	First Health		363.3	70			109.76	493.05	percent of total billed charges	
INTRO GI TUBE W/FLUORO S + 1	74340	CPT	inpatient			519		First Trenton	First Trenton		467.1	90			109.76	493.05	percent of total billed charges	
INTRO GI TUBE W/FLUORO S + 1	74340	CPT	inpatient			519		Horizon	MGD		198.67	38.28			109.76	493.05	percent of total billed charges	
INTRO GI TUBE W/FLUORO S + 1	74340	CPT	inpatient			519		Horizon	PPO		198.67	38.28			109.76	493.05	percent of total billed charges	
INTRO GI TUBE W/FLUORO S + 1	74340	CPT	inpatient			519		Horizon	Indemnity		198.67	38.28			109.76	493.05	percent of total billed charges	
INTRO GI TUBE W/FLUORO S + 1	74340	CPT	inpatient			519		Horizon	NJ Health		109.76				109.76	493.05	fee schedule	
INTRO GI TUBE W/FLUORO S + 1	74340	CPT	inpatient			519		Horizon	Medicare Blue		155.7	30			109.76	493.05	percent of total billed charges	
INTRO GI TUBE W/FLUORO S + 1	74340	CPT	inpatient			519		Managed Care Inc	Managed Care Inc		467.1	90			109.76	493.05	percent of total billed charges	
INTRO GI TUBE W/FLUORO S + 1	74340	CPT	inpatient			519		Multiplan	Multiplan		415.2	80			109.76	493.05	percent of total billed charges	
INTRO GI TUBE W/FLUORO S + 1	74340	CPT	inpatient			519		Qualcare	Qualcare		389.25	75			109.76	493.05	percent of total billed charges	
INTRO GI TUBE W/FLUORO S + 1	74340	CPT	inpatient			519		Three Rivers	Three Rivers		493.05	95			109.76	493.05	percent of total billed charges	
INTRO GI TUBE W/FLUORO S + 1	74340	CPT	inpatient			519		UHC	Medicaid		163.74	31.55			109.76	493.05	percent of total billed charges	
INTRO GI TUBE W/FLUORO S + 1	74340	CPT	inpatient			519		Wellcare	Medicaid		163.74	31.55			109.76	493.05	percent of total billed charges	
INTRO GI TUBE W/FLUORO S + 1	74340	CPT	inpatient			519		WellPoint	WellPoint		167.01	32.18			109.76	493.05	percent of total billed charges	
INTRALUM DILAT S&I	74360	CPT	outpatient			1281		Aetna	Better Health		404.16	31.55			137.2	1216.95	percent of total billed charges	
INTRALUM DILAT S&I	74360	CPT	outpatient			1281		Aetna	Commercial		486.78	38			137.2	1216.95	percent of total billed charges	
INTRALUM DILAT S&I	74360	CPT	outpatient			1281		Aetna	Medicare		394.55	30.8			137.2	1216.95	percent of total billed charges	
INTRALUM DILAT S&I	74360	CPT	outpatient			1281		Americare	Americare		960.75	75			137.2	1216.95	percent of total billed charges	
INTRALUM DILAT S&I	74360	CPT	outpatient			1281		Amerihealth	HMO/PPO		832.65	65			137.2	1216.95	percent of total billed charges	
INTRALUM DILAT S&I	74360	CPT	outpatient			1281		Consumer	Consumer		1216.95	95			137.2	1216.95	percent of total billed charges	
INTRALUM DILAT S&I	74360	CPT	outpatient			1281		Corrections	Corrections		1024.8	80			137.2	1216.95	percent of total billed charges	
INTRALUM DILAT S&I	74360	CPT	outpatient			1281		First Health	First Health		896.7	70			137.2	1216.95	percent of total billed charges	
INTRALUM DILAT S&I	74360	CPT	outpatient			1281		First Trenton	First Trenton		1152.9	90			137.2	1216.95	percent of total billed charges	
INTRALUM DILAT S&I	74360	CPT	outpatient			1281		Horizon	Indemnity		490.37	38.28			137.2	1216.95	percent of total billed charges	
INTRALUM DILAT S&I	74360	CPT	outpatient			1281		Horizon	MGD		490.37	38.28			137.2	1216.95	percent of total billed charges	
INTRALUM DILAT S&I	74360	CPT	outpatient			1281		Horizon	Medicare Blue		384.3	30			137.2	1216.95	percent of total billed charges	
INTRALUM DILAT S&I	74360	CPT	outpatient			1281		Horizon	PPO		490.37	38.28			137.2	1216.95	percent of total billed charges	
INTRALUM DILAT S&I	74360	CPT	outpatient			1281		Horizon	NJ Health		137.2				137.2	1216.95	fee schedule	
INTRALUM DILAT S&I	74360	CPT	outpatient			1281		Managed Care Inc	Managed Care Inc		1152.9	90			137.2	1216.95	percent of total billed charges	
INTRALUM DILAT S&I	74360	CPT	outpatient			1281		Multiplan	Multiplan		1024.8	80			137.2	1216.95	percent of total billed charges	
INTRALUM DILAT S&I	74360	CPT	outpatient			1281		Qualcare	Qualcare		960.75	75			137.2	1216.95	percent of total billed charges	
INTRALUM DILAT S&I	74360	CPT	outpatient			1281		Three Rivers	Three Rivers		1216.95	95			137.2	1216.95	percent of total billed charges	
INTRALUM DILAT S&I	74360	CPT	outpatient			1281		UHC	Medicaid		404.16	31.55			137.2	1216.95	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
INTRALUM DILAT S&I	74360	CPT	outpatient			1281		Wellcare	Medicaid		404.16	31.55			137.2	1216.95	percent of total billed charges	
INTRALUM DILAT S&I	74360	CPT	outpatient			1281		WellPoint	WellPoint		412.23	32.18			137.2	1216.95	percent of total billed charges	
TRANSHEP DIAL BIL STRIC S&I	74363	CPT	outpatient			2699		Aetna	Better Health		851.53	31.55			349.27	2564.05	percent of total billed charges	
TRANSHEP DIAL BIL STRIC S&I	74363	CPT	outpatient			2699		Aetna	Commercial		1025.62	38			349.27	2564.05	percent of total billed charges	
TRANSHEP DIAL BIL STRIC S&I	74363	CPT	outpatient			2699		Aetna	Medicare		831.29	30.8			349.27	2564.05	percent of total billed charges	
TRANSHEP DIAL BIL STRIC S&I	74363	CPT	outpatient			2699		Americare	Americare		2024.25	75			349.27	2564.05	percent of total billed charges	
TRANSHEP DIAL BIL STRIC S&I	74363	CPT	outpatient			2699		Amerihealth	HMO/PPO		1754.35	65			349.27	2564.05	percent of total billed charges	
TRANSHEP DIAL BIL STRIC S&I	74363	CPT	outpatient			2699		Consumer	Consumer		2564.05	95			349.27	2564.05	percent of total billed charges	
TRANSHEP DIAL BIL STRIC S&I	74363	CPT	outpatient			2699		Corrections	Corrections		2159.2	80			349.27	2564.05	percent of total billed charges	
TRANSHEP DIAL BIL STRIC S&I	74363	CPT	outpatient			2699		First Health	First Health		1889.3	70			349.27	2564.05	percent of total billed charges	
TRANSHEP DIAL BIL STRIC S&I	74363	CPT	outpatient			2699		First Trenton	First Trenton		2429.1	90			349.27	2564.05	percent of total billed charges	
TRANSHEP DIAL BIL STRIC S&I	74363	CPT	outpatient			2699		Horizon	MGD		1033.18	38.28			349.27	2564.05	percent of total billed charges	
TRANSHEP DIAL BIL STRIC S&I	74363	CPT	outpatient			2699		Horizon	Indemnity		1033.18	38.28			349.27	2564.05	percent of total billed charges	
TRANSHEP DIAL BIL STRIC S&I	74363	CPT	outpatient			2699		Horizon	NJ Health		349.27				349.27	2564.05	fee schedule	
TRANSHEP DIAL BIL STRIC S&I	74363	CPT	outpatient			2699		Horizon	Medicare Blue		809.7	30			349.27	2564.05	percent of total billed charges	
TRANSHEP DIAL BIL STRIC S&I	74363	CPT	outpatient			2699		Horizon	PPO		1033.18	38.28			349.27	2564.05	percent of total billed charges	
TRANSHEP DIAL BIL STRIC S&I	74363	CPT	outpatient			2699		Managed Care Inc	Managed Care Inc		2429.1	90			349.27	2564.05	percent of total billed charges	
TRANSHEP DIAL BIL STRIC S&I	74363	CPT	outpatient			2699		Multiplan	Multiplan		2159.2	80			349.27	2564.05	percent of total billed charges	
TRANSHEP DIAL BIL STRIC S&I	74363	CPT	outpatient			2699		Qualcare	Qualcare		2024.25	75			349.27	2564.05	percent of total billed charges	
TRANSHEP DIAL BIL STRIC S&I	74363	CPT	outpatient			2699		Three Rivers	Three Rivers		2564.05	95			349.27	2564.05	percent of total billed charges	
TRANSHEP DIAL BIL STRIC S&I	74363	CPT	outpatient			2699		UHC	Medicaid		851.53	31.55			349.27	2564.05	percent of total billed charges	
TRANSHEP DIAL BIL STRIC S&I	74363	CPT	outpatient			2699		Wellcare	Medicaid		851.53	31.55			349.27	2564.05	percent of total billed charges	
TRANSHEP DIAL BIL STRIC S&I	74363	CPT	outpatient			2699		WellPoint	WellPoint		868.54	32.18			349.27	2564.05	percent of total billed charges	
PYELOGRAPHY (IVP)	74400	CPT	outpatient			931		241.65 Aetna	Medicare		210.13				90.69	884.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PYELOGRAPHY (IVP)	74400	CPT	outpatient			931		241.65 Aetna	Commercial		334.53				90.69	884.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PYELOGRAPHY (IVP)	74400	CPT	outpatient			931		241.65 Aetna	Better Health		293.73	31.55			90.69	884.45	percent of total billed charges	
PYELOGRAPHY (IVP)	74400	CPT	outpatient			931		241.65 Americare	Americare		698.25	75			90.69	884.45	percent of total billed charges	
PYELOGRAPHY (IVP)	74400	CPT	outpatient			931		241.65 Amerihealth	Medicare		210.13				90.69	884.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PYELOGRAPHY (IVP)	74400	CPT	outpatient			931		241.65 Amerihealth	HMO/PPO		605.15	65			90.69	884.45	percent of total billed charges	
PYELOGRAPHY (IVP)	74400	CPT	outpatient			931		241.65 Consumer	Consumer		884.45	95			90.69	884.45	percent of total billed charges	
PYELOGRAPHY (IVP)	74400	CPT	outpatient			931		241.65 Corrections	Corrections		744.8	80			90.69	884.45	percent of total billed charges	
PYELOGRAPHY (IVP)	74400	CPT	outpatient			931		241.65 First Health	First Health		651.7	70			90.69	884.45	percent of total billed charges	
PYELOGRAPHY (IVP)	74400	CPT	outpatient			931		241.65 First Trenton	First Trenton		837.9	90			90.69	884.45	percent of total billed charges	
PYELOGRAPHY (IVP)	74400	CPT	outpatient			931		241.65 Horizon	PPO		391.05				90.69	884.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PYELOGRAPHY (IVP)	74400	CPT	outpatient			931		241.65 Horizon	Medicare Blue		210.13				90.69	884.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PYELOGRAPHY (IVP)	74400	CPT	outpatient			931		241.65 Horizon	MGD		391.05				90.69	884.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PYELOGRAPHY (IVP)	74400	CPT	outpatient			931		241.65 Horizon	Indemnity		391.05				90.69	884.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PYELOGRAPHY (IVP)	74400	CPT	outpatient			931		241.65 Horizon	NJ Health		90.69				90.69	884.45	fee schedule	
PYELOGRAPHY (IVP)	74400	CPT	outpatient			931		241.65 Managed Care Inc	Managed Care Inc		837.9	90			90.69	884.45	percent of total billed charges	
PYELOGRAPHY (IVP)	74400	CPT	outpatient			931		241.65 Multiplan	Multiplan		744.8	80			90.69	884.45	percent of total billed charges	
PYELOGRAPHY (IVP)	74400	CPT	outpatient			931		241.65 Qualcare	Qualcare		698.25	75			90.69	884.45	percent of total billed charges	
PYELOGRAPHY (IVP)	74400	CPT	outpatient			931		241.65 Three Rivers	Three Rivers		884.45	95			90.69	884.45	percent of total billed charges	
PYELOGRAPHY (IVP)	74400	CPT	outpatient			931		241.65 UHC	Medicaid		293.73	31.55			90.69	884.45	percent of total billed charges	
PYELOGRAPHY (IVP)	74400	CPT	outpatient			931		241.65 UHC	Medicare		210.13				90.69	884.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PYELOGRAPHY (IVP)	74400	CPT	outpatient			931		241.65 Wellcare	Medicare		210.13				90.69	884.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PYELOGRAPHY (IVP)	74400	CPT	outpatient			931		241.65 Wellcare	Medicaid		293.73	31.55			90.69	884.45	percent of total billed charges	
PYELOGRAPHY (IVP)	74400	CPT	outpatient			931		241.65 WellPoint	WellPoint		299.6	32.18			90.69	884.45	percent of total billed charges	
UROGRAPHY (IVP) DRIP INFUSION	74410	CPT	outpatient			869		241.65 Aetna	Commercial		334.53				100.18	825.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UROGRAPHY (IVP) DRIP INFUSION	74410	CPT	outpatient			869		241.65 Aetna	Better Health		274.17	31.55			100.18	825.55	percent of total billed charges	
UROGRAPHY (IVP) DRIP INFUSION	74410	CPT	outpatient			869		241.65 Aetna	Medicare		210.13				100.18	825.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UROGRAPHY (IVP) DRIP INFUSION	74410	CPT	outpatient			869		241.65 Americare	Americare		651.75	75			100.18	825.55	percent of total billed charges	
UROGRAPHY (IVP) DRIP INFUSION	74410	CPT	outpatient			869		241.65 Amerihealth	Medicare		210.13				100.18	825.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UROGRAPHY (IVP) DRIP INFUSION	74410	CPT	outpatient			869		241.65 Amerihealth	HMO/PPO		564.85	65			100.18	825.55	percent of total billed charges	
UROGRAPHY (IVP) DRIP INFUSION	74410	CPT	outpatient			869		241.65 Consumer	Consumer		825.55	95			100.18	825.55	percent of total billed charges	
UROGRAPHY (IVP) DRIP INFUSION	74410	CPT	outpatient			869		241.65 Corrections	Corrections		695.2	80			100.18	825.55	percent of total billed charges	
UROGRAPHY (IVP) DRIP INFUSION	74410	CPT	outpatient			869		241.65 First Health	First Health		608.3	70			100.18	825.55	percent of total billed charges	
UROGRAPHY (IVP) DRIP INFUSION	74410	CPT	outpatient			869		241.65 First Trenton	First Trenton		782.1	90			100.18	825.55	percent of total billed charges	
UROGRAPHY (IVP) DRIP INFUSION	74410	CPT	outpatient			869		241.65 Horizon	Indemnity		391.05				100.18	825.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UROGRAPHY (IVP) DRIP INFUSION	74410	CPT	outpatient			869		241.65 Horizon	MGD		391.05				100.18	825.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UROGRAPHY (IVP) DRIP INFUSION	74410	CPT	outpatient			869		241.65 Horizon	Medicare Blue		210.13				100.18	825.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UROGRAPHY (IVP) DRIP INFUSION	74410	CPT	outpatient			869		241.65 Horizon	NJ Health		100.18				100.18	825.55	fee schedule	
UROGRAPHY (IVP) DRIP INFUSION	74410	CPT	outpatient			869		241.65 Horizon	PPO		391.05				100.18	825.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UROGRAPHY (IVP) DRIP INFUSION	74410	CPT	outpatient			869		241.65 Managed Care Inc	Managed Care Inc		782.1	90			100.18	825.55	percent of total billed charges	
UROGRAPHY (IVP) DRIP INFUSION	74410	CPT	outpatient			869		241.65 Multiplan	Multiplan		695.2	80			100.18	825.55	percent of total billed charges	
UROGRAPHY (IVP) DRIP INFUSION	74410	CPT	outpatient			869		241.65 Qualcare	Qualcare		651.75	75			100.18	825.55	percent of total billed charges	
UROGRAPHY (IVP) DRIP INFUSION	74410	CPT	outpatient			869		241.65 Three Rivers	Three Rivers		825.55	95			100.18	825.55	percent of total billed charges	
UROGRAPHY (IVP) DRIP INFUSION	74410	CPT	outpatient			869		241.65 UHC	Medicare		210.13				100.18	825.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UROGRAPHY (IVP) DRIP INFUSION	74410	CPT	outpatient			869		241.65 UHC	Medicaid		274.17	31.55			100.18	825.55	percent of total billed charges	
UROGRAPHY (IVP) DRIP INFUSION	74410	CPT	outpatient			869		241.65 Wellcare	Medicare		210.13				100.18	825.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UROGRAPHY (IVP) DRIP INFUSION	74410	CPT	outpatient			869		241.65 Wellcare	Medicaid		274.17	31.55			100.18	825.55	percent of total billed charges	
UROGRAPHY (IVP) DRIP INFUSION	74410	CPT	outpatient			869		241.65 WellPoint	WellPoint		279.64	32.18			100.18	825.55	percent of total billed charges	
IVP WITH NEPHROTOMOGRAPHY	74415	CPT	outpatient			949		241.65 Aetna	Better Health		299.41	31.55			161.7	901.55	percent of total billed charges	
IVP WITH NEPHROTOMOGRAPHY	74415	CPT	outpatient			949		241.65 Aetna	Medicare		292.29	30.8			161.7	901.55	percent of total billed charges	
IVP WITH NEPHROTOMOGRAPHY	74415	CPT	outpatient			949		241.65 Aetna	Commercial		334.53				161.7	901.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IVP WITH NEPHROTOMOGRAPHY	74415	CPT	outpatient			949		241.65 Americare	Americare		711.75	75			161.7	901.55	percent of total billed charges	
IVP WITH NEPHROTOMOGRAPHY	74415	CPT	outpatient			949		241.65 Amerihealth	Medicare		210.13				161.7	901.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IVP WITH NEPHROTOMOGRAPHY	74415	CPT	outpatient			949		241.65 Amerihealth	HMO/PPO		616.85	65			161.7	901.55	percent of total billed charges	
IVP WITH NEPHROTOMOGRAPHY	74415	CPT	outpatient			949		241.65 Consumer	Consumer		901.55	95			161.7	901.55	percent of total billed charges	
IVP WITH NEPHROTOMOGRAPHY	74415	CPT	outpatient			949		241.65 Corrections	Corrections		759.2	80			161.7	901.55	percent of total billed charges	
IVP WITH NEPHROTOMOGRAPHY	74415	CPT	outpatient			949		241.65 First Health	First Health		664.3	70			161.7	901.55	percent of total billed charges	
IVP WITH NEPHROTOMOGRAPHY	74415	CPT	outpatient			949		241.65 First Trenton	First Trenton		854.1	90			161.7	901.55	percent of total billed charges	
IVP WITH NEPHROTOMOGRAPHY	74415	CPT	outpatient			949		241.65 Horizon	PPO		391.05				161.7	901.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IVP WITH NEPHROTOMOGRAPHY	74415	CPT	outpatient			949		241.65 Horizon	MGD		391.05				161.7	901.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IVP WITH NEPHROTOMOGRAPHY	74415	CPT	outpatient			949		241.65 Horizon	Indemnity		391.05				161.7	901.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IVP WITH NEPHROTOMOGRAPHY	74415	CPT	outpatient			949		241.65 Horizon	NJ Health		161.7				161.7	901.55	fee schedule	
IVP WITH NEPHROTOMOGRAPHY	74415	CPT	outpatient			949		241.65 Horizon	Medicare Blue		210.13				161.7	901.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IVP WITH NEPHROTOMOGRAPHY	74415	CPT	outpatient			949		241.65 Managed Care Inc	Managed Care Inc		854.1	90			161.7	901.55	percent of total billed charges	
IVP WITH NEPHROTOMOGRAPHY	74415	CPT	outpatient			949		241.65 Multiplan	Multiplan		759.2	80			161.7	901.55	percent of total billed charges	
IVP WITH NEPHROTOMOGRAPHY	74415	CPT	outpatient			949		241.65 Qualcare	Qualcare		711.75	75			161.7	901.55	percent of total billed charges	
IVP WITH NEPHROTOMOGRAPHY	74415	CPT	outpatient			949		241.65 Three Rivers	Three Rivers		901.55	95			161.7	901.55	percent of total billed charges	
IVP WITH NEPHROTOMOGRAPHY	74415	CPT	outpatient			949		241.65 UHC	Medicaid		299.41	31.55			161.7	901.55	percent of total billed charges	
IVP WITH NEPHROTOMOGRAPHY	74415	CPT	outpatient			949		241.65 UHC	Medicare		210.13				161.7	901.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IVP WITH NEPHROTOMOGRAPHY	74415	CPT	outpatient			949		241.65 Wellcare	Medicare		210.13				161.7	901.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IVP WITH NEPHROTOMOGRAPHY	74415	CPT	outpatient			949		241.65 Wellcare	Medicaid		299.41	31.55			161.7	901.55	percent of total billed charges	
IVP WITH NEPHROTOMOGRAPHY	74415	CPT	outpatient			949		241.65 WellPoint	WellPoint		305.39	32.18			161.7	901.55	percent of total billed charges	
UROGRAPHY,RETRO,W OR W/O KUB	74420	CPT	outpatient			1583		505.8 Aetna	Better Health		499.44	31.55			96.04	1503.85	percent of total billed charges	
UROGRAPHY,RETRO,W OR W/O KUB	74420	CPT	outpatient			1583		505.8 Aetna	Commercial		700.21				96.04	1503.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UROGRAPHY,RETRO,W OR W/O KUB	74420	CPT	outpatient			1583		505.8 Aetna	Medicare		439.83				96.04	1503.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UROGRAPHY,RETRO,W OR W/O KUB	74420	CPT	outpatient			1583		505.8 Americare	Americare		1187.25	75			96.04	1503.85	percent of total billed charges	
UROGRAPHY,RETRO,W OR W/O KUB	74420	CPT	outpatient			1583		505.8 Amerihealth	HMO/PPO		1028.95	65			96.04	1503.85	percent of total billed charges	
UROGRAPHY,RETRO,W OR W/O KUB	74420	CPT	outpatient			1583		505.8 Amerihealth	Medicare		439.83				96.04	1503.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UROGRAPHY,RETRO,W OR W/O KUB	74420	CPT	outpatient			1583		505.8 Consumer	Consumer		1503.85	95			96.04	1503.85	percent of total billed charges	
UROGRAPHY,RETRO,W OR W/O KUB	74420	CPT	outpatient			1583		505.8 Corrections	Corrections		1266.4	80			96.04	1503.85	percent of total billed charges	
UROGRAPHY,RETRO,W OR W/O KUB	74420	CPT	outpatient			1583		505.8 First Health	First Health		1108.1	70			96.04	1503.85	percent of total billed charges	
UROGRAPHY,RETRO,W OR W/O KUB	74420	CPT	outpatient			1583		505.8 First Trenton	First Trenton		1424.7	90			96.04	1503.85	percent of total billed charges	
UROGRAPHY,RETRO,W OR W/O KUB	74420	CPT	outpatient			1583		505.8 Horizon	MGD		818.52				96.04	1503.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UROGRAPHY,RETRO,W OR W/O KUB	74420	CPT	outpatient			1583		505.8 Horizon	Indemnity		818.52				96.04	1503.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UROGRAPHY,RETRO,W OR W/O KUB	74420	CPT	outpatient			1583		505.8 Horizon	PPO		818.52				96.04	1503.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UROGRAPHY,RETRO,W OR W/O KUB	74420	CPT	outpatient			1583		505.8 Horizon	NJ Health		96.04				96.04	1503.85	fee schedule	
UROGRAPHY,RETRO,W OR W/O KUB	74420	CPT	outpatient			1583		505.8 Horizon	Medicare Blue		439.83				96.04	1503.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UROGRAPHY,RETRO,W OR W/O KUB	74420	CPT	outpatient			1583		505.8 Managed Care Inc	Managed Care Inc		1424.7	90			96.04	1503.85	percent of total billed charges	
UROGRAPHY,RETRO,W OR W/O KUB	74420	CPT	outpatient			1583		505.8 Multiplan	Multiplan		1266.4	80			96.04	1503.85	percent of total billed charges	
UROGRAPHY,RETRO,W OR W/O KUB	74420	CPT	outpatient			1583		505.8 Qualcare	Qualcare		1187.25	75			96.04	1503.85	percent of total billed charges	
UROGRAPHY,RETRO,W OR W/O KUB	74420	CPT	outpatient			1583		505.8 Three Rivers	Three Rivers		1503.85	95			96.04	1503.85	percent of total billed charges	
UROGRAPHY,RETRO,W OR W/O KUB	74420	CPT	outpatient			1583		505.8 UHC	Medicare		439.83				96.04	1503.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UROGRAPHY,RETRO,W OR W/O KUB	74420	CPT	outpatient			1583		505.8 UHC	Medicaid		499.44	31.55			96.04	1503.85	percent of total billed charges	
UROGRAPHY,RETRO,W OR W/O KUB	74420	CPT	outpatient			1583		505.8 Wellcare	Medicare		439.83				96.04	1503.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UROGRAPHY,RETRO,W OR W/O KUB	74420	CPT	outpatient			1583		505.8 Wellcare	Medicaid		499.44	31.55			96.04	1503.85	percent of total billed charges	
UROGRAPHY,RETRO,W OR W/O KUB	74420	CPT	outpatient			1583		505.8 WellPoint	WellPoint		509.41	32.18			96.04	1503.85	percent of total billed charges	
UROGRAPHY ANTEGRADE COMP RT	74425	CPT	outpatient			847		505.8 Aetna	Commercial		700.21				54.88	818.52	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UROGRAPHY ANTEGRADE COMP RT	74425	CPT	outpatient			847		505.8 Aetna	Better Health		267.23	31.55			54.88	818.52	percent of total billed charges	
UROGRAPHY ANTEGRADE COMP RT	74425	CPT	outpatient			847		505.8 Aetna	Medicare		439.83				54.88	818.52	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UROGRAPHY ANTEGRADE COMP RT	74425	CPT	outpatient			847		505.8 Americare	Americare		635.25	75			54.88	818.52	percent of total billed charges	
UROGRAPHY ANTEGRADE COMP RT	74425	CPT	outpatient			847		505.8 Amerihealth	Medicare		439.83				54.88	818.52	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UROGRAPHY ANTEGRADE COMP RT	74425	CPT	outpatient			847		505.8 Amerihealth	HMO/PPO		550.55	65			54.88	818.52	percent of total billed charges	
UROGRAPHY ANTEGRADE COMP RT	74425	CPT	outpatient			847		505.8 Consumer	Consumer		804.65	95			54.88	818.52	percent of total billed charges	
UROGRAPHY ANTEGRADE COMP RT	74425	CPT	outpatient			847		505.8 Corrections	Corrections		677.6	80			54.88	818.52	percent of total billed charges	
UROGRAPHY ANTEGRADE COMP RT	74425	CPT	outpatient			847		505.8 First Health	First Health		592.9	70			54.88	818.52	percent of total billed charges	
UROGRAPHY ANTEGRADE COMP RT	74425	CPT	outpatient			847		505.8 First Trenton	First Trenton		762.3	90			54.88	818.52	percent of total billed charges	
UROGRAPHY ANTEGRADE COMP RT	74425	CPT	outpatient			847		505.8 Horizon	MGD		818.52				54.88	818.52	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UROGRAPHY ANTEGRADE COMP RT	74425	CPT	outpatient			847		505.8 Horizon	Indemnity		818.52				54.88	818.52	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UROGRAPHY ANTEGRADE COMP RT	74425	CPT	outpatient			847		505.8 Horizon	Medicare Blue		439.83				54.88	818.52	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UROGRAPHY ANTEGRADE COMP RT	74425	CPT	outpatient			847		505.8 Horizon	NJ Health		54.88				54.88	818.52	fee schedule	
UROGRAPHY ANTEGRADE COMP RT	74425	CPT	outpatient			847		505.8 Horizon	PPO		818.52				54.88	818.52	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UROGRAPHY ANTEGRADE COMP RT	74425	CPT	outpatient			847		505.8 Managed Care Inc	Managed Care Inc		762.3	90			54.88	818.52	percent of total billed charges	
UROGRAPHY ANTEGRADE COMP RT	74425	CPT	outpatient			847		505.8 Multiplan	Multiplan		677.6	80			54.88	818.52	percent of total billed charges	
UROGRAPHY ANTEGRADE COMP RT	74425	CPT	outpatient			847		505.8 Qualcare	Qualcare		635.25	75			54.88	818.52	percent of total billed charges	
UROGRAPHY ANTEGRADE COMP RT	74425	CPT	outpatient			847		505.8 Three Rivers	Three Rivers		804.65	95			54.88	818.52	percent of total billed charges	
UROGRAPHY ANTEGRADE COMP RT	74425	CPT	outpatient			847		505.8 UHC	Medicaid		267.23	31.55			54.88	818.52	percent of total billed charges	
UROGRAPHY ANTEGRADE COMP RT	74425	CPT	outpatient			847		505.8 UHC	Medicare		439.83				54.88	818.52	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UROGRAPHY ANTEGRADE COMP RT	74425	CPT	outpatient			847		505.8 Wellcare	Medicaid		267.23	31.55			54.88	818.52	percent of total billed charges	
UROGRAPHY ANTEGRADE COMP RT	74425	CPT	outpatient			847		505.8 Wellcare	Medicare		439.83				54.88	818.52	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UROGRAPHY ANTEGRADE COMP RT	74425	CPT	outpatient			847		505.8 WellPoint	WellPoint		272.56	32.18			54.88	818.52	percent of total billed charges	
CYSTOGRAPHY THREE VIEWS S&I	74430	CPT	both			587		505.8 Aetna	Better Health		185.2	31.55			41.16	818.52	percent of total billed charges	
CYSTOGRAPHY THREE VIEWS S&I	74430	CPT	both			587		505.8 Aetna	Commercial		700.21				41.16	818.52	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOGRAPHY THREE VIEWS S&I	74430	CPT	both			587		505.8 Aetna	Medicare		439.83				41.16	818.52	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOGRAPHY THREE VIEWS S&I	74430	CPT	both			587		505.8 Americare	Americare		440.25	75			41.16	818.52	percent of total billed charges	
CYSTOGRAPHY THREE VIEWS S&I	74430	CPT	both			587		505.8 Amerihealth	HMO/PPO		381.55	65			41.16	818.52	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.														
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103		310119 true													
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CYSTOGRAPHY THREE VIEWS S&I	74430	CPT	both			587	505.8	Amerihealth	Medicare		439.83				41.16	818.52	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOGRAPHY THREE VIEWS S&I	74430	CPT	both			587	505.8	Consumer	Consumer		557.65	95			41.16	818.52	percent of total billed charges	
CYSTOGRAPHY THREE VIEWS S&I	74430	CPT	both			587	505.8	Corrections	Corrections		469.6	80			41.16	818.52	percent of total billed charges	
CYSTOGRAPHY THREE VIEWS S&I	74430	CPT	both			587	505.8	First Health	First Health		410.9	70			41.16	818.52	percent of total billed charges	
CYSTOGRAPHY THREE VIEWS S&I	74430	CPT	both			587	505.8	First Trenton	First Trenton		528.3	90			41.16	818.52	percent of total billed charges	
CYSTOGRAPHY THREE VIEWS S&I	74430	CPT	both			587	505.8	Horizon	PPO		818.52				41.16	818.52	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOGRAPHY THREE VIEWS S&I	74430	CPT	both			587	505.8	Horizon	MGD		818.52				41.16	818.52	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOGRAPHY THREE VIEWS S&I	74430	CPT	both			587	505.8	Horizon	Indemnity		818.52				41.16	818.52	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOGRAPHY THREE VIEWS S&I	74430	CPT	both			587	505.8	Horizon	NJ Health		41.16				41.16	818.52	fee schedule	
CYSTOGRAPHY THREE VIEWS S&I	74430	CPT	both			587	505.8	Horizon	Medicare Blue		439.83				41.16	818.52	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOGRAPHY THREE VIEWS S&I	74430	CPT	both			587	505.8	Managed Care Inc	Managed Care Inc		528.3	90			41.16	818.52	percent of total billed charges	
CYSTOGRAPHY THREE VIEWS S&I	74430	CPT	both			587	505.8	Multiplan	Multiplan		469.6	80			41.16	818.52	percent of total billed charges	
CYSTOGRAPHY THREE VIEWS S&I	74430	CPT	both			587	505.8	Qualcare	Qualcare		440.25	75			41.16	818.52	percent of total billed charges	
CYSTOGRAPHY THREE VIEWS S&I	74430	CPT	both			587	505.8	Three Rivers	Three Rivers		557.65	95			41.16	818.52	percent of total billed charges	
CYSTOGRAPHY THREE VIEWS S&I	74430	CPT	both			587	505.8	UHC	Medicare		439.83				41.16	818.52	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOGRAPHY THREE VIEWS S&I	74430	CPT	both			587	505.8	UHC	Medicaid		185.2	31.55			41.16	818.52	percent of total billed charges	
CYSTOGRAPHY THREE VIEWS S&I	74430	CPT	both			587	505.8	Wellcare	Medicare		439.83				41.16	818.52	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOGRAPHY THREE VIEWS S&I	74430	CPT	both			587	505.8	Wellcare	Medicaid		185.2	31.55			41.16	818.52	percent of total billed charges	
CYSTOGRAPHY THREE VIEWS S&I	74430	CPT	both			587	505.8	WellPoint	WellPoint		188.9	32.18			41.16	818.52	percent of total billed charges	
EPIDURALGRAM	74440	CPT	outpatient			512	322.28	Aetna	Commercial		446.14				47.43	521.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EPIDURALGRAM	74440	CPT	outpatient			512	322.28	Aetna	Better Health		161.54	31.55			47.43	521.53	percent of total billed charges	
EPIDURALGRAM	74440	CPT	outpatient			512	322.28	Aetna	Medicare		280.24				47.43	521.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EPIDURALGRAM	74440	CPT	outpatient			512	322.28	Americare	Americare		384	75			47.43	521.53	percent of total billed charges	
EPIDURALGRAM	74440	CPT	outpatient			512	322.28	Amerihealth	HMO/PPO		332.8	65			47.43	521.53	percent of total billed charges	
EPIDURALGRAM	74440	CPT	outpatient			512	322.28	Amerihealth	Medicare		280.24				47.43	521.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EPIDURALGRAM	74440	CPT	outpatient			512	322.28	Consumer	Consumer		486.4	95			47.43	521.53	percent of total billed charges	
EPIDURALGRAM	74440	CPT	outpatient			512	322.28	Corrections	Corrections		409.6	80			47.43	521.53	percent of total billed charges	
EPIDURALGRAM	74440	CPT	outpatient			512	322.28	First Health	First Health		358.4	70			47.43	521.53	percent of total billed charges	
EPIDURALGRAM	74440	CPT	outpatient			512	322.28	First Trenton	First Trenton		460.8	90			47.43	521.53	percent of total billed charges	
EPIDURALGRAM	74440	CPT	outpatient			512	322.28	Horizon	PPO		521.53				47.43	521.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EPIDURALGRAM	74440	CPT	outpatient			512	322.28	Horizon	Indemnity		521.53				47.43	521.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EPIDURALGRAM	74440	CPT	outpatient			512	322.28	Horizon	MGD		521.53				47.43	521.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EPIDURALGRAM	74440	CPT	outpatient			512	322.28	Horizon	Medicare Blue		280.24				47.43	521.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EPIDURALGRAM	74440	CPT	outpatient			512	322.28	Horizon	NJ Health		47.43				47.43	521.53	fee schedule	
EPIDURALGRAM	74440	CPT	outpatient			512	322.28	Managed Care Inc	Managed Care Inc		460.8	90			47.43	521.53	percent of total billed charges	
EPIDURALGRAM	74440	CPT	outpatient			512	322.28	Multiplan	Multiplan		409.6	80			47.43	521.53	percent of total billed charges	
EPIDURALGRAM	74440	CPT	outpatient			512	322.28	Qualcare	Qualcare		384	75			47.43	521.53	percent of total billed charges	
EPIDURALGRAM	74440	CPT	outpatient			512	322.28	Three Rivers	Three Rivers		486.4	95			47.43	521.53	percent of total billed charges	
EPIDURALGRAM	74440	CPT	outpatient			512	322.28	UHC	Medicare		280.24				47.43	521.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EPIDURALGRAM	74440	CPT	outpatient			512	322.28	UHC	Medicaid		161.54	31.55			47.43	521.53	percent of total billed charges	
EPIDURALGRAM	74440	CPT	outpatient			512	322.28	Wellcare	Medicare		280.24				47.43	521.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EPIDURALGRAM	74440	CPT	outpatient			512	322.28	Wellcare	Medicaid		161.54	31.55			47.43	521.53	percent of total billed charges	
EPIDURALGRAM	74440	CPT	outpatient			512	322.28	WellPoint	WellPoint		164.76	32.18			47.43	521.53	percent of total billed charges	
CORPORA CAVEMOSOGRAPHY-S&I	74445	CPT	outpatient			512	144.6	Aetna	Medicare		125.74				101.98	486.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORPORA CAVEMOSOGRAPHY-S&I	74445	CPT	outpatient			512	144.6	Aetna	Commercial		200.18				101.98	486.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORPORA CAVEMOSOGRAPHY-S&I	74445	CPT	outpatient			512	144.6	Aetna	Better Health		161.54	31.55			101.98	486.4	percent of total billed charges	
CORPORA CAVEMOSOGRAPHY-S&I	74445	CPT	outpatient			512	144.6	Americare	Americare		384	75			101.98	486.4	percent of total billed charges	
CORPORA CAVEMOSOGRAPHY-S&I	74445	CPT	outpatient			512	144.6	Amerihealth	HMO/PPO		332.8	65			101.98	486.4	percent of total billed charges	
CORPORA CAVEMOSOGRAPHY-S&I	74445	CPT	outpatient			512	144.6	Amerihealth	Medicare		125.74				101.98	486.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORPORA CAVEMOSOGRAPHY-S&I	74445	CPT	outpatient			512	144.6	Consumer	Consumer		486.4	95			101.98	486.4	percent of total billed charges	
CORPORA CAVEMOSOGRAPHY-S&I	74445	CPT	outpatient			512	144.6	Corrections	Corrections		409.6	80			101.98	486.4	percent of total billed charges	
CORPORA CAVEMOSOGRAPHY-S&I	74445	CPT	outpatient			512	144.6	First Health	First Health		358.4	70			101.98	486.4	percent of total billed charges	
CORPORA CAVEMOSOGRAPHY-S&I	74445	CPT	outpatient			512	144.6	First Trenton	First Trenton		460.8	90			101.98	486.4	percent of total billed charges	
CORPORA CAVEMOSOGRAPHY-S&I	74445	CPT	outpatient			512	144.6	Horizon	PPO		234				101.98	486.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORPORA CAVEMOSOGRAPHY-S&I	74445	CPT	outpatient			512	144.6	Horizon	Medicare Blue		125.74				101.98	486.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORPORA CAVEMOSOGRAPHY-S&I	74445	CPT	outpatient			512	144.6	Horizon	Indemnity		234				101.98	486.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORPORA CAVEMOSOGRAPHY-S&I	74445	CPT	outpatient			512	144.6	Horizon	NJ Health		101.98				101.98	486.4	fee schedule	
CORPORA CAVEMOSOGRAPHY-S&I	74445	CPT	outpatient			512	144.6	Horizon	MGD		234				101.98	486.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORPORA CAVEMOSOGRAPHY-S&I	74445	CPT	outpatient			512	144.6	Managed Care Inc	Managed Care Inc		460.8	90			101.98	486.4	percent of total billed charges	
CORPORA CAVEMOSOGRAPHY-S&I	74445	CPT	outpatient			512	144.6	Multiplan	Multiplan		409.6	80			101.98	486.4	percent of total billed charges	
CORPORA CAVEMOSOGRAPHY-S&I	74445	CPT	outpatient			512	144.6	Qualcare	Qualcare		384	75			101.98	486.4	percent of total billed charges	
CORPORA CAVEMOSOGRAPHY-S&I	74445	CPT	outpatient			512	144.6	Three Rivers	Three Rivers		486.4	95			101.98	486.4	percent of total billed charges	
CORPORA CAVEMOSOGRAPHY-S&I	74445	CPT	outpatient			512	144.6	UHC	Medicaid		161.54	31.55			101.98	486.4	percent of total billed charges	
CORPORA CAVEMOSOGRAPHY-S&I	74445	CPT	outpatient			512	144.6	UHC	Medicare		125.74				101.98	486.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORPORA CAVEMOSOGRAPHY-S&I	74445	CPT	outpatient			512	144.6	Wellcare	Medicaid		161.54	31.55			101.98	486.4	percent of total billed charges	
CORPORA CAVEMOSOGRAPHY-S&I	74445	CPT	outpatient			512	144.6	Wellcare	Medicare		125.74				101.98	486.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORPORA CAVEMOSOGRAPHY-S&I	74445	CPT	outpatient			512	144.6	WellPoint	WellPoint		164.76	32.18			101.98	486.4	percent of total billed charges	
URETHROCYSTOGRAPHY RETRO RS&I	74450	CPT	both			946	322.28	Aetna	Commercial		446.14				54.88	898.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETHROCYSTOGRAPHY RETRO RS&I	74450	CPT	both			946	322.28	Aetna	Better Health		298.46	31.55			54.88	898.7	percent of total billed charges	
URETHROCYSTOGRAPHY RETRO RS&I	74450	CPT	both			946	322.28	Aetna	Medicare		280.24				54.88	898.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETHROCYSTOGRAPHY RETRO RS&I	74450	CPT	both			946	322.28	Americare	Americare		709.5	75			54.88	898.7	percent of total billed charges	
URETHROCYSTOGRAPHY RETRO RS&I	74450	CPT	both			946	322.28	Amerihealth	Medicare		280.24				54.88	898.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETHROCYSTOGRAPHY RETRO RS&I	74450	CPT	both			946	322.28	Amerihealth	HMO/PPO		614.9	65			54.88	898.7	percent of total billed charges	
URETHROCYSTOGRAPHY RETRO RS&I	74450	CPT	both			946	322.28	Consumer	Consumer		898.7	95			54.88	898.7	percent of total billed charges	
URETHROCYSTOGRAPHY RETRO RS&I	74450	CPT	both			946	322.28	Corrections	Corrections		756.8	80			54.88	898.7	percent of total billed charges	
URETHROCYSTOGRAPHY RETRO RS&I	74450	CPT	both			946	322.28	First Health	First Health		662.2	70			54.88	898.7	percent of total billed charges	
URETHROCYSTOGRAPHY RETRO RS&I	74450	CPT	both			946	322.28	First Trenton	First Trenton		851.4	90			54.88	898.7	percent of total billed charges	
URETHROCYSTOGRAPHY RETRO RS&I	74450	CPT	both			946	322.28	Horizon	MGD		521.53				54.88	898.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETHROCYSTOGRAPHY RETRO RS&I	74450	CPT	both			946	322.28	Horizon	Indemnity		521.53				54.88	898.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETHROCYSTOGRAPHY RETRO RS&I	74450	CPT	both			946	322.28	Horizon	Medicare Blue		280.24				54.88	898.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETHROCYSTOGRAPHY RETRO RS&I	74450	CPT	both			946	322.28	Horizon	NJ Health		54.88				54.88	898.7	fee schedule	
URETHROCYSTOGRAPHY RETRO RS&I	74450	CPT	both			946	322.28	Horizon	PPO		521.53				54.88	898.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETHROCYSTOGRAPHY RETRO RS&I	74450	CPT	both			946	322.28	Managed Care Inc	Managed Care Inc		851.4	90			54.88	898.7	percent of total billed charges	
URETHROCYSTOGRAPHY RETRO RS&I	74450	CPT	both			946	322.28	Multiplan	Multiplan		756.8	80			54.88	898.7	percent of total billed charges	
URETHROCYSTOGRAPHY RETRO RS&I	74450	CPT	both			946	322.28	Qualcare	Qualcare		709.5	75			54.88	898.7	percent of total billed charges	
URETHROCYSTOGRAPHY RETRO RS&I	74450	CPT	both			946	322.28	Three Rivers	Three Rivers		898.7	95			54.88	898.7	percent of total billed charges	
URETHROCYSTOGRAPHY RETRO RS&I	74450	CPT	both			946	322.28	UHC	Medicaid		298.46	31.55			54.88	898.7	percent of total billed charges	
URETHROCYSTOGRAPHY RETRO RS&I	74450	CPT	both			946	322.28	UHC	Medicare		280.24				54.88	898.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETHROCYSTOGRAPHY RETRO RS&I	74450	CPT	both			946	322.28	Wellcare	Medicaid		298.46	31.55			54.88	898.7	percent of total billed charges	
URETHROCYSTOGRAPHY RETRO RS&I	74450	CPT	both			946	322.28	Wellcare	Medicare		280.24				54.88	898.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETHROCYSTOGRAPHY RETRO RS&I	74450	CPT	both			946	322.28	WellPoint	WellPoint		304.42	32.18			54.88	898.7	percent of total billed charges	
URETHROCYSTOGRAPHY,VOIDING,RADIOLOGIC S&	74455	CPT	both			903	322.28	Aetna	Commercial		446.14				54.88	857.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETHROCYSTOGRAPHY,VOIDING,RADIOLOGIC S&	74455	CPT	both			903	322.28	Aetna	Better Health		284.9	31.55			54.88	857.85	percent of total billed charges	
URETHROCYSTOGRAPHY,VOIDING,RADIOLOGIC S&	74455	CPT	both			903	322.28	Aetna	Medicare		280.24				54.88	857.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETHROCYSTOGRAPHY,VOIDING,RADIOLOGIC S&	74455	CPT	both			903	322.28	Americare	Americare		677.25	75			54.88	857.85	percent of total billed charges	
URETHROCYSTOGRAPHY,VOIDING,RADIOLOGIC S&	74455	CPT	both			903	322.28	Amerihealth	HMO/PPO		586.95	65			54.88	857.85	percent of total billed charges	
URETHROCYSTOGRAPHY,VOIDING,RADIOLOGIC S&	74455	CPT	both			903	322.28	Amerihealth	Medicare		280.24				54.88	857.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETHROCYSTOGRAPHY,VOIDING,RADIOLOGIC S&	74455	CPT	both			903	322.28	Consumer	Consumer		857.85	95			54.88	857.85	percent of total billed charges	
URETHROCYSTOGRAPHY,VOIDING,RADIOLOGIC S&	74455	CPT	both			903	322.28	Corrections	Corrections		722.4	80			54.88	857.85	percent of total billed charges	
URETHROCYSTOGRAPHY,VOIDING,RADIOLOGIC S&	74455	CPT	both			903	322.28	First Health	First Health		632.1	70			54.88	857.85	percent of total billed charges	
URETHROCYSTOGRAPHY,VOIDING,RADIOLOGIC S&	74455	CPT	both			903	322.28	First Trenton	First Trenton		812.7	90			54.88	857.85	percent of total billed charges	
URETHROCYSTOGRAPHY,VOIDING,RADIOLOGIC S&	74455	CPT	both			903	322.28	Horizon	Medicare Blue		280.24				54.88	857.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETHROCYSTOGRAPHY,VOIDING,RADIOLOGIC S&	74455	CPT	both			903	322.28	Horizon	MGD		521.53				54.88	857.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETHROCYSTOGRAPHY,VOIDING,RADIOLOGIC S&	74455	CPT	both			903	322.28	Horizon	PPO		521.53				54.88	857.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETHROCYSTOGRAPHY,VOIDING,RADIOLOGIC S&	74455	CPT	both			903	322.28	Horizon	Indemnity		521.53				54.88	857.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETHROCYSTOGRAPHY,VOIDING,RADIOLOGIC S&	74455	CPT	both			903	322.28	Horizon	NJ Health		54.88				54.88	857.85	fee schedule	
URETHROCYSTOGRAPHY,VOIDING,RADIOLOGIC S&	74455	CPT	both			903	322.28	Managed Care Inc	Managed Care Inc		812.7	90			54.88	857.85	percent of total billed charges	
URETHROCYSTOGRAPHY,VOIDING,RADIOLOGIC S&	74455	CPT	both			903	322.28	Multiplan	Multiplan		722.4	80			54.88	857.85	percent of total billed charges	
URETHROCYSTOGRAPHY,VOIDING,RADIOLOGIC S&	74455	CPT	both			903	322.28	Qualcare	Qualcare		677.25	75			54.88	857.85	percent of total billed charges	
URETHROCYSTOGRAPHY,VOIDING,RADIOLOGIC S&	74455	CPT	both			903	322.28	Three Rivers	Three Rivers		857.85	95			54.88	857.85	percent of total billed charges	
URETHROCYSTOGRAPHY,VOIDING,RADIOLOGIC S&	74455	CPT	both			903	322.28	UHC	Medicaid		284.9	31.55			54.88	857.85	percent of total billed charges	
URETHROCYSTOGRAPHY,VOIDING,RADIOLOGIC S&	74455	CPT	both			903	322.28	UHC	Medicare		280.24				54.88	857.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETHROCYSTOGRAPHY,VOIDING,RADIOLOGIC S&	74455	CPT	both			903	322.28	Wellcare	Medicare		280.24				54.88	857.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETHROCYSTOGRAPHY,VOIDING,RADIOLOGIC S&	74455	CPT	both			903	322.28	Wellcare	Medicaid		284.9	31.55			54.88	857.85	percent of total billed charges	
URETHROCYSTOGRAPHY,VOIDING,RADIOLOGIC S&	74455	CPT	both			903	322.28	WellPoint	WellPoint		290.59	32.18			54.88	857.85	percent of total billed charges	
RADIO RENAL/TRANSLUMIVIS S&I RT	74470	CPT	outpatient			1372	725.57	Aetna	Commercial		1004.44				54.88	1303.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIO RENAL/TRANSLUMIVIS S&I RT	74470	CPT	outpatient			1372	725.57	Aetna	Medicare		630.93				54.88	1303.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIO RENAL/TRANSLUMIVIS S&I RT	74470	CPT	outpatient			1372	725.57	Aetna	Better Health		432.87	31.55			54.88	1303.4	percent of total billed charges	
RADIO RENAL/TRANSLUMIVIS S&I RT	74470	CPT	outpatient			1372	725.57	Americare	Americare		1029	75			54.88	1303.4	percent of total billed charges	
RADIO RENAL/TRANSLUMIVIS S&I RT	74470	CPT	outpatient			1372	725.57	Amerihealth	HMO/PPO		891.8	65			54.88	1303.4	percent of total billed charges	
RADIO RENAL/TRANSLUMIVIS S&I RT	74470	CPT	outpatient			1372	725.57	Amerihealth	Medicare		630.93				54.88	1303.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIO RENAL/TRANSLUMIVIS S&I RT	74470	CPT	outpatient			1372	725.57	Consumer	Consumer		1303.4	95			54.88	1303.4	percent of total billed charges	
RADIO RENAL/TRANSLUMIVIS S&I RT	74470	CPT	outpatient			1372	725.57	Corrections	Corrections		1097.6	80			54.88	1303.4	percent of total billed charges	
RADIO RENAL/TRANSLUMIVIS S&I RT	74470	CPT	outpatient			1372	725.57	First Health	First Health		960.4	70			54.88	1303.4	percent of total billed charges	
RADIO RENAL/TRANSLUMIVIS S&I RT	74470	CPT	outpatient			1372	725.57	First Trenton	First Trenton		1234.8	90			54.88	1303.4	percent of total billed charges	
RADIO RENAL/TRANSLUMIVIS S&I RT	74470	CPT	outpatient			1372	725.57	Horizon	Indemnity		1174.16				54.88	1303.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIO RENAL/TRANSLUMIVIS S&I RT	74470	CPT	outpatient			1372	725.57	Horizon	PPO		1174.16				54.88	1303.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIO RENAL/TRANSLUMIVIS S&I RT	74470	CPT	outpatient			1372	725.57	Horizon	MGD		1174.16				54.88	1303.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIO RENAL/TRANSLUMIVIS S&I RT	74470	CPT	outpatient			1372	725.57	Horizon	Medicare Blue		630.93				54.88	1303.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIO RENAL/TRANSLUMIVIS S&I RT	74470	CPT	outpatient			1372	725.57	Horizon	NJ Health		54.88				54.88	1303.4	fee schedule	
RADIO RENAL/TRANSLUMIVIS S&I RT	74470	CPT	outpatient			1372	725.57	Managed Care Inc	Managed Care Inc		1234.8	90			54.88	1303.4	percent of total billed charges	
RADIO RENAL/TRANSLUMIVIS S&I RT	74470	CPT	outpatient			1372	725.57	Multiplan	Multiplan		1097.6	80			54.88	1303.4	percent of total billed charges	
RADIO RENAL/TRANSLUMIVIS S&I RT	74470	CPT	outpatient			1372	725.57	Qualcare	Qualcare		1029	75			54.88	1303.4	percent of total billed charges	
RADIO RENAL/TRANSLUMIVIS S&I RT	74470	CPT	outpatient			1372	725.57	Three Rivers	Three Rivers		1303.4	95			54.88	1303.4	percent of total billed charges	
RADIO RENAL/TRANSLUMIVIS S&I RT	74470	CPT	outpatient			1372	725.57	UHC	Medicaid		432.87	31.55			54.88	1303.4	percent of total billed charges	
RADIO RENAL/TRANSLUMIVIS S&I RT	74470	CPT	outpatient			1372	725.57	UHC	Medicare		630.93				54.88	1303.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIO RENAL/TRANSLUMIVIS S&I RT	74470	CPT	outpatient			1372	725.57	Wellcare	Medicaid		432.87	31.55			54.88	1303.4	percent of total billed charges	
RADIO RENAL/TRANSLUMIVIS S&I RT	74470	CPT	outpatient			1372	725.57	Wellcare	Medicare		630.93				54.88	1303.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIO RENAL/TRANSLUMIVIS S&I RT	74470	CPT	outpatient			1372	725.57	WellPoint	WellPoint		441.51	32.18			54.88	1303.4	percent of total billed charges	
NEPHROSTOMY DILATION B/L	74485	CPT	outpatient			7123	2678.87	Aetna	Commercial		3708.48				414.5	6766.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEPHROSTOMY DILATION B/L	74485	CPT	outpatient			7123	2678.87	Aetna	Better Health		2247.31	31.55			414.5	6766.85	percent of total billed charges	
NEPHROSTOMY DILATION B/L	74485	CPT	outpatient			7123	2678.87	Aetna	Medicare		2329.45				414.5	6766.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEPHROSTOMY DILATION B/L	74485	CPT	outpatient			7123	2678.87	Americare	Americare		5342.25	75			414.5	6766.85	percent of total billed charges	
NEPHROSTOMY DILATION B/L	74485	CPT	outpatient			7123	2678.87	Amerihealth	HMO/PPO		4629.95	65			414.5	6766.85	percent of total billed charges	
NEPHROSTOMY DILATION B/L	74485	CPT	outpatient			7123	2678.87	Amerihealth	Medicare		2329.45				414.5	6766.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEPHROSTOMY DILATION B/L	74485	CPT	outpatient			7123	2678.87	Consumer	Consumer		6766.85	95			414.5	6766.85	percent of total billed charges	
NEPHROSTOMY DILATION B/L	74485	CPT	outpatient			7123	2678.87	Corrections	Corrections		5698.4	80			414.5	6766.85	percent of total billed charges	
NEPHROSTOMY DILATION B/L	74485	CPT	outpatient			7123	2678.87	First Health	First Health		4986.1	70			414.5	6766.85	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
NEPHROSTOMY DILATION BIL	74485	CPT	outpatient			7123	2678.87	First Trenton	First Trenton		6410.7	90			414.5	6766.85	percent of total billed charges	
NEPHROSTOMY DILATION BIL	74485	CPT	outpatient			7123	2678.87	Horizon	MGD		4335.11				414.5	6766.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEPHROSTOMY DILATION BIL	74485	CPT	outpatient			7123	2678.87	Horizon	Indemnity		4335.11				414.5	6766.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEPHROSTOMY DILATION BIL	74485	CPT	outpatient			7123	2678.87	Horizon	Medicare Blue		2329.45				414.5	6766.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEPHROSTOMY DILATION BIL	74485	CPT	outpatient			7123	2678.87	Horizon	NJ Health		414.5				414.5	6766.85	fee schedule	
NEPHROSTOMY DILATION BIL	74485	CPT	outpatient			7123	2678.87	Horizon	PPO		4335.11				414.5	6766.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEPHROSTOMY DILATION BIL	74485	CPT	outpatient			7123	2678.87	Managed Care Inc	Managed Care Inc		6410.7	90			414.5	6766.85	percent of total billed charges	
NEPHROSTOMY DILATION BIL	74485	CPT	outpatient			7123	2678.87	Multiplan	Multiplan		5698.4	80			414.5	6766.85	percent of total billed charges	
NEPHROSTOMY DILATION BIL	74485	CPT	outpatient			7123	2678.87	Qualcare	Qualcare		5342.25	75			414.5	6766.85	percent of total billed charges	
NEPHROSTOMY DILATION BIL	74485	CPT	outpatient			7123	2678.87	Three Rivers	Three Rivers		6766.85	95			414.5	6766.85	percent of total billed charges	
NEPHROSTOMY DILATION BIL	74485	CPT	outpatient			7123	2678.87	UHC	Medicare		2329.45				414.5	6766.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEPHROSTOMY DILATION BIL	74485	CPT	outpatient			7123	2678.87	UHC	Medicaid		2247.31	31.55			414.5	6766.85	percent of total billed charges	
NEPHROSTOMY DILATION BIL	74485	CPT	outpatient			7123	2678.87	Wellcare	Medicaid		2247.31	31.55			414.5	6766.85	percent of total billed charges	
NEPHROSTOMY DILATION BIL	74485	CPT	outpatient			7123	2678.87	Wellcare	Medicare		2329.45				414.5	6766.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEPHROSTOMY DILATION BIL	74485	CPT	outpatient			7123	2678.87	WellPoint	WellPoint		2292.18	32.18			414.5	6766.85	percent of total billed charges	
PELVIMETRY	74710	CPT	outpatient			512		Aetna	Better Health		161.54	31.55			49	486.4	percent of total billed charges	
PELVIMETRY	74710	CPT	outpatient			512		Aetna	Commercial		194.56	38			49	486.4	percent of total billed charges	
PELVIMETRY	74710	CPT	outpatient			512		Aetna	Medicare		157.7	30.8			49	486.4	percent of total billed charges	
PELVIMETRY	74710	CPT	outpatient			512		Americare	Americare		384	75			49	486.4	percent of total billed charges	
PELVIMETRY	74710	CPT	outpatient			512		Amerihealth	HMO/PPO		332.8	65			49	486.4	percent of total billed charges	
PELVIMETRY	74710	CPT	outpatient			512		Consumer	Consumer		486.4	95			49	486.4	percent of total billed charges	
PELVIMETRY	74710	CPT	outpatient			512		Corrections	Corrections		409.6	80			49	486.4	percent of total billed charges	
PELVIMETRY	74710	CPT	outpatient			512		First Health	First Health		358.4	70			49	486.4	percent of total billed charges	
PELVIMETRY	74710	CPT	outpatient			512		First Trenton	First Trenton		460.8	90			49	486.4	percent of total billed charges	
PELVIMETRY	74710	CPT	outpatient			512		Horizon	Medicare Blue		153.6	30			49	486.4	percent of total billed charges	
PELVIMETRY	74710	CPT	outpatient			512		Horizon	MGD		195.99	38.28			49	486.4	percent of total billed charges	
PELVIMETRY	74710	CPT	outpatient			512		Horizon	NJ Health		49				49	486.4	fee schedule	
PELVIMETRY	74710	CPT	outpatient			512		Horizon	Indemnity		195.99	38.28			49	486.4	percent of total billed charges	
PELVIMETRY	74710	CPT	outpatient			512		Horizon	PPO		195.99	38.28			49	486.4	percent of total billed charges	
PELVIMETRY	74710	CPT	outpatient			512		Managed Care Inc	Managed Care Inc		460.8	90			49	486.4	percent of total billed charges	
PELVIMETRY	74710	CPT	outpatient			512		Multiplan	Multiplan		409.6	80			49	486.4	percent of total billed charges	
PELVIMETRY	74710	CPT	outpatient			512		Qualcare	Qualcare		384	75			49	486.4	percent of total billed charges	
PELVIMETRY	74710	CPT	outpatient			512		Three Rivers	Three Rivers		486.4	95			49	486.4	percent of total billed charges	
PELVIMETRY	74710	CPT	outpatient			512		UHC	Medicaid		161.54	31.55			49	486.4	percent of total billed charges	
PELVIMETRY	74710	CPT	outpatient			512		Wellcare	Medicaid		161.54	31.55			49	486.4	percent of total billed charges	
PELVIMETRY	74710	CPT	outpatient			512		WellPoint	WellPoint		164.76	32.18			49	486.4	percent of total billed charges	
RI FETUS/PLACENTA-SINGLE GEST	74712	CPT	outpatient			1238	322.28	Aetna	Better Health		390.59	31.55			280.24	1176.1	percent of total billed charges	
RI FETUS/PLACENTA-SINGLE GEST	74712	CPT	outpatient			1238	322.28	Aetna	Medicare		381.3	30.8			280.24	1176.1	percent of total billed charges	
RI FETUS/PLACENTA-SINGLE GEST	74712	CPT	outpatient			1238	322.28	Aetna	Commercial		446.14				280.24	1176.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RI FETUS/PLACENTA-SINGLE GEST	74712	CPT	outpatient			1238	322.28	Americare	Americare		928.5	75			280.24	1176.1	percent of total billed charges	
RI FETUS/PLACENTA-SINGLE GEST	74712	CPT	outpatient			1238	322.28	Amerihealth	Medicare		280.24				280.24	1176.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RI FETUS/PLACENTA-SINGLE GEST	74712	CPT	outpatient			1238	322.28	Amerihealth	HMO/PPO		804.7	65			280.24	1176.1	percent of total billed charges	
RI FETUS/PLACENTA-SINGLE GEST	74712	CPT	outpatient			1238	322.28	Consumer	Consumer		1176.1	95			280.24	1176.1	percent of total billed charges	
RI FETUS/PLACENTA-SINGLE GEST	74712	CPT	outpatient			1238	322.28	Corrections	Corrections		990.4	80			280.24	1176.1	percent of total billed charges	
RI FETUS/PLACENTA-SINGLE GEST	74712	CPT	outpatient			1238	322.28	First Health	First Health		866.6	70			280.24	1176.1	percent of total billed charges	
RI FETUS/PLACENTA-SINGLE GEST	74712	CPT	outpatient			1238	322.28	First Trenton	First Trenton		1114.2	90			280.24	1176.1	percent of total billed charges	
RI FETUS/PLACENTA-SINGLE GEST	74712	CPT	outpatient			1238	322.28	Horizon	Indemnity		521.53				280.24	1176.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RI FETUS/PLACENTA-SINGLE GEST	74712	CPT	outpatient			1238	322.28	Horizon	MGD		521.53				280.24	1176.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RI FETUS/PLACENTA-SINGLE GEST	74712	CPT	outpatient			1238	322.28	Horizon	PPO		521.53				280.24	1176.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RI FETUS/PLACENTA-SINGLE GEST	74712	CPT	outpatient			1238	322.28	Horizon	Medicare Blue		280.24				280.24	1176.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RI FETUS/PLACENTA-SINGLE GEST	74712	CPT	outpatient			1238	322.28	Horizon	NJ Health		459.38				280.24	1176.1	fee schedule	
RI FETUS/PLACENTA-SINGLE GEST	74712	CPT	outpatient			1238	322.28	Managed Care Inc	Managed Care Inc		1114.2	90			280.24	1176.1	percent of total billed charges	
RI FETUS/PLACENTA-SINGLE GEST	74712	CPT	outpatient			1238	322.28	Multiplan	Multiplan		990.4	80			280.24	1176.1	percent of total billed charges	
RI FETUS/PLACENTA-SINGLE GEST	74712	CPT	outpatient			1238	322.28	Qualcare	Qualcare		928.5	75			280.24	1176.1	percent of total billed charges	
RI FETUS/PLACENTA-SINGLE GEST	74712	CPT	outpatient			1238	322.28	Three Rivers	Three Rivers		1176.1	95			280.24	1176.1	percent of total billed charges	
RI FETUS/PLACENTA-SINGLE GEST	74712	CPT	outpatient			1238	322.28	UHC	Medicare		280.24				280.24	1176.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RI FETUS/PLACENTA-SINGLE GEST	74712	CPT	outpatient			1238	322.28	UHC	Medicaid		390.59	31.55			280.24	1176.1	percent of total billed charges	
RI FETUS/PLACENTA-SINGLE GEST	74712	CPT	outpatient			1238	322.28	Wellcare	Medicare		280.24				280.24	1176.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RI FETUS/PLACENTA-SINGLE GEST	74712	CPT	outpatient			1238	322.28	Wellcare	Medicaid		390.59	31.55			280.24	1176.1	percent of total billed charges	
RI FETUS/PLACENTA-SINGLE GEST	74712	CPT	outpatient			1238	322.28	WellPoint	WellPoint		398.39	32.18			280.24	1176.1	percent of total billed charges	
MRI FETUS/PLACENTA-2 OR MORE GEST	74713	CPT	outpatient			1238		Aetna	Medicare		381.3	30.8			251	1176.1	percent of total billed charges	
MRI FETUS/PLACENTA-2 OR MORE GEST	74713	CPT	outpatient			1238		Aetna	Better Health		390.59	31.55			251	1176.1	percent of total billed charges	
MRI FETUS/PLACENTA-2 OR MORE GEST	74713	CPT	outpatient			1238		Aetna	Commercial		470.44	38			251	1176.1	percent of total billed charges	
MRI FETUS/PLACENTA-2 OR MORE GEST	74713	CPT	outpatient			1238		Americare	Americare		928.5	75			251	1176.1	percent of total billed charges	
MRI FETUS/PLACENTA-2 OR MORE GEST	74713	CPT	outpatient			1238		Amerihealth	HMO/PPO		804.7	65			251	1176.1	percent of total billed charges	
MRI FETUS/PLACENTA-2 OR MORE GEST	74713	CPT	outpatient			1238		Consumer	Consumer		1176.1	95			251	1176.1	percent of total billed charges	
MRI FETUS/PLACENTA-2 OR MORE GEST	74713	CPT	outpatient			1238		Corrections	Corrections		990.4	80			251	1176.1	percent of total billed charges	
MRI FETUS/PLACENTA-2 OR MORE GEST	74713	CPT	outpatient			1238		First Health	First Health		866.6	70			251	1176.1	percent of total billed charges	
MRI FETUS/PLACENTA-2 OR MORE GEST	74713	CPT	outpatient			1238		First Trenton	First Trenton		1114.2	90			251	1176.1	percent of total billed charges	
MRI FETUS/PLACENTA-2 OR MORE GEST	74713	CPT	outpatient			1238		Horizon	Medicare Blue		371.4	30			251	1176.1	percent of total billed charges	
MRI FETUS/PLACENTA-2 OR MORE GEST	74713	CPT	outpatient			1238		Horizon	NJ Health		251				251	1176.1	fee schedule	
MRI FETUS/PLACENTA-2 OR MORE GEST	74713	CPT	outpatient			1238		Horizon	MGD		473.91	38.28			251	1176.1	percent of total billed charges	
MRI FETUS/PLACENTA-2 OR MORE GEST	74713	CPT	outpatient			1238		Horizon	Indemnity		473.91	38.28			251	1176.1	percent of total billed charges	
MRI FETUS/PLACENTA-2 OR MORE GEST	74713	CPT	outpatient			1238		Horizon	PPO		473.91	38.28			251	1176.1	percent of total billed charges	
MRI FETUS/PLACENTA-2 OR MORE GEST	74713	CPT	outpatient			1238		Managed Care Inc	Managed Care Inc		1114.2	90			251	1176.1	percent of total billed charges	
MRI FETUS/PLACENTA-2 OR MORE GEST	74713	CPT	outpatient			1238		Multiplan	Multiplan		990.4	80			251	1176.1	percent of total billed charges	
MRI FETUS/PLACENTA-2 OR MORE GEST	74713	CPT	outpatient			1238		Qualcare	Qualcare		928.5	75			251	1176.1	percent of total billed charges	
MRI FETUS/PLACENTA-2 OR MORE GEST	74713	CPT	outpatient			1238		Three Rivers	Three Rivers		1176.1	95			251	1176.1	percent of total billed charges	
MRI FETUS/PLACENTA-2 OR MORE GEST	74713	CPT	outpatient			1238		UHC	Medicaid		390.59	31.55			251	1176.1	percent of total billed charges	
MRI FETUS/PLACENTA-2 OR MORE GEST	74713	CPT	outpatient			1238		Wellcare	Medicaid		390.59	31.55			251	1176.1	percent of total billed charges	
MRI FETUS/PLACENTA-2 OR MORE GEST	74713	CPT	outpatient			1238		WellPoint	WellPoint		398.39	32.18			251	1176.1	percent of total billed charges	
HYSTEROSALPINGOGRAPHY S&I	74740	CPT	outpatient			1372	322.28	Aetna	Medicare		280.24				54.88	1303.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HYSTEROSALPINGOGRAPHY S&I	74740	CPT	outpatient			1372	322.28	Aetna	Commercial		446.14				54.88	1303.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HYSTEROSALPINGOGRAPHY S&I	74740	CPT	outpatient			1372	322.28	Aetna	Better Health		432.87	31.55			54.88	1303.4	percent of total billed charges	
HYSTEROSALPINGOGRAPHY S&I	74740	CPT	outpatient			1372	322.28	Americare	Americare		1029	75			54.88	1303.4	percent of total billed charges	
HYSTEROSALPINGOGRAPHY S&I	74740	CPT	outpatient			1372	322.28	Amerihealth	HMO/PPO		891.8	65			54.88	1303.4	percent of total billed charges	
HYSTEROSALPINGOGRAPHY S&I	74740	CPT	outpatient			1372	322.28	Amerihealth	Medicare		280.24				54.88	1303.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HYSTEROSALPINGOGRAPHY S&I	74740	CPT	outpatient			1372	322.28	Consumer	Consumer		1303.4	95			54.88	1303.4	percent of total billed charges	
HYSTEROSALPINGOGRAPHY S&I	74740	CPT	outpatient			1372	322.28	Corrections	Corrections		1097.6	80			54.88	1303.4	percent of total billed charges	
HYSTEROSALPINGOGRAPHY S&I	74740	CPT	outpatient			1372	322.28	First Health	First Health		960.4	70			54.88	1303.4	percent of total billed charges	
HYSTEROSALPINGOGRAPHY S&I	74740	CPT	outpatient			1372	322.28	First Trenton	First Trenton		1234.8	90			54.88	1303.4	percent of total billed charges	
HYSTEROSALPINGOGRAPHY S&I	74740	CPT	outpatient			1372	322.28	Horizon	MGD		521.53				54.88	1303.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HYSTEROSALPINGOGRAPHY S&I	74740	CPT	outpatient			1372	322.28	Horizon	Medicare Blue		280.24				54.88	1303.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HYSTEROSALPINGOGRAPHY S&I	74740	CPT	outpatient			1372	322.28	Horizon	Indemnity		521.53				54.88	1303.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HYSTEROSALPINGOGRAPHY S&I	74740	CPT	outpatient			1372	322.28	Horizon	NJ Health		54.88				54.88	1303.4	fee schedule	
HYSTEROSALPINGOGRAPHY S&I	74740	CPT	outpatient			1372	322.28	Horizon	PPO		521.53				54.88	1303.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HYSTEROSALPINGOGRAPHY S&I	74740	CPT	outpatient			1372	322.28	Managed Care Inc	Managed Care Inc		1234.8	90			54.88	1303.4	percent of total billed charges	
HYSTEROSALPINGOGRAPHY S&I	74740	CPT	outpatient			1372	322.28	Multiplan	Multiplan		1097.6	80			54.88	1303.4	percent of total billed charges	
HYSTEROSALPINGOGRAPHY S&I	74740	CPT	outpatient			1372	322.28	Qualcare	Qualcare		1029	75			54.88	1303.4	percent of total billed charges	
HYSTEROSALPINGOGRAPHY S&I	74740	CPT	outpatient			1372	322.28	Three Rivers	Three Rivers		1303.4	95			54.88	1303.4	percent of total billed charges	
HYSTEROSALPINGOGRAPHY S&I	74740	CPT	outpatient			1372	322.28	UHC	Medicaid		432.87	31.55			54.88	1303.4	percent of total billed charges	
HYSTEROSALPINGOGRAPHY S&I	74740	CPT	outpatient			1372	322.28	UHC	Medicare		280.24				54.88	1303.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HYSTEROSALPINGOGRAPHY S&I	74740	CPT	outpatient			1372	322.28	Wellcare	Medicaid		432.87	31.55			54.88	1303.4	percent of total billed charges	
HYSTEROSALPINGOGRAPHY S&I	74740	CPT	outpatient			1372	322.28	Wellcare	Medicare		280.24				54.88	1303.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HYSTEROSALPINGOGRAPHY S&I	74740	CPT	outpatient			1372	322.28	WellPoint	WellPoint		441.51	32.18			54.88	1303.4	percent of total billed charges	
TRANSCERV CATH FALL TUBE S&I RT	74742	CPT	outpatient			1372		Aetna	Medicare		422.58	30.8			135.18	1303.4	percent of total billed charges	
TRANSCERV CATH FALL TUBE S&I RT	74742	CPT	outpatient			1372		Aetna	Better Health		432.87	31.55			135.18	1303.4	percent of total billed charges	
TRANSCERV CATH FALL TUBE S&I RT	74742	CPT	outpatient			1372		Aetna	Commercial		521.36	38			135.18	1303.4	percent of total billed charges	
TRANSCERV CATH FALL TUBE S&I RT	74742	CPT	outpatient			1372		Americare	Americare		1029	75			135.18	1303.4	percent of total billed charges	
TRANSCERV CATH FALL TUBE S&I RT	74742	CPT	outpatient			1372		Amerihealth	HMO/PPO		891.8	65			135.18	1303.4	percent of total billed charges	
TRANSCERV CATH FALL TUBE S&I RT	74742	CPT	outpatient			1372		Consumer	Consumer		1303.4	95			135.18	1303.4	percent of total billed charges	
TRANSCERV CATH FALL TUBE S&I RT	74742	CPT	outpatient			1372		Corrections	Corrections		1097.6	80			135.18	1303.4	percent of total billed charges	
TRANSCERV CATH FALL TUBE S&I RT	74742	CPT	outpatient			1372		First Health	First Health		960.4	70			135.18	1303.4	percent of total billed charges	
TRANSCERV CATH FALL TUBE S&I RT	74742	CPT	outpatient			1372		First Trenton	First Trenton		1234.8	90			135.18	1303.4	percent of total billed charges	
TRANSCERV CATH FALL TUBE S&I RT	74742	CPT	outpatient			1372		Horizon	NJ Health		135.18				135.18	1303.4	fee schedule	
TRANSCERV CATH FALL TUBE S&I RT	74742	CPT	outpatient			1372		Horizon	MGD		525.2	38.28			135.18	1303.4	percent of total billed charges	
TRANSCERV CATH FALL TUBE S&I RT	74742	CPT	outpatient			1372		Horizon	Indemnity		525.2	38.28			135.18	1303.4	percent of total billed charges	
TRANSCERV CATH FALL TUBE S&I RT	74742	CPT	outpatient			1372		Horizon	Medicare Blue		411.6	30			135.18	1303.4	percent of total billed charges	
TRANSCERV CATH FALL TUBE S&I RT	74742	CPT	outpatient			1372		Horizon	PPO		525.2	38.28			135.18	1303.4	percent of total billed charges	
TRANSCERV CATH FALL TUBE S&I RT	74742	CPT	outpatient			1372		Managed Care Inc	Managed Care Inc		1234.8	90			135.18	1303.4	percent of total billed charges	
TRANSCERV CATH FALL TUBE S&I RT	74742	CPT	outpatient			1372		Multiplan	Multiplan		1097.6	80			135.18	1303.4	percent of total billed charges	
TRANSCERV CATH FALL TUBE S&I RT	74742	CPT	outpatient			1372		Qualcare	Qualcare		1029	75			135.18	1303.4	percent of total billed charges	
TRANSCERV CATH FALL TUBE S&I RT	74742	CPT	outpatient			1372		Three Rivers	Three Rivers		1303.4	95			135.18	1303.4	percent of total billed charges	
TRANSCERV CATH FALL TUBE S&I RT	74742	CPT	outpatient			1372		UHC	Medicaid		432.87	31.55			135.18	1303.4	percent of total billed charges	
TRANSCERV CATH FALL TUBE S&I RT	74742	CPT	outpatient			1372		Wellcare	Medicaid		432.87	31.55			135.18	1303.4	percent of total billed charges	
TRANSCERV CATH FALL TUBE S&I RT	74742	CPT	outpatient			1372		WellPoint	WellPoint		441.51	32.18			135.18	1303.4	percent of total billed charges	
MR/CARDIO MORPH W/O CONTRAST	75557	CPT	both			4937	322.28	Aetna	Commercial		446.14				280.24	4690.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MR/CARDIO MORPH W/O CONTRAST	75557	CPT	both			4937	322.28	Aetna	Better Health		1557.62	31.55			280.24	4690.15	percent of total billed charges	
MR/CARDIO MORPH W/O CONTRAST	75557	CPT	both			4937	322.28	Aetna	Medicare		1520.6	30.8			280.24	4690.15	percent of total billed charges	
MR/CARDIO MORPH W/O CONTRAST	75557	CPT	both			4937	322.28	Americare	Americare		3702.75	75			280.24	4690.15	percent of total billed charges	
MR/CARDIO MORPH W/O CONTRAST	75557	CPT	both			4937	322.28	Amerihealth	HMO/PPO		3209.05	65			280.24	4690.15	percent of total billed charges	
MR/CARDIO MORPH W/O CONTRAST	75557	CPT	both			4937	322.28	Amerihealth	Medicare		280.24				280.24	4690.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MR/CARDIO MORPH W/O CONTRAST	75557	CPT	both			4937	322.28	Consumer	Consumer		4690.15	95			280.24	4690.15	percent of total billed charges	
MR/CARDIO MORPH W/O CONTRAST	75557	CPT	both			4937	322.28	Corrections	Corrections		3949.6	80			280.24	4690.15	percent of total billed charges	
MR/CARDIO MORPH W/O CONTRAST	75557	CPT	both			4937	322.28	First Health	First Health		3455.9	70			280.24	4690.15	percent of total billed charges	
MR/CARDIO MORPH W/O CONTRAST	75557	CPT	both			4937	322.28	First Trenton	First Trenton		4443.3	90			280.24	4690.15	percent of total billed charges	
MR/CARDIO MORPH W/O CONTRAST	75557	CPT	both			4937	322.28	Horizon	Indemnity		521.53				280.24	4690.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MR/CARDIO MORPH W/O CONTRAST	75557	CPT	both			4937	322.28	Horizon	Medicare Blue		280.24				280.24	4690.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MR/CARDIO MORPH W/O CONTRAST	75557	CPT	both			4937	322.28	Horizon	NJ Health		588				280.24	4690.15	fee schedule	
MR/CARDIO MORPH W/O CONTRAST	75557	CPT	both			4937	322.28	Horizon	MGD		521.53				280.24	4690.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MR/CARDIO MORPH W/O CONTRAST	75557	CPT	both			4937	322.28	Horizon	PPO		521.53				280.24	4690.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MR/CARDIO MORPH W/O CONTRAST	75557	CPT	both			4937	322.28	Managed Care Inc	Managed Care Inc		4443.3	90			280.24	4690.15	percent of total billed charges	
MR/CARDIO MORPH W/O CONTRAST	75557	CPT	both			4937	322.28	Multiplan	Multiplan		3949.6	80			280.24	4690.15	percent of total billed charges	
MR/CARDIO MORPH W/O CONTRAST	75557	CPT	both			4937	322.28	Qualcare	Qualcare		3702.75	75			280.24	4690.15	percent of total billed charges	
MR/CARDIO MORPH W/O CONTRAST	75557	CPT	both			4937	322.28	Three Rivers	Three Rivers		4690.15	95			280.24	4690.15	percent of total billed charges	
MR/CARDIO MORPH W/O CONTRAST	75557	CPT	both			4937	322.28	UHC	Medicaid		1557.62	31.55			280.24	4690.15	percent of total billed charges	
MR/CARDIO MORPH W/O CONTRAST	75557	CPT	both			4937	322.28	UHC	Medicare		280.24				280.24	4690.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MR/CARDIO MORPH W/O CONTRAST	75557	CPT	both			4937	322.28	Wellcare	Medicaid		1557.62	31.55			280.24	4690.15	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.														
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true													
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
MR/CARDIO MORPH W/O CONTRAST	75557	CPT	both			4937	322.28	Wellcare	Medicare		280.24				280.24	4690.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MR/CARDIO MORPH W/O CONTRAST	75557	CPT	both			4937	322.28	WellPoint	WellPoint		1588.73	32.18			280.24	4690.16	percent of total billed charges	
MR CARDIO MORPH W & W/O CONTRAST	75561	CPT	both			5534	505.8	Aetna	Commercial		700.21				439.83	5257.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MR CARDIO MORPH W & W/O CONTRAST	75561	CPT	both			5534	505.8	Aetna	Better Health		1745.98	31.55			439.83	5257.3	percent of total billed charges	
MR CARDIO MORPH W & W/O CONTRAST	75561	CPT	both			5534	505.8	Aetna	Medicare		439.83				439.83	5257.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MR CARDIO MORPH W & W/O CONTRAST	75561	CPT	both			5534	505.8	Americare	Americare		4150.5	75			439.83	5257.3	percent of total billed charges	
MR CARDIO MORPH W & W/O CONTRAST	75561	CPT	both			5534	505.8	Amerihealth	HMO/PPO		3597.1	65			439.83	5257.3	percent of total billed charges	
MR CARDIO MORPH W & W/O CONTRAST	75561	CPT	both			5534	505.8	Amerihealth	Medicare		439.83				439.83	5257.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MR CARDIO MORPH W & W/O CONTRAST	75561	CPT	both			5534	505.8	Consumer	Consumer		5257.3	95			439.83	5257.3	percent of total billed charges	
MR CARDIO MORPH W & W/O CONTRAST	75561	CPT	both			5534	505.8	Corrections	Corrections		4427.2	80			439.83	5257.3	percent of total billed charges	
MR CARDIO MORPH W & W/O CONTRAST	75561	CPT	both			5534	505.8	First Health	First Health		3873.8	70			439.83	5257.3	percent of total billed charges	
MR CARDIO MORPH W & W/O CONTRAST	75561	CPT	both			5534	505.8	First Trenton	First Trenton		4980.6	90			439.83	5257.3	percent of total billed charges	
MR CARDIO MORPH W & W/O CONTRAST	75561	CPT	both			5534	505.8	Horizon	Medicare Blue		439.83				439.83	5257.3	other	
MR CARDIO MORPH W & W/O CONTRAST	75561	CPT	both			5534	505.8	Horizon	PPO		818.52				439.83	5257.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MR CARDIO MORPH W & W/O CONTRAST	75561	CPT	both			5534	505.8	Horizon	MGD		818.52				439.83	5257.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MR CARDIO MORPH W & W/O CONTRAST	75561	CPT	both			5534	505.8	Horizon	Indemnity		818.52				439.83	5257.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MR CARDIO MORPH W & W/O CONTRAST	75561	CPT	both			5534	505.8	Horizon	NJ Health		588				439.83	5257.3	fee schedule	
MR CARDIO MORPH W & W/O CONTRAST	75561	CPT	both			5534	505.8	Managed Care Inc	Managed Care Inc		4980.6	90			439.83	5257.3	percent of total billed charges	
MR CARDIO MORPH W & W/O CONTRAST	75561	CPT	both			5534	505.8	Multiplan	Multiplan		4427.2	80			439.83	5257.3	percent of total billed charges	
MR CARDIO MORPH W & W/O CONTRAST	75561	CPT	both			5534	505.8	Qualcare	Qualcare		4150.5	75			439.83	5257.3	percent of total billed charges	
MR CARDIO MORPH W & W/O CONTRAST	75561	CPT	both			5534	505.8	Three Rivers	Three Rivers		5257.3	95			439.83	5257.3	percent of total billed charges	
MR CARDIO MORPH W & W/O CONTRAST	75561	CPT	both			5534	505.8	UHC	Medicaid		1745.98	31.55			439.83	5257.3	percent of total billed charges	
MR CARDIO MORPH W & W/O CONTRAST	75561	CPT	both			5534	505.8	UHC	Medicare		439.83				439.83	5257.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MR CARDIO MORPH W & W/O CONTRAST	75561	CPT	both			5534	505.8	Wellcare	Medicaid		1745.98	31.55			439.83	5257.3	percent of total billed charges	
MR CARDIO MORPH W & W/O CONTRAST	75561	CPT	both			5534	505.8	Wellcare	Medicare		439.83				439.83	5257.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MR CARDIO MORPH W & W/O CONTRAST	75561	CPT	both			5534	505.8	WellPoint	WellPoint		1780.84	32.18			439.83	5257.3	percent of total billed charges	
MR CARDIO FLOW MAPPING	75565	CPT	both			5534		Aetna	Commercial		2102.92	38			86.97	5257.3	percent of total billed charges	
MR CARDIO FLOW MAPPING	75565	CPT	both			5534		Aetna	Better Health		1745.98	31.55			86.97	5257.3	percent of total billed charges	
MR CARDIO FLOW MAPPING	75565	CPT	both			5534		Aetna	Medicare		1704.47	30.8			86.97	5257.3	percent of total billed charges	
MR CARDIO FLOW MAPPING	75565	CPT	both			5534		Americare	Americare		4150.5	75			86.97	5257.3	percent of total billed charges	
MR CARDIO FLOW MAPPING	75565	CPT	both			5534		Amerihealth	HMO/PPO		3597.1	65			86.97	5257.3	percent of total billed charges	
MR CARDIO FLOW MAPPING	75565	CPT	both			5534		Consumer	Consumer		5257.3	95			86.97	5257.3	percent of total billed charges	
MR CARDIO FLOW MAPPING	75565	CPT	both			5534		Corrections	Corrections		4427.2	80			86.97	5257.3	percent of total billed charges	
MR CARDIO FLOW MAPPING	75565	CPT	both			5534		First Health	First Health		3873.8	70			86.97	5257.3	percent of total billed charges	
MR CARDIO FLOW MAPPING	75565	CPT	both			5534		First Trenton	First Trenton		4980.6	90			86.97	5257.3	percent of total billed charges	
MR CARDIO FLOW MAPPING	75565	CPT	both			5534		Horizon	MGD		2118.42	38.28			86.97	5257.3	percent of total billed charges	
MR CARDIO FLOW MAPPING	75565	CPT	both			5534		Horizon	PPO		2118.42	38.28			86.97	5257.3	percent of total billed charges	
MR CARDIO FLOW MAPPING	75565	CPT	both			5534		Horizon	Indemnity		2118.42	38.28			86.97	5257.3	percent of total billed charges	
MR CARDIO FLOW MAPPING	75565	CPT	both			5534		Horizon	Medicare Blue		1660.2	30			86.97	5257.3	percent of total billed charges	
MR CARDIO FLOW MAPPING	75565	CPT	both			5534		Horizon	NJ Health		86.97				86.97	5257.3	fee schedule	
MR CARDIO FLOW MAPPING	75565	CPT	both			5534		Managed Care Inc	Managed Care Inc		4980.6	90			86.97	5257.3	percent of total billed charges	
MR CARDIO FLOW MAPPING	75565	CPT	both			5534		Multiplan	Multiplan		4427.2	80			86.97	5257.3	percent of total billed charges	
MR CARDIO FLOW MAPPING	75565	CPT	both			5534		Qualcare	Qualcare		4150.5	75			86.97	5257.3	percent of total billed charges	
MR CARDIO FLOW MAPPING	75565	CPT	both			5534		Three Rivers	Three Rivers		5257.3	95			86.97	5257.3	percent of total billed charges	
MR CARDIO FLOW MAPPING	75565	CPT	both			5534		UHC	Medicaid		1745.98	31.55			86.97	5257.3	percent of total billed charges	
MR CARDIO FLOW MAPPING	75565	CPT	both			5534		Wellcare	Medicaid		1745.98	31.55			86.97	5257.3	percent of total billed charges	
MR CARDIO FLOW MAPPING	75565	CPT	both			5534		WellPoint	WellPoint		1780.84	32.18			86.97	5257.3	percent of total billed charges	
CT HEART W/O CONTRAST-CALCIUM SCORE	75571	CPT	both			110	119.52	Aetna	Commercial		165.46				34.71	193.41	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT HEART W/O CONTRAST-CALCIUM SCORE	75571	CPT	both			110	119.52	Aetna	Better Health		34.71	31.55			34.71	193.41	percent of total billed charges	
CT HEART W/O CONTRAST-CALCIUM SCORE	75571	CPT	both			110	119.52	Aetna	Medicare		103.93				34.71	193.41	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT HEART W/O CONTRAST-CALCIUM SCORE	75571	CPT	both			110	119.52	Americare	Americare		82.5	75			34.71	193.41	percent of total billed charges	
CT HEART W/O CONTRAST-CALCIUM SCORE	75571	CPT	both			110	119.52	Amerihealth	HMO/PPO		71.5	65			34.71	193.41	percent of total billed charges	
CT HEART W/O CONTRAST-CALCIUM SCORE	75571	CPT	both			110	119.52	Amerihealth	Medicare		103.93				34.71	193.41	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT HEART W/O CONTRAST-CALCIUM SCORE	75571	CPT	both			110	119.52	Consumer	Consumer		104.5	95			34.71	193.41	percent of total billed charges	
CT HEART W/O CONTRAST-CALCIUM SCORE	75571	CPT	both			110	119.52	Corrections	Corrections		88	80			34.71	193.41	percent of total billed charges	
CT HEART W/O CONTRAST-CALCIUM SCORE	75571	CPT	both			110	119.52	First Health	First Health		77	70			34.71	193.41	percent of total billed charges	
CT HEART W/O CONTRAST-CALCIUM SCORE	75571	CPT	both			110	119.52	First Trenton	First Trenton		99	90			34.71	193.41	percent of total billed charges	
CT HEART W/O CONTRAST-CALCIUM SCORE	75571	CPT	both			110	119.52	Horizon	Indemnity		193.41				34.71	193.41	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT HEART W/O CONTRAST-CALCIUM SCORE	75571	CPT	both			110	119.52	Horizon	MGD		193.41				34.71	193.41	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT HEART W/O CONTRAST-CALCIUM SCORE	75571	CPT	both			110	119.52	Horizon	Medicare Blue		103.93				34.71	193.41	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT HEART W/O CONTRAST-CALCIUM SCORE	75571	CPT	both			110	119.52	Horizon	NJ Health		83.28				34.71	193.41	fee schedule	
CT HEART W/O CONTRAST-CALCIUM SCORE	75571	CPT	both			110	119.52	Horizon	PPO		193.41				34.71	193.41	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT HEART W/O CONTRAST-CALCIUM SCORE	75571	CPT	both			110	119.52	Managed Care Inc	Managed Care Inc		99	90			34.71	193.41	percent of total billed charges	
CT HEART W/O CONTRAST-CALCIUM SCORE	75571	CPT	both			110	119.52	Multiplan	Multiplan		88	80			34.71	193.41	percent of total billed charges	
CT HEART W/O CONTRAST-CALCIUM SCORE	75571	CPT	both			110	119.52	Qualcare	Qualcare		82.5	75			34.71	193.41	percent of total billed charges	
CT HEART W/O CONTRAST-CALCIUM SCORE	75571	CPT	both			110	119.52	Three Rivers	Three Rivers		104.5	95			34.71	193.41	percent of total billed charges	
CT HEART W/O CONTRAST-CALCIUM SCORE	75571	CPT	both			110	119.52	UHC	Medicare		103.93				34.71	193.41	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT HEART W/O CONTRAST-CALCIUM SCORE	75571	CPT	both			110	119.52	UHC	Medicaid		34.71	31.55			34.71	193.41	percent of total billed charges	
CT HEART W/O CONTRAST-CALCIUM SCORE	75571	CPT	both			110	119.52	Wellcare	Medicare		103.93				34.71	193.41	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT HEART W/O CONTRAST-CALCIUM SCORE	75571	CPT	both			110	119.52	Wellcare	Medicaid		34.71	31.55			34.71	193.41	percent of total billed charges	
CT HEART W/O CONTRAST-CALCIUM SCORE	75571	CPT	both			110	119.52	WellPoint	WellPoint		35.4	32.18			34.71	193.41	percent of total billed charges	
CT HEART WITH CONTRAST TAVR	75572	CPT	both			1478	241.65	Aetna	Commercial		334.53				210.13	1404.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT HEART WITH CONTRAST TAVR	75572	CPT	both			1478	241.65	Aetna	Better Health		466.31	31.55			210.13	1404.1	percent of total billed charges	
CT HEART WITH CONTRAST TAVR	75572	CPT	both			1478	241.65	Aetna	Medicare		455.22	30.8			210.13	1404.1	percent of total billed charges	
CT HEART WITH CONTRAST TAVR	75572	CPT	both			1478	241.65	Americare	Americare		1108.5	75			210.13	1404.1	percent of total billed charges	
CT HEART WITH CONTRAST TAVR	75572	CPT	both			1478	241.65	Amerihealth	Medicare		210.13				210.13	1404.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT HEART WITH CONTRAST TAVR	75572	CPT	both			1478	241.65	Amerihealth	HMO/PPO		960.7	65			210.13	1404.1	percent of total billed charges	
CT HEART WITH CONTRAST TAVR	75572	CPT	both			1478	241.65	Consumer	Consumer		1404.1	95			210.13	1404.1	percent of total billed charges	
CT HEART WITH CONTRAST TAVR	75572	CPT	both			1478	241.65	Corrections	Corrections		1182.4	80			210.13	1404.1	percent of total billed charges	
CT HEART WITH CONTRAST TAVR	75572	CPT	both			1478	241.65	First Health	First Health		1034.6	70			210.13	1404.1	percent of total billed charges	
CT HEART WITH CONTRAST TAVR	75572	CPT	both			1478	241.65	First Trenton	First Trenton		1330.2	90			210.13	1404.1	percent of total billed charges	
CT HEART WITH CONTRAST TAVR	75572	CPT	both			1478	241.65	Horizon	MGD		391.05				210.13	1404.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT HEART WITH CONTRAST TAVR	75572	CPT	both			1478	241.65	Horizon	Indemnity		391.05				210.13	1404.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT HEART WITH CONTRAST TAVR	75572	CPT	both			1478	241.65	Horizon	NJ Health		244.63				210.13	1404.1	fee schedule	
CT HEART WITH CONTRAST TAVR	75572	CPT	both			1478	241.65	Horizon	Medicare Blue		210.13				210.13	1404.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT HEART WITH CONTRAST TAVR	75572	CPT	both			1478	241.65	Horizon	PPO		391.05				210.13	1404.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT HEART WITH CONTRAST TAVR	75572	CPT	both			1478	241.65	Managed Care Inc	Managed Care Inc		1330.2	90			210.13	1404.1	percent of total billed charges	
CT HEART WITH CONTRAST TAVR	75572	CPT	both			1478	241.65	Multiplan	Multiplan		1182.4	80			210.13	1404.1	percent of total billed charges	
CT HEART WITH CONTRAST TAVR	75572	CPT	both			1478	241.65	Qualcare	Qualcare		1108.5	75			210.13	1404.1	percent of total billed charges	
CT HEART WITH CONTRAST TAVR	75572	CPT	both			1478	241.65	Three Rivers	Three Rivers		1404.1	95			210.13	1404.1	percent of total billed charges	
CT HEART WITH CONTRAST TAVR	75572	CPT	both			1478	241.65	UHC	Medicare		210.13				210.13	1404.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT HEART WITH CONTRAST TAVR	75572	CPT	both			1478	241.65	UHC	Medicaid		466.31	31.55			210.13	1404.1	percent of total billed charges	
CT HEART WITH CONTRAST TAVR	75572	CPT	both			1478	241.65	Wellcare	Medicare		210.13				210.13	1404.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT HEART WITH CONTRAST TAVR	75572	CPT	both			1478	241.65	Wellcare	Medicaid		466.31	31.55			210.13	1404.1	percent of total billed charges	
CT HEART WITH CONTRAST TAVR	75572	CPT	both			1478	241.65	WellPoint	WellPoint		475.62	32.18			210.13	1404.1	percent of total billed charges	
CT HEART W/CONTRAST-CONGEN HEART	75573	CPT	outpatient			1478	241.65	Aetna	Better Health		466.31	31.55			210.13	1404.1	percent of total billed charges	
CT HEART W/CONTRAST-CONGEN HEART	75573	CPT	outpatient			1478	241.65	Aetna	Commercial		334.53				210.13	1404.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT HEART W/CONTRAST-CONGEN HEART	75573	CPT	outpatient			1478	241.65	Aetna	Medicare		210.13				210.13	1404.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT HEART W/CONTRAST-CONGEN HEART	75573	CPT	outpatient			1478	241.65	Americare	Americare		1108.5	75			210.13	1404.1	percent of total billed charges	
CT HEART W/CONTRAST-CONGEN HEART	75573	CPT	outpatient			1478	241.65	Amerihealth	HMO/PPO		960.7	65			210.13	1404.1	percent of total billed charges	
CT HEART W/CONTRAST-CONGEN HEART	75573	CPT	outpatient			1478	241.65	Amerihealth	Medicare		210.13				210.13	1404.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT HEART W/CONTRAST-CONGEN HEART	75573	CPT	outpatient			1478	241.65	Consumer	Consumer		1404.1	95			210.13	1404.1	percent of total billed charges	
CT HEART W/CONTRAST-CONGEN HEART	75573	CPT	outpatient			1478	241.65	Corrections	Corrections		1182.4	80			210.13	1404.1	percent of total billed charges	
CT HEART W/CONTRAST-CONGEN HEART	75573	CPT	outpatient			1478	241.65	First Health	First Health		1034.6	70			210.13	1404.1	percent of total billed charges	
CT HEART W/CONTRAST-CONGEN HEART	75573	CPT	outpatient			1478	241.65	First Trenton	First Trenton		1330.2	90			210.13	1404.1	percent of total billed charges	
CT HEART W/CONTRAST-CONGEN HEART	75573	CPT	outpatient			1478	241.65	Horizon	Indemnity		391.05				210.13	1404.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT HEART W/CONTRAST-CONGEN HEART	75573	CPT	outpatient			1478	241.65	Horizon	MGD		391.05				210.13	1404.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT HEART W/CONTRAST-CONGEN HEART	75573	CPT	outpatient			1478	241.65	Horizon	NJ Health		347.35				210.13	1404.1	fee schedule	
CT HEART W/CONTRAST-CONGEN HEART	75573	CPT	outpatient			1478	241.65	Horizon	Medicare Blue		210.13				210.13	1404.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT HEART W/CONTRAST-CONGEN HEART	75573	CPT	outpatient			1478	241.65	Horizon	PPO		391.05				210.13	1404.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT HEART W/CONTRAST-CONGEN HEART	75573	CPT	outpatient			1478	241.65	Managed Care Inc	Managed Care Inc		1330.2	90			210.13	1404.1	percent of total billed charges	
CT HEART W/CONTRAST-CONGEN HEART	75573	CPT	outpatient			1478	241.65	Multiplan	Multiplan		1182.4	80			210.13	1404.1	percent of total billed charges	
CT HEART W/CONTRAST-CONGEN HEART	75573	CPT	outpatient			1478	241.65	Qualcare	Qualcare		1108.5	75			210.13	1404.1	percent of total billed charges	
CT HEART W/CONTRAST-CONGEN HEART	75573	CPT	outpatient			1478	241.65	Three Rivers	Three Rivers		1404.1	95			210.13	1404.1	percent of total billed charges	
CT HEART W/CONTRAST-CONGEN HEART	75573	CPT	outpatient			1478	241.65	UHC	Medicaid		466.31	31.55			210.13	1404.1	percent of total billed charges	
CT HEART W/CONTRAST-CONGEN HEART	75573	CPT	outpatient			1478	241.65	UHC	Medicare		210.13				210.13	1404.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT HEART W/CONTRAST-CONGEN HEART	75573	CPT	outpatient			1478	241.65	Wellcare	Medicaid		466.31	31.55			210.13	1404.1	percent of total billed charges	
CT HEART W/CONTRAST-CONGEN HEART	75573	CPT	outpatient			1478	241.65	Wellcare	Medicare		210.13				210.13	1404.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT HEART W/CONTRAST-CONGEN HEART	75573	CPT	outpatient			1478	241.65	WellPoint	WellPoint		475.62	32.18			210.13	1404.1	percent of total billed charges	
CT HEART W/CONTRAST-CAD	75574	CPT	both			1478	241.65	Aetna	Medicare		210.13				210.13	1404.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT HEART W/CONTRAST-CAD	75574	CPT	both			1478	241.65	Aetna	Better Health		466.31	31.55			210.13	1404.1	percent of total billed charges	
CT HEART W/CONTRAST-CAD	75574	CPT	both			1478	241.65	Aetna	Commercial		334.53				210.13	1404.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT HEART W/CONTRAST-CAD	75574	CPT	both			1478	241.65	Americare	Americare		1108.5	75			210.13	1404.1	percent of total billed charges	
CT HEART W/CONTRAST-CAD	75574	CPT	both			1478	241.65	Amerihealth	HMO/PPO		960.7	65			210.13	1404.1	percent of total billed charges	
CT HEART W/CONTRAST-CAD	75574	CPT	both			1478	241.65	Amerihealth	Medicare		210.13				210.13	1404.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT HEART W/CONTRAST-CAD	75574	CPT	both			1478	241.65	Consumer	Consumer		1404.1	95			210.13	1404.1	percent of total billed charges	
CT HEART W/CONTRAST-CAD	75574	CPT	both			1478	241.65	Corrections	Corrections		1182.4	80			210.13	1404.1	percent of total billed charges	
CT HEART W/CONTRAST-CAD	75574	CPT	both			1478	241.65	First Health	First Health		1034.6	70			210.13	1404.1	percent of total billed charges	
CT HEART W/CONTRAST-CAD	75574	CPT	both			1478	241.65	First Trenton	First Trenton		1330.2	90			210.13	1404.1	percent of total billed charges	
CT HEART W/CONTRAST-CAD	75574	CPT	both			1478	241.65	Horizon	MGD		391.05				210.13	1404.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT HEART W/CONTRAST-CAD	75574	CPT	both			1478	241.65	Horizon	Indemnity		391.05				210.13	1404.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT HEART W/CONTRAST-CAD	75574	CPT	both			1478	241.65	Horizon	PPO		391.05				210.13	1404.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT HEART W/CONTRAST-CAD	75574	CPT	both			1478	241.65	Horizon	Medicare Blue		210.13				210.13	1404.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT HEART W/CONTRAST-CAD	75574	CPT	both			1478	241.65	Horizon	NJ Health		546.82				210.13	1404.1	fee schedule	
CT HEART W/CONTRAST-CAD	75574	CPT	both			1478	241.65	Managed Care Inc	Managed Care Inc		1330.2	90			210.13	1404.1	percent of total billed charges	
CT HEART W/CONTRAST-CAD	75574	CPT	both			1478	241.65	Multiplan	Multiplan		1182.4	80			210.13	1404.1	percent of total billed charges	
CT HEART W/CONTRAST-CAD	75574	CPT	both			1478	241.65	Qualcare	Qualcare		1108.5	75			210.13	1404.1	percent of total billed charges	
CT HEART W/CONTRAST-CAD	75574	CPT	both			1478	241.65	Three Rivers	Three Rivers		1404.1	95			210.13	1404.1	percent of total billed charges	
CT HEART W/CONTRAST-CAD	75574	CPT	both			1478	241.65	UHC	Medicaid		466.31	31.55			210.13	1404.1	percent of total billed charges	
CT HEART W/CONTRAST-CAD	75574	CPT	both			1478	241.65	UHC	Medicare		210.13				210.13	1404.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT HEART W/CONTRAST-CAD	75574	CPT	both			1478	241.65	Wellcare	Medicaid		466.31	31.55			210.13	1404.1	percent of total billed charges	
CT HEART W/CONTRAST-CAD	75574	CPT	both			1478	241.65	Wellcare	Medicare		210.13				210.13	1404.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT HEART W/CONTRAST-CAD	75574	CPT	both			1478	241.65	WellPoint	WellPoint		475.62	32.18			210.13	1404.1	percent of total billed charges	
AORTIC ARCH	75600	CPT	outpatient			7453	4192.26	Aetna	Commercial		5803.54				156.41	7080.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AORTIC ARCH	75600	CPT	outpatient			7453	4192.26	Aetna	Medicare		3645.44				156.41	7080.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AORTIC ARCH	75600	CPT	outpatient			7453	4192.26	Aetna	Better Health		2351.42	31.55			156.41	7080.35	percent of total billed charges	
AORTIC ARCH	75600	CPT	outpatient			7453	4192.26	Americare	Americare		5589.75	75			156.41	7080.35	percent of total billed charges	
AORTIC ARCH	75600	CPT	outpatient			7453	4192.26	Amerihealth	Medicare		3645.44				156.41	7080.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
AORTIC ARCH	75600	CPT	outpatient			7453		4192.26 Amerihealth	HMO/PPO		4844.45	65			156.41	7080.35	percent of total billed charges	
AORTIC ARCH	75600	CPT	outpatient			7453		4192.26 Consumer	Consumer		7080.35	95			156.41	7080.35	percent of total billed charges	
AORTIC ARCH	75600	CPT	outpatient			7453		4192.26 Corrections	Corrections		5962.4	80			156.41	7080.35	percent of total billed charges	
AORTIC ARCH	75600	CPT	outpatient			7453		4192.26 First Health	First Health		5217.1	70			156.41	7080.35	percent of total billed charges	
AORTIC ARCH	75600	CPT	outpatient			7453		4192.26 First Trenton	First Trenton		6707.7	90			156.41	7080.35	percent of total billed charges	
AORTIC ARCH	75600	CPT	outpatient			7453		4192.26 Horizon	Medicare Blue		3645.44				156.41	7080.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AORTIC ARCH	75600	CPT	outpatient			7453		4192.26 Horizon	NJ Health		156.41				156.41	7080.35	fee schedule	
AORTIC ARCH	75600	CPT	outpatient			7453		4192.26 Horizon	Indemnity		6784.16				156.41	7080.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AORTIC ARCH	75600	CPT	outpatient			7453		4192.26 Horizon	MGD		6784.16				156.41	7080.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AORTIC ARCH	75600	CPT	outpatient			7453		4192.26 Horizon	PPO		6784.16				156.41	7080.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AORTIC ARCH	75600	CPT	outpatient			7453		4192.26 Managed Care Inc	Managed Care Inc		6707.7	90			156.41	7080.35	percent of total billed charges	
AORTIC ARCH	75600	CPT	outpatient			7453		4192.26 Multiplan	Multiplan		5962.4	80			156.41	7080.35	percent of total billed charges	
AORTIC ARCH	75600	CPT	outpatient			7453		4192.26 Qualcare	Qualcare		5589.75	75			156.41	7080.35	percent of total billed charges	
AORTIC ARCH	75600	CPT	outpatient			7453		4192.26 Three Rivers	Three Rivers		7080.35	95			156.41	7080.35	percent of total billed charges	
AORTIC ARCH	75600	CPT	outpatient			7453		4192.26 UHC	Medicaid		2351.42	31.55			156.41	7080.35	percent of total billed charges	
AORTIC ARCH	75600	CPT	outpatient			7453		4192.26 UHC	Medicare		3645.44				156.41	7080.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AORTIC ARCH	75600	CPT	outpatient			7453		4192.26 Wellcare	Medicaid		2351.42	31.55			156.41	7080.35	percent of total billed charges	
AORTIC ARCH	75600	CPT	outpatient			7453		4192.26 Wellcare	Medicare		3645.44				156.41	7080.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AORTIC ARCH	75600	CPT	outpatient			7453		4192.26 WellPoint	WellPoint		2396.38	32.18			156.41	7080.35	percent of total billed charges	
SUPERVISION OF 36200(THORACIC AO)	75605	CPT	both			11230		7227.61 Aetna	Better Health		3543.07	31.55			280.93	11696.16	percent of total billed charges	
SUPERVISION OF 36200(THORACIC AO)	75605	CPT	both			11230		7227.61 Aetna	Medicare		3458.84	30.8			280.93	11696.16	percent of total billed charges	
SUPERVISION OF 36200(THORACIC AO)	75605	CPT	both			11230		7227.61 Aetna	Commercial		10005.53				280.93	11696.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUPERVISION OF 36200(THORACIC AO)	75605	CPT	both			11230		7227.61 Americare	Americare		8422.5	75			280.93	11696.16	percent of total billed charges	
SUPERVISION OF 36200(THORACIC AO)	75605	CPT	both			11230		7227.61 Amerihealth	HMO/PPO		7299.5	65			280.93	11696.16	percent of total billed charges	
SUPERVISION OF 36200(THORACIC AO)	75605	CPT	both			11230		7227.61 Amerihealth	Medicare		6284.88				280.93	11696.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUPERVISION OF 36200(THORACIC AO)	75605	CPT	both			11230		7227.61 Consumer	Consumer		10668.5	95			280.93	11696.16	percent of total billed charges	
SUPERVISION OF 36200(THORACIC AO)	75605	CPT	both			11230		7227.61 Corrections	Corrections		8984	80			280.93	11696.16	percent of total billed charges	
SUPERVISION OF 36200(THORACIC AO)	75605	CPT	both			11230		7227.61 First Health	First Health		7861	70			280.93	11696.16	percent of total billed charges	
SUPERVISION OF 36200(THORACIC AO)	75605	CPT	both			11230		7227.61 First Trenton	First Trenton		10107	90			280.93	11696.16	percent of total billed charges	
SUPERVISION OF 36200(THORACIC AO)	75605	CPT	both			11230		7227.61 Horizon	PPO		11696.16				280.93	11696.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUPERVISION OF 36200(THORACIC AO)	75605	CPT	both			11230		7227.61 Horizon	MGD		11696.16				280.93	11696.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUPERVISION OF 36200(THORACIC AO)	75605	CPT	both			11230		7227.61 Horizon	Medicare Blue		6284.88				280.93	11696.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUPERVISION OF 36200(THORACIC AO)	75605	CPT	both			11230		7227.61 Horizon	NJ Health		280.93				280.93	11696.16	fee schedule	
SUPERVISION OF 36200(THORACIC AO)	75605	CPT	both			11230		7227.61 Horizon	Indemnity		11696.16				280.93	11696.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUPERVISION OF 36200(THORACIC AO)	75605	CPT	both			11230		7227.61 Managed Care Inc	Managed Care Inc		10107	90			280.93	11696.16	percent of total billed charges	
SUPERVISION OF 36200(THORACIC AO)	75605	CPT	both			11230		7227.61 Multiplan	Multiplan		8984	80			280.93	11696.16	percent of total billed charges	
SUPERVISION OF 36200(THORACIC AO)	75605	CPT	both			11230		7227.61 Qualcare	Qualcare		8422.5	75			280.93	11696.16	percent of total billed charges	
SUPERVISION OF 36200(THORACIC AO)	75605	CPT	both			11230		7227.61 Three Rivers	Three Rivers		10668.5	95			280.93	11696.16	percent of total billed charges	
SUPERVISION OF 36200(THORACIC AO)	75605	CPT	both			11230		7227.61 UHC	Medicaid		3543.07	31.55			280.93	11696.16	percent of total billed charges	
SUPERVISION OF 36200(THORACIC AO)	75605	CPT	both			11230		7227.61 UHC	Medicare		6284.88				280.93	11696.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUPERVISION OF 36200(THORACIC AO)	75605	CPT	both			11230		7227.61 Wellcare	Medicare		6284.88				280.93	11696.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUPERVISION OF 36200(THORACIC AO)	75605	CPT	both			11230		7227.61 Wellcare	Medicaid		3543.07	31.55			280.93	11696.16	percent of total billed charges	
SUPERVISION OF 36200(THORACIC AO)	75605	CPT	both			11230		7227.61 WellPoint	WellPoint		3613.81	32.18			280.93	11696.16	percent of total billed charges	
SUPERVISION OF 36200 (ABD AO CATH)	75625	CPT	inpatient			7743		4192.26 Aetna	Better Health		2442.92	31.55			296.35	7355.85	percent of total billed charges	
SUPERVISION OF 36200 (ABD AO CATH)	75625	CPT	inpatient			7743		4192.26 Aetna	Commercial		5803.54				296.35	7355.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUPERVISION OF 36200 (ABD AO CATH)	75625	CPT	inpatient			7743		4192.26 Aetna	Medicare		3645.44				296.35	7355.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUPERVISION OF 36200 (ABD AO CATH)	75625	CPT	inpatient			7743		4192.26 Americare	Americare		5807.25	75			296.35	7355.85	percent of total billed charges	
SUPERVISION OF 36200 (ABD AO CATH)	75625	CPT	inpatient			7743		4192.26 Amerihealth	HMO/PPO		5032.95	65			296.35	7355.85	percent of total billed charges	
SUPERVISION OF 36200 (ABD AO CATH)	75625	CPT	inpatient			7743		4192.26 Amerihealth	Medicare		3645.44				296.35	7355.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUPERVISION OF 36200 (ABD AO CATH)	75625	CPT	inpatient			7743		4192.26 Consumer	Consumer		7355.85	95			296.35	7355.85	percent of total billed charges	
SUPERVISION OF 36200 (ABD AO CATH)	75625	CPT	inpatient			7743		4192.26 Corrections	Corrections		6194.4	80			296.35	7355.85	percent of total billed charges	
SUPERVISION OF 36200 (ABD AO CATH)	75625	CPT	inpatient			7743		4192.26 First Health	First Health		5420.1	70			296.35	7355.85	percent of total billed charges	
SUPERVISION OF 36200 (ABD AO CATH)	75625	CPT	inpatient			7743		4192.26 First Trenton	First Trenton		6968.7	90			296.35	7355.85	percent of total billed charges	
SUPERVISION OF 36200 (ABD AO CATH)	75625	CPT	inpatient			7743		4192.26 Horizon	MGD		6784.16				296.35	7355.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUPERVISION OF 36200 (ABD AO CATH)	75625	CPT	inpatient			7743		4192.26 Horizon	Indemnity		6784.16				296.35	7355.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUPERVISION OF 36200 (ABD AO CATH)	75625	CPT	inpatient			7743		4192.26 Horizon	NJ Health		296.35				296.35	7355.85	fee schedule	
SUPERVISION OF 36200 (ABD AO CATH)	75625	CPT	inpatient			7743		4192.26 Horizon	PPO		6784.16				296.35	7355.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUPERVISION OF 36200 (ABD AO CATH)	75625	CPT	inpatient			7743		4192.26 Horizon	Medicare Blue		3645.44				296.35	7355.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUPERVISION OF 36200 (ABD AO CATH)	75625	CPT	inpatient			7743		4192.26 Managed Care Inc	Managed Care Inc		6968.7	90			296.35	7355.85	percent of total billed charges	
SUPERVISION OF 36200 (ABD AO CATH)	75625	CPT	inpatient			7743		4192.26 Multiplan	Multiplan		6194.4	80			296.35	7355.85	percent of total billed charges	
SUPERVISION OF 36200 (ABD AO CATH)	75625	CPT	inpatient			7743		4192.26 Qualcare	Qualcare		5807.25	75			296.35	7355.85	percent of total billed charges	
SUPERVISION OF 36200 (ABD AO CATH)	75625	CPT	inpatient			7743		4192.26 Three Rivers	Three Rivers		7355.85	95			296.35	7355.85	percent of total billed charges	
SUPERVISION OF 36200 (ABD AO CATH)	75625	CPT	inpatient			7743		4192.26 UHC	Medicare		3645.44				296.35	7355.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUPERVISION OF 36200 (ABD AO CATH)	75625	CPT	inpatient			7743		4192.26 UHC	Medicaid		2442.92	31.55			296.35	7355.85	percent of total billed charges	
SUPERVISION OF 36200 (ABD AO CATH)	75625	CPT	inpatient			7743		4192.26 Wellcare	Medicare		3645.44				296.35	7355.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUPERVISION OF 36200 (ABD AO CATH)	75625	CPT	inpatient			7743		4192.26 Wellcare	Medicaid		2442.92	31.55			296.35	7355.85	percent of total billed charges	
SUPERVISION OF 36200 (ABD AO CATH)	75625	CPT	inpatient			7743		4192.26 WellPoint	WellPoint		2491.7	32.18			296.35	7355.85	percent of total billed charges	
TBA PERCUTANEOUS VENOUS	75630	CPT	both			11230		4192.26 Aetna	Commercial		5803.54				171.5	10668.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TBA PERCUTANEOUS VENOUS	75630	CPT	both			11230		4192.26 Aetna	Better Health		3543.07	31.55			171.5	10668.5	percent of total billed charges	
TBA PERCUTANEOUS VENOUS	75630	CPT	both			11230		4192.26 Aetna	Medicare		3645.44				171.5	10668.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TBA PERCUTANEOUS VENOUS	75630	CPT	both			11230		4192.26 Americare	Americare		8422.5	75			171.5	10668.5	percent of total billed charges	
TBA PERCUTANEOUS VENOUS	75630	CPT	both			11230		4192.26 Amerihealth	HMO/PPO		7299.5	65			171.5	10668.5	percent of total billed charges	
TBA PERCUTANEOUS VENOUS	75630	CPT	both			11230		4192.26 Amerihealth	Medicare		3645.44				171.5	10668.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TBA PERCUTANEOUS VENOUS	75630	CPT	both			11230		4192.26 Consumer	Consumer		10668.5	95			171.5	10668.5	percent of total billed charges	
TBA PERCUTANEOUS VENOUS	75630	CPT	both			11230		4192.26 Corrections	Corrections		8984	80			171.5	10668.5	percent of total billed charges	
TBA PERCUTANEOUS VENOUS	75630	CPT	both			11230		4192.26 First Health	First Health		7861	70			171.5	10668.5	percent of total billed charges	
TBA PERCUTANEOUS VENOUS	75630	CPT	both			11230		4192.26 First Trenton	First Trenton		10107	90			171.5	10668.5	percent of total billed charges	
TBA PERCUTANEOUS VENOUS	75630	CPT	both			11230		4192.26 Horizon	PPO		6784.16				171.5	10668.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TBA PERCUTANEOUS VENOUS	75630	CPT	both			11230		4192.26 Horizon	Indemnity		6784.16				171.5	10668.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TBA PERCUTANEOUS VENOUS	75630	CPT	both			11230		4192.26 Horizon	Medicare Blue		3645.44				171.5	10668.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TBA PERCUTANEOUS VENOUS	75630	CPT	both			11230		4192.26 Horizon	MGD		6784.16				171.5	10668.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TBA PERCUTANEOUS VENOUS	75630	CPT	both			11230		4192.26 Horizon	NJ Health		171.5				171.5	10668.5	fee schedule	
TBA PERCUTANEOUS VENOUS	75630	CPT	both			11230		4192.26 Managed Care Inc	Managed Care Inc		10107	90			171.5	10668.5	percent of total billed charges	
TBA PERCUTANEOUS VENOUS	75630	CPT	both			11230		4192.26 Multiplan	Multiplan		8984	80			171.5	10668.5	percent of total billed charges	
TBA PERCUTANEOUS VENOUS	75630	CPT	both			11230		4192.26 Qualcare	Qualcare		8422.5	75			171.5	10668.5	percent of total billed charges	
TBA PERCUTANEOUS VENOUS	75630	CPT	both			11230		4192.26 Three Rivers	Three Rivers		10668.5	95			171.5	10668.5	percent of total billed charges	
TBA PERCUTANEOUS VENOUS	75630	CPT	both			11230		4192.26 UHC	Medicaid		3543.07	31.55			171.5	10668.5	percent of total billed charges	
TBA PERCUTANEOUS VENOUS	75630	CPT	both			11230		4192.26 UHC	Medicare		3645.44				171.5	10668.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TBA PERCUTANEOUS VENOUS	75630	CPT	both			11230		4192.26 Wellcare	Medicare		3645.44				171.5	10668.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TBA PERCUTANEOUS VENOUS	75630	CPT	both			11230		4192.26 Wellcare	Medicaid		3543.07	31.55			171.5	10668.5	percent of total billed charges	
TBA PERCUTANEOUS VENOUS	75630	CPT	both			11230		4192.26 WellPoint	WellPoint		3613.81	32.18			171.5	10668.5	percent of total billed charges	
CT ANGIO LOWER EXT (PELVIC BIFRUCT TO	75635	CPT	both			1373		241.65 Aetna	Better Health		433.18	31.55			210.13	1304.35	percent of total billed charges	
CT ANGIO LOWER EXT (PELVIC BIFRUCT TO	75635	CPT	both			1373		241.65 Aetna	Medicare		422.88	30.8			210.13	1304.35	percent of total billed charges	
CT ANGIO LOWER EXT (PELVIC BIFRUCT TO	75635	CPT	both			1373		241.65 Aetna	Commercial		334.53				210.13	1304.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ANGIO LOWER EXT (PELVIC BIFRUCT TO	75635	CPT	both			1373		241.65 Americare	Americare		1029.75	75			210.13	1304.35	percent of total billed charges	
CT ANGIO LOWER EXT (PELVIC BIFRUCT TO	75635	CPT	both			1373		241.65 Amerihealth	HMO/PPO		892.45	65			210.13	1304.35	percent of total billed charges	
CT ANGIO LOWER EXT (PELVIC BIFRUCT TO	75635	CPT	both			1373		241.65 Amerihealth	Medicare		210.13				210.13	1304.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ANGIO LOWER EXT (PELVIC BIFRUCT TO	75635	CPT	both			1373		241.65 Consumer	Consumer		1304.35	95			210.13	1304.35	percent of total billed charges	
CT ANGIO LOWER EXT (PELVIC BIFRUCT TO	75635	CPT	both			1373		241.65 Corrections	Corrections		1098.4	80			210.13	1304.35	percent of total billed charges	
CT ANGIO LOWER EXT (PELVIC BIFRUCT TO	75635	CPT	both			1373		241.65 First Health	First Health		961.1	70			210.13	1304.35	percent of total billed charges	
CT ANGIO LOWER EXT (PELVIC BIFRUCT TO	75635	CPT	both			1373		241.65 First Trenton	First Trenton		1235.7	90			210.13	1304.35	percent of total billed charges	
CT ANGIO LOWER EXT (PELVIC BIFRUCT TO	75635	CPT	both			1373		241.65 Horizon	NJ Health		360.64				210.13	1304.35	fee schedule	
CT ANGIO LOWER EXT (PELVIC BIFRUCT TO	75635	CPT	both			1373		241.65 Horizon	Indemnity		391.05				210.13	1304.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ANGIO LOWER EXT (PELVIC BIFRUCT TO	75635	CPT	both			1373		241.65 Horizon	Medicare Blue		210.13				210.13	1304.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ANGIO LOWER EXT (PELVIC BIFRUCT TO	75635	CPT	both			1373		241.65 Horizon	MGD		391.05				210.13	1304.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ANGIO LOWER EXT (PELVIC BIFRUCT TO	75635	CPT	both			1373		241.65 Horizon	PPO		391.05				210.13	1304.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ANGIO LOWER EXT (PELVIC BIFRUCT TO	75635	CPT	both			1373		241.65 Managed Care Inc	Managed Care Inc		1235.7	90			210.13	1304.35	percent of total billed charges	
CT ANGIO LOWER EXT (PELVIC BIFRUCT TO	75635	CPT	both			1373		241.65 Multiplan	Multiplan		1098.4	80			210.13	1304.35	percent of total billed charges	
CT ANGIO LOWER EXT (PELVIC BIFRUCT TO	75635	CPT	both			1373		241.65 Qualcare	Qualcare		1029.75	75			210.13	1304.35	percent of total billed charges	
CT ANGIO LOWER EXT (PELVIC BIFRUCT TO	75635	CPT	both			1373		241.65 Three Rivers	Three Rivers		1304.35	95			210.13	1304.35	percent of total billed charges	
CT ANGIO LOWER EXT (PELVIC BIFRUCT TO	75635	CPT	both			1373		241.65 UHC	Medicaid		433.18	31.55			210.13	1304.35	percent of total billed charges	
CT ANGIO LOWER EXT (PELVIC BIFRUCT TO	75635	CPT	both			1373		241.65 UHC	Medicare		210.13				210.13	1304.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ANGIO LOWER EXT (PELVIC BIFRUCT TO	75635	CPT	both			1373		241.65 Wellcare	Medicare		210.13				210.13	1304.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ANGIO LOWER EXT (PELVIC BIFRUCT TO	75635	CPT	both			1373		241.65 Wellcare	Medicaid		433.18	31.55			210.13	1304.35	percent of total billed charges	
CT ANGIO LOWER EXT (PELVIC BIFRUCT TO	75635	CPT	both			1373		241.65 WellPoint	WellPoint		441.83	32.18			210.13	1304.35	percent of total billed charges	
ANGIO,SPINAL,SELECTIVE	75705	CPT	both			6839		7227.61 Aetna	Medicare		6284.88				349.08	11696.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIO,SPINAL,SELECTIVE	75705	CPT	both			6839		7227.61 Aetna	Better Health		2157.7	31.55			349.08	11696.16	percent of total billed charges	
ANGIO,SPINAL,SELECTIVE	75705	CPT	both			6839		7227.61 Aetna	Commercial		10005.53				349.08	11696.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIO,SPINAL,SELECTIVE	75705	CPT	both			6839		7227.61 Americare	Americare		5129.25	75			349.08	11696.16	percent of total billed charges	
ANGIO,SPINAL,SELECTIVE	75705	CPT	both			6839		7227.61 Amerihealth	Medicare		6284.88				349.08	11696.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIO,SPINAL,SELECTIVE	75705	CPT	both			6839		7227.61 Amerihealth	HMO/PPO		4445.35	65			349.08	11696.16	percent of total billed charges	
ANGIO,SPINAL,SELECTIVE	75705	CPT	both			6839		7227.61 Consumer	Consumer		6497.05	95			349.08	11696.16	percent of total billed charges	
ANGIO,SPINAL,SELECTIVE	75705	CPT	both			6839		7227.61 Corrections	Corrections		5471.2	80			349.08	11696.16	percent of total billed charges	
ANGIO,SPINAL,SELECTIVE	75705	CPT	both			6839		7227.61 First Health	First Health		4787.3	70			349.08	11696.16	percent of total billed charges	
ANGIO,SPINAL,SELECTIVE	75705	CPT	both			6839		7227.61 First Trenton	First Trenton		6155.1	90			349.08	11696.16	percent of total billed charges	
ANGIO,SPINAL,SELECTIVE	75705	CPT	both			6839		7227.61 Horizon	Indemnity		11696.16				349.08	11696.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIO,SPINAL,SELECTIVE	75705	CPT	both			6839		7227.61 Horizon	Medicare Blue		6284.88				349.08	11696.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIO,SPINAL,SELECTIVE	75705	CPT	both			6839		7227.61 Horizon	MGD		11696.16				349.08	11696.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIO,SPINAL,SELECTIVE	75705	CPT	both			6839		7227.61 Horizon	PPO		11696.16				349.08	11696.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIO,SPINAL,SELECTIVE	75705	CPT	both			6839		7227.61 Horizon	NJ Health		349.08				349.08	11696.16	fee schedule	
ANGIO,SPINAL,SELECTIVE	75705	CPT	both			6839		7227.61 Managed Care Inc	Managed Care Inc		6155.1	90			349.08	11696.16	percent of total billed charges	
ANGIO,SPINAL,SELECTIVE	75705	CPT	both			6839		7227.61 Multiplan	Multiplan		5471.2	80			349.08	11696.16	percent of total billed charges	
ANGIO,SPINAL,SELECTIVE	75705	CPT	both			6839		7227.61 Qualcare	Qualcare		5129.25	75			349.08	11696.16	percent of total billed charges	
ANGIO,SPINAL,SELECTIVE	75705	CPT	both			6839		7227.61 Three Rivers	Three Rivers		6497.05	95			349.08	11696.16	percent of total billed charges	
ANGIO,SPINAL,SELECTIVE	75705	CPT	both			6839		7227.61 UHC	Medicaid		2157.7	31.55			349.08	11696.16	percent of total billed charges	
ANGIO,SPINAL,SELECTIVE	75705	CPT	both			6839		7227.61 UHC	Medicare		6284.88				349.08	11696.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIO,SPINAL,SELECTIVE	75705	CPT	both			6839		7227.61 Wellcare	Medicare		6284.88				349.08	11696.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIO,SPINAL,SELECTIVE	75705	CPT	both			6839		7227.61 Wellcare	Medicaid		2157.7	31.55			349.08	11696.16	percent of total billed charges	
ANGIO,SPINAL,SELECTIVE	75705	CPT	both			6839		7227.61 WellPoint	WellPoint		2200.79	32.18			349.08	11696.16	percent of total billed charges	
SUPERVISION OF ANGIOGRAM OF LOWER EXTRE	75710	CPT	both			11230		4192.26 Aetna	Commercial		5803.54				148.18	10668.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUPERVISION OF ANGIOGRAM OF LOWER EXTRE	75710	CPT	both			11230		4192.26 Aetna	Medicare		3645.44				148.18	10668.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUPERVISION OF ANGIOGRAM OF LOWER EXTRE	75710	CPT	both			11230		4192.26 Aetna	Better Health		3543.07	31.55			148.18	10668.5	percent of total billed charges	
SUPERVISION OF ANGIOGRAM OF LOWER EXTRE	75710	CPT	both			11230		4192.26 Americare	Americare		8422.5	75			148.18	10668.5	percent of total billed charges	
SUPERVISION OF ANGIOGRAM OF LOWER EXTRE	75710	CPT	both			11230		4192.26 Amerihealth	Medicare		3645.44				148.18	10668.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUPERVISION OF ANGIOGRAM OF LOWER EXTRE	75710	CPT	both			11230		4192.26 Amerihealth	HMO/PPO		7299.5	65			148.18	10668.5	percent of total billed charges	
SUPERVISION OF ANGIOGRAM OF LOWER EXTRE	75710	CPT	both			11230		4192.26 Consumer	Consumer		10668.5	95			148.18	10668.5	percent of total billed charges	
SUPERVISION OF ANGIOGRAM OF LOWER EXTRE	75710	CPT	both			11230		4192.26 Corrections	Corrections		8984	80			148.18	10668.5	percent of total billed charges	
SUPERVISION OF ANGIOGRAM OF LOWER EXTRE	75710	CPT	both			11230		4192.26 First Health	First Health		7861	70			148.18	10668.5	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
SUPERVISION OF ANGIOGRAM OF LOWER EXTRE	75710	CPT	both				11230	4192.26	First Trenton	First Trenton		10107	90			148.18	10668.5	percent of total billed charges	
SUPERVISION OF ANGIOGRAM OF LOWER EXTRE	75710	CPT	both				11230	4192.26	Horizon	MGD		6784.16				148.18	10668.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUPERVISION OF ANGIOGRAM OF LOWER EXTRE	75710	CPT	both				11230	4192.26	Horizon	Medicare Blue		3645.44				148.18	10668.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUPERVISION OF ANGIOGRAM OF LOWER EXTRE	75710	CPT	both				11230	4192.26	Horizon	Indemnity		6784.16				148.18	10668.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUPERVISION OF ANGIOGRAM OF LOWER EXTRE	75710	CPT	both				11230	4192.26	Horizon	PPO		6784.16				148.18	10668.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUPERVISION OF ANGIOGRAM OF LOWER EXTRE	75710	CPT	both				11230	4192.26	Horizon	NJ Health		148.18				148.18	10668.5	fee schedule	
SUPERVISION OF ANGIOGRAM OF LOWER EXTRE	75710	CPT	both				11230	4192.26	Managed Care Inc	Managed Care Inc		10107	90			148.18	10668.5	percent of total billed charges	
SUPERVISION OF ANGIOGRAM OF LOWER EXTRE	75710	CPT	both				11230	4192.26	Multiplan	Multiplan		8984	80			148.18	10668.5	percent of total billed charges	
SUPERVISION OF ANGIOGRAM OF LOWER EXTRE	75710	CPT	both				11230	4192.26	Qualcare	Qualcare		8422.5	75			148.18	10668.5	percent of total billed charges	
SUPERVISION OF ANGIOGRAM OF LOWER EXTRE	75710	CPT	both				11230	4192.26	Three Rivers	Three Rivers		10668.5	95			148.18	10668.5	percent of total billed charges	
SUPERVISION OF ANGIOGRAM OF LOWER EXTRE	75710	CPT	both				11230	4192.26	UHC	Medicaid		3543.07	31.55			148.18	10668.5	percent of total billed charges	
SUPERVISION OF ANGIOGRAM OF LOWER EXTRE	75710	CPT	both				11230	4192.26	UHC	Medicare		3645.44				148.18	10668.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUPERVISION OF ANGIOGRAM OF LOWER EXTRE	75710	CPT	both				11230	4192.26	Wellcare	Medicaid		3543.07	31.55			148.18	10668.5	percent of total billed charges	
SUPERVISION OF ANGIOGRAM OF LOWER EXTRE	75710	CPT	both				11230	4192.26	Wellcare	Medicare		3645.44				148.18	10668.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUPERVISION OF ANGIOGRAM OF LOWER EXTRE	75710	CPT	both				11230	4192.26	WellPoint	WellPoint		3613.81	32.18			148.18	10668.5	percent of total billed charges	
SUPERVISION OF 36140(BILAT)	75716	CPT	both				11230	4192.26	Aetna	Commercial		5803.54				246.96	10668.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUPERVISION OF 36140(BILAT)	75716	CPT	both				11230	4192.26	Aetna	Better Health		3543.07	31.55			246.96	10668.5	percent of total billed charges	
SUPERVISION OF 36140(BILAT)	75716	CPT	both				11230	4192.26	Aetna	Medicare		3645.44				246.96	10668.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUPERVISION OF 36140(BILAT)	75716	CPT	both				11230	4192.26	Americare	Americare		8422.5	75			246.96	10668.5	percent of total billed charges	
SUPERVISION OF 36140(BILAT)	75716	CPT	both				11230	4192.26	Amerihealth	HMO/PPO		7299.5	65			246.96	10668.5	percent of total billed charges	
SUPERVISION OF 36140(BILAT)	75716	CPT	both				11230	4192.26	Amerihealth	Medicare		3645.44				246.96	10668.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUPERVISION OF 36140(BILAT)	75716	CPT	both				11230	4192.26	Consumer	Consumer		10668.5	95			246.96	10668.5	percent of total billed charges	
SUPERVISION OF 36140(BILAT)	75716	CPT	both				11230	4192.26	Corrections	Corrections		8984	80			246.96	10668.5	percent of total billed charges	
SUPERVISION OF 36140(BILAT)	75716	CPT	both				11230	4192.26	First Health	First Health		7861	70			246.96	10668.5	percent of total billed charges	
SUPERVISION OF 36140(BILAT)	75716	CPT	both				11230	4192.26	First Trenton	First Trenton		10107	90			246.96	10668.5	percent of total billed charges	
SUPERVISION OF 36140(BILAT)	75716	CPT	both				11230	4192.26	Horizon	MGD		6784.16				246.96	10668.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUPERVISION OF 36140(BILAT)	75716	CPT	both				11230	4192.26	Horizon	Medicare Blue		3645.44				246.96	10668.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUPERVISION OF 36140(BILAT)	75716	CPT	both				11230	4192.26	Horizon	Indemnity		6784.16				246.96	10668.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUPERVISION OF 36140(BILAT)	75716	CPT	both				11230	4192.26	Horizon	NJ Health		246.96				246.96	10668.5	fee schedule	
SUPERVISION OF 36140(BILAT)	75716	CPT	both				11230	4192.26	Horizon	PPO		6784.16				246.96	10668.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUPERVISION OF 36140(BILAT)	75716	CPT	both				11230	4192.26	Managed Care Inc	Managed Care Inc		10107	90			246.96	10668.5	percent of total billed charges	
SUPERVISION OF 36140(BILAT)	75716	CPT	both				11230	4192.26	Multiplan	Multiplan		8984	80			246.96	10668.5	percent of total billed charges	
SUPERVISION OF 36140(BILAT)	75716	CPT	both				11230	4192.26	Qualcare	Qualcare		8422.5	75			246.96	10668.5	percent of total billed charges	
SUPERVISION OF 36140(BILAT)	75716	CPT	both				11230	4192.26	Three Rivers	Three Rivers		10668.5	95			246.96	10668.5	percent of total billed charges	
SUPERVISION OF 36140(BILAT)	75716	CPT	both				11230	4192.26	UHC	Medicare		3645.44				246.96	10668.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUPERVISION OF 36140(BILAT)	75716	CPT	both				11230	4192.26	UHC	Medicaid		3543.07	31.55			246.96	10668.5	percent of total billed charges	
SUPERVISION OF 36140(BILAT)	75716	CPT	both				11230	4192.26	Wellcare	Medicaid		3543.07	31.55			246.96	10668.5	percent of total billed charges	
SUPERVISION OF 36140(BILAT)	75716	CPT	both				11230	4192.26	Wellcare	Medicare		3645.44				246.96	10668.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUPERVISION OF 36140(BILAT)	75716	CPT	both				11230	4192.26	WellPoint	WellPoint		3613.81	32.18			246.96	10668.5	percent of total billed charges	
VISCERAL ARTERIO 1 V RT	75726	CPT	both				17911	7227.61	Aetna	Better Health		5650.92	31.55			279.34	17015.45	percent of total billed charges	
VISCERAL ARTERIO 1 V RT	75726	CPT	both				17911	7227.61	Aetna	Medicare		5516.59	30.8			279.34	17015.45	percent of total billed charges	
VISCERAL ARTERIO 1 V RT	75726	CPT	both				17911	7227.61	Aetna	Commercial		10005.53				279.34	17015.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VISCERAL ARTERIO 1 V RT	75726	CPT	both				17911	7227.61	Americare	Americare		13433.25	75			279.34	17015.45	percent of total billed charges	
VISCERAL ARTERIO 1 V RT	75726	CPT	both				17911	7227.61	Amerihealth	HMO/PPO		11642.15	65			279.34	17015.45	percent of total billed charges	
VISCERAL ARTERIO 1 V RT	75726	CPT	both				17911	7227.61	Amerihealth	Medicare		6284.88				279.34	17015.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VISCERAL ARTERIO 1 V RT	75726	CPT	both				17911	7227.61	Consumer	Consumer		17015.45	95			279.34	17015.45	percent of total billed charges	
VISCERAL ARTERIO 1 V RT	75726	CPT	both				17911	7227.61	Corrections	Corrections		14328.8	80			279.34	17015.45	percent of total billed charges	
VISCERAL ARTERIO 1 V RT	75726	CPT	both				17911	7227.61	First Health	First Health		12537.7	70			279.34	17015.45	percent of total billed charges	
VISCERAL ARTERIO 1 V RT	75726	CPT	both				17911	7227.61	First Trenton	First Trenton		16119.9	90			279.34	17015.45	percent of total billed charges	
VISCERAL ARTERIO 1 V RT	75726	CPT	both				17911	7227.61	Horizon	PPO		11696.16				279.34	17015.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VISCERAL ARTERIO 1 V RT	75726	CPT	both				17911	7227.61	Horizon	MGD		11696.16				279.34	17015.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VISCERAL ARTERIO 1 V RT	75726	CPT	both				17911	7227.61	Horizon	Medicare Blue		6284.88				279.34	17015.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VISCERAL ARTERIO 1 V RT	75726	CPT	both				17911	7227.61	Horizon	NJ Health		279.34				279.34	17015.45	fee schedule	
VISCERAL ARTERIO 1 V RT	75726	CPT	both				17911	7227.61	Horizon	Indemnity		11696.16				279.34	17015.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VISCERAL ARTERIO 1 V RT	75726	CPT	both				17911	7227.61	Managed Care Inc	Managed Care Inc		16119.9	90			279.34	17015.45	percent of total billed charges	
VISCERAL ARTERIO 1 V RT	75726	CPT	both				17911	7227.61	Multiplan	Multiplan		14328.8	80			279.34	17015.45	percent of total billed charges	
VISCERAL ARTERIO 1 V RT	75726	CPT	both				17911	7227.61	Qualcare	Qualcare		13433.25	75			279.34	17015.45	percent of total billed charges	
VISCERAL ARTERIO 1 V RT	75726	CPT	both				17911	7227.61	Three Rivers	Three Rivers		17015.45	95			279.34	17015.45	percent of total billed charges	
VISCERAL ARTERIO 1 V RT	75726	CPT	both				17911	7227.61	UHC	Medicare		6284.88				279.34	17015.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VISCERAL ARTERIO 1 V RT	75726	CPT	both				17911	7227.61	UHC	Medicaid		5650.92	31.55			279.34	17015.45	percent of total billed charges	
VISCERAL ARTERIO 1 V RT	75726	CPT	both				17911	7227.61	Wellcare	Medicare		6284.88				279.34	17015.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VISCERAL ARTERIO 1 V RT	75726	CPT	both				17911	7227.61	Wellcare	Medicaid		5650.92	31.55			279.34	17015.45	percent of total billed charges	
VISCERAL ARTERIO 1 V RT	75726	CPT	both				17911	7227.61	WellPoint	WellPoint		5763.76	32.18			279.34	17015.45	percent of total billed charges	
ANGIO, ADRENAL,UNIL,SELECTIVE	75731	CPT	inpatient				5549	4192.26	Aetna	Commercial		5803.54				256.13	6784.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIO, ADRENAL,UNIL,SELECTIVE	75731	CPT	inpatient				5549	4192.26	Aetna	Medicare		3645.44				256.13	6784.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIO, ADRENAL,UNIL,SELECTIVE	75731	CPT	inpatient				5549	4192.26	Aetna	Better Health		1750.71	31.55			256.13	6784.16	percent of total billed charges	
ANGIO, ADRENAL,UNIL,SELECTIVE	75731	CPT	inpatient				5549	4192.26	Americare	Americare		4161.75	75			256.13	6784.16	percent of total billed charges	
ANGIO, ADRENAL,UNIL,SELECTIVE	75731	CPT	inpatient				5549	4192.26	Amerihealth	HMO/PPO		3606.85	65			256.13	6784.16	percent of total billed charges	
ANGIO, ADRENAL,UNIL,SELECTIVE	75731	CPT	inpatient				5549	4192.26	Amerihealth	Medicare		3645.44				256.13	6784.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIO, ADRENAL,UNIL,SELECTIVE	75731	CPT	inpatient				5549	4192.26	Consumer	Consumer		5271.55	95			256.13	6784.16	percent of total billed charges	
ANGIO, ADRENAL,UNIL,SELECTIVE	75731	CPT	inpatient				5549	4192.26	Corrections	Corrections		4439.2	80			256.13	6784.16	percent of total billed charges	
ANGIO, ADRENAL,UNIL,SELECTIVE	75731	CPT	inpatient				5549	4192.26	First Health	First Health		3884.3	70			256.13	6784.16	percent of total billed charges	
ANGIO, ADRENAL,UNIL,SELECTIVE	75731	CPT	inpatient				5549	4192.26	First Trenton	First Trenton		4994.1	90			256.13	6784.16	percent of total billed charges	
ANGIO, ADRENAL,UNIL,SELECTIVE	75731	CPT	inpatient				5549	4192.26	Horizon	MGD		6784.16				256.13	6784.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIO, ADRENAL,UNIL,SELECTIVE	75731	CPT	inpatient				5549	4192.26	Horizon	Indemnity		6784.16				256.13	6784.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIO, ADRENAL,UNIL,SELECTIVE	75731	CPT	inpatient				5549	4192.26	Horizon	PPO		6784.16				256.13	6784.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIO, ADRENAL,UNIL,SELECTIVE	75731	CPT	inpatient				5549	4192.26	Horizon	NJ Health		256.13				256.13	6784.16	fee schedule	
ANGIO, ADRENAL,UNIL,SELECTIVE	75731	CPT	inpatient				5549	4192.26	Horizon	Medicare Blue		3645.44				256.13	6784.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIO, ADRENAL,UNIL,SELECTIVE	75731	CPT	inpatient				5549	4192.26	Managed Care Inc	Managed Care Inc		4994.1	90			256.13	6784.16	percent of total billed charges	
ANGIO, ADRENAL,UNIL,SELECTIVE	75731	CPT	inpatient				5549	4192.26	Multiplan	Multiplan		4439.2	80			256.13	6784.16	percent of total billed charges	
ANGIO, ADRENAL,UNIL,SELECTIVE	75731	CPT	inpatient				5549	4192.26	Qualcare	Qualcare		4161.75	75			256.13	6784.16	percent of total billed charges	
ANGIO, ADRENAL,UNIL,SELECTIVE	75731	CPT	inpatient				5549	4192.26	Three Rivers	Three Rivers		5271.55	95			256.13	6784.16	percent of total billed charges	
ANGIO, ADRENAL,UNIL,SELECTIVE	75731	CPT	inpatient				5549	4192.26	UHC	Medicaid		1750.71	31.55			256.13	6784.16	percent of total billed charges	
ANGIO, ADRENAL,UNIL,SELECTIVE	75731	CPT	inpatient				5549	4192.26	UHC	Medicare		3645.44				256.13	6784.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIO, ADRENAL,UNIL,SELECTIVE	75731	CPT	inpatient				5549	4192.26	Wellcare	Medicare		3645.44				256.13	6784.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIO, ADRENAL,UNIL,SELECTIVE	75731	CPT	inpatient				5549	4192.26	Wellcare	Medicaid		1750.71	31.55			256.13	6784.16	percent of total billed charges	
ANGIO, ADRENAL,UNIL,SELECTIVE	75731	CPT	inpatient				5549	4192.26	WellPoint	WellPoint		1785.67	32.18			256.13	6784.16	percent of total billed charges	
ANGIO,ADRENAL,BIL,SELECTIVE	75733	CPT	outpatient				5549	4192.26	Aetna	Better Health		1750.71	31.55			345.78	6784.16	percent of total billed charges	
ANGIO,ADRENAL,BIL,SELECTIVE	75733	CPT	outpatient				5549	4192.26	Aetna	Commercial		5803.54				345.78	6784.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIO,ADRENAL,BIL,SELECTIVE	75733	CPT	outpatient				5549	4192.26	Aetna	Medicare		3645.44				345.78	6784.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIO,ADRENAL,BIL,SELECTIVE	75733	CPT	outpatient				5549	4192.26	Americare	Americare		4161.75	75			345.78	6784.16	percent of total billed charges	
ANGIO,ADRENAL,BIL,SELECTIVE	75733	CPT	outpatient				5549	4192.26	Amerihealth	HMO/PPO		3606.85	65			345.78	6784.16	percent of total billed charges	
ANGIO,ADRENAL,BIL,SELECTIVE	75733	CPT	outpatient				5549	4192.26	Amerihealth	Medicare		3645.44				345.78	6784.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIO,ADRENAL,BIL,SELECTIVE	75733	CPT	outpatient				5549	4192.26	Consumer	Consumer		5271.55	95			345.78	6784.16	percent of total billed charges	
ANGIO,ADRENAL,BIL,SELECTIVE	75733	CPT	outpatient				5549	4192.26	Corrections	Corrections		4439.2	80			345.78	6784.16	percent of total billed charges	
ANGIO,ADRENAL,BIL,SELECTIVE	75733	CPT	outpatient				5549	4192.26	First Health	First Health		3884.3	70			345.78	6784.16	percent of total billed charges	
ANGIO,ADRENAL,BIL,SELECTIVE	75733	CPT	outpatient				5549	4192.26	First Trenton	First Trenton		4994.1	90			345.78	6784.16	percent of total billed charges	
ANGIO,ADRENAL,BIL,SELECTIVE	75733	CPT	outpatient				5549	4192.26	Horizon	PPO		6784.16				345.78	6784.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIO,ADRENAL,BIL,SELECTIVE	75733	CPT	outpatient				5549	4192.26	Horizon	MGD		6784.16				345.78	6784.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIO,ADRENAL,BIL,SELECTIVE	75733	CPT	outpatient				5549	4192.26	Horizon	Indemnity		6784.16				345.78	6784.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIO,ADRENAL,BIL,SELECTIVE	75733	CPT	outpatient				5549	4192.26	Horizon	NJ Health		345.78				345.78	6784.16	fee schedule	
ANGIO,ADRENAL,BIL,SELECTIVE	75733	CPT	outpatient				5549	4192.26	Horizon	Medicare Blue		3645.44				345.78	6784.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIO,ADRENAL,BIL,SELECTIVE	75733	CPT	outpatient				5549	4192.26	Managed Care Inc	Managed Care Inc		4994.1	90			345.78	6784.16	percent of total billed charges	
ANGIO,ADRENAL,BIL,SELECTIVE	75733	CPT	outpatient				5549	4192.26	Multiplan	Multiplan		4439.2	80			345.78	6784.16	percent of total billed charges	
ANGIO,ADRENAL,BIL,SELECTIVE	75733	CPT	outpatient				5549	4192.26	Qualcare	Qualcare		4161.75	75			345.78	6784.16	percent of total billed charges	
ANGIO,ADRENAL,BIL,SELECTIVE	75733	CPT	outpatient				5549	4192.26	Three Rivers	Three Rivers		5271.55	95			345.78	6784.16	percent of total billed charges	
ANGIO,ADRENAL,BIL,SELECTIVE	75733	CPT	outpatient				5549	4192.26	UHC	Medicare		3645.44				345.78	6784.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIO,ADRENAL,BIL,SELECTIVE	75733	CPT	outpatient				5549	4192.26	UHC	Medicaid		1750.71	31.55			345.78	6784.16	percent of total billed charges	
ANGIO,ADRENAL,BIL,SELECTIVE	75733	CPT	outpatient				5549	4192.26	Wellcare	Medicare		3645.44				345.78	6784.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIO,ADRENAL,BIL,SELECTIVE	75733	CPT	outpatient				5549	4192.26	Wellcare	Medicaid		1750.71	31.55			345.78	6784.16	percent of total billed charges	
ANGIO,ADRENAL,BIL,SELECTIVE	75733	CPT	outpatient				5549	4192.26	WellPoint	WellPoint		1785.67	32.18			345.78	6784.16	percent of total billed charges	
ANGIO,ILIAC/PELVIC/EACH VES RT	75736	CPT	both				9861	7227.61	Aetna	Better Health		3111.15	31.55			296.35	11696.16	percent of total billed charges	
ANGIO,ILIAC/PELVIC/EACH VES RT	75736	CPT	both				9861	7227.61	Aetna	Commercial		10005.53				296.35	11696.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIO,ILIAC/PELVIC/EACH VES RT	75736	CPT	both				9861	7227.61	Aetna	Medicare		6284.88				296.35	11696.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIO,ILIAC/PELVIC/EACH VES RT	75736	CPT	both				9861	7227.61	Americare	Americare		7395.75	75			296.35	11696.16	percent of total billed charges	
ANGIO,ILIAC/PELVIC/EACH VES RT	75736	CPT	both				9861	7227.61	Amerihealth	Medicare		6284.88				296.35	11696.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIO,ILIAC/PELVIC/EACH VES RT	75736	CPT	both				9861	7227.61	Amerihealth	HMO/PPO		6409.65	65			296.35	11696.16	percent of total billed charges	
ANGIO,ILIAC/PELVIC/EACH VES RT	75736	CPT	both				9861	7227.61	Consumer	Consumer		9367.95	95			296.35	11696.16	percent of total billed charges	
ANGIO,ILIAC/PELVIC/EACH VES RT	75736	CPT	both				9861	7227.61	Corrections	Corrections		7888.8	80			296.35	11696.16	percent of total billed charges	
ANGIO,ILIAC/PELVIC/EACH VES RT	75736	CPT	both				9861	7227.61	First Health	First Health		6902.7	70			296.35	11696.16	percent of total billed charges	
ANGIO,ILIAC/PELVIC/EACH VES RT	75736	CPT	both				9861	7227.61	First Trenton	First Trenton		8874.9	90			296.35	11696.16	percent of total billed charges	
ANGIO,ILIAC/PELVIC/EACH VES RT	75736	CPT	both				9861	7227.61	Horizon	Medicare Blue		6284.88				296.35	11696.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIO,ILIAC/PELVIC/EACH VES RT	75736	CPT	both				9861	7227.61	Horizon	Indemnity		11696.16				296.35	11696.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIO,ILIAC/PELVIC/EACH VES RT	75736	CPT	both				9861	7227.61	Horizon	MGD		11696.16				296.35	11696.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIO,ILIAC/PELVIC/EACH VES RT	75736	CPT	both				9861	7227.61	Horizon	NJ Health		296.35				296.35	11696.16	fee schedule	
ANGIO,ILIAC/PELVIC/EACH VES RT	75736	CPT	both				9861	7227.61	Horizon	PPO		11696.16				296.35	11696.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIO,ILIAC/PELVIC/EACH VES RT	75736	CPT	both				9861	7227.61	Managed Care Inc	Managed Care Inc		8874.9	90			296.35	11696.16	percent of total billed charges	
ANGIO,ILIAC/PELVIC/EACH VES RT	75736	CPT	both				9861	7227.61	Multiplan	Multiplan		7888.8	80			296.35	11696.16	percent of total billed charges	
ANGIO,ILIAC/PELVIC/EACH VES RT	75736	CPT	both				9861	7227.61	Qualcare	Qualcare		7395.75	75			296.35	11696.16	percent of total billed charges	
ANGIO,ILIAC/PELVIC/EACH VES RT	75736	CPT	both				9861	7227.61	Three Rivers	Three Rivers		9367.95	95			296.35	11696.16	percent of total billed charges	
ANGIO,ILIAC/PELVIC/EACH VES RT	75736	CPT	both				9861	7227.61	UHC	Medicaid		3111.15	31.55			296.35	11696.16	percent of total billed charges	
ANGIO,ILIAC/PELVIC/EACH VES RT	75736	CPT	both				9861	7227.61	UHC	Medicare		6284.88				296.35	11696.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIO,ILIAC/PELVIC/EACH VES RT	75736	CPT	both				9861	7227.61	Wellcare	Medicaid		3111.15	31.55			296.35	11696.16	percent of total billed charges	
ANGIO,ILIAC/PELVIC/EACH VES RT	75736	CPT	both				9861	7227.61	Wellcare	Medicare		6284.88				296.35	11696.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIO,ILIAC/PELVIC/EACH VES RT	75736	CPT	both				9861	7227.61	WellPoint	WellPoint		3173.27	32.18			296.35	11696.16	percent of total billed charges	
ANGIOGRAM-PULM,UNIL,SELECTIVE	75741	CPT	both				11230	4192.26	Aetna	Medicare		3458.84	30.8			274.4	10668.5	percent of total billed charges	
ANGIOGRAM-PULM,UNIL,SELECTIVE	75741	CPT	both				11230	4192.26	Aetna	Commercial		5803.54				274.4	10668.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIOGRAM-PULM,UNIL,SELECTIVE	75741	CPT	both				11230	4192.26	Aetna	Better Health		3543.07	31.55			274.4	10668.5	percent of total billed charges	
ANGIOGRAM-PULM,UNIL,SELECTIVE	75741	CPT	both				11230	4192.26	Americare	Americare		8422.5	75			274.4	10668.5	percent of total billed charges	
ANGIOGRAM-PULM,UNIL,SELECTIVE	75741	CPT	both				11230	4192.26	Amerihealth	HMO/PPO		7299.5	65			274.4	10668.5	percent of total billed charges	
ANGIOGRAM-PULM,UNIL,SELECTIVE	75741	CPT	both				11230	4192.26	Amerihealth	Medicare		3645.44				274.4	10668.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIOGRAM-PULM,UNIL,SELECTIVE	75741	CPT	both				11230	4192.26	Consumer	Consumer		10668.5	95			274.4	10668.5	percent of total billed charges	
ANGIOGRAM-PULM,UNIL,SELECTIVE	75741	CPT	both				11230	4192.26	Corrections	Corrections		8984	80			274.4	10668.5	percent of total billed charges	
ANGIOGRAM-PULM,UNIL,SELECTIVE	75741	CPT	both				11230	4192.26	First Health	First Health		7861	70			274.4	10668.5	percent of total billed charges	
ANGIOGRAM-PULM,UNIL,SELECTIVE	75741	CPT	both				11230	4192.26	First Trenton	First Trenton		10107	90			274.4	10668.5	percent of total billed charges	
ANGIOGRAM-PULM,UNIL,SELECTIVE	75741	CPT	both				11230	4192.26	Horizon	Indemnity		6784.16				274.4	10668.5	other	Payer-

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ANGIOGRAM-PULM,UNIL,SELECTIVE	75741	CPT	both			11230		4192.26 Horizon	NJ Health		274.4				274.4	10668.5	fee schedule	
ANGIOGRAM-PULM,UNIL,SELECTIVE	75741	CPT	both			11230		4192.26 Horizon	PPO		6784.16				274.4	10668.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIOGRAM-PULM,UNIL,SELECTIVE	75741	CPT	both			11230		4192.26 Managed Care Inc	Managed Care Inc		10107	90			274.4	10668.5	percent of total billed charges	
ANGIOGRAM-PULM,UNIL,SELECTIVE	75741	CPT	both			11230		4192.26 Multiplan	Multiplan		8984	80			274.4	10668.5	percent of total billed charges	
ANGIOGRAM-PULM,UNIL,SELECTIVE	75741	CPT	both			11230		4192.26 Qualcare	Qualcare		8422.5	75			274.4	10668.5	percent of total billed charges	
ANGIOGRAM-PULM,UNIL,SELECTIVE	75741	CPT	both			11230		4192.26 Three Rivers	Three Rivers		10668.5	95			274.4	10668.5	percent of total billed charges	
ANGIOGRAM-PULM,UNIL,SELECTIVE	75741	CPT	both			11230		4192.26 UHC	Medicare		3645.44				274.4	10668.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIOGRAM-PULM,UNIL,SELECTIVE	75741	CPT	both			11230		4192.26 UHC	Medicaid		3543.07	31.55			274.4	10668.5	percent of total billed charges	
ANGIOGRAM-PULM,UNIL,SELECTIVE	75741	CPT	both			11230		4192.26 Wellcare	Medicaid		3543.07	31.55			274.4	10668.5	percent of total billed charges	
ANGIOGRAM-PULM,UNIL,SELECTIVE	75741	CPT	both			11230		4192.26 Wellcare	Medicare		3645.44				274.4	10668.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIOGRAM-PULM,UNIL,SELECTIVE	75741	CPT	both			11230		4192.26 WellPoint	WellPoint		3613.81	32.18			274.4	10668.5	percent of total billed charges	
ANGIOGRAM-PULM,BILAT,SELECTIVE	75743	CPT	inpatient			5549		4192.26 Aetna	Commercial		5803.54				342.98	6784.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIOGRAM-PULM,BILAT,SELECTIVE	75743	CPT	inpatient			5549		4192.26 Aetna	Better Health		1750.71	31.55			342.98	6784.16	percent of total billed charges	
ANGIOGRAM-PULM,BILAT,SELECTIVE	75743	CPT	inpatient			5549		4192.26 Aetna	Medicare		3645.44				342.98	6784.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIOGRAM-PULM,BILAT,SELECTIVE	75743	CPT	inpatient			5549		4192.26 Americare	Americare		4161.75	75			342.98	6784.16	percent of total billed charges	
ANGIOGRAM-PULM,BILAT,SELECTIVE	75743	CPT	inpatient			5549		4192.26 Amerihealth	HMO/PPO		3608.85	65			342.98	6784.16	percent of total billed charges	
ANGIOGRAM-PULM,BILAT,SELECTIVE	75743	CPT	inpatient			5549		4192.26 Amerihealth	Medicare		3645.44				342.98	6784.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIOGRAM-PULM,BILAT,SELECTIVE	75743	CPT	inpatient			5549		4192.26 Consumer	Consumer		5271.55	95			342.98	6784.16	percent of total billed charges	
ANGIOGRAM-PULM,BILAT,SELECTIVE	75743	CPT	inpatient			5549		4192.26 Corrections	Corrections		4439.2	80			342.98	6784.16	percent of total billed charges	
ANGIOGRAM-PULM,BILAT,SELECTIVE	75743	CPT	inpatient			5549		4192.26 First Health	First Health		3884.3	70			342.98	6784.16	percent of total billed charges	
ANGIOGRAM-PULM,BILAT,SELECTIVE	75743	CPT	inpatient			5549		4192.26 First Trenton	First Trenton		4994.1	90			342.98	6784.16	percent of total billed charges	
ANGIOGRAM-PULM,BILAT,SELECTIVE	75743	CPT	inpatient			5549		4192.26 Horizon	Medicare Blue		3645.44				342.98	6784.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIOGRAM-PULM,BILAT,SELECTIVE	75743	CPT	inpatient			5549		4192.26 Horizon	Indemnity		6784.16				342.98	6784.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIOGRAM-PULM,BILAT,SELECTIVE	75743	CPT	inpatient			5549		4192.26 Horizon	MGD		6784.16				342.98	6784.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIOGRAM-PULM,BILAT,SELECTIVE	75743	CPT	inpatient			5549		4192.26 Horizon	PPO		6784.16				342.98	6784.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIOGRAM-PULM,BILAT,SELECTIVE	75743	CPT	inpatient			5549		4192.26 Horizon	NJ Health		342.98				342.98	6784.16	fee schedule	
ANGIOGRAM-PULM,BILAT,SELECTIVE	75743	CPT	inpatient			5549		4192.26 Managed Care Inc	Managed Care Inc		4994.1	90			342.98	6784.16	percent of total billed charges	
ANGIOGRAM-PULM,BILAT,SELECTIVE	75743	CPT	inpatient			5549		4192.26 Multiplan	Multiplan		4439.2	80			342.98	6784.16	percent of total billed charges	
ANGIOGRAM-PULM,BILAT,SELECTIVE	75743	CPT	inpatient			5549		4192.26 Qualcare	Qualcare		4161.75	75			342.98	6784.16	percent of total billed charges	
ANGIOGRAM-PULM,BILAT,SELECTIVE	75743	CPT	inpatient			5549		4192.26 Three Rivers	Three Rivers		5271.55	95			342.98	6784.16	percent of total billed charges	
ANGIOGRAM-PULM,BILAT,SELECTIVE	75743	CPT	inpatient			5549		4192.26 UHC	Medicare		3645.44				342.98	6784.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIOGRAM-PULM,BILAT,SELECTIVE	75743	CPT	inpatient			5549		4192.26 UHC	Medicaid		1750.71	31.55			342.98	6784.16	percent of total billed charges	
ANGIOGRAM-PULM,BILAT,SELECTIVE	75743	CPT	inpatient			5549		4192.26 Wellcare	Medicaid		1750.71	31.55			342.98	6784.16	percent of total billed charges	
ANGIOGRAM-PULM,BILAT,SELECTIVE	75743	CPT	inpatient			5549		4192.26 Wellcare	Medicare		3645.44				342.98	6784.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIOGRAM-PULM,BILAT,SELECTIVE	75743	CPT	inpatient			5549		4192.26 WellPoint	WellPoint		1785.67	32.18			342.98	6784.16	percent of total billed charges	
ANGIO,PULM,NON-SELECTIVE	75746	CPT	outpatient			11206		4192.26 Aetna	Medicare		3451.45	30.8			105.84	10645.7	percent of total billed charges	
ANGIO,PULM,NON-SELECTIVE	75746	CPT	outpatient			11206		4192.26 Aetna	Better Health		3535.49	31.55			105.84	10645.7	percent of total billed charges	
ANGIO,PULM,NON-SELECTIVE	75746	CPT	outpatient			11206		4192.26 Aetna	Commercial		5803.54				105.84	10645.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIO,PULM,NON-SELECTIVE	75746	CPT	outpatient			11206		4192.26 Americare	Americare		8404.5	75			105.84	10645.7	percent of total billed charges	
ANGIO,PULM,NON-SELECTIVE	75746	CPT	outpatient			11206		4192.26 Amerihealth	Medicare		3645.44				105.84	10645.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIO,PULM,NON-SELECTIVE	75746	CPT	outpatient			11206		4192.26 Amerihealth	HMO/PPO		7283.9	65			105.84	10645.7	percent of total billed charges	
ANGIO,PULM,NON-SELECTIVE	75746	CPT	outpatient			11206		4192.26 Consumer	Consumer		10845.7	95			105.84	10645.7	percent of total billed charges	
ANGIO,PULM,NON-SELECTIVE	75746	CPT	outpatient			11206		4192.26 Corrections	Corrections		8964.8	80			105.84	10645.7	percent of total billed charges	
ANGIO,PULM,NON-SELECTIVE	75746	CPT	outpatient			11206		4192.26 First Health	First Health		7844.2	70			105.84	10645.7	percent of total billed charges	
ANGIO,PULM,NON-SELECTIVE	75746	CPT	outpatient			11206		4192.26 First Trenton	First Trenton		10085.4	90			105.84	10645.7	percent of total billed charges	
ANGIO,PULM,NON-SELECTIVE	75746	CPT	outpatient			11206		4192.26 Horizon	MGD		6784.16				105.84	10645.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIO,PULM,NON-SELECTIVE	75746	CPT	outpatient			11206		4192.26 Horizon	Medicare Blue		3645.44				105.84	10645.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIO,PULM,NON-SELECTIVE	75746	CPT	outpatient			11206		4192.26 Horizon	Indemnity		6784.16				105.84	10645.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIO,PULM,NON-SELECTIVE	75746	CPT	outpatient			11206		4192.26 Horizon	NJ Health		105.84				105.84	10645.7	fee schedule	
ANGIO,PULM,NON-SELECTIVE	75746	CPT	outpatient			11206		4192.26 Horizon	PPO		6784.16				105.84	10645.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIO,PULM,NON-SELECTIVE	75746	CPT	outpatient			11206		4192.26 Managed Care Inc	Managed Care Inc		10085.4	90			105.84	10645.7	percent of total billed charges	
ANGIO,PULM,NON-SELECTIVE	75746	CPT	outpatient			11206		4192.26 Multiplan	Multiplan		8964.8	80			105.84	10645.7	percent of total billed charges	
ANGIO,PULM,NON-SELECTIVE	75746	CPT	outpatient			11206		4192.26 Qualcare	Qualcare		8404.5	75			105.84	10645.7	percent of total billed charges	
ANGIO,PULM,NON-SELECTIVE	75746	CPT	outpatient			11206		4192.26 Three Rivers	Three Rivers		10845.7	95			105.84	10645.7	percent of total billed charges	
ANGIO,PULM,NON-SELECTIVE	75746	CPT	outpatient			11206		4192.26 UHC	Medicare		3645.44				105.84	10645.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIO,PULM,NON-SELECTIVE	75746	CPT	outpatient			11206		4192.26 UHC	Medicaid		3535.49	31.55			105.84	10645.7	percent of total billed charges	
ANGIO,PULM,NON-SELECTIVE	75746	CPT	outpatient			11206		4192.26 Wellcare	Medicare		3645.44				105.84	10645.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIO,PULM,NON-SELECTIVE	75746	CPT	outpatient			11206		4192.26 Wellcare	Medicaid		3535.49	31.55			105.84	10645.7	percent of total billed charges	
ANGIO,PULM,NON-SELECTIVE	75746	CPT	outpatient			11206		4192.26 WellPoint	WellPoint		3606.09	32.18			105.84	10645.7	percent of total billed charges	
ANGIO INTERNAL MAMMARY S&I RT	75756	CPT	inpatient			10811		4192.26 Aetna	Better Health		3410.87	31.55			136.32	10270.45	percent of total billed charges	
ANGIO INTERNAL MAMMARY S&I RT	75756	CPT	inpatient			10811		4192.26 Aetna	Commercial		5803.54				136.32	10270.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIO INTERNAL MAMMARY S&I RT	75756	CPT	inpatient			10811		4192.26 Aetna	Medicare		3329.79	30.8			136.32	10270.45	percent of total billed charges	
ANGIO INTERNAL MAMMARY S&I RT	75756	CPT	inpatient			10811		4192.26 Americare	Americare		8108.25	75			136.32	10270.45	percent of total billed charges	
ANGIO INTERNAL MAMMARY S&I RT	75756	CPT	inpatient			10811		4192.26 Amerihealth	HMO/PPO		7027.15	65			136.32	10270.45	percent of total billed charges	
ANGIO INTERNAL MAMMARY S&I RT	75756	CPT	inpatient			10811		4192.26 Amerihealth	Medicare		3645.44				136.32	10270.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIO INTERNAL MAMMARY S&I RT	75756	CPT	inpatient			10811		4192.26 Consumer	Consumer		10270.45	95			136.32	10270.45	percent of total billed charges	
ANGIO INTERNAL MAMMARY S&I RT	75756	CPT	inpatient			10811		4192.26 Corrections	Corrections		8648.8	80			136.32	10270.45	percent of total billed charges	
ANGIO INTERNAL MAMMARY S&I RT	75756	CPT	inpatient			10811		4192.26 First Health	First Health		7567.7	70			136.32	10270.45	percent of total billed charges	
ANGIO INTERNAL MAMMARY S&I RT	75756	CPT	inpatient			10811		4192.26 First Trenton	First Trenton		9729.9	90			136.32	10270.45	percent of total billed charges	
ANGIO INTERNAL MAMMARY S&I RT	75756	CPT	inpatient			10811		4192.26 Horizon	MGD		6784.16				136.32	10270.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIO INTERNAL MAMMARY S&I RT	75756	CPT	inpatient			10811		4192.26 Horizon	Indemnity		6784.16				136.32	10270.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIO INTERNAL MAMMARY S&I RT	75756	CPT	inpatient			10811		4192.26 Horizon	NJ Health		136.32				136.32	10270.45	fee schedule	
ANGIO INTERNAL MAMMARY S&I RT	75756	CPT	inpatient			10811		4192.26 Horizon	PPO		6784.16				136.32	10270.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIO INTERNAL MAMMARY S&I RT	75756	CPT	inpatient			10811		4192.26 Horizon	Medicare Blue		3645.44				136.32	10270.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIO INTERNAL MAMMARY S&I RT	75756	CPT	inpatient			10811		4192.26 Managed Care Inc	Managed Care Inc		9729.9	90			136.32	10270.45	percent of total billed charges	
ANGIO INTERNAL MAMMARY S&I RT	75756	CPT	inpatient			10811		4192.26 Multiplan	Multiplan		8648.8	80			136.32	10270.45	percent of total billed charges	
ANGIO INTERNAL MAMMARY S&I RT	75756	CPT	inpatient			10811		4192.26 Qualcare	Qualcare		8108.25	75			136.32	10270.45	percent of total billed charges	
ANGIO INTERNAL MAMMARY S&I RT	75756	CPT	inpatient			10811		4192.26 Three Rivers	Three Rivers		10270.45	95			136.32	10270.45	percent of total billed charges	
ANGIO INTERNAL MAMMARY S&I RT	75756	CPT	inpatient			10811		4192.26 UHC	Medicaid		3410.87	31.55			136.32	10270.45	percent of total billed charges	
ANGIO INTERNAL MAMMARY S&I RT	75756	CPT	inpatient			10811		4192.26 UHC	Medicare		3645.44				136.32	10270.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIO INTERNAL MAMMARY S&I RT	75756	CPT	inpatient			10811		4192.26 Wellcare	Medicare		3645.44				136.32	10270.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIO INTERNAL MAMMARY S&I RT	75756	CPT	inpatient			10811		4192.26 Wellcare	Medicaid		3410.87	31.55			136.32	10270.45	percent of total billed charges	
ANGIO INTERNAL MAMMARY S&I RT	75756	CPT	inpatient			10811		4192.26 WellPoint	WellPoint		3478.98	32.18			136.32	10270.45	percent of total billed charges	
VISCERAL ARTERIO 4 V	75774	CPT	both			6839		Aetna	Medicare		2106.41	30.8			356.72	6497.05	percent of total billed charges	
VISCERAL ARTERIO 4 V	75774	CPT	both			6839		Aetna	Commercial		2598.82	38			356.72	6497.05	percent of total billed charges	
VISCERAL ARTERIO 4 V	75774	CPT	both			6839		Aetna	Better Health		2157.7	31.55			356.72	6497.05	percent of total billed charges	
VISCERAL ARTERIO 4 V	75774	CPT	both			6839		Americare	Americare		5129.25	75			356.72	6497.05	percent of total billed charges	
VISCERAL ARTERIO 4 V	75774	CPT	both			6839		Amerihealth	HMO/PPO		4445.35	65			356.72	6497.05	percent of total billed charges	
VISCERAL ARTERIO 4 V	75774	CPT	both			6839		Consumer	Consumer		6497.05	95			356.72	6497.05	percent of total billed charges	
VISCERAL ARTERIO 4 V	75774	CPT	both			6839		Corrections	Corrections		5471.2	80			356.72	6497.05	percent of total billed charges	
VISCERAL ARTERIO 4 V	75774	CPT	both			6839		First Health	First Health		4787.3	70			356.72	6497.05	percent of total billed charges	
VISCERAL ARTERIO 4 V	75774	CPT	both			6839		First Trenton	First Trenton		6155.1	90			356.72	6497.05	percent of total billed charges	
VISCERAL ARTERIO 4 V	75774	CPT	both			6839		Horizon	NJ Health		356.72				356.72	6497.05	fee schedule	
VISCERAL ARTERIO 4 V	75774	CPT	both			6839		Horizon	Indemnity		2617.97	38.28			356.72	6497.05	percent of total billed charges	
VISCERAL ARTERIO 4 V	75774	CPT	both			6839		Horizon	MGD		2617.97	38.28			356.72	6497.05	percent of total billed charges	
VISCERAL ARTERIO 4 V	75774	CPT	both			6839		Horizon	PPO		2617.97	38.28			356.72	6497.05	percent of total billed charges	
VISCERAL ARTERIO 4 V	75774	CPT	both			6839		Horizon	Medicare Blue		2051.7	30			356.72	6497.05	percent of total billed charges	
VISCERAL ARTERIO 4 V	75774	CPT	both			6839		Managed Care Inc	Managed Care Inc		6155.1	90			356.72	6497.05	percent of total billed charges	
VISCERAL ARTERIO 4 V	75774	CPT	both			6839		Multiplan	Multiplan		5471.2	80			356.72	6497.05	percent of total billed charges	
VISCERAL ARTERIO 4 V	75774	CPT	both			6839		Qualcare	Qualcare		5129.25	75			356.72	6497.05	percent of total billed charges	
VISCERAL ARTERIO 4 V	75774	CPT	both			6839		Three Rivers	Three Rivers		6497.05	95			356.72	6497.05	percent of total billed charges	
VISCERAL ARTERIO 4 V	75774	CPT	both			6839		UHC	Medicaid		2157.7	31.55			356.72	6497.05	percent of total billed charges	
VISCERAL ARTERIO 4 V	75774	CPT	both			6839		Wellcare	Medicaid		2157.7	31.55			356.72	6497.05	percent of total billed charges	
VISCERAL ARTERIO 4 V	75774	CPT	both			6839		WellPoint	WellPoint		2200.79	32.18			356.72	6497.05	percent of total billed charges	
LYMPH EXTREM ONLY,UNI RT	75801	CPT	outpatient			2396		826.23 Aetna	Better Health		755.94	31.55			142.3	2276.2	percent of total billed charges	
LYMPH EXTREM ONLY,UNI RT	75801	CPT	outpatient			2396		826.23 Aetna	Medicare		718.46				142.3	2276.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYMPH EXTREM ONLY,UNI RT	75801	CPT	outpatient			2396		826.23 Aetna	Commercial		1143.79				142.3	2276.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYMPH EXTREM ONLY,UNI RT	75801	CPT	outpatient			2396		826.23 Americare	Americare		1797	75			142.3	2276.2	percent of total billed charges	
LYMPH EXTREM ONLY,UNI RT	75801	CPT	outpatient			2396		826.23 Amerihealth	HMO/PPO		1557.4	65			142.3	2276.2	percent of total billed charges	
LYMPH EXTREM ONLY,UNI RT	75801	CPT	outpatient			2396		826.23 Amerihealth	Medicare		718.46				142.3	2276.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYMPH EXTREM ONLY,UNI RT	75801	CPT	outpatient			2396		826.23 Consumer	Consumer		2276.2	95			142.3	2276.2	percent of total billed charges	
LYMPH EXTREM ONLY,UNI RT	75801	CPT	outpatient			2396		826.23 Corrections	Corrections		1916.8	80			142.3	2276.2	percent of total billed charges	
LYMPH EXTREM ONLY,UNI RT	75801	CPT	outpatient			2396		826.23 First Health	First Health		1677.2	70			142.3	2276.2	percent of total billed charges	
LYMPH EXTREM ONLY,UNI RT	75801	CPT	outpatient			2396		826.23 First Trenton	First Trenton		2156.4	90			142.3	2276.2	percent of total billed charges	
LYMPH EXTREM ONLY,UNI RT	75801	CPT	outpatient			2396		826.23 Horizon	PPO		1337.05				142.3	2276.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYMPH EXTREM ONLY,UNI RT	75801	CPT	outpatient			2396		826.23 Horizon	MGD		1337.05				142.3	2276.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYMPH EXTREM ONLY,UNI RT	75801	CPT	outpatient			2396		826.23 Horizon	Medicare Blue		718.46				142.3	2276.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYMPH EXTREM ONLY,UNI RT	75801	CPT	outpatient			2396		826.23 Horizon	NJ Health		142.3				142.3	2276.2	fee schedule	
LYMPH EXTREM ONLY,UNI RT	75801	CPT	outpatient			2396		826.23 Horizon	Indemnity		1337.05				142.3	2276.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYMPH EXTREM ONLY,UNI RT	75801	CPT	outpatient			2396		826.23 Managed Care Inc	Managed Care Inc		2156.4	90			142.3	2276.2	percent of total billed charges	
LYMPH EXTREM ONLY,UNI RT	75801	CPT	outpatient			2396		826.23 Multiplan	Multiplan		1916.8	80			142.3	2276.2	percent of total billed charges	
LYMPH EXTREM ONLY,UNI RT	75801	CPT	outpatient			2396		826.23 Qualcare	Qualcare		1797	75			142.3	2276.2	percent of total billed charges	
LYMPH EXTREM ONLY,UNI RT	75801	CPT	outpatient			2396		826.23 Three Rivers	Three Rivers		2276.2	95			142.3	2276.2	percent of total billed charges	
LYMPH EXTREM ONLY,UNI RT	75801	CPT	outpatient			2396		826.23 UHC	Medicaid		755.94	31.55			142.3	2276.2	percent of total billed charges	
LYMPH EXTREM ONLY,UNI RT	75801	CPT	outpatient			2396		826.23 UHC	Medicare		718.46				142.3	2276.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYMPH EXTREM ONLY,UNI RT	75801	CPT	outpatient			2396		826.23 Wellcare	Medicaid		755.94	31.55			142.3	2276.2	percent of total billed charges	
LYMPH EXTREM ONLY,UNI RT	75801	CPT	outpatient			2396		826.23 Wellcare	Medicare		718.46				142.3	2276.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYMPH EXTREM ONLY,UNI RT	75801	CPT	outpatient			2396		826.23 WellPoint	WellPoint		771.03	32.18			142.3	2276.2	percent of total billed charges	
LYMPHANGIOGRAM 2 EXTREMITIES	75803	CPT	inpatient			3435		2106.37 Aetna	Commercial		2915.95				213.44	3408.66	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYMPHANGIOGRAM 2 EXTREMITIES	75803	CPT	inpatient			3435		2106.37 Aetna	Medicare		1057.98	30.8			213.44	3408.66	percent of total billed charges	
LYMPHANGIOGRAM 2 EXTREMITIES	75803	CPT	inpatient			3435		2106.37 Aetna	Better Health		1083.74	31.55			213.44	3408.66	percent of total billed charges	
LYMPHANGIOGRAM 2 EXTREMITIES	75803	CPT	inpatient			3435		2106.37 Americare	Americare		2576.25	75			213.44	3408.66	percent of total billed charges	
LYMPHANGIOGRAM 2 EXTREMITIES	75803	CPT	inpatient			3435		2106.37 Amerihealth	HMO/PPO		2232.75	65			213.44	3408.66	percent of total billed charges	
LYMPHANGIOGRAM 2 EXTREMITIES	75803	CPT	inpatient			3435		2106.37 Amerihealth	Medicare		1831.63				213.44	3408.66	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYMPHANGIOGRAM 2 EXTREMITIES	75803	CPT	inpatient			3435		2106.37 Consumer	Consumer		3263.25	95			213.44	3408.66	percent of total billed charges	
LYMPHANGIOGRAM 2 EXTREMITIES	75803	CPT	inpatient			3435		2106.37 Corrections	Corrections		2748	80			213.44	3408.66	percent of total billed charges	
LYMPHANGIOGRAM 2 EXTREMITIES	75803	CPT	inpatient			3435		2106.37 First Health	First Health		2404.5	70			213.44	3408.66	percent of total billed charges	
LYMPHANGIOGRAM 2 EXTREMITIES	75803	CPT	inpatient			3435		2106.37 First Trenton	First Trenton		3091.5	90			213.44	3408.66	percent of total billed charges	
LYMPHANGIOGRAM 2 EXTREMITIES	75803	CPT	inpatient			3435		2106.37 Horizon	MGD		3408.66				213.44	3408.66	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYMPHANGIOGRAM 2 EXTREMITIES	75803	CPT	inpatient			3435		2106.37 Horizon	Medicare Blue		1831.63				213.44	3408.66	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYMPHANGIOGRAM 2 EXTREMITIES	75803	CPT	inpatient			3435		2106.37 Horizon	NJ Health		213.44				213.44	3408.66	fee schedule	
LYMPHANGIOGRAM 2 EXTREMITIES	75803	CPT	inpatient			3435		2106.37 Horizon	Indemnity		3408.66				213.44	3408.66	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYMPHANGIOGRAM 2 EXTREMITIES	75803	CPT	inpatient			3435		2106.37 Horizon	PPO		3408.66				213.44	3408.66	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYMPHANGIOGRAM 2 EXTREMITIES	75803	CPT	inpatient			3435		2106.37 Managed Care Inc	Managed Care Inc		3091.5	90			213.44	3408.66	percent of total billed charges	
LYMPHANGIOGRAM 2 EXTREMITIES	75803	CPT	inpatient			3435		2106.37 Multiplan	Multiplan		2748	80			213.44	3408.66	percent of total billed charges	
LYMPHANGIOGRAM 2 EXTREMITIES	75803	CPT	inpatient			3435		2106.37 Qualcare	Qualcare		2576.25	75			213.44	3408.66	percent of total billed charges	
LYMPHANGIOGRAM 2 EXTREMITIES	75803	CPT	inpatient			3435		2106.37 Three Rivers	Three Rivers		3263.25	95			213.44	3408.66	percent of total billed charges	
LYMPHANGIOGRAM 2 EXTREMITIES	75803	CPT	inpatient			3435		2106.37 UHC	Medicaid		1083.74	31.55			213.44	3408.66	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
LYMPHANGIOGRAM 2 EXTREMITIES	75803	CPT	inpatient			3435		2106.37 UHC	Medicare		1831.63				213.44	3408.66	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYMPHANGIOGRAM 2 EXTREMITIES	75803	CPT	inpatient			3435		2106.37 Wellcare	Medicare		1831.63				213.44	3408.66	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYMPHANGIOGRAM 2 EXTREMITIES	75803	CPT	inpatient			3435		2106.37 Wellcare	Medicaid		1083.74	31.55			213.44	3408.66	percent of total billed charges	
LYMPHANGIOGRAM 2 EXTREMITIES	75803	CPT	inpatient			3435		2106.37 WellPoint	WellPoint		1105.38	32.18			213.44	3408.66	percent of total billed charges	
LYMPHANGIOGRAPHY PEL/ABDOMEN UNILATERAL	75805	CPT	outpatient			11206		4192.26 Aetna	Commercial		5803.54				207.45	10645.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYMPHANGIOGRAPHY PEL/ABDOMEN UNILATERAL	75805	CPT	outpatient			11206		4192.26 Aetna	Better Health		3535.49	31.55			207.45	10645.7	percent of total billed charges	
LYMPHANGIOGRAPHY PEL/ABDOMEN UNILATERAL	75805	CPT	outpatient			11206		4192.26 Aetna	Medicare		3645.44				207.45	10645.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYMPHANGIOGRAPHY PEL/ABDOMEN UNILATERAL	75805	CPT	outpatient			11206		4192.26 Americare	Americare		8404.5	75			207.45	10645.7	percent of total billed charges	
LYMPHANGIOGRAPHY PEL/ABDOMEN UNILATERAL	75805	CPT	outpatient			11206		4192.26 Amerihealth	HMO/PPO		7283.9	65			207.45	10645.7	percent of total billed charges	
LYMPHANGIOGRAPHY PEL/ABDOMEN UNILATERAL	75805	CPT	outpatient			11206		4192.26 Amerihealth	Medicare		3645.44				207.45	10645.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYMPHANGIOGRAPHY PEL/ABDOMEN UNILATERAL	75805	CPT	outpatient			11206		4192.26 Consumer	Consumer		10645.7	95			207.45	10645.7	percent of total billed charges	
LYMPHANGIOGRAPHY PEL/ABDOMEN UNILATERAL	75805	CPT	outpatient			11206		4192.26 Corrections	Corrections		8964.8	80			207.45	10645.7	percent of total billed charges	
LYMPHANGIOGRAPHY PEL/ABDOMEN UNILATERAL	75805	CPT	outpatient			11206		4192.26 First Health	First Health		7844.2	70			207.45	10645.7	percent of total billed charges	
LYMPHANGIOGRAPHY PEL/ABDOMEN UNILATERAL	75805	CPT	outpatient			11206		4192.26 First Trenton	First Trenton		10085.4	90			207.45	10645.7	percent of total billed charges	
LYMPHANGIOGRAPHY PEL/ABDOMEN UNILATERAL	75805	CPT	outpatient			11206		4192.26 Horizon	Medicare Blue		3645.44				207.45	10645.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYMPHANGIOGRAPHY PEL/ABDOMEN UNILATERAL	75805	CPT	outpatient			11206		4192.26 Horizon	PPO		6784.16				207.45	10645.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYMPHANGIOGRAPHY PEL/ABDOMEN UNILATERAL	75805	CPT	outpatient			11206		4192.26 Horizon	MGD		6784.16				207.45	10645.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYMPHANGIOGRAPHY PEL/ABDOMEN UNILATERAL	75805	CPT	outpatient			11206		4192.26 Horizon	NJ Health		207.45				207.45	10645.7	fee schedule	
LYMPHANGIOGRAPHY PEL/ABDOMEN UNILATERAL	75805	CPT	outpatient			11206		4192.26 Horizon	Indemnity		6784.16				207.45	10645.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYMPHANGIOGRAPHY PEL/ABDOMEN UNILATERAL	75805	CPT	outpatient			11206		4192.26 Managed Care Inc	Managed Care Inc		10085.4	90			207.45	10645.7	percent of total billed charges	
LYMPHANGIOGRAPHY PEL/ABDOMEN UNILATERAL	75805	CPT	outpatient			11206		4192.26 Multiplan	Multiplan		8964.8	80			207.45	10645.7	percent of total billed charges	
LYMPHANGIOGRAPHY PEL/ABDOMEN UNILATERAL	75805	CPT	outpatient			11206		4192.26 Qualcare	Qualcare		8404.5	75			207.45	10645.7	percent of total billed charges	
LYMPHANGIOGRAPHY PEL/ABDOMEN UNILATERAL	75805	CPT	outpatient			11206		4192.26 Three Rivers	Three Rivers		10645.7	95			207.45	10645.7	percent of total billed charges	
LYMPHANGIOGRAPHY PEL/ABDOMEN UNILATERAL	75805	CPT	outpatient			11206		4192.26 UHC	Medicare		3645.44				207.45	10645.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYMPHANGIOGRAPHY PEL/ABDOMEN UNILATERAL	75805	CPT	outpatient			11206		4192.26 UHC	Medicaid		3535.49	31.55			207.45	10645.7	percent of total billed charges	
LYMPHANGIOGRAPHY PEL/ABDOMEN UNILATERAL	75805	CPT	outpatient			11206		4192.26 Wellcare	Medicaid		3535.49	31.55			207.45	10645.7	percent of total billed charges	
LYMPHANGIOGRAPHY PEL/ABDOMEN UNILATERAL	75805	CPT	outpatient			11206		4192.26 Wellcare	Medicare		3645.44				207.45	10645.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYMPHANGIOGRAPHY PEL/ABDOMEN UNILATERAL	75805	CPT	outpatient			11206		4192.26 WellPoint	WellPoint		3606.09	32.18			207.45	10645.7	percent of total billed charges	
LYMPHANGIOGRAPHY PEL/ABD BILATERAL	75807	CPT	outpatient			10811		4192.26 Aetna	Commercial		5803.54				224.6	10270.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYMPHANGIOGRAPHY PEL/ABD BILATERAL	75807	CPT	outpatient			10811		4192.26 Aetna	Medicare		3645.44				224.6	10270.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYMPHANGIOGRAPHY PEL/ABD BILATERAL	75807	CPT	outpatient			10811		4192.26 Aetna	Better Health		3410.87	31.55			224.6	10270.45	percent of total billed charges	
LYMPHANGIOGRAPHY PEL/ABD BILATERAL	75807	CPT	outpatient			10811		4192.26 Americare	Americare		8108.25	75			224.6	10270.45	percent of total billed charges	
LYMPHANGIOGRAPHY PEL/ABD BILATERAL	75807	CPT	outpatient			10811		4192.26 Amerihealth	Medicare		3645.44				224.6	10270.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYMPHANGIOGRAPHY PEL/ABD BILATERAL	75807	CPT	outpatient			10811		4192.26 Amerihealth	HMO/PPO		7027.15	65			224.6	10270.45	percent of total billed charges	
LYMPHANGIOGRAPHY PEL/ABD BILATERAL	75807	CPT	outpatient			10811		4192.26 Consumer	Consumer		10270.45	95			224.6	10270.45	percent of total billed charges	
LYMPHANGIOGRAPHY PEL/ABD BILATERAL	75807	CPT	outpatient			10811		4192.26 Corrections	Corrections		8648.8	80			224.6	10270.45	percent of total billed charges	
LYMPHANGIOGRAPHY PEL/ABD BILATERAL	75807	CPT	outpatient			10811		4192.26 First Health	First Health		7567.7	70			224.6	10270.45	percent of total billed charges	
LYMPHANGIOGRAPHY PEL/ABD BILATERAL	75807	CPT	outpatient			10811		4192.26 First Trenton	First Trenton		9729.9	90			224.6	10270.45	percent of total billed charges	
LYMPHANGIOGRAPHY PEL/ABD BILATERAL	75807	CPT	outpatient			10811		4192.26 Horizon	Indemnity		6784.16				224.6	10270.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYMPHANGIOGRAPHY PEL/ABD BILATERAL	75807	CPT	outpatient			10811		4192.26 Horizon	MGD		6784.16				224.6	10270.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYMPHANGIOGRAPHY PEL/ABD BILATERAL	75807	CPT	outpatient			10811		4192.26 Horizon	PPO		6784.16				224.6	10270.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYMPHANGIOGRAPHY PEL/ABD BILATERAL	75807	CPT	outpatient			10811		4192.26 Horizon	Medicare Blue		3645.44				224.6	10270.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYMPHANGIOGRAPHY PEL/ABD BILATERAL	75807	CPT	outpatient			10811		4192.26 Horizon	NJ Health		224.6				224.6	10270.45	fee schedule	
LYMPHANGIOGRAPHY PEL/ABD BILATERAL	75807	CPT	outpatient			10811		4192.26 Managed Care Inc	Managed Care Inc		9729.9	90			224.6	10270.45	percent of total billed charges	
LYMPHANGIOGRAPHY PEL/ABD BILATERAL	75807	CPT	outpatient			10811		4192.26 Multiplan	Multiplan		8648.8	80			224.6	10270.45	percent of total billed charges	
LYMPHANGIOGRAPHY PEL/ABD BILATERAL	75807	CPT	outpatient			10811		4192.26 Qualcare	Qualcare		8108.25	75			224.6	10270.45	percent of total billed charges	
LYMPHANGIOGRAPHY PEL/ABD BILATERAL	75807	CPT	outpatient			10811		4192.26 Three Rivers	Three Rivers		10270.45	95			224.6	10270.45	percent of total billed charges	
LYMPHANGIOGRAPHY PEL/ABD BILATERAL	75807	CPT	outpatient			10811		4192.26 UHC	Medicaid		3410.87	31.55			224.6	10270.45	percent of total billed charges	
LYMPHANGIOGRAPHY PEL/ABD BILATERAL	75807	CPT	outpatient			10811		4192.26 UHC	Medicare		3645.44				224.6	10270.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYMPHANGIOGRAPHY PEL/ABD BILATERAL	75807	CPT	outpatient			10811		4192.26 Wellcare	Medicaid		3410.87	31.55			224.6	10270.45	percent of total billed charges	
LYMPHANGIOGRAPHY PEL/ABD BILATERAL	75807	CPT	outpatient			10811		4192.26 Wellcare	Medicare		3645.44				224.6	10270.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYMPHANGIOGRAPHY PEL/ABD BILATERAL	75807	CPT	outpatient			10811		4192.26 WellPoint	WellPoint		3478.98	32.18			224.6	10270.45	percent of total billed charges	
SHUNTOGRAM FOR INVESTIGATION OF PREV-PL	75809	CPT	outpatient			480		144.6 Aetna	Commercial		200.18				68.99	456	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHUNTOGRAM FOR INVESTIGATION OF PREV-PL	75809	CPT	outpatient			480		144.6 Aetna	Better Health		151.44	31.55			68.99	456	percent of total billed charges	
SHUNTOGRAM FOR INVESTIGATION OF PREV-PL	75809	CPT	outpatient			480		144.6 Aetna	Medicare		125.74				68.99	456	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHUNTOGRAM FOR INVESTIGATION OF PREV-PL	75809	CPT	outpatient			480		144.6 Americare	Americare		360	75			68.99	456	percent of total billed charges	
SHUNTOGRAM FOR INVESTIGATION OF PREV-PL	75809	CPT	outpatient			480		144.6 Amerihealth	HMO/PPO		312	65			68.99	456	percent of total billed charges	
SHUNTOGRAM FOR INVESTIGATION OF PREV-PL	75809	CPT	outpatient			480		144.6 Amerihealth	Medicare		125.74				68.99	456	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHUNTOGRAM FOR INVESTIGATION OF PREV-PL	75809	CPT	outpatient			480		144.6 Consumer	Consumer		456	95			68.99	456	percent of total billed charges	
SHUNTOGRAM FOR INVESTIGATION OF PREV-PL	75809	CPT	outpatient			480		144.6 Corrections	Corrections		384	80			68.99	456	percent of total billed charges	
SHUNTOGRAM FOR INVESTIGATION OF PREV-PL	75809	CPT	outpatient			480		144.6 First Health	First Health		336	70			68.99	456	percent of total billed charges	
SHUNTOGRAM FOR INVESTIGATION OF PREV-PL	75809	CPT	outpatient			480		144.6 First Trenton	First Trenton		432	90			68.99	456	percent of total billed charges	
SHUNTOGRAM FOR INVESTIGATION OF PREV-PL	75809	CPT	outpatient			480		144.6 Horizon	Indemnity		234				68.99	456	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHUNTOGRAM FOR INVESTIGATION OF PREV-PL	75809	CPT	outpatient			480		144.6 Horizon	NJ Health		68.99				68.99	456	fee schedule	
SHUNTOGRAM FOR INVESTIGATION OF PREV-PL	75809	CPT	outpatient			480		144.6 Horizon	MGD		234				68.99	456	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHUNTOGRAM FOR INVESTIGATION OF PREV-PL	75809	CPT	outpatient			480		144.6 Horizon	PPO		234				68.99	456	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHUNTOGRAM FOR INVESTIGATION OF PREV-PL	75809	CPT	outpatient			480		144.6 Horizon	Medicare Blue		125.74				68.99	456	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHUNTOGRAM FOR INVESTIGATION OF PREV-PL	75809	CPT	outpatient			480		144.6 Managed Care Inc	Managed Care Inc		432	90			68.99	456	percent of total billed charges	
SHUNTOGRAM FOR INVESTIGATION OF PREV-PL	75809	CPT	outpatient			480		144.6 Multiplan	Multiplan		384	80			68.99	456	percent of total billed charges	
SHUNTOGRAM FOR INVESTIGATION OF PREV-PL	75809	CPT	outpatient			480		144.6 Qualcare	Qualcare		360	75			68.99	456	percent of total billed charges	
SHUNTOGRAM FOR INVESTIGATION OF PREV-PL	75809	CPT	outpatient			480		144.6 Three Rivers	Three Rivers		456	95			68.99	456	percent of total billed charges	
SHUNTOGRAM FOR INVESTIGATION OF PREV-PL	75809	CPT	outpatient			480		144.6 UHC	Medicaid		151.44	31.55			68.99	456	percent of total billed charges	
SHUNTOGRAM FOR INVESTIGATION OF PREV-PL	75809	CPT	outpatient			480		144.6 UHC	Medicare		125.74				68.99	456	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHUNTOGRAM FOR INVESTIGATION OF PREV-PL	75809	CPT	outpatient			480		144.6 Wellcare	Medicare		125.74				68.99	456	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHUNTOGRAM FOR INVESTIGATION OF PREV-PL	75809	CPT	outpatient			480		144.6 Wellcare	Medicaid		151.44	31.55			68.99	456	percent of total billed charges	
SHUNTOGRAM FOR INVESTIGATION OF PREV-PL	75809	CPT	outpatient			480		144.6 WellPoint	WellPoint		154.46	32.18			68.99	456	percent of total billed charges	
VENOGRAM EXTREMITY UNI RT	75820	CPT	both			3930		2106.37 Aetna	Medicare		1210.44	30.8			122.77	3733.5	percent of total billed charges	
VENOGRAM EXTREMITY UNI RT	75820	CPT	both			3930		2106.37 Aetna	Better Health		1239.92	31.55			122.77	3733.5	percent of total billed charges	
VENOGRAM EXTREMITY UNI RT	75820	CPT	both			3930		2106.37 Aetna	Commercial		2915.95				122.77	3733.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAM EXTREMITY UNI RT	75820	CPT	both			3930		2106.37 Americare	Americare		2947.5	75			122.77	3733.5	percent of total billed charges	
VENOGRAM EXTREMITY UNI RT	75820	CPT	both			3930		2106.37 Amerihealth	HMO/PPO		2554.5	65			122.77	3733.5	percent of total billed charges	
VENOGRAM EXTREMITY UNI RT	75820	CPT	both			3930		2106.37 Amerihealth	Medicare		1831.63				122.77	3733.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAM EXTREMITY UNI RT	75820	CPT	both			3930		2106.37 Consumer	Consumer		3733.5	95			122.77	3733.5	percent of total billed charges	
VENOGRAM EXTREMITY UNI RT	75820	CPT	both			3930		2106.37 Corrections	Corrections		3144	80			122.77	3733.5	percent of total billed charges	
VENOGRAM EXTREMITY UNI RT	75820	CPT	both			3930		2106.37 First Health	First Health		2751	70			122.77	3733.5	percent of total billed charges	
VENOGRAM EXTREMITY UNI RT	75820	CPT	both			3930		2106.37 First Trenton	First Trenton		3537	90			122.77	3733.5	percent of total billed charges	
VENOGRAM EXTREMITY UNI RT	75820	CPT	both			3930		2106.37 Horizon	NJ Health		122.77				122.77	3733.5	fee schedule	
VENOGRAM EXTREMITY UNI RT	75820	CPT	both			3930		2106.37 Horizon	Indemnity		3408.66				122.77	3733.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAM EXTREMITY UNI RT	75820	CPT	both			3930		2106.37 Horizon	MGD		3408.66				122.77	3733.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAM EXTREMITY UNI RT	75820	CPT	both			3930		2106.37 Horizon	Medicare Blue		1831.63				122.77	3733.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAM EXTREMITY UNI RT	75820	CPT	both			3930		2106.37 Horizon	PPO		3408.66				122.77	3733.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAM EXTREMITY UNI RT	75820	CPT	both			3930		2106.37 Managed Care Inc	Managed Care Inc		3537	90			122.77	3733.5	percent of total billed charges	
VENOGRAM EXTREMITY UNI RT	75820	CPT	both			3930		2106.37 Multiplan	Multiplan		3144	80			122.77	3733.5	percent of total billed charges	
VENOGRAM EXTREMITY UNI RT	75820	CPT	both			3930		2106.37 Qualcare	Qualcare		2947.5	75			122.77	3733.5	percent of total billed charges	
VENOGRAM EXTREMITY UNI RT	75820	CPT	both			3930		2106.37 Three Rivers	Three Rivers		3733.5	95			122.77	3733.5	percent of total billed charges	
VENOGRAM EXTREMITY UNI RT	75820	CPT	both			3930		2106.37 UHC	Medicaid		1239.92	31.55			122.77	3733.5	percent of total billed charges	
VENOGRAM EXTREMITY UNI RT	75820	CPT	both			3930		2106.37 UHC	Medicare		1831.63				122.77	3733.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAM EXTREMITY UNI RT	75820	CPT	both			3930		2106.37 Wellcare	Medicare		1831.63				122.77	3733.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAM EXTREMITY UNI RT	75820	CPT	both			3930		2106.37 Wellcare	Medicaid		1239.92	31.55			122.77	3733.5	percent of total billed charges	
VENOGRAM EXTREMITY UNI RT	75820	CPT	both			3930		2106.37 WellPoint	WellPoint		1264.67	32.18			122.77	3733.5	percent of total billed charges	
VENOGRAM EXTREMITIES BIL	75822	CPT	inpatient			3930		2106.37 Aetna	Commercial		2915.95				154.84	3733.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAM EXTREMITIES BIL	75822	CPT	inpatient			3930		2106.37 Aetna	Better Health		1239.92	31.55			154.84	3733.5	percent of total billed charges	
VENOGRAM EXTREMITIES BIL	75822	CPT	inpatient			3930		2106.37 Aetna	Medicare		1831.63				154.84	3733.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAM EXTREMITIES BIL	75822	CPT	inpatient			3930		2106.37 Americare	Americare		2947.5	75			154.84	3733.5	percent of total billed charges	
VENOGRAM EXTREMITIES BIL	75822	CPT	inpatient			3930		2106.37 Amerihealth	HMO/PPO		2554.5	65			154.84	3733.5	percent of total billed charges	
VENOGRAM EXTREMITIES BIL	75822	CPT	inpatient			3930		2106.37 Amerihealth	Medicare		1831.63				154.84	3733.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAM EXTREMITIES BIL	75822	CPT	inpatient			3930		2106.37 Consumer	Consumer		3733.5	95			154.84	3733.5	percent of total billed charges	
VENOGRAM EXTREMITIES BIL	75822	CPT	inpatient			3930		2106.37 Corrections	Corrections		3144	80			154.84	3733.5	percent of total billed charges	
VENOGRAM EXTREMITIES BIL	75822	CPT	inpatient			3930		2106.37 First Health	First Health		2751	70			154.84	3733.5	percent of total billed charges	
VENOGRAM EXTREMITIES BIL	75822	CPT	inpatient			3930		2106.37 First Trenton	First Trenton		3537	90			154.84	3733.5	percent of total billed charges	
VENOGRAM EXTREMITIES BIL	75822	CPT	inpatient			3930		2106.37 Horizon	Medicare Blue		1831.63				154.84	3733.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAM EXTREMITIES BIL	75822	CPT	inpatient			3930		2106.37 Horizon	Indemnity		3408.66				154.84	3733.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAM EXTREMITIES BIL	75822	CPT	inpatient			3930		2106.37 Horizon	MGD		3408.66				154.84	3733.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAM EXTREMITIES BIL	75822	CPT	inpatient			3930		2106.37 Horizon	NJ Health		154.84				154.84	3733.5	fee schedule	
VENOGRAM EXTREMITIES BIL	75822	CPT	inpatient			3930		2106.37 Horizon	PPO		3408.66				154.84	3733.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAM EXTREMITIES BIL	75822	CPT	inpatient			3930		2106.37 Managed Care Inc	Managed Care Inc		3537	90			154.84	3733.5	percent of total billed charges	
VENOGRAM EXTREMITIES BIL	75822	CPT	inpatient			3930		2106.37 Multiplan	Multiplan		3144	80			154.84	3733.5	percent of total billed charges	
VENOGRAM EXTREMITIES BIL	75822	CPT	inpatient			3930		2106.37 Qualcare	Qualcare		2947.5	75			154.84	3733.5	percent of total billed charges	
VENOGRAM EXTREMITIES BIL	75822	CPT	inpatient			3930		2106.37 Three Rivers	Three Rivers		3733.5	95			154.84	3733.5	percent of total billed charges	
VENOGRAM EXTREMITIES BIL	75822	CPT	inpatient			3930		2106.37 UHC	Medicaid		1239.92	31.55			154.84	3733.5	percent of total billed charges	
VENOGRAM EXTREMITIES BIL	75822	CPT	inpatient			3930		2106.37 UHC	Medicare		1831.63				154.84	3733.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAM EXTREMITIES BIL	75822	CPT	inpatient			3930		2106.37 Wellcare	Medicaid		1239.92	31.55			154.84	3733.5	percent of total billed charges	
VENOGRAM EXTREMITIES BIL	75822	CPT	inpatient			3930		2106.37 Wellcare	Medicare		1831.63				154.84	3733.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAM EXTREMITIES BIL	75822	CPT	inpatient			3930		2106.37 WellPoint	WellPoint		1264.67	32.18			154.84	3733.5	percent of total billed charges	
SUPERVISION OF IVC	75825	CPT	both			11230		4192.26 Aetna	Better Health		3543.07	31.55			230.5	10668.5	percent of total billed charges	
SUPERVISION OF IVC	75825	CPT	both			11230		4192.26 Aetna	Commercial		5803.54				230.5	10668.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUPERVISION OF IVC	75825	CPT	both			11230		4192.26 Aetna	Medicare		3458.84	30.8			230.5	10668.5	percent of total billed charges	
SUPERVISION OF IVC	75825	CPT	both			11230		4192.26 Americare	Americare		8422.5	75			230.5	10668.5	percent of total billed charges	
SUPERVISION OF IVC	75825	CPT	both			11230		4192.26 Amerihealth	Medicare		3645.44				230.5	10668.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUPERVISION OF IVC	75825	CPT	both			11230		4192.26 Amerihealth	HMO/PPO		7299.5	65			230.5	10668.5	percent of total billed charges	
SUPERVISION OF IVC	75825	CPT	both			11230		4192.26 Consumer	Consumer		10668.5	95			230.5	10668.5	percent of total billed charges	
SUPERVISION OF IVC	75825	CPT	both			11230		4192.26 Corrections	Corrections		8984	80			230.5	10668.5	percent of total billed charges	
SUPERVISION OF IVC	75825	CPT	both			11230		4192.26 First Health	First Health		7861	70			230.5	10668.5	percent of total billed charges	
SUPERVISION OF IVC	75825	CPT	both			11230		4192.26 First Trenton	First Trenton		10107	90			230.5	10668.5	percent of total billed charges	
SUPERVISION OF IVC	75825	CPT	both			11230		4192.26 Horizon	MGD		6784.16				230.5	10668.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUPERVISION OF IVC	75825	CPT	both			11230		4192.26 Horizon	Indemnity		6784.16				230.5	10668.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUPERVISION OF IVC	75825	CPT	both			11230		4192.26 Horizon	NJ Health		230.5				230.5	10668.5	fee schedule	
SUPERVISION OF IVC	75825	CPT	both			11230		4192.26 Horizon	Medicare Blue		3645.44				230.5	10668.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUPERVISION OF IVC	75825	CPT	both			11230		4192.26 Horizon	PPO		6784.16				230.5	10668.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUPERVISION OF IVC	75825	CPT	both			11230		4192.26 Managed Care Inc	Managed Care Inc		10107	90			230.5	10668.5	percent of total billed charges	
SUPERVISION OF IVC	75825	CPT	both			11230		4192.26 Multiplan	Multiplan		8984	80			230.5	10668.5	percent of total billed charges	
SUPERVISION OF IVC	75825	CPT	both			11230		4192.26 Qualcare	Qualcare		8422.5	75			230.5	10668.5	percent of total billed charges	
SUPERVISION OF IVC	75825	CPT	both			11230		4192.26 Three Rivers	Three Rivers		10668.5	95			230.5	10668.5	percent of total billed charges	
SUPERVISION OF IVC	75825	CPT	both			11230		4192.26 UHC	Medicaid		3543.07	31.55			230.5	10668.5	percent of total billed charges	
SUPERVISION OF IVC	75825	CPT	both			11230		4192.26 UHC	Medicare		3645.44				230.5	10668.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUPERVISION OF IVC	75825	CPT	both			11230		4192.26 Wellcare	Medicare		3645.44				230.5	10668.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUPERVISION OF IVC	75825	CPT	both			11230		4192.26 Wellcare	Medicaid		3543.07	31.55			230.5	10668.5	percent of

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.														
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103		310119 true													
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
SUPERVISION OF SVC	76827	CPT	both			6839		2106.37 Aetna	Commercial		2915.95				407.68	6497.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUPERVISION OF SVC	76827	CPT	both			6839		2106.37 Aetna	Better Health		2157.7	31.55			407.68	6497.05	percent of total billed charges	
SUPERVISION OF SVC	76827	CPT	both			6839		2106.37 Aetna	Medicare		1831.63				407.68	6497.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUPERVISION OF SVC	76827	CPT	both			6839		2106.37 Americare	Americare		5129.25	75			407.68	6497.05	percent of total billed charges	
SUPERVISION OF SVC	76827	CPT	both			6839		2106.37 Amerihealth	Medicare		1831.63				407.68	6497.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUPERVISION OF SVC	76827	CPT	both			6839		2106.37 Amerihealth	HMO/PPO		4445.35	65			407.68	6497.05	percent of total billed charges	
SUPERVISION OF SVC	76827	CPT	both			6839		2106.37 Consumer	Consumer		6497.05	95			407.68	6497.05	percent of total billed charges	
SUPERVISION OF SVC	76827	CPT	both			6839		2106.37 Corrections	Corrections		5471.2	80			407.68	6497.05	percent of total billed charges	
SUPERVISION OF SVC	76827	CPT	both			6839		2106.37 First Health	First Health		4787.3	70			407.68	6497.05	percent of total billed charges	
SUPERVISION OF SVC	76827	CPT	both			6839		2106.37 First Trenton	First Trenton		6155.1	90			407.68	6497.05	percent of total billed charges	
SUPERVISION OF SVC	76827	CPT	both			6839		2106.37 Horizon	Indemnity		3408.66				407.68	6497.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUPERVISION OF SVC	76827	CPT	both			6839		2106.37 Horizon	Medicare Blue		1831.63				407.68	6497.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUPERVISION OF SVC	76827	CPT	both			6839		2106.37 Horizon	NJ Health		407.68				407.68	6497.05	fee schedule	
SUPERVISION OF SVC	76827	CPT	both			6839		2106.37 Horizon	MGD		3408.66				407.68	6497.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUPERVISION OF SVC	76827	CPT	both			6839		2106.37 Horizon	PPO		3408.66				407.68	6497.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUPERVISION OF SVC	76827	CPT	both			6839		2106.37 Managed Care Inc	Managed Care Inc		6155.1	90			407.68	6497.05	percent of total billed charges	
SUPERVISION OF SVC	76827	CPT	both			6839		2106.37 Multiplan	Multiplan		5471.2	80			407.68	6497.05	percent of total billed charges	
SUPERVISION OF SVC	76827	CPT	both			6839		2106.37 Qualcare	Qualcare		5129.25	75			407.68	6497.05	percent of total billed charges	
SUPERVISION OF SVC	76827	CPT	both			6839		2106.37 Three Rivers	Three Rivers		6497.05	95			407.68	6497.05	percent of total billed charges	
SUPERVISION OF SVC	76827	CPT	both			6839		2106.37 UHC	Medicare		1831.63				407.68	6497.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUPERVISION OF SVC	76827	CPT	both			6839		2106.37 UHC	Medicaid		2157.7	31.55			407.68	6497.05	percent of total billed charges	
SUPERVISION OF SVC	76827	CPT	both			6839		2106.37 Wellcare	Medicare		1831.63				407.68	6497.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUPERVISION OF SVC	76827	CPT	both			6839		2106.37 Wellcare	Medicaid		2157.7	31.55			407.68	6497.05	percent of total billed charges	
SUPERVISION OF SVC	76827	CPT	both			6839		2106.37 WellPoint	WellPoint		2200.79	32.18			407.68	6497.05	percent of total billed charges	
VENOGRAM,RENAL,UNI RT	75831	CPT	outpatient			5338		4192.26 Aetna	Medicare		3645.44				320.17	6784.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAM,RENAL,UNI RT	75831	CPT	outpatient			5338		4192.26 Aetna	Commercial		5803.54				320.17	6784.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAM,RENAL,UNI RT	75831	CPT	outpatient			5338		4192.26 Aetna	Better Health		1684.14	31.55			320.17	6784.16	percent of total billed charges	
VENOGRAM,RENAL,UNI RT	75831	CPT	outpatient			5338		4192.26 Americare	Americare		4003.5	75			320.17	6784.16	percent of total billed charges	
VENOGRAM,RENAL,UNI RT	75831	CPT	outpatient			5338		4192.26 Amerihealth	HMO/PPO		3469.7	65			320.17	6784.16	percent of total billed charges	
VENOGRAM,RENAL,UNI RT	75831	CPT	outpatient			5338		4192.26 Amerihealth	Medicare		3645.44				320.17	6784.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAM,RENAL,UNI RT	75831	CPT	outpatient			5338		4192.26 Consumer	Consumer		5071.1	95			320.17	6784.16	percent of total billed charges	
VENOGRAM,RENAL,UNI RT	75831	CPT	outpatient			5338		4192.26 Corrections	Corrections		4270.4	80			320.17	6784.16	percent of total billed charges	
VENOGRAM,RENAL,UNI RT	75831	CPT	outpatient			5338		4192.26 First Health	First Health		3736.6	70			320.17	6784.16	percent of total billed charges	
VENOGRAM,RENAL,UNI RT	75831	CPT	outpatient			5338		4192.26 First Trenton	First Trenton		4804.2	90			320.17	6784.16	percent of total billed charges	
VENOGRAM,RENAL,UNI RT	75831	CPT	outpatient			5338		4192.26 Horizon	Medicare Blue		3645.44				320.17	6784.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAM,RENAL,UNI RT	75831	CPT	outpatient			5338		4192.26 Horizon	MGD		6784.16				320.17	6784.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAM,RENAL,UNI RT	75831	CPT	outpatient			5338		4192.26 Horizon	PPO		6784.16				320.17	6784.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAM,RENAL,UNI RT	75831	CPT	outpatient			5338		4192.26 Horizon	Indemnity		6784.16				320.17	6784.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAM,RENAL,UNI RT	75831	CPT	outpatient			5338		4192.26 Horizon	NJ Health		320.17				320.17	6784.16	fee schedule	
VENOGRAM,RENAL,UNI RT	75831	CPT	outpatient			5338		4192.26 Managed Care Inc	Managed Care Inc		4804.2	90			320.17	6784.16	percent of total billed charges	
VENOGRAM,RENAL,UNI RT	75831	CPT	outpatient			5338		4192.26 Multiplan	Multiplan		4270.4	80			320.17	6784.16	percent of total billed charges	
VENOGRAM,RENAL,UNI RT	75831	CPT	outpatient			5338		4192.26 Qualcare	Qualcare		4003.5	75			320.17	6784.16	percent of total billed charges	
VENOGRAM,RENAL,UNI RT	75831	CPT	outpatient			5338		4192.26 Three Rivers	Three Rivers		5071.1	95			320.17	6784.16	percent of total billed charges	
VENOGRAM,RENAL,UNI RT	75831	CPT	outpatient			5338		4192.26 UHC	Medicaid		1684.14	31.55			320.17	6784.16	percent of total billed charges	
VENOGRAM,RENAL,UNI RT	75831	CPT	outpatient			5338		4192.26 UHC	Medicare		3645.44				320.17	6784.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAM,RENAL,UNI RT	75831	CPT	outpatient			5338		4192.26 Wellcare	Medicare		3645.44				320.17	6784.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAM,RENAL,UNI RT	75831	CPT	outpatient			5338		4192.26 Wellcare	Medicaid		1684.14	31.55			320.17	6784.16	percent of total billed charges	
VENOGRAM,RENAL,UNI RT	75831	CPT	outpatient			5338		4192.26 WellPoint	WellPoint		1717.77	32.18			320.17	6784.16	percent of total billed charges	
VENOGRAM RENAL BIL	75833	CPT	outpatient			5549		4192.26 Aetna	Commercial		5803.54				411.6	6784.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAM RENAL BIL	75833	CPT	outpatient			5549		4192.26 Aetna	Medicare		1709.09	30.8			411.6	6784.16	percent of total billed charges	
VENOGRAM RENAL BIL	75833	CPT	outpatient			5549		4192.26 Aetna	Better Health		1750.71	31.55			411.6	6784.16	percent of total billed charges	
VENOGRAM RENAL BIL	75833	CPT	outpatient			5549		4192.26 Americare	Americare		4161.75	75			411.6	6784.16	percent of total billed charges	
VENOGRAM RENAL BIL	75833	CPT	outpatient			5549		4192.26 Amerihealth	HMO/PPO		3606.85	65			411.6	6784.16	percent of total billed charges	
VENOGRAM RENAL BIL	75833	CPT	outpatient			5549		4192.26 Amerihealth	Medicare		3645.44				411.6	6784.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAM RENAL BIL	75833	CPT	outpatient			5549		4192.26 Consumer	Consumer		5271.55	95			411.6	6784.16	percent of total billed charges	
VENOGRAM RENAL BIL	75833	CPT	outpatient			5549		4192.26 Corrections	Corrections		4439.2	80			411.6	6784.16	percent of total billed charges	
VENOGRAM RENAL BIL	75833	CPT	outpatient			5549		4192.26 First Health	First Health		3884.3	70			411.6	6784.16	percent of total billed charges	
VENOGRAM RENAL BIL	75833	CPT	outpatient			5549		4192.26 First Trenton	First Trenton		4994.1	90			411.6	6784.16	percent of total billed charges	
VENOGRAM RENAL BIL	75833	CPT	outpatient			5549		4192.26 Horizon	PPO		6784.16				411.6	6784.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAM RENAL BIL	75833	CPT	outpatient			5549		4192.26 Horizon	MGD		6784.16				411.6	6784.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAM RENAL BIL	75833	CPT	outpatient			5549		4192.26 Horizon	Indemnity		6784.16				411.6	6784.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAM RENAL BIL	75833	CPT	outpatient			5549		4192.26 Horizon	NJ Health		411.6				411.6	6784.16	fee schedule	
VENOGRAM RENAL BIL	75833	CPT	outpatient			5549		4192.26 Horizon	Medicare Blue		3645.44				411.6	6784.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAM RENAL BIL	75833	CPT	outpatient			5549		4192.26 Managed Care Inc	Managed Care Inc		4994.1	90			411.6	6784.16	percent of total billed charges	
VENOGRAM RENAL BIL	75833	CPT	outpatient			5549		4192.26 Multiplan	Multiplan		4439.2	80			411.6	6784.16	percent of total billed charges	
VENOGRAM RENAL BIL	75833	CPT	outpatient			5549		4192.26 Qualcare	Qualcare		4161.75	75			411.6	6784.16	percent of total billed charges	
VENOGRAM RENAL BIL	75833	CPT	outpatient			5549		4192.26 Three Rivers	Three Rivers		5271.55	95			411.6	6784.16	percent of total billed charges	
VENOGRAM RENAL BIL	75833	CPT	outpatient			5549		4192.26 UHC	Medicare		3645.44				411.6	6784.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAM RENAL BIL	75833	CPT	outpatient			5549		4192.26 UHC	Medicaid		1750.71	31.55			411.6	6784.16	percent of total billed charges	
VENOGRAM RENAL BIL	75833	CPT	outpatient			5549		4192.26 Wellcare	Medicare		3645.44				411.6	6784.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAM RENAL BIL	75833	CPT	outpatient			5549		4192.26 Wellcare	Medicaid		1750.71	31.55			411.6	6784.16	percent of total billed charges	
VENOGRAM RENAL BIL	75833	CPT	outpatient			5549		4192.26 WellPoint	WellPoint		1785.67	32.18			411.6	6784.16	percent of total billed charges	
VENOGRAPHY,ADRENAL UNI,SELECT RT	75840	CPT	inpatient			8322		4192.26 Aetna	Better Health		2625.59	31.55			320.17	7905.9	percent of total billed charges	
VENOGRAPHY,ADRENAL UNI,SELECT RT	75840	CPT	inpatient			8322		4192.26 Aetna	Medicare		3645.44				320.17	7905.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY,ADRENAL UNI,SELECT RT	75840	CPT	inpatient			8322		4192.26 Aetna	Commercial		5803.54				320.17	7905.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY,ADRENAL UNI,SELECT RT	75840	CPT	inpatient			8322		4192.26 Americare	Americare		6241.5	75			320.17	7905.9	percent of total billed charges	
VENOGRAPHY,ADRENAL UNI,SELECT RT	75840	CPT	inpatient			8322		4192.26 Amerihealth	HMO/PPO		5409.3	65			320.17	7905.9	percent of total billed charges	
VENOGRAPHY,ADRENAL UNI,SELECT RT	75840	CPT	inpatient			8322		4192.26 Amerihealth	Medicare		3645.44				320.17	7905.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY,ADRENAL UNI,SELECT RT	75840	CPT	inpatient			8322		4192.26 Consumer	Consumer		7905.9	95			320.17	7905.9	percent of total billed charges	
VENOGRAPHY,ADRENAL UNI,SELECT RT	75840	CPT	inpatient			8322		4192.26 Corrections	Corrections		6657.6	80			320.17	7905.9	percent of total billed charges	
VENOGRAPHY,ADRENAL UNI,SELECT RT	75840	CPT	inpatient			8322		4192.26 First Health	First Health		5825.4	70			320.17	7905.9	percent of total billed charges	
VENOGRAPHY,ADRENAL UNI,SELECT RT	75840	CPT	inpatient			8322		4192.26 First Trenton	First Trenton		7489.8	90			320.17	7905.9	percent of total billed charges	
VENOGRAPHY,ADRENAL UNI,SELECT RT	75840	CPT	inpatient			8322		4192.26 Horizon	MGD		6784.16				320.17	7905.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY,ADRENAL UNI,SELECT RT	75840	CPT	inpatient			8322		4192.26 Horizon	Medicare Blue		3645.44				320.17	7905.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY,ADRENAL UNI,SELECT RT	75840	CPT	inpatient			8322		4192.26 Horizon	NJ Health		320.17				320.17	7905.9	fee schedule	
VENOGRAPHY,ADRENAL UNI,SELECT RT	75840	CPT	inpatient			8322		4192.26 Horizon	Indemnity		6784.16				320.17	7905.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY,ADRENAL UNI,SELECT RT	75840	CPT	inpatient			8322		4192.26 Horizon	PPO		6784.16				320.17	7905.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY,ADRENAL UNI,SELECT RT	75840	CPT	inpatient			8322		4192.26 Managed Care Inc	Managed Care Inc		7489.8	90			320.17	7905.9	percent of total billed charges	
VENOGRAPHY,ADRENAL UNI,SELECT RT	75840	CPT	inpatient			8322		4192.26 Multiplan	Multiplan		6657.6	80			320.17	7905.9	percent of total billed charges	
VENOGRAPHY,ADRENAL UNI,SELECT RT	75840	CPT	inpatient			8322		4192.26 Qualcare	Qualcare		6241.5	75			320.17	7905.9	percent of total billed charges	
VENOGRAPHY,ADRENAL UNI,SELECT RT	75840	CPT	inpatient			8322		4192.26 Three Rivers	Three Rivers		7905.9	95			320.17	7905.9	percent of total billed charges	
VENOGRAPHY,ADRENAL UNI,SELECT RT	75840	CPT	inpatient			8322		4192.26 UHC	Medicaid		2625.59	31.55			320.17	7905.9	percent of total billed charges	
VENOGRAPHY,ADRENAL UNI,SELECT RT	75840	CPT	inpatient			8322		4192.26 UHC	Medicare		3645.44				320.17	7905.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY,ADRENAL UNI,SELECT RT	75840	CPT	inpatient			8322		4192.26 Wellcare	Medicare		3645.44				320.17	7905.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY,ADRENAL UNI,SELECT RT	75840	CPT	inpatient			8322		4192.26 Wellcare	Medicaid		2625.59	31.55			320.17	7905.9	percent of total billed charges	
VENOGRAPHY,ADRENAL UNI,SELECT RT	75840	CPT	inpatient			8322		4192.26 WellPoint	WellPoint		2678.02	32.18			320.17	7905.9	percent of total billed charges	
VENOGRAPHY,ADRENAL BIL,SELECTIVE	75842	CPT	outpatient			17878		7227.61 Aetna	Medicare		6284.88				355.74	16984.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY,ADRENAL BIL,SELECTIVE	75842	CPT	outpatient			17878		7227.61 Aetna	Better Health		5640.51	31.55			355.74	16984.1	percent of total billed charges	
VENOGRAPHY,ADRENAL BIL,SELECTIVE	75842	CPT	outpatient			17878		7227.61 Aetna	Commercial		10055.53				355.74	16984.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY,ADRENAL BIL,SELECTIVE	75842	CPT	outpatient			17878		7227.61 Americare	Americare		13408.5	75			355.74	16984.1	percent of total billed charges	
VENOGRAPHY,ADRENAL BIL,SELECTIVE	75842	CPT	outpatient			17878		7227.61 Amerihealth	HMO/PPO		11620.7	65			355.74	16984.1	percent of total billed charges	
VENOGRAPHY,ADRENAL BIL,SELECTIVE	75842	CPT	outpatient			17878		7227.61 Amerihealth	Medicare		6284.88				355.74	16984.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY,ADRENAL BIL,SELECTIVE	75842	CPT	outpatient			17878		7227.61 Consumer	Consumer		16984.1	95			355.74	16984.1	percent of total billed charges	
VENOGRAPHY,ADRENAL BIL,SELECTIVE	75842	CPT	outpatient			17878		7227.61 Corrections	Corrections		14302.4	80			355.74	16984.1	percent of total billed charges	
VENOGRAPHY,ADRENAL BIL,SELECTIVE	75842	CPT	outpatient			17878		7227.61 First Health	First Health		12514.6	70			355.74	16984.1	percent of total billed charges	
VENOGRAPHY,ADRENAL BIL,SELECTIVE	75842	CPT	outpatient			17878		7227.61 First Trenton	First Trenton		16090.2	90			355.74	16984.1	percent of total billed charges	
VENOGRAPHY,ADRENAL BIL,SELECTIVE	75842	CPT	outpatient			17878		7227.61 Horizon	MGD		11696.16				355.74	16984.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY,ADRENAL BIL,SELECTIVE	75842	CPT	outpatient			17878		7227.61 Horizon	Medicare Blue		6284.88				355.74	16984.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY,ADRENAL BIL,SELECTIVE	75842	CPT	outpatient			17878		7227.61 Horizon	PPO		11696.16				355.74	16984.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY,ADRENAL BIL,SELECTIVE	75842	CPT	outpatient			17878		7227.61 Horizon	Indemnity		11696.16				355.74	16984.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY,ADRENAL BIL,SELECTIVE	75842	CPT	outpatient			17878		7227.61 Horizon	NJ Health		355.74				355.74	16984.1	fee schedule	
VENOGRAPHY,ADRENAL BIL,SELECTIVE	75842	CPT	outpatient			17878		7227.61 Managed Care Inc	Managed Care Inc		16090.2	90			355.74	16984.1	percent of total billed charges	
VENOGRAPHY,ADRENAL BIL,SELECTIVE	75842	CPT	outpatient			17878		7227.61 Multiplan	Multiplan		14302.4	80			355.74	16984.1	percent of total billed charges	
VENOGRAPHY,ADRENAL BIL,SELECTIVE	75842	CPT	outpatient			17878		7227.61 Qualcare	Qualcare		13408.5	75			355.74	16984.1	percent of total billed charges	
VENOGRAPHY,ADRENAL BIL,SELECTIVE	75842	CPT	outpatient			17878		7227.61 Three Rivers	Three Rivers		16984.1	95			355.74	16984.1	percent of total billed charges	
VENOGRAPHY,ADRENAL BIL,SELECTIVE	75842	CPT	outpatient			17878		7227.61 UHC	Medicaid		5640.51	31.55			355.74	16984.1	percent of total billed charges	
VENOGRAPHY,ADRENAL BIL,SELECTIVE	75842	CPT	outpatient			17878		7227.61 UHC	Medicare		6284.88				355.74	16984.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY,ADRENAL BIL,SELECTIVE	75842	CPT	outpatient			17878		7227.61 Wellcare	Medicaid		5640.51	31.55			355.74	16984.1	percent of total billed charges	
VENOGRAPHY,ADRENAL BIL,SELECTIVE	75842	CPT	outpatient			17878		7227.61 Wellcare	Medicare		6284.88				355.74	16984.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY,ADRENAL BIL,SELECTIVE	75842	CPT	outpatient			17878		7227.61 WellPoint	WellPoint		5753.14	32.18			355.74	16984.1	percent of total billed charges	
VENOGRAPHY-SINUS/JUGULAR	75860	CPT	both			6839		4192.26 Aetna	Better Health		2157.7	31.55			370.44	6784.16	percent of total billed charges	
VENOGRAPHY-SINUS/JUGULAR	75860	CPT	both			6839		4192.26 Aetna	Medicare		3645.44				370.44	6784.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY-SINUS/JUGULAR	75860	CPT	both			6839		4192.26 Aetna	Commercial		5803.54				370.44	6784.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY-SINUS/JUGULAR	75860	CPT	both			6839		4192.26 Americare	Americare		5129.25	75			370.44	6784.16	percent of total billed charges	
VENOGRAPHY-SINUS/JUGULAR	75860	CPT	both			6839		4192.26 Amerihealth	Medicare		3645.44				370.44	6784.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY-SINUS/JUGULAR	75860	CPT	both			6839		4192.26 Amerihealth	HMO/PPO		4445.35	65			370.44	6784.16	percent of total billed charges	
VENOGRAPHY-SINUS/JUGULAR	75860	CPT	both			6839		4192.26 Consumer	Consumer		6497.05	95			370.44	6784.16	percent of total billed charges	
VENOGRAPHY-SINUS/JUGULAR	75860	CPT	both			6839		4192.26 Corrections	Corrections		5471.2	80			370.44	6784.16	percent of total billed charges	
VENOGRAPHY-SINUS/JUGULAR	75860	CPT	both			6839		4192.26 First Health	First Health		4787.3	70			370.44	6784.16	percent of total billed charges	
VENOGRAPHY-SINUS/JUGULAR	75860	CPT	both			6839		4192.26 First Trenton	First Trenton		6155.1	90			370.44	6784.16	percent of total billed charges	
VENOGRAPHY-SINUS/JUGULAR	75860	CPT	both			6839		4192.26 Horizon	MGD		6784.16				370.44	6784.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY-SINUS/JUGULAR	75860	CPT	both			6839		4192.26 Horizon	Indemnity		6784.16				370.44	6784.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY-SINUS/JUGULAR	75860	CPT	both			6839		4192.26 Horizon	Medicare Blue		3645.44				370.44	6784.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY-SINUS/JUGULAR	75860	CPT	both			6839		4192.26 Horizon	NJ Health		370.44				370.44	6784.16	fee schedule	
VENOGRAPHY-SINUS/JUGULAR	75860	CPT	both			6839		4192.26 Horizon	PPO		6784.16				370.44	6784.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY-SINUS/JUGULAR	75860	CPT	both			6839		4192.26 Managed Care Inc	Managed Care Inc		6155.1	90			370.44	6784.16	percent of total billed charges	
VENOGRAPHY-SINUS/JUGULAR	75860	CPT	both			6839		4192.26 Multiplan	Multiplan		5471.2	80			370.44	6784.16	percent of total billed charges	
VENOGRAPHY-SINUS/JUGULAR	75860	CPT	both			6839		4192.26 Qualcare	Qualcare		5129.25	75			370.44	6784.16	percent of total billed charges	
VENOGRAPHY-SINUS/JUGULAR	75860	CPT	both			6839		4192.26 Three Rivers	Three Rivers		6497.05	95			370.44	6784.16	percent of total billed charges	
VENOGRAPHY-SINUS/JUGULAR	75860	CPT	both			6839		4192.26 UHC	Medicare		3645.44				370.44	6784.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY-SINUS/JUGULAR	75860	CPT	both			6839		4192.26 UHC	Medicaid		2157.7	31.55			370.44	6784.16	percent of total billed charges	
VENOGRAPHY-SINUS/JUGULAR	75860	CPT	both			6839		4192.26 Wellcare	Medicaid		2157.7	31.55			370.44	6784.16	percent of total billed charges	
VENOGRAPHY-SINUS/JUGULAR	75860	CPT	both			6839		4192.26 Wellcare	Medicare		3645.44				370.44	6784.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY-SINUS/JUGULAR	75860	CPT	both			6839		4192.26 WellPoint	WellPoint		2200.79	32.18			370.44	6784.16	percent of total billed charges	
VENOGRAPHY, SUP SAG SINUS	75870	CPT	both			11206		4192.26 Aetna	Better Health		3535.49	31.55			320.17	10645.7	percent of total billed charges	
VENOGRAPHY, SUP SAG SINUS	75870	CPT	both			11206		4192.26 Aetna	Commercial		5803.54				320.17	10645.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY, SUP SAG SINUS	75870	CPT	both			11206		4192.26 Aetna	Medicare		3645.44				320.17	10645.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY, SUP SAG SINUS	75870	CPT	both			11206		4192.26 Americare	Americare		8404.5	75			320.17	10645.7	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
VENOGRAPHY, SUP SAG SINUS	75870	CPT	both			11206		4192.26 Amerihealth	HMO/PPO		65				320.17	10645.7	percent of total billed charges	
VENOGRAPHY, SUP SAG SINUS	75870	CPT	both			11206		4192.26 Amerihealth	Medicare		3645.44				320.17	10645.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY, SUP SAG SINUS	75870	CPT	both			11206		4192.26 Consumer	Consumer		10645.7	95			320.17	10645.7	percent of total billed charges	
VENOGRAPHY, SUP SAG SINUS	75870	CPT	both			11206		4192.26 Corrections	Corrections		8964.8	80			320.17	10645.7	percent of total billed charges	
VENOGRAPHY, SUP SAG SINUS	75870	CPT	both			11206		4192.26 First Health	First Health		7844.2	70			320.17	10645.7	percent of total billed charges	
VENOGRAPHY, SUP SAG SINUS	75870	CPT	both			11206		4192.26 First Trenton	First Trenton		10085.4	90			320.17	10645.7	percent of total billed charges	
VENOGRAPHY, SUP SAG SINUS	75870	CPT	both			11206		4192.26 Horizon	PPO		6784.16				320.17	10645.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY, SUP SAG SINUS	75870	CPT	both			11206		4192.26 Horizon	Indemnity		6784.16				320.17	10645.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY, SUP SAG SINUS	75870	CPT	both			11206		4192.26 Horizon	Medicare Blue		3645.44				320.17	10645.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY, SUP SAG SINUS	75870	CPT	both			11206		4192.26 Horizon	MGD		6784.16				320.17	10645.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY, SUP SAG SINUS	75870	CPT	both			11206		4192.26 Horizon	NJ Health		320.17				320.17	10645.7	fee schedule	
VENOGRAPHY, SUP SAG SINUS	75870	CPT	both			11206		4192.26 Managed Care Inc	Managed Care Inc		10085.4	90			320.17	10645.7	percent of total billed charges	
VENOGRAPHY, SUP SAG SINUS	75870	CPT	both			11206		4192.26 Multiplan	Multiplan		8964.8	80			320.17	10645.7	percent of total billed charges	
VENOGRAPHY, SUP SAG SINUS	75870	CPT	both			11206		4192.26 Qualcare	Qualcare		8404.5	75			320.17	10645.7	percent of total billed charges	
VENOGRAPHY, SUP SAG SINUS	75870	CPT	both			11206		4192.26 Three Rivers	Three Rivers		10645.7	95			320.17	10645.7	percent of total billed charges	
VENOGRAPHY, SUP SAG SINUS	75870	CPT	both			11206		4192.26 UHC	Medicaid		3535.49	31.55			320.17	10645.7	percent of total billed charges	
VENOGRAPHY, SUP SAG SINUS	75870	CPT	both			11206		4192.26 UHC	Medicare		3645.44				320.17	10645.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY, SUP SAG SINUS	75870	CPT	both			11206		4192.26 Wellcare	Medicare		3645.44				320.17	10645.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY, SUP SAG SINUS	75870	CPT	both			11206		4192.26 Wellcare	Medicaid		3535.49	31.55			320.17	10645.7	percent of total billed charges	
VENOGRAPHY, SUP SAG SINUS	75870	CPT	both			11206		4192.26 WellPoint	WellPoint		3606.09	32.18			320.17	10645.7	percent of total billed charges	
VENOGRAPHY, EPIDURAL	75872	CPT	outpatient			5549		826.23 Aetna	Better Health		1750.71	31.55			320.17	5271.55	percent of total billed charges	
VENOGRAPHY, EPIDURAL	75872	CPT	outpatient			5549		826.23 Aetna	Commercial		1143.79				320.17	5271.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY, EPIDURAL	75872	CPT	outpatient			5549		826.23 Aetna	Medicare		718.46				320.17	5271.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY, EPIDURAL	75872	CPT	outpatient			5549		826.23 Americare	Americare		4161.75	75			320.17	5271.55	percent of total billed charges	
VENOGRAPHY, EPIDURAL	75872	CPT	outpatient			5549		826.23 Amerihealth	HMO/PPO		3606.85	65			320.17	5271.55	percent of total billed charges	
VENOGRAPHY, EPIDURAL	75872	CPT	outpatient			5549		826.23 Amerihealth	Medicare		718.46				320.17	5271.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY, EPIDURAL	75872	CPT	outpatient			5549		826.23 Consumer	Consumer		5271.55	95			320.17	5271.55	percent of total billed charges	
VENOGRAPHY, EPIDURAL	75872	CPT	outpatient			5549		826.23 Corrections	Corrections		4439.2	80			320.17	5271.55	percent of total billed charges	
VENOGRAPHY, EPIDURAL	75872	CPT	outpatient			5549		826.23 First Health	First Health		3884.3	70			320.17	5271.55	percent of total billed charges	
VENOGRAPHY, EPIDURAL	75872	CPT	outpatient			5549		826.23 First Trenton	First Trenton		4994.1	90			320.17	5271.55	percent of total billed charges	
VENOGRAPHY, EPIDURAL	75872	CPT	outpatient			5549		826.23 Horizon	Indemnity		1337.05				320.17	5271.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY, EPIDURAL	75872	CPT	outpatient			5549		826.23 Horizon	MGD		1337.05				320.17	5271.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY, EPIDURAL	75872	CPT	outpatient			5549		826.23 Horizon	NJ Health		320.17				320.17	5271.55	fee schedule	
VENOGRAPHY, EPIDURAL	75872	CPT	outpatient			5549		826.23 Horizon	Medicare Blue		718.46				320.17	5271.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY, EPIDURAL	75872	CPT	outpatient			5549		826.23 Horizon	PPO		1337.05				320.17	5271.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY, EPIDURAL	75872	CPT	outpatient			5549		826.23 Managed Care Inc	Managed Care Inc		4994.1	90			320.17	5271.55	percent of total billed charges	
VENOGRAPHY, EPIDURAL	75872	CPT	outpatient			5549		826.23 Multiplan	Multiplan		4439.2	80			320.17	5271.55	percent of total billed charges	
VENOGRAPHY, EPIDURAL	75872	CPT	outpatient			5549		826.23 Qualcare	Qualcare		4161.75	75			320.17	5271.55	percent of total billed charges	
VENOGRAPHY, EPIDURAL	75872	CPT	outpatient			5549		826.23 Three Rivers	Three Rivers		5271.55	95			320.17	5271.55	percent of total billed charges	
VENOGRAPHY, EPIDURAL	75872	CPT	outpatient			5549		826.23 UHC	Medicaid		1750.71	31.55			320.17	5271.55	percent of total billed charges	
VENOGRAPHY, EPIDURAL	75872	CPT	outpatient			5549		826.23 UHC	Medicare		718.46				320.17	5271.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY, EPIDURAL	75872	CPT	outpatient			5549		826.23 Wellcare	Medicaid		1750.71	31.55			320.17	5271.55	percent of total billed charges	
VENOGRAPHY, EPIDURAL	75872	CPT	outpatient			5549		826.23 Wellcare	Medicare		718.46				320.17	5271.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY, EPIDURAL	75872	CPT	outpatient			5549		826.23 WellPoint	WellPoint		1785.67	32.18			320.17	5271.55	percent of total billed charges	
VENOGRAPHY, ORBITAL	75880	CPT	outpatient			3930		826.23 Aetna	Medicare		1210.44	30.8			125.69	3733.5	percent of total billed charges	
VENOGRAPHY, ORBITAL	75880	CPT	outpatient			3930		826.23 Aetna	Commercial		1143.79				125.69	3733.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY, ORBITAL	75880	CPT	outpatient			3930		826.23 Aetna	Better Health		1239.92	31.55			125.69	3733.5	percent of total billed charges	
VENOGRAPHY, ORBITAL	75880	CPT	outpatient			3930		826.23 Americare	Americare		2947.5	75			125.69	3733.5	percent of total billed charges	
VENOGRAPHY, ORBITAL	75880	CPT	outpatient			3930		826.23 Amerihealth	HMO/PPO		2554.5	65			125.69	3733.5	percent of total billed charges	
VENOGRAPHY, ORBITAL	75880	CPT	outpatient			3930		826.23 Amerihealth	Medicare		718.46				125.69	3733.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY, ORBITAL	75880	CPT	outpatient			3930		826.23 Consumer	Consumer		3733.5	95			125.69	3733.5	percent of total billed charges	
VENOGRAPHY, ORBITAL	75880	CPT	outpatient			3930		826.23 Corrections	Corrections		3144	80			125.69	3733.5	percent of total billed charges	
VENOGRAPHY, ORBITAL	75880	CPT	outpatient			3930		826.23 First Health	First Health		2751	70			125.69	3733.5	percent of total billed charges	
VENOGRAPHY, ORBITAL	75880	CPT	outpatient			3930		826.23 First Trenton	First Trenton		3537	90			125.69	3733.5	percent of total billed charges	
VENOGRAPHY, ORBITAL	75880	CPT	outpatient			3930		826.23 Horizon	NJ Health		125.69				125.69	3733.5	fee schedule	
VENOGRAPHY, ORBITAL	75880	CPT	outpatient			3930		826.23 Horizon	Indemnity		1337.05				125.69	3733.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY, ORBITAL	75880	CPT	outpatient			3930		826.23 Horizon	Medicare Blue		718.46				125.69	3733.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY, ORBITAL	75880	CPT	outpatient			3930		826.23 Horizon	MGD		1337.05				125.69	3733.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY, ORBITAL	75880	CPT	outpatient			3930		826.23 Horizon	PPO		1337.05				125.69	3733.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY, ORBITAL	75880	CPT	outpatient			3930		826.23 Managed Care Inc	Managed Care Inc		3537	90			125.69	3733.5	percent of total billed charges	
VENOGRAPHY, ORBITAL	75880	CPT	outpatient			3930		826.23 Multiplan	Multiplan		3144	80			125.69	3733.5	percent of total billed charges	
VENOGRAPHY, ORBITAL	75880	CPT	outpatient			3930		826.23 Qualcare	Qualcare		2947.5	75			125.69	3733.5	percent of total billed charges	
VENOGRAPHY, ORBITAL	75880	CPT	outpatient			3930		826.23 Three Rivers	Three Rivers		3733.5	95			125.69	3733.5	percent of total billed charges	
VENOGRAPHY, ORBITAL	75880	CPT	outpatient			3930		826.23 UHC	Medicaid		1239.92	31.55			125.69	3733.5	percent of total billed charges	
VENOGRAPHY, ORBITAL	75880	CPT	outpatient			3930		826.23 UHC	Medicare		718.46				125.69	3733.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY, ORBITAL	75880	CPT	outpatient			3930		826.23 Wellcare	Medicare		718.46				125.69	3733.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY, ORBITAL	75880	CPT	outpatient			3930		826.23 Wellcare	Medicaid		1239.92	31.55			125.69	3733.5	percent of total billed charges	
VENOGRAPHY, ORBITAL	75880	CPT	outpatient			3930		826.23 WellPoint	WellPoint		1264.67	32.18			125.69	3733.5	percent of total billed charges	
TRANS PORTO W/ HEMODY EVAL	75885	CPT	both			6839		4192.26 Aetna	Better Health		2157.7	31.55			279.89	6784.16	percent of total billed charges	
TRANS PORTO W/ HEMODY EVAL	75885	CPT	both			6839		4192.26 Aetna	Commercial		5803.54				279.89	6784.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANS PORTO W/ HEMODY EVAL	75885	CPT	both			6839		4192.26 Aetna	Medicare		3645.44				279.89	6784.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANS PORTO W/ HEMODY EVAL	75885	CPT	both			6839		4192.26 Americare	Americare		5129.25	75			279.89	6784.16	percent of total billed charges	
TRANS PORTO W/ HEMODY EVAL	75885	CPT	both			6839		4192.26 Amerihealth	HMO/PPO		4445.35	65			279.89	6784.16	percent of total billed charges	
TRANS PORTO W/ HEMODY EVAL	75885	CPT	both			6839		4192.26 Amerihealth	Medicare		3645.44				279.89	6784.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANS PORTO W/ HEMODY EVAL	75885	CPT	both			6839		4192.26 Consumer	Consumer		6497.05	95			279.89	6784.16	percent of total billed charges	
TRANS PORTO W/ HEMODY EVAL	75885	CPT	both			6839		4192.26 Corrections	Corrections		5471.2	80			279.89	6784.16	percent of total billed charges	
TRANS PORTO W/ HEMODY EVAL	75885	CPT	both			6839		4192.26 First Health	First Health		4787.3	70			279.89	6784.16	percent of total billed charges	
TRANS PORTO W/ HEMODY EVAL	75885	CPT	both			6839		4192.26 First Trenton	First Trenton		6155.1	90			279.89	6784.16	percent of total billed charges	
TRANS PORTO W/ HEMODY EVAL	75885	CPT	both			6839		4192.26 Horizon	MGD		6784.16				279.89	6784.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANS PORTO W/ HEMODY EVAL	75885	CPT	both			6839		4192.26 Horizon	Indemnity		6784.16				279.89	6784.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANS PORTO W/ HEMODY EVAL	75885	CPT	both			6839		4192.26 Horizon	NJ Health		279.89				279.89	6784.16	fee schedule	
TRANS PORTO W/ HEMODY EVAL	75885	CPT	both			6839		4192.26 Horizon	PPO		6784.16				279.89	6784.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANS PORTO W/ HEMODY EVAL	75885	CPT	both			6839		4192.26 Horizon	Medicare Blue		3645.44				279.89	6784.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANS PORTO W/ HEMODY EVAL	75885	CPT	both			6839		4192.26 Managed Care Inc	Managed Care Inc		6155.1	90			279.89	6784.16	percent of total billed charges	
TRANS PORTO W/ HEMODY EVAL	75885	CPT	both			6839		4192.26 Multiplan	Multiplan		5471.2	80			279.89	6784.16	percent of total billed charges	
TRANS PORTO W/ HEMODY EVAL	75885	CPT	both			6839		4192.26 Qualcare	Qualcare		5129.25	75			279.89	6784.16	percent of total billed charges	
TRANS PORTO W/ HEMODY EVAL	75885	CPT	both			6839		4192.26 Three Rivers	Three Rivers		6497.05	95			279.89	6784.16	percent of total billed charges	
TRANS PORTO W/ HEMODY EVAL	75885	CPT	both			6839		4192.26 UHC	Medicaid		2157.7	31.55			279.89	6784.16	percent of total billed charges	
TRANS PORTO W/ HEMODY EVAL	75885	CPT	both			6839		4192.26 UHC	Medicare		3645.44				279.89	6784.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANS PORTO W/ HEMODY EVAL	75885	CPT	both			6839		4192.26 Wellcare	Medicare		3645.44				279.89	6784.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANS PORTO W/ HEMODY EVAL	75885	CPT	both			6839		4192.26 Wellcare	Medicaid		2157.7	31.55			279.89	6784.16	percent of total billed charges	
TRANS PORTO W/ HEMODY EVAL	75885	CPT	both			6839		4192.26 WellPoint	WellPoint		2200.79	32.18			279.89	6784.16	percent of total billed charges	
PORTAL W/O HEMODYNAMIC EVAL	75887	CPT	both			6839		4192.26 Aetna	Better Health		2157.7	31.55			355.74	6784.16	percent of total billed charges	
PORTAL W/O HEMODYNAMIC EVAL	75887	CPT	both			6839		4192.26 Aetna	Commercial		5803.54				355.74	6784.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PORTAL W/O HEMODYNAMIC EVAL	75887	CPT	both			6839		4192.26 Aetna	Medicare		2106.41	30.8			355.74	6784.16	percent of total billed charges	
PORTAL W/O HEMODYNAMIC EVAL	75887	CPT	both			6839		4192.26 Americare	Americare		5129.25	75			355.74	6784.16	percent of total billed charges	
PORTAL W/O HEMODYNAMIC EVAL	75887	CPT	both			6839		4192.26 Amerihealth	HMO/PPO		4445.35	65			355.74	6784.16	percent of total billed charges	
PORTAL W/O HEMODYNAMIC EVAL	75887	CPT	both			6839		4192.26 Amerihealth	Medicare		3645.44				355.74	6784.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PORTAL W/O HEMODYNAMIC EVAL	75887	CPT	both			6839		4192.26 Consumer	Consumer		6497.05	95			355.74	6784.16	percent of total billed charges	
PORTAL W/O HEMODYNAMIC EVAL	75887	CPT	both			6839		4192.26 Corrections	Corrections		5471.2	80			355.74	6784.16	percent of total billed charges	
PORTAL W/O HEMODYNAMIC EVAL	75887	CPT	both			6839		4192.26 First Health	First Health		4787.3	70			355.74	6784.16	percent of total billed charges	
PORTAL W/O HEMODYNAMIC EVAL	75887	CPT	both			6839		4192.26 First Trenton	First Trenton		6155.1	90			355.74	6784.16	percent of total billed charges	
PORTAL W/O HEMODYNAMIC EVAL	75887	CPT	both			6839		4192.26 Horizon	MGD		6784.16				355.74	6784.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PORTAL W/O HEMODYNAMIC EVAL	75887	CPT	both			6839		4192.26 Horizon	Indemnity		6784.16				355.74	6784.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PORTAL W/O HEMODYNAMIC EVAL	75887	CPT	both			6839		4192.26 Horizon	PPO		6784.16				355.74	6784.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PORTAL W/O HEMODYNAMIC EVAL	75887	CPT	both			6839		4192.26 Horizon	NJ Health		355.74				355.74	6784.16	fee schedule	
PORTAL W/O HEMODYNAMIC EVAL	75887	CPT	both			6839		4192.26 Horizon	Medicare Blue		3645.44				355.74	6784.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PORTAL W/O HEMODYNAMIC EVAL	75887	CPT	both			6839		4192.26 Managed Care Inc	Managed Care Inc		6155.1	90			355.74	6784.16	percent of total billed charges	
PORTAL W/O HEMODYNAMIC EVAL	75887	CPT	both			6839		4192.26 Multiplan	Multiplan		5471.2	80			355.74	6784.16	percent of total billed charges	
PORTAL W/O HEMODYNAMIC EVAL	75887	CPT	both			6839		4192.26 Qualcare	Qualcare		5129.25	75			355.74	6784.16	percent of total billed charges	
PORTAL W/O HEMODYNAMIC EVAL	75887	CPT	both			6839		4192.26 Three Rivers	Three Rivers		6497.05	95			355.74	6784.16	percent of total billed charges	
PORTAL W/O HEMODYNAMIC EVAL	75887	CPT	both			6839		4192.26 UHC	Medicare		3645.44				355.74	6784.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PORTAL W/O HEMODYNAMIC EVAL	75887	CPT	both			6839		4192.26 UHC	Medicaid		2157.7	31.55			355.74	6784.16	percent of total billed charges	
PORTAL W/O HEMODYNAMIC EVAL	75887	CPT	both			6839		4192.26 Wellcare	Medicare		3645.44				355.74	6784.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PORTAL W/O HEMODYNAMIC EVAL	75887	CPT	both			6839		4192.26 Wellcare	Medicaid		2157.7	31.55			355.74	6784.16	percent of total billed charges	
PORTAL W/O HEMODYNAMIC EVAL	75887	CPT	both			6839		4192.26 WellPoint	WellPoint		2200.79	32.18			355.74	6784.16	percent of total billed charges	
HEPATIC VENOGRAM W/ HEMO EVAL	75889	CPT	both			6839		4192.26 Aetna	Medicare		3645.44				370.44	6784.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HEPATIC VENOGRAM W/ HEMO EVAL	75889	CPT	both			6839		4192.26 Aetna	Commercial		5803.54				370.44	6784.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HEPATIC VENOGRAM W/ HEMO EVAL	75889	CPT	both			6839		4192.26 Aetna	Better Health		2157.7	31.55			370.44	6784.16	percent of total billed charges	
HEPATIC VENOGRAM W/ HEMO EVAL	75889	CPT	both			6839		4192.26 Americare	Americare		5129.25	75			370.44	6784.16	percent of total billed charges	
HEPATIC VENOGRAM W/ HEMO EVAL	75889	CPT	both			6839		4192.26 Amerihealth	HMO/PPO		4445.35	65			370.44	6784.16	percent of total billed charges	
HEPATIC VENOGRAM W/ HEMO EVAL	75889	CPT	both			6839		4192.26 Amerihealth	Medicare		3645.44				370.44	6784.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HEPATIC VENOGRAM W/ HEMO EVAL	75889	CPT	both			6839		4192.26 Consumer	Consumer		6497.05	95			370.44	6784.16	percent of total billed charges	
HEPATIC VENOGRAM W/ HEMO EVAL	75889	CPT	both			6839		4192.26 Corrections	Corrections		5471.2	80			370.44	6784.16	percent of total billed charges	
HEPATIC VENOGRAM W/ HEMO EVAL	75889	CPT	both			6839		4192.26 First Health	First Health		4787.3	70			370.44	6784.16	percent of total billed charges	
HEPATIC VENOGRAM W/ HEMO EVAL	75889	CPT	both			6839		4192.26 First Trenton	First Trenton		6155.1	90			370.44	6784.16	percent of total billed charges	
HEPATIC VENOGRAM W/ HEMO EVAL	75889	CPT	both			6839		4192.26 Horizon	Indemnity		6784.16				370.44	6784.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HEPATIC VENOGRAM W/ HEMO EVAL	75889	CPT	both			6839		4192.26 Horizon	PPO		6784.16				370.44	6784.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HEPATIC VENOGRAM W/ HEMO EVAL	75889	CPT	both			6839		4192.26 Horizon	NJ Health		370.44				370.44	6784.16	fee schedule	
HEPATIC VENOGRAM W/ HEMO EVAL	75889	CPT	both			6839		4192.26 Horizon	Medicare Blue		3645.44				370.44	6784.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HEPATIC VENOGRAM W/ HEMO EVAL	75889	CPT	both			6839		4192.26 Horizon	MGD		6784.16				370.44	6784.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HEPATIC VENOGRAM W/ HEMO EVAL	75889	CPT	both			6839		4192.26 Managed Care Inc	Managed Care Inc		6155.1	90			370.44	6784.16	percent of total billed charges	
HEPATIC VENOGRAM W/ HEMO EVAL	75889	CPT	both			6839		4192.26 Multiplan	Multiplan		5471.2	80			370.44	6784.16	percent of total billed charges	
HEPATIC VENOGRAM W/ HEMO EVAL	75889	CPT	both			6839		4192.26 Qualcare	Qualcare		5129.25	75			370.44	6784.16	percent of total billed charges	
HEPATIC VENOGRAM W/ HEMO EVAL	75889	CPT	both			6839		4192.26 Three Rivers	Three Rivers		6497.05	95			370.44	6784.16	percent of total billed charges	
HEPATIC VENOGRAM W/ HEMO EVAL	75889	CPT	both			6839		4192.26 UHC	Medicaid		2157.7	31.55			370.44	6784.16	percent of total billed charges	
HEPATIC VENOGRAM W/ HEMO EVAL	75889	CPT	both			6839		4192.26 UHC	Medicare		3645.44				370.44	6784.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HEPATIC VENOGRAM W/ HEMO EVAL	75889	CPT	both			6839		4192.26 Wellcare	Medicaid		2157.7	31.55			370.44	6784.16	percent of total billed charges	
HEPATIC VENOGRAM W/ HEMO EVAL	75889	CPT	both			6839		4192.26 Wellcare	Medicare		3645.44				370.44	6784.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HEPATIC VENOGRAM W/ HEMO EVAL	75889	CPT	both			6839		4192.26 WellPoint	WellPoint		2200.79	32.18			370.44	6784.16	percent of total billed charges	
VENOGRAPHY,HEP W/O HEMODYNAMIC	75891	CPT	inpatient			6839		4192.26 Aetna	Commercial		5803.54				320.17	6784.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY,HEP W/O HEMODYNAMIC	75891	CPT	inpatient			6839		4192.26 Aetna	Better Health		2157.7	31.55			320.17	6784.16	percent of total billed charges	
VENOGRAPHY,HEP W/O HEMODYNAMIC	75891	CPT	inpatient			6839		4192.26 Aetna	Medicare		3645.44				320.17	6784.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY,HEP W/O HEMODYNAMIC	75891	CPT	inpatient			6839		4192.26 Americare	Americare		5129.25	75			320.17	6784.16	percent of total billed charges	
VENOGRAPHY,HEP W/O HEMODYNAMIC	75891	CPT	inpatient			6839		4192.26 Amerihealth	HMO/PPO		4445.35	65			320.17	6784.16	percent of total billed charges	
VENOGRAPHY,HEP W/O HEMODYNAMIC	75891	CPT	inpatient			6839		4192.26 Amerihealth	Medicare		3645.44				320.17	6784.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY,HEP W/O HEMODYNAMIC	75891	CPT	inpatient			6839		4192.26 Consumer	Consumer		6497.05	95			320.17	6784.16	percent of total billed charges	
VENOGRAPHY,HEP W/O HEMODYNAMIC	75891	CPT	inpatient			6839		4192.26 Corrections	Corrections		5471.2	80			320.17	6784.16	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101191	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
VENOGRAPHY,HEP W/O HEMODYNAMIC	75891	CPT	inpatient			6839		4192.26 First Health	First Health		4787.3	70			320.17	6784.16	percent of total billed charges	
VENOGRAPHY,HEP W/O HEMODYNAMIC	75891	CPT	inpatient			6839		4192.26 First Trenton	First Trenton		6155.1	90			320.17	6784.16	percent of total billed charges	
VENOGRAPHY,HEP W/O HEMODYNAMIC	75891	CPT	inpatient			6839		4192.26 Horizon	NJ Health		320.17				320.17	6784.16	fee schedule	
VENOGRAPHY,HEP W/O HEMODYNAMIC	75891	CPT	inpatient			6839		4192.26 Horizon	Indemnity		6784.16				320.17	6784.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY,HEP W/O HEMODYNAMIC	75891	CPT	inpatient			6839		4192.26 Horizon	MGD		6784.16				320.17	6784.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY,HEP W/O HEMODYNAMIC	75891	CPT	inpatient			6839		4192.26 Horizon	Medicare Blue		3645.44				320.17	6784.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY,HEP W/O HEMODYNAMIC	75891	CPT	inpatient			6839		4192.26 Horizon	PPO		6784.16				320.17	6784.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY,HEP W/O HEMODYNAMIC	75891	CPT	inpatient			6839		4192.26 Managed Care Inc	Managed Care Inc		6155.1	90			320.17	6784.16	percent of total billed charges	
VENOGRAPHY,HEP W/O HEMODYNAMIC	75891	CPT	inpatient			6839		4192.26 Multiplan	Multiplan		5471.2	80			320.17	6784.16	percent of total billed charges	
VENOGRAPHY,HEP W/O HEMODYNAMIC	75891	CPT	inpatient			6839		4192.26 Qualcare	Qualcare		5129.25	75			320.17	6784.16	percent of total billed charges	
VENOGRAPHY,HEP W/O HEMODYNAMIC	75891	CPT	inpatient			6839		4192.26 Three Rivers	Three Rivers		6497.05	95			320.17	6784.16	percent of total billed charges	
VENOGRAPHY,HEP W/O HEMODYNAMIC	75891	CPT	inpatient			6839		4192.26 UHC	Medicare		3645.44				320.17	6784.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY,HEP W/O HEMODYNAMIC	75891	CPT	inpatient			6839		4192.26 UHC	Medicaid		2157.7	31.55			320.17	6784.16	percent of total billed charges	
VENOGRAPHY,HEP W/O HEMODYNAMIC	75891	CPT	inpatient			6839		4192.26 Wellcare	Medicare		3645.44				320.17	6784.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY,HEP W/O HEMODYNAMIC	75891	CPT	inpatient			6839		4192.26 Wellcare	Medicaid		2157.7	31.55			320.17	6784.16	percent of total billed charges	
VENOGRAPHY,HEP W/O HEMODYNAMIC	75891	CPT	inpatient			6839		4192.26 WellPoint	WellPoint		2200.79	32.18			320.17	6784.16	percent of total billed charges	
VENOGRAM RENIN LEVELS	75893	CPT	outpatient			6839		7227.61 Aetna	Commercial		10055.53				205.8	11696.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAM RENIN LEVELS	75893	CPT	outpatient			6839		7227.61 Aetna	Medicare		6284.88				205.8	11696.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAM RENIN LEVELS	75893	CPT	outpatient			6839		7227.61 Aetna	Better Health		2157.7	31.55			205.8	11696.16	percent of total billed charges	
VENOGRAM RENIN LEVELS	75893	CPT	outpatient			6839		7227.61 Americare	Americare		5129.25	75			205.8	11696.16	percent of total billed charges	
VENOGRAM RENIN LEVELS	75893	CPT	outpatient			6839		7227.61 Amerihealth	HMO/PPO		4445.35	65			205.8	11696.16	percent of total billed charges	
VENOGRAM RENIN LEVELS	75893	CPT	outpatient			6839		7227.61 Amerihealth	Medicare		6284.88				205.8	11696.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAM RENIN LEVELS	75893	CPT	outpatient			6839		7227.61 Consumer	Consumer		6497.05	95			205.8	11696.16	percent of total billed charges	
VENOGRAM RENIN LEVELS	75893	CPT	outpatient			6839		7227.61 Corrections	Corrections		5471.2	80			205.8	11696.16	percent of total billed charges	
VENOGRAM RENIN LEVELS	75893	CPT	outpatient			6839		7227.61 First Health	First Health		4787.3	70			205.8	11696.16	percent of total billed charges	
VENOGRAM RENIN LEVELS	75893	CPT	outpatient			6839		7227.61 First Trenton	First Trenton		6155.1	90			205.8	11696.16	percent of total billed charges	
VENOGRAM RENIN LEVELS	75893	CPT	outpatient			6839		7227.61 Horizon	MGD		11696.16				205.8	11696.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAM RENIN LEVELS	75893	CPT	outpatient			6839		7227.61 Horizon	Medicare Blue		6284.88				205.8	11696.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAM RENIN LEVELS	75893	CPT	outpatient			6839		7227.61 Horizon	NJ Health		205.8				205.8	11696.16	fee schedule	
VENOGRAM RENIN LEVELS	75893	CPT	outpatient			6839		7227.61 Horizon	Indemnity		11696.16				205.8	11696.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAM RENIN LEVELS	75893	CPT	outpatient			6839		7227.61 Horizon	PPO		11696.16				205.8	11696.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAM RENIN LEVELS	75893	CPT	outpatient			6839		7227.61 Managed Care Inc	Managed Care Inc		6155.1	90			205.8	11696.16	percent of total billed charges	
VENOGRAM RENIN LEVELS	75893	CPT	outpatient			6839		7227.61 Multiplan	Multiplan		5471.2	80			205.8	11696.16	percent of total billed charges	
VENOGRAM RENIN LEVELS	75893	CPT	outpatient			6839		7227.61 Qualcare	Qualcare		5129.25	75			205.8	11696.16	percent of total billed charges	
VENOGRAM RENIN LEVELS	75893	CPT	outpatient			6839		7227.61 Three Rivers	Three Rivers		6497.05	95			205.8	11696.16	percent of total billed charges	
VENOGRAM RENIN LEVELS	75893	CPT	outpatient			6839		7227.61 UHC	Medicaid		2157.7	31.55			205.8	11696.16	percent of total billed charges	
VENOGRAM RENIN LEVELS	75893	CPT	outpatient			6839		7227.61 UHC	Medicare		6284.88				205.8	11696.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAM RENIN LEVELS	75893	CPT	outpatient			6839		7227.61 Wellcare	Medicare		6284.88				205.8	11696.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAM RENIN LEVELS	75893	CPT	outpatient			6839		7227.61 Wellcare	Medicaid		2157.7	31.55			205.8	11696.16	percent of total billed charges	
VENOGRAM RENIN LEVELS	75893	CPT	outpatient			6839		7227.61 WellPoint	WellPoint		2200.79	32.18			205.8	11696.16	percent of total billed charges	
TRANSCATHETER THER (EMBOLIZE)	75894	CPT	both			10619		Aetna	Commercial		4035.22	38			493.92	10088.05	percent of total billed charges	
TRANSCATHETER THER (EMBOLIZE)	75894	CPT	both			10619		Aetna	Better Health		3350.29	31.55			493.92	10088.05	percent of total billed charges	
TRANSCATHETER THER (EMBOLIZE)	75894	CPT	both			10619		Aetna	Medicare		3270.65	30.8			493.92	10088.05	percent of total billed charges	
TRANSCATHETER THER (EMBOLIZE)	75894	CPT	both			10619		Americare	Americare		7964.25	75			493.92	10088.05	percent of total billed charges	
TRANSCATHETER THER (EMBOLIZE)	75894	CPT	both			10619		Amerihealth	HMO/PPO		6902.35	65			493.92	10088.05	percent of total billed charges	
TRANSCATHETER THER (EMBOLIZE)	75894	CPT	both			10619		Consumer	Consumer		10088.05	95			493.92	10088.05	percent of total billed charges	
TRANSCATHETER THER (EMBOLIZE)	75894	CPT	both			10619		Corrections	Corrections		8495.2	80			493.92	10088.05	percent of total billed charges	
TRANSCATHETER THER (EMBOLIZE)	75894	CPT	both			10619		First Health	First Health		7433.3	70			493.92	10088.05	percent of total billed charges	
TRANSCATHETER THER (EMBOLIZE)	75894	CPT	both			10619		First Trenton	First Trenton		9557.1	90			493.92	10088.05	percent of total billed charges	
TRANSCATHETER THER (EMBOLIZE)	75894	CPT	both			10619		Horizon	MGD		4064.95	38.28			493.92	10088.05	percent of total billed charges	
TRANSCATHETER THER (EMBOLIZE)	75894	CPT	both			10619		Horizon	NJ Health		493.92				493.92	10088.05	fee schedule	
TRANSCATHETER THER (EMBOLIZE)	75894	CPT	both			10619		Horizon	Medicare Blue		3185.7	30			493.92	10088.05	percent of total billed charges	
TRANSCATHETER THER (EMBOLIZE)	75894	CPT	both			10619		Horizon	Indemnity		4064.95	38.28			493.92	10088.05	percent of total billed charges	
TRANSCATHETER THER (EMBOLIZE)	75894	CPT	both			10619		Horizon	PPO		4064.95	38.28			493.92	10088.05	percent of total billed charges	
TRANSCATHETER THER (EMBOLIZE)	75894	CPT	both			10619		Managed Care Inc	Managed Care Inc		9557.1	90			493.92	10088.05	percent of total billed charges	
TRANSCATHETER THER (EMBOLIZE)	75894	CPT	both			10619		Multiplan	Multiplan		8495.2	80			493.92	10088.05	percent of total billed charges	
TRANSCATHETER THER (EMBOLIZE)	75894	CPT	both			10619		Qualcare	Qualcare		7964.25	75			493.92	10088.05	percent of total billed charges	
TRANSCATHETER THER (EMBOLIZE)	75894	CPT	both			10619		Three Rivers	Three Rivers		10088.05	95			493.92	10088.05	percent of total billed charges	
TRANSCATHETER THER (EMBOLIZE)	75894	CPT	both			10619		UHC	Medicaid		3350.29	31.55			493.92	10088.05	percent of total billed charges	
TRANSCATHETER THER (EMBOLIZE)	75894	CPT	both			10619		Wellcare	Medicaid		3350.29	31.55			493.92	10088.05	percent of total billed charges	
TRANSCATHETER THER (EMBOLIZE)	75894	CPT	both			10619		WellPoint	WellPoint		3417.19	32.18			493.92	10088.05	percent of total billed charges	
FOLLOW-UP ANGIO THRU EXIST CAT	75898	CPT	both			41091		4192.26 Aetna	Better Health		12964.21	31.55			215.6	39036.45	percent of total billed charges	
FOLLOW-UP ANGIO THRU EXIST CAT	75898	CPT	both			41091		4192.26 Aetna	Commercial		5803.54				215.6	39036.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FOLLOW-UP ANGIO THRU EXIST CAT	75898	CPT	both			41091		4192.26 Aetna	Medicare		3645.44				215.6	39036.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FOLLOW-UP ANGIO THRU EXIST CAT	75898	CPT	both			41091		4192.26 Americare	Americare		30818.25	75			215.6	39036.45	percent of total billed charges	
FOLLOW-UP ANGIO THRU EXIST CAT	75898	CPT	both			41091		4192.26 Amerihealth	HMO/PPO		26709.15	65			215.6	39036.45	percent of total billed charges	
FOLLOW-UP ANGIO THRU EXIST CAT	75898	CPT	both			41091		4192.26 Amerihealth	Medicare		3645.44				215.6	39036.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FOLLOW-UP ANGIO THRU EXIST CAT	75898	CPT	both			41091		4192.26 Consumer	Consumer		39036.45	95			215.6	39036.45	percent of total billed charges	
FOLLOW-UP ANGIO THRU EXIST CAT	75898	CPT	both			41091		4192.26 Corrections	Corrections		32872.8	80			215.6	39036.45	percent of total billed charges	
FOLLOW-UP ANGIO THRU EXIST CAT	75898	CPT	both			41091		4192.26 First Health	First Health		28763.7	70			215.6	39036.45	percent of total billed charges	
FOLLOW-UP ANGIO THRU EXIST CAT	75898	CPT	both			41091		4192.26 First Trenton	First Trenton		36981.9	90			215.6	39036.45	percent of total billed charges	
FOLLOW-UP ANGIO THRU EXIST CAT	75898	CPT	both			41091		4192.26 Horizon	PPO		6784.16				215.6	39036.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FOLLOW-UP ANGIO THRU EXIST CAT	75898	CPT	both			41091		4192.26 Horizon	Indemnity		6784.16				215.6	39036.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FOLLOW-UP ANGIO THRU EXIST CAT	75898	CPT	both			41091		4192.26 Horizon	Medicare Blue		3645.44				215.6	39036.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FOLLOW-UP ANGIO THRU EXIST CAT	75898	CPT	both			41091		4192.26 Horizon	MGD		6784.16				215.6	39036.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FOLLOW-UP ANGIO THRU EXIST CAT	75898	CPT	both			41091		4192.26 Horizon	NJ Health		215.6				215.6	39036.45	fee schedule	
FOLLOW-UP ANGIO THRU EXIST CAT	75898	CPT	both			41091		4192.26 Managed Care Inc	Managed Care Inc		36981.9	90			215.6	39036.45	percent of total billed charges	
FOLLOW-UP ANGIO THRU EXIST CAT	75898	CPT	both			41091		4192.26 Multiplan	Multiplan		32872.8	80			215.6	39036.45	percent of total billed charges	
FOLLOW-UP ANGIO THRU EXIST CAT	75898	CPT	both			41091		4192.26 Qualcare	Qualcare		30818.25	75			215.6	39036.45	percent of total billed charges	
FOLLOW-UP ANGIO THRU EXIST CAT	75898	CPT	both			41091		4192.26 Three Rivers	Three Rivers		39036.45	95			215.6	39036.45	percent of total billed charges	
FOLLOW-UP ANGIO THRU EXIST CAT	75898	CPT	both			41091		4192.26 UHC	Medicaid		12964.21	31.55			215.6	39036.45	percent of total billed charges	
FOLLOW-UP ANGIO THRU EXIST CAT	75898	CPT	both			41091		4192.26 UHC	Medicare		3645.44				215.6	39036.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FOLLOW-UP ANGIO THRU EXIST CAT	75898	CPT	both			41091		4192.26 Wellcare	Medicare		3645.44				215.6	39036.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FOLLOW-UP ANGIO THRU EXIST CAT	75898	CPT	both			41091		4192.26 Wellcare	Medicaid		12964.21	31.55			215.6	39036.45	percent of total billed charges	
FOLLOW-UP ANGIO THRU EXIST CAT	75898	CPT	both			41091		4192.26 WellPoint	WellPoint		13223.08	32.18			215.6	39036.45	percent of total billed charges	
TRANSCATH BIOPSY S&I	75970	CPT	both			6024		Aetna	Medicare		1855.39	30.8			294	5722.8	percent of total billed charges	
TRANSCATH BIOPSY S&I	75970	CPT	both			6024		Aetna	Better Health		1900.57	31.55			294	5722.8	percent of total billed charges	
TRANSCATH BIOPSY S&I	75970	CPT	both			6024		Aetna	Commercial		2289.12	38			294	5722.8	percent of total billed charges	
TRANSCATH BIOPSY S&I	75970	CPT	both			6024		Americare	Americare		4518	75			294	5722.8	percent of total billed charges	
TRANSCATH BIOPSY S&I	75970	CPT	both			6024		Amerihealth	HMO/PPO		3915.6	65			294	5722.8	percent of total billed charges	
TRANSCATH BIOPSY S&I	75970	CPT	both			6024		Consumer	Consumer		5722.8	95			294	5722.8	percent of total billed charges	
TRANSCATH BIOPSY S&I	75970	CPT	both			6024		Corrections	Corrections		4819.2	80			294	5722.8	percent of total billed charges	
TRANSCATH BIOPSY S&I	75970	CPT	both			6024		First Health	First Health		4216.8	70			294	5722.8	percent of total billed charges	
TRANSCATH BIOPSY S&I	75970	CPT	both			6024		First Trenton	First Trenton		5421.6	90			294	5722.8	percent of total billed charges	
TRANSCATH BIOPSY S&I	75970	CPT	both			6024		Horizon	Medicare Blue		1807.2	30			294	5722.8	percent of total billed charges	
TRANSCATH BIOPSY S&I	75970	CPT	both			6024		Horizon	Indemnity		2305.99	38.28			294	5722.8	percent of total billed charges	
TRANSCATH BIOPSY S&I	75970	CPT	both			6024		Horizon	MGD		2305.99	38.28			294	5722.8	percent of total billed charges	
TRANSCATH BIOPSY S&I	75970	CPT	both			6024		Horizon	NJ Health		294				294	5722.8	fee schedule	
TRANSCATH BIOPSY S&I	75970	CPT	both			6024		Horizon	PPO		2305.99	38.28			294	5722.8	percent of total billed charges	
TRANSCATH BIOPSY S&I	75970	CPT	both			6024		Managed Care Inc	Managed Care Inc		5421.6	90			294	5722.8	percent of total billed charges	
TRANSCATH BIOPSY S&I	75970	CPT	both			6024		Multiplan	Multiplan		4819.2	80			294	5722.8	percent of total billed charges	
TRANSCATH BIOPSY S&I	75970	CPT	both			6024		Qualcare	Qualcare		4518	75			294	5722.8	percent of total billed charges	
TRANSCATH BIOPSY S&I	75970	CPT	both			6024		Three Rivers	Three Rivers		5722.8	95			294	5722.8	percent of total billed charges	
TRANSCATH BIOPSY S&I	75970	CPT	both			6024		UHC	Medicaid		1900.57	31.55			294	5722.8	percent of total billed charges	
TRANSCATH BIOPSY S&I	75970	CPT	both			6024		Wellcare	Medicaid		1900.57	31.55			294	5722.8	percent of total billed charges	
TRANSCATH BIOPSY S&I	75970	CPT	both			6024		WellPoint	WellPoint		1938.52	32.18			294	5722.8	percent of total billed charges	
TRANSLUM BLN ANGIO VENOUS S&I LT	75978	CPT	outpatient			6253		Aetna	Better Health		1972.82	31.55			1875.9	5940.35	percent of total billed charges	
TRANSLUM BLN ANGIO VENOUS S&I LT	75978	CPT	outpatient			6253		Aetna	Medicare		1925.92	30.8			1875.9	5940.35	percent of total billed charges	
TRANSLUM BLN ANGIO VENOUS S&I LT	75978	CPT	outpatient			6253		Aetna	Commercial		2376.14	38			1875.9	5940.35	percent of total billed charges	
TRANSLUM BLN ANGIO VENOUS S&I LT	75978	CPT	outpatient			6253		Americare	Americare		4689.75	75			1875.9	5940.35	percent of total billed charges	
TRANSLUM BLN ANGIO VENOUS S&I LT	75978	CPT	outpatient			6253		Amerihealth	HMO/PPO		4064.45	65			1875.9	5940.35	percent of total billed charges	
TRANSLUM BLN ANGIO VENOUS S&I LT	75978	CPT	outpatient			6253		Consumer	Consumer		5940.35	95			1875.9	5940.35	percent of total billed charges	
TRANSLUM BLN ANGIO VENOUS S&I LT	75978	CPT	outpatient			6253		Corrections	Corrections		5002.4	80			1875.9	5940.35	percent of total billed charges	
TRANSLUM BLN ANGIO VENOUS S&I LT	75978	CPT	outpatient			6253		First Health	First Health		4377.1	70			1875.9	5940.35	percent of total billed charges	
TRANSLUM BLN ANGIO VENOUS S&I LT	75978	CPT	outpatient			6253		First Trenton	First Trenton		5627.7	90			1875.9	5940.35	percent of total billed charges	
TRANSLUM BLN ANGIO VENOUS S&I LT	75978	CPT	outpatient			6253		Horizon	Medicare Blue		1875.9	30			1875.9	5940.35	percent of total billed charges	
TRANSLUM BLN ANGIO VENOUS S&I LT	75978	CPT	outpatient			6253		Horizon	MGD		2393.65	38.28			1875.9	5940.35	percent of total billed charges	
TRANSLUM BLN ANGIO VENOUS S&I LT	75978	CPT	outpatient			6253		Horizon	Indemnity		2393.65	38.28			1875.9	5940.35	percent of total billed charges	
TRANSLUM BLN ANGIO VENOUS S&I LT	75978	CPT	outpatient			6253		Horizon	PPO		2393.65	38.28			1875.9	5940.35	percent of total billed charges	
TRANSLUM BLN ANGIO VENOUS S&I LT	75978	CPT	outpatient			6253		Managed Care Inc	Managed Care Inc		5627.7	90			1875.9	5940.35	percent of total billed charges	
TRANSLUM BLN ANGIO VENOUS S&I LT	75978	CPT	outpatient			6253		Multiplan	Multiplan		5002.4	80			1875.9	5940.35	percent of total billed charges	
TRANSLUM BLN ANGIO VENOUS S&I LT	75978	CPT	outpatient			6253		Qualcare	Qualcare		4689.75	75			1875.9	5940.35	percent of total billed charges	
TRANSLUM BLN ANGIO VENOUS S&I LT	75978	CPT	outpatient			6253		Three Rivers	Three Rivers		5940.35	95			1875.9	5940.35	percent of total billed charges	
TRANSLUM BLN ANGIO VENOUS S&I LT	75978	CPT	outpatient			6253		UHC	Medicaid		1972.82	31.55			1875.9	5940.35	percent of total billed charges	
TRANSLUM BLN ANGIO VENOUS S&I LT	75978	CPT	outpatient			6253		Wellcare	Medicaid		1972.82	31.55			1875.9	5940.35	percent of total billed charges	
TRANSLUM BLN ANGIO VENOUS S&I LT	75978	CPT	outpatient			6253		WellPoint	WellPoint		2012.22	32.18			1875.9	5940.35	percent of total billed charges	
REVIS &/OR REINS TRANSHEP S&I	75984	CPT	both			1072		Aetna	Medicare		330.18	30.8			100.84	1018.4	percent of total billed charges	
REVIS &/OR REINS TRANSHEP S&I	75984	CPT	both			1072		Aetna	Better Health		338.22	31.55			100.84	1018.4	percent of total billed charges	
REVIS &/OR REINS TRANSHEP S&I	75984	CPT	both			1072		Aetna	Commercial		407.36	38			100.84	1018.4	percent of total billed charges	
REVIS &/OR REINS TRANSHEP S&I	75984	CPT	both			1072		Americare	Americare		804	75			100.84	1018.4	percent of total billed charges	
REVIS &/OR REINS TRANSHEP S&I	75984	CPT	both			1072		Amerihealth	HMO/PPO		696.8	65			100.84	1018.4	percent of total billed charges	
REVIS &/OR REINS TRANSHEP S&I	75984	CPT	both			1072		Consumer	Consumer		1018.4	95			100.84	1018.4	percent of total billed charges	
REVIS &/OR REINS TRANSHEP S&I	75984	CPT	both			1072		Corrections	Corrections		857.6	80			100.84	1018.4	percent of total billed charges	
REVIS &/OR REINS TRANSHEP S&I	75984	CPT	both			1072		First Health	First Health		750.4	70			100.84	1018.4	percent of total billed charges	
REVIS &/OR REINS TRANSHEP S&I	75984	CPT	both			1072		First Trenton	First Trenton		964.8	90			100.84	1018.4	percent of total billed charges	
REVIS &/OR REINS TRANSHEP S&I	75984	CPT	both			1072		Horizon	MGD		410.36	38.28			100.84	1018.4	percent of total billed charges	
REVIS &/OR REINS TRANSHEP S&I	75984	CPT	both			1072		Horizon	NJ Health		100.84				100.84	1018.4	fee schedule	
REVIS &/OR REINS TRANSHEP S&I	75984	CPT	both			1072		Horizon	Medicare Blue		321.6	30			100.84	1018.4	percent of total billed charges	
REVIS &/OR REINS TRANSHEP S&I	75984	CPT	both			1072		Horizon	Indemnity		410.36	38.28			100.84	1018.4	percent of total billed charges	
REVIS &/OR REINS TRANSHEP S&I	75984	CPT	both			1072		Horizon	PPO		410.36	38.28			100.84	1018.4	percent of total billed charges	
REVIS &/OR REINS TRANSHEP S&I	75984	CPT	both			1072		Managed Care Inc	Managed Care Inc		964.8	90			100.84	1018.4	percent of total billed charges	
REVIS &/OR REINS TRANSHEP S&I	75984	CPT	both			1072		Multiplan	Multiplan		857.6	80			100.84	1018.4	percent of total billed charges	
REVIS &/OR REINS TRANSHEP S&I	75984	CPT	both			1072		Qualcare	Qualcare		804	75			100.84	1018.4	percent of total billed charges	
REVIS &/OR REINS TRANSHEP S&I	75984	CPT	both			1072		Three Rivers	Three Rivers		1018.4	95			100.84	1018.4	percent of total billed charges	
REVIS &/OR REINS TRANSHEP S&I	75984	CPT	both			1072		UHC	Medicaid		338.22	31.55			100.84	1018.4	percent of total billed charges	
REVIS &/OR REINS TRANSHEP S&I	75984	CPT	both			1072		Wellcare	Medicaid		338.22	31.55			100.84	1018.4	percent of total billed charges	
REVIS &/OR REINS TRANSHEP S&I	75984	CPT	both			1072		WellPoint	WellPoint		344.97	32.18			100.84	1018.4	percent of total billed charges	
PERCUTANEOUS DRAIN W/W/O CATH PLACEMENT	75989	CPT	outpatient			1721		Aetna	Medicare		530.07	30.8			256.76	1634.95	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
PERCUTANEOUS DRAIN W/W/O CATH PLACEMENT	75989	CPT	outpatient			1721		Aetna	Better Health		542.98	31.55			256.76	1634.95	percent of total billed charges	
PERCUTANEOUS DRAIN W/W/O CATH PLACEMENT	75989	CPT	outpatient			1721		Aetna	Commercial		653.98	38			256.76	1634.95	percent of total billed charges	
PERCUTANEOUS DRAIN W/W/O CATH PLACEMENT	75989	CPT	outpatient			1721		Americare	Americare		1290.75	75			256.76	1634.95	percent of total billed charges	
PERCUTANEOUS DRAIN W/W/O CATH PLACEMENT	75989	CPT	outpatient			1721		Amerihealth	HMO/PPO		1118.65	65			256.76	1634.95	percent of total billed charges	
PERCUTANEOUS DRAIN W/W/O CATH PLACEMENT	75989	CPT	outpatient			1721		Consumer	Consumer		1634.95	95			256.76	1634.95	percent of total billed charges	
PERCUTANEOUS DRAIN W/W/O CATH PLACEMENT	75989	CPT	outpatient			1721		Corrections	Corrections		1376.8	80			256.76	1634.95	percent of total billed charges	
PERCUTANEOUS DRAIN W/W/O CATH PLACEMENT	75989	CPT	outpatient			1721		First Health	First Health		1204.7	70			256.76	1634.95	percent of total billed charges	
PERCUTANEOUS DRAIN W/W/O CATH PLACEMENT	75989	CPT	outpatient			1721		First Trenton	First Trenton		1548.9	90			256.76	1634.95	percent of total billed charges	
PERCUTANEOUS DRAIN W/W/O CATH PLACEMENT	75989	CPT	outpatient			1721		Horizon	NJ Health		256.76				256.76	1634.95	fee schedule	
PERCUTANEOUS DRAIN W/W/O CATH PLACEMENT	75989	CPT	outpatient			1721		Horizon	MGD		658.8	38.28			256.76	1634.95	percent of total billed charges	
PERCUTANEOUS DRAIN W/W/O CATH PLACEMENT	75989	CPT	outpatient			1721		Horizon	Medicare Blue		516.3	30			256.76	1634.95	percent of total billed charges	
PERCUTANEOUS DRAIN W/W/O CATH PLACEMENT	75989	CPT	outpatient			1721		Horizon	Indemnity		658.8	38.28			256.76	1634.95	percent of total billed charges	
PERCUTANEOUS DRAIN W/W/O CATH PLACEMENT	75989	CPT	outpatient			1721		Horizon	PPO		658.8	38.28			256.76	1634.95	percent of total billed charges	
PERCUTANEOUS DRAIN W/W/O CATH PLACEMENT	75989	CPT	outpatient			1721		Managed Care Inc	Managed Care Inc		1548.9	90			256.76	1634.95	percent of total billed charges	
PERCUTANEOUS DRAIN W/W/O CATH PLACEMENT	75989	CPT	outpatient			1721		Multiplan	Multiplan		1376.8	80			256.76	1634.95	percent of total billed charges	
PERCUTANEOUS DRAIN W/W/O CATH PLACEMENT	75989	CPT	outpatient			1721		Qualcare	Qualcare		1290.75	75			256.76	1634.95	percent of total billed charges	
PERCUTANEOUS DRAIN W/W/O CATH PLACEMENT	75989	CPT	outpatient			1721		Three Rivers	Three Rivers		1634.95	95			256.76	1634.95	percent of total billed charges	
PERCUTANEOUS DRAIN W/W/O CATH PLACEMENT	75989	CPT	outpatient			1721		UHC	Medicaid		542.98	31.55			256.76	1634.95	percent of total billed charges	
PERCUTANEOUS DRAIN W/W/O CATH PLACEMENT	75989	CPT	outpatient			1721		Wellcare	Medicaid		542.98	31.55			256.76	1634.95	percent of total billed charges	
PERCUTANEOUS DRAIN W/W/O CATH PLACEMENT	75989	CPT	outpatient			1721		WellPoint	WellPoint		553.82	32.18			256.76	1634.95	percent of total billed charges	
FLUROSCOPY	76000	CPT	both			978	322.28	Aetna	Medicare		280.24				97.02	929.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLUROSCOPY	76000	CPT	both			978	322.28	Aetna	Better Health		308.56	31.55			97.02	929.1	percent of total billed charges	
FLUROSCOPY	76000	CPT	both			978	322.28	Aetna	Commercial		446.14				97.02	929.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLUROSCOPY	76000	CPT	both			978	322.28	Americare	Americare		733.5	75			97.02	929.1	percent of total billed charges	
FLUROSCOPY	76000	CPT	both			978	322.28	Amerihealth	HMO/PPO		635.7	65			97.02	929.1	percent of total billed charges	
FLUROSCOPY	76000	CPT	both			978	322.28	Amerihealth	Medicare		280.24				97.02	929.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLUROSCOPY	76000	CPT	both			978	322.28	Consumer	Consumer		929.1	95			97.02	929.1	percent of total billed charges	
FLUROSCOPY	76000	CPT	both			978	322.28	Corrections	Corrections		782.4	80			97.02	929.1	percent of total billed charges	
FLUROSCOPY	76000	CPT	both			978	322.28	First Health	First Health		684.6	70			97.02	929.1	percent of total billed charges	
FLUROSCOPY	76000	CPT	both			978	322.28	First Trenton	First Trenton		880.2	90			97.02	929.1	percent of total billed charges	
FLUROSCOPY	76000	CPT	both			978	322.28	Horizon	MGD		521.53				97.02	929.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLUROSCOPY	76000	CPT	both			978	322.28	Horizon	Medicare Blue		280.24				97.02	929.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLUROSCOPY	76000	CPT	both			978	322.28	Horizon	NJ Health		97.02				97.02	929.1	fee schedule	
FLUROSCOPY	76000	CPT	both			978	322.28	Horizon	Indemnity		521.53				97.02	929.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLUROSCOPY	76000	CPT	both			978	322.28	Horizon	PPO		521.53				97.02	929.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLUROSCOPY	76000	CPT	both			978	322.28	Managed Care Inc	Managed Care Inc		880.2	90			97.02	929.1	percent of total billed charges	
FLUROSCOPY	76000	CPT	both			978	322.28	Multiplan	Multiplan		782.4	80			97.02	929.1	percent of total billed charges	
FLUROSCOPY	76000	CPT	both			978	322.28	Qualcare	Qualcare		733.5	75			97.02	929.1	percent of total billed charges	
FLUROSCOPY	76000	CPT	both			978	322.28	Three Rivers	Three Rivers		929.1	95			97.02	929.1	percent of total billed charges	
FLUROSCOPY	76000	CPT	both			978	322.28	UHC	Medicaid		308.56	31.55			97.02	929.1	percent of total billed charges	
FLUROSCOPY	76000	CPT	both			978	322.28	UHC	Medicare		280.24				97.02	929.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLUROSCOPY	76000	CPT	both			978	322.28	Wellcare	Medicare		280.24				97.02	929.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLUROSCOPY	76000	CPT	both			978	322.28	Wellcare	Medicaid		308.56	31.55			97.02	929.1	percent of total billed charges	
FLUROSCOPY	76000	CPT	both			978	322.28	WellPoint	WellPoint		314.72	32.18			97.02	929.1	percent of total billed charges	
NOSE TO RECTUM FOR FB,SINGLE FILM	76010	CPT	outpatient			1107	119.52	Aetna	Commercial		165.46				29.4	1051.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NOSE TO RECTUM FOR FB,SINGLE FILM	76010	CPT	outpatient			1107	119.52	Aetna	Better Health		349.26	31.55			29.4	1051.65	percent of total billed charges	
NOSE TO RECTUM FOR FB,SINGLE FILM	76010	CPT	outpatient			1107	119.52	Aetna	Medicare		340.96	30.8			29.4	1051.65	percent of total billed charges	
NOSE TO RECTUM FOR FB,SINGLE FILM	76010	CPT	outpatient			1107	119.52	Americare	Americare		830.25	75			29.4	1051.65	percent of total billed charges	
NOSE TO RECTUM FOR FB,SINGLE FILM	76010	CPT	outpatient			1107	119.52	Amerihealth	Medicare		103.93				29.4	1051.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NOSE TO RECTUM FOR FB,SINGLE FILM	76010	CPT	outpatient			1107	119.52	Amerihealth	HMO/PPO		719.55	65			29.4	1051.65	percent of total billed charges	
NOSE TO RECTUM FOR FB,SINGLE FILM	76010	CPT	outpatient			1107	119.52	Consumer	Consumer		1051.65	95			29.4	1051.65	percent of total billed charges	
NOSE TO RECTUM FOR FB,SINGLE FILM	76010	CPT	outpatient			1107	119.52	Corrections	Corrections		885.6	80			29.4	1051.65	percent of total billed charges	
NOSE TO RECTUM FOR FB,SINGLE FILM	76010	CPT	outpatient			1107	119.52	First Health	First Health		774.9	70			29.4	1051.65	percent of total billed charges	
NOSE TO RECTUM FOR FB,SINGLE FILM	76010	CPT	outpatient			1107	119.52	First Trenton	First Trenton		996.3	90			29.4	1051.65	percent of total billed charges	
NOSE TO RECTUM FOR FB,SINGLE FILM	76010	CPT	outpatient			1107	119.52	Horizon	Indemnity		193.41				29.4	1051.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NOSE TO RECTUM FOR FB,SINGLE FILM	76010	CPT	outpatient			1107	119.52	Horizon	Medicare Blue		103.93				29.4	1051.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NOSE TO RECTUM FOR FB,SINGLE FILM	76010	CPT	outpatient			1107	119.52	Horizon	PPO		193.41				29.4	1051.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NOSE TO RECTUM FOR FB,SINGLE FILM	76010	CPT	outpatient			1107	119.52	Horizon	MGD		193.41				29.4	1051.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NOSE TO RECTUM FOR FB,SINGLE FILM	76010	CPT	outpatient			1107	119.52	Horizon	NJ Health		29.4				29.4	1051.65	fee schedule	
NOSE TO RECTUM FOR FB,SINGLE FILM	76010	CPT	outpatient			1107	119.52	Managed Care Inc	Managed Care Inc		996.3	90			29.4	1051.65	percent of total billed charges	
NOSE TO RECTUM FOR FB,SINGLE FILM	76010	CPT	outpatient			1107	119.52	Multiplan	Multiplan		885.6	80			29.4	1051.65	percent of total billed charges	
NOSE TO RECTUM FOR FB,SINGLE FILM	76010	CPT	outpatient			1107	119.52	Qualcare	Qualcare		830.25	75			29.4	1051.65	percent of total billed charges	
NOSE TO RECTUM FOR FB,SINGLE FILM	76010	CPT	outpatient			1107	119.52	Three Rivers	Three Rivers		1051.65	95			29.4	1051.65	percent of total billed charges	
NOSE TO RECTUM FOR FB,SINGLE FILM	76010	CPT	outpatient			1107	119.52	UHC	Medicare		103.93				29.4	1051.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NOSE TO RECTUM FOR FB,SINGLE FILM	76010	CPT	outpatient			1107	119.52	UHC	Medicaid		349.26	31.55			29.4	1051.65	percent of total billed charges	
NOSE TO RECTUM FOR FB,SINGLE FILM	76010	CPT	outpatient			1107	119.52	Wellcare	Medicare		103.93				29.4	1051.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NOSE TO RECTUM FOR FB,SINGLE FILM	76010	CPT	outpatient			1107	119.52	Wellcare	Medicaid		349.26	31.55			29.4	1051.65	percent of total billed charges	
NOSE TO RECTUM FOR FB,SINGLE FILM	76010	CPT	outpatient			1107	119.52	WellPoint	WellPoint		356.23	32.18			29.4	1051.65	percent of total billed charges	
SINOGRAPHY FISTULOGR	76080	CPT	both			2039	725.57	Aetna	Better Health		643.3	31.55			41.16	1937.05	percent of total billed charges	
SINOGRAPHY FISTULOGR	76080	CPT	both			2039	725.57	Aetna	Medicare		630.93				41.16	1937.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SINOGRAPHY FISTULOGR	76080	CPT	both			2039	725.57	Aetna	Commercial		1004.44				41.16	1937.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SINOGRAPHY FISTULOGR	76080	CPT	both			2039	725.57	Americare	Americare		1529.25	75			41.16	1937.05	percent of total billed charges	
SINOGRAPHY FISTULOGR	76080	CPT	both			2039	725.57	Amerihealth	Medicare		630.93				41.16	1937.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SINOGRAPHY FISTULOGR	76080	CPT	both			2039	725.57	Amerihealth	HMO/PPO		1325.35	65			41.16	1937.05	percent of total billed charges	
SINOGRAPHY FISTULOGR	76080	CPT	both			2039	725.57	Consumer	Consumer		1937.05	95			41.16	1937.05	percent of total billed charges	
SINOGRAPHY FISTULOGR	76080	CPT	both			2039	725.57	Corrections	Corrections		1631.2	80			41.16	1937.05	percent of total billed charges	
SINOGRAPHY FISTULOGR	76080	CPT	both			2039	725.57	First Health	First Health		1427.3	70			41.16	1937.05	percent of total billed charges	
SINOGRAPHY FISTULOGR	76080	CPT	both			2039	725.57	First Trenton	First Trenton		1835.1	90			41.16	1937.05	percent of total billed charges	
SINOGRAPHY FISTULOGR	76080	CPT	both			2039	725.57	Horizon	Indemnity		1174.16				41.16	1937.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SINOGRAPHY FISTULOGR	76080	CPT	both			2039	725.57	Horizon	Medicare Blue		630.93				41.16	1937.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SINOGRAPHY FISTULOGR	76080	CPT	both			2039	725.57	Horizon	PPO		1174.16				41.16	1937.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SINOGRAPHY FISTULOGR	76080	CPT	both			2039	725.57	Horizon	NJ Health		41.16				41.16	1937.05	fee schedule	
SINOGRAPHY FISTULOGR	76080	CPT	both			2039	725.57	Horizon	MGD		1174.16				41.16	1937.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SINOGRAPHY FISTULOGR	76080	CPT	both			2039	725.57	Managed Care Inc	Managed Care Inc		1835.1	90			41.16	1937.05	percent of total billed charges	
SINOGRAPHY FISTULOGR	76080	CPT	both			2039	725.57	Multiplan	Multiplan		1631.2	80			41.16	1937.05	percent of total billed charges	
SINOGRAPHY FISTULOGR	76080	CPT	both			2039	725.57	Qualcare	Qualcare		1529.25	75			41.16	1937.05	percent of total billed charges	
SINOGRAPHY FISTULOGR	76080	CPT	both			2039	725.57	Three Rivers	Three Rivers		1937.05	95			41.16	1937.05	percent of total billed charges	
SINOGRAPHY FISTULOGR	76080	CPT	both			2039	725.57	UHC	Medicare		630.93				41.16	1937.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SINOGRAPHY FISTULOGR	76080	CPT	both			2039	725.57	UHC	Medicaid		643.3	31.55			41.16	1937.05	percent of total billed charges	
SINOGRAPHY FISTULOGR	76080	CPT	both			2039	725.57	Wellcare	Medicaid		643.3	31.55			41.16	1937.05	percent of total billed charges	
SINOGRAPHY FISTULOGR	76080	CPT	both			2039	725.57	Wellcare	Medicare		630.93				41.16	1937.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SINOGRAPHY FISTULOGR	76080	CPT	both			2039	725.57	WellPoint	WellPoint		656.15	32.18			41.16	1937.05	percent of total billed charges	
SPECIMEN RADIOGRAPH LT	76098	CPT	both			1988	725.57	Aetna	Commercial		1004.44				29.4	1888.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPECIMEN RADIOGRAPH LT	76098	CPT	both			1988	725.57	Aetna	Better Health		627.21	31.55			29.4	1888.6	percent of total billed charges	
SPECIMEN RADIOGRAPH LT	76098	CPT	both			1988	725.57	Aetna	Medicare		630.93				29.4	1888.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPECIMEN RADIOGRAPH LT	76098	CPT	both			1988	725.57	Americare	Americare		1491	75			29.4	1888.6	percent of total billed charges	
SPECIMEN RADIOGRAPH LT	76098	CPT	both			1988	725.57	Amerihealth	HMO/PPO		1292.2	65			29.4	1888.6	percent of total billed charges	
SPECIMEN RADIOGRAPH LT	76098	CPT	both			1988	725.57	Amerihealth	Medicare		630.93				29.4	1888.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPECIMEN RADIOGRAPH LT	76098	CPT	both			1988	725.57	Consumer	Consumer		1888.6	95			29.4	1888.6	percent of total billed charges	
SPECIMEN RADIOGRAPH LT	76098	CPT	both			1988	725.57	Corrections	Corrections		1590.4	80			29.4	1888.6	percent of total billed charges	
SPECIMEN RADIOGRAPH LT	76098	CPT	both			1988	725.57	First Health	First Health		1391.6	70			29.4	1888.6	percent of total billed charges	
SPECIMEN RADIOGRAPH LT	76098	CPT	both			1988	725.57	First Trenton	First Trenton		1789.2	90			29.4	1888.6	percent of total billed charges	
SPECIMEN RADIOGRAPH LT	76098	CPT	both			1988	725.57	Horizon	MGD		1174.16				29.4	1888.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPECIMEN RADIOGRAPH LT	76098	CPT	both			1988	725.57	Horizon	Indemnity		1174.16				29.4	1888.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPECIMEN RADIOGRAPH LT	76098	CPT	both			1988	725.57	Horizon	NJ Health		29.4				29.4	1888.6	fee schedule	
SPECIMEN RADIOGRAPH LT	76098	CPT	both			1988	725.57	Horizon	Medicare Blue		630.93				29.4	1888.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPECIMEN RADIOGRAPH LT	76098	CPT	both			1988	725.57	Horizon	PPO		1174.16				29.4	1888.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPECIMEN RADIOGRAPH LT	76098	CPT	both			1988	725.57	Managed Care Inc	Managed Care Inc		1789.2	90			29.4	1888.6	percent of total billed charges	
SPECIMEN RADIOGRAPH LT	76098	CPT	both			1988	725.57	Multiplan	Multiplan		1590.4	80			29.4	1888.6	percent of total billed charges	
SPECIMEN RADIOGRAPH LT	76098	CPT	both			1988	725.57	Qualcare	Qualcare		1491	75			29.4	1888.6	percent of total billed charges	
SPECIMEN RADIOGRAPH LT	76098	CPT	both			1988	725.57	Three Rivers	Three Rivers		1888.6	95			29.4	1888.6	percent of total billed charges	
SPECIMEN RADIOGRAPH LT	76098	CPT	both			1988	725.57	UHC	Medicare		630.93				29.4	1888.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPECIMEN RADIOGRAPH LT	76098	CPT	both			1988	725.57	UHC	Medicaid		627.21	31.55			29.4	1888.6	percent of total billed charges	
SPECIMEN RADIOGRAPH LT	76098	CPT	both			1988	725.57	Wellcare	Medicare		630.93				29.4	1888.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPECIMEN RADIOGRAPH LT	76098	CPT	both			1988	725.57	Wellcare	Medicaid		627.21	31.55			29.4	1888.6	percent of total billed charges	
SPECIMEN RADIOGRAPH LT	76098	CPT	both			1988	725.57	WellPoint	WellPoint		639.74	32.18			29.4	1888.6	percent of total billed charges	
TOMOGRAPH SINGLE PLANE	76100	CPT	outpatient			565	144.6	Aetna	Better Health		178.26	31.55			68.6	536.75	percent of total billed charges	
TOMOGRAPH SINGLE PLANE	76100	CPT	outpatient			565	144.6	Aetna	Medicare		125.74				68.6	536.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TOMOGRAPH SINGLE PLANE	76100	CPT	outpatient			565	144.6	Aetna	Commercial		200.18				68.6	536.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TOMOGRAPH SINGLE PLANE	76100	CPT	outpatient			565	144.6	Americare	Americare		423.75	75			68.6	536.75	percent of total billed charges	
TOMOGRAPH SINGLE PLANE	76100	CPT	outpatient			565	144.6	Amerihealth	HMO/PPO		367.25	65			68.6	536.75	percent of total billed charges	
TOMOGRAPH SINGLE PLANE	76100	CPT	outpatient			565	144.6	Amerihealth	Medicare		125.74				68.6	536.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TOMOGRAPH SINGLE PLANE	76100	CPT	outpatient			565	144.6	Consumer	Consumer		536.75	95			68.6	536.75	percent of total billed charges	
TOMOGRAPH SINGLE PLANE	76100	CPT	outpatient			565	144.6	Corrections	Corrections		452	80			68.6	536.75	percent of total billed charges	
TOMOGRAPH SINGLE PLANE	76100	CPT	outpatient			565	144.6	First Health	First Health		395.5	70			68.6	536.75	percent of total billed charges	
TOMOGRAPH SINGLE PLANE	76100	CPT	outpatient			565	144.6	First Trenton	First Trenton		508.5	90			68.6	536.75	percent of total billed charges	
TOMOGRAPH SINGLE PLANE	76100	CPT	outpatient			565	144.6	Horizon	NJ Health		68.6				68.6	536.75	fee schedule	
TOMOGRAPH SINGLE PLANE	76100	CPT	outpatient			565	144.6	Horizon	Indemnity		234				68.6	536.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TOMOGRAPH SINGLE PLANE	76100	CPT	outpatient			565	144.6	Horizon	Medicare Blue		125.74				68.6	536.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TOMOGRAPH SINGLE PLANE	76100	CPT	outpatient			565	144.6	Horizon	MGD		234				68.6	536.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TOMOGRAPH SINGLE PLANE	76100	CPT	outpatient			565	144.6	Horizon	PPO		234				68.6	536.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TOMOGRAPH SINGLE PLANE	76100	CPT	outpatient			565	144.6	Managed Care Inc	Managed Care Inc		508.5	90			68.6	536.75	percent of total billed charges	
TOMOGRAPH SINGLE PLANE	76100	CPT	outpatient			565	144.6	Multiplan	Multiplan		452	80			68.6	536.75	percent of total billed charges	
TOMOGRAPH SINGLE PLANE	76100	CPT	outpatient			565	144.6	Qualcare	Qualcare		423.75	75			68.6	536.75	percent of total billed charges	
TOMOGRAPH SINGLE PLANE	76100	CPT	outpatient			565	144.6	Three Rivers	Three Rivers		536.75	95			68.6	536.75	percent of total billed charges	
TOMOGRAPH SINGLE PLANE	76100	CPT	outpatient			565	144.6	UHC	Medicare		125.74				68.6	536.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TOMOGRAPH SINGLE PLANE	76100	CPT	outpatient			565	144.6	UHC	Medicaid		178.26	31.55			68.6	536.75	percent of total billed charges	
TOMOGRAPH SINGLE PLANE	76100	CPT	outpatient			565	144.6	Wellcare	Medicare		125.74				68.6	536.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TOMOGRAPH SINGLE PLANE	76100	CPT	outpatient			565	144.6	Wellcare	Medicaid		178.26	31.55			68.6	536.75	percent of total billed charges	
TOMOGRAPH SINGLE PLANE	76100	CPT	outpatient			565	144.6	WellPoint	WellPoint		181.82	32.18			68.6	536.75	percent of total billed charges	
COMPLEX MOT,UNIL,OTHR THN UROGRA	76101	CPT	outpatient			640		Aetna	Better Health		201.92	31.55			192	608	percent of total billed charges	
COMPLEX MOT,UNIL,OTHR THN UROGRA	76101	CPT	outpatient			640		Aetna	Commercial		243.2	38			192	608	percent of total billed charges	
COMPLEX MOT,UNIL,OTHR THN UROGRA	76101	CPT	outpatient			640		Aetna	Medicare		197.12	30.8			192	608	percent of total billed charges	
COMPLEX MOT,UNIL,OTHR THN UROGRA	76101	CPT	outpatient			640		Americare	Americare		480	75			192	608	percent of total billed charges	
COMPLEX MOT,UNIL,OTHR THN UROGRA	76101	CPT	outpatient			640		Amerihealth	HMO/PPO		416	65			192	608	percent of total billed charges	
COMPLEX MOT,UNIL,OTHR THN UROGRA	76101	CPT	outpatient			640		Consumer	Consumer		608	95			192	608	percent of total billed charges	
COMPLEX MOT,UNIL,OTHR THN UROGRA	76101	CPT	outpatient			640		Corrections	Corrections		512	80			192	608	percent of total billed charges	
COMPLEX MOT,UNIL,OTHR THN UROGRA	76101	CPT	outpatient			640		First Health	First Health		448	70			192	608	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
COMPLEX MOT,UNIL,OTHR THN UROGRA	76101	CPT	outpatient			640		First Trenton	First Trenton		576				90	192	608 percent of total billed charges	
COMPLEX MOT,UNIL,OTHR THN UROGRA	76101	CPT	outpatient			640		Horizon	MGD		244.99	38.28			192	608 percent of total billed charges	
COMPLEX MOT,UNIL,OTHR THN UROGRA	76101	CPT	outpatient			640		Horizon	Medicare Blue		192	30			192	608 percent of total billed charges	
COMPLEX MOT,UNIL,OTHR THN UROGRA	76101	CPT	outpatient			640		Horizon	PPO		244.99	38.28			192	608 percent of total billed charges	
COMPLEX MOT,UNIL,OTHR THN UROGRA	76101	CPT	outpatient			640		Horizon	Indemnity		244.99	38.28			192	608 percent of total billed charges	
COMPLEX MOT,UNIL,OTHR THN UROGRA	76101	CPT	outpatient			640		Managed Care Inc	Managed Care Inc		576	90			192	608 percent of total billed charges	
COMPLEX MOT,UNIL,OTHR THN UROGRA	76101	CPT	outpatient			640		Multiplan	Multiplan		512	80			192	608 percent of total billed charges	
COMPLEX MOT,UNIL,OTHR THN UROGRA	76101	CPT	outpatient			640		Qualcare	Qualcare		480	75			192	608 percent of total billed charges	
COMPLEX MOT,UNIL,OTHR THN UROGRA	76101	CPT	outpatient			640		Three Rivers	Three Rivers		608	95			192	608 percent of total billed charges	
COMPLEX MOT,UNIL,OTHR THN UROGRA	76101	CPT	outpatient			640		UHC	Medicaid		201.92	31.55			192	608 percent of total billed charges	
COMPLEX MOT,UNIL,OTHR THN UROGRA	76101	CPT	outpatient			640		Wellcare	Medicaid		201.92	31.55			192	608 percent of total billed charges	
COMPLEX MOT,UNIL,OTHR THN UROGRA	76101	CPT	outpatient			640		WellPoint	WellPoint		205.95	32.18			192	608 percent of total billed charges	
CINE RADIOGRAPHY	76125	CPT	outpatient			369		Aetna	Commercial		140.22	38			13.72	350.55 percent of total billed charges	
CINE RADIOGRAPHY	76125	CPT	outpatient			369		Aetna	Better Health		116.42	31.55			13.72	350.55 percent of total billed charges	
CINE RADIOGRAPHY	76125	CPT	outpatient			369		Aetna	Medicare		113.65	30.8			13.72	350.55 percent of total billed charges	
CINE RADIOGRAPHY	76125	CPT	outpatient			369		Americare	Americare		276.75	75			13.72	350.55 percent of total billed charges	
CINE RADIOGRAPHY	76125	CPT	outpatient			369		Amerihealth	HMO/PPO		239.85	65			13.72	350.55 percent of total billed charges	
CINE RADIOGRAPHY	76125	CPT	outpatient			369		Consumer	Consumer		350.55	95			13.72	350.55 percent of total billed charges	
CINE RADIOGRAPHY	76125	CPT	outpatient			369		Corrections	Corrections		295.2	80			13.72	350.55 percent of total billed charges	
CINE RADIOGRAPHY	76125	CPT	outpatient			369		First Health	First Health		258.3	70			13.72	350.55 percent of total billed charges	
CINE RADIOGRAPHY	76125	CPT	outpatient			369		First Trenton	First Trenton		332.1	90			13.72	350.55 percent of total billed charges	
CINE RADIOGRAPHY	76125	CPT	outpatient			369		Horizon	Medicare Blue		110.7	30			13.72	350.55 percent of total billed charges	
CINE RADIOGRAPHY	76125	CPT	outpatient			369		Horizon	MGD		141.25	38.28			13.72	350.55 percent of total billed charges	
CINE RADIOGRAPHY	76125	CPT	outpatient			369		Horizon	Indemnity		141.25	38.28			13.72	350.55 percent of total billed charges	
CINE RADIOGRAPHY	76125	CPT	outpatient			369		Horizon	PPO		141.25	38.28			13.72	350.55 percent of total billed charges	
VIDEORDIOGRAPHY-LARYNGOSCOPY	76125	CPT	outpatient			369		Horizon	NJ Health		13.72				13.72	350.55 fee schedule	
CINE RADIOGRAPHY	76125	CPT	outpatient			369		Managed Care Inc	Managed Care Inc		332.1	90			13.72	350.55 percent of total billed charges	
CINE RADIOGRAPHY	76125	CPT	outpatient			369		Multiplan	Multiplan		295.2	80			13.72	350.55 percent of total billed charges	
CINE RADIOGRAPHY	76125	CPT	outpatient			369		Qualcare	Qualcare		276.75	75			13.72	350.55 percent of total billed charges	
CINE RADIOGRAPHY	76125	CPT	outpatient			369		Three Rivers	Three Rivers		350.55	95			13.72	350.55 percent of total billed charges	
CINE RADIOGRAPHY	76125	CPT	outpatient			369		UHC	Medicaid		116.42	31.55			13.72	350.55 percent of total billed charges	
CINE RADIOGRAPHY	76125	CPT	outpatient			369		Wellcare	Medicaid		116.42	31.55			13.72	350.55 percent of total billed charges	
CINE RADIOGRAPHY	76125	CPT	outpatient			369		WellPoint	WellPoint		118.74	32.18			13.72	350.55 percent of total billed charges	
CT GUIDANCE ASPIRATION S&I	76360	CPT	outpatient			3203		Aetna	Better Health		1010.55	31.55			960.9	3042.85 percent of total billed charges	
CT GUIDANCE ASPIRATION S&I	76360	CPT	outpatient			3203		Aetna	Medicare		986.52	30.8			960.9	3042.85 percent of total billed charges	
CT GUIDANCE ASPIRATION S&I	76360	CPT	outpatient			3203		Aetna	Commercial		1217.14	38			960.9	3042.85 percent of total billed charges	
CT GUIDANCE ASPIRATION S&I	76360	CPT	outpatient			3203		Americare	Americare		2402.25	75			960.9	3042.85 percent of total billed charges	
CT GUIDANCE ASPIRATION S&I	76360	CPT	outpatient			3203		Amerihealth	HMO/PPO		2081.95	65			960.9	3042.85 percent of total billed charges	
CT GUIDANCE ASPIRATION S&I	76360	CPT	outpatient			3203		Consumer	Consumer		3042.85	95			960.9	3042.85 percent of total billed charges	
CT GUIDANCE ASPIRATION S&I	76360	CPT	outpatient			3203		Corrections	Corrections		2562.4	80			960.9	3042.85 percent of total billed charges	
CT GUIDANCE ASPIRATION S&I	76360	CPT	outpatient			3203		First Health	First Health		2242.1	70			960.9	3042.85 percent of total billed charges	
CT GUIDANCE ASPIRATION S&I	76360	CPT	outpatient			3203		First Trenton	First Trenton		2882.7	90			960.9	3042.85 percent of total billed charges	
CT GUIDANCE ASPIRATION S&I	76360	CPT	outpatient			3203		Horizon	MGD		1226.11	38.28			960.9	3042.85 percent of total billed charges	
CT GUIDANCE ASPIRATION S&I	76360	CPT	outpatient			3203		Horizon	Indemnity		1226.11	38.28			960.9	3042.85 percent of total billed charges	
CT GUIDANCE ASPIRATION S&I	76360	CPT	outpatient			3203		Horizon	Medicare Blue		960.9	30			960.9	3042.85 percent of total billed charges	
CT GUIDANCE ASPIRATION S&I	76360	CPT	outpatient			3203		Horizon	PPO		1226.11	38.28			960.9	3042.85 percent of total billed charges	
CT GUIDANCE ASPIRATION S&I	76360	CPT	outpatient			3203		Managed Care Inc	Managed Care Inc		2882.7	90			960.9	3042.85 percent of total billed charges	
CT GUIDANCE ASPIRATION S&I	76360	CPT	outpatient			3203		Multiplan	Multiplan		2562.4	80			960.9	3042.85 percent of total billed charges	
CT GUIDANCE ASPIRATION S&I	76360	CPT	outpatient			3203		Qualcare	Qualcare		2402.25	75			960.9	3042.85 percent of total billed charges	
CT GUIDANCE ASPIRATION S&I	76360	CPT	outpatient			3203		Three Rivers	Three Rivers		3042.85	95			960.9	3042.85 percent of total billed charges	
CT GUIDANCE ASPIRATION S&I	76360	CPT	outpatient			3203		UHC	Medicaid		1010.55	31.55			960.9	3042.85 percent of total billed charges	
CT GUIDANCE ASPIRATION S&I	76360	CPT	outpatient			3203		Wellcare	Medicaid		1010.55	31.55			960.9	3042.85 percent of total billed charges	
CT GUIDANCE ASPIRATION S&I	76360	CPT	outpatient			3203		WellPoint	WellPoint		1030.73	32.18			960.9	3042.85 percent of total billed charges	
THER/PROPH/DIAG INJ SC/IM	76372	CPT	outpatient			250		Aetna	Medicare		77	30.8			75	237.5 percent of total billed charges	
THER/PROPH/DIAG INJ SC/IM	76372	CPT	outpatient			250		Aetna	Better Health		78.88	31.55			75	237.5 percent of total billed charges	
THER/PROPH/DIAG INJ SC/IM	76372	CPT	outpatient			250		Aetna	Commercial		95	38			75	237.5 percent of total billed charges	
THER/PROPH/DIAG INJ SC/IM	76372	CPT	outpatient			250		Americare	Americare		187.5	75			75	237.5 percent of total billed charges	
THER/PROPH/DIAG INJ SC/IM	76372	CPT	outpatient			250		Amerihealth	HMO/PPO		162.5	65			75	237.5 percent of total billed charges	
THER/PROPH/DIAG INJ SC/IM	76372	CPT	outpatient			250		Consumer	Consumer		237.5	95			75	237.5 percent of total billed charges	
THER/PROPH/DIAG INJ SC/IM	76372	CPT	outpatient			250		Corrections	Corrections		200	80			75	237.5 percent of total billed charges	
THER/PROPH/DIAG INJ SC/IM	76372	CPT	outpatient			250		First Health	First Health		175	70			75	237.5 percent of total billed charges	
THER/PROPH/DIAG INJ SC/IM	76372	CPT	outpatient			250		First Trenton	First Trenton		225	90			75	237.5 percent of total billed charges	
THER/PROPH/DIAG INJ SC/IM	76372	CPT	outpatient			250		Horizon	MGD		95.7	38.28			75	237.5 percent of total billed charges	
THER/PROPH/DIAG INJ SC/IM	76372	CPT	outpatient			250		Horizon	Medicare Blue		75	30			75	237.5 percent of total billed charges	
THER/PROPH/DIAG INJ SC/IM	76372	CPT	outpatient			250		Horizon	Indemnity		95.7	38.28			75	237.5 percent of total billed charges	
THER/PROPH/DIAG INJ SC/IM	76372	CPT	outpatient			250		Horizon	PPO		95.7	38.28			75	237.5 percent of total billed charges	
THER/PROPH/DIAG INJ SC/IM	76372	CPT	outpatient			250		Managed Care Inc	Managed Care Inc		225	90			75	237.5 percent of total billed charges	
THER/PROPH/DIAG INJ SC/IM	76372	CPT	outpatient			250		Multiplan	Multiplan		200	80			75	237.5 percent of total billed charges	
THER/PROPH/DIAG INJ SC/IM	76372	CPT	outpatient			250		Qualcare	Qualcare		187.5	75			75	237.5 percent of total billed charges	
THER/PROPH/DIAG INJ SC/IM	76372	CPT	outpatient			250		Three Rivers	Three Rivers		237.5	95			75	237.5 percent of total billed charges	
THER/PROPH/DIAG INJ SC/IM	76372	CPT	outpatient			250		UHC	Medicaid		78.88	31.55			75	237.5 percent of total billed charges	
THER/PROPH/DIAG INJ SC/IM	76372	CPT	outpatient			250		Wellcare	Medicaid		78.88	31.55			75	237.5 percent of total billed charges	
THER/PROPH/DIAG INJ SC/IM	76372	CPT	outpatient			250		WellPoint	WellPoint		80.45	32.18			75	237.5 percent of total billed charges	
MRI-3D RECON BY TECH FOR MRCP	76376	CPT	both			282		Aetna	Better Health		88.97	31.55			47.7	267.9 percent of total billed charges	
MRI-3D RECON BY TECH FOR MRCP	76376	CPT	both			282		Aetna	Commercial		107.16	38			47.7	267.9 percent of total billed charges	
MRI-3D RECON BY TECH FOR MRCP	76376	CPT	both			282		Aetna	Medicare		86.86	30.8			47.7	267.9 percent of total billed charges	
MRI-3D RECON BY TECH FOR MRCP	76376	CPT	both			282		Americare	Americare		211.5	75			47.7	267.9 percent of total billed charges	
MRI-3D RECON BY TECH FOR MRCP	76376	CPT	both			282		Amerihealth	HMO/PPO		183.3	65			47.7	267.9 percent of total billed charges	
MRI-3D RECON BY TECH FOR MRCP	76376	CPT	both			282		Consumer	Consumer		267.9	95			47.7	267.9 percent of total billed charges	
MRI-3D RECON BY TECH FOR MRCP	76376	CPT	both			282		Corrections	Corrections		225.6	80			47.7	267.9 percent of total billed charges	
MRI-3D RECON BY TECH FOR MRCP	76376	CPT	both			282		First Health	First Health		197.4	70			47.7	267.9 percent of total billed charges	
MRI-3D RECON BY TECH FOR MRCP	76376	CPT	both			282		First Trenton	First Trenton		253.8	90			47.7	267.9 percent of total billed charges	
MRI-3D RECON BY TECH FOR MRCP	76376	CPT	both			282		Horizon	Medicare Blue		84.6	30			47.7	267.9 percent of total billed charges	
MRI-3D RECON BY TECH FOR MRCP	76376	CPT	both			282		Horizon	Indemnity		107.95	38.28			47.7	267.9 percent of total billed charges	
MRI-3D RECON BY TECH FOR MRCP	76376	CPT	both			282		Horizon	MGD		107.95	38.28			47.7	267.9 percent of total billed charges	
MRI-3D RECON BY TECH FOR MRCP	76376	CPT	both			282		Horizon	PPO		107.95	38.28			47.7	267.9 percent of total billed charges	
MRI-3D RECON BY TECH FOR MRCP	76376	CPT	both			282		Horizon	NJ Health		124.81				47.7	267.9 fee schedule	
MRI-3D RECON BY TECH FOR MRCP	76376	CPT	both			282		Managed Care Inc	Managed Care Inc		253.8	90			47.7	267.9 percent of total billed charges	
MRI-3D RECON BY TECH FOR MRCP	76376	CPT	both			282		Multiplan	Multiplan		225.6	80			47.7	267.9 percent of total billed charges	
MRI-3D RECON BY TECH FOR MRCP	76376	CPT	both			282		Qualcare	Qualcare		211.5	75			47.7	267.9 percent of total billed charges	
MRI-3D RECON BY TECH FOR MRCP	76376	CPT	both			282		Three Rivers	Three Rivers		267.9	95			47.7	267.9 percent of total billed charges	
MRI-3D RECON BY TECH FOR MRCP	76376	CPT	both			282		UHC	Medicaid		88.97	31.55			47.7	267.9 percent of total billed charges	
MRI-3D RECON BY TECH FOR MRCP	76376	CPT	both			282		Wellcare	Medicaid		88.97	31.55			47.7	267.9 percent of total billed charges	
MRI-3D RECON BY TECH FOR MRCP	76376	CPT	both			282		WellPoint	WellPoint		90.75	32.18			47.7	267.9 percent of total billed charges	
CT RT WRIST 3D RECON AT WS	76377	CPT	both			718		Aetna	Better Health		226.53	31.55			47.7	682.1 percent of total billed charges	
CT RT WRIST 3D RECON AT WS	76377	CPT	both			718		Aetna	Medicare		221.14	30.8			47.7	682.1 percent of total billed charges	
CT RT WRIST 3D RECON AT WS	76377	CPT	both			718		Aetna	Commercial		272.84	38			47.7	682.1 percent of total billed charges	
CT RT WRIST 3D RECON AT WS	76377	CPT	both			718		Americare	Americare		538.5	75			47.7	682.1 percent of total billed charges	
CT RT WRIST 3D RECON AT WS	76377	CPT	both			718		Amerihealth	HMO/PPO		466.7	65			47.7	682.1 percent of total billed charges	
CT RT WRIST 3D RECON AT WS	76377	CPT	both			718		Consumer	Consumer		682.1	95			47.7	682.1 percent of total billed charges	
CT RT WRIST 3D RECON AT WS	76377	CPT	both			718		Corrections	Corrections		574.4	80			47.7	682.1 percent of total billed charges	
CT RT WRIST 3D RECON AT WS	76377	CPT	both			718		First Health	First Health		502.6	70			47.7	682.1 percent of total billed charges	
CT RT WRIST 3D RECON AT WS	76377	CPT	both			718		First Trenton	First Trenton		646.2	90			47.7	682.1 percent of total billed charges	
CT RT WRIST 3D RECON AT WS	76377	CPT	both			718		Horizon	MGD		274.85	38.28			47.7	682.1 percent of total billed charges	
MRI PROSTATE 3D CONTOURING	76377	CPT	both			718		Horizon	NJ Health		157.04				47.7	682.1 fee schedule	
CT RT WRIST 3D RECON AT WS	76377	CPT	both			718		Horizon	Medicare Blue		215.4	30			47.7	682.1 percent of total billed charges	
CT RT WRIST 3D RECON AT WS	76377	CPT	both			718		Horizon	PPO		274.85	38.28			47.7	682.1 percent of total billed charges	
CT RT WRIST 3D RECON AT WS	76377	CPT	both			718		Horizon	Indemnity		274.85	38.28			47.7	682.1 percent of total billed charges	
CT RT WRIST 3D RECON AT WS	76377	CPT	both			718		Managed Care Inc	Managed Care Inc		646.2	90			47.7	682.1 percent of total billed charges	
CT RT WRIST 3D RECON AT WS	76377	CPT	both			718		Multiplan	Multiplan		574.4	80			47.7	682.1 percent of total billed charges	
CT RT WRIST 3D RECON AT WS	76377	CPT	both			718		Qualcare	Qualcare		538.5	75			47.7	682.1 percent of total billed charges	
CT RT WRIST 3D RECON AT WS	76377	CPT	both			718		Three Rivers	Three Rivers		682.1	95			47.7	682.1 percent of total billed charges	
CT RT WRIST 3D RECON AT WS	76377	CPT	both			718		UHC	Medicaid		226.53	31.55			47.7	682.1 percent of total billed charges	
CT RT WRIST 3D RECON AT WS	76377	CPT	both			718		Wellcare	Medicaid		226.53	31.55			47.7	682.1 percent of total billed charges	
CT RT WRIST 3D RECON AT WS	76377	CPT	both			718		WellPoint	WellPoint		231.05	32.18			47.7	682.1 percent of total billed charges	
LIMITED CT STUDY	76380	CPT	outpatient			364		119.52 Aetna	Commercial		165.46				103.93	345.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIMITED CT STUDY	76380	CPT	outpatient			364		119.52 Aetna	Medicare		103.93				103.93	345.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIMITED CT STUDY	76380	CPT	outpatient			364		119.52 Aetna	Better Health		114.84	31.55			103.93	345.8 percent of total billed charges	
LIMITED CT STUDY	76380	CPT	outpatient			364		119.52 Americare	Americare		273	75			103.93	345.8 percent of total billed charges	
LIMITED CT STUDY	76380	CPT	outpatient			364		119.52 Amerihealth	Medicare		103.93				103.93	345.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIMITED CT STUDY	76380	CPT	outpatient			364		119.52 Amerihealth	HMO/PPO		236.6	65			103.93	345.8 percent of total billed charges	
LIMITED CT STUDY	76380	CPT	outpatient			364		119.52 Consumer	Consumer		345.8	95			103.93	345.8 percent of total billed charges	
LIMITED CT STUDY	76380	CPT	outpatient			364		119.52 Corrections	Corrections		291.2	80			103.93	345.8 percent of total billed charges	
LIMITED CT STUDY	76380	CPT	outpatient			364		119.52 First Health	First Health		254.8	70			103.93	345.8 percent of total billed charges	
LIMITED CT STUDY	76380	CPT	outpatient			364		119.52 First Trenton	First Trenton		327.6	90			103.93	345.8 percent of total billed charges	
LIMITED CT STUDY	76380	CPT	outpatient			364		119.52 Horizon	Indemnity		193.41				103.93	345.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIMITED CT STUDY	76380	CPT	outpatient			364		119.52 Horizon	MGD		193.41				103.93	345.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIMITED CT STUDY	76380	CPT	outpatient			364		119.52 Horizon	NJ Health		184.28				103.93	345.8 fee schedule	
LIMITED CT STUDY	76380	CPT	outpatient			364		119.52 Horizon	Medicare Blue		103.93				103.93	345.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIMITED CT STUDY	76380	CPT	outpatient			364		119.52 Horizon	PPO		193.41				103.93	345.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIMITED CT STUDY	76380	CPT	outpatient			364		119.52 Managed Care Inc	Managed Care Inc		327.6	90			103.93	345.8 percent of total billed charges	
LIMITED CT STUDY	76380	CPT	outpatient			364		119.52 Multiplan	Multiplan		291.2	80			103.93	345.8 percent of total billed charges	
LIMITED CT STUDY	76380	CPT	outpatient			364		119.52 Qualcare	Qualcare		273	75			103.93	345.8 percent of total billed charges	
LIMITED CT STUDY	76380	CPT	outpatient			364		119.52 Three Rivers	Three Rivers		345.8	95			103.93	345.8 percent of total billed charges	
LIMITED CT STUDY	76380	CPT	outpatient			364		119.52 UHC	Medicaid		114.84	31.55			103.93	345.8 percent of total billed charges	
LIMITED CT STUDY	76380	CPT	outpatient			364		119.52 UHC	Medicare		103.93				103.93	345.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIMITED CT STUDY	76380	CPT	outpatient			364		119.52 Wellcare	Medicaid		114.84	31.55			103.93	345.8 percent of total billed charges	
LIMITED CT STUDY	76380	CPT	outpatient			364		119.52 Wellcare	Medicare		103.93				103.93	345.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIMITED CT STUDY	76380	CPT	outpatient			364		119.52 WellPoint	WellPoint		117.14	32.18			103.93	345.8 percent of total billed charges	
MRI BRAIN SPECTROSCOPY	76390	CPT	both			6082		119.52 Aetna	Better Health		1918.87	31.55			103.93	5777.9 percent of total billed charges	
MRI BRAIN SPECTROSCOPY	76390	CPT	both			6082		119.52 Aetna	Commercial		165.46				103.93	5777.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN SPECTROSCOPY	76390	CPT	both			6082		119.52 Aetna	Medicare		103.93				103.93	5777.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN SPECTROSCOPY	76390	CPT	both			6082		119.52 Americare	Americare		4561.5	75			103.93	5777.9 percent of total billed charges	
MRI BRAIN SPECTROSCOPY	76390	CPT	both			6082		119.52 Amerihealth	HMO/PPO		3953.3	65			103.93	5777.9 percent of total billed charges	
MRI BRAIN SPECTROSCOPY	76390	CPT	both			6082		119.52 Amerihealth	Medicare		103.93				103.93	5777.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN SPECTROSCOPY	76390	CPT	both			6082		119.52 Consumer	Consumer		5777.9	95			103.93	5777.9 percent of total billed charges	
MRI BRAIN SPECTROSCOPY	76390	CPT	both			6082		119.52 Corrections	Corrections		4865.6	80			103.93	5777.9 percent of total billed charges	
MRI BRAIN SPECTROSCOPY	76390	CPT	both			6082		119.52 First Health	First Health		4257.4	70			103.93	5777.9 percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
MRI BRAIN SPECTROSCOPY	76390	CPT	both			6082	119.52	First Trenton	First Trenton		5473.8	90			103.93		5777.9 percent of total billed charges	
MRI BRAIN SPECTROSCOPY	76390	CPT	both			6082	119.52	Horizon	NJ Health		548.8				103.93		5777.9 fee schedule	
MRI BRAIN SPECTROSCOPY	76390	CPT	both			6082	119.52	Horizon	Indemnity		193.41				103.93		5777.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN SPECTROSCOPY	76390	CPT	both			6082	119.52	Horizon	MGD		193.41				103.93		5777.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN SPECTROSCOPY	76390	CPT	both			6082	119.52	Horizon	PPO		193.41				103.93		5777.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN SPECTROSCOPY	76390	CPT	both			6082	119.52	Horizon	Medicare Blue		103.93				103.93		5777.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN SPECTROSCOPY	76390	CPT	both			6082	119.52	Managed Care Inc	Managed Care Inc		5473.8	90			103.93		5777.9 percent of total billed charges	
MRI BRAIN SPECTROSCOPY	76390	CPT	both			6082	119.52	Multiplan	Multiplan		4865.6	80			103.93		5777.9 percent of total billed charges	
MRI BRAIN SPECTROSCOPY	76390	CPT	both			6082	119.52	Qualcare	Qualcare		4561.5	75			103.93		5777.9 percent of total billed charges	
MRI BRAIN SPECTROSCOPY	76390	CPT	both			6082	119.52	Three Rivers	Three Rivers		5777.9	95			103.93		5777.9 percent of total billed charges	
MRI BRAIN SPECTROSCOPY	76390	CPT	both			6082	119.52	UHC	Medicaid		1918.87	31.55			103.93		5777.9 percent of total billed charges	
MRI BRAIN SPECTROSCOPY	76390	CPT	both			6082	119.52	UHC	Medicare		103.93				103.93		5777.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN SPECTROSCOPY	76390	CPT	both			6082	119.52	Wellcare	Medicaid		1918.87	31.55			103.93		5777.9 percent of total billed charges	
MRI BRAIN SPECTROSCOPY	76390	CPT	both			6082	119.52	Wellcare	Medicare		103.93				103.93		5777.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN SPECTROSCOPY	76390	CPT	both			6082	119.52	WellPoint	WellPoint		1957.19	32.18			103.93		5777.9 percent of total billed charges	
UNLISTED FLUOROSCOPIC PROCEDURE	76496	CPT	outpatient			519	119.52	Aetna	Better Health		163.74	31.55			103.93		493.05 percent of total billed charges	
UNLISTED FLUOROSCOPIC PROCEDURE	76496	CPT	outpatient			519	119.52	Aetna	Commercial		165.46				103.93		493.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED FLUOROSCOPIC PROCEDURE	76496	CPT	outpatient			519	119.52	Aetna	Medicare		103.93				103.93		493.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED FLUOROSCOPIC PROCEDURE	76496	CPT	outpatient			519	119.52	Americare	Americare		389.25	75			103.93		493.05 percent of total billed charges	
UNLISTED FLUOROSCOPIC PROCEDURE	76496	CPT	outpatient			519	119.52	Amerihealth	HMO/PPO		337.35	65			103.93		493.05 percent of total billed charges	
UNLISTED FLUOROSCOPIC PROCEDURE	76496	CPT	outpatient			519	119.52	Amerihealth	Medicare		103.93				103.93		493.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED FLUOROSCOPIC PROCEDURE	76496	CPT	outpatient			519	119.52	Consumer	Consumer		493.05	95			103.93		493.05 percent of total billed charges	
UNLISTED FLUOROSCOPIC PROCEDURE	76496	CPT	outpatient			519	119.52	Corrections	Corrections		415.2	80			103.93		493.05 percent of total billed charges	
UNLISTED FLUOROSCOPIC PROCEDURE	76496	CPT	outpatient			519	119.52	First Health	First Health		363.3	70			103.93		493.05 percent of total billed charges	
UNLISTED FLUOROSCOPIC PROCEDURE	76496	CPT	outpatient			519	119.52	First Trenton	First Trenton		467.1	90			103.93		493.05 percent of total billed charges	
UNLISTED FLUOROSCOPIC PROCEDURE	76496	CPT	outpatient			519	119.52	Horizon	MGD		193.41				103.93		493.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED FLUOROSCOPIC PROCEDURE	76496	CPT	outpatient			519	119.52	Horizon	Medicare Blue		103.93				103.93		493.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED FLUOROSCOPIC PROCEDURE	76496	CPT	outpatient			519	119.52	Horizon	Indemnity		193.41				103.93		493.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED FLUOROSCOPIC PROCEDURE	76496	CPT	outpatient			519	119.52	Horizon	PPO		193.41				103.93		493.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED FLUOROSCOPIC PROCEDURE	76496	CPT	outpatient			519	119.52	Managed Care Inc	Managed Care Inc		467.1	90			103.93		493.05 percent of total billed charges	
UNLISTED FLUOROSCOPIC PROCEDURE	76496	CPT	outpatient			519	119.52	Multiplan	Multiplan		415.2	80			103.93		493.05 percent of total billed charges	
UNLISTED FLUOROSCOPIC PROCEDURE	76496	CPT	outpatient			519	119.52	Qualcare	Qualcare		389.25	75			103.93		493.05 percent of total billed charges	
UNLISTED FLUOROSCOPIC PROCEDURE	76496	CPT	outpatient			519	119.52	Three Rivers	Three Rivers		493.05	95			103.93		493.05 percent of total billed charges	
UNLISTED FLUOROSCOPIC PROCEDURE	76496	CPT	outpatient			519	119.52	UHC	Medicaid		163.74	31.55			103.93		493.05 percent of total billed charges	
UNLISTED FLUOROSCOPIC PROCEDURE	76496	CPT	outpatient			519	119.52	UHC	Medicare		103.93				103.93		493.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED FLUOROSCOPIC PROCEDURE	76496	CPT	outpatient			519	119.52	Wellcare	Medicaid		163.74	31.55			103.93		493.05 percent of total billed charges	
UNLISTED FLUOROSCOPIC PROCEDURE	76496	CPT	outpatient			519	119.52	Wellcare	Medicare		103.93				103.93		493.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED FLUOROSCOPIC PROCEDURE	76496	CPT	outpatient			519	119.52	WellPoint	WellPoint		167.01	32.18			103.93		493.05 percent of total billed charges	
UNLISTED CT PROCEDURE	76497	CPT	outpatient			646	119.52	Aetna	Better Health		203.81	31.55			103.93		613.7 percent of total billed charges	
UNLISTED CT PROCEDURE	76497	CPT	outpatient			646	119.52	Aetna	Commercial		165.46				103.93		613.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED CT PROCEDURE	76497	CPT	outpatient			646	119.52	Aetna	Medicare		103.93				103.93		613.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED CT PROCEDURE	76497	CPT	outpatient			646	119.52	Americare	Americare		484.5	75			103.93		613.7 percent of total billed charges	
UNLISTED CT PROCEDURE	76497	CPT	outpatient			646	119.52	Amerihealth	Medicare		103.93				103.93		613.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED CT PROCEDURE	76497	CPT	outpatient			646	119.52	Amerihealth	HMO/PPO		419.9	65			103.93		613.7 percent of total billed charges	
UNLISTED CT PROCEDURE	76497	CPT	outpatient			646	119.52	Consumer	Consumer		613.7	95			103.93		613.7 percent of total billed charges	
UNLISTED CT PROCEDURE	76497	CPT	outpatient			646	119.52	Corrections	Corrections		516.8	80			103.93		613.7 percent of total billed charges	
UNLISTED CT PROCEDURE	76497	CPT	outpatient			646	119.52	First Health	First Health		452.2	70			103.93		613.7 percent of total billed charges	
UNLISTED CT PROCEDURE	76497	CPT	outpatient			646	119.52	First Trenton	First Trenton		581.4	90			103.93		613.7 percent of total billed charges	
UNLISTED CT PROCEDURE	76497	CPT	outpatient			646	119.52	Horizon	Medicare Blue		103.93				103.93		613.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED CT PROCEDURE	76497	CPT	outpatient			646	119.52	Horizon	MGD		193.41				103.93		613.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED CT PROCEDURE	76497	CPT	outpatient			646	119.52	Horizon	Indemnity		193.41				103.93		613.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED CT PROCEDURE	76497	CPT	outpatient			646	119.52	Horizon	PPO		193.41				103.93		613.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED CT PROCEDURE	76497	CPT	outpatient			646	119.52	Managed Care Inc	Managed Care Inc		581.4	90			103.93		613.7 percent of total billed charges	
UNLISTED CT PROCEDURE	76497	CPT	outpatient			646	119.52	Multiplan	Multiplan		516.8	80			103.93		613.7 percent of total billed charges	
UNLISTED CT PROCEDURE	76497	CPT	outpatient			646	119.52	Qualcare	Qualcare		484.5	75			103.93		613.7 percent of total billed charges	
UNLISTED CT PROCEDURE	76497	CPT	outpatient			646	119.52	Three Rivers	Three Rivers		613.7	95			103.93		613.7 percent of total billed charges	
UNLISTED CT PROCEDURE	76497	CPT	outpatient			646	119.52	UHC	Medicare		103.93				103.93		613.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED CT PROCEDURE	76497	CPT	outpatient			646	119.52	UHC	Medicaid		203.81	31.55			103.93		613.7 percent of total billed charges	
UNLISTED CT PROCEDURE	76497	CPT	outpatient			646	119.52	Wellcare	Medicare		103.93				103.93		613.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED CT PROCEDURE	76497	CPT	outpatient			646	119.52	Wellcare	Medicaid		203.81	31.55			103.93		613.7 percent of total billed charges	
UNLISTED CT PROCEDURE	76497	CPT	outpatient			646	119.52	WellPoint	WellPoint		207.88	32.18			103.93		613.7 percent of total billed charges	
UNLISTED MR PROCECURE	76498	CPT	inpatient			2400	119.52	Aetna	Better Health		757.2	31.55			103.93		2280 percent of total billed charges	
UNLISTED MR PROCECURE	76498	CPT	inpatient			2400	119.52	Aetna	Medicare		103.93				103.93		2280 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED MR PROCECURE	76498	CPT	inpatient			2400	119.52	Aetna	Commercial		165.46				103.93		2280 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED MR PROCECURE	76498	CPT	inpatient			2400	119.52	Americare	Americare		1800	75			103.93		2280 percent of total billed charges	
UNLISTED MR PROCECURE	76498	CPT	inpatient			2400	119.52	Amerihealth	HMO/PPO		1560	65			103.93		2280 percent of total billed charges	
UNLISTED MR PROCECURE	76498	CPT	inpatient			2400	119.52	Amerihealth	Medicare		103.93				103.93		2280 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED MR PROCECURE	76498	CPT	inpatient			2400	119.52	Consumer	Consumer		2280	95			103.93		2280 percent of total billed charges	
UNLISTED MR PROCECURE	76498	CPT	inpatient			2400	119.52	Corrections	Corrections		1920	80			103.93		2280 percent of total billed charges	
UNLISTED MR PROCECURE	76498	CPT	inpatient			2400	119.52	First Health	First Health		1680	70			103.93		2280 percent of total billed charges	
UNLISTED MR PROCECURE	76498	CPT	inpatient			2400	119.52	First Trenton	First Trenton		2160	90			103.93		2280 percent of total billed charges	
UNLISTED MR PROCECURE	76498	CPT	inpatient			2400	119.52	Horizon	Indemnity		193.41				103.93		2280 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED MR PROCECURE	76498	CPT	inpatient			2400	119.52	Horizon	Medicare Blue		103.93				103.93		2280 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED MR PROCECURE	76498	CPT	inpatient			2400	119.52	Horizon	PPO		193.41				103.93		2280 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED MR PROCECURE	76498	CPT	inpatient			2400	119.52	Horizon	MGD		193.41				103.93		2280 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED MR PROCECURE	76498	CPT	inpatient			2400	119.52	Managed Care Inc	Managed Care Inc		2160	90			103.93		2280 percent of total billed charges	
UNLISTED MR PROCECURE	76498	CPT	inpatient			2400	119.52	Multiplan	Multiplan		1920	80			103.93		2280 percent of total billed charges	
UNLISTED MR PROCECURE	76498	CPT	inpatient			2400	119.52	Qualcare	Qualcare		1800	75			103.93		2280 percent of total billed charges	
UNLISTED MR PROCECURE	76498	CPT	inpatient			2400	119.52	Three Rivers	Three Rivers		2280	95			103.93		2280 percent of total billed charges	
UNLISTED MR PROCECURE	76498	CPT	inpatient			2400	119.52	UHC	Medicaid		757.2	31.55			103.93		2280 percent of total billed charges	
UNLISTED MR PROCECURE	76498	CPT	inpatient			2400	119.52	UHC	Medicare		103.93				103.93		2280 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED MR PROCECURE	76498	CPT	inpatient			2400	119.52	Wellcare	Medicaid		757.2	31.55			103.93		2280 percent of total billed charges	
UNLISTED MR PROCECURE	76498	CPT	inpatient			2400	119.52	Wellcare	Medicare		103.93				103.93		2280 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED MR PROCECURE	76498	CPT	inpatient			2400	119.52	WellPoint	WellPoint		772.32	32.18			103.93		2280 percent of total billed charges	
X-RAY BONE DENSITY (DEXA) WH	76499	CPT	both			7980	119.52	Aetna	Better Health		2517.69	31.55			82.66		7581 percent of total billed charges	
X-RAY BONE DENSITY (DEXA) WH	76499	CPT	both			7980	119.52	Aetna	Commercial		165.46				82.66		7581 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
X-RAY BONE DENSITY (DEXA) WH	76499	CPT	both			7980	119.52	Aetna	Medicare		103.93				82.66		7581 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
X-RAY BONE DENSITY (DEXA) WH	76499	CPT	both			7980	119.52	Americare	Americare		5985	75			82.66		7581 percent of total billed charges	
X-RAY BONE DENSITY (DEXA) WH	76499	CPT	both			7980	119.52	Amerihealth	HMO/PPO		5187	65			82.66		7581 percent of total billed charges	
X-RAY BONE DENSITY (DEXA) WH	76499	CPT	both			7980	119.52	Amerihealth	Medicare		103.93				82.66		7581 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
X-RAY BONE DENSITY (DEXA) WH	76499	CPT	both			7980	119.52	Consumer	Consumer		7581	95			82.66		7581 percent of total billed charges	
X-RAY BONE DENSITY (DEXA) WH	76499	CPT	both			7980	119.52	Corrections	Corrections		6384	80			82.66		7581 percent of total billed charges	
X-RAY BONE DENSITY (DEXA) WH	76499	CPT	both			7980	119.52	First Health	First Health		5586	70			82.66		7581 percent of total billed charges	
X-RAY BONE DENSITY (DEXA) WH	76499	CPT	both			7980	119.52	First Trenton	First Trenton		7182	90			82.66		7581 percent of total billed charges	
X-RAY BONE DENSITY (DEXA) WH	76499	CPT	both			7980	119.52	Horizon	Indemnity		193.41				82.66		7581 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
X-RAY BONE DENSITY (DEXA) WH	76499	CPT	both			7980	119.52	Horizon	PPO		193.41				82.66		7581 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
X-RAY BONE DENSITY (DEXA) WH	76499	CPT	both			7980	119.52	Horizon	MGD		193.41				82.66		7581 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
X-RAY BONE DENSITY (DEXA) WH	76499	CPT	both			7980	119.52	Horizon	Medicare Blue		103.93				82.66		7581 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
X-RAY BONE DENSITY (DEXA) WH	76499	CPT	both			7980	119.52	Managed Care Inc	Managed Care Inc		7182	90			82.66		7581 percent of total billed charges	
X-RAY BONE DENSITY (DEXA) WH	76499	CPT	both			7980	119.52	Multiplan	Multiplan		6384	80			82.66		7581 percent of total billed charges	
X-RAY BONE DENSITY (DEXA) WH	76499	CPT	both			7980	119.52	Qualcare	Qualcare		5985	75			82.66		7581 percent of total billed charges	
X-RAY BONE DENSITY (DEXA) WH	76499	CPT	both			7980	119.52	Three Rivers	Three Rivers		7581	95			82.66		7581 percent of total billed charges	
X-RAY BONE DENSITY (DEXA) WH	76499	CPT	both			7980	119.52	UHC	Medicare		103.93				82.66		7581 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
X-RAY BONE DENSITY (DEXA) WH	76499	CPT	both			7980	119.52	UHC	Medicaid		2517.69	31.55			82.66		7581 percent of total billed charges	
X-RAY BONE DENSITY (DEXA) WH	76499	CPT	both			7980	119.52	Wellcare	Medicaid		2517.69	31.55			82.66		7581 percent of total billed charges	
X-RAY BONE DENSITY (DEXA) WH	76499	CPT	both			7980	119.52	Wellcare	Medicare		103.93				82.66		7581 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
X-RAY BONE DENSITY (DEXA) WH	76499	CPT	both			7980	119.52	WellPoint	WellPoint		2567.96	32.18			82.66		7581 percent of total billed charges	
BRAIN	76506	CPT	both			785	144.6	Aetna	Medicare		125.74				82.32		745.75 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRAIN	76506	CPT	both			785	144.6	Aetna	Commercial		200.18				82.32		745.75 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRAIN	76506	CPT	both			785	144.6	Aetna	Better Health		247.67	31.55			82.32		745.75 percent of total billed charges	
BRAIN	76506	CPT	both			785	144.6	Americare	Americare		588.75	75			82.32		745.75 percent of total billed charges	
BRAIN	76506	CPT	both			785	144.6	Amerihealth	HMO/PPO		510.25	65			82.32		745.75 percent of total billed charges	
BRAIN	76506	CPT	both			785	144.6	Amerihealth	Medicare		125.74				82.32		745.75 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRAIN	76506	CPT	both			785	144.6	Consumer	Consumer		745.75	95			82.32		745.75 percent of total billed charges	
BRAIN	76506	CPT	both			785	144.6	Corrections	Corrections		628	80			82.32		745.75 percent of total billed charges	
BRAIN	76506	CPT	both			785	144.6	First Health	First Health		549.5	70			82.32		745.75 percent of total billed charges	
BRAIN	76506	CPT	both			785	144.6	First Trenton	First Trenton		706.5	90			82.32		745.75 percent of total billed charges	
BRAIN	76506	CPT	both			785	144.6	Horizon	MGD		234				82.32		745.75 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRAIN	76506	CPT	both			785	144.6	Horizon	Medicare Blue		125.74				82.32		745.75 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRAIN	76506	CPT	both			785	144.6	Horizon	PPO		234				82.32		745.75 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRAIN	76506	CPT	both			785	144.6	Horizon	NJ Health		82.32				82.32		745.75 fee schedule	
BRAIN	76506	CPT	both			785	144.6	Horizon	Indemnity		234				82.32		745.75 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRAIN	76506	CPT	both			785	144.6	Managed Care Inc	Managed Care Inc		706.5	90			82.32		745.75 percent of total billed charges	
BRAIN	76506	CPT	both			785	144.6	Multiplan	Multiplan		628	80			82.32		745.75 percent of total billed charges	
BRAIN	76506	CPT	both			785	144.6	Qualcare	Qualcare		588.75	75			82.32		745.75 percent of total billed charges	
BRAIN	76506	CPT	both			785	144.6	Three Rivers	Three Rivers		745.75	95			82.32		745.75 percent of total billed charges	
BRAIN	76506	CPT	both			785	144.6	UHC	Medicaid		247.67	31.55			82.32		745.75 percent of total billed charges	
BRAIN	76506	CPT	both			785	144.6	UHC	Medicare		125.74				82.32		745.75 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRAIN	76506	CPT	both			785	144.6	Wellcare	Medicare		125.74				82.32		745.75 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRAIN	76506	CPT	both			785	144.6	Wellcare	Medicaid		247.67	31.55			82.32		745.75 percent of total billed charges	
BRAIN	76506	CPT	both			785	144.6	WellPoint	WellPoint		252.61	32.18			82.32		745.75 percent of total billed charges	
A-SCAN DIAGNOSTIC-BOTH	76511	CPT	outpatient			502	144.6	Aetna	Medicare		125.74				86.24		476.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
A-SCAN DIAGNOSTIC-BOTH	76511	CPT	outpatient			502	144.6	Aetna	Better Health		158.38	31.55			86.24		476.9 percent of total billed charges	
A-SCAN DIAGNOSTIC-BOTH	76511	CPT	outpatient			502	144.6	Aetna	Commercial		200.18				86.24		476.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
A-SCAN DIAGNOSTIC-BOTH	76511	CPT	outpatient			502	144.6	Americare	Americare		376.5	75			86.24		476.9 percent of total billed charges	
A-SCAN DIAGNOSTIC-BOTH	76511	CPT	outpatient			502	144.6	Amerihealth	HMO/PPO		326.3	65			86.24		476.9 percent of total billed charges	
A-SCAN DIAGNOSTIC-BOTH	76511	CPT	outpatient			502	144.6	Amerihealth	Medicare		125.74				86.24		476.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
A-SCAN DIAGNOSTIC-BOTH	76511	CPT	outpatient			502	144.6	Consumer	Consumer		476.9	95			86.24		476.9 percent of total billed charges	
A-SCAN DIAGNOSTIC-BOTH	76511	CPT	outpatient			502	144.6	Corrections	Corrections		401.6	80			86.24		476.9 percent of total billed charges	
A-SCAN DIAGNOSTIC-BOTH	76511	CPT	outpatient			502	144.6	First Health	First Health		351.4	70			86.24		476.9 percent of total billed charges	
A-SCAN DIAGNOSTIC-BOTH	76511	CPT	outpatient			502	144.6	First Trenton	First Trenton		451.8	90			86.24		476.9 percent of total billed charges	
A-SCAN DIAGNOSTIC-BOTH	76511	CPT	outpatient			502	144.6	Horizon	Indemnity		234				86.24		476.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
A-SCAN DIAGNOSTIC-BOTH	76511	CPT	outpatient			502	144.6	Horizon	Medicare Blue		125.74				86.24		476.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
A-SCAN DIAGNOSTIC-BOTH	76511	CPT	outpatient			502	144.6	Horizon	NJ Health		86.24				86.24		476.9 fee schedule	
A-SCAN DIAGNOSTIC-BOTH	76511	CPT	outpatient			502	144.6	Horizon	MGD		234				86.24		476.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
A-SCAN DIAGNOSTIC-BOTH	76511	CPT	outpatient			502	144.6	Horizon	PPO		234				86.24		476.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
A-SCAN DIAGNOSTIC-BOTH	76511	CPT	outpatient			502	144.6	Managed Care Inc	Managed Care Inc		451.8	90			86.24		476.9 percent of total billed charges	
A-SCAN DIAGNOSTIC-BOTH	76511	CPT	outpatient			502	144.6	Multiplan	Multiplan		401.6	80			86.24		476.9 percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.															
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103		310119 true														
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
A-SCAN DIAGNOSTIC-BOTH	76511	CPT	outpatient			502		144.6 Qualcare	Qualcare		376.5	75			86.24	476.9	percent of total billed charges	
A-SCAN DIAGNOSTIC-BOTH	76511	CPT	outpatient			502		144.6 Three Rivers	Three Rivers		476.9	95			86.24	476.9	percent of total billed charges	
A-SCAN DIAGNOSTIC-BOTH	76511	CPT	outpatient			502		144.6 UHC	Medicaid		158.38	31.55			86.24	476.9	percent of total billed charges	
A-SCAN DIAGNOSTIC-BOTH	76511	CPT	outpatient			502		144.6 UHC	Medicare		125.74				86.24	476.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
A-SCAN DIAGNOSTIC-BOTH	76511	CPT	outpatient			502		144.6 Wellcare	Medicaid		158.38	31.55			86.24	476.9	percent of total billed charges	
A-SCAN DIAGNOSTIC-BOTH	76511	CPT	outpatient			502		144.6 Wellcare	Medicare		125.74				86.24	476.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
A-SCAN DIAGNOSTIC-BOTH	76511	CPT	outpatient			502		144.6 WellPoint	WellPoint		161.54	32.18			86.24	476.9	percent of total billed charges	
ED US ORBITS	76512	CPT	both			686		144.6 Aetna	Better Health		216.43	31.55			117.6	651.7	percent of total billed charges	
ED US ORBITS	76512	CPT	both			686		144.6 Aetna	Medicare		211.29	30.8			117.6	651.7	percent of total billed charges	
ED US ORBITS	76512	CPT	both			686		144.6 Aetna	Commercial		200.18				117.6	651.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED US ORBITS	76512	CPT	both			686		144.6 Americare	Americare		514.5	75			117.6	651.7	percent of total billed charges	
ED US ORBITS	76512	CPT	both			686		144.6 Amerihealth	HMO/PPO		445.9	65			117.6	651.7	percent of total billed charges	
ED US ORBITS	76512	CPT	both			686		144.6 Amerihealth	Medicare		125.74				117.6	651.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED US ORBITS	76512	CPT	both			686		144.6 Consumer	Consumer		651.7	95			117.6	651.7	percent of total billed charges	
ED US ORBITS	76512	CPT	both			686		144.6 Corrections	Corrections		548.8	80			117.6	651.7	percent of total billed charges	
ED US ORBITS	76512	CPT	both			686		144.6 First Health	First Health		480.2	70			117.6	651.7	percent of total billed charges	
ED US ORBITS	76512	CPT	both			686		144.6 First Trenton	First Trenton		617.4	90			117.6	651.7	percent of total billed charges	
ED US ORBITS	76512	CPT	both			686		144.6 Horizon	PPO		234				117.6	651.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED US ORBITS	76512	CPT	both			686		144.6 Horizon	Medicare Blue		125.74				117.6	651.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED US ORBITS	76512	CPT	both			686		144.6 Horizon	MGD		234				117.6	651.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED US ORBITS	76512	CPT	both			686		144.6 Horizon	Indemnity		234				117.6	651.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED US ORBITS	76512	CPT	both			686		144.6 Horizon	NJ Health		117.6				117.6	651.7	fee schedule	
ED US ORBITS	76512	CPT	both			686		144.6 Managed Care Inc	Managed Care Inc		617.4	90			117.6	651.7	percent of total billed charges	
ED US ORBITS	76512	CPT	both			686		144.6 Multiplan	Multiplan		548.8	80			117.6	651.7	percent of total billed charges	
ED US ORBITS	76512	CPT	both			686		144.6 Qualcare	Qualcare		514.5	75			117.6	651.7	percent of total billed charges	
ED US ORBITS	76512	CPT	both			686		144.6 Three Rivers	Three Rivers		651.7	95			117.6	651.7	percent of total billed charges	
ED US ORBITS	76512	CPT	both			686		144.6 UHC	Medicaid		216.43	31.55			117.6	651.7	percent of total billed charges	
ED US ORBITS	76512	CPT	both			686		144.6 UHC	Medicare		125.74				117.6	651.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED US ORBITS	76512	CPT	both			686		144.6 Wellcare	Medicare		125.74				117.6	651.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED US ORBITS	76512	CPT	both			686		144.6 Wellcare	Medicaid		216.43	31.55			117.6	651.7	percent of total billed charges	
ED US ORBITS	76512	CPT	both			686		144.6 WellPoint	WellPoint		220.75	32.18			117.6	651.7	percent of total billed charges	
UBM SCAN - BOTH	76513	CPT	outpatient			716		144.6 Aetna	Commercial		200.18				123.05	680.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UBM SCAN - BOTH	76513	CPT	outpatient			716		144.6 Aetna	Medicare		125.74				123.05	680.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UBM SCAN - BOTH	76513	CPT	outpatient			716		144.6 Aetna	Better Health		225.9	31.55			123.05	680.2	percent of total billed charges	
UBM SCAN - BOTH	76513	CPT	outpatient			716		144.6 Americare	Americare		537	75			123.05	680.2	percent of total billed charges	
UBM SCAN - BOTH	76513	CPT	outpatient			716		144.6 Amerihealth	HMO/PPO		465.4	65			123.05	680.2	percent of total billed charges	
UBM SCAN - BOTH	76513	CPT	outpatient			716		144.6 Amerihealth	Medicare		125.74				123.05	680.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UBM SCAN - BOTH	76513	CPT	outpatient			716		144.6 Consumer	Consumer		680.2	95			123.05	680.2	percent of total billed charges	
UBM SCAN - BOTH	76513	CPT	outpatient			716		144.6 Corrections	Corrections		572.8	80			123.05	680.2	percent of total billed charges	
UBM SCAN - BOTH	76513	CPT	outpatient			716		144.6 First Health	First Health		501.2	70			123.05	680.2	percent of total billed charges	
UBM SCAN - BOTH	76513	CPT	outpatient			716		144.6 First Trenton	First Trenton		644.4	90			123.05	680.2	percent of total billed charges	
UBM SCAN - BOTH	76513	CPT	outpatient			716		144.6 Horizon	Medicare Blue		125.74				123.05	680.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UBM SCAN - BOTH	76513	CPT	outpatient			716		144.6 Horizon	PPO		234				123.05	680.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UBM SCAN - BOTH	76513	CPT	outpatient			716		144.6 Horizon	NJ Health		129.36				123.05	680.2	fee schedule	
UBM SCAN - BOTH	76513	CPT	outpatient			716		144.6 Horizon	Indemnity		234				123.05	680.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UBM SCAN - BOTH	76513	CPT	outpatient			716		144.6 Horizon	MGD		234				123.05	680.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UBM SCAN - BOTH	76513	CPT	outpatient			716		144.6 Managed Care Inc	Managed Care Inc		644.4	90			123.05	680.2	percent of total billed charges	
UBM SCAN - BOTH	76513	CPT	outpatient			716		144.6 Multiplan	Multiplan		572.8	80			123.05	680.2	percent of total billed charges	
UBM SCAN - BOTH	76513	CPT	outpatient			716		144.6 Qualcare	Qualcare		537	75			123.05	680.2	percent of total billed charges	
UBM SCAN - BOTH	76513	CPT	outpatient			716		144.6 Three Rivers	Three Rivers		680.2	95			123.05	680.2	percent of total billed charges	
UBM SCAN - BOTH	76513	CPT	outpatient			716		144.6 UHC	Medicaid		225.9	31.55			123.05	680.2	percent of total billed charges	
UBM SCAN - BOTH	76513	CPT	outpatient			716		144.6 UHC	Medicare		125.74				123.05	680.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UBM SCAN - BOTH	76513	CPT	outpatient			716		144.6 Wellcare	Medicaid		225.9	31.55			123.05	680.2	percent of total billed charges	
UBM SCAN - BOTH	76513	CPT	outpatient			716		144.6 Wellcare	Medicare		125.74				123.05	680.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UBM SCAN - BOTH	76513	CPT	outpatient			716		144.6 WellPoint	WellPoint		230.41	32.18			123.05	680.2	percent of total billed charges	
ULTRASONIC PACHYMETRY	76514	CPT	outpatient			93		39.16 Aetna	Commercial		54.21				21.56	88.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULTRASONIC PACHYMETRY	76514	CPT	outpatient			93		39.16 Aetna	Better Health		29.34	31.55			21.56	88.35	percent of total billed charges	
ULTRASONIC PACHYMETRY	76514	CPT	outpatient			93		39.16 Aetna	Medicare		34.05				21.56	88.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULTRASONIC PACHYMETRY	76514	CPT	outpatient			93		39.16 Americare	Americare		69.75	75			21.56	88.35	percent of total billed charges	
ULTRASONIC PACHYMETRY	76514	CPT	outpatient			93		39.16 Amerihealth	HMO/PPO		60.45	65			21.56	88.35	percent of total billed charges	
ULTRASONIC PACHYMETRY	76514	CPT	outpatient			93		39.16 Amerihealth	Medicare		34.05				21.56	88.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULTRASONIC PACHYMETRY	76514	CPT	outpatient			93		39.16 Consumer	Consumer		88.35	95			21.56	88.35	percent of total billed charges	
ULTRASONIC PACHYMETRY	76514	CPT	outpatient			93		39.16 Corrections	Corrections		74.4	80			21.56	88.35	percent of total billed charges	
ULTRASONIC PACHYMETRY	76514	CPT	outpatient			93		39.16 First Health	First Health		65.1	70			21.56	88.35	percent of total billed charges	
ULTRASONIC PACHYMETRY	76514	CPT	outpatient			93		39.16 First Trenton	First Trenton		83.7	90			21.56	88.35	percent of total billed charges	
ULTRASONIC PACHYMETRY	76514	CPT	outpatient			93		39.16 Horizon	MGD		63.37				21.56	88.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULTRASONIC PACHYMETRY	76514	CPT	outpatient			93		39.16 Horizon	Indemnity		63.37				21.56	88.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULTRASONIC PACHYMETRY	76514	CPT	outpatient			93		39.16 Horizon	Medicare Blue		34.05				21.56	88.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULTRASONIC PACHYMETRY	76514	CPT	outpatient			93		39.16 Horizon	PPO		63.37				21.56	88.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULTRASONIC PACHYMETRY	76514	CPT	outpatient			93		39.16 Horizon	NJ Health		21.56				21.56	88.35	fee schedule	
ULTRASONIC PACHYMETRY	76514	CPT	outpatient			93		39.16 Managed Care Inc	Managed Care Inc		83.7	90			21.56	88.35	percent of total billed charges	
ULTRASONIC PACHYMETRY	76514	CPT	outpatient			93		39.16 Multiplan	Multiplan		74.4	80			21.56	88.35	percent of total billed charges	
ULTRASONIC PACHYMETRY	76514	CPT	outpatient			93		39.16 Qualcare	Qualcare		69.75	75			21.56	88.35	percent of total billed charges	
ULTRASONIC PACHYMETRY	76514	CPT	outpatient			93		39.16 Three Rivers	Three Rivers		88.35	95			21.56	88.35	percent of total billed charges	
ULTRASONIC PACHYMETRY	76514	CPT	outpatient			93		39.16 UHC	Medicaid		29.34	31.55			21.56	88.35	percent of total billed charges	
ULTRASONIC PACHYMETRY	76514	CPT	outpatient			93		39.16 UHC	Medicare		34.05				21.56	88.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULTRASONIC PACHYMETRY	76514	CPT	outpatient			93		39.16 Wellcare	Medicare		34.05				21.56	88.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULTRASONIC PACHYMETRY	76514	CPT	outpatient			93		39.16 Wellcare	Medicaid		29.34	31.55			21.56	88.35	percent of total billed charges	
ULTRASONIC PACHYMETRY	76514	CPT	outpatient			93		39.16 WellPoint	WellPoint		29.93	32.18			21.56	88.35	percent of total billed charges	
U/S ECHOGRAPHIY A-SCAN	76516	CPT	outpatient			390		144.6 Aetna	Commercial		200.18				78.4	370.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
U/S ECHOGRAPHY A-SCAN	76516	CPT	outpatient			390		144.6 Aetna	Better Health		123.05	31.55			78.4	370.5	percent of total billed charges	
U/S ECHOGRAPHY A-SCAN	76516	CPT	outpatient			390		144.6 Aetna	Medicare		120.12	30.8			78.4	370.5	percent of total billed charges	
U/S ECHOGRAPHY A-SCAN	76516	CPT	outpatient			390		144.6 Americare	Americare		292.5	75			78.4	370.5	percent of total billed charges	
U/S ECHOGRAPHY A-SCAN	76516	CPT	outpatient			390		144.6 Amerihealth	Medicare		125.74				78.4	370.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
U/S ECHOGRAPHY A-SCAN	76516	CPT	outpatient			390		144.6 Amerihealth	HMO/PPO		253.5	65			78.4	370.5	percent of total billed charges	
U/S ECHOGRAPHY A-SCAN	76516	CPT	outpatient			390		144.6 Consumer	Consumer		370.5	95			78.4	370.5	percent of total billed charges	
U/S ECHOGRAPHY A-SCAN	76516	CPT	outpatient			390		144.6 Corrections	Corrections		312	80			78.4	370.5	percent of total billed charges	
U/S ECHOGRAPHY A-SCAN	76516	CPT	outpatient			390		144.6 First Health	First Health		273	70			78.4	370.5	percent of total billed charges	
U/S ECHOGRAPHY A-SCAN	76516	CPT	outpatient			390		144.6 First Trenton	First Trenton		351	90			78.4	370.5	percent of total billed charges	
U/S ECHOGRAPHY A-SCAN	76516	CPT	outpatient			390		144.6 Horizon	MGD		234				78.4	370.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
U/S ECHOGRAPHY A-SCAN	76516	CPT	outpatient			390		144.6 Horizon	Indemnity		234				78.4	370.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
U/S ECHOGRAPHY A-SCAN	76516	CPT	outpatient			390		144.6 Horizon	Medicare Blue		125.74				78.4	370.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
U/S ECHOGRAPHY A-SCAN	76516	CPT	outpatient			390		144.6 Horizon	NJ Health		78.4				78.4	370.5	fee schedule	
U/S ECHOGRAPHY A-SCAN	76516	CPT	outpatient			390		144.6 Horizon	PPO		234				78.4	370.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
U/S ECHOGRAPHY A-SCAN	76516	CPT	outpatient			390		144.6 Managed Care Inc	Managed Care Inc		351	90			78.4	370.5	percent of total billed charges	
U/S ECHOGRAPHY A-SCAN	76516	CPT	outpatient			390		144.6 Multiplan	Multiplan		312	80			78.4	370.5	percent of total billed charges	
U/S ECHOGRAPHY A-SCAN	76516	CPT	outpatient			390		144.6 Qualcare	Qualcare		292.5	75			78.4	370.5	percent of total billed charges	
U/S ECHOGRAPHY A-SCAN	76516	CPT	outpatient			390		144.6 Three Rivers	Three Rivers		370.5	95			78.4	370.5	percent of total billed charges	
U/S ECHOGRAPHY A-SCAN	76516	CPT	outpatient			390		144.6 UHC	Medicaid		123.05	31.55			78.4	370.5	percent of total billed charges	
U/S ECHOGRAPHY A-SCAN	76516	CPT	outpatient			390		144.6 UHC	Medicare		125.74				78.4	370.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
U/S ECHOGRAPHY A-SCAN	76516	CPT	outpatient			390		144.6 Wellcare	Medicare		125.74				78.4	370.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
U/S ECHOGRAPHY A-SCAN	76516	CPT	outpatient			390		144.6 Wellcare	Medicaid		123.05	31.55			78.4	370.5	percent of total billed charges	
U/S ECHOGRAPHY A-SCAN	76516	CPT	outpatient			390		144.6 WellPoint	WellPoint		125.5	32.18			78.4	370.5	percent of total billed charges	
BIOMETRY IOL CALCULATION (OU)	76519	CPT	outpatient			390		144.6 Aetna	Better Health		123.05	31.55			86.24	370.5	percent of total billed charges	
BIOMETRY IOL CALCULATION (OU)	76519	CPT	outpatient			390		144.6 Aetna	Commercial		200.18				86.24	370.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOMETRY IOL CALCULATION (OU)	76519	CPT	outpatient			390		144.6 Aetna	Medicare		120.12	30.8			86.24	370.5	percent of total billed charges	
BIOMETRY IOL CALCULATION (OU)	76519	CPT	outpatient			390		144.6 Americare	Americare		292.5	75			86.24	370.5	percent of total billed charges	
BIOMETRY IOL CALCULATION (OU)	76519	CPT	outpatient			390		144.6 Amerihealth	HMO/PPO		253.5	65			86.24	370.5	percent of total billed charges	
BIOMETRY IOL CALCULATION (OU)	76519	CPT	outpatient			390		144.6 Amerihealth	Medicare		125.74				86.24	370.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOMETRY IOL CALCULATION (OU)	76519	CPT	outpatient			390		144.6 Consumer	Consumer		370.5	95			86.24	370.5	percent of total billed charges	
BIOMETRY IOL CALCULATION (OU)	76519	CPT	outpatient			390		144.6 Corrections	Corrections		312	80			86.24	370.5	percent of total billed charges	
BIOMETRY IOL CALCULATION (OU)	76519	CPT	outpatient			390		144.6 First Health	First Health		273	70			86.24	370.5	percent of total billed charges	
BIOMETRY IOL CALCULATION (OU)	76519	CPT	outpatient			390		144.6 First Trenton	First Trenton		351	90			86.24	370.5	percent of total billed charges	
BIOMETRY IOL CALCULATION (OU)	76519	CPT	outpatient			390		144.6 Horizon	MGD		234				86.24	370.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOMETRY IOL CALCULATION (OU)	76519	CPT	outpatient			390		144.6 Horizon	Medicare Blue		125.74				86.24	370.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOMETRY IOL CALCULATION (OU)	76519	CPT	outpatient			390		144.6 Horizon	NJ Health		86.24				86.24	370.5	fee schedule	
BIOMETRY IOL CALCULATION (OU)	76519	CPT	outpatient			390		144.6 Horizon	Indemnity		234				86.24	370.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOMETRY IOL CALCULATION (OU)	76519	CPT	outpatient			390		144.6 Horizon	PPO		234				86.24	370.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOMETRY IOL CALCULATION (OU)	76519	CPT	outpatient			390		144.6 Managed Care Inc	Managed Care Inc		351	90			86.24	370.5	percent of total billed charges	
BIOMETRY IOL CALCULATION (OU)	76519	CPT	outpatient			390		144.6 Multiplan	Multiplan		312	80			86.24	370.5	percent of total billed charges	
BIOMETRY IOL CALCULATION (OU)	76519	CPT	outpatient			390		144.6 Qualcare	Qualcare		292.5	75			86.24	370.5	percent of total billed charges	
BIOMETRY IOL CALCULATION (OU)	76519	CPT	outpatient			390		144.6 Three Rivers	Three Rivers		370.5	95			86.24	370.5	percent of total billed charges	
BIOMETRY IOL CALCULATION (OU)	76519	CPT	outpatient			390		144.6 UHC	Medicare		125.74				86.24	370.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOMETRY IOL CALCULATION (OU)	76519	CPT	outpatient			390		144.6 UHC	Medicaid		123.05	31.55			86.24	370.5	percent of total billed charges	
BIOMETRY IOL CALCULATION (OU)	76519	CPT	outpatient			390		144.6 Wellcare	Medicare		125.74				86.24	370.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOMETRY IOL CALCULATION (OU)	76519	CPT	outpatient			390		144.6 Wellcare	Medicaid		123.05	31.55			86.24	370.5	percent of total billed charges	
BIOMETRY IOL CALCULATION (OU)	76519	CPT	outpatient			390		144.6 WellPoint	WellPoint		125.5	32.18			86.24	370.5	percent of total billed charges	
ULTRASONIC FB LOCALIZ-BOTH	76529	CPT	outpatient			617		119.52 Aetna	Medicare		103.93				102.54	586.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULTRASONIC FB LOCALIZ-BOTH	76529	CPT	outpatient			617		119.52 Aetna	Better Health		194.66	31.55			102.54	586.15	percent of total billed charges	
ULTRASONIC FB LOCALIZ-BOTH	76529	CPT	outpatient			617		119.52 Aetna	Commercial		165.46				102.54	586.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULTRASONIC FB LOCALIZ-BOTH	76529	CPT	outpatient			617		119.52 Americare	Americare		462.75	75			102.54	586.15	percent of total billed charges	
ULTRASONIC FB LOCALIZ-BOTH	76529	CPT	outpatient			617		119.52 Amerihealth	HMO/PPO		401.05	65			102.54	586.15	percent of total billed charges	
ULTRASONIC FB LOCALIZ-BOTH	76529	CPT	outpatient			617		119.52 Amerihealth	Medicare		103.93				102.54	586.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULTRASONIC FB LOCALIZ-BOTH	76529	CPT	outpatient			617		119.52 Consumer	Consumer		586.15	95			102.54	586.15	percent of total billed charges	
ULTRASONIC FB LOCALIZ-BOTH	76529	CPT	outpatient			617		119.52 Corrections	Corrections		493.6	80			102.54	586.15	percent of total billed charges	
ULTRASONIC FB LOCALIZ-BOTH	76529	CPT	outpatient			617		119.52 First Health	First Health		431.9	70			102.54	586.15	percent of total billed charges	
ULTRASONIC FB LOCALIZ-BOTH	76529	CPT	outpatient			617		119.52 First Trenton	First Trenton		555.3	90			102.54	586.15	percent of total billed charges	
ULTRASONIC FB LOCALIZ-BOTH	76529	CPT	outpatient			617		119.52 Horizon	MGD		193.41				102.54	586.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULTRASONIC FB LOCALIZ-BOTH	76529	CPT	outpatient			617		119.52 Horizon	Medicare Blue		103.93				102.54	586.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULTRASONIC FB LOCALIZ-BOTH	76529	CPT	outpatient			617		119.52 Horizon	Indemnity		193.41				102.54	586.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULTRASONIC FB LOCALIZ-BOTH	76529	CPT	outpatient			617		119.52 Horizon	NJ Health		111.47				102.54	586.15	fee schedule	
ULTRASONIC FB LOCALIZ-BOTH	76529	CPT	outpatient			617		119.52 Horizon	PPO		193.41				102.54	586.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULTRASONIC FB LOCALIZ-BOTH	76529	CPT	outpatient			617		119.52 Managed Care Inc	Managed Care Inc		555.3	90			102.54	586.15	percent of total billed charges	
ULTRASONIC FB LOCALIZ-BOTH	76529	CPT	outpatient			617		119.52 Multiplan	Multiplan		493.6	80			102.54	586.15	percent of total billed charges	
ULTRASONIC FB LOCALIZ-BOTH	76529	CPT	outpatient			617		119.52 Qualcare	Qualcare		462.75	75			102.54	586.15	percent of total billed charges	
ULTRASONIC FB LOCALIZ-BOTH	76529	CPT	outpatient			617		119.52 Three Rivers	Three Rivers		586.15	95			102.54	586.15	percent of total billed charges	
ULTRASONIC FB LOCALIZ-BOTH	76529	CPT	outpatient			617		119.52 UHC	Medicaid		194.66	31.55			102.54	586.15	percent of total billed charges	
ULTRASONIC FB LOCALIZ-BOTH	76529	CPT	outpatient			617		119.52 UHC	Medicare		103.93				102.54	586.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.												
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true												
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ULTRASONIC FB LOCALIZ-BOTH	76529	CPT	outpatient			617	119.52	Wellcare	Medicaid		194.66	31.55			102.54	586.15	percent of total billed charges	
ULTRASONIC FB LOCALIZ-BOTH	76529	CPT	outpatient			617	119.52	Wellcare	Medicare		103.93				102.54	586.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULTRASONIC FB LOCALIZ-BOTH	76529	CPT	outpatient			617	119.52	WellPoint	WellPoint		198.55	32.18			102.54	586.15	percent of total billed charges	
US SOFT TISSUES,HEAD/NECK	76536	CPT	both			785	144.6	Aetna	Commercial		200.18				80.24	745.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US SOFT TISSUES,HEAD/NECK	76536	CPT	both			785	144.6	Aetna	Better Health		247.67	31.55			80.24	745.75	percent of total billed charges	
US SOFT TISSUES,HEAD/NECK	76536	CPT	both			785	144.6	Aetna	Medicare		125.74				80.24	745.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US SOFT TISSUES,HEAD/NECK	76536	CPT	both			785	144.6	Americare	Americare		588.75	75			80.24	745.75	percent of total billed charges	
US SOFT TISSUES,HEAD/NECK	76536	CPT	both			785	144.6	Amerihealth	HMO/PPO		510.25	65			80.24	745.75	percent of total billed charges	
US SOFT TISSUES,HEAD/NECK	76536	CPT	both			785	144.6	Amerihealth	Medicare		125.74				80.24	745.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US SOFT TISSUES,HEAD/NECK	76536	CPT	both			785	144.6	Consumer	Consumer		745.75	95			80.24	745.75	percent of total billed charges	
US SOFT TISSUES,HEAD/NECK	76536	CPT	both			785	144.6	Corrections	Corrections		628	80			80.24	745.75	percent of total billed charges	
US SOFT TISSUES,HEAD/NECK	76536	CPT	both			785	144.6	First Health	First Health		549.5	70			80.24	745.75	percent of total billed charges	
US SOFT TISSUES,HEAD/NECK	76536	CPT	both			785	144.6	First Trenton	First Trenton		706.5	90			80.24	745.75	percent of total billed charges	
US SOFT TISSUES,HEAD/NECK	76536	CPT	both			785	144.6	Horizon	PPO		234				80.24	745.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US SOFT TISSUES,HEAD/NECK	76536	CPT	both			785	144.6	Horizon	Indemnity		234				80.24	745.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US SOFT TISSUES,HEAD/NECK	76536	CPT	both			785	144.6	Horizon	MGD		234				80.24	745.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US SOFT TISSUES,HEAD/NECK	76536	CPT	both			785	144.6	Horizon	Medicare Blue		125.74				80.24	745.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US SOFT TISSUES,HEAD/NECK	76536	CPT	both			785	144.6	Horizon	NJ Health		80.24				80.24	745.75	fee schedule	
US SOFT TISSUES,HEAD/NECK	76536	CPT	both			785	144.6	Managed Care Inc	Managed Care Inc		706.5	90			80.24	745.75	percent of total billed charges	
US SOFT TISSUES,HEAD/NECK	76536	CPT	both			785	144.6	Multiplan	Multiplan		628	80			80.24	745.75	percent of total billed charges	
US SOFT TISSUES,HEAD/NECK	76536	CPT	both			785	144.6	Qualcare	Qualcare		588.75	75			80.24	745.75	percent of total billed charges	
US SOFT TISSUES,HEAD/NECK	76536	CPT	both			785	144.6	Three Rivers	Three Rivers		745.75	95			80.24	745.75	percent of total billed charges	
US SOFT TISSUES,HEAD/NECK	76536	CPT	both			785	144.6	UHC	Medicare		125.74				80.24	745.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US SOFT TISSUES,HEAD/NECK	76536	CPT	both			785	144.6	UHC	Medicaid		247.67	31.55			80.24	745.75	percent of total billed charges	
US SOFT TISSUES,HEAD/NECK	76536	CPT	both			785	144.6	Wellcare	Medicare		125.74				80.24	745.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US SOFT TISSUES,HEAD/NECK	76536	CPT	both			785	144.6	Wellcare	Medicaid		247.67	31.55			80.24	745.75	percent of total billed charges	
US SOFT TISSUES,HEAD/NECK	76536	CPT	both			785	144.6	WellPoint	WellPoint		252.61	32.18			80.24	745.75	percent of total billed charges	
US CHEST WALL	76604	CPT	both			725	144.6	Aetna	Medicare		125.74				68.6	688.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US CHEST WALL	76604	CPT	both			725	144.6	Aetna	Commercial		200.18				68.6	688.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US CHEST WALL	76604	CPT	both			725	144.6	Aetna	Better Health		228.74	31.55			68.6	688.75	percent of total billed charges	
US CHEST WALL	76604	CPT	both			725	144.6	Americare	Americare		543.75	75			68.6	688.75	percent of total billed charges	
US CHEST WALL	76604	CPT	both			725	144.6	Amerihealth	HMO/PPO		471.25	65			68.6	688.75	percent of total billed charges	
US CHEST WALL	76604	CPT	both			725	144.6	Amerihealth	Medicare		125.74				68.6	688.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US CHEST WALL	76604	CPT	both			725	144.6	Consumer	Consumer		688.75	95			68.6	688.75	percent of total billed charges	
US CHEST WALL	76604	CPT	both			725	144.6	Corrections	Corrections		580	80			68.6	688.75	percent of total billed charges	
US CHEST WALL	76604	CPT	both			725	144.6	First Health	First Health		507.5	70			68.6	688.75	percent of total billed charges	
US CHEST WALL	76604	CPT	both			725	144.6	First Trenton	First Trenton		652.5	90			68.6	688.75	percent of total billed charges	
US CHEST WALL	76604	CPT	both			725	144.6	Horizon	Indemnity		234				68.6	688.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US CHEST WALL	76604	CPT	both			725	144.6	Horizon	PPO		234				68.6	688.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US CHEST WALL	76604	CPT	both			725	144.6	Horizon	MGD		234				68.6	688.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US CHEST WALL	76604	CPT	both			725	144.6	Horizon	Medicare Blue		125.74				68.6	688.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US CHEST WALL	76604	CPT	both			725	144.6	Horizon	NJ Health		68.6				68.6	688.75	fee schedule	
US CHEST WALL	76604	CPT	both			725	144.6	Managed Care Inc	Managed Care Inc		652.5	90			68.6	688.75	percent of total billed charges	
US CHEST WALL	76604	CPT	both			725	144.6	Multiplan	Multiplan		580	80			68.6	688.75	percent of total billed charges	
US CHEST WALL	76604	CPT	both			725	144.6	Qualcare	Qualcare		543.75	75			68.6	688.75	percent of total billed charges	
US CHEST WALL	76604	CPT	both			725	144.6	Three Rivers	Three Rivers		688.75	95			68.6	688.75	percent of total billed charges	
US CHEST WALL	76604	CPT	both			725	144.6	UHC	Medicare		125.74				68.6	688.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US CHEST WALL	76604	CPT	both			725	144.6	UHC	Medicaid		228.74	31.55			68.6	688.75	percent of total billed charges	
US CHEST WALL	76604	CPT	both			725	144.6	Wellcare	Medicare		125.74				68.6	688.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US CHEST WALL	76604	CPT	both			725	144.6	Wellcare	Medicaid		228.74	31.55			68.6	688.75	percent of total billed charges	
US CHEST WALL	76604	CPT	both			725	144.6	WellPoint	WellPoint		233.31	32.18			68.6	688.75	percent of total billed charges	
WHOLE BREAST US	76641	CPT	both			435	144.6	Aetna	Commercial		200.18				94.39	413.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WHOLE BREAST US	76641	CPT	both			435	144.6	Aetna	Better Health		137.24	31.55			94.39	413.25	percent of total billed charges	
WHOLE BREAST US	76641	CPT	both			435	144.6	Aetna	Medicare		125.74				94.39	413.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WHOLE BREAST US	76641	CPT	both			435	144.6	Americare	Americare		326.25	75			94.39	413.25	percent of total billed charges	
WHOLE BREAST US	76641	CPT	both			435	144.6	Amerihealth	HMO/PPO		282.75	65			94.39	413.25	percent of total billed charges	
WHOLE BREAST US	76641	CPT	both			435	144.6	Amerihealth	Medicare		125.74				94.39	413.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WHOLE BREAST US	76641	CPT	both			435	144.6	Consumer	Consumer		413.25	95			94.39	413.25	percent of total billed charges	
WHOLE BREAST US	76641	CPT	both			435	144.6	Corrections	Corrections		348	80			94.39	413.25	percent of total billed charges	
WHOLE BREAST US	76641	CPT	both			435	144.6	First Health	First Health		304.5	70			94.39	413.25	percent of total billed charges	
WHOLE BREAST US	76641	CPT	both			435	144.6	First Trenton	First Trenton		391.5	90			94.39	413.25	percent of total billed charges	
WHOLE BREAST US	76641	CPT	both			435	144.6	Horizon	Indemnity		234				94.39	413.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WHOLE BREAST US	76641	CPT	both			435	144.6	Horizon	PPO		234				94.39	413.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WHOLE BREAST US	76641	CPT	both			435	144.6	Horizon	MGD		234				94.39	413.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WHOLE BREAST US	76641	CPT	both			435	144.6	Horizon	NJ Health		94.39				94.39	413.25	fee schedule	
WHOLE BREAST US	76641	CPT	both			435	144.6	Horizon	Medicare Blue		125.74				94.39	413.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WHOLE BREAST US	76641	CPT	both			435	144.6	Managed Care Inc	Managed Care Inc		391.5	90			94.39	413.25	percent of total billed charges	
WHOLE BREAST US	76641	CPT	both			435	144.6	Multiplan	Multiplan		348	80			94.39	413.25	percent of total billed charges	
WHOLE BREAST US	76641	CPT	both			435	144.6	Qualcare	Qualcare		326.25	75			94.39	413.25	percent of total billed charges	
WHOLE BREAST US	76641	CPT	both			435	144.6	Three Rivers	Three Rivers		413.25	95			94.39	413.25	percent of total billed charges	
WHOLE BREAST US	76641	CPT	both			435	144.6	UHC	Medicare		125.74				94.39	413.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WHOLE BREAST US	76641	CPT	both			435	144.6	UHC	Medicaid		137.24	31.55			94.39	413.25	percent of total billed charges	
WHOLE BREAST US	76641	CPT	both			435	144.6	Wellcare	Medicare		125.74				94.39	413.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WHOLE BREAST US	76641	CPT	both			435	144.6	Wellcare	Medicaid		137.24	31.55			94.39	413.25	percent of total billed charges	
WHOLE BREAST US	76641	CPT	both			435	144.6	WellPoint	WellPoint		139.98	32.18			94.39	413.25	percent of total billed charges	
US BREAST LTD-BILAT	76642	CPT	both			435	119.52	Aetna	Better Health		137.24	31.55			77.5	413.25	percent of total billed charges	
US BREAST LTD-BILAT	76642	CPT	both			435	119.52	Aetna	Commercial		165.46				77.5	413.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US BREAST LTD-BILAT	76642	CPT	both			435	119.52	Aetna	Medicare		103.93				77.5	413.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US BREAST LTD-BILAT	76642	CPT	both			435	119.52	Americare	Americare		326.25	75			77.5	413.25	percent of total billed charges	
US BREAST LTD-BILAT	76642	CPT	both			435	119.52	Amerihealth	HMO/PPO		282.75	65			77.5	413.25	percent of total billed charges	
US BREAST LTD-BILAT	76642	CPT	both			435	119.52	Amerihealth	Medicare		103.93				77.5	413.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US BREAST LTD-BILAT	76642	CPT	both			435	119.52	Consumer	Consumer		413.25	95			77.5	413.25	percent of total billed charges	
US BREAST LTD-BILAT	76642	CPT	both			435	119.52	Corrections	Corrections		348	80			77.5	413.25	percent of total billed charges	
US BREAST LTD-BILAT	76642	CPT	both			435	119.52	First Health	First Health		304.5	70			77.5	413.25	percent of total billed charges	
US BREAST LTD-BILAT	76642	CPT	both			435	119.52	First Trenton	First Trenton		391.5	90			77.5	413.25	percent of total billed charges	
US BREAST LTD-BILAT	76642	CPT	both			435	119.52	Horizon	MGD		193.41				77.5	413.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US BREAST LTD-BILAT	76642	CPT	both			435	119.52	Horizon	Medicare Blue		103.93				77.5	413.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US BREAST LTD-BILAT	76642	CPT	both			435	119.52	Horizon	Indemnity		193.41				77.5	413.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US BREAST LTD-BILAT	76642	CPT	both			435	119.52	Horizon	NJ Health		77.5				77.5	413.25	fee schedule	
US BREAST LTD-BILAT	76642	CPT	both			435	119.52	Horizon	PPO		193.41				77.5	413.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US BREAST LTD-BILAT	76642	CPT	both			435	119.52	Managed Care Inc	Managed Care Inc		391.5	90			77.5	413.25	percent of total billed charges	
US BREAST LTD-BILAT	76642	CPT	both			435	119.52	Multiplan	Multiplan		348	80			77.5	413.25	percent of total billed charges	
US BREAST LTD-BILAT	76642	CPT	both			435	119.52	Qualcare	Qualcare		326.25	75			77.5	413.25	percent of total billed charges	
US BREAST LTD-BILAT	76642	CPT	both			435	119.52	Three Rivers	Three Rivers		413.25	95			77.5	413.25	percent of total billed charges	
US BREAST LTD-BILAT	76642	CPT	both			435	119.52	UHC	Medicare		103.93				77.5	413.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US BREAST LTD-BILAT	76642	CPT	both			435	119.52	UHC	Medicaid		137.24	31.55			77.5	413.25	percent of total billed charges	
US BREAST LTD-BILAT	76642	CPT	both			435	119.52	Wellcare	Medicaid		137.24	31.55			77.5	413.25	percent of total billed charges	
US BREAST LTD-BILAT	76642	CPT	both			435	119.52	Wellcare	Medicare		103.93				77.5	413.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US BREAST LTD-BILAT	76642	CPT	both			435	119.52	WellPoint	WellPoint		139.98	32.18			77.5	413.25	percent of total billed charges	
US LIVER -ABDOMEN COMPLETE	76700	CPT	both			1084	144.6	Aetna	Commercial		200.18				125.74	1029.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US LIVER -ABDOMEN COMPLETE	76700	CPT	both			1084	144.6	Aetna	Better Health		342	31.55			125.74	1029.8	percent of total billed charges	
US LIVER -ABDOMEN COMPLETE	76700	CPT	both			1084	144.6	Aetna	Medicare		125.74				125.74	1029.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US LIVER -ABDOMEN COMPLETE	76700	CPT	both			1084	144.6	Americare	Americare		813	75			125.74	1029.8	percent of total billed charges	
US LIVER -ABDOMEN COMPLETE	76700	CPT	both			1084	144.6	Amerihealth	HMO/PPO		704.6	65			125.74	1029.8	percent of total billed charges	
US LIVER -ABDOMEN COMPLETE	76700	CPT	both			1084	144.6	Amerihealth	Medicare		125.74				125.74	1029.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US LIVER -ABDOMEN COMPLETE	76700	CPT	both			1084	144.6	Consumer	Consumer		1029.8	95			125.74	1029.8	percent of total billed charges	
US LIVER -ABDOMEN COMPLETE	76700	CPT	both			1084	144.6	Corrections	Corrections		867.2	80			125.74	1029.8	percent of total billed charges	
US LIVER -ABDOMEN COMPLETE	76700	CPT	both			1084	144.6	First Health	First Health		758.8	70			125.74	1029.8	percent of total billed charges	
US LIVER -ABDOMEN COMPLETE	76700	CPT	both			1084	144.6	First Trenton	First Trenton		975.6	90			125.74	1029.8	percent of total billed charges	
US LIVER -ABDOMEN COMPLETE	76700	CPT	both			1084	144.6	Horizon	MGD		234				125.74	1029.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US LIVER -ABDOMEN COMPLETE	76700	CPT	both			1084	144.6	Horizon	Medicare Blue		125.74				125.74	1029.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US LIVER -ABDOMEN COMPLETE	76700	CPT	both			1084	144.6	Horizon	Indemnity		234				125.74	1029.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US LIVER -ABDOMEN COMPLETE	76700	CPT	both			1084	144.6	Horizon	NJ Health		129.36				125.74	1029.8	fee schedule	
US LIVER -ABDOMEN COMPLETE	76700	CPT	both			1084	144.6	Horizon	PPO		234				125.74	1029.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US LIVER -ABDOMEN COMPLETE	76700	CPT	both			1084	144.6	Managed Care Inc	Managed Care Inc		975.6	90			125.74	1029.8	percent of total billed charges	
US LIVER -ABDOMEN COMPLETE	76700	CPT	both			1084	144.6	Multiplan	Multiplan		867.2	80			125.74	1029.8	percent of total billed charges	
US LIVER -ABDOMEN COMPLETE	76700	CPT	both			1084	144.6	Qualcare	Qualcare		813	75			125.74	1029.8	percent of total billed charges	
US LIVER -ABDOMEN COMPLETE	76700	CPT	both			1084	144.6	Three Rivers	Three Rivers		1029.8	95			125.74	1029.8	percent of total billed charges	
US LIVER -ABDOMEN COMPLETE	76700	CPT	both			1084	144.6	UHC	Medicare		125.74				125.74	1029.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US LIVER -ABDOMEN COMPLETE	76700	CPT	both			1084	144.6	UHC	Medicaid		342	31.55			125.74	1029.8	percent of total billed charges	
US LIVER -ABDOMEN COMPLETE	76700	CPT	both			1084	144.6	Wellcare	Medicaid		342	31.55			125.74	1029.8	percent of total billed charges	
US LIVER -ABDOMEN COMPLETE	76700	CPT	both			1084	144.6	Wellcare	Medicare		125.74				125.74	1029.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US LIVER -ABDOMEN COMPLETE	76700	CPT	both			1084	144.6	WellPoint	WellPoint		348.83	32.18			125.74	1029.8	percent of total billed charges	
US PANCREAS	76705	CPT	both			785	144.6	Aetna	Better Health		247.67	31.55			86.24	745.75	percent of total billed charges	
US PANCREAS	76705	CPT	both			785	144.6	Aetna	Medicare		241.78	30.8			86.24	745.75	percent of total billed charges	
US PANCREAS	76705	CPT	both			785	144.6	Aetna	Commercial		200.18				86.24	745.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US PANCREAS	76705	CPT	both			785	144.6	Americare	Americare		588.75	75			86.24	745.75	percent of total billed charges	
US PANCREAS	76705	CPT	both			785	144.6	Amerihealth	HMO/PPO		510.25	65			86.24	745.75	percent of total billed charges	
US PANCREAS	76705	CPT	both			785	144.6	Amerihealth	Medicare		125.74				86.24	745.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US PANCREAS	76705	CPT	both			785	144.6	Consumer	Consumer		745.75	95			86.24	745.75	percent of total billed charges	
US PANCREAS	76705	CPT	both			785	144.6	Corrections	Corrections		628	80			86.24	745.75	percent of total billed charges	
US PANCREAS	76705	CPT	both			785	144.6	First Health	First Health		549.5	70			86.24	745.75	percent of total billed charges	
US PANCREAS	76705	CPT	both			785	144.6	First Trenton	First Trenton		706.5	90			86.24	745.75	percent of total billed charges	
US PANCREAS	76705	CPT	both			785	144.6	Horizon	PPO		234				86.24	745.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US PANCREAS	76705	CPT	both			785	144.6	Horizon	Medicare Blue		125.74				86.24	745.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US PANCREAS	76705	CPT	both			785	144.6	Horizon	MGD		234				86.24	745.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US PANCREAS	76705	CPT	both			785	144.6	Horizon	Indemnity		234				86.24	745.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US PANCREAS	76705	CPT	both			785	144.6	Horizon	NJ Health		86.24				86.24	745.75	fee schedule	
US PANCREAS	76705	CPT	both			785	144.6	Managed Care Inc	Managed Care Inc		706.5	90			86.24	745.75	percent of total billed charges	
US PANCREAS	76705	CPT	both			785	144.6	Multiplan	Multiplan		628	80			86.24	745.75	percent of total billed charges	
US PANCREAS	76705	CPT	both			785	144.6	Qualcare	Qualcare		588.75	75			86.24	745.75	percent of total billed charges	
US PANCREAS	76705	CPT	both			785	144.6	Three Rivers	Three Rivers		745.75	95			86.24	745.75	percent of total billed charges	
US PANCREAS	76705	CPT	both			785	144.6	UHC	Medicaid		247.67	31.55			86.24	745.75	percent of total billed charges	
US PANCREAS	76705	CPT	both			785	144.6	UHC	Medicare		125.74				86.24	745.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US PANCREAS	76705	CPT	both			785	144.6	Wellcare	Medicaid		247.67	31.55			86.24	745.75	percent of total billed charges	
US PANCREAS	76705	CPT	both			785	144.6	Wellcare	Medicare		125.74				86.24	745.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US PANCREAS	76705	CPT	both			785	144.6	WellPoint	WellPoint		252.61	32.18			86.24	745.75	percent of total billed charges	
US SCREENING ABD AORITC ANEURY, NO DUPL	76706	CPT	both			491	144.6	Aetna	Better Health		154.91	31.55			88.24	466.45	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
US SCREENING ABD AORITC ANEURY, NO DUPL	76706	CPT	both			491		144.6 Aetna	Medicare		151.23	30.8			88.24	466.45	percent of total billed charges	
US SCREENING ABD AORITC ANEURY, NO DUPL	76706	CPT	both			491		144.6 Aetna	Commercial		200.18				88.24	466.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US SCREENING ABD AORITC ANEURY, NO DUPL	76706	CPT	both			491		144.6 Americare	Americare		368.25	75			88.24	466.45	percent of total billed charges	
US SCREENING ABD AORITC ANEURY, NO DUPL	76706	CPT	both			491		144.6 Amerihealth	Medicare		125.74				88.24	466.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US SCREENING ABD AORITC ANEURY, NO DUPL	76706	CPT	both			491		144.6 Amerihealth	HMO/PPO		319.15	65			88.24	466.45	percent of total billed charges	
US SCREENING ABD AORITC ANEURY, NO DUPL	76706	CPT	both			491		144.6 Consumer	Consumer		466.45	95			88.24	466.45	percent of total billed charges	
US SCREENING ABD AORITC ANEURY, NO DUPL	76706	CPT	both			491		144.6 Corrections	Corrections		392.8	80			88.24	466.45	percent of total billed charges	
US SCREENING ABD AORITC ANEURY, NO DUPL	76706	CPT	both			491		144.6 First Health	First Health		343.7	70			88.24	466.45	percent of total billed charges	
US SCREENING ABD AORITC ANEURY, NO DUPL	76706	CPT	both			491		144.6 First Trenton	First Trenton		441.9	90			88.24	466.45	percent of total billed charges	
US SCREENING ABD AORITC ANEURY, NO DUPL	76706	CPT	both			491		144.6 Horizon	Medicare Blue		125.74				88.24	466.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US SCREENING ABD AORITC ANEURY, NO DUPL	76706	CPT	both			491		144.6 Horizon	MGD		234				88.24	466.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US SCREENING ABD AORITC ANEURY, NO DUPL	76706	CPT	both			491		144.6 Horizon	Indemnity		234				88.24	466.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US SCREENING ABD AORITC ANEURY, NO DUPL	76706	CPT	both			491		144.6 Horizon	NJ Health		88.24				88.24	466.45	fee schedule	
US SCREENING ABD AORITC ANEURY, NO DUPL	76706	CPT	both			491		144.6 Horizon	PPO		234				88.24	466.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US SCREENING ABD AORITC ANEURY, NO DUPL	76706	CPT	both			491		144.6 Managed Care Inc	Managed Care Inc		441.9	90			88.24	466.45	percent of total billed charges	
US SCREENING ABD AORITC ANEURY, NO DUPL	76706	CPT	both			491		144.6 Multiplan	Multiplan		392.8	80			88.24	466.45	percent of total billed charges	
US SCREENING ABD AORITC ANEURY, NO DUPL	76706	CPT	both			491		144.6 Qualcare	Qualcare		368.25	75			88.24	466.45	percent of total billed charges	
US SCREENING ABD AORITC ANEURY, NO DUPL	76706	CPT	both			491		144.6 Three Rivers	Three Rivers		466.45	95			88.24	466.45	percent of total billed charges	
US SCREENING ABD AORITC ANEURY, NO DUPL	76706	CPT	both			491		144.6 UHC	Medicare		125.74				88.24	466.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US SCREENING ABD AORITC ANEURY, NO DUPL	76706	CPT	both			491		144.6 UHC	Medicaid		154.91	31.55			88.24	466.45	percent of total billed charges	
US SCREENING ABD AORITC ANEURY, NO DUPL	76706	CPT	both			491		144.6 Wellcare	Medicaid		154.91	31.55			88.24	466.45	percent of total billed charges	
US SCREENING ABD AORITC ANEURY, NO DUPL	76706	CPT	both			491		144.6 Wellcare	Medicare		125.74				88.24	466.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US SCREENING ABD AORITC ANEURY, NO DUPL	76706	CPT	both			491		144.6 WellPoint	WellPoint		158	32.18			88.24	466.45	percent of total billed charges	
US KIDNEY & BLADDER	76770	CPT	both			1084		144.6 Aetna	Commercial		200.18				125.74	1029.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US KIDNEY & BLADDER	76770	CPT	both			1084		144.6 Aetna	Medicare		125.74				125.74	1029.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US KIDNEY & BLADDER	76770	CPT	both			1084		144.6 Aetna	Better Health		342	31.55			125.74	1029.8	percent of total billed charges	
US KIDNEY & BLADDER	76770	CPT	both			1084		144.6 Americare	Americare		813	75			125.74	1029.8	percent of total billed charges	
US KIDNEY & BLADDER	76770	CPT	both			1084		144.6 Amerihealth	HMO/PPO		704.6	65			125.74	1029.8	percent of total billed charges	
US KIDNEY & BLADDER	76770	CPT	both			1084		144.6 Amerihealth	Medicare		125.74				125.74	1029.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US KIDNEY & BLADDER	76770	CPT	both			1084		144.6 Consumer	Consumer		1029.8	95			125.74	1029.8	percent of total billed charges	
US KIDNEY & BLADDER	76770	CPT	both			1084		144.6 Corrections	Corrections		867.2	80			125.74	1029.8	percent of total billed charges	
US KIDNEY & BLADDER	76770	CPT	both			1084		144.6 First Health	First Health		758.8	70			125.74	1029.8	percent of total billed charges	
US KIDNEY & BLADDER	76770	CPT	both			1084		144.6 First Trenton	First Trenton		975.6	90			125.74	1029.8	percent of total billed charges	
US KIDNEY & BLADDER	76770	CPT	both			1084		144.6 Horizon	MGD		234				125.74	1029.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US KIDNEY & BLADDER	76770	CPT	both			1084		144.6 Horizon	Medicare Blue		125.74				125.74	1029.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US KIDNEY & BLADDER	76770	CPT	both			1084		144.6 Horizon	PPO		234				125.74	1029.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US KIDNEY & BLADDER	76770	CPT	both			1084		144.6 Horizon	Indemnity		234				125.74	1029.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US KIDNEY & BLADDER	76770	CPT	both			1084		144.6 Horizon	NJ Health		129.36				125.74	1029.8	fee schedule	
US KIDNEY & BLADDER	76770	CPT	both			1084		144.6 Managed Care Inc	Managed Care Inc		975.6	90			125.74	1029.8	percent of total billed charges	
US KIDNEY & BLADDER	76770	CPT	both			1084		144.6 Multiplan	Multiplan		867.2	80			125.74	1029.8	percent of total billed charges	
US KIDNEY & BLADDER	76770	CPT	both			1084		144.6 Qualcare	Qualcare		813	75			125.74	1029.8	percent of total billed charges	
US KIDNEY & BLADDER	76770	CPT	both			1084		144.6 Three Rivers	Three Rivers		1029.8	95			125.74	1029.8	percent of total billed charges	
US KIDNEY & BLADDER	76770	CPT	both			1084		144.6 UHC	Medicaid		342	31.55			125.74	1029.8	percent of total billed charges	
US KIDNEY & BLADDER	76770	CPT	both			1084		144.6 UHC	Medicare		125.74				125.74	1029.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US KIDNEY & BLADDER	76770	CPT	both			1084		144.6 Wellcare	Medicare		125.74				125.74	1029.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US KIDNEY & BLADDER	76770	CPT	both			1084		144.6 Wellcare	Medicaid		342	31.55			125.74	1029.8	percent of total billed charges	
US KIDNEY & BLADDER	76770	CPT	both			1084		144.6 WellPoint	WellPoint		348.83	32.18			125.74	1029.8	percent of total billed charges	
US RETROPERITONL LTD KIDNEY RT	76775	CPT	both			880		144.6 Aetna	Commercial		200.18				125.74	836	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US RETROPERITONL LTD KIDNEY RT	76775	CPT	both			880		144.6 Aetna	Better Health		277.64	31.55			125.74	836	percent of total billed charges	
US RETROPERITONL LTD KIDNEY RT	76775	CPT	both			880		144.6 Aetna	Medicare		271.04	30.8			125.74	836	percent of total billed charges	
US RETROPERITONL LTD KIDNEY RT	76775	CPT	both			880		144.6 Americare	Americare		660	75			125.74	836	percent of total billed charges	
US RETROPERITONL LTD KIDNEY RT	76775	CPT	both			880		144.6 Amerihealth	Medicare		125.74				125.74	836	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US RETROPERITONL LTD KIDNEY RT	76775	CPT	both			880		144.6 Amerihealth	HMO/PPO		572	65			125.74	836	percent of total billed charges	
US RETROPERITONL LTD KIDNEY RT	76775	CPT	both			880		144.6 Consumer	Consumer		836	95			125.74	836	percent of total billed charges	
US RETROPERITONL LTD KIDNEY RT	76775	CPT	both			880		144.6 Corrections	Corrections		704	80			125.74	836	percent of total billed charges	
US RETROPERITONL LTD KIDNEY RT	76775	CPT	both			880		144.6 First Health	First Health		616	70			125.74	836	percent of total billed charges	
US RETROPERITONL LTD KIDNEY RT	76775	CPT	both			880		144.6 First Trenton	First Trenton		792	90			125.74	836	percent of total billed charges	
US RETROPERITONL LTD KIDNEY RT	76775	CPT	both			880		144.6 Horizon	MGD		234				125.74	836	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US RETROPERITONL LTD KIDNEY RT	76775	CPT	both			880		144.6 Horizon	Indemnity		234				125.74	836	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US RETROPERITONL LTD KIDNEY RT	76775	CPT	both			880		144.6 Horizon	Medicare Blue		125.74				125.74	836	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US RETROPERITONL LTD KIDNEY RT	76775	CPT	both			880		144.6 Horizon	NJ Health		129.36				125.74	836	fee schedule	
US RETROPERITONL LTD KIDNEY RT	76775	CPT	both			880		144.6 Horizon	PPO		234				125.74	836	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US RETROPERITONL LTD KIDNEY RT	76775	CPT	both			880		144.6 Managed Care Inc	Managed Care Inc		792	90			125.74	836	percent of total billed charges	
US RETROPERITONL LTD KIDNEY RT	76775	CPT	both			880		144.6 Multiplan	Multiplan		704	80			125.74	836	percent of total billed charges	
US RETROPERITONL LTD KIDNEY RT	76775	CPT	both			880		144.6 Qualcare	Qualcare		660	75			125.74	836	percent of total billed charges	
US RETROPERITONL LTD KIDNEY RT	76775	CPT	both			880		144.6 Three Rivers	Three Rivers		836	95			125.74	836	percent of total billed charges	
US RETROPERITONL LTD KIDNEY RT	76775	CPT	both			880		144.6 UHC	Medicaid		277.64	31.55			125.74	836	percent of total billed charges	
US RETROPERITONL LTD KIDNEY RT	76775	CPT	both			880		144.6 UHC	Medicare		125.74				125.74	836	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US RETROPERITONL LTD KIDNEY RT	76775	CPT	both			880		144.6 Wellcare	Medicaid		277.64	31.55			125.74	836	percent of total billed charges	
US RETROPERITONL LTD KIDNEY RT	76775	CPT	both			880		144.6 Wellcare	Medicare		125.74				125.74	836	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US RETROPERITONL LTD KIDNEY RT	76775	CPT	both			880		144.6 WellPoint	WellPoint		283.18	32.18			125.74	836	percent of total billed charges	
US TRANSPL KIDNEY W/W/O DUPLEX	76776	CPT	both			571		144.6 Aetna	Better Health		180.15	31.55			77.07	542.45	percent of total billed charges	
US TRANSPL KIDNEY W/W/O DUPLEX	76776	CPT	both			571		144.6 Aetna	Commercial		200.18				77.07	542.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US TRANSPL KIDNEY W/W/O DUPLEX	76776	CPT	both			571		144.6 Aetna	Medicare		125.74				77.07	542.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US TRANSPL KIDNEY W/W/O DUPLEX	76776	CPT	both			571		144.6 Americare	Americare		428.25	75			77.07	542.45	percent of total billed charges	
US TRANSPL KIDNEY W/W/O DUPLEX	76776	CPT	both			571		144.6 Amerihealth	HMO/PPO		371.15	65			77.07	542.45	percent of total billed charges	
US TRANSPL KIDNEY W/W/O DUPLEX	76776	CPT	both			571		144.6 Amerihealth	Medicare		125.74				77.07	542.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US TRANSPL KIDNEY W/W/O DUPLEX	76776	CPT	both			571		144.6 Consumer	Consumer		542.45	95			77.07	542.45	percent of total billed charges	
US TRANSPL KIDNEY W/W/O DUPLEX	76776	CPT	both			571		144.6 Corrections	Corrections		456.8	80			77.07	542.45	percent of total billed charges	
US TRANSPL KIDNEY W/W/O DUPLEX	76776	CPT	both			571		144.6 First Health	First Health		399.7	70			77.07	542.45	percent of total billed charges	
US TRANSPL KIDNEY W/W/O DUPLEX	76776	CPT	both			571		144.6 First Trenton	First Trenton		513.9	90			77.07	542.45	percent of total billed charges	
US TRANSPL KIDNEY W/W/O DUPLEX	76776	CPT	both			571		144.6 Horizon	Indemnity		234				77.07	542.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US TRANSPL KIDNEY W/W/O DUPLEX	76776	CPT	both			571		144.6 Horizon	MGD		234				77.07	542.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US TRANSPL KIDNEY W/W/O DUPLEX	76776	CPT	both			571		144.6 Horizon	Medicare Blue		125.74				77.07	542.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US TRANSPL KIDNEY W/W/O DUPLEX	76776	CPT	both			571		144.6 Horizon	NJ Health		77.07				77.07	542.45	fee schedule	
US TRANSPL KIDNEY W/W/O DUPLEX	76776	CPT	both			571		144.6 Horizon	PPO		234				77.07	542.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US TRANSPL KIDNEY W/W/O DUPLEX	76776	CPT	both			571		144.6 Managed Care Inc	Managed Care Inc		513.9	90			77.07	542.45	percent of total billed charges	
US TRANSPL KIDNEY W/W/O DUPLEX	76776	CPT	both			571		144.6 Multiplan	Multiplan		456.8	80			77.07	542.45	percent of total billed charges	
US TRANSPL KIDNEY W/W/O DUPLEX	76776	CPT	both			571		144.6 Qualcare	Qualcare		428.25	75			77.07	542.45	percent of total billed charges	
US TRANSPL KIDNEY W/W/O DUPLEX	76776	CPT	both			571		144.6 Three Rivers	Three Rivers		542.45	95			77.07	542.45	percent of total billed charges	
US TRANSPL KIDNEY W/W/O DUPLEX	76776	CPT	both			571		144.6 UHC	Medicaid		180.15	31.55			77.07	542.45	percent of total billed charges	
US TRANSPL KIDNEY W/W/O DUPLEX	76776	CPT	both			571		144.6 UHC	Medicare		125.74				77.07	542.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US TRANSPL KIDNEY W/W/O DUPLEX	76776	CPT	both			571		144.6 Wellcare	Medicare		125.74				77.07	542.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US TRANSPL KIDNEY W/W/O DUPLEX	76776	CPT	both			571		144.6 Wellcare	Medicaid		180.15	31.55			77.07	542.45	percent of total billed charges	
US TRANSPL KIDNEY W/W/O DUPLEX	76776	CPT	both			571		144.6 WellPoint	WellPoint		183.75	32.18			77.07	542.45	percent of total billed charges	
ULTRASOUND, SPINAL	76800	CPT	inpatient			785		144.6 Aetna	Medicare		125.74				123.05	745.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULTRASOUND, SPINAL	76800	CPT	inpatient			785		144.6 Aetna	Better Health		247.67	31.55			123.05	745.75	percent of total billed charges	
ULTRASOUND, SPINAL	76800	CPT	inpatient			785		144.6 Aetna	Commercial		200.18				123.05	745.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULTRASOUND, SPINAL	76800	CPT	inpatient			785		144.6 Americare	Americare		588.75	75			123.05	745.75	percent of total billed charges	
ULTRASOUND, SPINAL	76800	CPT	inpatient			785		144.6 Amerihealth	Medicare		125.74				123.05	745.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULTRASOUND, SPINAL	76800	CPT	inpatient			785		144.6 Amerihealth	HMO/PPO		510.25	65			123.05	745.75	percent of total billed charges	
ULTRASOUND, SPINAL	76800	CPT	inpatient			785		144.6 Consumer	Consumer		745.75	95			123.05	745.75	percent of total billed charges	
ULTRASOUND, SPINAL	76800	CPT	inpatient			785		144.6 Corrections	Corrections		628	80			123.05	745.75	percent of total billed charges	
ULTRASOUND, SPINAL	76800	CPT	inpatient			785		144.6 First Health	First Health		549.5	70			123.05	745.75	percent of total billed charges	
ULTRASOUND, SPINAL	76800	CPT	inpatient			785		144.6 First Trenton	First Trenton		706.5	90			123.05	745.75	percent of total billed charges	
ULTRASOUND, SPINAL	76800	CPT	inpatient			785		144.6 Horizon	Indemnity		234				123.05	745.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULTRASOUND, SPINAL	76800	CPT	inpatient			785		144.6 Horizon	MGD		234				123.05	745.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULTRASOUND, SPINAL	76800	CPT	inpatient			785		144.6 Horizon	NJ Health		127.4				123.05	745.75	fee schedule	
ULTRASOUND, SPINAL	76800	CPT	inpatient			785		144.6 Horizon	Medicare Blue		125.74				123.05	745.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULTRASOUND, SPINAL	76800	CPT	inpatient			785		144.6 Horizon	PPO		234				123.05	745.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULTRASOUND, SPINAL	76800	CPT	inpatient			785		144.6 Managed Care Inc	Managed Care Inc		706.5	90			123.05	745.75	percent of total billed charges	
ULTRASOUND, SPINAL	76800	CPT	inpatient			785		144.6 Multiplan	Multiplan		628	80			123.05	745.75	percent of total billed charges	
ULTRASOUND, SPINAL	76800	CPT	inpatient			785		144.6 Qualcare	Qualcare		588.75	75			123.05	745.75	percent of total billed charges	
ULTRASOUND, SPINAL	76800	CPT	inpatient			785		144.6 Three Rivers	Three Rivers		745.75	95			123.05	745.75	percent of total billed charges	
ULTRASOUND, SPINAL	76800	CPT	inpatient			785		144.6 UHC	Medicaid		247.67	31.55			123.05	745.75	percent of total billed charges	
ULTRASOUND, SPINAL	76800	CPT	inpatient			785		144.6 UHC	Medicare		125.74				123.05	745.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULTRASOUND, SPINAL	76800	CPT	inpatient			785		144.6 Wellcare	Medicaid		247.67	31.55			123.05	745.75	percent of total billed charges	
ULTRASOUND, SPINAL	76800	CPT	inpatient			785		144.6 Wellcare	Medicare		125.74				123.05	745.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULTRASOUND, SPINAL	76800	CPT	inpatient			785		144.6 WellPoint	WellPoint		252.61	32.18			123.05	745.75	percent of total billed charges	
PORTABLE US PREGNANT UTERUS < 14 WEEKS,	76801	CPT	outpatient			390		144.6 Aetna	Commercial		200.18				107.8	370.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PORTABLE US PREGNANT UTERUS < 14 WEEKS,	76801	CPT	outpatient			390		144.6 Aetna	Better Health		123.05	31.55			107.8	370.5	percent of total billed charges	
PORTABLE US PREGNANT UTERUS < 14 WEEKS,	76801	CPT	outpatient			390		144.6 Aetna	Medicare		120.12	30.8			107.8	370.5	percent of total billed charges	
PORTABLE US PREGNANT UTERUS < 14 WEEKS,	76801	CPT	outpatient			390		144.6 Americare	Americare		292.5	75			107.8	370.5	percent of total billed charges	
PORTABLE US PREGNANT UTERUS < 14 WEEKS,	76801	CPT	outpatient			390		144.6 Amerihealth	HMO/PPO		253.5	65			107.8	370.5	percent of total billed charges	
PORTABLE US PREGNANT UTERUS < 14 WEEKS,	76801	CPT	outpatient			390		144.6 Amerihealth	Medicare		125.74				107.8	370.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PORTABLE US PREGNANT UTERUS < 14 WEEKS,	76801	CPT	outpatient			390		144.6 Consumer	Consumer		370.5	95			107.8	370.5	percent of total billed charges	
PORTABLE US PREGNANT UTERUS < 14 WEEKS,	76801	CPT	outpatient			390		144.6 Corrections	Corrections		312	80			107.8	370.5	percent of total billed charges	
PORTABLE US PREGNANT UTERUS < 14 WEEKS,	76801	CPT	outpatient			390		144.6 First Health	First Health		273	70			107.8	370.5	percent of total billed charges	
PORTABLE US PREGNANT UTERUS < 14 WEEKS,	76801	CPT	outpatient			390		144.6 First Trenton	First Trenton		351	90			107.8	370.5	percent of total billed charges	
PORTABLE US PREGNANT UTERUS < 14 WEEKS,	76801	CPT	outpatient			390		144.6 Horizon	MGD		234				107.8	370.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PORTABLE US PREGNANT UTERUS < 14 WEEKS,	76801	CPT	outpatient			390		144.6 Horizon	PPO		234				107.8	370.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PORTABLE US PREGNANT UTERUS < 14 WEEKS,	76801	CPT	outpatient			390		144.6 Horizon	NJ Health		107.8				107.8	370.5	fee schedule	
PORTABLE US PREGNANT UTERUS < 14 WEEKS,	76801	CPT	outpatient			390		144.6 Horizon	Medicare Blue		125.74				107.8	370.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PORTABLE US PREGNANT UTERUS < 14 WEEKS,	76801	CPT	outpatient			390		144.6 Horizon	Indemnity		234				107.8	370.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PORTABLE US PREGNANT UTERUS < 14 WEEKS,	76801	CPT	outpatient			390		144.6 Managed Care Inc	Managed Care Inc		351	90			107.8	370.5	percent of total billed charges	
PORTABLE US PREGNANT UTERUS < 14 WEEKS,	76801	CPT	outpatient			390		144.6 Multiplan	Multiplan		312	80			107.8	370.5	percent of total billed charges	
PORTABLE US PREGNANT UTERUS < 14 WEEKS,	76801	CPT	outpatient			390		144.6 Qualcare	Qualcare		292.5	75			107.8	370.5	percent of total billed charges	
PORTABLE US PREGNANT UTERUS < 14 WEEKS,	76801	CPT	outpatient			390		144.6 Three Rivers	Three Rivers		370.5	95			107.8	370.5	percent of total billed charges	
PORTABLE US PREGNANT UTERUS < 14 WEEKS,	76801	CPT	outpatient			390		144.6 UHC	Medicare		125.74				107.8	370.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PORTABLE US PREGNANT UTERUS < 14 WEEKS,	76801	CPT	outpatient			390		144.6 UHC	Medicaid		123.05	31.55			107.8	370.5	percent of total billed charges	
PORTABLE US PREGNANT UTERUS < 14 WEEKS,	76801	CPT	outpatient			390		144.6 Wellcare	Medicare		125.74				107.8	370.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PORTABLE US PREGNANT UTERUS < 14 WEEKS,	76801	CPT	outpatient			390		144.6 Wellcare	Medicaid		123.05	31.55			107.8	370.5	percent of total billed charges	
PORTABLE US PREGNANT UTERUS < 14 WEEKS,	76801	CPT	outpatient			390		144.6 WellPoint	WellPoint		125.5	32.18			107.8	370.5	percent of total billed charges	
PORTABLE EACH ADDITIONAL GESTATIONAL	76802	CPT	outpatient					Horizon	NJ Health		84.28				84.28	84.28	fee schedule	
US PREGNANCY FIRST TRIMESTER LESS THAN 1	76805	CPT	both			936		144.6 Aetna	Better Health		295.31	31.55			123.05	889.2	percent of total billed charges	
US PREGNANCY FIRST TRIMESTER LESS THAN 1	76805	CPT	both			936		144.6 Aetna	Commercial		200.18				123.05	889.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US PREGNANCY FIRST TRIMESTER LESS THAN 1	76805	CPT	both			936		144.6 Aetna	Medicare		125.74				123.05	889.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US PREGNANCY FIRST TRIMESTER LESS THAN 1	76805	CPT	both			936		144.6 Americare	Americare		702	75			123.05	889.2	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
US PREGNANCY FIRST TRIMESTER LESS THAN 1	76805	CPT	both			936		144.6 Amerihealth	HMO/PPO		608.4	65			123.05	889.2	percent of total billed charges	
US PREGNANCY FIRST TRIMESTER LESS THAN 1	76805	CPT	both			936		144.6 Amerihealth	Medicare		125.74				123.05	889.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US PREGNANCY FIRST TRIMESTER LESS THAN 1	76805	CPT	both			936		144.6 Consumer	Consumer		889.2	95			123.05	889.2	percent of total billed charges	
US PREGNANCY FIRST TRIMESTER LESS THAN 1	76805	CPT	both			936		144.6 Corrections	Corrections		748.8	80			123.05	889.2	percent of total billed charges	
US PREGNANCY FIRST TRIMESTER LESS THAN 1	76805	CPT	both			936		144.6 First Health	First Health		655.2	70			123.05	889.2	percent of total billed charges	
US PREGNANCY FIRST TRIMESTER LESS THAN 1	76805	CPT	both			936		144.6 First Trenton	First Trenton		842.4	90			123.05	889.2	percent of total billed charges	
US PREGNANCY FIRST TRIMESTER LESS THAN 1	76805	CPT	both			936		144.6 Horizon	Indemnity		234				123.05	889.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US PREGNANCY FIRST TRIMESTER LESS THAN 1	76805	CPT	both			936		144.6 Horizon	Medicare Blue		125.74				123.05	889.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US PREGNANCY FIRST TRIMESTER LESS THAN 1	76805	CPT	both			936		144.6 Horizon	NJ Health		126.62				123.05	889.2	fee schedule	
US PREGNANCY FIRST TRIMESTER LESS THAN 1	76805	CPT	both			936		144.6 Horizon	MGD		234				123.05	889.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US PREGNANCY FIRST TRIMESTER LESS THAN 1	76805	CPT	both			936		144.6 Horizon	PPO		234				123.05	889.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US PREGNANCY FIRST TRIMESTER LESS THAN 1	76805	CPT	both			936		144.6 Managed Care Inc	Managed Care Inc		842.4	90			123.05	889.2	percent of total billed charges	
US PREGNANCY FIRST TRIMESTER LESS THAN 1	76805	CPT	both			936		144.6 Multiplan	Multiplan		748.8	80			123.05	889.2	percent of total billed charges	
US PREGNANCY FIRST TRIMESTER LESS THAN 1	76805	CPT	both			936		144.6 Qualcare	Qualcare		702	75			123.05	889.2	percent of total billed charges	
US PREGNANCY FIRST TRIMESTER LESS THAN 1	76805	CPT	both			936		144.6 Three Rivers	Three Rivers		889.2	95			123.05	889.2	percent of total billed charges	
US PREGNANCY FIRST TRIMESTER LESS THAN 1	76805	CPT	both			936		144.6 UHC	Medicare		125.74				123.05	889.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US PREGNANCY FIRST TRIMESTER LESS THAN 1	76805	CPT	both			936		144.6 UHC	Medicaid		295.31	31.55			123.05	889.2	percent of total billed charges	
US PREGNANCY FIRST TRIMESTER LESS THAN 1	76805	CPT	both			936		144.6 Wellcare	Medicare		125.74				123.05	889.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US PREGNANCY FIRST TRIMESTER LESS THAN 1	76805	CPT	both			936		144.6 Wellcare	Medicaid		295.31	31.55			123.05	889.2	percent of total billed charges	
US PREGNANCY FIRST TRIMESTER LESS THAN 1	76805	CPT	both			936		144.6 WellPoint	WellPoint		301.2	32.18			123.05	889.2	percent of total billed charges	
ECHO BSCAN COMPL.AFTER 1ST TRIMESTER	76810	CPT	outpatient			1861		Aetna	Commercial		707.18	38			252.31	1767.95	percent of total billed charges	
ECHO BSCAN COMPL.AFTER 1ST TRIMESTER	76810	CPT	outpatient			1861		Aetna	Better Health		587.15	31.55			252.31	1767.95	percent of total billed charges	
ECHO BSCAN COMPL.AFTER 1ST TRIMESTER	76810	CPT	outpatient			1861		Aetna	Medicare		573.19	30.8			252.31	1767.95	percent of total billed charges	
ECHO BSCAN COMPL.AFTER 1ST TRIMESTER	76810	CPT	outpatient			1861		Americare	Americare		1395.75	75			252.31	1767.95	percent of total billed charges	
ECHO BSCAN COMPL.AFTER 1ST TRIMESTER	76810	CPT	outpatient			1861		Amerihealth	HMO/PPO		1209.65	65			252.31	1767.95	percent of total billed charges	
ECHO BSCAN COMPL.AFTER 1ST TRIMESTER	76810	CPT	outpatient			1861		Consumer	Consumer		1767.95	95			252.31	1767.95	percent of total billed charges	
ECHO BSCAN COMPL.AFTER 1ST TRIMESTER	76810	CPT	outpatient			1861		Corrections	Corrections		1488.8	80			252.31	1767.95	percent of total billed charges	
ECHO BSCAN COMPL.AFTER 1ST TRIMESTER	76810	CPT	outpatient			1861		First Health	First Health		1302.7	70			252.31	1767.95	percent of total billed charges	
ECHO BSCAN COMPL.AFTER 1ST TRIMESTER	76810	CPT	outpatient			1861		First Trenton	First Trenton		1674.9	90			252.31	1767.95	percent of total billed charges	
ECHO BSCAN COMPL.AFTER 1ST TRIMESTER	76810	CPT	outpatient			1861		Horizon	MGD		712.39	38.28			252.31	1767.95	percent of total billed charges	
ECHO BSCAN COMPL.AFTER 1ST TRIMESTER	76810	CPT	outpatient			1861		Horizon	Indemnity		712.39	38.28			252.31	1767.95	percent of total billed charges	
ECHO BSCAN COMPL.AFTER 1ST TRIMESTER	76810	CPT	outpatient			1861		Horizon	Medicare Blue		558.3	30			252.31	1767.95	percent of total billed charges	
ECHO BSCAN COMPL.AFTER 1ST TRIMESTER	76810	CPT	outpatient			1861		Horizon	PPO		712.39	38.28			252.31	1767.95	percent of total billed charges	
US OB >=14 WEEKS ADDL FETUS	76810	CPT	outpatient			1861		Horizon	NJ Health		252.31				252.31	1767.95	fee schedule	
ECHO BSCAN COMPL.AFTER 1ST TRIMESTER	76810	CPT	outpatient			1861		Managed Care Inc	Managed Care Inc		1674.9	90			252.31	1767.95	percent of total billed charges	
ECHO BSCAN COMPL.AFTER 1ST TRIMESTER	76810	CPT	outpatient			1861		Multiplan	Multiplan		1488.8	80			252.31	1767.95	percent of total billed charges	
ECHO BSCAN COMPL.AFTER 1ST TRIMESTER	76810	CPT	outpatient			1861		Qualcare	Qualcare		1395.75	75			252.31	1767.95	percent of total billed charges	
ECHO BSCAN COMPL.AFTER 1ST TRIMESTER	76810	CPT	outpatient			1861		Three Rivers	Three Rivers		1767.95	95			252.31	1767.95	percent of total billed charges	
ECHO BSCAN COMPL.AFTER 1ST TRIMESTER	76810	CPT	outpatient			1861		UHC	Medicaid		587.15	31.55			252.31	1767.95	percent of total billed charges	
ECHO BSCAN COMPL.AFTER 1ST TRIMESTER	76810	CPT	outpatient			1861		Wellcare	Medicaid		587.15	31.55			252.31	1767.95	percent of total billed charges	
ECHO BSCAN COMPL.AFTER 1ST TRIMESTER	76810	CPT	outpatient			1861		WellPoint	WellPoint		598.87	32.18			252.31	1767.95	percent of total billed charges	
OB US DETAILED SNGL FETUS	76811	CPT	outpatient			853		322.28 Aetna	Better Health		269.12	31.55			269.12	810.35	percent of total billed charges	
OB US DETAILED SNGL FETUS	76811	CPT	outpatient			853		322.28 Aetna	Medicare		280.24				269.12	810.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OB US DETAILED SNGL FETUS	76811	CPT	outpatient			853		322.28 Aetna	Commercial		446.14				269.12	810.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OB US DETAILED SNGL FETUS	76811	CPT	outpatient			853		322.28 Americare	Americare		639.75	75			269.12	810.35	percent of total billed charges	
OB US DETAILED SNGL FETUS	76811	CPT	outpatient			853		322.28 Amerihealth	HMO/PPO		554.45	65			269.12	810.35	percent of total billed charges	
OB US DETAILED SNGL FETUS	76811	CPT	outpatient			853		322.28 Amerihealth	Medicare		280.24				269.12	810.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OB US DETAILED SNGL FETUS	76811	CPT	outpatient			853		322.28 Consumer	Consumer		810.35	95			269.12	810.35	percent of total billed charges	
OB US DETAILED SNGL FETUS	76811	CPT	outpatient			853		322.28 Corrections	Corrections		682.4	80			269.12	810.35	percent of total billed charges	
OB US DETAILED SNGL FETUS	76811	CPT	outpatient			853		322.28 First Health	First Health		597.1	70			269.12	810.35	percent of total billed charges	
OB US DETAILED SNGL FETUS	76811	CPT	outpatient			853		322.28 First Trenton	First Trenton		767.7	90			269.12	810.35	percent of total billed charges	
OB US DETAILED SNGL FETUS	76811	CPT	outpatient			853		322.28 Horizon	PPO		521.53				269.12	810.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OB US DETAILED SNGL FETUS	76811	CPT	outpatient			853		322.28 Horizon	Medicare Blue		280.24				269.12	810.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OB US DETAILED SNGL FETUS	76811	CPT	outpatient			853		322.28 Horizon	MGD		521.53				269.12	810.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OB US DETAILED SNGL FETUS	76811	CPT	outpatient			853		322.28 Horizon	Indemnity		521.53				269.12	810.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OB US DETAILED SNGL FETUS	76811	CPT	outpatient			853		322.28 Horizon	NJ Health		399.84				269.12	810.35	fee schedule	
OB US DETAILED SNGL FETUS	76811	CPT	outpatient			853		322.28 Managed Care Inc	Managed Care Inc		767.7	90			269.12	810.35	percent of total billed charges	
OB US DETAILED SNGL FETUS	76811	CPT	outpatient			853		322.28 Multiplan	Multiplan		682.4	80			269.12	810.35	percent of total billed charges	
OB US DETAILED SNGL FETUS	76811	CPT	outpatient			853		322.28 Qualcare	Qualcare		639.75	75			269.12	810.35	percent of total billed charges	
OB US DETAILED SNGL FETUS	76811	CPT	outpatient			853		322.28 Three Rivers	Three Rivers		810.35	95			269.12	810.35	percent of total billed charges	
OB US DETAILED SNGL FETUS	76811	CPT	outpatient			853		322.28 UHC	Medicaid		269.12	31.55			269.12	810.35	percent of total billed charges	
OB US DETAILED SNGL FETUS	76811	CPT	outpatient			853		322.28 UHC	Medicare		280.24				269.12	810.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OB US DETAILED SNGL FETUS	76811	CPT	outpatient			853		322.28 Wellcare	Medicaid		269.12	31.55			269.12	810.35	percent of total billed charges	
OB US DETAILED SNGL FETUS	76811	CPT	outpatient			853		322.28 Wellcare	Medicare		280.24				269.12	810.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OB US DETAILED SNGL FETUS	76811	CPT	outpatient			853		322.28 WellPoint	WellPoint		274.5	32.18			269.12	810.35	percent of total billed charges	
OB US DETAILED ADDL FETUS	76812	CPT	outpatient					Horizon	NJ Health		239.12				239.12	239.12	fee schedule	
OB US NUCHAL MEAS 1 GEST	76813	CPT	outpatient			390		144.6 Aetna	Commercial		200.18				123.05	370.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OB US NUCHAL MEAS 1 GEST	76813	CPT	outpatient			390		144.6 Aetna	Better Health		123.05	31.55			123.05	370.5	percent of total billed charges	
OB US NUCHAL MEAS 1 GEST	76813	CPT	outpatient			390		144.6 Aetna	Medicare		125.74				123.05	370.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OB US NUCHAL MEAS 1 GEST	76813	CPT	outpatient			390		144.6 Americare	Americare		292.5	75			123.05	370.5	percent of total billed charges	
OB US NUCHAL MEAS 1 GEST	76813	CPT	outpatient			390		144.6 Amerihealth	HMO/PPO		253.5	65			123.05	370.5	percent of total billed charges	
OB US NUCHAL MEAS 1 GEST	76813	CPT	outpatient			390		144.6 Amerihealth	Medicare		125.74				123.05	370.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OB US NUCHAL MEAS 1 GEST	76813	CPT	outpatient			390		144.6 Consumer	Consumer		370.5	95			123.05	370.5	percent of total billed charges	
OB US NUCHAL MEAS 1 GEST	76813	CPT	outpatient			390		144.6 Corrections	Corrections		312	80			123.05	370.5	percent of total billed charges	
OB US NUCHAL MEAS 1 GEST	76813	CPT	outpatient			390		144.6 First Health	First Health		273	70			123.05	370.5	percent of total billed charges	
OB US NUCHAL MEAS 1 GEST	76813	CPT	outpatient			390		144.6 First Trenton	First Trenton		351	90			123.05	370.5	percent of total billed charges	
OB US NUCHAL MEAS 1 GEST	76813	CPT	outpatient			390		144.6 Horizon	PPO		234				123.05	370.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OB US NUCHAL MEAS 1 GEST	76813	CPT	outpatient			390		144.6 Horizon	Medicare Blue		125.74				123.05	370.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OB US NUCHAL MEAS 1 GEST	76813	CPT	outpatient			390		144.6 Horizon	MGD		234				123.05	370.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OB US NUCHAL MEAS 1 GEST	76813	CPT	outpatient			390		144.6 Horizon	Indemnity		234				123.05	370.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OB US NUCHAL MEAS 1 GEST	76813	CPT	outpatient			390		144.6 Horizon	NJ Health		130.83				123.05	370.5	fee schedule	
OB US NUCHAL MEAS 1 GEST	76813	CPT	outpatient			390		144.6 Managed Care Inc	Managed Care Inc		351	90			123.05	370.5	percent of total billed charges	
OB US NUCHAL MEAS 1 GEST	76813	CPT	outpatient			390		144.6 Multiplan	Multiplan		312	80			123.05	370.5	percent of total billed charges	
OB US NUCHAL MEAS 1 GEST	76813	CPT	outpatient			390		144.6 Qualcare	Qualcare		292.5	75			123.05	370.5	percent of total billed charges	
OB US NUCHAL MEAS 1 GEST	76813	CPT	outpatient			390		144.6 Three Rivers	Three Rivers		370.5	95			123.05	370.5	percent of total billed charges	
OB US NUCHAL MEAS 1 GEST	76813	CPT	outpatient			390		144.6 UHC	Medicaid		123.05	31.55			123.05	370.5	percent of total billed charges	
OB US NUCHAL MEAS 1 GEST	76813	CPT	outpatient			390		144.6 UHC	Medicare		125.74				123.05	370.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OB US NUCHAL MEAS 1 GEST	76813	CPT	outpatient			390		144.6 Wellcare	Medicare		125.74				123.05	370.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OB US NUCHAL MEAS 1 GEST	76813	CPT	outpatient			390		144.6 Wellcare	Medicaid		123.05	31.55			123.05	370.5	percent of total billed charges	
OB US NUCHAL MEAS 1 GEST	76813	CPT	outpatient			390		144.6 WellPoint	WellPoint		125.5	32.18			123.05	370.5	percent of total billed charges	
ULTRASOUND OB LIMITED	76815	CPT	both			785		144.6 Aetna	Better Health		247.67	31.55			68.6	745.75	percent of total billed charges	
ULTRASOUND OB LIMITED	76815	CPT	both			785		144.6 Aetna	Commercial		200.18				68.6	745.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULTRASOUND OB LIMITED	76815	CPT	both			785		144.6 Aetna	Medicare		125.74				68.6	745.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULTRASOUND OB LIMITED	76815	CPT	both			785		144.6 Americare	Americare		586.75	75			68.6	745.75	percent of total billed charges	
ULTRASOUND OB LIMITED	76815	CPT	both			785		144.6 Amerihealth	Medicare		125.74				68.6	745.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULTRASOUND OB LIMITED	76815	CPT	both			785		144.6 Amerihealth	HMO/PPO		510.25	65			68.6	745.75	percent of total billed charges	
ULTRASOUND OB LIMITED	76815	CPT	both			785		144.6 Consumer	Consumer		745.75	95			68.6	745.75	percent of total billed charges	
ULTRASOUND OB LIMITED	76815	CPT	both			785		144.6 Corrections	Corrections		628	80			68.6	745.75	percent of total billed charges	
ULTRASOUND OB LIMITED	76815	CPT	both			785		144.6 First Health	First Health		549.5	70			68.6	745.75	percent of total billed charges	
ULTRASOUND OB LIMITED	76815	CPT	both			785		144.6 First Trenton	First Trenton		706.5	90			68.6	745.75	percent of total billed charges	
ULTRASOUND OB LIMITED	76815	CPT	both			785		144.6 Horizon	Medicare Blue		125.74				68.6	745.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULTRASOUND OB LIMITED	76815	CPT	both			785		144.6 Horizon	MGD		234				68.6	745.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULTRASOUND OB LIMITED	76815	CPT	both			785		144.6 Horizon	Indemnity		234				68.6	745.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULTRASOUND OB LIMITED	76815	CPT	both			785		144.6 Horizon	NJ Health		68.6				68.6	745.75	fee schedule	
ULTRASOUND OB LIMITED	76815	CPT	both			785		144.6 Horizon	PPO		234				68.6	745.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULTRASOUND OB LIMITED	76815	CPT	both			785		144.6 Managed Care Inc	Managed Care Inc		706.5	90			68.6	745.75	percent of total billed charges	
ULTRASOUND OB LIMITED	76815	CPT	both			785		144.6 Multiplan	Multiplan		628	80			68.6	745.75	percent of total billed charges	
ULTRASOUND OB LIMITED	76815	CPT	both			785		144.6 Qualcare	Qualcare		588.75	75			68.6	745.75	percent of total billed charges	
ULTRASOUND OB LIMITED	76815	CPT	both			785		144.6 Three Rivers	Three Rivers		745.75	95			68.6	745.75	percent of total billed charges	
ULTRASOUND OB LIMITED	76815	CPT	both			785		144.6 UHC	Medicaid		247.67	31.55			68.6	745.75	percent of total billed charges	
ULTRASOUND OB LIMITED	76815	CPT	both			785		144.6 UHC	Medicare		125.74				68.6	745.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULTRASOUND OB LIMITED	76815	CPT	both			785		144.6 Wellcare	Medicare		125.74				68.6	745.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULTRASOUND OB LIMITED	76815	CPT	both			785		144.6 Wellcare	Medicaid		247.67	31.55			68.6	745.75	percent of total billed charges	
ULTRASOUND OB LIMITED	76815	CPT	both			785		144.6 WellPoint	WellPoint		252.61	32.18			68.6	745.75	percent of total billed charges	
ULTRASOUND FOLLOW-UP,OB	76816	CPT	outpatient			505		144.6 Aetna	Better Health		159.33	31.55			68.6	479.75	percent of total billed charges	
ULTRASOUND FOLLOW-UP,OB	76816	CPT	outpatient			505		144.6 Aetna	Commercial		200.18				68.6	479.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULTRASOUND FOLLOW-UP,OB	76816	CPT	outpatient			505		144.6 Aetna	Medicare		125.74				68.6	479.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULTRASOUND FOLLOW-UP,OB	76816	CPT	outpatient			505		144.6 Americare	Americare		378.75	75			68.6	479.75	percent of total billed charges	
ULTRASOUND FOLLOW-UP,OB	76816	CPT	outpatient			505		144.6 Amerihealth	Medicare		125.74				68.6	479.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULTRASOUND FOLLOW-UP,OB	76816	CPT	outpatient			505		144.6 Amerihealth	HMO/PPO		328.25	65			68.6	479.75	percent of total billed charges	
ULTRASOUND FOLLOW-UP,OB	76816	CPT	outpatient			505		144.6 Consumer	Consumer		479.75	95			68.6	479.75	percent of total billed charges	
ULTRASOUND FOLLOW-UP,OB	76816	CPT	outpatient			505		144.6 Corrections	Corrections		404	80			68.6	479.75	percent of total billed charges	
ULTRASOUND FOLLOW-UP,OB	76816	CPT	outpatient			505		144.6 First Health	First Health		353.5	70			68.6	479.75	percent of total billed charges	
ULTRASOUND FOLLOW-UP,OB	76816	CPT	outpatient			505		144.6 First Trenton	First Trenton		454.5	90			68.6	479.75	percent of total billed charges	
ULTRASOUND FOLLOW-UP,OB	76816	CPT	outpatient			505		144.6 Horizon	MGD		234				68.6	479.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULTRASOUND FOLLOW-UP,OB	76816	CPT	outpatient			505		144.6 Horizon	Indemnity		234				68.6	479.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULTRASOUND FOLLOW-UP,OB	76816	CPT	outpatient			505		144.6 Horizon	NJ Health		68.6				68.6	479.75	fee schedule	
ULTRASOUND FOLLOW-UP,OB	76816	CPT	outpatient			505		144.6 Horizon	Medicare Blue		125.74				68.6	479.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULTRASOUND FOLLOW-UP,OB	76816	CPT	outpatient			505		144.6 Horizon	PPO		234				68.6	479.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULTRASOUND FOLLOW-UP,OB	76816	CPT	outpatient			505		144.6 Managed Care Inc	Managed Care Inc		454.5	90			68.6	479.75	percent of total billed charges	
ULTRASOUND FOLLOW-UP,OB	76816	CPT	outpatient			505		144.6 Multiplan	Multiplan		404	80			68.6	479.75	percent of total billed charges	
ULTRASOUND FOLLOW-UP,OB	76816	CPT	outpatient			505		144.6 Qualcare	Qualcare		378.75	75			68.6	479.75	percent of total billed charges	
ULTRASOUND FOLLOW-UP,OB	76816	CPT	outpatient			505		144.6 Three Rivers	Three Rivers		479.75	95			68.6	479.75	percent of total billed charges	
ULTRASOUND FOLLOW-UP,OB	76816	CPT	outpatient			505		144.6 UHC	Medicare		125.74				68.6	479.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULTRASOUND FOLLOW-UP,OB	76816	CPT	outpatient			505		144.6 UHC	Medicaid		159.33	31.55			68.6	479.75	percent of total billed charges	
ULTRASOUND FOLLOW-UP,OB	76816	CPT	outpatient			505		144.6 Wellcare	Medicare		125.74				68.6	479.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULTRASOUND FOLLOW-UP,OB	76816	CPT	outpatient			505		144.6 Wellcare	Medicaid		159.33	31.55			68.6	479.75	percent of total billed charges	
ULTRASOUND FOLLOW-UP,OB	76816	CPT	outpatient			505		144.6 WellPoint	WellPoint		162.51	32.18			68.6	479.75	percent of total billed charges	
TRANSVAGINAL (PREGNANCY) LTD	76817	CPT	both			390		144.6 Aetna	Medicare		125.74				103.48	370.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSVAGINAL (PREGNANCY) LTD	76817	CPT	both			390		144.6 Aetna	Better Health		123.05	31.55			103.48	370.5	percent of total billed charges	
TRANSVAGINAL (PREGNANCY) LTD	76817	CPT	both			390		144.6 Aetna	Commercial		200.18				103.48	370.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSVAGINAL (PREGNANCY) LTD	76817	CPT	both			390		144.6 Americare	Americare		292.5	75			103.48	370.5	percent of total billed charges	
TRANSVAGINAL (PREGNANCY) LTD	76817	CPT	both			390		144.6 Amerihealth	HMO/PPO		253.5	65			103.48	370.5	percent of total billed charges	
TRANSVAGINAL (PREGNANCY) LTD	76817	CPT	both			390		144.6 Amerihealth	Medicare		125.74				103.48	370.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSVAGINAL (PREGNANCY) LTD	76817	CPT	both			390		144.6 Consumer	Consumer		370.5	95			103.48	370.5	percent of total billed charges	
TRANSVAGINAL (PREGNANCY) LTD	76817	CPT	both			390		144.6 Corrections	Corrections		312	80			103.48	370.5	percent of total billed charges	
TRANSVAGINAL (PREGNANCY) LTD	76817	CPT	both			390		144.6 First Health	First Health		273	70			103.48	370.5	percent of total billed charges	
TRANSVAGINAL (PREGNANCY) LTD	76817	CPT	both			390		144.6 First Trenton	First Trenton		351	90			103.48	370.5	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
TRANSVAGINAL (PREGNANCY) LTD	76817	CPT	both			390		144.6 Horizon	Indemnity		234				103.48	370.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSVAGINAL (PREGNANCY) LTD	76817	CPT	both			390		144.6 Horizon	MGD		234				103.48	370.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSVAGINAL (PREGNANCY) LTD	76817	CPT	both			390		144.6 Horizon	Medicare Blue		125.74				103.48	370.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSVAGINAL (PREGNANCY) LTD	76817	CPT	both			390		144.6 Horizon	NJ Health		158.76				103.48	370.5	fee schedule	
TRANSVAGINAL (PREGNANCY) LTD	76817	CPT	both			390		144.6 Horizon	PPO		234				103.48	370.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSVAGINAL (PREGNANCY) LTD	76817	CPT	both			390		144.6 Managed Care Inc	Managed Care Inc		351	90			103.48	370.5	percent of total billed charges	
TRANSVAGINAL (PREGNANCY) LTD	76817	CPT	both			390		144.6 Multiplan	Multiplan		312	80			103.48	370.5	percent of total billed charges	
TRANSVAGINAL (PREGNANCY) LTD	76817	CPT	both			390		144.6 Qualcare	Qualcare		292.5	75			103.48	370.5	percent of total billed charges	
TRANSVAGINAL (PREGNANCY) LTD	76817	CPT	both			390		144.6 Three Rivers	Three Rivers		370.5	95			103.48	370.5	percent of total billed charges	
TRANSVAGINAL (PREGNANCY) LTD	76817	CPT	both			390		144.6 UHC	Medicaid		123.05	31.55			103.48	370.5	percent of total billed charges	
TRANSVAGINAL (PREGNANCY) LTD	76817	CPT	both			390		144.6 UHC	Medicare		125.74				103.48	370.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSVAGINAL (PREGNANCY) LTD	76817	CPT	both			390		144.6 Wellcare	Medicare		125.74				103.48	370.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSVAGINAL (PREGNANCY) LTD	76817	CPT	both			390		144.6 Wellcare	Medicaid		123.05	31.55			103.48	370.5	percent of total billed charges	
TRANSVAGINAL (PREGNANCY) LTD	76817	CPT	both			390		144.6 WellPoint	WellPoint		125.5	32.18			103.48	370.5	percent of total billed charges	
FETAL BIOPHYSICAL PROFILE	76818	CPT	outpatient			517		144.6 Aetna	Medicare		159.24	30.8			118.58	491.15	percent of total billed charges	
FETAL BIOPHYSICAL PROFILE	76818	CPT	outpatient			517		144.6 Aetna	Commercial		200.18				118.58	491.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL BIOPHYSICAL PROFILE	76818	CPT	outpatient			517		144.6 Aetna	Better Health		163.11	31.55			118.58	491.15	percent of total billed charges	
FETAL BIOPHYSICAL PROFILE	76818	CPT	outpatient			517		144.6 Americare	Americare		387.75	75			118.58	491.15	percent of total billed charges	
FETAL BIOPHYSICAL PROFILE	76818	CPT	outpatient			517		144.6 Amerihealth	HMO/PPO		336.05	65			118.58	491.15	percent of total billed charges	
FETAL BIOPHYSICAL PROFILE	76818	CPT	outpatient			517		144.6 Amerihealth	Medicare		125.74				118.58	491.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL BIOPHYSICAL PROFILE	76818	CPT	outpatient			517		144.6 Consumer	Consumer		491.15	95			118.58	491.15	percent of total billed charges	
FETAL BIOPHYSICAL PROFILE	76818	CPT	outpatient			517		144.6 Corrections	Corrections		413.6	80			118.58	491.15	percent of total billed charges	
FETAL BIOPHYSICAL PROFILE	76818	CPT	outpatient			517		144.6 First Health	First Health		361.9	70			118.58	491.15	percent of total billed charges	
FETAL BIOPHYSICAL PROFILE	76818	CPT	outpatient			517		144.6 First Trenton	First Trenton		465.3	90			118.58	491.15	percent of total billed charges	
FETAL BIOPHYSICAL PROFILE	76818	CPT	outpatient			517		144.6 Horizon	PPO		234				118.58	491.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL BIOPHYSICAL PROFILE	76818	CPT	outpatient			517		144.6 Horizon	NJ Health		118.58				118.58	491.15	fee schedule	
FETAL BIOPHYSICAL PROFILE	76818	CPT	outpatient			517		144.6 Horizon	Indemnity		234				118.58	491.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL BIOPHYSICAL PROFILE	76818	CPT	outpatient			517		144.6 Horizon	MGD		234				118.58	491.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL BIOPHYSICAL PROFILE	76818	CPT	outpatient			517		144.6 Horizon	Medicare Blue		125.74				118.58	491.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL BIOPHYSICAL PROFILE	76818	CPT	outpatient			517		144.6 Managed Care Inc	Managed Care Inc		465.3	90			118.58	491.15	percent of total billed charges	
FETAL BIOPHYSICAL PROFILE	76818	CPT	outpatient			517		144.6 Multiplan	Multiplan		413.6	80			118.58	491.15	percent of total billed charges	
FETAL BIOPHYSICAL PROFILE	76818	CPT	outpatient			517		144.6 Qualcare	Qualcare		387.75	75			118.58	491.15	percent of total billed charges	
FETAL BIOPHYSICAL PROFILE	76818	CPT	outpatient			517		144.6 Three Rivers	Three Rivers		491.15	95			118.58	491.15	percent of total billed charges	
FETAL BIOPHYSICAL PROFILE	76818	CPT	outpatient			517		144.6 UHC	Medicare		125.74				118.58	491.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL BIOPHYSICAL PROFILE	76818	CPT	outpatient			517		144.6 UHC	Medicaid		163.11	31.55			118.58	491.15	percent of total billed charges	
FETAL BIOPHYSICAL PROFILE	76818	CPT	outpatient			517		144.6 Wellcare	Medicare		125.74				118.58	491.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL BIOPHYSICAL PROFILE	76818	CPT	outpatient			517		144.6 Wellcare	Medicaid		163.11	31.55			118.58	491.15	percent of total billed charges	
FETAL BIOPHYSICAL PROFILE	76818	CPT	outpatient			517		144.6 WellPoint	WellPoint		166.37	32.18			118.58	491.15	percent of total billed charges	
FETAL BIOPHYSICAL PROFILE/LIMITED F/U	76819	CPT	both			517		144.6 Aetna	Commercial		200.18				107.8	491.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL BIOPHYSICAL PROFILE/LIMITED F/U	76819	CPT	both			517		144.6 Aetna	Better Health		163.11	31.55			107.8	491.15	percent of total billed charges	
FETAL BIOPHYSICAL PROFILE/LIMITED F/U	76819	CPT	both			517		144.6 Aetna	Medicare		125.74				107.8	491.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL BIOPHYSICAL PROFILE/LIMITED F/U	76819	CPT	both			517		144.6 Americare	Americare		387.75	75			107.8	491.15	percent of total billed charges	
FETAL BIOPHYSICAL PROFILE/LIMITED F/U	76819	CPT	both			517		144.6 Amerihealth	Medicare		125.74				107.8	491.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL BIOPHYSICAL PROFILE/LIMITED F/U	76819	CPT	both			517		144.6 Amerihealth	HMO/PPO		336.05	65			107.8	491.15	percent of total billed charges	
FETAL BIOPHYSICAL PROFILE/LIMITED F/U	76819	CPT	both			517		144.6 Consumer	Consumer		491.15	95			107.8	491.15	percent of total billed charges	
FETAL BIOPHYSICAL PROFILE/LIMITED F/U	76819	CPT	both			517		144.6 Corrections	Corrections		413.6	80			107.8	491.15	percent of total billed charges	
FETAL BIOPHYSICAL PROFILE/LIMITED F/U	76819	CPT	both			517		144.6 First Health	First Health		361.9	70			107.8	491.15	percent of total billed charges	
FETAL BIOPHYSICAL PROFILE/LIMITED F/U	76819	CPT	both			517		144.6 First Trenton	First Trenton		465.3	90			107.8	491.15	percent of total billed charges	
FETAL BIOPHYSICAL PROFILE/LIMITED F/U	76819	CPT	both			517		144.6 Horizon	Medicare Blue		125.74				107.8	491.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL BIOPHYSICAL PROFILE/LIMITED F/U	76819	CPT	both			517		144.6 Horizon	MGD		234				107.8	491.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL BIOPHYSICAL PROFILE/LIMITED F/U	76819	CPT	both			517		144.6 Horizon	Indemnity		234				107.8	491.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL BIOPHYSICAL PROFILE/LIMITED F/U	76819	CPT	both			517		144.6 Horizon	PPO		234				107.8	491.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL BIOPHYSICAL PROFILE/LIMITED F/U	76819	CPT	both			517		144.6 Horizon	NJ Health		107.8				107.8	491.15	fee schedule	
FETAL BIOPHYSICAL PROFILE/LIMITED F/U	76819	CPT	both			517		144.6 Managed Care Inc	Managed Care Inc		465.3	90			107.8	491.15	percent of total billed charges	
FETAL BIOPHYSICAL PROFILE/LIMITED F/U	76819	CPT	both			517		144.6 Multiplan	Multiplan		413.6	80			107.8	491.15	percent of total billed charges	
FETAL BIOPHYSICAL PROFILE/LIMITED F/U	76819	CPT	both			517		144.6 Qualcare	Qualcare		387.75	75			107.8	491.15	percent of total billed charges	
FETAL BIOPHYSICAL PROFILE/LIMITED F/U	76819	CPT	both			517		144.6 Three Rivers	Three Rivers		491.15	95			107.8	491.15	percent of total billed charges	
FETAL BIOPHYSICAL PROFILE/LIMITED F/U	76819	CPT	both			517		144.6 UHC	Medicare		125.74				107.8	491.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL BIOPHYSICAL PROFILE/LIMITED F/U	76819	CPT	both			517		144.6 UHC	Medicaid		163.11	31.55			107.8	491.15	percent of total billed charges	
FETAL BIOPHYSICAL PROFILE/LIMITED F/U	76819	CPT	both			517		144.6 Wellcare	Medicare		125.74				107.8	491.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL BIOPHYSICAL PROFILE/LIMITED F/U	76819	CPT	both			517		144.6 Wellcare	Medicaid		163.11	31.55			107.8	491.15	percent of total billed charges	
FETAL BIOPHYSICAL PROFILE/LIMITED F/U	76819	CPT	both			517		144.6 WellPoint	WellPoint		166.37	32.18			107.8	491.15	percent of total billed charges	
US UMBILICAL ARTERY DOPPLER	76820	CPT	both			390		144.6 Aetna	Commercial		200.18				50.98	370.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US UMBILICAL ARTERY DOPPLER	76820	CPT	both			390		144.6 Aetna	Medicare		120.12	30.8			50.98	370.5	percent of total billed charges	
US UMBILICAL ARTERY DOPPLER	76820	CPT	both			390		144.6 Aetna	Better Health		123.05	31.55			50.98	370.5	percent of total billed charges	
US UMBILICAL ARTERY DOPPLER	76820	CPT	both			390		144.6 Americare	Americare		292.5	75			50.98	370.5	percent of total billed charges	
US UMBILICAL ARTERY DOPPLER	76820	CPT	both			390		144.6 Amerihealth	Medicare		125.74				50.98	370.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US UMBILICAL ARTERY DOPPLER	76820	CPT	both			390		144.6 Amerihealth	HMO/PPO		253.5	65			50.98	370.5	percent of total billed charges	
US UMBILICAL ARTERY DOPPLER	76820	CPT	both			390		144.6 Consumer	Consumer		370.5	95			50.98	370.5	percent of total billed charges	
US UMBILICAL ARTERY DOPPLER	76820	CPT	both			390		144.6 Corrections	Corrections		312	80			50.98	370.5	percent of total billed charges	
US UMBILICAL ARTERY DOPPLER	76820	CPT	both			390		144.6 First Health	First Health		273	70			50.98	370.5	percent of total billed charges	
US UMBILICAL ARTERY DOPPLER	76820	CPT	both			390		144.6 First Trenton	First Trenton		351	90			50.98	370.5	percent of total billed charges	
US UMBILICAL ARTERY DOPPLER	76820	CPT	both			390		144.6 Horizon	Medicare Blue		125.74				50.98	370.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US UMBILICAL ARTERY DOPPLER	76820	CPT	both			390		144.6 Horizon	PPO		234				50.98	370.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US UMBILICAL ARTERY DOPPLER	76820	CPT	both			390		144.6 Horizon	MGD		234				50.98	370.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US UMBILICAL ARTERY DOPPLER	76820	CPT	both			390		144.6 Horizon	NJ Health		50.98				50.98	370.5	fee schedule	
US UMBILICAL ARTERY DOPPLER	76820	CPT	both			390		144.6 Horizon	Indemnity		234				50.98	370.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US UMBILICAL ARTERY DOPPLER	76820	CPT	both			390		144.6 Managed Care Inc	Managed Care Inc		351	90			50.98	370.5	percent of total billed charges	
US UMBILICAL ARTERY DOPPLER	76820	CPT	both			390		144.6 Multiplan	Multiplan		312	80			50.98	370.5	percent of total billed charges	
US UMBILICAL ARTERY DOPPLER	76820	CPT	both			390		144.6 Qualcare	Qualcare		292.5	75			50.98	370.5	percent of total billed charges	
US UMBILICAL ARTERY DOPPLER	76820	CPT	both			390		144.6 Three Rivers	Three Rivers		370.5	95			50.98	370.5	percent of total billed charges	
US UMBILICAL ARTERY DOPPLER	76820	CPT	both			390		144.6 UHC	Medicare		125.74				50.98	370.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US UMBILICAL ARTERY DOPPLER	76820	CPT	both			390		144.6 UHC	Medicaid		123.05	31.55			50.98	370.5	percent of total billed charges	
US UMBILICAL ARTERY DOPPLER	76820	CPT	both			390		144.6 Wellcare	Medicaid		123.05	31.55			50.98	370.5	percent of total billed charges	
US UMBILICAL ARTERY DOPPLER	76820	CPT	both			390		144.6 Wellcare	Medicare		125.74				50.98	370.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US UMBILICAL ARTERY DOPPLER	76820	CPT	both			390		144.6 WellPoint	WellPoint		125.5	32.18			50.98	370.5	percent of total billed charges	
USMIDDLECEREBRALARTERY DOPPLER	76821	CPT	outpatient			390		144.6 Aetna	Commercial		200.18				110.21	370.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
USMIDDLECEREBRALARTERY DOPPLER	76821	CPT	outpatient			390		144.6 Aetna	Better Health		123.05	31.55			110.21	370.5	percent of total billed charges	
USMIDDLECEREBRALARTERY DOPPLER	76821	CPT	outpatient			390		144.6 Aetna	Medicare		125.74				110.21	370.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
USMIDDLECEREBRALARTERY DOPPLER	76821	CPT	outpatient			390		144.6 Americare	Americare		292.5	75			110.21	370.5	percent of total billed charges	
USMIDDLECEREBRALARTERY DOPPLER	76821	CPT	outpatient			390		144.6 Amerihealth	HMO/PPO		253.5	65			110.21	370.5	percent of total billed charges	
USMIDDLECEREBRALARTERY DOPPLER	76821	CPT	outpatient			390		144.6 Amerihealth	Medicare		125.74				110.21	370.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
USMIDDLECEREBRALARTERY DOPPLER	76821	CPT	outpatient			390		144.6 Consumer	Consumer		370.5	95			110.21	370.5	percent of total billed charges	
USMIDDLECEREBRALARTERY DOPPLER	76821	CPT	outpatient			390		144.6 Corrections	Corrections		312	80			110.21	370.5	percent of total billed charges	
USMIDDLECEREBRALARTERY DOPPLER	76821	CPT	outpatient			390		144.6 First Health	First Health		273	70			110.21	370.5	percent of total billed charges	
USMIDDLECEREBRALARTERY DOPPLER	76821	CPT	outpatient			390		144.6 First Trenton	First Trenton		351	90			110.21	370.5	percent of total billed charges	
USMIDDLECEREBRALARTERY DOPPLER	76821	CPT	outpatient			390		144.6 Horizon	Indemnity		234				110.21	370.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
USMIDDLECEREBRALARTERY DOPPLER	76821	CPT	outpatient			390		144.6 Horizon	Medicare Blue		125.74				110.21	370.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
USMIDDLECEREBRALARTERY DOPPLER	76821	CPT	outpatient			390		144.6 Horizon	NJ Health		110.21				110.21	370.5	fee schedule	
USMIDDLECEREBRALARTERY DOPPLER	76821	CPT	outpatient			390		144.6 Horizon	MGD		234				110.21	370.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
USMIDDLECEREBRALARTERY DOPPLER	76821	CPT	outpatient			390		144.6 Horizon	PPO		234				110.21	370.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
USMIDDLECEREBRALARTERY DOPPLER	76821	CPT	outpatient			390		144.6 Managed Care Inc	Managed Care Inc		351	90			110.21	370.5	percent of total billed charges	
USMIDDLECEREBRALARTERY DOPPLER	76821	CPT	outpatient			390		144.6 Multiplan	Multiplan		312	80			110.21	370.5	percent of total billed charges	
USMIDDLECEREBRALARTERY DOPPLER	76821	CPT	outpatient			390		144.6 Qualcare	Qualcare		292.5	75			110.21	370.5	percent of total billed charges	
USMIDDLECEREBRALARTERY DOPPLER	76821	CPT	outpatient			390		144.6 Three Rivers	Three Rivers		370.5	95			110.21	370.5	percent of total billed charges	
USMIDDLECEREBRALARTERY DOPPLER	76821	CPT	outpatient			390		144.6 UHC	Medicare		125.74				110.21	370.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
USMIDDLECEREBRALARTERY DOPPLER	76821	CPT	outpatient			390		144.6 UHC	Medicaid		123.05	31.55			110.21	370.5	percent of total billed charges	
USMIDDLECEREBRALARTERY DOPPLER	76821	CPT	outpatient			390		144.6 Wellcare	Medicare		125.74				110.21	370.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
USMIDDLECEREBRALARTERY DOPPLER	76821	CPT	outpatient			390		144.6 Wellcare	Medicaid		123.05	31.55			110.21	370.5	percent of total billed charges	
USMIDDLECEREBRALARTERY DOPPLER	76821	CPT	outpatient			390		144.6 WellPoint	WellPoint		125.5	32.18			110.21	370.5	percent of total billed charges	
FETAL ECHOCARDIOGRAPHY	76825	CPT	both			2975		725.57 Aetna	Commercial		1004.44				118.58	2826.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL ECHOCARDIOGRAPHY	76825	CPT	both			2975		725.57 Aetna	Better Health		938.61	31.55			118.58	2826.25	percent of total billed charges	
FETAL ECHOCARDIOGRAPHY	76825	CPT	both			2975		725.57 Aetna	Medicare		630.93				118.58	2826.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL ECHOCARDIOGRAPHY	76825	CPT	both			2975		725.57 Americare	Americare		2231.25	75			118.58	2826.25	percent of total billed charges	
FETAL ECHOCARDIOGRAPHY	76825	CPT	both			2975		725.57 Amerihealth	HMO/PPO		1933.75	65			118.58	2826.25	percent of total billed charges	
FETAL ECHOCARDIOGRAPHY	76825	CPT	both			2975		725.57 Amerihealth	Medicare		630.93				118.58	2826.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL ECHOCARDIOGRAPHY	76825	CPT	both			2975		725.57 Consumer	Consumer		2826.25	95			118.58	2826.25	percent of total billed charges	
FETAL ECHOCARDIOGRAPHY	76825	CPT	both			2975		725.57 Corrections	Corrections		2380	80			118.58	2826.25	percent of total billed charges	
FETAL ECHOCARDIOGRAPHY	76825	CPT	both			2975		725.57 First Health	First Health		2082.5	70			118.58	2826.25	percent of total billed charges	
FETAL ECHOCARDIOGRAPHY	76825	CPT	both			2975		725.57 First Trenton	First Trenton		2677.5	90			118.58	2826.25	percent of total billed charges	
FETAL ECHOCARDIOGRAPHY	76825	CPT	both			2975		725.57 Horizon	PPO		1174.16				118.58	2826.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL ECHOCARDIOGRAPHY	76825	CPT	both			2975		725.57 Horizon	Medicare Blue		630.93				118.58	2826.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL ECHOCARDIOGRAPHY	76825	CPT	both			2975		725.57 Horizon	MGD		1174.16				118.58	2826.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL ECHOCARDIOGRAPHY	76825	CPT	both			2975		725.57 Horizon	Indemnity		1174.16				118.58	2826.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL ECHOCARDIOGRAPHY	76825	CPT	both			2975		725.57 Horizon	NJ Health		118.58				118.58	2826.25	fee schedule	
FETAL ECHOCARDIOGRAPHY	76825	CPT	both			2975		725.57 Managed Care Inc	Managed Care Inc		2677.5	90			118.58	2826.25	percent of total billed charges	
FETAL ECHOCARDIOGRAPHY	76825	CPT	both			2975		725.57 Multiplan	Multiplan		2380	80			118.58	2826.25	percent of total billed charges	
FETAL ECHOCARDIOGRAPHY	76825	CPT	both			2975		725.57 Qualcare	Qualcare		2231.25	75			118.58	2826.25	percent of total billed charges	
FETAL ECHOCARDIOGRAPHY	76825	CPT	both			2975		725.57 Three Rivers	Three Rivers		2826.25	95			118.58	2826.25	percent of total billed charges	
FETAL ECHOCARDIOGRAPHY	76825	CPT	both			2975		725.57 UHC	Medicaid		938.61	31.55			118.58	2826.25	percent of total billed charges	
FETAL ECHOCARDIOGRAPHY	76825	CPT	both			2975		725.57 UHC	Medicare		630.93				118.58	2826.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL ECHOCARDIOGRAPHY	76825	CPT	both			2975		725.57 Wellcare	Medicare		630.93				118.58	2826.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL ECHOCARDIOGRAPHY	76825	CPT	both			2975		725.57 Wellcare	Medicaid		938.61	31.55			118.58	2826.25	percent of total billed charges	
FETAL ECHOCARDIOGRAPHY	76825	CPT	both			2975		725.57 WellPoint	WellPoint		957.36	32.18			118.58	2826.25	percent of total billed charges	
FETAL ECHO/M-MODE(F/U-LIMITED)	76826	CPT	outpatient			1810		322.28 Aetna	Commercial		446.14				104.86	1719.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL ECHO/M-MODE(F/U-LIMITED)	76826	CPT	outpatient			1810		322.28 Aetna	Better Health		571.06	31.55			104.86	1719.5	percent of total billed charges	
FETAL ECHO/M-MODE(F/U-LIMITED)	76826	CPT	outpatient			1810		322.28 Aetna	Medicare		280.24				104.86	1719.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL ECHO/M-MODE(F/U-LIMITED)	76826	CPT	outpatient			1810		322.28 Americare	Americare		1357.5	75			104.86	1719.5	percent of total billed charges	
FETAL ECHO/M-MODE(F/U-LIMITED)	76826	CPT	outpatient			1810		322.28 Amerihealth	HMO/PPO		1176.5	65			104.86	1719.5	percent of total billed charges	
FETAL ECHO/M-MODE(F/U-LIMITED)	76826	CPT	outpatient			1810		322.28 Amerihealth	Medicare		280.24				104.86	1719.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL ECHO/M-MODE(F/U-LIMITED)	76826	CPT	outpatient			1810		322.28 Consumer	Consumer		1719.5	95			104.86	1719.5	percent of total billed charges	
FETAL ECHO/M-MODE(F/U-LIMITED)	76826	CPT	outpatient			1810		322.28 Corrections	Corrections		1448	80			104.86	1719.5	percent of total billed charges	
FETAL ECHO/M-MODE(F/U-LIMITED)	76826	CPT	outpatient			1810		322.28 First Health	First Health		1267	70			104.86	1719.5	percent of total billed charges	
FETAL ECHO/M-MODE(F/U-LIMITED)	76826	CPT	outpatient			1810		322.28 First Trenton	First Trenton		1629	90			104.86	1719.5	percent of total billed charges	
FETAL ECHO/M-MODE(F/U-LIMITED)	76826	CPT	outpatient			1810		322.28 Horizon	PPO		521.53				104.86	1719.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL ECHO/M-MODE(F/U-LIMITED)	76826	CPT	outpatient			1810		322.28 Horizon	MGD		521.53				104.86	1719.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL ECHO/M-MODE(F/U-LIMITED)	76826	CPT	outpatient			1810		322.28 Horizon	Indemnity		521.53				104.86	1719.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL ECHO/M-MODE(F/U-LIMITED)	76826	CPT	outpatient			1810		322.28 Horizon	Medicare Blue		280.24				104.86	1719.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
FETAL ECHO/M-MODE(F/U-LIMITED)	76826	CPT	outpatient			1810	322.28	Horizon	NJ Health		104.86				104.86	104.86	1719.5 fee schedule	
FETAL ECHO/M-MODE(F/U-LIMITED)	76826	CPT	outpatient			1810	322.28	Managed Care Inc	Managed Care Inc		1629	90			104.86	104.86	1719.5 percent of total billed charges	
FETAL ECHO/M-MODE(F/U-LIMITED)	76826	CPT	outpatient			1810	322.28	Multiplan	Multiplan		1448	80			104.86	104.86	1719.5 percent of total billed charges	
FETAL ECHO/M-MODE(F/U-LIMITED)	76826	CPT	outpatient			1810	322.28	Qualcare	Qualcare		1357.5	75			104.86	104.86	1719.5 percent of total billed charges	
FETAL ECHO/M-MODE(F/U-LIMITED)	76826	CPT	outpatient			1810	322.28	Three Rivers	Three Rivers		1719.5	95			104.86	104.86	1719.5 percent of total billed charges	
FETAL ECHO/M-MODE(F/U-LIMITED)	76826	CPT	outpatient			1810	322.28	UHC	Medicaid		571.06	31.55			104.86	104.86	1719.5 percent of total billed charges	
FETAL ECHO/M-MODE(F/U-LIMITED)	76826	CPT	outpatient			1810	322.28	UHC	Medicare		280.24				104.86	104.86	1719.5 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL ECHO/M-MODE(F/U-LIMITED)	76826	CPT	outpatient			1810	322.28	Wellcare	Medicaid		571.06	31.55			104.86	104.86	1719.5 percent of total billed charges	
FETAL ECHO/M-MODE(F/U-LIMITED)	76826	CPT	outpatient			1810	322.28	Wellcare	Medicare		280.24				104.86	104.86	1719.5 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL ECHO/M-MODE(F/U-LIMITED)	76826	CPT	outpatient			1810	322.28	WellPoint	WellPoint		582.46	32.18			104.86	104.86	1719.5 percent of total billed charges	
FETAL DOPPLER ECHO	76827	CPT	both			771	144.6	Aetna	Medicare		237.47	30.8			103.49	103.49	732.45 percent of total billed charges	
FETAL DOPPLER ECHO	76827	CPT	both			771	144.6	Aetna	Better Health		243.25	31.55			103.49	103.49	732.45 percent of total billed charges	
FETAL DOPPLER ECHO	76827	CPT	both			771	144.6	Aetna	Commercial		200.18				103.49	103.49	732.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL DOPPLER ECHO	76827	CPT	both			771	144.6	Americare	Americare		578.25	75			103.49	103.49	732.45 percent of total billed charges	
FETAL DOPPLER ECHO	76827	CPT	both			771	144.6	Amerihealth	Medicare		125.74				103.49	103.49	732.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL DOPPLER ECHO	76827	CPT	both			771	144.6	Amerihealth	HMO/PPO		501.15	65			103.49	103.49	732.45 percent of total billed charges	
FETAL DOPPLER ECHO	76827	CPT	both			771	144.6	Consumer	Consumer		732.45	95			103.49	103.49	732.45 percent of total billed charges	
FETAL DOPPLER ECHO	76827	CPT	both			771	144.6	Corrections	Corrections		616.8	80			103.49	103.49	732.45 percent of total billed charges	
FETAL DOPPLER ECHO	76827	CPT	both			771	144.6	First Health	First Health		539.7	70			103.49	103.49	732.45 percent of total billed charges	
FETAL DOPPLER ECHO	76827	CPT	both			771	144.6	First Trenton	First Trenton		693.9	90			103.49	103.49	732.45 percent of total billed charges	
FETAL DOPPLER ECHO	76827	CPT	both			771	144.6	Horizon	MGD		234				103.49	103.49	732.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL DOPPLER ECHO	76827	CPT	both			771	144.6	Horizon	Indemnity		234				103.49	103.49	732.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL DOPPLER ECHO	76827	CPT	both			771	144.6	Horizon	NJ Health		129.36				103.49	103.49	732.45 fee schedule	
FETAL DOPPLER ECHO	76827	CPT	both			771	144.6	Horizon	Medicare Blue		125.74				103.49	103.49	732.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL DOPPLER ECHO	76827	CPT	both			771	144.6	Horizon	PPO		234				103.49	103.49	732.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL DOPPLER ECHO	76827	CPT	both			771	144.6	Managed Care Inc	Managed Care Inc		693.9	90			103.49	103.49	732.45 percent of total billed charges	
FETAL DOPPLER ECHO	76827	CPT	both			771	144.6	Multiplan	Multiplan		616.8	80			103.49	103.49	732.45 percent of total billed charges	
FETAL DOPPLER ECHO	76827	CPT	both			771	144.6	Qualcare	Qualcare		578.25	75			103.49	103.49	732.45 percent of total billed charges	
FETAL DOPPLER ECHO	76827	CPT	both			771	144.6	Three Rivers	Three Rivers		732.45	95			103.49	103.49	732.45 percent of total billed charges	
FETAL DOPPLER ECHO	76827	CPT	both			771	144.6	UHC	Medicare		125.74				103.49	103.49	732.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL DOPPLER ECHO	76827	CPT	both			771	144.6	UHC	Medicaid		243.25	31.55			103.49	103.49	732.45 percent of total billed charges	
FETAL DOPPLER ECHO	76827	CPT	both			771	144.6	Wellcare	Medicare		125.74				103.49	103.49	732.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL DOPPLER ECHO	76827	CPT	both			771	144.6	Wellcare	Medicaid		243.25	31.55			103.49	103.49	732.45 percent of total billed charges	
FETAL DOPPLER ECHO	76827	CPT	both			771	144.6	WellPoint	WellPoint		248.11	32.18			103.49	103.49	732.45 percent of total billed charges	
FETAL DOPP ECHO-REPEAT OR F/U	76828	CPT	outpatient			445	144.6	Aetna	Better Health		140.4	31.55			106.01	106.01	422.75 percent of total billed charges	
FETAL DOPP ECHO-REPEAT OR F/U	76828	CPT	outpatient			445	144.6	Aetna	Medicare		125.74				106.01	106.01	422.75 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL DOPP ECHO-REPEAT OR F/U	76828	CPT	outpatient			445	144.6	Aetna	Commercial		200.18				106.01	106.01	422.75 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL DOPP ECHO-REPEAT OR F/U	76828	CPT	outpatient			445	144.6	Americare	Americare		333.75	75			106.01	106.01	422.75 percent of total billed charges	
FETAL DOPP ECHO-REPEAT OR F/U	76828	CPT	outpatient			445	144.6	Amerihealth	HMO/PPO		289.25	65			106.01	106.01	422.75 percent of total billed charges	
FETAL DOPP ECHO-REPEAT OR F/U	76828	CPT	outpatient			445	144.6	Amerihealth	Medicare		125.74				106.01	106.01	422.75 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL DOPP ECHO-REPEAT OR F/U	76828	CPT	outpatient			445	144.6	Consumer	Consumer		422.75	95			106.01	106.01	422.75 percent of total billed charges	
FETAL DOPP ECHO-REPEAT OR F/U	76828	CPT	outpatient			445	144.6	Corrections	Corrections		356	80			106.01	106.01	422.75 percent of total billed charges	
FETAL DOPP ECHO-REPEAT OR F/U	76828	CPT	outpatient			445	144.6	First Health	First Health		311.5	70			106.01	106.01	422.75 percent of total billed charges	
FETAL DOPP ECHO-REPEAT OR F/U	76828	CPT	outpatient			445	144.6	First Trenton	First Trenton		400.5	90			106.01	106.01	422.75 percent of total billed charges	
FETAL DOPP ECHO-REPEAT OR F/U	76828	CPT	outpatient			445	144.6	Horizon	Indemnity		234				106.01	106.01	422.75 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL DOPP ECHO-REPEAT OR F/U	76828	CPT	outpatient			445	144.6	Horizon	Medicare Blue		125.74				106.01	106.01	422.75 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL DOPP ECHO-REPEAT OR F/U	76828	CPT	outpatient			445	144.6	Horizon	NJ Health		106.72				106.01	106.01	422.75 fee schedule	
FETAL DOPP ECHO-REPEAT OR F/U	76828	CPT	outpatient			445	144.6	Horizon	MGD		234				106.01	106.01	422.75 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL DOPP ECHO-REPEAT OR F/U	76828	CPT	outpatient			445	144.6	Horizon	PPO		234				106.01	106.01	422.75 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL DOPP ECHO-REPEAT OR F/U	76828	CPT	outpatient			445	144.6	Managed Care Inc	Managed Care Inc		400.5	90			106.01	106.01	422.75 percent of total billed charges	
FETAL DOPP ECHO-REPEAT OR F/U	76828	CPT	outpatient			445	144.6	Multiplan	Multiplan		356	80			106.01	106.01	422.75 percent of total billed charges	
FETAL DOPP ECHO-REPEAT OR F/U	76828	CPT	outpatient			445	144.6	Qualcare	Qualcare		333.75	75			106.01	106.01	422.75 percent of total billed charges	
FETAL DOPP ECHO-REPEAT OR F/U	76828	CPT	outpatient			445	144.6	Three Rivers	Three Rivers		422.75	95			106.01	106.01	422.75 percent of total billed charges	
FETAL DOPP ECHO-REPEAT OR F/U	76828	CPT	outpatient			445	144.6	UHC	Medicare		125.74				106.01	106.01	422.75 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL DOPP ECHO-REPEAT OR F/U	76828	CPT	outpatient			445	144.6	UHC	Medicaid		140.4	31.55			106.01	106.01	422.75 percent of total billed charges	
FETAL DOPP ECHO-REPEAT OR F/U	76828	CPT	outpatient			445	144.6	Wellcare	Medicare		125.74				106.01	106.01	422.75 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL DOPP ECHO-REPEAT OR F/U	76828	CPT	outpatient			445	144.6	Wellcare	Medicaid		140.4	31.55			106.01	106.01	422.75 percent of total billed charges	
FETAL DOPP ECHO-REPEAT OR F/U	76828	CPT	outpatient			445	144.6	WellPoint	WellPoint		143.2	32.18			106.01	106.01	422.75 percent of total billed charges	
US PELVIS FEMALE, COMPLETE-TVAG	76830	CPT	both			491	144.6	Aetna	Commercial		200.18				123.05	466.45	466.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US PELVIS FEMALE, COMPLETE-TVAG	76830	CPT	both			491	144.6	Aetna	Medicare		125.74				123.05	466.45	466.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US PELVIS FEMALE, COMPLETE-TVAG	76830	CPT	both			491	144.6	Aetna	Better Health		154.91	31.55			123.05	466.45	466.45 percent of total billed charges	
US PELVIS FEMALE, COMPLETE-TVAG	76830	CPT	both			491	144.6	Americare	Americare		368.25	75			123.05	466.45	466.45 percent of total billed charges	
US PELVIS FEMALE, COMPLETE-TVAG	76830	CPT	both			491	144.6	Amerihealth	HMO/PPO		319.15	65			123.05	466.45	466.45 percent of total billed charges	
US PELVIS FEMALE, COMPLETE-TVAG	76830	CPT	both			491	144.6	Amerihealth	Medicare		125.74				123.05	466.45	466.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US PELVIS FEMALE, COMPLETE-TVAG	76830	CPT	both			491	144.6	Consumer	Consumer		466.45	95			123.05	466.45	466.45 percent of total billed charges	
US PELVIS FEMALE, COMPLETE-TVAG	76830	CPT	both			491	144.6	Corrections	Corrections		392.8	80			123.05	466.45	466.45 percent of total billed charges	
US PELVIS FEMALE, COMPLETE-TVAG	76830	CPT	both			491	144.6	First Health	First Health		343.7	70			123.05	466.45	466.45 percent of total billed charges	
US PELVIS FEMALE, COMPLETE-TVAG	76830	CPT	both			491	144.6	First Trenton	First Trenton		441.9	90			123.05	466.45	466.45 percent of total billed charges	
US PELVIS FEMALE, COMPLETE-TVAG	76830	CPT	both			491	144.6	Horizon	Medicare Blue		125.74				123.05	466.45	466.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US PELVIS FEMALE, COMPLETE-TVAG	76830	CPT	both			491	144.6	Horizon	MGD		234				123.05	466.45	466.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US PELVIS FEMALE, COMPLETE-TVAG	76830	CPT	both			491	144.6	Horizon	PPO		234				123.05	466.45	466.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US PELVIS FEMALE, COMPLETE-TVAG	76830	CPT	both			491	144.6	Horizon	Indemnity		234				123.05	466.45	466.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US PELVIS FEMALE, COMPLETE-TVAG	76830	CPT	both			491	144.6	Horizon	NJ Health		144.45				123.05	466.45	466.45 fee schedule	
US PELVIS FEMALE, COMPLETE-TVAG	76830	CPT	both			491	144.6	Managed Care Inc	Managed Care Inc		441.9	90			123.05	466.45	466.45 percent of total billed charges	
US PELVIS FEMALE, COMPLETE-TVAG	76830	CPT	both			491	144.6	Multiplan	Multiplan		392.8	80			123.05	466.45	466.45 percent of total billed charges	
US PELVIS FEMALE, COMPLETE-TVAG	76830	CPT	both			491	144.6	Qualcare	Qualcare		368.25	75			123.05	466.45	466.45 percent of total billed charges	
US PELVIS FEMALE, COMPLETE-TVAG	76830	CPT	both			491	144.6	Three Rivers	Three Rivers		466.45	95			123.05	466.45	466.45 percent of total billed charges	
US PELVIS FEMALE, COMPLETE-TVAG	76830	CPT	both			491	144.6	UHC	Medicaid		154.91	31.55			123.05	466.45	466.45 percent of total billed charges	
US PELVIS FEMALE, COMPLETE-TVAG	76830	CPT	both			491	144.6	UHC	Medicare		125.74				123.05	466.45	466.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US PELVIS FEMALE, COMPLETE-TVAG	76830	CPT	both			491	144.6	Wellcare	Medicare		125.74				123.05	466.45	466.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US PELVIS FEMALE, COMPLETE-TVAG	76830	CPT	both			491	144.6	Wellcare	Medicaid		154.91	31.55			123.05	466.45	466.45 percent of total billed charges	
US PELVIS FEMALE, COMPLETE-TVAG	76830	CPT	both			491	144.6	WellPoint	WellPoint		158	32.18			123.05	466.45	466.45 percent of total billed charges	
PORTABLE SALINE INFUSION SONOHYSTEROGRAP	76831	CPT	outpatient			853	322.28	Aetna	Medicare		262.72	30.8			131.32	810.35	810.35 percent of total billed charges	
PORTABLE SALINE INFUSION SONOHYSTEROGRAP	76831	CPT	outpatient			853	322.28	Aetna	Better Health		269.12	31.55			131.32	810.35	810.35 percent of total billed charges	
PORTABLE SALINE INFUSION SONOHYSTEROGRAP	76831	CPT	outpatient			853	322.28	Aetna	Commercial		446.14				131.32	810.35	810.35 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PORTABLE SALINE INFUSION SONOHYSTEROGRAP	76831	CPT	outpatient			853	322.28	Americare	Americare		639.75	75			131.32	810.35	810.35 percent of total billed charges	
PORTABLE SALINE INFUSION SONOHYSTEROGRAP	76831	CPT	outpatient			853	322.28	Amerihealth	HMO/PPO		554.45	65			131.32	810.35	810.35 percent of total billed charges	
PORTABLE SALINE INFUSION SONOHYSTEROGRAP	76831	CPT	outpatient			853	322.28	Amerihealth	Medicare		280.24				131.32	810.35	810.35 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PORTABLE SALINE INFUSION SONOHYSTEROGRAP	76831	CPT	outpatient			853	322.28	Consumer	Consumer		810.35	95			131.32	810.35	810.35 percent of total billed charges	
PORTABLE SALINE INFUSION SONOHYSTEROGRAP	76831	CPT	outpatient			853	322.28	Corrections	Corrections		682.4	80			131.32	810.35	810.35 percent of total billed charges	
PORTABLE SALINE INFUSION SONOHYSTEROGRAP	76831	CPT	outpatient			853	322.28	First Health	First Health		597.1	70			131.32	810.35	810.35 percent of total billed charges	
PORTABLE SALINE INFUSION SONOHYSTEROGRAP	76831	CPT	outpatient			853	322.28	First Trenton	First Trenton		767.7	90			131.32	810.35	810.35 percent of total billed charges	
PORTABLE SALINE INFUSION SONOHYSTEROGRAP	76831	CPT	outpatient			853	322.28	Horizon	MGD		521.53				131.32	810.35	810.35 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PORTABLE SALINE INFUSION SONOHYSTEROGRAP	76831	CPT	outpatient			853	322.28	Horizon	PPO		521.53				131.32	810.35	810.35 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PORTABLE SALINE INFUSION SONOHYSTEROGRAP	76831	CPT	outpatient			853	322.28	Horizon	NJ Health		131.32				131.32	810.35	810.35 fee schedule	
PORTABLE SALINE INFUSION SONOHYSTEROGRAP	76831	CPT	outpatient			853	322.28	Horizon	Medicare Blue		280.24				131.32	810.35	810.35 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PORTABLE SALINE INFUSION SONOHYSTEROGRAP	76831	CPT	outpatient			853	322.28	Horizon	Indemnity		521.53				131.32	810.35	810.35 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PORTABLE SALINE INFUSION SONOHYSTEROGRAP	76831	CPT	outpatient			853	322.28	Managed Care Inc	Managed Care Inc		767.7	90			131.32	810.35	810.35 percent of total billed charges	
PORTABLE SALINE INFUSION SONOHYSTEROGRAP	76831	CPT	outpatient			853	322.28	Multiplan	Multiplan		682.4	80			131.32	810.35	810.35 percent of total billed charges	
PORTABLE SALINE INFUSION SONOHYSTEROGRAP	76831	CPT	outpatient			853	322.28	Qualcare	Qualcare		639.75	75			131.32	810.35	810.35 percent of total billed charges	
PORTABLE SALINE INFUSION SONOHYSTEROGRAP	76831	CPT	outpatient			853	322.28	Three Rivers	Three Rivers		810.35	95			131.32	810.35	810.35 percent of total billed charges	
PORTABLE SALINE INFUSION SONOHYSTEROGRAP	76831	CPT	outpatient			853	322.28	UHC	Medicaid		269.12	31.55			131.32	810.35	810.35 percent of total billed charges	
PORTABLE SALINE INFUSION SONOHYSTEROGRAP	76831	CPT	outpatient			853	322.28	UHC	Medicare		280.24				131.32	810.35	810.35 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PORTABLE SALINE INFUSION SONOHYSTEROGRAP	76831	CPT	outpatient			853	322.28	Wellcare	Medicare		280.24				131.32	810.35	810.35 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PORTABLE SALINE INFUSION SONOHYSTEROGRAP	76831	CPT	outpatient			853	322.28	Wellcare	Medicaid		269.12	31.55			131.32	810.35	810.35 percent of total billed charges	
PORTABLE SALINE INFUSION SONOHYSTEROGRAP	76831	CPT	outpatient			853	322.28	WellPoint	WellPoint		274.5	32.18			131.32	810.35	810.35 percent of total billed charges	
US, PELVIS TRANSABDOMINAL, INCLUDE	76856	CPT	both			999	144.6	Aetna	Better Health		315.18	31.55			120.12	949.05	percent of total billed charges	
US, PELVIS TRANSABDOMINAL, INCLUDE	76856	CPT	both			999	144.6	Aetna	Medicare		307.69	30.8			120.12	949.05	percent of total billed charges	
US, PELVIS TRANSABDOMINAL, INCLUDE	76856	CPT	both			999	144.6	Aetna	Commercial		200.18				120.12	949.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US, PELVIS TRANSABDOMINAL, INCLUDE	76856	CPT	both			999	144.6	Americare	Americare		749.25	75			120.12	949.05	percent of total billed charges	
US, PELVIS TRANSABDOMINAL, INCLUDE	76856	CPT	both			999	144.6	Amerihealth	Medicare		125.74				120.12	949.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US, PELVIS TRANSABDOMINAL, INCLUDE	76856	CPT	both			999	144.6	Amerihealth	HMO/PPO		649.35	65			120.12	949.05	percent of total billed charges	
US, PELVIS TRANSABDOMINAL, INCLUDE	76856	CPT	both			999	144.6	Consumer	Consumer		949.05	95			120.12	949.05	percent of total billed charges	
US, PELVIS TRANSABDOMINAL, INCLUDE	76856	CPT	both			999	144.6	Corrections	Corrections		799.2	80			120.12	949.05	percent of total billed charges	
US, PELVIS TRANSABDOMINAL, INCLUDE	76856	CPT	both			999	144.6	First Health	First Health		699.3	70			120.12	949.05	percent of total billed charges	
US, PELVIS TRANSABDOMINAL, INCLUDE	76856	CPT	both			999	144.6	First Trenton	First Trenton		899.1	90			120.12	949.05	percent of total billed charges	
US, PELVIS TRANSABDOMINAL, INCLUDE	76856	CPT	both			999	144.6	Horizon	MGD		234				120.12	949.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US, PELVIS TRANSABDOMINAL, INCLUDE	76856	CPT	both			999	144.6	Horizon	PPO		234				120.12	949.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US, PELVIS TRANSABDOMINAL, INCLUDE	76856	CPT	both			999	144.6	Horizon	NJ Health		129.36				120.12	949.05	fee schedule	
US, PELVIS TRANSABDOMINAL, INCLUDE	76856	CPT	both			999	144.6	Horizon	Indemnity		234				120.12	949.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US, PELVIS TRANSABDOMINAL, INCLUDE	76856	CPT	both			999	144.6	Horizon	Medicare Blue		125.74				120.12	949.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US, PELVIS TRANSABDOMINAL, INCLUDE	76856	CPT	both			999	144.6	Managed Care Inc	Managed Care Inc		899.1	90			120.12	949.05	percent of total billed charges	
US, PELVIS TRANSABDOMINAL, INCLUDE	76856	CPT	both			999	144.6	Multiplan	Multiplan		799.2	80			120.12	949.05	percent of total billed charges	
US, PELVIS TRANSABDOMINAL, INCLUDE	76856	CPT	both			999	144.6	Qualcare	Qualcare		749.25	75			120.12	949.05	percent of total billed charges	
US, PELVIS TRANSABDOMINAL, INCLUDE	76856	CPT	both			999	144.6	Three Rivers	Three Rivers		949.05	95			120.12	949.05	percent of total billed charges	
US, PELVIS TRANSABDOMINAL, INCLUDE	76856	CPT	both			999	144.6	UHC	Medicaid		315.18	31.55			120.12	949.05	percent of total billed charges	
US, PELVIS TRANSABDOMINAL, INCLUDE	76856	CPT	both			999	144.6	UHC	Medicare		125.74				120.12	949.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US, PELVIS TRANSABDOMINAL, INCLUDE	76856	CPT	both			999	144.6	Wellcare	Medicare		125.74				120.12	949.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US, PELVIS TRANSABDOMINAL, INCLUDE	76856	CPT	both			999	144.6	Wellcare	Medicaid		315.18	31.55			120.12	949.05	percent of total billed charges	
US, PELVIS TRANSABDOMINAL, INCLUDE	76856	CPT	both			999	144.6	WellPoint	WellPoint		321.48	32.18			120.12	949.05	percent of total billed charges	
US PROSTATE & BLADDER ALONE, LTD	76857	CPT	both			390	144.6	Aetna	Better Health		123.05	31.55			86.24	370.5	percent of total billed charges	
US PROSTATE & BLADDER ALONE, LTD	76857	CPT	both			390	144.6	Aetna	Medicare		125.74				86.24	370.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US PROSTATE & BLADDER ALONE, LTD	76857	CPT	both			390	144.6	Aetna	Commercial		200.18				86.24	370.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US PROSTATE & BLADDER ALONE, LTD	76857	CPT	both			390	144.6	Americare	Americare		292.5	75			86.24	370.5	percent of total billed charges	
US PROSTATE & BLADDER ALONE, LTD	76857	CPT	both			390	144.6	Amerihealth	Medicare		125.74				86.24	370.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US PROSTATE & BLADDER ALONE, LTD	76857	CPT	both			390	144.6	Amerihealth	HMO/PPO		253.5	65			86.24	370.5	percent of total billed charges	
US PROSTATE & BLADDER ALONE, LTD	76857	CPT	both			390	144.6	Consumer	Consumer		370.5	95			86.24	370.5	percent of total billed charges	
US PROSTATE & BLADDER ALONE, LTD	76857	CPT	both			390	144.6	Corrections	Corrections		312	80			86.24	370.5	percent of total billed charges	
US PROSTATE & BLADDER ALONE, LTD	76857	CPT	both			390	144.6	First Health	First Health		273	70			86.24	370.5	percent of total billed charges	
US PROSTATE & BLADDER ALONE, LTD	76857	CPT	both			390	144.6	First Trenton	First Trenton		351	90			86.24	370.5	percent of total billed charges	
US PROSTATE & BLADDER ALONE, LTD	76857	CPT	both			390	144.6	Horizon	NJ Health		86.24				86.24	370.5	fee schedule	
US PROSTATE & BLADDER ALONE, LTD	76857	CPT	both			390	144.6	Horizon	PPO		234				86.24	370.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US PROSTATE & BLADDER ALONE, LTD	76857	CPT	both			390	144.6	Horizon	Indemnity		234				86.24	370.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US PROSTATE & BLADDER ALONE, LTD	76857	CPT	both			390	144.6	Horizon	Medicare Blue		125.74				86.24	370.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US PROSTATE & BLADDER ALONE, LTD	76857	CPT	both			390	144.6	Horizon	MGD		234				86.24	370.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US PROSTATE & BLADDER ALONE, LTD	76857	CPT	both			390	144.6	Managed Care Inc	Managed Care Inc		351	90			86.24	370.5	percent of total billed charges	
US PROSTATE & BLADDER ALONE, LTD	76857	CPT	both			390	144.6	Multiplan	Multiplan		312	80			86.24	370.5	percent of total billed charges	
US PROSTATE & BLADDER ALONE, LTD	76857	CPT	both			390	144.6	Qualcare	Qualcare		292.5	75			86.24	370.5	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.															
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true														
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
US PROSTATE & BLADDER ALONE, LTD	76857	CPT	both			390		144.6 Three Rivers	Three Rivers		370.5	95			86.24	370.5	percent of total billed charges	
US PROSTATE & BLADDER ALONE, LTD	76857	CPT	both			390		144.6 UHC	Medicaid		123.05	31.55			86.24	370.5	percent of total billed charges	
US PROSTATE & BLADDER ALONE, LTD	76857	CPT	both			390		144.6 UHC	Medicare		125.74				86.24	370.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US PROSTATE & BLADDER ALONE, LTD	76857	CPT	both			390		144.6 Wellcare	Medicaid		123.05	31.55			86.24	370.5	percent of total billed charges	
US PROSTATE & BLADDER ALONE, LTD	76857	CPT	both			390		144.6 Wellcare	Medicare		125.74				86.24	370.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US PROSTATE & BLADDER ALONE, LTD	76857	CPT	both			390		144.6 WellPoint	WellPoint		125.5	32.18			86.24	370.5	percent of total billed charges	
U/S SCROTUM & CONTENTS	76870	CPT	both			847		144.6 Aetna	Medicare		125.74				101.33	804.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
U/S SCROTUM & CONTENTS	76870	CPT	both			847		144.6 Aetna	Better Health		267.23	31.55			101.33	804.65	percent of total billed charges	
U/S SCROTUM & CONTENTS	76870	CPT	both			847		144.6 Aetna	Commercial		200.18				101.33	804.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
U/S SCROTUM & CONTENTS	76870	CPT	both			847		144.6 Americare	Americare		635.25	75			101.33	804.65	percent of total billed charges	
U/S SCROTUM & CONTENTS	76870	CPT	both			847		144.6 Amerihealth	HMO/PPO		550.55	65			101.33	804.65	percent of total billed charges	
U/S SCROTUM & CONTENTS	76870	CPT	both			847		144.6 Amerihealth	Medicare		125.74				101.33	804.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
U/S SCROTUM & CONTENTS	76870	CPT	both			847		144.6 Consumer	Consumer		804.65	95			101.33	804.65	percent of total billed charges	
U/S SCROTUM & CONTENTS	76870	CPT	both			847		144.6 Corrections	Corrections		677.6	80			101.33	804.65	percent of total billed charges	
U/S SCROTUM & CONTENTS	76870	CPT	both			847		144.6 First Health	First Health		592.9	70			101.33	804.65	percent of total billed charges	
U/S SCROTUM & CONTENTS	76870	CPT	both			847		144.6 First Trenton	First Trenton		762.3	90			101.33	804.65	percent of total billed charges	
U/S SCROTUM & CONTENTS	76870	CPT	both			847		144.6 Horizon	Medicare Blue		125.74				101.33	804.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
U/S SCROTUM & CONTENTS	76870	CPT	both			847		144.6 Horizon	Indemnity		234				101.33	804.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
U/S SCROTUM & CONTENTS	76870	CPT	both			847		144.6 Horizon	PPO		234				101.33	804.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
U/S SCROTUM & CONTENTS	76870	CPT	both			847		144.6 Horizon	MGD		234				101.33	804.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
U/S SCROTUM & CONTENTS	76870	CPT	both			847		144.6 Horizon	NJ Health		101.33				101.33	804.65	fee schedule	
U/S SCROTUM & CONTENTS	76870	CPT	both			847		144.6 Managed Care Inc	Managed Care Inc		762.3	90			101.33	804.65	percent of total billed charges	
U/S SCROTUM & CONTENTS	76870	CPT	both			847		144.6 Multiplan	Multiplan		677.6	80			101.33	804.65	percent of total billed charges	
U/S SCROTUM & CONTENTS	76870	CPT	both			847		144.6 Qualcare	Qualcare		635.25	75			101.33	804.65	percent of total billed charges	
U/S SCROTUM & CONTENTS	76870	CPT	both			847		144.6 Three Rivers	Three Rivers		804.65	95			101.33	804.65	percent of total billed charges	
U/S SCROTUM & CONTENTS	76870	CPT	both			847		144.6 UHC	Medicare		125.74				101.33	804.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
U/S SCROTUM & CONTENTS	76870	CPT	both			847		144.6 UHC	Medicaid		267.23	31.55			101.33	804.65	percent of total billed charges	
U/S SCROTUM & CONTENTS	76870	CPT	both			847		144.6 Wellcare	Medicare		125.74				101.33	804.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
U/S SCROTUM & CONTENTS	76870	CPT	both			847		144.6 Wellcare	Medicaid		267.23	31.55			101.33	804.65	percent of total billed charges	
U/S SCROTUM & CONTENTS	76870	CPT	both			847		144.6 WellPoint	WellPoint		272.56	32.18			101.33	804.65	percent of total billed charges	
US TRANSRECTAL	76872	CPT	outpatient			686		144.6 Aetna	Better Health		216.43	31.55			123.05	651.7	percent of total billed charges	
US TRANSRECTAL	76872	CPT	outpatient			686		144.6 Aetna	Medicare		125.74				123.05	651.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US TRANSRECTAL	76872	CPT	outpatient			686		144.6 Aetna	Commercial		200.18				123.05	651.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US TRANSRECTAL	76872	CPT	outpatient			686		144.6 Americare	Americare		514.5	75			123.05	651.7	percent of total billed charges	
US TRANSRECTAL	76872	CPT	outpatient			686		144.6 Amerihealth	HMO/PPO		445.9	65			123.05	651.7	percent of total billed charges	
US TRANSRECTAL	76872	CPT	outpatient			686		144.6 Amerihealth	Medicare		125.74				123.05	651.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US TRANSRECTAL	76872	CPT	outpatient			686		144.6 Consumer	Consumer		651.7	95			123.05	651.7	percent of total billed charges	
US TRANSRECTAL	76872	CPT	outpatient			686		144.6 Corrections	Corrections		548.8	80			123.05	651.7	percent of total billed charges	
US TRANSRECTAL	76872	CPT	outpatient			686		144.6 First Health	First Health		480.2	70			123.05	651.7	percent of total billed charges	
US TRANSRECTAL	76872	CPT	outpatient			686		144.6 First Trenton	First Trenton		617.4	90			123.05	651.7	percent of total billed charges	
US TRANSRECTAL	76872	CPT	outpatient			686		144.6 Horizon	MGD		234				123.05	651.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US TRANSRECTAL	76872	CPT	outpatient			686		144.6 Horizon	Indemnity		234				123.05	651.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US TRANSRECTAL	76872	CPT	outpatient			686		144.6 Horizon	PPO		234				123.05	651.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US TRANSRECTAL	76872	CPT	outpatient			686		144.6 Horizon	Medicare Blue		125.74				123.05	651.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US TRANSRECTAL	76872	CPT	outpatient			686		144.6 Horizon	NJ Health		158.76				123.05	651.7	fee schedule	
US TRANSRECTAL	76872	CPT	outpatient			686		144.6 Managed Care Inc	Managed Care Inc		617.4	90			123.05	651.7	percent of total billed charges	
US TRANSRECTAL	76872	CPT	outpatient			686		144.6 Multiplan	Multiplan		548.8	80			123.05	651.7	percent of total billed charges	
US TRANSRECTAL	76872	CPT	outpatient			686		144.6 Qualcare	Qualcare		514.5	75			123.05	651.7	percent of total billed charges	
US TRANSRECTAL	76872	CPT	outpatient			686		144.6 Three Rivers	Three Rivers		651.7	95			123.05	651.7	percent of total billed charges	
US TRANSRECTAL	76872	CPT	outpatient			686		144.6 UHC	Medicaid		216.43	31.55			123.05	651.7	percent of total billed charges	
US TRANSRECTAL	76872	CPT	outpatient			686		144.6 UHC	Medicare		125.74				123.05	651.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US TRANSRECTAL	76872	CPT	outpatient			686		144.6 Wellcare	Medicaid		216.43	31.55			123.05	651.7	percent of total billed charges	
US TRANSRECTAL	76872	CPT	outpatient			686		144.6 Wellcare	Medicare		125.74				123.05	651.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US TRANSRECTAL	76872	CPT	outpatient			686		144.6 WellPoint	WellPoint		220.75	32.18			123.05	651.7	percent of total billed charges	
US TRANSREC PRSTATE VOL BRACHYTX PLNNING	76873	CPT	outpatient			390		144.6 Aetna	Better Health		123.05	31.55			120.12	370.5	percent of total billed charges	
US TRANSREC PRSTATE VOL BRACHYTX PLNNING	76873	CPT	outpatient			390		144.6 Aetna	Medicare		120.12	30.8			120.12	370.5	percent of total billed charges	
US TRANSREC PRSTATE VOL BRACHYTX PLNNING	76873	CPT	outpatient			390		144.6 Aetna	Commercial		200.18				120.12	370.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US TRANSREC PRSTATE VOL BRACHYTX PLNNING	76873	CPT	outpatient			390		144.6 Americare	Americare		292.5	75			120.12	370.5	percent of total billed charges	
US TRANSREC PRSTATE VOL BRACHYTX PLNNING	76873	CPT	outpatient			390		144.6 Amerihealth	HMO/PPO		253.5	65			120.12	370.5	percent of total billed charges	
US TRANSREC PRSTATE VOL BRACHYTX PLNNING	76873	CPT	outpatient			390		144.6 Amerihealth	Medicare		125.74				120.12	370.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US TRANSREC PRSTATE VOL BRACHYTX PLNNING	76873	CPT	outpatient			390		144.6 Consumer	Consumer		370.5	95			120.12	370.5	percent of total billed charges	
US TRANSREC PRSTATE VOL BRACHYTX PLNNING	76873	CPT	outpatient			390		144.6 Corrections	Corrections		312	80			120.12	370.5	percent of total billed charges	
US TRANSREC PRSTATE VOL BRACHYTX PLNNING	76873	CPT	outpatient			390		144.6 First Health	First Health		273	70			120.12	370.5	percent of total billed charges	
US TRANSREC PRSTATE VOL BRACHYTX PLNNING	76873	CPT	outpatient			390		144.6 First Trenton	First Trenton		351	90			120.12	370.5	percent of total billed charges	
US TRANSREC PRSTATE VOL BRACHYTX PLNNING	76873	CPT	outpatient			390		144.6 Horizon	NJ Health		199.92				120.12	370.5	fee schedule	
US TRANSREC PRSTATE VOL BRACHYTX PLNNING	76873	CPT	outpatient			390		144.6 Horizon	Indemnity		234				120.12	370.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US TRANSREC PRSTATE VOL BRACHYTX PLNNING	76873	CPT	outpatient			390		144.6 Horizon	MGD		234				120.12	370.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US TRANSREC PRSTATE VOL BRACHYTX PLNNING	76873	CPT	outpatient			390		144.6 Horizon	PPO		234				120.12	370.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US TRANSREC PRSTATE VOL BRACHYTX PLNNING	76873	CPT	outpatient			390		144.6 Horizon	Medicare Blue		125.74				120.12	370.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US TRANSREC PRSTATE VOL BRACHYTX PLNNING	76873	CPT	outpatient			390		144.6 Managed Care Inc	Managed Care Inc		351	90			120.12	370.5	percent of total billed charges	
US TRANSREC PRSTATE VOL BRACHYTX PLNNING	76873	CPT	outpatient			390		144.6 Multiplan	Multiplan		312	80			120.12	370.5	percent of total billed charges	
US TRANSREC PRSTATE VOL BRACHYTX PLNNING	76873	CPT	outpatient			390		144.6 Qualcare	Qualcare		292.5	75			120.12	370.5	percent of total billed charges	
US TRANSREC PRSTATE VOL BRACHYTX PLNNING	76873	CPT	outpatient			390		144.6 Three Rivers	Three Rivers		370.5	95			120.12	370.5	percent of total billed charges	
US TRANSREC PRSTATE VOL BRACHYTX PLNNING	76873	CPT	outpatient			390		144.6 UHC	Medicare		125.74				120.12	370.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US TRANSREC PRSTATE VOL BRACHYTX PLNNING	76873	CPT	outpatient			390		144.6 UHC	Medicaid		123.05	31.55			120.12	370.5	percent of total billed charges	
US TRANSREC PRSTATE VOL BRACHYTX PLNNING	76873	CPT	outpatient			390		144.6 Wellcare	Medicare		125.74				120.12	370.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US TRANSREC PRSTATE VOL BRACHYTX PLNNING	76873	CPT	outpatient			390		144.6 Wellcare	Medicaid		123.05	31.55			120.12	370.5	percent of total billed charges	
US TRANSREC PRSTATE VOL BRACHYTX PLNNING	76873	CPT	outpatient			390		144.6 WellPoint	WellPoint		125.5	32.18			120.12	370.5	percent of total billed charges	
US, EXTREMITY, DIAGNOSTIC	76881	CPT	both			517		144.6 Aetna	Commercial		200.18				100.04	491.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US, EXTREMITY, DIAGNOSTIC	76881	CPT	both			517		144.6 Aetna	Better Health		163.11	31.55			100.04	491.16	percent of total billed charges	
US, EXTREMITY, DIAGNOSTIC	76881	CPT	both			517		144.6 Aetna	Medicare		125.74				100.04	491.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US, EXTREMITY, DIAGNOSTIC	76881	CPT	both			517		144.6 Americare	Americare		387.75	75			100.04	491.16	percent of total billed charges	
US, EXTREMITY, DIAGNOSTIC	76881	CPT	both			517		144.6 Amerihealth	HMO/PPO		336.05	65			100.04	491.16	percent of total billed charges	
US, EXTREMITY, DIAGNOSTIC	76881	CPT	both			517		144.6 Amerihealth	Medicare		125.74				100.04	491.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US, EXTREMITY, DIAGNOSTIC	76881	CPT	both			517		144.6 Consumer	Consumer		491.15	95			100.04	491.16	percent of total billed charges	
US, EXTREMITY, DIAGNOSTIC	76881	CPT	both			517		144.6 Corrections	Corrections		413.6	80			100.04	491.16	percent of total billed charges	
US, EXTREMITY, DIAGNOSTIC	76881	CPT	both			517		144.6 First Health	First Health		361.9	70			100.04	491.16	percent of total billed charges	
US, EXTREMITY, DIAGNOSTIC	76881	CPT	both			517		144.6 First Trenton	First Trenton		465.3	90			100.04	491.16	percent of total billed charges	
US, EXTREMITY, DIAGNOSTIC	76881	CPT	both			517		144.6 Horizon	PPO		234				100.04	491.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US, EXTREMITY, DIAGNOSTIC	76881	CPT	both			517		144.6 Horizon	MGD		234				100.04	491.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US, EXTREMITY, DIAGNOSTIC	76881	CPT	both			517		144.6 Horizon	Medicare Blue		125.74				100.04	491.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US, EXTREMITY, DIAGNOSTIC	76881	CPT	both			517		144.6 Horizon	NJ Health		100.04				100.04	491.16	fee schedule	
US, EXTREMITY, DIAGNOSTIC	76881	CPT	both			517		144.6 Horizon	Indemnity		234				100.04	491.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US, EXTREMITY, DIAGNOSTIC	76881	CPT	both			517		144.6 Managed Care Inc	Managed Care Inc		465.3	90			100.04	491.16	percent of total billed charges	
US, EXTREMITY, DIAGNOSTIC	76881	CPT	both			517		144.6 Multiplan	Multiplan		413.6	80			100.04	491.16	percent of total billed charges	
US, EXTREMITY, DIAGNOSTIC	76881	CPT	both			517		144.6 Qualcare	Qualcare		387.75	75			100.04	491.16	percent of total billed charges	
US, EXTREMITY, DIAGNOSTIC	76881	CPT	both			517		144.6 Three Rivers	Three Rivers		491.15	95			100.04	491.16	percent of total billed charges	
US, EXTREMITY, DIAGNOSTIC	76881	CPT	both			517		144.6 UHC	Medicaid		163.11	31.55			100.04	491.16	percent of total billed charges	
US, EXTREMITY, DIAGNOSTIC	76881	CPT	both			517		144.6 UHC	Medicare		125.74				100.04	491.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US, EXTREMITY, DIAGNOSTIC	76881	CPT	both			517		144.6 Wellcare	Medicare		125.74				100.04	491.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US, EXTREMITY, DIAGNOSTIC	76881	CPT	both			517		144.6 Wellcare	Medicaid		163.11	31.55			100.04	491.16	percent of total billed charges	
US, EXTREMITY, DIAGNOSTIC	76881	CPT	both			517		144.6 WellPoint	WellPoint		166.37	32.18			100.04	491.16	percent of total billed charges	
US REAL-TIME IMAGE, EXTREMITY	76882	CPT	both			402		144.6 Aetna	Commercial		200.18				25.6	381.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US REAL-TIME IMAGE, EXTREMITY	76882	CPT	both			402		144.6 Aetna	Better Health		126.83	31.55			25.6	381.9	percent of total billed charges	
US REAL-TIME IMAGE, EXTREMITY	76882	CPT	both			402		144.6 Aetna	Medicare		125.74				25.6	381.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US REAL-TIME IMAGE, EXTREMITY	76882	CPT	both			402		144.6 Americare	Americare		301.5	75			25.6	381.9	percent of total billed charges	
US REAL-TIME IMAGE, EXTREMITY	76882	CPT	both			402		144.6 Amerihealth	HMO/PPO		261.3	65			25.6	381.9	percent of total billed charges	
US REAL-TIME IMAGE, EXTREMITY	76882	CPT	both			402		144.6 Amerihealth	Medicare		125.74				25.6	381.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US REAL-TIME IMAGE, EXTREMITY	76882	CPT	both			402		144.6 Consumer	Consumer		381.9	95			25.6	381.9	percent of total billed charges	
US REAL-TIME IMAGE, EXTREMITY	76882	CPT	both			402		144.6 Corrections	Corrections		321.6	80			25.6	381.9	percent of total billed charges	
US REAL-TIME IMAGE, EXTREMITY	76882	CPT	both			402		144.6 First Health	First Health		281.4	70			25.6	381.9	percent of total billed charges	
US REAL-TIME IMAGE, EXTREMITY	76882	CPT	both			402		144.6 First Trenton	First Trenton		361.8	90			25.6	381.9	percent of total billed charges	
US REAL-TIME IMAGE, EXTREMITY	76882	CPT	both			402		144.6 Horizon	MGD		234				25.6	381.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US REAL-TIME IMAGE, EXTREMITY	76882	CPT	both			402		144.6 Horizon	Medicare Blue		125.74				25.6	381.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US REAL-TIME IMAGE, EXTREMITY	76882	CPT	both			402		144.6 Horizon	Indemnity		234				25.6	381.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US REAL-TIME IMAGE, EXTREMITY	76882	CPT	both			402		144.6 Horizon	NJ Health		25.6				25.6	381.9	fee schedule	
US REAL-TIME IMAGE, EXTREMITY	76882	CPT	both			402		144.6 Horizon	PPO		234				25.6	381.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US REAL-TIME IMAGE, EXTREMITY	76882	CPT	both			402		144.6 Managed Care Inc	Managed Care Inc		361.8	90			25.6	381.9	percent of total billed charges	
US REAL-TIME IMAGE, EXTREMITY	76882	CPT	both			402		144.6 Multiplan	Multiplan		321.6	80			25.6	381.9	percent of total billed charges	
US REAL-TIME IMAGE, EXTREMITY	76882	CPT	both			402		144.6 Qualcare	Qualcare		301.5	75			25.6	381.9	percent of total billed charges	
US REAL-TIME IMAGE, EXTREMITY	76882	CPT	both			402		144.6 Three Rivers	Three Rivers		381.9	95			25.6	381.9	percent of total billed charges	
US REAL-TIME IMAGE, EXTREMITY	76882	CPT	both			402		144.6 UHC	Medicaid		126.83	31.55			25.6	381.9	percent of total billed charges	
US REAL-TIME IMAGE, EXTREMITY	76882	CPT	both			402		144.6 UHC	Medicare		125.74				25.6	381.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US REAL-TIME IMAGE, EXTREMITY	76882	CPT	both			402		144.6 Wellcare	Medicaid		126.83	31.55			25.6	381.9	percent of total billed charges	
US REAL-TIME IMAGE, EXTREMITY	76882	CPT	both			402		144.6 Wellcare	Medicare		125.74				25.6	381.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US REAL-TIME IMAGE, EXTREMITY	76882	CPT	both			402		144.6 WellPoint	WellPoint		129.36	32.18			25.6	381.9	percent of total billed charges	
US DYNAMIC PED HIP	76885	CPT	outpatient			686		119.52 Aetna	Medicare		211.29	30.8			72.52	651.7	percent of total billed charges	
US DYNAMIC PED HIP	76885	CPT	outpatient			686		119.52 Aetna	Commercial		165.46				72.52	651.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US DYNAMIC PED HIP	76885	CPT	outpatient			686		119.52 Aetna	Better Health		216.43	31.55			72.52	651.7	percent of total billed charges	
US DYNAMIC PED HIP	76885	CPT	outpatient			686		119.52 Americare	Americare		514.5	75			72.52	651.7	percent of total billed charges	
US DYNAMIC PED HIP	76885	CPT	outpatient			686		119.52 Amerihealth	Medicare		103.93				72.52	651.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US DYNAMIC PED HIP	76885	CPT	outpatient			686		119.52 Amerihealth	HMO/PPO		445.9	65			72.52	651.7	percent of total billed charges	
US DYNAMIC PED HIP	76885	CPT	outpatient			686		119.52 Consumer	Consumer		651.7	95			72.52	651.7	percent of total billed charges	
US DYNAMIC PED HIP	76885	CPT	outpatient			686		119.52 Corrections	Corrections		548.8	80			72.52	651.7	percent of total billed charges	
US DYNAMIC PED HIP	76885	CPT	outpatient			686		119.52 First Health	First Health		480.2	70			72.52	651.7	percent of total billed charges	
US DYNAMIC PED HIP	76885	CPT	outpatient			686		119.52 First Trenton	First Trenton		617.4	90			72.52	651.7	percent of total billed charges	
US DYNAMIC PED HIP	76885	CPT	outpatient			686		119.52 Horizon	Medicare Blue		103.93				72.52	651.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US DYNAMIC PED HIP	76885	CPT	outpatient			686		119.52 Horizon	MGD		193.41				72.52	651.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US DYNAMIC PED HIP	76885	CPT	outpatient			686		119.52 Horizon	PPO		193.41				72.52	651.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US DYNAMIC PED HIP	76885	CPT	outpatient			686		119.52 Horizon	Indemnity		193.41				72.52	651.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US DYNAMIC PED HIP	76885	CPT	outpatient			686		119.52 Horizon	NJ Health		72.52				72.52	651.7	fee schedule	
US DYNAMIC PED HIP	76885	CPT	outpatient			686		119.52 Managed Care Inc	Managed Care Inc		617.4	90			72.52	651.7	percent of total billed charges	
US DYNAMIC PED HIP	76885	CPT	outpatient			686		119.52 Multiplan	Multiplan		548.8	80			72.52	651.7	percent of total billed charges	
US DYNAMIC PED HIP	76885	CPT	outpatient			686		119.52 Qualcare	Qualcare		514.5	75			72.52	651.7	percent of total billed charges	
US DYNAMIC PED HIP	76885	CPT	outpatient			686		119.52 Three Rivers	Three Rivers		651.7	95			72.52	651.7	percent of total billed charges	
US DYNAMIC PED HIP	76885	CPT	outpatient			686		119.52 UHC	Medicaid		216.43	31.55			72.52	651.7	percent of total billed charges	
US DYNAMIC PED HIP	76885	CPT	outpatient			686		119.52 UHC	Medicare		103.93				72.52	651.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US DYNAMIC PED HIP	76885	CPT	outpatient			686		119.52 Wellcare	Medicare		103.93				72.52	651.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
US DYNAMIC PED HIP	76885	CPT	outpatient			686	119.52	Wellcare	Medicaid		216.43	31.55			72.52	651.7	percent of total billed charges	
US DYNAMIC PED HIP	76885	CPT	outpatient			686	119.52	WellPoint	WellPoint		220.75	32.18			72.52	651.7	percent of total billed charges	
US LTD PED HIP	76886	CPT	both			640	119.52	Aetna	Medicare		197.12	30.8			78.83	608	percent of total billed charges	
US LTD PED HIP	76886	CPT	both			640	119.52	Aetna	Better Health		201.92	31.55			78.83	608	percent of total billed charges	
US LTD PED HIP	76886	CPT	both			640	119.52	Aetna	Commercial		165.46				78.83	608	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US LTD PED HIP	76886	CPT	both			640	119.52	Americare	Americare		480	75			78.83	608	percent of total billed charges	
US LTD PED HIP	76886	CPT	both			640	119.52	Amerihealth	HMO/PPO		416	65			78.83	608	percent of total billed charges	
US LTD PED HIP	76886	CPT	both			640	119.52	Amerihealth	Medicare		103.93				78.83	608	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US LTD PED HIP	76886	CPT	both			640	119.52	Consumer	Consumer		608	95			78.83	608	percent of total billed charges	
US LTD PED HIP	76886	CPT	both			640	119.52	Corrections	Corrections		512	80			78.83	608	percent of total billed charges	
US LTD PED HIP	76886	CPT	both			640	119.52	First Health	First Health		448	70			78.83	608	percent of total billed charges	
US LTD PED HIP	76886	CPT	both			640	119.52	First Trenton	First Trenton		576	90			78.83	608	percent of total billed charges	
US LTD PED HIP	76886	CPT	both			640	119.52	Horizon	Medicare Blue		103.93				78.83	608	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US LTD PED HIP	76886	CPT	both			640	119.52	Horizon	MGD		193.41				78.83	608	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US LTD PED HIP	76886	CPT	both			640	119.52	Horizon	Indemnity		193.41				78.83	608	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US LTD PED HIP	76886	CPT	both			640	119.52	Horizon	NJ Health		78.83				78.83	608	fee schedule	
US LTD PED HIP	76886	CPT	both			640	119.52	Horizon	PPO		193.41				78.83	608	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US LTD PED HIP	76886	CPT	both			640	119.52	Managed Care Inc	Managed Care Inc		576	90			78.83	608	percent of total billed charges	
US LTD PED HIP	76886	CPT	both			640	119.52	Multiplan	Multiplan		512	80			78.83	608	percent of total billed charges	
US LTD PED HIP	76886	CPT	both			640	119.52	Qualcare	Qualcare		480	75			78.83	608	percent of total billed charges	
US LTD PED HIP	76886	CPT	both			640	119.52	Three Rivers	Three Rivers		608	95			78.83	608	percent of total billed charges	
US LTD PED HIP	76886	CPT	both			640	119.52	UHC	Medicaid		201.92	31.55			78.83	608	percent of total billed charges	
US LTD PED HIP	76886	CPT	both			640	119.52	UHC	Medicare		103.93				78.83	608	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US LTD PED HIP	76886	CPT	both			640	119.52	Wellcare	Medicare		103.93				78.83	608	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US LTD PED HIP	76886	CPT	both			640	119.52	Wellcare	Medicaid		201.92	31.55			78.83	608	percent of total billed charges	
US LTD PED HIP	76886	CPT	both			640	119.52	WellPoint	WellPoint		205.95	32.18			78.83	608	percent of total billed charges	
US COMP PSEUDOANEURSYM	76936	CPT	outpatient			701	412.82	Aetna	Medicare		215.91	30.8			115.81	668.04	percent of total billed charges	
US COMP PSEUDOANEURSYM	76936	CPT	outpatient			701	412.82	Aetna	Commercial		571.48				115.81	668.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US COMP PSEUDOANEURSYM	76936	CPT	outpatient			701	412.82	Aetna	Better Health		221.17	31.55			115.81	668.04	percent of total billed charges	
US COMP PSEUDOANEURSYM	76936	CPT	outpatient			701	412.82	Americare	Americare		525.75	75			115.81	668.04	percent of total billed charges	
US COMP PSEUDOANEURSYM	76936	CPT	outpatient			701	412.82	Amerihealth	HMO/PPO		455.65	65			115.81	668.04	percent of total billed charges	
US COMP PSEUDOANEURSYM	76936	CPT	outpatient			701	412.82	Amerihealth	Medicare		358.97				115.81	668.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US COMP PSEUDOANEURSYM	76936	CPT	outpatient			701	412.82	Consumer	Consumer		665.95	95			115.81	668.04	percent of total billed charges	
US COMP PSEUDOANEURSYM	76936	CPT	outpatient			701	412.82	Corrections	Corrections		560.8	80			115.81	668.04	percent of total billed charges	
US COMP PSEUDOANEURSYM	76936	CPT	outpatient			701	412.82	First Health	First Health		490.7	70			115.81	668.04	percent of total billed charges	
US COMP PSEUDOANEURSYM	76936	CPT	outpatient			701	412.82	First Trenton	First Trenton		630.9	90			115.81	668.04	percent of total billed charges	
US COMP PSEUDOANEURSYM	76936	CPT	outpatient			701	412.82	Horizon	NJ Health		341.96				115.81	668.04	fee schedule	
US COMP PSEUDOANEURSYM	76936	CPT	outpatient			701	412.82	Horizon	Indemnity		668.04				115.81	668.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US COMP PSEUDOANEURSYM	76936	CPT	outpatient			701	412.82	Horizon	Medicare Blue		358.97				115.81	668.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US COMP PSEUDOANEURSYM	76936	CPT	outpatient			701	412.82	Horizon	MGD		668.04				115.81	668.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US COMP PSEUDOANEURSYM	76936	CPT	outpatient			701	412.82	Horizon	PPO		668.04				115.81	668.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US COMP PSEUDOANEURSYM	76936	CPT	outpatient			701	412.82	Managed Care Inc	Managed Care Inc		630.9	90			115.81	668.04	percent of total billed charges	
US COMP PSEUDOANEURSYM	76936	CPT	outpatient			701	412.82	Multiplan	Multiplan		560.8	80			115.81	668.04	percent of total billed charges	
US COMP PSEUDOANEURSYM	76936	CPT	outpatient			701	412.82	Qualcare	Qualcare		525.75	75			115.81	668.04	percent of total billed charges	
US COMP PSEUDOANEURSYM	76936	CPT	outpatient			701	412.82	Three Rivers	Three Rivers		665.95	95			115.81	668.04	percent of total billed charges	
US COMP PSEUDOANEURSYM	76936	CPT	outpatient			701	412.82	UHC	Medicaid		221.17	31.55			115.81	668.04	percent of total billed charges	
US COMP PSEUDOANEURSYM	76936	CPT	outpatient			701	412.82	UHC	Medicare		358.97				115.81	668.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US COMP PSEUDOANEURSYM	76936	CPT	outpatient			701	412.82	Wellcare	Medicare		358.97				115.81	668.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US COMP PSEUDOANEURSYM	76936	CPT	outpatient			701	412.82	Wellcare	Medicaid		221.17	31.55			115.81	668.04	percent of total billed charges	
US COMP PSEUDOANEURSYM	76936	CPT	outpatient			701	412.82	WellPoint	WellPoint		225.58	32.18			115.81	668.04	percent of total billed charges	
US GUID FOR VASC ACCESS	76937	CPT	both			593		Aetna	Commercial		225.34	38			56.84	563.35	percent of total billed charges	
US GUID FOR VASC ACCESS	76937	CPT	both			593		Aetna	Better Health		187.09	31.55			56.84	563.35	percent of total billed charges	
US GUID FOR VASC ACCESS	76937	CPT	both			593		Aetna	Medicare		182.64	30.8			56.84	563.35	percent of total billed charges	
US GUID FOR VASC ACCESS	76937	CPT	both			593		Americare	Americare		444.75	75			56.84	563.35	percent of total billed charges	
US GUID FOR VASC ACCESS	76937	CPT	both			593		Amerihealth	HMO/PPO		385.45	65			56.84	563.35	percent of total billed charges	
US GUID FOR VASC ACCESS	76937	CPT	both			593		Consumer	Consumer		563.35	95			56.84	563.35	percent of total billed charges	
US GUID FOR VASC ACCESS	76937	CPT	both			593		Corrections	Corrections		474.4	80			56.84	563.35	percent of total billed charges	
US GUID FOR VASC ACCESS	76937	CPT	both			593		First Health	First Health		415.1	70			56.84	563.35	percent of total billed charges	
US GUID FOR VASC ACCESS	76937	CPT	both			593		First Trenton	First Trenton		533.7	90			56.84	563.35	percent of total billed charges	
US GUID FOR VASC ACCESS	76937	CPT	both			593		Horizon	Medicare Blue		177.9	30			56.84	563.35	percent of total billed charges	
US GUID FOR VASC ACCESS	76937	CPT	both			593		Horizon	Indemnity		227	38.28			56.84	563.35	percent of total billed charges	
US GUID FOR VASC ACCESS	76937	CPT	both			593		Horizon	MGD		227	38.28			56.84	563.35	percent of total billed charges	
US GUID FOR VASC ACCESS	76937	CPT	both			593		Horizon	PPO		227	38.28			56.84	563.35	percent of total billed charges	
US GUID FOR VASC ACCESS	76937	CPT	both			593		Horizon	NJ Health		56.84				56.84	563.35	fee schedule	
US GUID FOR VASC ACCESS	76937	CPT	both			593		Managed Care Inc	Managed Care Inc		533.7	90			56.84	563.35	percent of total billed charges	
US GUID FOR VASC ACCESS	76937	CPT	both			593		Multiplan	Multiplan		474.4	80			56.84	563.35	percent of total billed charges	
US GUID FOR VASC ACCESS	76937	CPT	both			593		Qualcare	Qualcare		444.75	75			56.84	563.35	percent of total billed charges	
US GUID FOR VASC ACCESS	76937	CPT	both			593		Three Rivers	Three Rivers		563.35	95			56.84	563.35	percent of total billed charges	
US GUID FOR VASC ACCESS	76937	CPT	both			593		UHC	Medicaid		187.09	31.55			56.84	563.35	percent of total billed charges	
US GUID FOR VASC ACCESS	76937	CPT	both			593		Wellcare	Medicaid		187.09	31.55			56.84	563.35	percent of total billed charges	
US GUID FOR VASC ACCESS	76937	CPT	both			593		WellPoint	WellPoint		190.83	32.18			56.84	563.35	percent of total billed charges	
US GUIDANCE RADIOFREQUENCY ABLATION	76940	CPT	outpatient			617		Aetna	Better Health		194.66	31.55			177.9	586.15	percent of total billed charges	
US GUIDANCE RADIOFREQUENCY ABLATION	76940	CPT	outpatient			617		Aetna	Commercial		234.46	38			177.9	586.15	percent of total billed charges	
US GUIDANCE RADIOFREQUENCY ABLATION	76940	CPT	outpatient			617		Aetna	Medicare		190.04	30.8			177.9	586.15	percent of total billed charges	
US GUIDANCE RADIOFREQUENCY ABLATION	76940	CPT	outpatient			617		Americare	Americare		462.75	75			177.9	586.15	percent of total billed charges	
US GUIDANCE RADIOFREQUENCY ABLATION	76940	CPT	outpatient			617		Amerihealth	HMO/PPO		401.05	65			177.9	586.15	percent of total billed charges	
US GUIDANCE RADIOFREQUENCY ABLATION	76940	CPT	outpatient			617		Consumer	Consumer		586.15	95			177.9	586.15	percent of total billed charges	
US GUIDANCE RADIOFREQUENCY ABLATION	76940	CPT	outpatient			617		Corrections	Corrections		493.6	80			177.9	586.15	percent of total billed charges	
US GUIDANCE RADIOFREQUENCY ABLATION	76940	CPT	outpatient			617		First Health	First Health		431.9	70			177.9	586.15	percent of total billed charges	
US GUIDANCE RADIOFREQUENCY ABLATION	76940	CPT	outpatient			617		First Trenton	First Trenton		555.3	90			177.9	586.15	percent of total billed charges	
US GUIDANCE RADIOFREQUENCY ABLATION	76940	CPT	outpatient			617		Horizon	Medicare Blue		185.1	30			177.9	586.15	percent of total billed charges	
US GUIDANCE RADIOFREQUENCY ABLATION	76940	CPT	outpatient			617		Horizon	Indemnity		236.19	38.28			177.9	586.15	percent of total billed charges	
US GUIDANCE RADIOFREQUENCY ABLATION	76940	CPT	outpatient			617		Horizon	MGD		236.19	38.28			177.9	586.15	percent of total billed charges	
US GUIDANCE RADIOFREQUENCY ABLATION	76940	CPT	outpatient			617		Horizon	NJ Health		284.2				177.9	586.15	fee schedule	
US GUIDANCE RADIOFREQUENCY ABLATION	76940	CPT	outpatient			617		Horizon	PPO		236.19	38.28			177.9	586.15	percent of total billed charges	
US GUIDANCE RADIOFREQUENCY ABLATION	76940	CPT	outpatient			617		Managed Care Inc	Managed Care Inc		555.3	90			177.9	586.15	percent of total billed charges	
US GUIDANCE RADIOFREQUENCY ABLATION	76940	CPT	outpatient			617		Multiplan	Multiplan		493.6	80			177.9	586.15	percent of total billed charges	
US GUIDANCE RADIOFREQUENCY ABLATION	76940	CPT	outpatient			617		Qualcare	Qualcare		462.75	75			177.9	586.15	percent of total billed charges	
US GUIDANCE RADIOFREQUENCY ABLATION	76940	CPT	outpatient			617		Three Rivers	Three Rivers		586.15	95			177.9	586.15	percent of total billed charges	
US GUIDANCE RADIOFREQUENCY ABLATION	76940	CPT	outpatient			617		UHC	Medicaid		194.66	31.55			177.9	586.15	percent of total billed charges	
US GUIDANCE RADIOFREQUENCY ABLATION	76940	CPT	outpatient			617		Wellcare	Medicaid		194.66	31.55			177.9	586.15	percent of total billed charges	
US GUIDANCE RADIOFREQUENCY ABLATION	76940	CPT	outpatient			617		WellPoint	WellPoint		198.55	32.18			177.9	586.15	percent of total billed charges	
USGUIDED NEEDLE PLACE IMAGES&I	76942	CPT	both			1721		Aetna	Medicare		530.07	30.8			72.52	1634.95	percent of total billed charges	
USGUIDED NEEDLE PLACE IMAGES&I	76942	CPT	both			1721		Aetna	Better Health		542.98	31.55			72.52	1634.95	percent of total billed charges	
USGUIDED NEEDLE PLACE IMAGES&I	76942	CPT	both			1721		Aetna	Commercial		653.98	38			72.52	1634.95	percent of total billed charges	
USGUIDED NEEDLE PLACE IMAGES&I	76942	CPT	both			1721		Americare	Americare		1290.75	75			72.52	1634.95	percent of total billed charges	
USGUIDED NEEDLE PLACE IMAGES&I	76942	CPT	both			1721		Amerihealth	HMO/PPO		1118.65	65			72.52	1634.95	percent of total billed charges	
USGUIDED NEEDLE PLACE IMAGES&I	76942	CPT	both			1721		Consumer	Consumer		1634.95	95			72.52	1634.95	percent of total billed charges	
USGUIDED NEEDLE PLACE IMAGES&I	76942	CPT	both			1721		Corrections	Corrections		1376.8	80			72.52	1634.95	percent of total billed charges	
USGUIDED NEEDLE PLACE IMAGES&I	76942	CPT	both			1721		First Health	First Health		1204.7	70			72.52	1634.95	percent of total billed charges	
USGUIDED NEEDLE PLACE IMAGES&I	76942	CPT	both			1721		First Trenton	First Trenton		1548.9	90			72.52	1634.95	percent of total billed charges	
USGUIDED NEEDLE PLACE IMAGES&I	76942	CPT	both			1721		Horizon	MGD		658.8	38.28			72.52	1634.95	percent of total billed charges	
USGUIDED NEEDLE PLACE IMAGES&I	76942	CPT	both			1721		Horizon	Medicare Blue		516.3	30			72.52	1634.95	percent of total billed charges	
USGUIDED NEEDLE PLACE IMAGES&I	76942	CPT	both			1721		Horizon	PPO		658.8	38.28			72.52	1634.95	percent of total billed charges	
USGUIDED NEEDLE PLACE IMAGES&I	76942	CPT	both			1721		Horizon	Indemnity		658.8	38.28			72.52	1634.95	percent of total billed charges	
USGUIDED NEEDLE PLACE IMAGES&I	76942	CPT	both			1721		Horizon	NJ Health		72.52				72.52	1634.95	fee schedule	
USGUIDED NEEDLE PLACE IMAGES&I	76942	CPT	both			1721		Managed Care Inc	Managed Care Inc		1548.9	90			72.52	1634.95	percent of total billed charges	
USGUIDED NEEDLE PLACE IMAGES&I	76942	CPT	both			1721		Multiplan	Multiplan		1376.8	80			72.52	1634.95	percent of total billed charges	
USGUIDED NEEDLE PLACE IMAGES&I	76942	CPT	both			1721		Qualcare	Qualcare		1290.75	75			72.52	1634.95	percent of total billed charges	
USGUIDED NEEDLE PLACE IMAGES&I	76942	CPT	both			1721		Three Rivers	Three Rivers		1634.95	95			72.52	1634.95	percent of total billed charges	
USGUIDED NEEDLE PLACE IMAGES&I	76942	CPT	both			1721		UHC	Medicaid		542.98	31.55			72.52	1634.95	percent of total billed charges	
USGUIDED NEEDLE PLACE IMAGES&I	76942	CPT	both			1721		Wellcare	Medicaid		542.98	31.55			72.52	1634.95	percent of total billed charges	
USGUIDED NEEDLE PLACE IMAGES&I	76942	CPT	both			1721		WellPoint	WellPoint		553.82	32.18			72.52	1634.95	percent of total billed charges	
US GUIDED CVS	76945	CPT	outpatient					Horizon	NJ Health		78.4				78.4	78.4	fee schedule	
GUIDANCE FOR AMNIOCENTESIS	76946	CPT	outpatient					Horizon	NJ Health		60.76				60.76	60.76	fee schedule	
US GUIDE INTST RADIOEL APP	76965	CPT	outpatient					Horizon	NJ Health		337.12				337.12	337.12	fee schedule	
UGI ENDO ULTRASOUND SUPERV+INTERP	76975	CPT	outpatient			670	322.28	Aetna	Commercial		446.14				117.6	636.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UGI ENDO ULTRASOUND SUPERV+INTERP	76975	CPT	outpatient			670	322.28	Aetna	Better Health		211.39	31.55			117.6	636.5	percent of total billed charges	
UGI ENDO ULTRASOUND SUPERV+INTERP	76975	CPT	outpatient			670	322.28	Aetna	Medicare		280.24				117.6	636.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UGI ENDO ULTRASOUND SUPERV+INTERP	76975	CPT	outpatient			670	322.28	Americare	Americare		502.5	75			117.6	636.5	percent of total billed charges	
UGI ENDO ULTRASOUND SUPERV+INTERP	76975	CPT	outpatient			670	322.28	Amerihealth	HMO/PPO		435.5	65			117.6	636.5	percent of total billed charges	
UGI ENDO ULTRASOUND SUPERV+INTERP	76975	CPT	outpatient			670	322.28	Amerihealth	Medicare		280.24				117.6	636.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UGI ENDO ULTRASOUND SUPERV+INTERP	76975	CPT	outpatient			670	322.28	Consumer	Consumer		636.5	95			117.6	636.5	percent of total billed charges	
UGI ENDO ULTRASOUND SUPERV+INTERP	76975	CPT	outpatient			670	322.28	Corrections	Corrections		536	80			117.6	636.5	percent of total billed charges	
UGI ENDO ULTRASOUND SUPERV+INTERP	76975	CPT	outpatient			670	322.28	First Health	First Health		469	70			117.6	636.5	percent of total billed charges	
UGI ENDO ULTRASOUND SUPERV+INTERP	76975	CPT	outpatient			670	322.28	First Trenton	First Trenton		603	90			117.6	636.5	percent of total billed charges	
UGI ENDO ULTRASOUND SUPERV+INTERP	76975	CPT	outpatient			670	322.28	Horizon	Indemnity		521.53				117.6	636.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UGI ENDO ULTRASOUND SUPERV+INTERP	76975	CPT	outpatient			670	322.28	Horizon	PPO		521.53				117.6	636.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UGI ENDO ULTRASOUND SUPERV+INTERP	76975	CPT	outpatient			670	322.28	Horizon	NJ Health		117.6				117.6	636.5	fee schedule	
UGI ENDO ULTRASOUND SUPERV+INTERP	76975	CPT	outpatient			670	322.28	Horizon	Medicare Blue		280.24				117.6	636.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UGI ENDO ULTRASOUND SUPERV+INTERP	76975	CPT	outpatient			670	322.28	Horizon	MGD		521.53				117.6	636.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UGI ENDO ULTRASOUND SUPERV+INTERP	76975	CPT	outpatient			670	322.28	Managed Care Inc	Managed Care Inc		603	90			117.6	636.5	percent of total billed charges	
UGI ENDO ULTRASOUND SUPERV+INTERP	76975	CPT	outpatient			670	322.28	Multiplan	Multiplan		536	80			117.6	636.5	percent of total billed charges	
UGI ENDO ULTRASOUND SUPERV+INTERP	76975	CPT	outpatient			670	322.28	Qualcare	Qualcare		502.5	75			117.6	636.5	percent of total billed charges	
UGI ENDO ULTRASOUND SUPERV+INTERP	76975	CPT	outpatient			670	322.28	Three Rivers	Three Rivers		636.5	95			117.6	636.5	percent of total billed charges	
UGI ENDO ULTRASOUND SUPERV+INTERP	76975	CPT	outpatient			670	322.28	UHC	Medicare		280.24				117.6	636.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UGI ENDO ULTRASOUND SUPERV+INTERP	76975	CPT	outpatient			670	322.28	UHC	Medicaid		211.39	31.55			117.6	636.5	percent of total billed charges	
UGI ENDO ULTRASOUND SUPERV+INTERP	76975	CPT	outpatient			670	322.28	Wellcare	Medicare		280.24				117.6	636.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UGI ENDO ULTRASOUND SUPERV+INTERP	76975	CPT	outpatient			670	322.28	Wellcare	Medicaid		211.39	31.55			117.6	636.5	percent of total billed charges	
UGI ENDO ULTRASOUND SUPERV+INTERP	76975	CPT	outpatient			670	322.28	WellPoint	WellPoint		215.61	32.18			117.6	636.5	percent of total billed charges	
USTARGET DYNAMBUBB CONTRAST 1STLESION	76978	CPT	outpatient			829	241.65	Aetna	Better Health		261.55	31.55			210.13	787.55	percent of total billed charges	
USTARGET DYNAMBUBB CONTRAST 1STLESION	76978	CPT	outpatient			829	241.65	Aetna	Commercial		334.53				210.13	787.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
USTARGET DYNAMBUBB CONTRAST 1STLESION	76978	CPT	outpatient			829	241.65	Aetna	Medicare		210.13				210.13	787.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
USTARGET DYNAMBUBB CONTRAST 1STLESION	76978	CPT	outpatient			829	241.65	Americare	Americare		621.75	75			210.13	787.55	percent of total billed charges	
USTARGET DYNAMBUBB CONTRAST 1STLESION	76978	CPT	outpatient			829	241.65	Amerihealth	HMO/PPO		538.85	65			210.13	787.55	percent of total billed charges	
USTARGET DYNAMBUBB CONTRAST 1STLESION	76978	CPT	outpatient			829	241.65	Amerihealth	Medicare		210.13				210.13	787.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
USTARGET DYNAMBUBB CONTRAST 1STLESION	76978	CPT	outpatient			829	241.65	Consumer	Consumer		787.55	95			210.13	787.55	percent of total billed charges	
USTARGET DYNAMBUBB CONTRAST 1STLESION	76978	CPT	outpatient			829	241.65	Corrections	Corrections		663.2	80			210.13	787.55	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
USTARGET DYNAMIBUBB CONTRAST 1STLESION	76978	CPT	outpatient			829	241.65	First Health	First Health		580.3	70			210.13	787.55	percent of total billed charges	
USTARGET DYNAMIBUBB CONTRAST 1STLESION	76978	CPT	outpatient			829	241.65	First Trenton	First Trenton		746.1	90			210.13	787.55	percent of total billed charges	
USTARGET DYNAMIBUBB CONTRAST 1STLESION	76978	CPT	outpatient			829	241.65	Horizon	Indemnity		391.05				210.13	787.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
USTARGET DYNAMIBUBB CONTRAST 1STLESION	76978	CPT	outpatient			829	241.65	Horizon	Medicare Blue		210.13				210.13	787.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
USTARGET DYNAMIBUBB CONTRAST 1STLESION	76978	CPT	outpatient			829	241.65	Horizon	MGD		391.05				210.13	787.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
USTARGET DYNAMIBUBB CONTRAST 1STLESION	76978	CPT	outpatient			829	241.65	Horizon	NJ Health		286.18				210.13	787.55	fee schedule	
USTARGET DYNAMIBUBB CONTRAST 1STLESION	76978	CPT	outpatient			829	241.65	Horizon	PPO		391.05				210.13	787.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
USTARGET DYNAMIBUBB CONTRAST 1STLESION	76978	CPT	outpatient			829	241.65	Managed Care Inc	Managed Care Inc		746.1	90			210.13	787.55	percent of total billed charges	
USTARGET DYNAMIBUBB CONTRAST 1STLESION	76978	CPT	outpatient			829	241.65	Multiplan	Multiplan		663.2	80			210.13	787.55	percent of total billed charges	
USTARGET DYNAMIBUBB CONTRAST 1STLESION	76978	CPT	outpatient			829	241.65	Qualcare	Qualcare		621.75	75			210.13	787.55	percent of total billed charges	
USTARGET DYNAMIBUBB CONTRAST 1STLESION	76978	CPT	outpatient			829	241.65	Three Rivers	Three Rivers		787.55	95			210.13	787.55	percent of total billed charges	
USTARGET DYNAMIBUBB CONTRAST 1STLESION	76978	CPT	outpatient			829	241.65	UHC	Medicaid		261.55	31.55			210.13	787.55	percent of total billed charges	
USTARGET DYNAMIBUBB CONTRAST 1STLESION	76978	CPT	outpatient			829	241.65	UHC	Medicare		210.13				210.13	787.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
USTARGET DYNAMIBUBB CONTRAST 1STLESION	76978	CPT	outpatient			829	241.65	Wellcare	Medicaid		261.55	31.55			210.13	787.55	percent of total billed charges	
USTARGET DYNAMIBUBB CONTRAST 1STLESION	76978	CPT	outpatient			829	241.65	Wellcare	Medicare		210.13				210.13	787.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
USTARGET DYNAMIBUBB CONTRAST 1STLESION	76978	CPT	outpatient			829	241.65	WellPoint	WellPoint		266.77	32.18			210.13	787.55	percent of total billed charges	
USTARGET DYNAMIBUBB EA ADD LESION	76979	CPT	outpatient			278		Aetna	Better Health		87.71	31.55			83.4	264.1	percent of total billed charges	
USTARGET DYNAMIBUBB EA ADD LESION	76979	CPT	outpatient			278		Aetna	Commercial		105.64	38			83.4	264.1	percent of total billed charges	
USTARGET DYNAMIBUBB EA ADD LESION	76979	CPT	outpatient			278		Aetna	Medicare		85.62	30.8			83.4	264.1	percent of total billed charges	
USTARGET DYNAMIBUBB EA ADD LESION	76979	CPT	outpatient			278		Americare	Americare		208.5	75			83.4	264.1	percent of total billed charges	
USTARGET DYNAMIBUBB EA ADD LESION	76979	CPT	outpatient			278		Amerihealth	HMO/PPO		180.7	65			83.4	264.1	percent of total billed charges	
USTARGET DYNAMIBUBB EA ADD LESION	76979	CPT	outpatient			278		Consumer	Consumer		264.1	95			83.4	264.1	percent of total billed charges	
USTARGET DYNAMIBUBB EA ADD LESION	76979	CPT	outpatient			278		Corrections	Corrections		222.4	80			83.4	264.1	percent of total billed charges	
USTARGET DYNAMIBUBB EA ADD LESION	76979	CPT	outpatient			278		First Health	First Health		194.6	70			83.4	264.1	percent of total billed charges	
USTARGET DYNAMIBUBB EA ADD LESION	76979	CPT	outpatient			278		First Trenton	First Trenton		250.2	90			83.4	264.1	percent of total billed charges	
USTARGET DYNAMIBUBB EA ADD LESION	76979	CPT	outpatient			278		Horizon	MGD		106.42	38.28			83.4	264.1	percent of total billed charges	
USTARGET DYNAMIBUBB EA ADD LESION	76979	CPT	outpatient			278		Horizon	Indemnity		106.42	38.28			83.4	264.1	percent of total billed charges	
USTARGET DYNAMIBUBB EA ADD LESION	76979	CPT	outpatient			278		Horizon	NJ Health		195.04				83.4	264.1	fee schedule	
USTARGET DYNAMIBUBB EA ADD LESION	76979	CPT	outpatient			278		Horizon	PPO		106.42	38.28			83.4	264.1	percent of total billed charges	
USTARGET DYNAMIBUBB EA ADD LESION	76979	CPT	outpatient			278		Horizon	Medicare Blue		83.4	30			83.4	264.1	percent of total billed charges	
USTARGET DYNAMIBUBB EA ADD LESION	76979	CPT	outpatient			278		Managed Care Inc	Managed Care Inc		250.2	90			83.4	264.1	percent of total billed charges	
USTARGET DYNAMIBUBB EA ADD LESION	76979	CPT	outpatient			278		Multiplan	Multiplan		222.4	80			83.4	264.1	percent of total billed charges	
USTARGET DYNAMIBUBB EA ADD LESION	76979	CPT	outpatient			278		Qualcare	Qualcare		208.5	75			83.4	264.1	percent of total billed charges	
USTARGET DYNAMIBUBB EA ADD LESION	76979	CPT	outpatient			278		Three Rivers	Three Rivers		264.1	95			83.4	264.1	percent of total billed charges	
USTARGET DYNAMIBUBB EA ADD LESION	76979	CPT	outpatient			278		UHC	Medicaid		87.71	31.55			83.4	264.1	percent of total billed charges	
USTARGET DYNAMIBUBB EA ADD LESION	76979	CPT	outpatient			278		Wellcare	Medicaid		87.71	31.55			83.4	264.1	percent of total billed charges	
USTARGET DYNAMIBUBB EA ADD LESION	76979	CPT	outpatient			278		WellPoint	WellPoint		89.46	32.18			83.4	264.1	percent of total billed charges	
USELASTOGRAPY PARENCHYMA	76981	CPT	both			464	144.6	Aetna	Commercial		200.18				94.55	440.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
USELASTOGRAPY PARENCHYMA	76981	CPT	both			464	144.6	Aetna	Better Health		146.39	31.55			94.55	440.8	percent of total billed charges	
USELASTOGRAPY PARENCHYMA	76981	CPT	both			464	144.6	Aetna	Medicare		125.74				94.55	440.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
USELASTOGRAPY PARENCHYMA	76981	CPT	both			464	144.6	Americare	Americare		348	75			94.55	440.8	percent of total billed charges	
USELASTOGRAPY PARENCHYMA	76981	CPT	both			464	144.6	Amerihealth	Medicare		125.74				94.55	440.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
USELASTOGRAPY PARENCHYMA	76981	CPT	both			464	144.6	Amerihealth	HMO/PPO		301.6	65			94.55	440.8	percent of total billed charges	
USELASTOGRAPY PARENCHYMA	76981	CPT	both			464	144.6	Consumer	Consumer		440.8	95			94.55	440.8	percent of total billed charges	
USELASTOGRAPY PARENCHYMA	76981	CPT	both			464	144.6	Corrections	Corrections		371.2	80			94.55	440.8	percent of total billed charges	
USELASTOGRAPY PARENCHYMA	76981	CPT	both			464	144.6	First Health	First Health		324.8	70			94.55	440.8	percent of total billed charges	
USELASTOGRAPY PARENCHYMA	76981	CPT	both			464	144.6	First Trenton	First Trenton		417.6	90			94.55	440.8	percent of total billed charges	
USELASTOGRAPY PARENCHYMA	76981	CPT	both			464	144.6	Horizon	Indemnity		234				94.55	440.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
USELASTOGRAPY PARENCHYMA	76981	CPT	both			464	144.6	Horizon	MGD		234				94.55	440.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
USELASTOGRAPY PARENCHYMA	76981	CPT	both			464	144.6	Horizon	PPO		234				94.55	440.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
USELASTOGRAPY PARENCHYMA	76981	CPT	both			464	144.6	Horizon	Medicare Blue		125.74				94.55	440.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
USELASTOGRAPY PARENCHYMA	76981	CPT	both			464	144.6	Horizon	NJ Health		94.55				94.55	440.8	fee schedule	
USELASTOGRAPY PARENCHYMA	76981	CPT	both			464	144.6	Managed Care Inc	Managed Care Inc		417.6	90			94.55	440.8	percent of total billed charges	
USELASTOGRAPY PARENCHYMA	76981	CPT	both			464	144.6	Multiplan	Multiplan		371.2	80			94.55	440.8	percent of total billed charges	
USELASTOGRAPY PARENCHYMA	76981	CPT	both			464	144.6	Qualcare	Qualcare		348	75			94.55	440.8	percent of total billed charges	
USELASTOGRAPY PARENCHYMA	76981	CPT	both			464	144.6	Three Rivers	Three Rivers		440.8	95			94.55	440.8	percent of total billed charges	
USELASTOGRAPY PARENCHYMA	76981	CPT	both			464	144.6	UHC	Medicaid		146.39	31.55			94.55	440.8	percent of total billed charges	
USELASTOGRAPY PARENCHYMA	76981	CPT	both			464	144.6	UHC	Medicare		125.74				94.55	440.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
USELASTOGRAPY PARENCHYMA	76981	CPT	both			464	144.6	Wellcare	Medicaid		146.39	31.55			94.55	440.8	percent of total billed charges	
USELASTOGRAPY PARENCHYMA	76981	CPT	both			464	144.6	Wellcare	Medicare		125.74				94.55	440.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
USELASTOGRAPY PARENCHYMA	76981	CPT	both			464	144.6	WellPoint	WellPoint		149.32	32.18			94.55	440.8	percent of total billed charges	
USELASTOGRAP1ST TARGET LESION	76982	CPT	outpatient			464	144.6	Aetna	Better Health		146.39	31.55			84.4	440.8	percent of total billed charges	
USELASTOGRAP1ST TARGET LESION	76982	CPT	outpatient			464	144.6	Aetna	Commercial		200.18				84.4	440.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
USELASTOGRAP1ST TARGET LESION	76982	CPT	outpatient			464	144.6	Aetna	Medicare		125.74				84.4	440.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
USELASTOGRAP1ST TARGET LESION	76982	CPT	outpatient			464	144.6	Americare	Americare		348	75			84.4	440.8	percent of total billed charges	
USELASTOGRAP1ST TARGET LESION	76982	CPT	outpatient			464	144.6	Amerihealth	HMO/PPO		301.6	65			84.4	440.8	percent of total billed charges	
USELASTOGRAP1ST TARGET LESION	76982	CPT	outpatient			464	144.6	Amerihealth	Medicare		125.74				84.4	440.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
USELASTOGRAP1ST TARGET LESION	76982	CPT	outpatient			464	144.6	Consumer	Consumer		440.8	95			84.4	440.8	percent of total billed charges	
USELASTOGRAP1ST TARGET LESION	76982	CPT	outpatient			464	144.6	Corrections	Corrections		371.2	80			84.4	440.8	percent of total billed charges	
USELASTOGRAP1ST TARGET LESION	76982	CPT	outpatient			464	144.6	First Health	First Health		324.8	70			84.4	440.8	percent of total billed charges	
USELASTOGRAP1ST TARGET LESION	76982	CPT	outpatient			464	144.6	First Trenton	First Trenton		417.6	90			84.4	440.8	percent of total billed charges	
USELASTOGRAP1ST TARGET LESION	76982	CPT	outpatient			464	144.6	Horizon	PPO		234				84.4	440.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
USELASTOGRAP1ST TARGET LESION	76982	CPT	outpatient			464	144.6	Horizon	MGD		234				84.4	440.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
USELASTOGRAP1ST TARGET LESION	76982	CPT	outpatient			464	144.6	Horizon	Medicare Blue		125.74				84.4	440.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
USELASTOGRAP1ST TARGET LESION	76982	CPT	outpatient			464	144.6	Horizon	NJ Health		84.4				84.4	440.8	fee schedule	
USELASTOGRAP1ST TARGET LESION	76982	CPT	outpatient			464	144.6	Horizon	Indemnity		234				84.4	440.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
USELASTOGRAP1ST TARGET LESION	76982	CPT	outpatient			464	144.6	Managed Care Inc	Managed Care Inc		417.6	90			84.4	440.8	percent of total billed charges	
USELASTOGRAP1ST TARGET LESION	76982	CPT	outpatient			464	144.6	Multiplan	Multiplan		371.2	80			84.4	440.8	percent of total billed charges	
USELASTOGRAP1ST TARGET LESION	76982	CPT	outpatient			464	144.6	Qualcare	Qualcare		348	75			84.4	440.8	percent of total billed charges	
USELASTOGRAP1ST TARGET LESION	76982	CPT	outpatient			464	144.6	Three Rivers	Three Rivers		440.8	95			84.4	440.8	percent of total billed charges	
USELASTOGRAP1ST TARGET LESION	76982	CPT	outpatient			464	144.6	UHC	Medicare		125.74				84.4	440.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
USELASTOGRAP1ST TARGET LESION	76982	CPT	outpatient			464	144.6	UHC	Medicaid		146.39	31.55			84.4	440.8	percent of total billed charges	
USELASTOGRAP1ST TARGET LESION	76982	CPT	outpatient			464	144.6	Wellcare	Medicare		125.74				84.4	440.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
USELASTOGRAP1ST TARGET LESION	76982	CPT	outpatient			464	144.6	Wellcare	Medicaid		146.39	31.55			84.4	440.8	percent of total billed charges	
USELASTOGRAP1ST TARGET LESION	76982	CPT	outpatient			464	144.6	WellPoint	WellPoint		149.32	32.18			84.4	440.8	percent of total billed charges	
USELASTOGRAP EA ADD TARGET LESION	76983	CPT	outpatient			157		Aetna	Better Health		49.53	31.55			47.1	149.15	percent of total billed charges	
USELASTOGRAP EA ADD TARGET LESION	76983	CPT	outpatient			157		Aetna	Commercial		59.66	38			47.1	149.15	percent of total billed charges	
USELASTOGRAP EA ADD TARGET LESION	76983	CPT	outpatient			157		Aetna	Medicare		48.36	30.8			47.1	149.15	percent of total billed charges	
USELASTOGRAP EA ADD TARGET LESION	76983	CPT	outpatient			157		Americare	Americare		117.75	75			47.1	149.15	percent of total billed charges	
USELASTOGRAP EA ADD TARGET LESION	76983	CPT	outpatient			157		Amerihealth	HMO/PPO		102.05	65			47.1	149.15	percent of total billed charges	
USELASTOGRAP EA ADD TARGET LESION	76983	CPT	outpatient			157		Consumer	Consumer		149.15	95			47.1	149.15	percent of total billed charges	
USELASTOGRAP EA ADD TARGET LESION	76983	CPT	outpatient			157		Corrections	Corrections		125.6	80			47.1	149.15	percent of total billed charges	
USELASTOGRAP EA ADD TARGET LESION	76983	CPT	outpatient			157		First Health	First Health		109.9	70			47.1	149.15	percent of total billed charges	
USELASTOGRAP EA ADD TARGET LESION	76983	CPT	outpatient			157		First Trenton	First Trenton		141.3	90			47.1	149.15	percent of total billed charges	
USELASTOGRAP EA ADD TARGET LESION	76983	CPT	outpatient			157		Horizon	MGD		60.1	38.28			47.1	149.15	percent of total billed charges	
USELASTOGRAP EA ADD TARGET LESION	76983	CPT	outpatient			157		Horizon	NJ Health		51.43				47.1	149.15	fee schedule	
USELASTOGRAP EA ADD TARGET LESION	76983	CPT	outpatient			157		Horizon	Indemnity		60.1	38.28			47.1	149.15	percent of total billed charges	
USELASTOGRAP EA ADD TARGET LESION	76983	CPT	outpatient			157		Horizon	PPO		60.1	38.28			47.1	149.15	percent of total billed charges	
USELASTOGRAP EA ADD TARGET LESION	76983	CPT	outpatient			157		Horizon	Medicare Blue		47.1	30			47.1	149.15	percent of total billed charges	
USELASTOGRAP EA ADD TARGET LESION	76983	CPT	outpatient			157		Managed Care Inc	Managed Care Inc		141.3	90			47.1	149.15	percent of total billed charges	
USELASTOGRAP EA ADD TARGET LESION	76983	CPT	outpatient			157		Multiplan	Multiplan		125.6	80			47.1	149.15	percent of total billed charges	
USELASTOGRAP EA ADD TARGET LESION	76983	CPT	outpatient			157		Qualcare	Qualcare		117.75	75			47.1	149.15	percent of total billed charges	
USELASTOGRAP EA ADD TARGET LESION	76983	CPT	outpatient			157		Three Rivers	Three Rivers		149.15	95			47.1	149.15	percent of total billed charges	
USELASTOGRAP EA ADD TARGET LESION	76983	CPT	outpatient			157		UHC	Medicaid		49.53	31.55			47.1	149.15	percent of total billed charges	
USELASTOGRAP EA ADD TARGET LESION	76983	CPT	outpatient			157		Wellcare	Medicaid		49.53	31.55			47.1	149.15	percent of total billed charges	
USELASTOGRAP EA ADD TARGET LESION	76983	CPT	outpatient			157		WellPoint	WellPoint		50.52	32.18			47.1	149.15	percent of total billed charges	
INTRAOPERTIVE US	76998	CPT	outpatient			571		Aetna	Medicare		175.87	30.8			138.89	542.45	percent of total billed charges	
INTRAOPERTIVE US	76998	CPT	outpatient			571		Aetna	Commercial		216.98	38			138.89	542.45	percent of total billed charges	
INTRAOPERTIVE US	76998	CPT	outpatient			571		Aetna	Better Health		180.15	31.55			138.89	542.45	percent of total billed charges	
INTRAOPERTIVE US	76998	CPT	outpatient			571		Americare	Americare		428.25	75			138.89	542.45	percent of total billed charges	
INTRAOPERTIVE US	76998	CPT	outpatient			571		Amerihealth	HMO/PPO		371.15	65			138.89	542.45	percent of total billed charges	
INTRAOPERTIVE US	76998	CPT	outpatient			571		Consumer	Consumer		542.45	95			138.89	542.45	percent of total billed charges	
INTRAOPERTIVE US	76998	CPT	outpatient			571		Corrections	Corrections		456.8	80			138.89	542.45	percent of total billed charges	
INTRAOPERTIVE US	76998	CPT	outpatient			571		First Health	First Health		399.7	70			138.89	542.45	percent of total billed charges	
INTRAOPERTIVE US	76998	CPT	outpatient			571		First Trenton	First Trenton		513.9	90			138.89	542.45	percent of total billed charges	
INTRAOPERTIVE US	76998	CPT	outpatient			571		Horizon	Indemnity		218.58	38.28			138.89	542.45	percent of total billed charges	
INTRAOPERTIVE US	76998	CPT	outpatient			571		Horizon	Medicare Blue		171.3	30			138.89	542.45	percent of total billed charges	
INTRAOPERTIVE US	76998	CPT	outpatient			571		Horizon	MGD		218.58	38.28			138.89	542.45	percent of total billed charges	
US GUIDANCE,INTRAOP	76998	CPT	outpatient			571		Horizon	NJ Health		138.89				138.89	542.45	fee schedule	
INTRAOPERTIVE US	76998	CPT	outpatient			571		Horizon	PPO		218.58	38.28			138.89	542.45	percent of total billed charges	
INTRAOPERTIVE US	76998	CPT	outpatient			571		Managed Care Inc	Managed Care Inc		513.9	90			138.89	542.45	percent of total billed charges	
INTRAOPERTIVE US	76998	CPT	outpatient			571		Multiplan	Multiplan		456.8	80			138.89	542.45	percent of total billed charges	
INTRAOPERTIVE US	76998	CPT	outpatient			571		Qualcare	Qualcare		428.25	75			138.89	542.45	percent of total billed charges	
INTRAOPERTIVE US	76998	CPT	outpatient			571		Three Rivers	Three Rivers		542.45	95			138.89	542.45	percent of total billed charges	
INTRAOPERTIVE US	76998	CPT	outpatient			571		UHC	Medicaid		180.15	31.55			138.89	542.45	percent of total billed charges	
INTRAOPERTIVE US	76998	CPT	outpatient			571		Wellcare	Medicaid		180.15	31.55			138.89	542.45	percent of total billed charges	
INTRAOPERTIVE US	76998	CPT	outpatient			571		WellPoint	WellPoint		183.75	32.18			138.89	542.45	percent of total billed charges	
UNLISTED ULTRA PROC	76999	CPT	both			662	119.52	Aetna	Medicare		103.93				82.98	628.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED ULTRA PROC	76999	CPT	both			662	119.52	Aetna	Commercial		165.46				82.98	628.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED ULTRA PROC	76999	CPT	both			662	119.52	Aetna	Better Health		208.86	31.55			82.98	628.9	percent of total billed charges	
UNLISTED ULTRA PROC	76999	CPT	both			662	119.52	Americare	Americare		496.5	75			82.98	628.9	percent of total billed charges	
UNLISTED ULTRA PROC	76999	CPT	both			662	119.52	Amerihealth	HMO/PPO		430.3	65			82.98	628.9	percent of total billed charges	
UNLISTED ULTRA PROC	76999	CPT	both			662	119.52	Amerihealth	Medicare		103.93				82.98	628.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED ULTRA PROC	76999	CPT	both			662	119.52	Consumer	Consumer		628.9	95			82.98	628.9	percent of total billed charges	
UNLISTED ULTRA PROC	76999	CPT	both			662	119.52	Corrections	Corrections		529.6	80			82.98	628.9	percent of total billed charges	
UNLISTED ULTRA PROC	76999	CPT	both			662	119.52	First Health	First Health		463.4	70			82.98	628.9	percent of total billed charges	
UNLISTED ULTRA PROC	76999	CPT	both			662	119.52	First Trenton	First Trenton		595.8	90			82.98	628.9	percent of total billed charges	
UNLISTED ULTRA PROC	76999	CPT	both			662	119.52	Horizon	MGD		193.41				82.98	628.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED ULTRA PROC	76999	CPT	both			662	119.52	Horizon	Medicare Blue		103.93				82.98	628.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED ULTRA PROC	76999	CPT	both			662	119.52	Horizon	Indemnity		193.41				82.98	628.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED ULTRA PROC	76999	CPT	both			662	119.52	Horizon	PPO		193.41				82.98	628.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED ULTRA PROC	76999	CPT	both			662	119.52	Managed Care Inc	Managed Care Inc		595.8	90			82.98	628.9	percent of total billed charges	
UNLISTED ULTRA PROC	76999	CPT	both			662	119.52	Multiplan	Multiplan		529.6	80			82.98	628.9	percent of total billed charges	
UNLISTED ULTRA PROC	76999	CPT	both			662	119.52	Qualcare	Qualcare		496.5	75			82.98	628.9	percent of total billed charges	
UNLISTED ULTRA PROC	76999	CPT	both			662	119.52	Three Rivers	Three Rivers		628.9	95			82.98	628.9	percent of total billed charges	
UNLISTED ULTRA PROC	76999	CPT	both			662	119.52	UHC	Medicaid		208.86	31.55			82.98	628.9	percent of total billed charges	
UNLISTED ULTRA PROC	76999	CPT	both			662	119.52	UHC	Medicare		103.93				82.98	628.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED ULTRA PROC	76999	CPT	both			662	119.52	Wellcare	Medicare		103.93				82.98	628.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.													
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true												
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
UNLISTED ULTRA PROC	76999	CPT	both			662	119.52	Wellcare	Medicaid		208.86	31.55			82.98	628.9	percent of total billed charges	
UNLISTED ULTRA PROC	76999	CPT	both			662	119.52	WellPoint	WellPoint		213.03	32.18			82.98	628.9	percent of total billed charges	
FLURO, CVA DEVICE PLCM/REMV	77001	CPT	both			483		Aetna	Medicare		148.76	30.8			56.13	458.85	percent of total billed charges	
FLURO, CVA DEVICE PLCM/REMV	77001	CPT	both			483		Aetna	Commercial		183.54	38			56.13	458.85	percent of total billed charges	
FLURO, CVA DEVICE PLCM/REMV	77001	CPT	both			483		Aetna	Better Health		152.39	31.55			56.13	458.85	percent of total billed charges	
FLURO, CVA DEVICE PLCM/REMV	77001	CPT	both			483		Americare	Americare		362.25	75			56.13	458.85	percent of total billed charges	
FLURO, CVA DEVICE PLCM/REMV	77001	CPT	both			483		Amerihealth	HMO/PPO		313.95	65			56.13	458.85	percent of total billed charges	
FLURO, CVA DEVICE PLCM/REMV	77001	CPT	both			483		Consumer	Consumer		458.85	95			56.13	458.85	percent of total billed charges	
FLURO, CVA DEVICE PLCM/REMV	77001	CPT	both			483		Corrections	Corrections		386.4	80			56.13	458.85	percent of total billed charges	
FLURO, CVA DEVICE PLCM/REMV	77001	CPT	both			483		First Health	First Health		338.1	70			56.13	458.85	percent of total billed charges	
FLURO, CVA DEVICE PLCM/REMV	77001	CPT	both			483		First Trenton	First Trenton		434.7	90			56.13	458.85	percent of total billed charges	
FLURO, CVA DEVICE PLCM/REMV	77001	CPT	both			483		Horizon	NJ Health		56.13				56.13	458.85	fee schedule	
FLURO, CVA DEVICE PLCM/REMV	77001	CPT	both			483		Horizon	Indemnity		184.89	38.28			56.13	458.85	percent of total billed charges	
FLURO, CVA DEVICE PLCM/REMV	77001	CPT	both			483		Horizon	MGD		184.89	38.28			56.13	458.85	percent of total billed charges	
FLURO, CVA DEVICE PLCM/REMV	77001	CPT	both			483		Horizon	PPO		184.89	38.28			56.13	458.85	percent of total billed charges	
FLURO, CVA DEVICE PLCM/REMV	77001	CPT	both			483		Horizon	Medicare Blue		144.9	30			56.13	458.85	percent of total billed charges	
FLURO, CVA DEVICE PLCM/REMV	77001	CPT	both			483		Managed Care Inc	Managed Care Inc		434.7	90			56.13	458.85	percent of total billed charges	
FLURO, CVA DEVICE PLCM/REMV	77001	CPT	both			483		Multiplan	Multiplan		386.4	80			56.13	458.85	percent of total billed charges	
FLURO, CVA DEVICE PLCM/REMV	77001	CPT	both			483		Qualcare	Qualcare		362.25	75			56.13	458.85	percent of total billed charges	
FLURO, CVA DEVICE PLCM/REMV	77001	CPT	both			483		Three Rivers	Three Rivers		458.85	95			56.13	458.85	percent of total billed charges	
FLURO, CVA DEVICE PLCM/REMV	77001	CPT	both			483		UHC	Medicaid		152.39	31.55			56.13	458.85	percent of total billed charges	
FLURO, CVA DEVICE PLCM/REMV	77001	CPT	both			483		Wellcare	Medicaid		152.39	31.55			56.13	458.85	percent of total billed charges	
FLURO, CVA DEVICE PLCM/REMV	77001	CPT	both			483		WellPoint	WellPoint		155.43	32.18			56.13	458.85	percent of total billed charges	
OTHER NEEDLE ASPIR, INJ-FLOURO	77002	CPT	both			898		Aetna	Commercial		341.24	38			56.13	853.1	percent of total billed charges	
OTHER NEEDLE ASPIR, INJ-FLOURO	77002	CPT	both			898		Aetna	Better Health		283.32	31.55			56.13	853.1	percent of total billed charges	
OTHER NEEDLE ASPIR, INJ-FLOURO	77002	CPT	both			898		Aetna	Medicare		276.58	30.8			56.13	853.1	percent of total billed charges	
OTHER NEEDLE ASPIR, INJ-FLOURO	77002	CPT	both			898		Americare	Americare		673.5	75			56.13	853.1	percent of total billed charges	
OTHER NEEDLE ASPIR, INJ-FLOURO	77002	CPT	both			898		Amerihealth	HMO/PPO		583.7	65			56.13	853.1	percent of total billed charges	
OTHER NEEDLE ASPIR, INJ-FLOURO	77002	CPT	both			898		Consumer	Consumer		853.1	95			56.13	853.1	percent of total billed charges	
OTHER NEEDLE ASPIR, INJ-FLOURO	77002	CPT	both			898		Corrections	Corrections		718.4	80			56.13	853.1	percent of total billed charges	
OTHER NEEDLE ASPIR, INJ-FLOURO	77002	CPT	both			898		First Health	First Health		628.6	70			56.13	853.1	percent of total billed charges	
OTHER NEEDLE ASPIR, INJ-FLOURO	77002	CPT	both			898		First Trenton	First Trenton		808.2	90			56.13	853.1	percent of total billed charges	
OTHER NEEDLE ASPIR, INJ-FLOURO	77002	CPT	both			898		Horizon	Medicare Blue		269.4	30			56.13	853.1	percent of total billed charges	
OTHER NEEDLE ASPIR, INJ-FLOURO	77002	CPT	both			898		Horizon	MGD		343.75	38.28			56.13	853.1	percent of total billed charges	
OTHER NEEDLE ASPIR, INJ-FLOURO	77002	CPT	both			898		Horizon	Indemnity		343.75	38.28			56.13	853.1	percent of total billed charges	
OTHER NEEDLE ASPIR, INJ-FLOURO	77002	CPT	both			898		Horizon	PPO		343.75	38.28			56.13	853.1	percent of total billed charges	
X-RAY OR PORT FLOURO MONITOR BY MD	77002	CPT	both			898		Horizon	NJ Health		56.13				56.13	853.1	fee schedule	
OTHER NEEDLE ASPIR, INJ-FLOURO	77002	CPT	both			898		Managed Care Inc	Managed Care Inc		808.2	90			56.13	853.1	percent of total billed charges	
OTHER NEEDLE ASPIR, INJ-FLOURO	77002	CPT	both			898		Multiplan	Multiplan		718.4	80			56.13	853.1	percent of total billed charges	
OTHER NEEDLE ASPIR, INJ-FLOURO	77002	CPT	both			898		Qualcare	Qualcare		673.5	75			56.13	853.1	percent of total billed charges	
OTHER NEEDLE ASPIR, INJ-FLOURO	77002	CPT	both			898		Three Rivers	Three Rivers		853.1	95			56.13	853.1	percent of total billed charges	
OTHER NEEDLE ASPIR, INJ-FLOURO	77002	CPT	both			898		UHC	Medicaid		283.32	31.55			56.13	853.1	percent of total billed charges	
OTHER NEEDLE ASPIR, INJ-FLOURO	77002	CPT	both			898		Wellcare	Medicaid		283.32	31.55			56.13	853.1	percent of total billed charges	
OTHER NEEDLE ASPIR, INJ-FLOURO	77002	CPT	both			898		WellPoint	WellPoint		288.98	32.18			56.13	853.1	percent of total billed charges	
SPINAL SL JT PAIN INJECT-FLOURO	77003	CPT	both			919		Aetna	Medicare		283.05	30.8			39.63	873.05	percent of total billed charges	
SPINAL SL JT PAIN INJECT-FLOURO	77003	CPT	both			919		Aetna	Better Health		289.94	31.55			39.63	873.05	percent of total billed charges	
SPINAL SL JT PAIN INJECT-FLOURO	77003	CPT	both			919		Aetna	Commercial		349.22	38			39.63	873.05	percent of total billed charges	
SPINAL SL JT PAIN INJECT-FLOURO	77003	CPT	both			919		Americare	Americare		689.25	75			39.63	873.05	percent of total billed charges	
SPINAL SL JT PAIN INJECT-FLOURO	77003	CPT	both			919		Amerihealth	HMO/PPO		597.35	65			39.63	873.05	percent of total billed charges	
SPINAL SL JT PAIN INJECT-FLOURO	77003	CPT	both			919		Consumer	Consumer		873.05	95			39.63	873.05	percent of total billed charges	
SPINAL SL JT PAIN INJECT-FLOURO	77003	CPT	both			919		Corrections	Corrections		735.2	80			39.63	873.05	percent of total billed charges	
SPINAL SL JT PAIN INJECT-FLOURO	77003	CPT	both			919		First Health	First Health		643.3	70			39.63	873.05	percent of total billed charges	
SPINAL SL JT PAIN INJECT-FLOURO	77003	CPT	both			919		First Trenton	First Trenton		827.1	90			39.63	873.05	percent of total billed charges	
SPINAL SL JT PAIN INJECT-FLOURO	77003	CPT	both			919		Horizon	MGD		351.79	38.28			39.63	873.05	percent of total billed charges	
SPINAL SL JT PAIN INJECT-FLOURO	77003	CPT	both			919		Horizon	NJ Health		39.63				39.63	873.05	fee schedule	
SPINAL SL JT PAIN INJECT-FLOURO	77003	CPT	both			919		Horizon	Indemnity		351.79	38.28			39.63	873.05	percent of total billed charges	
SPINAL SL JT PAIN INJECT-FLOURO	77003	CPT	both			919		Horizon	PPO		351.79	38.28			39.63	873.05	percent of total billed charges	
SPINAL SL JT PAIN INJECT-FLOURO	77003	CPT	both			919		Horizon	Medicare Blue		275.7	30			39.63	873.05	percent of total billed charges	
SPINAL SL JT PAIN INJECT-FLOURO	77003	CPT	both			919		Managed Care Inc	Managed Care Inc		827.1	90			39.63	873.05	percent of total billed charges	
SPINAL SL JT PAIN INJECT-FLOURO	77003	CPT	both			919		Multiplan	Multiplan		735.2	80			39.63	873.05	percent of total billed charges	
SPINAL SL JT PAIN INJECT-FLOURO	77003	CPT	both			919		Qualcare	Qualcare		689.25	75			39.63	873.05	percent of total billed charges	
SPINAL SL JT PAIN INJECT-FLOURO	77003	CPT	both			919		Three Rivers	Three Rivers		873.05	95			39.63	873.05	percent of total billed charges	
SPINAL SL JT PAIN INJECT-FLOURO	77003	CPT	both			919		UHC	Medicaid		289.94	31.55			39.63	873.05	percent of total billed charges	
SPINAL SL JT PAIN INJECT-FLOURO	77003	CPT	both			919		Wellcare	Medicaid		289.94	31.55			39.63	873.05	percent of total billed charges	
SPINAL SL JT PAIN INJECT-FLOURO	77003	CPT	both			919		WellPoint	WellPoint		295.73	32.18			39.63	873.05	percent of total billed charges	
CT GUIDE STEREOTATIC LOCALIZ	77011	CPT	outpatient			1479		Aetna	Commercial		562.02	38			219.28	1405.05	percent of total billed charges	
CT GUIDE STEREOTATIC LOCALIZ	77011	CPT	outpatient			1479		Aetna	Medicare		455.53	30.8			219.28	1405.05	percent of total billed charges	
CT GUIDE STEREOTATIC LOCALIZ	77011	CPT	outpatient			1479		Aetna	Better Health		466.62	31.55			219.28	1405.05	percent of total billed charges	
CT GUIDE STEREOTATIC LOCALIZ	77011	CPT	outpatient			1479		Americare	Americare		1109.25	75			219.28	1405.05	percent of total billed charges	
CT GUIDE STEREOTATIC LOCALIZ	77011	CPT	outpatient			1479		Amerihealth	HMO/PPO		961.35	65			219.28	1405.05	percent of total billed charges	
CT GUIDE STEREOTATIC LOCALIZ	77011	CPT	outpatient			1479		Consumer	Consumer		1405.05	95			219.28	1405.05	percent of total billed charges	
CT GUIDE STEREOTATIC LOCALIZ	77011	CPT	outpatient			1479		Corrections	Corrections		1183.2	80			219.28	1405.05	percent of total billed charges	
CT GUIDE STEREOTATIC LOCALIZ	77011	CPT	outpatient			1479		First Health	First Health		1035.3	70			219.28	1405.05	percent of total billed charges	
CT GUIDE STEREOTATIC LOCALIZ	77011	CPT	outpatient			1479		First Trenton	First Trenton		1331.1	90			219.28	1405.05	percent of total billed charges	
CT GUIDE STEREOTATIC LOCALIZ	77011	CPT	outpatient			1479		Horizon	MGD		566.16	38.28			219.28	1405.05	percent of total billed charges	
CT GUIDE STEREOTATIC LOCALIZ	77011	CPT	outpatient			1479		Horizon	PPO		566.16	38.28			219.28	1405.05	percent of total billed charges	
CT GUIDE STEREOTATIC LOCALIZ	77011	CPT	outpatient			1479		Horizon	Indemnity		566.16	38.28			219.28	1405.05	percent of total billed charges	
CT GUIDE STEREOTATIC LOCALIZ	77011	CPT	outpatient			1479		Horizon	NJ Health		219.28				219.28	1405.05	fee schedule	
CT GUIDE STEREOTATIC LOCALIZ	77011	CPT	outpatient			1479		Horizon	Medicare Blue		443.7	30			219.28	1405.05	percent of total billed charges	
CT GUIDE STEREOTATIC LOCALIZ	77011	CPT	outpatient			1479		Managed Care Inc	Managed Care Inc		1331.1	90			219.28	1405.05	percent of total billed charges	
CT GUIDE STEREOTATIC LOCALIZ	77011	CPT	outpatient			1479		Multiplan	Multiplan		1183.2	80			219.28	1405.05	percent of total billed charges	
CT GUIDE STEREOTATIC LOCALIZ	77011	CPT	outpatient			1479		Qualcare	Qualcare		1109.25	75			219.28	1405.05	percent of total billed charges	
CT GUIDE STEREOTATIC LOCALIZ	77011	CPT	outpatient			1479		Three Rivers	Three Rivers		1405.05	95			219.28	1405.05	percent of total billed charges	
CT GUIDE STEREOTATIC LOCALIZ	77011	CPT	outpatient			1479		UHC	Medicaid		466.62	31.55			219.28	1405.05	percent of total billed charges	
CT GUIDE STEREOTATIC LOCALIZ	77011	CPT	outpatient			1479		Wellcare	Medicaid		466.62	31.55			219.28	1405.05	percent of total billed charges	
CT GUIDE STEREOTATIC LOCALIZ	77011	CPT	outpatient			1479		WellPoint	WellPoint		475.94	32.18			219.28	1405.05	percent of total billed charges	
IR CT GUIDED NEEDLE PLACEMENT	77012	CPT	both			1479		Aetna	Medicare		455.53	30.8			225.65	1405.05	percent of total billed charges	
IR CT GUIDED NEEDLE PLACEMENT	77012	CPT	both			1479		Aetna	Better Health		466.62	31.55			225.65	1405.05	percent of total billed charges	
IR CT GUIDED NEEDLE PLACEMENT	77012	CPT	both			1479		Aetna	Commercial		562.02	38			225.65	1405.05	percent of total billed charges	
IR CT GUIDED NEEDLE PLACEMENT	77012	CPT	both			1479		Americare	Americare		1109.25	75			225.65	1405.05	percent of total billed charges	
IR CT GUIDED NEEDLE PLACEMENT	77012	CPT	both			1479		Amerihealth	HMO/PPO		961.35	65			225.65	1405.05	percent of total billed charges	
IR CT GUIDED NEEDLE PLACEMENT	77012	CPT	both			1479		Consumer	Consumer		1405.05	95			225.65	1405.05	percent of total billed charges	
IR CT GUIDED NEEDLE PLACEMENT	77012	CPT	both			1479		Corrections	Corrections		1183.2	80			225.65	1405.05	percent of total billed charges	
IR CT GUIDED NEEDLE PLACEMENT	77012	CPT	both			1479		First Health	First Health		1035.3	70			225.65	1405.05	percent of total billed charges	
IR CT GUIDED NEEDLE PLACEMENT	77012	CPT	both			1479		First Trenton	First Trenton		1331.1	90			225.65	1405.05	percent of total billed charges	
IR CT GUIDED NEEDLE PLACEMENT	77012	CPT	both			1479		Horizon	MGD		566.16	38.28			225.65	1405.05	percent of total billed charges	
IR CT GUIDED NEEDLE PLACEMENT	77012	CPT	both			1479		Horizon	PPO		566.16	38.28			225.65	1405.05	percent of total billed charges	
IR CT GUIDED NEEDLE PLACEMENT	77012	CPT	both			1479		Horizon	Indemnity		566.16	38.28			225.65	1405.05	percent of total billed charges	
IR CT GUIDED NEEDLE PLACEMENT	77012	CPT	both			1479		Horizon	Medicare Blue		443.7	30			225.65	1405.05	percent of total billed charges	
IR CT GUIDED NEEDLE PLACEMENT	77012	CPT	both			1479		Horizon	NJ Health		225.65				225.65	1405.05	fee schedule	
IR CT GUIDED NEEDLE PLACEMENT	77012	CPT	both			1479		Managed Care Inc	Managed Care Inc		1331.1	90			225.65	1405.05	percent of total billed charges	
IR CT GUIDED NEEDLE PLACEMENT	77012	CPT	both			1479		Multiplan	Multiplan		1183.2	80			225.65	1405.05	percent of total billed charges	
IR CT GUIDED NEEDLE PLACEMENT	77012	CPT	both			1479		Qualcare	Qualcare		1109.25	75			225.65	1405.05	percent of total billed charges	
IR CT GUIDED NEEDLE PLACEMENT	77012	CPT	both			1479		Three Rivers	Three Rivers		1405.05	95			225.65	1405.05	percent of total billed charges	
IR CT GUIDED NEEDLE PLACEMENT	77012	CPT	both			1479		UHC	Medicaid		466.62	31.55			225.65	1405.05	percent of total billed charges	
IR CT GUIDED NEEDLE PLACEMENT	77012	CPT	both			1479		Wellcare	Medicaid		466.62	31.55			225.65	1405.05	percent of total billed charges	
IR CT GUIDED NEEDLE PLACEMENT	77012	CPT	both			1479		WellPoint	WellPoint		475.94	32.18			225.65	1405.05	percent of total billed charges	
CT GIUDANCE TISSUE ABLATION	77013	CPT	both			1751		Aetna	Better Health		552.44	31.55			84.38	1663.45	percent of total billed charges	
CT GIUDANCE TISSUE ABLATION	77013	CPT	both			1751		Aetna	Commercial		665.38	38			84.38	1663.45	percent of total billed charges	
CT GIUDANCE TISSUE ABLATION	77013	CPT	both			1751		Aetna	Medicare		539.31	30.8			84.38	1663.45	percent of total billed charges	
CT GIUDANCE TISSUE ABLATION	77013	CPT	both			1751		Americare	Americare		1313.25	75			84.38	1663.45	percent of total billed charges	
CT GIUDANCE TISSUE ABLATION	77013	CPT	both			1751		Amerihealth	HMO/PPO		1138.15	65			84.38	1663.45	percent of total billed charges	
CT GIUDANCE TISSUE ABLATION	77013	CPT	both			1751		Consumer	Consumer		1663.45	95			84.38	1663.45	percent of total billed charges	
CT GIUDANCE TISSUE ABLATION	77013	CPT	both			1751		Corrections	Corrections		1400.8	80			84.38	1663.45	percent of total billed charges	
CT GIUDANCE TISSUE ABLATION	77013	CPT	both			1751		First Health	First Health		1225.7	70			84.38	1663.45	percent of total billed charges	
CT GIUDANCE TISSUE ABLATION	77013	CPT	both			1751		First Trenton	First Trenton		1575.9	90			84.38	1663.45	percent of total billed charges	
CT GIUDANCE TISSUE ABLATION	77013	CPT	both			1751		Horizon	Indemnity		670.28	38.28			84.38	1663.45	percent of total billed charges	
CT GIUDANCE TISSUE ABLATION	77013	CPT	both			1751		Horizon	MGD		670.28	38.28			84.38	1663.45	percent of total billed charges	
CT GIUDANCE TISSUE ABLATION	77013	CPT	both			1751		Horizon	PPO		670.28	38.28			84.38	1663.45	percent of total billed charges	
CT GIUDANCE TISSUE ABLATION	77013	CPT	both			1751		Horizon	Medicare Blue		525.3	30			84.38	1663.45	percent of total billed charges	
CT GIUDANCE TISSUE ABLATION	77013	CPT	both			1751		Horizon	NJ Health		84.38				84.38	1663.45	fee schedule	
CT GIUDANCE TISSUE ABLATION	77013	CPT	both			1751		Managed Care Inc	Managed Care Inc		1575.9	90			84.38	1663.45	percent of total billed charges	
CT GIUDANCE TISSUE ABLATION	77013	CPT	both			1751		Multiplan	Multiplan		1400.8	80			84.38	1663.45	percent of total billed charges	
CT GIUDANCE TISSUE ABLATION	77013	CPT	both			1751		Qualcare	Qualcare		1313.25	75			84.38	1663.45	percent of total billed charges	
CT GIUDANCE TISSUE ABLATION	77013	CPT	both			1751		Three Rivers	Three Rivers		1663.45	95			84.38	1663.45	percent of total billed charges	
CT GIUDANCE TISSUE ABLATION	77013	CPT	both			1751		UHC	Medicaid		552.44	31.55			84.38	1663.45	percent of total billed charges	
CT GIUDANCE TISSUE ABLATION	77013	CPT	both			1751		Wellcare	Medicaid		552.44	31.55			84.38	1663.45	percent of total billed charges	
CT GIUDANCE TISSUE ABLATION	77013	CPT	both			1751		WellPoint	WellPoint		563.47	32.18			84.38	1663.45	percent of total billed charges	
CTGUIDE RADTHERAPY W/ORW/O CON	77014	CPT	both					Horizon	NJ Health		82.4				82.4	82.4	fee schedule	
MR GUIDANCE NEEDLE PLCMT- S&I	77021	CPT	outpatient			1630		Aetna	Better Health		514.27	31.55			219.28	1548.5	percent of total billed charges	
MR GUIDANCE NEEDLE PLCMT- S&I	77021	CPT	outpatient			1630		Aetna	Commercial		619.4	38			219.28	1548.5	percent of total billed charges	
MR GUIDANCE NEEDLE PLCMT- S&I	77021	CPT	outpatient			1630		Aetna	Medicare		502.04	30.8			219.28	1548.5	percent of total billed charges	
MR GUIDANCE NEEDLE PLCMT- S&I	77021	CPT	outpatient			1630		Americare	Americare		1222.5	75			219.28	1548.5	percent of total billed charges	
MR GUIDANCE NEEDLE PLCMT- S&I	77021	CPT	outpatient			1630		Amerihealth	HMO/PPO		1059.5	65			219.28	1548.5	percent of total billed charges	
MR GUIDANCE NEEDLE PLCMT- S&I	77021	CPT	outpatient			1630		Consumer	Consumer		1548.5	95			219.28	1548.5	percent of total billed charges	
MR GUIDANCE NEEDLE PLCMT- S&I	77021	CPT	outpatient			1630		Corrections	Corrections		1304	80			219.28	1548.5	percent of total billed charges	
MR GUIDANCE NEEDLE PLCMT- S&I	77021	CPT	outpatient			1630		First Health	First Health		1141	70			219.28	1548.5	percent of total billed charges	
MR GUIDANCE NEEDLE PLCMT- S&I	77021	CPT	outpatient			1630		First Trenton	First Trenton		1467	90			219.28	1548.5	percent of total billed charges	
MR GUIDANCE NEEDLE PLCMT- S&I	77021	CPT	outpatient			1630		Horizon	Medicare Blue		489	30			219.28	1548.5	percent of total billed charges	
MR GUIDANCE NEEDLE PLCMT- S&I	77021	CPT	outpatient			1630		Horizon	Indemnity		623.96	38.28			219.28	1548.5	percent of total billed charges	
MR GUIDANCE NEEDLE PLCMT- S&I	77021	CPT	outpatient			1630		Horizon	MGD		623.96	38.28			219.28	1548.5	percent of total billed charges	
MRI GUIDANCE FOR RADIATION THERAPY WITH	77021	CPT	outpatient			1630		Horizon	NJ Health		219.28				219.28	1548.5	fee schedule	
MR GUIDANCE NEEDLE PLCMT- S&I	77021	CPT	outpatient			1630		Horizon	PPO		623.96	38.28			219.28	1548.5	percent of total billed charges	
MR GUIDANCE NEEDLE PLCMT- S&I	77021	CPT	outpatient			1630		Managed Care Inc	Managed Care Inc		1467	90			219.28	1548.5	percent of total billed charges	
MR GUIDANCE NEEDLE PLCMT- S&I	77021	CPT	outpatient			1630		Multiplan	Multiplan		1304	80			219.28	1548.5	percent of total billed charges	
MR GUIDANCE NEEDLE PLCMT- S&I	77021	CPT	outpatient			1630		Qualcare	Qualcare		1222.5	75			219.28	1548.5	percent of total billed charges	
MR GUIDANCE NEEDLE PLCMT- S&I	77021	CPT	outpatient			1630		Three Rivers	Three Rivers		1548.5	95			219.28	1548.5	percent of total billed charges	
MR GUIDANCE NEEDLE PLCMT- S&I	77021	CPT	outpatient			1630		UHC	Medicaid		514.27	31.55			219.28	1548.5	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
MRI GUIDANCE NEEDLE PLCMT- S&I	77021	CPT	outpatient			1630		Wellcare	Medicaid		514.27	31.55			219.28	1548.5	percent of total billed charges	
MR GUIDANCE NEEDLE PLCMT- S&I	77021	CPT	outpatient			1630		WellPoint	WellPoint		524.53	32.18			219.28	1548.5	percent of total billed charges	
MR GUIDANCE TISSUE ABLATION	77022	CPT	outpatient			1650		Aetna	Medicare		508.2	30.8			218.6	1567.5	percent of total billed charges	
MR GUIDANCE TISSUE ABLATION	77022	CPT	outpatient			1650		Aetna	Commercial		627	38			218.6	1567.5	percent of total billed charges	
MR GUIDANCE TISSUE ABLATION	77022	CPT	outpatient			1650		Aetna	Better Health		520.58	31.55			218.6	1567.5	percent of total billed charges	
MR GUIDANCE TISSUE ABLATION	77022	CPT	outpatient			1650		Americare	Americare		1237.5	75			218.6	1567.5	percent of total billed charges	
MR GUIDANCE TISSUE ABLATION	77022	CPT	outpatient			1650		Amerihealth	HMO/PPO		1072.5	65			218.6	1567.5	percent of total billed charges	
MR GUIDANCE TISSUE ABLATION	77022	CPT	outpatient			1650		Consumer	Consumer		1567.5	95			218.6	1567.5	percent of total billed charges	
MR GUIDANCE TISSUE ABLATION	77022	CPT	outpatient			1650		Corrections	Corrections		1320	80			218.6	1567.5	percent of total billed charges	
MR GUIDANCE TISSUE ABLATION	77022	CPT	outpatient			1650		First Health	First Health		1155	70			218.6	1567.5	percent of total billed charges	
MR GUIDANCE TISSUE ABLATION	77022	CPT	outpatient			1650		First Trenton	First Trenton		1485	90			218.6	1567.5	percent of total billed charges	
MR GUIDANCE TISSUE ABLATION	77022	CPT	outpatient			1650		Horizon	MGD		631.62	38.28			218.6	1567.5	percent of total billed charges	
MR GUIDANCE TISSUE ABLATION	77022	CPT	outpatient			1650		Horizon	NJ Health		218.6				218.6	1567.5	fee schedule	
MR GUIDANCE TISSUE ABLATION	77022	CPT	outpatient			1650		Horizon	Indemnity		631.62	38.28			218.6	1567.5	percent of total billed charges	
MR GUIDANCE TISSUE ABLATION	77022	CPT	outpatient			1650		Horizon	PPO		631.62	38.28			218.6	1567.5	percent of total billed charges	
MR GUIDANCE TISSUE ABLATION	77022	CPT	outpatient			1650		Horizon	Medicare Blue		495	30			218.6	1567.5	percent of total billed charges	
MR GUIDANCE TISSUE ABLATION	77022	CPT	outpatient			1650		Managed Care Inc	Managed Care Inc		1485	90			218.6	1567.5	percent of total billed charges	
MR GUIDANCE TISSUE ABLATION	77022	CPT	outpatient			1650		Multiplan	Multiplan		1320	80			218.6	1567.5	percent of total billed charges	
MR GUIDANCE TISSUE ABLATION	77022	CPT	outpatient			1650		Qualcare	Qualcare		1237.5	75			218.6	1567.5	percent of total billed charges	
MR GUIDANCE TISSUE ABLATION	77022	CPT	outpatient			1650		Three Rivers	Three Rivers		1567.5	95			218.6	1567.5	percent of total billed charges	
MR GUIDANCE TISSUE ABLATION	77022	CPT	outpatient			1650		UHC	Medicaid		520.58	31.55			218.6	1567.5	percent of total billed charges	
MR GUIDANCE TISSUE ABLATION	77022	CPT	outpatient			1650		Wellcare	Medicaid		520.58	31.55			218.6	1567.5	percent of total billed charges	
MR GUIDANCE TISSUE ABLATION	77022	CPT	outpatient			1650		WellPoint	WellPoint		530.97	32.18			218.6	1567.5	percent of total billed charges	
MRI BREAST WITHOUT CONTRAST, BILATERAL	77047	CPT	outpatient			946	322.28	Aetna	Better Health		298.46	31.55			223.77	898.7	percent of total billed charges	
MRI BREAST WITHOUT CONTRAST, BILATERAL	77047	CPT	outpatient			946	322.28	Aetna	Commercial		446.14				223.77	898.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BREAST WITHOUT CONTRAST, BILATERAL	77047	CPT	outpatient			946	322.28	Aetna	Medicare		280.24				223.77	898.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BREAST WITHOUT CONTRAST, BILATERAL	77047	CPT	outpatient			946	322.28	Americare	Americare		709.5	75			223.77	898.7	percent of total billed charges	
MRI BREAST WITHOUT CONTRAST, BILATERAL	77047	CPT	outpatient			946	322.28	Amerihealth	HMO/PPO		614.9	65			223.77	898.7	percent of total billed charges	
MRI BREAST WITHOUT CONTRAST, BILATERAL	77047	CPT	outpatient			946	322.28	Amerihealth	Medicare		280.24				223.77	898.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BREAST WITHOUT CONTRAST, BILATERAL	77047	CPT	outpatient			946	322.28	Consumer	Consumer		898.7	95			223.77	898.7	percent of total billed charges	
MRI BREAST WITHOUT CONTRAST, BILATERAL	77047	CPT	outpatient			946	322.28	Corrections	Corrections		756.8	80			223.77	898.7	percent of total billed charges	
MRI BREAST WITHOUT CONTRAST, BILATERAL	77047	CPT	outpatient			946	322.28	First Health	First Health		662.2	70			223.77	898.7	percent of total billed charges	
MRI BREAST WITHOUT CONTRAST, BILATERAL	77047	CPT	outpatient			946	322.28	First Trenton	First Trenton		851.4	90			223.77	898.7	percent of total billed charges	
MRI BREAST WITHOUT CONTRAST, BILATERAL	77047	CPT	outpatient			946	322.28	Horizon	MGD		521.53				223.77	898.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BREAST WITHOUT CONTRAST, BILATERAL	77047	CPT	outpatient			946	322.28	Horizon	Medicare Blue		280.24				223.77	898.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BREAST WITHOUT CONTRAST, BILATERAL	77047	CPT	outpatient			946	322.28	Horizon	PPO		521.53				223.77	898.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BREAST WITHOUT CONTRAST, BILATERAL	77047	CPT	outpatient			946	322.28	Horizon	Indemnity		521.53				223.77	898.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BREAST WITHOUT CONTRAST, BILATERAL	77047	CPT	outpatient			946	322.28	Horizon	NJ Health		223.77				223.77	898.7	fee schedule	
MRI BREAST WITHOUT CONTRAST, BILATERAL	77047	CPT	outpatient			946	322.28	Managed Care Inc	Managed Care Inc		851.4	90			223.77	898.7	percent of total billed charges	
MRI BREAST WITHOUT CONTRAST, BILATERAL	77047	CPT	outpatient			946	322.28	Multiplan	Multiplan		756.8	80			223.77	898.7	percent of total billed charges	
MRI BREAST WITHOUT CONTRAST, BILATERAL	77047	CPT	outpatient			946	322.28	Qualcare	Qualcare		709.5	75			223.77	898.7	percent of total billed charges	
MRI BREAST WITHOUT CONTRAST, BILATERAL	77047	CPT	outpatient			946	322.28	Three Rivers	Three Rivers		898.7	95			223.77	898.7	percent of total billed charges	
MRI BREAST WITHOUT CONTRAST, BILATERAL	77047	CPT	outpatient			946	322.28	UHC	Medicare		280.24				223.77	898.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BREAST WITHOUT CONTRAST, BILATERAL	77047	CPT	outpatient			946	322.28	UHC	Medicaid		298.46	31.55			223.77	898.7	percent of total billed charges	
MRI BREAST WITHOUT CONTRAST, BILATERAL	77047	CPT	outpatient			946	322.28	Wellcare	Medicare		280.24				223.77	898.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BREAST WITHOUT CONTRAST, BILATERAL	77047	CPT	outpatient			946	322.28	Wellcare	Medicaid		298.46	31.55			223.77	898.7	percent of total billed charges	
MRI BREAST WITHOUT CONTRAST, BILATERAL	77047	CPT	outpatient			946	322.28	WellPoint	WellPoint		304.42	32.18			223.77	898.7	percent of total billed charges	
UNILATERAL DIGITAL DX MAMMO	77055	CPT	outpatient			477		Aetna	Medicare		146.92	30.8			143.1	453.15	percent of total billed charges	
UNILATERAL DIGITAL DX MAMMO	77055	CPT	outpatient			477		Aetna	Better Health		150.49	31.55			143.1	453.15	percent of total billed charges	
UNILATERAL DIGITAL DX MAMMO	77055	CPT	outpatient			477		Aetna	Commercial		181.26	38			143.1	453.15	percent of total billed charges	
UNILATERAL DIGITAL DX MAMMO	77055	CPT	outpatient			477		Americare	Americare		357.75	75			143.1	453.15	percent of total billed charges	
UNILATERAL DIGITAL DX MAMMO	77055	CPT	outpatient			477		Amerihealth	HMO/PPO		310.05	65			143.1	453.15	percent of total billed charges	
UNILATERAL DIGITAL DX MAMMO	77055	CPT	outpatient			477		Consumer	Consumer		453.15	95			143.1	453.15	percent of total billed charges	
UNILATERAL DIGITAL DX MAMMO	77055	CPT	outpatient			477		Corrections	Corrections		381.6	80			143.1	453.15	percent of total billed charges	
UNILATERAL DIGITAL DX MAMMO	77055	CPT	outpatient			477		First Health	First Health		333.9	70			143.1	453.15	percent of total billed charges	
UNILATERAL DIGITAL DX MAMMO	77055	CPT	outpatient			477		First Trenton	First Trenton		429.3	90			143.1	453.15	percent of total billed charges	
UNILATERAL DIGITAL DX MAMMO	77055	CPT	outpatient			477		Horizon	Medicare Blue		143.1	30			143.1	453.15	percent of total billed charges	
UNILATERAL DIGITAL DX MAMMO	77055	CPT	outpatient			477		Horizon	Indemnity		182.6	38.28			143.1	453.15	percent of total billed charges	
UNILATERAL DIGITAL DX MAMMO	77055	CPT	outpatient			477		Horizon	MGD		182.6	38.28			143.1	453.15	percent of total billed charges	
UNILATERAL DIGITAL DX MAMMO	77055	CPT	outpatient			477		Horizon	PPO		182.6	38.28			143.1	453.15	percent of total billed charges	
UNILATERAL DIGITAL DX MAMMO	77055	CPT	outpatient			477		Managed Care Inc	Managed Care Inc		429.3	90			143.1	453.15	percent of total billed charges	
UNILATERAL DIGITAL DX MAMMO	77055	CPT	outpatient			477		Multiplan	Multiplan		381.6	80			143.1	453.15	percent of total billed charges	
UNILATERAL DIGITAL DX MAMMO	77055	CPT	outpatient			477		Qualcare	Qualcare		357.75	75			143.1	453.15	percent of total billed charges	
UNILATERAL DIGITAL DX MAMMO	77055	CPT	outpatient			477		Three Rivers	Three Rivers		453.15	95			143.1	453.15	percent of total billed charges	
UNILATERAL DIGITAL DX MAMMO	77055	CPT	outpatient			477		UHC	Medicaid		150.49	31.55			143.1	453.15	percent of total billed charges	
UNILATERAL DIGITAL DX MAMMO	77055	CPT	outpatient			477		Wellcare	Medicaid		150.49	31.55			143.1	453.15	percent of total billed charges	
UNILATERAL DIGITAL DX MAMMO	77055	CPT	outpatient			477		WellPoint	WellPoint		153.5	32.18			143.1	453.15	percent of total billed charges	
DIGITAL TOMOSYNTHESIS UNI RT DX	77061	CPT	outpatient			471		Aetna	Medicare		145.07	30.8			134.4	447.45	percent of total billed charges	
DIGITAL TOMOSYNTHESIS UNI RT DX	77061	CPT	outpatient			471		Aetna	Better Health		148.6	31.55			134.4	447.45	percent of total billed charges	
DIGITAL TOMOSYNTHESIS UNI RT DX	77061	CPT	outpatient			471		Aetna	Commercial		178.98	38			134.4	447.45	percent of total billed charges	
DIGITAL TOMOSYNTHESIS UNI RT DX	77061	CPT	outpatient			471		Americare	Americare		353.25	75			134.4	447.45	percent of total billed charges	
DIGITAL TOMOSYNTHESIS UNI RT DX	77061	CPT	outpatient			471		Amerihealth	HMO/PPO		306.15	65			134.4	447.45	percent of total billed charges	
DIGITAL TOMOSYNTHESIS UNI RT DX	77061	CPT	outpatient			471		Consumer	Consumer		447.45	95			134.4	447.45	percent of total billed charges	
DIGITAL TOMOSYNTHESIS UNI RT DX	77061	CPT	outpatient			471		Corrections	Corrections		376.8	80			134.4	447.45	percent of total billed charges	
DIGITAL TOMOSYNTHESIS UNI RT DX	77061	CPT	outpatient			471		First Health	First Health		329.7	70			134.4	447.45	percent of total billed charges	
DIGITAL TOMOSYNTHESIS UNI RT DX	77061	CPT	outpatient			471		First Trenton	First Trenton		423.9	90			134.4	447.45	percent of total billed charges	
DIGITAL TOMOSYNTHESIS UNI RT DX	77061	CPT	outpatient			471		Horizon	MGD		180.3	38.28			134.4	447.45	percent of total billed charges	
DIGITAL TOMOSYNTHESIS UNI RT DX	77061	CPT	outpatient			471		Horizon	Medicare Blue		141.3	30			134.4	447.45	percent of total billed charges	
DIGITAL TOMOSYNTHESIS UNI RT DX	77061	CPT	outpatient			471		Horizon	Indemnity		180.3	38.28			134.4	447.45	percent of total billed charges	
DIGITAL TOMOSYNTHESIS UNI RT DX	77061	CPT	outpatient			471		Horizon	PPO		180.3	38.28			134.4	447.45	percent of total billed charges	
DIGITAL TOMOSYNTHESIS UNI RT DX	77061	CPT	outpatient			471		Managed Care Inc	Managed Care Inc		423.9	90			134.4	447.45	percent of total billed charges	
DIGITAL TOMOSYNTHESIS UNI RT DX	77061	CPT	outpatient			471		Multiplan	Multiplan		376.8	80			134.4	447.45	percent of total billed charges	
DIGITAL TOMOSYNTHESIS UNI RT DX	77061	CPT	outpatient			471		Qualcare	Qualcare		353.25	75			134.4	447.45	percent of total billed charges	
DIGITAL TOMOSYNTHESIS UNI RT DX	77061	CPT	outpatient			471		Three Rivers	Three Rivers		447.45	95			134.4	447.45	percent of total billed charges	
DIGITAL TOMOSYNTHESIS UNI RT DX	77061	CPT	outpatient			471		UHC	Medicaid		148.6	31.55			134.4	447.45	percent of total billed charges	
DIGITAL TOMOSYNTHESIS UNI RT DX	77061	CPT	outpatient			471		Wellcare	Medicaid		148.6	31.55			134.4	447.45	percent of total billed charges	
DIGITAL TOMOSYNTHESIS UNI RT DX	77061	CPT	outpatient			471		WellPoint	WellPoint		151.57	32.18			134.4	447.45	percent of total billed charges	
DIGITAL TOMO (NO MAMMO) BILAT	77062	CPT	both			531		Aetna	Medicare		163.55	30.8			159.3	504.45	percent of total billed charges	
DIGITAL TOMO (NO MAMMO) BILAT	77062	CPT	both			531		Aetna	Better Health		167.53	31.55			159.3	504.45	percent of total billed charges	
DIGITAL TOMO (NO MAMMO) BILAT	77062	CPT	both			531		Aetna	Commercial		201.78	38			159.3	504.45	percent of total billed charges	
DIGITAL TOMO (NO MAMMO) BILAT	77062	CPT	both			531		Americare	Americare		398.25	75			159.3	504.45	percent of total billed charges	
DIGITAL TOMO (NO MAMMO) BILAT	77062	CPT	both			531		Amerihealth	HMO/PPO		345.15	65			159.3	504.45	percent of total billed charges	
DIGITAL TOMO (NO MAMMO) BILAT	77062	CPT	both			531		Consumer	Consumer		504.45	95			159.3	504.45	percent of total billed charges	
DIGITAL TOMO (NO MAMMO) BILAT	77062	CPT	both			531		Corrections	Corrections		424.8	80			159.3	504.45	percent of total billed charges	
DIGITAL TOMO (NO MAMMO) BILAT	77062	CPT	both			531		First Health	First Health		371.7	70			159.3	504.45	percent of total billed charges	
DIGITAL TOMO (NO MAMMO) BILAT	77062	CPT	both			531		First Trenton	First Trenton		477.9	90			159.3	504.45	percent of total billed charges	
DIGITAL TOMO (NO MAMMO) BILAT	77062	CPT	both			531		Horizon	MGD		203.27	38.28			159.3	504.45	percent of total billed charges	
DIGITAL TOMO (NO MAMMO) BILAT	77062	CPT	both			531		Horizon	Indemnity		203.27	38.28			159.3	504.45	percent of total billed charges	
DIGITAL TOMO (NO MAMMO) BILAT	77062	CPT	both			531		Horizon	PPO		203.27	38.28			159.3	504.45	percent of total billed charges	
DIGITAL TOMO (NO MAMMO) BILAT	77062	CPT	both			531		Horizon	Medicare Blue		159.3	30			159.3	504.45	percent of total billed charges	
DIGITAL TOMO (NO MAMMO) BILAT	77062	CPT	both			531		Managed Care Inc	Managed Care Inc		477.9	90			159.3	504.45	percent of total billed charges	
DIGITAL TOMO (NO MAMMO) BILAT	77062	CPT	both			531		Multiplan	Multiplan		424.8	80			159.3	504.45	percent of total billed charges	
DIGITAL TOMO (NO MAMMO) BILAT	77062	CPT	both			531		Qualcare	Qualcare		398.25	75			159.3	504.45	percent of total billed charges	
DIGITAL TOMO (NO MAMMO) BILAT	77062	CPT	both			531		Three Rivers	Three Rivers		504.45	95			159.3	504.45	percent of total billed charges	
DIGITAL TOMO (NO MAMMO) BILAT	77062	CPT	both			531		UHC	Medicaid		167.53	31.55			159.3	504.45	percent of total billed charges	
DIGITAL TOMO (NO MAMMO) BILAT	77062	CPT	both			531		Wellcare	Medicaid		167.53	31.55			159.3	504.45	percent of total billed charges	
DIGITAL TOMO (NO MAMMO) BILAT	77062	CPT	both			531		WellPoint	WellPoint		170.88	32.18			159.3	504.45	percent of total billed charges	
SCREEN BREAST TOMOSYNTHESIS BILAT	77063	CPT	both			531		Aetna	Medicare		163.55	30.8			59.45	504.45	percent of total billed charges	
SCREEN BREAST TOMOSYNTHESIS BILAT	77063	CPT	both			531		Aetna	Better Health		167.53	31.55			59.45	504.45	percent of total billed charges	
SCREEN BREAST TOMOSYNTHESIS BILAT	77063	CPT	both			531		Aetna	Commercial		201.78	38			59.45	504.45	percent of total billed charges	
SCREEN BREAST TOMOSYNTHESIS BILAT	77063	CPT	both			531		Americare	Americare		398.25	75			59.45	504.45	percent of total billed charges	
SCREEN BREAST TOMOSYNTHESIS BILAT	77063	CPT	both			531		Amerihealth	HMO/PPO		345.15	65			59.45	504.45	percent of total billed charges	
SCREEN BREAST TOMOSYNTHESIS BILAT	77063	CPT	both			531		Consumer	Consumer		504.45	95			59.45	504.45	percent of total billed charges	
SCREEN BREAST TOMOSYNTHESIS BILAT	77063	CPT	both			531		Corrections	Corrections		424.8	80			59.45	504.45	percent of total billed charges	
SCREEN BREAST TOMOSYNTHESIS BILAT	77063	CPT	both			531		First Health	First Health		371.7	70			59.45	504.45	percent of total billed charges	
SCREEN BREAST TOMOSYNTHESIS BILAT	77063	CPT	both			531		First Trenton	First Trenton		477.9	90			59.45	504.45	percent of total billed charges	
SCREEN BREAST TOMOSYNTHESIS BILAT	77063	CPT	both			531		Horizon	NJ Health		59.45				59.45	504.45	fee schedule	
SCREEN BREAST TOMOSYNTHESIS BILAT	77063	CPT	both			531		Horizon	Medicare Blue		159.3	30			59.45	504.45	percent of total billed charges	
SCREEN BREAST TOMOSYNTHESIS BILAT	77063	CPT	both			531		Horizon	PPO		203.27	38.28			59.45	504.45	percent of total billed charges	
SCREEN BREAST TOMOSYNTHESIS BILAT	77063	CPT	both			531		Horizon	Indemnity		203.27	38.28			59.45	504.45	percent of total billed charges	
SCREEN BREAST TOMOSYNTHESIS BILAT	77063	CPT	both			531		Horizon	MGD		203.27	38.28			59.45	504.45	percent of total billed charges	
SCREEN BREAST TOMOSYNTHESIS BILAT	77063	CPT	both			531		Managed Care Inc	Managed Care Inc		477.9	90			59.45	504.45	percent of total billed charges	
SCREEN BREAST TOMOSYNTHESIS BILAT	77063	CPT	both			531		Multiplan	Multiplan		424.8	80			59.45	504.45	percent of total billed charges	
SCREEN BREAST TOMOSYNTHESIS BILAT	77063	CPT	both			531		Qualcare	Qualcare		398.25	75			59.45	504.45	percent of total billed charges	
SCREEN BREAST TOMOSYNTHESIS BILAT	77063	CPT	both			531		Three Rivers	Three Rivers		504.45	95			59.45	504.45	percent of total billed charges	
SCREEN BREAST TOMOSYNTHESIS BILAT	77063	CPT	both			531		UHC	Medicaid		167.53	31.55			59.45	504.45	percent of total billed charges	
SCREEN BREAST TOMOSYNTHESIS BILAT	77063	CPT	both			531		Wellcare	Medicaid		167.53	31.55			59.45	504.45	percent of total billed charges	
SCREEN BREAST TOMOSYNTHESIS BILAT	77063	CPT	both			531		WellPoint	WellPoint		170.88	32.18			59.45	504.45	percent of total billed charges	
UNILATERAL DIGITAL DX MAMMO	77065	CPT	both			531		Aetna	Better Health		167.53	31.55			126.34	504.45	percent of total billed charges	
UNILATERAL DIGITAL DX MAMMO	77065	CPT	both			531		Aetna	Commercial		201.78	38			126.34	504.45	percent of total billed charges	
UNILATERAL DIGITAL DX MAMMO	77065	CPT	both			531		Aetna	Medicare		163.55	30.8			126.34	504.45	percent of total billed charges	
UNILATERAL DIGITAL DX MAMMO	77065	CPT	both			531		Americare	Americare		398.25	75			126.34	504.45	percent of total billed charges	
UNILATERAL DIGITAL DX MAMMO	77065	CPT	both			531		Amerihealth	HMO/PPO		345.15	65			126.34	504.45	percent of total billed charges	
UNILATERAL DIGITAL DX MAMMO	77065	CPT	both			531		Consumer	Consumer		504.45	95			126.34	504.45	percent of total billed charges	
UNILATERAL DIGITAL DX MAMMO	77065	CPT	both			531		Corrections	Corrections		424.8	80			126.34	504.45	percent of total billed charges	
UNILATERAL DIGITAL DX MAMMO	77065	CPT	both			531		First Health	First Health		371.7	70			126.34	504.45	percent of total billed charges	
UNILATERAL DIGITAL DX MAMMO	77065	CPT	both			531		First Trenton	First Trenton		477.9	90			126.34	504.45	percent of total billed charges	
UNILATERAL DIGITAL DX MAMMO	77065	CPT	both			531		Horizon	Medicare Blue		159.3	30			126.34	504.45	percent of total billed charges	
UNILATERAL DIGITAL DX MAMMO	77065	CPT	both			531		Horizon	MGD		203.27	38.28			126.34	504.45	percent of total billed charges	
UNILATERAL DIGITAL DX MAMMO	77065	CPT	both			531		Horizon	PPO		203.27	38.28			126.34	504.45	percent of total billed charges	
UNILATERAL DIGITAL DX MAMMO	77065	CPT	both			531		Horizon	Indemnity		203.27	38.28			126.34	504.45	percent of total billed charges	
UNILATERAL DIGITAL DX MAMMO	77065	CPT	both			531		Horizon	NJ Health		126.34				126.34	504.45	fee schedule	
UNILATERAL DIGITAL DX MAMMO	77065	CPT	both			531		Managed Care Inc	Managed Care Inc		477.9	90			126.34	504.45	percent of total billed charges	
UNILATERAL DIGITAL DX MAMMO	77065	CPT	both			531		Multiplan	Multiplan		424.8	80			126.34	504.45	percent of total billed charges	
UNILATERAL DIGITAL DX MAMMO	77065	CPT	both			531		Qualcare	Qualcare		398.25	75			126.34	504.45	percent of total billed charges	
UNILATERAL DIGITAL DX MAMMO	77065	CPT	both			531		Three Rivers	Three Rivers		504.45	95			126.34	504.45	percent of total billed charges	
UNILATERAL DIGITAL DX MAMMO	77065	CPT	both			531		UHC	Medicaid		167.53	31.55			126.34	504.45	percent of total billed charges	
UNILATERAL DIGITAL DX MAMMO	77065	CPT	both			531		Wellcare	Medicaid		167.53	31.55			126.34	504.45	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
UNILATERAL DIGITAL DX MAMMO	77065	CPT	both			531		WellPoint	WellPoint		170.88	32.18			126.34	504.45	percent of total billed charges	
MAMMO DIAGNOSTIC BILATERAL	77066	CPT	both			531		Aetna	Better Health		167.53	31.55			159.3	504.45	percent of total billed charges	
MAMMO DIAGNOSTIC BILATERAL	77066	CPT	both			531		Aetna	Commercial		201.78	38			159.3	504.45	percent of total billed charges	
MAMMO DIAGNOSTIC BILATERAL	77066	CPT	both			531		Aetna	Medicare		163.55	30.8			159.3	504.45	percent of total billed charges	
MAMMO DIAGNOSTIC BILATERAL	77066	CPT	both			531		Americare	Americare		398.25	75			159.3	504.45	percent of total billed charges	
MAMMO DIAGNOSTIC BILATERAL	77066	CPT	both			531		Amerihealth	HMO/PPO		345.15	65			159.3	504.45	percent of total billed charges	
MAMMO DIAGNOSTIC BILATERAL	77066	CPT	both			531		Consumer	Consumer		504.45	95			159.3	504.45	percent of total billed charges	
MAMMO DIAGNOSTIC BILATERAL	77066	CPT	both			531		Corrections	Corrections		424.8	80			159.3	504.45	percent of total billed charges	
MAMMO DIAGNOSTIC BILATERAL	77066	CPT	both			531		First Health	First Health		371.7	70			159.3	504.45	percent of total billed charges	
MAMMO DIAGNOSTIC BILATERAL	77066	CPT	both			531		First Trenton	First Trenton		477.9	90			159.3	504.45	percent of total billed charges	
MAMMO DIAGNOSTIC BILATERAL	77066	CPT	both			531		Horizon	Medicare Blue		159.3	30			159.3	504.45	percent of total billed charges	
MAMMO DIAGNOSTIC BILATERAL	77066	CPT	both			531		Horizon	MGD		203.27	38.28			159.3	504.45	percent of total billed charges	
MAMMO DIAGNOSTIC BILATERAL	77066	CPT	both			531		Horizon	Indemnity		203.27	38.28			159.3	504.45	percent of total billed charges	
MAMMO DIAGNOSTIC BILATERAL	77066	CPT	both			531		Horizon	NJ Health		160.27				159.3	504.45	fee schedule	
MAMMO DIAGNOSTIC BILATERAL	77066	CPT	both			531		Horizon	PPO		203.27	38.28			159.3	504.45	percent of total billed charges	
MAMMO DIAGNOSTIC BILATERAL	77066	CPT	both			531		Managed Care Inc	Managed Care Inc		477.9	90			159.3	504.45	percent of total billed charges	
MAMMO DIAGNOSTIC BILATERAL	77066	CPT	both			531		Multiplan	Multiplan		424.8	80			159.3	504.45	percent of total billed charges	
MAMMO DIAGNOSTIC BILATERAL	77066	CPT	both			531		Qualcare	Qualcare		398.25	75			159.3	504.45	percent of total billed charges	
MAMMO DIAGNOSTIC BILATERAL	77066	CPT	both			531		Three Rivers	Three Rivers		504.45	95			159.3	504.45	percent of total billed charges	
MAMMO DIAGNOSTIC BILATERAL	77066	CPT	both			531		UHC	Medicaid		167.53	31.55			159.3	504.45	percent of total billed charges	
MAMMO DIAGNOSTIC BILATERAL	77066	CPT	both			531		Wellcare	Medicaid		167.53	31.55			159.3	504.45	percent of total billed charges	
MAMMO DIAGNOSTIC BILATERAL	77066	CPT	both			531		WellPoint	WellPoint		170.88	32.18			159.3	504.45	percent of total billed charges	
MOBILE DIGITAL SCREENING MAMMO	77067	CPT	both			531		Aetna	Better Health		167.53	31.55			129.36	504.45	percent of total billed charges	
MOBILE DIGITAL SCREENING MAMMO	77067	CPT	both			531		Aetna	Medicare		163.55	30.8			129.36	504.45	percent of total billed charges	
MOBILE DIGITAL SCREENING MAMMO	77067	CPT	both			531		Aetna	Commercial		201.78	38			129.36	504.45	percent of total billed charges	
MOBILE DIGITAL SCREENING MAMMO	77067	CPT	both			531		Americare	Americare		398.25	75			129.36	504.45	percent of total billed charges	
MOBILE DIGITAL SCREENING MAMMO	77067	CPT	both			531		Amerihealth	HMO/PPO		345.15	65			129.36	504.45	percent of total billed charges	
MOBILE DIGITAL SCREENING MAMMO	77067	CPT	both			531		Consumer	Consumer		504.45	95			129.36	504.45	percent of total billed charges	
MOBILE DIGITAL SCREENING MAMMO	77067	CPT	both			531		Corrections	Corrections		424.8	80			129.36	504.45	percent of total billed charges	
MOBILE DIGITAL SCREENING MAMMO	77067	CPT	both			531		First Health	First Health		371.7	70			129.36	504.45	percent of total billed charges	
MOBILE DIGITAL SCREENING MAMMO	77067	CPT	both			531		First Trenton	First Trenton		477.9	90			129.36	504.45	percent of total billed charges	
MOBILE DIGITAL SCREENING MAMMO	77067	CPT	both			531		Horizon	Medicare Blue		159.3	30			129.36	504.45	percent of total billed charges	
MOBILE DIGITAL SCREENING MAMMO	77067	CPT	both			531		Horizon	Indemnity		203.27	38.28			129.36	504.45	percent of total billed charges	
MOBILE DIGITAL SCREENING MAMMO	77067	CPT	both			531		Horizon	MGD		203.27	38.28			129.36	504.45	percent of total billed charges	
MOBILE DIGITAL SCREENING MAMMO	77067	CPT	both			531		Horizon	NJ Health		129.36				129.36	504.45	fee schedule	
MOBILE DIGITAL SCREENING MAMMO	77067	CPT	both			531		Horizon	PPO		203.27	38.28			129.36	504.45	percent of total billed charges	
MOBILE DIGITAL SCREENING MAMMO	77067	CPT	both			531		Managed Care Inc	Managed Care Inc		477.9	90			129.36	504.45	percent of total billed charges	
MOBILE DIGITAL SCREENING MAMMO	77067	CPT	both			531		Multiplan	Multiplan		424.8	80			129.36	504.45	percent of total billed charges	
MOBILE DIGITAL SCREENING MAMMO	77067	CPT	both			531		Qualcare	Qualcare		398.25	75			129.36	504.45	percent of total billed charges	
MOBILE DIGITAL SCREENING MAMMO	77067	CPT	both			531		Three Rivers	Three Rivers		504.45	95			129.36	504.45	percent of total billed charges	
MOBILE DIGITAL SCREENING MAMMO	77067	CPT	both			531		UHC	Medicaid		167.53	31.55			129.36	504.45	percent of total billed charges	
MOBILE DIGITAL SCREENING MAMMO	77067	CPT	both			531		Wellcare	Medicaid		167.53	31.55			129.36	504.45	percent of total billed charges	
MOBILE DIGITAL SCREENING MAMMO	77067	CPT	both			531		WellPoint	WellPoint		170.88	32.18			129.36	504.45	percent of total billed charges	
MAN STRESS VIEWS JOINT BY MD	77071	CPT	outpatient			264	119.52	Aetna	Commercial		165.46				24.17	250.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MAN STRESS VIEWS JOINT BY MD	77071	CPT	outpatient			264	119.52	Aetna	Better Health		83.29	31.55			24.17	250.8	percent of total billed charges	
MAN STRESS VIEWS JOINT BY MD	77071	CPT	outpatient			264	119.52	Aetna	Medicare		103.93				24.17	250.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MAN STRESS VIEWS JOINT BY MD	77071	CPT	outpatient			264	119.52	Americare	Americare		198	75			24.17	250.8	percent of total billed charges	
MAN STRESS VIEWS JOINT BY MD	77071	CPT	outpatient			264	119.52	Amerihealth	HMO/PPO		171.6	65			24.17	250.8	percent of total billed charges	
MAN STRESS VIEWS JOINT BY MD	77071	CPT	outpatient			264	119.52	Amerihealth	Medicare		103.93				24.17	250.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MAN STRESS VIEWS JOINT BY MD	77071	CPT	outpatient			264	119.52	Consumer	Consumer		250.8	95			24.17	250.8	percent of total billed charges	
MAN STRESS VIEWS JOINT BY MD	77071	CPT	outpatient			264	119.52	Corrections	Corrections		211.2	80			24.17	250.8	percent of total billed charges	
MAN STRESS VIEWS JOINT BY MD	77071	CPT	outpatient			264	119.52	First Health	First Health		184.8	70			24.17	250.8	percent of total billed charges	
MAN STRESS VIEWS JOINT BY MD	77071	CPT	outpatient			264	119.52	First Trenton	First Trenton		237.6	90			24.17	250.8	percent of total billed charges	
MAN STRESS VIEWS JOINT BY MD	77071	CPT	outpatient			264	119.52	Horizon	MGD		193.41				24.17	250.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MAN STRESS VIEWS JOINT BY MD	77071	CPT	outpatient			264	119.52	Horizon	Medicare Blue		103.93				24.17	250.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MAN STRESS VIEWS JOINT BY MD	77071	CPT	outpatient			264	119.52	Horizon	PPO		193.41				24.17	250.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MAN STRESS VIEWS JOINT BY MD	77071	CPT	outpatient			264	119.52	Horizon	Indemnity		193.41				24.17	250.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MAN STRESS VIEWS JOINT BY MD	77071	CPT	outpatient			264	119.52	Horizon	NJ Health		24.17				24.17	250.8	fee schedule	
MAN STRESS VIEWS JOINT BY MD	77071	CPT	outpatient			264	119.52	Managed Care Inc	Managed Care Inc		237.6	90			24.17	250.8	percent of total billed charges	
MAN STRESS VIEWS JOINT BY MD	77071	CPT	outpatient			264	119.52	Multiplan	Multiplan		211.2	80			24.17	250.8	percent of total billed charges	
MAN STRESS VIEWS JOINT BY MD	77071	CPT	outpatient			264	119.52	Qualcare	Qualcare		198	75			24.17	250.8	percent of total billed charges	
MAN STRESS VIEWS JOINT BY MD	77071	CPT	outpatient			264	119.52	Three Rivers	Three Rivers		250.8	95			24.17	250.8	percent of total billed charges	
MAN STRESS VIEWS JOINT BY MD	77071	CPT	outpatient			264	119.52	UHC	Medicaid		83.29	31.55			24.17	250.8	percent of total billed charges	
MAN STRESS VIEWS JOINT BY MD	77071	CPT	outpatient			264	119.52	UHC	Medicare		103.93				24.17	250.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MAN STRESS VIEWS JOINT BY MD	77071	CPT	outpatient			264	119.52	Wellcare	Medicare		103.93				24.17	250.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MAN STRESS VIEWS JOINT BY MD	77071	CPT	outpatient			264	119.52	Wellcare	Medicaid		83.29	31.55			24.17	250.8	percent of total billed charges	
MAN STRESS VIEWS JOINT BY MD	77071	CPT	outpatient			264	119.52	WellPoint	WellPoint		84.96	32.18			24.17	250.8	percent of total billed charges	
BONE AGE	77072	CPT	both			264	144.6	Aetna	Medicare		81.31	30.8			31.46	250.8	percent of total billed charges	
BONE AGE	77072	CPT	both			264	144.6	Aetna	Commercial		200.18				31.46	250.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE AGE	77072	CPT	both			264	144.6	Aetna	Better Health		83.29	31.55			31.46	250.8	percent of total billed charges	
BONE AGE	77072	CPT	both			264	144.6	Americare	Americare		198	75			31.46	250.8	percent of total billed charges	
BONE AGE	77072	CPT	both			264	144.6	Amerihealth	HMO/PPO		171.6	65			31.46	250.8	percent of total billed charges	
BONE AGE	77072	CPT	both			264	144.6	Amerihealth	Medicare		125.74				31.46	250.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE AGE	77072	CPT	both			264	144.6	Consumer	Consumer		250.8	95			31.46	250.8	percent of total billed charges	
BONE AGE	77072	CPT	both			264	144.6	Corrections	Corrections		211.2	80			31.46	250.8	percent of total billed charges	
BONE AGE	77072	CPT	both			264	144.6	First Health	First Health		184.8	70			31.46	250.8	percent of total billed charges	
BONE AGE	77072	CPT	both			264	144.6	First Trenton	First Trenton		237.6	90			31.46	250.8	percent of total billed charges	
BONE AGE	77072	CPT	both			264	144.6	Horizon	Indemnity		234				31.46	250.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE AGE	77072	CPT	both			264	144.6	Horizon	MGD		234				31.46	250.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE AGE	77072	CPT	both			264	144.6	Horizon	NJ Health		31.46				31.46	250.8	fee schedule	
BONE AGE	77072	CPT	both			264	144.6	Horizon	Medicare Blue		125.74				31.46	250.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE AGE	77072	CPT	both			264	144.6	Horizon	PPO		234				31.46	250.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE AGE	77072	CPT	both			264	144.6	Managed Care Inc	Managed Care Inc		237.6	90			31.46	250.8	percent of total billed charges	
BONE AGE	77072	CPT	both			264	144.6	Multiplan	Multiplan		211.2	80			31.46	250.8	percent of total billed charges	
BONE AGE	77072	CPT	both			264	144.6	Qualcare	Qualcare		198	75			31.46	250.8	percent of total billed charges	
BONE AGE	77072	CPT	both			264	144.6	Three Rivers	Three Rivers		250.8	95			31.46	250.8	percent of total billed charges	
BONE AGE	77072	CPT	both			264	144.6	UHC	Medicaid		83.29	31.55			31.46	250.8	percent of total billed charges	
BONE AGE	77072	CPT	both			264	144.6	UHC	Medicare		125.74				31.46	250.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE AGE	77072	CPT	both			264	144.6	Wellcare	Medicaid		83.29	31.55			31.46	250.8	percent of total billed charges	
BONE AGE	77072	CPT	both			264	144.6	Wellcare	Medicare		125.74				31.46	250.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE AGE	77072	CPT	both			264	144.6	WellPoint	WellPoint		84.96	32.18			31.46	250.8	percent of total billed charges	
SCANOGRAM	77073	CPT	both			264	144.6	Aetna	Medicare		125.74				25.4	250.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCANOGRAM	77073	CPT	both			264	144.6	Aetna	Better Health		83.29	31.55			25.4	250.8	percent of total billed charges	
SCANOGRAM	77073	CPT	both			264	144.6	Aetna	Commercial		200.18				25.4	250.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCANOGRAM	77073	CPT	both			264	144.6	Americare	Americare		198	75			25.4	250.8	percent of total billed charges	
SCANOGRAM	77073	CPT	both			264	144.6	Amerihealth	HMO/PPO		171.6	65			25.4	250.8	percent of total billed charges	
SCANOGRAM	77073	CPT	both			264	144.6	Amerihealth	Medicare		125.74				25.4	250.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCANOGRAM	77073	CPT	both			264	144.6	Consumer	Consumer		250.8	95			25.4	250.8	percent of total billed charges	
SCANOGRAM	77073	CPT	both			264	144.6	Corrections	Corrections		211.2	80			25.4	250.8	percent of total billed charges	
SCANOGRAM	77073	CPT	both			264	144.6	First Health	First Health		184.8	70			25.4	250.8	percent of total billed charges	
SCANOGRAM	77073	CPT	both			264	144.6	First Trenton	First Trenton		237.6	90			25.4	250.8	percent of total billed charges	
SCANOGRAM	77073	CPT	both			264	144.6	Horizon	Indemnity		234				25.4	250.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCANOGRAM	77073	CPT	both			264	144.6	Horizon	MGD		234				25.4	250.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCANOGRAM	77073	CPT	both			264	144.6	Horizon	NJ Health		25.4				25.4	250.8	fee schedule	
SCANOGRAM	77073	CPT	both			264	144.6	Horizon	Medicare Blue		125.74				25.4	250.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCANOGRAM	77073	CPT	both			264	144.6	Horizon	PPO		234				25.4	250.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCANOGRAM	77073	CPT	both			264	144.6	Managed Care Inc	Managed Care Inc		237.6	90			25.4	250.8	percent of total billed charges	
SCANOGRAM	77073	CPT	both			264	144.6	Multiplan	Multiplan		211.2	80			25.4	250.8	percent of total billed charges	
SCANOGRAM	77073	CPT	both			264	144.6	Qualcare	Qualcare		198	75			25.4	250.8	percent of total billed charges	
SCANOGRAM	77073	CPT	both			264	144.6	Three Rivers	Three Rivers		250.8	95			25.4	250.8	percent of total billed charges	
SCANOGRAM	77073	CPT	both			264	144.6	UHC	Medicaid		83.29	31.55			25.4	250.8	percent of total billed charges	
SCANOGRAM	77073	CPT	both			264	144.6	UHC	Medicare		125.74				25.4	250.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCANOGRAM	77073	CPT	both			264	144.6	Wellcare	Medicaid		83.29	31.55			25.4	250.8	percent of total billed charges	
SCANOGRAM	77073	CPT	both			264	144.6	Wellcare	Medicare		125.74				25.4	250.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCANOGRAM	77073	CPT	both			264	144.6	WellPoint	WellPoint		84.96	32.18			25.4	250.8	percent of total billed charges	
BONE SURVEY (METS)	77074	CPT	both			451	144.6	Aetna	Better Health		142.29	31.55			36.69	428.45	percent of total billed charges	
BONE SURVEY (METS)	77074	CPT	both			451	144.6	Aetna	Commercial		200.18				36.69	428.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE SURVEY (METS)	77074	CPT	both			451	144.6	Aetna	Medicare		125.74				36.69	428.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE SURVEY (METS)	77074	CPT	both			451	144.6	Americare	Americare		338.25	75			36.69	428.45	percent of total billed charges	
BONE SURVEY (METS)	77074	CPT	both			451	144.6	Amerihealth	Medicare		125.74				36.69	428.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE SURVEY (METS)	77074	CPT	both			451	144.6	Amerihealth	HMO/PPO		293.15	65			36.69	428.45	percent of total billed charges	
BONE SURVEY (METS)	77074	CPT	both			451	144.6	Consumer	Consumer		428.45	95			36.69	428.45	percent of total billed charges	
BONE SURVEY (METS)	77074	CPT	both			451	144.6	Corrections	Corrections		360.8	80			36.69	428.45	percent of total billed charges	
BONE SURVEY (METS)	77074	CPT	both			451	144.6	First Health	First Health		315.7	70			36.69	428.45	percent of total billed charges	
BONE SURVEY (METS)	77074	CPT	both			451	144.6	First Trenton	First Trenton		405.9	90			36.69	428.45	percent of total billed charges	
BONE SURVEY (METS)	77074	CPT	both			451	144.6	Horizon	MGD		234				36.69	428.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE SURVEY (METS)	77074	CPT	both			451	144.6	Horizon	Indemnity		234				36.69	428.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE SURVEY (METS)	77074	CPT	both			451	144.6	Horizon	Medicare Blue		125.74				36.69	428.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE SURVEY (METS)	77074	CPT	both			451	144.6	Horizon	NJ Health		36.69				36.69	428.45	fee schedule	
BONE SURVEY (METS)	77074	CPT	both			451	144.6	Horizon	PPO		234				36.69	428.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE SURVEY (METS)	77074	CPT	both			451	144.6	Managed Care Inc	Managed Care Inc		405.9	90			36.69	428.45	percent of total billed charges	
BONE SURVEY (METS)	77074	CPT	both			451	144.6	Multiplan	Multiplan		360.8	80			36.69	428.45	percent of total billed charges	
BONE SURVEY (METS)	77074	CPT	both			451	144.6	Qualcare	Qualcare		338.25	75			36.69	428.45	percent of total billed charges	
BONE SURVEY (METS)	77074	CPT	both			451	144.6	Three Rivers	Three Rivers		428.45	95			36.69	428.45	percent of total billed charges	
BONE SURVEY (METS)	77074	CPT	both			451	144.6	UHC	Medicaid		142.29	31.55			36.69	428.45	percent of total billed charges	
BONE SURVEY (METS)	77074	CPT	both			451	144.6	UHC	Medicare		125.74				36.69	428.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE SURVEY (METS)	77074	CPT	both			451	144.6	Wellcare	Medicare		125.74				36.69	428.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE SURVEY (METS)	77074	CPT	both			451	144.6	Wellcare	Medicaid		142.29	31.55			36.69	428.45	percent of total billed charges	
BONE SURVEY (METS)	77074	CPT	both			451	144.6	WellPoint	WellPoint		145.13	32.18			36.69	428.45	percent of total billed charges	
OSSEOUS SURVEY COMPLETE	77075	CPT	both			451	144.6	Aetna	Medicare		138.91	30.8			54.9	428.45	percent of total billed charges	
OSSEOUS SURVEY COMPLETE	77075	CPT	both			451	144.6	Aetna	Better Health		142.29	31.55			54.9	428.45	percent of total billed charges	
OSSEOUS SURVEY COMPLETE	77075	CPT	both			451	144.6	Aetna	Commercial		200.18				54.9	428.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OSSEOUS SURVEY COMPLETE	77075	CPT	both			451	144.6	Americare	Americare		338.25	75			54.9	428.45	percent of total billed charges	
OSSEOUS SURVEY COMPLETE	77075	CPT	both			451	144.6	Amerihealth	HMO/PPO		293.15	65			54.9	428.45	percent of total billed charges	
OSSEOUS SURVEY COMPLETE	77075	CPT	both			451	144.6	Amerihealth	Medicare		125.74				54.9	428.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OSSEOUS SURVEY COMPLETE	77075	CPT	both			451	144.6	Consumer	Consumer		428.45	95			54.9	428.45	percent of total billed charges	
OSSEOUS SURVEY COMPLETE	77075	CPT	both			451	144.6	Corrections	Corrections		360.8	80			54.9	428.45	percent of total billed charges	
OSSEOUS SURVEY COMPLETE	77075	CPT	both			451	144.6	First Health	First Health		315.7	70			54.9	428.45	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101191	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
OSSEOUS SURVEY COMPLETE	77075	CPT	both			451		144.6 First Trenton	First Trenton		405.9	90			54.9	428.45	percent of total billed charges	
OSSEOUS SURVEY COMPLETE	77075	CPT	both			451		144.6 Horizon	MGD		234				54.9	428.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OSSEOUS SURVEY COMPLETE	77075	CPT	both			451		144.6 Horizon	Indemnity		234				54.9	428.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OSSEOUS SURVEY COMPLETE	77075	CPT	both			451		144.6 Horizon	PPO		234				54.9	428.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OSSEOUS SURVEY COMPLETE	77075	CPT	both			451		144.6 Horizon	Medicare Blue		125.74				54.9	428.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OSSEOUS SURVEY COMPLETE	77075	CPT	both			451		144.6 Horizon	NJ Health		54.9				54.9	428.45	fee schedule	
OSSEOUS SURVEY COMPLETE	77075	CPT	both			451		144.6 Managed Care Inc	Managed Care Inc		405.9	90			54.9	428.45	percent of total billed charges	
OSSEOUS SURVEY COMPLETE	77075	CPT	both			451		144.6 Multiplan	Multiplan		360.8	80			54.9	428.45	percent of total billed charges	
OSSEOUS SURVEY COMPLETE	77075	CPT	both			451		144.6 Qualcare	Qualcare		338.25	75			54.9	428.45	percent of total billed charges	
OSSEOUS SURVEY COMPLETE	77075	CPT	both			451		144.6 Three Rivers	Three Rivers		428.45	95			54.9	428.45	percent of total billed charges	
OSSEOUS SURVEY COMPLETE	77075	CPT	both			451		144.6 UHC	Medicare		125.74				54.9	428.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OSSEOUS SURVEY COMPLETE	77075	CPT	both			451		144.6 UHC	Medicaid		142.29	31.55			54.9	428.45	percent of total billed charges	
OSSEOUS SURVEY COMPLETE	77075	CPT	both			451		144.6 Wellcare	Medicare		125.74				54.9	428.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OSSEOUS SURVEY COMPLETE	77075	CPT	both			451		144.6 Wellcare	Medicaid		142.29	31.55			54.9	428.45	percent of total billed charges	
OSSEOUS SURVEY COMPLETE	77075	CPT	both			451		144.6 WellPoint	WellPoint		145.13	32.18			54.9	428.45	percent of total billed charges	
OSSEOUS SURVEY INFANT	77076	CPT	both			264		144.6 Aetna	Commercial		200.18				34.06	250.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OSSEOUS SURVEY INFANT	77076	CPT	both			264		144.6 Aetna	Better Health		83.29	31.55			34.06	250.8	percent of total billed charges	
OSSEOUS SURVEY INFANT	77076	CPT	both			264		144.6 Aetna	Medicare		125.74				34.06	250.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OSSEOUS SURVEY INFANT	77076	CPT	both			264		144.6 Americare	Americare		198	75			34.06	250.8	percent of total billed charges	
OSSEOUS SURVEY INFANT	77076	CPT	both			264		144.6 Amerihealth	Medicare		125.74				34.06	250.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OSSEOUS SURVEY INFANT	77076	CPT	both			264		144.6 Amerihealth	HMO/PPO		171.6	65			34.06	250.8	percent of total billed charges	
OSSEOUS SURVEY INFANT	77076	CPT	both			264		144.6 Consumer	Consumer		250.8	95			34.06	250.8	percent of total billed charges	
OSSEOUS SURVEY INFANT	77076	CPT	both			264		144.6 Corrections	Corrections		211.2	80			34.06	250.8	percent of total billed charges	
OSSEOUS SURVEY INFANT	77076	CPT	both			264		144.6 First Health	First Health		184.8	70			34.06	250.8	percent of total billed charges	
OSSEOUS SURVEY INFANT	77076	CPT	both			264		144.6 First Trenton	First Trenton		237.6	90			34.06	250.8	percent of total billed charges	
OSSEOUS SURVEY INFANT	77076	CPT	both			264		144.6 Horizon	Indemnity		234				34.06	250.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OSSEOUS SURVEY INFANT	77076	CPT	both			264		144.6 Horizon	MGD		234				34.06	250.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OSSEOUS SURVEY INFANT	77076	CPT	both			264		144.6 Horizon	NJ Health		34.06				34.06	250.8	fee schedule	
OSSEOUS SURVEY INFANT	77076	CPT	both			264		144.6 Horizon	Medicare Blue		125.74				34.06	250.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OSSEOUS SURVEY INFANT	77076	CPT	both			264		144.6 Horizon	PPO		234				34.06	250.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OSSEOUS SURVEY INFANT	77076	CPT	both			264		144.6 Managed Care Inc	Managed Care Inc		237.6	90			34.06	250.8	percent of total billed charges	
OSSEOUS SURVEY INFANT	77076	CPT	both			264		144.6 Multiplan	Multiplan		211.2	80			34.06	250.8	percent of total billed charges	
OSSEOUS SURVEY INFANT	77076	CPT	both			264		144.6 Qualcare	Qualcare		198	75			34.06	250.8	percent of total billed charges	
OSSEOUS SURVEY INFANT	77076	CPT	both			264		144.6 Three Rivers	Three Rivers		250.8	95			34.06	250.8	percent of total billed charges	
OSSEOUS SURVEY INFANT	77076	CPT	both			264		144.6 UHC	Medicare		125.74				34.06	250.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OSSEOUS SURVEY INFANT	77076	CPT	both			264		144.6 UHC	Medicaid		83.29	31.55			34.06	250.8	percent of total billed charges	
OSSEOUS SURVEY INFANT	77076	CPT	both			264		144.6 Wellcare	Medicare		125.74				34.06	250.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OSSEOUS SURVEY INFANT	77076	CPT	both			264		144.6 Wellcare	Medicaid		83.29	31.55			34.06	250.8	percent of total billed charges	
OSSEOUS SURVEY INFANT	77076	CPT	both			264		144.6 WellPoint	WellPoint		84.96	32.18			34.06	250.8	percent of total billed charges	
JOINT SURVEY	77077	CPT	outpatient			264		144.6 Aetna	Better Health		83.29	31.55			34.03	250.8	percent of total billed charges	
JOINT SURVEY	77077	CPT	outpatient			264		144.6 Aetna	Commercial		200.18				34.03	250.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
JOINT SURVEY	77077	CPT	outpatient			264		144.6 Aetna	Medicare		125.74				34.03	250.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
JOINT SURVEY	77077	CPT	outpatient			264		144.6 Americare	Americare		198	75			34.03	250.8	percent of total billed charges	
JOINT SURVEY	77077	CPT	outpatient			264		144.6 Amerihealth	Medicare		125.74				34.03	250.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
JOINT SURVEY	77077	CPT	outpatient			264		144.6 Amerihealth	HMO/PPO		171.6	65			34.03	250.8	percent of total billed charges	
JOINT SURVEY	77077	CPT	outpatient			264		144.6 Consumer	Consumer		250.8	95			34.03	250.8	percent of total billed charges	
JOINT SURVEY	77077	CPT	outpatient			264		144.6 Corrections	Corrections		211.2	80			34.03	250.8	percent of total billed charges	
JOINT SURVEY	77077	CPT	outpatient			264		144.6 First Health	First Health		184.8	70			34.03	250.8	percent of total billed charges	
JOINT SURVEY	77077	CPT	outpatient			264		144.6 First Trenton	First Trenton		237.6	90			34.03	250.8	percent of total billed charges	
JOINT SURVEY	77077	CPT	outpatient			264		144.6 Horizon	Medicare Blue		125.74				34.03	250.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
JOINT SURVEY	77077	CPT	outpatient			264		144.6 Horizon	PPO		234				34.03	250.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
JOINT SURVEY	77077	CPT	outpatient			264		144.6 Horizon	MGD		234				34.03	250.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
JOINT SURVEY	77077	CPT	outpatient			264		144.6 Horizon	NJ Health		34.03				34.03	250.8	fee schedule	
JOINT SURVEY	77077	CPT	outpatient			264		144.6 Horizon	Indemnity		234				34.03	250.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
JOINT SURVEY	77077	CPT	outpatient			264		144.6 Managed Care Inc	Managed Care Inc		237.6	90			34.03	250.8	percent of total billed charges	
JOINT SURVEY	77077	CPT	outpatient			264		144.6 Multiplan	Multiplan		211.2	80			34.03	250.8	percent of total billed charges	
JOINT SURVEY	77077	CPT	outpatient			264		144.6 Qualcare	Qualcare		198	75			34.03	250.8	percent of total billed charges	
JOINT SURVEY	77077	CPT	outpatient			264		144.6 Three Rivers	Three Rivers		250.8	95			34.03	250.8	percent of total billed charges	
JOINT SURVEY	77077	CPT	outpatient			264		144.6 UHC	Medicare		125.74				34.03	250.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
JOINT SURVEY	77077	CPT	outpatient			264		144.6 UHC	Medicaid		83.29	31.55			34.03	250.8	percent of total billed charges	
JOINT SURVEY	77077	CPT	outpatient			264		144.6 Wellcare	Medicaid		83.29	31.55			34.03	250.8	percent of total billed charges	
JOINT SURVEY	77077	CPT	outpatient			264		144.6 Wellcare	Medicare		125.74				34.03	250.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
JOINT SURVEY	77077	CPT	outpatient			264		144.6 WellPoint	WellPoint		84.96	32.18			34.03	250.8	percent of total billed charges	
CT BONE DENSITY STUDY, AXIAL	77078	CPT	outpatient			433		119.52 Aetna	Better Health		136.61	31.55			72.87	411.35	percent of total billed charges	
CT BONE DENSITY STUDY, AXIAL	77078	CPT	outpatient			433		119.52 Aetna	Commercial		165.46				72.87	411.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT BONE DENSITY STUDY, AXIAL	77078	CPT	outpatient			433		119.52 Aetna	Medicare		103.93				72.87	411.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT BONE DENSITY STUDY, AXIAL	77078	CPT	outpatient			433		119.52 Americare	Americare		324.75	75			72.87	411.35	percent of total billed charges	
CT BONE DENSITY STUDY, AXIAL	77078	CPT	outpatient			433		119.52 Amerihealth	HMO/PPO		281.45	65			72.87	411.35	percent of total billed charges	
CT BONE DENSITY STUDY, AXIAL	77078	CPT	outpatient			433		119.52 Amerihealth	Medicare		103.93				72.87	411.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT BONE DENSITY STUDY, AXIAL	77078	CPT	outpatient			433		119.52 Consumer	Consumer		411.35	95			72.87	411.35	percent of total billed charges	
CT BONE DENSITY STUDY, AXIAL	77078	CPT	outpatient			433		119.52 Corrections	Corrections		346.4	80			72.87	411.35	percent of total billed charges	
CT BONE DENSITY STUDY, AXIAL	77078	CPT	outpatient			433		119.52 First Health	First Health		303.1	70			72.87	411.35	percent of total billed charges	
CT BONE DENSITY STUDY, AXIAL	77078	CPT	outpatient			433		119.52 First Trenton	First Trenton		389.7	90			72.87	411.35	percent of total billed charges	
CT BONE DENSITY STUDY, AXIAL	77078	CPT	outpatient			433		119.52 Horizon	Medicare Blue		103.93				72.87	411.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT BONE DENSITY STUDY, AXIAL	77078	CPT	outpatient			433		119.52 Horizon	MGD		193.41				72.87	411.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT BONE DENSITY STUDY, AXIAL	77078	CPT	outpatient			433		119.52 Horizon	NJ Health		72.87				72.87	411.35	fee schedule	
CT BONE DENSITY STUDY, AXIAL	77078	CPT	outpatient			433		119.52 Horizon	Indemnity		193.41				72.87	411.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT BONE DENSITY STUDY, AXIAL	77078	CPT	outpatient			433		119.52 Horizon	PPO		193.41				72.87	411.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT BONE DENSITY STUDY, AXIAL	77078	CPT	outpatient			433		119.52 Managed Care Inc	Managed Care Inc		389.7	90			72.87	411.35	percent of total billed charges	
CT BONE DENSITY STUDY, AXIAL	77078	CPT	outpatient			433		119.52 Multiplan	Multiplan		346.4	80			72.87	411.35	percent of total billed charges	
CT BONE DENSITY STUDY, AXIAL	77078	CPT	outpatient			433		119.52 Qualcare	Qualcare		324.75	75			72.87	411.35	percent of total billed charges	
CT BONE DENSITY STUDY, AXIAL	77078	CPT	outpatient			433		119.52 Three Rivers	Three Rivers		411.35	95			72.87	411.35	percent of total billed charges	
CT BONE DENSITY STUDY, AXIAL	77078	CPT	outpatient			433		119.52 UHC	Medicare		103.93				72.87	411.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT BONE DENSITY STUDY, AXIAL	77078	CPT	outpatient			433		119.52 UHC	Medicaid		136.61	31.55			72.87	411.35	percent of total billed charges	
CT BONE DENSITY STUDY, AXIAL	77078	CPT	outpatient			433		119.52 Wellcare	Medicare		103.93				72.87	411.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT BONE DENSITY STUDY, AXIAL	77078	CPT	outpatient			433		119.52 Wellcare	Medicaid		136.61	31.55			72.87	411.35	percent of total billed charges	
CT BONE DENSITY STUDY, AXIAL	77078	CPT	outpatient			433		119.52 WellPoint	WellPoint		139.34	32.18			72.87	411.35	percent of total billed charges	
CT BONE DENSITY STUDY, PERIPH	77079	CPT	outpatient			562		Aetna	Commercial		213.56	38			168.6	533.9	percent of total billed charges	
CT BONE DENSITY STUDY, PERIPH	77079	CPT	outpatient			562		Aetna	Medicare		173.1	30.8			168.6	533.9	percent of total billed charges	
CT BONE DENSITY STUDY, PERIPH	77079	CPT	outpatient			562		Aetna	Better Health		177.31	31.55			168.6	533.9	percent of total billed charges	
CT BONE DENSITY STUDY, PERIPH	77079	CPT	outpatient			562		Americare	Americare		421.5	75			168.6	533.9	percent of total billed charges	
CT BONE DENSITY STUDY, PERIPH	77079	CPT	outpatient			562		Amerihealth	HMO/PPO		365.3	65			168.6	533.9	percent of total billed charges	
CT BONE DENSITY STUDY, PERIPH	77079	CPT	outpatient			562		Consumer	Consumer		533.9	95			168.6	533.9	percent of total billed charges	
CT BONE DENSITY STUDY, PERIPH	77079	CPT	outpatient			562		Corrections	Corrections		449.6	80			168.6	533.9	percent of total billed charges	
CT BONE DENSITY STUDY, PERIPH	77079	CPT	outpatient			562		First Health	First Health		393.4	70			168.6	533.9	percent of total billed charges	
CT BONE DENSITY STUDY, PERIPH	77079	CPT	outpatient			562		First Trenton	First Trenton		505.8	90			168.6	533.9	percent of total billed charges	
CT BONE DENSITY STUDY, PERIPH	77079	CPT	outpatient			562		Horizon	MGD		215.13	38.28			168.6	533.9	percent of total billed charges	
CT BONE DENSITY STUDY, PERIPH	77079	CPT	outpatient			562		Horizon	PPO		215.13	38.28			168.6	533.9	percent of total billed charges	
CT BONE DENSITY STUDY, PERIPH	77079	CPT	outpatient			562		Horizon	Indemnity		215.13	38.28			168.6	533.9	percent of total billed charges	
CT BONE DENSITY STUDY, PERIPH	77079	CPT	outpatient			562		Horizon	Medicare Blue		168.6	30			168.6	533.9	percent of total billed charges	
CT BONE DENSITY STUDY, PERIPH	77079	CPT	outpatient			562		Managed Care Inc	Managed Care Inc		505.8	90			168.6	533.9	percent of total billed charges	
CT BONE DENSITY STUDY, PERIPH	77079	CPT	outpatient			562		Multiplan	Multiplan		449.6	80			168.6	533.9	percent of total billed charges	
CT BONE DENSITY STUDY, PERIPH	77079	CPT	outpatient			562		Qualcare	Qualcare		421.5	75			168.6	533.9	percent of total billed charges	
CT BONE DENSITY STUDY, PERIPH	77079	CPT	outpatient			562		Three Rivers	Three Rivers		533.9	95			168.6	533.9	percent of total billed charges	
CT BONE DENSITY STUDY, PERIPH	77079	CPT	outpatient			562		UHC	Medicaid		177.31	31.55			168.6	533.9	percent of total billed charges	
CT BONE DENSITY STUDY, PERIPH	77079	CPT	outpatient			562		Wellcare	Medicaid		177.31	31.55			168.6	533.9	percent of total billed charges	
CT BONE DENSITY STUDY, PERIPH	77079	CPT	outpatient			562		WellPoint	WellPoint		180.85	32.18			168.6	533.9	percent of total billed charges	
X-RAY BONE DENSITY (DEXA)	77080	CPT	outpatient			2039		144.6 Aetna	Better Health		643.3	31.55			125.74	1937.05	percent of total billed charges	
X-RAY BONE DENSITY (DEXA)	77080	CPT	outpatient			2039		144.6 Aetna	Medicare		125.74				125.74	1937.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
X-RAY BONE DENSITY (DEXA)	77080	CPT	outpatient			2039		144.6 Aetna	Commercial		200.18				125.74	1937.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
X-RAY BONE DENSITY (DEXA)	77080	CPT	outpatient			2039		144.6 Americare	Americare		1529.25	75			125.74	1937.05	percent of total billed charges	
X-RAY BONE DENSITY (DEXA)	77080	CPT	outpatient			2039		144.6 Amerihealth	Medicare		125.74				125.74	1937.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
X-RAY BONE DENSITY (DEXA)	77080	CPT	outpatient			2039		144.6 Amerihealth	HMO/PPO		1325.35	65			125.74	1937.05	percent of total billed charges	
X-RAY BONE DENSITY (DEXA)	77080	CPT	outpatient			2039		144.6 Consumer	Consumer		1937.05	95			125.74	1937.05	percent of total billed charges	
X-RAY BONE DENSITY (DEXA)	77080	CPT	outpatient			2039		144.6 Corrections	Corrections		1631.2	80			125.74	1937.05	percent of total billed charges	
X-RAY BONE DENSITY (DEXA)	77080	CPT	outpatient			2039		144.6 First Health	First Health		1427.3	70			125.74	1937.05	percent of total billed charges	
X-RAY BONE DENSITY (DEXA)	77080	CPT	outpatient			2039		144.6 First Trenton	First Trenton		1835.1	90			125.74	1937.05	percent of total billed charges	
X-RAY BONE DENSITY (DEXA)	77080	CPT	outpatient			2039		144.6 Horizon	Indemnity		234				125.74	1937.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
X-RAY BONE DENSITY (DEXA)	77080	CPT	outpatient			2039		144.6 Horizon	MGD		234				125.74	1937.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
X-RAY BONE DENSITY (DEXA)	77080	CPT	outpatient			2039		144.6 Horizon	Medicare Blue		125.74				125.74	1937.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
X-RAY BONE DENSITY (DEXA)	77080	CPT	outpatient			2039		144.6 Horizon	PPO		234				125.74	1937.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
X-RAY BONE DENSITY (DEXA)	77080	CPT	outpatient			2039		144.6 Horizon	NJ Health		127.4				125.74	1937.05	fee schedule	
X-RAY BONE DENSITY (DEXA)	77080	CPT	outpatient			2039		144.6 Managed Care Inc	Managed Care Inc		1835.1	90			125.74	1937.05	percent of total billed charges	
X-RAY BONE DENSITY (DEXA)	77080	CPT	outpatient			2039		144.6 Multiplan	Multiplan		1631.2	80			125.74	1937.05	percent of total billed charges	
X-RAY BONE DENSITY (DEXA)	77080	CPT	outpatient			2039		144.6 Qualcare	Qualcare		1529.25	75			125.74	1937.05	percent of total billed charges	
X-RAY BONE DENSITY (DEXA)	77080	CPT	outpatient			2039		144.6 Three Rivers	Three Rivers		1937.05	95			125.74	1937.05	percent of total billed charges	
X-RAY BONE DENSITY (DEXA)	77080	CPT	outpatient			2039		144.6 UHC	Medicaid		643.3	31.55			125.74	1937.05	percent of total billed charges	
X-RAY BONE DENSITY (DEXA)	77080	CPT	outpatient			2039		144.6 UHC	Medicare		125.74				125.74	1937.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
X-RAY BONE DENSITY (DEXA)	77080	CPT	outpatient			2039		144.6 Wellcare	Medicaid		643.3	31.55			125.74	1937.05	percent of total billed charges	
X-RAY BONE DENSITY (DEXA)	77080	CPT	outpatient			2039		144.6 Wellcare	Medicare		125.74				125.74	1937.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
X-RAY BONE DENSITY (DEXA)	77080	CPT	outpatient			2039		144.6 WellPoint	WellPoint		656.15	32.18			125.74	1937.05	percent of total billed charges	
MRI-BONE MARROW BLOOD SUPPLY	77084	CPT	outpatient			1650		322.28 Aetna	Commercial		446.14				244.1	1567.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-BONE MARROW BLOOD SUPPLY	77084	CPT	outpatient			1650		322.28 Aetna	Better Health		520.58	31.55			244.1	1567.5	percent of total billed charges	
MRI-BONE MARROW BLOOD SUPPLY	77084	CPT	outpatient			1650		322.28 Aetna	Medicare		280.24				244.1	1567.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-BONE MARROW BLOOD SUPPLY	77084	CPT	outpatient			1650		322.28 Americare	Americare		1237.5	75			244.1	1567.5	percent of total billed charges	
MRI-BONE MARROW BLOOD SUPPLY	77084	CPT	outpatient			1650		322.28 Amerihealth	Medicare		280.24				244.1	1567.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-BONE MARROW BLOOD SUPPLY	77084	CPT	outpatient			1650		322.28 Amerihealth	HMO/PPO		1072.5	65			244.1	1567.5	percent of total billed charges	
MRI-BONE MARROW BLOOD SUPPLY	77084	CPT	outpatient			1650		322.28 Consumer	Consumer		1567.5	95			244.1	1567.5	percent of total billed charges	
MRI-BONE MARROW BLOOD SUPPLY	77084	CPT	outpatient			1650		322.28 Corrections	Corrections		1320	80			244.1	1567.5	percent of total billed charges	
MRI-BONE MARROW BLOOD SUPPLY	77084	CPT	outpatient			1650		322.28 First Health	First Health		1155	70			244.1	1567.5	percent of total billed charges	
MRI-BONE MARROW BLOOD SUPPLY	77084	CPT	outpatient			1650		322.28 First Trenton	First Trenton		1485	90			244.1	1567.5	percent of total billed charges	
MRI-BONE MARROW BLOOD SUPPLY	77084	CPT	outpatient			1650		322.28 Horizon	Indemnity		521.53				244.1	1567.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-BONE MARROW BLOOD SUPPLY	77084	CPT	outpatient			1650		322.28 Horizon	MGD		521.53				244.1	1567.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-BONE MARROW BLOOD SUPPLY	77084	CPT	outpatient			1650		322.28 Horizon	Medicare Blue		280.24				244.1	1567.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-BONE MARROW BLOOD SUPPLY	77084	CPT	outpatient			1650		322.28 Horizon	NJ Health		244.1				244.1	1567.5	fee schedule	
MRI-BONE MARROW BLOOD SUPPLY	77084	CPT	outpatient			1650		322.28 Horizon	PPO		521.53				244.1	1567.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-BONE MARROW BLOOD SUPPLY	77084	CPT	outpatient			1650		322.28 Managed Care Inc	Managed Care Inc		1485	90			244.1	1567.5	percent of total billed charges	
MRI-BONE MARROW BLOOD SUPPLY	77084	CPT	outpatient			1650		322.28 Multiplan	Multiplan		1320	80			244.1	1567.5	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
MRI-BONE MARROW BLOOD SUPPLY	77084	CPT	outpatient			1650	322.28	Qualcare	Qualcare		1237.5	75			244.1	1567.5	percent of total billed charges	
MRI-BONE MARROW BLOOD SUPPLY	77084	CPT	outpatient			1650	322.28	Three Rivers	Three Rivers		1567.5	95			244.1	1567.5	percent of total billed charges	
MRI-BONE MARROW BLOOD SUPPLY	77084	CPT	outpatient			1650	322.28	UHC	Medicare		280.24				244.1	1567.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-BONE MARROW BLOOD SUPPLY	77084	CPT	outpatient			1650	322.28	UHC	Medicaid		520.58	31.55			244.1	1567.5	percent of total billed charges	
MRI-BONE MARROW BLOOD SUPPLY	77084	CPT	outpatient			1650	322.28	Wellcare	Medicare		280.24				244.1	1567.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-BONE MARROW BLOOD SUPPLY	77084	CPT	outpatient			1650	322.28	Wellcare	Medicaid		520.58	31.55			244.1	1567.5	percent of total billed charges	
MRI-BONE MARROW BLOOD SUPPLY	77084	CPT	outpatient			1650	322.28	WellPoint	WellPoint		530.97	32.18			244.1	1567.5	percent of total billed charges	
X-RAY BONE DENSITY (DEXA) W-FRAX ASSESS	77085	CPT	both			437	144.6	Aetna	Better Health		137.87	31.55			48.96	415.15	percent of total billed charges	
X-RAY BONE DENSITY (DEXA) W-FRAX ASSESS	77085	CPT	both			437	144.6	Aetna	Commercial		200.18				48.96	415.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
X-RAY BONE DENSITY (DEXA) W-FRAX ASSESS	77085	CPT	both			437	144.6	Aetna	Medicare		125.74				48.96	415.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
X-RAY BONE DENSITY (DEXA) W-FRAX ASSESS	77085	CPT	both			437	144.6	Americare	Americare		327.75	75			48.96	415.15	percent of total billed charges	
X-RAY BONE DENSITY (DEXA) W-FRAX ASSESS	77085	CPT	both			437	144.6	Amerihealth	HMO/PPO		284.05	65			48.96	415.15	percent of total billed charges	
X-RAY BONE DENSITY (DEXA) W-FRAX ASSESS	77085	CPT	both			437	144.6	Amerihealth	Medicare		125.74				48.96	415.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
X-RAY BONE DENSITY (DEXA) W-FRAX ASSESS	77085	CPT	both			437	144.6	Consumer	Consumer		415.15	95			48.96	415.15	percent of total billed charges	
X-RAY BONE DENSITY (DEXA) W-FRAX ASSESS	77085	CPT	both			437	144.6	Corrections	Corrections		349.6	80			48.96	415.15	percent of total billed charges	
X-RAY BONE DENSITY (DEXA) W-FRAX ASSESS	77085	CPT	both			437	144.6	First Health	First Health		305.9	70			48.96	415.15	percent of total billed charges	
X-RAY BONE DENSITY (DEXA) W-FRAX ASSESS	77085	CPT	both			437	144.6	First Trentron	First Trenton		393.3	90			48.96	415.15	percent of total billed charges	
X-RAY BONE DENSITY (DEXA) W-FRAX ASSESS	77085	CPT	both			437	144.6	Horizon	PPO		234				48.96	415.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
X-RAY BONE DENSITY (DEXA) W-FRAX ASSESS	77085	CPT	both			437	144.6	Horizon	Medicare Blue		125.74				48.96	415.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
X-RAY BONE DENSITY (DEXA) W-FRAX ASSESS	77085	CPT	both			437	144.6	Horizon	MGD		234				48.96	415.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
X-RAY BONE DENSITY (DEXA) W-FRAX ASSESS	77085	CPT	both			437	144.6	Horizon	Indemnity		234				48.96	415.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
X-RAY BONE DENSITY (DEXA) W-FRAX ASSESS	77085	CPT	both			437	144.6	Horizon	NJ Health		48.96				48.96	415.15	fee schedule	
X-RAY BONE DENSITY (DEXA) W-FRAX ASSESS	77085	CPT	both			437	144.6	Managed Care Inc	Managed Care Inc		393.3	90			48.96	415.15	percent of total billed charges	
X-RAY BONE DENSITY (DEXA) W-FRAX ASSESS	77085	CPT	both			437	144.6	Multiplan	Multiplan		349.6	80			48.96	415.15	percent of total billed charges	
X-RAY BONE DENSITY (DEXA) W-FRAX ASSESS	77085	CPT	both			437	144.6	Qualcare	Qualcare		327.75	75			48.96	415.15	percent of total billed charges	
X-RAY BONE DENSITY (DEXA) W-FRAX ASSESS	77085	CPT	both			437	144.6	Three Rivers	Three Rivers		415.15	95			48.96	415.15	percent of total billed charges	
X-RAY BONE DENSITY (DEXA) W-FRAX ASSESS	77085	CPT	both			437	144.6	UHC	Medicaid		137.87	31.55			48.96	415.15	percent of total billed charges	
X-RAY BONE DENSITY (DEXA) W-FRAX ASSESS	77085	CPT	both			437	144.6	UHC	Medicare		125.74				48.96	415.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
X-RAY BONE DENSITY (DEXA) W-FRAX ASSESS	77085	CPT	both			437	144.6	Wellcare	Medicare		125.74				48.96	415.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
X-RAY BONE DENSITY (DEXA) W-FRAX ASSESS	77085	CPT	both			437	144.6	Wellcare	Medicaid		137.87	31.55			48.96	415.15	percent of total billed charges	
X-RAY BONE DENSITY (DEXA) W-FRAX ASSESS	77085	CPT	both			437	144.6	WellPoint	WellPoint		140.63	32.18			48.96	415.15	percent of total billed charges	
DEXA TRABECULAR BONE SCORE TBS	77089	CPT	outpatient					Horizon	NJ Health		36.43				36.43	36.43	fee schedule	
DEXA TBS PREP AND TRANSMIT	77090	CPT	outpatient			323	119.52	Aetna	Commercial		165.46				2.12	306.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEXA TBS PREP AND TRANSMIT	77090	CPT	outpatient			323	119.52	Aetna	Better Health		101.91	31.55			2.12	306.85	percent of total billed charges	
DEXA TBS PREP AND TRANSMIT	77090	CPT	outpatient			323	119.52	Aetna	Medicare		103.93				2.12	306.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEXA TBS PREP AND TRANSMIT	77090	CPT	outpatient			323	119.52	Americare	Americare		242.25	75			2.12	306.85	percent of total billed charges	
DEXA TBS PREP AND TRANSMIT	77090	CPT	outpatient			323	119.52	Amerihealth	HMO/PPO		209.95	65			2.12	306.85	percent of total billed charges	
DEXA TBS PREP AND TRANSMIT	77090	CPT	outpatient			323	119.52	Amerihealth	Medicare		103.93				2.12	306.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEXA TBS PREP AND TRANSMIT	77090	CPT	outpatient			323	119.52	Consumer	Consumer		306.85	95			2.12	306.85	percent of total billed charges	
DEXA TBS PREP AND TRANSMIT	77090	CPT	outpatient			323	119.52	Corrections	Corrections		258.4	80			2.12	306.85	percent of total billed charges	
DEXA TBS PREP AND TRANSMIT	77090	CPT	outpatient			323	119.52	First Health	First Health		226.1	70			2.12	306.85	percent of total billed charges	
DEXA TBS PREP AND TRANSMIT	77090	CPT	outpatient			323	119.52	First Trentron	First Trenton		290.7	90			2.12	306.85	percent of total billed charges	
DEXA TBS PREP AND TRANSMIT	77090	CPT	outpatient			323	119.52	Horizon	Indemnity		193.41				2.12	306.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEXA TBS PREP AND TRANSMIT	77090	CPT	outpatient			323	119.52	Horizon	PPO		193.41				2.12	306.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEXA TBS PREP AND TRANSMIT	77090	CPT	outpatient			323	119.52	Horizon	MGD		193.41				2.12	306.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEXA TBS PREP AND TRANSMIT	77090	CPT	outpatient			323	119.52	Horizon	NJ Health		2.12				2.12	306.85	fee schedule	
DEXA TBS PREP AND TRANSMIT	77090	CPT	outpatient			323	119.52	Horizon	Medicare Blue		103.93				2.12	306.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEXA TBS PREP AND TRANSMIT	77090	CPT	outpatient			323	119.52	Managed Care Inc	Managed Care Inc		290.7	90			2.12	306.85	percent of total billed charges	
DEXA TBS PREP AND TRANSMIT	77090	CPT	outpatient			323	119.52	Multiplan	Multiplan		258.4	80			2.12	306.85	percent of total billed charges	
DEXA TBS PREP AND TRANSMIT	77090	CPT	outpatient			323	119.52	Qualcare	Qualcare		242.25	75			2.12	306.85	percent of total billed charges	
DEXA TBS PREP AND TRANSMIT	77090	CPT	outpatient			323	119.52	Three Rivers	Three Rivers		306.85	95			2.12	306.85	percent of total billed charges	
DEXA TBS PREP AND TRANSMIT	77090	CPT	outpatient			323	119.52	UHC	Medicare		103.93				2.12	306.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEXA TBS PREP AND TRANSMIT	77090	CPT	outpatient			323	119.52	UHC	Medicaid		101.91	31.55			2.12	306.85	percent of total billed charges	
DEXA TBS PREP AND TRANSMIT	77090	CPT	outpatient			323	119.52	Wellcare	Medicaid		101.91	31.55			2.12	306.85	percent of total billed charges	
DEXA TBS PREP AND TRANSMIT	77090	CPT	outpatient			323	119.52	Wellcare	Medicare		103.93				2.12	306.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEXA TBS PREP AND TRANSMIT	77090	CPT	outpatient			323	119.52	WellPoint	WellPoint		103.94	32.18			2.12	306.85	percent of total billed charges	
DEXA TBS TECH CALCULATION ONLY	77091	CPT	outpatient			323	119.52	Aetna	Commercial		165.46				25.64	306.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEXA TBS TECH CALCULATION ONLY	77091	CPT	outpatient			323	119.52	Aetna	Better Health		101.91	31.55			25.64	306.85	percent of total billed charges	
DEXA TBS TECH CALCULATION ONLY	77091	CPT	outpatient			323	119.52	Aetna	Medicare		103.93				25.64	306.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEXA TBS TECH CALCULATION ONLY	77091	CPT	outpatient			323	119.52	Americare	Americare		242.25	75			25.64	306.85	percent of total billed charges	
DEXA TBS TECH CALCULATION ONLY	77091	CPT	outpatient			323	119.52	Amerihealth	Medicare		103.93				25.64	306.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEXA TBS TECH CALCULATION ONLY	77091	CPT	outpatient			323	119.52	Amerihealth	HMO/PPO		209.95	65			25.64	306.85	percent of total billed charges	
DEXA TBS TECH CALCULATION ONLY	77091	CPT	outpatient			323	119.52	Consumer	Consumer		306.85	95			25.64	306.85	percent of total billed charges	
DEXA TBS TECH CALCULATION ONLY	77091	CPT	outpatient			323	119.52	Corrections	Corrections		258.4	80			25.64	306.85	percent of total billed charges	
DEXA TBS TECH CALCULATION ONLY	77091	CPT	outpatient			323	119.52	First Health	First Health		226.1	70			25.64	306.85	percent of total billed charges	
DEXA TBS TECH CALCULATION ONLY	77091	CPT	outpatient			323	119.52	First Trentron	First Trenton		290.7	90			25.64	306.85	percent of total billed charges	
DEXA TBS TECH CALCULATION ONLY	77091	CPT	outpatient			323	119.52	Horizon	PPO		193.41				25.64	306.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEXA TBS TECH CALCULATION ONLY	77091	CPT	outpatient			323	119.52	Horizon	Indemnity		193.41				25.64	306.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEXA TBS TECH CALCULATION ONLY	77091	CPT	outpatient			323	119.52	Horizon	MGD		193.41				25.64	306.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEXA TBS TECH CALCULATION ONLY	77091	CPT	outpatient			323	119.52	Horizon	Medicare Blue		103.93				25.64	306.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEXA TBS TECH CALCULATION ONLY	77091	CPT	outpatient			323	119.52	Horizon	NJ Health		25.64				25.64	306.85	fee schedule	
DEXA TBS TECH CALCULATION ONLY	77091	CPT	outpatient			323	119.52	Managed Care Inc	Managed Care Inc		290.7	90			25.64	306.85	percent of total billed charges	
DEXA TBS TECH CALCULATION ONLY	77091	CPT	outpatient			323	119.52	Multiplan	Multiplan		258.4	80			25.64	306.85	percent of total billed charges	
DEXA TBS TECH CALCULATION ONLY	77091	CPT	outpatient			323	119.52	Qualcare	Qualcare		242.25	75			25.64	306.85	percent of total billed charges	
DEXA TBS TECH CALCULATION ONLY	77091	CPT	outpatient			323	119.52	Three Rivers	Three Rivers		306.85	95			25.64	306.85	percent of total billed charges	
DEXA TBS TECH CALCULATION ONLY	77091	CPT	outpatient			323	119.52	UHC	Medicaid		101.91	31.55			25.64	306.85	percent of total billed charges	
DEXA TBS TECH CALCULATION ONLY	77091	CPT	outpatient			323	119.52	UHC	Medicare		103.93				25.64	306.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEXA TBS TECH CALCULATION ONLY	77091	CPT	outpatient			323	119.52	Wellcare	Medicare		103.93				25.64	306.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEXA TBS TECH CALCULATION ONLY	77091	CPT	outpatient			323	119.52	Wellcare	Medicaid		101.91	31.55			25.64	306.85	percent of total billed charges	
DEXA TBS TECH CALCULATION ONLY	77091	CPT	outpatient			323	119.52	WellPoint	WellPoint		103.94	32.18			25.64	306.85	percent of total billed charges	
RP RADIUM THERAPEUTIC CONSULTATION; SIM	77261	CPT	outpatient					Horizon	NJ Health		60.37				60.37	60.37	fee schedule	
SIMULATION SIMPLE	77280	CPT	both			726	178.46	Aetna	Better Health		229.05	31.55			155.18	689.7	percent of total billed charges	
SIMULATION SIMPLE	77280	CPT	both			726	178.46	Aetna	Commercial		247.05				155.18	689.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMULATION SIMPLE	77280	CPT	both			726	178.46	Aetna	Medicare		155.18				155.18	689.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMULATION SIMPLE	77280	CPT	both			726	178.46	Americare	Americare		544.5	75			155.18	689.7	percent of total billed charges	
SIMULATION SIMPLE	77280	CPT	both			726	178.46	Amerihealth	HMO/PPO		471.9	65			155.18	689.7	percent of total billed charges	
SIMULATION SIMPLE	77280	CPT	both			726	178.46	Amerihealth	Medicare		155.18				155.18	689.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMULATION SIMPLE	77280	CPT	both			726	178.46	Consumer	Consumer		689.7	95			155.18	689.7	percent of total billed charges	
SIMULATION SIMPLE	77280	CPT	both			726	178.46	Corrections	Corrections		580.8	80			155.18	689.7	percent of total billed charges	
SIMULATION SIMPLE	77280	CPT	both			726	178.46	First Health	First Health		508.2	70			155.18	689.7	percent of total billed charges	
SIMULATION SIMPLE	77280	CPT	both			726	178.46	First Trentron	First Trenton		653.4	90			155.18	689.7	percent of total billed charges	
SIMULATION SIMPLE	77280	CPT	both			726	178.46	Horizon	MGD		288.79				155.18	689.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMULATION SIMPLE	77280	CPT	both			726	178.46	Horizon	Medicare Blue		155.18				155.18	689.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMULATION SIMPLE	77280	CPT	both			726	178.46	Horizon	NJ Health		215.6				155.18	689.7	fee schedule	
SIMULATION SIMPLE	77280	CPT	both			726	178.46	Horizon	Indemnity		288.79				155.18	689.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMULATION SIMPLE	77280	CPT	both			726	178.46	Horizon	PPO		288.79				155.18	689.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMULATION SIMPLE	77280	CPT	both			726	178.46	Managed Care Inc	Managed Care Inc		653.4	90			155.18	689.7	percent of total billed charges	
SIMULATION SIMPLE	77280	CPT	both			726	178.46	Multiplan	Multiplan		580.8	80			155.18	689.7	percent of total billed charges	
SIMULATION SIMPLE	77280	CPT	both			726	178.46	Qualcare	Qualcare		544.5	75			155.18	689.7	percent of total billed charges	
SIMULATION SIMPLE	77280	CPT	both			726	178.46	Three Rivers	Three Rivers		689.7	95			155.18	689.7	percent of total billed charges	
SIMULATION SIMPLE	77280	CPT	both			726	178.46	UHC	Medicare		155.18				155.18	689.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMULATION SIMPLE	77280	CPT	both			726	178.46	UHC	Medicaid		229.05	31.55			155.18	689.7	percent of total billed charges	
SIMULATION SIMPLE	77280	CPT	both			726	178.46	Wellcare	Medicare		155.18				155.18	689.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMULATION SIMPLE	77280	CPT	both			726	178.46	Wellcare	Medicaid		229.05	31.55			155.18	689.7	percent of total billed charges	
SIMULATION SIMPLE	77280	CPT	both			726	178.46	WellPoint	WellPoint		233.63	32.18			155.18	689.7	percent of total billed charges	
SIMULATION INTERMEDIATE	77285	CPT	outpatient			2098	485.97	Aetna	Commercial		672.75				262.64	1993.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMULATION INTERMEDIATE	77285	CPT	outpatient			2098	485.97	Aetna	Better Health		661.92	31.55			262.64	1993.1	percent of total billed charges	
SIMULATION INTERMEDIATE	77285	CPT	outpatient			2098	485.97	Aetna	Medicare		646.18	30.8			262.64	1993.1	percent of total billed charges	
SIMULATION INTERMEDIATE	77285	CPT	outpatient			2098	485.97	Americare	Americare		1573.5	75			262.64	1993.1	percent of total billed charges	
SIMULATION INTERMEDIATE	77285	CPT	outpatient			2098	485.97	Amerihealth	HMO/PPO		1363.7	65			262.64	1993.1	percent of total billed charges	
SIMULATION INTERMEDIATE	77285	CPT	outpatient			2098	485.97	Amerihealth	Medicare		422.58				262.64	1993.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMULATION INTERMEDIATE	77285	CPT	outpatient			2098	485.97	Consumer	Consumer		1993.1	95			262.64	1993.1	percent of total billed charges	
SIMULATION INTERMEDIATE	77285	CPT	outpatient			2098	485.97	Corrections	Corrections		1678.4	80			262.64	1993.1	percent of total billed charges	
SIMULATION INTERMEDIATE	77285	CPT	outpatient			2098	485.97	First Health	First Health		1468.6	70			262.64	1993.1	percent of total billed charges	
SIMULATION INTERMEDIATE	77285	CPT	outpatient			2098	485.97	First Trentron	First Trenton		1888.2	90			262.64	1993.1	percent of total billed charges	
SIMULATION INTERMEDIATE	77285	CPT	outpatient			2098	485.97	Horizon	PPO		786.42				262.64	1993.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMULATION INTERMEDIATE	77285	CPT	outpatient			2098	485.97	Horizon	Indemnity		786.42				262.64	1993.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMULATION INTERMEDIATE	77285	CPT	outpatient			2098	485.97	Horizon	Medicare Blue		422.58				262.64	1993.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMULATION INTERMEDIATE	77285	CPT	outpatient			2098	485.97	Horizon	MGD		786.42				262.64	1993.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMULATION INTERMEDIATE	77285	CPT	outpatient			2098	485.97	Horizon	NJ Health		262.64				262.64	1993.1	fee schedule	
SIMULATION INTERMEDIATE	77285	CPT	outpatient			2098	485.97	Managed Care Inc	Managed Care Inc		1888.2	90			262.64	1993.1	percent of total billed charges	
SIMULATION INTERMEDIATE	77285	CPT	outpatient			2098	485.97	Multiplan	Multiplan		1678.4	80			262.64	1993.1	percent of total billed charges	
SIMULATION INTERMEDIATE	77285	CPT	outpatient			2098	485.97	Qualcare	Qualcare		1573.5	75			262.64	1993.1	percent of total billed charges	
SIMULATION INTERMEDIATE	77285	CPT	outpatient			2098	485.97	Three Rivers	Three Rivers		1993.1	95			262.64	1993.1	percent of total billed charges	
SIMULATION INTERMEDIATE	77285	CPT	outpatient			2098	485.97	UHC	Medicaid		661.92	31.55			262.64	1993.1	percent of total billed charges	
SIMULATION INTERMEDIATE	77285	CPT	outpatient			2098	485.97	UHC	Medicare		422.58				262.64	1993.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMULATION INTERMEDIATE	77285	CPT	outpatient			2098	485.97	Wellcare	Medicare		422.58				262.64	1993.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMULATION INTERMEDIATE	77285	CPT	outpatient			2098	485.97	Wellcare	Medicaid		661.92	31.55			262.64	1993.1	percent of total billed charges	
SIMULATION INTERMEDIATE	77285	CPT	outpatient			2098	485.97	WellPoint	WellPoint		675.14	32.18			262.64	1993.1	percent of total billed charges	
SIMULATION COMPLEX	77290	CPT	both			2574	485.97	Aetna	Commercial		672.75				331.24	2445.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMULATION COMPLEX	77290	CPT	both			2574	485.97	Aetna	Better Health		812.1	31.55			331.24	2445.3	percent of total billed charges	
SIMULATION COMPLEX	77290	CPT	both			2574	485.97	Aetna	Medicare		422.58				331.24	2445.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMULATION COMPLEX	77290	CPT	both			2574	485.97	Americare	Americare		1930.5	75			331.24	2445.3	percent of total billed charges	
SIMULATION COMPLEX	77290	CPT	both			2574	485.97	Amerihealth	HMO/PPO		1673.1	65			331.24	2445.3	percent of total billed charges	
SIMULATION COMPLEX	77290	CPT	both			2574	485.97	Amerihealth	Medicare		422.58				331.24	2445.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMULATION COMPLEX	77290	CPT	both			2574	485.97	Consumer	Consumer		2445.3	95			331.24	2445.3	percent of total billed charges	
SIMULATION COMPLEX	77290	CPT	both			2574	485.97	Corrections	Corrections		2059.2	80			331.24	2445.3	percent of total billed charges	
SIMULATION COMPLEX	77290	CPT	both			2574	485.97	First Health	First Health		1801.8	70			331.24	2445.3	percent of total billed charges	
SIMULATION COMPLEX	77290	CPT	both			2574	485.97	First Trentron	First Trenton		2316.6	90			331.24	2445.3	percent of total billed charges	
SIMULATION COMPLEX	77290	CPT	both			2574	485.97	Horizon	MGD		786.42				331.24	2445.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMULATION COMPLEX	77290	CPT	both			2574	485.97	Horizon	NJ Health		331.24				331.24	2445.3	fee schedule	
SIMULATION COMPLEX	77290	CPT	both			2574	485.97	Horizon	Indemnity		786.42				331.24	2445.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMULATION COMPLEX	77290	CPT	both			2574	485.97	Horizon	Medicare Blue		422.58				331.24	2445.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMULATION COMPLEX	77290	CPT	both			2574	485.97	Horizon	PPO		786.42				331.24	2445.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMULATION COMPLEX	77290	CPT	both			2574	485.97	Managed Care Inc	Managed Care Inc		2316.6	90			331.24	2445.3	percent of total billed charges	
SIMULATION COMPLEX	77290	CPT	both			2574	485.97	Multiplan	Multiplan		2059.2	80			331.24	2445.3	percent of total billed charges	
SIMULATION COMPLEX	77290	CPT	both			2574	485.97	Qualcare	Qualcare		1930.5	75			331.24	2445.3	percent of total billed charges	
SIMULATION COMPLEX	77290	CPT	both			2574	485.97	Three Rivers	Three Rivers		2445.3	95			331.24	2445.3	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101191	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
SIMULATION COMPLEX	77290	CPT	both			2574	485.97	UHC	Medicare		422.58				331.24	2445.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMULATION COMPLEX	77290	CPT	both			2574	485.97	UHC	Medicaid		812.1	31.55			331.24	2445.3	percent of total billed charges	
SIMULATION COMPLEX	77290	CPT	both			2574	485.97	Wellcare	Medicaid		812.1	31.55			331.24	2445.3	percent of total billed charges	
SIMULATION COMPLEX	77290	CPT	both			2574	485.97	Wellcare	Medicare		422.58				331.24	2445.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMULATION COMPLEX	77290	CPT	both			2574	485.97	WellPoint	WellPoint		828.31	32.18			331.24	2445.3	percent of total billed charges	
RESPIRATORY MOTION MGMT SIMULATION	77293	CPT	outpatient					Horizon	NJ Health		375.73				375.73	375.73	fee schedule	
3D TREAT PLN SIMULATION	77295	CPT	both			5028	1822.41	Aetna	Medicare		1584.7				1238.72	4776.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
3D TREAT PLN SIMULATION	77295	CPT	both			5028	1822.41	Aetna	Commercial		2522.84				1238.72	4776.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
3D TREAT PLN SIMULATION	77295	CPT	both			5028	1822.41	Aetna	Better Health		1596.33	31.55			1238.72	4776.6	percent of total billed charges	
3D TREAT PLN SIMULATION	77295	CPT	both			5028	1822.41	Americare	Americare		3771	75			1238.72	4776.6	percent of total billed charges	
3D TREAT PLN SIMULATION	77295	CPT	both			5028	1822.41	Amerihealth	Medicare		1584.7				1238.72	4776.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
3D TREAT PLN SIMULATION	77295	CPT	both			5028	1822.41	Amerihealth	HMO/PPO		3268.2	65			1238.72	4776.6	percent of total billed charges	
3D TREAT PLN SIMULATION	77295	CPT	both			5028	1822.41	Consumer	Consumer		4776.6	95			1238.72	4776.6	percent of total billed charges	
3D TREAT PLN SIMULATION	77295	CPT	both			5028	1822.41	Corrections	Corrections		4022.4	80			1238.72	4776.6	percent of total billed charges	
3D TREAT PLN SIMULATION	77295	CPT	both			5028	1822.41	First Health	First Health		3519.6	70			1238.72	4776.6	percent of total billed charges	
3D TREAT PLN SIMULATION	77295	CPT	both			5028	1822.41	First Trenton	First Trenton		4525.2	90			1238.72	4776.6	percent of total billed charges	
3D TREAT PLN SIMULATION	77295	CPT	both			5028	1822.41	Horizon	Indemnity		2949.13				1238.72	4776.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
3D TREAT PLN SIMULATION	77295	CPT	both			5028	1822.41	Horizon	Medicare Blue		1584.7				1238.72	4776.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
3D TREAT PLN SIMULATION	77295	CPT	both			5026	1822.41	Horizon	PPO		2949.13				1238.72	4776.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
3D TREAT PLN SIMULATION	77295	CPT	both			5028	1822.41	Horizon	NJ Health		1238.72				1238.72	4776.6	fee schedule	
3D TREAT PLN SIMULATION	77295	CPT	both			5028	1822.41	Horizon	MGD		2949.13				1238.72	4776.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
3D TREAT PLN SIMULATION	77295	CPT	both			5028	1822.41	Managed Care Inc	Managed Care Inc		4525.2	90			1238.72	4776.6	percent of total billed charges	
3D TREAT PLN SIMULATION	77295	CPT	both			5026	1822.41	Multiplan	Multiplan		4022.4	80			1238.72	4776.6	percent of total billed charges	
3D TREAT PLN SIMULATION	77295	CPT	both			5028	1822.41	Qualcare	Qualcare		3771	75			1238.72	4776.6	percent of total billed charges	
3D TREAT PLN SIMULATION	77295	CPT	both			5028	1822.41	Three Rivers	Three Rivers		4776.6	95			1238.72	4776.6	percent of total billed charges	
3D TREAT PLN SIMULATION	77295	CPT	both			5028	1822.41	UHC	Medicare		1584.7				1238.72	4776.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
3D TREAT PLN SIMULATION	77295	CPT	both			5026	1822.41	UHC	Medicaid		1586.33	31.55			1238.72	4776.6	percent of total billed charges	
3D TREAT PLN SIMULATION	77295	CPT	both			5028	1822.41	Wellcare	Medicaid		1586.33	31.55			1238.72	4776.6	percent of total billed charges	
3D TREAT PLN SIMULATION	77295	CPT	both			5028	1822.41	Wellcare	Medicare		1584.7				1238.72	4776.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
3D TREAT PLN SIMULATION	77295	CPT	both			5026	1822.41	WellPoint	WellPoint		1618.01	32.18			1238.72	4776.6	percent of total billed charges	
BASIC RADIATION DISIMETRY CALCULATION	77300	CPT	both			659	178.46	Aetna	Better Health		207.91	31.55			101.92	626.05	percent of total billed charges	
BASIC RADIATION DISIMETRY CALCULATION	77300	CPT	both			659	178.46	Aetna	Commercial		247.05				101.92	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BASIC RADIATION DISIMETRY CALCULATION	77300	CPT	both			659	178.46	Aetna	Medicare		155.18				101.92	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BASIC RADIATION DISIMETRY CALCULATION	77300	CPT	both			659	178.46	Americare	Americare		494.25	75			101.92	626.05	percent of total billed charges	
BASIC RADIATION DISIMETRY CALCULATION	77300	CPT	both			659	178.46	Amerihealth	HMO/PPO		428.35	65			101.92	626.05	percent of total billed charges	
BASIC RADIATION DISIMETRY CALCULATION	77300	CPT	both			659	178.46	Amerihealth	Medicare		155.18				101.92	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BASIC RADIATION DISIMETRY CALCULATION	77300	CPT	both			659	178.46	Consumer	Consumer		626.05	95			101.92	626.05	percent of total billed charges	
BASIC RADIATION DISIMETRY CALCULATION	77300	CPT	both			659	178.46	Corrections	Corrections		527.2	80			101.92	626.05	percent of total billed charges	
BASIC RADIATION DISIMETRY CALCULATION	77300	CPT	both			659	178.46	First Health	First Health		461.3	70			101.92	626.05	percent of total billed charges	
BASIC RADIATION DISIMETRY CALCULATION	77300	CPT	both			659	178.46	First Trenton	First Trenton		593.1	90			101.92	626.05	percent of total billed charges	
BASIC RADIATION DISIMETRY CALCULATION	77300	CPT	both			659	178.46	Horizon	NJ Health		101.92				101.92	626.05	fee schedule	
BASIC RADIATION DISIMETRY CALCULATION	77300	CPT	both			659	178.46	Horizon	Indemnity		288.79				101.92	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BASIC RADIATION DISIMETRY CALCULATION	77300	CPT	both			659	178.46	Horizon	MGD		288.79				101.92	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BASIC RADIATION DISIMETRY CALCULATION	77300	CPT	both			659	178.46	Horizon	PPO		288.79				101.92	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BASIC RADIATION DISIMETRY CALCULATION	77300	CPT	both			659	178.46	Horizon	Medicare Blue		155.18				101.92	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BASIC RADIATION DISIMETRY CALCULATION	77300	CPT	both			659	178.46	Managed Care Inc	Managed Care Inc		593.1	90			101.92	626.05	percent of total billed charges	
BASIC RADIATION DISIMETRY CALCULATION	77300	CPT	both			659	178.46	Multiplan	Multiplan		527.2	80			101.92	626.05	percent of total billed charges	
BASIC RADIATION DISIMETRY CALCULATION	77300	CPT	both			659	178.46	Qualcare	Qualcare		494.25	75			101.92	626.05	percent of total billed charges	
BASIC RADIATION DISIMETRY CALCULATION	77300	CPT	both			659	178.46	Three Rivers	Three Rivers		626.05	95			101.92	626.05	percent of total billed charges	
BASIC RADIATION DISIMETRY CALCULATION	77300	CPT	both			659	178.46	UHC	Medicare		155.18				101.92	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BASIC RADIATION DISIMETRY CALCULATION	77300	CPT	both			659	178.46	UHC	Medicaid		207.91	31.55			101.92	626.05	percent of total billed charges	
BASIC RADIATION DISIMETRY CALCULATION	77300	CPT	both			659	178.46	Wellcare	Medicare		155.18				101.92	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BASIC RADIATION DISIMETRY CALCULATION	77300	CPT	both			659	178.46	Wellcare	Medicaid		207.91	31.55			101.92	626.05	percent of total billed charges	
BASIC RADIATION DISIMETRY CALCULATION	77300	CPT	both			659	178.46	WellPoint	WellPoint		212.07	32.18			101.92	626.05	percent of total billed charges	
IMRT CONFORMAL PLAN	77301	CPT	both			6938	1822.41	Aetna	Commercial		2522.84				1475.88	6591.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMRT CONFORMAL PLAN	77301	CPT	both			6938	1822.41	Aetna	Better Health		2188.94	31.55			1475.88	6591.1	percent of total billed charges	
IMRT CONFORMAL PLAN	77301	CPT	both			6938	1822.41	Aetna	Medicare		1584.7				1475.88	6591.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMRT CONFORMAL PLAN	77301	CPT	both			6938	1822.41	Americare	Americare		5203.5	75			1475.88	6591.1	percent of total billed charges	
IMRT CONFORMAL PLAN	77301	CPT	both			6938	1822.41	Amerihealth	HMO/PPO		4509.7	65			1475.88	6591.1	percent of total billed charges	
IMRT CONFORMAL PLAN	77301	CPT	both			6938	1822.41	Amerihealth	Medicare		1584.7				1475.88	6591.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMRT CONFORMAL PLAN	77301	CPT	both			6938	1822.41	Consumer	Consumer		6591.1	95			1475.88	6591.1	percent of total billed charges	
IMRT CONFORMAL PLAN	77301	CPT	both			6938	1822.41	Corrections	Corrections		5550.4	80			1475.88	6591.1	percent of total billed charges	
IMRT CONFORMAL PLAN	77301	CPT	both			6938	1822.41	First Health	First Health		4856.6	70			1475.88	6591.1	percent of total billed charges	
IMRT CONFORMAL PLAN	77301	CPT	both			6938	1822.41	First Trenton	First Trenton		6244.2	90			1475.88	6591.1	percent of total billed charges	
IMRT CONFORMAL PLAN	77301	CPT	both			6938	1822.41	Horizon	MGD		2949.13				1475.88	6591.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMRT CONFORMAL PLAN	77301	CPT	both			6938	1822.41	Horizon	Indemnity		2949.13				1475.88	6591.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMRT CONFORMAL PLAN	77301	CPT	both			6938	1822.41	Horizon	PPO		2949.13				1475.88	6591.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMRT CONFORMAL PLAN	77301	CPT	both			6938	1822.41	Horizon	Medicare Blue		1584.7				1475.88	6591.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMRT CONFORMAL PLAN	77301	CPT	both			6938	1822.41	Horizon	NJ Health		1475.88				1475.88	6591.1	fee schedule	
IMRT CONFORMAL PLAN	77301	CPT	both			6938	1822.41	Managed Care Inc	Managed Care Inc		6244.2	90			1475.88	6591.1	percent of total billed charges	
IMRT CONFORMAL PLAN	77301	CPT	both			6938	1822.41	Multiplan	Multiplan		5550.4	80			1475.88	6591.1	percent of total billed charges	
IMRT CONFORMAL PLAN	77301	CPT	both			6938	1822.41	Qualcare	Qualcare		5203.5	75			1475.88	6591.1	percent of total billed charges	
IMRT CONFORMAL PLAN	77301	CPT	both			6938	1822.41	Three Rivers	Three Rivers		6591.1	95			1475.88	6591.1	percent of total billed charges	
IMRT CONFORMAL PLAN	77301	CPT	both			6938	1822.41	UHC	Medicare		1584.7				1475.88	6591.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMRT CONFORMAL PLAN	77301	CPT	both			6938	1822.41	UHC	Medicaid		2188.94	31.55			1475.88	6591.1	percent of total billed charges	
IMRT CONFORMAL PLAN	77301	CPT	both			6938	1822.41	Wellcare	Medicare		1584.7				1475.88	6591.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMRT CONFORMAL PLAN	77301	CPT	both			6938	1822.41	Wellcare	Medicaid		2188.94	31.55			1475.88	6591.1	percent of total billed charges	
IMRT CONFORMAL PLAN	77301	CPT	both			6938	1822.41	WellPoint	WellPoint		2232.65	32.18			1475.88	6591.1	percent of total billed charges	
TELETHX ISODOSE PLAN SIMPLE	77306	CPT	outpatient			536	485.97	Aetna	Commercial		672.75				124.36	786.42	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TELETHX ISODOSE PLAN SIMPLE	77306	CPT	outpatient			536	485.97	Aetna	Medicare		422.58				124.36	786.42	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TELETHX ISODOSE PLAN SIMPLE	77306	CPT	outpatient			536	485.97	Aetna	Better Health		169.11	31.55			124.36	786.42	percent of total billed charges	
TELETHX ISODOSE PLAN SIMPLE	77306	CPT	outpatient			536	485.97	Americare	Americare		402	75			124.36	786.42	percent of total billed charges	
TELETHX ISODOSE PLAN SIMPLE	77306	CPT	outpatient			536	485.97	Amerihealth	HMO/PPO		348.4	65			124.36	786.42	percent of total billed charges	
TELETHX ISODOSE PLAN SIMPLE	77306	CPT	outpatient			536	485.97	Amerihealth	Medicare		422.58				124.36	786.42	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TELETHX ISODOSE PLAN SIMPLE	77306	CPT	outpatient			536	485.97	Consumer	Consumer		509.2	95			124.36	786.42	percent of total billed charges	
TELETHX ISODOSE PLAN SIMPLE	77306	CPT	outpatient			536	485.97	Corrections	Corrections		428.8	80			124.36	786.42	percent of total billed charges	
TELETHX ISODOSE PLAN SIMPLE	77306	CPT	outpatient			536	485.97	First Health	First Health		375.2	70			124.36	786.42	percent of total billed charges	
TELETHX ISODOSE PLAN SIMPLE	77306	CPT	outpatient			536	485.97	First Trenton	First Trenton		482.4	90			124.36	786.42	percent of total billed charges	
TELETHX ISODOSE PLAN SIMPLE	77306	CPT	outpatient			536	485.97	Horizon	MGD		786.42				124.36	786.42	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TELETHX ISODOSE PLAN SIMPLE	77306	CPT	outpatient			536	485.97	Horizon	Medicare Blue		422.58				124.36	786.42	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TELETHX ISODOSE PLAN SIMPLE	77306	CPT	outpatient			536	485.97	Horizon	PPO		786.42				124.36	786.42	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TELETHX ISODOSE PLAN SIMPLE	77306	CPT	outpatient			536	485.97	Horizon	Indemnity		786.42				124.36	786.42	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TELETHX ISODOSE PLAN SIMPLE	77306	CPT	outpatient			536	485.97	Horizon	NJ Health		124.36				124.36	786.42	fee schedule	
TELETHX ISODOSE PLAN SIMPLE	77306	CPT	outpatient			536	485.97	Managed Care Inc	Managed Care Inc		482.4	90			124.36	786.42	percent of total billed charges	
TELETHX ISODOSE PLAN SIMPLE	77306	CPT	outpatient			536	485.97	Multiplan	Multiplan		428.8	80			124.36	786.42	percent of total billed charges	
TELETHX ISODOSE PLAN SIMPLE	77306	CPT	outpatient			536	485.97	Qualcare	Qualcare		402	75			124.36	786.42	percent of total billed charges	
TELETHX ISODOSE PLAN SIMPLE	77306	CPT	outpatient			536	485.97	Three Rivers	Three Rivers		509.2	95			124.36	786.42	percent of total billed charges	
TELETHX ISODOSE PLAN SIMPLE	77306	CPT	outpatient			536	485.97	UHC	Medicaid		169.11	31.55			124.36	786.42	percent of total billed charges	
TELETHX ISODOSE PLAN SIMPLE	77306	CPT	outpatient			536	485.97	UHC	Medicare		422.58				124.36	786.42	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TELETHX ISODOSE PLAN SIMPLE	77306	CPT	outpatient			536	485.97	Wellcare	Medicare		422.58				124.36	786.42	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TELETHX ISODOSE PLAN SIMPLE	77306	CPT	outpatient			536	485.97	Wellcare	Medicaid		169.11	31.55			124.36	786.42	percent of total billed charges	
TELETHX ISODOSE PLAN SIMPLE	77306	CPT	outpatient			536	485.97	WellPoint	WellPoint		172.48	32.18			124.36	786.42	percent of total billed charges	
TELETHX ISODOSE PLAN COMPLEX	77307	CPT	both			1268	485.97	Aetna	Medicare		422.58				243.04	1204.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TELETHX ISODOSE PLAN COMPLEX	77307	CPT	both			1268	485.97	Aetna	Commercial		672.75				243.04	1204.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TELETHX ISODOSE PLAN COMPLEX	77307	CPT	both			1268	485.97	Aetna	Better Health		400.05	31.55			243.04	1204.6	percent of total billed charges	
TELETHX ISODOSE PLAN COMPLEX	77307	CPT	both			1268	485.97	Americare	Americare		951	75			243.04	1204.6	percent of total billed charges	
TELETHX ISODOSE PLAN COMPLEX	77307	CPT	both			1268	485.97	Amerihealth	Medicare		422.58				243.04	1204.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TELETHX ISODOSE PLAN COMPLEX	77307	CPT	both			1268	485.97	Amerihealth	HMO/PPO		824.2	65			243.04	1204.6	percent of total billed charges	
TELETHX ISODOSE PLAN COMPLEX	77307	CPT	both			1268	485.97	Consumer	Consumer		1204.6	95			243.04	1204.6	percent of total billed charges	
TELETHX ISODOSE PLAN COMPLEX	77307	CPT	both			1268	485.97	Corrections	Corrections		1014.4	80			243.04	1204.6	percent of total billed charges	
TELETHX ISODOSE PLAN COMPLEX	77307	CPT	both			1268	485.97	First Health	First Health		887.6	70			243.04	1204.6	percent of total billed charges	
TELETHX ISODOSE PLAN COMPLEX	77307	CPT	both			1268	485.97	First Trenton	First Trenton		1141.2	90			243.04	1204.6	percent of total billed charges	
TELETHX ISODOSE PLAN COMPLEX	77307	CPT	both			1268	485.97	Horizon	Indemnity		786.42				243.04	1204.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TELETHX ISODOSE PLAN COMPLEX	77307	CPT	both			1268	485.97	Horizon	MGD		786.42				243.04	1204.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TELETHX ISODOSE PLAN COMPLEX	77307	CPT	both			1268	485.97	Horizon	PPO		786.42				243.04	1204.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TELETHX ISODOSE PLAN COMPLEX	77307	CPT	both			1268	485.97	Horizon	NJ Health		243.04				243.04	1204.6	fee schedule	
TELETHX ISODOSE PLAN COMPLEX	77307	CPT	both			1268	485.97	Horizon	Medicare Blue		422.58				243.04	1204.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TELETHX ISODOSE PLAN COMPLEX	77307	CPT	both			1268	485.97	Managed Care Inc	Managed Care Inc		1141.2	90			243.04	1204.6	percent of total billed charges	
TELETHX ISODOSE PLAN COMPLEX	77307	CPT	both			1268	485.97	Multiplan	Multiplan		1014.4	80			243.04	1204.6	percent of total billed charges	
TELETHX ISODOSE PLAN COMPLEX	77307	CPT	both			1268	485.97	Qualcare	Qualcare		951	75			243.04	1204.6	percent of total billed charges	
TELETHX ISODOSE PLAN COMPLEX	77307	CPT	both			1268	485.97	Three Rivers	Three Rivers		1204.6	95			243.04	1204.6	percent of total billed charges	
TELETHX ISODOSE PLAN COMPLEX	77307	CPT	both			1268	485.97	UHC	Medicare		422.58				243.04	1204.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TELETHX ISODOSE PLAN COMPLEX	77307	CPT	both			1268	485.97	UHC	Medicaid		400.05	31.55			243.04	1204.6	percent of total billed charges	
TELETHX ISODOSE PLAN COMPLEX	77307	CPT	both			1268	485.97	Wellcare	Medicare		422.58				243.04	1204.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TELETHX ISODOSE PLAN COMPLEX	77307	CPT	both			1268	485.97	Wellcare	Medicaid		400.05	31.55			243.04	1204.6	percent of total billed charges	
TELETHX ISODOSE PLAN COMPLEX	77307	CPT	both			1268	485.97	WellPoint	WellPoint		408.04	32.18			243.04	1204.6	percent of total billed charges	
BRACHYTX ISODOSE PLAN SIMPLE	77316	CPT	outpatient			536	485.97	Aetna	Medicare		422.58				160.6	786.42	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRACHYTX ISODOSE PLAN SIMPLE	77316	CPT	outpatient			536	485.97	Aetna	Commercial		672.75				160.6	786.42	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRACHYTX ISODOSE PLAN SIMPLE	77316	CPT	outpatient			536	485.97	Aetna	Better Health		169.11	31.55			160.6	786.42	percent of total billed charges	
BRACHYTX ISODOSE PLAN SIMPLE	77316	CPT	outpatient			536	485.97	Americare	Americare		402	75			160.6	786.42	percent of total billed charges	
BRACHYTX ISODOSE PLAN SIMPLE	77316	CPT	outpatient			536	485.97	Amerihealth	HMO/PPO		348.4	65			160.6	786.42	percent of total billed charges	
BRACHYTX ISODOSE PLAN SIMPLE	77316	CPT	outpatient			536	485.97	Amerihealth	Medicare		422.58				160.6	786.42	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRACHYTX ISODOSE PLAN SIMPLE	77316	CPT	outpatient			536	485.97	Consumer	Consumer		509.2	95			160.6	786.42	percent of total billed charges	
BRACHYTX ISODOSE PLAN SIMPLE	77316	CPT	outpatient			536	485.97	Corrections	Corrections		428.8	80			160.6	786.42	percent of total billed charges	
BRACHYTX ISODOSE PLAN SIMPLE	77316	CPT	outpatient			536	485.97	First Health	First Health		375.2	70			160.6	786.42	percent of total billed charges	
BRACHYTX ISODOSE PLAN SIMPLE	77316	CPT	outpatient			536	485.97	First Trenton	First Trenton		482.4	90			160.6	786.42	percent of total billed charges	
BRACHYTX ISODOSE PLAN SIMPLE	77316	CPT	outpatient			536	485.97	Horizon	PPO		786.42				160.6	786.42	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRACHYTX ISODOSE PLAN SIMPLE	77316	CPT	outpatient			536	485.97	Horizon	Medicare Blue		422.58				160.6	786.42	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRACHYTX ISODOSE PLAN SIMPLE	77316	CPT	outpatient			536	485.97	Horizon	Indemnity		786.42				160.6	786.42	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRACHYTX ISODOSE PLAN SIMPLE	77316	CPT	outpatient			536	485.97	Horizon	MGD		786.42				160.6	786.42	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRACHYTX ISODOSE PLAN SIMPLE	77316	CPT	outpatient			536	485.97	Horizon	NJ Health		160.6				160.6	786.42	fee schedule	
BRACHYTX ISODOSE PLAN SIMPLE	77316	CPT	outpatient			536	485.97	Managed Care Inc	Managed Care Inc		482.4	90			160.6	786.42	percent of total billed charges	
BRACHYTX ISODOSE PLAN SIMPLE	77316	CPT	outpatient			536	485.97	Multiplan	Multiplan		428.8	80			160.6	786.42	percent of total billed charges	
BRACHYTX ISODOSE PLAN SIMPLE	77316	CPT	outpatient			536	485.97	Qualcare	Qualcare		402	75			160.6	786.42	percent of total billed charges	
BRACHYTX ISODOSE PLAN SIMPLE	77316	CPT	outpatient			536	485.97	Three Rivers	Three Rivers		509.2	95			160.6	786.42	percent of total billed charges	
BRACHYTX ISODOSE PLAN SIMPLE	77316	CPT	outpatient			536	485.97	UHC	Medicaid		169.11	31.55			160.6	786.42	percent of total billed charges	
BRACHYTX ISODOSE PLAN SIMPLE	77316	CPT	outpatient			536	485.97	UHC	Medicare		422.58				160.6	786.42	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRACHYTX ISODOSE PLAN SIMPLE	77316	CPT	outpatient			536	485.97	Wellcare	Medicaid		169.11	31.55			160.6	786.42	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.														
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103		310119 true													
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
BRACHYTX ISODOSE PLAN SIMPLE	77316	CPT	outpatient			536		485.97 Wellcare	Medicare		422.58				160.6	786.42	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRACHYTX ISODOSE PLAN SIMPLE	77316	CPT	outpatient			536		485.97 WellPoint	WellPoint		172.48	32.18			160.6	786.42	percent of total billed charges	
BRACHYTX ISODOSE INTERMED	77317	CPT	outpatient			1480		485.97 Aetna	Medicare		422.58				210.13	1406	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRACHYTX ISODOSE INTERMED	77317	CPT	outpatient			1480		485.97 Aetna	Better Health		466.94	31.55			210.13	1406	percent of total billed charges	
BRACHYTX ISODOSE INTERMED	77317	CPT	outpatient			1480		485.97 Aetna	Commercial		672.75				210.13	1406	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRACHYTX ISODOSE INTERMED	77317	CPT	outpatient			1480		485.97 Americare	Americare		1110	75			210.13	1406	percent of total billed charges	
BRACHYTX ISODOSE INTERMED	77317	CPT	outpatient			1480		485.97 Amerihealth	HMO/PPO		962	65			210.13	1406	percent of total billed charges	
BRACHYTX ISODOSE INTERMED	77317	CPT	outpatient			1480		485.97 Amerihealth	Medicare		422.58				210.13	1406	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRACHYTX ISODOSE INTERMED	77317	CPT	outpatient			1480		485.97 Consumer	Consumer		1406	95			210.13	1406	percent of total billed charges	
BRACHYTX ISODOSE INTERMED	77317	CPT	outpatient			1480		485.97 Corrections	Corrections		1184	80			210.13	1406	percent of total billed charges	
BRACHYTX ISODOSE INTERMED	77317	CPT	outpatient			1480		485.97 First Health	First Health		1036	70			210.13	1406	percent of total billed charges	
BRACHYTX ISODOSE INTERMED	77317	CPT	outpatient			1480		485.97 First Trenton	First Trenton		1332	90			210.13	1406	percent of total billed charges	
BRACHYTX ISODOSE INTERMED	77317	CPT	outpatient			1480		485.97 Horizon	NJ Health		210.13				210.13	1406	fee schedule	
BRACHYTX ISODOSE INTERMED	77317	CPT	outpatient			1480		485.97 Horizon	Indemnity		786.42				210.13	1406	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRACHYTX ISODOSE INTERMED	77317	CPT	outpatient			1480		485.97 Horizon	Medicare Blue		422.58				210.13	1406	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRACHYTX ISODOSE INTERMED	77317	CPT	outpatient			1480		485.97 Horizon	MGD		786.42				210.13	1406	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRACHYTX ISODOSE INTERMED	77317	CPT	outpatient			1480		485.97 Horizon	PPO		786.42				210.13	1406	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRACHYTX ISODOSE INTERMED	77317	CPT	outpatient			1480		485.97 Managed Care Inc	Managed Care Inc		1332	90			210.13	1406	percent of total billed charges	
BRACHYTX ISODOSE INTERMED	77317	CPT	outpatient			1480		485.97 Multiplan	Multiplan		1184	80			210.13	1406	percent of total billed charges	
BRACHYTX ISODOSE INTERMED	77317	CPT	outpatient			1480		485.97 Qualcare	Qualcare		1110	75			210.13	1406	percent of total billed charges	
BRACHYTX ISODOSE INTERMED	77317	CPT	outpatient			1480		485.97 Three Rivers	Three Rivers		1406	95			210.13	1406	percent of total billed charges	
BRACHYTX ISODOSE INTERMED	77317	CPT	outpatient			1480		485.97 UHC	Medicaid		466.94	31.55			210.13	1406	percent of total billed charges	
BRACHYTX ISODOSE INTERMED	77317	CPT	outpatient			1480		485.97 UHC	Medicare		422.58				210.13	1406	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRACHYTX ISODOSE INTERMED	77317	CPT	outpatient			1480		485.97 Wellcare	Medicare		422.58				210.13	1406	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRACHYTX ISODOSE INTERMED	77317	CPT	outpatient			1480		485.97 Wellcare	Medicaid		466.94	31.55			210.13	1406	percent of total billed charges	
BRACHYTX ISODOSE INTERMED	77317	CPT	outpatient			1480		485.97 WellPoint	WellPoint		476.26	32.18			210.13	1406	percent of total billed charges	
BRACHYTX ISODOSE COMPLEX	77318	CPT	both			1480		485.97 Aetna	Commercial		672.75				302.94	1406	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRACHYTX ISODOSE COMPLEX	77318	CPT	both			1480		485.97 Aetna	Better Health		466.94	31.55			302.94	1406	percent of total billed charges	
BRACHYTX ISODOSE COMPLEX	77318	CPT	both			1480		485.97 Aetna	Medicare		455.84	30.8			302.94	1406	percent of total billed charges	
BRACHYTX ISODOSE COMPLEX	77318	CPT	both			1480		485.97 Americare	Americare		1110	75			302.94	1406	percent of total billed charges	
BRACHYTX ISODOSE COMPLEX	77318	CPT	both			1480		485.97 Amerihealth	HMO/PPO		962	65			302.94	1406	percent of total billed charges	
BRACHYTX ISODOSE COMPLEX	77318	CPT	both			1480		485.97 Amerihealth	Medicare		422.58				302.94	1406	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRACHYTX ISODOSE COMPLEX	77318	CPT	both			1480		485.97 Consumer	Consumer		1406	95			302.94	1406	percent of total billed charges	
BRACHYTX ISODOSE COMPLEX	77318	CPT	both			1480		485.97 Corrections	Corrections		1184	80			302.94	1406	percent of total billed charges	
BRACHYTX ISODOSE COMPLEX	77318	CPT	both			1480		485.97 First Health	First Health		1036	70			302.94	1406	percent of total billed charges	
BRACHYTX ISODOSE COMPLEX	77318	CPT	both			1480		485.97 First Trenton	First Trenton		1332	90			302.94	1406	percent of total billed charges	
BRACHYTX ISODOSE COMPLEX	77318	CPT	both			1480		485.97 Horizon	Indemnity		786.42				302.94	1406	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRACHYTX ISODOSE COMPLEX	77318	CPT	both			1480		485.97 Horizon	Medicare Blue		422.58				302.94	1406	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRACHYTX ISODOSE COMPLEX	77318	CPT	both			1480		485.97 Horizon	MGD		786.42				302.94	1406	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRACHYTX ISODOSE COMPLEX	77318	CPT	both			1480		485.97 Horizon	NJ Health		302.94				302.94	1406	fee schedule	
BRACHYTX ISODOSE COMPLEX	77318	CPT	both			1480		485.97 Horizon	PPO		786.42				302.94	1406	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRACHYTX ISODOSE COMPLEX	77318	CPT	both			1480		485.97 Managed Care Inc	Managed Care Inc		1332	90			302.94	1406	percent of total billed charges	
BRACHYTX ISODOSE COMPLEX	77318	CPT	both			1480		485.97 Multiplan	Multiplan		1184	80			302.94	1406	percent of total billed charges	
BRACHYTX ISODOSE COMPLEX	77318	CPT	both			1480		485.97 Qualcare	Qualcare		1110	75			302.94	1406	percent of total billed charges	
BRACHYTX ISODOSE COMPLEX	77318	CPT	both			1480		485.97 Three Rivers	Three Rivers		1406	95			302.94	1406	percent of total billed charges	
BRACHYTX ISODOSE COMPLEX	77318	CPT	both			1480		485.97 UHC	Medicaid		466.94	31.55			302.94	1406	percent of total billed charges	
BRACHYTX ISODOSE COMPLEX	77318	CPT	both			1480		485.97 UHC	Medicare		422.58				302.94	1406	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRACHYTX ISODOSE COMPLEX	77318	CPT	both			1480		485.97 Wellcare	Medicaid		466.94	31.55			302.94	1406	percent of total billed charges	
BRACHYTX ISODOSE COMPLEX	77318	CPT	both			1480		485.97 Wellcare	Medicare		422.58				302.94	1406	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRACHYTX ISODOSE COMPLEX	77318	CPT	both			1480		485.97 WellPoint	WellPoint		476.26	32.18			302.94	1406	percent of total billed charges	
SPECIAL TELETHERAPY	77321	CPT	outpatient			2029		485.97 Aetna	Better Health		640.15	31.55			199.92	1927.55	percent of total billed charges	
SPECIAL TELETHERAPY	77321	CPT	outpatient			2029		485.97 Aetna	Commercial		672.75				199.92	1927.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPECIAL TELETHERAPY	77321	CPT	outpatient			2029		485.97 Aetna	Medicare		422.58				199.92	1927.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPECIAL TELETHERAPY	77321	CPT	outpatient			2029		485.97 Americare	Americare		1521.75	75			199.92	1927.55	percent of total billed charges	
SPECIAL TELETHERAPY	77321	CPT	outpatient			2029		485.97 Amerihealth	Medicare		422.58				199.92	1927.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPECIAL TELETHERAPY	77321	CPT	outpatient			2029		485.97 Amerihealth	HMO/PPO		1318.85	65			199.92	1927.55	percent of total billed charges	
SPECIAL TELETHERAPY	77321	CPT	outpatient			2029		485.97 Consumer	Consumer		1927.55	95			199.92	1927.55	percent of total billed charges	
SPECIAL TELETHERAPY	77321	CPT	outpatient			2029		485.97 Corrections	Corrections		1623.2	80			199.92	1927.55	percent of total billed charges	
SPECIAL TELETHERAPY	77321	CPT	outpatient			2029		485.97 First Health	First Health		1420.3	70			199.92	1927.55	percent of total billed charges	
SPECIAL TELETHERAPY	77321	CPT	outpatient			2029		485.97 First Trenton	First Trenton		1826.1	90			199.92	1927.55	percent of total billed charges	
SPECIAL TELETHERAPY	77321	CPT	outpatient			2029		485.97 Horizon	Indemnity		786.42				199.92	1927.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPECIAL TELETHERAPY	77321	CPT	outpatient			2029		485.97 Horizon	Medicare Blue		422.58				199.92	1927.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPECIAL TELETHERAPY	77321	CPT	outpatient			2029		485.97 Horizon	NJ Health		199.92				199.92	1927.55	fee schedule	
SPECIAL TELETHERAPY	77321	CPT	outpatient			2029		485.97 Horizon	MGD		786.42				199.92	1927.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPECIAL TELETHERAPY	77321	CPT	outpatient			2029		485.97 Horizon	PPO		786.42				199.92	1927.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPECIAL TELETHERAPY	77321	CPT	outpatient			2029		485.97 Managed Care Inc	Managed Care Inc		1826.1	90			199.92	1927.55	percent of total billed charges	
SPECIAL TELETHERAPY	77321	CPT	outpatient			2029		485.97 Multiplan	Multiplan		1623.2	80			199.92	1927.55	percent of total billed charges	
SPECIAL TELETHERAPY	77321	CPT	outpatient			2029		485.97 Qualcare	Qualcare		1521.75	75			199.92	1927.55	percent of total billed charges	
SPECIAL TELETHERAPY	77321	CPT	outpatient			2029		485.97 Three Rivers	Three Rivers		1927.55	95			199.92	1927.55	percent of total billed charges	
SPECIAL TELETHERAPY	77321	CPT	outpatient			2029		485.97 UHC	Medicare		422.58				199.92	1927.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPECIAL TELETHERAPY	77321	CPT	outpatient			2029		485.97 UHC	Medicaid		640.15	31.55			199.92	1927.55	percent of total billed charges	
SPECIAL TELETHERAPY	77321	CPT	outpatient			2029		485.97 Wellcare	Medicare		422.58				199.92	1927.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPECIAL TELETHERAPY	77321	CPT	outpatient			2029		485.97 Wellcare	Medicaid		640.15	31.55			199.92	1927.55	percent of total billed charges	
SPECIAL TELETHERAPY	77321	CPT	outpatient			2029		485.97 WellPoint	WellPoint		652.93	32.18			199.92	1927.55	percent of total billed charges	
SPECIAL DOSIMETRY	77331	CPT	both			543		178.46 Aetna	Commercial		247.05				54.88	516.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPECIAL DOSIMETRY	77331	CPT	both			543		178.46 Aetna	Better Health		171.32	31.55			54.88	516.85	percent of total billed charges	
SPECIAL DOSIMETRY	77331	CPT	both			543		178.46 Aetna	Medicare		155.18				54.88	516.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPECIAL DOSIMETRY	77331	CPT	both			543		178.46 Americare	Americare		407.25	75			54.88	516.85	percent of total billed charges	
SPECIAL DOSIMETRY	77331	CPT	both			543		178.46 Amerihealth	HMO/PPO		352.95	65			54.88	516.85	percent of total billed charges	
SPECIAL DOSIMETRY	77331	CPT	both			543		178.46 Amerihealth	Medicare		155.18				54.88	516.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPECIAL DOSIMETRY	77331	CPT	both			543		178.46 Consumer	Consumer		515.85	95			54.88	516.85	percent of total billed charges	
SPECIAL DOSIMETRY	77331	CPT	both			543		178.46 Corrections	Corrections		434.4	80			54.88	516.85	percent of total billed charges	
SPECIAL DOSIMETRY	77331	CPT	both			543		178.46 First Health	First Health		380.1	70			54.88	516.85	percent of total billed charges	
SPECIAL DOSIMETRY	77331	CPT	both			543		178.46 First Trenton	First Trenton		488.7	90			54.88	516.85	percent of total billed charges	
SPECIAL DOSIMETRY	77331	CPT	both			543		178.46 Horizon	Medicare Blue		155.18				54.88	516.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPECIAL DOSIMETRY	77331	CPT	both			543		178.46 Horizon	PPO		288.79				54.88	516.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPECIAL DOSIMETRY	77331	CPT	both			543		178.46 Horizon	MGD		288.79				54.88	516.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPECIAL DOSIMETRY	77331	CPT	both			543		178.46 Horizon	Indemnity		288.79				54.88	516.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPECIAL DOSIMETRY	77331	CPT	both			543		178.46 Horizon	NJ Health		54.88				54.88	516.85	fee schedule	
SPECIAL DOSIMETRY	77331	CPT	both			543		178.46 Managed Care Inc	Managed Care Inc		488.7	90			54.88	516.85	percent of total billed charges	
SPECIAL DOSIMETRY	77331	CPT	both			543		178.46 Multiplan	Multiplan		434.4	80			54.88	516.85	percent of total billed charges	
SPECIAL DOSIMETRY	77331	CPT	both			543		178.46 Qualcare	Qualcare		407.25	75			54.88	516.85	percent of total billed charges	
SPECIAL DOSIMETRY	77331	CPT	both			543		178.46 Three Rivers	Three Rivers		515.85	95			54.88	516.85	percent of total billed charges	
SPECIAL DOSIMETRY	77331	CPT	both			543		178.46 UHC	Medicaid		171.32	31.55			54.88	516.85	percent of total billed charges	
SPECIAL DOSIMETRY	77331	CPT	both			543		178.46 UHC	Medicare		155.18				54.88	516.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPECIAL DOSIMETRY	77331	CPT	both			543		178.46 Wellcare	Medicaid		171.32	31.55			54.88	516.85	percent of total billed charges	
SPECIAL DOSIMETRY	77331	CPT	both			543		178.46 Wellcare	Medicare		155.18				54.88	516.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPECIAL DOSIMETRY	77331	CPT	both			543		178.46 WellPoint	WellPoint		174.74	32.18			54.88	516.85	percent of total billed charges	
TREATMENT DEVICE, SIMPLE	77332	CPT	both			637		178.46 Aetna	Commercial		247.05				103.88	605.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREATMENT DEVICE, SIMPLE	77332	CPT	both			637		178.46 Aetna	Better Health		200.97	31.55			103.88	605.15	percent of total billed charges	
TREATMENT DEVICE, SIMPLE	77332	CPT	both			637		178.46 Aetna	Medicare		196.2	30.8			103.88	605.15	percent of total billed charges	
TREATMENT DEVICE, SIMPLE	77332	CPT	both			637		178.46 Americare	Americare		477.75	75			103.88	605.15	percent of total billed charges	
TREATMENT DEVICE, SIMPLE	77332	CPT	both			637		178.46 Amerihealth	HMO/PPO		414.05	65			103.88	605.15	percent of total billed charges	
TREATMENT DEVICE, SIMPLE	77332	CPT	both			637		178.46 Amerihealth	Medicare		155.18				103.88	605.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREATMENT DEVICE, SIMPLE	77332	CPT	both			637		178.46 Consumer	Consumer		605.15	95			103.88	605.15	percent of total billed charges	
TREATMENT DEVICE, SIMPLE	77332	CPT	both			637		178.46 Corrections	Corrections		509.6	80			103.88	605.15	percent of total billed charges	
TREATMENT DEVICE, SIMPLE	77332	CPT	both			637		178.46 First Health	First Health		445.9	70			103.88	605.15	percent of total billed charges	
TREATMENT DEVICE, SIMPLE	77332	CPT	both			637		178.46 First Trenton	First Trenton		573.3	90			103.88	605.15	percent of total billed charges	
TREATMENT DEVICE, SIMPLE	77332	CPT	both			637		178.46 Horizon	MGD		288.79				103.88	605.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREATMENT DEVICE, SIMPLE	77332	CPT	both			637		178.46 Horizon	Indemnity		288.79				103.88	605.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREATMENT DEVICE, SIMPLE	77332	CPT	both			637		178.46 Horizon	PPO		288.79				103.88	605.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREATMENT DEVICE, SIMPLE	77332	CPT	both			637		178.46 Horizon	Medicare Blue		155.18				103.88	605.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREATMENT DEVICE, SIMPLE	77332	CPT	both			637		178.46 Horizon	NJ Health		103.88				103.88	605.15	fee schedule	
TREATMENT DEVICE, SIMPLE	77332	CPT	both			637		178.46 Managed Care Inc	Managed Care Inc		573.3	90			103.88	605.15	percent of total billed charges	
TREATMENT DEVICE, SIMPLE	77332	CPT	both			637		178.46 Multiplan	Multiplan		509.6	80			103.88	605.15	percent of total billed charges	
TREATMENT DEVICE, SIMPLE	77332	CPT	both			637		178.46 Qualcare	Qualcare		477.75	75			103.88	605.15	percent of total billed charges	
TREATMENT DEVICE, SIMPLE	77332	CPT	both			637		178.46 Three Rivers	Three Rivers		605.15	95			103.88	605.15	percent of total billed charges	
TREATMENT DEVICE, SIMPLE	77332	CPT	both			637		178.46 UHC	Medicare		155.18				103.88	605.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREATMENT DEVICE, SIMPLE	77332	CPT	both			637		178.46 UHC	Medicaid		200.97	31.55			103.88	605.15	percent of total billed charges	
TREATMENT DEVICE, SIMPLE	77332	CPT	both			637		178.46 Wellcare	Medicare		155.18				103.88	605.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREATMENT DEVICE, SIMPLE	77332	CPT	both			637		178.46 Wellcare	Medicaid		200.97	31.55			103.88	605.15	percent of total billed charges	
TREATMENT DEVICE, SIMPLE	77332	CPT	both			637		178.46 WellPoint	WellPoint		204.99	32.18			103.88	605.15	percent of total billed charges	
TREATMENT DEVICE, INTERMEDIATE	77333	CPT	both			740		178.46 Aetna	Commercial		247.05				155.18	703	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREATMENT DEVICE, INTERMEDIATE	77333	CPT	both			740		178.46 Aetna	Better Health		233.47	31.55			155.18	703	percent of total billed charges	
TREATMENT DEVICE, INTERMEDIATE	77333	CPT	both			740		178.46 Aetna	Medicare		155.18				155.18	703	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREATMENT DEVICE, INTERMEDIATE	77333	CPT	both			740		178.46 Americare	Americare		555	75			155.18	703	percent of total billed charges	
TREATMENT DEVICE, INTERMEDIATE	77333	CPT	both			740		178.46 Amerihealth	HMO/PPO		481	65			155.18	703	percent of total billed charges	
TREATMENT DEVICE, INTERMEDIATE	77333	CPT	both			740		178.46 Amerihealth	Medicare		155.18				155.18	703	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREATMENT DEVICE, INTERMEDIATE	77333	CPT	both			740		178.46 Consumer	Consumer		703	95			155.18	703	percent of total billed charges	
TREATMENT DEVICE, INTERMEDIATE	77333	CPT	both			740		178.46 Corrections	Corrections		592	80			155.18	703	percent of total billed charges	
TREATMENT DEVICE, INTERMEDIATE	77333	CPT	both			740		178.46 First Health	First Health		518	70			155.18	703	percent of total billed charges	
TREATMENT DEVICE, INTERMEDIATE	77333	CPT	both			740		178.46 First Trenton	First Trenton		666	90			155.18	703	percent of total billed charges	
TREATMENT DEVICE, INTERMEDIATE	77333	CPT	both			740		178.46 Horizon	PPO		288.79				155.18	703	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREATMENT DEVICE, INTERMEDIATE	77333	CPT	both			740		178.46 Horizon	MGD		288.79				155.18	703	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREATMENT DEVICE, INTERMEDIATE	77333	CPT	both			740		178.46 Horizon	Indemnity		288.79				155.18	703	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREATMENT DEVICE, INTERMEDIATE	77333	CPT	both			740		178.46 Horizon	NJ Health		178.36				155.18	703	fee schedule	
TREATMENT DEVICE, INTERMEDIATE	77333	CPT	both			740		178.46 Horizon	Medicare Blue		155.18				155.18	703	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREATMENT DEVICE, INTERMEDIATE	77333	CPT	both			740		178.46 Managed Care Inc	Managed Care Inc		666	90			155.18	703	percent of total billed charges	
TREATMENT DEVICE, INTERMEDIATE	77333	CPT	both			740		178.46 Multiplan	Multiplan		592	80			155.18	703	percent of total billed charges	
TREATMENT DEVICE, INTERMEDIATE	77333	CPT	both			740		178.46 Qualcare	Qualcare		555	75			155.18	703	percent of total billed charges	
TREATMENT DEVICE, INTERMEDIATE	77333	CPT	both			740		178.46 Three Rivers	Three Rivers		703	95			155.18	703	percent of total billed charges	
TREATMENT DEVICE, INTERMEDIATE	77333	CPT	both			740		178.46 UHC	Medicare		155.18				155.18	703	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREATMENT DEVICE, INTERMEDIATE	77333	CPT	both			740		178.46 UHC	Medicaid		233.47	31.55			155.18	703	percent of total billed charges	
TREATMENT DEVICE, INTERMEDIATE	77333	CPT	both			740		178.46 Wellcare	Medicare		155.18				155.18	703	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREATMENT DEVICE, INTERMEDIATE	77333	CPT	both			740		178.46 Wellcare	Medicaid		233.47	31.55			155.18	703	percent of total billed charges	
TREATMENT DEVICE, INTERMEDIATE	77333	CPT	both			740		178.46 WellPoint	WellPoint		236.13	32.18			155.18	703	percent of total billed charges	
TREATMENT DEVICE, COMPLEX	77334	CPT	both			1472		485.97 Aetna	Better Health		466.42	31.55			286.16	1398.4	percent of total billed charges	
TREATMENT DEVICE, COMPLEX	77334	CPT	both			1472		485.97 Aetna	Commercial		672.75				286.16	1398.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
TREATMENT DEVICE, COMPLEX	77334	CPT	both			1472	485.97	Aetna	Medicare		422.58				286.16		1398.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREATMENT DEVICE, COMPLEX	77334	CPT	both			1472	485.97	Americare	Americare		1104	75			286.16		1398.4 percent of total billed charges	
TREATMENT DEVICE, COMPLEX	77334	CPT	both			1472	485.97	Amerihealth	HMO/PPO		956.8	65			286.16		1398.4 percent of total billed charges	
TREATMENT DEVICE, COMPLEX	77334	CPT	both			1472	485.97	Amerihealth	Medicare		422.58				286.16		1398.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREATMENT DEVICE, COMPLEX	77334	CPT	both			1472	485.97	Consumer	Consumer		1398.4	95			286.16		1398.4 percent of total billed charges	
TREATMENT DEVICE, COMPLEX	77334	CPT	both			1472	485.97	Corrections	Corrections		1177.6	80			286.16		1398.4 percent of total billed charges	
TREATMENT DEVICE, COMPLEX	77334	CPT	both			1472	485.97	First Health	First Health		1030.4	70			286.16		1398.4 percent of total billed charges	
TREATMENT DEVICE, COMPLEX	77334	CPT	both			1472	485.97	First Trenton	First Trenton		1324.8	90			286.16		1398.4 percent of total billed charges	
TREATMENT DEVICE, COMPLEX	77334	CPT	both			1472	485.97	Horizon	Medicare Blue		422.58				286.16		1398.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREATMENT DEVICE, COMPLEX	77334	CPT	both			1472	485.97	Horizon	MGD		786.42				286.16		1398.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREATMENT DEVICE, COMPLEX	77334	CPT	both			1472	485.97	Horizon	Indemnity		786.42				286.16		1398.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREATMENT DEVICE, COMPLEX	77334	CPT	both			1472	485.97	Horizon	NJ Health		286.16				286.16		1398.4 fee schedule	
TREATMENT DEVICE, COMPLEX	77334	CPT	both			1472	485.97	Horizon	PPO		786.42				286.16		1398.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREATMENT DEVICE, COMPLEX	77334	CPT	both			1472	485.97	Managed Care Inc	Managed Care Inc		1324.8	90			286.16		1398.4 percent of total billed charges	
TREATMENT DEVICE, COMPLEX	77334	CPT	both			1472	485.97	Multiplan	Multiplan		1177.6	80			286.16		1398.4 percent of total billed charges	
TREATMENT DEVICE, COMPLEX	77334	CPT	both			1472	485.97	Qualcare	Qualcare		1104	75			286.16		1398.4 percent of total billed charges	
TREATMENT DEVICE, COMPLEX	77334	CPT	both			1472	485.97	Three Rivers	Three Rivers		1398.4	95			286.16		1398.4 percent of total billed charges	
TREATMENT DEVICE, COMPLEX	77334	CPT	both			1472	485.97	UHC	Medicaid		464.42	31.55			286.16		1398.4 percent of total billed charges	
TREATMENT DEVICE, COMPLEX	77334	CPT	both			1472	485.97	UHC	Medicare		422.58				286.16		1398.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREATMENT DEVICE, COMPLEX	77334	CPT	both			1472	485.97	Wellcare	Medicaid		464.42	31.55			286.16		1398.4 percent of total billed charges	
TREATMENT DEVICE, COMPLEX	77334	CPT	both			1472	485.97	Wellcare	Medicare		422.58				286.16		1398.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREATMENT DEVICE, COMPLEX	77334	CPT	both			1472	485.97	WellPoint	WellPoint		473.69	32.18			286.16		1398.4 percent of total billed charges	
CONT MED RAD PHYSICS SUPPORT	77336	CPT	both			1462	178.46	Aetna	Better Health		461.26	31.55			103.21		1388.9 percent of total billed charges	
CONT MED RAD PHYSICS SUPPORT	77336	CPT	both			1462	178.46	Aetna	Medicare		450.3	30.8			103.21		1388.9 percent of total billed charges	
CONT MED RAD PHYSICS SUPPORT	77336	CPT	both			1462	178.46	Aetna	Commercial		247.05				103.21		1388.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONT MED RAD PHYSICS SUPPORT	77336	CPT	both			1462	178.46	Americare	Americare		1096.5	75			103.21		1388.9 percent of total billed charges	
CONT MED RAD PHYSICS SUPPORT	77336	CPT	both			1462	178.46	Amerihealth	Medicare		155.18				103.21		1388.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONT MED RAD PHYSICS SUPPORT	77336	CPT	both			1462	178.46	Amerihealth	HMO/PPO		950.3	65			103.21		1388.9 percent of total billed charges	
CONT MED RAD PHYSICS SUPPORT	77336	CPT	both			1462	178.46	Consumer	Consumer		1388.9	95			103.21		1388.9 percent of total billed charges	
CONT MED RAD PHYSICS SUPPORT	77336	CPT	both			1462	178.46	Corrections	Corrections		1169.6	80			103.21		1388.9 percent of total billed charges	
CONT MED RAD PHYSICS SUPPORT	77336	CPT	both			1462	178.46	First Health	First Health		1023.4	70			103.21		1388.9 percent of total billed charges	
CONT MED RAD PHYSICS SUPPORT	77336	CPT	both			1462	178.46	First Trenton	First Trenton		1315.8	90			103.21		1388.9 percent of total billed charges	
CONT MED RAD PHYSICS SUPPORT	77336	CPT	both			1462	178.46	Horizon	Medicare Blue		155.18				103.21		1388.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONT MED RAD PHYSICS SUPPORT	77336	CPT	both			1462	178.46	Horizon	MGD		286.79				103.21		1388.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONT MED RAD PHYSICS SUPPORT	77336	CPT	both			1462	178.46	Horizon	Indemnity		288.79				103.21		1388.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONT MED RAD PHYSICS SUPPORT	77336	CPT	both			1462	178.46	Horizon	NJ Health		103.21				103.21		1388.9 fee schedule	
CONT MED RAD PHYSICS SUPPORT	77336	CPT	both			1462	178.46	Horizon	PPO		288.79				103.21		1388.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONT MED RAD PHYSICS SUPPORT	77336	CPT	both			1462	178.46	Managed Care Inc	Managed Care Inc		1315.8	90			103.21		1388.9 percent of total billed charges	
CONT MED RAD PHYSICS SUPPORT	77336	CPT	both			1462	178.46	Multiplan	Multiplan		1169.6	80			103.21		1388.9 percent of total billed charges	
CONT MED RAD PHYSICS SUPPORT	77336	CPT	both			1462	178.46	Qualcare	Qualcare		1096.5	75			103.21		1388.9 percent of total billed charges	
CONT MED RAD PHYSICS SUPPORT	77336	CPT	both			1462	178.46	Three Rivers	Three Rivers		1388.9	95			103.21		1388.9 percent of total billed charges	
CONT MED RAD PHYSICS SUPPORT	77336	CPT	both			1462	178.46	UHC	Medicare		155.18				103.21		1388.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONT MED RAD PHYSICS SUPPORT	77336	CPT	both			1462	178.46	UHC	Medicaid		461.26	31.55			103.21		1388.9 percent of total billed charges	
CONT MED RAD PHYSICS SUPPORT	77336	CPT	both			1462	178.46	Wellcare	Medicare		155.18				103.21		1388.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONT MED RAD PHYSICS SUPPORT	77336	CPT	both			1462	178.46	Wellcare	Medicaid		461.26	31.55			103.21		1388.9 percent of total billed charges	
CONT MED RAD PHYSICS SUPPORT	77336	CPT	both			1462	178.46	WellPoint	WellPoint		470.47	32.18			103.21		1388.9 percent of total billed charges	
IMRT BLOCK	77338	CPT	both			4899	485.97	Aetna	Commercial		672.75				422.58		4654.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMRT BLOCK	77338	CPT	both			4899	485.97	Aetna	Better Health		1545.63	31.55			422.58		4654.05 percent of total billed charges	
IMRT BLOCK	77338	CPT	both			4899	485.97	Aetna	Medicare		422.58				422.58		4654.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMRT BLOCK	77338	CPT	both			4899	485.97	Americare	Americare		3674.25	75			422.58		4654.05 percent of total billed charges	
IMRT BLOCK	77338	CPT	both			4899	485.97	Amerihealth	Medicare		422.58				422.58		4654.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMRT BLOCK	77338	CPT	both			4899	485.97	Amerihealth	HMO/PPO		3184.35	65			422.58		4654.05 percent of total billed charges	
IMRT BLOCK	77338	CPT	both			4899	485.97	Consumer	Consumer		4654.05	95			422.58		4654.05 percent of total billed charges	
IMRT BLOCK	77338	CPT	both			4899	485.97	Corrections	Corrections		3919.2	80			422.58		4654.05 percent of total billed charges	
IMRT BLOCK	77338	CPT	both			4899	485.97	First Health	First Health		3429.3	70			422.58		4654.05 percent of total billed charges	
IMRT BLOCK	77338	CPT	both			4899	485.97	First Trenton	First Trenton		4409.1	90			422.58		4654.05 percent of total billed charges	
IMRT BLOCK	77338	CPT	both			4899	485.97	Horizon	MGD		786.42				422.58		4654.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMRT BLOCK	77338	CPT	both			4899	485.97	Horizon	Indemnity		786.42				422.58		4654.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMRT BLOCK	77338	CPT	both			4899	485.97	Horizon	PPO		786.42				422.58		4654.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMRT BLOCK	77338	CPT	both			4899	485.97	Horizon	NJ Health		438.39				422.58		4654.05 fee schedule	
IMRT BLOCK	77338	CPT	both			4899	485.97	Horizon	Medicare Blue		422.58				422.58		4654.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMRT BLOCK	77338	CPT	both			4899	485.97	Managed Care Inc	Managed Care Inc		4409.1	90			422.58		4654.05 percent of total billed charges	
IMRT BLOCK	77338	CPT	both			4899	485.97	Multiplan	Multiplan		3919.2	80			422.58		4654.05 percent of total billed charges	
IMRT BLOCK	77338	CPT	both			4899	485.97	Qualcare	Qualcare		3674.25	75			422.58		4654.05 percent of total billed charges	
IMRT BLOCK	77338	CPT	both			4899	485.97	Three Rivers	Three Rivers		4654.05	95			422.58		4654.05 percent of total billed charges	
IMRT BLOCK	77338	CPT	both			4899	485.97	UHC	Medicare		422.58				422.58		4654.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMRT BLOCK	77338	CPT	both			4899	485.97	UHC	Medicaid		1545.63	31.55			422.58		4654.05 percent of total billed charges	
IMRT BLOCK	77338	CPT	both			4899	485.97	Wellcare	Medicare		422.58				422.58		4654.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMRT BLOCK	77338	CPT	both			4899	485.97	Wellcare	Medicaid		1545.63	31.55			422.58		4654.05 percent of total billed charges	
IMRT BLOCK	77338	CPT	both			4899	485.97	WellPoint	WellPoint		1576.5	32.18			422.58		4654.05 percent of total billed charges	
SPECIAL MED.RAD.PHYSICS CONSULT	77370	CPT	both			1705	178.46	Aetna	Commercial		247.05				115.25		1619.75 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPECIAL MED.RAD.PHYSICS CONSULT	77370	CPT	both			1705	178.46	Aetna	Better Health		537.93	31.55			115.25		1619.75 percent of total billed charges	
SPECIAL MED.RAD.PHYSICS CONSULT	77370	CPT	both			1705	178.46	Aetna	Medicare		155.18				115.25		1619.75 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPECIAL MED.RAD.PHYSICS CONSULT	77370	CPT	both			1705	178.46	Americare	Americare		1278.75	75			115.25		1619.75 percent of total billed charges	
SPECIAL MED.RAD.PHYSICS CONSULT	77370	CPT	both			1705	178.46	Amerihealth	HMO/PPO		1106.25	65			115.25		1619.75 percent of total billed charges	
SPECIAL MED.RAD.PHYSICS CONSULT	77370	CPT	both			1705	178.46	Amerihealth	Medicare		155.18				115.25		1619.75 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPECIAL MED.RAD.PHYSICS CONSULT	77370	CPT	both			1705	178.46	Consumer	Consumer		1619.75	95			115.25		1619.75 percent of total billed charges	
SPECIAL MED.RAD.PHYSICS CONSULT	77370	CPT	both			1705	178.46	Corrections	Corrections		1364	80			115.25		1619.75 percent of total billed charges	
SPECIAL MED.RAD.PHYSICS CONSULT	77370	CPT	both			1705	178.46	First Health	First Health		1193.5	70			115.25		1619.75 percent of total billed charges	
SPECIAL MED.RAD.PHYSICS CONSULT	77370	CPT	both			1705	178.46	First Trenton	First Trenton		1534.5	90			115.25		1619.75 percent of total billed charges	
SPECIAL MED.RAD.PHYSICS CONSULT	77370	CPT	both			1705	178.46	Horizon	MGD		288.79				115.25		1619.75 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPECIAL MED.RAD.PHYSICS CONSULT	77370	CPT	both			1705	178.46	Horizon	Indemnity		288.79				115.25		1619.75 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPECIAL MED.RAD.PHYSICS CONSULT	77370	CPT	both			1705	178.46	Horizon	NJ Health		115.25				115.25		1619.75 fee schedule	
SPECIAL MED.RAD.PHYSICS CONSULT	77370	CPT	both			1705	178.46	Horizon	Medicare Blue		155.18				115.25		1619.75 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPECIAL MED.RAD.PHYSICS CONSULT	77370	CPT	both			1705	178.46	Horizon	PPO		288.79				115.25		1619.75 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPECIAL MED.RAD.PHYSICS CONSULT	77370	CPT	both			1705	178.46	Managed Care Inc	Managed Care Inc		1534.5	90			115.25		1619.75 percent of total billed charges	
SPECIAL MED.RAD.PHYSICS CONSULT	77370	CPT	both			1705	178.46	Multiplan	Multiplan		1364	80			115.25		1619.75 percent of total billed charges	
SPECIAL MED.RAD.PHYSICS CONSULT	77370	CPT	both			1705	178.46	Qualcare	Qualcare		1278.75	75			115.25		1619.75 percent of total billed charges	
SPECIAL MED.RAD.PHYSICS CONSULT	77370	CPT	both			1705	178.46	Three Rivers	Three Rivers		1619.75	95			115.25		1619.75 percent of total billed charges	
SPECIAL MED.RAD.PHYSICS CONSULT	77370	CPT	both			1705	178.46	UHC	Medicare		155.18				115.25		1619.75 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPECIAL MED.RAD.PHYSICS CONSULT	77370	CPT	both			1705	178.46	UHC	Medicaid		537.93	31.55			115.25		1619.75 percent of total billed charges	
SPECIAL MED.RAD.PHYSICS CONSULT	77370	CPT	both			1705	178.46	Wellcare	Medicare		155.18				115.25		1619.75 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPECIAL MED.RAD.PHYSICS CONSULT	77370	CPT	both			1705	178.46	Wellcare	Medicaid		537.93	31.55			115.25		1619.75 percent of total billed charges	
SPECIAL MED.RAD.PHYSICS CONSULT	77370	CPT	both			1705	178.46	WellPoint	WellPoint		548.67	32.18			115.25		1619.75 percent of total billed charges	
STEREOTAC RADSURG CMPL 1 SESSN	77372	CPT	outpatient			16842	10242	Aetna	Better Health		5313.65	31.55			767.42		16574.23 percent of total billed charges	
STEREOTAC RADSURG CMPL 1 SESSN	77372	CPT	outpatient			16842	10242	Aetna	Medicare		8906.09				767.42		16574.23 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STEREOTAC RADSURG CMPL 1 SESSN	77372	CPT	outpatient			16842	10242	Aetna	Commercial		14178.5				767.42		16574.23 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STEREOTAC RADSURG CMPL 1 SESSN	77372	CPT	outpatient			16842	10242	Americare	Americare		12631.5	75			767.42		16574.23 percent of total billed charges	
STEREOTAC RADSURG CMPL 1 SESSN	77372	CPT	outpatient			16842	10242	Amerihealth	Medicare		8906.09				767.42		16574.23 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STEREOTAC RADSURG CMPL 1 SESSN	77372	CPT	outpatient			16842	10242	Amerihealth	HMO/PPO		10947.3	65			767.42		16574.23 percent of total billed charges	
STEREOTAC RADSURG CMPL 1 SESSN	77372	CPT	outpatient			16842	10242	Consumer	Consumer		15999.9	95			767.42		16574.23 percent of total billed charges	
STEREOTAC RADSURG CMPL 1 SESSN	77372	CPT	outpatient			16842	10242	Corrections	Corrections		13473.6	80			767.42		16574.23 percent of total billed charges	
STEREOTAC RADSURG CMPL 1 SESSN	77372	CPT	outpatient			16842	10242	First Health	First Health		11789.4	70			767.42		16574.23 percent of total billed charges	
STEREOTAC RADSURG CMPL 1 SESSN	77372	CPT	outpatient			16842	10242	First Trenton	First Trenton		15157.8	90			767.42		16574.23 percent of total billed charges	
STEREOTAC RADSURG CMPL 1 SESSN	77372	CPT	outpatient			16842	10242	Horizon	Indemnity		16574.23				767.42		16574.23 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STEREOTAC RADSURG CMPL 1 SESSN	77372	CPT	outpatient			16842	10242	Horizon	PPO		16574.23				767.42		16574.23 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STEREOTAC RADSURG CMPL 1 SESSN	77372	CPT	outpatient			16842	10242	Horizon	MGD		16574.23				767.42		16574.23 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STEREOTAC RADSURG CMPL 1 SESSN	77372	CPT	outpatient			16842	10242	Horizon	Medicare Blue		8906.09				767.42		16574.23 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STEREOTAC RADSURG CMPL 1 SESSN	77372	CPT	outpatient			16842	10242	Horizon	NJ Health		767.42				767.42		16574.23 fee schedule	
STEREOTAC RADSURG CMPL 1 SESSN	77372	CPT	outpatient			16842	10242	Managed Care Inc	Managed Care Inc		15157.8	90			767.42		16574.23 percent of total billed charges	
STEREOTAC RADSURG CMPL 1 SESSN	77372	CPT	outpatient			16842	10242	Multiplan	Multiplan		13473.6	80			767.42		16574.23 percent of total billed charges	
STEREOTAC RADSURG CMPL 1 SESSN	77372	CPT	outpatient			16842	10242	Qualcare	Qualcare		12631.5	75			767.42		16574.23 percent of total billed charges	
STEREOTAC RADSURG CMPL 1 SESSN	77372	CPT	outpatient			16842	10242	Three Rivers	Three Rivers		15999.9	95			767.42		16574.23 percent of total billed charges	
STEREOTAC RADSURG CMPL 1 SESSN	77372	CPT	outpatient			16842	10242	UHC	Medicare		8906.09				767.42		16574.23 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STEREOTAC RADSURG CMPL 1 SESSN	77372	CPT	outpatient			16842	10242	UHC	Medicaid		5313.65	31.55			767.42		16574.23 percent of total billed charges	
STEREOTAC RADSURG CMPL 1 SESSN	77372	CPT	outpatient			16842	10242	Wellcare	Medicare		8906.09				767.42		16574.23 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STEREOTAC RADSURG CMPL 1 SESSN	77372	CPT	outpatient			16842	10242	Wellcare	Medicaid		5313.65	31.55			767.42		16574.23 percent of total billed charges	
STEREOTAC RADSURG CMPL 1 SESSN	77372	CPT	outpatient			16842	10242	WellPoint	WellPoint		5419.76	32.18			767.42		16574.23 percent of total billed charges	
FRACTIONATED SRS	77373	CPT	both			9011	2346.83	Aetna	Medicare		2775.39	30.8			1431.56		8560.45 percent of total billed charges	
FRACTIONATED SRS	77373	CPT	both			9011	2346.83	Aetna	Commercial		3248.83				1431.56		8560.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FRACTIONATED SRS	77373	CPT	both			9011	2346.83	Aetna	Better Health		2842.97	31.55			1431.56		8560.45 percent of total billed charges	
FRACTIONATED SRS	77373	CPT	both			9011	2346.83	Americare	Americare		6758.25	75			1431.56		8560.45 percent of total billed charges	
FRACTIONATED SRS	77373	CPT	both			9011	2346.83	Amerihealth	Medicare		2040.72				1431.56		8560.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FRACTIONATED SRS	77373	CPT	both			9011	2346.83	Amerihealth	HMO/PPO		5857.15	65			1431.56		8560.45 percent of total billed charges	
FRACTIONATED SRS	77373	CPT	both			9011	2346.83	Consumer	Consumer		8560.45	95			1431.56		8560.45 percent of total billed charges	
FRACTIONATED SRS	77373	CPT	both			9011	2346.83	Corrections	Corrections		7208.8	80			1431.56		8560.45 percent of total billed charges	
FRACTIONATED SRS	77373	CPT	both			9011	2346.83	First Health	First Health		6307.7	70			1431.56		8560.45 percent of total billed charges	
FRACTIONATED SRS	77373	CPT	both			9011	2346.83	First Trenton	First Trenton		8109.9	90			1431.56		8560.45 percent of total billed charges	
FRACTIONATED SRS	77373	CPT	both			9011	2346.83	Horizon	Indemnity		3797.78				1431.56		8560.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FRACTIONATED SRS	77373	CPT	both			9011	2346.83	Horizon	PPO		3797.78				1431.56		8560.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FRACTIONATED SRS	77373	CPT	both			9011	2346.83	Horizon	Medicare Blue		2040.72				1431.56		8560.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FRACTIONATED SRS	77373	CPT	both			9011	2346.83	Horizon	MGD		3797.78				1431.56		8560.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FRACTIONATED SRS	77373	CPT	both			9011	2346.83	Horizon	NJ Health		1431.56				1431.56		8560.45 fee schedule	
FRACTIONATED SRS	77373	CPT	both			9011	2346.83	Managed Care Inc	Managed Care Inc		8109.9	90			1431.56		8560.45 percent of total billed charges	
FRACTIONATED SRS	77373	CPT	both			9011	2346.83	Multiplan	Multiplan		7208.8	80			1431.56		8560.45 percent of total billed charges	
FRACTIONATED SRS	77373	CPT	both			9011	2346.83	Qualcare	Qualcare		6758.25	75			1431.56		8560.45 percent of total billed charges	
FRACTIONATED SRS	77373	CPT	both			9011	2346.83	Three Rivers	Three Rivers		8560.45	95			1431.56		8560.45 percent of total billed charges	
FRACTIONATED SRS	77373	CPT	both			9011	2346.83	UHC	Medicaid		2842.97	31.55			1431.56		8560.45 percent of total billed charges	
FRACTIONATED SRS	77373	CPT	both			9011	2346.83	UHC	Medicare		2040.72				1431.56		8560.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FRACTIONATED SRS	77373	CPT	both			9011	2346.83	Wellcare	Medicare		2040.72				1431.56		8560.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FRACTIONATED SRS	77373	CPT	both			9011	2346.83	Wellcare	Medicaid		2842.97	31.55			1431.56		8560.45 percent of total billed charges	
FRACTIONATED SRS	77373	CPT	both			9011	2346.83	WellPoint	WellPoint		2899.74	32.18			1431.56		8560.45 percent of total billed charges	
IMRT, SIMPLE	77385	CPT	both			2386	774.21	Aetna	Commercial		1071.78				351.94		2266.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMRT, SIMPLE	77385	CPT	both			2386	774.21	Aetna	Better Health		752.78	31.55			351.94		2266.7 percent of total billed charges	
IMRT, SIMPLE	77385	CPT	both			2386	774.21	Aetna	Medicare		673.23				351.94		2266.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMRT, SIMPLE	77385	CPT	both			2386	774.21	Americare	Americare		1789.5	75			351.94		2266.7 percent of total billed charges	
IMRT, SIMPLE	77385	CPT	both			2386	774.21	Amerihealth	Medicare		673.23				351.94		2266.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMRT, SIMPLE	77385	CPT	both			2386	774.21	Amerihealth	HMO/PPO		1550.9	65			351.94		2266.7 percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
IMRT, SIMPLE	77385	CPT	both			2386		774.21 Consumer	Consumer		2266.7	95			351.94	2266.7	percent of total billed charges	
IMRT, SIMPLE	77385	CPT	both			2386		774.21 Corrections	Corrections		1908.8	80			351.94	2266.7	percent of total billed charges	
IMRT, SIMPLE	77385	CPT	both			2386		774.21 First Health	First Health		1670.2	70			351.94	2266.7	percent of total billed charges	
IMRT, SIMPLE	77385	CPT	both			2386		774.21 First Trenton	First Trenton		2147.4	90			351.94	2266.7	percent of total billed charges	
IMRT, SIMPLE	77385	CPT	both			2386		774.21 Horizon	PPO		1252.88				351.94	2266.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMRT, SIMPLE	77385	CPT	both			2386		774.21 Horizon	MGD		1252.88				351.94	2266.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMRT, SIMPLE	77385	CPT	both			2386		774.21 Horizon	Indemnity		1252.88				351.94	2266.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMRT, SIMPLE	77385	CPT	both			2386		774.21 Horizon	Medicare Blue		673.23				351.94	2266.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMRT, SIMPLE	77385	CPT	both			2386		774.21 Horizon	NJ Health		351.94				351.94	2266.7	fee schedule	
IMRT, SIMPLE	77385	CPT	both			2386		774.21 Managed Care Inc	Managed Care Inc		2147.4	90			351.94	2266.7	percent of total billed charges	
IMRT, SIMPLE	77385	CPT	both			2386		774.21 Multiplan	Multiplan		1908.8	80			351.94	2266.7	percent of total billed charges	
IMRT, SIMPLE	77385	CPT	both			2386		774.21 Qualcare	Qualcare		1789.5	75			351.94	2266.7	percent of total billed charges	
IMRT, SIMPLE	77385	CPT	both			2386		774.21 Three Rivers	Three Rivers		2266.7	95			351.94	2266.7	percent of total billed charges	
IMRT, SIMPLE	77385	CPT	both			2386		774.21 UHC	Medicare		673.23				351.94	2266.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMRT, SIMPLE	77385	CPT	both			2386		774.21 UHC	Medicaid		752.78	31.55			351.94	2266.7	percent of total billed charges	
IMRT, SIMPLE	77385	CPT	both			2386		774.21 Wellcare	Medicare		673.23				351.94	2266.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMRT, SIMPLE	77385	CPT	both			2386		774.21 Wellcare	Medicaid		752.78	31.55			351.94	2266.7	percent of total billed charges	
IMRT, SIMPLE	77385	CPT	both			2386		774.21 WellPoint	WellPoint		767.81	32.18			351.94	2266.7	percent of total billed charges	
IMRT, COMPLEX	77386	CPT	both			2386		774.21 Aetna	Commercial		1071.78				352.84	2266.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMRT, COMPLEX	77386	CPT	both			2386		774.21 Aetna	Better Health		752.78	31.55			352.84	2266.7	percent of total billed charges	
IMRT, COMPLEX	77386	CPT	both			2386		774.21 Aetna	Medicare		673.23				352.84	2266.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMRT, COMPLEX	77386	CPT	both			2386		774.21 Americare	Americare		1789.5	75			352.84	2266.7	percent of total billed charges	
IMRT, COMPLEX	77386	CPT	both			2386		774.21 Amerihealth	Medicare		673.23				352.84	2266.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMRT, COMPLEX	77386	CPT	both			2386		774.21 Amerihealth	HMO/PPO		1550.9	65			352.84	2266.7	percent of total billed charges	
IMRT, COMPLEX	77386	CPT	both			2386		774.21 Consumer	Consumer		2266.7	95			352.84	2266.7	percent of total billed charges	
IMRT, COMPLEX	77386	CPT	both			2386		774.21 Corrections	Corrections		1908.8	80			352.84	2266.7	percent of total billed charges	
IMRT, COMPLEX	77386	CPT	both			2386		774.21 First Health	First Health		1670.2	70			352.84	2266.7	percent of total billed charges	
IMRT, COMPLEX	77386	CPT	both			2386		774.21 First Trenton	First Trenton		2147.4	90			352.84	2266.7	percent of total billed charges	
IMRT, COMPLEX	77386	CPT	both			2386		774.21 Horizon	MGD		1252.88				352.84	2266.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMRT, COMPLEX	77386	CPT	both			2386		774.21 Horizon	NJ Health		352.84				352.84	2266.7	fee schedule	
IMRT, COMPLEX	77386	CPT	both			2386		774.21 Horizon	Indemnity		1252.88				352.84	2266.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMRT, COMPLEX	77386	CPT	both			2386		774.21 Horizon	Medicare Blue		673.23				352.84	2266.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMRT, COMPLEX	77386	CPT	both			2386		774.21 Horizon	PPO		1252.88				352.84	2266.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMRT, COMPLEX	77386	CPT	both			2386		774.21 Managed Care Inc	Managed Care Inc		2147.4	90			352.84	2266.7	percent of total billed charges	
IMRT, COMPLEX	77386	CPT	both			2386		774.21 Multiplan	Multiplan		1908.8	80			352.84	2266.7	percent of total billed charges	
IMRT, COMPLEX	77386	CPT	both			2386		774.21 Qualcare	Qualcare		1789.5	75			352.84	2266.7	percent of total billed charges	
IMRT, COMPLEX	77386	CPT	both			2386		774.21 Three Rivers	Three Rivers		2266.7	95			352.84	2266.7	percent of total billed charges	
IMRT, COMPLEX	77386	CPT	both			2386		774.21 UHC	Medicare		673.23				352.84	2266.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMRT, COMPLEX	77386	CPT	both			2386		774.21 UHC	Medicaid		752.78	31.55			352.84	2266.7	percent of total billed charges	
IMRT, COMPLEX	77386	CPT	both			2386		774.21 Wellcare	Medicaid		752.78	31.55			352.84	2266.7	percent of total billed charges	
IMRT, COMPLEX	77386	CPT	both			2386		774.21 Wellcare	Medicare		673.23				352.84	2266.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMRT, COMPLEX	77386	CPT	both			2386		774.21 WellPoint	WellPoint		767.81	32.18			352.84	2266.7	percent of total billed charges	
GUIDANCE RADIAJ TX DELIVERY	77387	CPT	both			114		Aetna	Better Health		35.97	31.55			34.2	108.3	percent of total billed charges	
GUIDANCE RADIAJ TX DELIVERY	77387	CPT	both			114		Aetna	Medicare		35.11	30.8			34.2	108.3	percent of total billed charges	
GUIDANCE RADIAJ TX DELIVERY	77387	CPT	both			114		Aetna	Commercial		43.32	38			34.2	108.3	percent of total billed charges	
GUIDANCE RADIAJ TX DELIVERY	77387	CPT	both			114		Americare	Americare		85.5	75			34.2	108.3	percent of total billed charges	
GUIDANCE RADIAJ TX DELIVERY	77387	CPT	both			114		Amerihealth	HMO/PPO		74.1	65			34.2	108.3	percent of total billed charges	
GUIDANCE RADIAJ TX DELIVERY	77387	CPT	both			114		Consumer	Consumer		108.3	95			34.2	108.3	percent of total billed charges	
GUIDANCE RADIAJ TX DELIVERY	77387	CPT	both			114		Corrections	Corrections		91.2	80			34.2	108.3	percent of total billed charges	
GUIDANCE RADIAJ TX DELIVERY	77387	CPT	both			114		First Health	First Health		79.8	70			34.2	108.3	percent of total billed charges	
GUIDANCE RADIAJ TX DELIVERY	77387	CPT	both			114		First Trenton	First Trenton		102.6	90			34.2	108.3	percent of total billed charges	
GUIDANCE RADIAJ TX DELIVERY	77387	CPT	both			114		Horizon	NJ Health		54.41				34.2	108.3	fee schedule	
GUIDANCE RADIAJ TX DELIVERY	77387	CPT	both			114		Horizon	MGD		43.64	38.28			34.2	108.3	percent of total billed charges	
GUIDANCE RADIAJ TX DELIVERY	77387	CPT	both			114		Horizon	Indemnity		43.64	38.28			34.2	108.3	percent of total billed charges	
GUIDANCE RADIAJ TX DELIVERY	77387	CPT	both			114		Horizon	PPO		43.64	38.28			34.2	108.3	percent of total billed charges	
GUIDANCE RADIAJ TX DELIVERY	77387	CPT	both			114		Horizon	Medicare Blue		34.2	30			34.2	108.3	percent of total billed charges	
GUIDANCE RADIAJ TX DELIVERY	77387	CPT	both			114		Managed Care Inc	Managed Care Inc		102.6	90			34.2	108.3	percent of total billed charges	
GUIDANCE RADIAJ TX DELIVERY	77387	CPT	both			114		Multiplan	Multiplan		91.2	80			34.2	108.3	percent of total billed charges	
GUIDANCE RADIAJ TX DELIVERY	77387	CPT	both			114		Qualcare	Qualcare		85.5	75			34.2	108.3	percent of total billed charges	
GUIDANCE RADIAJ TX DELIVERY	77387	CPT	both			114		Three Rivers	Three Rivers		108.3	95			34.2	108.3	percent of total billed charges	
GUIDANCE RADIAJ TX DELIVERY	77387	CPT	both			114		UHC	Medicaid		35.97	31.55			34.2	108.3	percent of total billed charges	
GUIDANCE RADIAJ TX DELIVERY	77387	CPT	both			114		Wellcare	Medicaid		35.97	31.55			34.2	108.3	percent of total billed charges	
GUIDANCE RADIAJ TX DELIVERY	77387	CPT	both			114		WellPoint	WellPoint		36.69	32.18			34.2	108.3	percent of total billed charges	
UNLIST PROC MED RAD PHYS	77399	CPT	both			490		178.46 Aetna	Commercial		247.05				154.6	465.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLIST PROC MED RAD PHYS	77399	CPT	both			490		178.46 Aetna	Better Health		154.6	31.55			154.6	465.5	percent of total billed charges	
UNLIST PROC MED RAD PHYS	77399	CPT	both			490		178.46 Aetna	Medicare		155.18				154.6	465.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLIST PROC MED RAD PHYS	77399	CPT	both			490		178.46 Americare	Americare		367.5	75			154.6	465.5	percent of total billed charges	
UNLIST PROC MED RAD PHYS	77399	CPT	both			490		178.46 Amerihealth	HMO/PPO		318.5	65			154.6	465.5	percent of total billed charges	
UNLIST PROC MED RAD PHYS	77399	CPT	both			490		178.46 Amerihealth	Medicare		155.18				154.6	465.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLIST PROC MED RAD PHYS	77399	CPT	both			490		178.46 Consumer	Consumer		465.5	95			154.6	465.5	percent of total billed charges	
UNLIST PROC MED RAD PHYS	77399	CPT	both			490		178.46 Corrections	Corrections		392	80			154.6	465.5	percent of total billed charges	
UNLIST PROC MED RAD PHYS	77399	CPT	both			490		178.46 First Health	First Health		343	70			154.6	465.5	percent of total billed charges	
UNLIST PROC MED RAD PHYS	77399	CPT	both			490		178.46 First Trenton	First Trenton		441	90			154.6	465.5	percent of total billed charges	
UNLIST PROC MED RAD PHYS	77399	CPT	both			490		178.46 Horizon	Indemnity		288.79				154.6	465.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLIST PROC MED RAD PHYS	77399	CPT	both			490		178.46 Horizon	MGD		288.79				154.6	465.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLIST PROC MED RAD PHYS	77399	CPT	both			490		178.46 Horizon	PPO		288.79				154.6	465.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLIST PROC MED RAD PHYS	77399	CPT	both			490		178.46 Horizon	Medicare Blue		155.18				154.6	465.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLIST PROC MED RAD PHYS	77399	CPT	both			490		178.46 Managed Care Inc	Managed Care Inc		441	90			154.6	465.5	percent of total billed charges	
UNLIST PROC MED RAD PHYS	77399	CPT	both			490		178.46 Multiplan	Multiplan		392	80			154.6	465.5	percent of total billed charges	
UNLIST PROC MED RAD PHYS	77399	CPT	both			490		178.46 Qualcare	Qualcare		367.5	75			154.6	465.5	percent of total billed charges	
UNLIST PROC MED RAD PHYS	77399	CPT	both			490		178.46 Three Rivers	Three Rivers		465.5	95			154.6	465.5	percent of total billed charges	
UNLIST PROC MED RAD PHYS	77399	CPT	both			490		178.46 UHC	Medicaid		154.6	31.55			154.6	465.5	percent of total billed charges	
UNLIST PROC MED RAD PHYS	77399	CPT	both			490		178.46 UHC	Medicare		155.18				154.6	465.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLIST PROC MED RAD PHYS	77399	CPT	both			490		178.46 Wellcare	Medicare		155.18				154.6	465.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLIST PROC MED RAD PHYS	77399	CPT	both			490		178.46 Wellcare	Medicaid		154.6	31.55			154.6	465.5	percent of total billed charges	
UNLIST PROC MED RAD PHYS	77399	CPT	both			490		178.46 WellPoint	WellPoint		157.68	32.18			154.6	465.5	percent of total billed charges	
RADTREATDELIVERY>1MEV;SIMPLE	77402	CPT	both			483		157.71 Aetna	Better Health		152.39	31.55			65.33	458.85	percent of total billed charges	
RADTREATDELIVERY>1MEV;SIMPLE	77402	CPT	both			483		157.71 Aetna	Commercial		218.33				65.33	458.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADTREATDELIVERY>1MEV;SIMPLE	77402	CPT	both			483		157.71 Aetna	Medicare		137.14				65.33	458.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADTREATDELIVERY>1MEV;SIMPLE	77402	CPT	both			483		157.71 Americare	Americare		382.25	75			65.33	458.85	percent of total billed charges	
RADTREATDELIVERY>1MEV;SIMPLE	77402	CPT	both			483		157.71 Amerihealth	HMO/PPO		313.95	65			65.33	458.85	percent of total billed charges	
RADTREATDELIVERY>1MEV;SIMPLE	77402	CPT	both			483		157.71 Amerihealth	Medicare		137.14				65.33	458.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADTREATDELIVERY>1MEV;SIMPLE	77402	CPT	both			483		157.71 Consumer	Consumer		458.85	95			65.33	458.85	percent of total billed charges	
RADTREATDELIVERY>1MEV;SIMPLE	77402	CPT	both			483		157.71 Corrections	Corrections		386.4	80			65.33	458.85	percent of total billed charges	
RADTREATDELIVERY>1MEV;SIMPLE	77402	CPT	both			483		157.71 First Health	First Health		338.1	70			65.33	458.85	percent of total billed charges	
RADTREATDELIVERY>1MEV;SIMPLE	77402	CPT	both			483		157.71 First Trenton	First Trenton		434.7	90			65.33	458.85	percent of total billed charges	
RADTREATDELIVERY>1MEV;SIMPLE	77402	CPT	both			483		157.71 Horizon	PPO		255.22				65.33	458.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADTREATDELIVERY>1MEV;SIMPLE	77402	CPT	both			483		157.71 Horizon	MGD		255.22				65.33	458.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADTREATDELIVERY>1MEV;SIMPLE	77402	CPT	both			483		157.71 Horizon	Medicare Blue		137.14				65.33	458.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADTREATDELIVERY>1MEV;SIMPLE	77402	CPT	both			483		157.71 Horizon	NJ Health		65.33				65.33	458.85	fee schedule	
RADTREATDELIVERY>1MEV;SIMPLE	77402	CPT	both			483		157.71 Horizon	Indemnity		255.22				65.33	458.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADTREATDELIVERY>1MEV;SIMPLE	77402	CPT	both			483		157.71 Managed Care Inc	Managed Care Inc		434.7	90			65.33	458.85	percent of total billed charges	
RADTREATDELIVERY>1MEV;SIMPLE	77402	CPT	both			483		157.71 Multiplan	Multiplan		386.4	80			65.33	458.85	percent of total billed charges	
RADTREATDELIVERY>1MEV;SIMPLE	77402	CPT	both			483		157.71 Qualcare	Qualcare		362.25	75			65.33	458.85	percent of total billed charges	
RADTREATDELIVERY>1MEV;SIMPLE	77402	CPT	both			483		157.71 Three Rivers	Three Rivers		458.85	95			65.33	458.85	percent of total billed charges	
RADTREATDELIVERY>1MEV;SIMPLE	77402	CPT	both			483		157.71 UHC	Medicare		137.14				65.33	458.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADTREATDELIVERY>1MEV;SIMPLE	77402	CPT	both			483		157.71 UHC	Medicaid		152.39	31.55			65.33	458.85	percent of total billed charges	
RADTREATDELIVERY>1MEV;SIMPLE	77402	CPT	both			483		157.71 Wellcare	Medicare		137.14				65.33	458.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADTREATDELIVERY>1MEV;SIMPLE	77402	CPT	both			483		157.71 Wellcare	Medicaid		152.39	31.55			65.33	458.85	percent of total billed charges	
RADTREATDELIVERY>1MEV;SIMPLE	77402	CPT	both			483		157.71 WellPoint	WellPoint		155.43	32.18			65.33	458.85	percent of total billed charges	
RADTREATDELIVERY>1MEV;INTERMEDIATE	77407	CPT	outpatient			476		353.46 Aetna	Medicare		307.36				49.8	572	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADTREATDELIVERY>1MEV;INTERMEDIATE	77407	CPT	outpatient			476		353.46 Aetna	Better Health		150.18	31.55			49.8	572	percent of total billed charges	
RADTREATDELIVERY>1MEV;INTERMEDIATE	77407	CPT	outpatient			476		353.46 Aetna	Commercial		489.32				49.8	572	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADTREATDELIVERY>1MEV;INTERMEDIATE	77407	CPT	outpatient			476		353.46 Americare	Americare		357	75			49.8	572	percent of total billed charges	
RADTREATDELIVERY>1MEV;INTERMEDIATE	77407	CPT	outpatient			476		353.46 Amerihealth	Medicare		307.36				49.8	572	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADTREATDELIVERY>1MEV;INTERMEDIATE	77407	CPT	outpatient			476		353.46 Amerihealth	HMO/PPO		309.4	65			49.8	572	percent of total billed charges	
RADTREATDELIVERY>1MEV;INTERMEDIATE	77407	CPT	outpatient			476		353.46 Consumer	Consumer		452.2	95			49.8	572	percent of total billed charges	
RADTREATDELIVERY>1MEV;INTERMEDIATE	77407	CPT	outpatient			476		353.46 Corrections	Corrections		380.8	80			49.8	572	percent of total billed charges	
RADTREATDELIVERY>1MEV;INTERMEDIATE	77407	CPT	outpatient			476		353.46 First Health	First Health		333.2	70			49.8	572	percent of total billed charges	
RADTREATDELIVERY>1MEV;INTERMEDIATE	77407	CPT	outpatient			476		353.46 First Trenton	First Trenton		428.4	90			49.8	572	percent of total billed charges	
RADTREATDELIVERY>1MEV;INTERMEDIATE	77407	CPT	outpatient			476		353.46 Horizon	NJ Health		49.8				49.8	572	fee schedule	
RADTREATDELIVERY>1MEV;INTERMEDIATE	77407	CPT	outpatient			476		353.46 Horizon	Indemnity		572				49.8	572	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADTREATDELIVERY>1MEV;INTERMEDIATE	77407	CPT	outpatient			476		353.46 Horizon	Medicare Blue		307.36				49.8	572	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADTREATDELIVERY>1MEV;INTERMEDIATE	77407	CPT	outpatient			476		353.46 Horizon	MGD		572				49.8	572	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADTREATDELIVERY>1MEV;INTERMEDIATE	77407	CPT	outpatient			476		353.46 Horizon	PPO		572				49.8	572	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADTREATDELIVERY>1MEV;INTERMEDIATE	77407	CPT	outpatient			476		353.46 Managed Care Inc	Managed Care Inc		428.4	90			49.8	572	percent of total billed charges	
RADTREATDELIVERY>1MEV;INTERMEDIATE	77407	CPT	outpatient			476		353.46 Multiplan	Multiplan		380.8	80			49.8	572	percent of total billed charges	
RADTREATDELIVERY>1MEV;INTERMEDIATE	77407	CPT	outpatient			476		353.46 Qualcare	Qualcare		357	75			49.8	572	percent of total billed charges	
RADTREATDELIVERY>1MEV;INTERMEDIATE	77407	CPT	outpatient			476		353.46 Three Rivers	Three Rivers		452.2	95			49.8	572	percent of total billed charges	
RADTREATDELIVERY>1MEV;INTERMEDIATE	77407	CPT	outpatient			476		353.46 UHC	Medicaid		150.18	31.55			49.8	572	percent of total billed charges	
RADTREATDELIVERY>1MEV;INTERMEDIATE	77407	CPT	outpatient			476		353.46 UHC	Medicare		307.36				49.8	572	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADTREATDELIVERY>1MEV;INTERMEDIATE	77407	CPT	outpatient			476		353.46 Wellcare	Medicare		307.36				49.8	572	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADTREATDELIVERY>1MEV;INTERMEDIATE	77407	CPT	outpatient			476		353.46 Wellcare	Medicaid		150.18	31.55			49.8	572	percent of total billed charges	
RADTREATDELIVERY>1MEV;INTERMEDIATE	77407	CPT	outpatient			476		353.46 WellPoint	WellPoint		153.18	32.18			49.8	572	percent of total billed charges	
RADTREATDELIVERY>1MEV;COMPLEX	77412	CPT	both			913		353.46 Aetna	Commercial		489.32				80.36	867.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADTREATDELIVERY>1MEV;COMPLEX	77412	CPT	both			913		353.46 Aetna	Better Health		288.05	31.55			80.36	867.35	percent of total billed charges	
RADTREATDELIVERY>1MEV;COMPLEX	77412	CPT	both			913		353.46 Aetna	Medicare		307.36				80.36	867.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADTREATDELIVERY>1MEV;COMPLEX	77412	CPT	both			913		353.46 Americare	Americare		684.75	75			80.36	867.35	percent of total billed charges	
RADTREATDELIVERY>1MEV;COMPLEX	77412	CPT	both			913		353.46 Amerihealth	HMO/PPO		593.45	65			80.36	867.35	percent of total billed charges	
RADTREATDELIVERY>1MEV;COMPLEX	77412	CPT	both			913		353.46 Amerihealth	Medicare		307.36				80.36	867.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADTREATDELIVERY>1MEV;COMPLEX	77412	CPT	both			913		353.46 Consumer	Consumer		867.35	95			80.36	867.35	percent of total billed charges	
RADTREATDELIVERY>1MEV;COMPLEX	77412	CPT	both			913		353.46 Corrections	Corrections		730.4	80			80.36	867.35	percent of total billed charges	
RADTREATDELIVERY>1MEV;COMPLEX	77412	CPT	both			913		353.46 First Health	First Health		639.1	70			80.36	867.35	percent of total billed charges	
RADTREATDELIVERY>1MEV;COMPLEX	77412	CPT	both			913		353.46 First Trenton	First Trenton		821.7	90			80.36	867.35	percent of total billed charges	
RADTREATDELIVERY>1MEV;COMPLEX	77412	CPT	both			913		353.46 Horizon	PPO		572				80.36	867.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADTREATDELIVERY>1MEV;COMPLEX	77412	CPT	both			913		353.46 Horizon	Indemnity		572				80.36	867.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADTREATDELIVERY>1MEV;COMPLEX	77412	CPT	both			913		353.46 Horizon	Medicare Blue		307.36				80.36	867.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADTREATDELIVERY>1MEV;COMPLEX	77412	CPT	both			913		353.46 Horizon	MGD		572				80.36	867.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101191	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
RADTREATDELIVERY>1MEV;COMPLEX	77412	CPT	both			913	353.46	Horizon	NJ Health		80.36				80.36	867.35	fee schedule	
RADTREATDELIVERY>1MEV;COMPLEX	77412	CPT	both			913	353.46	Managed Care Inc	Managed Care Inc		821.7	90			80.36	867.35	percent of total billed charges	
RADTREATDELIVERY>1MEV;COMPLEX	77412	CPT	both			913	353.46	Multiplan	Multiplan		730.4	80			80.36	867.35	percent of total billed charges	
RADTREATDELIVERY>1MEV;COMPLEX	77412	CPT	both			913	353.46	Qualcare	Qualcare		684.75	75			80.36	867.35	percent of total billed charges	
RADTREATDELIVERY>1MEV;COMPLEX	77412	CPT	both			913	353.46	Three Rivers	Three Rivers		867.35	95			80.36	867.35	percent of total billed charges	
RADTREATDELIVERY>1MEV;COMPLEX	77412	CPT	both			913	353.46	UHC	Medicaid		288.05	31.55			80.36	867.35	percent of total billed charges	
RADTREATDELIVERY>1MEV;COMPLEX	77412	CPT	both			913	353.46	UHC	Medicare		307.36				80.36	867.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADTREATDELIVERY>1MEV;COMPLEX	77412	CPT	both			913	353.46	Wellcare	Medicare		307.36				80.36	867.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADTREATDELIVERY>1MEV;COMPLEX	77412	CPT	both			913	353.46	Wellcare	Medicaid		288.05	31.55			80.36	867.35	percent of total billed charges	
RADTREATDELIVERY>1MEV;COMPLEX	77412	CPT	both			913	353.46	WellPoint	WellPoint		293.8	32.18			80.36	867.35	percent of total billed charges	
THERAPEUTIC RADIOLOGY PORT IMAGE(S)	77417	CPT	both			383		Aetna	Medicare		117.96	30.8			21.56	363.85	percent of total billed charges	
THERAPEUTIC RADIOLOGY PORT IMAGE(S)	77417	CPT	both			383		Aetna	Better Health		120.84	31.55			21.56	363.85	percent of total billed charges	
THERAPEUTIC RADIOLOGY PORT IMAGE(S)	77417	CPT	both			383		Aetna	Commercial		145.54	38			21.56	363.85	percent of total billed charges	
THERAPEUTIC RADIOLOGY PORT IMAGE(S)	77417	CPT	both			383		Americare	Americare		287.25	75			21.56	363.85	percent of total billed charges	
THERAPEUTIC RADIOLOGY PORT IMAGE(S)	77417	CPT	both			383		Amerihealth	HMO/PPO		248.95	65			21.56	363.85	percent of total billed charges	
THERAPEUTIC RADIOLOGY PORT IMAGE(S)	77417	CPT	both			383		Consumer	Consumer		363.85	95			21.56	363.85	percent of total billed charges	
THERAPEUTIC RADIOLOGY PORT IMAGE(S)	77417	CPT	both			383		Corrections	Corrections		306.4	80			21.56	363.85	percent of total billed charges	
THERAPEUTIC RADIOLOGY PORT IMAGE(S)	77417	CPT	both			383		First Health	First Health		268.1	70			21.56	363.85	percent of total billed charges	
THERAPEUTIC RADIOLOGY PORT IMAGE(S)	77417	CPT	both			383		First Trenton	First Trenton		344.7	90			21.56	363.85	percent of total billed charges	
THERAPEUTIC RADIOLOGY PORT IMAGE(S)	77417	CPT	both			383		Horizon	MGD		146.61	38.28			21.56	363.85	percent of total billed charges	
THERAPEUTIC RADIOLOGY PORT IMAGE(S)	77417	CPT	both			383		Horizon	Indemnity		146.61	38.28			21.56	363.85	percent of total billed charges	
THERAPEUTIC RADIOLOGY PORT IMAGE(S)	77417	CPT	both			383		Horizon	NJ Health		21.56				21.56	363.85	fee schedule	
THERAPEUTIC RADIOLOGY PORT IMAGE(S)	77417	CPT	both			383		Horizon	Medicare Blue		114.9	30			21.56	363.85	percent of total billed charges	
THERAPEUTIC RADIOLOGY PORT IMAGE(S)	77417	CPT	both			383		Horizon	PPO		146.61	38.28			21.56	363.85	percent of total billed charges	
THERAPEUTIC RADIOLOGY PORT IMAGE(S)	77417	CPT	both			383		Managed Care Inc	Managed Care Inc		344.7	90			21.56	363.85	percent of total billed charges	
THERAPEUTIC RADIOLOGY PORT IMAGE(S)	77417	CPT	both			383		Multiplan	Multiplan		306.4	80			21.56	363.85	percent of total billed charges	
THERAPEUTIC RADIOLOGY PORT IMAGE(S)	77417	CPT	both			383		Qualcare	Qualcare		287.25	75			21.56	363.85	percent of total billed charges	
THERAPEUTIC RADIOLOGY PORT IMAGE(S)	77417	CPT	both			383		Three Rivers	Three Rivers		363.85	95			21.56	363.85	percent of total billed charges	
THERAPEUTIC RADIOLOGY PORT IMAGE(S)	77417	CPT	both			383		UHC	Medicaid		120.84	31.55			21.56	363.85	percent of total billed charges	
THERAPEUTIC RADIOLOGY PORT IMAGE(S)	77417	CPT	both			383		Wellcare	Medicaid		120.84	31.55			21.56	363.85	percent of total billed charges	
THERAPEUTIC RADIOLOGY PORT IMAGE(S)	77417	CPT	both			383		WellPoint	WellPoint		123.25	32.18			21.56	363.85	percent of total billed charges	
STEROTACTIC RAD TREATMENT MGMT	77432	CPT	outpatient			7185		Aetna	Commercial		2730.3	38			659.03	6825.75	percent of total billed charges	
STEROTACTIC RAD TREATMENT MGMT	77432	CPT	outpatient			7185		Aetna	Better Health		2266.87	31.55			659.03	6825.75	percent of total billed charges	
STEROTACTIC RAD TREATMENT MGMT	77432	CPT	outpatient			7185		Aetna	Medicare		2212.98	30.8			659.03	6825.75	percent of total billed charges	
STEROTACTIC RAD TREATMENT MGMT	77432	CPT	outpatient			7185		Americare	Americare		5388.75	75			659.03	6825.75	percent of total billed charges	
STEROTACTIC RAD TREATMENT MGMT	77432	CPT	outpatient			7185		Amerihealth	HMO/PPO		4670.25	65			659.03	6825.75	percent of total billed charges	
STEROTACTIC RAD TREATMENT MGMT	77432	CPT	outpatient			7185		Consumer	Consumer		6825.75	95			659.03	6825.75	percent of total billed charges	
STEROTACTIC RAD TREATMENT MGMT	77432	CPT	outpatient			7185		Corrections	Corrections		5748	80			659.03	6825.75	percent of total billed charges	
STEROTACTIC RAD TREATMENT MGMT	77432	CPT	outpatient			7185		First Health	First Health		5029.5	70			659.03	6825.75	percent of total billed charges	
STEROTACTIC RAD TREATMENT MGMT	77432	CPT	outpatient			7185		First Trenton	First Trenton		6466.5	90			659.03	6825.75	percent of total billed charges	
STEROTACTIC RAD TREATMENT MGMT	77432	CPT	outpatient			7185		Horizon	Medicare Blue		2155.5	30			659.03	6825.75	percent of total billed charges	
STEROTACTIC RAD TREATMENT MGMT	77432	CPT	outpatient			7185		Horizon	MGD		2750.42	38.28			659.03	6825.75	percent of total billed charges	
STEROTACTIC RAD TREATMENT MGMT	77432	CPT	outpatient			7185		Horizon	Indemnity		2750.42	38.28			659.03	6825.75	percent of total billed charges	
STEROTACTIC RAD TREATMENT MGMT	77432	CPT	outpatient			7185		Horizon	PPO		2750.42	38.28			659.03	6825.75	percent of total billed charges	
STEROTACTIC RAD TREATMENT MGMT	77432	CPT	outpatient			7185		Horizon	NJ Health		659.03				659.03	6825.75	fee schedule	
STEROTACTIC RAD TREATMENT MGMT	77432	CPT	outpatient			7185		Managed Care Inc	Managed Care Inc		6466.5	90			659.03	6825.75	percent of total billed charges	
STEROTACTIC RAD TREATMENT MGMT	77432	CPT	outpatient			7185		Multiplan	Multiplan		5748	80			659.03	6825.75	percent of total billed charges	
STEROTACTIC RAD TREATMENT MGMT	77432	CPT	outpatient			7185		Qualcare	Qualcare		5388.75	75			659.03	6825.75	percent of total billed charges	
STEROTACTIC RAD TREATMENT MGMT	77432	CPT	outpatient			7185		Three Rivers	Three Rivers		6825.75	95			659.03	6825.75	percent of total billed charges	
STEROTACTIC RAD TREATMENT MGMT	77432	CPT	outpatient			7185		UHC	Medicaid		2266.87	31.55			659.03	6825.75	percent of total billed charges	
STEROTACTIC RAD TREATMENT MGMT	77432	CPT	outpatient			7185		Wellcare	Medicaid		2266.87	31.55			659.03	6825.75	percent of total billed charges	
STEROTACTIC RAD TREATMENT MGMT	77432	CPT	outpatient			7185		WellPoint	WellPoint		2312.13	32.18			659.03	6825.75	percent of total billed charges	
SPECIAL TREATMENT PROCEDURE	77470	CPT	both			7642	774.21	Aetna	Commercial		1071.78				673.23	7259.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPECIAL TREATMENT PROCEDURE	77470	CPT	both			7642	774.21	Aetna	Medicare		2353.74	30.8			673.23	7259.9	percent of total billed charges	
SPECIAL TREATMENT PROCEDURE	77470	CPT	both			7642	774.21	Aetna	Better Health		2411.05	31.55			673.23	7259.9	percent of total billed charges	
SPECIAL TREATMENT PROCEDURE	77470	CPT	both			7642	774.21	Americare	Americare		5731.5	75			673.23	7259.9	percent of total billed charges	
SPECIAL TREATMENT PROCEDURE	77470	CPT	both			7642	774.21	Amerihealth	Medicare		673.23				673.23	7259.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPECIAL TREATMENT PROCEDURE	77470	CPT	both			7642	774.21	Amerihealth	HMO/PPO		4967.3	65			673.23	7259.9	percent of total billed charges	
SPECIAL TREATMENT PROCEDURE	77470	CPT	both			7642	774.21	Consumer	Consumer		7259.9	95			673.23	7259.9	percent of total billed charges	
SPECIAL TREATMENT PROCEDURE	77470	CPT	both			7642	774.21	Corrections	Corrections		6113.6	80			673.23	7259.9	percent of total billed charges	
SPECIAL TREATMENT PROCEDURE	77470	CPT	both			7642	774.21	First Health	First Health		5349.4	70			673.23	7259.9	percent of total billed charges	
SPECIAL TREATMENT PROCEDURE	77470	CPT	both			7642	774.21	First Trenton	First Trenton		6877.8	90			673.23	7259.9	percent of total billed charges	
SPECIAL TREATMENT PROCEDURE	77470	CPT	both			7642	774.21	Horizon	Indemnity		1252.88				673.23	7259.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPECIAL TREATMENT PROCEDURE	77470	CPT	both			7642	774.21	Horizon	MGD		1252.88				673.23	7259.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPECIAL TREATMENT PROCEDURE	77470	CPT	both			7642	774.21	Horizon	PPO		1252.88				673.23	7259.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPECIAL TREATMENT PROCEDURE	77470	CPT	both			7642	774.21	Horizon	NJ Health		989.8				673.23	7259.9	fee schedule	
SPECIAL TREATMENT PROCEDURE	77470	CPT	both			7642	774.21	Horizon	Medicare Blue		673.23				673.23	7259.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPECIAL TREATMENT PROCEDURE	77470	CPT	both			7642	774.21	Managed Care Inc	Managed Care Inc		6877.8	90			673.23	7259.9	percent of total billed charges	
SPECIAL TREATMENT PROCEDURE	77470	CPT	both			7642	774.21	Multiplan	Multiplan		6113.6	80			673.23	7259.9	percent of total billed charges	
SPECIAL TREATMENT PROCEDURE	77470	CPT	both			7642	774.21	Qualcare	Qualcare		5731.5	75			673.23	7259.9	percent of total billed charges	
SPECIAL TREATMENT PROCEDURE	77470	CPT	both			7642	774.21	Three Rivers	Three Rivers		7259.9	95			673.23	7259.9	percent of total billed charges	
SPECIAL TREATMENT PROCEDURE	77470	CPT	both			7642	774.21	UHC	Medicare		673.23				673.23	7259.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPECIAL TREATMENT PROCEDURE	77470	CPT	both			7642	774.21	UHC	Medicaid		2411.05	31.55			673.23	7259.9	percent of total billed charges	
SPECIAL TREATMENT PROCEDURE	77470	CPT	both			7642	774.21	Wellcare	Medicare		673.23				673.23	7259.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPECIAL TREATMENT PROCEDURE	77470	CPT	both			7642	774.21	Wellcare	Medicaid		2411.05	31.55			673.23	7259.9	percent of total billed charges	
SPECIAL TREATMENT PROCEDURE	77470	CPT	both			7642	774.21	WellPoint	WellPoint		2459.2	32.18			673.23	7259.9	percent of total billed charges	
INTRACAV RAD APP SIMP.1-4SOURCES	77761	CPT	outpatient			7751	774.21	Aetna	Medicare		673.23				271.01	7363.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRACAV RAD APP SIMP.1-4SOURCES	77761	CPT	outpatient			7751	774.21	Aetna	Commercial		1071.78				271.01	7363.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRACAV RAD APP SIMP.1-4SOURCES	77761	CPT	outpatient			7751	774.21	Aetna	Better Health		2445.44	31.55			271.01	7363.45	percent of total billed charges	
INTRACAV RAD APP SIMP.1-4SOURCES	77761	CPT	outpatient			7751	774.21	Americare	Americare		5813.25	75			271.01	7363.45	percent of total billed charges	
INTRACAV RAD APP SIMP.1-4SOURCES	77761	CPT	outpatient			7751	774.21	Amerihealth	HMO/PPO		5038.15	65			271.01	7363.45	percent of total billed charges	
INTRACAV RAD APP SIMP.1-4SOURCES	77761	CPT	outpatient			7751	774.21	Amerihealth	Medicare		673.23				271.01	7363.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRACAV RAD APP SIMP.1-4SOURCES	77761	CPT	outpatient			7751	774.21	Consumer	Consumer		7363.45	95			271.01	7363.45	percent of total billed charges	
INTRACAV RAD APP SIMP.1-4SOURCES	77761	CPT	outpatient			7751	774.21	Corrections	Corrections		6200.8	80			271.01	7363.45	percent of total billed charges	
INTRACAV RAD APP SIMP.1-4SOURCES	77761	CPT	outpatient			7751	774.21	First Health	First Health		5425.7	70			271.01	7363.45	percent of total billed charges	
INTRACAV RAD APP SIMP.1-4SOURCES	77761	CPT	outpatient			7751	774.21	First Trenton	First Trenton		6975.9	90			271.01	7363.45	percent of total billed charges	
INTRACAV RAD APP SIMP.1-4SOURCES	77761	CPT	outpatient			7751	774.21	Horizon	Medicare Blue		673.23				271.01	7363.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRACAV RAD APP SIMP.1-4SOURCES	77761	CPT	outpatient			7751	774.21	Horizon	PPO		1252.88				271.01	7363.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRACAV RAD APP SIMP.1-4SOURCES	77761	CPT	outpatient			7751	774.21	Horizon	NJ Health		271.01				271.01	7363.45	fee schedule	
INTRACAV RAD APP SIMP.1-4SOURCES	77761	CPT	outpatient			7751	774.21	Horizon	Indemnity		1252.88				271.01	7363.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRACAV RAD APP SIMP.1-4SOURCES	77761	CPT	outpatient			7751	774.21	Horizon	MGD		1252.88				271.01	7363.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRACAV RAD APP SIMP.1-4SOURCES	77761	CPT	outpatient			7751	774.21	Managed Care Inc	Managed Care Inc		6975.9	90			271.01	7363.45	percent of total billed charges	
INTRACAV RAD APP SIMP.1-4SOURCES	77761	CPT	outpatient			7751	774.21	Multiplan	Multiplan		6200.8	80			271.01	7363.45	percent of total billed charges	
INTRACAV RAD APP SIMP.1-4SOURCES	77761	CPT	outpatient			7751	774.21	Qualcare	Qualcare		5813.25	75			271.01	7363.45	percent of total billed charges	
INTRACAV RAD APP SIMP.1-4SOURCES	77761	CPT	outpatient			7751	774.21	Three Rivers	Three Rivers		7363.45	95			271.01	7363.45	percent of total billed charges	
INTRACAV RAD APP SIMP.1-4SOURCES	77761	CPT	outpatient			7751	774.21	UHC	Medicaid		2445.44	31.55			271.01	7363.45	percent of total billed charges	
INTRACAV RAD APP SIMP.1-4SOURCES	77761	CPT	outpatient			7751	774.21	UHC	Medicare		673.23				271.01	7363.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRACAV RAD APP SIMP.1-4SOURCES	77761	CPT	outpatient			7751	774.21	Wellcare	Medicaid		2445.44	31.55			271.01	7363.45	percent of total billed charges	
INTRACAV RAD APP SIMP.1-4SOURCES	77761	CPT	outpatient			7751	774.21	Wellcare	Medicare		673.23				271.01	7363.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRACAV RAD APP SIMP.1-4SOURCES	77761	CPT	outpatient			7751	774.21	WellPoint	WellPoint		2494.27	32.18			271.01	7363.45	percent of total billed charges	
INTRACAV RAD APP INTERM 5-10	77762	CPT	outpatient			9549	774.21	Aetna	Commercial		1071.78				401.82	9071.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRACAV RAD APP INTERM 5-10	77762	CPT	outpatient			9549	774.21	Aetna	Better Health		3012.71	31.55			401.82	9071.55	percent of total billed charges	
INTRACAV RAD APP INTERM 5-10	77762	CPT	outpatient			9549	774.21	Aetna	Medicare		673.23				401.82	9071.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRACAV RAD APP INTERM 5-10	77762	CPT	outpatient			9549	774.21	Americare	Americare		7161.75	75			401.82	9071.55	percent of total billed charges	
INTRACAV RAD APP INTERM 5-10	77762	CPT	outpatient			9549	774.21	Amerihealth	HMO/PPO		6206.85	65			401.82	9071.55	percent of total billed charges	
INTRACAV RAD APP INTERM 5-10	77762	CPT	outpatient			9549	774.21	Amerihealth	Medicare		673.23				401.82	9071.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRACAV RAD APP INTERM 5-10	77762	CPT	outpatient			9549	774.21	Consumer	Consumer		9071.55	95			401.82	9071.55	percent of total billed charges	
INTRACAV RAD APP INTERM 5-10	77762	CPT	outpatient			9549	774.21	Corrections	Corrections		7639.2	80			401.82	9071.55	percent of total billed charges	
INTRACAV RAD APP INTERM 5-10	77762	CPT	outpatient			9549	774.21	First Health	First Health		6684.3	70			401.82	9071.55	percent of total billed charges	
INTRACAV RAD APP INTERM 5-10	77762	CPT	outpatient			9549	774.21	First Trenton	First Trenton		8594.1	90			401.82	9071.55	percent of total billed charges	
INTRACAV RAD APP INTERM 5-10	77762	CPT	outpatient			9549	774.21	Horizon	Indemnity		1252.88				401.82	9071.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRACAV RAD APP INTERM 5-10	77762	CPT	outpatient			9549	774.21	Horizon	NJ Health		401.82				401.82	9071.55	fee schedule	
INTRACAV RAD APP INTERM 5-10	77762	CPT	outpatient			9549	774.21	Horizon	PPO		1252.88				401.82	9071.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRACAV RAD APP INTERM 5-10	77762	CPT	outpatient			9549	774.21	Horizon	Medicare Blue		673.23				401.82	9071.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRACAV RAD APP INTERM 5-10	77762	CPT	outpatient			9549	774.21	Horizon	MGD		1252.88				401.82	9071.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRACAV RAD APP INTERM 5-10	77762	CPT	outpatient			9549	774.21	Managed Care Inc	Managed Care Inc		8594.1	90			401.82	9071.55	percent of total billed charges	
INTRACAV RAD APP INTERM 5-10	77762	CPT	outpatient			9549	774.21	Multiplan	Multiplan		7639.2	80			401.82	9071.55	percent of total billed charges	
INTRACAV RAD APP INTERM 5-10	77762	CPT	outpatient			9549	774.21	Qualcare	Qualcare		7161.75	75			401.82	9071.55	percent of total billed charges	
INTRACAV RAD APP INTERM 5-10	77762	CPT	outpatient			9549	774.21	Three Rivers	Three Rivers		9071.55	95			401.82	9071.55	percent of total billed charges	
INTRACAV RAD APP INTERM 5-10	77762	CPT	outpatient			9549	774.21	UHC	Medicare		673.23				401.82	9071.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRACAV RAD APP INTERM 5-10	77762	CPT	outpatient			9549	774.21	UHC	Medicaid		3012.71	31.55			401.82	9071.55	percent of total billed charges	
INTRACAV RAD APP INTERM 5-10	77762	CPT	outpatient			9549	774.21	Wellcare	Medicare		673.23				401.82	9071.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRACAV RAD APP INTERM 5-10	77762	CPT	outpatient			9549	774.21	Wellcare	Medicaid		3012.71	31.55			401.82	9071.55	percent of total billed charges	
INTRACAV RAD APP INTERM 5-10	77762	CPT	outpatient			9549	774.21	WellPoint	WellPoint		3072.87	32.18			401.82	9071.55	percent of total billed charges	
INTRACAV RAD APP COMP. 10+SOURCE	77763	CPT	outpatient			3642	942.99	Aetna	Commercial		1305.42				569.95	3459.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRACAV RAD APP COMP. 10+SOURCE	77763	CPT	outpatient			3642	942.99	Aetna	Better Health		1149.05	31.55			569.95	3459.9	percent of total billed charges	
INTRACAV RAD APP COMP. 10+SOURCE	77763	CPT	outpatient			3642	942.99	Aetna	Medicare		819.99				569.95	3459.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRACAV RAD APP COMP. 10+SOURCE	77763	CPT	outpatient			3642	942.99	Americare	Americare		2731.5	75			569.95	3459.9	percent of total billed charges	
INTRACAV RAD APP COMP. 10+SOURCE	77763	CPT	outpatient			3642	942.99	Amerihealth	HMO/PPO		2367.3	65			569.95	3459.9	percent of total billed charges	
INTRACAV RAD APP COMP. 10+SOURCE	77763	CPT	outpatient			3642	942.99	Amerihealth	Medicare		819.99				569.95	3459.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRACAV RAD APP COMP. 10+SOURCE	77763	CPT	outpatient			3642	942.99	Consumer	Consumer		3459.9	95			569.95	3459.9	percent of total billed charges	
INTRACAV RAD APP COMP. 10+SOURCE	77763	CPT	outpatient			3642	942.99	Corrections	Corrections		2913.6	80			569.95	3459.9	percent of total billed charges	
INTRACAV RAD APP COMP. 10+SOURCE	77763	CPT	outpatient			3642	942.99	First Health	First Health		2549.4	70			569.95	3459.9	percent of total billed charges	
INTRACAV RAD APP COMP. 10+SOURCE	77763	CPT	outpatient			3642	942.99	First Trenton	First Trenton		3277.8	90			569.95	3459.9	percent of total billed charges	
INTRACAV RAD APP COMP. 10+SOURCE	77763	CPT	outpatient			3642	942.99	Horizon	NJ Health		569.95				569.95	3459.9	fee schedule	
INTRACAV RAD APP COMP. 10+SOURCE	77763	CPT	outpatient			3642	942.99	Horizon	Indemnity		1526				569.95	3459.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRACAV RAD APP COMP. 10+SOURCE	77763	CPT	outpatient			3642	942.99	Horizon	Medicare Blue		819.99				569.95	3459.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRACAV RAD APP COMP. 10+SOURCE	77763	CPT	outpatient			3642	942.99	Horizon	MGD		1526				569.95	3459.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRACAV RAD APP COMP. 10+SOURCE	77763	CPT	outpatient			3642	942.99	Horizon	PPO		1526				569.95	3459.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRACAV RAD APP COMP. 10+SOURCE	77763	CPT	outpatient			3642	942.99	Managed Care Inc	Managed Care Inc		3277.8	90			569.95	3459.9	percent of total billed charges	
INTRACAV RAD APP COMP. 10+SOURCE	77763	CPT	outpatient			3642	942.99	Multiplan	Multiplan		2913.6	80			569.95	3459.9	percent of total billed charges	
INTRACAV RAD APP COMP. 10+SOURCE	77763	CPT	outpatient			3642	942.99	Qualcare	Qualcare		2731.5	75			569.95	3459.9	percent of total billed charges	
INTRACAV RAD APP COMP. 10+SOURCE	77763	CPT	outpatient			3642	942.99	Three Rivers	Three Rivers		3459.9	95			569.95	3459.9	percent of total billed charges	
INTRACAV RAD APP COMP. 10+SOURCE	77763	CPT	outpatient			3642	942.99	UHC	Medicaid		1149.05	31.55			569.95	3459.9	percent of total billed charges	
INTRACAV RAD APP COMP. 10+SOURCE	77763	CPT	outpatient			3642	942.99	UHC	Medicare		819.99				569.95	3459.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRACAV RAD APP COMP. 10+SOURCE	77763	CPT	outpatient			3642	942.99	Wellcare	Medicare		819.99				569.95	3459.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRACAV RAD APP COMP. 10+SOURCE	77763	CPT	outpatient			3642	942.99	Wellcare	Medicaid		1149.05	31.55			569.95	3459.9	percent of total billed charges	
INTRACAV RAD APP COMP. 10+SOURCE	77763	CPT	outpatient			3642	942.99	WellPoint	WellPoint		1172	32.18			569.95	3459.9	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
HDR SKIN BRACHY; <=2.0 CM	77767	CPT	outpatient			880		353.46 Aetna	Commercial		489.32				246.88	836 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HDR SKIN BRACHY; <=2.0 CM	77767	CPT	outpatient			880		353.46 Aetna	Better Health		277.64	31.55			246.88	836 percent of total billed charges	
HDR SKIN BRACHY; <=2.0 CM	77767	CPT	outpatient			880		353.46 Aetna	Medicare		307.36				246.88	836 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HDR SKIN BRACHY; <=2.0 CM	77767	CPT	outpatient			880		353.46 Americare	Americare		660	75			246.88	836 percent of total billed charges	
HDR SKIN BRACHY; <=2.0 CM	77767	CPT	outpatient			880		353.46 Amerihealth	HMO/PPO		572	65			246.88	836 percent of total billed charges	
HDR SKIN BRACHY; <=2.0 CM	77767	CPT	outpatient			880		353.46 Amerihealth	Medicare		307.36				246.88	836 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HDR SKIN BRACHY; <=2.0 CM	77767	CPT	outpatient			880		353.46 Consumer	Consumer		836	95			246.88	836 percent of total billed charges	
HDR SKIN BRACHY; <=2.0 CM	77767	CPT	outpatient			880		353.46 Corrections	Corrections		704	80			246.88	836 percent of total billed charges	
HDR SKIN BRACHY; <=2.0 CM	77767	CPT	outpatient			880		353.46 First Health	First Health		616	70			246.88	836 percent of total billed charges	
HDR SKIN BRACHY; <=2.0 CM	77767	CPT	outpatient			880		353.46 First Trenton	First Trenton		792	90			246.88	836 percent of total billed charges	
HDR SKIN BRACHY; <=2.0 CM	77767	CPT	outpatient			880		353.46 Horizon	NJ Health		246.88				246.88	836 fee schedule	
HDR SKIN BRACHY; <=2.0 CM	77767	CPT	outpatient			880		353.46 Horizon	Medicare Blue		307.36				246.88	836 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HDR SKIN BRACHY; <=2.0 CM	77767	CPT	outpatient			880		353.46 Horizon	MGD		572				246.88	836 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HDR SKIN BRACHY; <=2.0 CM	77767	CPT	outpatient			880		353.46 Horizon	Indemnity		572				246.88	836 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HDR SKIN BRACHY; <=2.0 CM	77767	CPT	outpatient			880		353.46 Horizon	PPO		572				246.88	836 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HDR SKIN BRACHY; <=2.0 CM	77767	CPT	outpatient			880		353.46 Managed Care Inc	Managed Care Inc		792	90			246.88	836 percent of total billed charges	
HDR SKIN BRACHY; <=2.0 CM	77767	CPT	outpatient			880		353.46 Multiplan	Multiplan		704	80			246.88	836 percent of total billed charges	
HDR SKIN BRACHY; <=2.0 CM	77767	CPT	outpatient			880		353.46 Qualcare	Qualcare		660	75			246.88	836 percent of total billed charges	
HDR SKIN BRACHY; <=2.0 CM	77767	CPT	outpatient			880		353.46 Three Rivers	Three Rivers		836	95			246.88	836 percent of total billed charges	
HDR SKIN BRACHY; <=2.0 CM	77767	CPT	outpatient			880		353.46 UHC	Medicaid		277.64	31.55			246.88	836 percent of total billed charges	
HDR SKIN BRACHY; <=2.0 CM	77767	CPT	outpatient			880		353.46 UHC	Medicare		307.36				246.88	836 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HDR SKIN BRACHY; <=2.0 CM	77767	CPT	outpatient			880		353.46 Wellcare	Medicaid		277.64	31.55			246.88	836 percent of total billed charges	
HDR SKIN BRACHY; <=2.0 CM	77767	CPT	outpatient			880		353.46 Wellcare	Medicare		307.36				246.88	836 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HDR SKIN BRACHY; <=2.0 CM	77767	CPT	outpatient			880		353.46 WellPoint	WellPoint		283.18	32.18			246.88	836 percent of total billed charges	
HDR SKIN BRACHY; >2.0 CM	77768	CPT	outpatient			880		353.46 Aetna	Medicare		271.04	30.8			271.04	836 percent of total billed charges	
HDR SKIN BRACHY; >2.0 CM	77768	CPT	outpatient			880		353.46 Aetna	Commercial		489.32				271.04	836 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HDR SKIN BRACHY; >2.0 CM	77768	CPT	outpatient			880		353.46 Aetna	Better Health		277.64	31.55			271.04	836 percent of total billed charges	
HDR SKIN BRACHY; >2.0 CM	77768	CPT	outpatient			880		353.46 Americare	Americare		660	75			271.04	836 percent of total billed charges	
HDR SKIN BRACHY; >2.0 CM	77768	CPT	outpatient			880		353.46 Amerihealth	HMO/PPO		572	65			271.04	836 percent of total billed charges	
HDR SKIN BRACHY; >2.0 CM	77768	CPT	outpatient			880		353.46 Amerihealth	Medicare		307.36				271.04	836 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HDR SKIN BRACHY; >2.0 CM	77768	CPT	outpatient			880		353.46 Consumer	Consumer		836	95			271.04	836 percent of total billed charges	
HDR SKIN BRACHY; >2.0 CM	77768	CPT	outpatient			880		353.46 Corrections	Corrections		704	80			271.04	836 percent of total billed charges	
HDR SKIN BRACHY; >2.0 CM	77768	CPT	outpatient			880		353.46 First Health	First Health		616	70			271.04	836 percent of total billed charges	
HDR SKIN BRACHY; >2.0 CM	77768	CPT	outpatient			880		353.46 First Trenton	First Trenton		792	90			271.04	836 percent of total billed charges	
HDR SKIN BRACHY; >2.0 CM	77768	CPT	outpatient			880		353.46 Horizon	Indemnity		572				271.04	836 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HDR SKIN BRACHY; >2.0 CM	77768	CPT	outpatient			880		353.46 Horizon	MGD		572				271.04	836 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HDR SKIN BRACHY; >2.0 CM	77768	CPT	outpatient			880		353.46 Horizon	NJ Health		387.73				271.04	836 fee schedule	
HDR SKIN BRACHY; >2.0 CM	77768	CPT	outpatient			880		353.46 Horizon	PPO		572				271.04	836 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HDR SKIN BRACHY; >2.0 CM	77768	CPT	outpatient			880		353.46 Horizon	Medicare Blue		307.36				271.04	836 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HDR SKIN BRACHY; >2.0 CM	77768	CPT	outpatient			880		353.46 Managed Care Inc	Managed Care Inc		792	90			271.04	836 percent of total billed charges	
HDR SKIN BRACHY; >2.0 CM	77768	CPT	outpatient			880		353.46 Multiplan	Multiplan		704	80			271.04	836 percent of total billed charges	
HDR SKIN BRACHY; >2.0 CM	77768	CPT	outpatient			880		353.46 Qualcare	Qualcare		660	75			271.04	836 percent of total billed charges	
HDR SKIN BRACHY; >2.0 CM	77768	CPT	outpatient			880		353.46 Three Rivers	Three Rivers		836	95			271.04	836 percent of total billed charges	
HDR SKIN BRACHY; >2.0 CM	77768	CPT	outpatient			880		353.46 UHC	Medicare		307.36				271.04	836 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HDR SKIN BRACHY; >2.0 CM	77768	CPT	outpatient			880		353.46 UHC	Medicaid		277.64	31.55			271.04	836 percent of total billed charges	
HDR SKIN BRACHY; >2.0 CM	77768	CPT	outpatient			880		353.46 Wellcare	Medicare		307.36				271.04	836 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HDR SKIN BRACHY; >2.0 CM	77768	CPT	outpatient			880		353.46 Wellcare	Medicaid		277.64	31.55			271.04	836 percent of total billed charges	
HDR SKIN BRACHY; >2.0 CM	77768	CPT	outpatient			880		353.46 WellPoint	WellPoint		283.18	32.18			271.04	836 percent of total billed charges	
HDR BRACHY, + DOS; 1 CHAN	77770	CPT	outpatient			3144		942.99 Aetna	Better Health		991.93	31.55			350.64	2986.8 percent of total billed charges	
HDR BRACHY, + DOS; 1 CHAN	77770	CPT	outpatient			3144		942.99 Aetna	Commercial		1305.42				350.64	2986.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HDR BRACHY, + DOS; 1 CHAN	77770	CPT	outpatient			3144		942.99 Aetna	Medicare		819.99				350.64	2986.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HDR BRACHY, + DOS; 1 CHAN	77770	CPT	outpatient			3144		942.99 Americare	Americare		2358	75			350.64	2986.8 percent of total billed charges	
HDR BRACHY, + DOS; 1 CHAN	77770	CPT	outpatient			3144		942.99 Amerihealth	HMO/PPO		2043.6	65			350.64	2986.8 percent of total billed charges	
HDR BRACHY, + DOS; 1 CHAN	77770	CPT	outpatient			3144		942.99 Amerihealth	Medicare		819.99				350.64	2986.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HDR BRACHY, + DOS; 1 CHAN	77770	CPT	outpatient			3144		942.99 Consumer	Consumer		2986.8	95			350.64	2986.8 percent of total billed charges	
HDR BRACHY, + DOS; 1 CHAN	77770	CPT	outpatient			3144		942.99 Corrections	Corrections		2515.2	80			350.64	2986.8 percent of total billed charges	
HDR BRACHY, + DOS; 1 CHAN	77770	CPT	outpatient			3144		942.99 First Health	First Health		2200.8	70			350.64	2986.8 percent of total billed charges	
HDR BRACHY, + DOS; 1 CHAN	77770	CPT	outpatient			3144		942.99 First Trenton	First Trenton		2829.6	90			350.64	2986.8 percent of total billed charges	
HDR BRACHY, + DOS; 1 CHAN	77770	CPT	outpatient			3144		942.99 Horizon	PPO		1526				350.64	2986.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HDR BRACHY, + DOS; 1 CHAN	77770	CPT	outpatient			3144		942.99 Horizon	MGD		1526				350.64	2986.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HDR BRACHY, + DOS; 1 CHAN	77770	CPT	outpatient			3144		942.99 Horizon	Medicare Blue		819.99				350.64	2986.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HDR BRACHY, + DOS; 1 CHAN	77770	CPT	outpatient			3144		942.99 Horizon	NJ Health		350.64				350.64	2986.8 fee schedule	
HDR BRACHY, + DOS; 1 CHAN	77770	CPT	outpatient			3144		942.99 Horizon	Indemnity		1526				350.64	2986.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HDR BRACHY, + DOS; 1 CHAN	77770	CPT	outpatient			3144		942.99 Managed Care Inc	Managed Care Inc		2829.6	90			350.64	2986.8 percent of total billed charges	
HDR BRACHY, + DOS; 1 CHAN	77770	CPT	outpatient			3144		942.99 Multiplan	Multiplan		2515.2	80			350.64	2986.8 percent of total billed charges	
HDR BRACHY, + DOS; 1 CHAN	77770	CPT	outpatient			3144		942.99 Qualcare	Qualcare		2358	75			350.64	2986.8 percent of total billed charges	
HDR BRACHY, + DOS; 1 CHAN	77770	CPT	outpatient			3144		942.99 Three Rivers	Three Rivers		2986.8	95			350.64	2986.8 percent of total billed charges	
HDR BRACHY, + DOS; 1 CHAN	77770	CPT	outpatient			3144		942.99 UHC	Medicaid		991.93	31.55			350.64	2986.8 percent of total billed charges	
HDR BRACHY, + DOS; 1 CHAN	77770	CPT	outpatient			3144		942.99 UHC	Medicare		819.99				350.64	2986.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HDR BRACHY, + DOS; 1 CHAN	77770	CPT	outpatient			3144		942.99 Wellcare	Medicare		819.99				350.64	2986.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HDR BRACHY, + DOS; 1 CHAN	77770	CPT	outpatient			3144		942.99 Wellcare	Medicaid		991.93	31.55			350.64	2986.8 percent of total billed charges	
HDR BRACHY, + DOS; 1 CHAN	77770	CPT	outpatient			3144		942.99 WellPoint	WellPoint		1011.74	32.18			350.64	2986.8 percent of total billed charges	
HDR BRACHY, + DOS; 2-12 CHAN	77771	CPT	both			3144		942.99 Aetna	Commercial		1305.42				651.92	2986.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HDR BRACHY, + DOS; 2-12 CHAN	77771	CPT	both			3144		942.99 Aetna	Medicare		968.35	30.8			651.92	2986.8 percent of total billed charges	
HDR BRACHY, + DOS; 2-12 CHAN	77771	CPT	both			3144		942.99 Aetna	Better Health		991.93	31.55			651.92	2986.8 percent of total billed charges	
HDR BRACHY, + DOS; 2-12 CHAN	77771	CPT	both			3144		942.99 Americare	Americare		2358	75			651.92	2986.8 percent of total billed charges	
HDR BRACHY, + DOS; 2-12 CHAN	77771	CPT	both			3144		942.99 Amerihealth	HMO/PPO		2043.6	65			651.92	2986.8 percent of total billed charges	
HDR BRACHY, + DOS; 2-12 CHAN	77771	CPT	both			3144		942.99 Amerihealth	Medicare		819.99				651.92	2986.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HDR BRACHY, + DOS; 2-12 CHAN	77771	CPT	both			3144		942.99 Consumer	Consumer		2986.8	95			651.92	2986.8 percent of total billed charges	
HDR BRACHY, + DOS; 2-12 CHAN	77771	CPT	both			3144		942.99 Corrections	Corrections		2515.2	80			651.92	2986.8 percent of total billed charges	
HDR BRACHY, + DOS; 2-12 CHAN	77771	CPT	both			3144		942.99 First Health	First Health		2200.8	70			651.92	2986.8 percent of total billed charges	
HDR BRACHY, + DOS; 2-12 CHAN	77771	CPT	both			3144		942.99 First Trenton	First Trenton		2829.6	90			651.92	2986.8 percent of total billed charges	
HDR BRACHY, + DOS; 2-12 CHAN	77771	CPT	both			3144		942.99 Horizon	MGD		1526				651.92	2986.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HDR BRACHY, + DOS; 2-12 CHAN	77771	CPT	both			3144		942.99 Horizon	Indemnity		1526				651.92	2986.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HDR BRACHY, + DOS; 2-12 CHAN	77771	CPT	both			3144		942.99 Horizon	NJ Health		651.92				651.92	2986.8 fee schedule	
HDR BRACHY, + DOS; 2-12 CHAN	77771	CPT	both			3144		942.99 Horizon	PPO		1526				651.92	2986.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HDR BRACHY, + DOS; 2-12 CHAN	77771	CPT	both			3144		942.99 Horizon	Medicare Blue		819.99				651.92	2986.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HDR BRACHY, + DOS; 2-12 CHAN	77771	CPT	both			3144		942.99 Managed Care Inc	Managed Care Inc		2829.6	90			651.92	2986.8 percent of total billed charges	
HDR BRACHY, + DOS; 2-12 CHAN	77771	CPT	both			3144		942.99 Multiplan	Multiplan		2515.2	80			651.92	2986.8 percent of total billed charges	
HDR BRACHY, + DOS; 2-12 CHAN	77771	CPT	both			3144		942.99 Qualcare	Qualcare		2358	75			651.92	2986.8 percent of total billed charges	
HDR BRACHY, + DOS; 2-12 CHAN	77771	CPT	both			3144		942.99 Three Rivers	Three Rivers		2986.8	95			651.92	2986.8 percent of total billed charges	
HDR BRACHY, + DOS; 2-12 CHAN	77771	CPT	both			3144		942.99 UHC	Medicaid		991.93	31.55			651.92	2986.8 percent of total billed charges	
HDR BRACHY, + DOS; 2-12 CHAN	77771	CPT	both			3144		942.99 UHC	Medicare		819.99				651.92	2986.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HDR BRACHY, + DOS; 2-12 CHAN	77771	CPT	both			3144		942.99 Wellcare	Medicaid		991.93	31.55			651.92	2986.8 percent of total billed charges	
HDR BRACHY, + DOS; 2-12 CHAN	77771	CPT	both			3144		942.99 Wellcare	Medicare		819.99				651.92	2986.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HDR BRACHY, + DOS; 2-12 CHAN	77771	CPT	both			3144		942.99 WellPoint	WellPoint		1011.74	32.18			651.92	2986.8 percent of total billed charges	
HDR BRACHY, + DOS; > 12 CHAN	77772	CPT	both			3144		942.99 Aetna	Better Health		991.93	31.55			819.99	2986.8 percent of total billed charges	
HDR BRACHY, + DOS; > 12 CHAN	77772	CPT	both			3144		942.99 Aetna	Commercial		1305.42				819.99	2986.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HDR BRACHY, + DOS; > 12 CHAN	77772	CPT	both			3144		942.99 Aetna	Medicare		819.99				819.99	2986.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HDR BRACHY, + DOS; > 12 CHAN	77772	CPT	both			3144		942.99 Americare	Americare		2358	75			819.99	2986.8 percent of total billed charges	
HDR BRACHY, + DOS; > 12 CHAN	77772	CPT	both			3144		942.99 Amerihealth	HMO/PPO		2043.6	65			819.99	2986.8 percent of total billed charges	
HDR BRACHY, + DOS; > 12 CHAN	77772	CPT	both			3144		942.99 Amerihealth	Medicare		819.99				819.99	2986.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HDR BRACHY, + DOS; > 12 CHAN	77772	CPT	both			3144		942.99 Consumer	Consumer		2986.8	95			819.99	2986.8 percent of total billed charges	
HDR BRACHY, + DOS; > 12 CHAN	77772	CPT	both			3144		942.99 Corrections	Corrections		2515.2	80			819.99	2986.8 percent of total billed charges	
HDR BRACHY, + DOS; > 12 CHAN	77772	CPT	both			3144		942.99 First Health	First Health		2200.8	70			819.99	2986.8 percent of total billed charges	
HDR BRACHY, + DOS; > 12 CHAN	77772	CPT	both			3144		942.99 First Trenton	First Trenton		2829.6	90			819.99	2986.8 percent of total billed charges	
HDR BRACHY, + DOS; > 12 CHAN	77772	CPT	both			3144		942.99 Horizon	Medicare Blue		819.99				819.99	2986.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HDR BRACHY, + DOS; > 12 CHAN	77772	CPT	both			3144		942.99 Horizon	Indemnity		1526				819.99	2986.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HDR BRACHY, + DOS; > 12 CHAN	77772	CPT	both			3144		942.99 Horizon	PPO		1526				819.99	2986.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HDR BRACHY, + DOS; > 12 CHAN	77772	CPT	both			3144		942.99 Horizon	MGD		1526				819.99	2986.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HDR BRACHY, + DOS; > 12 CHAN	77772	CPT	both			3144		942.99 Horizon	NJ Health		997.48				819.99	2986.8 fee schedule	
HDR BRACHY, + DOS; > 12 CHAN	77772	CPT	both			3144		942.99 Managed Care Inc	Managed Care Inc		2829.6	90			819.99	2986.8 percent of total billed charges	
HDR BRACHY, + DOS; > 12 CHAN	77772	CPT	both			3144		942.99 Multiplan	Multiplan		2515.2	80			819.99	2986.8 percent of total billed charges	
HDR BRACHY, + DOS; > 12 CHAN	77772	CPT	both			3144		942.99 Qualcare	Qualcare		2358	75			819.99	2986.8 percent of total billed charges	
HDR BRACHY, + DOS; > 12 CHAN	77772	CPT	both			3144		942.99 Three Rivers	Three Rivers		2986.8	95			819.99	2986.8 percent of total billed charges	
HDR BRACHY, + DOS; > 12 CHAN	77772	CPT	both			3144		942.99 UHC	Medicare		819.99				819.99	2986.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HDR BRACHY, + DOS; > 12 CHAN	77772	CPT	both			3144		942.99 UHC	Medicaid		991.93	31.55			819.99	2986.8 percent of total billed charges	
HDR BRACHY, + DOS; > 12 CHAN	77772	CPT	both			3144		942.99 Wellcare	Medicare		819.99				819.99	2986.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HDR BRACHY, + DOS; > 12 CHAN	77772	CPT	both			3144		942.99 Wellcare	Medicaid		991.93	31.55			819.99	2986.8 percent of total billed charges	
HDR BRACHY, + DOS; > 12 CHAN	77772	CPT	both			3144		942.99 WellPoint	WellPoint		1011.74	32.18			819.99	2986.8 percent of total billed charges	
INTERSTIT.RAD.APP.COMP. 10+SOUR	77778	CPT	inpatient			9685		942.99 Aetna	Better Health		3055.62	31.55			374.22	9200.75 percent of total billed charges	
INTERSTIT.RAD.APP.COMP. 10+SOUR	77778	CPT	inpatient			9685		942.99 Aetna	Commercial		1305.42				374.22	9200.75 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERSTIT.RAD.APP.COMP. 10+SOUR	77778	CPT	inpatient			9685		942.99 Aetna	Medicare		819.99				374.22	9200.75 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERSTIT.RAD.APP.COMP. 10+SOUR	77778	CPT	inpatient			9685		942.99 Americare	Americare		7263.75	75			374.22	9200.75 percent of total billed charges	
INTERSTIT.RAD.APP.COMP. 10+SOUR	77778	CPT	inpatient			9685		942.99 Amerihealth	HMO/PPO		6295.25	65			374.22	9200.75 percent of total billed charges	
INTERSTIT.RAD.APP.COMP. 10+SOUR	77778	CPT	inpatient			9685		942.99 Amerihealth	Medicare		819.99				374.22	9200.75 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERSTIT.RAD.APP.COMP. 10+SOUR	77778	CPT	inpatient			9685		942.99 Consumer	Consumer		9200.75	95			374.22	9200.75 percent of total billed charges	
INTERSTIT.RAD.APP.COMP. 10+SOUR	77778	CPT	inpatient			9685		942.99 Corrections	Corrections		7748	80			374.22	9200.75 percent of total billed charges	
INTERSTIT.RAD.APP.COMP. 10+SOUR	77778	CPT	inpatient			9685		942.99 First Health	First Health		6779.5	70			374.22	9200.75 percent of total billed charges	
INTERSTIT.RAD.APP.COMP. 10+SOUR	77778	CPT	inpatient			9685		942.99 First Trenton	First Trenton		8716.5	90			374.22	9200.75 percent of total billed charges	
INTERSTIT.RAD.APP.COMP. 10+SOUR	77778	CPT	inpatient			9685		942.99 Horizon	NJ Health		374.22				374.22	9200.75 fee schedule	
INTERSTIT.RAD.APP.COMP. 10+SOUR	77778	CPT	inpatient			9685		942.99 Horizon	Indemnity		1526				374.22	9200.75 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERSTIT.RAD.APP.COMP. 10+SOUR	77778	CPT	inpatient			9685		942.99 Horizon	MGD		1526				374.22	9200.75 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERSTIT.RAD.APP.COMP. 10+SOUR	77778	CPT	inpatient			9685		942.99 Horizon	PPO		1526				374.22	9200.75 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERSTIT.RAD.APP.COMP. 10+SOUR	77778	CPT	inpatient			9685		942.99 Horizon	Medicare Blue		819.99				374.22	9200.75 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERSTIT.RAD.APP.COMP. 10+SOUR	77778	CPT	inpatient			9685		942.99 Managed Care Inc	Managed Care Inc		8716.5	90			374.22	9200.75 percent of total billed charges	
INTERSTIT.RAD.APP.COMP. 10+SOUR	77778	CPT	inpatient			9685		942.99 Multiplan	Multiplan		7748	80			374.22	9200.75 percent of total billed charges	
INTERSTIT.RAD.APP.COMP. 10+SOUR	77778	CPT	inpatient			9685		942.99 Qualcare	Qualcare		7263.75	75			374.22	9200.75 percent of total billed charges	
INTERSTIT.RAD.APP.COMP. 10+SOUR	77778	CPT	inpatient			9685		942.99 Three Rivers	Three Rivers		9200.75	95			374.22	9200.75 percent of total billed charges	
INTERSTIT.RAD.APP.COMP. 10+SOUR	77778	CPT	inpatient			9685		942.99 UHC	Medicaid		3055.62	31.55			374.22	9200.75 percent of total billed charges	
INTERSTIT.RAD.APP.COMP. 10+SOUR	77778	CPT	inpatient			9685		942.99 UHC	Medicare		819.99				374.22	9200.75 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERSTIT.RAD.APP.COMP. 10+SOUR	77778	CPT	inpatient			9685		942.99 Wellcare	Medicaid		3055.62	31.55			374.22	9200.75 percent of total billed charges	
INTERSTIT.RAD.APP.COMP. 10+SOUR	77778	CPT	inpatient			9685		942.99 Wellcare	Medicare		819.99				374.22	9200.75 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERSTIT.RAD.APP.COMP. 10+SOUR	77778	CPT	inpatient			9685		942.99 WellPoint	WellPoint		3116.63	32.18			374.22	9200.75 percent of total billed charges	
HIGH INTEN.BRACHY.SUR.APP.RADIOEL.	77789	CPT	outpatient			668		157.71 Aetna	Commercial		218.33				69.44	634.6 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HIGH INTEN.BRACHY.SUR.APP.RADIOEL.	77789	CPT	outpatient			668		157.71 Aetna	Better Health		210.75	31.55			69.44	634.6 percent of total billed charges	
HIGH INTEN.BRACHY.SUR.APP.RADIOEL.	77789	CPT	outpatient			668		157.71 Aetna	Medicare		137.14				69.44	634.6 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HIGH INTEN.BRACHY.SUR.APP.RADIOEL.	77789	CPT	outpatient			668		157.71 Americare	Americare		501	75			69.44	634.6 percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101191	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
HIGH INTEN.BRACHY.SUR.APP.RADIOEL.	77789	CPT	outpatient			668		157.71	Amerihealth	Medicare	137.14				69.44	634.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HIGH INTEN.BRACHY.SUR.APP.RADIOEL.	77789	CPT	outpatient			668		157.71	Amerihealth	HMO/PPO	434.2	65			69.44	634.6	percent of total billed charges	
HIGH INTEN.BRACHY.SUR.APP.RADIOEL.	77789	CPT	outpatient			668		157.71	Consumer	Consumer	634.6	95			69.44	634.6	percent of total billed charges	
HIGH INTEN.BRACHY.SUR.APP.RADIOEL.	77789	CPT	outpatient			668		157.71	Corrections	Corrections	534.4	80			69.44	634.6	percent of total billed charges	
HIGH INTEN.BRACHY.SUR.APP.RADIOEL.	77789	CPT	outpatient			668		157.71	First Health	First Health	467.6	70			69.44	634.6	percent of total billed charges	
HIGH INTEN.BRACHY.SUR.APP.RADIOEL.	77789	CPT	outpatient			668		157.71	First Trenton	First Trenton	601.2	90			69.44	634.6	percent of total billed charges	
HIGH INTEN.BRACHY.SUR.APP.RADIOEL.	77789	CPT	outpatient			668		157.71	Horizon	MGD	255.22				69.44	634.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HIGH INTEN.BRACHY.SUR.APP.RADIOEL.	77789	CPT	outpatient			668		157.71	Horizon	Medicare Blue	137.14				69.44	634.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HIGH INTEN.BRACHY.SUR.APP.RADIOEL.	77789	CPT	outpatient			668		157.71	Horizon	Indemnity	255.22				69.44	634.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HIGH INTEN.BRACHY.SUR.APP.RADIOEL.	77789	CPT	outpatient			668		157.71	Horizon	NJ Health	69.44				69.44	634.6	fee schedule	
HIGH INTEN.BRACHY.SUR.APP.RADIOEL.	77789	CPT	outpatient			668		157.71	Horizon	PPO	255.22				69.44	634.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HIGH INTEN.BRACHY.SUR.APP.RADIOEL.	77789	CPT	outpatient			668		157.71	Managed Care Inc	Managed Care Inc	601.2	90			69.44	634.6	percent of total billed charges	
HIGH INTEN.BRACHY.SUR.APP.RADIOEL.	77789	CPT	outpatient			668		157.71	Multiplan	Multiplan	534.4	80			69.44	634.6	percent of total billed charges	
HIGH INTEN.BRACHY.SUR.APP.RADIOEL.	77789	CPT	outpatient			668		157.71	Qualcare	Qualcare	501	75			69.44	634.6	percent of total billed charges	
HIGH INTEN.BRACHY.SUR.APP.RADIOEL.	77789	CPT	outpatient			668		157.71	Three Rivers	Three Rivers	634.6	95			69.44	634.6	percent of total billed charges	
HIGH INTEN.BRACHY.SUR.APP.RADIOEL.	77789	CPT	outpatient			668		157.71	UHC	Medicare	137.14				69.44	634.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HIGH INTEN.BRACHY.SUR.APP.RADIOEL.	77789	CPT	outpatient			668		157.71	UHC	Medicaid	210.75	31.55			69.44	634.6	percent of total billed charges	
HIGH INTEN.BRACHY.SUR.APP.RADIOEL.	77789	CPT	outpatient			668		157.71	Wellcare	Medicaid	210.75	31.55			69.44	634.6	percent of total billed charges	
HIGH INTEN.BRACHY.SUR.APP.RADIOEL.	77789	CPT	outpatient			668		157.71	Wellcare	Medicare	137.14				69.44	634.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HIGH INTEN.BRACHY.SUR.APP.RADIOEL.	77789	CPT	outpatient			668		157.71	WellPoint	WellPoint	214.96	32.18			69.44	634.6	percent of total billed charges	
SUPERVISE HANDLING RADIOELEM	77790	CPT	outpatient			575			Aetna	Better Health	181.41	31.55			53.7	546.25	percent of total billed charges	
SUPERVISE HANDLING RADIOELEM	77790	CPT	outpatient			575			Aetna	Commercial	218.5	38			53.7	546.25	percent of total billed charges	
SUPERVISE HANDLING RADIOELEM	77790	CPT	outpatient			575			Aetna	Medicare	177.1	30.8			53.7	546.25	percent of total billed charges	
SUPERVISE HANDLING RADIOELEM	77790	CPT	outpatient			575			Americare	Americare	431.25	75			53.7	546.25	percent of total billed charges	
SUPERVISE HANDLING RADIOELEM	77790	CPT	outpatient			575			Amerihealth	HMO/PPO	373.75	65			53.7	546.25	percent of total billed charges	
SUPERVISE HANDLING RADIOELEM	77790	CPT	outpatient			575			Consumer	Consumer	546.25	95			53.7	546.25	percent of total billed charges	
SUPERVISE HANDLING RADIOELEM	77790	CPT	outpatient			575			Corrections	Corrections	460	80			53.7	546.25	percent of total billed charges	
SUPERVISE HANDLING RADIOELEM	77790	CPT	outpatient			575			First Health	First Health	402.5	70			53.7	546.25	percent of total billed charges	
SUPERVISE HANDLING RADIOELEM	77790	CPT	outpatient			575			First Trenton	First Trenton	517.5	90			53.7	546.25	percent of total billed charges	
SUPERVISE HANDLING RADIOELEM	77790	CPT	outpatient			575			Horizon	Indemnity	220.11	38.28			53.7	546.25	percent of total billed charges	
SUPERVISE HANDLING RADIOELEM	77790	CPT	outpatient			575			Horizon	Medicare Blue	172.5	30			53.7	546.25	percent of total billed charges	
SUPERVISE HANDLING RADIOELEM	77790	CPT	outpatient			575			Horizon	NJ Health	119.95				53.7	546.25	fee schedule	
SUPERVISE HANDLING RADIOELEM	77790	CPT	outpatient			575			Horizon	MGD	220.11	38.28			53.7	546.25	percent of total billed charges	
SUPERVISE HANDLING RADIOELEM	77790	CPT	outpatient			575			Horizon	PPO	220.11	38.28			53.7	546.25	percent of total billed charges	
SUPERVISE HANDLING RADIOELEM	77790	CPT	outpatient			575			Managed Care Inc	Managed Care Inc	517.5	90			53.7	546.25	percent of total billed charges	
SUPERVISE HANDLING RADIOELEM	77790	CPT	outpatient			575			Multiplan	Multiplan	460	80			53.7	546.25	percent of total billed charges	
SUPERVISE HANDLING RADIOELEM	77790	CPT	outpatient			575			Qualcare	Qualcare	431.25	75			53.7	546.25	percent of total billed charges	
SUPERVISE HANDLING RADIOELEM	77790	CPT	outpatient			575			Three Rivers	Three Rivers	546.25	95			53.7	546.25	percent of total billed charges	
SUPERVISE HANDLING RADIOELEM	77790	CPT	outpatient			575			UHC	Medicaid	181.41	31.55			53.7	546.25	percent of total billed charges	
SUPERVISE HANDLING RADIOELEM	77790	CPT	outpatient			575			Wellcare	Medicaid	181.41	31.55			53.7	546.25	percent of total billed charges	
SUPERVISE HANDLING RADIOELEM	77790	CPT	outpatient			575			WellPoint	WellPoint	185.04	32.18			53.7	546.25	percent of total billed charges	
HIGH INTEN.BRACHY.UNLST.PROC.RADIOELE	77799	CPT	outpatient			954		157.71	Aetna	Better Health	300.99	31.55			137.14	906.3	percent of total billed charges	
HIGH INTEN.BRACHY.UNLST.PROC.RADIOELE	77799	CPT	outpatient			954		157.71	Aetna	Commercial	218.33				137.14	906.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HIGH INTEN.BRACHY.UNLST.PROC.RADIOELE	77799	CPT	outpatient			954		157.71	Aetna	Medicare	137.14				137.14	906.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HIGH INTEN.BRACHY.UNLST.PROC.RADIOELE	77799	CPT	outpatient			954		157.71	Americare	Americare	715.5	75			137.14	906.3	percent of total billed charges	
HIGH INTEN.BRACHY.UNLST.PROC.RADIOELE	77799	CPT	outpatient			954		157.71	Amerihealth	Medicare	137.14				137.14	906.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HIGH INTEN.BRACHY.UNLST.PROC.RADIOELE	77799	CPT	outpatient			954		157.71	Amerihealth	HMO/PPO	620.1	65			137.14	906.3	percent of total billed charges	
HIGH INTEN.BRACHY.UNLST.PROC.RADIOELE	77799	CPT	outpatient			954		157.71	Consumer	Consumer	906.3	95			137.14	906.3	percent of total billed charges	
HIGH INTEN.BRACHY.UNLST.PROC.RADIOELE	77799	CPT	outpatient			954		157.71	Corrections	Corrections	763.2	80			137.14	906.3	percent of total billed charges	
HIGH INTEN.BRACHY.UNLST.PROC.RADIOELE	77799	CPT	outpatient			954		157.71	First Health	First Health	667.8	70			137.14	906.3	percent of total billed charges	
HIGH INTEN.BRACHY.UNLST.PROC.RADIOELE	77799	CPT	outpatient			954		157.71	First Trenton	First Trenton	858.6	90			137.14	906.3	percent of total billed charges	
HIGH INTEN.BRACHY.UNLST.PROC.RADIOELE	77799	CPT	outpatient			954		157.71	Horizon	Medicare Blue	137.14				137.14	906.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HIGH INTEN.BRACHY.UNLST.PROC.RADIOELE	77799	CPT	outpatient			954		157.71	Horizon	MGD	255.22				137.14	906.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HIGH INTEN.BRACHY.UNLST.PROC.RADIOELE	77799	CPT	outpatient			954		157.71	Horizon	Indemnity	255.22				137.14	906.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HIGH INTEN.BRACHY.UNLST.PROC.RADIOELE	77799	CPT	outpatient			954		157.71	Horizon	PPO	255.22				137.14	906.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HIGH INTEN.BRACHY.UNLST.PROC.RADIOELE	77799	CPT	outpatient			954		157.71	Managed Care Inc	Managed Care Inc	858.6	90			137.14	906.3	percent of total billed charges	
HIGH INTEN.BRACHY.UNLST.PROC.RADIOELE	77799	CPT	outpatient			954		157.71	Multiplan	Multiplan	763.2	80			137.14	906.3	percent of total billed charges	
HIGH INTEN.BRACHY.UNLST.PROC.RADIOELE	77799	CPT	outpatient			954		157.71	Qualcare	Qualcare	715.5	75			137.14	906.3	percent of total billed charges	
HIGH INTEN.BRACHY.UNLST.PROC.RADIOELE	77799	CPT	outpatient			954		157.71	Three Rivers	Three Rivers	906.3	95			137.14	906.3	percent of total billed charges	
HIGH INTEN.BRACHY.UNLST.PROC.RADIOELE	77799	CPT	outpatient			954		157.71	UHC	Medicaid	300.99	31.55			137.14	906.3	percent of total billed charges	
HIGH INTEN.BRACHY.UNLST.PROC.RADIOELE	77799	CPT	outpatient			954		157.71	UHC	Medicare	137.14				137.14	906.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HIGH INTEN.BRACHY.UNLST.PROC.RADIOELE	77799	CPT	outpatient			954		157.71	Wellcare	Medicare	137.14				137.14	906.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HIGH INTEN.BRACHY.UNLST.PROC.RADIOELE	77799	CPT	outpatient			954		157.71	Wellcare	Medicaid	300.99	31.55			137.14	906.3	percent of total billed charges	
HIGH INTEN.BRACHY.UNLST.PROC.RADIOELE	77799	CPT	outpatient			954		157.71	WellPoint	WellPoint	307	32.18			137.14	906.3	percent of total billed charges	
THYROID UPTAKE ONLY	78012	CPT	outpatient			559		542.46	Aetna	Better Health	176.36	31.55			72.72	877.83	percent of total billed charges	
THYROID UPTAKE ONLY	78012	CPT	outpatient			559		542.46	Aetna	Commercial	750.95				72.72	877.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THYROID UPTAKE ONLY	78012	CPT	outpatient			559		542.46	Aetna	Medicare	471.7				72.72	877.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THYROID UPTAKE ONLY	78012	CPT	outpatient			559		542.46	Americare	Americare	419.25	75			72.72	877.83	percent of total billed charges	
THYROID UPTAKE ONLY	78012	CPT	outpatient			559		542.46	Amerihealth	HMO/PPO	363.35	65			72.72	877.83	percent of total billed charges	
THYROID UPTAKE ONLY	78012	CPT	outpatient			559		542.46	Amerihealth	Medicare	471.7				72.72	877.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THYROID UPTAKE ONLY	78012	CPT	outpatient			559		542.46	Consumer	Consumer	531.05	95			72.72	877.83	percent of total billed charges	
THYROID UPTAKE ONLY	78012	CPT	outpatient			559		542.46	Corrections	Corrections	447.2	80			72.72	877.83	percent of total billed charges	
THYROID UPTAKE ONLY	78012	CPT	outpatient			559		542.46	First Health	First Health	391.3	70			72.72	877.83	percent of total billed charges	
THYROID UPTAKE ONLY	78012	CPT	outpatient			559		542.46	First Trenton	First Trenton	503.1	90			72.72	877.83	percent of total billed charges	
THYROID UPTAKE ONLY	78012	CPT	outpatient			559		542.46	Horizon	NJ Health	72.72				72.72	877.83	fee schedule	
THYROID UPTAKE ONLY	78012	CPT	outpatient			559		542.46	Horizon	Medicare Blue	471.7				72.72	877.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THYROID UPTAKE ONLY	78012	CPT	outpatient			559		542.46	Horizon	MGD	877.83				72.72	877.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THYROID UPTAKE ONLY	78012	CPT	outpatient			559		542.46	Horizon	Indemnity	877.83				72.72	877.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THYROID UPTAKE ONLY	78012	CPT	outpatient			559		542.46	Horizon	PPO	877.83				72.72	877.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THYROID UPTAKE ONLY	78012	CPT	outpatient			559		542.46	Managed Care Inc	Managed Care Inc	503.1	90			72.72	877.83	percent of total billed charges	
THYROID UPTAKE ONLY	78012	CPT	outpatient			559		542.46	Multiplan	Multiplan	447.2	80			72.72	877.83	percent of total billed charges	
THYROID UPTAKE ONLY	78012	CPT	outpatient			559		542.46	Qualcare	Qualcare	419.25	75			72.72	877.83	percent of total billed charges	
THYROID UPTAKE ONLY	78012	CPT	outpatient			559		542.46	Three Rivers	Three Rivers	531.05	95			72.72	877.83	percent of total billed charges	
THYROID UPTAKE ONLY	78012	CPT	outpatient			559		542.46	UHC	Medicaid	176.36	31.55			72.72	877.83	percent of total billed charges	
THYROID UPTAKE ONLY	78012	CPT	outpatient			559		542.46	UHC	Medicare	471.7				72.72	877.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THYROID UPTAKE ONLY	78012	CPT	outpatient			559		542.46	Wellcare	Medicaid	176.36	31.55			72.72	877.83	percent of total billed charges	
THYROID UPTAKE ONLY	78012	CPT	outpatient			559		542.46	Wellcare	Medicare	471.7				72.72	877.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THYROID UPTAKE ONLY	78012	CPT	outpatient			559		542.46	WellPoint	WellPoint	179.89	32.18			72.72	877.83	percent of total billed charges	
THYROID IMAGING WHOLE BODY	78013	CPT	both			1478		542.46	Aetna	Better Health	466.31	31.55			184.2	1404.1	percent of total billed charges	
THYROID IMAGING WHOLE BODY	78013	CPT	both			1478		542.46	Aetna	Medicare	471.7				184.2	1404.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THYROID IMAGING WHOLE BODY	78013	CPT	both			1478		542.46	Aetna	Commercial	750.95				184.2	1404.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THYROID IMAGING WHOLE BODY	78013	CPT	both			1478		542.46	Americare	Americare	1108.5	75			184.2	1404.1	percent of total billed charges	
THYROID IMAGING WHOLE BODY	78013	CPT	both			1478		542.46	Amerihealth	HMO/PPO	960.7	65			184.2	1404.1	percent of total billed charges	
THYROID IMAGING WHOLE BODY	78013	CPT	both			1478		542.46	Amerihealth	Medicare	471.7				184.2	1404.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THYROID IMAGING WHOLE BODY	78013	CPT	both			1478		542.46	Consumer	Consumer	1404.1	95			184.2	1404.1	percent of total billed charges	
THYROID IMAGING WHOLE BODY	78013	CPT	both			1478		542.46	Corrections	Corrections	1182.4	80			184.2	1404.1	percent of total billed charges	
THYROID IMAGING WHOLE BODY	78013	CPT	both			1478		542.46	First Health	First Health	1034.6	70			184.2	1404.1	percent of total billed charges	
THYROID IMAGING WHOLE BODY	78013	CPT	both			1478		542.46	First Trenton	First Trenton	1330.2	90			184.2	1404.1	percent of total billed charges	
THYROID IMAGING WHOLE BODY	78013	CPT	both			1478		542.46	Horizon	Medicare Blue	471.7				184.2	1404.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THYROID IMAGING WHOLE BODY	78013	CPT	both			1478		542.46	Horizon	PPO	877.83				184.2	1404.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THYROID IMAGING WHOLE BODY	78013	CPT	both			1478		542.46	Horizon	MGD	877.83				184.2	1404.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THYROID IMAGING WHOLE BODY	78013	CPT	both			1478		542.46	Horizon	Indemnity	877.83				184.2	1404.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THYROID IMAGING WHOLE BODY	78013	CPT	both			1478		542.46	Horizon	NJ Health	184.2				184.2	1404.1	fee schedule	
THYROID IMAGING WHOLE BODY	78013	CPT	both			1478		542.46	Managed Care Inc	Managed Care Inc	1330.2	90			184.2	1404.1	percent of total billed charges	
THYROID IMAGING WHOLE BODY	78013	CPT	both			1478		542.46	Multiplan	Multiplan	1182.4	80			184.2	1404.1	percent of total billed charges	
THYROID IMAGING WHOLE BODY	78013	CPT	both			1478		542.46	Qualcare	Qualcare	1108.5	75			184.2	1404.1	percent of total billed charges	
THYROID IMAGING WHOLE BODY	78013	CPT	both			1478		542.46	Three Rivers	Three Rivers	1404.1	95			184.2	1404.1	percent of total billed charges	
THYROID IMAGING WHOLE BODY	78013	CPT	both			1478		542.46	UHC	Medicaid	466.31	31.55			184.2	1404.1	percent of total billed charges	
THYROID IMAGING WHOLE BODY	78013	CPT	both			1478		542.46	UHC	Medicare	471.7				184.2	1404.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THYROID IMAGING WHOLE BODY	78013	CPT	both			1478		542.46	Wellcare	Medicaid	466.31	31.55			184.2	1404.1	percent of total billed charges	
THYROID IMAGING WHOLE BODY	78013	CPT	both			1478		542.46	Wellcare	Medicare	471.7				184.2	1404.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THYROID IMAGING WHOLE BODY	78013	CPT	both			1478		542.46	WellPoint	WellPoint	475.62	32.18			184.2	1404.1	percent of total billed charges	
THYROID SCAN & UPTAKE I-123	78014	CPT	outpatient			1138		542.46	Aetna	Better Health	359.04	31.55			212.62	1081.1	percent of total billed charges	
THYROID SCAN & UPTAKE I-123	78014	CPT	outpatient			1138		542.46	Aetna	Commercial	750.95				212.62	1081.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THYROID SCAN & UPTAKE I-123	78014	CPT	outpatient			1138		542.46	Aetna	Medicare	471.7				212.62	1081.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THYROID SCAN & UPTAKE I-123	78014	CPT	outpatient			1138		542.46	Americare	Americare	853.5	75			212.62	1081.1	percent of total billed charges	
THYROID SCAN & UPTAKE I-123	78014	CPT	outpatient			1138		542.46	Amerihealth	HMO/PPO	739.7	65			212.62	1081.1	percent of total billed charges	
THYROID SCAN & UPTAKE I-123	78014	CPT	outpatient			1138		542.46	Amerihealth	Medicare	471.7				212.62	1081.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THYROID SCAN & UPTAKE I-123	78014	CPT	outpatient			1138		542.46	Consumer	Consumer	1081.1	95			212.62	1081.1	percent of total billed charges	
THYROID SCAN & UPTAKE I-123	78014	CPT	outpatient			1138		542.46	Corrections	Corrections	910.4	80			212.62	1081.1	percent of total billed charges	
THYROID SCAN & UPTAKE I-123	78014	CPT	outpatient			1138		542.46	First Health	First Health	796.6	70			212.62	1081.1	percent of total billed charges	
THYROID SCAN & UPTAKE I-123	78014	CPT	outpatient			1138		542.46	First Trenton	First Trenton	1024.2	90			212.62	1081.1	percent of total billed charges	
THYROID SCAN & UPTAKE I-123	78014	CPT	outpatient			1138		542.46	Horizon	NJ Health	212.62				212.62	1081.1	fee schedule	
THYROID SCAN & UPTAKE I-123	78014	CPT	outpatient			1138		542.46	Horizon	Indemnity	877.83				212.62	1081.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THYROID SCAN & UPTAKE I-123	78014	CPT	outpatient			1138		542.46	Horizon	MGD	877.83				212.62	1081.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THYROID SCAN & UPTAKE I-123	78014	CPT	outpatient			1138		542.46	Horizon	PPO	877.83				212.62	1081.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THYROID SCAN & UPTAKE I-123	78014	CPT	outpatient			1138		542.46	Horizon	Medicare Blue	471.7				212.62	1081.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THYROID SCAN & UPTAKE I-123	78014	CPT	outpatient			1138		542.46	Managed Care Inc	Managed Care Inc	1024.2	90			212.62	1081.1	percent of total billed charges	
THYROID SCAN & UPTAKE I-123	78014	CPT	outpatient			1138		542.46	Multiplan	Multiplan	910.4	80			212.62	1081.1	percent of total billed charges	
THYROID SCAN & UPTAKE I-123	78014	CPT	outpatient			1138		542.46	Qualcare	Qualcare	853.5	75			212.62	1081.1	percent of total billed charges	
THYROID SCAN & UPTAKE I-123	78014	CPT	outpatient			1138		542.46	Three Rivers	Three Rivers	1081.1	95			212.62	1081.1	percent of total billed charges	
THYROID SCAN & UPTAKE I-123	78014	CPT	outpatient			1138		542.46	UHC	Medicare	471.7				212.62	1081.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THYROID SCAN & UPTAKE I-123	78014	CPT	outpatient			1138		542.46	UHC	Medicaid	359.04	31.55			212.62	1081.1	percent of total billed charges	
THYROID SCAN & UPTAKE I-123	78014	CPT	outpatient			1138		542.46	Wellcare	Medicaid	359.04	31.55			212.62	1081.1	percent of total billed charges	
THYROID SCAN & UPTAKE I-123	78014	CPT	outpatient			1138		542.46	Wellcare	Medicare	471.7				212.62	1081.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THYROID SCAN & UPTAKE I-123	78014	CPT	outpatient			1138		542.46	WellPoint	WellPoint	366.21	32.18			212.62	1081.1	percent of total billed charges	
THYROID CARCINOMA METASTASESIM LTD AREA	78015	CPT	outpatient			1155		542.46	Aetna	Better Health	364.4	31.55			98	1097.25	percent of total billed charges	
THYROID CARCINOMA METASTASESIM LTD AREA	78015	CPT	outpatient			1155		542.46	Aetna	Commercial	750.95				98	1097.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THYROID CARCINOMA METASTASESIM LTD AREA	78015	CPT	outpatient			1155		542.46	Aetna	Medicare	471.7				98	1097.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THYROID CARCINOMA METASTASESIM LTD AREA	78015	CPT	outpatient			1155		542.46	Americare	Americare	866.25	75			98	1097.25	percent of total billed charges	
THYROID CARCINOMA METASTASESIM LTD AREA	78015	CPT	outpatient			1155		542.46	Amerihealth	HMO/PPO	750.75	65			98	1097.25	percent of total billed charges	
THYROID CARCINOMA METASTASESIM LTD AREA	78015	CPT	outpatient			1155		542.46	Amerihealth	Medicare	471.7				98	1097.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THYROID CARCINOMA METASTASESIM LTD AREA	78015	CPT	outpatient			1155		542.46	Consumer	Consumer	1097.25	95			98	1097.25	percent of total billed charges	
THYROID CARCINOMA METASTASESIM LTD AREA	78015	CPT	outpatient			1155		542.46	Corrections	Corrections	924	80			98	1097.25	percent of total billed charges	
THYROID CARCINOMA METASTASESIM LTD AREA	78015	CPT	outpatient			1155		542.46	First Health	First Health	808.5	70			98	1097.25	percent of total billed charges	
THYROID CARCINOMA METASTASESIM LTD AREA	78015	CPT	outpatient			1155		542.46	First Trenton	First Trenton	1039.5	90			98	1097.25	percent of total billed charges	
THYROID CARCINOMA METASTASESIM LTD AREA	78015	CPT	outpatient			1155		542.46	Horizon	Medicare Blue	471.7				98	1097.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THYROID CARCINOMA METASTASESIM LTD AREA	78015	CPT	outpatient			1155		542.46	Horizon	Indemnity	877.83				98	1097.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
THYROID CARCINOMA METASTASESIM LTD AREA	78015	CPT	outpatient			1155		542.46 Horizon	PPO		877.83				98	1097.25	other	
THYROID CARCINOMA METASTASESIM LTD AREA	78015	CPT	outpatient			1155		542.46 Horizon	MGD		877.83				98	1097.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THYROID CARCINOMA METASTASESIM LTD AREA	78015	CPT	outpatient			1155		542.46 Horizon	NJ Health		98				98	1097.25	fee schedule	Payer-specific negotiated charge calculated as a percent of the Medicare value
THYROID CARCINOMA METASTASESIM LTD AREA	78015	CPT	outpatient			1155		542.46 Managed Care Inc	Managed Care Inc		1039.5	90			98	1097.25	percent of total billed charges	
THYROID CARCINOMA METASTASESIM LTD AREA	78015	CPT	outpatient			1155		542.46 Multiplan	Multiplan		924	80			98	1097.25	percent of total billed charges	
THYROID CARCINOMA METASTASESIM LTD AREA	78015	CPT	outpatient			1155		542.46 Qualcare	Qualcare		866.25	75			98	1097.25	percent of total billed charges	
THYROID CARCINOMA METASTASESIM LTD AREA	78015	CPT	outpatient			1155		542.46 Three Rivers	Three Rivers		1097.25	95			98	1097.25	percent of total billed charges	
THYROID CARCINOMA METASTASESIM LTD AREA	78015	CPT	outpatient			1155		542.46 UHC	Medicare		471.7				98	1097.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THYROID CARCINOMA METASTASESIM LTD AREA	78015	CPT	outpatient			1155		542.46 UHC	Medicaid		364.4	31.55			98	1097.25	percent of total billed charges	
THYROID CARCINOMA METASTASESIM LTD AREA	78015	CPT	outpatient			1155		542.46 Wellcare	Medicare		471.7				98	1097.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THYROID CARCINOMA METASTASESIM LTD AREA	78015	CPT	outpatient			1155		542.46 Wellcare	Medicaid		364.4	31.55			98	1097.25	percent of total billed charges	
THYROID CARCINOMA METASTASESIM LTD AREA	78015	CPT	outpatient			1155		542.46 WellPoint	WellPoint		371.68	32.18			98	1097.25	percent of total billed charges	
THYROID CARCINOMA METASTASESIMAGING LTD	78016	CPT	outpatient			1597		542.46 Aetna	Commercial		750.95				120.74	1517.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THYROID CARCINOMA METASTASESIMAGING LTD	78016	CPT	outpatient			1597		542.46 Aetna	Medicare		471.7				120.74	1517.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THYROID CARCINOMA METASTASESIMAGING LTD	78016	CPT	outpatient			1597		542.46 Aetna	Better Health		503.85	31.55			120.74	1517.15	percent of total billed charges	
THYROID CARCINOMA METASTASESIMAGING LTD	78016	CPT	outpatient			1597		542.46 Americare	Americare		1197.75	75			120.74	1517.15	percent of total billed charges	
THYROID CARCINOMA METASTASESIMAGING LTD	78016	CPT	outpatient			1597		542.46 Amerihealth	Medicare		471.7				120.74	1517.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THYROID CARCINOMA METASTASESIMAGING LTD	78016	CPT	outpatient			1597		542.46 Amerihealth	HMO/PPO		1038.05	65			120.74	1517.15	percent of total billed charges	
THYROID CARCINOMA METASTASESIMAGING LTD	78016	CPT	outpatient			1597		542.46 Consumer	Consumer		1517.15	95			120.74	1517.15	percent of total billed charges	
THYROID CARCINOMA METASTASESIMAGING LTD	78016	CPT	outpatient			1597		542.46 Corrections	Corrections		1277.6	80			120.74	1517.15	percent of total billed charges	
THYROID CARCINOMA METASTASESIMAGING LTD	78016	CPT	outpatient			1597		542.46 First Health	First Health		1117.9	70			120.74	1517.15	percent of total billed charges	
THYROID CARCINOMA METASTASESIMAGING LTD	78016	CPT	outpatient			1597		542.46 First Trenton	First Trenton		1437.3	90			120.74	1517.15	percent of total billed charges	
THYROID CARCINOMA METASTASESIMAGING LTD	78016	CPT	outpatient			1597		542.46 Horizon	MGD		877.83				120.74	1517.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THYROID CARCINOMA METASTASESIMAGING LTD	78016	CPT	outpatient			1597		542.46 Horizon	Medicare Blue		471.7				120.74	1517.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THYROID CARCINOMA METASTASESIMAGING LTD	78016	CPT	outpatient			1597		542.46 Horizon	Indemnity		877.83				120.74	1517.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THYROID CARCINOMA METASTASESIMAGING LTD	78016	CPT	outpatient			1597		542.46 Horizon	NJ Health		120.74				120.74	1517.15	fee schedule	
THYROID CARCINOMA METASTASESIMAGING LTD	78016	CPT	outpatient			1597		542.46 Horizon	PPO		877.83				120.74	1517.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THYROID CARCINOMA METASTASESIMAGING LTD	78016	CPT	outpatient			1597		542.46 Managed Care Inc	Managed Care Inc		1437.3	90			120.74	1517.15	percent of total billed charges	
THYROID CARCINOMA METASTASESIMAGING LTD	78016	CPT	outpatient			1597		542.46 Multiplan	Multiplan		1277.6	80			120.74	1517.15	percent of total billed charges	
THYROID CARCINOMA METASTASESIMAGING LTD	78016	CPT	outpatient			1597		542.46 Qualcare	Qualcare		1197.75	75			120.74	1517.15	percent of total billed charges	
THYROID CARCINOMA METASTASESIMAGING LTD	78016	CPT	outpatient			1597		542.46 Three Rivers	Three Rivers		1517.15	95			120.74	1517.15	percent of total billed charges	
THYROID CARCINOMA METASTASESIMAGING LTD	78016	CPT	outpatient			1597		542.46 UHC	Medicare		471.7				120.74	1517.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THYROID CARCINOMA METASTASESIMAGING LTD	78016	CPT	outpatient			1597		542.46 UHC	Medicaid		503.85	31.55			120.74	1517.15	percent of total billed charges	
THYROID CARCINOMA METASTASESIMAGING LTD	78016	CPT	outpatient			1597		542.46 Wellcare	Medicaid		503.85	31.55			120.74	1517.15	percent of total billed charges	
THYROID CARCINOMA METASTASESIMAGING LTD	78016	CPT	outpatient			1597		542.46 Wellcare	Medicare		471.7				120.74	1517.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THYROID CARCINOMA METASTASESIMAGING LTD	78016	CPT	outpatient			1597		542.46 WellPoint	WellPoint		513.91	32.18			120.74	1517.15	percent of total billed charges	
NUCLEAR MEDICINE L131 POST THYROID THER	78018	CPT	outpatient			2362		710.88 Aetna	Commercial		984.11				192.08	2243.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE L131 POST THYROID THER	78018	CPT	outpatient			2362		710.88 Aetna	Medicare		727.5	30.8			192.08	2243.9	percent of total billed charges	
NUCLEAR MEDICINE L131 POST THYROID THER	78018	CPT	outpatient			2362		710.88 Aetna	Better Health		745.21	31.55			192.08	2243.9	percent of total billed charges	
NUCLEAR MEDICINE L131 POST THYROID THER	78018	CPT	outpatient			2362		710.88 Americare	Americare		1771.5	75			192.08	2243.9	percent of total billed charges	
NUCLEAR MEDICINE L131 POST THYROID THER	78018	CPT	outpatient			2362		710.88 Amerihealth	HMO/PPO		1535.3	65			192.08	2243.9	percent of total billed charges	
NUCLEAR MEDICINE L131 POST THYROID THER	78018	CPT	outpatient			2362		710.88 Amerihealth	Medicare		618.16				192.08	2243.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE L131 POST THYROID THER	78018	CPT	outpatient			2362		710.88 Consumer	Consumer		2243.9	95			192.08	2243.9	percent of total billed charges	
NUCLEAR MEDICINE L131 POST THYROID THER	78018	CPT	outpatient			2362		710.88 Corrections	Corrections		1889.6	80			192.08	2243.9	percent of total billed charges	
NUCLEAR MEDICINE L131 POST THYROID THER	78018	CPT	outpatient			2362		710.88 First Health	First Health		1653.4	70			192.08	2243.9	percent of total billed charges	
NUCLEAR MEDICINE L131 POST THYROID THER	78018	CPT	outpatient			2362		710.88 First Trenton	First Trenton		2125.8	90			192.08	2243.9	percent of total billed charges	
NUCLEAR MEDICINE L131 POST THYROID THER	78018	CPT	outpatient			2362		710.88 Horizon	MGD		1150.4				192.08	2243.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE L131 POST THYROID THER	78018	CPT	outpatient			2362		710.88 Horizon	Indemnity		1150.4				192.08	2243.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE L131 POST THYROID THER	78018	CPT	outpatient			2362		710.88 Horizon	PPO		1150.4				192.08	2243.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE L131 POST THYROID THER	78018	CPT	outpatient			2362		710.88 Horizon	NJ Health		192.08				192.08	2243.9	fee schedule	
NUCLEAR MEDICINE L131 POST THYROID THER	78018	CPT	outpatient			2362		710.88 Horizon	Medicare Blue		618.16				192.08	2243.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE L131 POST THYROID THER	78018	CPT	outpatient			2362		710.88 Managed Care Inc	Managed Care Inc		2125.8	90			192.08	2243.9	percent of total billed charges	
NUCLEAR MEDICINE L131 POST THYROID THER	78018	CPT	outpatient			2362		710.88 Multiplan	Multiplan		1889.6	80			192.08	2243.9	percent of total billed charges	
NUCLEAR MEDICINE L131 POST THYROID THER	78018	CPT	outpatient			2362		710.88 Qualcare	Qualcare		1771.5	75			192.08	2243.9	percent of total billed charges	
NUCLEAR MEDICINE L131 POST THYROID THER	78018	CPT	outpatient			2362		710.88 Three Rivers	Three Rivers		2243.9	95			192.08	2243.9	percent of total billed charges	
NUCLEAR MEDICINE L131 POST THYROID THER	78018	CPT	outpatient			2362		710.88 UHC	Medicaid		745.21	31.55			192.08	2243.9	percent of total billed charges	
NUCLEAR MEDICINE L131 POST THYROID THER	78018	CPT	outpatient			2362		710.88 UHC	Medicare		618.16				192.08	2243.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE L131 POST THYROID THER	78018	CPT	outpatient			2362		710.88 Wellcare	Medicare		618.16				192.08	2243.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE L131 POST THYROID THER	78018	CPT	outpatient			2362		710.88 Wellcare	Medicaid		745.21	31.55			192.08	2243.9	percent of total billed charges	
NUCLEAR MEDICINE L131 POST THYROID THER	78018	CPT	outpatient			2362		710.88 WellPoint	WellPoint		760.09	32.18			192.08	2243.9	percent of total billed charges	
THYROID CA METS UPTAKE	78020	CPT	outpatient					Horizon	NJ Health		47.04				47.04	94	fee schedule	
PARATHYROID SCAN W/ SPECT	78071	CPT	both			1566		542.46 Aetna	Better Health		494.07	31.55			315.72	1487.7	percent of total billed charges	
PARATHYROID SCAN W/ SPECT	78071	CPT	both			1566		542.46 Aetna	Medicare		471.7				315.72	1487.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARATHYROID SCAN W/ SPECT	78071	CPT	both			1566		542.46 Aetna	Commercial		750.95				315.72	1487.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARATHYROID SCAN W/ SPECT	78071	CPT	both			1566		542.46 Americare	Americare		1174.5	75			315.72	1487.7	percent of total billed charges	
PARATHYROID SCAN W/ SPECT	78071	CPT	both			1566		542.46 Amerihealth	HMO/PPO		1017.9	65			315.72	1487.7	percent of total billed charges	
PARATHYROID SCAN W/ SPECT	78071	CPT	both			1566		542.46 Amerihealth	Medicare		471.7				315.72	1487.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARATHYROID SCAN W/ SPECT	78071	CPT	both			1566		542.46 Consumer	Consumer		1487.7	95			315.72	1487.7	percent of total billed charges	
PARATHYROID SCAN W/ SPECT	78071	CPT	both			1566		542.46 Corrections	Corrections		1252.8	80			315.72	1487.7	percent of total billed charges	
PARATHYROID SCAN W/ SPECT	78071	CPT	both			1566		542.46 First Health	First Health		1096.2	70			315.72	1487.7	percent of total billed charges	
PARATHYROID SCAN W/ SPECT	78071	CPT	both			1566		542.46 First Trenton	First Trenton		1409.4	90			315.72	1487.7	percent of total billed charges	
PARATHYROID SCAN W/ SPECT	78071	CPT	both			1566		542.46 Horizon	MGD		877.83				315.72	1487.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARATHYROID SCAN W/ SPECT	78071	CPT	both			1566		542.46 Horizon	Medicare Blue		471.7				315.72	1487.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARATHYROID SCAN W/ SPECT	78071	CPT	both			1566		542.46 Horizon	Indemnity		877.83				315.72	1487.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARATHYROID SCAN W/ SPECT	78071	CPT	both			1566		542.46 Horizon	NJ Health		315.72				315.72	1487.7	fee schedule	
PARATHYROID SCAN W/ SPECT	78071	CPT	both			1566		542.46 Horizon	PPO		877.83				315.72	1487.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARATHYROID SCAN W/ SPECT	78071	CPT	both			1566		542.46 Managed Care Inc	Managed Care Inc		1409.4	90			315.72	1487.7	percent of total billed charges	
PARATHYROID SCAN W/ SPECT	78071	CPT	both			1566		542.46 Multiplan	Multiplan		1252.8	80			315.72	1487.7	percent of total billed charges	
PARATHYROID SCAN W/ SPECT	78071	CPT	both			1566		542.46 Qualcare	Qualcare		1174.5	75			315.72	1487.7	percent of total billed charges	
PARATHYROID SCAN W/ SPECT	78071	CPT	both			1566		542.46 Three Rivers	Three Rivers		1487.7	95			315.72	1487.7	percent of total billed charges	
PARATHYROID SCAN W/ SPECT	78071	CPT	both			1566		542.46 UHC	Medicare		471.7				315.72	1487.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARATHYROID SCAN W/ SPECT	78071	CPT	both			1566		542.46 UHC	Medicaid		494.07	31.55			315.72	1487.7	percent of total billed charges	
PARATHYROID SCAN W/ SPECT	78071	CPT	both			1566		542.46 Wellcare	Medicaid		494.07	31.55			315.72	1487.7	percent of total billed charges	
PARATHYROID SCAN W/ SPECT	78071	CPT	both			1566		542.46 Wellcare	Medicare		471.7				315.72	1487.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARATHYROID SCAN W/ SPECT	78071	CPT	both			1566		542.46 WellPoint	WellPoint		503.94	32.18			315.72	1487.7	percent of total billed charges	
PARATHYROID SPECT CT	78072	CPT	outpatient			1566		710.88 Aetna	Better Health		494.07	31.55			64.48	1487.7	percent of total billed charges	
PARATHYROID SPECT CT	78072	CPT	outpatient			1566		710.88 Aetna	Medicare		618.16				64.48	1487.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARATHYROID SPECT CT	78072	CPT	outpatient			1566		710.88 Aetna	Commercial		984.11				64.48	1487.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARATHYROID SPECT CT	78072	CPT	outpatient			1566		710.88 Americare	Americare		1174.5	75			64.48	1487.7	percent of total billed charges	
PARATHYROID SPECT CT	78072	CPT	outpatient			1566		710.88 Amerihealth	Medicare		618.16				64.48	1487.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARATHYROID SPECT CT	78072	CPT	outpatient			1566		710.88 Amerihealth	HMO/PPO		1017.9	65			64.48	1487.7	percent of total billed charges	
PARATHYROID SPECT CT	78072	CPT	outpatient			1566		710.88 Consumer	Consumer		1487.7	95			64.48	1487.7	percent of total billed charges	
PARATHYROID SPECT CT	78072	CPT	outpatient			1566		710.88 Corrections	Corrections		1252.8	80			64.48	1487.7	percent of total billed charges	
PARATHYROID SPECT CT	78072	CPT	outpatient			1566		710.88 First Health	First Health		1096.2	70			64.48	1487.7	percent of total billed charges	
PARATHYROID SPECT CT	78072	CPT	outpatient			1566		710.88 First Trenton	First Trenton		1409.4	90			64.48	1487.7	percent of total billed charges	
PARATHYROID SPECT CT	78072	CPT	outpatient			1566		710.88 Horizon	Indemnity		1150.4				64.48	1487.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARATHYROID SPECT CT	78072	CPT	outpatient			1566		710.88 Horizon	NJ Health		64.48				64.48	1487.7	fee schedule	
PARATHYROID SPECT CT	78072	CPT	outpatient			1566		710.88 Horizon	MGD		1150.4				64.48	1487.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARATHYROID SPECT CT	78072	CPT	outpatient			1566		710.88 Horizon	PPO		1150.4				64.48	1487.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARATHYROID SPECT CT	78072	CPT	outpatient			1566		710.88 Horizon	Medicare Blue		618.16				64.48	1487.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARATHYROID SPECT CT	78072	CPT	outpatient			1566		710.88 Managed Care Inc	Managed Care Inc		1409.4	90			64.48	1487.7	percent of total billed charges	
PARATHYROID SPECT CT	78072	CPT	outpatient			1566		710.88 Multiplan	Multiplan		1252.8	80			64.48	1487.7	percent of total billed charges	
PARATHYROID SPECT CT	78072	CPT	outpatient			1566		710.88 Qualcare	Qualcare		1174.5	75			64.48	1487.7	percent of total billed charges	
PARATHYROID SPECT CT	78072	CPT	outpatient			1566		710.88 Three Rivers	Three Rivers		1487.7	95			64.48	1487.7	percent of total billed charges	
PARATHYROID SPECT CT	78072	CPT	outpatient			1566		710.88 UHC	Medicare		618.16				64.48	1487.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARATHYROID SPECT CT	78072	CPT	outpatient			1566		710.88 UHC	Medicaid		494.07	31.55			64.48	1487.7	percent of total billed charges	
PARATHYROID SPECT CT	78072	CPT	outpatient			1566		710.88 Wellcare	Medicare		618.16				64.48	1487.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARATHYROID SPECT CT	78072	CPT	outpatient			1566		710.88 Wellcare	Medicaid		494.07	31.55			64.48	1487.7	percent of total billed charges	
PARATHYROID SPECT CT	78072	CPT	outpatient			1566		710.88 WellPoint	WellPoint		503.94	32.18			64.48	1487.7	percent of total billed charges	
ADRENAL IMAGING CORTEX&/OR MEDULLA.	78075	CPT	outpatient			5773		1867.58 Aetna	Commercial		2585.38				107.8	5484.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADRENAL IMAGING CORTEX&/OR MEDULLA.	78075	CPT	outpatient			5773		1867.58 Aetna	Better Health		1821.38	31.55			107.8	5484.35	percent of total billed charges	
ADRENAL IMAGING CORTEX&/OR MEDULLA.	78075	CPT	outpatient			5773		1867.58 Aetna	Medicare		1623.98				107.8	5484.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADRENAL IMAGING CORTEX&/OR MEDULLA.	78075	CPT	outpatient			5773		1867.58 Americare	Americare		4329.75	75			107.8	5484.35	percent of total billed charges	
ADRENAL IMAGING CORTEX&/OR MEDULLA.	78075	CPT	outpatient			5773		1867.58 Amerihealth	HMO/PPO		3752.45	65			107.8	5484.35	percent of total billed charges	
ADRENAL IMAGING CORTEX&/OR MEDULLA.	78075	CPT	outpatient			5773		1867.58 Amerihealth	Medicare		1623.98				107.8	5484.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADRENAL IMAGING CORTEX&/OR MEDULLA.	78075	CPT	outpatient			5773		1867.58 Consumer	Consumer		5484.35	95			107.8	5484.35	percent of total billed charges	
ADRENAL IMAGING CORTEX&/OR MEDULLA.	78075	CPT	outpatient			5773		1867.58 Corrections	Corrections		4618.4	80			107.8	5484.35	percent of total billed charges	
ADRENAL IMAGING CORTEX&/OR MEDULLA.	78075	CPT	outpatient			5773		1867.58 First Health	First Health		4041.1	70			107.8	5484.35	percent of total billed charges	
ADRENAL IMAGING CORTEX&/OR MEDULLA.	78075	CPT	outpatient			5773		1867.58 First Trenton	First Trenton		5195.7	90			107.8	5484.35	percent of total billed charges	
ADRENAL IMAGING CORTEX&/OR MEDULLA.	78075	CPT	outpatient			5773		1867.58 Horizon	PPO		3022.23				107.8	5484.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADRENAL IMAGING CORTEX&/OR MEDULLA.	78075	CPT	outpatient			5773		1867.58 Horizon	Medicare Blue		1623.98				107.8	5484.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADRENAL IMAGING CORTEX&/OR MEDULLA.	78075	CPT	outpatient			5773		1867.58 Horizon	NJ Health		107.8				107.8	5484.35	fee schedule	
ADRENAL IMAGING CORTEX&/OR MEDULLA.	78075	CPT	outpatient			5773		1867.58 Horizon	MGD		3022.23				107.8	5484.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADRENAL IMAGING CORTEX&/OR MEDULLA.	78075	CPT	outpatient			5773		1867.58 Horizon	Indemnity		3022.23				107.8	5484.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADRENAL IMAGING CORTEX&/OR MEDULLA.	78075	CPT	outpatient			5773		1867.58 Managed Care Inc	Managed Care Inc		5195.7	90			107.8	5484.35	percent of total billed charges	
ADRENAL IMAGING CORTEX&/OR MEDULLA.	78075	CPT	outpatient			5773		1867.58 Multiplan	Multiplan		4618.4	80			107.8	5484.35	percent of total billed charges	
ADRENAL IMAGING CORTEX&/OR MEDULLA.	78075	CPT	outpatient			5773		1867.58 Qualcare	Qualcare		4329.75	75			107.8	5484.35	percent of total billed charges	
ADRENAL IMAGING CORTEX&/OR MEDULLA.	78075	CPT	outpatient			5773		1867.58 Three Rivers	Three Rivers		5484.35	95			107.8	5484.35	percent of total billed charges	
ADRENAL IMAGING CORTEX&/OR MEDULLA.	78075	CPT	outpatient			5773		1867.58 UHC	Medicaid		1821.38	31.55			107.8	5484.35	percent of total billed charges	
ADRENAL IMAGING CORTEX&/OR MEDULLA.	78075	CPT	outpatient			5773		1867.58 UHC	Medicare		1623.98				107.8	5484.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADRENAL IMAGING CORTEX&/OR MEDULLA.	78075	CPT	outpatient			5773		1867.58 Wellcare	Medicaid		1821.38	31.55			107.8	5484.35	percent of total billed charges	
ADRENAL IMAGING CORTEX&/OR MEDULLA.	78075	CPT	outpatient			5773		1867.58 Wellcare	Medicare		1623.98				107.8	5484.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADRENAL IMAGING CORTEX&/OR MEDULLA.	78075	CPT	outpatient			5773		1867.58 WellPoint	WellPoint		1857.75	32.18			107.8	5484.35	percent of total billed charges	
BONE MARROW LIMITED	78102	CPT	both			909		542.46 Aetna	Commercial		750.95				129.36	877.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE MARROW LIMITED	78102	CPT	both			909		542.46 Aetna	Better Health		286.79	31.55			129.36	877.83	percent of total billed charges	
BONE MARROW LIMITED	78102	CPT	both			909		542.46 Aetna	Medicare		471.7				129.36	877.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE MARROW LIMITED	78102	CPT	both			909		542.46 Americare	Americare		681.75	75			129.36	877.83	percent of total billed charges	
BONE MARROW LIMITED	78102	CPT	both			909		542.46 Amerihealth	HMO/PPO		590.85	65			129.36	877.83	percent of total billed charges	
BONE MARROW LIMITED	78102	CPT	both			909		542.46 Amerihealth	Medicare		471.7				129.36	877.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE MARROW LIMITED	78102	CPT	both			909		542.46 Consumer	Consumer		863.55	95			129.36	877.83	percent of total billed charges	
BONE MARROW LIMITED	78102	CPT	both			909		542.46 Corrections	Corrections		727.2	80			129.36	877.83	percent of total billed charges	
BONE MARROW LIMITED	78102	CPT	both			909		542.46 First Health	First Health		636.3	70			129.36	877.83	percent of total billed charges	
BONE MARROW LIMITED	78102	CPT	both			909		542.46 First Trenton	First Trenton		818.1	90			129.36	877.83	percent of total billed charges	
BONE MARROW LIMITED	78102	CPT	both			909		542.46 Horizon	NJ Health		129.36				129.36	877.83	fee schedule	
BONE MARROW LIMITED	78102	CPT	both			909		542.46 Horizon	Indemnity		877.83				129.36	877.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE MARROW LIMITED	78102	CPT	both			909		542.46 Horizon	Medicare Blue		471.7				129.36	877.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE MARROW LIMITED	78102	CPT	both			909		542.46 Horizon	MGD		877.83				129.36	877.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE MARROW LIMITED	78102	CPT	both			909		542.46 Horizon	PPO		877.83				129.36	877.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.																
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true															
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
BONE MARROW LIMITED	78102	CPT	both			909		542.46 Managed Care Inc	Managed Care Inc		818.1	90			129.36	877.83	percent of total billed charges	
BONE MARROW LIMITED	78102	CPT	both			909		542.46 Multiplan	Multiplan		727.2	80			129.36	877.83	percent of total billed charges	
BONE MARROW LIMITED	78102	CPT	both			909		542.46 Qualcare	Qualcare		681.75	75			129.36	877.83	percent of total billed charges	
BONE MARROW LIMITED	78102	CPT	both			909		542.46 Three Rivers	Three Rivers		863.55	95			129.36	877.83	percent of total billed charges	
BONE MARROW LIMITED	78102	CPT	both			909		542.46 UHC	Medicaid		286.79	31.55			129.36	877.83	percent of total billed charges	
BONE MARROW LIMITED	78102	CPT	both			909		542.46 UHC	Medicare		471.7				129.36	877.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE MARROW LIMITED	78102	CPT	both			909		542.46 Wellcare	Medicare		471.7				129.36	877.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE MARROW LIMITED	78102	CPT	both			909		542.46 Wellcare	Medicaid		286.79	31.55			129.36	877.83	percent of total billed charges	
BONE MARROW LIMITED	78102	CPT	both			909		542.46 WellPoint	WellPoint		292.52	32.18			129.36	877.83	percent of total billed charges	
BONE MARROW MULT	78103	CPT	both			1729		542.46 Aetna	Medicare		471.7				161.7	1642.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE MARROW MULT	78103	CPT	both			1729		542.46 Aetna	Better Health		545.5	31.55			161.7	1642.55	percent of total billed charges	
BONE MARROW MULT	78103	CPT	both			1729		542.46 Aetna	Commercial		750.95				161.7	1642.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE MARROW MULT	78103	CPT	both			1729		542.46 Americare	Americare		1296.75	75			161.7	1642.55	percent of total billed charges	
BONE MARROW MULT	78103	CPT	both			1729		542.46 Amerihealth	Medicare		471.7				161.7	1642.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE MARROW MULT	78103	CPT	both			1729		542.46 Amerihealth	HMO/PPO		1123.85	65			161.7	1642.55	percent of total billed charges	
BONE MARROW MULT	78103	CPT	both			1729		542.46 Consumer	Consumer		1642.55	95			161.7	1642.55	percent of total billed charges	
BONE MARROW MULT	78103	CPT	both			1729		542.46 Corrections	Corrections		1383.2	80			161.7	1642.55	percent of total billed charges	
BONE MARROW MULT	78103	CPT	both			1729		542.46 First Health	First Health		1210.3	70			161.7	1642.55	percent of total billed charges	
BONE MARROW MULT	78103	CPT	both			1729		542.46 First Trenton	First Trenton		1556.1	90			161.7	1642.55	percent of total billed charges	
BONE MARROW MULT	78103	CPT	both			1729		542.46 Horizon	Indemnity		877.83				161.7	1642.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE MARROW MULT	78103	CPT	both			1729		542.46 Horizon	NJ Health		161.7				161.7	1642.55	fee schedule	
BONE MARROW MULT	78103	CPT	both			1729		542.46 Horizon	MGD		877.83				161.7	1642.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE MARROW MULT	78103	CPT	both			1729		542.46 Horizon	PPO		877.83				161.7	1642.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE MARROW MULT	78103	CPT	both			1729		542.46 Horizon	Medicare Blue		471.7				161.7	1642.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE MARROW MULT	78103	CPT	both			1729		542.46 Managed Care Inc	Managed Care Inc		1556.1	90			161.7	1642.55	percent of total billed charges	
BONE MARROW MULT	78103	CPT	both			1729		542.46 Multiplan	Multiplan		1383.2	80			161.7	1642.55	percent of total billed charges	
BONE MARROW MULT	78103	CPT	both			1729		542.46 Qualcare	Qualcare		1296.75	75			161.7	1642.55	percent of total billed charges	
BONE MARROW MULT	78103	CPT	both			1729		542.46 Three Rivers	Three Rivers		1642.55	95			161.7	1642.55	percent of total billed charges	
BONE MARROW MULT	78103	CPT	both			1729		542.46 UHC	Medicare		471.7				161.7	1642.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE MARROW MULT	78103	CPT	both			1729		542.46 UHC	Medicaid		545.5	31.55			161.7	1642.55	percent of total billed charges	
BONE MARROW MULT	78103	CPT	both			1729		542.46 Wellcare	Medicare		471.7				161.7	1642.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE MARROW MULT	78103	CPT	both			1729		542.46 Wellcare	Medicaid		545.5	31.55			161.7	1642.55	percent of total billed charges	
BONE MARROW MULT	78103	CPT	both			1729		542.46 WellPoint	WellPoint		556.39	32.18			161.7	1642.55	percent of total billed charges	
BONE MARROW WHOLE BODY	78104	CPT	outpatient			3121		542.46 Aetna	Medicare		471.7				183.34	2964.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE MARROW WHOLE BODY	78104	CPT	outpatient			3121		542.46 Aetna	Better Health		984.68	31.55			183.34	2964.95	percent of total billed charges	
BONE MARROW WHOLE BODY	78104	CPT	outpatient			3121		542.46 Aetna	Commercial		750.95				183.34	2964.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE MARROW WHOLE BODY	78104	CPT	outpatient			3121		542.46 Americare	Americare		2340.75	75			183.34	2964.95	percent of total billed charges	
BONE MARROW WHOLE BODY	78104	CPT	outpatient			3121		542.46 Amerihealth	HMO/PPO		2028.65	65			183.34	2964.95	percent of total billed charges	
BONE MARROW WHOLE BODY	78104	CPT	outpatient			3121		542.46 Amerihealth	Medicare		471.7				183.34	2964.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE MARROW WHOLE BODY	78104	CPT	outpatient			3121		542.46 Consumer	Consumer		2964.95	95			183.34	2964.95	percent of total billed charges	
BONE MARROW WHOLE BODY	78104	CPT	outpatient			3121		542.46 Corrections	Corrections		2496.8	80			183.34	2964.95	percent of total billed charges	
BONE MARROW WHOLE BODY	78104	CPT	outpatient			3121		542.46 First Health	First Health		2184.7	70			183.34	2964.95	percent of total billed charges	
BONE MARROW WHOLE BODY	78104	CPT	outpatient			3121		542.46 First Trenton	First Trenton		2808.9	90			183.34	2964.95	percent of total billed charges	
BONE MARROW WHOLE BODY	78104	CPT	outpatient			3121		542.46 Horizon	Medicare Blue		471.7				183.34	2964.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE MARROW WHOLE BODY	78104	CPT	outpatient			3121		542.46 Horizon	MGD		877.83				183.34	2964.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE MARROW WHOLE BODY	78104	CPT	outpatient			3121		542.46 Horizon	Indemnity		877.83				183.34	2964.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE MARROW WHOLE BODY	78104	CPT	outpatient			3121		542.46 Horizon	NJ Health		183.34				183.34	2964.95	fee schedule	
BONE MARROW WHOLE BODY	78104	CPT	outpatient			3121		542.46 Horizon	PPO		877.83				183.34	2964.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE MARROW WHOLE BODY	78104	CPT	outpatient			3121		542.46 Managed Care Inc	Managed Care Inc		2808.9	90			183.34	2964.95	percent of total billed charges	
BONE MARROW WHOLE BODY	78104	CPT	outpatient			3121		542.46 Multiplan	Multiplan		2496.8	80			183.34	2964.95	percent of total billed charges	
BONE MARROW WHOLE BODY	78104	CPT	outpatient			3121		542.46 Qualcare	Qualcare		2340.75	75			183.34	2964.95	percent of total billed charges	
BONE MARROW WHOLE BODY	78104	CPT	outpatient			3121		542.46 Three Rivers	Three Rivers		2964.95	95			183.34	2964.95	percent of total billed charges	
BONE MARROW WHOLE BODY	78104	CPT	outpatient			3121		542.46 UHC	Medicaid		984.68	31.55			183.34	2964.95	percent of total billed charges	
BONE MARROW WHOLE BODY	78104	CPT	outpatient			3121		542.46 UHC	Medicare		471.7				183.34	2964.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE MARROW WHOLE BODY	78104	CPT	outpatient			3121		542.46 Wellcare	Medicaid		984.68	31.55			183.34	2964.95	percent of total billed charges	
BONE MARROW WHOLE BODY	78104	CPT	outpatient			3121		542.46 Wellcare	Medicare		471.7				183.34	2964.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE MARROW WHOLE BODY	78104	CPT	outpatient			3121		542.46 WellPoint	WellPoint		1004.34	32.18			183.34	2964.95	percent of total billed charges	
RED-CELL VOLUME	78120	CPT	outpatient			1448		542.46 Aetna	Commercial		750.95				64.68	1375.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RED-CELL VOLUME	78120	CPT	outpatient			1448		542.46 Aetna	Better Health		456.84	31.55			64.68	1375.6	percent of total billed charges	
RED-CELL VOLUME	78120	CPT	outpatient			1448		542.46 Aetna	Medicare		471.7				64.68	1375.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RED-CELL VOLUME	78120	CPT	outpatient			1448		542.46 Americare	Americare		1086	75			64.68	1375.6	percent of total billed charges	
RED-CELL VOLUME	78120	CPT	outpatient			1448		542.46 Amerihealth	HMO/PPO		941.2	65			64.68	1375.6	percent of total billed charges	
RED-CELL VOLUME	78120	CPT	outpatient			1448		542.46 Amerihealth	Medicare		471.7				64.68	1375.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RED-CELL VOLUME	78120	CPT	outpatient			1448		542.46 Consumer	Consumer		1375.6	95			64.68	1375.6	percent of total billed charges	
RED-CELL VOLUME	78120	CPT	outpatient			1448		542.46 Corrections	Corrections		1158.4	80			64.68	1375.6	percent of total billed charges	
RED-CELL VOLUME	78120	CPT	outpatient			1448		542.46 First Health	First Health		1013.6	70			64.68	1375.6	percent of total billed charges	
RED-CELL VOLUME	78120	CPT	outpatient			1448		542.46 First Trenton	First Trenton		1303.2	90			64.68	1375.6	percent of total billed charges	
RED-CELL VOLUME	78120	CPT	outpatient			1448		542.46 Horizon	MGD		877.83				64.68	1375.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RED-CELL VOLUME	78120	CPT	outpatient			1448		542.46 Horizon	Medicare Blue		471.7				64.68	1375.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RED-CELL VOLUME	78120	CPT	outpatient			1448		542.46 Horizon	NJ Health		64.68				64.68	1375.6	fee schedule	
RED-CELL VOLUME	78120	CPT	outpatient			1448		542.46 Horizon	Indemnity		877.83				64.68	1375.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RED-CELL VOLUME	78120	CPT	outpatient			1448		542.46 Horizon	PPO		877.83				64.68	1375.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RED-CELL VOLUME	78120	CPT	outpatient			1448		542.46 Managed Care Inc	Managed Care Inc		1303.2	90			64.68	1375.6	percent of total billed charges	
RED-CELL VOLUME	78120	CPT	outpatient			1448		542.46 Multiplan	Multiplan		1158.4	80			64.68	1375.6	percent of total billed charges	
RED-CELL VOLUME	78120	CPT	outpatient			1448		542.46 Qualcare	Qualcare		1086	75			64.68	1375.6	percent of total billed charges	
RED-CELL VOLUME	78120	CPT	outpatient			1448		542.46 Three Rivers	Three Rivers		1375.6	95			64.68	1375.6	percent of total billed charges	
RED-CELL VOLUME	78120	CPT	outpatient			1448		542.46 UHC	Medicare		471.7				64.68	1375.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RED-CELL VOLUME	78120	CPT	outpatient			1448		542.46 UHC	Medicaid		456.84	31.55			64.68	1375.6	percent of total billed charges	
RED-CELL VOLUME	78120	CPT	outpatient			1448		542.46 Wellcare	Medicare		471.7				64.68	1375.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RED-CELL VOLUME	78120	CPT	outpatient			1448		542.46 Wellcare	Medicaid		456.84	31.55			64.68	1375.6	percent of total billed charges	
RED-CELL VOLUME	78120	CPT	outpatient			1448		542.46 WellPoint	WellPoint		465.97	32.18			64.68	1375.6	percent of total billed charges	
WHOLE BLOOD VOLUME	78122	CPT	outpatient			1146		710.88 Aetna	Better Health		361.56	31.55			182.73	1150.4	percent of total billed charges	
WHOLE BLOOD VOLUME	78122	CPT	outpatient			1146		710.88 Aetna	Commercial		984.11				182.73	1150.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WHOLE BLOOD VOLUME	78122	CPT	outpatient			1146		710.88 Aetna	Medicare		352.97	30.8			182.73	1150.4	percent of total billed charges	
WHOLE BLOOD VOLUME	78122	CPT	outpatient			1146		710.88 Americare	Americare		859.5	75			182.73	1150.4	percent of total billed charges	
WHOLE BLOOD VOLUME	78122	CPT	outpatient			1146		710.88 Amerihealth	HMO/PPO		744.9	65			182.73	1150.4	percent of total billed charges	
WHOLE BLOOD VOLUME	78122	CPT	outpatient			1146		710.88 Amerihealth	Medicare		618.16				182.73	1150.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WHOLE BLOOD VOLUME	78122	CPT	outpatient			1146		710.88 Consumer	Consumer		1088.7	95			182.73	1150.4	percent of total billed charges	
WHOLE BLOOD VOLUME	78122	CPT	outpatient			1146		710.88 Corrections	Corrections		916.8	80			182.73	1150.4	percent of total billed charges	
WHOLE BLOOD VOLUME	78122	CPT	outpatient			1146		710.88 First Health	First Health		802.2	70			182.73	1150.4	percent of total billed charges	
WHOLE BLOOD VOLUME	78122	CPT	outpatient			1146		710.88 First Trenton	First Trenton		1031.4	90			182.73	1150.4	percent of total billed charges	
WHOLE BLOOD VOLUME	78122	CPT	outpatient			1146		710.88 Horizon	Indemnity		1150.4				182.73	1150.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WHOLE BLOOD VOLUME	78122	CPT	outpatient			1146		710.88 Horizon	MGD		1150.4				182.73	1150.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WHOLE BLOOD VOLUME	78122	CPT	outpatient			1146		710.88 Horizon	Medicare Blue		618.16				182.73	1150.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WHOLE BLOOD VOLUME	78122	CPT	outpatient			1146		710.88 Horizon	NJ Health		182.73				182.73	1150.4	fee schedule	
WHOLE BLOOD VOLUME	78122	CPT	outpatient			1146		710.88 Horizon	PPO		1150.4				182.73	1150.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WHOLE BLOOD VOLUME	78122	CPT	outpatient			1146		710.88 Managed Care Inc	Managed Care Inc		1031.4	90			182.73	1150.4	percent of total billed charges	
WHOLE BLOOD VOLUME	78122	CPT	outpatient			1146		710.88 Multiplan	Multiplan		916.8	80			182.73	1150.4	percent of total billed charges	
WHOLE BLOOD VOLUME	78122	CPT	outpatient			1146		710.88 Qualcare	Qualcare		859.5	75			182.73	1150.4	percent of total billed charges	
WHOLE BLOOD VOLUME	78122	CPT	outpatient			1146		710.88 Three Rivers	Three Rivers		1088.7	95			182.73	1150.4	percent of total billed charges	
WHOLE BLOOD VOLUME	78122	CPT	outpatient			1146		710.88 UHC	Medicaid		361.56	31.55			182.73	1150.4	percent of total billed charges	
WHOLE BLOOD VOLUME	78122	CPT	outpatient			1146		710.88 UHC	Medicare		618.16				182.73	1150.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WHOLE BLOOD VOLUME	78122	CPT	outpatient			1146		710.88 Wellcare	Medicaid		361.56	31.55			182.73	1150.4	percent of total billed charges	
WHOLE BLOOD VOLUME	78122	CPT	outpatient			1146		710.88 Wellcare	Medicare		618.16				182.73	1150.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WHOLE BLOOD VOLUME	78122	CPT	outpatient			1146		710.88 WellPoint	WellPoint		368.78	32.18			182.73	1150.4	percent of total billed charges	
SPLEEN	78185	CPT	outpatient			1448		542.46 Aetna	Better Health		456.84	31.55			107.8	1375.6	percent of total billed charges	
SPLEEN	78185	CPT	outpatient			1448		542.46 Aetna	Commercial		750.95				107.8	1375.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPLEEN	78185	CPT	outpatient			1448		542.46 Aetna	Medicare		471.7				107.8	1375.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPLEEN	78185	CPT	outpatient			1448		542.46 Americare	Americare		1086	75			107.8	1375.6	percent of total billed charges	
SPLEEN	78185	CPT	outpatient			1448		542.46 Amerihealth	Medicare		471.7				107.8	1375.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPLEEN	78185	CPT	outpatient			1448		542.46 Amerihealth	HMO/PPO		941.2	65			107.8	1375.6	percent of total billed charges	
SPLEEN	78185	CPT	outpatient			1448		542.46 Consumer	Consumer		1375.6	95			107.8	1375.6	percent of total billed charges	
SPLEEN	78185	CPT	outpatient			1448		542.46 Corrections	Corrections		1158.4	80			107.8	1375.6	percent of total billed charges	
SPLEEN	78185	CPT	outpatient			1448		542.46 First Health	First Health		1013.6	70			107.8	1375.6	percent of total billed charges	
SPLEEN	78185	CPT	outpatient			1448		542.46 First Trenton	First Trenton		1303.2	90			107.8	1375.6	percent of total billed charges	
SPLEEN	78185	CPT	outpatient			1448		542.46 Horizon	MGD		877.83				107.8	1375.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPLEEN	78185	CPT	outpatient			1448		542.46 Horizon	PPO		877.83				107.8	1375.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPLEEN	78185	CPT	outpatient			1448		542.46 Horizon	NJ Health		107.8				107.8	1375.6	fee schedule	
SPLEEN	78185	CPT	outpatient			1448		542.46 Horizon	Medicare Blue		471.7				107.8	1375.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPLEEN	78185	CPT	outpatient			1448		542.46 Horizon	Indemnity		877.83				107.8	1375.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPLEEN	78185	CPT	outpatient			1448		542.46 Managed Care Inc	Managed Care Inc		1303.2	90			107.8	1375.6	percent of total billed charges	
SPLEEN	78185	CPT	outpatient			1448		542.46 Multiplan	Multiplan		1158.4	80			107.8	1375.6	percent of total billed charges	
SPLEEN	78185	CPT	outpatient			1448		542.46 Qualcare	Qualcare		1086	75			107.8	1375.6	percent of total billed charges	
SPLEEN	78185	CPT	outpatient			1448		542.46 Three Rivers	Three Rivers		1375.6	95			107.8	1375.6	percent of total billed charges	
SPLEEN	78185	CPT	outpatient			1448		542.46 UHC	Medicare		471.7				107.8	1375.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPLEEN	78185	CPT	outpatient			1448		542.46 UHC	Medicaid		456.84	31.55			107.8	1375.6	percent of total billed charges	
SPLEEN	78185	CPT	outpatient			1448		542.46 Wellcare	Medicare		471.7				107.8	1375.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPLEEN	78185	CPT	outpatient			1448		542.46 Wellcare	Medicaid		456.84	31.55			107.8	1375.6	percent of total billed charges	
SPLEEN	78185	CPT	outpatient			1448		542.46 WellPoint	WellPoint		465.97	32.18			107.8	1375.6	percent of total billed charges	
LYMPHATICS/LYMPH GLANDS	78195	CPT	both			2217		710.88 Aetna	Commercial		984.11				161.7	2106.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYMPHATICS/LYMPH GLANDS	78195	CPT	both			2217		710.88 Aetna	Better Health		699.46	31.55			161.7	2106.15	percent of total billed charges	
LYMPHATICS/LYMPH GLANDS	78195	CPT	both			2217		710.88 Aetna	Medicare		618.16				161.7	2106.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYMPHATICS/LYMPH GLANDS	78195	CPT	both			2217		710.88 Americare	Americare		1662.75	75			161.7	2106.15	percent of total billed charges	
LYMPHATICS/LYMPH GLANDS	78195	CPT	both			2217		710.88 Amerihealth	HMO/PPO		1441.05	65			161.7	2106.15	percent of total billed charges	
LYMPHATICS/LYMPH GLANDS	78195	CPT	both			2217		710.88 Amerihealth	Medicare		618.16				161.7	2106.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYMPHATICS/LYMPH GLANDS	78195	CPT	both			2217		710.88 Consumer	Consumer		2106.15	95			161.7	2106.15	percent of total billed charges	
LYMPHATICS/LYMPH GLANDS	78195	CPT	both			2217		710.88 Corrections	Corrections		1773.6	80			161.7	2106.15	percent of total billed charges	
LYMPHATICS/LYMPH GLANDS	78195	CPT	both			2217		710.88 First Health	First Health		1551.9	70			161.7	2106.15	percent of total billed charges	
LYMPHATICS/LYMPH GLANDS	78195	CPT	both			2217		710.88 First Trenton	First Trenton		1995.3	90			161.7	2106.15	percent of total billed charges	
LYMPHATICS/LYMPH GLANDS	78195	CPT	both			2217		710.88 Horizon	MGD		1150.4				161.7	2106.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYMPHATICS/LYMPH GLANDS	78195	CPT	both			2217		710.88 Horizon	Medicare Blue		618.16				161.7	2106.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYMPHATICS/LYMPH GLANDS	78195	CPT	both			2217		710.88 Horizon	Indemnity		1150.4				161.7	2106.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYMPHATICS/LYMPH GLANDS	78195	CPT	both			2217		710.88 Horizon	NJ Health		161.7				161.7	2106.15	fee schedule	
LYMPHATICS/LYMPH GLANDS	78195	CPT	both			2217		710.88 Horizon	PPO		1150.4				161.7	2106.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYMPHATICS/LYMPH GLANDS	78195	CPT	both			2217		710.88 Managed Care Inc	Managed Care Inc		1995.3	90			161.7	2106.15	percent of total billed charges	
LYMPHATICS/LYMPH GLANDS	78195	CPT	both			2217		710.88 Multiplan	Multiplan		1773.6	80			161.7	2106.15	percent of total billed charges	
LYMPHATICS/LYMPH GLANDS	78195	CPT	both			2217		710.88 Qualcare	Qualcare		1662.75	75			161.7	2106.15	percent of total billed charges	
LYMPHATICS/LYMPH GLANDS	78195	CPT	both			2217		710.88 Three Rivers	Three Rivers		2106.15	95			161.7	2106.15	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
LYMPHATICS/LYMPH GLANDS	78195	CPT	both			2217		710.88 UHC	Medicaid		699.46	31.55			161.7	2106.15	percent of total billed charges	
LYMPHATICS/LYMPH GLANDS	78195	CPT	both			2217		710.88 UHC	Medicare		618.16				161.7	2106.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYMPHATICS/LYMPH GLANDS	78195	CPT	both			2217		710.88 Wellcare	Medicaid		699.46	31.55			161.7	2106.15	percent of total billed charges	
LYMPHATICS/LYMPH GLANDS	78195	CPT	both			2217		710.88 Wellcare	Medicare		618.16				161.7	2106.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYMPHATICS/LYMPH GLANDS	78195	CPT	both			2217		710.88 WellPoint	WellPoint		713.43	32.18			161.7	2106.15	percent of total billed charges	
LIVER IMAGINING STATIC	78201	CPT	outpatient			5044		710.88 Aetna	Medicare		1553.55	30.8			104.17	4791.8	percent of total billed charges	
LIVER IMAGINING STATIC	78201	CPT	outpatient			5044		710.88 Aetna	Commercial		984.11				104.17	4791.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIVER IMAGINING STATIC	78201	CPT	outpatient			5044		710.88 Aetna	Better Health		1591.38	31.55			104.17	4791.8	percent of total billed charges	
LIVER IMAGINING STATIC	78201	CPT	outpatient			5044		710.88 Americare	Americare		3783	75			104.17	4791.8	percent of total billed charges	
LIVER IMAGINING STATIC	78201	CPT	outpatient			5044		710.88 Amerihealth	Medicare		618.16				104.17	4791.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIVER IMAGINING STATIC	78201	CPT	outpatient			5044		710.88 Amerihealth	HMO/PPO		3278.6	65			104.17	4791.8	percent of total billed charges	
LIVER IMAGINING STATIC	78201	CPT	outpatient			5044		710.88 Consumer	Consumer		4791.8	95			104.17	4791.8	percent of total billed charges	
LIVER IMAGINING STATIC	78201	CPT	outpatient			5044		710.88 Corrections	Corrections		4035.2	80			104.17	4791.8	percent of total billed charges	
LIVER IMAGINING STATIC	78201	CPT	outpatient			5044		710.88 First Health	First Health		3530.8	70			104.17	4791.8	percent of total billed charges	
LIVER IMAGINING STATIC	78201	CPT	outpatient			5044		710.88 First Trenton	First Trenton		4539.6	90			104.17	4791.8	percent of total billed charges	
LIVER IMAGINING STATIC	78201	CPT	outpatient			5044		710.88 Horizon	MGD		1150.4				104.17	4791.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIVER IMAGINING STATIC	78201	CPT	outpatient			5044		710.88 Horizon	Indemnity		1150.4				104.17	4791.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIVER IMAGINING STATIC	78201	CPT	outpatient			5044		710.88 Horizon	NJ Health		104.17				104.17	4791.8	fee schedule	
LIVER IMAGINING STATIC	78201	CPT	outpatient			5044		710.88 Horizon	Medicare Blue		618.16				104.17	4791.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIVER IMAGINING STATIC	78201	CPT	outpatient			5044		710.88 Horizon	PPO		1150.4				104.17	4791.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIVER IMAGINING STATIC	78201	CPT	outpatient			5044		710.88 Managed Care Inc	Managed Care Inc		4539.6	90			104.17	4791.8	percent of total billed charges	
LIVER IMAGINING STATIC	78201	CPT	outpatient			5044		710.88 Multiplan	Multiplan		4035.2	80			104.17	4791.8	percent of total billed charges	
LIVER IMAGINING STATIC	78201	CPT	outpatient			5044		710.88 Qualcare	Qualcare		3783	75			104.17	4791.8	percent of total billed charges	
LIVER IMAGINING STATIC	78201	CPT	outpatient			5044		710.88 Three Rivers	Three Rivers		4791.8	95			104.17	4791.8	percent of total billed charges	
LIVER IMAGINING STATIC	78201	CPT	outpatient			5044		710.88 UHC	Medicaid		1591.38	31.55			104.17	4791.8	percent of total billed charges	
LIVER IMAGINING STATIC	78201	CPT	outpatient			5044		710.88 UHC	Medicare		618.16				104.17	4791.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIVER IMAGINING STATIC	78201	CPT	outpatient			5044		710.88 Wellcare	Medicare		618.16				104.17	4791.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIVER IMAGINING STATIC	78201	CPT	outpatient			5044		710.88 Wellcare	Medicaid		1591.38	31.55			104.17	4791.8	percent of total billed charges	
LIVER IMAGINING STATIC	78201	CPT	outpatient			5044		710.88 WellPoint	WellPoint		1623.16	32.18			104.17	4791.8	percent of total billed charges	
LIVER IMAGING W/WAS FLOW	78202	CPT	outpatient			5044		710.88 Aetna	Commercial		984.11				129.36	4791.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIVER IMAGING W/WAS FLOW	78202	CPT	outpatient			5044		710.88 Aetna	Better Health		1591.38	31.55			129.36	4791.8	percent of total billed charges	
LIVER IMAGING W/WAS FLOW	78202	CPT	outpatient			5044		710.88 Aetna	Medicare		618.16				129.36	4791.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIVER IMAGING W/WAS FLOW	78202	CPT	outpatient			5044		710.88 Americare	Americare		3783	75			129.36	4791.8	percent of total billed charges	
LIVER IMAGING W/WAS FLOW	78202	CPT	outpatient			5044		710.88 Amerihealth	Medicare		618.16				129.36	4791.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIVER IMAGING W/WAS FLOW	78202	CPT	outpatient			5044		710.88 Amerihealth	HMO/PPO		3278.6	65			129.36	4791.8	percent of total billed charges	
LIVER IMAGING W/WAS FLOW	78202	CPT	outpatient			5044		710.88 Consumer	Consumer		4791.8	95			129.36	4791.8	percent of total billed charges	
LIVER IMAGING W/WAS FLOW	78202	CPT	outpatient			5044		710.88 Corrections	Corrections		4035.2	80			129.36	4791.8	percent of total billed charges	
LIVER IMAGING W/WAS FLOW	78202	CPT	outpatient			5044		710.88 First Health	First Health		3530.8	70			129.36	4791.8	percent of total billed charges	
LIVER IMAGING W/WAS FLOW	78202	CPT	outpatient			5044		710.88 First Trenton	First Trenton		4539.6	90			129.36	4791.8	percent of total billed charges	
LIVER IMAGING W/WAS FLOW	78202	CPT	outpatient			5044		710.88 Horizon	Medicare Blue		618.16				129.36	4791.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIVER IMAGING W/WAS FLOW	78202	CPT	outpatient			5044		710.88 Horizon	PPO		1150.4				129.36	4791.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIVER IMAGING W/WAS FLOW	78202	CPT	outpatient			5044		710.88 Horizon	MGD		1150.4				129.36	4791.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIVER IMAGING W/WAS FLOW	78202	CPT	outpatient			5044		710.88 Horizon	NJ Health		129.36				129.36	4791.8	fee schedule	
LIVER IMAGING W/WAS FLOW	78202	CPT	outpatient			5044		710.88 Horizon	Indemnity		1150.4				129.36	4791.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIVER IMAGING W/WAS FLOW	78202	CPT	outpatient			5044		710.88 Managed Care Inc	Managed Care Inc		4539.6	90			129.36	4791.8	percent of total billed charges	
LIVER IMAGING W/WAS FLOW	78202	CPT	outpatient			5044		710.88 Multiplan	Multiplan		4035.2	80			129.36	4791.8	percent of total billed charges	
LIVER IMAGING W/WAS FLOW	78202	CPT	outpatient			5044		710.88 Qualcare	Qualcare		3783	75			129.36	4791.8	percent of total billed charges	
LIVER IMAGING W/WAS FLOW	78202	CPT	outpatient			5044		710.88 Three Rivers	Three Rivers		4791.8	95			129.36	4791.8	percent of total billed charges	
LIVER IMAGING W/WAS FLOW	78202	CPT	outpatient			5044		710.88 UHC	Medicare		618.16				129.36	4791.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIVER IMAGING W/WAS FLOW	78202	CPT	outpatient			5044		710.88 UHC	Medicaid		1591.38	31.55			129.36	4791.8	percent of total billed charges	
LIVER IMAGING W/WAS FLOW	78202	CPT	outpatient			5044		710.88 Wellcare	Medicaid		1591.38	31.55			129.36	4791.8	percent of total billed charges	
LIVER IMAGING W/WAS FLOW	78202	CPT	outpatient			5044		710.88 Wellcare	Medicare		618.16				129.36	4791.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIVER IMAGING W/WAS FLOW	78202	CPT	outpatient			5044		710.88 WellPoint	WellPoint		1623.16	32.18			129.36	4791.8	percent of total billed charges	
LIVER SPECT	78205	CPT	outpatient			5044		Aetna	Medicare		1553.55	30.8			1513.2	4791.8	percent of total billed charges	
LIVER SPECT	78205	CPT	outpatient			5044		Aetna	Better Health		1591.38	31.55			1513.2	4791.8	percent of total billed charges	
LIVER SPECT	78205	CPT	outpatient			5044		Aetna	Commercial		1916.72	38			1513.2	4791.8	percent of total billed charges	
LIVER SPECT	78205	CPT	outpatient			5044		Americare	Americare		3783	75			1513.2	4791.8	percent of total billed charges	
LIVER SPECT	78205	CPT	outpatient			5044		Amerihealth	HMO/PPO		3278.6	65			1513.2	4791.8	percent of total billed charges	
LIVER SPECT	78205	CPT	outpatient			5044		Consumer	Consumer		4791.8	95			1513.2	4791.8	percent of total billed charges	
LIVER SPECT	78205	CPT	outpatient			5044		Corrections	Corrections		4035.2	80			1513.2	4791.8	percent of total billed charges	
LIVER SPECT	78205	CPT	outpatient			5044		First Health	First Health		3530.8	70			1513.2	4791.8	percent of total billed charges	
LIVER SPECT	78205	CPT	outpatient			5044		First Trenton	First Trenton		4539.6	90			1513.2	4791.8	percent of total billed charges	
LIVER SPECT	78205	CPT	outpatient			5044		Horizon	Indemnity		1930.84	38.28			1513.2	4791.8	percent of total billed charges	
LIVER SPECT	78205	CPT	outpatient			5044		Horizon	Medicare Blue		1513.2	30			1513.2	4791.8	percent of total billed charges	
LIVER SPECT	78205	CPT	outpatient			5044		Horizon	MGD		1930.84	38.28			1513.2	4791.8	percent of total billed charges	
LIVER SPECT	78205	CPT	outpatient			5044		Horizon	PPO		1930.84	38.28			1513.2	4791.8	percent of total billed charges	
LIVER SPECT	78205	CPT	outpatient			5044		Managed Care Inc	Managed Care Inc		4539.6	90			1513.2	4791.8	percent of total billed charges	
LIVER SPECT	78205	CPT	outpatient			5044		Multiplan	Multiplan		4035.2	80			1513.2	4791.8	percent of total billed charges	
LIVER SPECT	78205	CPT	outpatient			5044		Qualcare	Qualcare		3783	75			1513.2	4791.8	percent of total billed charges	
LIVER SPECT	78205	CPT	outpatient			5044		Three Rivers	Three Rivers		4791.8	95			1513.2	4791.8	percent of total billed charges	
LIVER SPECT	78205	CPT	outpatient			5044		UHC	Medicaid		1591.38	31.55			1513.2	4791.8	percent of total billed charges	
LIVER SPECT	78205	CPT	outpatient			5044		Wellcare	Medicaid		1591.38	31.55			1513.2	4791.8	percent of total billed charges	
LIVER SPECT	78205	CPT	outpatient			5044		WellPoint	WellPoint		1623.16	32.18			1513.2	4791.8	percent of total billed charges	
LIVER/SPLEEN IMAGING	78215	CPT	outpatient			1450	542.46	Aetna	Better Health		457.48	31.55			78.4	1377.5	percent of total billed charges	
LIVER/SPLEEN IMAGING	78215	CPT	outpatient			1450	542.46	Aetna	Commercial		750.95				78.4	1377.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIVER/SPLEEN IMAGING	78215	CPT	outpatient			1450	542.46	Aetna	Medicare		471.7				78.4	1377.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIVER/SPLEEN IMAGING	78215	CPT	outpatient			1450	542.46	Americare	Americare		1087.5	75			78.4	1377.5	percent of total billed charges	
LIVER/SPLEEN IMAGING	78215	CPT	outpatient			1450	542.46	Amerihealth	HMO/PPO		942.5	65			78.4	1377.5	percent of total billed charges	
LIVER/SPLEEN IMAGING	78215	CPT	outpatient			1450	542.46	Amerihealth	Medicare		471.7				78.4	1377.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIVER/SPLEEN IMAGING	78215	CPT	outpatient			1450	542.46	Consumer	Consumer		1377.5	95			78.4	1377.5	percent of total billed charges	
LIVER/SPLEEN IMAGING	78215	CPT	outpatient			1450	542.46	Corrections	Corrections		1160	80			78.4	1377.5	percent of total billed charges	
LIVER/SPLEEN IMAGING	78215	CPT	outpatient			1450	542.46	First Health	First Health		1015	70			78.4	1377.5	percent of total billed charges	
LIVER/SPLEEN IMAGING	78215	CPT	outpatient			1450	542.46	First Trenton	First Trenton		1305	90			78.4	1377.5	percent of total billed charges	
LIVER/SPLEEN IMAGING	78215	CPT	outpatient			1450	542.46	Horizon	Medicare Blue		471.7				78.4	1377.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIVER/SPLEEN IMAGING	78215	CPT	outpatient			1450	542.46	Horizon	PPO		877.83				78.4	1377.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIVER/SPLEEN IMAGING	78215	CPT	outpatient			1450	542.46	Horizon	NJ Health		78.4				78.4	1377.5	fee schedule	
LIVER/SPLEEN IMAGING	78215	CPT	outpatient			1450	542.46	Horizon	Indemnity		877.83				78.4	1377.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIVER/SPLEEN IMAGING	78215	CPT	outpatient			1450	542.46	Horizon	MGD		877.83				78.4	1377.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIVER/SPLEEN IMAGING	78215	CPT	outpatient			1450	542.46	Managed Care Inc	Managed Care Inc		1305	90			78.4	1377.5	percent of total billed charges	
LIVER/SPLEEN IMAGING	78215	CPT	outpatient			1450	542.46	Multiplan	Multiplan		1160	80			78.4	1377.5	percent of total billed charges	
LIVER/SPLEEN IMAGING	78215	CPT	outpatient			1450	542.46	Qualcare	Qualcare		1087.5	75			78.4	1377.5	percent of total billed charges	
LIVER/SPLEEN IMAGING	78215	CPT	outpatient			1450	542.46	Three Rivers	Three Rivers		1377.5	95			78.4	1377.5	percent of total billed charges	
LIVER/SPLEEN IMAGING	78215	CPT	outpatient			1450	542.46	UHC	Medicaid		457.48	31.55			78.4	1377.5	percent of total billed charges	
LIVER/SPLEEN IMAGING	78215	CPT	outpatient			1450	542.46	UHC	Medicare		471.7				78.4	1377.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIVER/SPLEEN IMAGING	78215	CPT	outpatient			1450	542.46	Wellcare	Medicare		471.7				78.4	1377.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIVER/SPLEEN IMAGING	78215	CPT	outpatient			1450	542.46	Wellcare	Medicaid		457.48	31.55			78.4	1377.5	percent of total billed charges	
LIVER/SPLEEN IMAGING	78215	CPT	outpatient			1450	542.46	WellPoint	WellPoint		466.61	32.18			78.4	1377.5	percent of total billed charges	
LIVER SPLEEN STATIC W/FLOW	78216	CPT	outpatient			1547	542.46	Aetna	Commercial		750.95				150.59	1469.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIVER SPLEEN STATIC W/FLOW	78216	CPT	outpatient			1547	542.46	Aetna	Better Health		488.08	31.55			150.59	1469.65	percent of total billed charges	
LIVER SPLEEN STATIC W/FLOW	78216	CPT	outpatient			1547	542.46	Aetna	Medicare		471.7				150.59	1469.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIVER SPLEEN STATIC W/FLOW	78216	CPT	outpatient			1547	542.46	Americare	Americare		1160.25	75			150.59	1469.65	percent of total billed charges	
LIVER SPLEEN STATIC W/FLOW	78216	CPT	outpatient			1547	542.46	Amerihealth	HMO/PPO		1005.55	65			150.59	1469.65	percent of total billed charges	
LIVER SPLEEN STATIC W/FLOW	78216	CPT	outpatient			1547	542.46	Amerihealth	Medicare		471.7				150.59	1469.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIVER SPLEEN STATIC W/FLOW	78216	CPT	outpatient			1547	542.46	Consumer	Consumer		1469.65	95			150.59	1469.65	percent of total billed charges	
LIVER SPLEEN STATIC W/FLOW	78216	CPT	outpatient			1547	542.46	Corrections	Corrections		1237.6	80			150.59	1469.65	percent of total billed charges	
LIVER SPLEEN STATIC W/FLOW	78216	CPT	outpatient			1547	542.46	First Health	First Health		1082.9	70			150.59	1469.65	percent of total billed charges	
LIVER SPLEEN STATIC W/FLOW	78216	CPT	outpatient			1547	542.46	First Trenton	First Trenton		1392.3	90			150.59	1469.65	percent of total billed charges	
LIVER SPLEEN STATIC W/FLOW	78216	CPT	outpatient			1547	542.46	Horizon	MGD		877.83				150.59	1469.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIVER SPLEEN STATIC W/FLOW	78216	CPT	outpatient			1547	542.46	Horizon	PPO		877.83				150.59	1469.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIVER SPLEEN STATIC W/FLOW	78216	CPT	outpatient			1547	542.46	Horizon	NJ Health		150.59				150.59	1469.65	fee schedule	
LIVER SPLEEN STATIC W/FLOW	78216	CPT	outpatient			1547	542.46	Horizon	Indemnity		877.83				150.59	1469.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIVER SPLEEN STATIC W/FLOW	78216	CPT	outpatient			1547	542.46	Horizon	Medicare Blue		471.7				150.59	1469.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIVER SPLEEN STATIC W/FLOW	78216	CPT	outpatient			1547	542.46	Managed Care Inc	Managed Care Inc		1392.3	90			150.59	1469.65	percent of total billed charges	
LIVER SPLEEN STATIC W/FLOW	78216	CPT	outpatient			1547	542.46	Multiplan	Multiplan		1237.6	80			150.59	1469.65	percent of total billed charges	
LIVER SPLEEN STATIC W/FLOW	78216	CPT	outpatient			1547	542.46	Qualcare	Qualcare		1160.25	75			150.59	1469.65	percent of total billed charges	
LIVER SPLEEN STATIC W/FLOW	78216	CPT	outpatient			1547	542.46	Three Rivers	Three Rivers		1469.65	95			150.59	1469.65	percent of total billed charges	
LIVER SPLEEN STATIC W/FLOW	78216	CPT	outpatient			1547	542.46	UHC	Medicaid		488.08	31.55			150.59	1469.65	percent of total billed charges	
LIVER SPLEEN STATIC W/FLOW	78216	CPT	outpatient			1547	542.46	UHC	Medicare		471.7				150.59	1469.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIVER SPLEEN STATIC W/FLOW	78216	CPT	outpatient			1547	542.46	Wellcare	Medicaid		488.08	31.55			150.59	1469.65	percent of total billed charges	
LIVER SPLEEN STATIC W/FLOW	78216	CPT	outpatient			1547	542.46	Wellcare	Medicare		471.7				150.59	1469.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIVER SPLEEN STATIC W/FLOW	78216	CPT	outpatient			1547	542.46	WellPoint	WellPoint		497.82	32.18			150.59	1469.65	percent of total billed charges	
NUCLEAR MEDICINE HEPATOBILIARY SCAN (H	78226	CPT	both			1512	542.46	Aetna	Commercial		750.95				287.73	1436.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE HEPATOBILIARY SCAN (H	78226	CPT	both			1512	542.46	Aetna	Better Health		477.04	31.55			287.73	1436.4	percent of total billed charges	
NUCLEAR MEDICINE HEPATOBILIARY SCAN (H	78226	CPT	both			1512	542.46	Aetna	Medicare		471.7				287.73	1436.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE HEPATOBILIARY SCAN (H	78226	CPT	both			1512	542.46	Americare	Americare		1134	75			287.73	1436.4	percent of total billed charges	
NUCLEAR MEDICINE HEPATOBILIARY SCAN (H	78226	CPT	both			1512	542.46	Amerihealth	Medicare		471.7				287.73	1436.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE HEPATOBILIARY SCAN (H	78226	CPT	both			1512	542.46	Amerihealth	HMO/PPO		982.8	65			287.73	1436.4	percent of total billed charges	
NUCLEAR MEDICINE HEPATOBILIARY SCAN (H	78226	CPT	both			1512	542.46	Consumer	Consumer		1436.4	95			287.73	1436.4	percent of total billed charges	
NUCLEAR MEDICINE HEPATOBILIARY SCAN (H	78226	CPT	both			1512	542.46	Corrections	Corrections		1209.6	80			287.73	1436.4	percent of total billed charges	
NUCLEAR MEDICINE HEPATOBILIARY SCAN (H	78226	CPT	both			1512	542.46	First Health	First Health		1058.4	70			287.73	1436.4	percent of total billed charges	
NUCLEAR MEDICINE HEPATOBILIARY SCAN (H	78226	CPT	both			1512	542.46	First Trenton	First Trenton		1360.8	90			287.73	1436.4	percent of total billed charges	
NUCLEAR MEDICINE HEPATOBILIARY SCAN (H	78226	CPT	both			1512	542.46	Horizon	Indemnity		877.83				287.73	1436.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE HEPATOBILIARY SCAN (H	78226	CPT	both			1512	542.46	Horizon	MGD		877.83				287.73	1436.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE HEPATOBILIARY SCAN (H	78226	CPT	both			1512	542.46	Horizon	PPO		877.83				287.73	1436.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE HEPATOBILIARY SCAN (H	78226	CPT	both			1512	542.46	Horizon	Medicare Blue		471.7				287.73	1436.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE HEPATOBILIARY SCAN (H	78226	CPT	both			1512	542.46	Horizon	NJ Health		287.73				287.73	1436.4	fee schedule	
NUCLEAR MEDICINE HEPATOBILIARY SCAN (H	78226	CPT	both			1512	542.46	Managed Care Inc	Managed Care Inc		1360.8	90			287.73	1436.4	percent of total billed charges	
NUCLEAR MEDICINE HEPATOBILIARY SCAN (H	78226	CPT	both			1512	542.46	Multiplan	Multiplan		1209.6	80			287.73	1436.4	percent of total billed charges	
NUCLEAR MEDICINE HEPATOBILIARY SCAN (H	78226	CPT	both			1512	542.46	Qualcare	Qualcare		1134	75			287.73	1436.4	percent of total billed charges	
NUCLEAR MEDICINE HEPATOBILIARY SCAN (H	78226	CPT	both			1512	542.46	Three Rivers	Three Rivers		1436.4	95			287.73	1436.4	percent of total billed charges	
NUCLEAR MEDICINE HEPATOBILIARY SCAN (H	78226	CPT	both			1512	542.46	UHC	Medicare		471.7				287.73	1436.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE HEPATOBILIARY SCAN (H	78226	CPT	both			1512	542.46	UHC	Medicaid		477.04	31.55			287.73	1436.4	percent of total billed charges	
NUCLEAR MEDICINE HEPATOBILIARY SCAN (H	78226	CPT	both			1512	542.46	Wellcare	Medicare		471.7				287.73	1436.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE HEPATOBILIARY SCAN (H	78226	CPT	both			1512	542.46	Wellcare	Medicaid		477.04	31.55			287.73	1436.4	percent of total billed charges	
NUCLEAR MEDICINE HEPATOBILIARY SCAN (H	78226	CPT	both			1512	542.46	WellPoint	WellPoint		486.56	32.18			287.73	1436.4	percent of total billed charges	
NUCLEAR MEDICINE HEPATOBILIARY SCAN (H	78227	CPT	both			1512	710.88	Aetna	Better Health		477.04	31.55			394.23	1436.4	percent of total billed charges	
NUCLEAR MEDICINE HEPATOBILIARY SCAN (H	78227	CPT	both			1512	710.88	Aetna	Commercial		984.11				394.23	1436.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE HEPATOBILIARY SCAN (H	78227	CPT	both			1512	710.88	Aetna	Medicare		618.16				394.23	1436.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
NUCLEAR MEDICINE HEPATOBILIARY SCAN (H	78227	CPT	both			1512	710.88	Americare	Americare		1134				394.23		1436.4	percent of total billed charges	
NUCLEAR MEDICINE HEPATOBILIARY SCAN (H	78227	CPT	both			1512	710.88	Amerihealth	HMO/PPO		982.8				394.23		1436.4	percent of total billed charges	
NUCLEAR MEDICINE HEPATOBILIARY SCAN (H	78227	CPT	both			1512	710.88	Amerihealth	Medicare		618.16				394.23		1436.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE HEPATOBILIARY SCAN (H	78227	CPT	both			1512	710.88	Consumer	Consumer		1436.4				394.23		1436.4	percent of total billed charges	
NUCLEAR MEDICINE HEPATOBILIARY SCAN (H	78227	CPT	both			1512	710.88	Corrections	Corrections		1209.6				394.23		1436.4	percent of total billed charges	
NUCLEAR MEDICINE HEPATOBILIARY SCAN (H	78227	CPT	both			1512	710.88	First Health	First Health		1058.4				394.23		1436.4	percent of total billed charges	
NUCLEAR MEDICINE HEPATOBILIARY SCAN (H	78227	CPT	both			1512	710.88	First Trenton	First Trenton		1360.8				394.23		1436.4	percent of total billed charges	
NUCLEAR MEDICINE HEPATOBILIARY SCAN (H	78227	CPT	both			1512	710.88	Horizon	Indemnity		1150.4				394.23		1436.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE HEPATOBILIARY SCAN (H	78227	CPT	both			1512	710.88	Horizon	MGD		1150.4				394.23		1436.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE HEPATOBILIARY SCAN (H	78227	CPT	both			1512	710.88	Horizon	Medicare Blue		618.16				394.23		1436.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE HEPATOBILIARY SCAN (H	78227	CPT	both			1512	710.88	Horizon	NJ Health		394.23				394.23		1436.4	fee schedule	
NUCLEAR MEDICINE HEPATOBILIARY SCAN (H	78227	CPT	both			1512	710.88	Horizon	PPO		1150.4				394.23		1436.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE HEPATOBILIARY SCAN (H	78227	CPT	both			1512	710.88	Managed Care Inc	Managed Care Inc		1360.8	90			394.23		1436.4	percent of total billed charges	
NUCLEAR MEDICINE HEPATOBILIARY SCAN (H	78227	CPT	both			1512	710.88	Multiplan	Multiplan		1209.6	80			394.23		1436.4	percent of total billed charges	
NUCLEAR MEDICINE HEPATOBILIARY SCAN (H	78227	CPT	both			1512	710.88	Qualcare	Qualcare		1134	75			394.23		1436.4	percent of total billed charges	
NUCLEAR MEDICINE HEPATOBILIARY SCAN (H	78227	CPT	both			1512	710.88	Three Rivers	Three Rivers		1436.4	95			394.23		1436.4	percent of total billed charges	
NUCLEAR MEDICINE HEPATOBILIARY SCAN (H	78227	CPT	both			1512	710.88	UHC	Medicare		618.16				394.23		1436.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE HEPATOBILIARY SCAN (H	78227	CPT	both			1512	710.88	UHC	Medicaid		477.04	31.55			394.23		1436.4	percent of total billed charges	
NUCLEAR MEDICINE HEPATOBILIARY SCAN (H	78227	CPT	both			1512	710.88	Wellcare	Medicare		618.16				394.23		1436.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE HEPATOBILIARY SCAN (H	78227	CPT	both			1512	710.88	Wellcare	Medicaid		477.04	31.55			394.23		1436.4	percent of total billed charges	
NUCLEAR MEDICINE HEPATOBILIARY SCAN (H	78227	CPT	both			1512	710.88	WellPoint	WellPoint		486.56	32.18			394.23		1436.4	percent of total billed charges	
SALIVARY GLAND	78230	CPT	outpatient			832	542.46	Aetna	Better Health		262.5	31.55			83.01		877.83	percent of total billed charges	
SALIVARY GLAND	78230	CPT	outpatient			832	542.46	Aetna	Medicare		256.26	30.8			83.01		877.83	percent of total billed charges	
SALIVARY GLAND	78230	CPT	outpatient			832	542.46	Aetna	Commercial		750.95				83.01		877.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SALIVARY GLAND	78230	CPT	outpatient			832	542.46	Americare	Americare		624	75			83.01		877.83	percent of total billed charges	
SALIVARY GLAND	78230	CPT	outpatient			832	542.46	Amerihealth	HMO/PPO		540.8	65			83.01		877.83	percent of total billed charges	
SALIVARY GLAND	78230	CPT	outpatient			832	542.46	Amerihealth	Medicare		471.7				83.01		877.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SALIVARY GLAND	78230	CPT	outpatient			832	542.46	Consumer	Consumer		790.4	95			83.01		877.83	percent of total billed charges	
SALIVARY GLAND	78230	CPT	outpatient			832	542.46	Corrections	Corrections		665.6	80			83.01		877.83	percent of total billed charges	
SALIVARY GLAND	78230	CPT	outpatient			832	542.46	First Health	First Health		582.4	70			83.01		877.83	percent of total billed charges	
SALIVARY GLAND	78230	CPT	outpatient			832	542.46	First Trenton	First Trenton		748.8	90			83.01		877.83	percent of total billed charges	
SALIVARY GLAND	78230	CPT	outpatient			832	542.46	Horizon	MGD		877.83				83.01		877.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SALIVARY GLAND	78230	CPT	outpatient			832	542.46	Horizon	Indemnity		877.83				83.01		877.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SALIVARY GLAND	78230	CPT	outpatient			832	542.46	Horizon	PPO		877.83				83.01		877.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SALIVARY GLAND	78230	CPT	outpatient			832	542.46	Horizon	NJ Health		83.01				83.01		877.83	fee schedule	
SALIVARY GLAND	78230	CPT	outpatient			832	542.46	Horizon	Medicare Blue		471.7				83.01		877.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SALIVARY GLAND	78230	CPT	outpatient			832	542.46	Managed Care Inc	Managed Care Inc		748.8	90			83.01		877.83	percent of total billed charges	
SALIVARY GLAND	78230	CPT	outpatient			832	542.46	Multiplan	Multiplan		665.6	80			83.01		877.83	percent of total billed charges	
SALIVARY GLAND	78230	CPT	outpatient			832	542.46	Qualcare	Qualcare		624	75			83.01		877.83	percent of total billed charges	
SALIVARY GLAND	78230	CPT	outpatient			832	542.46	Three Rivers	Three Rivers		790.4	95			83.01		877.83	percent of total billed charges	
SALIVARY GLAND	78230	CPT	outpatient			832	542.46	UHC	Medicaid		262.5	31.55			83.01		877.83	percent of total billed charges	
SALIVARY GLAND	78230	CPT	outpatient			832	542.46	UHC	Medicare		471.7				83.01		877.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SALIVARY GLAND	78230	CPT	outpatient			832	542.46	Wellcare	Medicaid		262.5	31.55			83.01		877.83	percent of total billed charges	
SALIVARY GLAND	78230	CPT	outpatient			832	542.46	Wellcare	Medicare		471.7				83.01		877.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SALIVARY GLAND	78230	CPT	outpatient			832	542.46	WellPoint	WellPoint		267.74	32.18			83.01		877.83	percent of total billed charges	
SALIVARY GLANDIMAGING/WSERIAL IMAGES	78231	CPT	outpatient			1155	542.46	Aetna	Medicare		471.7				96.04		1097.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SALIVARY GLANDIMAGING/WSERIAL IMAGES	78231	CPT	outpatient			1155	542.46	Aetna	Better Health		364.4	31.55			96.04		1097.25	percent of total billed charges	
SALIVARY GLANDIMAGING/WSERIAL IMAGES	78231	CPT	outpatient			1155	542.46	Aetna	Commercial		750.95				96.04		1097.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SALIVARY GLANDIMAGING/WSERIAL IMAGES	78231	CPT	outpatient			1155	542.46	Americare	Americare		866.25	75			96.04		1097.25	percent of total billed charges	
SALIVARY GLANDIMAGING/WSERIAL IMAGES	78231	CPT	outpatient			1155	542.46	Amerihealth	HMO/PPO		750.75	65			96.04		1097.25	percent of total billed charges	
SALIVARY GLANDIMAGING/WSERIAL IMAGES	78231	CPT	outpatient			1155	542.46	Amerihealth	Medicare		471.7				96.04		1097.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SALIVARY GLANDIMAGING/WSERIAL IMAGES	78231	CPT	outpatient			1155	542.46	Consumer	Consumer		1097.25	95			96.04		1097.25	percent of total billed charges	
SALIVARY GLANDIMAGING/WSERIAL IMAGES	78231	CPT	outpatient			1155	542.46	Corrections	Corrections		924	80			96.04		1097.25	percent of total billed charges	
SALIVARY GLANDIMAGING/WSERIAL IMAGES	78231	CPT	outpatient			1155	542.46	First Health	First Health		808.5	70			96.04		1097.25	percent of total billed charges	
SALIVARY GLANDIMAGING/WSERIAL IMAGES	78231	CPT	outpatient			1155	542.46	First Trenton	First Trenton		1039.5	90			96.04		1097.25	percent of total billed charges	
SALIVARY GLANDIMAGING/WSERIAL IMAGES	78231	CPT	outpatient			1155	542.46	Horizon	PPO		877.83				96.04		1097.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SALIVARY GLANDIMAGING/WSERIAL IMAGES	78231	CPT	outpatient			1155	542.46	Horizon	MGD		877.83				96.04		1097.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SALIVARY GLANDIMAGING/WSERIAL IMAGES	78231	CPT	outpatient			1155	542.46	Horizon	Medicare Blue		471.7				96.04		1097.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SALIVARY GLANDIMAGING/WSERIAL IMAGES	78231	CPT	outpatient			1155	542.46	Horizon	NJ Health		96.04				96.04		1097.25	fee schedule	
SALIVARY GLANDIMAGING/WSERIAL IMAGES	78231	CPT	outpatient			1155	542.46	Horizon	Indemnity		877.83				96.04		1097.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SALIVARY GLANDIMAGING/WSERIAL IMAGES	78231	CPT	outpatient			1155	542.46	Managed Care Inc	Managed Care Inc		1039.5	90			96.04		1097.25	percent of total billed charges	
SALIVARY GLANDIMAGING/WSERIAL IMAGES	78231	CPT	outpatient			1155	542.46	Multiplan	Multiplan		924	80			96.04		1097.25	percent of total billed charges	
SALIVARY GLANDIMAGING/WSERIAL IMAGES	78231	CPT	outpatient			1155	542.46	Qualcare	Qualcare		866.25	75			96.04		1097.25	percent of total billed charges	
SALIVARY GLANDIMAGING/WSERIAL IMAGES	78231	CPT	outpatient			1155	542.46	Three Rivers	Three Rivers		1097.25	95			96.04		1097.25	percent of total billed charges	
SALIVARY GLANDIMAGING/WSERIAL IMAGES	78231	CPT	outpatient			1155	542.46	UHC	Medicare		471.7				96.04		1097.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SALIVARY GLANDIMAGING/WSERIAL IMAGES	78231	CPT	outpatient			1155	542.46	UHC	Medicaid		364.4	31.55			96.04		1097.25	percent of total billed charges	
SALIVARY GLANDIMAGING/WSERIAL IMAGES	78231	CPT	outpatient			1155	542.46	Wellcare	Medicaid		364.4	31.55			96.04		1097.25	percent of total billed charges	
SALIVARY GLANDIMAGING/WSERIAL IMAGES	78231	CPT	outpatient			1155	542.46	Wellcare	Medicare		471.7				96.04		1097.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SALIVARY GLANDIMAGING/WSERIAL IMAGES	78231	CPT	outpatient			1155	542.46	WellPoint	WellPoint		371.68	32.18			96.04		1097.25	percent of total billed charges	
SALIVARY GLAND FUNCT STUDY	78232	CPT	outpatient			1155	542.46	Aetna	Better Health		364.4	31.55			96.04		1097.25	percent of total billed charges	
SALIVARY GLAND FUNCT STUDY	78232	CPT	outpatient			1155	542.46	Aetna	Commercial		750.95				96.04		1097.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SALIVARY GLAND FUNCT STUDY	78232	CPT	outpatient			1155	542.46	Aetna	Medicare		471.7				96.04		1097.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SALIVARY GLAND FUNCT STUDY	78232	CPT	outpatient			1155	542.46	Americare	Americare		866.25	75			96.04		1097.25	percent of total billed charges	
SALIVARY GLAND FUNCT STUDY	78232	CPT	outpatient			1155	542.46	Amerihealth	Medicare		471.7				96.04		1097.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SALIVARY GLAND FUNCT STUDY	78232	CPT	outpatient			1155	542.46	Amerihealth	HMO/PPO		750.75	65			96.04		1097.25	percent of total billed charges	
SALIVARY GLAND FUNCT STUDY	78232	CPT	outpatient			1155	542.46	Consumer	Consumer		1097.25	95			96.04		1097.25	percent of total billed charges	
SALIVARY GLAND FUNCT STUDY	78232	CPT	outpatient			1155	542.46	Corrections	Corrections		924	80			96.04		1097.25	percent of total billed charges	
SALIVARY GLAND FUNCT STUDY	78232	CPT	outpatient			1155	542.46	First Health	First Health		808.5	70			96.04		1097.25	percent of total billed charges	
SALIVARY GLAND FUNCT STUDY	78232	CPT	outpatient			1155	542.46	First Trenton	First Trenton		1039.5	90			96.04		1097.25	percent of total billed charges	
SALIVARY GLAND FUNCT STUDY	78232	CPT	outpatient			1155	542.46	Horizon	Medicare Blue		471.7				96.04		1097.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SALIVARY GLAND FUNCT STUDY	78232	CPT	outpatient			1155	542.46	Horizon	NJ Health		96.04				96.04		1097.25	fee schedule	
SALIVARY GLAND FUNCT STUDY	78232	CPT	outpatient			1155	542.46	Horizon	Indemnity		877.83				96.04		1097.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SALIVARY GLAND FUNCT STUDY	78232	CPT	outpatient			1155	542.46	Horizon	MGD		877.83				96.04		1097.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SALIVARY GLAND FUNCT STUDY	78232	CPT	outpatient			1155	542.46	Horizon	PPO		877.83				96.04		1097.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SALIVARY GLAND FUNCT STUDY	78232	CPT	outpatient			1155	542.46	Managed Care Inc	Managed Care Inc		1039.5	90			96.04		1097.25	percent of total billed charges	
SALIVARY GLAND FUNCT STUDY	78232	CPT	outpatient			1155	542.46	Multiplan	Multiplan		924	80			96.04		1097.25	percent of total billed charges	
SALIVARY GLAND FUNCT STUDY	78232	CPT	outpatient			1155	542.46	Qualcare	Qualcare		866.25	75			96.04		1097.25	percent of total billed charges	
SALIVARY GLAND FUNCT STUDY	78232	CPT	outpatient			1155	542.46	Three Rivers	Three Rivers		1097.25	95			96.04		1097.25	percent of total billed charges	
SALIVARY GLAND FUNCT STUDY	78232	CPT	outpatient			1155	542.46	UHC	Medicare		471.7				96.04		1097.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SALIVARY GLAND FUNCT STUDY	78232	CPT	outpatient			1155	542.46	UHC	Medicaid		364.4	31.55			96.04		1097.25	percent of total billed charges	
SALIVARY GLAND FUNCT STUDY	78232	CPT	outpatient			1155	542.46	Wellcare	Medicaid		364.4	31.55			96.04		1097.25	percent of total billed charges	
SALIVARY GLAND FUNCT STUDY	78232	CPT	outpatient			1155	542.46	Wellcare	Medicare		471.7				96.04		1097.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SALIVARY GLAND FUNCT STUDY	78232	CPT	outpatient			1155	542.46	WellPoint	WellPoint		371.68	32.18			96.04		1097.25	percent of total billed charges	
TC 99M SWALLOW	78258	CPT	outpatient			1448	542.46	Aetna	Commercial		750.95				82.32		1375.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TC 99M SWALLOW	78258	CPT	outpatient			1448	542.46	Aetna	Better Health		456.84	31.55			82.32		1375.6	percent of total billed charges	
TC 99M SWALLOW	78258	CPT	outpatient			1448	542.46	Aetna	Medicare		471.7				82.32		1375.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TC 99M SWALLOW	78258	CPT	outpatient			1448	542.46	Americare	Americare		1086	75			82.32		1375.6	percent of total billed charges	
TC 99M SWALLOW	78258	CPT	outpatient			1448	542.46	Amerihealth	HMO/PPO		941.2	65			82.32		1375.6	percent of total billed charges	
TC 99M SWALLOW	78258	CPT	outpatient			1448	542.46	Amerihealth	Medicare		471.7				82.32		1375.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TC 99M SWALLOW	78258	CPT	outpatient			1448	542.46	Consumer	Consumer		1375.6	95			82.32		1375.6	percent of total billed charges	
TC 99M SWALLOW	78258	CPT	outpatient			1448	542.46	Corrections	Corrections		1158.4	80			82.32		1375.6	percent of total billed charges	
TC 99M SWALLOW	78258	CPT	outpatient			1448	542.46	First Health	First Health		1013.6	70			82.32		1375.6	percent of total billed charges	
TC 99M SWALLOW	78258	CPT	outpatient			1448	542.46	First Trenton	First Trenton		1303.2	90			82.32		1375.6	percent of total billed charges	
TC 99M SWALLOW	78258	CPT	outpatient			1448	542.46	Horizon	NJ Health		82.32				82.32		1375.6	fee schedule	
TC 99M SWALLOW	78258	CPT	outpatient			1448	542.46	Horizon	Indemnity		877.83				82.32		1375.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TC 99M SWALLOW	78258	CPT	outpatient			1448	542.46	Horizon	Medicare Blue		471.7				82.32		1375.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TC 99M SWALLOW	78258	CPT	outpatient			1448	542.46	Horizon	MGD		877.83				82.32		1375.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TC 99M SWALLOW	78258	CPT	outpatient			1448	542.46	Horizon	PPO		877.83				82.32		1375.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TC 99M SWALLOW	78258	CPT	outpatient			1448	542.46	Managed Care Inc	Managed Care Inc		1303.2	90			82.32		1375.6	percent of total billed charges	
TC 99M SWALLOW	78258	CPT	outpatient			1448	542.46	Multiplan	Multiplan		1158.4	80			82.32		1375.6	percent of total billed charges	
TC 99M SWALLOW	78258	CPT	outpatient			1448	542.46	Qualcare	Qualcare		1086	75			82.32		1375.6	percent of total billed charges	
TC 99M SWALLOW	78258	CPT	outpatient			1448	542.46	Three Rivers	Three Rivers		1375.6	95			82.32		1375.6	percent of total billed charges	
TC 99M SWALLOW	78258	CPT	outpatient			1448	542.46	UHC	Medicare		471.7				82.32		1375.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TC 99M SWALLOW	78258	CPT	outpatient			1448	542.46	UHC	Medicaid		456.84	31.55			82.32		1375.6	percent of total billed charges	
TC 99M SWALLOW	78258	CPT	outpatient			1448	542.46	Wellcare	Medicare		471.7				82.32		1375.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TC 99M SWALLOW	78258	CPT	outpatient			1448	542.46	Wellcare	Medicaid		456.84	31.55			82.32		1375.6	percent of total billed charges	
TC 99M SWALLOW	78258	CPT	outpatient			1448	542.46	WellPoint	WellPoint		465.97	32.18			82.32		1375.6	percent of total billed charges	
UREA BREATH TEST	78262	CPT	both			1554	542.46	Aetna	Better Health		490.29	31.55			62.72		1476.3	percent of total billed charges	
UREA BREATH TEST	78262	CPT	both			1554	542.46	Aetna	Commercial		750.95				62.72		1476.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UREA BREATH TEST	78262	CPT	both			1554	542.46	Aetna	Medicare		471.7				62.72		1476.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UREA BREATH TEST	78262	CPT	both			1554	542.46	Americare	Americare		1165.5	75			62.72		1476.3	percent of total billed charges	
UREA BREATH TEST	78262	CPT	both			1554	542.46	Amerihealth	HMO/PPO		1010.1	65			62.72		1476.3	percent of total billed charges	
UREA BREATH TEST	78262	CPT	both			1554	542.46	Amerihealth	Medicare		471.7				62.72		1476.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UREA BREATH TEST	78262	CPT	both			1554	542.46	Consumer	Consumer		1476.3	95			62.72		1476.3	percent of total billed charges	
UREA BREATH TEST	78262	CPT	both			1554	542.46	Corrections	Corrections		1243.2	80			62.72		1476.3	percent of total billed charges	
UREA BREATH TEST	78262	CPT	both			1554	542.46	First Health	First Health		1087.8	70			62.72		1476.3	percent of total billed charges	
UREA BREATH TEST	78262	CPT	both			1554	542.46	First Trenton	First Trenton		1398.6	90			62.72		1476.3	percent of total billed charges	
UREA BREATH TEST	78262	CPT	both			1554	542.46	Horizon	MGD		877.83				62.72		1476.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UREA BREATH TEST	78262	CPT	both			1554	542.46	Horizon	Medicare Blue		471.7				62.72		1476.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UREA BREATH TEST	78262	CPT	both			1554	542.46	Horizon	NJ Health		62.72				62.72		1476.3	fee schedule	
UREA BREATH TEST	78262	CPT	both			1554	542.46	Horizon	Indemnity		877.83				62.72		1476.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UREA BREATH TEST	78262	CPT	both			1554	542.46	Horizon	PPO		877.83				62.72		1476.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UREA BREATH TEST	78262	CPT	both			1554	542.46	Managed Care Inc	Managed Care Inc		1398.6	90			62.72		1476.3	percent of total billed charges	
UREA BREATH TEST	78262	CPT	both			1554	542.46	Multiplan	Multiplan		1243.2	80			62.72		1476.3	percent of total billed charges	
UREA BREATH TEST	78262	CPT	both			1554	542.46	Qualcare	Qualcare		1165.5	75			62.72		1476.3	percent of total billed charges	
UREA BREATH TEST	78262	CPT	both			1554	542.46	Three Rivers	Three Rivers		1476.3	95			62.72		1476.3	percent of total billed charges	
UREA BREATH TEST	78262	CPT	both			1554	542.46	UHC	Medicare		471.7				62.72		1476.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UREA BREATH TEST	78262	CPT	both			1554	542.46	UHC	Medicaid		490.29	31.55			62.72		1476.3	percent of total billed charges	
UREA BREATH TEST	78262	CPT	both			1554	542.46	Wellcare	Medicare		471.7				62.72		1476.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UREA BREATH TEST	78262	CPT	both			1554	542.46	Wellcare	Medicaid		490.29	31.55			62.72		1476.3	percent of total billed charges	
UREA BREATH TEST	78262	CPT	both			1554	542.46	WellPoint	WellPoint		500.08	32.18			62.72		1476.3	percent of total billed charges	
GASTRIC EMPTYING	78264	CPT	both			1485	542.46	Aetna	Medicare		457.38	30.8			66.64		1410.75	percent of total billed charges	
GASTRIC EMPTYING	78264	CPT	both			1485	542.46	Aetna	Commercial		750.95				66.64		1410.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GASTRIC EMPTYING	78264	CPT	both			1485	542.46	Aetna	Better Health		468.52	31.55			66.64		1410.75	percent of total billed charges	
GASTRIC EMPTYING	78264	CPT	both			1485	542.46	Americare	Americare		1113.75	75			66.64		1410.75	percent of total billed charges	
GASTRIC EMPTYING	78264	CPT	both			1485	542.46	Amerihealth	HMO/PPO		965.25	65			66.64		1410.75	percent of total billed charges	
GASTRIC EMPTYING	78264	CPT	both			1485	542.46	Amerihealth	Medicare		471.7				66.64		1410.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GASTRIC EMPTYING	78264	CPT	both			1485	542.46	Consumer	Consumer		1410.75	95			66.64		1410.75	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
GASTRIC EMPTYING	78264	CPT	both			1485		542.46 Corrections	Corrections		1188	80			66.64	1410.75	percent of total billed charges	
GASTRIC EMPTYING	78264	CPT	both			1485		542.46 First Health	First Health		1039.5	70			66.64	1410.75	percent of total billed charges	
GASTRIC EMPTYING	78264	CPT	both			1485		542.46 First Trenton	First Trenton		1336.5	90			66.64	1410.75	percent of total billed charges	
GASTRIC EMPTYING	78264	CPT	both			1485		542.46 Horizon	Medicare Blue		471.7				66.64	1410.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GASTRIC EMPTYING	78264	CPT	both			1485		542.46 Horizon	PPO		877.83				66.64	1410.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GASTRIC EMPTYING	78264	CPT	both			1485		542.46 Horizon	NJ Health		66.64				66.64	1410.75	fee schedule	
GASTRIC EMPTYING	78264	CPT	both			1485		542.46 Horizon	Indemnity		877.83				66.64	1410.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GASTRIC EMPTYING	78264	CPT	both			1485		542.46 Horizon	MGD		877.83				66.64	1410.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GASTRIC EMPTYING	78264	CPT	both			1485		542.46 Managed Care Inc	Managed Care Inc		1336.5	90			66.64	1410.75	percent of total billed charges	
GASTRIC EMPTYING	78264	CPT	both			1485		542.46 Multiplan	Multiplan		1188	80			66.64	1410.75	percent of total billed charges	
GASTRIC EMPTYING	78264	CPT	both			1485		542.46 Qualcare	Qualcare		1113.75	75			66.64	1410.75	percent of total billed charges	
GASTRIC EMPTYING	78264	CPT	both			1485		542.46 Three Rivers	Three Rivers		1410.75	95			66.64	1410.75	percent of total billed charges	
GASTRIC EMPTYING	78264	CPT	both			1485		542.46 UHC	Medicaid		468.52	31.55			66.64	1410.75	percent of total billed charges	
GASTRIC EMPTYING	78264	CPT	both			1485		542.46 UHC	Medicare		471.7				66.64	1410.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GASTRIC EMPTYING	78264	CPT	both			1485		542.46 Wellcare	Medicaid		468.52	31.55			66.64	1410.75	percent of total billed charges	
GASTRIC EMPTYING	78264	CPT	both			1485		542.46 Wellcare	Medicare		471.7				66.64	1410.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GASTRIC EMPTYING	78264	CPT	both			1485		542.46 WellPoint	WellPoint		477.87	32.18			66.64	1410.75	percent of total billed charges	
BREATH TEST SAMPLE COLLECTION	78267	CPT	outpatient			480		12.72 Aetna	Commercial		182.4	38			8.74	456	percent of total billed charges	
BREATH TEST SAMPLE COLLECTION	78267	CPT	outpatient			480		12.72 Aetna	Medicare		11.06				8.74	456	fee schedule	
BREATH TEST SAMPLE COLLECTION	78267	CPT	outpatient			480		12.72 Aetna	Better Health		151.44	31.55			8.74	456	percent of total billed charges	
BREATH TEST SAMPLE COLLECTION	78267	CPT	outpatient			480		12.72 Americare	Americare		360	75			8.74	456	percent of total billed charges	
BREATH TEST SAMPLE COLLECTION	78267	CPT	outpatient			480		12.72 Amerihealth	Medicare		11.06				8.74	456	fee schedule	
BREATH TEST SAMPLE COLLECTION	78267	CPT	outpatient			480		12.72 Amerihealth	HMO/PPO		312	65			8.74	456	percent of total billed charges	
BREATH TEST SAMPLE COLLECTION	78267	CPT	outpatient			480		12.72 Consumer	Consumer		456	95			8.74	456	percent of total billed charges	
BREATH TEST SAMPLE COLLECTION	78267	CPT	outpatient			480		12.72 Corrections	Corrections		384	80			8.74	456	percent of total billed charges	
BREATH TEST SAMPLE COLLECTION	78267	CPT	outpatient			480		12.72 First Health	First Health		336	70			8.74	456	percent of total billed charges	
BREATH TEST SAMPLE COLLECTION	78267	CPT	outpatient			480		12.72 First Trenton	First Trenton		432	90			8.74	456	percent of total billed charges	
BREATH TEST SAMPLE COLLECTION	78267	CPT	outpatient			480		12.72 Horizon	MGD		183.74	38.28			8.74	456	percent of total billed charges	
BREATH TEST SAMPLE COLLECTION	78267	CPT	outpatient			480		12.72 Horizon	Indemnity		183.74	38.28			8.74	456	percent of total billed charges	
BREATH TEST SAMPLE COLLECTION	78267	CPT	outpatient			480		12.72 Horizon	NJ Health		8.74				8.74	456	fee schedule	
BREATH TEST SAMPLE COLLECTION	78267	CPT	outpatient			480		12.72 Horizon	Medicare Blue		144	30			8.74	456	percent of total billed charges	
BREATH TEST SAMPLE COLLECTION	78267	CPT	outpatient			480		12.72 Horizon	PPO		183.74	38.28			8.74	456	percent of total billed charges	
BREATH TEST SAMPLE COLLECTION	78267	CPT	outpatient			480		12.72 Managed Care Inc	Managed Care Inc		432	90			8.74	456	percent of total billed charges	
BREATH TEST SAMPLE COLLECTION	78267	CPT	outpatient			480		12.72 Multiplan	Multiplan		384	80			8.74	456	percent of total billed charges	
BREATH TEST SAMPLE COLLECTION	78267	CPT	outpatient			480		12.72 Qualcare	Qualcare		360	75			8.74	456	percent of total billed charges	
BREATH TEST SAMPLE COLLECTION	78267	CPT	outpatient			480		12.72 Three Rivers	Three Rivers		456	95			8.74	456	percent of total billed charges	
BREATH TEST SAMPLE COLLECTION	78267	CPT	outpatient			480		12.72 UHC	Medicare		11.06				8.74	456	fee schedule	
BREATH TEST SAMPLE COLLECTION	78267	CPT	outpatient			480		12.72 UHC	Medicaid		151.44	31.55			8.74	456	percent of total billed charges	
BREATH TEST SAMPLE COLLECTION	78267	CPT	outpatient			480		12.72 Wellcare	Medicaid		151.44	31.55			8.74	456	percent of total billed charges	
BREATH TEST SAMPLE COLLECTION	78267	CPT	outpatient			480		12.72 Wellcare	Medicare		11.06				8.74	456	fee schedule	
BREATH TEST SAMPLE COLLECTION	78267	CPT	outpatient			480		12.72 WellPoint	WellPoint		154.46	32.18			8.74	456	percent of total billed charges	
BREATH TEST ANALYSIS	78268	CPT	outpatient			1574		108.57 Aetna	Commercial		598.12	38			48.22	1495.3	percent of total billed charges	
BREATH TEST ANALYSIS	78268	CPT	outpatient			1574		108.57 Aetna	Better Health		496.6	31.55			48.22	1495.3	percent of total billed charges	
BREATH TEST ANALYSIS	78268	CPT	outpatient			1574		108.57 Aetna	Medicare		484.79	30.8			48.22	1495.3	percent of total billed charges	
BREATH TEST ANALYSIS	78268	CPT	outpatient			1574		108.57 Americare	Americare		1180.5	75			48.22	1495.3	percent of total billed charges	
BREATH TEST ANALYSIS	78268	CPT	outpatient			1574		108.57 Amerihealth	HMO/PPO		1023.1	65			48.22	1495.3	percent of total billed charges	
BREATH TEST ANALYSIS	78268	CPT	outpatient			1574		108.57 Amerihealth	Medicare		94.41				48.22	1495.3	fee schedule	
BREATH TEST ANALYSIS	78268	CPT	outpatient			1574		108.57 Consumer	Consumer		1495.3	95			48.22	1495.3	percent of total billed charges	
BREATH TEST ANALYSIS	78268	CPT	outpatient			1574		108.57 Corrections	Corrections		1259.2	80			48.22	1495.3	percent of total billed charges	
BREATH TEST ANALYSIS	78268	CPT	outpatient			1574		108.57 First Health	First Health		1101.8	70			48.22	1495.3	percent of total billed charges	
BREATH TEST ANALYSIS	78268	CPT	outpatient			1574		108.57 First Trenton	First Trenton		1416.6	90			48.22	1495.3	percent of total billed charges	
BREATH TEST ANALYSIS	78268	CPT	outpatient			1574		108.57 Horizon	MGD		602.53	38.28			48.22	1495.3	percent of total billed charges	
BREATH TEST ANALYSIS	78268	CPT	outpatient			1574		108.57 Horizon	NJ Health		48.22				48.22	1495.3	fee schedule	
BREATH TEST ANALYSIS	78268	CPT	outpatient			1574		108.57 Horizon	Medicare Blue		472.2	30			48.22	1495.3	percent of total billed charges	
BREATH TEST ANALYSIS	78268	CPT	outpatient			1574		108.57 Horizon	Indemnity		602.53	38.28			48.22	1495.3	percent of total billed charges	
BREATH TEST ANALYSIS	78268	CPT	outpatient			1574		108.57 Horizon	PPO		602.53	38.28			48.22	1495.3	percent of total billed charges	
BREATH TEST ANALYSIS	78268	CPT	outpatient			1574		108.57 Managed Care Inc	Managed Care Inc		1416.6	90			48.22	1495.3	percent of total billed charges	
BREATH TEST ANALYSIS	78268	CPT	outpatient			1574		108.57 Multiplan	Multiplan		1259.2	80			48.22	1495.3	percent of total billed charges	
BREATH TEST ANALYSIS	78268	CPT	outpatient			1574		108.57 Qualcare	Qualcare		1180.5	75			48.22	1495.3	percent of total billed charges	
BREATH TEST ANALYSIS	78268	CPT	outpatient			1574		108.57 Three Rivers	Three Rivers		1495.3	95			48.22	1495.3	percent of total billed charges	
BREATH TEST ANALYSIS	78268	CPT	outpatient			1574		108.57 UHC	Medicare		94.41				48.22	1495.3	fee schedule	
BREATH TEST ANALYSIS	78268	CPT	outpatient			1574		108.57 UHC	Medicaid		496.6	31.55			48.22	1495.3	percent of total billed charges	
BREATH TEST ANALYSIS	78268	CPT	outpatient			1574		108.57 Wellcare	Medicare		94.41				48.22	1495.3	fee schedule	
BREATH TEST ANALYSIS	78268	CPT	outpatient			1574		108.57 Wellcare	Medicaid		496.6	31.55			48.22	1495.3	percent of total billed charges	
BREATH TEST ANALYSIS	78268	CPT	outpatient			1574		108.57 WellPoint	WellPoint		506.51	32.18			48.22	1495.3	percent of total billed charges	
G.I.BLEEDING	78278	CPT	both			1448		542.46 Aetna	Better Health		456.84	31.55			96.04	1375.6	percent of total billed charges	
G.I.BLEEDING	78278	CPT	both			1448		542.46 Aetna	Commercial		750.95				96.04	1375.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
G.I.BLEEDING	78278	CPT	both			1448		542.46 Aetna	Medicare		471.7				96.04	1375.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
G.I.BLEEDING	78278	CPT	both			1448		542.46 Americare	Americare		1086	75			96.04	1375.6	percent of total billed charges	
G.I.BLEEDING	78278	CPT	both			1448		542.46 Amerihealth	HMO/PPO		941.2	65			96.04	1375.6	percent of total billed charges	
G.I.BLEEDING	78278	CPT	both			1448		542.46 Amerihealth	Medicare		471.7				96.04	1375.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
G.I.BLEEDING	78278	CPT	both			1448		542.46 Consumer	Consumer		1375.6	95			96.04	1375.6	percent of total billed charges	
G.I.BLEEDING	78278	CPT	both			1448		542.46 Corrections	Corrections		1158.4	80			96.04	1375.6	percent of total billed charges	
G.I.BLEEDING	78278	CPT	both			1448		542.46 First Health	First Health		1013.6	70			96.04	1375.6	percent of total billed charges	
G.I.BLEEDING	78278	CPT	both			1448		542.46 First Trenton	First Trenton		1303.2	90			96.04	1375.6	percent of total billed charges	
G.I.BLEEDING	78278	CPT	both			1448		542.46 Horizon	NJ Health		96.04				96.04	1375.6	fee schedule	
G.I.BLEEDING	78278	CPT	both			1448		542.46 Horizon	Indemnity		877.83				96.04	1375.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
G.I.BLEEDING	78278	CPT	both			1448		542.46 Horizon	MGD		877.83				96.04	1375.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
G.I.BLEEDING	78278	CPT	both			1448		542.46 Horizon	PPO		877.83				96.04	1375.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
G.I.BLEEDING	78278	CPT	both			1448		542.46 Horizon	Medicare Blue		471.7				96.04	1375.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
G.I.BLEEDING	78278	CPT	both			1448		542.46 Managed Care Inc	Managed Care Inc		1303.2	90			96.04	1375.6	percent of total billed charges	
G.I.BLEEDING	78278	CPT	both			1448		542.46 Multiplan	Multiplan		1158.4	80			96.04	1375.6	percent of total billed charges	
G.I.BLEEDING	78278	CPT	both			1448		542.46 Qualcare	Qualcare		1086	75			96.04	1375.6	percent of total billed charges	
G.I.BLEEDING	78278	CPT	both			1448		542.46 Three Rivers	Three Rivers		1375.6	95			96.04	1375.6	percent of total billed charges	
G.I.BLEEDING	78278	CPT	both			1448		542.46 UHC	Medicare		471.7				96.04	1375.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
G.I.BLEEDING	78278	CPT	both			1448		542.46 UHC	Medicaid		456.84	31.55			96.04	1375.6	percent of total billed charges	
G.I.BLEEDING	78278	CPT	both			1448		542.46 Wellcare	Medicare		471.7				96.04	1375.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
G.I.BLEEDING	78278	CPT	both			1448		542.46 Wellcare	Medicaid		456.84	31.55			96.04	1375.6	percent of total billed charges	
G.I.BLEEDING	78278	CPT	both			1448		542.46 WellPoint	WellPoint		465.97	32.18			96.04	1375.6	percent of total billed charges	
MECKEL'S SCAN	78290	CPT	inpatient			927		542.46 Aetna	Commercial		750.95				140.53	880.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MECKEL'S SCAN	78290	CPT	inpatient			927		542.46 Aetna	Better Health		292.47	31.55			140.53	880.65	percent of total billed charges	
MECKEL'S SCAN	78290	CPT	inpatient			927		542.46 Aetna	Medicare		471.7				140.53	880.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MECKEL'S SCAN	78290	CPT	inpatient			927		542.46 Americare	Americare		695.25	75			140.53	880.65	percent of total billed charges	
MECKEL'S SCAN	78290	CPT	inpatient			927		542.46 Amerihealth	HMO/PPO		602.55	65			140.53	880.65	percent of total billed charges	
MECKEL'S SCAN	78290	CPT	inpatient			927		542.46 Amerihealth	Medicare		471.7				140.53	880.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MECKEL'S SCAN	78290	CPT	inpatient			927		542.46 Consumer	Consumer		880.65	95			140.53	880.65	percent of total billed charges	
MECKEL'S SCAN	78290	CPT	inpatient			927		542.46 Corrections	Corrections		741.6	80			140.53	880.65	percent of total billed charges	
MECKEL'S SCAN	78290	CPT	inpatient			927		542.46 First Health	First Health		648.9	70			140.53	880.65	percent of total billed charges	
MECKEL'S SCAN	78290	CPT	inpatient			927		542.46 First Trenton	First Trenton		834.3	90			140.53	880.65	percent of total billed charges	
MECKEL'S SCAN	78290	CPT	inpatient			927		542.46 Horizon	Indemnity		877.83				140.53	880.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MECKEL'S SCAN	78290	CPT	inpatient			927		542.46 Horizon	Medicare Blue		471.7				140.53	880.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MECKEL'S SCAN	78290	CPT	inpatient			927		542.46 Horizon	NJ Health		140.53				140.53	880.65	fee schedule	
MECKEL'S SCAN	78290	CPT	inpatient			927		542.46 Horizon	MGD		877.83				140.53	880.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MECKEL'S SCAN	78290	CPT	inpatient			927		542.46 Horizon	PPO		877.83				140.53	880.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MECKEL'S SCAN	78290	CPT	inpatient			927		542.46 Managed Care Inc	Managed Care Inc		834.3	90			140.53	880.65	percent of total billed charges	
MECKEL'S SCAN	78290	CPT	inpatient			927		542.46 Multiplan	Multiplan		741.6	80			140.53	880.65	percent of total billed charges	
MECKEL'S SCAN	78290	CPT	inpatient			927		542.46 Qualcare	Qualcare		695.25	75			140.53	880.65	percent of total billed charges	
MECKEL'S SCAN	78290	CPT	inpatient			927		542.46 Three Rivers	Three Rivers		880.65	95			140.53	880.65	percent of total billed charges	
MECKEL'S SCAN	78290	CPT	inpatient			927		542.46 UHC	Medicaid		292.47	31.55			140.53	880.65	percent of total billed charges	
MECKEL'S SCAN	78290	CPT	inpatient			927		542.46 UHC	Medicare		471.7				140.53	880.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MECKEL'S SCAN	78290	CPT	inpatient			927		542.46 Wellcare	Medicare		471.7				140.53	880.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MECKEL'S SCAN	78290	CPT	inpatient			927		542.46 Wellcare	Medicaid		292.47	31.55			140.53	880.65	percent of total billed charges	
MECKEL'S SCAN	78290	CPT	inpatient			927		542.46 WellPoint	WellPoint		298.31	32.18			140.53	880.65	percent of total billed charges	
LEVEEN SHUNT/PERITON SHUNT	78291	CPT	outpatient			1489		542.46 Aetna	Commercial		750.95				63.11	1414.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEEN SHUNT/PERITON SHUNT	78291	CPT	outpatient			1489		542.46 Aetna	Better Health		469.78	31.55			63.11	1414.55	percent of total billed charges	
LEVEEN SHUNT/PERITON SHUNT	78291	CPT	outpatient			1489		542.46 Aetna	Medicare		471.7				63.11	1414.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEEN SHUNT/PERITON SHUNT	78291	CPT	outpatient			1489		542.46 Americare	Americare		1116.75	75			63.11	1414.55	percent of total billed charges	
LEVEEN SHUNT/PERITON SHUNT	78291	CPT	outpatient			1489		542.46 Amerihealth	HMO/PPO		967.85	65			63.11	1414.55	percent of total billed charges	
LEVEEN SHUNT/PERITON SHUNT	78291	CPT	outpatient			1489		542.46 Amerihealth	Medicare		471.7				63.11	1414.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEEN SHUNT/PERITON SHUNT	78291	CPT	outpatient			1489		542.46 Consumer	Consumer		1414.55	95			63.11	1414.55	percent of total billed charges	
LEVEEN SHUNT/PERITON SHUNT	78291	CPT	outpatient			1489		542.46 Corrections	Corrections		1191.2	80			63.11	1414.55	percent of total billed charges	
LEVEEN SHUNT/PERITON SHUNT	78291	CPT	outpatient			1489		542.46 First Health	First Health		1042.3	70			63.11	1414.55	percent of total billed charges	
LEVEEN SHUNT/PERITON SHUNT	78291	CPT	outpatient			1489		542.46 First Trenton	First Trenton		1340.1	90			63.11	1414.55	percent of total billed charges	
LEVEEN SHUNT/PERITON SHUNT	78291	CPT	outpatient			1489		542.46 Horizon	MGD		877.83				63.11	1414.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEEN SHUNT/PERITON SHUNT	78291	CPT	outpatient			1489		542.46 Horizon	Medicare Blue		471.7				63.11	1414.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEEN SHUNT/PERITON SHUNT	78291	CPT	outpatient			1489		542.46 Horizon	Indemnity		877.83				63.11	1414.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEEN SHUNT/PERITON SHUNT	78291	CPT	outpatient			1489		542.46 Horizon	NJ Health		63.11				63.11	1414.55	fee schedule	
LEVEEN SHUNT/PERITON SHUNT	78291	CPT	outpatient			1489		542.46 Horizon	PPO		877.83				63.11	1414.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEEN SHUNT/PERITON SHUNT	78291	CPT	outpatient			1489		542.46 Managed Care Inc	Managed Care Inc		1340.1	90			63.11	1414.55	percent of total billed charges	
LEVEEN SHUNT/PERITON SHUNT	78291	CPT	outpatient			1489		542.46 Multiplan	Multiplan		1191.2	80			63.11	1414.55	percent of total billed charges	
LEVEEN SHUNT/PERITON SHUNT	78291	CPT	outpatient			1489		542.46 Qualcare	Qualcare		1116.75	75			63.11	1414.55	percent of total billed charges	
LEVEEN SHUNT/PERITON SHUNT	78291	CPT	outpatient			1489		542.46 Three Rivers	Three Rivers		1414.55	95			63.11	1414.55	percent of total billed charges	
LEVEEN SHUNT/PERITON SHUNT	78291	CPT	outpatient			1489		542.46 UHC	Medicare		471.7				63.11	1414.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEEN SHUNT/PERITON SHUNT	78291	CPT	outpatient			1489		542.46 UHC	Medicaid		469.78	31.55			63.11	1414.55	percent of total billed charges	
LEVEEN SHUNT/PERITON SHUNT	78291	CPT	outpatient			1489		542.46 Wellcare	Medicaid		469.78	31.55			63.11	1414.55	percent of total billed charges	
LEVEEN SHUNT/PERITON SHUNT	78291	CPT	outpatient			1489		542.46 Wellcare	Medicare		471.7				63.11	1414.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEEN SHUNT/PERITON SHUNT	78291	CPT	outpatient			1489		542.46 WellPoint	WellPoint		479.16	32.18			63.11	1414.55	percent of total billed charges	
SPLEEN/KIDNEY	78299	CPT	outpatient			1448		542.46 Aetna	Commercial		750.95				445.98	1375.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPLEEN/KIDNEY	78299	CPT	outpatient			1448		542.46 Aetna	Medicare		445.98	30.8			445.98	1375.6	percent of total billed charges	
SPLEEN/KIDNEY	78299	CPT	outpatient			1448		542.46 Aetna	Better Health		456.84	31.55			445.98	1375.6	percent of total billed charges	
SPLEEN/KIDNEY	78299	CPT	outpatient			1448		542.46 Americare	Americare		1086	75			445.98	1375.6	percent of total billed charges	
SPLEEN/KIDNEY	78299	CPT	outpatient			1448		542.46 Amerihealth	HMO/PPO		941.2	65			445.98	1375.6	percent of total billed charges	
SPLEEN/KIDNEY	78299	CPT	outpatient			1448		542.46 Amerihealth	Medicare		471.7				445.98	1375.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPLEEN/KIDNEY	78299	CPT	outpatient			1448		542.46 Consumer	Consumer		1375.6	95			445.98	1375.6	percent of total billed charges	
SPLEEN/KIDNEY	78299	CPT	outpatient			1448		542.46 Corrections	Corrections		1158.4	80			445.98	1375.6	percent of total billed charges	
SPLEEN/KIDNEY	78299	CPT	outpatient			1448		542.46 First Health	First Health		1013.6	70			445.98	1375.6	percent of total billed charges	
SPLEEN/KIDNEY	78299	CPT	outpatient			1448		542.46 First Trenton	First Trenton		1303.2	90			445.98	1375.6	percent of total billed charges	
SPLEEN/KIDNEY	78299	CPT	outpatient			1448		542.46 Horizon	Indemnity		877.83				445.98	1375.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.														
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true													
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
SPLEEN/KIDNEY	78299	CPT	outpatient			1448		542.46 Horizon	Medicare Blue		471.7				445.98	1375.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
SPLEEN/KIDNEY	78299	CPT	outpatient			1448		542.46 Horizon	PPO		877.83				445.98	1375.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
SPLEEN/KIDNEY	78299	CPT	outpatient			1448		542.46 Horizon	MGD		877.83				445.98	1375.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
SPLEEN/KIDNEY	78299	CPT	outpatient			1448		542.46 Managed Care Inc	Managed Care Inc		1303.2	90			445.98	1375.6	percent of total billed charges		
SPLEEN/KIDNEY	78299	CPT	outpatient			1448		542.46 Multiplan	Multiplan		1158.4	80			445.98	1375.6	percent of total billed charges		
SPLEEN/KIDNEY	78299	CPT	outpatient			1448		542.46 Qualcare	Qualcare		1086	75			445.98	1375.6	percent of total billed charges		
SPLEEN/KIDNEY	78299	CPT	outpatient			1448		542.46 Three Rivers	Three Rivers		1375.6	95			445.98	1375.6	percent of total billed charges		
SPLEEN/KIDNEY	78299	CPT	outpatient			1448		542.46 UHC	Medicare		471.7				445.98	1375.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
SPLEEN/KIDNEY	78299	CPT	outpatient			1448		542.46 UHC	Medicaid		456.84	31.55			445.98	1375.6	percent of total billed charges		
SPLEEN/KIDNEY	78299	CPT	outpatient			1448		542.46 Wellcare	Medicare		471.7				445.98	1375.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
SPLEEN/KIDNEY	78299	CPT	outpatient			1448		542.46 Wellcare	Medicaid		456.84	31.55			445.98	1375.6	percent of total billed charges		
SPLEEN/KIDNEY	78299	CPT	outpatient			1448		542.46 WellPoint	WellPoint		465.97	32.18			445.98	1375.6	percent of total billed charges		
BONE SCAN LIMITED	78300	CPT	both			1460		542.46 Aetna	Medicare		471.7				117.6	1387	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
BONE SCAN LIMITED	78300	CPT	both			1460		542.46 Aetna	Commercial		750.95				117.6	1387	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
BONE SCAN LIMITED	78300	CPT	both			1460		542.46 Aetna	Better Health		460.63	31.55			117.6	1387	percent of total billed charges		
BONE SCAN LIMITED	78300	CPT	both			1460		542.46 Americare	Americare		1095	75			117.6	1387	percent of total billed charges		
BONE SCAN LIMITED	78300	CPT	both			1460		542.46 Amerihealth	HMO/PPO		949	65			117.6	1387	percent of total billed charges		
BONE SCAN LIMITED	78300	CPT	both			1460		542.46 Amerihealth	Medicare		471.7				117.6	1387	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
BONE SCAN LIMITED	78300	CPT	both			1460		542.46 Consumer	Consumer		1387	95			117.6	1387	percent of total billed charges		
BONE SCAN LIMITED	78300	CPT	both			1460		542.46 Corrections	Corrections		1168	80			117.6	1387	percent of total billed charges		
BONE SCAN LIMITED	78300	CPT	both			1460		542.46 First Health	First Health		1022	70			117.6	1387	percent of total billed charges		
BONE SCAN LIMITED	78300	CPT	both			1460		542.46 First Trenton	First Trenton		1314	90			117.6	1387	percent of total billed charges		
BONE SCAN LIMITED	78300	CPT	both			1460		542.46 Horizon	Medicare Blue		471.7				117.6	1387	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
BONE SCAN LIMITED	78300	CPT	both			1460		542.46 Horizon	MGD		877.83				117.6	1387	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
BONE SCAN LIMITED	78300	CPT	both			1460		542.46 Horizon	Indemnity		877.83				117.6	1387	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
BONE SCAN LIMITED	78300	CPT	both			1460		542.46 Horizon	PPO		877.83				117.6	1387	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
BONE SCAN LIMITED	78300	CPT	both			1460		542.46 Horizon	NJ Health		117.6				117.6	1387	fee schedule		
BONE SCAN LIMITED	78300	CPT	both			1460		542.46 Managed Care Inc	Managed Care Inc		1314	90			117.6	1387	percent of total billed charges		
BONE SCAN LIMITED	78300	CPT	both			1460		542.46 Multiplan	Multiplan		1168	80			117.6	1387	percent of total billed charges		
BONE SCAN LIMITED	78300	CPT	both			1460		542.46 Qualcare	Qualcare		1095	75			117.6	1387	percent of total billed charges		
BONE SCAN LIMITED	78300	CPT	both			1460		542.46 Three Rivers	Three Rivers		1387	95			117.6	1387	percent of total billed charges		
BONE SCAN LIMITED	78300	CPT	both			1460		542.46 UHC	Medicaid		460.63	31.55			117.6	1387	percent of total billed charges		
BONE SCAN LIMITED	78300	CPT	both			1460		542.46 UHC	Medicare		471.7				117.6	1387	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
BONE SCAN LIMITED	78300	CPT	both			1460		542.46 Wellcare	Medicare		471.7				117.6	1387	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
BONE SCAN LIMITED	78300	CPT	both			1460		542.46 Wellcare	Medicaid		460.63	31.55			117.6	1387	percent of total billed charges		
BONE SCAN LIMITED	78300	CPT	both			1460		542.46 WellPoint	WellPoint		469.83	32.18			117.6	1387	percent of total billed charges		
BONE SCAN MULT	78305	CPT	outpatient			1626		542.46 Aetna	Better Health		513	31.55			147	1544.7	percent of total billed charges		
BONE SCAN MULT	78305	CPT	outpatient			1626		542.46 Aetna	Medicare		471.7				147	1544.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
BONE SCAN MULT	78305	CPT	outpatient			1626		542.46 Aetna	Commercial		750.95				147	1544.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
BONE SCAN MULT	78305	CPT	outpatient			1626		542.46 Americare	Americare		1219.5	75			147	1544.7	percent of total billed charges		
BONE SCAN MULT	78305	CPT	outpatient			1626		542.46 Amerihealth	HMO/PPO		1056.9	65			147	1544.7	percent of total billed charges		
BONE SCAN MULT	78305	CPT	outpatient			1626		542.46 Amerihealth	Medicare		471.7				147	1544.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
BONE SCAN MULT	78305	CPT	outpatient			1626		542.46 Consumer	Consumer		1544.7	95			147	1544.7	percent of total billed charges		
BONE SCAN MULT	78305	CPT	outpatient			1626		542.46 Corrections	Corrections		1300.8	80			147	1544.7	percent of total billed charges		
BONE SCAN MULT	78305	CPT	outpatient			1626		542.46 First Health	First Health		1138.2	70			147	1544.7	percent of total billed charges		
BONE SCAN MULT	78305	CPT	outpatient			1626		542.46 First Trenton	First Trenton		1463.4	90			147	1544.7	percent of total billed charges		
BONE SCAN MULT	78305	CPT	outpatient			1626		542.46 Horizon	Medicare Blue		471.7				147	1544.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
BONE SCAN MULT	78305	CPT	outpatient			1626		542.46 Horizon	MGD		877.83				147	1544.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
BONE SCAN MULT	78305	CPT	outpatient			1626		542.46 Horizon	Indemnity		877.83				147	1544.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
BONE SCAN MULT	78305	CPT	outpatient			1626		542.46 Horizon	NJ Health		147				147	1544.7	fee schedule		
BONE SCAN MULT	78305	CPT	outpatient			1626		542.46 Horizon	PPO		877.83				147	1544.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
BONE SCAN MULT	78305	CPT	outpatient			1626		542.46 Managed Care Inc	Managed Care Inc		1463.4	90			147	1544.7	percent of total billed charges		
BONE SCAN MULT	78305	CPT	outpatient			1626		542.46 Multiplan	Multiplan		1300.8	80			147	1544.7	percent of total billed charges		
BONE SCAN MULT	78305	CPT	outpatient			1626		542.46 Qualcare	Qualcare		1219.5	75			147	1544.7	percent of total billed charges		
BONE SCAN MULT	78305	CPT	outpatient			1626		542.46 Three Rivers	Three Rivers		1544.7	95			147	1544.7	percent of total billed charges		
BONE SCAN MULT	78305	CPT	outpatient			1626		542.46 UHC	Medicaid		513	31.55			147	1544.7	percent of total billed charges		
BONE SCAN MULT	78305	CPT	outpatient			1626		542.46 UHC	Medicare		471.7				147	1544.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
BONE SCAN MULT	78305	CPT	outpatient			1626		542.46 Wellcare	Medicare		471.7				147	1544.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
BONE SCAN MULT	78305	CPT	outpatient			1626		542.46 Wellcare	Medicaid		513	31.55			147	1544.7	percent of total billed charges		
BONE SCAN MULT	78305	CPT	outpatient			1626		542.46 WellPoint	WellPoint		523.25	32.18			147	1544.7	percent of total billed charges		
SAMARIUM SCAN	78306	CPT	both			3204		542.46 Aetna	Better Health		1010.86	31.55			147	3043.8	percent of total billed charges		
SAMARIUM SCAN	78306	CPT	both			3204		542.46 Aetna	Commercial		750.95				147	3043.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
SAMARIUM SCAN	78306	CPT	both			3204		542.46 Aetna	Medicare		986.83	30.8			147	3043.8	percent of total billed charges		
SAMARIUM SCAN	78306	CPT	both			3204		542.46 Americare	Americare		2403	75			147	3043.8	percent of total billed charges		
SAMARIUM SCAN	78306	CPT	both			3204		542.46 Amerihealth	HMO/PPO		2082.6	65			147	3043.8	percent of total billed charges		
SAMARIUM SCAN	78306	CPT	both			3204		542.46 Amerihealth	Medicare		471.7				147	3043.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
SAMARIUM SCAN	78306	CPT	both			3204		542.46 Consumer	Consumer		3043.8	95			147	3043.8	percent of total billed charges		
SAMARIUM SCAN	78306	CPT	both			3204		542.46 Corrections	Corrections		2663.2	80			147	3043.8	percent of total billed charges		
SAMARIUM SCAN	78306	CPT	both			3204		542.46 First Health	First Health		2242.8	70			147	3043.8	percent of total billed charges		
SAMARIUM SCAN	78306	CPT	both			3204		542.46 First Trenton	First Trenton		2883.6	90			147	3043.8	percent of total billed charges		
SAMARIUM SCAN	78306	CPT	both			3204		542.46 Horizon	MGD		877.83				147	3043.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
SAMARIUM SCAN	78306	CPT	both			3204		542.46 Horizon	Medicare Blue		471.7				147	3043.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
SAMARIUM SCAN	78306	CPT	both			3204		542.46 Horizon	Indemnity		877.83				147	3043.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
SAMARIUM SCAN	78306	CPT	both			3204		542.46 Horizon	NJ Health		147				147	3043.8	fee schedule		
SAMARIUM SCAN	78306	CPT	both			3204		542.46 Horizon	PPO		877.83				147	3043.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
SAMARIUM SCAN	78306	CPT	both			3204		542.46 Managed Care Inc	Managed Care Inc		2883.6	90			147	3043.8	percent of total billed charges		
SAMARIUM SCAN	78306	CPT	both			3204		542.46 Multiplan	Multiplan		2563.2	80			147	3043.8	percent of total billed charges		
SAMARIUM SCAN	78306	CPT	both			3204		542.46 Qualcare	Qualcare		2403	75			147	3043.8	percent of total billed charges		
SAMARIUM SCAN	78306	CPT	both			3204		542.46 Three Rivers	Three Rivers		3043.8	95			147	3043.8	percent of total billed charges		
SAMARIUM SCAN	78306	CPT	both			3204		542.46 UHC	Medicaid		1010.86	31.55			147	3043.8	percent of total billed charges		
SAMARIUM SCAN	78306	CPT	both			3204		542.46 UHC	Medicare		471.7				147	3043.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
SAMARIUM SCAN	78306	CPT	both			3204		542.46 Wellcare	Medicaid		1010.86	31.55			147	3043.8	percent of total billed charges		
SAMARIUM SCAN	78306	CPT	both			3204		542.46 Wellcare	Medicare		471.7				147	3043.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
SAMARIUM SCAN	78306	CPT	both			3204		542.46 WellPoint	WellPoint		1031.05	32.18			147	3043.8	percent of total billed charges		
BONE SCAN THREE PHASE	78315	CPT	both			2606		542.46 Aetna	Medicare		471.7				243.63	2475.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
BONE SCAN THREE PHASE	78315	CPT	both			2606		542.46 Aetna	Better Health		822.19	31.55			243.63	2475.7	percent of total billed charges		
BONE SCAN THREE PHASE	78315	CPT	both			2606		542.46 Aetna	Commercial		750.95				243.63	2475.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
BONE SCAN THREE PHASE	78315	CPT	both			2606		542.46 Americare	Americare		1954.5	75			243.63	2475.7	percent of total billed charges		
BONE SCAN THREE PHASE	78315	CPT	both			2606		542.46 Amerihealth	Medicare		471.7				243.63	2475.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
BONE SCAN THREE PHASE	78315	CPT	both			2606		542.46 Amerihealth	HMO/PPO		1693.9	65			243.63	2475.7	percent of total billed charges		
BONE SCAN THREE PHASE	78315	CPT	both			2606		542.46 Consumer	Consumer		2475.7	95			243.63	2475.7	percent of total billed charges		
BONE SCAN THREE PHASE	78315	CPT	both			2606		542.46 Corrections	Corrections		2084.8	80			243.63	2475.7	percent of total billed charges		
BONE SCAN THREE PHASE	78315	CPT	both			2606		542.46 First Health	First Health		1824.2	70			243.63	2475.7	percent of total billed charges		
BONE SCAN THREE PHASE	78315	CPT	both			2606		542.46 First Trenton	First Trenton		2345.4	90			243.63	2475.7	percent of total billed charges		
BONE SCAN THREE PHASE	78315	CPT	both			2606		542.46 Horizon	Indemnity		877.83				243.63	2475.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
BONE SCAN THREE PHASE	78315	CPT	both			2606		542.46 Horizon	Medicare Blue		471.7				243.63	2475.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
BONE SCAN THREE PHASE	78315	CPT	both			2606		542.46 Horizon	NJ Health		243.63				243.63	2475.7	fee schedule		
BONE SCAN THREE PHASE	78315	CPT	both			2606		542.46 Horizon	MGD		877.83				243.63	2475.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
BONE SCAN THREE PHASE	78315	CPT	both			2606		542.46 Horizon	PPO		877.83				243.63	2475.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
BONE SCAN THREE PHASE	78315	CPT	both			2606		542.46 Managed Care Inc	Managed Care Inc		2345.4	90			243.63	2475.7	percent of total billed charges		
BONE SCAN THREE PHASE	78315	CPT	both			2606		542.46 Multiplan	Multiplan		2084.8	80			243.63	2475.7	percent of total billed charges		
BONE SCAN THREE PHASE	78315	CPT	both			2606		542.46 Qualcare	Qualcare		1954.5	75			243.63	2475.7	percent of total billed charges		
BONE SCAN THREE PHASE	78315	CPT	both			2606		542.46 Three Rivers	Three Rivers		2475.7	95			243.63	2475.7	percent of total billed charges		
BONE SCAN THREE PHASE	78315	CPT	both			2606		542.46 UHC	Medicaid		822.19	31.55			243.63	2475.7	percent of total billed charges		
BONE SCAN THREE PHASE	78315	CPT	both			2606		542.46 UHC	Medicare		471.7				243.63	2475.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
BONE SCAN THREE PHASE	78315	CPT	both			2606		542.46 Wellcare	Medicaid		822.19	31.55			243.63	2475.7	percent of total billed charges		
BONE SCAN THREE PHASE	78315	CPT	both			2606		542.46 Wellcare	Medicare		471.7				243.63	2475.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
BONE SCAN THREE PHASE	78315	CPT	both			2606		542.46 WellPoint	WellPoint		838.61	32.18			243.63	2475.7	percent of total billed charges		
BONE SPECT	78320	CPT	outpatient			1524		Aetna	Better Health		480.82	31.55			457.2	1447.8	percent of total billed charges		
BONE SPECT	78320	CPT	outpatient			1524		Aetna	Medicare		499.39	30.8			457.2	1447.8	percent of total billed charges		
BONE SPECT	78320	CPT	outpatient			1524		Aetna	Commercial		579.12	38			457.2	1447.8	percent of total billed charges		
BONE SPECT	78320	CPT	outpatient			1524		Americare	Americare		1143	75			457.2	1447.8	percent of total billed charges		
BONE SPECT	78320	CPT	outpatient			1524		Amerihealth	HMO/PPO		990.6	65			457.2	1447.8	percent of total billed charges		
BONE SPECT	78320	CPT	outpatient			1524		Consumer	Consumer		1447.8	95			457.2	1447.8	percent of total billed charges		
BONE SPECT	78320	CPT	outpatient			1524		Corrections	Corrections		1219.2	80			457.2	1447.8	percent of total billed charges		
BONE SPECT	78320	CPT	outpatient			1524		First Health	First Health		1066.8	70			457.2	1447.8	percent of total billed charges		
BONE SPECT	78320	CPT	outpatient			1524		First Trenton	First Trenton		1371.6	90			457.2	1447.8	percent of total billed charges		
BONE SPECT	78320	CPT	outpatient			1524		Horizon	Medicare Blue		457.2	30			457.2	1447.8	percent of total billed charges		
BONE SPECT	78320	CPT	outpatient			1524		Horizon	Indemnity		583.39	38.28			457.2	1447.8	percent of total billed charges		
BONE SPECT	78320	CPT	outpatient			1524		Horizon	PPO		583.39	38.28			457.2	1447.8	percent of total billed charges		
BONE SPECT	78320	CPT	outpatient			1524		Horizon	MGD		583.39	38.28			457.2	1447.8	percent of total billed charges		
BONE SPECT	78320	CPT	outpatient			1524		Managed Care Inc	Managed Care Inc		1371.6	90			457.2	1447.8	percent of total billed charges		
BONE SPECT	78320	CPT	outpatient			1524		Multiplan	Multiplan		1219.2	80			457.2	1447.8	percent of total billed charges		
BONE SPECT	78320	CPT	outpatient			1524		Qualcare	Qualcare		1143	75			457.2	1447.8	percent of total billed charges		
BONE SPECT	78320	CPT	outpatient			1524		Three Rivers	Three Rivers		1447.8	95			457.2	1447.8	percent of total billed charges		
BONE SPECT	78320	CPT	outpatient			1524		UHC	Medicaid		480.82	31.55			457.2	1447.8	percent of total billed charges		
BONE SPECT	78320	CPT	outpatient			1524		Wellcare	Medicaid		480.82	31.55			457.2	1447.8	percent of total billed charges		
BONE SPECT	78320	CPT	outpatient			1524		WellPoint	WellPoint		490.42	32.18			457.2	1447.8	percent of total billed charges		
UNLISTED DIAGNOSTIC PROC	78399	CPT	outpatient			1424		542.46 Aetna	Better Health		449.27	31.55			438.59	1352.8	percent of total billed charges		
UNLISTED DIAGNOSTIC PROC	78399	CPT	outpatient			1424		542.46 Aetna	Commercial		750.95				438.59	1352.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
UNLISTED DIAGNOSTIC PROC	78399	CPT	outpatient			1424		542.46 Aetna	Medicare		438.59	30.8			438.59	1352.8	percent of total billed charges		
UNLISTED DIAGNOSTIC PROC	78399	CPT	outpatient			1424		542.46 Americare	Americare		1098	75			438.59	1352.8	percent of total billed charges		
UNLISTED DIAGNOSTIC PROC	78399	CPT	outpatient			1424		542.46 Amerihealth	HMO/PPO		925.6	65			438.59	1352.8	percent of total billed charges		
UNLISTED DIAGNOSTIC PROC	78399	CPT	outpatient			1424		542.46 Amerihealth	Medicare		471.7				438.59	1352.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
UNLISTED DIAGNOSTIC PROC	78399	CPT	outpatient			1424		542.46 Consumer	Consumer		1352.8	95			438.59	1352.8	percent of total billed charges		
UNLISTED DIAGNOSTIC PROC	78399	CPT	outpatient			1424		542.46 Corrections	Corrections		1139.2	80			438.59	1352.8	percent of total billed charges		
UNLISTED DIAGNOSTIC PROC	78399	CPT	outpatient			1424		542.46 First Health	First Health		996.8	70			438.59	1352.8	percent of total billed charges		
UNLISTED DIAGNOSTIC PROC	78399	CPT	outpatient			1424		542.46 First Trenton	First Trenton		1281.6	90			438.59	1352.8	percent of total billed charges		
UNLISTED DIAGNOSTIC PROC	78399	CPT	outpatient			1424		542.46 Horizon	Medicare Blue		471.7				438.59	1352.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
UNLISTED DIAGNOSTIC PROC	78399	CPT	outpatient			1424		542.46 Horizon	MGD		877.83				438.59	1352.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
UNLISTED DIAGNOSTIC PROC	78399	CPT	outpatient			1424		542.46 Horizon	Indemnity		877.83				438.59	1352.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
UNLISTED DIAGNOSTIC PROC	78399	CPT	outpatient			1424		542.46 Horizon	PPO		877.83				438.59	1352.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
UNLISTED DIAGNOSTIC PROC	78399	CPT	outpatient			1424		542.46 Managed Care Inc	Managed Care Inc		1281.6	90			438.59	1352.8	percent of total billed charges		
UNLISTED DIAGNOSTIC PROC	78399	CPT	outpatient			1424		542.46 Multiplan	Multiplan		1139.2	80			438.59	1352.8	percent of total billed charges		
UNLISTED DIAGNOSTIC PROC	78399	CPT	outpatient			1424		542.46 Qualcare	Qualcare		1068	75			438.59	1352.8	percent of total billed charges		
UNLISTED DIAGNOSTIC PROC	78399	CPT	outpatient			1424		542.46 Three Rivers	Three Rivers		1352.8	95			438.59	1352.8	percent of total billed charges		
UNLISTED DIAGNOSTIC PROC	78399	CPT	outpatient			1424		542.46 UHC	Medicare		471.7				438.59	1352.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
UNLISTED DIAGNOSTIC PROC	78399	CPT	outpatient			1424		542.46 UHC	Medicaid		449.27	31.55			438.59	1352.8	percent of total billed charges		

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.														
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103		310119 true													
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
UNLISTED DIAGNOSTIC PROC	78399	CPT	outpatient			1424		542.46 Wellcare	Medicare		471.7				438.59	1352.8 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED DIAGNOSTIC PROC	78399	CPT	outpatient			1424		542.46 Wellcare	Medicaid		449.27	31.55			438.59	1352.8 percent of total billed charges		
UNLISTED DIAGNOSTIC PROC	78399	CPT	outpatient			1424		542.46 WellPoint	WellPoint		458.24	32.18			438.59	1352.8 percent of total billed charges		
CARD SHUT DETECTION	78428	CPT	outpatient			1008		542.46 Aetna	Commercial		750.95				121.52	957.6 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
CARD SHUT DETECTION	78428	CPT	outpatient			1008		542.46 Aetna	Better Health		318.02	31.55			121.52	957.6 percent of total billed charges		
CARD SHUT DETECTION	78428	CPT	outpatient			1008		542.46 Aetna	Medicare		471.7				121.52	957.6 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
CARD SHUT DETECTION	78428	CPT	outpatient			1008		542.46 Americare	Americare		756	75			121.52	957.6 percent of total billed charges		
CARD SHUT DETECTION	78428	CPT	outpatient			1008		542.46 Amerihealth	HMO/PPO		655.2	65			121.52	957.6 percent of total billed charges		
CARD SHUT DETECTION	78428	CPT	outpatient			1008		542.46 Amerihealth	Medicare		471.7				121.52	957.6 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
CARD SHUT DETECTION	78428	CPT	outpatient			1008		542.46 Consumer	Consumer		957.6	95			121.52	957.6 percent of total billed charges		
CARD SHUT DETECTION	78428	CPT	outpatient			1008		542.46 Corrections	Corrections		806.4	80			121.52	957.6 percent of total billed charges		
CARD SHUT DETECTION	78428	CPT	outpatient			1008		542.46 First Health	First Health		705.6	70			121.52	957.6 percent of total billed charges		
CARD SHUT DETECTION	78428	CPT	outpatient			1008		542.46 First Trenton	First Trenton		907.2	90			121.52	957.6 percent of total billed charges		
CARD SHUT DETECTION	78428	CPT	outpatient			1008		542.46 Horizon	PPO		877.83				121.52	957.6 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
CARD SHUT DETECTION	78428	CPT	outpatient			1008		542.46 Horizon	MGD		877.83				121.52	957.6 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
CARD SHUT DETECTION	78428	CPT	outpatient			1008		542.46 Horizon	Medicare Blue		471.7				121.52	957.6 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
CARD SHUT DETECTION	78428	CPT	outpatient			1008		542.46 Horizon	NJ Health		121.52				121.52	957.6 fee schedule		
CARD SHUT DETECTION	78428	CPT	outpatient			1008		542.46 Horizon	Indemnity		877.83				121.52	957.6 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
CARD SHUT DETECTION	78428	CPT	outpatient			1008		542.46 Managed Care Inc	Managed Care Inc		907.2	90			121.52	957.6 percent of total billed charges		
CARD SHUT DETECTION	78428	CPT	outpatient			1008		542.46 Multiplan	Multiplan		806.4	80			121.52	957.6 percent of total billed charges		
CARD SHUT DETECTION	78428	CPT	outpatient			1008		542.46 Qualcare	Qualcare		756	75			121.52	957.6 percent of total billed charges		
CARD SHUT DETECTION	78428	CPT	outpatient			1008		542.46 Three Rivers	Three Rivers		957.6	95			121.52	957.6 percent of total billed charges		
CARD SHUT DETECTION	78428	CPT	outpatient			1008		542.46 UHC	Medicaid		318.02	31.55			121.52	957.6 percent of total billed charges		
CARD SHUT DETECTION	78428	CPT	outpatient			1008		542.46 UHC	Medicare		471.7				121.52	957.6 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
CARD SHUT DETECTION	78428	CPT	outpatient			1008		542.46 Wellcare	Medicare		471.7				121.52	957.6 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
CARD SHUT DETECTION	78428	CPT	outpatient			1008		542.46 Wellcare	Medicaid		318.02	31.55			121.52	957.6 percent of total billed charges		
CARD SHUT DETECTION	78428	CPT	outpatient			1008		542.46 WellPoint	WellPoint		324.37	32.18			121.52	957.6 percent of total billed charges		
PET CT CARDIAC SARCOIDOSIS CHEST ONLY	78429	CPT	outpatient			5797		2057.61 Aetna	Medicare		1785.48	30.8			83.28	5507.15 percent of total billed charges		
PET CT CARDIAC SARCOIDOSIS CHEST ONLY	78429	CPT	outpatient			5797		2057.61 Aetna	Commercial		2848.45				83.28	5507.15 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
PET CT CARDIAC SARCOIDOSIS CHEST ONLY	78429	CPT	outpatient			5797		2057.61 Aetna	Better Health		1826.95	31.55			83.28	5507.15 percent of total billed charges		
PET CT CARDIAC SARCOIDOSIS CHEST ONLY	78429	CPT	outpatient			5797		2057.61 Americare	Americare		4347.75	75			83.28	5507.15 percent of total billed charges		
PET CT CARDIAC SARCOIDOSIS CHEST ONLY	78429	CPT	outpatient			5797		2057.61 Amerihealth	HMO/PPO		3768.05	65			83.28	5507.15 percent of total billed charges		
PET CT CARDIAC SARCOIDOSIS CHEST ONLY	78429	CPT	outpatient			5797		2057.61 Amerihealth	Medicare		1789.23				83.28	5507.15 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
PET CT CARDIAC SARCOIDOSIS CHEST ONLY	78429	CPT	outpatient			5797		2057.61 Consumer	Consumer		5507.15	95			83.28	5507.15 percent of total billed charges		
PET CT CARDIAC SARCOIDOSIS CHEST ONLY	78429	CPT	outpatient			5797		2057.61 Corrections	Corrections		4637.6	80			83.28	5507.15 percent of total billed charges		
PET CT CARDIAC SARCOIDOSIS CHEST ONLY	78429	CPT	outpatient			5797		2057.61 First Health	First Health		4057.9	70			83.28	5507.15 percent of total billed charges		
PET CT CARDIAC SARCOIDOSIS CHEST ONLY	78429	CPT	outpatient			5797		2057.61 First Trenton	First Trenton		5217.3	90			83.28	5507.15 percent of total billed charges		
PET CT CARDIAC SARCOIDOSIS CHEST ONLY	78429	CPT	outpatient			5797		2057.61 Horizon	MGD		3329.76				83.28	5507.15 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
PET CT CARDIAC SARCOIDOSIS CHEST ONLY	78429	CPT	outpatient			5797		2057.61 Horizon	Indemnity		3329.76				83.28	5507.15 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
PET CT CARDIAC SARCOIDOSIS CHEST ONLY	78429	CPT	outpatient			5797		2057.61 Horizon	PPO		3329.76				83.28	5507.15 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
PET CT CARDIAC SARCOIDOSIS CHEST ONLY	78429	CPT	outpatient			5797		2057.61 Horizon	Medicare Blue		1789.23				83.28	5507.15 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
PET CT CARDIAC SARCOIDOSIS CHEST ONLY	78429	CPT	outpatient			5797		2057.61 Horizon	NJ Health		83.28				83.28	5507.15 fee schedule		
PET CT CARDIAC SARCOIDOSIS CHEST ONLY	78429	CPT	outpatient			5797		2057.61 Managed Care Inc	Managed Care Inc		5217.3	90			83.28	5507.15 percent of total billed charges		
PET CT CARDIAC SARCOIDOSIS CHEST ONLY	78429	CPT	outpatient			5797		2057.61 Multiplan	Multiplan		4637.6	80			83.28	5507.15 percent of total billed charges		
PET CT CARDIAC SARCOIDOSIS CHEST ONLY	78429	CPT	outpatient			5797		2057.61 Qualcare	Qualcare		4347.75	75			83.28	5507.15 percent of total billed charges		
PET CT CARDIAC SARCOIDOSIS CHEST ONLY	78429	CPT	outpatient			5797		2057.61 Three Rivers	Three Rivers		5507.15	95			83.28	5507.15 percent of total billed charges		
PET CT CARDIAC SARCOIDOSIS CHEST ONLY	78429	CPT	outpatient			5797		2057.61 UHC	Medicaid		1828.95	31.55			83.28	5507.15 percent of total billed charges		
PET CT CARDIAC SARCOIDOSIS CHEST ONLY	78429	CPT	outpatient			5797		2057.61 UHC	Medicare		1789.23				83.28	5507.15 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
PET CT CARDIAC SARCOIDOSIS CHEST ONLY	78429	CPT	outpatient			5797		2057.61 Wellcare	Medicaid		1828.95	31.55			83.28	5507.15 percent of total billed charges		
PET CT CARDIAC SARCOIDOSIS CHEST ONLY	78429	CPT	outpatient			5797		2057.61 Wellcare	Medicare		1789.23				83.28	5507.15 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
PET CT CARDIAC SARCOIDOSIS CHEST ONLY	78429	CPT	outpatient			5797		2057.61 WellPoint	WellPoint		1865.47	32.18			83.28	5507.15 percent of total billed charges		
SVC FLOW	78445	CPT	outpatient			1469		542.46 Aetna	Medicare		452.45	30.8			117.6	1395.55 percent of total billed charges		
SVC FLOW	78445	CPT	outpatient			1469		542.46 Aetna	Commercial		750.95				117.6	1395.55 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
SVC FLOW	78445	CPT	outpatient			1469		542.46 Aetna	Better Health		463.47	31.55			117.6	1395.55 percent of total billed charges		
SVC FLOW	78445	CPT	outpatient			1469		542.46 Americare	Americare		1101.75	75			117.6	1395.55 percent of total billed charges		
SVC FLOW	78445	CPT	outpatient			1469		542.46 Amerihealth	HMO/PPO		954.85	65			117.6	1395.55 percent of total billed charges		
SVC FLOW	78445	CPT	outpatient			1469		542.46 Amerihealth	Medicare		471.7				117.6	1395.55 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
SVC FLOW	78445	CPT	outpatient			1469		542.46 Consumer	Consumer		1395.55	95			117.6	1395.55 percent of total billed charges		
SVC FLOW	78445	CPT	outpatient			1469		542.46 Corrections	Corrections		1175.2	80			117.6	1395.55 percent of total billed charges		
SVC FLOW	78445	CPT	outpatient			1469		542.46 First Health	First Health		1028.3	70			117.6	1395.55 percent of total billed charges		
SVC FLOW	78445	CPT	outpatient			1469		542.46 First Trenton	First Trenton		1322.1	90			117.6	1395.55 percent of total billed charges		
SVC FLOW	78445	CPT	outpatient			1469		542.46 Horizon	PPO		877.83				117.6	1395.55 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
SVC FLOW	78445	CPT	outpatient			1469		542.46 Horizon	Indemnity		877.83				117.6	1395.55 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
SVC FLOW	78445	CPT	outpatient			1469		542.46 Horizon	MGD		877.83				117.6	1395.55 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
SVC FLOW	78445	CPT	outpatient			1469		542.46 Horizon	NJ Health		117.6				117.6	1395.55 fee schedule		
SVC FLOW	78445	CPT	outpatient			1469		542.46 Horizon	Medicare Blue		471.7				117.6	1395.55 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
SVC FLOW	78445	CPT	outpatient			1469		542.46 Managed Care Inc	Managed Care Inc		1322.1	90			117.6	1395.55 percent of total billed charges		
SVC FLOW	78445	CPT	outpatient			1469		542.46 Multiplan	Multiplan		1175.2	80			117.6	1395.55 percent of total billed charges		
SVC FLOW	78445	CPT	outpatient			1469		542.46 Qualcare	Qualcare		1101.75	75			117.6	1395.55 percent of total billed charges		
SVC FLOW	78445	CPT	outpatient			1469		542.46 Three Rivers	Three Rivers		1395.55	95			117.6	1395.55 percent of total billed charges		
SVC FLOW	78445	CPT	outpatient			1469		542.46 UHC	Medicaid		463.47	31.55			117.6	1395.55 percent of total billed charges		
SVC FLOW	78445	CPT	outpatient			1469		542.46 UHC	Medicare		471.7				117.6	1395.55 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
SVC FLOW	78445	CPT	outpatient			1469		542.46 Wellcare	Medicaid		463.47	31.55			117.6	1395.55 percent of total billed charges		
SVC FLOW	78445	CPT	outpatient			1469		542.46 Wellcare	Medicare		471.7				117.6	1395.55 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
SVC FLOW	78445	CPT	outpatient			1469		542.46 WellPoint	WellPoint		472.72	32.18			117.6	1395.55 percent of total billed charges		
THALLIUM REST SPECT	78451	CPT	both			4237		1867.58 Aetna	Better Health		1336.77	31.55			235.2	4025.15 percent of total billed charges		
THALLIUM REST SPECT	78451	CPT	both			4237		1867.58 Aetna	Commercial		2585.38				235.2	4025.15 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
THALLIUM REST SPECT	78451	CPT	both			4237		1867.58 Aetna	Medicare		1305	30.8			235.2	4025.15 percent of total billed charges		
THALLIUM REST SPECT	78451	CPT	both			4237		1867.58 Americare	Americare		3177.75	75			235.2	4025.15 percent of total billed charges		
THALLIUM REST SPECT	78451	CPT	both			4237		1867.58 Amerihealth	HMO/PPO		2754.05	65			235.2	4025.15 percent of total billed charges		
THALLIUM REST SPECT	78451	CPT	both			4237		1867.58 Amerihealth	Medicare		1623.98				235.2	4025.15 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
THALLIUM REST SPECT	78451	CPT	both			4237		1867.58 Consumer	Consumer		4025.15	95			235.2	4025.15 percent of total billed charges		
THALLIUM REST SPECT	78451	CPT	both			4237		1867.58 Corrections	Corrections		3389.6	80			235.2	4025.15 percent of total billed charges		
THALLIUM REST SPECT	78451	CPT	both			4237		1867.58 First Health	First Health		2965.9	70			235.2	4025.15 percent of total billed charges		
THALLIUM REST SPECT	78451	CPT	both			4237		1867.58 First Trenton	First Trenton		3813.3	90			235.2	4025.15 percent of total billed charges		
THALLIUM REST SPECT	78451	CPT	both			4237		1867.58 Horizon	NJ Health		235.2				235.2	4025.15 fee schedule		
THALLIUM REST SPECT	78451	CPT	both			4237		1867.58 Horizon	Indemnity		3022.23				235.2	4025.15 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
THALLIUM REST SPECT	78451	CPT	both			4237		1867.58 Horizon	MGD		3022.23				235.2	4025.15 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
THALLIUM REST SPECT	78451	CPT	both			4237		1867.58 Horizon	PPO		3022.23				235.2	4025.15 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
THALLIUM REST SPECT	78451	CPT	both			4237		1867.58 Horizon	Medicare Blue		1623.98				235.2	4025.15 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
THALLIUM REST SPECT	78451	CPT	both			4237		1867.58 Managed Care Inc	Managed Care Inc		3813.3	90			235.2	4025.15 percent of total billed charges		
THALLIUM REST SPECT	78451	CPT	both			4237		1867.58 Multiplan	Multiplan		3389.6	80			235.2	4025.15 percent of total billed charges		
THALLIUM REST SPECT	78451	CPT	both			4237		1867.58 Qualcare	Qualcare		3177.75	75			235.2	4025.15 percent of total billed charges		
THALLIUM REST SPECT	78451	CPT	both			4237		1867.58 Three Rivers	Three Rivers		4025.15	95			235.2	4025.15 percent of total billed charges		
THALLIUM REST SPECT	78451	CPT	both			4237		1867.58 UHC	Medicare		1623.98				235.2	4025.15 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
THALLIUM REST SPECT	78451	CPT	both			4237		1867.58 UHC	Medicaid		1336.77	31.55			235.2	4025.15 percent of total billed charges		
THALLIUM REST SPECT	78451	CPT	both			4237		1867.58 Wellcare	Medicare		1623.98				235.2	4025.15 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
THALLIUM REST SPECT	78451	CPT	both			4237		1867.58 Wellcare	Medicaid		1336.77	31.55			235.2	4025.15 percent of total billed charges		
THALLIUM REST SPECT	78451	CPT	both			4237		1867.58 WellPoint	WellPoint		1363.47	32.18			235.2	4025.15 percent of total billed charges		
THALLIUM STRESS SPECT MULTIPLE	78452	CPT	both			4237		1867.58 Aetna	Commercial		2585.38				329.28	4025.15 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
THALLIUM STRESS SPECT MULTIPLE	78452	CPT	both			4237		1867.58 Aetna	Better Health		1336.77	31.55			329.28	4025.15 percent of total billed charges		
THALLIUM STRESS SPECT MULTIPLE	78452	CPT	both			4237		1867.58 Aetna	Medicare		1623.98				329.28	4025.15 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
THALLIUM STRESS SPECT MULTIPLE	78452	CPT	both			4237		1867.58 Americare	Americare		3177.75	75			329.28	4025.15 percent of total billed charges		
THALLIUM STRESS SPECT MULTIPLE	78452	CPT	both			4237		1867.58 Amerihealth	HMO/PPO		2754.05	65			329.28	4025.15 percent of total billed charges		
THALLIUM STRESS SPECT MULTIPLE	78452	CPT	both			4237		1867.58 Amerihealth	Medicare		1623.98				329.28	4025.15 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
THALLIUM STRESS SPECT MULTIPLE	78452	CPT	both			4237		1867.58 Consumer	Consumer		4025.15	95			329.28	4025.15 percent of total billed charges		
THALLIUM STRESS SPECT MULTIPLE	78452	CPT	both			4237		1867.58 Corrections	Corrections		3389.6	80			329.28	4025.15 percent of total billed charges		
THALLIUM STRESS SPECT MULTIPLE	78452	CPT	both			4237		1867.58 First Health	First Health		2965.9	70			329.28	4025.15 percent of total billed charges		
THALLIUM STRESS SPECT MULTIPLE	78452	CPT	both			4237		1867.58 First Trenton	First Trenton		3813.3	90			329.28	4025.15 percent of total billed charges		
THALLIUM STRESS SPECT MULTIPLE	78452	CPT	both			4237		1867.58 Horizon	NJ Health		329.28				329.28	4025.15 fee schedule		
THALLIUM STRESS SPECT MULTIPLE	78452	CPT	both			4237		1867.58 Horizon	PPO		3022.23				329.28	4025.15 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
THALLIUM STRESS SPECT MULTIPLE	78452	CPT	both			4237		1867.58 Horizon	MGD		3022.23				329.28	4025.15 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
THALLIUM STRESS SPECT MULTIPLE	78452	CPT	both			4237		1867.58 Horizon	Medicare Blue		1623.98				329.28	4025.15 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
THALLIUM STRESS SPECT MULTIPLE	78452	CPT	both			4237		1867.58 Horizon	Indemnity		3022.23				329.28	4025.15 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
THALLIUM STRESS SPECT MULTIPLE	78452	CPT	both			4237		1867.58 Managed Care Inc	Managed Care Inc		3813.3	90			329.28	4025.15 percent of total billed charges		
THALLIUM STRESS SPECT MULTIPLE	78452	CPT	both			4237		1867.58 Multiplan	Multiplan		3389.6	80			329.28	4025.15 percent of total billed charges		
THALLIUM STRESS SPECT MULTIPLE	78452	CPT	both			4237		1867.58 Qualcare	Qualcare		3177.75	75			329.28	4025.15 percent of total billed charges		
THALLIUM STRESS SPECT MULTIPLE	78452	CPT	both			4237		1867.58 Three Rivers	Three Rivers		4025.15	95			329.28	4025.15 percent of total billed charges		
THALLIUM STRESS SPECT MULTIPLE	78452	CPT	both			4237		1867.58 UHC	Medicare		1623.98				329.28	4025.15 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
THALLIUM STRESS SPECT MULTIPLE	78452	CPT	both			4237		1867.58 UHC	Medicaid		1336.77	31.55			329.28	4025.15 percent of total billed charges		
THALLIUM STRESS SPECT MULTIPLE	78452	CPT	both			4237		1867.58 Wellcare	Medicare		1623.98				329.28	4025.15 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
THALLIUM STRESS SPECT MULTIPLE	78452	CPT	both			4237		1867.58 Wellcare	Medicaid		1336.77	31.55			329.28	4025.15 percent of total billed charges		
THALLIUM STRESS SPECT MULTIPLE	78452	CPT	both			4237		1867.58 WellPoint	WellPoint		1363.47	32.18			329.28	4025.15 percent of total billed charges		
THALLIUM REST	78453	CPT	outpatient			4237		1867.58 Aetna	Commercial		2585.38				141.12	4025.15 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
THALLIUM REST	78453	CPT	outpatient			4237		1867.58 Aetna	Better Health		1336.77	31.55			141.12	4025.15 percent of total billed charges		
THALLIUM REST	78453	CPT	outpatient			4237		1867.58 Aetna	Medicare		1623.98				141.12	4025.15 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
THALLIUM REST	78453	CPT	outpatient			4237		1867.58 Americare	Americare		3177.75	75			141.12	4025.15 percent of total billed charges		
THALLIUM REST	78453	CPT	outpatient			4237		1867.58 Amerihealth	HMO/PPO		2754.05	65			141.12	4025.15 percent of total billed charges		
THALLIUM REST	78453	CPT	outpatient			4237		1867.58 Amerihealth	Medicare		1623.98				141.12	4025.15 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
THALLIUM REST	78453	CPT	outpatient			4237		1867.58 Consumer	Consumer		4025.15	95			141.12	4025.15 percent of total billed charges		
THALLIUM REST	78453	CPT	outpatient			4237		1867.58 Corrections	Corrections		3389.6	80			141.12	4025.15 percent of total billed charges		
THALLIUM REST	78453	CPT	outpatient			4237		1867.58 First Health	First Health		2965.9	70			141.12	4025.15 percent of total billed charges		
THALLIUM REST	78453	CPT	outpatient			4237		1867.58 First Trenton	First Trenton		3813.3	90			141.12	4025.15 percent of total billed charges		
THALLIUM REST	78453	CPT	outpatient			4237		1867.58 Horizon	Medicare Blue		1623.98				141.12	4025.15 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
THALLIUM REST	78453	CPT	outpatient			4237		1867.58 Horizon	Indemnity		3022.23				141.12	4025.15 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
THALLIUM REST	78453	CPT	outpatient			4237		1867.58 Horizon	PPO		3022.23				141.12	4025.15 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
THALLIUM REST	78453	CPT	outpatient			4237		1867.58 Horizon	MGD		3022.23				141.12	4025.15 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
THALLIUM REST	78453	CPT	outpatient			4237		1867.58 Horizon	NJ Health		141.12				141.12	4025.15 fee schedule		
THALLIUM REST	78453	CPT	outpatient			4237		1867.58 Managed Care Inc	Managed Care Inc		3813.3	90			141.12	4025.15 percent of total billed charges		
THALLIUM REST	78453	CPT	outpatient			4237		1867.58 Multiplan	Multiplan		3389.6	80			141.12	4025.15 percent of total billed charges		
THALLIUM REST	78453	CPT	outpatient			4237		1867.58 Qualcare	Qualcare		3177.75	75			141.12	4025.15 percent of total billed charges		
THALLIUM REST	78453	CPT	outpatient			4237		1867.58 Three Rivers	Three Rivers		4025.15	95			141.12	4025.15 percent of total billed charges		
THALLIUM REST	78453	CPT	outpatient			4237		1867.58 UHC	Medicare		1623.98				141.12	4025.15 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
THALLIUM REST	78453	CPT	outpatient			4237		1867.58 UHC	Medicaid		1336.77	31.55			141.12	4025.15 percent of total billed charges		
THALLIUM REST	78453	CPT	outpatient			4237		1867.58 Wellcare	Medicare		1623.98				141.12	4025.15 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
THALLIUM REST	78453	CPT	outpatient			4237		1867.58 Wellcare	Medicaid		1336.77	31.55			141.12	4025.15 percent of total billed charges		
THALLIUM REST	78453	CPT	outpatient			4237		1867.58 WellPoint	WellPoint		1363.47	32.18			141.12	4025.15 percent of total billed charges		
THALLIUM STRESS SPECT MULTIPLE	78454	CPT	outpatient			4237		1867.58 Aetna	Better Health		1336.77	31.55			235.2	4025.15 percent of total billed charges		

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
THALLIUM STRESS SPECT MULTIPLE	78454	CPT	outpatient			4237	1867.58	Aetna	Medicare		1623.98				235.2	4025.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THALLIUM STRESS SPECT MULTIPLE	78454	CPT	outpatient			4237	1867.58	Aetna	Commercial		2585.38				235.2	4025.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THALLIUM STRESS SPECT MULTIPLE	78454	CPT	outpatient			4237	1867.58	Americare	Americare		3177.75	75			235.2	4025.15	percent of total billed charges	
THALLIUM STRESS SPECT MULTIPLE	78454	CPT	outpatient			4237	1867.58	Amerihealth	HMO/PPO		2754.05	65			235.2	4025.15	percent of total billed charges	
THALLIUM STRESS SPECT MULTIPLE	78454	CPT	outpatient			4237	1867.58	Amerihealth	Medicare		1623.98				235.2	4025.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THALLIUM STRESS SPECT MULTIPLE	78454	CPT	outpatient			4237	1867.58	Consumer	Consumer		4025.15	95			235.2	4025.15	percent of total billed charges	
THALLIUM STRESS SPECT MULTIPLE	78454	CPT	outpatient			4237	1867.58	Corrections	Corrections		3389.6	80			235.2	4025.15	percent of total billed charges	
THALLIUM STRESS SPECT MULTIPLE	78454	CPT	outpatient			4237	1867.58	First Health	First Health		2965.9	70			235.2	4025.15	percent of total billed charges	
THALLIUM STRESS SPECT MULTIPLE	78454	CPT	outpatient			4237	1867.58	First Trenton	First Trenton		3813.3	90			235.2	4025.15	percent of total billed charges	
THALLIUM STRESS SPECT MULTIPLE	78454	CPT	outpatient			4237	1867.58	Horizon	Indemnity		3022.23				235.2	4025.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THALLIUM STRESS SPECT MULTIPLE	78454	CPT	outpatient			4237	1867.58	Horizon	Medicare Blue		1623.98				235.2	4025.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THALLIUM STRESS SPECT MULTIPLE	78454	CPT	outpatient			4237	1867.58	Horizon	NJ Health		235.2				235.2	4025.15	fee schedule	
THALLIUM STRESS SPECT MULTIPLE	78454	CPT	outpatient			4237	1867.58	Horizon	MGD		3022.23				235.2	4025.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THALLIUM STRESS SPECT MULTIPLE	78454	CPT	outpatient			4237	1867.58	Horizon	PPO		3022.23				235.2	4025.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THALLIUM STRESS SPECT MULTIPLE	78454	CPT	outpatient			4237	1867.58	Managed Care Inc	Managed Care Inc		3813.3	90			235.2	4025.15	percent of total billed charges	
THALLIUM STRESS SPECT MULTIPLE	78454	CPT	outpatient			4237	1867.58	Multiplan	Multiplan		3389.6	80			235.2	4025.15	percent of total billed charges	
THALLIUM STRESS SPECT MULTIPLE	78454	CPT	outpatient			4237	1867.58	Qualcare	Qualcare		3177.75	75			235.2	4025.15	percent of total billed charges	
THALLIUM STRESS SPECT MULTIPLE	78454	CPT	outpatient			4237	1867.58	Three Rivers	Three Rivers		4025.15	95			235.2	4025.15	percent of total billed charges	
THALLIUM STRESS SPECT MULTIPLE	78454	CPT	outpatient			4237	1867.58	UHC	Medicaid		1336.77	31.55			235.2	4025.15	percent of total billed charges	
THALLIUM STRESS SPECT MULTIPLE	78454	CPT	outpatient			4237	1867.58	UHC	Medicare		1623.98				235.2	4025.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THALLIUM STRESS SPECT MULTIPLE	78454	CPT	outpatient			4237	1867.58	Wellcare	Medicaid		1336.77	31.55			235.2	4025.15	percent of total billed charges	
THALLIUM STRESS SPECT MULTIPLE	78454	CPT	outpatient			4237	1867.58	Wellcare	Medicare		1623.98				235.2	4025.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THALLIUM STRESS SPECT MULTIPLE	78454	CPT	outpatient			4237	1867.58	WellPoint	WellPoint		1363.47	32.18			235.2	4025.15	percent of total billed charges	
HEART MUSCLE IMAGE MYOCARD VIA	78459	CPT	outpatient			10459	1867.58	Aetna	Better Health		3299.81	31.55			238.61	9936.05	percent of total billed charges	
HEART MUSCLE IMAGE MYOCARD VIA	78459	CPT	outpatient			10459	1867.58	Aetna	Medicare		3221.37	30.8			238.61	9936.05	percent of total billed charges	
HEART MUSCLE IMAGE MYOCARD VIA	78459	CPT	outpatient			10459	1867.58	Aetna	Commercial		2585.38				238.61	9936.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HEART MUSCLE IMAGE MYOCARD VIA	78459	CPT	outpatient			10459	1867.58	Americare	Americare		7844.25	75			238.61	9936.05	percent of total billed charges	
HEART MUSCLE IMAGE MYOCARD VIA	78459	CPT	outpatient			10459	1867.58	Amerihealth	HMO/PPO		6798.35	65			238.61	9936.05	percent of total billed charges	
HEART MUSCLE IMAGE MYOCARD VIA	78459	CPT	outpatient			10459	1867.58	Amerihealth	Medicare		1623.98				238.61	9936.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HEART MUSCLE IMAGE MYOCARD VIA	78459	CPT	outpatient			10459	1867.58	Consumer	Consumer		9936.05	95			238.61	9936.05	percent of total billed charges	
HEART MUSCLE IMAGE MYOCARD VIA	78459	CPT	outpatient			10459	1867.58	Corrections	Corrections		8367.2	80			238.61	9936.05	percent of total billed charges	
HEART MUSCLE IMAGE MYOCARD VIA	78459	CPT	outpatient			10459	1867.58	First Health	First Health		7321.3	70			238.61	9936.05	percent of total billed charges	
HEART MUSCLE IMAGE MYOCARD VIA	78459	CPT	outpatient			10459	1867.58	First Trenton	First Trenton		9413.1	90			238.61	9936.05	percent of total billed charges	
HEART MUSCLE IMAGE MYOCARD VIA	78459	CPT	outpatient			10459	1867.58	Horizon	NJ Health		238.61				238.61	9936.05	fee schedule	
HEART MUSCLE IMAGE MYOCARD VIA	78459	CPT	outpatient			10459	1867.58	Horizon	Indemnity		3022.23				238.61	9936.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HEART MUSCLE IMAGE MYOCARD VIA	78459	CPT	outpatient			10459	1867.58	Horizon	Medicare Blue		1623.98				238.61	9936.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HEART MUSCLE IMAGE MYOCARD VIA	78459	CPT	outpatient			10459	1867.58	Horizon	MGD		3022.23				238.61	9936.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HEART MUSCLE IMAGE MYOCARD VIA	78459	CPT	outpatient			10459	1867.58	Horizon	PPO		3022.23				238.61	9936.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HEART MUSCLE IMAGE MYOCARD VIA	78459	CPT	outpatient			10459	1867.58	Managed Care Inc	Managed Care Inc		9413.1	90			238.61	9936.05	percent of total billed charges	
HEART MUSCLE IMAGE MYOCARD VIA	78459	CPT	outpatient			10459	1867.58	Multiplan	Multiplan		8367.2	80			238.61	9936.05	percent of total billed charges	
HEART MUSCLE IMAGE MYOCARD VIA	78459	CPT	outpatient			10459	1867.58	Qualcare	Qualcare		7844.25	75			238.61	9936.05	percent of total billed charges	
HEART MUSCLE IMAGE MYOCARD VIA	78459	CPT	outpatient			10459	1867.58	Three Rivers	Three Rivers		9936.05	95			238.61	9936.05	percent of total billed charges	
HEART MUSCLE IMAGE MYOCARD VIA	78459	CPT	outpatient			10459	1867.58	UHC	Medicaid		3299.81	31.55			238.61	9936.05	percent of total billed charges	
HEART MUSCLE IMAGE MYOCARD VIA	78459	CPT	outpatient			10459	1867.58	UHC	Medicare		1623.98				238.61	9936.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HEART MUSCLE IMAGE MYOCARD VIA	78459	CPT	outpatient			10459	1867.58	Wellcare	Medicare		1623.98				238.61	9936.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HEART MUSCLE IMAGE MYOCARD VIA	78459	CPT	outpatient			10459	1867.58	Wellcare	Medicaid		3299.81	31.55			238.61	9936.05	percent of total billed charges	
HEART MUSCLE IMAGE MYOCARD VIA	78459	CPT	outpatient			10459	1867.58	WellPoint	WellPoint		3365.71	32.18			238.61	9936.05	percent of total billed charges	
MYOCARD SPECT	78469	CPT	outpatient			1892	710.88	Aetna	Medicare		618.16				228.81	1797.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYOCARD SPECT	78469	CPT	outpatient			1892	710.88	Aetna	Better Health		596.93	31.55			228.81	1797.4	percent of total billed charges	
MYOCARD SPECT	78469	CPT	outpatient			1892	710.88	Aetna	Commercial		984.11				228.81	1797.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYOCARD SPECT	78469	CPT	outpatient			1892	710.88	Americare	Americare		1419	75			228.81	1797.4	percent of total billed charges	
MYOCARD SPECT	78469	CPT	outpatient			1892	710.88	Amerihealth	HMO/PPO		1229.8	65			228.81	1797.4	percent of total billed charges	
MYOCARD SPECT	78469	CPT	outpatient			1892	710.88	Amerihealth	Medicare		618.16				228.81	1797.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYOCARD SPECT	78469	CPT	outpatient			1892	710.88	Consumer	Consumer		1797.4	95			228.81	1797.4	percent of total billed charges	
MYOCARD SPECT	78469	CPT	outpatient			1892	710.88	Corrections	Corrections		1513.6	80			228.81	1797.4	percent of total billed charges	
MYOCARD SPECT	78469	CPT	outpatient			1892	710.88	First Health	First Health		1324.4	70			228.81	1797.4	percent of total billed charges	
MYOCARD SPECT	78469	CPT	outpatient			1892	710.88	First Trenton	First Trenton		1702.8	90			228.81	1797.4	percent of total billed charges	
MYOCARD SPECT	78469	CPT	outpatient			1892	710.88	Horizon	Medicare Blue		618.16				228.81	1797.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYOCARD SPECT	78469	CPT	outpatient			1892	710.88	Horizon	PPO		1150.4				228.81	1797.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYOCARD SPECT	78469	CPT	outpatient			1892	710.88	Horizon	MGD		1150.4				228.81	1797.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYOCARD SPECT	78469	CPT	outpatient			1892	710.88	Horizon	Indemnity		1150.4				228.81	1797.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYOCARD SPECT	78469	CPT	outpatient			1892	710.88	Horizon	NJ Health		228.81				228.81	1797.4	fee schedule	
MYOCARD SPECT	78469	CPT	outpatient			1892	710.88	Managed Care Inc	Managed Care Inc		1702.8	90			228.81	1797.4	percent of total billed charges	
MYOCARD SPECT	78469	CPT	outpatient			1892	710.88	Multiplan	Multiplan		1513.6	80			228.81	1797.4	percent of total billed charges	
MYOCARD SPECT	78469	CPT	outpatient			1892	710.88	Qualcare	Qualcare		1419	75			228.81	1797.4	percent of total billed charges	
MYOCARD SPECT	78469	CPT	outpatient			1892	710.88	Three Rivers	Three Rivers		1797.4	95			228.81	1797.4	percent of total billed charges	
MYOCARD SPECT	78469	CPT	outpatient			1892	710.88	UHC	Medicaid		596.93	31.55			228.81	1797.4	percent of total billed charges	
MYOCARD SPECT	78469	CPT	outpatient			1892	710.88	UHC	Medicare		618.16				228.81	1797.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYOCARD SPECT	78469	CPT	outpatient			1892	710.88	Wellcare	Medicaid		596.93	31.55			228.81	1797.4	percent of total billed charges	
MYOCARD SPECT	78469	CPT	outpatient			1892	710.88	Wellcare	Medicare		618.16				228.81	1797.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYOCARD SPECT	78469	CPT	outpatient			1892	710.88	WellPoint	WellPoint		608.85	32.18			228.81	1797.4	percent of total billed charges	
STRESS TEST	78472	CPT	outpatient			2101	542.46	Aetna	Medicare		471.7				196	1995.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRESS TEST	78472	CPT	outpatient			2101	542.46	Aetna	Better Health		662.87	31.55			196	1995.95	percent of total billed charges	
STRESS TEST	78472	CPT	outpatient			2101	542.46	Aetna	Commercial		750.95				196	1995.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRESS TEST	78472	CPT	outpatient			2101	542.46	Americare	Americare		1575.75	75			196	1995.95	percent of total billed charges	
STRESS TEST	78472	CPT	outpatient			2101	542.46	Amerihealth	HMO/PPO		1365.65	65			196	1995.95	percent of total billed charges	
STRESS TEST	78472	CPT	outpatient			2101	542.46	Amerihealth	Medicare		471.7				196	1995.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRESS TEST	78472	CPT	outpatient			2101	542.46	Consumer	Consumer		1995.95	95			196	1995.95	percent of total billed charges	
STRESS TEST	78472	CPT	outpatient			2101	542.46	Corrections	Corrections		1680.8	80			196	1995.95	percent of total billed charges	
STRESS TEST	78472	CPT	outpatient			2101	542.46	First Health	First Health		1470.7	70			196	1995.95	percent of total billed charges	
STRESS TEST	78472	CPT	outpatient			2101	542.46	First Trenton	First Trenton		1890.9	90			196	1995.95	percent of total billed charges	
STRESS TEST	78472	CPT	outpatient			2101	542.46	Horizon	Medicare Blue		471.7				196	1995.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRESS TEST	78472	CPT	outpatient			2101	542.46	Horizon	Indemnity		877.83				196	1995.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRESS TEST	78472	CPT	outpatient			2101	542.46	Horizon	MGD		877.83				196	1995.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRESS TEST	78472	CPT	outpatient			2101	542.46	Horizon	NJ Health		196				196	1995.95	fee schedule	
STRESS TEST	78472	CPT	outpatient			2101	542.46	Horizon	PPO		877.83				196	1995.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRESS TEST	78472	CPT	outpatient			2101	542.46	Managed Care Inc	Managed Care Inc		1890.9	90			196	1995.95	percent of total billed charges	
STRESS TEST	78472	CPT	outpatient			2101	542.46	Multiplan	Multiplan		1680.8	80			196	1995.95	percent of total billed charges	
STRESS TEST	78472	CPT	outpatient			2101	542.46	Qualcare	Qualcare		1575.75	75			196	1995.95	percent of total billed charges	
STRESS TEST	78472	CPT	outpatient			2101	542.46	Three Rivers	Three Rivers		1995.95	95			196	1995.95	percent of total billed charges	
STRESS TEST	78472	CPT	outpatient			2101	542.46	UHC	Medicaid		662.87	31.55			196	1995.95	percent of total billed charges	
STRESS TEST	78472	CPT	outpatient			2101	542.46	UHC	Medicare		471.7				196	1995.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRESS TEST	78472	CPT	outpatient			2101	542.46	Wellcare	Medicaid		662.87	31.55			196	1995.95	percent of total billed charges	
STRESS TEST	78472	CPT	outpatient			2101	542.46	Wellcare	Medicare		471.7				196	1995.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRESS TEST	78472	CPT	outpatient			2101	542.46	WellPoint	WellPoint		676.1	32.18			196	1995.95	percent of total billed charges	
CARDIAC BLD POOL IMAG 1ST PASS;SINGL ST	78481	CPT	outpatient			2660	710.88	Aetna	Commercial		984.11				232.06	2527	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARDIAC BLD POOL IMAG 1ST PASS;SINGL ST	78481	CPT	outpatient			2660	710.88	Aetna	Medicare		618.16				232.06	2527	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARDIAC BLD POOL IMAG 1ST PASS;SINGL ST	78481	CPT	outpatient			2660	710.88	Aetna	Better Health		839.23	31.55			232.06	2527	percent of total billed charges	
CARDIAC BLD POOL IMAG 1ST PASS;SINGL ST	78481	CPT	outpatient			2660	710.88	Americare	Americare		1995	75			232.06	2527	percent of total billed charges	
CARDIAC BLD POOL IMAG 1ST PASS;SINGL ST	78481	CPT	outpatient			2660	710.88	Amerihealth	HMO/PPO		1729	65			232.06	2527	percent of total billed charges	
CARDIAC BLD POOL IMAG 1ST PASS;SINGL ST	78481	CPT	outpatient			2660	710.88	Amerihealth	Medicare		618.16				232.06	2527	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARDIAC BLD POOL IMAG 1ST PASS;SINGL ST	78481	CPT	outpatient			2660	710.88	Consumer	Consumer		2527	95			232.06	2527	percent of total billed charges	
CARDIAC BLD POOL IMAG 1ST PASS;SINGL ST	78481	CPT	outpatient			2660	710.88	Corrections	Corrections		2128	80			232.06	2527	percent of total billed charges	
CARDIAC BLD POOL IMAG 1ST PASS;SINGL ST	78481	CPT	outpatient			2660	710.88	First Health	First Health		1862	70			232.06	2527	percent of total billed charges	
CARDIAC BLD POOL IMAG 1ST PASS;SINGL ST	78481	CPT	outpatient			2660	710.88	First Trenton	First Trenton		2394	90			232.06	2527	percent of total billed charges	
CARDIAC BLD POOL IMAG 1ST PASS;SINGL ST	78481	CPT	outpatient			2660	710.88	Horizon	MGD		1150.4				232.06	2527	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARDIAC BLD POOL IMAG 1ST PASS;SINGL ST	78481	CPT	outpatient			2660	710.88	Horizon	Medicare Blue		618.16				232.06	2527	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARDIAC BLD POOL IMAG 1ST PASS;SINGL ST	78481	CPT	outpatient			2660	710.88	Horizon	Indemnity		1150.4				232.06	2527	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARDIAC BLD POOL IMAG 1ST PASS;SINGL ST	78481	CPT	outpatient			2660	710.88	Horizon	NJ Health		232.06				232.06	2527	fee schedule	
CARDIAC BLD POOL IMAG 1ST PASS;SINGL ST	78481	CPT	outpatient			2660	710.88	Horizon	PPO		1150.4				232.06	2527	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARDIAC BLD POOL IMAG 1ST PASS;SINGL ST	78481	CPT	outpatient			2660	710.88	Managed Care Inc	Managed Care Inc		2394	90			232.06	2527	percent of total billed charges	
CARDIAC BLD POOL IMAG 1ST PASS;SINGL ST	78481	CPT	outpatient			2660	710.88	Multiplan	Multiplan		2128	80			232.06	2527	percent of total billed charges	
CARDIAC BLD POOL IMAG 1ST PASS;SINGL ST	78481	CPT	outpatient			2660	710.88	Qualcare	Qualcare		1995	75			232.06	2527	percent of total billed charges	
CARDIAC BLD POOL IMAG 1ST PASS;SINGL ST	78481	CPT	outpatient			2660	710.88	Three Rivers	Three Rivers		2527	95			232.06	2527	percent of total billed charges	
CARDIAC BLD POOL IMAG 1ST PASS;SINGL ST	78481	CPT	outpatient			2660	710.88	UHC	Medicare		618.16				232.06	2527	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARDIAC BLD POOL IMAG 1ST PASS;SINGL ST	78481	CPT	outpatient			2660	710.88	UHC	Medicaid		839.23	31.55			232.06	2527	percent of total billed charges	
CARDIAC BLD POOL IMAG 1ST PASS;SINGL ST	78481	CPT	outpatient			2660	710.88	Wellcare	Medicaid		839.23	31.55			232.06	2527	percent of total billed charges	
CARDIAC BLD POOL IMAG 1ST PASS;SINGL ST	78481	CPT	outpatient			2660	710.88	Wellcare	Medicare		618.16				232.06	2527	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARDIAC BLD POOL IMAG 1ST PASS;SINGL ST	78481	CPT	outpatient			2660	710.88	WellPoint	WellPoint		855.99	32.18			232.06	2527	percent of total billed charges	
MUGA STRESS MULTIPLE	78483	CPT	outpatient			2801	710.88	Aetna	Commercial		984.11				256.76	2660.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MUGA STRESS MULTIPLE	78483	CPT	outpatient			2801	710.88	Aetna	Medicare		862.71	30.8			256.76	2660.95	percent of total billed charges	
MUGA STRESS MULTIPLE	78483	CPT	outpatient			2801	710.88	Aetna	Better Health		883.72	31.55			256.76	2660.95	percent of total billed charges	
MUGA STRESS MULTIPLE	78483	CPT	outpatient			2801	710.88	Americare	Americare		2100.75	75			256.76	2660.95	percent of total billed charges	
MUGA STRESS MULTIPLE	78483	CPT	outpatient			2801	710.88	Amerihealth	HMO/PPO		1820.65	65			256.76	2660.95	percent of total billed charges	
MUGA STRESS MULTIPLE	78483	CPT	outpatient			2801	710.88	Amerihealth	Medicare		618.16				256.76	2660.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MUGA STRESS MULTIPLE	78483	CPT	outpatient			2801	710.88	Consumer	Consumer		2660.95	95			256.76	2660.95	percent of total billed charges	
MUGA STRESS MULTIPLE	78483	CPT	outpatient			2801	710.88	Corrections	Corrections		2240.8	80			256.76	2660.95	percent of total billed charges	
MUGA STRESS MULTIPLE	78483	CPT	outpatient			2801	710.88	First Health	First Health		1960.7	70			256.76	2660.95	percent of total billed charges	
MUGA STRESS MULTIPLE	78483	CPT	outpatient			2801	710.88	First Trenton	First Trenton		2520.9	90			256.76	2660.95	percent of total billed charges	
MUGA STRESS MULTIPLE	78483	CPT	outpatient			2801	710.88	Horizon	Indemnity		1150.4				256.76	2660.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MUGA STRESS MULTIPLE	78483	CPT	outpatient			2801	710.88	Horizon	Medicare Blue		618.16				256.76	2660.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MUGA STRESS MULTIPLE	78483	CPT	outpatient			2801	710.88	Horizon	MGD		1150.4				256.76	2660.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MUGA STRESS MULTIPLE	78483	CPT	outpatient			2801	710.88	Horizon	NJ Health		256.76				256.76	2660.95	fee schedule	
MUGA STRESS MULTIPLE	78483	CPT	outpatient			2801	710.88	Horizon	PPO		1150.4				256.76	2660.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MUGA STRESS MULTIPLE	78483	CPT	outpatient			2801	710.88	Managed Care Inc	Managed Care Inc		2520.9	90			256.76	2660.95	percent of total billed charges	
MUGA STRESS MULTIPLE	78483	CPT	outpatient			2801	710.88	Multiplan	Multiplan		2240.8	80			256.76	2660.95	percent of total billed charges	
MUGA STRESS MULTIPLE	78483	CPT	outpatient			2801	710.88	Qualcare	Qualcare		2100.75	75			256.76	2660.95	percent of total billed charges	
MUGA STRESS MULTIPLE	78483	CPT	outpatient			2801	710.88	Three Rivers	Three Rivers		2660.95	95			256.76	2660.95	percent of total billed charges	
MUGA STRESS MULTIPLE	78483	CPT	outpatient			2801	710.88	UHC	Medicaid		883.72	31.55			256.76	2660.95	percent of total billed charges	
MUGA STRESS MULTIPLE	78483	CPT	outpatient			2801	710.88	UHC	Medicare		618.16				256.76	2660.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MUGA STRESS MULTIPLE	78483	CPT	outpatient			2801	710.88	Wellcare	Medicaid		883.72	31.55			256.76	2660.95	percent of total billed charges	
MUGA STRESS MULTIPLE	78483	CPT	outpatient			2801	710.88	Wellcare	Medicare		618.16				256.76	2660.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MUGA STRESS MULTIPLE	78483	CPT	outpatient			2801	710.88	WellPoint	WellPoint		901.36	32.18			256.76	2660.95	percent of total billed charges	
MYOCARD IMAG PET PERF REST/STRESS	78491	CPT	outpatient			10459	2057.61	Aetna	Medicare		1789.23				229.32	9936.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYOCARD IMAG PET PERF REST/STRESS	78491	CPT	outpatient			10459	2057.61	Aetna	Commercial		2848.45				229.32	9936.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYOCARD IMAG PET PERF REST/STRESS	78491	CPT	outpatient			10459	2057.61	Aetna	Better Health		3299.81	31.55			229.32	9936.05	percent of total billed charges	
MYOCARD IMAG PET PERF REST/STRESS	78491	CPT	outpatient			10459	2057.61	Americare	Americare		7844.25	75			229.32	9936.05	percent of total billed charges	
MYOCARD IMAG PET PERF REST/STRESS	78491	CPT	outpatient			10459	2057.61	Amerihealth	HMO/PPO		6798.35	65			229.32	9936.05	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
MYOCARD IMAG PET PERF REST/STRESS	78491	CPT	outpatient			10459		2057.61 Amerihealth	Medicare		1789.23				229.32	9936.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYOCARD IMAG PET PERF REST/STRESS	78491	CPT	outpatient			10459		2057.61 Consumer	Consumer		9936.05	95			229.32	9936.05	percent of total billed charges	
MYOCARD IMAG PET PERF REST/STRESS	78491	CPT	outpatient			10459		2057.61 Corrections	Corrections		8367.2	80			229.32	9936.05	percent of total billed charges	
MYOCARD IMAG PET PERF REST/STRESS	78491	CPT	outpatient			10459		2057.61 First Health	First Health		7321.3	70			229.32	9936.05	percent of total billed charges	
MYOCARD IMAG PET PERF REST/STRESS	78491	CPT	outpatient			10459		2057.61 First Trenton	First Trenton		9413.1	90			229.32	9936.05	percent of total billed charges	
MYOCARD IMAG PET PERF REST/STRESS	78491	CPT	outpatient			10459		2057.61 Horizon	Indemnity		3329.76				229.32	9936.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYOCARD IMAG PET PERF REST/STRESS	78491	CPT	outpatient			10459		2057.61 Horizon	MGD		3329.76				229.32	9936.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYOCARD IMAG PET PERF REST/STRESS	78491	CPT	outpatient			10459		2057.61 Horizon	Medicare Blue		1789.23				229.32	9936.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYOCARD IMAG PET PERF REST/STRESS	78491	CPT	outpatient			10459		2057.61 Horizon	NJ Health		229.32				229.32	9936.05	fee schedule	
MYOCARD IMAG PET PERF REST/STRESS	78491	CPT	outpatient			10459		2057.61 Horizon	PPO		3329.76				229.32	9936.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYOCARD IMAG PET PERF REST/STRESS	78491	CPT	outpatient			10459		2057.61 Managed Care Inc	Managed Care Inc		9413.1	90			229.32	9936.05	percent of total billed charges	
MYOCARD IMAG PET PERF REST/STRESS	78491	CPT	outpatient			10459		2057.61 Multiplan	Multiplan		8367.2	80			229.32	9936.05	percent of total billed charges	
MYOCARD IMAG PET PERF REST/STRESS	78491	CPT	outpatient			10459		2057.61 Qualcare	Qualcare		7844.25	75			229.32	9936.05	percent of total billed charges	
MYOCARD IMAG PET PERF REST/STRESS	78491	CPT	outpatient			10459		2057.61 Three Rivers	Three Rivers		9936.05	95			229.32	9936.05	percent of total billed charges	
MYOCARD IMAG PET PERF REST/STRESS	78491	CPT	outpatient			10459		2057.61 UHC	Medicare		1789.23				229.32	9936.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYOCARD IMAG PET PERF REST/STRESS	78491	CPT	outpatient			10459		2057.61 UHC	Medicaid		3299.81	31.55			229.32	9936.05	percent of total billed charges	
MYOCARD IMAG PET PERF REST/STRESS	78491	CPT	outpatient			10459		2057.61 Wellcare	Medicare		1789.23				229.32	9936.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYOCARD IMAG PET PERF REST/STRESS	78491	CPT	outpatient			10459		2057.61 Wellcare	Medicaid		3299.81	31.55			229.32	9936.05	percent of total billed charges	
MYOCARD IMAG PET PERF REST/STRESS	78491	CPT	outpatient			10459		2057.61 WellPoint	WellPoint		3365.71	32.18			229.32	9936.05	percent of total billed charges	
NUCLEAR MEDICINE LUNG VENTILATION - AER	78579	CPT	inpatient			1045		542.46 Aetna	Commercial		750.95				152.66	992.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE LUNG VENTILATION - AER	78579	CPT	inpatient			1045		542.46 Aetna	Better Health		329.7	31.55			152.66	992.75	percent of total billed charges	
NUCLEAR MEDICINE LUNG VENTILATION - AER	78579	CPT	inpatient			1045		542.46 Aetna	Medicare		471.7				152.66	992.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE LUNG VENTILATION - AER	78579	CPT	inpatient			1045		542.46 Americare	Americare		783.75	75			152.66	992.75	percent of total billed charges	
NUCLEAR MEDICINE LUNG VENTILATION - AER	78579	CPT	inpatient			1045		542.46 Amerihealth	HMO/PPO		679.25	65			152.66	992.75	percent of total billed charges	
NUCLEAR MEDICINE LUNG VENTILATION - AER	78579	CPT	inpatient			1045		542.46 Amerihealth	Medicare		471.7				152.66	992.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE LUNG VENTILATION - AER	78579	CPT	inpatient			1045		542.46 Consumer	Consumer		992.75	95			152.66	992.75	percent of total billed charges	
NUCLEAR MEDICINE LUNG VENTILATION - AER	78579	CPT	inpatient			1045		542.46 Corrections	Corrections		836	80			152.66	992.75	percent of total billed charges	
NUCLEAR MEDICINE LUNG VENTILATION - AER	78579	CPT	inpatient			1045		542.46 First Health	First Health		731.5	70			152.66	992.75	percent of total billed charges	
NUCLEAR MEDICINE LUNG VENTILATION - AER	78579	CPT	inpatient			1045		542.46 First Trenton	First Trenton		940.5	90			152.66	992.75	percent of total billed charges	
NUCLEAR MEDICINE LUNG VENTILATION - AER	78579	CPT	inpatient			1045		542.46 Horizon	Indemnity		877.83				152.66	992.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE LUNG VENTILATION - AER	78579	CPT	inpatient			1045		542.46 Horizon	MGD		877.83				152.66	992.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE LUNG VENTILATION - AER	78579	CPT	inpatient			1045		542.46 Horizon	NJ Health		152.66				152.66	992.75	fee schedule	
NUCLEAR MEDICINE LUNG VENTILATION - AER	78579	CPT	inpatient			1045		542.46 Horizon	Medicare Blue		471.7				152.66	992.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE LUNG VENTILATION - AER	78579	CPT	inpatient			1045		542.46 Horizon	PPO		877.83				152.66	992.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE LUNG VENTILATION - AER	78579	CPT	inpatient			1045		542.46 Managed Care Inc	Managed Care Inc		940.5	90			152.66	992.75	percent of total billed charges	
NUCLEAR MEDICINE LUNG VENTILATION - AER	78579	CPT	inpatient			1045		542.46 Multiplan	Multiplan		836	80			152.66	992.75	percent of total billed charges	
NUCLEAR MEDICINE LUNG VENTILATION - AER	78579	CPT	inpatient			1045		542.46 Qualcare	Qualcare		783.75	75			152.66	992.75	percent of total billed charges	
NUCLEAR MEDICINE LUNG VENTILATION - AER	78579	CPT	inpatient			1045		542.46 Three Rivers	Three Rivers		992.75	95			152.66	992.75	percent of total billed charges	
NUCLEAR MEDICINE LUNG VENTILATION - AER	78579	CPT	inpatient			1045		542.46 UHC	Medicare		471.7				152.66	992.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE LUNG VENTILATION - AER	78579	CPT	inpatient			1045		542.46 UHC	Medicaid		329.7	31.55			152.66	992.75	percent of total billed charges	
NUCLEAR MEDICINE LUNG VENTILATION - AER	78579	CPT	inpatient			1045		542.46 Wellcare	Medicare		471.7				152.66	992.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE LUNG VENTILATION - AER	78579	CPT	inpatient			1045		542.46 Wellcare	Medicaid		329.7	31.55			152.66	992.75	percent of total billed charges	
NUCLEAR MEDICINE LUNG VENTILATION - AER	78579	CPT	inpatient			1045		542.46 WellPoint	WellPoint		336.28	32.18			152.66	992.75	percent of total billed charges	
NUCLEAR MEDICINE LUNG PERFUSION SCAN	78580	CPT	both			1882		542.46 Aetna	Better Health		593.77	31.55			164.01	1787.9	percent of total billed charges	
NUCLEAR MEDICINE LUNG PERFUSION SCAN	78580	CPT	both			1882		542.46 Aetna	Commercial		750.95				164.01	1787.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE LUNG PERFUSION SCAN	78580	CPT	both			1882		542.46 Aetna	Medicare		471.7				164.01	1787.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE LUNG PERFUSION SCAN	78580	CPT	both			1882		542.46 Americare	Americare		1411.5	75			164.01	1787.9	percent of total billed charges	
NUCLEAR MEDICINE LUNG PERFUSION SCAN	78580	CPT	both			1882		542.46 Amerihealth	Medicare		471.7				164.01	1787.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE LUNG PERFUSION SCAN	78580	CPT	both			1882		542.46 Amerihealth	HMO/PPO		1223.3	65			164.01	1787.9	percent of total billed charges	
NUCLEAR MEDICINE LUNG PERFUSION SCAN	78580	CPT	both			1882		542.46 Consumer	Consumer		1787.9	95			164.01	1787.9	percent of total billed charges	
NUCLEAR MEDICINE LUNG PERFUSION SCAN	78580	CPT	both			1882		542.46 Corrections	Corrections		1505.6	80			164.01	1787.9	percent of total billed charges	
NUCLEAR MEDICINE LUNG PERFUSION SCAN	78580	CPT	both			1882		542.46 First Health	First Health		1317.4	70			164.01	1787.9	percent of total billed charges	
NUCLEAR MEDICINE LUNG PERFUSION SCAN	78580	CPT	both			1882		542.46 First Trenton	First Trenton		1693.8	90			164.01	1787.9	percent of total billed charges	
NUCLEAR MEDICINE LUNG PERFUSION SCAN	78580	CPT	both			1882		542.46 Horizon	Medicare Blue		471.7				164.01	1787.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE LUNG PERFUSION SCAN	78580	CPT	both			1882		542.46 Horizon	MGD		877.83				164.01	1787.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE LUNG PERFUSION SCAN	78580	CPT	both			1882		542.46 Horizon	Indemnity		877.83				164.01	1787.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE LUNG PERFUSION SCAN	78580	CPT	both			1882		542.46 Horizon	NJ Health		164.01				164.01	1787.9	fee schedule	
NUCLEAR MEDICINE LUNG PERFUSION SCAN	78580	CPT	both			1882		542.46 Horizon	PPO		877.83				164.01	1787.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE LUNG PERFUSION SCAN	78580	CPT	both			1882		542.46 Managed Care Inc	Managed Care Inc		1693.8	90			164.01	1787.9	percent of total billed charges	
NUCLEAR MEDICINE LUNG PERFUSION SCAN	78580	CPT	both			1882		542.46 Multiplan	Multiplan		1505.6	80			164.01	1787.9	percent of total billed charges	
NUCLEAR MEDICINE LUNG PERFUSION SCAN	78580	CPT	both			1882		542.46 Qualcare	Qualcare		1411.5	75			164.01	1787.9	percent of total billed charges	
NUCLEAR MEDICINE LUNG PERFUSION SCAN	78580	CPT	both			1882		542.46 Three Rivers	Three Rivers		1787.9	95			164.01	1787.9	percent of total billed charges	
NUCLEAR MEDICINE LUNG PERFUSION SCAN	78580	CPT	both			1882		542.46 UHC	Medicaid		593.77	31.55			164.01	1787.9	percent of total billed charges	
NUCLEAR MEDICINE LUNG PERFUSION SCAN	78580	CPT	both			1882		542.46 UHC	Medicare		471.7				164.01	1787.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE LUNG PERFUSION SCAN	78580	CPT	both			1882		542.46 Wellcare	Medicare		471.7				164.01	1787.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE LUNG PERFUSION SCAN	78580	CPT	both			1882		542.46 Wellcare	Medicaid		593.77	31.55			164.01	1787.9	percent of total billed charges	
NUCLEAR MEDICINE LUNG PERFUSION SCAN	78580	CPT	both			1882		542.46 WellPoint	WellPoint		605.63	32.18			164.01	1787.9	percent of total billed charges	
NUCLEAR MEDICINE V/Q LUNG VENTILATION	78582	CPT	both			1627		710.88 Aetna	Better Health		513.32	31.55			281.08	1545.65	percent of total billed charges	
NUCLEAR MEDICINE V/Q LUNG VENTILATION	78582	CPT	both			1627		710.88 Aetna	Commercial		984.11				281.08	1545.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE V/Q LUNG VENTILATION	78582	CPT	both			1627		710.88 Aetna	Medicare		618.16				281.08	1545.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE V/Q LUNG VENTILATION	78582	CPT	both			1627		710.88 Americare	Americare		1220.25	75			281.08	1545.65	percent of total billed charges	
NUCLEAR MEDICINE V/Q LUNG VENTILATION	78582	CPT	both			1627		710.88 Amerihealth	HMO/PPO		1057.55	65			281.08	1545.65	percent of total billed charges	
NUCLEAR MEDICINE V/Q LUNG VENTILATION	78582	CPT	both			1627		710.88 Amerihealth	Medicare		618.16				281.08	1545.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE V/Q LUNG VENTILATION	78582	CPT	both			1627		710.88 Consumer	Consumer		1545.65	95			281.08	1545.65	percent of total billed charges	
NUCLEAR MEDICINE V/Q LUNG VENTILATION	78582	CPT	both			1627		710.88 Corrections	Corrections		1301.6	80			281.08	1545.65	percent of total billed charges	
NUCLEAR MEDICINE V/Q LUNG VENTILATION	78582	CPT	both			1627		710.88 First Health	First Health		1138.9	70			281.08	1545.65	percent of total billed charges	
NUCLEAR MEDICINE V/Q LUNG VENTILATION	78582	CPT	both			1627		710.88 First Trenton	First Trenton		1464.3	90			281.08	1545.65	percent of total billed charges	
NUCLEAR MEDICINE V/Q LUNG VENTILATION	78582	CPT	both			1627		710.88 Horizon	Medicare Blue		618.16				281.08	1545.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE V/Q LUNG VENTILATION	78582	CPT	both			1627		710.88 Horizon	Indemnity		1150.4				281.08	1545.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE V/Q LUNG VENTILATION	78582	CPT	both			1627		710.88 Horizon	MGD		1150.4				281.08	1545.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE V/Q LUNG VENTILATION	78582	CPT	both			1627		710.88 Horizon	PPO		1150.4				281.08	1545.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE V/Q LUNG VENTILATION	78582	CPT	both			1627		710.88 Horizon	NJ Health		281.08				281.08	1545.65	fee schedule	
NUCLEAR MEDICINE V/Q LUNG VENTILATION	78582	CPT	both			1627		710.88 Managed Care Inc	Managed Care Inc		1464.3	90			281.08	1545.65	percent of total billed charges	
NUCLEAR MEDICINE V/Q LUNG VENTILATION	78582	CPT	both			1627		710.88 Multiplan	Multiplan		1301.6	80			281.08	1545.65	percent of total billed charges	
NUCLEAR MEDICINE V/Q LUNG VENTILATION	78582	CPT	both			1627		710.88 Qualcare	Qualcare		1220.25	75			281.08	1545.65	percent of total billed charges	
NUCLEAR MEDICINE V/Q LUNG VENTILATION	78582	CPT	both			1627		710.88 Three Rivers	Three Rivers		1545.65	95			281.08	1545.65	percent of total billed charges	
NUCLEAR MEDICINE V/Q LUNG VENTILATION	78582	CPT	both			1627		710.88 UHC	Medicare		618.16				281.08	1545.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE V/Q LUNG VENTILATION	78582	CPT	both			1627		710.88 UHC	Medicaid		513.32	31.55			281.08	1545.65	percent of total billed charges	
NUCLEAR MEDICINE V/Q LUNG VENTILATION	78582	CPT	both			1627		710.88 Wellcare	Medicaid		513.32	31.55			281.08	1545.65	percent of total billed charges	
NUCLEAR MEDICINE V/Q LUNG VENTILATION	78582	CPT	both			1627		710.88 Wellcare	Medicare		618.16				281.08	1545.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE V/Q LUNG VENTILATION	78582	CPT	both			1627		710.88 WellPoint	WellPoint		523.57	32.18			281.08	1545.65	percent of total billed charges	
NUCLEAR MEDICINE QUANTITATIVE LUNG PERF	78597	CPT	outpatient			1045		542.46 Aetna	Medicare		471.7				171.5	992.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE QUANTITATIVE LUNG PERF	78597	CPT	outpatient			1045		542.46 Aetna	Better Health		329.7	31.55			171.5	992.75	percent of total billed charges	
NUCLEAR MEDICINE QUANTITATIVE LUNG PERF	78597	CPT	outpatient			1045		542.46 Aetna	Commercial		750.95				171.5	992.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE QUANTITATIVE LUNG PERF	78597	CPT	outpatient			1045		542.46 Americare	Americare		783.75	75			171.5	992.75	percent of total billed charges	
NUCLEAR MEDICINE QUANTITATIVE LUNG PERF	78597	CPT	outpatient			1045		542.46 Amerihealth	HMO/PPO		679.25	65			171.5	992.75	percent of total billed charges	
NUCLEAR MEDICINE QUANTITATIVE LUNG PERF	78597	CPT	outpatient			1045		542.46 Amerihealth	Medicare		471.7				171.5	992.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE QUANTITATIVE LUNG PERF	78597	CPT	outpatient			1045		542.46 Consumer	Consumer		992.75	95			171.5	992.75	percent of total billed charges	
NUCLEAR MEDICINE QUANTITATIVE LUNG PERF	78597	CPT	outpatient			1045		542.46 Corrections	Corrections		836	80			171.5	992.75	percent of total billed charges	
NUCLEAR MEDICINE QUANTITATIVE LUNG PERF	78597	CPT	outpatient			1045		542.46 First Health	First Health		731.5	70			171.5	992.75	percent of total billed charges	
NUCLEAR MEDICINE QUANTITATIVE LUNG PERF	78597	CPT	outpatient			1045		542.46 First Trenton	First Trenton		940.5	90			171.5	992.75	percent of total billed charges	
NUCLEAR MEDICINE QUANTITATIVE LUNG PERF	78597	CPT	outpatient			1045		542.46 Horizon	Indemnity		877.83				171.5	992.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE QUANTITATIVE LUNG PERF	78597	CPT	outpatient			1045		542.46 Horizon	NJ Health		171.5				171.5	992.75	fee schedule	
NUCLEAR MEDICINE QUANTITATIVE LUNG PERF	78597	CPT	outpatient			1045		542.46 Horizon	MGD		877.83				171.5	992.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE QUANTITATIVE LUNG PERF	78597	CPT	outpatient			1045		542.46 Horizon	PPO		877.83				171.5	992.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE QUANTITATIVE LUNG PERF	78597	CPT	outpatient			1045		542.46 Horizon	Medicare Blue		471.7				171.5	992.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE QUANTITATIVE LUNG PERF	78597	CPT	outpatient			1045		542.46 Managed Care Inc	Managed Care Inc		940.5	90			171.5	992.75	percent of total billed charges	
NUCLEAR MEDICINE QUANTITATIVE LUNG PERF	78597	CPT	outpatient			1045		542.46 Multiplan	Multiplan		836	80			171.5	992.75	percent of total billed charges	
NUCLEAR MEDICINE QUANTITATIVE LUNG PERF	78597	CPT	outpatient			1045		542.46 Qualcare	Qualcare		783.75	75			171.5	992.75	percent of total billed charges	
NUCLEAR MEDICINE QUANTITATIVE LUNG PERF	78597	CPT	outpatient			1045		542.46 Three Rivers	Three Rivers		992.75	95			171.5	992.75	percent of total billed charges	
NUCLEAR MEDICINE QUANTITATIVE LUNG PERF	78597	CPT	outpatient			1045		542.46 UHC	Medicaid		329.7	31.55			171.5	992.75	percent of total billed charges	
NUCLEAR MEDICINE QUANTITATIVE LUNG PERF	78597	CPT	outpatient			1045		542.46 UHC	Medicare		471.7				171.5	992.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE QUANTITATIVE LUNG PERF	78597	CPT	outpatient			1045		542.46 Wellcare	Medicare		471.7				171.5	992.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE QUANTITATIVE LUNG PERF	78597	CPT	outpatient			1045		542.46 Wellcare	Medicaid		329.7	31.55			171.5	992.75	percent of total billed charges	
NUCLEAR MEDICINE QUANTITATIVE LUNG PERF	78597	CPT	outpatient			1045		542.46 WellPoint	WellPoint		336.28	32.18			171.5	992.75	percent of total billed charges	
NUCLEAR MEDICINE QUANTITATIVE LUNG PERF	78598	CPT	both			1627		710.88 Aetna	Commercial		984.11				264.31	1545.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE QUANTITATIVE LUNG PERF	78598	CPT	both			1627		710.88 Aetna	Better Health		513.32	31.55			264.31	1545.65	percent of total billed charges	
NUCLEAR MEDICINE QUANTITATIVE LUNG PERF	78598	CPT	both			1627		710.88 Aetna	Medicare		618.16				264.31	1545.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE QUANTITATIVE LUNG PERF	78598	CPT	both			1627		710.88 Americare	Americare		1220.25	75			264.31	1545.65	percent of total billed charges	
NUCLEAR MEDICINE QUANTITATIVE LUNG PERF	78598	CPT	both			1627		710.88 Amerihealth	HMO/PPO		1057.55	65			264.31	1545.65	percent of total billed charges	
NUCLEAR MEDICINE QUANTITATIVE LUNG PERF	78598	CPT	both			1627		710.88 Amerihealth	Medicare		618.16				264.31	1545.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE QUANTITATIVE LUNG PERF	78598	CPT	both			1627		710.88 Consumer	Consumer		1545.65	95			264.31	1545.65	percent of total billed charges	
NUCLEAR MEDICINE QUANTITATIVE LUNG PERF	78598	CPT	both			1627		710.88 Corrections	Corrections		1301.6	80			264.31	1545.65	percent of total billed charges	
NUCLEAR MEDICINE QUANTITATIVE LUNG PERF	78598	CPT	both			1627		710.88 First Health	First Health		1138.9	70			264.31	1545.65	percent of total billed charges	
NUCLEAR MEDICINE QUANTITATIVE LUNG PERF	78598	CPT	both			1627		710.88 First Trenton	First Trenton		1464.3	90			264.31	1545.65	percent of total billed charges	
NUCLEAR MEDICINE QUANTITATIVE LUNG PERF	78598	CPT	both			1627		710.88 Horizon	NJ Health		264.31				264.31	1545.65	fee schedule	
NUCLEAR MEDICINE QUANTITATIVE LUNG PERF	78598	CPT	both			1627		710.88 Horizon	Medicare Blue		618.16				264.31	1545.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE QUANTITATIVE LUNG PERF	78598	CPT	both			1627		710.88 Horizon	MGD		1150.4				264.31	1545.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE QUANTITATIVE LUNG PERF	78598	CPT	both			1627		710.88 Horizon	Indemnity		1150.4				264.31	1545.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE QUANTITATIVE LUNG PERF	78598	CPT	both			1627		710.88 Horizon	PPO		1150.4				264.31	1545.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE QUANTITATIVE LUNG PERF	78598	CPT	both			1627		710.88 Managed Care Inc	Managed Care Inc		1464.3	90			264.31	1545.65	percent of total billed charges	
NUCLEAR MEDICINE QUANTITATIVE LUNG PERF	78598	CPT	both			1627		710.88 Multiplan	Multiplan		1301.6	80			264.31	1545.65	percent of total billed charges	
NUCLEAR MEDICINE QUANTITATIVE LUNG PERF	78598	CPT	both			1627		710.88 Qualcare	Qualcare		1220.25	75			264.31	1545.65	percent of total billed charges	
NUCLEAR MEDICINE QUANTITATIVE LUNG PERF	78598	CPT	both			1627		710.88 Three Rivers	Three Rivers		1545.65	95			264.31	1545.65	percent of total billed charges	
NUCLEAR MEDICINE QUANTITATIVE LUNG PERF	78598	CPT	both			1627		710.88 UHC	Medicare		618.16				264.31	1545.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE QUANTITATIVE LUNG PERF	78598	CPT	both			1627		710.88 UHC	Medicaid		513.32	31.55			264.31	1545.65	percent of total billed charges	
NUCLEAR MEDICINE QUANTITATIVE LUNG PERF	78598	CPT	both			1627		710.88 Wellcare	Medicare		618.16				264.31	1545.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE QUANTITATIVE LUNG PERF	78598	CPT	both			1627		710.88 Wellcare	Medicaid		513.32	31.55			264.31	1545.65	percent of total billed charges	
NUCLEAR MEDICINE QUANTITATIVE LUNG PERF	78598	CPT	both			1627		710.88 WellPoint	WellPoint		523.57	32.18			264.31	1545.65	percent of total billed charges	
LUNG SPECT	78599	CPT	outpatient			2327		542.46 Aetna	Medicare		716.72	30.8			471.7	2210.65	percent of total billed charges	
LUNG SPECT	78599	CPT	outpatient			2327		542.46 Aetna	Commercial		750.95				471.7	2210.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LUNG SPECT	78599	CPT	outpatient			2327		542.46 Aetna	Better Health		734.17	31.55			471.7	2210.65	percent of total billed charges	
LUNG SPECT	78599	CPT	outpatient			2327		542.46 Americare	Americare		1745.25	75			471.7	2210.65	percent of total billed charges	
LUNG SPECT	78599	CPT	outpatient			2327		542.46 Amerihealth	HMO/PPO		1512.55	65			471.7	2210.65	percent of total billed charges	
LUNG SPECT	78599	CPT	outpatient			2327		542.46

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101191	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
LUNG SPECT	78599	CPT	outpatient			2327		542.46 First Trenton	First Trenton		2094.3	90			471.7	2210.65	percent of total billed charges	
LUNG SPECT	78599	CPT	outpatient			2327		542.46 Horizon	Medicare Blue		471.7				471.7	2210.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LUNG SPECT	78599	CPT	outpatient			2327		542.46 Horizon	MGD		877.83				471.7	2210.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LUNG SPECT	78599	CPT	outpatient			2327		542.46 Horizon	Indemnity		877.83				471.7	2210.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LUNG SPECT	78599	CPT	outpatient			2327		542.46 Horizon	PPO		877.83				471.7	2210.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LUNG SPECT	78599	CPT	outpatient			2327		542.46 Managed Care Inc	Managed Care Inc		2094.3	90			471.7	2210.65	percent of total billed charges	
LUNG SPECT	78599	CPT	outpatient			2327		542.46 Multiplan	Multiplan		1861.6	80			471.7	2210.65	percent of total billed charges	
LUNG SPECT	78599	CPT	outpatient			2327		542.46 Qualcare	Qualcare		1745.25	75			471.7	2210.65	percent of total billed charges	
LUNG SPECT	78599	CPT	outpatient			2327		542.46 Three Rivers	Three Rivers		2210.65	95			471.7	2210.65	percent of total billed charges	
LUNG SPECT	78599	CPT	outpatient			2327		542.46 UHC	Medicaid		734.17	31.55			471.7	2210.65	percent of total billed charges	
LUNG SPECT	78599	CPT	outpatient			2327		542.46 UHC	Medicare		471.7				471.7	2210.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LUNG SPECT	78599	CPT	outpatient			2327		542.46 Wellcare	Medicare		471.7				471.7	2210.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LUNG SPECT	78599	CPT	outpatient			2327		542.46 Wellcare	Medicaid		734.17	31.55			471.7	2210.65	percent of total billed charges	
LUNG SPECT	78599	CPT	outpatient			2327		542.46 WellPoint	WellPoint		748.83	32.18			471.7	2210.65	percent of total billed charges	
BRAIN IMAGING LTD PROC;STATIC	78600	CPT	outpatient			1597		542.46 Aetna	Commercial		750.95				129.36	1517.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRAIN IMAGING LTD PROC;STATIC	78600	CPT	outpatient			1597		542.46 Aetna	Better Health		503.85	31.55			129.36	1517.15	percent of total billed charges	
BRAIN IMAGING LTD PROC;STATIC	78600	CPT	outpatient			1597		542.46 Aetna	Medicare		471.7				129.36	1517.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRAIN IMAGING LTD PROC;STATIC	78600	CPT	outpatient			1597		542.46 Americare	Americare		1197.75	75			129.36	1517.15	percent of total billed charges	
BRAIN IMAGING LTD PROC;STATIC	78600	CPT	outpatient			1597		542.46 Amerihealth	HMO/PPO		1038.05	65			129.36	1517.15	percent of total billed charges	
BRAIN IMAGING LTD PROC;STATIC	78600	CPT	outpatient			1597		542.46 Amerihealth	Medicare		471.7				129.36	1517.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRAIN IMAGING LTD PROC;STATIC	78600	CPT	outpatient			1597		542.46 Consumer	Consumer		1517.15	95			129.36	1517.15	percent of total billed charges	
BRAIN IMAGING LTD PROC;STATIC	78600	CPT	outpatient			1597		542.46 Corrections	Corrections		1277.6	80			129.36	1517.15	percent of total billed charges	
BRAIN IMAGING LTD PROC;STATIC	78600	CPT	outpatient			1597		542.46 First Health	First Health		1117.9	70			129.36	1517.15	percent of total billed charges	
BRAIN IMAGING LTD PROC;STATIC	78600	CPT	outpatient			1597		542.46 First Trenton	First Trenton		1437.3	90			129.36	1517.15	percent of total billed charges	
BRAIN IMAGING LTD PROC;STATIC	78600	CPT	outpatient			1597		542.46 Horizon	Medicare Blue		471.7				129.36	1517.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRAIN IMAGING LTD PROC;STATIC	78600	CPT	outpatient			1597		542.46 Horizon	MGD		877.83				129.36	1517.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRAIN IMAGING LTD PROC;STATIC	78600	CPT	outpatient			1597		542.46 Horizon	Indemnity		877.83				129.36	1517.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRAIN IMAGING LTD PROC;STATIC	78600	CPT	outpatient			1597		542.46 Horizon	NJ Health		129.36				129.36	1517.15	fee schedule	
BRAIN IMAGING LTD PROC;STATIC	78600	CPT	outpatient			1597		542.46 Horizon	PPO		877.83				129.36	1517.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRAIN IMAGING LTD PROC;STATIC	78600	CPT	outpatient			1597		542.46 Managed Care Inc	Managed Care Inc		1437.3	90			129.36	1517.15	percent of total billed charges	
BRAIN IMAGING LTD PROC;STATIC	78600	CPT	outpatient			1597		542.46 Multiplan	Multiplan		1277.6	80			129.36	1517.15	percent of total billed charges	
BRAIN IMAGING LTD PROC;STATIC	78600	CPT	outpatient			1597		542.46 Qualcare	Qualcare		1197.75	75			129.36	1517.15	percent of total billed charges	
BRAIN IMAGING LTD PROC;STATIC	78600	CPT	outpatient			1597		542.46 Three Rivers	Three Rivers		1517.15	95			129.36	1517.15	percent of total billed charges	
BRAIN IMAGING LTD PROC;STATIC	78600	CPT	outpatient			1597		542.46 UHC	Medicaid		503.85	31.55			129.36	1517.15	percent of total billed charges	
BRAIN IMAGING LTD PROC;STATIC	78600	CPT	outpatient			1597		542.46 UHC	Medicare		471.7				129.36	1517.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRAIN IMAGING LTD PROC;STATIC	78600	CPT	outpatient			1597		542.46 Wellcare	Medicare		471.7				129.36	1517.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRAIN IMAGING LTD PROC;STATIC	78600	CPT	outpatient			1597		542.46 Wellcare	Medicaid		503.85	31.55			129.36	1517.15	percent of total billed charges	
BRAIN IMAGING LTD PROC;STATIC	78600	CPT	outpatient			1597		542.46 WellPoint	WellPoint		513.91	32.18			129.36	1517.15	percent of total billed charges	
BRAIN STATIC W/FLOW LIMITED	78601	CPT	inpatient			3119		542.46 Aetna	Medicare		960.65	30.8			166.6	2963.05	percent of total billed charges	
BRAIN STATIC W/FLOW LIMITED	78601	CPT	inpatient			3119		542.46 Aetna	Better Health		984.04	31.55			166.6	2963.05	percent of total billed charges	
BRAIN STATIC W/FLOW LIMITED	78601	CPT	inpatient			3119		542.46 Aetna	Commercial		750.95				166.6	2963.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRAIN STATIC W/FLOW LIMITED	78601	CPT	inpatient			3119		542.46 Americare	Americare		2239.25	75			166.6	2963.05	percent of total billed charges	
BRAIN STATIC W/FLOW LIMITED	78601	CPT	inpatient			3119		542.46 Amerihealth	HMO/PPO		2027.35	65			166.6	2963.05	percent of total billed charges	
BRAIN STATIC W/FLOW LIMITED	78601	CPT	inpatient			3119		542.46 Amerihealth	Medicare		471.7				166.6	2963.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRAIN STATIC W/FLOW LIMITED	78601	CPT	inpatient			3119		542.46 Consumer	Consumer		2963.05	95			166.6	2963.05	percent of total billed charges	
BRAIN STATIC W/FLOW LIMITED	78601	CPT	inpatient			3119		542.46 Corrections	Corrections		2495.2	80			166.6	2963.05	percent of total billed charges	
BRAIN STATIC W/FLOW LIMITED	78601	CPT	inpatient			3119		542.46 First Health	First Health		2183.3	70			166.6	2963.05	percent of total billed charges	
BRAIN STATIC W/FLOW LIMITED	78601	CPT	inpatient			3119		542.46 First Trenton	First Trenton		2807.1	90			166.6	2963.05	percent of total billed charges	
BRAIN STATIC W/FLOW LIMITED	78601	CPT	inpatient			3119		542.46 Horizon	MGD		877.83				166.6	2963.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRAIN STATIC W/FLOW LIMITED	78601	CPT	inpatient			3119		542.46 Horizon	Medicare Blue		471.7				166.6	2963.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRAIN STATIC W/FLOW LIMITED	78601	CPT	inpatient			3119		542.46 Horizon	Indemnity		877.83				166.6	2963.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRAIN STATIC W/FLOW LIMITED	78601	CPT	inpatient			3119		542.46 Horizon	NJ Health		166.6				166.6	2963.05	fee schedule	
BRAIN STATIC W/FLOW LIMITED	78601	CPT	inpatient			3119		542.46 Horizon	PPO		877.83				166.6	2963.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRAIN STATIC W/FLOW LIMITED	78601	CPT	inpatient			3119		542.46 Managed Care Inc	Managed Care Inc		2807.1	90			166.6	2963.05	percent of total billed charges	
BRAIN STATIC W/FLOW LIMITED	78601	CPT	inpatient			3119		542.46 Multiplan	Multiplan		2495.2	80			166.6	2963.05	percent of total billed charges	
BRAIN STATIC W/FLOW LIMITED	78601	CPT	inpatient			3119		542.46 Qualcare	Qualcare		2339.25	75			166.6	2963.05	percent of total billed charges	
BRAIN STATIC W/FLOW LIMITED	78601	CPT	inpatient			3119		542.46 Three Rivers	Three Rivers		2963.05	95			166.6	2963.05	percent of total billed charges	
BRAIN STATIC W/FLOW LIMITED	78601	CPT	inpatient			3119		542.46 UHC	Medicaid		984.04	31.55			166.6	2963.05	percent of total billed charges	
BRAIN STATIC W/FLOW LIMITED	78601	CPT	inpatient			3119		542.46 UHC	Medicare		471.7				166.6	2963.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRAIN STATIC W/FLOW LIMITED	78601	CPT	inpatient			3119		542.46 Wellcare	Medicaid		984.04	31.55			166.6	2963.05	percent of total billed charges	
BRAIN STATIC W/FLOW LIMITED	78601	CPT	inpatient			3119		542.46 Wellcare	Medicare		471.7				166.6	2963.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRAIN STATIC W/FLOW LIMITED	78601	CPT	inpatient			3119		542.46 WellPoint	WellPoint		1003.69	32.18			166.6	2963.05	percent of total billed charges	
BRAIN IMAGING STATIC	78605	CPT	outpatient			1508		710.88 Aetna	Commercial		984.11				146.06	1432.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRAIN IMAGING STATIC	78605	CPT	outpatient			1506		710.88 Aetna	Better Health		475.77	31.55			146.06	1432.6	percent of total billed charges	
BRAIN IMAGING STATIC	78605	CPT	outpatient			1508		710.88 Aetna	Medicare		618.16				146.06	1432.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRAIN IMAGING STATIC	78605	CPT	outpatient			1508		710.88 Americare	Americare		1131	75			146.06	1432.6	percent of total billed charges	
BRAIN IMAGING STATIC	78605	CPT	outpatient			1508		710.88 Amerihealth	HMO/PPO		980.2	65			146.06	1432.6	percent of total billed charges	
BRAIN IMAGING STATIC	78605	CPT	outpatient			1508		710.88 Amerihealth	Medicare		618.16				146.06	1432.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRAIN IMAGING STATIC	78605	CPT	outpatient			1508		710.88 Consumer	Consumer		1432.6	95			146.06	1432.6	percent of total billed charges	
BRAIN IMAGING STATIC	78605	CPT	outpatient			1508		710.88 Corrections	Corrections		1206.4	80			146.06	1432.6	percent of total billed charges	
BRAIN IMAGING STATIC	78605	CPT	outpatient			1508		710.88 First Health	First Health		1055.6	70			146.06	1432.6	percent of total billed charges	
BRAIN IMAGING STATIC	78605	CPT	outpatient			1508		710.88 First Trenton	First Trenton		1357.2	90			146.06	1432.6	percent of total billed charges	
BRAIN IMAGING STATIC	78605	CPT	outpatient			1508		710.88 Horizon	Medicare Blue		618.16				146.06	1432.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRAIN IMAGING STATIC	78605	CPT	outpatient			1508		710.88 Horizon	MGD		1150.4				146.06	1432.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRAIN IMAGING STATIC	78605	CPT	outpatient			1506		710.88 Horizon	Indemnity		1150.4				146.06	1432.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRAIN IMAGING STATIC	78605	CPT	outpatient			1508		710.88 Horizon	NJ Health		146.06				146.06	1432.6	fee schedule	
BRAIN IMAGING STATIC	78605	CPT	outpatient			1508		710.88 Horizon	PPO		1150.4				146.06	1432.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRAIN IMAGING STATIC	78605	CPT	outpatient			1508		710.88 Managed Care Inc	Managed Care Inc		1357.2	90			146.06	1432.6	percent of total billed charges	
BRAIN IMAGING STATIC	78605	CPT	outpatient			1508		710.88 Multiplan	Multiplan		1206.4	80			146.06	1432.6	percent of total billed charges	
BRAIN IMAGING STATIC	78605	CPT	outpatient			1508		710.88 Qualcare	Qualcare		1131	75			146.06	1432.6	percent of total billed charges	
BRAIN IMAGING STATIC	78605	CPT	outpatient			1508		710.88 Three Rivers	Three Rivers		1432.6	95			146.06	1432.6	percent of total billed charges	
BRAIN IMAGING STATIC	78605	CPT	outpatient			1508		710.88 UHC	Medicaid		475.77	31.55			146.06	1432.6	percent of total billed charges	
BRAIN IMAGING STATIC	78605	CPT	outpatient			1508		710.88 UHC	Medicare		618.16				146.06	1432.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRAIN IMAGING STATIC	78605	CPT	outpatient			1508		710.88 Wellcare	Medicare		618.16				146.06	1432.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRAIN IMAGING STATIC	78605	CPT	outpatient			1508		710.88 Wellcare	Medicaid		475.77	31.55			146.06	1432.6	percent of total billed charges	
BRAIN IMAGING STATIC	78605	CPT	outpatient			1508		710.88 WellPoint	WellPoint		485.27	32.18			146.06	1432.6	percent of total billed charges	
DAT SCAN SPECT	78607	CPT	outpatient			3564		Aetna	Better Health		1124.44	31.55			1069.2	3385.8	percent of total billed charges	
DAT SCAN SPECT	78607	CPT	outpatient			3564		Aetna	Commercial		1354.32	38			1069.2	3385.8	percent of total billed charges	
DAT SCAN SPECT	78607	CPT	outpatient			3564		Aetna	Medicare		1097.71	30.8			1069.2	3385.8	percent of total billed charges	
DAT SCAN SPECT	78607	CPT	outpatient			3564		Americare	Americare		2673	75			1069.2	3385.8	percent of total billed charges	
DAT SCAN SPECT	78607	CPT	outpatient			3564		Amerihealth	HMO/PPO		2316.6	65			1069.2	3385.8	percent of total billed charges	
DAT SCAN SPECT	78607	CPT	outpatient			3564		Consumer	Consumer		3385.8	95			1069.2	3385.8	percent of total billed charges	
DAT SCAN SPECT	78607	CPT	outpatient			3564		Corrections	Corrections		2851.2	80			1069.2	3385.8	percent of total billed charges	
DAT SCAN SPECT	78607	CPT	outpatient			3564		First Health	First Health		2494.8	70			1069.2	3385.8	percent of total billed charges	
DAT SCAN SPECT	78607	CPT	outpatient			3564		First Trenton	First Trenton		3207.6	90			1069.2	3385.8	percent of total billed charges	
DAT SCAN SPECT	78607	CPT	outpatient			3564		Horizon	MGD		1364.3	38.28			1069.2	3385.8	percent of total billed charges	
DAT SCAN SPECT	78607	CPT	outpatient			3564		Horizon	Indemnity		1364.3	38.28			1069.2	3385.8	percent of total billed charges	
DAT SCAN SPECT	78607	CPT	outpatient			3564		Horizon	Medicare Blue		1069.2	30			1069.2	3385.8	percent of total billed charges	
DAT SCAN SPECT	78607	CPT	outpatient			3564		Horizon	PPO		1364.3	38.28			1069.2	3385.8	percent of total billed charges	
DAT SCAN SPECT	78607	CPT	outpatient			3564		Managed Care Inc	Managed Care Inc		3207.6	90			1069.2	3385.8	percent of total billed charges	
DAT SCAN SPECT	78607	CPT	outpatient			3564		Multiplan	Multiplan		2851.2	80			1069.2	3385.8	percent of total billed charges	
DAT SCAN SPECT	78607	CPT	outpatient			3564		Qualcare	Qualcare		2673	75			1069.2	3385.8	percent of total billed charges	
DAT SCAN SPECT	78607	CPT	outpatient			3564		Three Rivers	Three Rivers		3385.8	95			1069.2	3385.8	percent of total billed charges	
DAT SCAN SPECT	78607	CPT	outpatient			3564		UHC	Medicaid		1124.44	31.55			1069.2	3385.8	percent of total billed charges	
DAT SCAN SPECT	78607	CPT	outpatient			3564		Wellcare	Medicaid		1124.44	31.55			1069.2	3385.8	percent of total billed charges	
DAT SCAN SPECT	78607	CPT	outpatient			3564		WellPoint	WellPoint		1146.9	32.18			1069.2	3385.8	percent of total billed charges	
PET CT BRAIN SCAN-EPILEPSY	78608	CPT	outpatient			12888	2057.61	Aetna	Commercial		2848.45				1704.78	12243.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PET CT BRAIN SCAN-EPILEPSY	78608	CPT	outpatient			12888	2057.61	Aetna	Medicare		3969.5	30.8			1704.78	12243.6	percent of total billed charges	
PET CT BRAIN SCAN-EPILEPSY	78608	CPT	outpatient			12888	2057.61	Aetna	Better Health		4066.16	31.55			1704.78	12243.6	percent of total billed charges	
PET CT BRAIN SCAN-EPILEPSY	78608	CPT	outpatient			12888	2057.61	Americare	Americare		9666	75			1704.78	12243.6	percent of total billed charges	
PET CT BRAIN SCAN-EPILEPSY	78608	CPT	outpatient			12888	2057.61	Amerihealth	HMO/PPO		8377.2	65			1704.78	12243.6	percent of total billed charges	
PET CT BRAIN SCAN-EPILEPSY	78608	CPT	outpatient			12888	2057.61	Amerihealth	Medicare		1789.23				1704.78	12243.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PET CT BRAIN SCAN-EPILEPSY	78608	CPT	outpatient			12888	2057.61	Consumer	Consumer		12243.6	95			1704.78	12243.6	percent of total billed charges	
PET CT BRAIN SCAN-EPILEPSY	78608	CPT	outpatient			12888	2057.61	Corrections	Corrections		10310.4	80			1704.78	12243.6	percent of total billed charges	
PET CT BRAIN SCAN-EPILEPSY	78608	CPT	outpatient			12888	2057.61	First Health	First Health		9021.6	70			1704.78	12243.6	percent of total billed charges	
PET CT BRAIN SCAN-EPILEPSY	78608	CPT	outpatient			12888	2057.61	First Trenton	First Trenton		11599.2	90			1704.78	12243.6	percent of total billed charges	
PET CT BRAIN SCAN-EPILEPSY	78608	CPT	outpatient			12888	2057.61	Horizon	Indemnity		3229.76				1704.78	12243.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PET CT BRAIN SCAN-EPILEPSY	78608	CPT	outpatient			12888	2057.61	Horizon	Medicare Blue		1789.23				1704.78	12243.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PET CT BRAIN SCAN-EPILEPSY	78608	CPT	outpatient			12888	2057.61	Horizon	NJ Health		2116.8				1704.78	12243.6	fee schedule	
PET CT BRAIN SCAN-EPILEPSY	78608	CPT	outpatient			12888	2057.61	Horizon	MGD		3229.76				1704.78	12243.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PET CT BRAIN SCAN-EPILEPSY	78608	CPT	outpatient			12888	2057.61	Horizon	PPO		3229.76				1704.78	12243.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PET CT BRAIN SCAN-EPILEPSY	78608	CPT	outpatient			12888	2057.61	Managed Care Inc	Managed Care Inc		11599.2	90			1704.78	12243.6	percent of total billed charges	
PET CT BRAIN SCAN-EPILEPSY	78608	CPT	outpatient			12888	2057.61	Multiplan	Multiplan		10310.4	80			1704.78	12243.6	percent of total billed charges	
PET CT BRAIN SCAN-EPILEPSY	78608	CPT	outpatient			12888	2057.61	Qualcare	Qualcare		9666	75			1704.78	12243.6	percent of total billed charges	
PET CT BRAIN SCAN-EPILEPSY	78608	CPT	outpatient			12888	2057.61	Three Rivers	Three Rivers		12243.6	95			1704.78	12243.6	percent of total billed charges	
PET CT BRAIN SCAN-EPILEPSY	78608	CPT	outpatient			12888	2057.61	UHC	Medicare		1789.23				1704.78	12243.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PET CT BRAIN SCAN-EPILEPSY	78608	CPT	outpatient			12888	2057.61	UHC	Medicaid		4066.16	31.55			1704.78	12243.6	percent of total billed charges	
PET CT BRAIN SCAN-EPILEPSY	78608	CPT	outpatient			12888	2057.61	Wellcare	Medicare		1789.23				1704.78	12243.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PET CT BRAIN SCAN-EPILEPSY	78608	CPT	outpatient			12888	2057.61	Wellcare	Medicaid		4066.16	31.55			1704.78	12243.6	percent of total billed charges	
PET CT BRAIN SCAN-EPILEPSY	78608	CPT	outpatient			12888	2057.61	WellPoint	WellPoint		4147.36	32.18			1704.78	12243.6	percent of total billed charges	
NUCLEAR MEDICINE CSF CISTERNOGRAPHY	78630	CPT	outpatient			1800	710.88	Aetna	Commercial		984.11				205.8	1710	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE CSF CISTERNOGRAPHY	78630	CPT	outpatient			1800	710.88	Aetna	Better Health		567.9	31.55			205.8	1710	percent of total billed charges	
NUCLEAR MEDICINE CSF CISTERNOGRAPHY	78630	CPT	outpatient			1800	710.88	Aetna	Medicare		618.16				205.8	1710	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE CSF CISTERNOGRAPHY	78630	CPT	outpatient			1800	710.88	Americare	Americare		1350	75			205.8	1710	percent of total billed charges	
NUCLEAR MEDICINE CSF CISTERNOGRAPHY	78630	CPT	outpatient			1800	710.88	Amerihealth	HMO/PPO		1170	65			205.8	1710	percent of total billed charges	
NUCLEAR MEDICINE CSF CISTERNOGRAPHY	78630	CPT	outpatient			1800	710.88	Amerihealth	Medicare		618.16				205.8	1710	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE CSF CISTERNOGRAPHY	78630	CPT	outpatient			1800	710.88	Consumer	Consumer		1710	95			205.8	1710	percent of total billed charges	
NUCLEAR MEDICINE CSF CISTERNOGRAPHY	78630	CPT	outpatient			1800	710.88	Corrections	Corrections		1440	80			205.8	1710	percent of total billed charges	
NUCLEAR MEDICINE CSF CISTERNOGRAPHY	78630	CPT	outpatient			1800	710.88	First Health	First Health		1260	70			205.8	1710	percent of total billed charges	
NUCLEAR MEDICINE CSF CISTERNOGRAPHY	78630	CPT	outpatient			1800	710.88	First Trenton	First Trenton		1620	90			205.8	1710	percent of total billed charges	
NUCLEAR MEDICINE CSF CISTERNOGRAPHY	78630	CPT	outpatient			1800	710.88	Horizon	MGD		1150.4				205.8	1710	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE CSF CISTERNOGRAPHY	78630	CPT	outpatient			1800	710.88	Horizon	Indemnity		1150.4				205.8	1710	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE CSF CISTERNOGRAPHY	78630	CPT	outpatient			1800	710.88	Horizon	NJ Health		205.8				205.8	1710	fee schedule	
NUCLEAR MEDICINE CSF CISTERNOGRAPHY	78630	CPT	outpatient			1800	710.88	Horizon	PPO		1150.4				205.8	1710	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE CSF CISTERNOGRAPHY	78630	CPT	outpatient			1800	710.88	Horizon	Medicare Blue		618.16				205.8	1710	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE CSF CISTERNOGRAPHY	78630	CPT	outpatient			1800	710.88	Managed Care Inc	Managed Care Inc		1620	90			205.8	1710	percent of total billed charges	
NUCLEAR MEDICINE CSF CISTERNOGRAPHY	78630	CPT	outpatient			1800	710.88	Multiplan	Multiplan		1440	80			205.8	1710	percent of total billed charges	
NUCLEAR MEDICINE CSF CISTERNOGRAPHY	78630	CPT	outpatient			1800	710.88	Qualcare	Qualcare		1350	75			205.8	1710	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119 true	

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
NUCLEAR MEDICINE CSF CISTERNOGRAPHY	78630	CPT	outpatient			1800		710.88 Three Rivers	Three Rivers		1710	95			205.8	1710	percent of total billed charges	
NUCLEAR MEDICINE CSF CISTERNOGRAPHY	78630	CPT	outpatient			1800		710.88 UHC	Medicaid		567.9	31.55			205.8	1710	percent of total billed charges	
NUCLEAR MEDICINE CSF CISTERNOGRAPHY	78630	CPT	outpatient			1800		710.88 UHC	Medicare		618.16				205.8	1710	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE CSF CISTERNOGRAPHY	78630	CPT	outpatient			1800		710.88 Wellcare	Medicaid		567.9	31.55			205.8	1710	percent of total billed charges	
NUCLEAR MEDICINE CSF CISTERNOGRAPHY	78630	CPT	outpatient			1800		710.88 Wellcare	Medicare		618.16				205.8	1710	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE CSF CISTERNOGRAPHY	78630	CPT	outpatient			1800		710.88 WellPoint	WellPoint		579.24	32.18			205.8	1710	percent of total billed charges	
NUCLEAR MEDICINE CSF VENTRICULOGRAPHY	78635	CPT	outpatient			1800		710.88 Aetna	Commercial		984.11				183.26	1710	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE CSF VENTRICULOGRAPHY	78635	CPT	outpatient			1800		710.88 Aetna	Better Health		567.9	31.55			183.26	1710	percent of total billed charges	
NUCLEAR MEDICINE CSF VENTRICULOGRAPHY	78635	CPT	outpatient			1800		710.88 Aetna	Medicare		618.16				183.26	1710	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE CSF VENTRICULOGRAPHY	78635	CPT	outpatient			1800		710.88 Americare	Americare		1350	75			183.26	1710	percent of total billed charges	
NUCLEAR MEDICINE CSF VENTRICULOGRAPHY	78635	CPT	outpatient			1800		710.88 Amerihealth	HMO/PPO		1170	65			183.26	1710	percent of total billed charges	
NUCLEAR MEDICINE CSF VENTRICULOGRAPHY	78635	CPT	outpatient			1800		710.88 Amerihealth	Medicare		618.16				183.26	1710	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE CSF VENTRICULOGRAPHY	78635	CPT	outpatient			1800		710.88 Consumer	Consumer		1710	95			183.26	1710	percent of total billed charges	
NUCLEAR MEDICINE CSF VENTRICULOGRAPHY	78635	CPT	outpatient			1800		710.88 Corrections	Corrections		1440	80			183.26	1710	percent of total billed charges	
NUCLEAR MEDICINE CSF VENTRICULOGRAPHY	78635	CPT	outpatient			1800		710.88 First Health	First Health		1260	70			183.26	1710	percent of total billed charges	
NUCLEAR MEDICINE CSF VENTRICULOGRAPHY	78635	CPT	outpatient			1800		710.88 First Trenton	First Trenton		1620	90			183.26	1710	percent of total billed charges	
NUCLEAR MEDICINE CSF VENTRICULOGRAPHY	78635	CPT	outpatient			1800		710.88 Horizon	NJ Health		183.26				183.26	1710	fee schedule	
NUCLEAR MEDICINE CSF VENTRICULOGRAPHY	78635	CPT	outpatient			1800		710.88 Horizon	Indemnity		1150.4				183.26	1710	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE CSF VENTRICULOGRAPHY	78635	CPT	outpatient			1800		710.88 Horizon	MGD		1150.4				183.26	1710	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE CSF VENTRICULOGRAPHY	78635	CPT	outpatient			1800		710.88 Horizon	PPO		1150.4				183.26	1710	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE CSF VENTRICULOGRAPHY	78635	CPT	outpatient			1800		710.88 Horizon	Medicare Blue		618.16				183.26	1710	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE CSF VENTRICULOGRAPHY	78635	CPT	outpatient			1800		710.88 Managed Care Inc	Managed Care Inc		1620	90			183.26	1710	percent of total billed charges	
NUCLEAR MEDICINE CSF VENTRICULOGRAPHY	78635	CPT	outpatient			1800		710.88 Multiplan	Multiplan		1440	80			183.26	1710	percent of total billed charges	
NUCLEAR MEDICINE CSF VENTRICULOGRAPHY	78635	CPT	outpatient			1800		710.88 Qualcare	Qualcare		1350	75			183.26	1710	percent of total billed charges	
NUCLEAR MEDICINE CSF VENTRICULOGRAPHY	78635	CPT	outpatient			1800		710.88 Three Rivers	Three Rivers		1710	95			183.26	1710	percent of total billed charges	
NUCLEAR MEDICINE CSF VENTRICULOGRAPHY	78635	CPT	outpatient			1800		710.88 UHC	Medicare		618.16				183.26	1710	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE CSF VENTRICULOGRAPHY	78635	CPT	outpatient			1800		710.88 UHC	Medicaid		567.9	31.55			183.26	1710	percent of total billed charges	
NUCLEAR MEDICINE CSF VENTRICULOGRAPHY	78635	CPT	outpatient			1800		710.88 Wellcare	Medicare		618.16				183.26	1710	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE CSF VENTRICULOGRAPHY	78635	CPT	outpatient			1800		710.88 Wellcare	Medicaid		567.9	31.55			183.26	1710	percent of total billed charges	
NUCLEAR MEDICINE CSF VENTRICULOGRAPHY	78635	CPT	outpatient			1800		710.88 WellPoint	WellPoint		579.24	32.18			183.26	1710	percent of total billed charges	
CSF SHUNT	78645	CPT	inpatient			1561		710.88 Aetna	Commercial		984.11				234.77	1482.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CSF SHUNT	78645	CPT	inpatient			1561		710.88 Aetna	Better Health		492.5	31.55			234.77	1482.95	percent of total billed charges	
CSF SHUNT	78645	CPT	inpatient			1561		710.88 Aetna	Medicare		618.16				234.77	1482.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CSF SHUNT	78645	CPT	inpatient			1561		710.88 Americare	Americare		1170.75	75			234.77	1482.95	percent of total billed charges	
CSF SHUNT	78645	CPT	inpatient			1561		710.88 Amerihealth	HMO/PPO		1014.65	65			234.77	1482.95	percent of total billed charges	
CSF SHUNT	78645	CPT	inpatient			1561		710.88 Amerihealth	Medicare		618.16				234.77	1482.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CSF SHUNT	78645	CPT	inpatient			1561		710.88 Consumer	Consumer		1482.95	95			234.77	1482.95	percent of total billed charges	
CSF SHUNT	78645	CPT	inpatient			1561		710.88 Corrections	Corrections		1248.8	80			234.77	1482.95	percent of total billed charges	
CSF SHUNT	78645	CPT	inpatient			1561		710.88 First Health	First Health		1092.7	70			234.77	1482.95	percent of total billed charges	
CSF SHUNT	78645	CPT	inpatient			1561		710.88 First Trenton	First Trenton		1404.9	90			234.77	1482.95	percent of total billed charges	
CSF SHUNT	78645	CPT	inpatient			1561		710.88 Horizon	MGD		1150.4				234.77	1482.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CSF SHUNT	78645	CPT	inpatient			1561		710.88 Horizon	PPO		1150.4				234.77	1482.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CSF SHUNT	78645	CPT	inpatient			1561		710.88 Horizon	Indemnity		1150.4				234.77	1482.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CSF SHUNT	78645	CPT	inpatient			1561		710.88 Horizon	NJ Health		234.77				234.77	1482.95	fee schedule	
CSF SHUNT	78645	CPT	inpatient			1561		710.88 Horizon	Medicare Blue		618.16				234.77	1482.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CSF SHUNT	78645	CPT	inpatient			1561		710.88 Managed Care Inc	Managed Care Inc		1404.9	90			234.77	1482.95	percent of total billed charges	
CSF SHUNT	78645	CPT	inpatient			1561		710.88 Multiplan	Multiplan		1248.8	80			234.77	1482.95	percent of total billed charges	
CSF SHUNT	78645	CPT	inpatient			1561		710.88 Qualcare	Qualcare		1170.75	75			234.77	1482.95	percent of total billed charges	
CSF SHUNT	78645	CPT	inpatient			1561		710.88 Three Rivers	Three Rivers		1482.95	95			234.77	1482.95	percent of total billed charges	
CSF SHUNT	78645	CPT	inpatient			1561		710.88 UHC	Medicaid		492.5	31.55			234.77	1482.95	percent of total billed charges	
CSF SHUNT	78645	CPT	inpatient			1561		710.88 UHC	Medicare		618.16				234.77	1482.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CSF SHUNT	78645	CPT	inpatient			1561		710.88 Wellcare	Medicaid		492.5	31.55			234.77	1482.95	percent of total billed charges	
CSF SHUNT	78645	CPT	inpatient			1561		710.88 Wellcare	Medicare		618.16				234.77	1482.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CSF SHUNT	78645	CPT	inpatient			1561		710.88 WellPoint	WellPoint		502.33	32.18			234.77	1482.95	percent of total billed charges	
CSF LEAKAGE DETECTION	78650	CPT	outpatient			2533		1867.58 Aetna	Commercial		2585.38				161.7	3022.23	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CSF LEAKAGE DETECTION	78650	CPT	outpatient			2533		1867.58 Aetna	Medicare		1623.98				161.7	3022.23	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CSF LEAKAGE DETECTION	78650	CPT	outpatient			2533		1867.58 Aetna	Better Health		799.16	31.55			161.7	3022.23	percent of total billed charges	
CSF LEAKAGE DETECTION	78650	CPT	outpatient			2533		1867.58 Americare	Americare		1899.75	75			161.7	3022.23	percent of total billed charges	
CSF LEAKAGE DETECTION	78650	CPT	outpatient			2533		1867.58 Amerihealth	HMO/PPO		1646.45	65			161.7	3022.23	percent of total billed charges	
CSF LEAKAGE DETECTION	78650	CPT	outpatient			2533		1867.58 Amerihealth	Medicare		1623.98				161.7	3022.23	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CSF LEAKAGE DETECTION	78650	CPT	outpatient			2533		1867.58 Consumer	Consumer		2406.35	95			161.7	3022.23	percent of total billed charges	
CSF LEAKAGE DETECTION	78650	CPT	outpatient			2533		1867.58 Corrections	Corrections		2026.4	80			161.7	3022.23	percent of total billed charges	
CSF LEAKAGE DETECTION	78650	CPT	outpatient			2533		1867.58 First Health	First Health		1773.1	70			161.7	3022.23	percent of total billed charges	
CSF LEAKAGE DETECTION	78650	CPT	outpatient			2533		1867.58 First Trenton	First Trenton		2279.7	90			161.7	3022.23	percent of total billed charges	
CSF LEAKAGE DETECTION	78650	CPT	outpatient			2533		1867.58 Horizon	Indemnity		3022.23				161.7	3022.23	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CSF LEAKAGE DETECTION	78650	CPT	outpatient			2533		1867.58 Horizon	MGD		3022.23				161.7	3022.23	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CSF LEAKAGE DETECTION	78650	CPT	outpatient			2533		1867.58 Horizon	PPO		3022.23				161.7	3022.23	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CSF LEAKAGE DETECTION	78650	CPT	outpatient			2533		1867.58 Horizon	Medicare Blue		1623.98				161.7	3022.23	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CSF LEAKAGE DETECTION	78650	CPT	outpatient			2533		1867.58 Horizon	NJ Health		161.7				161.7	3022.23	fee schedule	
CSF LEAKAGE DETECTION	78650	CPT	outpatient			2533		1867.58 Managed Care Inc	Managed Care Inc		2279.7	90			161.7	3022.23	percent of total billed charges	
CSF LEAKAGE DETECTION	78650	CPT	outpatient			2533		1867.58 Multiplan	Multiplan		2026.4	80			161.7	3022.23	percent of total billed charges	
CSF LEAKAGE DETECTION	78650	CPT	outpatient			2533		1867.58 Qualcare	Qualcare		1899.75	75			161.7	3022.23	percent of total billed charges	
CSF LEAKAGE DETECTION	78650	CPT	outpatient			2533		1867.58 Three Rivers	Three Rivers		2406.35	95			161.7	3022.23	percent of total billed charges	
CSF LEAKAGE DETECTION	78650	CPT	outpatient			2533		1867.58 UHC	Medicare		1623.98				161.7	3022.23	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CSF LEAKAGE DETECTION	78650	CPT	outpatient			2533		1867.58 UHC	Medicaid		799.16	31.55			161.7	3022.23	percent of total billed charges	
CSF LEAKAGE DETECTION	78650	CPT	outpatient			2533		1867.58 Wellcare	Medicaid		799.16	31.55			161.7	3022.23	percent of total billed charges	
CSF LEAKAGE DETECTION	78650	CPT	outpatient			2533		1867.58 Wellcare	Medicare		1623.98				161.7	3022.23	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CSF LEAKAGE DETECTION	78650	CPT	outpatient			2533		1867.58 WellPoint	WellPoint		815.12	32.18			161.7	3022.23	percent of total billed charges	
DACROCYSTOGRAPHY	78660	CPT	outpatient			1240		542.46 Aetna	Commercial		750.95				86.24	1178	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DACROCYSTOGRAPHY	78660	CPT	outpatient			1240		542.46 Aetna	Medicare		471.7				86.24	1178	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DACROCYSTOGRAPHY	78660	CPT	outpatient			1240		542.46 Aetna	Better Health		391.22	31.55			86.24	1178	percent of total billed charges	
DACROCYSTOGRAPHY	78660	CPT	outpatient			1240		542.46 Americare	Americare		930	75			86.24	1178	percent of total billed charges	
DACROCYSTOGRAPHY	78660	CPT	outpatient			1240		542.46 Amerihealth	HMO/PPO		806	65			86.24	1178	percent of total billed charges	
DACROCYSTOGRAPHY	78660	CPT	outpatient			1240		542.46 Amerihealth	Medicare		471.7				86.24	1178	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DACROCYSTOGRAPHY	78660	CPT	outpatient			1240		542.46 Consumer	Consumer		1178	95			86.24	1178	percent of total billed charges	
DACROCYSTOGRAPHY	78660	CPT	outpatient			1240		542.46 Corrections	Corrections		992	80			86.24	1178	percent of total billed charges	
DACROCYSTOGRAPHY	78660	CPT	outpatient			1240		542.46 First Health	First Health		868	70			86.24	1178	percent of total billed charges	
DACROCYSTOGRAPHY	78660	CPT	outpatient			1240		542.46 First Trenton	First Trenton		1116	90			86.24	1178	percent of total billed charges	
DACROCYSTOGRAPHY	78660	CPT	outpatient			1240		542.46 Horizon	NJ Health		86.24				86.24	1178	fee schedule	
DACROCYSTOGRAPHY	78660	CPT	outpatient			1240		542.46 Horizon	Indemnity		877.83				86.24	1178	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DACROCYSTOGRAPHY	78660	CPT	outpatient			1240		542.46 Horizon	MGD		877.83				86.24	1178	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DACROCYSTOGRAPHY	78660	CPT	outpatient			1240		542.46 Horizon	PPO		877.83				86.24	1178	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DACROCYSTOGRAPHY	78660	CPT	outpatient			1240		542.46 Horizon	Medicare Blue		471.7				86.24	1178	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DACROCYSTOGRAPHY	78660	CPT	outpatient			1240		542.46 Managed Care Inc	Managed Care Inc		1116	90			86.24	1178	percent of total billed charges	
DACROCYSTOGRAPHY	78660	CPT	outpatient			1240		542.46 Multiplan	Multiplan		992	80			86.24	1178	percent of total billed charges	
DACROCYSTOGRAPHY	78660	CPT	outpatient			1240		542.46 Qualcare	Qualcare		930	75			86.24	1178	percent of total billed charges	
DACROCYSTOGRAPHY	78660	CPT	outpatient			1240		542.46 Three Rivers	Three Rivers		1178	95			86.24	1178	percent of total billed charges	
DACROCYSTOGRAPHY	78660	CPT	outpatient			1240		542.46 UHC	Medicare		471.7				86.24	1178	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DACROCYSTOGRAPHY	78660	CPT	outpatient			1240		542.46 UHC	Medicaid		391.22	31.55			86.24	1178	percent of total billed charges	
DACROCYSTOGRAPHY	78660	CPT	outpatient			1240		542.46 Wellcare	Medicare		471.7				86.24	1178	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DACROCYSTOGRAPHY	78660	CPT	outpatient			1240		542.46 Wellcare	Medicaid		391.22	31.55			86.24	1178	percent of total billed charges	
DACROCYSTOGRAPHY	78660	CPT	outpatient			1240		542.46 WellPoint	WellPoint		399.03	32.18			86.24	1178	percent of total billed charges	
KIDNEY STATIC	78700	CPT	outpatient			1662		542.46 Aetna	Better Health		524.36	31.55			78.4	1578.9	percent of total billed charges	
KIDNEY STATIC	78700	CPT	outpatient			1662		542.46 Aetna	Commercial		750.95				78.4	1578.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
KIDNEY STATIC	78700	CPT	outpatient			1662		542.46 Aetna	Medicare		471.7				78.4	1578.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
KIDNEY STATIC	78700	CPT	outpatient			1662		542.46 Americare	Americare		1246.5	75			78.4	1578.9	percent of total billed charges	
KIDNEY STATIC	78700	CPT	outpatient			1662		542.46 Amerihealth	HMO/PPO		1080.3	65			78.4	1578.9	percent of total billed charges	
KIDNEY STATIC	78700	CPT	outpatient			1662		542.46 Amerihealth	Medicare		471.7				78.4	1578.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
KIDNEY STATIC	78700	CPT	outpatient			1662		542.46 Consumer	Consumer		1578.9	95			78.4	1578.9	percent of total billed charges	
KIDNEY STATIC	78700	CPT	outpatient			1662		542.46 Corrections	Corrections		1329.6	80			78.4	1578.9	percent of total billed charges	
KIDNEY STATIC	78700	CPT	outpatient			1662		542.46 First Health	First Health		1163.4	70			78.4	1578.9	percent of total billed charges	
KIDNEY STATIC	78700	CPT	outpatient			1662		542.46 First Trenton	First Trenton		1495.8	90			78.4	1578.9	percent of total billed charges	
KIDNEY STATIC	78700	CPT	outpatient			1662		542.46 Horizon	MGD		877.83				78.4	1578.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
KIDNEY STATIC	78700	CPT	outpatient			1662		542.46 Horizon	Indemnity		877.83				78.4	1578.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
KIDNEY STATIC	78700	CPT	outpatient			1662		542.46 Horizon	PPO		877.83				78.4	1578.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
KIDNEY STATIC	78700	CPT	outpatient			1662		542.46 Horizon	NJ Health		78.4				78.4	1578.9	fee schedule	
KIDNEY STATIC	78700	CPT	outpatient			1662		542.46 Horizon	Medicare Blue		471.7				78.4	1578.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
KIDNEY STATIC	78700	CPT	outpatient			1662		542.46 Managed Care Inc	Managed Care Inc		1495.8	90			78.4	1578.9	percent of total billed charges	
KIDNEY STATIC	78700	CPT	outpatient			1662		542.46 Multiplan	Multiplan		1329.6	80			78.4	1578.9	percent of total billed charges	
KIDNEY STATIC	78700	CPT	outpatient			1662		542.46 Qualcare	Qualcare		1246.5	75			78.4	1578.9	percent of total billed charges	
KIDNEY STATIC	78700	CPT	outpatient			1662		542.46 Three Rivers	Three Rivers		1578.9	95			78.4	1578.9	percent of total billed charges	
KIDNEY STATIC	78700	CPT	outpatient			1662		542.46 UHC	Medicare		471.7				78.4	1578.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
KIDNEY STATIC	78700	CPT	outpatient			1662		542.46 UHC	Medicaid		524.36	31.55			78.4	1578.9	percent of total billed charges	
KIDNEY STATIC	78700	CPT	outpatient			1662		542.46 Wellcare	Medicare		471.7				78.4	1578.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
KIDNEY STATIC	78700	CPT	outpatient			1662		542.46 Wellcare	Medicaid		524.36	31.55			78.4	1578.9	percent of total billed charges	
KIDNEY STATIC	78700	CPT	outpatient			1662		542.46 WellPoint	WellPoint		534.83	32.18			78.4	1578.9	percent of total billed charges	
RENAL SCAN (MAG3)	78707	CPT	outpatient			2436		710.88 Aetna	Commercial		984.11				215.6	2314.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RENAL SCAN (MAG3)	78707	CPT	outpatient			2436		710.88 Aetna	Better Health		768.56	31.55			215.6	2314.2	percent of total billed charges	
RENAL SCAN (MAG3)	78707	CPT	outpatient			2436		710.88 Aetna	Medicare		618.16				215.6	2314.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RENAL SCAN (MAG3)	78707	CPT	outpatient			2436		710.88 Americare	Americare		1827	75			215.6	2314.2	percent of total billed charges	
RENAL SCAN (MAG3)	78707	CPT	outpatient			2436		710.88 Amerihealth	HMO/PPO		1583.4	65			215.6	2314.2	percent of total billed charges	
RENAL SCAN (MAG3)	78707	CPT	outpatient			2436		710.88 Amerihealth	Medicare		618.16				215.6	2314.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RENAL SCAN (MAG3)	78707	CPT	outpatient			2436		710.88 Consumer	Consumer		2314.2	95			215.6	2314.2	percent of total billed charges	
RENAL SCAN (MAG3)	78707	CPT	outpatient			2436		710.88 Corrections	Corrections		1948.8	80			215.6	2314.2	percent of total billed charges	
RENAL SCAN (MAG3)	78707	CPT	outpatient			2436		710.88 First Health	First Health		1705.2	70			215.6	2314.2	percent of total billed charges	
RENAL SCAN (MAG3)	78707	CPT	outpatient			2436		710.88 First Trenton	First Trenton		2192.4	90			215.6	2314.2	percent of total billed charges	
RENAL SCAN (MAG3)	78707	CPT	outpatient			2436		710.88 Horizon	PPO		1150.4				215.6	2314.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RENAL SCAN (MAG3)	78707	CPT	outpatient			2436		710.88 Horizon	Medicare Blue		618.16				215.6	2314.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RENAL SCAN (MAG3)	78707	CPT	outpatient			2436		710.88 Horizon	MGD		1150.4				215.6	2314.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RENAL SCAN (MAG3)	78707	CPT	outpatient			2436		710.88 Horizon	Indemnity		1150.4				215.6	2314.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RENAL SCAN (MAG3)	78707	CPT	outpatient			2436		710.88 Horizon	NJ Health		215.6				215.6	2314.2	fee schedule	
RENAL SCAN (MAG3)	78707	CPT	outpatient			2436		710.88 Managed Care Inc	Managed Care Inc		2192.4	90			215.6	2314.2	percent of total billed charges	
RENAL SCAN (MAG3)	78707	CPT	outpatient			2436		710.88 Multiplan	Multiplan		1948.8	80			215.6	2314.2	percent of total billed charges	
RENAL SCAN (MAG3)	78707	CPT	outpatient			2436		710.88 Qualcare	Qualcare		1827	75			215.6	2314.2	percent of total billed charges	
RENAL SCAN (MAG3)	78707	CPT	outpatient			2436		710.88 Three Rivers	Three Rivers		2314.2	95			215.6	2314.2	percent of total billed charges	
RENAL SCAN (MAG3)	78707	CPT	outpatient			2436		710.88 UHC	Medicaid		768.56	31.55			215.6	2314.2	percent of total billed charges	
RENAL SCAN (MAG3)	78707	CPT	outpatient			2436		710.88 UHC	Medicare		618.16				215.6	2314.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RENAL SCAN (MAG3)	78707	CPT	outpatient			2436		710.88 Wellcare	Medicaid		768.56	31.55			215.6	2314.2	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101191	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
RENAL SCAN (MAG3)	78707	CPT	outpatient			2436	710.88	Wellcare	Medicare		618.16				215.6	2314.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RENAL SCAN (MAG3)	78707	CPT	outpatient			2436	710.88	WellPoint	WellPoint		783.9	32.18			215.6	2314.2	percent of total billed charges	
RENAL SCAN WITH LASIX	78708	CPT	both			2436	710.88	Aetna	Better Health		768.56	31.55			235.2	2314.2	percent of total billed charges	
RENAL SCAN WITH LASIX	78708	CPT	both			2436	710.88	Aetna	Commercial		984.11				235.2	2314.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RENAL SCAN WITH LASIX	78708	CPT	both			2436	710.88	Aetna	Medicare		618.16				235.2	2314.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RENAL SCAN WITH LASIX	78708	CPT	both			2436	710.88	Americare	Americare		1827	75			235.2	2314.2	percent of total billed charges	
RENAL SCAN WITH LASIX	78708	CPT	both			2436	710.88	Amerihealth	HMO/PPO		1583.4	65			235.2	2314.2	percent of total billed charges	
RENAL SCAN WITH LASIX	78708	CPT	both			2436	710.88	Amerihealth	Medicare		618.16				235.2	2314.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RENAL SCAN WITH LASIX	78708	CPT	both			2436	710.88	Consumer	Consumer		2314.2	95			235.2	2314.2	percent of total billed charges	
RENAL SCAN WITH LASIX	78708	CPT	both			2436	710.88	Corrections	Corrections		1948.8	80			235.2	2314.2	percent of total billed charges	
RENAL SCAN WITH LASIX	78708	CPT	both			2436	710.88	First Health	First Health		1705.2	70			235.2	2314.2	percent of total billed charges	
RENAL SCAN WITH LASIX	78708	CPT	both			2436	710.88	First Trenton	First Trenton		2192.4	90			235.2	2314.2	percent of total billed charges	
RENAL SCAN WITH LASIX	78708	CPT	both			2436	710.88	Horizon	MGD		1150.4				235.2	2314.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RENAL SCAN WITH LASIX	78708	CPT	both			2436	710.88	Horizon	Indemnity		1150.4				235.2	2314.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RENAL SCAN WITH LASIX	78708	CPT	both			2436	710.88	Horizon	NJ Health		235.2				235.2	2314.2	fee schedule	
RENAL SCAN WITH LASIX	78708	CPT	both			2436	710.88	Horizon	Medicare Blue		618.16				235.2	2314.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RENAL SCAN WITH LASIX	78708	CPT	both			2436	710.88	Horizon	PPO		1150.4				235.2	2314.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RENAL SCAN WITH LASIX	78708	CPT	both			2436	710.88	Managed Care Inc	Managed Care Inc		2192.4	90			235.2	2314.2	percent of total billed charges	
RENAL SCAN WITH LASIX	78708	CPT	both			2436	710.88	Multiplan	Multiplan		1948.8	80			235.2	2314.2	percent of total billed charges	
RENAL SCAN WITH LASIX	78708	CPT	both			2436	710.88	Qualcare	Qualcare		1827	75			235.2	2314.2	percent of total billed charges	
RENAL SCAN WITH LASIX	78708	CPT	both			2436	710.88	Three Rivers	Three Rivers		2314.2	95			235.2	2314.2	percent of total billed charges	
RENAL SCAN WITH LASIX	78708	CPT	both			2436	710.88	UHC	Medicaid		768.56	31.55			235.2	2314.2	percent of total billed charges	
RENAL SCAN WITH LASIX	78708	CPT	both			2436	710.88	UHC	Medicare		618.16				235.2	2314.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RENAL SCAN WITH LASIX	78708	CPT	both			2436	710.88	Wellcare	Medicare		618.16				235.2	2314.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RENAL SCAN WITH LASIX	78708	CPT	both			2436	710.88	Wellcare	Medicaid		768.56	31.55			235.2	2314.2	percent of total billed charges	
RENAL SCAN WITH LASIX	78708	CPT	both			2436	710.88	WellPoint	WellPoint		783.9	32.18			235.2	2314.2	percent of total billed charges	
KIDNEY SPECT	78710	CPT	outpatient			1638		Aetna	Better Health		516.79	31.55			491.4	1556.1	percent of total billed charges	
KIDNEY SPECT	78710	CPT	outpatient			1638		Aetna	Medicare		504.5	30.8			491.4	1556.1	percent of total billed charges	
KIDNEY SPECT	78710	CPT	outpatient			1638		Aetna	Commercial		622.44	38			491.4	1556.1	percent of total billed charges	
KIDNEY SPECT	78710	CPT	outpatient			1638		Americare	Americare		1228.5	75			491.4	1556.1	percent of total billed charges	
KIDNEY SPECT	78710	CPT	outpatient			1638		Amerihealth	HMO/PPO		1064.7	65			491.4	1556.1	percent of total billed charges	
KIDNEY SPECT	78710	CPT	outpatient			1638		Consumer	Consumer		1556.1	95			491.4	1556.1	percent of total billed charges	
KIDNEY SPECT	78710	CPT	outpatient			1638		Corrections	Corrections		1310.4	80			491.4	1556.1	percent of total billed charges	
KIDNEY SPECT	78710	CPT	outpatient			1638		First Health	First Health		1146.6	70			491.4	1556.1	percent of total billed charges	
KIDNEY SPECT	78710	CPT	outpatient			1638		First Trenton	First Trenton		1474.2	90			491.4	1556.1	percent of total billed charges	
KIDNEY SPECT	78710	CPT	outpatient			1638		Horizon	Medicare Blue		491.4	30			491.4	1556.1	percent of total billed charges	
KIDNEY SPECT	78710	CPT	outpatient			1638		Horizon	Indemnity		627.03	38.28			491.4	1556.1	percent of total billed charges	
KIDNEY SPECT	78710	CPT	outpatient			1638		Horizon	MGD		627.03	38.28			491.4	1556.1	percent of total billed charges	
KIDNEY SPECT	78710	CPT	outpatient			1638		Horizon	PPO		627.03	38.28			491.4	1556.1	percent of total billed charges	
KIDNEY SPECT	78710	CPT	outpatient			1638		Managed Care Inc	Managed Care Inc		1474.2	90			491.4	1556.1	percent of total billed charges	
KIDNEY SPECT	78710	CPT	outpatient			1638		Multiplan	Multiplan		1310.4	80			491.4	1556.1	percent of total billed charges	
KIDNEY SPECT	78710	CPT	outpatient			1638		Qualcare	Qualcare		1228.5	75			491.4	1556.1	percent of total billed charges	
KIDNEY SPECT	78710	CPT	outpatient			1638		Three Rivers	Three Rivers		1556.1	95			491.4	1556.1	percent of total billed charges	
KIDNEY SPECT	78710	CPT	outpatient			1638		UHC	Medicaid		516.79	31.55			491.4	1556.1	percent of total billed charges	
KIDNEY SPECT	78710	CPT	outpatient			1638		Wellcare	Medicaid		516.79	31.55			491.4	1556.1	percent of total billed charges	
KIDNEY SPECT	78710	CPT	outpatient			1638		WellPoint	WellPoint		527.11	32.18			491.4	1556.1	percent of total billed charges	
TESTICULAR IMAGING W FLOW	78761	CPT	outpatient			1240	542.46	Aetna	Better Health		391.22	31.55			109.76	1178	percent of total billed charges	
TESTICULAR IMAGING W FLOW	78761	CPT	outpatient			1240	542.46	Aetna	Medicare		471.7				109.76	1178	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TESTICULAR IMAGING W FLOW	78761	CPT	outpatient			1240	542.46	Aetna	Commercial		750.95				109.76	1178	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TESTICULAR IMAGING W FLOW	78761	CPT	outpatient			1240	542.46	Americare	Americare		930	75			109.76	1178	percent of total billed charges	
TESTICULAR IMAGING W FLOW	78761	CPT	outpatient			1240	542.46	Amerihealth	Medicare		471.7				109.76	1178	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TESTICULAR IMAGING W FLOW	78761	CPT	outpatient			1240	542.46	Amerihealth	HMO/PPO		806	65			109.76	1178	percent of total billed charges	
TESTICULAR IMAGING W FLOW	78761	CPT	outpatient			1240	542.46	Consumer	Consumer		1178	95			109.76	1178	percent of total billed charges	
TESTICULAR IMAGING W FLOW	78761	CPT	outpatient			1240	542.46	Corrections	Corrections		992	80			109.76	1178	percent of total billed charges	
TESTICULAR IMAGING W FLOW	78761	CPT	outpatient			1240	542.46	First Health	First Health		868	70			109.76	1178	percent of total billed charges	
TESTICULAR IMAGING W FLOW	78761	CPT	outpatient			1240	542.46	First Trenton	First Trenton		1116	90			109.76	1178	percent of total billed charges	
TESTICULAR IMAGING W FLOW	78761	CPT	outpatient			1240	542.46	Horizon	MGD		877.83				109.76	1178	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TESTICULAR IMAGING W FLOW	78761	CPT	outpatient			1240	542.46	Horizon	Indemnity		877.83				109.76	1178	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TESTICULAR IMAGING W FLOW	78761	CPT	outpatient			1240	542.46	Horizon	Medicare Blue		471.7				109.76	1178	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TESTICULAR IMAGING W FLOW	78761	CPT	outpatient			1240	542.46	Horizon	NJ Health		109.76				109.76	1178	fee schedule	
TESTICULAR IMAGING W FLOW	78761	CPT	outpatient			1240	542.46	Horizon	PPO		877.83				109.76	1178	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TESTICULAR IMAGING W FLOW	78761	CPT	outpatient			1240	542.46	Managed Care Inc	Managed Care Inc		1116	90			109.76	1178	percent of total billed charges	
TESTICULAR IMAGING W FLOW	78761	CPT	outpatient			1240	542.46	Multiplan	Multiplan		992	80			109.76	1178	percent of total billed charges	
TESTICULAR IMAGING W FLOW	78761	CPT	outpatient			1240	542.46	Qualcare	Qualcare		930	75			109.76	1178	percent of total billed charges	
TESTICULAR IMAGING W FLOW	78761	CPT	outpatient			1240	542.46	Three Rivers	Three Rivers		1178	95			109.76	1178	percent of total billed charges	
TESTICULAR IMAGING W FLOW	78761	CPT	outpatient			1240	542.46	UHC	Medicare		471.7				109.76	1178	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TESTICULAR IMAGING W FLOW	78761	CPT	outpatient			1240	542.46	UHC	Medicaid		391.22	31.55			109.76	1178	percent of total billed charges	
TESTICULAR IMAGING W FLOW	78761	CPT	outpatient			1240	542.46	Wellcare	Medicaid		391.22	31.55			109.76	1178	percent of total billed charges	
TESTICULAR IMAGING W FLOW	78761	CPT	outpatient			1240	542.46	Wellcare	Medicare		471.7				109.76	1178	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TESTICULAR IMAGING W FLOW	78761	CPT	outpatient			1240	542.46	WellPoint	WellPoint		399.03	32.18			109.76	1178	percent of total billed charges	
TUMOR LOCAL LIMIT	78800	CPT	both			1508	542.46	Aetna	Better Health		475.77	31.55			268.52	1432.6	percent of total billed charges	
TUMOR LOCAL LIMIT	78800	CPT	both			1508	542.46	Aetna	Commercial		750.95				268.52	1432.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TUMOR LOCAL LIMIT	78800	CPT	both			1508	542.46	Aetna	Medicare		471.7				268.52	1432.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TUMOR LOCAL LIMIT	78800	CPT	both			1508	542.46	Americare	Americare		1131	75			268.52	1432.6	percent of total billed charges	
TUMOR LOCAL LIMIT	78800	CPT	both			1508	542.46	Amerihealth	HMO/PPO		980.2	65			268.52	1432.6	percent of total billed charges	
TUMOR LOCAL LIMIT	78800	CPT	both			1508	542.46	Amerihealth	Medicare		471.7				268.52	1432.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TUMOR LOCAL LIMIT	78800	CPT	both			1508	542.46	Consumer	Consumer		1432.6	95			268.52	1432.6	percent of total billed charges	
TUMOR LOCAL LIMIT	78800	CPT	both			1508	542.46	Corrections	Corrections		1206.4	80			268.52	1432.6	percent of total billed charges	
TUMOR LOCAL LIMIT	78800	CPT	both			1508	542.46	First Health	First Health		1055.6	70			268.52	1432.6	percent of total billed charges	
TUMOR LOCAL LIMIT	78800	CPT	both			1508	542.46	First Trenton	First Trenton		1357.2	90			268.52	1432.6	percent of total billed charges	
TUMOR LOCAL LIMIT	78800	CPT	both			1508	542.46	Horizon	Indemnity		877.83				268.52	1432.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TUMOR LOCAL LIMIT	78800	CPT	both			1508	542.46	Horizon	MGD		877.83				268.52	1432.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TUMOR LOCAL LIMIT	78800	CPT	both			1508	542.46	Horizon	NJ Health		268.52				268.52	1432.6	fee schedule	
TUMOR LOCAL LIMIT	78800	CPT	both			1508	542.46	Horizon	Medicare Blue		471.7				268.52	1432.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TUMOR LOCAL LIMIT	78800	CPT	both			1508	542.46	Horizon	PPO		877.83				268.52	1432.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TUMOR LOCAL LIMIT	78800	CPT	both			1508	542.46	Managed Care Inc	Managed Care Inc		1357.2	90			268.52	1432.6	percent of total billed charges	
TUMOR LOCAL LIMIT	78800	CPT	both			1508	542.46	Multiplan	Multiplan		1206.4	80			268.52	1432.6	percent of total billed charges	
TUMOR LOCAL LIMIT	78800	CPT	both			1508	542.46	Qualcare	Qualcare		1131	75			268.52	1432.6	percent of total billed charges	
TUMOR LOCAL LIMIT	78800	CPT	both			1508	542.46	Three Rivers	Three Rivers		1432.6	95			268.52	1432.6	percent of total billed charges	
TUMOR LOCAL LIMIT	78800	CPT	both			1508	542.46	UHC	Medicaid		475.77	31.55			268.52	1432.6	percent of total billed charges	
TUMOR LOCAL LIMIT	78800	CPT	both			1508	542.46	UHC	Medicare		471.7				268.52	1432.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TUMOR LOCAL LIMIT	78800	CPT	both			1508	542.46	Wellcare	Medicaid		475.77	31.55			268.52	1432.6	percent of total billed charges	
TUMOR LOCAL LIMIT	78800	CPT	both			1508	542.46	Wellcare	Medicare		471.7				268.52	1432.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TUMOR LOCAL LIMIT	78800	CPT	both			1508	542.46	WellPoint	WellPoint		485.27	32.18			268.52	1432.6	percent of total billed charges	
NM Y -90 IMAGING - MULTIPLE AREAS	78801	CPT	outpatient			1867	542.46	Aetna	Commercial		750.95				295.37	1773.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NM Y -90 IMAGING - MULTIPLE AREAS	78801	CPT	outpatient			1867	542.46	Aetna	Medicare		471.7				295.37	1773.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NM Y -90 IMAGING - MULTIPLE AREAS	78801	CPT	outpatient			1867	542.46	Aetna	Better Health		589.04	31.55			295.37	1773.65	percent of total billed charges	
NM Y -90 IMAGING - MULTIPLE AREAS	78801	CPT	outpatient			1867	542.46	Americare	Americare		1400.25	75			295.37	1773.65	percent of total billed charges	
NM Y -90 IMAGING - MULTIPLE AREAS	78801	CPT	outpatient			1867	542.46	Amerihealth	Medicare		471.7				295.37	1773.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NM Y -90 IMAGING - MULTIPLE AREAS	78801	CPT	outpatient			1867	542.46	Amerihealth	HMO/PPO		1213.55	65			295.37	1773.65	percent of total billed charges	
NM Y -90 IMAGING - MULTIPLE AREAS	78801	CPT	outpatient			1867	542.46	Consumer	Consumer		1773.65	95			295.37	1773.65	percent of total billed charges	
NM Y -90 IMAGING - MULTIPLE AREAS	78801	CPT	outpatient			1867	542.46	Corrections	Corrections		1493.6	80			295.37	1773.65	percent of total billed charges	
NM Y -90 IMAGING - MULTIPLE AREAS	78801	CPT	outpatient			1867	542.46	First Health	First Health		1306.9	70			295.37	1773.65	percent of total billed charges	
NM Y -90 IMAGING - MULTIPLE AREAS	78801	CPT	outpatient			1867	542.46	First Trenton	First Trenton		1680.3	90			295.37	1773.65	percent of total billed charges	
NM Y -90 IMAGING - MULTIPLE AREAS	78801	CPT	outpatient			1867	542.46	Horizon	Indemnity		877.83				295.37	1773.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NM Y -90 IMAGING - MULTIPLE AREAS	78801	CPT	outpatient			1867	542.46	Horizon	MGD		877.83				295.37	1773.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NM Y -90 IMAGING - MULTIPLE AREAS	78801	CPT	outpatient			1867	542.46	Horizon	PPO		877.83				295.37	1773.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NM Y -90 IMAGING - MULTIPLE AREAS	78801	CPT	outpatient			1867	542.46	Horizon	NJ Health		295.37				295.37	1773.65	fee schedule	
NM Y -90 IMAGING - MULTIPLE AREAS	78801	CPT	outpatient			1867	542.46	Horizon	Medicare Blue		471.7				295.37	1773.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NM Y -90 IMAGING - MULTIPLE AREAS	78801	CPT	outpatient			1867	542.46	Managed Care Inc	Managed Care Inc		1680.3	90			295.37	1773.65	percent of total billed charges	
NM Y -90 IMAGING - MULTIPLE AREAS	78801	CPT	outpatient			1867	542.46	Multiplan	Multiplan		1493.6	80			295.37	1773.65	percent of total billed charges	
NM Y -90 IMAGING - MULTIPLE AREAS	78801	CPT	outpatient			1867	542.46	Qualcare	Qualcare		1400.25	75			295.37	1773.65	percent of total billed charges	
NM Y -90 IMAGING - MULTIPLE AREAS	78801	CPT	outpatient			1867	542.46	Three Rivers	Three Rivers		1773.65	95			295.37	1773.65	percent of total billed charges	
NM Y -90 IMAGING - MULTIPLE AREAS	78801	CPT	outpatient			1867	542.46	UHC	Medicare		471.7				295.37	1773.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NM Y -90 IMAGING - MULTIPLE AREAS	78801	CPT	outpatient			1867	542.46	UHC	Medicaid		589.04	31.55			295.37	1773.65	percent of total billed charges	
NM Y -90 IMAGING - MULTIPLE AREAS	78801	CPT	outpatient			1867	542.46	Wellcare	Medicare		471.7				295.37	1773.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NM Y -90 IMAGING - MULTIPLE AREAS	78801	CPT	outpatient			1867	542.46	Wellcare	Medicaid		589.04	31.55			295.37	1773.65	percent of total billed charges	
NM Y -90 IMAGING - MULTIPLE AREAS	78801	CPT	outpatient			1867	542.46	WellPoint	WellPoint		600.8	32.18			295.37	1773.65	percent of total billed charges	
OCTREOTIDE SCAN	78802	CPT	both			5184	1867.58	Aetna	Medicare		1596.67	30.8			117.6	4924.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCTREOTIDE SCAN	78802	CPT	both			5184	1867.58	Aetna	Commercial		2585.38				117.6	4924.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCTREOTIDE SCAN	78802	CPT	both			5184	1867.58	Aetna	Better Health		1635.55	31.55			117.6	4924.8	percent of total billed charges	
OCTREOTIDE SCAN	78802	CPT	both			5184	1867.58	Americare	Americare		3888	75			117.6	4924.8	percent of total billed charges	
OCTREOTIDE SCAN	78802	CPT	both			5184	1867.58	Amerihealth	HMO/PPO		3369.6	65			117.6	4924.8	percent of total billed charges	
OCTREOTIDE SCAN	78802	CPT	both			5184	1867.58	Amerihealth	Medicare		1623.98				117.6	4924.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCTREOTIDE SCAN	78802	CPT	both			5184	1867.58	Consumer	Consumer		4924.8	95			117.6	4924.8	percent of total billed charges	
OCTREOTIDE SCAN	78802	CPT	both			5184	1867.58	Corrections	Corrections		4147.2	80			117.6	4924.8	percent of total billed charges	
OCTREOTIDE SCAN	78802	CPT	both			5184	1867.58	First Health	First Health		3628.8	70			117.6	4924.8	percent of total billed charges	
OCTREOTIDE SCAN	78802	CPT	both			5184	1867.58	First Trenton	First Trenton		4665.6	90			117.6	4924.8	percent of total billed charges	
OCTREOTIDE SCAN	78802	CPT	both			5184	1867.58	Horizon	Medicare Blue		1623.98				117.6	4924.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCTREOTIDE SCAN	78802	CPT	both			5184	1867.58	Horizon	MGD		3022.23				117.6	4924.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCTREOTIDE SCAN	78802	CPT	both			5184	1867.58	Horizon	Indemnity		3022.23				117.6	4924.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCTREOTIDE SCAN	78802	CPT	both			5184	1867.58	Horizon	NJ Health		117.6				117.6	4924.8	fee schedule	
OCTREOTIDE SCAN	78802	CPT	both			5184	1867.58	Horizon	PPO		3022.23				117.6	4924.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCTREOTIDE SCAN	78802	CPT	both			5184	1867.58	Managed Care Inc	Managed Care Inc		4665.6	90			117.6	4924.8	percent of total billed charges	
OCTREOTIDE SCAN	78802	CPT	both			5184	1867.58	Multiplan	Multiplan		4147.2	80			117.6	4924.8	percent of total billed charges	
OCTREOTIDE SCAN	78802	CPT	both			5184	1867.58	Qualcare	Qualcare		3888	75			117.6	4924.8	percent of total billed charges	
OCTREOTIDE SCAN	78802	CPT	both			5184	1867.58	Three Rivers	Three Rivers		4924.8	95			117.6	4924.8	percent of total billed charges	
OCTREOTIDE SCAN	78802	CPT	both			5184	1867.58	UHC	Medicaid		1635.55	31.55			117.6	4924.8	percent of total billed charges	
OCTREOTIDE SCAN	78802	CPT	both			5184	1867.58	UHC	Medicare		1623.98				117.6	4924.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCTREOTIDE SCAN	78802	CPT	both			5184	1867.58	Wellcare	Medicare		1623.98				117.6	4924.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCTREOTIDE SCAN	78802	CPT	both			5184	1867.58	Wellcare	Medicaid		1635.55	31.55			117.6	4924.8	percent of total billed charges	
OCTREOTIDE SCAN	78802	CPT	both			5184	1867.58	WellPoint	WellPoint		1668.21	32.18			117.6	4924.8	percent of total billed charges	
WBC SPECT	78803	CPT	both			5099	1867.58	Aetna	Commercial		2585.38				186.59	4844.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WBC SPECT	78803	CPT	both			5099	1867.58	Aetna	Better Health		1608.73	31.55			186.59	4844.05	percent of total billed charges	
WBC SPECT	78803	CPT	both			5099	1867.58	Aetna	Medicare		1623.98				186.59	4844.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WBC SPECT	78803	CPT	both			5099	1867.58	Americare	Americare		3624.25	75			186.59	4844.05	percent of total billed charges	
WBC SPECT	78803	CPT	both			5099	1867.58	Amerihealth	HMO/PPO		3314.35	65			186.59	4844.05	percent of total billed charges	
WBC SPECT	78803	CPT	both			5099	1867.58	Amerihealth	Medicare		1623.98				186.59	4844.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
WBC SPECT	78803	CPT	both			5099	1867.58	Consumer	Consumer		4844.05	95			186.59	4844.05	percent of total billed charges	
WBC SPECT	78803	CPT	both			5099	1867.58	Corrections	Corrections		4079.2	80			186.59	4844.05	percent of total billed charges	
WBC SPECT	78803	CPT	both			5099	1867.58	First Health	First Health		3569.3	70			186.59	4844.05	percent of total billed charges	
WBC SPECT	78803	CPT	both			5099	1867.58	First Trenton	First Trenton		4589.1	90			186.59	4844.05	percent of total billed charges	
WBC SPECT	78803	CPT	both			5099	1867.58	Horizon	Indemnity		3022.23				186.59	4844.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WBC SPECT	78803	CPT	both			5099	1867.58	Horizon	PPO		3022.23				186.59	4844.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WBC SPECT	78803	CPT	both			5099	1867.58	Horizon	MGD		3022.23				186.59	4844.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WBC SPECT	78803	CPT	both			5099	1867.58	Horizon	Medicare Blue		1623.98				186.59	4844.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WBC SPECT	78803	CPT	both			5099	1867.58	Horizon	NJ Health		186.59				186.59	4844.05	fee schedule	
WBC SPECT	78803	CPT	both			5099	1867.58	Managed Care Inc	Managed Care Inc		4589.1	90			186.59	4844.05	percent of total billed charges	
WBC SPECT	78803	CPT	both			5099	1867.58	Multiplan	Multiplan		4079.2	80			186.59	4844.05	percent of total billed charges	
WBC SPECT	78803	CPT	both			5099	1867.58	Qualcare	Qualcare		3824.25	75			186.59	4844.05	percent of total billed charges	
WBC SPECT	78803	CPT	both			5099	1867.58	Three Rivers	Three Rivers		4844.05	95			186.59	4844.05	percent of total billed charges	
WBC SPECT	78803	CPT	both			5099	1867.58	UHC	Medicare		1623.98				186.59	4844.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WBC SPECT	78803	CPT	both			5099	1867.58	UHC	Medicaid		1608.73	31.55			186.59	4844.05	percent of total billed charges	
WBC SPECT	78803	CPT	both			5099	1867.58	Wellcare	Medicare		1623.98				186.59	4844.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WBC SPECT	78803	CPT	both			5099	1867.58	Wellcare	Medicaid		1608.73	31.55			186.59	4844.05	percent of total billed charges	
WBC SPECT	78803	CPT	both			5099	1867.58	WellPoint	WellPoint		1640.86	32.18			186.59	4844.05	percent of total billed charges	
RADIOPHARM LOCALIZATION TUMOR WB 2 OR	78804	CPT	outpatient			4306	1867.58	Aetna	Better Health		1358.54	31.55			385.53	4090.7	percent of total billed charges	
RADIOPHARM LOCALIZATION TUMOR WB 2 OR	78804	CPT	outpatient			4306	1867.58	Aetna	Commercial		2586.38				385.53	4090.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOPHARM LOCALIZATION TUMOR WB 2 OR	78804	CPT	outpatient			4306	1867.58	Aetna	Medicare		1623.98				385.53	4090.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOPHARM LOCALIZATION TUMOR WB 2 OR	78804	CPT	outpatient			4306	1867.58	Americare	Americare		3229.5	75			385.53	4090.7	percent of total billed charges	
RADIOPHARM LOCALIZATION TUMOR WB 2 OR	78804	CPT	outpatient			4306	1867.58	Amerihealth	HMO/PPO		2798.9	65			385.53	4090.7	percent of total billed charges	
RADIOPHARM LOCALIZATION TUMOR WB 2 OR	78804	CPT	outpatient			4306	1867.58	Amerihealth	Medicare		1623.98				385.53	4090.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOPHARM LOCALIZATION TUMOR WB 2 OR	78804	CPT	outpatient			4306	1867.58	Consumer	Consumer		4090.7	95			385.53	4090.7	percent of total billed charges	
RADIOPHARM LOCALIZATION TUMOR WB 2 OR	78804	CPT	outpatient			4306	1867.58	Corrections	Corrections		3444.8	80			385.53	4090.7	percent of total billed charges	
RADIOPHARM LOCALIZATION TUMOR WB 2 OR	78804	CPT	outpatient			4306	1867.58	First Health	First Health		3014.2	70			385.53	4090.7	percent of total billed charges	
RADIOPHARM LOCALIZATION TUMOR WB 2 OR	78804	CPT	outpatient			4306	1867.58	First Trenton	First Trenton		3875.4	90			385.53	4090.7	percent of total billed charges	
RADIOPHARM LOCALIZATION TUMOR WB 2 OR	78804	CPT	outpatient			4306	1867.58	Horizon	MGD		3022.23				385.53	4090.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOPHARM LOCALIZATION TUMOR WB 2 OR	78804	CPT	outpatient			4306	1867.58	Horizon	Medicare Blue		1623.98				385.53	4090.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOPHARM LOCALIZATION TUMOR WB 2 OR	78804	CPT	outpatient			4306	1867.58	Horizon	PPO		3022.23				385.53	4090.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOPHARM LOCALIZATION TUMOR WB 2 OR	78804	CPT	outpatient			4306	1867.58	Horizon	NJ Health		385.53				385.53	4090.7	fee schedule	
RADIOPHARM LOCALIZATION TUMOR WB 2 OR	78804	CPT	outpatient			4306	1867.58	Horizon	Indemnity		3022.23				385.53	4090.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOPHARM LOCALIZATION TUMOR WB 2 OR	78804	CPT	outpatient			4306	1867.58	Managed Care Inc	Managed Care Inc		3875.4	90			385.53	4090.7	percent of total billed charges	
RADIOPHARM LOCALIZATION TUMOR WB 2 OR	78804	CPT	outpatient			4306	1867.58	Multiplan	Multiplan		3444.8	80			385.53	4090.7	percent of total billed charges	
RADIOPHARM LOCALIZATION TUMOR WB 2 OR	78804	CPT	outpatient			4306	1867.58	Qualcare	Qualcare		3229.5	75			385.53	4090.7	percent of total billed charges	
RADIOPHARM LOCALIZATION TUMOR WB 2 OR	78804	CPT	outpatient			4306	1867.58	Three Rivers	Three Rivers		4090.7	95			385.53	4090.7	percent of total billed charges	
RADIOPHARM LOCALIZATION TUMOR WB 2 OR	78804	CPT	outpatient			4306	1867.58	UHC	Medicaid		1358.54	31.55			385.53	4090.7	percent of total billed charges	
RADIOPHARM LOCALIZATION TUMOR WB 2 OR	78804	CPT	outpatient			4306	1867.58	UHC	Medicare		1623.98				385.53	4090.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOPHARM LOCALIZATION TUMOR WB 2 OR	78804	CPT	outpatient			4306	1867.58	Wellcare	Medicare		1623.98				385.53	4090.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOPHARM LOCALIZATION TUMOR WB 2 OR	78804	CPT	outpatient			4306	1867.58	Wellcare	Medicaid		1358.54	31.55			385.53	4090.7	percent of total billed charges	
RADIOPHARM LOCALIZATION TUMOR WB 2 OR	78804	CPT	outpatient			4306	1867.58	WellPoint	WellPoint		1385.67	32.18			385.53	4090.7	percent of total billed charges	
WBC SPECT	78807	CPT	outpatient			2539		Aetna	Commercial		964.82	38			761.7	2412.05	percent of total billed charges	
WBC SPECT	78807	CPT	outpatient			2539		Aetna	Better Health		801.05	31.55			761.7	2412.05	percent of total billed charges	
WBC SPECT	78807	CPT	outpatient			2539		Aetna	Medicare		782.01	30.8			761.7	2412.05	percent of total billed charges	
WBC SPECT	78807	CPT	outpatient			2539		Americare	Americare		1904.25	75			761.7	2412.05	percent of total billed charges	
WBC SPECT	78807	CPT	outpatient			2539		Amerihealth	HMO/PPO		1650.35	65			761.7	2412.05	percent of total billed charges	
WBC SPECT	78807	CPT	outpatient			2539		Consumer	Consumer		2412.05	95			761.7	2412.05	percent of total billed charges	
WBC SPECT	78807	CPT	outpatient			2539		Corrections	Corrections		2031.2	80			761.7	2412.05	percent of total billed charges	
WBC SPECT	78807	CPT	outpatient			2539		First Health	First Health		1777.3	70			761.7	2412.05	percent of total billed charges	
WBC SPECT	78807	CPT	outpatient			2539		First Trenton	First Trenton		2285.1	90			761.7	2412.05	percent of total billed charges	
WBC SPECT	78807	CPT	outpatient			2539		Horizon	Medicare Blue		761.7	30			761.7	2412.05	percent of total billed charges	
WBC SPECT	78807	CPT	outpatient			2539		Horizon	Indemnity		971.93	38.28			761.7	2412.05	percent of total billed charges	
WBC SPECT	78807	CPT	outpatient			2539		Horizon	MGD		971.93	38.28			761.7	2412.05	percent of total billed charges	
WBC SPECT	78807	CPT	outpatient			2539		Horizon	PPO		971.93	38.28			761.7	2412.05	percent of total billed charges	
WBC SPECT	78807	CPT	outpatient			2539		Managed Care Inc	Managed Care Inc		2285.1	90			761.7	2412.05	percent of total billed charges	
WBC SPECT	78807	CPT	outpatient			2539		Multiplan	Multiplan		2031.2	80			761.7	2412.05	percent of total billed charges	
WBC SPECT	78807	CPT	outpatient			2539		Qualcare	Qualcare		1904.25	75			761.7	2412.05	percent of total billed charges	
WBC SPECT	78807	CPT	outpatient			2539		Three Rivers	Three Rivers		2412.05	95			761.7	2412.05	percent of total billed charges	
WBC SPECT	78807	CPT	outpatient			2539		UHC	Medicaid		801.05	31.55			761.7	2412.05	percent of total billed charges	
WBC SPECT	78807	CPT	outpatient			2539		Wellcare	Medicaid		801.05	31.55			761.7	2412.05	percent of total billed charges	
WBC SPECT	78807	CPT	outpatient			2539		WellPoint	WellPoint		817.05	32.18			761.7	2412.05	percent of total billed charges	
TUMOR IMAGE PET|CT LIMITED AREA	78814	CPT	outpatient			5915	2057.61	Aetna	Medicare		1821.82	30.8			1653.65	5619.25	percent of total billed charges	
TUMOR IMAGE PET|CT LIMITED AREA	78814	CPT	outpatient			5915	2057.61	Aetna	Better Health		1866.18	31.55			1653.65	5619.25	percent of total billed charges	
TUMOR IMAGE PET|CT LIMITED AREA	78814	CPT	outpatient			5915	2057.61	Aetna	Commercial		2848.45				1653.65	5619.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TUMOR IMAGE PET|CT LIMITED AREA	78814	CPT	outpatient			5915	2057.61	Americare	Americare		4436.25	75			1653.65	5619.25	percent of total billed charges	
TUMOR IMAGE PET|CT LIMITED AREA	78814	CPT	outpatient			5915	2057.61	Amerihealth	HMO/PPO		3844.75	65			1653.65	5619.25	percent of total billed charges	
TUMOR IMAGE PET|CT LIMITED AREA	78814	CPT	outpatient			5915	2057.61	Amerihealth	Medicare		1789.23				1653.65	5619.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TUMOR IMAGE PET|CT LIMITED AREA	78814	CPT	outpatient			5915	2057.61	Consumer	Consumer		5619.25	95			1653.65	5619.25	percent of total billed charges	
TUMOR IMAGE PET|CT LIMITED AREA	78814	CPT	outpatient			5915	2057.61	Corrections	Corrections		4732	80			1653.65	5619.25	percent of total billed charges	
TUMOR IMAGE PET|CT LIMITED AREA	78814	CPT	outpatient			5915	2057.61	First Health	First Health		4140.5	70			1653.65	5619.25	percent of total billed charges	
TUMOR IMAGE PET|CT LIMITED AREA	78814	CPT	outpatient			5915	2057.61	First Trenton	First Trenton		5323.5	90			1653.65	5619.25	percent of total billed charges	
TUMOR IMAGE PET|CT LIMITED AREA	78814	CPT	outpatient			5915	2057.61	Horizon	MGD		3329.76				1653.65	5619.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TUMOR IMAGE PET|CT LIMITED AREA	78814	CPT	outpatient			5915	2057.61	Horizon	NJ Health		2116.8				1653.65	5619.25	fee schedule	
TUMOR IMAGE PET|CT LIMITED AREA	78814	CPT	outpatient			5915	2057.61	Horizon	Indemnity		3329.76				1653.65	5619.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TUMOR IMAGE PET|CT LIMITED AREA	78814	CPT	outpatient			5915	2057.61	Horizon	Medicare Blue		1789.23				1653.65	5619.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TUMOR IMAGE PET|CT LIMITED AREA	78814	CPT	outpatient			5915	2057.61	Horizon	PPO		3329.76				1653.65	5619.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TUMOR IMAGE PET|CT LIMITED AREA	78814	CPT	outpatient			5915	2057.61	Managed Care Inc	Managed Care Inc		5323.5	90			1653.65	5619.25	percent of total billed charges	
TUMOR IMAGE PET|CT LIMITED AREA	78814	CPT	outpatient			5915	2057.61	Multiplan	Multiplan		4732	80			1653.65	5619.25	percent of total billed charges	
TUMOR IMAGE PET|CT LIMITED AREA	78814	CPT	outpatient			5915	2057.61	Qualcare	Qualcare		4436.25	75			1653.65	5619.25	percent of total billed charges	
TUMOR IMAGE PET|CT LIMITED AREA	78814	CPT	outpatient			5915	2057.61	Three Rivers	Three Rivers		5619.25	95			1653.65	5619.25	percent of total billed charges	
TUMOR IMAGE PET|CT LIMITED AREA	78814	CPT	outpatient			5915	2057.61	UHC	Medicaid		1866.18	31.55			1653.65	5619.25	percent of total billed charges	
TUMOR IMAGE PET|CT LIMITED AREA	78814	CPT	outpatient			5915	2057.61	UHC	Medicare		1789.23				1653.65	5619.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TUMOR IMAGE PET|CT LIMITED AREA	78814	CPT	outpatient			5915	2057.61	Wellcare	Medicaid		1866.18	31.55			1653.65	5619.25	percent of total billed charges	
TUMOR IMAGE PET|CT LIMITED AREA	78814	CPT	outpatient			5915	2057.61	Wellcare	Medicare		1789.23				1653.65	5619.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TUMOR IMAGE PET|CT LIMITED AREA	78814	CPT	outpatient			5915	2057.61	WellPoint	WellPoint		1903.45	32.18			1653.65	5619.25	percent of total billed charges	
TUMOR IMAGE PET|CT SKULL BASE-MID THIGH	78815	CPT	outpatient			7512	2057.61	Aetna	Better Health		2370.04	31.55			1704.78	7136.4	percent of total billed charges	
TUMOR IMAGE PET|CT SKULL BASE-MID THIGH	78815	CPT	outpatient			7512	2057.61	Aetna	Medicare		2313.7	30.8			1704.78	7136.4	percent of total billed charges	
TUMOR IMAGE PET|CT SKULL BASE-MID THIGH	78815	CPT	outpatient			7512	2057.61	Aetna	Commercial		2848.45				1704.78	7136.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TUMOR IMAGE PET|CT SKULL BASE-MID THIGH	78815	CPT	outpatient			7512	2057.61	Americare	Americare		5634	75			1704.78	7136.4	percent of total billed charges	
TUMOR IMAGE PET|CT SKULL BASE-MID THIGH	78815	CPT	outpatient			7512	2057.61	Amerihealth	HMO/PPO		4882.8	65			1704.78	7136.4	percent of total billed charges	
TUMOR IMAGE PET|CT SKULL BASE-MID THIGH	78815	CPT	outpatient			7512	2057.61	Amerihealth	Medicare		1789.23				1704.78	7136.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TUMOR IMAGE PET|CT SKULL BASE-MID THIGH	78815	CPT	outpatient			7512	2057.61	Consumer	Consumer		7136.4	95			1704.78	7136.4	percent of total billed charges	
TUMOR IMAGE PET|CT SKULL BASE-MID THIGH	78815	CPT	outpatient			7512	2057.61	Corrections	Corrections		6009.6	80			1704.78	7136.4	percent of total billed charges	
TUMOR IMAGE PET|CT SKULL BASE-MID THIGH	78815	CPT	outpatient			7512	2057.61	First Health	First Health		5258.4	70			1704.78	7136.4	percent of total billed charges	
TUMOR IMAGE PET|CT SKULL BASE-MID THIGH	78815	CPT	outpatient			7512	2057.61	First Trenton	First Trenton		6760.8	90			1704.78	7136.4	percent of total billed charges	
TUMOR IMAGE PET|CT SKULL BASE-MID THIGH	78815	CPT	outpatient			7512	2057.61	Horizon	Medicare Blue		1789.23				1704.78	7136.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TUMOR IMAGE PET|CT SKULL BASE-MID THIGH	78815	CPT	outpatient			7512	2057.61	Horizon	Indemnity		3329.76				1704.78	7136.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TUMOR IMAGE PET|CT SKULL BASE-MID THIGH	78815	CPT	outpatient			7512	2057.61	Horizon	NJ Health		2116.8				1704.78	7136.4	fee schedule	
TUMOR IMAGE PET|CT SKULL BASE-MID THIGH	78815	CPT	outpatient			7512	2057.61	Horizon	MGD		3329.76				1704.78	7136.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TUMOR IMAGE PET|CT SKULL BASE-MID THIGH	78815	CPT	outpatient			7512	2057.61	Horizon	PPO		3329.76				1704.78	7136.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TUMOR IMAGE PET|CT SKULL BASE-MID THIGH	78815	CPT	outpatient			7512	2057.61	Managed Care Inc	Managed Care Inc		6760.8	90			1704.78	7136.4	percent of total billed charges	
TUMOR IMAGE PET|CT SKULL BASE-MID THIGH	78815	CPT	outpatient			7512	2057.61	Multiplan	Multiplan		6009.6	80			1704.78	7136.4	percent of total billed charges	
TUMOR IMAGE PET|CT SKULL BASE-MID THIGH	78815	CPT	outpatient			7512	2057.61	Qualcare	Qualcare		5634	75			1704.78	7136.4	percent of total billed charges	
TUMOR IMAGE PET|CT SKULL BASE-MID THIGH	78815	CPT	outpatient			7512	2057.61	Three Rivers	Three Rivers		7136.4	95			1704.78	7136.4	percent of total billed charges	
TUMOR IMAGE PET|CT SKULL BASE-MID THIGH	78815	CPT	outpatient			7512	2057.61	UHC	Medicaid		2370.04	31.55			1704.78	7136.4	percent of total billed charges	
TUMOR IMAGE PET|CT SKULL BASE-MID THIGH	78815	CPT	outpatient			7512	2057.61	UHC	Medicare		1789.23				1704.78	7136.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TUMOR IMAGE PET|CT SKULL BASE-MID THIGH	78815	CPT	outpatient			7512	2057.61	Wellcare	Medicare		1789.23				1704.78	7136.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TUMOR IMAGE PET|CT SKULL BASE-MID THIGH	78815	CPT	outpatient			7512	2057.61	Wellcare	Medicaid		2370.04	31.55			1704.78	7136.4	percent of total billed charges	
TUMOR IMAGE PET|CT SKULL BASE-MID THIGH	78815	CPT	outpatient			7512	2057.61	WellPoint	WellPoint		2417.36	32.18			1704.78	7136.4	percent of total billed charges	
TUMOR IMAGE PET|CT WHOLE BODY	78816	CPT	outpatient			7512	2057.61	Aetna	Better Health		2370.04	31.55			1617.57	7136.4	percent of total billed charges	
TUMOR IMAGE PET|CT WHOLE BODY	78816	CPT	outpatient			7512	2057.61	Aetna	Commercial		2848.45				1617.57	7136.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TUMOR IMAGE PET|CT WHOLE BODY	78816	CPT	outpatient			7512	2057.61	Aetna	Medicare		1789.23				1617.57	7136.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TUMOR IMAGE PET|CT WHOLE BODY	78816	CPT	outpatient			7512	2057.61	Americare	Americare		5634	75			1617.57	7136.4	percent of total billed charges	
TUMOR IMAGE PET|CT WHOLE BODY	78816	CPT	outpatient			7512	2057.61	Amerihealth	HMO/PPO		4882.8	65			1617.57	7136.4	percent of total billed charges	
TUMOR IMAGE PET|CT WHOLE BODY	78816	CPT	outpatient			7512	2057.61	Amerihealth	Medicare		1789.23				1617.57	7136.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TUMOR IMAGE PET|CT WHOLE BODY	78816	CPT	outpatient			7512	2057.61	Consumer	Consumer		7136.4	95			1617.57	7136.4	percent of total billed charges	
TUMOR IMAGE PET|CT WHOLE BODY	78816	CPT	outpatient			7512	2057.61	Corrections	Corrections		6009.6	80			1617.57	7136.4	percent of total billed charges	
TUMOR IMAGE PET|CT WHOLE BODY	78816	CPT	outpatient			7512	2057.61	First Health	First Health		5258.4	70			1617.57	7136.4	percent of total billed charges	
TUMOR IMAGE PET|CT WHOLE BODY	78816	CPT	outpatient			7512	2057.61	First Trenton	First Trenton		6760.8	90			1617.57	7136.4	percent of total billed charges	
TUMOR IMAGE PET|CT WHOLE BODY	78816	CPT	outpatient			7512	2057.61	Horizon	Medicare Blue		1789.23				1617.57	7136.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TUMOR IMAGE PET|CT WHOLE BODY	78816	CPT	outpatient			7512	2057.61	Horizon	PPO		3329.76				1617.57	7136.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TUMOR IMAGE PET|CT WHOLE BODY	78816	CPT	outpatient			7512	2057.61	Horizon	MGD		3329.76				1617.57	7136.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TUMOR IMAGE PET|CT WHOLE BODY	78816	CPT	outpatient			7512	2057.61	Horizon	NJ Health		2116.8				1617.57	7136.4	fee schedule	
TUMOR IMAGE PET|CT WHOLE BODY	78816	CPT	outpatient			7512	2057.61	Horizon	Indemnity		3329.76				1617.57	7136.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TUMOR IMAGE PET|CT WHOLE BODY	78816	CPT	outpatient			7512	2057.61	Managed Care Inc	Managed Care Inc		6760.8	90			1617.57	7136.4	percent of total billed charges	
TUMOR IMAGE PET|CT WHOLE BODY	78816	CPT	outpatient			7512	2057.61	Multiplan	Multiplan		6009.6	80			1617.57	7136.4	percent of total billed charges	
TUMOR IMAGE PET|CT WHOLE BODY	78816	CPT	outpatient			7512	2057.61	Qualcare	Qualcare		5634	75			1617.57	7136.4	percent of total billed charges	
TUMOR IMAGE PET|CT WHOLE BODY	78816	CPT	outpatient			7512	2057.61	Three Rivers	Three Rivers		7136.4	95			1617.57	7136.4	percent of total billed charges	
TUMOR IMAGE PET|CT WHOLE BODY	78816	CPT	outpatient			7512	2057.61	UHC	Medicaid		2370.04	31.55			1617.57	7136.4	percent of total billed charges	
TUMOR IMAGE PET|CT WHOLE BODY	78816	CPT	outpatient			7512	2057.61	UHC	Medicare		1789.23				1617.57	7136.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TUMOR IMAGE PET|CT WHOLE BODY	78816	CPT	outpatient			7512	2057.61	Wellcare	Medicaid		2370.04	31.55			1617.57	7136.4	percent of total billed charges	
TUMOR IMAGE PET|CT WHOLE BODY	78816	CPT	outpatient			7512	2057.61	Wellcare	Medicare		1789.23				1617.57	7136.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TUMOR IMAGE PET|CT WHOLE BODY	78816	CPT	outpatient			7512	2057.61	WellPoint	WellPoint		2417.36	32.18			1617.57	7136.4	percent of total billed charges	
NUCLEAR MEDICINE Y-90 SPECT/CT	78830	CPT	outpatient			4836	1867.58	Aetna	Commercial		2586.38				445.78	4594.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE Y-90 SPECT/CT	78830	CPT	outpatient			4836	1867.58	Aetna	Better Health		1525.76	31.55			445.78	4594.2	percent of total billed charges	
NUCLEAR MEDICINE Y-90 SPECT/CT	78830	CPT	outpatient			4836	1867.58	Aetna	Medicare		1623.98				445.78	4594.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE Y-90 SPECT/CT	78830	CPT	outpatient			4836	1867.58	Americare	Americare		3627	75			445.78	4594.2	percent of total billed charges	
NUCLEAR MEDICINE Y-90 SPECT/CT	78830	CPT	outpatient			4836	1867.58	Amerihealth	HMO/PPO		3143.4	65			445.78	4594.2	percent of total billed charges	
NUCLEAR MEDICINE Y-90 SPECT/CT	78830	CPT	outpatient			4836	1867.58	Amerihealth	Medicare		1623.98				445.78	4594.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE Y-90 SPECT/CT	78830	CPT	outpatient			4836	1867.58	Consumer	Consumer		4594.2	95			445.78	4594.2	percent of total billed charges	
NUCLEAR MEDICINE Y-90 SPECT/CT	78830	CPT	outpatient			4836	1867.58	Corrections	Corrections		3868.8	80			445.78	4594.2	percent of total billed charges	
NUCLEAR MEDICINE Y-90 SPECT/CT	78830	CPT	outpatient			4836	1867.58	First Health	First Health		3385.2	70			445.78	4594.2	percent of total billed charges	
NUCLEAR MEDICINE Y-90 SPECT/CT	78830	CPT	outpatient			4836	1867.58	First Trenton	First Trenton		4352.4	90			445.78	4594.2	percent of total billed charges	
NUCLEAR MEDICINE Y-90 SPECT/CT	78830	CPT	outpatient			4836	1867.58	Horizon	Indemnity		3022.23				445.78	4594.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE Y-90 SPECT/CT	78830	CPT	outpatient			4836	1867.58	Horizon	MGD		3022.23				445.78	4594.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE Y-90 SPECT/CT	78830	CPT	outpatient			4836	1867.58	Horizon	Medicare Blue		1623.98				445.78	4594.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE Y-90 SPECT/CT	78830	CPT	outpatient			4836	1867.58	Horizon	NJ Health		445.78				445.78	4594.2	fee schedule	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
NUCLEAR MEDICINE Y-90 SPECT/CT	78830	CPT	outpatient			4836	1867.58	Horizon	PPO		3022.23				445.78		4594.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE Y-90 SPECT/CT	78830	CPT	outpatient			4836	1867.58	Managed Care Inc	Managed Care Inc		4352.4	90			445.78		4594.2 percent of total billed charges	
NUCLEAR MEDICINE Y-90 SPECT/CT	78830	CPT	outpatient			4836	1867.58	Multiplan	Multiplan		3868.8	80			445.78		4594.2 percent of total billed charges	
NUCLEAR MEDICINE Y-90 SPECT/CT	78830	CPT	outpatient			4836	1867.58	Qualcare	Qualcare		3627	75			445.78		4594.2 percent of total billed charges	
NUCLEAR MEDICINE Y-90 SPECT/CT	78830	CPT	outpatient			4836	1867.58	Three Rivers	Three Rivers		4594.2	95			445.78		4594.2 percent of total billed charges	
NUCLEAR MEDICINE Y-90 SPECT/CT	78830	CPT	outpatient			4836	1867.58	UHC	Medicare		1623.98				445.78		4594.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE Y-90 SPECT/CT	78830	CPT	outpatient			4836	1867.58	UHC	Medicaid		1525.76	31.55			445.78		4594.2 percent of total billed charges	
NUCLEAR MEDICINE Y-90 SPECT/CT	78830	CPT	outpatient			4836	1867.58	Wellcare	Medicare		1623.98				445.78		4594.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE Y-90 SPECT/CT	78830	CPT	outpatient			4836	1867.58	Wellcare	Medicaid		1525.76	31.55			445.78		4594.2 percent of total billed charges	
NUCLEAR MEDICINE Y-90 SPECT/CT	78830	CPT	outpatient			4836	1867.58	WellPoint	WellPoint		1556.22	32.18			445.78		4594.2 percent of total billed charges	
NUCLEAR MEDICINE V/Q SPECT/CT	78832	CPT	outpatient			5427	2057.61	Aetna	Better Health		1712.22	31.55			841.08		5155.65 percent of total billed charges	
NUCLEAR MEDICINE V/Q SPECT/CT	78832	CPT	outpatient			5427	2057.61	Aetna	Commercial		2848.45				841.08		5155.65 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE V/Q SPECT/CT	78832	CPT	outpatient			5427	2057.61	Aetna	Medicare		1671.52	30.8			841.08		5155.65 percent of total billed charges	
NUCLEAR MEDICINE V/Q SPECT/CT	78832	CPT	outpatient			5427	2057.61	Americare	Americare		4070.25	75			841.08		5155.65 percent of total billed charges	
NUCLEAR MEDICINE V/Q SPECT/CT	78832	CPT	outpatient			5427	2057.61	Amerihealth	HMO/PPO		3627.55	65			841.08		5155.65 percent of total billed charges	
NUCLEAR MEDICINE V/Q SPECT/CT	78832	CPT	outpatient			5427	2057.61	Amerihealth	Medicare		1789.23				841.08		5155.65 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE V/Q SPECT/CT	78832	CPT	outpatient			5427	2057.61	Consumer	Consumer		5155.65	95			841.08		5155.65 percent of total billed charges	
NUCLEAR MEDICINE V/Q SPECT/CT	78832	CPT	outpatient			5427	2057.61	Corrections	Corrections		4341.6	80			841.08		5155.65 percent of total billed charges	
NUCLEAR MEDICINE V/Q SPECT/CT	78832	CPT	outpatient			5427	2057.61	First Health	First Health		3798.9	70			841.08		5155.65 percent of total billed charges	
NUCLEAR MEDICINE V/Q SPECT/CT	78832	CPT	outpatient			5427	2057.61	First Trenton	First Trenton		4884.3	90			841.08		5155.65 percent of total billed charges	
NUCLEAR MEDICINE V/Q SPECT/CT	78832	CPT	outpatient			5427	2057.61	Horizon	PPO		3329.76				841.08		5155.65 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE V/Q SPECT/CT	78832	CPT	outpatient			5427	2057.61	Horizon	MGD		3329.76				841.08		5155.65 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE V/Q SPECT/CT	78832	CPT	outpatient			5427	2057.61	Horizon	Indemnity		3329.76				841.08		5155.65 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE V/Q SPECT/CT	78832	CPT	outpatient			5427	2057.61	Horizon	NJ Health		841.08				841.08		5155.65 fee schedule	
NUCLEAR MEDICINE V/Q SPECT/CT	78832	CPT	outpatient			5427	2057.61	Horizon	Medicare Blue		1789.23				841.08		5155.65 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE V/Q SPECT/CT	78832	CPT	outpatient			5427	2057.61	Managed Care Inc	Managed Care Inc		4884.3	90			841.08		5155.65 percent of total billed charges	
NUCLEAR MEDICINE V/Q SPECT/CT	78832	CPT	outpatient			5427	2057.61	Multiplan	Multiplan		4341.6	80			841.08		5155.65 percent of total billed charges	
NUCLEAR MEDICINE V/Q SPECT/CT	78832	CPT	outpatient			5427	2057.61	Qualcare	Qualcare		4070.25	75			841.08		5155.65 percent of total billed charges	
NUCLEAR MEDICINE V/Q SPECT/CT	78832	CPT	outpatient			5427	2057.61	Three Rivers	Three Rivers		5155.65	95			841.08		5155.65 percent of total billed charges	
NUCLEAR MEDICINE V/Q SPECT/CT	78832	CPT	outpatient			5427	2057.61	UHC	Medicare		1789.23				841.08		5155.65 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE V/Q SPECT/CT	78832	CPT	outpatient			5427	2057.61	UHC	Medicaid		1712.22	31.55			841.08		5155.65 percent of total billed charges	
NUCLEAR MEDICINE V/Q SPECT/CT	78832	CPT	outpatient			5427	2057.61	Wellcare	Medicare		1789.23				841.08		5155.65 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE V/Q SPECT/CT	78832	CPT	outpatient			5427	2057.61	Wellcare	Medicaid		1712.22	31.55			841.08		5155.65 percent of total billed charges	
NUCLEAR MEDICINE V/Q SPECT/CT	78832	CPT	outpatient			5427	2057.61	WellPoint	WellPoint		1746.41	32.18			841.08		5155.65 percent of total billed charges	
WBC FUSION	78999	CPT	outpatient			1448	542.46	Aetna	Better Health		456.84	31.55			178.57		1375.6 percent of total billed charges	
WBC FUSION	78999	CPT	outpatient			1448	542.46	Aetna	Commercial		750.95				178.57		1375.6 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WBC FUSION	78999	CPT	outpatient			1448	542.46	Aetna	Medicare		471.7				178.57		1375.6 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WBC FUSION	78999	CPT	outpatient			1448	542.46	Americare	Americare		1086	75			178.57		1375.6 percent of total billed charges	
WBC FUSION	78999	CPT	outpatient			1448	542.46	Amerihealth	HMO/PPO		941.2	65			178.57		1375.6 percent of total billed charges	
WBC FUSION	78999	CPT	outpatient			1448	542.46	Amerihealth	Medicare		471.7				178.57		1375.6 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WBC FUSION	78999	CPT	outpatient			1448	542.46	Consumer	Consumer		1375.6	95			178.57		1375.6 percent of total billed charges	
WBC FUSION	78999	CPT	outpatient			1448	542.46	Corrections	Corrections		1158.4	80			178.57		1375.6 percent of total billed charges	
WBC FUSION	78999	CPT	outpatient			1448	542.46	First Health	First Health		1013.6	70			178.57		1375.6 percent of total billed charges	
WBC FUSION	78999	CPT	outpatient			1448	542.46	First Trenton	First Trenton		1303.2	90			178.57		1375.6 percent of total billed charges	
WBC FUSION	78999	CPT	outpatient			1448	542.46	Horizon	Medicare Blue		471.7				178.57		1375.6 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WBC FUSION	78999	CPT	outpatient			1448	542.46	Horizon	Indemnity		877.83				178.57		1375.6 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WBC FUSION	78999	CPT	outpatient			1448	542.46	Horizon	MGD		877.83				178.57		1375.6 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WBC FUSION	78999	CPT	outpatient			1448	542.46	Horizon	PPO		877.83				178.57		1375.6 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WBC FUSION	78999	CPT	outpatient			1448	542.46	Managed Care Inc	Managed Care Inc		1303.2	90			178.57		1375.6 percent of total billed charges	
WBC FUSION	78999	CPT	outpatient			1448	542.46	Multiplan	Multiplan		1158.4	80			178.57		1375.6 percent of total billed charges	
WBC FUSION	78999	CPT	outpatient			1448	542.46	Qualcare	Qualcare		1086	75			178.57		1375.6 percent of total billed charges	
WBC FUSION	78999	CPT	outpatient			1448	542.46	Three Rivers	Three Rivers		1375.6	95			178.57		1375.6 percent of total billed charges	
WBC FUSION	78999	CPT	outpatient			1448	542.46	UHC	Medicaid		456.84	31.55			178.57		1375.6 percent of total billed charges	
WBC FUSION	78999	CPT	outpatient			1448	542.46	UHC	Medicare		471.7				178.57		1375.6 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WBC FUSION	78999	CPT	outpatient			1448	542.46	Wellcare	Medicare		471.7				178.57		1375.6 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WBC FUSION	78999	CPT	outpatient			1448	542.46	Wellcare	Medicaid		456.84	31.55			178.57		1375.6 percent of total billed charges	
WBC FUSION	78999	CPT	outpatient			1448	542.46	WellPoint	WellPoint		465.97	32.18			178.57		1375.6 percent of total billed charges	
THYROID CARCINOMA I-131 THERA	79005	CPT	outpatient			1486	327.21	Aetna	Medicare		457.69	30.8			210.56		1411.7 percent of total billed charges	
THYROID CARCINOMA I-131 THERA	79005	CPT	outpatient			1486	327.21	Aetna	Commercial		452.97				210.56		1411.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THYROID CARCINOMA I-131 THERA	79005	CPT	outpatient			1486	327.21	Aetna	Better Health		468.83	31.55			210.56		1411.7 percent of total billed charges	
THYROID CARCINOMA I-131 THERA	79005	CPT	outpatient			1486	327.21	Americare	Americare		1114.5	75			210.56		1411.7 percent of total billed charges	
THYROID CARCINOMA I-131 THERA	79005	CPT	outpatient			1486	327.21	Amerihealth	Medicare		284.53				210.56		1411.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THYROID CARCINOMA I-131 THERA	79005	CPT	outpatient			1486	327.21	Amerihealth	HMO/PPO		965.9	65			210.56		1411.7 percent of total billed charges	
THYROID CARCINOMA I-131 THERA	79005	CPT	outpatient			1486	327.21	Consumer	Consumer		1411.7	95			210.56		1411.7 percent of total billed charges	
THYROID CARCINOMA I-131 THERA	79005	CPT	outpatient			1486	327.21	Corrections	Corrections		1188.8	80			210.56		1411.7 percent of total billed charges	
THYROID CARCINOMA I-131 THERA	79005	CPT	outpatient			1486	327.21	First Health	First Health		1040.2	70			210.56		1411.7 percent of total billed charges	
THYROID CARCINOMA I-131 THERA	79005	CPT	outpatient			1486	327.21	First Trenton	First Trenton		1337.4	90			210.56		1411.7 percent of total billed charges	
THYROID CARCINOMA I-131 THERA	79005	CPT	outpatient			1486	327.21	Horizon	Indemnity		529.51				210.56		1411.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THYROID CARCINOMA I-131 THERA	79005	CPT	outpatient			1486	327.21	Horizon	MGD		529.51				210.56		1411.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THYROID CARCINOMA I-131 THERA	79005	CPT	outpatient			1486	327.21	Horizon	Medicare Blue		284.53				210.56		1411.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THYROID CARCINOMA I-131 THERA	79005	CPT	outpatient			1486	327.21	Horizon	PPO		529.51				210.56		1411.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THYROID CARCINOMA I-131 THERA	79005	CPT	outpatient			1486	327.21	Horizon	NJ Health		210.56				210.56		1411.7 fee schedule	
THYROID CARCINOMA I-131 THERA	79005	CPT	outpatient			1486	327.21	Managed Care Inc	Managed Care Inc		1337.4	90			210.56		1411.7 percent of total billed charges	
THYROID CARCINOMA I-131 THERA	79005	CPT	outpatient			1486	327.21	Multiplan	Multiplan		1188.8	80			210.56		1411.7 percent of total billed charges	
THYROID CARCINOMA I-131 THERA	79005	CPT	outpatient			1486	327.21	Qualcare	Qualcare		1114.5	75			210.56		1411.7 percent of total billed charges	
THYROID CARCINOMA I-131 THERA	79005	CPT	outpatient			1486	327.21	Three Rivers	Three Rivers		1411.7	95			210.56		1411.7 percent of total billed charges	
THYROID CARCINOMA I-131 THERA	79005	CPT	outpatient			1486	327.21	UHC	Medicaid		468.83	31.55			210.56		1411.7 percent of total billed charges	
THYROID CARCINOMA I-131 THERA	79005	CPT	outpatient			1486	327.21	UHC	Medicare		284.53				210.56		1411.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THYROID CARCINOMA I-131 THERA	79005	CPT	outpatient			1486	327.21	Wellcare	Medicaid		468.83	31.55			210.56		1411.7 percent of total billed charges	
THYROID CARCINOMA I-131 THERA	79005	CPT	outpatient			1486	327.21	Wellcare	Medicare		284.53				210.56		1411.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THYROID CARCINOMA I-131 THERA	79005	CPT	outpatient			1486	327.21	WellPoint	WellPoint		478.19	32.18			210.56		1411.7 percent of total billed charges	
RP THERAP CHRONIC LEUKEM	79101	CPT	outpatient			1812	327.21	Aetna	Medicare		284.53				219.62		1721.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP THERAP CHRONIC LEUKEM	79101	CPT	outpatient			1812	327.21	Aetna	Better Health		571.69	31.55			219.62		1721.4 percent of total billed charges	
RP THERAP CHRONIC LEUKEM	79101	CPT	outpatient			1812	327.21	Aetna	Commercial		452.97				219.62		1721.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP THERAP CHRONIC LEUKEM	79101	CPT	outpatient			1812	327.21	Americare	Americare		1359	75			219.62		1721.4 percent of total billed charges	
RP THERAP CHRONIC LEUKEM	79101	CPT	outpatient			1812	327.21	Amerihealth	HMO/PPO		1177.8	65			219.62		1721.4 percent of total billed charges	
RP THERAP CHRONIC LEUKEM	79101	CPT	outpatient			1812	327.21	Amerihealth	Medicare		284.53				219.62		1721.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP THERAP CHRONIC LEUKEM	79101	CPT	outpatient			1812	327.21	Consumer	Consumer		1721.4	95			219.62		1721.4 percent of total billed charges	
RP THERAP CHRONIC LEUKEM	79101	CPT	outpatient			1812	327.21	Corrections	Corrections		1449.6	80			219.62		1721.4 percent of total billed charges	
RP THERAP CHRONIC LEUKEM	79101	CPT	outpatient			1812	327.21	First Health	First Health		1268.4	70			219.62		1721.4 percent of total billed charges	
RP THERAP CHRONIC LEUKEM	79101	CPT	outpatient			1812	327.21	First Trenton	First Trenton		1630.8	90			219.62		1721.4 percent of total billed charges	
RP THERAP CHRONIC LEUKEM	79101	CPT	outpatient			1812	327.21	Horizon	Medicare Blue		284.53				219.62		1721.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP THERAP CHRONIC LEUKEM	79101	CPT	outpatient			1812	327.21	Horizon	MGD		529.51				219.62		1721.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP THERAP CHRONIC LEUKEM	79101	CPT	outpatient			1812	327.21	Horizon	PPO		529.51				219.62		1721.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP THERAP CHRONIC LEUKEM	79101	CPT	outpatient			1812	327.21	Horizon	Indemnity		529.51				219.62		1721.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP THERAP CHRONIC LEUKEM	79101	CPT	outpatient			1812	327.21	Horizon	NJ Health		219.62				219.62		1721.4 fee schedule	
RP THERAP CHRONIC LEUKEM	79101	CPT	outpatient			1812	327.21	Managed Care Inc	Managed Care Inc		1630.8	90			219.62		1721.4 percent of total billed charges	
RP THERAP CHRONIC LEUKEM	79101	CPT	outpatient			1812	327.21	Multiplan	Multiplan		1449.6	80			219.62		1721.4 percent of total billed charges	
RP THERAP CHRONIC LEUKEM	79101	CPT	outpatient			1812	327.21	Qualcare	Qualcare		1359	75			219.62		1721.4 percent of total billed charges	
RP THERAP CHRONIC LEUKEM	79101	CPT	outpatient			1812	327.21	Three Rivers	Three Rivers		1721.4	95			219.62		1721.4 percent of total billed charges	
RP THERAP CHRONIC LEUKEM	79101	CPT	outpatient			1812	327.21	UHC	Medicaid		571.69	31.55			219.62		1721.4 percent of total billed charges	
RP THERAP CHRONIC LEUKEM	79101	CPT	outpatient			1812	327.21	UHC	Medicare		284.53				219.62		1721.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP THERAP CHRONIC LEUKEM	79101	CPT	outpatient			1812	327.21	Wellcare	Medicaid		571.69	31.55			219.62		1721.4 percent of total billed charges	
RP THERAP CHRONIC LEUKEM	79101	CPT	outpatient			1812	327.21	Wellcare	Medicare		284.53				219.62		1721.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP THERAP CHRONIC LEUKEM	79101	CPT	outpatient			1812	327.21	WellPoint	WellPoint		583.1	32.18			219.62		1721.4 percent of total billed charges	
ZEVALIN THERAPY (YTTRIUM-90)	79403	CPT	outpatient			3649	327.21	Aetna	Commercial		452.97				284.53		3466.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ZEVALIN THERAPY (YTTRIUM-90)	79403	CPT	outpatient			3649	327.21	Aetna	Medicare		284.53				284.53		3466.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ZEVALIN THERAPY (YTTRIUM-90)	79403	CPT	outpatient			3649	327.21	Aetna	Better Health		1151.26	31.55			284.53		3466.55 percent of total billed charges	
ZEVALIN THERAPY (YTTRIUM-90)	79403	CPT	outpatient			3649	327.21	Americare	Americare		2736.75	75			284.53		3466.55 percent of total billed charges	
ZEVALIN THERAPY (YTTRIUM-90)	79403	CPT	outpatient			3649	327.21	Amerihealth	Medicare		284.53				284.53		3466.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ZEVALIN THERAPY (YTTRIUM-90)	79403	CPT	outpatient			3649	327.21	Amerihealth	HMO/PPO		2371.85	65			284.53		3466.55 percent of total billed charges	
ZEVALIN THERAPY (YTTRIUM-90)	79403	CPT	outpatient			3649	327.21	Consumer	Consumer		3466.55	95			284.53		3466.55 percent of total billed charges	
ZEVALIN THERAPY (YTTRIUM-90)	79403	CPT	outpatient			3649	327.21	Corrections	Corrections		2919.2	80			284.53		3466.55 percent of total billed charges	
ZEVALIN THERAPY (YTTRIUM-90)	79403	CPT	outpatient			3649	327.21	First Health	First Health		2554.3	70			284.53		3466.55 percent of total billed charges	
ZEVALIN THERAPY (YTTRIUM-90)	79403	CPT	outpatient			3649	327.21	First Trenton	First Trenton		3284.1	90			284.53		3466.55 percent of total billed charges	
ZEVALIN THERAPY (YTTRIUM-90)	79403	CPT	outpatient			3649	327.21	Horizon	Indemnity		529.51				284.53		3466.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ZEVALIN THERAPY (YTTRIUM-90)	79403	CPT	outpatient			3649	327.21	Horizon	PPO		529.51				284.53		3466.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ZEVALIN THERAPY (YTTRIUM-90)	79403	CPT	outpatient			3649	327.21	Horizon	Medicare Blue		284.53				284.53		3466.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ZEVALIN THERAPY (YTTRIUM-90)	79403	CPT	outpatient			3649	327.21	Horizon	MGD		529.51				284.53		3466.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ZEVALIN THERAPY (YTTRIUM-90)	79403	CPT	outpatient			3649	327.21	Horizon	NJ Health		485.69				284.53		3466.55 fee schedule	
ZEVALIN THERAPY (YTTRIUM-90)	79403	CPT	outpatient			3649	327.21	Managed Care Inc	Managed Care Inc		3284.1	90			284.53		3466.55 percent of total billed charges	
ZEVALIN THERAPY (YTTRIUM-90)	79403	CPT	outpatient			3649	327.21	Multiplan	Multiplan		2919.2	80			284.53		3466.55 percent of total billed charges	
ZEVALIN THERAPY (YTTRIUM-90)	79403	CPT	outpatient			3649	327.21	Qualcare	Qualcare		2736.75	75			284.53		3466.55 percent of total billed charges	
ZEVALIN THERAPY (YTTRIUM-90)	79403	CPT	outpatient			3649	327.21	Three Rivers	Three Rivers		3466.55	95			284.53		3466.55 percent of total billed charges	
ZEVALIN THERAPY (YTTRIUM-90)	79403	CPT	outpatient			3649	327.21	UHC	Medicare		284.53				284.53		3466.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ZEVALIN THERAPY (YTTRIUM-90)	79403	CPT	outpatient			3649	327.21	UHC	Medicaid		1151.26	31.55			284.53		3466.55 percent of total billed charges	
ZEVALIN THERAPY (YTTRIUM-90)	79403	CPT	outpatient			3649	327.21	Wellcare	Medicaid		1151.26	31.55			284.53		3466.55 percent of total billed charges	
ZEVALIN THERAPY (YTTRIUM-90)	79403	CPT	outpatient			3649	327.21	Wellcare	Medicare		284.53				284.53		3466.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ZEVALIN THERAPY (YTTRIUM-90)	79403	CPT	outpatient			3649	327.21	WellPoint	WellPoint		1174.25	32.18			284.53		3466.55 percent of total billed charges	
THERASPHERE ADMINISTRATION BY AU	79445	CPT	outpatient			1133	327.21	Aetna	Better Health		357.46	31.55			244.92		1076.35 percent of total billed charges	
THERASPHERE ADMINISTRATION BY AU	79445	CPT	outpatient			1133	327.21	Aetna	Commercial		452.97				244.92		1076.35 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THERASPHERE ADMINISTRATION BY AU	79445	CPT	outpatient			1133	327.21	Aetna	Medicare		284.53				244.92		1076.35 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THERASPHERE ADMINISTRATION BY AU	79445	CPT	outpatient			1133	327.21	Americare	Americare		849.75	75			244.92		1076.35 percent of total billed charges	
THERASPHERE ADMINISTRATION BY AU	79445	CPT	outpatient			1133	327.21	Amerihealth	HMO/PPO		736.45	65			244.92		1076.35 percent of total billed charges	
THERASPHERE ADMINISTRATION BY AU	79445	CPT	outpatient			1133	327.21	Amerihealth	Medicare		284.53				244.92		1076.35 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THERASPHERE ADMINISTRATION BY AU	79445	CPT	outpatient			1133	327.21	Consumer	Consumer		1076.35	95			244.92		1076.35 percent of total billed charges	
THERASPHERE ADMINISTRATION BY AU	79445	CPT	outpatient			1133	327.21	Corrections	Corrections		906.4	80			244.92		1076.35 percent of total billed charges	
THERASPHERE ADMINISTRATION BY AU	79445	CPT	outpatient			1133	327.21	First Health	First Health		793.1	70			244.92		1076.35 percent of total billed charges	
THERASPHERE ADMINISTRATION BY AU	79445	CPT	outpatient			1133	327.21	First Trenton	First Trenton		1019.7	90			244.92		1076.35 percent of total billed charges	
THERASPHERE ADMINISTRATION BY AU	79445	CPT	outpatient			1133	327.21	Horizon	NJ Health		244.92				244.92		1076.35 fee schedule	
THERASPHERE ADMINISTRATION BY AU	79445	CPT	outpatient			1133	327.21	Horizon	Indemnity		529.51				244.92		1076.35 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THERASPHERE ADMINISTRATION BY AU	79445	CPT	outpatient			1133	327.21	Horizon	MGD		529.51				244.92		1076.35 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THERASPHERE ADMINISTRATION BY AU	79445	CPT	outpatient			1133	327.21	Horizon	Medicare Blue		284.53				244.92		1076.35 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THERASPHERE ADMINISTRATION BY AU	79445	CPT	outpatient			1133	327.21	Horizon	PPO		529.51				244.92		1076.35 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THERASPHERE ADMINISTRATION BY AU	79445	CPT	outpatient			1133	327.21	Managed Care Inc	Managed Care Inc		1019.7	90			244.92		1076.35 percent of total billed charges	
THERASPHERE ADMINISTRATION BY AU	79445	CPT	outpatient			1133	327.21	Multiplan	Multiplan		906.4	80			244.92		1076.35 percent of total billed charges	
THERASPHERE ADMINISTRATION BY AU	79445	CPT	outpatient			1133	327.21	Qualcare	Qualcare		849.75	75			244.92		1076.35 percent of total billed charges	
THERASPHERE ADMINISTRATION BY AU	79445	CPT	outpatient			1133	327.21	Three Rivers	Three Rivers		1076.35	95			244.92		1076.35 percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
THERASPHERE ADMINISTRATION BY AU	79445	CPT	outpatient			1133		Medicaid	Medicaid		357.46	31.55			244.92	1076.35	percent of total billed charges	
THERASPHERE ADMINISTRATION BY AU	79445	CPT	outpatient			1133		UHC	Medicare		284.53				244.92	1076.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THERASPHERE ADMINISTRATION BY AU	79445	CPT	outpatient			1133		Wellcare	Medicare		284.53				244.92	1076.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THERASPHERE ADMINISTRATION BY AU	79445	CPT	outpatient			1133		Wellcare	Medicaid		357.46	31.55			244.92	1076.35	percent of total billed charges	
THERASPHERE ADMINISTRATION BY AU	79445	CPT	outpatient			1133		WellPoint	WellPoint		364.6	32.18			244.92	1076.35	percent of total billed charges	
UNLISTED R.P.THERAP PROC	79999	CPT	outpatient			1874		Aetna	Better Health		591.25	31.55			284.53	1780.3	percent of total billed charges	
UNLISTED R.P.THERAP PROC	79999	CPT	outpatient			1874		Aetna	Commercial		452.97				284.53	1780.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED R.P.THERAP PROC	79999	CPT	outpatient			1874		Aetna	Medicare		284.53				284.53	1780.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED R.P.THERAP PROC	79999	CPT	outpatient			1874		Americare	Americare		1405.5	75			284.53	1780.3	percent of total billed charges	
UNLISTED R.P.THERAP PROC	79999	CPT	outpatient			1874		Amerihealth	HMO/PPO		1218.1	65			284.53	1780.3	percent of total billed charges	
UNLISTED R.P.THERAP PROC	79999	CPT	outpatient			1874		Amerihealth	Medicare		284.53				284.53	1780.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED R.P.THERAP PROC	79999	CPT	outpatient			1874		Consumer	Consumer		1780.3	95			284.53	1780.3	percent of total billed charges	
UNLISTED R.P.THERAP PROC	79999	CPT	outpatient			1874		Corrections	Corrections		1499.2	80			284.53	1780.3	percent of total billed charges	
UNLISTED R.P.THERAP PROC	79999	CPT	outpatient			1874		First Health	First Health		1311.8	70			284.53	1780.3	percent of total billed charges	
UNLISTED R.P.THERAP PROC	79999	CPT	outpatient			1874		First Trenton	First Trenton		1686.6	90			284.53	1780.3	percent of total billed charges	
UNLISTED R.P.THERAP PROC	79999	CPT	outpatient			1874		Horizon	Indemnity		529.51				284.53	1780.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED R.P.THERAP PROC	79999	CPT	outpatient			1874		Horizon	MGD		529.51				284.53	1780.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED R.P.THERAP PROC	79999	CPT	outpatient			1874		Horizon	PPO		529.51				284.53	1780.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED R.P.THERAP PROC	79999	CPT	outpatient			1874		Horizon	Medicare Blue		284.53				284.53	1780.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED R.P.THERAP PROC	79999	CPT	outpatient			1874		Managed Care Inc	Managed Care Inc		1686.6	90			284.53	1780.3	percent of total billed charges	
UNLISTED R.P.THERAP PROC	79999	CPT	outpatient			1874		Multiplan	Multiplan		1499.2	80			284.53	1780.3	percent of total billed charges	
UNLISTED R.P.THERAP PROC	79999	CPT	outpatient			1874		Qualcare	Qualcare		1405.5	75			284.53	1780.3	percent of total billed charges	
UNLISTED R.P.THERAP PROC	79999	CPT	outpatient			1874		Three Rivers	Three Rivers		1780.3	95			284.53	1780.3	percent of total billed charges	
UNLISTED R.P.THERAP PROC	79999	CPT	outpatient			1874		UHC	Medicare		284.53				284.53	1780.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED R.P.THERAP PROC	79999	CPT	outpatient			1874		UHC	Medicaid		591.25	31.55			284.53	1780.3	percent of total billed charges	
UNLISTED R.P.THERAP PROC	79999	CPT	outpatient			1874		Wellcare	Medicare		284.53				284.53	1780.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED R.P.THERAP PROC	79999	CPT	outpatient			1874		Wellcare	Medicaid		591.25	31.55			284.53	1780.3	percent of total billed charges	
UNLISTED R.P.THERAP PROC	79999	CPT	outpatient			1874		WellPoint	WellPoint		603.05	32.18			284.53	1780.3	percent of total billed charges	
CHEM 8 POC ABBOTT ISTAT	80047	CPT	outpatient			45		Aetna	Medicare		13.73				13.5	42.75	fee schedule	
CHEM 8 POC ABBOTT ISTAT	80047	CPT	outpatient			45		Aetna	Better Health		14.2	31.55			13.5	42.75	percent of total billed charges	
CHEM 8 POC ABBOTT ISTAT	80047	CPT	outpatient			45		Aetna	Commercial		17.1	38			13.5	42.75	percent of total billed charges	
CHEM 8 POC ABBOTT ISTAT	80047	CPT	outpatient			45		Americare	Americare		33.75	75			13.5	42.75	percent of total billed charges	
CHEM 8 POC ABBOTT ISTAT	80047	CPT	outpatient			45		Amerihealth	HMO/PPO		29.25	65			13.5	42.75	percent of total billed charges	
CHEM 8 POC ABBOTT ISTAT	80047	CPT	outpatient			45		Amerihealth	Medicare		13.73				13.5	42.75	fee schedule	
CHEM 8 POC ABBOTT ISTAT	80047	CPT	outpatient			45		Consumer	Consumer		42.75	95			13.5	42.75	percent of total billed charges	
CHEM 8 POC ABBOTT ISTAT	80047	CPT	outpatient			45		Corrections	Corrections		36	80			13.5	42.75	percent of total billed charges	
CHEM 8 POC ABBOTT ISTAT	80047	CPT	outpatient			45		First Health	First Health		31.5	70			13.5	42.75	percent of total billed charges	
CHEM 8 POC ABBOTT ISTAT	80047	CPT	outpatient			45		First Trenton	First Trenton		40.5	90			13.5	42.75	percent of total billed charges	
CHEM 8 POC ABBOTT ISTAT	80047	CPT	outpatient			45		Horizon	Medicare Blue		13.5	30			13.5	42.75	percent of total billed charges	
CHEM 8 POC ABBOTT ISTAT	80047	CPT	outpatient			45		Horizon	Indemnity		17.23	38.28			13.5	42.75	percent of total billed charges	
CHEM 8 POC ABBOTT ISTAT	80047	CPT	outpatient			45		Horizon	NJ Health		17.54				13.5	42.75	fee schedule	
CHEM 8 POC ABBOTT ISTAT	80047	CPT	outpatient			45		Horizon	MGD		17.23	38.28			13.5	42.75	percent of total billed charges	
CHEM 8 POC ABBOTT ISTAT	80047	CPT	outpatient			45		Horizon	PPO		17.23	38.28			13.5	42.75	percent of total billed charges	
CHEM 8 POC ABBOTT ISTAT	80047	CPT	outpatient			45		Managed Care Inc	Managed Care Inc		40.5	90			13.5	42.75	percent of total billed charges	
CHEM 8 POC ABBOTT ISTAT	80047	CPT	outpatient			45		Multiplan	Multiplan		36	80			13.5	42.75	percent of total billed charges	
CHEM 8 POC ABBOTT ISTAT	80047	CPT	outpatient			45		Qualcare	Qualcare		33.75	75			13.5	42.75	percent of total billed charges	
CHEM 8 POC ABBOTT ISTAT	80047	CPT	outpatient			45		Three Rivers	Three Rivers		42.75	95			13.5	42.75	percent of total billed charges	
CHEM 8 POC ABBOTT ISTAT	80047	CPT	outpatient			45		UHC	Medicaid		14.2	31.55			13.5	42.75	percent of total billed charges	
CHEM 8 POC ABBOTT ISTAT	80047	CPT	outpatient			45		UHC	Medicare		13.73				13.5	42.75	fee schedule	
CHEM 8 POC ABBOTT ISTAT	80047	CPT	outpatient			45		Wellcare	Medicare		13.73				13.5	42.75	fee schedule	
CHEM 8 POC ABBOTT ISTAT	80047	CPT	outpatient			45		Wellcare	Medicaid		14.2	31.55			13.5	42.75	percent of total billed charges	
CHEM 8 POC ABBOTT ISTAT	80047	CPT	outpatient			45		WellPoint	WellPoint		14.48	32.18			13.5	42.75	percent of total billed charges	
CHEM8(POC-ISTAT)	80048	CPT	both			159		Aetna	Better Health		50.16	31.55			8.1	151.05	percent of total billed charges	
CHEM8(POC-ISTAT)	80048	CPT	both			159		Aetna	Medicare		9.73				8.1	151.05	fee schedule	
CHEM8(POC-ISTAT)	80048	CPT	both			159		Aetna	Commercial		60.42	38			8.1	151.05	percent of total billed charges	
CHEM8(POC-ISTAT)	80048	CPT	both			159		Americare	Americare		119.25	75			8.1	151.05	percent of total billed charges	
CHEM8(POC-ISTAT)	80048	CPT	both			159		Amerihealth	Medicare		9.46				8.1	151.05	fee schedule	
CHEM8(POC-ISTAT)	80048	CPT	both			159		Amerihealth	HMO/PPO		103.35	65			8.1	151.05	percent of total billed charges	
CHEM8(POC-ISTAT)	80048	CPT	both			159		Consumer	Consumer		151.05	95			8.1	151.05	percent of total billed charges	
CHEM8(POC-ISTAT)	80048	CPT	both			159		Corrections	Corrections		127.2	80			8.1	151.05	percent of total billed charges	
CHEM8(POC-ISTAT)	80048	CPT	both			159		First Health	First Health		111.3	70			8.1	151.05	percent of total billed charges	
CHEM8(POC-ISTAT)	80048	CPT	both			159		First Trenton	First Trenton		143.1	90			8.1	151.05	percent of total billed charges	
CHEM8(POC-ISTAT)	80048	CPT	both			159		Horizon	MGD		60.87	38.28			8.1	151.05	percent of total billed charges	
CHEM8(POC-ISTAT)	80048	CPT	both			159		Horizon	NJ Health		18.23				8.1	151.05	fee schedule	
CHEM8(POC-ISTAT)	80048	CPT	both			159		Horizon	Medicare Blue		47.7	30			8.1	151.05	percent of total billed charges	
CHEM8(POC-ISTAT)	80048	CPT	both			159		Horizon	Indemnity		60.87	38.28			8.1	151.05	percent of total billed charges	
CHEM8(POC-ISTAT)	80048	CPT	both			159		Horizon	PPO		60.87	38.28			8.1	151.05	percent of total billed charges	
CHEM8(POC-ISTAT)	80048	CPT	both			159		Managed Care Inc	Managed Care Inc		143.1	90			8.1	151.05	percent of total billed charges	
CHEM8(POC-ISTAT)	80048	CPT	both			159		Multiplan	Multiplan		127.2	80			8.1	151.05	percent of total billed charges	
CHEM8(POC-ISTAT)	80048	CPT	both			159		Qualcare	Qualcare		119.25	75			8.1	151.05	percent of total billed charges	
CHEM8(POC-ISTAT)	80048	CPT	both			159		Three Rivers	Three Rivers		151.05	95			8.1	151.05	percent of total billed charges	
CHEM8(POC-ISTAT)	80048	CPT	both			159		UHC	Medicare		9.46				8.1	151.05	fee schedule	
CHEM8(POC-ISTAT)	80048	CPT	both			159		UHC	Medicaid		50.16	31.55			8.1	151.05	percent of total billed charges	
CHEM8(POC-ISTAT)	80048	CPT	both			159		Wellcare	Medicare		9.46				8.1	151.05	fee schedule	
CHEM8(POC-ISTAT)	80048	CPT	both			159		Wellcare	Medicaid		50.16	31.55			8.1	151.05	percent of total billed charges	
CHEM8(POC-ISTAT)	80048	CPT	both			159		WellPoint	WellPoint		51.17	32.18			8.1	151.05	percent of total billed charges	
ELECTROLYTE PANEL (ELP)	80051	CPT	outpatient			105		Aetna	Commercial		39.9	38			7.01	99.75	percent of total billed charges	
ELECTROLYTE PANEL (ELP)	80051	CPT	outpatient			105		Aetna	Medicare		7.01				7.01	99.75	fee schedule	
ELECTROLYTE PANEL (ELP)	80051	CPT	outpatient			105		Aetna	Better Health		33.13	31.55			7.01	99.75	percent of total billed charges	
ELECTROLYTE PANEL (ELP)	80051	CPT	outpatient			105		Americare	Americare		78.75	75			7.01	99.75	percent of total billed charges	
ELECTROLYTE PANEL (ELP)	80051	CPT	outpatient			105		Amerihealth	Medicare		7.01				7.01	99.75	fee schedule	
ELECTROLYTE PANEL (ELP)	80051	CPT	outpatient			105		Amerihealth	HMO/PPO		68.25	65			7.01	99.75	percent of total billed charges	
ELECTROLYTE PANEL (ELP)	80051	CPT	outpatient			105		Consumer	Consumer		99.75	95			7.01	99.75	percent of total billed charges	
ELECTROLYTE PANEL (ELP)	80051	CPT	outpatient			105		Corrections	Corrections		84	80			7.01	99.75	percent of total billed charges	
ELECTROLYTE PANEL (ELP)	80051	CPT	outpatient			105		First Health	First Health		73.5	70			7.01	99.75	percent of total billed charges	
ELECTROLYTE PANEL (ELP)	80051	CPT	outpatient			105		First Trenton	First Trenton		94.5	90			7.01	99.75	percent of total billed charges	
ELECTROLYTE PANEL (ELP)	80051	CPT	outpatient			105		Horizon	Indemnity		40.19	38.28			7.01	99.75	percent of total billed charges	
ELECTROLYTE PANEL (ELP)	80051	CPT	outpatient			105		Horizon	MGD		40.19	38.28			7.01	99.75	percent of total billed charges	
ELECTROLYTE PANEL (ELP)	80051	CPT	outpatient			105		Horizon	Medicare Blue		31.5	30			7.01	99.75	percent of total billed charges	
ELECTROLYTE PANEL (ELP)	80051	CPT	outpatient			105		Horizon	PPO		40.19	38.28			7.01	99.75	percent of total billed charges	
ELECTROLYTE PANEL (ELP)	80051	CPT	outpatient			105		Horizon	NJ Health		13.72				7.01	99.75	fee schedule	
ELECTROLYTE PANEL (ELP)	80051	CPT	outpatient			105		Managed Care Inc	Managed Care Inc		94.5	90			7.01	99.75	percent of total billed charges	
ELECTROLYTE PANEL (ELP)	80051	CPT	outpatient			105		Multiplan	Multiplan		84	80			7.01	99.75	percent of total billed charges	
ELECTROLYTE PANEL (ELP)	80051	CPT	outpatient			105		Qualcare	Qualcare		78.75	75			7.01	99.75	percent of total billed charges	
ELECTROLYTE PANEL (ELP)	80051	CPT	outpatient			105		Three Rivers	Three Rivers		99.75	95			7.01	99.75	percent of total billed charges	
ELECTROLYTE PANEL (ELP)	80051	CPT	outpatient			105		UHC	Medicare		7.01				7.01	99.75	fee schedule	
ELECTROLYTE PANEL (ELP)	80051	CPT	outpatient			105		UHC	Medicaid		33.13	31.55			7.01	99.75	percent of total billed charges	
ELECTROLYTE PANEL (ELP)	80051	CPT	outpatient			105		Wellcare	Medicaid		33.13	31.55			7.01	99.75	percent of total billed charges	
ELECTROLYTE PANEL (ELP)	80051	CPT	outpatient			105		Wellcare	Medicare		7.01				7.01	99.75	fee schedule	
ELECTROLYTE PANEL (ELP)	80051	CPT	outpatient			105		WellPoint	WellPoint		33.79	32.18			7.01	99.75	percent of total billed charges	
COMPREHENSIVE METABOLIC PANEL	80053	CPT	both			201		Aetna	Better Health		63.42	31.55			10.56	190.95	percent of total billed charges	
COMPREHENSIVE METABOLIC PANEL	80053	CPT	both			201		Aetna	Medicare		10.56				10.56	190.95	fee schedule	
COMPREHENSIVE METABOLIC PANEL	80053	CPT	both			201		Aetna	Commercial		76.38	38			10.56	190.95	percent of total billed charges	
COMPREHENSIVE METABOLIC PANEL	80053	CPT	both			201		Americare	Americare		150.75	75			10.56	190.95	percent of total billed charges	
COMPREHENSIVE METABOLIC PANEL	80053	CPT	both			201		Amerihealth	HMO/PPO		130.65	65			10.56	190.95	percent of total billed charges	
COMPREHENSIVE METABOLIC PANEL	80053	CPT	both			201		Amerihealth	Medicare		10.56				10.56	190.95	fee schedule	
COMPREHENSIVE METABOLIC PANEL	80053	CPT	both			201		Consumer	Consumer		190.95	95			10.56	190.95	percent of total billed charges	
COMPREHENSIVE METABOLIC PANEL	80053	CPT	both			201		Corrections	Corrections		160.8	80			10.56	190.95	percent of total billed charges	
COMPREHENSIVE METABOLIC PANEL	80053	CPT	both			201		First Health	First Health		140.7	70			10.56	190.95	percent of total billed charges	
COMPREHENSIVE METABOLIC PANEL	80053	CPT	both			201		First Trenton	First Trenton		180.9	90			10.56	190.95	percent of total billed charges	
COMPREHENSIVE METABOLIC PANEL	80053	CPT	both			201		Horizon	Medicare Blue		60.3	30			10.56	190.95	percent of total billed charges	
COMPREHENSIVE METABOLIC PANEL	80053	CPT	both			201		Horizon	Indemnity		76.94	38.28			10.56	190.95	percent of total billed charges	
COMPREHENSIVE METABOLIC PANEL	80053	CPT	both			201		Horizon	NJ Health		28.22				10.56	190.95	fee schedule	
COMPREHENSIVE METABOLIC PANEL	80053	CPT	both			201		Horizon	PPO		76.94	38.28			10.56	190.95	percent of total billed charges	
COMPREHENSIVE METABOLIC PANEL	80053	CPT	both			201		Horizon	MGD		76.94	38.28			10.56	190.95	percent of total billed charges	
COMPREHENSIVE METABOLIC PANEL	80053	CPT	both			201		Managed Care Inc	Managed Care Inc		180.9	90			10.56	190.95	percent of total billed charges	
COMPREHENSIVE METABOLIC PANEL	80053	CPT	both			201		Multiplan	Multiplan		160.8	80			10.56	190.95	percent of total billed charges	
COMPREHENSIVE METABOLIC PANEL	80053	CPT	both			201		Qualcare	Qualcare		150.75	75			10.56	190.95	percent of total billed charges	
COMPREHENSIVE METABOLIC PANEL	80053	CPT	both			201		Three Rivers	Three Rivers		190.95	95			10.56	190.95	percent of total billed charges	
COMPREHENSIVE METABOLIC PANEL	80053	CPT	both			201		UHC	Medicare		10.56				10.56	190.95	fee schedule	
COMPREHENSIVE METABOLIC PANEL	80053	CPT	both			201		UHC	Medicaid		63.42	31.55			10.56	190.95	percent of total billed charges	
COMPREHENSIVE METABOLIC PANEL	80053	CPT	both			201		Wellcare	Medicaid		63.42	31.55			10.56	190.95	percent of total billed charges	
COMPREHENSIVE METABOLIC PANEL	80053	CPT	both			201		Wellcare	Medicare		10.56				10.56	190.95	fee schedule	
COMPREHENSIVE METABOLIC PANEL	80053	CPT	both			201		WellPoint	WellPoint		64.68	32.18			10.56	190.95	percent of total billed charges	
LIPID PANEL (PROFILE)	80061	CPT	both			76		Aetna	Medicare		13.39				13.2	72.2	fee schedule	
LIPID PANEL (PROFILE)	80061	CPT	both			76		Aetna	Better Health		23.98	31.55			13.2	72.2	percent of total billed charges	
LIPID PANEL (PROFILE)	80061	CPT	both			76		Aetna	Commercial		28.88	38			13.2	72.2	percent of total billed charges	
LIPID PANEL (PROFILE)	80061	CPT	both			76		Americare	Americare		57	75			13.2	72.2	percent of total billed charges	
LIPID PANEL (PROFILE)	80061	CPT	both			76		Amerihealth	HMO/PPO		49.4	65			13.2	72.2	percent of total billed charges	
LIPID PANEL (PROFILE)	80061	CPT	both			76		Amerihealth	Medicare		13.39				13.2	72.2	fee schedule	
LIPID PANEL (PROFILE)	80061	CPT	both			76		Consumer	Consumer		72.2	95			13.2	72.2	percent of total billed charges	
LIPID PANEL (PROFILE)	80061	CPT	both			76		Corrections	Corrections		60.8	80			13.2	72.2	percent of total billed charges	
LIPID PANEL (PROFILE)	80061	CPT	both			76		First Health	First Health		53.2	70			13.2	72.2	percent of total billed charges	
LIPID PANEL (PROFILE)	80061	CPT	both			76		First Trenton	First Trenton		68.4	90			13.2	72.2	percent of total billed charges	
LIPID PANEL (PROFILE)	80061	CPT	both			76		Horizon	Indemnity		29.09	38.28			13.2	72.2	percent of total billed charges	
LIPID PANEL (PROFILE)	80061	CPT	both			76		Horizon	MGD		29.09	38.28			13.2	72.2	percent of total billed charges	
LIPID PANEL (PROFILE)	80061	CPT	both			76		Horizon	PPO		29.09	38.28			13.2	72.2	percent of total billed charges	
LIPID PANEL (PROFILE)	80061	CPT	both			76		Horizon	Medicare Blue		22.8	30			13.2	72.2	percent of total billed charges	
LIPID PANEL (PROFILE)	80061	CPT	both			76		Horizon	NJ Health		29.4				13.2	72.2	fee schedule	
LIPID PANEL (PROFILE)	80061	CPT	both			76		Managed Care Inc	Managed Care Inc		68.4	90			13.2	72.2	percent of total billed charges	
LIPID PANEL (PROFILE)	80061	CPT	both			76		Multiplan	Multiplan		60.8	80			13.2	72.2	percent of total billed charges	
LIPID PANEL (PROFILE)	80061	CPT	both			76		Qualcare	Qualcare		57	75			13.2	72.2	percent of total billed charges	
LIPID PANEL (PROFILE)	80061	CPT	both			76		Three Rivers	Three Rivers		72.2	95			13.2	72.2	percent of total billed charges	
LIPID PANEL (PROFILE)	80061	CPT	both			76		UHC	Medicaid		23.98	31.55			13.2	72.2	percent of total billed charges	
LIPID PANEL (PROFILE)	80061	CPT	both			76		UHC	Medicare		13.39				13.2	72.2	fee schedule	
LIPID PANEL (PROFILE)	80061	CPT	both			76		Wellcare	Medicare		13.39				13.2	72.2	fee schedule	
LIPID PANEL (PROFILE)	80061	CPT	both			76		Wellcare	Medicaid		23.98	31.55			13.2	72.2	percent of total billed charges	
LIPID PANEL (PROFILE)	80061	CPT	both			76		WellPoint	WellPoint		24.46	32.18			13.2	72.2	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ACUTE HEPATITIS PANEL	80074	CPT	both			191	54.77	Aetna	Better Health		60.26	31.55			47.63		181.45 percent of total billed charges	
ACUTE HEPATITIS PANEL	80074	CPT	both			191	54.77	Aetna	Medicare		47.63				47.63		181.45 fee schedule	
ACUTE HEPATITIS PANEL	80074	CPT	both			191	54.77	Aetna	Commercial		72.58	38			47.63		181.45 percent of total billed charges	
ACUTE HEPATITIS PANEL	80074	CPT	both			191	54.77	Americare	Americare		143.25	75			47.63		181.45 percent of total billed charges	
ACUTE HEPATITIS PANEL	80074	CPT	both			191	54.77	Amerihealth	Medicare		47.63				47.63		181.45 fee schedule	
ACUTE HEPATITIS PANEL	80074	CPT	both			191	54.77	Amerihealth	HMO/PPO		124.15	65			47.63		181.45 percent of total billed charges	
ACUTE HEPATITIS PANEL	80074	CPT	both			191	54.77	Consumer	Consumer		181.45	95			47.63		181.45 percent of total billed charges	
ACUTE HEPATITIS PANEL	80074	CPT	both			191	54.77	Corrections	Corrections		152.8	80			47.63		181.45 percent of total billed charges	
ACUTE HEPATITIS PANEL	80074	CPT	both			191	54.77	First Health	First Health		133.7	70			47.63		181.45 percent of total billed charges	
ACUTE HEPATITIS PANEL	80074	CPT	both			191	54.77	First Trenton	First Trenton		171.9	90			47.63		181.45 percent of total billed charges	
ACUTE HEPATITIS PANEL	80074	CPT	both			191	54.77	Horizon	Medicare Blue		57.3	30			47.63		181.45 percent of total billed charges	
ACUTE HEPATITIS PANEL	80074	CPT	both			191	54.77	Horizon	MGD		73.11	38.28			47.63		181.45 percent of total billed charges	
ACUTE HEPATITIS PANEL	80074	CPT	both			191	54.77	Horizon	Indemnity		73.11	38.28			47.63		181.45 percent of total billed charges	
ACUTE HEPATITIS PANEL	80074	CPT	both			191	54.77	Horizon	PPO		73.11	38.28			47.63		181.45 percent of total billed charges	
ACUTE HEPATITIS PANEL	80074	CPT	both			191	54.77	Horizon	NJ Health		64.68				47.63		181.45 fee schedule	
ACUTE HEPATITIS PANEL	80074	CPT	both			191	54.77	Managed Care Inc	Managed Care Inc		171.9	90			47.63		181.45 percent of total billed charges	
ACUTE HEPATITIS PANEL	80074	CPT	both			191	54.77	Multiplan	Multiplan		152.8	80			47.63		181.45 percent of total billed charges	
ACUTE HEPATITIS PANEL	80074	CPT	both			191	54.77	Qualcare	Qualcare		143.25	75			47.63		181.45 percent of total billed charges	
ACUTE HEPATITIS PANEL	80074	CPT	both			191	54.77	Three Rivers	Three Rivers		181.45	95			47.63		181.45 percent of total billed charges	
ACUTE HEPATITIS PANEL	80074	CPT	both			191	54.77	UHC	Medicare		47.63				47.63		181.45 fee schedule	
ACUTE HEPATITIS PANEL	80074	CPT	both			191	54.77	UHC	Medicaid		60.26	31.55			47.63		181.45 percent of total billed charges	
ACUTE HEPATITIS PANEL	80074	CPT	both			191	54.77	Wellcare	Medicaid		60.26	31.55			47.63		181.45 percent of total billed charges	
ACUTE HEPATITIS PANEL	80074	CPT	both			191	54.77	Wellcare	Medicare		47.63				47.63		181.45 fee schedule	
ACUTE HEPATITIS PANEL	80074	CPT	both			191	54.77	WellPoint	WellPoint		61.46	32.18			47.63		181.45 percent of total billed charges	
POCT HEPATIC FUNCTION PANEL	80076	CPT	both			71	9.4	Aetna	Better Health		22.4	31.55			8.1		67.45 percent of total billed charges	
POCT HEPATIC FUNCTION PANEL	80076	CPT	both			71	9.4	Aetna	Commercial		26.98	38			8.1		67.45 percent of total billed charges	
POCT HEPATIC FUNCTION PANEL	80076	CPT	both			71	9.4	Aetna	Medicare		8.17				8.1		67.45 fee schedule	
POCT HEPATIC FUNCTION PANEL	80076	CPT	both			71	9.4	Americare	Americare		53.25	75			8.1		67.45 percent of total billed charges	
POCT HEPATIC FUNCTION PANEL	80076	CPT	both			71	9.4	Amerihealth	Medicare		8.17				8.1		67.45 fee schedule	
POCT HEPATIC FUNCTION PANEL	80076	CPT	both			71	9.4	Amerihealth	HMO/PPO		46.15	65			8.1		67.45 percent of total billed charges	
POCT HEPATIC FUNCTION PANEL	80076	CPT	both			71	9.4	Consumer	Consumer		67.45	95			8.1		67.45 percent of total billed charges	
POCT HEPATIC FUNCTION PANEL	80076	CPT	both			71	9.4	Corrections	Corrections		56.8	80			8.1		67.45 percent of total billed charges	
POCT HEPATIC FUNCTION PANEL	80076	CPT	both			71	9.4	First Health	First Health		49.7	70			8.1		67.45 percent of total billed charges	
POCT HEPATIC FUNCTION PANEL	80076	CPT	both			71	9.4	First Trenton	First Trenton		63.9	90			8.1		67.45 percent of total billed charges	
POCT HEPATIC FUNCTION PANEL	80076	CPT	both			71	9.4	Horizon	Medicare Blue		21.3	30			8.1		67.45 percent of total billed charges	
POCT HEPATIC FUNCTION PANEL	80076	CPT	both			71	9.4	Horizon	MGD		27.18	38.28			8.1		67.45 percent of total billed charges	
POCT HEPATIC FUNCTION PANEL	80076	CPT	both			71	9.4	Horizon	Indemnity		27.18	38.28			8.1		67.45 percent of total billed charges	
POCT HEPATIC FUNCTION PANEL	80076	CPT	both			71	9.4	Horizon	PPO		27.18	38.28			8.1		67.45 percent of total billed charges	
POCT HEPATIC FUNCTION PANEL	80076	CPT	both			71	9.4	Horizon	NJ Health		13.72				8.1		67.45 fee schedule	
POCT HEPATIC FUNCTION PANEL	80076	CPT	both			71	9.4	Managed Care Inc	Managed Care Inc		63.9	90			8.1		67.45 percent of total billed charges	
POCT HEPATIC FUNCTION PANEL	80076	CPT	both			71	9.4	Multiplan	Multiplan		56.8	80			8.1		67.45 percent of total billed charges	
POCT HEPATIC FUNCTION PANEL	80076	CPT	both			71	9.4	Qualcare	Qualcare		53.25	75			8.1		67.45 percent of total billed charges	
POCT HEPATIC FUNCTION PANEL	80076	CPT	both			71	9.4	Three Rivers	Three Rivers		67.45	95			8.1		67.45 percent of total billed charges	
POCT HEPATIC FUNCTION PANEL	80076	CPT	both			71	9.4	UHC	Medicaid		22.4	31.55			8.1		67.45 percent of total billed charges	
POCT HEPATIC FUNCTION PANEL	80076	CPT	both			71	9.4	UHC	Medicare		8.17				8.1		67.45 fee schedule	
POCT HEPATIC FUNCTION PANEL	80076	CPT	both			71	9.4	Wellcare	Medicare		8.17				8.1		67.45 fee schedule	
POCT HEPATIC FUNCTION PANEL	80076	CPT	both			71	9.4	Wellcare	Medicaid		22.4	31.55			8.1		67.45 percent of total billed charges	
POCT HEPATIC FUNCTION PANEL	80076	CPT	both			71	9.4	WellPoint	WellPoint		22.85	32.18			8.1		67.45 percent of total billed charges	
AMIKACIN TROUGH	80150	CPT	both			274	17.34	Aetna	Better Health		86.45	31.55			15.08		260.3 percent of total billed charges	
AMIKACIN TROUGH	80150	CPT	both			274	17.34	Aetna	Commercial		104.12	38			15.08		260.3 percent of total billed charges	
AMIKACIN TROUGH	80150	CPT	both			274	17.34	Aetna	Medicare		84.39	30.8			15.08		260.3 percent of total billed charges	
AMIKACIN TROUGH	80150	CPT	both			274	17.34	Americare	Americare		205.5	75			15.08		260.3 percent of total billed charges	
AMIKACIN TROUGH	80150	CPT	both			274	17.34	Amerihealth	Medicare		15.08				15.08		260.3 fee schedule	
AMIKACIN TROUGH	80150	CPT	both			274	17.34	Amerihealth	HMO/PPO		178.1	65			15.08		260.3 percent of total billed charges	
AMIKACIN TROUGH	80150	CPT	both			274	17.34	Consumer	Consumer		260.3	95			15.08		260.3 percent of total billed charges	
AMIKACIN TROUGH	80150	CPT	both			274	17.34	Corrections	Corrections		219.2	80			15.08		260.3 percent of total billed charges	
AMIKACIN TROUGH	80150	CPT	both			274	17.34	First Health	First Health		191.8	70			15.08		260.3 percent of total billed charges	
AMIKACIN TROUGH	80150	CPT	both			274	17.34	First Trenton	First Trenton		246.6	90			15.08		260.3 percent of total billed charges	
AMIKACIN TROUGH	80150	CPT	both			274	17.34	Horizon	Medicare Blue		82.2	30			15.08		260.3 percent of total billed charges	
AMIKACIN TROUGH	80150	CPT	both			274	17.34	Horizon	MGD		104.89	38.28			15.08		260.3 percent of total billed charges	
AMIKACIN TROUGH	80150	CPT	both			274	17.34	Horizon	NJ Health		29.4				15.08		260.3 fee schedule	
AMIKACIN TROUGH	80150	CPT	both			274	17.34	Horizon	Indemnity		104.89	38.28			15.08		260.3 percent of total billed charges	
AMIKACIN TROUGH	80150	CPT	both			274	17.34	Horizon	PPO		104.89	38.28			15.08		260.3 percent of total billed charges	
AMIKACIN TROUGH	80150	CPT	both			274	17.34	Managed Care Inc	Managed Care Inc		246.6	90			15.08		260.3 percent of total billed charges	
AMIKACIN TROUGH	80150	CPT	both			274	17.34	Multiplan	Multiplan		219.2	80			15.08		260.3 percent of total billed charges	
AMIKACIN TROUGH	80150	CPT	both			274	17.34	Qualcare	Qualcare		205.5	75			15.08		260.3 percent of total billed charges	
AMIKACIN TROUGH	80150	CPT	both			274	17.34	Three Rivers	Three Rivers		260.3	95			15.08		260.3 percent of total billed charges	
AMIKACIN TROUGH	80150	CPT	both			274	17.34	UHC	Medicare		15.08				15.08		260.3 fee schedule	
AMIKACIN TROUGH	80150	CPT	both			274	17.34	UHC	Medicaid		86.45	31.55			15.08		260.3 percent of total billed charges	
AMIKACIN TROUGH	80150	CPT	both			274	17.34	Wellcare	Medicare		15.08				15.08		260.3 fee schedule	
AMIKACIN TROUGH	80150	CPT	both			274	17.34	Wellcare	Medicaid		86.45	31.55			15.08		260.3 percent of total billed charges	
AMIKACIN TROUGH	80150	CPT	both			274	17.34	WellPoint	WellPoint		88.17	32.18			15.08		260.3 percent of total billed charges	
CAFFEINE, SERUM	80155	CPT	inpatient			86	44.36	Aetna	Better Health		27.13	31.55			15.13		81.7 percent of total billed charges	
CAFFEINE, SERUM	80155	CPT	inpatient			86	44.36	Aetna	Commercial		32.68	38			15.13		81.7 percent of total billed charges	
CAFFEINE, SERUM	80155	CPT	inpatient			86	44.36	Aetna	Medicare		26.49	30.8			15.13		81.7 percent of total billed charges	
CAFFEINE, SERUM	80155	CPT	inpatient			86	44.36	Americare	Americare		64.5	75			15.13		81.7 percent of total billed charges	
CAFFEINE, SERUM	80155	CPT	inpatient			86	44.36	Amerihealth	HMO/PPO		55.9	65			15.13		81.7 percent of total billed charges	
CAFFEINE, SERUM	80155	CPT	inpatient			86	44.36	Amerihealth	Medicare		38.57				15.13		81.7 fee schedule	
CAFFEINE, SERUM	80155	CPT	inpatient			86	44.36	Consumer	Consumer		81.7	95			15.13		81.7 percent of total billed charges	
CAFFEINE, SERUM	80155	CPT	inpatient			86	44.36	Corrections	Corrections		68.8	80			15.13		81.7 percent of total billed charges	
CAFFEINE, SERUM	80155	CPT	inpatient			86	44.36	First Health	First Health		60.2	70			15.13		81.7 percent of total billed charges	
CAFFEINE, SERUM	80155	CPT	inpatient			86	44.36	First Trenton	First Trenton		77.4	90			15.13		81.7 percent of total billed charges	
CAFFEINE, SERUM	80155	CPT	inpatient			86	44.36	Horizon	MGD		32.92	38.28			15.13		81.7 percent of total billed charges	
CAFFEINE, SERUM	80155	CPT	inpatient			86	44.36	Horizon	Indemnity		32.92	38.28			15.13		81.7 percent of total billed charges	
CAFFEINE, SERUM	80155	CPT	inpatient			86	44.36	Horizon	NJ Health		15.13				15.13		81.7 fee schedule	
CAFFEINE, SERUM	80155	CPT	inpatient			86	44.36	Horizon	Medicare Blue		25.8	30			15.13		81.7 percent of total billed charges	
CAFFEINE, SERUM	80155	CPT	inpatient			86	44.36	Horizon	PPO		32.92	38.28			15.13		81.7 percent of total billed charges	
CAFFEINE, SERUM	80155	CPT	inpatient			86	44.36	Managed Care Inc	Managed Care Inc		77.4	90			15.13		81.7 percent of total billed charges	
CAFFEINE, SERUM	80155	CPT	inpatient			86	44.36	Multiplan	Multiplan		68.8	80			15.13		81.7 percent of total billed charges	
CAFFEINE, SERUM	80155	CPT	inpatient			86	44.36	Qualcare	Qualcare		64.5	75			15.13		81.7 percent of total billed charges	
CAFFEINE, SERUM	80155	CPT	inpatient			86	44.36	Three Rivers	Three Rivers		81.7	95			15.13		81.7 percent of total billed charges	
CAFFEINE, SERUM	80155	CPT	inpatient			86	44.36	UHC	Medicaid		27.13	31.55			15.13		81.7 percent of total billed charges	
CAFFEINE, SERUM	80155	CPT	inpatient			86	44.36	UHC	Medicare		38.57				15.13		81.7 fee schedule	
CAFFEINE, SERUM	80155	CPT	inpatient			86	44.36	Wellcare	Medicaid		27.13	31.55			15.13		81.7 percent of total billed charges	
CAFFEINE, SERUM	80155	CPT	inpatient			86	44.36	Wellcare	Medicare		38.57				15.13		81.7 fee schedule	
CAFFEINE, SERUM	80155	CPT	inpatient			86	44.36	WellPoint	WellPoint		27.67	32.18			15.13		81.7 percent of total billed charges	
TEGRETOL	80156	CPT	both			129	16.76	Aetna	Medicare		39.73	30.8			9.9		122.55 percent of total billed charges	
TEGRETOL	80156	CPT	both			129	16.76	Aetna	Better Health		40.7	31.55			9.9		122.55 percent of total billed charges	
TEGRETOL	80156	CPT	both			129	16.76	Aetna	Commercial		49.02	38			9.9		122.55 percent of total billed charges	
TEGRETOL	80156	CPT	both			129	16.76	Americare	Americare		96.75	75			9.9		122.55 percent of total billed charges	
TEGRETOL	80156	CPT	both			129	16.76	Amerihealth	Medicare		14.57				9.9		122.55 fee schedule	
TEGRETOL	80156	CPT	both			129	16.76	Amerihealth	HMO/PPO		83.85	65			9.9		122.55 percent of total billed charges	
TEGRETOL	80156	CPT	both			129	16.76	Consumer	Consumer		122.55	95			9.9		122.55 percent of total billed charges	
TEGRETOL	80156	CPT	both			129	16.76	Corrections	Corrections		103.2	80			9.9		122.55 percent of total billed charges	
TEGRETOL	80156	CPT	both			129	16.76	First Health	First Health		90.3	70			9.9		122.55 percent of total billed charges	
TEGRETOL	80156	CPT	both			129	16.76	First Trenton	First Trenton		116.1	90			9.9		122.55 percent of total billed charges	
TEGRETOL	80156	CPT	both			129	16.76	Horizon	MGD		49.38	38.28			9.9		122.55 percent of total billed charges	
TEGRETOL	80156	CPT	both			129	16.76	Horizon	Indemnity		49.38	38.28			9.9		122.55 percent of total billed charges	
TEGRETOL	80156	CPT	both			129	16.76	Horizon	NJ Health		39.2				9.9		122.55 fee schedule	
TEGRETOL	80156	CPT	both			129	16.76	Horizon	PPO		49.38	38.28			9.9		122.55 percent of total billed charges	
TEGRETOL	80156	CPT	both			129	16.76	Horizon	Medicare Blue		38.7	30			9.9		122.55 percent of total billed charges	
TEGRETOL	80156	CPT	both			129	16.76	Managed Care Inc	Managed Care Inc		116.1	90			9.9		122.55 percent of total billed charges	
TEGRETOL	80156	CPT	both			129	16.76	Multiplan	Multiplan		103.2	80			9.9		122.55 percent of total billed charges	
TEGRETOL	80156	CPT	both			129	16.76	Qualcare	Qualcare		96.75	75			9.9		122.55 percent of total billed charges	
TEGRETOL	80156	CPT	both			129	16.76	Three Rivers	Three Rivers		122.55	95			9.9		122.55 percent of total billed charges	
TEGRETOL	80156	CPT	both			129	16.76	UHC	Medicaid		40.7	31.55			9.9		122.55 percent of total billed charges	
TEGRETOL	80156	CPT	both			129	16.76	UHC	Medicare		14.57				9.9		122.55 fee schedule	
TEGRETOL	80156	CPT	both			129	16.76	Wellcare	Medicare		14.57				9.9		122.55 fee schedule	
TEGRETOL	80156	CPT	both			129	16.76	Wellcare	Medicaid		40.7	31.55			9.9		122.55 percent of total billed charges	
TEGRETOL	80156	CPT	both			129	16.76	WellPoint	WellPoint		41.51	32.18			9.9		122.55 percent of total billed charges	
CARBAMAZEPINE FREE SERUM	80157	CPT	outpatient			153	15.24	Aetna	Medicare		13.25				13.25		145.35 fee schedule	
CARBAMAZEPINE FREE SERUM	80157	CPT	outpatient			153	15.24	Aetna	Commercial		58.14	38			13.25		145.35 percent of total billed charges	
CARBAMAZEPINE FREE SERUM	80157	CPT	outpatient			153	15.24	Aetna	Better Health		48.27	31.55			13.25		145.35 percent of total billed charges	
CARBAMAZEPINE FREE SERUM	80157	CPT	outpatient			153	15.24	Americare	Americare		114.75	75			13.25		145.35 percent of total billed charges	
CARBAMAZEPINE FREE SERUM	80157	CPT	outpatient			153	15.24	Amerihealth	HMO/PPO		99.45	65			13.25		145.35 percent of total billed charges	
CARBAMAZEPINE FREE SERUM	80157	CPT	outpatient			153	15.24	Amerihealth	Medicare		13.25				13.25		145.35 fee schedule	
CARBAMAZEPINE FREE SERUM	80157	CPT	outpatient			153	15.24	Consumer	Consumer		145.35	95			13.25		145.35 percent of total billed charges	
CARBAMAZEPINE FREE SERUM	80157	CPT	outpatient			153	15.24	Corrections	Corrections		122.4	80			13.25		145.35 percent of total billed charges	
CARBAMAZEPINE FREE SERUM	80157	CPT	outpatient			153	15.24	First Health	First Health		107.1	70			13.25		145.35 percent of total billed charges	
CARBAMAZEPINE FREE SERUM	80157	CPT	outpatient			153	15.24	First Trenton	First Trenton		137.7	90			13.25		145.35 percent of total billed charges	
CARBAMAZEPINE FREE SERUM	80157	CPT	outpatient			153	15.24	Horizon	MGD		58.57	38.28			13.25		145.35 percent of total billed charges	
CARBAMAZEPINE FREE SERUM	80157	CPT	outpatient			153	15.24	Horizon	Indemnity		58.57	38.28			13.25		145.35 percent of total billed charges	
CARBAMAZEPINE FREE SERUM	80157	CPT	outpatient			153	15.24	Horizon	NJ Health		14.72				13.25		145.35 fee schedule	
CARBAMAZEPINE FREE SERUM	80157	CPT	outpatient			153	15.24	Horizon	Medicare Blue		45.9	30			13.25		145.35 percent of total billed charges	
CARBAMAZEPINE FREE SERUM	80157	CPT	outpatient			153	15.24	Horizon	PPO		58.57	38.28			13.25		145.35 percent of total billed charges	
CARBAMAZEPINE FREE SERUM	80157	CPT	outpatient			153	15.24	Managed Care Inc	Managed Care Inc		137.7	90			13.25		145.35 percent of total billed charges	
CARBAMAZEPINE FREE SERUM	80157	CPT	outpatient			153	15.24	Multiplan	Multiplan		122.4	80			13.25		145.35 percent of total billed charges	
CARBAMAZEPINE FREE SERUM	80157	CPT	outpatient			153	15.24	Qualcare	Qualcare		114.75	75			13.25		145.35 percent of total billed charges	
CARBAMAZEPINE FREE SERUM	80157	CPT	outpatient			153	15.24	Three Rivers	Three Rivers		145.35	95			13.25		145.35 percent of total billed charges	
CARBAMAZEPINE FREE SERUM	80157	CPT	outpatient			153	15.24	UHC	Medicaid		48.27	31.55			13.25		145.35 percent of total billed charges	
CARBAMAZEPINE FREE SERUM	80157	CPT	outpatient			153	15.24	UHC	Medicare		13.25				13.25		145.35 fee schedule	
CARBAMAZEPINE FREE SERUM	80157	CPT	outpatient			153	15.24	Wellcare	Medicare		13.25				13.25		145.35 fee schedule	
CARBAMAZEPINE FREE SERUM	80157	CPT	outpatient			153	15.24	Wellcare	Medicaid		48.27	31.55			13.25		145.35 percent of total billed charges	
CARBAMAZEPINE FREE SERUM	80157	CPT	outpatient			153	15.24	WellPoint	WellPoint		49.24	32.18			13.25		145.35 percent of total billed charges	
CYCLOSPORINE, BLOOD	80158	CPT	both			107	20.76	Aetna	Medicare		18.05				12		101.65 fee schedule	
CYCLOSPORINE, BLOOD	80158	CPT	both			107	20.76	Aetna	Better Health		33.76	31.55			12		101.65 percent of total billed charges	
CYCLOSPORINE, BLOOD	80158	CPT	both			107	20.76	Aetna	Commercial		40.66	38			12		101.65 percent of total billed charges	
CYCLOSPORINE, BLOOD	80158	CPT	both			107	20.76	Americare	Americare		80.25	75			12		101.65 percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CYCLOSPORINE, BLOOD	80158	CPT	both			107		20.76 Amerihealth	HMO/PPO		69.55	65			12		101.65 percent of total billed charges	
CYCLOSPORINE, BLOOD	80158	CPT	both			107		20.76 Amerihealth	Medicare		18.05				12		101.65 fee schedule	
CYCLOSPORINE, BLOOD	80158	CPT	both			107		20.76 Consumer	Consumer		101.65	95			12		101.65 percent of total billed charges	
CYCLOSPORINE, BLOOD	80158	CPT	both			107		20.76 Corrections	Corrections		85.6	80			12		101.65 percent of total billed charges	
CYCLOSPORINE, BLOOD	80158	CPT	both			107		20.76 First Health	First Health		74.9	70			12		101.65 percent of total billed charges	
CYCLOSPORINE, BLOOD	80158	CPT	both			107		20.76 First Trenton	First Trenton		96.3	90			12		101.65 percent of total billed charges	
CYCLOSPORINE, BLOOD	80158	CPT	both			107		20.76 Horizon	Indemnity		40.96	38.28			12		101.65 percent of total billed charges	
CYCLOSPORINE, BLOOD	80158	CPT	both			107		20.76 Horizon	PPO		40.96	38.28			12		101.65 percent of total billed charges	
CYCLOSPORINE, BLOOD	80158	CPT	both			107		20.76 Horizon	MGD		40.96	38.28			12		101.65 percent of total billed charges	
CYCLOSPORINE, BLOOD	80158	CPT	both			107		20.76 Horizon	NJ Health		39.2				12		101.65 fee schedule	
CYCLOSPORINE, BLOOD	80158	CPT	both			107		20.76 Horizon	Medicare Blue		32.1	30			12		101.65 percent of total billed charges	
CYCLOSPORINE, BLOOD	80158	CPT	both			107		20.76 Managed Care Inc	Managed Care Inc		96.3	90			12		101.65 percent of total billed charges	
CYCLOSPORINE, BLOOD	80158	CPT	both			107		20.76 Multiplan	Multiplan		85.6	80			12		101.65 percent of total billed charges	
CYCLOSPORINE, BLOOD	80158	CPT	both			107		20.76 Qualcare	Qualcare		80.25	75			12		101.65 percent of total billed charges	
CYCLOSPORINE, BLOOD	80158	CPT	both			107		20.76 Three Rivers	Three Rivers		101.65	95			12		101.65 percent of total billed charges	
CYCLOSPORINE, BLOOD	80158	CPT	both			107		20.76 UHC	Medicaid		33.76	31.55			12		101.65 percent of total billed charges	
CYCLOSPORINE, BLOOD	80158	CPT	both			107		20.76 UHC	Medicare		18.05				12		101.65 fee schedule	
CYCLOSPORINE, BLOOD	80158	CPT	both			107		20.76 Wellcare	Medicare		18.05				12		101.65 fee schedule	
CYCLOSPORINE, BLOOD	80158	CPT	both			107		20.76 Wellcare	Medicaid		33.76	31.55			12		101.65 percent of total billed charges	
CYCLOSPORINE, BLOOD	80158	CPT	both			107		20.76 WellPoint	WellPoint		34.43	32.18			12		101.65 percent of total billed charges	
CLOZARIL	80159	CPT	inpatient			107		23.17 Aetna	Medicare		20.15				19.78		101.65 fee schedule	
CLOZARIL	80159	CPT	inpatient			107		23.17 Aetna	Commercial		40.66	38			19.78		101.65 percent of total billed charges	
CLOZARIL	80159	CPT	inpatient			107		23.17 Aetna	Better Health		33.76	31.55			19.78		101.65 percent of total billed charges	
CLOZARIL	80159	CPT	inpatient			107		23.17 Americare	Americare		80.25	75			19.78		101.65 percent of total billed charges	
CLOZARIL	80159	CPT	inpatient			107		23.17 Amerihealth	HMO/PPO		69.55	65			19.78		101.65 percent of total billed charges	
CLOZARIL	80159	CPT	inpatient			107		23.17 Amerihealth	Medicare		20.15				19.78		101.65 fee schedule	
CLOZARIL	80159	CPT	inpatient			107		23.17 Consumer	Consumer		101.65	95			19.78		101.65 percent of total billed charges	
CLOZARIL	80159	CPT	inpatient			107		23.17 Corrections	Corrections		85.6	80			19.78		101.65 percent of total billed charges	
CLOZARIL	80159	CPT	inpatient			107		23.17 First Health	First Health		74.9	70			19.78		101.65 percent of total billed charges	
CLOZARIL	80159	CPT	inpatient			107		23.17 First Trenton	First Trenton		96.3	90			19.78		101.65 percent of total billed charges	
CLOZARIL	80159	CPT	inpatient			107		23.17 Horizon	Medicare Blue		32.1	30			19.78		101.65 percent of total billed charges	
CLOZARIL	80159	CPT	inpatient			107		23.17 Horizon	Indemnity		40.96	38.28			19.78		101.65 percent of total billed charges	
CLOZARIL	80159	CPT	inpatient			107		23.17 Horizon	MGD		40.96	38.28			19.78		101.65 percent of total billed charges	
CLOZARIL	80159	CPT	inpatient			107		23.17 Horizon	PPO		40.96	38.28			19.78		101.65 percent of total billed charges	
CLOZARIL	80159	CPT	inpatient			107		23.17 Horizon	NJ Health		19.78				19.78		101.65 fee schedule	
CLOZARIL	80159	CPT	inpatient			107		23.17 Managed Care Inc	Managed Care Inc		96.3	90			19.78		101.65 percent of total billed charges	
CLOZARIL	80159	CPT	inpatient			107		23.17 Multiplan	Multiplan		85.6	80			19.78		101.65 percent of total billed charges	
CLOZARIL	80159	CPT	inpatient			107		23.17 Qualcare	Qualcare		80.25	75			19.78		101.65 percent of total billed charges	
CLOZARIL	80159	CPT	inpatient			107		23.17 Three Rivers	Three Rivers		101.65	95			19.78		101.65 percent of total billed charges	
CLOZARIL	80159	CPT	inpatient			107		23.17 UHC	Medicaid		33.76	31.55			19.78		101.65 percent of total billed charges	
CLOZARIL	80159	CPT	inpatient			107		23.17 UHC	Medicare		20.15				19.78		101.65 fee schedule	
CLOZARIL	80159	CPT	inpatient			107		23.17 Wellcare	Medicare		20.15				19.78		101.65 fee schedule	
CLOZARIL	80159	CPT	inpatient			107		23.17 Wellcare	Medicaid		33.76	31.55			19.78		101.65 percent of total billed charges	
CLOZARIL	80159	CPT	inpatient			107		23.17 WellPoint	WellPoint		34.43	32.18			19.78		101.65 percent of total billed charges	
CARBAMAZEPINE 10,11 EPOXIDE	80161	CPT	both			62		21.44 Aetna	Better Health		19.56	31.55			18.6		58.9 percent of total billed charges	
CARBAMAZEPINE 10,11 EPOXIDE	80161	CPT	both			62		21.44 Aetna	Commercial		23.56	38			18.6		58.9 percent of total billed charges	
CARBAMAZEPINE 10,11 EPOXIDE	80161	CPT	both			62		21.44 Aetna	Medicare		19.1	30.8			18.6		58.9 percent of total billed charges	
CARBAMAZEPINE 10,11 EPOXIDE	80161	CPT	both			62		21.44 Americare	Americare		46.5	75			18.6		58.9 percent of total billed charges	
CARBAMAZEPINE 10,11 EPOXIDE	80161	CPT	both			62		21.44 Amerihealth	HMO/PPO		40.3	65			18.6		58.9 percent of total billed charges	
CARBAMAZEPINE 10,11 EPOXIDE	80161	CPT	both			62		21.44 Amerihealth	Medicare		18.64				18.6		58.9 fee schedule	
CARBAMAZEPINE 10,11 EPOXIDE	80161	CPT	both			62		21.44 Consumer	Consumer		58.9	95			18.6		58.9 percent of total billed charges	
CARBAMAZEPINE 10,11 EPOXIDE	80161	CPT	both			62		21.44 Corrections	Corrections		49.6	80			18.6		58.9 percent of total billed charges	
CARBAMAZEPINE 10,11 EPOXIDE	80161	CPT	both			62		21.44 First Health	First Health		43.4	70			18.6		58.9 percent of total billed charges	
CARBAMAZEPINE 10,11 EPOXIDE	80161	CPT	both			62		21.44 First Trenton	First Trenton		55.8	90			18.6		58.9 percent of total billed charges	
CARBAMAZEPINE 10,11 EPOXIDE	80161	CPT	both			62		21.44 Horizon	MGD		23.73	38.28			18.6		58.9 percent of total billed charges	
CARBAMAZEPINE 10,11 EPOXIDE	80161	CPT	both			62		21.44 Horizon	Indemnity		23.73	38.28			18.6		58.9 percent of total billed charges	
CARBAMAZEPINE 10,11 EPOXIDE	80161	CPT	both			62		21.44 Horizon	Medicare Blue		18.6	30			18.6		58.9 percent of total billed charges	
CARBAMAZEPINE 10,11 EPOXIDE	80161	CPT	both			62		21.44 Horizon	PPO		23.73	38.28			18.6		58.9 percent of total billed charges	
CARBAMAZEPINE 10,11 EPOXIDE	80161	CPT	both			62		21.44 Managed Care Inc	Managed Care Inc		55.8	90			18.6		58.9 percent of total billed charges	
CARBAMAZEPINE 10,11 EPOXIDE	80161	CPT	both			62		21.44 Multiplan	Multiplan		49.6	80			18.6		58.9 percent of total billed charges	
CARBAMAZEPINE 10,11 EPOXIDE	80161	CPT	both			62		21.44 Qualcare	Qualcare		46.5	75			18.6		58.9 percent of total billed charges	
CARBAMAZEPINE 10,11 EPOXIDE	80161	CPT	both			62		21.44 Three Rivers	Three Rivers		58.9	95			18.6		58.9 percent of total billed charges	
CARBAMAZEPINE 10,11 EPOXIDE	80161	CPT	both			62		21.44 UHC	Medicaid		19.56	31.55			18.6		58.9 percent of total billed charges	
CARBAMAZEPINE 10,11 EPOXIDE	80161	CPT	both			62		21.44 UHC	Medicare		18.64				18.6		58.9 fee schedule	
CARBAMAZEPINE 10,11 EPOXIDE	80161	CPT	both			62		21.44 Wellcare	Medicare		18.64				18.6		58.9 fee schedule	
CARBAMAZEPINE 10,11 EPOXIDE	80161	CPT	both			62		21.44 Wellcare	Medicaid		19.56	31.55			18.6		58.9 percent of total billed charges	
CARBAMAZEPINE 10,11 EPOXIDE	80161	CPT	both			62		21.44 WellPoint	WellPoint		19.95	32.18			18.6		58.9 percent of total billed charges	
DIGOXIN LAB	80162	CPT	both			121		15.27 Aetna	Medicare		13.28				13.28		114.95 fee schedule	
DIGOXIN LAB	80162	CPT	both			121		15.27 Aetna	Commercial		46.98	38			13.28		114.95 percent of total billed charges	
DIGOXIN LAB	80162	CPT	both			121		15.27 Aetna	Better Health		38.18	31.55			13.28		114.95 percent of total billed charges	
DIGOXIN LAB	80162	CPT	both			121		15.27 Americare	Americare		90.75	75			13.28		114.95 percent of total billed charges	
DIGOXIN LAB	80162	CPT	both			121		15.27 Amerihealth	HMO/PPO		78.65	65			13.28		114.95 percent of total billed charges	
DIGOXIN LAB	80162	CPT	both			121		15.27 Amerihealth	Medicare		13.28				13.28		114.95 fee schedule	
DIGOXIN LAB	80162	CPT	both			121		15.27 Consumer	Consumer		114.95	95			13.28		114.95 percent of total billed charges	
DIGOXIN LAB	80162	CPT	both			121		15.27 Corrections	Corrections		96.8	80			13.28		114.95 percent of total billed charges	
DIGOXIN LAB	80162	CPT	both			121		15.27 First Health	First Health		84.7	70			13.28		114.95 percent of total billed charges	
DIGOXIN LAB	80162	CPT	both			121		15.27 First Trenton	First Trenton		108.9	90			13.28		114.95 percent of total billed charges	
DIGOXIN LAB	80162	CPT	both			121		15.27 Horizon	MGD		46.32	38.28			13.28		114.95 percent of total billed charges	
DIGOXIN LAB	80162	CPT	both			121		15.27 Horizon	Indemnity		46.32	38.28			13.28		114.95 percent of total billed charges	
DIGOXIN LAB	80162	CPT	both			121		15.27 Horizon	NJ Health		29.4				13.28		114.95 fee schedule	
DIGOXIN LAB	80162	CPT	both			121		15.27 Horizon	Medicare Blue		36.3	30			13.28		114.95 percent of total billed charges	
DIGOXIN LAB	80162	CPT	both			121		15.27 Horizon	PPO		46.32	38.28			13.28		114.95 percent of total billed charges	
DIGOXIN LAB	80162	CPT	both			121		15.27 Managed Care Inc	Managed Care Inc		108.9	90			13.28		114.95 percent of total billed charges	
DIGOXIN LAB	80162	CPT	both			121		15.27 Multiplan	Multiplan		96.8	80			13.28		114.95 percent of total billed charges	
DIGOXIN LAB	80162	CPT	both			121		15.27 Qualcare	Qualcare		90.75	75			13.28		114.95 percent of total billed charges	
DIGOXIN LAB	80162	CPT	both			121		15.27 Three Rivers	Three Rivers		114.95	95			13.28		114.95 percent of total billed charges	
DIGOXIN LAB	80162	CPT	both			121		15.27 UHC	Medicare		13.28				13.28		114.95 fee schedule	
DIGOXIN LAB	80162	CPT	both			121		15.27 UHC	Medicaid		38.18	31.55			13.28		114.95 percent of total billed charges	
DIGOXIN LAB	80162	CPT	both			121		15.27 Wellcare	Medicare		13.28				13.28		114.95 fee schedule	
DIGOXIN LAB	80162	CPT	both			121		15.27 Wellcare	Medicaid		38.18	31.55			13.28		114.95 percent of total billed charges	
DIGOXIN LAB	80162	CPT	both			121		15.27 WellPoint	WellPoint		38.94	32.18			13.28		114.95 percent of total billed charges	
VALPROIC ACID (DEPAKOTE)(R),SERUM	80164	CPT	both			94		15.57 Aetna	Commercial		35.72	38			13.2		89.3 percent of total billed charges	
VALPROIC ACID (DEPAKOTE)(R),SERUM	80164	CPT	both			94		15.57 Aetna	Better Health		29.66	31.55			13.2		89.3 percent of total billed charges	
VALPROIC ACID (DEPAKOTE)(R),SERUM	80164	CPT	both			94		15.57 Aetna	Medicare		13.54				13.2		89.3 fee schedule	
VALPROIC ACID (DEPAKOTE)(R),SERUM	80164	CPT	both			94		15.57 Americare	Americare		70.5	75			13.2		89.3 percent of total billed charges	
VALPROIC ACID (DEPAKOTE)(R),SERUM	80164	CPT	both			94		15.57 Amerihealth	Medicare		13.54				13.2		89.3 fee schedule	
VALPROIC ACID (DEPAKOTE)(R),SERUM	80164	CPT	both			94		15.57 Amerihealth	HMO/PPO		61.1	65			13.2		89.3 percent of total billed charges	
VALPROIC ACID (DEPAKOTE)(R),SERUM	80164	CPT	both			94		15.57 Consumer	Consumer		89.3	95			13.2		89.3 percent of total billed charges	
VALPROIC ACID (DEPAKOTE)(R),SERUM	80164	CPT	both			94		15.57 Corrections	Corrections		75.2	80			13.2		89.3 percent of total billed charges	
VALPROIC ACID (DEPAKOTE)(R),SERUM	80164	CPT	both			94		15.57 First Health	First Health		65.8	70			13.2		89.3 percent of total billed charges	
VALPROIC ACID (DEPAKOTE)(R),SERUM	80164	CPT	both			94		15.57 First Trenton	First Trenton		84.6	90			13.2		89.3 percent of total billed charges	
VALPROIC ACID (DEPAKOTE)(R),SERUM	80164	CPT	both			94		15.57 Horizon	NJ Health		19.6				13.2		89.3 fee schedule	
VALPROIC ACID (DEPAKOTE)(R),SERUM	80164	CPT	both			94		15.57 Horizon	Medicare Blue		28.2	30			13.2		89.3 percent of total billed charges	
VALPROIC ACID (DEPAKOTE)(R),SERUM	80164	CPT	both			94		15.57 Horizon	Indemnity		35.98	38.28			13.2		89.3 percent of total billed charges	
VALPROIC ACID (DEPAKOTE)(R),SERUM	80164	CPT	both			94		15.57 Horizon	MGD		35.98	38.28			13.2		89.3 percent of total billed charges	
VALPROIC ACID (DEPAKOTE)(R),SERUM	80164	CPT	both			94		15.57 Horizon	PPO		35.98	38.28			13.2		89.3 percent of total billed charges	
VALPROIC ACID (DEPAKOTE)(R),SERUM	80164	CPT	both			94		15.57 Managed Care Inc	Managed Care Inc		84.6	90			13.2		89.3 percent of total billed charges	
VALPROIC ACID (DEPAKOTE)(R),SERUM	80164	CPT	both			94		15.57 Multiplan	Multiplan		75.2	80			13.2		89.3 percent of total billed charges	
VALPROIC ACID (DEPAKOTE)(R),SERUM	80164	CPT	both			94		15.57 Qualcare	Qualcare		70.5	75			13.2		89.3 percent of total billed charges	
VALPROIC ACID (DEPAKOTE)(R),SERUM	80164	CPT	both			94		15.57 Three Rivers	Three Rivers		89.3	95			13.2		89.3 percent of total billed charges	
VALPROIC ACID (DEPAKOTE)(R),SERUM	80164	CPT	both			94		15.57 UHC	Medicaid		29.66	31.55			13.2		89.3 percent of total billed charges	
VALPROIC ACID (DEPAKOTE)(R),SERUM	80164	CPT	both			94		15.57 UHC	Medicare		13.54				13.2		89.3 fee schedule	
VALPROIC ACID (DEPAKOTE)(R),SERUM	80164	CPT	both			94		15.57 Wellcare	Medicare		13.54				13.2		89.3 fee schedule	
VALPROIC ACID (DEPAKOTE)(R),SERUM	80164	CPT	both			94		15.57 Wellcare	Medicaid		29.66	31.55			13.2		89.3 percent of total billed charges	
VALPROIC ACID (DEPAKOTE)(R),SERUM	80164	CPT	both			94		15.57 WellPoint	WellPoint		30.25	32.18			13.2		89.3 percent of total billed charges	
FREE VALPROIC ACID (DEPAKOTE)	80165	CPT	inpatient			44		15.57 Aetna	Better Health		13.88	31.55			10.43		41.8 percent of total billed charges	
FREE VALPROIC ACID (DEPAKOTE)	80165	CPT	inpatient			44		15.57 Aetna	Commercial		16.72	38			10.43		41.8 percent of total billed charges	
FREE VALPROIC ACID (DEPAKOTE)	80165	CPT	inpatient			44		15.57 Aetna	Medicare		13.54				10.43		41.8 fee schedule	
FREE VALPROIC ACID (DEPAKOTE)	80165	CPT	inpatient			44		15.57 Americare	Americare		33	75			10.43		41.8 percent of total billed charges	
FREE VALPROIC ACID (DEPAKOTE)	80165	CPT	inpatient			44		15.57 Amerihealth	Medicare		13.54				10.43		41.8 fee schedule	
FREE VALPROIC ACID (DEPAKOTE)	80165	CPT	inpatient			44		15.57 Amerihealth	HMO/PPO		28.6	65			10.43		41.8 percent of total billed charges	
FREE VALPROIC ACID (DEPAKOTE)	80165	CPT	inpatient			44		15.57 Consumer	Consumer		41.8	95			10.43		41.8 percent of total billed charges	
FREE VALPROIC ACID (DEPAKOTE)	80165	CPT	inpatient			44		15.57 Corrections	Corrections		35.2	80			10.43		41.8 percent of total billed charges	
FREE VALPROIC ACID (DEPAKOTE)	80165	CPT	inpatient			44		15.57 First Health	First Health		30.8	70			10.43		41.8 percent of total billed charges	
FREE VALPROIC ACID (DEPAKOTE)	80165	CPT	inpatient			44		15.57 First Trenton	First Trenton		39.6	90			10.43		41.8 percent of total billed charges	
FREE VALPROIC ACID (DEPAKOTE)	80165	CPT	inpatient			44		15.57 Horizon	Medicare Blue		13.2	30			10.43		41.8 percent of total billed charges	
FREE VALPROIC ACID (DEPAKOTE)	80165	CPT	inpatient			44		15.57 Horizon	NJ Health		10.43				10.43		41.8 fee schedule	
FREE VALPROIC ACID (DEPAKOTE)	80165	CPT	inpatient			44		15.57 Horizon	MGD		16.84	38.28			10.43		41.8 percent of total billed charges	
FREE VALPROIC ACID (DEPAKOTE)	80165	CPT	inpatient			44		15.57 Horizon	PPO		16.84	38.28			10.43		41.8 percent of total billed charges	
FREE VALPROIC ACID (DEPAKOTE)	80165	CPT	inpatient			44		15.57 Horizon	Indemnity		16.84	38.28			10.43		41.8 percent of total billed charges	
FREE VALPROIC ACID (DEPAKOTE)	80165	CPT	inpatient			44		15.57 Managed Care Inc	Managed Care Inc		39.6	90			10.43		41.8 percent of total billed charges	
FREE VALPROIC ACID (DEPAKOTE)	80165	CPT	inpatient			44		15.57 Multiplan	Multiplan		35.2	80			10.43		41.8 percent of total billed charges	
FREE VALPROIC ACID (DEPAKOTE)	80165	CPT	inpatient			44		15.57 Qualcare	Qualcare		33	75			10.43		41.8 percent of total billed charges	
FREE VALPROIC ACID (DEPAKOTE)	80165	CPT	inpatient			44		15.57 Three Rivers	Three Rivers		41.8	95			10.43		41.8 percent of total billed charges	
FREE VALPROIC ACID (DEPAKOTE)	80165	CPT	inpatient			44		15.57 UHC	Medicare		13.54				10.43		41.8 fee schedule	
FREE VALPROIC ACID (DEPAKOTE)	80165	CPT	inpatient			44		15.57 UHC	Medicaid		13.88	31.55			10.43		41.8 percent of total billed charges	
FREE VALPROIC ACID (DEPAKOTE)	80165	CPT	inpatient			44		15.57 Wellcare	Medicaid		13.88	31.55			10.43		41.8 percent of total billed charges	
FREE VALPROIC ACID (DEPAKOTE)	80165	CPT	inpatient			44		15.57 Wellcare	Medicare		13.54				10.43		41.8 fee schedule	
FREE VALPROIC ACID (DEPAKOTE)	80165	CPT	inpatient			44		15.57 WellPoint	WellPoint		14.16	32.18			10.43		41.8 percent of total billed charges	
FELBAMATE / FELBATOL	80167	CPT	both			41		21.44 Aetna	Medicare		18.64				12.3		38.95 fee schedule	
FELBAMATE / FELBATOL	80167	CPT	both			41		21.44 Aetna	Better Health		12.94	31.55			12.3		38.95 percent of total billed charges	
FELBAMATE / FELBATOL	80167	CPT	both			41		21.44 Aetna	Commercial		15.58	38			12.3		38.95 percent of total billed charges	
FELBAMATE / FELBATOL	80167	CPT	both			41		21.44 Americare	Americare		30.75	75			12.3		38.95 percent of total billed charges	
FELBAMATE / FELBATOL	80167	CPT	both			41		21.44 Amerihealth	HMO/PPO		26.65	65			12.3		38.95 percent of total billed charges	
FELBAMATE / FELBATOL	80167	CPT	both			41		21.44 Amerihealth	Medicare		18.64				12.3		38.95 fee schedule	
FELBAMATE / FELBATOL	80167	CPT	both			41		21.44 Consumer	Consumer		38.95	95			12.3		38.95 percent of total billed charges	
FELBAMATE / FELBATOL	80167	CPT	both			41		21.44 Corrections	Corrections		32.8	80			12.3		38.95 percent of total billed charges	
FELBAMATE / FELBATOL	80167	CPT	both			41		21.44 First Health	First Health		28.7	70			12.3		38.95 percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.												
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true												
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
FELBAMATE / FELBATOL	80167	CPT	both			41	21.44	First Trenton	First Trenton		36.9	90			12.3	38.95	percent of total billed charges	
FELBAMATE / FELBATOL	80167	CPT	both			41	21.44	Horizon	Medicare Blue		12.3	30			12.3	38.95	percent of total billed charges	
FELBAMATE / FELBATOL	80167	CPT	both			41	21.44	Horizon	Indemnity		15.69	38.28			12.3	38.95	percent of total billed charges	
FELBAMATE / FELBATOL	80167	CPT	both			41	21.44	Horizon	MGD		15.69	38.28			12.3	38.95	percent of total billed charges	
FELBAMATE / FELBATOL	80167	CPT	both			41	21.44	Horizon	PPO		15.69	38.28			12.3	38.95	percent of total billed charges	
FELBAMATE / FELBATOL	80167	CPT	both			41	21.44	Managed Care Inc	Managed Care Inc		36.9	90			12.3	38.95	percent of total billed charges	
FELBAMATE / FELBATOL	80167	CPT	both			41	21.44	Multiplan	Multiplan		32.8	80			12.3	38.95	percent of total billed charges	
FELBAMATE / FELBATOL	80167	CPT	both			41	21.44	Qualcare	Qualcare		30.75	75			12.3	38.95	percent of total billed charges	
FELBAMATE / FELBATOL	80167	CPT	both			41	21.44	Three Rivers	Three Rivers		38.95	95			12.3	38.95	percent of total billed charges	
FELBAMATE / FELBATOL	80167	CPT	both			41	21.44	UHC	Medicare		18.64				12.3	38.95	fee schedule	
FELBAMATE / FELBATOL	80167	CPT	both			41	21.44	UHC	Medicaid		12.94	31.55			12.3	38.95	percent of total billed charges	
FELBAMATE / FELBATOL	80167	CPT	both			41	21.44	Wellcare	Medicaid		12.94	31.55			12.3	38.95	percent of total billed charges	
FELBAMATE / FELBATOL	80167	CPT	both			41	21.44	Wellcare	Medicare		18.64				12.3	38.95	fee schedule	
FELBAMATE / FELBATOL	80167	CPT	both			41	21.44	WellPoint	WellPoint		13.19	32.18			12.3	38.95	percent of total billed charges	
ZARONTIN LEVEL	80168	CPT	both			490	18.79	Aetna	Medicare		16.34				16.34	465.5	fee schedule	
ZARONTIN LEVEL	80168	CPT	both			490	18.79	Aetna	Commercial		186.2	38			16.34	465.5	percent of total billed charges	
ZARONTIN LEVEL	80168	CPT	both			490	18.79	Aetna	Better Health		154.6	31.55			16.34	465.5	percent of total billed charges	
ZARONTIN LEVEL	80168	CPT	both			490	18.79	Americare	Americare		367.5	75			16.34	465.5	percent of total billed charges	
ZARONTIN LEVEL	80168	CPT	both			490	18.79	Amerihealth	HMO/PPO		318.5	65			16.34	465.5	percent of total billed charges	
ZARONTIN LEVEL	80168	CPT	both			490	18.79	Amerihealth	Medicare		16.34				16.34	465.5	fee schedule	
ZARONTIN LEVEL	80168	CPT	both			490	18.79	Consumer	Consumer		465.5	95			16.34	465.5	percent of total billed charges	
ZARONTIN LEVEL	80168	CPT	both			490	18.79	Corrections	Corrections		392	80			16.34	465.5	percent of total billed charges	
ZARONTIN LEVEL	80168	CPT	both			490	18.79	First Health	First Health		343	70			16.34	465.5	percent of total billed charges	
ZARONTIN LEVEL	80168	CPT	both			490	18.79	First Trenton	First Trenton		441	90			16.34	465.5	percent of total billed charges	
ZARONTIN LEVEL	80168	CPT	both			490	18.79	Horizon	Medicare Blue		147	30			16.34	465.5	percent of total billed charges	
ZARONTIN LEVEL	80168	CPT	both			490	18.79	Horizon	Indemnity		187.57	38.28			16.34	465.5	percent of total billed charges	
ZARONTIN LEVEL	80168	CPT	both			490	18.79	Horizon	MGD		187.57	38.28			16.34	465.5	percent of total billed charges	
ZARONTIN LEVEL	80168	CPT	both			490	18.79	Horizon	NJ Health		48.02				16.34	465.5	fee schedule	
ZARONTIN LEVEL	80168	CPT	both			490	18.79	Horizon	PPO		187.57	38.28			16.34	465.5	percent of total billed charges	
ZARONTIN LEVEL	80168	CPT	both			490	18.79	Managed Care Inc	Managed Care Inc		441	90			16.34	465.5	percent of total billed charges	
ZARONTIN LEVEL	80168	CPT	both			490	18.79	Multiplan	Multiplan		392	80			16.34	465.5	percent of total billed charges	
ZARONTIN LEVEL	80168	CPT	both			490	18.79	Qualcare	Qualcare		367.5	75			16.34	465.5	percent of total billed charges	
ZARONTIN LEVEL	80168	CPT	both			490	18.79	Three Rivers	Three Rivers		465.5	95			16.34	465.5	percent of total billed charges	
ZARONTIN LEVEL	80168	CPT	both			490	18.79	UHC	Medicaid		154.6	31.55			16.34	465.5	percent of total billed charges	
ZARONTIN LEVEL	80168	CPT	both			490	18.79	UHC	Medicare		16.34				16.34	465.5	fee schedule	
ZARONTIN LEVEL	80168	CPT	both			490	18.79	Wellcare	Medicare		16.34				16.34	465.5	fee schedule	
ZARONTIN LEVEL	80168	CPT	both			490	18.79	Wellcare	Medicaid		154.6	31.55			16.34	465.5	percent of total billed charges	
ZARONTIN LEVEL	80168	CPT	both			490	18.79	WellPoint	WellPoint		157.68	32.18			16.34	465.5	percent of total billed charges	
EVEROLIMUS	80169	CPT	both			107	15.79	Aetna	Commercial		40.66	38			13.73	101.65	percent of total billed charges	
EVEROLIMUS	80169	CPT	both			107	15.79	Aetna	Better Health		33.76	31.55			13.73	101.65	percent of total billed charges	
EVEROLIMUS	80169	CPT	both			107	15.79	Aetna	Medicare		32.96	30.8			13.73	101.65	percent of total billed charges	
EVEROLIMUS	80169	CPT	both			107	15.79	Americare	Americare		80.25	75			13.73	101.65	percent of total billed charges	
EVEROLIMUS	80169	CPT	both			107	15.79	Amerihealth	Medicare		13.73				13.73	101.65	fee schedule	
EVEROLIMUS	80169	CPT	both			107	15.79	Amerihealth	HMO/PPO		69.55	65			13.73	101.65	percent of total billed charges	
EVEROLIMUS	80169	CPT	both			107	15.79	Consumer	Consumer		101.65	95			13.73	101.65	percent of total billed charges	
EVEROLIMUS	80169	CPT	both			107	15.79	Corrections	Corrections		85.6	80			13.73	101.65	percent of total billed charges	
EVEROLIMUS	80169	CPT	both			107	15.79	First Health	First Health		74.9	70			13.73	101.65	percent of total billed charges	
EVEROLIMUS	80169	CPT	both			107	15.79	First Trenton	First Trenton		96.3	90			13.73	101.65	percent of total billed charges	
EVEROLIMUS	80169	CPT	both			107	15.79	Horizon	Medicare Blue		32.1	30			13.73	101.65	percent of total billed charges	
EVEROLIMUS	80169	CPT	both			107	15.79	Horizon	Indemnity		40.96	38.28			13.73	101.65	percent of total billed charges	
EVEROLIMUS	80169	CPT	both			107	15.79	Horizon	MGD		40.96	38.28			13.73	101.65	percent of total billed charges	
EVEROLIMUS	80169	CPT	both			107	15.79	Horizon	NJ Health		14.68				13.73	101.65	fee schedule	
EVEROLIMUS	80169	CPT	both			107	15.79	Horizon	PPO		40.96	38.28			13.73	101.65	percent of total billed charges	
EVEROLIMUS	80169	CPT	both			107	15.79	Managed Care Inc	Managed Care Inc		96.3	90			13.73	101.65	percent of total billed charges	
EVEROLIMUS	80169	CPT	both			107	15.79	Multiplan	Multiplan		85.6	80			13.73	101.65	percent of total billed charges	
EVEROLIMUS	80169	CPT	both			107	15.79	Qualcare	Qualcare		80.25	75			13.73	101.65	percent of total billed charges	
EVEROLIMUS	80169	CPT	both			107	15.79	Three Rivers	Three Rivers		101.65	95			13.73	101.65	percent of total billed charges	
EVEROLIMUS	80169	CPT	both			107	15.79	UHC	Medicaid		33.76	31.55			13.73	101.65	percent of total billed charges	
EVEROLIMUS	80169	CPT	both			107	15.79	UHC	Medicare		13.73				13.73	101.65	fee schedule	
EVEROLIMUS	80169	CPT	both			107	15.79	Wellcare	Medicare		13.73				13.73	101.65	fee schedule	
EVEROLIMUS	80169	CPT	both			107	15.79	Wellcare	Medicaid		33.76	31.55			13.73	101.65	percent of total billed charges	
EVEROLIMUS	80169	CPT	both			107	15.79	WellPoint	WellPoint		34.43	32.18			13.73	101.65	percent of total billed charges	
GENTAMICIN TROUGH	80170	CPT	inpatient			299	18.84	Aetna	Commercial		113.62	38			16.38	284.05	percent of total billed charges	
GENTAMICIN TROUGH	80170	CPT	inpatient			299	18.84	Aetna	Better Health		94.33	31.55			16.38	284.05	percent of total billed charges	
GENTAMICIN TROUGH	80170	CPT	inpatient			299	18.84	Aetna	Medicare		16.38				16.38	284.05	fee schedule	
GENTAMICIN TROUGH	80170	CPT	inpatient			299	18.84	Americare	Americare		224.25	75			16.38	284.05	percent of total billed charges	
GENTAMICIN TROUGH	80170	CPT	inpatient			299	18.84	Amerihealth	HMO/PPO		194.35	65			16.38	284.05	percent of total billed charges	
GENTAMICIN TROUGH	80170	CPT	inpatient			299	18.84	Amerihealth	Medicare		16.38				16.38	284.05	fee schedule	
GENTAMICIN TROUGH	80170	CPT	inpatient			299	18.84	Consumer	Consumer		284.05	95			16.38	284.05	percent of total billed charges	
GENTAMICIN TROUGH	80170	CPT	inpatient			299	18.84	Corrections	Corrections		239.2	80			16.38	284.05	percent of total billed charges	
GENTAMICIN TROUGH	80170	CPT	inpatient			299	18.84	First Health	First Health		209.3	70			16.38	284.05	percent of total billed charges	
GENTAMICIN TROUGH	80170	CPT	inpatient			299	18.84	First Trenton	First Trenton		269.1	90			16.38	284.05	percent of total billed charges	
GENTAMICIN TROUGH	80170	CPT	inpatient			299	18.84	Horizon	NJ Health		24.7				16.38	284.05	fee schedule	
GENTAMICIN TROUGH	80170	CPT	inpatient			299	18.84	Horizon	Indemnity		114.46	38.28			16.38	284.05	percent of total billed charges	
GENTAMICIN TROUGH	80170	CPT	inpatient			299	18.84	Horizon	Medicare Blue		89.7	30			16.38	284.05	percent of total billed charges	
GENTAMICIN TROUGH	80170	CPT	inpatient			299	18.84	Horizon	MGD		114.46	38.28			16.38	284.05	percent of total billed charges	
GENTAMICIN TROUGH	80170	CPT	inpatient			299	18.84	Horizon	PPO		114.46	38.28			16.38	284.05	percent of total billed charges	
GENTAMICIN TROUGH	80170	CPT	inpatient			299	18.84	Managed Care Inc	Managed Care Inc		269.1	90			16.38	284.05	percent of total billed charges	
GENTAMICIN TROUGH	80170	CPT	inpatient			299	18.84	Multiplan	Multiplan		239.2	80			16.38	284.05	percent of total billed charges	
GENTAMICIN TROUGH	80170	CPT	inpatient			299	18.84	Qualcare	Qualcare		224.25	75			16.38	284.05	percent of total billed charges	
GENTAMICIN TROUGH	80170	CPT	inpatient			299	18.84	Three Rivers	Three Rivers		284.05	95			16.38	284.05	percent of total billed charges	
GENTAMICIN TROUGH	80170	CPT	inpatient			299	18.84	UHC	Medicaid		94.33	31.55			16.38	284.05	percent of total billed charges	
GENTAMICIN TROUGH	80170	CPT	inpatient			299	18.84	UHC	Medicare		16.38				16.38	284.05	fee schedule	
GENTAMICIN TROUGH	80170	CPT	inpatient			299	18.84	Wellcare	Medicare		16.38				16.38	284.05	fee schedule	
GENTAMICIN TROUGH	80170	CPT	inpatient			299	18.84	Wellcare	Medicaid		94.33	31.55			16.38	284.05	percent of total billed charges	
GENTAMICIN TROUGH	80170	CPT	inpatient			299	18.84	WellPoint	WellPoint		96.22	32.18			16.38	284.05	percent of total billed charges	
GABAPENTIN (NEURONTIN)	80171	CPT	both			65	24.92	Aetna	Medicare		21.67				14.18	61.75	fee schedule	
GABAPENTIN (NEURONTIN)	80171	CPT	both			65	24.92	Aetna	Better Health		20.51	31.55			14.18	61.75	percent of total billed charges	
GABAPENTIN (NEURONTIN)	80171	CPT	both			65	24.92	Aetna	Commercial		24.7	38			14.18	61.75	percent of total billed charges	
GABAPENTIN (NEURONTIN)	80171	CPT	both			65	24.92	Americare	Americare		48.75	75			14.18	61.75	percent of total billed charges	
GABAPENTIN (NEURONTIN)	80171	CPT	both			65	24.92	Amerihealth	Medicare		21.67				14.18	61.75	fee schedule	
GABAPENTIN (NEURONTIN)	80171	CPT	both			65	24.92	Amerihealth	HMO/PPO		42.25	65			14.18	61.75	percent of total billed charges	
GABAPENTIN (NEURONTIN)	80171	CPT	both			65	24.92	Consumer	Consumer		61.75	95			14.18	61.75	percent of total billed charges	
GABAPENTIN (NEURONTIN)	80171	CPT	both			65	24.92	Corrections	Corrections		52	80			14.18	61.75	percent of total billed charges	
GABAPENTIN (NEURONTIN)	80171	CPT	both			65	24.92	First Health	First Health		45.5	70			14.18	61.75	percent of total billed charges	
GABAPENTIN (NEURONTIN)	80171	CPT	both			65	24.92	First Trenton	First Trenton		58.5	90			14.18	61.75	percent of total billed charges	
GABAPENTIN (NEURONTIN)	80171	CPT	both			65	24.92	Horizon	NJ Health		14.18				14.18	61.75	fee schedule	
GABAPENTIN (NEURONTIN)	80171	CPT	both			65	24.92	Horizon	MGD		24.88	38.28			14.18	61.75	percent of total billed charges	
GABAPENTIN (NEURONTIN)	80171	CPT	both			65	24.92	Horizon	Medicare Blue		19.5	30			14.18	61.75	percent of total billed charges	
GABAPENTIN (NEURONTIN)	80171	CPT	both			65	24.92	Horizon	Indemnity		24.88	38.28			14.18	61.75	percent of total billed charges	
GABAPENTIN (NEURONTIN)	80171	CPT	both			65	24.92	Horizon	PPO		24.88	38.28			14.18	61.75	percent of total billed charges	
GABAPENTIN (NEURONTIN)	80171	CPT	both			65	24.92	Managed Care Inc	Managed Care Inc		58.5	90			14.18	61.75	percent of total billed charges	
GABAPENTIN (NEURONTIN)	80171	CPT	both			65	24.92	Multiplan	Multiplan		52	80			14.18	61.75	percent of total billed charges	
GABAPENTIN (NEURONTIN)	80171	CPT	both			65	24.92	Qualcare	Qualcare		48.75	75			14.18	61.75	percent of total billed charges	
GABAPENTIN (NEURONTIN)	80171	CPT	both			65	24.92	Three Rivers	Three Rivers		61.75	95			14.18	61.75	percent of total billed charges	
GABAPENTIN (NEURONTIN)	80171	CPT	both			65	24.92	UHC	Medicare		21.67				14.18	61.75	fee schedule	
GABAPENTIN (NEURONTIN)	80171	CPT	both			65	24.92	UHC	Medicaid		20.51	31.55			14.18	61.75	percent of total billed charges	
GABAPENTIN (NEURONTIN)	80171	CPT	both			65	24.92	Wellcare	Medicaid		20.51	31.55			14.18	61.75	percent of total billed charges	
GABAPENTIN (NEURONTIN)	80171	CPT	both			65	24.92	Wellcare	Medicare		21.67				14.18	61.75	fee schedule	
GABAPENTIN (NEURONTIN)	80171	CPT	both			65	24.92	WellPoint	WellPoint		20.92	32.18			14.18	61.75	percent of total billed charges	
HALOPERIDOL SERUM	80173	CPT	inpatient			89	18.15	Aetna	Better Health		28.08	31.55			15.78	84.55	percent of total billed charges	
HALOPERIDOL SERUM	80173	CPT	inpatient			89	18.15	Aetna	Commercial		33.82	38			15.78	84.55	percent of total billed charges	
HALOPERIDOL SERUM	80173	CPT	inpatient			89	18.15	Aetna	Medicare		15.78				15.78	84.55	fee schedule	
HALOPERIDOL SERUM	80173	CPT	inpatient			89	18.15	Americare	Americare		66.75	75			15.78	84.55	percent of total billed charges	
HALOPERIDOL SERUM	80173	CPT	inpatient			89	18.15	Amerihealth	Medicare		15.78				15.78	84.55	fee schedule	
HALOPERIDOL SERUM	80173	CPT	inpatient			89	18.15	Amerihealth	HMO/PPO		57.85	65			15.78	84.55	percent of total billed charges	
HALOPERIDOL SERUM	80173	CPT	inpatient			89	18.15	Consumer	Consumer		84.55	95			15.78	84.55	percent of total billed charges	
HALOPERIDOL SERUM	80173	CPT	inpatient			89	18.15	Corrections	Corrections		71.2	80			15.78	84.55	percent of total billed charges	
HALOPERIDOL SERUM	80173	CPT	inpatient			89	18.15	First Health	First Health		62.3	70			15.78	84.55	percent of total billed charges	
HALOPERIDOL SERUM	80173	CPT	inpatient			89	18.15	First Trenton	First Trenton		80.1	90			15.78	84.55	percent of total billed charges	
HALOPERIDOL SERUM	80173	CPT	inpatient			89	18.15	Horizon	Indemnity		34.07	38.28			15.78	84.55	percent of total billed charges	
HALOPERIDOL SERUM	80173	CPT	inpatient			89	18.15	Horizon	Medicare Blue		26.7	30			15.78	84.55	percent of total billed charges	
HALOPERIDOL SERUM	80173	CPT	inpatient			89	18.15	Horizon	PPO		34.07	38.28			15.78	84.55	percent of total billed charges	
HALOPERIDOL SERUM	80173	CPT	inpatient			89	18.15	Horizon	MGD		34.07	38.28			15.78	84.55	percent of total billed charges	
HALOPERIDOL SERUM	80173	CPT	inpatient			89	18.15	Horizon	NJ Health		16.17				15.78	84.55	fee schedule	
HALOPERIDOL SERUM	80173	CPT	inpatient			89	18.15	Managed Care Inc	Managed Care Inc		80.1	90			15.78	84.55	percent of total billed charges	
HALOPERIDOL SERUM	80173	CPT	inpatient			89	18.15	Multiplan	Multiplan		71.2	80			15.78	84.55	percent of total billed charges	
HALOPERIDOL SERUM	80173	CPT	inpatient			89	18.15	Qualcare	Qualcare		66.75	75			15.78	84.55	percent of total billed charges	
HALOPERIDOL SERUM	80173	CPT	inpatient			89	18.15	Three Rivers	Three Rivers		84.55	95			15.78	84.55	percent of total billed charges	
HALOPERIDOL SERUM	80173	CPT	inpatient			89	18.15	UHC	Medicare		15.78				15.78	84.55	fee schedule	
HALOPERIDOL SERUM	80173	CPT	inpatient			89	18.15	UHC	Medicaid		28.08	31.55			15.78	84.55	percent of total billed charges	
HALOPERIDOL SERUM	80173	CPT	inpatient			89	18.15	Wellcare	Medicare		15.78				15.78	84.55	fee schedule	
HALOPERIDOL SERUM	80173	CPT	inpatient			89	18.15	Wellcare	Medicaid		28.08	31.55			15.78	84.55	percent of total billed charges	
HALOPERIDOL SERUM	80173	CPT	inpatient			89	18.15	WellPoint	WellPoint		28.64	32.18			15.78	84.55	percent of total billed charges	
LAMOTRIGINE	80175	CPT	both			66	15.24	Aetna	Medicare		13.25				13.25	62.7	fee schedule	
LAMOTRIGINE	80175	CPT	both			66	15.24	Aetna	Commercial		25.08	38			13.25	62.7	percent of total billed charges	
LAMOTRIGINE	80175	CPT	both			66	15.24	Aetna	Better Health		20.82	31.55			13.25	62.7	percent of total billed charges	
LAMOTRIGINE	80175	CPT	both			66	15.24	Americare	Americare		49.5	75			13.25	62.7	percent of total billed charges	
LAMOTRIGINE	80175	CPT	both			66	15.24	Amerihealth	Medicare		13.25				13.25	62.7	fee schedule	
LAMOTRIGINE	80175	CPT	both			66	15.24	Amerihealth	HMO/PPO		42.9	65			13.25	62.7	percent of total billed charges	
LAMOTRIGINE	80175	CPT	both			66	15.24	Consumer	Consumer		62.7	95			13.25	62.7	percent of total billed charges	
LAMOTRIGINE	80175	CPT	both			66	15.24	Corrections	Corrections		52.8	80			13.25	62.7	percent of total billed charges	
LAMOTRIGINE	80175	CPT	both			66	15.24	First Health	First Health		46.2	70			13.25	62.7	percent of total billed charges	
LAMOTRIGINE	80175	CPT	both			66	15.24	First Trenton	First Trenton		59.4	90			13.25	62.7	percent of total billed charges	
LAMOTRIGINE	80175	CPT	both			66	15.24	Horizon	MGD		25.26	38.28			13.25	62.7	percent of total billed charges	
LAMOTRIGINE	80175	CPT	both			66	15.24	Horizon	Medicare Blue		19.8	30			13.25	62.7	percent of total billed charges	
LAMOTRIGINE	80175	CPT	both			66	15.24	Horizon	Indemnity		25.26	38.28			13.25	62.7	percent of total billed charges	
LAMOTRIGINE	80175	CPT	both			66	15.24	Horizon	NJ Health		14.18				13.25	62.7	fee schedule	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
LAMOTRIGINE	80175	CPT	both			66	15.24	Horizon	PPO		25.26	38.28			13.25	62.7	percent of total billed charges	
LAMOTRIGINE	80175	CPT	both			66	15.24	Managed Care Inc	Managed Care Inc		59.4	90			13.25	62.7	percent of total billed charges	
LAMOTRIGINE	80175	CPT	both			66	15.24	Multiplan	Multiplan		52.8	80			13.25	62.7	percent of total billed charges	
LAMOTRIGINE	80175	CPT	both			66	15.24	Qualcare	Qualcare		49.5	75			13.25	62.7	percent of total billed charges	
LAMOTRIGINE	80175	CPT	both			66	15.24	Three Rivers	Three Rivers		62.7	95			13.25	62.7	percent of total billed charges	
LAMOTRIGINE	80175	CPT	both			66	15.24	UHC	Medicaid		20.82	31.55			13.25	62.7	percent of total billed charges	
LAMOTRIGINE	80175	CPT	both			66	15.24	UHC	Medicare		13.25				13.25	62.7	fee schedule	
LAMOTRIGINE	80175	CPT	both			66	15.24	Wellcare	Medicare		13.25				13.25	62.7	fee schedule	
LAMOTRIGINE	80175	CPT	both			66	15.24	Wellcare	Medicaid		20.82	31.55			13.25	62.7	percent of total billed charges	
LAMOTRIGINE	80175	CPT	both			66	15.24	WellPoint	WellPoint		21.24	32.18			13.25	62.7	percent of total billed charges	
LIDOCAINE	80176	CPT	inpatient			78	16.89	Aetna	Better Health		24.61	31.55			14.69	74.1	percent of total billed charges	
LIDOCAINE	80176	CPT	inpatient			78	16.89	Aetna	Medicare		14.69				14.69	74.1	fee schedule	
LIDOCAINE	80176	CPT	inpatient			78	16.89	Aetna	Commercial		29.64	38			14.69	74.1	percent of total billed charges	
LIDOCAINE	80176	CPT	inpatient			78	16.89	Americare	Americare		58.5	75			14.69	74.1	percent of total billed charges	
LIDOCAINE	80176	CPT	inpatient			78	16.89	Amerihealth	Medicare		14.69				14.69	74.1	fee schedule	
LIDOCAINE	80176	CPT	inpatient			78	16.89	Amerihealth	HMO/PPO		50.7	65			14.69	74.1	percent of total billed charges	
LIDOCAINE	80176	CPT	inpatient			78	16.89	Consumer	Consumer		74.1	95			14.69	74.1	percent of total billed charges	
LIDOCAINE	80176	CPT	inpatient			78	16.89	Corrections	Corrections		62.4	80			14.69	74.1	percent of total billed charges	
LIDOCAINE	80176	CPT	inpatient			78	16.89	First Health	First Health		54.6	70			14.69	74.1	percent of total billed charges	
LIDOCAINE	80176	CPT	inpatient			78	16.89	First Trenton	First Trenton		70.2	90			14.69	74.1	percent of total billed charges	
LIDOCAINE	80176	CPT	inpatient			78	16.89	Horizon	MGD		29.86	38.28			14.69	74.1	percent of total billed charges	
LIDOCAINE	80176	CPT	inpatient			78	16.89	Horizon	Medicare Blue		23.4	30			14.69	74.1	percent of total billed charges	
LIDOCAINE	80176	CPT	inpatient			78	16.89	Horizon	PPO		29.86	38.28			14.69	74.1	percent of total billed charges	
LIDOCAINE	80176	CPT	inpatient			78	16.89	Horizon	Indemnity		29.86	38.28			14.69	74.1	percent of total billed charges	
LIDOCAINE	80176	CPT	inpatient			78	16.89	Horizon	NJ Health		35.28				14.69	74.1	fee schedule	
LIDOCAINE	80176	CPT	inpatient			78	16.89	Managed Care Inc	Managed Care Inc		70.2	90			14.69	74.1	percent of total billed charges	
LIDOCAINE	80176	CPT	inpatient			78	16.89	Multiplan	Multiplan		62.4	80			14.69	74.1	percent of total billed charges	
LIDOCAINE	80176	CPT	inpatient			78	16.89	Qualcare	Qualcare		58.5	75			14.69	74.1	percent of total billed charges	
LIDOCAINE	80176	CPT	inpatient			78	16.89	Three Rivers	Three Rivers		74.1	95			14.69	74.1	percent of total billed charges	
LIDOCAINE	80176	CPT	inpatient			78	16.89	UHC	Medicare		14.69				14.69	74.1	fee schedule	
LIDOCAINE	80176	CPT	inpatient			78	16.89	UHC	Medicaid		24.61	31.55			14.69	74.1	percent of total billed charges	
LIDOCAINE	80176	CPT	inpatient			78	16.89	Wellcare	Medicaid		24.61	31.55			14.69	74.1	percent of total billed charges	
LIDOCAINE	80176	CPT	inpatient			78	16.89	Wellcare	Medicare		14.69				14.69	74.1	fee schedule	
LIDOCAINE	80176	CPT	inpatient			78	16.89	WellPoint	WellPoint		25.1	32.18			14.69	74.1	percent of total billed charges	
KEPPRA|LEVETIRACETAMS,SERUM	80177	CPT	both			43	15.24	Aetna	Medicare		13.25				12.9	40.85	fee schedule	
KEPPRA|LEVETIRACETAMS,SERUM	80177	CPT	both			43	15.24	Aetna	Better Health		13.57	31.55			12.9	40.85	percent of total billed charges	
KEPPRA|LEVETIRACETAMS,SERUM	80177	CPT	both			43	15.24	Aetna	Commercial		16.34	38			12.9	40.85	percent of total billed charges	
KEPPRA|LEVETIRACETAMS,SERUM	80177	CPT	both			43	15.24	Americare	Americare		32.25	75			12.9	40.85	percent of total billed charges	
KEPPRA|LEVETIRACETAMS,SERUM	80177	CPT	both			43	15.24	Amerihealth	Medicare		13.25				12.9	40.85	fee schedule	
KEPPRA|LEVETIRACETAMS,SERUM	80177	CPT	both			43	15.24	Amerihealth	HMO/PPO		27.95	65			12.9	40.85	percent of total billed charges	
KEPPRA|LEVETIRACETAMS,SERUM	80177	CPT	both			43	15.24	Consumer	Consumer		40.85	95			12.9	40.85	percent of total billed charges	
KEPPRA|LEVETIRACETAMS,SERUM	80177	CPT	both			43	15.24	Corrections	Corrections		34.4	80			12.9	40.85	percent of total billed charges	
KEPPRA|LEVETIRACETAMS,SERUM	80177	CPT	both			43	15.24	First Health	First Health		30.1	70			12.9	40.85	percent of total billed charges	
KEPPRA|LEVETIRACETAMS,SERUM	80177	CPT	both			43	15.24	First Trenton	First Trenton		38.7	90			12.9	40.85	percent of total billed charges	
KEPPRA|LEVETIRACETAMS,SERUM	80177	CPT	both			43	15.24	Horizon	MGD		16.46	38.28			12.9	40.85	percent of total billed charges	
KEPPRA|LEVETIRACETAMS,SERUM	80177	CPT	both			43	15.24	Horizon	Indemnity		16.46	38.28			12.9	40.85	percent of total billed charges	
KEPPRA|LEVETIRACETAMS,SERUM	80177	CPT	both			43	15.24	Horizon	NJ Health		14.18				12.9	40.85	fee schedule	
KEPPRA|LEVETIRACETAMS,SERUM	80177	CPT	both			43	15.24	Horizon	Medicare Blue		12.9	30			12.9	40.85	percent of total billed charges	
KEPPRA|LEVETIRACETAMS,SERUM	80177	CPT	both			43	15.24	Horizon	PPO		16.46	38.28			12.9	40.85	percent of total billed charges	
KEPPRA|LEVETIRACETAMS,SERUM	80177	CPT	both			43	15.24	Managed Care Inc	Managed Care Inc		38.7	90			12.9	40.85	percent of total billed charges	
KEPPRA|LEVETIRACETAMS,SERUM	80177	CPT	both			43	15.24	Multiplan	Multiplan		34.4	80			12.9	40.85	percent of total billed charges	
KEPPRA|LEVETIRACETAMS,SERUM	80177	CPT	both			43	15.24	Qualcare	Qualcare		32.25	75			12.9	40.85	percent of total billed charges	
KEPPRA|LEVETIRACETAMS,SERUM	80177	CPT	both			43	15.24	Three Rivers	Three Rivers		40.85	95			12.9	40.85	percent of total billed charges	
KEPPRA|LEVETIRACETAMS,SERUM	80177	CPT	both			43	15.24	UHC	Medicare		13.25				12.9	40.85	fee schedule	
KEPPRA|LEVETIRACETAMS,SERUM	80177	CPT	both			43	15.24	UHC	Medicaid		13.57	31.55			12.9	40.85	percent of total billed charges	
KEPPRA|LEVETIRACETAMS,SERUM	80177	CPT	both			43	15.24	Wellcare	Medicaid		13.57	31.55			12.9	40.85	percent of total billed charges	
KEPPRA|LEVETIRACETAMS,SERUM	80177	CPT	both			43	15.24	Wellcare	Medicare		13.25				12.9	40.85	fee schedule	
KEPPRA|LEVETIRACETAMS,SERUM	80177	CPT	both			43	15.24	WellPoint	WellPoint		13.84	32.18			12.9	40.85	percent of total billed charges	
LITHIUM	80178	CPT	both			63	7.6	Aetna	Commercial		23.94	38			6.61	59.85	percent of total billed charges	
LITHIUM	80178	CPT	both			63	7.6	Aetna	Better Health		19.88	31.55			6.61	59.85	percent of total billed charges	
LITHIUM	80178	CPT	both			63	7.6	Aetna	Medicare		6.61				6.61	59.85	fee schedule	
LITHIUM	80178	CPT	both			63	7.6	Americare	Americare		47.25	75			6.61	59.85	percent of total billed charges	
LITHIUM	80178	CPT	both			63	7.6	Amerihealth	HMO/PPO		40.95	65			6.61	59.85	percent of total billed charges	
LITHIUM	80178	CPT	both			63	7.6	Amerihealth	Medicare		6.61				6.61	59.85	fee schedule	
LITHIUM	80178	CPT	both			63	7.6	Consumer	Consumer		59.85	95			6.61	59.85	percent of total billed charges	
LITHIUM	80178	CPT	both			63	7.6	Corrections	Corrections		50.4	80			6.61	59.85	percent of total billed charges	
LITHIUM	80178	CPT	both			63	7.6	First Health	First Health		44.1	70			6.61	59.85	percent of total billed charges	
LITHIUM	80178	CPT	both			63	7.6	First Trenton	First Trenton		56.7	90			6.61	59.85	percent of total billed charges	
LITHIUM	80178	CPT	both			63	7.6	Horizon	Indemnity		24.12	38.28			6.61	59.85	percent of total billed charges	
LITHIUM	80178	CPT	both			63	7.6	Horizon	Medicare Blue		18.9	30			6.61	59.85	percent of total billed charges	
LITHIUM	80178	CPT	both			63	7.6	Horizon	MGD		24.12	38.28			6.61	59.85	percent of total billed charges	
LITHIUM	80178	CPT	both			63	7.6	Horizon	NJ Health		17.64				6.61	59.85	fee schedule	
LITHIUM	80178	CPT	both			63	7.6	Horizon	PPO		24.12	38.28			6.61	59.85	percent of total billed charges	
LITHIUM	80178	CPT	both			63	7.6	Managed Care Inc	Managed Care Inc		56.7	90			6.61	59.85	percent of total billed charges	
LITHIUM	80178	CPT	both			63	7.6	Multiplan	Multiplan		50.4	80			6.61	59.85	percent of total billed charges	
LITHIUM	80178	CPT	both			63	7.6	Qualcare	Qualcare		47.25	75			6.61	59.85	percent of total billed charges	
LITHIUM	80178	CPT	both			63	7.6	Three Rivers	Three Rivers		59.85	95			6.61	59.85	percent of total billed charges	
LITHIUM	80178	CPT	both			63	7.6	UHC	Medicare		6.61				6.61	59.85	fee schedule	
LITHIUM	80178	CPT	both			63	7.6	UHC	Medicaid		19.88	31.55			6.61	59.85	percent of total billed charges	
LITHIUM	80178	CPT	both			63	7.6	Wellcare	Medicare		6.61				6.61	59.85	fee schedule	
LITHIUM	80178	CPT	both			63	7.6	Wellcare	Medicaid		19.88	31.55			6.61	59.85	percent of total billed charges	
LITHIUM	80178	CPT	both			63	7.6	WellPoint	WellPoint		20.27	32.18			6.61	59.85	percent of total billed charges	
MYCOPHENOLIC ACID & METABO (MP	80180	CPT	outpatient			332	20.76	Aetna	Medicare		102.26	30.8			18.05	315.4	percent of total billed charges	
MYCOPHENOLIC ACID & METABO (MP	80180	CPT	outpatient			332	20.76	Aetna	Better Health		104.75	31.55			18.05	315.4	percent of total billed charges	
MYCOPHENOLIC ACID & METABO (MP	80180	CPT	outpatient			332	20.76	Aetna	Commercial		126.16	38			18.05	315.4	percent of total billed charges	
MYCOPHENOLIC ACID & METABO (MP	80180	CPT	outpatient			332	20.76	Americare	Americare		249	75			18.05	315.4	percent of total billed charges	
MYCOPHENOLIC ACID & METABO (MP	80180	CPT	outpatient			332	20.76	Amerihealth	Medicare		18.05				18.05	315.4	fee schedule	
MYCOPHENOLIC ACID & METABO (MP	80180	CPT	outpatient			332	20.76	Amerihealth	HMO/PPO		215.8	65			18.05	315.4	percent of total billed charges	
MYCOPHENOLIC ACID & METABO (MP	80180	CPT	outpatient			332	20.76	Consumer	Consumer		315.4	95			18.05	315.4	percent of total billed charges	
MYCOPHENOLIC ACID & METABO (MP	80180	CPT	outpatient			332	20.76	Corrections	Corrections		265.6	80			18.05	315.4	percent of total billed charges	
MYCOPHENOLIC ACID & METABO (MP	80180	CPT	outpatient			332	20.76	First Health	First Health		232.4	70			18.05	315.4	percent of total billed charges	
MYCOPHENOLIC ACID & METABO (MP	80180	CPT	outpatient			332	20.76	First Trenton	First Trenton		298.8	90			18.05	315.4	percent of total billed charges	
MYCOPHENOLIC ACID & METABO (MP	80180	CPT	outpatient			332	20.76	Horizon	MGD		127.09	38.28			18.05	315.4	percent of total billed charges	
MYCOPHENOLIC ACID & METABO (MP	80180	CPT	outpatient			332	20.76	Horizon	Indemnity		127.09	38.28			18.05	315.4	percent of total billed charges	
MYCOPHENOLIC ACID & METABO (MP	80180	CPT	outpatient			332	20.76	Horizon	Medicare Blue		99.6	30			18.05	315.4	percent of total billed charges	
MYCOPHENOLIC ACID & METABO (MP	80180	CPT	outpatient			332	20.76	Horizon	PPO		127.09	38.28			18.05	315.4	percent of total billed charges	
MYCOPHENOLIC ACID & METABO (MP	80180	CPT	outpatient			332	20.76	Horizon	NJ Health		19.31				18.05	315.4	fee schedule	
MYCOPHENOLIC ACID & METABO (MP	80180	CPT	outpatient			332	20.76	Managed Care Inc	Managed Care Inc		298.8	90			18.05	315.4	percent of total billed charges	
MYCOPHENOLIC ACID & METABO (MP	80180	CPT	outpatient			332	20.76	Multiplan	Multiplan		265.6	80			18.05	315.4	percent of total billed charges	
MYCOPHENOLIC ACID & METABO (MP	80180	CPT	outpatient			332	20.76	Qualcare	Qualcare		249	75			18.05	315.4	percent of total billed charges	
MYCOPHENOLIC ACID & METABO (MP	80180	CPT	outpatient			332	20.76	Three Rivers	Three Rivers		315.4	95			18.05	315.4	percent of total billed charges	
MYCOPHENOLIC ACID & METABO (MP	80180	CPT	outpatient			332	20.76	UHC	Medicaid		104.75	31.55			18.05	315.4	percent of total billed charges	
MYCOPHENOLIC ACID & METABO (MP	80180	CPT	outpatient			332	20.76	UHC	Medicare		18.05				18.05	315.4	fee schedule	
MYCOPHENOLIC ACID & METABO (MP	80180	CPT	outpatient			332	20.76	Wellcare	Medicare		18.05				18.05	315.4	fee schedule	
MYCOPHENOLIC ACID & METABO (MP	80180	CPT	outpatient			332	20.76	Wellcare	Medicaid		104.75	31.55			18.05	315.4	percent of total billed charges	
MYCOPHENOLIC ACID & METABO (MP	80180	CPT	outpatient			332	20.76	WellPoint	WellPoint		106.84	32.18			18.05	315.4	percent of total billed charges	
OXCARBAZEPINE (TRILEPTAL)	80183	CPT	both			31	15.24	Aetna	Commercial		11.78	38			9.3	29.45	percent of total billed charges	
OXCARBAZEPINE (TRILEPTAL)	80183	CPT	both			31	15.24	Aetna	Medicare		13.25				9.3	29.45	fee schedule	
OXCARBAZEPINE (TRILEPTAL)	80183	CPT	both			31	15.24	Aetna	Better Health		9.78	31.55			9.3	29.45	percent of total billed charges	
OXCARBAZEPINE (TRILEPTAL)	80183	CPT	both			31	15.24	Americare	Americare		23.25	75			9.3	29.45	percent of total billed charges	
OXCARBAZEPINE (TRILEPTAL)	80183	CPT	both			31	15.24	Amerihealth	Medicare		13.25				9.3	29.45	fee schedule	
OXCARBAZEPINE (TRILEPTAL)	80183	CPT	both			31	15.24	Amerihealth	HMO/PPO		20.15	65			9.3	29.45	percent of total billed charges	
OXCARBAZEPINE (TRILEPTAL)	80183	CPT	both			31	15.24	Consumer	Consumer		29.45	95			9.3	29.45	percent of total billed charges	
OXCARBAZEPINE (TRILEPTAL)	80183	CPT	both			31	15.24	Corrections	Corrections		24.8	80			9.3	29.45	percent of total billed charges	
OXCARBAZEPINE (TRILEPTAL)	80183	CPT	both			31	15.24	First Health	First Health		21.7	70			9.3	29.45	percent of total billed charges	
OXCARBAZEPINE (TRILEPTAL)	80183	CPT	both			31	15.24	First Trenton	First Trenton		27.9	90			9.3	29.45	percent of total billed charges	
OXCARBAZEPINE (TRILEPTAL)	80183	CPT	both			31	15.24	Horizon	Medicare Blue		9.3	30			9.3	29.45	percent of total billed charges	
OXCARBAZEPINE (TRILEPTAL)	80183	CPT	both			31	15.24	Horizon	MGD		11.87	38.28			9.3	29.45	percent of total billed charges	
OXCARBAZEPINE (TRILEPTAL)	80183	CPT	both			31	15.24	Horizon	NJ Health		14.18				9.3	29.45	fee schedule	
OXCARBAZEPINE (TRILEPTAL)	80183	CPT	both			31	15.24	Horizon	Indemnity		11.87	38.28			9.3	29.45	percent of total billed charges	
OXCARBAZEPINE (TRILEPTAL)	80183	CPT	both			31	15.24	Horizon	PPO		11.87	38.28			9.3	29.45	percent of total billed charges	
OXCARBAZEPINE (TRILEPTAL)	80183	CPT	both			31	15.24	Managed Care Inc	Managed Care Inc		27.9	90			9.3	29.45	percent of total billed charges	
OXCARBAZEPINE (TRILEPTAL)	80183	CPT	both			31	15.24	Multiplan	Multiplan		24.8	80			9.3	29.45	percent of total billed charges	
OXCARBAZEPINE (TRILEPTAL)	80183	CPT	both			31	15.24	Qualcare	Qualcare		23.25	75			9.3	29.45	percent of total billed charges	
OXCARBAZEPINE (TRILEPTAL)	80183	CPT	both			31	15.24	Three Rivers	Three Rivers		29.45	95			9.3	29.45	percent of total billed charges	
OXCARBAZEPINE (TRILEPTAL)	80183	CPT	both			31	15.24	UHC	Medicare		13.25				9.3	29.45	fee schedule	
OXCARBAZEPINE (TRILEPTAL)	80183	CPT	both			31	15.24	UHC	Medicaid		9.78	31.55			9.3	29.45	percent of total billed charges	
OXCARBAZEPINE (TRILEPTAL)	80183	CPT	both			31	15.24	Wellcare	Medicare		13.25				9.3	29.45	fee schedule	
OXCARBAZEPINE (TRILEPTAL)	80183	CPT	both			31	15.24	Wellcare	Medicaid		9.78	31.55			9.3	29.45	percent of total billed charges	
OXCARBAZEPINE (TRILEPTAL)	80183	CPT	both			31	15.24	WellPoint	WellPoint		9.98	32.18			9.3	29.45	percent of total billed charges	
PHENOBARBITAL	80184	CPT	both			193	17.6	Aetna	Better Health		60.89	31.55			10.8	183.35	percent of total billed charges	
PHENOBARBITAL	80184	CPT	both			193	17.6	Aetna	Medicare		59.44	30.8			10.8	183.35	percent of total billed charges	
PHENOBARBITAL	80184	CPT	both			193	17.6	Aetna	Commercial		73.34	38			10.8	183.35	percent of total billed charges	
PHENOBARBITAL	80184	CPT	both			193	17.6	Americare	Americare		144.75	75			10.8	183.35	percent of total billed charges	
PHENOBARBITAL	80184	CPT	both			193	17.6	Amerihealth	Medicare		15.3				10.8	183.35	fee schedule	
PHENOBARBITAL	80184	CPT	both			193	17.6	Amerihealth	HMO/PPO		125.45	65			10.8	183.35	percent of total billed charges	
PHENOBARBITAL	80184	CPT	both			193	17.6	Consumer	Consumer		183.35	95			10.8	183.35	percent of total billed charges	
PHENOBARBITAL	80184	CPT	both			193	17.6	Corrections	Corrections		154.4	80			10.8	183.35	percent of total billed charges	
PHENOBARBITAL	80184	CPT	both			193	17.6	First Health	First Health		135.1	70			10.8	183.35	percent of total billed charges	
PHENOBARBITAL	80184	CPT	both			193	17.6	First Trenton	First Trenton		173.7	90			10.8	183.35	percent of total billed charges	
PHENOBARBITAL	80184	CPT	both			193	17.6	Horizon	Medicare Blue		57.9	30			10.8	183.35	percent of total billed charges	
PHENOBARBITAL	80184	CPT	both			193	17.6	Horizon	MGD		73.88	38.28			10.8	183.35	percent of total billed charges	
PHENOBARBITAL	80184	CPT	both			193	17.6	Horizon	NJ Health		25.09				10.8	183.35	fee schedule	
PHENOBARBITAL	80184	CPT	both			193	17.6	Horizon	Indemnity		73.88	38.28			10.8	183.35	percent of total billed charges	
PHENOBARBITAL	80184	CPT	both			193	17.6	Horizon	PPO		73.88	38.28			10.8	183.35	percent of total billed charges	
PHENOBARBITAL	80184	CPT	both			193	17.6	Managed Care Inc	Managed Care Inc		173.7	90			10.8	183.35	percent of total billed charges	
PHENOBARBITAL	80184	CPT	both			193	17.6	Multiplan	Multiplan		154.4	80			10.8	183.35	percent of total billed charges	
PHENOBARBITAL	80184	CPT	both			193	17.6	Qualcare	Qualcare		144.75	75			10.8	183.35	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
PHENOBARBITAL	80184	CPT	both			193	17.6	Three Rivers	Three Rivers		183.35				10.8	183.35	percent of total billed charges	
PHENOBARBITAL	80184	CPT	both			193	17.6	UHC	Medicaid		60.89	31.55			10.8	183.35	percent of total billed charges	
PHENOBARBITAL	80184	CPT	both			193	17.6	UHC	Medicare		15.3				10.8	183.35	fee schedule	
PHENOBARBITAL	80184	CPT	both			193	17.6	Wellcare	Medicare		15.3				10.8	183.35	fee schedule	
PHENOBARBITAL	80184	CPT	both			193	17.6	Wellcare	Medicaid		60.89	31.55			10.8	183.35	percent of total billed charges	
PHENOBARBITAL	80184	CPT	both			193	17.6	WellPoint	WellPoint		62.11	32.18			10.8	183.35	percent of total billed charges	
PHENYTOIN/DILANTIN	80185	CPT	both			175	15.24	Aetna	Commercial		66.5	38			13.25	166.25	percent of total billed charges	
PHENYTOIN/DILANTIN	80185	CPT	both			175	15.24	Aetna	Medicare		13.25				13.25	166.25	fee schedule	
PHENYTOIN/DILANTIN	80185	CPT	both			175	15.24	Aetna	Better Health		55.21	31.55			13.25	166.25	percent of total billed charges	
PHENYTOIN/DILANTIN	80185	CPT	both			175	15.24	Americare	Americare		131.25	75			13.25	166.25	percent of total billed charges	
PHENYTOIN/DILANTIN	80185	CPT	both			175	15.24	Amerihealth	Medicare		13.25				13.25	166.25	fee schedule	
PHENYTOIN/DILANTIN	80185	CPT	both			175	15.24	Amerihealth	HMO/PPO		113.75	65			13.25	166.25	percent of total billed charges	
PHENYTOIN/DILANTIN	80185	CPT	both			175	15.24	Consumer	Consumer		166.25	95			13.25	166.25	percent of total billed charges	
PHENYTOIN/DILANTIN	80185	CPT	both			175	15.24	Corrections	Corrections		140	80			13.25	166.25	percent of total billed charges	
PHENYTOIN/DILANTIN	80185	CPT	both			175	15.24	First Health	First Health		122.5	70			13.25	166.25	percent of total billed charges	
PHENYTOIN/DILANTIN	80185	CPT	both			175	15.24	First Trenton	First Trenton		157.5	90			13.25	166.25	percent of total billed charges	
PHENYTOIN/DILANTIN	80185	CPT	both			175	15.24	Horizon	Medicare Blue		52.5	30			13.25	166.25	percent of total billed charges	
PHENYTOIN/DILANTIN	80185	CPT	both			175	15.24	Horizon	Indemnity		66.99	38.28			13.25	166.25	percent of total billed charges	
PHENYTOIN/DILANTIN	80185	CPT	both			175	15.24	Horizon	MGD		66.99	38.28			13.25	166.25	percent of total billed charges	
PHENYTOIN/DILANTIN	80185	CPT	both			175	15.24	Horizon	PPO		66.99	38.28			13.25	166.25	percent of total billed charges	
PHENYTOIN/DILANTIN	80185	CPT	both			175	15.24	Horizon	NJ Health		37.24				13.25	166.25	fee schedule	
PHENYTOIN/DILANTIN	80185	CPT	both			175	15.24	Managed Care Inc	Managed Care Inc		157.5	90			13.25	166.25	percent of total billed charges	
PHENYTOIN/DILANTIN	80185	CPT	both			175	15.24	Multiplan	Multiplan		140	80			13.25	166.25	percent of total billed charges	
PHENYTOIN/DILANTIN	80185	CPT	both			175	15.24	Qualcare	Qualcare		131.25	75			13.25	166.25	percent of total billed charges	
PHENYTOIN/DILANTIN	80185	CPT	both			175	15.24	Three Rivers	Three Rivers		166.25	95			13.25	166.25	percent of total billed charges	
PHENYTOIN/DILANTIN	80185	CPT	both			175	15.24	UHC	Medicare		13.25				13.25	166.25	fee schedule	
PHENYTOIN/DILANTIN	80185	CPT	both			175	15.24	UHC	Medicaid		55.21	31.55			13.25	166.25	percent of total billed charges	
PHENYTOIN/DILANTIN	80185	CPT	both			175	15.24	Wellcare	Medicare		13.25				13.25	166.25	fee schedule	
PHENYTOIN/DILANTIN	80185	CPT	both			175	15.24	Wellcare	Medicaid		55.21	31.55			13.25	166.25	percent of total billed charges	
PHENYTOIN/DILANTIN	80185	CPT	both			175	15.24	WellPoint	WellPoint		56.32	32.18			13.25	166.25	percent of total billed charges	
PHENYTOIN FREE SERUM OR PLASMA	80186	CPT	outpatient			78	15.82	Aetna	Better Health		24.61	31.55			13.76	74.1	percent of total billed charges	
PHENYTOIN FREE SERUM OR PLASMA	80186	CPT	outpatient			78	15.82	Aetna	Medicare		13.76				13.76	74.1	fee schedule	
PHENYTOIN FREE SERUM OR PLASMA	80186	CPT	outpatient			78	15.82	Aetna	Commercial		29.64	38			13.76	74.1	percent of total billed charges	
PHENYTOIN FREE SERUM OR PLASMA	80186	CPT	outpatient			78	15.82	Americare	Americare		58.5	75			13.76	74.1	percent of total billed charges	
PHENYTOIN FREE SERUM OR PLASMA	80186	CPT	outpatient			78	15.82	Amerihealth	Medicare		13.76				13.76	74.1	fee schedule	
PHENYTOIN FREE SERUM OR PLASMA	80186	CPT	outpatient			78	15.82	Amerihealth	HMO/PPO		50.7	65			13.76	74.1	percent of total billed charges	
PHENYTOIN FREE SERUM OR PLASMA	80186	CPT	outpatient			78	15.82	Consumer	Consumer		74.1	95			13.76	74.1	percent of total billed charges	
PHENYTOIN FREE SERUM OR PLASMA	80186	CPT	outpatient			78	15.82	Corrections	Corrections		62.4	80			13.76	74.1	percent of total billed charges	
PHENYTOIN FREE SERUM OR PLASMA	80186	CPT	outpatient			78	15.82	First Health	First Health		54.6	70			13.76	74.1	percent of total billed charges	
PHENYTOIN FREE SERUM OR PLASMA	80186	CPT	outpatient			78	15.82	First Trenton	First Trenton		70.2	90			13.76	74.1	percent of total billed charges	
PHENYTOIN FREE SERUM OR PLASMA	80186	CPT	outpatient			78	15.82	Horizon	Indemnity		29.86	38.28			13.76	74.1	percent of total billed charges	
PHENYTOIN FREE SERUM OR PLASMA	80186	CPT	outpatient			78	15.82	Horizon	PPO		29.86	38.28			13.76	74.1	percent of total billed charges	
PHENYTOIN FREE SERUM OR PLASMA	80186	CPT	outpatient			78	15.82	Horizon	MGD		29.86	38.28			13.76	74.1	percent of total billed charges	
PHENYTOIN FREE SERUM OR PLASMA	80186	CPT	outpatient			78	15.82	Horizon	Medicare Blue		23.4	30			13.76	74.1	percent of total billed charges	
PHENYTOIN FREE SERUM OR PLASMA	80186	CPT	outpatient			78	15.82	Horizon	NJ Health		37.24				13.76	74.1	fee schedule	
PHENYTOIN FREE SERUM OR PLASMA	80186	CPT	outpatient			78	15.82	Managed Care Inc	Managed Care Inc		70.2	90			13.76	74.1	percent of total billed charges	
PHENYTOIN FREE SERUM OR PLASMA	80186	CPT	outpatient			78	15.82	Multiplan	Multiplan		62.4	80			13.76	74.1	percent of total billed charges	
PHENYTOIN FREE SERUM OR PLASMA	80186	CPT	outpatient			78	15.82	Qualcare	Qualcare		58.5	75			13.76	74.1	percent of total billed charges	
PHENYTOIN FREE SERUM OR PLASMA	80186	CPT	outpatient			78	15.82	Three Rivers	Three Rivers		74.1	95			13.76	74.1	percent of total billed charges	
PHENYTOIN FREE SERUM OR PLASMA	80186	CPT	outpatient			78	15.82	UHC	Medicare		13.76				13.76	74.1	fee schedule	
PHENYTOIN FREE SERUM OR PLASMA	80186	CPT	outpatient			78	15.82	UHC	Medicaid		24.61	31.55			13.76	74.1	percent of total billed charges	
PHENYTOIN FREE SERUM OR PLASMA	80186	CPT	outpatient			78	15.82	Wellcare	Medicare		13.76				13.76	74.1	fee schedule	
PHENYTOIN FREE SERUM OR PLASMA	80186	CPT	outpatient			78	15.82	Wellcare	Medicaid		24.61	31.55			13.76	74.1	percent of total billed charges	
PHENYTOIN FREE SERUM OR PLASMA	80186	CPT	outpatient			78	15.82	WellPoint	WellPoint		25.1	32.18			13.76	74.1	percent of total billed charges	
POSACONAZOLE.SE/PL (7002265)	80187	CPT	outpatient			857	31.18	Aetna	Commercial		325.66	38			21.25	814.15	percent of total billed charges	
POSACONAZOLE.SE/PL (7002265)	80187	CPT	outpatient			857	31.18	Aetna	Better Health		270.38	31.55			21.25	814.15	percent of total billed charges	
POSACONAZOLE.SE/PL (7002265)	80187	CPT	outpatient			857	31.18	Aetna	Medicare		27.11				21.25	814.15	fee schedule	
POSACONAZOLE.SE/PL (7002265)	80187	CPT	outpatient			857	31.18	Americare	Americare		642.75	75			21.25	814.15	percent of total billed charges	
POSACONAZOLE.SE/PL (7002265)	80187	CPT	outpatient			857	31.18	Amerihealth	Medicare		27.11				21.25	814.15	fee schedule	
POSACONAZOLE.SE/PL (7002265)	80187	CPT	outpatient			857	31.18	Amerihealth	HMO/PPO		557.05	65			21.25	814.15	percent of total billed charges	
POSACONAZOLE.SE/PL (7002265)	80187	CPT	outpatient			857	31.18	Consumer	Consumer		814.15	95			21.25	814.15	percent of total billed charges	
POSACONAZOLE.SE/PL (7002265)	80187	CPT	outpatient			857	31.18	Corrections	Corrections		685.6	80			21.25	814.15	percent of total billed charges	
POSACONAZOLE.SE/PL (7002265)	80187	CPT	outpatient			857	31.18	First Health	First Health		599.9	70			21.25	814.15	percent of total billed charges	
POSACONAZOLE.SE/PL (7002265)	80187	CPT	outpatient			857	31.18	First Trenton	First Trenton		771.3	90			21.25	814.15	percent of total billed charges	
POSACONAZOLE.SE/PL (7002265)	80187	CPT	outpatient			857	31.18	Horizon	Medicare Blue		257.1	30			21.25	814.15	percent of total billed charges	
POSACONAZOLE.SE/PL (7002265)	80187	CPT	outpatient			857	31.18	Horizon	MGD		328.06	38.28			21.25	814.15	percent of total billed charges	
POSACONAZOLE.SE/PL (7002265)	80187	CPT	outpatient			857	31.18	Horizon	NJ Health		21.25				21.25	814.15	fee schedule	
POSACONAZOLE.SE/PL (7002265)	80187	CPT	outpatient			857	31.18	Horizon	Indemnity		328.06	38.28			21.25	814.15	percent of total billed charges	
POSACONAZOLE.SE/PL (7002265)	80187	CPT	outpatient			857	31.18	Horizon	PPO		328.06	38.28			21.25	814.15	percent of total billed charges	
POSACONAZOLE.SE/PL (7002265)	80187	CPT	outpatient			857	31.18	Managed Care Inc	Managed Care Inc		771.3	90			21.25	814.15	percent of total billed charges	
POSACONAZOLE.SE/PL (7002265)	80187	CPT	outpatient			857	31.18	Multiplan	Multiplan		685.6	80			21.25	814.15	percent of total billed charges	
POSACONAZOLE.SE/PL (7002265)	80187	CPT	outpatient			857	31.18	Qualcare	Qualcare		642.75	75			21.25	814.15	percent of total billed charges	
POSACONAZOLE.SE/PL (7002265)	80187	CPT	outpatient			857	31.18	Three Rivers	Three Rivers		814.15	95			21.25	814.15	percent of total billed charges	
POSACONAZOLE.SE/PL (7002265)	80187	CPT	outpatient			857	31.18	UHC	Medicaid		270.38	31.55			21.25	814.15	percent of total billed charges	
POSACONAZOLE.SE/PL (7002265)	80187	CPT	outpatient			857	31.18	UHC	Medicare		27.11				21.25	814.15	fee schedule	
POSACONAZOLE.SE/PL (7002265)	80187	CPT	outpatient			857	31.18	Wellcare	Medicare		27.11				21.25	814.15	fee schedule	
POSACONAZOLE.SE/PL (7002265)	80187	CPT	outpatient			857	31.18	Wellcare	Medicaid		270.38	31.55			21.25	814.15	percent of total billed charges	
POSACONAZOLE.SE/PL (7002265)	80187	CPT	outpatient			857	31.18	WellPoint	WellPoint		275.78	32.18			21.25	814.15	percent of total billed charges	
PRIMIDONE	80188	CPT	both			40	19.08	Aetna	Better Health		12.62	31.55			12	39.2	percent of total billed charges	
PRIMIDONE	80188	CPT	both			40	19.08	Aetna	Commercial		15.2	38			12	39.2	percent of total billed charges	
PRIMIDONE	80188	CPT	both			40	19.08	Aetna	Medicare		16.59				12	39.2	fee schedule	
PRIMIDONE	80188	CPT	both			40	19.08	Americare	Americare		30	75			12	39.2	percent of total billed charges	
PRIMIDONE	80188	CPT	both			40	19.08	Amerihealth	HMO/PPO		26	65			12	39.2	percent of total billed charges	
PRIMIDONE	80188	CPT	both			40	19.08	Amerihealth	Medicare		16.59				12	39.2	fee schedule	
PRIMIDONE	80188	CPT	both			40	19.08	Consumer	Consumer		38	95			12	39.2	percent of total billed charges	
PRIMIDONE	80188	CPT	both			40	19.08	Corrections	Corrections		32	80			12	39.2	percent of total billed charges	
PRIMIDONE	80188	CPT	both			40	19.08	First Health	First Health		28	70			12	39.2	percent of total billed charges	
PRIMIDONE	80188	CPT	both			40	19.08	First Trenton	First Trenton		36	90			12	39.2	percent of total billed charges	
PRIMIDONE	80188	CPT	both			40	19.08	Horizon	Medicare Blue		12	30			12	39.2	percent of total billed charges	
PRIMIDONE	80188	CPT	both			40	19.08	Horizon	Indemnity		15.31	38.28			12	39.2	percent of total billed charges	
PRIMIDONE	80188	CPT	both			40	19.08	Horizon	MGD		15.31	38.28			12	39.2	percent of total billed charges	
PRIMIDONE	80188	CPT	both			40	19.08	Horizon	NJ Health		39.2				12	39.2	fee schedule	
PRIMIDONE	80188	CPT	both			40	19.08	Horizon	PPO		15.31	38.28			12	39.2	percent of total billed charges	
PRIMIDONE	80188	CPT	both			40	19.08	Managed Care Inc	Managed Care Inc		36	90			12	39.2	percent of total billed charges	
PRIMIDONE	80188	CPT	both			40	19.08	Multiplan	Multiplan		32	80			12	39.2	percent of total billed charges	
PRIMIDONE	80188	CPT	both			40	19.08	Qualcare	Qualcare		30	75			12	39.2	percent of total billed charges	
PRIMIDONE	80188	CPT	both			40	19.08	Three Rivers	Three Rivers		38	95			12	39.2	percent of total billed charges	
PRIMIDONE	80188	CPT	both			40	19.08	UHC	Medicare		16.59				12	39.2	fee schedule	
PRIMIDONE	80188	CPT	both			40	19.08	UHC	Medicaid		12.62	31.55			12	39.2	percent of total billed charges	
PRIMIDONE	80188	CPT	both			40	19.08	Wellcare	Medicare		16.59				12	39.2	fee schedule	
PRIMIDONE	80188	CPT	both			40	19.08	Wellcare	Medicaid		12.62	31.55			12	39.2	percent of total billed charges	
PRIMIDONE	80188	CPT	both			40	19.08	WellPoint	WellPoint		12.87	32.18			12	39.2	percent of total billed charges	
PROCAINAMIDE (NAPA)	80190	CPT	outpatient			300	69	Aetna	Better Health		94.65	31.55			29.4	285	percent of total billed charges	
PROCAINAMIDE (NAPA)	80190	CPT	outpatient			300	69	Aetna	Medicare		60				29.4	285	fee schedule	
PROCAINAMIDE (NAPA)	80190	CPT	outpatient			300	69	Aetna	Commercial		114	38			29.4	285	percent of total billed charges	
PROCAINAMIDE (NAPA)	80190	CPT	outpatient			300	69	Americare	Americare		225	75			29.4	285	percent of total billed charges	
PROCAINAMIDE (NAPA)	80190	CPT	outpatient			300	69	Amerihealth	Medicare		60				29.4	285	fee schedule	
PROCAINAMIDE (NAPA)	80190	CPT	outpatient			300	69	Amerihealth	HMO/PPO		195	65			29.4	285	percent of total billed charges	
PROCAINAMIDE (NAPA)	80190	CPT	outpatient			300	69	Consumer	Consumer		285	95			29.4	285	percent of total billed charges	
PROCAINAMIDE (NAPA)	80190	CPT	outpatient			300	69	Corrections	Corrections		240	80			29.4	285	percent of total billed charges	
PROCAINAMIDE (NAPA)	80190	CPT	outpatient			300	69	First Health	First Health		210	70			29.4	285	percent of total billed charges	
PROCAINAMIDE (NAPA)	80190	CPT	outpatient			300	69	First Trenton	First Trenton		270	90			29.4	285	percent of total billed charges	
PROCAINAMIDE (NAPA)	80190	CPT	outpatient			300	69	Horizon	Medicare Blue		90	30			29.4	285	percent of total billed charges	
PROCAINAMIDE (NAPA)	80190	CPT	outpatient			300	69	Horizon	NJ Health		29.4				29.4	285	fee schedule	
PROCAINAMIDE (NAPA)	80190	CPT	outpatient			300	69	Horizon	MGD		114.84	38.28			29.4	285	percent of total billed charges	
PROCAINAMIDE (NAPA)	80190	CPT	outpatient			300	69	Horizon	Indemnity		114.84	38.28			29.4	285	percent of total billed charges	
PROCAINAMIDE (NAPA)	80190	CPT	outpatient			300	69	Horizon	PPO		114.84	38.28			29.4	285	percent of total billed charges	
PROCAINAMIDE (NAPA)	80190	CPT	outpatient			300	69	Managed Care Inc	Managed Care Inc		270	90			29.4	285	percent of total billed charges	
PROCAINAMIDE (NAPA)	80190	CPT	outpatient			300	69	Multiplan	Multiplan		240	80			29.4	285	percent of total billed charges	
PROCAINAMIDE (NAPA)	80190	CPT	outpatient			300	69	Qualcare	Qualcare		225	75			29.4	285	percent of total billed charges	
PROCAINAMIDE (NAPA)	80190	CPT	outpatient			300	69	Three Rivers	Three Rivers		285	95			29.4	285	percent of total billed charges	
PROCAINAMIDE (NAPA)	80190	CPT	outpatient			300	69	UHC	Medicare		60				29.4	285	fee schedule	
PROCAINAMIDE (NAPA)	80190	CPT	outpatient			300	69	UHC	Medicaid		94.65	31.55			29.4	285	percent of total billed charges	
PROCAINAMIDE (NAPA)	80190	CPT	outpatient			300	69	Wellcare	Medicare		60				29.4	285	fee schedule	
PROCAINAMIDE (NAPA)	80190	CPT	outpatient			300	69	Wellcare	Medicaid		94.65	31.55			29.4	285	percent of total billed charges	
PROCAINAMIDE (NAPA)	80190	CPT	outpatient			300	69	WellPoint	WellPoint		96.54	32.18			29.4	285	percent of total billed charges	
QUINIDINE	80194	CPT	outpatient			89	16.79	Aetna	Commercial		33.82	38			14.6	84.55	percent of total billed charges	
QUINIDINE	80194	CPT	outpatient			89	16.79	Aetna	Medicare		14.6				14.6	84.55	fee schedule	
QUINIDINE	80194	CPT	outpatient			89	16.79	Aetna	Better Health		28.08	31.55			14.6	84.55	percent of total billed charges	
QUINIDINE	80194	CPT	outpatient			89	16.79	Americare	Americare		66.75	75			14.6	84.55	percent of total billed charges	
QUINIDINE	80194	CPT	outpatient			89	16.79	Amerihealth	Medicare		14.6				14.6	84.55	fee schedule	
QUINIDINE	80194	CPT	outpatient			89	16.79	Amerihealth	HMO/PPO		57.85	65			14.6	84.55	percent of total billed charges	
QUINIDINE	80194	CPT	outpatient			89	16.79	Consumer	Consumer		84.55	95			14.6	84.55	percent of total billed charges	
QUINIDINE	80194	CPT	outpatient			89	16.79	Corrections	Corrections		71.2	80			14.6	84.55	percent of total billed charges	
QUINIDINE	80194	CPT	outpatient			89	16.79	First Health	First Health		62.3	70			14.6	84.55	percent of total billed charges	
QUINIDINE	80194	CPT	outpatient			89	16.79	First Trenton	First Trenton		80.1	90			14.6	84.55	percent of total billed charges	
QUINIDINE	80194	CPT	outpatient			89	16.79	Horizon	NJ Health		29.4				14.6	84.55	fee schedule	
QUINIDINE	80194	CPT	outpatient			89	16.79	Horizon	Indemnity		34.07	38.28			14.6	84.55	percent of total billed charges	
QUINIDINE	80194	CPT	outpatient			89	16.79	Horizon	Medicare Blue		26.7	30			14.6	84.55	percent of total billed charges	
QUINIDINE	80194	CPT	outpatient			89	16.79	Horizon	MGD		34.07	38.28			14.6	84.55	percent of total billed charges	
QUINIDINE	80194	CPT	outpatient			89	16.79	Horizon	PPO		34.07	38.28			14.6	84.55	percent of total billed charges	
QUINIDINE	80194	CPT	outpatient			89	16.79	Managed Care Inc	Managed Care Inc		80.1	90			14.6	84.55	percent of total billed charges	
QUINIDINE	80194	CPT	outpatient			89	16.79	Multiplan	Multiplan		71.2	80			14.6	84.55	percent of total billed charges	
QUINIDINE	80194	CPT	outpatient			89	16.79	Qualcare	Qualcare		66.75	75			14.6	84.55	percent of total billed charges	
QUINIDINE	80194	CPT	outpatient			89	16.79	Three Rivers	Three Rivers		84.55	95			14.6	84.55	percent of total billed charges	
QUINIDINE	80194	CPT	outpatient			89	16.79	UHC	Medicare		14.6				14.6	84.55	fee schedule	
QUINIDINE	80194	CPT	outpatient			89	16.79	UHC	Medicaid		28.08	31.55			14.6	84.55	percent of total billed charges	
QUINIDINE	80194	CPT	outpatient			89	16.79	Wellcare	Medicare		14.6				14.6	84.55	fee schedule	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
QUINIDINE	80194	CPT	outpatient			89		16.79	Wellcare		28.08				14.6	84.55	percent of total billed charges	
QUINIDINE	80194	CPT	outpatient			89		16.79	WellPoint		32.18				14.6	84.55	percent of total billed charges	
SIROLIMUS(RAPAMUNE)BLD-716712	80195	CPT	both			253		15.79	Aetna		79.82				13.73	240.35	percent of total billed charges	
SIROLIMUS(RAPAMUNE)BLD-716712	80195	CPT	both			253		15.79	Aetna		13.73				13.73	240.35	fee schedule	
SIROLIMUS(RAPAMUNE)BLD-716712	80195	CPT	both			253		15.79	Aetna		96.14	38			13.73	240.35	percent of total billed charges	
SIROLIMUS(RAPAMUNE)BLD-716712	80195	CPT	both			253		15.79	Americare		189.75	75			13.73	240.35	percent of total billed charges	
SIROLIMUS(RAPAMUNE)BLD-716712	80195	CPT	both			253		15.79	Amerihealth		13.73				13.73	240.35	fee schedule	
SIROLIMUS(RAPAMUNE)BLD-716712	80195	CPT	both			253		15.79	Amerihealth		164.45	65			13.73	240.35	percent of total billed charges	
SIROLIMUS(RAPAMUNE)BLD-716712	80195	CPT	both			253		15.79	Consumer		240.35	95			13.73	240.35	percent of total billed charges	
SIROLIMUS(RAPAMUNE)BLD-716712	80195	CPT	both			253		15.79	Corrections		202.4	80			13.73	240.35	percent of total billed charges	
SIROLIMUS(RAPAMUNE)BLD-716712	80195	CPT	both			253		15.79	First Health		177.1	70			13.73	240.35	percent of total billed charges	
SIROLIMUS(RAPAMUNE)BLD-716712	80195	CPT	both			253		15.79	First Trenton		227.7	90			13.73	240.35	percent of total billed charges	
SIROLIMUS(RAPAMUNE)BLD-716712	80195	CPT	both			253		15.79	Horizon		96.85	38.28			13.73	240.35	percent of total billed charges	
SIROLIMUS(RAPAMUNE)BLD-716712	80195	CPT	both			253		15.79	Horizon		75.9	30			13.73	240.35	percent of total billed charges	
SIROLIMUS(RAPAMUNE)BLD-716712	80195	CPT	both			253		15.79	Horizon		17.58				13.73	240.35	fee schedule	
SIROLIMUS(RAPAMUNE)BLD-716712	80195	CPT	both			253		15.79	Horizon		96.85	38.28			13.73	240.35	percent of total billed charges	
SIROLIMUS(RAPAMUNE)BLD-716712	80195	CPT	both			253		15.79	Horizon		96.85	38.28			13.73	240.35	percent of total billed charges	
SIROLIMUS(RAPAMUNE)BLD-716712	80195	CPT	both			253		15.79	Managed Care Inc		227.7	90			13.73	240.35	percent of total billed charges	
SIROLIMUS(RAPAMUNE)BLD-716712	80195	CPT	both			253		15.79	Multiplan		202.4	80			13.73	240.35	percent of total billed charges	
SIROLIMUS(RAPAMUNE)BLD-716712	80195	CPT	both			253		15.79	Qualcare		189.75	75			13.73	240.35	percent of total billed charges	
SIROLIMUS(RAPAMUNE)BLD-716712	80195	CPT	both			253		15.79	Three Rivers		240.35	95			13.73	240.35	percent of total billed charges	
SIROLIMUS(RAPAMUNE)BLD-716712	80195	CPT	both			253		15.79	UHC		13.73				13.73	240.35	fee schedule	
SIROLIMUS(RAPAMUNE)BLD-716712	80195	CPT	both			253		15.79	UHC		79.82	31.55			13.73	240.35	percent of total billed charges	
SIROLIMUS(RAPAMUNE)BLD-716712	80195	CPT	both			253		15.79	Wellcare		13.73				13.73	240.35	fee schedule	
SIROLIMUS(RAPAMUNE)BLD-716712	80195	CPT	both			253		15.79	Wellcare		79.82	31.55			13.73	240.35	percent of total billed charges	
SIROLIMUS(RAPAMUNE)BLD-716712	80195	CPT	both			253		15.79	WellPoint		81.42	32.18			13.73	240.35	percent of total billed charges	
TACROLIMUS(FK506)	80197	CPT	both			123		15.79	Aetna		13.73				13.73	116.85	fee schedule	
TACROLIMUS(FK506)	80197	CPT	both			123		15.79	Aetna		46.74	38			13.73	116.85	percent of total billed charges	
TACROLIMUS(FK506)	80197	CPT	both			123		15.79	Aetna		38.81	31.55			13.73	116.85	percent of total billed charges	
TACROLIMUS(FK506)	80197	CPT	both			123		15.79	Americare		92.25	75			13.73	116.85	percent of total billed charges	
TACROLIMUS(FK506)	80197	CPT	both			123		15.79	Amerihealth		13.73				13.73	116.85	fee schedule	
TACROLIMUS(FK506)	80197	CPT	both			123		15.79	Amerihealth		79.95	65			13.73	116.85	percent of total billed charges	
TACROLIMUS(FK506)	80197	CPT	both			123		15.79	Consumer		116.85	95			13.73	116.85	percent of total billed charges	
TACROLIMUS(FK506)	80197	CPT	both			123		15.79	Corrections		98.4	80			13.73	116.85	percent of total billed charges	
TACROLIMUS(FK506)	80197	CPT	both			123		15.79	First Health		86.1	70			13.73	116.85	percent of total billed charges	
TACROLIMUS(FK506)	80197	CPT	both			123		15.79	First Trenton		110.7	90			13.73	116.85	percent of total billed charges	
TACROLIMUS(FK506)	80197	CPT	both			123		15.79	Horizon		47.08	38.28			13.73	116.85	percent of total billed charges	
TACROLIMUS(FK506)	80197	CPT	both			123		15.79	Horizon		32.34				13.73	116.85	fee schedule	
TACROLIMUS(FK506)	80197	CPT	both			123		15.79	Horizon		36.9	30			13.73	116.85	percent of total billed charges	
TACROLIMUS(FK506)	80197	CPT	both			123		15.79	Horizon		47.08	38.28			13.73	116.85	percent of total billed charges	
TACROLIMUS(FK506)	80197	CPT	both			123		15.79	Horizon		47.08	38.28			13.73	116.85	percent of total billed charges	
TACROLIMUS(FK506)	80197	CPT	both			123		15.79	Managed Care Inc		110.7	90			13.73	116.85	percent of total billed charges	
TACROLIMUS(FK506)	80197	CPT	both			123		15.79	Multiplan		98.4	80			13.73	116.85	percent of total billed charges	
TACROLIMUS(FK506)	80197	CPT	both			123		15.79	Qualcare		92.25	75			13.73	116.85	percent of total billed charges	
TACROLIMUS(FK506)	80197	CPT	both			123		15.79	Three Rivers		116.85	95			13.73	116.85	percent of total billed charges	
TACROLIMUS(FK506)	80197	CPT	both			123		15.79	UHC		38.81	31.55			13.73	116.85	percent of total billed charges	
TACROLIMUS(FK506)	80197	CPT	both			123		15.79	UHC		13.73				13.73	116.85	fee schedule	
TACROLIMUS(FK506)	80197	CPT	both			123		15.79	Wellcare		38.81	31.55			13.73	116.85	percent of total billed charges	
TACROLIMUS(FK506)	80197	CPT	both			123		15.79	Wellcare		13.73				13.73	116.85	fee schedule	
TACROLIMUS(FK506)	80197	CPT	both			123		15.79	WellPoint		39.58	32.18			13.73	116.85	percent of total billed charges	
THEOPHYLLINE (AMINOP)	80198	CPT	both			129		16.26	Aetna		49.02	38			14.14	122.55	percent of total billed charges	
THEOPHYLLINE (AMINOP)	80198	CPT	both			129		16.26	Aetna		40.7	31.55			14.14	122.55	percent of total billed charges	
THEOPHYLLINE (AMINOP)	80198	CPT	both			129		16.26	Aetna		14.14				14.14	122.55	fee schedule	
THEOPHYLLINE (AMINOP)	80198	CPT	both			129		16.26	Americare		96.75	75			14.14	122.55	percent of total billed charges	
THEOPHYLLINE (AMINOP)	80198	CPT	both			129		16.26	Amerihealth		HMO/PPO	83.85	65		14.14	122.55	percent of total billed charges	
THEOPHYLLINE (AMINOP)	80198	CPT	both			129		16.26	Amerihealth		Medicare	14.14			14.14	122.55	fee schedule	
THEOPHYLLINE (AMINOP)	80198	CPT	both			129		16.26	Consumer		Consumer	122.55	95		14.14	122.55	percent of total billed charges	
THEOPHYLLINE (AMINOP)	80198	CPT	both			129		16.26	Corrections		Corrections	103.2	80		14.14	122.55	percent of total billed charges	
THEOPHYLLINE (AMINOP)	80198	CPT	both			129		16.26	First Health		First Health	90.3	70		14.14	122.55	percent of total billed charges	
THEOPHYLLINE (AMINOP)	80198	CPT	both			129		16.26	First Trenton		First Trenton	116.1	90		14.14	122.55	percent of total billed charges	
THEOPHYLLINE (AMINOP)	80198	CPT	both			129		16.26	Horizon		Indemnity	49.38	38.28		14.14	122.55	percent of total billed charges	
THEOPHYLLINE (AMINOP)	80198	CPT	both			129		16.26	Horizon		Medicare Blue	38.7	30		14.14	122.55	percent of total billed charges	
THEOPHYLLINE (AMINOP)	80198	CPT	both			129		16.26	Horizon		MGD	49.38	38.28		14.14	122.55	percent of total billed charges	
THEOPHYLLINE (AMINOP)	80198	CPT	both			129		16.26	Horizon		NJ Health	29.4			14.14	122.55	fee schedule	
THEOPHYLLINE (AMINOP)	80198	CPT	both			129		16.26	Horizon		PPO	49.38	38.28		14.14	122.55	percent of total billed charges	
THEOPHYLLINE (AMINOP)	80198	CPT	both			129		16.26	Managed Care Inc		Managed Care Inc	116.1	90		14.14	122.55	percent of total billed charges	
THEOPHYLLINE (AMINOP)	80198	CPT	both			129		16.26	Multiplan		Multiplan	103.2	80		14.14	122.55	percent of total billed charges	
THEOPHYLLINE (AMINOP)	80198	CPT	both			129		16.26	Qualcare		Qualcare	96.75	75		14.14	122.55	percent of total billed charges	
THEOPHYLLINE (AMINOP)	80198	CPT	both			129		16.26	Three Rivers		Three Rivers	122.55	95		14.14	122.55	percent of total billed charges	
THEOPHYLLINE (AMINOP)	80198	CPT	both			129		16.26	UHC		Medicare	14.14			14.14	122.55	fee schedule	
THEOPHYLLINE (AMINOP)	80198	CPT	both			129		16.26	UHC		Medicaid	40.7	31.55		14.14	122.55	percent of total billed charges	
THEOPHYLLINE (AMINOP)	80198	CPT	both			129		16.26	Wellcare		Medicaid	40.7	31.55		14.14	122.55	percent of total billed charges	
THEOPHYLLINE (AMINOP)	80198	CPT	both			129		16.26	Wellcare		Medicare	14.14			14.14	122.55	fee schedule	
THEOPHYLLINE (AMINOP)	80198	CPT	both			129		16.26	WellPoint		WellPoint	41.51	32.18		14.14	122.55	percent of total billed charges	
TOBRAMYCIN TROUGH	80200	CPT	inpatient			285		18.55	Aetna		Commercial	108.3	38		16.13	270.75	percent of total billed charges	
TOBRAMYCIN TROUGH	80200	CPT	inpatient			285		18.55	Aetna		Better Health	89.92	31.55		16.13	270.75	percent of total billed charges	
TOBRAMYCIN TROUGH	80200	CPT	inpatient			285		18.55	Aetna		Medicare	16.13			16.13	270.75	fee schedule	
TOBRAMYCIN TROUGH	80200	CPT	inpatient			285		18.55	Americare		Americare	213.75	75		16.13	270.75	percent of total billed charges	
TOBRAMYCIN TROUGH	80200	CPT	inpatient			285		18.55	Amerihealth		Medicare	16.13			16.13	270.75	fee schedule	
TOBRAMYCIN TROUGH	80200	CPT	inpatient			285		18.55	Amerihealth		HMO/PPO	185.25	65		16.13	270.75	percent of total billed charges	
TOBRAMYCIN TROUGH	80200	CPT	inpatient			285		18.55	Consumer		Consumer	270.75	95		16.13	270.75	percent of total billed charges	
TOBRAMYCIN TROUGH	80200	CPT	inpatient			285		18.55	Corrections		Corrections	228	80		16.13	270.75	percent of total billed charges	
TOBRAMYCIN TROUGH	80200	CPT	inpatient			285		18.55	First Health		First Health	199.5	70		16.13	270.75	percent of total billed charges	
TOBRAMYCIN TROUGH	80200	CPT	inpatient			285		18.55	First Trenton		First Trenton	256.5	90		16.13	270.75	percent of total billed charges	
TOBRAMYCIN TROUGH	80200	CPT	inpatient			285		18.55	Horizon		Indemnity	109.1	38.28		16.13	270.75	percent of total billed charges	
TOBRAMYCIN TROUGH	80200	CPT	inpatient			285		18.55	Horizon		MGD	109.1	38.28		16.13	270.75	percent of total billed charges	
TOBRAMYCIN TROUGH	80200	CPT	inpatient			285		18.55	Horizon		Medicare Blue	85.5	30		16.13	270.75	percent of total billed charges	
TOBRAMYCIN TROUGH	80200	CPT	inpatient			285		18.55	Horizon		PPO	109.1	38.28		16.13	270.75	percent of total billed charges	
TOBRAMYCIN TROUGH	80200	CPT	inpatient			285		18.55	Horizon		NJ Health	24.7			16.13	270.75	fee schedule	
TOBRAMYCIN TROUGH	80200	CPT	inpatient			285		18.55	Managed Care Inc		Managed Care Inc	256.5	90		16.13	270.75	percent of total billed charges	
TOBRAMYCIN TROUGH	80200	CPT	inpatient			285		18.55	Multiplan		Multiplan	228	80		16.13	270.75	percent of total billed charges	
TOBRAMYCIN TROUGH	80200	CPT	inpatient			285		18.55	Qualcare		Qualcare	213.75	75		16.13	270.75	percent of total billed charges	
TOBRAMYCIN TROUGH	80200	CPT	inpatient			285		18.55	Three Rivers		Three Rivers	270.75	95		16.13	270.75	percent of total billed charges	
TOBRAMYCIN TROUGH	80200	CPT	inpatient			285		18.55	UHC		Medicare	16.13			16.13	270.75	fee schedule	
TOBRAMYCIN TROUGH	80200	CPT	inpatient			285		18.55	UHC		Medicaid	89.92	31.55		16.13	270.75	percent of total billed charges	
TOBRAMYCIN TROUGH	80200	CPT	inpatient			285		18.55	Wellcare		Medicare	16.13			16.13	270.75	fee schedule	
TOBRAMYCIN TROUGH	80200	CPT	inpatient			285		18.55	Wellcare		Medicaid	89.92	31.55		16.13	270.75	percent of total billed charges	
TOBRAMYCIN TROUGH	80200	CPT	inpatient			285		18.55	WellPoint		WellPoint	91.71	32.18		16.13	270.75	percent of total billed charges	
TOPIRAMATE	80201	CPT	both			65		13.71	Aetna		Commercial	24.7	38		11.92	61.75	percent of total billed charges	
TOPIRAMATE	80201	CPT	both			65		13.71	Aetna		Better Health	20.51	31.55		11.92	61.75	percent of total billed charges	
TOPIRAMATE	80201	CPT	both			65		13.71	Aetna		Medicare	11.92			11.92	61.75	fee schedule	
TOPIRAMATE	80201	CPT	both			65		13.71	Americare		Americare	48.75	75		11.92	61.75	percent of total billed charges	
TOPIRAMATE	80201	CPT	both			65		13.71	Amerihealth		HMO/PPO	42.25	65		11.92	61.75	percent of total billed charges	
TOPIRAMATE	80201	CPT	both			65		13.71	Amerihealth		Medicare	11.92			11.92	61.75	fee schedule	
TOPIRAMATE	80201	CPT	both			65		13.71	Consumer		Consumer	61.75	95		11.92	61.75	percent of total billed charges	
TOPIRAMATE	80201	CPT	both			65		13.71	Corrections		Corrections	52	80		11.92	61.75	percent of total billed charges	
TOPIRAMATE	80201	CPT	both			65		13.71	First Health		First Health	45.5	70		11.92	61.75	percent of total billed charges	
TOPIRAMATE	80201	CPT	both			65		13.71	First Trenton		First Trenton	58.5	90		11.92	61.75	percent of total billed charges	
TOPIRAMATE	80201	CPT	both			65		13.71	Horizon		NJ Health	13.25			11.92	61.75	fee schedule	
TOPIRAMATE	80201	CPT	both			65		13.71	Horizon		Indemnity	24.88	38.28		11.92	61.75	percent of total billed charges	
TOPIRAMATE	80201	CPT	both			65		13.71	Horizon		MGD	24.88	38.28		11.92	61.75	percent of total billed charges	
TOPIRAMATE	80201	CPT	both			65		13.71	Horizon		PPO	24.88	38.28		11.92	61.75	percent of total billed charges	
TOPIRAMATE	80201	CPT	both			65		13.71	Horizon		Medicare Blue	19.5	30		11.92	61.75	percent of total billed charges	
TOPIRAMATE	80201	CPT	both			65		13.71	Managed Care Inc		Managed Care Inc	58.5	90		11.92	61.75	percent of total billed charges	
TOPIRAMATE	80201	CPT	both			65		13.71	Multiplan		Multiplan	52	80		11.92	61.75	percent of total billed charges	
TOPIRAMATE	80201	CPT	both			65		13.71	Qualcare		Qualcare	48.75	75		11.92	61.75	percent of total billed charges	
TOPIRAMATE	80201	CPT	both			65		13.71	Three Rivers		Three Rivers	61.75	95		11.92	61.75	percent of total billed charges	
TOPIRAMATE	80201	CPT	both			65		13.71	UHC		Medicaid	20.51	31.55		11.92	61.75	percent of total billed charges	
TOPIRAMATE	80201	CPT	both			65		13.71	UHC		Medicare	11.92			11.92	61.75	fee schedule	
TOPIRAMATE	80201	CPT	both			65		13.71	Wellcare		Medicare	11.92			11.92	61.75	fee schedule	
TOPIRAMATE	80201	CPT	both			65		13.71	Wellcare		Medicaid	20.51	31.55		11.92	61.75	percent of total billed charges	
TOPIRAMATE	80201	CPT	both			65		13.71	WellPoint		WellPoint	20.92	32.18		11.92	61.75	percent of total billed charges	
VANCOMYCIN TROUGH	80202	CPT	both			189		15.57	Aetna		Medicare	13.54			13.54	179.55	fee schedule	
VANCOMYCIN TROUGH	80202	CPT	both			189		15.57	Aetna		Better Health	59.63	31.55		13.54	179.55	percent of total billed charges	
VANCOMYCIN TROUGH	80202	CPT	both			189		15.57	Aetna		Commercial	71.82	38		13.54	179.55	percent of total billed charges	
VANCOMYCIN TROUGH	80202	CPT	both			189		15.57	Americare		Americare	141.75	75		13.54	179.55	percent of total billed charges	
VANCOMYCIN TROUGH	80202	CPT	both			189		15.57	Amerihealth		Medicare	13.54			13.54	179.55	fee schedule	
VANCOMYCIN TROUGH	80202	CPT	both			189		15.57	Amerihealth		HMO/PPO	122.85	65		13.54	179.55	percent of total billed charges	
VANCOMYCIN TROUGH	80202	CPT	both			189		15.57	Consumer		Consumer	179.55	95		13.54	179.55	percent of total billed charges	
VANCOMYCIN TROUGH	80202	CPT	both			189		15.57	Corrections		Corrections	151.2	80		13.54	179.55	percent of total billed charges	
VANCOMYCIN TROUGH	80202	CPT	both			189		15.57	First Health		First Health	132.3	70		13.54	179.55	percent of total billed charges	
VANCOMYCIN TROUGH	80202	CPT	both			189		15.57	First Trenton		First Trenton	170.1	90		13.54	179.55	percent of total billed charges	
VANCOMYCIN TROUGH	80202	CPT	both			189		15.57	Horizon		Medicare Blue	56.7	30		13.54	179.55	percent of total billed charges	
VANCOMYCIN TROUGH	80202	CPT	both			189		15.57	Horizon		Indemnity	72.35	38.28		13.54	179.55	percent of total billed charges	
VANCOMYCIN TROUGH	80202	CPT	both			189		15.57	Horizon		MGD	72.35	38.28		13.54	179.55	percent of total billed charges	
VANCOMYCIN TROUGH	80202	CPT	both			189		15.57	Horizon		NJ Health	23.52			13.54	179.55	fee schedule	
VANCOMYCIN TROUGH	80202	CPT	both			189		15.57	Horizon		PPO	72.35	38.28		13.54	179.55	percent of total billed charges	
VANCOMYCIN TROUGH	80202	CPT	both			189		15.57	Managed Care Inc		Managed Care Inc	170.1	90		13.54	179.55	percent of total billed charges	
VANCOMYCIN TROUGH	80202	CPT	both			189		15.57	Multiplan		Multiplan	151.2	80		13.54	179.55	percent of total billed charges	
VANCOMYCIN TROUGH	80202	CPT	both			189		15.57	Qualcare		Qualcare	141.75	75		13.54	179.55	percent of total billed charges	
VANCOMYCIN TROUGH	80202	CPT	both			189		15.57	Three Rivers		Three Rivers	179.55	95		13.54	179.55	percent of total billed charges	
VANCOMYCIN TROUGH	80202	CPT	both			189		15.57	UHC		Medicare	13.54			13.54	179.55	fee schedule	
VANCOMYCIN TROUGH	80202	CPT	both			189		15.57	UHC		Medicaid	59.63	31.55		13.54	179.55	percent of total billed charges	
VANCOMYCIN TROUGH	80202	CPT	both			189		15.57	Wellcare		Medicare	13.54			13.54	179.55	fee schedule	
VANCOMYCIN TROUGH	80202	CPT	both			189		15.57	Wellcare		Medicaid	59.63	31.55		13.54	179.55	percent of total billed charges	
VANCOMYCIN TROUGH	80202	CPT	both			189		15.57	WellPoint		WellPoint	60.82	32.18		13.54	179.55	percent of total billed charges	
ZONISAMIDE, SERUM OR PLASMA	80203	CPT	both			189		15.24	Aetna		Medicare	13.25			13.25	179.55	fee schedule	
ZONISAMIDE, SERUM OR PLASMA	80203	CPT	both			189		15.24	Aetna		Better Health	59.63	31.55		13.25	179.55	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ZONISAMIDE, SERUM OR PLASMA	80203	CPT	both			189		15.24 Aetna	Commercial		38				13.25	179.55	percent of total billed charges	
ZONISAMIDE, SERUM OR PLASMA	80203	CPT	both			189		15.24 Americare	Americare		141.75				13.25	179.55	percent of total billed charges	
ZONISAMIDE, SERUM OR PLASMA	80203	CPT	both			189		15.24 Amerihealth	HMO/PPO		122.85				13.25	179.55	percent of total billed charges	
ZONISAMIDE, SERUM OR PLASMA	80203	CPT	both			189		15.24 Amerihealth	Medicare		13.25				13.25	179.55	fee schedule	
ZONISAMIDE, SERUM OR PLASMA	80203	CPT	both			189		15.24 Consumer	Consumer		95				13.25	179.55	percent of total billed charges	
ZONISAMIDE, SERUM OR PLASMA	80203	CPT	both			189		15.24 Corrections	Corrections		151.2				13.25	179.55	percent of total billed charges	
ZONISAMIDE, SERUM OR PLASMA	80203	CPT	both			189		15.24 First Health	First Health		132.3				13.25	179.55	percent of total billed charges	
ZONISAMIDE, SERUM OR PLASMA	80203	CPT	both			189		15.24 First Trenton	First Trenton		170.1				13.25	179.55	percent of total billed charges	
ZONISAMIDE, SERUM OR PLASMA	80203	CPT	both			189		15.24 Horizon	NJ Health		14.18				13.25	179.55	fee schedule	
ZONISAMIDE, SERUM OR PLASMA	80203	CPT	both			189		15.24 Horizon	MGD		72.35	38.28			13.25	179.55	percent of total billed charges	
ZONISAMIDE, SERUM OR PLASMA	80203	CPT	both			189		15.24 Horizon	Indemnity		72.35	38.28			13.25	179.55	percent of total billed charges	
ZONISAMIDE, SERUM OR PLASMA	80203	CPT	both			189		15.24 Horizon	Medicare Blue		56.7	30			13.25	179.55	percent of total billed charges	
ZONISAMIDE, SERUM OR PLASMA	80203	CPT	both			189		15.24 Horizon	PPO		72.35	38.28			13.25	179.55	percent of total billed charges	
ZONISAMIDE, SERUM OR PLASMA	80203	CPT	both			189		15.24 Managed Care Inc	Managed Care Inc		170.1	90			13.25	179.55	percent of total billed charges	
ZONISAMIDE, SERUM OR PLASMA	80203	CPT	both			189		15.24 Multiplan	Multiplan		151.2	80			13.25	179.55	percent of total billed charges	
ZONISAMIDE, SERUM OR PLASMA	80203	CPT	both			189		15.24 Qualcare	Qualcare		141.75	75			13.25	179.55	percent of total billed charges	
ZONISAMIDE, SERUM OR PLASMA	80203	CPT	both			189		15.24 Three Rivers	Three Rivers		179.55	95			13.25	179.55	percent of total billed charges	
ZONISAMIDE, SERUM OR PLASMA	80203	CPT	both			189		15.24 UHC	Medicaid		59.63	31.55			13.25	179.55	percent of total billed charges	
ZONISAMIDE, SERUM OR PLASMA	80203	CPT	both			189		15.24 UHC	Medicare		13.25				13.25	179.55	fee schedule	
ZONISAMIDE, SERUM OR PLASMA	80203	CPT	both			189		15.24 Wellcare	Medicare		13.25				13.25	179.55	fee schedule	
ZONISAMIDE, SERUM OR PLASMA	80203	CPT	both			189		15.24 Wellcare	Medicaid		59.63	31.55			13.25	179.55	percent of total billed charges	
ZONISAMIDE, SERUM OR PLASMA	80203	CPT	both			189		15.24 WellPoint	WellPoint		60.82	32.18			13.25	179.55	percent of total billed charges	
RUFINAMIDE SERUM/PLASMA (284191)	80210	CPT	both			141		31.18 Aetna	Better Health		44.49	31.55			27.11	133.95	percent of total billed charges	
RUFINAMIDE SERUM/PLASMA (284191)	80210	CPT	both			141		31.18 Aetna	Medicare		27.11				27.11	133.95	fee schedule	
RUFINAMIDE SERUM/PLASMA (284191)	80210	CPT	both			141		31.18 Aetna	Commercial		53.58	38			27.11	133.95	percent of total billed charges	
RUFINAMIDE SERUM/PLASMA (284191)	80210	CPT	both			141		31.18 Americare	Americare		105.75	75			27.11	133.95	percent of total billed charges	
RUFINAMIDE SERUM/PLASMA (284191)	80210	CPT	both			141		31.18 Amerihealth	HMO/PPO		91.65	65			27.11	133.95	percent of total billed charges	
RUFINAMIDE SERUM/PLASMA (284191)	80210	CPT	both			141		31.18 Amerihealth	Medicare		27.11				27.11	133.95	fee schedule	
RUFINAMIDE SERUM/PLASMA (284191)	80210	CPT	both			141		31.18 Consumer	Consumer		133.95	95			27.11	133.95	percent of total billed charges	
RUFINAMIDE SERUM/PLASMA (284191)	80210	CPT	both			141		31.18 Corrections	Corrections		112.8	80			27.11	133.95	percent of total billed charges	
RUFINAMIDE SERUM/PLASMA (284191)	80210	CPT	both			141		31.18 First Health	First Health		98.7	70			27.11	133.95	percent of total billed charges	
RUFINAMIDE SERUM/PLASMA (284191)	80210	CPT	both			141		31.18 First Trenton	First Trenton		126.9	90			27.11	133.95	percent of total billed charges	
RUFINAMIDE SERUM/PLASMA (284191)	80210	CPT	both			141		31.18 Horizon	Medicare Blue		42.3	30			27.11	133.95	percent of total billed charges	
RUFINAMIDE SERUM/PLASMA (284191)	80210	CPT	both			141		31.18 Horizon	Indemnity		53.97	38.28			27.11	133.95	percent of total billed charges	
RUFINAMIDE SERUM/PLASMA (284191)	80210	CPT	both			141		31.18 Horizon	MGD		53.97	38.28			27.11	133.95	percent of total billed charges	
RUFINAMIDE SERUM/PLASMA (284191)	80210	CPT	both			141		31.18 Horizon	PPO		53.97	38.28			27.11	133.95	percent of total billed charges	
RUFINAMIDE SERUM/PLASMA (284191)	80210	CPT	both			141		31.18 Managed Care Inc	Managed Care Inc		126.9	90			27.11	133.95	percent of total billed charges	
RUFINAMIDE SERUM/PLASMA (284191)	80210	CPT	both			141		31.18 Multiplan	Multiplan		112.8	80			27.11	133.95	percent of total billed charges	
RUFINAMIDE SERUM/PLASMA (284191)	80210	CPT	both			141		31.18 Qualcare	Qualcare		105.75	75			27.11	133.95	percent of total billed charges	
RUFINAMIDE SERUM/PLASMA (284191)	80210	CPT	both			141		31.18 Three Rivers	Three Rivers		133.95	95			27.11	133.95	percent of total billed charges	
RUFINAMIDE SERUM/PLASMA (284191)	80210	CPT	both			141		31.18 UHC	Medicaid		44.49	31.55			27.11	133.95	percent of total billed charges	
RUFINAMIDE SERUM/PLASMA (284191)	80210	CPT	both			141		31.18 UHC	Medicare		27.11				27.11	133.95	fee schedule	
RUFINAMIDE SERUM/PLASMA (284191)	80210	CPT	both			141		31.18 Wellcare	Medicare		27.11				27.11	133.95	fee schedule	
RUFINAMIDE SERUM/PLASMA (284191)	80210	CPT	both			141		31.18 Wellcare	Medicaid		44.49	31.55			27.11	133.95	percent of total billed charges	
RUFINAMIDE SERUM/PLASMA (284191)	80210	CPT	both			141		31.18 WellPoint	WellPoint		45.37	32.18			27.11	133.95	percent of total billed charges	
VEDOLIZUMAB	80280	CPT	both			462		44.36 Aetna	Commercial		175.56	38			30.24	438.9	percent of total billed charges	
VEDOLIZUMAB	80280	CPT	both			462		44.36 Aetna	Better Health		145.76	31.55			30.24	438.9	percent of total billed charges	
VEDOLIZUMAB	80280	CPT	both			462		44.36 Aetna	Medicare		142.3	30.8			30.24	438.9	percent of total billed charges	
VEDOLIZUMAB	80280	CPT	both			462		44.36 Americare	Americare		346.5	75			30.24	438.9	percent of total billed charges	
VEDOLIZUMAB	80280	CPT	both			462		44.36 Amerihealth	HMO/PPO		300.3	65			30.24	438.9	percent of total billed charges	
VEDOLIZUMAB	80280	CPT	both			462		44.36 Amerihealth	Medicare		38.57				30.24	438.9	fee schedule	
VEDOLIZUMAB	80280	CPT	both			462		44.36 Consumer	Consumer		438.9	95			30.24	438.9	percent of total billed charges	
VEDOLIZUMAB	80280	CPT	both			462		44.36 Corrections	Corrections		369.6	80			30.24	438.9	percent of total billed charges	
VEDOLIZUMAB	80280	CPT	both			462		44.36 First Health	First Health		323.4	70			30.24	438.9	percent of total billed charges	
VEDOLIZUMAB	80280	CPT	both			462		44.36 First Trenton	First Trenton		415.8	90			30.24	438.9	percent of total billed charges	
VEDOLIZUMAB	80280	CPT	both			462		44.36 Horizon	MGD		176.85	38.28			30.24	438.9	percent of total billed charges	
VEDOLIZUMAB	80280	CPT	both			462		44.36 Horizon	Medicare Blue		138.6	30			30.24	438.9	percent of total billed charges	
VEDOLIZUMAB	80280	CPT	both			462		44.36 Horizon	Indemnity		176.85	38.28			30.24	438.9	percent of total billed charges	
VEDOLIZUMAB	80280	CPT	both			462		44.36 Horizon	PPO		176.85	38.28			30.24	438.9	percent of total billed charges	
VEDOLIZUMAB	80280	CPT	both			462		44.36 Horizon	NJ Health		30.24				30.24	438.9	fee schedule	
VEDOLIZUMAB	80280	CPT	both			462		44.36 Managed Care Inc	Managed Care Inc		415.8	90			30.24	438.9	percent of total billed charges	
VEDOLIZUMAB	80280	CPT	both			462		44.36 Multiplan	Multiplan		369.6	80			30.24	438.9	percent of total billed charges	
VEDOLIZUMAB	80280	CPT	both			462		44.36 Qualcare	Qualcare		346.5	75			30.24	438.9	percent of total billed charges	
VEDOLIZUMAB	80280	CPT	both			462		44.36 Three Rivers	Three Rivers		438.9	95			30.24	438.9	percent of total billed charges	
VEDOLIZUMAB	80280	CPT	both			462		44.36 UHC	Medicare		38.57				30.24	438.9	fee schedule	
VEDOLIZUMAB	80280	CPT	both			462		44.36 UHC	Medicaid		145.76	31.55			30.24	438.9	percent of total billed charges	
VEDOLIZUMAB	80280	CPT	both			462		44.36 Wellcare	Medicaid		145.76	31.55			30.24	438.9	percent of total billed charges	
VEDOLIZUMAB	80280	CPT	both			462		44.36 Wellcare	Medicare		38.57				30.24	438.9	fee schedule	
VEDOLIZUMAB	80280	CPT	both			462		44.36 WellPoint	WellPoint		148.67	32.18			30.24	438.9	percent of total billed charges	
VORICONAZOLE SERUM/PLASMA	80299	CPT	both			1738		21.44 Aetna	Commercial		660.44	38			11.7	1651.1	percent of total billed charges	
VORICONAZOLE SERUM/PLASMA	80299	CPT	both			1738		21.44 Aetna	Medicare		535.3	30.8			11.7	1651.1	percent of total billed charges	
VORICONAZOLE SERUM/PLASMA	80299	CPT	both			1738		21.44 Aetna	Better Health		548.34	31.55			11.7	1651.1	percent of total billed charges	
VORICONAZOLE SERUM/PLASMA	80299	CPT	both			1738		21.44 Americare	Americare		1303.5	75			11.7	1651.1	percent of total billed charges	
VORICONAZOLE SERUM/PLASMA	80299	CPT	both			1738		21.44 Amerihealth	Medicare		18.64				11.7	1651.1	fee schedule	
VORICONAZOLE SERUM/PLASMA	80299	CPT	both			1738		21.44 Amerihealth	HMO/PPO		1129.7	65			11.7	1651.1	percent of total billed charges	
VORICONAZOLE SERUM/PLASMA	80299	CPT	both			1738		21.44 Consumer	Consumer		1651.1	95			11.7	1651.1	percent of total billed charges	
VORICONAZOLE SERUM/PLASMA	80299	CPT	both			1738		21.44 Corrections	Corrections		1390.4	80			11.7	1651.1	percent of total billed charges	
VORICONAZOLE SERUM/PLASMA	80299	CPT	both			1738		21.44 First Health	First Health		1216.6	70			11.7	1651.1	percent of total billed charges	
VORICONAZOLE SERUM/PLASMA	80299	CPT	both			1738		21.44 First Trenton	First Trenton		1564.2	90			11.7	1651.1	percent of total billed charges	
VORICONAZOLE SERUM/PLASMA	80299	CPT	both			1738		21.44 Horizon	Indemnity		665.31	38.28			11.7	1651.1	percent of total billed charges	
VORICONAZOLE SERUM/PLASMA	80299	CPT	both			1738		21.44 Horizon	Medicare Blue		521.4	30			11.7	1651.1	percent of total billed charges	
VORICONAZOLE SERUM/PLASMA	80299	CPT	both			1738		21.44 Horizon	NJ Health		11.78				11.7	1651.1	fee schedule	
VORICONAZOLE SERUM/PLASMA	80299	CPT	both			1738		21.44 Horizon	MGD		665.31	38.28			11.7	1651.1	percent of total billed charges	
VORICONAZOLE SERUM/PLASMA	80299	CPT	both			1738		21.44 Horizon	PPO		665.31	38.28			11.7	1651.1	percent of total billed charges	
VORICONAZOLE SERUM/PLASMA	80299	CPT	both			1738		21.44 Managed Care Inc	Managed Care Inc		1564.2	90			11.7	1651.1	percent of total billed charges	
VORICONAZOLE SERUM/PLASMA	80299	CPT	both			1738		21.44 Multiplan	Multiplan		1390.4	80			11.7	1651.1	percent of total billed charges	
VORICONAZOLE SERUM/PLASMA	80299	CPT	both			1738		21.44 Qualcare	Qualcare		1303.5	75			11.7	1651.1	percent of total billed charges	
VORICONAZOLE SERUM/PLASMA	80299	CPT	both			1738		21.44 Three Rivers	Three Rivers		1651.1	95			11.7	1651.1	percent of total billed charges	
VORICONAZOLE SERUM/PLASMA	80299	CPT	both			1738		21.44 UHC	Medicaid		548.34	31.55			11.7	1651.1	percent of total billed charges	
VORICONAZOLE SERUM/PLASMA	80299	CPT	both			1738		21.44 UHC	Medicare		18.64				11.7	1651.1	fee schedule	
VORICONAZOLE SERUM/PLASMA	80299	CPT	both			1738		21.44 Wellcare	Medicare		18.64				11.7	1651.1	fee schedule	
VORICONAZOLE SERUM/PLASMA	80299	CPT	both			1738		21.44 Wellcare	Medicaid		548.34	31.55			11.7	1651.1	percent of total billed charges	
VORICONAZOLE SERUM/PLASMA	80299	CPT	both			1738		21.44 WellPoint	WellPoint		559.29	32.18			11.7	1651.1	percent of total billed charges	
URINE DRUG PROFILE 9	80307	CPT	both			1274		71.46 Aetna	Better Health		401.95	31.55			9.3	1210.3	percent of total billed charges	
URINE DRUG PROFILE 9	80307	CPT	both			1274		71.46 Aetna	Medicare		392.39	30.8			9.3	1210.3	percent of total billed charges	
URINE DRUG PROFILE 9	80307	CPT	both			1274		71.46 Aetna	Commercial		484.12	38			9.3	1210.3	percent of total billed charges	
URINE DRUG PROFILE 9	80307	CPT	both			1274		71.46 Americare	Americare		955.5	75			9.3	1210.3	percent of total billed charges	
URINE DRUG PROFILE 9	80307	CPT	both			1274		71.46 Amerihealth	Medicare		62.14				9.3	1210.3	fee schedule	
URINE DRUG PROFILE 9	80307	CPT	both			1274		71.46 Amerihealth	HMO/PPO		828.1	65			9.3	1210.3	percent of total billed charges	
URINE DRUG PROFILE 9	80307	CPT	both			1274		71.46 Consumer	Consumer		1210.3	95			9.3	1210.3	percent of total billed charges	
URINE DRUG PROFILE 9	80307	CPT	both			1274		71.46 Corrections	Corrections		1019.2	80			9.3	1210.3	percent of total billed charges	
URINE DRUG PROFILE 9	80307	CPT	both			1274		71.46 First Health	First Health		891.8	70			9.3	1210.3	percent of total billed charges	
URINE DRUG PROFILE 9	80307	CPT	both			1274		71.46 First Trenton	First Trenton		1146.6	90			9.3	1210.3	percent of total billed charges	
URINE DRUG PROFILE 9	80307	CPT	both			1274		71.46 Horizon	Medicare Blue		382.2	30			9.3	1210.3	percent of total billed charges	
URINE DRUG PROFILE 9	80307	CPT	both			1274		71.46 Horizon	Indemnity		487.69	38.28			9.3	1210.3	percent of total billed charges	
URINE DRUG PROFILE 9	80307	CPT	both			1274		71.46 Horizon	MGD		487.69	38.28			9.3	1210.3	percent of total billed charges	
URINE DRUG PROFILE 9	80307	CPT	both			1274		71.46 Horizon	PPO		487.69	38.28			9.3	1210.3	percent of total billed charges	
URINE DRUG PROFILE 9	80307	CPT	both			1274		71.46 Horizon	NJ Health		124.26				9.3	1210.3	fee schedule	
URINE DRUG PROFILE 9	80307	CPT	both			1274		71.46 Managed Care Inc	Managed Care Inc		1146.6	90			9.3	1210.3	percent of total billed charges	
URINE DRUG PROFILE 9	80307	CPT	both			1274		71.46 Multiplan	Multiplan		1019.2	80			9.3	1210.3	percent of total billed charges	
URINE DRUG PROFILE 9	80307	CPT	both			1274		71.46 Qualcare	Qualcare		955.5	75			9.3	1210.3	percent of total billed charges	
URINE DRUG PROFILE 9	80307	CPT	both			1274		71.46 Three Rivers	Three Rivers		1210.3	95			9.3	1210.3	percent of total billed charges	
URINE DRUG PROFILE 9	80307	CPT	both			1274		71.46 UHC	Medicare		62.14				9.3	1210.3	fee schedule	
URINE DRUG PROFILE 9	80307	CPT	both			1274		71.46 UHC	Medicaid		401.95	31.55			9.3	1210.3	percent of total billed charges	
URINE DRUG PROFILE 9	80307	CPT	both			1274		71.46 Wellcare	Medicaid		401.95	31.55			9.3	1210.3	percent of total billed charges	
URINE DRUG PROFILE 9	80307	CPT	both			1274		71.46 Wellcare	Medicare		62.14				9.3	1210.3	fee schedule	
URINE DRUG PROFILE 9	80307	CPT	both			1274		71.46 WellPoint	WellPoint		409.97	32.18			9.3	1210.3	percent of total billed charges	
BUPRENORPHINE	80348	CPT	outpatient			365		Aetna	Better Health		115.16	31.55			109.5	346.75	percent of total billed charges	
BUPRENORPHINE	80348	CPT	outpatient			365		Aetna	Commercial		138.7	38			109.5	346.75	percent of total billed charges	
BUPRENORPHINE	80348	CPT	outpatient			365		Aetna	Medicare		112.42	30.8			109.5	346.75	percent of total billed charges	
BUPRENORPHINE	80348	CPT	outpatient			365		Americare	Americare		273.75	75			109.5	346.75	percent of total billed charges	
BUPRENORPHINE	80348	CPT	outpatient			365		Amerihealth	HMO/PPO		237.25	65			109.5	346.75	percent of total billed charges	
BUPRENORPHINE	80348	CPT	outpatient			365		Consumer	Consumer		346.75	95			109.5	346.75	percent of total billed charges	
BUPRENORPHINE	80348	CPT	outpatient			365		Corrections	Corrections		292	80			109.5	346.75	percent of total billed charges	
BUPRENORPHINE	80348	CPT	outpatient			365		First Health	First Health		255.5	70			109.5	346.75	percent of total billed charges	
BUPRENORPHINE	80348	CPT	outpatient			365		First Trenton	First Trenton		328.5	90			109.5	346.75	percent of total billed charges	
BUPRENORPHINE	80348	CPT	outpatient			365		Horizon	MGD		139.72	38.28			109.5	346.75	percent of total billed charges	
BUPRENORPHINE	80348	CPT	outpatient			365		Horizon	Medicare Blue		109.5	30			109.5	346.75	percent of total billed charges	
BUPRENORPHINE	80348	CPT	outpatient			365		Horizon	Indemnity		139.72	38.28			109.5	346.75	percent of total billed charges	
BUPRENORPHINE	80348	CPT	outpatient			365		Horizon	PPO		139.72	38.28			109.5	346.75	percent of total billed charges	
BUPRENORPHINE	80348	CPT	outpatient			365		Managed Care Inc	Managed Care Inc		328.5	90			109.5	346.75	percent of total billed charges	
BUPRENORPHINE	80348	CPT	outpatient			365		Multiplan	Multiplan		292	80			109.5	346.75	percent of total billed charges	
BUPRENORPHINE	80348	CPT	outpatient			365		Qualcare	Qualcare		273.75	75			109.5	346.75	percent of total billed charges	
BUPRENORPHINE	80348	CPT	outpatient			365		Three Rivers	Three Rivers		346.75	95			109.5	346.75	percent of total billed charges	
BUPRENORPHINE	80348	CPT	outpatient			365		UHC	Medicaid		115.16	31.55			109.5	346.75	percent of total billed charges	
BUPRENORPHINE	80348	CPT	outpatient			365		Wellcare	Medicaid		115.16	31.55			109.5	346.75	percent of total billed charges	
BUPRENORPHINE	80348	CPT	outpatient			365		WellPoint	WellPoint		117.46	32.18			109.5	346.75	percent of total billed charges	
GABAPENTIN, NON-BLOOD	80355	CPT	both			48		Aetna	Commercial		18.24	38			14.4	45.6	percent of total billed charges	
GABAPENTIN, NON-BLOOD	80355	CPT	both			48		Aetna	Better Health		15.14	31.55			14.4	45.6	percent of total billed charges	
GABAPENTIN, NON-BLOOD	80355	CPT	both			48		Aetna	Medicare		14.78	30.8			14.4	45.6	percent of total billed charges	
GABAPENTIN, NON-BLOOD	80355	CPT	both			48		Americare	Americare		36	75			14.4	45.6	percent of total billed charges	
GABAPENTIN, NON-BLOOD	80355	CPT	both			48		Amerihealth	HMO/PPO		31.2	65			14.4	45.6	percent of total billed charges	
GABAPENTIN, NON-BLOOD	80355	CPT	both			48		Consumer	Consumer		45.6	95			14.4	45.6	percent of total billed charges	
GABAPENTIN, NON-BLOOD	80355	CPT	both			48		Corrections	Corrections		38.4	80			14.4	45.6	percent of total billed charges	
GABAPENTIN, NON-BLOOD	80355	CPT	both			48		First Health	First Health		33.6	70			14.4	45.6	percent of total billed charges	
GABAPENTIN, NON-BLOOD	80355	CPT	both			48		First Trenton	First Trenton		43.2	90			14.4	45.6	percent of total billed charges	
GABAPENTIN, NON-BLOOD	80355	CPT	both			48		Horizon	Indemnity		18.37	38.28			14.4	45.6	percent of total billed charges	
GABAPENTIN, NON-BLOOD	80355	CPT	both			48		Horizon	Medicare Blue		14.4	30			14.4	45.6	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
GABAPENTIN, NON-BLOOD	80355	CPT	both			48		Horizon	PPO		18.37	38.28			14.4	45.6	percent of total billed charges	
GABAPENTIN, NON-BLOOD	80355	CPT	both			48		Horizon	MGD		18.37	38.28			14.4	45.6	percent of total billed charges	
GABAPENTIN, NON-BLOOD	80355	CPT	both			48		Managed Care Inc	Managed Care Inc		43.2	90			14.4	45.6	percent of total billed charges	
GABAPENTIN, NON-BLOOD	80355	CPT	both			48		Multiplan	Multiplan		38.4	80			14.4	45.6	percent of total billed charges	
GABAPENTIN, NON-BLOOD	80355	CPT	both			48		Qualcare	Qualcare		36	75			14.4	45.6	percent of total billed charges	
GABAPENTIN, NON-BLOOD	80355	CPT	both			48		Three Rivers	Three Rivers		45.6	95			14.4	45.6	percent of total billed charges	
GABAPENTIN, NON-BLOOD	80355	CPT	both			48		UHC	Medicaid		15.14	31.55			14.4	45.6	percent of total billed charges	
GABAPENTIN, NON-BLOOD	80355	CPT	both			48		Wellcare	Medicaid		15.14	31.55			14.4	45.6	percent of total billed charges	
GABAPENTIN, NON-BLOOD	80355	CPT	both			48		WellPoint	WellPoint		15.45	32.18			14.4	45.6	percent of total billed charges	
HYDROMORPHONE(DILAUDID)	80361	CPT	outpatient			620		Aetna	Better Health		195.61	31.55			130.2	589	percent of total billed charges	
HYDROMORPHONE(DILAUDID)	80361	CPT	outpatient			620		Aetna	Commercial		235.6	38			130.2	589	percent of total billed charges	
HYDROMORPHONE(DILAUDID)	80361	CPT	outpatient			620		Aetna	Medicare		190.96	30.8			130.2	589	percent of total billed charges	
HYDROMORPHONE(DILAUDID)	80361	CPT	outpatient			620		Americare	Americare		465	75			130.2	589	percent of total billed charges	
HYDROMORPHONE(DILAUDID)	80361	CPT	outpatient			620		Amerihealth	HMO/PPO		403	65			130.2	589	percent of total billed charges	
HYDROMORPHONE(DILAUDID)	80361	CPT	outpatient			620		Consumer	Consumer		589	95			130.2	589	percent of total billed charges	
HYDROMORPHONE(DILAUDID)	80361	CPT	outpatient			620		Corrections	Corrections		496	80			130.2	589	percent of total billed charges	
HYDROMORPHONE(DILAUDID)	80361	CPT	outpatient			620		First Health	First Health		434	70			130.2	589	percent of total billed charges	
HYDROMORPHONE(DILAUDID)	80361	CPT	outpatient			620		First Trenton	First Trenton		558	90			130.2	589	percent of total billed charges	
HYDROMORPHONE(DILAUDID)	80361	CPT	outpatient			620		Horizon	MGD		237.34	38.28			130.2	589	percent of total billed charges	
HYDROMORPHONE(DILAUDID)	80361	CPT	outpatient			620		Horizon	Indemnity		237.34	38.28			130.2	589	percent of total billed charges	
HYDROMORPHONE(DILAUDID)	80361	CPT	outpatient			620		Horizon	Medicare Blue		186	30			130.2	589	percent of total billed charges	
HYDROMORPHONE(DILAUDID)	80361	CPT	outpatient			620		Horizon	PPO		237.34	38.28			130.2	589	percent of total billed charges	
HYDROMORPHONE(DILAUDID)	80361	CPT	outpatient			620		Managed Care Inc	Managed Care Inc		558	90			130.2	589	percent of total billed charges	
HYDROMORPHONE(DILAUDID)	80361	CPT	outpatient			620		Multiplan	Multiplan		496	80			130.2	589	percent of total billed charges	
HYDROMORPHONE(DILAUDID)	80361	CPT	outpatient			620		Qualcare	Qualcare		465	75			130.2	589	percent of total billed charges	
HYDROMORPHONE(DILAUDID)	80361	CPT	outpatient			620		Three Rivers	Three Rivers		589	95			130.2	589	percent of total billed charges	
HYDROMORPHONE(DILAUDID)	80361	CPT	outpatient			620		UHC	Medicaid		195.61	31.55			130.2	589	percent of total billed charges	
HYDROMORPHONE(DILAUDID)	80361	CPT	outpatient			620		Wellcare	Medicaid		195.61	31.55			130.2	589	percent of total billed charges	
HYDROMORPHONE(DILAUDID)	80361	CPT	outpatient			620		WellPoint	WellPoint		199.52	32.18			130.2	589	percent of total billed charges	
NALOXONE	80362	CPT	outpatient			365		Aetna	Better Health		115.16	31.55			109.5	346.75	percent of total billed charges	
NALOXONE	80362	CPT	outpatient			365		Aetna	Commercial		138.7	38			109.5	346.75	percent of total billed charges	
NALOXONE	80362	CPT	outpatient			365		Aetna	Medicare		112.42	30.8			109.5	346.75	percent of total billed charges	
NALOXONE	80362	CPT	outpatient			365		Americare	Americare		273.75	75			109.5	346.75	percent of total billed charges	
NALOXONE	80362	CPT	outpatient			365		Amerihealth	HMO/PPO		237.25	65			109.5	346.75	percent of total billed charges	
NALOXONE	80362	CPT	outpatient			365		Consumer	Consumer		346.75	95			109.5	346.75	percent of total billed charges	
NALOXONE	80362	CPT	outpatient			365		Corrections	Corrections		292	80			109.5	346.75	percent of total billed charges	
NALOXONE	80362	CPT	outpatient			365		First Health	First Health		255.5	70			109.5	346.75	percent of total billed charges	
NALOXONE	80362	CPT	outpatient			365		First Trenton	First Trenton		328.5	90			109.5	346.75	percent of total billed charges	
NALOXONE	80362	CPT	outpatient			365		Horizon	MGD		139.72	38.28			109.5	346.75	percent of total billed charges	
NALOXONE	80362	CPT	outpatient			365		Horizon	Medicare Blue		109.5	30			109.5	346.75	percent of total billed charges	
NALOXONE	80362	CPT	outpatient			365		Horizon	Indemnity		139.72	38.28			109.5	346.75	percent of total billed charges	
NALOXONE	80362	CPT	outpatient			365		Horizon	PPO		139.72	38.28			109.5	346.75	percent of total billed charges	
NALOXONE	80362	CPT	outpatient			365		Managed Care Inc	Managed Care Inc		328.5	90			109.5	346.75	percent of total billed charges	
NALOXONE	80362	CPT	outpatient			365		Multiplan	Multiplan		292	80			109.5	346.75	percent of total billed charges	
NALOXONE	80362	CPT	outpatient			365		Qualcare	Qualcare		273.75	75			109.5	346.75	percent of total billed charges	
NALOXONE	80362	CPT	outpatient			365		Three Rivers	Three Rivers		346.75	95			109.5	346.75	percent of total billed charges	
NALOXONE	80362	CPT	outpatient			365		UHC	Medicaid		115.16	31.55			109.5	346.75	percent of total billed charges	
NALOXONE	80362	CPT	outpatient			365		Wellcare	Medicaid		115.16	31.55			109.5	346.75	percent of total billed charges	
NALOXONE	80362	CPT	outpatient			365		WellPoint	WellPoint		117.46	32.18			109.5	346.75	percent of total billed charges	
OXYCODONE	80365	CPT	both			48		Aetna	Better Health		15.14	31.55			14.4	45.6	percent of total billed charges	
OXYCODONE	80365	CPT	both			48		Aetna	Commercial		18.24	38			14.4	45.6	percent of total billed charges	
OXYCODONE	80365	CPT	both			48		Aetna	Medicare		14.78	30.8			14.4	45.6	percent of total billed charges	
OXYCODONE	80365	CPT	both			48		Americare	Americare		36	75			14.4	45.6	percent of total billed charges	
OXYCODONE	80365	CPT	both			48		Amerihealth	HMO/PPO		31.2	65			14.4	45.6	percent of total billed charges	
OXYCODONE	80365	CPT	both			48		Consumer	Consumer		45.6	95			14.4	45.6	percent of total billed charges	
OXYCODONE	80365	CPT	both			48		Corrections	Corrections		38.4	80			14.4	45.6	percent of total billed charges	
OXYCODONE	80365	CPT	both			48		First Health	First Health		33.6	70			14.4	45.6	percent of total billed charges	
OXYCODONE	80365	CPT	both			48		First Trenton	First Trenton		43.2	90			14.4	45.6	percent of total billed charges	
OXYCODONE	80365	CPT	both			48		Horizon	MGD		18.37	38.28			14.4	45.6	percent of total billed charges	
OXYCODONE	80365	CPT	both			48		Horizon	Indemnity		18.37	38.28			14.4	45.6	percent of total billed charges	
OXYCODONE	80365	CPT	both			48		Horizon	Medicare Blue		14.4	30			14.4	45.6	percent of total billed charges	
OXYCODONE	80365	CPT	both			48		Horizon	PPO		18.37	38.28			14.4	45.6	percent of total billed charges	
OXYCODONE	80365	CPT	both			48		Managed Care Inc	Managed Care Inc		43.2	90			14.4	45.6	percent of total billed charges	
OXYCODONE	80365	CPT	both			48		Multiplan	Multiplan		38.4	80			14.4	45.6	percent of total billed charges	
OXYCODONE	80365	CPT	both			48		Qualcare	Qualcare		36	75			14.4	45.6	percent of total billed charges	
OXYCODONE	80365	CPT	both			48		Three Rivers	Three Rivers		45.6	95			14.4	45.6	percent of total billed charges	
OXYCODONE	80365	CPT	both			48		UHC	Medicaid		15.14	31.55			14.4	45.6	percent of total billed charges	
OXYCODONE	80365	CPT	both			48		Wellcare	Medicaid		15.14	31.55			14.4	45.6	percent of total billed charges	
OXYCODONE	80365	CPT	both			48		WellPoint	WellPoint		15.45	32.18			14.4	45.6	percent of total billed charges	
BACLOFEN LEVEL	80369	CPT	outpatient			751		Aetna	Better Health		236.94	31.55			225.3	713.45	percent of total billed charges	
BACLOFEN LEVEL	80369	CPT	outpatient			751		Aetna	Commercial		285.38	38			225.3	713.45	percent of total billed charges	
BACLOFEN LEVEL	80369	CPT	outpatient			751		Aetna	Medicare		231.31	30.8			225.3	713.45	percent of total billed charges	
BACLOFEN LEVEL	80369	CPT	outpatient			751		Americare	Americare		563.25	75			225.3	713.45	percent of total billed charges	
BACLOFEN LEVEL	80369	CPT	outpatient			751		Amerihealth	HMO/PPO		488.15	65			225.3	713.45	percent of total billed charges	
BACLOFEN LEVEL	80369	CPT	outpatient			751		Consumer	Consumer		713.45	95			225.3	713.45	percent of total billed charges	
BACLOFEN LEVEL	80369	CPT	outpatient			751		Corrections	Corrections		600.8	80			225.3	713.45	percent of total billed charges	
BACLOFEN LEVEL	80369	CPT	outpatient			751		First Health	First Health		525.7	70			225.3	713.45	percent of total billed charges	
BACLOFEN LEVEL	80369	CPT	outpatient			751		First Trenton	First Trenton		675.9	90			225.3	713.45	percent of total billed charges	
BACLOFEN LEVEL	80369	CPT	outpatient			751		Horizon	Indemnity		287.48	38.28			225.3	713.45	percent of total billed charges	
BACLOFEN LEVEL	80369	CPT	outpatient			751		Horizon	PPO		287.48	38.28			225.3	713.45	percent of total billed charges	
BACLOFEN LEVEL	80369	CPT	outpatient			751		Horizon	MGD		287.48	38.28			225.3	713.45	percent of total billed charges	
BACLOFEN LEVEL	80369	CPT	outpatient			751		Horizon	Medicare Blue		225.3	30			225.3	713.45	percent of total billed charges	
BACLOFEN LEVEL	80369	CPT	outpatient			751		Managed Care Inc	Managed Care Inc		675.9	90			225.3	713.45	percent of total billed charges	
BACLOFEN LEVEL	80369	CPT	outpatient			751		Multiplan	Multiplan		600.8	80			225.3	713.45	percent of total billed charges	
BACLOFEN LEVEL	80369	CPT	outpatient			751		Qualcare	Qualcare		563.25	75			225.3	713.45	percent of total billed charges	
BACLOFEN LEVEL	80369	CPT	outpatient			751		Three Rivers	Three Rivers		713.45	95			225.3	713.45	percent of total billed charges	
BACLOFEN LEVEL	80369	CPT	outpatient			751		UHC	Medicaid		236.94	31.55			225.3	713.45	percent of total billed charges	
BACLOFEN LEVEL	80369	CPT	outpatient			751		Wellcare	Medicaid		236.94	31.55			225.3	713.45	percent of total billed charges	
BACLOFEN LEVEL	80369	CPT	outpatient			751		WellPoint	WellPoint		241.67	32.18			225.3	713.45	percent of total billed charges	
WARFARIN (COUMADIN), SERUM	80375	CPT	both			1214		Aetna	Better Health		383.02	31.55			32.1	1153.3	percent of total billed charges	
WARFARIN (COUMADIN), SERUM	80375	CPT	both			1214		Aetna	Medicare		373.91	30.8			32.1	1153.3	percent of total billed charges	
WARFARIN (COUMADIN), SERUM	80375	CPT	both			1214		Aetna	Commercial		461.32	38			32.1	1153.3	percent of total billed charges	
WARFARIN (COUMADIN), SERUM	80375	CPT	both			1214		Americare	Americare		910.5	75			32.1	1153.3	percent of total billed charges	
WARFARIN (COUMADIN), SERUM	80375	CPT	both			1214		Amerihealth	HMO/PPO		789.1	65			32.1	1153.3	percent of total billed charges	
WARFARIN (COUMADIN), SERUM	80375	CPT	both			1214		Consumer	Consumer		1153.3	95			32.1	1153.3	percent of total billed charges	
WARFARIN (COUMADIN), SERUM	80375	CPT	both			1214		Corrections	Corrections		971.2	80			32.1	1153.3	percent of total billed charges	
WARFARIN (COUMADIN), SERUM	80375	CPT	both			1214		First Health	First Health		849.8	70			32.1	1153.3	percent of total billed charges	
WARFARIN (COUMADIN), SERUM	80375	CPT	both			1214		First Trenton	First Trenton		1092.6	90			32.1	1153.3	percent of total billed charges	
WARFARIN (COUMADIN), SERUM	80375	CPT	both			1214		Horizon	Medicare Blue		364.2	30			32.1	1153.3	percent of total billed charges	
WARFARIN (COUMADIN), SERUM	80375	CPT	both			1214		Horizon	Indemnity		464.72	38.28			32.1	1153.3	percent of total billed charges	
WARFARIN (COUMADIN), SERUM	80375	CPT	both			1214		Horizon	MGD		464.72	38.28			32.1	1153.3	percent of total billed charges	
WARFARIN (COUMADIN), SERUM	80375	CPT	both			1214		Horizon	PPO		464.72	38.28			32.1	1153.3	percent of total billed charges	
WARFARIN (COUMADIN), SERUM	80375	CPT	both			1214		Managed Care Inc	Managed Care Inc		1092.6	90			32.1	1153.3	percent of total billed charges	
WARFARIN (COUMADIN), SERUM	80375	CPT	both			1214		Multiplan	Multiplan		971.2	80			32.1	1153.3	percent of total billed charges	
WARFARIN (COUMADIN), SERUM	80375	CPT	both			1214		Qualcare	Qualcare		910.5	75			32.1	1153.3	percent of total billed charges	
WARFARIN (COUMADIN), SERUM	80375	CPT	both			1214		Three Rivers	Three Rivers		1153.3	95			32.1	1153.3	percent of total billed charges	
WARFARIN (COUMADIN), SERUM	80375	CPT	both			1214		UHC	Medicaid		383.02	31.55			32.1	1153.3	percent of total billed charges	
WARFARIN (COUMADIN), SERUM	80375	CPT	both			1214		Wellcare	Medicaid		383.02	31.55			32.1	1153.3	percent of total billed charges	
WARFARIN (COUMADIN), SERUM	80375	CPT	both			1214		WellPoint	WellPoint		390.67	32.18			32.1	1153.3	percent of total billed charges	
SULFONYLUREA SERUM/PLASMA	80377	CPT	both			280		Aetna	Medicare		86.24	30.8			14.4	266	percent of total billed charges	
SULFONYLUREA SERUM/PLASMA	80377	CPT	both			280		Aetna	Better Health		88.34	31.55			14.4	266	percent of total billed charges	
SULFONYLUREA SERUM/PLASMA	80377	CPT	both			280		Aetna	Commercial		106.4	38			14.4	266	percent of total billed charges	
SULFONYLUREA SERUM/PLASMA	80377	CPT	both			280		Americare	Americare		210	75			14.4	266	percent of total billed charges	
SULFONYLUREA SERUM/PLASMA	80377	CPT	both			280		Amerihealth	HMO/PPO		182	65			14.4	266	percent of total billed charges	
SULFONYLUREA SERUM/PLASMA	80377	CPT	both			280		Consumer	Consumer		266	95			14.4	266	percent of total billed charges	
SULFONYLUREA SERUM/PLASMA	80377	CPT	both			280		Corrections	Corrections		224	80			14.4	266	percent of total billed charges	
SULFONYLUREA SERUM/PLASMA	80377	CPT	both			280		First Health	First Health		196	70			14.4	266	percent of total billed charges	
SULFONYLUREA SERUM/PLASMA	80377	CPT	both			280		First Trenton	First Trenton		252	90			14.4	266	percent of total billed charges	
SULFONYLUREA SERUM/PLASMA	80377	CPT	both			280		Horizon	MGD		107.18	38.28			14.4	266	percent of total billed charges	
SULFONYLUREA SERUM/PLASMA	80377	CPT	both			280		Horizon	PPO		107.18	38.28			14.4	266	percent of total billed charges	
SULFONYLUREA SERUM/PLASMA	80377	CPT	both			280		Horizon	Indemnity		107.18	38.28			14.4	266	percent of total billed charges	
SULFONYLUREA SERUM/PLASMA	80377	CPT	both			280		Horizon	Medicare Blue		84	30			14.4	266	percent of total billed charges	
SULFONYLUREA SERUM/PLASMA	80377	CPT	both			280		Managed Care Inc	Managed Care Inc		252	90			14.4	266	percent of total billed charges	
SULFONYLUREA SERUM/PLASMA	80377	CPT	both			280		Multiplan	Multiplan		224	80			14.4	266	percent of total billed charges	
SULFONYLUREA SERUM/PLASMA	80377	CPT	both			280		Qualcare	Qualcare		210	75			14.4	266	percent of total billed charges	
SULFONYLUREA SERUM/PLASMA	80377	CPT	both			280		Three Rivers	Three Rivers		266	95			14.4	266	percent of total billed charges	
SULFONYLUREA SERUM/PLASMA	80377	CPT	both			280		UHC	Medicaid		88.34	31.55			14.4	266	percent of total billed charges	
SULFONYLUREA SERUM/PLASMA	80377	CPT	both			280		Wellcare	Medicaid		88.34	31.55			14.4	266	percent of total billed charges	
SULFONYLUREA SERUM/PLASMA	80377	CPT	both			280		WellPoint	WellPoint		90.1	32.18			14.4	266	percent of total billed charges	
CLINICPATH CONSULTWO REVIEW MR	80503	CPT	outpatient			167	71.27	Aetna	Better Health		52.69	31.55			52.69	158.65	percent of total billed charges	
CLINICPATH CONSULTWO REVIEW MR	80503	CPT	outpatient			167	71.27	Aetna	Commercial		98.66				52.69	158.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLINICPATH CONSULTWO REVIEW MR	80503	CPT	outpatient			167	71.27	Aetna	Medicare		61.97				52.69	158.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLINICPATH CONSULTWO REVIEW MR	80503	CPT	outpatient			167	71.27	Americare	Americare		125.25	75			52.69	158.65	percent of total billed charges	
CLINICPATH CONSULTWO REVIEW MR	80503	CPT	outpatient			167	71.27	Amerihealth	HMO/PPO		108.55	65			52.69	158.65	percent of total billed charges	
CLINICPATH CONSULTWO REVIEW MR	80503	CPT	outpatient			167	71.27	Amerihealth	Medicare		61.97				52.69	158.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLINICPATH CONSULTWO REVIEW MR	80503	CPT	outpatient			167	71.27	Consumer	Consumer		158.65	95			52.69	158.65	percent of total billed charges	
CLINICPATH CONSULTWO REVIEW MR	80503	CPT	outpatient			167	71.27	Corrections	Corrections		133.6	80			52.69	158.65	percent of total billed charges	
CLINICPATH CONSULTWO REVIEW MR	80503	CPT	outpatient			167	71.27	First Health	First Health		116.9	70			52.69	158.65	percent of total billed charges	
CLINICPATH CONSULTWO REVIEW MR	80503	CPT	outpatient			167	71.27	First Trenton	First Trenton		150.3	90			52.69	158.65	percent of total billed charges	
CLINICPATH CONSULTWO REVIEW MR	80503	CPT	outpatient			167	71.27	Horizon	Medicare Blue		61.97				52.69	158.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLINICPATH CONSULTWO REVIEW MR	80503	CPT	outpatient			167	71.27	Horizon	Indemnity		115.33				52.69	158.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLINICPATH CONSULTWO REVIEW MR	80503	CPT	outpatient			167	71.27	Horizon	MGD		115.33				52.69	158.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLINICPATH CONSULTWO REVIEW MR	80503	CPT	outpatient			167	71.27	Horizon	PPO		115.33				52.69	158.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLINICPATH CONSULTWO REVIEW MR	80503	CPT	outpatient			167	71.27	Managed Care Inc	Managed Care Inc		150.3	90			52.69	158.65	percent of total billed charges	
CLINICPATH CONSULTWO REVIEW MR	80503	CPT	outpatient			167	71.27	Multiplan	Multiplan		133.6	80			52.69	158.65	percent of total billed charges	
CLINICPATH CONSULTWO REVIEW MR	80503	CPT	outpatient			167	71.27	Qualcare	Qualcare		125.25	75			52.69	158.65	percent of total billed charges	
CLINICPATH CONSULTWO REVIEW MR	80503	CPT	outpatient			167	71.27	Three Rivers	Three Rivers		158.65	95			52.69	158.65	percent of total billed charges	
CLINICPATH CONSULTWO REVIEW MR	80503	CPT	outpatient			167	71.27	UHC	Medicare		61.97				52.69	158.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.																
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true															
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CLINICPATH CONSULTTWO REVIEW MR	80503	CPT	outpatient			167	71.27	UHC	Medicaid		52.69	31.55			52.69		158.65 percent of total billed charges	
CLINICPATH CONSULTTWO REVIEW MR	80503	CPT	outpatient			167	71.27	Wellcare	Medicare		61.97				52.69		158.65 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLINICPATH CONSULTTWO REVIEW MR	80503	CPT	outpatient			167	71.27	Wellcare	Medicaid		52.69	31.55			52.69		158.65 percent of total billed charges	
CLINICPATH CONSULTTWO REVIEW MR	80503	CPT	outpatient			167	71.27	WellPoint	WellPoint		53.74	32.18			52.69		158.65 percent of total billed charges	
URINE DIPSTICK	81000	CPT	both			83	4.62	Aetna	Medicare		25.56	30.8			2.35		78.85 percent of total billed charges	
URINE DIPSTICK	81000	CPT	both			83	4.62	Aetna	Better Health		26.19	31.55			2.35		78.85 percent of total billed charges	
URINE DIPSTICK	81000	CPT	both			83	4.62	Aetna	Commercial		31.54	38			2.35		78.85 percent of total billed charges	
URINE DIPSTICK	81000	CPT	both			83	4.62	Americare	Americare		62.25	75			2.35		78.85 percent of total billed charges	
URINE DIPSTICK	81000	CPT	both			83	4.62	Amerihealth	Medicare		4.02				2.35		78.85 fee schedule	
URINE DIPSTICK	81000	CPT	both			83	4.62	Amerihealth	HMO/PPO		53.95	65			2.35		78.85 percent of total billed charges	
URINE DIPSTICK	81000	CPT	both			83	4.62	Consumer	Consumer		78.85	95			2.35		78.85 percent of total billed charges	
URINE DIPSTICK	81000	CPT	both			83	4.62	Corrections	Corrections		66.4	80			2.35		78.85 percent of total billed charges	
URINE DIPSTICK	81000	CPT	both			83	4.62	First Health	First Health		58.1	70			2.35		78.85 percent of total billed charges	
URINE DIPSTICK	81000	CPT	both			83	4.62	First Trenton	First Trenton		74.7	90			2.35		78.85 percent of total billed charges	
URINE DIPSTICK	81000	CPT	both			83	4.62	Horizon	Medicare Blue		24.9	30			2.35		78.85 percent of total billed charges	
URINE DIPSTICK	81000	CPT	both			83	4.62	Horizon	MGD		31.77	38.28			2.35		78.85 percent of total billed charges	
URINE DIPSTICK	81000	CPT	both			83	4.62	Horizon	Indemnity		31.77	38.28			2.35		78.85 percent of total billed charges	
URINE DIPSTICK	81000	CPT	both			83	4.62	Horizon	NJ Health		2.35				2.35		78.85 fee schedule	
URINE DIPSTICK	81000	CPT	both			83	4.62	Horizon	PPO		31.77	38.28			2.35		78.85 percent of total billed charges	
URINE DIPSTICK	81000	CPT	both			83	4.62	Managed Care Inc	Managed Care Inc		74.7	90			2.35		78.85 percent of total billed charges	
URINE DIPSTICK	81000	CPT	both			83	4.62	Multiplan	Multiplan		66.4	80			2.35		78.85 percent of total billed charges	
URINE DIPSTICK	81000	CPT	both			83	4.62	Qualcare	Qualcare		62.25	75			2.35		78.85 percent of total billed charges	
URINE DIPSTICK	81000	CPT	both			83	4.62	Three Rivers	Three Rivers		78.85	95			2.35		78.85 percent of total billed charges	
URINE DIPSTICK	81000	CPT	both			83	4.62	UHC	Medicare		4.02				2.35		78.85 fee schedule	
URINE DIPSTICK	81000	CPT	both			83	4.62	UHC	Medicaid		26.19	31.55			2.35		78.85 percent of total billed charges	
URINE DIPSTICK	81000	CPT	both			83	4.62	Wellcare	Medicaid		26.19	31.55			2.35		78.85 percent of total billed charges	
URINE DIPSTICK	81000	CPT	both			83	4.62	Wellcare	Medicare		4.02				2.35		78.85 fee schedule	
URINE DIPSTICK	81000	CPT	both			83	4.62	WellPoint	WellPoint		26.71	32.18			2.35		78.85 percent of total billed charges	
URINALYSIS,AUTOMATED W MICRO	81001	CPT	both			38	3.65	Aetna	Commercial		14.44	38			3.17		36.1 percent of total billed charges	
URINALYSIS,AUTOMATED W MICRO	81001	CPT	both			38	3.65	Aetna	Medicare		3.17				3.17		36.1 fee schedule	
URINALYSIS,AUTOMATED W MICRO	81001	CPT	both			38	3.65	Aetna	Better Health		11.99	31.55			3.17		36.1 percent of total billed charges	
URINALYSIS,AUTOMATED W MICRO	81001	CPT	both			38	3.65	Americare	Americare		28.5	75			3.17		36.1 percent of total billed charges	
URINALYSIS,AUTOMATED W MICRO	81001	CPT	both			38	3.65	Amerihealth	Medicare		3.17				3.17		36.1 fee schedule	
URINALYSIS,AUTOMATED W MICRO	81001	CPT	both			38	3.65	Amerihealth	HMO/PPO		24.7	65			3.17		36.1 percent of total billed charges	
URINALYSIS,AUTOMATED W MICRO	81001	CPT	both			38	3.65	Consumer	Consumer		36.1	95			3.17		36.1 percent of total billed charges	
URINALYSIS,AUTOMATED W MICRO	81001	CPT	both			38	3.65	Corrections	Corrections		30.4	80			3.17		36.1 percent of total billed charges	
URINALYSIS,AUTOMATED W MICRO	81001	CPT	both			38	3.65	First Health	First Health		26.6	70			3.17		36.1 percent of total billed charges	
URINALYSIS,AUTOMATED W MICRO	81001	CPT	both			38	3.65	First Trenton	First Trenton		34.2	90			3.17		36.1 percent of total billed charges	
URINALYSIS,AUTOMATED W MICRO	81001	CPT	both			38	3.65	Horizon	Medicare Blue		11.4	30			3.17		36.1 percent of total billed charges	
URINALYSIS,AUTOMATED W MICRO	81001	CPT	both			38	3.65	Horizon	MGD		14.55	38.28			3.17		36.1 percent of total billed charges	
URINALYSIS,AUTOMATED W MICRO	81001	CPT	both			38	3.65	Horizon	Indemnity		14.55	38.28			3.17		36.1 percent of total billed charges	
URINALYSIS,AUTOMATED W MICRO	81001	CPT	both			38	3.65	Horizon	PPO		14.55	38.28			3.17		36.1 percent of total billed charges	
URINALYSIS,AUTOMATED W MICRO	81001	CPT	both			38	3.65	Horizon	NJ Health		4.27				3.17		36.1 fee schedule	
URINALYSIS,AUTOMATED W MICRO	81001	CPT	both			38	3.65	Managed Care Inc	Managed Care Inc		34.2	90			3.17		36.1 percent of total billed charges	
URINALYSIS,AUTOMATED W MICRO	81001	CPT	both			38	3.65	Multiplan	Multiplan		30.4	80			3.17		36.1 percent of total billed charges	
URINALYSIS,AUTOMATED W MICRO	81001	CPT	both			38	3.65	Qualcare	Qualcare		28.5	75			3.17		36.1 percent of total billed charges	
URINALYSIS,AUTOMATED W MICRO	81001	CPT	both			38	3.65	Three Rivers	Three Rivers		36.1	95			3.17		36.1 percent of total billed charges	
URINALYSIS,AUTOMATED W MICRO	81001	CPT	both			38	3.65	UHC	Medicaid		11.99	31.55			3.17		36.1 percent of total billed charges	
URINALYSIS,AUTOMATED W MICRO	81001	CPT	both			38	3.65	UHC	Medicare		3.17				3.17		36.1 fee schedule	
URINALYSIS,AUTOMATED W MICRO	81001	CPT	both			38	3.65	Wellcare	Medicare		3.17				3.17		36.1 fee schedule	
URINALYSIS,AUTOMATED W MICRO	81001	CPT	both			38	3.65	Wellcare	Medicaid		11.99	31.55			3.17		36.1 percent of total billed charges	
URINALYSIS,AUTOMATED W MICRO	81001	CPT	both			38	3.65	WellPoint	WellPoint		12.23	32.18			3.17		36.1 percent of total billed charges	
URINE DIPSTICK	81002	CPT	both			24	4	Aetna	Commercial		9.12	38			1.96		22.8 percent of total billed charges	
URINE DIPSTICK	81002	CPT	both			24	4	Aetna	Medicare		3.48				1.96		22.8 fee schedule	
URINE DIPSTICK	81002	CPT	both			24	4	Aetna	Better Health		7.57	31.55			1.96		22.8 percent of total billed charges	
URINE DIPSTICK	81002	CPT	both			24	4	Americare	Americare		18	75			1.96		22.8 percent of total billed charges	
URINE DIPSTICK	81002	CPT	both			24	4	Amerihealth	HMO/PPO		15.6	65			1.96		22.8 percent of total billed charges	
URINE DIPSTICK	81002	CPT	both			24	4	Amerihealth	Medicare		3.48				1.96		22.8 fee schedule	
URINE DIPSTICK	81002	CPT	both			24	4	Consumer	Consumer		22.8	95			1.96		22.8 percent of total billed charges	
URINE DIPSTICK	81002	CPT	both			24	4	Corrections	Corrections		19.2	80			1.96		22.8 percent of total billed charges	
URINE DIPSTICK	81002	CPT	both			24	4	First Health	First Health		16.8	70			1.96		22.8 percent of total billed charges	
URINE DIPSTICK	81002	CPT	both			24	4	First Trenton	First Trenton		21.6	90			1.96		22.8 percent of total billed charges	
URINE DIPSTICK	81002	CPT	both			24	4	Horizon	NJ Health		1.96				1.96		22.8 fee schedule	
URINE DIPSTICK	81002	CPT	both			24	4	Horizon	Indemnity		9.19	38.28			1.96		22.8 percent of total billed charges	
URINE DIPSTICK	81002	CPT	both			24	4	Horizon	Medicare Blue		7.2	30			1.96		22.8 percent of total billed charges	
URINE DIPSTICK	81002	CPT	both			24	4	Horizon	MGD		9.19	38.28			1.96		22.8 percent of total billed charges	
URINE DIPSTICK	81002	CPT	both			24	4	Horizon	PPO		9.19	38.28			1.96		22.8 percent of total billed charges	
URINE DIPSTICK	81002	CPT	both			24	4	Managed Care Inc	Managed Care Inc		21.6	90			1.96		22.8 percent of total billed charges	
URINE DIPSTICK	81002	CPT	both			24	4	Multiplan	Multiplan		19.2	80			1.96		22.8 percent of total billed charges	
URINE DIPSTICK	81002	CPT	both			24	4	Qualcare	Qualcare		18	75			1.96		22.8 percent of total billed charges	
URINE DIPSTICK	81002	CPT	both			24	4	Three Rivers	Three Rivers		22.8	95			1.96		22.8 percent of total billed charges	
URINE DIPSTICK	81002	CPT	both			24	4	UHC	Medicaid		7.57	31.55			1.96		22.8 percent of total billed charges	
URINE DIPSTICK	81002	CPT	both			24	4	UHC	Medicare		3.48				1.96		22.8 fee schedule	
URINE DIPSTICK	81002	CPT	both			24	4	Wellcare	Medicaid		7.57	31.55			1.96		22.8 percent of total billed charges	
URINE DIPSTICK	81002	CPT	both			24	4	Wellcare	Medicare		3.48				1.96		22.8 fee schedule	
URINE DIPSTICK	81002	CPT	both			24	4	WellPoint	WellPoint		7.72	32.18			1.96		22.8 percent of total billed charges	
URINALYSIS AUTO W/O SCOPE	81003	CPT	outpatient			17	2.59	Aetna	Commercial		6.46	38			2.25		16.15 percent of total billed charges	
URINALYSIS AUTO W/O SCOPE	81003	CPT	outpatient			17	2.59	Aetna	Medicare		2.25				2.25		16.15 fee schedule	
URINALYSIS AUTO W/O SCOPE	81003	CPT	outpatient			17	2.59	Aetna	Better Health		5.36	31.55			2.25		16.15 percent of total billed charges	
URINALYSIS AUTO W/O SCOPE	81003	CPT	outpatient			17	2.59	Americare	Americare		12.75	75			2.25		16.15 percent of total billed charges	
URINALYSIS AUTO W/O SCOPE	81003	CPT	outpatient			17	2.59	Amerihealth	Medicare		2.25				2.25		16.15 fee schedule	
URINALYSIS AUTO W/O SCOPE	81003	CPT	outpatient			17	2.59	Amerihealth	HMO/PPO		11.05	65			2.25		16.15 percent of total billed charges	
URINALYSIS AUTO W/O SCOPE	81003	CPT	outpatient			17	2.59	Consumer	Consumer		16.15	95			2.25		16.15 percent of total billed charges	
URINALYSIS AUTO W/O SCOPE	81003	CPT	outpatient			17	2.59	Corrections	Corrections		13.6	80			2.25		16.15 percent of total billed charges	
URINALYSIS AUTO W/O SCOPE	81003	CPT	outpatient			17	2.59	First Health	First Health		11.9	70			2.25		16.15 percent of total billed charges	
URINALYSIS AUTO W/O SCOPE	81003	CPT	outpatient			17	2.59	First Trenton	First Trenton		15.3	90			2.25		16.15 percent of total billed charges	
URINALYSIS AUTO W/O SCOPE	81003	CPT	outpatient			17	2.59	Horizon	Medicare Blue		5.1	30			2.25		16.15 percent of total billed charges	
URINALYSIS AUTO W/O SCOPE	81003	CPT	outpatient			17	2.59	Horizon	MGD		6.51	38.28			2.25		16.15 percent of total billed charges	
URINALYSIS AUTO W/O SCOPE	81003	CPT	outpatient			17	2.59	Horizon	NJ Health		2.94				2.25		16.15 fee schedule	
URINALYSIS AUTO W/O SCOPE	81003	CPT	outpatient			17	2.59	Horizon	Indemnity		6.51	38.28			2.25		16.15 percent of total billed charges	
URINALYSIS AUTO W/O SCOPE	81003	CPT	outpatient			17	2.59	Horizon	PPO		6.51	38.28			2.25		16.15 percent of total billed charges	
URINALYSIS AUTO W/O SCOPE	81003	CPT	outpatient			17	2.59	Managed Care Inc	Managed Care Inc		15.3	90			2.25		16.15 percent of total billed charges	
URINALYSIS AUTO W/O SCOPE	81003	CPT	outpatient			17	2.59	Multiplan	Multiplan		13.6	80			2.25		16.15 percent of total billed charges	
URINALYSIS AUTO W/O SCOPE	81003	CPT	outpatient			17	2.59	Qualcare	Qualcare		12.75	75			2.25		16.15 percent of total billed charges	
URINALYSIS AUTO W/O SCOPE	81003	CPT	outpatient			17	2.59	Three Rivers	Three Rivers		16.15	95			2.25		16.15 percent of total billed charges	
URINALYSIS AUTO W/O SCOPE	81003	CPT	outpatient			17	2.59	UHC	Medicare		2.25				2.25		16.15 fee schedule	
URINALYSIS AUTO W/O SCOPE	81003	CPT	outpatient			17	2.59	UHC	Medicaid		5.36	31.55			2.25		16.15 percent of total billed charges	
URINALYSIS AUTO W/O SCOPE	81003	CPT	outpatient			17	2.59	Wellcare	Medicare		2.25				2.25		16.15 fee schedule	
URINALYSIS AUTO W/O SCOPE	81003	CPT	outpatient			17	2.59	Wellcare	Medicaid		5.36	31.55			2.25		16.15 percent of total billed charges	
URINALYSIS AUTO W/O SCOPE	81003	CPT	outpatient			17	2.59	WellPoint	WellPoint		5.47	32.18			2.25		16.15 percent of total billed charges	
REDUCING URINE SUBSTANCE 0-2YRS	81005	CPT	inpatient			67	2.5	Aetna	Medicare		2.17				1.96		63.65 fee schedule	
REDUCING URINE SUBSTANCE 0-2YRS	81005	CPT	inpatient			67	2.5	Aetna	Commercial		25.46	38			1.96		63.65 percent of total billed charges	
REDUCING URINE SUBSTANCE 0-2YRS	81005	CPT	inpatient			67	2.5	Aetna	Better Health		21.14	31.55			1.96		63.65 percent of total billed charges	
REDUCING URINE SUBSTANCE 0-2YRS	81005	CPT	inpatient			67	2.5	Americare	Americare		50.25	75			1.96		63.65 percent of total billed charges	
REDUCING URINE SUBSTANCE 0-2YRS	81005	CPT	inpatient			67	2.5	Amerihealth	Medicare		2.17				1.96		63.65 fee schedule	
REDUCING URINE SUBSTANCE 0-2YRS	81005	CPT	inpatient			67	2.5	Amerihealth	HMO/PPO		43.55	65			1.96		63.65 percent of total billed charges	
REDUCING URINE SUBSTANCE 0-2YRS	81005	CPT	inpatient			67	2.5	Consumer	Consumer		63.65	95			1.96		63.65 percent of total billed charges	
REDUCING URINE SUBSTANCE 0-2YRS	81005	CPT	inpatient			67	2.5	Corrections	Corrections		53.6	80			1.96		63.65 percent of total billed charges	
REDUCING URINE SUBSTANCE 0-2YRS	81005	CPT	inpatient			67	2.5	First Health	First Health		46.9	70			1.96		63.65 percent of total billed charges	
REDUCING URINE SUBSTANCE 0-2YRS	81005	CPT	inpatient			67	2.5	First Trenton	First Trenton		60.3	90			1.96		63.65 percent of total billed charges	
REDUCING URINE SUBSTANCE 0-2YRS	81005	CPT	inpatient			67	2.5	Horizon	MGD		25.65	38.28			1.96		63.65 percent of total billed charges	
REDUCING URINE SUBSTANCE 0-2YRS	81005	CPT	inpatient			67	2.5	Horizon	Medicare Blue		20.1	30			1.96		63.65 percent of total billed charges	
REDUCING URINE SUBSTANCE 0-2YRS	81005	CPT	inpatient			67	2.5	Horizon	NJ Health		1.96				1.96		63.65 fee schedule	
REDUCING URINE SUBSTANCE 0-2YRS	81005	CPT	inpatient			67	2.5	Horizon	Indemnity		25.65	38.28			1.96		63.65 percent of total billed charges	
REDUCING URINE SUBSTANCE 0-2YRS	81005	CPT	inpatient			67	2.5	Horizon	PPO		25.65	38.28			1.96		63.65 percent of total billed charges	
REDUCING URINE SUBSTANCE 0-2YRS	81005	CPT	inpatient			67	2.5	Managed Care Inc	Managed Care Inc		60.3	90			1.96		63.65 percent of total billed charges	
REDUCING URINE SUBSTANCE 0-2YRS	81005	CPT	inpatient			67	2.5	Multiplan	Multiplan		53.6	80			1.96		63.65 percent of total billed charges	
REDUCING URINE SUBSTANCE 0-2YRS	81005	CPT	inpatient			67	2.5	Qualcare	Qualcare		50.25	75			1.96		63.65 percent of total billed charges	
REDUCING URINE SUBSTANCE 0-2YRS	81005	CPT	inpatient			67	2.5	Three Rivers	Three Rivers		63.65	95			1.96		63.65 percent of total billed charges	
REDUCING URINE SUBSTANCE 0-2YRS	81005	CPT	inpatient			67	2.5	UHC	Medicare		2.17				1.96		63.65 fee schedule	
REDUCING URINE SUBSTANCE 0-2YRS	81005	CPT	inpatient			67	2.5	UHC	Medicaid		21.14	31.55			1.96		63.65 percent of total billed charges	
REDUCING URINE SUBSTANCE 0-2YRS	81005	CPT	inpatient			67	2.5	Wellcare	Medicaid		21.14	31.55			1.96		63.65 percent of total billed charges	
REDUCING URINE SUBSTANCE 0-2YRS	81005	CPT	inpatient			67	2.5	Wellcare	Medicare		2.17				1.96		63.65 fee schedule	
REDUCING URINE SUBSTANCE 0-2YRS	81005	CPT	inpatient			67	2.5	WellPoint	WellPoint		21.96	32.18			1.96		63.65 percent of total billed charges	
URINE PREGNANCYTEST	81025	CPT	outpatient			54	9.9	Aetna	Commercial		20.52	38			5.88		51.3 percent of total billed charges	
URINE PREGNANCYTEST	81025	CPT	outpatient			54	9.9	Aetna	Better Health		17.04	31.55			5.88		51.3 percent of total billed charges	
URINE PREGNANCYTEST	81025	CPT	outpatient			54	9.9	Aetna	Medicare		16.63	30.8			5.88		51.3 percent of total billed charges	
URINE PREGNANCYTEST	81025	CPT	outpatient			54	9.9	Americare	Americare		40.5	75			5.88		51.3 percent of total billed charges	
URINE PREGNANCYTEST	81025	CPT	outpatient			54	9.9	Amerihealth	HMO/PPO		35.1	65			5.88		51.3 percent of total billed charges	
URINE PREGNANCYTEST	81025	CPT	outpatient			54	9.9	Amerihealth	Medicare		8.61				5.88		51.3 fee schedule	
URINE PREGNANCYTEST	81025	CPT	outpatient			54	9.9	Consumer	Consumer		51.3	95			5.88		51.3 percent of total billed charges	
URINE PREGNANCYTEST	81025	CPT	outpatient			54	9.9	Corrections	Corrections		43.2	80			5.88		51.3 percent of total billed charges	
URINE PREGNANCYTEST	81025	CPT	outpatient			54	9.9	First Health	First Health		37.8	70			5.88		51.3 percent of total billed charges	
URINE PREGNANCYTEST	81025	CPT	outpatient			54	9.9	First Trenton	First Trenton		48.6	90			5.88		51.3 percent of total billed charges	
URINE PREGNANCYTEST	81025	CPT	outpatient			54	9.9	Horizon	MGD		20.67	38.28			5.88		51.3 percent of total billed charges	
URINE PREGNANCYTEST	81025	CPT	outpatient			54	9.9	Horizon	Indemnity		20.67	38.28			5.88		51.3 percent of total billed charges	
URINE PREGNANCYTEST	81025	CPT	outpatient			54	9.9	Horizon	NJ Health		5.88				5.88		51.3 fee schedule	
URINE PREGNANCYTEST	81025	CPT	outpatient			54	9.9	Horizon	Medicare Blue		16.2	30			5.88		51.3 percent of total billed charges	
URINE PREGNANCYTEST	81025	CPT	outpatient			54	9.9	Horizon	PPO		20.67	38.28			5.88		51.3 percent of total billed charges	
URINE PREGNANCYTEST	81025	CPT	outpatient			54	9.9	Managed Care Inc	Managed Care Inc		48.6	90			5.88		51.3 percent of total billed charges	
URINE PREGNANCYTEST	81025	CPT	outpatient			54	9.9	Multiplan	Multiplan		43.2	80			5.88		51.3 percent of total billed charges	
URINE PREGNANCYTEST	81025	CPT	outpatient			54	9.9	Qualcare	Qualcare		40.5	75			5.88		51.3 percent of total billed charges	
URINE PREGNANCYTEST	81025	CPT	outpatient			54	9.9	Three Rivers	Three Rivers		51.3	95			5.88		51.3 percent of total billed charges	
URINE PREGNANCYTEST	81025	CPT	outpatient			54	9.9	UHC	Medicaid		17.04	31.55			5.88		51.3 percent of total billed charges	
URINE PREGNANCYTEST	81025	CPT	outpatient			54	9.9	UHC	Medicare		8.61				5.88		51.3 fee schedule	
URINE PREGNANCYTEST	81025	CPT	outpatient			54	9.9	Wellcare	Medicaid		17.04	31.55			5.88		51.3 percent of total billed charges	
URINE PREGNANCYTEST	81025	CPT	outpatient			54	9.9	Wellcare	Medicare		8.61				5.88		51.3 fee schedule	
URINE PREGNANCYTEST	81025	CPT	outpatient			54	9.9	WellPoint	WellPoint		17.38	32.18			5.88		51.3 percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
URINE VOLUME MEASUREMENT,TIMED	81050	CPT	both			27	4.19	Aetna	Medicare		3.64				3.64		25.65 fee schedule	
URINE VOLUME MEASUREMENT,TIMED	81050	CPT	both			27	4.19	Aetna	Commercial		10.26	38			3.64		25.65 percent of total billed charges	
URINE VOLUME MEASUREMENT,TIMED	81050	CPT	both			27	4.19	Aetna	Better Health		8.52	31.55			3.64		25.65 percent of total billed charges	
URINE VOLUME MEASUREMENT,TIMED	81050	CPT	both			27	4.19	Americare	Americare		20.25	75			3.64		25.65 percent of total billed charges	
URINE VOLUME MEASUREMENT,TIMED	81050	CPT	both			27	4.19	Amerihealth	Medicare		3.64				3.64		25.65 fee schedule	
URINE VOLUME MEASUREMENT,TIMED	81050	CPT	both			27	4.19	Amerihealth	HMO/PPO		17.55	65			3.64		25.65 percent of total billed charges	
URINE VOLUME MEASUREMENT,TIMED	81050	CPT	both			27	4.19	Consumer	Consumer		25.65	95			3.64		25.65 percent of total billed charges	
URINE VOLUME MEASUREMENT,TIMED	81050	CPT	both			27	4.19	Corrections	Corrections		21.6	80			3.64		25.65 percent of total billed charges	
URINE VOLUME MEASUREMENT,TIMED	81050	CPT	both			27	4.19	First Health	First Health		18.9	70			3.64		25.65 percent of total billed charges	
URINE VOLUME MEASUREMENT,TIMED	81050	CPT	both			27	4.19	First Trenton	First Trenton		24.3	90			3.64		25.65 percent of total billed charges	
URINE VOLUME MEASUREMENT,TIMED	81050	CPT	both			27	4.19	Horizon	MGD		10.34	38.28			3.64		25.65 percent of total billed charges	
URINE VOLUME MEASUREMENT,TIMED	81050	CPT	both			27	4.19	Horizon	Medicare Blue		8.1	30			3.64		25.65 percent of total billed charges	
URINE VOLUME MEASUREMENT,TIMED	81050	CPT	both			27	4.19	Horizon	Indemnity		10.34	38.28			3.64		25.65 percent of total billed charges	
URINE VOLUME MEASUREMENT,TIMED	81050	CPT	both			27	4.19	Horizon	NJ Health		8				3.64		25.65 fee schedule	
URINE VOLUME MEASUREMENT,TIMED	81050	CPT	both			27	4.19	Horizon	PPO		10.34	38.28			3.64		25.65 percent of total billed charges	
URINE VOLUME MEASUREMENT,TIMED	81050	CPT	both			27	4.19	Managed Care Inc	Managed Care Inc		24.3	90			3.64		25.65 percent of total billed charges	
URINE VOLUME MEASUREMENT,TIMED	81050	CPT	both			27	4.19	Multiplan	Multiplan		21.6	80			3.64		25.65 percent of total billed charges	
URINE VOLUME MEASUREMENT,TIMED	81050	CPT	both			27	4.19	Qualcare	Qualcare		20.25	75			3.64		25.65 percent of total billed charges	
URINE VOLUME MEASUREMENT,TIMED	81050	CPT	both			27	4.19	Three Rivers	Three Rivers		25.65	95			3.64		25.65 percent of total billed charges	
URINE VOLUME MEASUREMENT,TIMED	81050	CPT	both			27	4.19	UHC	Medicaid		8.52	31.55			3.64		25.65 percent of total billed charges	
URINE VOLUME MEASUREMENT,TIMED	81050	CPT	both			27	4.19	UHC	Medicare		3.64				3.64		25.65 fee schedule	
URINE VOLUME MEASUREMENT,TIMED	81050	CPT	both			27	4.19	Wellcare	Medicare		3.64				3.64		25.65 fee schedule	
URINE VOLUME MEASUREMENT,TIMED	81050	CPT	both			27	4.19	Wellcare	Medicaid		8.52	31.55			3.64		25.65 percent of total billed charges	
URINE VOLUME MEASUREMENT,TIMED	81050	CPT	both			27	4.19	WellPoint	WellPoint		8.69	32.18			3.64		25.65 percent of total billed charges	
HPA-1A(PLA1 PLT AG)GENOTYPING	81105	CPT	outpatient			630	140.55	Aetna	Medicare		122.22				118.31		598.5 fee schedule	
HPA-1A(PLA1 PLT AG)GENOTYPING	81105	CPT	outpatient			630	140.55	Aetna	Commercial		239.4	38			118.31		598.5 percent of total billed charges	
HPA-1A(PLA1 PLT AG)GENOTYPING	81105	CPT	outpatient			630	140.55	Aetna	Better Health		198.77	31.55			118.31		598.5 percent of total billed charges	
HPA-1A(PLA1 PLT AG)GENOTYPING	81105	CPT	outpatient			630	140.55	Americare	Americare		472.5	75			118.31		598.5 percent of total billed charges	
HPA-1A(PLA1 PLT AG)GENOTYPING	81105	CPT	outpatient			630	140.55	Amerihealth	HMO/PPO		409.5	65			118.31		598.5 percent of total billed charges	
HPA-1A(PLA1 PLT AG)GENOTYPING	81105	CPT	outpatient			630	140.55	Amerihealth	Medicare		122.22				118.31		598.5 fee schedule	
HPA-1A(PLA1 PLT AG)GENOTYPING	81105	CPT	outpatient			630	140.55	Consumer	Consumer		598.5	95			118.31		598.5 percent of total billed charges	
HPA-1A(PLA1 PLT AG)GENOTYPING	81105	CPT	outpatient			630	140.55	Corrections	Corrections		504	80			118.31		598.5 percent of total billed charges	
HPA-1A(PLA1 PLT AG)GENOTYPING	81105	CPT	outpatient			630	140.55	First Health	First Health		441	70			118.31		598.5 percent of total billed charges	
HPA-1A(PLA1 PLT AG)GENOTYPING	81105	CPT	outpatient			630	140.55	First Trenton	First Trenton		567	90			118.31		598.5 percent of total billed charges	
HPA-1A(PLA1 PLT AG)GENOTYPING	81105	CPT	outpatient			630	140.55	Horizon	NJ Health		118.31				118.31		598.5 fee schedule	
HPA-1A(PLA1 PLT AG)GENOTYPING	81105	CPT	outpatient			630	140.55	Horizon	MGD		241.16	38.28			118.31		598.5 percent of total billed charges	
HPA-1A(PLA1 PLT AG)GENOTYPING	81105	CPT	outpatient			630	140.55	Horizon	Indemnity		241.16	38.28			118.31		598.5 percent of total billed charges	
HPA-1A(PLA1 PLT AG)GENOTYPING	81105	CPT	outpatient			630	140.55	Horizon	Medicare Blue		189	30			118.31		598.5 percent of total billed charges	
HPA-1A(PLA1 PLT AG)GENOTYPING	81105	CPT	outpatient			630	140.55	Horizon	PPO		241.16	38.28			118.31		598.5 percent of total billed charges	
HPA-1A(PLA1 PLT AG)GENOTYPING	81105	CPT	outpatient			630	140.55	Managed Care Inc	Managed Care Inc		567	90			118.31		598.5 percent of total billed charges	
HPA-1A(PLA1 PLT AG)GENOTYPING	81105	CPT	outpatient			630	140.55	Multiplan	Multiplan		504	80			118.31		598.5 percent of total billed charges	
HPA-1A(PLA1 PLT AG)GENOTYPING	81105	CPT	outpatient			630	140.55	Qualcare	Qualcare		472.5	75			118.31		598.5 percent of total billed charges	
HPA-1A(PLA1 PLT AG)GENOTYPING	81105	CPT	outpatient			630	140.55	Three Rivers	Three Rivers		598.5	95			118.31		598.5 percent of total billed charges	
HPA-1A(PLA1 PLT AG)GENOTYPING	81105	CPT	outpatient			630	140.55	UHC	Medicaid		198.77	31.55			118.31		598.5 percent of total billed charges	
HPA-1A(PLA1 PLT AG)GENOTYPING	81105	CPT	outpatient			630	140.55	UHC	Medicare		122.22				118.31		598.5 fee schedule	
HPA-1A(PLA1 PLT AG)GENOTYPING	81105	CPT	outpatient			630	140.55	Wellcare	Medicare		122.22				118.31		598.5 fee schedule	
HPA-1A(PLA1 PLT AG)GENOTYPING	81105	CPT	outpatient			630	140.55	Wellcare	Medicaid		198.77	31.55			118.31		598.5 percent of total billed charges	
HPA-1A(PLA1 PLT AG)GENOTYPING	81105	CPT	outpatient			630	140.55	WellPoint	WellPoint		202.73	32.18			118.31		598.5 percent of total billed charges	
IDH1	81120	CPT	outpatient			433	222.24	Aetna	Medicare		193.25				129.9		411.35 fee schedule	
IDH1	81120	CPT	outpatient			433	222.24	Aetna	Better Health		136.61	31.55			129.9		411.35 percent of total billed charges	
IDH1	81120	CPT	outpatient			433	222.24	Aetna	Commercial		164.54	38			129.9		411.35 percent of total billed charges	
IDH1	81120	CPT	outpatient			433	222.24	Americare	Americare		324.75	75			129.9		411.35 percent of total billed charges	
IDH1	81120	CPT	outpatient			433	222.24	Amerihealth	HMO/PPO		281.45	65			129.9		411.35 percent of total billed charges	
IDH1	81120	CPT	outpatient			433	222.24	Amerihealth	Medicare		193.25				129.9		411.35 fee schedule	
IDH1	81120	CPT	outpatient			433	222.24	Consumer	Consumer		411.35	95			129.9		411.35 percent of total billed charges	
IDH1	81120	CPT	outpatient			433	222.24	Corrections	Corrections		346.4	80			129.9		411.35 percent of total billed charges	
IDH1	81120	CPT	outpatient			433	222.24	First Health	First Health		303.1	70			129.9		411.35 percent of total billed charges	
IDH1	81120	CPT	outpatient			433	222.24	First Trenton	First Trenton		389.7	90			129.9		411.35 percent of total billed charges	
IDH1	81120	CPT	outpatient			433	222.24	Horizon	Indemnity		165.75	38.28			129.9		411.35 percent of total billed charges	
IDH1	81120	CPT	outpatient			433	222.24	Horizon	Medicare Blue		129.9	30			129.9		411.35 percent of total billed charges	
IDH1	81120	CPT	outpatient			433	222.24	Horizon	MGD		165.75	38.28			129.9		411.35 percent of total billed charges	
IDH1	81120	CPT	outpatient			433	222.24	Horizon	NJ Health		151.51				129.9		411.35 fee schedule	
IDH1	81120	CPT	outpatient			433	222.24	Horizon	PPO		165.75	38.28			129.9		411.35 percent of total billed charges	
IDH1	81120	CPT	outpatient			433	222.24	Managed Care Inc	Managed Care Inc		389.7	90			129.9		411.35 percent of total billed charges	
IDH1	81120	CPT	outpatient			433	222.24	Multiplan	Multiplan		346.4	80			129.9		411.35 percent of total billed charges	
IDH1	81120	CPT	outpatient			433	222.24	Qualcare	Qualcare		324.75	75			129.9		411.35 percent of total billed charges	
IDH1	81120	CPT	outpatient			433	222.24	Three Rivers	Three Rivers		411.35	95			129.9		411.35 percent of total billed charges	
IDH1	81120	CPT	outpatient			433	222.24	UHC	Medicaid		136.61	31.55			129.9		411.35 percent of total billed charges	
IDH1	81120	CPT	outpatient			433	222.24	UHC	Medicare		193.25				129.9		411.35 fee schedule	
IDH1	81120	CPT	outpatient			433	222.24	Wellcare	Medicaid		136.61	31.55			129.9		411.35 percent of total billed charges	
IDH1	81120	CPT	outpatient			433	222.24	Wellcare	Medicare		193.25				129.9		411.35 fee schedule	
IDH1	81120	CPT	outpatient			433	222.24	WellPoint	WellPoint		139.34	32.18			129.9		411.35 percent of total billed charges	
IDH2	81121	CPT	outpatient			662	340.16	Aetna	Medicare		203.9	30.8			198.6		628.9 percent of total billed charges	
IDH2	81121	CPT	outpatient			662	340.16	Aetna	Better Health		208.86	31.55			198.6		628.9 percent of total billed charges	
IDH2	81121	CPT	outpatient			662	340.16	Aetna	Commercial		251.56	38			198.6		628.9 percent of total billed charges	
IDH2	81121	CPT	outpatient			662	340.16	Americare	Americare		496.5	75			198.6		628.9 percent of total billed charges	
IDH2	81121	CPT	outpatient			662	340.16	Amerihealth	HMO/PPO		430.3	65			198.6		628.9 percent of total billed charges	
IDH2	81121	CPT	outpatient			662	340.16	Amerihealth	Medicare		295.79				198.6		628.9 fee schedule	
IDH2	81121	CPT	outpatient			662	340.16	Consumer	Consumer		628.9	95			198.6		628.9 percent of total billed charges	
IDH2	81121	CPT	outpatient			662	340.16	Corrections	Corrections		529.6	80			198.6		628.9 percent of total billed charges	
IDH2	81121	CPT	outpatient			662	340.16	First Health	First Health		463.4	70			198.6		628.9 percent of total billed charges	
IDH2	81121	CPT	outpatient			662	340.16	First Trenton	First Trenton		595.8	90			198.6		628.9 percent of total billed charges	
IDH2	81121	CPT	outpatient			662	340.16	Horizon	Medicare Blue		198.6	30			198.6		628.9 percent of total billed charges	
IDH2	81121	CPT	outpatient			662	340.16	Horizon	Indemnity		253.41	38.28			198.6		628.9 percent of total billed charges	
IDH2	81121	CPT	outpatient			662	340.16	Horizon	MGD		253.41	38.28			198.6		628.9 percent of total billed charges	
IDH2	81121	CPT	outpatient			662	340.16	Horizon	PPO		253.41	38.28			198.6		628.9 percent of total billed charges	
IDH2	81121	CPT	outpatient			662	340.16	Horizon	NJ Health		231.91				198.6		628.9 fee schedule	
IDH2	81121	CPT	outpatient			662	340.16	Managed Care Inc	Managed Care Inc		595.8	90			198.6		628.9 percent of total billed charges	
IDH2	81121	CPT	outpatient			662	340.16	Multiplan	Multiplan		529.6	80			198.6		628.9 percent of total billed charges	
IDH2	81121	CPT	outpatient			662	340.16	Qualcare	Qualcare		496.5	75			198.6		628.9 percent of total billed charges	
IDH2	81121	CPT	outpatient			662	340.16	Three Rivers	Three Rivers		628.9	95			198.6		628.9 percent of total billed charges	
IDH2	81121	CPT	outpatient			662	340.16	UHC	Medicare		295.79				198.6		628.9 fee schedule	
IDH2	81121	CPT	outpatient			662	340.16	UHC	Medicaid		208.86	31.55			198.6		628.9 percent of total billed charges	
IDH2	81121	CPT	outpatient			662	340.16	Wellcare	Medicare		295.79				198.6		628.9 fee schedule	
IDH2	81121	CPT	outpatient			662	340.16	Wellcare	Medicaid		208.86	31.55			198.6		628.9 percent of total billed charges	
IDH2	81121	CPT	outpatient			662	340.16	WellPoint	WellPoint		213.03	32.18			198.6		628.9 percent of total billed charges	
DMD (DELETION/DUPLICATION)	81161	CPT	outpatient			643	320.85	Aetna	Commercial		244.34	38			192.9		610.85 percent of total billed charges	
DMD (DELETION/DUPLICATION)	81161	CPT	outpatient			643	320.85	Aetna	Medicare		279				192.9		610.85 fee schedule	
DMD (DELETION/DUPLICATION)	81161	CPT	outpatient			643	320.85	Aetna	Better Health		202.87	31.55			192.9		610.85 percent of total billed charges	
DMD (DELETION/DUPLICATION)	81161	CPT	outpatient			643	320.85	Americare	Americare		482.25	75			192.9		610.85 percent of total billed charges	
DMD (DELETION/DUPLICATION)	81161	CPT	outpatient			643	320.85	Amerihealth	HMO/PPO		417.95	65			192.9		610.85 percent of total billed charges	
DMD (DELETION/DUPLICATION)	81161	CPT	outpatient			643	320.85	Amerihealth	Medicare		279				192.9		610.85 fee schedule	
DMD (DELETION/DUPLICATION)	81161	CPT	outpatient			643	320.85	Consumer	Consumer		610.85	95			192.9		610.85 percent of total billed charges	
DMD (DELETION/DUPLICATION)	81161	CPT	outpatient			643	320.85	Corrections	Corrections		514.4	80			192.9		610.85 percent of total billed charges	
DMD (DELETION/DUPLICATION)	81161	CPT	outpatient			643	320.85	First Health	First Health		450.1	70			192.9		610.85 percent of total billed charges	
DMD (DELETION/DUPLICATION)	81161	CPT	outpatient			643	320.85	First Trenton	First Trenton		578.7	90			192.9		610.85 percent of total billed charges	
DMD (DELETION/DUPLICATION)	81161	CPT	outpatient			643	320.85	Horizon	MGD		246.14	38.28			192.9		610.85 percent of total billed charges	
DMD (DELETION/DUPLICATION)	81161	CPT	outpatient			643	320.85	Horizon	Indemnity		246.14	38.28			192.9		610.85 percent of total billed charges	
DMD (DELETION/DUPLICATION)	81161	CPT	outpatient			643	320.85	Horizon	Medicare Blue		192.9	30			192.9		610.85 percent of total billed charges	
DMD (DELETION/DUPLICATION)	81161	CPT	outpatient			643	320.85	Horizon	PPO		246.14	38.28			192.9		610.85 percent of total billed charges	
DMD (DELETION/DUPLICATION)	81161	CPT	outpatient			643	320.85	Horizon	NJ Health		437.47				192.9		610.85 fee schedule	
DMD (DELETION/DUPLICATION)	81161	CPT	outpatient			643	320.85	Managed Care Inc	Managed Care Inc		578.7	90			192.9		610.85 percent of total billed charges	
DMD (DELETION/DUPLICATION)	81161	CPT	outpatient			643	320.85	Multiplan	Multiplan		514.4	80			192.9		610.85 percent of total billed charges	
DMD (DELETION/DUPLICATION)	81161	CPT	outpatient			643	320.85	Qualcare	Qualcare		482.25	75			192.9		610.85 percent of total billed charges	
DMD (DELETION/DUPLICATION)	81161	CPT	outpatient			643	320.85	Three Rivers	Three Rivers		610.85	95			192.9		610.85 percent of total billed charges	
DMD (DELETION/DUPLICATION)	81161	CPT	outpatient			643	320.85	UHC	Medicare		279				192.9		610.85 fee schedule	
DMD (DELETION/DUPLICATION)	81161	CPT	outpatient			643	320.85	UHC	Medicaid		202.87	31.55			192.9		610.85 percent of total billed charges	
DMD (DELETION/DUPLICATION)	81161	CPT	outpatient			643	320.85	Wellcare	Medicare		279				192.9		610.85 fee schedule	
DMD (DELETION/DUPLICATION)	81161	CPT	outpatient			643	320.85	Wellcare	Medicaid		202.87	31.55			192.9		610.85 percent of total billed charges	
DMD (DELETION/DUPLICATION)	81161	CPT	outpatient			643	320.85	WellPoint	WellPoint		206.92	32.18			192.9		610.85 percent of total billed charges	
BRCASSURE COMPREHENSIVE PANEL	81162	CPT	outpatient			9187	2098.61	Aetna	Medicare		1824.88				945.3		8727.65 fee schedule	
BRCASSURE COMPREHENSIVE PANEL	81162	CPT	outpatient			9187	2098.61	Aetna	Commercial		3491.06	38			945.3		8727.65 percent of total billed charges	
BRCASSURE COMPREHENSIVE PANEL	81162	CPT	outpatient			9187	2098.61	Aetna	Better Health		2898.5	31.55			945.3		8727.65 percent of total billed charges	
BRCASSURE COMPREHENSIVE PANEL	81162	CPT	outpatient			9187	2098.61	Americare	Americare		6890.25	75			945.3		8727.65 percent of total billed charges	
BRCASSURE COMPREHENSIVE PANEL	81162	CPT	outpatient			9187	2098.61	Amerihealth	HMO/PPO		5971.55	65			945.3		8727.65 percent of total billed charges	
BRCASSURE COMPREHENSIVE PANEL	81162	CPT	outpatient			9187	2098.61	Amerihealth	Medicare		1824.88				945.3		8727.65 fee schedule	
BRCASSURE COMPREHENSIVE PANEL	81162	CPT	outpatient			9187	2098.61	Consumer	Consumer		8727.65	95			945.3		8727.65 percent of total billed charges	
BRCASSURE COMPREHENSIVE PANEL	81162	CPT	outpatient			9187	2098.61	Corrections	Corrections		7349.6	80			945.3		8727.65 percent of total billed charges	
BRCASSURE COMPREHENSIVE PANEL	81162	CPT	outpatient			9187	2098.61	First Health	First Health		6430.9	70			945.3		8727.65 percent of total billed charges	
BRCASSURE COMPREHENSIVE PANEL	81162	CPT	outpatient			9187	2098.61	First Trenton	First Trenton		8268.3	90			945.3		8727.65 percent of total billed charges	
BRCASSURE COMPREHENSIVE PANEL	81162	CPT	outpatient			9187	2098.61	Horizon	Medicare Blue		2756.1	30			945.3		8727.65 percent of total billed charges	
BRCASSURE COMPREHENSIVE PANEL	81162	CPT	outpatient			9187	2098.61	Horizon	Indemnity		3516.78	38.28			945.3		8727.65 percent of total billed charges	
BRCASSURE COMPREHENSIVE PANEL	81162	CPT	outpatient			9187	2098.61	Horizon	MGD		3516.78	38.28			945.3		8727.65 percent of total billed charges	
BRCASSURE COMPREHENSIVE PANEL	81162	CPT	outpatient			9187	2098.61	Horizon	NJ Health		3897.83				945.3		8727.65 fee schedule	
BRCASSURE COMPREHENSIVE PANEL	81162	CPT	outpatient			9187	2098.61	Horizon	PPO		3516.78	38.28			945.3		8727.65 percent of total billed charges	
BRCASSURE COMPREHENSIVE PANEL	81162	CPT	outpatient			9187	2098.61	Managed Care Inc	Managed Care Inc		8268.3	90			945.3		8727.65 percent of total billed charges	
BRCASSURE COMPREHENSIVE PANEL	81162	CPT	outpatient			9187	2098.61	Multiplan	Multiplan		7349.6	80			945.3		8727.65 percent of total billed charges	
BRCASSURE COMPREHENSIVE PANEL	81162	CPT	outpatient			9187	2098.61	Qualcare	Qualcare		6890.25	75			945.3		8727.65 percent of total billed charges	
BRCASSURE COMPREHENSIVE PANEL	81162	CPT	outpatient			9187	2098.61	Three Rivers	Three Rivers		8727.65	95			945.3		8727.65 percent of total billed charges	
BRCASSURE COMPREHENSIVE PANEL	81162	CPT	outpatient			9187	2098.61	UHC	Medicare		1824.88				945.3		8727.65 fee schedule	
BRCASSURE COMPREHENSIVE PANEL	81162	CPT	outpatient			9187	2098.61	UHC	Medicaid		2898.5	31.55			945.3		8727.65 percent of total billed charges	
BRCASSURE COMPREHENSIVE PANEL	81162	CPT	outpatient			9187	2098.61	Wellcare	Medicare		1824.88				945.3		8727.65 fee schedule	
BRCASSURE COMPREHENSIVE PANEL	81162	CPT	outpatient			9187	2098.61	Wellcare	Medicaid		2898.5	31.55			945.3		8727.65 percent of total billed charges	
BRCASSURE COMPREHENSIVE PANEL	81162	CPT	outpatient			9187	2098.61	WellPoint	WellPoint		2956.38	32.18			945.3		8727.65 percent of total billed charges	
BRCASSURE DEL/DUP	81164	CPT	outpatient			1116	671.86	Aetna	Commercial		424.08	38			334.8		1060.2 percent of total billed charges	
BRCASSURE DEL/DUP	81164	CPT	outpatient			1116	671.86	Aetna	Better Health		352.1	31.55			334.8		1060.2 percent of total billed charges	
BRCASSURE DEL/DUP	81164	CPT	outpatient			1116	671.86	Aetna	Medicare		584.23				334.8		1060.2 fee schedule	
BRCASSURE DEL/DUP	81164	CPT	outpatient			1116	671.86	Americare	Americare		837	75			334.8		1060.2 percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
BRCASSURE DEL/DUP	81164	CPT	outpatient			1116	671.86	Amerihealth	HMO/PPO		725.4	65			334.8	1060.2	percent of total billed charges	
BRCASSURE DEL/DUP	81164	CPT	outpatient			1116	671.86	Amerihealth	Medicare		584.23				334.8	1060.2	fee schedule	
BRCASSURE DEL/DUP	81164	CPT	outpatient			1116	671.86	Consumer	Consumer		1060.2	95			334.8	1060.2	percent of total billed charges	
BRCASSURE DEL/DUP	81164	CPT	outpatient			1116	671.86	Corrections	Corrections		892.8	80			334.8	1060.2	percent of total billed charges	
BRCASSURE DEL/DUP	81164	CPT	outpatient			1116	671.86	First Health	First Health		781.2	70			334.8	1060.2	percent of total billed charges	
BRCASSURE DEL/DUP	81164	CPT	outpatient			1116	671.86	First Trenton	First Trenton		1004.4	90			334.8	1060.2	percent of total billed charges	
BRCASSURE DEL/DUP	81164	CPT	outpatient			1116	671.86	Horizon	Medicare Blue		334.8	30			334.8	1060.2	percent of total billed charges	
BRCASSURE DEL/DUP	81164	CPT	outpatient			1116	671.86	Horizon	NJ Health		458.03				334.8	1060.2	fee schedule	
BRCASSURE DEL/DUP	81164	CPT	outpatient			1116	671.86	Horizon	MGD		427.2	38.28			334.8	1060.2	percent of total billed charges	
BRCASSURE DEL/DUP	81164	CPT	outpatient			1116	671.86	Horizon	Indemnity		427.2	38.28			334.8	1060.2	percent of total billed charges	
BRCASSURE DEL/DUP	81164	CPT	outpatient			1116	671.86	Horizon	PPO		427.2	38.28			334.8	1060.2	percent of total billed charges	
BRCASSURE DEL/DUP	81164	CPT	outpatient			1116	671.86	Managed Care Inc	Managed Care Inc		1004.4	90			334.8	1060.2	percent of total billed charges	
BRCASSURE DEL/DUP	81164	CPT	outpatient			1116	671.86	Multiplan	Multiplan		892.8	80			334.8	1060.2	percent of total billed charges	
BRCASSURE DEL/DUP	81164	CPT	outpatient			1116	671.86	Qualcare	Qualcare		837	75			334.8	1060.2	percent of total billed charges	
BRCASSURE DEL/DUP	81164	CPT	outpatient			1116	671.86	Three Rivers	Three Rivers		1060.2	95			334.8	1060.2	percent of total billed charges	
BRCASSURE DEL/DUP	81164	CPT	outpatient			1116	671.86	UHC	Medicare		584.23				334.8	1060.2	fee schedule	
BRCASSURE DEL/DUP	81164	CPT	outpatient			1116	671.86	UHC	Medicaid		352.1	31.55			334.8	1060.2	percent of total billed charges	
BRCASSURE DEL/DUP	81164	CPT	outpatient			1116	671.86	Wellcare	Medicare		584.23				334.8	1060.2	fee schedule	
BRCASSURE DEL/DUP	81164	CPT	outpatient			1116	671.86	Wellcare	Medicaid		352.1	31.55			334.8	1060.2	percent of total billed charges	
BRCASSURE DEL/DUP	81164	CPT	outpatient			1116	671.86	WellPoint	WellPoint		359.13	32.18			334.8	1060.2	percent of total billed charges	
ATN1	81177	CPT	outpatient			437	157.55	Aetna	Medicare		137				107.41	415.15	fee schedule	
ATN1	81177	CPT	outpatient			437	157.55	Aetna	Better Health		137.87	31.55			107.41	415.15	percent of total billed charges	
ATN1	81177	CPT	outpatient			437	157.55	Aetna	Commercial		166.06	38			107.41	415.15	percent of total billed charges	
ATN1	81177	CPT	outpatient			437	157.55	Americare	Americare		327.75	75			107.41	415.15	percent of total billed charges	
ATN1	81177	CPT	outpatient			437	157.55	Amerihealth	Medicare		137				107.41	415.15	fee schedule	
ATN1	81177	CPT	outpatient			437	157.55	Amerihealth	HMO/PPO		284.05	65			107.41	415.15	percent of total billed charges	
ATN1	81177	CPT	outpatient			437	157.55	Consumer	Consumer		415.15	95			107.41	415.15	percent of total billed charges	
ATN1	81177	CPT	outpatient			437	157.55	Corrections	Corrections		349.6	80			107.41	415.15	percent of total billed charges	
ATN1	81177	CPT	outpatient			437	157.55	First Health	First Health		305.9	70			107.41	415.15	percent of total billed charges	
ATN1	81177	CPT	outpatient			437	157.55	First Trenton	First Trenton		393.3	90			107.41	415.15	percent of total billed charges	
ATN1	81177	CPT	outpatient			437	157.55	Horizon	NJ Health		107.41				107.41	415.15	fee schedule	
ATN1	81177	CPT	outpatient			437	157.55	Horizon	MGD		167.28	38.28			107.41	415.15	percent of total billed charges	
ATN1	81177	CPT	outpatient			437	157.55	Horizon	PPO		167.28	38.28			107.41	415.15	percent of total billed charges	
ATN1	81177	CPT	outpatient			437	157.55	Horizon	Medicare Blue		131.1	30			107.41	415.15	percent of total billed charges	
ATN1	81177	CPT	outpatient			437	157.55	Horizon	Indemnity		167.28	38.28			107.41	415.15	percent of total billed charges	
ATN1	81177	CPT	outpatient			437	157.55	Managed Care Inc	Managed Care Inc		393.3	90			107.41	415.15	percent of total billed charges	
ATN1	81177	CPT	outpatient			437	157.55	Multiplan	Multiplan		349.6	80			107.41	415.15	percent of total billed charges	
ATN1	81177	CPT	outpatient			437	157.55	Qualcare	Qualcare		327.75	75			107.41	415.15	percent of total billed charges	
ATN1	81177	CPT	outpatient			437	157.55	Three Rivers	Three Rivers		415.15	95			107.41	415.15	percent of total billed charges	
ATN1	81177	CPT	outpatient			437	157.55	UHC	Medicare		137				107.41	415.15	fee schedule	
ATN1	81177	CPT	outpatient			437	157.55	UHC	Medicaid		137.87	31.55			107.41	415.15	percent of total billed charges	
ATN1	81177	CPT	outpatient			437	157.55	Wellcare	Medicare		137				107.41	415.15	fee schedule	
ATN1	81177	CPT	outpatient			437	157.55	Wellcare	Medicaid		137.87	31.55			107.41	415.15	percent of total billed charges	
ATN1	81177	CPT	outpatient			437	157.55	WellPoint	WellPoint		140.63	32.18			107.41	415.15	percent of total billed charges	
SCA1(ATXN1)REPEAT EXPANSION	81178	CPT	outpatient			1081	157.55	Aetna	Medicare		137				107.41	1026.95	fee schedule	
SCA1(ATXN1)REPEAT EXPANSION	81178	CPT	outpatient			1081	157.55	Aetna	Commercial		410.78	38			107.41	1026.95	percent of total billed charges	
SCA1(ATXN1)REPEAT EXPANSION	81178	CPT	outpatient			1081	157.55	Aetna	Better Health		341.06	31.55			107.41	1026.95	percent of total billed charges	
SCA1(ATXN1)REPEAT EXPANSION	81178	CPT	outpatient			1081	157.55	Americare	Americare		810.75	75			107.41	1026.95	percent of total billed charges	
SCA1(ATXN1)REPEAT EXPANSION	81178	CPT	outpatient			1081	157.55	Amerihealth	Medicare		137				107.41	1026.95	fee schedule	
SCA1(ATXN1)REPEAT EXPANSION	81178	CPT	outpatient			1081	157.55	Amerihealth	HMO/PPO		702.65	65			107.41	1026.95	percent of total billed charges	
SCA1(ATXN1)REPEAT EXPANSION	81178	CPT	outpatient			1081	157.55	Consumer	Consumer		1026.95	95			107.41	1026.95	percent of total billed charges	
SCA1(ATXN1)REPEAT EXPANSION	81178	CPT	outpatient			1081	157.55	Corrections	Corrections		864.8	80			107.41	1026.95	percent of total billed charges	
SCA1(ATXN1)REPEAT EXPANSION	81178	CPT	outpatient			1081	157.55	First Health	First Health		756.7	70			107.41	1026.95	percent of total billed charges	
SCA1(ATXN1)REPEAT EXPANSION	81178	CPT	outpatient			1081	157.55	First Trenton	First Trenton		972.9	90			107.41	1026.95	percent of total billed charges	
SCA1(ATXN1)REPEAT EXPANSION	81178	CPT	outpatient			1081	157.55	Horizon	Indemnity		413.81	38.28			107.41	1026.95	percent of total billed charges	
SCA1(ATXN1)REPEAT EXPANSION	81178	CPT	outpatient			1081	157.55	Horizon	MGD		413.81	38.28			107.41	1026.95	percent of total billed charges	
SCA1(ATXN1)REPEAT EXPANSION	81178	CPT	outpatient			1081	157.55	Horizon	NJ Health		107.41				107.41	1026.95	fee schedule	
SCA1(ATXN1)REPEAT EXPANSION	81178	CPT	outpatient			1081	157.55	Horizon	Medicare Blue		324.3	30			107.41	1026.95	percent of total billed charges	
SCA1(ATXN1)REPEAT EXPANSION	81178	CPT	outpatient			1081	157.55	Horizon	PPO		413.81	38.28			107.41	1026.95	percent of total billed charges	
SCA1(ATXN1)REPEAT EXPANSION	81178	CPT	outpatient			1081	157.55	Managed Care Inc	Managed Care Inc		972.9	90			107.41	1026.95	percent of total billed charges	
SCA1(ATXN1)REPEAT EXPANSION	81178	CPT	outpatient			1081	157.55	Multiplan	Multiplan		864.8	80			107.41	1026.95	percent of total billed charges	
SCA1(ATXN1)REPEAT EXPANSION	81178	CPT	outpatient			1081	157.55	Qualcare	Qualcare		810.75	75			107.41	1026.95	percent of total billed charges	
SCA1(ATXN1)REPEAT EXPANSION	81178	CPT	outpatient			1081	157.55	Three Rivers	Three Rivers		1026.95	95			107.41	1026.95	percent of total billed charges	
SCA1(ATXN1)REPEAT EXPANSION	81178	CPT	outpatient			1081	157.55	UHC	Medicaid		341.06	31.55			107.41	1026.95	percent of total billed charges	
SCA1(ATXN1)REPEAT EXPANSION	81178	CPT	outpatient			1081	157.55	UHC	Medicare		137				107.41	1026.95	fee schedule	
SCA1(ATXN1)REPEAT EXPANSION	81178	CPT	outpatient			1081	157.55	Wellcare	Medicaid		341.06	31.55			107.41	1026.95	percent of total billed charges	
SCA1(ATXN1)REPEAT EXPANSION	81178	CPT	outpatient			1081	157.55	Wellcare	Medicare		137				107.41	1026.95	fee schedule	
SCA1(ATXN1)REPEAT EXPANSION	81178	CPT	outpatient			1081	157.55	WellPoint	WellPoint		347.87	32.18			107.41	1026.95	percent of total billed charges	
ATXN2	81179	CPT	outpatient			437	157.55	Aetna	Medicare		137				107.41	415.15	fee schedule	
ATXN2	81179	CPT	outpatient			437	157.55	Aetna	Commercial		166.06	38			107.41	415.15	percent of total billed charges	
ATXN2	81179	CPT	outpatient			437	157.55	Aetna	Better Health		137.87	31.55			107.41	415.15	percent of total billed charges	
ATXN2	81179	CPT	outpatient			437	157.55	Americare	Americare		327.75	75			107.41	415.15	percent of total billed charges	
ATXN2	81179	CPT	outpatient			437	157.55	Amerihealth	Medicare		137				107.41	415.15	fee schedule	
ATXN2	81179	CPT	outpatient			437	157.55	Amerihealth	HMO/PPO		284.05	65			107.41	415.15	percent of total billed charges	
ATXN2	81179	CPT	outpatient			437	157.55	Consumer	Consumer		415.15	95			107.41	415.15	percent of total billed charges	
ATXN2	81179	CPT	outpatient			437	157.55	Corrections	Corrections		349.6	80			107.41	415.15	percent of total billed charges	
ATXN2	81179	CPT	outpatient			437	157.55	First Health	First Health		305.9	70			107.41	415.15	percent of total billed charges	
ATXN2	81179	CPT	outpatient			437	157.55	First Trenton	First Trenton		393.3	90			107.41	415.15	percent of total billed charges	
ATXN2	81179	CPT	outpatient			437	157.55	Horizon	Medicare Blue		131.1	30			107.41	415.15	percent of total billed charges	
ATXN2	81179	CPT	outpatient			437	157.55	Horizon	Indemnity		167.28	38.28			107.41	415.15	percent of total billed charges	
ATXN2	81179	CPT	outpatient			437	157.55	Horizon	MGD		167.28	38.28			107.41	415.15	percent of total billed charges	
ATXN2	81179	CPT	outpatient			437	157.55	Horizon	NJ Health		107.41				107.41	415.15	fee schedule	
ATXN2	81179	CPT	outpatient			437	157.55	Horizon	PPO		167.28	38.28			107.41	415.15	percent of total billed charges	
ATXN2	81179	CPT	outpatient			437	157.55	Managed Care Inc	Managed Care Inc		393.3	90			107.41	415.15	percent of total billed charges	
ATXN2	81179	CPT	outpatient			437	157.55	Multiplan	Multiplan		349.6	80			107.41	415.15	percent of total billed charges	
ATXN2	81179	CPT	outpatient			437	157.55	Qualcare	Qualcare		327.75	75			107.41	415.15	percent of total billed charges	
ATXN2	81179	CPT	outpatient			437	157.55	Three Rivers	Three Rivers		415.15	95			107.41	415.15	percent of total billed charges	
ATXN2	81179	CPT	outpatient			437	157.55	UHC	Medicare		137				107.41	415.15	fee schedule	
ATXN2	81179	CPT	outpatient			437	157.55	UHC	Medicaid		137.87	31.55			107.41	415.15	percent of total billed charges	
ATXN2	81179	CPT	outpatient			437	157.55	Wellcare	Medicare		137				107.41	415.15	fee schedule	
ATXN2	81179	CPT	outpatient			437	157.55	Wellcare	Medicaid		137.87	31.55			107.41	415.15	percent of total billed charges	
ATXN2	81179	CPT	outpatient			437	157.55	WellPoint	WellPoint		140.63	32.18			107.41	415.15	percent of total billed charges	
ATXN3	81180	CPT	outpatient			437	157.55	Aetna	Better Health		137.87	31.55			107.41	415.15	percent of total billed charges	
ATXN3	81180	CPT	outpatient			437	157.55	Aetna	Medicare		137				107.41	415.15	fee schedule	
ATXN3	81180	CPT	outpatient			437	157.55	Aetna	Commercial		166.06	38			107.41	415.15	percent of total billed charges	
ATXN3	81180	CPT	outpatient			437	157.55	Americare	Americare		327.75	75			107.41	415.15	percent of total billed charges	
ATXN3	81180	CPT	outpatient			437	157.55	Amerihealth	Medicare		137				107.41	415.15	fee schedule	
ATXN3	81180	CPT	outpatient			437	157.55	Amerihealth	HMO/PPO		284.05	65			107.41	415.15	percent of total billed charges	
ATXN3	81180	CPT	outpatient			437	157.55	Consumer	Consumer		415.15	95			107.41	415.15	percent of total billed charges	
ATXN3	81180	CPT	outpatient			437	157.55	Corrections	Corrections		349.6	80			107.41	415.15	percent of total billed charges	
ATXN3	81180	CPT	outpatient			437	157.55	First Health	First Health		305.9	70			107.41	415.15	percent of total billed charges	
ATXN3	81180	CPT	outpatient			437	157.55	First Trenton	First Trenton		393.3	90			107.41	415.15	percent of total billed charges	
ATXN3	81180	CPT	outpatient			437	157.55	Horizon	MGD		167.28	38.28			107.41	415.15	percent of total billed charges	
ATXN3	81180	CPT	outpatient			437	157.55	Horizon	PPO		167.28	38.28			107.41	415.15	percent of total billed charges	
ATXN3	81180	CPT	outpatient			437	157.55	Horizon	Indemnity		167.28	38.28			107.41	415.15	percent of total billed charges	
ATXN3	81180	CPT	outpatient			437	157.55	Horizon	NJ Health		107.41				107.41	415.15	fee schedule	
ATXN3	81180	CPT	outpatient			437	157.55	Horizon	Medicare Blue		131.1	30			107.41	415.15	percent of total billed charges	
ATXN3	81180	CPT	outpatient			437	157.55	Managed Care Inc	Managed Care Inc		393.3	90			107.41	415.15	percent of total billed charges	
ATXN3	81180	CPT	outpatient			437	157.55	Multiplan	Multiplan		349.6	80			107.41	415.15	percent of total billed charges	
ATXN3	81180	CPT	outpatient			437	157.55	Qualcare	Qualcare		327.75	75			107.41	415.15	percent of total billed charges	
ATXN3	81180	CPT	outpatient			437	157.55	Three Rivers	Three Rivers		415.15	95			107.41	415.15	percent of total billed charges	
ATXN3	81180	CPT	outpatient			437	157.55	UHC	Medicare		137				107.41	415.15	fee schedule	
ATXN3	81180	CPT	outpatient			437	157.55	UHC	Medicaid		137.87	31.55			107.41	415.15	percent of total billed charges	
ATXN3	81180	CPT	outpatient			437	157.55	Wellcare	Medicare		137				107.41	415.15	fee schedule	
ATXN3	81180	CPT	outpatient			437	157.55	Wellcare	Medicaid		137.87	31.55			107.41	415.15	percent of total billed charges	
ATXN3	81180	CPT	outpatient			437	157.55	WellPoint	WellPoint		140.63	32.18			107.41	415.15	percent of total billed charges	
ATXN7	81181	CPT	outpatient			437	157.55	Aetna	Better Health		137.87	31.55			107.41	415.15	percent of total billed charges	
ATXN7	81181	CPT	outpatient			437	157.55	Aetna	Commercial		166.06	38			107.41	415.15	percent of total billed charges	
ATXN7	81181	CPT	outpatient			437	157.55	Aetna	Medicare		137				107.41	415.15	fee schedule	
ATXN7	81181	CPT	outpatient			437	157.55	Americare	Americare		327.75	75			107.41	415.15	percent of total billed charges	
ATXN7	81181	CPT	outpatient			437	157.55	Amerihealth	HMO/PPO		284.05	65			107.41	415.15	percent of total billed charges	
ATXN7	81181	CPT	outpatient			437	157.55	Amerihealth	Medicare		137				107.41	415.15	fee schedule	
ATXN7	81181	CPT	outpatient			437	157.55	Consumer	Consumer		415.15	95			107.41	415.15	percent of total billed charges	
ATXN7	81181	CPT	outpatient			437	157.55	Corrections	Corrections		349.6	80			107.41	415.15	percent of total billed charges	
ATXN7	81181	CPT	outpatient			437	157.55	First Health	First Health		305.9	70			107.41	415.15	percent of total billed charges	
ATXN7	81181	CPT	outpatient			437	157.55	First Trenton	First Trenton		393.3	90			107.41	415.15	percent of total billed charges	
ATXN7	81181	CPT	outpatient			437	157.55	Horizon	MGD		167.28	38.28			107.41	415.15	percent of total billed charges	
ATXN7	81181	CPT	outpatient			437	157.55	Horizon	PPO		167.28	38.28			107.41	415.15	percent of total billed charges	
ATXN7	81181	CPT	outpatient			437	157.55	Horizon	Indemnity		167.28	38.28			107.41	415.15	percent of total billed charges	
ATXN7	81181	CPT	outpatient			437	157.55	Horizon	Medicare Blue		131.1	30			107.41	415.15	percent of total billed charges	
ATXN7	81181	CPT	outpatient			437	157.55	Horizon	NJ Health		107.41				107.41	415.15	fee schedule	
ATXN7	81181	CPT	outpatient			437	157.55	Managed Care Inc	Managed Care Inc		393.3	90			107.41	415.15	percent of total billed charges	
ATXN7	81181	CPT	outpatient			437	157.55	Multiplan	Multiplan		349.6	80			107.41	415.15	percent of total billed charges	
ATXN7	81181	CPT	outpatient			437	157.55	Qualcare	Qualcare		327.75	75			107.41	415.15	percent of total billed charges	
ATXN7	81181	CPT	outpatient			437	157.55	Three Rivers	Three Rivers		415.15	95			107.41	415.15	percent of total billed charges	
ATXN7	81181	CPT	outpatient			437	157.55	UHC	Medicaid		137.87	31.55			107.41	415.15	percent of total billed charges	
ATXN7	81181	CPT	outpatient			437	157.55	UHC	Medicare		137				107.41	415.15	fee schedule	
ATXN7	81181	CPT	outpatient			437	157.55	Wellcare	Medicaid		137.87	31.55			107.41	415.15	percent of total billed charges	
ATXN7	81181	CPT	outpatient			437	157.55	Wellcare	Medicare		137				107.41	415.15	fee schedule	
ATXN7	81181	CPT	outpatient			437	157.55	WellPoint	WellPoint		140.63	32.18			107.41	415.15	percent of total billed charges	
ATXN8OS/ATXN8	81182	CPT	outpatient			437	157.55	Aetna	Better Health		137.87	31.55			107.41	415.15	percent of total billed charges	
ATXN8OS/ATXN8	81182	CPT	outpatient			437	157.55	Aetna	Commercial		166.06	38			107.41	415.15	percent of total billed charges	
ATXN8OS/ATXN8	81182	CPT	outpatient			437	157.55	Aetna	Medicare		137				107.41	415.15	fee schedule	
ATXN8OS/ATXN8	81182	CPT	outpatient			437	157.55	Americare	Americare		327.75	75			107.41	415.15	percent of total billed charges	
ATXN8OS/ATXN8	81182	CPT	outpatient			437	157.55	Amerihealth	HMO/PPO		284.05	65			107.41	415.15	percent of total billed charges	
ATXN8OS/ATXN8	81182	CPT	outpatient			437	157.55	Amerihealth	Medicare		137				107.41	415.15	fee schedule	
ATXN8OS/ATXN8	81182	CPT	outpatient			437	157.55	Consumer	Consumer		415.15	95			107.41	415.15	percent of total billed charges	
ATXN8OS/ATXN8	81182	CPT	outpatient			437	157.55	Corrections	Corrections		349.6	80			107.41	415.15	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ATXN8OS/ATXN8	81182	CPT	outpatient			437	157.55	First Health	First Health		305.9	70			107.41	415.15	percent of total billed charges	
ATXN8OS/ATXN8	81182	CPT	outpatient			437	157.55	First Trenton	First Trenton		393.3	90			107.41	415.15	percent of total billed charges	
ATXN8OS/ATXN8	81182	CPT	outpatient			437	157.55	Horizon	Indemnity		167.28	38.28			107.41	415.15	percent of total billed charges	
ATXN8OS/ATXN8	81182	CPT	outpatient			437	157.55	Horizon	Medicare Blue		131.1	30			107.41	415.15	percent of total billed charges	
ATXN8OS/ATXN8	81182	CPT	outpatient			437	157.55	Horizon	MGD		167.28	38.28			107.41	415.15	percent of total billed charges	
ATXN8OS/ATXN8	81182	CPT	outpatient			437	157.55	Horizon	PPO		167.28	38.28			107.41	415.15	percent of total billed charges	
ATXN8OS/ATXN8	81182	CPT	outpatient			437	157.55	Horizon	NJ Health		107.41				107.41	415.15	fee schedule	
ATXN8OS/ATXN8	81182	CPT	outpatient			437	157.55	Managed Care Inc	Managed Care Inc		393.3	90			107.41	415.15	percent of total billed charges	
ATXN8OS/ATXN8	81182	CPT	outpatient			437	157.55	Multiplan	Multiplan		349.6	80			107.41	415.15	percent of total billed charges	
ATXN8OS/ATXN8	81182	CPT	outpatient			437	157.55	Qualcare	Qualcare		327.75	75			107.41	415.15	percent of total billed charges	
ATXN8OS/ATXN8	81182	CPT	outpatient			437	157.55	Three Rivers	Three Rivers		415.15	95			107.41	415.15	percent of total billed charges	
ATXN8OS/ATXN8	81182	CPT	outpatient			437	157.55	UHC	Medicare		137				107.41	415.15	fee schedule	
ATXN8OS/ATXN8	81182	CPT	outpatient			437	157.55	UHC	Medicaid		137.87	31.55			107.41	415.15	percent of total billed charges	
ATXN8OS/ATXN8	81182	CPT	outpatient			437	157.55	Wellcare	Medicaid		137.87	31.55			107.41	415.15	percent of total billed charges	
ATXN8OS/ATXN8	81182	CPT	outpatient			437	157.55	Wellcare	Medicare		137				107.41	415.15	fee schedule	
ATXN8OS/ATXN8	81182	CPT	outpatient			437	157.55	WellPoint	WellPoint		140.63	32.18			107.41	415.15	percent of total billed charges	
ATXN10	81183	CPT	outpatient			437	157.55	Aetna	Medicare		134.6	30.8			107.41	415.15	percent of total billed charges	
ATXN10	81183	CPT	outpatient			437	157.55	Aetna	Better Health		137.87	31.55			107.41	415.15	percent of total billed charges	
ATXN10	81183	CPT	outpatient			437	157.55	Aetna	Commercial		166.06	38			107.41	415.15	percent of total billed charges	
ATXN10	81183	CPT	outpatient			437	157.55	Americare	Americare		327.75	75			107.41	415.15	percent of total billed charges	
ATXN10	81183	CPT	outpatient			437	157.55	Amerihealth	Medicare		137				107.41	415.15	fee schedule	
ATXN10	81183	CPT	outpatient			437	157.55	Amerihealth	HMO/PPO		284.05	65			107.41	415.15	percent of total billed charges	
ATXN10	81183	CPT	outpatient			437	157.55	Consumer	Consumer		415.15	95			107.41	415.15	percent of total billed charges	
ATXN10	81183	CPT	outpatient			437	157.55	Corrections	Corrections		349.6	80			107.41	415.15	percent of total billed charges	
ATXN10	81183	CPT	outpatient			437	157.55	First Health	First Health		305.9	70			107.41	415.15	percent of total billed charges	
ATXN10	81183	CPT	outpatient			437	157.55	First Trenton	First Trenton		393.3	90			107.41	415.15	percent of total billed charges	
ATXN10	81183	CPT	outpatient			437	157.55	Horizon	MGD		167.28	38.28			107.41	415.15	percent of total billed charges	
ATXN10	81183	CPT	outpatient			437	157.55	Horizon	Indemnity		167.28	38.28			107.41	415.15	percent of total billed charges	
ATXN10	81183	CPT	outpatient			437	157.55	Horizon	Medicare Blue		131.1	30			107.41	415.15	percent of total billed charges	
ATXN10	81183	CPT	outpatient			437	157.55	Horizon	NJ Health		107.41				107.41	415.15	fee schedule	
ATXN10	81183	CPT	outpatient			437	157.55	Horizon	PPO		167.28	38.28			107.41	415.15	percent of total billed charges	
ATXN10	81183	CPT	outpatient			437	157.55	Managed Care Inc	Managed Care Inc		393.3	90			107.41	415.15	percent of total billed charges	
ATXN10	81183	CPT	outpatient			437	157.55	Multiplan	Multiplan		349.6	80			107.41	415.15	percent of total billed charges	
ATXN10	81183	CPT	outpatient			437	157.55	Qualcare	Qualcare		327.75	75			107.41	415.15	percent of total billed charges	
ATXN10	81183	CPT	outpatient			437	157.55	Three Rivers	Three Rivers		415.15	95			107.41	415.15	percent of total billed charges	
ATXN10	81183	CPT	outpatient			437	157.55	UHC	Medicare		137				107.41	415.15	fee schedule	
ATXN10	81183	CPT	outpatient			437	157.55	UHC	Medicaid		137.87	31.55			107.41	415.15	percent of total billed charges	
ATXN10	81183	CPT	outpatient			437	157.55	Wellcare	Medicaid		137.87	31.55			107.41	415.15	percent of total billed charges	
ATXN10	81183	CPT	outpatient			437	157.55	Wellcare	Medicare		137				107.41	415.15	fee schedule	
ATXN10	81183	CPT	outpatient			437	157.55	WellPoint	WellPoint		140.63	32.18			107.41	415.15	percent of total billed charges	
CACNA1A	81184	CPT	outpatient			437	157.55	Aetna	Better Health		137.87	31.55			107.41	415.15	percent of total billed charges	
CACNA1A	81184	CPT	outpatient			437	157.55	Aetna	Commercial		166.06	38			107.41	415.15	percent of total billed charges	
CACNA1A	81184	CPT	outpatient			437	157.55	Aetna	Medicare		137				107.41	415.15	fee schedule	
CACNA1A	81184	CPT	outpatient			437	157.55	Americare	Americare		327.75	75			107.41	415.15	percent of total billed charges	
CACNA1A	81184	CPT	outpatient			437	157.55	Amerihealth	HMO/PPO		284.05	65			107.41	415.15	percent of total billed charges	
CACNA1A	81184	CPT	outpatient			437	157.55	Amerihealth	Medicare		137				107.41	415.15	fee schedule	
CACNA1A	81184	CPT	outpatient			437	157.55	Consumer	Consumer		415.15	95			107.41	415.15	percent of total billed charges	
CACNA1A	81184	CPT	outpatient			437	157.55	Corrections	Corrections		349.6	80			107.41	415.15	percent of total billed charges	
CACNA1A	81184	CPT	outpatient			437	157.55	First Health	First Health		305.9	70			107.41	415.15	percent of total billed charges	
CACNA1A	81184	CPT	outpatient			437	157.55	First Trenton	First Trenton		393.3	90			107.41	415.15	percent of total billed charges	
CACNA1A	81184	CPT	outpatient			437	157.55	Horizon	MGD		167.28	38.28			107.41	415.15	percent of total billed charges	
CACNA1A	81184	CPT	outpatient			437	157.55	Horizon	NJ Health		107.41				107.41	415.15	fee schedule	
CACNA1A	81184	CPT	outpatient			437	157.55	Horizon	Indemnity		167.28	38.28			107.41	415.15	percent of total billed charges	
CACNA1A	81184	CPT	outpatient			437	157.55	Horizon	PPO		167.28	38.28			107.41	415.15	percent of total billed charges	
CACNA1A	81184	CPT	outpatient			437	157.55	Horizon	Medicare Blue		131.1	30			107.41	415.15	percent of total billed charges	
CACNA1A	81184	CPT	outpatient			437	157.55	Managed Care Inc	Managed Care Inc		393.3	90			107.41	415.15	percent of total billed charges	
CACNA1A	81184	CPT	outpatient			437	157.55	Multiplan	Multiplan		349.6	80			107.41	415.15	percent of total billed charges	
CACNA1A	81184	CPT	outpatient			437	157.55	Qualcare	Qualcare		327.75	75			107.41	415.15	percent of total billed charges	
CACNA1A	81184	CPT	outpatient			437	157.55	Three Rivers	Three Rivers		415.15	95			107.41	415.15	percent of total billed charges	
CACNA1A	81184	CPT	outpatient			437	157.55	UHC	Medicare		137				107.41	415.15	fee schedule	
CACNA1A	81184	CPT	outpatient			437	157.55	UHC	Medicaid		137.87	31.55			107.41	415.15	percent of total billed charges	
CACNA1A	81184	CPT	outpatient			437	157.55	Wellcare	Medicare		137				107.41	415.15	fee schedule	
CACNA1A	81184	CPT	outpatient			437	157.55	Wellcare	Medicaid		137.87	31.55			107.41	415.15	percent of total billed charges	
CACNA1A	81184	CPT	outpatient			437	157.55	WellPoint	WellPoint		140.63	32.18			107.41	415.15	percent of total billed charges	
NTRK.TRANSLOCATIUON.ALAYSIS	81194	CPT	outpatient			1135	596.02	Aetna	Medicare		518.28				340.5	1078.25	fee schedule	
NTRK.TRANSLOCATIUON.ALAYSIS	81194	CPT	outpatient			1135	596.02	Aetna	Better Health		358.09	31.55			340.5	1078.25	percent of total billed charges	
NTRK.TRANSLOCATIUON.ALAYSIS	81194	CPT	outpatient			1135	596.02	Aetna	Commercial		431.3	38			340.5	1078.25	percent of total billed charges	
NTRK.TRANSLOCATIUON.ALAYSIS	81194	CPT	outpatient			1135	596.02	Americare	Americare		851.25	75			340.5	1078.25	percent of total billed charges	
NTRK.TRANSLOCATIUON.ALAYSIS	81194	CPT	outpatient			1135	596.02	Amerihealth	HMO/PPO		737.75	65			340.5	1078.25	percent of total billed charges	
NTRK.TRANSLOCATIUON.ALAYSIS	81194	CPT	outpatient			1135	596.02	Amerihealth	Medicare		518.28				340.5	1078.25	fee schedule	
NTRK.TRANSLOCATIUON.ALAYSIS	81194	CPT	outpatient			1135	596.02	Consumer	Consumer		1078.25	95			340.5	1078.25	percent of total billed charges	
NTRK.TRANSLOCATIUON.ALAYSIS	81194	CPT	outpatient			1135	596.02	Corrections	Corrections		908	80			340.5	1078.25	percent of total billed charges	
NTRK.TRANSLOCATIUON.ALAYSIS	81194	CPT	outpatient			1135	596.02	First Health	First Health		794.5	70			340.5	1078.25	percent of total billed charges	
NTRK.TRANSLOCATIUON.ALAYSIS	81194	CPT	outpatient			1135	596.02	First Trenton	First Trenton		1021.5	90			340.5	1078.25	percent of total billed charges	
NTRK.TRANSLOCATIUON.ALAYSIS	81194	CPT	outpatient			1135	596.02	Horizon	MGD		434.48	38.28			340.5	1078.25	percent of total billed charges	
NTRK.TRANSLOCATIUON.ALAYSIS	81194	CPT	outpatient			1135	596.02	Horizon	Indemnity		434.48	38.28			340.5	1078.25	percent of total billed charges	
NTRK.TRANSLOCATIUON.ALAYSIS	81194	CPT	outpatient			1135	596.02	Horizon	PPO		434.48	38.28			340.5	1078.25	percent of total billed charges	
NTRK.TRANSLOCATIUON.ALAYSIS	81194	CPT	outpatient			1135	596.02	Horizon	Medicare Blue		340.5	30			340.5	1078.25	percent of total billed charges	
NTRK.TRANSLOCATIUON.ALAYSIS	81194	CPT	outpatient			1135	596.02	Managed Care Inc	Managed Care Inc		1021.5	90			340.5	1078.25	percent of total billed charges	
NTRK.TRANSLOCATIUON.ALAYSIS	81194	CPT	outpatient			1135	596.02	Multiplan	Multiplan		908	80			340.5	1078.25	percent of total billed charges	
NTRK.TRANSLOCATIUON.ALAYSIS	81194	CPT	outpatient			1135	596.02	Qualcare	Qualcare		851.25	75			340.5	1078.25	percent of total billed charges	
NTRK.TRANSLOCATIUON.ALAYSIS	81194	CPT	outpatient			1135	596.02	Three Rivers	Three Rivers		1078.25	95			340.5	1078.25	percent of total billed charges	
NTRK.TRANSLOCATIUON.ALAYSIS	81194	CPT	outpatient			1135	596.02	UHC	Medicare		518.28				340.5	1078.25	fee schedule	
NTRK.TRANSLOCATIUON.ALAYSIS	81194	CPT	outpatient			1135	596.02	UHC	Medicaid		358.09	31.55			340.5	1078.25	percent of total billed charges	
NTRK.TRANSLOCATIUON.ALAYSIS	81194	CPT	outpatient			1135	596.02	Wellcare	Medicare		518.28				340.5	1078.25	fee schedule	
NTRK.TRANSLOCATIUON.ALAYSIS	81194	CPT	outpatient			1135	596.02	Wellcare	Medicaid		358.09	31.55			340.5	1078.25	percent of total billed charges	
NTRK.TRANSLOCATIUON.ALAYSIS	81194	CPT	outpatient			1135	596.02	WellPoint	WellPoint		365.24	32.18			340.5	1078.25	percent of total billed charges	
FAP SEQUENCING	81201	CPT	outpatient			123	897	Aetna	Better Health		38.81	31.55			36.9	780	percent of total billed charges	
FAP SEQUENCING	81201	CPT	outpatient			123	897	Aetna	Medicare		780				36.9	780	fee schedule	
FAP SEQUENCING	81201	CPT	outpatient			123	897	Aetna	Commercial		46.74	38			36.9	780	percent of total billed charges	
FAP SEQUENCING	81201	CPT	outpatient			123	897	Americare	Americare		92.25	75			36.9	780	percent of total billed charges	
FAP SEQUENCING	81201	CPT	outpatient			123	897	Amerihealth	HMO/PPO		79.95	65			36.9	780	percent of total billed charges	
FAP SEQUENCING	81201	CPT	outpatient			123	897	Amerihealth	Medicare		780				36.9	780	fee schedule	
FAP SEQUENCING	81201	CPT	outpatient			123	897	Consumer	Consumer		116.85	95			36.9	780	percent of total billed charges	
FAP SEQUENCING	81201	CPT	outpatient			123	897	Corrections	Corrections		98.4	80			36.9	780	percent of total billed charges	
FAP SEQUENCING	81201	CPT	outpatient			123	897	First Health	First Health		86.1	70			36.9	780	percent of total billed charges	
FAP SEQUENCING	81201	CPT	outpatient			123	897	First Trenton	First Trenton		110.7	90			36.9	780	percent of total billed charges	
FAP SEQUENCING	81201	CPT	outpatient			123	897	Horizon	MGD		47.08	38.28			36.9	780	percent of total billed charges	
FAP SEQUENCING	81201	CPT	outpatient			123	897	Horizon	Indemnity		47.08	38.28			36.9	780	percent of total billed charges	
FAP SEQUENCING	81201	CPT	outpatient			123	897	Horizon	PPO		47.08	38.28			36.9	780	percent of total billed charges	
FAP SEQUENCING	81201	CPT	outpatient			123	897	Horizon	Medicare Blue		36.9	30			36.9	780	percent of total billed charges	
FAP SEQUENCING	81201	CPT	outpatient			123	897	Managed Care Inc	Managed Care Inc		110.7	90			36.9	780	percent of total billed charges	
FAP SEQUENCING	81201	CPT	outpatient			123	897	Multiplan	Multiplan		98.4	80			36.9	780	percent of total billed charges	
FAP SEQUENCING	81201	CPT	outpatient			123	897	Qualcare	Qualcare		92.25	75			36.9	780	percent of total billed charges	
FAP SEQUENCING	81201	CPT	outpatient			123	897	Three Rivers	Three Rivers		116.85	95			36.9	780	percent of total billed charges	
FAP SEQUENCING	81201	CPT	outpatient			123	897	UHC	Medicare		780				36.9	780	fee schedule	
FAP SEQUENCING	81201	CPT	outpatient			123	897	UHC	Medicaid		38.81	31.55			36.9	780	percent of total billed charges	
FAP SEQUENCING	81201	CPT	outpatient			123	897	Wellcare	Medicare		780				36.9	780	fee schedule	
FAP SEQUENCING	81201	CPT	outpatient			123	897	Wellcare	Medicaid		38.81	31.55			36.9	780	percent of total billed charges	
FAP SEQUENCING	81201	CPT	outpatient			123	897	WellPoint	WellPoint		39.58	32.18			36.9	780	percent of total billed charges	
BCR-ABL1QUALT/QUANT MAJOR	81206	CPT	both			411	188.55	Aetna	Medicare		163.96				84.97	390.45	fee schedule	
BCR-ABL1QUALT/QUANT MAJOR	81206	CPT	both			411	188.55	Aetna	Commercial		156.18	38			84.97	390.45	percent of total billed charges	
BCR-ABL1QUALT/QUANT MAJOR	81206	CPT	both			411	188.55	Aetna	Better Health		129.67	31.55			84.97	390.45	percent of total billed charges	
BCR-ABL1QUALT/QUANT MAJOR	81206	CPT	both			411	188.55	Americare	Americare		308.25	75			84.97	390.45	percent of total billed charges	
BCR-ABL1QUALT/QUANT MAJOR	81206	CPT	both			411	188.55	Amerihealth	HMO/PPO		267.15	65			84.97	390.45	percent of total billed charges	
BCR-ABL1QUALT/QUANT MAJOR	81206	CPT	both			411	188.55	Amerihealth	Medicare		163.96				84.97	390.45	fee schedule	
BCR-ABL1QUALT/QUANT MAJOR	81206	CPT	both			411	188.55	Consumer	Consumer		390.45	95			84.97	390.45	percent of total billed charges	
BCR-ABL1QUALT/QUANT MAJOR	81206	CPT	both			411	188.55	Corrections	Corrections		328.8	80			84.97	390.45	percent of total billed charges	
BCR-ABL1QUALT/QUANT MAJOR	81206	CPT	both			411	188.55	First Health	First Health		287.7	70			84.97	390.45	percent of total billed charges	
BCR-ABL1QUALT/QUANT MAJOR	81206	CPT	both			411	188.55	First Trenton	First Trenton		369.9	90			84.97	390.45	percent of total billed charges	
BCR-ABL1QUALT/QUANT MAJOR	81206	CPT	both			411	188.55	Horizon	MGD		157.33	38.28			84.97	390.45	percent of total billed charges	
BCR-ABL1QUALT/QUANT MAJOR	81206	CPT	both			411	188.55	Horizon	Indemnity		157.33	38.28			84.97	390.45	percent of total billed charges	
BCR-ABL1QUALT/QUANT MAJOR	81206	CPT	both			411	188.55	Horizon	Medicare Blue		123.3	30			84.97	390.45	percent of total billed charges	
BCR-ABL1QUALT/QUANT MAJOR	81206	CPT	both			411	188.55	Horizon	NJ Health		84.97				84.97	390.45	fee schedule	
BCR-ABL1QUALT/QUANT MAJOR	81206	CPT	both			411	188.55	Horizon	PPO		157.33	38.28			84.97	390.45	percent of total billed charges	
BCR-ABL1QUALT/QUANT MAJOR	81206	CPT	both			411	188.55	Managed Care Inc	Managed Care Inc		369.9	90			84.97	390.45	percent of total billed charges	
BCR-ABL1QUALT/QUANT MAJOR	81206	CPT	both			411	188.55	Multiplan	Multiplan		328.8	80			84.97	390.45	percent of total billed charges	
BCR-ABL1QUALT/QUANT MAJOR	81206	CPT	both			411	188.55	Qualcare	Qualcare		308.25	75			84.97	390.45	percent of total billed charges	
BCR-ABL1QUALT/QUANT MAJOR	81206	CPT	both			411	188.55	Three Rivers	Three Rivers		390.45	95			84.97	390.45	percent of total billed charges	
BCR-ABL1QUALT/QUANT MAJOR	81206	CPT	both			411	188.55	UHC	Medicare		163.96				84.97	390.45	fee schedule	
BCR-ABL1QUALT/QUANT MAJOR	81206	CPT	both			411	188.55	UHC	Medicaid		129.67	31.55			84.97	390.45	percent of total billed charges	
BCR-ABL1QUALT/QUANT MAJOR	81206	CPT	both			411	188.55	Wellcare	Medicaid		129.67	31.55			84.97	390.45	percent of total billed charges	
BCR-ABL1QUALT/QUANT MAJOR	81206	CPT	both			411	188.55	Wellcare	Medicare		163.96				84.97	390.45	fee schedule	
BCR-ABL1QUALT/QUANT MAJOR	81206	CPT	both			411	188.55	WellPoint	WellPoint		132.26	32.18			84.97	390.45	percent of total billed charges	
BCR-ABL1QUALT/QUANT MINOR	81207	CPT	both			411	166.57	Aetna	Medicare		144.84				70.8	390.45	fee schedule	
BCR-ABL1QUALT/QUANT MINOR	81207	CPT	both			411	166.57	Aetna	Better Health		129.67	31.55			70.8	390.45	percent of total billed charges	
BCR-ABL1QUALT/QUANT MINOR	81207	CPT	both			411	166.57	Aetna	Commercial		156.18	38			70.8	390.45	percent of total billed charges	
BCR-ABL1QUALT/QUANT MINOR	81207	CPT	both			411	166.57	Americare	Americare		308.25	75			70.8	390.45	percent of total billed charges	
BCR-ABL1QUALT/QUANT MINOR	81207	CPT	both			411	166.57	Amerihealth	Medicare		144.84				70.8	390.45	fee schedule	
BCR-ABL1QUALT/QUANT MINOR	81207	CPT	both			411	166.57	Amerihealth	HMO/PPO		267.15	65			70.8	390.45	percent of total billed charges	
BCR-ABL1QUALT/QUANT MINOR	81207	CPT	both			411	166.57	Consumer	Consumer		390.45	95			70.8	390.45	percent of total billed charges	
BCR-ABL1QUALT/QUANT MINOR	81207	CPT	both			411	166.57	Corrections	Corrections		328.8	80			70.8	390.45	percent of total billed charges	
BCR-ABL1QUALT/QUANT MINOR	81207	CPT	both			411	166.57	First Health	First Health		287.7	70			70.8	390.45	percent of total billed charges	
BCR-ABL1QUALT/QUANT MINOR	81207	CPT	both			411	166.57	First Trenton	First Trenton		369.9	90			70.8	390.45	percent of total billed charges	
BCR-ABL1QUALT/QUANT MINOR	81207	CPT	both			411	166.57	Horizon	Medicare Blue		123.3	30			70.8	390.45	percent of total billed charges	
BCR-ABL1QUALT/QUANT MINOR	81207	CPT	both			411	166.57	Horizon	MGD		157.33	38.28			70.8	390.45	percent of total billed charges	
BCR-ABL1QUALT/QUANT MINOR	81207	CPT	both			411	166.57	Horizon	Indemnity		157.33	38.28			70.8	390.45	percent of total billed charges	
BCR-ABL1QUALT/QUANT MINOR	81207	CPT	both			411	166.57	Horizon	NJ Health		70.8				70.8	390.45	fee schedule	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
BCR-ABL1QUALTIQUANT MINOR	81207	CPT	both			411	166.57	Horizon	PPO		157.33	38.28			70.8	390.45	percent of total billed charges	
BCR-ABL1QUALTIQUANT MINOR	81207	CPT	both			411	166.57	Managed Care Inc	Managed Care Inc		369.9	90			70.8	390.45	percent of total billed charges	
BCR-ABL1QUALTIQUANT MINOR	81207	CPT	both			411	166.57	Multiplan	Multiplan		328.8	80			70.8	390.45	percent of total billed charges	
BCR-ABL1QUALTIQUANT MINOR	81207	CPT	both			411	166.57	Qualcare	Qualcare		308.25	75			70.8	390.45	percent of total billed charges	
BCR-ABL1QUALTIQUANT MINOR	81207	CPT	both			411	166.57	Three Rivers	Three Rivers		390.45	95			70.8	390.45	percent of total billed charges	
BCR-ABL1QUALTIQUANT MINOR	81207	CPT	both			411	166.57	UHC	Medicare		144.84				70.8	390.45	fee schedule	
BCR-ABL1QUALTIQUANT MINOR	81207	CPT	both			411	166.57	UHC	Medicaid		129.67	31.55			70.8	390.45	percent of total billed charges	
BCR-ABL1QUALTIQUANT MINOR	81207	CPT	both			411	166.57	Wellcare	Medicare		144.84				70.8	390.45	fee schedule	
BCR-ABL1QUALTIQUANT MINOR	81207	CPT	both			411	166.57	Wellcare	Medicaid		129.67	31.55			70.8	390.45	percent of total billed charges	
BCR-ABL1QUALTIQUANT MINOR	81207	CPT	both			411	166.57	WellPoint	WellPoint		132.26	32.18			70.8	390.45	percent of total billed charges	
BRAFÃ‚GENE MUTATION ANALYSIS, V600 VARIAN	81210	CPT	both			559	201.71	Aetna	Medicare		175.4				150.9	531.05	fee schedule	
BRAFÃ‚GENE MUTATION ANALYSIS, V600 VARIAN	81210	CPT	both			559	201.71	Aetna	Better Health		176.36	31.55			150.9	531.05	percent of total billed charges	
BRAFÃ‚GENE MUTATION ANALYSIS, V600 VARIAN	81210	CPT	both			559	201.71	Aetna	Commercial		212.42	38			150.9	531.05	percent of total billed charges	
BRAFÃ‚GENE MUTATION ANALYSIS, V600 VARIAN	81210	CPT	both			559	201.71	Americare	Americare		419.25	75			150.9	531.05	percent of total billed charges	
BRAFÃ‚GENE MUTATION ANALYSIS, V600 VARIAN	81210	CPT	both			559	201.71	Amerihealth	Medicare		175.4				150.9	531.05	fee schedule	
BRAFÃ‚GENE MUTATION ANALYSIS, V600 VARIAN	81210	CPT	both			559	201.71	Amerihealth	HMO/PPO		363.35	65			150.9	531.05	percent of total billed charges	
BRAFÃ‚GENE MUTATION ANALYSIS, V600 VARIAN	81210	CPT	both			559	201.71	Consumer	Consumer		531.05	95			150.9	531.05	percent of total billed charges	
BRAFÃ‚GENE MUTATION ANALYSIS, V600 VARIAN	81210	CPT	both			559	201.71	Corrections	Corrections		447.2	80			150.9	531.05	percent of total billed charges	
BRAFÃ‚GENE MUTATION ANALYSIS, V600 VARIAN	81210	CPT	both			559	201.71	First Health	First Health		391.3	70			150.9	531.05	percent of total billed charges	
BRAFÃ‚GENE MUTATION ANALYSIS, V600 VARIAN	81210	CPT	both			559	201.71	First Trenton	First Trenton		503.1	90			150.9	531.05	percent of total billed charges	
BRAFÃ‚GENE MUTATION ANALYSIS, V600 VARIAN	81210	CPT	both			559	201.71	Horizon	MGD		213.99	38.28			150.9	531.05	percent of total billed charges	
BRAFÃ‚GENE MUTATION ANALYSIS, V600 VARIAN	81210	CPT	both			559	201.71	Horizon	Indemnity		213.99	38.28			150.9	531.05	percent of total billed charges	
BRAFÃ‚GENE MUTATION ANALYSIS, V600 VARIAN	81210	CPT	both			559	201.71	Horizon	PPO		213.99	38.28			150.9	531.05	percent of total billed charges	
BRAFÃ‚GENE MUTATION ANALYSIS, V600 VARIAN	81210	CPT	both			559	201.71	Horizon	Medicare Blue		167.7	30			150.9	531.05	percent of total billed charges	
BRAFÃ‚GENE MUTATION ANALYSIS, V600 VARIAN	81210	CPT	both			559	201.71	Managed Care Inc	Managed Care Inc		503.1	90			150.9	531.05	percent of total billed charges	
BRAFÃ‚GENE MUTATION ANALYSIS, V600 VARIAN	81210	CPT	both			559	201.71	Multiplan	Multiplan		447.2	80			150.9	531.05	percent of total billed charges	
BRAFÃ‚GENE MUTATION ANALYSIS, V600 VARIAN	81210	CPT	both			559	201.71	Qualcare	Qualcare		419.25	75			150.9	531.05	percent of total billed charges	
BRAFÃ‚GENE MUTATION ANALYSIS, V600 VARIAN	81210	CPT	both			559	201.71	Three Rivers	Three Rivers		531.05	95			150.9	531.05	percent of total billed charges	
BRAFÃ‚GENE MUTATION ANALYSIS, V600 VARIAN	81210	CPT	both			559	201.71	UHC	Medicare		175.4				150.9	531.05	fee schedule	
BRAFÃ‚GENE MUTATION ANALYSIS, V600 VARIAN	81210	CPT	both			559	201.71	UHC	Medicaid		176.36	31.55			150.9	531.05	percent of total billed charges	
BRAFÃ‚GENE MUTATION ANALYSIS, V600 VARIAN	81210	CPT	both			559	201.71	Wellcare	Medicaid		176.36	31.55			150.9	531.05	percent of total billed charges	
BRAFÃ‚GENE MUTATION ANALYSIS, V600 VARIAN	81210	CPT	both			559	201.71	Wellcare	Medicare		175.4				150.9	531.05	fee schedule	
BRAFÃ‚GENE MUTATION ANALYSIS, V600 VARIAN	81210	CPT	both			559	201.71	WellPoint	WellPoint		179.89	32.18			150.9	531.05	percent of total billed charges	
CARL.GENE.ANALYSIS.VAR.EXON9	81219	CPT	both			1140	139.87	Aetna	Better Health		359.67	31.55			121.63	1083	percent of total billed charges	
CARL.GENE.ANALYSIS.VAR.EXON9	81219	CPT	both			1140	139.87	Aetna	Medicare		121.63				121.63	1083	fee schedule	
CARL.GENE.ANALYSIS.VAR.EXON9	81219	CPT	both			1140	139.87	Aetna	Commercial		433.2	38			121.63	1083	percent of total billed charges	
CARL.GENE.ANALYSIS.VAR.EXON9	81219	CPT	both			1140	139.87	Americare	Americare		855	75			121.63	1083	percent of total billed charges	
CARL.GENE.ANALYSIS.VAR.EXON9	81219	CPT	both			1140	139.87	Amerihealth	Medicare		121.63				121.63	1083	fee schedule	
CARL.GENE.ANALYSIS.VAR.EXON9	81219	CPT	both			1140	139.87	Amerihealth	HMO/PPO		741	65			121.63	1083	percent of total billed charges	
CARL.GENE.ANALYSIS.VAR.EXON9	81219	CPT	both			1140	139.87	Consumer	Consumer		1083	95			121.63	1083	percent of total billed charges	
CARL.GENE.ANALYSIS.VAR.EXON9	81219	CPT	both			1140	139.87	Corrections	Corrections		912	80			121.63	1083	percent of total billed charges	
CARL.GENE.ANALYSIS.VAR.EXON9	81219	CPT	both			1140	139.87	First Health	First Health		798	70			121.63	1083	percent of total billed charges	
CARL.GENE.ANALYSIS.VAR.EXON9	81219	CPT	both			1140	139.87	First Trenton	First Trenton		1026	90			121.63	1083	percent of total billed charges	
CARL.GENE.ANALYSIS.VAR.EXON9	81219	CPT	both			1140	139.87	Horizon	MGD		436.39	38.28			121.63	1083	percent of total billed charges	
CARL.GENE.ANALYSIS.VAR.EXON9	81219	CPT	both			1140	139.87	Horizon	Indemnity		436.39	38.28			121.63	1083	percent of total billed charges	
CARL.GENE.ANALYSIS.VAR.EXON9	81219	CPT	both			1140	139.87	Horizon	NJ Health		259.78				121.63	1083	fee schedule	
CARL.GENE.ANALYSIS.VAR.EXON9	81219	CPT	both			1140	139.87	Horizon	Medicare Blue		342	30			121.63	1083	percent of total billed charges	
CARL.GENE.ANALYSIS.VAR.EXON9	81219	CPT	both			1140	139.87	Horizon	PPO		436.39	38.28			121.63	1083	percent of total billed charges	
CARL.GENE.ANALYSIS.VAR.EXON9	81219	CPT	both			1140	139.87	Managed Care Inc	Managed Care Inc		1026	90			121.63	1083	percent of total billed charges	
CARL.GENE.ANALYSIS.VAR.EXON9	81219	CPT	both			1140	139.87	Multiplan	Multiplan		912	80			121.63	1083	percent of total billed charges	
CARL.GENE.ANALYSIS.VAR.EXON9	81219	CPT	both			1140	139.87	Qualcare	Qualcare		855	75			121.63	1083	percent of total billed charges	
CARL.GENE.ANALYSIS.VAR.EXON9	81219	CPT	both			1140	139.87	Three Rivers	Three Rivers		1083	95			121.63	1083	percent of total billed charges	
CARL.GENE.ANALYSIS.VAR.EXON9	81219	CPT	both			1140	139.87	UHC	Medicare		121.63				121.63	1083	fee schedule	
CARL.GENE.ANALYSIS.VAR.EXON9	81219	CPT	both			1140	139.87	UHC	Medicaid		359.67	31.55			121.63	1083	percent of total billed charges	
CARL.GENE.ANALYSIS.VAR.EXON9	81219	CPT	both			1140	139.87	Wellcare	Medicaid		359.67	31.55			121.63	1083	percent of total billed charges	
CARL.GENE.ANALYSIS.VAR.EXON9	81219	CPT	both			1140	139.87	Wellcare	Medicare		121.63				121.63	1083	fee schedule	
CARL.GENE.ANALYSIS.VAR.EXON9	81219	CPT	both			1140	139.87	WellPoint	WellPoint		366.85	32.18			121.63	1083	percent of total billed charges	
CYSTIC FIBROSIS DNA ANALYSIS, 32 MUTATIO	81220	CPT	both			2008	640.09	Aetna	Medicare		556.6				252.3	1907.6	fee schedule	
CYSTIC FIBROSIS DNA ANALYSIS, 32 MUTATIO	81220	CPT	both			2008	640.09	Aetna	Better Health		633.52	31.55			252.3	1907.6	percent of total billed charges	
CYSTIC FIBROSIS DNA ANALYSIS, 32 MUTATIO	81220	CPT	both			2008	640.09	Aetna	Commercial		763.04	38			252.3	1907.6	percent of total billed charges	
CYSTIC FIBROSIS DNA ANALYSIS, 32 MUTATIO	81220	CPT	both			2008	640.09	Americare	Americare		1596	75			252.3	1907.6	percent of total billed charges	
CYSTIC FIBROSIS DNA ANALYSIS, 32 MUTATIO	81220	CPT	both			2008	640.09	Amerihealth	Medicare		556.6				252.3	1907.6	fee schedule	
CYSTIC FIBROSIS DNA ANALYSIS, 32 MUTATIO	81220	CPT	both			2008	640.09	Amerihealth	HMO/PPO		1305.2	65			252.3	1907.6	percent of total billed charges	
CYSTIC FIBROSIS DNA ANALYSIS, 32 MUTATIO	81220	CPT	both			2008	640.09	Consumer	Consumer		1907.6	95			252.3	1907.6	percent of total billed charges	
CYSTIC FIBROSIS DNA ANALYSIS, 32 MUTATIO	81220	CPT	both			2008	640.09	Corrections	Corrections		1606.4	80			252.3	1907.6	percent of total billed charges	
CYSTIC FIBROSIS DNA ANALYSIS, 32 MUTATIO	81220	CPT	both			2008	640.09	First Health	First Health		1405.6	70			252.3	1907.6	percent of total billed charges	
CYSTIC FIBROSIS DNA ANALYSIS, 32 MUTATIO	81220	CPT	both			2008	640.09	First Trenton	First Trenton		1807.2	90			252.3	1907.6	percent of total billed charges	
CYSTIC FIBROSIS DNA ANALYSIS, 32 MUTATIO	81220	CPT	both			2008	640.09	Horizon	MGD		768.66	38.28			252.3	1907.6	percent of total billed charges	
CYSTIC FIBROSIS DNA ANALYSIS, 32 MUTATIO	81220	CPT	both			2008	640.09	Horizon	Indemnity		768.66	38.28			252.3	1907.6	percent of total billed charges	
CYSTIC FIBROSIS DNA ANALYSIS, 32 MUTATIO	81220	CPT	both			2008	640.09	Horizon	PPO		768.66	38.28			252.3	1907.6	percent of total billed charges	
CYSTIC FIBROSIS DNA ANALYSIS, 32 MUTATIO	81220	CPT	both			2008	640.09	Horizon	Medicare Blue		602.4	30			252.3	1907.6	percent of total billed charges	
CYSTIC FIBROSIS DNA ANALYSIS, 32 MUTATIO	81220	CPT	both			2008	640.09	Managed Care Inc	Managed Care Inc		1807.2	90			252.3	1907.6	percent of total billed charges	
CYSTIC FIBROSIS DNA ANALYSIS, 32 MUTATIO	81220	CPT	both			2008	640.09	Multiplan	Multiplan		1606.4	80			252.3	1907.6	percent of total billed charges	
CYSTIC FIBROSIS DNA ANALYSIS, 32 MUTATIO	81220	CPT	both			2008	640.09	Qualcare	Qualcare		1506	75			252.3	1907.6	percent of total billed charges	
CYSTIC FIBROSIS DNA ANALYSIS, 32 MUTATIO	81220	CPT	both			2008	640.09	Three Rivers	Three Rivers		1907.6	95			252.3	1907.6	percent of total billed charges	
CYSTIC FIBROSIS DNA ANALYSIS, 32 MUTATIO	81220	CPT	both			2008	640.09	UHC	Medicare		556.6				252.3	1907.6	fee schedule	
CYSTIC FIBROSIS DNA ANALYSIS, 32 MUTATIO	81220	CPT	both			2008	640.09	UHC	Medicaid		633.52	31.55			252.3	1907.6	percent of total billed charges	
CYSTIC FIBROSIS DNA ANALYSIS, 32 MUTATIO	81220	CPT	both			2008	640.09	Wellcare	Medicaid		633.52	31.55			252.3	1907.6	percent of total billed charges	
CYSTIC FIBROSIS DNA ANALYSIS, 32 MUTATIO	81220	CPT	both			2008	640.09	Wellcare	Medicare		556.6				252.3	1907.6	fee schedule	
CYSTIC FIBROSIS DNA ANALYSIS, 32 MUTATIO	81220	CPT	both			2008	640.09	WellPoint	WellPoint		646.17	32.18			252.3	1907.6	percent of total billed charges	
CYSTIC FIBROSIS GENE (CF2000)	81223	CPT	both			1637	573.85	Aetna	Better Health		516.47	31.55			206.7	1555.15	percent of total billed charges	
CYSTIC FIBROSIS GENE (CF2000)	81223	CPT	both			1637	573.85	Aetna	Medicare		499				206.7	1555.15	fee schedule	
CYSTIC FIBROSIS GENE (CF2000)	81223	CPT	both			1637	573.85	Aetna	Commercial		622.06	38			206.7	1555.15	percent of total billed charges	
CYSTIC FIBROSIS GENE (CF2000)	81223	CPT	both			1637	573.85	Americare	Americare		1227.75	75			206.7	1555.15	percent of total billed charges	
CYSTIC FIBROSIS GENE (CF2000)	81223	CPT	both			1637	573.85	Amerihealth	HMO/PPO		1064.05	65			206.7	1555.15	percent of total billed charges	
CYSTIC FIBROSIS GENE (CF2000)	81223	CPT	both			1637	573.85	Amerihealth	Medicare		499				206.7	1555.15	fee schedule	
CYSTIC FIBROSIS GENE (CF2000)	81223	CPT	both			1637	573.85	Consumer	Consumer		1555.15	95			206.7	1555.15	percent of total billed charges	
CYSTIC FIBROSIS GENE (CF2000)	81223	CPT	both			1637	573.85	Corrections	Corrections		1309.6	80			206.7	1555.15	percent of total billed charges	
CYSTIC FIBROSIS GENE (CF2000)	81223	CPT	both			1637	573.85	First Health	First Health		1145.9	70			206.7	1555.15	percent of total billed charges	
CYSTIC FIBROSIS GENE (CF2000)	81223	CPT	both			1637	573.85	First Trenton	First Trenton		1473.3	90			206.7	1555.15	percent of total billed charges	
CYSTIC FIBROSIS GENE (CF2000)	81223	CPT	both			1637	573.85	Horizon	Indemnity		626.64	38.28			206.7	1555.15	percent of total billed charges	
CYSTIC FIBROSIS GENE (CF2000)	81223	CPT	both			1637	573.85	Horizon	Medicare Blue		491.1	30			206.7	1555.15	percent of total billed charges	
CYSTIC FIBROSIS GENE (CF2000)	81223	CPT	both			1637	573.85	Horizon	MGD		626.64	38.28			206.7	1555.15	percent of total billed charges	
CYSTIC FIBROSIS GENE (CF2000)	81223	CPT	both			1637	573.85	Horizon	PPO		626.64	38.28			206.7	1555.15	percent of total billed charges	
CYSTIC FIBROSIS GENE (CF2000)	81223	CPT	both			1637	573.85	Managed Care Inc	Managed Care Inc		1473.3	90			206.7	1555.15	percent of total billed charges	
CYSTIC FIBROSIS GENE (CF2000)	81223	CPT	both			1637	573.85	Multiplan	Multiplan		1309.6	80			206.7	1555.15	percent of total billed charges	
CYSTIC FIBROSIS GENE (CF2000)	81223	CPT	both			1637	573.85	Qualcare	Qualcare		1227.75	75			206.7	1555.15	percent of total billed charges	
CYSTIC FIBROSIS GENE (CF2000)	81223	CPT	both			1637	573.85	Three Rivers	Three Rivers		1555.15	95			206.7	1555.15	percent of total billed charges	
CYSTIC FIBROSIS GENE (CF2000)	81223	CPT	both			1637	573.85	UHC	Medicare		499				206.7	1555.15	fee schedule	
CYSTIC FIBROSIS GENE (CF2000)	81223	CPT	both			1637	573.85	UHC	Medicaid		516.47	31.55			206.7	1555.15	percent of total billed charges	
CYSTIC FIBROSIS GENE (CF2000)	81223	CPT	both			1637	573.85	Wellcare	Medicaid		516.47	31.55			206.7	1555.15	percent of total billed charges	
CYSTIC FIBROSIS GENE (CF2000)	81223	CPT	both			1637	573.85	Wellcare	Medicare		499				206.7	1555.15	fee schedule	
CYSTIC FIBROSIS GENE (CF2000)	81223	CPT	both			1637	573.85	WellPoint	WellPoint		526.79	32.18			206.7	1555.15	percent of total billed charges	
CYTOCHROME P450 2C19 (MSO)	81225	CPT	inpatient			591	335.06	Aetna	Medicare		291.36				131.4	561.45	fee schedule	
CYTOCHROME P450 2C19 (MSO)	81225	CPT	inpatient			591	335.06	Aetna	Better Health		186.46	31.55			131.4	561.45	percent of total billed charges	
CYTOCHROME P450 2C19 (MSO)	81225	CPT	inpatient			591	335.06	Aetna	Commercial		224.58	38			131.4	561.45	percent of total billed charges	
CYTOCHROME P450 2C19 (MSO)	81225	CPT	inpatient			591	335.06	Americare	Americare		443.25	75			131.4	561.45	percent of total billed charges	
CYTOCHROME P450 2C19 (MSO)	81225	CPT	inpatient			591	335.06	Amerihealth	Medicare		291.36				131.4	561.45	fee schedule	
CYTOCHROME P450 2C19 (MSO)	81225	CPT	inpatient			591	335.06	Amerihealth	HMO/PPO		384.15	65			131.4	561.45	percent of total billed charges	
CYTOCHROME P450 2C19 (MSO)	81225	CPT	inpatient			591	335.06	Consumer	Consumer		561.45	95			131.4	561.45	percent of total billed charges	
CYTOCHROME P450 2C19 (MSO)	81225	CPT	inpatient			591	335.06	Corrections	Corrections		472.8	80			131.4	561.45	percent of total billed charges	
CYTOCHROME P450 2C19 (MSO)	81225	CPT	inpatient			591	335.06	First Health	First Health		413.7	70			131.4	561.45	percent of total billed charges	
CYTOCHROME P450 2C19 (MSO)	81225	CPT	inpatient			591	335.06	First Trenton	First Trenton		531.9	90			131.4	561.45	percent of total billed charges	
CYTOCHROME P450 2C19 (MSO)	81225	CPT	inpatient			591	335.06	Horizon	MGD		226.23	38.28			131.4	561.45	percent of total billed charges	
CYTOCHROME P450 2C19 (MSO)	81225	CPT	inpatient			591	335.06	Horizon	Medicare Blue		177.3	30			131.4	561.45	percent of total billed charges	
CYTOCHROME P450 2C19 (MSO)	81225	CPT	inpatient			591	335.06	Horizon	Indemnity		226.23	38.28			131.4	561.45	percent of total billed charges	
CYTOCHROME P450 2C19 (MSO)	81225	CPT	inpatient			591	335.06	Horizon	PPO		226.23	38.28			131.4	561.45	percent of total billed charges	
CYTOCHROME P450 2C19 (MSO)	81225	CPT	inpatient			591	335.06	Managed Care Inc	Managed Care Inc		531.9	90			131.4	561.45	percent of total billed charges	
CYTOCHROME P450 2C19 (MSO)	81225	CPT	inpatient			591	335.06	Multiplan	Multiplan		472.8	80			131.4	561.45	percent of total billed charges	
CYTOCHROME P450 2C19 (MSO)	81225	CPT	inpatient			591	335.06	Qualcare	Qualcare		443.25	75			131.4	561.45	percent of total billed charges	
CYTOCHROME P450 2C19 (MSO)	81225	CPT	inpatient			591	335.06	Three Rivers	Three Rivers		561.45	95			131.4	561.45	percent of total billed charges	
CYTOCHROME P450 2C19 (MSO)	81225	CPT	inpatient			591	335.06	UHC	Medicare		291.36				131.4	561.45	fee schedule	
CYTOCHROME P450 2C19 (MSO)	81225	CPT	inpatient			591	335.06	UHC	Medicaid		186.46	31.55			131.4	561.45	percent of total billed charges	
CYTOCHROME P450 2C19 (MSO)	81225	CPT	inpatient			591	335.06	Wellcare	Medicare		291.36				131.4	561.45	fee schedule	
CYTOCHROME P450 2C19 (MSO)	81225	CPT	inpatient			591	335.06	Wellcare	Medicaid		186.46	31.55			131.4	561.45	percent of total billed charges	
CYTOCHROME P450 2C19 (MSO)	81225	CPT	inpatient			591	335.06	WellPoint	WellPoint		190.18	32.18			131.4	561.45	percent of total billed charges	
CYTOCHROME P450 2D6 GENOTYPING	81226	CPT	inpatient			438	518.55	Aetna	Medicare		450.91				109.2	450.91	fee schedule	
CYTOCHROME P450 2D6 GENOTYPING	81226	CPT	inpatient			438	518.55	Aetna	Commercial		166.44	38			109.2	450.91	percent of total billed charges	
CYTOCHROME P450 2D6 GENOTYPING	81226	CPT	inpatient			438	518.55	Aetna	Better Health		138.19	31.55			109.2	450.91	percent of total billed charges	
CYTOCHROME P450 2D6 GENOTYPING	81226	CPT	inpatient			438	518.55	Americare	Americare		328.5	75			109.2	450.91	percent of total billed charges	
CYTOCHROME P450 2D6 GENOTYPING	81226	CPT	inpatient			438	518.55	Amerihealth	Medicare		450.91				109.2	450.91	fee schedule	
CYTOCHROME P450 2D6 GENOTYPING	81226	CPT	inpatient			438	518.55	Amerihealth	HMO/PPO		284.7	65			109.2	450.91	percent of total billed charges	
CYTOCHROME P450 2D6 GENOTYPING	81226	CPT	inpatient			438	518.55	Consumer	Consumer		416.1	95			109.2	450.91	percent of total billed charges	
CYTOCHROME P450 2D6 GENOTYPING	81226	CPT	inpatient			438	518.55	Corrections	Corrections		350.4	80			109.2	450.91	percent of total billed charges	
CYTOCHROME P450 2D6 GENOTYPING	81226	CPT	inpatient			438	518.55	First Health	First Health		306.6	70			109.2	450.91	percent of total billed charges	
CYTOCHROME P450 2D6 GENOTYPING	81226	CPT	inpatient			438	518.55	First Trenton	First Trenton		394.2	90			109.2	450.91	percent of total billed charges	
CYTOCHROME P450 2D6 GENOTYPING	81226	CPT	inpatient			438	518.55	Horizon	Indemnity		167.67	38.28			109.2	450.91	percent of total billed charges	
CYTOCHROME P450 2D6 GENOTYPING	81226	CPT	inpatient			438	518.55	Horizon	PPO		167.67	38.28			109.2	450.91	percent of total billed charges	
CYTOCHROME P450 2D6 GENOTYPING	81226	CPT	inpatient			438	518.55	Horizon	MGD		167.67	38.28			109.2	450.91	percent of total billed charges	
CYTOCHROME P450 2D6 GENOTYPING	81226	CPT	inpatient			438	518.55	Horizon	Medicare Blue		131.4	30			109.2	450.91	percent of total billed charges	
CYTOCHROME P450 2D6 GENOTYPING	81226	CPT	inpatient			438	518.55	Managed Care Inc	Managed Care Inc		394.2	90			109.2	450.91	percent of total billed charges	
CYTOCHROME P450 2D6 GENOTYPING	81226	CPT	inpatient			438	518.55	Multiplan	Multiplan		350.4	80			109.2	450.91	percent of total billed charges	
CYTOCHROME P450 2D6 GENOTYPING	81226	CPT	inpatient			438	518.55	Qualcare	Qualcare		328.5	75			109.2	450.91	percent of total billed charges	
CYTOCHROME P450 2D6 GENOTYPING	81226	CPT	inpatient			438	518.55	Three Rivers	Three Rivers		416.1	95			109.2	450.91	percent of total billed charges	
CYTOCHROME P450 2D6 GENOTYPING	81226	CPT	inpatient			438	518.55	UHC	Medicaid		138.19	31.55			109.2	450.91	percent of total billed charges	
CYTOCHROME P450 2D6 GENOTYPING	81226	CPT	inpatient			438	518.55	UHC	Medicare		450.91				109.2	450.91	fee schedule	
CYTOCHROME P450 2D6 GENOTYPING	81226	CPT	inpatient			438	518.55	Wellcare	Medicaid		138.19	31.55			109.2	450.91	percent of total billed charges	
CYTOCHROME P450 2D6 GENOTYPING	81226	CPT	inpatient			438	518.55	Wellcare	Medicare		450.91				109.2	450.91	fee schedule	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101191	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CYTOCHROME P450 2D6 GENOTYPING	81226	CPT	inpatient			438	518.55	WellPoint	WellPoint		140.95	32.18			109.2	450.91	percent of total billed charges	
CYTOCHRM P450 2C9 GENO (511893)	81227	CPT	outpatient			558	201.03	Aetna	Medicare		171.86	30.8			167.4	530.1	percent of total billed charges	
CYTOCHRM P450 2C9 GENO (511893)	81227	CPT	outpatient			558	201.03	Aetna	Better Health		176.05	31.55			167.4	530.1	percent of total billed charges	
CYTOCHRM P450 2C9 GENO (511893)	81227	CPT	outpatient			558	201.03	Aetna	Commercial		212.04	38			167.4	530.1	percent of total billed charges	
CYTOCHRM P450 2C9 GENO (511893)	81227	CPT	outpatient			558	201.03	Americare	Americare		418.5	75			167.4	530.1	percent of total billed charges	
CYTOCHRM P450 2C9 GENO (511893)	81227	CPT	outpatient			558	201.03	Amerihealth	Medicare		174.81				167.4	530.1	fee schedule	
CYTOCHRM P450 2C9 GENO (511893)	81227	CPT	outpatient			558	201.03	Amerihealth	HMO/PPO		362.7	65			167.4	530.1	percent of total billed charges	
CYTOCHRM P450 2C9 GENO (511893)	81227	CPT	outpatient			558	201.03	Consumer	Consumer		530.1	95			167.4	530.1	percent of total billed charges	
CYTOCHRM P450 2C9 GENO (511893)	81227	CPT	outpatient			558	201.03	Corrections	Corrections		446.4	80			167.4	530.1	percent of total billed charges	
CYTOCHRM P450 2C9 GENO (511893)	81227	CPT	outpatient			558	201.03	First Health	First Health		390.6	70			167.4	530.1	percent of total billed charges	
CYTOCHRM P450 2C9 GENO (511893)	81227	CPT	outpatient			558	201.03	First Trenton	First Trenton		502.2	90			167.4	530.1	percent of total billed charges	
CYTOCHRM P450 2C9 GENO (511893)	81227	CPT	outpatient			558	201.03	Horizon	MGD		213.6	38.28			167.4	530.1	percent of total billed charges	
CYTOCHRM P450 2C9 GENO (511893)	81227	CPT	outpatient			558	201.03	Horizon	Medicare Blue		167.4	30			167.4	530.1	percent of total billed charges	
CYTOCHRM P450 2C9 GENO (511893)	81227	CPT	outpatient			558	201.03	Horizon	Indemnity		213.6	38.28			167.4	530.1	percent of total billed charges	
CYTOCHRM P450 2C9 GENO (511893)	81227	CPT	outpatient			558	201.03	Horizon	PPO		213.6	38.28			167.4	530.1	percent of total billed charges	
CYTOCHRM P450 2C9 GENO (511893)	81227	CPT	outpatient			558	201.03	Managed Care Inc	Managed Care Inc		502.2	90			167.4	530.1	percent of total billed charges	
CYTOCHRM P450 2C9 GENO (511893)	81227	CPT	outpatient			558	201.03	Multiplan	Multiplan		446.4	80			167.4	530.1	percent of total billed charges	
CYTOCHRM P450 2C9 GENO (511893)	81227	CPT	outpatient			558	201.03	Qualcare	Qualcare		418.5	75			167.4	530.1	percent of total billed charges	
CYTOCHRM P450 2C9 GENO (511893)	81227	CPT	outpatient			558	201.03	Three Rivers	Three Rivers		530.1	95			167.4	530.1	percent of total billed charges	
CYTOCHRM P450 2C9 GENO (511893)	81227	CPT	outpatient			558	201.03	UHC	Medicaid		176.05	31.55			167.4	530.1	percent of total billed charges	
CYTOCHRM P450 2C9 GENO (511893)	81227	CPT	outpatient			558	201.03	UHC	Medicare		174.81				167.4	530.1	fee schedule	
CYTOCHRM P450 2C9 GENO (511893)	81227	CPT	outpatient			558	201.03	Wellcare	Medicare		174.81				167.4	530.1	fee schedule	
CYTOCHRM P450 2C9 GENO (511893)	81227	CPT	outpatient			558	201.03	Wellcare	Medicaid		176.05	31.55			167.4	530.1	percent of total billed charges	
CYTOCHRM P450 2C9 GENO (511893)	81227	CPT	outpatient			558	201.03	WellPoint	WellPoint		179.56	32.18			167.4	530.1	percent of total billed charges	
REVEAL.SNP.MICROARRAY PEDS(476)	81229	CPT	both			4584	1334	Aetna	Medicare		1160				482.7	4354.8	fee schedule	
REVEAL.SNP.MICROARRAY PEDS(476)	81229	CPT	both			4584	1334	Aetna	Commercial		1741.92	38			482.7	4354.8	percent of total billed charges	
REVEAL.SNP.MICROARRAY PEDS(476)	81229	CPT	both			4584	1334	Aetna	Better Health		1446.25	31.55			482.7	4354.8	percent of total billed charges	
REVEAL.SNP.MICROARRAY PEDS(476)	81229	CPT	both			4584	1334	Americare	Americare		3438	75			482.7	4354.8	percent of total billed charges	
REVEAL.SNP.MICROARRAY PEDS(476)	81229	CPT	both			4584	1334	Amerihealth	HMO/PPO		2979.6	65			482.7	4354.8	percent of total billed charges	
REVEAL.SNP.MICROARRAY PEDS(476)	81229	CPT	both			4584	1334	Amerihealth	Medicare		1160				482.7	4354.8	fee schedule	
REVEAL.SNP.MICROARRAY PEDS(476)	81229	CPT	both			4584	1334	Consumer	Consumer		4354.8	95			482.7	4354.8	percent of total billed charges	
REVEAL.SNP.MICROARRAY PEDS(476)	81229	CPT	both			4584	1334	Corrections	Corrections		3667.2	80			482.7	4354.8	percent of total billed charges	
REVEAL.SNP.MICROARRAY PEDS(476)	81229	CPT	both			4584	1334	First Health	First Health		3208.8	70			482.7	4354.8	percent of total billed charges	
REVEAL.SNP.MICROARRAY PEDS(476)	81229	CPT	both			4584	1334	First Trenton	First Trenton		4125.6	90			482.7	4354.8	percent of total billed charges	
REVEAL.SNP.MICROARRAY PEDS(476)	81229	CPT	both			4584	1334	Horizon	Indemnity		1754.76	38.28			482.7	4354.8	percent of total billed charges	
REVEAL.SNP.MICROARRAY PEDS(476)	81229	CPT	both			4584	1334	Horizon	Medicare Blue		1375.2	30			482.7	4354.8	percent of total billed charges	
REVEAL.SNP.MICROARRAY PEDS(476)	81229	CPT	both			4584	1334	Horizon	MGD		1754.76	38.28			482.7	4354.8	percent of total billed charges	
REVEAL.SNP.MICROARRAY PEDS(476)	81229	CPT	both			4584	1334	Horizon	PPO		1754.76	38.28			482.7	4354.8	percent of total billed charges	
REVEAL.SNP.MICROARRAY PEDS(476)	81229	CPT	both			4584	1334	Managed Care Inc	Managed Care Inc		4125.6	90			482.7	4354.8	percent of total billed charges	
REVEAL.SNP.MICROARRAY PEDS(476)	81229	CPT	both			4584	1334	Multiplan	Multiplan		3667.2	80			482.7	4354.8	percent of total billed charges	
REVEAL.SNP.MICROARRAY PEDS(476)	81229	CPT	both			4584	1334	Qualcare	Qualcare		3438	75			482.7	4354.8	percent of total billed charges	
REVEAL.SNP.MICROARRAY PEDS(476)	81229	CPT	both			4584	1334	Three Rivers	Three Rivers		4354.8	95			482.7	4354.8	percent of total billed charges	
REVEAL.SNP.MICROARRAY PEDS(476)	81229	CPT	both			4584	1334	UHC	Medicaid		1446.25	31.55			482.7	4354.8	percent of total billed charges	
REVEAL.SNP.MICROARRAY PEDS(476)	81229	CPT	both			4584	1334	UHC	Medicare		1160				482.7	4354.8	fee schedule	
REVEAL.SNP.MICROARRAY PEDS(476)	81229	CPT	both			4584	1334	Wellcare	Medicaid		1446.25	31.55			482.7	4354.8	percent of total billed charges	
REVEAL.SNP.MICROARRAY PEDS(476)	81229	CPT	both			4584	1334	Wellcare	Medicare		1160				482.7	4354.8	fee schedule	
REVEAL.SNP.MICROARRAY PEDS(476)	81229	CPT	both			4584	1334	WellPoint	WellPoint		1475.13	32.18			482.7	4354.8	percent of total billed charges	
MYOTONIC DYSTROPHY DM1	81234	CPT	outpatient			471	157.55	Aetna	Better Health		148.6	31.55			107.41	447.45	percent of total billed charges	
MYOTONIC DYSTROPHY DM1	81234	CPT	outpatient			471	157.55	Aetna	Commercial		178.98	38			107.41	447.45	percent of total billed charges	
MYOTONIC DYSTROPHY DM1	81234	CPT	outpatient			471	157.55	Aetna	Medicare		137				107.41	447.45	fee schedule	
MYOTONIC DYSTROPHY DM1	81234	CPT	outpatient			471	157.55	Americare	Americare		353.25	75			107.41	447.45	percent of total billed charges	
MYOTONIC DYSTROPHY DM1	81234	CPT	outpatient			471	157.55	Amerihealth	Medicare		137				107.41	447.45	fee schedule	
MYOTONIC DYSTROPHY DM1	81234	CPT	outpatient			471	157.55	Amerihealth	HMO/PPO		306.15	65			107.41	447.45	percent of total billed charges	
MYOTONIC DYSTROPHY DM1	81234	CPT	outpatient			471	157.55	Consumer	Consumer		447.45	95			107.41	447.45	percent of total billed charges	
MYOTONIC DYSTROPHY DM1	81234	CPT	outpatient			471	157.55	Corrections	Corrections		376.8	80			107.41	447.45	percent of total billed charges	
MYOTONIC DYSTROPHY DM1	81234	CPT	outpatient			471	157.55	First Health	First Health		329.7	70			107.41	447.45	percent of total billed charges	
MYOTONIC DYSTROPHY DM1	81234	CPT	outpatient			471	157.55	First Trenton	First Trenton		423.9	90			107.41	447.45	percent of total billed charges	
MYOTONIC DYSTROPHY DM1	81234	CPT	outpatient			471	157.55	Horizon	Indemnity		180.3	38.28			107.41	447.45	percent of total billed charges	
MYOTONIC DYSTROPHY DM1	81234	CPT	outpatient			471	157.55	Horizon	Medicare Blue		141.3	30			107.41	447.45	percent of total billed charges	
MYOTONIC DYSTROPHY DM1	81234	CPT	outpatient			471	157.55	Horizon	MGD		180.3	38.28			107.41	447.45	percent of total billed charges	
MYOTONIC DYSTROPHY DM1	81234	CPT	outpatient			471	157.55	Horizon	NJ Health		107.41				107.41	447.45	fee schedule	
MYOTONIC DYSTROPHY DM1	81234	CPT	outpatient			471	157.55	Horizon	PPO		180.3	38.28			107.41	447.45	percent of total billed charges	
MYOTONIC DYSTROPHY DM1	81234	CPT	outpatient			471	157.55	Managed Care Inc	Managed Care Inc		423.9	90			107.41	447.45	percent of total billed charges	
MYOTONIC DYSTROPHY DM1	81234	CPT	outpatient			471	157.55	Multiplan	Multiplan		376.8	80			107.41	447.45	percent of total billed charges	
MYOTONIC DYSTROPHY DM1	81234	CPT	outpatient			471	157.55	Qualcare	Qualcare		353.25	75			107.41	447.45	percent of total billed charges	
MYOTONIC DYSTROPHY DM1	81234	CPT	outpatient			471	157.55	Three Rivers	Three Rivers		447.45	95			107.41	447.45	percent of total billed charges	
MYOTONIC DYSTROPHY DM1	81234	CPT	outpatient			471	157.55	UHC	Medicare		137				107.41	447.45	fee schedule	
MYOTONIC DYSTROPHY DM1	81234	CPT	outpatient			471	157.55	UHC	Medicaid		148.6	31.55			107.41	447.45	percent of total billed charges	
MYOTONIC DYSTROPHY DM1	81234	CPT	outpatient			471	157.55	Wellcare	Medicare		137				107.41	447.45	fee schedule	
MYOTONIC DYSTROPHY DM1	81234	CPT	outpatient			471	157.55	Wellcare	Medicaid		148.6	31.55			107.41	447.45	percent of total billed charges	
MYOTONIC DYSTROPHY DM1	81234	CPT	outpatient			471	157.55	WellPoint	WellPoint		151.57	32.18			107.41	447.45	percent of total billed charges	
EGFR MUTATION ANALYSIS	81235	CPT	both			782	373.27	Aetna	Better Health		246.72	31.55			234.6	742.9	percent of total billed charges	
EGFR MUTATION ANALYSIS	81235	CPT	both			782	373.27	Aetna	Commercial		297.16	38			234.6	742.9	percent of total billed charges	
EGFR MUTATION ANALYSIS	81235	CPT	both			782	373.27	Aetna	Medicare		240.86	30.8			234.6	742.9	percent of total billed charges	
EGFR MUTATION ANALYSIS	81235	CPT	both			782	373.27	Americare	Americare		586.5	75			234.6	742.9	percent of total billed charges	
EGFR MUTATION ANALYSIS	81235	CPT	both			782	373.27	Amerihealth	HMO/PPO		508.3	65			234.6	742.9	percent of total billed charges	
EGFR MUTATION ANALYSIS	81235	CPT	both			782	373.27	Amerihealth	Medicare		324.58				234.6	742.9	fee schedule	
EGFR MUTATION ANALYSIS	81235	CPT	both			782	373.27	Consumer	Consumer		742.9	95			234.6	742.9	percent of total billed charges	
EGFR MUTATION ANALYSIS	81235	CPT	both			782	373.27	Corrections	Corrections		625.6	80			234.6	742.9	percent of total billed charges	
EGFR MUTATION ANALYSIS	81235	CPT	both			782	373.27	First Health	First Health		547.4	70			234.6	742.9	percent of total billed charges	
EGFR MUTATION ANALYSIS	81235	CPT	both			782	373.27	First Trenton	First Trenton		703.8	90			234.6	742.9	percent of total billed charges	
EGFR MUTATION ANALYSIS	81235	CPT	both			782	373.27	Horizon	MGD		299.35	38.28			234.6	742.9	percent of total billed charges	
EGFR MUTATION ANALYSIS	81235	CPT	both			782	373.27	Horizon	Indemnity		299.35	38.28			234.6	742.9	percent of total billed charges	
EGFR MUTATION ANALYSIS	81235	CPT	both			782	373.27	Horizon	Medicare Blue		234.6	30			234.6	742.9	percent of total billed charges	
EGFR MUTATION ANALYSIS	81235	CPT	both			782	373.27	Horizon	NJ Health		258.73				234.6	742.9	fee schedule	
EGFR MUTATION ANALYSIS	81235	CPT	both			782	373.27	Horizon	PPO		299.35	38.28			234.6	742.9	percent of total billed charges	
EGFR MUTATION ANALYSIS	81235	CPT	both			782	373.27	Managed Care Inc	Managed Care Inc		703.8	90			234.6	742.9	percent of total billed charges	
EGFR MUTATION ANALYSIS	81235	CPT	both			782	373.27	Multiplan	Multiplan		625.6	80			234.6	742.9	percent of total billed charges	
EGFR MUTATION ANALYSIS	81235	CPT	both			782	373.27	Qualcare	Qualcare		586.5	75			234.6	742.9	percent of total billed charges	
EGFR MUTATION ANALYSIS	81235	CPT	both			782	373.27	Three Rivers	Three Rivers		742.9	95			234.6	742.9	percent of total billed charges	
EGFR MUTATION ANALYSIS	81235	CPT	both			782	373.27	UHC	Medicare		324.58				234.6	742.9	fee schedule	
EGFR MUTATION ANALYSIS	81235	CPT	both			782	373.27	UHC	Medicaid		246.72	31.55			234.6	742.9	percent of total billed charges	
EGFR MUTATION ANALYSIS	81235	CPT	both			782	373.27	Wellcare	Medicare		324.58				234.6	742.9	fee schedule	
EGFR MUTATION ANALYSIS	81235	CPT	both			782	373.27	Wellcare	Medicaid		246.72	31.55			234.6	742.9	percent of total billed charges	
EGFR MUTATION ANALYSIS	81235	CPT	both			782	373.27	WellPoint	WellPoint		251.65	32.18			234.6	742.9	percent of total billed charges	
PROTHROMBIN.G20210A.MUTATION(PTNT)	81240	CPT	both			3460	75.54	Aetna	Better Health		1091.63	31.55			26.4	3287	percent of total billed charges	
PROTHROMBIN.G20210A.MUTATION(PTNT)	81240	CPT	both			3460	75.54	Aetna	Medicare		65.69				26.4	3287	fee schedule	
PROTHROMBIN.G20210A.MUTATION(PTNT)	81240	CPT	both			3460	75.54	Aetna	Commercial		1314.8	38			26.4	3287	percent of total billed charges	
PROTHROMBIN.G20210A.MUTATION(PTNT)	81240	CPT	both			3460	75.54	Americare	Americare		2595	75			26.4	3287	percent of total billed charges	
PROTHROMBIN.G20210A.MUTATION(PTNT)	81240	CPT	both			3460	75.54	Amerihealth	HMO/PPO		2249	65			26.4	3287	percent of total billed charges	
PROTHROMBIN.G20210A.MUTATION(PTNT)	81240	CPT	both			3460	75.54	Amerihealth	Medicare		65.69				26.4	3287	fee schedule	
PROTHROMBIN.G20210A.MUTATION(PTNT)	81240	CPT	both			3460	75.54	Consumer	Consumer		3287	95			26.4	3287	percent of total billed charges	
PROTHROMBIN.G20210A.MUTATION(PTNT)	81240	CPT	both			3460	75.54	Corrections	Corrections		2768	80			26.4	3287	percent of total billed charges	
PROTHROMBIN.G20210A.MUTATION(PTNT)	81240	CPT	both			3460	75.54	First Health	First Health		2422	70			26.4	3287	percent of total billed charges	
PROTHROMBIN.G20210A.MUTATION(PTNT)	81240	CPT	both			3460	75.54	First Trenton	First Trenton		3114	90			26.4	3287	percent of total billed charges	
PROTHROMBIN.G20210A.MUTATION(PTNT)	81240	CPT	both			3460	75.54	Horizon	Medicare Blue		1038	30			26.4	3287	percent of total billed charges	
PROTHROMBIN.G20210A.MUTATION(PTNT)	81240	CPT	both			3460	75.54	Horizon	Indemnity		1324.49	38.28			26.4	3287	percent of total billed charges	
PROTHROMBIN.G20210A.MUTATION(PTNT)	81240	CPT	both			3460	75.54	Horizon	MGD		1324.49	38.28			26.4	3287	percent of total billed charges	
PROTHROMBIN.G20210A.MUTATION(PTNT)	81240	CPT	both			3460	75.54	Horizon	NJ Health		92.46				26.4	3287	fee schedule	
PROTHROMBIN.G20210A.MUTATION(PTNT)	81240	CPT	both			3460	75.54	Horizon	PPO		1324.49	38.28			26.4	3287	percent of total billed charges	
PROTHROMBIN.G20210A.MUTATION(PTNT)	81240	CPT	both			3460	75.54	Managed Care Inc	Managed Care Inc		3114	90			26.4	3287	percent of total billed charges	
PROTHROMBIN.G20210A.MUTATION(PTNT)	81240	CPT	both			3460	75.54	Multiplan	Multiplan		2768	80			26.4	3287	percent of total billed charges	
PROTHROMBIN.G20210A.MUTATION(PTNT)	81240	CPT	both			3460	75.54	Qualcare	Qualcare		2595	75			26.4	3287	percent of total billed charges	
PROTHROMBIN.G20210A.MUTATION(PTNT)	81240	CPT	both			3460	75.54	Three Rivers	Three Rivers		3287	95			26.4	3287	percent of total billed charges	
PROTHROMBIN.G20210A.MUTATION(PTNT)	81240	CPT	both			3460	75.54	UHC	Medicaid		1091.63	31.55			26.4	3287	percent of total billed charges	
PROTHROMBIN.G20210A.MUTATION(PTNT)	81240	CPT	both			3460	75.54	UHC	Medicare		65.69				26.4	3287	fee schedule	
PROTHROMBIN.G20210A.MUTATION(PTNT)	81240	CPT	both			3460	75.54	Wellcare	Medicaid		1091.63	31.55			26.4	3287	percent of total billed charges	
PROTHROMBIN.G20210A.MUTATION(PTNT)	81240	CPT	both			3460	75.54	Wellcare	Medicare		65.69				26.4	3287	fee schedule	
PROTHROMBIN.G20210A.MUTATION(PTNT)	81240	CPT	both			3460	75.54	WellPoint	WellPoint		1113.43	32.18			26.4	3287	percent of total billed charges	
FACTOR V.LEIDEN.RFLX.TO.R2	81241	CPT	both			614	84.38	Aetna	Commercial		233.32	38			40.5	583.3	percent of total billed charges	
FACTOR V.LEIDEN.RFLX.TO.R2	81241	CPT	both			614	84.38	Aetna	Medicare		73.37				40.5	583.3	fee schedule	
FACTOR V.LEIDEN.RFLX.TO.R2	81241	CPT	both			614	84.38	Aetna	Better Health		193.72	31.55			40.5	583.3	percent of total billed charges	
FACTOR V.LEIDEN.RFLX.TO.R2	81241	CPT	both			614	84.38	Americare	Americare		460.5	75			40.5	583.3	percent of total billed charges	
FACTOR V.LEIDEN.RFLX.TO.R2	81241	CPT	both			614	84.38	Amerihealth	HMO/PPO		399.1	65			40.5	583.3	percent of total billed charges	
FACTOR V.LEIDEN.RFLX.TO.R2	81241	CPT	both			614	84.38	Amerihealth	Medicare		73.37				40.5	583.3	fee schedule	
FACTOR V.LEIDEN.RFLX.TO.R2	81241	CPT	both			614	84.38	Consumer	Consumer		583.3	95			40.5	583.3	percent of total billed charges	
FACTOR V.LEIDEN.RFLX.TO.R2	81241	CPT	both			614	84.38	Corrections	Corrections		491.2	80			40.5	583.3	percent of total billed charges	
FACTOR V.LEIDEN.RFLX.TO.R2	81241	CPT	both			614	84.38	First Health	First Health		429.8	70			40.5	583.3	percent of total billed charges	
FACTOR V.LEIDEN.RFLX.TO.R2	81241	CPT	both			614	84.38	First Trenton	First Trenton		552.6	90			40.5	583.3	percent of total billed charges	
FACTOR V.LEIDEN.RFLX.TO.R2	81241	CPT	both			614	84.38	Horizon	Indemnity		235.04	38.28			40.5	583.3	percent of total billed charges	
FACTOR V.LEIDEN.RFLX.TO.R2	81241	CPT	both			614	84.38	Horizon	Medicare Blue		184.2	30			40.5	583.3	percent of total billed charges	
FACTOR V.LEIDEN.RFLX.TO.R2	81241	CPT	both			614	84.38	Horizon	NJ Health		53.82				40.5	583.3	fee schedule	
FACTOR V.LEIDEN.RFLX.TO.R2	81241	CPT	both			614	84.38	Horizon	MGD		235.04	38.28			40.5	583.3	percent of total billed charges	
FACTOR V.LEIDEN.RFLX.TO.R2	81241	CPT	both			614	84.38	Horizon	PPO		235.04	38.28			40.5	583.3	percent of total billed charges	
FACTOR V.LEIDEN.RFLX.TO.R2	81241	CPT	both			614	84.38	Managed Care Inc	Managed Care Inc		552.6	90			40.5	583.3	percent of total billed charges	
FACTOR V.LEIDEN.RFLX.TO.R2	81241	CPT	both			614	84.38	Multiplan	Multiplan		491.2	80			40.5	583.3	percent of total billed charges	
FACTOR V.LEIDEN.RFLX.TO.R2	81241	CPT	both			614	84.38	Qualcare	Qualcare		460.5	75			40.5	583.3	percent of total billed charges	
FACTOR V.LEIDEN.RFLX.TO.R2	81241	CPT	both			614	84.38	Three Rivers	Three Rivers		583.3	95			40.5	583.3	percent of total billed charges	
FACTOR V.LEIDEN.RFLX.TO.R2	81241	CPT	both			614	84.38	UHC	Medicaid		193.72	31.55			40.5	583.3	percent of total billed charges	
FACTOR V.LEIDEN.RFLX.TO.R2	81241	CPT	both			614	84.38	UHC	Medicare		73.37				40.5	583.3	fee schedule	
FACTOR V.LEIDEN.RFLX.TO.R2	81241	CPT	both			614	84.38	Wellcare	Medicaid		193.72	31.55			40.5	583.3	percent of total billed charges	
FACTOR V.LEIDEN.RFLX.TO.R2	81241	CPT	both			614	84.38	Wellcare	Medicare		73.37				40.5	583.3	fee schedule	
FACTOR V.LEIDEN.RFLX.TO.R2	81241	CPT	both			614	84.38	WellPoint	WellPoint		197.59	32.18			40.5	583.3	percent of total billed charges	
FRAGILE X SYNDROME, CARRIER (511919)	81243	CPT	outpatient			778	65.6	Aetna	Medicare		57.04				22.8	739.1	fee schedule	
FRAGILE X SYNDROME, CARRIER (511919)	81243	CPT	outpatient			778	65.6	Aetna	Commercial		295.64	38			22.8	739.1	percent of total billed charges	
FRAGILE X SYNDROME, CARRIER (511919)	81243	CPT	outpatient			778	65.6	Aetna	Better Health		245.46	31.55			22.8	739.1	percent of total billed charges	
FRAGILE X SYNDROME, CARRIER (511919)	81243	CPT	outpatient			778	65.6	Americare	Americare		583.5	75			22.8	739.1	percent of total billed charges	
FRAGILE X SYNDROME, CARRIER (511919)	81243	CPT	outpatient			778	65.6	Amerihealth	Medicare		57.04				22.8	739.1	fee schedule	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
FRAGILE X SYNDROME, CARRIER (511919)	81243	CPT	outpatient			778		65.6 Ameritealth	HMO/PPO		505.7	65			22.8	739.1	percent of total billed charges	
FRAGILE X SYNDROME, CARRIER (511919)	81243	CPT	outpatient			778		65.6 Consumer	Consumer		739.1	95			22.8	739.1	percent of total billed charges	
FRAGILE X SYNDROME, CARRIER (511919)	81243	CPT	outpatient			778		65.6 Corrections	Corrections		622.4	80			22.8	739.1	percent of total billed charges	
FRAGILE X SYNDROME, CARRIER (511919)	81243	CPT	outpatient			778		65.6 First Health	First Health		544.6	70			22.8	739.1	percent of total billed charges	
FRAGILE X SYNDROME, CARRIER (511919)	81243	CPT	outpatient			778		65.6 First Trenton	First Trenton		700.2	90			22.8	739.1	percent of total billed charges	
FRAGILE X SYNDROME, CARRIER (511919)	81243	CPT	outpatient			778		65.6 Horizon	MGD		297.82	38.28			22.8	739.1	percent of total billed charges	
FRAGILE X SYNDROME, CARRIER (511919)	81243	CPT	outpatient			778		65.6 Horizon	PPO		297.82	38.28			22.8	739.1	percent of total billed charges	
FRAGILE X SYNDROME, CARRIER (511919)	81243	CPT	outpatient			778		65.6 Horizon	Medicare Blue		233.4	30			22.8	739.1	percent of total billed charges	
FRAGILE X SYNDROME, CARRIER (511919)	81243	CPT	outpatient			778		65.6 Horizon	Indemnity		297.82	38.28			22.8	739.1	percent of total billed charges	
FRAGILE X SYNDROME, CARRIER (511919)	81243	CPT	outpatient			778		65.6 Managed Care Inc	Managed Care Inc		700.2	90			22.8	739.1	percent of total billed charges	
FRAGILE X SYNDROME, CARRIER (511919)	81243	CPT	outpatient			778		65.6 Multiplan	Multiplan		622.4	80			22.8	739.1	percent of total billed charges	
FRAGILE X SYNDROME, CARRIER (511919)	81243	CPT	outpatient			778		65.6 Qualcare	Qualcare		583.5	75			22.8	739.1	percent of total billed charges	
FRAGILE X SYNDROME, CARRIER (511919)	81243	CPT	outpatient			778		65.6 Three Rivers	Three Rivers		739.1	95			22.8	739.1	percent of total billed charges	
FRAGILE X SYNDROME, CARRIER (511919)	81243	CPT	outpatient			778		65.6 UHC	Medicaid		245.46	31.55			22.8	739.1	percent of total billed charges	
FRAGILE X SYNDROME, CARRIER (511919)	81243	CPT	outpatient			778		65.6 UHC	Medicare		57.04				22.8	739.1	fee schedule	
FRAGILE X SYNDROME, CARRIER (511919)	81243	CPT	outpatient			778		65.6 Wellcare	Medicare		57.04				22.8	739.1	fee schedule	
FRAGILE X SYNDROME, CARRIER (511919)	81243	CPT	outpatient			778		65.6 Wellcare	Medicaid		245.46	31.55			22.8	739.1	percent of total billed charges	
FRAGILE X SYNDROME, CARRIER (511919)	81243	CPT	outpatient			778		65.6 WellPoint	WellPoint		250.36	32.18			22.8	739.1	percent of total billed charges	
FRAGILE X FMR1 MOLECULAR ANALYSIS	81244	CPT	outpatient			646		51.62 Aetna	Medicare		44.89				35.1	613.7	fee schedule	
FRAGILE X FMR1 MOLECULAR ANALYSIS	81244	CPT	outpatient			646		51.62 Aetna	Better Health		203.81	31.55			35.1	613.7	percent of total billed charges	
FRAGILE X FMR1 MOLECULAR ANALYSIS	81244	CPT	outpatient			646		51.62 Aetna	Commercial		245.48	38			35.1	613.7	percent of total billed charges	
FRAGILE X FMR1 MOLECULAR ANALYSIS	81244	CPT	outpatient			646		51.62 Americare	Americare		484.5	75			35.1	613.7	percent of total billed charges	
FRAGILE X FMR1 MOLECULAR ANALYSIS	81244	CPT	outpatient			646		51.62 Amerihealth	Medicare		44.89				35.1	613.7	fee schedule	
FRAGILE X FMR1 MOLECULAR ANALYSIS	81244	CPT	outpatient			646		51.62 Amerihealth	HMO/PPO		419.9	65			35.1	613.7	percent of total billed charges	
FRAGILE X FMR1 MOLECULAR ANALYSIS	81244	CPT	outpatient			646		51.62 Consumer	Consumer		613.7	95			35.1	613.7	percent of total billed charges	
FRAGILE X FMR1 MOLECULAR ANALYSIS	81244	CPT	outpatient			646		51.62 Corrections	Corrections		516.8	80			35.1	613.7	percent of total billed charges	
FRAGILE X FMR1 MOLECULAR ANALYSIS	81244	CPT	outpatient			646		51.62 First Health	First Health		452.2	70			35.1	613.7	percent of total billed charges	
FRAGILE X FMR1 MOLECULAR ANALYSIS	81244	CPT	outpatient			646		51.62 First Trenton	First Trenton		581.4	90			35.1	613.7	percent of total billed charges	
FRAGILE X FMR1 MOLECULAR ANALYSIS	81244	CPT	outpatient			646		51.62 Horizon	MGD		247.29	38.28			35.1	613.7	percent of total billed charges	
FRAGILE X FMR1 MOLECULAR ANALYSIS	81244	CPT	outpatient			646		51.62 Horizon	Indemnity		247.29	38.28			35.1	613.7	percent of total billed charges	
FRAGILE X FMR1 MOLECULAR ANALYSIS	81244	CPT	outpatient			646		51.62 Horizon	Medicare Blue		193.8	30			35.1	613.7	percent of total billed charges	
FRAGILE X FMR1 MOLECULAR ANALYSIS	81244	CPT	outpatient			646		51.62 Horizon	PPO		247.29	38.28			35.1	613.7	percent of total billed charges	
FRAGILE X FMR1 MOLECULAR ANALYSIS	81244	CPT	outpatient			646		51.62 Managed Care Inc	Managed Care Inc		581.4	90			35.1	613.7	percent of total billed charges	
FRAGILE X FMR1 MOLECULAR ANALYSIS	81244	CPT	outpatient			646		51.62 Multiplan	Multiplan		516.8	80			35.1	613.7	percent of total billed charges	
FRAGILE X FMR1 MOLECULAR ANALYSIS	81244	CPT	outpatient			646		51.62 Qualcare	Qualcare		484.5	75			35.1	613.7	percent of total billed charges	
FRAGILE X FMR1 MOLECULAR ANALYSIS	81244	CPT	outpatient			646		51.62 Three Rivers	Three Rivers		613.7	95			35.1	613.7	percent of total billed charges	
FRAGILE X FMR1 MOLECULAR ANALYSIS	81244	CPT	outpatient			646		51.62 UHC	Medicaid		203.81	31.55			35.1	613.7	percent of total billed charges	
FRAGILE X FMR1 MOLECULAR ANALYSIS	81244	CPT	outpatient			646		51.62 UHC	Medicare		44.89				35.1	613.7	fee schedule	
FRAGILE X FMR1 MOLECULAR ANALYSIS	81244	CPT	outpatient			646		51.62 Wellcare	Medicare		44.89				35.1	613.7	fee schedule	
FRAGILE X FMR1 MOLECULAR ANALYSIS	81244	CPT	outpatient			646		51.62 Wellcare	Medicaid		203.81	31.55			35.1	613.7	percent of total billed charges	
FRAGILE X FMR1 MOLECULAR ANALYSIS	81244	CPT	outpatient			646		51.62 WellPoint	WellPoint		207.88	32.18			35.1	613.7	percent of total billed charges	
SLCOA1 ANTIBODY	81256	CPT	both			705		75.16 Aetna	Commercial		267.9	38			51	669.75	percent of total billed charges	
SLCOA1 ANTIBODY	81256	CPT	both			705		75.16 Aetna	Medicare		65.36				51	669.75	fee schedule	
SLCOA1 ANTIBODY	81256	CPT	both			705		75.16 Aetna	Better Health		222.43	31.55			51	669.75	percent of total billed charges	
SLCOA1 ANTIBODY	81256	CPT	both			705		75.16 Americare	Americare		526.75	75			51	669.75	percent of total billed charges	
SLCOA1 ANTIBODY	81256	CPT	both			705		75.16 Amerihealth	Medicare		65.36				51	669.75	fee schedule	
SLCOA1 ANTIBODY	81256	CPT	both			705		75.16 Amerihealth	HMO/PPO		458.25	65			51	669.75	percent of total billed charges	
SLCOA1 ANTIBODY	81256	CPT	both			705		75.16 Consumer	Consumer		669.75	95			51	669.75	percent of total billed charges	
SLCOA1 ANTIBODY	81256	CPT	both			705		75.16 Corrections	Corrections		564	80			51	669.75	percent of total billed charges	
SLCOA1 ANTIBODY	81256	CPT	both			705		75.16 First Health	First Health		493.5	70			51	669.75	percent of total billed charges	
SLCOA1 ANTIBODY	81256	CPT	both			705		75.16 First Trenton	First Trenton		634.5	90			51	669.75	percent of total billed charges	
SLCOA1 ANTIBODY	81256	CPT	both			705		75.16 Horizon	MGD		269.87	38.28			51	669.75	percent of total billed charges	
SLCOA1 ANTIBODY	81256	CPT	both			705		75.16 Horizon	Indemnity		269.87	38.28			51	669.75	percent of total billed charges	
SLCOA1 ANTIBODY	81256	CPT	both			705		75.16 Horizon	Medicare Blue		211.5	30			51	669.75	percent of total billed charges	
SLCOA1 ANTIBODY	81256	CPT	both			705		75.16 Horizon	PPO		269.87	38.28			51	669.75	percent of total billed charges	
SLCOA1 ANTIBODY	81256	CPT	both			705		75.16 Managed Care Inc	Managed Care Inc		634.5	90			51	669.75	percent of total billed charges	
SLCOA1 ANTIBODY	81256	CPT	both			705		75.16 Multiplan	Multiplan		564	80			51	669.75	percent of total billed charges	
SLCOA1 ANTIBODY	81256	CPT	both			705		75.16 Qualcare	Qualcare		528.75	75			51	669.75	percent of total billed charges	
SLCOA1 ANTIBODY	81256	CPT	both			705		75.16 Three Rivers	Three Rivers		669.75	95			51	669.75	percent of total billed charges	
SLCOA1 ANTIBODY	81256	CPT	both			705		75.16 UHC	Medicare		65.36				51	669.75	fee schedule	
SLCOA1 ANTIBODY	81256	CPT	both			705		75.16 UHC	Medicaid		222.43	31.55			51	669.75	percent of total billed charges	
SLCOA1 ANTIBODY	81256	CPT	both			705		75.16 Wellcare	Medicaid		222.43	31.55			51	669.75	percent of total billed charges	
SLCOA1 ANTIBODY	81256	CPT	both			705		75.16 Wellcare	Medicare		65.36				51	669.75	fee schedule	
SLCOA1 ANTIBODY	81256	CPT	both			705		75.16 WellPoint	WellPoint		226.87	32.18			51	669.75	percent of total billed charges	
HBA1/HBA2GENE ANALY	81257	CPT	both			1921		117.6 Aetna	Medicare		102.26				102.26	1824.95	fee schedule	
HBA1/HBA2GENE ANALY	81257	CPT	both			1921		117.6 Aetna	Better Health		606.08	31.55			102.26	1824.95	percent of total billed charges	
HBA1/HBA2GENE ANALY	81257	CPT	both			1921		117.6 Aetna	Commercial		729.98	38			102.26	1824.95	percent of total billed charges	
HBA1/HBA2GENE ANALY	81257	CPT	both			1921		117.6 Americare	Americare		1440.75	75			102.26	1824.95	percent of total billed charges	
HBA1/HBA2GENE ANALY	81257	CPT	both			1921		117.6 Amerihealth	Medicare		102.26				102.26	1824.95	fee schedule	
HBA1/HBA2GENE ANALY	81257	CPT	both			1921		117.6 Amerihealth	HMO/PPO		1248.65	65			102.26	1824.95	percent of total billed charges	
HBA1/HBA2GENE ANALY	81257	CPT	both			1921		117.6 Consumer	Consumer		1824.95	95			102.26	1824.95	percent of total billed charges	
HBA1/HBA2GENE ANALY	81257	CPT	both			1921		117.6 Corrections	Corrections		1536.8	80			102.26	1824.95	percent of total billed charges	
HBA1/HBA2GENE ANALY	81257	CPT	both			1921		117.6 First Health	First Health		1344.7	70			102.26	1824.95	percent of total billed charges	
HBA1/HBA2GENE ANALY	81257	CPT	both			1921		117.6 First Trenton	First Trenton		1728.9	90			102.26	1824.95	percent of total billed charges	
HBA1/HBA2GENE ANALY	81257	CPT	both			1921		117.6 Horizon	MGD		735.36	38.28			102.26	1824.95	percent of total billed charges	
HBA1/HBA2GENE ANALY	81257	CPT	both			1921		117.6 Horizon	Medicare Blue		576.3	30			102.26	1824.95	percent of total billed charges	
HBA1/HBA2GENE ANALY	81257	CPT	both			1921		117.6 Horizon	Indemnity		735.36	38.28			102.26	1824.95	percent of total billed charges	
HBA1/HBA2GENE ANALY	81257	CPT	both			1921		117.6 Horizon	PPO		735.36	38.28			102.26	1824.95	percent of total billed charges	
HBA1/HBA2GENE ANALY	81257	CPT	both			1921		117.6 Managed Care Inc	Managed Care Inc		1728.9	90			102.26	1824.95	percent of total billed charges	
HBA1/HBA2GENE ANALY	81257	CPT	both			1921		117.6 Multiplan	Multiplan		1536.8	80			102.26	1824.95	percent of total billed charges	
HBA1/HBA2GENE ANALY	81257	CPT	both			1921		117.6 Qualcare	Qualcare		1440.75	75			102.26	1824.95	percent of total billed charges	
HBA1/HBA2GENE ANALY	81257	CPT	both			1921		117.6 Three Rivers	Three Rivers		1824.95	95			102.26	1824.95	percent of total billed charges	
HBA1/HBA2GENE ANALY	81257	CPT	both			1921		117.6 UHC	Medicare		102.26				102.26	1824.95	fee schedule	
HBA1/HBA2GENE ANALY	81257	CPT	both			1921		117.6 UHC	Medicaid		606.08	31.55			102.26	1824.95	percent of total billed charges	
HBA1/HBA2GENE ANALY	81257	CPT	both			1921		117.6 Wellcare	Medicare		102.26				102.26	1824.95	fee schedule	
HBA1/HBA2GENE ANALY	81257	CPT	both			1921		117.6 Wellcare	Medicaid		606.08	31.55			102.26	1824.95	percent of total billed charges	
HBA1/HBA2GENE ANALY	81257	CPT	both			1921		117.6 WellPoint	WellPoint		618.18	32.18			102.26	1824.95	percent of total billed charges	
B-CELL, IGH GENE ARRANGEMENTS (480716)	81261	CPT	both			631		227.69 Aetna	Better Health		199.08	31.55			116.13	599.45	percent of total billed charges	
B-CELL, IGH GENE ARRANGEMENTS (480716)	81261	CPT	both			631		227.69 Aetna	Medicare		194.35	30.8			116.13	599.45	percent of total billed charges	
B-CELL, IGH GENE ARRANGEMENTS (480716)	81261	CPT	both			631		227.69 Aetna	Commercial		239.78	38			116.13	599.45	percent of total billed charges	
B-CELL, IGH GENE ARRANGEMENTS (480716)	81261	CPT	both			631		227.69 Americare	Americare		473.25	75			116.13	599.45	percent of total billed charges	
B-CELL, IGH GENE ARRANGEMENTS (480716)	81261	CPT	both			631		227.69 Amerihealth	HMO/PPO		410.15	65			116.13	599.45	percent of total billed charges	
B-CELL, IGH GENE ARRANGEMENTS (480716)	81261	CPT	both			631		227.69 Amerihealth	Medicare		197.99				116.13	599.45	fee schedule	
B-CELL, IGH GENE ARRANGEMENTS (480716)	81261	CPT	both			631		227.69 Consumer	Consumer		599.45	95			116.13	599.45	percent of total billed charges	
B-CELL, IGH GENE ARRANGEMENTS (480716)	81261	CPT	both			631		227.69 Corrections	Corrections		504.8	80			116.13	599.45	percent of total billed charges	
B-CELL, IGH GENE ARRANGEMENTS (480716)	81261	CPT	both			631		227.69 First Health	First Health		441.7	70			116.13	599.45	percent of total billed charges	
B-CELL, IGH GENE ARRANGEMENTS (480716)	81261	CPT	both			631		227.69 First Trenton	First Trenton		567.9	90			116.13	599.45	percent of total billed charges	
B-CELL, IGH GENE ARRANGEMENTS (480716)	81261	CPT	both			631		227.69 Horizon	Medicare Blue		189.3	30			116.13	599.45	percent of total billed charges	
B-CELL, IGH GENE ARRANGEMENTS (480716)	81261	CPT	both			631		227.69 Horizon	Indemnity		241.55	38.28			116.13	599.45	percent of total billed charges	
B-CELL, IGH GENE ARRANGEMENTS (480716)	81261	CPT	both			631		227.69 Horizon	PPO		241.55	38.28			116.13	599.45	percent of total billed charges	
B-CELL, IGH GENE ARRANGEMENTS (480716)	81261	CPT	both			631		227.69 Horizon	MGD		241.55	38.28			116.13	599.45	percent of total billed charges	
B-CELL, IGH GENE ARRANGEMENTS (480716)	81261	CPT	both			631		227.69 Horizon	NJ Health		116.13				116.13	599.45	fee schedule	
B-CELL, IGH GENE ARRANGEMENTS (480716)	81261	CPT	both			631		227.69 Managed Care Inc	Managed Care Inc		567.9	90			116.13	599.45	percent of total billed charges	
B-CELL, IGH GENE ARRANGEMENTS (480716)	81261	CPT	both			631		227.69 Multiplan	Multiplan		504.8	80			116.13	599.45	percent of total billed charges	
B-CELL, IGH GENE ARRANGEMENTS (480716)	81261	CPT	both			631		227.69 Qualcare	Qualcare		473.25	75			116.13	599.45	percent of total billed charges	
B-CELL, IGH GENE ARRANGEMENTS (480716)	81261	CPT	both			631		227.69 Three Rivers	Three Rivers		599.45	95			116.13	599.45	percent of total billed charges	
B-CELL, IGH GENE ARRANGEMENTS (480716)	81261	CPT	both			631		227.69 UHC	Medicaid		199.08	31.55			116.13	599.45	percent of total billed charges	
B-CELL, IGH GENE ARRANGEMENTS (480716)	81261	CPT	both			631		227.69 UHC	Medicare		197.99				116.13	599.45	fee schedule	
B-CELL, IGH GENE ARRANGEMENTS (480716)	81261	CPT	both			631		227.69 Wellcare	Medicare		197.99				116.13	599.45	fee schedule	
B-CELL, IGH GENE ARRANGEMENTS (480716)	81261	CPT	both			631		227.69 Wellcare	Medicaid		199.08	31.55			116.13	599.45	percent of total billed charges	
B-CELL, IGH GENE ARRANGEMENTS (480716)	81261	CPT	both			631		227.69 WellPoint	WellPoint		203.06	32.18			116.13	599.45	percent of total billed charges	
IGVH.SOMATIC.HYPERMUTATION(113753)	81263	CPT	both			1288		338.7 Aetna	Better Health		406.36	31.55			203.78	1223.6	percent of total billed charges	
IGVH.SOMATIC.HYPERMUTATION(113753)	81263	CPT	both			1288		338.7 Aetna	Medicare		396.7	30.8			203.78	1223.6	percent of total billed charges	
IGVH.SOMATIC.HYPERMUTATION(113753)	81263	CPT	both			1288		338.7 Aetna	Commercial		489.44	38			203.78	1223.6	percent of total billed charges	
IGVH.SOMATIC.HYPERMUTATION(113753)	81263	CPT	both			1288		338.7 Americare	Americare		966	75			203.78	1223.6	percent of total billed charges	
IGVH.SOMATIC.HYPERMUTATION(113753)	81263	CPT	both			1288		338.7 Amerihealth	Medicare		294.52				203.78	1223.6	fee schedule	
IGVH.SOMATIC.HYPERMUTATION(113753)	81263	CPT	both			1288		338.7 Amerihealth	HMO/PPO		837.2	65			203.78	1223.6	percent of total billed charges	
IGVH.SOMATIC.HYPERMUTATION(113753)	81263	CPT	both			1288		338.7 Consumer	Consumer		1223.6	95			203.78	1223.6	percent of total billed charges	
IGVH.SOMATIC.HYPERMUTATION(113753)	81263	CPT	both			1288		338.7 Corrections	Corrections		1030.4	80			203.78	1223.6	percent of total billed charges	
IGVH.SOMATIC.HYPERMUTATION(113753)	81263	CPT	both			1288		338.7 First Health	First Health		901.6	70			203.78	1223.6	percent of total billed charges	
IGVH.SOMATIC.HYPERMUTATION(113753)	81263	CPT	both			1288		338.7 First Trenton	First Trenton		1159.2	90			203.78	1223.6	percent of total billed charges	
IGVH.SOMATIC.HYPERMUTATION(113753)	81263	CPT	both			1288		338.7 Horizon	MGD		493.05	38.28			203.78	1223.6	percent of total billed charges	
IGVH.SOMATIC.HYPERMUTATION(113753)	81263	CPT	both			1288		338.7 Horizon	Indemnity		493.05	38.28			203.78	1223.6	percent of total billed charges	
IGVH.SOMATIC.HYPERMUTATION(113753)	81263	CPT	both			1288		338.7 Horizon	PPO		493.05	38.28			203.78	1223.6	percent of total billed charges	
IGVH.SOMATIC.HYPERMUTATION(113753)	81263	CPT	both			1288		338.7 Horizon	NJ Health		203.78				203.78	1223.6	fee schedule	
IGVH.SOMATIC.HYPERMUTATION(113753)	81263	CPT	both			1288		338.7 Horizon	Medicare Blue		386.4	30			203.78	1223.6	percent of total billed charges	
IGVH.SOMATIC.HYPERMUTATION(113753)	81263	CPT	both			1288		338.7 Managed Care Inc	Managed Care Inc		1159.2	90			203.78	1223.6	percent of total billed charges	
IGVH.SOMATIC.HYPERMUTATION(113753)	81263	CPT	both			1288		338.7 Multiplan	Multiplan		1030.4	80			203.78	1223.6	percent of total billed charges	
IGVH.SOMATIC.HYPERMUTATION(113753)	81263	CPT	both			1288		338.7 Qualcare	Qualcare		966	75			203.78	1223.6	percent of total billed charges	
IGVH.SOMATIC.HYPERMUTATION(113753)	81263	CPT	both			1288		338.7 Three Rivers	Three Rivers		1223.6	95			203.78	1223.6	percent of total billed charges	
IGVH.SOMATIC.HYPERMUTATION(113753)	81263	CPT	both			1288		338.7 UHC	Medicaid		406.36	31.55			203.78	1223.6	percent of total billed charges	
IGVH.SOMATIC.HYPERMUTATION(113753)	81263	CPT	both			1288		338.7 UHC	Medicare		294.52				203.78	1223.6	fee schedule	
IGVH.SOMATIC.HYPERMUTATION(113753)	81263	CPT	both			1288		338.7 Wellcare	Medicare		294.52				203.78	1223.6	fee schedule	
IGVH.SOMATIC.HYPERMUTATION(113753)	81263	CPT	both			1288		338.7 Wellcare	Medicaid		406.36	31.55			203.78	1223.6	percent of total billed charges	
IGVH.SOMATIC.HYPERMUTATION(113753)	81263	CPT	both			1288		338.7 WellPoint	WellPoint		414.48	32.18			203.78	1223.6	percent of total billed charges	
JAK2V617F,MUTATION ANAL QUAL	81270	CPT	both			1004		105.41 Aetna	Commercial		381.52	38			91.66	953.8	percent of total billed charges	
JAK2V617F,MUTATION ANAL QUAL	81270	CPT	both			1004		105.41 Aetna	Better Health		316.76	31.55			91.66	953.8	percent of total billed charges	
JAK2V617F,MUTATION ANAL QUAL	81270	CPT	both			1004		105.41 Aetna	Medicare		91.66				91.66	953.8	fee schedule	
JAK2V617F,MUTATION ANAL QUAL	81270	CPT	both			1004		105.41 Americare	Americare		753	75			91.66	953.8	percent of total billed charges	
JAK2V617F,MUTATION ANAL QUAL	81270	CPT	both			1004		105.41 Amerihealth	Medicare		91.66				91.66	953.8	fee schedule	
JAK2V617F,MUTATION ANAL QUAL	81270	CPT	both			1004		105.41 Amerihealth	HMO/PPO		652.6	65			91.66	953.8	percent of total billed charges	
JAK2V617F,MUTATION ANAL QUAL	81270	CPT	both			1004		105.41 Consumer	Consumer		953.8	95			91.66	953.8	percent of total billed charges	
JAK2V617F,MUTATION ANAL QUAL	81270	CPT	both			1004		105.41 Corrections	Corrections		803.2	80			91.66	953.8	percent of total billed charges	
JAK2V617F,MUTATION ANAL QUAL	81270	CPT	both			1004		105.41 First Health	First Health		702.8	70			91.66	953.8	percent of total billed charges	
JAK2V617F,MUTATION ANAL QUAL	81270	CPT	both			1004		105.41 First Trenton	First Trenton		903.6	90			91.66	953.8	percent of total billed charges	
JAK2V617F,MUTATION ANAL QUAL	81270	CPT	both			1004		105.41 Horizon	Medicare Blue		301.2	30			91.66	953.8	percent of total billed charges	
JAK2V617F,MUTATION ANAL QUAL	81270	CPT	both			1004		105.41 Horizon	MGD		384.33	38.28			91.66	953.8	percent of total billed charges	
JAK2V617F,MUTATION ANAL QUAL	81270	CPT	both			1004		105.41 Horizon	Indemnity		384.33	38.28			91.66	953.8	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
JAK2V617F,MUTATION ANAL QUAL	81270	CPT	both			1004	105.41	Horizon	PPO		384.33	38.28			91.66		953.8 percent of total billed charges	
JAK2V617F,MUTATION ANAL QUAL	81270	CPT	both			1004	105.41	Managed Care Inc	Managed Care Inc		903.6	90			91.66		953.8 percent of total billed charges	
JAK2V617F,MUTATION ANAL QUAL	81270	CPT	both			1004	105.41	Multiplan	Multiplan		803.2	80			91.66		953.8 percent of total billed charges	
JAK2V617F,MUTATION ANAL QUAL	81270	CPT	both			1004	105.41	Qualcare	Qualcare		753	75			91.66		953.8 percent of total billed charges	
JAK2V617F,MUTATION ANAL QUAL	81270	CPT	both			1004	105.41	Three Rivers	Three Rivers		953.8	95			91.66		953.8 percent of total billed charges	
JAK2V617F,MUTATION ANAL QUAL	81270	CPT	both			1004	105.41	UHC	Medicare		91.66				91.66		953.8 fee schedule	
JAK2V617F,MUTATION ANAL QUAL	81270	CPT	both			1004	105.41	UHC	Medicaid		316.76	31.55			91.66		953.8 percent of total billed charges	
JAK2V617F,MUTATION ANAL QUAL	81270	CPT	both			1004	105.41	Wellcare	Medicare		91.66				91.66		953.8 fee schedule	
JAK2V617F,MUTATION ANAL QUAL	81270	CPT	both			1004	105.41	Wellcare	Medicaid		316.76	31.55			91.66		953.8 percent of total billed charges	
JAK2V617F,MUTATION ANAL QUAL	81270	CPT	both			1004	105.41	WellPoint	WellPoint		323.09	32.18			91.66		953.8 percent of total billed charges	
KIT,ACUTE.MYELOID.LEUK.GENE.,ANAL	81272	CPT	outpatient			2040	378.94	Aetna	Medicare		628.32	30.8			315		1938 percent of total billed charges	
KIT,ACUTE.MYELOID.LEUK.GENE.,ANAL	81272	CPT	outpatient			2040	378.94	Aetna	Commercial		775.2	38			315		1938 percent of total billed charges	
KIT,ACUTE.MYELOID.LEUK.GENE.,ANAL	81272	CPT	outpatient			2040	378.94	Aetna	Better Health		643.62	31.55			315		1938 percent of total billed charges	
KIT,ACUTE.MYELOID.LEUK.GENE.,ANAL	81272	CPT	outpatient			2040	378.94	Americare	Americare		1530	75			315		1938 percent of total billed charges	
KIT,ACUTE.MYELOID.LEUK.GENE.,ANAL	81272	CPT	outpatient			2040	378.94	Amerihealth	HMO/PPO		1326	65			315		1938 percent of total billed charges	
KIT,ACUTE.MYELOID.LEUK.GENE.,ANAL	81272	CPT	outpatient			2040	378.94	Amerihealth	Medicare		329.51				315		1938 fee schedule	
KIT,ACUTE.MYELOID.LEUK.GENE.,ANAL	81272	CPT	outpatient			2040	378.94	Consumer	Consumer		1938	95			315		1938 percent of total billed charges	
KIT,ACUTE.MYELOID.LEUK.GENE.,ANAL	81272	CPT	outpatient			2040	378.94	Corrections	Corrections		1632	80			315		1938 percent of total billed charges	
KIT,ACUTE.MYELOID.LEUK.GENE.,ANAL	81272	CPT	outpatient			2040	378.94	First Health	First Health		1428	70			315		1938 percent of total billed charges	
KIT,ACUTE.MYELOID.LEUK.GENE.,ANAL	81272	CPT	outpatient			2040	378.94	First Trenton	First Trenton		1836	90			315		1938 percent of total billed charges	
KIT,ACUTE.MYELOID.LEUK.GENE.,ANAL	81272	CPT	outpatient			2040	378.94	Horizon	MGD		780.91	38.28			315		1938 percent of total billed charges	
KIT,ACUTE.MYELOID.LEUK.GENE.,ANAL	81272	CPT	outpatient			2040	378.94	Horizon	Indemnity		780.91	38.28			315		1938 percent of total billed charges	
KIT,ACUTE.MYELOID.LEUK.GENE.,ANAL	81272	CPT	outpatient			2040	378.94	Horizon	NJ Health		516.68				315		1938 fee schedule	
KIT,ACUTE.MYELOID.LEUK.GENE.,ANAL	81272	CPT	outpatient			2040	378.94	Horizon	Medicare Blue		612	30			315		1938 percent of total billed charges	
KIT,ACUTE.MYELOID.LEUK.GENE.,ANAL	81272	CPT	outpatient			2040	378.94	Horizon	PPO		780.91	38.28			315		1938 percent of total billed charges	
KIT,ACUTE.MYELOID.LEUK.GENE.,ANAL	81272	CPT	outpatient			2040	378.94	Managed Care Inc	Managed Care Inc		1836	90			315		1938 percent of total billed charges	
KIT,ACUTE.MYELOID.LEUK.GENE.,ANAL	81272	CPT	outpatient			2040	378.94	Multiplan	Multiplan		1632	80			315		1938 percent of total billed charges	
KIT,ACUTE.MYELOID.LEUK.GENE.,ANAL	81272	CPT	outpatient			2040	378.94	Qualcare	Qualcare		1530	75			315		1938 percent of total billed charges	
KIT,ACUTE.MYELOID.LEUK.GENE.,ANAL	81272	CPT	outpatient			2040	378.94	Three Rivers	Three Rivers		1938	95			315		1938 percent of total billed charges	
KIT,ACUTE.MYELOID.LEUK.GENE.,ANAL	81272	CPT	outpatient			2040	378.94	UHC	Medicare		329.51				315		1938 fee schedule	
KIT,ACUTE.MYELOID.LEUK.GENE.,ANAL	81272	CPT	outpatient			2040	378.94	UHC	Medicaid		643.62	31.55			315		1938 percent of total billed charges	
KIT,ACUTE.MYELOID.LEUK.GENE.,ANAL	81272	CPT	outpatient			2040	378.94	Wellcare	Medicare		329.51				315		1938 fee schedule	
KIT,ACUTE.MYELOID.LEUK.GENE.,ANAL	81272	CPT	outpatient			2040	378.94	Wellcare	Medicaid		643.62	31.55			315		1938 percent of total billed charges	
KIT,ACUTE.MYELOID.LEUK.GENE.,ANAL	81272	CPT	outpatient			2040	378.94	WellPoint	WellPoint		656.47	32.18			315		1938 percent of total billed charges	
KRAS GENE, 7 MUTATION PANEL	81275	CPT	both			616	222.24	Aetna	Medicare		193.25				129.9		585.2 fee schedule	
KRAS GENE, 7 MUTATION PANEL	81275	CPT	both			616	222.24	Aetna	Commercial		234.08	38			129.9		585.2 percent of total billed charges	
KRAS GENE, 7 MUTATION PANEL	81275	CPT	both			616	222.24	Aetna	Better Health		194.35	31.55			129.9		585.2 percent of total billed charges	
KRAS GENE, 7 MUTATION PANEL	81275	CPT	both			616	222.24	Americare	Americare		462	75			129.9		585.2 percent of total billed charges	
KRAS GENE, 7 MUTATION PANEL	81275	CPT	both			616	222.24	Amerihealth	HMO/PPO		400.4	65			129.9		585.2 percent of total billed charges	
KRAS GENE, 7 MUTATION PANEL	81275	CPT	both			616	222.24	Amerihealth	Medicare		193.25				129.9		585.2 fee schedule	
KRAS GENE, 7 MUTATION PANEL	81275	CPT	both			616	222.24	Consumer	Consumer		585.2	95			129.9		585.2 percent of total billed charges	
KRAS GENE, 7 MUTATION PANEL	81275	CPT	both			616	222.24	Corrections	Corrections		492.8	80			129.9		585.2 percent of total billed charges	
KRAS GENE, 7 MUTATION PANEL	81275	CPT	both			616	222.24	First Health	First Health		431.2	70			129.9		585.2 percent of total billed charges	
KRAS GENE, 7 MUTATION PANEL	81275	CPT	both			616	222.24	First Trenton	First Trenton		554.4	90			129.9		585.2 percent of total billed charges	
KRAS GENE, 7 MUTATION PANEL	81275	CPT	both			616	222.24	Horizon	Indemnity		235.8	38.28			129.9		585.2 percent of total billed charges	
KRAS GENE, 7 MUTATION PANEL	81275	CPT	both			616	222.24	Horizon	MGD		235.8	38.28			129.9		585.2 percent of total billed charges	
KRAS GENE, 7 MUTATION PANEL	81275	CPT	both			616	222.24	Horizon	Medicare Blue		184.8	30			129.9		585.2 percent of total billed charges	
KRAS GENE, 7 MUTATION PANEL	81275	CPT	both			616	222.24	Horizon	PPO		235.8	38.28			129.9		585.2 percent of total billed charges	
KRAS GENE, 7 MUTATION PANEL	81275	CPT	both			616	222.24	Managed Care Inc	Managed Care Inc		554.4	90			129.9		585.2 percent of total billed charges	
KRAS GENE, 7 MUTATION PANEL	81275	CPT	both			616	222.24	Multiplan	Multiplan		492.8	80			129.9		585.2 percent of total billed charges	
KRAS GENE, 7 MUTATION PANEL	81275	CPT	both			616	222.24	Qualcare	Qualcare		462	75			129.9		585.2 percent of total billed charges	
KRAS GENE, 7 MUTATION PANEL	81275	CPT	both			616	222.24	Three Rivers	Three Rivers		585.2	95			129.9		585.2 percent of total billed charges	
KRAS GENE, 7 MUTATION PANEL	81275	CPT	both			616	222.24	UHC	Medicare		193.25				129.9		585.2 fee schedule	
KRAS GENE, 7 MUTATION PANEL	81275	CPT	both			616	222.24	UHC	Medicaid		194.35	31.55			129.9		585.2 percent of total billed charges	
KRAS GENE, 7 MUTATION PANEL	81275	CPT	both			616	222.24	Wellcare	Medicaid		194.35	31.55			129.9		585.2 percent of total billed charges	
KRAS GENE, 7 MUTATION PANEL	81275	CPT	both			616	222.24	Wellcare	Medicare		193.25				129.9		585.2 fee schedule	
KRAS GENE, 7 MUTATION PANEL	81275	CPT	both			616	222.24	WellPoint	WellPoint		198.23	32.18			129.9		585.2 percent of total billed charges	
KRAS GENE ANALYSIS, ADDITIONAL VARIANTS	81276	CPT	outpatient			616	222.24	Aetna	Commercial		234.08	38			129.9		585.2 percent of total billed charges	
KRAS GENE ANALYSIS, ADDITIONAL VARIANTS	81276	CPT	outpatient			616	222.24	Aetna	Medicare		193.25				129.9		585.2 fee schedule	
KRAS GENE ANALYSIS, ADDITIONAL VARIANTS	81276	CPT	outpatient			616	222.24	Aetna	Better Health		194.35	31.55			129.9		585.2 percent of total billed charges	
KRAS GENE ANALYSIS, ADDITIONAL VARIANTS	81276	CPT	outpatient			616	222.24	Americare	Americare		462	75			129.9		585.2 percent of total billed charges	
KRAS GENE ANALYSIS, ADDITIONAL VARIANTS	81276	CPT	outpatient			616	222.24	Amerihealth	Medicare		193.25				129.9		585.2 fee schedule	
KRAS GENE ANALYSIS, ADDITIONAL VARIANTS	81276	CPT	outpatient			616	222.24	Amerihealth	HMO/PPO		400.4	65			129.9		585.2 percent of total billed charges	
KRAS GENE ANALYSIS, ADDITIONAL VARIANTS	81276	CPT	outpatient			616	222.24	Consumer	Consumer		585.2	95			129.9		585.2 percent of total billed charges	
KRAS GENE ANALYSIS, ADDITIONAL VARIANTS	81276	CPT	outpatient			616	222.24	Corrections	Corrections		492.8	80			129.9		585.2 percent of total billed charges	
KRAS GENE ANALYSIS, ADDITIONAL VARIANTS	81276	CPT	outpatient			616	222.24	First Health	First Health		431.2	70			129.9		585.2 percent of total billed charges	
KRAS GENE ANALYSIS, ADDITIONAL VARIANTS	81276	CPT	outpatient			616	222.24	First Trenton	First Trenton		554.4	90			129.9		585.2 percent of total billed charges	
KRAS GENE ANALYSIS, ADDITIONAL VARIANTS	81276	CPT	outpatient			616	222.24	Horizon	Medicare Blue		184.8	30			129.9		585.2 percent of total billed charges	
KRAS GENE ANALYSIS, ADDITIONAL VARIANTS	81276	CPT	outpatient			616	222.24	Horizon	Indemnity		235.8	38.28			129.9		585.2 percent of total billed charges	
KRAS GENE ANALYSIS, ADDITIONAL VARIANTS	81276	CPT	outpatient			616	222.24	Horizon	MGD		235.8	38.28			129.9		585.2 percent of total billed charges	
KRAS GENE ANALYSIS, ADDITIONAL VARIANTS	81276	CPT	outpatient			616	222.24	Horizon	NJ Health		309.19				129.9		585.2 fee schedule	
KRAS GENE ANALYSIS, ADDITIONAL VARIANTS	81276	CPT	outpatient			616	222.24	Horizon	PPO		235.8	38.28			129.9		585.2 percent of total billed charges	
KRAS GENE ANALYSIS, ADDITIONAL VARIANTS	81276	CPT	outpatient			616	222.24	Managed Care Inc	Managed Care Inc		554.4	90			129.9		585.2 percent of total billed charges	
KRAS GENE ANALYSIS, ADDITIONAL VARIANTS	81276	CPT	outpatient			616	222.24	Multiplan	Multiplan		492.8	80			129.9		585.2 percent of total billed charges	
KRAS GENE ANALYSIS, ADDITIONAL VARIANTS	81276	CPT	outpatient			616	222.24	Qualcare	Qualcare		462	75			129.9		585.2 percent of total billed charges	
KRAS GENE ANALYSIS, ADDITIONAL VARIANTS	81276	CPT	outpatient			616	222.24	Three Rivers	Three Rivers		585.2	95			129.9		585.2 percent of total billed charges	
KRAS GENE ANALYSIS, ADDITIONAL VARIANTS	81276	CPT	outpatient			616	222.24	UHC	Medicare		193.25				129.9		585.2 fee schedule	
KRAS GENE ANALYSIS, ADDITIONAL VARIANTS	81276	CPT	outpatient			616	222.24	UHC	Medicaid		194.35	31.55			129.9		585.2 percent of total billed charges	
KRAS GENE ANALYSIS, ADDITIONAL VARIANTS	81276	CPT	outpatient			616	222.24	Wellcare	Medicaid		194.35	31.55			129.9		585.2 percent of total billed charges	
KRAS GENE ANALYSIS, ADDITIONAL VARIANTS	81276	CPT	outpatient			616	222.24	Wellcare	Medicare		193.25				129.9		585.2 fee schedule	
KRAS GENE ANALYSIS, ADDITIONAL VARIANTS	81276	CPT	outpatient			616	222.24	WellPoint	WellPoint		198.23	32.18			129.9		585.2 percent of total billed charges	
REVEAL SNP,MICRORARRAY(S10146)	81277	CPT	inpatient			3726	1334	Aetna	Better Health		1175.55	31.55			131.4		3539.7 percent of total billed charges	
REVEAL SNP,MICRORARRAY(S10146)	81277	CPT	inpatient			3726	1334	Aetna	Commercial		1415.88	38			131.4		3539.7 percent of total billed charges	
REVEAL SNP,MICRORARRAY(S10146)	81277	CPT	inpatient			3726	1334	Aetna	Medicare		1160				131.4		3539.7 fee schedule	
REVEAL SNP,MICRORARRAY(S10146)	81277	CPT	inpatient			3726	1334	Americare	Americare		2794.5	75			131.4		3539.7 percent of total billed charges	
REVEAL SNP,MICRORARRAY(S10146)	81277	CPT	inpatient			3726	1334	Amerihealth	Medicare		1160				131.4		3539.7 fee schedule	
REVEAL SNP,MICRORARRAY(S10146)	81277	CPT	inpatient			3726	1334	Amerihealth	HMO/PPO		2421.9	65			131.4		3539.7 percent of total billed charges	
REVEAL SNP,MICRORARRAY(S10146)	81277	CPT	inpatient			3726	1334	Consumer	Consumer		3539.7	95			131.4		3539.7 percent of total billed charges	
REVEAL SNP,MICRORARRAY(S10146)	81277	CPT	inpatient			3726	1334	Corrections	Corrections		2980.8	80			131.4		3539.7 percent of total billed charges	
REVEAL SNP,MICRORARRAY(S10146)	81277	CPT	inpatient			3726	1334	First Health	First Health		2608.2	70			131.4		3539.7 percent of total billed charges	
REVEAL SNP,MICRORARRAY(S10146)	81277	CPT	inpatient			3726	1334	First Trenton	First Trenton		3353.4	90			131.4		3539.7 percent of total billed charges	
REVEAL SNP,MICRORARRAY(S10146)	81277	CPT	inpatient			3726	1334	Horizon	Indemnity		1426.31	38.28			131.4		3539.7 percent of total billed charges	
REVEAL SNP,MICRORARRAY(S10146)	81277	CPT	inpatient			3726	1334	Horizon	Medicare Blue		1117.8	30			131.4		3539.7 percent of total billed charges	
REVEAL SNP,MICRORARRAY(S10146)	81277	CPT	inpatient			3726	1334	Horizon	MGD		1426.31	38.28			131.4		3539.7 percent of total billed charges	
REVEAL SNP,MICRORARRAY(S10146)	81277	CPT	inpatient			3726	1334	Horizon	NJ Health		909.44				131.4		3539.7 fee schedule	
REVEAL SNP,MICRORARRAY(S10146)	81277	CPT	inpatient			3726	1334	Horizon	PPO		1426.31	38.28			131.4		3539.7 percent of total billed charges	
REVEAL SNP,MICRORARRAY(S10146)	81277	CPT	inpatient			3726	1334	Managed Care Inc	Managed Care Inc		3353.4	90			131.4		3539.7 percent of total billed charges	
REVEAL SNP,MICRORARRAY(S10146)	81277	CPT	inpatient			3726	1334	Multiplan	Multiplan		2980.8	80			131.4		3539.7 percent of total billed charges	
REVEAL SNP,MICRORARRAY(S10146)	81277	CPT	inpatient			3726	1334	Qualcare	Qualcare		2794.5	75			131.4		3539.7 percent of total billed charges	
REVEAL SNP,MICRORARRAY(S10146)	81277	CPT	inpatient			3726	1334	Three Rivers	Three Rivers		3539.7	95			131.4		3539.7 percent of total billed charges	
REVEAL SNP,MICRORARRAY(S10146)	81277	CPT	inpatient			3726	1334	UHC	Medicaid		1175.55	31.55			131.4		3539.7 percent of total billed charges	
REVEAL SNP,MICRORARRAY(S10146)	81277	CPT	inpatient			3726	1334	UHC	Medicare		1160				131.4		3539.7 fee schedule	
REVEAL SNP,MICRORARRAY(S10146)	81277	CPT	inpatient			3726	1334	Wellcare	Medicare		1160				131.4		3539.7 fee schedule	
REVEAL SNP,MICRORARRAY(S10146)	81277	CPT	inpatient			3726	1334	Wellcare	Medicaid		1175.55	31.55			131.4		3539.7 percent of total billed charges	
REVEAL SNP,MICRORARRAY(S10146)	81277	CPT	inpatient			3726	1334	WellPoint	WellPoint		1199.03	32.18			131.4		3539.7 percent of total billed charges	
JAK2.EXON.12,13,14&15.MUTATION(115101)	81279	CPT	both			1036	212.98	Aetna	Commercial		393.68	38			185.2		984.2 percent of total billed charges	
JAK2.EXON.12,13,14&15.MUTATION(115101)	81279	CPT	both			1036	212.98	Aetna	Medicare		185.2				185.2		984.2 fee schedule	
JAK2.EXON.12,13,14&15.MUTATION(115101)	81279	CPT	both			1036	212.98	Aetna	Better Health		326.86	31.55			185.2		984.2 percent of total billed charges	
JAK2.EXON.12,13,14&15.MUTATION(115101)	81279	CPT	both			1036	212.98	Americare	Americare		777	75			185.2		984.2 percent of total billed charges	
JAK2.EXON.12,13,14&15.MUTATION(115101)	81279	CPT	both			1036	212.98	Amerihealth	HMO/PPO		673.4	65			185.2		984.2 percent of total billed charges	
JAK2.EXON.12,13,14&15.MUTATION(115101)	81279	CPT	both			1036	212.98	Amerihealth	Medicare		185.2				185.2		984.2 fee schedule	
JAK2.EXON.12,13,14&15.MUTATION(115101)	81279	CPT	both			1036	212.98	Consumer	Consumer		984.2	95			185.2		984.2 percent of total billed charges	
JAK2.EXON.12,13,14&15.MUTATION(115101)	81279	CPT	both			1036	212.98	Corrections	Corrections		828.8	80			185.2		984.2 percent of total billed charges	
JAK2.EXON.12,13,14&15.MUTATION(115101)	81279	CPT	both			1036	212.98	First Health	First Health		725.2	70			185.2		984.2 percent of total billed charges	
JAK2.EXON.12,13,14&15.MUTATION(115101)	81279	CPT	both			1036	212.98	First Trenton	First Trenton		932.4	90			185.2		984.2 percent of total billed charges	
JAK2.EXON.12,13,14&15.MUTATION(115101)	81279	CPT	both			1036	212.98	Horizon	MGD		396.58	38.28			185.2		984.2 percent of total billed charges	
JAK2.EXON.12,13,14&15.MUTATION(115101)	81279	CPT	both			1036	212.98	Horizon	Indemnity		396.58	38.28			185.2		984.2 percent of total billed charges	
JAK2.EXON.12,13,14&15.MUTATION(115101)	81279	CPT	both			1036	212.98	Horizon	Medicare Blue		310.8	30			185.2		984.2 percent of total billed charges	
JAK2.EXON.12,13,14&15.MUTATION(115101)	81279	CPT	both			1036	212.98	Horizon	PPO		396.58	38.28			185.2		984.2 percent of total billed charges	
JAK2.EXON.12,13,14&15.MUTATION(115101)	81279	CPT	both			1036	212.98	Managed Care Inc	Managed Care Inc		932.4	90			185.2		984.2 percent of total billed charges	
JAK2.EXON.12,13,14&15.MUTATION(115101)	81279	CPT	both			1036	212.98	Multiplan	Multiplan		828.8	80			185.2		984.2 percent of total billed charges	
JAK2.EXON.12,13,14&15.MUTATION(115101)	81279	CPT	both			1036	212.98	Qualcare	Qualcare		777	75			185.2		984.2 percent of total billed charges	
JAK2.EXON.12,13,14&15.MUTATION(115101)	81279	CPT	both			1036	212.98	Three Rivers	Three Rivers		984.2	95			185.2		984.2 percent of total billed charges	
JAK2.EXON.12,13,14&15.MUTATION(115101)	81279	CPT	both			1036	212.98	UHC	Medicare		185.2				185.2		984.2 fee schedule	
JAK2.EXON.12,13,14&15.MUTATION(115101)	81279	CPT	both			1036	212.98	UHC	Medicaid		326.86	31.55			185.2		984.2 percent of total billed charges	
JAK2.EXON.12,13,14&15.MUTATION(115101)	81279	CPT	both			1036	212.98	Wellcare	Medicaid		326.86	31.55			185.2		984.2 percent of total billed charges	
JAK2.EXON.12,13,14&15.MUTATION(115101)	81279	CPT	both			1036	212.98	Wellcare	Medicare		185.2				185.2		984.2 fee schedule	
JAK2.EXON.12,13,14&15.MUTATION(115101)	81279	CPT	both			1036	212.98	WellPoint	WellPoint		333.38	32.18			185.2		984.2 percent of total billed charges	
MGMT PROMOTER METHYTION DET	81287	CPT	both			335	143.34	Aetna	Better Health		105.69	31.55			100.5		318.25 percent of total billed charges	
MGMT PROMOTER METHYTION DET	81287	CPT	both			335	143.34	Aetna	Medicare		124.64				100.5		318.25 fee schedule	
MGMT PROMOTER METHYTION DET	81287	CPT	both			335	143.34	Aetna	Commercial		127.3	38			100.5		318.25 percent of total billed charges	
MGMT PROMOTER METHYTION DET	81287	CPT	both			335	143.34	Americare	Americare		251.25	75			100.5		318.25 percent of total billed charges	
MGMT PROMOTER METHYTION DET	81287	CPT	both			335	143.34	Amerihealth	Medicare		124.64				100.5		318.25 fee schedule	
MGMT PROMOTER METHYTION DET	81287	CPT	both			335	143.34	Amerihealth	HMO/PPO		217.75	65			100.5		318.25 percent of total billed charges	
MGMT PROMOTER METHYTION DET	81287	CPT	both			335	143.34	Consumer	Consumer		318.25	95			100.5		318.25 percent of total billed charges	
MGMT PROMOTER METHYTION DET	81287	CPT	both			335	143.34	Corrections	Corrections		268	80			100.5		318.25 percent of total billed charges	
MGMT PROMOTER METHYTION DET	81287	CPT	both			335	143.34	First Health	First Health		234.5	70			100.5		318.25 percent of total billed charges	
MGMT PROMOTER METHYTION DET	81287	CPT	both			335	143.34	First Trenton	First Trenton		301.5	90			100.5		318.25 percent of total billed charges	
MGMT PROMOTER METHYTION DET	81287	CPT	both			335	143.34	Horizon	Medicare Blue		100.5	30			100.5		318.25 percent of total billed charges	
MGMT PROMOTER METHYTION DET	81287	CPT	both			335	143.34	Horizon	MGD		128.24	38.28			100.5		318.25 percent of total billed charges	
MGMT PROMOTER METHYTION DET	81287	CPT	both			335	143.34	Horizon	Indemnity		128.24	38.28			100.5		318.25 percent of total billed charges	
MGMT PROMOTER METHYTION DET	81287	CPT	both			335	143.34	Horizon	PPO		128.24	38.28			100.5		318.25 percent of total billed charges	
MGMT PROMOTER METHYTION DET	81287	CPT	both			335	143.34	Managed Care Inc	Managed Care Inc		301.5	90			100.5		318.25 percent of total billed charges	
MGMT PROMOTER METHYTION DET	81287	CPT	both			335	143.34	Multiplan	Multiplan		268	80			100.5		318.25 percent of total billed charges	
MGMT PROMOTER METHYTION DET	81287	CPT	both			335	143.34	Qualcare	Qualcare		251.25	75			100.5		318.25 percent of total billed charges	
MGMT PROMOTER METHYTION DET	81287	CPT	both			335	143.34	Three Rivers	Three Rivers		318.25	95			100.5		318.25 percent of total billed charges	
MGMT PROMOTER METHYTION DET	81287	CPT	both			335	143.34	UHC	Medicare		124.64				100.5		318.25 fee schedule	
MGMT PROMOTER METHYTION DET	81287	CPT	both			335	143.34	UHC	Medicaid		105.69	31.55			100.5		318.25 percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
MGMT PROMOTER METHYTION DET	81287	CPT	both			335	143.34	Wellcare	Medicaid		105.69	31.55			100.5	318.25	percent of total billed charges	
MGMT PROMOTER METHYTION DET	81287	CPT	both			335	143.34	Wellcare	Medicare		124.64				100.5	318.25	fee schedule	
MGMT PROMOTER METHYTION DET	81287	CPT	both			335	143.34	WellPoint	WellPoint		107.8	32.18			100.5	318.25	percent of total billed charges	
MTHFR	81291	CPT	both			716	75.14	Aetna	Commercial		272.08	38			52.5	680.2	percent of total billed charges	
MTHFR	81291	CPT	both			716	75.14	Aetna	Better Health		225.9	31.55			52.5	680.2	percent of total billed charges	
MTHFR	81291	CPT	both			716	75.14	Aetna	Medicare		65.34				52.5	680.2	fee schedule	
MTHFR	81291	CPT	both			716	75.14	Americare	Americare		537	75			52.5	680.2	percent of total billed charges	
MTHFR	81291	CPT	both			716	75.14	Amerihealth	HMO/PPO		465.4	65			52.5	680.2	percent of total billed charges	
MTHFR	81291	CPT	both			716	75.14	Amerihealth	Medicare		65.34				52.5	680.2	fee schedule	
MTHFR	81291	CPT	both			716	75.14	Consumer	Consumer		680.2	95			52.5	680.2	percent of total billed charges	
MTHFR	81291	CPT	both			716	75.14	Corrections	Corrections		572.8	80			52.5	680.2	percent of total billed charges	
MTHFR	81291	CPT	both			716	75.14	First Health	First Health		501.2	70			52.5	680.2	percent of total billed charges	
MTHFR	81291	CPT	both			716	75.14	First Trenton	First Trenton		644.4	90			52.5	680.2	percent of total billed charges	
MTHFR	81291	CPT	both			716	75.14	Horizon	Indemnity		274.08	38.28			52.5	680.2	percent of total billed charges	
MTHFR	81291	CPT	both			716	75.14	Horizon	MGD		274.08	38.28			52.5	680.2	percent of total billed charges	
MTHFR	81291	CPT	both			716	75.14	Horizon	Medicare Blue		214.8	30			52.5	680.2	percent of total billed charges	
MTHFR	81291	CPT	both			716	75.14	Horizon	PPO		274.08	38.28			52.5	680.2	percent of total billed charges	
MTHFR	81291	CPT	both			716	75.14	Managed Care Inc	Managed Care Inc		644.4	90			52.5	680.2	percent of total billed charges	
MTHFR	81291	CPT	both			716	75.14	Multiplan	Multiplan		572.8	80			52.5	680.2	percent of total billed charges	
MTHFR	81291	CPT	both			716	75.14	Qualcare	Qualcare		537	75			52.5	680.2	percent of total billed charges	
MTHFR	81291	CPT	both			716	75.14	Three Rivers	Three Rivers		680.2	95			52.5	680.2	percent of total billed charges	
MTHFR	81291	CPT	both			716	75.14	UHC	Medicare		65.34				52.5	680.2	fee schedule	
MTHFR	81291	CPT	both			716	75.14	UHC	Medicaid		225.9	31.55			52.5	680.2	percent of total billed charges	
MTHFR	81291	CPT	both			716	75.14	Wellcare	Medicare		65.34				52.5	680.2	fee schedule	
MTHFR	81291	CPT	both			716	75.14	Wellcare	Medicaid		225.9	31.55			52.5	680.2	percent of total billed charges	
MTHFR	81291	CPT	both			716	75.14	WellPoint	WellPoint		230.41	32.18			52.5	680.2	percent of total billed charges	
MLH1 GENE FULL SEQ	81292	CPT	both			5176	776.71	Aetna	Better Health		1633.03	31.55			537.3	4917.2	percent of total billed charges	
MLH1 GENE FULL SEQ	81292	CPT	both			5176	776.71	Aetna	Medicare		1594.21	30.8			537.3	4917.2	percent of total billed charges	
MLH1 GENE FULL SEQ	81292	CPT	both			5176	776.71	Aetna	Commercial		1966.88	38			537.3	4917.2	percent of total billed charges	
MLH1 GENE FULL SEQ	81292	CPT	both			5176	776.71	Americare	Americare		3882	75			537.3	4917.2	percent of total billed charges	
MLH1 GENE FULL SEQ	81292	CPT	both			5176	776.71	Amerihealth	HMO/PPO		3364.4	65			537.3	4917.2	percent of total billed charges	
MLH1 GENE FULL SEQ	81292	CPT	both			5176	776.71	Amerihealth	Medicare		675.4				537.3	4917.2	fee schedule	
MLH1 GENE FULL SEQ	81292	CPT	both			5176	776.71	Consumer	Consumer		4917.2	95			537.3	4917.2	percent of total billed charges	
MLH1 GENE FULL SEQ	81292	CPT	both			5176	776.71	Corrections	Corrections		4140.8	80			537.3	4917.2	percent of total billed charges	
MLH1 GENE FULL SEQ	81292	CPT	both			5176	776.71	First Health	First Health		3623.2	70			537.3	4917.2	percent of total billed charges	
MLH1 GENE FULL SEQ	81292	CPT	both			5176	776.71	First Trenton	First Trenton		4658.4	90			537.3	4917.2	percent of total billed charges	
MLH1 GENE FULL SEQ	81292	CPT	both			5176	776.71	Horizon	Medicare Blue		1552.8	30			537.3	4917.2	percent of total billed charges	
MLH1 GENE FULL SEQ	81292	CPT	both			5176	776.71	Horizon	Indemnity		1981.37	38.28			537.3	4917.2	percent of total billed charges	
MLH1 GENE FULL SEQ	81292	CPT	both			5176	776.71	Horizon	MGD		1981.37	38.28			537.3	4917.2	percent of total billed charges	
MLH1 GENE FULL SEQ	81292	CPT	both			5176	776.71	Horizon	PPO		1981.37	38.28			537.3	4917.2	percent of total billed charges	
MLH1 GENE FULL SEQ	81292	CPT	both			5176	776.71	Managed Care Inc	Managed Care Inc		4658.4	90			537.3	4917.2	percent of total billed charges	
MLH1 GENE FULL SEQ	81292	CPT	both			5176	776.71	Multiplan	Multiplan		4140.8	80			537.3	4917.2	percent of total billed charges	
MLH1 GENE FULL SEQ	81292	CPT	both			5176	776.71	Qualcare	Qualcare		3882	75			537.3	4917.2	percent of total billed charges	
MLH1 GENE FULL SEQ	81292	CPT	both			5176	776.71	Three Rivers	Three Rivers		4917.2	95			537.3	4917.2	percent of total billed charges	
MLH1 GENE FULL SEQ	81292	CPT	both			5176	776.71	UHC	Medicaid		1633.03	31.55			537.3	4917.2	percent of total billed charges	
MLH1 GENE FULL SEQ	81292	CPT	both			5176	776.71	UHC	Medicare		675.4				537.3	4917.2	fee schedule	
MLH1 GENE FULL SEQ	81292	CPT	both			5176	776.71	Wellcare	Medicare		675.4				537.3	4917.2	fee schedule	
MLH1 GENE FULL SEQ	81292	CPT	both			5176	776.71	Wellcare	Medicaid		1633.03	31.55			537.3	4917.2	percent of total billed charges	
MLH1 GENE FULL SEQ	81292	CPT	both			5176	776.71	WellPoint	WellPoint		1665.64	32.18			537.3	4917.2	percent of total billed charges	
MLH1 GENE DUP/DELETE VARIANT	81294	CPT	inpatient			665	232.76	Aetna	Commercial		252.7	38			199.5	631.75	percent of total billed charges	
MLH1 GENE DUP/DELETE VARIANT	81294	CPT	inpatient			665	232.76	Aetna	Medicare		202.4				199.5	631.75	fee schedule	
MLH1 GENE DUP/DELETE VARIANT	81294	CPT	inpatient			665	232.76	Aetna	Better Health		209.81	31.55			199.5	631.75	percent of total billed charges	
MLH1 GENE DUP/DELETE VARIANT	81294	CPT	inpatient			665	232.76	Americare	Americare		498.75	75			199.5	631.75	percent of total billed charges	
MLH1 GENE DUP/DELETE VARIANT	81294	CPT	inpatient			665	232.76	Amerihealth	HMO/PPO		432.25	65			199.5	631.75	percent of total billed charges	
MLH1 GENE DUP/DELETE VARIANT	81294	CPT	inpatient			665	232.76	Amerihealth	Medicare		202.4				199.5	631.75	fee schedule	
MLH1 GENE DUP/DELETE VARIANT	81294	CPT	inpatient			665	232.76	Consumer	Consumer		631.75	95			199.5	631.75	percent of total billed charges	
MLH1 GENE DUP/DELETE VARIANT	81294	CPT	inpatient			665	232.76	Corrections	Corrections		532	80			199.5	631.75	percent of total billed charges	
MLH1 GENE DUP/DELETE VARIANT	81294	CPT	inpatient			665	232.76	First Health	First Health		465.5	70			199.5	631.75	percent of total billed charges	
MLH1 GENE DUP/DELETE VARIANT	81294	CPT	inpatient			665	232.76	First Trenton	First Trenton		598.5	90			199.5	631.75	percent of total billed charges	
MLH1 GENE DUP/DELETE VARIANT	81294	CPT	inpatient			665	232.76	Horizon	Medicare Blue		199.5	30			199.5	631.75	percent of total billed charges	
MLH1 GENE DUP/DELETE VARIANT	81294	CPT	inpatient			665	232.76	Horizon	Indemnity		254.56	38.28			199.5	631.75	percent of total billed charges	
MLH1 GENE DUP/DELETE VARIANT	81294	CPT	inpatient			665	232.76	Horizon	MGD		254.56	38.28			199.5	631.75	percent of total billed charges	
MLH1 GENE DUP/DELETE VARIANT	81294	CPT	inpatient			665	232.76	Horizon	PPO		254.56	38.28			199.5	631.75	percent of total billed charges	
MLH1 GENE DUP/DELETE VARIANT	81294	CPT	inpatient			665	232.76	Managed Care Inc	Managed Care Inc		598.5	90			199.5	631.75	percent of total billed charges	
MLH1 GENE DUP/DELETE VARIANT	81294	CPT	inpatient			665	232.76	Multiplan	Multiplan		532	80			199.5	631.75	percent of total billed charges	
MLH1 GENE DUP/DELETE VARIANT	81294	CPT	inpatient			665	232.76	Qualcare	Qualcare		498.75	75			199.5	631.75	percent of total billed charges	
MLH1 GENE DUP/DELETE VARIANT	81294	CPT	inpatient			665	232.76	Three Rivers	Three Rivers		631.75	95			199.5	631.75	percent of total billed charges	
MLH1 GENE DUP/DELETE VARIANT	81294	CPT	inpatient			665	232.76	UHC	Medicaid		209.81	31.55			199.5	631.75	percent of total billed charges	
MLH1 GENE DUP/DELETE VARIANT	81294	CPT	inpatient			665	232.76	UHC	Medicare		202.4				199.5	631.75	fee schedule	
MLH1 GENE DUP/DELETE VARIANT	81294	CPT	inpatient			665	232.76	Wellcare	Medicare		202.4				199.5	631.75	fee schedule	
MLH1 GENE DUP/DELETE VARIANT	81294	CPT	inpatient			665	232.76	Wellcare	Medicaid		209.81	31.55			199.5	631.75	percent of total billed charges	
MLH1 GENE DUP/DELETE VARIANT	81294	CPT	inpatient			665	232.76	WellPoint	WellPoint		214	32.18			199.5	631.75	percent of total billed charges	
MSH2 GENE ANAL:FULL SEQ(MSO)	81295	CPT	both			2476	438.96	Aetna	Better Health		781.18	31.55			375.9	2352.2	percent of total billed charges	
MSH2 GENE ANAL:FULL SEQ(MSO)	81295	CPT	both			2476	438.96	Aetna	Medicare		381.7				375.9	2352.2	fee schedule	
MSH2 GENE ANAL:FULL SEQ(MSO)	81295	CPT	both			2476	438.96	Aetna	Commercial		940.88	38			375.9	2352.2	percent of total billed charges	
MSH2 GENE ANAL:FULL SEQ(MSO)	81295	CPT	both			2476	438.96	Americare	Americare		1857	75			375.9	2352.2	percent of total billed charges	
MSH2 GENE ANAL:FULL SEQ(MSO)	81295	CPT	both			2476	438.96	Amerihealth	Medicare		381.7				375.9	2352.2	fee schedule	
MSH2 GENE ANAL:FULL SEQ(MSO)	81295	CPT	both			2476	438.96	Amerihealth	HMO/PPO		1609.4	65			375.9	2352.2	percent of total billed charges	
MSH2 GENE ANAL:FULL SEQ(MSO)	81295	CPT	both			2476	438.96	Consumer	Consumer		2352.2	95			375.9	2352.2	percent of total billed charges	
MSH2 GENE ANAL:FULL SEQ(MSO)	81295	CPT	both			2476	438.96	Corrections	Corrections		1980.8	80			375.9	2352.2	percent of total billed charges	
MSH2 GENE ANAL:FULL SEQ(MSO)	81295	CPT	both			2476	438.96	First Health	First Health		1733.2	70			375.9	2352.2	percent of total billed charges	
MSH2 GENE ANAL:FULL SEQ(MSO)	81295	CPT	both			2476	438.96	First Trenton	First Trenton		2228.4	90			375.9	2352.2	percent of total billed charges	
MSH2 GENE ANAL:FULL SEQ(MSO)	81295	CPT	both			2476	438.96	Horizon	MGD		947.81	38.28			375.9	2352.2	percent of total billed charges	
MSH2 GENE ANAL:FULL SEQ(MSO)	81295	CPT	both			2476	438.96	Horizon	Medicare Blue		742.8	30			375.9	2352.2	percent of total billed charges	
MSH2 GENE ANAL:FULL SEQ(MSO)	81295	CPT	both			2476	438.96	Horizon	PPO		947.81	38.28			375.9	2352.2	percent of total billed charges	
MSH2 GENE ANAL:FULL SEQ(MSO)	81295	CPT	both			2476	438.96	Horizon	Indemnity		947.81	38.28			375.9	2352.2	percent of total billed charges	
MSH2 GENE ANAL:FULL SEQ(MSO)	81295	CPT	both			2476	438.96	Managed Care Inc	Managed Care Inc		2228.4	90			375.9	2352.2	percent of total billed charges	
MSH2 GENE ANAL:FULL SEQ(MSO)	81295	CPT	both			2476	438.96	Multiplan	Multiplan		1980.8	80			375.9	2352.2	percent of total billed charges	
MSH2 GENE ANAL:FULL SEQ(MSO)	81295	CPT	both			2476	438.96	Qualcare	Qualcare		1857	75			375.9	2352.2	percent of total billed charges	
MSH2 GENE ANAL:FULL SEQ(MSO)	81295	CPT	both			2476	438.96	Three Rivers	Three Rivers		2352.2	95			375.9	2352.2	percent of total billed charges	
MSH2 GENE ANAL:FULL SEQ(MSO)	81295	CPT	both			2476	438.96	UHC	Medicaid		781.18	31.55			375.9	2352.2	percent of total billed charges	
MSH2 GENE ANAL:FULL SEQ(MSO)	81295	CPT	both			2476	438.96	UHC	Medicare		381.7				375.9	2352.2	fee schedule	
MSH2 GENE ANAL:FULL SEQ(MSO)	81295	CPT	both			2476	438.96	Wellcare	Medicaid		781.18	31.55			375.9	2352.2	percent of total billed charges	
MSH2 GENE ANAL:FULL SEQ(MSO)	81295	CPT	both			2476	438.96	Wellcare	Medicare		381.7				375.9	2352.2	fee schedule	
MSH2 GENE ANAL:FULL SEQ(MSO)	81295	CPT	both			2476	438.96	WellPoint	WellPoint		796.78	32.18			375.9	2352.2	percent of total billed charges	
MLH2 GENE DUP/DELETE VARIANT	81297	CPT	inpatient			701	245.3	Aetna	Better Health		221.17	31.55			210.3	665.95	percent of total billed charges	
MLH2 GENE DUP/DELETE VARIANT	81297	CPT	inpatient			701	245.3	Aetna	Medicare		213.3				210.3	665.95	fee schedule	
MLH2 GENE DUP/DELETE VARIANT	81297	CPT	inpatient			701	245.3	Aetna	Commercial		266.38	38			210.3	665.95	percent of total billed charges	
MLH2 GENE DUP/DELETE VARIANT	81297	CPT	inpatient			701	245.3	Americare	Americare		525.75	75			210.3	665.95	percent of total billed charges	
MLH2 GENE DUP/DELETE VARIANT	81297	CPT	inpatient			701	245.3	Amerihealth	HMO/PPO		455.65	65			210.3	665.95	percent of total billed charges	
MLH2 GENE DUP/DELETE VARIANT	81297	CPT	inpatient			701	245.3	Amerihealth	Medicare		213.3				210.3	665.95	fee schedule	
MLH2 GENE DUP/DELETE VARIANT	81297	CPT	inpatient			701	245.3	Consumer	Consumer		665.95	95			210.3	665.95	percent of total billed charges	
MLH2 GENE DUP/DELETE VARIANT	81297	CPT	inpatient			701	245.3	Corrections	Corrections		560.8	80			210.3	665.95	percent of total billed charges	
MLH2 GENE DUP/DELETE VARIANT	81297	CPT	inpatient			701	245.3	First Health	First Health		490.7	70			210.3	665.95	percent of total billed charges	
MLH2 GENE DUP/DELETE VARIANT	81297	CPT	inpatient			701	245.3	First Trenton	First Trenton		630.9	90			210.3	665.95	percent of total billed charges	
MLH2 GENE DUP/DELETE VARIANT	81297	CPT	inpatient			701	245.3	Horizon	Indemnity		268.34	38.28			210.3	665.95	percent of total billed charges	
MLH2 GENE DUP/DELETE VARIANT	81297	CPT	inpatient			701	245.3	Horizon	MGD		268.34	38.28			210.3	665.95	percent of total billed charges	
MLH2 GENE DUP/DELETE VARIANT	81297	CPT	inpatient			701	245.3	Horizon	Medicare Blue		210.3	30			210.3	665.95	percent of total billed charges	
MLH2 GENE DUP/DELETE VARIANT	81297	CPT	inpatient			701	245.3	Horizon	PPO		268.34	38.28			210.3	665.95	percent of total billed charges	
MLH2 GENE DUP/DELETE VARIANT	81297	CPT	inpatient			701	245.3	Managed Care Inc	Managed Care Inc		630.9	90			210.3	665.95	percent of total billed charges	
MLH2 GENE DUP/DELETE VARIANT	81297	CPT	inpatient			701	245.3	Multiplan	Multiplan		560.8	80			210.3	665.95	percent of total billed charges	
MLH2 GENE DUP/DELETE VARIANT	81297	CPT	inpatient			701	245.3	Qualcare	Qualcare		525.75	75			210.3	665.95	percent of total billed charges	
MLH2 GENE DUP/DELETE VARIANT	81297	CPT	inpatient			701	245.3	Three Rivers	Three Rivers		665.95	95			210.3	665.95	percent of total billed charges	
MLH2 GENE DUP/DELETE VARIANT	81297	CPT	inpatient			701	245.3	UHC	Medicaid		221.17	31.55			210.3	665.95	percent of total billed charges	
MLH2 GENE DUP/DELETE VARIANT	81297	CPT	inpatient			701	245.3	UHC	Medicare		213.3				210.3	665.95	fee schedule	
MLH2 GENE DUP/DELETE VARIANT	81297	CPT	inpatient			701	245.3	Wellcare	Medicaid		221.17	31.55			210.3	665.95	percent of total billed charges	
MLH2 GENE DUP/DELETE VARIANT	81297	CPT	inpatient			701	245.3	Wellcare	Medicare		213.3				210.3	665.95	fee schedule	
MLH2 GENE DUP/DELETE VARIANT	81297	CPT	inpatient			701	245.3	WellPoint	WellPoint		225.58	32.18			210.3	665.95	percent of total billed charges	
MSH6 GENE ANAL:FULL SEQ(MSO)	81298	CPT	both			3052	738.13	Aetna	Commercial		1159.76	38			537.3	2899.4	percent of total billed charges	
MSH6 GENE ANAL:FULL SEQ(MSO)	81298	CPT	both			3052	738.13	Aetna	Medicare		641.85				537.3	2899.4	fee schedule	
MSH6 GENE ANAL:FULL SEQ(MSO)	81298	CPT	both			3052	738.13	Aetna	Better Health		962.91	31.55			537.3	2899.4	percent of total billed charges	
MSH6 GENE ANAL:FULL SEQ(MSO)	81298	CPT	both			3052	738.13	Americare	Americare		2289	75			537.3	2899.4	percent of total billed charges	
MSH6 GENE ANAL:FULL SEQ(MSO)	81298	CPT	both			3052	738.13	Amerihealth	Medicare		641.85				537.3	2899.4	fee schedule	
MSH6 GENE ANAL:FULL SEQ(MSO)	81298	CPT	both			3052	738.13	Amerihealth	HMO/PPO		1983.8	65			537.3	2899.4	percent of total billed charges	
MSH6 GENE ANAL:FULL SEQ(MSO)	81298	CPT	both			3052	738.13	Consumer	Consumer		2899.4	95			537.3	2899.4	percent of total billed charges	
MSH6 GENE ANAL:FULL SEQ(MSO)	81298	CPT	both			3052	738.13	Corrections	Corrections		2441.6	80			537.3	2899.4	percent of total billed charges	
MSH6 GENE ANAL:FULL SEQ(MSO)	81298	CPT	both			3052	738.13	First Health	First Health		2136.4	70			537.3	2899.4	percent of total billed charges	
MSH6 GENE ANAL:FULL SEQ(MSO)	81298	CPT	both			3052	738.13	First Trenton	First Trenton		2746.8	90			537.3	2899.4	percent of total billed charges	
MSH6 GENE ANAL:FULL SEQ(MSO)	81298	CPT	both			3052	738.13	Horizon	Indemnity		1168.31	38.28			537.3	2899.4	percent of total billed charges	
MSH6 GENE ANAL:FULL SEQ(MSO)	81298	CPT	both			3052	738.13	Horizon	PPO		1168.31	38.28			537.3	2899.4	percent of total billed charges	
MSH6 GENE ANAL:FULL SEQ(MSO)	81298	CPT	both			3052	738.13	Horizon	MGD		1168.31	38.28			537.3	2899.4	percent of total billed charges	
MSH6 GENE ANAL:FULL SEQ(MSO)	81298	CPT	both			3052	738.13	Horizon	Medicare Blue		915.6	30			537.3	2899.4	percent of total billed charges	
MSH6 GENE ANAL:FULL SEQ(MSO)	81298	CPT	both			3052	738.13	Managed Care Inc	Managed Care Inc		2746.8	90			537.3	2899.4	percent of total billed charges	
MSH6 GENE ANAL:FULL SEQ(MSO)	81298	CPT	both			3052	738.13	Multiplan	Multiplan		2441.6	80			537.3	2899.4	percent of total billed charges	
MSH6 GENE ANAL:FULL SEQ(MSO)	81298	CPT	both			3052	738.13	Qualcare	Qualcare		2289	75			537.3	2899.4	percent of total billed charges	
MSH6 GENE ANAL:FULL SEQ(MSO)	81298	CPT	both			3052	738.13	Three Rivers	Three Rivers		2899.4	95			537.3	2899.4	percent of total billed charges	
MSH6 GENE ANAL:FULL SEQ(MSO)	81298	CPT	both			3052	738.13	UHC	Medicaid		962.91	31.55			537.3	2899.4	percent of total billed charges	
MSH6 GENE ANAL:FULL SEQ(MSO)	81298	CPT	both			3052	738.13	UHC	Medicare		641.85				537.3	2899.4	fee schedule	
MSH6 GENE ANAL:FULL SEQ(MSO)	81298	CPT	both			3052	738.13	Wellcare	Medicaid		962.91	31.55			537.3	2899.4	percent of total billed charges	
MSH6 GENE ANAL:FULL SEQ(MSO)	81298	CPT	both			3052	738.13	Wellcare	Medicare		641.85				537.3	2899.4	fee schedule	
MSH6 GENE ANAL:FULL SEQ(MSO)	81298	CPT	both			3052	738.13	WellPoint	WellPoint		982.13	32.18			537.3	2899.4	percent of total billed charges	
CGH FOR MYELOD SYNDROME (MDS)	81299	CPT	outpatient			2784	354.2	Aetna	Medicare		308				308	2644.8	fee schedule	
CGH FOR MYELOD SYNDROME (MDS)	81299	CPT	outpatient			2784	354.2	Aetna	Better Health		878.35	31.55			308	2644.8	percent of total billed charges	
CGH FOR MYELOD SYNDROME (MDS)	81299	CPT	outpatient			2784	354.2	Aetna	Commercial		1057.92	38			308	2644.8	percent of total billed charges	
CGH FOR MYELOD SYNDROME (MDS)	81299	CPT	outpatient			2784	354.2	Americare	Americare		2088	75			308	2644.8	percent of total billed charges	
CGH FOR MYELOD SYNDROME (MDS)	81299	CPT	outpatient			2784	354.2	Amerihealth	Medicare		308				308	2644.8	fee schedule	
CGH FOR MYELOD SYNDROME (MDS)	81299	CPT	outpatient			2784	354.2	Amerihealth	HMO/PPO		1809.6	65			308	2644.8	percent of total billed charges	
CGH FOR MYELOD SYNDROME (MDS)	81299	CPT	outpatient			2784	354.2	Consumer	Consumer		2644.8	95			308	2644.8	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CGH FOR MYELOD SYNDROME (MDS)	81299	CPT	outpatient			2784		354.2 Corrections	Corrections		2227.2	80			308	2644.8	percent of total billed charges	
CGH FOR MYELOD SYNDROME (MDS)	81299	CPT	outpatient			2784		354.2 First Health	First Health		1948.8	70			308	2644.8	percent of total billed charges	
CGH FOR MYELOD SYNDROME (MDS)	81299	CPT	outpatient			2784		354.2 First Trenton	First Trenton		2505.6	90			308	2644.8	percent of total billed charges	
CGH FOR MYELOD SYNDROME (MDS)	81299	CPT	outpatient			2784		354.2 Horizon	Medicare Blue		835.2	30			308	2644.8	percent of total billed charges	
CGH FOR MYELOD SYNDROME (MDS)	81299	CPT	outpatient			2784		354.2 Horizon	MGD		1065.72	38.28			308	2644.8	percent of total billed charges	
CGH FOR MYELOD SYNDROME (MDS)	81299	CPT	outpatient			2784		354.2 Horizon	Indemnity		1065.72	38.28			308	2644.8	percent of total billed charges	
CGH FOR MYELOD SYNDROME (MDS)	81299	CPT	outpatient			2784		354.2 Horizon	PPO		1065.72	38.28			308	2644.8	percent of total billed charges	
CGH FOR MYELOD SYNDROME (MDS)	81299	CPT	outpatient			2784		354.2 Managed Care Inc	Managed Care Inc		2505.6	90			308	2644.8	percent of total billed charges	
CGH FOR MYELOD SYNDROME (MDS)	81299	CPT	outpatient			2784		354.2 Multiplan	Multiplan		2227.2	80			308	2644.8	percent of total billed charges	
CGH FOR MYELOD SYNDROME (MDS)	81299	CPT	outpatient			2784		354.2 Qualcare	Qualcare		2088	75			308	2644.8	percent of total billed charges	
CGH FOR MYELOD SYNDROME (MDS)	81299	CPT	outpatient			2784		354.2 Three Rivers	Three Rivers		2644.8	95			308	2644.8	percent of total billed charges	
CGH FOR MYELOD SYNDROME (MDS)	81299	CPT	outpatient			2784		354.2 UHC	Medicare		308				308	2644.8	fee schedule	
CGH FOR MYELOD SYNDROME (MDS)	81299	CPT	outpatient			2784		354.2 UHC	Medicaid		878.35	31.55			308	2644.8	percent of total billed charges	
CGH FOR MYELOD SYNDROME (MDS)	81299	CPT	outpatient			2784		354.2 Wellcare	Medicare		308				308	2644.8	fee schedule	
CGH FOR MYELOD SYNDROME (MDS)	81299	CPT	outpatient			2784		354.2 Wellcare	Medicaid		878.35	31.55			308	2644.8	percent of total billed charges	
CGH FOR MYELOD SYNDROME (MDS)	81299	CPT	outpatient			2784		354.2 WellPoint	WellPoint		895.89	32.18			308	2644.8	percent of total billed charges	
MLH6 GENE DUP/DELETE VARIANT	81300	CPT	inpatient			782		273.7 Aetna	Commercial		297.16	38			234.6	742.9	percent of total billed charges	
MLH6 GENE DUP/DELETE VARIANT	81300	CPT	inpatient			782		273.7 Aetna	Better Health		246.72	31.55			234.6	742.9	percent of total billed charges	
MLH6 GENE DUP/DELETE VARIANT	81300	CPT	inpatient			782		273.7 Aetna	Medicare		240.86	30.8			234.6	742.9	percent of total billed charges	
MLH6 GENE DUP/DELETE VARIANT	81300	CPT	inpatient			782		273.7 Americare	Americare		586.5	75			234.6	742.9	percent of total billed charges	
MLH6 GENE DUP/DELETE VARIANT	81300	CPT	inpatient			782		273.7 Amerihealth	HMO/PPO		508.3	65			234.6	742.9	percent of total billed charges	
MLH6 GENE DUP/DELETE VARIANT	81300	CPT	inpatient			782		273.7 Amerihealth	Medicare		238				234.6	742.9	fee schedule	
MLH6 GENE DUP/DELETE VARIANT	81300	CPT	inpatient			782		273.7 Consumer	Consumer		742.9	95			234.6	742.9	percent of total billed charges	
MLH6 GENE DUP/DELETE VARIANT	81300	CPT	inpatient			782		273.7 Corrections	Corrections		625.6	80			234.6	742.9	percent of total billed charges	
MLH6 GENE DUP/DELETE VARIANT	81300	CPT	inpatient			782		273.7 First Health	First Health		547.4	70			234.6	742.9	percent of total billed charges	
MLH6 GENE DUP/DELETE VARIANT	81300	CPT	inpatient			782		273.7 First Trenton	First Trenton		703.8	90			234.6	742.9	percent of total billed charges	
MLH6 GENE DUP/DELETE VARIANT	81300	CPT	inpatient			782		273.7 Horizon	MGD		299.35	38.28			234.6	742.9	percent of total billed charges	
MLH6 GENE DUP/DELETE VARIANT	81300	CPT	inpatient			782		273.7 Horizon	Indemnity		299.35	38.28			234.6	742.9	percent of total billed charges	
MLH6 GENE DUP/DELETE VARIANT	81300	CPT	inpatient			782		273.7 Horizon	Medicare Blue		234.6	30			234.6	742.9	percent of total billed charges	
MLH6 GENE DUP/DELETE VARIANT	81300	CPT	inpatient			782		273.7 Horizon	PPO		299.35	38.28			234.6	742.9	percent of total billed charges	
MLH6 GENE DUP/DELETE VARIANT	81300	CPT	inpatient			782		273.7 Managed Care Inc	Managed Care Inc		703.8	90			234.6	742.9	percent of total billed charges	
MLH6 GENE DUP/DELETE VARIANT	81300	CPT	inpatient			782		273.7 Multiplan	Multiplan		625.6	80			234.6	742.9	percent of total billed charges	
MLH6 GENE DUP/DELETE VARIANT	81300	CPT	inpatient			782		273.7 Qualcare	Qualcare		586.5	75			234.6	742.9	percent of total billed charges	
MLH6 GENE DUP/DELETE VARIANT	81300	CPT	inpatient			782		273.7 Three Rivers	Three Rivers		742.9	95			234.6	742.9	percent of total billed charges	
MLH6 GENE DUP/DELETE VARIANT	81300	CPT	inpatient			782		273.7 UHC	Medicaid		246.72	31.55			234.6	742.9	percent of total billed charges	
MLH6 GENE DUP/DELETE VARIANT	81300	CPT	inpatient			782		273.7 UHC	Medicare		238				234.6	742.9	fee schedule	
MLH6 GENE DUP/DELETE VARIANT	81300	CPT	inpatient			782		273.7 Wellcare	Medicare		238				234.6	742.9	fee schedule	
MLH6 GENE DUP/DELETE VARIANT	81300	CPT	inpatient			782		273.7 Wellcare	Medicaid		246.72	31.55			234.6	742.9	percent of total billed charges	
MLH6 GENE DUP/DELETE VARIANT	81300	CPT	inpatient			782		273.7 WellPoint	WellPoint		251.65	32.18			234.6	742.9	percent of total billed charges	
MSI CRC	81301	CPT	both			678		400.84 Aetna	Better Health		213.91	31.55			203.4	644.1	percent of total billed charges	
MSI CRC	81301	CPT	both			678		400.84 Aetna	Medicare		208.82	30.8			203.4	644.1	percent of total billed charges	
MSI CRC	81301	CPT	both			678		400.84 Aetna	Commercial		257.64	38			203.4	644.1	percent of total billed charges	
MSI CRC	81301	CPT	both			678		400.84 Americare	Americare		508.5	75			203.4	644.1	percent of total billed charges	
MSI CRC	81301	CPT	both			678		400.84 Amerihealth	Medicare		348.56				203.4	644.1	fee schedule	
MSI CRC	81301	CPT	both			678		400.84 Amerihealth	HMO/PPO		440.7	65			203.4	644.1	percent of total billed charges	
MSI CRC	81301	CPT	both			678		400.84 Consumer	Consumer		644.1	95			203.4	644.1	percent of total billed charges	
MSI CRC	81301	CPT	both			678		400.84 Corrections	Corrections		542.4	80			203.4	644.1	percent of total billed charges	
MSI CRC	81301	CPT	both			678		400.84 First Health	First Health		474.6	70			203.4	644.1	percent of total billed charges	
MSI CRC	81301	CPT	both			678		400.84 First Trenton	First Trenton		610.2	90			203.4	644.1	percent of total billed charges	
MSI CRC	81301	CPT	both			678		400.84 Horizon	Medicare Blue		203.4	30			203.4	644.1	percent of total billed charges	
MSI CRC	81301	CPT	both			678		400.84 Horizon	MGD		259.54	38.28			203.4	644.1	percent of total billed charges	
MSI CRC	81301	CPT	both			678		400.84 Horizon	Indemnity		259.54	38.28			203.4	644.1	percent of total billed charges	
MSI CRC	81301	CPT	both			678		400.84 Horizon	PPO		259.54	38.28			203.4	644.1	percent of total billed charges	
MSI CRC	81301	CPT	both			678		400.84 Managed Care Inc	Managed Care Inc		610.2	90			203.4	644.1	percent of total billed charges	
MSI CRC	81301	CPT	both			678		400.84 Multiplan	Multiplan		542.4	80			203.4	644.1	percent of total billed charges	
MSI CRC	81301	CPT	both			678		400.84 Qualcare	Qualcare		508.5	75			203.4	644.1	percent of total billed charges	
MSI CRC	81301	CPT	both			678		400.84 Three Rivers	Three Rivers		644.1	95			203.4	644.1	percent of total billed charges	
MSI CRC	81301	CPT	both			678		400.84 UHC	Medicaid		213.91	31.55			203.4	644.1	percent of total billed charges	
MSI CRC	81301	CPT	both			678		400.84 UHC	Medicare		348.56				203.4	644.1	fee schedule	
MSI CRC	81301	CPT	both			678		400.84 Wellcare	Medicare		348.56				203.4	644.1	fee schedule	
MSI CRC	81301	CPT	both			678		400.84 Wellcare	Medicaid		213.91	31.55			203.4	644.1	percent of total billed charges	
MSI CRC	81301	CPT	both			678		400.84 WellPoint	WellPoint		218.18	32.18			203.4	644.1	percent of total billed charges	
MECP2 SEQUENCING FULL GENE	81302	CPT	outpatient			4490		607.05 Aetna	Medicare		1382.92	30.8			527.87	4265.5	percent of total billed charges	
MECP2 SEQUENCING FULL GENE	81302	CPT	outpatient			4490		607.05 Aetna	Better Health		1416.6	31.55			527.87	4265.5	percent of total billed charges	
MECP2 SEQUENCING FULL GENE	81302	CPT	outpatient			4490		607.05 Aetna	Commercial		1706.2	38			527.87	4265.5	percent of total billed charges	
MECP2 SEQUENCING FULL GENE	81302	CPT	outpatient			4490		607.05 Americare	Americare		3367.5	75			527.87	4265.5	percent of total billed charges	
MECP2 SEQUENCING FULL GENE	81302	CPT	outpatient			4490		607.05 Amerihealth	Medicare		527.87				527.87	4265.5	fee schedule	
MECP2 SEQUENCING FULL GENE	81302	CPT	outpatient			4490		607.05 Amerihealth	HMO/PPO		2918.5	65			527.87	4265.5	percent of total billed charges	
MECP2 SEQUENCING FULL GENE	81302	CPT	outpatient			4490		607.05 Consumer	Consumer		4265.5	95			527.87	4265.5	percent of total billed charges	
MECP2 SEQUENCING FULL GENE	81302	CPT	outpatient			4490		607.05 Corrections	Corrections		3592	80			527.87	4265.5	percent of total billed charges	
MECP2 SEQUENCING FULL GENE	81302	CPT	outpatient			4490		607.05 First Health	First Health		3143	70			527.87	4265.5	percent of total billed charges	
MECP2 SEQUENCING FULL GENE	81302	CPT	outpatient			4490		607.05 First Trenton	First Trenton		4041	90			527.87	4265.5	percent of total billed charges	
MECP2 SEQUENCING FULL GENE	81302	CPT	outpatient			4490		607.05 Horizon	MGD		1718.77	38.28			527.87	4265.5	percent of total billed charges	
MECP2 SEQUENCING FULL GENE	81302	CPT	outpatient			4490		607.05 Horizon	Medicare Blue		1347	30			527.87	4265.5	percent of total billed charges	
MECP2 SEQUENCING FULL GENE	81302	CPT	outpatient			4490		607.05 Horizon	Indemnity		1718.77	38.28			527.87	4265.5	percent of total billed charges	
MECP2 SEQUENCING FULL GENE	81302	CPT	outpatient			4490		607.05 Horizon	PPO		1718.77	38.28			527.87	4265.5	percent of total billed charges	
MECP2 SEQUENCING FULL GENE	81302	CPT	outpatient			4490		607.05 Managed Care Inc	Managed Care Inc		4041	90			527.87	4265.5	percent of total billed charges	
MECP2 SEQUENCING FULL GENE	81302	CPT	outpatient			4490		607.05 Multiplan	Multiplan		3592	80			527.87	4265.5	percent of total billed charges	
MECP2 SEQUENCING FULL GENE	81302	CPT	outpatient			4490		607.05 Qualcare	Qualcare		3367.5	75			527.87	4265.5	percent of total billed charges	
MECP2 SEQUENCING FULL GENE	81302	CPT	outpatient			4490		607.05 Three Rivers	Three Rivers		4265.5	95			527.87	4265.5	percent of total billed charges	
MECP2 SEQUENCING FULL GENE	81302	CPT	outpatient			4490		607.05 UHC	Medicaid		1416.6	31.55			527.87	4265.5	percent of total billed charges	
MECP2 SEQUENCING FULL GENE	81302	CPT	outpatient			4490		607.05 UHC	Medicare		527.87				527.87	4265.5	fee schedule	
MECP2 SEQUENCING FULL GENE	81302	CPT	outpatient			4490		607.05 Wellcare	Medicare		527.87				527.87	4265.5	fee schedule	
MECP2 SEQUENCING FULL GENE	81302	CPT	outpatient			4490		607.05 Wellcare	Medicaid		1416.6	31.55			527.87	4265.5	percent of total billed charges	
MECP2 SEQUENCING FULL GENE	81302	CPT	outpatient			4490		607.05 WellPoint	WellPoint		1444.88	32.18			527.87	4265.5	percent of total billed charges	
MDY88 MUTATION DETECTION(MSO)	81305	CPT	outpatient			766		201.71 Aetna	Better Health		241.67	31.55			137.51	727.7	percent of total billed charges	
MDY88 MUTATION DETECTION(MSO)	81305	CPT	outpatient			766		201.71 Aetna	Commercial		291.08	38			137.51	727.7	percent of total billed charges	
MDY88 MUTATION DETECTION(MSO)	81305	CPT	outpatient			766		201.71 Aetna	Medicare		235.93	30.8			137.51	727.7	percent of total billed charges	
MDY88 MUTATION DETECTION(MSO)	81305	CPT	outpatient			766		201.71 Americare	Americare		574.5	75			137.51	727.7	percent of total billed charges	
MDY88 MUTATION DETECTION(MSO)	81305	CPT	outpatient			766		201.71 Amerihealth	HMO/PPO		497.9	65			137.51	727.7	percent of total billed charges	
MDY88 MUTATION DETECTION(MSO)	81305	CPT	outpatient			766		201.71 Amerihealth	Medicare		175.4				137.51	727.7	fee schedule	
MDY88 MUTATION DETECTION(MSO)	81305	CPT	outpatient			766		201.71 Consumer	Consumer		727.7	95			137.51	727.7	percent of total billed charges	
MDY88 MUTATION DETECTION(MSO)	81305	CPT	outpatient			766		201.71 Corrections	Corrections		612.8	80			137.51	727.7	percent of total billed charges	
MDY88 MUTATION DETECTION(MSO)	81305	CPT	outpatient			766		201.71 First Health	First Health		536.2	70			137.51	727.7	percent of total billed charges	
MDY88 MUTATION DETECTION(MSO)	81305	CPT	outpatient			766		201.71 First Trenton	First Trenton		689.4	90			137.51	727.7	percent of total billed charges	
MDY88 MUTATION DETECTION(MSO)	81305	CPT	outpatient			766		201.71 Horizon	MGD		293.22	38.28			137.51	727.7	percent of total billed charges	
MDY88 MUTATION DETECTION(MSO)	81305	CPT	outpatient			766		201.71 Horizon	Indemnity		293.22	38.28			137.51	727.7	percent of total billed charges	
MDY88 MUTATION DETECTION(MSO)	81305	CPT	outpatient			766		201.71 Horizon	Medicare Blue		229.8	30			137.51	727.7	percent of total billed charges	
MDY88 MUTATION DETECTION(MSO)	81305	CPT	outpatient			766		201.71 Horizon	NJ Health		137.51				137.51	727.7	fee schedule	
MDY88 MUTATION DETECTION(MSO)	81305	CPT	outpatient			766		201.71 Horizon	PPO		293.22	38.28			137.51	727.7	percent of total billed charges	
MDY88 MUTATION DETECTION(MSO)	81305	CPT	outpatient			766		201.71 Managed Care Inc	Managed Care Inc		689.4	90			137.51	727.7	percent of total billed charges	
MDY88 MUTATION DETECTION(MSO)	81305	CPT	outpatient			766		201.71 Multiplan	Multiplan		612.8	80			137.51	727.7	percent of total billed charges	
MDY88 MUTATION DETECTION(MSO)	81305	CPT	outpatient			766		201.71 Qualcare	Qualcare		574.5	75			137.51	727.7	percent of total billed charges	
MDY88 MUTATION DETECTION(MSO)	81305	CPT	outpatient			766		201.71 Three Rivers	Three Rivers		727.7	95			137.51	727.7	percent of total billed charges	
MDY88 MUTATION DETECTION(MSO)	81305	CPT	outpatient			766		201.71 UHC	Medicare		175.4				137.51	727.7	fee schedule	
MDY88 MUTATION DETECTION(MSO)	81305	CPT	outpatient			766		201.71 UHC	Medicaid		241.67	31.55			137.51	727.7	percent of total billed charges	
MDY88 MUTATION DETECTION(MSO)	81305	CPT	outpatient			766		201.71 Wellcare	Medicare		175.4				137.51	727.7	fee schedule	
MDY88 MUTATION DETECTION(MSO)	81305	CPT	outpatient			766		201.71 Wellcare	Medicaid		241.67	31.55			137.51	727.7	percent of total billed charges	
MDY88 MUTATION DETECTION(MSO)	81305	CPT	outpatient			766		201.71 WellPoint	WellPoint		246.5	32.18			137.51	727.7	percent of total billed charges	
PALB2 GENE ANALYSIS	81307	CPT	outpatient			633		777.98 Aetna	Better Health		199.71	31.55			189.9	676.5	percent of total billed charges	
PALB2 GENE ANALYSIS	81307	CPT	outpatient			633		777.98 Aetna	Medicare		676.5				189.9	676.5	fee schedule	
PALB2 GENE ANALYSIS	81307	CPT	outpatient			633		777.98 Aetna	Commercial		240.54	38			189.9	676.5	percent of total billed charges	
PALB2 GENE ANALYSIS	81307	CPT	outpatient			633		777.98 Americare	Americare		474.75	75			189.9	676.5	percent of total billed charges	
PALB2 GENE ANALYSIS	81307	CPT	outpatient			633		777.98 Amerihealth	Medicare		676.5				189.9	676.5	fee schedule	
PALB2 GENE ANALYSIS	81307	CPT	outpatient			633		777.98 Amerihealth	HMO/PPO		411.45	65			189.9	676.5	percent of total billed charges	
PALB2 GENE ANALYSIS	81307	CPT	outpatient			633		777.98 Consumer	Consumer		601.35	95			189.9	676.5	percent of total billed charges	
PALB2 GENE ANALYSIS	81307	CPT	outpatient			633		777.98 Corrections	Corrections		506.4	80			189.9	676.5	percent of total billed charges	
PALB2 GENE ANALYSIS	81307	CPT	outpatient			633		777.98 First Health	First Health		443.1	70			189.9	676.5	percent of total billed charges	
PALB2 GENE ANALYSIS	81307	CPT	outpatient			633		777.98 First Trenton	First Trenton		569.7	90			189.9	676.5	percent of total billed charges	
PALB2 GENE ANALYSIS	81307	CPT	outpatient			633		777.98 Horizon	Medicare Blue		189.9	30			189.9	676.5	percent of total billed charges	
PALB2 GENE ANALYSIS	81307	CPT	outpatient			633		777.98 Horizon	MGD		242.31	38.28			189.9	676.5	percent of total billed charges	
PALB2 GENE ANALYSIS	81307	CPT	outpatient			633		777.98 Horizon	NJ Health		221.77				189.9	676.5	fee schedule	
PALB2 GENE ANALYSIS	81307	CPT	outpatient			633		777.98 Horizon	Indemnity		242.31	38.28			189.9	676.5	percent of total billed charges	
PALB2 GENE ANALYSIS	81307	CPT	outpatient			633		777.98 Horizon	PPO		242.31	38.28			189.9	676.5	percent of total billed charges	
PALB2 GENE ANALYSIS	81307	CPT	outpatient			633		777.98 Managed Care Inc	Managed Care Inc		569.7	90			189.9	676.5	percent of total billed charges	
PALB2 GENE ANALYSIS	81307	CPT	outpatient			633		777.98 Multiplan	Multiplan		506.4	80			189.9	676.5	percent of total billed charges	
PALB2 GENE ANALYSIS	81307	CPT	outpatient			633		777.98 Qualcare	Qualcare		474.75	75			189.9	676.5	percent of total billed charges	
PALB2 GENE ANALYSIS	81307	CPT	outpatient			633		777.98 Three Rivers	Three Rivers		601.35	95			189.9	676.5	percent of total billed charges	
PALB2 GENE ANALYSIS	81307	CPT	outpatient			633		777.98 UHC	Medicaid		199.71	31.55			189.9	676.5	percent of total billed charges	
PALB2 GENE ANALYSIS	81307	CPT	outpatient			633		777.98 UHC	Medicare		676.5				189.9	676.5	fee schedule	
PALB2 GENE ANALYSIS	81307	CPT	outpatient			633		777.98 Wellcare	Medicare		676.5				189.9	676.5	fee schedule	
PALB2 GENE ANALYSIS	81307	CPT	outpatient			633		777.98 Wellcare	Medicaid		199.71	31.55			189.9	676.5	percent of total billed charges	
PALB2 GENE ANALYSIS	81307	CPT	outpatient			633		777.98 WellPoint	WellPoint		203.7	32.18			189.9	676.5	percent of total billed charges	
NPM1 MUTATION ANALYSIS (MSO)	81310	CPT	outpatient			818		283.5 Aetna	Better Health		258.08	31.55			46.14	777.1	percent of total billed charges	
NPM1 MUTATION ANALYSIS (MSO)	81310	CPT	outpatient			818		283.5 Aetna	Commercial		310.84	38			46.14	777.1	percent of total billed charges	
NPM1 MUTATION ANALYSIS (MSO)	81310	CPT	outpatient			818		283.5 Aetna	Medicare		246.52				46.14	777.1	fee schedule	
NPM1 MUTATION ANALYSIS (MSO)	81310	CPT	outpatient			818		283.5 Americare	Americare		613.5	75			46.14	777.1	percent of total billed charges	
NPM1 MUTATION ANALYSIS (MSO)	81310	CPT	outpatient			818		283.5 Amerihealth	HMO/PPO		531.7	65			46.14	777.1	percent of total billed charges	
NPM1 MUTATION ANALYSIS (MSO)	81310	CPT	outpatient			818		283.5 Amerihealth	Medicare		246.52				46.14	777.1	fee schedule	
NPM1 MUTATION ANALYSIS (MSO)	81310	CPT	outpatient			818		283.5 Consumer	Consumer		777.1	95			46.14	777.1	percent of total billed charges	
NPM1 MUTATION ANALYSIS (MSO)	81310	CPT	outpatient			818		283.5 Corrections	Corrections		654.4	80			46.14	777.1	percent of total billed charges	
NPM1 MUTATION ANALYSIS (MSO)	81310	CPT	outpatient			818		283.5 First Health	First Health		572.6	70			46.14	777.1	percent of total billed charges	
NPM1 MUTATION ANALYSIS (MSO)	81310	CPT	outpatient			818		283.5 First Trenton	First Trenton		736.2	90			46.14	777.1	percent of total billed charges	
NPM1 MUTATION ANALYSIS (MSO)	81310	CPT	outpatient			818		283.5 Horizon	Indemnity		313.13	38.28			46.14	777.1	percent of total billed charges	
NPM1 MUTATION ANALYSIS (MSO)	81310	CPT	outpatient			818		283.5 Horizon	Medicare Blue		245.4	30			46.14	777.1	percent of total billed charges	
NPM1 MUTATION ANALYSIS (MSO)	81310	CPT	outpatient			818		283.5 Horizon	MGD		313.13	38.28			46.14	777.1	percent of total billed charges	
NPM1 MUTATION ANALYSIS (MSO)	81310	CPT	outpatient			818		283.5 Horizon	NJ Health		46.14				46.14	777.1	fee schedule	
NPM1 MUTATION ANALYSIS (MSO)	81310	CPT	outpatient			818		283.5 Horizon	PPO		313.13	38.28			46.14	777.1	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
NPM1 MUTATION ANALYSIS (MSO)	81310	CPT	outpatient			818	283.5	Managed Care Inc	Managed Care Inc		736.2	90			46.14	777.1	percent of total billed charges	
NPM1 MUTATION ANALYSIS (MSO)	81310	CPT	outpatient			818	283.5	Multiplan	Multiplan		654.4	80			46.14	777.1	percent of total billed charges	
NPM1 MUTATION ANALYSIS (MSO)	81310	CPT	outpatient			818	283.5	Qualcare	Qualcare		613.5	75			46.14	777.1	percent of total billed charges	
NPM1 MUTATION ANALYSIS (MSO)	81310	CPT	outpatient			818	283.5	Three Rivers	Three Rivers		777.1	95			46.14	777.1	percent of total billed charges	
NPM1 MUTATION ANALYSIS (MSO)	81310	CPT	outpatient			818	283.5	UHC	Medicare		246.52				46.14	777.1	fee schedule	
NPM1 MUTATION ANALYSIS (MSO)	81310	CPT	outpatient			818	283.5	UHC	Medicaid		258.08	31.55			46.14	777.1	percent of total billed charges	
NPM1 MUTATION ANALYSIS (MSO)	81310	CPT	outpatient			818	283.5	Wellcare	Medicare		246.52				46.14	777.1	fee schedule	
NPM1 MUTATION ANALYSIS (MSO)	81310	CPT	outpatient			818	283.5	Wellcare	Medicaid		258.08	31.55			46.14	777.1	percent of total billed charges	
NPM1 MUTATION ANALYSIS (MSO)	81310	CPT	outpatient			818	283.5	WellPoint	WellPoint		263.23	32.18			46.14	777.1	percent of total billed charges	
NRAS.GENE.VARIANTS.IN.EXON2&3	81311	CPT	both			1066	340.16	Aetna	Better Health		336.32	31.55			295.79	1012.7	percent of total billed charges	
NRAS.GENE.VARIANTS.IN.EXON2&3	81311	CPT	both			1066	340.16	Aetna	Commercial		405.08	38			295.79	1012.7	percent of total billed charges	
NRAS.GENE.VARIANTS.IN.EXON2&3	81311	CPT	both			1066	340.16	Aetna	Medicare		295.79				295.79	1012.7	fee schedule	
NRAS.GENE.VARIANTS.IN.EXON2&3	81311	CPT	both			1066	340.16	Americare	Americare		799.5	75			295.79	1012.7	percent of total billed charges	
NRAS.GENE.VARIANTS.IN.EXON2&3	81311	CPT	both			1066	340.16	Amerihealth	HMO/PPO		692.9	65			295.79	1012.7	percent of total billed charges	
NRAS.GENE.VARIANTS.IN.EXON2&3	81311	CPT	both			1066	340.16	Amerihealth	Medicare		295.79				295.79	1012.7	fee schedule	
NRAS.GENE.VARIANTS.IN.EXON2&3	81311	CPT	both			1066	340.16	Consumer	Consumer		1012.7	95			295.79	1012.7	percent of total billed charges	
NRAS.GENE.VARIANTS.IN.EXON2&3	81311	CPT	both			1066	340.16	Corrections	Corrections		852.8	80			295.79	1012.7	percent of total billed charges	
NRAS.GENE.VARIANTS.IN.EXON2&3	81311	CPT	both			1066	340.16	First Health	First Health		746.2	70			295.79	1012.7	percent of total billed charges	
NRAS.GENE.VARIANTS.IN.EXON2&3	81311	CPT	both			1066	340.16	First Trenton	First Trenton		959.4	90			295.79	1012.7	percent of total billed charges	
NRAS.GENE.VARIANTS.IN.EXON2&3	81311	CPT	both			1066	340.16	Horizon	MGD		408.06	38.28			295.79	1012.7	percent of total billed charges	
NRAS.GENE.VARIANTS.IN.EXON2&3	81311	CPT	both			1066	340.16	Horizon	PPO		408.06	38.28			295.79	1012.7	percent of total billed charges	
NRAS.GENE.VARIANTS.IN.EXON2&3	81311	CPT	both			1066	340.16	Horizon	NJ Health		463.79				295.79	1012.7	fee schedule	
NRAS.GENE.VARIANTS.IN.EXON2&3	81311	CPT	both			1066	340.16	Horizon	Indemnity		408.06	38.28			295.79	1012.7	percent of total billed charges	
NRAS.GENE.VARIANTS.IN.EXON2&3	81311	CPT	both			1066	340.16	Horizon	Medicare Blue		319.8	30			295.79	1012.7	percent of total billed charges	
NRAS.GENE.VARIANTS.IN.EXON2&3	81311	CPT	both			1066	340.16	Managed Care Inc	Managed Care Inc		959.4	90			295.79	1012.7	percent of total billed charges	
NRAS.GENE.VARIANTS.IN.EXON2&3	81311	CPT	both			1066	340.16	Multiplan	Multiplan		852.8	80			295.79	1012.7	percent of total billed charges	
NRAS.GENE.VARIANTS.IN.EXON2&3	81311	CPT	both			1066	340.16	Qualcare	Qualcare		799.5	75			295.79	1012.7	percent of total billed charges	
NRAS.GENE.VARIANTS.IN.EXON2&3	81311	CPT	both			1066	340.16	Three Rivers	Three Rivers		1012.7	95			295.79	1012.7	percent of total billed charges	
NRAS.GENE.VARIANTS.IN.EXON2&3	81311	CPT	both			1066	340.16	UHC	Medicare		295.79				295.79	1012.7	fee schedule	
NRAS.GENE.VARIANTS.IN.EXON2&3	81311	CPT	both			1066	340.16	UHC	Medicaid		336.32	31.55			295.79	1012.7	percent of total billed charges	
NRAS.GENE.VARIANTS.IN.EXON2&3	81311	CPT	both			1066	340.16	Wellcare	Medicare		295.79				295.79	1012.7	fee schedule	
NRAS.GENE.VARIANTS.IN.EXON2&3	81311	CPT	both			1066	340.16	Wellcare	Medicaid		336.32	31.55			295.79	1012.7	percent of total billed charges	
NRAS.GENE.VARIANTS.IN.EXON2&3	81311	CPT	both			1066	340.16	WellPoint	WellPoint		343.04	32.18			295.79	1012.7	percent of total billed charges	
PDGFRA ANALYSIS GENE 12-18 EXONS	81314	CPT	outpatient			968	378.94	Aetna	Commercial		367.64	38			290.4	919.6	percent of total billed charges	
PDGFRA ANALYSIS GENE 12-18 EXONS	81314	CPT	outpatient			968	378.94	Aetna	Better Health		305.4	31.55			290.4	919.6	percent of total billed charges	
PDGFRA ANALYSIS GENE 12-18 EXONS	81314	CPT	outpatient			968	378.94	Aetna	Medicare		329.51				290.4	919.6	fee schedule	
PDGFRA ANALYSIS GENE 12-18 EXONS	81314	CPT	outpatient			968	378.94	Americare	Americare		726	75			290.4	919.6	percent of total billed charges	
PDGFRA ANALYSIS GENE 12-18 EXONS	81314	CPT	outpatient			968	378.94	Amerihealth	Medicare		329.51				290.4	919.6	fee schedule	
PDGFRA ANALYSIS GENE 12-18 EXONS	81314	CPT	outpatient			968	378.94	Amerihealth	HMO/PPO		629.2	65			290.4	919.6	percent of total billed charges	
PDGFRA ANALYSIS GENE 12-18 EXONS	81314	CPT	outpatient			968	378.94	Consumer	Consumer		919.6	95			290.4	919.6	percent of total billed charges	
PDGFRA ANALYSIS GENE 12-18 EXONS	81314	CPT	outpatient			968	378.94	Corrections	Corrections		774.4	80			290.4	919.6	percent of total billed charges	
PDGFRA ANALYSIS GENE 12-18 EXONS	81314	CPT	outpatient			968	378.94	First Health	First Health		677.6	70			290.4	919.6	percent of total billed charges	
PDGFRA ANALYSIS GENE 12-18 EXONS	81314	CPT	outpatient			968	378.94	First Trenton	First Trenton		871.2	90			290.4	919.6	percent of total billed charges	
PDGFRA ANALYSIS GENE 12-18 EXONS	81314	CPT	outpatient			968	378.94	Horizon	Medicare Blue		290.4	30			290.4	919.6	percent of total billed charges	
PDGFRA ANALYSIS GENE 12-18 EXONS	81314	CPT	outpatient			968	378.94	Horizon	MGD		370.55	38.28			290.4	919.6	percent of total billed charges	
PDGFRA ANALYSIS GENE 12-18 EXONS	81314	CPT	outpatient			968	378.94	Horizon	PPO		370.55	38.28			290.4	919.6	percent of total billed charges	
PDGFRA ANALYSIS GENE 12-18 EXONS	81314	CPT	outpatient			968	378.94	Horizon	Indemnity		370.55	38.28			290.4	919.6	percent of total billed charges	
PDGFRA ANALYSIS GENE 12-18 EXONS	81314	CPT	outpatient			968	378.94	Horizon	NJ Health		516.68				290.4	919.6	fee schedule	
PDGFRA ANALYSIS GENE 12-18 EXONS	81314	CPT	outpatient			968	378.94	Managed Care Inc	Managed Care Inc		871.2	90			290.4	919.6	percent of total billed charges	
PDGFRA ANALYSIS GENE 12-18 EXONS	81314	CPT	outpatient			968	378.94	Multiplan	Multiplan		774.4	80			290.4	919.6	percent of total billed charges	
PDGFRA ANALYSIS GENE 12-18 EXONS	81314	CPT	outpatient			968	378.94	Qualcare	Qualcare		726	75			290.4	919.6	percent of total billed charges	
PDGFRA ANALYSIS GENE 12-18 EXONS	81314	CPT	outpatient			968	378.94	Three Rivers	Three Rivers		919.6	95			290.4	919.6	percent of total billed charges	
PDGFRA ANALYSIS GENE 12-18 EXONS	81314	CPT	outpatient			968	378.94	UHC	Medicare		329.51				290.4	919.6	fee schedule	
PDGFRA ANALYSIS GENE 12-18 EXONS	81314	CPT	outpatient			968	378.94	UHC	Medicaid		305.4	31.55			290.4	919.6	percent of total billed charges	
PDGFRA ANALYSIS GENE 12-18 EXONS	81314	CPT	outpatient			968	378.94	Wellcare	Medicaid		305.4	31.55			290.4	919.6	percent of total billed charges	
PDGFRA ANALYSIS GENE 12-18 EXONS	81314	CPT	outpatient			968	378.94	Wellcare	Medicare		329.51				290.4	919.6	fee schedule	
PDGFRA ANALYSIS GENE 12-18 EXONS	81314	CPT	outpatient			968	378.94	WellPoint	WellPoint		311.5	32.18			290.4	919.6	percent of total billed charges	
APL QUANTITATIVE (MSO)	81315	CPT	outpatient			639	238.41	Aetna	Better Health		201.6	31.55			92.16	607.05	percent of total billed charges	
APL QUANTITATIVE (MSO)	81315	CPT	outpatient			639	238.41	Aetna	Medicare		207.31				92.16	607.05	fee schedule	
APL QUANTITATIVE (MSO)	81315	CPT	outpatient			639	238.41	Aetna	Commercial		242.82	38			92.16	607.05	percent of total billed charges	
APL QUANTITATIVE (MSO)	81315	CPT	outpatient			639	238.41	Americare	Americare		479.25	75			92.16	607.05	percent of total billed charges	
APL QUANTITATIVE (MSO)	81315	CPT	outpatient			639	238.41	Amerihealth	HMO/PPO		415.35	65			92.16	607.05	percent of total billed charges	
APL QUANTITATIVE (MSO)	81315	CPT	outpatient			639	238.41	Amerihealth	Medicare		207.31				92.16	607.05	fee schedule	
APL QUANTITATIVE (MSO)	81315	CPT	outpatient			639	238.41	Consumer	Consumer		607.05	95			92.16	607.05	percent of total billed charges	
APL QUANTITATIVE (MSO)	81315	CPT	outpatient			639	238.41	Corrections	Corrections		511.2	80			92.16	607.05	percent of total billed charges	
APL QUANTITATIVE (MSO)	81315	CPT	outpatient			639	238.41	First Health	First Health		447.3	70			92.16	607.05	percent of total billed charges	
APL QUANTITATIVE (MSO)	81315	CPT	outpatient			639	238.41	First Trenton	First Trenton		575.1	90			92.16	607.05	percent of total billed charges	
APL QUANTITATIVE (MSO)	81315	CPT	outpatient			639	238.41	Horizon	MGD		244.61	38.28			92.16	607.05	percent of total billed charges	
APL QUANTITATIVE (MSO)	81315	CPT	outpatient			639	238.41	Horizon	Indemnity		244.61	38.28			92.16	607.05	percent of total billed charges	
APL QUANTITATIVE (MSO)	81315	CPT	outpatient			639	238.41	Horizon	Medicare Blue		191.7	30			92.16	607.05	percent of total billed charges	
APL QUANTITATIVE (MSO)	81315	CPT	outpatient			639	238.41	Horizon	NJ Health		92.16				92.16	607.05	fee schedule	
APL QUANTITATIVE (MSO)	81315	CPT	outpatient			639	238.41	Horizon	PPO		244.61	38.28			92.16	607.05	percent of total billed charges	
APL QUANTITATIVE (MSO)	81315	CPT	outpatient			639	238.41	Managed Care Inc	Managed Care Inc		575.1	90			92.16	607.05	percent of total billed charges	
APL QUANTITATIVE (MSO)	81315	CPT	outpatient			639	238.41	Multiplan	Multiplan		511.2	80			92.16	607.05	percent of total billed charges	
APL QUANTITATIVE (MSO)	81315	CPT	outpatient			639	238.41	Qualcare	Qualcare		479.25	75			92.16	607.05	percent of total billed charges	
APL QUANTITATIVE (MSO)	81315	CPT	outpatient			639	238.41	Three Rivers	Three Rivers		607.05	95			92.16	607.05	percent of total billed charges	
APL QUANTITATIVE (MSO)	81315	CPT	outpatient			639	238.41	UHC	Medicaid		201.6	31.55			92.16	607.05	percent of total billed charges	
APL QUANTITATIVE (MSO)	81315	CPT	outpatient			639	238.41	UHC	Medicare		207.31				92.16	607.05	fee schedule	
APL QUANTITATIVE (MSO)	81315	CPT	outpatient			639	238.41	Wellcare	Medicare		207.31				92.16	607.05	fee schedule	
APL QUANTITATIVE (MSO)	81315	CPT	outpatient			639	238.41	Wellcare	Medicaid		201.6	31.55			92.16	607.05	percent of total billed charges	
APL QUANTITATIVE (MSO)	81315	CPT	outpatient			639	238.41	WellPoint	WellPoint		205.63	32.18			92.16	607.05	percent of total billed charges	
PMS2 GENE ANAL; FULL SEQ(MSO)	81317	CPT	outpatient			5712	777.98	Aetna	Commercial		2170.56	38			537.3	5426.4	percent of total billed charges	
PMS2 GENE ANAL; FULL SEQ(MSO)	81317	CPT	outpatient			5712	777.98	Aetna	Medicare		676.5				537.3	5426.4	fee schedule	
PMS2 GENE ANAL; FULL SEQ(MSO)	81317	CPT	outpatient			5712	777.98	Aetna	Better Health		1802.14	31.55			537.3	5426.4	percent of total billed charges	
PMS2 GENE ANAL; FULL SEQ(MSO)	81317	CPT	outpatient			5712	777.98	Americare	Americare		4284	75			537.3	5426.4	percent of total billed charges	
PMS2 GENE ANAL; FULL SEQ(MSO)	81317	CPT	outpatient			5712	777.98	Amerihealth	HMO/PPO		3712.8	65			537.3	5426.4	percent of total billed charges	
PMS2 GENE ANAL; FULL SEQ(MSO)	81317	CPT	outpatient			5712	777.98	Amerihealth	Medicare		676.5				537.3	5426.4	fee schedule	
PMS2 GENE ANAL; FULL SEQ(MSO)	81317	CPT	outpatient			5712	777.98	Consumer	Consumer		5426.4	95			537.3	5426.4	percent of total billed charges	
PMS2 GENE ANAL; FULL SEQ(MSO)	81317	CPT	outpatient			5712	777.98	Corrections	Corrections		4569.6	80			537.3	5426.4	percent of total billed charges	
PMS2 GENE ANAL; FULL SEQ(MSO)	81317	CPT	outpatient			5712	777.98	First Health	First Health		3998.4	70			537.3	5426.4	percent of total billed charges	
PMS2 GENE ANAL; FULL SEQ(MSO)	81317	CPT	outpatient			5712	777.98	First Trenton	First Trenton		5140.8	90			537.3	5426.4	percent of total billed charges	
PMS2 GENE ANAL; FULL SEQ(MSO)	81317	CPT	outpatient			5712	777.98	Horizon	MGD		2186.55	38.28			537.3	5426.4	percent of total billed charges	
PMS2 GENE ANAL; FULL SEQ(MSO)	81317	CPT	outpatient			5712	777.98	Horizon	Indemnity		2186.55	38.28			537.3	5426.4	percent of total billed charges	
PMS2 GENE ANAL; FULL SEQ(MSO)	81317	CPT	outpatient			5712	777.98	Horizon	Medicare Blue		1713.6	30			537.3	5426.4	percent of total billed charges	
PMS2 GENE ANAL; FULL SEQ(MSO)	81317	CPT	outpatient			5712	777.98	Horizon	PPO		2186.55	38.28			537.3	5426.4	percent of total billed charges	
PMS2 GENE ANAL; FULL SEQ(MSO)	81317	CPT	outpatient			5712	777.98	Managed Care Inc	Managed Care Inc		5140.8	90			537.3	5426.4	percent of total billed charges	
PMS2 GENE ANAL; FULL SEQ(MSO)	81317	CPT	outpatient			5712	777.98	Multiplan	Multiplan		4569.6	80			537.3	5426.4	percent of total billed charges	
PMS2 GENE ANAL; FULL SEQ(MSO)	81317	CPT	outpatient			5712	777.98	Qualcare	Qualcare		4284	75			537.3	5426.4	percent of total billed charges	
PMS2 GENE ANAL; FULL SEQ(MSO)	81317	CPT	outpatient			5712	777.98	Three Rivers	Three Rivers		5426.4	95			537.3	5426.4	percent of total billed charges	
PMS2 GENE ANAL; FULL SEQ(MSO)	81317	CPT	outpatient			5712	777.98	UHC	Medicare		676.5				537.3	5426.4	fee schedule	
PMS2 GENE ANAL; FULL SEQ(MSO)	81317	CPT	outpatient			5712	777.98	UHC	Medicaid		1802.14	31.55			537.3	5426.4	percent of total billed charges	
PMS2 GENE ANAL; FULL SEQ(MSO)	81317	CPT	outpatient			5712	777.98	Wellcare	Medicare		676.5				537.3	5426.4	fee schedule	
PMS2 GENE ANAL; FULL SEQ(MSO)	81317	CPT	outpatient			5712	777.98	Wellcare	Medicaid		1802.14	31.55			537.3	5426.4	percent of total billed charges	
PMS2 GENE ANAL; FULL SEQ(MSO)	81317	CPT	outpatient			5712	777.98	WellPoint	WellPoint		1838.12	32.18			537.3	5426.4	percent of total billed charges	
PMS GENE DUP/DELETE VARIANT	81319	CPT	inpatient			668	234.03	Aetna	Better Health		210.75	31.55			200.4	634.6	percent of total billed charges	
PMS GENE DUP/DELETE VARIANT	81319	CPT	inpatient			668	234.03	Aetna	Medicare		203.5				200.4	634.6	fee schedule	
PMS GENE DUP/DELETE VARIANT	81319	CPT	inpatient			668	234.03	Aetna	Commercial		253.84	38			200.4	634.6	percent of total billed charges	
PMS GENE DUP/DELETE VARIANT	81319	CPT	inpatient			668	234.03	Americare	Americare		501	75			200.4	634.6	percent of total billed charges	
PMS GENE DUP/DELETE VARIANT	81319	CPT	inpatient			668	234.03	Amerihealth	Medicare		203.5				200.4	634.6	fee schedule	
PMS GENE DUP/DELETE VARIANT	81319	CPT	inpatient			668	234.03	Amerihealth	HMO/PPO		434.2	65			200.4	634.6	percent of total billed charges	
PMS GENE DUP/DELETE VARIANT	81319	CPT	inpatient			668	234.03	Consumer	Consumer		634.6	95			200.4	634.6	percent of total billed charges	
PMS GENE DUP/DELETE VARIANT	81319	CPT	inpatient			668	234.03	Corrections	Corrections		534.4	80			200.4	634.6	percent of total billed charges	
PMS GENE DUP/DELETE VARIANT	81319	CPT	inpatient			668	234.03	First Health	First Health		467.6	70			200.4	634.6	percent of total billed charges	
PMS GENE DUP/DELETE VARIANT	81319	CPT	inpatient			668	234.03	First Trenton	First Trenton		601.2	90			200.4	634.6	percent of total billed charges	
PMS GENE DUP/DELETE VARIANT	81319	CPT	inpatient			668	234.03	Horizon	MGD		255.71	38.28			200.4	634.6	percent of total billed charges	
PMS GENE DUP/DELETE VARIANT	81319	CPT	inpatient			668	234.03	Horizon	Indemnity		255.71	38.28			200.4	634.6	percent of total billed charges	
PMS GENE DUP/DELETE VARIANT	81319	CPT	inpatient			668	234.03	Horizon	PPO		255.71	38.28			200.4	634.6	percent of total billed charges	
PMS GENE DUP/DELETE VARIANT	81319	CPT	inpatient			668	234.03	Horizon	Medicare Blue		200.4	30			200.4	634.6	percent of total billed charges	
PMS GENE DUP/DELETE VARIANT	81319	CPT	inpatient			668	234.03	Managed Care Inc	Managed Care Inc		601.2	90			200.4	634.6	percent of total billed charges	
PMS GENE DUP/DELETE VARIANT	81319	CPT	inpatient			668	234.03	Multiplan	Multiplan		534.4	80			200.4	634.6	percent of total billed charges	
PMS GENE DUP/DELETE VARIANT	81319	CPT	inpatient			668	234.03	Qualcare	Qualcare		501	75			200.4	634.6	percent of total billed charges	
PMS GENE DUP/DELETE VARIANT	81319	CPT	inpatient			668	234.03	Three Rivers	Three Rivers		634.6	95			200.4	634.6	percent of total billed charges	
PMS GENE DUP/DELETE VARIANT	81319	CPT	inpatient			668	234.03	UHC	Medicare		203.5				200.4	634.6	fee schedule	
PMS GENE DUP/DELETE VARIANT	81319	CPT	inpatient			668	234.03	UHC	Medicaid		210.75	31.55			200.4	634.6	percent of total billed charges	
PMS GENE DUP/DELETE VARIANT	81319	CPT	inpatient			668	234.03	Wellcare	Medicare		203.5				200.4	634.6	fee schedule	
PMS GENE DUP/DELETE VARIANT	81319	CPT	inpatient			668	234.03	Wellcare	Medicaid		210.75	31.55			200.4	634.6	percent of total billed charges	
PMS GENE DUP/DELETE VARIANT	81319	CPT	inpatient			668	234.03	WellPoint	WellPoint		214.96	32.18			200.4	634.6	percent of total billed charges	
PTEN,SYMDROME.GENE.ANALYSIS	81321	CPT	outpatient			1338	690	Aetna	Medicare		600				401.4	1271.1	fee schedule	
PTEN,SYMDROME.GENE.ANALYSIS	81321	CPT	outpatient			1338	690	Aetna	Better Health		422.14	31.55			401.4	1271.1	percent of total billed charges	
PTEN,SYMDROME.GENE.ANALYSIS	81321	CPT	outpatient			1338	690	Aetna	Commercial		508.44	38			401.4	1271.1	percent of total billed charges	
PTEN,SYMDROME.GENE.ANALYSIS	81321	CPT	outpatient			1338	690	Americare	Americare		1003.5	75			401.4	1271.1	percent of total billed charges	
PTEN,SYMDROME.GENE.ANALYSIS	81321	CPT	outpatient			1338	690	Amerihealth	Medicare		600				401.4	1271.1	fee schedule	
PTEN,SYMDROME.GENE.ANALYSIS	81321	CPT	outpatient			1338	690	Amerihealth	HMO/PPO		869.7	65			401.4	1271.1	percent of total billed charges	
PTEN,SYMDROME.GENE.ANALYSIS	81321	CPT	outpatient			1338	690	Consumer	Consumer		1271.1	95			401.4	1271.1	percent of total billed charges	
PTEN,SYMDROME.GENE.ANALYSIS	81321	CPT	outpatient			1338	690	Corrections	Corrections		1070.4	80			401.4	1271.1	percent of total billed charges	
PTEN,SYMDROME.GENE.ANALYSIS	81321	CPT	outpatient			1338	690	First Health	First Health		936.6	70			401.4	1271.1	percent of total billed charges	
PTEN,SYMDROME.GENE.ANALYSIS	81321	CPT	outpatient			1338	690	First Trenton	First Trenton		1204.2	90			401.4	1271.1	percent of total billed charges	
PTEN,SYMDROME.GENE.ANALYSIS	81321	CPT	outpatient			1338	690	Horizon	MGD		512.19	38.28			401.4	1271.1	percent of total billed charges	
PTEN,SYMDROME.GENE.ANALYSIS	81321	CPT	outpatient			1338	690	Horizon	Indemnity		512.19	38.28			401.4	1271.1	percent of total billed charges	
PTEN,SYMDROME.GENE.ANALYSIS	81321	CPT	outpatient			1338	690	Horizon	PPO		512.19	38.28			401.4	1271.1	percent of total billed charges	
PTEN,SYMDROME.GENE.ANALYSIS	81321	CPT	outpatient			1338	690	Horizon	Medicare Blue		401.4	30			401.4	1271.1	percent of total billed charges	
PTEN,SYMDROME.GENE.ANALYSIS	81321	CPT	outpatient			1338	690	Horizon	NJ Health		470.95				401.4	1271.1	fee schedule	
PTEN,SYMDROME.GENE.ANALYSIS	81321	CPT	outpatient			1338	690	Managed Care Inc	Managed Care Inc		1204.2	90			401.4	1271.1	percent of total billed charges	
PTEN,SYMDROME.GENE.ANALYSIS	81321	CPT	outpatient			1338	690	Multiplan	Multiplan		1070.4	80			401.4	1271.1	percent of total billed charges	
PTEN,SYMDROME.GENE.ANALYSIS	81321	CPT	outpatient			1338	690	Qualcare	Qualcare		1003.5	75			401.4	1271.1	percent of total billed charges	
PTEN,SYMDROME.GENE.ANALYSIS	81321	CPT	outpatient			1338	690	Three Rivers	Three Rivers		1271.1	95			401.4	1271.1	percent of total billed charges	
PTEN,SYMDROME.GENE.ANALYSIS	81321	CPT	outpatient			1338	690	UHC	Medicaid		422.14	31.55			401.4	1271.1	percent of total billed charges	
PTEN,SYMDROME.GENE.ANALYSIS	81321	CPT	outpatient			1338	690	UHC	Medicare		600				401.4	1271.1	fee schedule	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
PTEN,SYNDROME,GENE,ANALYSIS	81321	CPT	outpatient			1338	690	Wellcare	Medicare		600				401.4		1271.1 fee schedule	
PTEN,SYNDROME,GENE,ANALYSIS	81321	CPT	outpatient			1338	690	Wellcare	Medicaid		422.14	31.55			401.4		1271.1 percent of total billed charges	
PTEN,SYNDROME,GENE,ANALYSIS	81321	CPT	outpatient			1338	690	WellPoint	WellPoint		430.57	32.18			401.4		1271.1 percent of total billed charges	
PTEN,DUPLICATION,GENE,ANALYSIS	81323	CPT	outpatient			670	345	Aetna	Commercial		254.6	38			68.68		636.5 percent of total billed charges	
PTEN,DUPLICATION,GENE,ANALYSIS	81323	CPT	outpatient			670	345	Aetna	Medicare		300				68.68		636.5 fee schedule	
PTEN,DUPLICATION,GENE,ANALYSIS	81323	CPT	outpatient			670	345	Aetna	Better Health		211.39	31.55			68.68		636.5 percent of total billed charges	
PTEN,DUPLICATION,GENE,ANALYSIS	81323	CPT	outpatient			670	345	Americare	Americare		502.5	75			68.68		636.5 percent of total billed charges	
PTEN,DUPLICATION,GENE,ANALYSIS	81323	CPT	outpatient			670	345	Amerihealth	Medicare		300				68.68		636.5 fee schedule	
PTEN,DUPLICATION,GENE,ANALYSIS	81323	CPT	outpatient			670	345	Amerihealth	HMO/PPO		435.5	65			68.68		636.5 percent of total billed charges	
PTEN,DUPLICATION,GENE,ANALYSIS	81323	CPT	outpatient			670	345	Consumer	Consumer		636.5	95			68.68		636.5 percent of total billed charges	
PTEN,DUPLICATION,GENE,ANALYSIS	81323	CPT	outpatient			670	345	Corrections	Corrections		536	80			68.68		636.5 percent of total billed charges	
PTEN,DUPLICATION,GENE,ANALYSIS	81323	CPT	outpatient			670	345	First Health	First Health		469	70			68.68		636.5 percent of total billed charges	
PTEN,DUPLICATION,GENE,ANALYSIS	81323	CPT	outpatient			670	345	First Trenton	First Trenton		603	90			68.68		636.5 percent of total billed charges	
PTEN,DUPLICATION,GENE,ANALYSIS	81323	CPT	outpatient			670	345	Horizon	Medicare Blue		201	30			68.68		636.5 percent of total billed charges	
PTEN,DUPLICATION,GENE,ANALYSIS	81323	CPT	outpatient			670	345	Horizon	Indemnity		256.48	38.28			68.68		636.5 percent of total billed charges	
PTEN,DUPLICATION,GENE,ANALYSIS	81323	CPT	outpatient			670	345	Horizon	MGD		256.48	38.28			68.68		636.5 percent of total billed charges	
PTEN,DUPLICATION,GENE,ANALYSIS	81323	CPT	outpatient			670	345	Horizon	PPO		256.48	38.28			68.68		636.5 percent of total billed charges	
PTEN,DUPLICATION,GENE,ANALYSIS	81323	CPT	outpatient			670	345	Horizon	NJ Health		68.68				68.68		636.5 fee schedule	
PTEN,DUPLICATION,GENE,ANALYSIS	81323	CPT	outpatient			670	345	Managed Care Inc	Managed Care Inc		603	90			68.68		636.5 percent of total billed charges	
PTEN,DUPLICATION,GENE,ANALYSIS	81323	CPT	outpatient			670	345	Multiplan	Multiplan		536	80			68.68		636.5 percent of total billed charges	
PTEN,DUPLICATION,GENE,ANALYSIS	81323	CPT	outpatient			670	345	Qualcare	Qualcare		502.5	75			68.68		636.5 percent of total billed charges	
PTEN,DUPLICATION,GENE,ANALYSIS	81323	CPT	outpatient			670	345	Three Rivers	Three Rivers		636.5	95			68.68		636.5 percent of total billed charges	
PTEN,DUPLICATION,GENE,ANALYSIS	81323	CPT	outpatient			670	345	UHC	Medicare		300				68.68		636.5 fee schedule	
PTEN,DUPLICATION,GENE,ANALYSIS	81323	CPT	outpatient			670	345	UHC	Medicaid		211.39	31.55			68.68		636.5 percent of total billed charges	
PTEN,DUPLICATION,GENE,ANALYSIS	81323	CPT	outpatient			670	345	Wellcare	Medicare		300				68.68		636.5 fee schedule	
PTEN,DUPLICATION,GENE,ANALYSIS	81323	CPT	outpatient			670	345	Wellcare	Medicaid		211.39	31.55			68.68		636.5 percent of total billed charges	
PTEN,DUPLICATION,GENE,ANALYSIS	81323	CPT	outpatient			670	345	WellPoint	WellPoint		215.61	32.18			68.68		636.5 percent of total billed charges	
PMP22 FULL SEQUENCE ANALYSIS	81325	CPT	outpatient			1486	885.02	Aetna	Medicare		457.69	30.8			445.8		1411.7 percent of total billed charges	
PMP22 FULL SEQUENCE ANALYSIS	81325	CPT	outpatient			1486	885.02	Aetna	Better Health		468.83	31.55			445.8		1411.7 percent of total billed charges	
PMP22 FULL SEQUENCE ANALYSIS	81325	CPT	outpatient			1486	885.02	Aetna	Commercial		564.68	38			445.8		1411.7 percent of total billed charges	
PMP22 FULL SEQUENCE ANALYSIS	81325	CPT	outpatient			1486	885.02	Americare	Americare		1114.5	75			445.8		1411.7 percent of total billed charges	
PMP22 FULL SEQUENCE ANALYSIS	81325	CPT	outpatient			1486	885.02	Amerihealth	HMO/PPO		965.9	65			445.8		1411.7 percent of total billed charges	
PMP22 FULL SEQUENCE ANALYSIS	81325	CPT	outpatient			1486	885.02	Amerihealth	Medicare		769.58				445.8		1411.7 fee schedule	
PMP22 FULL SEQUENCE ANALYSIS	81325	CPT	outpatient			1486	885.02	Consumer	Consumer		1411.7	95			445.8		1411.7 percent of total billed charges	
PMP22 FULL SEQUENCE ANALYSIS	81325	CPT	outpatient			1486	885.02	Corrections	Corrections		1188.8	80			445.8		1411.7 percent of total billed charges	
PMP22 FULL SEQUENCE ANALYSIS	81325	CPT	outpatient			1486	885.02	First Health	First Health		1040.2	70			445.8		1411.7 percent of total billed charges	
PMP22 FULL SEQUENCE ANALYSIS	81325	CPT	outpatient			1486	885.02	First Trenton	First Trenton		1337.4	90			445.8		1411.7 percent of total billed charges	
PMP22 FULL SEQUENCE ANALYSIS	81325	CPT	outpatient			1486	885.02	Horizon	Medicare Blue		445.8	30			445.8		1411.7 percent of total billed charges	
PMP22 FULL SEQUENCE ANALYSIS	81325	CPT	outpatient			1486	885.02	Horizon	Indemnity		568.84	38.28			445.8		1411.7 percent of total billed charges	
PMP22 FULL SEQUENCE ANALYSIS	81325	CPT	outpatient			1486	885.02	Horizon	MGD		568.84	38.28			445.8		1411.7 percent of total billed charges	
PMP22 FULL SEQUENCE ANALYSIS	81325	CPT	outpatient			1486	885.02	Horizon	PPO		568.84	38.28			445.8		1411.7 percent of total billed charges	
PMP22 FULL SEQUENCE ANALYSIS	81325	CPT	outpatient			1486	885.02	Managed Care Inc	Managed Care Inc		1337.4	90			445.8		1411.7 percent of total billed charges	
PMP22 FULL SEQUENCE ANALYSIS	81325	CPT	outpatient			1486	885.02	Multiplan	Multiplan		1188.8	80			445.8		1411.7 percent of total billed charges	
PMP22 FULL SEQUENCE ANALYSIS	81325	CPT	outpatient			1486	885.02	Qualcare	Qualcare		1114.5	75			445.8		1411.7 percent of total billed charges	
PMP22 FULL SEQUENCE ANALYSIS	81325	CPT	outpatient			1486	885.02	Three Rivers	Three Rivers		1411.7	95			445.8		1411.7 percent of total billed charges	
PMP22 FULL SEQUENCE ANALYSIS	81325	CPT	outpatient			1486	885.02	UHC	Medicaid		468.83	31.55			445.8		1411.7 percent of total billed charges	
PMP22 FULL SEQUENCE ANALYSIS	81325	CPT	outpatient			1486	885.02	UHC	Medicare		769.58				445.8		1411.7 fee schedule	
PMP22 FULL SEQUENCE ANALYSIS	81325	CPT	outpatient			1486	885.02	Wellcare	Medicare		769.58				445.8		1411.7 fee schedule	
PMP22 FULL SEQUENCE ANALYSIS	81325	CPT	outpatient			1486	885.02	Wellcare	Medicaid		468.83	31.55			445.8		1411.7 percent of total billed charges	
PMP22 FULL SEQUENCE ANALYSIS	81325	CPT	outpatient			1486	885.02	WellPoint	WellPoint		478.19	32.18			445.8		1411.7 percent of total billed charges	
COLON CANCER SCREENING	81327	CPT	outpatient			296	220.8	Aetna	Medicare		192				65.6		281.2 fee schedule	
COLON CANCER SCREENING	81327	CPT	outpatient			296	220.8	Aetna	Better Health		93.39	31.55			65.6		281.2 percent of total billed charges	
COLON CANCER SCREENING	81327	CPT	outpatient			296	220.8	Aetna	Commercial		112.48	38			65.6		281.2 percent of total billed charges	
COLON CANCER SCREENING	81327	CPT	outpatient			296	220.8	Americare	Americare		222	75			65.6		281.2 percent of total billed charges	
COLON CANCER SCREENING	81327	CPT	outpatient			296	220.8	Amerihealth	HMO/PPO		192.4	65			65.6		281.2 percent of total billed charges	
COLON CANCER SCREENING	81327	CPT	outpatient			296	220.8	Amerihealth	Medicare		192				65.6		281.2 fee schedule	
COLON CANCER SCREENING	81327	CPT	outpatient			296	220.8	Consumer	Consumer		281.2	95			65.6		281.2 percent of total billed charges	
COLON CANCER SCREENING	81327	CPT	outpatient			296	220.8	Corrections	Corrections		236.8	80			65.6		281.2 percent of total billed charges	
COLON CANCER SCREENING	81327	CPT	outpatient			296	220.8	First Health	First Health		207.2	70			65.6		281.2 percent of total billed charges	
COLON CANCER SCREENING	81327	CPT	outpatient			296	220.8	First Trenton	First Trenton		266.4	90			65.6		281.2 percent of total billed charges	
COLON CANCER SCREENING	81327	CPT	outpatient			296	220.8	Horizon	MGD		113.31	38.28			65.6		281.2 percent of total billed charges	
COLON CANCER SCREENING	81327	CPT	outpatient			296	220.8	Horizon	Indemnity		113.31	38.28			65.6		281.2 percent of total billed charges	
COLON CANCER SCREENING	81327	CPT	outpatient			296	220.8	Horizon	NJ Health		65.6				65.6		281.2 fee schedule	
COLON CANCER SCREENING	81327	CPT	outpatient			296	220.8	Horizon	Medicare Blue		88.8	30			65.6		281.2 percent of total billed charges	
COLON CANCER SCREENING	81327	CPT	outpatient			296	220.8	Horizon	PPO		113.31	38.28			65.6		281.2 percent of total billed charges	
COLON CANCER SCREENING	81327	CPT	outpatient			296	220.8	Managed Care Inc	Managed Care Inc		266.4	90			65.6		281.2 percent of total billed charges	
COLON CANCER SCREENING	81327	CPT	outpatient			296	220.8	Multiplan	Multiplan		236.8	80			65.6		281.2 percent of total billed charges	
COLON CANCER SCREENING	81327	CPT	outpatient			296	220.8	Qualcare	Qualcare		222	75			65.6		281.2 percent of total billed charges	
COLON CANCER SCREENING	81327	CPT	outpatient			296	220.8	Three Rivers	Three Rivers		281.2	95			65.6		281.2 percent of total billed charges	
COLON CANCER SCREENING	81327	CPT	outpatient			296	220.8	UHC	Medicare		192				65.6		281.2 fee schedule	
COLON CANCER SCREENING	81327	CPT	outpatient			296	220.8	UHC	Medicaid		93.39	31.55			65.6		281.2 percent of total billed charges	
COLON CANCER SCREENING	81327	CPT	outpatient			296	220.8	Wellcare	Medicaid		93.39	31.55			65.6		281.2 percent of total billed charges	
COLON CANCER SCREENING	81327	CPT	outpatient			296	220.8	Wellcare	Medicare		192				65.6		281.2 fee schedule	
COLON CANCER SCREENING	81327	CPT	outpatient			296	220.8	WellPoint	WellPoint		95.25	32.18			65.6		281.2 percent of total billed charges	
SPINAL MUSCULAR ATROPHY(SMN1)	81329	CPT	outpatient			1878	157.55	Aetna	Commercial		713.64	38			107.41		1784.1 percent of total billed charges	
SPINAL MUSCULAR ATROPHY(SMN1)	81329	CPT	outpatient			1878	157.55	Aetna	Better Health		592.51	31.55			107.41		1784.1 percent of total billed charges	
SPINAL MUSCULAR ATROPHY(SMN1)	81329	CPT	outpatient			1878	157.55	Aetna	Medicare		137				107.41		1784.1 fee schedule	
SPINAL MUSCULAR ATROPHY(SMN1)	81329	CPT	outpatient			1878	157.55	Americare	Americare		1408.5	75			107.41		1784.1 percent of total billed charges	
SPINAL MUSCULAR ATROPHY(SMN1)	81329	CPT	outpatient			1878	157.55	Amerihealth	HMO/PPO		1220.7	65			107.41		1784.1 percent of total billed charges	
SPINAL MUSCULAR ATROPHY(SMN1)	81329	CPT	outpatient			1878	157.55	Amerihealth	Medicare		137				107.41		1784.1 fee schedule	
SPINAL MUSCULAR ATROPHY(SMN1)	81329	CPT	outpatient			1878	157.55	Consumer	Consumer		1784.1	95			107.41		1784.1 percent of total billed charges	
SPINAL MUSCULAR ATROPHY(SMN1)	81329	CPT	outpatient			1878	157.55	Corrections	Corrections		1502.4	80			107.41		1784.1 percent of total billed charges	
SPINAL MUSCULAR ATROPHY(SMN1)	81329	CPT	outpatient			1878	157.55	First Health	First Health		1314.6	70			107.41		1784.1 percent of total billed charges	
SPINAL MUSCULAR ATROPHY(SMN1)	81329	CPT	outpatient			1878	157.55	First Trenton	First Trenton		1690.2	90			107.41		1784.1 percent of total billed charges	
SPINAL MUSCULAR ATROPHY(SMN1)	81329	CPT	outpatient			1878	157.55	Horizon	MGD		718.9	38.28			107.41		1784.1 percent of total billed charges	
SPINAL MUSCULAR ATROPHY(SMN1)	81329	CPT	outpatient			1878	157.55	Horizon	Indemnity		718.9	38.28			107.41		1784.1 percent of total billed charges	
SPINAL MUSCULAR ATROPHY(SMN1)	81329	CPT	outpatient			1878	157.55	Horizon	PPO		718.9	38.28			107.41		1784.1 percent of total billed charges	
SPINAL MUSCULAR ATROPHY(SMN1)	81329	CPT	outpatient			1878	157.55	Horizon	Medicare Blue		563.4	30			107.41		1784.1 percent of total billed charges	
SPINAL MUSCULAR ATROPHY(SMN1)	81329	CPT	outpatient			1878	157.55	Horizon	NJ Health		107.41				107.41		1784.1 fee schedule	
SPINAL MUSCULAR ATROPHY(SMN1)	81329	CPT	outpatient			1878	157.55	Managed Care Inc	Managed Care Inc		1690.2	90			107.41		1784.1 percent of total billed charges	
SPINAL MUSCULAR ATROPHY(SMN1)	81329	CPT	outpatient			1878	157.55	Multiplan	Multiplan		1502.4	80			107.41		1784.1 percent of total billed charges	
SPINAL MUSCULAR ATROPHY(SMN1)	81329	CPT	outpatient			1878	157.55	Qualcare	Qualcare		1408.5	75			107.41		1784.1 percent of total billed charges	
SPINAL MUSCULAR ATROPHY(SMN1)	81329	CPT	outpatient			1878	157.55	Three Rivers	Three Rivers		1784.1	95			107.41		1784.1 percent of total billed charges	
SPINAL MUSCULAR ATROPHY(SMN1)	81329	CPT	outpatient			1878	157.55	UHC	Medicaid		592.51	31.55			107.41		1784.1 percent of total billed charges	
SPINAL MUSCULAR ATROPHY(SMN1)	81329	CPT	outpatient			1878	157.55	UHC	Medicare		137				107.41		1784.1 fee schedule	
SPINAL MUSCULAR ATROPHY(SMN1)	81329	CPT	outpatient			1878	157.55	Wellcare	Medicare		137				107.41		1784.1 fee schedule	
SPINAL MUSCULAR ATROPHY(SMN1)	81329	CPT	outpatient			1878	157.55	Wellcare	Medicaid		592.51	31.55			107.41		1784.1 percent of total billed charges	
SPINAL MUSCULAR ATROPHY(SMN1)	81329	CPT	outpatient			1878	157.55	WellPoint	WellPoint		604.34	32.18			107.41		1784.1 percent of total billed charges	
PRADER WILLI SYNDROME	81331	CPT	both			691	58.73	Aetna	Better Health		218.01	31.55			48.9		656.45 percent of total billed charges	
PRADER WILLI SYNDROME	81331	CPT	both			691	58.73	Aetna	Medicare		51.07				48.9		656.45 fee schedule	
PRADER WILLI SYNDROME	81331	CPT	both			691	58.73	Aetna	Commercial		282.58	38			48.9		656.45 percent of total billed charges	
PRADER WILLI SYNDROME	81331	CPT	both			691	58.73	Americare	Americare		518.25	75			48.9		656.45 percent of total billed charges	
PRADER WILLI SYNDROME	81331	CPT	both			691	58.73	Amerihealth	Medicare		51.07				48.9		656.45 fee schedule	
PRADER WILLI SYNDROME	81331	CPT	both			691	58.73	Amerihealth	HMO/PPO		449.15	65			48.9		656.45 percent of total billed charges	
PRADER WILLI SYNDROME	81331	CPT	both			691	58.73	Consumer	Consumer		656.45	95			48.9		656.45 percent of total billed charges	
PRADER WILLI SYNDROME	81331	CPT	both			691	58.73	Corrections	Corrections		552.8	80			48.9		656.45 percent of total billed charges	
PRADER WILLI SYNDROME	81331	CPT	both			691	58.73	First Health	First Health		483.7	70			48.9		656.45 percent of total billed charges	
PRADER WILLI SYNDROME	81331	CPT	both			691	58.73	First Trenton	First Trenton		621.9	90			48.9		656.45 percent of total billed charges	
PRADER WILLI SYNDROME	81331	CPT	both			691	58.73	Horizon	MGD		264.51	38.28			48.9		656.45 percent of total billed charges	
PRADER WILLI SYNDROME	81331	CPT	both			691	58.73	Horizon	Indemnity		264.51	38.28			48.9		656.45 percent of total billed charges	
PRADER WILLI SYNDROME	81331	CPT	both			691	58.73	Horizon	PPO		264.51	38.28			48.9		656.45 percent of total billed charges	
PRADER WILLI SYNDROME	81331	CPT	both			691	58.73	Horizon	Medicare Blue		207.3	30			48.9		656.45 percent of total billed charges	
PRADER WILLI SYNDROME	81331	CPT	both			691	58.73	Managed Care Inc	Managed Care Inc		621.9	90			48.9		656.45 percent of total billed charges	
PRADER WILLI SYNDROME	81331	CPT	both			691	58.73	Multiplan	Multiplan		552.8	80			48.9		656.45 percent of total billed charges	
PRADER WILLI SYNDROME	81331	CPT	both			691	58.73	Qualcare	Qualcare		518.25	75			48.9		656.45 percent of total billed charges	
PRADER WILLI SYNDROME	81331	CPT	both			691	58.73	Three Rivers	Three Rivers		656.45	95			48.9		656.45 percent of total billed charges	
PRADER WILLI SYNDROME	81331	CPT	both			691	58.73	UHC	Medicaid		218.01	31.55			48.9		656.45 percent of total billed charges	
PRADER WILLI SYNDROME	81331	CPT	both			691	58.73	UHC	Medicare		51.07				48.9		656.45 fee schedule	
PRADER WILLI SYNDROME	81331	CPT	both			691	58.73	Wellcare	Medicare		51.07				48.9		656.45 fee schedule	
PRADER WILLI SYNDROME	81331	CPT	both			691	58.73	Wellcare	Medicaid		218.01	31.55			48.9		656.45 percent of total billed charges	
PRADER WILLI SYNDROME	81331	CPT	both			691	58.73	WellPoint	WellPoint		222.36	32.18			48.9		656.45 percent of total billed charges	
SERPINA1	81332	CPT	both			628	50.2	Aetna	Medicare		43.65				43.65		596.6 fee schedule	
SERPINA1	81332	CPT	both			628	50.2	Aetna	Commercial		238.64	38			43.65		596.6 percent of total billed charges	
SERPINA1	81332	CPT	both			628	50.2	Aetna	Better Health		198.13	31.55			43.65		596.6 percent of total billed charges	
SERPINA1	81332	CPT	both			628	50.2	Americare	Americare		471	75			43.65		596.6 percent of total billed charges	
SERPINA1	81332	CPT	both			628	50.2	Amerihealth	Medicare		43.65				43.65		596.6 fee schedule	
SERPINA1	81332	CPT	both			628	50.2	Amerihealth	HMO/PPO		408.2	65			43.65		596.6 percent of total billed charges	
SERPINA1	81332	CPT	both			628	50.2	Consumer	Consumer		596.6	95			43.65		596.6 percent of total billed charges	
SERPINA1	81332	CPT	both			628	50.2	Corrections	Corrections		502.4	80			43.65		596.6 percent of total billed charges	
SERPINA1	81332	CPT	both			628	50.2	First Health	First Health		439.6	70			43.65		596.6 percent of total billed charges	
SERPINA1	81332	CPT	both			628	50.2	First Trenton	First Trenton		565.2	90			43.65		596.6 percent of total billed charges	
SERPINA1	81332	CPT	both			628	50.2	Horizon	Medicare Blue		188.4	30			43.65		596.6 percent of total billed charges	
SERPINA1	81332	CPT	both			628	50.2	Horizon	PPO		240.4	38.28			43.65		596.6 percent of total billed charges	
SERPINA1	81332	CPT	both			628	50.2	Horizon	MGD		240.4	38.28			43.65		596.6 percent of total billed charges	
SERPINA1	81332	CPT	both			628	50.2	Horizon	Indemnity		240.4	38.28			43.65		596.6 percent of total billed charges	
SERPINA1	81332	CPT	both			628	50.2	Managed Care Inc	Managed Care Inc		565.2	90			43.65		596.6 percent of total billed charges	
SERPINA1	81332	CPT	both			628	50.2	Multiplan	Multiplan		502.4	80			43.65		596.6 percent of total billed charges	
SERPINA1	81332	CPT	both			628	50.2	Qualcare	Qualcare		471	75			43.65		596.6 percent of total billed charges	
SERPINA1	81332	CPT	both			628	50.2	Three Rivers	Three Rivers		596.6	95			43.65		596.6 percent of total billed charges	
SERPINA1	81332	CPT	both			628	50.2	UHC	Medicare		43.65				43.65		596.6 fee schedule	
SERPINA1	81332	CPT	both			628	50.2	UHC	Medicaid		198.13	31.55			43.65		596.6 percent of total billed charges	
SERPINA1	81332	CPT	both			628	50.2	Wellcare	Medicare		43.65				43.65		596.6 fee schedule	
SERPINA1	81332	CPT	both			628	50.2	Wellcare	Medicaid		198.13	31.55			43.65		596.6 percent of total billed charges	
SERPINA1	81332	CPT	both			628	50.2	WellPoint	WellPoint		202.09	32.18			43.65		596.6 percent of total billed charges	
TPMT GENETIC TEST - GENOTYPE	81335	CPT	both			864	201.03	Aetna	Medicare		174.81				137.04		820.8 fee schedule	
TPMT GENETIC TEST - GENOTYPE	81335	CPT	both			864	201.03	Aetna	Commercial		326.32	38			137.04		820.8 percent of total billed charges	
TPMT GENETIC TEST - GENOTYPE	81335	CPT	both			864	201.03	Aetna	Better Health		272.59	31.55			137.04		820.8 percent of total billed charges	
TPMT GENETIC TEST - GENOTYPE	81335	CPT	both			864	201.03	Americare	Americare		648	75			137.04		820.8 percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
TPMT GENETIC TEST - GENOTYPE	81335	CPT	both			864		201.03 Amerihealth	HMO/PPO		561.6	65			137.04		820.8 percent of total billed charges	
TPMT GENETIC TEST - GENOTYPE	81335	CPT	both			864		201.03 Amerihealth	Medicare		174.81				137.04		820.8 fee schedule	
TPMT GENETIC TEST - GENOTYPE	81335	CPT	both			864		201.03 Consumer	Consumer		820.8	95			137.04		820.8 percent of total billed charges	
TPMT GENETIC TEST - GENOTYPE	81335	CPT	both			864		201.03 Corrections	Corrections		691.2	80			137.04		820.8 percent of total billed charges	
TPMT GENETIC TEST - GENOTYPE	81335	CPT	both			864		201.03 First Health	First Health		604.8	70			137.04		820.8 percent of total billed charges	
TPMT GENETIC TEST - GENOTYPE	81335	CPT	both			864		201.03 First Trenton	First Trenton		777.6	90			137.04		820.8 percent of total billed charges	
TPMT GENETIC TEST - GENOTYPE	81335	CPT	both			864		201.03 Horizon	NJ Health		137.04				137.04		820.8 fee schedule	
TPMT GENETIC TEST - GENOTYPE	81335	CPT	both			864		201.03 Horizon	MGD		330.74	38.28			137.04		820.8 percent of total billed charges	
TPMT GENETIC TEST - GENOTYPE	81335	CPT	both			864		201.03 Horizon	Indemnity		330.74	38.28			137.04		820.8 percent of total billed charges	
TPMT GENETIC TEST - GENOTYPE	81335	CPT	both			864		201.03 Horizon	Medicare Blue		259.2	30			137.04		820.8 percent of total billed charges	
TPMT GENETIC TEST - GENOTYPE	81335	CPT	both			864		201.03 Horizon	PPO		330.74	38.28			137.04		820.8 percent of total billed charges	
TPMT GENETIC TEST - GENOTYPE	81335	CPT	both			864		201.03 Managed Care Inc	Managed Care Inc		777.6	90			137.04		820.8 percent of total billed charges	
TPMT GENETIC TEST - GENOTYPE	81335	CPT	both			864		201.03 Multiplan	Multiplan		691.2	80			137.04		820.8 percent of total billed charges	
TPMT GENETIC TEST - GENOTYPE	81335	CPT	both			864		201.03 Qualcare	Qualcare		648	75			137.04		820.8 percent of total billed charges	
TPMT GENETIC TEST - GENOTYPE	81335	CPT	both			864		201.03 Three Rivers	Three Rivers		820.8	95			137.04		820.8 percent of total billed charges	
TPMT GENETIC TEST - GENOTYPE	81335	CPT	both			864		201.03 UHC	Medicaid		272.59	31.55			137.04		820.8 percent of total billed charges	
TPMT GENETIC TEST - GENOTYPE	81335	CPT	both			864		201.03 UHC	Medicare		174.81				137.04		820.8 fee schedule	
TPMT GENETIC TEST - GENOTYPE	81335	CPT	both			864		201.03 Wellcare	Medicare		174.81				137.04		820.8 fee schedule	
TPMT GENETIC TEST - GENOTYPE	81335	CPT	both			864		201.03 Wellcare	Medicaid		272.59	31.55			137.04		820.8 percent of total billed charges	
TPMT GENETIC TEST - GENOTYPE	81335	CPT	both			864		201.03 WellPoint	WellPoint		278.04	32.18			137.04		820.8 percent of total billed charges	
MPL.GENE.ANALYSIS	81338	CPT	outpatient			1130		172.88 Aetna	Better Health		356.52	31.55			150.33		1073.5 percent of total billed charges	
MPL.GENE.ANALYSIS	81338	CPT	outpatient			1130		172.88 Aetna	Commercial		429.4	38			150.33		1073.5 percent of total billed charges	
MPL.GENE.ANALYSIS	81338	CPT	outpatient			1130		172.88 Aetna	Medicare		150.33				150.33		1073.5 fee schedule	
MPL.GENE.ANALYSIS	81338	CPT	outpatient			1130		172.88 Americare	Americare		847.5	75			150.33		1073.5 percent of total billed charges	
MPL.GENE.ANALYSIS	81338	CPT	outpatient			1130		172.88 Amerihealth	Medicare		150.33				150.33		1073.5 fee schedule	
MPL.GENE.ANALYSIS	81338	CPT	outpatient			1130		172.88 Amerihealth	HMO/PPO		734.5	65			150.33		1073.5 percent of total billed charges	
MPL.GENE.ANALYSIS	81338	CPT	outpatient			1130		172.88 Consumer	Consumer		1073.5	95			150.33		1073.5 percent of total billed charges	
MPL.GENE.ANALYSIS	81338	CPT	outpatient			1130		172.88 Corrections	Corrections		904	80			150.33		1073.5 percent of total billed charges	
MPL.GENE.ANALYSIS	81338	CPT	outpatient			1130		172.88 First Health	First Health		791	70			150.33		1073.5 percent of total billed charges	
MPL.GENE.ANALYSIS	81338	CPT	outpatient			1130		172.88 First Trenton	First Trenton		1017	90			150.33		1073.5 percent of total billed charges	
MPL.GENE.ANALYSIS	81338	CPT	outpatient			1130		172.88 Horizon	MGD		432.56	38.28			150.33		1073.5 percent of total billed charges	
MPL.GENE.ANALYSIS	81338	CPT	outpatient			1130		172.88 Horizon	Indemnity		432.56	38.28			150.33		1073.5 percent of total billed charges	
MPL.GENE.ANALYSIS	81338	CPT	outpatient			1130		172.88 Horizon	Medicare Blue		339	30			150.33		1073.5 percent of total billed charges	
MPL.GENE.ANALYSIS	81338	CPT	outpatient			1130		172.88 Horizon	PPO		432.56	38.28			150.33		1073.5 percent of total billed charges	
MPL.GENE.ANALYSIS	81338	CPT	outpatient			1130		172.88 Managed Care Inc	Managed Care Inc		1017	90			150.33		1073.5 percent of total billed charges	
MPL.GENE.ANALYSIS	81338	CPT	outpatient			1130		172.88 Multiplan	Multiplan		904	80			150.33		1073.5 percent of total billed charges	
MPL.GENE.ANALYSIS	81338	CPT	outpatient			1130		172.88 Qualcare	Qualcare		847.5	75			150.33		1073.5 percent of total billed charges	
MPL.GENE.ANALYSIS	81338	CPT	outpatient			1130		172.88 Three Rivers	Three Rivers		1073.5	95			150.33		1073.5 percent of total billed charges	
MPL.GENE.ANALYSIS	81338	CPT	outpatient			1130		172.88 UHC	Medicare		150.33				150.33		1073.5 fee schedule	
MPL.GENE.ANALYSIS	81338	CPT	outpatient			1130		172.88 UHC	Medicaid		356.52	31.55			150.33		1073.5 percent of total billed charges	
MPL.GENE.ANALYSIS	81338	CPT	outpatient			1130		172.88 Wellcare	Medicare		150.33				150.33		1073.5 fee schedule	
MPL.GENE.ANALYSIS	81338	CPT	outpatient			1130		172.88 Wellcare	Medicaid		356.52	31.55			150.33		1073.5 percent of total billed charges	
MPL.GENE.ANALYSIS	81338	CPT	outpatient			1130		172.88 WellPoint	WellPoint		363.63	32.18			150.33		1073.5 percent of total billed charges	
T CELL ANTIGEN BETA	81340	CPT	outpatient			1115		240.26 Aetna	Medicare		208.92				116.13		1059.25 fee schedule	
T CELL ANTIGEN BETA	81340	CPT	outpatient			1115		240.26 Aetna	Commercial		423.7	38			116.13		1059.25 percent of total billed charges	
T CELL ANTIGEN BETA	81340	CPT	outpatient			1115		240.26 Aetna	Better Health		351.78	31.55			116.13		1059.25 percent of total billed charges	
T CELL ANTIGEN BETA	81340	CPT	outpatient			1115		240.26 Americare	Americare		836.25	75			116.13		1059.25 percent of total billed charges	
T CELL ANTIGEN BETA	81340	CPT	outpatient			1115		240.26 Amerihealth	HMO/PPO		724.75	65			116.13		1059.25 percent of total billed charges	
T CELL ANTIGEN BETA	81340	CPT	outpatient			1115		240.26 Amerihealth	Medicare		208.92				116.13		1059.25 fee schedule	
T CELL ANTIGEN BETA	81340	CPT	outpatient			1115		240.26 Consumer	Consumer		1059.25	95			116.13		1059.25 percent of total billed charges	
T CELL ANTIGEN BETA	81340	CPT	outpatient			1115		240.26 Corrections	Corrections		892	80			116.13		1059.25 percent of total billed charges	
T CELL ANTIGEN BETA	81340	CPT	outpatient			1115		240.26 First Health	First Health		780.5	70			116.13		1059.25 percent of total billed charges	
T CELL ANTIGEN BETA	81340	CPT	outpatient			1115		240.26 First Trenton	First Trenton		1003.5	90			116.13		1059.25 percent of total billed charges	
T CELL ANTIGEN BETA	81340	CPT	outpatient			1115		240.26 Horizon	Medicare Blue		334.5	30			116.13		1059.25 percent of total billed charges	
T CELL ANTIGEN BETA	81340	CPT	outpatient			1115		240.26 Horizon	PPO		426.82	38.28			116.13		1059.25 percent of total billed charges	
T CELL ANTIGEN BETA	81340	CPT	outpatient			1115		240.26 Horizon	MGD		426.82	38.28			116.13		1059.25 percent of total billed charges	
T CELL ANTIGEN BETA	81340	CPT	outpatient			1115		240.26 Horizon	Indemnity		426.82	38.28			116.13		1059.25 percent of total billed charges	
T CELL ANTIGEN BETA	81340	CPT	outpatient			1115		240.26 Horizon	NJ Health		116.13				116.13		1059.25 fee schedule	
T CELL ANTIGEN BETA	81340	CPT	outpatient			1115		240.26 Managed Care Inc	Managed Care Inc		1003.5	90			116.13		1059.25 percent of total billed charges	
T CELL ANTIGEN BETA	81340	CPT	outpatient			1115		240.26 Multiplan	Multiplan		892	80			116.13		1059.25 percent of total billed charges	
T CELL ANTIGEN BETA	81340	CPT	outpatient			1115		240.26 Qualcare	Qualcare		836.25	75			116.13		1059.25 percent of total billed charges	
T CELL ANTIGEN BETA	81340	CPT	outpatient			1115		240.26 Three Rivers	Three Rivers		1059.25	95			116.13		1059.25 percent of total billed charges	
T CELL ANTIGEN BETA	81340	CPT	outpatient			1115		240.26 UHC	Medicare		208.92				116.13		1059.25 fee schedule	
T CELL ANTIGEN BETA	81340	CPT	outpatient			1115		240.26 UHC	Medicaid		351.78	31.55			116.13		1059.25 percent of total billed charges	
T CELL ANTIGEN BETA	81340	CPT	outpatient			1115		240.26 Wellcare	Medicaid		351.78	31.55			116.13		1059.25 percent of total billed charges	
T CELL ANTIGEN BETA	81340	CPT	outpatient			1115		240.26 Wellcare	Medicare		208.92				116.13		1059.25 fee schedule	
T CELL ANTIGEN BETA	81340	CPT	outpatient			1115		240.26 WellPoint	WellPoint		358.81	32.18			116.13		1059.25 percent of total billed charges	
T CELL CLONALITY	81342	CPT	both			763		231.73 Aetna	Medicare		201.5				116.13		724.85 fee schedule	
T CELL CLONALITY	81342	CPT	both			763		231.73 Aetna	Better Health		240.73	31.55			116.13		724.85 percent of total billed charges	
T CELL CLONALITY	81342	CPT	both			763		231.73 Aetna	Commercial		289.94	38			116.13		724.85 percent of total billed charges	
T CELL CLONALITY	81342	CPT	both			763		231.73 Americare	Americare		572.25	75			116.13		724.85 percent of total billed charges	
T CELL CLONALITY	81342	CPT	both			763		231.73 Amerihealth	HMO/PPO		495.95	65			116.13		724.85 percent of total billed charges	
T CELL CLONALITY	81342	CPT	both			763		231.73 Amerihealth	Medicare		201.5				116.13		724.85 fee schedule	
T CELL CLONALITY	81342	CPT	both			763		231.73 Consumer	Consumer		724.85	95			116.13		724.85 percent of total billed charges	
T CELL CLONALITY	81342	CPT	both			763		231.73 Corrections	Corrections		610.4	80			116.13		724.85 percent of total billed charges	
T CELL CLONALITY	81342	CPT	both			763		231.73 First Health	First Health		534.1	70			116.13		724.85 percent of total billed charges	
T CELL CLONALITY	81342	CPT	both			763		231.73 First Trenton	First Trenton		686.7	90			116.13		724.85 percent of total billed charges	
T CELL CLONALITY	81342	CPT	both			763		231.73 Horizon	MGD		292.08	38.28			116.13		724.85 percent of total billed charges	
T CELL CLONALITY	81342	CPT	both			763		231.73 Horizon	NJ Health		116.13				116.13		724.85 fee schedule	
T CELL CLONALITY	81342	CPT	both			763		231.73 Horizon	Indemnity		292.08	38.28			116.13		724.85 percent of total billed charges	
T CELL CLONALITY	81342	CPT	both			763		231.73 Horizon	PPO		292.08	38.28			116.13		724.85 percent of total billed charges	
T CELL CLONALITY	81342	CPT	both			763		231.73 Horizon	Medicare Blue		228.9	30			116.13		724.85 percent of total billed charges	
T CELL CLONALITY	81342	CPT	both			763		231.73 Managed Care Inc	Managed Care Inc		686.7	90			116.13		724.85 percent of total billed charges	
T CELL CLONALITY	81342	CPT	both			763		231.73 Multiplan	Multiplan		610.4	80			116.13		724.85 percent of total billed charges	
T CELL CLONALITY	81342	CPT	both			763		231.73 Qualcare	Qualcare		572.25	75			116.13		724.85 percent of total billed charges	
T CELL CLONALITY	81342	CPT	both			763		231.73 Three Rivers	Three Rivers		724.85	95			116.13		724.85 percent of total billed charges	
T CELL CLONALITY	81342	CPT	both			763		231.73 UHC	Medicaid		240.73	31.55			116.13		724.85 percent of total billed charges	
T CELL CLONALITY	81342	CPT	both			763		231.73 UHC	Medicare		201.5				116.13		724.85 fee schedule	
T CELL CLONALITY	81342	CPT	both			763		231.73 Wellcare	Medicaid		240.73	31.55			116.13		724.85 percent of total billed charges	
T CELL CLONALITY	81342	CPT	both			763		231.73 Wellcare	Medicare		201.5				116.13		724.85 fee schedule	
T CELL CLONALITY	81342	CPT	both			763		231.73 WellPoint	WellPoint		245.53	32.18			116.13		724.85 percent of total billed charges	
PPP2R2B	81343	CPT	outpatient			437		157.55 Aetna	Commercial		166.06	38			107.41		415.15 percent of total billed charges	
PPP2R2B	81343	CPT	outpatient			437		157.55 Aetna	Medicare		137				107.41		415.15 fee schedule	
PPP2R2B	81343	CPT	outpatient			437		157.55 Aetna	Better Health		137.87	31.55			107.41		415.15 percent of total billed charges	
PPP2R2B	81343	CPT	outpatient			437		157.55 Americare	Americare		327.75	75			107.41		415.15 percent of total billed charges	
PPP2R2B	81343	CPT	outpatient			437		157.55 Amerihealth	Medicare		137				107.41		415.15 fee schedule	
PPP2R2B	81343	CPT	outpatient			437		157.55 Amerihealth	HMO/PPO		284.05	65			107.41		415.15 percent of total billed charges	
PPP2R2B	81343	CPT	outpatient			437		157.55 Consumer	Consumer		415.15	95			107.41		415.15 percent of total billed charges	
PPP2R2B	81343	CPT	outpatient			437		157.55 Corrections	Corrections		349.6	80			107.41		415.15 percent of total billed charges	
PPP2R2B	81343	CPT	outpatient			437		157.55 First Health	First Health		305.9	70			107.41		415.15 percent of total billed charges	
PPP2R2B	81343	CPT	outpatient			437		157.55 First Trenton	First Trenton		393.3	90			107.41		415.15 percent of total billed charges	
PPP2R2B	81343	CPT	outpatient			437		157.55 Horizon	Medicare Blue		131.1	30			107.41		415.15 percent of total billed charges	
PPP2R2B	81343	CPT	outpatient			437		157.55 Horizon	Indemnity		167.28	38.28			107.41		415.15 percent of total billed charges	
PPP2R2B	81343	CPT	outpatient			437		157.55 Horizon	MGD		167.28	38.28			107.41		415.15 percent of total billed charges	
PPP2R2B	81343	CPT	outpatient			437		157.55 Horizon	NJ Health		107.41				107.41		415.15 fee schedule	
PPP2R2B	81343	CPT	outpatient			437		157.55 Horizon	PPO		167.28	38.28			107.41		415.15 percent of total billed charges	
PPP2R2B	81343	CPT	outpatient			437		157.55 Managed Care Inc	Managed Care Inc		393.3	90			107.41		415.15 percent of total billed charges	
PPP2R2B	81343	CPT	outpatient			437		157.55 Multiplan	Multiplan		349.6	80			107.41		415.15 percent of total billed charges	
PPP2R2B	81343	CPT	outpatient			437		157.55 Qualcare	Qualcare		327.75	75			107.41		415.15 percent of total billed charges	
PPP2R2B	81343	CPT	outpatient			437		157.55 Three Rivers	Three Rivers		415.15	95			107.41		415.15 percent of total billed charges	
PPP2R2B	81343	CPT	outpatient			437		157.55 UHC	Medicare		137				107.41		415.15 fee schedule	
PPP2R2B	81343	CPT	outpatient			437		157.55 UHC	Medicaid		137.87	31.55			107.41		415.15 percent of total billed charges	
PPP2R2B	81343	CPT	outpatient			437		157.55 Wellcare	Medicare		137				107.41		415.15 fee schedule	
PPP2R2B	81343	CPT	outpatient			437		157.55 Wellcare	Medicaid		137.87	31.55			107.41		415.15 percent of total billed charges	
PPP2R2B	81343	CPT	outpatient			437		157.55 WellPoint	WellPoint		140.63	32.18			107.41		415.15 percent of total billed charges	
TBPA$_L$	81344	CPT	outpatient			437		157.55 Aetna	Better Health		137.87	31.55			107.41		415.15 percent of total billed charges	
TBPA$_L$	81344	CPT	outpatient			437		157.55 Aetna	Medicare		137				107.41		415.15 fee schedule	
TBPA$_L$	81344	CPT	outpatient			437		157.55 Aetna	Commercial		166.06	38			107.41		415.15 percent of total billed charges	
TBPA$_L$	81344	CPT	outpatient			437		157.55 Americare	Americare		327.75	75			107.41		415.15 percent of total billed charges	
TBPA$_L$	81344	CPT	outpatient			437		157.55 Amerihealth	Medicare		137				107.41		415.15 fee schedule	
TBPA$_L$	81344	CPT	outpatient			437		157.55 Amerihealth	HMO/PPO		284.05	65			107.41		415.15 percent of total billed charges	
TBPA$_L$	81344	CPT	outpatient			437		157.55 Consumer	Consumer		415.15	95			107.41		415.15 percent of total billed charges	
TBPA$_L$	81344	CPT	outpatient			437		157.55 Corrections	Corrections		349.6	80			107.41		415.15 percent of total billed charges	
TBPA$_L$	81344	CPT	outpatient			437		157.55 First Health	First Health		305.9	70			107.41		415.15 percent of total billed charges	
TBPA$_L$	81344	CPT	outpatient			437		157.55 First Trenton	First Trenton		393.3	90			107.41		415.15 percent of total billed charges	
TBPA$_L$	81344	CPT	outpatient			437		157.55 Horizon	Medicare Blue		131.1	30			107.41		415.15 percent of total billed charges	
TBPA$_L$	81344	CPT	outpatient			437		157.55 Horizon	Indemnity		167.28	38.28			107.41		415.15 percent of total billed charges	
TBPA$_L$	81344	CPT	outpatient			437		157.55 Horizon	MGD		167.28	38.28			107.41		415.15 percent of total billed charges	
TBPA$_L$	81344	CPT	outpatient			437		157.55 Horizon	NJ Health		107.41				107.41		415.15 fee schedule	
TBPA$_L$	81344	CPT	outpatient			437		157.55 Horizon	PPO		167.28	38.28			107.41		415.15 percent of total billed charges	
TBPA$_L$	81344	CPT	outpatient			437		157.55 Managed Care Inc	Managed Care Inc		393.3	90			107.41		415.15 percent of total billed charges	
TBPA$_L$	81344	CPT	outpatient			437		157.55 Multiplan	Multiplan		349.6	80			107.41		415.15 percent of total billed charges	
TBPA$_L$	81344	CPT	outpatient			437		157.55 Qualcare	Qualcare		327.75	75			107.41		415.15 percent of total billed charges	
TBPA$_L$	81344	CPT	outpatient			437		157.55 Three Rivers	Three Rivers		415.15	95			107.41		415.15 percent of total billed charges	
TBPA$_L$	81344	CPT	outpatient			437		157.55 UHC	Medicare		137				107.41		415.15 fee schedule	
TBPA$_L$	81344	CPT	outpatient			437		157.55 UHC	Medicaid		137.87	31.55			107.41		415.15 percent of total billed charges	
TBPA$_L$	81344	CPT	outpatient			437		157.55 Wellcare	Medicare		137				107.41		415.15 fee schedule	
TBPA$_L$	81344	CPT	outpatient			437		157.55 Wellcare	Medicaid		137.87	31.55			107.41		415.15 percent of total billed charges	
TBPA$_L$	81344	CPT	outpatient			437		157.55 WellPoint	WellPoint		140.63	32.18			107.41		415.15 percent of total billed charges	
TERT.PROMOTER.MUTATION	81345	CPT	outpatient			609		212.98 Aetna	Commercial		231.42	38			134.4		578.55 percent of total billed charges	
TERT.PROMOTER.MUTATION	81345	CPT	outpatient			609		212.98 Aetna	Medicare		185.2				134.4		578.55 fee schedule	
TERT.PROMOTER.MUTATION	81345	CPT	outpatient			609		212.98 Aetna	Better Health		192.14	31.55			134.4		578.55 percent of total billed charges	
TERT.PROMOTER.MUTATION	81345	CPT	outpatient			609		212.98 Americare	Americare		456.75	75			134.4		578.55 percent of total billed charges	
TERT.PROMOTER.MUTATION	81345	CPT	outpatient			609		212.98 Amerihealth	Medicare		185.2				134.4		578.55 fee schedule	
TERT.PROMOTER.MUTATION	81345	CPT	outpatient			609		212.98 Amerihealth	HMO/PPO		395.85	65			134.4		578.55 percent of total billed charges	
TERT.PROMOTER.MUTATION	81345	CPT	outpatient			609		212.98 Consumer	Consumer		578.55	95			134.4		578.55 percent of total billed charges	
TERT.PROMOTER.MUTATION	81345	CPT	outpatient			609		212.98 Corrections	Corrections		487.2	80			134.4		578.55 percent of total billed charges	
TERT.PROMOTER.MUTATION	81345	CPT	outpatient			609		212.98 First Health	First Health		426.3	70			134.4		578.55 percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
TERT.PROMOTER.MUTATION	81345	CPT	outpatient			609	212.98	First Trenton	First Trenton		548.1	90			134.4		578.55 percent of total billed charges	
TERT.PROMOTER.MUTATION	81345	CPT	outpatient			609	212.98	Horizon	MGD		233.13	38.28			134.4		578.55 percent of total billed charges	
TERT.PROMOTER.MUTATION	81345	CPT	outpatient			609	212.98	Horizon	Indemnity		233.13	38.28			134.4		578.55 percent of total billed charges	
TERT.PROMOTER.MUTATION	81345	CPT	outpatient			609	212.98	Horizon	PPO		233.13	38.28			134.4		578.55 percent of total billed charges	
TERT.PROMOTER.MUTATION	81345	CPT	outpatient			609	212.98	Horizon	Medicare Blue		182.7	30			134.4		578.55 percent of total billed charges	
TERT.PROMOTER.MUTATION	81345	CPT	outpatient			609	212.98	Horizon	NJ Health		145.2				134.4		578.55 fee schedule	
TERT.PROMOTER.MUTATION	81345	CPT	outpatient			609	212.98	Managed Care Inc	Managed Care Inc		548.1	90			134.4		578.55 percent of total billed charges	
TERT.PROMOTER.MUTATION	81345	CPT	outpatient			609	212.98	Multiplan	Multiplan		487.2	80			134.4		578.55 percent of total billed charges	
TERT.PROMOTER.MUTATION	81345	CPT	outpatient			609	212.98	Qualcare	Qualcare		456.75	75			134.4		578.55 percent of total billed charges	
TERT.PROMOTER.MUTATION	81345	CPT	outpatient			609	212.98	Three Rivers	Three Rivers		578.55	95			134.4		578.55 percent of total billed charges	
TERT.PROMOTER.MUTATION	81345	CPT	outpatient			609	212.98	UHC	Medicare		185.2				134.4		578.55 fee schedule	
TERT.PROMOTER.MUTATION	81345	CPT	outpatient			609	212.98	UHC	Medicaid		192.14	31.55			134.4		578.55 percent of total billed charges	
TERT.PROMOTER.MUTATION	81345	CPT	outpatient			609	212.98	Wellcare	Medicaid		192.14	31.55			134.4		578.55 percent of total billed charges	
TERT.PROMOTER.MUTATION	81345	CPT	outpatient			609	212.98	Wellcare	Medicare		185.2				134.4		578.55 fee schedule	
TERT.PROMOTER.MUTATION	81345	CPT	outpatient			609	212.98	WellPoint	WellPoint		195.98	32.18			134.4		578.55 percent of total billed charges	
UGT1A1.IRINOTECAN.TOXICITY(S11200)	81350	CPT	inpatient			672	269.1	Aetna	Better Health		212.02	31.55			201.6		638.4 percent of total billed charges	
UGT1A1.IRINOTECAN.TOXICITY(S11200)	81350	CPT	inpatient			672	269.1	Aetna	Commercial		255.36	38			201.6		638.4 percent of total billed charges	
UGT1A1.IRINOTECAN.TOXICITY(S11200)	81350	CPT	inpatient			672	269.1	Aetna	Medicare		234				201.6		638.4 fee schedule	
UGT1A1.IRINOTECAN.TOXICITY(S11200)	81350	CPT	inpatient			672	269.1	Americare	Americare		504	75			201.6		638.4 percent of total billed charges	
UGT1A1.IRINOTECAN.TOXICITY(S11200)	81350	CPT	inpatient			672	269.1	Amerihealth	HMO/PPO		436.8	65			201.6		638.4 percent of total billed charges	
UGT1A1.IRINOTECAN.TOXICITY(S11200)	81350	CPT	inpatient			672	269.1	Amerihealth	Medicare		234				201.6		638.4 fee schedule	
UGT1A1.IRINOTECAN.TOXICITY(S11200)	81350	CPT	inpatient			672	269.1	Consumer	Consumer		638.4	95			201.6		638.4 percent of total billed charges	
UGT1A1.IRINOTECAN.TOXICITY(S11200)	81350	CPT	inpatient			672	269.1	Corrections	Corrections		537.6	80			201.6		638.4 percent of total billed charges	
UGT1A1.IRINOTECAN.TOXICITY(S11200)	81350	CPT	inpatient			672	269.1	First Health	First Health		470.4	70			201.6		638.4 percent of total billed charges	
UGT1A1.IRINOTECAN.TOXICITY(S11200)	81350	CPT	inpatient			672	269.1	First Trenton	First Trenton		604.8	90			201.6		638.4 percent of total billed charges	
UGT1A1.IRINOTECAN.TOXICITY(S11200)	81350	CPT	inpatient			672	269.1	Horizon	Medicare Blue		201.6	30			201.6		638.4 percent of total billed charges	
UGT1A1.IRINOTECAN.TOXICITY(S11200)	81350	CPT	inpatient			672	269.1	Horizon	Indemnity		257.24	38.28			201.6		638.4 percent of total billed charges	
UGT1A1.IRINOTECAN.TOXICITY(S11200)	81350	CPT	inpatient			672	269.1	Horizon	MGD		257.24	38.28			201.6		638.4 percent of total billed charges	
UGT1A1.IRINOTECAN.TOXICITY(S11200)	81350	CPT	inpatient			672	269.1	Horizon	PPO		257.24	38.28			201.6		638.4 percent of total billed charges	
UGT1A1.IRINOTECAN.TOXICITY(S11200)	81350	CPT	inpatient			672	269.1	Managed Care Inc	Managed Care Inc		604.8	90			201.6		638.4 percent of total billed charges	
UGT1A1.IRINOTECAN.TOXICITY(S11200)	81350	CPT	inpatient			672	269.1	Multiplan	Multiplan		537.6	80			201.6		638.4 percent of total billed charges	
UGT1A1.IRINOTECAN.TOXICITY(S11200)	81350	CPT	inpatient			672	269.1	Qualcare	Qualcare		504	75			201.6		638.4 percent of total billed charges	
UGT1A1.IRINOTECAN.TOXICITY(S11200)	81350	CPT	inpatient			672	269.1	Three Rivers	Three Rivers		638.4	95			201.6		638.4 percent of total billed charges	
UGT1A1.IRINOTECAN.TOXICITY(S11200)	81350	CPT	inpatient			672	269.1	UHC	Medicare		234				201.6		638.4 fee schedule	
UGT1A1.IRINOTECAN.TOXICITY(S11200)	81350	CPT	inpatient			672	269.1	UHC	Medicaid		212.02	31.55			201.6		638.4 percent of total billed charges	
UGT1A1.IRINOTECAN.TOXICITY(S11200)	81350	CPT	inpatient			672	269.1	Wellcare	Medicaid		212.02	31.55			201.6		638.4 percent of total billed charges	
UGT1A1.IRINOTECAN.TOXICITY(S11200)	81350	CPT	inpatient			672	269.1	Wellcare	Medicare		234				201.6		638.4 fee schedule	
UGT1A1.IRINOTECAN.TOXICITY(S11200)	81350	CPT	inpatient			672	269.1	WellPoint	WellPoint		216.25	32.18			201.6		638.4 percent of total billed charges	
PS3 MUTATION ANALYSIS SEQUENCE (489590)	81352	CPT	outpatient			1050	378.94	Aetna	Medicare		329.51				315		997.5 fee schedule	
PS3 MUTATION ANALYSIS SEQUENCE (489590)	81352	CPT	outpatient			1050	378.94	Aetna	Better Health		331.28	31.55			315		997.5 percent of total billed charges	
PS3 MUTATION ANALYSIS SEQUENCE (489590)	81352	CPT	outpatient			1050	378.94	Aetna	Commercial		399	38			315		997.5 percent of total billed charges	
PS3 MUTATION ANALYSIS SEQUENCE (489590)	81352	CPT	outpatient			1050	378.94	Americare	Americare		787.5	75			315		997.5 percent of total billed charges	
PS3 MUTATION ANALYSIS SEQUENCE (489590)	81352	CPT	outpatient			1050	378.94	Amerihealth	Medicare		329.51				315		997.5 fee schedule	
PS3 MUTATION ANALYSIS SEQUENCE (489590)	81352	CPT	outpatient			1050	378.94	Amerihealth	HMO/PPO		682.5	65			315		997.5 percent of total billed charges	
PS3 MUTATION ANALYSIS SEQUENCE (489590)	81352	CPT	outpatient			1050	378.94	Consumer	Consumer		997.5	95			315		997.5 percent of total billed charges	
PS3 MUTATION ANALYSIS SEQUENCE (489590)	81352	CPT	outpatient			1050	378.94	Corrections	Corrections		840	80			315		997.5 percent of total billed charges	
PS3 MUTATION ANALYSIS SEQUENCE (489590)	81352	CPT	outpatient			1050	378.94	First Health	First Health		735	70			315		997.5 percent of total billed charges	
PS3 MUTATION ANALYSIS SEQUENCE (489590)	81352	CPT	outpatient			1050	378.94	First Trenton	First Trenton		945	90			315		997.5 percent of total billed charges	
PS3 MUTATION ANALYSIS SEQUENCE (489590)	81352	CPT	outpatient			1050	378.94	Horizon	Medicare Blue		315	30			315		997.5 percent of total billed charges	
PS3 MUTATION ANALYSIS SEQUENCE (489590)	81352	CPT	outpatient			1050	378.94	Horizon	Indemnity		401.94	38.28			315		997.5 percent of total billed charges	
PS3 MUTATION ANALYSIS SEQUENCE (489590)	81352	CPT	outpatient			1050	378.94	Horizon	MGD		401.94	38.28			315		997.5 percent of total billed charges	
PS3 MUTATION ANALYSIS SEQUENCE (489590)	81352	CPT	outpatient			1050	378.94	Horizon	PPO		401.94	38.28			315		997.5 percent of total billed charges	
PS3 MUTATION ANALYSIS SEQUENCE (489590)	81352	CPT	outpatient			1050	378.94	Managed Care Inc	Managed Care Inc		945	90			315		997.5 percent of total billed charges	
PS3 MUTATION ANALYSIS SEQUENCE (489590)	81352	CPT	outpatient			1050	378.94	Multiplan	Multiplan		840	80			315		997.5 percent of total billed charges	
PS3 MUTATION ANALYSIS SEQUENCE (489590)	81352	CPT	outpatient			1050	378.94	Qualcare	Qualcare		787.5	75			315		997.5 percent of total billed charges	
PS3 MUTATION ANALYSIS SEQUENCE (489590)	81352	CPT	outpatient			1050	378.94	Three Rivers	Three Rivers		997.5	95			315		997.5 percent of total billed charges	
PS3 MUTATION ANALYSIS SEQUENCE (489590)	81352	CPT	outpatient			1050	378.94	UHC	Medicare		329.51				315		997.5 fee schedule	
PS3 MUTATION ANALYSIS SEQUENCE (489590)	81352	CPT	outpatient			1050	378.94	UHC	Medicaid		331.28	31.55			315		997.5 percent of total billed charges	
PS3 MUTATION ANALYSIS SEQUENCE (489590)	81352	CPT	outpatient			1050	378.94	Wellcare	Medicaid		331.28	31.55			315		997.5 percent of total billed charges	
PS3 MUTATION ANALYSIS SEQUENCE (489590)	81352	CPT	outpatient			1050	378.94	Wellcare	Medicare		329.51				315		997.5 fee schedule	
PS3 MUTATION ANALYSIS SEQUENCE (489590)	81352	CPT	outpatient			1050	378.94	WellPoint	WellPoint		337.89	32.18			315		997.5 percent of total billed charges	
VKORC1 GENE ANALYSIS	81355	CPT	outpatient			462	101.43	Aetna	Commercial		175.56	38			88.2		438.9 percent of total billed charges	
VKORC1 GENE ANALYSIS	81355	CPT	outpatient			462	101.43	Aetna	Medicare		88.2				88.2		438.9 fee schedule	
VKORC1 GENE ANALYSIS	81355	CPT	outpatient			462	101.43	Aetna	Better Health		145.76	31.55			88.2		438.9 percent of total billed charges	
VKORC1 GENE ANALYSIS	81355	CPT	outpatient			462	101.43	Americare	Americare		346.5	75			88.2		438.9 percent of total billed charges	
VKORC1 GENE ANALYSIS	81355	CPT	outpatient			462	101.43	Amerihealth	HMO/PPO		300.3	65			88.2		438.9 percent of total billed charges	
VKORC1 GENE ANALYSIS	81355	CPT	outpatient			462	101.43	Amerihealth	Medicare		88.2				88.2		438.9 fee schedule	
VKORC1 GENE ANALYSIS	81355	CPT	outpatient			462	101.43	Consumer	Consumer		438.9	95			88.2		438.9 percent of total billed charges	
VKORC1 GENE ANALYSIS	81355	CPT	outpatient			462	101.43	Corrections	Corrections		369.6	80			88.2		438.9 percent of total billed charges	
VKORC1 GENE ANALYSIS	81355	CPT	outpatient			462	101.43	First Health	First Health		323.4	70			88.2		438.9 percent of total billed charges	
VKORC1 GENE ANALYSIS	81355	CPT	outpatient			462	101.43	First Trenton	First Trenton		415.8	90			88.2		438.9 percent of total billed charges	
VKORC1 GENE ANALYSIS	81355	CPT	outpatient			462	101.43	Horizon	MGD		176.85	38.28			88.2		438.9 percent of total billed charges	
VKORC1 GENE ANALYSIS	81355	CPT	outpatient			462	101.43	Horizon	Indemnity		176.85	38.28			88.2		438.9 percent of total billed charges	
VKORC1 GENE ANALYSIS	81355	CPT	outpatient			462	101.43	Horizon	Medicare Blue		138.6	30			88.2		438.9 percent of total billed charges	
VKORC1 GENE ANALYSIS	81355	CPT	outpatient			462	101.43	Horizon	PPO		176.85	38.28			88.2		438.9 percent of total billed charges	
VKORC1 GENE ANALYSIS	81355	CPT	outpatient			462	101.43	Managed Care Inc	Managed Care Inc		415.8	90			88.2		438.9 percent of total billed charges	
VKORC1 GENE ANALYSIS	81355	CPT	outpatient			462	101.43	Multiplan	Multiplan		369.6	80			88.2		438.9 percent of total billed charges	
VKORC1 GENE ANALYSIS	81355	CPT	outpatient			462	101.43	Qualcare	Qualcare		346.5	75			88.2		438.9 percent of total billed charges	
VKORC1 GENE ANALYSIS	81355	CPT	outpatient			462	101.43	Three Rivers	Three Rivers		438.9	95			88.2		438.9 percent of total billed charges	
VKORC1 GENE ANALYSIS	81355	CPT	outpatient			462	101.43	UHC	Medicaid		145.76	31.55			88.2		438.9 percent of total billed charges	
VKORC1 GENE ANALYSIS	81355	CPT	outpatient			462	101.43	UHC	Medicare		88.2				88.2		438.9 fee schedule	
VKORC1 GENE ANALYSIS	81355	CPT	outpatient			462	101.43	Wellcare	Medicare		88.2				88.2		438.9 fee schedule	
VKORC1 GENE ANALYSIS	81355	CPT	outpatient			462	101.43	Wellcare	Medicaid		145.76	31.55			88.2		438.9 percent of total billed charges	
VKORC1 GENE ANALYSIS	81355	CPT	outpatient			462	101.43	WellPoint	WellPoint		148.67	32.18			88.2		438.9 percent of total billed charges	
SICKLE CELL DISEASE GENE	81361	CPT	outpatient			485	201.03	Aetna	Better Health		153.02	31.55			137.04		460.75 percent of total billed charges	
SICKLE CELL DISEASE GENE	81361	CPT	outpatient			485	201.03	Aetna	Medicare		174.81				137.04		460.75 fee schedule	
SICKLE CELL DISEASE GENE	81361	CPT	outpatient			485	201.03	Aetna	Commercial		184.3	38			137.04		460.75 percent of total billed charges	
SICKLE CELL DISEASE GENE	81361	CPT	outpatient			485	201.03	Americare	Americare		363.75	75			137.04		460.75 percent of total billed charges	
SICKLE CELL DISEASE GENE	81361	CPT	outpatient			485	201.03	Amerihealth	Medicare		174.81				137.04		460.75 fee schedule	
SICKLE CELL DISEASE GENE	81361	CPT	outpatient			485	201.03	Amerihealth	HMO/PPO		315.25	65			137.04		460.75 percent of total billed charges	
SICKLE CELL DISEASE GENE	81361	CPT	outpatient			485	201.03	Consumer	Consumer		460.75	95			137.04		460.75 percent of total billed charges	
SICKLE CELL DISEASE GENE	81361	CPT	outpatient			485	201.03	Corrections	Corrections		388	80			137.04		460.75 percent of total billed charges	
SICKLE CELL DISEASE GENE	81361	CPT	outpatient			485	201.03	First Health	First Health		339.5	70			137.04		460.75 percent of total billed charges	
SICKLE CELL DISEASE GENE	81361	CPT	outpatient			485	201.03	First Trenton	First Trenton		436.5	90			137.04		460.75 percent of total billed charges	
SICKLE CELL DISEASE GENE	81361	CPT	outpatient			485	201.03	Horizon	Indemnity		185.66	38.28			137.04		460.75 percent of total billed charges	
SICKLE CELL DISEASE GENE	81361	CPT	outpatient			485	201.03	Horizon	MGD		185.66	38.28			137.04		460.75 percent of total billed charges	
SICKLE CELL DISEASE GENE	81361	CPT	outpatient			485	201.03	Horizon	NJ Health		137.04				137.04		460.75 fee schedule	
SICKLE CELL DISEASE GENE	81361	CPT	outpatient			485	201.03	Horizon	Medicare Blue		145.5	30			137.04		460.75 percent of total billed charges	
SICKLE CELL DISEASE GENE	81361	CPT	outpatient			485	201.03	Horizon	PPO		185.66	38.28			137.04		460.75 percent of total billed charges	
SICKLE CELL DISEASE GENE	81361	CPT	outpatient			485	201.03	Managed Care Inc	Managed Care Inc		436.5	90			137.04		460.75 percent of total billed charges	
SICKLE CELL DISEASE GENE	81361	CPT	outpatient			485	201.03	Multiplan	Multiplan		388	80			137.04		460.75 percent of total billed charges	
SICKLE CELL DISEASE GENE	81361	CPT	outpatient			485	201.03	Qualcare	Qualcare		363.75	75			137.04		460.75 percent of total billed charges	
SICKLE CELL DISEASE GENE	81361	CPT	outpatient			485	201.03	Three Rivers	Three Rivers		460.75	95			137.04		460.75 percent of total billed charges	
SICKLE CELL DISEASE GENE	81361	CPT	outpatient			485	201.03	UHC	Medicare		174.81				137.04		460.75 fee schedule	
SICKLE CELL DISEASE GENE	81361	CPT	outpatient			485	201.03	UHC	Medicaid		153.02	31.55			137.04		460.75 percent of total billed charges	
SICKLE CELL DISEASE GENE	81361	CPT	outpatient			485	201.03	Wellcare	Medicare		174.81				137.04		460.75 fee schedule	
SICKLE CELL DISEASE GENE	81361	CPT	outpatient			485	201.03	Wellcare	Medicaid		153.02	31.55			137.04		460.75 percent of total billed charges	
SICKLE CELL DISEASE GENE	81361	CPT	outpatient			485	201.03	WellPoint	WellPoint		156.07	32.18			137.04		460.75 percent of total billed charges	
HBB,FULL GENE SEQUENCE	81364	CPT	outpatient			5073	373.27	Aetna	Better Health		1600.53	31.55			254.47		4819.35 percent of total billed charges	
HBB,FULL GENE SEQUENCE	81364	CPT	outpatient			5073	373.27	Aetna	Medicare		324.58				254.47		4819.35 fee schedule	
HBB,FULL GENE SEQUENCE	81364	CPT	outpatient			5073	373.27	Aetna	Commercial		1927.74	38			254.47		4819.35 percent of total billed charges	
HBB,FULL GENE SEQUENCE	81364	CPT	outpatient			5073	373.27	Americare	Americare		3804.75	75			254.47		4819.35 percent of total billed charges	
HBB,FULL GENE SEQUENCE	81364	CPT	outpatient			5073	373.27	Amerihealth	Medicare		324.58				254.47		4819.35 fee schedule	
HBB,FULL GENE SEQUENCE	81364	CPT	outpatient			5073	373.27	Amerihealth	HMO/PPO		3297.45	65			254.47		4819.35 percent of total billed charges	
HBB,FULL GENE SEQUENCE	81364	CPT	outpatient			5073	373.27	Consumer	Consumer		4819.35	95			254.47		4819.35 percent of total billed charges	
HBB,FULL GENE SEQUENCE	81364	CPT	outpatient			5073	373.27	Corrections	Corrections		4058.4	80			254.47		4819.35 percent of total billed charges	
HBB,FULL GENE SEQUENCE	81364	CPT	outpatient			5073	373.27	First Health	First Health		3551.1	70			254.47		4819.35 percent of total billed charges	
HBB,FULL GENE SEQUENCE	81364	CPT	outpatient			5073	373.27	First Trenton	First Trenton		4565.7	90			254.47		4819.35 percent of total billed charges	
HBB,FULL GENE SEQUENCE	81364	CPT	outpatient			5073	373.27	Horizon	MGD		1941.94	38.28			254.47		4819.35 percent of total billed charges	
HBB,FULL GENE SEQUENCE	81364	CPT	outpatient			5073	373.27	Horizon	PPO		1941.94	38.28			254.47		4819.35 percent of total billed charges	
HBB,FULL GENE SEQUENCE	81364	CPT	outpatient			5073	373.27	Horizon	Indemnity		1941.94	38.28			254.47		4819.35 percent of total billed charges	
HBB,FULL GENE SEQUENCE	81364	CPT	outpatient			5073	373.27	Horizon	Medicare Blue		1521.9	30			254.47		4819.35 percent of total billed charges	
HBB,FULL GENE SEQUENCE	81364	CPT	outpatient			5073	373.27	Horizon	NJ Health		254.47				254.47		4819.35 fee schedule	
HBB,FULL GENE SEQUENCE	81364	CPT	outpatient			5073	373.27	Managed Care Inc	Managed Care Inc		4565.7	90			254.47		4819.35 percent of total billed charges	
HBB,FULL GENE SEQUENCE	81364	CPT	outpatient			5073	373.27	Multiplan	Multiplan		4058.4	80			254.47		4819.35 percent of total billed charges	
HBB,FULL GENE SEQUENCE	81364	CPT	outpatient			5073	373.27	Qualcare	Qualcare		3804.75	75			254.47		4819.35 percent of total billed charges	
HBB,FULL GENE SEQUENCE	81364	CPT	outpatient			5073	373.27	Three Rivers	Three Rivers		4819.35	95			254.47		4819.35 percent of total billed charges	
HBB,FULL GENE SEQUENCE	81364	CPT	outpatient			5073	373.27	UHC	Medicare		324.58				254.47		4819.35 fee schedule	
HBB,FULL GENE SEQUENCE	81364	CPT	outpatient			5073	373.27	UHC	Medicaid		1600.53	31.55			254.47		4819.35 percent of total billed charges	
HBB,FULL GENE SEQUENCE	81364	CPT	outpatient			5073	373.27	Wellcare	Medicaid		1600.53	31.55			254.47		4819.35 percent of total billed charges	
HBB,FULL GENE SEQUENCE	81364	CPT	outpatient			5073	373.27	Wellcare	Medicare		324.58				254.47		4819.35 fee schedule	
HBB,FULL GENE SEQUENCE	81364	CPT	outpatient			5073	373.27	WellPoint	WellPoint		1632.49	32.18			254.47		4819.35 percent of total billed charges	
HLA ABC, DR1345, DQ INTERM RES (167096)	81370	CPT	outpatient			1281	462.44	Aetna	Better Health		404.16	31.55			384.3		1216.95 percent of total billed charges	
HLA ABC, DR1345, DQ INTERM RES (167096)	81370	CPT	outpatient			1281	462.44	Aetna	Medicare		402.12				384.3		1216.95 fee schedule	
HLA ABC, DR1345, DQ INTERM RES (167096)	81370	CPT	outpatient			1281	462.44	Aetna	Commercial		486.78	38			384.3		1216.95 percent of total billed charges	
HLA ABC, DR1345, DQ INTERM RES (167096)	81370	CPT	outpatient			1281	462.44	Americare	Americare		960.75	75			384.3		1216.95 percent of total billed charges	
HLA ABC, DR1345, DQ INTERM RES (167096)	81370	CPT	outpatient			1281	462.44	Amerihealth	Medicare		402.12				384.3		1216.95 fee schedule	
HLA ABC, DR1345, DQ INTERM RES (167096)	81370	CPT	outpatient			1281	462.44	Amerihealth	HMO/PPO		832.65	65			384.3		1216.95 percent of total billed charges	
HLA ABC, DR1345, DQ INTERM RES (167096)	81370	CPT	outpatient			1281	462.44	Consumer	Consumer		1216.95	95			384.3		1216.95 percent of total billed charges	
HLA ABC, DR1345, DQ INTERM RES (167096)	81370	CPT	outpatient			1281	462.44	Corrections	Corrections		1024.8	80			384.3		1216.95 percent of total billed charges	
HLA ABC, DR1345, DQ INTERM RES (167096)	81370	CPT	outpatient			1281	462.44	First Health	First Health		896.7	70			384.3		1216.95 percent of total billed charges	
HLA ABC, DR1345, DQ INTERM RES (167096)	81370	CPT	outpatient			1281	462.44	First Trenton	First Trenton		1152.9	90			384.3		1216.95 percent of total billed charges	
HLA ABC, DR1345, DQ INTERM RES (167096)	81370	CPT	outpatient			1281	462.44	Horizon	MGD		490.37	38.28			384.3		1216.95 percent of total billed charges	
HLA ABC, DR1345, DQ INTERM RES (167096)	81370	CPT	outpatient			1281	462.44	Horizon	PPO		490.37	38.28			384.3		1216.95 percent of total billed charges	
HLA ABC, DR1345, DQ INTERM RES (167096)	81370	CPT	outpatient			1281	462.44	Horizon	Indemnity		490.37	38.28			384.3		1216.95 percent of total billed charges	
HLA ABC, DR1345, DQ INTERM RES (167096)	81370	CPT	outpatient			1281	462.44	Horizon	NJ Health		433.36				384.3		1216.95 fee schedule	
HLA ABC, DR1345, DQ INTERM RES (167096)	81370	CPT	outpatient			1281	462.44	Horizon	Medicare Blue		384.3	30			384.3		1216.95 percent of total billed charges	
HLA ABC, DR1345, DQ INTERM RES (167096)	81370	CPT	outpatient			1281	462.44	Managed Care Inc	Managed Care Inc		1152.9	90			384.3		1216.95 percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
HLA ABC, DR1345, DQ INTERM RES (167096)	81370	CPT	outpatient			1281		462.44 Multiplan	Multiplan		1024.8	80			384.3		1216.95 percent of total billed charges	
HLA ABC, DR1345, DQ INTERM RES (167096)	81370	CPT	outpatient			1281		462.44 Qualcare	Qualcare		960.75	75			384.3		1216.95 percent of total billed charges	
HLA ABC, DR1345, DQ INTERM RES (167096)	81370	CPT	outpatient			1281		462.44 Three Rivers	Three Rivers		1216.95	95			384.3		1216.95 percent of total billed charges	
HLA ABC, DR1345, DQ INTERM RES (167096)	81370	CPT	outpatient			1281		462.44 UHC	Medicare		402.12				384.3		1216.95 fee schedule	
HLA ABC, DR1345, DQ INTERM RES (167096)	81370	CPT	outpatient			1281		462.44 UHC	Medicaid		404.16	31.55			384.3		1216.95 percent of total billed charges	
HLA ABC, DR1345, DQ INTERM RES (167096)	81370	CPT	outpatient			1281		462.44 Wellcare	Medicare		402.12				384.3		1216.95 fee schedule	
HLA ABC, DR1345, DQ INTERM RES (167096)	81370	CPT	outpatient			1281		462.44 Wellcare	Medicaid		404.16	31.55			384.3		1216.95 percent of total billed charges	
HLA ABC, DR1345, DQ INTERM RES (167096)	81370	CPT	outpatient			1281		462.44 WellPoint	WellPoint		412.23	32.18			384.3		1216.95 percent of total billed charges	
HLA PANEL (ABC TRANSPLANT)	81372	CPT	outpatient			1240		464.13 Aetna	Better Health		391.22	31.55			90.3		1178 percent of total billed charges	
HLA PANEL (ABC TRANSPLANT)	81372	CPT	outpatient			1240		464.13 Aetna	Commercial		471.2	38			90.3		1178 percent of total billed charges	
HLA PANEL (ABC TRANSPLANT)	81372	CPT	outpatient			1240		464.13 Aetna	Medicare		403.59				90.3		1178 fee schedule	
HLA PANEL (ABC TRANSPLANT)	81372	CPT	outpatient			1240		464.13 Americare	Americare		930	75			90.3		1178 percent of total billed charges	
HLA PANEL (ABC TRANSPLANT)	81372	CPT	outpatient			1240		464.13 Amerihealth	HMO/PPO		806	65			90.3		1178 percent of total billed charges	
HLA PANEL (ABC TRANSPLANT)	81372	CPT	outpatient			1240		464.13 Amerihealth	Medicare		403.59				90.3		1178 fee schedule	
HLA PANEL (ABC TRANSPLANT)	81372	CPT	outpatient			1240		464.13 Consumer	Consumer		1178	95			90.3		1178 percent of total billed charges	
HLA PANEL (ABC TRANSPLANT)	81372	CPT	outpatient			1240		464.13 Corrections	Corrections		992	80			90.3		1178 percent of total billed charges	
HLA PANEL (ABC TRANSPLANT)	81372	CPT	outpatient			1240		464.13 First Health	First Health		868	70			90.3		1178 percent of total billed charges	
HLA PANEL (ABC TRANSPLANT)	81372	CPT	outpatient			1240		464.13 First Trenton	First Trenton		1116	90			90.3		1178 percent of total billed charges	
HLA PANEL (ABC TRANSPLANT)	81372	CPT	outpatient			1240		464.13 Horizon	MGD		474.67	38.28			90.3		1178 percent of total billed charges	
HLA PANEL (ABC TRANSPLANT)	81372	CPT	outpatient			1240		464.13 Horizon	PPO		474.67	38.28			90.3		1178 percent of total billed charges	
HLA PANEL (ABC TRANSPLANT)	81372	CPT	outpatient			1240		464.13 Horizon	Indemnity		474.67	38.28			90.3		1178 percent of total billed charges	
HLA PANEL (ABC TRANSPLANT)	81372	CPT	outpatient			1240		464.13 Horizon	NJ Health		238.06				90.3		1178 fee schedule	
HLA PANEL (ABC TRANSPLANT)	81372	CPT	outpatient			1240		464.13 Horizon	Medicare Blue		372	30			90.3		1178 percent of total billed charges	
HLA PANEL (ABC TRANSPLANT)	81372	CPT	outpatient			1240		464.13 Managed Care Inc	Managed Care Inc		1116	90			90.3		1178 percent of total billed charges	
HLA PANEL (ABC TRANSPLANT)	81372	CPT	outpatient			1240		464.13 Multiplan	Multiplan		992	80			90.3		1178 percent of total billed charges	
HLA PANEL (ABC TRANSPLANT)	81372	CPT	outpatient			1240		464.13 Qualcare	Qualcare		930	75			90.3		1178 percent of total billed charges	
HLA PANEL (ABC TRANSPLANT)	81372	CPT	outpatient			1240		464.13 Three Rivers	Three Rivers		1178	95			90.3		1178 percent of total billed charges	
HLA PANEL (ABC TRANSPLANT)	81372	CPT	outpatient			1240		464.13 UHC	Medicaid		391.22	31.55			90.3		1178 percent of total billed charges	
HLA PANEL (ABC TRANSPLANT)	81372	CPT	outpatient			1240		464.13 UHC	Medicare		403.59				90.3		1178 fee schedule	
HLA PANEL (ABC TRANSPLANT)	81372	CPT	outpatient			1240		464.13 Wellcare	Medicare		403.59				90.3		1178 fee schedule	
HLA PANEL (ABC TRANSPLANT)	81372	CPT	outpatient			1240		464.13 Wellcare	Medicaid		391.22	31.55			90.3		1178 percent of total billed charges	
HLA PANEL (ABC TRANSPLANT)	81372	CPT	outpatient			1240		464.13 WellPoint	WellPoint		399.03	32.18			90.3		1178 percent of total billed charges	
HLA-C	81373	CPT	both			639		146.54 Aetna	Medicare		127.43				10.2		607.05 fee schedule	
HLA-C	81373	CPT	both			639		146.54 Aetna	Better Health		201.6	31.55			10.2		607.05 percent of total billed charges	
HLA-C	81373	CPT	both			639		146.54 Aetna	Commercial		242.82	38			10.2		607.05 percent of total billed charges	
HLA-C	81373	CPT	both			639		146.54 Americare	Americare		479.25	75			10.2		607.05 percent of total billed charges	
HLA-C	81373	CPT	both			639		146.54 Amerihealth	Medicare		127.43				10.2		607.05 fee schedule	
HLA-C	81373	CPT	both			639		146.54 Amerihealth	HMO/PPO		415.35	65			10.2		607.05 percent of total billed charges	
HLA-C	81373	CPT	both			639		146.54 Consumer	Consumer		607.05	95			10.2		607.05 percent of total billed charges	
HLA-C	81373	CPT	both			639		146.54 Corrections	Corrections		511.2	80			10.2		607.05 percent of total billed charges	
HLA-C	81373	CPT	both			639		146.54 First Health	First Health		447.3	70			10.2		607.05 percent of total billed charges	
HLA-C	81373	CPT	both			639		146.54 First Trenton	First Trenton		575.1	90			10.2		607.05 percent of total billed charges	
HLA-C	81373	CPT	both			639		146.54 Horizon	MGD		244.61	38.28			10.2		607.05 percent of total billed charges	
HLA-C	81373	CPT	both			639		146.54 Horizon	Indemnity		244.61	38.28			10.2		607.05 percent of total billed charges	
HLA-C	81373	CPT	both			639		146.54 Horizon	NJ Health		120.01				10.2		607.05 fee schedule	
HLA-C	81373	CPT	both			639		146.54 Horizon	PPO		244.61	38.28			10.2		607.05 percent of total billed charges	
HLA-C	81373	CPT	both			639		146.54 Horizon	Medicare Blue		191.7	30			10.2		607.05 percent of total billed charges	
HLA-C	81373	CPT	both			639		146.54 Managed Care Inc	Managed Care Inc		575.1	90			10.2		607.05 percent of total billed charges	
HLA-C	81373	CPT	both			639		146.54 Multiplan	Multiplan		511.2	80			10.2		607.05 percent of total billed charges	
HLA-C	81373	CPT	both			639		146.54 Qualcare	Qualcare		479.25	75			10.2		607.05 percent of total billed charges	
HLA-C	81373	CPT	both			639		146.54 Three Rivers	Three Rivers		607.05	95			10.2		607.05 percent of total billed charges	
HLA-C	81373	CPT	both			639		146.54 UHC	Medicaid		201.6	31.55			10.2		607.05 percent of total billed charges	
HLA-C	81373	CPT	both			639		146.54 UHC	Medicare		127.43				10.2		607.05 fee schedule	
HLA-C	81373	CPT	both			639		146.54 Wellcare	Medicaid		201.6	31.55			10.2		607.05 percent of total billed charges	
HLA-C	81373	CPT	both			639		146.54 Wellcare	Medicare		127.43				10.2		607.05 fee schedule	
HLA-C	81373	CPT	both			639		146.54 WellPoint	WellPoint		205.63	32.18			10.2		607.05 percent of total billed charges	
HLA-B27 ANTIGEN	81374	CPT	both			411		85.48 Aetna	Commercial		156.18	38			50.1		390.45 percent of total billed charges	
HLA-B27 ANTIGEN	81374	CPT	both			411		85.48 Aetna	Medicare		126.59	30.8			50.1		390.45 percent of total billed charges	
HLA-B27 ANTIGEN	81374	CPT	both			411		85.48 Aetna	Better Health		129.67	31.55			50.1		390.45 percent of total billed charges	
HLA-B27 ANTIGEN	81374	CPT	both			411		85.48 Americare	Americare		308.25	75			50.1		390.45 percent of total billed charges	
HLA-B27 ANTIGEN	81374	CPT	both			411		85.48 Amerihealth	Medicare		74.33				50.1		390.45 fee schedule	
HLA-B27 ANTIGEN	81374	CPT	both			411		85.48 Amerihealth	HMO/PPO		267.15	65			50.1		390.45 percent of total billed charges	
HLA-B27 ANTIGEN	81374	CPT	both			411		85.48 Consumer	Consumer		390.45	95			50.1		390.45 percent of total billed charges	
HLA-B27 ANTIGEN	81374	CPT	both			411		85.48 Corrections	Corrections		328.8	80			50.1		390.45 percent of total billed charges	
HLA-B27 ANTIGEN	81374	CPT	both			411		85.48 First Health	First Health		287.7	70			50.1		390.45 percent of total billed charges	
HLA-B27 ANTIGEN	81374	CPT	both			411		85.48 First Trenton	First Trenton		369.9	90			50.1		390.45 percent of total billed charges	
HLA-B27 ANTIGEN	81374	CPT	both			411		85.48 Horizon	Indemnity		157.33	38.28			50.1		390.45 percent of total billed charges	
HLA-B27 ANTIGEN	81374	CPT	both			411		85.48 Horizon	Medicare Blue		123.3	30			50.1		390.45 percent of total billed charges	
HLA-B27 ANTIGEN	81374	CPT	both			411		85.48 Horizon	NJ Health		88.85				50.1		390.45 fee schedule	
HLA-B27 ANTIGEN	81374	CPT	both			411		85.48 Horizon	MGD		157.33	38.28			50.1		390.45 percent of total billed charges	
HLA-B27 ANTIGEN	81374	CPT	both			411		85.48 Horizon	PPO		157.33	38.28			50.1		390.45 percent of total billed charges	
HLA-B27 ANTIGEN	81374	CPT	both			411		85.48 Managed Care Inc	Managed Care Inc		369.9	90			50.1		390.45 percent of total billed charges	
HLA-B27 ANTIGEN	81374	CPT	both			411		85.48 Multiplan	Multiplan		328.8	80			50.1		390.45 percent of total billed charges	
HLA-B27 ANTIGEN	81374	CPT	both			411		85.48 Qualcare	Qualcare		308.25	75			50.1		390.45 percent of total billed charges	
HLA-B27 ANTIGEN	81374	CPT	both			411		85.48 Three Rivers	Three Rivers		390.45	95			50.1		390.45 percent of total billed charges	
HLA-B27 ANTIGEN	81374	CPT	both			411		85.48 UHC	Medicaid		129.67	31.55			50.1		390.45 percent of total billed charges	
HLA-B27 ANTIGEN	81374	CPT	both			411		85.48 UHC	Medicare		74.33				50.1		390.45 fee schedule	
HLA-B27 ANTIGEN	81374	CPT	both			411		85.48 Wellcare	Medicare		74.33				50.1		390.45 fee schedule	
HLA-B27 ANTIGEN	81374	CPT	both			411		85.48 Wellcare	Medicaid		129.67	31.55			50.1		390.45 percent of total billed charges	
HLA-B27 ANTIGEN	81374	CPT	both			411		85.48 WellPoint	WellPoint		132.26	32.18			50.1		390.45 percent of total billed charges	
HLA DR1/3/4/5,DQ INTERMEDIATE RES	81375	CPT	outpatient			1164		253.85 Aetna	Medicare		220.74				220.74		1105.8 fee schedule	
HLA DR1/3/4/5,DQ INTERMEDIATE RES	81375	CPT	outpatient			1164		253.85 Aetna	Better Health		367.24	31.55			220.74		1105.8 percent of total billed charges	
HLA DR1/3/4/5,DQ INTERMEDIATE RES	81375	CPT	outpatient			1164		253.85 Aetna	Commercial		442.32	38			220.74		1105.8 percent of total billed charges	
HLA DR1/3/4/5,DQ INTERMEDIATE RES	81375	CPT	outpatient			1164		253.85 Americare	Americare		873	75			220.74		1105.8 percent of total billed charges	
HLA DR1/3/4/5,DQ INTERMEDIATE RES	81375	CPT	outpatient			1164		253.85 Amerihealth	Medicare		220.74				220.74		1105.8 fee schedule	
HLA DR1/3/4/5,DQ INTERMEDIATE RES	81375	CPT	outpatient			1164		253.85 Amerihealth	HMO/PPO		756.6	65			220.74		1105.8 percent of total billed charges	
HLA DR1/3/4/5,DQ INTERMEDIATE RES	81375	CPT	outpatient			1164		253.85 Consumer	Consumer		1105.8	95			220.74		1105.8 percent of total billed charges	
HLA DR1/3/4/5,DQ INTERMEDIATE RES	81375	CPT	outpatient			1164		253.85 Corrections	Corrections		931.2	80			220.74		1105.8 percent of total billed charges	
HLA DR1/3/4/5,DQ INTERMEDIATE RES	81375	CPT	outpatient			1164		253.85 First Health	First Health		814.8	70			220.74		1105.8 percent of total billed charges	
HLA DR1/3/4/5,DQ INTERMEDIATE RES	81375	CPT	outpatient			1164		253.85 First Trenton	First Trenton		1047.6	90			220.74		1105.8 percent of total billed charges	
HLA DR1/3/4/5,DQ INTERMEDIATE RES	81375	CPT	outpatient			1164		253.85 Horizon	NJ Health		237.89				220.74		1105.8 fee schedule	
HLA DR1/3/4/5,DQ INTERMEDIATE RES	81375	CPT	outpatient			1164		253.85 Horizon	MGD		445.58	38.28			220.74		1105.8 percent of total billed charges	
HLA DR1/3/4/5,DQ INTERMEDIATE RES	81375	CPT	outpatient			1164		253.85 Horizon	Indemnity		445.58	38.28			220.74		1105.8 percent of total billed charges	
HLA DR1/3/4/5,DQ INTERMEDIATE RES	81375	CPT	outpatient			1164		253.85 Horizon	PPO		445.58	38.28			220.74		1105.8 percent of total billed charges	
HLA DR1/3/4/5,DQ INTERMEDIATE RES	81375	CPT	outpatient			1164		253.85 Horizon	Medicare Blue		349.2	30			220.74		1105.8 percent of total billed charges	
HLA DR1/3/4/5,DQ INTERMEDIATE RES	81375	CPT	outpatient			1164		253.85 Managed Care Inc	Managed Care Inc		1047.6	90			220.74		1105.8 percent of total billed charges	
HLA DR1/3/4/5,DQ INTERMEDIATE RES	81375	CPT	outpatient			1164		253.85 Multiplan	Multiplan		931.2	80			220.74		1105.8 percent of total billed charges	
HLA DR1/3/4/5,DQ INTERMEDIATE RES	81375	CPT	outpatient			1164		253.85 Qualcare	Qualcare		873	75			220.74		1105.8 percent of total billed charges	
HLA DR1/3/4/5,DQ INTERMEDIATE RES	81375	CPT	outpatient			1164		253.85 Three Rivers	Three Rivers		1105.8	95			220.74		1105.8 percent of total billed charges	
HLA DR1/3/4/5,DQ INTERMEDIATE RES	81375	CPT	outpatient			1164		253.85 UHC	Medicaid		367.24	31.55			220.74		1105.8 percent of total billed charges	
HLA DR1/3/4/5,DQ INTERMEDIATE RES	81375	CPT	outpatient			1164		253.85 UHC	Medicare		220.74				220.74		1105.8 fee schedule	
HLA DR1/3/4/5,DQ INTERMEDIATE RES	81375	CPT	outpatient			1164		253.85 Wellcare	Medicare		220.74				220.74		1105.8 fee schedule	
HLA DR1/3/4/5,DQ INTERMEDIATE RES	81375	CPT	outpatient			1164		253.85 Wellcare	Medicaid		367.24	31.55			220.74		1105.8 percent of total billed charges	
HLA DR1/3/4/5,DQ INTERMEDIATE RES	81375	CPT	outpatient			1164		253.85 WellPoint	WellPoint		374.58	32.18			220.74		1105.8 percent of total billed charges	
HLA-DQB1	81376	CPT	both			806		140.55 Aetna	Better Health		254.29	31.55			104.1		765.7 percent of total billed charges	
HLA-DQB1	81376	CPT	both			806		140.55 Aetna	Medicare		122.22				104.1		765.7 fee schedule	
HLA-DQB1	81376	CPT	both			806		140.55 Aetna	Commercial		306.28	38			104.1		765.7 percent of total billed charges	
HLA-DQB1	81376	CPT	both			806		140.55 Americare	Americare		604.5	75			104.1		765.7 percent of total billed charges	
HLA-DQB1	81376	CPT	both			806		140.55 Amerihealth	Medicare		122.22				104.1		765.7 fee schedule	
HLA-DQB1	81376	CPT	both			806		140.55 Amerihealth	HMO/PPO		523.9	65			104.1		765.7 percent of total billed charges	
HLA-DQB1	81376	CPT	both			806		140.55 Consumer	Consumer		765.7	95			104.1		765.7 percent of total billed charges	
HLA-DQB1	81376	CPT	both			806		140.55 Corrections	Corrections		644.8	80			104.1		765.7 percent of total billed charges	
HLA-DQB1	81376	CPT	both			806		140.55 First Health	First Health		564.2	70			104.1		765.7 percent of total billed charges	
HLA-DQB1	81376	CPT	both			806		140.55 First Trenton	First Trenton		725.4	90			104.1		765.7 percent of total billed charges	
HLA-DQB1	81376	CPT	both			806		140.55 Horizon	Medicare Blue		241.8	30			104.1		765.7 percent of total billed charges	
HLA-DQB1	81376	CPT	both			806		140.55 Horizon	NJ Health		131.71				104.1		765.7 fee schedule	
HLA-DQB1	81376	CPT	both			806		140.55 Horizon	MGD		308.54	38.28			104.1		765.7 percent of total billed charges	
HLA-DQB1	81376	CPT	both			806		140.55 Horizon	Indemnity		308.54	38.28			104.1		765.7 percent of total billed charges	
HLA-DQB1	81376	CPT	both			806		140.55 Horizon	PPO		308.54	38.28			104.1		765.7 percent of total billed charges	
HLA-DQB1	81376	CPT	both			806		140.55 Managed Care Inc	Managed Care Inc		725.4	90			104.1		765.7 percent of total billed charges	
HLA-DQB1	81376	CPT	both			806		140.55 Multiplan	Multiplan		644.8	80			104.1		765.7 percent of total billed charges	
HLA-DQB1	81376	CPT	both			806		140.55 Qualcare	Qualcare		604.5	75			104.1		765.7 percent of total billed charges	
HLA-DQB1	81376	CPT	both			806		140.55 Three Rivers	Three Rivers		765.7	95			104.1		765.7 percent of total billed charges	
HLA-DQB1	81376	CPT	both			806		140.55 UHC	Medicare		122.22				104.1		765.7 fee schedule	
HLA-DQB1	81376	CPT	both			806		140.55 UHC	Medicaid		254.29	31.55			104.1		765.7 percent of total billed charges	
HLA-DQB1	81376	CPT	both			806		140.55 Wellcare	Medicare		122.22				104.1		765.7 fee schedule	
HLA-DQB1	81376	CPT	both			806		140.55 Wellcare	Medicaid		254.29	31.55			104.1		765.7 percent of total billed charges	
HLA-DQB1	81376	CPT	both			806		140.55 WellPoint	WellPoint		269.37	32.18			104.1		765.7 percent of total billed charges	
HLA TYPING; DRB1 ; CLASS II HIGH RESOLU	81378	CPT	outpatient			1979		397.41 Aetna	Better Health		624.37	31.55			345.57		1880.05 percent of total billed charges	
HLA TYPING; DRB1 ; CLASS II HIGH RESOLU	81378	CPT	outpatient			1979		397.41 Aetna	Medicare		345.57				345.57		1880.05 fee schedule	
HLA TYPING; DRB1 ; CLASS II HIGH RESOLU	81378	CPT	outpatient			1979		397.41 Aetna	Commercial		752.02	38			345.57		1880.05 percent of total billed charges	
HLA TYPING; DRB1 ; CLASS II HIGH RESOLU	81378	CPT	outpatient			1979		397.41 Americare	Americare		1484.25	75			345.57		1880.05 percent of total billed charges	
HLA TYPING; DRB1 ; CLASS II HIGH RESOLU	81378	CPT	outpatient			1979		397.41 Amerihealth	Medicare		345.57				345.57		1880.05 fee schedule	
HLA TYPING; DRB1 ; CLASS II HIGH RESOLU	81378	CPT	outpatient			1979		397.41 Amerihealth	HMO/PPO		1286.35	65			345.57		1880.05 percent of total billed charges	
HLA TYPING; DRB1 ; CLASS II HIGH RESOLU	81378	CPT	outpatient			1979		397.41 Consumer	Consumer		1880.05	95			345.57		1880.05 percent of total billed charges	
HLA TYPING; DRB1 ; CLASS II HIGH RESOLU	81378	CPT	outpatient			1979		397.41 Corrections	Corrections		1583.2	80			345.57		1880.05 percent of total billed charges	
HLA TYPING; DRB1 ; CLASS II HIGH RESOLU	81378	CPT	outpatient			1979		397.41 First Health	First Health		1385.3	70			345.57		1880.05 percent of total billed charges	
HLA TYPING; DRB1 ; CLASS II HIGH RESOLU	81378	CPT	outpatient			1979		397.41 First Trenton	First Trenton		1781.1	90			345.57		1880.05 percent of total billed charges	
HLA TYPING; DRB1 ; CLASS II HIGH RESOLU	81378	CPT	outpatient			1979		397.41 Horizon	MGD		757.56	38.28			345.57		1880.05 percent of total billed charges	
HLA TYPING; DRB1 ; CLASS II HIGH RESOLU	81378	CPT	outpatient			1979		397.41 Horizon	Medicare Blue		593.7	30			345.57		1880.05 percent of total billed charges	
HLA TYPING; DRB1 ; CLASS II HIGH RESOLU	81378	CPT	outpatient			1979		397.41 Horizon	Indemnity		757.56	38.28			345.57		1880.05 percent of total billed charges	
HLA TYPING; DRB1 ; CLASS II HIGH RESOLU	81378	CPT	outpatient			1979		397.41 Horizon	NJ Health		372.4				345.57		1880.05 fee schedule	
HLA TYPING; DRB1 ; CLASS II HIGH RESOLU	81378	CPT	outpatient			1979		397.41 Horizon	PPO		757.56	38.28			345.57		1880.05 percent of total billed charges	
HLA TYPING; DRB1 ; CLASS II HIGH RESOLU	81378	CPT	outpatient			1979		397.41 Managed Care Inc	Managed Care Inc		1781.1	90			345.57		1880.05 percent of total billed charges	
HLA TYPING; DRB1 ; CLASS II HIGH RESOLU	81378	CPT	outpatient			1979		397.41 Multiplan	Multiplan		1583.2	80			345.57		1880.05 percent of total billed charges	
HLA TYPING; DRB1 ; CLASS II HIGH RESOLU	81378	CPT	outpatient			1979		397.41 Qualcare	Qualcare		1484.25	75			345.57		1880.05 percent of total billed charges	
HLA TYPING; DRB1 ; CLASS II HIGH RESOLU	81378	CPT	outpatient			1979		397.41 Three Rivers	Three Rivers		1880.05	95			345.57		1880.05 percent of total billed charges	
HLA TYPING; DRB1 ; CLASS II HIGH RESOLU	81378	CPT	outpatient			1979		397.41 UHC	Medicare		345.57				345.57		1880.05 fee schedule	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
HLA TYPING; DRB1 ; CLASS I/ HIGH RESOLU	81378	CPT	outpatient			1979	397.41	UHC	Medicaid		624.37	31.55			345.57	1880.05	percent of total billed charges	
HLA TYPING; DRB1 ; CLASS II HIGH RESOLU	81378	CPT	outpatient			1979	397.41	Wellcare	Medicaid		624.37	31.55			345.57	1880.05	percent of total billed charges	
HLA TYPING; DRB1 ; CLASS II HIGH RESOLU	81378	CPT	outpatient			1979	397.41	Wellcare	Medicare		345.57				345.57	1880.05	fee schedule	
HLA TYPING; DRB1 ; CLASS II HIGH RESOLU	81378	CPT	outpatient			1979	397.41	WellPoint	WellPoint		636.84	32.18			345.57	1880.05	percent of total billed charges	
HLA TYPING; A,B,OR C, MULTIPLE ANTIGENS	81379	CPT	outpatient			5919	385.69	Aetna	Better Health		1867.44	31.55			335.38	5623.05	percent of total billed charges	
HLA TYPING; A,B,OR C, MULTIPLE ANTIGENS	81379	CPT	outpatient			5919	385.69	Aetna	Medicare		335.38				335.38	5623.05	fee schedule	
HLA TYPING; A,B,OR C, MULTIPLE ANTIGENS	81379	CPT	outpatient			5919	385.69	Aetna	Commercial		2249.22	38			335.38	5623.05	percent of total billed charges	
HLA TYPING; A,B,OR C, MULTIPLE ANTIGENS	81379	CPT	outpatient			5919	385.69	Americare	Americare		4439.25	75			335.38	5623.05	percent of total billed charges	
HLA TYPING; A,B,OR C, MULTIPLE ANTIGENS	81379	CPT	outpatient			5919	385.69	Amerihealth	Medicare		335.38				335.38	5623.05	fee schedule	
HLA TYPING; A,B,OR C, MULTIPLE ANTIGENS	81379	CPT	outpatient			5919	385.69	Amerihealth	HMO/PPO		3847.35	65			335.38	5623.05	percent of total billed charges	
HLA TYPING; A,B,OR C, MULTIPLE ANTIGENS	81379	CPT	outpatient			5919	385.69	Consumer	Consumer		5623.05	95			335.38	5623.05	percent of total billed charges	
HLA TYPING; A,B,OR C, MULTIPLE ANTIGENS	81379	CPT	outpatient			5919	385.69	Corrections	Corrections		4735.2	80			335.38	5623.05	percent of total billed charges	
HLA TYPING; A,B,OR C, MULTIPLE ANTIGENS	81379	CPT	outpatient			5919	385.69	First Health	First Health		4143.3	70			335.38	5623.05	percent of total billed charges	
HLA TYPING; A,B,OR C, MULTIPLE ANTIGENS	81379	CPT	outpatient			5919	385.69	First Trenton	First Trenton		5327.1	90			335.38	5623.05	percent of total billed charges	
HLA TYPING; A,B,OR C, MULTIPLE ANTIGENS	81379	CPT	outpatient			5919	385.69	Horizon	Indemnity		2265.79	38.28			335.38	5623.05	percent of total billed charges	
HLA TYPING; A,B,OR C, MULTIPLE ANTIGENS	81379	CPT	outpatient			5919	385.69	Horizon	Medicare Blue		1775.7	30			335.38	5623.05	percent of total billed charges	
HLA TYPING; A,B,OR C, MULTIPLE ANTIGENS	81379	CPT	outpatient			5919	385.69	Horizon	MGD		2265.79	38.28			335.38	5623.05	percent of total billed charges	
HLA TYPING; A,B,OR C, MULTIPLE ANTIGENS	81379	CPT	outpatient			5919	385.69	Horizon	NJ Health		361.42				335.38	5623.05	fee schedule	
HLA TYPING; A,B,OR C, MULTIPLE ANTIGENS	81379	CPT	outpatient			5919	385.69	Horizon	PPO		2265.79	38.28			335.38	5623.05	percent of total billed charges	
HLA TYPING; A,B,OR C, MULTIPLE ANTIGENS	81379	CPT	outpatient			5919	385.69	Managed Care Inc	Managed Care Inc		5327.1	90			335.38	5623.05	percent of total billed charges	
HLA TYPING; A,B,OR C, MULTIPLE ANTIGENS	81379	CPT	outpatient			5919	385.69	Multiplan	Multiplan		4735.2	80			335.38	5623.05	percent of total billed charges	
HLA TYPING; A,B,OR C, MULTIPLE ANTIGENS	81379	CPT	outpatient			5919	385.69	Qualcare	Qualcare		4439.25	75			335.38	5623.05	percent of total billed charges	
HLA TYPING; A,B,OR C, MULTIPLE ANTIGENS	81379	CPT	outpatient			5919	385.69	Three Rivers	Three Rivers		5623.05	95			335.38	5623.05	percent of total billed charges	
HLA TYPING; A,B,OR C, MULTIPLE ANTIGENS	81379	CPT	outpatient			5919	385.69	UHC	Medicare		335.38				335.38	5623.05	fee schedule	
HLA TYPING; A,B,OR C, MULTIPLE ANTIGENS	81379	CPT	outpatient			5919	385.69	UHC	Medicaid		1867.44	31.55			335.38	5623.05	percent of total billed charges	
HLA TYPING; A,B,OR C, MULTIPLE ANTIGENS	81379	CPT	outpatient			5919	385.69	Wellcare	Medicaid		1867.44	31.55			335.38	5623.05	percent of total billed charges	
HLA TYPING; A,B,OR C, MULTIPLE ANTIGENS	81379	CPT	outpatient			5919	385.69	Wellcare	Medicare		335.38				335.38	5623.05	fee schedule	
HLA TYPING; A,B,OR C, MULTIPLE ANTIGENS	81379	CPT	outpatient			5919	385.69	WellPoint	WellPoint		1904.73	32.18			335.38	5623.05	percent of total billed charges	
HLA-A29 UVEITIS	81381	CPT	both			806	195.39	Aetna	Better Health		254.29	31.55			59.4	765.7	percent of total billed charges	
HLA-A29 UVEITIS	81381	CPT	both			806	195.39	Aetna	Medicare		169.9				59.4	765.7	fee schedule	
HLA-A29 UVEITIS	81381	CPT	both			806	195.39	Aetna	Commercial		306.28	38			59.4	765.7	percent of total billed charges	
HLA-A29 UVEITIS	81381	CPT	both			806	195.39	Americare	Americare		604.5	75			59.4	765.7	percent of total billed charges	
HLA-A29 UVEITIS	81381	CPT	both			806	195.39	Amerihealth	Medicare		169.9				59.4	765.7	fee schedule	
HLA-A29 UVEITIS	81381	CPT	both			806	195.39	Amerihealth	HMO/PPO		523.9	65			59.4	765.7	percent of total billed charges	
HLA-A29 UVEITIS	81381	CPT	both			806	195.39	Consumer	Consumer		765.7	95			59.4	765.7	percent of total billed charges	
HLA-A29 UVEITIS	81381	CPT	both			806	195.39	Corrections	Corrections		644.8	80			59.4	765.7	percent of total billed charges	
HLA-A29 UVEITIS	81381	CPT	both			806	195.39	First Health	First Health		564.2	70			59.4	765.7	percent of total billed charges	
HLA-A29 UVEITIS	81381	CPT	both			806	195.39	First Trenton	First Trenton		725.4	90			59.4	765.7	percent of total billed charges	
HLA-A29 UVEITIS	81381	CPT	both			806	195.39	Horizon	NJ Health		101.92				59.4	765.7	fee schedule	
HLA-A29 UVEITIS	81381	CPT	both			806	195.39	Horizon	MGD		308.54	38.28			59.4	765.7	percent of total billed charges	
HLA-A29 UVEITIS	81381	CPT	both			806	195.39	Horizon	Medicare Blue		241.8	30			59.4	765.7	percent of total billed charges	
HLA-A29 UVEITIS	81381	CPT	both			806	195.39	Horizon	Indemnity		308.54	38.28			59.4	765.7	percent of total billed charges	
HLA-A29 UVEITIS	81381	CPT	both			806	195.39	Horizon	PPO		308.54	38.28			59.4	765.7	percent of total billed charges	
HLA-A29 UVEITIS	81381	CPT	both			806	195.39	Managed Care Inc	Managed Care Inc		725.4	90			59.4	765.7	percent of total billed charges	
HLA-A29 UVEITIS	81381	CPT	both			806	195.39	Multiplan	Multiplan		644.8	80			59.4	765.7	percent of total billed charges	
HLA-A29 UVEITIS	81381	CPT	both			806	195.39	Qualcare	Qualcare		604.5	75			59.4	765.7	percent of total billed charges	
HLA-A29 UVEITIS	81381	CPT	both			806	195.39	Three Rivers	Three Rivers		765.7	95			59.4	765.7	percent of total billed charges	
HLA-A29 UVEITIS	81381	CPT	both			806	195.39	UHC	Medicare		169.9				59.4	765.7	fee schedule	
HLA-A29 UVEITIS	81381	CPT	both			806	195.39	UHC	Medicaid		254.29	31.55			59.4	765.7	percent of total billed charges	
HLA-A29 UVEITIS	81381	CPT	both			806	195.39	Wellcare	Medicare		169.9				59.4	765.7	fee schedule	
HLA-A29 UVEITIS	81381	CPT	both			806	195.39	Wellcare	Medicaid		254.29	31.55			59.4	765.7	percent of total billed charges	
HLA-A29 UVEITIS	81381	CPT	both			806	195.39	WellPoint	WellPoint		259.37	32.18			59.4	765.7	percent of total billed charges	
HLA-DRB1 HIGH RESOLUTION	81382	CPT	outpatient			1036	142.23	Aetna	Medicare		123.68				104.1	984.2	fee schedule	
HLA-DRB1 HIGH RESOLUTION	81382	CPT	outpatient			1036	142.23	Aetna	Commercial		393.68	38			104.1	984.2	percent of total billed charges	
HLA-DRB1 HIGH RESOLUTION	81382	CPT	outpatient			1036	142.23	Aetna	Better Health		326.86	31.55			104.1	984.2	percent of total billed charges	
HLA-DRB1 HIGH RESOLUTION	81382	CPT	outpatient			1036	142.23	Americare	Americare		777	75			104.1	984.2	percent of total billed charges	
HLA-DRB1 HIGH RESOLUTION	81382	CPT	outpatient			1036	142.23	Amerihealth	HMO/PPO		673.4	65			104.1	984.2	percent of total billed charges	
HLA-DRB1 HIGH RESOLUTION	81382	CPT	outpatient			1036	142.23	Amerihealth	Medicare		123.68				104.1	984.2	fee schedule	
HLA-DRB1 HIGH RESOLUTION	81382	CPT	outpatient			1036	142.23	Consumer	Consumer		984.2	95			104.1	984.2	percent of total billed charges	
HLA-DRB1 HIGH RESOLUTION	81382	CPT	outpatient			1036	142.23	Corrections	Corrections		828.8	80			104.1	984.2	percent of total billed charges	
HLA-DRB1 HIGH RESOLUTION	81382	CPT	outpatient			1036	142.23	First Health	First Health		725.2	70			104.1	984.2	percent of total billed charges	
HLA-DRB1 HIGH RESOLUTION	81382	CPT	outpatient			1036	142.23	First Trenton	First Trenton		932.4	90			104.1	984.2	percent of total billed charges	
HLA-DRB1 HIGH RESOLUTION	81382	CPT	outpatient			1036	142.23	Horizon	Indemnity		396.58	38.28			104.1	984.2	percent of total billed charges	
HLA-DRB1 HIGH RESOLUTION	81382	CPT	outpatient			1036	142.23	Horizon	MGD		396.58	38.28			104.1	984.2	percent of total billed charges	
HLA-DRB1 HIGH RESOLUTION	81382	CPT	outpatient			1036	142.23	Horizon	NJ Health		133.28				104.1	984.2	fee schedule	
HLA-DRB1 HIGH RESOLUTION	81382	CPT	outpatient			1036	142.23	Horizon	PPO		396.58	38.28			104.1	984.2	percent of total billed charges	
HLA-DRB1 HIGH RESOLUTION	81382	CPT	outpatient			1036	142.23	Horizon	Medicare Blue		310.8	30			104.1	984.2	percent of total billed charges	
HLA-DRB1 HIGH RESOLUTION	81382	CPT	outpatient			1036	142.23	Managed Care Inc	Managed Care Inc		932.4	90			104.1	984.2	percent of total billed charges	
HLA-DRB1 HIGH RESOLUTION	81382	CPT	outpatient			1036	142.23	Multiplan	Multiplan		828.8	80			104.1	984.2	percent of total billed charges	
HLA-DRB1 HIGH RESOLUTION	81382	CPT	outpatient			1036	142.23	Qualcare	Qualcare		777	75			104.1	984.2	percent of total billed charges	
HLA-DRB1 HIGH RESOLUTION	81382	CPT	outpatient			1036	142.23	Three Rivers	Three Rivers		984.2	95			104.1	984.2	percent of total billed charges	
HLA-DRB1 HIGH RESOLUTION	81382	CPT	outpatient			1036	142.23	UHC	Medicare		123.68				104.1	984.2	fee schedule	
HLA-DRB1 HIGH RESOLUTION	81382	CPT	outpatient			1036	142.23	UHC	Medicaid		326.86	31.55			104.1	984.2	percent of total billed charges	
HLA-DRB1 HIGH RESOLUTION	81382	CPT	outpatient			1036	142.23	Wellcare	Medicare		123.68				104.1	984.2	fee schedule	
HLA-DRB1 HIGH RESOLUTION	81382	CPT	outpatient			1036	142.23	Wellcare	Medicaid		326.86	31.55			104.1	984.2	percent of total billed charges	
HLA-DRB3 HIGH RESOLUTION	81382	CPT	outpatient			1036	142.23	WellPoint	WellPoint		333.38	32.18			104.1	984.2	percent of total billed charges	
USHER SYNDROME,TYPE 1F&3 (2013750)	81400	CPT	both			882	73.55	Aetna	Medicare		63.96				63.96	837.9	fee schedule	
USHER SYNDROME,TYPE 1F&3 (2013750)	81400	CPT	both			882	73.55	Aetna	Commercial		335.16	38			63.96	837.9	percent of total billed charges	
USHER SYNDROME,TYPE 1F&3 (2013750)	81400	CPT	both			882	73.55	Aetna	Better Health		278.27	31.55			63.96	837.9	percent of total billed charges	
USHER SYNDROME,TYPE 1F&3 (2013750)	81400	CPT	both			882	73.55	Americare	Americare		661.5	75			63.96	837.9	percent of total billed charges	
USHER SYNDROME,TYPE 1F&3 (2013750)	81400	CPT	both			882	73.55	Amerihealth	Medicare		63.96				63.96	837.9	fee schedule	
USHER SYNDROME,TYPE 1F&3 (2013750)	81400	CPT	both			882	73.55	Amerihealth	HMO/PPO		573.3	65			63.96	837.9	percent of total billed charges	
USHER SYNDROME,TYPE 1F&3 (2013750)	81400	CPT	both			882	73.55	Consumer	Consumer		837.9	95			63.96	837.9	percent of total billed charges	
USHER SYNDROME,TYPE 1F&3 (2013750)	81400	CPT	both			882	73.55	Corrections	Corrections		705.6	80			63.96	837.9	percent of total billed charges	
USHER SYNDROME,TYPE 1F&3 (2013750)	81400	CPT	both			882	73.55	First Health	First Health		617.4	70			63.96	837.9	percent of total billed charges	
USHER SYNDROME,TYPE 1F&3 (2013750)	81400	CPT	both			882	73.55	First Trenton	First Trenton		793.8	90			63.96	837.9	percent of total billed charges	
USHER SYNDROME,TYPE 1F&3 (2013750)	81400	CPT	both			882	73.55	Horizon	MGD		337.63	38.28			63.96	837.9	percent of total billed charges	
USHER SYNDROME,TYPE 1F&3 (2013750)	81400	CPT	both			882	73.55	Horizon	Medicare Blue		264.6	30			63.96	837.9	percent of total billed charges	
USHER SYNDROME,TYPE 1F&3 (2013750)	81400	CPT	both			882	73.55	Horizon	PPO		337.63	38.28			63.96	837.9	percent of total billed charges	
USHER SYNDROME,TYPE 1F&3 (2013750)	81400	CPT	both			882	73.55	Horizon	Indemnity		337.63	38.28			63.96	837.9	percent of total billed charges	
USHER SYNDROME,TYPE 1F&3 (2013750)	81400	CPT	both			882	73.55	Managed Care Inc	Managed Care Inc		793.8	90			63.96	837.9	percent of total billed charges	
USHER SYNDROME,TYPE 1F&3 (2013750)	81400	CPT	both			882	73.55	Multiplan	Multiplan		705.6	80			63.96	837.9	percent of total billed charges	
USHER SYNDROME,TYPE 1F&3 (2013750)	81400	CPT	both			882	73.55	Qualcare	Qualcare		661.5	75			63.96	837.9	percent of total billed charges	
USHER SYNDROME,TYPE 1F&3 (2013750)	81400	CPT	both			882	73.55	Three Rivers	Three Rivers		837.9	95			63.96	837.9	percent of total billed charges	
USHER SYNDROME,TYPE 1F&3 (2013750)	81400	CPT	both			882	73.55	UHC	Medicare		63.96				63.96	837.9	fee schedule	
USHER SYNDROME,TYPE 1F&3 (2013750)	81400	CPT	both			882	73.55	UHC	Medicaid		278.27	31.55			63.96	837.9	percent of total billed charges	
USHER SYNDROME,TYPE 1F&3 (2013750)	81400	CPT	both			882	73.55	Wellcare	Medicaid		278.27	31.55			63.96	837.9	percent of total billed charges	
USHER SYNDROME,TYPE 1F&3 (2013750)	81400	CPT	both			882	73.55	Wellcare	Medicare		63.96				63.96	837.9	fee schedule	
USHER SYNDROME,TYPE 1F&3 (2013750)	81400	CPT	both			882	73.55	WellPoint	WellPoint		283.83	32.18			63.96	837.9	percent of total billed charges	
SMA CARRIER DETECTION	81401	CPT	both			4737	157.55	Aetna	Better Health		1494.52	31.55			118.8	4500.15	percent of total billed charges	
SMA CARRIER DETECTION	81401	CPT	both			4737	157.55	Aetna	Medicare		1459	30.8			118.8	4500.15	percent of total billed charges	
SMA CARRIER DETECTION	81401	CPT	both			4737	157.55	Aetna	Commercial		1800.06	38			118.8	4500.15	percent of total billed charges	
SMA CARRIER DETECTION	81401	CPT	both			4737	157.55	Americare	Americare		3552.75	75			118.8	4500.15	percent of total billed charges	
SMA CARRIER DETECTION	81401	CPT	both			4737	157.55	Amerihealth	Medicare		137				118.8	4500.15	fee schedule	
SMA CARRIER DETECTION	81401	CPT	both			4737	157.55	Amerihealth	HMO/PPO		3079.05	65			118.8	4500.15	percent of total billed charges	
SMA CARRIER DETECTION	81401	CPT	both			4737	157.55	Consumer	Consumer		4500.15	95			118.8	4500.15	percent of total billed charges	
SMA CARRIER DETECTION	81401	CPT	both			4737	157.55	Corrections	Corrections		3789.6	80			118.8	4500.15	percent of total billed charges	
SMA CARRIER DETECTION	81401	CPT	both			4737	157.55	First Health	First Health		3315.9	70			118.8	4500.15	percent of total billed charges	
SMA CARRIER DETECTION	81401	CPT	both			4737	157.55	First Trenton	First Trenton		4263.3	90			118.8	4500.15	percent of total billed charges	
SMA CARRIER DETECTION	81401	CPT	both			4737	157.55	Horizon	Medicare Blue		1421.1	30			118.8	4500.15	percent of total billed charges	
SMA CARRIER DETECTION	81401	CPT	both			4737	157.55	Horizon	MGD		1813.32	38.28			118.8	4500.15	percent of total billed charges	
SMA CARRIER DETECTION	81401	CPT	both			4737	157.55	Horizon	Indemnity		1813.32	38.28			118.8	4500.15	percent of total billed charges	
SMA CARRIER DETECTION	81401	CPT	both			4737	157.55	Horizon	PPO		1813.32	38.28			118.8	4500.15	percent of total billed charges	
SMA CARRIER DETECTION	81401	CPT	both			4737	157.55	Managed Care Inc	Managed Care Inc		4263.3	90			118.8	4500.15	percent of total billed charges	
SMA CARRIER DETECTION	81401	CPT	both			4737	157.55	Multiplan	Multiplan		3789.6	80			118.8	4500.15	percent of total billed charges	
SMA CARRIER DETECTION	81401	CPT	both			4737	157.55	Qualcare	Qualcare		3552.75	75			118.8	4500.15	percent of total billed charges	
SMA CARRIER DETECTION	81401	CPT	both			4737	157.55	Three Rivers	Three Rivers		4500.15	95			118.8	4500.15	percent of total billed charges	
SMA CARRIER DETECTION	81401	CPT	both			4737	157.55	UHC	Medicare		137				118.8	4500.15	fee schedule	
SMA CARRIER DETECTION	81401	CPT	both			4737	157.55	UHC	Medicaid		1494.52	31.55			118.8	4500.15	percent of total billed charges	
SMA CARRIER DETECTION	81401	CPT	both			4737	157.55	Wellcare	Medicare		137				118.8	4500.15	fee schedule	
SMA CARRIER DETECTION	81401	CPT	both			4737	157.55	Wellcare	Medicaid		1494.52	31.55			118.8	4500.15	percent of total billed charges	
SMA CARRIER DETECTION	81401	CPT	both			4737	157.55	WellPoint	WellPoint		1524.37	32.18			118.8	4500.15	percent of total billed charges	
UNIPARENTAL DISOMY CHROM	81402	CPT	both			1180	172.88	Aetna	Medicare		150.33				150.33	1121	fee schedule	
UNIPARENTAL DISOMY CHROM	81402	CPT	both			1180	172.88	Aetna	Better Health		372.29	31.55			150.33	1121	percent of total billed charges	
UNIPARENTAL DISOMY CHROM	81402	CPT	both			1180	172.88	Aetna	Commercial		448.4	38			150.33	1121	percent of total billed charges	
UNIPARENTAL DISOMY CHROM	81402	CPT	both			1180	172.88	Americare	Americare		885	75			150.33	1121	percent of total billed charges	
UNIPARENTAL DISOMY CHROM	81402	CPT	both			1180	172.88	Amerihealth	HMO/PPO		767	65			150.33	1121	percent of total billed charges	
UNIPARENTAL DISOMY CHROM	81402	CPT	both			1180	172.88	Amerihealth	Medicare		150.33				150.33	1121	fee schedule	
UNIPARENTAL DISOMY CHROM	81402	CPT	both			1180	172.88	Consumer	Consumer		1121	95			150.33	1121	percent of total billed charges	
UNIPARENTAL DISOMY CHROM	81402	CPT	both			1180	172.88	Corrections	Corrections		944	80			150.33	1121	percent of total billed charges	
UNIPARENTAL DISOMY CHROM	81402	CPT	both			1180	172.88	First Health	First Health		826	70			150.33	1121	percent of total billed charges	
UNIPARENTAL DISOMY CHROM	81402	CPT	both			1180	172.88	First Trenton	First Trenton		1062	90			150.33	1121	percent of total billed charges	
UNIPARENTAL DISOMY CHROM	81402	CPT	both			1180	172.88	Horizon	MGD		451.7	38.28			150.33	1121	percent of total billed charges	
UNIPARENTAL DISOMY CHROM	81402	CPT	both			1180	172.88	Horizon	Indemnity		451.7	38.28			150.33	1121	percent of total billed charges	
UNIPARENTAL DISOMY CHROM	81402	CPT	both			1180	172.88	Horizon	Medicare Blue		354	30			150.33	1121	percent of total billed charges	
UNIPARENTAL DISOMY CHROM	81402	CPT	both			1180	172.88	Horizon	PPO		451.7	38.28			150.33	1121	percent of total billed charges	
UNIPARENTAL DISOMY CHROM	81402	CPT	both			1180	172.88	Managed Care Inc	Managed Care Inc		1062	90			150.33	1121	percent of total billed charges	
UNIPARENTAL DISOMY CHROM	81402	CPT	both			1180	172.88	Multiplan	Multiplan		944	80			150.33	1121	percent of total billed charges	
UNIPARENTAL DISOMY CHROM	81402	CPT	both			1180	172.88	Qualcare	Qualcare		885	75			150.33	1121	percent of total billed charges	
UNIPARENTAL DISOMY CHROM	81402	CPT	both			1180	172.88	Three Rivers	Three Rivers		1121	95			150.33	1121	percent of total billed charges	
UNIPARENTAL DISOMY CHROM	81402	CPT	both			1180	172.88	UHC	Medicaid		372.29	31.55			150.33	1121	percent of total billed charges	
UNIPARENTAL DISOMY CHROM	81402	CPT	both			1180	172.88	UHC	Medicare		150.33				150.33	1121	fee schedule	
UNIPARENTAL DISOMY CHROM	81402	CPT	both			1180	172.88	Wellcare	Medicare		150.33				150.33	1121	fee schedule	
UNIPARENTAL DISOMY CHROM	81402	CPT	both			1180	172.88	Wellcare	Medicaid		372.29	31.55			150.33	1121	percent of total billed charges	
UNIPARENTAL DISOMY CHROM	81402	CPT	both			1180	172.88	WellPoint	WellPoint		379.72	32.18			150.33	1121	percent of total billed charges	
RHD GENOTYPING (3872)	81403	CPT	both			2244	212.98	Aetna	Medicare		185.2				114.3	2131.8	fee schedule	
RHD GENOTYPING (3872)	81403	CPT	both			2244	212.98	Aetna	Better Health		707.98	31.55			114.3	2131.8	percent of total billed charges	
RHD GENOTYPING (3872)	81403	CPT	both			2244	212.98	Aetna	Commercial		852.72	38			114.3	2131.8	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
RHD GENOTYPING (3872)	81403	CPT	both			2244		212.98 Americare	Americare		1683	75			114.3	2131.8	percent of total billed charges	
RHD GENOTYPING (3872)	81403	CPT	both			2244		212.98 Amerihealth	Medicare		185.2				114.3	2131.8	fee schedule	
RHD GENOTYPING (3872)	81403	CPT	both			2244		212.98 Amerihealth	HMO/PPO		1458.6	65			114.3	2131.8	percent of total billed charges	
RHD GENOTYPING (3872)	81403	CPT	both			2244		212.98 Consumer	Consumer		2131.8	95			114.3	2131.8	percent of total billed charges	
RHD GENOTYPING (3872)	81403	CPT	both			2244		212.98 Corrections	Corrections		1795.2	80			114.3	2131.8	percent of total billed charges	
RHD GENOTYPING (3872)	81403	CPT	both			2244		212.98 First Health	First Health		1570.8	70			114.3	2131.8	percent of total billed charges	
RHD GENOTYPING (3872)	81403	CPT	both			2244		212.98 First Trenton	First Trenton		2019.6	90			114.3	2131.8	percent of total billed charges	
RHD GENOTYPING (3872)	81403	CPT	both			2244		212.98 Horizon	Medicare Blue		673.2	30			114.3	2131.8	percent of total billed charges	
RHD GENOTYPING (3872)	81403	CPT	both			2244		212.98 Horizon	Indemnity		859	38.28			114.3	2131.8	percent of total billed charges	
RHD GENOTYPING (3872)	81403	CPT	both			2244		212.98 Horizon	MGD		859	38.28			114.3	2131.8	percent of total billed charges	
RHD GENOTYPING (3872)	81403	CPT	both			2244		212.98 Horizon	PPO		859	38.28			114.3	2131.8	percent of total billed charges	
RHD GENOTYPING (3872)	81403	CPT	both			2244		212.98 Managed Care Inc	Managed Care Inc		2019.6	90			114.3	2131.8	percent of total billed charges	
RHD GENOTYPING (3872)	81403	CPT	both			2244		212.98 Multiplan	Multiplan		1795.2	80			114.3	2131.8	percent of total billed charges	
RHD GENOTYPING (3872)	81403	CPT	both			2244		212.98 Qualcare	Qualcare		1683	75			114.3	2131.8	percent of total billed charges	
RHD GENOTYPING (3872)	81403	CPT	both			2244		212.98 Three Rivers	Three Rivers		2131.8	95			114.3	2131.8	percent of total billed charges	
RHD GENOTYPING (3872)	81403	CPT	both			2244		212.98 UHC	Medicare		185.2				114.3	2131.8	fee schedule	
RHD GENOTYPING (3872)	81403	CPT	both			2244		212.98 UHC	Medicaid		707.98	31.55			114.3	2131.8	percent of total billed charges	
RHD GENOTYPING (3872)	81403	CPT	both			2244		212.98 Wellcare	Medicaid		707.98	31.55			114.3	2131.8	percent of total billed charges	
RHD GENOTYPING (3872)	81403	CPT	both			2244		212.98 Wellcare	Medicare		185.2				114.3	2131.8	fee schedule	
RHD GENOTYPING (3872)	81403	CPT	both			2244		212.98 WellPoint	WellPoint		722.12	32.18			114.3	2131.8	percent of total billed charges	
TRANSTHYRETIN-ASSOCIATE FAM	81404	CPT	both			2168		316.05 Aetna	Better Health		684	31.55			87.9	2059.6	percent of total billed charges	
TRANSTHYRETIN-ASSOCIATE FAM	81404	CPT	both			2168		316.05 Aetna	Medicare		274.83				87.9	2059.6	fee schedule	
TRANSTHYRETIN-ASSOCIATE FAM	81404	CPT	both			2168		316.05 Aetna	Commercial		823.84	38			87.9	2059.6	percent of total billed charges	
TRANSTHYRETIN-ASSOCIATE FAM	81404	CPT	both			2168		316.05 Americare	Americare		1626	75			87.9	2059.6	percent of total billed charges	
TRANSTHYRETIN-ASSOCIATE FAM	81404	CPT	both			2168		316.05 Amerihealth	Medicare		274.83				87.9	2059.6	fee schedule	
TRANSTHYRETIN-ASSOCIATE FAM	81404	CPT	both			2168		316.05 Amerihealth	HMO/PPO		1409.2	65			87.9	2059.6	percent of total billed charges	
TRANSTHYRETIN-ASSOCIATE FAM	81404	CPT	both			2168		316.05 Consumer	Consumer		2059.6	95			87.9	2059.6	percent of total billed charges	
TRANSTHYRETIN-ASSOCIATE FAM	81404	CPT	both			2168		316.05 Corrections	Corrections		1734.4	80			87.9	2059.6	percent of total billed charges	
TRANSTHYRETIN-ASSOCIATE FAM	81404	CPT	both			2168		316.05 First Health	First Health		1517.6	70			87.9	2059.6	percent of total billed charges	
TRANSTHYRETIN-ASSOCIATE FAM	81404	CPT	both			2168		316.05 First Trenton	First Trenton		1951.2	90			87.9	2059.6	percent of total billed charges	
TRANSTHYRETIN-ASSOCIATE FAM	81404	CPT	both			2168		316.05 Horizon	Medicare Blue		650.4	30			87.9	2059.6	percent of total billed charges	
TRANSTHYRETIN-ASSOCIATE FAM	81404	CPT	both			2168		316.05 Horizon	MGD		829.91	38.28			87.9	2059.6	percent of total billed charges	
TRANSTHYRETIN-ASSOCIATE FAM	81404	CPT	both			2168		316.05 Horizon	Indemnity		829.91	38.28			87.9	2059.6	percent of total billed charges	
TRANSTHYRETIN-ASSOCIATE FAM	81404	CPT	both			2168		316.05 Horizon	PPO		829.91	38.28			87.9	2059.6	percent of total billed charges	
TRANSTHYRETIN-ASSOCIATE FAM	81404	CPT	both			2168		316.05 Managed Care Inc	Managed Care Inc		1951.2	90			87.9	2059.6	percent of total billed charges	
TRANSTHYRETIN-ASSOCIATE FAM	81404	CPT	both			2168		316.05 Multiplan	Multiplan		1734.4	80			87.9	2059.6	percent of total billed charges	
TRANSTHYRETIN-ASSOCIATE FAM	81404	CPT	both			2168		316.05 Qualcare	Qualcare		1626	75			87.9	2059.6	percent of total billed charges	
TRANSTHYRETIN-ASSOCIATE FAM	81404	CPT	both			2168		316.05 Three Rivers	Three Rivers		2059.6	95			87.9	2059.6	percent of total billed charges	
TRANSTHYRETIN-ASSOCIATE FAM	81404	CPT	both			2168		316.05 UHC	Medicaid		684	31.55			87.9	2059.6	percent of total billed charges	
TRANSTHYRETIN-ASSOCIATE FAM	81404	CPT	both			2168		316.05 UHC	Medicare		274.83				87.9	2059.6	fee schedule	
TRANSTHYRETIN-ASSOCIATE FAM	81404	CPT	both			2168		316.05 Wellcare	Medicare		274.83				87.9	2059.6	fee schedule	
TRANSTHYRETIN-ASSOCIATE FAM	81404	CPT	both			2168		316.05 Wellcare	Medicaid		684	31.55			87.9	2059.6	percent of total billed charges	
TRANSTHYRETIN-ASSOCIATE FAM	81404	CPT	both			2168		316.05 WellPoint	WellPoint		697.66	32.18			87.9	2059.6	percent of total billed charges	
SCAD SCREENING	81405	CPT	both			8039		346.55 Aetna	Better Health		2536.3	31.55			188.1	7637.05	percent of total billed charges	
SCAD SCREENING	81405	CPT	both			8039		346.55 Aetna	Medicare		301.35				188.1	7637.05	fee schedule	
SCAD SCREENING	81405	CPT	both			8039		346.55 Aetna	Commercial		3054.82	38			188.1	7637.05	percent of total billed charges	
SCAD SCREENING	81405	CPT	both			8039		346.55 Americare	Americare		6029.25	75			188.1	7637.05	percent of total billed charges	
SCAD SCREENING	81405	CPT	both			8039		346.55 Amerihealth	HMO/PPO		5225.35	65			188.1	7637.05	percent of total billed charges	
SCAD SCREENING	81405	CPT	both			8039		346.55 Amerihealth	Medicare		301.35				188.1	7637.05	fee schedule	
SCAD SCREENING	81405	CPT	both			8039		346.55 Consumer	Consumer		7637.05	95			188.1	7637.05	percent of total billed charges	
SCAD SCREENING	81405	CPT	both			8039		346.55 Corrections	Corrections		6431.2	80			188.1	7637.05	percent of total billed charges	
SCAD SCREENING	81405	CPT	both			8039		346.55 First Health	First Health		5627.3	70			188.1	7637.05	percent of total billed charges	
SCAD SCREENING	81405	CPT	both			8039		346.55 First Trenton	First Trenton		7235.1	90			188.1	7637.05	percent of total billed charges	
SCAD SCREENING	81405	CPT	both			8039		346.55 Horizon	MGD		3077.33	38.28			188.1	7637.05	percent of total billed charges	
SCAD SCREENING	81405	CPT	both			8039		346.55 Horizon	Medicare Blue		2411.7	30			188.1	7637.05	percent of total billed charges	
SCAD SCREENING	81405	CPT	both			8039		346.55 Horizon	Indemnity		3077.33	38.28			188.1	7637.05	percent of total billed charges	
SCAD SCREENING	81405	CPT	both			8039		346.55 Horizon	PPO		3077.33	38.28			188.1	7637.05	percent of total billed charges	
SCAD SCREENING	81405	CPT	both			8039		346.55 Managed Care Inc	Managed Care Inc		7235.1	90			188.1	7637.05	percent of total billed charges	
SCAD SCREENING	81405	CPT	both			8039		346.55 Multiplan	Multiplan		6431.2	80			188.1	7637.05	percent of total billed charges	
SCAD SCREENING	81405	CPT	both			8039		346.55 Qualcare	Qualcare		6029.25	75			188.1	7637.05	percent of total billed charges	
SCAD SCREENING	81405	CPT	both			8039		346.55 Three Rivers	Three Rivers		7637.05	95			188.1	7637.05	percent of total billed charges	
SCAD SCREENING	81405	CPT	both			8039		346.55 UHC	Medicare		301.35				188.1	7637.05	fee schedule	
SCAD SCREENING	81405	CPT	both			8039		346.55 UHC	Medicaid		2536.3	31.55			188.1	7637.05	percent of total billed charges	
SCAD SCREENING	81405	CPT	both			8039		346.55 Wellcare	Medicare		301.35				188.1	7637.05	fee schedule	
SCAD SCREENING	81405	CPT	both			8039		346.55 Wellcare	Medicaid		2536.3	31.55			188.1	7637.05	percent of total billed charges	
SCAD SCREENING	81405	CPT	both			8039		346.55 WellPoint	WellPoint		2586.95	32.18			188.1	7637.05	percent of total billed charges	
WILSON DISEASE(ATP7B) SEQ	81406	CPT	both			13590		325.31 Aetna	Commercial		5164.2	38			188.1	12910.5	percent of total billed charges	
WILSON DISEASE(ATP7B) SEQ	81406	CPT	both			13590		325.31 Aetna	Medicare		282.88				188.1	12910.5	fee schedule	
WILSON DISEASE(ATP7B) SEQ	81406	CPT	both			13590		325.31 Aetna	Better Health		4287.65	31.55			188.1	12910.5	percent of total billed charges	
WILSON DISEASE(ATP7B) SEQ	81406	CPT	both			13590		325.31 Americare	Americare		10192.5	75			188.1	12910.5	percent of total billed charges	
WILSON DISEASE(ATP7B) SEQ	81406	CPT	both			13590		325.31 Amerihealth	HMO/PPO		8833.5	65			188.1	12910.5	percent of total billed charges	
WILSON DISEASE(ATP7B) SEQ	81406	CPT	both			13590		325.31 Amerihealth	Medicare		282.88				188.1	12910.5	fee schedule	
WILSON DISEASE(ATP7B) SEQ	81406	CPT	both			13590		325.31 Consumer	Consumer		12910.5	95			188.1	12910.5	percent of total billed charges	
WILSON DISEASE(ATP7B) SEQ	81406	CPT	both			13590		325.31 Corrections	Corrections		10872	80			188.1	12910.5	percent of total billed charges	
WILSON DISEASE(ATP7B) SEQ	81406	CPT	both			13590		325.31 First Health	First Health		9513	70			188.1	12910.5	percent of total billed charges	
WILSON DISEASE(ATP7B) SEQ	81406	CPT	both			13590		325.31 First Trenton	First Trenton		12231	90			188.1	12910.5	percent of total billed charges	
WILSON DISEASE(ATP7B) SEQ	81406	CPT	both			13590		325.31 Horizon	Medicare Blue		4077	30			188.1	12910.5	percent of total billed charges	
WILSON DISEASE(ATP7B) SEQ	81406	CPT	both			13590		325.31 Horizon	Indemnity		5202.25	38.28			188.1	12910.5	percent of total billed charges	
WILSON DISEASE(ATP7B) SEQ	81406	CPT	both			13590		325.31 Horizon	MGD		5202.25	38.28			188.1	12910.5	percent of total billed charges	
WILSON DISEASE(ATP7B) SEQ	81406	CPT	both			13590		325.31 Horizon	PPO		5202.25	38.28			188.1	12910.5	percent of total billed charges	
WILSON DISEASE(ATP7B) SEQ	81406	CPT	both			13590		325.31 Managed Care Inc	Managed Care Inc		12231	90			188.1	12910.5	percent of total billed charges	
WILSON DISEASE(ATP7B) SEQ	81406	CPT	both			13590		325.31 Multiplan	Multiplan		10872	80			188.1	12910.5	percent of total billed charges	
WILSON DISEASE(ATP7B) SEQ	81406	CPT	both			13590		325.31 Qualcare	Qualcare		10192.5	75			188.1	12910.5	percent of total billed charges	
WILSON DISEASE(ATP7B) SEQ	81406	CPT	both			13590		325.31 Three Rivers	Three Rivers		12910.5	95			188.1	12910.5	percent of total billed charges	
WILSON DISEASE(ATP7B) SEQ	81406	CPT	both			13590		325.31 UHC	Medicare		282.88				188.1	12910.5	fee schedule	
WILSON DISEASE(ATP7B) SEQ	81406	CPT	both			13590		325.31 UHC	Medicaid		4287.65	31.55			188.1	12910.5	percent of total billed charges	
WILSON DISEASE(ATP7B) SEQ	81406	CPT	both			13590		325.31 Wellcare	Medicaid		4287.65	31.55			188.1	12910.5	percent of total billed charges	
WILSON DISEASE(ATP7B) SEQ	81406	CPT	both			13590		325.31 Wellcare	Medicare		282.88				188.1	12910.5	fee schedule	
WILSON DISEASE(ATP7B) SEQ	81406	CPT	both			13590		325.31 WellPoint	WellPoint		4373.26	32.18			188.1	12910.5	percent of total billed charges	
CHD7 SEQUENCING	81407	CPT	both			3034		973.21 Aetna	Better Health		957.23	31.55			808.2	2882.3	percent of total billed charges	
CHD7 SEQUENCING	81407	CPT	both			3034		973.21 Aetna	Commercial		1152.92	38			808.2	2882.3	percent of total billed charges	
CHD7 SEQUENCING	81407	CPT	both			3034		973.21 Aetna	Medicare		846.27				808.2	2882.3	fee schedule	
CHD7 SEQUENCING	81407	CPT	both			3034		973.21 Americare	Americare		2275.5	75			808.2	2882.3	percent of total billed charges	
CHD7 SEQUENCING	81407	CPT	both			3034		973.21 Amerihealth	Medicare		846.27				808.2	2882.3	fee schedule	
CHD7 SEQUENCING	81407	CPT	both			3034		973.21 Amerihealth	HMO/PPO		1972.1	65			808.2	2882.3	percent of total billed charges	
CHD7 SEQUENCING	81407	CPT	both			3034		973.21 Consumer	Consumer		2882.3	95			808.2	2882.3	percent of total billed charges	
CHD7 SEQUENCING	81407	CPT	both			3034		973.21 Corrections	Corrections		2427.2	80			808.2	2882.3	percent of total billed charges	
CHD7 SEQUENCING	81407	CPT	both			3034		973.21 First Health	First Health		2123.8	70			808.2	2882.3	percent of total billed charges	
CHD7 SEQUENCING	81407	CPT	both			3034		973.21 First Trenton	First Trenton		2730.6	90			808.2	2882.3	percent of total billed charges	
CHD7 SEQUENCING	81407	CPT	both			3034		973.21 Horizon	Indemnity		1161.42	38.28			808.2	2882.3	percent of total billed charges	
CHD7 SEQUENCING	81407	CPT	both			3034		973.21 Horizon	MGD		1161.42	38.28			808.2	2882.3	percent of total billed charges	
CHD7 SEQUENCING	81407	CPT	both			3034		973.21 Horizon	Medicare Blue		910.2	30			808.2	2882.3	percent of total billed charges	
CHD7 SEQUENCING	81407	CPT	both			3034		973.21 Horizon	PPO		1161.42	38.28			808.2	2882.3	percent of total billed charges	
CHD7 SEQUENCING	81407	CPT	both			3034		973.21 Managed Care Inc	Managed Care Inc		2730.6	90			808.2	2882.3	percent of total billed charges	
CHD7 SEQUENCING	81407	CPT	both			3034		973.21 Multiplan	Multiplan		2427.2	80			808.2	2882.3	percent of total billed charges	
CHD7 SEQUENCING	81407	CPT	both			3034		973.21 Qualcare	Qualcare		2275.5	75			808.2	2882.3	percent of total billed charges	
CHD7 SEQUENCING	81407	CPT	both			3034		973.21 Three Rivers	Three Rivers		2882.3	95			808.2	2882.3	percent of total billed charges	
CHD7 SEQUENCING	81407	CPT	both			3034		973.21 UHC	Medicaid		957.23	31.55			808.2	2882.3	percent of total billed charges	
CHD7 SEQUENCING	81407	CPT	both			3034		973.21 UHC	Medicare		846.27				808.2	2882.3	fee schedule	
CHD7 SEQUENCING	81407	CPT	both			3034		973.21 Wellcare	Medicaid		957.23	31.55			808.2	2882.3	percent of total billed charges	
CHD7 SEQUENCING	81407	CPT	both			3034		973.21 Wellcare	Medicare		846.27				808.2	2882.3	fee schedule	
CHD7 SEQUENCING	81407	CPT	both			3034		973.21 WellPoint	WellPoint		976.34	32.18			808.2	2882.3	percent of total billed charges	
MOLECULAR PATHOLOGY LEVEL 9	81408	CPT	outpatient			6557		2300 Aetna	Medicare		2000				1003.5	6229.15	fee schedule	
MOLECULAR PATHOLOGY LEVEL 9	81408	CPT	outpatient			6557		2300 Aetna	Better Health		2068.73	31.55			1003.5	6229.15	percent of total billed charges	
MOLECULAR PATHOLOGY LEVEL 9	81408	CPT	outpatient			6557		2300 Aetna	Commercial		2491.66	38			1003.5	6229.15	percent of total billed charges	
MOLECULAR PATHOLOGY LEVEL 9	81408	CPT	outpatient			6557		2300 Americare	Americare		4917.75	75			1003.5	6229.15	percent of total billed charges	
MOLECULAR PATHOLOGY LEVEL 9	81408	CPT	outpatient			6557		2300 Amerihealth	Medicare		2000				1003.5	6229.15	fee schedule	
MOLECULAR PATHOLOGY LEVEL 9	81408	CPT	outpatient			6557		2300 Amerihealth	HMO/PPO		4262.05	65			1003.5	6229.15	percent of total billed charges	
MOLECULAR PATHOLOGY LEVEL 9	81408	CPT	outpatient			6557		2300 Consumer	Consumer		6229.15	95			1003.5	6229.15	percent of total billed charges	
MOLECULAR PATHOLOGY LEVEL 9	81408	CPT	outpatient			6557		2300 Corrections	Corrections		5245.6	80			1003.5	6229.15	percent of total billed charges	
MOLECULAR PATHOLOGY LEVEL 9	81408	CPT	outpatient			6557		2300 First Health	First Health		4589.9	70			1003.5	6229.15	percent of total billed charges	
MOLECULAR PATHOLOGY LEVEL 9	81408	CPT	outpatient			6557		2300 First Trenton	First Trenton		5901.3	90			1003.5	6229.15	percent of total billed charges	
MOLECULAR PATHOLOGY LEVEL 9	81408	CPT	outpatient			6557		2300 Horizon	Medicare Blue		1967.1	30			1003.5	6229.15	percent of total billed charges	
MOLECULAR PATHOLOGY LEVEL 9	81408	CPT	outpatient			6557		2300 Horizon	Indemnity		2510.02	38.28			1003.5	6229.15	percent of total billed charges	
MOLECULAR PATHOLOGY LEVEL 9	81408	CPT	outpatient			6557		2300 Horizon	MGD		2510.02	38.28			1003.5	6229.15	percent of total billed charges	
MOLECULAR PATHOLOGY LEVEL 9	81408	CPT	outpatient			6557		2300 Horizon	PPO		2510.02	38.28			1003.5	6229.15	percent of total billed charges	
MOLECULAR PATHOLOGY LEVEL 9	81408	CPT	outpatient			6557		2300 Managed Care Inc	Managed Care Inc		5901.3	90			1003.5	6229.15	percent of total billed charges	
MOLECULAR PATHOLOGY LEVEL 9	81408	CPT	outpatient			6557		2300 Multiplan	Multiplan		5245.6	80			1003.5	6229.15	percent of total billed charges	
MOLECULAR PATHOLOGY LEVEL 9	81408	CPT	outpatient			6557		2300 Qualcare	Qualcare		4917.75	75			1003.5	6229.15	percent of total billed charges	
MOLECULAR PATHOLOGY LEVEL 9	81408	CPT	outpatient			6557		2300 Three Rivers	Three Rivers		6229.15	95			1003.5	6229.15	percent of total billed charges	
MOLECULAR PATHOLOGY LEVEL 9	81408	CPT	outpatient			6557		2300 UHC	Medicaid		2068.73	31.55			1003.5	6229.15	percent of total billed charges	
MOLECULAR PATHOLOGY LEVEL 9	81408	CPT	outpatient			6557		2300 UHC	Medicare		2000				1003.5	6229.15	fee schedule	
MOLECULAR PATHOLOGY LEVEL 9	81408	CPT	outpatient			6557		2300 Wellcare	Medicare		2000				1003.5	6229.15	fee schedule	
MOLECULAR PATHOLOGY LEVEL 9	81408	CPT	outpatient			6557		2300 Wellcare	Medicaid		2068.73	31.55			1003.5	6229.15	percent of total billed charges	
MOLECULAR PATHOLOGY LEVEL 9	81408	CPT	outpatient			6557		2300 WellPoint	WellPoint		2110.04	32.18			1003.5	6229.15	percent of total billed charges	
GENESEQ FAMILIAL AORTOPATHY PROF 451432	81410	CPT	outpatient			1654		579.6 Aetna	Commercial		628.52	38			496.2	1571.3	percent of total billed charges	
GENESEQ FAMILIAL AORTOPATHY PROF 451432	81410	CPT	outpatient			1654		579.6 Aetna	Medicare		509.43	30.8			496.2	1571.3	percent of total billed charges	
GENESEQ FAMILIAL AORTOPATHY PROF 451432	81410	CPT	outpatient			1654		579.6 Aetna	Better Health		521.84	31.55			496.2	1571.3	percent of total billed charges	
GENESEQ FAMILIAL AORTOPATHY PROF 451432	81410	CPT	outpatient			1654		579.6 Americare	Americare		1240.5	75			496.2	1571.3	percent of total billed charges	
GENESEQ FAMILIAL AORTOPATHY PROF 451432	81410	CPT	outpatient			1654		579.6 Amerihealth	HMO/PPO		1075.1	65			496.2	1571.3	percent of total billed charges	
GENESEQ FAMILIAL AORTOPATHY PROF 451432	81410	CPT	outpatient			1654		579.6 Amerihealth	Medicare		504				496.2	1571.3	fee schedule	
GENESEQ FAMILIAL AORTOPATHY PROF 451432	81410	CPT	outpatient			1654		579.6 Consumer	Consumer		1571.3	95			496.2	1571.3	percent of total billed charges	
GENESEQ FAMILIAL AORTOPATHY PROF 451432	81410	CPT	outpatient			1654		579.6 Corrections	Corrections		1323.2	80			496.2	1571.3	percent of total billed charges	
GENESEQ FAMILIAL AORTOPATHY PROF 451432	81410	CPT	outpatient			1654		579.6 First Health	First Health		1157.8	70			496.2	1571.3	percent of total billed charges	
GENESEQ FAMILIAL AORTOPATHY PROF 451432	81410	CPT	outpatient			1654		579.6 First Trenton	First Trenton		1488.6	90			496.2	1571.3	percent of total billed charges	
GENESEQ FAMILIAL AORTOPATHY PROF 451432	81410	CPT	outpatient			1654		579.6 Horizon	Medicare Blue		496.2	30			496.2	1571.3	percent of total billed charges	
GENESEQ FAMILIAL AORTOPATHY PROF 451432	81410	CPT	outpatient			1654		579.6 Horizon	Indemnity		633.15	38.28			496.2	1571.3	percent of total billed charges	
GENESEQ FAMILIAL AORTOPATHY PROF 451432	81410	CPT	outpatient			1654		579.6 Horizon	MGD		633.15	38.28			496.2	1571.3	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
GENESEQ FAMILAL AORTOPATHY PROF 451432	81410	CPT	outpatient			1654		579.6 Horizon	PPO		38.28				496.2	1571.3	percent of total billed charges	
GENESEQ FAMILAL AORTOPATHY PROF 451432	81410	CPT	outpatient			1654		579.6 Managed Care Inc	Managed Care Inc		1488.6	90			496.2	1571.3	percent of total billed charges	
GENESEQ FAMILAL AORTOPATHY PROF 451432	81410	CPT	outpatient			1654		579.6 Multiplan	Multiplan		1323.2	80			496.2	1571.3	percent of total billed charges	
GENESEQ FAMILAL AORTOPATHY PROF 451432	81410	CPT	outpatient			1654		579.6 Qualcare	Qualcare		1240.5	75			496.2	1571.3	percent of total billed charges	
GENESEQ FAMILAL AORTOPATHY PROF 451432	81410	CPT	outpatient			1654		579.6 Three Rivers	Three Rivers		1571.3	95			496.2	1571.3	percent of total billed charges	
GENESEQ FAMILAL AORTOPATHY PROF 451432	81410	CPT	outpatient			1654		579.6 UHC	Medicare		504				496.2	1571.3	fee schedule	
GENESEQ FAMILAL AORTOPATHY PROF 451432	81410	CPT	outpatient			1654		579.6 UHC	Medicaid		521.84	31.55			496.2	1571.3	percent of total billed charges	
GENESEQ FAMILAL AORTOPATHY PROF 451432	81410	CPT	outpatient			1654		579.6 Wellcare	Medicare		504				496.2	1571.3	fee schedule	
GENESEQ FAMILAL AORTOPATHY PROF 451432	81410	CPT	outpatient			1654		579.6 Wellcare	Medicaid		521.84	31.55			496.2	1571.3	percent of total billed charges	
GENESEQ FAMILAL AORTOPATHY PROF 451432	81410	CPT	outpatient			1654		579.6 WellPoint	WellPoint		532.26	32.18			496.2	1571.3	percent of total billed charges	
CARDIAC ION CHANNELOPATHIES	81413	CPT	outpatient			8315		672.64 Aetna	Better Health		2623.38	31.55			584.9	7899.25	percent of total billed charges	
CARDIAC ION CHANNELOPATHIES	81413	CPT	outpatient			8315		672.64 Aetna	Commercial		3159.7	38			584.9	7899.25	percent of total billed charges	
CARDIAC ION CHANNELOPATHIES	81413	CPT	outpatient			8315		672.64 Aetna	Medicare		584.9				584.9	7899.25	fee schedule	
CARDIAC ION CHANNELOPATHIES	81413	CPT	outpatient			8315		672.64 Americare	Americare		6236.25	75			584.9	7899.25	percent of total billed charges	
CARDIAC ION CHANNELOPATHIES	81413	CPT	outpatient			8315		672.64 Amerihealth	HMO/PPO		5404.75	65			584.9	7899.25	percent of total billed charges	
CARDIAC ION CHANNELOPATHIES	81413	CPT	outpatient			8315		672.64 Amerihealth	Medicare		584.9				584.9	7899.25	fee schedule	
CARDIAC ION CHANNELOPATHIES	81413	CPT	outpatient			8315		672.64 Consumer	Consumer		7899.25	95			584.9	7899.25	percent of total billed charges	
CARDIAC ION CHANNELOPATHIES	81413	CPT	outpatient			8315		672.64 Corrections	Corrections		6652	80			584.9	7899.25	percent of total billed charges	
CARDIAC ION CHANNELOPATHIES	81413	CPT	outpatient			8315		672.64 First Health	First Health		5820.5	70			584.9	7899.25	percent of total billed charges	
CARDIAC ION CHANNELOPATHIES	81413	CPT	outpatient			8315		672.64 First Trenton	First Trenton		7483.5	90			584.9	7899.25	percent of total billed charges	
CARDIAC ION CHANNELOPATHIES	81413	CPT	outpatient			8315		672.64 Horizon	Indemnity		3182.98	38.28			584.9	7899.25	percent of total billed charges	
CARDIAC ION CHANNELOPATHIES	81413	CPT	outpatient			8315		672.64 Horizon	Medicare Blue		2494.5	30			584.9	7899.25	percent of total billed charges	
CARDIAC ION CHANNELOPATHIES	81413	CPT	outpatient			8315		672.64 Horizon	MGD		3182.98	38.28			584.9	7899.25	percent of total billed charges	
CARDIAC ION CHANNELOPATHIES	81413	CPT	outpatient			8315		672.64 Horizon	NJ Health		629.02				584.9	7899.25	fee schedule	
CARDIAC ION CHANNELOPATHIES	81413	CPT	outpatient			8315		672.64 Horizon	PPO		3182.98	38.28			584.9	7899.25	percent of total billed charges	
CARDIAC ION CHANNELOPATHIES	81413	CPT	outpatient			8315		672.64 Managed Care Inc	Managed Care Inc		7483.5	90			584.9	7899.25	percent of total billed charges	
CARDIAC ION CHANNELOPATHIES	81413	CPT	outpatient			8315		672.64 Multiplan	Multiplan		6652	80			584.9	7899.25	percent of total billed charges	
CARDIAC ION CHANNELOPATHIES	81413	CPT	outpatient			8315		672.64 Qualcare	Qualcare		6236.25	75			584.9	7899.25	percent of total billed charges	
CARDIAC ION CHANNELOPATHIES	81413	CPT	outpatient			8315		672.64 Three Rivers	Three Rivers		7899.25	95			584.9	7899.25	percent of total billed charges	
CARDIAC ION CHANNELOPATHIES	81413	CPT	outpatient			8315		672.64 UHC	Medicaid		2623.38	31.55			584.9	7899.25	percent of total billed charges	
CARDIAC ION CHANNELOPATHIES	81413	CPT	outpatient			8315		672.64 UHC	Medicare		584.9				584.9	7899.25	fee schedule	
CARDIAC ION CHANNELOPATHIES	81413	CPT	outpatient			8315		672.64 Wellcare	Medicaid		2623.38	31.55			584.9	7899.25	percent of total billed charges	
CARDIAC ION CHANNELOPATHIES	81413	CPT	outpatient			8315		672.64 Wellcare	Medicare		584.9				584.9	7899.25	fee schedule	
CARDIAC ION CHANNELOPATHIES	81413	CPT	outpatient			8315		672.64 WellPoint	WellPoint		2675.77	32.18			584.9	7899.25	percent of total billed charges	
DUPLICATION/DELETION	81414	CPT	outpatient			8315		672.64 Aetna	Better Health		2623.38	31.55			584.9	7899.25	percent of total billed charges	
DUPLICATION/DELETION	81414	CPT	outpatient			8315		672.64 Aetna	Commercial		3159.7	38			584.9	7899.25	percent of total billed charges	
DUPLICATION/DELETION	81414	CPT	outpatient			8315		672.64 Aetna	Medicare		2561.02	30.8			584.9	7899.25	percent of total billed charges	
DUPLICATION/DELETION	81414	CPT	outpatient			8315		672.64 Americare	Americare		6236.25	75			584.9	7899.25	percent of total billed charges	
DUPLICATION/DELETION	81414	CPT	outpatient			8315		672.64 Amerihealth	Medicare		584.9				584.9	7899.25	fee schedule	
DUPLICATION/DELETION	81414	CPT	outpatient			8315		672.64 Amerihealth	HMO/PPO		5404.75	65			584.9	7899.25	percent of total billed charges	
DUPLICATION/DELETION	81414	CPT	outpatient			8315		672.64 Consumer	Consumer		7899.25	95			584.9	7899.25	percent of total billed charges	
DUPLICATION/DELETION	81414	CPT	outpatient			8315		672.64 Corrections	Corrections		6652	80			584.9	7899.25	percent of total billed charges	
DUPLICATION/DELETION	81414	CPT	outpatient			8315		672.64 First Health	First Health		5820.5	70			584.9	7899.25	percent of total billed charges	
DUPLICATION/DELETION	81414	CPT	outpatient			8315		672.64 First Trenton	First Trenton		7483.5	90			584.9	7899.25	percent of total billed charges	
DUPLICATION/DELETION	81414	CPT	outpatient			8315		672.64 Horizon	NJ Health		629.02				584.9	7899.25	fee schedule	
DUPLICATION/DELETION	81414	CPT	outpatient			8315		672.64 Horizon	Indemnity		3182.98	38.28			584.9	7899.25	percent of total billed charges	
DUPLICATION/DELETION	81414	CPT	outpatient			8315		672.64 Horizon	PPO		3182.98	38.28			584.9	7899.25	percent of total billed charges	
DUPLICATION/DELETION	81414	CPT	outpatient			8315		672.64 Horizon	MGD		3182.98	38.28			584.9	7899.25	percent of total billed charges	
DUPLICATION/DELETION	81414	CPT	outpatient			8315		672.64 Horizon	Medicare Blue		2494.5	30			584.9	7899.25	percent of total billed charges	
DUPLICATION/DELETION	81414	CPT	outpatient			8315		672.64 Managed Care Inc	Managed Care Inc		7483.5	90			584.9	7899.25	percent of total billed charges	
DUPLICATION/DELETION	81414	CPT	outpatient			8315		672.64 Multiplan	Multiplan		6652	80			584.9	7899.25	percent of total billed charges	
DUPLICATION/DELETION	81414	CPT	outpatient			8315		672.64 Qualcare	Qualcare		6236.25	75			584.9	7899.25	percent of total billed charges	
DUPLICATION/DELETION	81414	CPT	outpatient			8315		672.64 Three Rivers	Three Rivers		7899.25	95			584.9	7899.25	percent of total billed charges	
DUPLICATION/DELETION	81414	CPT	outpatient			8315		672.64 UHC	Medicaid		2623.38	31.55			584.9	7899.25	percent of total billed charges	
DUPLICATION/DELETION	81414	CPT	outpatient			8315		672.64 UHC	Medicare		584.9				584.9	7899.25	fee schedule	
DUPLICATION/DELETION	81414	CPT	outpatient			8315		672.64 Wellcare	Medicaid		2623.38	31.55			584.9	7899.25	percent of total billed charges	
DUPLICATION/DELETION	81414	CPT	outpatient			8315		672.64 Wellcare	Medicare		584.9				584.9	7899.25	fee schedule	
DUPLICATION/DELETION	81414	CPT	outpatient			8315		672.64 WellPoint	WellPoint		2675.77	32.18			584.9	7899.25	percent of total billed charges	
MEDICAL EXOME PHENOTYPE DRIVEN	81415	CPT	both			3102		5497 Aetna	Commercial		1178.76	38			930.6	4780	percent of total billed charges	
MEDICAL EXOME PHENOTYPE DRIVEN	81415	CPT	both			3102		5497 Aetna	Better Health		978.68	31.55			930.6	4780	percent of total billed charges	
MEDICAL EXOME PHENOTYPE DRIVEN	81415	CPT	both			3102		5497 Aetna	Medicare		955.42	30.8			930.6	4780	percent of total billed charges	
MEDICAL EXOME PHENOTYPE DRIVEN	81415	CPT	both			3102		5497 Americare	Americare		2326.5	75			930.6	4780	percent of total billed charges	
MEDICAL EXOME PHENOTYPE DRIVEN	81415	CPT	both			3102		5497 Amerihealth	HMO/PPO		2016.3	65			930.6	4780	percent of total billed charges	
MEDICAL EXOME PHENOTYPE DRIVEN	81415	CPT	both			3102		5497 Amerihealth	Medicare		4780				930.6	4780	fee schedule	
MEDICAL EXOME PHENOTYPE DRIVEN	81415	CPT	both			3102		5497 Consumer	Consumer		2946.9	95			930.6	4780	percent of total billed charges	
MEDICAL EXOME PHENOTYPE DRIVEN	81415	CPT	both			3102		5497 Corrections	Corrections		2481.6	80			930.6	4780	percent of total billed charges	
MEDICAL EXOME PHENOTYPE DRIVEN	81415	CPT	both			3102		5497 First Health	First Health		2171.4	70			930.6	4780	percent of total billed charges	
MEDICAL EXOME PHENOTYPE DRIVEN	81415	CPT	both			3102		5497 First Trenton	First Trenton		2791.8	90			930.6	4780	percent of total billed charges	
MEDICAL EXOME PHENOTYPE DRIVEN	81415	CPT	both			3102		5497 Horizon	Indemnity		1187.45	38.28			930.6	4780	percent of total billed charges	
MEDICAL EXOME PHENOTYPE DRIVEN	81415	CPT	both			3102		5497 Horizon	Medicare Blue		930.6	30			930.6	4780	percent of total billed charges	
MEDICAL EXOME PHENOTYPE DRIVEN	81415	CPT	both			3102		5497 Horizon	MGD		1187.45	38.28			930.6	4780	percent of total billed charges	
MEDICAL EXOME PHENOTYPE DRIVEN	81415	CPT	both			3102		5497 Horizon	NJ Health		943.6				930.6	4780	fee schedule	
MEDICAL EXOME PHENOTYPE DRIVEN	81415	CPT	both			3102		5497 Horizon	PPO		1187.45	38.28			930.6	4780	percent of total billed charges	
MEDICAL EXOME PHENOTYPE DRIVEN	81415	CPT	both			3102		5497 Managed Care Inc	Managed Care Inc		2791.8	90			930.6	4780	percent of total billed charges	
MEDICAL EXOME PHENOTYPE DRIVEN	81415	CPT	both			3102		5497 Multiplan	Multiplan		2481.6	80			930.6	4780	percent of total billed charges	
MEDICAL EXOME PHENOTYPE DRIVEN	81415	CPT	both			3102		5497 Qualcare	Qualcare		2326.5	75			930.6	4780	percent of total billed charges	
MEDICAL EXOME PHENOTYPE DRIVEN	81415	CPT	both			3102		5497 Three Rivers	Three Rivers		2946.9	95			930.6	4780	percent of total billed charges	
MEDICAL EXOME PHENOTYPE DRIVEN	81415	CPT	both			3102		5497 UHC	Medicare		4780				930.6	4780	fee schedule	
MEDICAL EXOME PHENOTYPE DRIVEN	81415	CPT	both			3102		5497 UHC	Medicaid		978.68	31.55			930.6	4780	percent of total billed charges	
MEDICAL EXOME PHENOTYPE DRIVEN	81415	CPT	both			3102		5497 Wellcare	Medicare		4780				930.6	4780	fee schedule	
MEDICAL EXOME PHENOTYPE DRIVEN	81415	CPT	both			3102		5497 Wellcare	Medicaid		978.68	31.55			930.6	4780	percent of total billed charges	
MEDICAL EXOME PHENOTYPE DRIVEN	81415	CPT	both			3102		5497 WellPoint	WellPoint		998.22	32.18			930.6	4780	percent of total billed charges	
REANALYSIS DATA MEDICAL EXOME	81417	CPT	outpatient			958		368 Aetna	Better Health		302.25	31.55			287.4	910.1	percent of total billed charges	
REANALYSIS DATA MEDICAL EXOME	81417	CPT	outpatient			958		368 Aetna	Medicare		320				287.4	910.1	fee schedule	
REANALYSIS DATA MEDICAL EXOME	81417	CPT	outpatient			958		368 Aetna	Commercial		364.04	38			287.4	910.1	percent of total billed charges	
REANALYSIS DATA MEDICAL EXOME	81417	CPT	outpatient			958		368 Americare	Americare		718.5	75			287.4	910.1	percent of total billed charges	
REANALYSIS DATA MEDICAL EXOME	81417	CPT	outpatient			958		368 Amerihealth	Medicare		320				287.4	910.1	fee schedule	
REANALYSIS DATA MEDICAL EXOME	81417	CPT	outpatient			958		368 Amerihealth	HMO/PPO		622.7	65			287.4	910.1	percent of total billed charges	
REANALYSIS DATA MEDICAL EXOME	81417	CPT	outpatient			958		368 Consumer	Consumer		910.1	95			287.4	910.1	percent of total billed charges	
REANALYSIS DATA MEDICAL EXOME	81417	CPT	outpatient			958		368 Corrections	Corrections		766.4	80			287.4	910.1	percent of total billed charges	
REANALYSIS DATA MEDICAL EXOME	81417	CPT	outpatient			958		368 First Health	First Health		670.6	70			287.4	910.1	percent of total billed charges	
REANALYSIS DATA MEDICAL EXOME	81417	CPT	outpatient			958		368 First Trenton	First Trenton		862.2	90			287.4	910.1	percent of total billed charges	
REANALYSIS DATA MEDICAL EXOME	81417	CPT	outpatient			958		368 Horizon	MGD		366.72	38.28			287.4	910.1	percent of total billed charges	
REANALYSIS DATA MEDICAL EXOME	81417	CPT	outpatient			958		368 Horizon	Medicare Blue		287.4	30			287.4	910.1	percent of total billed charges	
REANALYSIS DATA MEDICAL EXOME	81417	CPT	outpatient			958		368 Horizon	PPO		366.72	38.28			287.4	910.1	percent of total billed charges	
REANALYSIS DATA MEDICAL EXOME	81417	CPT	outpatient			958		368 Horizon	Indemnity		366.72	38.28			287.4	910.1	percent of total billed charges	
REANALYSIS DATA MEDICAL EXOME	81417	CPT	outpatient			958		368 Horizon	NJ Health		439.04				287.4	910.1	fee schedule	
REANALYSIS DATA MEDICAL EXOME	81417	CPT	outpatient			958		368 Managed Care Inc	Managed Care Inc		862.2	90			287.4	910.1	percent of total billed charges	
REANALYSIS DATA MEDICAL EXOME	81417	CPT	outpatient			958		368 Multiplan	Multiplan		766.4	80			287.4	910.1	percent of total billed charges	
REANALYSIS DATA MEDICAL EXOME	81417	CPT	outpatient			958		368 Qualcare	Qualcare		718.5	75			287.4	910.1	percent of total billed charges	
REANALYSIS DATA MEDICAL EXOME	81417	CPT	outpatient			958		368 Three Rivers	Three Rivers		910.1	95			287.4	910.1	percent of total billed charges	
REANALYSIS DATA MEDICAL EXOME	81417	CPT	outpatient			958		368 UHC	Medicare		320				287.4	910.1	fee schedule	
REANALYSIS DATA MEDICAL EXOME	81417	CPT	outpatient			958		368 UHC	Medicaid		302.25	31.55			287.4	910.1	percent of total billed charges	
REANALYSIS DATA MEDICAL EXOME	81417	CPT	outpatient			958		368 Wellcare	Medicaid		302.25	31.55			287.4	910.1	percent of total billed charges	
REANALYSIS DATA MEDICAL EXOME	81417	CPT	outpatient			958		368 Wellcare	Medicare		320				287.4	910.1	fee schedule	
REANALYSIS DATA MEDICAL EXOME	81417	CPT	outpatient			958		368 WellPoint	WellPoint		308.28	32.18			287.4	910.1	percent of total billed charges	
CLINICAL EPILEPSY NGS PANEL (630550)	81419	CPT	both			7795		2815.84 Aetna	Better Health		2459.32	31.55			2338.5	7405.25	percent of total billed charges	
CLINICAL EPILEPSY NGS PANEL (630550)	81419	CPT	both			7795		2815.84 Aetna	Medicare		2448.56				2338.5	7405.25	fee schedule	
CLINICAL EPILEPSY NGS PANEL (630550)	81419	CPT	both			7795		2815.84 Aetna	Commercial		2962.1	38			2338.5	7405.25	percent of total billed charges	
CLINICAL EPILEPSY NGS PANEL (630550)	81419	CPT	both			7795		2815.84 Americare	Americare		5846.25	75			2338.5	7405.25	percent of total billed charges	
CLINICAL EPILEPSY NGS PANEL (630550)	81419	CPT	both			7795		2815.84 Amerihealth	Medicare		2448.56				2338.5	7405.25	fee schedule	
CLINICAL EPILEPSY NGS PANEL (630550)	81419	CPT	both			7795		2815.84 Amerihealth	HMO/PPO		5066.75	65			2338.5	7405.25	percent of total billed charges	
CLINICAL EPILEPSY NGS PANEL (630550)	81419	CPT	both			7795		2815.84 Consumer	Consumer		7405.25	95			2338.5	7405.25	percent of total billed charges	
CLINICAL EPILEPSY NGS PANEL (630550)	81419	CPT	both			7795		2815.84 Corrections	Corrections		6236	80			2338.5	7405.25	percent of total billed charges	
CLINICAL EPILEPSY NGS PANEL (630550)	81419	CPT	both			7795		2815.84 First Health	First Health		5456.5	70			2338.5	7405.25	percent of total billed charges	
CLINICAL EPILEPSY NGS PANEL (630550)	81419	CPT	both			7795		2815.84 First Trenton	First Trenton		7015.5	90			2338.5	7405.25	percent of total billed charges	
CLINICAL EPILEPSY NGS PANEL (630550)	81419	CPT	both			7795		2815.84 Horizon	MGD		2983.93	38.28			2338.5	7405.25	percent of total billed charges	
CLINICAL EPILEPSY NGS PANEL (630550)	81419	CPT	both			7795		2815.84 Horizon	Medicare Blue		2338.5	30			2338.5	7405.25	percent of total billed charges	
CLINICAL EPILEPSY NGS PANEL (630550)	81419	CPT	both			7795		2815.84 Horizon	Indemnity		2983.93	38.28			2338.5	7405.25	percent of total billed charges	
CLINICAL EPILEPSY NGS PANEL (630550)	81419	CPT	both			7795		2815.84 Horizon	PPO		2983.93	38.28			2338.5	7405.25	percent of total billed charges	
CLINICAL EPILEPSY NGS PANEL (630550)	81419	CPT	both			7795		2815.84 Managed Care Inc	Managed Care Inc		7015.5	90			2338.5	7405.25	percent of total billed charges	
CLINICAL EPILEPSY NGS PANEL (630550)	81419	CPT	both			7795		2815.84 Multiplan	Multiplan		6236	80			2338.5	7405.25	percent of total billed charges	
CLINICAL EPILEPSY NGS PANEL (630550)	81419	CPT	both			7795		2815.84 Qualcare	Qualcare		5846.25	75			2338.5	7405.25	percent of total billed charges	
CLINICAL EPILEPSY NGS PANEL (630550)	81419	CPT	both			7795		2815.84 Three Rivers	Three Rivers		7405.25	95			2338.5	7405.25	percent of total billed charges	
CLINICAL EPILEPSY NGS PANEL (630550)	81419	CPT	both			7795		2815.84 UHC	Medicare		2448.56				2338.5	7405.25	fee schedule	
CLINICAL EPILEPSY NGS PANEL (630550)	81419	CPT	both			7795		2815.84 UHC	Medicaid		2459.32	31.55			2338.5	7405.25	percent of total billed charges	
CLINICAL EPILEPSY NGS PANEL (630550)	81419	CPT	both			7795		2815.84 Wellcare	Medicare		2448.56				2338.5	7405.25	fee schedule	
CLINICAL EPILEPSY NGS PANEL (630550)	81419	CPT	both			7795		2815.84 Wellcare	Medicaid		2459.32	31.55			2338.5	7405.25	percent of total billed charges	
CLINICAL EPILEPSY NGS PANEL (630550)	81419	CPT	both			7795		2815.84 WellPoint	WellPoint		2508.43	32.18			2338.5	7405.25	percent of total billed charges	
NIPT CELL (ANAL 13,18,21,X&Y)	81420	CPT	both			1401		872.91 Aetna	Better Health		442.02	31.55			276.3	1330.95	percent of total billed charges	
NIPT CELL (ANAL 13,18,21,X&Y)	81420	CPT	both			1401		872.91 Aetna	Medicare		759.05				276.3	1330.95	fee schedule	
NIPT CELL (ANAL 13,18,21,X&Y)	81420	CPT	both			1401		872.91 Aetna	Commercial		532.38	38			276.3	1330.95	percent of total billed charges	
NIPT CELL (ANAL 13,18,21,X&Y)	81420	CPT	both			1401		872.91 Americare	Americare		1050.75	75			276.3	1330.95	percent of total billed charges	
NIPT CELL (ANAL 13,18,21,X&Y)	81420	CPT	both			1401		872.91 Amerihealth	Medicare		759.05				276.3	1330.95	fee schedule	
NIPT CELL (ANAL 13,18,21,X&Y)	81420	CPT	both			1401		872.91 Amerihealth	HMO/PPO		910.65	65			276.3	1330.95	percent of total billed charges	
NIPT CELL (ANAL 13,18,21,X&Y)	81420	CPT	both			1401		872.91 Consumer	Consumer		1330.95	95			276.3	1330.95	percent of total billed charges	
NIPT CELL (ANAL 13,18,21,X&Y)	81420	CPT	both			1401		872.91 Corrections	Corrections		1120.8	80			276.3	1330.95	percent of total billed charges	
NIPT CELL (ANAL 13,18,21,X&Y)	81420	CPT	both			1401		872.91 First Health	First Health		980.7	70			276.3	1330.95	percent of total billed charges	
NIPT CELL (ANAL 13,18,21,X&Y)	81420	CPT	both			1401		872.91 First Trenton	First Trenton		1260.9	90			276.3	1330.95	percent of total billed charges	
NIPT CELL (ANAL 13,18,21,X&Y)	81420	CPT	both			1401		872.91 Horizon	PPO		536.3	38.28			276.3	1330.95	percent of total billed charges	
NIPT CELL (ANAL 13,18,21,X&Y)	81420	CPT	both			1401		872.91 Horizon	MGD		536.3	38.28			276.3	1330.95	percent of total billed charges	
NIPT CELL (ANAL 13,18,21,X&Y)	81420	CPT	both			1401		872.91 Horizon	Medicare Blue		420.3	30			276.3	1330.95	percent of total billed charges	
NIPT CELL (ANAL 13,18,21,X&Y)	81420	CPT	both			1401		872.91 Horizon	Indemnity		536.3	38.28			276.3	1330.95	percent of total billed charges	
NIPT CELL (ANAL 13,18,21,X&Y)	81420	CPT	both			1401		872.91 Managed Care Inc	Managed Care Inc		1260.9	90			276.3	1330.95	percent of total billed charges	
NIPT CELL (ANAL 13,18,21,X&Y)	81420	CPT	both			1401		872.91 Multiplan	Multiplan		1120.8	80			276.3	1330.95	percent of total billed charges	
NIPT CELL (ANAL 13,18,21,X&Y)	81420	CPT	both			1401		872.91 Qualcare	Qualcare		1050.75	75			276.3	1330.95	percent of total billed charges	
NIPT CELL (ANAL 13,18,21,X&Y)	81420	CPT	both			1401		872.91 Three Rivers	Three Rivers		1330.95	95			276.3	1330.95	percent of total billed charges	
NIPT CELL (ANAL 13,18,21,X&Y)	81420	CPT	both			1401		872.91 UHC	Medicaid		442.02	31.55			276.3	1330.95	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
NIPT CELL (ANAL 13,18,21,X&Y)	81420	CPT	both			1401		872.91	UHC	Medicare	759.05				276.3	1330.95	fee schedule	
NIPT CELL (ANAL 13,18,21,X&Y)	81420	CPT	both			1401		872.91	Wellcare	Medicare	759.05				276.3	1330.95	fee schedule	
NIPT CELL (ANAL 13,18,21,X&Y)	81420	CPT	both			1401		872.91	Wellcare	Medicaid	442.02	31.55			276.3	1330.95	percent of total billed charges	
NIPT CELL (ANAL 13,18,21,X&Y)	81420	CPT	both			1401		872.91	WellPoint	WellPoint	450.84	32.18			276.3	1330.95	percent of total billed charges	
PRENATAL NOONAN SYNDROME	81422	CPT	inpatient			4652		872.91	Aetna	Better Health	1467.71	31.55		629.02	4419.4	percent of total billed charges	
PRENATAL NOONAN SYNDROME	81422	CPT	inpatient			4652		872.91	Aetna	Medicare	1432.82	30.8		629.02	4419.4	percent of total billed charges	
PRENATAL NOONAN SYNDROME	81422	CPT	inpatient			4652		872.91	Aetna	Commercial	1767.76	38		629.02	4419.4	percent of total billed charges	
PRENATAL NOONAN SYNDROME	81422	CPT	inpatient			4652		872.91	Americare	Americare	3489	75		629.02	4419.4	percent of total billed charges	
PRENATAL NOONAN SYNDROME	81422	CPT	inpatient			4652		872.91	Amerihealth	Medicare	759.05			629.02	4419.4	fee schedule	
PRENATAL NOONAN SYNDROME	81422	CPT	inpatient			4652		872.91	Amerihealth	HMO/PPO	3023.8	65		629.02	4419.4	percent of total billed charges	
PRENATAL NOONAN SYNDROME	81422	CPT	inpatient			4652		872.91	Consumer	Consumer	4419.4	95		629.02	4419.4	percent of total billed charges	
PRENATAL NOONAN SYNDROME	81422	CPT	inpatient			4652		872.91	Corrections	Corrections	3721.6	80		629.02	4419.4	percent of total billed charges	
PRENATAL NOONAN SYNDROME	81422	CPT	inpatient			4652		872.91	First Health	First Health	3256.4	70		629.02	4419.4	percent of total billed charges	
PRENATAL NOONAN SYNDROME	81422	CPT	inpatient			4652		872.91	First Trenton	First Trenton	4186.8	90		629.02	4419.4	percent of total billed charges	
PRENATAL NOONAN SYNDROME	81422	CPT	inpatient			4652		872.91	Horizon	MGD	1780.79	38.28		629.02	4419.4	percent of total billed charges	
PRENATAL NOONAN SYNDROME	81422	CPT	inpatient			4652		872.91	Horizon	Indemnity	1780.79	38.28		629.02	4419.4	percent of total billed charges	
PRENATAL NOONAN SYNDROME	81422	CPT	inpatient			4652		872.91	Horizon	Medicare Blue	1395.6	30		629.02	4419.4	percent of total billed charges	
PRENATAL NOONAN SYNDROME	81422	CPT	inpatient			4652		872.91	Horizon	PPO	1780.79	38.28		629.02	4419.4	percent of total billed charges	
PRENATAL NOONAN SYNDROME	81422	CPT	inpatient			4652		872.91	Horizon	NJ Health	629.02			629.02	4419.4	fee schedule	
PRENATAL NOONAN SYNDROME	81422	CPT	inpatient			4652		872.91	Managed Care Inc	Managed Care Inc	4186.8	90		629.02	4419.4	percent of total billed charges	
PRENATAL NOONAN SYNDROME	81422	CPT	inpatient			4652		872.91	Multiplan	Multiplan	3721.6	80		629.02	4419.4	percent of total billed charges	
PRENATAL NOONAN SYNDROME	81422	CPT	inpatient			4652		872.91	Qualcare	Qualcare	3489	75		629.02	4419.4	percent of total billed charges	
PRENATAL NOONAN SYNDROME	81422	CPT	inpatient			4652		872.91	Three Rivers	Three Rivers	4419.4	95		629.02	4419.4	percent of total billed charges	
PRENATAL NOONAN SYNDROME	81422	CPT	inpatient			4652		872.91	UHC	Medicaid	1467.71	31.55		629.02	4419.4	percent of total billed charges	
PRENATAL NOONAN SYNDROME	81422	CPT	inpatient			4652		872.91	UHC	Medicare	759.05			629.02	4419.4	fee schedule	
PRENATAL NOONAN SYNDROME	81422	CPT	inpatient			4652		872.91	Wellcare	Medicaid	1467.71	31.55		629.02	4419.4	percent of total billed charges	
PRENATAL NOONAN SYNDROME	81422	CPT	inpatient			4652		872.91	Wellcare	Medicare	759.05			629.02	4419.4	fee schedule	
PRENATAL NOONAN SYNDROME	81422	CPT	inpatient			4652		872.91	WellPoint	WellPoint	1497.01	32.18		629.02	4419.4	percent of total billed charges	
HEARING LOSS GEN SEQ ANAL	81430	CPT	outpatient			5173		1868.75	Aetna	Better Health	1632.08	31.55		1551.9	4914.35	percent of total billed charges	
HEARING LOSS GEN SEQ ANAL	81430	CPT	outpatient			5173		1868.75	Aetna	Medicare	1625			1551.9	4914.35	fee schedule	
HEARING LOSS GEN SEQ ANAL	81430	CPT	outpatient			5173		1868.75	Aetna	Commercial	1965.74	38		1551.9	4914.35	percent of total billed charges	
HEARING LOSS GEN SEQ ANAL	81430	CPT	outpatient			5173		1868.75	Americare	Americare	3879.75	75		1551.9	4914.35	percent of total billed charges	
HEARING LOSS GEN SEQ ANAL	81430	CPT	outpatient			5173		1868.75	Amerihealth	HMO/PPO	3362.45	65		1551.9	4914.35	percent of total billed charges	
HEARING LOSS GEN SEQ ANAL	81430	CPT	outpatient			5173		1868.75	Amerihealth	Medicare	1625			1551.9	4914.35	fee schedule	
HEARING LOSS GEN SEQ ANAL	81430	CPT	outpatient			5173		1868.75	Consumer	Consumer	4914.35	95		1551.9	4914.35	percent of total billed charges	
HEARING LOSS GEN SEQ ANAL	81430	CPT	outpatient			5173		1868.75	Corrections	Corrections	4138.4	80		1551.9	4914.35	percent of total billed charges	
HEARING LOSS GEN SEQ ANAL	81430	CPT	outpatient			5173		1868.75	First Health	First Health	3621.1	70		1551.9	4914.35	percent of total billed charges	
HEARING LOSS GEN SEQ ANAL	81430	CPT	outpatient			5173		1868.75	First Trenton	First Trenton	4655.7	90		1551.9	4914.35	percent of total billed charges	
HEARING LOSS GEN SEQ ANAL	81430	CPT	outpatient			5173		1868.75	Horizon	Medicare Blue	1551.9	30		1551.9	4914.35	percent of total billed charges	
HEARING LOSS GEN SEQ ANAL	81430	CPT	outpatient			5173		1868.75	Horizon	Indemnity	1980.22	38.28		1551.9	4914.35	percent of total billed charges	
HEARING LOSS GEN SEQ ANAL	81430	CPT	outpatient			5173		1868.75	Horizon	MGD	1980.22	38.28		1551.9	4914.35	percent of total billed charges	
HEARING LOSS GEN SEQ ANAL	81430	CPT	outpatient			5173		1868.75	Horizon	PPO	1980.22	38.28		1551.9	4914.35	percent of total billed charges	
HEARING LOSS GEN SEQ ANAL	81430	CPT	outpatient			5173		1868.75	Managed Care Inc	Managed Care Inc	4655.7	90		1551.9	4914.35	percent of total billed charges	
HEARING LOSS GEN SEQ ANAL	81430	CPT	outpatient			5173		1868.75	Multiplan	Multiplan	4138.4	80		1551.9	4914.35	percent of total billed charges	
HEARING LOSS GEN SEQ ANAL	81430	CPT	outpatient			5173		1868.75	Qualcare	Qualcare	3879.75	75		1551.9	4914.35	percent of total billed charges	
HEARING LOSS GEN SEQ ANAL	81430	CPT	outpatient			5173		1868.75	Three Rivers	Three Rivers	4914.35	95		1551.9	4914.35	percent of total billed charges	
HEARING LOSS GEN SEQ ANAL	81430	CPT	outpatient			5173		1868.75	UHC	Medicare	1625			1551.9	4914.35	fee schedule	
HEARING LOSS GEN SEQ ANAL	81430	CPT	outpatient			5173		1868.75	UHC	Medicaid	1632.08	31.55		1551.9	4914.35	percent of total billed charges	
HEARING LOSS GEN SEQ ANAL	81430	CPT	outpatient			5173		1868.75	Wellcare	Medicaid	1632.08	31.55		1551.9	4914.35	percent of total billed charges	
HEARING LOSS GEN SEQ ANAL	81430	CPT	outpatient			5173		1868.75	Wellcare	Medicare	1625			1551.9	4914.35	fee schedule	
HEARING LOSS GEN SEQ ANAL	81430	CPT	outpatient			5173		1868.75	WellPoint	WellPoint	1664.67	32.18		1551.9	4914.35	percent of total billed charges	
HEARING LOSS GEN SEQ ANAL, DUP/DELL	81431	CPT	outpatient			2163		781.51	Aetna	Better Health	682.43	31.55		648.9	2054.85	percent of total billed charges	
HEARING LOSS GEN SEQ ANAL, DUP/DELL	81431	CPT	outpatient			2163		781.51	Aetna	Medicare	679.57			648.9	2054.85	fee schedule	
HEARING LOSS GEN SEQ ANAL, DUP/DELL	81431	CPT	outpatient			2163		781.51	Aetna	Commercial	821.94	38		648.9	2054.85	percent of total billed charges	
HEARING LOSS GEN SEQ ANAL, DUP/DELL	81431	CPT	outpatient			2163		781.51	Americare	Americare	1622.25	75		648.9	2054.85	percent of total billed charges	
HEARING LOSS GEN SEQ ANAL, DUP/DELL	81431	CPT	outpatient			2163		781.51	Amerihealth	HMO/PPO	1405.95	65		648.9	2054.85	percent of total billed charges	
HEARING LOSS GEN SEQ ANAL, DUP/DELL	81431	CPT	outpatient			2163		781.51	Amerihealth	Medicare	679.57			648.9	2054.85	fee schedule	
HEARING LOSS GEN SEQ ANAL, DUP/DELL	81431	CPT	outpatient			2163		781.51	Consumer	Consumer	2054.85	95		648.9	2054.85	percent of total billed charges	
HEARING LOSS GEN SEQ ANAL, DUP/DELL	81431	CPT	outpatient			2163		781.51	Corrections	Corrections	1730.4	80		648.9	2054.85	percent of total billed charges	
HEARING LOSS GEN SEQ ANAL, DUP/DELL	81431	CPT	outpatient			2163		781.51	First Health	First Health	1514.1	70		648.9	2054.85	percent of total billed charges	
HEARING LOSS GEN SEQ ANAL, DUP/DELL	81431	CPT	outpatient			2163		781.51	First Trenton	First Trenton	1946.7	90		648.9	2054.85	percent of total billed charges	
HEARING LOSS GEN SEQ ANAL, DUP/DELL	81431	CPT	outpatient			2163		781.51	Horizon	Indemnity	828	38.28		648.9	2054.85	percent of total billed charges	
HEARING LOSS GEN SEQ ANAL, DUP/DELL	81431	CPT	outpatient			2163		781.51	Horizon	MGD	828	38.28		648.9	2054.85	percent of total billed charges	
HEARING LOSS GEN SEQ ANAL, DUP/DELL	81431	CPT	outpatient			2163		781.51	Horizon	Medicare Blue	648.9	30		648.9	2054.85	percent of total billed charges	
HEARING LOSS GEN SEQ ANAL, DUP/DELL	81431	CPT	outpatient			2163		781.51	Horizon	PPO	828	38.28		648.9	2054.85	percent of total billed charges	
HEARING LOSS GEN SEQ ANAL, DUP/DELL	81431	CPT	outpatient			2163		781.51	Managed Care Inc	Managed Care Inc	1946.7	90		648.9	2054.85	percent of total billed charges	
HEARING LOSS GEN SEQ ANAL, DUP/DELL	81431	CPT	outpatient			2163		781.51	Multiplan	Multiplan	1730.4	80		648.9	2054.85	percent of total billed charges	
HEARING LOSS GEN SEQ ANAL, DUP/DELL	81431	CPT	outpatient			2163		781.51	Qualcare	Qualcare	1622.25	75		648.9	2054.85	percent of total billed charges	
HEARING LOSS GEN SEQ ANAL, DUP/DELL	81431	CPT	outpatient			2163		781.51	Three Rivers	Three Rivers	2054.85	95		648.9	2054.85	percent of total billed charges	
HEARING LOSS GEN SEQ ANAL, DUP/DELL	81431	CPT	outpatient			2163		781.51	UHC	Medicaid	682.43	31.55		648.9	2054.85	percent of total billed charges	
HEARING LOSS GEN SEQ ANAL, DUP/DELL	81431	CPT	outpatient			2163		781.51	UHC	Medicare	679.57			648.9	2054.85	fee schedule	
HEARING LOSS GEN SEQ ANAL, DUP/DELL	81431	CPT	outpatient			2163		781.51	Wellcare	Medicaid	682.43	31.55		648.9	2054.85	percent of total billed charges	
HEARING LOSS GEN SEQ ANAL, DUP/DELL	81431	CPT	outpatient			2163		781.51	Wellcare	Medicare	679.57			648.9	2054.85	fee schedule	
HEARING LOSS GEN SEQ ANAL, DUP/DELL	81431	CPT	outpatient			2163		781.51	WellPoint	WellPoint	696.05	32.18		648.9	2054.85	percent of total billed charges	
HEREDITARY RETINAL DISORDERS	81434	CPT	outpatient			1375		687.6	Aetna	Better Health	433.81	31.55		412.5	1306.25	percent of total billed charges	
HEREDITARY RETINAL DISORDERS	81434	CPT	outpatient			1375		687.6	Aetna	Medicare	597.91			412.5	1306.25	fee schedule	
HEREDITARY RETINAL DISORDERS	81434	CPT	outpatient			1375		687.6	Aetna	Commercial	522.5	38		412.5	1306.25	percent of total billed charges	
HEREDITARY RETINAL DISORDERS	81434	CPT	outpatient			1375		687.6	Americare	Americare	1031.25	75		412.5	1306.25	percent of total billed charges	
HEREDITARY RETINAL DISORDERS	81434	CPT	outpatient			1375		687.6	Amerihealth	Medicare	597.91			412.5	1306.25	fee schedule	
HEREDITARY RETINAL DISORDERS	81434	CPT	outpatient			1375		687.6	Amerihealth	HMO/PPO	893.75	65		412.5	1306.25	percent of total billed charges	
HEREDITARY RETINAL DISORDERS	81434	CPT	outpatient			1375		687.6	Consumer	Consumer	1306.25	95		412.5	1306.25	percent of total billed charges	
HEREDITARY RETINAL DISORDERS	81434	CPT	outpatient			1375		687.6	Corrections	Corrections	1100	80		412.5	1306.25	percent of total billed charges	
HEREDITARY RETINAL DISORDERS	81434	CPT	outpatient			1375		687.6	First Health	First Health	962.5	70		412.5	1306.25	percent of total billed charges	
HEREDITARY RETINAL DISORDERS	81434	CPT	outpatient			1375		687.6	First Trenton	First Trenton	1237.5	90		412.5	1306.25	percent of total billed charges	
HEREDITARY RETINAL DISORDERS	81434	CPT	outpatient			1375		687.6	Horizon	MGD	526.35	38.28		412.5	1306.25	percent of total billed charges	
HEREDITARY RETINAL DISORDERS	81434	CPT	outpatient			1375		687.6	Horizon	Medicare Blue	412.5	30		412.5	1306.25	percent of total billed charges	
HEREDITARY RETINAL DISORDERS	81434	CPT	outpatient			1375		687.6	Horizon	Indemnity	526.35	38.28		412.5	1306.25	percent of total billed charges	
HEREDITARY RETINAL DISORDERS	81434	CPT	outpatient			1375		687.6	Horizon	PPO	526.35	38.28		412.5	1306.25	percent of total billed charges	
HEREDITARY RETINAL DISORDERS	81434	CPT	outpatient			1375		687.6	Managed Care Inc	Managed Care Inc	1237.5	90		412.5	1306.25	percent of total billed charges	
HEREDITARY RETINAL DISORDERS	81434	CPT	outpatient			1375		687.6	Multiplan	Multiplan	1100	80		412.5	1306.25	percent of total billed charges	
HEREDITARY RETINAL DISORDERS	81434	CPT	outpatient			1375		687.6	Qualcare	Qualcare	1031.25	75		412.5	1306.25	percent of total billed charges	
HEREDITARY RETINAL DISORDERS	81434	CPT	outpatient			1375		687.6	Three Rivers	Three Rivers	1306.25	95		412.5	1306.25	percent of total billed charges	
HEREDITARY RETINAL DISORDERS	81434	CPT	outpatient			1375		687.6	UHC	Medicare	597.91			412.5	1306.25	fee schedule	
HEREDITARY RETINAL DISORDERS	81434	CPT	outpatient			1375		687.6	UHC	Medicaid	433.81	31.55		412.5	1306.25	percent of total billed charges	
HEREDITARY RETINAL DISORDERS	81434	CPT	outpatient			1375		687.6	Wellcare	Medicare	597.91			412.5	1306.25	fee schedule	
HEREDITARY RETINAL DISORDERS	81434	CPT	outpatient			1375		687.6	Wellcare	Medicaid	433.81	31.55		412.5	1306.25	percent of total billed charges	
HEREDITARY RETINAL DISORDERS	81434	CPT	outpatient			1375		687.6	WellPoint	WellPoint	442.48	32.18		412.5	1306.25	percent of total billed charges	
INHERITED CARDIOMYOPATHY-DSG2	81439	CPT	outpatient			1494		672.64	Aetna	Medicare	584.9			448.2	1419.3	fee schedule	
INHERITED CARDIOMYOPATHY-DSG2	81439	CPT	outpatient			1494		672.64	Aetna	Better Health	471.36	31.55		448.2	1419.3	percent of total billed charges	
INHERITED CARDIOMYOPATHY-DSG2	81439	CPT	outpatient			1494		672.64	Aetna	Commercial	567.72	38		448.2	1419.3	percent of total billed charges	
INHERITED CARDIOMYOPATHY-DSG2	81439	CPT	outpatient			1494		672.64	Americare	Americare	1120.5	75		448.2	1419.3	percent of total billed charges	
INHERITED CARDIOMYOPATHY-DSG2	81439	CPT	outpatient			1494		672.64	Amerihealth	HMO/PPO	971.1	65		448.2	1419.3	percent of total billed charges	
INHERITED CARDIOMYOPATHY-DSG2	81439	CPT	outpatient			1494		672.64	Amerihealth	Medicare	584.9			448.2	1419.3	fee schedule	
INHERITED CARDIOMYOPATHY-DSG2	81439	CPT	outpatient			1494		672.64	Consumer	Consumer	1419.3	95		448.2	1419.3	percent of total billed charges	
INHERITED CARDIOMYOPATHY-DSG2	81439	CPT	outpatient			1494		672.64	Corrections	Corrections	1195.2	80		448.2	1419.3	percent of total billed charges	
INHERITED CARDIOMYOPATHY-DSG2	81439	CPT	outpatient			1494		672.64	First Health	First Health	1045.8	70		448.2	1419.3	percent of total billed charges	
INHERITED CARDIOMYOPATHY-DSG2	81439	CPT	outpatient			1494		672.64	First Trenton	First Trenton	1344.6	90		448.2	1419.3	percent of total billed charges	
INHERITED CARDIOMYOPATHY-DSG2	81439	CPT	outpatient			1494		672.64	Horizon	MGD	571.9	38.28		448.2	1419.3	percent of total billed charges	
INHERITED CARDIOMYOPATHY-DSG2	81439	CPT	outpatient			1494		672.64	Horizon	Indemnity	571.9	38.28		448.2	1419.3	percent of total billed charges	
INHERITED CARDIOMYOPATHY-DSG2	81439	CPT	outpatient			1494		672.64	Horizon	Medicare Blue	448.2	30		448.2	1419.3	percent of total billed charges	
INHERITED CARDIOMYOPATHY-DSG2	81439	CPT	outpatient			1494		672.64	Horizon	NJ Health	629.02			448.2	1419.3	fee schedule	
INHERITED CARDIOMYOPATHY-DSG2	81439	CPT	outpatient			1494		672.64	Horizon	PPO	571.9	38.28		448.2	1419.3	percent of total billed charges	
INHERITED CARDIOMYOPATHY-DSG2	81439	CPT	outpatient			1494		672.64	Managed Care Inc	Managed Care Inc	1344.6	90		448.2	1419.3	percent of total billed charges	
INHERITED CARDIOMYOPATHY-DSG2	81439	CPT	outpatient			1494		672.64	Multiplan	Multiplan	1195.2	80		448.2	1419.3	percent of total billed charges	
INHERITED CARDIOMYOPATHY-DSG2	81439	CPT	outpatient			1494		672.64	Qualcare	Qualcare	1120.5	75		448.2	1419.3	percent of total billed charges	
INHERITED CARDIOMYOPATHY-DSG2	81439	CPT	outpatient			1494		672.64	Three Rivers	Three Rivers	1419.3	95		448.2	1419.3	percent of total billed charges	
INHERITED CARDIOMYOPATHY-DSG2	81439	CPT	outpatient			1494		672.64	UHC	Medicare	584.9			448.2	1419.3	fee schedule	
INHERITED CARDIOMYOPATHY-DSG2	81439	CPT	outpatient			1494		672.64	UHC	Medicaid	471.36	31.55		448.2	1419.3	percent of total billed charges	
INHERITED CARDIOMYOPATHY-DSG2	81439	CPT	outpatient			1494		672.64	Wellcare	Medicare	584.9			448.2	1419.3	fee schedule	
INHERITED CARDIOMYOPATHY-DSG2	81439	CPT	outpatient			1494		672.64	Wellcare	Medicaid	471.36	31.55		448.2	1419.3	percent of total billed charges	
INHERITED CARDIOMYOPATHY-DSG2	81439	CPT	outpatient			1494		672.64	WellPoint	WellPoint	480.77	32.18		448.2	1419.3	percent of total billed charges	
COMP SHORT STATURE PANEL (630S20)	81442	CPT	outpatient			6823		2465.14	Aetna	Medicare	2143.6			2046.9	6481.85	fee schedule	
COMP SHORT STATURE PANEL (630S20)	81442	CPT	outpatient			6823		2465.14	Aetna	Better Health	2152.66	31.55		2046.9	6481.85	percent of total billed charges	
COMP SHORT STATURE PANEL (630S20)	81442	CPT	outpatient			6823		2465.14	Aetna	Commercial	2592.74	38		2046.9	6481.85	percent of total billed charges	
COMP SHORT STATURE PANEL (630S20)	81442	CPT	outpatient			6823		2465.14	Americare	Americare	5117.25	75		2046.9	6481.85	percent of total billed charges	
COMP SHORT STATURE PANEL (630S20)	81442	CPT	outpatient			6823		2465.14	Amerihealth	HMO/PPO	4434.95	65		2046.9	6481.85	percent of total billed charges	
COMP SHORT STATURE PANEL (630S20)	81442	CPT	outpatient			6823		2465.14	Amerihealth	Medicare	2143.6			2046.9	6481.85	fee schedule	
COMP SHORT STATURE PANEL (630S20)	81442	CPT	outpatient			6823		2465.14	Consumer	Consumer	6481.85	95		2046.9	6481.85	percent of total billed charges	
COMP SHORT STATURE PANEL (630S20)	81442	CPT	outpatient			6823		2465.14	Corrections	Corrections	5458.4	80		2046.9	6481.85	percent of total billed charges	
COMP SHORT STATURE PANEL (630S20)	81442	CPT	outpatient			6823		2465.14	First Health	First Health	4776.1	70		2046.9	6481.85	percent of total billed charges	
COMP SHORT STATURE PANEL (630S20)	81442	CPT	outpatient			6823		2465.14	First Trenton	First Trenton	6140.7	90		2046.9	6481.85	percent of total billed charges	
COMP SHORT STATURE PANEL (630S20)	81442	CPT	outpatient			6823		2465.14	Horizon	Indemnity	2611.84	38.28		2046.9	6481.85	percent of total billed charges	
COMP SHORT STATURE PANEL (630S20)	81442	CPT	outpatient			6823		2465.14	Horizon	MGD	2611.84	38.28		2046.9	6481.85	percent of total billed charges	
COMP SHORT STATURE PANEL (630S20)	81442	CPT	outpatient			6823		2465.14	Horizon	Medicare Blue	2046.9	30		2046.9	6481.85	percent of total billed charges	
COMP SHORT STATURE PANEL (630S20)	81442	CPT	outpatient			6823		2465.14	Horizon	PPO	2611.84	38.28		2046.9	6481.85	percent of total billed charges	
COMP SHORT STATURE PANEL (630S20)	81442	CPT	outpatient			6823		2465.14	Managed Care Inc	Managed Care Inc	6140.7	90		2046.9	6481.85	percent of total billed charges	
COMP SHORT STATURE PANEL (630S20)	81442	CPT	outpatient			6823		2465.14	Multiplan	Multiplan	5458.4	80		2046.9	6481.85	percent of total billed charges	
COMP SHORT STATURE PANEL (630S20)	81442	CPT	outpatient			6823		2465.14	Qualcare	Qualcare	5117.25	75		2046.9	6481.85	percent of total billed charges	
COMP SHORT STATURE PANEL (630S20)	81442	CPT	outpatient			6823		2465.14	Three Rivers	Three Rivers	6481.85	95		2046.9	6481.85	percent of total billed charges	
COMP SHORT STATURE PANEL (630S20)	81442	CPT	outpatient			6823		2465.14	UHC	Medicare	2143.6			2046.9	6481.85	fee schedule	
COMP SHORT STATURE PANEL (630S20)	81442	CPT	outpatient			6823		2465.14	UHC	Medicaid	2152.66	31.55		2046.9	6481.85	percent of total billed charges	
COMP SHORT STATURE PANEL (630S20)	81442	CPT	outpatient			6823		2465.14	Wellcare	Medicare	2143.6			2046.9	6481.85	fee schedule	
COMP SHORT STATURE PANEL (630S20)	81442	CPT	outpatient			6823		2465.14	Wellcare	Medicaid	2152.66	31.55		2046.9	6481.85	percent of total billed charges	
COMP SHORT STATURE PANEL (630S20)	81442	CPT	outpatient			6823		2465.14	WellPoint	WellPoint	2195.64	32.18		2046.9	6481.85	percent of total billed charges	
MYOPATHY EXPANDED PNL-NMS GENETIC	81443	CPT	outpatient			7795		2815.84	Aetna	Medicare	2448.56			1919.66	7405.25	fee schedule	
MYOPATHY EXPANDED PNL-NMS GENETIC	81443	CPT	outpatient			7795		2815.84	Aetna	Better Health	2459.32	31.55		1919.66	7405.25	percent of total billed charges	
MYOPATHY EXPANDED PNL-NMS GENETIC	81443	CPT	outpatient			7795		2815.84	Aetna	Commercial	2962.1	38		1919.66	7405.25	percent of total billed charges	
MYOPATHY EXPANDED PNL-NMS GENETIC	81443	CPT	outpatient			7795		2815.84	Americare	Americare	5846.25	75		1919.66	7405.25	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101191	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
MYOPATHY EXPANDED PNL-NMS GENETIC	81443	CPT	outpatient			7795		2815.84 Amerihealth	Medicare		2448.56				1919.66	7405.25	fee schedule	
MYOPATHY EXPANDED PNL-NMS GENETIC	81443	CPT	outpatient			7795		2815.84 Amerihealth	HMO/PPO		5066.75	65			1919.66	7405.25	percent of total billed charges	
MYOPATHY EXPANDED PNL-NMS GENETIC	81443	CPT	outpatient			7795		2815.84 Consumer	Consumer		7405.25	95			1919.66	7405.25	percent of total billed charges	
MYOPATHY EXPANDED PNL-NMS GENETIC	81443	CPT	outpatient			7795		2815.84 Corrections	Corrections		6236	80			1919.66	7405.25	percent of total billed charges	
MYOPATHY EXPANDED PNL-NMS GENETIC	81443	CPT	outpatient			7795		2815.84 First Health	First Health		5456.5	70			1919.66	7405.25	percent of total billed charges	
MYOPATHY EXPANDED PNL-NMS GENETIC	81443	CPT	outpatient			7795		2815.84 First Trenton	First Trenton		7015.5	90			1919.66	7405.25	percent of total billed charges	
MYOPATHY EXPANDED PNL-NMS GENETIC	81443	CPT	outpatient			7795		2815.84 Horizon	Medicare Blue		2338.5	30			1919.66	7405.25	percent of total billed charges	
MYOPATHY EXPANDED PNL-NMS GENETIC	81443	CPT	outpatient			7795		2815.84 Horizon	MGD		2983.93	38.28			1919.66	7405.25	percent of total billed charges	
MYOPATHY EXPANDED PNL-NMS GENETIC	81443	CPT	outpatient			7795		2815.84 Horizon	Indemnity		2983.93	38.28			1919.66	7405.25	percent of total billed charges	
MYOPATHY EXPANDED PNL-NMS GENETIC	81443	CPT	outpatient			7795		2815.84 Horizon	PPO		2983.93	38.28			1919.66	7405.25	percent of total billed charges	
MYOPATHY EXPANDED PNL-NMS GENETIC	81443	CPT	outpatient			7795		2815.84 Horizon	NJ Health		1919.66				1919.66	7405.25	fee schedule	
MYOPATHY EXPANDED PNL-NMS GENETIC	81443	CPT	outpatient			7795		2815.84 Managed Care Inc	Managed Care Inc		7015.5	90			1919.66	7405.25	percent of total billed charges	
MYOPATHY EXPANDED PNL-NMS GENETIC	81443	CPT	outpatient			7795		2815.84 Multiplan	Multiplan		6236	80			1919.66	7405.25	percent of total billed charges	
MYOPATHY EXPANDED PNL-NMS GENETIC	81443	CPT	outpatient			7795		2815.84 Qualcare	Qualcare		5846.25	75			1919.66	7405.25	percent of total billed charges	
MYOPATHY EXPANDED PNL-NMS GENETIC	81443	CPT	outpatient			7795		2815.84 Three Rivers	Three Rivers		7405.25	95			1919.66	7405.25	percent of total billed charges	
MYOPATHY EXPANDED PNL-NMS GENETIC	81443	CPT	outpatient			7795		2815.84 UHC	Medicare		2448.56				1919.66	7405.25	fee schedule	
MYOPATHY EXPANDED PNL-NMS GENETIC	81443	CPT	outpatient			7795		2815.84 UHC	Medicaid		2459.32	31.55			1919.66	7405.25	percent of total billed charges	
MYOPATHY EXPANDED PNL-NMS GENETIC	81443	CPT	outpatient			7795		2815.84 Wellcare	Medicare		2448.56				1919.66	7405.25	fee schedule	
MYOPATHY EXPANDED PNL-NMS GENETIC	81443	CPT	outpatient			7795		2815.84 Wellcare	Medicaid		2459.32	31.55			1919.66	7405.25	percent of total billed charges	
MYOPATHY EXPANDED PNL-NMS GENETIC	81443	CPT	outpatient			7795		2815.84 WellPoint	WellPoint		2508.43	32.18			1919.66	7405.25	percent of total billed charges	
ONCOLOGY 50 GENE MUT SEQ	81445	CPT	both			1650		687.6 Aetna	Medicare		508.2	30.8			352.5	1567.5	percent of total billed charges	
ONCOLOGY 50 GENE MUT SEQ	81445	CPT	both			1650		687.6 Aetna	Better Health		520.58	31.55			352.5	1567.5	percent of total billed charges	
ONCOLOGY 50 GENE MUT SEQ	81445	CPT	both			1650		687.6 Aetna	Commercial		627	38			352.5	1567.5	percent of total billed charges	
ONCOLOGY 50 GENE MUT SEQ	81445	CPT	both			1650		687.6 Americare	Americare		1237.5	75			352.5	1567.5	percent of total billed charges	
ONCOLOGY 50 GENE MUT SEQ	81445	CPT	both			1650		687.6 Amerihealth	HMO/PPO		1072.5	65			352.5	1567.5	percent of total billed charges	
ONCOLOGY 50 GENE MUT SEQ	81445	CPT	both			1650		687.6 Amerihealth	Medicare		597.91				352.5	1567.5	fee schedule	
ONCOLOGY 50 GENE MUT SEQ	81445	CPT	both			1650		687.6 Consumer	Consumer		1567.5	95			352.5	1567.5	percent of total billed charges	
ONCOLOGY 50 GENE MUT SEQ	81445	CPT	both			1650		687.6 Corrections	Corrections		1320	80			352.5	1567.5	percent of total billed charges	
ONCOLOGY 50 GENE MUT SEQ	81445	CPT	both			1650		687.6 First Health	First Health		1155	70			352.5	1567.5	percent of total billed charges	
ONCOLOGY 50 GENE MUT SEQ	81445	CPT	both			1650		687.6 First Trenton	First Trenton		1485	90			352.5	1567.5	percent of total billed charges	
ONCOLOGY 50 GENE MUT SEQ	81445	CPT	both			1650		687.6 Horizon	Medicare Blue		495	30			352.5	1567.5	percent of total billed charges	
ONCOLOGY 50 GENE MUT SEQ	81445	CPT	both			1650		687.6 Horizon	Indemnity		631.62	38.28			352.5	1567.5	percent of total billed charges	
ONCOLOGY 50 GENE MUT SEQ	81445	CPT	both			1650		687.6 Horizon	NJ Health		468.76				352.5	1567.5	fee schedule	
ONCOLOGY 50 GENE MUT SEQ	81445	CPT	both			1650		687.6 Horizon	MGD		631.62	38.28			352.5	1567.5	percent of total billed charges	
ONCOLOGY 50 GENE MUT SEQ	81445	CPT	both			1650		687.6 Horizon	PPO		631.62	38.28			352.5	1567.5	percent of total billed charges	
ONCOLOGY 50 GENE MUT SEQ	81445	CPT	both			1650		687.6 Managed Care Inc	Managed Care Inc		1485	90			352.5	1567.5	percent of total billed charges	
ONCOLOGY 50 GENE MUT SEQ	81445	CPT	both			1650		687.6 Multiplan	Multiplan		1320	80			352.5	1567.5	percent of total billed charges	
ONCOLOGY 50 GENE MUT SEQ	81445	CPT	both			1650		687.6 Qualcare	Qualcare		1237.5	75			352.5	1567.5	percent of total billed charges	
ONCOLOGY 50 GENE MUT SEQ	81445	CPT	both			1650		687.6 Three Rivers	Three Rivers		1567.5	95			352.5	1567.5	percent of total billed charges	
ONCOLOGY 50 GENE MUT SEQ	81445	CPT	both			1650		687.6 UHC	Medicare		597.91				352.5	1567.5	fee schedule	
ONCOLOGY 50 GENE MUT SEQ	81445	CPT	both			1650		687.6 UHC	Medicaid		520.58	31.55			352.5	1567.5	percent of total billed charges	
ONCOLOGY 50 GENE MUT SEQ	81445	CPT	both			1650		687.6 Wellcare	Medicaid		520.58	31.55			352.5	1567.5	percent of total billed charges	
ONCOLOGY 50 GENE MUT SEQ	81445	CPT	both			1650		687.6 Wellcare	Medicare		597.91				352.5	1567.5	fee schedule	
ONCOLOGY 50 GENE MUT SEQ	81445	CPT	both			1650		687.6 WellPoint	WellPoint		530.97	32.18			352.5	1567.5	percent of total billed charges	
INTELLIGENÃ« MYELOID	81450	CPT	both			5272		873.46 Aetna	Commercial		2003.36	38			508.35	5008.4	percent of total billed charges	
INTELLIGENÃ« MYELOID	81450	CPT	both			5272		873.46 Aetna	Better Health		1663.32	31.55			508.35	5008.4	percent of total billed charges	
INTELLIGENÃ« MYELOID	81450	CPT	both			5272		873.46 Aetna	Medicare		759.53				508.35	5008.4	fee schedule	
INTELLIGENÃ« MYELOID	81450	CPT	both			5272		873.46 Americare	Americare		3954	75			508.35	5008.4	percent of total billed charges	
INTELLIGENÃ« MYELOID	81450	CPT	both			5272		873.46 Amerihealth	Medicare		759.53				508.35	5008.4	fee schedule	
INTELLIGENÃ« MYELOID	81450	CPT	both			5272		873.46 Amerihealth	HMO/PPO		3426.8	65			508.35	5008.4	percent of total billed charges	
INTELLIGENÃ« MYELOID	81450	CPT	both			5272		873.46 Consumer	Consumer		5008.4	95			508.35	5008.4	percent of total billed charges	
INTELLIGENÃ« MYELOID	81450	CPT	both			5272		873.46 Corrections	Corrections		4217.6	80			508.35	5008.4	percent of total billed charges	
INTELLIGENÃ« MYELOID	81450	CPT	both			5272		873.46 First Health	First Health		3690.4	70			508.35	5008.4	percent of total billed charges	
INTELLIGENÃ« MYELOID	81450	CPT	both			5272		873.46 First Trenton	First Trenton		4744.8	90			508.35	5008.4	percent of total billed charges	
INTELLIGENÃ« MYELOID	81450	CPT	both			5272		873.46 Horizon	MGD		2018.12	38.28			508.35	5008.4	percent of total billed charges	
INTELLIGENÃ« MYELOID	81450	CPT	both			5272		873.46 Horizon	Medicare Blue		1581.6	30			508.35	5008.4	percent of total billed charges	
INTELLIGENÃ« MYELOID	81450	CPT	both			5272		873.46 Horizon	Indemnity		2018.12	38.28			508.35	5008.4	percent of total billed charges	
INTELLIGENÃ« MYELOID	81450	CPT	both			5272		873.46 Horizon	NJ Health		508.35				508.35	5008.4	fee schedule	
INTELLIGENÃ« MYELOID	81450	CPT	both			5272		873.46 Horizon	PPO		2018.12	38.28			508.35	5008.4	percent of total billed charges	
INTELLIGENÃ« MYELOID	81450	CPT	both			5272		873.46 Managed Care Inc	Managed Care Inc		4744.8	90			508.35	5008.4	percent of total billed charges	
INTELLIGENÃ« MYELOID	81450	CPT	both			5272		873.46 Multiplan	Multiplan		4217.6	80			508.35	5008.4	percent of total billed charges	
INTELLIGENÃ« MYELOID	81450	CPT	both			5272		873.46 Qualcare	Qualcare		3954	75			508.35	5008.4	percent of total billed charges	
INTELLIGENÃ« MYELOID	81450	CPT	both			5272		873.46 Three Rivers	Three Rivers		5008.4	95			508.35	5008.4	percent of total billed charges	
INTELLIGENÃ« MYELOID	81450	CPT	both			5272		873.46 UHC	Medicaid		1663.32	31.55			508.35	5008.4	percent of total billed charges	
INTELLIGENÃ« MYELOID	81450	CPT	both			5272		873.46 UHC	Medicare		759.53				508.35	5008.4	fee schedule	
INTELLIGENÃ« MYELOID	81450	CPT	both			5272		873.46 Wellcare	Medicare		759.53				508.35	5008.4	fee schedule	
INTELLIGENÃ« MYELOID	81450	CPT	both			5272		873.46 Wellcare	Medicaid		1663.32	31.55			508.35	5008.4	percent of total billed charges	
INTELLIGENÃ« MYELOID	81450	CPT	both			5272		873.46 WellPoint	WellPoint		1696.53	32.18			508.35	5008.4	percent of total billed charges	
TARGETED.GENO.SEQ.ANAL.51<GENES	81455	CPT	outpatient			6382		3357.54 Aetna	Commercial		2425.16	38			895.8	6062.9	percent of total billed charges	
TARGETED.GENO.SEQ.ANAL.51<GENES	81455	CPT	outpatient			6382		3357.54 Aetna	Better Health		2013.52	31.55			895.8	6062.9	percent of total billed charges	
TARGETED.GENO.SEQ.ANAL.51<GENES	81455	CPT	outpatient			6382		3357.54 Aetna	Medicare		2919.6				895.8	6062.9	fee schedule	
TARGETED.GENO.SEQ.ANAL.51<GENES	81455	CPT	outpatient			6382		3357.54 Americare	Americare		4786.5	75			895.8	6062.9	percent of total billed charges	
TARGETED.GENO.SEQ.ANAL.51<GENES	81455	CPT	outpatient			6382		3357.54 Amerihealth	HMO/PPO		4148.3	65			895.8	6062.9	percent of total billed charges	
TARGETED.GENO.SEQ.ANAL.51<GENES	81455	CPT	outpatient			6382		3357.54 Amerihealth	Medicare		2919.6				895.8	6062.9	fee schedule	
TARGETED.GENO.SEQ.ANAL.51<GENES	81455	CPT	outpatient			6382		3357.54 Consumer	Consumer		6062.9	95			895.8	6062.9	percent of total billed charges	
TARGETED.GENO.SEQ.ANAL.51<GENES	81455	CPT	outpatient			6382		3357.54 Corrections	Corrections		5105.6	80			895.8	6062.9	percent of total billed charges	
TARGETED.GENO.SEQ.ANAL.51<GENES	81455	CPT	outpatient			6382		3357.54 First Health	First Health		4467.4	70			895.8	6062.9	percent of total billed charges	
TARGETED.GENO.SEQ.ANAL.51<GENES	81455	CPT	outpatient			6382		3357.54 First Trenton	First Trenton		5743.8	90			895.8	6062.9	percent of total billed charges	
TARGETED.GENO.SEQ.ANAL.51<GENES	81455	CPT	outpatient			6382		3357.54 Horizon	Indemnity		2443.03	38.28			895.8	6062.9	percent of total billed charges	
TARGETED.GENO.SEQ.ANAL.51<GENES	81455	CPT	outpatient			6382		3357.54 Horizon	Medicare Blue		1914.6	30			895.8	6062.9	percent of total billed charges	
TARGETED.GENO.SEQ.ANAL.51<GENES	81455	CPT	outpatient			6382		3357.54 Horizon	MGD		2443.03	38.28			895.8	6062.9	percent of total billed charges	
TARGETED.GENO.SEQ.ANAL.51<GENES	81455	CPT	outpatient			6382		3357.54 Horizon	PPO		2443.03	38.28			895.8	6062.9	percent of total billed charges	
TARGETED.GENO.SEQ.ANAL.51<GENES	81455	CPT	outpatient			6382		3357.54 Managed Care Inc	Managed Care Inc		5743.8	90			895.8	6062.9	percent of total billed charges	
TARGETED.GENO.SEQ.ANAL.51<GENES	81455	CPT	outpatient			6382		3357.54 Multiplan	Multiplan		5105.6	80			895.8	6062.9	percent of total billed charges	
TARGETED.GENO.SEQ.ANAL.51<GENES	81455	CPT	outpatient			6382		3357.54 Qualcare	Qualcare		4786.5	75			895.8	6062.9	percent of total billed charges	
TARGETED.GENO.SEQ.ANAL.51<GENES	81455	CPT	outpatient			6382		3357.54 Three Rivers	Three Rivers		6062.9	95			895.8	6062.9	percent of total billed charges	
TARGETED.GENO.SEQ.ANAL.51<GENES	81455	CPT	outpatient			6382		3357.54 UHC	Medicare		2919.6				895.8	6062.9	fee schedule	
TARGETED.GENO.SEQ.ANAL.51<GENES	81455	CPT	outpatient			6382		3357.54 UHC	Medicaid		2013.52	31.55			895.8	6062.9	percent of total billed charges	
TARGETED.GENO.SEQ.ANAL.51<GENES	81455	CPT	outpatient			6382		3357.54 Wellcare	Medicare		2919.6				895.8	6062.9	fee schedule	
TARGETED.GENO.SEQ.ANAL.51<GENES	81455	CPT	outpatient			6382		3357.54 Wellcare	Medicaid		2013.52	31.55			895.8	6062.9	percent of total billed charges	
TARGETED.GENO.SEQ.ANAL.51<GENES	81455	CPT	outpatient			6382		3357.54 WellPoint	WellPoint		2053.73	32.18			895.8	6062.9	percent of total billed charges	
WHOLE MITOCHONDRIAL GENOME	81460	CPT	both			4097		1480.05 Aetna	Medicare		1287				482.7	3892.15	fee schedule	
WHOLE MITOCHONDRIAL GENOME	81460	CPT	both			4097		1480.05 Aetna	Better Health		1292.6	31.55			482.7	3892.15	percent of total billed charges	
WHOLE MITOCHONDRIAL GENOME	81460	CPT	both			4097		1480.05 Aetna	Commercial		1556.86	38			482.7	3892.15	percent of total billed charges	
WHOLE MITOCHONDRIAL GENOME	81460	CPT	both			4097		1480.05 Americare	Americare		3072.75	75			482.7	3892.15	percent of total billed charges	
WHOLE MITOCHONDRIAL GENOME	81460	CPT	both			4097		1480.05 Amerihealth	Medicare		1287				482.7	3892.15	fee schedule	
WHOLE MITOCHONDRIAL GENOME	81460	CPT	both			4097		1480.05 Amerihealth	HMO/PPO		2663.05	65			482.7	3892.15	percent of total billed charges	
WHOLE MITOCHONDRIAL GENOME	81460	CPT	both			4097		1480.05 Consumer	Consumer		3892.15	95			482.7	3892.15	percent of total billed charges	
WHOLE MITOCHONDRIAL GENOME	81460	CPT	both			4097		1480.05 Corrections	Corrections		3277.6	80			482.7	3892.15	percent of total billed charges	
WHOLE MITOCHONDRIAL GENOME	81460	CPT	both			4097		1480.05 First Health	First Health		2867.9	70			482.7	3892.15	percent of total billed charges	
WHOLE MITOCHONDRIAL GENOME	81460	CPT	both			4097		1480.05 First Trenton	First Trenton		3687.3	90			482.7	3892.15	percent of total billed charges	
WHOLE MITOCHONDRIAL GENOME	81460	CPT	both			4097		1480.05 Horizon	MGD		1568.33	38.28			482.7	3892.15	percent of total billed charges	
WHOLE MITOCHONDRIAL GENOME	81460	CPT	both			4097		1480.05 Horizon	Medicare Blue		1229.1	30			482.7	3892.15	percent of total billed charges	
WHOLE MITOCHONDRIAL GENOME	81460	CPT	both			4097		1480.05 Horizon	Indemnity		1568.33	38.28			482.7	3892.15	percent of total billed charges	
WHOLE MITOCHONDRIAL GENOME	81460	CPT	both			4097		1480.05 Horizon	PPO		1568.33	38.28			482.7	3892.15	percent of total billed charges	
WHOLE MITOCHONDRIAL GENOME	81460	CPT	both			4097		1480.05 Managed Care Inc	Managed Care Inc		3687.3	90			482.7	3892.15	percent of total billed charges	
WHOLE MITOCHONDRIAL GENOME	81460	CPT	both			4097		1480.05 Multiplan	Multiplan		3277.6	80			482.7	3892.15	percent of total billed charges	
WHOLE MITOCHONDRIAL GENOME	81460	CPT	both			4097		1480.05 Qualcare	Qualcare		3072.75	75			482.7	3892.15	percent of total billed charges	
WHOLE MITOCHONDRIAL GENOME	81460	CPT	both			4097		1480.05 Three Rivers	Three Rivers		3892.15	95			482.7	3892.15	percent of total billed charges	
WHOLE MITOCHONDRIAL GENOME	81460	CPT	both			4097		1480.05 UHC	Medicare		1287				482.7	3892.15	fee schedule	
WHOLE MITOCHONDRIAL GENOME	81460	CPT	both			4097		1480.05 UHC	Medicaid		1292.6	31.55			482.7	3892.15	percent of total billed charges	
WHOLE MITOCHONDRIAL GENOME	81460	CPT	both			4097		1480.05 Wellcare	Medicare		1287				482.7	3892.15	fee schedule	
WHOLE MITOCHONDRIAL GENOME	81460	CPT	both			4097		1480.05 Wellcare	Medicaid		1292.6	31.55			482.7	3892.15	percent of total billed charges	
WHOLE MITOCHONDRIAL GENOME	81460	CPT	both			4097		1480.05 WellPoint	WellPoint		1318.41	32.18			482.7	3892.15	percent of total billed charges	
WHOLE MITOCHONDRIAL GENOME DEL ANAL	81465	CPT	outpatient			2980		1076.4 Aetna	Commercial		1132.4	38			894	2831	percent of total billed charges	
WHOLE MITOCHONDRIAL GENOME DEL ANAL	81465	CPT	outpatient			2980		1076.4 Aetna	Better Health		940.19	31.55			894	2831	percent of total billed charges	
WHOLE MITOCHONDRIAL GENOME DEL ANAL	81465	CPT	outpatient			2980		1076.4 Aetna	Medicare		936				894	2831	fee schedule	
WHOLE MITOCHONDRIAL GENOME DEL ANAL	81465	CPT	outpatient			2980		1076.4 Americare	Americare		2235	75			894	2831	percent of total billed charges	
WHOLE MITOCHONDRIAL GENOME DEL ANAL	81465	CPT	outpatient			2980		1076.4 Amerihealth	Medicare		936				894	2831	fee schedule	
WHOLE MITOCHONDRIAL GENOME DEL ANAL	81465	CPT	outpatient			2980		1076.4 Amerihealth	HMO/PPO		1937	65			894	2831	percent of total billed charges	
WHOLE MITOCHONDRIAL GENOME DEL ANAL	81465	CPT	outpatient			2980		1076.4 Consumer	Consumer		2831	95			894	2831	percent of total billed charges	
WHOLE MITOCHONDRIAL GENOME DEL ANAL	81465	CPT	outpatient			2980		1076.4 Corrections	Corrections		2384	80			894	2831	percent of total billed charges	
WHOLE MITOCHONDRIAL GENOME DEL ANAL	81465	CPT	outpatient			2980		1076.4 First Health	First Health		2086	70			894	2831	percent of total billed charges	
WHOLE MITOCHONDRIAL GENOME DEL ANAL	81465	CPT	outpatient			2980		1076.4 First Trenton	First Trenton		2682	90			894	2831	percent of total billed charges	
WHOLE MITOCHONDRIAL GENOME DEL ANAL	81465	CPT	outpatient			2980		1076.4 Horizon	Medicare Blue		894	30			894	2831	percent of total billed charges	
WHOLE MITOCHONDRIAL GENOME DEL ANAL	81465	CPT	outpatient			2980		1076.4 Horizon	Indemnity		1140.74	38.28			894	2831	percent of total billed charges	
WHOLE MITOCHONDRIAL GENOME DEL ANAL	81465	CPT	outpatient			2980		1076.4 Horizon	MGD		1140.74	38.28			894	2831	percent of total billed charges	
WHOLE MITOCHONDRIAL GENOME DEL ANAL	81465	CPT	outpatient			2980		1076.4 Horizon	PPO		1140.74	38.28			894	2831	percent of total billed charges	
WHOLE MITOCHONDRIAL GENOME DEL ANAL	81465	CPT	outpatient			2980		1076.4 Managed Care Inc	Managed Care Inc		2682	90			894	2831	percent of total billed charges	
WHOLE MITOCHONDRIAL GENOME DEL ANAL	81465	CPT	outpatient			2980		1076.4 Multiplan	Multiplan		2384	80			894	2831	percent of total billed charges	
WHOLE MITOCHONDRIAL GENOME DEL ANAL	81465	CPT	outpatient			2980		1076.4 Qualcare	Qualcare		2235	75			894	2831	percent of total billed charges	
WHOLE MITOCHONDRIAL GENOME DEL ANAL	81465	CPT	outpatient			2980		1076.4 Three Rivers	Three Rivers		2831	95			894	2831	percent of total billed charges	
WHOLE MITOCHONDRIAL GENOME DEL ANAL	81465	CPT	outpatient			2980		1076.4 UHC	Medicare		936				894	2831	fee schedule	
WHOLE MITOCHONDRIAL GENOME DEL ANAL	81465	CPT	outpatient			2980		1076.4 UHC	Medicaid		940.19	31.55			894	2831	percent of total billed charges	
WHOLE MITOCHONDRIAL GENOME DEL ANAL	81465	CPT	outpatient			2980		1076.4 Wellcare	Medicare		936				894	2831	fee schedule	
WHOLE MITOCHONDRIAL GENOME DEL ANAL	81465	CPT	outpatient			2980		1076.4 Wellcare	Medicaid		940.19	31.55			894	2831	percent of total billed charges	
WHOLE MITOCHONDRIAL GENOME DEL ANAL	81465	CPT	outpatient			2980		1076.4 WellPoint	WellPoint		958.96	32.18			894	2831	percent of total billed charges	
UNLISTED.MOLECULAR PATHOLOGY	81479	CPT	both			7061		Aetna	Commercial		2683.16	38			49.5	6707.95	percent of total billed charges	
UNLISTED.MOLECULAR PATHOLOGY	81479	CPT	both			7061		Aetna	Medicare		2174.79	30.8			49.5	6707.95	percent of total billed charges	
UNLISTED.MOLECULAR PATHOLOGY	81479	CPT	both			7061		Aetna	Better Health		2227.75	31.55			49.5	6707.95	percent of total billed charges	
UNLISTED.MOLECULAR PATHOLOGY	81479	CPT	both			7061		Americare	Americare		5295.75	75			49.5	6707.95	percent of total billed charges	
UNLISTED.MOLECULAR PATHOLOGY	81479	CPT	both			7061		Amerihealth	HMO/PPO		4589.65	65			49.5	6707.95	percent of total billed charges	
UNLISTED.MOLECULAR PATHOLOGY	81479	CPT	both			7061		Consumer	Consumer		6707.95	95			49.5	6707.95	percent of total billed charges	
UNLISTED.MOLECULAR PATHOLOGY	81479	CPT	both			7061		Corrections	Corrections		5648.8	80			49.5	6707.95	percent of total billed charges	
UNLISTED.MOLECULAR PATHOLOGY	81479	CPT	both			7061		First Health	First Health		4942.7	70			49.5	6707.95	percent of total billed charges	
UNLISTED.MOLECULAR PATHOLOGY	81479	CPT	both			7061		First Trenton	First Trenton		6354.9	90			49.5	6707.95	percent of total billed charges	
UNLISTED.MOLECULAR PATHOLOGY	81479	CPT	both			7061		Horizon	Indemnity		2702.95	38.28			49.5	6707.95	percent of total billed charges	
UNLISTED.MOLECULAR PATHOLOGY	81479	CPT	both			7061		Horizon	MGD		2702.95	38.28			49.5	6707.95	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
UNLISTED MOLECULAR PATHOLOGY	81479	CPT	both			7061		Horizon	PPO		2702.95	38.28			49.5	6707.95	percent of total billed charges	
UNLISTED MOLECULAR PATHOLOGY	81479	CPT	both			7061		Horizon	Medicare Blue		2118.3	30			49.5	6707.95	percent of total billed charges	
UNLISTED MOLECULAR PATHOLOGY	81479	CPT	both			7061		Managed Care Inc	Managed Care Inc		6354.9	90			49.5	6707.95	percent of total billed charges	
UNLISTED MOLECULAR PATHOLOGY	81479	CPT	both			7061		Multiplan	Multiplan		5648.8	80			49.5	6707.95	percent of total billed charges	
UNLISTED MOLECULAR PATHOLOGY	81479	CPT	both			7061		Qualcare	Qualcare		5295.75	75			49.5	6707.95	percent of total billed charges	
UNLISTED MOLECULAR PATHOLOGY	81479	CPT	both			7061		Three Rivers	Three Rivers		6707.95	95			49.5	6707.95	percent of total billed charges	
UNLISTED MOLECULAR PATHOLOGY	81479	CPT	both			7061		UHC	Medicaid		2227.75	31.55			49.5	6707.95	percent of total billed charges	
UNLISTED MOLECULAR PATHOLOGY	81479	CPT	both			7061		Wellcare	Medicaid		2227.75	31.55			49.5	6707.95	percent of total billed charges	
UNLISTED MOLECULAR PATHOLOGY	81479	CPT	both			7061		WellPoint	WellPoint		2272.23	32.18			49.5	6707.95	percent of total billed charges	
VECTRA® (504965)	81490	CPT	outpatient			2676	966.75	Aetna	Better Health		844.28	31.55			802.8	2542.2	fee schedule	
VECTRA® (504965)	81490	CPT	outpatient			2676	966.75	Aetna	Medicare		840.65				802.8	2542.2	fee schedule	
VECTRA® (504965)	81490	CPT	outpatient			2676	966.75	Aetna	Commercial		1016.88	38			802.8	2542.2	percent of total billed charges	
VECTRA® (504965)	81490	CPT	outpatient			2676	966.75	Americare	Americare		2007	75			802.8	2542.2	percent of total billed charges	
VECTRA® (504965)	81490	CPT	outpatient			2676	966.75	Amerihealth	Medicare		840.65				802.8	2542.2	fee schedule	
VECTRA® (504965)	81490	CPT	outpatient			2676	966.75	Amerihealth	HMO/PPO		1739.4	65			802.8	2542.2	percent of total billed charges	
VECTRA® (504965)	81490	CPT	outpatient			2676	966.75	Consumer	Consumer		2542.2	95			802.8	2542.2	percent of total billed charges	
VECTRA® (504965)	81490	CPT	outpatient			2676	966.75	Corrections	Corrections		2140.8	80			802.8	2542.2	percent of total billed charges	
VECTRA® (504965)	81490	CPT	outpatient			2676	966.75	First Health	First Health		1873.2	70			802.8	2542.2	percent of total billed charges	
VECTRA® (504965)	81490	CPT	outpatient			2676	966.75	First Trenton	First Trenton		2408.4	90			802.8	2542.2	percent of total billed charges	
VECTRA® (504965)	81490	CPT	outpatient			2676	966.75	Horizon	Medicare Blue		802.8	30			802.8	2542.2	percent of total billed charges	
VECTRA® (504965)	81490	CPT	outpatient			2676	966.75	Horizon	MGD		1024.37	38.28			802.8	2542.2	percent of total billed charges	
VECTRA® (504965)	81490	CPT	outpatient			2676	966.75	Horizon	Indemnity		1024.37	38.28			802.8	2542.2	percent of total billed charges	
VECTRA® (504965)	81490	CPT	outpatient			2676	966.75	Horizon	PPO		1024.37	38.28			802.8	2542.2	percent of total billed charges	
VECTRA® (504965)	81490	CPT	outpatient			2676	966.75	Managed Care Inc	Managed Care Inc		2408.4	90			802.8	2542.2	percent of total billed charges	
VECTRA® (504965)	81490	CPT	outpatient			2676	966.75	Multiplan	Multiplan		2140.8	80			802.8	2542.2	percent of total billed charges	
VECTRA® (504965)	81490	CPT	outpatient			2676	966.75	Qualcare	Qualcare		2007	75			802.8	2542.2	percent of total billed charges	
VECTRA® (504965)	81490	CPT	outpatient			2676	966.75	Three Rivers	Three Rivers		2542.2	95			802.8	2542.2	percent of total billed charges	
VECTRA® (504965)	81490	CPT	outpatient			2676	966.75	UHC	Medicare		840.65				802.8	2542.2	fee schedule	
VECTRA® (504965)	81490	CPT	outpatient			2676	966.75	UHC	Medicaid		844.28	31.55			802.8	2542.2	percent of total billed charges	
VECTRA® (504965)	81490	CPT	outpatient			2676	966.75	Wellcare	Medicare		840.65				802.8	2542.2	fee schedule	
VECTRA® (504965)	81490	CPT	outpatient			2676	966.75	Wellcare	Medicaid		844.28	31.55			802.8	2542.2	percent of total billed charges	
VECTRA® (504965)	81490	CPT	outpatient			2676	966.75	WellPoint	WellPoint		861.14	32.18			802.8	2542.2	percent of total billed charges	
OVARIAN MALIGNANCY RISK-ROMA	81500	CPT	outpatient			589	299.58	Aetna	Commercial		223.82	38			176.7	559.55	percent of total billed charges	
OVARIAN MALIGNANCY RISK-ROMA	81500	CPT	outpatient			589	299.58	Aetna	Better Health		185.83	31.55			176.7	559.55	percent of total billed charges	
OVARIAN MALIGNANCY RISK-ROMA	81500	CPT	outpatient			589	299.58	Aetna	Medicare		260.5				176.7	559.55	fee schedule	
OVARIAN MALIGNANCY RISK-ROMA	81500	CPT	outpatient			589	299.58	Americare	Americare		441.75	75			176.7	559.55	percent of total billed charges	
OVARIAN MALIGNANCY RISK-ROMA	81500	CPT	outpatient			589	299.58	Amerihealth	HMO/PPO		382.85	65			176.7	559.55	percent of total billed charges	
OVARIAN MALIGNANCY RISK-ROMA	81500	CPT	outpatient			589	299.58	Amerihealth	Medicare		260.5				176.7	559.55	fee schedule	
OVARIAN MALIGNANCY RISK-ROMA	81500	CPT	outpatient			589	299.58	Consumer	Consumer		559.55	95			176.7	559.55	percent of total billed charges	
OVARIAN MALIGNANCY RISK-ROMA	81500	CPT	outpatient			589	299.58	Corrections	Corrections		471.2	80			176.7	559.55	percent of total billed charges	
OVARIAN MALIGNANCY RISK-ROMA	81500	CPT	outpatient			589	299.58	First Health	First Health		412.3	70			176.7	559.55	percent of total billed charges	
OVARIAN MALIGNANCY RISK-ROMA	81500	CPT	outpatient			589	299.58	First Trenton	First Trenton		530.1	90			176.7	559.55	percent of total billed charges	
OVARIAN MALIGNANCY RISK-ROMA	81500	CPT	outpatient			589	299.58	Horizon	Medicare Blue		176.7	30			176.7	559.55	percent of total billed charges	
OVARIAN MALIGNANCY RISK-ROMA	81500	CPT	outpatient			589	299.58	Horizon	Indemnity		225.47	38.28			176.7	559.55	percent of total billed charges	
OVARIAN MALIGNANCY RISK-ROMA	81500	CPT	outpatient			589	299.58	Horizon	MGD		225.47	38.28			176.7	559.55	percent of total billed charges	
OVARIAN MALIGNANCY RISK-ROMA	81500	CPT	outpatient			589	299.58	Horizon	PPO		225.47	38.28			176.7	559.55	percent of total billed charges	
OVARIAN MALIGNANCY RISK-ROMA	81500	CPT	outpatient			589	299.58	Managed Care Inc	Managed Care Inc		530.1	90			176.7	559.55	percent of total billed charges	
OVARIAN MALIGNANCY RISK-ROMA	81500	CPT	outpatient			589	299.58	Multiplan	Multiplan		471.2	80			176.7	559.55	percent of total billed charges	
OVARIAN MALIGNANCY RISK-ROMA	81500	CPT	outpatient			589	299.58	Qualcare	Qualcare		441.75	75			176.7	559.55	percent of total billed charges	
OVARIAN MALIGNANCY RISK-ROMA	81500	CPT	outpatient			589	299.58	Three Rivers	Three Rivers		559.55	95			176.7	559.55	percent of total billed charges	
OVARIAN MALIGNANCY RISK-ROMA	81500	CPT	outpatient			589	299.58	UHC	Medicaid		185.83	31.55			176.7	559.55	percent of total billed charges	
OVARIAN MALIGNANCY RISK-ROMA	81500	CPT	outpatient			589	299.58	UHC	Medicare		260.5				176.7	559.55	fee schedule	
OVARIAN MALIGNANCY RISK-ROMA	81500	CPT	outpatient			589	299.58	Wellcare	Medicare		260.5				176.7	559.55	fee schedule	
OVARIAN MALIGNANCY RISK-ROMA	81500	CPT	outpatient			589	299.58	Wellcare	Medicaid		185.83	31.55			176.7	559.55	percent of total billed charges	
OVARIAN MALIGNANCY RISK-ROMA	81500	CPT	outpatient			589	299.58	WellPoint	WellPoint		189.54	32.18			176.7	559.55	percent of total billed charges	
QUAD SCREEN	81511	CPT	outpatient			910	176.53	Aetna	Better Health		287.11	31.55			153.5	864.5	percent of total billed charges	
QUAD SCREEN	81511	CPT	outpatient			910	176.53	Aetna	Medicare		153.5				153.5	864.5	fee schedule	
QUAD SCREEN	81511	CPT	outpatient			910	176.53	Aetna	Commercial		345.8	38			153.5	864.5	percent of total billed charges	
QUAD SCREEN	81511	CPT	outpatient			910	176.53	Americare	Americare		682.5	75			153.5	864.5	percent of total billed charges	
QUAD SCREEN	81511	CPT	outpatient			910	176.53	Amerihealth	Medicare		153.5				153.5	864.5	fee schedule	
QUAD SCREEN	81511	CPT	outpatient			910	176.53	Amerihealth	HMO/PPO		591.5	65			153.5	864.5	percent of total billed charges	
QUAD SCREEN	81511	CPT	outpatient			910	176.53	Consumer	Consumer		864.5	95			153.5	864.5	percent of total billed charges	
QUAD SCREEN	81511	CPT	outpatient			910	176.53	Corrections	Corrections		728	80			153.5	864.5	percent of total billed charges	
QUAD SCREEN	81511	CPT	outpatient			910	176.53	First Health	First Health		637	70			153.5	864.5	percent of total billed charges	
QUAD SCREEN	81511	CPT	outpatient			910	176.53	First Trenton	First Trenton		819	90			153.5	864.5	percent of total billed charges	
QUAD SCREEN	81511	CPT	outpatient			910	176.53	Horizon	MGD		348.35	38.28			153.5	864.5	percent of total billed charges	
QUAD SCREEN	81511	CPT	outpatient			910	176.53	Horizon	Medicare Blue		273	30			153.5	864.5	percent of total billed charges	
QUAD SCREEN	81511	CPT	outpatient			910	176.53	Horizon	Indemnity		348.35	38.28			153.5	864.5	percent of total billed charges	
QUAD SCREEN	81511	CPT	outpatient			910	176.53	Horizon	PPO		348.35	38.28			153.5	864.5	percent of total billed charges	
QUAD SCREEN	81511	CPT	outpatient			910	176.53	Managed Care Inc	Managed Care Inc		819	90			153.5	864.5	percent of total billed charges	
QUAD SCREEN	81511	CPT	outpatient			910	176.53	Multiplan	Multiplan		728	80			153.5	864.5	percent of total billed charges	
QUAD SCREEN	81511	CPT	outpatient			910	176.53	Qualcare	Qualcare		682.5	75			153.5	864.5	percent of total billed charges	
QUAD SCREEN	81511	CPT	outpatient			910	176.53	Three Rivers	Three Rivers		864.5	95			153.5	864.5	percent of total billed charges	
QUAD SCREEN	81511	CPT	outpatient			910	176.53	UHC	Medicare		153.5				153.5	864.5	fee schedule	
QUAD SCREEN	81511	CPT	outpatient			910	176.53	UHC	Medicaid		287.11	31.55			153.5	864.5	percent of total billed charges	
QUAD SCREEN	81511	CPT	outpatient			910	176.53	Wellcare	Medicaid		287.11	31.55			153.5	864.5	percent of total billed charges	
QUAD SCREEN	81511	CPT	outpatient			910	176.53	Wellcare	Medicare		153.5				153.5	864.5	fee schedule	
QUAD SCREEN	81511	CPT	outpatient			910	176.53	WellPoint	WellPoint		292.84	32.18			153.5	864.5	percent of total billed charges	
PROSTATE-SPECIFIE-KALLIKREIN.4KSCORE(20	81539	CPT	outpatient			1761	874	Aetna	Commercial		669.18	38			472.05	1672.95	percent of total billed charges	
PROSTATE-SPECIFIE-KALLIKREIN.4KSCORE(20	81539	CPT	outpatient			1761	874	Aetna	Better Health		555.6	31.55			472.05	1672.95	percent of total billed charges	
PROSTATE-SPECIFIE-KALLIKREIN.4KSCORE(20	81539	CPT	outpatient			1761	874	Aetna	Medicare		760				472.05	1672.95	fee schedule	
PROSTATE-SPECIFIE-KALLIKREIN.4KSCORE(20	81539	CPT	outpatient			1761	874	Americare	Americare		1320.75	75			472.05	1672.95	percent of total billed charges	
PROSTATE-SPECIFIE-KALLIKREIN.4KSCORE(20	81539	CPT	outpatient			1761	874	Amerihealth	HMO/PPO		1144.65	65			472.05	1672.95	percent of total billed charges	
PROSTATE-SPECIFIE-KALLIKREIN.4KSCORE(20	81539	CPT	outpatient			1761	874	Amerihealth	Medicare		760				472.05	1672.95	fee schedule	
PROSTATE-SPECIFIE-KALLIKREIN.4KSCORE(20	81539	CPT	outpatient			1761	874	Consumer	Consumer		1672.95	95			472.05	1672.95	percent of total billed charges	
PROSTATE-SPECIFIE-KALLIKREIN.4KSCORE(20	81539	CPT	outpatient			1761	874	Corrections	Corrections		1408.8	80			472.05	1672.95	percent of total billed charges	
PROSTATE-SPECIFIE-KALLIKREIN.4KSCORE(20	81539	CPT	outpatient			1761	874	First Health	First Health		1232.7	70			472.05	1672.95	percent of total billed charges	
PROSTATE-SPECIFIE-KALLIKREIN.4KSCORE(20	81539	CPT	outpatient			1761	874	First Trenton	First Trenton		1584.9	90			472.05	1672.95	percent of total billed charges	
PROSTATE-SPECIFIE-KALLIKREIN.4KSCORE(20	81539	CPT	outpatient			1761	874	Horizon	Indemnity		674.11	38.28			472.05	1672.95	percent of total billed charges	
PROSTATE-SPECIFIE-KALLIKREIN.4KSCORE(20	81539	CPT	outpatient			1761	874	Horizon	MGD		674.11	38.28			472.05	1672.95	percent of total billed charges	
PROSTATE-SPECIFIE-KALLIKREIN.4KSCORE(20	81539	CPT	outpatient			1761	874	Horizon	PPO		674.11	38.28			472.05	1672.95	percent of total billed charges	
PROSTATE-SPECIFIE-KALLIKREIN.4KSCORE(20	81539	CPT	outpatient			1761	874	Horizon	Medicare Blue		528.3	30			472.05	1672.95	percent of total billed charges	
PROSTATE-SPECIFIE-KALLIKREIN.4KSCORE(20	81539	CPT	outpatient			1761	874	Horizon	NJ Health		472.05				472.05	1672.95	fee schedule	
PROSTATE-SPECIFIE-KALLIKREIN.4KSCORE(20	81539	CPT	outpatient			1761	874	Managed Care Inc	Managed Care Inc		1584.9	90			472.05	1672.95	percent of total billed charges	
PROSTATE-SPECIFIE-KALLIKREIN.4KSCORE(20	81539	CPT	outpatient			1761	874	Multiplan	Multiplan		1408.8	80			472.05	1672.95	percent of total billed charges	
PROSTATE-SPECIFIE-KALLIKREIN.4KSCORE(20	81539	CPT	outpatient			1761	874	Qualcare	Qualcare		1320.75	75			472.05	1672.95	percent of total billed charges	
PROSTATE-SPECIFIE-KALLIKREIN.4KSCORE(20	81539	CPT	outpatient			1761	874	Three Rivers	Three Rivers		1672.95	95			472.05	1672.95	percent of total billed charges	
PROSTATE-SPECIFIE-KALLIKREIN.4KSCORE(20	81539	CPT	outpatient			1761	874	UHC	Medicaid		555.6	31.55			472.05	1672.95	percent of total billed charges	
PROSTATE-SPECIFIE-KALLIKREIN.4KSCORE(20	81539	CPT	outpatient			1761	874	UHC	Medicare		760				472.05	1672.95	fee schedule	
PROSTATE-SPECIFIE-KALLIKREIN.4KSCORE(20	81539	CPT	outpatient			1761	874	Wellcare	Medicare		760				472.05	1672.95	fee schedule	
PROSTATE-SPECIFIE-KALLIKREIN.4KSCORE(20	81539	CPT	outpatient			1761	874	Wellcare	Medicaid		555.6	31.55			472.05	1672.95	percent of total billed charges	
PROSTATE-SPECIFIE-KALLIKREIN.4KSCORE(20	81539	CPT	outpatient			1761	874	WellPoint	WellPoint		566.69	32.18			472.05	1672.95	percent of total billed charges	
LIVER FIBROSIS	81596	CPT	outpatient			724	83.02	Aetna	Medicare		72.19				56.6	687.8	fee schedule	
LIVER FIBROSIS	81596	CPT	outpatient			724	83.02	Aetna	Better Health		228.42	31.55			56.6	687.8	percent of total billed charges	
LIVER FIBROSIS	81596	CPT	outpatient			724	83.02	Aetna	Commercial		275.12	38			56.6	687.8	percent of total billed charges	
LIVER FIBROSIS	81596	CPT	outpatient			724	83.02	Americare	Americare		543	75			56.6	687.8	percent of total billed charges	
LIVER FIBROSIS	81596	CPT	outpatient			724	83.02	Amerihealth	Medicare		72.19				56.6	687.8	fee schedule	
LIVER FIBROSIS	81596	CPT	outpatient			724	83.02	Amerihealth	HMO/PPO		470.6	65			56.6	687.8	percent of total billed charges	
LIVER FIBROSIS	81596	CPT	outpatient			724	83.02	Consumer	Consumer		687.8	95			56.6	687.8	percent of total billed charges	
LIVER FIBROSIS	81596	CPT	outpatient			724	83.02	Corrections	Corrections		579.2	80			56.6	687.8	percent of total billed charges	
LIVER FIBROSIS	81596	CPT	outpatient			724	83.02	First Health	First Health		506.8	70			56.6	687.8	percent of total billed charges	
LIVER FIBROSIS	81596	CPT	outpatient			724	83.02	First Trenton	First Trenton		651.6	90			56.6	687.8	percent of total billed charges	
LIVER FIBROSIS	81596	CPT	outpatient			724	83.02	Horizon	Indemnity		277.15	38.28			56.6	687.8	percent of total billed charges	
LIVER FIBROSIS	81596	CPT	outpatient			724	83.02	Horizon	NJ Health		56.6				56.6	687.8	fee schedule	
LIVER FIBROSIS	81596	CPT	outpatient			724	83.02	Horizon	MGD		277.15	38.28			56.6	687.8	percent of total billed charges	
LIVER FIBROSIS	81596	CPT	outpatient			724	83.02	Horizon	PPO		277.15	38.28			56.6	687.8	percent of total billed charges	
LIVER FIBROSIS	81596	CPT	outpatient			724	83.02	Horizon	Medicare Blue		217.2	30			56.6	687.8	percent of total billed charges	
LIVER FIBROSIS	81596	CPT	outpatient			724	83.02	Managed Care Inc	Managed Care Inc		651.6	90			56.6	687.8	percent of total billed charges	
LIVER FIBROSIS	81596	CPT	outpatient			724	83.02	Multiplan	Multiplan		579.2	80			56.6	687.8	percent of total billed charges	
LIVER FIBROSIS	81596	CPT	outpatient			724	83.02	Qualcare	Qualcare		543	75			56.6	687.8	percent of total billed charges	
LIVER FIBROSIS	81596	CPT	outpatient			724	83.02	Three Rivers	Three Rivers		687.8	95			56.6	687.8	percent of total billed charges	
LIVER FIBROSIS	81596	CPT	outpatient			724	83.02	UHC	Medicaid		228.42	31.55			56.6	687.8	percent of total billed charges	
LIVER FIBROSIS	81596	CPT	outpatient			724	83.02	UHC	Medicare		72.19				56.6	687.8	fee schedule	
LIVER FIBROSIS	81596	CPT	outpatient			724	83.02	Wellcare	Medicare		72.19				56.6	687.8	fee schedule	
LIVER FIBROSIS	81596	CPT	outpatient			724	83.02	Wellcare	Medicaid		228.42	31.55			56.6	687.8	percent of total billed charges	
LIVER FIBROSIS	81596	CPT	outpatient			724	83.02	WellPoint	WellPoint		232.98	32.18			56.6	687.8	percent of total billed charges	
ACETONE	82009	CPT	both			47	5.2	Aetna	Medicare		4.52				4.52	44.65	fee schedule	
ACETONE	82009	CPT	both			47	5.2	Aetna	Better Health		14.83	31.55			4.52	44.65	percent of total billed charges	
ACETONE	82009	CPT	both			47	5.2	Aetna	Commercial		17.86	38			4.52	44.65	percent of total billed charges	
ACETONE	82009	CPT	both			47	5.2	Americare	Americare		35.25	75			4.52	44.65	percent of total billed charges	
ACETONE	82009	CPT	both			47	5.2	Amerihealth	Medicare		4.52				4.52	44.65	fee schedule	
ACETONE	82009	CPT	both			47	5.2	Amerihealth	HMO/PPO		30.55	65			4.52	44.65	percent of total billed charges	
ACETONE	82009	CPT	both			47	5.2	Consumer	Consumer		44.65	95			4.52	44.65	percent of total billed charges	
ACETONE	82009	CPT	both			47	5.2	Corrections	Corrections		37.6	80			4.52	44.65	percent of total billed charges	
ACETONE	82009	CPT	both			47	5.2	First Health	First Health		32.9	70			4.52	44.65	percent of total billed charges	
ACETONE	82009	CPT	both			47	5.2	First Trenton	First Trenton		42.3	90			4.52	44.65	percent of total billed charges	
ACETONE	82009	CPT	both			47	5.2	Horizon	MGD		17.99	38.28			4.52	44.65	percent of total billed charges	
ACETONE	82009	CPT	both			47	5.2	Horizon	NJ Health		9.8				4.52	44.65	fee schedule	
ACETONE	82009	CPT	both			47	5.2	Horizon	Medicare Blue		14.1	30			4.52	44.65	percent of total billed charges	
ACETONE	82009	CPT	both			47	5.2	Horizon	Indemnity		17.99	38.28			4.52	44.65	percent of total billed charges	
ACETONE	82009	CPT	both			47	5.2	Horizon	PPO		17.99	38.28			4.52	44.65	percent of total billed charges	
ACETONE	82009	CPT	both			47	5.2	Managed Care Inc	Managed Care Inc		42.3	90			4.52	44.65	percent of total billed charges	
ACETONE	82009	CPT	both			47	5.2	Multiplan	Multiplan		37.6	80			4.52	44.65	percent of total billed charges	
ACETONE	82009	CPT	both			47	5.2	Qualcare	Qualcare		35.25	75			4.52	44.65	percent of total billed charges	
ACETONE	82009	CPT	both			47	5.2	Three Rivers	Three Rivers		44.65	95			4.52	44.65	percent of total billed charges	
ACETONE	82009	CPT	both			47	5.2	UHC	Medicare		4.52				4.52	44.65	fee schedule	
ACETONE	82009	CPT	both			47	5.2	UHC	Medicaid		14.83	31.55			4.52	44.65	percent of total billed charges	
ACETONE	82009	CPT	both			47	5.2	Wellcare	Medicare		4.52				4.52	44.65	fee schedule	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ACETONE	82009	CPT	both			47		5.2 Wellcare	Medicaid		14.83	31.55			4.52	44.66	percent of total billed charges	
ACETONE	82009	CPT	both			47		5.2 WellPoint	WellPoint		15.12	32.18			4.52	44.66	percent of total billed charges	
BETA-HYDROXYBUTYRIC ACID	82010	CPT	both			85		9.4 Aetna	Commercial		32.3	38			8.1	80.75	percent of total billed charges	
BETA-HYDROXYBUTYRIC ACID	82010	CPT	both			85		9.4 Aetna	Medicare		8.17				8.1	80.75	fee schedule	
BETA-HYDROXYBUTYRIC ACID	82010	CPT	both			85		9.4 Aetna	Better Health		26.82	31.55			8.1	80.75	percent of total billed charges	
BETA-HYDROXYBUTYRIC ACID	82010	CPT	both			85		9.4 Americare	Americare		63.75	75			8.1	80.75	percent of total billed charges	
BETA-HYDROXYBUTYRIC ACID	82010	CPT	both			85		9.4 Amerihealth	Medicare		8.17				8.1	80.75	fee schedule	
BETA-HYDROXYBUTYRIC ACID	82010	CPT	both			85		9.4 Amerihealth	HMO/PPO		55.25	65			8.1	80.75	percent of total billed charges	
BETA-HYDROXYBUTYRIC ACID	82010	CPT	both			85		9.4 Consumer	Consumer		80.75	95			8.1	80.75	percent of total billed charges	
BETA-HYDROXYBUTYRIC ACID	82010	CPT	both			85		9.4 Corrections	Corrections		68	80			8.1	80.75	percent of total billed charges	
BETA-HYDROXYBUTYRIC ACID	82010	CPT	both			85		9.4 First Health	First Health		59.5	70			8.1	80.75	percent of total billed charges	
BETA-HYDROXYBUTYRIC ACID	82010	CPT	both			85		9.4 First Trenton	First Trenton		76.5	90			8.1	80.75	percent of total billed charges	
BETA-HYDROXYBUTYRIC ACID	82010	CPT	both			85		9.4 Horizon	Indemnity		32.54	38.28			8.1	80.75	percent of total billed charges	
BETA-HYDROXYBUTYRIC ACID	82010	CPT	both			85		9.4 Horizon	PPO		32.54	38.28			8.1	80.75	percent of total billed charges	
BETA-HYDROXYBUTYRIC ACID	82010	CPT	both			85		9.4 Horizon	MGD		32.54	38.28			8.1	80.75	percent of total billed charges	
BETA-HYDROXYBUTYRIC ACID	82010	CPT	both			85		9.4 Horizon	Medicare Blue		25.5	30			8.1	80.75	percent of total billed charges	
BETA-HYDROXYBUTYRIC ACID	82010	CPT	both			85		9.4 Horizon	NJ Health		19.6				8.1	80.75	fee schedule	
BETA-HYDROXYBUTYRIC ACID	82010	CPT	both			85		9.4 Managed Care Inc	Managed Care Inc		76.5	90			8.1	80.75	percent of total billed charges	
BETA-HYDROXYBUTYRIC ACID	82010	CPT	both			85		9.4 Multiplan	Multiplan		68	80			8.1	80.75	percent of total billed charges	
BETA-HYDROXYBUTYRIC ACID	82010	CPT	both			85		9.4 Qualcare	Qualcare		63.75	75			8.1	80.75	percent of total billed charges	
BETA-HYDROXYBUTYRIC ACID	82010	CPT	both			85		9.4 Three Rivers	Three Rivers		80.75	95			8.1	80.75	percent of total billed charges	
BETA-HYDROXYBUTYRIC ACID	82010	CPT	both			85		9.4 UHC	Medicare		8.17				8.1	80.75	fee schedule	
BETA-HYDROXYBUTYRIC ACID	82010	CPT	both			85		9.4 UHC	Medicaid		26.82	31.55			8.1	80.75	percent of total billed charges	
BETA-HYDROXYBUTYRIC ACID	82010	CPT	both			85		9.4 Wellcare	Medicare		8.17				8.1	80.75	fee schedule	
BETA-HYDROXYBUTYRIC ACID	82010	CPT	both			85		9.4 Wellcare	Medicaid		26.82	31.55			8.1	80.75	percent of total billed charges	
BETA-HYDROXYBUTYRIC ACID	82010	CPT	both			85		9.4 WellPoint	WellPoint		27.35	32.18			8.1	80.75	percent of total billed charges	
ACHE-REFLEX TO HBF, AMNIOTIC	82013	CPT	outpatient			409		14.13 Aetna	Medicare		12.29				12	388.55	fee schedule	
ACHE-REFLEX TO HBF, AMNIOTIC	82013	CPT	outpatient			409		14.13 Aetna	Commercial		155.42	38			12	388.55	percent of total billed charges	
ACHE-REFLEX TO HBF, AMNIOTIC	82013	CPT	outpatient			409		14.13 Aetna	Better Health		129.04	31.55			12	388.55	percent of total billed charges	
ACHE-REFLEX TO HBF, AMNIOTIC	82013	CPT	outpatient			409		14.13 Americare	Americare		306.75	75			12	388.55	percent of total billed charges	
ACHE-REFLEX TO HBF, AMNIOTIC	82013	CPT	outpatient			409		14.13 Amerihealth	HMO/PPO		265.85	65			12	388.55	percent of total billed charges	
ACHE-REFLEX TO HBF, AMNIOTIC	82013	CPT	outpatient			409		14.13 Amerihealth	Medicare		12.29				12	388.55	fee schedule	
ACHE-REFLEX TO HBF, AMNIOTIC	82013	CPT	outpatient			409		14.13 Consumer	Consumer		388.55	95			12	388.55	percent of total billed charges	
ACHE-REFLEX TO HBF, AMNIOTIC	82013	CPT	outpatient			409		14.13 Corrections	Corrections		327.2	80			12	388.55	percent of total billed charges	
ACHE-REFLEX TO HBF, AMNIOTIC	82013	CPT	outpatient			409		14.13 First Health	First Health		286.3	70			12	388.55	percent of total billed charges	
ACHE-REFLEX TO HBF, AMNIOTIC	82013	CPT	outpatient			409		14.13 First Trenton	First Trenton		368.1	90			12	388.55	percent of total billed charges	
ACHE-REFLEX TO HBF, AMNIOTIC	82013	CPT	outpatient			409		14.13 Horizon	MGD		156.57	38.28			12	388.55	percent of total billed charges	
ACHE-REFLEX TO HBF, AMNIOTIC	82013	CPT	outpatient			409		14.13 Horizon	Medicare Blue		122.7	30			12	388.55	percent of total billed charges	
ACHE-REFLEX TO HBF, AMNIOTIC	82013	CPT	outpatient			409		14.13 Horizon	Indemnity		156.57	38.28			12	388.55	percent of total billed charges	
ACHE-REFLEX TO HBF, AMNIOTIC	82013	CPT	outpatient			409		14.13 Horizon	PPO		156.57	38.28			12	388.55	percent of total billed charges	
ACHE-REFLEX TO HBF, AMNIOTIC	82013	CPT	outpatient			409		14.13 Horizon	NJ Health		27.44				12	388.55	fee schedule	
ACHE-REFLEX TO HBF, AMNIOTIC	82013	CPT	outpatient			409		14.13 Managed Care Inc	Managed Care Inc		368.1	90			12	388.55	percent of total billed charges	
ACHE-REFLEX TO HBF, AMNIOTIC	82013	CPT	outpatient			409		14.13 Multiplan	Multiplan		327.2	80			12	388.55	percent of total billed charges	
ACHE-REFLEX TO HBF, AMNIOTIC	82013	CPT	outpatient			409		14.13 Qualcare	Qualcare		306.75	75			12	388.55	percent of total billed charges	
ACHE-REFLEX TO HBF, AMNIOTIC	82013	CPT	outpatient			409		14.13 Three Rivers	Three Rivers		388.55	95			12	388.55	percent of total billed charges	
ACHE-REFLEX TO HBF, AMNIOTIC	82013	CPT	outpatient			409		14.13 UHC	Medicaid		129.04	31.55			12	388.55	percent of total billed charges	
ACHE-REFLEX TO HBF, AMNIOTIC	82013	CPT	outpatient			409		14.13 UHC	Medicare		12.29				12	388.55	fee schedule	
ACHE-REFLEX TO HBF, AMNIOTIC	82013	CPT	outpatient			409		14.13 Wellcare	Medicaid		129.04	31.55			12	388.55	percent of total billed charges	
ACHE-REFLEX TO HBF, AMNIOTIC	82013	CPT	outpatient			409		14.13 Wellcare	Medicare		12.29				12	388.55	fee schedule	
ACHE-REFLEX TO HBF, AMNIOTIC	82013	CPT	outpatient			409		14.13 WellPoint	WellPoint		131.62	32.18			12	388.55	percent of total billed charges	
ACYLCARNITINE PROFILE PKU CARD	82017	CPT	both			499		19.4 Aetna	Medicare		16.87				16.87	474.05	fee schedule	
ACYLCARNITINE PROFILE PKU CARD	82017	CPT	both			499		19.4 Aetna	Commercial		189.62	38			16.87	474.05	percent of total billed charges	
ACYLCARNITINE PROFILE PKU CARD	82017	CPT	both			499		19.4 Aetna	Better Health		157.43	31.55			16.87	474.05	percent of total billed charges	
ACYLCARNITINE PROFILE PKU CARD	82017	CPT	both			499		19.4 Americare	Americare		374.25	75			16.87	474.05	percent of total billed charges	
ACYLCARNITINE PROFILE PKU CARD	82017	CPT	both			499		19.4 Amerihealth	HMO/PPO		324.35	65			16.87	474.05	percent of total billed charges	
ACYLCARNITINE PROFILE PKU CARD	82017	CPT	both			499		19.4 Amerihealth	Medicare		16.87				16.87	474.05	fee schedule	
ACYLCARNITINE PROFILE PKU CARD	82017	CPT	both			499		19.4 Consumer	Consumer		474.05	95			16.87	474.05	percent of total billed charges	
ACYLCARNITINE PROFILE PKU CARD	82017	CPT	both			499		19.4 Corrections	Corrections		399.2	80			16.87	474.05	percent of total billed charges	
ACYLCARNITINE PROFILE PKU CARD	82017	CPT	both			499		19.4 First Health	First Health		349.3	70			16.87	474.05	percent of total billed charges	
ACYLCARNITINE PROFILE PKU CARD	82017	CPT	both			499		19.4 First Trenton	First Trenton		449.1	90			16.87	474.05	percent of total billed charges	
ACYLCARNITINE PROFILE PKU CARD	82017	CPT	both			499		19.4 Horizon	Medicare Blue		149.7	30			16.87	474.05	percent of total billed charges	
ACYLCARNITINE PROFILE PKU CARD	82017	CPT	both			499		19.4 Horizon	Indemnity		191.02	38.28			16.87	474.05	percent of total billed charges	
ACYLCARNITINE PROFILE PKU CARD	82017	CPT	both			499		19.4 Horizon	NJ Health		18.74				16.87	474.05	fee schedule	
ACYLCARNITINE PROFILE PKU CARD	82017	CPT	both			499		19.4 Horizon	MGD		191.02	38.28			16.87	474.05	percent of total billed charges	
ACYLCARNITINE PROFILE PKU CARD	82017	CPT	both			499		19.4 Horizon	PPO		191.02	38.28			16.87	474.05	percent of total billed charges	
ACYLCARNITINE PROFILE PKU CARD	82017	CPT	both			499		19.4 Managed Care Inc	Managed Care Inc		449.1	90			16.87	474.05	percent of total billed charges	
ACYLCARNITINE PROFILE PKU CARD	82017	CPT	both			499		19.4 Multiplan	Multiplan		399.2	80			16.87	474.05	percent of total billed charges	
ACYLCARNITINE PROFILE PKU CARD	82017	CPT	both			499		19.4 Qualcare	Qualcare		374.25	75			16.87	474.05	percent of total billed charges	
ACYLCARNITINE PROFILE PKU CARD	82017	CPT	both			499		19.4 Three Rivers	Three Rivers		474.05	95			16.87	474.05	percent of total billed charges	
ACYLCARNITINE PROFILE PKU CARD	82017	CPT	both			499		19.4 UHC	Medicare		16.87				16.87	474.05	fee schedule	
ACYLCARNITINE PROFILE PKU CARD	82017	CPT	both			499		19.4 UHC	Medicaid		157.43	31.55			16.87	474.05	percent of total billed charges	
ACYLCARNITINE PROFILE PKU CARD	82017	CPT	both			499		19.4 Wellcare	Medicaid		157.43	31.55			16.87	474.05	percent of total billed charges	
ACYLCARNITINE PROFILE PKU CARD	82017	CPT	both			499		19.4 Wellcare	Medicare		16.87				16.87	474.05	fee schedule	
ACYLCARNITINE PROFILE PKU CARD	82017	CPT	both			499		19.4 WellPoint	WellPoint		160.58	32.18			16.87	474.05	percent of total billed charges	
ADRENOCORTICOTROPHIC HORMONE	82024	CPT	both			88		44.41 Aetna	Better Health		27.76	31.55			26.4	83.6	percent of total billed charges	
ADRENOCORTICOTROPHIC HORMONE	82024	CPT	both			88		44.41 Aetna	Medicare		38.62				26.4	83.6	fee schedule	
ADRENOCORTICOTROPHIC HORMONE	82024	CPT	both			88		44.41 Aetna	Commercial		33.44	38			26.4	83.6	percent of total billed charges	
ADRENOCORTICOTROPHIC HORMONE	82024	CPT	both			88		44.41 Americare	Americare		66	75			26.4	83.6	percent of total billed charges	
ADRENOCORTICOTROPHIC HORMONE	82024	CPT	both			88		44.41 Amerihealth	Medicare		38.62				26.4	83.6	fee schedule	
ADRENOCORTICOTROPHIC HORMONE	82024	CPT	both			88		44.41 Amerihealth	HMO/PPO		57.2	65			26.4	83.6	percent of total billed charges	
ADRENOCORTICOTROPHIC HORMONE	82024	CPT	both			88		44.41 Consumer	Consumer		83.6	95			26.4	83.6	percent of total billed charges	
ADRENOCORTICOTROPHIC HORMONE	82024	CPT	both			88		44.41 Corrections	Corrections		70.4	80			26.4	83.6	percent of total billed charges	
ADRENOCORTICOTROPHIC HORMONE	82024	CPT	both			88		44.41 First Health	First Health		61.6	70			26.4	83.6	percent of total billed charges	
ADRENOCORTICOTROPHIC HORMONE	82024	CPT	both			88		44.41 First Trenton	First Trenton		79.2	90			26.4	83.6	percent of total billed charges	
ADRENOCORTICOTROPHIC HORMONE	82024	CPT	both			88		44.41 Horizon	MGD		33.69	38.28			26.4	83.6	percent of total billed charges	
ADRENOCORTICOTROPHIC HORMONE	82024	CPT	both			88		44.41 Horizon	Medicare Blue		26.4	30			26.4	83.6	percent of total billed charges	
ADRENOCORTICOTROPHIC HORMONE	82024	CPT	both			88		44.41 Horizon	Indemnity		33.69	38.28			26.4	83.6	percent of total billed charges	
ADRENOCORTICOTROPHIC HORMONE	82024	CPT	both			88		44.41 Horizon	NJ Health		58.8				26.4	83.6	fee schedule	
ADRENOCORTICOTROPHIC HORMONE	82024	CPT	both			88		44.41 Horizon	PPO		33.69	38.28			26.4	83.6	percent of total billed charges	
ADRENOCORTICOTROPHIC HORMONE	82024	CPT	both			88		44.41 Managed Care Inc	Managed Care Inc		79.2	90			26.4	83.6	percent of total billed charges	
ADRENOCORTICOTROPHIC HORMONE	82024	CPT	both			88		44.41 Multiplan	Multiplan		70.4	80			26.4	83.6	percent of total billed charges	
ADRENOCORTICOTROPHIC HORMONE	82024	CPT	both			88		44.41 Qualcare	Qualcare		66	75			26.4	83.6	percent of total billed charges	
ADRENOCORTICOTROPHIC HORMONE	82024	CPT	both			88		44.41 Three Rivers	Three Rivers		83.6	95			26.4	83.6	percent of total billed charges	
ADRENOCORTICOTROPHIC HORMONE	82024	CPT	both			88		44.41 UHC	Medicare		38.62				26.4	83.6	fee schedule	
ADRENOCORTICOTROPHIC HORMONE	82024	CPT	both			88		44.41 UHC	Medicaid		27.76	31.55			26.4	83.6	percent of total billed charges	
ADRENOCORTICOTROPHIC HORMONE	82024	CPT	both			88		44.41 Wellcare	Medicaid		27.76	31.55			26.4	83.6	percent of total billed charges	
ADRENOCORTICOTROPHIC HORMONE	82024	CPT	both			88		44.41 Wellcare	Medicare		38.62				26.4	83.6	fee schedule	
ADRENOCORTICOTROPHIC HORMONE	82024	CPT	both			88		44.41 WellPoint	WellPoint		28.32	32.18			26.4	83.6	percent of total billed charges	
CYCLIC AMP	82030	CPT	outpatient			86		29.67 Aetna	Better Health		27.13	31.55			25.8	81.7	percent of total billed charges	
CYCLIC AMP	82030	CPT	outpatient			86		29.67 Aetna	Commercial		32.68	38			25.8	81.7	percent of total billed charges	
CYCLIC AMP	82030	CPT	outpatient			86		29.67 Aetna	Medicare		26.49	30.8			25.8	81.7	percent of total billed charges	
CYCLIC AMP	82030	CPT	outpatient			86		29.67 Americare	Americare		64.5	75			25.8	81.7	percent of total billed charges	
CYCLIC AMP	82030	CPT	outpatient			86		29.67 Amerihealth	Medicare		25.8				25.8	81.7	fee schedule	
CYCLIC AMP	82030	CPT	outpatient			86		29.67 Amerihealth	HMO/PPO		55.9	65			25.8	81.7	percent of total billed charges	
CYCLIC AMP	82030	CPT	outpatient			86		29.67 Consumer	Consumer		81.7	95			25.8	81.7	percent of total billed charges	
CYCLIC AMP	82030	CPT	outpatient			86		29.67 Corrections	Corrections		68.8	80			25.8	81.7	percent of total billed charges	
CYCLIC AMP	82030	CPT	outpatient			86		29.67 First Health	First Health		60.2	70			25.8	81.7	percent of total billed charges	
CYCLIC AMP	82030	CPT	outpatient			86		29.67 First Trenton	First Trenton		77.4	90			25.8	81.7	percent of total billed charges	
CYCLIC AMP	82030	CPT	outpatient			86		29.67 Horizon	Medicare Blue		25.8	30			25.8	81.7	percent of total billed charges	
CYCLIC AMP	82030	CPT	outpatient			86		29.67 Horizon	MGD		32.92	38.28			25.8	81.7	percent of total billed charges	
CYCLIC AMP	82030	CPT	outpatient			86		29.67 Horizon	NJ Health		73.3				25.8	81.7	fee schedule	
CYCLIC AMP	82030	CPT	outpatient			86		29.67 Horizon	Indemnity		32.92	38.28			25.8	81.7	percent of total billed charges	
CYCLIC AMP	82030	CPT	outpatient			86		29.67 Horizon	PPO		32.92	38.28			25.8	81.7	percent of total billed charges	
CYCLIC AMP	82030	CPT	outpatient			86		29.67 Managed Care Inc	Managed Care Inc		77.4	90			25.8	81.7	percent of total billed charges	
CYCLIC AMP	82030	CPT	outpatient			86		29.67 Multiplan	Multiplan		68.8	80			25.8	81.7	percent of total billed charges	
CYCLIC AMP	82030	CPT	outpatient			86		29.67 Qualcare	Qualcare		64.5	75			25.8	81.7	percent of total billed charges	
CYCLIC AMP	82030	CPT	outpatient			86		29.67 Three Rivers	Three Rivers		81.7	95			25.8	81.7	percent of total billed charges	
CYCLIC AMP	82030	CPT	outpatient			86		29.67 UHC	Medicare		25.8				25.8	81.7	fee schedule	
CYCLIC AMP	82030	CPT	outpatient			86		29.67 UHC	Medicaid		27.13	31.55			25.8	81.7	percent of total billed charges	
CYCLIC AMP	82030	CPT	outpatient			86		29.67 Wellcare	Medicare		25.8				25.8	81.7	fee schedule	
CYCLIC AMP	82030	CPT	outpatient			86		29.67 Wellcare	Medicaid		27.13	31.55			25.8	81.7	percent of total billed charges	
CYCLIC AMP	82030	CPT	outpatient			86		29.67 WellPoint	WellPoint		27.67	32.18			25.8	81.7	percent of total billed charges	
ALBUMIN;SER/PLSM/WB	82040	CPT	both			168		5.69 Aetna	Medicare		4.95				3.53	159.6	fee schedule	
ALBUMIN;SER/PLSM/WB	82040	CPT	both			168		5.69 Aetna	Better Health		53	31.55			3.53	159.6	percent of total billed charges	
ALBUMIN;SER/PLSM/WB	82040	CPT	both			168		5.69 Aetna	Commercial		63.84	38			3.53	159.6	percent of total billed charges	
ALBUMIN;SER/PLSM/WB	82040	CPT	both			168		5.69 Americare	Americare		126	75			3.53	159.6	percent of total billed charges	
ALBUMIN;SER/PLSM/WB	82040	CPT	both			168		5.69 Amerihealth	Medicare		4.95				3.53	159.6	fee schedule	
ALBUMIN;SER/PLSM/WB	82040	CPT	both			168		5.69 Amerihealth	HMO/PPO		109.2	65			3.53	159.6	percent of total billed charges	
ALBUMIN;SER/PLSM/WB	82040	CPT	both			168		5.69 Consumer	Consumer		159.6	95			3.53	159.6	percent of total billed charges	
ALBUMIN;SER/PLSM/WB	82040	CPT	both			168		5.69 Corrections	Corrections		134.4	80			3.53	159.6	percent of total billed charges	
ALBUMIN;SER/PLSM/WB	82040	CPT	both			168		5.69 First Health	First Health		117.6	70			3.53	159.6	percent of total billed charges	
ALBUMIN;SER/PLSM/WB	82040	CPT	both			168		5.69 First Trenton	First Trenton		151.2	90			3.53	159.6	percent of total billed charges	
ALBUMIN;SER/PLSM/WB	82040	CPT	both			168		5.69 Horizon	NJ Health		3.53				3.53	159.6	fee schedule	
ALBUMIN;SER/PLSM/WB	82040	CPT	both			168		5.69 Horizon	MGD		64.31	38.28			3.53	159.6	percent of total billed charges	
ALBUMIN;SER/PLSM/WB	82040	CPT	both			168		5.69 Horizon	Medicare Blue		50.4	30			3.53	159.6	percent of total billed charges	
ALBUMIN;SER/PLSM/WB	82040	CPT	both			168		5.69 Horizon	Indemnity		64.31	38.28			3.53	159.6	percent of total billed charges	
ALBUMIN;SER/PLSM/WB	82040	CPT	both			168		5.69 Horizon	PPO		64.31	38.28			3.53	159.6	percent of total billed charges	
ALBUMIN;SER/PLSM/WB	82040	CPT	both			168		5.69 Managed Care Inc	Managed Care Inc		151.2	90			3.53	159.6	percent of total billed charges	
ALBUMIN;SER/PLSM/WB	82040	CPT	both			168		5.69 Multiplan	Multiplan		134.4	80			3.53	159.6	percent of total billed charges	
ALBUMIN;SER/PLSM/WB	82040	CPT	both			168		5.69 Qualcare	Qualcare		126	75			3.53	159.6	percent of total billed charges	
ALBUMIN;SER/PLSM/WB	82040	CPT	both			168		5.69 Three Rivers	Three Rivers		159.6	95			3.53	159.6	percent of total billed charges	
ALBUMIN;SER/PLSM/WB	82040	CPT	both			168		5.69 UHC	Medicare		4.95				3.53	159.6	fee schedule	
ALBUMIN;SER/PLSM/WB	82040	CPT	both			168		5.69 UHC	Medicaid		53	31.55			3.53	159.6	percent of total billed charges	
ALBUMIN;SER/PLSM/WB	82040	CPT	both			168		5.69 Wellcare	Medicare		4.95				3.53	159.6	fee schedule	
ALBUMIN;SER/PLSM/WB	82040	CPT	both			168		5.69 Wellcare	Medicaid		53	31.55			3.53	159.6	percent of total billed charges	
ALBUMIN;SER/PLSM/WB	82040	CPT	both			168		5.69 WellPoint	WellPoint		54.06	32.18			3.53	159.6	percent of total billed charges	
ISCHEMIA OTHER SOURCE QUANT EA.	82042	CPT	both			168		8.95 Aetna	Commercial		63.84	38			7.78	159.6	percent of total billed charges	
ISCHEMIA OTHER SOURCE QUANT EA.	82042	CPT	both			168		8.95 Aetna	Better Health		53	31.55			7.78	159.6	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ISCHEMIA OTHER SOURCE QUANT EA	82042	CPT	both			168		8.95 Aetna	Medicare		51.74	30.8			7.78	159.6	percent of total billed charges	
ISCHEMIA OTHER SOURCE QUANT EA	82042	CPT	both			168		8.95 Americare	Americare		126	75			7.78	159.6	percent of total billed charges	
ISCHEMIA OTHER SOURCE QUANT EA	82042	CPT	both			168		8.95 Amerihealth	Medicare		7.78				7.78	159.6	fee schedule	
ISCHEMIA OTHER SOURCE QUANT EA	82042	CPT	both			168		8.95 Amerihealth	HMO/PPO		109.2	65			7.78	159.6	percent of total billed charges	
ISCHEMIA OTHER SOURCE QUANT EA	82042	CPT	both			168		8.95 Consumer	Consumer		159.6	95			7.78	159.6	percent of total billed charges	
ISCHEMIA OTHER SOURCE QUANT EA	82042	CPT	both			168		8.95 Corrections	Corrections		134.4	80			7.78	159.6	percent of total billed charges	
ISCHEMIA OTHER SOURCE QUANT EA	82042	CPT	both			168		8.95 First Health	First Health		117.6	70			7.78	159.6	percent of total billed charges	
ISCHEMIA OTHER SOURCE QUANT EA	82042	CPT	both			168		8.95 First Trenton	First Trenton		151.2	90			7.78	159.6	percent of total billed charges	
ISCHEMIA OTHER SOURCE QUANT EA	82042	CPT	both			168		8.95 Horizon	NJ Health		8.43				7.78	159.6	fee schedule	
ISCHEMIA OTHER SOURCE QUANT EA	82042	CPT	both			168		8.95 Horizon	MGD		64.31	38.28			7.78	159.6	percent of total billed charges	
ISCHEMIA OTHER SOURCE QUANT EA	82042	CPT	both			168		8.95 Horizon	Indemnity		64.31	38.28			7.78	159.6	percent of total billed charges	
ISCHEMIA OTHER SOURCE QUANT EA	82042	CPT	both			168		8.95 Horizon	Medicare Blue		50.4	30			7.78	159.6	percent of total billed charges	
ISCHEMIA OTHER SOURCE QUANT EA	82042	CPT	both			168		8.95 Horizon	PPO		64.31	38.28			7.78	159.6	percent of total billed charges	
ISCHEMIA OTHER SOURCE QUANT EA	82042	CPT	both			168		8.95 Managed Care Inc	Managed Care Inc		151.2	90			7.78	159.6	percent of total billed charges	
ISCHEMIA OTHER SOURCE QUANT EA	82042	CPT	both			168		8.95 Multiplan	Multiplan		134.4	80			7.78	159.6	percent of total billed charges	
ISCHEMIA OTHER SOURCE QUANT EA	82042	CPT	both			168		8.95 Qualcare	Qualcare		126	75			7.78	159.6	percent of total billed charges	
ISCHEMIA OTHER SOURCE QUANT EA	82042	CPT	both			168		8.95 Three Rivers	Three Rivers		159.6	95			7.78	159.6	percent of total billed charges	
ISCHEMIA OTHER SOURCE QUANT EA	82042	CPT	both			168		8.95 UHC	Medicaid		53	31.55			7.78	159.6	percent of total billed charges	
ISCHEMIA OTHER SOURCE QUANT EA	82042	CPT	both			168		8.95 UHC	Medicare		7.78				7.78	159.6	fee schedule	
ISCHEMIA OTHER SOURCE QUANT EA	82042	CPT	both			168		8.95 Wellcare	Medicaid		53	31.55			7.78	159.6	percent of total billed charges	
ISCHEMIA OTHER SOURCE QUANT EA	82042	CPT	both			168		8.95 Wellcare	Medicare		7.78				7.78	159.6	fee schedule	
ISCHEMIA OTHER SOURCE QUANT EA	82042	CPT	both			168		8.95 WellPoint	WellPoint		54.06	32.18			7.78	159.6	percent of total billed charges	
URINE,MICROALBUMIN,QUANTO	82043	CPT	both			376		6.65 Aetna	Medicare		5.78				4.5	357.2	fee schedule	
URINE,MICROALBUMIN,QUANTO	82043	CPT	both			376		6.65 Aetna	Better Health		118.63	31.55			4.5	357.2	percent of total billed charges	
URINE,MICROALBUMIN,QUANTO	82043	CPT	both			376		6.65 Aetna	Commercial		142.88	38			4.5	357.2	percent of total billed charges	
URINE,MICROALBUMIN,QUANTO	82043	CPT	both			376		6.65 Americare	Americare		282	75			4.5	357.2	percent of total billed charges	
URINE,MICROALBUMIN,QUANTO	82043	CPT	both			376		6.65 Amerihealth	HMO/PPO		244.4	65			4.5	357.2	percent of total billed charges	
URINE,MICROALBUMIN,QUANTO	82043	CPT	both			376		6.65 Amerihealth	Medicare		5.78				4.5	357.2	fee schedule	
URINE,MICROALBUMIN,QUANTO	82043	CPT	both			376		6.65 Consumer	Consumer		357.2	95			4.5	357.2	percent of total billed charges	
URINE,MICROALBUMIN,QUANTO	82043	CPT	both			376		6.65 Corrections	Corrections		300.8	80			4.5	357.2	percent of total billed charges	
URINE,MICROALBUMIN,QUANTO	82043	CPT	both			376		6.65 First Health	First Health		263.2	70			4.5	357.2	percent of total billed charges	
URINE,MICROALBUMIN,QUANTO	82043	CPT	both			376		6.65 First Trenton	First Trenton		338.4	90			4.5	357.2	percent of total billed charges	
URINE,MICROALBUMIN,QUANTO	82043	CPT	both			376		6.65 Horizon	MGD		143.93	38.28			4.5	357.2	percent of total billed charges	
URINE,MICROALBUMIN,QUANTO	82043	CPT	both			376		6.65 Horizon	NJ Health		8.43				4.5	357.2	fee schedule	
URINE,MICROALBUMIN,QUANTO	82043	CPT	both			376		6.65 Horizon	PPO		143.93	38.28			4.5	357.2	percent of total billed charges	
URINE,MICROALBUMIN,QUANTO	82043	CPT	both			376		6.65 Horizon	Indemnity		143.93	38.28			4.5	357.2	percent of total billed charges	
URINE,MICROALBUMIN,QUANTO	82043	CPT	both			376		6.65 Horizon	Medicare Blue		112.8	30			4.5	357.2	percent of total billed charges	
URINE,MICROALBUMIN,QUANTO	82043	CPT	both			376		6.65 Managed Care Inc	Managed Care Inc		338.4	90			4.5	357.2	percent of total billed charges	
URINE,MICROALBUMIN,QUANTO	82043	CPT	both			376		6.65 Multiplan	Multiplan		300.8	80			4.5	357.2	percent of total billed charges	
URINE,MICROALBUMIN,QUANTO	82043	CPT	both			376		6.65 Qualcare	Qualcare		282	75			4.5	357.2	percent of total billed charges	
URINE,MICROALBUMIN,QUANTO	82043	CPT	both			376		6.65 Three Rivers	Three Rivers		357.2	95			4.5	357.2	percent of total billed charges	
URINE,MICROALBUMIN,QUANTO	82043	CPT	both			376		6.65 UHC	Medicaid		118.63	31.55			4.5	357.2	percent of total billed charges	
URINE,MICROALBUMIN,QUANTO	82043	CPT	both			376		6.65 UHC	Medicare		5.78				4.5	357.2	fee schedule	
URINE,MICROALBUMIN,QUANTO	82043	CPT	both			376		6.65 Wellcare	Medicaid		118.63	31.55			4.5	357.2	percent of total billed charges	
URINE,MICROALBUMIN,QUANTO	82043	CPT	both			376		6.65 Wellcare	Medicare		5.78				4.5	357.2	fee schedule	
URINE,MICROALBUMIN,QUANTO	82043	CPT	both			376		6.65 WellPoint	WellPoint		121	32.18			4.5	357.2	percent of total billed charges	
ALDOLASE	82085	CPT	both			23		11.17 Aetna	Medicare		9.71				6.9	26.95	fee schedule	
ALDOLASE	82085	CPT	both			23		11.17 Aetna	Better Health		7.26	31.55			6.9	26.95	percent of total billed charges	
ALDOLASE	82085	CPT	both			23		11.17 Aetna	Commercial		8.74	38			6.9	26.95	percent of total billed charges	
ALDOLASE	82085	CPT	both			23		11.17 Americare	Americare		17.25	75			6.9	26.95	percent of total billed charges	
ALDOLASE	82085	CPT	both			23		11.17 Amerihealth	HMO/PPO		14.95	65			6.9	26.95	percent of total billed charges	
ALDOLASE	82085	CPT	both			23		11.17 Amerihealth	Medicare		9.71				6.9	26.95	fee schedule	
ALDOLASE	82085	CPT	both			23		11.17 Consumer	Consumer		21.85	95			6.9	26.95	percent of total billed charges	
ALDOLASE	82085	CPT	both			23		11.17 Corrections	Corrections		18.4	80			6.9	26.95	percent of total billed charges	
ALDOLASE	82085	CPT	both			23		11.17 First Health	First Health		16.1	70			6.9	26.95	percent of total billed charges	
ALDOLASE	82085	CPT	both			23		11.17 First Trenton	First Trenton		20.7	90			6.9	26.95	percent of total billed charges	
ALDOLASE	82085	CPT	both			23		11.17 Horizon	Indemnity		8.8	38.28			6.9	26.95	percent of total billed charges	
ALDOLASE	82085	CPT	both			23		11.17 Horizon	MGD		8.8	38.28			6.9	26.95	percent of total billed charges	
ALDOLASE	82085	CPT	both			23		11.17 Horizon	PPO		8.8	38.28			6.9	26.95	percent of total billed charges	
ALDOLASE	82085	CPT	both			23		11.17 Horizon	Medicare Blue		6.9	30			6.9	26.95	percent of total billed charges	
ALDOLASE	82085	CPT	both			23		11.17 Horizon	NJ Health		26.95				6.9	26.95	fee schedule	
ALDOLASE	82085	CPT	both			23		11.17 Managed Care Inc	Managed Care Inc		20.7	90			6.9	26.95	percent of total billed charges	
ALDOLASE	82085	CPT	both			23		11.17 Multiplan	Multiplan		18.4	80			6.9	26.95	percent of total billed charges	
ALDOLASE	82085	CPT	both			23		11.17 Qualcare	Qualcare		17.25	75			6.9	26.95	percent of total billed charges	
ALDOLASE	82085	CPT	both			23		11.17 Three Rivers	Three Rivers		21.85	95			6.9	26.95	percent of total billed charges	
ALDOLASE	82085	CPT	both			23		11.17 UHC	Medicare		9.71				6.9	26.95	fee schedule	
ALDOLASE	82085	CPT	both			23		11.17 UHC	Medicaid		7.26	31.55			6.9	26.95	percent of total billed charges	
ALDOLASE	82085	CPT	both			23		11.17 Wellcare	Medicare		9.71				6.9	26.95	fee schedule	
ALDOLASE	82085	CPT	both			23		11.17 Wellcare	Medicaid		7.26	31.55			6.9	26.95	percent of total billed charges	
ALDOLASE	82085	CPT	both			23		11.17 WellPoint	WellPoint		7.4	32.18			6.9	26.95	percent of total billed charges	
ALDOSTERONE,URINE	82088	CPT	both			234		46.86 Aetna	Better Health		73.83	31.55			27.3	222.3	percent of total billed charges	
ALDOSTERONE,URINE	82088	CPT	both			234		46.86 Aetna	Medicare		40.75				27.3	222.3	fee schedule	
ALDOSTERONE,URINE	82088	CPT	both			234		46.86 Aetna	Commercial		88.92	38			27.3	222.3	percent of total billed charges	
ALDOSTERONE,URINE	82088	CPT	both			234		46.86 Americare	Americare		175.5	75			27.3	222.3	percent of total billed charges	
ALDOSTERONE,URINE	82088	CPT	both			234		46.86 Amerihealth	Medicare		40.75				27.3	222.3	fee schedule	
ALDOSTERONE,URINE	82088	CPT	both			234		46.86 Amerihealth	HMO/PPO		152.1	65			27.3	222.3	percent of total billed charges	
ALDOSTERONE,URINE	82088	CPT	both			234		46.86 Consumer	Consumer		222.3	95			27.3	222.3	percent of total billed charges	
ALDOSTERONE,URINE	82088	CPT	both			234		46.86 Corrections	Corrections		187.2	80			27.3	222.3	percent of total billed charges	
ALDOSTERONE,URINE	82088	CPT	both			234		46.86 First Health	First Health		163.8	70			27.3	222.3	percent of total billed charges	
ALDOSTERONE,URINE	82088	CPT	both			234		46.86 First Trenton	First Trenton		210.6	90			27.3	222.3	percent of total billed charges	
ALDOSTERONE,URINE	82088	CPT	both			234		46.86 Horizon	MGD		89.58	38.28			27.3	222.3	percent of total billed charges	
ALDOSTERONE,URINE	82088	CPT	both			234		46.86 Horizon	PPO		89.58	38.28			27.3	222.3	percent of total billed charges	
ALDOSTERONE,URINE	82088	CPT	both			234		46.86 Horizon	Indemnity		89.58	38.28			27.3	222.3	percent of total billed charges	
ALDOSTERONE,URINE	82088	CPT	both			234		46.86 Horizon	NJ Health		78.4				27.3	222.3	fee schedule	
ALDOSTERONE,URINE	82088	CPT	both			234		46.86 Horizon	Medicare Blue		70.2	30			27.3	222.3	percent of total billed charges	
ALDOSTERONE,URINE	82088	CPT	both			234		46.86 Managed Care Inc	Managed Care Inc		210.6	90			27.3	222.3	percent of total billed charges	
ALDOSTERONE,URINE	82088	CPT	both			234		46.86 Multiplan	Multiplan		187.2	80			27.3	222.3	percent of total billed charges	
ALDOSTERONE,URINE	82088	CPT	both			234		46.86 Qualcare	Qualcare		175.5	75			27.3	222.3	percent of total billed charges	
ALDOSTERONE,URINE	82088	CPT	both			234		46.86 Three Rivers	Three Rivers		222.3	95			27.3	222.3	percent of total billed charges	
ALDOSTERONE,URINE	82088	CPT	both			234		46.86 UHC	Medicare		40.75				27.3	222.3	fee schedule	
ALDOSTERONE,URINE	82088	CPT	both			234		46.86 UHC	Medicaid		73.83	31.55			27.3	222.3	percent of total billed charges	
ALDOSTERONE,URINE	82088	CPT	both			234		46.86 Wellcare	Medicare		40.75				27.3	222.3	fee schedule	
ALDOSTERONE,URINE	82088	CPT	both			234		46.86 Wellcare	Medicaid		73.83	31.55			27.3	222.3	percent of total billed charges	
ALDOSTERONE,URINE	82088	CPT	both			234		46.86 WellPoint	WellPoint		75.3	32.18			27.3	222.3	percent of total billed charges	
ALPHA-1-ANTITRYPSIN; TOTAL	82103	CPT	both			325		15.46 Aetna	Medicare		13.44				9.6	308.75	fee schedule	
ALPHA-1-ANTITRYPSIN; TOTAL	82103	CPT	both			325		15.46 Aetna	Commercial		123.5	38			9.6	308.75	percent of total billed charges	
ALPHA-1-ANTITRYPSIN; TOTAL	82103	CPT	both			325		15.46 Aetna	Better Health		102.54	31.55			9.6	308.75	percent of total billed charges	
ALPHA-1-ANTITRYPSIN; TOTAL	82103	CPT	both			325		15.46 Americare	Americare		243.75	75			9.6	308.75	percent of total billed charges	
ALPHA-1-ANTITRYPSIN; TOTAL	82103	CPT	both			325		15.46 Amerihealth	HMO/PPO		211.25	65			9.6	308.75	percent of total billed charges	
ALPHA-1-ANTITRYPSIN; TOTAL	82103	CPT	both			325		15.46 Amerihealth	Medicare		13.44				9.6	308.75	fee schedule	
ALPHA-1-ANTITRYPSIN; TOTAL	82103	CPT	both			325		15.46 Consumer	Consumer		308.75	95			9.6	308.75	percent of total billed charges	
ALPHA-1-ANTITRYPSIN; TOTAL	82103	CPT	both			325		15.46 Corrections	Corrections		260	80			9.6	308.75	percent of total billed charges	
ALPHA-1-ANTITRYPSIN; TOTAL	82103	CPT	both			325		15.46 First Health	First Health		227.5	70			9.6	308.75	percent of total billed charges	
ALPHA-1-ANTITRYPSIN; TOTAL	82103	CPT	both			325		15.46 First Trenton	First Trenton		292.5	90			9.6	308.75	percent of total billed charges	
ALPHA-1-ANTITRYPSIN; TOTAL	82103	CPT	both			325		15.46 Horizon	Indemnity		124.41	38.28			9.6	308.75	percent of total billed charges	
ALPHA-1-ANTITRYPSIN; TOTAL	82103	CPT	both			325		15.46 Horizon	Medicare Blue		97.5	30			9.6	308.75	percent of total billed charges	
ALPHA-1-ANTITRYPSIN; TOTAL	82103	CPT	both			325		15.46 Horizon	MGD		124.41	38.28			9.6	308.75	percent of total billed charges	
ALPHA-1-ANTITRYPSIN; TOTAL	82103	CPT	both			325		15.46 Horizon	NJ Health		15.29				9.6	308.75	fee schedule	
ALPHA-1-ANTITRYPSIN; TOTAL	82103	CPT	both			325		15.46 Horizon	PPO		124.41	38.28			9.6	308.75	percent of total billed charges	
ALPHA-1-ANTITRYPSIN; TOTAL	82103	CPT	both			325		15.46 Managed Care Inc	Managed Care Inc		292.5	90			9.6	308.75	percent of total billed charges	
ALPHA-1-ANTITRYPSIN; TOTAL	82103	CPT	both			325		15.46 Multiplan	Multiplan		260	80			9.6	308.75	percent of total billed charges	
ALPHA-1-ANTITRYPSIN; TOTAL	82103	CPT	both			325		15.46 Qualcare	Qualcare		243.75	75			9.6	308.75	percent of total billed charges	
ALPHA-1-ANTITRYPSIN; TOTAL	82103	CPT	both			325		15.46 Three Rivers	Three Rivers		308.75	95			9.6	308.75	percent of total billed charges	
ALPHA-1-ANTITRYPSIN; TOTAL	82103	CPT	both			325		15.46 UHC	Medicaid		102.54	31.55			9.6	308.75	percent of total billed charges	
ALPHA-1-ANTITRYPSIN; TOTAL	82103	CPT	both			325		15.46 UHC	Medicare		13.44				9.6	308.75	fee schedule	
ALPHA-1-ANTITRYPSIN; TOTAL	82103	CPT	both			325		15.46 Wellcare	Medicaid		102.54	31.55			9.6	308.75	percent of total billed charges	
ALPHA-1-ANTITRYPSIN; TOTAL	82103	CPT	both			325		15.46 Wellcare	Medicare		13.44				9.6	308.75	fee schedule	
ALPHA-1-ANTITRYPSIN; TOTAL	82103	CPT	both			325		15.46 WellPoint	WellPoint		104.59	32.18			9.6	308.75	percent of total billed charges	
PHENOTYPE	82104	CPT	both			78		16.63 Aetna	Medicare		24.02	30.8			10.2	74.1	percent of total billed charges	
PHENOTYPE	82104	CPT	both			78		16.63 Aetna	Better Health		24.61	31.55			10.2	74.1	percent of total billed charges	
PHENOTYPE	82104	CPT	both			78		16.63 Aetna	Commercial		29.64	38			10.2	74.1	percent of total billed charges	
PHENOTYPE	82104	CPT	both			78		16.63 Americare	Americare		58.5	75			10.2	74.1	percent of total billed charges	
PHENOTYPE	82104	CPT	both			78		16.63 Amerihealth	HMO/PPO		50.7	65			10.2	74.1	percent of total billed charges	
PHENOTYPE	82104	CPT	both			78		16.63 Amerihealth	Medicare		14.46				10.2	74.1	fee schedule	
PHENOTYPE	82104	CPT	both			78		16.63 Consumer	Consumer		74.1	95			10.2	74.1	percent of total billed charges	
PHENOTYPE	82104	CPT	both			78		16.63 Corrections	Corrections		62.4	80			10.2	74.1	percent of total billed charges	
PHENOTYPE	82104	CPT	both			78		16.63 First Health	First Health		54.6	70			10.2	74.1	percent of total billed charges	
PHENOTYPE	82104	CPT	both			78		16.63 First Trenton	First Trenton		70.2	90			10.2	74.1	percent of total billed charges	
PHENOTYPE	82104	CPT	both			78		16.63 Horizon	NJ Health		15.29				10.2	74.1	fee schedule	
PHENOTYPE	82104	CPT	both			78		16.63 Horizon	MGD		29.86	38.28			10.2	74.1	percent of total billed charges	
PHENOTYPE	82104	CPT	both			78		16.63 Horizon	Medicare Blue		23.4	30			10.2	74.1	percent of total billed charges	
PHENOTYPE	82104	CPT	both			78		16.63 Horizon	Indemnity		29.86	38.28			10.2	74.1	percent of total billed charges	
PHENOTYPE	82104	CPT	both			78		16.63 Horizon	PPO		29.86	38.28			10.2	74.1	percent of total billed charges	
PHENOTYPE	82104	CPT	both			78		16.63 Managed Care Inc	Managed Care Inc		70.2	90			10.2	74.1	percent of total billed charges	
PHENOTYPE	82104	CPT	both			78		16.63 Multiplan	Multiplan		62.4	80			10.2	74.1	percent of total billed charges	
PHENOTYPE	82104	CPT	both			78		16.63 Qualcare	Qualcare		58.5	75			10.2	74.1	percent of total billed charges	
PHENOTYPE	82104	CPT	both			78		16.63 Three Rivers	Three Rivers		74.1	95			10.2	74.1	percent of total billed charges	
PHENOTYPE	82104	CPT	both			78		16.63 UHC	Medicare		14.46				10.2	74.1	fee schedule	
PHENOTYPE	82104	CPT	both			78		16.63 UHC	Medicaid		24.61	31.55			10.2	74.1	percent of total billed charges	
PHENOTYPE	82104	CPT	both			78		16.63 Wellcare	Medicaid		24.61	31.55			10.2	74.1	percent of total billed charges	
PHENOTYPE	82104	CPT	both			78		16.63 Wellcare	Medicare		14.46				10.2	74.1	fee schedule	
PHENOTYPE	82104	CPT	both			78		16.63 WellPoint	WellPoint		25.1	32.18			10.2	74.1	percent of total billed charges	
MS-AFP	82105	CPT	both			252		19.29 Aetna	Better Health		79.51	31.55			12.3	239.4	percent of total billed charges	
MS-AFP	82105	CPT	both			252		19.29 Aetna	Medicare		16.77				12.3	239.4	fee schedule	
MS-AFP	82105	CPT	both			252		19.29 Aetna	Commercial		95.76	38			12.3	239.4	percent of total billed charges	
MS-AFP	82105	CPT	both			252		19.29 Americare	Americare		189	75			12.3	239.4	percent of total billed charges	
MS-AFP	82105	CPT	both			252		19.29 Amerihealth	Medicare		16.77				12.3	239.4	fee schedule	
MS-AFP	82105	CPT	both			252		19.29 Amerihealth	HMO/PPO		163.8	65			12.3	239.4	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.															
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true														
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
MS-AFP	82105	CPT	both			252		19.29 Consumer	Consumer		239.4	95			12.3	239.4	percent of total billed charges	
MS-AFP	82105	CPT	both			252		19.29 Corrections	Corrections		201.6	80			12.3	239.4	percent of total billed charges	
MS-AFP	82105	CPT	both			252		19.29 First Health	First Health		176.4	70			12.3	239.4	percent of total billed charges	
MS-AFP	82105	CPT	both			252		19.29 First Trenton	First Trenton		226.8	90			12.3	239.4	percent of total billed charges	
MS-AFP	82105	CPT	both			252		19.29 Horizon	Indemnity		96.47	38.28			12.3	239.4	percent of total billed charges	
MS-AFP	82105	CPT	both			252		19.29 Horizon	Medicare Blue		75.6	30			12.3	239.4	percent of total billed charges	
MS-AFP	82105	CPT	both			252		19.29 Horizon	MGD		96.47	38.28			12.3	239.4	percent of total billed charges	
MS-AFP	82105	CPT	both			252		19.29 Horizon	PPO		96.47	38.28			12.3	239.4	percent of total billed charges	
MS-AFP	82105	CPT	both			252		19.29 Horizon	NJ Health		19.99				12.3	239.4	fee schedule	
MS-AFP	82105	CPT	both			252		19.29 Managed Care Inc	Managed Care Inc		226.8	90			12.3	239.4	percent of total billed charges	
MS-AFP	82105	CPT	both			252		19.29 Multiplan	Multiplan		201.6	80			12.3	239.4	percent of total billed charges	
MS-AFP	82105	CPT	both			252		19.29 Qualcare	Qualcare		189	75			12.3	239.4	percent of total billed charges	
MS-AFP	82105	CPT	both			252		19.29 Three Rivers	Three Rivers		239.4	95			12.3	239.4	percent of total billed charges	
MS-AFP	82105	CPT	both			252		19.29 UHC	Medicaid		79.51	31.55			12.3	239.4	percent of total billed charges	
MS-AFP	82105	CPT	both			252		19.29 UHC	Medicare		16.77				12.3	239.4	fee schedule	
MS-AFP	82105	CPT	both			252		19.29 Wellcare	Medicare		16.77				12.3	239.4	fee schedule	
MS-AFP	82105	CPT	both			252		19.29 Wellcare	Medicaid		79.51	31.55			12.3	239.4	percent of total billed charges	
MS-AFP	82105	CPT	both			252		19.29 WellPoint	WellPoint		81.09	32.18			12.3	239.4	percent of total billed charges	
S.A.F.P.	82106	CPT	outpatient			211		19.55 Aetna	Commercial		80.18	38			7.5	200.45	percent of total billed charges	
S.A.F.P.	82106	CPT	outpatient			211		19.55 Aetna	Better Health		66.57	31.55			7.5	200.45	percent of total billed charges	
S.A.F.P.	82106	CPT	outpatient			211		19.55 Aetna	Medicare		17				7.5	200.45	fee schedule	
S.A.F.P.	82106	CPT	outpatient			211		19.55 Americare	Americare		158.25	75			7.5	200.45	percent of total billed charges	
S.A.F.P.	82106	CPT	outpatient			211		19.55 Amerihealth	Medicare		17				7.5	200.45	fee schedule	
S.A.F.P.	82106	CPT	outpatient			211		19.55 Amerihealth	HMO/PPO		137.15	65			7.5	200.45	percent of total billed charges	
S.A.F.P.	82106	CPT	outpatient			211		19.55 Consumer	Consumer		200.45	95			7.5	200.45	percent of total billed charges	
S.A.F.P.	82106	CPT	outpatient			211		19.55 Corrections	Corrections		168.8	80			7.5	200.45	percent of total billed charges	
S.A.F.P.	82106	CPT	outpatient			211		19.55 First Health	First Health		147.7	70			7.5	200.45	percent of total billed charges	
S.A.F.P.	82106	CPT	outpatient			211		19.55 First Trenton	First Trenton		189.9	90			7.5	200.45	percent of total billed charges	
S.A.F.P.	82106	CPT	outpatient			211		19.55 Horizon	MGD		80.77	38.28			7.5	200.45	percent of total billed charges	
S.A.F.P.	82106	CPT	outpatient			211		19.55 Horizon	Medicare Blue		63.3	30			7.5	200.45	percent of total billed charges	
S.A.F.P.	82106	CPT	outpatient			211		19.55 Horizon	Indemnity		80.77	38.28			7.5	200.45	percent of total billed charges	
S.A.F.P.	82106	CPT	outpatient			211		19.55 Horizon	NJ Health		19.99				7.5	200.45	fee schedule	
S.A.F.P.	82106	CPT	outpatient			211		19.55 Horizon	PPO		80.77	38.28			7.5	200.45	percent of total billed charges	
S.A.F.P.	82106	CPT	outpatient			211		19.55 Managed Care Inc	Managed Care Inc		189.9	90			7.5	200.45	percent of total billed charges	
S.A.F.P.	82106	CPT	outpatient			211		19.55 Multiplan	Multiplan		168.8	80			7.5	200.45	percent of total billed charges	
S.A.F.P.	82106	CPT	outpatient			211		19.55 Qualcare	Qualcare		158.25	75			7.5	200.45	percent of total billed charges	
S.A.F.P.	82106	CPT	outpatient			211		19.55 Three Rivers	Three Rivers		200.45	95			7.5	200.45	percent of total billed charges	
S.A.F.P.	82106	CPT	outpatient			211		19.55 UHC	Medicaid		66.57	31.55			7.5	200.45	percent of total billed charges	
S.A.F.P.	82106	CPT	outpatient			211		19.55 UHC	Medicare		17				7.5	200.45	fee schedule	
S.A.F.P.	82106	CPT	outpatient			211		19.55 Wellcare	Medicaid		66.57	31.55			7.5	200.45	percent of total billed charges	
S.A.F.P.	82106	CPT	outpatient			211		19.55 Wellcare	Medicare		17				7.5	200.45	fee schedule	
S.A.F.P.	82106	CPT	outpatient			211		19.55 WellPoint	WellPoint		67.9	32.18			7.5	200.45	percent of total billed charges	
AFP-L3 FRACT ISOFORM&TOT AFP INCLUDE	82107	CPT	outpatient			738		74.07 Aetna	Commercial		280.44	38			64.41	701.1	percent of total billed charges	
AFP-L3 FRACT ISOFORM&TOT AFP INCLUDE	82107	CPT	outpatient			738		74.07 Aetna	Better Health		232.84	31.55			64.41	701.1	percent of total billed charges	
AFP-L3 FRACT ISOFORM&TOT AFP INCLUDE	82107	CPT	outpatient			738		74.07 Aetna	Medicare		64.41				64.41	701.1	fee schedule	
AFP-L3 FRACT ISOFORM&TOT AFP INCLUDE	82107	CPT	outpatient			738		74.07 Americare	Americare		553.5	75			64.41	701.1	percent of total billed charges	
AFP-L3 FRACT ISOFORM&TOT AFP INCLUDE	82107	CPT	outpatient			738		74.07 Amerihealth	HMO/PPO		479.7	65			64.41	701.1	percent of total billed charges	
AFP-L3 FRACT ISOFORM&TOT AFP INCLUDE	82107	CPT	outpatient			738		74.07 Amerihealth	Medicare		64.41				64.41	701.1	fee schedule	
AFP-L3 FRACT ISOFORM&TOT AFP INCLUDE	82107	CPT	outpatient			738		74.07 Consumer	Consumer		701.1	95			64.41	701.1	percent of total billed charges	
AFP-L3 FRACT ISOFORM&TOT AFP INCLUDE	82107	CPT	outpatient			738		74.07 Corrections	Corrections		590.4	80			64.41	701.1	percent of total billed charges	
AFP-L3 FRACT ISOFORM&TOT AFP INCLUDE	82107	CPT	outpatient			738		74.07 First Health	First Health		516.6	70			64.41	701.1	percent of total billed charges	
AFP-L3 FRACT ISOFORM&TOT AFP INCLUDE	82107	CPT	outpatient			738		74.07 First Trenton	First Trenton		664.2	90			64.41	701.1	percent of total billed charges	
AFP-L3 FRACT ISOFORM&TOT AFP INCLUDE	82107	CPT	outpatient			738		74.07 Horizon	MGD		282.51	38.28			64.41	701.1	percent of total billed charges	
AFP-L3 FRACT ISOFORM&TOT AFP INCLUDE	82107	CPT	outpatient			738		74.07 Horizon	Indemnity		282.51	38.28			64.41	701.1	percent of total billed charges	
AFP-L3 FRACT ISOFORM&TOT AFP INCLUDE	82107	CPT	outpatient			738		74.07 Horizon	NJ Health		176.38				64.41	701.1	fee schedule	
AFP-L3 FRACT ISOFORM&TOT AFP INCLUDE	82107	CPT	outpatient			738		74.07 Horizon	PPO		282.51	38.28			64.41	701.1	percent of total billed charges	
AFP-L3 FRACT ISOFORM&TOT AFP INCLUDE	82107	CPT	outpatient			738		74.07 Horizon	Medicare Blue		221.4	30			64.41	701.1	percent of total billed charges	
AFP-L3 FRACT ISOFORM&TOT AFP INCLUDE	82107	CPT	outpatient			738		74.07 Managed Care Inc	Managed Care Inc		664.2	90			64.41	701.1	percent of total billed charges	
AFP-L3 FRACT ISOFORM&TOT AFP INCLUDE	82107	CPT	outpatient			738		74.07 Multiplan	Multiplan		590.4	80			64.41	701.1	percent of total billed charges	
AFP-L3 FRACT ISOFORM&TOT AFP INCLUDE	82107	CPT	outpatient			738		74.07 Qualcare	Qualcare		553.5	75			64.41	701.1	percent of total billed charges	
AFP-L3 FRACT ISOFORM&TOT AFP INCLUDE	82107	CPT	outpatient			738		74.07 Three Rivers	Three Rivers		701.1	95			64.41	701.1	percent of total billed charges	
AFP-L3 FRACT ISOFORM&TOT AFP INCLUDE	82107	CPT	outpatient			738		74.07 UHC	Medicaid		232.84	31.55			64.41	701.1	percent of total billed charges	
AFP-L3 FRACT ISOFORM&TOT AFP INCLUDE	82107	CPT	outpatient			738		74.07 UHC	Medicare		64.41				64.41	701.1	fee schedule	
AFP-L3 FRACT ISOFORM&TOT AFP INCLUDE	82107	CPT	outpatient			738		74.07 Wellcare	Medicaid		232.84	31.55			64.41	701.1	percent of total billed charges	
AFP-L3 FRACT ISOFORM&TOT AFP INCLUDE	82107	CPT	outpatient			738		74.07 Wellcare	Medicare		64.41				64.41	701.1	fee schedule	
AFP-L3 FRACT ISOFORM&TOT AFP INCLUDE	82107	CPT	outpatient			738		74.07 WellPoint	WellPoint		237.49	32.18			64.41	701.1	percent of total billed charges	
ALUMINUM(07154\$)	82108	CPT	outpatient			29		29.3 Aetna	Medicare		25.48				8.7	78.4	fee schedule	
ALUMINUM(07154\$)	82108	CPT	outpatient			29		29.3 Aetna	Better Health		9.15	31.55			8.7	78.4	percent of total billed charges	
ALUMINUM(07154\$)	82108	CPT	outpatient			29		29.3 Aetna	Commercial		11.02	38			8.7	78.4	percent of total billed charges	
ALUMINUM(07154\$)	82108	CPT	outpatient			29		29.3 Americare	Americare		21.75	75			8.7	78.4	percent of total billed charges	
ALUMINUM(07154\$)	82108	CPT	outpatient			29		29.3 Amerihealth	Medicare		25.48				8.7	78.4	fee schedule	
ALUMINUM(07154\$)	82108	CPT	outpatient			29		29.3 Amerihealth	HMO/PPO		18.85	65			8.7	78.4	percent of total billed charges	
ALUMINUM(07154\$)	82108	CPT	outpatient			29		29.3 Consumer	Consumer		27.55	95			8.7	78.4	percent of total billed charges	
ALUMINUM(07154\$)	82108	CPT	outpatient			29		29.3 Corrections	Corrections		23.2	80			8.7	78.4	percent of total billed charges	
ALUMINUM(07154\$)	82108	CPT	outpatient			29		29.3 First Health	First Health		20.3	70			8.7	78.4	percent of total billed charges	
ALUMINUM(07154\$)	82108	CPT	outpatient			29		29.3 First Trenton	First Trenton		26.1	90			8.7	78.4	percent of total billed charges	
ALUMINUM(07154\$)	82108	CPT	outpatient			29		29.3 Horizon	NJ Health		78.4				8.7	78.4	fee schedule	
ALUMINUM(07154\$)	82108	CPT	outpatient			29		29.3 Horizon	MGD		11.1	38.28			8.7	78.4	percent of total billed charges	
ALUMINUM(07154\$)	82108	CPT	outpatient			29		29.3 Horizon	Medicare Blue		8.7	30			8.7	78.4	percent of total billed charges	
ALUMINUM(07154\$)	82108	CPT	outpatient			29		29.3 Horizon	Indemnity		11.1	38.28			8.7	78.4	percent of total billed charges	
ALUMINUM(07154\$)	82108	CPT	outpatient			29		29.3 Horizon	PPO		11.1	38.28			8.7	78.4	percent of total billed charges	
ALUMINUM(07154\$)	82108	CPT	outpatient			29		29.3 Managed Care Inc	Managed Care Inc		26.1	90			8.7	78.4	percent of total billed charges	
ALUMINUM(07154\$)	82108	CPT	outpatient			29		29.3 Multiplan	Multiplan		23.2	80			8.7	78.4	percent of total billed charges	
ALUMINUM(07154\$)	82108	CPT	outpatient			29		29.3 Qualcare	Qualcare		21.75	75			8.7	78.4	percent of total billed charges	
ALUMINUM(07154\$)	82108	CPT	outpatient			29		29.3 Three Rivers	Three Rivers		27.55	95			8.7	78.4	percent of total billed charges	
ALUMINUM(07154\$)	82108	CPT	outpatient			29		29.3 UHC	Medicare		25.48				8.7	78.4	fee schedule	
ALUMINUM(07154\$)	82108	CPT	outpatient			29		29.3 UHC	Medicaid		9.15	31.55			8.7	78.4	percent of total billed charges	
ALUMINUM(07154\$)	82108	CPT	outpatient			29		29.3 Wellcare	Medicare		25.48				8.7	78.4	fee schedule	
ALUMINUM(07154\$)	82108	CPT	outpatient			29		29.3 Wellcare	Medicaid		9.15	31.55			8.7	78.4	percent of total billed charges	
ALUMINUM(07154\$)	82108	CPT	outpatient			29		29.3 WellPoint	WellPoint		9.33	32.18			8.7	78.4	percent of total billed charges	
AMINO ACIDS, SINGLE QUALIT, EA	82127	CPT	outpatient			519		16.31 Aetna	Better Health		163.74	31.55			14.18	493.05	percent of total billed charges	
AMINO ACIDS, SINGLE QUALIT, EA	82127	CPT	outpatient			519		16.31 Aetna	Medicare		159.85	30.8			14.18	493.05	percent of total billed charges	
AMINO ACIDS, SINGLE QUALIT, EA	82127	CPT	outpatient			519		16.31 Aetna	Commercial		197.22	38			14.18	493.05	percent of total billed charges	
AMINO ACIDS, SINGLE QUALIT, EA	82127	CPT	outpatient			519		16.31 Americare	Americare		389.25	75			14.18	493.05	percent of total billed charges	
AMINO ACIDS, SINGLE QUALIT, EA	82127	CPT	outpatient			519		16.31 Amerihealth	Medicare		14.18				14.18	493.05	fee schedule	
AMINO ACIDS, SINGLE QUALIT, EA	82127	CPT	outpatient			519		16.31 Amerihealth	HMO/PPO		337.35	65			14.18	493.05	percent of total billed charges	
AMINO ACIDS, SINGLE QUALIT, EA	82127	CPT	outpatient			519		16.31 Consumer	Consumer		493.05	95			14.18	493.05	percent of total billed charges	
AMINO ACIDS, SINGLE QUALIT, EA	82127	CPT	outpatient			519		16.31 Corrections	Corrections		415.2	80			14.18	493.05	percent of total billed charges	
AMINO ACIDS, SINGLE QUALIT, EA	82127	CPT	outpatient			519		16.31 First Health	First Health		363.3	70			14.18	493.05	percent of total billed charges	
AMINO ACIDS, SINGLE QUALIT, EA	82127	CPT	outpatient			519		16.31 First Trenton	First Trenton		467.1	90			14.18	493.05	percent of total billed charges	
AMINO ACIDS, SINGLE QUALIT, EA	82127	CPT	outpatient			519		16.31 Horizon	Medicare Blue		155.7	30			14.18	493.05	percent of total billed charges	
AMINO ACIDS, SINGLE QUALIT, EA	82127	CPT	outpatient			519		16.31 Horizon	MGD		198.67	38.28			14.18	493.05	percent of total billed charges	
AMINO ACIDS, SINGLE QUALIT, EA	82127	CPT	outpatient			519		16.31 Horizon	Indemnity		198.67	38.28			14.18	493.05	percent of total billed charges	
AMINO ACIDS, SINGLE QUALIT, EA	82127	CPT	outpatient			519		16.31 Horizon	NJ Health		15.39				14.18	493.05	fee schedule	
AMINO ACIDS, SINGLE QUALIT, EA	82127	CPT	outpatient			519		16.31 Horizon	PPO		198.67	38.28			14.18	493.05	percent of total billed charges	
AMINO ACIDS, SINGLE QUALIT, EA	82127	CPT	outpatient			519		16.31 Managed Care Inc	Managed Care Inc		467.1	90			14.18	493.05	percent of total billed charges	
AMINO ACIDS, SINGLE QUALIT, EA	82127	CPT	outpatient			519		16.31 Multiplan	Multiplan		415.2	80			14.18	493.05	percent of total billed charges	
AMINO ACIDS, SINGLE QUALIT, EA	82127	CPT	outpatient			519		16.31 Qualcare	Qualcare		389.25	75			14.18	493.05	percent of total billed charges	
AMINO ACIDS, SINGLE QUALIT, EA	82127	CPT	outpatient			519		16.31 Three Rivers	Three Rivers		493.05	95			14.18	493.05	percent of total billed charges	
AMINO ACIDS, SINGLE QUALIT, EA	82127	CPT	outpatient			519		16.31 UHC	Medicare		14.18				14.18	493.05	fee schedule	
AMINO ACIDS, SINGLE QUALIT, EA	82127	CPT	outpatient			519		16.31 UHC	Medicaid		163.74	31.55			14.18	493.05	percent of total billed charges	
AMINO ACIDS, SINGLE QUALIT, EA	82127	CPT	outpatient			519		16.31 Wellcare	Medicare		14.18				14.18	493.05	fee schedule	
AMINO ACIDS, SINGLE QUALIT, EA	82127	CPT	outpatient			519		16.31 Wellcare	Medicaid		163.74	31.55			14.18	493.05	percent of total billed charges	
AMINO ACIDS, SINGLE QUALIT, EA	82127	CPT	outpatient			519		16.31 WellPoint	WellPoint		167.01	32.18			14.18	493.05	percent of total billed charges	
MULTIPLE ACIDS, EACH SPECIMEN	82128	CPT	outpatient			313		15.95 Aetna	Better Health		98.75	31.55			13.87	297.35	percent of total billed charges	
MULTIPLE ACIDS, EACH SPECIMEN	82128	CPT	outpatient			313		15.95 Aetna	Medicare		13.87				13.87	297.35	fee schedule	
MULTIPLE ACIDS, EACH SPECIMEN	82128	CPT	outpatient			313		15.95 Aetna	Commercial		118.94	38			13.87	297.35	percent of total billed charges	
MULTIPLE ACIDS, EACH SPECIMEN	82128	CPT	outpatient			313		15.95 Americare	Americare		234.75	75			13.87	297.35	percent of total billed charges	
MULTIPLE ACIDS, EACH SPECIMEN	82128	CPT	outpatient			313		15.95 Amerihealth	HMO/PPO		203.45	65			13.87	297.35	percent of total billed charges	
MULTIPLE ACIDS, EACH SPECIMEN	82128	CPT	outpatient			313		15.95 Amerihealth	Medicare		13.87				13.87	297.35	fee schedule	
MULTIPLE ACIDS, EACH SPECIMEN	82128	CPT	outpatient			313		15.95 Consumer	Consumer		297.35	95			13.87	297.35	percent of total billed charges	
MULTIPLE ACIDS, EACH SPECIMEN	82128	CPT	outpatient			313		15.95 Corrections	Corrections		250.4	80			13.87	297.35	percent of total billed charges	
MULTIPLE ACIDS, EACH SPECIMEN	82128	CPT	outpatient			313		15.95 First Health	First Health		219.1	70			13.87	297.35	percent of total billed charges	
MULTIPLE ACIDS, EACH SPECIMEN	82128	CPT	outpatient			313		15.95 First Trenton	First Trenton		281.7	90			13.87	297.35	percent of total billed charges	
MULTIPLE ACIDS, EACH SPECIMEN	82128	CPT	outpatient			313		15.95 Horizon	Medicare Blue		93.9	30			13.87	297.35	percent of total billed charges	
MULTIPLE ACIDS, EACH SPECIMEN	82128	CPT	outpatient			313		15.95 Horizon	Indemnity		119.82	38.28			13.87	297.35	percent of total billed charges	
MULTIPLE ACIDS, EACH SPECIMEN	82128	CPT	outpatient			313		15.95 Horizon	PPO		119.82	38.28			13.87	297.35	percent of total billed charges	
MULTIPLE ACIDS, EACH SPECIMEN	82128	CPT	outpatient			313		15.95 Horizon	MGD		119.82	38.28			13.87	297.35	percent of total billed charges	
MULTIPLE ACIDS, EACH SPECIMEN	82128	CPT	outpatient			313		15.95 Horizon	NJ Health		29.01				13.87	297.35	fee schedule	
MULTIPLE ACIDS, EACH SPECIMEN	82128	CPT	outpatient			313		15.95 Managed Care Inc	Managed Care Inc		281.7	90			13.87	297.35	percent of total billed charges	
MULTIPLE ACIDS, EACH SPECIMEN	82128	CPT	outpatient			313		15.95 Multiplan	Multiplan		250.4	80			13.87	297.35	percent of total billed charges	
MULTIPLE ACIDS, EACH SPECIMEN	82128	CPT	outpatient			313		15.95 Qualcare	Qualcare		234.75	75			13.87	297.35	percent of total billed charges	
MULTIPLE ACIDS, EACH SPECIMEN	82128	CPT	outpatient			313		15.95 Three Rivers	Three Rivers		297.35	95			13.87	297.35	percent of total billed charges	
MULTIPLE ACIDS, EACH SPECIMEN	82128	CPT	outpatient			313		15.95 UHC	Medicare		13.87				13.87	297.35	fee schedule	
MULTIPLE ACIDS, EACH SPECIMEN	82128	CPT	outpatient			313		15.95 UHC	Medicaid		98.75	31.55			13.87	297.35	percent of total billed charges	
MULTIPLE ACIDS, EACH SPECIMEN	82128	CPT	outpatient			313		15.95 Wellcare	Medicaid		98.75	31.55			13.87	297.35	percent of total billed charges	
MULTIPLE ACIDS, EACH SPECIMEN	82128	CPT	outpatient			313		15.95 Wellcare	Medicare		13.87				13.87	297.35	fee schedule	
MULTIPLE ACIDS, EACH SPECIMEN	82128	CPT	outpatient			313		15.95 WellPoint	WellPoint		100.72	32.18			13.87	297.35	percent of total billed charges	
WHITE CELL ISOLATION WBC CYSTINE	82131	CPT	both			1325		26.43 Aetna	Commercial		503.5	38			21.3	1258.75	percent of total billed charges	
WHITE CELL ISOLATION WBC CYSTINE	82131	CPT	both			1325		26.43 Aetna	Better Health		418.04	31.55			21.3	1258.75	percent of total billed charges	
WHITE CELL ISOLATION WBC CYSTINE	82131	CPT	both			1325		26.43 Aetna	Medicare		22.98				21.3	1258.75	fee schedule	
WHITE CELL ISOLATION WBC CYSTINE	82131	CPT	both			1325		26.43 Americare	Americare		993.75	75			21.3	1258.75	percent of total billed charges	
WHITE CELL ISOLATION WBC CYSTINE	82131	CPT	both			1325		26.43 Amerihealth	Medicare		22.98				21.3	1258.75	fee schedule	
WHITE CELL ISOLATION WBC CYSTINE	82131	CPT	both			1325		26.43 Amerihealth	HMO/PPO		861.25	65			21.3	1258.75	percent of total billed charges	
WHITE CELL ISOLATION WBC CYSTINE	82131	CPT	both			1325		26.43 Consumer	Consumer		1258.75	95			21.3	1258.75	percent of total billed charges	
WHITE CELL ISOLATION WBC CYSTINE	82131	CPT	both			1325		26.43 Corrections	Corrections		1060	80			21.3	1258.75	percent of total billed charges	
WHITE CELL ISOLATION WBC CYSTINE	82131	CPT	both			1325		26.43 First Health	First Health		927.5	70			21.3	1258.75	percent of total billed charges	
WHITE CELL ISOLATION WBC CYSTINE	82131	CPT	both			1325		26.43 First Trenton	First Trenton		1192.5	90			21.3	1258.75	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101191	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
WHITE CELL ISOLATION WBC CYSTINE	82131	CPT	both			1325		26.43	Horizon	MGD	507.21	38.28			21.3	1258.75	percent of total billed charges	
WHITE CELL ISOLATION WBC CYSTINE	82131	CPT	both			1325		26.43	Horizon	Indemnity	507.21	38.28			21.3	1258.75	percent of total billed charges	
WHITE CELL ISOLATION WBC CYSTINE	82131	CPT	both			1325		26.43	Horizon	Medicare Blue	397.5	30			21.3	1258.75	percent of total billed charges	
WHITE CELL ISOLATION WBC CYSTINE	82131	CPT	both			1325		26.43	Horizon	NJ Health	51.74				21.3	1258.75	fee schedule	
WHITE CELL ISOLATION WBC CYSTINE	82131	CPT	both			1325		26.43	Horizon	PPO	507.21	38.28			21.3	1258.75	percent of total billed charges	
WHITE CELL ISOLATION WBC CYSTINE	82131	CPT	both			1325		26.43	Managed Care Inc	Managed Care Inc	1192.5	90			21.3	1258.75	percent of total billed charges	
WHITE CELL ISOLATION WBC CYSTINE	82131	CPT	both			1325		26.43	Multiplan	Multiplan	1060	80			21.3	1258.75	percent of total billed charges	
WHITE CELL ISOLATION WBC CYSTINE	82131	CPT	both			1325		26.43	Qualcare	Qualcare	993.75	75			21.3	1258.75	percent of total billed charges	
WHITE CELL ISOLATION WBC CYSTINE	82131	CPT	both			1325		26.43	Three Rivers	Three Rivers	1258.75	95			21.3	1258.75	percent of total billed charges	
WHITE CELL ISOLATION WBC CYSTINE	82131	CPT	both			1325		26.43	UHC	Medicaid	418.04	31.55			21.3	1258.75	percent of total billed charges	
WHITE CELL ISOLATION WBC CYSTINE	82131	CPT	both			1325		26.43	UHC	Medicare	22.98				21.3	1258.75	fee schedule	
WHITE CELL ISOLATION WBC CYSTINE	82131	CPT	both			1325		26.43	Wellcare	Medicaid	418.04	31.55			21.3	1258.75	percent of total billed charges	
WHITE CELL ISOLATION WBC CYSTINE	82131	CPT	both			1325		26.43	Wellcare	Medicare	22.98				21.3	1258.75	fee schedule	
WHITE CELL ISOLATION WBC CYSTINE	82131	CPT	both			1325		26.43	WellPoint	WellPoint	426.39	32.18			21.3	1258.75	percent of total billed charges	
ALA DELTA,RANDOM URINE	82135	CPT	outpatient			113		18.92	Aetna	Medicare	16.45				16.45	107.35	fee schedule	
ALA DELTA,RANDOM URINE	82135	CPT	outpatient			113		18.92	Aetna	Better Health	35.65	31.55			16.45	107.35	percent of total billed charges	
ALA DELTA,RANDOM URINE	82135	CPT	outpatient			113		18.92	Aetna	Commercial	42.94	38			16.45	107.35	percent of total billed charges	
ALA DELTA,RANDOM URINE	82135	CPT	outpatient			113		18.92	Americare	Americare	84.75	75			16.45	107.35	percent of total billed charges	
ALA DELTA,RANDOM URINE	82135	CPT	outpatient			113		18.92	Amerihealth	Medicare	16.45				16.45	107.35	fee schedule	
ALA DELTA,RANDOM URINE	82135	CPT	outpatient			113		18.92	Amerihealth	HMO/PPO	73.45	65			16.45	107.35	percent of total billed charges	
ALA DELTA,RANDOM URINE	82135	CPT	outpatient			113		18.92	Consumer	Consumer	107.35	95			16.45	107.35	percent of total billed charges	
ALA DELTA,RANDOM URINE	82135	CPT	outpatient			113		18.92	Corrections	Corrections	90.4	80			16.45	107.35	percent of total billed charges	
ALA DELTA,RANDOM URINE	82135	CPT	outpatient			113		18.92	First Health	First Health	79.1	70			16.45	107.35	percent of total billed charges	
ALA DELTA,RANDOM URINE	82135	CPT	outpatient			113		18.92	First Trenton	First Trenton	101.7	90			16.45	107.35	percent of total billed charges	
ALA DELTA,RANDOM URINE	82135	CPT	outpatient			113		18.92	Horizon	Medicare Blue	33.9	30			16.45	107.35	percent of total billed charges	
ALA DELTA,RANDOM URINE	82135	CPT	outpatient			113		18.92	Horizon	PPO	43.26	38.28			16.45	107.35	percent of total billed charges	
ALA DELTA,RANDOM URINE	82135	CPT	outpatient			113		18.92	Horizon	MGD	43.26	38.28			16.45	107.35	percent of total billed charges	
ALA DELTA,RANDOM URINE	82135	CPT	outpatient			113		18.92	Horizon	Indemnity	43.26	38.28			16.45	107.35	percent of total billed charges	
ALA DELTA,RANDOM URINE	82135	CPT	outpatient			113		18.92	Horizon	NJ Health	39.2				16.45	107.35	fee schedule	
ALA DELTA,RANDOM URINE	82135	CPT	outpatient			113		18.92	Managed Care Inc	Managed Care Inc	101.7	90			16.45	107.35	percent of total billed charges	
ALA DELTA,RANDOM URINE	82135	CPT	outpatient			113		18.92	Multiplan	Multiplan	90.4	80			16.45	107.35	percent of total billed charges	
ALA DELTA,RANDOM URINE	82135	CPT	outpatient			113		18.92	Qualcare	Qualcare	84.75	75			16.45	107.35	percent of total billed charges	
ALA DELTA,RANDOM URINE	82135	CPT	outpatient			113		18.92	Three Rivers	Three Rivers	107.35	95			16.45	107.35	percent of total billed charges	
ALA DELTA,RANDOM URINE	82135	CPT	outpatient			113		18.92	UHC	Medicare	16.45				16.45	107.35	fee schedule	
ALA DELTA,RANDOM URINE	82135	CPT	outpatient			113		18.92	UHC	Medicaid	35.65	31.55			16.45	107.35	percent of total billed charges	
ALA DELTA,RANDOM URINE	82135	CPT	outpatient			113		18.92	Wellcare	Medicare	16.45				16.45	107.35	fee schedule	
ALA DELTA,RANDOM URINE	82135	CPT	outpatient			113		18.92	Wellcare	Medicaid	35.65	31.55			16.45	107.35	percent of total billed charges	
ALA DELTA,RANDOM URINE	82135	CPT	outpatient			113		18.92	WellPoint	WellPoint	36.36	32.18			16.45	107.35	percent of total billed charges	
AMINOACID GLYCINE, QN, CSF/PLSM	82136	CPT	both			834		22.55	Aetna	Medicare	19.61				18.74	792.3	fee schedule	
AMINOACID GLYCINE, QN, CSF/PLSM	82136	CPT	both			834		22.55	Aetna	Better Health	263.13	31.55			18.74	792.3	percent of total billed charges	
AMINOACID GLYCINE, QN, CSF/PLSM	82136	CPT	both			834		22.55	Aetna	Commercial	316.92	38			18.74	792.3	percent of total billed charges	
AMINOACID GLYCINE, QN, CSF/PLSM	82136	CPT	both			834		22.55	Americare	Americare	625.5	75			18.74	792.3	percent of total billed charges	
AMINOACID GLYCINE, QN, CSF/PLSM	82136	CPT	both			834		22.55	Amerihealth	HMO/PPO	542.1	65			18.74	792.3	percent of total billed charges	
AMINOACID GLYCINE, QN, CSF/PLSM	82136	CPT	both			834		22.55	Amerihealth	Medicare	19.61				18.74	792.3	fee schedule	
AMINOACID GLYCINE, QN, CSF/PLSM	82136	CPT	both			834		22.55	Consumer	Consumer	792.3	95			18.74	792.3	percent of total billed charges	
AMINOACID GLYCINE, QN, CSF/PLSM	82136	CPT	both			834		22.55	Corrections	Corrections	667.2	80			18.74	792.3	percent of total billed charges	
AMINOACID GLYCINE, QN, CSF/PLSM	82136	CPT	both			834		22.55	First Health	First Health	583.8	70			18.74	792.3	percent of total billed charges	
AMINOACID GLYCINE, QN, CSF/PLSM	82136	CPT	both			834		22.55	First Trenton	First Trenton	750.6	90			18.74	792.3	percent of total billed charges	
AMINOACID GLYCINE, QN, CSF/PLSM	82136	CPT	both			834		22.55	Horizon	Medicare Blue	250.2	30			18.74	792.3	percent of total billed charges	
AMINOACID GLYCINE, QN, CSF/PLSM	82136	CPT	both			834		22.55	Horizon	Indemnity	319.26	38.28			18.74	792.3	percent of total billed charges	
AMINOACID GLYCINE, QN, CSF/PLSM	82136	CPT	both			834		22.55	Horizon	PPO	319.26	38.28			18.74	792.3	percent of total billed charges	
AMINOACID GLYCINE, QN, CSF/PLSM	82136	CPT	both			834		22.55	Horizon	MGD	319.26	38.28			18.74	792.3	percent of total billed charges	
AMINOACID GLYCINE, QN, CSF/PLSM	82136	CPT	both			834		22.55	Horizon	NJ Health	16.74				18.74	792.3	fee schedule	
AMINOACID GLYCINE, QN, CSF/PLSM	82136	CPT	both			834		22.55	Managed Care Inc	Managed Care Inc	750.6	90			18.74	792.3	percent of total billed charges	
AMINOACID GLYCINE, QN, CSF/PLSM	82136	CPT	both			834		22.55	Multiplan	Multiplan	667.2	80			18.74	792.3	percent of total billed charges	
AMINOACID GLYCINE, QN, CSF/PLSM	82136	CPT	both			834		22.55	Qualcare	Qualcare	625.5	75			18.74	792.3	percent of total billed charges	
AMINOACID GLYCINE, QN, CSF/PLSM	82136	CPT	both			834		22.55	Three Rivers	Three Rivers	792.3	95			18.74	792.3	percent of total billed charges	
AMINOACID GLYCINE, QN, CSF/PLSM	82136	CPT	both			834		22.55	UHC	Medicaid	263.13	31.55			18.74	792.3	percent of total billed charges	
AMINOACID GLYCINE, QN, CSF/PLSM	82136	CPT	both			834		22.55	UHC	Medicare	19.61				18.74	792.3	fee schedule	
AMINOACID GLYCINE, QN, CSF/PLSM	82136	CPT	both			834		22.55	Wellcare	Medicaid	263.13	31.55			18.74	792.3	percent of total billed charges	
AMINOACID GLYCINE, QN, CSF/PLSM	82136	CPT	both			834		22.55	Wellcare	Medicare	19.61				18.74	792.3	fee schedule	
AMINOACID GLYCINE, QN, CSF/PLSM	82136	CPT	both			834		22.55	WellPoint	WellPoint	268.38	32.18			18.74	792.3	percent of total billed charges	
AUTOIMMUNE MYELOPATHY EVAL	82139	CPT	both			1942		19.4	Aetna	Better Health	612.7	31.55			16.87	1844.9	percent of total billed charges	
AUTOIMMUNE MYELOPATHY EVAL	82139	CPT	both			1942		19.4	Aetna	Medicare	16.87				16.87	1844.9	fee schedule	
AUTOIMMUNE MYELOPATHY EVAL	82139	CPT	both			1942		19.4	Aetna	Commercial	737.96	38			16.87	1844.9	percent of total billed charges	
AUTOIMMUNE MYELOPATHY EVAL	82139	CPT	both			1942		19.4	Americare	Americare	1456.5	75			16.87	1844.9	percent of total billed charges	
AUTOIMMUNE MYELOPATHY EVAL	82139	CPT	both			1942		19.4	Amerihealth	Medicare	16.87				16.87	1844.9	fee schedule	
AUTOIMMUNE MYELOPATHY EVAL	82139	CPT	both			1942		19.4	Amerihealth	HMO/PPO	1262.3	65			16.87	1844.9	percent of total billed charges	
AUTOIMMUNE MYELOPATHY EVAL	82139	CPT	both			1942		19.4	Consumer	Consumer	1844.9	95			16.87	1844.9	percent of total billed charges	
AUTOIMMUNE MYELOPATHY EVAL	82139	CPT	both			1942		19.4	Corrections	Corrections	1553.6	80			16.87	1844.9	percent of total billed charges	
AUTOIMMUNE MYELOPATHY EVAL	82139	CPT	both			1942		19.4	First Health	First Health	1359.4	70			16.87	1844.9	percent of total billed charges	
AUTOIMMUNE MYELOPATHY EVAL	82139	CPT	both			1942		19.4	First Trenton	First Trenton	1747.8	90			16.87	1844.9	percent of total billed charges	
AUTOIMMUNE MYELOPATHY EVAL	82139	CPT	both			1942		19.4	Horizon	Medicare Blue	582.6	30			16.87	1844.9	percent of total billed charges	
AUTOIMMUNE MYELOPATHY EVAL	82139	CPT	both			1942		19.4	Horizon	Indemnity	743.4	38.28			16.87	1844.9	percent of total billed charges	
AUTOIMMUNE MYELOPATHY EVAL	82139	CPT	both			1942		19.4	Horizon	MGD	743.4	38.28			16.87	1844.9	percent of total billed charges	
AUTOIMMUNE MYELOPATHY EVAL	82139	CPT	both			1942		19.4	Horizon	PPO	743.4	38.28			16.87	1844.9	percent of total billed charges	
AUTOIMMUNE MYELOPATHY EVAL	82139	CPT	both			1942		19.4	Horizon	NJ Health	18.74				16.87	1844.9	fee schedule	
AUTOIMMUNE MYELOPATHY EVAL	82139	CPT	both			1942		19.4	Managed Care Inc	Managed Care Inc	1747.8	90			16.87	1844.9	percent of total billed charges	
AUTOIMMUNE MYELOPATHY EVAL	82139	CPT	both			1942		19.4	Multiplan	Multiplan	1553.6	80			16.87	1844.9	percent of total billed charges	
AUTOIMMUNE MYELOPATHY EVAL	82139	CPT	both			1942		19.4	Qualcare	Qualcare	1456.5	75			16.87	1844.9	percent of total billed charges	
AUTOIMMUNE MYELOPATHY EVAL	82139	CPT	both			1942		19.4	Three Rivers	Three Rivers	1844.9	95			16.87	1844.9	percent of total billed charges	
AUTOIMMUNE MYELOPATHY EVAL	82139	CPT	both			1942		19.4	UHC	Medicaid	612.7	31.55			16.87	1844.9	percent of total billed charges	
AUTOIMMUNE MYELOPATHY EVAL	82139	CPT	both			1942		19.4	UHC	Medicare	16.87				16.87	1844.9	fee schedule	
AUTOIMMUNE MYELOPATHY EVAL	82139	CPT	both			1942		19.4	Wellcare	Medicaid	612.7	31.55			16.87	1844.9	percent of total billed charges	
AUTOIMMUNE MYELOPATHY EVAL	82139	CPT	both			1942		19.4	Wellcare	Medicare	16.87				16.87	1844.9	fee schedule	
AUTOIMMUNE MYELOPATHY EVAL	82139	CPT	both			1942		19.4	WellPoint	WellPoint	624.94	32.18			16.87	1844.9	percent of total billed charges	
AMMONIUM 24-HR URINE	82140	CPT	both			347		16.76	Aetna	Commercial	131.86	38			11.76	329.65	percent of total billed charges	
AMMONIUM 24-HR URINE	82140	CPT	both			347		16.76	Aetna	Medicare	14.57				11.76	329.65	fee schedule	
AMMONIUM 24-HR URINE	82140	CPT	both			347		16.76	Aetna	Better Health	109.48	31.55			11.76	329.65	percent of total billed charges	
AMMONIUM 24-HR URINE	82140	CPT	both			347		16.76	Americare	Americare	260.25	75			11.76	329.65	percent of total billed charges	
AMMONIUM 24-HR URINE	82140	CPT	both			347		16.76	Amerihealth	Medicare	14.57				11.76	329.65	fee schedule	
AMMONIUM 24-HR URINE	82140	CPT	both			347		16.76	Amerihealth	HMO/PPO	225.55	65			11.76	329.65	percent of total billed charges	
AMMONIUM 24-HR URINE	82140	CPT	both			347		16.76	Consumer	Consumer	329.65	95			11.76	329.65	percent of total billed charges	
AMMONIUM 24-HR URINE	82140	CPT	both			347		16.76	Corrections	Corrections	277.6	80			11.76	329.65	percent of total billed charges	
AMMONIUM 24-HR URINE	82140	CPT	both			347		16.76	First Health	First Health	242.9	70			11.76	329.65	percent of total billed charges	
AMMONIUM 24-HR URINE	82140	CPT	both			347		16.76	First Trenton	First Trenton	312.3	90			11.76	329.65	percent of total billed charges	
AMMONIUM 24-HR URINE	82140	CPT	both			347		16.76	Horizon	Medicare Blue	104.1	30			11.76	329.65	percent of total billed charges	
AMMONIUM 24-HR URINE	82140	CPT	both			347		16.76	Horizon	MGD	132.83	38.28			11.76	329.65	percent of total billed charges	
AMMONIUM 24-HR URINE	82140	CPT	both			347		16.76	Horizon	NJ Health	11.76				11.76	329.65	fee schedule	
AMMONIUM 24-HR URINE	82140	CPT	both			347		16.76	Horizon	Indemnity	132.83	38.28			11.76	329.65	percent of total billed charges	
AMMONIUM 24-HR URINE	82140	CPT	both			347		16.76	Horizon	PPO	132.83	38.28			11.76	329.65	percent of total billed charges	
AMMONIUM 24-HR URINE	82140	CPT	both			347		16.76	Managed Care Inc	Managed Care Inc	312.3	90			11.76	329.65	percent of total billed charges	
AMMONIUM 24-HR URINE	82140	CPT	both			347		16.76	Multiplan	Multiplan	277.6	80			11.76	329.65	percent of total billed charges	
AMMONIUM 24-HR URINE	82140	CPT	both			347		16.76	Qualcare	Qualcare	260.25	75			11.76	329.65	percent of total billed charges	
AMMONIUM 24-HR URINE	82140	CPT	both			347		16.76	Three Rivers	Three Rivers	329.65	95			11.76	329.65	percent of total billed charges	
AMMONIUM 24-HR URINE	82140	CPT	both			347		16.76	UHC	Medicare	14.57				11.76	329.65	fee schedule	
AMMONIUM 24-HR URINE	82140	CPT	both			347		16.76	UHC	Medicaid	109.48	31.55			11.76	329.65	percent of total billed charges	
AMMONIUM 24-HR URINE	82140	CPT	both			347		16.76	Wellcare	Medicare	14.57				11.76	329.65	fee schedule	
AMMONIUM 24-HR URINE	82140	CPT	both			347		16.76	Wellcare	Medicaid	109.48	31.55			11.76	329.65	percent of total billed charges	
AMMONIUM 24-HR URINE	82140	CPT	both			347		16.76	WellPoint	WellPoint	111.66	32.18			11.76	329.65	percent of total billed charges	
BODY FLUID, AMYLASE	82150	CPT	both			66		7.45	Aetna	Better Health	20.82	31.55			6.48	62.7	percent of total billed charges	
BODY FLUID, AMYLASE	82150	CPT	both			66		7.45	Aetna	Medicare	6.48				6.48	62.7	fee schedule	
BODY FLUID, AMYLASE	82150	CPT	both			66		7.45	Aetna	Commercial	25.08	38			6.48	62.7	percent of total billed charges	
BODY FLUID, AMYLASE	82150	CPT	both			66		7.45	Americare	Americare	49.5	75			6.48	62.7	percent of total billed charges	
BODY FLUID, AMYLASE	82150	CPT	both			66		7.45	Amerihealth	Medicare	6.48				6.48	62.7	fee schedule	
BODY FLUID, AMYLASE	82150	CPT	both			66		7.45	Amerihealth	HMO/PPO	42.9	65			6.48	62.7	percent of total billed charges	
BODY FLUID, AMYLASE	82150	CPT	both			66		7.45	Consumer	Consumer	62.7	95			6.48	62.7	percent of total billed charges	
BODY FLUID, AMYLASE	82150	CPT	both			66		7.45	Corrections	Corrections	52.8	80			6.48	62.7	percent of total billed charges	
BODY FLUID, AMYLASE	82150	CPT	both			66		7.45	First Health	First Health	46.2	70			6.48	62.7	percent of total billed charges	
BODY FLUID, AMYLASE	82150	CPT	both			66		7.45	First Trenton	First Trenton	59.4	90			6.48	62.7	percent of total billed charges	
BODY FLUID, AMYLASE	82150	CPT	both			66		7.45	Horizon	MGD	25.26	38.28			6.48	62.7	percent of total billed charges	
BODY FLUID, AMYLASE	82150	CPT	both			66		7.45	Horizon	Indemnity	25.26	38.28			6.48	62.7	percent of total billed charges	
BODY FLUID, AMYLASE	82150	CPT	both			66		7.45	Horizon	Medicare Blue	19.8	30			6.48	62.7	percent of total billed charges	
BODY FLUID, AMYLASE	82150	CPT	both			66		7.45	Horizon	NJ Health	8.82				6.48	62.7	fee schedule	
BODY FLUID, AMYLASE	82150	CPT	both			66		7.45	Horizon	PPO	25.26	38.28			6.48	62.7	percent of total billed charges	
BODY FLUID, AMYLASE	82150	CPT	both			66		7.45	Managed Care Inc	Managed Care Inc	59.4	90			6.48	62.7	percent of total billed charges	
BODY FLUID, AMYLASE	82150	CPT	both			66		7.45	Multiplan	Multiplan	52.8	80			6.48	62.7	percent of total billed charges	
BODY FLUID, AMYLASE	82150	CPT	both			66		7.45	Qualcare	Qualcare	49.5	75			6.48	62.7	percent of total billed charges	
BODY FLUID, AMYLASE	82150	CPT	both			66		7.45	Three Rivers	Three Rivers	62.7	95			6.48	62.7	percent of total billed charges	
BODY FLUID, AMYLASE	82150	CPT	both			66		7.45	UHC	Medicare	6.48				6.48	62.7	fee schedule	
BODY FLUID, AMYLASE	82150	CPT	both			66		7.45	UHC	Medicaid	20.82	31.55			6.48	62.7	percent of total billed charges	
BODY FLUID, AMYLASE	82150	CPT	both			66		7.45	Wellcare	Medicare	6.48				6.48	62.7	fee schedule	
BODY FLUID, AMYLASE	82150	CPT	both			66		7.45	Wellcare	Medicaid	20.82	31.55			6.48	62.7	percent of total billed charges	
BODY FLUID, AMYLASE	82150	CPT	both			66		7.45	WellPoint	WellPoint	21.24	32.18			6.48	62.7	percent of total billed charges	
ANDROSTENEDIONE, SERUM	82160	CPT	both			688		29.38	Aetna	Better Health	217.06	31.55			25.55	653.6	percent of total billed charges	
ANDROSTENEDIONE, SERUM	82160	CPT	both			688		29.38	Aetna	Commercial	261.44	38			25.55	653.6	percent of total billed charges	
ANDROSTENEDIONE, SERUM	82160	CPT	both			688		29.38	Aetna	Medicare	211.9	30.8			25.55	653.6	percent of total billed charges	
ANDROSTENEDIONE, SERUM	82160	CPT	both			688		29.38	Americare	Americare	516	75			25.55	653.6	percent of total billed charges	
ANDROSTENEDIONE, SERUM	82160	CPT	both			688		29.38	Amerihealth	HMO/PPO	447.2	65			25.55	653.6	percent of total billed charges	
ANDROSTENEDIONE, SERUM	82160	CPT	both			688		29.38	Amerihealth	Medicare	25.55				25.55	653.6	fee schedule	
ANDROSTENEDIONE, SERUM	82160	CPT	both			688		29.38	Consumer	Consumer	653.6	95			25.55	653.6	percent of total billed charges	
ANDROSTENEDIONE, SERUM	82160	CPT	both			688		29.38	Corrections	Corrections	550.4	80			25.55	653.6	percent of total billed charges	
ANDROSTENEDIONE, SERUM	82160	CPT	both			688		29.38	First Health	First Health	481.6	70			25.55	653.6	percent of total billed charges	
ANDROSTENEDIONE, SERUM	82160	CPT	both			688		29.38	First Trenton	First Trenton	619.2	90			25.55	653.6	percent of total billed charges	
ANDROSTENEDIONE, SERUM	82160	CPT	both			688		29.38	Horizon	Medicare Blue	206.4	30			25.55	653.6	percent of total billed charges	
ANDROSTENEDIONE, SERUM	82160	CPT	both			688		29.38	Horizon	Indemnity	263.37	38.28			25.55	653.6	percent of total billed charges	
ANDROSTENEDIONE, SERUM	82160	CPT	both			688		29.38	Horizon	PPO	263.37	38.28			25.55	653.6	percent of total billed charges	
ANDROSTENEDIONE, SERUM	82160	CPT	both			688		29.38	Horizon	MGD	263.37	38.28			25.55	653.6	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101191	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ANDROSTENEDIONE, SERUM	82160	CPT	both			688		29.38 Horizon	NJ Health		54.19				25.55	653.6	fee schedule	
ANDROSTENEDIONE, SERUM	82160	CPT	both			688		29.38 Managed Care Inc	Managed Care Inc		619.2	90			25.55	653.6	percent of total billed charges	
ANDROSTENEDIONE, SERUM	82160	CPT	both			688		29.38 Multiplan	Multiplan		550.4	80			25.55	653.6	percent of total billed charges	
ANDROSTENEDIONE, SERUM	82160	CPT	both			688		29.38 Qualcare	Qualcare		516	75			25.55	653.6	percent of total billed charges	
ANDROSTENEDIONE, SERUM	82160	CPT	both			688		29.38 Three Rivers	Three Rivers		653.6	95			25.55	653.6	percent of total billed charges	
ANDROSTENEDIONE, SERUM	82160	CPT	both			688		29.38 UHC	Medicare		25.55				25.55	653.6	fee schedule	
ANDROSTENEDIONE, SERUM	82160	CPT	both			688		29.38 UHC	Medicaid		217.06	31.55			25.55	653.6	percent of total billed charges	
ANDROSTENEDIONE, SERUM	82160	CPT	both			688		29.38 Wellcare	Medicaid		217.06	31.55			25.55	653.6	percent of total billed charges	
ANDROSTENEDIONE, SERUM	82160	CPT	both			688		29.38 Wellcare	Medicare		25.55				25.55	653.6	fee schedule	
ANDROSTENEDIONE, SERUM	82160	CPT	both			688		29.38 WellPoint	WellPoint		221.4	32.18			25.55	653.6	percent of total billed charges	
ANGIOTENSIN II	82163	CPT	outpatient			209		23.6 Aetna	Better Health		65.94	31.55			20.52	198.55	percent of total billed charges	
ANGIOTENSIN II	82163	CPT	outpatient			209		23.6 Aetna	Medicare		20.52				20.52	198.55	fee schedule	
ANGIOTENSIN II	82163	CPT	outpatient			209		23.6 Aetna	Commercial		79.42	38			20.52	198.55	percent of total billed charges	
ANGIOTENSIN II	82163	CPT	outpatient			209		23.6 Americare	Americare		156.75	75			20.52	198.55	percent of total billed charges	
ANGIOTENSIN II	82163	CPT	outpatient			209		23.6 Amerihealth	Medicare		20.52				20.52	198.55	fee schedule	
ANGIOTENSIN II	82163	CPT	outpatient			209		23.6 Amerihealth	HMO/PPO		135.85	65			20.52	198.55	percent of total billed charges	
ANGIOTENSIN II	82163	CPT	outpatient			209		23.6 Consumer	Consumer		198.55	95			20.52	198.55	percent of total billed charges	
ANGIOTENSIN II	82163	CPT	outpatient			209		23.6 Corrections	Corrections		167.2	80			20.52	198.55	percent of total billed charges	
ANGIOTENSIN II	82163	CPT	outpatient			209		23.6 First Health	First Health		146.3	70			20.52	198.55	percent of total billed charges	
ANGIOTENSIN II	82163	CPT	outpatient			209		23.6 First Trenton	First Trenton		188.1	90			20.52	198.55	percent of total billed charges	
ANGIOTENSIN II	82163	CPT	outpatient			209		23.6 Horizon	NJ Health		45.28				20.52	198.55	fee schedule	
ANGIOTENSIN II	82163	CPT	outpatient			209		23.6 Horizon	MGD		80.01	38.28			20.52	198.55	percent of total billed charges	
ANGIOTENSIN II	82163	CPT	outpatient			209		23.6 Horizon	Medicare Blue		62.7	30			20.52	198.55	percent of total billed charges	
ANGIOTENSIN II	82163	CPT	outpatient			209		23.6 Horizon	Indemnity		80.01	38.28			20.52	198.55	percent of total billed charges	
ANGIOTENSIN II	82163	CPT	outpatient			209		23.6 Horizon	PPO		80.01	38.28			20.52	198.55	percent of total billed charges	
ANGIOTENSIN II	82163	CPT	outpatient			209		23.6 Managed Care Inc	Managed Care Inc		188.1	90			20.52	198.55	percent of total billed charges	
ANGIOTENSIN II	82163	CPT	outpatient			209		23.6 Multiplan	Multiplan		167.2	80			20.52	198.55	percent of total billed charges	
ANGIOTENSIN II	82163	CPT	outpatient			209		23.6 Qualcare	Qualcare		156.75	75			20.52	198.55	percent of total billed charges	
ANGIOTENSIN II	82163	CPT	outpatient			209		23.6 Three Rivers	Three Rivers		198.55	95			20.52	198.55	percent of total billed charges	
ANGIOTENSIN II	82163	CPT	outpatient			209		23.6 UHC	Medicare		20.52				20.52	198.55	fee schedule	
ANGIOTENSIN II	82163	CPT	outpatient			209		23.6 UHC	Medicaid		65.94	31.55			20.52	198.55	percent of total billed charges	
ANGIOTENSIN II	82163	CPT	outpatient			209		23.6 Wellcare	Medicare		20.52				20.52	198.55	fee schedule	
ANGIOTENSIN II	82163	CPT	outpatient			209		23.6 Wellcare	Medicaid		65.94	31.55			20.52	198.55	percent of total billed charges	
ANGIOTENSIN II	82163	CPT	outpatient			209		23.6 WellPoint	WellPoint		67.26	32.18			20.52	198.55	percent of total billed charges	
CSF ANGIOTENSIN CONVERTING ENZ	82164	CPT	both			89		16.79 Aetna	Commercial		33.82	38			9.9	84.55	percent of total billed charges	
CSF ANGIOTENSIN CONVERTING ENZ	82164	CPT	both			89		16.79 Aetna	Better Health		28.08	31.55			9.9	84.55	percent of total billed charges	
CSF ANGIOTENSIN CONVERTING ENZ	82164	CPT	both			89		16.79 Aetna	Medicare		27.41	30.8			9.9	84.55	percent of total billed charges	
CSF ANGIOTENSIN CONVERTING ENZ	82164	CPT	both			89		16.79 Americare	Americare		66.75	75			9.9	84.55	percent of total billed charges	
CSF ANGIOTENSIN CONVERTING ENZ	82164	CPT	both			89		16.79 Amerihealth	Medicare		14.6				9.9	84.55	fee schedule	
CSF ANGIOTENSIN CONVERTING ENZ	82164	CPT	both			89		16.79 Amerihealth	HMO/PPO		57.85	65			9.9	84.55	percent of total billed charges	
CSF ANGIOTENSIN CONVERTING ENZ	82164	CPT	both			89		16.79 Consumer	Consumer		84.55	95			9.9	84.55	percent of total billed charges	
CSF ANGIOTENSIN CONVERTING ENZ	82164	CPT	both			89		16.79 Corrections	Corrections		71.2	80			9.9	84.55	percent of total billed charges	
CSF ANGIOTENSIN CONVERTING ENZ	82164	CPT	both			89		16.79 First Health	First Health		62.3	70			9.9	84.55	percent of total billed charges	
CSF ANGIOTENSIN CONVERTING ENZ	82164	CPT	both			89		16.79 First Trenton	First Trenton		80.1	90			9.9	84.55	percent of total billed charges	
CSF ANGIOTENSIN CONVERTING ENZ	82164	CPT	both			89		16.79 Horizon	MGD		34.07	38.28			9.9	84.55	percent of total billed charges	
CSF ANGIOTENSIN CONVERTING ENZ	82164	CPT	both			89		16.79 Horizon	PPO		34.07	38.28			9.9	84.55	percent of total billed charges	
CSF ANGIOTENSIN CONVERTING ENZ	82164	CPT	both			89		16.79 Horizon	Indemnity		34.07	38.28			9.9	84.55	percent of total billed charges	
CSF ANGIOTENSIN CONVERTING ENZ	82164	CPT	both			89		16.79 Horizon	Medicare Blue		26.7	30			9.9	84.55	percent of total billed charges	
CSF ANGIOTENSIN CONVERTING ENZ	82164	CPT	both			89		16.79 Horizon	NJ Health		39.2				9.9	84.55	fee schedule	
CSF ANGIOTENSIN CONVERTING ENZ	82164	CPT	both			89		16.79 Managed Care Inc	Managed Care Inc		80.1	90			9.9	84.55	percent of total billed charges	
CSF ANGIOTENSIN CONVERTING ENZ	82164	CPT	both			89		16.79 Multiplan	Multiplan		71.2	80			9.9	84.55	percent of total billed charges	
CSF ANGIOTENSIN CONVERTING ENZ	82164	CPT	both			89		16.79 Qualcare	Qualcare		66.75	75			9.9	84.55	percent of total billed charges	
CSF ANGIOTENSIN CONVERTING ENZ	82164	CPT	both			89		16.79 Three Rivers	Three Rivers		84.55	95			9.9	84.55	percent of total billed charges	
CSF ANGIOTENSIN CONVERTING ENZ	82164	CPT	both			89		16.79 UHC	Medicaid		28.08	31.55			9.9	84.55	percent of total billed charges	
CSF ANGIOTENSIN CONVERTING ENZ	82164	CPT	both			89		16.79 UHC	Medicare		14.6				9.9	84.55	fee schedule	
CSF ANGIOTENSIN CONVERTING ENZ	82164	CPT	both			89		16.79 Wellcare	Medicare		14.6				9.9	84.55	fee schedule	
CSF ANGIOTENSIN CONVERTING ENZ	82164	CPT	both			89		16.79 Wellcare	Medicaid		28.08	31.55			9.9	84.55	percent of total billed charges	
CSF ANGIOTENSIN CONVERTING ENZ	82164	CPT	both			89		16.79 WellPoint	WellPoint		28.64	32.18			9.9	84.55	percent of total billed charges	
APOLIPROTEIN,EACH	82172	CPT	both			157		24.25 Aetna	Commercial		59.66	38			14.4	149.15	percent of total billed charges	
APOLIPROTEIN,EACH	82172	CPT	both			157		24.25 Aetna	Medicare		21.09				14.4	149.15	fee schedule	
APOLIPROTEIN,EACH	82172	CPT	both			157		24.25 Aetna	Better Health		49.53	31.55			14.4	149.15	percent of total billed charges	
APOLIPROTEIN,EACH	82172	CPT	both			157		24.25 Americare	Americare		117.75	75			14.4	149.15	percent of total billed charges	
APOLIPROTEIN,EACH	82172	CPT	both			157		24.25 Amerihealth	HMO/PPO		102.05	65			14.4	149.15	percent of total billed charges	
APOLIPROTEIN,EACH	82172	CPT	both			157		24.25 Amerihealth	Medicare		21.09				14.4	149.15	fee schedule	
APOLIPROTEIN,EACH	82172	CPT	both			157		24.25 Consumer	Consumer		149.15	95			14.4	149.15	percent of total billed charges	
APOLIPROTEIN,EACH	82172	CPT	both			157		24.25 Corrections	Corrections		125.6	80			14.4	149.15	percent of total billed charges	
APOLIPROTEIN,EACH	82172	CPT	both			157		24.25 First Health	First Health		109.9	70			14.4	149.15	percent of total billed charges	
APOLIPROTEIN,EACH	82172	CPT	both			157		24.25 First Trenton	First Trenton		141.3	90			14.4	149.15	percent of total billed charges	
APOLIPROTEIN,EACH	82172	CPT	both			157		24.25 Horizon	MGD		60.1	38.28			14.4	149.15	percent of total billed charges	
APOLIPROTEIN,EACH	82172	CPT	both			157		24.25 Horizon	Indemnity		60.1	38.28			14.4	149.15	percent of total billed charges	
APOLIPROTEIN,EACH	82172	CPT	both			157		24.25 Horizon	Medicare Blue		47.1	30			14.4	149.15	percent of total billed charges	
APOLIPROTEIN,EACH	82172	CPT	both			157		24.25 Horizon	NJ Health		39.2				14.4	149.15	fee schedule	
APOLIPROTEIN,EACH	82172	CPT	both			157		24.25 Horizon	PPO		60.1	38.28			14.4	149.15	percent of total billed charges	
APOLIPROTEIN,EACH	82172	CPT	both			157		24.25 Managed Care Inc	Managed Care Inc		141.3	90			14.4	149.15	percent of total billed charges	
APOLIPROTEIN,EACH	82172	CPT	both			157		24.25 Multiplan	Multiplan		125.6	80			14.4	149.15	percent of total billed charges	
APOLIPROTEIN,EACH	82172	CPT	both			157		24.25 Qualcare	Qualcare		117.75	75			14.4	149.15	percent of total billed charges	
APOLIPROTEIN,EACH	82172	CPT	both			157		24.25 Three Rivers	Three Rivers		149.15	95			14.4	149.15	percent of total billed charges	
APOLIPROTEIN,EACH	82172	CPT	both			157		24.25 UHC	Medicare		21.09				14.4	149.15	fee schedule	
APOLIPROTEIN,EACH	82172	CPT	both			157		24.25 UHC	Medicaid		49.53	31.55			14.4	149.15	percent of total billed charges	
APOLIPROTEIN,EACH	82172	CPT	both			157		24.25 Wellcare	Medicaid		49.53	31.55			14.4	149.15	percent of total billed charges	
APOLIPROTEIN,EACH	82172	CPT	both			157		24.25 Wellcare	Medicare		21.09				14.4	149.15	fee schedule	
APOLIPROTEIN,EACH	82172	CPT	both			157		24.25 WellPoint	WellPoint		50.52	32.18			14.4	149.15	percent of total billed charges	
HEAVY METALS PROF URINE	82175	CPT	both			334		21.82 Aetna	Commercial		126.92	38			7.8	317.3	percent of total billed charges	
HEAVY METALS PROF URINE	82175	CPT	both			334		21.82 Aetna	Better Health		105.38	31.55			7.8	317.3	percent of total billed charges	
HEAVY METALS PROF URINE	82175	CPT	both			334		21.82 Aetna	Medicare		18.97				7.8	317.3	fee schedule	
HEAVY METALS PROF URINE	82175	CPT	both			334		21.82 Americare	Americare		250.5	75			7.8	317.3	percent of total billed charges	
HEAVY METALS PROF URINE	82175	CPT	both			334		21.82 Amerihealth	Medicare		18.97				7.8	317.3	fee schedule	
HEAVY METALS PROF URINE	82175	CPT	both			334		21.82 Amerihealth	HMO/PPO		217.1	65			7.8	317.3	percent of total billed charges	
HEAVY METALS PROF URINE	82175	CPT	both			334		21.82 Consumer	Consumer		317.3	95			7.8	317.3	percent of total billed charges	
HEAVY METALS PROF URINE	82175	CPT	both			334		21.82 Corrections	Corrections		267.2	80			7.8	317.3	percent of total billed charges	
HEAVY METALS PROF URINE	82175	CPT	both			334		21.82 First Health	First Health		233.8	70			7.8	317.3	percent of total billed charges	
HEAVY METALS PROF URINE	82175	CPT	both			334		21.82 First Trenton	First Trenton		300.6	90			7.8	317.3	percent of total billed charges	
HEAVY METALS PROF URINE	82175	CPT	both			334		21.82 Horizon	MGD		127.86	38.28			7.8	317.3	percent of total billed charges	
HEAVY METALS PROF URINE	82175	CPT	both			334		21.82 Horizon	Medicare Blue		100.2	30			7.8	317.3	percent of total billed charges	
HEAVY METALS PROF URINE	82175	CPT	both			334		21.82 Horizon	PPO		127.86	38.28			7.8	317.3	percent of total billed charges	
HEAVY METALS PROF URINE	82175	CPT	both			334		21.82 Horizon	Indemnity		127.86	38.28			7.8	317.3	percent of total billed charges	
HEAVY METALS PROF URINE	82175	CPT	both			334		21.82 Horizon	NJ Health		14.11				7.8	317.3	fee schedule	
HEAVY METALS PROF URINE	82175	CPT	both			334		21.82 Managed Care Inc	Managed Care Inc		300.6	90			7.8	317.3	percent of total billed charges	
HEAVY METALS PROF URINE	82175	CPT	both			334		21.82 Multiplan	Multiplan		267.2	80			7.8	317.3	percent of total billed charges	
HEAVY METALS PROF URINE	82175	CPT	both			334		21.82 Qualcare	Qualcare		250.5	75			7.8	317.3	percent of total billed charges	
HEAVY METALS PROF URINE	82175	CPT	both			334		21.82 Three Rivers	Three Rivers		317.3	95			7.8	317.3	percent of total billed charges	
HEAVY METALS PROF URINE	82175	CPT	both			334		21.82 UHC	Medicaid		105.38	31.55			7.8	317.3	percent of total billed charges	
HEAVY METALS PROF URINE	82175	CPT	both			334		21.82 UHC	Medicare		18.97				7.8	317.3	fee schedule	
HEAVY METALS PROF URINE	82175	CPT	both			334		21.82 Wellcare	Medicaid		105.38	31.55			7.8	317.3	percent of total billed charges	
HEAVY METALS PROF URINE	82175	CPT	both			334		21.82 Wellcare	Medicare		18.97				7.8	317.3	fee schedule	
HEAVY METALS PROF URINE	82175	CPT	both			334		21.82 WellPoint	WellPoint		107.48	32.18			7.8	317.3	percent of total billed charges	
VITAMIN C, SERUM	82180	CPT	both			189		11.37 Aetna	Better Health		59.63	31.55			7.06	179.55	percent of total billed charges	
VITAMIN C, SERUM	82180	CPT	both			189		11.37 Aetna	Medicare		9.89				7.06	179.55	fee schedule	
VITAMIN C, SERUM	82180	CPT	both			189		11.37 Aetna	Commercial		71.82	38			7.06	179.55	percent of total billed charges	
VITAMIN C, SERUM	82180	CPT	both			189		11.37 Americare	Americare		141.75	75			7.06	179.55	percent of total billed charges	
VITAMIN C, SERUM	82180	CPT	both			189		11.37 Amerihealth	HMO/PPO		122.85	65			7.06	179.55	percent of total billed charges	
VITAMIN C, SERUM	82180	CPT	both			189		11.37 Amerihealth	Medicare		9.89				7.06	179.55	fee schedule	
VITAMIN C, SERUM	82180	CPT	both			189		11.37 Consumer	Consumer		179.55	95			7.06	179.55	percent of total billed charges	
VITAMIN C, SERUM	82180	CPT	both			189		11.37 Corrections	Corrections		151.2	80			7.06	179.55	percent of total billed charges	
VITAMIN C, SERUM	82180	CPT	both			189		11.37 First Health	First Health		132.3	70			7.06	179.55	percent of total billed charges	
VITAMIN C, SERUM	82180	CPT	both			189		11.37 First Trenton	First Trenton		170.1	90			7.06	179.55	percent of total billed charges	
VITAMIN C, SERUM	82180	CPT	both			189		11.37 Horizon	MGD		72.35	38.28			7.06	179.55	percent of total billed charges	
VITAMIN C, SERUM	82180	CPT	both			189		11.37 Horizon	Indemnity		72.35	38.28			7.06	179.55	percent of total billed charges	
VITAMIN C, SERUM	82180	CPT	both			189		11.37 Horizon	PPO		72.35	38.28			7.06	179.55	percent of total billed charges	
VITAMIN C, SERUM	82180	CPT	both			189		11.37 Horizon	Medicare Blue		56.7	30			7.06	179.55	percent of total billed charges	
VITAMIN C, SERUM	82180	CPT	both			189		11.37 Horizon	NJ Health		7.06				7.06	179.55	fee schedule	
VITAMIN C, SERUM	82180	CPT	both			189		11.37 Managed Care Inc	Managed Care Inc		170.1	90			7.06	179.55	percent of total billed charges	
VITAMIN C, SERUM	82180	CPT	both			189		11.37 Multiplan	Multiplan		151.2	80			7.06	179.55	percent of total billed charges	
VITAMIN C, SERUM	82180	CPT	both			189		11.37 Qualcare	Qualcare		141.75	75			7.06	179.55	percent of total billed charges	
VITAMIN C, SERUM	82180	CPT	both			189		11.37 Three Rivers	Three Rivers		179.55	95			7.06	179.55	percent of total billed charges	
VITAMIN C, SERUM	82180	CPT	both			189		11.37 UHC	Medicare		9.89				7.06	179.55	fee schedule	
VITAMIN C, SERUM	82180	CPT	both			189		11.37 UHC	Medicaid		59.63	31.55			7.06	179.55	percent of total billed charges	
VITAMIN C, SERUM	82180	CPT	both			189		11.37 Wellcare	Medicaid		59.63	31.55			7.06	179.55	percent of total billed charges	
VITAMIN C, SERUM	82180	CPT	both			189		11.37 Wellcare	Medicare		9.89				7.06	179.55	fee schedule	
VITAMIN C, SERUM	82180	CPT	both			189		11.37 WellPoint	WellPoint		60.82	32.18			7.06	179.55	percent of total billed charges	
BETA-2 MICROGLOBULIN, SERUM	82232	CPT	both			111		18.61 Aetna	Better Health		35.02	31.55			12	105.45	percent of total billed charges	
BETA-2 MICROGLOBULIN, SERUM	82232	CPT	both			111		18.61 Aetna	Medicare		16.18				12	105.45	fee schedule	
BETA-2 MICROGLOBULIN, SERUM	82232	CPT	both			111		18.61 Aetna	Commercial		42.18	38			12	105.45	percent of total billed charges	
BETA-2 MICROGLOBULIN, SERUM	82232	CPT	both			111		18.61 Americare	Americare		83.25	75			12	105.45	percent of total billed charges	
BETA-2 MICROGLOBULIN, SERUM	82232	CPT	both			111		18.61 Amerihealth	Medicare		16.18				12	105.45	fee schedule	
BETA-2 MICROGLOBULIN, SERUM	82232	CPT	both			111		18.61 Amerihealth	HMO/PPO		72.15	65			12	105.45	percent of total billed charges	
BETA-2 MICROGLOBULIN, SERUM	82232	CPT	both			111		18.61 Consumer	Consumer		105.45	95			12	105.45	percent of total billed charges	
BETA-2 MICROGLOBULIN, SERUM	82232	CPT	both			111		18.61 Corrections	Corrections		88.8	80			12	105.45	percent of total billed charges	
BETA-2 MICROGLOBULIN, SERUM	82232	CPT	both			111		18.61 First Health	First Health		77.7	70			12	105.45	percent of total billed charges	
BETA-2 MICROGLOBULIN, SERUM	82232	CPT	both			111		18.61 First Trenton	First Trenton		99.9	90			12	105.45	percent of total billed charges	
BETA-2 MICROGLOBULIN, SERUM	82232	CPT	both			111		18.61 Horizon	Indemnity		42.49	38.28			12	105.45	percent of total billed charges	
BETA-2 MICROGLOBULIN, SERUM	82232	CPT	both			111		18.61 Horizon	NJ Health		48.02				12	105.45	fee schedule	
BETA-2 MICROGLOBULIN, SERUM	82232	CPT	both			111		18.61 Horizon	MGD		42.49	38.28			12	105.45	percent of total billed charges	
BETA-2 MICROGLOBULIN, SERUM	82232	CPT	both			111		18.61 Horizon	PPO		42.49	38.28			12	105.45	percent of total billed charges	
BETA-2 MICROGLOBULIN, SERUM	82232	CPT	both			111		18.61 Horizon	Medicare Blue		33.3	30			12	105.45	percent of total billed charges	
BETA-2 MICROGLOBULIN, SERUM	82232	CPT	both			111		18.61 Managed Care Inc	Managed Care Inc		99.9	90			12	105.45	percent of total billed charges	
BETA-2 MICROGLOBULIN, SERUM	82232	CPT	both			111		18.61 Multiplan	Multiplan		88.8	80			12	105.45	percent of total billed charges	
BETA-2 MICROGLOBULIN, SERUM	82232	CPT	both			111		18.61 Qualcare	Qualcare		83.25	75			12	105.45	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
BETA-2 MICROGLOBULIN, SERUM	82232	CPT	both			111	18.61	Three Rivers	Three Rivers		105.45	95			12		105.45 percent of total billed charges	
BETA-2 MICROGLOBULIN, SERUM	82232	CPT	both			111	18.61	UHC	Medicaid		35.02	31.55			12		105.45 percent of total billed charges	
BETA-2 MICROGLOBULIN, SERUM	82232	CPT	both			111	18.61	UHC	Medicare		16.18				12		105.45 fee schedule	
BETA-2 MICROGLOBULIN, SERUM	82232	CPT	both			111	18.61	Wellcare	Medicare		16.18				12		105.45 fee schedule	
BETA-2 MICROGLOBULIN, SERUM	82232	CPT	both			111	18.61	Wellcare	Medicaid		35.02	31.55			12		105.45 percent of total billed charges	
BETA-2 MICROGLOBULIN, SERUM	82232	CPT	both			111	18.61	WellPoint	WellPoint		35.72	32.18			12		105.45 percent of total billed charges	
BILE ACIDS	82239	CPT	both			41	19.69	Aetna	Better Health		12.94	31.55			12.3		43.12 percent of total billed charges	
BILE ACIDS	82239	CPT	both			41	19.69	Aetna	Medicare		17.12				12.3		43.12 fee schedule	
BILE ACIDS	82239	CPT	both			41	19.69	Aetna	Commercial		15.58	38			12.3		43.12 percent of total billed charges	
BILE ACIDS	82239	CPT	both			41	19.69	Americare	Americare		30.75	75			12.3		43.12 percent of total billed charges	
BILE ACIDS	82239	CPT	both			41	19.69	Amerihealth	Medicare		17.12				12.3		43.12 fee schedule	
BILE ACIDS	82239	CPT	both			41	19.69	Amerihealth	HMO/PPO		26.65	65			12.3		43.12 percent of total billed charges	
BILE ACIDS	82239	CPT	both			41	19.69	Consumer	Consumer		38.95	95			12.3		43.12 percent of total billed charges	
BILE ACIDS	82239	CPT	both			41	19.69	Corrections	Corrections		32.8	80			12.3		43.12 percent of total billed charges	
BILE ACIDS	82239	CPT	both			41	19.69	First Health	First Health		28.7	70			12.3		43.12 percent of total billed charges	
BILE ACIDS	82239	CPT	both			41	19.69	First Trenton	First Trenton		36.9	90			12.3		43.12 percent of total billed charges	
BILE ACIDS	82239	CPT	both			41	19.69	Horizon	MGD		15.69	38.28			12.3		43.12 percent of total billed charges	
BILE ACIDS	82239	CPT	both			41	19.69	Horizon	NJ Health		43.12				12.3		43.12 fee schedule	
BILE ACIDS	82239	CPT	both			41	19.69	Horizon	Indemnity		15.69	38.28			12.3		43.12 percent of total billed charges	
BILE ACIDS	82239	CPT	both			41	19.69	Horizon	PPO		15.69	38.28			12.3		43.12 percent of total billed charges	
BILE ACIDS	82239	CPT	both			41	19.69	Horizon	Medicare Blue		12.3	30			12.3		43.12 percent of total billed charges	
BILE ACIDS	82239	CPT	both			41	19.69	Managed Care Inc	Managed Care Inc		36.9	90			12.3		43.12 percent of total billed charges	
BILE ACIDS	82239	CPT	both			41	19.69	Multiplan	Multiplan		32.8	80			12.3		43.12 percent of total billed charges	
BILE ACIDS	82239	CPT	both			41	19.69	Qualcare	Qualcare		30.75	75			12.3		43.12 percent of total billed charges	
BILE ACIDS	82239	CPT	both			41	19.69	Three Rivers	Three Rivers		38.95	95			12.3		43.12 percent of total billed charges	
BILE ACIDS	82239	CPT	both			41	19.69	UHC	Medicaid		12.94	31.55			12.3		43.12 percent of total billed charges	
BILE ACIDS	82239	CPT	both			41	19.69	UHC	Medicare		17.12				12.3		43.12 fee schedule	
BILE ACIDS	82239	CPT	both			41	19.69	Wellcare	Medicaid		12.94	31.55			12.3		43.12 percent of total billed charges	
BILE ACIDS	82239	CPT	both			41	19.69	Wellcare	Medicare		17.12				12.3		43.12 fee schedule	
BILE ACIDS	82239	CPT	both			41	19.69	WellPoint	WellPoint		13.19	32.18			12.3		43.12 percent of total billed charges	
BILIRUBIN;TOTAL	82247	CPT	both			89	5.77	Aetna	Medicare		5.02				5.02		84.55 fee schedule	
BILIRUBIN;TOTAL	82247	CPT	both			89	5.77	Aetna	Better Health		28.08	31.55			5.02		84.55 percent of total billed charges	
BILIRUBIN;TOTAL	82247	CPT	both			89	5.77	Aetna	Commercial		33.82	38			5.02		84.55 percent of total billed charges	
BILIRUBIN;TOTAL	82247	CPT	both			89	5.77	Americare	Americare		66.75	75			5.02		84.55 percent of total billed charges	
BILIRUBIN;TOTAL	82247	CPT	both			89	5.77	Amerihealth	Medicare		5.02				5.02		84.55 fee schedule	
BILIRUBIN;TOTAL	82247	CPT	both			89	5.77	Amerihealth	HMO/PPO		57.85	65			5.02		84.55 percent of total billed charges	
BILIRUBIN;TOTAL	82247	CPT	both			89	5.77	Consumer	Consumer		84.55	95			5.02		84.55 percent of total billed charges	
BILIRUBIN;TOTAL	82247	CPT	both			89	5.77	Corrections	Corrections		71.2	80			5.02		84.55 percent of total billed charges	
BILIRUBIN;TOTAL	82247	CPT	both			89	5.77	First Health	First Health		62.3	70			5.02		84.55 percent of total billed charges	
BILIRUBIN;TOTAL	82247	CPT	both			89	5.77	First Trenton	First Trenton		80.1	90			5.02		84.55 percent of total billed charges	
BILIRUBIN;TOTAL	82247	CPT	both			89	5.77	Horizon	MGD		34.07	38.28			5.02		84.55 percent of total billed charges	
BILIRUBIN;TOTAL	82247	CPT	both			89	5.77	Horizon	Indemnity		34.07	38.28			5.02		84.55 percent of total billed charges	
BILIRUBIN;TOTAL	82247	CPT	both			89	5.77	Horizon	NJ Health		11.76				5.02		84.55 fee schedule	
BILIRUBIN;TOTAL	82247	CPT	both			89	5.77	Horizon	Medicare Blue		26.7	30			5.02		84.55 percent of total billed charges	
BILIRUBIN;TOTAL	82247	CPT	both			89	5.77	Horizon	PPO		34.07	38.28			5.02		84.55 percent of total billed charges	
BILIRUBIN;TOTAL	82247	CPT	both			89	5.77	Managed Care Inc	Managed Care Inc		80.1	90			5.02		84.55 percent of total billed charges	
BILIRUBIN;TOTAL	82247	CPT	both			89	5.77	Multiplan	Multiplan		71.2	80			5.02		84.55 percent of total billed charges	
BILIRUBIN;TOTAL	82247	CPT	both			89	5.77	Qualcare	Qualcare		66.75	75			5.02		84.55 percent of total billed charges	
BILIRUBIN;TOTAL	82247	CPT	both			89	5.77	Three Rivers	Three Rivers		84.55	95			5.02		84.55 percent of total billed charges	
BILIRUBIN;TOTAL	82247	CPT	both			89	5.77	UHC	Medicaid		28.08	31.55			5.02		84.55 percent of total billed charges	
BILIRUBIN;TOTAL	82247	CPT	both			89	5.77	UHC	Medicare		5.02				5.02		84.55 fee schedule	
BILIRUBIN;TOTAL	82247	CPT	both			89	5.77	Wellcare	Medicare		5.02				5.02		84.55 fee schedule	
BILIRUBIN;TOTAL	82247	CPT	both			89	5.77	Wellcare	Medicaid		28.08	31.55			5.02		84.55 percent of total billed charges	
BILIRUBIN;TOTAL	82247	CPT	both			89	5.77	WellPoint	WellPoint		28.64	32.18			5.02		84.55 percent of total billed charges	
BILIRUBIN; DIRECT	82248	CPT	both			75	5.77	Aetna	Commercial		28.5	38			5.02		71.25 percent of total billed charges	
BILIRUBIN; DIRECT	82248	CPT	both			75	5.77	Aetna	Better Health		23.66	31.55			5.02		71.25 percent of total billed charges	
BILIRUBIN; DIRECT	82248	CPT	both			75	5.77	Aetna	Medicare		5.02				5.02		71.25 fee schedule	
BILIRUBIN; DIRECT	82248	CPT	both			75	5.77	Americare	Americare		56.25	75			5.02		71.25 percent of total billed charges	
BILIRUBIN; DIRECT	82248	CPT	both			75	5.77	Amerihealth	Medicare		5.02				5.02		71.25 fee schedule	
BILIRUBIN; DIRECT	82248	CPT	both			75	5.77	Amerihealth	HMO/PPO		48.75	65			5.02		71.25 percent of total billed charges	
BILIRUBIN; DIRECT	82248	CPT	both			75	5.77	Consumer	Consumer		71.25	95			5.02		71.25 percent of total billed charges	
BILIRUBIN; DIRECT	82248	CPT	both			75	5.77	Corrections	Corrections		60	80			5.02		71.25 percent of total billed charges	
BILIRUBIN; DIRECT	82248	CPT	both			75	5.77	First Health	First Health		52.5	70			5.02		71.25 percent of total billed charges	
BILIRUBIN; DIRECT	82248	CPT	both			75	5.77	First Trenton	First Trenton		67.5	90			5.02		71.25 percent of total billed charges	
BILIRUBIN; DIRECT	82248	CPT	both			75	5.77	Horizon	Medicare Blue		22.5	30			5.02		71.25 percent of total billed charges	
BILIRUBIN; DIRECT	82248	CPT	both			75	5.77	Horizon	MGD		28.71	38.28			5.02		71.25 percent of total billed charges	
BILIRUBIN; DIRECT	82248	CPT	both			75	5.77	Horizon	Indemnity		28.71	38.28			5.02		71.25 percent of total billed charges	
BILIRUBIN; DIRECT	82248	CPT	both			75	5.77	Horizon	NJ Health		17.64				5.02		71.25 fee schedule	
BILIRUBIN; DIRECT	82248	CPT	both			75	5.77	Horizon	PPO		28.71	38.28			5.02		71.25 percent of total billed charges	
BILIRUBIN; DIRECT	82248	CPT	both			75	5.77	Managed Care Inc	Managed Care Inc		67.5	90			5.02		71.25 percent of total billed charges	
BILIRUBIN; DIRECT	82248	CPT	both			75	5.77	Multiplan	Multiplan		60	80			5.02		71.25 percent of total billed charges	
BILIRUBIN; DIRECT	82248	CPT	both			75	5.77	Qualcare	Qualcare		56.25	75			5.02		71.25 percent of total billed charges	
BILIRUBIN; DIRECT	82248	CPT	both			75	5.77	Three Rivers	Three Rivers		71.25	95			5.02		71.25 percent of total billed charges	
BILIRUBIN; DIRECT	82248	CPT	both			75	5.77	UHC	Medicaid		23.66	31.55			5.02		71.25 percent of total billed charges	
BILIRUBIN; DIRECT	82248	CPT	both			75	5.77	UHC	Medicare		5.02				5.02		71.25 fee schedule	
BILIRUBIN; DIRECT	82248	CPT	both			75	5.77	Wellcare	Medicare		5.02				5.02		71.25 fee schedule	
BILIRUBIN; DIRECT	82248	CPT	both			75	5.77	Wellcare	Medicaid		23.66	31.55			5.02		71.25 percent of total billed charges	
BILIRUBIN; DIRECT	82248	CPT	both			75	5.77	WellPoint	WellPoint		24.14	32.18			5.02		71.25 percent of total billed charges	
ENZYME BIOTINIDASE DEF, SERUM	82261	CPT	outpatient			276	19.4	Aetna	Commercial		104.88	38			16.87		262.2 percent of total billed charges	
ENZYME BIOTINIDASE DEF, SERUM	82261	CPT	outpatient			276	19.4	Aetna	Better Health		87.08	31.55			16.87		262.2 percent of total billed charges	
ENZYME BIOTINIDASE DEF, SERUM	82261	CPT	outpatient			276	19.4	Aetna	Medicare		16.87				16.87		262.2 fee schedule	
ENZYME BIOTINIDASE DEF, SERUM	82261	CPT	outpatient			276	19.4	Americare	Americare		207	75			16.87		262.2 percent of total billed charges	
ENZYME BIOTINIDASE DEF, SERUM	82261	CPT	outpatient			276	19.4	Amerihealth	Medicare		16.87				16.87		262.2 fee schedule	
ENZYME BIOTINIDASE DEF, SERUM	82261	CPT	outpatient			276	19.4	Amerihealth	HMO/PPO		179.4	65			16.87		262.2 percent of total billed charges	
ENZYME BIOTINIDASE DEF, SERUM	82261	CPT	outpatient			276	19.4	Consumer	Consumer		262.2	95			16.87		262.2 percent of total billed charges	
ENZYME BIOTINIDASE DEF, SERUM	82261	CPT	outpatient			276	19.4	Corrections	Corrections		220.8	80			16.87		262.2 percent of total billed charges	
ENZYME BIOTINIDASE DEF, SERUM	82261	CPT	outpatient			276	19.4	First Health	First Health		193.2	70			16.87		262.2 percent of total billed charges	
ENZYME BIOTINIDASE DEF, SERUM	82261	CPT	outpatient			276	19.4	First Trenton	First Trenton		248.4	90			16.87		262.2 percent of total billed charges	
ENZYME BIOTINIDASE DEF, SERUM	82261	CPT	outpatient			276	19.4	Horizon	Medicare Blue		82.8	30			16.87		262.2 percent of total billed charges	
ENZYME BIOTINIDASE DEF, SERUM	82261	CPT	outpatient			276	19.4	Horizon	MGD		105.65	38.28			16.87		262.2 percent of total billed charges	
ENZYME BIOTINIDASE DEF, SERUM	82261	CPT	outpatient			276	19.4	Horizon	Indemnity		105.65	38.28			16.87		262.2 percent of total billed charges	
ENZYME BIOTINIDASE DEF, SERUM	82261	CPT	outpatient			276	19.4	Horizon	PPO		105.65	38.28			16.87		262.2 percent of total billed charges	
ENZYME BIOTINIDASE DEF, SERUM	82261	CPT	outpatient			276	19.4	Horizon	NJ Health		18.74				16.87		262.2 fee schedule	
ENZYME BIOTINIDASE DEF, SERUM	82261	CPT	outpatient			276	19.4	Managed Care Inc	Managed Care Inc		248.4	90			16.87		262.2 percent of total billed charges	
ENZYME BIOTINIDASE DEF, SERUM	82261	CPT	outpatient			276	19.4	Multiplan	Multiplan		220.8	80			16.87		262.2 percent of total billed charges	
ENZYME BIOTINIDASE DEF, SERUM	82261	CPT	outpatient			276	19.4	Qualcare	Qualcare		207	75			16.87		262.2 percent of total billed charges	
ENZYME BIOTINIDASE DEF, SERUM	82261	CPT	outpatient			276	19.4	Three Rivers	Three Rivers		262.2	95			16.87		262.2 percent of total billed charges	
ENZYME BIOTINIDASE DEF, SERUM	82261	CPT	outpatient			276	19.4	UHC	Medicaid		87.08	31.55			16.87		262.2 percent of total billed charges	
ENZYME BIOTINIDASE DEF, SERUM	82261	CPT	outpatient			276	19.4	UHC	Medicare		16.87				16.87		262.2 fee schedule	
ENZYME BIOTINIDASE DEF, SERUM	82261	CPT	outpatient			276	19.4	Wellcare	Medicare		16.87				16.87		262.2 fee schedule	
ENZYME BIOTINIDASE DEF, SERUM	82261	CPT	outpatient			276	19.4	Wellcare	Medicaid		87.08	31.55			16.87		262.2 percent of total billed charges	
ENZYME BIOTINIDASE DEF, SERUM	82261	CPT	outpatient			276	19.4	WellPoint	WellPoint		88.82	32.18			16.87		262.2 percent of total billed charges	
STOOL HEMOCULT	82270	CPT	outpatient			66	5.04	Aetna	Commercial		25.08	38			2.35		62.7 percent of total billed charges	
STOOL HEMOCULT	82270	CPT	outpatient			66	5.04	Aetna	Medicare		4.38				2.35		62.7 fee schedule	
STOOL HEMOCULT	82270	CPT	outpatient			66	5.04	Aetna	Better Health		20.82	31.55			2.35		62.7 percent of total billed charges	
STOOL HEMOCULT	82270	CPT	outpatient			66	5.04	Americare	Americare		49.5	75			2.35		62.7 percent of total billed charges	
STOOL HEMOCULT	82270	CPT	outpatient			66	5.04	Amerihealth	Medicare		4.38				2.35		62.7 fee schedule	
STOOL HEMOCULT	82270	CPT	outpatient			66	5.04	Amerihealth	HMO/PPO		42.9	65			2.35		62.7 percent of total billed charges	
STOOL HEMOCULT	82270	CPT	outpatient			66	5.04	Consumer	Consumer		62.7	95			2.35		62.7 percent of total billed charges	
STOOL HEMOCULT	82270	CPT	outpatient			66	5.04	Corrections	Corrections		52.8	80			2.35		62.7 percent of total billed charges	
STOOL HEMOCULT	82270	CPT	outpatient			66	5.04	First Health	First Health		46.2	70			2.35		62.7 percent of total billed charges	
STOOL HEMOCULT	82270	CPT	outpatient			66	5.04	First Trenton	First Trenton		59.4	90			2.35		62.7 percent of total billed charges	
STOOL HEMOCULT	82270	CPT	outpatient			66	5.04	Horizon	NJ Health		2.35				2.35		62.7 fee schedule	
STOOL HEMOCULT	82270	CPT	outpatient			66	5.04	Horizon	Medicare Blue		19.8	30			2.35		62.7 percent of total billed charges	
STOOL HEMOCULT	82270	CPT	outpatient			66	5.04	Horizon	Indemnity		25.26	38.28			2.35		62.7 percent of total billed charges	
STOOL HEMOCULT	82270	CPT	outpatient			66	5.04	Horizon	MGD		25.26	38.28			2.35		62.7 percent of total billed charges	
STOOL HEMOCULT	82270	CPT	outpatient			66	5.04	Horizon	PPO		25.26	38.28			2.35		62.7 percent of total billed charges	
STOOL HEMOCULT	82270	CPT	outpatient			66	5.04	Managed Care Inc	Managed Care Inc		59.4	90			2.35		62.7 percent of total billed charges	
STOOL HEMOCULT	82270	CPT	outpatient			66	5.04	Multiplan	Multiplan		52.8	80			2.35		62.7 percent of total billed charges	
STOOL HEMOCULT	82270	CPT	outpatient			66	5.04	Qualcare	Qualcare		49.5	75			2.35		62.7 percent of total billed charges	
STOOL HEMOCULT	82270	CPT	outpatient			66	5.04	Three Rivers	Three Rivers		62.7	95			2.35		62.7 percent of total billed charges	
STOOL HEMOCULT	82270	CPT	outpatient			66	5.04	UHC	Medicaid		20.82	31.55			2.35		62.7 percent of total billed charges	
STOOL HEMOCULT	82270	CPT	outpatient			66	5.04	UHC	Medicare		4.38				2.35		62.7 fee schedule	
STOOL HEMOCULT	82270	CPT	outpatient			66	5.04	Wellcare	Medicare		4.38				2.35		62.7 fee schedule	
STOOL HEMOCULT	82270	CPT	outpatient			66	5.04	Wellcare	Medicaid		20.82	31.55			2.35		62.7 percent of total billed charges	
STOOL HEMOCULT	82270	CPT	outpatient			66	5.04	WellPoint	WellPoint		21.24	32.18			2.35		62.7 percent of total billed charges	
OCCULT BLOOD, GASTRIC FLUID	82271	CPT	outpatient			54	6.12	Aetna	Better Health		17.04	31.55			4.31		51.3 percent of total billed charges	
OCCULT BLOOD, GASTRIC FLUID	82271	CPT	outpatient			54	6.12	Aetna	Commercial		20.52	38			4.31		51.3 percent of total billed charges	
OCCULT BLOOD, GASTRIC FLUID	82271	CPT	outpatient			54	6.12	Aetna	Medicare		5.32				4.31		51.3 fee schedule	
OCCULT BLOOD, GASTRIC FLUID	82271	CPT	outpatient			54	6.12	Americare	Americare		40.5	75			4.31		51.3 percent of total billed charges	
OCCULT BLOOD, GASTRIC FLUID	82271	CPT	outpatient			54	6.12	Amerihealth	HMO/PPO		35.1	65			4.31		51.3 percent of total billed charges	
OCCULT BLOOD, GASTRIC FLUID	82271	CPT	outpatient			54	6.12	Amerihealth	Medicare		5.32				4.31		51.3 fee schedule	
OCCULT BLOOD, GASTRIC FLUID	82271	CPT	outpatient			54	6.12	Consumer	Consumer		51.3	95			4.31		51.3 percent of total billed charges	
OCCULT BLOOD, GASTRIC FLUID	82271	CPT	outpatient			54	6.12	Corrections	Corrections		43.2	80			4.31		51.3 percent of total billed charges	
OCCULT BLOOD, GASTRIC FLUID	82271	CPT	outpatient			54	6.12	First Health	First Health		37.8	70			4.31		51.3 percent of total billed charges	
OCCULT BLOOD, GASTRIC FLUID	82271	CPT	outpatient			54	6.12	First Trenton	First Trenton		48.6	90			4.31		51.3 percent of total billed charges	
OCCULT BLOOD, GASTRIC FLUID	82271	CPT	outpatient			54	6.12	Horizon	MGD		20.67	38.28			4.31		51.3 percent of total billed charges	
OCCULT BLOOD, GASTRIC FLUID	82271	CPT	outpatient			54	6.12	Horizon	NJ Health		4.31				4.31		51.3 fee schedule	
OCCULT BLOOD, GASTRIC FLUID	82271	CPT	outpatient			54	6.12	Horizon	PPO		20.67	38.28			4.31		51.3 percent of total billed charges	
OCCULT BLOOD, GASTRIC FLUID	82271	CPT	outpatient			54	6.12	Horizon	Indemnity		20.67	38.28			4.31		51.3 percent of total billed charges	
OCCULT BLOOD, GASTRIC FLUID	82271	CPT	outpatient			54	6.12	Horizon	Medicare Blue		16.2	30			4.31		51.3 percent of total billed charges	
OCCULT BLOOD, GASTRIC FLUID	82271	CPT	outpatient			54	6.12	Managed Care Inc	Managed Care Inc		48.6	90			4.31		51.3 percent of total billed charges	
OCCULT BLOOD, GASTRIC FLUID	82271	CPT	outpatient			54	6.12	Multiplan	Multiplan		43.2	80			4.31		51.3 percent of total billed charges	
OCCULT BLOOD, GASTRIC FLUID	82271	CPT	outpatient			54	6.12	Qualcare	Qualcare		40.5	75			4.31		51.3 percent of total billed charges	
OCCULT BLOOD, GASTRIC FLUID	82271	CPT	outpatient			54	6.12	Three Rivers	Three Rivers		51.3	95			4.31		51.3 percent of total billed charges	
OCCULT BLOOD, GASTRIC FLUID	82271	CPT	outpatient			54	6.12	UHC	Medicaid		17.04	31.55			4.31		51.3 percent of total billed charges	
OCCULT BLOOD, GASTRIC FLUID	82271	CPT	outpatient			54	6.12	UHC	Medicare		5.32				4.31		51.3 fee schedule	
OCCULT BLOOD, GASTRIC FLUID	82271	CPT	outpatient			54	6.12	Wellcare	Medicaid		17.04	31.55			4.31		51.3 percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
OCCULT BLOOD, GASTRIC FLUID	82271	CPT	outpatient			54		6.12	Wellcare		5.32				4.31		51.3 fee schedule	
OCCULT BLOOD, GASTRIC FLUID	82271	CPT	outpatient			54		6.12	WellPoint		17.38	32.18			4.31		51.3 percent of total billed charges	
STOOL OCCULT BLOOD (SBL 1-3)	82274	CPT	both			166		18.31	Aetna		Commercial	63.08	38			11.4	157.7 percent of total billed charges	
STOOL OCCULT BLOOD (SBL 1-3)	82274	CPT	both			166		18.31	Aetna		Better Health	52.37	31.55			11.4	157.7 percent of total billed charges	
STOOL OCCULT BLOOD (SBL 1-3)	82274	CPT	both			166		18.31	Aetna		Medicare	15.92				11.4	157.7 fee schedule	
STOOL OCCULT BLOOD (SBL 1-3)	82274	CPT	both			166		18.31	Americare		Americare	124.5	75			11.4	157.7 percent of total billed charges	
STOOL OCCULT BLOOD (SBL 1-3)	82274	CPT	both			166		18.31	Amerihealth		HMO/PPO	107.9	65			11.4	157.7 percent of total billed charges	
STOOL OCCULT BLOOD (SBL 1-3)	82274	CPT	both			166		18.31	Amerihealth		Medicare	15.92				11.4	157.7 fee schedule	
STOOL OCCULT BLOOD (SBL 1-3)	82274	CPT	both			166		18.31	Consumer		Consumer	157.7	95			11.4	157.7 percent of total billed charges	
STOOL OCCULT BLOOD (SBL 1-3)	82274	CPT	both			166		18.31	Corrections		Corrections	132.8	80			11.4	157.7 percent of total billed charges	
STOOL OCCULT BLOOD (SBL 1-3)	82274	CPT	both			166		18.31	First Health		First Health	116.2	70			11.4	157.7 percent of total billed charges	
STOOL OCCULT BLOOD (SBL 1-3)	82274	CPT	both			166		18.31	First Trenton		First Trenton	149.4	90			11.4	157.7 percent of total billed charges	
STOOL OCCULT BLOOD (SBL 1-3)	82274	CPT	both			166		18.31	Horizon		Indemnity	63.54	38.28			11.4	157.7 percent of total billed charges	
STOOL OCCULT BLOOD (SBL 1-3)	82274	CPT	both			166		18.31	Horizon		Medicare Blue	49.8	30			11.4	157.7 percent of total billed charges	
STOOL OCCULT BLOOD (SBL 1-3)	82274	CPT	both			166		18.31	Horizon		MGD	63.54	38.28			11.4	157.7 percent of total billed charges	
STOOL OCCULT BLOOD (SBL 1-3)	82274	CPT	both			166		18.31	Horizon		NJ Health	22.23				11.4	157.7 fee schedule	
STOOL OCCULT BLOOD (SBL 1-3)	82274	CPT	both			166		18.31	Horizon		PPO	63.54	38.28			11.4	157.7 percent of total billed charges	
STOOL OCCULT BLOOD (SBL 1-3)	82274	CPT	both			166		18.31	Managed Care Inc		Managed Care Inc	149.4	90			11.4	157.7 percent of total billed charges	
STOOL OCCULT BLOOD (SBL 1-3)	82274	CPT	both			166		18.31	Multiplan		Multiplan	132.8	80			11.4	157.7 percent of total billed charges	
STOOL OCCULT BLOOD (SBL 1-3)	82274	CPT	both			166		18.31	Qualcare		Qualcare	124.5	75			11.4	157.7 percent of total billed charges	
STOOL OCCULT BLOOD (SBL 1-3)	82274	CPT	both			166		18.31	Three Rivers		Three Rivers	157.7	95			11.4	157.7 percent of total billed charges	
STOOL OCCULT BLOOD (SBL 1-3)	82274	CPT	both			166		18.31	UHC		Medicare	15.92				11.4	157.7 fee schedule	
STOOL OCCULT BLOOD (SBL 1-3)	82274	CPT	both			166		18.31	UHC		Medicaid	52.37	31.55			11.4	157.7 percent of total billed charges	
STOOL OCCULT BLOOD (SBL 1-3)	82274	CPT	both			166		18.31	Wellcare		Medicare	15.92				11.4	157.7 fee schedule	
STOOL OCCULT BLOOD (SBL 1-3)	82274	CPT	both			166		18.31	Wellcare		Medicaid	52.37	31.55			11.4	157.7 percent of total billed charges	
STOOL OCCULT BLOOD (SBL 1-3)	82274	CPT	both			166		18.31	WellPoint		WellPoint	53.42	32.18			11.4	157.7 percent of total billed charges	
CADMIUM	82300	CPT	both			123		27.19	Aetna		Better Health	36.81	31.55			7.8	116.85 percent of total billed charges	
CADMIUM	82300	CPT	both			123		27.19	Aetna		Medicare	23.64				7.8	116.85 fee schedule	
CADMIUM	82300	CPT	both			123		27.19	Aetna		Commercial	46.74	38			7.8	116.85 percent of total billed charges	
CADMIUM	82300	CPT	both			123		27.19	Americare		Americare	92.25	75			7.8	116.85 percent of total billed charges	
CADMIUM	82300	CPT	both			123		27.19	Amerihealth		HMO/PPO	79.95	65			7.8	116.85 percent of total billed charges	
CADMIUM	82300	CPT	both			123		27.19	Amerihealth		Medicare	23.64				7.8	116.85 fee schedule	
CADMIUM	82300	CPT	both			123		27.19	Consumer		Consumer	116.85	95			7.8	116.85 percent of total billed charges	
CADMIUM	82300	CPT	both			123		27.19	Corrections		Corrections	98.4	80			7.8	116.85 percent of total billed charges	
CADMIUM	82300	CPT	both			123		27.19	First Health		First Health	86.1	70			7.8	116.85 percent of total billed charges	
CADMIUM	82300	CPT	both			123		27.19	First Trenton		First Trenton	110.7	90			7.8	116.85 percent of total billed charges	
CADMIUM	82300	CPT	both			123		27.19	Horizon		NJ Health	58.8				7.8	116.85 fee schedule	
CADMIUM	82300	CPT	both			123		27.19	Horizon		MGD	47.08	38.28			7.8	116.85 percent of total billed charges	
CADMIUM	82300	CPT	both			123		27.19	Horizon		Indemnity	47.08	38.28			7.8	116.85 percent of total billed charges	
CADMIUM	82300	CPT	both			123		27.19	Horizon		Medicare Blue	36.9	30			7.8	116.85 percent of total billed charges	
CADMIUM	82300	CPT	both			123		27.19	Horizon		PPO	47.08	38.28			7.8	116.85 percent of total billed charges	
CADMIUM	82300	CPT	both			123		27.19	Managed Care Inc		Managed Care Inc	110.7	90			7.8	116.85 percent of total billed charges	
CADMIUM	82300	CPT	both			123		27.19	Multiplan		Multiplan	98.4	80			7.8	116.85 percent of total billed charges	
CADMIUM	82300	CPT	both			123		27.19	Qualcare		Qualcare	92.25	75			7.8	116.85 percent of total billed charges	
CADMIUM	82300	CPT	both			123		27.19	Three Rivers		Three Rivers	116.85	95			7.8	116.85 percent of total billed charges	
CADMIUM	82300	CPT	both			123		27.19	UHC		Medicaid	38.81	31.55			7.8	116.85 percent of total billed charges	
CADMIUM	82300	CPT	both			123		27.19	UHC		Medicare	23.64				7.8	116.85 fee schedule	
CADMIUM	82300	CPT	both			123		27.19	Wellcare		Medicare	23.64				7.8	116.85 fee schedule	
CADMIUM	82300	CPT	both			123		27.19	Wellcare		Medicaid	38.81	31.55			7.8	116.85 percent of total billed charges	
CADMIUM	82300	CPT	both			123		27.19	WellPoint		WellPoint	39.58	32.18			7.8	116.85 percent of total billed charges	
VITAMIN,D, 25-HYDROXY(081950)	82306	CPT	both			561		34.04	Aetna		Medicare	29.6				19.5	532.95 fee schedule	
VITAMIN,D, 25-HYDROXY(081950)	82306	CPT	both			561		34.04	Aetna		Better Health	177	31.55			19.5	532.95 percent of total billed charges	
VITAMIN,D, 25-HYDROXY(081950)	82306	CPT	both			561		34.04	Aetna		Commercial	213.18	38			19.5	532.95 percent of total billed charges	
VITAMIN,D, 25-HYDROXY(081950)	82306	CPT	both			561		34.04	Americare		Americare	420.75	75			19.5	532.95 percent of total billed charges	
VITAMIN,D, 25-HYDROXY(081950)	82306	CPT	both			561		34.04	Amerihealth		Medicare	29.6				19.5	532.95 fee schedule	
VITAMIN,D, 25-HYDROXY(081950)	82306	CPT	both			561		34.04	Amerihealth		HMO/PPO	364.65	65			19.5	532.95 percent of total billed charges	
VITAMIN,D, 25-HYDROXY(081950)	82306	CPT	both			561		34.04	Consumer		Consumer	532.95	95			19.5	532.95 percent of total billed charges	
VITAMIN,D, 25-HYDROXY(081950)	82306	CPT	both			561		34.04	Corrections		Corrections	448.8	80			19.5	532.95 percent of total billed charges	
VITAMIN,D, 25-HYDROXY(081950)	82306	CPT	both			561		34.04	First Health		First Health	392.7	70			19.5	532.95 percent of total billed charges	
VITAMIN,D, 25-HYDROXY(081950)	82306	CPT	both			561		34.04	First Trenton		First Trenton	504.9	90			19.5	532.95 percent of total billed charges	
VITAMIN,D, 25-HYDROXY(081950)	82306	CPT	both			561		34.04	Horizon		MGD	214.75	38.28			19.5	532.95 percent of total billed charges	
VITAMIN,D, 25-HYDROXY(081950)	82306	CPT	both			561		34.04	Horizon		Indemnity	214.75	38.28			19.5	532.95 percent of total billed charges	
VITAMIN,D, 25-HYDROXY(081950)	82306	CPT	both			561		34.04	Horizon		NJ Health	58.8				19.5	532.95 fee schedule	
VITAMIN,D, 25-HYDROXY(081950)	82306	CPT	both			561		34.04	Horizon		Medicare Blue	168.3	30			19.5	532.95 percent of total billed charges	
VITAMIN,D, 25-HYDROXY(081950)	82306	CPT	both			561		34.04	Horizon		PPO	214.75	38.28			19.5	532.95 percent of total billed charges	
VITAMIN,D, 25-HYDROXY(081950)	82306	CPT	both			561		34.04	Managed Care Inc		Managed Care Inc	504.9	90			19.5	532.95 percent of total billed charges	
VITAMIN,D, 25-HYDROXY(081950)	82306	CPT	both			561		34.04	Multiplan		Multiplan	448.8	80			19.5	532.95 percent of total billed charges	
VITAMIN,D, 25-HYDROXY(081950)	82306	CPT	both			561		34.04	Qualcare		Qualcare	420.75	75			19.5	532.95 percent of total billed charges	
VITAMIN,D, 25-HYDROXY(081950)	82306	CPT	both			561		34.04	Three Rivers		Three Rivers	532.95	95			19.5	532.95 percent of total billed charges	
VITAMIN,D, 25-HYDROXY(081950)	82306	CPT	both			561		34.04	UHC		Medicare	29.6				19.5	532.95 fee schedule	
VITAMIN,D, 25-HYDROXY(081950)	82306	CPT	both			561		34.04	UHC		Medicaid	177	31.55			19.5	532.95 percent of total billed charges	
VITAMIN,D, 25-HYDROXY(081950)	82306	CPT	both			561		34.04	Wellcare		Medicaid	177	31.55			19.5	532.95 percent of total billed charges	
VITAMIN,D, 25-HYDROXY(081950)	82306	CPT	both			561		34.04	Wellcare		Medicare	29.6				19.5	532.95 fee schedule	
VITAMIN,D, 25-HYDROXY(081950)	82306	CPT	both			561		34.04	WellPoint		WellPoint	180.53	32.18			19.5	532.95 percent of total billed charges	
CALCITONIN, SERUM	82308	CPT	both			61		30.81	Aetna		Better Health	19.25	31.55			18.3	66.64 percent of total billed charges	
CALCITONIN, SERUM	82308	CPT	both			61		30.81	Aetna		Commercial	23.18	38			18.3	66.64 percent of total billed charges	
CALCITONIN, SERUM	82308	CPT	both			61		30.81	Aetna		Medicare	26.79				18.3	66.64 fee schedule	
CALCITONIN, SERUM	82308	CPT	both			61		30.81	Americare		Americare	45.75	75			18.3	66.64 percent of total billed charges	
CALCITONIN, SERUM	82308	CPT	both			61		30.81	Amerihealth		Medicare	26.79				18.3	66.64 fee schedule	
CALCITONIN, SERUM	82308	CPT	both			61		30.81	Amerihealth		HMO/PPO	39.65	65			18.3	66.64 percent of total billed charges	
CALCITONIN, SERUM	82308	CPT	both			61		30.81	Consumer		Consumer	57.95	95			18.3	66.64 percent of total billed charges	
CALCITONIN, SERUM	82308	CPT	both			61		30.81	Corrections		Corrections	48.8	80			18.3	66.64 percent of total billed charges	
CALCITONIN, SERUM	82308	CPT	both			61		30.81	First Health		First Health	42.7	70			18.3	66.64 percent of total billed charges	
CALCITONIN, SERUM	82308	CPT	both			61		30.81	First Trenton		First Trenton	54.9	90			18.3	66.64 percent of total billed charges	
CALCITONIN, SERUM	82308	CPT	both			61		30.81	Horizon		MGD	23.35	38.28			18.3	66.64 percent of total billed charges	
CALCITONIN, SERUM	82308	CPT	both			61		30.81	Horizon		PPO	23.35	38.28			18.3	66.64 percent of total billed charges	
CALCITONIN, SERUM	82308	CPT	both			61		30.81	Horizon		Indemnity	23.35	38.28			18.3	66.64 percent of total billed charges	
CALCITONIN, SERUM	82308	CPT	both			61		30.81	Horizon		NJ Health	66.64				18.3	66.64 fee schedule	
CALCITONIN, SERUM	82308	CPT	both			61		30.81	Horizon		Medicare Blue	18.3	30			18.3	66.64 percent of total billed charges	
CALCITONIN, SERUM	82308	CPT	both			61		30.81	Managed Care Inc		Managed Care Inc	54.9	90			18.3	66.64 percent of total billed charges	
CALCITONIN, SERUM	82308	CPT	both			61		30.81	Multiplan		Multiplan	48.8	80			18.3	66.64 percent of total billed charges	
CALCITONIN, SERUM	82308	CPT	both			61		30.81	Qualcare		Qualcare	45.75	75			18.3	66.64 percent of total billed charges	
CALCITONIN, SERUM	82308	CPT	both			61		30.81	Three Rivers		Three Rivers	57.95	95			18.3	66.64 percent of total billed charges	
CALCITONIN, SERUM	82308	CPT	both			61		30.81	UHC		Medicaid	19.25	31.55			18.3	66.64 percent of total billed charges	
CALCITONIN, SERUM	82308	CPT	both			61		30.81	UHC		Medicare	26.79				18.3	66.64 fee schedule	
CALCITONIN, SERUM	82308	CPT	both			61		30.81	Wellcare		Medicare	26.79				18.3	66.64 fee schedule	
CALCITONIN, SERUM	82308	CPT	both			61		30.81	Wellcare		Medicaid	19.25	31.55			18.3	66.64 percent of total billed charges	
CALCITONIN, SERUM	82308	CPT	both			61		30.81	WellPoint		WellPoint	19.63	32.18			18.3	66.64 percent of total billed charges	
POC-BG CALCIUM	82310	CPT	both			90		5.93	Aetna		Better Health	28.4	31.55			3.9	85.5 percent of total billed charges	
POC-BG CALCIUM	82310	CPT	both			90		5.93	Aetna		Medicare	5.16				3.9	85.5 fee schedule	
POC-BG CALCIUM	82310	CPT	both			90		5.93	Aetna		Commercial	34.2	38			3.9	85.5 percent of total billed charges	
POC-BG CALCIUM	82310	CPT	both			90		5.93	Americare		Americare	67.5	75			3.9	85.5 percent of total billed charges	
POC-BG CALCIUM	82310	CPT	both			90		5.93	Amerihealth		Medicare	5.16				3.9	85.5 fee schedule	
POC-BG CALCIUM	82310	CPT	both			90		5.93	Amerihealth		HMO/PPO	58.5	65			3.9	85.5 percent of total billed charges	
POC-BG CALCIUM	82310	CPT	both			90		5.93	Consumer		Consumer	85.5	95			3.9	85.5 percent of total billed charges	
POC-BG CALCIUM	82310	CPT	both			90		5.93	Corrections		Corrections	72	80			3.9	85.5 percent of total billed charges	
POC-BG CALCIUM	82310	CPT	both			90		5.93	First Health		First Health	63	70			3.9	85.5 percent of total billed charges	
POC-BG CALCIUM	82310	CPT	both			90		5.93	First Trenton		First Trenton	81	90			3.9	85.5 percent of total billed charges	
POC-BG CALCIUM	82310	CPT	both			90		5.93	Horizon		NJ Health	5.88				3.9	85.5 fee schedule	
POC-BG CALCIUM	82310	CPT	both			90		5.93	Horizon		MGD	34.45	38.28			3.9	85.5 percent of total billed charges	
POC-BG CALCIUM	82310	CPT	both			90		5.93	Horizon		Medicare Blue	27	30			3.9	85.5 percent of total billed charges	
POC-BG CALCIUM	82310	CPT	both			90		5.93	Horizon		Indemnity	34.45	38.28			3.9	85.5 percent of total billed charges	
POC-BG CALCIUM	82310	CPT	both			90		5.93	Horizon		PPO	34.45	38.28			3.9	85.5 percent of total billed charges	
POC-BG CALCIUM	82310	CPT	both			90		5.93	Managed Care Inc		Managed Care Inc	81	90			3.9	85.5 percent of total billed charges	
POC-BG CALCIUM	82310	CPT	both			90		5.93	Multiplan		Multiplan	72	80			3.9	85.5 percent of total billed charges	
POC-BG CALCIUM	82310	CPT	both			90		5.93	Qualcare		Qualcare	67.5	75			3.9	85.5 percent of total billed charges	
POC-BG CALCIUM	82310	CPT	both			90		5.93	Three Rivers		Three Rivers	85.5	95			3.9	85.5 percent of total billed charges	
POC-BG CALCIUM	82310	CPT	both			90		5.93	UHC		Medicare	5.16				3.9	85.5 fee schedule	
POC-BG CALCIUM	82310	CPT	both			90		5.93	UHC		Medicaid	28.4	31.55			3.9	85.5 percent of total billed charges	
POC-BG CALCIUM	82310	CPT	both			90		5.93	Wellcare		Medicare	5.16				3.9	85.5 fee schedule	
POC-BG CALCIUM	82310	CPT	both			90		5.93	Wellcare		Medicaid	28.4	31.55			3.9	85.5 percent of total billed charges	
POC-BG CALCIUM	82310	CPT	both			90		5.93	WellPoint		WellPoint	28.96	32.18			3.9	85.5 percent of total billed charges	
CALCIUM,IONIZED	82330	CPT	both			252		15.73	Aetna		Commercial	95.76	38			9.3	239.4 percent of total billed charges	
CALCIUM,IONIZED	82330	CPT	both			252		15.73	Aetna		Better Health	79.51	31.55			9.3	239.4 percent of total billed charges	
CALCIUM,IONIZED	82330	CPT	both			252		15.73	Aetna		Medicare	13.68				9.3	239.4 fee schedule	
CALCIUM,IONIZED	82330	CPT	both			252		15.73	Americare		Americare	189	75			9.3	239.4 percent of total billed charges	
CALCIUM,IONIZED	82330	CPT	both			252		15.73	Amerihealth		Medicare	13.68				9.3	239.4 fee schedule	
CALCIUM,IONIZED	82330	CPT	both			252		15.73	Amerihealth		HMO/PPO	163.8	65			9.3	239.4 percent of total billed charges	
CALCIUM,IONIZED	82330	CPT	both			252		15.73	Consumer		Consumer	239.4	95			9.3	239.4 percent of total billed charges	
CALCIUM,IONIZED	82330	CPT	both			252		15.73	Corrections		Corrections	201.6	80			9.3	239.4 percent of total billed charges	
CALCIUM,IONIZED	82330	CPT	both			252		15.73	First Health		First Health	176.4	70			9.3	239.4 percent of total billed charges	
CALCIUM,IONIZED	82330	CPT	both			252		15.73	First Trenton		First Trenton	226.8	90			9.3	239.4 percent of total billed charges	
CALCIUM,IONIZED	82330	CPT	both			252		15.73	Horizon		NJ Health	28.81				9.3	239.4 fee schedule	
CALCIUM,IONIZED	82330	CPT	both			252		15.73	Horizon		Indemnity	96.47	38.28			9.3	239.4 percent of total billed charges	
CALCIUM,IONIZED	82330	CPT	both			252		15.73	Horizon		Medicare Blue	75.6	30			9.3	239.4 percent of total billed charges	
CALCIUM,IONIZED	82330	CPT	both			252		15.73	Horizon		MGD	96.47	38.28			9.3	239.4 percent of total billed charges	
CALCIUM,IONIZED	82330	CPT	both			252		15.73	Horizon		PPO	96.47	38.28			9.3	239.4 percent of total billed charges	
CALCIUM,IONIZED	82330	CPT	both			252		15.73	Managed Care Inc		Managed Care Inc	226.8	90			9.3	239.4 percent of total billed charges	
CALCIUM,IONIZED	82330	CPT	both			252		15.73	Multiplan		Multiplan	201.6	80			9.3	239.4 percent of total billed charges	
CALCIUM,IONIZED	82330	CPT	both			252		15.73	Qualcare		Qualcare	189	75			9.3	239.4 percent of total billed charges	
CALCIUM,IONIZED	82330	CPT	both			252		15.73	Three Rivers		Three Rivers	239.4	95			9.3	239.4 percent of total billed charges	
CALCIUM,IONIZED	82330	CPT	both			252		15.73	UHC		Medicaid	79.51	31.55			9.3	239.4 percent of total billed charges	
CALCIUM,IONIZED	82330	CPT	both			252		15.73	UHC		Medicare	13.68				9.3	239.4 fee schedule	
CALCIUM,IONIZED	82330	CPT	both			252		15.73	Wellcare		Medicaid	79.51	31.55			9.3	239.4 percent of total billed charges	
CALCIUM,IONIZED	82330	CPT	both			252		15.73	Wellcare		Medicare	13.68				9.3	239.4 fee schedule	
CALCIUM,IONIZED	82330	CPT	both			252		15.73	WellPoint		WellPoint	81.09	32.18			9.3	239.4 percent of total billed charges	
CALCIUM, URINE	82340	CPT	both			59		6.93	Aetna		Better Health	18.61	31.55			6.03	56.05 percent of total billed charges	
CALCIUM, URINE	82340	CPT	both			59		6.93	Aetna		Medicare	6.03				6.03	56.05 fee schedule	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.																	
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103		310119	true															
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes			
CALCIUM, URINE	82340	CPT	both			59		6.93 Aetna	Commercial		22.42	38			6.03	56.05	percent of total billed charges					
CALCIUM, URINE	82340	CPT	both			59		6.93 Americare	Americare		44.25	75			6.03	56.05	percent of total billed charges					
CALCIUM, URINE	82340	CPT	both			59		6.93 Amerihealth	Medicare		6.03				6.03	56.05	fee schedule					
CALCIUM, URINE	82340	CPT	both			59		6.93 Amerihealth	HMO/PPO		38.35	65			6.03	56.05	percent of total billed charges					
CALCIUM, URINE	82340	CPT	both			59		6.93 Consumer	Consumer		56.05	95			6.03	56.05	percent of total billed charges					
CALCIUM, URINE	82340	CPT	both			59		6.93 Corrections	Corrections		47.2	80			6.03	56.05	percent of total billed charges					
CALCIUM, URINE	82340	CPT	both			59		6.93 First Health	First Health		41.3	70			6.03	56.05	percent of total billed charges					
CALCIUM, URINE	82340	CPT	both			59		6.93 First Trenton	First Trenton		53.1	90			6.03	56.05	percent of total billed charges					
CALCIUM, URINE	82340	CPT	both			59		6.93 Horizon	NJ Health		7.06				6.03	56.05	fee schedule					
CALCIUM, URINE	82340	CPT	both			59		6.93 Horizon	MGD		22.59	38.28			6.03	56.05	percent of total billed charges					
CALCIUM, URINE	82340	CPT	both			59		6.93 Horizon	PPO		22.59	38.28			6.03	56.05	percent of total billed charges					
CALCIUM, URINE	82340	CPT	both			59		6.93 Horizon	Medicare Blue		17.7	30			6.03	56.05	percent of total billed charges					
CALCIUM, URINE	82340	CPT	both			59		6.93 Horizon	Indemnity		22.59	38.28			6.03	56.05	percent of total billed charges					
CALCIUM, URINE	82340	CPT	both			59		6.93 Managed Care Inc	Managed Care Inc		53.1	90			6.03	56.05	percent of total billed charges					
CALCIUM, URINE	82340	CPT	both			59		6.93 Multiplan	Multiplan		47.2	80			6.03	56.05	percent of total billed charges					
CALCIUM, URINE	82340	CPT	both			59		6.93 Qualcare	Qualcare		44.25	75			6.03	56.05	percent of total billed charges					
CALCIUM, URINE	82340	CPT	both			59		6.93 Three Rivers	Three Rivers		56.05	95			6.03	56.05	percent of total billed charges					
CALCIUM, URINE	82340	CPT	both			59		6.93 UHC	Medicare		6.03				6.03	56.05	fee schedule					
CALCIUM, URINE	82340	CPT	both			59		6.93 UHC	Medicaid		18.61	31.55			6.03	56.05	percent of total billed charges					
CALCIUM, URINE	82340	CPT	both			59		6.93 Wellcare	Medicare		6.03				6.03	56.05	fee schedule					
CALCIUM, URINE	82340	CPT	both			59		6.93 Wellcare	Medicaid		18.61	31.55			6.03	56.05	percent of total billed charges					
CALCIUM, URINE	82340	CPT	both			59		6.93 WellPoint	WellPoint		18.99	32.18			6.03	56.05	percent of total billed charges					
CALCULI URINARY	82360	CPT	outpatient			64		14.8 Aetna	Better Health		20.19	31.55			12.87	60.8	percent of total billed charges					
CALCULI URINARY	82360	CPT	outpatient			64		14.8 Aetna	Commercial		24.32	38			12.87	60.8	percent of total billed charges					
CALCULI URINARY	82360	CPT	outpatient			64		14.8 Aetna	Medicare		12.87				12.87	60.8	fee schedule					
CALCULI URINARY	82360	CPT	outpatient			64		14.8 Americare	Americare		48	75			12.87	60.8	percent of total billed charges					
CALCULI URINARY	82360	CPT	outpatient			64		14.8 Amerihealth	Medicare		12.87				12.87	60.8	fee schedule					
CALCULI URINARY	82360	CPT	outpatient			64		14.8 Amerihealth	HMO/PPO		41.6	65			12.87	60.8	percent of total billed charges					
CALCULI URINARY	82360	CPT	outpatient			64		14.8 Consumer	Consumer		60.8	95			12.87	60.8	percent of total billed charges					
CALCULI URINARY	82360	CPT	outpatient			64		14.8 Corrections	Corrections		51.2	80			12.87	60.8	percent of total billed charges					
CALCULI URINARY	82360	CPT	outpatient			64		14.8 First Health	First Health		44.8	70			12.87	60.8	percent of total billed charges					
CALCULI URINARY	82360	CPT	outpatient			64		14.8 First Trenton	First Trenton		57.6	90			12.87	60.8	percent of total billed charges					
CALCULI URINARY	82360	CPT	outpatient			64		14.8 Horizon	Indemnity		24.5	38.28			12.87	60.8	percent of total billed charges					
CALCULI URINARY	82360	CPT	outpatient			64		14.8 Horizon	MGD		24.5	38.28			12.87	60.8	percent of total billed charges					
CALCULI URINARY	82360	CPT	outpatient			64		14.8 Horizon	Medicare Blue		19.2	30			12.87	60.8	percent of total billed charges					
CALCULI URINARY	82360	CPT	outpatient			64		14.8 Horizon	PPO		24.5	38.28			12.87	60.8	percent of total billed charges					
CALCULI URINARY	82360	CPT	outpatient			64		14.8 Horizon	NJ Health		25.87				12.87	60.8	fee schedule					
CALCULI URINARY	82360	CPT	outpatient			64		14.8 Managed Care Inc	Managed Care Inc		57.6	90			12.87	60.8	percent of total billed charges					
CALCULI URINARY	82360	CPT	outpatient			64		14.8 Multiplan	Multiplan		51.2	80			12.87	60.8	percent of total billed charges					
CALCULI URINARY	82360	CPT	outpatient			64		14.8 Qualcare	Qualcare		48	75			12.87	60.8	percent of total billed charges					
CALCULI URINARY	82360	CPT	outpatient			64		14.8 Three Rivers	Three Rivers		60.8	95			12.87	60.8	percent of total billed charges					
CALCULI URINARY	82360	CPT	outpatient			64		14.8 UHC	Medicare		12.87				12.87	60.8	fee schedule					
CALCULI URINARY	82360	CPT	outpatient			64		14.8 UHC	Medicaid		20.19	31.55			12.87	60.8	percent of total billed charges					
CALCULI URINARY	82360	CPT	outpatient			64		14.8 Wellcare	Medicaid		20.19	31.55			12.87	60.8	percent of total billed charges					
CALCULI URINARY	82360	CPT	outpatient			64		14.8 Wellcare	Medicare		12.87				12.87	60.8	fee schedule					
CALCULI URINARY	82360	CPT	outpatient			64		14.8 WellPoint	WellPoint		20.6	32.18			12.87	60.8	percent of total billed charges					
CALCULI URINARY W PHOTOGRAPH	82365	CPT	both			32		14.84 Aetna	Better Health		10.1	31.55			9.6	30.4	percent of total billed charges					
CALCULI URINARY W PHOTOGRAPH	82365	CPT	both			32		14.84 Aetna	Medicare		12.9				9.6	30.4	fee schedule					
CALCULI URINARY W PHOTOGRAPH	82365	CPT	both			32		14.84 Aetna	Commercial		12.16	38			9.6	30.4	percent of total billed charges					
CALCULI URINARY W PHOTOGRAPH	82365	CPT	both			32		14.84 Americare	Americare		24	75			9.6	30.4	percent of total billed charges					
CALCULI URINARY W PHOTOGRAPH	82365	CPT	both			32		14.84 Amerihealth	HMO/PPO		20.8	65			9.6	30.4	percent of total billed charges					
CALCULI URINARY W PHOTOGRAPH	82365	CPT	both			32		14.84 Amerihealth	Medicare		12.9				9.6	30.4	fee schedule					
CALCULI URINARY W PHOTOGRAPH	82365	CPT	both			32		14.84 Consumer	Consumer		30.4	95			9.6	30.4	percent of total billed charges					
CALCULI URINARY W PHOTOGRAPH	82365	CPT	both			32		14.84 Corrections	Corrections		25.6	80			9.6	30.4	percent of total billed charges					
CALCULI URINARY W PHOTOGRAPH	82365	CPT	both			32		14.84 First Health	First Health		22.4	70			9.6	30.4	percent of total billed charges					
CALCULI URINARY W PHOTOGRAPH	82365	CPT	both			32		14.84 First Trenton	First Trenton		28.8	90			9.6	30.4	percent of total billed charges					
CALCULI URINARY W PHOTOGRAPH	82365	CPT	both			32		14.84 Horizon	Indemnity		12.25	38.28			9.6	30.4	percent of total billed charges					
CALCULI URINARY W PHOTOGRAPH	82365	CPT	both			32		14.84 Horizon	MGD		12.25	38.28			9.6	30.4	percent of total billed charges					
CALCULI URINARY W PHOTOGRAPH	82365	CPT	both			32		14.84 Horizon	Medicare Blue		9.6	30			9.6	30.4	percent of total billed charges					
CALCULI URINARY W PHOTOGRAPH	82365	CPT	both			32		14.84 Horizon	NJ Health		17.64				9.6	30.4	fee schedule					
CALCULI URINARY W PHOTOGRAPH	82365	CPT	both			32		14.84 Horizon	PPO		12.25	38.28			9.6	30.4	percent of total billed charges					
CALCULI URINARY W PHOTOGRAPH	82365	CPT	both			32		14.84 Managed Care Inc	Managed Care Inc		28.8	90			9.6	30.4	percent of total billed charges					
CALCULI URINARY W PHOTOGRAPH	82365	CPT	both			32		14.84 Multiplan	Multiplan		25.6	80			9.6	30.4	percent of total billed charges					
CALCULI URINARY W PHOTOGRAPH	82365	CPT	both			32		14.84 Qualcare	Qualcare		24	75			9.6	30.4	percent of total billed charges					
CALCULI URINARY W PHOTOGRAPH	82365	CPT	both			32		14.84 Three Rivers	Three Rivers		30.4	95			9.6	30.4	percent of total billed charges					
CALCULI URINARY W PHOTOGRAPH	82365	CPT	both			32		14.84 UHC	Medicaid		10.1	31.55			9.6	30.4	percent of total billed charges					
CALCULI URINARY W PHOTOGRAPH	82365	CPT	both			32		14.84 UHC	Medicare		12.9				9.6	30.4	fee schedule					
CALCULI URINARY W PHOTOGRAPH	82365	CPT	both			32		14.84 Wellcare	Medicaid		10.1	31.55			9.6	30.4	percent of total billed charges					
CALCULI URINARY W PHOTOGRAPH	82365	CPT	both			32		14.84 Wellcare	Medicare		12.9				9.6	30.4	fee schedule					
CALCULI URINARY W PHOTOGRAPH	82365	CPT	both			32		14.84 WellPoint	WellPoint		10.3	32.18			9.6	30.4	percent of total billed charges					
CDG,S	82373	CPT	both			1050		20.77 Aetna	Medicare		18.06				18.06	997.5	fee schedule					
CDG,S	82373	CPT	both			1050		20.77 Aetna	Better Health		331.28	31.55			18.06	997.5	percent of total billed charges					
CDG,S	82373	CPT	both			1050		20.77 Aetna	Commercial		399	38			18.06	997.5	percent of total billed charges					
CDG,S	82373	CPT	both			1050		20.77 Americare	Americare		787.5	75			18.06	997.5	percent of total billed charges					
CDG,S	82373	CPT	both			1050		20.77 Amerihealth	HMO/PPO		682.5	65			18.06	997.5	percent of total billed charges					
CDG,S	82373	CPT	both			1050		20.77 Amerihealth	Medicare		18.06				18.06	997.5	fee schedule					
CDG,S	82373	CPT	both			1050		20.77 Consumer	Consumer		997.5	95			18.06	997.5	percent of total billed charges					
CDG,S	82373	CPT	both			1050		20.77 Corrections	Corrections		840	80			18.06	997.5	percent of total billed charges					
CDG,S	82373	CPT	both			1050		20.77 First Health	First Health		735	70			18.06	997.5	percent of total billed charges					
CDG,S	82373	CPT	both			1050		20.77 First Trenton	First Trenton		945	90			18.06	997.5	percent of total billed charges					
CDG,S	82373	CPT	both			1050		20.77 Horizon	MGD		401.94	38.28			18.06	997.5	percent of total billed charges					
CDG,S	82373	CPT	both			1050		20.77 Horizon	Indemnity		401.94	38.28			18.06	997.5	percent of total billed charges					
CDG,S	82373	CPT	both			1050		20.77 Horizon	PPO		401.94	38.28			18.06	997.5	percent of total billed charges					
CDG,S	82373	CPT	both			1050		20.77 Horizon	NJ Health		20.05				18.06	997.5	fee schedule					
CDG,S	82373	CPT	both			1050		20.77 Horizon	Medicare Blue		315	30			18.06	997.5	percent of total billed charges					
CDG,S	82373	CPT	both			1050		20.77 Managed Care Inc	Managed Care Inc		945	90			18.06	997.5	percent of total billed charges					
CDG,S	82373	CPT	both			1050		20.77 Multiplan	Multiplan		840	80			18.06	997.5	percent of total billed charges					
CDG,S	82373	CPT	both			1050		20.77 Qualcare	Qualcare		787.5	75			18.06	997.5	percent of total billed charges					
CDG,S	82373	CPT	both			1050		20.77 Three Rivers	Three Rivers		997.5	95			18.06	997.5	percent of total billed charges					
CDG,S	82373	CPT	both			1050		20.77 UHC	Medicaid		331.28	31.55			18.06	997.5	percent of total billed charges					
CDG,S	82373	CPT	both			1050		20.77 UHC	Medicare		18.06				18.06	997.5	fee schedule					
CDG,S	82373	CPT	both			1050		20.77 Wellcare	Medicare		18.06				18.06	997.5	fee schedule					
CDG,S	82373	CPT	both			1050		20.77 Wellcare	Medicaid		331.28	31.55			18.06	997.5	percent of total billed charges					
CDG,S	82373	CPT	both			1050		20.77 WellPoint	WellPoint		337.89	32.18			18.06	997.5	percent of total billed charges					
CO2	82374	CPT	both			142		5.61 Aetna	Medicare		43.74	30.8			4.88	134.9	percent of total billed charges					
CO2	82374	CPT	both			142		5.61 Aetna	Better Health		44.8	31.55			4.88	134.9	percent of total billed charges					
CO2	82374	CPT	both			142		5.61 Aetna	Commercial		53.96	38			4.88	134.9	percent of total billed charges					
CO2	82374	CPT	both			142		5.61 Americare	Americare		106.5	75			4.88	134.9	percent of total billed charges					
CO2	82374	CPT	both			142		5.61 Amerihealth	HMO/PPO		92.3	65			4.88	134.9	percent of total billed charges					
CO2	82374	CPT	both			142		5.61 Amerihealth	Medicare		4.88				4.88	134.9	fee schedule					
CO2	82374	CPT	both			142		5.61 Consumer	Consumer		134.9	95			4.88	134.9	percent of total billed charges					
CO2	82374	CPT	both			142		5.61 Corrections	Corrections		113.6	80			4.88	134.9	percent of total billed charges					
CO2	82374	CPT	both			142		5.61 First Health	First Health		99.4	70			4.88	134.9	percent of total billed charges					
CO2	82374	CPT	both			142		5.61 First Trenton	First Trenton		127.8	90			4.88	134.9	percent of total billed charges					
CO2	82374	CPT	both			142		5.61 Horizon	Medicare Blue		42.6	30			4.88	134.9	percent of total billed charges					
CO2	82374	CPT	both			142		5.61 Horizon	Indemnity		54.36	38.28			4.88	134.9	percent of total billed charges					
CO2	82374	CPT	both			142		5.61 Horizon	MGD		54.36	38.28			4.88	134.9	percent of total billed charges					
CO2	82374	CPT	both			142		5.61 Horizon	NJ Health		6.47				4.88	134.9	fee schedule					
CO2	82374	CPT	both			142		5.61 Horizon	PPO		54.36	38.28			4.88	134.9	percent of total billed charges					
CO2	82374	CPT	both			142		5.61 Managed Care Inc	Managed Care Inc		127.8	90			4.88	134.9	percent of total billed charges					
CO2	82374	CPT	both			142		5.61 Multiplan	Multiplan		113.6	80			4.88	134.9	percent of total billed charges					
CO2	82374	CPT	both			142		5.61 Qualcare	Qualcare		106.5	75			4.88	134.9	percent of total billed charges					
CO2	82374	CPT	both			142		5.61 Three Rivers	Three Rivers		134.9	95			4.88	134.9	percent of total billed charges					
CO2	82374	CPT	both			142		5.61 UHC	Medicaid		44.8	31.55			4.88	134.9	percent of total billed charges					
CO2	82374	CPT	both			142		5.61 UHC	Medicare		4.88				4.88	134.9	fee schedule					
CO2	82374	CPT	both			142		5.61 Wellcare	Medicaid		44.8	31.55			4.88	134.9	percent of total billed charges					
CO2	82374	CPT	both			142		5.61 Wellcare	Medicare		4.88				4.88	134.9	fee schedule					
CO2	82374	CPT	both			142		5.61 WellPoint	WellPoint		45.7	32.18			4.88	134.9	percent of total billed charges					
CO-OXIMETER PANEL	82375	CPT	both			111		14.17 Aetna	Medicare		12.32				8.7	105.45	fee schedule					
CO-OXIMETER PANEL	82375	CPT	both			111		14.17 Aetna	Better Health		35.02	31.55			8.7	105.45	percent of total billed charges					
CO-OXIMETER PANEL	82375	CPT	both			111		14.17 Aetna	Commercial		42.18	38			8.7	105.45	percent of total billed charges					
CO-OXIMETER PANEL	82375	CPT	both			111		14.17 Americare	Americare		83.25	75			8.7	105.45	percent of total billed charges					
CO-OXIMETER PANEL	82375	CPT	both			111		14.17 Amerihealth	Medicare		12.32				8.7	105.45	fee schedule					
CO-OXIMETER PANEL	82375	CPT	both			111		14.17 Amerihealth	HMO/PPO		72.15	65			8.7	105.45	percent of total billed charges					
CO-OXIMETER PANEL	82375	CPT	both			111		14.17 Consumer	Consumer		105.45	95			8.7	105.45	percent of total billed charges					
CO-OXIMETER PANEL	82375	CPT	both			111		14.17 Corrections	Corrections		88.8	80			8.7	105.45	percent of total billed charges					
CO-OXIMETER PANEL	82375	CPT	both			111		14.17 First Health	First Health		77.7	70			8.7	105.45	percent of total billed charges					
CO-OXIMETER PANEL	82375	CPT	both			111		14.17 First Trenton	First Trenton		99.9	90			8.7	105.45	percent of total billed charges					
CO-OXIMETER PANEL	82375	CPT	both			111		14.17 Horizon	MGD		42.49	38.28			8.7	105.45	percent of total billed charges					
CO-OXIMETER PANEL	82375	CPT	both			111		14.17 Horizon	Indemnity		42.49	38.28			8.7	105.45	percent of total billed charges					
CO-OXIMETER PANEL	82375	CPT	both			111		14.17 Horizon	PPO		42.49	38.28			8.7	105.45	percent of total billed charges					
CO-OXIMETER PANEL	82375	CPT	both			111		14.17 Horizon	Medicare Blue		33.3	30			8.7	105.45	percent of total billed charges					
CO-OXIMETER PANEL	82375	CPT	both			111		14.17 Horizon	NJ Health		11.76				8.7	105.45	fee schedule					
CO-OXIMETER PANEL	82375	CPT	both			111		14.17 Managed Care Inc	Managed Care Inc		99.9	90			8.7	105.45	percent of total billed charges					
CO-OXIMETER PANEL	82375	CPT	both			111		14.17 Multiplan	Multiplan		88.8	80			8.7	105.45	percent of total billed charges					
CO-OXIMETER PANEL	82375	CPT	both			111		14.17 Qualcare	Qualcare		83.25	75			8.7	105.45	percent of total billed charges					
CO-OXIMETER PANEL	82375	CPT	both			111		14.17 Three Rivers	Three Rivers		105.45	95			8.7	105.45	percent of total billed charges					
CO-OXIMETER PANEL	82375	CPT	both			111		14.17 UHC	Medicaid		35.02	31.55			8.7	105.45	percent of total billed charges					
CO-OXIMETER PANEL	82375	CPT	both			111		14.17 UHC	Medicare		12.32				8.7	105.45	fee schedule					
CO-OXIMETER PANEL	82375	CPT	both			111		14.17 Wellcare	Medicare		12.32				8.7	105.45	fee schedule					
CO-OXIMETER PANEL	82375	CPT	both			111		14.17 Wellcare	Medicaid		35.02	31.55			8.7	105.45	percent of total billed charges					
CO-OXIMETER PANEL	82375	CPT	both			111		14.17 WellPoint	WellPoint		35.72	32.18			8.7	105.45	percent of total billed charges					
CEA FLUID	82378	CPT	both			169		21.8 Aetna	Medicare		18.96				14.1	160.55	fee schedule					
CEA FLUID	82378	CPT	both			169		21.8 Aetna	Better Health		53.32	31.55			14.1	160.55	percent of total billed charges					
CEA FLUID	82378	CPT	both			169		21.8 Aetna	Commercial		64.22	38			14.1	160.55	percent of total billed charges					
CEA FLUID	82378	CPT	both			169		21.8 Americare	Americare		126.75	75			14.1	160.55	percent of total billed charges					
CEA FLUID	82378	CPT	both			169		21.8 Amerihealth	HMO/PPO		109.85	65			14.1	160.55	percent of total billed charges					
CEA FLUID	82378	CPT	both			169		21.8 Amerihealth	Medicare		18.96				14.1	160.55	fee schedule					

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CEA FLUID	82378	CPT	both			169	21.8	Consumer	Consumer		160.55				14.1	160.55	percent of total billed charges	
CEA FLUID	82378	CPT	both			169	21.8	Corrections	Corrections		135.2				14.1	160.55	percent of total billed charges	
CEA FLUID	82378	CPT	both			169	21.8	First Health	First Health		118.3				14.1	160.55	percent of total billed charges	
CEA FLUID	82378	CPT	both			169	21.8	First Trenton	First Trenton		152.1				14.1	160.55	percent of total billed charges	
CEA FLUID	82378	CPT	both			169	21.8	Horizon	Indemnity		64.69	38.28			14.1	160.55	percent of total billed charges	
CEA FLUID	82378	CPT	both			169	21.8	Horizon	Medicare Blue		50.7	30			14.1	160.55	percent of total billed charges	
CEA FLUID	82378	CPT	both			169	21.8	Horizon	MGD		64.69	38.28			14.1	160.55	percent of total billed charges	
CEA FLUID	82378	CPT	both			169	21.8	Horizon	NJ Health		43.9				14.1	160.55	fee schedule	
CEA FLUID	82378	CPT	both			169	21.8	Horizon	PPO		64.69	38.28			14.1	160.55	percent of total billed charges	
CEA FLUID	82378	CPT	both			169	21.8	Managed Care Inc	Managed Care Inc		152.1	90			14.1	160.55	percent of total billed charges	
CEA FLUID	82378	CPT	both			169	21.8	Multiplan	Multiplan		135.2	80			14.1	160.55	percent of total billed charges	
CEA FLUID	82378	CPT	both			169	21.8	Qualcare	Qualcare		126.75	75			14.1	160.55	percent of total billed charges	
CEA FLUID	82378	CPT	both			169	21.8	Three Rivers	Three Rivers		160.55	95			14.1	160.55	percent of total billed charges	
CEA FLUID	82378	CPT	both			169	21.8	UHC	Medicare		18.96				14.1	160.55	fee schedule	
CEA FLUID	82378	CPT	both			169	21.8	UHC	Medicaid		53.32	31.55			14.1	160.55	percent of total billed charges	
CEA FLUID	82378	CPT	both			169	21.8	Wellcare	Medicaid		53.32	31.55			14.1	160.55	percent of total billed charges	
CEA FLUID	82378	CPT	both			169	21.8	Wellcare	Medicare		18.96				14.1	160.55	fee schedule	
CEA FLUID	82378	CPT	both			169	21.8	WellPoint	WellPoint		54.38	32.18			14.1	160.55	percent of total billed charges	
CARNITINE, TOTAL AND FREE	82379	CPT	both			495	19.4	Aetna	Better Health		156.17	31.55			16.8	470.25	percent of total billed charges	
CARNITINE, TOTAL AND FREE	82379	CPT	both			495	19.4	Aetna	Medicare		16.87				16.8	470.25	fee schedule	
CARNITINE, TOTAL AND FREE	82379	CPT	both			495	19.4	Aetna	Commercial		188.1	38			16.8	470.25	percent of total billed charges	
CARNITINE, TOTAL AND FREE	82379	CPT	both			495	19.4	Americare	Americare		371.25	75			16.8	470.25	percent of total billed charges	
CARNITINE, TOTAL AND FREE	82379	CPT	both			495	19.4	Amerihealth	Medicare		16.87				16.8	470.25	fee schedule	
CARNITINE, TOTAL AND FREE	82379	CPT	both			495	19.4	Amerihealth	HMO/PPO		321.75	65			16.8	470.25	percent of total billed charges	
CARNITINE, TOTAL AND FREE	82379	CPT	both			495	19.4	Consumer	Consumer		470.25	95			16.8	470.25	percent of total billed charges	
CARNITINE, TOTAL AND FREE	82379	CPT	both			495	19.4	Corrections	Corrections		396	80			16.8	470.25	percent of total billed charges	
CARNITINE, TOTAL AND FREE	82379	CPT	both			495	19.4	First Health	First Health		346.5	70			16.8	470.25	percent of total billed charges	
CARNITINE, TOTAL AND FREE	82379	CPT	both			495	19.4	First Trenton	First Trenton		445.5	90			16.8	470.25	percent of total billed charges	
CARNITINE, TOTAL AND FREE	82379	CPT	both			495	19.4	Horizon	MGD		189.49	38.28			16.8	470.25	percent of total billed charges	
CARNITINE, TOTAL AND FREE	82379	CPT	both			495	19.4	Horizon	Medicare Blue		148.5	30			16.8	470.25	percent of total billed charges	
CARNITINE, TOTAL AND FREE	82379	CPT	both			495	19.4	Horizon	NJ Health		18.74				16.8	470.25	fee schedule	
CARNITINE, TOTAL AND FREE	82379	CPT	both			495	19.4	Horizon	Indemnity		189.49	38.28			16.8	470.25	percent of total billed charges	
CARNITINE, TOTAL AND FREE	82379	CPT	both			495	19.4	Horizon	PPO		189.49	38.28			16.8	470.25	percent of total billed charges	
CARNITINE, TOTAL AND FREE	82379	CPT	both			495	19.4	Managed Care Inc	Managed Care Inc		445.5	90			16.8	470.25	percent of total billed charges	
CARNITINE, TOTAL AND FREE	82379	CPT	both			495	19.4	Multiplan	Multiplan		396	80			16.8	470.25	percent of total billed charges	
CARNITINE, TOTAL AND FREE	82379	CPT	both			495	19.4	Qualcare	Qualcare		371.25	75			16.8	470.25	percent of total billed charges	
CARNITINE, TOTAL AND FREE	82379	CPT	both			495	19.4	Three Rivers	Three Rivers		470.25	95			16.8	470.25	percent of total billed charges	
CARNITINE, TOTAL AND FREE	82379	CPT	both			495	19.4	UHC	Medicare		16.87				16.8	470.25	fee schedule	
CARNITINE, TOTAL AND FREE	82379	CPT	both			495	19.4	UHC	Medicaid		156.17	31.55			16.8	470.25	percent of total billed charges	
CARNITINE, TOTAL AND FREE	82379	CPT	both			495	19.4	Wellcare	Medicare		16.87				16.8	470.25	fee schedule	
CARNITINE, TOTAL AND FREE	82379	CPT	both			495	19.4	Wellcare	Medicaid		156.17	31.55			16.8	470.25	percent of total billed charges	
CARNITINE, TOTAL AND FREE	82379	CPT	both			495	19.4	WellPoint	WellPoint		159.29	32.18			16.8	470.25	percent of total billed charges	
SERUM-CAROTENE LAB	82380	CPT	outpatient			141	10.6	Aetna	Medicare		9.22				9.22	133.95	fee schedule	
SERUM-CAROTENE LAB	82380	CPT	outpatient			141	10.6	Aetna	Better Health		44.49	31.55			9.22	133.95	percent of total billed charges	
SERUM-CAROTENE LAB	82380	CPT	outpatient			141	10.6	Aetna	Commercial		53.58	38			9.22	133.95	percent of total billed charges	
SERUM-CAROTENE LAB	82380	CPT	outpatient			141	10.6	Americare	Americare		105.75	75			9.22	133.95	percent of total billed charges	
SERUM-CAROTENE LAB	82380	CPT	outpatient			141	10.6	Amerihealth	Medicare		9.22				9.22	133.95	fee schedule	
SERUM-CAROTENE LAB	82380	CPT	outpatient			141	10.6	Amerihealth	HMO/PPO		91.65	65			9.22	133.95	percent of total billed charges	
SERUM-CAROTENE LAB	82380	CPT	outpatient			141	10.6	Consumer	Consumer		133.95	95			9.22	133.95	percent of total billed charges	
SERUM-CAROTENE LAB	82380	CPT	outpatient			141	10.6	Corrections	Corrections		112.8	80			9.22	133.95	percent of total billed charges	
SERUM-CAROTENE LAB	82380	CPT	outpatient			141	10.6	First Health	First Health		98.7	70			9.22	133.95	percent of total billed charges	
SERUM-CAROTENE LAB	82380	CPT	outpatient			141	10.6	First Trenton	First Trenton		126.9	90			9.22	133.95	percent of total billed charges	
SERUM-CAROTENE LAB	82380	CPT	outpatient			141	10.6	Horizon	NJ Health		11.76				9.22	133.95	fee schedule	
SERUM-CAROTENE LAB	82380	CPT	outpatient			141	10.6	Horizon	MGD		53.97	38.28			9.22	133.95	percent of total billed charges	
SERUM-CAROTENE LAB	82380	CPT	outpatient			141	10.6	Horizon	Medicare Blue		42.3	30			9.22	133.95	percent of total billed charges	
SERUM-CAROTENE LAB	82380	CPT	outpatient			141	10.6	Horizon	Indemnity		53.97	38.28			9.22	133.95	percent of total billed charges	
SERUM-CAROTENE LAB	82380	CPT	outpatient			141	10.6	Horizon	PPO		53.97	38.28			9.22	133.95	percent of total billed charges	
SERUM-CAROTENE LAB	82380	CPT	outpatient			141	10.6	Managed Care Inc	Managed Care Inc		126.9	90			9.22	133.95	percent of total billed charges	
SERUM-CAROTENE LAB	82380	CPT	outpatient			141	10.6	Multiplan	Multiplan		112.8	80			9.22	133.95	percent of total billed charges	
SERUM-CAROTENE LAB	82380	CPT	outpatient			141	10.6	Qualcare	Qualcare		105.75	75			9.22	133.95	percent of total billed charges	
SERUM-CAROTENE LAB	82380	CPT	outpatient			141	10.6	Three Rivers	Three Rivers		133.95	95			9.22	133.95	percent of total billed charges	
SERUM-CAROTENE LAB	82380	CPT	outpatient			141	10.6	UHC	Medicaid		44.49	31.55			9.22	133.95	percent of total billed charges	
SERUM-CAROTENE LAB	82380	CPT	outpatient			141	10.6	UHC	Medicare		9.22				9.22	133.95	fee schedule	
SERUM-CAROTENE LAB	82380	CPT	outpatient			141	10.6	Wellcare	Medicare		9.22				9.22	133.95	fee schedule	
SERUM-CAROTENE LAB	82380	CPT	outpatient			141	10.6	Wellcare	Medicaid		44.49	31.55			9.22	133.95	percent of total billed charges	
SERUM-CAROTENE LAB	82380	CPT	outpatient			141	10.6	WellPoint	WellPoint		45.37	32.18			9.22	133.95	percent of total billed charges	
CATECHOLAMINES, FRACT PLSM	82384	CPT	both			204	29.04	Aetna	Commercial		77.52	38			17.4	193.8	percent of total billed charges	
CATECHOLAMINES, FRACT PLSM	82384	CPT	both			204	29.04	Aetna	Better Health		64.36	31.55			17.4	193.8	percent of total billed charges	
CATECHOLAMINES, FRACT PLSM	82384	CPT	both			204	29.04	Aetna	Medicare		25.25				17.4	193.8	fee schedule	
CATECHOLAMINES, FRACT PLSM	82384	CPT	both			204	29.04	Americare	Americare		153	75			17.4	193.8	percent of total billed charges	
CATECHOLAMINES, FRACT PLSM	82384	CPT	both			204	29.04	Amerihealth	Medicare		25.25				17.4	193.8	fee schedule	
CATECHOLAMINES, FRACT PLSM	82384	CPT	both			204	29.04	Amerihealth	HMO/PPO		132.6	65			17.4	193.8	percent of total billed charges	
CATECHOLAMINES, FRACT PLSM	82384	CPT	both			204	29.04	Consumer	Consumer		193.8	95			17.4	193.8	percent of total billed charges	
CATECHOLAMINES, FRACT PLSM	82384	CPT	both			204	29.04	Corrections	Corrections		163.2	80			17.4	193.8	percent of total billed charges	
CATECHOLAMINES, FRACT PLSM	82384	CPT	both			204	29.04	First Health	First Health		142.8	70			17.4	193.8	percent of total billed charges	
CATECHOLAMINES, FRACT PLSM	82384	CPT	both			204	29.04	First Trenton	First Trenton		183.6	90			17.4	193.8	percent of total billed charges	
CATECHOLAMINES, FRACT PLSM	82384	CPT	both			204	29.04	Horizon	Medicare Blue		61.2	30			17.4	193.8	percent of total billed charges	
CATECHOLAMINES, FRACT PLSM	82384	CPT	both			204	29.04	Horizon	MGD		78.09	38.28			17.4	193.8	percent of total billed charges	
CATECHOLAMINES, FRACT PLSM	82384	CPT	both			204	29.04	Horizon	PPO		78.09	38.28			17.4	193.8	percent of total billed charges	
CATECHOLAMINES, FRACT PLSM	82384	CPT	both			204	29.04	Horizon	Indemnity		78.09	38.28			17.4	193.8	percent of total billed charges	
CATECHOLAMINES, FRACT PLSM	82384	CPT	both			204	29.04	Horizon	NJ Health		35.28				17.4	193.8	fee schedule	
CATECHOLAMINES, FRACT PLSM	82384	CPT	both			204	29.04	Managed Care Inc	Managed Care Inc		183.6	90			17.4	193.8	percent of total billed charges	
CATECHOLAMINES, FRACT PLSM	82384	CPT	both			204	29.04	Multiplan	Multiplan		163.2	80			17.4	193.8	percent of total billed charges	
CATECHOLAMINES, FRACT PLSM	82384	CPT	both			204	29.04	Qualcare	Qualcare		153	75			17.4	193.8	percent of total billed charges	
CATECHOLAMINES, FRACT PLSM	82384	CPT	both			204	29.04	Three Rivers	Three Rivers		193.8	95			17.4	193.8	percent of total billed charges	
CATECHOLAMINES, FRACT PLSM	82384	CPT	both			204	29.04	UHC	Medicare		25.25				17.4	193.8	fee schedule	
CATECHOLAMINES, FRACT PLSM	82384	CPT	both			204	29.04	UHC	Medicaid		64.36	31.55			17.4	193.8	percent of total billed charges	
CATECHOLAMINES, FRACT PLSM	82384	CPT	both			204	29.04	Wellcare	Medicaid		64.36	31.55			17.4	193.8	percent of total billed charges	
CATECHOLAMINES, FRACT PLSM	82384	CPT	both			204	29.04	Wellcare	Medicare		25.25				17.4	193.8	fee schedule	
CATECHOLAMINES, FRACT PLSM	82384	CPT	both			204	29.04	WellPoint	WellPoint		65.65	32.18			17.4	193.8	percent of total billed charges	
CERULOPLASMIN	82390	CPT	both			25	12.35	Aetna	Better Health		7.89	31.55			7.5	23.75	percent of total billed charges	
CERULOPLASMIN	82390	CPT	both			25	12.35	Aetna	Commercial		9.5	38			7.5	23.75	percent of total billed charges	
CERULOPLASMIN	82390	CPT	both			25	12.35	Aetna	Medicare		10.74				7.5	23.75	fee schedule	
CERULOPLASMIN	82390	CPT	both			25	12.35	Americare	Americare		18.75	75			7.5	23.75	percent of total billed charges	
CERULOPLASMIN	82390	CPT	both			25	12.35	Amerihealth	Medicare		10.74				7.5	23.75	fee schedule	
CERULOPLASMIN	82390	CPT	both			25	12.35	Amerihealth	HMO/PPO		16.25	65			7.5	23.75	percent of total billed charges	
CERULOPLASMIN	82390	CPT	both			25	12.35	Consumer	Consumer		23.75	95			7.5	23.75	percent of total billed charges	
CERULOPLASMIN	82390	CPT	both			25	12.35	Corrections	Corrections		20	80			7.5	23.75	percent of total billed charges	
CERULOPLASMIN	82390	CPT	both			25	12.35	First Health	First Health		17.5	70			7.5	23.75	percent of total billed charges	
CERULOPLASMIN	82390	CPT	both			25	12.35	First Trenton	First Trenton		22.5	90			7.5	23.75	percent of total billed charges	
CERULOPLASMIN	82390	CPT	both			25	12.35	Horizon	Indemnity		9.57	38.28			7.5	23.75	percent of total billed charges	
CERULOPLASMIN	82390	CPT	both			25	12.35	Horizon	PPO		9.57	38.28			7.5	23.75	percent of total billed charges	
CERULOPLASMIN	82390	CPT	both			25	12.35	Horizon	MGD		9.57	38.28			7.5	23.75	percent of total billed charges	
CERULOPLASMIN	82390	CPT	both			25	12.35	Horizon	Medicare Blue		7.5	30			7.5	23.75	percent of total billed charges	
CERULOPLASMIN	82390	CPT	both			25	12.35	Horizon	NJ Health		11.76				7.5	23.75	fee schedule	
CERULOPLASMIN	82390	CPT	both			25	12.35	Managed Care Inc	Managed Care Inc		22.5	90			7.5	23.75	percent of total billed charges	
CERULOPLASMIN	82390	CPT	both			25	12.35	Multiplan	Multiplan		20	80			7.5	23.75	percent of total billed charges	
CERULOPLASMIN	82390	CPT	both			25	12.35	Qualcare	Qualcare		18.75	75			7.5	23.75	percent of total billed charges	
CERULOPLASMIN	82390	CPT	both			25	12.35	Three Rivers	Three Rivers		23.75	95			7.5	23.75	percent of total billed charges	
CERULOPLASMIN	82390	CPT	both			25	12.35	UHC	Medicare		10.74				7.5	23.75	fee schedule	
CERULOPLASMIN	82390	CPT	both			25	12.35	UHC	Medicaid		7.89	31.55			7.5	23.75	percent of total billed charges	
CERULOPLASMIN	82390	CPT	both			25	12.35	Wellcare	Medicare		10.74				7.5	23.75	fee schedule	
CERULOPLASMIN	82390	CPT	both			25	12.35	Wellcare	Medicaid		7.89	31.55			7.5	23.75	percent of total billed charges	
CERULOPLASMIN	82390	CPT	both			25	12.35	WellPoint	WellPoint		8.05	32.18			7.5	23.75	percent of total billed charges	
PTHRP(PTH-RELATED PEPTIDE)	82397	CPT	both			577	16.24	Aetna	Medicare		14.12				13.8	548.15	fee schedule	
PTHRP(PTH-RELATED PEPTIDE)	82397	CPT	both			577	16.24	Aetna	Better Health		182.04	31.55			13.8	548.15	percent of total billed charges	
PTHRP(PTH-RELATED PEPTIDE)	82397	CPT	both			577	16.24	Aetna	Commercial		219.26	38			13.8	548.15	percent of total billed charges	
PTHRP(PTH-RELATED PEPTIDE)	82397	CPT	both			577	16.24	Americare	Americare		432.75	75			13.8	548.15	percent of total billed charges	
PTHRP(PTH-RELATED PEPTIDE)	82397	CPT	both			577	16.24	Amerihealth	HMO/PPO		375.05	65			13.8	548.15	percent of total billed charges	
PTHRP(PTH-RELATED PEPTIDE)	82397	CPT	both			577	16.24	Amerihealth	Medicare		14.12				13.8	548.15	fee schedule	
PTHRP(PTH-RELATED PEPTIDE)	82397	CPT	both			577	16.24	Consumer	Consumer		548.15	95			13.8	548.15	percent of total billed charges	
PTHRP(PTH-RELATED PEPTIDE)	82397	CPT	both			577	16.24	Corrections	Corrections		461.6	80			13.8	548.15	percent of total billed charges	
PTHRP(PTH-RELATED PEPTIDE)	82397	CPT	both			577	16.24	First Health	First Health		403.9	70			13.8	548.15	percent of total billed charges	
PTHRP(PTH-RELATED PEPTIDE)	82397	CPT	both			577	16.24	First Trenton	First Trenton		519.3	90			13.8	548.15	percent of total billed charges	
PTHRP(PTH-RELATED PEPTIDE)	82397	CPT	both			577	16.24	Horizon	MGD		220.88	38.28			13.8	548.15	percent of total billed charges	
PTHRP(PTH-RELATED PEPTIDE)	82397	CPT	both			577	16.24	Horizon	Medicare Blue		173.1	30			13.8	548.15	percent of total billed charges	
PTHRP(PTH-RELATED PEPTIDE)	82397	CPT	both			577	16.24	Horizon	Indemnity		220.88	38.28			13.8	548.15	percent of total billed charges	
PTHRP(PTH-RELATED PEPTIDE)	82397	CPT	both			577	16.24	Horizon	NJ Health		15.68				13.8	548.15	fee schedule	
PTHRP(PTH-RELATED PEPTIDE)	82397	CPT	both			577	16.24	Horizon	PPO		220.88	38.28			13.8	548.15	percent of total billed charges	
PTHRP(PTH-RELATED PEPTIDE)	82397	CPT	both			577	16.24	Managed Care Inc	Managed Care Inc		519.3	90			13.8	548.15	percent of total billed charges	
PTHRP(PTH-RELATED PEPTIDE)	82397	CPT	both			577	16.24	Multiplan	Multiplan		461.6	80			13.8	548.15	percent of total billed charges	
PTHRP(PTH-RELATED PEPTIDE)	82397	CPT	both			577	16.24	Qualcare	Qualcare		432.75	75			13.8	548.15	percent of total billed charges	
PTHRP(PTH-RELATED PEPTIDE)	82397	CPT	both			577	16.24	Three Rivers	Three Rivers		548.15	95			13.8	548.15	percent of total billed charges	
PTHRP(PTH-RELATED PEPTIDE)	82397	CPT	both			577	16.24	UHC	Medicaid		182.04	31.55			13.8	548.15	percent of total billed charges	
PTHRP(PTH-RELATED PEPTIDE)	82397	CPT	both			577	16.24	UHC	Medicare		14.12				13.8	548.15	fee schedule	
PTHRP(PTH-RELATED PEPTIDE)	82397	CPT	both			577	16.24	Wellcare	Medicaid		182.04	31.55			13.8	548.15	percent of total billed charges	
PTHRP(PTH-RELATED PEPTIDE)	82397	CPT	both			577	16.24	Wellcare	Medicare		14.12				13.8	548.15	fee schedule	
PTHRP(PTH-RELATED PEPTIDE)	82397	CPT	both			577	16.24	WellPoint	WellPoint		185.68	32.18			13.8	548.15	percent of total billed charges	
CHLORIDE LAB	82435	CPT	both			70	5.29	Aetna	Medicare		4.6				4.6	66.5	fee schedule	
CHLORIDE LAB	82435	CPT	both			70	5.29	Aetna	Commercial		26.6	38			4.6	66.5	percent of total billed charges	
CHLORIDE LAB	82435	CPT	both			70	5.29	Aetna	Better Health		22.09	31.55			4.6	66.5	percent of total billed charges	
CHLORIDE LAB	82435	CPT	both			70	5.29	Americare	Americare		52.5	75			4.6	66.5	percent of total billed charges	
CHLORIDE LAB	82435	CPT	both			70	5.29	Amerihealth	Medicare		4.6				4.6	66.5	fee schedule	
CHLORIDE LAB	82435	CPT	both			70	5.29	Amerihealth	HMO/PPO		45.5	65			4.6	66.5	percent of total billed charges	
CHLORIDE LAB	82435	CPT	both			70	5.29	Consumer	Consumer		66.5	95			4.6	66.5	percent of total billed charges	
CHLORIDE LAB	82435	CPT	both			70	5.29	Corrections	Corrections		56	80			4.6	66.5	percent of total billed charges	
CHLORIDE LAB	82435	CPT	both			70	5.29	First Health	First Health		49	70			4.6	66.5	percent of total billed charges	
CHLORIDE LAB	82435	CPT	both			70	5.29	First Trenton	First Trenton		63	90			4.6	66.5	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CHLORIDE	LAB	82435 CPT	both			70	5.29	Horizon	Medicare Blue		21	30		4.6	4.6	66.5	percent of total billed charges	
CHLORIDE	LAB	82435 CPT	both			70	5.29	Horizon	Indemnity		26.8	38.28		4.6	4.6	66.5	percent of total billed charges	
CHLORIDE	LAB	82435 CPT	both			70	5.29	Horizon	MGD		26.8	38.28		4.6	4.6	66.5	percent of total billed charges	
CHLORIDE	LAB	82435 CPT	both			70	5.29	Horizon	NJ Health		5.88			4.6	4.6	66.5	fee schedule	
CHLORIDE	LAB	82435 CPT	both			70	5.29	Horizon	PPO		26.8	38.28		4.6	4.6	66.5	percent of total billed charges	
CHLORIDE	LAB	82435 CPT	both			70	5.29	Managed Care Inc	Managed Care Inc		63	90		4.6	4.6	66.5	percent of total billed charges	
CHLORIDE	LAB	82435 CPT	both			70	5.29	Multiplan	Multiplan		56	80		4.6	4.6	66.5	percent of total billed charges	
CHLORIDE	LAB	82435 CPT	both			70	5.29	Qualcare	Qualcare		52.5	75		4.6	4.6	66.5	percent of total billed charges	
CHLORIDE	LAB	82435 CPT	both			70	5.29	Three Rivers	Three Rivers		66.5	95		4.6	4.6	66.5	percent of total billed charges	
CHLORIDE	LAB	82435 CPT	both			70	5.29	UHC	Medicare		4.6			4.6	4.6	66.5	fee schedule	
CHLORIDE	LAB	82435 CPT	both			70	5.29	UHC	Medicaid		22.09	31.55		4.6	4.6	66.5	percent of total billed charges	
CHLORIDE	LAB	82435 CPT	both			70	5.29	Wellcare	Medicare		4.6			4.6	4.6	66.5	fee schedule	
CHLORIDE	LAB	82435 CPT	both			70	5.29	Wellcare	Medicaid		22.09	31.55		4.6	4.6	66.5	percent of total billed charges	
CHLORIDE	LAB	82435 CPT	both			70	5.29	WellPoint	WellPoint		22.53	32.18		4.6	4.6	66.5	percent of total billed charges	
CHLORIDE URINE RANDOM		82436 CPT	both			55	6.61	Aetna	Commercial		20.9	38		5.75	5.75	52.25	percent of total billed charges	
CHLORIDE URINE RANDOM		82436 CPT	both			55	6.61	Aetna	Medicare		5.75			5.75	5.75	52.25	fee schedule	
CHLORIDE URINE RANDOM		82436 CPT	both			55	6.61	Aetna	Better Health		17.35	31.55		5.75	5.75	52.25	percent of total billed charges	
CHLORIDE URINE RANDOM		82436 CPT	both			55	6.61	Americare	Americare		41.25	75		5.75	5.75	52.25	percent of total billed charges	
CHLORIDE URINE RANDOM		82436 CPT	both			55	6.61	Amerihealth	HMO/PPO		35.75	65		5.75	5.75	52.25	percent of total billed charges	
CHLORIDE URINE RANDOM		82436 CPT	both			55	6.61	Amerihealth	Medicare		5.75			5.75	5.75	52.25	fee schedule	
CHLORIDE URINE RANDOM		82436 CPT	both			55	6.61	Consumer	Consumer		52.25	95		5.75	5.75	52.25	percent of total billed charges	
CHLORIDE URINE RANDOM		82436 CPT	both			55	6.61	Corrections	Corrections		44	80		5.75	5.75	52.25	percent of total billed charges	
CHLORIDE URINE RANDOM		82436 CPT	both			55	6.61	First Health	First Health		38.5	70		5.75	5.75	52.25	percent of total billed charges	
CHLORIDE URINE RANDOM		82436 CPT	both			55	6.61	First Trenton	First Trenton		49.5	90		5.75	5.75	52.25	percent of total billed charges	
CHLORIDE URINE RANDOM		82436 CPT	both			55	6.61	Horizon	Indemnity		21.05	38.28		5.75	5.75	52.25	percent of total billed charges	
CHLORIDE URINE RANDOM		82436 CPT	both			55	6.61	Horizon	MGD		21.05	38.28		5.75	5.75	52.25	percent of total billed charges	
CHLORIDE URINE RANDOM		82436 CPT	both			55	6.61	Horizon	NJ Health		5.88			5.75	5.75	52.25	fee schedule	
CHLORIDE URINE RANDOM		82436 CPT	both			55	6.61	Horizon	Medicare Blue		16.5	30		5.75	5.75	52.25	percent of total billed charges	
CHLORIDE URINE RANDOM		82436 CPT	both			55	6.61	Horizon	PPO		21.05	38.28		5.75	5.75	52.25	percent of total billed charges	
CHLORIDE URINE RANDOM		82436 CPT	both			55	6.61	Managed Care Inc	Managed Care Inc		49.5	90		5.75	5.75	52.25	percent of total billed charges	
CHLORIDE URINE RANDOM		82436 CPT	both			55	6.61	Multiplan	Multiplan		44	80		5.75	5.75	52.25	percent of total billed charges	
CHLORIDE URINE RANDOM		82436 CPT	both			55	6.61	Qualcare	Qualcare		41.25	75		5.75	5.75	52.25	percent of total billed charges	
CHLORIDE URINE RANDOM		82436 CPT	both			55	6.61	Three Rivers	Three Rivers		52.25	95		5.75	5.75	52.25	percent of total billed charges	
CHLORIDE URINE RANDOM		82436 CPT	both			55	6.61	UHC	Medicaid		17.35	31.55		5.75	5.75	52.25	percent of total billed charges	
CHLORIDE URINE RANDOM		82436 CPT	both			55	6.61	UHC	Medicare		5.75			5.75	5.75	52.25	fee schedule	
CHLORIDE URINE RANDOM		82436 CPT	both			55	6.61	Wellcare	Medicaid		17.35	31.55		5.75	5.75	52.25	percent of total billed charges	
CHLORIDE URINE RANDOM		82436 CPT	both			55	6.61	Wellcare	Medicare		5.75			5.75	5.75	52.25	fee schedule	
CHLORIDE URINE RANDOM		82436 CPT	both			55	6.61	WellPoint	WellPoint		17.7	32.18		5.75	5.75	52.25	percent of total billed charges	
SWEAT CHLORIDE		82438 CPT	both			177	5.75	Aetna	Better Health		55.84	31.55		5	5	168.15	percent of total billed charges	
SWEAT CHLORIDE		82438 CPT	both			177	5.75	Aetna	Medicare		5			5	5	168.15	fee schedule	
SWEAT CHLORIDE		82438 CPT	both			177	5.75	Aetna	Commercial		67.26	38		5	5	168.15	percent of total billed charges	
SWEAT CHLORIDE		82438 CPT	both			177	5.75	Americare	Americare		132.75	75		5	5	168.15	percent of total billed charges	
SWEAT CHLORIDE		82438 CPT	both			177	5.75	Amerihealth	Medicare		5			5	5	168.15	fee schedule	
SWEAT CHLORIDE		82438 CPT	both			177	5.75	Amerihealth	HMO/PPO		115.05	65		5	5	168.15	percent of total billed charges	
SWEAT CHLORIDE		82438 CPT	both			177	5.75	Consumer	Consumer		168.15	95		5	5	168.15	percent of total billed charges	
SWEAT CHLORIDE		82438 CPT	both			177	5.75	Corrections	Corrections		141.6	80		5	5	168.15	percent of total billed charges	
SWEAT CHLORIDE		82438 CPT	both			177	5.75	First Health	First Health		123.9	70		5	5	168.15	percent of total billed charges	
SWEAT CHLORIDE		82438 CPT	both			177	5.75	First Trenton	First Trenton		159.3	90		5	5	168.15	percent of total billed charges	
SWEAT CHLORIDE		82438 CPT	both			177	5.75	Horizon	MGD		67.76	38.28		5	5	168.15	percent of total billed charges	
SWEAT CHLORIDE		82438 CPT	both			177	5.75	Horizon	PPO		67.76	38.28		5	5	168.15	percent of total billed charges	
SWEAT CHLORIDE		82438 CPT	both			177	5.75	Horizon	Medicare Blue		53.1	30		5	5	168.15	percent of total billed charges	
SWEAT CHLORIDE		82438 CPT	both			177	5.75	Horizon	NJ Health		6.47			5	5	168.15	fee schedule	
SWEAT CHLORIDE		82438 CPT	both			177	5.75	Horizon	Indemnity		67.76	38.28		5	5	168.15	percent of total billed charges	
SWEAT CHLORIDE		82438 CPT	both			177	5.75	Managed Care Inc	Managed Care Inc		159.3	90		5	5	168.15	percent of total billed charges	
SWEAT CHLORIDE		82438 CPT	both			177	5.75	Multiplan	Multiplan		141.6	80		5	5	168.15	percent of total billed charges	
SWEAT CHLORIDE		82438 CPT	both			177	5.75	Qualcare	Qualcare		132.75	75		5	5	168.15	percent of total billed charges	
SWEAT CHLORIDE		82438 CPT	both			177	5.75	Three Rivers	Three Rivers		168.15	95		5	5	168.15	percent of total billed charges	
SWEAT CHLORIDE		82438 CPT	both			177	5.75	UHC	Medicaid		55.84	31.55		5	5	168.15	percent of total billed charges	
SWEAT CHLORIDE		82438 CPT	both			177	5.75	UHC	Medicare		5			5	5	168.15	fee schedule	
SWEAT CHLORIDE		82438 CPT	both			177	5.75	Wellcare	Medicare		5			5	5	168.15	fee schedule	
SWEAT CHLORIDE		82438 CPT	both			177	5.75	Wellcare	Medicaid		55.84	31.55		5	5	168.15	percent of total billed charges	
SWEAT CHLORIDE		82438 CPT	both			177	5.75	WellPoint	WellPoint		56.96	32.18		5	5	168.15	percent of total billed charges	
METHYLENE CHLORIDE BLOOD		82441 CPT	outpatient			417	6.91	Aetna	Medicare		6.01			6.01	6.01	396.15	fee schedule	
METHYLENE CHLORIDE BLOOD		82441 CPT	outpatient			417	6.91	Aetna	Better Health		131.56	31.55		6.01	6.01	396.15	percent of total billed charges	
METHYLENE CHLORIDE BLOOD		82441 CPT	outpatient			417	6.91	Aetna	Commercial		158.46	38		6.01	6.01	396.15	percent of total billed charges	
METHYLENE CHLORIDE BLOOD		82441 CPT	outpatient			417	6.91	Americare	Americare		312.75	75		6.01	6.01	396.15	percent of total billed charges	
METHYLENE CHLORIDE BLOOD		82441 CPT	outpatient			417	6.91	Amerihealth	HMO/PPO		271.05	65		6.01	6.01	396.15	percent of total billed charges	
METHYLENE CHLORIDE BLOOD		82441 CPT	outpatient			417	6.91	Amerihealth	Medicare		6.01			6.01	6.01	396.15	fee schedule	
METHYLENE CHLORIDE BLOOD		82441 CPT	outpatient			417	6.91	Consumer	Consumer		396.15	95		6.01	6.01	396.15	percent of total billed charges	
METHYLENE CHLORIDE BLOOD		82441 CPT	outpatient			417	6.91	Corrections	Corrections		333.6	80		6.01	6.01	396.15	percent of total billed charges	
METHYLENE CHLORIDE BLOOD		82441 CPT	outpatient			417	6.91	First Health	First Health		291.9	70		6.01	6.01	396.15	percent of total billed charges	
METHYLENE CHLORIDE BLOOD		82441 CPT	outpatient			417	6.91	First Trenton	First Trenton		375.3	90		6.01	6.01	396.15	percent of total billed charges	
METHYLENE CHLORIDE BLOOD		82441 CPT	outpatient			417	6.91	Horizon	Medicare Blue		125.1	30		6.01	6.01	396.15	percent of total billed charges	
METHYLENE CHLORIDE BLOOD		82441 CPT	outpatient			417	6.91	Horizon	Indemnity		159.63	38.28		6.01	6.01	396.15	percent of total billed charges	
METHYLENE CHLORIDE BLOOD		82441 CPT	outpatient			417	6.91	Horizon	NJ Health		19.44			6.01	6.01	396.15	fee schedule	
METHYLENE CHLORIDE BLOOD		82441 CPT	outpatient			417	6.91	Horizon	MGD		159.63	38.28		6.01	6.01	396.15	percent of total billed charges	
METHYLENE CHLORIDE BLOOD		82441 CPT	outpatient			417	6.91	Horizon	PPO		159.63	38.28		6.01	6.01	396.15	percent of total billed charges	
METHYLENE CHLORIDE BLOOD		82441 CPT	outpatient			417	6.91	Managed Care Inc	Managed Care Inc		375.3	90		6.01	6.01	396.15	percent of total billed charges	
METHYLENE CHLORIDE BLOOD		82441 CPT	outpatient			417	6.91	Multiplan	Multiplan		333.6	80		6.01	6.01	396.15	percent of total billed charges	
METHYLENE CHLORIDE BLOOD		82441 CPT	outpatient			417	6.91	Qualcare	Qualcare		312.75	75		6.01	6.01	396.15	percent of total billed charges	
METHYLENE CHLORIDE BLOOD		82441 CPT	outpatient			417	6.91	Three Rivers	Three Rivers		396.15	95		6.01	6.01	396.15	percent of total billed charges	
METHYLENE CHLORIDE BLOOD		82441 CPT	outpatient			417	6.91	UHC	Medicaid		131.56	31.55		6.01	6.01	396.15	percent of total billed charges	
METHYLENE CHLORIDE BLOOD		82441 CPT	outpatient			417	6.91	UHC	Medicare		6.01			6.01	6.01	396.15	fee schedule	
METHYLENE CHLORIDE BLOOD		82441 CPT	outpatient			417	6.91	Wellcare	Medicaid		131.56	31.55		6.01	6.01	396.15	percent of total billed charges	
METHYLENE CHLORIDE BLOOD		82441 CPT	outpatient			417	6.91	Wellcare	Medicare		6.01			6.01	6.01	396.15	fee schedule	
METHYLENE CHLORIDE BLOOD		82441 CPT	outpatient			417	6.91	WellPoint	WellPoint		134.19	32.18		6.01	6.01	396.15	percent of total billed charges	
CHOLESTEROL,SERUM/WB		82465 CPT	both			88	5	Aetna	Medicare		4.35			4.35	4.35	83.6	fee schedule	
CHOLESTEROL,SERUM/WB		82465 CPT	both			88	5	Aetna	Better Health		27.76	31.55		4.35	4.35	83.6	percent of total billed charges	
CHOLESTEROL,SERUM/WB		82465 CPT	both			88	5	Aetna	Commercial		33.44	38		4.35	4.35	83.6	percent of total billed charges	
CHOLESTEROL,SERUM/WB		82465 CPT	both			88	5	Americare	Americare		66	75		4.35	4.35	83.6	percent of total billed charges	
CHOLESTEROL,SERUM/WB		82465 CPT	both			88	5	Amerihealth	Medicare		4.35			4.35	4.35	83.6	fee schedule	
CHOLESTEROL,SERUM/WB		82465 CPT	both			88	5	Amerihealth	HMO/PPO		57.2	65		4.35	4.35	83.6	percent of total billed charges	
CHOLESTEROL,SERUM/WB		82465 CPT	both			88	5	Consumer	Consumer		83.6	95		4.35	4.35	83.6	percent of total billed charges	
CHOLESTEROL,SERUM/WB		82465 CPT	both			88	5	Corrections	Corrections		70.4	80		4.35	4.35	83.6	percent of total billed charges	
CHOLESTEROL,SERUM/WB		82465 CPT	both			88	5	First Health	First Health		61.6	70		4.35	4.35	83.6	percent of total billed charges	
CHOLESTEROL,SERUM/WB		82465 CPT	both			88	5	First Trenton	First Trenton		79.2	90		4.35	4.35	83.6	percent of total billed charges	
CHOLESTEROL,SERUM/WB		82465 CPT	both			88	5	Horizon	MGD		33.69	38.28		4.35	4.35	83.6	percent of total billed charges	
CHOLESTEROL,SERUM/WB		82465 CPT	both			88	5	Horizon	Indemnity		33.69	38.28		4.35	4.35	83.6	percent of total billed charges	
CHOLESTEROL,SERUM/WB		82465 CPT	both			88	5	Horizon	PPO		33.69	38.28		4.35	4.35	83.6	percent of total billed charges	
CHOLESTEROL,SERUM/WB		82465 CPT	both			88	5	Horizon	NJ Health		5.88			4.35	4.35	83.6	fee schedule	
CHOLESTEROL,SERUM/WB		82465 CPT	both			88	5	Horizon	Medicare Blue		26.4	30		4.35	4.35	83.6	percent of total billed charges	
CHOLESTEROL,SERUM/WB		82465 CPT	both			88	5	Managed Care Inc	Managed Care Inc		79.2	90		4.35	4.35	83.6	percent of total billed charges	
CHOLESTEROL,SERUM/WB		82465 CPT	both			88	5	Multiplan	Multiplan		70.4	80		4.35	4.35	83.6	percent of total billed charges	
CHOLESTEROL,SERUM/WB		82465 CPT	both			88	5	Qualcare	Qualcare		66	75		4.35	4.35	83.6	percent of total billed charges	
CHOLESTEROL,SERUM/WB		82465 CPT	both			88	5	Three Rivers	Three Rivers		83.6	95		4.35	4.35	83.6	percent of total billed charges	
CHOLESTEROL,SERUM/WB		82465 CPT	both			88	5	UHC	Medicaid		27.76	31.55		4.35	4.35	83.6	percent of total billed charges	
CHOLESTEROL,SERUM/WB		82465 CPT	both			88	5	UHC	Medicare		4.35			4.35	4.35	83.6	fee schedule	
CHOLESTEROL,SERUM/WB		82465 CPT	both			88	5	Wellcare	Medicare		4.35			4.35	4.35	83.6	fee schedule	
CHOLESTEROL,SERUM/WB		82465 CPT	both			88	5	Wellcare	Medicaid		27.76	31.55		4.35	4.35	83.6	percent of total billed charges	
CHOLESTEROL,SERUM/WB		82465 CPT	both			88	5	WellPoint	WellPoint		28.32	32.18		4.35	4.35	83.6	percent of total billed charges	
CHOLINESTERASE, SERUM		82480 CPT	inpatient			51	9.05	Aetna	Better Health		16.09	31.55		7.87	7.87	48.45	percent of total billed charges	
CHOLINESTERASE, SERUM		82480 CPT	inpatient			51	9.05	Aetna	Commercial		19.38	38		7.87	7.87	48.45	percent of total billed charges	
CHOLINESTERASE, SERUM		82480 CPT	inpatient			51	9.05	Aetna	Medicare		15.71	30.8		7.87	7.87	48.45	percent of total billed charges	
CHOLINESTERASE, SERUM		82480 CPT	inpatient			51	9.05	Americare	Americare		38.25	75		7.87	7.87	48.45	percent of total billed charges	
CHOLINESTERASE, SERUM		82480 CPT	inpatient			51	9.05	Amerihealth	Medicare		7.87			7.87	7.87	48.45	fee schedule	
CHOLINESTERASE, SERUM		82480 CPT	inpatient			51	9.05	Amerihealth	HMO/PPO		33.15	65		7.87	7.87	48.45	percent of total billed charges	
CHOLINESTERASE, SERUM		82480 CPT	inpatient			51	9.05	Consumer	Consumer		48.45	95		7.87	7.87	48.45	percent of total billed charges	
CHOLINESTERASE, SERUM		82480 CPT	inpatient			51	9.05	Corrections	Corrections		40.8	80		7.87	7.87	48.45	percent of total billed charges	
CHOLINESTERASE, SERUM		82480 CPT	inpatient			51	9.05	First Health	First Health		35.7	70		7.87	7.87	48.45	percent of total billed charges	
CHOLINESTERASE, SERUM		82480 CPT	inpatient			51	9.05	First Trenton	First Trenton		45.9	90		7.87	7.87	48.45	percent of total billed charges	
CHOLINESTERASE, SERUM		82480 CPT	inpatient			51	9.05	Horizon	MGD		19.52	38.28		7.87	7.87	48.45	percent of total billed charges	
CHOLINESTERASE, SERUM		82480 CPT	inpatient			51	9.05	Horizon	Medicare Blue		15.3	30		7.87	7.87	48.45	percent of total billed charges	
CHOLINESTERASE, SERUM		82480 CPT	inpatient			51	9.05	Horizon	Indemnity		19.52	38.28		7.87	7.87	48.45	percent of total billed charges	
CHOLINESTERASE, SERUM		82480 CPT	inpatient			51	9.05	Horizon	NJ Health		9.7			7.87	7.87	48.45	fee schedule	
CHOLINESTERASE, SERUM		82480 CPT	inpatient			51	9.05	Horizon	PPO		19.52	38.28		7.87	7.87	48.45	percent of total billed charges	
CHOLINESTERASE, SERUM		82480 CPT	inpatient			51	9.05	Managed Care Inc	Managed Care Inc		45.9	90		7.87	7.87	48.45	percent of total billed charges	
CHOLINESTERASE, SERUM		82480 CPT	inpatient			51	9.05	Multiplan	Multiplan		40.8	80		7.87	7.87	48.45	percent of total billed charges	
CHOLINESTERASE, SERUM		82480 CPT	inpatient			51	9.05	Qualcare	Qualcare		38.25	75		7.87	7.87	48.45	percent of total billed charges	
CHOLINESTERASE, SERUM		82480 CPT	inpatient			51	9.05	Three Rivers	Three Rivers		48.45	95		7.87	7.87	48.45	percent of total billed charges	
CHOLINESTERASE, SERUM		82480 CPT	inpatient			51	9.05	UHC	Medicaid		16.09	31.55		7.87	7.87	48.45	percent of total billed charges	
CHOLINESTERASE, SERUM		82480 CPT	inpatient			51	9.05	UHC	Medicare		7.87			7.87	7.87	48.45	fee schedule	
CHOLINESTERASE, SERUM		82480 CPT	inpatient			51	9.05	Wellcare	Medicare		7.87			7.87	7.87	48.45	fee schedule	
CHOLINESTERASE, SERUM		82480 CPT	inpatient			51	9.05	Wellcare	Medicaid		16.09	31.55		7.87	7.87	48.45	percent of total billed charges	
CHOLINESTERASE, SERUM		82480 CPT	inpatient			51	9.05	WellPoint	WellPoint		16.41	32.18		7.87	7.87	48.45	percent of total billed charges	
CHROMIUM,BLOOD		82495 CPT	both			451	23.32	Aetna	Commercial		171.38	38		20.28	20.28	428.45	percent of total billed charges	
CHROMIUM,BLOOD		82495 CPT	both			451	23.32	Aetna	Medicare		138.91	30.8		20.28	20.28	428.45	percent of total billed charges	
CHROMIUM,BLOOD		82495 CPT	both			451	23.32	Aetna	Better Health		142.29	31.55		20.28	20.28	428.45	percent of total billed charges	
CHROMIUM,BLOOD		82495 CPT	both			451	23.32	Americare	Americare		338.25	75		20.28	20.28	428.45	percent of total billed charges	
CHROMIUM,BLOOD		82495 CPT	both			451	23.32	Amerihealth	HMO/PPO		293.15	65		20.28	20.28	428.45	percent of total billed charges	
CHROMIUM,BLOOD		82495 CPT	both			451	23.32	Amerihealth	Medicare		20.28			20.28	20.28	428.45	fee schedule	
CHROMIUM,BLOOD		82495 CPT	both			451	23.32	Consumer	Consumer		428.45	95		20.28	20.28	428.45	percent of total billed charges	
CHROMIUM,BLOOD		82495 CPT	both			451	23.32	Corrections	Corrections		360.8	80		20.28	20.28	428.45	percent of total billed charges	
CHROMIUM,BLOOD		82495 CPT	both			451	23.32	First Health	First Health		315.7	70		20.28	20.28	428.45	percent of total billed charges	
CHROMIUM,BLOOD		82495 CPT	both			451	23.32	First Trenton	First Trenton		405.9	90		20.28	20.28	428.45	percent of total billed charges	
CHROMIUM,BLOOD		82495 CPT	both			451	23.32	Horizon	Indemnity		172.64	38.28		20.28	20.28	428.45	percent of total billed charges	
CHROMIUM,BLOOD		82495 CPT	both			451	23.32	Horizon	MGD		172.64	38.28		20.28	20.28	428.45	percent of total billed charges	
CHROMIUM,BLOOD		82495 CPT	both			451	23.32	Horizon	NJ Health		59.78			20.28	20.28	428.45	fee schedule	
CHROMIUM,BLOOD		82495 CPT	both			451	23.32	Horizon	Medicare Blue		135.3	30		20.28	20.28	428.45	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101191	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CHROMIUM,BLOOD	82495	CPT	both			451		23.32 Horizon	PPO		172.64			38.28		20.28	428.45	percent of total billed charges
CHROMIUM,BLOOD	82495	CPT	both			451		23.32 Managed Care Inc	Managed Care Inc		405.9			90		20.28	428.45	percent of total billed charges
CHROMIUM,BLOOD	82495	CPT	both			451		23.32 Multiplan	Multiplan		360.8			80		20.28	428.45	percent of total billed charges
CHROMIUM,BLOOD	82495	CPT	both			451		23.32 Qualcare	Qualcare		338.25			75		20.28	428.45	percent of total billed charges
CHROMIUM,BLOOD	82495	CPT	both			451		23.32 Three Rivers	Three Rivers		428.45			95		20.28	428.45	percent of total billed charges
CHROMIUM,BLOOD	82495	CPT	both			451		23.32 UHC	Medicare		20.28					20.28	428.45	fee schedule
CHROMIUM,BLOOD	82495	CPT	both			451		23.32 UHC	Medicaid		142.29			31.55		20.28	428.45	percent of total billed charges
CHROMIUM,BLOOD	82495	CPT	both			451		23.32 Wellcare	Medicaid		142.29			31.55		20.28	428.45	percent of total billed charges
CHROMIUM,BLOOD	82495	CPT	both			451		23.32 Wellcare	Medicare		20.28					20.28	428.45	fee schedule
CHROMIUM,BLOOD	82495	CPT	both			451		23.32 WellPoint	WellPoint		145.13			32.18		20.28	428.45	percent of total billed charges
CITRIC ACID (CITRATE),URINE	82507	CPT	both			63		31.97 Aetna	Medicare		19.4			30.8		18.9	78.4	percent of total billed charges
CITRIC ACID (CITRATE),URINE	82507	CPT	both			63		31.97 Aetna	Better Health		19.88			31.55		18.9	78.4	percent of total billed charges
CITRIC ACID (CITRATE),URINE	82507	CPT	both			63		31.97 Aetna	Commercial		23.94			38		18.9	78.4	percent of total billed charges
CITRIC ACID (CITRATE),URINE	82507	CPT	both			63		31.97 Americare	Americare		47.25			75		18.9	78.4	percent of total billed charges
CITRIC ACID (CITRATE),URINE	82507	CPT	both			63		31.97 Amerihealth	Medicare		27.8					18.9	78.4	fee schedule
CITRIC ACID (CITRATE),URINE	82507	CPT	both			63		31.97 Amerihealth	HMO/PPO		40.95			65		18.9	78.4	percent of total billed charges
CITRIC ACID (CITRATE),URINE	82507	CPT	both			63		31.97 Consumer	Consumer		59.85			95		18.9	78.4	percent of total billed charges
CITRIC ACID (CITRATE),URINE	82507	CPT	both			63		31.97 Corrections	Corrections		50.4			80		18.9	78.4	percent of total billed charges
CITRIC ACID (CITRATE),URINE	82507	CPT	both			63		31.97 First Health	First Health		44.1			70		18.9	78.4	percent of total billed charges
CITRIC ACID (CITRATE),URINE	82507	CPT	both			63		31.97 First Trenton	First Trenton		56.7			90		18.9	78.4	percent of total billed charges
CITRIC ACID (CITRATE),URINE	82507	CPT	both			63		31.97 Horizon	MGD		24.12			38.28		18.9	78.4	percent of total billed charges
CITRIC ACID (CITRATE),URINE	82507	CPT	both			63		31.97 Horizon	NJ Health		78.4					18.9	78.4	fee schedule
CITRIC ACID (CITRATE),URINE	82507	CPT	both			63		31.97 Horizon	Indemnity		24.12			38.28		18.9	78.4	percent of total billed charges
CITRIC ACID (CITRATE),URINE	82507	CPT	both			63		31.97 Horizon	PPO		24.12			38.28		18.9	78.4	percent of total billed charges
CITRIC ACID (CITRATE),URINE	82507	CPT	both			63		31.97 Horizon	Medicare Blue		18.9			30		18.9	78.4	percent of total billed charges
CITRIC ACID (CITRATE),URINE	82507	CPT	both			63		31.97 Managed Care Inc	Managed Care Inc		56.7			90		18.9	78.4	percent of total billed charges
CITRIC ACID (CITRATE),URINE	82507	CPT	both			63		31.97 Multiplan	Multiplan		50.4			80		18.9	78.4	percent of total billed charges
CITRIC ACID (CITRATE),URINE	82507	CPT	both			63		31.97 Qualcare	Qualcare		47.25			75		18.9	78.4	percent of total billed charges
CITRIC ACID (CITRATE),URINE	82507	CPT	both			63		31.97 Three Rivers	Three Rivers		59.85			95		18.9	78.4	percent of total billed charges
CITRIC ACID (CITRATE),URINE	82507	CPT	both			63		31.97 UHC	Medicaid		19.88			31.55		18.9	78.4	percent of total billed charges
CITRIC ACID (CITRATE),URINE	82507	CPT	both			63		31.97 UHC	Medicare		27.8					18.9	78.4	fee schedule
CITRIC ACID (CITRATE),URINE	82507	CPT	both			63		31.97 Wellcare	Medicaid		19.88			31.55		18.9	78.4	percent of total billed charges
CITRIC ACID (CITRATE),URINE	82507	CPT	both			63		31.97 Wellcare	Medicare		27.8					18.9	78.4	fee schedule
CITRIC ACID (CITRATE),URINE	82507	CPT	both			63		31.97 WellPoint	WellPoint		20.27			32.18		18.9	78.4	percent of total billed charges
PROPEPTIDE TYPE I COLLAGEN	82523	CPT	both			366		21.48 Aetna	Better Health		115.47			31.55		12.05	347.7	percent of total billed charges
PROPEPTIDE TYPE I COLLAGEN	82523	CPT	both			366		21.48 Aetna	Medicare		112.73			30.8		12.05	347.7	percent of total billed charges
PROPEPTIDE TYPE I COLLAGEN	82523	CPT	both			366		21.48 Aetna	Commercial		139.08			38		12.05	347.7	percent of total billed charges
PROPEPTIDE TYPE I COLLAGEN	82523	CPT	both			366		21.48 Americare	Americare		274.5			75		12.05	347.7	percent of total billed charges
PROPEPTIDE TYPE I COLLAGEN	82523	CPT	both			366		21.48 Amerihealth	Medicare		18.68					12.05	347.7	fee schedule
PROPEPTIDE TYPE I COLLAGEN	82523	CPT	both			366		21.48 Amerihealth	HMO/PPO		237.9			65		12.05	347.7	percent of total billed charges
PROPEPTIDE TYPE I COLLAGEN	82523	CPT	both			366		21.48 Consumer	Consumer		347.7			95		12.05	347.7	percent of total billed charges
PROPEPTIDE TYPE I COLLAGEN	82523	CPT	both			366		21.48 Corrections	Corrections		292.8			80		12.05	347.7	percent of total billed charges
PROPEPTIDE TYPE I COLLAGEN	82523	CPT	both			366		21.48 First Health	First Health		256.2			70		12.05	347.7	percent of total billed charges
PROPEPTIDE TYPE I COLLAGEN	82523	CPT	both			366		21.48 First Trenton	First Trenton		329.4			90		12.05	347.7	percent of total billed charges
PROPEPTIDE TYPE I COLLAGEN	82523	CPT	both			366		21.48 Horizon	MGD		140.1			38.28		12.05	347.7	percent of total billed charges
PROPEPTIDE TYPE I COLLAGEN	82523	CPT	both			366		21.48 Horizon	Indemnity		140.1			38.28		12.05	347.7	percent of total billed charges
PROPEPTIDE TYPE I COLLAGEN	82523	CPT	both			366		21.48 Horizon	NJ Health		12.05					12.05	347.7	fee schedule
PROPEPTIDE TYPE I COLLAGEN	82523	CPT	both			366		21.48 Horizon	PPO		140.1			38.28		12.05	347.7	percent of total billed charges
PROPEPTIDE TYPE I COLLAGEN	82523	CPT	both			366		21.48 Horizon	Medicare Blue		109.8			30		12.05	347.7	percent of total billed charges
PROPEPTIDE TYPE I COLLAGEN	82523	CPT	both			366		21.48 Managed Care Inc	Managed Care Inc		329.4			90		12.05	347.7	percent of total billed charges
PROPEPTIDE TYPE I COLLAGEN	82523	CPT	both			366		21.48 Multiplan	Multiplan		292.8			80		12.05	347.7	percent of total billed charges
PROPEPTIDE TYPE I COLLAGEN	82523	CPT	both			366		21.48 Qualcare	Qualcare		274.5			75		12.05	347.7	percent of total billed charges
PROPEPTIDE TYPE I COLLAGEN	82523	CPT	both			366		21.48 Three Rivers	Three Rivers		347.7			95		12.05	347.7	percent of total billed charges
PROPEPTIDE TYPE I COLLAGEN	82523	CPT	both			366		21.48 UHC	Medicaid		115.47			31.55		12.05	347.7	percent of total billed charges
PROPEPTIDE TYPE I COLLAGEN	82523	CPT	both			366		21.48 UHC	Medicare		18.68					12.05	347.7	fee schedule
PROPEPTIDE TYPE I COLLAGEN	82523	CPT	both			366		21.48 Wellcare	Medicare		18.68					12.05	347.7	fee schedule
PROPEPTIDE TYPE I COLLAGEN	82523	CPT	both			366		21.48 Wellcare	Medicaid		115.47			31.55		12.05	347.7	percent of total billed charges
PROPEPTIDE TYPE I COLLAGEN	82523	CPT	both			366		21.48 WellPoint	WellPoint		117.78			32.18		12.05	347.7	percent of total billed charges
COPPER SERUM|PLASMA	82525	CPT	both			34		14.27 Aetna	Better Health		10.73			31.55		9.9	32.3	percent of total billed charges
COPPER SERUM|PLASMA	82525	CPT	both			34		14.27 Aetna	Medicare		10.47			30.8		9.9	32.3	percent of total billed charges
COPPER SERUM|PLASMA	82525	CPT	both			34		14.27 Aetna	Commercial		12.92			38		9.9	32.3	percent of total billed charges
COPPER SERUM|PLASMA	82525	CPT	both			34		14.27 Americare	Americare		25.5			75		9.9	32.3	percent of total billed charges
COPPER SERUM|PLASMA	82525	CPT	both			34		14.27 Amerihealth	HMO/PPO		22.1			65		9.9	32.3	percent of total billed charges
COPPER SERUM|PLASMA	82525	CPT	both			34		14.27 Amerihealth	Medicare		12.41					9.9	32.3	fee schedule
COPPER SERUM|PLASMA	82525	CPT	both			34		14.27 Consumer	Consumer		32.3			95		9.9	32.3	percent of total billed charges
COPPER SERUM|PLASMA	82525	CPT	both			34		14.27 Corrections	Corrections		27.2			80		9.9	32.3	percent of total billed charges
COPPER SERUM|PLASMA	82525	CPT	both			34		14.27 First Health	First Health		23.8			70		9.9	32.3	percent of total billed charges
COPPER SERUM|PLASMA	82525	CPT	both			34		14.27 First Trenton	First Trenton		30.6			90		9.9	32.3	percent of total billed charges
COPPER SERUM|PLASMA	82525	CPT	both			34		14.27 Horizon	MGD		13.02			38.28		9.9	32.3	percent of total billed charges
COPPER SERUM|PLASMA	82525	CPT	both			34		14.27 Horizon	Indemnity		13.02			38.28		9.9	32.3	percent of total billed charges
COPPER SERUM|PLASMA	82525	CPT	both			34		14.27 Horizon	PPO		13.02			38.28		9.9	32.3	percent of total billed charges
COPPER SERUM|PLASMA	82525	CPT	both			34		14.27 Horizon	Medicare Blue		10.2			30		9.9	32.3	percent of total billed charges
COPPER SERUM|PLASMA	82525	CPT	both			34		14.27 Horizon	NJ Health		17.64					9.9	32.3	fee schedule
COPPER SERUM|PLASMA	82525	CPT	both			34		14.27 Managed Care Inc	Managed Care Inc		30.6			90		9.9	32.3	percent of total billed charges
COPPER SERUM|PLASMA	82525	CPT	both			34		14.27 Multiplan	Multiplan		27.2			80		9.9	32.3	percent of total billed charges
COPPER SERUM|PLASMA	82525	CPT	both			34		14.27 Qualcare	Qualcare		25.5			75		9.9	32.3	percent of total billed charges
COPPER SERUM|PLASMA	82525	CPT	both			34		14.27 Three Rivers	Three Rivers		32.3			95		9.9	32.3	percent of total billed charges
COPPER SERUM|PLASMA	82525	CPT	both			34		14.27 UHC	Medicaid		10.73			31.55		9.9	32.3	percent of total billed charges
COPPER SERUM|PLASMA	82525	CPT	both			34		14.27 UHC	Medicare		12.41					9.9	32.3	fee schedule
COPPER SERUM|PLASMA	82525	CPT	both			34		14.27 Wellcare	Medicaid		10.73			31.55		9.9	32.3	percent of total billed charges
COPPER SERUM|PLASMA	82525	CPT	both			34		14.27 Wellcare	Medicare		12.41					9.9	32.3	fee schedule
COPPER SERUM|PLASMA	82525	CPT	both			34		14.27 WellPoint	WellPoint		10.94			32.18		9.9	32.3	percent of total billed charges
CORTICOSTERONE SERUM	82528	CPT	outpatient			305		25.9 Aetna	Medicare		22.52					22.52	289.75	fee schedule
CORTICOSTERONE SERUM	82528	CPT	outpatient			305		25.9 Aetna	Better Health		96.23			31.55		22.52	289.75	percent of total billed charges
CORTICOSTERONE SERUM	82528	CPT	outpatient			305		25.9 Aetna	Commercial		115.9			38		22.52	289.75	percent of total billed charges
CORTICOSTERONE SERUM	82528	CPT	outpatient			305		25.9 Americare	Americare		226.75			75		22.52	289.75	percent of total billed charges
CORTICOSTERONE SERUM	82528	CPT	outpatient			305		25.9 Amerihealth	HMO/PPO		198.25			65		22.52	289.75	percent of total billed charges
CORTICOSTERONE SERUM	82528	CPT	outpatient			305		25.9 Amerihealth	Medicare		22.52					22.52	289.75	fee schedule
CORTICOSTERONE SERUM	82528	CPT	outpatient			305		25.9 Consumer	Consumer		289.75			95		22.52	289.75	percent of total billed charges
CORTICOSTERONE SERUM	82528	CPT	outpatient			305		25.9 Corrections	Corrections		244			80		22.52	289.75	percent of total billed charges
CORTICOSTERONE SERUM	82528	CPT	outpatient			305		25.9 First Health	First Health		213.5			70		22.52	289.75	percent of total billed charges
CORTICOSTERONE SERUM	82528	CPT	outpatient			305		25.9 First Trenton	First Trenton		274.5			90		22.52	289.75	percent of total billed charges
CORTICOSTERONE SERUM	82528	CPT	outpatient			305		25.9 Horizon	Medicare Blue		91.5			30		22.52	289.75	percent of total billed charges
CORTICOSTERONE SERUM	82528	CPT	outpatient			305		25.9 Horizon	Indemnity		116.75			38.28		22.52	289.75	percent of total billed charges
CORTICOSTERONE SERUM	82528	CPT	outpatient			305		25.9 Horizon	NJ Health		38.61					22.52	289.75	fee schedule
CORTICOSTERONE SERUM	82528	CPT	outpatient			305		25.9 Horizon	MGD		116.75			38.28		22.52	289.75	percent of total billed charges
CORTICOSTERONE SERUM	82528	CPT	outpatient			305		25.9 Horizon	PPO		116.75			38.28		22.52	289.75	percent of total billed charges
CORTICOSTERONE SERUM	82528	CPT	outpatient			305		25.9 Managed Care Inc	Managed Care Inc		274.5			90		22.52	289.75	percent of total billed charges
CORTICOSTERONE SERUM	82528	CPT	outpatient			305		25.9 Multiplan	Multiplan		244			80		22.52	289.75	percent of total billed charges
CORTICOSTERONE SERUM	82528	CPT	outpatient			305		25.9 Qualcare	Qualcare		228.75			75		22.52	289.75	percent of total billed charges
CORTICOSTERONE SERUM	82528	CPT	outpatient			305		25.9 Three Rivers	Three Rivers		289.75			95		22.52	289.75	percent of total billed charges
CORTICOSTERONE SERUM	82528	CPT	outpatient			305		25.9 UHC	Medicaid		96.23			31.55		22.52	289.75	percent of total billed charges
CORTICOSTERONE SERUM	82528	CPT	outpatient			305		25.9 UHC	Medicare		22.52					22.52	289.75	fee schedule
CORTICOSTERONE SERUM	82528	CPT	outpatient			305		25.9 Wellcare	Medicare		22.52					22.52	289.75	fee schedule
CORTICOSTERONE SERUM	82528	CPT	outpatient			305		25.9 Wellcare	Medicaid		96.23			31.55		22.52	289.75	percent of total billed charges
CORTICOSTERONE SERUM	82528	CPT	outpatient			305		25.9 WellPoint	WellPoint		98.15			32.18		22.52	289.75	percent of total billed charges
CORTISONE, URINE	82530	CPT	both			354		19.22 Aetna	Medicare		16.71					12.3	336.3	fee schedule
CORTISONE, URINE	82530	CPT	both			354		19.22 Aetna	Better Health		111.69			31.55		12.3	336.3	percent of total billed charges
CORTISONE, URINE	82530	CPT	both			354		19.22 Aetna	Commercial		134.52			38		12.3	336.3	percent of total billed charges
CORTISONE, URINE	82530	CPT	both			354		19.22 Americare	Americare		265.5			75		12.3	336.3	percent of total billed charges
CORTISONE, URINE	82530	CPT	both			354		19.22 Amerihealth	Medicare		16.71					12.3	336.3	fee schedule
CORTISONE, URINE	82530	CPT	both			354		19.22 Amerihealth	HMO/PPO		230.1			65		12.3	336.3	percent of total billed charges
CORTISONE, URINE	82530	CPT	both			354		19.22 Consumer	Consumer		336.3			95		12.3	336.3	percent of total billed charges
CORTISONE, URINE	82530	CPT	both			354		19.22 Corrections	Corrections		283.2			80		12.3	336.3	percent of total billed charges
CORTISONE, URINE	82530	CPT	both			354		19.22 First Health	First Health		247.8			70		12.3	336.3	percent of total billed charges
CORTISONE, URINE	82530	CPT	both			354		19.22 First Trenton	First Trenton		318.6			90		12.3	336.3	percent of total billed charges
CORTISONE, URINE	82530	CPT	both			354		19.22 Horizon	MGD		135.51			38.28		12.3	336.3	percent of total billed charges
CORTISONE, URINE	82530	CPT	both			354		19.22 Horizon	Medicare Blue		106.2			30		12.3	336.3	percent of total billed charges
CORTISONE, URINE	82530	CPT	both			354		19.22 Horizon	Indemnity		135.51			38.28		12.3	336.3	percent of total billed charges
CORTISONE, URINE	82530	CPT	both			354		19.22 Horizon	NJ Health		33.32					12.3	336.3	fee schedule
CORTISONE, URINE	82530	CPT	both			354		19.22 Horizon	PPO		135.51			38.28		12.3	336.3	percent of total billed charges
CORTISONE, URINE	82530	CPT	both			354		19.22 Managed Care Inc	Managed Care Inc		318.6			90		12.3	336.3	percent of total billed charges
CORTISONE, URINE	82530	CPT	both			354		19.22 Multiplan	Multiplan		283.2			80		12.3	336.3	percent of total billed charges
CORTISONE, URINE	82530	CPT	both			354		19.22 Qualcare	Qualcare		265.5			75		12.3	336.3	percent of total billed charges
CORTISONE, URINE	82530	CPT	both			354		19.22 Three Rivers	Three Rivers		336.3			95		12.3	336.3	percent of total billed charges
CORTISONE, URINE	82530	CPT	both			354		19.22 UHC	Medicare		16.71					12.3	336.3	fee schedule
CORTISONE, URINE	82530	CPT	both			354		19.22 UHC	Medicaid		111.69			31.55		12.3	336.3	percent of total billed charges
CORTISONE, URINE	82530	CPT	both			354		19.22 Wellcare	Medicare		16.71					12.3	336.3	fee schedule
CORTISONE, URINE	82530	CPT	both			354		19.22 Wellcare	Medicaid		111.69			31.55		12.3	336.3	percent of total billed charges
CORTISONE, URINE	82530	CPT	both			354		19.22 WellPoint	WellPoint		113.92			32.18		12.3	336.3	percent of total billed charges
SALIVARY CORTISOL X3, TIMED(502122)	82533	CPT	both			420		18.75 Aetna	Better Health		132.51			31.55		11.4	399	percent of total billed charges
SALIVARY CORTISOL X3, TIMED(502122)	82533	CPT	both			420		18.75 Aetna	Commercial		159.6			38		11.4	399	percent of total billed charges
SALIVARY CORTISOL X3, TIMED(502122)	82533	CPT	both			420		18.75 Aetna	Medicare		16.3					11.4	399	fee schedule
SALIVARY CORTISOL X3, TIMED(502122)	82533	CPT	both			420		18.75 Americare	Americare		315			75		11.4	399	percent of total billed charges
SALIVARY CORTISOL X3, TIMED(502122)	82533	CPT	both			420		18.75 Amerihealth	Medicare		16.3					11.4	399	fee schedule
SALIVARY CORTISOL X3, TIMED(502122)	82533	CPT	both			420		18.75 Amerihealth	HMO/PPO		273			65		11.4	399	percent of total billed charges
SALIVARY CORTISOL X3, TIMED(502122)	82533	CPT	both			420		18.75 Consumer	Consumer		399			95		11.4	399	percent of total billed charges
SALIVARY CORTISOL X3, TIMED(502122)	82533	CPT	both			420		18.75 Corrections	Corrections		336			80		11.4	399	percent of total billed charges
SALIVARY CORTISOL X3, TIMED(502122)	82533	CPT	both			420		18.75 First Health	First Health		294			70		11.4	399	percent of total billed charges
SALIVARY CORTISOL X3, TIMED(502122)	82533	CPT	both			420		18.75 First Trenton	First Trenton		378			90		11.4	399	percent of total billed charges
SALIVARY CORTISOL X3, TIMED(502122)	82533	CPT	both			420		18.75 Horizon	MGD		160.78			38.28		11.4	399	percent of total billed charges
SALIVARY CORTISOL X3, TIMED(502122)	82533	CPT	both			420		18.75 Horizon	NJ Health		33.32					11.4	399	fee schedule
SALIVARY CORTISOL X3, TIMED(502122)	82533	CPT	both			420		18.75 Horizon	Indemnity		160.78			38.28		11.4	399	percent of total billed charges
SALIVARY CORTISOL X3, TIMED(502122)	82533	CPT	both			420		18.75 Horizon	PPO		160.78			38.28		11.4	399	percent of total billed charges
SALIVARY CORTISOL X3, TIMED(502122)	82533	CPT	both			420		18.75 Horizon	Medicare Blue		126			30		11.4	399	percent of total billed charges
SALIVARY CORTISOL X3, TIMED(502122)	82533	CPT	both			420		18.75 Managed Care Inc	Managed Care Inc		378			90		11.4	399	percent of total billed charges
SALIVARY CORTISOL X3, TIMED(502122)	82533	CPT	both			420		18.75 Multiplan	Multiplan		336			80		11.4	399	percent of total billed charges
SALIVARY CORTISOL X3, TIMED(502122)	82533	CPT	both			420		18.75 Qualcare	Qualcare		315			75		11.4	399	percent of total billed charges

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
SALIVARY CORTISOL X3, TIMED(502122)	82533	CPT	both			420		18.75 Three Rivers	Three Rivers		399	95			11.4		399 percent of total billed charges	
SALIVARY CORTISOL X3, TIMED(502122)	82533	CPT	both			420		18.75 UHC	Medicare		16.3				11.4		399 fee schedule	
SALIVARY CORTISOL X3, TIMED(502122)	82533	CPT	both			420		18.75 UHC	Medicaid		132.51	31.55			11.4		399 percent of total billed charges	
SALIVARY CORTISOL X3, TIMED(502122)	82533	CPT	both			420		18.75 Wellcare	Medicaid		132.51	31.55			11.4		399 percent of total billed charges	
SALIVARY CORTISOL X3, TIMED(502122)	82533	CPT	both			420		18.75 Wellcare	Medicare		16.3				11.4		399 fee schedule	
SALIVARY CORTISOL X3, TIMED(502122)	82533	CPT	both			420		18.75 WellPoint	WellPoint		135.16	32.18			11.4		399 percent of total billed charges	
URINETOXICOLOGY	82542	CPT	both			1917		27.7 Aetna	Commercial		728.46	38			20.05		1821.15 percent of total billed charges	
URINETOXICOLOGY	82542	CPT	both			1917		27.7 Aetna	Better Health		604.81	31.55			20.05		1821.15 percent of total billed charges	
URINETOXICOLOGY	82542	CPT	both			1917		27.7 Aetna	Medicare		24.09				20.05		1821.15 fee schedule	
URINETOXICOLOGY	82542	CPT	both			1917		27.7 Americare	Americare		1437.75	75			20.05		1821.15 percent of total billed charges	
URINETOXICOLOGY	82542	CPT	both			1917		27.7 Amerihealth	Medicare		24.09				20.05		1821.15 fee schedule	
URINETOXICOLOGY	82542	CPT	both			1917		27.7 Amerihealth	HMO/PPO		1246.05	65			20.05		1821.15 percent of total billed charges	
URINETOXICOLOGY	82542	CPT	both			1917		27.7 Consumer	Consumer		1821.15	95			20.05		1821.15 percent of total billed charges	
URINETOXICOLOGY	82542	CPT	both			1917		27.7 Corrections	Corrections		1533.6	80			20.05		1821.15 percent of total billed charges	
URINETOXICOLOGY	82542	CPT	both			1917		27.7 First Health	First Health		1341.9	70			20.05		1821.15 percent of total billed charges	
URINETOXICOLOGY	82542	CPT	both			1917		27.7 First Trenton	First Trenton		1725.3	90			20.05		1821.15 percent of total billed charges	
URINETOXICOLOGY	82542	CPT	both			1917		27.7 Horizon	NJ Health		20.05				20.05		1821.15 fee schedule	
URINETOXICOLOGY	82542	CPT	both			1917		27.7 Horizon	Medicare Blue		575.1	30			20.05		1821.15 percent of total billed charges	
URINETOXICOLOGY	82542	CPT	both			1917		27.7 Horizon	Indemnity		733.83	38.28			20.05		1821.15 percent of total billed charges	
URINETOXICOLOGY	82542	CPT	both			1917		27.7 Horizon	MGD		733.83	38.28			20.05		1821.15 percent of total billed charges	
URINETOXICOLOGY	82542	CPT	both			1917		27.7 Horizon	PPO		733.83	38.28			20.05		1821.15 percent of total billed charges	
URINETOXICOLOGY	82542	CPT	both			1917		27.7 Managed Care Inc	Managed Care Inc		1725.3	90			20.05		1821.15 percent of total billed charges	
URINETOXICOLOGY	82542	CPT	both			1917		27.7 Multiplan	Multiplan		1533.6	80			20.05		1821.15 percent of total billed charges	
URINETOXICOLOGY	82542	CPT	both			1917		27.7 Qualcare	Qualcare		1437.75	75			20.05		1821.15 percent of total billed charges	
URINETOXICOLOGY	82542	CPT	both			1917		27.7 Three Rivers	Three Rivers		1821.15	95			20.05		1821.15 percent of total billed charges	
URINETOXICOLOGY	82542	CPT	both			1917		27.7 UHC	Medicaid		604.81	31.55			20.05		1821.15 percent of total billed charges	
URINETOXICOLOGY	82542	CPT	both			1917		27.7 UHC	Medicare		24.09				20.05		1821.15 fee schedule	
URINETOXICOLOGY	82542	CPT	both			1917		27.7 Wellcare	Medicaid		604.81	31.55			20.05		1821.15 percent of total billed charges	
URINETOXICOLOGY	82542	CPT	both			1917		27.7 Wellcare	Medicare		24.09				20.05		1821.15 fee schedule	
URINETOXICOLOGY	82542	CPT	both			1917		27.7 WellPoint	WellPoint		616.89	32.18			20.05		1821.15 percent of total billed charges	
CREATINE KINASE(CK)	82550	CPT	both			49		7.49 Aetna	Medicare		6.51				6.51		46.55 fee schedule	
CREATINE KINASE(CK)	82550	CPT	both			49		7.49 Aetna	Better Health		15.46	31.55			6.51		46.55 percent of total billed charges	
CREATINE KINASE(CK)	82550	CPT	both			49		7.49 Aetna	Commercial		18.62	38			6.51		46.55 percent of total billed charges	
CREATINE KINASE(CK)	82550	CPT	both			49		7.49 Americare	Americare		36.75	75			6.51		46.55 percent of total billed charges	
CREATINE KINASE(CK)	82550	CPT	both			49		7.49 Amerihealth	Medicare		6.51				6.51		46.55 fee schedule	
CREATINE KINASE(CK)	82550	CPT	both			49		7.49 Amerihealth	HMO/PPO		31.85	65			6.51		46.55 percent of total billed charges	
CREATINE KINASE(CK)	82550	CPT	both			49		7.49 Consumer	Consumer		46.55	95			6.51		46.55 percent of total billed charges	
CREATINE KINASE(CK)	82550	CPT	both			49		7.49 Corrections	Corrections		39.2	80			6.51		46.55 percent of total billed charges	
CREATINE KINASE(CK)	82550	CPT	both			49		7.49 First Health	First Health		34.3	70			6.51		46.55 percent of total billed charges	
CREATINE KINASE(CK)	82550	CPT	both			49		7.49 First Trenton	First Trenton		44.1	90			6.51		46.55 percent of total billed charges	
CREATINE KINASE(CK)	82550	CPT	both			49		7.49 Horizon	Medicare Blue		14.7	30			6.51		46.55 percent of total billed charges	
CREATINE KINASE(CK)	82550	CPT	both			49		7.49 Horizon	MGD		18.76	38.28			6.51		46.55 percent of total billed charges	
CREATINE KINASE(CK)	82550	CPT	both			49		7.49 Horizon	Indemnity		18.76	38.28			6.51		46.55 percent of total billed charges	
CREATINE KINASE(CK)	82550	CPT	both			49		7.49 Horizon	PPO		18.76	38.28			6.51		46.55 percent of total billed charges	
CREATINE KINASE(CK)	82550	CPT	both			49		7.49 Horizon	NJ Health		9.41				6.51		46.55 fee schedule	
CREATINE KINASE(CK)	82550	CPT	both			49		7.49 Managed Care Inc	Managed Care Inc		44.1	90			6.51		46.55 percent of total billed charges	
CREATINE KINASE(CK)	82550	CPT	both			49		7.49 Multiplan	Multiplan		39.2	80			6.51		46.55 percent of total billed charges	
CREATINE KINASE(CK)	82550	CPT	both			49		7.49 Qualcare	Qualcare		36.75	75			6.51		46.55 percent of total billed charges	
CREATINE KINASE(CK)	82550	CPT	both			49		7.49 Three Rivers	Three Rivers		46.55	95			6.51		46.55 percent of total billed charges	
CREATINE KINASE(CK)	82550	CPT	both			49		7.49 UHC	Medicare		6.51				6.51		46.55 fee schedule	
CREATINE KINASE(CK)	82550	CPT	both			49		7.49 UHC	Medicaid		15.46	31.55			6.51		46.55 percent of total billed charges	
CREATINE KINASE(CK)	82550	CPT	both			49		7.49 Wellcare	Medicare		6.51				6.51		46.55 fee schedule	
CREATINE KINASE(CK)	82550	CPT	both			49		7.49 Wellcare	Medicaid		15.46	31.55			6.51		46.55 percent of total billed charges	
CREATINE KINASE(CK)	82550	CPT	both			49		7.49 WellPoint	WellPoint		15.77	32.18			6.51		46.55 percent of total billed charges	
CPK-MB IMMUNOASSAY	82553	CPT	both			67		13.28 Aetna	Better Health		21.14	31.55			11.55		63.65 percent of total billed charges	
CPK-MB IMMUNOASSAY	82553	CPT	both			67		13.28 Aetna	Medicare		11.55				11.55		63.65 fee schedule	
CPK-MB IMMUNOASSAY	82553	CPT	both			67		13.28 Aetna	Commercial		25.46	38			11.55		63.65 percent of total billed charges	
CPK-MB IMMUNOASSAY	82553	CPT	both			67		13.28 Americare	Americare		50.25	75			11.55		63.65 percent of total billed charges	
CPK-MB IMMUNOASSAY	82553	CPT	both			67		13.28 Amerihealth	Medicare		11.55				11.55		63.65 fee schedule	
CPK-MB IMMUNOASSAY	82553	CPT	both			67		13.28 Amerihealth	HMO/PPO		43.55	65			11.55		63.65 percent of total billed charges	
CPK-MB IMMUNOASSAY	82553	CPT	both			67		13.28 Consumer	Consumer		63.65	95			11.55		63.65 percent of total billed charges	
CPK-MB IMMUNOASSAY	82553	CPT	both			67		13.28 Corrections	Corrections		53.6	80			11.55		63.65 percent of total billed charges	
CPK-MB IMMUNOASSAY	82553	CPT	both			67		13.28 First Health	First Health		46.9	70			11.55		63.65 percent of total billed charges	
CPK-MB IMMUNOASSAY	82553	CPT	both			67		13.28 First Trenton	First Trenton		60.3	90			11.55		63.65 percent of total billed charges	
CPK-MB IMMUNOASSAY	82553	CPT	both			67		13.28 Horizon	MGD		25.65	38.28			11.55		63.65 percent of total billed charges	
CPK-MB IMMUNOASSAY	82553	CPT	both			67		13.28 Horizon	Indemnity		25.65	38.28			11.55		63.65 percent of total billed charges	
CPK-MB IMMUNOASSAY	82553	CPT	both			67		13.28 Horizon	PPO		25.65	38.28			11.55		63.65 percent of total billed charges	
CPK-MB IMMUNOASSAY	82553	CPT	both			67		13.28 Horizon	Medicare Blue		20.1	30			11.55		63.65 percent of total billed charges	
CPK-MB IMMUNOASSAY	82553	CPT	both			67		13.28 Horizon	NJ Health		14.7				11.55		63.65 fee schedule	
CPK-MB IMMUNOASSAY	82553	CPT	both			67		13.28 Managed Care Inc	Managed Care Inc		60.3	90			11.55		63.65 percent of total billed charges	
CPK-MB IMMUNOASSAY	82553	CPT	both			67		13.28 Multiplan	Multiplan		53.6	80			11.55		63.65 percent of total billed charges	
CPK-MB IMMUNOASSAY	82553	CPT	both			67		13.28 Qualcare	Qualcare		50.25	75			11.55		63.65 percent of total billed charges	
CPK-MB IMMUNOASSAY	82553	CPT	both			67		13.28 Three Rivers	Three Rivers		63.65	95			11.55		63.65 percent of total billed charges	
CPK-MB IMMUNOASSAY	82553	CPT	both			67		13.28 UHC	Medicare		11.55				11.55		63.65 fee schedule	
CPK-MB IMMUNOASSAY	82553	CPT	both			67		13.28 UHC	Medicaid		21.14	31.55			11.55		63.65 percent of total billed charges	
CPK-MB IMMUNOASSAY	82553	CPT	both			67		13.28 Wellcare	Medicare		11.55				11.55		63.65 fee schedule	
CPK-MB IMMUNOASSAY	82553	CPT	both			67		13.28 Wellcare	Medicaid		21.14	31.55			11.55		63.65 percent of total billed charges	
CPK-MB IMMUNOASSAY	82553	CPT	both			67		13.28 WellPoint	WellPoint		21.56	32.18			11.55		63.65 percent of total billed charges	
GLOMERULAR FILTRATION RATE	82565	CPT	both			70		5.89 Aetna	Medicare		5.12				5.1		66.5 fee schedule	
CREATININE; BLOOD	82565	CPT	both			70		5.89 Aetna	Better Health		22.09	31.55			5.1		66.5 percent of total billed charges	
CREATININE; BLOOD	82565	CPT	both			70		5.89 Aetna	Commercial		26.6	38			5.1		66.5 percent of total billed charges	
CREATININE; BLOOD	82565	CPT	both			70		5.89 Americare	Americare		52.5	75			5.1		66.5 percent of total billed charges	
GLOMERULAR FILTRATION RATE	82565	CPT	both			70		5.89 Amerihealth	Medicare		5.12				5.1		66.5 fee schedule	
CREATININE; BLOOD	82565	CPT	both			70		5.89 Amerihealth	HMO/PPO		45.5	65			5.1		66.5 percent of total billed charges	
CREATININE; BLOOD	82565	CPT	both			70		5.89 Consumer	Consumer		66.5	95			5.1		66.5 percent of total billed charges	
CREATININE; BLOOD	82565	CPT	both			70		5.89 Corrections	Corrections		56	80			5.1		66.5 percent of total billed charges	
CREATININE; BLOOD	82565	CPT	both			70		5.89 First Health	First Health		49	70			5.1		66.5 percent of total billed charges	
CREATININE; BLOOD	82565	CPT	both			70		5.89 First Trenton	First Trenton		63	90			5.1		66.5 percent of total billed charges	
GLOMERULAR FILTRATION RATE	82565	CPT	both			70		5.89 Horizon	NJ Health		5.88				5.1		66.5 fee schedule	
CREATININE; BLOOD	82565	CPT	both			70		5.89 Horizon	MGD		26.8	38.28			5.1		66.5 percent of total billed charges	
CREATININE; BLOOD	82565	CPT	both			70		5.89 Horizon	Indemnity		26.8	38.28			5.1		66.5 percent of total billed charges	
CREATININE; BLOOD	82565	CPT	both			70		5.89 Horizon	Medicare Blue		21	30			5.1		66.5 percent of total billed charges	
CREATININE; BLOOD	82565	CPT	both			70		5.89 Horizon	PPO		26.8	38.28			5.1		66.5 percent of total billed charges	
CREATININE; BLOOD	82565	CPT	both			70		5.89 Managed Care Inc	Managed Care Inc		63	90			5.1		66.5 percent of total billed charges	
CREATININE; BLOOD	82565	CPT	both			70		5.89 Multiplan	Multiplan		56	80			5.1		66.5 percent of total billed charges	
CREATININE; BLOOD	82565	CPT	both			70		5.89 Qualcare	Qualcare		52.5	75			5.1		66.5 percent of total billed charges	
CREATININE; BLOOD	82565	CPT	both			70		5.89 Three Rivers	Three Rivers		66.5	95			5.1		66.5 percent of total billed charges	
GLOMERULAR FILTRATION RATE	82565	CPT	both			70		5.89 UHC	Medicare		5.12				5.1		66.5 fee schedule	
CREATININE; BLOOD	82565	CPT	both			70		5.89 UHC	Medicaid		22.09	31.55			5.1		66.5 percent of total billed charges	
GLOMERULAR FILTRATION RATE	82565	CPT	both			70		5.89 Wellcare	Medicare		5.12				5.1		66.5 fee schedule	
CREATININE; BLOOD	82565	CPT	both			70		5.89 Wellcare	Medicaid		22.09	31.55			5.1		66.5 percent of total billed charges	
CREATININE; BLOOD	82565	CPT	both			70		5.89 WellPoint	WellPoint		22.53	32.18			5.1		66.5 percent of total billed charges	
URINE CREATININE RANDOM	82570	CPT	both			665		5.96 Aetna	Better Health		209.81	31.55			3.9		631.75 percent of total billed charges	
URINE CREATININE RANDOM	82570	CPT	both			665		5.96 Aetna	Medicare		5.18				3.9		631.75 fee schedule	
URINE CREATININE RANDOM	82570	CPT	both			665		5.96 Aetna	Commercial		252.7	38			3.9		631.75 percent of total billed charges	
URINE CREATININE RANDOM	82570	CPT	both			665		5.96 Americare	Americare		498.75	75			3.9		631.75 percent of total billed charges	
URINE CREATININE RANDOM	82570	CPT	both			665		5.96 Amerihealth	Medicare		5.18				3.9		631.75 fee schedule	
URINE CREATININE RANDOM	82570	CPT	both			665		5.96 Amerihealth	HMO/PPO		432.25	65			3.9		631.75 percent of total billed charges	
URINE CREATININE RANDOM	82570	CPT	both			665		5.96 Consumer	Consumer		631.75	95			3.9		631.75 percent of total billed charges	
URINE CREATININE RANDOM	82570	CPT	both			665		5.96 Corrections	Corrections		532	80			3.9		631.75 percent of total billed charges	
URINE CREATININE RANDOM	82570	CPT	both			665		5.96 First Health	First Health		465.5	70			3.9		631.75 percent of total billed charges	
URINE CREATININE RANDOM	82570	CPT	both			665		5.96 First Trenton	First Trenton		598.5	90			3.9		631.75 percent of total billed charges	
URINE CREATININE RANDOM	82570	CPT	both			665		5.96 Horizon	NJ Health		5.88				3.9		631.75 fee schedule	
URINE CREATININE RANDOM	82570	CPT	both			665		5.96 Horizon	MGD		254.56	38.28			3.9		631.75 percent of total billed charges	
URINE CREATININE RANDOM	82570	CPT	both			665		5.96 Horizon	Medicare Blue		199.5	30			3.9		631.75 percent of total billed charges	
URINE CREATININE RANDOM	82570	CPT	both			665		5.96 Horizon	Indemnity		254.56	38.28			3.9		631.75 percent of total billed charges	
URINE CREATININE RANDOM	82570	CPT	both			665		5.96 Horizon	PPO		254.56	38.28			3.9		631.75 percent of total billed charges	
URINE CREATININE RANDOM	82570	CPT	both			665		5.96 Managed Care Inc	Managed Care Inc		598.5	90			3.9		631.75 percent of total billed charges	
URINE CREATININE RANDOM	82570	CPT	both			665		5.96 Multiplan	Multiplan		532	80			3.9		631.75 percent of total billed charges	
URINE CREATININE RANDOM	82570	CPT	both			665		5.96 Qualcare	Qualcare		498.75	75			3.9		631.75 percent of total billed charges	
URINE CREATININE RANDOM	82570	CPT	both			665		5.96 Three Rivers	Three Rivers		631.75	95			3.9		631.75 percent of total billed charges	
URINE CREATININE RANDOM	82570	CPT	both			665		5.96 UHC	Medicaid		209.81	31.55			3.9		631.75 percent of total billed charges	
URINE CREATININE RANDOM	82570	CPT	both			665		5.96 UHC	Medicare		5.18				3.9		631.75 fee schedule	
URINE CREATININE RANDOM	82570	CPT	both			665		5.96 Wellcare	Medicare		5.18				3.9		631.75 fee schedule	
URINE CREATININE RANDOM	82570	CPT	both			665		5.96 Wellcare	Medicaid		209.81	31.55			3.9		631.75 percent of total billed charges	
URINE CREATININE RANDOM	82570	CPT	both			665		5.96 WellPoint	WellPoint		214	32.18			3.9		631.75 percent of total billed charges	
CREATININE CLEAR.LAB CAL ONLY	82575	CPT	both			68		10.88 Aetna	Better Health		21.45	31.55			8.82		64.6 percent of total billed charges	
CREATININE CLEAR.LAB CAL ONLY	82575	CPT	both			68		10.88 Aetna	Medicare		9.46				8.82		64.6 fee schedule	
CREATININE CLEAR.LAB CAL ONLY	82575	CPT	both			68		10.88 Aetna	Commercial		25.84	38			8.82		64.6 percent of total billed charges	
CREATININE CLEAR.LAB CAL ONLY	82575	CPT	both			68		10.88 Americare	Americare		51	75			8.82		64.6 percent of total billed charges	
CREATININE CLEAR.LAB CAL ONLY	82575	CPT	both			68		10.88 Amerihealth	HMO/PPO		44.2	65			8.82		64.6 percent of total billed charges	
CREATININE CLEAR.LAB CAL ONLY	82575	CPT	both			68		10.88 Amerihealth	Medicare		9.46				8.82		64.6 fee schedule	
CREATININE CLEAR.LAB CAL ONLY	82575	CPT	both			68		10.88 Consumer	Consumer		64.6	95			8.82		64.6 percent of total billed charges	
CREATININE CLEAR.LAB CAL ONLY	82575	CPT	both			68		10.88 Corrections	Corrections		54.4	80			8.82		64.6 percent of total billed charges	
CREATININE CLEAR.LAB CAL ONLY	82575	CPT	both			68		10.88 First Health	First Health		47.6	70			8.82		64.6 percent of total billed charges	
CREATININE CLEAR.LAB CAL ONLY	82575	CPT	both			68		10.88 First Trenton	First Trenton		61.2	90			8.82		64.6 percent of total billed charges	
CREATININE CLEAR.LAB CAL ONLY	82575	CPT	both			68		10.88 Horizon	MGD		26.03	38.28			8.82		64.6 percent of total billed charges	
CREATININE CLEAR.LAB CAL ONLY	82575	CPT	both			68		10.88 Horizon	Indemnity		26.03	38.28			8.82		64.6 percent of total billed charges	
CREATININE CLEAR.LAB CAL ONLY	82575	CPT	both			68		10.88 Horizon	Medicare Blue		20.4	30			8.82		64.6 percent of total billed charges	
CREATININE CLEAR.LAB CAL ONLY	82575	CPT	both			68		10.88 Horizon	NJ Health		8.82				8.82		64.6 fee schedule	
CREATININE CLEAR.LAB CAL ONLY	82575	CPT	both			68		10.88 Horizon	PPO		26.03	38.28			8.82		64.6 percent of total billed charges	
CREATININE CLEAR.LAB CAL ONLY	82575	CPT	both			68		10.88 Managed Care Inc	Managed Care Inc		61.2	90			8.82		64.6 percent of total billed charges	
CREATININE CLEAR.LAB CAL ONLY	82575	CPT	both			68		10.88 Multiplan	Multiplan		54.4	80			8.82		64.6 percent of total billed charges	
CREATININE CLEAR.LAB CAL ONLY	82575	CPT	both			68		10.88 Qualcare	Qualcare		51	75			8.82		64.6 percent of total billed charges	
CREATININE CLEAR.LAB CAL ONLY	82575	CPT	both			68		10.88 Three Rivers	Three Rivers		64.6	95			8.82		64.6 percent of total billed charges	
CREATININE CLEAR.LAB CAL ONLY	82575	CPT	both			68		10.88 UHC	Medicare		9.46				8.82		64.6 fee schedule	
CREATININE CLEAR.LAB CAL ONLY	82575	CPT	both			68		10.88 UHC	Medicaid		21.45	31.55			8.82		64.6 percent of total billed charges	
CREATININE CLEAR.LAB CAL ONLY	82575	CPT	both			68		10.88 Wellcare	Medicaid		21.45	31.55			8.82		64.6 percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101191	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CREATININE CLEAR LAB CAL ONLY	82575	CPT	both			68	10.88	Medicare	Medicare		9.46				8.82	64.6	fee schedule	
CREATININE CLEAR LAB CAL ONLY	82575	CPT	both			68	10.88	WellPoint	WellPoint		21.88	32.18			8.82	64.6	percent of total billed charges	
CRYOFIBRINOGEN,QUALITATIVE	82585	CPT	outpatient			54	16.26	Aetna	Better Health		17.04	31.55			13.58	51.3	percent of total billed charges	
CRYOFIBRINOGEN,QUALITATIVE	82585	CPT	outpatient			54	16.26	Aetna	Commercial		20.52	38			13.58	51.3	percent of total billed charges	
CRYOFIBRINOGEN,QUALITATIVE	82585	CPT	outpatient			54	16.26	Aetna	Medicare		16.63	30.8			13.58	51.3	percent of total billed charges	
CRYOFIBRINOGEN,QUALITATIVE	82585	CPT	outpatient			54	16.26	Americare	Americare		40.5	75			13.58	51.3	percent of total billed charges	
CRYOFIBRINOGEN,QUALITATIVE	82585	CPT	outpatient			54	16.26	Amerihealth	HMO/PPO		35.1	65			13.58	51.3	percent of total billed charges	
CRYOFIBRINOGEN,QUALITATIVE	82585	CPT	outpatient			54	16.26	Amerihealth	Medicare		14.14				13.58	51.3	fee schedule	
CRYOFIBRINOGEN,QUALITATIVE	82585	CPT	outpatient			54	16.26	Consumer	Consumer		51.3	95			13.58	51.3	percent of total billed charges	
CRYOFIBRINOGEN,QUALITATIVE	82585	CPT	outpatient			54	16.26	Corrections	Corrections		43.2	80			13.58	51.3	percent of total billed charges	
CRYOFIBRINOGEN,QUALITATIVE	82585	CPT	outpatient			54	16.26	First Health	First Health		37.8	70			13.58	51.3	percent of total billed charges	
CRYOFIBRINOGEN,QUALITATIVE	82585	CPT	outpatient			54	16.26	First Trenton	First Trenton		48.6	90			13.58	51.3	percent of total billed charges	
CRYOFIBRINOGEN,QUALITATIVE	82585	CPT	outpatient			54	16.26	Horizon	NJ Health		13.58				13.58	51.3	fee schedule	
CRYOFIBRINOGEN,QUALITATIVE	82585	CPT	outpatient			54	16.26	Horizon	Indemnity		20.67	38.28			13.58	51.3	percent of total billed charges	
CRYOFIBRINOGEN,QUALITATIVE	82585	CPT	outpatient			54	16.26	Horizon	Medicare Blue		16.2	30			13.58	51.3	percent of total billed charges	
CRYOFIBRINOGEN,QUALITATIVE	82585	CPT	outpatient			54	16.26	Horizon	MGD		20.67	38.28			13.58	51.3	percent of total billed charges	
CRYOFIBRINOGEN,QUALITATIVE	82585	CPT	outpatient			54	16.26	Horizon	PPO		20.67	38.28			13.58	51.3	percent of total billed charges	
CRYOFIBRINOGEN,QUALITATIVE	82585	CPT	outpatient			54	16.26	Managed Care Inc	Managed Care Inc		48.6	90			13.58	51.3	percent of total billed charges	
CRYOFIBRINOGEN,QUALITATIVE	82585	CPT	outpatient			54	16.26	Multiplan	Multiplan		43.2	80			13.58	51.3	percent of total billed charges	
CRYOFIBRINOGEN,QUALITATIVE	82585	CPT	outpatient			54	16.26	Qualcare	Qualcare		40.5	75			13.58	51.3	percent of total billed charges	
CRYOFIBRINOGEN,QUALITATIVE	82585	CPT	outpatient			54	16.26	Three Rivers	Three Rivers		51.3	95			13.58	51.3	percent of total billed charges	
CRYOFIBRINOGEN,QUALITATIVE	82585	CPT	outpatient			54	16.26	UHC	Medicare		14.14				13.58	51.3	fee schedule	
CRYOFIBRINOGEN,QUALITATIVE	82585	CPT	outpatient			54	16.26	UHC	Medicaid		17.04	31.55			13.58	51.3	percent of total billed charges	
CRYOFIBRINOGEN,QUALITATIVE	82585	CPT	outpatient			54	16.26	Wellcare	Medicaid		17.04	31.55			13.58	51.3	percent of total billed charges	
CRYOFIBRINOGEN,QUALITATIVE	82585	CPT	outpatient			54	16.26	Wellcare	Medicare		14.14				13.58	51.3	fee schedule	
CRYOFIBRINOGEN,QUALITATIVE	82585	CPT	outpatient			54	16.26	WellPoint	WellPoint		17.38	32.18			13.58	51.3	percent of total billed charges	
IMMUNOFIX RFLX(CRYOPRECIP)	82595	CPT	both			197	7.44	Aetna	Better Health		62.15	31.55			2.94	187.15	percent of total billed charges	
IMMUNOFIX RFLX(CRYOPRECIP)	82595	CPT	both			197	7.44	Aetna	Medicare		6.47				2.94	187.15	fee schedule	
IMMUNOFIX RFLX(CRYOPRECIP)	82595	CPT	both			197	7.44	Aetna	Commercial		74.86	38			2.94	187.15	percent of total billed charges	
IMMUNOFIX RFLX(CRYOPRECIP)	82595	CPT	both			197	7.44	Americare	Americare		147.75	75			2.94	187.15	percent of total billed charges	
IMMUNOFIX RFLX(CRYOPRECIP)	82595	CPT	both			197	7.44	Amerihealth	HMO/PPO		128.05	65			2.94	187.15	percent of total billed charges	
IMMUNOFIX RFLX(CRYOPRECIP)	82595	CPT	both			197	7.44	Amerihealth	Medicare		6.47				2.94	187.15	fee schedule	
IMMUNOFIX RFLX(CRYOPRECIP)	82595	CPT	both			197	7.44	Consumer	Consumer		187.15	95			2.94	187.15	percent of total billed charges	
IMMUNOFIX RFLX(CRYOPRECIP)	82595	CPT	both			197	7.44	Corrections	Corrections		157.6	80			2.94	187.15	percent of total billed charges	
IMMUNOFIX RFLX(CRYOPRECIP)	82595	CPT	both			197	7.44	First Health	First Health		137.9	70			2.94	187.15	percent of total billed charges	
IMMUNOFIX RFLX(CRYOPRECIP)	82595	CPT	both			197	7.44	First Trenton	First Trenton		177.3	90			2.94	187.15	percent of total billed charges	
IMMUNOFIX RFLX(CRYOPRECIP)	82595	CPT	both			197	7.44	Horizon	Medicare Blue		59.1	30			2.94	187.15	percent of total billed charges	
IMMUNOFIX RFLX(CRYOPRECIP)	82595	CPT	both			197	7.44	Horizon	Indemnity		75.41	38.28			2.94	187.15	percent of total billed charges	
IMMUNOFIX RFLX(CRYOPRECIP)	82595	CPT	both			197	7.44	Horizon	MGD		75.41	38.28			2.94	187.15	percent of total billed charges	
IMMUNOFIX RFLX(CRYOPRECIP)	82595	CPT	both			197	7.44	Horizon	NJ Health		2.94				2.94	187.15	fee schedule	
IMMUNOFIX RFLX(CRYOPRECIP)	82595	CPT	both			197	7.44	Horizon	PPO		75.41	38.28			2.94	187.15	percent of total billed charges	
IMMUNOFIX RFLX(CRYOPRECIP)	82595	CPT	both			197	7.44	Managed Care Inc	Managed Care Inc		177.3	90			2.94	187.15	percent of total billed charges	
IMMUNOFIX RFLX(CRYOPRECIP)	82595	CPT	both			197	7.44	Multiplan	Multiplan		157.6	80			2.94	187.15	percent of total billed charges	
IMMUNOFIX RFLX(CRYOPRECIP)	82595	CPT	both			197	7.44	Qualcare	Qualcare		147.75	75			2.94	187.15	percent of total billed charges	
IMMUNOFIX RFLX(CRYOPRECIP)	82595	CPT	both			197	7.44	Three Rivers	Three Rivers		187.15	95			2.94	187.15	percent of total billed charges	
IMMUNOFIX RFLX(CRYOPRECIP)	82595	CPT	both			197	7.44	UHC	Medicaid		62.15	31.55			2.94	187.15	percent of total billed charges	
IMMUNOFIX RFLX(CRYOPRECIP)	82595	CPT	both			197	7.44	UHC	Medicare		6.47				2.94	187.15	fee schedule	
IMMUNOFIX RFLX(CRYOPRECIP)	82595	CPT	both			197	7.44	Wellcare	Medicare		6.47				2.94	187.15	fee schedule	
IMMUNOFIX RFLX(CRYOPRECIP)	82595	CPT	both			197	7.44	Wellcare	Medicaid		62.15	31.55			2.94	187.15	percent of total billed charges	
IMMUNOFIX RFLX(CRYOPRECIP)	82595	CPT	both			197	7.44	WellPoint	WellPoint		63.39	32.18			2.94	187.15	percent of total billed charges	
CYANIDE SCREEN,BLOOD	82600	CPT	outpatient			259	22.31	Aetna	Better Health		81.71	31.55			19.4	246.05	percent of total billed charges	
CYANIDE SCREEN,BLOOD	82600	CPT	outpatient			259	22.31	Aetna	Commercial		98.42	38			19.4	246.05	percent of total billed charges	
CYANIDE SCREEN,BLOOD	82600	CPT	outpatient			259	22.31	Aetna	Medicare		19.4				19.4	246.05	fee schedule	
CYANIDE SCREEN,BLOOD	82600	CPT	outpatient			259	22.31	Americare	Americare		194.25	75			19.4	246.05	percent of total billed charges	
CYANIDE SCREEN,BLOOD	82600	CPT	outpatient			259	22.31	Amerihealth	HMO/PPO		168.35	65			19.4	246.05	percent of total billed charges	
CYANIDE SCREEN,BLOOD	82600	CPT	outpatient			259	22.31	Amerihealth	Medicare		19.4				19.4	246.05	fee schedule	
CYANIDE SCREEN,BLOOD	82600	CPT	outpatient			259	22.31	Consumer	Consumer		246.05	95			19.4	246.05	percent of total billed charges	
CYANIDE SCREEN,BLOOD	82600	CPT	outpatient			259	22.31	Corrections	Corrections		207.2	80			19.4	246.05	percent of total billed charges	
CYANIDE SCREEN,BLOOD	82600	CPT	outpatient			259	22.31	First Health	First Health		181.3	70			19.4	246.05	percent of total billed charges	
CYANIDE SCREEN,BLOOD	82600	CPT	outpatient			259	22.31	First Trenton	First Trenton		233.1	90			19.4	246.05	percent of total billed charges	
CYANIDE SCREEN,BLOOD	82600	CPT	outpatient			259	22.31	Horizon	Indemnity		99.15	38.28			19.4	246.05	percent of total billed charges	
CYANIDE SCREEN,BLOOD	82600	CPT	outpatient			259	22.31	Horizon	MGD		99.15	38.28			19.4	246.05	percent of total billed charges	
CYANIDE SCREEN,BLOOD	82600	CPT	outpatient			259	22.31	Horizon	NJ Health		60.37				19.4	246.05	fee schedule	
CYANIDE SCREEN,BLOOD	82600	CPT	outpatient			259	22.31	Horizon	PPO		99.15	38.28			19.4	246.05	percent of total billed charges	
CYANIDE SCREEN,BLOOD	82600	CPT	outpatient			259	22.31	Horizon	Medicare Blue		77.7	30			19.4	246.05	percent of total billed charges	
CYANIDE SCREEN,BLOOD	82600	CPT	outpatient			259	22.31	Managed Care Inc	Managed Care Inc		233.1	90			19.4	246.05	percent of total billed charges	
CYANIDE SCREEN,BLOOD	82600	CPT	outpatient			259	22.31	Multiplan	Multiplan		207.2	80			19.4	246.05	percent of total billed charges	
CYANIDE SCREEN,BLOOD	82600	CPT	outpatient			259	22.31	Qualcare	Qualcare		194.25	75			19.4	246.05	percent of total billed charges	
CYANIDE SCREEN,BLOOD	82600	CPT	outpatient			259	22.31	Three Rivers	Three Rivers		246.05	95			19.4	246.05	percent of total billed charges	
CYANIDE SCREEN,BLOOD	82600	CPT	outpatient			259	22.31	UHC	Medicare		19.4				19.4	246.05	fee schedule	
CYANIDE SCREEN,BLOOD	82600	CPT	outpatient			259	22.31	UHC	Medicaid		81.71	31.55			19.4	246.05	percent of total billed charges	
CYANIDE SCREEN,BLOOD	82600	CPT	outpatient			259	22.31	Wellcare	Medicare		19.4				19.4	246.05	fee schedule	
CYANIDE SCREEN,BLOOD	82600	CPT	outpatient			259	22.31	Wellcare	Medicaid		81.71	31.55			19.4	246.05	percent of total billed charges	
CYANIDE SCREEN,BLOOD	82600	CPT	outpatient			259	22.31	WellPoint	WellPoint		83.35	32.18			19.4	246.05	percent of total billed charges	
VITAMIN B12 CYANOCOBALAMI, RIA	82607	CPT	both			274	17.34	Aetna	Better Health		86.45	31.55			6.9	260.3	percent of total billed charges	
VITAMIN B12 CYANOCOBALAMI, RIA	82607	CPT	both			274	17.34	Aetna	Commercial		104.12	38			6.9	260.3	percent of total billed charges	
VITAMIN B12 CYANOCOBALAMI, RIA	82607	CPT	both			274	17.34	Aetna	Medicare		15.08				6.9	260.3	fee schedule	
VITAMIN B12 CYANOCOBALAMI, RIA	82607	CPT	both			274	17.34	Americare	Americare		205.5	75			6.9	260.3	percent of total billed charges	
VITAMIN B12 CYANOCOBALAMI, RIA	82607	CPT	both			274	17.34	Amerihealth	Medicare		15.08				6.9	260.3	fee schedule	
VITAMIN B12 CYANOCOBALAMI, RIA	82607	CPT	both			274	17.34	Amerihealth	HMO/PPO		178.1	65			6.9	260.3	percent of total billed charges	
VITAMIN B12 CYANOCOBALAMI, RIA	82607	CPT	both			274	17.34	Consumer	Consumer		260.3	95			6.9	260.3	percent of total billed charges	
VITAMIN B12 CYANOCOBALAMI, RIA	82607	CPT	both			274	17.34	Corrections	Corrections		219.2	80			6.9	260.3	percent of total billed charges	
VITAMIN B12 CYANOCOBALAMI, RIA	82607	CPT	both			274	17.34	First Health	First Health		191.8	70			6.9	260.3	percent of total billed charges	
VITAMIN B12 CYANOCOBALAMI, RIA	82607	CPT	both			274	17.34	First Trenton	First Trenton		246.6	90			6.9	260.3	percent of total billed charges	
VITAMIN B12 CYANOCOBALAMI, RIA	82607	CPT	both			274	17.34	Horizon	MGD		104.89	38.28			6.9	260.3	percent of total billed charges	
VITAMIN B12 CYANOCOBALAMI, RIA	82607	CPT	both			274	17.34	Horizon	Medicare Blue		82.2	30			6.9	260.3	percent of total billed charges	
VITAMIN B12 CYANOCOBALAMI, RIA	82607	CPT	both			274	17.34	Horizon	Indemnity		104.89	38.28			6.9	260.3	percent of total billed charges	
VITAMIN B12 CYANOCOBALAMI, RIA	82607	CPT	both			274	17.34	Horizon	PPO		104.89	38.28			6.9	260.3	percent of total billed charges	
VITAMIN B12 CYANOCOBALAMI, RIA	82607	CPT	both			274	17.34	Horizon	NJ Health		29.4				6.9	260.3	fee schedule	
VITAMIN B12 CYANOCOBALAMI, RIA	82607	CPT	both			274	17.34	Managed Care Inc	Managed Care Inc		246.6	90			6.9	260.3	percent of total billed charges	
VITAMIN B12 CYANOCOBALAMI, RIA	82607	CPT	both			274	17.34	Multiplan	Multiplan		219.2	80			6.9	260.3	percent of total billed charges	
VITAMIN B12 CYANOCOBALAMI, RIA	82607	CPT	both			274	17.34	Qualcare	Qualcare		205.5	75			6.9	260.3	percent of total billed charges	
VITAMIN B12 CYANOCOBALAMI, RIA	82607	CPT	both			274	17.34	Three Rivers	Three Rivers		260.3	95			6.9	260.3	percent of total billed charges	
VITAMIN B12 CYANOCOBALAMI, RIA	82607	CPT	both			274	17.34	UHC	Medicaid		86.45	31.55			6.9	260.3	percent of total billed charges	
VITAMIN B12 CYANOCOBALAMI, RIA	82607	CPT	both			274	17.34	UHC	Medicare		15.08				6.9	260.3	fee schedule	
VITAMIN B12 CYANOCOBALAMI, RIA	82607	CPT	both			274	17.34	Wellcare	Medicaid		86.45	31.55			6.9	260.3	percent of total billed charges	
VITAMIN B12 CYANOCOBALAMI, RIA	82607	CPT	both			274	17.34	Wellcare	Medicare		15.08				6.9	260.3	fee schedule	
VITAMIN B12 CYANOCOBALAMI, RIA	82607	CPT	both			274	17.34	WellPoint	WellPoint		88.17	32.18			6.9	260.3	percent of total billed charges	
VIT B-12 UNSAT BINDING CAPACITY	82608	CPT	outpatient			49	16.47	Aetna	Medicare		14.32				14.32	46.55	fee schedule	
VIT B-12 UNSAT BINDING CAPACITY	82608	CPT	outpatient			49	16.47	Aetna	Commercial		18.62	38			14.32	46.55	percent of total billed charges	
VIT B-12 UNSAT BINDING CAPACITY	82608	CPT	outpatient			49	16.47	Aetna	Better Health		15.46	31.55			14.32	46.55	percent of total billed charges	
VIT B-12 UNSAT BINDING CAPACITY	82608	CPT	outpatient			49	16.47	Americare	Americare		36.75	75			14.32	46.55	percent of total billed charges	
VIT B-12 UNSAT BINDING CAPACITY	82608	CPT	outpatient			49	16.47	Amerihealth	HMO/PPO		31.85	65			14.32	46.55	percent of total billed charges	
VIT B-12 UNSAT BINDING CAPACITY	82608	CPT	outpatient			49	16.47	Amerihealth	Medicare		14.32				14.32	46.55	fee schedule	
VIT B-12 UNSAT BINDING CAPACITY	82608	CPT	outpatient			49	16.47	Consumer	Consumer		46.55	95			14.32	46.55	percent of total billed charges	
VIT B-12 UNSAT BINDING CAPACITY	82608	CPT	outpatient			49	16.47	Corrections	Corrections		39.2	80			14.32	46.55	percent of total billed charges	
VIT B-12 UNSAT BINDING CAPACITY	82608	CPT	outpatient			49	16.47	First Health	First Health		34.3	70			14.32	46.55	percent of total billed charges	
VIT B-12 UNSAT BINDING CAPACITY	82608	CPT	outpatient			49	16.47	First Trenton	First Trenton		44.1	90			14.32	46.55	percent of total billed charges	
VIT B-12 UNSAT BINDING CAPACITY	82608	CPT	outpatient			49	16.47	Horizon	Medicare Blue		14.7	30			14.32	46.55	percent of total billed charges	
VIT B-12 UNSAT BINDING CAPACITY	82608	CPT	outpatient			49	16.47	Horizon	Indemnity		18.76	38.28			14.32	46.55	percent of total billed charges	
VIT B-12 UNSAT BINDING CAPACITY	82608	CPT	outpatient			49	16.47	Horizon	NJ Health		29.4				14.32	46.55	fee schedule	
VIT B-12 UNSAT BINDING CAPACITY	82608	CPT	outpatient			49	16.47	Horizon	MGD		18.76	38.28			14.32	46.55	percent of total billed charges	
VIT B-12 UNSAT BINDING CAPACITY	82608	CPT	outpatient			49	16.47	Horizon	PPO		18.76	38.28			14.32	46.55	percent of total billed charges	
VIT B-12 UNSAT BINDING CAPACITY	82608	CPT	outpatient			49	16.47	Managed Care Inc	Managed Care Inc		44.1	90			14.32	46.55	percent of total billed charges	
VIT B-12 UNSAT BINDING CAPACITY	82608	CPT	outpatient			49	16.47	Multiplan	Multiplan		39.2	80			14.32	46.55	percent of total billed charges	
VIT B-12 UNSAT BINDING CAPACITY	82608	CPT	outpatient			49	16.47	Qualcare	Qualcare		36.75	75			14.32	46.55	percent of total billed charges	
VIT B-12 UNSAT BINDING CAPACITY	82608	CPT	outpatient			49	16.47	Three Rivers	Three Rivers		46.55	95			14.32	46.55	percent of total billed charges	
VIT B-12 UNSAT BINDING CAPACITY	82608	CPT	outpatient			49	16.47	UHC	Medicare		14.32				14.32	46.55	fee schedule	
VIT B-12 UNSAT BINDING CAPACITY	82608	CPT	outpatient			49	16.47	UHC	Medicaid		15.46	31.55			14.32	46.55	percent of total billed charges	
VIT B-12 UNSAT BINDING CAPACITY	82608	CPT	outpatient			49	16.47	Wellcare	Medicaid		15.46	31.55			14.32	46.55	percent of total billed charges	
VIT B-12 UNSAT BINDING CAPACITY	82608	CPT	outpatient			49	16.47	Wellcare	Medicare		14.32				14.32	46.55	fee schedule	
VIT B-12 UNSAT BINDING CAPACITY	82608	CPT	outpatient			49	16.47	WellPoint	WellPoint		15.77	32.18			14.32	46.55	percent of total billed charges	
CYSTATIN C	82610	CPT	both			272	21.3	Aetna	Better Health		85.82	31.55			17.54	258.4	percent of total billed charges	
CYSTATIN C	82610	CPT	both			272	21.3	Aetna	Medicare		18.52				17.54	258.4	fee schedule	
CYSTATIN C	82610	CPT	both			272	21.3	Aetna	Commercial		103.36	38			17.54	258.4	percent of total billed charges	
CYSTATIN C	82610	CPT	both			272	21.3	Americare	Americare		204	75			17.54	258.4	percent of total billed charges	
CYSTATIN C	82610	CPT	both			272	21.3	Amerihealth	HMO/PPO		176.8	65			17.54	258.4	percent of total billed charges	
CYSTATIN C	82610	CPT	both			272	21.3	Amerihealth	Medicare		18.52				17.54	258.4	fee schedule	
CYSTATIN C	82610	CPT	both			272	21.3	Consumer	Consumer		258.4	95			17.54	258.4	percent of total billed charges	
CYSTATIN C	82610	CPT	both			272	21.3	Corrections	Corrections		217.6	80			17.54	258.4	percent of total billed charges	
CYSTATIN C	82610	CPT	both			272	21.3	First Health	First Health		190.4	70			17.54	258.4	percent of total billed charges	
CYSTATIN C	82610	CPT	both			272	21.3	First Trenton	First Trenton		244.8	90			17.54	258.4	percent of total billed charges	
CYSTATIN C	82610	CPT	both			272	21.3	Horizon	MGD		104.12	38.28			17.54	258.4	percent of total billed charges	
CYSTATIN C	82610	CPT	both			272	21.3	Horizon	NJ Health		17.54				17.54	258.4	fee schedule	
CYSTATIN C	82610	CPT	both			272	21.3	Horizon	Indemnity		104.12	38.28			17.54	258.4	percent of total billed charges	
CYSTATIN C	82610	CPT	both			272	21.3	Horizon	PPO		104.12	38.28			17.54	258.4	percent of total billed charges	
CYSTATIN C	82610	CPT	both			272	21.3	Horizon	Medicare Blue		81.6	30			17.54	258.4	percent of total billed charges	
CYSTATIN C	82610	CPT	both			272	21.3	Managed Care Inc	Managed Care Inc		244.8	90			17.54	258.4	percent of total billed charges	
CYSTATIN C	82610	CPT	both			272	21.3	Multiplan	Multiplan		217.6	80			17.54	258.4	percent of total billed charges	
CYSTATIN C	82610	CPT	both			272	21.3	Qualcare	Qualcare		204	75			17.54	258.4	percent of total billed charges	
CYSTATIN C	82610	CPT	both			272	21.3	Three Rivers	Three Rivers		258.4	95			17.54	258.4	percent of total billed charges	
CYSTATIN C	82610	CPT	both			272	21.3	UHC	Medicare		18.52				17.54	258.4	fee schedule	
CYSTATIN C	82610	CPT	both			272	21.3	UHC	Medicaid		85.82	31.55			17.54	258.4	percent of total billed charges	
CYSTATIN C	82610	CPT	both			272	21.3	Wellcare	Medicare		18.52				17.54	258.4	fee schedule	
CYSTATIN C	82610	CPT	both			272	21.3	Wellcare	Medicaid		85.82	31.55			17.54	258.4	percent of total billed charges	
CYSTATIN C	82610	CPT	both			272	21.3	WellPoint	WellPoint		87.53	32.18			17.54	258.4	percent of total billed charges	
DEHYDROEPIANDROSTERONE(DHEA)SR	82626	CPT	both			28	29.06	Aetna	Better Health		8.83	31.55			8.4	72.52	percent of total billed charges	
DEHYDROEPIANDROSTERONE(DHEA)SR	82626	CPT	both			28	29.06	Aetna	Commercial		10.64	38			8.4	72.52	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
DEHYDROEPIANDROSTERONE(DHEA)SR	82626	CPT	both			28	29.06	Aetna	Medicare		25.27				8.4	72.52	fee schedule	
DEHYDROEPIANDROSTERONE(DHEA)SR	82626	CPT	both			28	29.06	Americare	Americare		21	75			8.4	72.52	percent of total billed charges	
DEHYDROEPIANDROSTERONE(DHEA)SR	82626	CPT	both			28	29.06	Amerihealth	Medicare		25.27				8.4	72.52	fee schedule	
DEHYDROEPIANDROSTERONE(DHEA)SR	82626	CPT	both			28	29.06	Amerihealth	HMO/PPO		18.2	65			8.4	72.52	percent of total billed charges	
DEHYDROEPIANDROSTERONE(DHEA)SR	82626	CPT	both			28	29.06	Consumer	Consumer		26.6	95			8.4	72.52	percent of total billed charges	
DEHYDROEPIANDROSTERONE(DHEA)SR	82626	CPT	both			28	29.06	Corrections	Corrections		22.4	80			8.4	72.52	percent of total billed charges	
DEHYDROEPIANDROSTERONE(DHEA)SR	82626	CPT	both			28	29.06	First Health	First Health		19.6	70			8.4	72.52	percent of total billed charges	
DEHYDROEPIANDROSTERONE(DHEA)SR	82626	CPT	both			28	29.06	First Trenton	First Trenton		25.2	90			8.4	72.52	percent of total billed charges	
DEHYDROEPIANDROSTERONE(DHEA)SR	82626	CPT	both			28	29.06	Horizon	Indemnity		10.72	38.28			8.4	72.52	percent of total billed charges	
DEHYDROEPIANDROSTERONE(DHEA)SR	82626	CPT	both			28	29.06	Horizon	Medicare Blue		8.4	30			8.4	72.52	percent of total billed charges	
DEHYDROEPIANDROSTERONE(DHEA)SR	82626	CPT	both			28	29.06	Horizon	MGD		10.72	38.28			8.4	72.52	percent of total billed charges	
DEHYDROEPIANDROSTERONE(DHEA)SR	82626	CPT	both			28	29.06	Horizon	NJ Health		72.52				8.4	72.52	fee schedule	
DEHYDROEPIANDROSTERONE(DHEA)SR	82626	CPT	both			28	29.06	Horizon	PPO		10.72	38.28			8.4	72.52	percent of total billed charges	
DEHYDROEPIANDROSTERONE(DHEA)SR	82626	CPT	both			28	29.06	Managed Care Inc	Managed Care Inc		25.2	90			8.4	72.52	percent of total billed charges	
DEHYDROEPIANDROSTERONE(DHEA)SR	82626	CPT	both			28	29.06	Multiplan	Multiplan		22.4	80			8.4	72.52	percent of total billed charges	
DEHYDROEPIANDROSTERONE(DHEA)SR	82626	CPT	both			28	29.06	Qualcare	Qualcare		21	75			8.4	72.52	percent of total billed charges	
DEHYDROEPIANDROSTERONE(DHEA)SR	82626	CPT	both			28	29.06	Three Rivers	Three Rivers		26.6	95			8.4	72.52	percent of total billed charges	
DEHYDROEPIANDROSTERONE(DHEA)SR	82626	CPT	both			28	29.06	UHC	Medicaid		8.83	31.55			8.4	72.52	percent of total billed charges	
DEHYDROEPIANDROSTERONE(DHEA)SR	82626	CPT	both			28	29.06	UHC	Medicare		25.27				8.4	72.52	fee schedule	
DEHYDROEPIANDROSTERONE(DHEA)SR	82626	CPT	both			28	29.06	Wellcare	Medicare		25.27				8.4	72.52	fee schedule	
DEHYDROEPIANDROSTERONE(DHEA)SR	82626	CPT	both			28	29.06	Wellcare	Medicaid		8.83	31.55			8.4	72.52	percent of total billed charges	
DEHYDROEPIANDROSTERONE(DHEA)SR	82626	CPT	both			28	29.06	WellPoint	WellPoint		9.01	32.18			8.4	72.52	percent of total billed charges	
DHEA SULFATE	82627	CPT	both			52	25.56	Aetna	Medicare		16.02	30.8			15.6	72.52	percent of total billed charges	
DHEA SULFATE	82627	CPT	both			52	25.56	Aetna	Better Health		16.41	31.55			15.6	72.52	percent of total billed charges	
DHEA SULFATE	82627	CPT	both			52	25.56	Aetna	Commercial		19.76	38			15.6	72.52	percent of total billed charges	
DHEA SULFATE	82627	CPT	both			52	25.56	Americare	Americare		39	75			15.6	72.52	percent of total billed charges	
DHEA SULFATE	82627	CPT	both			52	25.56	Amerihealth	Medicare		22.23				15.6	72.52	fee schedule	
DHEA SULFATE	82627	CPT	both			52	25.56	Amerihealth	HMO/PPO		33.8	65			15.6	72.52	percent of total billed charges	
DHEA SULFATE	82627	CPT	both			52	25.56	Consumer	Consumer		49.4	95			15.6	72.52	percent of total billed charges	
DHEA SULFATE	82627	CPT	both			52	25.56	Corrections	Corrections		41.6	80			15.6	72.52	percent of total billed charges	
DHEA SULFATE	82627	CPT	both			52	25.56	First Health	First Health		36.4	70			15.6	72.52	percent of total billed charges	
DHEA SULFATE	82627	CPT	both			52	25.56	First Trenton	First Trenton		46.8	90			15.6	72.52	percent of total billed charges	
DHEA SULFATE	82627	CPT	both			52	25.56	Horizon	MGD		19.91	38.28			15.6	72.52	percent of total billed charges	
DHEA SULFATE	82627	CPT	both			52	25.56	Horizon	Medicare Blue		15.6	30			15.6	72.52	percent of total billed charges	
DHEA SULFATE	82627	CPT	both			52	25.56	Horizon	Indemnity		19.91	38.28			15.6	72.52	percent of total billed charges	
DHEA SULFATE	82627	CPT	both			52	25.56	Horizon	NJ Health		72.52				15.6	72.52	fee schedule	
DHEA SULFATE	82627	CPT	both			52	25.56	Horizon	PPO		19.91	38.28			15.6	72.52	percent of total billed charges	
DHEA SULFATE	82627	CPT	both			52	25.56	Managed Care Inc	Managed Care Inc		46.8	90			15.6	72.52	percent of total billed charges	
DHEA SULFATE	82627	CPT	both			52	25.56	Multiplan	Multiplan		41.6	80			15.6	72.52	percent of total billed charges	
DHEA SULFATE	82627	CPT	both			52	25.56	Qualcare	Qualcare		39	75			15.6	72.52	percent of total billed charges	
DHEA SULFATE	82627	CPT	both			52	25.56	Three Rivers	Three Rivers		49.4	95			15.6	72.52	percent of total billed charges	
DHEA SULFATE	82627	CPT	both			52	25.56	UHC	Medicaid		16.41	31.55			15.6	72.52	percent of total billed charges	
DHEA SULFATE	82627	CPT	both			52	25.56	UHC	Medicare		22.23				15.6	72.52	fee schedule	
DHEA SULFATE	82627	CPT	both			52	25.56	Wellcare	Medicare		22.23				15.6	72.52	fee schedule	
DHEA SULFATE	82627	CPT	both			52	25.56	Wellcare	Medicaid		16.41	31.55			15.6	72.52	percent of total billed charges	
DHEA SULFATE	82627	CPT	both			52	25.56	WellPoint	WellPoint		16.73	32.18			15.6	72.52	percent of total billed charges	
DEOXYCORTICOSTERONE	82633	CPT	both			213	35.63	Aetna	Commercial		80.94	38			30.98	202.35	percent of total billed charges	
DEOXYCORTICOSTERONE	82633	CPT	both			213	35.63	Aetna	Medicare		30.98				30.98	202.35	fee schedule	
DEOXYCORTICOSTERONE	82633	CPT	both			213	35.63	Aetna	Better Health		67.2	31.55			30.98	202.35	percent of total billed charges	
DEOXYCORTICOSTERONE	82633	CPT	both			213	35.63	Americare	Americare		159.75	75			30.98	202.35	percent of total billed charges	
DEOXYCORTICOSTERONE	82633	CPT	both			213	35.63	Amerihealth	HMO/PPO		138.45	65			30.98	202.35	percent of total billed charges	
DEOXYCORTICOSTERONE	82633	CPT	both			213	35.63	Amerihealth	Medicare		30.98				30.98	202.35	fee schedule	
DEOXYCORTICOSTERONE	82633	CPT	both			213	35.63	Consumer	Consumer		202.35	95			30.98	202.35	percent of total billed charges	
DEOXYCORTICOSTERONE	82633	CPT	both			213	35.63	Corrections	Corrections		170.4	80			30.98	202.35	percent of total billed charges	
DEOXYCORTICOSTERONE	82633	CPT	both			213	35.63	First Health	First Health		149.1	70			30.98	202.35	percent of total billed charges	
DEOXYCORTICOSTERONE	82633	CPT	both			213	35.63	First Trenton	First Trenton		191.7	90			30.98	202.35	percent of total billed charges	
DEOXYCORTICOSTERONE	82633	CPT	both			213	35.63	Horizon	MGD		81.54	38.28			30.98	202.35	percent of total billed charges	
DEOXYCORTICOSTERONE	82633	CPT	both			213	35.63	Horizon	Indemnity		81.54	38.28			30.98	202.35	percent of total billed charges	
DEOXYCORTICOSTERONE	82633	CPT	both			213	35.63	Horizon	Medicare Blue		63.9	30			30.98	202.35	percent of total billed charges	
DEOXYCORTICOSTERONE	82633	CPT	both			213	35.63	Horizon	PPO		81.54	38.28			30.98	202.35	percent of total billed charges	
DEOXYCORTICOSTERONE	82633	CPT	both			213	35.63	Horizon	NJ Health		75.5				30.98	202.35	fee schedule	
DEOXYCORTICOSTERONE	82633	CPT	both			213	35.63	Managed Care Inc	Managed Care Inc		191.7	90			30.98	202.35	percent of total billed charges	
DEOXYCORTICOSTERONE	82633	CPT	both			213	35.63	Multiplan	Multiplan		170.4	80			30.98	202.35	percent of total billed charges	
DEOXYCORTICOSTERONE	82633	CPT	both			213	35.63	Qualcare	Qualcare		159.75	75			30.98	202.35	percent of total billed charges	
DEOXYCORTICOSTERONE	82633	CPT	both			213	35.63	Three Rivers	Three Rivers		202.35	95			30.98	202.35	percent of total billed charges	
DEOXYCORTICOSTERONE	82633	CPT	both			213	35.63	UHC	Medicaid		67.2	31.55			30.98	202.35	percent of total billed charges	
DEOXYCORTICOSTERONE	82633	CPT	both			213	35.63	UHC	Medicare		30.98				30.98	202.35	fee schedule	
DEOXYCORTICOSTERONE	82633	CPT	both			213	35.63	Wellcare	Medicare		30.98				30.98	202.35	fee schedule	
DEOXYCORTICOSTERONE	82633	CPT	both			213	35.63	Wellcare	Medicaid		67.2	31.55			30.98	202.35	percent of total billed charges	
DEOXYCORTICOSTERONE	82633	CPT	both			213	35.63	WellPoint	WellPoint		68.54	32.18			30.98	202.35	percent of total billed charges	
11-DEOXYCORTISOL	82634	CPT	both			111	33.67	Aetna	Better Health		35.02	31.55			29.28	105.45	percent of total billed charges	
11-DEOXYCORTISOL	82634	CPT	both			111	33.67	Aetna	Medicare		29.28				29.28	105.45	fee schedule	
11-DEOXYCORTISOL	82634	CPT	both			111	33.67	Aetna	Commercial		42.18	38			29.28	105.45	percent of total billed charges	
11-DEOXYCORTISOL	82634	CPT	both			111	33.67	Americare	Americare		83.25	75			29.28	105.45	percent of total billed charges	
11-DEOXYCORTISOL	82634	CPT	both			111	33.67	Amerihealth	Medicare		29.28				29.28	105.45	fee schedule	
11-DEOXYCORTISOL	82634	CPT	both			111	33.67	Amerihealth	HMO/PPO		72.15	65			29.28	105.45	percent of total billed charges	
11-DEOXYCORTISOL	82634	CPT	both			111	33.67	Consumer	Consumer		105.45	95			29.28	105.45	percent of total billed charges	
11-DEOXYCORTISOL	82634	CPT	both			111	33.67	Corrections	Corrections		88.8	80			29.28	105.45	percent of total billed charges	
11-DEOXYCORTISOL	82634	CPT	both			111	33.67	First Health	First Health		77.7	70			29.28	105.45	percent of total billed charges	
11-DEOXYCORTISOL	82634	CPT	both			111	33.67	First Trenton	First Trenton		99.9	90			29.28	105.45	percent of total billed charges	
11-DEOXYCORTISOL	82634	CPT	both			111	33.67	Horizon	MGD		42.49	38.28			29.28	105.45	percent of total billed charges	
11-DEOXYCORTISOL	82634	CPT	both			111	33.67	Horizon	PPO		42.49	38.28			29.28	105.45	percent of total billed charges	
11-DEOXYCORTISOL	82634	CPT	both			111	33.67	Horizon	Indemnity		42.49	38.28			29.28	105.45	percent of total billed charges	
11-DEOXYCORTISOL	82634	CPT	both			111	33.67	Horizon	Medicare Blue		33.3	30			29.28	105.45	percent of total billed charges	
11-DEOXYCORTISOL	82634	CPT	both			111	33.67	Horizon	NJ Health		84.08				29.28	105.45	fee schedule	
11-DEOXYCORTISOL	82634	CPT	both			111	33.67	Managed Care Inc	Managed Care Inc		99.9	90			29.28	105.45	percent of total billed charges	
11-DEOXYCORTISOL	82634	CPT	both			111	33.67	Multiplan	Multiplan		88.8	80			29.28	105.45	percent of total billed charges	
11-DEOXYCORTISOL	82634	CPT	both			111	33.67	Qualcare	Qualcare		83.25	75			29.28	105.45	percent of total billed charges	
11-DEOXYCORTISOL	82634	CPT	both			111	33.67	Three Rivers	Three Rivers		105.45	95			29.28	105.45	percent of total billed charges	
11-DEOXYCORTISOL	82634	CPT	both			111	33.67	UHC	Medicare		29.28				29.28	105.45	fee schedule	
11-DEOXYCORTISOL	82634	CPT	both			111	33.67	UHC	Medicaid		35.02	31.55			29.28	105.45	percent of total billed charges	
11-DEOXYCORTISOL	82634	CPT	both			111	33.67	Wellcare	Medicare		29.28				29.28	105.45	fee schedule	
11-DEOXYCORTISOL	82634	CPT	both			111	33.67	Wellcare	Medicaid		35.02	31.55			29.28	105.45	percent of total billed charges	
11-DEOXYCORTISOL	82634	CPT	both			111	33.67	WellPoint	WellPoint		35.72	32.18			29.28	105.45	percent of total billed charges	
DIBUCAINE NUMBER(081513)	82638	CPT	both			31	14.09	Aetna	Commercial		11.78	38			9.3	38.81	percent of total billed charges	
DIBUCAINE NUMBER(081513)	82638	CPT	both			31	14.09	Aetna	Better Health		9.78	31.55			9.3	38.81	percent of total billed charges	
DIBUCAINE NUMBER(081513)	82638	CPT	both			31	14.09	Aetna	Medicare		9.55	30.8			9.3	38.81	percent of total billed charges	
DIBUCAINE NUMBER(081513)	82638	CPT	both			31	14.09	Americare	Americare		23.25	75			9.3	38.81	percent of total billed charges	
DIBUCAINE NUMBER(081513)	82638	CPT	both			31	14.09	Amerihealth	Medicare		12.25				9.3	38.81	fee schedule	
DIBUCAINE NUMBER(081513)	82638	CPT	both			31	14.09	Amerihealth	HMO/PPO		20.15	65			9.3	38.81	percent of total billed charges	
DIBUCAINE NUMBER(081513)	82638	CPT	both			31	14.09	Consumer	Consumer		29.45	95			9.3	38.81	percent of total billed charges	
DIBUCAINE NUMBER(081513)	82638	CPT	both			31	14.09	Corrections	Corrections		24.8	80			9.3	38.81	percent of total billed charges	
DIBUCAINE NUMBER(081513)	82638	CPT	both			31	14.09	First Health	First Health		21.7	70			9.3	38.81	percent of total billed charges	
DIBUCAINE NUMBER(081513)	82638	CPT	both			31	14.09	First Trenton	First Trenton		27.9	90			9.3	38.81	percent of total billed charges	
DIBUCAINE NUMBER(081513)	82638	CPT	both			31	14.09	Horizon	MGD		11.87	38.28			9.3	38.81	percent of total billed charges	
DIBUCAINE NUMBER(081513)	82638	CPT	both			31	14.09	Horizon	Medicare Blue		9.3	30			9.3	38.81	percent of total billed charges	
DIBUCAINE NUMBER(081513)	82638	CPT	both			31	14.09	Horizon	NJ Health		38.81				9.3	38.81	fee schedule	
DIBUCAINE NUMBER(081513)	82638	CPT	both			31	14.09	Horizon	PPO		11.87	38.28			9.3	38.81	percent of total billed charges	
DIBUCAINE NUMBER(081513)	82638	CPT	both			31	14.09	Horizon	Indemnity		11.87	38.28			9.3	38.81	percent of total billed charges	
DIBUCAINE NUMBER(081513)	82638	CPT	both			31	14.09	Managed Care Inc	Managed Care Inc		27.9	90			9.3	38.81	percent of total billed charges	
DIBUCAINE NUMBER(081513)	82638	CPT	both			31	14.09	Multiplan	Multiplan		24.8	80			9.3	38.81	percent of total billed charges	
DIBUCAINE NUMBER(081513)	82638	CPT	both			31	14.09	Qualcare	Qualcare		23.25	75			9.3	38.81	percent of total billed charges	
DIBUCAINE NUMBER(081513)	82638	CPT	both			31	14.09	Three Rivers	Three Rivers		29.45	95			9.3	38.81	percent of total billed charges	
DIBUCAINE NUMBER(081513)	82638	CPT	both			31	14.09	UHC	Medicare		12.25				9.3	38.81	fee schedule	
DIBUCAINE NUMBER(081513)	82638	CPT	both			31	14.09	UHC	Medicaid		9.78	31.55			9.3	38.81	percent of total billed charges	
DIBUCAINE NUMBER(081513)	82638	CPT	both			31	14.09	Wellcare	Medicaid		9.78	31.55			9.3	38.81	percent of total billed charges	
DIBUCAINE NUMBER(081513)	82638	CPT	both			31	14.09	Wellcare	Medicare		12.25				9.3	38.81	fee schedule	
DIBUCAINE NUMBER(081513)	82638	CPT	both			31	14.09	WellPoint	WellPoint		9.98	32.18			9.3	38.81	percent of total billed charges	
DIHYDROTESTOSTERONE (DHT)	82642	CPT	outpatient			159	33.67	Aetna	Better Health		50.16	31.55			25.5	151.05	percent of total billed charges	
DIHYDROTESTOSTERONE (DHT)	82642	CPT	outpatient			159	33.67	Aetna	Medicare		29.28				25.5	151.05	fee schedule	
DIHYDROTESTOSTERONE (DHT)	82642	CPT	outpatient			159	33.67	Aetna	Commercial		60.42	38			25.5	151.05	percent of total billed charges	
DIHYDROTESTOSTERONE (DHT)	82642	CPT	outpatient			159	33.67	Americare	Americare		119.25	75			25.5	151.05	percent of total billed charges	
DIHYDROTESTOSTERONE (DHT)	82642	CPT	outpatient			159	33.67	Amerihealth	Medicare		29.28				25.5	151.05	fee schedule	
DIHYDROTESTOSTERONE (DHT)	82642	CPT	outpatient			159	33.67	Amerihealth	HMO/PPO		103.35	65			25.5	151.05	percent of total billed charges	
DIHYDROTESTOSTERONE (DHT)	82642	CPT	outpatient			159	33.67	Consumer	Consumer		151.05	95			25.5	151.05	percent of total billed charges	
DIHYDROTESTOSTERONE (DHT)	82642	CPT	outpatient			159	33.67	Corrections	Corrections		127.2	80			25.5	151.05	percent of total billed charges	
DIHYDROTESTOSTERONE (DHT)	82642	CPT	outpatient			159	33.67	First Health	First Health		111.3	70			25.5	151.05	percent of total billed charges	
DIHYDROTESTOSTERONE (DHT)	82642	CPT	outpatient			159	33.67	First Trenton	First Trenton		143.1	90			25.5	151.05	percent of total billed charges	
DIHYDROTESTOSTERONE (DHT)	82642	CPT	outpatient			159	33.67	Horizon	Indemnity		60.87	38.28			25.5	151.05	percent of total billed charges	
DIHYDROTESTOSTERONE (DHT)	82642	CPT	outpatient			159	33.67	Horizon	PPO		60.87	38.28			25.5	151.05	percent of total billed charges	
DIHYDROTESTOSTERONE (DHT)	82642	CPT	outpatient			159	33.67	Horizon	MGD		60.87	38.28			25.5	151.05	percent of total billed charges	
DIHYDROTESTOSTERONE (DHT)	82642	CPT	outpatient			159	33.67	Horizon	NJ Health		25.5				25.5	151.05	fee schedule	
DIHYDROTESTOSTERONE (DHT)	82642	CPT	outpatient			159	33.67	Horizon	Medicare Blue		47.7	30			25.5	151.05	percent of total billed charges	
DIHYDROTESTOSTERONE (DHT)	82642	CPT	outpatient			159	33.67	Managed Care Inc	Managed Care Inc		143.1	90			25.5	151.05	percent of total billed charges	
DIHYDROTESTOSTERONE (DHT)	82642	CPT	outpatient			159	33.67	Multiplan	Multiplan		127.2	80			25.5	151.05	percent of total billed charges	
DIHYDROTESTOSTERONE (DHT)	82642	CPT	outpatient			159	33.67	Qualcare	Qualcare		119.25	75			25.5	151.05	percent of total billed charges	
DIHYDROTESTOSTERONE (DHT)	82642	CPT	outpatient			159	33.67	Three Rivers	Three Rivers		151.05	95			25.5	151.05	percent of total billed charges	
DIHYDROTESTOSTERONE (DHT)	82642	CPT	outpatient			159	33.67	UHC	Medicaid		50.16	31.55			25.5	151.05	percent of total billed charges	
DIHYDROTESTOSTERONE (DHT)	82642	CPT	outpatient			159	33.67	UHC	Medicare		29.28				25.5	151.05	fee schedule	
DIHYDROTESTOSTERONE (DHT)	82642	CPT	outpatient			159	33.67	Wellcare	Medicare		29.28				25.5	151.05	fee schedule	
DIHYDROTESTOSTERONE (DHT)	82642	CPT	outpatient			159	33.67	Wellcare	Medicaid		50.16	31.55			25.5	151.05	percent of total billed charges	
DIHYDROTESTOSTERONE (DHT)	82642	CPT	outpatient			159	33.67	WellPoint	WellPoint		51.17	32.18			25.5	151.05	percent of total billed charges	
VITAMIN D; 1,25 DIHYDROXY	82652	CPT	both			483	44.28	Aetna	Better Health		152.39	31.55			26.4	458.85	percent of total billed charges	
VITAMIN D; 1,25 DIHYDROXY	82652	CPT	both			483	44.28	Aetna	Medicare		148.76	30.8			26.4	458.85	percent of total billed charges	
VITAMIN D; 1,25 DIHYDROXY	82652	CPT	both			483	44.28	Aetna	Commercial		183.54	38			26.4	458.85	percent of total billed charges	
VITAMIN D; 1,25 DIHYDROXY	82652	CPT	both			483	44.28	Americare	Americare		362.25	75			26.4	458.85	percent of total billed charges	
VITAMIN D; 1,25 DIHYDROXY	82652	CPT	both			483	44.28	Amerihealth	HMO/PPO		313.95	65			26.4	458.85	percent of total billed charges	
VITAMIN D; 1,25 DIHYDROXY	82652	CPT	both			483	44.28	Amerihealth	Medicare		38.5				26.4	458.85	fee schedule	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101191	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
VITAMIN D; 1,25 DIHYDROXY	82652	CPT	both			483	44.28	Consumer	Consumer		458.85	95			26.4	458.85	percent of total billed charges	
VITAMIN D; 1,25 DIHYDROXY	82652	CPT	both			483	44.28	Corrections	Corrections		386.4	80			26.4	458.85	percent of total billed charges	
VITAMIN D; 1,25 DIHYDROXY	82652	CPT	both			483	44.28	First Health	First Health		338.1	70			26.4	458.85	percent of total billed charges	
VITAMIN D; 1,25 DIHYDROXY	82652	CPT	both			483	44.28	First Trenton	First Trenton		434.7	90			26.4	458.85	percent of total billed charges	
VITAMIN D; 1,25 DIHYDROXY	82652	CPT	both			483	44.28	Horizon	Medicare Blue		144.9	30			26.4	458.85	percent of total billed charges	
VITAMIN D; 1,25 DIHYDROXY	82652	CPT	both			483	44.28	Horizon	Indemnity		184.89	38.28			26.4	458.85	percent of total billed charges	
VITAMIN D; 1,25 DIHYDROXY	82652	CPT	both			483	44.28	Horizon	MGD		184.89	38.28			26.4	458.85	percent of total billed charges	
VITAMIN D; 1,25 DIHYDROXY	82652	CPT	both			483	44.28	Horizon	PPO		184.89	38.28			26.4	458.85	percent of total billed charges	
VITAMIN D; 1,25 DIHYDROXY	82652	CPT	both			483	44.28	Horizon	NJ Health		107.8				26.4	458.85	fee schedule	
VITAMIN D; 1,25 DIHYDROXY	82652	CPT	both			483	44.28	Managed Care Inc	Managed Care Inc		434.7	90			26.4	458.85	percent of total billed charges	
VITAMIN D; 1,25 DIHYDROXY	82652	CPT	both			483	44.28	Multiplan	Multiplan		386.4	80			26.4	458.85	percent of total billed charges	
VITAMIN D; 1,25 DIHYDROXY	82652	CPT	both			483	44.28	Qualcare	Qualcare		362.25	75			26.4	458.85	percent of total billed charges	
VITAMIN D; 1,25 DIHYDROXY	82652	CPT	both			483	44.28	Three Rivers	Three Rivers		458.85	95			26.4	458.85	percent of total billed charges	
VITAMIN D; 1,25 DIHYDROXY	82652	CPT	both			483	44.28	UHC	Medicare		38.5				26.4	458.85	fee schedule	
VITAMIN D; 1,25 DIHYDROXY	82652	CPT	both			483	44.28	UHC	Medicaid		152.39	31.55			26.4	458.85	percent of total billed charges	
VITAMIN D; 1,25 DIHYDROXY	82652	CPT	both			483	44.28	Wellcare	Medicare		38.5				26.4	458.85	fee schedule	
VITAMIN D; 1,25 DIHYDROXY	82652	CPT	both			483	44.28	Wellcare	Medicaid		152.39	31.55			26.4	458.85	percent of total billed charges	
VITAMIN D; 1,25 DIHYDROXY	82652	CPT	both			483	44.28	WellPoint	WellPoint		155.43	32.18			26.4	458.85	percent of total billed charges	
PANCREATIC ELASTASE,FECAL	82656	CPT	both			565	13.26	Aetna	Commercial		214.7	38			11.53	536.75	percent of total billed charges	
PANCREATIC ELASTASE,FECAL	82656	CPT	both			565	13.26	Aetna	Better Health		178.26	31.55			11.53	536.75	percent of total billed charges	
PANCREATIC ELASTASE,FECAL	82656	CPT	both			565	13.26	Aetna	Medicare		11.53				11.53	536.75	fee schedule	
PANCREATIC ELASTASE,FECAL	82656	CPT	both			565	13.26	Americare	Americare		423.75	75			11.53	536.75	percent of total billed charges	
PANCREATIC ELASTASE,FECAL	82656	CPT	both			565	13.26	Amerihealth	Medicare		11.53				11.53	536.75	fee schedule	
PANCREATIC ELASTASE,FECAL	82656	CPT	both			565	13.26	Amerihealth	HMO/PPO		367.25	65			11.53	536.75	percent of total billed charges	
PANCREATIC ELASTASE,FECAL	82656	CPT	both			565	13.26	Consumer	Consumer		536.75	95			11.53	536.75	percent of total billed charges	
PANCREATIC ELASTASE,FECAL	82656	CPT	both			565	13.26	Corrections	Corrections		452	80			11.53	536.75	percent of total billed charges	
PANCREATIC ELASTASE,FECAL	82656	CPT	both			565	13.26	First Health	First Health		395.5	70			11.53	536.75	percent of total billed charges	
PANCREATIC ELASTASE,FECAL	82656	CPT	both			565	13.26	First Trenton	First Trenton		508.5	90			11.53	536.75	percent of total billed charges	
PANCREATIC ELASTASE,FECAL	82656	CPT	both			565	13.26	Horizon	Indemnity		216.28	38.28			11.53	536.75	percent of total billed charges	
PANCREATIC ELASTASE,FECAL	82656	CPT	both			565	13.26	Horizon	Medicare Blue		169.5	30			11.53	536.75	percent of total billed charges	
PANCREATIC ELASTASE,FECAL	82656	CPT	both			565	13.26	Horizon	NJ Health		24.11				11.53	536.75	fee schedule	
PANCREATIC ELASTASE,FECAL	82656	CPT	both			565	13.26	Horizon	MGD		216.28	38.28			11.53	536.75	percent of total billed charges	
PANCREATIC ELASTASE,FECAL	82656	CPT	both			565	13.26	Horizon	PPO		216.28	38.28			11.53	536.75	percent of total billed charges	
PANCREATIC ELASTASE,FECAL	82656	CPT	both			565	13.26	Managed Care Inc	Managed Care Inc		508.5	90			11.53	536.75	percent of total billed charges	
PANCREATIC ELASTASE,FECAL	82656	CPT	both			565	13.26	Multiplan	Multiplan		452	80			11.53	536.75	percent of total billed charges	
PANCREATIC ELASTASE,FECAL	82656	CPT	both			565	13.26	Qualcare	Qualcare		423.75	75			11.53	536.75	percent of total billed charges	
PANCREATIC ELASTASE,FECAL	82656	CPT	both			565	13.26	Three Rivers	Three Rivers		536.75	95			11.53	536.75	percent of total billed charges	
PANCREATIC ELASTASE,FECAL	82656	CPT	both			565	13.26	UHC	Medicaid		178.26	31.55			11.53	536.75	percent of total billed charges	
PANCREATIC ELASTASE,FECAL	82656	CPT	both			565	13.26	UHC	Medicare		11.53				11.53	536.75	fee schedule	
PANCREATIC ELASTASE,FECAL	82656	CPT	both			565	13.26	Wellcare	Medicare		11.53				11.53	536.75	fee schedule	
PANCREATIC ELASTASE,FECAL	82656	CPT	both			565	13.26	Wellcare	Medicaid		178.26	31.55			11.53	536.75	percent of total billed charges	
PANCREATIC ELASTASE,FECAL	82656	CPT	both			565	13.26	WellPoint	WellPoint		181.82	32.18			11.53	536.75	percent of total billed charges	
THIOPURINE METHYLTRANSFERASE	82657	CPT	both			1366	25.5	Aetna	Better Health		430.97	31.55			16.8	1297.7	percent of total billed charges	
THIOPURINE METHYLTRANSFERASE	82657	CPT	both			1366	25.5	Aetna	Medicare		22.17				16.8	1297.7	fee schedule	
THIOPURINE METHYLTRANSFERASE	82657	CPT	both			1366	25.5	Aetna	Commercial		519.08	38			16.8	1297.7	percent of total billed charges	
THIOPURINE METHYLTRANSFERASE	82657	CPT	both			1366	25.5	Americare	Americare		1024.5	75			16.8	1297.7	percent of total billed charges	
THIOPURINE METHYLTRANSFERASE	82657	CPT	both			1366	25.5	Amerihealth	Medicare		22.17				16.8	1297.7	fee schedule	
THIOPURINE METHYLTRANSFERASE	82657	CPT	both			1366	25.5	Amerihealth	HMO/PPO		887.9	65			16.8	1297.7	percent of total billed charges	
THIOPURINE METHYLTRANSFERASE	82657	CPT	both			1366	25.5	Consumer	Consumer		1297.7	95			16.8	1297.7	percent of total billed charges	
THIOPURINE METHYLTRANSFERASE	82657	CPT	both			1366	25.5	Corrections	Corrections		1092.8	80			16.8	1297.7	percent of total billed charges	
THIOPURINE METHYLTRANSFERASE	82657	CPT	both			1366	25.5	First Health	First Health		956.2	70			16.8	1297.7	percent of total billed charges	
THIOPURINE METHYLTRANSFERASE	82657	CPT	both			1366	25.5	First Trenton	First Trenton		1229.4	90			16.8	1297.7	percent of total billed charges	
THIOPURINE METHYLTRANSFERASE	82657	CPT	both			1366	25.5	Horizon	Medicare Blue		409.8	30			16.8	1297.7	percent of total billed charges	
THIOPURINE METHYLTRANSFERASE	82657	CPT	both			1366	25.5	Horizon	Indemnity		522.9	38.28			16.8	1297.7	percent of total billed charges	
THIOPURINE METHYLTRANSFERASE	82657	CPT	both			1366	25.5	Horizon	MGD		522.9	38.28			16.8	1297.7	percent of total billed charges	
THIOPURINE METHYLTRANSFERASE	82657	CPT	both			1366	25.5	Horizon	NJ Health		51.69				16.8	1297.7	fee schedule	
THIOPURINE METHYLTRANSFERASE	82657	CPT	both			1366	25.5	Horizon	PPO		522.9	38.28			16.8	1297.7	percent of total billed charges	
THIOPURINE METHYLTRANSFERASE	82657	CPT	both			1366	25.5	Managed Care Inc	Managed Care Inc		1229.4	90			16.8	1297.7	percent of total billed charges	
THIOPURINE METHYLTRANSFERASE	82657	CPT	both			1366	25.5	Multiplan	Multiplan		1092.8	80			16.8	1297.7	percent of total billed charges	
THIOPURINE METHYLTRANSFERASE	82657	CPT	both			1366	25.5	Qualcare	Qualcare		1024.5	75			16.8	1297.7	percent of total billed charges	
THIOPURINE METHYLTRANSFERASE	82657	CPT	both			1366	25.5	Three Rivers	Three Rivers		1297.7	95			16.8	1297.7	percent of total billed charges	
THIOPURINE METHYLTRANSFERASE	82657	CPT	both			1366	25.5	UHC	Medicare		22.17				16.8	1297.7	fee schedule	
THIOPURINE METHYLTRANSFERASE	82657	CPT	both			1366	25.5	UHC	Medicaid		430.97	31.55			16.8	1297.7	percent of total billed charges	
THIOPURINE METHYLTRANSFERASE	82657	CPT	both			1366	25.5	Wellcare	Medicare		22.17				16.8	1297.7	fee schedule	
THIOPURINE METHYLTRANSFERASE	82657	CPT	both			1366	25.5	Wellcare	Medicaid		430.97	31.55			16.8	1297.7	percent of total billed charges	
THIOPURINE METHYLTRANSFERASE	82657	CPT	both			1366	25.5	WellPoint	WellPoint		439.58	32.18			16.8	1297.7	percent of total billed charges	
ENZYME ACTI RADACT SUBS,EA SPEC	82658	CPT	outpatient			751	50.63	Aetna	Commercial		285.38	38			20.05	713.45	percent of total billed charges	
ENZYME ACTI RADACT SUBS,EA SPEC	82658	CPT	outpatient			751	50.63	Aetna	Better Health		236.94	31.55			20.05	713.45	percent of total billed charges	
ENZYME ACTI RADACT SUBS,EA SPEC	82658	CPT	outpatient			751	50.63	Aetna	Medicare		44.03				20.05	713.45	fee schedule	
ENZYME ACTI RADACT SUBS,EA SPEC	82658	CPT	outpatient			751	50.63	Americare	Americare		563.25	75			20.05	713.45	percent of total billed charges	
ENZYME ACTI RADACT SUBS,EA SPEC	82658	CPT	outpatient			751	50.63	Amerihealth	HMO/PPO		486.15	65			20.05	713.45	percent of total billed charges	
ENZYME ACTI RADACT SUBS,EA SPEC	82658	CPT	outpatient			751	50.63	Amerihealth	Medicare		44.03				20.05	713.45	fee schedule	
ENZYME ACTI RADACT SUBS,EA SPEC	82658	CPT	outpatient			751	50.63	Consumer	Consumer		713.45	95			20.05	713.45	percent of total billed charges	
ENZYME ACTI RADACT SUBS,EA SPEC	82658	CPT	outpatient			751	50.63	Corrections	Corrections		600.8	80			20.05	713.45	percent of total billed charges	
ENZYME ACTI RADACT SUBS,EA SPEC	82658	CPT	outpatient			751	50.63	First Health	First Health		525.7	70			20.05	713.45	percent of total billed charges	
ENZYME ACTI RADACT SUBS,EA SPEC	82658	CPT	outpatient			751	50.63	First Trenton	First Trenton		675.9	90			20.05	713.45	percent of total billed charges	
ENZYME ACTI RADACT SUBS,EA SPEC	82658	CPT	outpatient			751	50.63	Horizon	MGD		287.48	38.28			20.05	713.45	percent of total billed charges	
ENZYME ACTI RADACT SUBS,EA SPEC	82658	CPT	outpatient			751	50.63	Horizon	Indemnity		287.48	38.28			20.05	713.45	percent of total billed charges	
ENZYME ACTI RADACT SUBS,EA SPEC	82658	CPT	outpatient			751	50.63	Horizon	Medicare Blue		225.3	30			20.05	713.45	percent of total billed charges	
ENZYME ACTI RADACT SUBS,EA SPEC	82658	CPT	outpatient			751	50.63	Horizon	NJ Health		20.05				20.05	713.45	fee schedule	
ENZYME ACTI RADACT SUBS,EA SPEC	82658	CPT	outpatient			751	50.63	Horizon	PPO		287.48	38.28			20.05	713.45	percent of total billed charges	
ENZYME ACTI RADACT SUBS,EA SPEC	82658	CPT	outpatient			751	50.63	Managed Care Inc	Managed Care Inc		675.9	90			20.05	713.45	percent of total billed charges	
ENZYME ACTI RADACT SUBS,EA SPEC	82658	CPT	outpatient			751	50.63	Multiplan	Multiplan		600.8	80			20.05	713.45	percent of total billed charges	
ENZYME ACTI RADACT SUBS,EA SPEC	82658	CPT	outpatient			751	50.63	Qualcare	Qualcare		563.25	75			20.05	713.45	percent of total billed charges	
ENZYME ACTI RADACT SUBS,EA SPEC	82658	CPT	outpatient			751	50.63	Three Rivers	Three Rivers		713.45	95			20.05	713.45	percent of total billed charges	
ENZYME ACTI RADACT SUBS,EA SPEC	82658	CPT	outpatient			751	50.63	UHC	Medicaid		236.94	31.55			20.05	713.45	percent of total billed charges	
ENZYME ACTI RADACT SUBS,EA SPEC	82658	CPT	outpatient			751	50.63	UHC	Medicare		44.03				20.05	713.45	fee schedule	
ENZYME ACTI RADACT SUBS,EA SPEC	82658	CPT	outpatient			751	50.63	Wellcare	Medicare		44.03				20.05	713.45	fee schedule	
ENZYME ACTI RADACT SUBS,EA SPEC	82658	CPT	outpatient			751	50.63	Wellcare	Medicaid		236.94	31.55			20.05	713.45	percent of total billed charges	
ENZYME ACTI RADACT SUBS,EA SPEC	82658	CPT	outpatient			751	50.63	WellPoint	WellPoint		241.67	32.18			20.05	713.45	percent of total billed charges	
ELECTROPHORETIC TECH	82664	CPT	both			483	70.73	Aetna	Commercial		183.54	38			29.4	458.85	percent of total billed charges	
ELECTROPHORETIC TECH	82664	CPT	both			483	70.73	Aetna	Better Health		152.39	31.55			29.4	458.85	percent of total billed charges	
ELECTROPHORETIC TECH	82664	CPT	both			483	70.73	Aetna	Medicare		61.5				29.4	458.85	fee schedule	
ELECTROPHORETIC TECH	82664	CPT	both			483	70.73	Americare	Americare		362.25	75			29.4	458.85	percent of total billed charges	
ELECTROPHORETIC TECH	82664	CPT	both			483	70.73	Amerihealth	Medicare		61.5				29.4	458.85	fee schedule	
ELECTROPHORETIC TECH	82664	CPT	both			483	70.73	Amerihealth	HMO/PPO		313.95	65			29.4	458.85	percent of total billed charges	
ELECTROPHORETIC TECH	82664	CPT	both			483	70.73	Consumer	Consumer		458.85	95			29.4	458.85	percent of total billed charges	
ELECTROPHORETIC TECH	82664	CPT	both			483	70.73	Corrections	Corrections		386.4	80			29.4	458.85	percent of total billed charges	
ELECTROPHORETIC TECH	82664	CPT	both			483	70.73	First Health	First Health		338.1	70			29.4	458.85	percent of total billed charges	
ELECTROPHORETIC TECH	82664	CPT	both			483	70.73	First Trenton	First Trenton		434.7	90			29.4	458.85	percent of total billed charges	
ELECTROPHORETIC TECH	82664	CPT	both			483	70.73	Horizon	Medicare Blue		144.9	30			29.4	458.85	percent of total billed charges	
ELECTROPHORETIC TECH	82664	CPT	both			483	70.73	Horizon	Indemnity		184.89	38.28			29.4	458.85	percent of total billed charges	
ELECTROPHORETIC TECH	82664	CPT	both			483	70.73	Horizon	MGD		184.89	38.28			29.4	458.85	percent of total billed charges	
ELECTROPHORETIC TECH	82664	CPT	both			483	70.73	Horizon	NJ Health		29.4				29.4	458.85	fee schedule	
ELECTROPHORETIC TECH	82664	CPT	both			483	70.73	Horizon	PPO		184.89	38.28			29.4	458.85	percent of total billed charges	
ELECTROPHORETIC TECH	82664	CPT	both			483	70.73	Managed Care Inc	Managed Care Inc		434.7	90			29.4	458.85	percent of total billed charges	
ELECTROPHORETIC TECH	82664	CPT	both			483	70.73	Multiplan	Multiplan		386.4	80			29.4	458.85	percent of total billed charges	
ELECTROPHORETIC TECH	82664	CPT	both			483	70.73	Qualcare	Qualcare		362.25	75			29.4	458.85	percent of total billed charges	
ELECTROPHORETIC TECH	82664	CPT	both			483	70.73	Three Rivers	Three Rivers		458.85	95			29.4	458.85	percent of total billed charges	
ELECTROPHORETIC TECH	82664	CPT	both			483	70.73	UHC	Medicaid		152.39	31.55			29.4	458.85	percent of total billed charges	
ELECTROPHORETIC TECH	82664	CPT	both			483	70.73	UHC	Medicare		61.5				29.4	458.85	fee schedule	
ELECTROPHORETIC TECH	82664	CPT	both			483	70.73	Wellcare	Medicare		61.5				29.4	458.85	fee schedule	
ELECTROPHORETIC TECH	82664	CPT	both			483	70.73	Wellcare	Medicaid		152.39	31.55			29.4	458.85	percent of total billed charges	
ELECTROPHORETIC TECH	82664	CPT	both			483	70.73	WellPoint	WellPoint		155.43	32.18			29.4	458.85	percent of total billed charges	
ERYTHROPOIETIN (EPO), SERUM	82668	CPT	both			45	21.61	Aetna	Commercial		17.1	38			13.5	42.75	percent of total billed charges	
ERYTHROPOIETIN (EPO), SERUM	82668	CPT	both			45	21.61	Aetna	Better Health		14.2	31.55			13.5	42.75	percent of total billed charges	
ERYTHROPOIETIN (EPO), SERUM	82668	CPT	both			45	21.61	Aetna	Medicare		18.79				13.5	42.75	fee schedule	
ERYTHROPOIETIN (EPO), SERUM	82668	CPT	both			45	21.61	Americare	Americare		33.75	75			13.5	42.75	percent of total billed charges	
ERYTHROPOIETIN (EPO), SERUM	82668	CPT	both			45	21.61	Amerihealth	Medicare		18.79				13.5	42.75	fee schedule	
ERYTHROPOIETIN (EPO), SERUM	82668	CPT	both			45	21.61	Amerihealth	HMO/PPO		29.25	65			13.5	42.75	percent of total billed charges	
ERYTHROPOIETIN (EPO), SERUM	82668	CPT	both			45	21.61	Consumer	Consumer		42.75	95			13.5	42.75	percent of total billed charges	
ERYTHROPOIETIN (EPO), SERUM	82668	CPT	both			45	21.61	Corrections	Corrections		36	80			13.5	42.75	percent of total billed charges	
ERYTHROPOIETIN (EPO), SERUM	82668	CPT	both			45	21.61	First Health	First Health		31.5	70			13.5	42.75	percent of total billed charges	
ERYTHROPOIETIN (EPO), SERUM	82668	CPT	both			45	21.61	First Trenton	First Trenton		40.5	90			13.5	42.75	percent of total billed charges	
ERYTHROPOIETIN (EPO), SERUM	82668	CPT	both			45	21.61	Horizon	Indemnity		17.23	38.28			13.5	42.75	percent of total billed charges	
ERYTHROPOIETIN (EPO), SERUM	82668	CPT	both			45	21.61	Horizon	MGD		17.23	38.28			13.5	42.75	percent of total billed charges	
ERYTHROPOIETIN (EPO), SERUM	82668	CPT	both			45	21.61	Horizon	Medicare Blue		13.5	30			13.5	42.75	percent of total billed charges	
ERYTHROPOIETIN (EPO), SERUM	82668	CPT	both			45	21.61	Horizon	PPO		17.23	38.28			13.5	42.75	percent of total billed charges	
ERYTHROPOIETIN (EPO), SERUM	82668	CPT	both			45	21.61	Horizon	NJ Health		34.3				13.5	42.75	fee schedule	
ERYTHROPOIETIN (EPO), SERUM	82668	CPT	both			45	21.61	Managed Care Inc	Managed Care Inc		40.5	90			13.5	42.75	percent of total billed charges	
ERYTHROPOIETIN (EPO), SERUM	82668	CPT	both			45	21.61	Multiplan	Multiplan		36	80			13.5	42.75	percent of total billed charges	
ERYTHROPOIETIN (EPO), SERUM	82668	CPT	both			45	21.61	Qualcare	Qualcare		33.75	75			13.5	42.75	percent of total billed charges	
ERYTHROPOIETIN (EPO), SERUM	82668	CPT	both			45	21.61	Three Rivers	Three Rivers		42.75	95			13.5	42.75	percent of total billed charges	
ERYTHROPOIETIN (EPO), SERUM	82668	CPT	both			45	21.61	UHC	Medicaid		14.2	31.55			13.5	42.75	percent of total billed charges	
ERYTHROPOIETIN (EPO), SERUM	82668	CPT	both			45	21.61	UHC	Medicare		18.79				13.5	42.75	fee schedule	
ERYTHROPOIETIN (EPO), SERUM	82668	CPT	both			45	21.61	Wellcare	Medicaid		14.2	31.55			13.5	42.75	percent of total billed charges	
ERYTHROPOIETIN (EPO), SERUM	82668	CPT	both			45	21.61	Wellcare	Medicare		18.79				13.5	42.75	fee schedule	
ERYTHROPOIETIN (EPO), SERUM	82668	CPT	both			45	21.61	WellPoint	WellPoint		14.48	32.18			13.5	42.75	percent of total billed charges	
ESTRADIOL,LCMS,(ENDO SCI)	82670	CPT	both			451	32.13	Aetna	Medicare		27.94				18.9	428.45	fee schedule	
ESTRADIOL,LCMS,(ENDO SCI)	82670	CPT	both			451	32.13	Aetna	Better Health		142.29	31.55			18.9	428.45	percent of total billed charges	
ESTRADIOL,LCMS,(ENDO SCI)	82670	CPT	both			451	32.13	Aetna	Commercial		171.38	38			18.9	428.45	percent of total billed charges	
ESTRADIOL,LCMS,(ENDO SCI)	82670	CPT	both			451	32.13	Americare	Americare		338.25	75			18.9	428.45	percent of total billed charges	
ESTRADIOL,LCMS,(ENDO SCI)	82670	CPT	both			451	32.13	Amerihealth	Medicare		27.94				18.9	428.45	fee schedule	
ESTRADIOL,LCMS,(ENDO SCI)	82670	CPT	both			451	32.13	Amerihealth	HMO/PPO		293.15	65			18.9	428.45	percent of total billed charges	
ESTRADIOL,LCMS,(ENDO SCI)	82670	CPT	both			451	32.13	Consumer	Consumer		428.45	95			18.9	428.45	percent of total billed charges	
ESTRADIOL,LCMS,(ENDO SCI)	82670	CPT	both			451	32.13	Corrections	Corrections		360.8	80			18.9	428.45	percent of total billed charges	
ESTRADIOL,LCMS,(ENDO SCI)	82670	CPT	both			451	32.13	First Health	First Health		315.7	70			18.9	428.45	percent of total billed charges	
ESTRADIOL,LCMS,(ENDO SCI)	82670	CPT	both			451	32.13	First Trenton	First Trenton		405.9	90			18.9	428.45	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ESTRADIOL,LCMS,(ENDO SCI)	82670	CPT	both			451		32.13 Horizon	Medicare Blue		135.3	30			18.9		428.45	percent of total billed charges	
ESTRADIOL,LCMS,(ENDO SCI)	82670	CPT	both			451		32.13 Horizon	Indemnity		172.64	38.28			18.9		428.45	percent of total billed charges	
ESTRADIOL,LCMS,(ENDO SCI)	82670	CPT	both			451		32.13 Horizon	MGD		172.64	38.28			18.9		428.45	percent of total billed charges	
ESTRADIOL,LCMS,(ENDO SCI)	82670	CPT	both			451		32.13 Horizon	NJ Health		49				18.9		428.45	fee schedule	
ESTRADIOL,LCMS,(ENDO SCI)	82670	CPT	both			451		32.13 Horizon	PPO		172.64	38.28			18.9		428.45	percent of total billed charges	
ESTRADIOL,LCMS,(ENDO SCI)	82670	CPT	both			451		32.13 Managed Care Inc	Managed Care Inc		405.9	90			18.9		428.45	percent of total billed charges	
ESTRADIOL,LCMS,(ENDO SCI)	82670	CPT	both			451		32.13 Multiplan	Multiplan		360.8	80			18.9		428.45	percent of total billed charges	
ESTRADIOL,LCMS,(ENDO SCI)	82670	CPT	both			451		32.13 Qualcare	Qualcare		338.25	75			18.9		428.45	percent of total billed charges	
ESTRADIOL,LCMS,(ENDO SCI)	82670	CPT	both			451		32.13 Three Rivers	Three Rivers		428.45	95			18.9		428.45	percent of total billed charges	
ESTRADIOL,LCMS,(ENDO SCI)	82670	CPT	both			451		32.13 UHC	Medicare		27.94				18.9		428.45	fee schedule	
ESTRADIOL,LCMS,(ENDO SCI)	82670	CPT	both			451		32.13 UHC	Medicaid		142.29	31.55			18.9		428.45	percent of total billed charges	
ESTRADIOL,LCMS,(ENDO SCI)	82670	CPT	both			451		32.13 Wellcare	Medicare		27.94				18.9		428.45	fee schedule	
ESTRADIOL,LCMS,(ENDO SCI)	82670	CPT	both			451		32.13 Wellcare	Medicaid		142.29	31.55			18.9		428.45	percent of total billed charges	
ESTRADIOL,LCMS,(ENDO SCI)	82670	CPT	both			451		32.13 WellPoint	WellPoint		145.13	32.18			18.9		428.45	percent of total billed charges	
ESTROGEN TOTAL	82672	CPT	both			52		24.96 Aetna	Medicare		16.02	30.8			15.6		49.4	percent of total billed charges	
ESTROGEN TOTAL	82672	CPT	both			52		24.96 Aetna	Commercial		19.76	38			15.6		49.4	percent of total billed charges	
ESTROGEN TOTAL	82672	CPT	both			52		24.96 Aetna	Better Health		16.41	31.55			15.6		49.4	percent of total billed charges	
ESTROGEN TOTAL	82672	CPT	both			52		24.96 Americare	Americare		39	75			15.6		49.4	percent of total billed charges	
ESTROGEN TOTAL	82672	CPT	both			52		24.96 Amerihealth	HMO/PPO		33.8	65			15.6		49.4	percent of total billed charges	
ESTROGEN TOTAL	82672	CPT	both			52		24.96 Amerihealth	Medicare		21.7				15.6		49.4	fee schedule	
ESTROGEN TOTAL	82672	CPT	both			52		24.96 Consumer	Consumer		49.4	95			15.6		49.4	percent of total billed charges	
ESTROGEN TOTAL	82672	CPT	both			52		24.96 Corrections	Corrections		41.6	80			15.6		49.4	percent of total billed charges	
ESTROGEN TOTAL	82672	CPT	both			52		24.96 First Health	First Health		36.4	70			15.6		49.4	percent of total billed charges	
ESTROGEN TOTAL	82672	CPT	both			52		24.96 First Trenton	First Trenton		46.8	90			15.6		49.4	percent of total billed charges	
ESTROGEN TOTAL	82672	CPT	both			52		24.96 Horizon	MGD		19.91	38.28			15.6		49.4	percent of total billed charges	
ESTROGEN TOTAL	82672	CPT	both			52		24.96 Horizon	Indemnity		19.91	38.28			15.6		49.4	percent of total billed charges	
ESTROGEN TOTAL	82672	CPT	both			52		24.96 Horizon	Medicare Blue		15.6	30			15.6		49.4	percent of total billed charges	
ESTROGEN TOTAL	82672	CPT	both			52		24.96 Horizon	PPO		19.91	38.28			15.6		49.4	percent of total billed charges	
ESTROGEN TOTAL	82672	CPT	both			52		24.96 Horizon	NJ Health		49				15.6		49.4	fee schedule	
ESTROGEN TOTAL	82672	CPT	both			52		24.96 Managed Care Inc	Managed Care Inc		46.8	90			15.6		49.4	percent of total billed charges	
ESTROGEN TOTAL	82672	CPT	both			52		24.96 Multiplan	Multiplan		41.6	80			15.6		49.4	percent of total billed charges	
ESTROGEN TOTAL	82672	CPT	both			52		24.96 Qualcare	Qualcare		39	75			15.6		49.4	percent of total billed charges	
ESTROGEN TOTAL	82672	CPT	both			52		24.96 Three Rivers	Three Rivers		49.4	95			15.6		49.4	percent of total billed charges	
ESTROGEN TOTAL	82672	CPT	both			52		24.96 UHC	Medicare		21.7				15.6		49.4	fee schedule	
ESTROGEN TOTAL	82672	CPT	both			52		24.96 UHC	Medicaid		16.41	31.55			15.6		49.4	percent of total billed charges	
ESTROGEN TOTAL	82672	CPT	both			52		24.96 Wellcare	Medicare		21.7				15.6		49.4	fee schedule	
ESTROGEN TOTAL	82672	CPT	both			52		24.96 Wellcare	Medicaid		16.41	31.55			15.6		49.4	percent of total billed charges	
ESTROGEN TOTAL	82672	CPT	both			52		24.96 WellPoint	WellPoint		16.73	32.18			15.6		49.4	percent of total billed charges	
ESTRIOL LAB	82677	CPT	outpatient			175		27.81 Aetna	Better Health		55.21	31.55			24.18		166.25	percent of total billed charges	
ESTRIOL LAB	82677	CPT	outpatient			175		27.81 Aetna	Medicare		24.18				24.18		166.25	fee schedule	
ESTRIOL LAB	82677	CPT	outpatient			175		27.81 Aetna	Commercial		66.5	38			24.18		166.25	percent of total billed charges	
ESTRIOL LAB	82677	CPT	outpatient			175		27.81 Americare	Americare		131.25	75			24.18		166.25	percent of total billed charges	
ESTRIOL LAB	82677	CPT	outpatient			175		27.81 Amerihealth	Medicare		24.18				24.18		166.25	fee schedule	
ESTRIOL LAB	82677	CPT	outpatient			175		27.81 Amerihealth	HMO/PPO		113.75	65			24.18		166.25	percent of total billed charges	
ESTRIOL LAB	82677	CPT	outpatient			175		27.81 Consumer	Consumer		166.25	95			24.18		166.25	percent of total billed charges	
ESTRIOL LAB	82677	CPT	outpatient			175		27.81 Corrections	Corrections		140	80			24.18		166.25	percent of total billed charges	
ESTRIOL LAB	82677	CPT	outpatient			175		27.81 First Health	First Health		122.5	70			24.18		166.25	percent of total billed charges	
ESTRIOL LAB	82677	CPT	outpatient			175		27.81 First Trenton	First Trenton		157.5	90			24.18		166.25	percent of total billed charges	
ESTRIOL LAB	82677	CPT	outpatient			175		27.81 Horizon	Medicare Blue		52.5	30			24.18		166.25	percent of total billed charges	
ESTRIOL LAB	82677	CPT	outpatient			175		27.81 Horizon	Indemnity		66.99	38.28			24.18		166.25	percent of total billed charges	
ESTRIOL LAB	82677	CPT	outpatient			175		27.81 Horizon	MGD		66.99	38.28			24.18		166.25	percent of total billed charges	
ESTRIOL LAB	82677	CPT	outpatient			175		27.81 Horizon	NJ Health		54.88				24.18		166.25	fee schedule	
ESTRIOL LAB	82677	CPT	outpatient			175		27.81 Horizon	PPO		66.99	38.28			24.18		166.25	percent of total billed charges	
ESTRIOL LAB	82677	CPT	outpatient			175		27.81 Managed Care Inc	Managed Care Inc		157.5	90			24.18		166.25	percent of total billed charges	
ESTRIOL LAB	82677	CPT	outpatient			175		27.81 Multiplan	Multiplan		140	80			24.18		166.25	percent of total billed charges	
ESTRIOL LAB	82677	CPT	outpatient			175		27.81 Qualcare	Qualcare		131.25	75			24.18		166.25	percent of total billed charges	
ESTRIOL LAB	82677	CPT	outpatient			175		27.81 Three Rivers	Three Rivers		166.25	95			24.18		166.25	percent of total billed charges	
ESTRIOL LAB	82677	CPT	outpatient			175		27.81 UHC	Medicaid		55.21	31.55			24.18		166.25	percent of total billed charges	
ESTRIOL LAB	82677	CPT	outpatient			175		27.81 UHC	Medicare		24.18				24.18		166.25	fee schedule	
ESTRIOL LAB	82677	CPT	outpatient			175		27.81 Wellcare	Medicare		24.18				24.18		166.25	fee schedule	
ESTRIOL LAB	82677	CPT	outpatient			175		27.81 Wellcare	Medicaid		55.21	31.55			24.18		166.25	percent of total billed charges	
ESTRIOL LAB	82677	CPT	outpatient			175		27.81 WellPoint	WellPoint		56.32	32.18			24.18		166.25	percent of total billed charges	
ESTRONE,LCMS,ENDO SCI	82679	CPT	outpatient			192		28.69 Aetna	Better Health		60.58	31.55			16.8		182.4	percent of total billed charges	
ESTRONE,LCMS,ENDO SCI	82679	CPT	outpatient			192		28.69 Aetna	Medicare		24.95				16.8		182.4	fee schedule	
ESTRONE,LCMS,ENDO SCI	82679	CPT	outpatient			192		28.69 Aetna	Commercial		72.96	38			16.8		182.4	percent of total billed charges	
ESTRONE,LCMS,ENDO SCI	82679	CPT	outpatient			192		28.69 Americare	Americare		144	75			16.8		182.4	percent of total billed charges	
ESTRONE,LCMS,ENDO SCI	82679	CPT	outpatient			192		28.69 Amerihealth	HMO/PPO		124.8	65			16.8		182.4	percent of total billed charges	
ESTRONE,LCMS,ENDO SCI	82679	CPT	outpatient			192		28.69 Amerihealth	Medicare		24.95				16.8		182.4	fee schedule	
ESTRONE,LCMS,ENDO SCI	82679	CPT	outpatient			192		28.69 Consumer	Consumer		182.4	95			16.8		182.4	percent of total billed charges	
ESTRONE,LCMS,ENDO SCI	82679	CPT	outpatient			192		28.69 Corrections	Corrections		153.6	80			16.8		182.4	percent of total billed charges	
ESTRONE,LCMS,ENDO SCI	82679	CPT	outpatient			192		28.69 First Health	First Health		134.4	70			16.8		182.4	percent of total billed charges	
ESTRONE,LCMS,ENDO SCI	82679	CPT	outpatient			192		28.69 First Trenton	First Trenton		172.8	90			16.8		182.4	percent of total billed charges	
ESTRONE,LCMS,ENDO SCI	82679	CPT	outpatient			192		28.69 Horizon	Medicare Blue		57.6	30			16.8		182.4	percent of total billed charges	
ESTRONE,LCMS,ENDO SCI	82679	CPT	outpatient			192		28.69 Horizon	NJ Health		49				16.8		182.4	fee schedule	
ESTRONE,LCMS,ENDO SCI	82679	CPT	outpatient			192		28.69 Horizon	MGD		73.5	38.28			16.8		182.4	percent of total billed charges	
ESTRONE,LCMS,ENDO SCI	82679	CPT	outpatient			192		28.69 Horizon	Indemnity		73.5	38.28			16.8		182.4	percent of total billed charges	
ESTRONE,LCMS,ENDO SCI	82679	CPT	outpatient			192		28.69 Horizon	PPO		73.5	38.28			16.8		182.4	percent of total billed charges	
ESTRONE,LCMS,ENDO SCI	82679	CPT	outpatient			192		28.69 Managed Care Inc	Managed Care Inc		172.8	90			16.8		182.4	percent of total billed charges	
ESTRONE,LCMS,ENDO SCI	82679	CPT	outpatient			192		28.69 Multiplan	Multiplan		153.6	80			16.8		182.4	percent of total billed charges	
ESTRONE,LCMS,ENDO SCI	82679	CPT	outpatient			192		28.69 Qualcare	Qualcare		144	75			16.8		182.4	percent of total billed charges	
ESTRONE,LCMS,ENDO SCI	82679	CPT	outpatient			192		28.69 Three Rivers	Three Rivers		182.4	95			16.8		182.4	percent of total billed charges	
ESTRONE,LCMS,ENDO SCI	82679	CPT	outpatient			192		28.69 UHC	Medicaid		60.58	31.55			16.8		182.4	percent of total billed charges	
ESTRONE,LCMS,ENDO SCI	82679	CPT	outpatient			192		28.69 UHC	Medicare		24.95				16.8		182.4	fee schedule	
ESTRONE,LCMS,ENDO SCI	82679	CPT	outpatient			192		28.69 Wellcare	Medicare		24.95				16.8		182.4	fee schedule	
ESTRONE,LCMS,ENDO SCI	82679	CPT	outpatient			192		28.69 Wellcare	Medicaid		60.58	31.55			16.8		182.4	percent of total billed charges	
ESTRONE,LCMS,ENDO SCI	82679	CPT	outpatient			192		28.69 WellPoint	WellPoint		61.79	32.18			16.8		182.4	percent of total billed charges	
ETHYLENE GLYCOL, SERUM	82693	CPT	both			248		17.14 Aetna	Commercial		94.24	38			11.4		235.6	percent of total billed charges	
ETHYLENE GLYCOL, SERUM	82693	CPT	both			248		17.14 Aetna	Better Health		78.24	31.55			11.4		235.6	percent of total billed charges	
ETHYLENE GLYCOL, SERUM	82693	CPT	both			248		17.14 Aetna	Medicare		76.38	30.8			11.4		235.6	percent of total billed charges	
ETHYLENE GLYCOL, SERUM	82693	CPT	both			248		17.14 Americare	Americare		186	75			11.4		235.6	percent of total billed charges	
ETHYLENE GLYCOL, SERUM	82693	CPT	both			248		17.14 Amerihealth	HMO/PPO		161.2	65			11.4		235.6	percent of total billed charges	
ETHYLENE GLYCOL, SERUM	82693	CPT	both			248		17.14 Amerihealth	Medicare		14.9				11.4		235.6	fee schedule	
ETHYLENE GLYCOL, SERUM	82693	CPT	both			248		17.14 Consumer	Consumer		235.6	95			11.4		235.6	percent of total billed charges	
ETHYLENE GLYCOL, SERUM	82693	CPT	both			248		17.14 Corrections	Corrections		198.4	80			11.4		235.6	percent of total billed charges	
ETHYLENE GLYCOL, SERUM	82693	CPT	both			248		17.14 First Health	First Health		173.6	70			11.4		235.6	percent of total billed charges	
ETHYLENE GLYCOL, SERUM	82693	CPT	both			248		17.14 First Trenton	First Trenton		223.2	90			11.4		235.6	percent of total billed charges	
ETHYLENE GLYCOL, SERUM	82693	CPT	both			248		17.14 Horizon	Medicare Blue		74.4	30			11.4		235.6	percent of total billed charges	
ETHYLENE GLYCOL, SERUM	82693	CPT	both			248		17.14 Horizon	MGD		94.93	38.28			11.4		235.6	percent of total billed charges	
ETHYLENE GLYCOL, SERUM	82693	CPT	both			248		17.14 Horizon	Indemnity		94.93	38.28			11.4		235.6	percent of total billed charges	
ETHYLENE GLYCOL, SERUM	82693	CPT	both			248		17.14 Horizon	NJ Health		24.5				11.4		235.6	fee schedule	
ETHYLENE GLYCOL, SERUM	82693	CPT	both			248		17.14 Horizon	PPO		94.93	38.28			11.4		235.6	percent of total billed charges	
ETHYLENE GLYCOL, SERUM	82693	CPT	both			248		17.14 Managed Care Inc	Managed Care Inc		223.2	90			11.4		235.6	percent of total billed charges	
ETHYLENE GLYCOL, SERUM	82693	CPT	both			248		17.14 Multiplan	Multiplan		198.4	80			11.4		235.6	percent of total billed charges	
ETHYLENE GLYCOL, SERUM	82693	CPT	both			248		17.14 Qualcare	Qualcare		186	75			11.4		235.6	percent of total billed charges	
ETHYLENE GLYCOL, SERUM	82693	CPT	both			248		17.14 Three Rivers	Three Rivers		235.6	95			11.4		235.6	percent of total billed charges	
ETHYLENE GLYCOL, SERUM	82693	CPT	both			248		17.14 UHC	Medicare		14.9				11.4		235.6	fee schedule	
ETHYLENE GLYCOL, SERUM	82693	CPT	both			248		17.14 UHC	Medicaid		78.24	31.55			11.4		235.6	percent of total billed charges	
ETHYLENE GLYCOL, SERUM	82693	CPT	both			248		17.14 Wellcare	Medicaid		78.24	31.55			11.4		235.6	percent of total billed charges	
ETHYLENE GLYCOL, SERUM	82693	CPT	both			248		17.14 Wellcare	Medicare		14.9				11.4		235.6	fee schedule	
ETHYLENE GLYCOL, SERUM	82693	CPT	both			248		17.14 WellPoint	WellPoint		79.81	32.18			11.4		235.6	percent of total billed charges	
FECAL FAT QUALITATIVE	82705	CPT	both			38		5.87 Aetna	Better Health		11.99	31.55			1.18		36.1	percent of total billed charges	
FECAL FAT QUALITATIVE	82705	CPT	both			38		5.87 Aetna	Commercial		14.44	38			1.18		36.1	percent of total billed charges	
FECAL FAT QUALITATIVE	82705	CPT	both			38		5.87 Aetna	Medicare		5.1				1.18		36.1	fee schedule	
FECAL FAT QUALITATIVE	82705	CPT	both			38		5.87 Americare	Americare		28.5	75			1.18		36.1	percent of total billed charges	
FECAL FAT QUALITATIVE	82705	CPT	both			38		5.87 Amerihealth	HMO/PPO		24.7	65			1.18		36.1	percent of total billed charges	
FECAL FAT QUALITATIVE	82705	CPT	both			38		5.87 Amerihealth	Medicare		5.1				1.18		36.1	fee schedule	
FECAL FAT QUALITATIVE	82705	CPT	both			38		5.87 Consumer	Consumer		36.1	95			1.18		36.1	percent of total billed charges	
FECAL FAT QUALITATIVE	82705	CPT	both			38		5.87 Corrections	Corrections		30.4	80			1.18		36.1	percent of total billed charges	
FECAL FAT QUALITATIVE	82705	CPT	both			38		5.87 First Health	First Health		26.6	70			1.18		36.1	percent of total billed charges	
FECAL FAT QUALITATIVE	82705	CPT	both			38		5.87 First Trenton	First Trenton		34.2	90			1.18		36.1	percent of total billed charges	
FECAL FAT QUALITATIVE	82705	CPT	both			38		5.87 Horizon	NJ Health		1.18				1.18		36.1	fee schedule	
FECAL FAT QUALITATIVE	82705	CPT	both			38		5.87 Horizon	MGD		14.55	38.28			1.18		36.1	percent of total billed charges	
FECAL FAT QUALITATIVE	82705	CPT	both			38		5.87 Horizon	Indemnity		14.55	38.28			1.18		36.1	percent of total billed charges	
FECAL FAT QUALITATIVE	82705	CPT	both			38		5.87 Horizon	Medicare Blue		11.4	30			1.18		36.1	percent of total billed charges	
FECAL FAT QUALITATIVE	82705	CPT	both			38		5.87 Horizon	PPO		14.55	38.28			1.18		36.1	percent of total billed charges	
FECAL FAT QUALITATIVE	82705	CPT	both			38		5.87 Managed Care Inc	Managed Care Inc		34.2	90			1.18		36.1	percent of total billed charges	
FECAL FAT QUALITATIVE	82705	CPT	both			38		5.87 Multiplan	Multiplan		30.4	80			1.18		36.1	percent of total billed charges	
FECAL FAT QUALITATIVE	82705	CPT	both			38		5.87 Qualcare	Qualcare		28.5	75			1.18		36.1	percent of total billed charges	
FECAL FAT QUALITATIVE	82705	CPT	both			38		5.87 Three Rivers	Three Rivers		36.1	95			1.18		36.1	percent of total billed charges	
FECAL FAT QUALITATIVE	82705	CPT	both			38		5.87 UHC	Medicaid		11.99	31.55			1.18		36.1	percent of total billed charges	
FECAL FAT QUALITATIVE	82705	CPT	both			38		5.87 UHC	Medicare		5.1				1.18		36.1	fee schedule	
FECAL FAT QUALITATIVE	82705	CPT	both			38		5.87 Wellcare	Medicaid		11.99	31.55			1.18		36.1	percent of total billed charges	
FECAL FAT QUALITATIVE	82705	CPT	both			38		5.87 Wellcare	Medicare		5.1				1.18		36.1	fee schedule	
FECAL FAT QUALITATIVE	82705	CPT	both			38		5.87 WellPoint	WellPoint		12.23	32.18			1.18		36.1	percent of total billed charges	
FECAL FAT, QUANTITATIVE	82710	CPT	both			41		19.32 Aetna	Medicare		16.8				12.3		38.95	fee schedule	
FECAL FAT, QUANTITATIVE	82710	CPT	both			41		19.32 Aetna	Better Health		12.94	31.55			12.3		38.95	percent of total billed charges	
FECAL FAT, QUANTITATIVE	82710	CPT	both			41		19.32 Aetna	Commercial		15.58	38			12.3		38.95	percent of total billed charges	
FECAL FAT, QUANTITATIVE	82710	CPT	both			41		19.32 Americare	Americare		30.75	75			12.3		38.95	percent of total billed charges	
FECAL FAT, QUANTITATIVE	82710	CPT	both			41		19.32 Amerihealth	Medicare		16.8				12.3		38.95	fee schedule	
FECAL FAT, QUANTITATIVE	82710	CPT	both			41		19.32 Amerihealth	HMO/PPO		26.65	65			12.3		38.95	percent of total billed charges	
FECAL FAT, QUANTITATIVE	82710	CPT	both			41		19.32 Consumer	Consumer		38.95	95			12.3		38.95	percent of total billed charges	
FECAL FAT, QUANTITATIVE	82710	CPT	both			41		19.32 Corrections	Corrections		32.8	80			12.3		38.95	percent of total billed charges	
FECAL FAT, QUANTITATIVE	82710	CPT	both			41		19.32 First Health	First Health		28.7	70			12.3		38.95	percent of total billed charges	
FECAL FAT, QUANTITATIVE	82710	CPT	both			41		19.32 First Trenton	First Trenton		36.9	90			12.3		38.95	percent of total billed charges	
FECAL FAT, QUANTITATIVE	82710	CPT	both			41		19.32 Horizon	Medicare Blue		12.3	30			12.3		38.95	percent of total billed charges	
FECAL FAT, QUANTITATIVE	82710	CPT	both			41		19.32 Horizon	MGD		15.69	38.28			12.3		38.95	percent of total billed charges	
FECAL FAT, QUANTITATIVE	82710	CPT	both			41		19.32 Horizon	Indemnity		15.69	38.28			12.3		38.95	percent of total billed charges	
FECAL FAT, QUANTITATIVE	82710	CPT	both			41		19.32 Horizon	PPO		15.69	38.28			12.3		38.95	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
FECAL FAT, QUANTITATIVE	82710	CPT	both			41	19.32	Horizon	NJ Health		15.29				12.3	38.95	fee schedule	
FECAL FAT, QUANTITATIVE	82710	CPT	both			41	19.32	Managed Care Inc	Managed Care Inc		36.9	90			12.3	38.95	percent of total billed charges	
FECAL FAT, QUANTITATIVE	82710	CPT	both			41	19.32	Multiplan	Multiplan		32.8	80			12.3	38.95	percent of total billed charges	
FECAL FAT, QUANTITATIVE	82710	CPT	both			41	19.32	Qualcare	Qualcare		30.75	75			12.3	38.95	percent of total billed charges	
FECAL FAT, QUANTITATIVE	82710	CPT	both			41	19.32	Three Rivers	Three Rivers		38.95	95			12.3	38.95	percent of total billed charges	
FECAL FAT, QUANTITATIVE	82710	CPT	both			41	19.32	UHC	Medicare		16.8				12.3	38.95	fee schedule	
FECAL FAT, QUANTITATIVE	82710	CPT	both			41	19.32	UHC	Medicaid		12.94	31.55			12.3	38.95	percent of total billed charges	
FECAL FAT, QUANTITATIVE	82710	CPT	both			41	19.32	Wellcare	Medicaid		12.94	31.55			12.3	38.95	percent of total billed charges	
FECAL FAT, QUANTITATIVE	82710	CPT	both			41	19.32	Wellcare	Medicare		16.8				12.3	38.95	fee schedule	
FECAL FAT, QUANTITATIVE	82710	CPT	both			41	19.32	WellPoint	WellPoint		13.19	32.18			12.3	38.95	percent of total billed charges	
FREE FATTY ACID	82725	CPT	both			83	21.59	Aetna	Medicare		18.77				18.77	78.85	fee schedule	
FREE FATTY ACID	82725	CPT	both			83	21.59	Aetna	Better Health		26.19	31.55			18.77	78.85	percent of total billed charges	
FREE FATTY ACID	82725	CPT	both			83	21.59	Aetna	Commercial		31.54	38			18.77	78.85	percent of total billed charges	
FREE FATTY ACID	82725	CPT	both			83	21.59	Americare	Americare		62.25	75			18.77	78.85	percent of total billed charges	
FREE FATTY ACID	82725	CPT	both			83	21.59	Amerihealth	HMO/PPO		53.95	65			18.77	78.85	percent of total billed charges	
FREE FATTY ACID	82725	CPT	both			83	21.59	Amerihealth	Medicare		18.77				18.77	78.85	fee schedule	
FREE FATTY ACID	82725	CPT	both			83	21.59	Consumer	Consumer		78.85	95			18.77	78.85	percent of total billed charges	
FREE FATTY ACID	82725	CPT	both			83	21.59	Corrections	Corrections		66.4	80			18.77	78.85	percent of total billed charges	
FREE FATTY ACID	82725	CPT	both			83	21.59	First Health	First Health		58.1	70			18.77	78.85	percent of total billed charges	
FREE FATTY ACID	82725	CPT	both			83	21.59	First Trenton	First Trenton		74.7	90			18.77	78.85	percent of total billed charges	
FREE FATTY ACID	82725	CPT	both			83	21.59	Horizon	MGD		31.77	38.28			18.77	78.85	percent of total billed charges	
FREE FATTY ACID	82725	CPT	both			83	21.59	Horizon	NJ Health		33.42				18.77	78.85	fee schedule	
FREE FATTY ACID	82725	CPT	both			83	21.59	Horizon	Indemnity		31.77	38.28			18.77	78.85	percent of total billed charges	
FREE FATTY ACID	82725	CPT	both			83	21.59	Horizon	PPO		31.77	38.28			18.77	78.85	percent of total billed charges	
FREE FATTY ACID	82725	CPT	both			83	21.59	Horizon	Medicare Blue		24.9	30			18.77	78.85	percent of total billed charges	
FREE FATTY ACID	82725	CPT	both			83	21.59	Managed Care Inc	Managed Care Inc		74.7	90			18.77	78.85	percent of total billed charges	
FREE FATTY ACID	82725	CPT	both			83	21.59	Multiplan	Multiplan		66.4	80			18.77	78.85	percent of total billed charges	
FREE FATTY ACID	82725	CPT	both			83	21.59	Qualcare	Qualcare		62.25	75			18.77	78.85	percent of total billed charges	
FREE FATTY ACID	82725	CPT	both			83	21.59	Three Rivers	Three Rivers		78.85	95			18.77	78.85	percent of total billed charges	
FREE FATTY ACID	82725	CPT	both			83	21.59	UHC	Medicaid		26.19	31.55			18.77	78.85	percent of total billed charges	
FREE FATTY ACID	82725	CPT	both			83	21.59	UHC	Medicare		18.77				18.77	78.85	fee schedule	
FREE FATTY ACID	82725	CPT	both			83	21.59	Wellcare	Medicare		18.77				18.77	78.85	fee schedule	
FREE FATTY ACID	82725	CPT	both			83	21.59	Wellcare	Medicaid		26.19	31.55			18.77	78.85	percent of total billed charges	
FREE FATTY ACID	82725	CPT	both			83	21.59	WellPoint	WellPoint		26.71	32.18			18.77	78.85	percent of total billed charges	
VERY LONG CHAIN FATTY ACID	82726	CPT	outpatient			692	22.71	Aetna	Better Health		218.33	31.55			19.75	657.4	percent of total billed charges	
VERY LONG CHAIN FATTY ACID	82726	CPT	outpatient			692	22.71	Aetna	Commercial		262.96	38			19.75	657.4	percent of total billed charges	
VERY LONG CHAIN FATTY ACID	82726	CPT	outpatient			692	22.71	Aetna	Medicare		19.75				19.75	657.4	fee schedule	
VERY LONG CHAIN FATTY ACID	82726	CPT	outpatient			692	22.71	Americare	Americare		519	75			19.75	657.4	percent of total billed charges	
VERY LONG CHAIN FATTY ACID	82726	CPT	outpatient			692	22.71	Amerihealth	Medicare		19.75				19.75	657.4	fee schedule	
VERY LONG CHAIN FATTY ACID	82726	CPT	outpatient			692	22.71	Amerihealth	HMO/PPO		449.8	65			19.75	657.4	percent of total billed charges	
VERY LONG CHAIN FATTY ACID	82726	CPT	outpatient			692	22.71	Consumer	Consumer		657.4	95			19.75	657.4	percent of total billed charges	
VERY LONG CHAIN FATTY ACID	82726	CPT	outpatient			692	22.71	Corrections	Corrections		553.6	80			19.75	657.4	percent of total billed charges	
VERY LONG CHAIN FATTY ACID	82726	CPT	outpatient			692	22.71	First Health	First Health		484.4	70			19.75	657.4	percent of total billed charges	
VERY LONG CHAIN FATTY ACID	82726	CPT	outpatient			692	22.71	First Trenton	First Trenton		622.8	90			19.75	657.4	percent of total billed charges	
VERY LONG CHAIN FATTY ACID	82726	CPT	outpatient			692	22.71	Horizon	Medicare Blue		207.6	30			19.75	657.4	percent of total billed charges	
VERY LONG CHAIN FATTY ACID	82726	CPT	outpatient			692	22.71	Horizon	MGD		264.9	38.28			19.75	657.4	percent of total billed charges	
VERY LONG CHAIN FATTY ACID	82726	CPT	outpatient			692	22.71	Horizon	Indemnity		264.9	38.28			19.75	657.4	percent of total billed charges	
VERY LONG CHAIN FATTY ACID	82726	CPT	outpatient			692	22.71	Horizon	NJ Health		20.05				19.75	657.4	fee schedule	
VERY LONG CHAIN FATTY ACID	82726	CPT	outpatient			692	22.71	Horizon	PPO		264.9	38.28			19.75	657.4	percent of total billed charges	
VERY LONG CHAIN FATTY ACID	82726	CPT	outpatient			692	22.71	Managed Care Inc	Managed Care Inc		622.8	90			19.75	657.4	percent of total billed charges	
VERY LONG CHAIN FATTY ACID	82726	CPT	outpatient			692	22.71	Multiplan	Multiplan		553.6	80			19.75	657.4	percent of total billed charges	
VERY LONG CHAIN FATTY ACID	82726	CPT	outpatient			692	22.71	Qualcare	Qualcare		519	75			19.75	657.4	percent of total billed charges	
VERY LONG CHAIN FATTY ACID	82726	CPT	outpatient			692	22.71	Three Rivers	Three Rivers		657.4	95			19.75	657.4	percent of total billed charges	
VERY LONG CHAIN FATTY ACID	82726	CPT	outpatient			692	22.71	UHC	Medicare		19.75				19.75	657.4	fee schedule	
VERY LONG CHAIN FATTY ACID	82726	CPT	outpatient			692	22.71	UHC	Medicaid		218.33	31.55			19.75	657.4	percent of total billed charges	
VERY LONG CHAIN FATTY ACID	82726	CPT	outpatient			692	22.71	Wellcare	Medicaid		218.33	31.55			19.75	657.4	percent of total billed charges	
VERY LONG CHAIN FATTY ACID	82726	CPT	outpatient			692	22.71	Wellcare	Medicare		19.75				19.75	657.4	fee schedule	
VERY LONG CHAIN FATTY ACID	82726	CPT	outpatient			692	22.71	WellPoint	WellPoint		222.69	32.18			19.75	657.4	percent of total billed charges	
FERRITIN	82728	CPT	both			570	15.67	Aetna	Medicare		175.56	30.8			13.5	541.5	percent of total billed charges	
FERRITIN	82728	CPT	both			570	15.67	Aetna	Commercial		216.6	38			13.5	541.5	percent of total billed charges	
FERRITIN	82728	CPT	both			570	15.67	Aetna	Better Health		179.84	31.55			13.5	541.5	percent of total billed charges	
FERRITIN	82728	CPT	both			570	15.67	Americare	Americare		427.5	75			13.5	541.5	percent of total billed charges	
FERRITIN	82728	CPT	both			570	15.67	Amerihealth	Medicare		13.63				13.5	541.5	fee schedule	
FERRITIN	82728	CPT	both			570	15.67	Amerihealth	HMO/PPO		370.5	65			13.5	541.5	percent of total billed charges	
FERRITIN	82728	CPT	both			570	15.67	Consumer	Consumer		541.5	95			13.5	541.5	percent of total billed charges	
FERRITIN	82728	CPT	both			570	15.67	Corrections	Corrections		456	80			13.5	541.5	percent of total billed charges	
FERRITIN	82728	CPT	both			570	15.67	First Health	First Health		399	70			13.5	541.5	percent of total billed charges	
FERRITIN	82728	CPT	both			570	15.67	First Trenton	First Trenton		513	90			13.5	541.5	percent of total billed charges	
FERRITIN	82728	CPT	both			570	15.67	Horizon	Indemnity		218.2	38.28			13.5	541.5	percent of total billed charges	
FERRITIN	82728	CPT	both			570	15.67	Horizon	Medicare Blue		171	30			13.5	541.5	percent of total billed charges	
FERRITIN	82728	CPT	both			570	15.67	Horizon	NJ Health		31.36				13.5	541.5	fee schedule	
FERRITIN	82728	CPT	both			570	15.67	Horizon	MGD		218.2	38.28			13.5	541.5	percent of total billed charges	
FERRITIN	82728	CPT	both			570	15.67	Horizon	PPO		218.2	38.28			13.5	541.5	percent of total billed charges	
FERRITIN	82728	CPT	both			570	15.67	Managed Care Inc	Managed Care Inc		513	90			13.5	541.5	percent of total billed charges	
FERRITIN	82728	CPT	both			570	15.67	Multiplan	Multiplan		456	80			13.5	541.5	percent of total billed charges	
FERRITIN	82728	CPT	both			570	15.67	Qualcare	Qualcare		427.5	75			13.5	541.5	percent of total billed charges	
FERRITIN	82728	CPT	both			570	15.67	Three Rivers	Three Rivers		541.5	95			13.5	541.5	percent of total billed charges	
FERRITIN	82728	CPT	both			570	15.67	UHC	Medicaid		179.84	31.55			13.5	541.5	percent of total billed charges	
FERRITIN	82728	CPT	both			570	15.67	UHC	Medicare		13.63				13.5	541.5	fee schedule	
FERRITIN	82728	CPT	both			570	15.67	Wellcare	Medicare		13.63				13.5	541.5	fee schedule	
FERRITIN	82728	CPT	both			570	15.67	Wellcare	Medicaid		179.84	31.55			13.5	541.5	percent of total billed charges	
FERRITIN	82728	CPT	both			570	15.67	WellPoint	WellPoint		183.43	32.18			13.5	541.5	percent of total billed charges	
FETAL FIBRONECTIN	82731	CPT	both			963	74.07	Aetna	Better Health		303.83	31.55			64.41	914.85	percent of total billed charges	
FETAL FIBRONECTIN	82731	CPT	both			963	74.07	Aetna	Medicare		64.41				64.41	914.85	fee schedule	
FETAL FIBRONECTIN	82731	CPT	both			963	74.07	Aetna	Commercial		365.94	38			64.41	914.85	percent of total billed charges	
FETAL FIBRONECTIN	82731	CPT	both			963	74.07	Americare	Americare		722.25	75			64.41	914.85	percent of total billed charges	
FETAL FIBRONECTIN	82731	CPT	both			963	74.07	Amerihealth	HMO/PPO		625.95	65			64.41	914.85	percent of total billed charges	
FETAL FIBRONECTIN	82731	CPT	both			963	74.07	Amerihealth	Medicare		64.41				64.41	914.85	fee schedule	
FETAL FIBRONECTIN	82731	CPT	both			963	74.07	Consumer	Consumer		914.85	95			64.41	914.85	percent of total billed charges	
FETAL FIBRONECTIN	82731	CPT	both			963	74.07	Corrections	Corrections		770.4	80			64.41	914.85	percent of total billed charges	
FETAL FIBRONECTIN	82731	CPT	both			963	74.07	First Health	First Health		674.1	70			64.41	914.85	percent of total billed charges	
FETAL FIBRONECTIN	82731	CPT	both			963	74.07	First Trenton	First Trenton		866.7	90			64.41	914.85	percent of total billed charges	
FETAL FIBRONECTIN	82731	CPT	both			963	74.07	Horizon	MGD		368.64	38.28			64.41	914.85	percent of total billed charges	
FETAL FIBRONECTIN	82731	CPT	both			963	74.07	Horizon	Indemnity		368.64	38.28			64.41	914.85	percent of total billed charges	
FETAL FIBRONECTIN	82731	CPT	both			963	74.07	Horizon	Medicare Blue		288.9	30			64.41	914.85	percent of total billed charges	
FETAL FIBRONECTIN	82731	CPT	both			963	74.07	Horizon	NJ Health		139.55				64.41	914.85	fee schedule	
FETAL FIBRONECTIN	82731	CPT	both			963	74.07	Horizon	PPO		368.64	38.28			64.41	914.85	percent of total billed charges	
FETAL FIBRONECTIN	82731	CPT	both			963	74.07	Managed Care Inc	Managed Care Inc		866.7	90			64.41	914.85	percent of total billed charges	
FETAL FIBRONECTIN	82731	CPT	both			963	74.07	Multiplan	Multiplan		770.4	80			64.41	914.85	percent of total billed charges	
FETAL FIBRONECTIN	82731	CPT	both			963	74.07	Qualcare	Qualcare		722.25	75			64.41	914.85	percent of total billed charges	
FETAL FIBRONECTIN	82731	CPT	both			963	74.07	Three Rivers	Three Rivers		914.85	95			64.41	914.85	percent of total billed charges	
FETAL FIBRONECTIN	82731	CPT	both			963	74.07	UHC	Medicaid		303.83	31.55			64.41	914.85	percent of total billed charges	
FETAL FIBRONECTIN	82731	CPT	both			963	74.07	UHC	Medicare		64.41				64.41	914.85	fee schedule	
FETAL FIBRONECTIN	82731	CPT	both			963	74.07	Wellcare	Medicaid		303.83	31.55			64.41	914.85	percent of total billed charges	
FETAL FIBRONECTIN	82731	CPT	both			963	74.07	Wellcare	Medicare		64.41				64.41	914.85	fee schedule	
FETAL FIBRONECTIN	82731	CPT	both			963	74.07	WellPoint	WellPoint		309.89	32.18			64.41	914.85	percent of total billed charges	
FOLIC ACID;SERUM	82746	CPT	both			265	16.91	Aetna	Better Health		83.61	31.55			10.8	251.75	percent of total billed charges	
FOLIC ACID;SERUM	82746	CPT	both			265	16.91	Aetna	Commercial		100.7	38			10.8	251.75	percent of total billed charges	
FOLIC ACID;SERUM	82746	CPT	both			265	16.91	Aetna	Medicare		14.7				10.8	251.75	fee schedule	
FOLIC ACID;SERUM	82746	CPT	both			265	16.91	Americare	Americare		198.75	75			10.8	251.75	percent of total billed charges	
FOLIC ACID;SERUM	82746	CPT	both			265	16.91	Amerihealth	Medicare		14.7				10.8	251.75	fee schedule	
FOLIC ACID;SERUM	82746	CPT	both			265	16.91	Amerihealth	HMO/PPO		172.25	65			10.8	251.75	percent of total billed charges	
FOLIC ACID;SERUM	82746	CPT	both			265	16.91	Consumer	Consumer		251.75	95			10.8	251.75	percent of total billed charges	
FOLIC ACID;SERUM	82746	CPT	both			265	16.91	Corrections	Corrections		212	80			10.8	251.75	percent of total billed charges	
FOLIC ACID;SERUM	82746	CPT	both			265	16.91	First Health	First Health		185.5	70			10.8	251.75	percent of total billed charges	
FOLIC ACID;SERUM	82746	CPT	both			265	16.91	First Trenton	First Trenton		238.5	90			10.8	251.75	percent of total billed charges	
FOLIC ACID;SERUM	82746	CPT	both			265	16.91	Horizon	Medicare Blue		79.5	30			10.8	251.75	percent of total billed charges	
FOLIC ACID;SERUM	82746	CPT	both			265	16.91	Horizon	Indemnity		101.44	38.28			10.8	251.75	percent of total billed charges	
FOLIC ACID;SERUM	82746	CPT	both			265	16.91	Horizon	MGD		101.44	38.28			10.8	251.75	percent of total billed charges	
FOLIC ACID;SERUM	82746	CPT	both			265	16.91	Horizon	PPO		101.44	38.28			10.8	251.75	percent of total billed charges	
FOLIC ACID;SERUM	82746	CPT	both			265	16.91	Horizon	NJ Health		20.58				10.8	251.75	fee schedule	
FOLIC ACID;SERUM	82746	CPT	both			265	16.91	Managed Care Inc	Managed Care Inc		238.5	90			10.8	251.75	percent of total billed charges	
FOLIC ACID;SERUM	82746	CPT	both			265	16.91	Multiplan	Multiplan		212	80			10.8	251.75	percent of total billed charges	
FOLIC ACID;SERUM	82746	CPT	both			265	16.91	Qualcare	Qualcare		198.75	75			10.8	251.75	percent of total billed charges	
FOLIC ACID;SERUM	82746	CPT	both			265	16.91	Three Rivers	Three Rivers		251.75	95			10.8	251.75	percent of total billed charges	
FOLIC ACID;SERUM	82746	CPT	both			265	16.91	UHC	Medicare		14.7				10.8	251.75	fee schedule	
FOLIC ACID;SERUM	82746	CPT	both			265	16.91	UHC	Medicaid		83.61	31.55			10.8	251.75	percent of total billed charges	
FOLIC ACID;SERUM	82746	CPT	both			265	16.91	Wellcare	Medicare		14.7				10.8	251.75	fee schedule	
FOLIC ACID;SERUM	82746	CPT	both			265	16.91	Wellcare	Medicaid		83.61	31.55			10.8	251.75	percent of total billed charges	
FOLIC ACID;SERUM	82746	CPT	both			265	16.91	WellPoint	WellPoint		85.28	32.18			10.8	251.75	percent of total billed charges	
FOLIC ACID, RBC	82747	CPT	both			314	20.3	Aetna	Better Health		99.07	31.55			17.65	298.3	percent of total billed charges	
FOLIC ACID, RBC	82747	CPT	both			314	20.3	Aetna	Medicare		17.65				17.65	298.3	fee schedule	
FOLIC ACID, RBC	82747	CPT	both			314	20.3	Aetna	Commercial		119.32	38			17.65	298.3	percent of total billed charges	
FOLIC ACID, RBC	82747	CPT	both			314	20.3	Americare	Americare		235.5	75			17.65	298.3	percent of total billed charges	
FOLIC ACID, RBC	82747	CPT	both			314	20.3	Amerihealth	Medicare		17.65				17.65	298.3	fee schedule	
FOLIC ACID, RBC	82747	CPT	both			314	20.3	Amerihealth	HMO/PPO		204.1	65			17.65	298.3	percent of total billed charges	
FOLIC ACID, RBC	82747	CPT	both			314	20.3	Consumer	Consumer		298.3	95			17.65	298.3	percent of total billed charges	
FOLIC ACID, RBC	82747	CPT	both			314	20.3	Corrections	Corrections		251.2	80			17.65	298.3	percent of total billed charges	
FOLIC ACID, RBC	82747	CPT	both			314	20.3	First Health	First Health		219.8	70			17.65	298.3	percent of total billed charges	
FOLIC ACID, RBC	82747	CPT	both			314	20.3	First Trenton	First Trenton		282.6	90			17.65	298.3	percent of total billed charges	
FOLIC ACID, RBC	82747	CPT	both			314	20.3	Horizon	MGD		120.2	38.28			17.65	298.3	percent of total billed charges	
FOLIC ACID, RBC	82747	CPT	both			314	20.3	Horizon	Indemnity		120.2	38.28			17.65	298.3	percent of total billed charges	
FOLIC ACID, RBC	82747	CPT	both			314	20.3	Horizon	PPO		120.2	38.28			17.65	298.3	percent of total billed charges	
FOLIC ACID, RBC	82747	CPT	both			314	20.3	Horizon	Medicare Blue		94.2	30			17.65	298.3	percent of total billed charges	
FOLIC ACID, RBC	82747	CPT	both			314	20.3	Horizon	NJ Health		35.28				17.65	298.3	fee schedule	
FOLIC ACID, RBC	82747	CPT	both			314	20.3	Managed Care Inc	Managed Care Inc		282.6	90			17.65	298.3	percent of total billed charges	
FOLIC ACID, RBC	82747	CPT	both			314	20.3	Multiplan	Multiplan		251.2	80			17.65	298.3	percent of total billed charges	
FOLIC ACID, RBC	82747	CPT	both			314	20.3	Qualcare	Qualcare		235.5	75			17.65	298.3	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101191	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
FOLIC ACID, RBC	82747	CPT	both			314		20.3 Three Rivers	Three Rivers		298.3	95			17.65	298.3	percent of total billed charges	
FOLIC ACID, RBC	82747	CPT	both			314		20.3 UHC	Medicare		17.65				17.65	298.3	fee schedule	
FOLIC ACID, RBC	82747	CPT	both			314		20.3 UHC	Medicaid		99.07	31.55			17.65	298.3	percent of total billed charges	
FOLIC ACID, RBC	82747	CPT	both			314		20.3 Wellcare	Medicare		17.65				17.65	298.3	fee schedule	
FOLIC ACID, RBC	82747	CPT	both			314		20.3 Wellcare	Medicaid		99.07	31.55			17.65	298.3	percent of total billed charges	
FOLIC ACID, RBC	82747	CPT	both			314		20.3 WellPoint	WellPoint		101.05	32.18			17.65	298.3	percent of total billed charges	
SEMEN FRUCTOSE TEST	82757	CPT	outpatient			300		19.94 Aetna	Medicare		17.34				17.34	285	fee schedule	
SEMEN FRUCTOSE TEST	82757	CPT	outpatient			300		19.94 Aetna	Better Health		94.65	31.55			17.34	285	percent of total billed charges	
SEMEN FRUCTOSE TEST	82757	CPT	outpatient			300		19.94 Aetna	Commercial		114	38			17.34	285	percent of total billed charges	
SEMEN FRUCTOSE TEST	82757	CPT	outpatient			300		19.94 Americare	Americare		225	75			17.34	285	percent of total billed charges	
SEMEN FRUCTOSE TEST	82757	CPT	outpatient			300		19.94 Amerihealth	Medicare		17.34				17.34	285	fee schedule	
SEMEN FRUCTOSE TEST	82757	CPT	outpatient			300		19.94 Amerihealth	HMO/PPO		195	65			17.34	285	percent of total billed charges	
SEMEN FRUCTOSE TEST	82757	CPT	outpatient			300		19.94 Consumer	Consumer		285	95			17.34	285	percent of total billed charges	
SEMEN FRUCTOSE TEST	82757	CPT	outpatient			300		19.94 Corrections	Corrections		240	80			17.34	285	percent of total billed charges	
SEMEN FRUCTOSE TEST	82757	CPT	outpatient			300		19.94 First Health	First Health		210	70			17.34	285	percent of total billed charges	
SEMEN FRUCTOSE TEST	82757	CPT	outpatient			300		19.94 First Trenton	First Trenton		270	90			17.34	285	percent of total billed charges	
SEMEN FRUCTOSE TEST	82757	CPT	outpatient			300		19.94 Horizon	MGD		114.84	38.28			17.34	285	percent of total billed charges	
SEMEN FRUCTOSE TEST	82757	CPT	outpatient			300		19.94 Horizon	Medicare Blue		90	30			17.34	285	percent of total billed charges	
SEMEN FRUCTOSE TEST	82757	CPT	outpatient			300		19.94 Horizon	NJ Health		44.1				17.34	285	fee schedule	
SEMEN FRUCTOSE TEST	82757	CPT	outpatient			300		19.94 Horizon	Indemnity		114.84	38.28			17.34	285	percent of total billed charges	
SEMEN FRUCTOSE TEST	82757	CPT	outpatient			300		19.94 Horizon	PPO		114.84	38.28			17.34	285	percent of total billed charges	
SEMEN FRUCTOSE TEST	82757	CPT	outpatient			300		19.94 Managed Care Inc	Managed Care Inc		270	90			17.34	285	percent of total billed charges	
SEMEN FRUCTOSE TEST	82757	CPT	outpatient			300		19.94 Multiplan	Multiplan		240	80			17.34	285	percent of total billed charges	
SEMEN FRUCTOSE TEST	82757	CPT	outpatient			300		19.94 Qualcare	Qualcare		225	75			17.34	285	percent of total billed charges	
SEMEN FRUCTOSE TEST	82757	CPT	outpatient			300		19.94 Three Rivers	Three Rivers		285	95			17.34	285	percent of total billed charges	
SEMEN FRUCTOSE TEST	82757	CPT	outpatient			300		19.94 UHC	Medicare		17.34				17.34	285	fee schedule	
SEMEN FRUCTOSE TEST	82757	CPT	outpatient			300		19.94 UHC	Medicaid		94.65	31.55			17.34	285	percent of total billed charges	
SEMEN FRUCTOSE TEST	82757	CPT	outpatient			300		19.94 Wellcare	Medicaid		94.65	31.55			17.34	285	percent of total billed charges	
SEMEN FRUCTOSE TEST	82757	CPT	outpatient			300		19.94 Wellcare	Medicare		17.34				17.34	285	fee schedule	
SEMEN FRUCTOSE TEST	82757	CPT	outpatient			300		19.94 WellPoint	WellPoint		96.54	32.18			17.34	285	percent of total billed charges	
GALACTOKINASE ASSAY - RBC	82759	CPT	outpatient			1155		24.7 Aetna	Medicare		21.48				21.48	1097.25	fee schedule	
GALACTOKINASE ASSAY - RBC	82759	CPT	outpatient			1155		24.7 Aetna	Better Health		364.4	31.55			21.48	1097.25	percent of total billed charges	
GALACTOKINASE ASSAY - RBC	82759	CPT	outpatient			1155		24.7 Aetna	Commercial		438.9	38			21.48	1097.25	percent of total billed charges	
GALACTOKINASE ASSAY - RBC	82759	CPT	outpatient			1155		24.7 Americare	Americare		866.25	75			21.48	1097.25	percent of total billed charges	
GALACTOKINASE ASSAY - RBC	82759	CPT	outpatient			1155		24.7 Amerihealth	Medicare		21.48				21.48	1097.25	fee schedule	
GALACTOKINASE ASSAY - RBC	82759	CPT	outpatient			1155		24.7 Amerihealth	HMO/PPO		750.75	65			21.48	1097.25	percent of total billed charges	
GALACTOKINASE ASSAY - RBC	82759	CPT	outpatient			1155		24.7 Consumer	Consumer		1097.25	95			21.48	1097.25	percent of total billed charges	
GALACTOKINASE ASSAY - RBC	82759	CPT	outpatient			1155		24.7 Corrections	Corrections		924	80			21.48	1097.25	percent of total billed charges	
GALACTOKINASE ASSAY - RBC	82759	CPT	outpatient			1155		24.7 First Health	First Health		808.5	70			21.48	1097.25	percent of total billed charges	
GALACTOKINASE ASSAY - RBC	82759	CPT	outpatient			1155		24.7 First Trenton	First Trenton		1039.5	90			21.48	1097.25	percent of total billed charges	
GALACTOKINASE ASSAY - RBC	82759	CPT	outpatient			1155		24.7 Horizon	Indemnity		442.13	38.28			21.48	1097.25	percent of total billed charges	
GALACTOKINASE ASSAY - RBC	82759	CPT	outpatient			1155		24.7 Horizon	MGD		442.13	38.28			21.48	1097.25	percent of total billed charges	
GALACTOKINASE ASSAY - RBC	82759	CPT	outpatient			1155		24.7 Horizon	Medicare Blue		346.5	30			21.48	1097.25	percent of total billed charges	
GALACTOKINASE ASSAY - RBC	82759	CPT	outpatient			1155		24.7 Horizon	PPO		442.13	38.28			21.48	1097.25	percent of total billed charges	
GALACTOKINASE ASSAY - RBC	82759	CPT	outpatient			1155		24.7 Horizon	NJ Health		24.79				21.48	1097.25	fee schedule	
GALACTOKINASE ASSAY - RBC	82759	CPT	outpatient			1155		24.7 Managed Care Inc	Managed Care Inc		1039.5	90			21.48	1097.25	percent of total billed charges	
GALACTOKINASE ASSAY - RBC	82759	CPT	outpatient			1155		24.7 Multiplan	Multiplan		924	80			21.48	1097.25	percent of total billed charges	
GALACTOKINASE ASSAY - RBC	82759	CPT	outpatient			1155		24.7 Qualcare	Qualcare		866.25	75			21.48	1097.25	percent of total billed charges	
GALACTOKINASE ASSAY - RBC	82759	CPT	outpatient			1155		24.7 Three Rivers	Three Rivers		1097.25	95			21.48	1097.25	percent of total billed charges	
GALACTOKINASE ASSAY - RBC	82759	CPT	outpatient			1155		24.7 UHC	Medicaid		364.4	31.55			21.48	1097.25	percent of total billed charges	
GALACTOKINASE ASSAY - RBC	82759	CPT	outpatient			1155		24.7 UHC	Medicare		21.48				21.48	1097.25	fee schedule	
GALACTOKINASE ASSAY - RBC	82759	CPT	outpatient			1155		24.7 Wellcare	Medicare		21.48				21.48	1097.25	fee schedule	
GALACTOKINASE ASSAY - RBC	82759	CPT	outpatient			1155		24.7 Wellcare	Medicaid		364.4	31.55			21.48	1097.25	percent of total billed charges	
GALACTOKINASE ASSAY - RBC	82759	CPT	outpatient			1155		24.7 WellPoint	WellPoint		371.68	32.18			21.48	1097.25	percent of total billed charges	
GALACTOSE URINE	82760	CPT	both			614		12.88 Aetna	Medicare		189.11	30.8			11.2	583.3	percent of total billed charges	
GALACTOSE URINE	82760	CPT	both			614		12.88 Aetna	Better Health		193.72	31.55			11.2	583.3	percent of total billed charges	
GALACTOSE URINE	82760	CPT	both			614		12.88 Aetna	Commercial		233.32	38			11.2	583.3	percent of total billed charges	
GALACTOSE URINE	82760	CPT	both			614		12.88 Americare	Americare		460.5	75			11.2	583.3	percent of total billed charges	
GALACTOSE URINE	82760	CPT	both			614		12.88 Amerihealth	HMO/PPO		399.1	65			11.2	583.3	percent of total billed charges	
GALACTOSE URINE	82760	CPT	both			614		12.88 Amerihealth	Medicare		11.2				11.2	583.3	fee schedule	
GALACTOSE URINE	82760	CPT	both			614		12.88 Consumer	Consumer		583.3	95			11.2	583.3	percent of total billed charges	
GALACTOSE URINE	82760	CPT	both			614		12.88 Corrections	Corrections		491.2	80			11.2	583.3	percent of total billed charges	
GALACTOSE URINE	82760	CPT	both			614		12.88 First Health	First Health		429.8	70			11.2	583.3	percent of total billed charges	
GALACTOSE URINE	82760	CPT	both			614		12.88 First Trenton	First Trenton		552.6	90			11.2	583.3	percent of total billed charges	
GALACTOSE URINE	82760	CPT	both			614		12.88 Horizon	MGD		235.04	38.28			11.2	583.3	percent of total billed charges	
GALACTOSE URINE	82760	CPT	both			614		12.88 Horizon	NJ Health		32.34				11.2	583.3	fee schedule	
GALACTOSE URINE	82760	CPT	both			614		12.88 Horizon	PPO		235.04	38.28			11.2	583.3	percent of total billed charges	
GALACTOSE URINE	82760	CPT	both			614		12.88 Horizon	Indemnity		235.04	38.28			11.2	583.3	percent of total billed charges	
GALACTOSE URINE	82760	CPT	both			614		12.88 Horizon	Medicare Blue		184.2	30			11.2	583.3	percent of total billed charges	
GALACTOSE URINE	82760	CPT	both			614		12.88 Managed Care Inc	Managed Care Inc		552.6	90			11.2	583.3	percent of total billed charges	
GALACTOSE URINE	82760	CPT	both			614		12.88 Multiplan	Multiplan		491.2	80			11.2	583.3	percent of total billed charges	
GALACTOSE URINE	82760	CPT	both			614		12.88 Qualcare	Qualcare		460.5	75			11.2	583.3	percent of total billed charges	
GALACTOSE URINE	82760	CPT	both			614		12.88 Three Rivers	Three Rivers		583.3	95			11.2	583.3	percent of total billed charges	
GALACTOSE URINE	82760	CPT	both			614		12.88 UHC	Medicare		11.2				11.2	583.3	fee schedule	
GALACTOSE URINE	82760	CPT	both			614		12.88 UHC	Medicaid		193.72	31.55			11.2	583.3	percent of total billed charges	
GALACTOSE URINE	82760	CPT	both			614		12.88 Wellcare	Medicare		11.2				11.2	583.3	fee schedule	
GALACTOSE URINE	82760	CPT	both			614		12.88 Wellcare	Medicaid		193.72	31.55			11.2	583.3	percent of total billed charges	
GALACTOSE URINE	82760	CPT	both			614		12.88 WellPoint	WellPoint		197.59	32.18			11.2	583.3	percent of total billed charges	
GALACTOSE-1-PHOSPHATE UR	82775	CPT	both			340		24.23 Aetna	Medicare		104.72	30.8			21.07	323	percent of total billed charges	
GALACTOSE-1-PHOSPHATE UR	82775	CPT	both			340		24.23 Aetna	Better Health		107.27	31.55			21.07	323	percent of total billed charges	
GALACTOSE-1-PHOSPHATE UR	82775	CPT	both			340		24.23 Aetna	Commercial		129.2	38			21.07	323	percent of total billed charges	
GALACTOSE-1-PHOSPHATE UR	82775	CPT	both			340		24.23 Americare	Americare		255	75			21.07	323	percent of total billed charges	
GALACTOSE-1-PHOSPHATE UR	82775	CPT	both			340		24.23 Amerihealth	HMO/PPO		221	65			21.07	323	percent of total billed charges	
GALACTOSE-1-PHOSPHATE UR	82775	CPT	both			340		24.23 Amerihealth	Medicare		21.07				21.07	323	fee schedule	
GALACTOSE-1-PHOSPHATE UR	82775	CPT	both			340		24.23 Consumer	Consumer		323	95			21.07	323	percent of total billed charges	
GALACTOSE-1-PHOSPHATE UR	82775	CPT	both			340		24.23 Corrections	Corrections		272	80			21.07	323	percent of total billed charges	
GALACTOSE-1-PHOSPHATE UR	82775	CPT	both			340		24.23 First Health	First Health		238	70			21.07	323	percent of total billed charges	
GALACTOSE-1-PHOSPHATE UR	82775	CPT	both			340		24.23 First Trenton	First Trenton		306	90			21.07	323	percent of total billed charges	
GALACTOSE-1-PHOSPHATE UR	82775	CPT	both			340		24.23 Horizon	Medicare Blue		102	30			21.07	323	percent of total billed charges	
GALACTOSE-1-PHOSPHATE UR	82775	CPT	both			340		24.23 Horizon	Indemnity		130.15	38.28			21.07	323	percent of total billed charges	
GALACTOSE-1-PHOSPHATE UR	82775	CPT	both			340		24.23 Horizon	NJ Health		28.15				21.07	323	fee schedule	
GALACTOSE-1-PHOSPHATE UR	82775	CPT	both			340		24.23 Horizon	MGD		130.15	38.28			21.07	323	percent of total billed charges	
GALACTOSE-1-PHOSPHATE UR	82775	CPT	both			340		24.23 Horizon	PPO		130.15	38.28			21.07	323	percent of total billed charges	
GALACTOSE-1-PHOSPHATE UR	82775	CPT	both			340		24.23 Managed Care Inc	Managed Care Inc		306	90			21.07	323	percent of total billed charges	
GALACTOSE-1-PHOSPHATE UR	82775	CPT	both			340		24.23 Multiplan	Multiplan		272	80			21.07	323	percent of total billed charges	
GALACTOSE-1-PHOSPHATE UR	82775	CPT	both			340		24.23 Qualcare	Qualcare		255	75			21.07	323	percent of total billed charges	
GALACTOSE-1-PHOSPHATE UR	82775	CPT	both			340		24.23 Three Rivers	Three Rivers		323	95			21.07	323	percent of total billed charges	
GALACTOSE-1-PHOSPHATE UR	82775	CPT	both			340		24.23 UHC	Medicaid		107.27	31.55			21.07	323	percent of total billed charges	
GALACTOSE-1-PHOSPHATE UR	82775	CPT	both			340		24.23 UHC	Medicare		21.07				21.07	323	fee schedule	
GALACTOSE-1-PHOSPHATE UR	82775	CPT	both			340		24.23 Wellcare	Medicaid		107.27	31.55			21.07	323	percent of total billed charges	
GALACTOSE-1-PHOSPHATE UR	82775	CPT	both			340		24.23 Wellcare	Medicare		21.07				21.07	323	fee schedule	
GALACTOSE-1-PHOSPHATE UR	82775	CPT	both			340		24.23 WellPoint	WellPoint		109.41	32.18			21.07	323	percent of total billed charges	
TOTAL IGA	82784	CPT	both			517		10.7 Aetna	Medicare		9.3				6.3	491.15	fee schedule	
TOTAL IGA	82784	CPT	both			517		10.7 Aetna	Commercial		196.46	38			6.3	491.15	percent of total billed charges	
TOTAL IGA	82784	CPT	both			517		10.7 Aetna	Better Health		163.11	31.55			6.3	491.15	percent of total billed charges	
TOTAL IGA	82784	CPT	both			517		10.7 Americare	Americare		387.75	75			6.3	491.15	percent of total billed charges	
TOTAL IGA	82784	CPT	both			517		10.7 Amerihealth	Medicare		9.3				6.3	491.15	fee schedule	
TOTAL IGA	82784	CPT	both			517		10.7 Amerihealth	HMO/PPO		336.05	65			6.3	491.15	percent of total billed charges	
TOTAL IGA	82784	CPT	both			517		10.7 Consumer	Consumer		491.15	95			6.3	491.15	percent of total billed charges	
TOTAL IGA	82784	CPT	both			517		10.7 Corrections	Corrections		413.6	80			6.3	491.15	percent of total billed charges	
TOTAL IGA	82784	CPT	both			517		10.7 First Health	First Health		361.9	70			6.3	491.15	percent of total billed charges	
TOTAL IGA	82784	CPT	both			517		10.7 First Trenton	First Trenton		465.3	90			6.3	491.15	percent of total billed charges	
TOTAL IGA	82784	CPT	both			517		10.7 Horizon	MGD		197.91	38.28			6.3	491.15	percent of total billed charges	
TOTAL IGA	82784	CPT	both			517		10.7 Horizon	Indemnity		197.91	38.28			6.3	491.15	percent of total billed charges	
TOTAL IGA	82784	CPT	both			517		10.7 Horizon	Medicare Blue		155.1	30			6.3	491.15	percent of total billed charges	
TOTAL IGA	82784	CPT	both			517		10.7 Horizon	PPO		197.91	38.28			6.3	491.15	percent of total billed charges	
TOTAL IGA	82784	CPT	both			517		10.7 Horizon	NJ Health		22.15				6.3	491.15	fee schedule	
TOTAL IGA	82784	CPT	both			517		10.7 Managed Care Inc	Managed Care Inc		465.3	90			6.3	491.15	percent of total billed charges	
TOTAL IGA	82784	CPT	both			517		10.7 Multiplan	Multiplan		413.6	80			6.3	491.15	percent of total billed charges	
TOTAL IGA	82784	CPT	both			517		10.7 Qualcare	Qualcare		387.75	75			6.3	491.15	percent of total billed charges	
TOTAL IGA	82784	CPT	both			517		10.7 Three Rivers	Three Rivers		491.15	95			6.3	491.15	percent of total billed charges	
TOTAL IGA	82784	CPT	both			517		10.7 UHC	Medicaid		163.11	31.55			6.3	491.15	percent of total billed charges	
TOTAL IGA	82784	CPT	both			517		10.7 UHC	Medicare		9.3				6.3	491.15	fee schedule	
TOTAL IGA	82784	CPT	both			517		10.7 Wellcare	Medicare		9.3				6.3	491.15	fee schedule	
TOTAL IGA	82784	CPT	both			517		10.7 Wellcare	Medicaid		163.11	31.55			6.3	491.15	percent of total billed charges	
TOTAL IGA	82784	CPT	both			517		10.7 WellPoint	WellPoint		166.37	32.18			6.3	491.15	percent of total billed charges	
IMMUNOGLOBULIN, E	82785	CPT	both			780		18.93 Aetna	Better Health		246.09	31.55			15.9	741	percent of total billed charges	
IMMUNOGLOBULIN, E	82785	CPT	both			780		18.93 Aetna	Commercial		296.4	38			15.9	741	percent of total billed charges	
IMMUNOGLOBULIN, E	82785	CPT	both			780		18.93 Aetna	Medicare		240.24	30.8			15.9	741	percent of total billed charges	
IMMUNOGLOBULIN, E	82785	CPT	both			780		18.93 Americare	Americare		585	75			15.9	741	percent of total billed charges	
IMMUNOGLOBULIN, E	82785	CPT	both			780		18.93 Amerihealth	HMO/PPO		507	65			15.9	741	percent of total billed charges	
IMMUNOGLOBULIN, E	82785	CPT	both			780		18.93 Amerihealth	Medicare		16.46				15.9	741	fee schedule	
IMMUNOGLOBULIN, E	82785	CPT	both			780		18.93 Consumer	Consumer		741	95			15.9	741	percent of total billed charges	
IMMUNOGLOBULIN, E	82785	CPT	both			780		18.93 Corrections	Corrections		624	80			15.9	741	percent of total billed charges	
IMMUNOGLOBULIN, E	82785	CPT	both			780		18.93 First Health	First Health		546	70			15.9	741	percent of total billed charges	
IMMUNOGLOBULIN, E	82785	CPT	both			780		18.93 First Trenton	First Trenton		702	90			15.9	741	percent of total billed charges	
IMMUNOGLOBULIN, E	82785	CPT	both			780		18.93 Horizon	Medicare Blue		234	30			15.9	741	percent of total billed charges	
IMMUNOGLOBULIN, E	82785	CPT	both			780		18.93 Horizon	MGD		298.58	38.28			15.9	741	percent of total billed charges	
IMMUNOGLOBULIN, E	82785	CPT	both			780		18.93 Horizon	Indemnity		298.58	38.28			15.9	741	percent of total billed charges	
IMMUNOGLOBULIN, E	82785	CPT	both			780		18.93 Horizon	NJ Health		31.36				15.9	741	fee schedule	
IMMUNOGLOBULIN, E	82785	CPT	both			780		18.93 Horizon	PPO		298.58	38.28			15.9	741	percent of total billed charges	
IMMUNOGLOBULIN, E	82785	CPT	both			780		18.93 Managed Care Inc	Managed Care Inc		702	90			15.9	741	percent of total billed charges	
IMMUNOGLOBULIN, E	82785	CPT	both			780		18.93 Multiplan	Multiplan		624	80			15.9	741	percent of total billed charges	
IMMUNOGLOBULIN, E	82785	CPT	both			780		18.93 Qualcare	Qualcare		585	75			15.9	741	percent of total billed charges	
IMMUNOGLOBULIN, E	82785	CPT	both			780		18.93 Three Rivers	Three Rivers		741	95			15.9	741	percent of total billed charges	
IMMUNOGLOBULIN, E	82785	CPT	both			780		18.93 UHC	Medicare		16.46				15.9	741	fee schedule	
IMMUNOGLOBULIN, E	82785	CPT	both			780		18.93 UHC	Medicaid		246.09	31.55			15.9	741	percent of total billed charges	
IMMUNOGLOBULIN, E	82785	CPT	both			780		18.93 Wellcare	Medicaid		246.09	31.55			15.9	741	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
IMMUNOGLOBULIN, E	82785	CPT	both			780	18.93	Wellcare	Medicare		16.46				15.9	741	fee schedule	
IMMUNOGLOBULIN, E	82785	CPT	both			780	18.93	WellPoint	WellPoint		251	32.18			15.9	741	percent of total billed charges	
IMMUNOGLOBULIN SUBCLS(IGG1,2,3OR4)EA	82787	CPT	both			30	9.22	Aetna	Better Health		9.47	31.55			6.3	133.28	percent of total billed charges	
IMMUNOGLOBULIN SUBCLS(IGG1,2,3OR4)EA	82787	CPT	both			30	9.22	Aetna	Medicare		8.02				6.3	133.28	fee schedule	
IMMUNOGLOBULIN SUBCLS(IGG1,2,3OR4)EA	82787	CPT	both			30	9.22	Aetna	Commercial		11.4	38			6.3	133.28	percent of total billed charges	
IMMUNOGLOBULIN SUBCLS(IGG1,2,3OR4)EA	82787	CPT	both			30	9.22	Americare	Americare		22.5	75			6.3	133.28	percent of total billed charges	
IMMUNOGLOBULIN SUBCLS(IGG1,2,3OR4)EA	82787	CPT	both			30	9.22	Amerihealth	HMO/PPO		19.5	65			6.3	133.28	percent of total billed charges	
IMMUNOGLOBULIN SUBCLS(IGG1,2,3OR4)EA	82787	CPT	both			30	9.22	Amerihealth	Medicare		8.02				6.3	133.28	fee schedule	
IMMUNOGLOBULIN SUBCLS(IGG1,2,3OR4)EA	82787	CPT	both			30	9.22	Consumer	Consumer		28.5	95			6.3	133.28	percent of total billed charges	
IMMUNOGLOBULIN SUBCLS(IGG1,2,3OR4)EA	82787	CPT	both			30	9.22	Corrections	Corrections		24	80			6.3	133.28	percent of total billed charges	
IMMUNOGLOBULIN SUBCLS(IGG1,2,3OR4)EA	82787	CPT	both			30	9.22	First Health	First Health		21	70			6.3	133.28	percent of total billed charges	
IMMUNOGLOBULIN SUBCLS(IGG1,2,3OR4)EA	82787	CPT	both			30	9.22	First Trenton	First Trenton		27	90			6.3	133.28	percent of total billed charges	
IMMUNOGLOBULIN SUBCLS(IGG1,2,3OR4)EA	82787	CPT	both			30	9.22	Horizon	Indemnity		11.48	38.28			6.3	133.28	percent of total billed charges	
IMMUNOGLOBULIN SUBCLS(IGG1,2,3OR4)EA	82787	CPT	both			30	9.22	Horizon	MGD		11.48	38.28			6.3	133.28	percent of total billed charges	
IMMUNOGLOBULIN SUBCLS(IGG1,2,3OR4)EA	82787	CPT	both			30	9.22	Horizon	Medicare Blue		9	30			6.3	133.28	percent of total billed charges	
IMMUNOGLOBULIN SUBCLS(IGG1,2,3OR4)EA	82787	CPT	both			30	9.22	Horizon	PPO		11.48	38.28			6.3	133.28	percent of total billed charges	
IMMUNOGLOBULIN SUBCLS(IGG1,2,3OR4)EA	82787	CPT	both			30	9.22	Horizon	NJ Health		133.28				6.3	133.28	fee schedule	
IMMUNOGLOBULIN SUBCLS(IGG1,2,3OR4)EA	82787	CPT	both			30	9.22	Managed Care Inc	Managed Care Inc		27	90			6.3	133.28	percent of total billed charges	
IMMUNOGLOBULIN SUBCLS(IGG1,2,3OR4)EA	82787	CPT	both			30	9.22	Multiplan	Multiplan		24	80			6.3	133.28	percent of total billed charges	
IMMUNOGLOBULIN SUBCLS(IGG1,2,3OR4)EA	82787	CPT	both			30	9.22	Qualcare	Qualcare		22.5	75			6.3	133.28	percent of total billed charges	
IMMUNOGLOBULIN SUBCLS(IGG1,2,3OR4)EA	82787	CPT	both			30	9.22	Three Rivers	Three Rivers		28.5	95			6.3	133.28	percent of total billed charges	
IMMUNOGLOBULIN SUBCLS(IGG1,2,3OR4)EA	82787	CPT	both			30	9.22	UHC	Medicare		8.02				6.3	133.28	fee schedule	
IMMUNOGLOBULIN SUBCLS(IGG1,2,3OR4)EA	82787	CPT	both			30	9.22	UHC	Medicaid		9.47	31.55			6.3	133.28	percent of total billed charges	
IMMUNOGLOBULIN SUBCLS(IGG1,2,3OR4)EA	82787	CPT	both			30	9.22	Wellcare	Medicaid		9.47	31.55			6.3	133.28	percent of total billed charges	
IMMUNOGLOBULIN SUBCLS(IGG1,2,3OR4)EA	82787	CPT	both			30	9.22	Wellcare	Medicare		8.02				6.3	133.28	fee schedule	
IMMUNOGLOBULIN SUBCLS(IGG1,2,3OR4)EA	82787	CPT	both			30	9.22	WellPoint	WellPoint		9.65	32.18			6.3	133.28	percent of total billed charges	
VENOUS BLOOD GAS/ELEC.PANEL	82803	CPT	both			347	29.98	Aetna	Medicare		26.07				25.2	329.65	fee schedule	
VENOUS BLOOD GAS/ELEC.PANEL	82803	CPT	both			347	29.98	Aetna	Better Health		109.48	31.55			25.2	329.65	percent of total billed charges	
VENOUS BLOOD GAS/ELEC.PANEL	82803	CPT	both			347	29.98	Aetna	Commercial		131.86	38			25.2	329.65	percent of total billed charges	
VENOUS BLOOD GAS/ELEC.PANEL	82803	CPT	both			347	29.98	Americare	Americare		260.25	75			25.2	329.65	percent of total billed charges	
VENOUS BLOOD GAS/ELEC.PANEL	82803	CPT	both			347	29.98	Amerihealth	HMO/PPO		225.55	65			25.2	329.65	percent of total billed charges	
VENOUS BLOOD GAS/ELEC.PANEL	82803	CPT	both			347	29.98	Amerihealth	Medicare		26.07				25.2	329.65	fee schedule	
VENOUS BLOOD GAS/ELEC.PANEL	82803	CPT	both			347	29.98	Consumer	Consumer		329.65	95			25.2	329.65	percent of total billed charges	
VENOUS BLOOD GAS/ELEC.PANEL	82803	CPT	both			347	29.98	Corrections	Corrections		277.6	80			25.2	329.65	percent of total billed charges	
VENOUS BLOOD GAS/ELEC.PANEL	82803	CPT	both			347	29.98	First Health	First Health		242.9	70			25.2	329.65	percent of total billed charges	
VENOUS BLOOD GAS/ELEC.PANEL	82803	CPT	both			347	29.98	First Trenton	First Trenton		312.3	90			25.2	329.65	percent of total billed charges	
VENOUS BLOOD GAS/ELEC.PANEL	82803	CPT	both			347	29.98	Horizon	Medicare Blue		104.1	30			25.2	329.65	percent of total billed charges	
VENOUS BLOOD GAS/ELEC.PANEL	82803	CPT	both			347	29.98	Horizon	Indemnity		132.83	38.28			25.2	329.65	percent of total billed charges	
VENOUS BLOOD GAS/ELEC.PANEL	82803	CPT	both			347	29.98	Horizon	MGD		132.83	38.28			25.2	329.65	percent of total billed charges	
VENOUS BLOOD GAS/ELEC.PANEL	82803	CPT	both			347	29.98	Horizon	NJ Health		32.34				25.2	329.65	fee schedule	
VENOUS BLOOD GAS/ELEC.PANEL	82803	CPT	both			347	29.98	Horizon	PPO		132.83	38.28			25.2	329.65	percent of total billed charges	
VENOUS BLOOD GAS/ELEC.PANEL	82803	CPT	both			347	29.98	Managed Care Inc	Managed Care Inc		312.3	90			25.2	329.65	percent of total billed charges	
VENOUS BLOOD GAS/ELEC.PANEL	82803	CPT	both			347	29.98	Multiplan	Multiplan		277.6	80			25.2	329.65	percent of total billed charges	
VENOUS BLOOD GAS/ELEC.PANEL	82803	CPT	both			347	29.98	Qualcare	Qualcare		260.25	75			25.2	329.65	percent of total billed charges	
VENOUS BLOOD GAS/ELEC.PANEL	82803	CPT	both			347	29.98	Three Rivers	Three Rivers		329.65	95			25.2	329.65	percent of total billed charges	
VENOUS BLOOD GAS/ELEC.PANEL	82803	CPT	both			347	29.98	UHC	Medicare		26.07				25.2	329.65	fee schedule	
VENOUS BLOOD GAS/ELEC.PANEL	82803	CPT	both			347	29.98	UHC	Medicaid		109.48	31.55			25.2	329.65	percent of total billed charges	
VENOUS BLOOD GAS/ELEC.PANEL	82803	CPT	both			347	29.98	Wellcare	Medicare		26.07				25.2	329.65	fee schedule	
VENOUS BLOOD GAS/ELEC.PANEL	82803	CPT	both			347	29.98	Wellcare	Medicaid		109.48	31.55			25.2	329.65	percent of total billed charges	
VENOUS BLOOD GAS/ELEC.PANEL	82803	CPT	both			347	29.98	WellPoint	WellPoint		111.66	32.18			25.2	329.65	percent of total billed charges	
VENOUS BLOOD GAS.PANEL	82805	CPT	both			495	90.59	Aetna	Medicare		78.77				29.1	470.25	fee schedule	
VENOUS BLOOD GAS.PANEL	82805	CPT	both			495	90.59	Aetna	Better Health		156.17	31.55			29.1	470.25	percent of total billed charges	
VENOUS BLOOD GAS.PANEL	82805	CPT	both			495	90.59	Aetna	Commercial		188.1	38			29.1	470.25	percent of total billed charges	
VENOUS BLOOD GAS.PANEL	82805	CPT	both			495	90.59	Americare	Americare		371.25	75			29.1	470.25	percent of total billed charges	
VENOUS BLOOD GAS.PANEL	82805	CPT	both			495	90.59	Amerihealth	HMO/PPO		321.75	65			29.1	470.25	percent of total billed charges	
VENOUS BLOOD GAS.PANEL	82805	CPT	both			495	90.59	Amerihealth	Medicare		78.77				29.1	470.25	fee schedule	
VENOUS BLOOD GAS.PANEL	82805	CPT	both			495	90.59	Consumer	Consumer		470.25	95			29.1	470.25	percent of total billed charges	
VENOUS BLOOD GAS.PANEL	82805	CPT	both			495	90.59	Corrections	Corrections		396	80			29.1	470.25	percent of total billed charges	
VENOUS BLOOD GAS.PANEL	82805	CPT	both			495	90.59	First Health	First Health		346.5	70			29.1	470.25	percent of total billed charges	
VENOUS BLOOD GAS.PANEL	82805	CPT	both			495	90.59	First Trenton	First Trenton		445.5	90			29.1	470.25	percent of total billed charges	
VENOUS BLOOD GAS.PANEL	82805	CPT	both			495	90.59	Horizon	MGD		189.49	38.28			29.1	470.25	percent of total billed charges	
VENOUS BLOOD GAS.PANEL	82805	CPT	both			495	90.59	Horizon	Indemnity		189.49	38.28			29.1	470.25	percent of total billed charges	
VENOUS BLOOD GAS.PANEL	82805	CPT	both			495	90.59	Horizon	NJ Health		54.25				29.1	470.25	fee schedule	
VENOUS BLOOD GAS.PANEL	82805	CPT	both			495	90.59	Horizon	Medicare Blue		148.5	30			29.1	470.25	percent of total billed charges	
VENOUS BLOOD GAS.PANEL	82805	CPT	both			495	90.59	Horizon	PPO		189.49	38.28			29.1	470.25	percent of total billed charges	
VENOUS BLOOD GAS.PANEL	82805	CPT	both			495	90.59	Managed Care Inc	Managed Care Inc		445.5	90			29.1	470.25	percent of total billed charges	
VENOUS BLOOD GAS.PANEL	82805	CPT	both			495	90.59	Multiplan	Multiplan		396	80			29.1	470.25	percent of total billed charges	
VENOUS BLOOD GAS.PANEL	82805	CPT	both			495	90.59	Qualcare	Qualcare		371.25	75			29.1	470.25	percent of total billed charges	
VENOUS BLOOD GAS.PANEL	82805	CPT	both			495	90.59	Three Rivers	Three Rivers		470.25	95			29.1	470.25	percent of total billed charges	
VENOUS BLOOD GAS.PANEL	82805	CPT	both			495	90.59	UHC	Medicare		78.77				29.1	470.25	fee schedule	
VENOUS BLOOD GAS.PANEL	82805	CPT	both			495	90.59	UHC	Medicaid		156.17	31.55			29.1	470.25	percent of total billed charges	
VENOUS BLOOD GAS.PANEL	82805	CPT	both			495	90.59	Wellcare	Medicaid		156.17	31.55			29.1	470.25	percent of total billed charges	
VENOUS BLOOD GAS.PANEL	82805	CPT	both			495	90.59	Wellcare	Medicare		78.77				29.1	470.25	fee schedule	
VENOUS BLOOD GAS.PANEL	82805	CPT	both			495	90.59	WellPoint	WellPoint		159.29	32.18			29.1	470.25	percent of total billed charges	
FRACTIONAL O2 SATURATION	82810	CPT	both			107	11.24	Aetna	Better Health		33.76	31.55			9.77	101.65	percent of total billed charges	
FRACTIONAL O2 SATURATION	82810	CPT	both			107	11.24	Aetna	Medicare		9.77				9.77	101.65	fee schedule	
FRACTIONAL O2 SATURATION	82810	CPT	both			107	11.24	Aetna	Commercial		40.66	38			9.77	101.65	percent of total billed charges	
FRACTIONAL O2 SATURATION	82810	CPT	both			107	11.24	Americare	Americare		80.25	75			9.77	101.65	percent of total billed charges	
FRACTIONAL O2 SATURATION	82810	CPT	both			107	11.24	Amerihealth	Medicare		9.77				9.77	101.65	fee schedule	
FRACTIONAL O2 SATURATION	82810	CPT	both			107	11.24	Amerihealth	HMO/PPO		69.55	65			9.77	101.65	percent of total billed charges	
FRACTIONAL O2 SATURATION	82810	CPT	both			107	11.24	Consumer	Consumer		101.65	95			9.77	101.65	percent of total billed charges	
FRACTIONAL O2 SATURATION	82810	CPT	both			107	11.24	Corrections	Corrections		85.6	80			9.77	101.65	percent of total billed charges	
FRACTIONAL O2 SATURATION	82810	CPT	both			107	11.24	First Health	First Health		74.9	70			9.77	101.65	percent of total billed charges	
FRACTIONAL O2 SATURATION	82810	CPT	both			107	11.24	First Trenton	First Trenton		96.3	90			9.77	101.65	percent of total billed charges	
FRACTIONAL O2 SATURATION	82810	CPT	both			107	11.24	Horizon	Medicare Blue		32.1	30			9.77	101.65	percent of total billed charges	
FRACTIONAL O2 SATURATION	82810	CPT	both			107	11.24	Horizon	MGD		40.96	38.28			9.77	101.65	percent of total billed charges	
FRACTIONAL O2 SATURATION	82810	CPT	both			107	11.24	Horizon	NJ Health		28.73				9.77	101.65	fee schedule	
FRACTIONAL O2 SATURATION	82810	CPT	both			107	11.24	Horizon	Indemnity		40.96	38.28			9.77	101.65	percent of total billed charges	
FRACTIONAL O2 SATURATION	82810	CPT	both			107	11.24	Horizon	PPO		40.96	38.28			9.77	101.65	percent of total billed charges	
FRACTIONAL O2 SATURATION	82810	CPT	both			107	11.24	Managed Care Inc	Managed Care Inc		96.3	90			9.77	101.65	percent of total billed charges	
FRACTIONAL O2 SATURATION	82810	CPT	both			107	11.24	Multiplan	Multiplan		85.6	80			9.77	101.65	percent of total billed charges	
FRACTIONAL O2 SATURATION	82810	CPT	both			107	11.24	Qualcare	Qualcare		80.25	75			9.77	101.65	percent of total billed charges	
FRACTIONAL O2 SATURATION	82810	CPT	both			107	11.24	Three Rivers	Three Rivers		101.65	95			9.77	101.65	percent of total billed charges	
FRACTIONAL O2 SATURATION	82810	CPT	both			107	11.24	UHC	Medicare		9.77				9.77	101.65	fee schedule	
FRACTIONAL O2 SATURATION	82810	CPT	both			107	11.24	UHC	Medicaid		33.76	31.55			9.77	101.65	percent of total billed charges	
FRACTIONAL O2 SATURATION	82810	CPT	both			107	11.24	Wellcare	Medicare		9.77				9.77	101.65	fee schedule	
FRACTIONAL O2 SATURATION	82810	CPT	both			107	11.24	Wellcare	Medicaid		33.76	31.55			9.77	101.65	percent of total billed charges	
FRACTIONAL O2 SATURATION	82810	CPT	both			107	11.24	WellPoint	WellPoint		34.43	32.18			9.77	101.65	percent of total billed charges	
HEMOGLOBIN O2 AFFINITY (PS0)	82820	CPT	outpatient			46	15.34	Aetna	Medicare		13.34				11.09	43.7	fee schedule	
HEMOGLOBIN O2 AFFINITY (PS0)	82820	CPT	outpatient			46	15.34	Aetna	Commercial		17.48	38			11.09	43.7	percent of total billed charges	
HEMOGLOBIN O2 AFFINITY (PS0)	82820	CPT	outpatient			46	15.34	Aetna	Better Health		14.51	31.55			11.09	43.7	percent of total billed charges	
HEMOGLOBIN O2 AFFINITY (PS0)	82820	CPT	outpatient			46	15.34	Americare	Americare		34.5	75			11.09	43.7	percent of total billed charges	
HEMOGLOBIN O2 AFFINITY (PS0)	82820	CPT	outpatient			46	15.34	Amerihealth	Medicare		13.34				11.09	43.7	fee schedule	
HEMOGLOBIN O2 AFFINITY (PS0)	82820	CPT	outpatient			46	15.34	Amerihealth	HMO/PPO		29.9	65			11.09	43.7	percent of total billed charges	
HEMOGLOBIN O2 AFFINITY (PS0)	82820	CPT	outpatient			46	15.34	Consumer	Consumer		43.7	95			11.09	43.7	percent of total billed charges	
HEMOGLOBIN O2 AFFINITY (PS0)	82820	CPT	outpatient			46	15.34	Corrections	Corrections		36.8	80			11.09	43.7	percent of total billed charges	
HEMOGLOBIN O2 AFFINITY (PS0)	82820	CPT	outpatient			46	15.34	First Health	First Health		32.2	70			11.09	43.7	percent of total billed charges	
HEMOGLOBIN O2 AFFINITY (PS0)	82820	CPT	outpatient			46	15.34	First Trenton	First Trenton		41.4	90			11.09	43.7	percent of total billed charges	
HEMOGLOBIN O2 AFFINITY (PS0)	82820	CPT	outpatient			46	15.34	Horizon	Indemnity		17.61	38.28			11.09	43.7	percent of total billed charges	
HEMOGLOBIN O2 AFFINITY (PS0)	82820	CPT	outpatient			46	15.34	Horizon	Medicare Blue		13.8	30			11.09	43.7	percent of total billed charges	
HEMOGLOBIN O2 AFFINITY (PS0)	82820	CPT	outpatient			46	15.34	Horizon	MGD		17.61	38.28			11.09	43.7	percent of total billed charges	
HEMOGLOBIN O2 AFFINITY (PS0)	82820	CPT	outpatient			46	15.34	Horizon	NJ Health		11.09				11.09	43.7	fee schedule	
HEMOGLOBIN O2 AFFINITY (PS0)	82820	CPT	outpatient			46	15.34	Horizon	PPO		17.61	38.28			11.09	43.7	percent of total billed charges	
HEMOGLOBIN O2 AFFINITY (PS0)	82820	CPT	outpatient			46	15.34	Managed Care Inc	Managed Care Inc		41.4	90			11.09	43.7	percent of total billed charges	
HEMOGLOBIN O2 AFFINITY (PS0)	82820	CPT	outpatient			46	15.34	Multiplan	Multiplan		36.8	80			11.09	43.7	percent of total billed charges	
HEMOGLOBIN O2 AFFINITY (PS0)	82820	CPT	outpatient			46	15.34	Qualcare	Qualcare		34.5	75			11.09	43.7	percent of total billed charges	
HEMOGLOBIN O2 AFFINITY (PS0)	82820	CPT	outpatient			46	15.34	Three Rivers	Three Rivers		43.7	95			11.09	43.7	percent of total billed charges	
HEMOGLOBIN O2 AFFINITY (PS0)	82820	CPT	outpatient			46	15.34	UHC	Medicaid		14.51	31.55			11.09	43.7	percent of total billed charges	
HEMOGLOBIN O2 AFFINITY (PS0)	82820	CPT	outpatient			46	15.34	UHC	Medicare		13.34				11.09	43.7	fee schedule	
HEMOGLOBIN O2 AFFINITY (PS0)	82820	CPT	outpatient			46	15.34	Wellcare	Medicare		13.34				11.09	43.7	fee schedule	
HEMOGLOBIN O2 AFFINITY (PS0)	82820	CPT	outpatient			46	15.34	Wellcare	Medicaid		14.51	31.55			11.09	43.7	percent of total billed charges	
HEMOGLOBIN O2 AFFINITY (PS0)	82820	CPT	outpatient			46	15.34	WellPoint	WellPoint		14.8	32.18			11.09	43.7	percent of total billed charges	
GASTRIN, SERUM	82941	CPT	both			42	20.27	Aetna	Better Health		13.25	31.55			12.6	39.9	percent of total billed charges	
GASTRIN, SERUM	82941	CPT	both			42	20.27	Aetna	Commercial		15.96	38			12.6	39.9	percent of total billed charges	
GASTRIN, SERUM	82941	CPT	both			42	20.27	Aetna	Medicare		17.63				12.6	39.9	fee schedule	
GASTRIN, SERUM	82941	CPT	both			42	20.27	Americare	Americare		31.5	75			12.6	39.9	percent of total billed charges	
GASTRIN, SERUM	82941	CPT	both			42	20.27	Amerihealth	HMO/PPO		27.3	65			12.6	39.9	percent of total billed charges	
GASTRIN, SERUM	82941	CPT	both			42	20.27	Amerihealth	Medicare		17.63				12.6	39.9	fee schedule	
GASTRIN, SERUM	82941	CPT	both			42	20.27	Consumer	Consumer		39.9	95			12.6	39.9	percent of total billed charges	
GASTRIN, SERUM	82941	CPT	both			42	20.27	Corrections	Corrections		33.6	80			12.6	39.9	percent of total billed charges	
GASTRIN, SERUM	82941	CPT	both			42	20.27	First Health	First Health		29.4	70			12.6	39.9	percent of total billed charges	
GASTRIN, SERUM	82941	CPT	both			42	20.27	First Trenton	First Trenton		37.8	90			12.6	39.9	percent of total billed charges	
GASTRIN, SERUM	82941	CPT	both			42	20.27	Horizon	Indemnity		16.08	38.28			12.6	39.9	percent of total billed charges	
GASTRIN, SERUM	82941	CPT	both			42	20.27	Horizon	Medicare Blue		12.6	30			12.6	39.9	percent of total billed charges	
GASTRIN, SERUM	82941	CPT	both			42	20.27	Horizon	MGD		16.08	38.28			12.6	39.9	percent of total billed charges	
GASTRIN, SERUM	82941	CPT	both			42	20.27	Horizon	NJ Health		31.36				12.6	39.9	fee schedule	
GASTRIN, SERUM	82941	CPT	both			42	20.27	Horizon	PPO		16.08	38.28			12.6	39.9	percent of total billed charges	
GASTRIN, SERUM	82941	CPT	both			42	20.27	Managed Care Inc	Managed Care Inc		37.8	90			12.6	39.9	percent of total billed charges	
GASTRIN, SERUM	82941	CPT	both			42	20.27	Multiplan	Multiplan		33.6	80			12.6	39.9	percent of total billed charges	
GASTRIN, SERUM	82941	CPT	both			42	20.27	Qualcare	Qualcare		31.5	75			12.6	39.9	percent of total billed charges	
GASTRIN, SERUM	82941	CPT	both			42	20.27	Three Rivers	Three Rivers		39.9	95			12.6	39.9	percent of total billed charges	
GASTRIN, SERUM	82941	CPT	both			42	20.27	UHC	Medicaid		13.25	31.55			12.6	39.9	percent of total billed charges	
GASTRIN, SERUM	82941	CPT	both			42	20.27	UHC	Medicare		17.63				12.6	39.9	fee schedule	
GASTRIN, SERUM	82941	CPT	both			42	20.27	Wellcare	Medicaid		13.25	31.55			12.6	39.9	percent of total billed charges	
GASTRIN, SERUM	82941	CPT	both			42	20.27	Wellcare	Medicare		17.63				12.6	39.9	fee schedule	
GASTRIN, SERUM	82941	CPT	both			42	20.27	WellPoint	WellPoint		13.52	32.18			12.6	39.9	percent of total billed charges	
GLUCAGON PLASMA	82943	CPT	both			251	16.43	Aetna	Medicare		14.29				14.29	238.45	fee schedule	
GLUCAGON PLASMA	82943	CPT	both			251	16.43	Aetna	Better Health		79.19	31.55			14.29	238.45	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
GLUCAGON PLASMA	82943	CPT	both			251		16.43 Aetna	Commercial		95.38	38			14.29		238.45 percent of total billed charges	
GLUCAGON PLASMA	82943	CPT	both			251		16.43 Americare	Americare		188.25	75			14.29		238.45 percent of total billed charges	
GLUCAGON PLASMA	82943	CPT	both			251		16.43 Amerihealth	HMO/PPO		163.15	65			14.29		238.45 percent of total billed charges	
GLUCAGON PLASMA	82943	CPT	both			251		16.43 Amerihealth	Medicare		14.29				14.29		238.45 fee schedule	
GLUCAGON PLASMA	82943	CPT	both			251		16.43 Consumer	Consumer		238.45	95			14.29		238.45 percent of total billed charges	
GLUCAGON PLASMA	82943	CPT	both			251		16.43 Corrections	Corrections		200.8	80			14.29		238.45 percent of total billed charges	
GLUCAGON PLASMA	82943	CPT	both			251		16.43 First Health	First Health		175.7	70			14.29		238.45 percent of total billed charges	
GLUCAGON PLASMA	82943	CPT	both			251		16.43 First Trenton	First Trenton		225.9	90			14.29		238.45 percent of total billed charges	
GLUCAGON PLASMA	82943	CPT	both			251		16.43 Horizon	MGD		96.08	38.28			14.29		238.45 percent of total billed charges	
GLUCAGON PLASMA	82943	CPT	both			251		16.43 Horizon	Indemnity		96.08	38.28			14.29		238.45 percent of total billed charges	
GLUCAGON PLASMA	82943	CPT	both			251		16.43 Horizon	Medicare Blue		75.3	30			14.29		238.45 percent of total billed charges	
GLUCAGON PLASMA	82943	CPT	both			251		16.43 Horizon	NJ Health		45.39				14.29		238.45 fee schedule	
GLUCAGON PLASMA	82943	CPT	both			251		16.43 Horizon	PPO		96.08	38.28			14.29		238.45 percent of total billed charges	
GLUCAGON PLASMA	82943	CPT	both			251		16.43 Managed Care Inc	Managed Care Inc		225.9	90			14.29		238.45 percent of total billed charges	
GLUCAGON PLASMA	82943	CPT	both			251		16.43 Multiplan	Multiplan		200.8	80			14.29		238.45 percent of total billed charges	
GLUCAGON PLASMA	82943	CPT	both			251		16.43 Qualcare	Qualcare		188.25	75			14.29		238.45 percent of total billed charges	
GLUCAGON PLASMA	82943	CPT	both			251		16.43 Three Rivers	Three Rivers		238.45	95			14.29		238.45 percent of total billed charges	
GLUCAGON PLASMA	82943	CPT	both			251		16.43 UHC	Medicaid		79.19	31.55			14.29		238.45 percent of total billed charges	
GLUCAGON PLASMA	82943	CPT	both			251		16.43 UHC	Medicare		14.29				14.29		238.45 fee schedule	
GLUCAGON PLASMA	82943	CPT	both			251		16.43 Wellcare	Medicare		14.29				14.29		238.45 fee schedule	
GLUCAGON PLASMA	82943	CPT	both			251		16.43 Wellcare	Medicaid		79.19	31.55			14.29		238.45 percent of total billed charges	
GLUCAGON PLASMA	82943	CPT	both			251		16.43 WellPoint	WellPoint		80.77	32.18			14.29		238.45 percent of total billed charges	
GOUCOSE BODY FLUID	82945	CPT	both			125		4.52 Aetna	Commercial		47.5	38			3.93		118.75 percent of total billed charges	
GOUCOSE BODY FLUID	82945	CPT	both			125		4.52 Aetna	Better Health		39.44	31.55			3.93		118.75 percent of total billed charges	
GOUCOSE BODY FLUID	82945	CPT	both			125		4.52 Aetna	Medicare		3.93				3.93		118.75 fee schedule	
GOUCOSE BODY FLUID	82945	CPT	both			125		4.52 Americare	Americare		93.75	75			3.93		118.75 percent of total billed charges	
GOUCOSE BODY FLUID	82945	CPT	both			125		4.52 Amerihealth	Medicare		3.93				3.93		118.75 fee schedule	
GOUCOSE BODY FLUID	82945	CPT	both			125		4.52 Amerihealth	HMO/PPO		81.25	65			3.93		118.75 percent of total billed charges	
GOUCOSE BODY FLUID	82945	CPT	both			125		4.52 Consumer	Consumer		118.75	95			3.93		118.75 percent of total billed charges	
GOUCOSE BODY FLUID	82945	CPT	both			125		4.52 Corrections	Corrections		100	80			3.93		118.75 percent of total billed charges	
GOUCOSE BODY FLUID	82945	CPT	both			125		4.52 First Health	First Health		87.5	70			3.93		118.75 percent of total billed charges	
GOUCOSE BODY FLUID	82945	CPT	both			125		4.52 First Trenton	First Trenton		112.5	90			3.93		118.75 percent of total billed charges	
GOUCOSE BODY FLUID	82945	CPT	both			125		4.52 Horizon	MGD		47.85	38.28			3.93		118.75 percent of total billed charges	
GOUCOSE BODY FLUID	82945	CPT	both			125		4.52 Horizon	Indemnity		47.85	38.28			3.93		118.75 percent of total billed charges	
GOUCOSE BODY FLUID	82945	CPT	both			125		4.52 Horizon	Medicare Blue		37.5	30			3.93		118.75 percent of total billed charges	
GOUCOSE BODY FLUID	82945	CPT	both			125		4.52 Horizon	NJ Health		4.33				3.93		118.75 fee schedule	
GOUCOSE BODY FLUID	82945	CPT	both			125		4.52 Horizon	PPO		47.85	38.28			3.93		118.75 percent of total billed charges	
GOUCOSE BODY FLUID	82945	CPT	both			125		4.52 Managed Care Inc	Managed Care Inc		112.5	90			3.93		118.75 percent of total billed charges	
GOUCOSE BODY FLUID	82945	CPT	both			125		4.52 Multiplan	Multiplan		100	80			3.93		118.75 percent of total billed charges	
GOUCOSE BODY FLUID	82945	CPT	both			125		4.52 Qualcare	Qualcare		93.75	75			3.93		118.75 percent of total billed charges	
GOUCOSE BODY FLUID	82945	CPT	both			125		4.52 Three Rivers	Three Rivers		118.75	95			3.93		118.75 percent of total billed charges	
GOUCOSE BODY FLUID	82945	CPT	both			125		4.52 UHC	Medicaid		39.44	31.55			3.93		118.75 percent of total billed charges	
GOUCOSE BODY FLUID	82945	CPT	both			125		4.52 UHC	Medicare		3.93				3.93		118.75 fee schedule	
GOUCOSE BODY FLUID	82945	CPT	both			125		4.52 Wellcare	Medicare		3.93				3.93		118.75 fee schedule	
GOUCOSE BODY FLUID	82945	CPT	both			125		4.52 Wellcare	Medicaid		39.44	31.55			3.93		118.75 percent of total billed charges	
GOUCOSE BODY FLUID	82945	CPT	both			125		4.52 WellPoint	WellPoint		40.23	32.18			3.93		118.75 percent of total billed charges	
URINE,GLUCOSE,RANDOM	82947	CPT	both			146		4.52 Aetna	Commercial		55.48	38			3.3		138.7 percent of total billed charges	
URINE,GLUCOSE,RANDOM	82947	CPT	both			146		4.52 Aetna	Better Health		46.06	31.55			3.3		138.7 percent of total billed charges	
URINE,GLUCOSE,RANDOM	82947	CPT	both			146		4.52 Aetna	Medicare		3.93				3.3		138.7 fee schedule	
URINE,GLUCOSE,RANDOM	82947	CPT	both			146		4.52 Americare	Americare		109.5	75			3.3		138.7 percent of total billed charges	
URINE,GLUCOSE,RANDOM	82947	CPT	both			146		4.52 Amerihealth	Medicare		3.93				3.3		138.7 fee schedule	
URINE,GLUCOSE,RANDOM	82947	CPT	both			146		4.52 Amerihealth	HMO/PPO		94.9	65			3.3		138.7 percent of total billed charges	
URINE,GLUCOSE,RANDOM	82947	CPT	both			146		4.52 Consumer	Consumer		138.7	95			3.3		138.7 percent of total billed charges	
URINE,GLUCOSE,RANDOM	82947	CPT	both			146		4.52 Corrections	Corrections		116.8	80			3.3		138.7 percent of total billed charges	
URINE,GLUCOSE,RANDOM	82947	CPT	both			146		4.52 First Health	First Health		102.2	70			3.3		138.7 percent of total billed charges	
URINE,GLUCOSE,RANDOM	82947	CPT	both			146		4.52 First Trenton	First Trenton		131.4	90			3.3		138.7 percent of total billed charges	
URINE,GLUCOSE,RANDOM	82947	CPT	both			146		4.52 Horizon	Indemnity		55.89	38.28			3.3		138.7 percent of total billed charges	
URINE,GLUCOSE,RANDOM	82947	CPT	both			146		4.52 Horizon	MGD		55.89	38.28			3.3		138.7 percent of total billed charges	
URINE,GLUCOSE,RANDOM	82947	CPT	both			146		4.52 Horizon	Medicare Blue		43.8	30			3.3		138.7 percent of total billed charges	
URINE,GLUCOSE,RANDOM	82947	CPT	both			146		4.52 Horizon	NJ Health		8.51				3.3		138.7 fee schedule	
URINE,GLUCOSE,RANDOM	82947	CPT	both			146		4.52 Horizon	PPO		55.89	38.28			3.3		138.7 percent of total billed charges	
URINE,GLUCOSE,RANDOM	82947	CPT	both			146		4.52 Managed Care Inc	Managed Care Inc		131.4	90			3.3		138.7 percent of total billed charges	
URINE,GLUCOSE,RANDOM	82947	CPT	both			146		4.52 Multiplan	Multiplan		116.8	80			3.3		138.7 percent of total billed charges	
URINE,GLUCOSE,RANDOM	82947	CPT	both			146		4.52 Qualcare	Qualcare		109.5	75			3.3		138.7 percent of total billed charges	
URINE,GLUCOSE,RANDOM	82947	CPT	both			146		4.52 Three Rivers	Three Rivers		138.7	95			3.3		138.7 percent of total billed charges	
URINE,GLUCOSE,RANDOM	82947	CPT	both			146		4.52 UHC	Medicare		3.93				3.3		138.7 fee schedule	
URINE,GLUCOSE,RANDOM	82947	CPT	both			146		4.52 UHC	Medicaid		46.06	31.55			3.3		138.7 percent of total billed charges	
URINE,GLUCOSE,RANDOM	82947	CPT	both			146		4.52 Wellcare	Medicare		3.93				3.3		138.7 fee schedule	
URINE,GLUCOSE,RANDOM	82947	CPT	both			146		4.52 Wellcare	Medicaid		46.06	31.55			3.3		138.7 percent of total billed charges	
URINE,GLUCOSE,RANDOM	82947	CPT	both			146		4.52 WellPoint	WellPoint		46.98	32.18			3.3		138.7 percent of total billed charges	
GLUCOSE; BLOOD REAGENT STRIP	82948	CPT	both			44		5.8 Aetna	Better Health		13.88	31.55			2.94		41.8 percent of total billed charges	
GLUCOSE; BLOOD REAGENT STRIP	82948	CPT	both			44		5.8 Aetna	Medicare		5.04				2.94		41.8 fee schedule	
GLUCOSE; BLOOD REAGENT STRIP	82948	CPT	both			44		5.8 Aetna	Commercial		16.72	38			2.94		41.8 percent of total billed charges	
GLUCOSE; BLOOD REAGENT STRIP	82948	CPT	both			44		5.8 Americare	Americare		33	75			2.94		41.8 percent of total billed charges	
GLUCOSE; BLOOD REAGENT STRIP	82948	CPT	both			44		5.8 Amerihealth	Medicare		5.04				2.94		41.8 fee schedule	
GLUCOSE; BLOOD REAGENT STRIP	82948	CPT	both			44		5.8 Amerihealth	HMO/PPO		28.6	65			2.94		41.8 percent of total billed charges	
GLUCOSE; BLOOD REAGENT STRIP	82948	CPT	both			44		5.8 Consumer	Consumer		41.8	95			2.94		41.8 percent of total billed charges	
GLUCOSE; BLOOD REAGENT STRIP	82948	CPT	both			44		5.8 Corrections	Corrections		35.2	80			2.94		41.8 percent of total billed charges	
GLUCOSE; BLOOD REAGENT STRIP	82948	CPT	both			44		5.8 First Health	First Health		30.8	70			2.94		41.8 percent of total billed charges	
GLUCOSE; BLOOD REAGENT STRIP	82948	CPT	both			44		5.8 First Trenton	First Trenton		39.6	90			2.94		41.8 percent of total billed charges	
GLUCOSE; BLOOD REAGENT STRIP	82948	CPT	both			44		5.8 Horizon	Indemnity		16.84	38.28			2.94		41.8 percent of total billed charges	
GLUCOSE; BLOOD REAGENT STRIP	82948	CPT	both			44		5.8 Horizon	Medicare Blue		13.2	30			2.94		41.8 percent of total billed charges	
GLUCOSE; BLOOD REAGENT STRIP	82948	CPT	both			44		5.8 Horizon	NJ Health		2.94				2.94		41.8 fee schedule	
GLUCOSE; BLOOD REAGENT STRIP	82948	CPT	both			44		5.8 Horizon	MGD		16.84	38.28			2.94		41.8 percent of total billed charges	
GLUCOSE; BLOOD REAGENT STRIP	82948	CPT	both			44		5.8 Horizon	PPO		16.84	38.28			2.94		41.8 percent of total billed charges	
GLUCOSE; BLOOD REAGENT STRIP	82948	CPT	both			44		5.8 Managed Care Inc	Managed Care Inc		39.6	90			2.94		41.8 percent of total billed charges	
GLUCOSE; BLOOD REAGENT STRIP	82948	CPT	both			44		5.8 Multiplan	Multiplan		35.2	80			2.94		41.8 percent of total billed charges	
GLUCOSE; BLOOD REAGENT STRIP	82948	CPT	both			44		5.8 Qualcare	Qualcare		33	75			2.94		41.8 percent of total billed charges	
GLUCOSE; BLOOD REAGENT STRIP	82948	CPT	both			44		5.8 Three Rivers	Three Rivers		41.8	95			2.94		41.8 percent of total billed charges	
GLUCOSE; BLOOD REAGENT STRIP	82948	CPT	both			44		5.8 UHC	Medicaid		13.88	31.55			2.94		41.8 percent of total billed charges	
GLUCOSE; BLOOD REAGENT STRIP	82948	CPT	both			44		5.8 UHC	Medicare		5.04				2.94		41.8 fee schedule	
GLUCOSE; BLOOD REAGENT STRIP	82948	CPT	both			44		5.8 Wellcare	Medicare		5.04				2.94		41.8 fee schedule	
GLUCOSE; BLOOD REAGENT STRIP	82948	CPT	both			44		5.8 Wellcare	Medicaid		13.88	31.55			2.94		41.8 percent of total billed charges	
GLUCOSE; BLOOD REAGENT STRIP	82948	CPT	both			44		5.8 WellPoint	WellPoint		14.16	32.18			2.94		41.8 percent of total billed charges	
GLUCOSE CHALLENGE TEST	82950	CPT	both			83		5.46 Aetna	Medicare		4.75				4.75		78.85 fee schedule	
GLUCOSE CHALLENGE TEST	82950	CPT	both			83		5.46 Aetna	Commercial		31.54	38			4.75		78.85 percent of total billed charges	
GLUCOSE CHALLENGE TEST	82950	CPT	both			83		5.46 Aetna	Better Health		26.19	31.55			4.75		78.85 percent of total billed charges	
GLUCOSE CHALLENGE TEST	82950	CPT	both			83		5.46 Americare	Americare		62.25	75			4.75		78.85 percent of total billed charges	
GLUCOSE CHALLENGE TEST	82950	CPT	both			83		5.46 Amerihealth	Medicare		4.75				4.75		78.85 fee schedule	
GLUCOSE CHALLENGE TEST	82950	CPT	both			83		5.46 Amerihealth	HMO/PPO		53.95	65			4.75		78.85 percent of total billed charges	
GLUCOSE CHALLENGE TEST	82950	CPT	both			83		5.46 Consumer	Consumer		78.85	95			4.75		78.85 percent of total billed charges	
GLUCOSE CHALLENGE TEST	82950	CPT	both			83		5.46 Corrections	Corrections		66.4	80			4.75		78.85 percent of total billed charges	
GLUCOSE CHALLENGE TEST	82950	CPT	both			83		5.46 First Health	First Health		58.1	70			4.75		78.85 percent of total billed charges	
GLUCOSE CHALLENGE TEST	82950	CPT	both			83		5.46 First Trenton	First Trenton		74.7	90			4.75		78.85 percent of total billed charges	
GLUCOSE CHALLENGE TEST	82950	CPT	both			83		5.46 Horizon	MGD		31.77	38.28			4.75		78.85 percent of total billed charges	
GLUCOSE CHALLENGE TEST	82950	CPT	both			83		5.46 Horizon	Indemnity		31.77	38.28			4.75		78.85 percent of total billed charges	
GLUCOSE CHALLENGE TEST	82950	CPT	both			83		5.46 Horizon	Medicare Blue		24.9	30			4.75		78.85 percent of total billed charges	
GLUCOSE CHALLENGE TEST	82950	CPT	both			83		5.46 Horizon	PPO		31.77	38.28			4.75		78.85 percent of total billed charges	
GLUCOSE CHALLENGE TEST	82950	CPT	both			83		5.46 Horizon	NJ Health		5.88				4.75		78.85 fee schedule	
GLUCOSE CHALLENGE TEST	82950	CPT	both			83		5.46 Managed Care Inc	Managed Care Inc		74.7	90			4.75		78.85 percent of total billed charges	
GLUCOSE CHALLENGE TEST	82950	CPT	both			83		5.46 Multiplan	Multiplan		66.4	80			4.75		78.85 percent of total billed charges	
GLUCOSE CHALLENGE TEST	82950	CPT	both			83		5.46 Qualcare	Qualcare		62.25	75			4.75		78.85 percent of total billed charges	
GLUCOSE CHALLENGE TEST	82950	CPT	both			83		5.46 Three Rivers	Three Rivers		78.85	95			4.75		78.85 percent of total billed charges	
GLUCOSE CHALLENGE TEST	82950	CPT	both			83		5.46 UHC	Medicaid		26.19	31.55			4.75		78.85 percent of total billed charges	
GLUCOSE CHALLENGE TEST	82950	CPT	both			83		5.46 UHC	Medicare		4.75				4.75		78.85 fee schedule	
GLUCOSE CHALLENGE TEST	82950	CPT	both			83		5.46 Wellcare	Medicare		4.75				4.75		78.85 fee schedule	
GLUCOSE CHALLENGE TEST	82950	CPT	both			83		5.46 Wellcare	Medicaid		26.19	31.55			4.75		78.85 percent of total billed charges	
GLUCOSE CHALLENGE TEST	82950	CPT	both			83		5.46 WellPoint	WellPoint		26.71	32.18			4.75		78.85 percent of total billed charges	
GLUCOSE 2 HOURS	82951	CPT	both			110		14.8 Aetna	Medicare		12.87				9.8		104.5 fee schedule	
GLUCOSE 2 HOURS	82951	CPT	both			110		14.8 Aetna	Better Health		34.71	31.55			9.8		104.5 percent of total billed charges	
GLUCOSE 2 HOURS	82951	CPT	both			110		14.8 Aetna	Commercial		41.8	38			9.8		104.5 percent of total billed charges	
GLUCOSE 2 HOURS	82951	CPT	both			110		14.8 Americare	Americare		82.5	75			9.8		104.5 percent of total billed charges	
GLUCOSE 2 HOURS	82951	CPT	both			110		14.8 Amerihealth	Medicare		12.87				9.8		104.5 fee schedule	
GLUCOSE 2 HOURS	82951	CPT	both			110		14.8 Amerihealth	HMO/PPO		71.5	65			9.8		104.5 percent of total billed charges	
GLUCOSE 2 HOURS	82951	CPT	both			110		14.8 Consumer	Consumer		104.5	95			9.8		104.5 percent of total billed charges	
GLUCOSE 2 HOURS	82951	CPT	both			110		14.8 Corrections	Corrections		88	80			9.8		104.5 percent of total billed charges	
GLUCOSE 2 HOURS	82951	CPT	both			110		14.8 First Health	First Health		77	70			9.8		104.5 percent of total billed charges	
GLUCOSE 2 HOURS	82951	CPT	both			110		14.8 First Trenton	First Trenton		99	90			9.8		104.5 percent of total billed charges	
GLUCOSE 2 HOURS	82951	CPT	both			110		14.8 Horizon	Medicare Blue		33	30			9.8		104.5 percent of total billed charges	
GLUCOSE 2 HOURS	82951	CPT	both			110		14.8 Horizon	NJ Health		9.8				9.8		104.5 fee schedule	
GLUCOSE 2 HOURS	82951	CPT	both			110		14.8 Horizon	MGD		42.11	38.28			9.8		104.5 percent of total billed charges	
GLUCOSE 2 HOURS	82951	CPT	both			110		14.8 Horizon	Indemnity		42.11	38.28			9.8		104.5 percent of total billed charges	
GLUCOSE 2 HOURS	82951	CPT	both			110		14.8 Horizon	PPO		42.11	38.28			9.8		104.5 percent of total billed charges	
GLUCOSE 2 HOURS	82951	CPT	both			110		14.8 Managed Care Inc	Managed Care Inc		99	90			9.8		104.5 percent of total billed charges	
GLUCOSE 2 HOURS	82951	CPT	both			110		14.8 Multiplan	Multiplan		88	80			9.8		104.5 percent of total billed charges	
GLUCOSE 2 HOURS	82951	CPT	both			110		14.8 Qualcare	Qualcare		82.5	75			9.8		104.5 percent of total billed charges	
GLUCOSE 2 HOURS	82951	CPT	both			110		14.8 Three Rivers	Three Rivers		104.5	95			9.8		104.5 percent of total billed charges	
GLUCOSE 2 HOURS	82951	CPT	both			110		14.8 UHC	Medicare		12.87				9.8		104.5 fee schedule	
GLUCOSE 2 HOURS	82951	CPT	both			110		14.8 UHC	Medicaid		34.71	31.55			9.8		104.5 percent of total billed charges	
GLUCOSE 2 HOURS	82951	CPT	both			110		14.8 Wellcare	Medicare		12.87				9.8		104.5 fee schedule	
GLUCOSE 2 HOURS	82951	CPT	both			110		14.8 Wellcare	Medicaid		34.71	31.55			9.8		104.5 percent of total billed charges	
GLUCOSE 2 HOURS	82951	CPT	both			110		14.8 WellPoint	WellPoint		35.4	32.18			9.8		104.5 percent of total billed charges	
GLUCOSE 3 HOURS	82952	CPT	both			29		4.51 Aetna	Better Health		9.15	31.55			1.96		27.55 percent of total billed charges	
GLUCOSE 3 HOURS	82952	CPT	both			29		4.51 Aetna	Medicare		3.92				1.96		27.55 fee schedule	
GLUCOSE 3 HOURS	82952	CPT	both			29		4.51 Aetna	Commercial		11.02	38			1.96		27.55 percent of total billed charges	
GLUCOSE 3 HOURS	82952	CPT	both			29		4.51 Americare	Americare		21.75	75			1.96		27.55 percent of total billed charges	
GLUCOSE 3 HOURS	82952	CPT	both			29		4.51 Amerihealth	HMO/PPO		18.85	65			1.96		27.55 percent of total billed charges	
GLUCOSE 3 HOURS	82952	CPT	both			29		4.51 Amerihealth	Medicare		3.92				1.96		27.55 fee schedule	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
GLUCOSE 3 HOURS	82952	CPT	both			29	4.51	Consumer	Consumer		27.55	95			1.96	27.55	percent of total billed charges	
GLUCOSE 3 HOURS	82952	CPT	both			29	4.51	Corrections	Corrections		23.2	80			1.96	27.55	percent of total billed charges	
GLUCOSE 3 HOURS	82952	CPT	both			29	4.51	First Health	First Health		20.3	70			1.96	27.55	percent of total billed charges	
GLUCOSE 3 HOURS	82952	CPT	both			29	4.51	First Trenton	First Trenton		26.1	90			1.96	27.55	percent of total billed charges	
GLUCOSE 3 HOURS	82952	CPT	both			29	4.51	Horizon	Medicare Blue		8.7	30			1.96	27.55	percent of total billed charges	
GLUCOSE 3 HOURS	82952	CPT	both			29	4.51	Horizon	Indemnity		11.1	38.28			1.96	27.55	percent of total billed charges	
GLUCOSE 3 HOURS	82952	CPT	both			29	4.51	Horizon	MGD		11.1	38.28			1.96	27.55	percent of total billed charges	
GLUCOSE 3 HOURS	82952	CPT	both			29	4.51	Horizon	PPO		11.1	38.28			1.96	27.55	percent of total billed charges	
GLUCOSE 3 HOURS	82952	CPT	both			29	4.51	Horizon	NJ Health		1.96				1.96	27.55	fee schedule	
GLUCOSE 3 HOURS	82952	CPT	both			29	4.51	Managed Care Inc	Managed Care Inc		26.1	90			1.96	27.55	percent of total billed charges	
GLUCOSE 3 HOURS	82952	CPT	both			29	4.51	Multiplan	Multiplan		23.2	80			1.96	27.55	percent of total billed charges	
GLUCOSE 3 HOURS	82952	CPT	both			29	4.51	Qualcare	Qualcare		21.75	75			1.96	27.55	percent of total billed charges	
GLUCOSE 3 HOURS	82952	CPT	both			29	4.51	Three Rivers	Three Rivers		27.55	95			1.96	27.55	percent of total billed charges	
GLUCOSE 3 HOURS	82952	CPT	both			29	4.51	UHC	Medicare		3.92				1.96	27.55	fee schedule	
GLUCOSE 3 HOURS	82952	CPT	both			29	4.51	UHC	Medicaid		9.15	31.55			1.96	27.55	percent of total billed charges	
GLUCOSE 3 HOURS	82952	CPT	both			29	4.51	Wellcare	Medicaid		9.15	31.55			1.96	27.55	percent of total billed charges	
GLUCOSE 3 HOURS	82952	CPT	both			29	4.51	Wellcare	Medicare		3.92				1.96	27.55	fee schedule	
GLUCOSE 3 HOURS	82952	CPT	both			29	4.51	WellPoint	WellPoint		9.33	32.18			1.96	27.55	percent of total billed charges	
WHOLE BLOOD GLUCOSE	82955	CPT	both			179	11.16	Aetna	Better Health		56.47	31.55			6.9	170.05	percent of total billed charges	
WHOLE BLOOD GLUCOSE	82955	CPT	both			179	11.16	Aetna	Commercial		68.02	38			6.9	170.05	percent of total billed charges	
WHOLE BLOOD GLUCOSE	82955	CPT	both			179	11.16	Aetna	Medicare		9.7				6.9	170.05	fee schedule	
WHOLE BLOOD GLUCOSE	82955	CPT	both			179	11.16	Americare	Americare		134.25	75			6.9	170.05	percent of total billed charges	
WHOLE BLOOD GLUCOSE	82955	CPT	both			179	11.16	Amerihealth	Medicare		9.7				6.9	170.05	fee schedule	
WHOLE BLOOD GLUCOSE	82955	CPT	both			179	11.16	Amerihealth	HMO/PPO		116.35	65			6.9	170.05	percent of total billed charges	
WHOLE BLOOD GLUCOSE	82955	CPT	both			179	11.16	Consumer	Consumer		170.05	95			6.9	170.05	percent of total billed charges	
WHOLE BLOOD GLUCOSE	82955	CPT	both			179	11.16	Corrections	Corrections		143.2	80			6.9	170.05	percent of total billed charges	
WHOLE BLOOD GLUCOSE	82955	CPT	both			179	11.16	First Health	First Health		125.3	70			6.9	170.05	percent of total billed charges	
WHOLE BLOOD GLUCOSE	82955	CPT	both			179	11.16	First Trenton	First Trenton		161.1	90			6.9	170.05	percent of total billed charges	
WHOLE BLOOD GLUCOSE	82955	CPT	both			179	11.16	Horizon	PPO		68.52	38.28			6.9	170.05	percent of total billed charges	
WHOLE BLOOD GLUCOSE	82955	CPT	both			179	11.16	Horizon	MGD		68.52	38.28			6.9	170.05	percent of total billed charges	
WHOLE BLOOD GLUCOSE	82955	CPT	both			179	11.16	Horizon	Indemnity		68.52	38.28			6.9	170.05	percent of total billed charges	
WHOLE BLOOD GLUCOSE	82955	CPT	both			179	11.16	Horizon	Medicare Blue		53.7	30			6.9	170.05	percent of total billed charges	
WHOLE BLOOD GLUCOSE	82955	CPT	both			179	11.16	Horizon	NJ Health		11.76				6.9	170.05	fee schedule	
WHOLE BLOOD GLUCOSE	82955	CPT	both			179	11.16	Managed Care Inc	Managed Care Inc		161.1	90			6.9	170.05	percent of total billed charges	
WHOLE BLOOD GLUCOSE	82955	CPT	both			179	11.16	Multiplan	Multiplan		143.2	80			6.9	170.05	percent of total billed charges	
WHOLE BLOOD GLUCOSE	82955	CPT	both			179	11.16	Qualcare	Qualcare		134.25	75			6.9	170.05	percent of total billed charges	
WHOLE BLOOD GLUCOSE	82955	CPT	both			179	11.16	Three Rivers	Three Rivers		170.05	95			6.9	170.05	percent of total billed charges	
WHOLE BLOOD GLUCOSE	82955	CPT	both			179	11.16	UHC	Medicaid		56.47	31.55			6.9	170.05	percent of total billed charges	
WHOLE BLOOD GLUCOSE	82955	CPT	both			179	11.16	UHC	Medicare		9.7				6.9	170.05	fee schedule	
WHOLE BLOOD GLUCOSE	82955	CPT	both			179	11.16	Wellcare	Medicare		9.7				6.9	170.05	fee schedule	
WHOLE BLOOD GLUCOSE	82955	CPT	both			179	11.16	Wellcare	Medicaid		56.47	31.55			6.9	170.05	percent of total billed charges	
WHOLE BLOOD GLUCOSE	82955	CPT	both			179	11.16	WellPoint	WellPoint		57.6	32.18			6.9	170.05	percent of total billed charges	
G6PD SCREEN	82960	CPT	both			36	6.96	Aetna	Commercial		13.68	38			6.05	34.2	percent of total billed charges	
G6PD SCREEN	82960	CPT	both			36	6.96	Aetna	Better Health		11.36	31.55			6.05	34.2	percent of total billed charges	
G6PD SCREEN	82960	CPT	both			36	6.96	Aetna	Medicare		6.05				6.05	34.2	fee schedule	
G6PD SCREEN	82960	CPT	both			36	6.96	Americare	Americare		27	75			6.05	34.2	percent of total billed charges	
G6PD SCREEN	82960	CPT	both			36	6.96	Amerihealth	Medicare		6.05				6.05	34.2	fee schedule	
G6PD SCREEN	82960	CPT	both			36	6.96	Amerihealth	HMO/PPO		23.4	65			6.05	34.2	percent of total billed charges	
G6PD SCREEN	82960	CPT	both			36	6.96	Consumer	Consumer		34.2	95			6.05	34.2	percent of total billed charges	
G6PD SCREEN	82960	CPT	both			36	6.96	Corrections	Corrections		28.8	80			6.05	34.2	percent of total billed charges	
G6PD SCREEN	82960	CPT	both			36	6.96	First Health	First Health		25.2	70			6.05	34.2	percent of total billed charges	
G6PD SCREEN	82960	CPT	both			36	6.96	First Trenton	First Trenton		32.4	90			6.05	34.2	percent of total billed charges	
G6PD SCREEN	82960	CPT	both			36	6.96	Horizon	Medicare Blue		10.8	30			6.05	34.2	percent of total billed charges	
G6PD SCREEN	82960	CPT	both			36	6.96	Horizon	PPO		13.78	38.28			6.05	34.2	percent of total billed charges	
G6PD SCREEN	82960	CPT	both			36	6.96	Horizon	MGD		13.78	38.28			6.05	34.2	percent of total billed charges	
G6PD SCREEN	82960	CPT	both			36	6.96	Horizon	Indemnity		13.78	38.28			6.05	34.2	percent of total billed charges	
G6PD SCREEN	82960	CPT	both			36	6.96	Horizon	NJ Health		19.6				6.05	34.2	fee schedule	
G6PD SCREEN	82960	CPT	both			36	6.96	Managed Care Inc	Managed Care Inc		32.4	90			6.05	34.2	percent of total billed charges	
G6PD SCREEN	82960	CPT	both			36	6.96	Multiplan	Multiplan		28.8	80			6.05	34.2	percent of total billed charges	
G6PD SCREEN	82960	CPT	both			36	6.96	Qualcare	Qualcare		27	75			6.05	34.2	percent of total billed charges	
G6PD SCREEN	82960	CPT	both			36	6.96	Three Rivers	Three Rivers		34.2	95			6.05	34.2	percent of total billed charges	
G6PD SCREEN	82960	CPT	both			36	6.96	UHC	Medicare		6.05				6.05	34.2	fee schedule	
G6PD SCREEN	82960	CPT	both			36	6.96	UHC	Medicaid		11.36	31.55			6.05	34.2	percent of total billed charges	
G6PD SCREEN	82960	CPT	both			36	6.96	Wellcare	Medicaid		11.36	31.55			6.05	34.2	percent of total billed charges	
G6PD SCREEN	82960	CPT	both			36	6.96	Wellcare	Medicare		6.05				6.05	34.2	fee schedule	
G6PD SCREEN	82960	CPT	both			36	6.96	WellPoint	WellPoint		11.58	32.18			6.05	34.2	percent of total billed charges	
POC-BG GLUCOSE	82962	CPT	outpatient			23	3.77	Aetna	Medicare		7.08	30.8			3	21.85	percent of total billed charges	
POC-BG GLUCOSE	82962	CPT	outpatient			23	3.77	Aetna	Commercial		8.74	38			3	21.85	percent of total billed charges	
POC-BG GLUCOSE	82962	CPT	outpatient			23	3.77	Aetna	Better Health		7.26	31.55			3	21.85	percent of total billed charges	
POC-BG GLUCOSE	82962	CPT	outpatient			23	3.77	Americare	Americare		17.25	75			3	21.85	percent of total billed charges	
POC-BG GLUCOSE	82962	CPT	outpatient			23	3.77	Amerihealth	HMO/PPO		14.95	65			3	21.85	percent of total billed charges	
POC-BG GLUCOSE	82962	CPT	outpatient			23	3.77	Amerihealth	Medicare		3.28				3	21.85	fee schedule	
POC-BG GLUCOSE	82962	CPT	outpatient			23	3.77	Consumer	Consumer		21.85	95			3	21.85	percent of total billed charges	
POC-BG GLUCOSE	82962	CPT	outpatient			23	3.77	Corrections	Corrections		18.4	80			3	21.85	percent of total billed charges	
POC-BG GLUCOSE	82962	CPT	outpatient			23	3.77	First Health	First Health		16.1	70			3	21.85	percent of total billed charges	
POC-BG GLUCOSE	82962	CPT	outpatient			23	3.77	First Trenton	First Trenton		20.7	90			3	21.85	percent of total billed charges	
POC-BG GLUCOSE	82962	CPT	outpatient			23	3.77	Horizon	MGD		8.8	38.28			3	21.85	percent of total billed charges	
POC-BG GLUCOSE	82962	CPT	outpatient			23	3.77	Horizon	Indemnity		8.8	38.28			3	21.85	percent of total billed charges	
POC-BG GLUCOSE	82962	CPT	outpatient			23	3.77	Horizon	Medicare Blue		6.9	30			3	21.85	percent of total billed charges	
POC-BG GLUCOSE	82962	CPT	outpatient			23	3.77	Horizon	PPO		8.8	38.28			3	21.85	percent of total billed charges	
POC-BG GLUCOSE	82962	CPT	outpatient			23	3.77	Horizon	NJ Health		5.63				3	21.85	fee schedule	
POC-BG GLUCOSE	82962	CPT	outpatient			23	3.77	Managed Care Inc	Managed Care Inc		20.7	90			3	21.85	percent of total billed charges	
POC-BG GLUCOSE	82962	CPT	outpatient			23	3.77	Multiplan	Multiplan		18.4	80			3	21.85	percent of total billed charges	
POC-BG GLUCOSE	82962	CPT	outpatient			23	3.77	Qualcare	Qualcare		17.25	75			3	21.85	percent of total billed charges	
POC-BG GLUCOSE	82962	CPT	outpatient			23	3.77	Three Rivers	Three Rivers		21.85	95			3	21.85	percent of total billed charges	
POC-BG GLUCOSE	82962	CPT	outpatient			23	3.77	UHC	Medicaid		7.26	31.55			3	21.85	percent of total billed charges	
POC-BG GLUCOSE	82962	CPT	outpatient			23	3.77	UHC	Medicare		3.28				3	21.85	fee schedule	
POC-BG GLUCOSE	82962	CPT	outpatient			23	3.77	Wellcare	Medicaid		7.26	31.55			3	21.85	percent of total billed charges	
POC-BG GLUCOSE	82962	CPT	outpatient			23	3.77	Wellcare	Medicare		3.28				3	21.85	fee schedule	
POC-BG GLUCOSE	82962	CPT	outpatient			23	3.77	WellPoint	WellPoint		7.4	32.18			3	21.85	percent of total billed charges	
TAY SACHS (M/P PREGANCY) LAB	82963	CPT	outpatient			609	24.7	Aetna	Better Health		192.14	31.55			21.48	578.55	percent of total billed charges	
TAY SACHS (M/P PREGANCY) LAB	82963	CPT	outpatient			609	24.7	Aetna	Commercial		231.42	38			21.48	578.55	percent of total billed charges	
TAY SACHS (M/P PREGANCY) LAB	82963	CPT	outpatient			609	24.7	Aetna	Medicare		187.57	30.8			21.48	578.55	percent of total billed charges	
TAY SACHS (M/P PREGANCY) LAB	82963	CPT	outpatient			609	24.7	Americare	Americare		456.75	75			21.48	578.55	percent of total billed charges	
TAY SACHS (M/P PREGANCY) LAB	82963	CPT	outpatient			609	24.7	Amerihealth	Medicare		21.48				21.48	578.55	fee schedule	
TAY SACHS (M/P PREGANCY) LAB	82963	CPT	outpatient			609	24.7	Amerihealth	HMO/PPO		395.85	65			21.48	578.55	percent of total billed charges	
TAY SACHS (M/P PREGANCY) LAB	82963	CPT	outpatient			609	24.7	Consumer	Consumer		578.55	95			21.48	578.55	percent of total billed charges	
TAY SACHS (M/P PREGANCY) LAB	82963	CPT	outpatient			609	24.7	Corrections	Corrections		487.2	80			21.48	578.55	percent of total billed charges	
TAY SACHS (M/P PREGANCY) LAB	82963	CPT	outpatient			609	24.7	First Health	First Health		426.3	70			21.48	578.55	percent of total billed charges	
TAY SACHS (M/P PREGANCY) LAB	82963	CPT	outpatient			609	24.7	First Trenton	First Trenton		548.1	90			21.48	578.55	percent of total billed charges	
TAY SACHS (M/P PREGANCY) LAB	82963	CPT	outpatient			609	24.7	Horizon	Medicare Blue		182.7	30			21.48	578.55	percent of total billed charges	
TAY SACHS (M/P PREGANCY) LAB	82963	CPT	outpatient			609	24.7	Horizon	PPO		233.13	38.28			21.48	578.55	percent of total billed charges	
TAY SACHS (M/P PREGANCY) LAB	82963	CPT	outpatient			609	24.7	Horizon	MGD		233.13	38.28			21.48	578.55	percent of total billed charges	
TAY SACHS (M/P PREGANCY) LAB	82963	CPT	outpatient			609	24.7	Horizon	Indemnity		233.13	38.28			21.48	578.55	percent of total billed charges	
TAY SACHS (M/P PREGANCY) LAB	82963	CPT	outpatient			609	24.7	Horizon	NJ Health		57.13				21.48	578.55	fee schedule	
TAY SACHS (M/P PREGANCY) LAB	82963	CPT	outpatient			609	24.7	Managed Care Inc	Managed Care Inc		548.1	90			21.48	578.55	percent of total billed charges	
TAY SACHS (M/P PREGANCY) LAB	82963	CPT	outpatient			609	24.7	Multiplan	Multiplan		487.2	80			21.48	578.55	percent of total billed charges	
TAY SACHS (M/P PREGANCY) LAB	82963	CPT	outpatient			609	24.7	Qualcare	Qualcare		456.75	75			21.48	578.55	percent of total billed charges	
TAY SACHS (M/P PREGANCY) LAB	82963	CPT	outpatient			609	24.7	Three Rivers	Three Rivers		578.55	95			21.48	578.55	percent of total billed charges	
TAY SACHS (M/P PREGANCY) LAB	82963	CPT	outpatient			609	24.7	UHC	Medicare		21.48				21.48	578.55	fee schedule	
TAY SACHS (M/P PREGANCY) LAB	82963	CPT	outpatient			609	24.7	UHC	Medicaid		192.14	31.55			21.48	578.55	percent of total billed charges	
TAY SACHS (M/P PREGANCY) LAB	82963	CPT	outpatient			609	24.7	Wellcare	Medicare		21.48				21.48	578.55	fee schedule	
TAY SACHS (M/P PREGANCY) LAB	82963	CPT	outpatient			609	24.7	Wellcare	Medicaid		192.14	31.55			21.48	578.55	percent of total billed charges	
TAY SACHS (M/P PREGANCY) LAB	82963	CPT	outpatient			609	24.7	WellPoint	WellPoint		195.98	32.18			21.48	578.55	percent of total billed charges	
GLUTAMYLTRANSFERASE,GAMMA (GTT)	82977	CPT	both			100	8.28	Aetna	Medicare		7.2				7.2	95	fee schedule	
GLUTAMYLTRANSFERASE,GAMMA (GTT)	82977	CPT	both			100	8.28	Aetna	Better Health		31.55	31.55			7.2	95	percent of total billed charges	
GLUTAMYLTRANSFERASE,GAMMA (GTT)	82977	CPT	both			100	8.28	Aetna	Commercial		38	38			7.2	95	percent of total billed charges	
GLUTAMYLTRANSFERASE,GAMMA (GTT)	82977	CPT	both			100	8.28	Americare	Americare		75	75			7.2	95	percent of total billed charges	
GLUTAMYLTRANSFERASE,GAMMA (GTT)	82977	CPT	both			100	8.28	Amerihealth	HMO/PPO		65	65			7.2	95	percent of total billed charges	
GLUTAMYLTRANSFERASE,GAMMA (GTT)	82977	CPT	both			100	8.28	Amerihealth	Medicare		7.2				7.2	95	fee schedule	
GLUTAMYLTRANSFERASE,GAMMA (GTT)	82977	CPT	both			100	8.28	Consumer	Consumer		95	95			7.2	95	percent of total billed charges	
GLUTAMYLTRANSFERASE,GAMMA (GTT)	82977	CPT	both			100	8.28	Corrections	Corrections		80	80			7.2	95	percent of total billed charges	
GLUTAMYLTRANSFERASE,GAMMA (GTT)	82977	CPT	both			100	8.28	First Health	First Health		70	70			7.2	95	percent of total billed charges	
GLUTAMYLTRANSFERASE,GAMMA (GTT)	82977	CPT	both			100	8.28	First Trenton	First Trenton		90	90			7.2	95	percent of total billed charges	
GLUTAMYLTRANSFERASE,GAMMA (GTT)	82977	CPT	both			100	8.28	Horizon	Indemnity		38.28	38.28			7.2	95	percent of total billed charges	
GLUTAMYLTRANSFERASE,GAMMA (GTT)	82977	CPT	both			100	8.28	Horizon	MGD		38.28	38.28			7.2	95	percent of total billed charges	
GLUTAMYLTRANSFERASE,GAMMA (GTT)	82977	CPT	both			100	8.28	Horizon	PPO		38.28	38.28			7.2	95	percent of total billed charges	
GLUTAMYLTRANSFERASE,GAMMA (GTT)	82977	CPT	both			100	8.28	Horizon	Medicare Blue		30	30			7.2	95	percent of total billed charges	
GLUTAMYLTRANSFERASE,GAMMA (GTT)	82977	CPT	both			100	8.28	Horizon	NJ Health		9.41				7.2	95	fee schedule	
GLUTAMYLTRANSFERASE,GAMMA (GTT)	82977	CPT	both			100	8.28	Managed Care Inc	Managed Care Inc		90	90			7.2	95	percent of total billed charges	
GLUTAMYLTRANSFERASE,GAMMA (GTT)	82977	CPT	both			100	8.28	Multiplan	Multiplan		80	80			7.2	95	percent of total billed charges	
GLUTAMYLTRANSFERASE,GAMMA (GTT)	82977	CPT	both			100	8.28	Qualcare	Qualcare		75	75			7.2	95	percent of total billed charges	
GLUTAMYLTRANSFERASE,GAMMA (GTT)	82977	CPT	both			100	8.28	Three Rivers	Three Rivers		95	95			7.2	95	percent of total billed charges	
GLUTAMYLTRANSFERASE,GAMMA (GTT)	82977	CPT	both			100	8.28	UHC	Medicaid		31.55	31.55			7.2	95	percent of total billed charges	
GLUTAMYLTRANSFERASE,GAMMA (GTT)	82977	CPT	both			100	8.28	UHC	Medicare		7.2				7.2	95	fee schedule	
GLUTAMYLTRANSFERASE,GAMMA (GTT)	82977	CPT	both			100	8.28	Wellcare	Medicare		7.2				7.2	95	fee schedule	
GLUTAMYLTRANSFERASE,GAMMA (GTT)	82977	CPT	both			100	8.28	Wellcare	Medicaid		31.55	31.55			7.2	95	percent of total billed charges	
GLUTAMYLTRANSFERASE,GAMMA (GTT)	82977	CPT	both			100	8.28	WellPoint	WellPoint		32.18	32.18			7.2	95	percent of total billed charges	
FRUCTOSAMINE	82985	CPT	both			42	19.27	Aetna	Medicare		16.76				12.6	39.9	fee schedule	
FRUCTOSAMINE	82985	CPT	both			42	19.27	Aetna	Better Health		13.25	31.55			12.6	39.9	percent of total billed charges	
FRUCTOSAMINE	82985	CPT	both			42	19.27	Aetna	Commercial		15.96	38			12.6	39.9	percent of total billed charges	
FRUCTOSAMINE	82985	CPT	both			42	19.27	Americare	Americare		31.5	75			12.6	39.9	percent of total billed charges	
FRUCTOSAMINE	82985	CPT	both			42	19.27	Amerihealth	Medicare		16.76				12.6	39.9	fee schedule	
FRUCTOSAMINE	82985	CPT	both			42	19.27	Amerihealth	HMO/PPO		27.3	65			12.6	39.9	percent of total billed charges	
FRUCTOSAMINE	82985	CPT	both			42	19.27	Consumer	Consumer		39.9	95			12.6	39.9	percent of total billed charges	
FRUCTOSAMINE	82985	CPT	both			42	19.27	Corrections	Corrections		33.6	80			12.6	39.9	percent of total billed charges	
FRUCTOSAMINE	82985	CPT	both			42	19.27	First Health	First Health		29.4	70			12.6	39.9	percent of total billed charges	
FRUCTOSAMINE	82985	CPT	both			42	19.27	First Trenton	First Trenton		37.8	90			12.6	39.9	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
FRUCTOSAMINE	82985	CPT	both			42		19.27 Horizon	MGD		16.08	38.28			12.6		39.9 percent of total billed charges	
FRUCTOSAMINE	82985	CPT	both			42		19.27 Horizon	Medicare Blue		12.6	30			12.6		39.9 percent of total billed charges	
FRUCTOSAMINE	82985	CPT	both			42		19.27 Horizon	PPO		16.08	38.28			12.6		39.9 percent of total billed charges	
FRUCTOSAMINE	82985	CPT	both			42		19.27 Horizon	Indemnity		16.08	38.28			12.6		39.9 percent of total billed charges	
FRUCTOSAMINE	82985	CPT	both			42		19.27 Horizon	NJ Health		12.94				12.6		39.9 fee schedule	
FRUCTOSAMINE	82985	CPT	both			42		19.27 Managed Care Inc	Managed Care Inc		37.8	90			12.6		39.9 percent of total billed charges	
FRUCTOSAMINE	82985	CPT	both			42		19.27 Multiplan	Multiplan		33.6	80			12.6		39.9 percent of total billed charges	
FRUCTOSAMINE	82985	CPT	both			42		19.27 Qualcare	Qualcare		31.5	75			12.6		39.9 percent of total billed charges	
FRUCTOSAMINE	82985	CPT	both			42		19.27 Three Rivers	Three Rivers		39.9	95			12.6		39.9 percent of total billed charges	
FRUCTOSAMINE	82985	CPT	both			42		19.27 UHC	Medicare		16.76				12.6		39.9 fee schedule	
FRUCTOSAMINE	82985	CPT	both			42		19.27 UHC	Medicaid		13.25	31.55			12.6		39.9 percent of total billed charges	
FRUCTOSAMINE	82985	CPT	both			42		19.27 Wellcare	Medicaid		13.25	31.55			12.6		39.9 percent of total billed charges	
FRUCTOSAMINE	82985	CPT	both			42		19.27 Wellcare	Medicare		16.76				12.6		39.9 fee schedule	
FRUCTOSAMINE	82985	CPT	both			42		19.27 WellPoint	WellPoint		13.52	32.18			12.6		39.9 percent of total billed charges	
FSH PEDIATRIC(ENDO SCI)	83001	CPT	both			192		21.37 Aetna	Commercial		72.96	38			7.2		182.4 percent of total billed charges	
FSH PEDIATRIC(ENDO SCI)	83001	CPT	both			192		21.37 Aetna	Better Health		60.58	31.55			7.2		182.4 percent of total billed charges	
FSH PEDIATRIC(ENDO SCI)	83001	CPT	both			192		21.37 Aetna	Medicare		59.14	30.8			7.2		182.4 percent of total billed charges	
FSH PEDIATRIC(ENDO SCI)	83001	CPT	both			192		21.37 Americare	Americare		144	75			7.2		182.4 percent of total billed charges	
FSH PEDIATRIC(ENDO SCI)	83001	CPT	both			192		21.37 Amerihealth	HMO/PPO		124.8	65			7.2		182.4 percent of total billed charges	
FSH PEDIATRIC(ENDO SCI)	83001	CPT	both			192		21.37 Amerihealth	Medicare		18.58				7.2		182.4 fee schedule	
FSH PEDIATRIC(ENDO SCI)	83001	CPT	both			192		21.37 Consumer	Consumer		182.4	95			7.2		182.4 percent of total billed charges	
FSH PEDIATRIC(ENDO SCI)	83001	CPT	both			192		21.37 Corrections	Corrections		153.6	80			7.2		182.4 percent of total billed charges	
FSH PEDIATRIC(ENDO SCI)	83001	CPT	both			192		21.37 First Health	First Health		134.4	70			7.2		182.4 percent of total billed charges	
FSH PEDIATRIC(ENDO SCI)	83001	CPT	both			192		21.37 First Trenton	First Trenton		172.8	90			7.2		182.4 percent of total billed charges	
FSH PEDIATRIC(ENDO SCI)	83001	CPT	both			192		21.37 Horizon	Medicare Blue		57.6	30			7.2		182.4 percent of total billed charges	
FSH PEDIATRIC(ENDO SCI)	83001	CPT	both			192		21.37 Horizon	Indemnity		73.5	38.28			7.2		182.4 percent of total billed charges	
FSH PEDIATRIC(ENDO SCI)	83001	CPT	both			192		21.37 Horizon	MGD		73.5	38.28			7.2		182.4 percent of total billed charges	
FSH PEDIATRIC(ENDO SCI)	83001	CPT	both			192		21.37 Horizon	NJ Health		33.32				7.2		182.4 fee schedule	
FSH PEDIATRIC(ENDO SCI)	83001	CPT	both			192		21.37 Horizon	PPO		73.5	38.28			7.2		182.4 percent of total billed charges	
FSH PEDIATRIC(ENDO SCI)	83001	CPT	both			192		21.37 Managed Care Inc	Managed Care Inc		172.8	90			7.2		182.4 percent of total billed charges	
FSH PEDIATRIC(ENDO SCI)	83001	CPT	both			192		21.37 Multiplan	Multiplan		153.6	80			7.2		182.4 percent of total billed charges	
FSH PEDIATRIC(ENDO SCI)	83001	CPT	both			192		21.37 Qualcare	Qualcare		144	75			7.2		182.4 percent of total billed charges	
FSH PEDIATRIC(ENDO SCI)	83001	CPT	both			192		21.37 Three Rivers	Three Rivers		182.4	95			7.2		182.4 percent of total billed charges	
FSH PEDIATRIC(ENDO SCI)	83001	CPT	both			192		21.37 UHC	Medicare		18.58				7.2		182.4 fee schedule	
FSH PEDIATRIC(ENDO SCI)	83001	CPT	both			192		21.37 UHC	Medicaid		60.58	31.55			7.2		182.4 percent of total billed charges	
FSH PEDIATRIC(ENDO SCI)	83001	CPT	both			192		21.37 Wellcare	Medicaid		60.58	31.55			7.2		182.4 percent of total billed charges	
FSH PEDIATRIC(ENDO SCI)	83001	CPT	both			192		21.37 Wellcare	Medicare		18.58				7.2		182.4 fee schedule	
FSH PEDIATRIC(ENDO SCI)	83001	CPT	both			192		21.37 WellPoint	WellPoint		61.79	32.18			7.2		182.4 percent of total billed charges	
LUTEINIZING HORMONE PEDS	83002	CPT	both			166		21.3 Aetna	Commercial		63.08	38			7.2		157.7 percent of total billed charges	
LUTEINIZING HORMONE PEDS	83002	CPT	both			166		21.3 Aetna	Better Health		52.37	31.55			7.2		157.7 percent of total billed charges	
LUTEINIZING HORMONE PEDS	83002	CPT	both			166		21.3 Aetna	Medicare		18.52				7.2		157.7 fee schedule	
LUTEINIZING HORMONE PEDS	83002	CPT	both			166		21.3 Americare	Americare		124.5	75			7.2		157.7 percent of total billed charges	
LUTEINIZING HORMONE PEDS	83002	CPT	both			166		21.3 Amerihealth	HMO/PPO		107.9	65			7.2		157.7 percent of total billed charges	
LUTEINIZING HORMONE PEDS	83002	CPT	both			166		21.3 Amerihealth	Medicare		18.52				7.2		157.7 fee schedule	
LUTEINIZING HORMONE PEDS	83002	CPT	both			166		21.3 Consumer	Consumer		157.7	95			7.2		157.7 percent of total billed charges	
LUTEINIZING HORMONE PEDS	83002	CPT	both			166		21.3 Corrections	Corrections		132.8	80			7.2		157.7 percent of total billed charges	
LUTEINIZING HORMONE PEDS	83002	CPT	both			166		21.3 First Health	First Health		116.2	70			7.2		157.7 percent of total billed charges	
LUTEINIZING HORMONE PEDS	83002	CPT	both			166		21.3 First Trenton	First Trenton		149.4	90			7.2		157.7 percent of total billed charges	
LUTEINIZING HORMONE PEDS	83002	CPT	both			166		21.3 Horizon	Indemnity		63.54	38.28			7.2		157.7 percent of total billed charges	
LUTEINIZING HORMONE PEDS	83002	CPT	both			166		21.3 Horizon	Medicare Blue		49.8	30			7.2		157.7 percent of total billed charges	
LUTEINIZING HORMONE PEDS	83002	CPT	both			166		21.3 Horizon	MGD		63.54	38.28			7.2		157.7 percent of total billed charges	
LUTEINIZING HORMONE PEDS	83002	CPT	both			166		21.3 Horizon	NJ Health		33.32				7.2		157.7 fee schedule	
LUTEINIZING HORMONE PEDS	83002	CPT	both			166		21.3 Horizon	PPO		63.54	38.28			7.2		157.7 percent of total billed charges	
LUTEINIZING HORMONE PEDS	83002	CPT	both			166		21.3 Managed Care Inc	Managed Care Inc		149.4	90			7.2		157.7 percent of total billed charges	
LUTEINIZING HORMONE PEDS	83002	CPT	both			166		21.3 Multiplan	Multiplan		132.8	80			7.2		157.7 percent of total billed charges	
LUTEINIZING HORMONE PEDS	83002	CPT	both			166		21.3 Qualcare	Qualcare		124.5	75			7.2		157.7 percent of total billed charges	
LUTEINIZING HORMONE PEDS	83002	CPT	both			166		21.3 Three Rivers	Three Rivers		157.7	95			7.2		157.7 percent of total billed charges	
LUTEINIZING HORMONE PEDS	83002	CPT	both			166		21.3 UHC	Medicaid		52.37	31.55			7.2		157.7 percent of total billed charges	
LUTEINIZING HORMONE PEDS	83002	CPT	both			166		21.3 UHC	Medicare		18.52				7.2		157.7 fee schedule	
LUTEINIZING HORMONE PEDS	83002	CPT	both			166		21.3 Wellcare	Medicare		18.52				7.2		157.7 fee schedule	
LUTEINIZING HORMONE PEDS	83002	CPT	both			166		21.3 Wellcare	Medicaid		52.37	31.55			7.2		157.7 percent of total billed charges	
LUTEINIZING HORMONE PEDS	83002	CPT	both			166		21.3 WellPoint	WellPoint		53.42	32.18			7.2		157.7 percent of total billed charges	
GROWTH HORMONE, SERUM	83003	CPT	both			41		19.17 Aetna	Medicare		16.67				12.3		38.95 fee schedule	
GROWTH HORMONE, SERUM	83003	CPT	both			41		19.17 Aetna	Better Health		12.94	31.55			12.3		38.95 percent of total billed charges	
GROWTH HORMONE, SERUM	83003	CPT	both			41		19.17 Aetna	Commercial		15.58	38			12.3		38.95 percent of total billed charges	
GROWTH HORMONE, SERUM	83003	CPT	both			41		19.17 Americare	Americare		30.75	75			12.3		38.95 percent of total billed charges	
GROWTH HORMONE, SERUM	83003	CPT	both			41		19.17 Amerihealth	Medicare		16.67				12.3		38.95 fee schedule	
GROWTH HORMONE, SERUM	83003	CPT	both			41		19.17 Amerihealth	HMO/PPO		26.65	65			12.3		38.95 percent of total billed charges	
GROWTH HORMONE, SERUM	83003	CPT	both			41		19.17 Consumer	Consumer		38.95	95			12.3		38.95 percent of total billed charges	
GROWTH HORMONE, SERUM	83003	CPT	both			41		19.17 Corrections	Corrections		32.8	80			12.3		38.95 percent of total billed charges	
GROWTH HORMONE, SERUM	83003	CPT	both			41		19.17 First Health	First Health		28.7	70			12.3		38.95 percent of total billed charges	
GROWTH HORMONE, SERUM	83003	CPT	both			41		19.17 First Trenton	First Trenton		36.9	90			12.3		38.95 percent of total billed charges	
GROWTH HORMONE, SERUM	83003	CPT	both			41		19.17 Horizon	MGD		15.69	38.28			12.3		38.95 percent of total billed charges	
GROWTH HORMONE, SERUM	83003	CPT	both			41		19.17 Horizon	Indemnity		15.69	38.28			12.3		38.95 percent of total billed charges	
GROWTH HORMONE, SERUM	83003	CPT	both			41		19.17 Horizon	Medicare Blue		12.3	30			12.3		38.95 percent of total billed charges	
GROWTH HORMONE, SERUM	83003	CPT	both			41		19.17 Horizon	NJ Health		31.36				12.3		38.95 fee schedule	
GROWTH HORMONE, SERUM	83003	CPT	both			41		19.17 Horizon	PPO		15.69	38.28			12.3		38.95 percent of total billed charges	
GROWTH HORMONE, SERUM	83003	CPT	both			41		19.17 Managed Care Inc	Managed Care Inc		36.9	90			12.3		38.95 percent of total billed charges	
GROWTH HORMONE, SERUM	83003	CPT	both			41		19.17 Multiplan	Multiplan		32.8	80			12.3		38.95 percent of total billed charges	
GROWTH HORMONE, SERUM	83003	CPT	both			41		19.17 Qualcare	Qualcare		30.75	75			12.3		38.95 percent of total billed charges	
GROWTH HORMONE, SERUM	83003	CPT	both			41		19.17 Three Rivers	Three Rivers		38.95	95			12.3		38.95 percent of total billed charges	
GROWTH HORMONE, SERUM	83003	CPT	both			41		19.17 UHC	Medicaid		12.94	31.55			12.3		38.95 percent of total billed charges	
GROWTH HORMONE, SERUM	83003	CPT	both			41		19.17 UHC	Medicare		16.67				12.3		38.95 fee schedule	
GROWTH HORMONE, SERUM	83003	CPT	both			41		19.17 Wellcare	Medicare		16.67				12.3		38.95 fee schedule	
GROWTH HORMONE, SERUM	83003	CPT	both			41		19.17 Wellcare	Medicaid		12.94	31.55			12.3		38.95 percent of total billed charges	
GROWTH HORMONE, SERUM	83003	CPT	both			41		19.17 WellPoint	WellPoint		13.19	32.18			12.3		38.95 percent of total billed charges	
HAPTOGLOBIN; QUANTITATIVE	83010	CPT	both			135		14.47 Aetna	Commercial		51.3	38			8.7		128.25 percent of total billed charges	
HAPTOGLOBIN; QUANTITATIVE	83010	CPT	both			135		14.47 Aetna	Medicare		12.58				8.7		128.25 fee schedule	
HAPTOGLOBIN; QUANTITATIVE	83010	CPT	both			135		14.47 Aetna	Better Health		42.59	31.55			8.7		128.25 percent of total billed charges	
HAPTOGLOBIN; QUANTITATIVE	83010	CPT	both			135		14.47 Americare	Americare		101.25	75			8.7		128.25 percent of total billed charges	
HAPTOGLOBIN; QUANTITATIVE	83010	CPT	both			135		14.47 Amerihealth	Medicare		12.58				8.7		128.25 fee schedule	
HAPTOGLOBIN; QUANTITATIVE	83010	CPT	both			135		14.47 Amerihealth	HMO/PPO		87.75	65			8.7		128.25 percent of total billed charges	
HAPTOGLOBIN; QUANTITATIVE	83010	CPT	both			135		14.47 Consumer	Consumer		128.25	95			8.7		128.25 percent of total billed charges	
HAPTOGLOBIN; QUANTITATIVE	83010	CPT	both			135		14.47 Corrections	Corrections		108	80			8.7		128.25 percent of total billed charges	
HAPTOGLOBIN; QUANTITATIVE	83010	CPT	both			135		14.47 First Health	First Health		94.5	70			8.7		128.25 percent of total billed charges	
HAPTOGLOBIN; QUANTITATIVE	83010	CPT	both			135		14.47 First Trenton	First Trenton		121.5	90			8.7		128.25 percent of total billed charges	
HAPTOGLOBIN; QUANTITATIVE	83010	CPT	both			135		14.47 Horizon	MGD		51.68	38.28			8.7		128.25 percent of total billed charges	
HAPTOGLOBIN; QUANTITATIVE	83010	CPT	both			135		14.47 Horizon	Medicare Blue		40.5	30			8.7		128.25 percent of total billed charges	
HAPTOGLOBIN; QUANTITATIVE	83010	CPT	both			135		14.47 Horizon	Indemnity		51.68	38.28			8.7		128.25 percent of total billed charges	
HAPTOGLOBIN; QUANTITATIVE	83010	CPT	both			135		14.47 Horizon	NJ Health		23.52				8.7		128.25 fee schedule	
HAPTOGLOBIN; QUANTITATIVE	83010	CPT	both			135		14.47 Horizon	PPO		51.68	38.28			8.7		128.25 percent of total billed charges	
HAPTOGLOBIN; QUANTITATIVE	83010	CPT	both			135		14.47 Managed Care Inc	Managed Care Inc		121.5	90			8.7		128.25 percent of total billed charges	
HAPTOGLOBIN; QUANTITATIVE	83010	CPT	both			135		14.47 Multiplan	Multiplan		108	80			8.7		128.25 percent of total billed charges	
HAPTOGLOBIN; QUANTITATIVE	83010	CPT	both			135		14.47 Qualcare	Qualcare		101.25	75			8.7		128.25 percent of total billed charges	
HAPTOGLOBIN; QUANTITATIVE	83010	CPT	both			135		14.47 Three Rivers	Three Rivers		128.25	95			8.7		128.25 percent of total billed charges	
HAPTOGLOBIN; QUANTITATIVE	83010	CPT	both			135		14.47 UHC	Medicare		12.58				8.7		128.25 fee schedule	
HAPTOGLOBIN; QUANTITATIVE	83010	CPT	both			135		14.47 UHC	Medicaid		42.59	31.55			8.7		128.25 percent of total billed charges	
HAPTOGLOBIN; QUANTITATIVE	83010	CPT	both			135		14.47 Wellcare	Medicare		12.58				8.7		128.25 fee schedule	
HAPTOGLOBIN; QUANTITATIVE	83010	CPT	both			135		14.47 Wellcare	Medicaid		42.59	31.55			8.7		128.25 percent of total billed charges	
HAPTOGLOBIN; QUANTITATIVE	83010	CPT	both			135		14.47 WellPoint	WellPoint		43.44	32.18			8.7		128.25 percent of total billed charges	
H.PYLORI BREATH TEST ANALYS FOR UREASE	83013	CPT	both			634		77.46 Aetna	Medicare		195.27	30.8			48.22		602.3 percent of total billed charges	
H.PYLORI BREATH TEST ANALYS FOR UREASE	83013	CPT	both			634		77.46 Aetna	Better Health		200.03	31.55			48.22		602.3 percent of total billed charges	
H.PYLORI BREATH TEST ANALYS FOR UREASE	83013	CPT	both			634		77.46 Aetna	Commercial		240.92	38			48.22		602.3 percent of total billed charges	
H.PYLORI BREATH TEST ANALYS FOR UREASE	83013	CPT	both			634		77.46 Americare	Americare		475.5	75			48.22		602.3 percent of total billed charges	
H.PYLORI BREATH TEST ANALYS FOR UREASE	83013	CPT	both			634		77.46 Amerihealth	Medicare		67.36				48.22		602.3 fee schedule	
H.PYLORI BREATH TEST ANALYS FOR UREASE	83013	CPT	both			634		77.46 Amerihealth	HMO/PPO		412.1	65			48.22		602.3 percent of total billed charges	
H.PYLORI BREATH TEST ANALYS FOR UREASE	83013	CPT	both			634		77.46 Consumer	Consumer		602.3	95			48.22		602.3 percent of total billed charges	
H.PYLORI BREATH TEST ANALYS FOR UREASE	83013	CPT	both			634		77.46 Corrections	Corrections		507.2	80			48.22		602.3 percent of total billed charges	
H.PYLORI BREATH TEST ANALYS FOR UREASE	83013	CPT	both			634		77.46 First Health	First Health		443.8	70			48.22		602.3 percent of total billed charges	
H.PYLORI BREATH TEST ANALYS FOR UREASE	83013	CPT	both			634		77.46 First Trenton	First Trenton		570.6	90			48.22		602.3 percent of total billed charges	
H.PYLORI BREATH TEST ANALYS FOR UREASE	83013	CPT	both			634		77.46 Horizon	Medicare Blue		190.2	30			48.22		602.3 percent of total billed charges	
H.PYLORI BREATH TEST ANALYS FOR UREASE	83013	CPT	both			634		77.46 Horizon	Indemnity		242.7	38.28			48.22		602.3 percent of total billed charges	
H.PYLORI BREATH TEST ANALYS FOR UREASE	83013	CPT	both			634		77.46 Horizon	MGD		242.7	38.28			48.22		602.3 percent of total billed charges	
H.PYLORI BREATH TEST ANALYS FOR UREASE	83013	CPT	both			634		77.46 Horizon	NJ Health		48.22				48.22		602.3 fee schedule	
H.PYLORI BREATH TEST ANALYS FOR UREASE	83013	CPT	both			634		77.46 Horizon	PPO		242.7	38.28			48.22		602.3 percent of total billed charges	
H.PYLORI BREATH TEST ANALYS FOR UREASE	83013	CPT	both			634		77.46 Managed Care Inc	Managed Care Inc		570.6	90			48.22		602.3 percent of total billed charges	
H.PYLORI BREATH TEST ANALYS FOR UREASE	83013	CPT	both			634		77.46 Multiplan	Multiplan		507.2	80			48.22		602.3 percent of total billed charges	
H.PYLORI BREATH TEST ANALYS FOR UREASE	83013	CPT	both			634		77.46 Qualcare	Qualcare		475.5	75			48.22		602.3 percent of total billed charges	
H.PYLORI BREATH TEST ANALYS FOR UREASE	83013	CPT	both			634		77.46 Three Rivers	Three Rivers		602.3	95			48.22		602.3 percent of total billed charges	
H.PYLORI BREATH TEST ANALYS FOR UREASE	83013	CPT	both			634		77.46 UHC	Medicare		67.36				48.22		602.3 fee schedule	
H.PYLORI BREATH TEST ANALYS FOR UREASE	83013	CPT	both			634		77.46 UHC	Medicaid		200.03	31.55			48.22		602.3 percent of total billed charges	
H.PYLORI BREATH TEST ANALYS FOR UREASE	83013	CPT	both			634		77.46 Wellcare	Medicare		67.36				48.22		602.3 fee schedule	
H.PYLORI BREATH TEST ANALYS FOR UREASE	83013	CPT	both			634		77.46 Wellcare	Medicaid		200.03	31.55			48.22		602.3 percent of total billed charges	
H.PYLORI BREATH TEST ANALYS FOR UREASE	83013	CPT	both			634		77.46 WellPoint	WellPoint		204.02	32.18			48.22		602.3 percent of total billed charges	
TITANIUM, WB	83018	CPT	both			531		25.25 Aetna	Better Health		167.53	31.55			21.96		504.45 percent of total billed charges	
TITANIUM, WB	83018	CPT	both			531		25.25 Aetna	Medicare		21.96				21.96		504.45 fee schedule	
TITANIUM, WB	83018	CPT	both			531		25.25 Aetna	Commercial		201.78	38			21.96		504.45 percent of total billed charges	
TITANIUM, WB	83018	CPT	both			531		25.25 Americare	Americare		398.25	75			21.96		504.45 percent of total billed charges	
TITANIUM, WB	83018	CPT	both			531		25.25 Amerihealth	Medicare		21.96				21.96		504.45 fee schedule	
TITANIUM, WB	83018	CPT	both			531		25.25 Amerihealth	HMO/PPO		345.15	65			21.96		504.45 percent of total billed charges	
TITANIUM, WB	83018	CPT	both			531		25.25 Consumer	Consumer		504.45	95			21.96		504.45 percent of total billed charges	
TITANIUM, WB	83018	CPT	both			531		25.25 Corrections	Corrections		424.8	80			21.96		504.45 percent of total billed charges	
TITANIUM, WB	83018	CPT	both			531		25.25 First Health	First Health		371.7	70			21.96		504.45 percent of total billed charges	
TITANIUM, WB	83018	CPT	both			531		25.25 First Trenton	First Trenton		477.9	90			21.96		504.45 percent of total billed charges	
TITANIUM, WB	83018	CPT	both			531		25.25 Horizon	MGD		203.27	38.28			21.96		504.45 percent of total billed charges	
TITANIUM, WB	83018	CPT	both			531		25.25 Horizon	PPO		203.27	38.28			21.96		504.45 percent of total billed charges	
TITANIUM, WB	83018	CPT	both			531		25.25 Horizon	Indemnity		203.27	38.28			21.96		504.45 percent of total billed charges	
TITANIUM, WB	83018	CPT	both			531		25.25 Horizon	NJ Health		49				21.96		504.45 fee schedule	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
TITANIUM, WB	83018	CPT	both			531		25.25 Horizon	Medicare Blue		159.3	30			21.96		504.45 percent of total billed charges	
TITANIUM, WB	83018	CPT	both			531		25.25 Managed Care Inc	Managed Care Inc		477.9	90			21.96		504.45 percent of total billed charges	
TITANIUM, WB	83018	CPT	both			531		25.25 Multiplan	Multiplan		424.8	80			21.96		504.45 percent of total billed charges	
TITANIUM, WB	83018	CPT	both			531		25.25 Qualcare	Qualcare		398.25	75			21.96		504.45 percent of total billed charges	
TITANIUM, WB	83018	CPT	both			531		25.25 Three Rivers	Three Rivers		504.45	95			21.96		504.45 percent of total billed charges	
TITANIUM, WB	83018	CPT	both			531		25.25 UHC	Medicare		21.96				21.96		504.45 fee schedule	
TITANIUM, WB	83018	CPT	both			531		25.25 UHC	Medicaid		167.53	31.55			21.96		504.45 percent of total billed charges	
TITANIUM, WB	83018	CPT	both			531		25.25 Wellcare	Medicare		21.96				21.96		504.45 fee schedule	
TITANIUM, WB	83018	CPT	both			531		25.25 Wellcare	Medicaid		167.53	31.55			21.96		504.45 percent of total billed charges	
TITANIUM, WB	83018	CPT	both			531		25.25 WellPoint	WellPoint		170.88	32.18			21.96		504.45 percent of total billed charges	
HGB.FRACTIONATION.CASCADE	83020	CPT	both			237		14.8 Aetna	Better Health		74.77	31.55			8.7		225.15 percent of total billed charges	
HGB.FRACTIONATION.CASCADE	83020	CPT	both			237		14.8 Aetna	Medicare		12.87				8.7		225.15 fee schedule	
HGB.FRACTIONATION.CASCADE	83020	CPT	both			237		14.8 Aetna	Commercial		90.06	38			8.7		225.15 percent of total billed charges	
HGB.FRACTIONATION.CASCADE	83020	CPT	both			237		14.8 Americare	Americare		177.75	75			8.7		225.15 percent of total billed charges	
HGB.FRACTIONATION.CASCADE	83020	CPT	both			237		14.8 Amerihealth	Medicare		12.87				8.7		225.15 fee schedule	
HGB.FRACTIONATION.CASCADE	83020	CPT	both			237		14.8 Amerihealth	HMO/PPO		154.05	65			8.7		225.15 percent of total billed charges	
HGB.FRACTIONATION.CASCADE	83020	CPT	both			237		14.8 Consumer	Consumer		225.15	95			8.7		225.15 percent of total billed charges	
HGB.FRACTIONATION.CASCADE	83020	CPT	both			237		14.8 Corrections	Corrections		189.6	80			8.7		225.15 percent of total billed charges	
HGB.FRACTIONATION.CASCADE	83020	CPT	both			237		14.8 First Health	First Health		165.9	70			8.7		225.15 percent of total billed charges	
HGB.FRACTIONATION.CASCADE	83020	CPT	both			237		14.8 First Trenton	First Trenton		213.3	90			8.7		225.15 percent of total billed charges	
HGB.FRACTIONATION.CASCADE	83020	CPT	both			237		14.8 Horizon	Medicare Blue		71.1	30			8.7		225.15 percent of total billed charges	
HGB.FRACTIONATION.CASCADE	83020	CPT	both			237		14.8 Horizon	MGD		90.72	38.28			8.7		225.15 percent of total billed charges	
HGB.FRACTIONATION.CASCADE	83020	CPT	both			237		14.8 Horizon	Indemnity		90.72	38.28			8.7		225.15 percent of total billed charges	
HGB.FRACTIONATION.CASCADE	83020	CPT	both			237		14.8 Horizon	NJ Health		11.76				8.7		225.15 fee schedule	
HGB.FRACTIONATION.CASCADE	83020	CPT	both			237		14.8 Horizon	PPO		90.72	38.28			8.7		225.15 percent of total billed charges	
HGB.FRACTIONATION.CASCADE	83020	CPT	both			237		14.8 Managed Care Inc	Managed Care Inc		213.3	90			8.7		225.15 percent of total billed charges	
HGB.FRACTIONATION.CASCADE	83020	CPT	both			237		14.8 Multiplan	Multiplan		189.6	80			8.7		225.15 percent of total billed charges	
HGB.FRACTIONATION.CASCADE	83020	CPT	both			237		14.8 Qualcare	Qualcare		177.75	75			8.7		225.15 percent of total billed charges	
HGB.FRACTIONATION.CASCADE	83020	CPT	both			237		14.8 Three Rivers	Three Rivers		225.15	95			8.7		225.15 percent of total billed charges	
HGB.FRACTIONATION.CASCADE	83020	CPT	both			237		14.8 UHC	Medicare		12.87				8.7		225.15 fee schedule	
HGB.FRACTIONATION.CASCADE	83020	CPT	both			237		14.8 UHC	Medicaid		74.77	31.55			8.7		225.15 percent of total billed charges	
HGB.FRACTIONATION.CASCADE	83020	CPT	both			237		14.8 Wellcare	Medicaid		74.77	31.55			8.7		225.15 percent of total billed charges	
HGB.FRACTIONATION.CASCADE	83020	CPT	both			237		14.8 Wellcare	Medicare		12.87				8.7		225.15 fee schedule	
HGB.FRACTIONATION.CASCADE	83020	CPT	both			237		14.8 WellPoint	WellPoint		76.27	32.18			8.7		225.15 percent of total billed charges	
HPLC HB VARIANT	83021	CPT	both			595		20.77 Aetna	Better Health		187.72	31.55			8.7		565.25 percent of total billed charges	
HPLC HB VARIANT	83021	CPT	both			595		20.77 Aetna	Medicare		183.26	30.8			8.7		565.25 percent of total billed charges	
HPLC HB VARIANT	83021	CPT	both			595		20.77 Aetna	Commercial		226.1	38			8.7		565.25 percent of total billed charges	
HPLC HB VARIANT	83021	CPT	both			595		20.77 Americare	Americare		446.25	75			8.7		565.25 percent of total billed charges	
HPLC HB VARIANT	83021	CPT	both			595		20.77 Amerihealth	HMO/PPO		386.75	65			8.7		565.25 percent of total billed charges	
HPLC HB VARIANT	83021	CPT	both			595		20.77 Amerihealth	Medicare		18.06				8.7		565.25 fee schedule	
HPLC HB VARIANT	83021	CPT	both			595		20.77 Consumer	Consumer		565.25	95			8.7		565.25 percent of total billed charges	
HPLC HB VARIANT	83021	CPT	both			595		20.77 Corrections	Corrections		476	80			8.7		565.25 percent of total billed charges	
HPLC HB VARIANT	83021	CPT	both			595		20.77 First Health	First Health		416.5	70			8.7		565.25 percent of total billed charges	
HPLC HB VARIANT	83021	CPT	both			595		20.77 First Trenton	First Trenton		535.5	90			8.7		565.25 percent of total billed charges	
HPLC HB VARIANT	83021	CPT	both			595		20.77 Horizon	MGD		227.77	38.28			8.7		565.25 percent of total billed charges	
HPLC HB VARIANT	83021	CPT	both			595		20.77 Horizon	Indemnity		227.77	38.28			8.7		565.25 percent of total billed charges	
HPLC HB VARIANT	83021	CPT	both			595		20.77 Horizon	Medicare Blue		178.5	30			8.7		565.25 percent of total billed charges	
HPLC HB VARIANT	83021	CPT	both			595		20.77 Horizon	NJ Health		20.05				8.7		565.25 fee schedule	
HPLC HB VARIANT	83021	CPT	both			595		20.77 Horizon	PPO		227.77	38.28			8.7		565.25 percent of total billed charges	
HPLC HB VARIANT	83021	CPT	both			595		20.77 Managed Care Inc	Managed Care Inc		535.5	90			8.7		565.25 percent of total billed charges	
HPLC HB VARIANT	83021	CPT	both			595		20.77 Multiplan	Multiplan		476	80			8.7		565.25 percent of total billed charges	
HPLC HB VARIANT	83021	CPT	both			595		20.77 Qualcare	Qualcare		446.25	75			8.7		565.25 percent of total billed charges	
HPLC HB VARIANT	83021	CPT	both			595		20.77 Three Rivers	Three Rivers		565.25	95			8.7		565.25 percent of total billed charges	
HPLC HB VARIANT	83021	CPT	both			595		20.77 UHC	Medicaid		187.72	31.55			8.7		565.25 percent of total billed charges	
HPLC HB VARIANT	83021	CPT	both			595		20.77 UHC	Medicare		18.06				8.7		565.25 fee schedule	
HPLC HB VARIANT	83021	CPT	both			595		20.77 Wellcare	Medicare		18.06				8.7		565.25 fee schedule	
HPLC HB VARIANT	83021	CPT	both			595		20.77 Wellcare	Medicaid		187.72	31.55			8.7		565.25 percent of total billed charges	
HPLC HB VARIANT	83021	CPT	both			595		20.77 WellPoint	WellPoint		191.47	32.18			8.7		565.25 percent of total billed charges	
HGB F(ETAL)	83030	CPT	outpatient			314		12.35 Aetna	Medicare		10.74				10.74		298.3 fee schedule	
HGB F(ETAL)	83030	CPT	outpatient			314		12.35 Aetna	Better Health		99.07	31.55			10.74		298.3 percent of total billed charges	
HGB F(ETAL)	83030	CPT	outpatient			314		12.35 Aetna	Commercial		119.32	38			10.74		298.3 percent of total billed charges	
HGB F(ETAL)	83030	CPT	outpatient			314		12.35 Americare	Americare		235.5	75			10.74		298.3 percent of total billed charges	
HGB F(ETAL)	83030	CPT	outpatient			314		12.35 Amerihealth	Medicare		10.74				10.74		298.3 fee schedule	
HGB F(ETAL)	83030	CPT	outpatient			314		12.35 Amerihealth	HMO/PPO		204.1	65			10.74		298.3 percent of total billed charges	
HGB F(ETAL)	83030	CPT	outpatient			314		12.35 Consumer	Consumer		298.3	95			10.74		298.3 percent of total billed charges	
HGB F(ETAL)	83030	CPT	outpatient			314		12.35 Corrections	Corrections		251.2	80			10.74		298.3 percent of total billed charges	
HGB F(ETAL)	83030	CPT	outpatient			314		12.35 First Health	First Health		219.8	70			10.74		298.3 percent of total billed charges	
HGB F(ETAL)	83030	CPT	outpatient			314		12.35 First Trenton	First Trenton		282.6	90			10.74		298.3 percent of total billed charges	
HGB F(ETAL)	83030	CPT	outpatient			314		12.35 Horizon	Indemnity		120.2	38.28			10.74		298.3 percent of total billed charges	
HGB F(ETAL)	83030	CPT	outpatient			314		12.35 Horizon	PPO		120.2	38.28			10.74		298.3 percent of total billed charges	
HGB F(ETAL)	83030	CPT	outpatient			314		12.35 Horizon	MGD		120.2	38.28			10.74		298.3 percent of total billed charges	
HGB F(ETAL)	83030	CPT	outpatient			314		12.35 Horizon	NJ Health		23.52				10.74		298.3 fee schedule	
HGB F(ETAL)	83030	CPT	outpatient			314		12.35 Horizon	Medicare Blue		94.2	30			10.74		298.3 percent of total billed charges	
HGB F(ETAL)	83030	CPT	outpatient			314		12.35 Managed Care Inc	Managed Care Inc		282.6	90			10.74		298.3 percent of total billed charges	
HGB F(ETAL)	83030	CPT	outpatient			314		12.35 Multiplan	Multiplan		251.2	80			10.74		298.3 percent of total billed charges	
HGB F(ETAL)	83030	CPT	outpatient			314		12.35 Qualcare	Qualcare		235.5	75			10.74		298.3 percent of total billed charges	
HGB F(ETAL)	83030	CPT	outpatient			314		12.35 Three Rivers	Three Rivers		298.3	95			10.74		298.3 percent of total billed charges	
HGB F(ETAL)	83030	CPT	outpatient			314		12.35 UHC	Medicaid		99.07	31.55			10.74		298.3 percent of total billed charges	
HGB F(ETAL)	83030	CPT	outpatient			314		12.35 UHC	Medicare		10.74				10.74		298.3 fee schedule	
HGB F(ETAL)	83030	CPT	outpatient			314		12.35 Wellcare	Medicare		10.74				10.74		298.3 fee schedule	
HGB F(ETAL)	83030	CPT	outpatient			314		12.35 Wellcare	Medicaid		99.07	31.55			10.74		298.3 percent of total billed charges	
HGB F(ETAL)	83030	CPT	outpatient			314		12.35 WellPoint	WellPoint		101.05	32.18			10.74		298.3 percent of total billed charges	
REFLEX TO FETAL HEMOGLOBIN (HBF) QUAL (5	83033	CPT	outpatient			180		9.2 Aetna	Medicare		8				7.8		171 fee schedule	
REFLEX TO FETAL HEMOGLOBIN (HBF) QUAL (5	83033	CPT	outpatient			180		9.2 Aetna	Better Health		56.79	31.55			7.8		171 percent of total billed charges	
REFLEX TO FETAL HEMOGLOBIN (HBF) QUAL (5	83033	CPT	outpatient			180		9.2 Aetna	Commercial		68.4	38			7.8		171 percent of total billed charges	
REFLEX TO FETAL HEMOGLOBIN (HBF) QUAL (5	83033	CPT	outpatient			180		9.2 Americare	Americare		135	75			7.8		171 percent of total billed charges	
REFLEX TO FETAL HEMOGLOBIN (HBF) QUAL (5	83033	CPT	outpatient			180		9.2 Amerihealth	HMO/PPO		117	65			7.8		171 percent of total billed charges	
REFLEX TO FETAL HEMOGLOBIN (HBF) QUAL (5	83033	CPT	outpatient			180		9.2 Amerihealth	Medicare		8				7.8		171 fee schedule	
REFLEX TO FETAL HEMOGLOBIN (HBF) QUAL (5	83033	CPT	outpatient			180		9.2 Consumer	Consumer		171	95			7.8		171 percent of total billed charges	
REFLEX TO FETAL HEMOGLOBIN (HBF) QUAL (5	83033	CPT	outpatient			180		9.2 Corrections	Corrections		144	80			7.8		171 percent of total billed charges	
REFLEX TO FETAL HEMOGLOBIN (HBF) QUAL (5	83033	CPT	outpatient			180		9.2 First Health	First Health		126	70			7.8		171 percent of total billed charges	
REFLEX TO FETAL HEMOGLOBIN (HBF) QUAL (5	83033	CPT	outpatient			180		9.2 First Trenton	First Trenton		162	90			7.8		171 percent of total billed charges	
REFLEX TO FETAL HEMOGLOBIN (HBF) QUAL (5	83033	CPT	outpatient			180		9.2 Horizon	Medicare Blue		54	30			7.8		171 percent of total billed charges	
REFLEX TO FETAL HEMOGLOBIN (HBF) QUAL (5	83033	CPT	outpatient			180		9.2 Horizon	Indemnity		68.9	38.28			7.8		171 percent of total billed charges	
REFLEX TO FETAL HEMOGLOBIN (HBF) QUAL (5	83033	CPT	outpatient			180		9.2 Horizon	NJ Health		15.09				7.8		171 fee schedule	
REFLEX TO FETAL HEMOGLOBIN (HBF) QUAL (5	83033	CPT	outpatient			180		9.2 Horizon	MGD		68.9	38.28			7.8		171 percent of total billed charges	
REFLEX TO FETAL HEMOGLOBIN (HBF) QUAL (5	83033	CPT	outpatient			180		9.2 Horizon	PPO		68.9	38.28			7.8		171 percent of total billed charges	
REFLEX TO FETAL HEMOGLOBIN (HBF) QUAL (5	83033	CPT	outpatient			180		9.2 Managed Care Inc	Managed Care Inc		162	90			7.8		171 percent of total billed charges	
REFLEX TO FETAL HEMOGLOBIN (HBF) QUAL (5	83033	CPT	outpatient			180		9.2 Multiplan	Multiplan		144	80			7.8		171 percent of total billed charges	
REFLEX TO FETAL HEMOGLOBIN (HBF) QUAL (5	83033	CPT	outpatient			180		9.2 Qualcare	Qualcare		135	75			7.8		171 percent of total billed charges	
REFLEX TO FETAL HEMOGLOBIN (HBF) QUAL (5	83033	CPT	outpatient			180		9.2 Three Rivers	Three Rivers		171	95			7.8		171 percent of total billed charges	
REFLEX TO FETAL HEMOGLOBIN (HBF) QUAL (5	83033	CPT	outpatient			180		9.2 UHC	Medicaid		56.79	31.55			7.8		171 percent of total billed charges	
REFLEX TO FETAL HEMOGLOBIN (HBF) QUAL (5	83033	CPT	outpatient			180		9.2 UHC	Medicare		8				7.8		171 fee schedule	
REFLEX TO FETAL HEMOGLOBIN (HBF) QUAL (5	83033	CPT	outpatient			180		9.2 Wellcare	Medicaid		56.79	31.55			7.8		171 percent of total billed charges	
REFLEX TO FETAL HEMOGLOBIN (HBF) QUAL (5	83033	CPT	outpatient			180		9.2 Wellcare	Medicare		8				7.8		171 fee schedule	
REFLEX TO FETAL HEMOGLOBIN (HBF) QUAL (5	83033	CPT	outpatient			180		9.2 WellPoint	WellPoint		57.92	32.18			7.8		171 percent of total billed charges	
POC HBA1C	83036	CPT	both			113		11.17 Aetna	Commercial		42.94	38			9.71		107.35 percent of total billed charges	
POC HBA1C	83036	CPT	both			113		11.17 Aetna	Better Health		35.65	31.55			9.71		107.35 percent of total billed charges	
POC HBA1C	83036	CPT	both			113		11.17 Aetna	Medicare		9.71				9.71		107.35 fee schedule	
POC HBA1C	83036	CPT	both			113		11.17 Americare	Americare		84.75	75			9.71		107.35 percent of total billed charges	
POC HBA1C	83036	CPT	both			113		11.17 Amerihealth	Medicare		9.71				9.71		107.35 fee schedule	
POC HBA1C	83036	CPT	both			113		11.17 Amerihealth	HMO/PPO		73.45	65			9.71		107.35 percent of total billed charges	
POC HBA1C	83036	CPT	both			113		11.17 Consumer	Consumer		107.35	95			9.71		107.35 percent of total billed charges	
POC HBA1C	83036	CPT	both			113		11.17 Corrections	Corrections		90.4	80			9.71		107.35 percent of total billed charges	
POC HBA1C	83036	CPT	both			113		11.17 First Health	First Health		79.1	70			9.71		107.35 percent of total billed charges	
POC HBA1C	83036	CPT	both			113		11.17 First Trenton	First Trenton		101.7	90			9.71		107.35 percent of total billed charges	
POC HBA1C	83036	CPT	both			113		11.17 Horizon	Indemnity		43.26	38.28			9.71		107.35 percent of total billed charges	
POC HBA1C	83036	CPT	both			113		11.17 Horizon	MGD		43.26	38.28			9.71		107.35 percent of total billed charges	
POC HBA1C	83036	CPT	both			113		11.17 Horizon	Medicare Blue		33.9	30			9.71		107.35 percent of total billed charges	
POC HBA1C	83036	CPT	both			113		11.17 Horizon	NJ Health		12.94				9.71		107.35 fee schedule	
POC HBA1C	83036	CPT	both			113		11.17 Horizon	PPO		43.26	38.28			9.71		107.35 percent of total billed charges	
POC HBA1C	83036	CPT	both			113		11.17 Managed Care Inc	Managed Care Inc		101.7	90			9.71		107.35 percent of total billed charges	
POC HBA1C	83036	CPT	both			113		11.17 Multiplan	Multiplan		90.4	80			9.71		107.35 percent of total billed charges	
POC HBA1C	83036	CPT	both			113		11.17 Qualcare	Qualcare		84.75	75			9.71		107.35 percent of total billed charges	
POC HBA1C	83036	CPT	both			113		11.17 Three Rivers	Three Rivers		107.35	95			9.71		107.35 percent of total billed charges	
POC HBA1C	83036	CPT	both			113		11.17 UHC	Medicaid		35.65	31.55			9.71		107.35 percent of total billed charges	
POC HBA1C	83036	CPT	both			113		11.17 UHC	Medicare		9.71				9.71		107.35 fee schedule	
POC HBA1C	83036	CPT	both			113		11.17 Wellcare	Medicaid		35.65	31.55			9.71		107.35 percent of total billed charges	
POC HBA1C	83036	CPT	both			113		11.17 Wellcare	Medicare		9.71				9.71		107.35 fee schedule	
POC HBA1C	83036	CPT	both			113		11.17 WellPoint	WellPoint		36.36	32.18			9.71		107.35 percent of total billed charges	
POCT HEMOGLOBIN A1C	83037	CPT	outpatient			36		11.17 Aetna	Better Health		11.36	31.55			9.3		34.2 percent of total billed charges	
POCT HEMOGLOBIN A1C	83037	CPT	outpatient			36		11.17 Aetna	Commercial		13.68	38			9.3		34.2 percent of total billed charges	
POCT HEMOGLOBIN A1C	83037	CPT	outpatient			36		11.17 Aetna	Medicare		9.71				9.3		34.2 fee schedule	
POCT HEMOGLOBIN A1C	83037	CPT	outpatient			36		11.17 Americare	Americare		27	75			9.3		34.2 percent of total billed charges	
POCT HEMOGLOBIN A1C	83037	CPT	outpatient			36		11.17 Amerihealth	Medicare		9.71				9.3		34.2 fee schedule	
POCT HEMOGLOBIN A1C	83037	CPT	outpatient			36		11.17 Amerihealth	HMO/PPO		23.4	65			9.3		34.2 percent of total billed charges	
POCT HEMOGLOBIN A1C	83037	CPT	outpatient			36		11.17 Consumer	Consumer		34.2	95			9.3		34.2 percent of total billed charges	
POCT HEMOGLOBIN A1C	83037	CPT	outpatient			36		11.17 Corrections	Corrections		28.8	80			9.3		34.2 percent of total billed charges	
POCT HEMOGLOBIN A1C	83037	CPT	outpatient			36		11.17 First Health	First Health		25.2	70			9.3		34.2 percent of total billed charges	
POCT HEMOGLOBIN A1C	83037	CPT	outpatient			36		11.17 First Trenton	First Trenton		32.4	90			9.3		34.2 percent of total billed charges	
POCT HEMOGLOBIN A1C	83037	CPT	outpatient			36		11.17 Horizon	MGD		13.78	38.28			9.3		34.2 percent of total billed charges	
POCT HEMOGLOBIN A1C	83037	CPT	outpatient			36		11.17 Horizon	Medicare Blue		10.8	30			9.3		34.2 percent of total billed charges	
POCT HEMOGLOBIN A1C	83037	CPT	outpatient			36		11.17 Horizon	Indemnity		13.78	38.28			9.3		34.2 percent of total billed charges	
POCT HEMOGLOBIN A1C	83037	CPT	outpatient			36		11.17 Horizon	NJ Health		10.78				9.3		34.2 fee schedule	
POCT HEMOGLOBIN A1C	83037	CPT	outpatient			36		11.17 Horizon	PPO		13.78	38.28			9.3		34.2 percent of total billed charges	
POCT HEMOGLOBIN A1C	83037	CPT	outpatient			36		11.17 Managed Care Inc	Managed Care Inc		32.4	90			9.3		34.2 percent of total billed charges	
POCT HEMOGLOBIN A1C	83037	CPT	outpatient			36		11.17 Multiplan	Multiplan		28.8	80			9.3		34.2 percent of total billed charges	
POCT HEMOGLOBIN A1C	83037	CPT	outpatient			36		11.17 Qualcare	Qualcare		27	75			9.3		34.2 percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
POCT HEMOGLOBIN A1C	83037	CPT	outpatient			36	11.17	Three Rivers	Three Rivers		34.2				9.3	95	34.2 percent of total billed charges	
POCT HEMOGLOBIN A1C	83037	CPT	outpatient			36	11.17	UHC	Medicaid		11.36				31.55	9.3	34.2 percent of total billed charges	
POCT HEMOGLOBIN A1C	83037	CPT	outpatient			36	11.17	UHC	Medicare		9.71					9.3	34.2 fee schedule	
POCT HEMOGLOBIN A1C	83037	CPT	outpatient			36	11.17	Wellcare	Medicaid		11.36				31.55	9.3	34.2 percent of total billed charges	
POCT HEMOGLOBIN A1C	83037	CPT	outpatient			36	11.17	Wellcare	Medicare		9.71					9.3	34.2 fee schedule	
POCT HEMOGLOBIN A1C	83037	CPT	outpatient			36	11.17	WellPoint	WellPoint		11.58				32.18	9.3	34.2 percent of total billed charges	
METHEMOGLOBIN, BLOOD	83050	CPT	outpatient			44	9.43	Aetna	Better Health		13.88				31.55	5.88	41.8 percent of total billed charges	
METHEMOGLOBIN, BLOOD	83050	CPT	outpatient			44	9.43	Aetna	Commercial		16.72				38	5.88	41.8 percent of total billed charges	
METHEMOGLOBIN, BLOOD	83050	CPT	outpatient			44	9.43	Aetna	Medicare		13.55				30.8	5.88	41.8 percent of total billed charges	
METHEMOGLOBIN, BLOOD	83050	CPT	outpatient			44	9.43	Americare	Americare		33				75	5.88	41.8 percent of total billed charges	
METHEMOGLOBIN, BLOOD	83050	CPT	outpatient			44	9.43	Amerihealth	HMO/PPO		28.6				65	5.88	41.8 percent of total billed charges	
METHEMOGLOBIN, BLOOD	83050	CPT	outpatient			44	9.43	Amerihealth	Medicare		8.2					5.88	41.8 fee schedule	
METHEMOGLOBIN, BLOOD	83050	CPT	outpatient			44	9.43	Consumer	Consumer		41.8				95	5.88	41.8 percent of total billed charges	
METHEMOGLOBIN, BLOOD	83050	CPT	outpatient			44	9.43	Corrections	Corrections		35.2				80	5.88	41.8 percent of total billed charges	
METHEMOGLOBIN, BLOOD	83050	CPT	outpatient			44	9.43	First Health	First Health		30.8				70	5.88	41.8 percent of total billed charges	
METHEMOGLOBIN, BLOOD	83050	CPT	outpatient			44	9.43	First Trenton	First Trenton		39.6				90	5.88	41.8 percent of total billed charges	
METHEMOGLOBIN, BLOOD	83050	CPT	outpatient			44	9.43	Horizon	Medicare Blue		13.2				30	5.88	41.8 percent of total billed charges	
METHEMOGLOBIN, BLOOD	83050	CPT	outpatient			44	9.43	Horizon	Indemnity		16.84				38.28	5.88	41.8 percent of total billed charges	
METHEMOGLOBIN, BLOOD	83050	CPT	outpatient			44	9.43	Horizon	MGD		16.84				38.28	5.88	41.8 percent of total billed charges	
METHEMOGLOBIN, BLOOD	83050	CPT	outpatient			44	9.43	Horizon	NJ Health		5.88					5.88	41.8 fee schedule	
METHEMOGLOBIN, BLOOD	83050	CPT	outpatient			44	9.43	Horizon	PPO		16.84				38.28	5.88	41.8 percent of total billed charges	
METHEMOGLOBIN, BLOOD	83050	CPT	outpatient			44	9.43	Managed Care Inc	Managed Care Inc		39.6				90	5.88	41.8 percent of total billed charges	
METHEMOGLOBIN, BLOOD	83050	CPT	outpatient			44	9.43	Multiplan	Multiplan		35.2				80	5.88	41.8 percent of total billed charges	
METHEMOGLOBIN, BLOOD	83050	CPT	outpatient			44	9.43	Qualcare	Qualcare		33				75	5.88	41.8 percent of total billed charges	
METHEMOGLOBIN, BLOOD	83050	CPT	outpatient			44	9.43	Three Rivers	Three Rivers		41.8				95	5.88	41.8 percent of total billed charges	
METHEMOGLOBIN, BLOOD	83050	CPT	outpatient			44	9.43	UHC	Medicare		8.2					5.88	41.8 fee schedule	
METHEMOGLOBIN, BLOOD	83050	CPT	outpatient			44	9.43	UHC	Medicaid		13.88				31.55	5.88	41.8 percent of total billed charges	
METHEMOGLOBIN, BLOOD	83050	CPT	outpatient			44	9.43	Wellcare	Medicaid		13.88				31.55	5.88	41.8 percent of total billed charges	
METHEMOGLOBIN, BLOOD	83050	CPT	outpatient			44	9.43	Wellcare	Medicare		8.2					5.88	41.8 fee schedule	
METHEMOGLOBIN, BLOOD	83050	CPT	outpatient			44	9.43	WellPoint	WellPoint		14.16				32.18	5.88	41.8 percent of total billed charges	
PLASMA FREE HEMOGLOBIN	83051	CPT	inpatient			83	8.41	Aetna	Medicare		7.31					2.35	78.85 fee schedule	
PLASMA FREE HEMOGLOBIN	83051	CPT	inpatient			83	8.41	Aetna	Better Health		26.19				31.55	2.35	78.85 percent of total billed charges	
PLASMA FREE HEMOGLOBIN	83051	CPT	inpatient			83	8.41	Aetna	Commercial		31.54				38	2.35	78.85 percent of total billed charges	
PLASMA FREE HEMOGLOBIN	83051	CPT	inpatient			83	8.41	Americare	Americare		62.25				75	2.35	78.85 percent of total billed charges	
PLASMA FREE HEMOGLOBIN	83051	CPT	inpatient			83	8.41	Amerihealth	Medicare		7.31					2.35	78.85 fee schedule	
PLASMA FREE HEMOGLOBIN	83051	CPT	inpatient			83	8.41	Amerihealth	HMO/PPO		53.95				65	2.35	78.85 percent of total billed charges	
PLASMA FREE HEMOGLOBIN	83051	CPT	inpatient			83	8.41	Consumer	Consumer		78.85				95	2.35	78.85 percent of total billed charges	
PLASMA FREE HEMOGLOBIN	83051	CPT	inpatient			83	8.41	Corrections	Corrections		66.4				80	2.35	78.85 percent of total billed charges	
PLASMA FREE HEMOGLOBIN	83051	CPT	inpatient			83	8.41	First Health	First Health		58.1				70	2.35	78.85 percent of total billed charges	
PLASMA FREE HEMOGLOBIN	83051	CPT	inpatient			83	8.41	First Trenton	First Trenton		74.7				90	2.35	78.85 percent of total billed charges	
PLASMA FREE HEMOGLOBIN	83051	CPT	inpatient			83	8.41	Horizon	NJ Health		2.35					2.35	78.85 fee schedule	
PLASMA FREE HEMOGLOBIN	83051	CPT	inpatient			83	8.41	Horizon	MGD		31.77				38.28	2.35	78.85 percent of total billed charges	
PLASMA FREE HEMOGLOBIN	83051	CPT	inpatient			83	8.41	Horizon	Medicare Blue		24.9				30	2.35	78.85 percent of total billed charges	
PLASMA FREE HEMOGLOBIN	83051	CPT	inpatient			83	8.41	Horizon	Indemnity		31.77				38.28	2.35	78.85 percent of total billed charges	
PLASMA FREE HEMOGLOBIN	83051	CPT	inpatient			83	8.41	Horizon	PPO		31.77				38.28	2.35	78.85 percent of total billed charges	
PLASMA FREE HEMOGLOBIN	83051	CPT	inpatient			83	8.41	Managed Care Inc	Managed Care Inc		74.7				90	2.35	78.85 percent of total billed charges	
PLASMA FREE HEMOGLOBIN	83051	CPT	inpatient			83	8.41	Multiplan	Multiplan		66.4				80	2.35	78.85 percent of total billed charges	
PLASMA FREE HEMOGLOBIN	83051	CPT	inpatient			83	8.41	Qualcare	Qualcare		62.25				75	2.35	78.85 percent of total billed charges	
PLASMA FREE HEMOGLOBIN	83051	CPT	inpatient			83	8.41	Three Rivers	Three Rivers		78.85				95	2.35	78.85 percent of total billed charges	
PLASMA FREE HEMOGLOBIN	83051	CPT	inpatient			83	8.41	UHC	Medicare		7.31					2.35	78.85 fee schedule	
PLASMA FREE HEMOGLOBIN	83051	CPT	inpatient			83	8.41	UHC	Medicaid		26.19				31.55	2.35	78.85 percent of total billed charges	
PLASMA FREE HEMOGLOBIN	83051	CPT	inpatient			83	8.41	Wellcare	Medicare		7.31					2.35	78.85 fee schedule	
PLASMA FREE HEMOGLOBIN	83051	CPT	inpatient			83	8.41	Wellcare	Medicaid		26.19				31.55	2.35	78.85 percent of total billed charges	
PLASMA FREE HEMOGLOBIN	83051	CPT	inpatient			83	8.41	WellPoint	WellPoint		26.71				32.18	2.35	78.85 percent of total billed charges	
HEMOGLOBIN UNSTABLE SCRN	83068	CPT	outpatient			121	10.89	Aetna	Better Health		38.18				31.55	6.49	114.95 percent of total billed charges	
HEMOGLOBIN UNSTABLE SCRN	83068	CPT	outpatient			121	10.89	Aetna	Commercial		45.98				38	6.49	114.95 percent of total billed charges	
HEMOGLOBIN UNSTABLE SCRN	83068	CPT	outpatient			121	10.89	Aetna	Medicare		37.27				30.8	6.49	114.95 percent of total billed charges	
HEMOGLOBIN UNSTABLE SCRN	83068	CPT	outpatient			121	10.89	Americare	Americare		90.75				75	6.49	114.95 percent of total billed charges	
HEMOGLOBIN UNSTABLE SCRN	83068	CPT	outpatient			121	10.89	Amerihealth	HMO/PPO		78.65				65	6.49	114.95 percent of total billed charges	
HEMOGLOBIN UNSTABLE SCRN	83068	CPT	outpatient			121	10.89	Amerihealth	Medicare		9.47					6.49	114.95 fee schedule	
HEMOGLOBIN UNSTABLE SCRN	83068	CPT	outpatient			121	10.89	Consumer	Consumer		114.95				95	6.49	114.95 percent of total billed charges	
HEMOGLOBIN UNSTABLE SCRN	83068	CPT	outpatient			121	10.89	Corrections	Corrections		96.8				80	6.49	114.95 percent of total billed charges	
HEMOGLOBIN UNSTABLE SCRN	83068	CPT	outpatient			121	10.89	First Health	First Health		84.7				70	6.49	114.95 percent of total billed charges	
HEMOGLOBIN UNSTABLE SCRN	83068	CPT	outpatient			121	10.89	First Trenton	First Trenton		108.9				90	6.49	114.95 percent of total billed charges	
HEMOGLOBIN UNSTABLE SCRN	83068	CPT	outpatient			121	10.89	Horizon	MGD		46.32				38.28	6.49	114.95 percent of total billed charges	
HEMOGLOBIN UNSTABLE SCRN	83068	CPT	outpatient			121	10.89	Horizon	Medicare Blue		36.3				30	6.49	114.95 percent of total billed charges	
HEMOGLOBIN UNSTABLE SCRN	83068	CPT	outpatient			121	10.89	Horizon	Indemnity		46.32				38.28	6.49	114.95 percent of total billed charges	
HEMOGLOBIN UNSTABLE SCRN	83068	CPT	outpatient			121	10.89	Horizon	NJ Health		6.49					6.49	114.95 fee schedule	
HEMOGLOBIN UNSTABLE SCRN	83068	CPT	outpatient			121	10.89	Horizon	PPO		46.32				38.28	6.49	114.95 percent of total billed charges	
HEMOGLOBIN UNSTABLE SCRN	83068	CPT	outpatient			121	10.89	Managed Care Inc	Managed Care Inc		108.9				90	6.49	114.95 percent of total billed charges	
HEMOGLOBIN UNSTABLE SCRN	83068	CPT	outpatient			121	10.89	Multiplan	Multiplan		96.8				80	6.49	114.95 percent of total billed charges	
HEMOGLOBIN UNSTABLE SCRN	83068	CPT	outpatient			121	10.89	Qualcare	Qualcare		90.75				75	6.49	114.95 percent of total billed charges	
HEMOGLOBIN UNSTABLE SCRN	83068	CPT	outpatient			121	10.89	Three Rivers	Three Rivers		114.95				95	6.49	114.95 percent of total billed charges	
HEMOGLOBIN UNSTABLE SCRN	83068	CPT	outpatient			121	10.89	UHC	Medicaid		38.18				31.55	6.49	114.95 percent of total billed charges	
HEMOGLOBIN UNSTABLE SCRN	83068	CPT	outpatient			121	10.89	UHC	Medicare		9.47					6.49	114.95 fee schedule	
HEMOGLOBIN UNSTABLE SCRN	83068	CPT	outpatient			121	10.89	Wellcare	Medicare		9.47					6.49	114.95 fee schedule	
HEMOGLOBIN UNSTABLE SCRN	83068	CPT	outpatient			121	10.89	Wellcare	Medicaid		38.18				31.55	6.49	114.95 percent of total billed charges	
HEMOGLOBIN UNSTABLE SCRN	83068	CPT	outpatient			121	10.89	WellPoint	WellPoint		38.94				32.18	6.49	114.95 percent of total billed charges	
HEMOSIDERIN URINE	83070	CPT	both			88	5.46	Aetna	Medicare		27.1				30.8	4.75	83.6 percent of total billed charges	
HEMOSIDERIN URINE	83070	CPT	both			88	5.46	Aetna	Better Health		27.76				31.55	4.75	83.6 percent of total billed charges	
HEMOSIDERIN URINE	83070	CPT	both			88	5.46	Aetna	Commercial		33.44				38	4.75	83.6 percent of total billed charges	
HEMOSIDERIN URINE	83070	CPT	both			88	5.46	Americare	Americare		66				75	4.75	83.6 percent of total billed charges	
HEMOSIDERIN URINE	83070	CPT	both			88	5.46	Amerihealth	Medicare		4.75					4.75	83.6 fee schedule	
HEMOSIDERIN URINE	83070	CPT	both			88	5.46	Amerihealth	HMO/PPO		57.2				65	4.75	83.6 percent of total billed charges	
HEMOSIDERIN URINE	83070	CPT	both			88	5.46	Consumer	Consumer		83.6				95	4.75	83.6 percent of total billed charges	
HEMOSIDERIN URINE	83070	CPT	both			88	5.46	Corrections	Corrections		70.4				80	4.75	83.6 percent of total billed charges	
HEMOSIDERIN URINE	83070	CPT	both			88	5.46	First Health	First Health		61.6				70	4.75	83.6 percent of total billed charges	
HEMOSIDERIN URINE	83070	CPT	both			88	5.46	First Trenton	First Trenton		79.2				90	4.75	83.6 percent of total billed charges	
HEMOSIDERIN URINE	83070	CPT	both			88	5.46	Horizon	NJ Health		11.76					4.75	83.6 fee schedule	
HEMOSIDERIN URINE	83070	CPT	both			88	5.46	Horizon	MGD		33.69				38.28	4.75	83.6 percent of total billed charges	
HEMOSIDERIN URINE	83070	CPT	both			88	5.46	Horizon	Medicare Blue		26.4				30	4.75	83.6 percent of total billed charges	
HEMOSIDERIN URINE	83070	CPT	both			88	5.46	Horizon	Indemnity		33.69				38.28	4.75	83.6 percent of total billed charges	
HEMOSIDERIN URINE	83070	CPT	both			88	5.46	Horizon	PPO		33.69				38.28	4.75	83.6 percent of total billed charges	
HEMOSIDERIN URINE	83070	CPT	both			88	5.46	Managed Care Inc	Managed Care Inc		79.2				90	4.75	83.6 percent of total billed charges	
HEMOSIDERIN URINE	83070	CPT	both			88	5.46	Multiplan	Multiplan		70.4				80	4.75	83.6 percent of total billed charges	
HEMOSIDERIN URINE	83070	CPT	both			88	5.46	Qualcare	Qualcare		66				75	4.75	83.6 percent of total billed charges	
HEMOSIDERIN URINE	83070	CPT	both			88	5.46	Three Rivers	Three Rivers		83.6				95	4.75	83.6 percent of total billed charges	
HEMOSIDERIN URINE	83070	CPT	both			88	5.46	UHC	Medicaid		27.76				31.55	4.75	83.6 percent of total billed charges	
HEMOSIDERIN URINE	83070	CPT	both			88	5.46	UHC	Medicare		4.75					4.75	83.6 fee schedule	
HEMOSIDERIN URINE	83070	CPT	both			88	5.46	Wellcare	Medicare		4.75					4.75	83.6 fee schedule	
HEMOSIDERIN URINE	83070	CPT	both			88	5.46	Wellcare	Medicaid		27.76				31.55	4.75	83.6 percent of total billed charges	
HEMOSIDERIN URINE	83070	CPT	both			88	5.46	WellPoint	WellPoint		28.32				32.18	4.75	83.6 percent of total billed charges	
TAY-SACHS, BIOCHEMICAL SERUM	83080	CPT	both			265	19.4	Aetna	Medicare		16.87					16.87	251.75 fee schedule	
TAY-SACHS, BIOCHEMICAL SERUM	83080	CPT	both			265	19.4	Aetna	Better Health		83.61				31.55	16.87	251.75 percent of total billed charges	
TAY-SACHS, BIOCHEMICAL SERUM	83080	CPT	both			265	19.4	Aetna	Commercial		100.7				38	16.87	251.75 percent of total billed charges	
TAY-SACHS, BIOCHEMICAL SERUM	83080	CPT	both			265	19.4	Americare	Americare		198.75				75	16.87	251.75 percent of total billed charges	
TAY-SACHS, BIOCHEMICAL SERUM	83080	CPT	both			265	19.4	Amerihealth	Medicare		16.87					16.87	251.75 fee schedule	
TAY-SACHS, BIOCHEMICAL SERUM	83080	CPT	both			265	19.4	Amerihealth	HMO/PPO		172.25				65	16.87	251.75 percent of total billed charges	
TAY-SACHS, BIOCHEMICAL SERUM	83080	CPT	both			265	19.4	Consumer	Consumer		251.75				95	16.87	251.75 percent of total billed charges	
TAY-SACHS, BIOCHEMICAL SERUM	83080	CPT	both			265	19.4	Corrections	Corrections		212				80	16.87	251.75 percent of total billed charges	
TAY-SACHS, BIOCHEMICAL SERUM	83080	CPT	both			265	19.4	First Health	First Health		185.5				70	16.87	251.75 percent of total billed charges	
TAY-SACHS, BIOCHEMICAL SERUM	83080	CPT	both			265	19.4	First Trenton	First Trenton		238.5				90	16.87	251.75 percent of total billed charges	
TAY-SACHS, BIOCHEMICAL SERUM	83080	CPT	both			265	19.4	Horizon	Indemnity		101.44				38.28	16.87	251.75 percent of total billed charges	
TAY-SACHS, BIOCHEMICAL SERUM	83080	CPT	both			265	19.4	Horizon	Medicare Blue		79.5				30	16.87	251.75 percent of total billed charges	
TAY-SACHS, BIOCHEMICAL SERUM	83080	CPT	both			265	19.4	Horizon	PPO		101.44				38.28	16.87	251.75 percent of total billed charges	
TAY-SACHS, BIOCHEMICAL SERUM	83080	CPT	both			265	19.4	Horizon	MGD		101.44				38.28	16.87	251.75 percent of total billed charges	
TAY-SACHS, BIOCHEMICAL SERUM	83080	CPT	both			265	19.4	Horizon	NJ Health		18.74					16.87	251.75 fee schedule	
TAY-SACHS, BIOCHEMICAL SERUM	83080	CPT	both			265	19.4	Managed Care Inc	Managed Care Inc		238.5				90	16.87	251.75 percent of total billed charges	
TAY-SACHS, BIOCHEMICAL SERUM	83080	CPT	both			265	19.4	Multiplan	Multiplan		212				80	16.87	251.75 percent of total billed charges	
TAY-SACHS, BIOCHEMICAL SERUM	83080	CPT	both			265	19.4	Qualcare	Qualcare		198.75				75	16.87	251.75 percent of total billed charges	
TAY-SACHS, BIOCHEMICAL SERUM	83080	CPT	both			265	19.4	Three Rivers	Three Rivers		251.75				95	16.87	251.75 percent of total billed charges	
TAY-SACHS, BIOCHEMICAL SERUM	83080	CPT	both			265	19.4	UHC	Medicaid		83.61				31.55	16.87	251.75 percent of total billed charges	
TAY-SACHS, BIOCHEMICAL SERUM	83080	CPT	both			265	19.4	UHC	Medicare		16.87					16.87	251.75 fee schedule	
TAY-SACHS, BIOCHEMICAL SERUM	83080	CPT	both			265	19.4	Wellcare	Medicare		16.87					16.87	251.75 fee schedule	
TAY-SACHS, BIOCHEMICAL SERUM	83080	CPT	both			265	19.4	Wellcare	Medicaid		83.61				31.55	16.87	251.75 percent of total billed charges	
TAY-SACHS, BIOCHEMICAL SERUM	83080	CPT	both			265	19.4	WellPoint	WellPoint		85.28				32.18	16.87	251.75 percent of total billed charges	
HISTAMINE PLASMA	83088	CPT	outpatient			67	33.96	Aetna	Better Health		21.14				31.55	20.1	78.4 percent of total billed charges	
HISTAMINE PLASMA	83088	CPT	outpatient			67	33.96	Aetna	Commercial		25.46				38	20.1	78.4 percent of total billed charges	
HISTAMINE PLASMA	83088	CPT	outpatient			67	33.96	Aetna	Medicare		29.53					20.1	78.4 fee schedule	
HISTAMINE PLASMA	83088	CPT	outpatient			67	33.96	Americare	Americare		50.25				75	20.1	78.4 percent of total billed charges	
HISTAMINE PLASMA	83088	CPT	outpatient			67	33.96	Amerihealth	HMO/PPO		43.55				65	20.1	78.4 percent of total billed charges	
HISTAMINE PLASMA	83088	CPT	outpatient			67	33.96	Amerihealth	Medicare		29.53					20.1	78.4 fee schedule	
HISTAMINE PLASMA	83088	CPT	outpatient			67	33.96	Consumer	Consumer		63.65				95	20.1	78.4 percent of total billed charges	
HISTAMINE PLASMA	83088	CPT	outpatient			67	33.96	Corrections	Corrections		53.6				80	20.1	78.4 percent of total billed charges	
HISTAMINE PLASMA	83088	CPT	outpatient			67	33.96	First Health	First Health		46.9				70	20.1	78.4 percent of total billed charges	
HISTAMINE PLASMA	83088	CPT	outpatient			67	33.96	First Trenton	First Trenton		60.3				90	20.1	78.4 percent of total billed charges	
HISTAMINE PLASMA	83088	CPT	outpatient			67	33.96	Horizon	Indemnity		25.65				38.28	20.1	78.4 percent of total billed charges	
HISTAMINE PLASMA	83088	CPT	outpatient			67	33.96	Horizon	MGD		25.65				38.28	20.1	78.4 percent of total billed charges	
HISTAMINE PLASMA	83088	CPT	outpatient			67	33.96	Horizon	NJ Health		78.4					20.1	78.4 fee schedule	
HISTAMINE PLASMA	83088	CPT	outpatient			67	33.96	Horizon	PPO		25.65				38.28	20.1	78.4 percent of total billed charges	
HISTAMINE PLASMA	83088	CPT	outpatient			67	33.96	Horizon	Medicare Blue		20.1				30	20.1	78.4 percent of total billed charges	
HISTAMINE PLASMA	83088	CPT	outpatient			67	33.96	Managed Care Inc	Managed Care Inc		60.3				90	20.1	78.4 percent of total billed charges	
HISTAMINE PLASMA	83088	CPT	outpatient			67	33.96	Multiplan	Multiplan		53.6				80	20.1	78.4 percent of total billed charges	
HISTAMINE PLASMA	83088	CPT	outpatient			67	33.96	Qualcare	Qualcare		50.25				75	20.1	78.4 percent of total billed charges	
HISTAMINE PLASMA	83088	CPT	outpatient			67	33.96	Three Rivers	Three Rivers		63.65				95	20.1	78.4 percent of total billed charges	
HISTAMINE PLASMA	83088	CPT	outpatient			67	33.96	UHC	Medicare		29.53					20.1	78.4 fee schedule	
HISTAMINE PLASMA	83088	CPT	outpatient			67	33.96	UHC	Medicaid		21.14				31.55	20.1	78.4 percent of total billed charges	
HISTAMINE PLASMA	83088	CPT	outpatient			67	33.96	Wellcare	Medicare		29.53					20.1	78.4 fee schedule	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101191	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
HISTAMINE PLASMA	83088	CPT	outpatient			67	33.96	Wellcare	Medicaid		21.14			31.55	20.1		78.4 percent of total billed charges	
HISTAMINE PLASMA	83088	CPT	outpatient			67	33.96	WellPoint	WellPoint		21.56			32.18	20.1		78.4 percent of total billed charges	
HOMOCYSTINE	83090	CPT	both			117	20.61	Aetna	Medicare		17.92				17.92		111.15 fee schedule	
HOMOCYSTINE	83090	CPT	both			117	20.61	Aetna	Commercial		44.46			38	17.92		111.15 percent of total billed charges	
HOMOCYSTINE	83090	CPT	both			117	20.61	Aetna	Better Health		36.91			31.55	17.92		111.15 percent of total billed charges	
HOMOCYSTINE	83090	CPT	both			117	20.61	Americare	Americare		87.75			75	17.92		111.15 percent of total billed charges	
HOMOCYSTINE	83090	CPT	both			117	20.61	Amerihealth	HMO/PPO		76.05			65	17.92		111.15 percent of total billed charges	
HOMOCYSTINE	83090	CPT	both			117	20.61	Amerihealth	Medicare		17.92				17.92		111.15 fee schedule	
HOMOCYSTINE	83090	CPT	both			117	20.61	Consumer	Consumer		111.15			95	17.92		111.15 percent of total billed charges	
HOMOCYSTINE	83090	CPT	both			117	20.61	Corrections	Corrections		93.6			80	17.92		111.15 percent of total billed charges	
HOMOCYSTINE	83090	CPT	both			117	20.61	First Health	First Health		81.9			70	17.92		111.15 percent of total billed charges	
HOMOCYSTINE	83090	CPT	both			117	20.61	First Trenton	First Trenton		105.3			90	17.92		111.15 percent of total billed charges	
HOMOCYSTINE	83090	CPT	both			117	20.61	Horizon	Medicare Blue		35.1			30	17.92		111.15 percent of total billed charges	
HOMOCYSTINE	83090	CPT	both			117	20.61	Horizon	Indemnity		44.79			38.28	17.92		111.15 percent of total billed charges	
HOMOCYSTINE	83090	CPT	both			117	20.61	Horizon	MGD		44.79			38.28	17.92		111.15 percent of total billed charges	
HOMOCYSTINE	83090	CPT	both			117	20.61	Horizon	NJ Health		18.74				17.92		111.15 fee schedule	
HOMOCYSTINE	83090	CPT	both			117	20.61	Horizon	PPO		44.79			38.28	17.92		111.15 percent of total billed charges	
HOMOCYSTINE	83090	CPT	both			117	20.61	Managed Care Inc	Managed Care Inc		105.3			90	17.92		111.15 percent of total billed charges	
HOMOCYSTINE	83090	CPT	both			117	20.61	Multiplan	Multiplan		93.6			80	17.92		111.15 percent of total billed charges	
HOMOCYSTINE	83090	CPT	both			117	20.61	Qualcare	Qualcare		87.75			75	17.92		111.15 percent of total billed charges	
HOMOCYSTINE	83090	CPT	both			117	20.61	Three Rivers	Three Rivers		111.15			95	17.92		111.15 percent of total billed charges	
HOMOCYSTINE	83090	CPT	both			117	20.61	UHC	Medicare		17.92				17.92		111.15 fee schedule	
HOMOCYSTINE	83090	CPT	both			117	20.61	UHC	Medicaid		36.91			31.55	17.92		111.15 percent of total billed charges	
HOMOCYSTINE	83090	CPT	both			117	20.61	Wellcare	Medicaid		36.91			31.55	17.92		111.15 percent of total billed charges	
HOMOCYSTINE	83090	CPT	both			117	20.61	Wellcare	Medicare		17.92				17.92		111.15 fee schedule	
HOMOCYSTINE	83090	CPT	both			117	20.61	WellPoint	WellPoint		37.65			32.18	17.92		111.15 percent of total billed charges	
HVA	83150	CPT	outpatient			222	25.77	Aetna	Commercial		84.36			38	15.3		210.9 percent of total billed charges	
HVA	83150	CPT	outpatient			222	25.77	Aetna	Better Health		70.04			31.55	15.3		210.9 percent of total billed charges	
HVA	83150	CPT	outpatient			222	25.77	Aetna	Medicare		22.41				15.3		210.9 fee schedule	
HVA	83150	CPT	outpatient			222	25.77	Americare	Americare		166.5			75	15.3		210.9 percent of total billed charges	
HVA	83150	CPT	outpatient			222	25.77	Amerihealth	HMO/PPO		144.3			65	15.3		210.9 percent of total billed charges	
HVA	83150	CPT	outpatient			222	25.77	Amerihealth	Medicare		22.41				15.3		210.9 fee schedule	
HVA	83150	CPT	outpatient			222	25.77	Consumer	Consumer		210.9			95	15.3		210.9 percent of total billed charges	
HVA	83150	CPT	outpatient			222	25.77	Corrections	Corrections		177.6			80	15.3		210.9 percent of total billed charges	
HVA	83150	CPT	outpatient			222	25.77	First Health	First Health		155.4			70	15.3		210.9 percent of total billed charges	
HVA	83150	CPT	outpatient			222	25.77	First Trenton	First Trenton		199.8			90	15.3		210.9 percent of total billed charges	
HVA	83150	CPT	outpatient			222	25.77	Horizon	NJ Health		23.52				15.3		210.9 fee schedule	
HVA	83150	CPT	outpatient			222	25.77	Horizon	Indemnity		84.98			38.28	15.3		210.9 percent of total billed charges	
HVA	83150	CPT	outpatient			222	25.77	Horizon	Medicare Blue		66.6			30	15.3		210.9 percent of total billed charges	
HVA	83150	CPT	outpatient			222	25.77	Horizon	MGD		84.98			38.28	15.3		210.9 percent of total billed charges	
HVA	83150	CPT	outpatient			222	25.77	Horizon	PPO		84.98			38.28	15.3		210.9 percent of total billed charges	
HVA	83150	CPT	outpatient			222	25.77	Managed Care Inc	Managed Care Inc		199.8			90	15.3		210.9 percent of total billed charges	
HVA	83150	CPT	outpatient			222	25.77	Multiplan	Multiplan		177.6			80	15.3		210.9 percent of total billed charges	
HVA	83150	CPT	outpatient			222	25.77	Qualcare	Qualcare		166.5			75	15.3		210.9 percent of total billed charges	
HVA	83150	CPT	outpatient			222	25.77	Three Rivers	Three Rivers		210.9			95	15.3		210.9 percent of total billed charges	
HVA	83150	CPT	outpatient			222	25.77	UHC	Medicaid		70.04			31.55	15.3		210.9 percent of total billed charges	
HVA	83150	CPT	outpatient			222	25.77	UHC	Medicare		22.41				15.3		210.9 fee schedule	
HVA	83150	CPT	outpatient			222	25.77	Wellcare	Medicare		22.41				15.3		210.9 fee schedule	
HVA	83150	CPT	outpatient			222	25.77	Wellcare	Medicaid		70.04			31.55	15.3		210.9 percent of total billed charges	
HVA	83150	CPT	outpatient			222	25.77	WellPoint	WellPoint		71.44			32.18	15.3		210.9 percent of total billed charges	
17 HYDROXYCORTICOSTEROIDS	83491	CPT	outpatient			213	20.59	Aetna	Medicare		17.9				17.9		202.35 fee schedule	
17 HYDROXYCORTICOSTEROIDS	83491	CPT	outpatient			213	20.59	Aetna	Better Health		67.2			31.55	17.9		202.35 percent of total billed charges	
17 HYDROXYCORTICOSTEROIDS	83491	CPT	outpatient			213	20.59	Aetna	Commercial		80.94			38	17.9		202.35 percent of total billed charges	
17 HYDROXYCORTICOSTEROIDS	83491	CPT	outpatient			213	20.59	Americare	Americare		159.75			75	17.9		202.35 percent of total billed charges	
17 HYDROXYCORTICOSTEROIDS	83491	CPT	outpatient			213	20.59	Amerihealth	Medicare		17.9				17.9		202.35 fee schedule	
17 HYDROXYCORTICOSTEROIDS	83491	CPT	outpatient			213	20.59	Amerihealth	HMO/PPO		138.45			65	17.9		202.35 percent of total billed charges	
17 HYDROXYCORTICOSTEROIDS	83491	CPT	outpatient			213	20.59	Consumer	Consumer		202.35			95	17.9		202.35 percent of total billed charges	
17 HYDROXYCORTICOSTEROIDS	83491	CPT	outpatient			213	20.59	Corrections	Corrections		170.4			80	17.9		202.35 percent of total billed charges	
17 HYDROXYCORTICOSTEROIDS	83491	CPT	outpatient			213	20.59	First Health	First Health		149.1			70	17.9		202.35 percent of total billed charges	
17 HYDROXYCORTICOSTEROIDS	83491	CPT	outpatient			213	20.59	First Trenton	First Trenton		191.7			90	17.9		202.35 percent of total billed charges	
17 HYDROXYCORTICOSTEROIDS	83491	CPT	outpatient			213	20.59	Horizon	Medicare Blue		63.9			30	17.9		202.35 percent of total billed charges	
17 HYDROXYCORTICOSTEROIDS	83491	CPT	outpatient			213	20.59	Horizon	MGD		81.54			38.28	17.9		202.35 percent of total billed charges	
17 HYDROXYCORTICOSTEROIDS	83491	CPT	outpatient			213	20.59	Horizon	Indemnity		81.54			38.28	17.9		202.35 percent of total billed charges	
17 HYDROXYCORTICOSTEROIDS	83491	CPT	outpatient			213	20.59	Horizon	NJ Health		24.7				17.9		202.35 fee schedule	
17 HYDROXYCORTICOSTEROIDS	83491	CPT	outpatient			213	20.59	Horizon	PPO		81.54			38.28	17.9		202.35 percent of total billed charges	
17 HYDROXYCORTICOSTEROIDS	83491	CPT	outpatient			213	20.59	Managed Care Inc	Managed Care Inc		191.7			90	17.9		202.35 percent of total billed charges	
17 HYDROXYCORTICOSTEROIDS	83491	CPT	outpatient			213	20.59	Multiplan	Multiplan		170.4			80	17.9		202.35 percent of total billed charges	
17 HYDROXYCORTICOSTEROIDS	83491	CPT	outpatient			213	20.59	Qualcare	Qualcare		159.75			75	17.9		202.35 percent of total billed charges	
17 HYDROXYCORTICOSTEROIDS	83491	CPT	outpatient			213	20.59	Three Rivers	Three Rivers		202.35			95	17.9		202.35 percent of total billed charges	
17 HYDROXYCORTICOSTEROIDS	83491	CPT	outpatient			213	20.59	UHC	Medicare		17.9				17.9		202.35 fee schedule	
17 HYDROXYCORTICOSTEROIDS	83491	CPT	outpatient			213	20.59	UHC	Medicaid		67.2			31.55	17.9		202.35 percent of total billed charges	
17 HYDROXYCORTICOSTEROIDS	83491	CPT	outpatient			213	20.59	Wellcare	Medicare		17.9				17.9		202.35 fee schedule	
17 HYDROXYCORTICOSTEROIDS	83491	CPT	outpatient			213	20.59	Wellcare	Medicaid		67.2			31.55	17.9		202.35 percent of total billed charges	
17 HYDROXYCORTICOSTEROIDS	83491	CPT	outpatient			213	20.59	WellPoint	WellPoint		68.54			32.18	17.9		202.35 percent of total billed charges	
HYDROXYINDOLACETIC ACID, 5-(HIAA)	83497	CPT	both			179	14.84	Aetna	Medicare		12.9				9		170.05 fee schedule	
HYDROXYINDOLACETIC ACID, 5-(HIAA)	83497	CPT	both			179	14.84	Aetna	Better Health		56.47			31.55	9		170.05 percent of total billed charges	
HYDROXYINDOLACETIC ACID, 5-(HIAA)	83497	CPT	both			179	14.84	Aetna	Commercial		68.02			38	9		170.05 percent of total billed charges	
HYDROXYINDOLACETIC ACID, 5-(HIAA)	83497	CPT	both			179	14.84	Americare	Americare		134.25			75	9		170.05 percent of total billed charges	
HYDROXYINDOLACETIC ACID, 5-(HIAA)	83497	CPT	both			179	14.84	Amerihealth	HMO/PPO		116.35			65	9		170.05 percent of total billed charges	
HYDROXYINDOLACETIC ACID, 5-(HIAA)	83497	CPT	both			179	14.84	Amerihealth	Medicare		12.9				9		170.05 fee schedule	
HYDROXYINDOLACETIC ACID, 5-(HIAA)	83497	CPT	both			179	14.84	Consumer	Consumer		170.05			95	9		170.05 percent of total billed charges	
HYDROXYINDOLACETIC ACID, 5-(HIAA)	83497	CPT	both			179	14.84	Corrections	Corrections		143.2			80	9		170.05 percent of total billed charges	
HYDROXYINDOLACETIC ACID, 5-(HIAA)	83497	CPT	both			179	14.84	First Health	First Health		125.3			70	9		170.05 percent of total billed charges	
HYDROXYINDOLACETIC ACID, 5-(HIAA)	83497	CPT	both			179	14.84	First Trenton	First Trenton		161.1			90	9		170.05 percent of total billed charges	
HYDROXYINDOLACETIC ACID, 5-(HIAA)	83497	CPT	both			179	14.84	Horizon	MGD		68.52			38.28	9		170.05 percent of total billed charges	
HYDROXYINDOLACETIC ACID, 5-(HIAA)	83497	CPT	both			179	14.84	Horizon	Indemnity		68.52			38.28	9		170.05 percent of total billed charges	
HYDROXYINDOLACETIC ACID, 5-(HIAA)	83497	CPT	both			179	14.84	Horizon	PPO		68.52			38.28	9		170.05 percent of total billed charges	
HYDROXYINDOLACETIC ACID, 5-(HIAA)	83497	CPT	both			179	14.84	Horizon	NJ Health		11.76				9		170.05 fee schedule	
HYDROXYINDOLACETIC ACID, 5-(HIAA)	83497	CPT	both			179	14.84	Horizon	Medicare Blue		53.7			30	9		170.05 percent of total billed charges	
HYDROXYINDOLACETIC ACID, 5-(HIAA)	83497	CPT	both			179	14.84	Managed Care Inc	Managed Care Inc		161.1			90	9		170.05 percent of total billed charges	
HYDROXYINDOLACETIC ACID, 5-(HIAA)	83497	CPT	both			179	14.84	Multiplan	Multiplan		143.2			80	9		170.05 percent of total billed charges	
HYDROXYINDOLACETIC ACID, 5-(HIAA)	83497	CPT	both			179	14.84	Qualcare	Qualcare		134.25			75	9		170.05 percent of total billed charges	
HYDROXYINDOLACETIC ACID, 5-(HIAA)	83497	CPT	both			179	14.84	Three Rivers	Three Rivers		170.05			95	9		170.05 percent of total billed charges	
HYDROXYINDOLACETIC ACID, 5-(HIAA)	83497	CPT	both			179	14.84	UHC	Medicaid		56.47			31.55	9		170.05 percent of total billed charges	
HYDROXYINDOLACETIC ACID, 5-(HIAA)	83497	CPT	both			179	14.84	UHC	Medicare		12.9				9		170.05 fee schedule	
HYDROXYINDOLACETIC ACID, 5-(HIAA)	83497	CPT	both			179	14.84	Wellcare	Medicare		12.9				9		170.05 fee schedule	
HYDROXYINDOLACETIC ACID, 5-(HIAA)	83497	CPT	both			179	14.84	Wellcare	Medicaid		56.47			31.55	9		170.05 percent of total billed charges	
HYDROXYINDOLACETIC ACID, 5-(HIAA)	83497	CPT	both			179	14.84	WellPoint	WellPoint		57.6			32.18	9		170.05 percent of total billed charges	
HYDROXYPROGESTERONE(17 OHP)	83498	CPT	both			147	31.25	Aetna	Medicare		27.17				12.9		139.65 fee schedule	
HYDROXYPROGESTERONE(17 OHP)	83498	CPT	both			147	31.25	Aetna	Better Health		46.38			31.55	12.9		139.65 percent of total billed charges	
HYDROXYPROGESTERONE(17 OHP)	83498	CPT	both			147	31.25	Aetna	Commercial		55.86			38	12.9		139.65 percent of total billed charges	
HYDROXYPROGESTERONE(17 OHP)	83498	CPT	both			147	31.25	Americare	Americare		110.25			75	12.9		139.65 percent of total billed charges	
HYDROXYPROGESTERONE(17 OHP)	83498	CPT	both			147	31.25	Amerihealth	Medicare		27.17				12.9		139.65 fee schedule	
HYDROXYPROGESTERONE(17 OHP)	83498	CPT	both			147	31.25	Amerihealth	HMO/PPO		95.55			65	12.9		139.65 percent of total billed charges	
HYDROXYPROGESTERONE(17 OHP)	83498	CPT	both			147	31.25	Consumer	Consumer		139.65			95	12.9		139.65 percent of total billed charges	
HYDROXYPROGESTERONE(17 OHP)	83498	CPT	both			147	31.25	Corrections	Corrections		117.6			80	12.9		139.65 percent of total billed charges	
HYDROXYPROGESTERONE(17 OHP)	83498	CPT	both			147	31.25	First Health	First Health		102.9			70	12.9		139.65 percent of total billed charges	
HYDROXYPROGESTERONE(17 OHP)	83498	CPT	both			147	31.25	First Trenton	First Trenton		132.3			90	12.9		139.65 percent of total billed charges	
HYDROXYPROGESTERONE(17 OHP)	83498	CPT	both			147	31.25	Horizon	MGD		56.27			38.28	12.9		139.65 percent of total billed charges	
HYDROXYPROGESTERONE(17 OHP)	83498	CPT	both			147	31.25	Horizon	Medicare Blue		44.1			30	12.9		139.65 percent of total billed charges	
HYDROXYPROGESTERONE(17 OHP)	83498	CPT	both			147	31.25	Horizon	NJ Health		59.78				12.9		139.65 fee schedule	
HYDROXYPROGESTERONE(17 OHP)	83498	CPT	both			147	31.25	Horizon	PPO		56.27			38.28	12.9		139.65 percent of total billed charges	
HYDROXYPROGESTERONE(17 OHP)	83498	CPT	both			147	31.25	Horizon	Indemnity		56.27			38.28	12.9		139.65 percent of total billed charges	
HYDROXYPROGESTERONE(17 OHP)	83498	CPT	both			147	31.25	Managed Care Inc	Managed Care Inc		132.3			90	12.9		139.65 percent of total billed charges	
HYDROXYPROGESTERONE(17 OHP)	83498	CPT	both			147	31.25	Multiplan	Multiplan		117.6			80	12.9		139.65 percent of total billed charges	
HYDROXYPROGESTERONE(17 OHP)	83498	CPT	both			147	31.25	Qualcare	Qualcare		110.25			75	12.9		139.65 percent of total billed charges	
HYDROXYPROGESTERONE(17 OHP)	83498	CPT	both			147	31.25	Three Rivers	Three Rivers		139.65			95	12.9		139.65 percent of total billed charges	
HYDROXYPROGESTERONE(17 OHP)	83498	CPT	both			147	31.25	UHC	Medicare		27.17				12.9		139.65 fee schedule	
HYDROXYPROGESTERONE(17 OHP)	83498	CPT	both			147	31.25	UHC	Medicaid		46.38			31.55	12.9		139.65 percent of total billed charges	
HYDROXYPROGESTERONE(17 OHP)	83498	CPT	both			147	31.25	Wellcare	Medicaid		46.38			31.55	12.9		139.65 percent of total billed charges	
HYDROXYPROGESTERONE(17 OHP)	83498	CPT	both			147	31.25	Wellcare	Medicare		27.17				12.9		139.65 fee schedule	
HYDROXYPROGESTERONE(17 OHP)	83498	CPT	both			147	31.25	WellPoint	WellPoint		47.3			32.18	12.9		139.65 percent of total billed charges	
VGCC ANTIBODY	83516	CPT	both			1587	13.26	Aetna	Medicare		488.8			30.8	8.1		1507.65 percent of total billed charges	
VGCC ANTIBODY	83516	CPT	both			1587	13.26	Aetna	Better Health		500.7			31.55	8.1		1507.65 percent of total billed charges	
VGCC ANTIBODY	83516	CPT	both			1587	13.26	Aetna	Commercial		603.06			38	8.1		1507.65 percent of total billed charges	
VGCC ANTIBODY	83516	CPT	both			1587	13.26	Americare	Americare		1190.25			75	8.1		1507.65 percent of total billed charges	
VGCC ANTIBODY	83516	CPT	both			1587	13.26	Amerihealth	HMO/PPO		1031.55			65	8.1		1507.65 percent of total billed charges	
VGCC ANTIBODY	83516	CPT	both			1587	13.26	Amerihealth	Medicare		11.53				8.1		1507.65 fee schedule	
VGCC ANTIBODY	83516	CPT	both			1587	13.26	Consumer	Consumer		1507.65			95	8.1		1507.65 percent of total billed charges	
VGCC ANTIBODY	83516	CPT	both			1587	13.26	Corrections	Corrections		1269.6			80	8.1		1507.65 percent of total billed charges	
VGCC ANTIBODY	83516	CPT	both			1587	13.26	First Health	First Health		1110.9			70	8.1		1507.65 percent of total billed charges	
VGCC ANTIBODY	83516	CPT	both			1587	13.26	First Trenton	First Trenton		1428.3			90	8.1		1507.65 percent of total billed charges	
VGCC ANTIBODY	83516	CPT	both			1587	13.26	Horizon	Medicare Blue		476.1			30	8.1		1507.65 percent of total billed charges	
VGCC ANTIBODY	83516	CPT	both			1587	13.26	Horizon	Indemnity		607.5			38.28	8.1		1507.65 percent of total billed charges	
VGCC ANTIBODY	83516	CPT	both			1587	13.26	Horizon	MGD		607.5			38.28	8.1		1507.65 percent of total billed charges	
VGCC ANTIBODY	83516	CPT	both			1587	13.26	Horizon	NJ Health		17.64				8.1		1507.65 fee schedule	
VGCC ANTIBODY	83516	CPT	both			1587	13.26	Horizon	PPO		607.5			38.28	8.1		1507.65 percent of total billed charges	
VGCC ANTIBODY	83516	CPT	both			1587	13.26	Managed Care Inc	Managed Care Inc		1428.3			90	8.1		1507.65 percent of total billed charges	
VGCC ANTIBODY	83516	CPT	both			1587	13.26	Multiplan	Multiplan		1269.6			80	8.1		1507.65 percent of total billed charges	
VGCC ANTIBODY	83516	CPT	both			1587	13.26	Qualcare	Qualcare		1190.25			75	8.1		1507.65 percent of total billed charges	
VGCC ANTIBODY	83516	CPT	both			1587	13.26	Three Rivers	Three Rivers		1507.65			95	8.1		1507.65 percent of total billed charges	
VGCC ANTIBODY	83516	CPT	both			1587	13.26	UHC	Medicare		11.53				8.1		1507.65 fee schedule	
VGCC ANTIBODY	83516	CPT	both			1587	13.26	UHC	Medicaid		500.7			31.55	8.1		1507.65 percent of total billed charges	
VGCC ANTIBODY	83516	CPT	both			1587	13.26	Wellcare	Medicaid		500.7			31.55	8.1		1507.65 percent of total billed charges	
VGCC ANTIBODY	83516	CPT	both			1587	13.26	Wellcare	Medicare		11.53				8.1		1507.65 fee schedule	
VGCC ANTIBODY	83516	CPT	both			1587	13.26	WellPoint	WellPoint		510.7			32.18	8.1		1507.65 percent of total billed charges	
VGKC ANTIBODY	83519	CPT	both			3477	21.16	Aetna	Better Health		1096.99			31.55	15.01		3303.15 percent of total billed charges	
VGKC ANTIBODY	83519	CPT	both			3477	21.16	Aetna	Commercial		1321.26			38	15.01		3303.15 percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
VGKC ANTIBODY	83519	CPT	both			3477	21.16	Aetna	Medicare		18.4				15.01	3303.15	fee schedule	
VGKC ANTIBODY	83519	CPT	both			3477	21.16	Americare	Americare		2607.75	75			15.01	3303.15	percent of total billed charges	
VGKC ANTIBODY	83519	CPT	both			3477	21.16	Amerihealth	Medicare		18.4				15.01	3303.15	fee schedule	
VGKC ANTIBODY	83519	CPT	both			3477	21.16	Amerihealth	HMO/PPO		2260.05	65			15.01	3303.15	percent of total billed charges	
VGKC ANTIBODY	83519	CPT	both			3477	21.16	Consumer	Consumer		3303.15	95			15.01	3303.15	percent of total billed charges	
VGKC ANTIBODY	83519	CPT	both			3477	21.16	Corrections	Corrections		2781.6	80			15.01	3303.15	percent of total billed charges	
VGKC ANTIBODY	83519	CPT	both			3477	21.16	First Health	First Health		2433.9	70			15.01	3303.15	percent of total billed charges	
VGKC ANTIBODY	83519	CPT	both			3477	21.16	First Trenton	First Trenton		3129.3	90			15.01	3303.15	percent of total billed charges	
VGKC ANTIBODY	83519	CPT	both			3477	21.16	Horizon	MGD		1331	38.28			15.01	3303.15	percent of total billed charges	
VGKC ANTIBODY	83519	CPT	both			3477	21.16	Horizon	Medicare Blue		1043.1	30			15.01	3303.15	percent of total billed charges	
VGKC ANTIBODY	83519	CPT	both			3477	21.16	Horizon	Indemnity		1331	38.28			15.01	3303.15	percent of total billed charges	
VGKC ANTIBODY	83519	CPT	both			3477	21.16	Horizon	NJ Health		15.01				15.01	3303.15	fee schedule	
VGKC ANTIBODY	83519	CPT	both			3477	21.16	Horizon	PPO		1331	38.28			15.01	3303.15	percent of total billed charges	
VGKC ANTIBODY	83519	CPT	both			3477	21.16	Managed Care Inc	Managed Care Inc		3129.3	90			15.01	3303.15	percent of total billed charges	
VGKC ANTIBODY	83519	CPT	both			3477	21.16	Multiplan	Multiplan		2781.6	80			15.01	3303.15	percent of total billed charges	
VGKC ANTIBODY	83519	CPT	both			3477	21.16	Qualcare	Qualcare		2607.75	75			15.01	3303.15	percent of total billed charges	
VGKC ANTIBODY	83519	CPT	both			3477	21.16	Three Rivers	Three Rivers		3303.15	95			15.01	3303.15	percent of total billed charges	
VGKC ANTIBODY	83519	CPT	both			3477	21.16	UHC	Medicaid		1096.99	31.55			15.01	3303.15	percent of total billed charges	
VGKC ANTIBODY	83519	CPT	both			3477	21.16	UHC	Medicare		18.4				15.01	3303.15	fee schedule	
VGKC ANTIBODY	83519	CPT	both			3477	21.16	Wellcare	Medicare		18.4				15.01	3303.15	fee schedule	
VGKC ANTIBODY	83519	CPT	both			3477	21.16	Wellcare	Medicaid		1096.99	31.55			15.01	3303.15	percent of total billed charges	
VGKC ANTIBODY	83519	CPT	both			3477	21.16	WellPoint	WellPoint		1118.9	32.18			15.01	3303.15	percent of total billed charges	
VEGF LEVELS	83520	CPT	both			4997	19.66	Aetna	Medicare		17.27				12.6	4747.15	fee schedule	
VEGF LEVELS	83520	CPT	both			4997	19.66	Aetna	Better Health		1576.55	31.55			12.6	4747.15	percent of total billed charges	
VEGF LEVELS	83520	CPT	both			4997	19.66	Aetna	Commercial		1898.86	38			12.6	4747.15	percent of total billed charges	
VEGF LEVELS	83520	CPT	both			4997	19.66	Americare	Americare		3747.75	75			12.6	4747.15	percent of total billed charges	
VEGF LEVELS	83520	CPT	both			4997	19.66	Amerihealth	Medicare		17.27				12.6	4747.15	fee schedule	
VEGF LEVELS	83520	CPT	both			4997	19.66	Amerihealth	HMO/PPO		3248.05	65			12.6	4747.15	percent of total billed charges	
VEGF LEVELS	83520	CPT	both			4997	19.66	Consumer	Consumer		4747.15	95			12.6	4747.15	percent of total billed charges	
VEGF LEVELS	83520	CPT	both			4997	19.66	Corrections	Corrections		3997.6	80			12.6	4747.15	percent of total billed charges	
VEGF LEVELS	83520	CPT	both			4997	19.66	First Health	First Health		3497.9	70			12.6	4747.15	percent of total billed charges	
VEGF LEVELS	83520	CPT	both			4997	19.66	First Trenton	First Trenton		4497.3	90			12.6	4747.15	percent of total billed charges	
VEGF LEVELS	83520	CPT	both			4997	19.66	Horizon	Medicare Blue		1499.1	30			12.6	4747.15	percent of total billed charges	
VEGF LEVELS	83520	CPT	both			4997	19.66	Horizon	MGD		1912.85	38.28			12.6	4747.15	percent of total billed charges	
VEGF LEVELS	83520	CPT	both			4997	19.66	Horizon	NJ Health		14.39				12.6	4747.15	fee schedule	
VEGF LEVELS	83520	CPT	both			4997	19.66	Horizon	Indemnity		1912.85	38.28			12.6	4747.15	percent of total billed charges	
VEGF LEVELS	83520	CPT	both			4997	19.66	Horizon	PPO		1912.85	38.28			12.6	4747.15	percent of total billed charges	
VEGF LEVELS	83520	CPT	both			4997	19.66	Managed Care Inc	Managed Care Inc		4497.3	90			12.6	4747.15	percent of total billed charges	
VEGF LEVELS	83520	CPT	both			4997	19.66	Multiplan	Multiplan		3997.6	80			12.6	4747.15	percent of total billed charges	
VEGF LEVELS	83520	CPT	both			4997	19.66	Qualcare	Qualcare		3747.75	75			12.6	4747.15	percent of total billed charges	
VEGF LEVELS	83520	CPT	both			4997	19.66	Three Rivers	Three Rivers		4747.15	95			12.6	4747.15	percent of total billed charges	
VEGF LEVELS	83520	CPT	both			4997	19.66	UHC	Medicare		17.27				12.6	4747.15	fee schedule	
VEGF LEVELS	83520	CPT	both			4997	19.66	UHC	Medicaid		1576.55	31.55			12.6	4747.15	percent of total billed charges	
VEGF LEVELS	83520	CPT	both			4997	19.66	Wellcare	Medicaid		1576.55	31.55			12.6	4747.15	percent of total billed charges	
VEGF LEVELS	83520	CPT	both			4997	19.66	Wellcare	Medicare		17.27				12.6	4747.15	fee schedule	
VEGF LEVELS	83520	CPT	both			4997	19.66	WellPoint	WellPoint		1608.03	32.18			12.6	4747.15	percent of total billed charges	
IMMUNOGLOBULIN LIGHT CHAINS	83521	CPT	both			56	19.66	Aetna	Better Health		17.67	31.55			13.54	53.2	percent of total billed charges	
IMMUNOGLOBULIN LIGHT CHAINS	83521	CPT	both			56	19.66	Aetna	Medicare		17.27				13.54	53.2	fee schedule	
IMMUNOGLOBULIN LIGHT CHAINS	83521	CPT	both			56	19.66	Aetna	Commercial		21.28	38			13.54	53.2	percent of total billed charges	
IMMUNOGLOBULIN LIGHT CHAINS	83521	CPT	both			56	19.66	Americare	Americare		42	75			13.54	53.2	percent of total billed charges	
IMMUNOGLOBULIN LIGHT CHAINS	83521	CPT	both			56	19.66	Amerihealth	Medicare		17.27				13.54	53.2	fee schedule	
IMMUNOGLOBULIN LIGHT CHAINS	83521	CPT	both			56	19.66	Amerihealth	HMO/PPO		36.4	65			13.54	53.2	percent of total billed charges	
IMMUNOGLOBULIN LIGHT CHAINS	83521	CPT	both			56	19.66	Consumer	Consumer		53.2	95			13.54	53.2	percent of total billed charges	
IMMUNOGLOBULIN LIGHT CHAINS	83521	CPT	both			56	19.66	Corrections	Corrections		44.8	80			13.54	53.2	percent of total billed charges	
IMMUNOGLOBULIN LIGHT CHAINS	83521	CPT	both			56	19.66	First Health	First Health		39.2	70			13.54	53.2	percent of total billed charges	
IMMUNOGLOBULIN LIGHT CHAINS	83521	CPT	both			56	19.66	First Trenton	First Trenton		50.4	90			13.54	53.2	percent of total billed charges	
IMMUNOGLOBULIN LIGHT CHAINS	83521	CPT	both			56	19.66	Horizon	MGD		21.44	38.28			13.54	53.2	percent of total billed charges	
IMMUNOGLOBULIN LIGHT CHAINS	83521	CPT	both			56	19.66	Horizon	Medicare Blue		16.8	30			13.54	53.2	percent of total billed charges	
IMMUNOGLOBULIN LIGHT CHAINS	83521	CPT	both			56	19.66	Horizon	Indemnity		21.44	38.28			13.54	53.2	percent of total billed charges	
IMMUNOGLOBULIN LIGHT CHAINS	83521	CPT	both			56	19.66	Horizon	NJ Health		13.54				13.54	53.2	fee schedule	
IMMUNOGLOBULIN LIGHT CHAINS	83521	CPT	both			56	19.66	Horizon	PPO		21.44	38.28			13.54	53.2	percent of total billed charges	
IMMUNOGLOBULIN LIGHT CHAINS	83521	CPT	both			56	19.66	Managed Care Inc	Managed Care Inc		50.4	90			13.54	53.2	percent of total billed charges	
IMMUNOGLOBULIN LIGHT CHAINS	83521	CPT	both			56	19.66	Multiplan	Multiplan		44.8	80			13.54	53.2	percent of total billed charges	
IMMUNOGLOBULIN LIGHT CHAINS	83521	CPT	both			56	19.66	Qualcare	Qualcare		42	75			13.54	53.2	percent of total billed charges	
IMMUNOGLOBULIN LIGHT CHAINS	83521	CPT	both			56	19.66	Three Rivers	Three Rivers		53.2	95			13.54	53.2	percent of total billed charges	
IMMUNOGLOBULIN LIGHT CHAINS	83521	CPT	both			56	19.66	UHC	Medicaid		17.67	31.55			13.54	53.2	percent of total billed charges	
IMMUNOGLOBULIN LIGHT CHAINS	83521	CPT	both			56	19.66	UHC	Medicare		17.27				13.54	53.2	fee schedule	
IMMUNOGLOBULIN LIGHT CHAINS	83521	CPT	both			56	19.66	Wellcare	Medicare		17.27				13.54	53.2	fee schedule	
IMMUNOGLOBULIN LIGHT CHAINS	83521	CPT	both			56	19.66	Wellcare	Medicaid		17.67	31.55			13.54	53.2	percent of total billed charges	
IMMUNOGLOBULIN LIGHT CHAINS	83521	CPT	both			56	19.66	WellPoint	WellPoint		18.02	32.18			13.54	53.2	percent of total billed charges	
INSULIN, IV.FLUID(70240)	83525	CPT	both			194	13.14	Aetna	Better Health		61.21	31.55			7.8	184.3	percent of total billed charges	
INSULIN, IV.FLUID(70240)	83525	CPT	both			194	13.14	Aetna	Medicare		11.43				7.8	184.3	fee schedule	
INSULIN, IV.FLUID(70240)	83525	CPT	both			194	13.14	Aetna	Commercial		73.72	38			7.8	184.3	percent of total billed charges	
INSULIN, IV.FLUID(70240)	83525	CPT	both			194	13.14	Americare	Americare		145.5	75			7.8	184.3	percent of total billed charges	
INSULIN, IV.FLUID(70240)	83525	CPT	both			194	13.14	Amerihealth	HMO/PPO		126.1	65			7.8	184.3	percent of total billed charges	
INSULIN, IV.FLUID(70240)	83525	CPT	both			194	13.14	Amerihealth	Medicare		11.43				7.8	184.3	fee schedule	
INSULIN, IV.FLUID(70240)	83525	CPT	both			194	13.14	Consumer	Consumer		184.3	95			7.8	184.3	percent of total billed charges	
INSULIN, IV.FLUID(70240)	83525	CPT	both			194	13.14	Corrections	Corrections		155.2	80			7.8	184.3	percent of total billed charges	
INSULIN, IV.FLUID(70240)	83525	CPT	both			194	13.14	First Health	First Health		135.8	70			7.8	184.3	percent of total billed charges	
INSULIN, IV.FLUID(70240)	83525	CPT	both			194	13.14	First Trenton	First Trenton		174.6	90			7.8	184.3	percent of total billed charges	
INSULIN, IV.FLUID(70240)	83525	CPT	both			194	13.14	Horizon	MGD		74.26	38.28			7.8	184.3	percent of total billed charges	
INSULIN, IV.FLUID(70240)	83525	CPT	both			194	13.14	Horizon	Indemnity		74.26	38.28			7.8	184.3	percent of total billed charges	
INSULIN, IV.FLUID(70240)	83525	CPT	both			194	13.14	Horizon	Medicare Blue		58.2	30			7.8	184.3	percent of total billed charges	
INSULIN, IV.FLUID(70240)	83525	CPT	both			194	13.14	Horizon	PPO		74.26	38.28			7.8	184.3	percent of total billed charges	
INSULIN, IV.FLUID(70240)	83525	CPT	both			194	13.14	Horizon	NJ Health		23.52				7.8	184.3	fee schedule	
INSULIN, IV.FLUID(70240)	83525	CPT	both			194	13.14	Managed Care Inc	Managed Care Inc		174.6	90			7.8	184.3	percent of total billed charges	
INSULIN, IV.FLUID(70240)	83525	CPT	both			194	13.14	Multiplan	Multiplan		155.2	80			7.8	184.3	percent of total billed charges	
INSULIN, IV.FLUID(70240)	83525	CPT	both			194	13.14	Qualcare	Qualcare		145.5	75			7.8	184.3	percent of total billed charges	
INSULIN, IV.FLUID(70240)	83525	CPT	both			194	13.14	Three Rivers	Three Rivers		184.3	95			7.8	184.3	percent of total billed charges	
INSULIN, IV.FLUID(70240)	83525	CPT	both			194	13.14	UHC	Medicaid		61.21	31.55			7.8	184.3	percent of total billed charges	
INSULIN, IV.FLUID(70240)	83525	CPT	both			194	13.14	UHC	Medicare		11.43				7.8	184.3	fee schedule	
INSULIN, IV.FLUID(70240)	83525	CPT	both			194	13.14	Wellcare	Medicare		11.43				7.8	184.3	fee schedule	
INSULIN, IV.FLUID(70240)	83525	CPT	both			194	13.14	Wellcare	Medicaid		61.21	31.55			7.8	184.3	percent of total billed charges	
INSULIN, IV.FLUID(70240)	83525	CPT	both			194	13.14	WellPoint	WellPoint		62.43	32.18			7.8	184.3	percent of total billed charges	
INSULIN, FREE	83527	CPT	outpatient			43	14.89	Aetna	Commercial		16.34	38			12.9	40.85	percent of total billed charges	
INSULIN, FREE	83527	CPT	outpatient			43	14.89	Aetna	Better Health		13.57	31.55			12.9	40.85	percent of total billed charges	
INSULIN, FREE	83527	CPT	outpatient			43	14.89	Aetna	Medicare		13.24	30.8			12.9	40.85	percent of total billed charges	
INSULIN, FREE	83527	CPT	outpatient			43	14.89	Americare	Americare		32.25	75			12.9	40.85	percent of total billed charges	
INSULIN, FREE	83527	CPT	outpatient			43	14.89	Amerihealth	HMO/PPO		27.95	65			12.9	40.85	percent of total billed charges	
INSULIN, FREE	83527	CPT	outpatient			43	14.89	Amerihealth	Medicare		12.95				12.9	40.85	fee schedule	
INSULIN, FREE	83527	CPT	outpatient			43	14.89	Consumer	Consumer		40.85	95			12.9	40.85	percent of total billed charges	
INSULIN, FREE	83527	CPT	outpatient			43	14.89	Corrections	Corrections		34.4	80			12.9	40.85	percent of total billed charges	
INSULIN, FREE	83527	CPT	outpatient			43	14.89	First Health	First Health		30.1	70			12.9	40.85	percent of total billed charges	
INSULIN, FREE	83527	CPT	outpatient			43	14.89	First Trenton	First Trenton		38.7	90			12.9	40.85	percent of total billed charges	
INSULIN, FREE	83527	CPT	outpatient			43	14.89	Horizon	Medicare Blue		12.9	30			12.9	40.85	percent of total billed charges	
INSULIN, FREE	83527	CPT	outpatient			43	14.89	Horizon	PPO		16.46	38.28			12.9	40.85	percent of total billed charges	
INSULIN, FREE	83527	CPT	outpatient			43	14.89	Horizon	Indemnity		16.46	38.28			12.9	40.85	percent of total billed charges	
INSULIN, FREE	83527	CPT	outpatient			43	14.89	Horizon	MGD		16.46	38.28			12.9	40.85	percent of total billed charges	
INSULIN, FREE	83527	CPT	outpatient			43	14.89	Horizon	NJ Health		14.39				12.9	40.85	fee schedule	
INSULIN, FREE	83527	CPT	outpatient			43	14.89	Managed Care Inc	Managed Care Inc		38.7	90			12.9	40.85	percent of total billed charges	
INSULIN, FREE	83527	CPT	outpatient			43	14.89	Multiplan	Multiplan		34.4	80			12.9	40.85	percent of total billed charges	
INSULIN, FREE	83527	CPT	outpatient			43	14.89	Qualcare	Qualcare		32.25	75			12.9	40.85	percent of total billed charges	
INSULIN, FREE	83527	CPT	outpatient			43	14.89	Three Rivers	Three Rivers		40.85	95			12.9	40.85	percent of total billed charges	
INSULIN, FREE	83527	CPT	outpatient			43	14.89	UHC	Medicare		12.95				12.9	40.85	fee schedule	
INSULIN, FREE	83527	CPT	outpatient			43	14.89	UHC	Medicaid		13.57	31.55			12.9	40.85	percent of total billed charges	
INSULIN, FREE	83527	CPT	outpatient			43	14.89	Wellcare	Medicaid		13.57	31.55			12.9	40.85	percent of total billed charges	
INSULIN, FREE	83527	CPT	outpatient			43	14.89	Wellcare	Medicare		12.95				12.9	40.85	fee schedule	
INSULIN, FREE	83527	CPT	outpatient			43	14.89	WellPoint	WellPoint		13.84	32.18			12.9	40.85	percent of total billed charges	
INTERLEUKIN-6 (IL-6)	83529	CPT	both			187	19.66	Aetna	Medicare		17.27				13.54	177.65	fee schedule	
INTERLEUKIN-6 (IL-6)	83529	CPT	both			187	19.66	Aetna	Better Health		59	31.55			13.54	177.65	percent of total billed charges	
INTERLEUKIN-6 (IL-6)	83529	CPT	both			187	19.66	Aetna	Commercial		71.06	38			13.54	177.65	percent of total billed charges	
INTERLEUKIN-6 (IL-6)	83529	CPT	both			187	19.66	Americare	Americare		140.25	75			13.54	177.65	percent of total billed charges	
INTERLEUKIN-6 (IL-6)	83529	CPT	both			187	19.66	Amerihealth	Medicare		17.27				13.54	177.65	fee schedule	
INTERLEUKIN-6 (IL-6)	83529	CPT	both			187	19.66	Amerihealth	HMO/PPO		121.55	65			13.54	177.65	percent of total billed charges	
INTERLEUKIN-6 (IL-6)	83529	CPT	both			187	19.66	Consumer	Consumer		177.65	95			13.54	177.65	percent of total billed charges	
INTERLEUKIN-6 (IL-6)	83529	CPT	both			187	19.66	Corrections	Corrections		149.6	80			13.54	177.65	percent of total billed charges	
INTERLEUKIN-6 (IL-6)	83529	CPT	both			187	19.66	First Health	First Health		130.9	70			13.54	177.65	percent of total billed charges	
INTERLEUKIN-6 (IL-6)	83529	CPT	both			187	19.66	First Trenton	First Trenton		168.3	90			13.54	177.65	percent of total billed charges	
INTERLEUKIN-6 (IL-6)	83529	CPT	both			187	19.66	Horizon	MGD		71.58	38.28			13.54	177.65	percent of total billed charges	
INTERLEUKIN-6 (IL-6)	83529	CPT	both			187	19.66	Horizon	Indemnity		71.58	38.28			13.54	177.65	percent of total billed charges	
INTERLEUKIN-6 (IL-6)	83529	CPT	both			187	19.66	Horizon	PPO		71.58	38.28			13.54	177.65	percent of total billed charges	
INTERLEUKIN-6 (IL-6)	83529	CPT	both			187	19.66	Horizon	Medicare Blue		56.1	30			13.54	177.65	percent of total billed charges	
INTERLEUKIN-6 (IL-6)	83529	CPT	both			187	19.66	Horizon	NJ Health		13.54				13.54	177.65	fee schedule	
INTERLEUKIN-6 (IL-6)	83529	CPT	both			187	19.66	Managed Care Inc	Managed Care Inc		168.3	90			13.54	177.65	percent of total billed charges	
INTERLEUKIN-6 (IL-6)	83529	CPT	both			187	19.66	Multiplan	Multiplan		149.6	80			13.54	177.65	percent of total billed charges	
INTERLEUKIN-6 (IL-6)	83529	CPT	both			187	19.66	Qualcare	Qualcare		140.25	75			13.54	177.65	percent of total billed charges	
INTERLEUKIN-6 (IL-6)	83529	CPT	both			187	19.66	Three Rivers	Three Rivers		177.65	95			13.54	177.65	percent of total billed charges	
INTERLEUKIN-6 (IL-6)	83529	CPT	both			187	19.66	UHC	Medicare		17.27				13.54	177.65	fee schedule	
INTERLEUKIN-6 (IL-6)	83529	CPT	both			187	19.66	UHC	Medicaid		59	31.55			13.54	177.65	percent of total billed charges	
INTERLEUKIN-6 (IL-6)	83529	CPT	both			187	19.66	Wellcare	Medicaid		59	31.55			13.54	177.65	percent of total billed charges	
INTERLEUKIN-6 (IL-6)	83529	CPT	both			187	19.66	Wellcare	Medicare		17.27				13.54	177.65	fee schedule	
INTERLEUKIN-6 (IL-6)	83529	CPT	both			187	19.66	WellPoint	WellPoint		60.18	32.18			13.54	177.65	percent of total billed charges	
LIVER TISSUE	83540	CPT	both			728	7.44	Aetna	Better Health		229.68	31.55			6.3	691.6	percent of total billed charges	
LIVER TISSUE	83540	CPT	both			728	7.44	Aetna	Medicare		6.47				6.3	691.6	fee schedule	
LIVER TISSUE	83540	CPT	both			728	7.44	Aetna	Commercial		276.64	38			6.3	691.6	percent of total billed charges	
LIVER TISSUE	83540	CPT	both			728	7.44	Americare	Americare		546	75			6.3	691.6	percent of total billed charges	
LIVER TISSUE	83540	CPT	both			728	7.44	Amerihealth	HMO/PPO		473.2	65			6.3	691.6	percent of total billed charges	
LIVER TISSUE	83540	CPT	both			728	7.44	Amerihealth	Medicare		6.47				6.3	691.6	fee schedule	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
LIVER TISSUE	83540	CPT	both			728		7.44 Consumer	Consumer		691.6	95			6.3		691.6 percent of total billed charges	
LIVER TISSUE	83540	CPT	both			728		7.44 Corrections	Corrections		582.4	80			6.3		691.6 percent of total billed charges	
LIVER TISSUE	83540	CPT	both			728		7.44 First Health	First Health		509.6	70			6.3		691.6 percent of total billed charges	
LIVER TISSUE	83540	CPT	both			728		7.44 First Trenton	First Trenton		655.2	90			6.3		691.6 percent of total billed charges	
LIVER TISSUE	83540	CPT	both			728		7.44 Horizon	MGD		278.68	38.28			6.3		691.6 percent of total billed charges	
LIVER TISSUE	83540	CPT	both			728		7.44 Horizon	PPO		278.68	38.28			6.3		691.6 percent of total billed charges	
LIVER TISSUE	83540	CPT	both			728		7.44 Horizon	Indemnity		278.68	38.28			6.3		691.6 percent of total billed charges	
LIVER TISSUE	83540	CPT	both			728		7.44 Horizon	NJ Health		8.82				6.3		691.6 fee schedule	
LIVER TISSUE	83540	CPT	both			728		7.44 Horizon	Medicare Blue		218.4	30			6.3		691.6 percent of total billed charges	
LIVER TISSUE	83540	CPT	both			728		7.44 Managed Care Inc	Managed Care Inc		655.2	90			6.3		691.6 percent of total billed charges	
LIVER TISSUE	83540	CPT	both			728		7.44 Multiplan	Multiplan		582.4	80			6.3		691.6 percent of total billed charges	
LIVER TISSUE	83540	CPT	both			728		7.44 Qualcare	Qualcare		546	75			6.3		691.6 percent of total billed charges	
LIVER TISSUE	83540	CPT	both			728		7.44 Three Rivers	Three Rivers		691.6	95			6.3		691.6 percent of total billed charges	
LIVER TISSUE	83540	CPT	both			728		7.44 UHC	Medicaid		229.68	31.55			6.3		691.6 percent of total billed charges	
LIVER TISSUE	83540	CPT	both			728		7.44 UHC	Medicare		6.47				6.3		691.6 fee schedule	
LIVER TISSUE	83540	CPT	both			728		7.44 Wellcare	Medicare		6.47				6.3		691.6 fee schedule	
LIVER TISSUE	83540	CPT	both			728		7.44 Wellcare	Medicaid		229.68	31.55			6.3		691.6 percent of total billed charges	
LIVER TISSUE	83540	CPT	both			728		7.44 WellPoint	WellPoint		234.27	32.18			6.3		691.6 percent of total billed charges	
IRON BINDING CAPACITY (UIBC)	83550	CPT	both			162		10.05 Aetna	Commercial		61.56	38			8.7		153.9 percent of total billed charges	
IRON BINDING CAPACITY (UIBC)	83550	CPT	both			162		10.05 Aetna	Better Health		51.11	31.55			8.7		153.9 percent of total billed charges	
IRON BINDING CAPACITY (UIBC)	83550	CPT	both			162		10.05 Aetna	Medicare		8.74				8.7		153.9 fee schedule	
IRON BINDING CAPACITY (UIBC)	83550	CPT	both			162		10.05 Americare	Americare		121.5	75			8.7		153.9 percent of total billed charges	
IRON BINDING CAPACITY (UIBC)	83550	CPT	both			162		10.05 Amerihealth	HMO/PPO		105.3	65			8.7		153.9 percent of total billed charges	
IRON BINDING CAPACITY (UIBC)	83550	CPT	both			162		10.05 Amerihealth	Medicare		8.74				8.7		153.9 fee schedule	
IRON BINDING CAPACITY (UIBC)	83550	CPT	both			162		10.05 Consumer	Consumer		153.9	95			8.7		153.9 percent of total billed charges	
IRON BINDING CAPACITY (UIBC)	83550	CPT	both			162		10.05 Corrections	Corrections		129.6	80			8.7		153.9 percent of total billed charges	
IRON BINDING CAPACITY (UIBC)	83550	CPT	both			162		10.05 First Health	First Health		113.4	70			8.7		153.9 percent of total billed charges	
IRON BINDING CAPACITY (UIBC)	83550	CPT	both			162		10.05 First Trenton	First Trenton		145.8	90			8.7		153.9 percent of total billed charges	
IRON BINDING CAPACITY (UIBC)	83550	CPT	both			162		10.05 Horizon	MGD		62.01	38.28			8.7		153.9 percent of total billed charges	
IRON BINDING CAPACITY (UIBC)	83550	CPT	both			162		10.05 Horizon	NJ Health		14.11				8.7		153.9 fee schedule	
IRON BINDING CAPACITY (UIBC)	83550	CPT	both			162		10.05 Horizon	Indemnity		62.01	38.28			8.7		153.9 percent of total billed charges	
IRON BINDING CAPACITY (UIBC)	83550	CPT	both			162		10.05 Horizon	Medicare Blue		48.6	30			8.7		153.9 percent of total billed charges	
IRON BINDING CAPACITY (UIBC)	83550	CPT	both			162		10.05 Horizon	PPO		62.01	38.28			8.7		153.9 percent of total billed charges	
IRON BINDING CAPACITY (UIBC)	83550	CPT	both			162		10.05 Managed Care Inc	Managed Care Inc		145.8	90			8.7		153.9 percent of total billed charges	
IRON BINDING CAPACITY (UIBC)	83550	CPT	both			162		10.05 Multiplan	Multiplan		129.6	80			8.7		153.9 percent of total billed charges	
IRON BINDING CAPACITY (UIBC)	83550	CPT	both			162		10.05 Qualcare	Qualcare		121.5	75			8.7		153.9 percent of total billed charges	
IRON BINDING CAPACITY (UIBC)	83550	CPT	both			162		10.05 Three Rivers	Three Rivers		153.9	95			8.7		153.9 percent of total billed charges	
IRON BINDING CAPACITY (UIBC)	83550	CPT	both			162		10.05 UHC	Medicare		8.74				8.7		153.9 fee schedule	
IRON BINDING CAPACITY (UIBC)	83550	CPT	both			162		10.05 UHC	Medicaid		51.11	31.55			8.7		153.9 percent of total billed charges	
IRON BINDING CAPACITY (UIBC)	83550	CPT	both			162		10.05 Wellcare	Medicare		8.74				8.7		153.9 fee schedule	
IRON BINDING CAPACITY (UIBC)	83550	CPT	both			162		10.05 Wellcare	Medicaid		51.11	31.55			8.7		153.9 percent of total billed charges	
IRON BINDING CAPACITY (UIBC)	83550	CPT	both			162		10.05 WellPoint	WellPoint		52.13	32.18			8.7		153.9 percent of total billed charges	
17-KETOGENIC STEROIDS	83582	CPT	outpatient			198		17.79 Aetna	Medicare		15.47				12.94		188.1 fee schedule	
17-KETOGENIC STEROIDS	83582	CPT	outpatient			198		17.79 Aetna	Better Health		62.47	31.55			12.94		188.1 percent of total billed charges	
17-KETOGENIC STEROIDS	83582	CPT	outpatient			198		17.79 Aetna	Commercial		75.24	38			12.94		188.1 percent of total billed charges	
17-KETOGENIC STEROIDS	83582	CPT	outpatient			198		17.79 Americare	Americare		148.5	75			12.94		188.1 percent of total billed charges	
17-KETOGENIC STEROIDS	83582	CPT	outpatient			198		17.79 Amerihealth	HMO/PPO		128.7	65			12.94		188.1 percent of total billed charges	
17-KETOGENIC STEROIDS	83582	CPT	outpatient			198		17.79 Amerihealth	Medicare		15.47				12.94		188.1 fee schedule	
17-KETOGENIC STEROIDS	83582	CPT	outpatient			198		17.79 Consumer	Consumer		188.1	95			12.94		188.1 percent of total billed charges	
17-KETOGENIC STEROIDS	83582	CPT	outpatient			198		17.79 Corrections	Corrections		158.4	80			12.94		188.1 percent of total billed charges	
17-KETOGENIC STEROIDS	83582	CPT	outpatient			198		17.79 First Health	First Health		138.6	70			12.94		188.1 percent of total billed charges	
17-KETOGENIC STEROIDS	83582	CPT	outpatient			198		17.79 First Trenton	First Trenton		178.2	90			12.94		188.1 percent of total billed charges	
17-KETOGENIC STEROIDS	83582	CPT	outpatient			198		17.79 Horizon	Medicare Blue		59.4	30			12.94		188.1 percent of total billed charges	
17-KETOGENIC STEROIDS	83582	CPT	outpatient			198		17.79 Horizon	Indemnity		75.79	38.28			12.94		188.1 percent of total billed charges	
17-KETOGENIC STEROIDS	83582	CPT	outpatient			198		17.79 Horizon	MGD		75.79	38.28			12.94		188.1 percent of total billed charges	
17-KETOGENIC STEROIDS	83582	CPT	outpatient			198		17.79 Horizon	NJ Health		12.94				12.94		188.1 fee schedule	
17-KETOGENIC STEROIDS	83582	CPT	outpatient			198		17.79 Horizon	PPO		75.79	38.28			12.94		188.1 percent of total billed charges	
17-KETOGENIC STEROIDS	83582	CPT	outpatient			198		17.79 Managed Care Inc	Managed Care Inc		178.2	90			12.94		188.1 percent of total billed charges	
17-KETOGENIC STEROIDS	83582	CPT	outpatient			198		17.79 Multiplan	Multiplan		158.4	80			12.94		188.1 percent of total billed charges	
17-KETOGENIC STEROIDS	83582	CPT	outpatient			198		17.79 Qualcare	Qualcare		148.5	75			12.94		188.1 percent of total billed charges	
17-KETOGENIC STEROIDS	83582	CPT	outpatient			198		17.79 Three Rivers	Three Rivers		188.1	95			12.94		188.1 percent of total billed charges	
17-KETOGENIC STEROIDS	83582	CPT	outpatient			198		17.79 UHC	Medicaid		62.47	31.55			12.94		188.1 percent of total billed charges	
17-KETOGENIC STEROIDS	83582	CPT	outpatient			198		17.79 UHC	Medicare		15.47				12.94		188.1 fee schedule	
17-KETOGENIC STEROIDS	83582	CPT	outpatient			198		17.79 Wellcare	Medicaid		62.47	31.55			12.94		188.1 percent of total billed charges	
17-KETOGENIC STEROIDS	83582	CPT	outpatient			198		17.79 Wellcare	Medicare		15.47				12.94		188.1 fee schedule	
17-KETOGENIC STEROIDS	83582	CPT	outpatient			198		17.79 WellPoint	WellPoint		63.72	32.18			12.94		188.1 percent of total billed charges	
17 KETOSTEROIDS	83586	CPT	outpatient			410		14.72 Aetna	Medicare		126.28	30.8			12.8		389.5 percent of total billed charges	
17 KETOSTEROIDS	83586	CPT	outpatient			410		14.72 Aetna	Better Health		129.36	31.55			12.8		389.5 percent of total billed charges	
17 KETOSTEROIDS	83586	CPT	outpatient			410		14.72 Aetna	Commercial		155.8	38			12.8		389.5 percent of total billed charges	
17 KETOSTEROIDS	83586	CPT	outpatient			410		14.72 Americare	Americare		307.5	75			12.8		389.5 percent of total billed charges	
17 KETOSTEROIDS	83586	CPT	outpatient			410		14.72 Amerihealth	HMO/PPO		266.5	65			12.8		389.5 percent of total billed charges	
17 KETOSTEROIDS	83586	CPT	outpatient			410		14.72 Amerihealth	Medicare		12.8				12.8		389.5 fee schedule	
17 KETOSTEROIDS	83586	CPT	outpatient			410		14.72 Consumer	Consumer		389.5	95			12.8		389.5 percent of total billed charges	
17 KETOSTEROIDS	83586	CPT	outpatient			410		14.72 Corrections	Corrections		328	80			12.8		389.5 percent of total billed charges	
17 KETOSTEROIDS	83586	CPT	outpatient			410		14.72 First Health	First Health		287	70			12.8		389.5 percent of total billed charges	
17 KETOSTEROIDS	83586	CPT	outpatient			410		14.72 First Trenton	First Trenton		369	90			12.8		389.5 percent of total billed charges	
17 KETOSTEROIDS	83586	CPT	outpatient			410		14.72 Horizon	Medicare Blue		123	30			12.8		389.5 percent of total billed charges	
17 KETOSTEROIDS	83586	CPT	outpatient			410		14.72 Horizon	Indemnity		156.95	38.28			12.8		389.5 percent of total billed charges	
17 KETOSTEROIDS	83586	CPT	outpatient			410		14.72 Horizon	MGD		156.95	38.28			12.8		389.5 percent of total billed charges	
17 KETOSTEROIDS	83586	CPT	outpatient			410		14.72 Horizon	NJ Health		14.7				12.8		389.5 fee schedule	
17 KETOSTEROIDS	83586	CPT	outpatient			410		14.72 Horizon	PPO		156.95	38.28			12.8		389.5 percent of total billed charges	
17 KETOSTEROIDS	83586	CPT	outpatient			410		14.72 Managed Care Inc	Managed Care Inc		369	90			12.8		389.5 percent of total billed charges	
17 KETOSTEROIDS	83586	CPT	outpatient			410		14.72 Multiplan	Multiplan		328	80			12.8		389.5 percent of total billed charges	
17 KETOSTEROIDS	83586	CPT	outpatient			410		14.72 Qualcare	Qualcare		307.5	75			12.8		389.5 percent of total billed charges	
17 KETOSTEROIDS	83586	CPT	outpatient			410		14.72 Three Rivers	Three Rivers		389.5	95			12.8		389.5 percent of total billed charges	
17 KETOSTEROIDS	83586	CPT	outpatient			410		14.72 UHC	Medicare		12.8				12.8		389.5 fee schedule	
17 KETOSTEROIDS	83586	CPT	outpatient			410		14.72 UHC	Medicaid		129.36	31.55			12.8		389.5 percent of total billed charges	
17 KETOSTEROIDS	83586	CPT	outpatient			410		14.72 Wellcare	Medicaid		129.36	31.55			12.8		389.5 percent of total billed charges	
17 KETOSTEROIDS	83586	CPT	outpatient			410		14.72 Wellcare	Medicare		12.8				12.8		389.5 fee schedule	
17 KETOSTEROIDS	83586	CPT	outpatient			410		14.72 WellPoint	WellPoint		131.94	32.18			12.8		389.5 percent of total billed charges	
POC-BG LACTATE	83605	CPT	both			938		13.31 Aetna	Better Health		295.94	31.55			6		891.1 percent of total billed charges	
POC-BG LACTATE	83605	CPT	both			938		13.31 Aetna	Medicare		11.57				6		891.1 fee schedule	
POC-BG LACTATE	83605	CPT	both			938		13.31 Aetna	Commercial		356.44	38			6		891.1 percent of total billed charges	
POC-BG LACTATE	83605	CPT	both			938		13.31 Americare	Americare		703.5	75			6		891.1 percent of total billed charges	
POC-BG LACTATE	83605	CPT	both			938		13.31 Amerihealth	HMO/PPO		609.7	65			6		891.1 percent of total billed charges	
POC-BG LACTATE	83605	CPT	both			938		13.31 Amerihealth	Medicare		11.57				6		891.1 fee schedule	
POC-BG LACTATE	83605	CPT	both			938		13.31 Consumer	Consumer		891.1	95			6		891.1 percent of total billed charges	
POC-BG LACTATE	83605	CPT	both			938		13.31 Corrections	Corrections		750.4	80			6		891.1 percent of total billed charges	
POC-BG LACTATE	83605	CPT	both			938		13.31 First Health	First Health		656.6	70			6		891.1 percent of total billed charges	
POC-BG LACTATE	83605	CPT	both			938		13.31 First Trenton	First Trenton		844.2	90			6		891.1 percent of total billed charges	
POC-BG LACTATE	83605	CPT	both			938		13.31 Horizon	Indemnity		359.07	38.28			6		891.1 percent of total billed charges	
POC-BG LACTATE	83605	CPT	both			938		13.31 Horizon	MGD		359.07	38.28			6		891.1 percent of total billed charges	
POC-BG LACTATE	83605	CPT	both			938		13.31 Horizon	PPO		359.07	38.28			6		891.1 percent of total billed charges	
POC-BG LACTATE	83605	CPT	both			938		13.31 Horizon	Medicare Blue		281.4	30			6		891.1 percent of total billed charges	
POC-BG LACTATE	83605	CPT	both			938		13.31 Horizon	NJ Health		29.4				6		891.1 fee schedule	
POC-BG LACTATE	83605	CPT	both			938		13.31 Managed Care Inc	Managed Care Inc		844.2	90			6		891.1 percent of total billed charges	
POC-BG LACTATE	83605	CPT	both			938		13.31 Multiplan	Multiplan		750.4	80			6		891.1 percent of total billed charges	
POC-BG LACTATE	83605	CPT	both			938		13.31 Qualcare	Qualcare		703.5	75			6		891.1 percent of total billed charges	
POC-BG LACTATE	83605	CPT	both			938		13.31 Three Rivers	Three Rivers		891.1	95			6		891.1 percent of total billed charges	
POC-BG LACTATE	83605	CPT	both			938		13.31 UHC	Medicare		11.57				6		891.1 fee schedule	
POC-BG LACTATE	83605	CPT	both			938		13.31 UHC	Medicaid		295.94	31.55			6		891.1 percent of total billed charges	
POC-BG LACTATE	83605	CPT	both			938		13.31 Wellcare	Medicare		11.57				6		891.1 fee schedule	
POC-BG LACTATE	83605	CPT	both			938		13.31 Wellcare	Medicaid		295.94	31.55			6		891.1 percent of total billed charges	
POC-BG LACTATE	83605	CPT	both			938		13.31 WellPoint	WellPoint		301.85	32.18			6		891.1 percent of total billed charges	
LDH (CSF) LAB	83615	CPT	both			81		6.95 Aetna	Better Health		25.56	31.55			6.04		76.95 percent of total billed charges	
LDH (CSF) LAB	83615	CPT	both			81		6.95 Aetna	Medicare		24.95	30.8			6.04		76.95 percent of total billed charges	
LDH (CSF) LAB	83615	CPT	both			81		6.95 Aetna	Commercial		30.78	38			6.04		76.95 percent of total billed charges	
LDH (CSF) LAB	83615	CPT	both			81		6.95 Americare	Americare		60.75	75			6.04		76.95 percent of total billed charges	
LDH (CSF) LAB	83615	CPT	both			81		6.95 Amerihealth	Medicare		6.04				6.04		76.95 fee schedule	
LDH (CSF) LAB	83615	CPT	both			81		6.95 Amerihealth	HMO/PPO		52.65	65			6.04		76.95 percent of total billed charges	
LDH (CSF) LAB	83615	CPT	both			81		6.95 Consumer	Consumer		76.95	95			6.04		76.95 percent of total billed charges	
LDH (CSF) LAB	83615	CPT	both			81		6.95 Corrections	Corrections		64.8	80			6.04		76.95 percent of total billed charges	
LDH (CSF) LAB	83615	CPT	both			81		6.95 First Health	First Health		56.7	70			6.04		76.95 percent of total billed charges	
LDH (CSF) LAB	83615	CPT	both			81		6.95 First Trenton	First Trenton		72.9	90			6.04		76.95 percent of total billed charges	
LDH (CSF) LAB	83615	CPT	both			81		6.95 Horizon	Medicare Blue		24.3	30			6.04		76.95 percent of total billed charges	
LDH (CSF) LAB	83615	CPT	both			81		6.95 Horizon	PPO		31.01	38.28			6.04		76.95 percent of total billed charges	
LDH (CSF) LAB	83615	CPT	both			81		6.95 Horizon	MGD		31.01	38.28			6.04		76.95 percent of total billed charges	
LDH (CSF) LAB	83615	CPT	both			81		6.95 Horizon	NJ Health		8.23				6.04		76.95 fee schedule	
LDH (CSF) LAB	83615	CPT	both			81		6.95 Horizon	Indemnity		31.01	38.28			6.04		76.95 percent of total billed charges	
LDH (CSF) LAB	83615	CPT	both			81		6.95 Managed Care Inc	Managed Care Inc		72.9	90			6.04		76.95 percent of total billed charges	
LDH (CSF) LAB	83615	CPT	both			81		6.95 Multiplan	Multiplan		64.8	80			6.04		76.95 percent of total billed charges	
LDH (CSF) LAB	83615	CPT	both			81		6.95 Qualcare	Qualcare		60.75	75			6.04		76.95 percent of total billed charges	
LDH (CSF) LAB	83615	CPT	both			81		6.95 Three Rivers	Three Rivers		76.95	95			6.04		76.95 percent of total billed charges	
LDH (CSF) LAB	83615	CPT	both			81		6.95 UHC	Medicare		6.04				6.04		76.95 fee schedule	
LDH (CSF) LAB	83615	CPT	both			81		6.95 UHC	Medicaid		25.56	31.55			6.04		76.95 percent of total billed charges	
LDH (CSF) LAB	83615	CPT	both			81		6.95 Wellcare	Medicaid		25.56	31.55			6.04		76.95 percent of total billed charges	
LDH (CSF) LAB	83615	CPT	both			81		6.95 Wellcare	Medicare		6.04				6.04		76.95 fee schedule	
LDH (CSF) LAB	83615	CPT	both			81		6.95 WellPoint	WellPoint		26.07	32.18			6.04		76.95 percent of total billed charges	
LACTATE/PLASMA/ENZYMATIC	83625	CPT	inpatient			191		14.71 Aetna	Commercial		72.58	38			12.79		181.45 percent of total billed charges	
LACTATE/PLASMA/ENZYMATIC	83625	CPT	inpatient			191		14.71 Aetna	Better Health		60.26	31.55			12.79		181.45 percent of total billed charges	
LACTATE/PLASMA/ENZYMATIC	83625	CPT	inpatient			191		14.71 Aetna	Medicare		12.79				12.79		181.45 fee schedule	
LACTATE/PLASMA/ENZYMATIC	83625	CPT	inpatient			191		14.71 Americare	Americare		143.25	75			12.79		181.45 percent of total billed charges	
LACTATE/PLASMA/ENZYMATIC	83625	CPT	inpatient			191		14.71 Amerihealth	Medicare		12.79				12.79		181.45 fee schedule	
LACTATE/PLASMA/ENZYMATIC	83625	CPT	inpatient			191		14.71 Amerihealth	HMO/PPO		124.15	65			12.79		181.45 percent of total billed charges	
LACTATE/PLASMA/ENZYMATIC	83625	CPT	inpatient			191		14.71 Consumer	Consumer		181.45	95			12.79		181.45 percent of total billed charges	
LACTATE/PLASMA/ENZYMATIC	83625	CPT	inpatient			191		14.71 Corrections	Corrections		152.8	80			12.79		181.45 percent of total billed charges	
LACTATE/PLASMA/ENZYMATIC	83625	CPT	inpatient			191		14.71 First Health	First Health		133.7	70			12.79		181.45 percent of total billed charges	
LACTATE/PLASMA/ENZYMATIC	83625	CPT	inpatient			191		14.71 First Trenton	First Trenton		171.9	90			12.79		181.45 percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
LACTATE/PLASMA/ENZYMATIC	83625	CPT	inpatient			191		14.71 Horizon	Indemnity		73.11	38.28			12.79	181.45	percent of total billed charges	
LACTATE/PLASMA/ENZYMATIC	83625	CPT	inpatient			191		14.71 Horizon	Medicare Blue		57.3	30			12.79	181.45	percent of total billed charges	
LACTATE/PLASMA/ENZYMATIC	83625	CPT	inpatient			191		14.71 Horizon	NJ Health		17.64				12.79	181.45	fee schedule	
LACTATE/PLASMA/ENZYMATIC	83625	CPT	inpatient			191		14.71 Horizon	MGD		73.11	38.28			12.79	181.45	percent of total billed charges	
LACTATE/PLASMA/ENZYMATIC	83625	CPT	inpatient			191		14.71 Horizon	PPO		73.11	38.28			12.79	181.45	percent of total billed charges	
LACTATE/PLASMA/ENZYMATIC	83625	CPT	inpatient			191		14.71 Managed Care Inc	Managed Care Inc		171.9	90			12.79	181.45	percent of total billed charges	
LACTATE/PLASMA/ENZYMATIC	83625	CPT	inpatient			191		14.71 Multiplan	Multiplan		152.8	80			12.79	181.45	percent of total billed charges	
LACTATE/PLASMA/ENZYMATIC	83625	CPT	inpatient			191		14.71 Qualcare	Qualcare		143.25	75			12.79	181.45	percent of total billed charges	
LACTATE/PLASMA/ENZYMATIC	83625	CPT	inpatient			191		14.71 Three Rivers	Three Rivers		181.45	95			12.79	181.45	percent of total billed charges	
LACTATE/PLASMA/ENZYMATIC	83625	CPT	inpatient			191		14.71 UHC	Medicaid		60.26	31.55			12.79	181.45	percent of total billed charges	
LACTATE/PLASMA/ENZYMATIC	83625	CPT	inpatient			191		14.71 UHC	Medicare		12.79				12.79	181.45	fee schedule	
LACTATE/PLASMA/ENZYMATIC	83625	CPT	inpatient			191		14.71 Wellcare	Medicaid		60.26	31.55			12.79	181.45	percent of total billed charges	
LACTATE/PLASMA/ENZYMATIC	83625	CPT	inpatient			191		14.71 Wellcare	Medicare		12.79				12.79	181.45	fee schedule	
LACTATE/PLASMA/ENZYMATIC	83625	CPT	inpatient			191		14.71 WellPoint	WellPoint		61.46	32.18			12.79	181.45	percent of total billed charges	
LACTOFERRIN, FECAL, QUANT	83631	CPT	both			298		22.57 Aetna	Commercial		113.24	38			19.63	283.1	percent of total billed charges	
LACTOFERRIN, FECAL, QUANT	83631	CPT	both			298		22.57 Aetna	Better Health		94.02	31.55			19.63	283.1	percent of total billed charges	
LACTOFERRIN, FECAL, QUANT	83631	CPT	both			298		22.57 Aetna	Medicare		19.63				19.63	283.1	fee schedule	
LACTOFERRIN, FECAL, QUANT	83631	CPT	both			298		22.57 Americare	Americare		223.5	75			19.63	283.1	percent of total billed charges	
LACTOFERRIN, FECAL, QUANT	83631	CPT	both			298		22.57 Amerihealth	Medicare		19.63				19.63	283.1	fee schedule	
LACTOFERRIN, FECAL, QUANT	83631	CPT	both			298		22.57 Amerihealth	HMO/PPO		193.7	65			19.63	283.1	percent of total billed charges	
LACTOFERRIN, FECAL, QUANT	83631	CPT	both			298		22.57 Consumer	Consumer		283.1	95			19.63	283.1	percent of total billed charges	
LACTOFERRIN, FECAL, QUANT	83631	CPT	both			298		22.57 Corrections	Corrections		238.4	80			19.63	283.1	percent of total billed charges	
LACTOFERRIN, FECAL, QUANT	83631	CPT	both			298		22.57 First Health	First Health		208.6	70			19.63	283.1	percent of total billed charges	
LACTOFERRIN, FECAL, QUANT	83631	CPT	both			298		22.57 First Trenton	First Trenton		268.2	90			19.63	283.1	percent of total billed charges	
LACTOFERRIN, FECAL, QUANT	83631	CPT	both			298		22.57 Horizon	MGD		114.07	38.28			19.63	283.1	percent of total billed charges	
LACTOFERRIN, FECAL, QUANT	83631	CPT	both			298		22.57 Horizon	Medicare Blue		89.4	30			19.63	283.1	percent of total billed charges	
LACTOFERRIN, FECAL, QUANT	83631	CPT	both			298		22.57 Horizon	Indemnity		114.07	38.28			19.63	283.1	percent of total billed charges	
LACTOFERRIN, FECAL, QUANT	83631	CPT	both			298		22.57 Horizon	NJ Health		25.21				19.63	283.1	fee schedule	
LACTOFERRIN, FECAL, QUANT	83631	CPT	both			298		22.57 Horizon	PPO		114.07	38.28			19.63	283.1	percent of total billed charges	
LACTOFERRIN, FECAL, QUANT	83631	CPT	both			298		22.57 Managed Care Inc	Managed Care Inc		268.2	90			19.63	283.1	percent of total billed charges	
LACTOFERRIN, FECAL, QUANT	83631	CPT	both			298		22.57 Multiplan	Multiplan		238.4	80			19.63	283.1	percent of total billed charges	
LACTOFERRIN, FECAL, QUANT	83631	CPT	both			298		22.57 Qualcare	Qualcare		223.5	75			19.63	283.1	percent of total billed charges	
LACTOFERRIN, FECAL, QUANT	83631	CPT	both			298		22.57 Three Rivers	Three Rivers		283.1	95			19.63	283.1	percent of total billed charges	
LACTOFERRIN, FECAL, QUANT	83631	CPT	both			298		22.57 UHC	Medicare		19.63				19.63	283.1	fee schedule	
LACTOFERRIN, FECAL, QUANT	83631	CPT	both			298		22.57 UHC	Medicaid		94.02	31.55			19.63	283.1	percent of total billed charges	
LACTOFERRIN, FECAL, QUANT	83631	CPT	both			298		22.57 Wellcare	Medicare		19.63				19.63	283.1	fee schedule	
LACTOFERRIN, FECAL, QUANT	83631	CPT	both			298		22.57 Wellcare	Medicaid		94.02	31.55			19.63	283.1	percent of total billed charges	
LACTOFERRIN, FECAL, QUANT	83631	CPT	both			298		22.57 WellPoint	WellPoint		95.9	32.18			19.63	283.1	percent of total billed charges	
LEAD, URINE	83655	CPT	both			776		13.93 Aetna	Better Health		244.83	31.55			7.8	737.2	percent of total billed charges	
LEAD, URINE	83655	CPT	both			776		13.93 Aetna	Commercial		294.88	38			7.8	737.2	percent of total billed charges	
LEAD, URINE	83655	CPT	both			776		13.93 Aetna	Medicare		239.01	30.8			7.8	737.2	percent of total billed charges	
LEAD, URINE	83655	CPT	both			776		13.93 Americare	Americare		582	75			7.8	737.2	percent of total billed charges	
LEAD, URINE	83655	CPT	both			776		13.93 Amerihealth	HMO/PPO		504.4	65			7.8	737.2	percent of total billed charges	
LEAD, URINE	83655	CPT	both			776		13.93 Amerihealth	Medicare		12.11				7.8	737.2	fee schedule	
LEAD, URINE	83655	CPT	both			776		13.93 Consumer	Consumer		737.2	95			7.8	737.2	percent of total billed charges	
LEAD, URINE	83655	CPT	both			776		13.93 Corrections	Corrections		620.8	80			7.8	737.2	percent of total billed charges	
LEAD, URINE	83655	CPT	both			776		13.93 First Health	First Health		543.2	70			7.8	737.2	percent of total billed charges	
LEAD, URINE	83655	CPT	both			776		13.93 First Trenton	First Trenton		698.4	90			7.8	737.2	percent of total billed charges	
LEAD, URINE	83655	CPT	both			776		13.93 Horizon	Medicare Blue		232.8	30			7.8	737.2	percent of total billed charges	
LEAD, URINE	83655	CPT	both			776		13.93 Horizon	Indemnity		297.05	38.28			7.8	737.2	percent of total billed charges	
LEAD, URINE	83655	CPT	both			776		13.93 Horizon	NJ Health		17.64				7.8	737.2	fee schedule	
LEAD, URINE	83655	CPT	both			776		13.93 Horizon	MGD		297.05	38.28			7.8	737.2	percent of total billed charges	
LEAD, URINE	83655	CPT	both			776		13.93 Horizon	PPO		297.05	38.28			7.8	737.2	percent of total billed charges	
LEAD, URINE	83655	CPT	both			776		13.93 Managed Care Inc	Managed Care Inc		698.4	90			7.8	737.2	percent of total billed charges	
LEAD, URINE	83655	CPT	both			776		13.93 Multiplan	Multiplan		620.8	80			7.8	737.2	percent of total billed charges	
LEAD, URINE	83655	CPT	both			776		13.93 Qualcare	Qualcare		582	75			7.8	737.2	percent of total billed charges	
LEAD, URINE	83655	CPT	both			776		13.93 Three Rivers	Three Rivers		737.2	95			7.8	737.2	percent of total billed charges	
LEAD, URINE	83655	CPT	both			776		13.93 UHC	Medicare		12.11				7.8	737.2	fee schedule	
LEAD, URINE	83655	CPT	both			776		13.93 UHC	Medicaid		244.83	31.55			7.8	737.2	percent of total billed charges	
LEAD, URINE	83655	CPT	both			776		13.93 Wellcare	Medicaid		244.83	31.55			7.8	737.2	percent of total billed charges	
LEAD, URINE	83655	CPT	both			776		13.93 Wellcare	Medicare		12.11				7.8	737.2	fee schedule	
LEAD, URINE	83655	CPT	both			776		13.93 WellPoint	WellPoint		249.72	32.18			7.8	737.2	percent of total billed charges	
L/S RATIO	83661	CPT	outpatient			391		25.29 Aetna	Better Health		123.36	31.55			20.58	371.45	percent of total billed charges	
L/S RATIO	83661	CPT	outpatient			391		25.29 Aetna	Commercial		148.58	38			20.58	371.45	percent of total billed charges	
L/S RATIO	83661	CPT	outpatient			391		25.29 Aetna	Medicare		21.99				20.58	371.45	fee schedule	
L/S RATIO	83661	CPT	outpatient			391		25.29 Americare	Americare		293.25	75			20.58	371.45	percent of total billed charges	
L/S RATIO	83661	CPT	outpatient			391		25.29 Amerihealth	HMO/PPO		254.15	65			20.58	371.45	percent of total billed charges	
L/S RATIO	83661	CPT	outpatient			391		25.29 Amerihealth	Medicare		21.99				20.58	371.45	fee schedule	
L/S RATIO	83661	CPT	outpatient			391		25.29 Consumer	Consumer		371.45	95			20.58	371.45	percent of total billed charges	
L/S RATIO	83661	CPT	outpatient			391		25.29 Corrections	Corrections		312.8	80			20.58	371.45	percent of total billed charges	
L/S RATIO	83661	CPT	outpatient			391		25.29 First Health	First Health		273.7	70			20.58	371.45	percent of total billed charges	
L/S RATIO	83661	CPT	outpatient			391		25.29 First Trenton	First Trenton		351.9	90			20.58	371.45	percent of total billed charges	
L/S RATIO	83661	CPT	outpatient			391		25.29 Horizon	MGD		149.67	38.28			20.58	371.45	percent of total billed charges	
L/S RATIO	83661	CPT	outpatient			391		25.29 Horizon	Indemnity		149.67	38.28			20.58	371.45	percent of total billed charges	
L/S RATIO	83661	CPT	outpatient			391		25.29 Horizon	NJ Health		20.58				20.58	371.45	fee schedule	
L/S RATIO	83661	CPT	outpatient			391		25.29 Horizon	Medicare Blue		117.3	30			20.58	371.45	percent of total billed charges	
L/S RATIO	83661	CPT	outpatient			391		25.29 Horizon	PPO		149.67	38.28			20.58	371.45	percent of total billed charges	
L/S RATIO	83661	CPT	outpatient			391		25.29 Managed Care Inc	Managed Care Inc		351.9	90			20.58	371.45	percent of total billed charges	
L/S RATIO	83661	CPT	outpatient			391		25.29 Multiplan	Multiplan		312.8	80			20.58	371.45	percent of total billed charges	
L/S RATIO	83661	CPT	outpatient			391		25.29 Qualcare	Qualcare		293.25	75			20.58	371.45	percent of total billed charges	
L/S RATIO	83661	CPT	outpatient			391		25.29 Three Rivers	Three Rivers		371.45	95			20.58	371.45	percent of total billed charges	
L/S RATIO	83661	CPT	outpatient			391		25.29 UHC	Medicaid		123.36	31.55			20.58	371.45	percent of total billed charges	
L/S RATIO	83661	CPT	outpatient			391		25.29 UHC	Medicare		21.99				20.58	371.45	fee schedule	
L/S RATIO	83661	CPT	outpatient			391		25.29 Wellcare	Medicaid		123.36	31.55			20.58	371.45	percent of total billed charges	
L/S RATIO	83661	CPT	outpatient			391		25.29 Wellcare	Medicare		21.99				20.58	371.45	fee schedule	
L/S RATIO	83661	CPT	outpatient			391		25.29 WellPoint	WellPoint		125.82	32.18			20.58	371.45	percent of total billed charges	
LEUCINE AMINOPEPTIDASE	83670	CPT	outpatient			215		11.28 Aetna	Medicare		68.22	30.8			4.53	204.25	percent of total billed charges	
LEUCINE AMINOPEPTIDASE	83670	CPT	outpatient			215		11.28 Aetna	Better Health		67.83	31.55			4.53	204.25	percent of total billed charges	
LEUCINE AMINOPEPTIDASE	83670	CPT	outpatient			215		11.28 Aetna	Commercial		81.7	38			4.53	204.25	percent of total billed charges	
LEUCINE AMINOPEPTIDASE	83670	CPT	outpatient			215		11.28 Americare	Americare		161.25	75			4.53	204.25	percent of total billed charges	
LEUCINE AMINOPEPTIDASE	83670	CPT	outpatient			215		11.28 Amerihealth	Medicare		9.81				4.53	204.25	fee schedule	
LEUCINE AMINOPEPTIDASE	83670	CPT	outpatient			215		11.28 Amerihealth	HMO/PPO		139.75	65			4.53	204.25	percent of total billed charges	
LEUCINE AMINOPEPTIDASE	83670	CPT	outpatient			215		11.28 Consumer	Consumer		204.25	95			4.53	204.25	percent of total billed charges	
LEUCINE AMINOPEPTIDASE	83670	CPT	outpatient			215		11.28 Corrections	Corrections		172	80			4.53	204.25	percent of total billed charges	
LEUCINE AMINOPEPTIDASE	83670	CPT	outpatient			215		11.28 First Health	First Health		150.5	70			4.53	204.25	percent of total billed charges	
LEUCINE AMINOPEPTIDASE	83670	CPT	outpatient			215		11.28 First Trenton	First Trenton		193.5	90			4.53	204.25	percent of total billed charges	
LEUCINE AMINOPEPTIDASE	83670	CPT	outpatient			215		11.28 Horizon	Medicare Blue		64.5	30			4.53	204.25	percent of total billed charges	
LEUCINE AMINOPEPTIDASE	83670	CPT	outpatient			215		11.28 Horizon	Indemnity		82.3	38.28			4.53	204.25	percent of total billed charges	
LEUCINE AMINOPEPTIDASE	83670	CPT	outpatient			215		11.28 Horizon	MGD		82.3	38.28			4.53	204.25	percent of total billed charges	
LEUCINE AMINOPEPTIDASE	83670	CPT	outpatient			215		11.28 Horizon	NJ Health		4.53				4.53	204.25	fee schedule	
LEUCINE AMINOPEPTIDASE	83670	CPT	outpatient			215		11.28 Horizon	PPO		82.3	38.28			4.53	204.25	percent of total billed charges	
LEUCINE AMINOPEPTIDASE	83670	CPT	outpatient			215		11.28 Managed Care Inc	Managed Care Inc		193.5	90			4.53	204.25	percent of total billed charges	
LEUCINE AMINOPEPTIDASE	83670	CPT	outpatient			215		11.28 Multiplan	Multiplan		172	80			4.53	204.25	percent of total billed charges	
LEUCINE AMINOPEPTIDASE	83670	CPT	outpatient			215		11.28 Qualcare	Qualcare		161.25	75			4.53	204.25	percent of total billed charges	
LEUCINE AMINOPEPTIDASE	83670	CPT	outpatient			215		11.28 Three Rivers	Three Rivers		204.25	95			4.53	204.25	percent of total billed charges	
LEUCINE AMINOPEPTIDASE	83670	CPT	outpatient			215		11.28 UHC	Medicare		9.81				4.53	204.25	fee schedule	
LEUCINE AMINOPEPTIDASE	83670	CPT	outpatient			215		11.28 UHC	Medicaid		67.83	31.55			4.53	204.25	percent of total billed charges	
LEUCINE AMINOPEPTIDASE	83670	CPT	outpatient			215		11.28 Wellcare	Medicaid		67.83	31.55			4.53	204.25	percent of total billed charges	
LEUCINE AMINOPEPTIDASE	83670	CPT	outpatient			215		11.28 Wellcare	Medicare		9.81				4.53	204.25	fee schedule	
LEUCINE AMINOPEPTIDASE	83670	CPT	outpatient			215		11.28 WellPoint	WellPoint		69.19	32.18			4.53	204.25	percent of total billed charges	
LIPASE SERUM/PLASMA	83690	CPT	both			83		7.92 Aetna	Medicare		6.89				5.7	78.85	fee schedule	
LIPASE SERUM/PLASMA	83690	CPT	both			83		7.92 Aetna	Better Health		26.19	31.55			5.7	78.85	percent of total billed charges	
LIPASE SERUM/PLASMA	83690	CPT	both			83		7.92 Aetna	Commercial		31.54	38			5.7	78.85	percent of total billed charges	
LIPASE SERUM/PLASMA	83690	CPT	both			83		7.92 Americare	Americare		62.25	75			5.7	78.85	percent of total billed charges	
LIPASE SERUM/PLASMA	83690	CPT	both			83		7.92 Amerihealth	Medicare		6.89				5.7	78.85	fee schedule	
LIPASE SERUM/PLASMA	83690	CPT	both			83		7.92 Amerihealth	HMO/PPO		53.95	65			5.7	78.85	percent of total billed charges	
LIPASE SERUM/PLASMA	83690	CPT	both			83		7.92 Consumer	Consumer		78.85	95			5.7	78.85	percent of total billed charges	
LIPASE SERUM/PLASMA	83690	CPT	both			83		7.92 Corrections	Corrections		66.4	80			5.7	78.85	percent of total billed charges	
LIPASE SERUM/PLASMA	83690	CPT	both			83		7.92 First Health	First Health		58.1	70			5.7	78.85	percent of total billed charges	
LIPASE SERUM/PLASMA	83690	CPT	both			83		7.92 First Trenton	First Trenton		74.7	90			5.7	78.85	percent of total billed charges	
LIPASE SERUM/PLASMA	83690	CPT	both			83		7.92 Horizon	Indemnity		31.77	38.28			5.7	78.85	percent of total billed charges	
LIPASE SERUM/PLASMA	83690	CPT	both			83		7.92 Horizon	PPO		31.77	38.28			5.7	78.85	percent of total billed charges	
LIPASE SERUM/PLASMA	83690	CPT	both			83		7.92 Horizon	MGD		31.77	38.28			5.7	78.85	percent of total billed charges	
LIPASE SERUM/PLASMA	83690	CPT	both			83		7.92 Horizon	Medicare Blue		24.9	30			5.7	78.85	percent of total billed charges	
LIPASE SERUM/PLASMA	83690	CPT	both			83		7.92 Horizon	NJ Health		6.82				5.7	78.85	fee schedule	
LIPASE SERUM/PLASMA	83690	CPT	both			83		7.92 Managed Care Inc	Managed Care Inc		74.7	90			5.7	78.85	percent of total billed charges	
LIPASE SERUM/PLASMA	83690	CPT	both			83		7.92 Multiplan	Multiplan		66.4	80			5.7	78.85	percent of total billed charges	
LIPASE SERUM/PLASMA	83690	CPT	both			83		7.92 Qualcare	Qualcare		62.25	75			5.7	78.85	percent of total billed charges	
LIPASE SERUM/PLASMA	83690	CPT	both			83		7.92 Three Rivers	Three Rivers		78.85	95			5.7	78.85	percent of total billed charges	
LIPASE SERUM/PLASMA	83690	CPT	both			83		7.92 UHC	Medicare		6.89				5.7	78.85	fee schedule	
LIPASE SERUM/PLASMA	83690	CPT	both			83		7.92 UHC	Medicaid		26.19	31.55			5.7	78.85	percent of total billed charges	
LIPASE SERUM/PLASMA	83690	CPT	both			83		7.92 Wellcare	Medicare		6.89				5.7	78.85	fee schedule	
LIPASE SERUM/PLASMA	83690	CPT	both			83		7.92 Wellcare	Medicaid		26.19	31.55			5.7	78.85	percent of total billed charges	
LIPASE SERUM/PLASMA	83690	CPT	both			83		7.92 WellPoint	WellPoint		26.71	32.18			5.7	78.85	percent of total billed charges	
LIPOPROTEIN (A) -	83695	CPT	both			100		16.47 Aetna	Better Health		31.55	31.55			14.32	95	percent of total billed charges	
LIPOPROTEIN (A) -	83695	CPT	both			100		16.47 Aetna	Medicare		30.8	30.8			14.32	95	percent of total billed charges	
LIPOPROTEIN (A) -	83695	CPT	both			100		16.47 Aetna	Commercial		38	38			14.32	95	percent of total billed charges	
LIPOPROTEIN (A) -	83695	CPT	both			100		16.47 Americare	Americare		75	75			14.32	95	percent of total billed charges	
LIPOPROTEIN (A) -	83695	CPT	both			100		16.47 Amerihealth	Medicare		14.32				14.32	95	fee schedule	
LIPOPROTEIN (A) -	83695	CPT	both			100		16.47 Amerihealth	HMO/PPO		65	65			14.32	95	percent of total billed charges	
LIPOPROTEIN (A) -	83695	CPT	both			100		16.47 Consumer	Consumer		95	95			14.32	95	percent of total billed charges	
LIPOPROTEIN (A) -	83695	CPT	both			100		16.47 Corrections	Corrections		80	80			14.32	95	percent of total billed charges	
LIPOPROTEIN (A) -	83695	CPT	both			100		16.47 First Health	First Health		70	70			14.32	95	percent of total billed charges	
LIPOPROTEIN (A) -	83695	CPT	both			100		16.47 First Trenton	First Trenton		90	90			14.32	95	percent of total billed charges	
LIPOPROTEIN (A) -	83695	CPT	both			100		16.47 Horizon	Medicare Blue		30	30			14.32	95	percent of total billed charges	
LIPOPROTEIN (A) -	83695	CPT	both			100		16.47 Horizon	MGD		38.28	38.28			14.32	95	percent of total billed charges	
LIPOPROTEIN (A) -	83695	CPT	both			100		16.47 Horizon	NJ Health		16.58				14.32	95	fee schedule	
LIPOPROTEIN (A) -	83695	CPT	both			100		16.47 Horizon	Indemnity		38.28	38.28			14.32	95	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.														
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103		310119 true													
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
LIPOPROTEIN (A) -	83695	CPT	both			100		16.47 Horizon	PPO		38.28	38.28			14.32		95 percent of total billed charges	
LIPOPROTEIN (A) -	83695	CPT	both			100		16.47 Managed Care Inc	Managed Care Inc		90				14.32		95 percent of total billed charges	
LIPOPROTEIN (A) -	83695	CPT	both			100		16.47 Multiplan	Multiplan		80				14.32		95 percent of total billed charges	
LIPOPROTEIN (A) -	83695	CPT	both			100		16.47 Qualcare	Qualcare		75				14.32		95 percent of total billed charges	
LIPOPROTEIN (A) -	83695	CPT	both			100		16.47 Three Rivers	Three Rivers		95				14.32		95 percent of total billed charges	
LIPOPROTEIN (A) -	83695	CPT	both			100		16.47 UHC	Medicaid		31.55	31.55			14.32		95 percent of total billed charges	
LIPOPROTEIN (A) -	83695	CPT	both			100		16.47 UHC	Medicare		14.32				14.32		95 fee schedule	
LIPOPROTEIN (A) -	83695	CPT	both			100		16.47 Wellcare	Medicare		14.32				14.32		95 fee schedule	
LIPOPROTEIN (A) -	83695	CPT	both			100		16.47 Wellcare	Medicaid		31.55	31.55			14.32		95 percent of total billed charges	
LIPOPROTEIN (A) -	83695	CPT	both			100		16.47 WellPoint	WellPoint		32.18	32.18			14.32		95 percent of total billed charges	
LIPOPROTEIN ASSO.PHOS A2	83698	CPT	both			88		53.26 Aetna	Better Health		27.76	31.55			26.4		92.96 percent of total billed charges	
LIPOPROTEIN ASSO.PHOS A2	83698	CPT	both			88		53.26 Aetna	Medicare		46.31				26.4		92.96 fee schedule	
LIPOPROTEIN ASSO.PHOS A2	83698	CPT	both			88		53.26 Aetna	Commercial		33.44	38			26.4		92.96 percent of total billed charges	
LIPOPROTEIN ASSO.PHOS A2	83698	CPT	both			88		53.26 Americare	Americare		66	75			26.4		92.96 percent of total billed charges	
LIPOPROTEIN ASSO.PHOS A2	83698	CPT	both			88		53.26 Amerihealth	HMO/PPO		57.2	65			26.4		92.96 percent of total billed charges	
LIPOPROTEIN ASSO.PHOS A2	83698	CPT	both			88		53.26 Amerihealth	Medicare		46.31				26.4		92.96 fee schedule	
LIPOPROTEIN ASSO.PHOS A2	83698	CPT	both			88		53.26 Consumer	Consumer		83.6	95			26.4		92.96 percent of total billed charges	
LIPOPROTEIN ASSO.PHOS A2	83698	CPT	both			88		53.26 Corrections	Corrections		70.4	80			26.4		92.96 percent of total billed charges	
LIPOPROTEIN ASSO.PHOS A2	83698	CPT	both			88		53.26 First Health	First Health		61.6	70			26.4		92.96 percent of total billed charges	
LIPOPROTEIN ASSO.PHOS A2	83698	CPT	both			88		53.26 First Trenton	First Trenton		79.2	90			26.4		92.96 percent of total billed charges	
LIPOPROTEIN ASSO.PHOS A2	83698	CPT	both			88		53.26 Horizon	NJ Health		92.96				26.4		92.96 fee schedule	
LIPOPROTEIN ASSO.PHOS A2	83698	CPT	both			88		53.26 Horizon	Indemnity		33.69	38.28			26.4		92.96 percent of total billed charges	
LIPOPROTEIN ASSO.PHOS A2	83698	CPT	both			88		53.26 Horizon	Medicare Blue		26.4	30			26.4		92.96 percent of total billed charges	
LIPOPROTEIN ASSO.PHOS A2	83698	CPT	both			88		53.26 Horizon	MGD		33.69	38.28			26.4		92.96 percent of total billed charges	
LIPOPROTEIN ASSO.PHOS A2	83698	CPT	both			88		53.26 Horizon	PPO		33.69	38.28			26.4		92.96 percent of total billed charges	
LIPOPROTEIN ASSO.PHOS A2	83698	CPT	both			88		53.26 Managed Care Inc	Managed Care Inc		79.2	90			26.4		92.96 percent of total billed charges	
LIPOPROTEIN ASSO.PHOS A2	83698	CPT	both			88		53.26 Multiplan	Multiplan		70.4	80			26.4		92.96 percent of total billed charges	
LIPOPROTEIN ASSO.PHOS A2	83698	CPT	both			88		53.26 Qualcare	Qualcare		66	75			26.4		92.96 percent of total billed charges	
LIPOPROTEIN ASSO.PHOS A2	83698	CPT	both			88		53.26 Three Rivers	Three Rivers		83.6	95			26.4		92.96 percent of total billed charges	
LIPOPROTEIN ASSO.PHOS A2	83698	CPT	both			88		53.26 UHC	Medicare		46.31				26.4		92.96 fee schedule	
LIPOPROTEIN ASSO.PHOS A2	83698	CPT	both			88		53.26 UHC	Medicaid		27.76	31.55			26.4		92.96 percent of total billed charges	
LIPOPROTEIN ASSO.PHOS A2	83698	CPT	both			88		53.26 Wellcare	Medicaid		27.76	31.55			26.4		92.96 percent of total billed charges	
LIPOPROTEIN ASSO.PHOS A2	83698	CPT	both			88		53.26 Wellcare	Medicare		46.31				26.4		92.96 fee schedule	
LIPOPROTEIN ASSO.PHOS A2	83698	CPT	both			88		53.26 WellPoint	WellPoint		28.32	32.18			26.4		92.96 percent of total billed charges	
LIPOPROTEIN, BLOOD	83700	CPT	both			37		12.95 Aetna	Medicare		11.26				11.1		35.15 fee schedule	
LIPOPROTEIN, BLOOD	83700	CPT	both			37		12.95 Aetna	Better Health		11.67	31.55			11.1		35.15 percent of total billed charges	
LIPOPROTEIN, BLOOD	83700	CPT	both			37		12.95 Aetna	Commercial		14.06	38			11.1		35.15 percent of total billed charges	
LIPOPROTEIN, BLOOD	83700	CPT	both			37		12.95 Americare	Americare		27.75	75			11.1		35.15 percent of total billed charges	
LIPOPROTEIN, BLOOD	83700	CPT	both			37		12.95 Amerihealth	HMO/PPO		24.05	65			11.1		35.15 percent of total billed charges	
LIPOPROTEIN, BLOOD	83700	CPT	both			37		12.95 Amerihealth	Medicare		11.26				11.1		35.15 fee schedule	
LIPOPROTEIN, BLOOD	83700	CPT	both			37		12.95 Consumer	Consumer		35.15	95			11.1		35.15 percent of total billed charges	
LIPOPROTEIN, BLOOD	83700	CPT	both			37		12.95 Corrections	Corrections		29.6	80			11.1		35.15 percent of total billed charges	
LIPOPROTEIN, BLOOD	83700	CPT	both			37		12.95 First Health	First Health		25.9	70			11.1		35.15 percent of total billed charges	
LIPOPROTEIN, BLOOD	83700	CPT	both			37		12.95 First Trenton	First Trenton		33.3	90			11.1		35.15 percent of total billed charges	
LIPOPROTEIN, BLOOD	83700	CPT	both			37		12.95 Horizon	MGD		14.16	38.28			11.1		35.15 percent of total billed charges	
LIPOPROTEIN, BLOOD	83700	CPT	both			37		12.95 Horizon	Indemnity		14.16	38.28			11.1		35.15 percent of total billed charges	
LIPOPROTEIN, BLOOD	83700	CPT	both			37		12.95 Horizon	Medicare Blue		11.1	30			11.1		35.15 percent of total billed charges	
LIPOPROTEIN, BLOOD	83700	CPT	both			37		12.95 Horizon	NJ Health		14.27				11.1		35.15 fee schedule	
LIPOPROTEIN, BLOOD	83700	CPT	both			37		12.95 Horizon	PPO		14.16	38.28			11.1		35.15 percent of total billed charges	
LIPOPROTEIN, BLOOD	83700	CPT	both			37		12.95 Managed Care Inc	Managed Care Inc		33.3	90			11.1		35.15 percent of total billed charges	
LIPOPROTEIN, BLOOD	83700	CPT	both			37		12.95 Multiplan	Multiplan		29.6	80			11.1		35.15 percent of total billed charges	
LIPOPROTEIN, BLOOD	83700	CPT	both			37		12.95 Qualcare	Qualcare		27.75	75			11.1		35.15 percent of total billed charges	
LIPOPROTEIN, BLOOD	83700	CPT	both			37		12.95 Three Rivers	Three Rivers		35.15	95			11.1		35.15 percent of total billed charges	
LIPOPROTEIN, BLOOD	83700	CPT	both			37		12.95 UHC	Medicare		11.26				11.1		35.15 fee schedule	
LIPOPROTEIN, BLOOD	83700	CPT	both			37		12.95 UHC	Medicaid		11.67	31.55			11.1		35.15 percent of total billed charges	
LIPOPROTEIN, BLOOD	83700	CPT	both			37		12.95 Wellcare	Medicare		11.26				11.1		35.15 fee schedule	
LIPOPROTEIN, BLOOD	83700	CPT	both			37		12.95 Wellcare	Medicaid		11.67	31.55			11.1		35.15 percent of total billed charges	
LIPOPROTEIN, BLOOD	83700	CPT	both			37		12.95 WellPoint	WellPoint		11.91	32.18			11.1		35.15 percent of total billed charges	
LIPOROTEIN QUANT PARTICLE & SUBCL	83704	CPT	outpatient			53		39.32 Aetna	Better Health		16.72	31.55			15.9		50.35 percent of total billed charges	
LIPOROTEIN QUANT PARTICLE & SUBCL	83704	CPT	outpatient			53		39.32 Aetna	Commercial		20.14	38			15.9		50.35 percent of total billed charges	
LIPOROTEIN QUANT PARTICLE & SUBCL	83704	CPT	outpatient			53		39.32 Aetna	Medicare		34.19				15.9		50.35 fee schedule	
LIPOROTEIN QUANT PARTICLE & SUBCL	83704	CPT	outpatient			53		39.32 Americare	Americare		39.75	75			15.9		50.35 percent of total billed charges	
LIPOROTEIN QUANT PARTICLE & SUBCL	83704	CPT	outpatient			53		39.32 Amerihealth	Medicare		34.19				15.9		50.35 fee schedule	
LIPOROTEIN QUANT PARTICLE & SUBCL	83704	CPT	outpatient			53		39.32 Amerihealth	HMO/PPO		34.45	65			15.9		50.35 percent of total billed charges	
LIPOROTEIN QUANT PARTICLE & SUBCL	83704	CPT	outpatient			53		39.32 Consumer	Consumer		50.35	95			15.9		50.35 percent of total billed charges	
LIPOROTEIN QUANT PARTICLE & SUBCL	83704	CPT	outpatient			53		39.32 Corrections	Corrections		42.4	80			15.9		50.35 percent of total billed charges	
LIPOROTEIN QUANT PARTICLE & SUBCL	83704	CPT	outpatient			53		39.32 First Health	First Health		37.1	70			15.9		50.35 percent of total billed charges	
LIPOROTEIN QUANT PARTICLE & SUBCL	83704	CPT	outpatient			53		39.32 First Trenton	First Trenton		47.7	90			15.9		50.35 percent of total billed charges	
LIPOROTEIN QUANT PARTICLE & SUBCL	83704	CPT	outpatient			53		39.32 Horizon	MGD		20.29	38.28			15.9		50.35 percent of total billed charges	
LIPOROTEIN QUANT PARTICLE & SUBCL	83704	CPT	outpatient			53		39.32 Horizon	Medicare Blue		15.9	30			15.9		50.35 percent of total billed charges	
LIPOROTEIN QUANT PARTICLE & SUBCL	83704	CPT	outpatient			53		39.32 Horizon	Indemnity		20.29	38.28			15.9		50.35 percent of total billed charges	
LIPOROTEIN QUANT PARTICLE & SUBCL	83704	CPT	outpatient			53		39.32 Horizon	NJ Health		40.47				15.9		50.35 fee schedule	
LIPOROTEIN QUANT PARTICLE & SUBCL	83704	CPT	outpatient			53		39.32 Horizon	PPO		20.29	38.28			15.9		50.35 percent of total billed charges	
LIPOROTEIN QUANT PARTICLE & SUBCL	83704	CPT	outpatient			53		39.32 Managed Care Inc	Managed Care Inc		47.7	90			15.9		50.35 percent of total billed charges	
LIPOROTEIN QUANT PARTICLE & SUBCL	83704	CPT	outpatient			53		39.32 Multiplan	Multiplan		42.4	80			15.9		50.35 percent of total billed charges	
LIPOROTEIN QUANT PARTICLE & SUBCL	83704	CPT	outpatient			53		39.32 Qualcare	Qualcare		39.75	75			15.9		50.35 percent of total billed charges	
LIPOROTEIN QUANT PARTICLE & SUBCL	83704	CPT	outpatient			53		39.32 Three Rivers	Three Rivers		50.35	95			15.9		50.35 percent of total billed charges	
LIPOROTEIN QUANT PARTICLE & SUBCL	83704	CPT	outpatient			53		39.32 UHC	Medicaid		16.72	31.55			15.9		50.35 percent of total billed charges	
LIPOROTEIN QUANT PARTICLE & SUBCL	83704	CPT	outpatient			53		39.32 UHC	Medicare		34.19				15.9		50.35 fee schedule	
LIPOROTEIN QUANT PARTICLE & SUBCL	83704	CPT	outpatient			53		39.32 Wellcare	Medicare		34.19				15.9		50.35 fee schedule	
LIPOROTEIN QUANT PARTICLE & SUBCL	83704	CPT	outpatient			53		39.32 Wellcare	Medicaid		16.72	31.55			15.9		50.35 percent of total billed charges	
LIPOROTEIN QUANT PARTICLE & SUBCL	83704	CPT	outpatient			53		39.32 WellPoint	WellPoint		17.06	32.18			15.9		50.35 percent of total billed charges	
LIPOROTEIN DIRECT MEASUREMENT	83718	CPT	both			71		9.42 Aetna	Medicare		8.19				7.2		67.45 fee schedule	
LIPOROTEIN DIRECT MEASUREMENT	83718	CPT	both			71		9.42 Aetna	Better Health		22.4	31.55			7.2		67.45 percent of total billed charges	
LIPOROTEIN DIRECT MEASUREMENT	83718	CPT	both			71		9.42 Aetna	Commercial		26.98	38			7.2		67.45 percent of total billed charges	
LIPOROTEIN DIRECT MEASUREMENT	83718	CPT	both			71		9.42 Americare	Americare		53.25	75			7.2		67.45 percent of total billed charges	
LIPOROTEIN DIRECT MEASUREMENT	83718	CPT	both			71		9.42 Amerihealth	Medicare		8.19				7.2		67.45 fee schedule	
LIPOROTEIN DIRECT MEASUREMENT	83718	CPT	both			71		9.42 Amerihealth	HMO/PPO		46.15	65			7.2		67.45 percent of total billed charges	
LIPOROTEIN DIRECT MEASUREMENT	83718	CPT	both			71		9.42 Consumer	Consumer		67.45	95			7.2		67.45 percent of total billed charges	
LIPOROTEIN DIRECT MEASUREMENT	83718	CPT	both			71		9.42 Corrections	Corrections		56.8	80			7.2		67.45 percent of total billed charges	
LIPOROTEIN DIRECT MEASUREMENT	83718	CPT	both			71		9.42 First Health	First Health		49.7	70			7.2		67.45 percent of total billed charges	
LIPOROTEIN DIRECT MEASUREMENT	83718	CPT	both			71		9.42 First Trenton	First Trenton		63.9	90			7.2		67.45 percent of total billed charges	
LIPOROTEIN DIRECT MEASUREMENT	83718	CPT	both			71		9.42 Horizon	MGD		27.18	38.28			7.2		67.45 percent of total billed charges	
LIPOROTEIN DIRECT MEASUREMENT	83718	CPT	both			71		9.42 Horizon	Indemnity		27.18	38.28			7.2		67.45 percent of total billed charges	
LIPOROTEIN DIRECT MEASUREMENT	83718	CPT	both			71		9.42 Horizon	Medicare Blue		21.3	30			7.2		67.45 percent of total billed charges	
LIPOROTEIN DIRECT MEASUREMENT	83718	CPT	both			71		9.42 Horizon	NJ Health		15.68				7.2		67.45 fee schedule	
LIPOROTEIN DIRECT MEASUREMENT	83718	CPT	both			71		9.42 Horizon	PPO		27.18	38.28			7.2		67.45 percent of total billed charges	
LIPOROTEIN DIRECT MEASUREMENT	83718	CPT	both			71		9.42 Managed Care Inc	Managed Care Inc		63.9	90			7.2		67.45 percent of total billed charges	
LIPOROTEIN DIRECT MEASUREMENT	83718	CPT	both			71		9.42 Multiplan	Multiplan		56.8	80			7.2		67.45 percent of total billed charges	
LIPOROTEIN DIRECT MEASUREMENT	83718	CPT	both			71		9.42 Qualcare	Qualcare		53.25	75			7.2		67.45 percent of total billed charges	
LIPOROTEIN DIRECT MEASUREMENT	83718	CPT	both			71		9.42 Three Rivers	Three Rivers		67.45	95			7.2		67.45 percent of total billed charges	
LIPOROTEIN DIRECT MEASUREMENT	83718	CPT	both			71		9.42 UHC	Medicaid		22.4	31.55			7.2		67.45 percent of total billed charges	
LIPOROTEIN DIRECT MEASUREMENT	83718	CPT	both			71		9.42 UHC	Medicare		8.19				7.2		67.45 fee schedule	
LIPOROTEIN DIRECT MEASUREMENT	83718	CPT	both			71		9.42 Wellcare	Medicaid		22.4	31.55			7.2		67.45 percent of total billed charges	
LIPOROTEIN DIRECT MEASUREMENT	83718	CPT	both			71		9.42 Wellcare	Medicare		8.19				7.2		67.45 fee schedule	
LIPOROTEIN DIRECT MEASUREMENT	83718	CPT	both			71		9.42 WellPoint	WellPoint		22.85	32.18			7.2		67.45 percent of total billed charges	
LDL CHOLESTEROL	83721	CPT	both			70		12.08 Aetna	Commercial		26.6	38			10.2		66.5 percent of total billed charges	
LDL CHOLESTEROL	83721	CPT	both			70		12.08 Aetna	Medicare		10.5				10.2		66.5 fee schedule	
LDL CHOLESTEROL	83721	CPT	both			70		12.08 Aetna	Better Health		22.09	31.55			10.2		66.5 percent of total billed charges	
LDL CHOLESTEROL	83721	CPT	both			70		12.08 Americare	Americare		52.5	75			10.2		66.5 percent of total billed charges	
LDL CHOLESTEROL	83721	CPT	both			70		12.08 Amerihealth	Medicare		10.5				10.2		66.5 fee schedule	
LDL CHOLESTEROL	83721	CPT	both			70		12.08 Amerihealth	HMO/PPO		45.5	65			10.2		66.5 percent of total billed charges	
LDL CHOLESTEROL	83721	CPT	both			70		12.08 Consumer	Consumer		66.5	95			10.2		66.5 percent of total billed charges	
LDL CHOLESTEROL	83721	CPT	both			70		12.08 Corrections	Corrections		56	80			10.2		66.5 percent of total billed charges	
LDL CHOLESTEROL	83721	CPT	both			70		12.08 First Health	First Health		49	70			10.2		66.5 percent of total billed charges	
LDL CHOLESTEROL	83721	CPT	both			70		12.08 First Trenton	First Trenton		63	90			10.2		66.5 percent of total billed charges	
LDL CHOLESTEROL	83721	CPT	both			70		12.08 Horizon	MGD		26.8	38.28			10.2		66.5 percent of total billed charges	
LDL CHOLESTEROL	83721	CPT	both			70		12.08 Horizon	Medicare Blue		21	30			10.2		66.5 percent of total billed charges	
LDL CHOLESTEROL	83721	CPT	both			70		12.08 Horizon	Indemnity		26.8	38.28			10.2		66.5 percent of total billed charges	
LDL CHOLESTEROL	83721	CPT	both			70		12.08 Horizon	NJ Health		19.6				10.2		66.5 fee schedule	
LDL CHOLESTEROL	83721	CPT	both			70		12.08 Horizon	PPO		26.8	38.28			10.2		66.5 percent of total billed charges	
LDL CHOLESTEROL	83721	CPT	both			70		12.08 Managed Care Inc	Managed Care Inc		63	90			10.2		66.5 percent of total billed charges	
LDL CHOLESTEROL	83721	CPT	both			70		12.08 Multiplan	Multiplan		56	80			10.2		66.5 percent of total billed charges	
LDL CHOLESTEROL	83721	CPT	both			70		12.08 Qualcare	Qualcare		52.5	75			10.2		66.5 percent of total billed charges	
LDL CHOLESTEROL	83721	CPT	both			70		12.08 Three Rivers	Three Rivers		66.5	95			10.2		66.5 percent of total billed charges	
LDL CHOLESTEROL	83721	CPT	both			70		12.08 UHC	Medicaid		22.09	31.55			10.2		66.5 percent of total billed charges	
LDL CHOLESTEROL	83721	CPT	both			70		12.08 UHC	Medicare		10.5				10.2		66.5 fee schedule	
LDL CHOLESTEROL	83721	CPT	both			70		12.08 Wellcare	Medicare		10.5				10.2		66.5 fee schedule	
LDL CHOLESTEROL	83721	CPT	both			70		12.08 Wellcare	Medicaid		22.09	31.55			10.2		66.5 percent of total billed charges	
LDL CHOLESTEROL	83721	CPT	both			70		12.08 WellPoint	WellPoint		22.53	32.18			10.2		66.5 percent of total billed charges	
GONADOTROPIN RELEASE HORM	83727	CPT	outpatient			990		19.77 Aetna	Commercial		376.2	38			17.19		940.5 percent of total billed charges	
GONADOTROPIN RELEASE HORM	83727	CPT	outpatient			990		19.77 Aetna	Better Health		312.35	31.55			17.19		940.5 percent of total billed charges	
GONADOTROPIN RELEASE HORM	83727	CPT	outpatient			990		19.77 Aetna	Medicare		17.19				17.19		940.5 fee schedule	
GONADOTROPIN RELEASE HORM	83727	CPT	outpatient			990		19.77 Americare	Americare		742.5	75			17.19		940.5 percent of total billed charges	
GONADOTROPIN RELEASE HORM	83727	CPT	outpatient			990		19.77 Amerihealth	Medicare		17.19				17.19		940.5 fee schedule	
GONADOTROPIN RELEASE HORM	83727	CPT	outpatient			990		19.77 Amerihealth	HMO/PPO		643.5	65			17.19		940.5 percent of total billed charges	
GONADOTROPIN RELEASE HORM	83727	CPT	outpatient			990		19.77 Consumer	Consumer		940.5	95			17.19		940.5 percent of total billed charges	
GONADOTROPIN RELEASE HORM	83727	CPT	outpatient			990		19.77 Corrections	Corrections		792	80			17.19		940.5 percent of total billed charges	
GONADOTROPIN RELEASE HORM	83727	CPT	outpatient			990		19.77 First Health	First Health		693	70			17.19		940.5 percent of total billed charges	
GONADOTROPIN RELEASE HORM	83727	CPT	outpatient			990		19.77 First Trenton	First Trenton		891	90			17.19		940.5 percent of total billed charges	
GONADOTROPIN RELEASE HORM	83727	CPT	outpatient			990		19.77 Horizon	Indemnity		378.97	38.28			17.19		940.5 percent of total billed charges	
GONADOTROPIN RELEASE HORM	83727	CPT	outpatient			990		19.77 Horizon	MGD		378.97	38.28			17.19		940.5 percent of total billed charges	
GONADOTROPIN RELEASE HORM	83727	CPT	outpatient			990		19.77 Horizon	PPO		378.97	38.28			17.19		940.5 percent of total billed charges	
GONADOTROPIN RELEASE HORM	83727	CPT	outpatient			990		19.77 Horizon	Medicare Blue		297	30			17.19		940.5 percent of total billed charges	
GONADOTROPIN RELEASE HORM	83727	CPT	outpatient			990		19.77 Horizon	NJ Health		33.32				17.19		940.5 fee schedule	
GONADOTROPIN RELEASE HORM	83727	CPT	outpatient			990		19.77 Managed Care Inc	Managed Care Inc		891	90			17.19		940.5 percent of total billed charges	
GONADOTROPIN RELEASE HORM	83727	CPT	outpatient			990		19.77 Multiplan	Multiplan		792	80			17.19		940.5 percent of total billed charges	
GONADOTROPIN RELEASE HORM	83727	CPT	outpatient			990		19.77 Qualcare	Qualcare		742.5	75			17.19		940.5 percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
GONADOTROPIN RELEASE HORM	83727	CPT	outpatient			990	19.77	Three Rivers	Three Rivers		940.5	95			17.19		940.5 percent of total billed charges	
GONADOTROPIN RELEASE HORM	83727	CPT	outpatient			990	19.77	UHC	Medicare		17.19				17.19		940.5 fee schedule	
GONADOTROPIN RELEASE HORM	83727	CPT	outpatient			990	19.77	UHC	Medicaid		312.35	31.55			17.19		940.5 percent of total billed charges	
GONADOTROPIN RELEASE HORM	83727	CPT	outpatient			990	19.77	Wellcare	Medicaid		312.35	31.55			17.19		940.5 percent of total billed charges	
GONADOTROPIN RELEASE HORM	83727	CPT	outpatient			990	19.77	Wellcare	Medicare		17.19				17.19		940.5 fee schedule	
GONADOTROPIN RELEASE HORM	83727	CPT	outpatient			990	19.77	WellPoint	WellPoint		318.58	32.18			17.19		940.5 percent of total billed charges	
MAGNESIUM, URINE	83735	CPT	both			128	7.71	Aetna	Commercial		48.64	38			6.6		121.6 percent of total billed charges	
MAGNESIUM, URINE	83735	CPT	both			128	7.71	Aetna	Better Health		40.38	31.55			6.6		121.6 percent of total billed charges	
MAGNESIUM, URINE	83735	CPT	both			128	7.71	Aetna	Medicare		39.42	30.8			6.6		121.6 percent of total billed charges	
MAGNESIUM, URINE	83735	CPT	both			128	7.71	Americare	Americare		96	75			6.6		121.6 percent of total billed charges	
MAGNESIUM, URINE	83735	CPT	both			128	7.71	Amerihealth	Medicare		6.7				6.6		121.6 fee schedule	
MAGNESIUM, URINE	83735	CPT	both			126	7.71	Amerihealth	HMO/PPO		83.2	65			6.6		121.6 percent of total billed charges	
MAGNESIUM, URINE	83735	CPT	both			128	7.71	Consumer	Consumer		121.6	95			6.6		121.6 percent of total billed charges	
MAGNESIUM, URINE	83735	CPT	both			128	7.71	Corrections	Corrections		102.4	80			6.6		121.6 percent of total billed charges	
MAGNESIUM, URINE	83735	CPT	both			128	7.71	First Health	First Health		89.6	70			6.6		121.6 percent of total billed charges	
MAGNESIUM, URINE	83735	CPT	both			128	7.71	First Trenton	First Trenton		115.2	90			6.6		121.6 percent of total billed charges	
MAGNESIUM, URINE	83735	CPT	both			128	7.71	Horizon	MGD		49	38.28			6.6		121.6 percent of total billed charges	
MAGNESIUM, URINE	83735	CPT	both			128	7.71	Horizon	Indemnity		49	38.28			6.6		121.6 percent of total billed charges	
MAGNESIUM, URINE	83735	CPT	both			126	7.71	Horizon	Medicare Blue		38.4	30			6.6		121.6 percent of total billed charges	
MAGNESIUM, URINE	83735	CPT	both			128	7.71	Horizon	PPO		49	38.28			6.6		121.6 percent of total billed charges	
MAGNESIUM, URINE	83735	CPT	both			128	7.71	Horizon	NJ Health		8.82				6.6		121.6 fee schedule	
MAGNESIUM, URINE	83735	CPT	both			128	7.71	Managed Care Inc	Managed Care Inc		115.2	90			6.6		121.6 percent of total billed charges	
MAGNESIUM, URINE	83735	CPT	both			126	7.71	Multiplan	Multiplan		102.4	80			6.6		121.6 percent of total billed charges	
MAGNESIUM, URINE	83735	CPT	both			128	7.71	Qualcare	Qualcare		96	75			6.6		121.6 percent of total billed charges	
MAGNESIUM, URINE	83735	CPT	both			128	7.71	Three Rivers	Three Rivers		121.6	95			6.6		121.6 percent of total billed charges	
MAGNESIUM, URINE	83735	CPT	both			128	7.71	UHC	Medicare		6.7				6.6		121.6 fee schedule	
MAGNESIUM, URINE	83735	CPT	both			126	7.71	UHC	Medicaid		40.38	31.55			6.6		121.6 percent of total billed charges	
MAGNESIUM, URINE	83735	CPT	both			128	7.71	Wellcare	Medicare		6.7				6.6		121.6 fee schedule	
MAGNESIUM, URINE	83735	CPT	both			128	7.71	Wellcare	Medicaid		40.38	31.55			6.6		121.6 percent of total billed charges	
MAGNESIUM, URINE	83735	CPT	both			128	7.71	WellPoint	WellPoint		41.19	32.18			6.6		121.6 percent of total billed charges	
MANGANESE, PLASMA (071589)	83785	CPT	both			421	30.65	Aetna	Commercial		159.98	38			26.65		399.95 percent of total billed charges	
MANGANESE, PLASMA (071589)	83785	CPT	both			421	30.65	Aetna	Better Health		132.83	31.55			26.65		399.95 percent of total billed charges	
MANGANESE, PLASMA (071589)	83785	CPT	both			421	30.65	Aetna	Medicare		26.65				26.65		399.95 fee schedule	
MANGANESE, PLASMA (071589)	83785	CPT	both			421	30.65	Americare	Americare		315.75	75			26.65		399.95 percent of total billed charges	
MANGANESE, PLASMA (071589)	83785	CPT	both			421	30.65	Amerihealth	HMO/PPO		273.65	65			26.65		399.95 percent of total billed charges	
MANGANESE, PLASMA (071589)	83785	CPT	both			421	30.65	Amerihealth	Medicare		26.65				26.65		399.95 fee schedule	
MANGANESE, PLASMA (071589)	83785	CPT	both			421	30.65	Consumer	Consumer		399.95	95			26.65		399.95 percent of total billed charges	
MANGANESE, PLASMA (071589)	83785	CPT	both			421	30.65	Corrections	Corrections		336.8	80			26.65		399.95 percent of total billed charges	
MANGANESE, PLASMA (071589)	83785	CPT	both			421	30.65	First Health	First Health		294.7	70			26.65		399.95 percent of total billed charges	
MANGANESE, PLASMA (071589)	83785	CPT	both			421	30.65	First Trenton	First Trenton		378.9	90			26.65		399.95 percent of total billed charges	
MANGANESE, PLASMA (071589)	83785	CPT	both			421	30.65	Horizon	MGD		161.16	38.28			26.65		399.95 percent of total billed charges	
MANGANESE, PLASMA (071589)	83785	CPT	both			421	30.65	Horizon	NJ Health		68.6				26.65		399.95 fee schedule	
MANGANESE, PLASMA (071589)	83785	CPT	both			421	30.65	Horizon	Medicare Blue		126.3	30			26.65		399.95 percent of total billed charges	
MANGANESE, PLASMA (071589)	83785	CPT	both			421	30.65	Horizon	Indemnity		161.16	38.28			26.65		399.95 percent of total billed charges	
MANGANESE, PLASMA (071589)	83785	CPT	both			421	30.65	Horizon	PPO		161.16	38.28			26.65		399.95 percent of total billed charges	
MANGANESE, PLASMA (071589)	83785	CPT	both			421	30.65	Managed Care Inc	Managed Care Inc		378.9	90			26.65		399.95 percent of total billed charges	
MANGANESE, PLASMA (071589)	83785	CPT	both			421	30.65	Multiplan	Multiplan		336.8	80			26.65		399.95 percent of total billed charges	
MANGANESE, PLASMA (071589)	83785	CPT	both			421	30.65	Qualcare	Qualcare		315.75	75			26.65		399.95 percent of total billed charges	
MANGANESE, PLASMA (071589)	83785	CPT	both			421	30.65	Three Rivers	Three Rivers		399.95	95			26.65		399.95 percent of total billed charges	
MANGANESE, PLASMA (071589)	83785	CPT	both			421	30.65	UHC	Medicaid		132.83	31.55			26.65		399.95 percent of total billed charges	
MANGANESE, PLASMA (071589)	83785	CPT	both			421	30.65	UHC	Medicare		26.65				26.65		399.95 fee schedule	
MANGANESE, PLASMA (071589)	83785	CPT	both			421	30.65	Wellcare	Medicaid		132.83	31.55			26.65		399.95 percent of total billed charges	
MANGANESE, PLASMA (071589)	83785	CPT	both			421	30.65	Wellcare	Medicare		26.65				26.65		399.95 fee schedule	
MANGANESE, PLASMA (071589)	83785	CPT	both			421	30.65	WellPoint	WellPoint		135.48	32.18			26.65		399.95 percent of total billed charges	
N-METHYLHISTAMINE,URINE	83789	CPT	outpatient			899	27.73	Aetna	Better Health		283.63	31.55			20.05		854.05 percent of total billed charges	
N-METHYLHISTAMINE,URINE	83789	CPT	outpatient			899	27.73	Aetna	Medicare		24.11				20.05		854.05 fee schedule	
N-METHYLHISTAMINE,URINE	83789	CPT	outpatient			899	27.73	Aetna	Commercial		341.62	38			20.05		854.05 percent of total billed charges	
N-METHYLHISTAMINE,URINE	83789	CPT	outpatient			899	27.73	Americare	Americare		674.25	75			20.05		854.05 percent of total billed charges	
N-METHYLHISTAMINE,URINE	83789	CPT	outpatient			899	27.73	Amerihealth	HMO/PPO		584.35	65			20.05		854.05 percent of total billed charges	
N-METHYLHISTAMINE,URINE	83789	CPT	outpatient			899	27.73	Amerihealth	Medicare		24.11				20.05		854.05 fee schedule	
N-METHYLHISTAMINE,URINE	83789	CPT	outpatient			899	27.73	Consumer	Consumer		854.05	95			20.05		854.05 percent of total billed charges	
N-METHYLHISTAMINE,URINE	83789	CPT	outpatient			899	27.73	Corrections	Corrections		719.2	80			20.05		854.05 percent of total billed charges	
N-METHYLHISTAMINE,URINE	83789	CPT	outpatient			899	27.73	First Health	First Health		629.3	70			20.05		854.05 percent of total billed charges	
N-METHYLHISTAMINE,URINE	83789	CPT	outpatient			899	27.73	First Trenton	First Trenton		809.1	90			20.05		854.05 percent of total billed charges	
N-METHYLHISTAMINE,URINE	83789	CPT	outpatient			899	27.73	Horizon	Medicare Blue		269.7	30			20.05		854.05 percent of total billed charges	
N-METHYLHISTAMINE,URINE	83789	CPT	outpatient			899	27.73	Horizon	Indemnity		344.14	38.28			20.05		854.05 percent of total billed charges	
N-METHYLHISTAMINE,URINE	83789	CPT	outpatient			899	27.73	Horizon	MGD		344.14	38.28			20.05		854.05 percent of total billed charges	
N-METHYLHISTAMINE,URINE	83789	CPT	outpatient			899	27.73	Horizon	NJ Health		20.05				20.05		854.05 fee schedule	
N-METHYLHISTAMINE,URINE	83789	CPT	outpatient			899	27.73	Horizon	PPO		344.14	38.28			20.05		854.05 percent of total billed charges	
N-METHYLHISTAMINE,URINE	83789	CPT	outpatient			899	27.73	Managed Care Inc	Managed Care Inc		809.1	90			20.05		854.05 percent of total billed charges	
N-METHYLHISTAMINE,URINE	83789	CPT	outpatient			899	27.73	Multiplan	Multiplan		719.2	80			20.05		854.05 percent of total billed charges	
N-METHYLHISTAMINE,URINE	83789	CPT	outpatient			899	27.73	Qualcare	Qualcare		674.25	75			20.05		854.05 percent of total billed charges	
N-METHYLHISTAMINE,URINE	83789	CPT	outpatient			899	27.73	Three Rivers	Three Rivers		854.05	95			20.05		854.05 percent of total billed charges	
N-METHYLHISTAMINE,URINE	83789	CPT	outpatient			899	27.73	UHC	Medicare		24.11				20.05		854.05 fee schedule	
N-METHYLHISTAMINE,URINE	83789	CPT	outpatient			899	27.73	UHC	Medicaid		283.63	31.55			20.05		854.05 percent of total billed charges	
N-METHYLHISTAMINE,URINE	83789	CPT	outpatient			899	27.73	Wellcare	Medicaid		283.63	31.55			20.05		854.05 percent of total billed charges	
N-METHYLHISTAMINE,URINE	83789	CPT	outpatient			899	27.73	Wellcare	Medicare		24.11				20.05		854.05 fee schedule	
N-METHYLHISTAMINE,URINE	83789	CPT	outpatient			899	27.73	WellPoint	WellPoint		289.3	32.18			20.05		854.05 percent of total billed charges	
MERCURY,QUANTITATIVE	83825	CPT	both			285	18.7	Aetna	Better Health		89.92	31.55			7.8		270.75 percent of total billed charges	
MERCURY,QUANTITATIVE	83825	CPT	both			285	18.7	Aetna	Commercial		108.3	38			7.8		270.75 percent of total billed charges	
MERCURY,QUANTITATIVE	83825	CPT	both			285	18.7	Aetna	Medicare		87.78	30.8			7.8		270.75 percent of total billed charges	
MERCURY,QUANTITATIVE	83825	CPT	both			285	18.7	Americare	Americare		213.75	75			7.8		270.75 percent of total billed charges	
MERCURY,QUANTITATIVE	83825	CPT	both			285	18.7	Amerihealth	Medicare		16.26				7.8		270.75 fee schedule	
MERCURY,QUANTITATIVE	83825	CPT	both			285	18.7	Amerihealth	HMO/PPO		185.25	65			7.8		270.75 percent of total billed charges	
MERCURY,QUANTITATIVE	83825	CPT	both			285	18.7	Consumer	Consumer		270.75	95			7.8		270.75 percent of total billed charges	
MERCURY,QUANTITATIVE	83825	CPT	both			285	18.7	Corrections	Corrections		228	80			7.8		270.75 percent of total billed charges	
MERCURY,QUANTITATIVE	83825	CPT	both			285	18.7	First Health	First Health		199.5	70			7.8		270.75 percent of total billed charges	
MERCURY,QUANTITATIVE	83825	CPT	both			285	18.7	First Trenton	First Trenton		256.5	90			7.8		270.75 percent of total billed charges	
MERCURY,QUANTITATIVE	83825	CPT	both			285	18.7	Horizon	MGD		109.1	38.28			7.8		270.75 percent of total billed charges	
MERCURY,QUANTITATIVE	83825	CPT	both			285	18.7	Horizon	Medicare Blue		85.5	30			7.8		270.75 percent of total billed charges	
MERCURY,QUANTITATIVE	83825	CPT	both			285	18.7	Horizon	NJ Health		16.46				7.8		270.75 fee schedule	
MERCURY,QUANTITATIVE	83825	CPT	both			285	18.7	Horizon	PPO		109.1	38.28			7.8		270.75 percent of total billed charges	
MERCURY,QUANTITATIVE	83825	CPT	both			285	18.7	Horizon	Indemnity		109.1	38.28			7.8		270.75 percent of total billed charges	
MERCURY,QUANTITATIVE	83825	CPT	both			285	18.7	Managed Care Inc	Managed Care Inc		256.5	90			7.8		270.75 percent of total billed charges	
MERCURY,QUANTITATIVE	83825	CPT	both			285	18.7	Multiplan	Multiplan		228	80			7.8		270.75 percent of total billed charges	
MERCURY,QUANTITATIVE	83825	CPT	both			285	18.7	Qualcare	Qualcare		213.75	75			7.8		270.75 percent of total billed charges	
MERCURY,QUANTITATIVE	83825	CPT	both			285	18.7	Three Rivers	Three Rivers		270.75	95			7.8		270.75 percent of total billed charges	
MERCURY,QUANTITATIVE	83825	CPT	both			285	18.7	UHC	Medicare		16.26				7.8		270.75 fee schedule	
MERCURY,QUANTITATIVE	83825	CPT	both			285	18.7	UHC	Medicaid		89.92	31.55			7.8		270.75 percent of total billed charges	
MERCURY,QUANTITATIVE	83825	CPT	both			285	18.7	Wellcare	Medicaid		89.92	31.55			7.8		270.75 percent of total billed charges	
MERCURY,QUANTITATIVE	83825	CPT	both			285	18.7	Wellcare	Medicare		16.26				7.8		270.75 fee schedule	
MERCURY,QUANTITATIVE	83825	CPT	both			285	18.7	WellPoint	WellPoint		91.71	32.18			7.8		270.75 percent of total billed charges	
METANEPHRINES	83835	CPT	both			81	19.48	Aetna	Commercial		30.78	38			12		76.95 percent of total billed charges	
METANEPHRINES	83835	CPT	both			81	19.48	Aetna	Better Health		25.56	31.55			12		76.95 percent of total billed charges	
METANEPHRINES	83835	CPT	both			81	19.48	Aetna	Medicare		16.94				12		76.95 fee schedule	
METANEPHRINES	83835	CPT	both			81	19.48	Americare	Americare		60.75	75			12		76.95 percent of total billed charges	
METANEPHRINES	83835	CPT	both			81	19.48	Amerihealth	HMO/PPO		52.65	65			12		76.95 percent of total billed charges	
METANEPHRINES	83835	CPT	both			81	19.48	Amerihealth	Medicare		16.94				12		76.95 fee schedule	
METANEPHRINES	83835	CPT	both			81	19.48	Consumer	Consumer		76.95	95			12		76.95 percent of total billed charges	
METANEPHRINES	83835	CPT	both			81	19.48	Corrections	Corrections		64.8	80			12		76.95 percent of total billed charges	
METANEPHRINES	83835	CPT	both			81	19.48	First Health	First Health		56.7	70			12		76.95 percent of total billed charges	
METANEPHRINES	83835	CPT	both			81	19.48	First Trenton	First Trenton		72.9	90			12		76.95 percent of total billed charges	
METANEPHRINES	83835	CPT	both			81	19.48	Horizon	NJ Health		19.99				12		76.95 fee schedule	
METANEPHRINES	83835	CPT	both			81	19.48	Horizon	Indemnity		31.01	38.28			12		76.95 percent of total billed charges	
METANEPHRINES	83835	CPT	both			81	19.48	Horizon	Medicare Blue		24.3	30			12		76.95 percent of total billed charges	
METANEPHRINES	83835	CPT	both			81	19.48	Horizon	MGD		31.01	38.28			12		76.95 percent of total billed charges	
METANEPHRINES	83835	CPT	both			81	19.48	Horizon	PPO		31.01	38.28			12		76.95 percent of total billed charges	
METANEPHRINES	83835	CPT	both			81	19.48	Managed Care Inc	Managed Care Inc		72.9	90			12		76.95 percent of total billed charges	
METANEPHRINES	83835	CPT	both			81	19.48	Multiplan	Multiplan		64.8	80			12		76.95 percent of total billed charges	
METANEPHRINES	83835	CPT	both			81	19.48	Qualcare	Qualcare		60.75	75			12		76.95 percent of total billed charges	
METANEPHRINES	83835	CPT	both			81	19.48	Three Rivers	Three Rivers		76.95	95			12		76.95 percent of total billed charges	
METANEPHRINES	83835	CPT	both			81	19.48	UHC	Medicaid		25.56	31.55			12		76.95 percent of total billed charges	
METANEPHRINES	83835	CPT	both			81	19.48	UHC	Medicare		16.94				12		76.95 fee schedule	
METANEPHRINES	83835	CPT	both			81	19.48	Wellcare	Medicare		16.94				12		76.95 fee schedule	
METANEPHRINES	83835	CPT	both			81	19.48	Wellcare	Medicaid		25.56	31.55			12		76.95 percent of total billed charges	
METANEPHRINES	83835	CPT	both			81	19.48	WellPoint	WellPoint		26.07	32.18			12		76.95 percent of total billed charges	
MUCOPOLYSACCHARIDES-TLC	83864	CPT	both			505	32.78	Aetna	Better Health		159.33	31.55			25.48		479.75 percent of total billed charges	
MUCOPOLYSACCHARIDES-TLC	83864	CPT	both			505	32.78	Aetna	Medicare		28.5				25.48		479.75 fee schedule	
MUCOPOLYSACCHARIDES-TLC	83864	CPT	both			505	32.78	Aetna	Commercial		191.9	38			25.48		479.75 percent of total billed charges	
MUCOPOLYSACCHARIDES-TLC	83864	CPT	both			505	32.78	Americare	Americare		378.75	75			25.48		479.75 percent of total billed charges	
MUCOPOLYSACCHARIDES-TLC	83864	CPT	both			505	32.78	Amerihealth	Medicare		28.5				25.48		479.75 fee schedule	
MUCOPOLYSACCHARIDES-TLC	83864	CPT	both			505	32.78	Amerihealth	HMO/PPO		328.25	65			25.48		479.75 percent of total billed charges	
MUCOPOLYSACCHARIDES-TLC	83864	CPT	both			505	32.78	Consumer	Consumer		479.75	95			25.48		479.75 percent of total billed charges	
MUCOPOLYSACCHARIDES-TLC	83864	CPT	both			505	32.78	Corrections	Corrections		404	80			25.48		479.75 percent of total billed charges	
MUCOPOLYSACCHARIDES-TLC	83864	CPT	both			505	32.78	First Health	First Health		353.5	70			25.48		479.75 percent of total billed charges	
MUCOPOLYSACCHARIDES-TLC	83864	CPT	both			505	32.78	First Trenton	First Trenton		454.5	90			25.48		479.75 percent of total billed charges	
MUCOPOLYSACCHARIDES-TLC	83864	CPT	both			505	32.78	Horizon	Medicare Blue		151.5	30			25.48		479.75 percent of total billed charges	
MUCOPOLYSACCHARIDES-TLC	83864	CPT	both			505	32.78	Horizon	NJ Health		25.48				25.48		479.75 fee schedule	
MUCOPOLYSACCHARIDES-TLC	83864	CPT	both			505	32.78	Horizon	MGD		193.31	38.28			25.48		479.75 percent of total billed charges	
MUCOPOLYSACCHARIDES-TLC	83864	CPT	both			505	32.78	Horizon	Indemnity		193.31	38.28			25.48		479.75 percent of total billed charges	
MUCOPOLYSACCHARIDES-TLC	83864	CPT	both			505	32.78	Horizon	PPO		193.31	38.28			25.48		479.75 percent of total billed charges	
MUCOPOLYSACCHARIDES-TLC	83864	CPT	both			505	32.78	Managed Care Inc	Managed Care Inc		454.5	90			25.48		479.75 percent of total billed charges	
MUCOPOLYSACCHARIDES-TLC	83864	CPT	both			505	32.78	Multiplan	Multiplan		404	80			25.48		479.75 percent of total billed charges	
MUCOPOLYSACCHARIDES-TLC	83864	CPT	both			505	32.78	Qualcare	Qualcare		378.75	75			25.48		479.75 percent of total billed charges	
MUCOPOLYSACCHARIDES-TLC	83864	CPT	both			505	32.78	Three Rivers	Three Rivers		479.75	95			25.48		479.75 percent of total billed charges	
MUCOPOLYSACCHARIDES-TLC	83864	CPT	both			505	32.78	UHC	Medicare		28.5				25.48		479.75 fee schedule	
MUCOPOLYSACCHARIDES-TLC	83864	CPT	both			505	32.78	UHC	Medicaid		159.33	31.55			25.48		479.75 percent of total billed charges	
MUCOPOLYSACCHARIDES-TLC	83864	CPT	both			505	32.78	Wellcare	Medicare		28.5				25.48		479.75 fee schedule	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.															
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true														
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
MUCOPOLYSACCHARIDES-TLC	83864	CPT	both			505	32.78	Wellcare	Medicaid		159.33	31.55			25.48	479.75	percent of total billed charges	
MUCOPOLYSACCHARIDES-TLC	83864	CPT	both			505	32.78	WellPoint	WellPoint		162.51	32.18			25.48	479.75	percent of total billed charges	
MUCIN, SYNOVIAL FLUID (ROPES TEST)	83872	CPT	outpatient			47	6.74	Aetna	Better Health		14.83	31.55			5.86	44.65	percent of total billed charges	
MUCIN, SYNOVIAL FLUID (ROPES TEST)	83872	CPT	outpatient			47	6.74	Aetna	Medicare		5.86				5.86	44.65	fee schedule	
MUCIN, SYNOVIAL FLUID (ROPES TEST)	83872	CPT	outpatient			47	6.74	Aetna	Commercial		17.86	38			5.86	44.65	percent of total billed charges	
MUCIN, SYNOVIAL FLUID (ROPES TEST)	83872	CPT	outpatient			47	6.74	Americare	Americare		35.25	75			5.86	44.65	percent of total billed charges	
MUCIN, SYNOVIAL FLUID (ROPES TEST)	83872	CPT	outpatient			47	6.74	Amerihealth	HMO/PPO		30.55	65			5.86	44.65	percent of total billed charges	
MUCIN, SYNOVIAL FLUID (ROPES TEST)	83872	CPT	outpatient			47	6.74	Amerihealth	Medicare		5.86				5.86	44.65	fee schedule	
MUCIN, SYNOVIAL FLUID (ROPES TEST)	83872	CPT	outpatient			47	6.74	Consumer	Consumer		44.65	95			5.86	44.65	percent of total billed charges	
MUCIN, SYNOVIAL FLUID (ROPES TEST)	83872	CPT	outpatient			47	6.74	Corrections	Corrections		37.6	80			5.86	44.65	percent of total billed charges	
MUCIN, SYNOVIAL FLUID (ROPES TEST)	83872	CPT	outpatient			47	6.74	First Health	First Health		32.9	70			5.86	44.65	percent of total billed charges	
MUCIN, SYNOVIAL FLUID (ROPES TEST)	83872	CPT	outpatient			47	6.74	First Trenton	First Trenton		42.3	90			5.86	44.65	percent of total billed charges	
MUCIN, SYNOVIAL FLUID (ROPES TEST)	83872	CPT	outpatient			47	6.74	Horizon	Medicare Blue		14.1	30			5.86	44.65	percent of total billed charges	
MUCIN, SYNOVIAL FLUID (ROPES TEST)	83872	CPT	outpatient			47	6.74	Horizon	Indemnity		17.99	38.28			5.86	44.65	percent of total billed charges	
MUCIN, SYNOVIAL FLUID (ROPES TEST)	83872	CPT	outpatient			47	6.74	Horizon	PPO		17.99	38.28			5.86	44.65	percent of total billed charges	
MUCIN, SYNOVIAL FLUID (ROPES TEST)	83872	CPT	outpatient			47	6.74	Horizon	MGD		17.99	38.28			5.86	44.65	percent of total billed charges	
MUCIN, SYNOVIAL FLUID (ROPES TEST)	83872	CPT	outpatient			47	6.74	Horizon	NJ Health		6.27				5.86	44.65	fee schedule	
MUCIN, SYNOVIAL FLUID (ROPES TEST)	83872	CPT	outpatient			47	6.74	Managed Care Inc	Managed Care Inc		42.3	90			5.86	44.65	percent of total billed charges	
MUCIN, SYNOVIAL FLUID (ROPES TEST)	83872	CPT	outpatient			47	6.74	Multiplan	Multiplan		37.6	80			5.86	44.65	percent of total billed charges	
MUCIN, SYNOVIAL FLUID (ROPES TEST)	83872	CPT	outpatient			47	6.74	Qualcare	Qualcare		35.25	75			5.86	44.65	percent of total billed charges	
MUCIN, SYNOVIAL FLUID (ROPES TEST)	83872	CPT	outpatient			47	6.74	Three Rivers	Three Rivers		44.65	95			5.86	44.65	percent of total billed charges	
MUCIN, SYNOVIAL FLUID (ROPES TEST)	83872	CPT	outpatient			47	6.74	UHC	Medicare		5.86				5.86	44.65	fee schedule	
MUCIN, SYNOVIAL FLUID (ROPES TEST)	83872	CPT	outpatient			47	6.74	UHC	Medicaid		14.83	31.55			5.86	44.65	percent of total billed charges	
MUCIN, SYNOVIAL FLUID (ROPES TEST)	83872	CPT	outpatient			47	6.74	Wellcare	Medicaid		14.83	31.55			5.86	44.65	percent of total billed charges	
MUCIN, SYNOVIAL FLUID (ROPES TEST)	83872	CPT	outpatient			47	6.74	Wellcare	Medicare		5.86				5.86	44.65	fee schedule	
MUCIN, SYNOVIAL FLUID (ROPES TEST)	83872	CPT	outpatient			47	6.74	WellPoint	WellPoint		15.12	32.18			5.86	44.65	percent of total billed charges	
MYELIN BASIC PROTEIN,CSF	83873	CPT	inpatient			425	19.78	Aetna	Better Health		134.09	31.55			17.2	403.75	percent of total billed charges	
MYELIN BASIC PROTEIN,CSF	83873	CPT	inpatient			425	19.78	Aetna	Medicare		130.9	30.8			17.2	403.75	percent of total billed charges	
MYELIN BASIC PROTEIN,CSF	83873	CPT	inpatient			425	19.78	Aetna	Commercial		161.5	38			17.2	403.75	percent of total billed charges	
MYELIN BASIC PROTEIN,CSF	83873	CPT	inpatient			425	19.78	Americare	Americare		318.75	75			17.2	403.75	percent of total billed charges	
MYELIN BASIC PROTEIN,CSF	83873	CPT	inpatient			425	19.78	Amerihealth	HMO/PPO		276.25	65			17.2	403.75	percent of total billed charges	
MYELIN BASIC PROTEIN,CSF	83873	CPT	inpatient			425	19.78	Amerihealth	Medicare		17.2				17.2	403.75	fee schedule	
MYELIN BASIC PROTEIN,CSF	83873	CPT	inpatient			425	19.78	Consumer	Consumer		403.75	95			17.2	403.75	percent of total billed charges	
MYELIN BASIC PROTEIN,CSF	83873	CPT	inpatient			425	19.78	Corrections	Corrections		340	80			17.2	403.75	percent of total billed charges	
MYELIN BASIC PROTEIN,CSF	83873	CPT	inpatient			425	19.78	First Health	First Health		297.5	70			17.2	403.75	percent of total billed charges	
MYELIN BASIC PROTEIN,CSF	83873	CPT	inpatient			425	19.78	First Trenton	First Trenton		382.5	90			17.2	403.75	percent of total billed charges	
MYELIN BASIC PROTEIN,CSF	83873	CPT	inpatient			425	19.78	Horizon	Medicare Blue		127.5	30			17.2	403.75	percent of total billed charges	
MYELIN BASIC PROTEIN,CSF	83873	CPT	inpatient			425	19.78	Horizon	Indemnity		162.69	38.28			17.2	403.75	percent of total billed charges	
MYELIN BASIC PROTEIN,CSF	83873	CPT	inpatient			425	19.78	Horizon	NJ Health		56.06				17.2	403.75	fee schedule	
MYELIN BASIC PROTEIN,CSF	83873	CPT	inpatient			425	19.78	Horizon	MGD		162.69	38.28			17.2	403.75	percent of total billed charges	
MYELIN BASIC PROTEIN,CSF	83873	CPT	inpatient			425	19.78	Horizon	PPO		162.69	38.28			17.2	403.75	percent of total billed charges	
MYELIN BASIC PROTEIN,CSF	83873	CPT	inpatient			425	19.78	Managed Care Inc	Managed Care Inc		382.5	90			17.2	403.75	percent of total billed charges	
MYELIN BASIC PROTEIN,CSF	83873	CPT	inpatient			425	19.78	Multiplan	Multiplan		340	80			17.2	403.75	percent of total billed charges	
MYELIN BASIC PROTEIN,CSF	83873	CPT	inpatient			425	19.78	Qualcare	Qualcare		318.75	75			17.2	403.75	percent of total billed charges	
MYELIN BASIC PROTEIN,CSF	83873	CPT	inpatient			425	19.78	Three Rivers	Three Rivers		403.75	95			17.2	403.75	percent of total billed charges	
MYELIN BASIC PROTEIN,CSF	83873	CPT	inpatient			425	19.78	UHC	Medicaid		134.09	31.55			17.2	403.75	percent of total billed charges	
MYELIN BASIC PROTEIN,CSF	83873	CPT	inpatient			425	19.78	UHC	Medicare		17.2				17.2	403.75	fee schedule	
MYELIN BASIC PROTEIN,CSF	83873	CPT	inpatient			425	19.78	Wellcare	Medicare		17.2				17.2	403.75	fee schedule	
MYELIN BASIC PROTEIN,CSF	83873	CPT	inpatient			425	19.78	Wellcare	Medicaid		134.09	31.55			17.2	403.75	percent of total billed charges	
MYELIN BASIC PROTEIN,CSF	83873	CPT	inpatient			425	19.78	WellPoint	WellPoint		136.77	32.18			17.2	403.75	percent of total billed charges	
MYOGLOBIN,QUANTITATIVE URINE	83874	CPT	both			236	14.86	Aetna	Medicare		12.92				9	224.2	fee schedule	
MYOGLOBIN,QUANTITATIVE URINE	83874	CPT	both			236	14.86	Aetna	Better Health		74.46	31.55			9	224.2	percent of total billed charges	
MYOGLOBIN,QUANTITATIVE URINE	83874	CPT	both			236	14.86	Aetna	Commercial		89.68	38			9	224.2	percent of total billed charges	
MYOGLOBIN,QUANTITATIVE URINE	83874	CPT	both			236	14.86	Americare	Americare		177	75			9	224.2	percent of total billed charges	
MYOGLOBIN,QUANTITATIVE URINE	83874	CPT	both			236	14.86	Amerihealth	Medicare		12.92				9	224.2	fee schedule	
MYOGLOBIN,QUANTITATIVE URINE	83874	CPT	both			236	14.86	Amerihealth	HMO/PPO		153.4	65			9	224.2	percent of total billed charges	
MYOGLOBIN,QUANTITATIVE URINE	83874	CPT	both			236	14.86	Consumer	Consumer		224.2	95			9	224.2	percent of total billed charges	
MYOGLOBIN,QUANTITATIVE URINE	83874	CPT	both			236	14.86	Corrections	Corrections		188.8	80			9	224.2	percent of total billed charges	
MYOGLOBIN,QUANTITATIVE URINE	83874	CPT	both			236	14.86	First Health	First Health		165.2	70			9	224.2	percent of total billed charges	
MYOGLOBIN,QUANTITATIVE URINE	83874	CPT	both			236	14.86	First Trenton	First Trenton		212.4	90			9	224.2	percent of total billed charges	
MYOGLOBIN,QUANTITATIVE URINE	83874	CPT	both			236	14.86	Horizon	Medicare Blue		70.8	30			9	224.2	percent of total billed charges	
MYOGLOBIN,QUANTITATIVE URINE	83874	CPT	both			236	14.86	Horizon	MGD		90.34	38.28			9	224.2	percent of total billed charges	
MYOGLOBIN,QUANTITATIVE URINE	83874	CPT	both			236	14.86	Horizon	Indemnity		90.34	38.28			9	224.2	percent of total billed charges	
MYOGLOBIN,QUANTITATIVE URINE	83874	CPT	both			236	14.86	Horizon	NJ Health		25.87				9	224.2	fee schedule	
MYOGLOBIN,QUANTITATIVE URINE	83874	CPT	both			236	14.86	Horizon	PPO		90.34	38.28			9	224.2	percent of total billed charges	
MYOGLOBIN,QUANTITATIVE URINE	83874	CPT	both			236	14.86	Managed Care Inc	Managed Care Inc		212.4	90			9	224.2	percent of total billed charges	
MYOGLOBIN,QUANTITATIVE URINE	83874	CPT	both			236	14.86	Multiplan	Multiplan		188.8	80			9	224.2	percent of total billed charges	
MYOGLOBIN,QUANTITATIVE URINE	83874	CPT	both			236	14.86	Qualcare	Qualcare		177	75			9	224.2	percent of total billed charges	
MYOGLOBIN,QUANTITATIVE URINE	83874	CPT	both			236	14.86	Three Rivers	Three Rivers		224.2	95			9	224.2	percent of total billed charges	
MYOGLOBIN,QUANTITATIVE URINE	83874	CPT	both			236	14.86	UHC	Medicare		12.92				9	224.2	fee schedule	
MYOGLOBIN,QUANTITATIVE URINE	83874	CPT	both			236	14.86	UHC	Medicaid		74.46	31.55			9	224.2	percent of total billed charges	
MYOGLOBIN,QUANTITATIVE URINE	83874	CPT	both			236	14.86	Wellcare	Medicare		12.92				9	224.2	fee schedule	
MYOGLOBIN,QUANTITATIVE URINE	83874	CPT	both			236	14.86	Wellcare	Medicaid		74.46	31.55			9	224.2	percent of total billed charges	
MYOGLOBIN,QUANTITATIVE URINE	83874	CPT	both			236	14.86	WellPoint	WellPoint		75.94	32.18			9	224.2	percent of total billed charges	
MYELOPEROXIDASE (MPO)	83876	CPT	inpatient			121	58.49	Aetna	Better Health		38.18	31.55			36.3	114.95	percent of total billed charges	
MYELOPEROXIDASE (MPO)	83876	CPT	inpatient			121	58.49	Aetna	Medicare		50.86				36.3	114.95	fee schedule	
MYELOPEROXIDASE (MPO)	83876	CPT	inpatient			121	58.49	Aetna	Commercial		45.98	38			36.3	114.95	percent of total billed charges	
MYELOPEROXIDASE (MPO)	83876	CPT	inpatient			121	58.49	Americare	Americare		90.75	75			36.3	114.95	percent of total billed charges	
MYELOPEROXIDASE (MPO)	83876	CPT	inpatient			121	58.49	Amerihealth	Medicare		50.86				36.3	114.95	fee schedule	
MYELOPEROXIDASE (MPO)	83876	CPT	inpatient			121	58.49	Amerihealth	HMO/PPO		78.65	65			36.3	114.95	percent of total billed charges	
MYELOPEROXIDASE (MPO)	83876	CPT	inpatient			121	58.49	Consumer	Consumer		114.95	95			36.3	114.95	percent of total billed charges	
MYELOPEROXIDASE (MPO)	83876	CPT	inpatient			121	58.49	Corrections	Corrections		96.8	80			36.3	114.95	percent of total billed charges	
MYELOPEROXIDASE (MPO)	83876	CPT	inpatient			121	58.49	First Health	First Health		84.7	70			36.3	114.95	percent of total billed charges	
MYELOPEROXIDASE (MPO)	83876	CPT	inpatient			121	58.49	First Trenton	First Trenton		108.9	90			36.3	114.95	percent of total billed charges	
MYELOPEROXIDASE (MPO)	83876	CPT	inpatient			121	58.49	Horizon	MGD		46.32	38.28			36.3	114.95	percent of total billed charges	
MYELOPEROXIDASE (MPO)	83876	CPT	inpatient			121	58.49	Horizon	Indemnity		46.32	38.28			36.3	114.95	percent of total billed charges	
MYELOPEROXIDASE (MPO)	83876	CPT	inpatient			121	58.49	Horizon	Medicare Blue		36.3	30			36.3	114.95	percent of total billed charges	
MYELOPEROXIDASE (MPO)	83876	CPT	inpatient			121	58.49	Horizon	NJ Health		37.69				36.3	114.95	fee schedule	
MYELOPEROXIDASE (MPO)	83876	CPT	inpatient			121	58.49	Horizon	PPO		46.32	38.28			36.3	114.95	percent of total billed charges	
MYELOPEROXIDASE (MPO)	83876	CPT	inpatient			121	58.49	Managed Care Inc	Managed Care Inc		108.9	90			36.3	114.95	percent of total billed charges	
MYELOPEROXIDASE (MPO)	83876	CPT	inpatient			121	58.49	Multiplan	Multiplan		96.8	80			36.3	114.95	percent of total billed charges	
MYELOPEROXIDASE (MPO)	83876	CPT	inpatient			121	58.49	Qualcare	Qualcare		90.75	75			36.3	114.95	percent of total billed charges	
MYELOPEROXIDASE (MPO)	83876	CPT	inpatient			121	58.49	Three Rivers	Three Rivers		114.95	95			36.3	114.95	percent of total billed charges	
MYELOPEROXIDASE (MPO)	83876	CPT	inpatient			121	58.49	UHC	Medicaid		38.18	31.55			36.3	114.95	percent of total billed charges	
MYELOPEROXIDASE (MPO)	83876	CPT	inpatient			121	58.49	UHC	Medicare		50.86				36.3	114.95	fee schedule	
MYELOPEROXIDASE (MPO)	83876	CPT	inpatient			121	58.49	Wellcare	Medicare		50.86				36.3	114.95	fee schedule	
MYELOPEROXIDASE (MPO)	83876	CPT	inpatient			121	58.49	Wellcare	Medicaid		38.18	31.55			36.3	114.95	percent of total billed charges	
MYELOPEROXIDASE (MPO)	83876	CPT	inpatient			121	58.49	WellPoint	WellPoint		38.94	32.18			36.3	114.95	percent of total billed charges	
NT-PROBNP	83880	CPT	both			316	45.15	Aetna	Better Health		99.7	31.55			37.18	300.2	percent of total billed charges	
NT-PROBNP	83880	CPT	both			316	45.15	Aetna	Commercial		120.08	38			37.18	300.2	percent of total billed charges	
NT-PROBNP	83880	CPT	both			316	45.15	Aetna	Medicare		39.26				37.18	300.2	fee schedule	
NT-PROBNP	83880	CPT	both			316	45.15	Americare	Americare		237	75			37.18	300.2	percent of total billed charges	
NT-PROBNP	83880	CPT	both			316	45.15	Amerihealth	Medicare		39.26				37.18	300.2	fee schedule	
NT-PROBNP	83880	CPT	both			316	45.15	Amerihealth	HMO/PPO		205.4	65			37.18	300.2	percent of total billed charges	
NT-PROBNP	83880	CPT	both			316	45.15	Consumer	Consumer		300.2	95			37.18	300.2	percent of total billed charges	
NT-PROBNP	83880	CPT	both			316	45.15	Corrections	Corrections		252.8	80			37.18	300.2	percent of total billed charges	
NT-PROBNP	83880	CPT	both			316	45.15	First Health	First Health		221.2	70			37.18	300.2	percent of total billed charges	
NT-PROBNP	83880	CPT	both			316	45.15	First Trenton	First Trenton		284.4	90			37.18	300.2	percent of total billed charges	
NT-PROBNP	83880	CPT	both			316	45.15	Horizon	Indemnity		120.96	38.28			37.18	300.2	percent of total billed charges	
NT-PROBNP	83880	CPT	both			316	45.15	Horizon	NJ Health		37.18				37.18	300.2	fee schedule	
NT-PROBNP	83880	CPT	both			316	45.15	Horizon	MGD		120.96	38.28			37.18	300.2	percent of total billed charges	
NT-PROBNP	83880	CPT	both			316	45.15	Horizon	PPO		120.96	38.28			37.18	300.2	percent of total billed charges	
NT-PROBNP	83880	CPT	both			316	45.15	Horizon	Medicare Blue		94.8	30			37.18	300.2	percent of total billed charges	
NT-PROBNP	83880	CPT	both			316	45.15	Managed Care Inc	Managed Care Inc		284.4	90			37.18	300.2	percent of total billed charges	
NT-PROBNP	83880	CPT	both			316	45.15	Multiplan	Multiplan		252.8	80			37.18	300.2	percent of total billed charges	
NT-PROBNP	83880	CPT	both			316	45.15	Qualcare	Qualcare		237	75			37.18	300.2	percent of total billed charges	
NT-PROBNP	83880	CPT	both			316	45.15	Three Rivers	Three Rivers		300.2	95			37.18	300.2	percent of total billed charges	
NT-PROBNP	83880	CPT	both			316	45.15	UHC	Medicaid		99.7	31.55			37.18	300.2	percent of total billed charges	
NT-PROBNP	83880	CPT	both			316	45.15	UHC	Medicare		39.26				37.18	300.2	fee schedule	
NT-PROBNP	83880	CPT	both			316	45.15	Wellcare	Medicaid		99.7	31.55			37.18	300.2	percent of total billed charges	
NT-PROBNP	83880	CPT	both			316	45.15	Wellcare	Medicare		39.26				37.18	300.2	fee schedule	
NT-PROBNP	83880	CPT	both			316	45.15	WellPoint	WellPoint		101.69	32.18			37.18	300.2	percent of total billed charges	
RETINOL BINDING PROTEIN(RBP)	83883	CPT	both			273	15.64	Aetna	Commercial		103.74	38			9.6	259.35	percent of total billed charges	
RETINOL BINDING PROTEIN(RBP)	83883	CPT	both			273	15.64	Aetna	Medicare		13.6				9.6	259.35	fee schedule	
RETINOL BINDING PROTEIN(RBP)	83883	CPT	both			273	15.64	Aetna	Better Health		86.13	31.55			9.6	259.35	percent of total billed charges	
RETINOL BINDING PROTEIN(RBP)	83883	CPT	both			273	15.64	Americare	Americare		204.75	75			9.6	259.35	percent of total billed charges	
RETINOL BINDING PROTEIN(RBP)	83883	CPT	both			273	15.64	Amerihealth	HMO/PPO		177.45	65			9.6	259.35	percent of total billed charges	
RETINOL BINDING PROTEIN(RBP)	83883	CPT	both			273	15.64	Amerihealth	Medicare		13.6				9.6	259.35	fee schedule	
RETINOL BINDING PROTEIN(RBP)	83883	CPT	both			273	15.64	Consumer	Consumer		259.35	95			9.6	259.35	percent of total billed charges	
RETINOL BINDING PROTEIN(RBP)	83883	CPT	both			273	15.64	Corrections	Corrections		218.4	80			9.6	259.35	percent of total billed charges	
RETINOL BINDING PROTEIN(RBP)	83883	CPT	both			273	15.64	First Health	First Health		191.1	70			9.6	259.35	percent of total billed charges	
RETINOL BINDING PROTEIN(RBP)	83883	CPT	both			273	15.64	First Trenton	First Trenton		245.7	90			9.6	259.35	percent of total billed charges	
RETINOL BINDING PROTEIN(RBP)	83883	CPT	both			273	15.64	Horizon	MGD		104.5	38.28			9.6	259.35	percent of total billed charges	
RETINOL BINDING PROTEIN(RBP)	83883	CPT	both			273	15.64	Horizon	NJ Health		173.62				9.6	259.35	fee schedule	
RETINOL BINDING PROTEIN(RBP)	83883	CPT	both			273	15.64	Horizon	Medicare Blue		81.9	30			9.6	259.35	percent of total billed charges	
RETINOL BINDING PROTEIN(RBP)	83883	CPT	both			273	15.64	Horizon	Indemnity		104.5	38.28			9.6	259.35	percent of total billed charges	
RETINOL BINDING PROTEIN(RBP)	83883	CPT	both			273	15.64	Horizon	PPO		104.5	38.28			9.6	259.35	percent of total billed charges	
RETINOL BINDING PROTEIN(RBP)	83883	CPT	both			273	15.64	Managed Care Inc	Managed Care Inc		245.7	90			9.6	259.35	percent of total billed charges	
RETINOL BINDING PROTEIN(RBP)	83883	CPT	both			273	15.64	Multiplan	Multiplan		218.4	80			9.6	259.35	percent of total billed charges	
RETINOL BINDING PROTEIN(RBP)	83883	CPT	both			273	15.64	Qualcare	Qualcare		204.75	75			9.6	259.35	percent of total billed charges	
RETINOL BINDING PROTEIN(RBP)	83883	CPT	both			273	15.64	Three Rivers	Three Rivers		259.35	95			9.6	259.35	percent of total billed charges	
RETINOL BINDING PROTEIN(RBP)	83883	CPT	both			273	15.64	UHC	Medicaid		86.13	31.55			9.6	259.35	percent of total billed charges	
RETINOL BINDING PROTEIN(RBP)	83883	CPT	both			273	15.64	UHC	Medicare		13.6				9.6	259.35	fee schedule	
RETINOL BINDING PROTEIN(RBP)	83883	CPT	both			273	15.64	Wellcare	Medicaid		86.13	31.55			9.6	259.35	percent of total billed charges	
RETINOL BINDING PROTEIN(RBP)	83883	CPT	both			273	15.64	Wellcare	Medicare		13.6				9.6	259.35	fee schedule	
RETINOL BINDING PROTEIN(RBP)	83883	CPT	both			273	15.64	WellPoint	WellPoint		87.85	32.18			9.6	259.35	percent of total billed charges	
5 NUCLEOTIDASE	83915	CPT	both			26	12.82	Aetna	Medicare		8.01	30.8			7.8	24.7	percent of total billed charges	
5 NUCLEOTIDASE	83915	CPT	both			26	12.82	Aetna	Better Health		8.2	31.55			7.8	24.7	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
5 NUCLEOTIDASE	83915	CPT	both			26	12.82	Aetna	Commercial		9.88	38			7.8	24.7	percent of total billed charges	
5 NUCLEOTIDASE	83915	CPT	both			26	12.82	Americare	Americare		19.5	75			7.8	24.7	percent of total billed charges	
5 NUCLEOTIDASE	83915	CPT	both			26	12.82	Amerihealth	HMO/PPO		16.9	65			7.8	24.7	percent of total billed charges	
5 NUCLEOTIDASE	83915	CPT	both			26	12.82	Amerihealth	Medicare		11.15				7.8	24.7	fee schedule	
5 NUCLEOTIDASE	83915	CPT	both			26	12.82	Consumer	Consumer		24.7	95			7.8	24.7	percent of total billed charges	
5 NUCLEOTIDASE	83915	CPT	both			26	12.82	Corrections	Corrections		20.8	80			7.8	24.7	percent of total billed charges	
5 NUCLEOTIDASE	83915	CPT	both			26	12.82	First Health	First Health		18.2	70			7.8	24.7	percent of total billed charges	
5 NUCLEOTIDASE	83915	CPT	both			26	12.82	First Trenton	First Trenton		23.4	90			7.8	24.7	percent of total billed charges	
5 NUCLEOTIDASE	83915	CPT	both			26	12.82	Horizon	MGD		9.95	38.28			7.8	24.7	percent of total billed charges	
5 NUCLEOTIDASE	83915	CPT	both			26	12.82	Horizon	Medicare Blue		7.8	30			7.8	24.7	percent of total billed charges	
5 NUCLEOTIDASE	83915	CPT	both			26	12.82	Horizon	Indemnity		9.95	38.28			7.8	24.7	percent of total billed charges	
5 NUCLEOTIDASE	83915	CPT	both			26	12.82	Horizon	PPO		9.95	38.28			7.8	24.7	percent of total billed charges	
5 NUCLEOTIDASE	83915	CPT	both			26	12.82	Horizon	NJ Health		11.76				7.8	24.7	fee schedule	
5 NUCLEOTIDASE	83915	CPT	both			26	12.82	Managed Care Inc	Managed Care Inc		23.4	90			7.8	24.7	percent of total billed charges	
5 NUCLEOTIDASE	83915	CPT	both			26	12.82	Multiplan	Multiplan		20.8	80			7.8	24.7	percent of total billed charges	
5 NUCLEOTIDASE	83915	CPT	both			26	12.82	Qualcare	Qualcare		19.5	75			7.8	24.7	percent of total billed charges	
5 NUCLEOTIDASE	83915	CPT	both			26	12.82	Three Rivers	Three Rivers		24.7	95			7.8	24.7	percent of total billed charges	
5 NUCLEOTIDASE	83915	CPT	both			26	12.82	UHC	Medicare		11.15				7.8	24.7	fee schedule	
5 NUCLEOTIDASE	83915	CPT	both			26	12.82	UHC	Medicaid		8.2	31.55			7.8	24.7	percent of total billed charges	
5 NUCLEOTIDASE	83915	CPT	both			26	12.82	Wellcare	Medicaid		8.2	31.55			7.8	24.7	percent of total billed charges	
5 NUCLEOTIDASE	83915	CPT	both			26	12.82	Wellcare	Medicare		11.15				7.8	24.7	fee schedule	
5 NUCLEOTIDASE	83915	CPT	both			26	12.82	WellPoint	WellPoint		8.37	32.18			7.8	24.7	percent of total billed charges	
OLIGOCLONAL,IMMUNE	83916	CPT	inpatient			352	31.5	Aetna	Medicare		27.39				14.1	334.4	fee schedule	
OLIGOCLONAL,IMMUNE	83916	CPT	inpatient			352	31.5	Aetna	Better Health		111.06	31.55			14.1	334.4	percent of total billed charges	
OLIGOCLONAL,IMMUNE	83916	CPT	inpatient			352	31.5	Aetna	Commercial		133.76	38			14.1	334.4	percent of total billed charges	
OLIGOCLONAL,IMMUNE	83916	CPT	inpatient			352	31.5	Americare	Americare		264	75			14.1	334.4	percent of total billed charges	
OLIGOCLONAL,IMMUNE	83916	CPT	inpatient			352	31.5	Amerihealth	Medicare		27.39				14.1	334.4	fee schedule	
OLIGOCLONAL,IMMUNE	83916	CPT	inpatient			352	31.5	Amerihealth	HMO/PPO		228.8	65			14.1	334.4	percent of total billed charges	
OLIGOCLONAL,IMMUNE	83916	CPT	inpatient			352	31.5	Consumer	Consumer		334.4	95			14.1	334.4	percent of total billed charges	
OLIGOCLONAL,IMMUNE	83916	CPT	inpatient			352	31.5	Corrections	Corrections		281.6	80			14.1	334.4	percent of total billed charges	
OLIGOCLONAL,IMMUNE	83916	CPT	inpatient			352	31.5	First Health	First Health		246.4	70			14.1	334.4	percent of total billed charges	
OLIGOCLONAL,IMMUNE	83916	CPT	inpatient			352	31.5	First Trenton	First Trenton		316.8	90			14.1	334.4	percent of total billed charges	
OLIGOCLONAL,IMMUNE	83916	CPT	inpatient			352	31.5	Horizon	Medicare Blue		105.6	30			14.1	334.4	percent of total billed charges	
OLIGOCLONAL,IMMUNE	83916	CPT	inpatient			352	31.5	Horizon	Indemnity		134.75	38.28			14.1	334.4	percent of total billed charges	
OLIGOCLONAL,IMMUNE	83916	CPT	inpatient			352	31.5	Horizon	MGD		134.75	38.28			14.1	334.4	percent of total billed charges	
OLIGOCLONAL,IMMUNE	83916	CPT	inpatient			352	31.5	Horizon	NJ Health		43.22				14.1	334.4	fee schedule	
OLIGOCLONAL,IMMUNE	83916	CPT	inpatient			352	31.5	Horizon	PPO		134.75	38.28			14.1	334.4	percent of total billed charges	
OLIGOCLONAL,IMMUNE	83916	CPT	inpatient			352	31.5	Managed Care Inc	Managed Care Inc		316.8	90			14.1	334.4	percent of total billed charges	
OLIGOCLONAL,IMMUNE	83916	CPT	inpatient			352	31.5	Multiplan	Multiplan		281.6	80			14.1	334.4	percent of total billed charges	
OLIGOCLONAL,IMMUNE	83916	CPT	inpatient			352	31.5	Qualcare	Qualcare		264	75			14.1	334.4	percent of total billed charges	
OLIGOCLONAL,IMMUNE	83916	CPT	inpatient			352	31.5	Three Rivers	Three Rivers		334.4	95			14.1	334.4	percent of total billed charges	
OLIGOCLONAL,IMMUNE	83916	CPT	inpatient			352	31.5	UHC	Medicaid		111.06	31.55			14.1	334.4	percent of total billed charges	
OLIGOCLONAL,IMMUNE	83916	CPT	inpatient			352	31.5	UHC	Medicare		27.39				14.1	334.4	fee schedule	
OLIGOCLONAL,IMMUNE	83916	CPT	inpatient			352	31.5	Wellcare	Medicare		27.39				14.1	334.4	fee schedule	
OLIGOCLONAL,IMMUNE	83916	CPT	inpatient			352	31.5	Wellcare	Medicaid		111.06	31.55			14.1	334.4	percent of total billed charges	
OLIGOCLONAL,IMMUNE	83916	CPT	inpatient			352	31.5	WellPoint	WellPoint		113.27	32.18			14.1	334.4	percent of total billed charges	
ORGANIC ACIDS, QUANT,EA.SPEC.	83918	CPT	outpatient			766	27.14	Aetna	Commercial		291.08	38			23.6	727.7	percent of total billed charges	
ORGANIC ACIDS, QUANT,EA.SPEC.	83918	CPT	outpatient			766	27.14	Aetna	Medicare		23.6				23.6	727.7	fee schedule	
ORGANIC ACIDS, QUANT,EA.SPEC.	83918	CPT	outpatient			766	27.14	Aetna	Better Health		241.67	31.55			23.6	727.7	percent of total billed charges	
ORGANIC ACIDS, QUANT,EA.SPEC.	83918	CPT	outpatient			766	27.14	Americare	Americare		574.5	75			23.6	727.7	percent of total billed charges	
ORGANIC ACIDS, QUANT,EA.SPEC.	83918	CPT	outpatient			766	27.14	Amerihealth	HMO/PPO		497.9	65			23.6	727.7	percent of total billed charges	
ORGANIC ACIDS, QUANT,EA.SPEC.	83918	CPT	outpatient			766	27.14	Amerihealth	Medicare		23.6				23.6	727.7	fee schedule	
ORGANIC ACIDS, QUANT,EA.SPEC.	83918	CPT	outpatient			766	27.14	Consumer	Consumer		727.7	95			23.6	727.7	percent of total billed charges	
ORGANIC ACIDS, QUANT,EA.SPEC.	83918	CPT	outpatient			766	27.14	Corrections	Corrections		612.8	80			23.6	727.7	percent of total billed charges	
ORGANIC ACIDS, QUANT,EA.SPEC.	83918	CPT	outpatient			766	27.14	First Health	First Health		536.2	70			23.6	727.7	percent of total billed charges	
ORGANIC ACIDS, QUANT,EA.SPEC.	83918	CPT	outpatient			766	27.14	First Trenton	First Trenton		689.4	90			23.6	727.7	percent of total billed charges	
ORGANIC ACIDS, QUANT,EA.SPEC.	83918	CPT	outpatient			766	27.14	Horizon	NJ Health		37.24				23.6	727.7	fee schedule	
ORGANIC ACIDS, QUANT,EA.SPEC.	83918	CPT	outpatient			766	27.14	Horizon	MGD		293.22	38.28			23.6	727.7	percent of total billed charges	
ORGANIC ACIDS, QUANT,EA.SPEC.	83918	CPT	outpatient			766	27.14	Horizon	Indemnity		293.22	38.28			23.6	727.7	percent of total billed charges	
ORGANIC ACIDS, QUANT,EA.SPEC.	83918	CPT	outpatient			766	27.14	Horizon	Medicare Blue		229.8	30			23.6	727.7	percent of total billed charges	
ORGANIC ACIDS, QUANT,EA.SPEC.	83918	CPT	outpatient			766	27.14	Horizon	PPO		293.22	38.28			23.6	727.7	percent of total billed charges	
ORGANIC ACIDS, QUANT,EA.SPEC.	83918	CPT	outpatient			766	27.14	Managed Care Inc	Managed Care Inc		689.4	90			23.6	727.7	percent of total billed charges	
ORGANIC ACIDS, QUANT,EA.SPEC.	83918	CPT	outpatient			766	27.14	Multiplan	Multiplan		612.8	80			23.6	727.7	percent of total billed charges	
ORGANIC ACIDS, QUANT,EA.SPEC.	83918	CPT	outpatient			766	27.14	Qualcare	Qualcare		574.5	75			23.6	727.7	percent of total billed charges	
ORGANIC ACIDS, QUANT,EA.SPEC.	83918	CPT	outpatient			766	27.14	Three Rivers	Three Rivers		727.7	95			23.6	727.7	percent of total billed charges	
ORGANIC ACIDS, QUANT,EA.SPEC.	83918	CPT	outpatient			766	27.14	UHC	Medicaid		241.67	31.55			23.6	727.7	percent of total billed charges	
ORGANIC ACIDS, QUANT,EA.SPEC.	83918	CPT	outpatient			766	27.14	UHC	Medicare		23.6				23.6	727.7	fee schedule	
ORGANIC ACIDS, QUANT,EA.SPEC.	83918	CPT	outpatient			766	27.14	Wellcare	Medicaid		241.67	31.55			23.6	727.7	percent of total billed charges	
ORGANIC ACIDS, QUANT,EA.SPEC.	83918	CPT	outpatient			766	27.14	Wellcare	Medicare		23.6				23.6	727.7	fee schedule	
ORGANIC ACIDS, QUANT,EA.SPEC.	83918	CPT	outpatient			766	27.14	WellPoint	WellPoint		246.5	32.18			23.6	727.7	percent of total billed charges	
ORGANIC ACIDS,QUAL EA.SPECIMEN	83919	CPT	both			642	18.92	Aetna	Better Health		202.55	31.55			16.45	609.9	percent of total billed charges	
ORGANIC ACIDS,QUAL EA.SPECIMEN	83919	CPT	both			642	18.92	Aetna	Medicare		16.45				16.45	609.9	fee schedule	
ORGANIC ACIDS,QUAL EA.SPECIMEN	83919	CPT	both			642	18.92	Aetna	Commercial		243.96	38			16.45	609.9	percent of total billed charges	
ORGANIC ACIDS,QUAL EA.SPECIMEN	83919	CPT	both			642	18.92	Americare	Americare		481.5	75			16.45	609.9	percent of total billed charges	
ORGANIC ACIDS,QUAL EA.SPECIMEN	83919	CPT	both			642	18.92	Amerihealth	Medicare		16.45				16.45	609.9	fee schedule	
ORGANIC ACIDS,QUAL EA.SPECIMEN	83919	CPT	both			642	18.92	Amerihealth	HMO/PPO		417.3	65			16.45	609.9	percent of total billed charges	
ORGANIC ACIDS,QUAL EA.SPECIMEN	83919	CPT	both			642	18.92	Consumer	Consumer		609.9	95			16.45	609.9	percent of total billed charges	
ORGANIC ACIDS,QUAL EA.SPECIMEN	83919	CPT	both			642	18.92	Corrections	Corrections		513.6	80			16.45	609.9	percent of total billed charges	
ORGANIC ACIDS,QUAL EA.SPECIMEN	83919	CPT	both			642	18.92	First Health	First Health		449.4	70			16.45	609.9	percent of total billed charges	
ORGANIC ACIDS,QUAL EA.SPECIMEN	83919	CPT	both			642	18.92	First Trenton	First Trenton		577.8	90			16.45	609.9	percent of total billed charges	
ORGANIC ACIDS,QUAL EA.SPECIMEN	83919	CPT	both			642	18.92	Horizon	NJ Health		18.27				16.45	609.9	fee schedule	
ORGANIC ACIDS,QUAL EA.SPECIMEN	83919	CPT	both			642	18.92	Horizon	MGD		245.76	38.28			16.45	609.9	percent of total billed charges	
ORGANIC ACIDS,QUAL EA.SPECIMEN	83919	CPT	both			642	18.92	Horizon	Medicare Blue		192.6	30			16.45	609.9	percent of total billed charges	
ORGANIC ACIDS,QUAL EA.SPECIMEN	83919	CPT	both			642	18.92	Horizon	Indemnity		245.76	38.28			16.45	609.9	percent of total billed charges	
ORGANIC ACIDS,QUAL EA.SPECIMEN	83919	CPT	both			642	18.92	Horizon	PPO		245.76	38.28			16.45	609.9	percent of total billed charges	
ORGANIC ACIDS,QUAL EA.SPECIMEN	83919	CPT	both			642	18.92	Managed Care Inc	Managed Care Inc		577.8	90			16.45	609.9	percent of total billed charges	
ORGANIC ACIDS,QUAL EA.SPECIMEN	83919	CPT	both			642	18.92	Multiplan	Multiplan		513.6	80			16.45	609.9	percent of total billed charges	
ORGANIC ACIDS,QUAL EA.SPECIMEN	83919	CPT	both			642	18.92	Qualcare	Qualcare		481.5	75			16.45	609.9	percent of total billed charges	
ORGANIC ACIDS,QUAL EA.SPECIMEN	83919	CPT	both			642	18.92	Three Rivers	Three Rivers		609.9	95			16.45	609.9	percent of total billed charges	
ORGANIC ACIDS,QUAL EA.SPECIMEN	83919	CPT	both			642	18.92	UHC	Medicare		16.45				16.45	609.9	fee schedule	
ORGANIC ACIDS,QUAL EA.SPECIMEN	83919	CPT	both			642	18.92	UHC	Medicaid		202.55	31.55			16.45	609.9	percent of total billed charges	
ORGANIC ACIDS,QUAL EA.SPECIMEN	83919	CPT	both			642	18.92	Wellcare	Medicare		16.45				16.45	609.9	fee schedule	
ORGANIC ACIDS,QUAL EA.SPECIMEN	83919	CPT	both			642	18.92	Wellcare	Medicaid		202.55	31.55			16.45	609.9	percent of total billed charges	
ORGANIC ACIDS,QUAL EA.SPECIMEN	83919	CPT	both			642	18.92	WellPoint	WellPoint		206.6	32.18			16.45	609.9	percent of total billed charges	
ORGANIC,ACID, SINGLE, QUANTITATIVE	83921	CPT	both			206	24.39	Aetna	Commercial		78.28	38			15	195.7	percent of total billed charges	
ORGANIC,ACID, SINGLE, QUANTITATIVE	83921	CPT	both			206	24.39	Aetna	Better Health		64.99	31.55			15	195.7	percent of total billed charges	
ORGANIC,ACID, SINGLE, QUANTITATIVE	83921	CPT	both			206	24.39	Aetna	Medicare		21.21				15	195.7	fee schedule	
ORGANIC,ACID, SINGLE, QUANTITATIVE	83921	CPT	both			206	24.39	Americare	Americare		154.5	75			15	195.7	percent of total billed charges	
ORGANIC,ACID, SINGLE, QUANTITATIVE	83921	CPT	both			206	24.39	Amerihealth	Medicare		21.21				15	195.7	fee schedule	
ORGANIC,ACID, SINGLE, QUANTITATIVE	83921	CPT	both			206	24.39	Amerihealth	HMO/PPO		133.9	65			15	195.7	percent of total billed charges	
ORGANIC,ACID, SINGLE, QUANTITATIVE	83921	CPT	both			206	24.39	Consumer	Consumer		195.7	95			15	195.7	percent of total billed charges	
ORGANIC,ACID, SINGLE, QUANTITATIVE	83921	CPT	both			206	24.39	Corrections	Corrections		164.8	80			15	195.7	percent of total billed charges	
ORGANIC,ACID, SINGLE, QUANTITATIVE	83921	CPT	both			206	24.39	First Health	First Health		144.2	70			15	195.7	percent of total billed charges	
ORGANIC,ACID, SINGLE, QUANTITATIVE	83921	CPT	both			206	24.39	First Trenton	First Trenton		185.4	90			15	195.7	percent of total billed charges	
ORGANIC,ACID, SINGLE, QUANTITATIVE	83921	CPT	both			206	24.39	Horizon	MGD		78.86	38.28			15	195.7	percent of total billed charges	
ORGANIC,ACID, SINGLE, QUANTITATIVE	83921	CPT	both			206	24.39	Horizon	PPO		78.86	38.28			15	195.7	percent of total billed charges	
ORGANIC,ACID, SINGLE, QUANTITATIVE	83921	CPT	both			206	24.39	Horizon	Indemnity		78.86	38.28			15	195.7	percent of total billed charges	
ORGANIC,ACID, SINGLE, QUANTITATIVE	83921	CPT	both			206	24.39	Horizon	Medicare Blue		61.8	30			15	195.7	percent of total billed charges	
ORGANIC,ACID, SINGLE, QUANTITATIVE	83921	CPT	both			206	24.39	Horizon	NJ Health		18.27				15	195.7	fee schedule	
ORGANIC,ACID, SINGLE, QUANTITATIVE	83921	CPT	both			206	24.39	Managed Care Inc	Managed Care Inc		185.4	90			15	195.7	percent of total billed charges	
ORGANIC,ACID, SINGLE, QUANTITATIVE	83921	CPT	both			206	24.39	Multiplan	Multiplan		164.8	80			15	195.7	percent of total billed charges	
ORGANIC,ACID, SINGLE, QUANTITATIVE	83921	CPT	both			206	24.39	Qualcare	Qualcare		154.5	75			15	195.7	percent of total billed charges	
ORGANIC,ACID, SINGLE, QUANTITATIVE	83921	CPT	both			206	24.39	Three Rivers	Three Rivers		195.7	95			15	195.7	percent of total billed charges	
ORGANIC,ACID, SINGLE, QUANTITATIVE	83921	CPT	both			206	24.39	UHC	Medicaid		64.99	31.55			15	195.7	percent of total billed charges	
ORGANIC,ACID, SINGLE, QUANTITATIVE	83921	CPT	both			206	24.39	UHC	Medicare		21.21				15	195.7	fee schedule	
ORGANIC,ACID, SINGLE, QUANTITATIVE	83921	CPT	both			206	24.39	Wellcare	Medicare		21.21				15	195.7	fee schedule	
ORGANIC,ACID, SINGLE, QUANTITATIVE	83921	CPT	both			206	24.39	Wellcare	Medicaid		64.99	31.55			15	195.7	percent of total billed charges	
ORGANIC,ACID, SINGLE, QUANTITATIVE	83921	CPT	both			206	24.39	WellPoint	WellPoint		66.29	32.18			15	195.7	percent of total billed charges	
OSMOLALITY; BLOOD	83930	CPT	both			63	7.6	Aetna	Better Health		19.88	31.55			5.1	59.85	percent of total billed charges	
OSMOLALITY; BLOOD	83930	CPT	both			63	7.6	Aetna	Medicare		6.61				5.1	59.85	fee schedule	
OSMOLALITY; BLOOD	83930	CPT	both			63	7.6	Aetna	Commercial		23.94	38			5.1	59.85	percent of total billed charges	
OSMOLALITY; BLOOD	83930	CPT	both			63	7.6	Americare	Americare		47.25	75			5.1	59.85	percent of total billed charges	
OSMOLALITY; BLOOD	83930	CPT	both			63	7.6	Amerihealth	Medicare		6.61				5.1	59.85	fee schedule	
OSMOLALITY; BLOOD	83930	CPT	both			63	7.6	Amerihealth	HMO/PPO		40.95	65			5.1	59.85	percent of total billed charges	
OSMOLALITY; BLOOD	83930	CPT	both			63	7.6	Consumer	Consumer		59.85	95			5.1	59.85	percent of total billed charges	
OSMOLALITY; BLOOD	83930	CPT	both			63	7.6	Corrections	Corrections		50.4	80			5.1	59.85	percent of total billed charges	
OSMOLALITY; BLOOD	83930	CPT	both			63	7.6	First Health	First Health		44.1	70			5.1	59.85	percent of total billed charges	
OSMOLALITY; BLOOD	83930	CPT	both			63	7.6	First Trenton	First Trenton		56.7	90			5.1	59.85	percent of total billed charges	
OSMOLALITY; BLOOD	83930	CPT	both			63	7.6	Horizon	Medicare Blue		18.9	30			5.1	59.85	percent of total billed charges	
OSMOLALITY; BLOOD	83930	CPT	both			63	7.6	Horizon	MGD		24.12	38.28			5.1	59.85	percent of total billed charges	
OSMOLALITY; BLOOD	83930	CPT	both			63	7.6	Horizon	NJ Health		19.4				5.1	59.85	fee schedule	
OSMOLALITY; BLOOD	83930	CPT	both			63	7.6	Horizon	Indemnity		24.12	38.28			5.1	59.85	percent of total billed charges	
OSMOLALITY; BLOOD	83930	CPT	both			63	7.6	Horizon	PPO		24.12	38.28			5.1	59.85	percent of total billed charges	
OSMOLALITY; BLOOD	83930	CPT	both			63	7.6	Managed Care Inc	Managed Care Inc		56.7	90			5.1	59.85	percent of total billed charges	
OSMOLALITY; BLOOD	83930	CPT	both			63	7.6	Multiplan	Multiplan		50.4	80			5.1	59.85	percent of total billed charges	
OSMOLALITY; BLOOD	83930	CPT	both			63	7.6	Qualcare	Qualcare		47.25	75			5.1	59.85	percent of total billed charges	
OSMOLALITY; BLOOD	83930	CPT	both			63	7.6	Three Rivers	Three Rivers		59.85	95			5.1	59.85	percent of total billed charges	
OSMOLALITY; BLOOD	83930	CPT	both			63	7.6	UHC	Medicare		6.61				5.1	59.85	fee schedule	
OSMOLALITY; BLOOD	83930	CPT	both			63	7.6	UHC	Medicaid		19.88	31.55			5.1	59.85	percent of total billed charges	
OSMOLALITY; BLOOD	83930	CPT	both			63	7.6	Wellcare	Medicare		6.61				5.1	59.85	fee schedule	
OSMOLALITY; BLOOD	83930	CPT	both			63	7.6	Wellcare	Medicaid		19.88	31.55			5.1	59.85	percent of total billed charges	
OSMOLALITY; BLOOD	83930	CPT	both			63	7.6	WellPoint	WellPoint		20.27	32.18			5.1	59.85	percent of total billed charges	
OSMOLALITY; URINE	83935	CPT	both			65	7.84	Aetna	Better Health		20.51	31.55			6.82	61.75	percent of total billed charges	
OSMOLALITY; URINE	83935	CPT	both			65	7.84	Aetna	Commercial		24.7	38			6.82	61.75	percent of total billed charges	
OSMOLALITY; URINE	83935	CPT	both			65	7.84	Aetna	Medicare		20.02	30.8			6.82	61.75	percent of total billed charges	
OSMOLALITY; URINE	83935	CPT	both			65	7.84	Americare	Americare		48.75	75			6.82	61.75	percent of total billed charges	
OSMOLALITY; URINE	83935	CPT	both			65	7.84	Amerihealth	Medicare		6.82				6.82	61.75	fee schedule	
OSMOLALITY; URINE	83935	CPT	both			65	7.84	Amerihealth	HMO/PPO		42.25	65			6.82	61.75	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
OSMOLALITY, URINE	83935	CPT	both			65	7.84	Consumer	Consumer		95				6.82	61.75	percent of total billed charges	
OSMOLALITY, URINE	83935	CPT	both			65	7.84	Corrections	Corrections		52				6.82	61.75	percent of total billed charges	
OSMOLALITY, URINE	83935	CPT	both			65	7.84	First Health	First Health		45.5				6.82	61.75	percent of total billed charges	
OSMOLALITY, URINE	83935	CPT	both			65	7.84	First Trenton	First Trenton		58.5				6.82	61.75	percent of total billed charges	
OSMOLALITY, URINE	83935	CPT	both			65	7.84	Horizon	MGD		24.88	38.28			6.82	61.75	percent of total billed charges	
OSMOLALITY, URINE	83935	CPT	both			65	7.84	Horizon	Indemnity		24.88	38.28			6.82	61.75	percent of total billed charges	
OSMOLALITY, URINE	83935	CPT	both			65	7.84	Horizon	Medicare Blue		19.5	30			6.82	61.75	percent of total billed charges	
OSMOLALITY, URINE	83935	CPT	both			65	7.84	Horizon	PPO		24.88	38.28			6.82	61.75	percent of total billed charges	
OSMOLALITY, URINE	83935	CPT	both			65	7.84	Horizon	NJ Health		19.4				6.82	61.75	fee schedule	
OSMOLALITY, URINE	83935	CPT	both			65	7.84	Managed Care Inc	Managed Care Inc		58.5	90			6.82	61.75	percent of total billed charges	
OSMOLALITY, URINE	83935	CPT	both			65	7.84	Multiplan	Multiplan		52	80			6.82	61.75	percent of total billed charges	
OSMOLALITY, URINE	83935	CPT	both			65	7.84	Qualcare	Qualcare		48.75	75			6.82	61.75	percent of total billed charges	
OSMOLALITY, URINE	83935	CPT	both			65	7.84	Three Rivers	Three Rivers		61.75	95			6.82	61.75	percent of total billed charges	
OSMOLALITY, URINE	83935	CPT	both			65	7.84	UHC	Medicaid		20.51	31.55			6.82	61.75	percent of total billed charges	
OSMOLALITY, URINE	83935	CPT	both			65	7.84	UHC	Medicare		6.82				6.82	61.75	fee schedule	
OSMOLALITY, URINE	83935	CPT	both			65	7.84	Wellcare	Medicare		6.82				6.82	61.75	fee schedule	
OSMOLALITY, URINE	83935	CPT	both			65	7.84	Wellcare	Medicaid		20.51	31.55			6.82	61.75	percent of total billed charges	
OSMOLALITY, URINE	83935	CPT	both			65	7.84	WellPoint	WellPoint		20.92	32.18			6.82	61.75	percent of total billed charges	
OSTEOCALCIN,SERUM	83937	CPT	both			71	34.33	Aetna	Medicare		29.85				21.3	67.45	fee schedule	
OSTEOCALCIN,SERUM	83937	CPT	both			71	34.33	Aetna	Better Health		22.4	31.55			21.3	67.45	percent of total billed charges	
OSTEOCALCIN,SERUM	83937	CPT	both			71	34.33	Aetna	Commercial		26.98	38			21.3	67.45	percent of total billed charges	
OSTEOCALCIN,SERUM	83937	CPT	both			71	34.33	Americare	Americare		53.25	75			21.3	67.45	percent of total billed charges	
OSTEOCALCIN,SERUM	83937	CPT	both			71	34.33	Amerihealth	Medicare		29.85				21.3	67.45	fee schedule	
OSTEOCALCIN,SERUM	83937	CPT	both			71	34.33	Amerihealth	HMO/PPO		46.15	65			21.3	67.45	percent of total billed charges	
OSTEOCALCIN,SERUM	83937	CPT	both			71	34.33	Consumer	Consumer		67.45	95			21.3	67.45	percent of total billed charges	
OSTEOCALCIN,SERUM	83937	CPT	both			71	34.33	Corrections	Corrections		56.8	80			21.3	67.45	percent of total billed charges	
OSTEOCALCIN,SERUM	83937	CPT	both			71	34.33	First Health	First Health		49.7	70			21.3	67.45	percent of total billed charges	
OSTEOCALCIN,SERUM	83937	CPT	both			71	34.33	First Trenton	First Trenton		63.9	90			21.3	67.45	percent of total billed charges	
OSTEOCALCIN,SERUM	83937	CPT	both			71	34.33	Horizon	Indemnity		27.18	38.28			21.3	67.45	percent of total billed charges	
OSTEOCALCIN,SERUM	83937	CPT	both			71	34.33	Horizon	Medicare Blue		21.3	30			21.3	67.45	percent of total billed charges	
OSTEOCALCIN,SERUM	83937	CPT	both			71	34.33	Horizon	MGD		27.18	38.28			21.3	67.45	percent of total billed charges	
OSTEOCALCIN,SERUM	83937	CPT	both			71	34.33	Horizon	PPO		27.18	38.28			21.3	67.45	percent of total billed charges	
OSTEOCALCIN,SERUM	83937	CPT	both			71	34.33	Horizon	NJ Health		33.14				21.3	67.45	fee schedule	
OSTEOCALCIN,SERUM	83937	CPT	both			71	34.33	Managed Care Inc	Managed Care Inc		63.9	90			21.3	67.45	percent of total billed charges	
OSTEOCALCIN,SERUM	83937	CPT	both			71	34.33	Multiplan	Multiplan		56.8	80			21.3	67.45	percent of total billed charges	
OSTEOCALCIN,SERUM	83937	CPT	both			71	34.33	Qualcare	Qualcare		53.25	75			21.3	67.45	percent of total billed charges	
OSTEOCALCIN,SERUM	83937	CPT	both			71	34.33	Three Rivers	Three Rivers		67.45	95			21.3	67.45	percent of total billed charges	
OSTEOCALCIN,SERUM	83937	CPT	both			71	34.33	UHC	Medicaid		22.4	31.55			21.3	67.45	percent of total billed charges	
OSTEOCALCIN,SERUM	83937	CPT	both			71	34.33	UHC	Medicare		29.85				21.3	67.45	fee schedule	
OSTEOCALCIN,SERUM	83937	CPT	both			71	34.33	Wellcare	Medicaid		22.4	31.55			21.3	67.45	percent of total billed charges	
OSTEOCALCIN,SERUM	83937	CPT	both			71	34.33	Wellcare	Medicare		29.85				21.3	67.45	fee schedule	
OSTEOCALCIN,SERUM	83937	CPT	both			71	34.33	WellPoint	WellPoint		22.85	32.18			21.3	67.45	percent of total billed charges	
OXALATE QUANT, 24-HR URINE	83945	CPT	both			81	16.62	Aetna	Better Health		25.56	31.55			9.9	76.95	percent of total billed charges	
OXALATE QUANT, 24-HR URINE	83945	CPT	both			81	16.62	Aetna	Medicare		24.95	30.8			9.9	76.95	percent of total billed charges	
OXALATE QUANT, 24-HR URINE	83945	CPT	both			81	16.62	Aetna	Commercial		30.78	38			9.9	76.95	percent of total billed charges	
OXALATE QUANT, 24-HR URINE	83945	CPT	both			81	16.62	Americare	Americare		60.75	75			9.9	76.95	percent of total billed charges	
OXALATE QUANT, 24-HR URINE	83945	CPT	both			81	16.62	Amerihealth	HMO/PPO		52.65	65			9.9	76.95	percent of total billed charges	
OXALATE QUANT, 24-HR URINE	83945	CPT	both			81	16.62	Amerihealth	Medicare		14.45				9.9	76.95	fee schedule	
OXALATE QUANT, 24-HR URINE	83945	CPT	both			81	16.62	Consumer	Consumer		76.95	95			9.9	76.95	percent of total billed charges	
OXALATE QUANT, 24-HR URINE	83945	CPT	both			81	16.62	Corrections	Corrections		64.8	80			9.9	76.95	percent of total billed charges	
OXALATE QUANT, 24-HR URINE	83945	CPT	both			81	16.62	First Health	First Health		56.7	70			9.9	76.95	percent of total billed charges	
OXALATE QUANT, 24-HR URINE	83945	CPT	both			81	16.62	First Trenton	First Trenton		72.9	90			9.9	76.95	percent of total billed charges	
OXALATE QUANT, 24-HR URINE	83945	CPT	both			81	16.62	Horizon	Medicare Blue		24.3	30			9.9	76.95	percent of total billed charges	
OXALATE QUANT, 24-HR URINE	83945	CPT	both			81	16.62	Horizon	Indemnity		31.01	38.28			9.9	76.95	percent of total billed charges	
OXALATE QUANT, 24-HR URINE	83945	CPT	both			81	16.62	Horizon	MGD		31.01	38.28			9.9	76.95	percent of total billed charges	
OXALATE QUANT, 24-HR URINE	83945	CPT	both			81	16.62	Horizon	PPO		31.01	38.28			9.9	76.95	percent of total billed charges	
OXALATE QUANT, 24-HR URINE	83945	CPT	both			81	16.62	Horizon	NJ Health		33.32				9.9	76.95	fee schedule	
OXALATE QUANT, 24-HR URINE	83945	CPT	both			81	16.62	Managed Care Inc	Managed Care Inc		72.9	90			9.9	76.95	percent of total billed charges	
OXALATE QUANT, 24-HR URINE	83945	CPT	both			81	16.62	Multiplan	Multiplan		64.8	80			9.9	76.95	percent of total billed charges	
OXALATE QUANT, 24-HR URINE	83945	CPT	both			81	16.62	Qualcare	Qualcare		60.75	75			9.9	76.95	percent of total billed charges	
OXALATE QUANT, 24-HR URINE	83945	CPT	both			81	16.62	Three Rivers	Three Rivers		76.95	95			9.9	76.95	percent of total billed charges	
OXALATE QUANT, 24-HR URINE	83945	CPT	both			81	16.62	UHC	Medicare		14.45				9.9	76.95	fee schedule	
OXALATE QUANT, 24-HR URINE	83945	CPT	both			81	16.62	UHC	Medicaid		25.56	31.55			9.9	76.95	percent of total billed charges	
OXALATE QUANT, 24-HR URINE	83945	CPT	both			81	16.62	Wellcare	Medicare		14.45				9.9	76.95	fee schedule	
OXALATE QUANT, 24-HR URINE	83945	CPT	both			81	16.62	Wellcare	Medicaid		25.56	31.55			9.9	76.95	percent of total billed charges	
OXALATE QUANT, 24-HR URINE	83945	CPT	both			81	16.62	WellPoint	WellPoint		26.07	32.18			9.9	76.95	percent of total billed charges	
DES-Y-CARBOXY PROTHROMBIN (DCP)	83951	CPT	both			398	74.07	Aetna	Better Health		125.57	31.55			64.41	378.1	percent of total billed charges	
DES-Y-CARBOXY PROTHROMBIN (DCP)	83951	CPT	both			398	74.07	Aetna	Medicare		64.41				64.41	378.1	fee schedule	
DES-Y-CARBOXY PROTHROMBIN (DCP)	83951	CPT	both			398	74.07	Aetna	Commercial		151.24	38			64.41	378.1	percent of total billed charges	
DES-Y-CARBOXY PROTHROMBIN (DCP)	83951	CPT	both			398	74.07	Americare	Americare		298.5	75			64.41	378.1	percent of total billed charges	
DES-Y-CARBOXY PROTHROMBIN (DCP)	83951	CPT	both			398	74.07	Amerihealth	Medicare		64.41				64.41	378.1	fee schedule	
DES-Y-CARBOXY PROTHROMBIN (DCP)	83951	CPT	both			398	74.07	Amerihealth	HMO/PPO		258.7	65			64.41	378.1	percent of total billed charges	
DES-Y-CARBOXY PROTHROMBIN (DCP)	83951	CPT	both			398	74.07	Consumer	Consumer		378.1	95			64.41	378.1	percent of total billed charges	
DES-Y-CARBOXY PROTHROMBIN (DCP)	83951	CPT	both			398	74.07	Corrections	Corrections		318.4	80			64.41	378.1	percent of total billed charges	
DES-Y-CARBOXY PROTHROMBIN (DCP)	83951	CPT	both			398	74.07	First Health	First Health		278.6	70			64.41	378.1	percent of total billed charges	
DES-Y-CARBOXY PROTHROMBIN (DCP)	83951	CPT	both			398	74.07	First Trenton	First Trenton		358.2	90			64.41	378.1	percent of total billed charges	
DES-Y-CARBOXY PROTHROMBIN (DCP)	83951	CPT	both			398	74.07	Horizon	MGD		152.35	38.28			64.41	378.1	percent of total billed charges	
DES-Y-CARBOXY PROTHROMBIN (DCP)	83951	CPT	both			398	74.07	Horizon	Medicare Blue		119.4	30			64.41	378.1	percent of total billed charges	
DES-Y-CARBOXY PROTHROMBIN (DCP)	83951	CPT	both			398	74.07	Horizon	NJ Health		71.52				64.41	378.1	fee schedule	
DES-Y-CARBOXY PROTHROMBIN (DCP)	83951	CPT	both			398	74.07	Horizon	Indemnity		152.35	38.28			64.41	378.1	percent of total billed charges	
DES-Y-CARBOXY PROTHROMBIN (DCP)	83951	CPT	both			398	74.07	Horizon	PPO		152.35	38.28			64.41	378.1	percent of total billed charges	
DES-Y-CARBOXY PROTHROMBIN (DCP)	83951	CPT	both			398	74.07	Managed Care Inc	Managed Care Inc		358.2	90			64.41	378.1	percent of total billed charges	
DES-Y-CARBOXY PROTHROMBIN (DCP)	83951	CPT	both			398	74.07	Multiplan	Multiplan		318.4	80			64.41	378.1	percent of total billed charges	
DES-Y-CARBOXY PROTHROMBIN (DCP)	83951	CPT	both			398	74.07	Qualcare	Qualcare		298.5	75			64.41	378.1	percent of total billed charges	
DES-Y-CARBOXY PROTHROMBIN (DCP)	83951	CPT	both			398	74.07	Three Rivers	Three Rivers		378.1	95			64.41	378.1	percent of total billed charges	
DES-Y-CARBOXY PROTHROMBIN (DCP)	83951	CPT	both			398	74.07	UHC	Medicare		64.41				64.41	378.1	fee schedule	
DES-Y-CARBOXY PROTHROMBIN (DCP)	83951	CPT	both			398	74.07	UHC	Medicaid		125.57	31.55			64.41	378.1	percent of total billed charges	
DES-Y-CARBOXY PROTHROMBIN (DCP)	83951	CPT	both			398	74.07	Wellcare	Medicare		64.41				64.41	378.1	fee schedule	
DES-Y-CARBOXY PROTHROMBIN (DCP)	83951	CPT	both			398	74.07	Wellcare	Medicaid		125.57	31.55			64.41	378.1	percent of total billed charges	
DES-Y-CARBOXY PROTHROMBIN (DCP)	83951	CPT	both			398	74.07	WellPoint	WellPoint		126.08	32.18			64.41	378.1	percent of total billed charges	
PTH INTACT	83970	CPT	both			588	47.47	Aetna	Better Health		185.51	31.55			16.2	558.6	percent of total billed charges	
PTH INTACT	83970	CPT	both			588	47.47	Aetna	Commercial		223.44	38			16.2	558.6	percent of total billed charges	
PTH INTACT	83970	CPT	both			588	47.47	Aetna	Medicare		181.1	30.8			16.2	558.6	percent of total billed charges	
PTH INTACT	83970	CPT	both			588	47.47	Americare	Americare		441	75			16.2	558.6	percent of total billed charges	
PTH INTACT	83970	CPT	both			588	47.47	Amerihealth	HMO/PPO		382.2	65			16.2	558.6	percent of total billed charges	
PTH INTACT	83970	CPT	both			588	47.47	Amerihealth	Medicare		41.28				16.2	558.6	fee schedule	
PTH INTACT	83970	CPT	both			588	47.47	Consumer	Consumer		558.6	95			16.2	558.6	percent of total billed charges	
PTH INTACT	83970	CPT	both			588	47.47	Corrections	Corrections		470.4	80			16.2	558.6	percent of total billed charges	
PTH INTACT	83970	CPT	both			588	47.47	First Health	First Health		411.6	70			16.2	558.6	percent of total billed charges	
PTH INTACT	83970	CPT	both			588	47.47	First Trenton	First Trenton		529.2	90			16.2	558.6	percent of total billed charges	
PTH INTACT	83970	CPT	both			588	47.47	Horizon	NJ Health		105.84				16.2	558.6	fee schedule	
PTH INTACT	83970	CPT	both			588	47.47	Horizon	MGD		225.09	38.28			16.2	558.6	percent of total billed charges	
PTH INTACT	83970	CPT	both			588	47.47	Horizon	Indemnity		225.09	38.28			16.2	558.6	percent of total billed charges	
PTH INTACT	83970	CPT	both			588	47.47	Horizon	Medicare Blue		176.4	30			16.2	558.6	percent of total billed charges	
PTH INTACT	83970	CPT	both			588	47.47	Horizon	PPO		225.09	38.28			16.2	558.6	percent of total billed charges	
PTH INTACT	83970	CPT	both			588	47.47	Managed Care Inc	Managed Care Inc		529.2	90			16.2	558.6	percent of total billed charges	
PTH INTACT	83970	CPT	both			588	47.47	Multiplan	Multiplan		470.4	80			16.2	558.6	percent of total billed charges	
PTH INTACT	83970	CPT	both			588	47.47	Qualcare	Qualcare		441	75			16.2	558.6	percent of total billed charges	
PTH INTACT	83970	CPT	both			588	47.47	Three Rivers	Three Rivers		558.6	95			16.2	558.6	percent of total billed charges	
PTH INTACT	83970	CPT	both			588	47.47	UHC	Medicaid		185.51	31.55			16.2	558.6	percent of total billed charges	
PTH INTACT	83970	CPT	both			588	47.47	UHC	Medicare		41.28				16.2	558.6	fee schedule	
PTH INTACT	83970	CPT	both			588	47.47	Wellcare	Medicaid		185.51	31.55			16.2	558.6	percent of total billed charges	
PTH INTACT	83970	CPT	both			588	47.47	Wellcare	Medicare		41.28				16.2	558.6	fee schedule	
PTH INTACT	83970	CPT	both			588	47.47	WellPoint	WellPoint		189.22	32.18			16.2	558.6	percent of total billed charges	
URINE PH ONLY	83986	CPT	both			106	4.12	Aetna	Medicare		3.58				3.58	100.7	fee schedule	
URINE PH ONLY	83986	CPT	both			106	4.12	Aetna	Commercial		40.28	38			3.58	100.7	percent of total billed charges	
URINE PH ONLY	83986	CPT	both			106	4.12	Aetna	Better Health		33.44	31.55			3.58	100.7	percent of total billed charges	
URINE PH ONLY	83986	CPT	both			106	4.12	Americare	Americare		79.5	75			3.58	100.7	percent of total billed charges	
URINE PH ONLY	83986	CPT	both			106	4.12	Amerihealth	HMO/PPO		68.9	65			3.58	100.7	percent of total billed charges	
URINE PH ONLY	83986	CPT	both			106	4.12	Amerihealth	Medicare		3.58				3.58	100.7	fee schedule	
URINE PH ONLY	83986	CPT	both			106	4.12	Consumer	Consumer		100.7	95			3.58	100.7	percent of total billed charges	
URINE PH ONLY	83986	CPT	both			106	4.12	Corrections	Corrections		84.8	80			3.58	100.7	percent of total billed charges	
URINE PH ONLY	83986	CPT	both			106	4.12	First Health	First Health		74.2	70			3.58	100.7	percent of total billed charges	
URINE PH ONLY	83986	CPT	both			106	4.12	First Trenton	First Trenton		95.4	90			3.58	100.7	percent of total billed charges	
URINE PH ONLY	83986	CPT	both			106	4.12	Horizon	MGD		40.58	38.28			3.58	100.7	percent of total billed charges	
URINE PH ONLY	83986	CPT	both			106	4.12	Horizon	NJ Health		8.43				3.58	100.7	fee schedule	
URINE PH ONLY	83986	CPT	both			106	4.12	Horizon	Indemnity		40.58	38.28			3.58	100.7	percent of total billed charges	
URINE PH ONLY	83986	CPT	both			106	4.12	Horizon	Medicare Blue		31.8	30			3.58	100.7	percent of total billed charges	
URINE PH ONLY	83986	CPT	both			106	4.12	Horizon	PPO		40.58	38.28			3.58	100.7	percent of total billed charges	
URINE PH ONLY	83986	CPT	both			106	4.12	Managed Care Inc	Managed Care Inc		95.4	90			3.58	100.7	percent of total billed charges	
URINE PH ONLY	83986	CPT	both			106	4.12	Multiplan	Multiplan		84.8	80			3.58	100.7	percent of total billed charges	
URINE PH ONLY	83986	CPT	both			106	4.12	Qualcare	Qualcare		79.5	75			3.58	100.7	percent of total billed charges	
URINE PH ONLY	83986	CPT	both			106	4.12	Three Rivers	Three Rivers		100.7	95			3.58	100.7	percent of total billed charges	
URINE PH ONLY	83986	CPT	both			106	4.12	UHC	Medicare		3.58				3.58	100.7	fee schedule	
URINE PH ONLY	83986	CPT	both			106	4.12	UHC	Medicaid		33.44	31.55			3.58	100.7	percent of total billed charges	
URINE PH ONLY	83986	CPT	both			106	4.12	Wellcare	Medicare		3.58				3.58	100.7	fee schedule	
URINE PH ONLY	83986	CPT	both			106	4.12	Wellcare	Medicaid		33.44	31.55			3.58	100.7	percent of total billed charges	
URINE PH ONLY	83986	CPT	both			106	4.12	WellPoint	WellPoint		34.11	32.18			3.58	100.7	percent of total billed charges	
CALPROTECTIN FECAL	83993	CPT	both			462	22.57	Aetna	Better Health		145.76	31.55			19.63	438.9	percent of total billed charges	
CALPROTECTIN FECAL	83993	CPT	both			462	22.57	Aetna	Commercial		175.56	38			19.63	438.9	percent of total billed charges	
CALPROTECTIN FECAL	83993	CPT	both			462	22.57	Aetna	Medicare		19.63				19.63	438.9	fee schedule	
CALPROTECTIN FECAL	83993	CPT	both			462	22.57	Americare	Americare		346.5	75			19.63	438.9	percent of total billed charges	
CALPROTECTIN FECAL	83993	CPT	both			462	22.57	Amerihealth	Medicare		19.63				19.63	438.9	fee schedule	
CALPROTECTIN FECAL	83993	CPT	both			462	22.57	Amerihealth	HMO/PPO		300.3	65			19.63	438.9	percent of total billed charges	
CALPROTECTIN FECAL	83993	CPT	both			462	22.57	Consumer	Consumer		438.9	95			19.63	438.9	percent of total billed charges	
CALPROTECTIN FECAL	83993	CPT	both			462	22.57	Corrections	Corrections		369.6	80			19.63	438.9	percent of total billed charges	
CALPROTECTIN FECAL	83993	CPT	both			462	22.57	First Health	First Health		323.4	70			19.63	438.9	percent of total billed charges	
CALPROTECTIN FECAL	83993	CPT	both			462	22.57	First Trenton	First Trenton		415.8	90			19.63	438.9	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.																	
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true																
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes			
CALPROTECTIN FECAL	83993	CPT	both			462	22.57	Horizon	Indemnity		176.85	38.28			19.63	438.9	percent of total billed charges					
CALPROTECTIN FECAL	83993	CPT	both			462	22.57	Horizon	Medicare Blue		138.6	30			19.63	438.9	percent of total billed charges					
CALPROTECTIN FECAL	83993	CPT	both			462	22.57	Horizon	NJ Health		21.5				19.63	438.9	fee schedule					
CALPROTECTIN FECAL	83993	CPT	both			462	22.57	Horizon	MGD		176.85	38.28			19.63	438.9	percent of total billed charges					
CALPROTECTIN FECAL	83993	CPT	both			462	22.57	Horizon	PPO		176.85	38.28			19.63	438.9	percent of total billed charges					
CALPROTECTIN FECAL	83993	CPT	both			462	22.57	Managed Care Inc	Managed Care Inc		415.8	90			19.63	438.9	percent of total billed charges					
CALPROTECTIN FECAL	83993	CPT	both			462	22.57	Multiplan	Multiplan		369.6	80			19.63	438.9	percent of total billed charges					
CALPROTECTIN FECAL	83993	CPT	both			462	22.57	Qualcare	Qualcare		346.5	75			19.63	438.9	percent of total billed charges					
CALPROTECTIN FECAL	83993	CPT	both			462	22.57	Three Rivers	Three Rivers		438.9	95			19.63	438.9	percent of total billed charges					
CALPROTECTIN FECAL	83993	CPT	both			462	22.57	UHC	Medicare		19.63				19.63	438.9	fee schedule					
CALPROTECTIN FECAL	83993	CPT	both			462	22.57	UHC	Medicaid		145.76	31.55			19.63	438.9	percent of total billed charges					
CALPROTECTIN FECAL	83993	CPT	both			462	22.57	Wellcare	Medicaid		145.76	31.55			19.63	438.9	percent of total billed charges					
CALPROTECTIN FECAL	83993	CPT	both			462	22.57	Wellcare	Medicare		19.63				19.63	438.9	fee schedule					
CALPROTECTIN FECAL	83993	CPT	both			462	22.57	WellPoint	WellPoint		148.67	32.18			19.63	438.9	percent of total billed charges					
PHENYLALANINE IN PLASMA	84030	CPT	outpatient			409	6.33	Aetna	Commercial		155.42	38			5.5	388.55	percent of total billed charges					
PHENYLALANINE IN PLASMA	84030	CPT	outpatient			409	6.33	Aetna	Better Health		129.04	31.55			5.5	388.55	percent of total billed charges					
PHENYLALANINE IN PLASMA	84030	CPT	outpatient			409	6.33	Aetna	Medicare		5.5				5.5	388.55	fee schedule					
PHENYLALANINE IN PLASMA	84030	CPT	outpatient			409	6.33	Americare	Americare		306.75	75			5.5	388.55	percent of total billed charges					
PHENYLALANINE IN PLASMA	84030	CPT	outpatient			409	6.33	Amerihealth	Medicare		5.5				5.5	388.55	fee schedule					
PHENYLALANINE IN PLASMA	84030	CPT	outpatient			409	6.33	Amerihealth	HMO/PPO		265.85	65			5.5	388.55	percent of total billed charges					
PHENYLALANINE IN PLASMA	84030	CPT	outpatient			409	6.33	Consumer	Consumer		388.55	95			5.5	388.55	percent of total billed charges					
PHENYLALANINE IN PLASMA	84030	CPT	outpatient			409	6.33	Corrections	Corrections		327.2	80			5.5	388.55	percent of total billed charges					
PHENYLALANINE IN PLASMA	84030	CPT	outpatient			409	6.33	First Health	First Health		286.3	70			5.5	388.55	percent of total billed charges					
PHENYLALANINE IN PLASMA	84030	CPT	outpatient			409	6.33	First Trenton	First Trenton		368.1	90			5.5	388.55	percent of total billed charges					
PHENYLALANINE IN PLASMA	84030	CPT	outpatient			409	6.33	Horizon	PPO		156.57	38.28			5.5	388.55	percent of total billed charges					
PHENYLALANINE IN PLASMA	84030	CPT	outpatient			409	6.33	Horizon	MGD		156.57	38.28			5.5	388.55	percent of total billed charges					
PHENYLALANINE IN PLASMA	84030	CPT	outpatient			409	6.33	Horizon	Medicare Blue		122.7	30			5.5	388.55	percent of total billed charges					
PHENYLALANINE IN PLASMA	84030	CPT	outpatient			409	6.33	Horizon	Indemnity		156.57	38.28			5.5	388.55	percent of total billed charges					
PHENYLALANINE IN PLASMA	84030	CPT	outpatient			409	6.33	Horizon	NJ Health		11.76				5.5	388.55	fee schedule					
PHENYLALANINE IN PLASMA	84030	CPT	outpatient			409	6.33	Managed Care Inc	Managed Care Inc		368.1	90			5.5	388.55	percent of total billed charges					
PHENYLALANINE IN PLASMA	84030	CPT	outpatient			409	6.33	Multiplan	Multiplan		327.2	80			5.5	388.55	percent of total billed charges					
PHENYLALANINE IN PLASMA	84030	CPT	outpatient			409	6.33	Qualcare	Qualcare		306.75	75			5.5	388.55	percent of total billed charges					
PHENYLALANINE IN PLASMA	84030	CPT	outpatient			409	6.33	Three Rivers	Three Rivers		388.55	95			5.5	388.55	percent of total billed charges					
PHENYLALANINE IN PLASMA	84030	CPT	outpatient			409	6.33	UHC	Medicaid		129.04	31.55			5.5	388.55	percent of total billed charges					
PHENYLALANINE IN PLASMA	84030	CPT	outpatient			409	6.33	UHC	Medicare		5.5				5.5	388.55	fee schedule					
PHENYLALANINE IN PLASMA	84030	CPT	outpatient			409	6.33	Wellcare	Medicare		5.5				5.5	388.55	fee schedule					
PHENYLALANINE IN PLASMA	84030	CPT	outpatient			409	6.33	Wellcare	Medicaid		129.04	31.55			5.5	388.55	percent of total billed charges					
PHENYLALANINE IN PLASMA	84030	CPT	outpatient			409	6.33	WellPoint	WellPoint		131.62	32.18			5.5	388.55	percent of total billed charges					
TYROSINE, PLASMA	84035	CPT	outpatient			409	4.58	Aetna	Commercial		155.42	38			3.98	388.55	percent of total billed charges					
TYROSINE, PLASMA	84035	CPT	outpatient			409	4.58	Aetna	Better Health		129.04	31.55			3.98	388.55	percent of total billed charges					
TYROSINE, PLASMA	84035	CPT	outpatient			409	4.58	Aetna	Medicare		3.98				3.98	388.55	fee schedule					
TYROSINE, PLASMA	84035	CPT	outpatient			409	4.58	Americare	Americare		306.75	75			3.98	388.55	percent of total billed charges					
TYROSINE, PLASMA	84035	CPT	outpatient			409	4.58	Amerihealth	Medicare		3.98				3.98	388.55	fee schedule					
TYROSINE, PLASMA	84035	CPT	outpatient			409	4.58	Amerihealth	HMO/PPO		265.85	65			3.98	388.55	percent of total billed charges					
TYROSINE, PLASMA	84035	CPT	outpatient			409	4.58	Consumer	Consumer		388.55	95			3.98	388.55	percent of total billed charges					
TYROSINE, PLASMA	84035	CPT	outpatient			409	4.58	Corrections	Corrections		327.2	80			3.98	388.55	percent of total billed charges					
TYROSINE, PLASMA	84035	CPT	outpatient			409	4.58	First Health	First Health		286.3	70			3.98	388.55	percent of total billed charges					
TYROSINE, PLASMA	84035	CPT	outpatient			409	4.58	First Trenton	First Trenton		368.1	90			3.98	388.55	percent of total billed charges					
TYROSINE, PLASMA	84035	CPT	outpatient			409	4.58	Horizon	Medicare Blue		122.7	30			3.98	388.55	percent of total billed charges					
TYROSINE, PLASMA	84035	CPT	outpatient			409	4.58	Horizon	Indemnity		156.57	38.28			3.98	388.55	percent of total billed charges					
TYROSINE, PLASMA	84035	CPT	outpatient			409	4.58	Horizon	MGD		156.57	38.28			3.98	388.55	percent of total billed charges					
TYROSINE, PLASMA	84035	CPT	outpatient			409	4.58	Horizon	NJ Health		10.58				3.98	388.55	fee schedule					
TYROSINE, PLASMA	84035	CPT	outpatient			409	4.58	Horizon	PPO		156.57	38.28			3.98	388.55	percent of total billed charges					
TYROSINE, PLASMA	84035	CPT	outpatient			409	4.58	Managed Care Inc	Managed Care Inc		368.1	90			3.98	388.55	percent of total billed charges					
TYROSINE, PLASMA	84035	CPT	outpatient			409	4.58	Multiplan	Multiplan		327.2	80			3.98	388.55	percent of total billed charges					
TYROSINE, PLASMA	84035	CPT	outpatient			409	4.58	Qualcare	Qualcare		306.75	75			3.98	388.55	percent of total billed charges					
TYROSINE, PLASMA	84035	CPT	outpatient			409	4.58	Three Rivers	Three Rivers		388.55	95			3.98	388.55	percent of total billed charges					
TYROSINE, PLASMA	84035	CPT	outpatient			409	4.58	UHC	Medicaid		129.04	31.55			3.98	388.55	percent of total billed charges					
TYROSINE, PLASMA	84035	CPT	outpatient			409	4.58	UHC	Medicare		3.98				3.98	388.55	fee schedule					
TYROSINE, PLASMA	84035	CPT	outpatient			409	4.58	Wellcare	Medicaid		129.04	31.55			3.98	388.55	percent of total billed charges					
TYROSINE, PLASMA	84035	CPT	outpatient			409	4.58	Wellcare	Medicare		3.98				3.98	388.55	fee schedule					
TYROSINE, PLASMA	84035	CPT	outpatient			409	4.58	WellPoint	WellPoint		131.62	32.18			3.98	388.55	percent of total billed charges					
ACID PHOSPHATASE, TOTAL SERUM	84060	CPT	outpatient			223	8.79	Aetna	Better Health		70.36	31.55			7.06	211.85	percent of total billed charges					
ACID PHOSPHATASE, TOTAL SERUM	84060	CPT	outpatient			223	8.79	Aetna	Medicare		7.64				7.06	211.85	fee schedule					
ACID PHOSPHATASE, TOTAL SERUM	84060	CPT	outpatient			223	8.79	Aetna	Commercial		84.74	38			7.06	211.85	percent of total billed charges					
ACID PHOSPHATASE, TOTAL SERUM	84060	CPT	outpatient			223	8.79	Americare	Americare		167.25	75			7.06	211.85	percent of total billed charges					
ACID PHOSPHATASE, TOTAL SERUM	84060	CPT	outpatient			223	8.79	Amerihealth	Medicare		7.64				7.06	211.85	fee schedule					
ACID PHOSPHATASE, TOTAL SERUM	84060	CPT	outpatient			223	8.79	Amerihealth	HMO/PPO		144.95	65			7.06	211.85	percent of total billed charges					
ACID PHOSPHATASE, TOTAL SERUM	84060	CPT	outpatient			223	8.79	Consumer	Consumer		211.85	95			7.06	211.85	percent of total billed charges					
ACID PHOSPHATASE, TOTAL SERUM	84060	CPT	outpatient			223	8.79	Corrections	Corrections		178.4	80			7.06	211.85	percent of total billed charges					
ACID PHOSPHATASE, TOTAL SERUM	84060	CPT	outpatient			223	8.79	First Health	First Health		156.1	70			7.06	211.85	percent of total billed charges					
ACID PHOSPHATASE, TOTAL SERUM	84060	CPT	outpatient			223	8.79	First Trenton	First Trenton		200.7	90			7.06	211.85	percent of total billed charges					
ACID PHOSPHATASE, TOTAL SERUM	84060	CPT	outpatient			223	8.79	Horizon	MGD		85.36	38.28			7.06	211.85	percent of total billed charges					
ACID PHOSPHATASE, TOTAL SERUM	84060	CPT	outpatient			223	8.79	Horizon	Medicare Blue		66.9	30			7.06	211.85	percent of total billed charges					
ACID PHOSPHATASE, TOTAL SERUM	84060	CPT	outpatient			223	8.79	Horizon	Indemnity		85.36	38.28			7.06	211.85	percent of total billed charges					
ACID PHOSPHATASE, TOTAL SERUM	84060	CPT	outpatient			223	8.79	Horizon	NJ Health		7.06				7.06	211.85	fee schedule					
ACID PHOSPHATASE, TOTAL SERUM	84060	CPT	outpatient			223	8.79	Horizon	PPO		85.36	38.28			7.06	211.85	percent of total billed charges					
ACID PHOSPHATASE, TOTAL SERUM	84060	CPT	outpatient			223	8.79	Managed Care Inc	Managed Care Inc		200.7	90			7.06	211.85	percent of total billed charges					
ACID PHOSPHATASE, TOTAL SERUM	84060	CPT	outpatient			223	8.79	Multiplan	Multiplan		178.4	80			7.06	211.85	percent of total billed charges					
ACID PHOSPHATASE, TOTAL SERUM	84060	CPT	outpatient			223	8.79	Qualcare	Qualcare		167.25	75			7.06	211.85	percent of total billed charges					
ACID PHOSPHATASE, TOTAL SERUM	84060	CPT	outpatient			223	8.79	Three Rivers	Three Rivers		211.85	95			7.06	211.85	percent of total billed charges					
ACID PHOSPHATASE, TOTAL SERUM	84060	CPT	outpatient			223	8.79	UHC	Medicaid		70.36	31.55			7.06	211.85	percent of total billed charges					
ACID PHOSPHATASE, TOTAL SERUM	84060	CPT	outpatient			223	8.79	UHC	Medicare		7.64				7.06	211.85	fee schedule					
ACID PHOSPHATASE, TOTAL SERUM	84060	CPT	outpatient			223	8.79	Wellcare	Medicare		7.64				7.06	211.85	fee schedule					
ACID PHOSPHATASE, TOTAL SERUM	84060	CPT	outpatient			223	8.79	Wellcare	Medicaid		70.36	31.55			7.06	211.85	percent of total billed charges					
ACID PHOSPHATASE, TOTAL SERUM	84060	CPT	outpatient			223	8.79	WellPoint	WellPoint		71.76	32.18			7.06	211.85	percent of total billed charges					
PROSTATIC ACID PHOS SERUM	84066	CPT	outpatient			23	11.11	Aetna	Better Health		7.26	31.55			6.9	27.44	percent of total billed charges					
PROSTATIC ACID PHOS SERUM	84066	CPT	outpatient			23	11.11	Aetna	Medicare		9.66				6.9	27.44	fee schedule					
PROSTATIC ACID PHOS SERUM	84066	CPT	outpatient			23	11.11	Aetna	Commercial		8.74	38			6.9	27.44	percent of total billed charges					
PROSTATIC ACID PHOS SERUM	84066	CPT	outpatient			23	11.11	Americare	Americare		17.25	75			6.9	27.44	percent of total billed charges					
PROSTATIC ACID PHOS SERUM	84066	CPT	outpatient			23	11.11	Amerihealth	HMO/PPO		14.95	65			6.9	27.44	percent of total billed charges					
PROSTATIC ACID PHOS SERUM	84066	CPT	outpatient			23	11.11	Amerihealth	Medicare		9.66				6.9	27.44	fee schedule					
PROSTATIC ACID PHOS SERUM	84066	CPT	outpatient			23	11.11	Consumer	Consumer		21.85	95			6.9	27.44	percent of total billed charges					
PROSTATIC ACID PHOS SERUM	84066	CPT	outpatient			23	11.11	Corrections	Corrections		18.4	80			6.9	27.44	percent of total billed charges					
PROSTATIC ACID PHOS SERUM	84066	CPT	outpatient			23	11.11	First Health	First Health		16.1	70			6.9	27.44	percent of total billed charges					
PROSTATIC ACID PHOS SERUM	84066	CPT	outpatient			23	11.11	First Trenton	First Trenton		20.7	90			6.9	27.44	percent of total billed charges					
PROSTATIC ACID PHOS SERUM	84066	CPT	outpatient			23	11.11	Horizon	Medicare Blue		6.9	30			6.9	27.44	percent of total billed charges					
PROSTATIC ACID PHOS SERUM	84066	CPT	outpatient			23	11.11	Horizon	Indemnity		8.8	38.28			6.9	27.44	percent of total billed charges					
PROSTATIC ACID PHOS SERUM	84066	CPT	outpatient			23	11.11	Horizon	MGD		8.8	38.28			6.9	27.44	percent of total billed charges					
PROSTATIC ACID PHOS SERUM	84066	CPT	outpatient			23	11.11	Horizon	PPO		8.8	38.28			6.9	27.44	percent of total billed charges					
PROSTATIC ACID PHOS SERUM	84066	CPT	outpatient			23	11.11	Horizon	NJ Health		27.44				6.9	27.44	fee schedule					
PROSTATIC ACID PHOS SERUM	84066	CPT	outpatient			23	11.11	Managed Care Inc	Managed Care Inc		20.7	90			6.9	27.44	percent of total billed charges					
PROSTATIC ACID PHOS SERUM	84066	CPT	outpatient			23	11.11	Multiplan	Multiplan		18.4	80			6.9	27.44	percent of total billed charges					
PROSTATIC ACID PHOS SERUM	84066	CPT	outpatient			23	11.11	Qualcare	Qualcare		17.25	75			6.9	27.44	percent of total billed charges					
PROSTATIC ACID PHOS SERUM	84066	CPT	outpatient			23	11.11	Three Rivers	Three Rivers		21.85	95			6.9	27.44	percent of total billed charges					
PROSTATIC ACID PHOS SERUM	84066	CPT	outpatient			23	11.11	UHC	Medicare		9.66				6.9	27.44	fee schedule					
PROSTATIC ACID PHOS SERUM	84066	CPT	outpatient			23	11.11	UHC	Medicaid		7.26	31.55			6.9	27.44	percent of total billed charges					
PROSTATIC ACID PHOS SERUM	84066	CPT	outpatient			23	11.11	Wellcare	Medicaid		7.26	31.55			6.9	27.44	percent of total billed charges					
PROSTATIC ACID PHOS SERUM	84066	CPT	outpatient			23	11.11	Wellcare	Medicare		9.66				6.9	27.44	fee schedule					
PROSTATIC ACID PHOS SERUM	84066	CPT	outpatient			23	11.11	WellPoint	WellPoint		7.4	32.18			6.9	27.44	percent of total billed charges					
PHOSPHATASE, ALKALINE	84075	CPT	both			107	5.96	Aetna	Medicare		5.18				4.2	101.65	fee schedule					
PHOSPHATASE, ALKALINE	84075	CPT	both			107	5.96	Aetna	Better Health		33.76	31.55			4.2	101.65	percent of total billed charges					
PHOSPHATASE, ALKALINE	84075	CPT	both			107	5.96	Aetna	Commercial		40.66	38			4.2	101.65	percent of total billed charges					
PHOSPHATASE, ALKALINE	84075	CPT	both			107	5.96	Americare	Americare		80.25	75			4.2	101.65	percent of total billed charges					
PHOSPHATASE, ALKALINE	84075	CPT	both			107	5.96	Amerihealth	HMO/PPO		69.55	65			4.2	101.65	percent of total billed charges					
PHOSPHATASE, ALKALINE	84075	CPT	both			107	5.96	Amerihealth	Medicare		5.18				4.2	101.65	fee schedule					
PHOSPHATASE, ALKALINE	84075	CPT	both			107	5.96	Consumer	Consumer		101.65	95			4.2	101.65	percent of total billed charges					
PHOSPHATASE, ALKALINE	84075	CPT	both			107	5.96	Corrections	Corrections		85.6	80			4.2	101.65	percent of total billed charges					
PHOSPHATASE, ALKALINE	84075	CPT	both			107	5.96	First Health	First Health		74.9	70			4.2	101.65	percent of total billed charges					
PHOSPHATASE, ALKALINE	84075	CPT	both			107	5.96	First Trenton	First Trenton		96.3	90			4.2	101.65	percent of total billed charges					
PHOSPHATASE, ALKALINE	84075	CPT	both			107	5.96	Horizon	NJ Health		7.06				4.2	101.65	fee schedule					
PHOSPHATASE, ALKALINE	84075	CPT	both			107	5.96	Horizon	Indemnity		40.96	38.28			4.2	101.65	percent of total billed charges					
PHOSPHATASE, ALKALINE	84075	CPT	both			107	5.96	Horizon	MGD		40.96	38.28			4.2	101.65	percent of total billed charges					
PHOSPHATASE, ALKALINE	84075	CPT	both			107	5.96	Horizon	PPO		40.96	38.28			4.2	101.65	percent of total billed charges					
PHOSPHATASE, ALKALINE	84075	CPT	both			107	5.96	Horizon	Medicare Blue		32.1	30			4.2	101.65	percent of total billed charges					
PHOSPHATASE, ALKALINE	84075	CPT	both			107	5.96	Managed Care Inc	Managed Care Inc		96.3	90			4.2	101.65	percent of total billed charges					
PHOSPHATASE, ALKALINE	84075	CPT	both			107	5.96	Multiplan	Multiplan		85.6	80			4.2	101.65	percent of total billed charges					
PHOSPHATASE, ALKALINE	84075	CPT	both			107	5.96	Qualcare	Qualcare		80.25	75			4.2	101.65	percent of total billed charges					
PHOSPHATASE, ALKALINE	84075	CPT	both			107	5.96	Three Rivers	Three Rivers		101.65	95			4.2	101.65	percent of total billed charges					
PHOSPHATASE, ALKALINE	84075	CPT	both			107	5.96	UHC	Medicare		5.18				4.2	101.65	fee schedule					
PHOSPHATASE, ALKALINE	84075	CPT	both			107	5.96	UHC	Medicaid		33.76	31.55			4.2	101.65	percent of total billed charges					
PHOSPHATASE, ALKALINE	84075	CPT	both			107	5.96	Wellcare	Medicaid		33.76	31.55			4.2	101.65	percent of total billed charges					
PHOSPHATASE, ALKALINE	84075	CPT	both			107	5.96	Wellcare	Medicare		5.18				4.2	101.65	fee schedule					
PHOSPHATASE, ALKALINE	84075	CPT	both			107	5.96	WellPoint	WellPoint		34.43	32.18			4.2	101.65	percent of total billed charges					
ALK PHOSPHATASE ISOENZYME LAB	84078	CPT	outpatient			136	9.5	Aetna	Medicare		8.26				7.06	129.2	fee schedule					
ALK PHOSPHATASE ISOENZYME LAB	84078	CPT	outpatient			136	9.5	Aetna	Better Health		42.91	31.55			7.06	129.2	percent of total billed charges					
ALK PHOSPHATASE ISOENZYME LAB	84078	CPT	outpatient			136	9.5	Aetna	Commercial		51.68	38			7.06	129.2	percent of total billed charges					
ALK PHOSPHATASE ISOENZYME LAB	84078	CPT	outpatient			136	9.5	Americare	Americare		102	75			7.06	129.2	percent of total billed charges					
ALK PHOSPHATASE ISOENZYME LAB	84078	CPT	outpatient			136	9.5	Amerihealth	Medicare		8.26				7.06	129.2	fee schedule					
ALK PHOSPHATASE ISOENZYME LAB	84078	CPT	outpatient			136	9.5	Amerihealth	HMO/PPO		88.4	65			7.06	129.2	percent of total billed charges					
ALK PHOSPHATASE ISOENZYME LAB	84078	CPT	outpatient			136	9.5	Consumer	Consumer		129.2	95			7.06	129.2	percent of total billed charges					
ALK PHOSPHATASE ISOENZYME LAB	84078	CPT	outpatient			136	9.5	Corrections	Corrections		108.8	80			7.06	129.2	percent of total billed charges					
ALK PHOSPHATASE ISOENZYME LAB	84078	CPT	outpatient			136	9.5	First Health	First Health		95.2	70			7.06	129.2	percent of total billed charges					
ALK PHOSPHATASE ISOENZYME LAB	84078	CPT	outpatient			136	9.5	First Trenton	First Trenton		122.4	90			7.06	129.2	percent of total billed charges					
ALK PHOSPHATASE ISOENZYME LAB	84078	CPT	outpatient			136	9.5	Horizon	MGD		52.06	38.28			7.06	129.2	percent of total billed charges					
ALK PHOSPHATASE ISOENZYME LAB	84078	CPT	outpatient			136	9.5	Horizon	Indemnity		52.06	38.28			7.06	129.2	percent of total billed charges					
ALK PHOSPHATASE ISOENZYME LAB	84078	CPT	outpatient			136	9.5	Horizon	NJ Health		7.06				7.06	129.2	fee schedule					
ALK PHOSPHATASE ISOENZYME LAB	84078	CPT	outpatient			136	9.5	Horizon	Medicare Blue		40.8	30			7.06	129.2	percent of total billed charges					

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101191	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ALK PHOSPHATASE ISOENZYME LAB	84078	CPT	outpatient			136		9.5 Horizon	PPO		52.06	38.28			7.06	129.2	percent of total billed charges	
ALK PHOSPHATASE ISOENZYME LAB	84078	CPT	outpatient			136		9.5 Managed Care Inc	Managed Care Inc		122.4	90			7.06	129.2	percent of total billed charges	
ALK PHOSPHATASE ISOENZYME LAB	84078	CPT	outpatient			136		9.5 Multiplan	Multiplan		108.8	80			7.06	129.2	percent of total billed charges	
ALK PHOSPHATASE ISOENZYME LAB	84078	CPT	outpatient			136		9.5 Qualcare	Qualcare		102	75			7.06	129.2	percent of total billed charges	
ALK PHOSPHATASE ISOENZYME LAB	84078	CPT	outpatient			136		9.5 Three Rivers	Three Rivers		129.2	95			7.06	129.2	percent of total billed charges	
ALK PHOSPHATASE ISOENZYME LAB	84078	CPT	outpatient			136		9.5 UHC	Medicare		8.26				7.06	129.2	fee schedule	
ALK PHOSPHATASE ISOENZYME LAB	84078	CPT	outpatient			136		9.5 UHC	Medicaid		42.91	31.55			7.06	129.2	percent of total billed charges	
ALK PHOSPHATASE ISOENZYME LAB	84078	CPT	outpatient			136		9.5 Wellcare	Medicaid		42.91	31.55			7.06	129.2	percent of total billed charges	
ALK PHOSPHATASE ISOENZYME LAB	84078	CPT	outpatient			136		9.5 Wellcare	Medicare		8.26				7.06	129.2	fee schedule	
ALK PHOSPHATASE ISOENZYME LAB	84078	CPT	outpatient			136		9.5 WellPoint	WellPoint		43.76	32.18			7.06	129.2	percent of total billed charges	
PHOSPHATASE, ISOENZYMES	84080	CPT	both			107		17 Aetna	Medicare		14.78				7.06	101.65	fee schedule	
PHOSPHATASE, ISOENZYMES	84080	CPT	both			107		17 Aetna	Better Health		33.76	31.55			7.06	101.65	percent of total billed charges	
PHOSPHATASE, ISOENZYMES	84080	CPT	both			107		17 Aetna	Commercial		40.66	38			7.06	101.65	percent of total billed charges	
PHOSPHATASE, ISOENZYMES	84080	CPT	both			107		17 Americare	Americare		80.25	75			7.06	101.65	percent of total billed charges	
PHOSPHATASE, ISOENZYMES	84080	CPT	both			107		17 Amerihealth	HMO/PPO		69.55	65			7.06	101.65	percent of total billed charges	
PHOSPHATASE, ISOENZYMES	84080	CPT	both			107		17 Amerihealth	Medicare		14.78				7.06	101.65	fee schedule	
PHOSPHATASE, ISOENZYMES	84080	CPT	both			107		17 Consumer	Consumer		101.65	95			7.06	101.65	percent of total billed charges	
PHOSPHATASE, ISOENZYMES	84080	CPT	both			107		17 Corrections	Corrections		85.6	80			7.06	101.65	percent of total billed charges	
PHOSPHATASE, ISOENZYMES	84080	CPT	both			107		17 First Health	First Health		74.9	70			7.06	101.65	percent of total billed charges	
PHOSPHATASE, ISOENZYMES	84080	CPT	both			107		17 First Trenton	First Trenton		96.3	90			7.06	101.65	percent of total billed charges	
PHOSPHATASE, ISOENZYMES	84080	CPT	both			107		17 Horizon	MGD		40.96	38.28			7.06	101.65	percent of total billed charges	
PHOSPHATASE, ISOENZYMES	84080	CPT	both			107		17 Horizon	PPO		40.96	38.28			7.06	101.65	percent of total billed charges	
PHOSPHATASE, ISOENZYMES	84080	CPT	both			107		17 Horizon	Indemnity		40.96	38.28			7.06	101.65	percent of total billed charges	
PHOSPHATASE, ISOENZYMES	84080	CPT	both			107		17 Horizon	NJ Health		7.06				7.06	101.65	fee schedule	
PHOSPHATASE, ISOENZYMES	84080	CPT	both			107		17 Horizon	Medicare Blue		32.1	30			7.06	101.65	percent of total billed charges	
PHOSPHATASE, ISOENZYMES	84080	CPT	both			107		17 Managed Care Inc	Managed Care Inc		96.3	90			7.06	101.65	percent of total billed charges	
PHOSPHATASE, ISOENZYMES	84080	CPT	both			107		17 Multiplan	Multiplan		85.6	80			7.06	101.65	percent of total billed charges	
PHOSPHATASE, ISOENZYMES	84080	CPT	both			107		17 Qualcare	Qualcare		80.25	75			7.06	101.65	percent of total billed charges	
PHOSPHATASE, ISOENZYMES	84080	CPT	both			107		17 Three Rivers	Three Rivers		101.65	95			7.06	101.65	percent of total billed charges	
PHOSPHATASE, ISOENZYMES	84080	CPT	both			107		17 UHC	Medicaid		33.76	31.55			7.06	101.65	percent of total billed charges	
PHOSPHATASE, ISOENZYMES	84080	CPT	both			107		17 UHC	Medicare		14.78				7.06	101.65	fee schedule	
PHOSPHATASE, ISOENZYMES	84080	CPT	both			107		17 Wellcare	Medicare		14.78				7.06	101.65	fee schedule	
PHOSPHATASE, ISOENZYMES	84080	CPT	both			107		17 Wellcare	Medicaid		33.76	31.55			7.06	101.65	percent of total billed charges	
PHOSPHATASE, ISOENZYMES	84080	CPT	both			107		17 WellPoint	WellPoint		34.43	32.18			7.06	101.65	percent of total billed charges	
PHOSPHOHEXOSE ISOMERASE	84087	CPT	outpatient			121		12.34 Aetna	Better Health		38.18	31.55			10.73	114.95	percent of total billed charges	
PHOSPHOHEXOSE ISOMERASE	84087	CPT	outpatient			121		12.34 Aetna	Medicare		37.27	30.8			10.73	114.95	percent of total billed charges	
PHOSPHOHEXOSE ISOMERASE	84087	CPT	outpatient			121		12.34 Aetna	Commercial		45.98	38			10.73	114.95	percent of total billed charges	
PHOSPHOHEXOSE ISOMERASE	84087	CPT	outpatient			121		12.34 Americare	Americare		90.75	75			10.73	114.95	percent of total billed charges	
PHOSPHOHEXOSE ISOMERASE	84087	CPT	outpatient			121		12.34 Amerihealth	HMO/PPO		78.65	65			10.73	114.95	percent of total billed charges	
PHOSPHOHEXOSE ISOMERASE	84087	CPT	outpatient			121		12.34 Amerihealth	Medicare		10.73				10.73	114.95	fee schedule	
PHOSPHOHEXOSE ISOMERASE	84087	CPT	outpatient			121		12.34 Consumer	Consumer		114.95	95			10.73	114.95	percent of total billed charges	
PHOSPHOHEXOSE ISOMERASE	84087	CPT	outpatient			121		12.34 Corrections	Corrections		96.8	80			10.73	114.95	percent of total billed charges	
PHOSPHOHEXOSE ISOMERASE	84087	CPT	outpatient			121		12.34 First Health	First Health		84.7	70			10.73	114.95	percent of total billed charges	
PHOSPHOHEXOSE ISOMERASE	84087	CPT	outpatient			121		12.34 First Trenton	First Trenton		108.9	90			10.73	114.95	percent of total billed charges	
PHOSPHOHEXOSE ISOMERASE	84087	CPT	outpatient			121		12.34 Horizon	MGD		46.32	38.28			10.73	114.95	percent of total billed charges	
PHOSPHOHEXOSE ISOMERASE	84087	CPT	outpatient			121		12.34 Horizon	NJ Health		32.34				10.73	114.95	fee schedule	
PHOSPHOHEXOSE ISOMERASE	84087	CPT	outpatient			121		12.34 Horizon	Medicare Blue		36.3	30			10.73	114.95	percent of total billed charges	
PHOSPHOHEXOSE ISOMERASE	84087	CPT	outpatient			121		12.34 Horizon	Indemnity		46.32	38.28			10.73	114.95	percent of total billed charges	
PHOSPHOHEXOSE ISOMERASE	84087	CPT	outpatient			121		12.34 Horizon	PPO		46.32	38.28			10.73	114.95	percent of total billed charges	
PHOSPHOHEXOSE ISOMERASE	84087	CPT	outpatient			121		12.34 Managed Care Inc	Managed Care Inc		108.9	90			10.73	114.95	percent of total billed charges	
PHOSPHOHEXOSE ISOMERASE	84087	CPT	outpatient			121		12.34 Multiplan	Multiplan		96.8	80			10.73	114.95	percent of total billed charges	
PHOSPHOHEXOSE ISOMERASE	84087	CPT	outpatient			121		12.34 Qualcare	Qualcare		90.75	75			10.73	114.95	percent of total billed charges	
PHOSPHOHEXOSE ISOMERASE	84087	CPT	outpatient			121		12.34 Three Rivers	Three Rivers		114.95	95			10.73	114.95	percent of total billed charges	
PHOSPHOHEXOSE ISOMERASE	84087	CPT	outpatient			121		12.34 UHC	Medicare		10.73				10.73	114.95	fee schedule	
PHOSPHOHEXOSE ISOMERASE	84087	CPT	outpatient			121		12.34 UHC	Medicaid		38.18	31.55			10.73	114.95	percent of total billed charges	
PHOSPHOHEXOSE ISOMERASE	84087	CPT	outpatient			121		12.34 Wellcare	Medicare		10.73				10.73	114.95	fee schedule	
PHOSPHOHEXOSE ISOMERASE	84087	CPT	outpatient			121		12.34 Wellcare	Medicaid		38.18	31.55			10.73	114.95	percent of total billed charges	
PHOSPHOHEXOSE ISOMERASE	84087	CPT	outpatient			121		12.34 WellPoint	WellPoint		38.94	32.18			10.73	114.95	percent of total billed charges	
PHOSPHORUS,SERUM	84100	CPT	both			85		5.45 Aetna	Better Health		26.82	31.55			4.74	80.75	percent of total billed charges	
PHOSPHORUS,SERUM	84100	CPT	both			85		5.45 Aetna	Medicare		4.74				4.74	80.75	fee schedule	
PHOSPHORUS,SERUM	84100	CPT	both			85		5.45 Aetna	Commercial		32.3	38			4.74	80.75	percent of total billed charges	
PHOSPHORUS,SERUM	84100	CPT	both			85		5.45 Americare	Americare		63.75	75			4.74	80.75	percent of total billed charges	
PHOSPHORUS,SERUM	84100	CPT	both			85		5.45 Amerihealth	HMO/PPO		55.25	65			4.74	80.75	percent of total billed charges	
PHOSPHORUS,SERUM	84100	CPT	both			85		5.45 Amerihealth	Medicare		4.74				4.74	80.75	fee schedule	
PHOSPHORUS,SERUM	84100	CPT	both			85		5.45 Consumer	Consumer		80.75	95			4.74	80.75	percent of total billed charges	
PHOSPHORUS,SERUM	84100	CPT	both			85		5.45 Corrections	Corrections		68	80			4.74	80.75	percent of total billed charges	
PHOSPHORUS,SERUM	84100	CPT	both			85		5.45 First Health	First Health		59.5	70			4.74	80.75	percent of total billed charges	
PHOSPHORUS,SERUM	84100	CPT	both			85		5.45 First Trenton	First Trenton		76.5	90			4.74	80.75	percent of total billed charges	
PHOSPHORUS,SERUM	84100	CPT	both			85		5.45 Horizon	Medicare Blue		25.5	30			4.74	80.75	percent of total billed charges	
PHOSPHORUS,SERUM	84100	CPT	both			85		5.45 Horizon	Indemnity		32.54	38.28			4.74	80.75	percent of total billed charges	
PHOSPHORUS,SERUM	84100	CPT	both			85		5.45 Horizon	MGD		32.54	38.28			4.74	80.75	percent of total billed charges	
PHOSPHORUS,SERUM	84100	CPT	both			85		5.45 Horizon	NJ Health		5.88				4.74	80.75	fee schedule	
PHOSPHORUS,SERUM	84100	CPT	both			85		5.45 Horizon	PPO		32.54	38.28			4.74	80.75	percent of total billed charges	
PHOSPHORUS,SERUM	84100	CPT	both			85		5.45 Managed Care Inc	Managed Care Inc		76.5	90			4.74	80.75	percent of total billed charges	
PHOSPHORUS,SERUM	84100	CPT	both			85		5.45 Multiplan	Multiplan		68	80			4.74	80.75	percent of total billed charges	
PHOSPHORUS,SERUM	84100	CPT	both			85		5.45 Qualcare	Qualcare		63.75	75			4.74	80.75	percent of total billed charges	
PHOSPHORUS,SERUM	84100	CPT	both			85		5.45 Three Rivers	Three Rivers		80.75	95			4.74	80.75	percent of total billed charges	
PHOSPHORUS,SERUM	84100	CPT	both			85		5.45 UHC	Medicare		4.74				4.74	80.75	fee schedule	
PHOSPHORUS,SERUM	84100	CPT	both			85		5.45 UHC	Medicaid		26.82	31.55			4.74	80.75	percent of total billed charges	
PHOSPHORUS,SERUM	84100	CPT	both			85		5.45 Wellcare	Medicare		4.74				4.74	80.75	fee schedule	
PHOSPHORUS,SERUM	84100	CPT	both			85		5.45 Wellcare	Medicaid		26.82	31.55			4.74	80.75	percent of total billed charges	
PHOSPHORUS,SERUM	84100	CPT	both			85		5.45 WellPoint	WellPoint		27.35	32.18			4.74	80.75	percent of total billed charges	
PHOSPHORUS,RANDOM,U(RPHOC)	84105	CPT	both			202		6.65 Aetna	Medicare		5.78				5.78	191.9	fee schedule	
PHOSPHORUS,RANDOM,U(RPHOC)	84105	CPT	both			202		6.65 Aetna	Better Health		63.73	31.55			5.78	191.9	percent of total billed charges	
PHOSPHORUS,RANDOM,U(RPHOC)	84105	CPT	both			202		6.65 Aetna	Commercial		76.76	38			5.78	191.9	percent of total billed charges	
PHOSPHORUS,RANDOM,U(RPHOC)	84105	CPT	both			202		6.65 Americare	Americare		151.5	75			5.78	191.9	percent of total billed charges	
PHOSPHORUS,RANDOM,U(RPHOC)	84105	CPT	both			202		6.65 Amerihealth	HMO/PPO		131.3	65			5.78	191.9	percent of total billed charges	
PHOSPHORUS,RANDOM,U(RPHOC)	84105	CPT	both			202		6.65 Amerihealth	Medicare		5.78				5.78	191.9	fee schedule	
PHOSPHORUS,RANDOM,U(RPHOC)	84105	CPT	both			202		6.65 Consumer	Consumer		191.9	95			5.78	191.9	percent of total billed charges	
PHOSPHORUS,RANDOM,U(RPHOC)	84105	CPT	both			202		6.65 Corrections	Corrections		161.6	80			5.78	191.9	percent of total billed charges	
PHOSPHORUS,RANDOM,U(RPHOC)	84105	CPT	both			202		6.65 First Health	First Health		141.4	70			5.78	191.9	percent of total billed charges	
PHOSPHORUS,RANDOM,U(RPHOC)	84105	CPT	both			202		6.65 First Trenton	First Trenton		181.8	90			5.78	191.9	percent of total billed charges	
PHOSPHORUS,RANDOM,U(RPHOC)	84105	CPT	both			202		6.65 Horizon	Indemnity		77.33	38.28			5.78	191.9	percent of total billed charges	
PHOSPHORUS,RANDOM,U(RPHOC)	84105	CPT	both			202		6.65 Horizon	Medicare Blue		60.6	30			5.78	191.9	percent of total billed charges	
PHOSPHORUS,RANDOM,U(RPHOC)	84105	CPT	both			202		6.65 Horizon	MGD		77.33	38.28			5.78	191.9	percent of total billed charges	
PHOSPHORUS,RANDOM,U(RPHOC)	84105	CPT	both			202		6.65 Horizon	NJ Health		5.88				5.78	191.9	fee schedule	
PHOSPHORUS,RANDOM,U(RPHOC)	84105	CPT	both			202		6.65 Horizon	PPO		77.33	38.28			5.78	191.9	percent of total billed charges	
PHOSPHORUS,RANDOM,U(RPHOC)	84105	CPT	both			202		6.65 Managed Care Inc	Managed Care Inc		181.8	90			5.78	191.9	percent of total billed charges	
PHOSPHORUS,RANDOM,U(RPHOC)	84105	CPT	both			202		6.65 Multiplan	Multiplan		161.6	80			5.78	191.9	percent of total billed charges	
PHOSPHORUS,RANDOM,U(RPHOC)	84105	CPT	both			202		6.65 Qualcare	Qualcare		151.5	75			5.78	191.9	percent of total billed charges	
PHOSPHORUS,RANDOM,U(RPHOC)	84105	CPT	both			202		6.65 Three Rivers	Three Rivers		191.9	95			5.78	191.9	percent of total billed charges	
PHOSPHORUS,RANDOM,U(RPHOC)	84105	CPT	both			202		6.65 UHC	Medicaid		63.73	31.55			5.78	191.9	percent of total billed charges	
PHOSPHORUS,RANDOM,U(RPHOC)	84105	CPT	both			202		6.65 UHC	Medicare		5.78				5.78	191.9	fee schedule	
PHOSPHORUS,RANDOM,U(RPHOC)	84105	CPT	both			202		6.65 Wellcare	Medicaid		63.73	31.55			5.78	191.9	percent of total billed charges	
PHOSPHORUS,RANDOM,U(RPHOC)	84105	CPT	both			202		6.65 Wellcare	Medicare		5.78				5.78	191.9	fee schedule	
PHOSPHORUS,RANDOM,U(RPHOC)	84105	CPT	both			202		6.65 WellPoint	WellPoint		65	32.18			5.78	191.9	percent of total billed charges	
PORPHYOBILINOGEN QUALITATIVE	84110	CPT	both			54		9.71 Aetna	Better Health		17.04	31.55			6.3	51.3	percent of total billed charges	
PORPHYOBILINOGEN QUALITATIVE	84110	CPT	both			54		9.71 Aetna	Medicare		8.44				6.3	51.3	fee schedule	
PORPHYOBILINOGEN QUALITATIVE	84110	CPT	both			54		9.71 Aetna	Commercial		20.52	38			6.3	51.3	percent of total billed charges	
PORPHYOBILINOGEN QUALITATIVE	84110	CPT	both			54		9.71 Americare	Americare		40.5	75			6.3	51.3	percent of total billed charges	
PORPHYOBILINOGEN QUALITATIVE	84110	CPT	both			54		9.71 Amerihealth	Medicare		8.44				6.3	51.3	fee schedule	
PORPHYOBILINOGEN QUALITATIVE	84110	CPT	both			54		9.71 Amerihealth	HMO/PPO		35.1	65			6.3	51.3	percent of total billed charges	
PORPHYOBILINOGEN QUALITATIVE	84110	CPT	both			54		9.71 Consumer	Consumer		51.3	95			6.3	51.3	percent of total billed charges	
PORPHYOBILINOGEN QUALITATIVE	84110	CPT	both			54		9.71 Corrections	Corrections		43.2	80			6.3	51.3	percent of total billed charges	
PORPHYOBILINOGEN QUALITATIVE	84110	CPT	both			54		9.71 First Health	First Health		37.8	70			6.3	51.3	percent of total billed charges	
PORPHYOBILINOGEN QUALITATIVE	84110	CPT	both			54		9.71 First Trenton	First Trenton		48.6	90			6.3	51.3	percent of total billed charges	
PORPHYOBILINOGEN QUALITATIVE	84110	CPT	both			54		9.71 Horizon	Indemnity		20.67	38.28			6.3	51.3	percent of total billed charges	
PORPHYOBILINOGEN QUALITATIVE	84110	CPT	both			54		9.71 Horizon	Medicare Blue		16.2	30			6.3	51.3	percent of total billed charges	
PORPHYOBILINOGEN QUALITATIVE	84110	CPT	both			54		9.71 Horizon	NJ Health		16.17				6.3	51.3	fee schedule	
PORPHYOBILINOGEN QUALITATIVE	84110	CPT	both			54		9.71 Horizon	MGD		20.67	38.28			6.3	51.3	percent of total billed charges	
PORPHYOBILINOGEN QUALITATIVE	84110	CPT	both			54		9.71 Horizon	PPO		20.67	38.28			6.3	51.3	percent of total billed charges	
PORPHYOBILINOGEN QUALITATIVE	84110	CPT	both			54		9.71 Managed Care Inc	Managed Care Inc		48.6	90			6.3	51.3	percent of total billed charges	
PORPHYOBILINOGEN QUALITATIVE	84110	CPT	both			54		9.71 Multiplan	Multiplan		43.2	80			6.3	51.3	percent of total billed charges	
PORPHYOBILINOGEN QUALITATIVE	84110	CPT	both			54		9.71 Qualcare	Qualcare		40.5	75			6.3	51.3	percent of total billed charges	
PORPHYOBILINOGEN QUALITATIVE	84110	CPT	both			54		9.71 Three Rivers	Three Rivers		51.3	95			6.3	51.3	percent of total billed charges	
PORPHYOBILINOGEN QUALITATIVE	84110	CPT	both			54		9.71 UHC	Medicare		8.44				6.3	51.3	fee schedule	
PORPHYOBILINOGEN QUALITATIVE	84110	CPT	both			54		9.71 UHC	Medicaid		17.04	31.55			6.3	51.3	percent of total billed charges	
PORPHYOBILINOGEN QUALITATIVE	84110	CPT	both			54		9.71 Wellcare	Medicare		8.44				6.3	51.3	fee schedule	
PORPHYOBILINOGEN QUALITATIVE	84110	CPT	both			54		9.71 Wellcare	Medicaid		17.04	31.55			6.3	51.3	percent of total billed charges	
PORPHYOBILINOGEN QUALITATIVE	84110	CPT	both			54		9.71 WellPoint	WellPoint		17.38	32.18			6.3	51.3	percent of total billed charges	
URINE PROTOPORPHYRIN IX	84120	CPT	both			89		16.92 Aetna	Better Health		28.08	31.55			10.2	84.55	percent of total billed charges	
URINE PROTOPORPHYRIN IX	84120	CPT	both			89		16.92 Aetna	Commercial		33.82	38			10.2	84.55	percent of total billed charges	
URINE PROTOPORPHYRIN IX	84120	CPT	both			89		16.92 Aetna	Medicare		14.71				10.2	84.55	fee schedule	
URINE PROTOPORPHYRIN IX	84120	CPT	both			89		16.92 Americare	Americare		66.75	75			10.2	84.55	percent of total billed charges	
URINE PROTOPORPHYRIN IX	84120	CPT	both			89		16.92 Amerihealth	HMO/PPO		57.85	65			10.2	84.55	percent of total billed charges	
URINE PROTOPORPHYRIN IX	84120	CPT	both			89		16.92 Amerihealth	Medicare		14.71				10.2	84.55	fee schedule	
URINE PROTOPORPHYRIN IX	84120	CPT	both			89		16.92 Consumer	Consumer		84.55	95			10.2	84.55	percent of total billed charges	
URINE PROTOPORPHYRIN IX	84120	CPT	both			89		16.92 Corrections	Corrections		71.2	80			10.2	84.55	percent of total billed charges	
URINE PROTOPORPHYRIN IX	84120	CPT	both			89		16.92 First Health	First Health		62.3	70			10.2	84.55	percent of total billed charges	
URINE PROTOPORPHYRIN IX	84120	CPT	both			89		16.92 First Trenton	First Trenton		80.1	90			10.2	84.55	percent of total billed charges	
URINE PROTOPORPHYRIN IX	84120	CPT	both			89		16.92 Horizon	MGD		34.07	38.28			10.2	84.55	percent of total billed charges	
URINE PROTOPORPHYRIN IX	84120	CPT	both			89		16.92 Horizon	Indemnity		34.07	38.28			10.2	84.55	percent of total billed charges	
URINE PROTOPORPHYRIN IX	84120	CPT	both			89		16.92 Horizon	NJ Health		14.7				10.2	84.55	fee schedule	
URINE PROTOPORPHYRIN IX	84120	CPT	both			89		16.92 Horizon	Medicare Blue		26.7	30			10.2	84.55	percent of total billed charges	
URINE PROTOPORPHYRIN IX	84120	CPT	both			89		16.92 Horizon	PPO		34.07	38.28			10.2	84.55	percent of total billed charges	
URINE PROTOPORPHYRIN IX	84120	CPT	both			89		16.92 Managed Care Inc	Managed Care Inc		80.1	90			10.2	84.55	percent of total billed charges	
URINE PROTOPORPHYRIN IX	84120	CPT	both			89		16.92 Multiplan	Multiplan		71.2	80			10.2	84.55	percent of total billed charges	
URINE PROTOPORPHYRIN IX	84120	CPT	both			89		16.92 Qualcare	Qualcare		66.75	75			10.2	84.55	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101191	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
URINE PROTOPORPHYRIN IX	84120	CPT	both			89		16.92 Three Rivers	Three Rivers		84.55				10.2	84.55	percent of total billed charges	
URINE PROTOPORPHYRIN IX	84120	CPT	both			89		16.92 UHC	Medicaid		28.08	31.55			10.2	84.55	percent of total billed charges	
URINE PROTOPORPHYRIN IX	84120	CPT	both			89		16.92 UHC	Medicare		14.71				10.2	84.55	fee schedule	
URINE PROTOPORPHYRIN IX	84120	CPT	both			89		16.92 Wellcare	Medicaid		28.08	31.55			10.2	84.55	percent of total billed charges	
URINE PROTOPORPHYRIN IX	84120	CPT	both			89		16.92 Wellcare	Medicare		14.71				10.2	84.55	fee schedule	
URINE PROTOPORPHYRIN IX	84120	CPT	both			89		16.92 WellPoint	WellPoint		28.64	32.18			10.2	84.55	percent of total billed charges	
WHOLE BLOOD POTASSIUM	84132	CPT	both			70		5.47 Aetna	Medicare		4.76				3.9	66.5	fee schedule	
WHOLE BLOOD POTASSIUM	84132	CPT	both			70		5.47 Aetna	Better Health		22.09	31.55			3.9	66.5	percent of total billed charges	
WHOLE BLOOD POTASSIUM	84132	CPT	both			70		5.47 Aetna	Commercial		26.6	38			3.9	66.5	percent of total billed charges	
WHOLE BLOOD POTASSIUM	84132	CPT	both			70		5.47 Americare	Americare		52.5	75			3.9	66.5	percent of total billed charges	
WHOLE BLOOD POTASSIUM	84132	CPT	both			70		5.47 Amerihealth	Medicare		4.76				3.9	66.5	fee schedule	
WHOLE BLOOD POTASSIUM	84132	CPT	both			70		5.47 Amerihealth	HMO/PPO		45.5	65			3.9	66.5	percent of total billed charges	
WHOLE BLOOD POTASSIUM	84132	CPT	both			70		5.47 Consumer	Consumer		66.5	95			3.9	66.5	percent of total billed charges	
WHOLE BLOOD POTASSIUM	84132	CPT	both			70		5.47 Corrections	Corrections		56	80			3.9	66.5	percent of total billed charges	
WHOLE BLOOD POTASSIUM	84132	CPT	both			70		5.47 First Health	First Health		49	70			3.9	66.5	percent of total billed charges	
WHOLE BLOOD POTASSIUM	84132	CPT	both			70		5.47 First Trenton	First Trenton		63	90			3.9	66.5	percent of total billed charges	
WHOLE BLOOD POTASSIUM	84132	CPT	both			70		5.47 Horizon	Indemnity		26.8	38.28			3.9	66.5	percent of total billed charges	
WHOLE BLOOD POTASSIUM	84132	CPT	both			70		5.47 Horizon	Medicare Blue		21	30			3.9	66.5	percent of total billed charges	
WHOLE BLOOD POTASSIUM	84132	CPT	both			70		5.47 Horizon	NJ Health		7.64				3.9	66.5	fee schedule	
WHOLE BLOOD POTASSIUM	84132	CPT	both			70		5.47 Horizon	MGD		26.8	38.28			3.9	66.5	percent of total billed charges	
WHOLE BLOOD POTASSIUM	84132	CPT	both			70		5.47 Horizon	PPO		26.8	38.28			3.9	66.5	percent of total billed charges	
WHOLE BLOOD POTASSIUM	84132	CPT	both			70		5.47 Managed Care Inc	Managed Care Inc		63	90			3.9	66.5	percent of total billed charges	
WHOLE BLOOD POTASSIUM	84132	CPT	both			70		5.47 Multiplan	Multiplan		56	80			3.9	66.5	percent of total billed charges	
WHOLE BLOOD POTASSIUM	84132	CPT	both			70		5.47 Qualcare	Qualcare		52.5	75			3.9	66.5	percent of total billed charges	
WHOLE BLOOD POTASSIUM	84132	CPT	both			70		5.47 Three Rivers	Three Rivers		66.5	95			3.9	66.5	percent of total billed charges	
WHOLE BLOOD POTASSIUM	84132	CPT	both			70		5.47 UHC	Medicaid		22.09	31.55			3.9	66.5	percent of total billed charges	
WHOLE BLOOD POTASSIUM	84132	CPT	both			70		5.47 UHC	Medicare		4.76				3.9	66.5	fee schedule	
WHOLE BLOOD POTASSIUM	84132	CPT	both			70		5.47 Wellcare	Medicare		4.76				3.9	66.5	fee schedule	
WHOLE BLOOD POTASSIUM	84132	CPT	both			70		5.47 Wellcare	Medicaid		22.09	31.55			3.9	66.5	percent of total billed charges	
WHOLE BLOOD POTASSIUM	84132	CPT	both			70		5.47 WellPoint	WellPoint		22.53	32.18			3.9	66.5	percent of total billed charges	
POTASSIUM,URINE,RANDOM	84133	CPT	both			88		5.44 Aetna	Medicare		4.73				4.73	83.6	fee schedule	
POTASSIUM,URINE,RANDOM	84133	CPT	both			88		5.44 Aetna	Better Health		27.76	31.55			4.73	83.6	percent of total billed charges	
POTASSIUM,URINE,RANDOM	84133	CPT	both			88		5.44 Aetna	Commercial		33.44	38			4.73	83.6	percent of total billed charges	
POTASSIUM,URINE,RANDOM	84133	CPT	both			88		5.44 Americare	Americare		66	75			4.73	83.6	percent of total billed charges	
POTASSIUM,URINE,RANDOM	84133	CPT	both			88		5.44 Amerihealth	HMO/PPO		57.2	65			4.73	83.6	percent of total billed charges	
POTASSIUM,URINE,RANDOM	84133	CPT	both			88		5.44 Amerihealth	Medicare		4.73				4.73	83.6	fee schedule	
POTASSIUM,URINE,RANDOM	84133	CPT	both			88		5.44 Consumer	Consumer		83.6	95			4.73	83.6	percent of total billed charges	
POTASSIUM,URINE,RANDOM	84133	CPT	both			88		5.44 Corrections	Corrections		70.4	80			4.73	83.6	percent of total billed charges	
POTASSIUM,URINE,RANDOM	84133	CPT	both			88		5.44 First Health	First Health		61.6	70			4.73	83.6	percent of total billed charges	
POTASSIUM,URINE,RANDOM	84133	CPT	both			88		5.44 First Trenton	First Trenton		79.2	90			4.73	83.6	percent of total billed charges	
POTASSIUM,URINE,RANDOM	84133	CPT	both			88		5.44 Horizon	Medicare Blue		26.4	30			4.73	83.6	percent of total billed charges	
POTASSIUM,URINE,RANDOM	84133	CPT	both			88		5.44 Horizon	Indemnity		33.69	38.28			4.73	83.6	percent of total billed charges	
POTASSIUM,URINE,RANDOM	84133	CPT	both			88		5.44 Horizon	MGD		33.69	38.28			4.73	83.6	percent of total billed charges	
POTASSIUM,URINE,RANDOM	84133	CPT	both			88		5.44 Horizon	NJ Health		7.64				4.73	83.6	fee schedule	
POTASSIUM,URINE,RANDOM	84133	CPT	both			88		5.44 Horizon	PPO		33.69	38.28			4.73	83.6	percent of total billed charges	
POTASSIUM,URINE,RANDOM	84133	CPT	both			88		5.44 Managed Care Inc	Managed Care Inc		79.2	90			4.73	83.6	percent of total billed charges	
POTASSIUM,URINE,RANDOM	84133	CPT	both			88		5.44 Multiplan	Multiplan		70.4	80			4.73	83.6	percent of total billed charges	
POTASSIUM,URINE,RANDOM	84133	CPT	both			88		5.44 Qualcare	Qualcare		66	75			4.73	83.6	percent of total billed charges	
POTASSIUM,URINE,RANDOM	84133	CPT	both			88		5.44 Three Rivers	Three Rivers		83.6	95			4.73	83.6	percent of total billed charges	
POTASSIUM,URINE,RANDOM	84133	CPT	both			88		5.44 UHC	Medicaid		27.76	31.55			4.73	83.6	percent of total billed charges	
POTASSIUM,URINE,RANDOM	84133	CPT	both			88		5.44 UHC	Medicare		4.73				4.73	83.6	fee schedule	
POTASSIUM,URINE,RANDOM	84133	CPT	both			88		5.44 Wellcare	Medicaid		27.76	31.55			4.73	83.6	percent of total billed charges	
POTASSIUM,URINE,RANDOM	84133	CPT	both			88		5.44 Wellcare	Medicare		4.73				4.73	83.6	fee schedule	
POTASSIUM,URINE,RANDOM	84133	CPT	both			88		5.44 WellPoint	WellPoint		28.32	32.18			4.73	83.6	percent of total billed charges	
PREALBUMIN	84134	CPT	both			33		16.78 Aetna	Commercial		12.54	38			9.9	39.2	percent of total billed charges	
PREALBUMIN	84134	CPT	both			33		16.78 Aetna	Better Health		10.41	31.55			9.9	39.2	percent of total billed charges	
PREALBUMIN	84134	CPT	both			33		16.78 Aetna	Medicare		14.59				9.9	39.2	fee schedule	
PREALBUMIN	84134	CPT	both			33		16.78 Americare	Americare		24.75	75			9.9	39.2	percent of total billed charges	
PREALBUMIN	84134	CPT	both			33		16.78 Amerihealth	Medicare		14.59				9.9	39.2	fee schedule	
PREALBUMIN	84134	CPT	both			33		16.78 Amerihealth	HMO/PPO		21.45	65			9.9	39.2	percent of total billed charges	
PREALBUMIN	84134	CPT	both			33		16.78 Consumer	Consumer		31.35	95			9.9	39.2	percent of total billed charges	
PREALBUMIN	84134	CPT	both			33		16.78 Corrections	Corrections		26.4	80			9.9	39.2	percent of total billed charges	
PREALBUMIN	84134	CPT	both			33		16.78 First Health	First Health		23.1	70			9.9	39.2	percent of total billed charges	
PREALBUMIN	84134	CPT	both			33		16.78 First Trenton	First Trenton		29.7	90			9.9	39.2	percent of total billed charges	
PREALBUMIN	84134	CPT	both			33		16.78 Horizon	MGD		12.63	38.28			9.9	39.2	percent of total billed charges	
PREALBUMIN	84134	CPT	both			33		16.78 Horizon	NJ Health		39.2				9.9	39.2	fee schedule	
PREALBUMIN	84134	CPT	both			33		16.78 Horizon	Indemnity		12.63	38.28			9.9	39.2	percent of total billed charges	
PREALBUMIN	84134	CPT	both			33		16.78 Horizon	PPO		12.63	38.28			9.9	39.2	percent of total billed charges	
PREALBUMIN	84134	CPT	both			33		16.78 Horizon	Medicare Blue		9.9	30			9.9	39.2	percent of total billed charges	
PREALBUMIN	84134	CPT	both			33		16.78 Managed Care Inc	Managed Care Inc		29.7	90			9.9	39.2	percent of total billed charges	
PREALBUMIN	84134	CPT	both			33		16.78 Multiplan	Multiplan		26.4	80			9.9	39.2	percent of total billed charges	
PREALBUMIN	84134	CPT	both			33		16.78 Qualcare	Qualcare		24.75	75			9.9	39.2	percent of total billed charges	
PREALBUMIN	84134	CPT	both			33		16.78 Three Rivers	Three Rivers		31.35	95			9.9	39.2	percent of total billed charges	
PREALBUMIN	84134	CPT	both			33		16.78 UHC	Medicaid		10.41	31.55			9.9	39.2	percent of total billed charges	
PREALBUMIN	84134	CPT	both			33		16.78 UHC	Medicare		14.59				9.9	39.2	fee schedule	
PREALBUMIN	84134	CPT	both			33		16.78 Wellcare	Medicaid		10.41	31.55			9.9	39.2	percent of total billed charges	
PREALBUMIN	84134	CPT	both			33		16.78 Wellcare	Medicare		14.59				9.9	39.2	fee schedule	
PREALBUMIN	84134	CPT	both			33		16.78 WellPoint	WellPoint		10.62	32.18			9.9	39.2	percent of total billed charges	
PREGNENOLONE,MS	84140	CPT	outpatient			127		23.77 Aetna	Medicare		39.12	30.8			20.67	120.65	percent of total billed charges	
PREGNENOLONE,MS	84140	CPT	outpatient			127		23.77 Aetna	Better Health		40.07	31.55			20.67	120.65	percent of total billed charges	
PREGNENOLONE,MS	84140	CPT	outpatient			127		23.77 Aetna	Commercial		48.26	38			20.67	120.65	percent of total billed charges	
PREGNENOLONE,MS	84140	CPT	outpatient			127		23.77 Americare	Americare		95.25	75			20.67	120.65	percent of total billed charges	
PREGNENOLONE,MS	84140	CPT	outpatient			127		23.77 Amerihealth	HMO/PPO		82.55	65			20.67	120.65	percent of total billed charges	
PREGNENOLONE,MS	84140	CPT	outpatient			127		23.77 Amerihealth	Medicare		20.67				20.67	120.65	fee schedule	
PREGNENOLONE,MS	84140	CPT	outpatient			127		23.77 Consumer	Consumer		120.65	95			20.67	120.65	percent of total billed charges	
PREGNENOLONE,MS	84140	CPT	outpatient			127		23.77 Corrections	Corrections		101.6	80			20.67	120.65	percent of total billed charges	
PREGNENOLONE,MS	84140	CPT	outpatient			127		23.77 First Health	First Health		88.9	70			20.67	120.65	percent of total billed charges	
PREGNENOLONE,MS	84140	CPT	outpatient			127		23.77 First Trenton	First Trenton		114.3	90			20.67	120.65	percent of total billed charges	
PREGNENOLONE,MS	84140	CPT	outpatient			127		23.77 Horizon	NJ Health		22.97				20.67	120.65	fee schedule	
PREGNENOLONE,MS	84140	CPT	outpatient			127		23.77 Horizon	MGD		48.62	38.28			20.67	120.65	percent of total billed charges	
PREGNENOLONE,MS	84140	CPT	outpatient			127		23.77 Horizon	Medicare Blue		38.1	30			20.67	120.65	percent of total billed charges	
PREGNENOLONE,MS	84140	CPT	outpatient			127		23.77 Horizon	Indemnity		48.62	38.28			20.67	120.65	percent of total billed charges	
PREGNENOLONE,MS	84140	CPT	outpatient			127		23.77 Horizon	PPO		48.62	38.28			20.67	120.65	percent of total billed charges	
PREGNENOLONE,MS	84140	CPT	outpatient			127		23.77 Managed Care Inc	Managed Care Inc		114.3	90			20.67	120.65	percent of total billed charges	
PREGNENOLONE,MS	84140	CPT	outpatient			127		23.77 Multiplan	Multiplan		101.6	80			20.67	120.65	percent of total billed charges	
PREGNENOLONE,MS	84140	CPT	outpatient			127		23.77 Qualcare	Qualcare		95.25	75			20.67	120.65	percent of total billed charges	
PREGNENOLONE,MS	84140	CPT	outpatient			127		23.77 Three Rivers	Three Rivers		120.65	95			20.67	120.65	percent of total billed charges	
PREGNENOLONE,MS	84140	CPT	outpatient			127		23.77 UHC	Medicaid		40.07	31.55			20.67	120.65	percent of total billed charges	
PREGNENOLONE,MS	84140	CPT	outpatient			127		23.77 UHC	Medicare		20.67				20.67	120.65	fee schedule	
PREGNENOLONE,MS	84140	CPT	outpatient			127		23.77 Wellcare	Medicare		20.67				20.67	120.65	fee schedule	
PREGNENOLONE,MS	84140	CPT	outpatient			127		23.77 Wellcare	Medicaid		40.07	31.55			20.67	120.65	percent of total billed charges	
PREGNENOLONE,MS	84140	CPT	outpatient			127		23.77 WellPoint	WellPoint		40.87	32.18			20.67	120.65	percent of total billed charges	
17-HYDROXYPREGNENOLONE,MS	84143	CPT	both			121		26.23 Aetna	Better Health		38.18	31.55			22.81	114.95	percent of total billed charges	
17-HYDROXYPREGNENOLONE,MS	84143	CPT	both			121		26.23 Aetna	Commercial		45.98	38			22.81	114.95	percent of total billed charges	
17-HYDROXYPREGNENOLONE,MS	84143	CPT	both			121		26.23 Aetna	Medicare		22.81				22.81	114.95	fee schedule	
17-HYDROXYPREGNENOLONE,MS	84143	CPT	both			121		26.23 Americare	Americare		90.75	75			22.81	114.95	percent of total billed charges	
17-HYDROXYPREGNENOLONE,MS	84143	CPT	both			121		26.23 Amerihealth	HMO/PPO		78.65	65			22.81	114.95	percent of total billed charges	
17-HYDROXYPREGNENOLONE,MS	84143	CPT	both			121		26.23 Amerihealth	Medicare		22.81				22.81	114.95	fee schedule	
17-HYDROXYPREGNENOLONE,MS	84143	CPT	both			121		26.23 Consumer	Consumer		114.95	95			22.81	114.95	percent of total billed charges	
17-HYDROXYPREGNENOLONE,MS	84143	CPT	both			121		26.23 Corrections	Corrections		96.8	80			22.81	114.95	percent of total billed charges	
17-HYDROXYPREGNENOLONE,MS	84143	CPT	both			121		26.23 First Health	First Health		84.7	70			22.81	114.95	percent of total billed charges	
17-HYDROXYPREGNENOLONE,MS	84143	CPT	both			121		26.23 First Trenton	First Trenton		108.9	90			22.81	114.95	percent of total billed charges	
17-HYDROXYPREGNENOLONE,MS	84143	CPT	both			121		26.23 Horizon	Medicare Blue		36.3	30			22.81	114.95	percent of total billed charges	
17-HYDROXYPREGNENOLONE,MS	84143	CPT	both			121		26.23 Horizon	Indemnity		46.32	38.28			22.81	114.95	percent of total billed charges	
17-HYDROXYPREGNENOLONE,MS	84143	CPT	both			121		26.23 Horizon	MGD		46.32	38.28			22.81	114.95	percent of total billed charges	
17-HYDROXYPREGNENOLONE,MS	84143	CPT	both			121		26.23 Horizon	PPO		46.32	38.28			22.81	114.95	percent of total billed charges	
17-HYDROXYPREGNENOLONE,MS	84143	CPT	both			121		26.23 Horizon	NJ Health		25.34				22.81	114.95	fee schedule	
17-HYDROXYPREGNENOLONE,MS	84143	CPT	both			121		26.23 Managed Care Inc	Managed Care Inc		108.9	90			22.81	114.95	percent of total billed charges	
17-HYDROXYPREGNENOLONE,MS	84143	CPT	both			121		26.23 Multiplan	Multiplan		96.8	80			22.81	114.95	percent of total billed charges	
17-HYDROXYPREGNENOLONE,MS	84143	CPT	both			121		26.23 Qualcare	Qualcare		90.75	75			22.81	114.95	percent of total billed charges	
17-HYDROXYPREGNENOLONE,MS	84143	CPT	both			121		26.23 Three Rivers	Three Rivers		114.95	95			22.81	114.95	percent of total billed charges	
17-HYDROXYPREGNENOLONE,MS	84143	CPT	both			121		26.23 UHC	Medicare		22.81				22.81	114.95	fee schedule	
17-HYDROXYPREGNENOLONE,MS	84143	CPT	both			121		26.23 UHC	Medicaid		38.18	31.55			22.81	114.95	percent of total billed charges	
17-HYDROXYPREGNENOLONE,MS	84143	CPT	both			121		26.23 Wellcare	Medicare		22.81				22.81	114.95	fee schedule	
17-HYDROXYPREGNENOLONE,MS	84143	CPT	both			121		26.23 Wellcare	Medicaid		38.18	31.55			22.81	114.95	percent of total billed charges	
17-HYDROXYPREGNENOLONE,MS	84143	CPT	both			121		26.23 WellPoint	WellPoint		38.94	32.18			22.81	114.95	percent of total billed charges	
PROGESTERONE	84144	CPT	both			49		23.99 Aetna	Commercial		18.62	38			14.7	46.55	percent of total billed charges	
PROGESTERONE	84144	CPT	both			49		23.99 Aetna	Better Health		15.46	31.55			14.7	46.55	percent of total billed charges	
PROGESTERONE	84144	CPT	both			49		23.99 Aetna	Medicare		20.86				14.7	46.55	fee schedule	
PROGESTERONE	84144	CPT	both			49		23.99 Americare	Americare		36.75	75			14.7	46.55	percent of total billed charges	
PROGESTERONE	84144	CPT	both			49		23.99 Amerihealth	HMO/PPO		31.85	65			14.7	46.55	percent of total billed charges	
PROGESTERONE	84144	CPT	both			49		23.99 Amerihealth	Medicare		20.86				14.7	46.55	fee schedule	
PROGESTERONE	84144	CPT	both			49		23.99 Consumer	Consumer		46.55	95			14.7	46.55	percent of total billed charges	
PROGESTERONE	84144	CPT	both			49		23.99 Corrections	Corrections		39.2	80			14.7	46.55	percent of total billed charges	
PROGESTERONE	84144	CPT	both			49		23.99 First Health	First Health		34.3	70			14.7	46.55	percent of total billed charges	
PROGESTERONE	84144	CPT	both			49		23.99 First Trenton	First Trenton		44.1	90			14.7	46.55	percent of total billed charges	
PROGESTERONE	84144	CPT	both			49		23.99 Horizon	Medicare Blue		14.7	30			14.7	46.55	percent of total billed charges	
PROGESTERONE	84144	CPT	both			49		23.99 Horizon	Indemnity		18.76	38.28			14.7	46.55	percent of total billed charges	
PROGESTERONE	84144	CPT	both			49		23.99 Horizon	MGD		18.76	38.28			14.7	46.55	percent of total billed charges	
PROGESTERONE	84144	CPT	both			49		23.99 Horizon	NJ Health		39.2				14.7	46.55	fee schedule	
PROGESTERONE	84144	CPT	both			49		23.99 Horizon	PPO		18.76	38.28			14.7	46.55	percent of total billed charges	
PROGESTERONE	84144	CPT	both			49		23.99 Managed Care Inc	Managed Care Inc		44.1	90			14.7	46.55	percent of total billed charges	
PROGESTERONE	84144	CPT	both			49		23.99 Multiplan	Multiplan		39.2	80			14.7	46.55	percent of total billed charges	
PROGESTERONE	84144	CPT	both			49		23.99 Qualcare	Qualcare		36.75	75			14.7	46.55	percent of total billed charges	
PROGESTERONE	84144	CPT	both			49		23.99 Three Rivers	Three Rivers		46.55	95			14.7	46.55	percent of total billed charges	
PROGESTERONE	84144	CPT	both			49		23.99 UHC	Medicaid		15.46	31.55			14.7	46.55	percent of total billed charges	
PROGESTERONE	84144	CPT	both			49		23.99 UHC	Medicare		20.86				14.7	46.55	fee schedule	
PROGESTERONE	84144	CPT	both			49		23.99 Wellcare	Medicaid		15.46	31.55			14.7	46.55	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101191	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
PROGESTERONE	84144	CPT	both			49	23.99	Wellcare	Medicare		20.86				14.7	46.55	fee schedule	
PROGESTERONE	84144	CPT	both			49	23.99	WellPoint	WellPoint		15.77	32.18			14.7	46.55	percent of total billed charges	
PROCALCITONIN LEVEL	84145	CPT	both			1074	31.3	Aetna	Commercial		408.12	38			27.22	1020.3	percent of total billed charges	
PROCALCITONIN LEVEL	84145	CPT	both			1074	31.3	Aetna	Medicare		27.22				27.22	1020.3	fee schedule	
PROCALCITONIN LEVEL	84145	CPT	both			1074	31.3	Aetna	Better Health		338.85	31.55			27.22	1020.3	percent of total billed charges	
PROCALCITONIN LEVEL	84145	CPT	both			1074	31.3	Americare	Americare		805.5	75			27.22	1020.3	percent of total billed charges	
PROCALCITONIN LEVEL	84145	CPT	both			1074	31.3	Amerihealth	Medicare		27.22				27.22	1020.3	fee schedule	
PROCALCITONIN LEVEL	84145	CPT	both			1074	31.3	Amerihealth	HMO/PPO		698.1	65			27.22	1020.3	percent of total billed charges	
PROCALCITONIN LEVEL	84145	CPT	both			1074	31.3	Consumer	Consumer		1020.3	95			27.22	1020.3	percent of total billed charges	
PROCALCITONIN LEVEL	84145	CPT	both			1074	31.3	Corrections	Corrections		859.2	80			27.22	1020.3	percent of total billed charges	
PROCALCITONIN LEVEL	84145	CPT	both			1074	31.3	First Health	First Health		751.8	70			27.22	1020.3	percent of total billed charges	
PROCALCITONIN LEVEL	84145	CPT	both			1074	31.3	First Trenton	First Trenton		966.6	90			27.22	1020.3	percent of total billed charges	
PROCALCITONIN LEVEL	84145	CPT	both			1074	31.3	Horizon	Indemnity		411.13	38.28			27.22	1020.3	percent of total billed charges	
PROCALCITONIN LEVEL	84145	CPT	both			1074	31.3	Horizon	Medicare Blue		322.2	30			27.22	1020.3	percent of total billed charges	
PROCALCITONIN LEVEL	84145	CPT	both			1074	31.3	Horizon	NJ Health		29.73				27.22	1020.3	fee schedule	
PROCALCITONIN LEVEL	84145	CPT	both			1074	31.3	Horizon	MGD		411.13	38.28			27.22	1020.3	percent of total billed charges	
PROCALCITONIN LEVEL	84145	CPT	both			1074	31.3	Horizon	PPO		411.13	38.28			27.22	1020.3	percent of total billed charges	
PROCALCITONIN LEVEL	84145	CPT	both			1074	31.3	Managed Care Inc	Managed Care Inc		966.6	90			27.22	1020.3	percent of total billed charges	
PROCALCITONIN LEVEL	84145	CPT	both			1074	31.3	Multiplan	Multiplan		859.2	80			27.22	1020.3	percent of total billed charges	
PROCALCITONIN LEVEL	84145	CPT	both			1074	31.3	Qualcare	Qualcare		805.5	75			27.22	1020.3	percent of total billed charges	
PROCALCITONIN LEVEL	84145	CPT	both			1074	31.3	Three Rivers	Three Rivers		1020.3	95			27.22	1020.3	percent of total billed charges	
PROCALCITONIN LEVEL	84145	CPT	both			1074	31.3	UHC	Medicaid		338.85	31.55			27.22	1020.3	percent of total billed charges	
PROCALCITONIN LEVEL	84145	CPT	both			1074	31.3	UHC	Medicare		27.22				27.22	1020.3	fee schedule	
PROCALCITONIN LEVEL	84145	CPT	both			1074	31.3	Wellcare	Medicaid		338.85	31.55			27.22	1020.3	percent of total billed charges	
PROCALCITONIN LEVEL	84145	CPT	both			1074	31.3	Wellcare	Medicare		27.22				27.22	1020.3	fee schedule	
PROCALCITONIN LEVEL	84145	CPT	both			1074	31.3	WellPoint	WellPoint		345.61	32.18			27.22	1020.3	percent of total billed charges	
PROLACTIN(004465)	84146	CPT	both			181	22.29	Aetna	Better Health		57.11	31.55			13.2	171.95	percent of total billed charges	
PROLACTIN(004465)	84146	CPT	both			181	22.29	Aetna	Commercial		68.78	38			13.2	171.95	percent of total billed charges	
PROLACTIN(004465)	84146	CPT	both			181	22.29	Aetna	Medicare		55.75	30.8			13.2	171.95	percent of total billed charges	
PROLACTIN(004465)	84146	CPT	both			181	22.29	Americare	Americare		135.75	75			13.2	171.95	percent of total billed charges	
PROLACTIN(004465)	84146	CPT	both			181	22.29	Amerihealth	Medicare		19.38				13.2	171.95	fee schedule	
PROLACTIN(004465)	84146	CPT	both			181	22.29	Amerihealth	HMO/PPO		117.65	65			13.2	171.95	percent of total billed charges	
PROLACTIN(004465)	84146	CPT	both			181	22.29	Consumer	Consumer		171.95	95			13.2	171.95	percent of total billed charges	
PROLACTIN(004465)	84146	CPT	both			181	22.29	Corrections	Corrections		144.8	80			13.2	171.95	percent of total billed charges	
PROLACTIN(004465)	84146	CPT	both			181	22.29	First Health	First Health		126.7	70			13.2	171.95	percent of total billed charges	
PROLACTIN(004465)	84146	CPT	both			181	22.29	First Trenton	First Trenton		162.9	90			13.2	171.95	percent of total billed charges	
PROLACTIN(004465)	84146	CPT	both			181	22.29	Horizon	Medicare Blue		54.3	30			13.2	171.95	percent of total billed charges	
PROLACTIN(004465)	84146	CPT	both			181	22.29	Horizon	PPO		69.29	38.28			13.2	171.95	percent of total billed charges	
PROLACTIN(004465)	84146	CPT	both			181	22.29	Horizon	MGD		69.29	38.28			13.2	171.95	percent of total billed charges	
PROLACTIN(004465)	84146	CPT	both			181	22.29	Horizon	Indemnity		69.29	38.28			13.2	171.95	percent of total billed charges	
PROLACTIN(004465)	84146	CPT	both			181	22.29	Horizon	NJ Health		39.2				13.2	171.95	fee schedule	
PROLACTIN(004465)	84146	CPT	both			181	22.29	Managed Care Inc	Managed Care Inc		162.9	90			13.2	171.95	percent of total billed charges	
PROLACTIN(004465)	84146	CPT	both			181	22.29	Multiplan	Multiplan		144.8	80			13.2	171.95	percent of total billed charges	
PROLACTIN(004465)	84146	CPT	both			181	22.29	Qualcare	Qualcare		135.75	75			13.2	171.95	percent of total billed charges	
PROLACTIN(004465)	84146	CPT	both			181	22.29	Three Rivers	Three Rivers		171.95	95			13.2	171.95	percent of total billed charges	
PROLACTIN(004465)	84146	CPT	both			181	22.29	UHC	Medicare		19.38				13.2	171.95	fee schedule	
PROLACTIN(004465)	84146	CPT	both			181	22.29	UHC	Medicaid		57.11	31.55			13.2	171.95	percent of total billed charges	
PROLACTIN(004465)	84146	CPT	both			181	22.29	Wellcare	Medicare		19.38				13.2	171.95	fee schedule	
PROLACTIN(004465)	84146	CPT	both			181	22.29	Wellcare	Medicaid		57.11	31.55			13.2	171.95	percent of total billed charges	
PROLACTIN(004465)	84146	CPT	both			181	22.29	WellPoint	WellPoint		58.25	32.18			13.2	171.95	percent of total billed charges	
PSA,ULTRASENSITIVE W/O.SERIAL	84153	CPT	both			224	21.15	Aetna	Better Health		70.67	31.55			13.2	212.8	percent of total billed charges	
PSA,ULTRASENSITIVE W/O.SERIAL	84153	CPT	both			224	21.15	Aetna	Medicare		18.39				13.2	212.8	fee schedule	
PSA,ULTRASENSITIVE W/O.SERIAL	84153	CPT	both			224	21.15	Aetna	Commercial		85.12	38			13.2	212.8	percent of total billed charges	
PSA,ULTRASENSITIVE W/O.SERIAL	84153	CPT	both			224	21.15	Americare	Americare		168	75			13.2	212.8	percent of total billed charges	
PSA,ULTRASENSITIVE W/O.SERIAL	84153	CPT	both			224	21.15	Amerihealth	HMO/PPO		145.6	65			13.2	212.8	percent of total billed charges	
PSA,ULTRASENSITIVE W/O.SERIAL	84153	CPT	both			224	21.15	Amerihealth	Medicare		18.39				13.2	212.8	fee schedule	
PSA,ULTRASENSITIVE W/O.SERIAL	84153	CPT	both			224	21.15	Consumer	Consumer		212.8	95			13.2	212.8	percent of total billed charges	
PSA,ULTRASENSITIVE W/O.SERIAL	84153	CPT	both			224	21.15	Corrections	Corrections		179.2	80			13.2	212.8	percent of total billed charges	
PSA,ULTRASENSITIVE W/O.SERIAL	84153	CPT	both			224	21.15	First Health	First Health		156.8	70			13.2	212.8	percent of total billed charges	
PSA,ULTRASENSITIVE W/O.SERIAL	84153	CPT	both			224	21.15	First Trenton	First Trenton		201.6	90			13.2	212.8	percent of total billed charges	
PSA,ULTRASENSITIVE W/O.SERIAL	84153	CPT	both			224	21.15	Horizon	Medicare Blue		67.2	30			13.2	212.8	percent of total billed charges	
PSA,ULTRASENSITIVE W/O.SERIAL	84153	CPT	both			224	21.15	Horizon	MGD		85.75	38.28			13.2	212.8	percent of total billed charges	
PSA,ULTRASENSITIVE W/O.SERIAL	84153	CPT	both			224	21.15	Horizon	Indemnity		85.75	38.28			13.2	212.8	percent of total billed charges	
PSA,ULTRASENSITIVE W/O.SERIAL	84153	CPT	both			224	21.15	Horizon	PPO		85.75	38.28			13.2	212.8	percent of total billed charges	
PSA,ULTRASENSITIVE W/O.SERIAL	84153	CPT	both			224	21.15	Horizon	NJ Health		48.02				13.2	212.8	fee schedule	
PSA,ULTRASENSITIVE W/O.SERIAL	84153	CPT	both			224	21.15	Managed Care Inc	Managed Care Inc		201.6	90			13.2	212.8	percent of total billed charges	
PSA,ULTRASENSITIVE W/O.SERIAL	84153	CPT	both			224	21.15	Multiplan	Multiplan		179.2	80			13.2	212.8	percent of total billed charges	
PSA,ULTRASENSITIVE W/O.SERIAL	84153	CPT	both			224	21.15	Qualcare	Qualcare		168	75			13.2	212.8	percent of total billed charges	
PSA,ULTRASENSITIVE W/O.SERIAL	84153	CPT	both			224	21.15	Three Rivers	Three Rivers		212.8	95			13.2	212.8	percent of total billed charges	
PSA,ULTRASENSITIVE W/O.SERIAL	84153	CPT	both			224	21.15	UHC	Medicare		18.39				13.2	212.8	fee schedule	
PSA,ULTRASENSITIVE W/O.SERIAL	84153	CPT	both			224	21.15	UHC	Medicaid		70.67	31.55			13.2	212.8	percent of total billed charges	
PSA,ULTRASENSITIVE W/O.SERIAL	84153	CPT	both			224	21.15	Wellcare	Medicaid		70.67	31.55			13.2	212.8	percent of total billed charges	
PSA,ULTRASENSITIVE W/O.SERIAL	84153	CPT	both			224	21.15	Wellcare	Medicare		18.39				13.2	212.8	fee schedule	
PSA,ULTRASENSITIVE W/O.SERIAL	84153	CPT	both			224	21.15	WellPoint	WellPoint		72.08	32.18			13.2	212.8	percent of total billed charges	
PSA FREE	84154	CPT	both			30	21.15	Aetna	Better Health		9.47	31.55			9	28.5	percent of total billed charges	
PSA FREE	84154	CPT	both			30	21.15	Aetna	Medicare		18.39				9	28.5	fee schedule	
PSA FREE	84154	CPT	both			30	21.15	Aetna	Commercial		11.4	38			9	28.5	percent of total billed charges	
PSA FREE	84154	CPT	both			30	21.15	Americare	Americare		22.5	75			9	28.5	percent of total billed charges	
PSA FREE	84154	CPT	both			30	21.15	Amerihealth	HMO/PPO		19.5	65			9	28.5	percent of total billed charges	
PSA FREE	84154	CPT	both			30	21.15	Amerihealth	Medicare		18.39				9	28.5	fee schedule	
PSA FREE	84154	CPT	both			30	21.15	Consumer	Consumer		28.5	95			9	28.5	percent of total billed charges	
PSA FREE	84154	CPT	both			30	21.15	Corrections	Corrections		24	80			9	28.5	percent of total billed charges	
PSA FREE	84154	CPT	both			30	21.15	First Health	First Health		21	70			9	28.5	percent of total billed charges	
PSA FREE	84154	CPT	both			30	21.15	First Trenton	First Trenton		27	90			9	28.5	percent of total billed charges	
PSA FREE	84154	CPT	both			30	21.15	Horizon	Indemnity		11.48	38.28			9	28.5	percent of total billed charges	
PSA FREE	84154	CPT	both			30	21.15	Horizon	MGD		11.48	38.28			9	28.5	percent of total billed charges	
PSA FREE	84154	CPT	both			30	21.15	Horizon	Medicare Blue		9	30			9	28.5	percent of total billed charges	
PSA FREE	84154	CPT	both			30	21.15	Horizon	NJ Health		20.42				9	28.5	fee schedule	
PSA FREE	84154	CPT	both			30	21.15	Horizon	PPO		11.48	38.28			9	28.5	percent of total billed charges	
PSA FREE	84154	CPT	both			30	21.15	Managed Care Inc	Managed Care Inc		27	90			9	28.5	percent of total billed charges	
PSA FREE	84154	CPT	both			30	21.15	Multiplan	Multiplan		24	80			9	28.5	percent of total billed charges	
PSA FREE	84154	CPT	both			30	21.15	Qualcare	Qualcare		22.5	75			9	28.5	percent of total billed charges	
PSA FREE	84154	CPT	both			30	21.15	Three Rivers	Three Rivers		28.5	95			9	28.5	percent of total billed charges	
PSA FREE	84154	CPT	both			30	21.15	UHC	Medicaid		9.47	31.55			9	28.5	percent of total billed charges	
PSA FREE	84154	CPT	both			30	21.15	UHC	Medicare		18.39				9	28.5	fee schedule	
PSA FREE	84154	CPT	both			30	21.15	Wellcare	Medicaid		9.47	31.55			9	28.5	percent of total billed charges	
PSA FREE	84154	CPT	both			30	21.15	Wellcare	Medicare		18.39				9	28.5	fee schedule	
PSA FREE	84154	CPT	both			30	21.15	WellPoint	WellPoint		9.65	32.18			9	28.5	percent of total billed charges	
TOTAL PROTEIN LEVEL, BLOOD	84155	CPT	both			121	4.22	Aetna	Commercial		45.98	38			3	114.95	percent of total billed charges	
TOTAL PROTEIN LEVEL, BLOOD	84155	CPT	both			121	4.22	Aetna	Better Health		38.18	31.55			3	114.95	percent of total billed charges	
TOTAL PROTEIN LEVEL, BLOOD	84155	CPT	both			121	4.22	Aetna	Medicare		37.27	30.8			3	114.95	percent of total billed charges	
TOTAL PROTEIN LEVEL, BLOOD	84155	CPT	both			121	4.22	Americare	Americare		90.75	75			3	114.95	percent of total billed charges	
TOTAL PROTEIN LEVEL, BLOOD	84155	CPT	both			121	4.22	Amerihealth	HMO/PPO		78.65	65			3	114.95	percent of total billed charges	
TOTAL PROTEIN LEVEL, BLOOD	84155	CPT	both			121	4.22	Amerihealth	Medicare		3.67				3	114.95	fee schedule	
TOTAL PROTEIN LEVEL, BLOOD	84155	CPT	both			121	4.22	Consumer	Consumer		114.95	95			3	114.95	percent of total billed charges	
TOTAL PROTEIN LEVEL, BLOOD	84155	CPT	both			121	4.22	Corrections	Corrections		96.8	80			3	114.95	percent of total billed charges	
TOTAL PROTEIN LEVEL, BLOOD	84155	CPT	both			121	4.22	First Health	First Health		84.7	70			3	114.95	percent of total billed charges	
TOTAL PROTEIN LEVEL, BLOOD	84155	CPT	both			121	4.22	First Trenton	First Trenton		108.9	90			3	114.95	percent of total billed charges	
TOTAL PROTEIN LEVEL, BLOOD	84155	CPT	both			121	4.22	Horizon	MGD		46.32	38.28			3	114.95	percent of total billed charges	
TOTAL PROTEIN LEVEL, BLOOD	84155	CPT	both			121	4.22	Horizon	Indemnity		46.32	38.28			3	114.95	percent of total billed charges	
TOTAL PROTEIN LEVEL, BLOOD	84155	CPT	both			121	4.22	Horizon	NJ Health		3.53				3	114.95	fee schedule	
TOTAL PROTEIN LEVEL, BLOOD	84155	CPT	both			121	4.22	Horizon	Medicare Blue		36.3	30			3	114.95	percent of total billed charges	
TOTAL PROTEIN LEVEL, BLOOD	84155	CPT	both			121	4.22	Horizon	PPO		46.32	38.28			3	114.95	percent of total billed charges	
TOTAL PROTEIN LEVEL, BLOOD	84155	CPT	both			121	4.22	Managed Care Inc	Managed Care Inc		108.9	90			3	114.95	percent of total billed charges	
TOTAL PROTEIN LEVEL, BLOOD	84155	CPT	both			121	4.22	Multiplan	Multiplan		96.8	80			3	114.95	percent of total billed charges	
TOTAL PROTEIN LEVEL, BLOOD	84155	CPT	both			121	4.22	Qualcare	Qualcare		90.75	75			3	114.95	percent of total billed charges	
TOTAL PROTEIN LEVEL, BLOOD	84155	CPT	both			121	4.22	Three Rivers	Three Rivers		114.95	95			3	114.95	percent of total billed charges	
TOTAL PROTEIN LEVEL, BLOOD	84155	CPT	both			121	4.22	UHC	Medicaid		38.18	31.55			3	114.95	percent of total billed charges	
TOTAL PROTEIN LEVEL, BLOOD	84155	CPT	both			121	4.22	UHC	Medicare		3.67				3	114.95	fee schedule	
TOTAL PROTEIN LEVEL, BLOOD	84155	CPT	both			121	4.22	Wellcare	Medicare		3.67				3	114.95	fee schedule	
TOTAL PROTEIN LEVEL, BLOOD	84155	CPT	both			121	4.22	Wellcare	Medicaid		38.18	31.55			3	114.95	percent of total billed charges	
TOTAL PROTEIN LEVEL, BLOOD	84155	CPT	both			121	4.22	WellPoint	WellPoint		38.94	32.18			3	114.95	percent of total billed charges	
PROTEIN,URINE	84156	CPT	both			47	4.22	Aetna	Better Health		14.83	31.55			3.3	44.65	percent of total billed charges	
PROTEIN,URINE	84156	CPT	both			47	4.22	Aetna	Commercial		17.86	38			3.3	44.65	percent of total billed charges	
PROTEIN,URINE	84156	CPT	both			47	4.22	Aetna	Medicare		3.67				3.3	44.65	fee schedule	
PROTEIN,URINE	84156	CPT	both			47	4.22	Americare	Americare		35.25	75			3.3	44.65	percent of total billed charges	
PROTEIN,URINE	84156	CPT	both			47	4.22	Amerihealth	Medicare		3.67				3.3	44.65	fee schedule	
PROTEIN,URINE	84156	CPT	both			47	4.22	Amerihealth	HMO/PPO		30.55	65			3.3	44.65	percent of total billed charges	
PROTEIN,URINE	84156	CPT	both			47	4.22	Consumer	Consumer		44.65	95			3.3	44.65	percent of total billed charges	
PROTEIN,URINE	84156	CPT	both			47	4.22	Corrections	Corrections		37.6	80			3.3	44.65	percent of total billed charges	
PROTEIN,URINE	84156	CPT	both			47	4.22	First Health	First Health		32.9	70			3.3	44.65	percent of total billed charges	
PROTEIN,URINE	84156	CPT	both			47	4.22	First Trenton	First Trenton		42.3	90			3.3	44.65	percent of total billed charges	
PROTEIN,URINE	84156	CPT	both			47	4.22	Horizon	Indemnity		17.99	38.28			3.3	44.65	percent of total billed charges	
PROTEIN,URINE	84156	CPT	both			47	4.22	Horizon	Medicare Blue		14.1	30			3.3	44.65	percent of total billed charges	
PROTEIN,URINE	84156	CPT	both			47	4.22	Horizon	NJ Health		5.12				3.3	44.65	fee schedule	
PROTEIN,URINE	84156	CPT	both			47	4.22	Horizon	MGD		17.99	38.28			3.3	44.65	percent of total billed charges	
PROTEIN,URINE	84156	CPT	both			47	4.22	Horizon	PPO		17.99	38.28			3.3	44.65	percent of total billed charges	
PROTEIN,URINE	84156	CPT	both			47	4.22	Managed Care Inc	Managed Care Inc		42.3	90			3.3	44.65	percent of total billed charges	
PROTEIN,URINE	84156	CPT	both			47	4.22	Multiplan	Multiplan		37.6	80			3.3	44.65	percent of total billed charges	
PROTEIN,URINE	84156	CPT	both			47	4.22	Qualcare	Qualcare		35.25	75			3.3	44.65	percent of total billed charges	
PROTEIN,URINE	84156	CPT	both			47	4.22	Three Rivers	Three Rivers		44.65	95			3.3	44.65	percent of total billed charges	
PROTEIN,URINE	84156	CPT	both			47	4.22	UHC	Medicaid		14.83	31.55			3.3	44.65	percent of total billed charges	
PROTEIN,URINE	84156	CPT	both			47	4.22	UHC	Medicare		3.67				3.3	44.65	fee schedule	
PROTEIN,URINE	84156	CPT	both			47	4.22	Wellcare	Medicare		3.67				3.3	44.65	fee schedule	
PROTEIN,URINE	84156	CPT	both			47	4.22	Wellcare	Medicaid		14.83	31.55			3.3	44.65	percent of total billed charges	
PROTEIN,URINE	84156	CPT	both			47	4.22	WellPoint	WellPoint		15.12	32.18			3.3	44.65	percent of total billed charges	
PROTEIN,OTHER SOURCE(CSF,SYNOVIAL FLUID)	84157	CPT	both			47	4.6	Aetna	Medicare		4				4	44.65	fee schedule	
PROTEIN,OTHER SOURCE(CSF,SYNOVIAL FLUID)	84157	CPT	both			47	4.6	Aetna	Better Health		14.83	31.55			4	44.65	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
PROTEIN,OTHER SOURCE(CSF,SYNOVIAL FLUID)	84157	CPT	both			47		4.6 Aetna	Commercial		17.86	38			4		44.65 percent of total billed charges	
PROTEIN,OTHER SOURCE(CSF,SYNOVIAL FLUID)	84157	CPT	both			47		4.6 Americare	Americare		35.25	75			4		44.65 percent of total billed charges	
PROTEIN,OTHER SOURCE(CSF,SYNOVIAL FLUID)	84157	CPT	both			47		4.6 Amerihealth	HMO/PPO		30.55	65			4		44.65 percent of total billed charges	
PROTEIN,OTHER SOURCE(CSF,SYNOVIAL FLUID)	84157	CPT	both			47		4.6 Amerihealth	Medicare		4				4		44.65 fee schedule	
PROTEIN,OTHER SOURCE(CSF,SYNOVIAL FLUID)	84157	CPT	both			47		4.6 Consumer	Consumer		44.65	95			4		44.65 percent of total billed charges	
PROTEIN,OTHER SOURCE(CSF,SYNOVIAL FLUID)	84157	CPT	both			47		4.6 Corrections	Corrections		37.6	80			4		44.65 percent of total billed charges	
PROTEIN,OTHER SOURCE(CSF,SYNOVIAL FLUID)	84157	CPT	both			47		4.6 First Health	First Health		32.9	70			4		44.65 percent of total billed charges	
PROTEIN,OTHER SOURCE(CSF,SYNOVIAL FLUID)	84157	CPT	both			47		4.6 First Trenton	First Trenton		42.3	90			4		44.65 percent of total billed charges	
PROTEIN,OTHER SOURCE(CSF,SYNOVIAL FLUID)	84157	CPT	both			47		4.6 Horizon	MGD		17.99	38.28			4		44.65 percent of total billed charges	
PROTEIN,OTHER SOURCE(CSF,SYNOVIAL FLUID)	84157	CPT	both			47		4.6 Horizon	Medicare Blue		14.1	30			4		44.65 percent of total billed charges	
PROTEIN,OTHER SOURCE(CSF,SYNOVIAL FLUID)	84157	CPT	both			47		4.6 Horizon	Indemnity		17.99	38.28			4		44.65 percent of total billed charges	
PROTEIN,OTHER SOURCE(CSF,SYNOVIAL FLUID)	84157	CPT	both			47		4.6 Horizon	NJ Health		5.12				4		44.65 fee schedule	
PROTEIN,OTHER SOURCE(CSF,SYNOVIAL FLUID)	84157	CPT	both			47		4.6 Horizon	PPO		17.99	38.28			4		44.65 percent of total billed charges	
PROTEIN,OTHER SOURCE(CSF,SYNOVIAL FLUID)	84157	CPT	both			47		4.6 Managed Care Inc	Managed Care Inc		42.3	90			4		44.65 percent of total billed charges	
PROTEIN,OTHER SOURCE(CSF,SYNOVIAL FLUID)	84157	CPT	both			47		4.6 Multiplan	Multiplan		37.6	80			4		44.65 percent of total billed charges	
PROTEIN,OTHER SOURCE(CSF,SYNOVIAL FLUID)	84157	CPT	both			47		4.6 Qualcare	Qualcare		35.25	75			4		44.65 percent of total billed charges	
PROTEIN,OTHER SOURCE(CSF,SYNOVIAL FLUID)	84157	CPT	both			47		4.6 Three Rivers	Three Rivers		44.65	95			4		44.65 percent of total billed charges	
PROTEIN,OTHER SOURCE(CSF,SYNOVIAL FLUID)	84157	CPT	both			47		4.6 UHC	Medicaid		14.83	31.55			4		44.65 percent of total billed charges	
PROTEIN,OTHER SOURCE(CSF,SYNOVIAL FLUID)	84157	CPT	both			47		4.6 UHC	Medicare		4				4		44.65 fee schedule	
PROTEIN,OTHER SOURCE(CSF,SYNOVIAL FLUID)	84157	CPT	both			47		4.6 Wellcare	Medicare		4				4		44.65 fee schedule	
PROTEIN,OTHER SOURCE(CSF,SYNOVIAL FLUID)	84157	CPT	both			47		4.6 Wellcare	Medicaid		14.83	31.55			4		44.65 percent of total billed charges	
PROTEIN,OTHER SOURCE(CSF,SYNOVIAL FLUID)	84157	CPT	both			47		4.6 WellPoint	WellPoint		15.12	32.18			4		44.65 percent of total billed charges	
PROTEIN.EP.FRACT&QUANT.SERUM	84165	CPT	both			157		12.35 Aetna	Better Health		49.53	31.55			7.5		149.15 percent of total billed charges	
PROTEIN.EP.FRACT&QUANT.SERUM	84165	CPT	both			157		12.35 Aetna	Commercial		59.66	38			7.5		149.15 percent of total billed charges	
PROTEIN.EP.FRACT&QUANT.SERUM	84165	CPT	both			157		12.35 Aetna	Medicare		10.74				7.5		149.15 fee schedule	
PROTEIN.EP.FRACT&QUANT.SERUM	84165	CPT	both			157		12.35 Americare	Americare		117.75	75			7.5		149.15 percent of total billed charges	
PROTEIN.EP.FRACT&QUANT.SERUM	84165	CPT	both			157		12.35 Amerihealth	Medicare		10.74				7.5		149.15 fee schedule	
PROTEIN.EP.FRACT&QUANT.SERUM	84165	CPT	both			157		12.35 Amerihealth	HMO/PPO		102.05	65			7.5		149.15 percent of total billed charges	
PROTEIN.EP.FRACT&QUANT.SERUM	84165	CPT	both			157		12.35 Consumer	Consumer		149.15	95			7.5		149.15 percent of total billed charges	
PROTEIN.EP.FRACT&QUANT.SERUM	84165	CPT	both			157		12.35 Corrections	Corrections		125.6	80			7.5		149.15 percent of total billed charges	
PROTEIN.EP.FRACT&QUANT.SERUM	84165	CPT	both			157		12.35 First Health	First Health		109.9	70			7.5		149.15 percent of total billed charges	
PROTEIN.EP.FRACT&QUANT.SERUM	84165	CPT	both			157		12.35 First Trenton	First Trenton		141.3	90			7.5		149.15 percent of total billed charges	
PROTEIN.EP.FRACT&QUANT.SERUM	84165	CPT	both			157		12.35 Horizon	MGD		60.1	38.28			7.5		149.15 percent of total billed charges	
PROTEIN.EP.FRACT&QUANT.SERUM	84165	CPT	both			157		12.35 Horizon	Indemnity		60.1	38.28			7.5		149.15 percent of total billed charges	
PROTEIN.EP.FRACT&QUANT.SERUM	84165	CPT	both			157		12.35 Horizon	Medicare Blue		47.1	30			7.5		149.15 percent of total billed charges	
PROTEIN.EP.FRACT&QUANT.SERUM	84165	CPT	both			157		12.35 Horizon	NJ Health		11.76				7.5		149.15 fee schedule	
PROTEIN.EP.FRACT&QUANT.SERUM	84165	CPT	both			157		12.35 Horizon	PPO		60.1	38.28			7.5		149.15 percent of total billed charges	
PROTEIN.EP.FRACT&QUANT.SERUM	84165	CPT	both			157		12.35 Managed Care Inc	Managed Care Inc		141.3	90			7.5		149.15 percent of total billed charges	
PROTEIN.EP.FRACT&QUANT.SERUM	84165	CPT	both			157		12.35 Multiplan	Multiplan		125.6	80			7.5		149.15 percent of total billed charges	
PROTEIN.EP.FRACT&QUANT.SERUM	84165	CPT	both			157		12.35 Qualcare	Qualcare		117.75	75			7.5		149.15 percent of total billed charges	
PROTEIN.EP.FRACT&QUANT.SERUM	84165	CPT	both			157		12.35 Three Rivers	Three Rivers		149.15	95			7.5		149.15 percent of total billed charges	
PROTEIN.EP.FRACT&QUANT.SERUM	84165	CPT	both			157		12.35 UHC	Medicaid		49.53	31.55			7.5		149.15 percent of total billed charges	
PROTEIN.EP.FRACT&QUANT.SERUM	84165	CPT	both			157		12.35 UHC	Medicare		10.74				7.5		149.15 fee schedule	
PROTEIN.EP.FRACT&QUANT.SERUM	84165	CPT	both			157		12.35 Wellcare	Medicaid		49.53	31.55			7.5		149.15 percent of total billed charges	
PROTEIN.EP.FRACT&QUANT.SERUM	84165	CPT	both			157		12.35 Wellcare	Medicare		10.74				7.5		149.15 fee schedule	
PROTEIN.EP.FRACT&QUANT.SERUM	84165	CPT	both			157		12.35 WellPoint	WellPoint		52.52	32.18			7.5		149.15 percent of total billed charges	
PROTEIN E-PHORESIS/URINE/CSF	84166	CPT	both			167		20.5 Aetna	Medicare		17.83				6.3		158.65 fee schedule	
PROTEIN E-PHORESIS/URINE/CSF	84166	CPT	both			167		20.5 Aetna	Better Health		52.69	31.55			6.3		158.65 percent of total billed charges	
PROTEIN E-PHORESIS/URINE/CSF	84166	CPT	both			167		20.5 Aetna	Commercial		63.46	38			6.3		158.65 percent of total billed charges	
PROTEIN E-PHORESIS/URINE/CSF	84166	CPT	both			167		20.5 Americare	Americare		125.25	75			6.3		158.65 percent of total billed charges	
PROTEIN E-PHORESIS/URINE/CSF	84166	CPT	both			167		20.5 Amerihealth	Medicare		17.83				6.3		158.65 fee schedule	
PROTEIN E-PHORESIS/URINE/CSF	84166	CPT	both			167		20.5 Amerihealth	HMO/PPO		108.55	65			6.3		158.65 percent of total billed charges	
PROTEIN E-PHORESIS/URINE/CSF	84166	CPT	both			167		20.5 Consumer	Consumer		158.65	95			6.3		158.65 percent of total billed charges	
PROTEIN E-PHORESIS/URINE/CSF	84166	CPT	both			167		20.5 Corrections	Corrections		133.6	80			6.3		158.65 percent of total billed charges	
PROTEIN E-PHORESIS/URINE/CSF	84166	CPT	both			167		20.5 First Health	First Health		116.9	70			6.3		158.65 percent of total billed charges	
PROTEIN E-PHORESIS/URINE/CSF	84166	CPT	both			167		20.5 First Trenton	First Trenton		150.3	90			6.3		158.65 percent of total billed charges	
PROTEIN E-PHORESIS/URINE/CSF	84166	CPT	both			167		20.5 Horizon	NJ Health		37.24				6.3		158.65 fee schedule	
PROTEIN E-PHORESIS/URINE/CSF	84166	CPT	both			167		20.5 Horizon	MGD		63.93	38.28			6.3		158.65 percent of total billed charges	
PROTEIN E-PHORESIS/URINE/CSF	84166	CPT	both			167		20.5 Horizon	Indemnity		63.93	38.28			6.3		158.65 percent of total billed charges	
PROTEIN E-PHORESIS/URINE/CSF	84166	CPT	both			167		20.5 Horizon	Medicare Blue		50.1	30			6.3		158.65 percent of total billed charges	
PROTEIN E-PHORESIS/URINE/CSF	84166	CPT	both			167		20.5 Horizon	PPO		63.93	38.28			6.3		158.65 percent of total billed charges	
PROTEIN E-PHORESIS/URINE/CSF	84166	CPT	both			167		20.5 Managed Care Inc	Managed Care Inc		150.3	90			6.3		158.65 percent of total billed charges	
PROTEIN E-PHORESIS/URINE/CSF	84166	CPT	both			167		20.5 Multiplan	Multiplan		133.6	80			6.3		158.65 percent of total billed charges	
PROTEIN E-PHORESIS/URINE/CSF	84166	CPT	both			167		20.5 Qualcare	Qualcare		125.25	75			6.3		158.65 percent of total billed charges	
PROTEIN E-PHORESIS/URINE/CSF	84166	CPT	both			167		20.5 Three Rivers	Three Rivers		158.65	95			6.3		158.65 percent of total billed charges	
PROTEIN E-PHORESIS/URINE/CSF	84166	CPT	both			167		20.5 UHC	Medicaid		52.69	31.55			6.3		158.65 percent of total billed charges	
PROTEIN E-PHORESIS/URINE/CSF	84166	CPT	both			167		20.5 UHC	Medicare		17.83				6.3		158.65 fee schedule	
PROTEIN E-PHORESIS/URINE/CSF	84166	CPT	both			167		20.5 Wellcare	Medicare		17.83				6.3		158.65 fee schedule	
PROTEIN E-PHORESIS/URINE/CSF	84166	CPT	both			167		20.5 Wellcare	Medicaid		52.69	31.55			6.3		158.65 percent of total billed charges	
PROTEIN E-PHORESIS/URINE/CSF	84166	CPT	both			167		20.5 WellPoint	WellPoint		53.74	32.18			6.3		158.65 percent of total billed charges	
WESTERN BLOT, W INTERP & REPORT BLD/BOD	84181	CPT	outpatient			1210		19.58 Aetna	Commercial		459.8	38			16.5		1149.5 percent of total billed charges	
WESTERN BLOT, W INTERP & REPORT BLD/BOD	84181	CPT	outpatient			1210		19.58 Aetna	Better Health		381.76	31.55			16.5		1149.5 percent of total billed charges	
WESTERN BLOT, W INTERP & REPORT BLD/BOD	84181	CPT	outpatient			1210		19.58 Aetna	Medicare		17.03				16.5		1149.5 fee schedule	
WESTERN BLOT, W INTERP & REPORT BLD/BOD	84181	CPT	outpatient			1210		19.58 Americare	Americare		907.5	75			16.5		1149.5 percent of total billed charges	
WESTERN BLOT, W INTERP & REPORT BLD/BOD	84181	CPT	outpatient			1210		19.58 Amerihealth	Medicare		17.03				16.5		1149.5 fee schedule	
WESTERN BLOT, W INTERP & REPORT BLD/BOD	84181	CPT	outpatient			1210		19.58 Amerihealth	HMO/PPO		786.5	65			16.5		1149.5 percent of total billed charges	
WESTERN BLOT, W INTERP & REPORT BLD/BOD	84181	CPT	outpatient			1210		19.58 Consumer	Consumer		1149.5	95			16.5		1149.5 percent of total billed charges	
WESTERN BLOT, W INTERP & REPORT BLD/BOD	84181	CPT	outpatient			1210		19.58 Corrections	Corrections		968	80			16.5		1149.5 percent of total billed charges	
WESTERN BLOT, W INTERP & REPORT BLD/BOD	84181	CPT	outpatient			1210		19.58 First Health	First Health		847	70			16.5		1149.5 percent of total billed charges	
WESTERN BLOT, W INTERP & REPORT BLD/BOD	84181	CPT	outpatient			1210		19.58 First Trenton	First Trenton		1089	90			16.5		1149.5 percent of total billed charges	
WESTERN BLOT, W INTERP & REPORT BLD/BOD	84181	CPT	outpatient			1210		19.58 Horizon	MGD		463.19	38.28			16.5		1149.5 percent of total billed charges	
WESTERN BLOT, W INTERP & REPORT BLD/BOD	84181	CPT	outpatient			1210		19.58 Horizon	Indemnity		463.19	38.28			16.5		1149.5 percent of total billed charges	
WESTERN BLOT, W INTERP & REPORT BLD/BOD	84181	CPT	outpatient			1210		19.58 Horizon	Medicare Blue		363	30			16.5		1149.5 percent of total billed charges	
WESTERN BLOT, W INTERP & REPORT BLD/BOD	84181	CPT	outpatient			1210		19.58 Horizon	PPO		463.19	38.28			16.5		1149.5 percent of total billed charges	
WESTERN BLOT, W INTERP & REPORT BLD/BOD	84181	CPT	outpatient			1210		19.58 Horizon	NJ Health		57.82				16.5		1149.5 fee schedule	
WESTERN BLOT, W INTERP & REPORT BLD/BOD	84181	CPT	outpatient			1210		19.58 Managed Care Inc	Managed Care Inc		1089	90			16.5		1149.5 percent of total billed charges	
WESTERN BLOT, W INTERP & REPORT BLD/BOD	84181	CPT	outpatient			1210		19.58 Multiplan	Multiplan		968	80			16.5		1149.5 percent of total billed charges	
WESTERN BLOT, W INTERP & REPORT BLD/BOD	84181	CPT	outpatient			1210		19.58 Qualcare	Qualcare		907.5	75			16.5		1149.5 percent of total billed charges	
WESTERN BLOT, W INTERP & REPORT BLD/BOD	84181	CPT	outpatient			1210		19.58 Three Rivers	Three Rivers		1149.5	95			16.5		1149.5 percent of total billed charges	
WESTERN BLOT, W INTERP & REPORT BLD/BOD	84181	CPT	outpatient			1210		19.58 UHC	Medicaid		381.76	31.55			16.5		1149.5 percent of total billed charges	
WESTERN BLOT, W INTERP & REPORT BLD/BOD	84181	CPT	outpatient			1210		19.58 UHC	Medicare		17.03				16.5		1149.5 fee schedule	
WESTERN BLOT, W INTERP & REPORT BLD/BOD	84181	CPT	outpatient			1210		19.58 Wellcare	Medicare		17.03				16.5		1149.5 fee schedule	
WESTERN BLOT, W INTERP & REPORT BLD/BOD	84181	CPT	outpatient			1210		19.58 Wellcare	Medicaid		381.76	31.55			16.5		1149.5 percent of total billed charges	
WESTERN BLOT, W INTERP & REPORT BLD/BOD	84181	CPT	outpatient			1210		19.58 WellPoint	WellPoint		389.38	32.18			16.5		1149.5 percent of total billed charges	
YO IGG, IB, SERUM	84182	CPT	both			1622		33.59 Aetna	Medicare		29.21				28.2		1540.9 fee schedule	
YO IGG, IB, SERUM	84182	CPT	both			1622		33.59 Aetna	Better Health		511.74	31.55			28.2		1540.9 percent of total billed charges	
YO IGG, IB, SERUM	84182	CPT	both			1622		33.59 Aetna	Commercial		616.36	38			28.2		1540.9 percent of total billed charges	
YO IGG, IB, SERUM	84182	CPT	both			1622		33.59 Americare	Americare		1216.5	75			28.2		1540.9 percent of total billed charges	
YO IGG, IB, SERUM	84182	CPT	both			1622		33.59 Amerihealth	Medicare		29.21				28.2		1540.9 fee schedule	
YO IGG, IB, SERUM	84182	CPT	both			1622		33.59 Amerihealth	HMO/PPO		1054.3	65			28.2		1540.9 percent of total billed charges	
YO IGG, IB, SERUM	84182	CPT	both			1622		33.59 Consumer	Consumer		1540.9	95			28.2		1540.9 percent of total billed charges	
YO IGG, IB, SERUM	84182	CPT	both			1622		33.59 Corrections	Corrections		1297.6	80			28.2		1540.9 percent of total billed charges	
YO IGG, IB, SERUM	84182	CPT	both			1622		33.59 First Health	First Health		1135.4	70			28.2		1540.9 percent of total billed charges	
YO IGG, IB, SERUM	84182	CPT	both			1622		33.59 First Trenton	First Trenton		1459.8	90			28.2		1540.9 percent of total billed charges	
YO IGG, IB, SERUM	84182	CPT	both			1622		33.59 Horizon	Medicare Blue		486.6	30			28.2		1540.9 percent of total billed charges	
YO IGG, IB, SERUM	84182	CPT	both			1622		33.59 Horizon	NJ Health		57.82				28.2		1540.9 fee schedule	
YO IGG, IB, SERUM	84182	CPT	both			1622		33.59 Horizon	MGD		620.9	38.28			28.2		1540.9 percent of total billed charges	
YO IGG, IB, SERUM	84182	CPT	both			1622		33.59 Horizon	Indemnity		620.9	38.28			28.2		1540.9 percent of total billed charges	
YO IGG, IB, SERUM	84182	CPT	both			1622		33.59 Horizon	PPO		620.9	38.28			28.2		1540.9 percent of total billed charges	
YO IGG, IB, SERUM	84182	CPT	both			1622		33.59 Managed Care Inc	Managed Care Inc		1459.8	90			28.2		1540.9 percent of total billed charges	
YO IGG, IB, SERUM	84182	CPT	both			1622		33.59 Multiplan	Multiplan		1297.6	80			28.2		1540.9 percent of total billed charges	
YO IGG, IB, SERUM	84182	CPT	both			1622		33.59 Qualcare	Qualcare		1216.5	75			28.2		1540.9 percent of total billed charges	
YO IGG, IB, SERUM	84182	CPT	both			1622		33.59 Three Rivers	Three Rivers		1540.9	95			28.2		1540.9 percent of total billed charges	
YO IGG, IB, SERUM	84182	CPT	both			1622		33.59 UHC	Medicare		29.21				28.2		1540.9 fee schedule	
YO IGG, IB, SERUM	84182	CPT	both			1622		33.59 UHC	Medicaid		511.74	31.55			28.2		1540.9 percent of total billed charges	
YO IGG, IB, SERUM	84182	CPT	both			1622		33.59 Wellcare	Medicare		29.21				28.2		1540.9 fee schedule	
YO IGG, IB, SERUM	84182	CPT	both			1622		33.59 Wellcare	Medicaid		511.74	31.55			28.2		1540.9 percent of total billed charges	
YO IGG, IB, SERUM	84182	CPT	both			1622		33.59 WellPoint	WellPoint		521.96	32.18			28.2		1540.9 percent of total billed charges	
PROTOPORPHYRIN,RBC,QAUNT	84202	CPT	both			136		16.5 Aetna	Better Health		42.91	31.55			9.6		129.2 percent of total billed charges	
PROTOPORPHYRIN,RBC,QAUNT	84202	CPT	both			136		16.5 Aetna	Medicare		14.35				9.6		129.2 fee schedule	
PROTOPORPHYRIN,RBC,QAUNT	84202	CPT	both			136		16.5 Aetna	Commercial		51.68	38			9.6		129.2 percent of total billed charges	
PROTOPORPHYRIN,RBC,QAUNT	84202	CPT	both			136		16.5 Americare	Americare		102	75			9.6		129.2 percent of total billed charges	
PROTOPORPHYRIN,RBC,QAUNT	84202	CPT	both			136		16.5 Amerihealth	HMO/PPO		88.4	65			9.6		129.2 percent of total billed charges	
PROTOPORPHYRIN,RBC,QAUNT	84202	CPT	both			136		16.5 Amerihealth	Medicare		14.35				9.6		129.2 fee schedule	
PROTOPORPHYRIN,RBC,QAUNT	84202	CPT	both			136		16.5 Consumer	Consumer		129.2	95			9.6		129.2 percent of total billed charges	
PROTOPORPHYRIN,RBC,QAUNT	84202	CPT	both			136		16.5 Corrections	Corrections		108.8	80			9.6		129.2 percent of total billed charges	
PROTOPORPHYRIN,RBC,QAUNT	84202	CPT	both			136		16.5 First Health	First Health		95.2	70			9.6		129.2 percent of total billed charges	
PROTOPORPHYRIN,RBC,QAUNT	84202	CPT	both			136		16.5 First Trenton	First Trenton		122.4	90			9.6		129.2 percent of total billed charges	
PROTOPORPHYRIN,RBC,QAUNT	84202	CPT	both			136		16.5 Horizon	Medicare Blue		40.8	30			9.6		129.2 percent of total billed charges	
PROTOPORPHYRIN,RBC,QAUNT	84202	CPT	both			136		16.5 Horizon	Indemnity		52.06	38.28			9.6		129.2 percent of total billed charges	
PROTOPORPHYRIN,RBC,QAUNT	84202	CPT	both			136		16.5 Horizon	NJ Health		20.38				9.6		129.2 fee schedule	
PROTOPORPHYRIN,RBC,QAUNT	84202	CPT	both			136		16.5 Horizon	MGD		52.06	38.28			9.6		129.2 percent of total billed charges	
PROTOPORPHYRIN,RBC,QAUNT	84202	CPT	both			136		16.5 Horizon	PPO		52.06	38.28			9.6		129.2 percent of total billed charges	
PROTOPORPHYRIN,RBC,QAUNT	84202	CPT	both			136		16.5 Managed Care Inc	Managed Care Inc		122.4	90			9.6		129.2 percent of total billed charges	
PROTOPORPHYRIN,RBC,QAUNT	84202	CPT	both			136		16.5 Multiplan	Multiplan		108.8	80			9.6		129.2 percent of total billed charges	
PROTOPORPHYRIN,RBC,QAUNT	84202	CPT	both			136		16.5 Qualcare	Qualcare		102	75			9.6		129.2 percent of total billed charges	
PROTOPORPHYRIN,RBC,QAUNT	84202	CPT	both			136		16.5 Three Rivers	Three Rivers		129.2	95			9.6		129.2 percent of total billed charges	
PROTOPORPHYRIN,RBC,QAUNT	84202	CPT	both			136		16.5 UHC	Medicare		14.35				9.6		129.2 fee schedule	
PROTOPORPHYRIN,RBC,QAUNT	84202	CPT	both			136		16.5 UHC	Medicaid		42.91	31.55			9.6		129.2 percent of total billed charges	
PROTOPORPHYRIN,RBC,QAUNT	84202	CPT	both			136		16.5 Wellcare	Medicaid		42.91	31.55			9.6		129.2 percent of total billed charges	
PROTOPORPHYRIN,RBC,QAUNT	84202	CPT	both			136		16.5 Wellcare	Medicare		14.35				9.6		129.2 fee schedule	
PROTOPORPHYRIN,RBC,QAUNT	84202	CPT	both			136		16.5 WellPoint	WellPoint		43.76	32.18			9.6		129.2 percent of total billed charges	
PROINSULIN	84206	CPT	both			73		30.69 Aetna	Better Health		23.03	31.55			21.9		69.35 percent of total billed charges	
PROINSULIN	84206	CPT	both			73		30.69 Aetna	Medicare		26.69				21.9		69.35 fee schedule	
PROINSULIN	84206	CPT	both			73		30.69 Aetna	Commercial		27.74	38			21.9		69.35 percent of total billed charges	
PROINSULIN	84206	CPT	both			73		30.69 Americare	Americare		54.75	75			21.9		69.35 percent of total billed charges	
PROINSULIN	84206	CPT	both			73		30.69 Amerihealth	Medicare		26.69				21.9		69.35 fee schedule	
PROINSULIN	84206	CPT	both			73		30.69 Amerihealth	HMO/PPO		47.45	65			21.9		69.35 percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101191	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
PROINSULIN	84206	CPT	both			73	30.69	Consumer	Consumer		69.35				21.9	69.35	percent of total billed charges	
PROINSULIN	84206	CPT	both			73	30.69	Corrections	Corrections		58.4				21.9	69.35	percent of total billed charges	
PROINSULIN	84206	CPT	both			73	30.69	First Health	First Health		51.1				21.9	69.35	percent of total billed charges	
PROINSULIN	84206	CPT	both			73	30.69	First Trenton	First Trenton		65.7				21.9	69.35	percent of total billed charges	
PROINSULIN	84206	CPT	both			73	30.69	Horizon	MGD		27.94			38.28	21.9	69.35	percent of total billed charges	
PROINSULIN	84206	CPT	both			73	30.69	Horizon	Indemnity		27.94			38.28	21.9	69.35	percent of total billed charges	
PROINSULIN	84206	CPT	both			73	30.69	Horizon	Medicare Blue		21.9			30	21.9	69.35	percent of total billed charges	
PROINSULIN	84206	CPT	both			73	30.69	Horizon	NJ Health		37.24				21.9	69.35	fee schedule	
PROINSULIN	84206	CPT	both			73	30.69	Horizon	PPO		27.94			38.28	21.9	69.35	percent of total billed charges	
PROINSULIN	84206	CPT	both			73	30.69	Managed Care Inc	Managed Care Inc		65.7			90	21.9	69.35	percent of total billed charges	
PROINSULIN	84206	CPT	both			73	30.69	Multiplan	Multiplan		58.4			80	21.9	69.35	percent of total billed charges	
PROINSULIN	84206	CPT	both			73	30.69	Qualcare	Qualcare		54.75			75	21.9	69.35	percent of total billed charges	
PROINSULIN	84206	CPT	both			73	30.69	Three Rivers	Three Rivers		69.35			95	21.9	69.35	percent of total billed charges	
PROINSULIN	84206	CPT	both			73	30.69	UHC	Medicare		26.69				21.9	69.35	fee schedule	
PROINSULIN	84206	CPT	both			73	30.69	UHC	Medicaid		23.03			31.55	21.9	69.35	percent of total billed charges	
PROINSULIN	84206	CPT	both			73	30.69	Wellcare	Medicare		26.69				21.9	69.35	fee schedule	
PROINSULIN	84206	CPT	both			73	30.69	Wellcare	Medicaid		23.03			31.55	21.9	69.35	percent of total billed charges	
PROINSULIN	84206	CPT	both			73	30.69	WellPoint	WellPoint		23.49			32.18	21.9	69.35	percent of total billed charges	
VITAMIN B6 (PIRADOXINE) LAB	84207	CPT	both			401	32.32	Aetna	Better Health		126.52			31.55	19.8	380.95	percent of total billed charges	
VITAMIN B6 (PIRADOXINE) LAB	84207	CPT	both			401	32.32	Aetna	Commercial		152.38			38	19.8	380.95	percent of total billed charges	
VITAMIN B6 (PIRADOXINE) LAB	84207	CPT	both			401	32.32	Aetna	Medicare		28.1				19.8	380.95	fee schedule	
VITAMIN B6 (PIRADOXINE) LAB	84207	CPT	both			401	32.32	Americare	Americare		300.75			75	19.8	380.95	percent of total billed charges	
VITAMIN B6 (PIRADOXINE) LAB	84207	CPT	both			401	32.32	Amerihealth	Medicare		28.1				19.8	380.95	fee schedule	
VITAMIN B6 (PIRADOXINE) LAB	84207	CPT	both			401	32.32	Amerihealth	HMO/PPO		260.65			65	19.8	380.95	percent of total billed charges	
VITAMIN B6 (PIRADOXINE) LAB	84207	CPT	both			401	32.32	Consumer	Consumer		380.95			95	19.8	380.95	percent of total billed charges	
VITAMIN B6 (PIRADOXINE) LAB	84207	CPT	both			401	32.32	Corrections	Corrections		320.8			80	19.8	380.95	percent of total billed charges	
VITAMIN B6 (PIRADOXINE) LAB	84207	CPT	both			401	32.32	First Health	First Health		280.7			70	19.8	380.95	percent of total billed charges	
VITAMIN B6 (PIRADOXINE) LAB	84207	CPT	both			401	32.32	First Trenton	First Trenton		360.9			90	19.8	380.95	percent of total billed charges	
VITAMIN B6 (PIRADOXINE) LAB	84207	CPT	both			401	32.32	Horizon	NJ Health		78.4				19.8	380.95	fee schedule	
VITAMIN B6 (PIRADOXINE) LAB	84207	CPT	both			401	32.32	Horizon	MGD		153.5			38.28	19.8	380.95	percent of total billed charges	
VITAMIN B6 (PIRADOXINE) LAB	84207	CPT	both			401	32.32	Horizon	Indemnity		153.5			38.28	19.8	380.95	percent of total billed charges	
VITAMIN B6 (PIRADOXINE) LAB	84207	CPT	both			401	32.32	Horizon	Medicare Blue		120.3			30	19.8	380.95	percent of total billed charges	
VITAMIN B6 (PIRADOXINE) LAB	84207	CPT	both			401	32.32	Horizon	PPO		153.5			38.28	19.8	380.95	percent of total billed charges	
VITAMIN B6 (PIRADOXINE) LAB	84207	CPT	both			401	32.32	Managed Care Inc	Managed Care Inc		360.9			90	19.8	380.95	percent of total billed charges	
VITAMIN B6 (PIRADOXINE) LAB	84207	CPT	both			401	32.32	Multiplan	Multiplan		320.8			80	19.8	380.95	percent of total billed charges	
VITAMIN B6 (PIRADOXINE) LAB	84207	CPT	both			401	32.32	Qualcare	Qualcare		300.75			75	19.8	380.95	percent of total billed charges	
VITAMIN B6 (PIRADOXINE) LAB	84207	CPT	both			401	32.32	Three Rivers	Three Rivers		380.95			95	19.8	380.95	percent of total billed charges	
VITAMIN B6 (PIRADOXINE) LAB	84207	CPT	both			401	32.32	UHC	Medicaid		126.52			31.55	19.8	380.95	percent of total billed charges	
VITAMIN B6 (PIRADOXINE) LAB	84207	CPT	both			401	32.32	UHC	Medicare		28.1				19.8	380.95	fee schedule	
VITAMIN B6 (PIRADOXINE) LAB	84207	CPT	both			401	32.32	Wellcare	Medicaid		126.52			31.55	19.8	380.95	percent of total billed charges	
VITAMIN B6 (PIRADOXINE) LAB	84207	CPT	both			401	32.32	Wellcare	Medicare		28.1				19.8	380.95	fee schedule	
VITAMIN B6 (PIRADOXINE) LAB	84207	CPT	both			401	32.32	WellPoint	WellPoint		129.04			32.18	19.8	380.95	percent of total billed charges	
PYRUVIC ACID,BLOOD	84210	CPT	both			495	16.65	Aetna	Medicare		152.46			30.8	6.6	470.25	percent of total billed charges	
PYRUVIC ACID,BLOOD	84210	CPT	both			495	16.65	Aetna	Better Health		156.17			31.55	6.6	470.25	percent of total billed charges	
PYRUVIC ACID,BLOOD	84210	CPT	both			495	16.65	Aetna	Commercial		188.1			38	6.6	470.25	percent of total billed charges	
PYRUVIC ACID,BLOOD	84210	CPT	both			495	16.65	Americare	Americare		371.25			75	6.6	470.25	percent of total billed charges	
PYRUVIC ACID,BLOOD	84210	CPT	both			495	16.65	Amerihealth	Medicare		14.48				6.6	470.25	fee schedule	
PYRUVIC ACID,BLOOD	84210	CPT	both			495	16.65	Amerihealth	HMO/PPO		321.75			65	6.6	470.25	percent of total billed charges	
PYRUVIC ACID,BLOOD	84210	CPT	both			495	16.65	Consumer	Consumer		470.25			95	6.6	470.25	percent of total billed charges	
PYRUVIC ACID,BLOOD	84210	CPT	both			495	16.65	Corrections	Corrections		396			80	6.6	470.25	percent of total billed charges	
PYRUVIC ACID,BLOOD	84210	CPT	both			495	16.65	First Health	First Health		346.5			70	6.6	470.25	percent of total billed charges	
PYRUVIC ACID,BLOOD	84210	CPT	both			495	16.65	First Trenton	First Trenton		445.5			90	6.6	470.25	percent of total billed charges	
PYRUVIC ACID,BLOOD	84210	CPT	both			495	16.65	Horizon	Medicare Blue		148.5			30	6.6	470.25	percent of total billed charges	
PYRUVIC ACID,BLOOD	84210	CPT	both			495	16.65	Horizon	MGD		189.49			38.28	6.6	470.25	percent of total billed charges	
PYRUVIC ACID,BLOOD	84210	CPT	both			495	16.65	Horizon	NJ Health		31.36				6.6	470.25	fee schedule	
PYRUVIC ACID,BLOOD	84210	CPT	both			495	16.65	Horizon	Indemnity		189.49			38.28	6.6	470.25	percent of total billed charges	
PYRUVIC ACID,BLOOD	84210	CPT	both			495	16.65	Horizon	PPO		189.49			38.28	6.6	470.25	percent of total billed charges	
PYRUVIC ACID,BLOOD	84210	CPT	both			495	16.65	Managed Care Inc	Managed Care Inc		445.5			90	6.6	470.25	percent of total billed charges	
PYRUVIC ACID,BLOOD	84210	CPT	both			495	16.65	Multiplan	Multiplan		396			80	6.6	470.25	percent of total billed charges	
PYRUVIC ACID,BLOOD	84210	CPT	both			495	16.65	Qualcare	Qualcare		371.25			75	6.6	470.25	percent of total billed charges	
PYRUVIC ACID,BLOOD	84210	CPT	both			495	16.65	Three Rivers	Three Rivers		470.25			95	6.6	470.25	percent of total billed charges	
PYRUVIC ACID,BLOOD	84210	CPT	both			495	16.65	UHC	Medicare		14.48				6.6	470.25	fee schedule	
PYRUVIC ACID,BLOOD	84210	CPT	both			495	16.65	UHC	Medicaid		156.17			31.55	6.6	470.25	percent of total billed charges	
PYRUVIC ACID,BLOOD	84210	CPT	both			495	16.65	Wellcare	Medicare		14.48				6.6	470.25	fee schedule	
PYRUVIC ACID,BLOOD	84210	CPT	both			495	16.65	Wellcare	Medicaid		156.17			31.55	6.6	470.25	percent of total billed charges	
PYRUVIC ACID,BLOOD	84210	CPT	both			495	16.65	WellPoint	WellPoint		159.29			32.18	6.6	470.25	percent of total billed charges	
PYRUVATE KINASE	84220	CPT	outpatient			121	10.86	Aetna	Better Health		38.18			31.55	9.44	114.95	percent of total billed charges	
PYRUVATE KINASE	84220	CPT	outpatient			121	10.86	Aetna	Commercial		45.98			38	9.44	114.95	percent of total billed charges	
PYRUVATE KINASE	84220	CPT	outpatient			121	10.86	Aetna	Medicare		9.44				9.44	114.95	fee schedule	
PYRUVATE KINASE	84220	CPT	outpatient			121	10.86	Americare	Americare		90.75			75	9.44	114.95	percent of total billed charges	
PYRUVATE KINASE	84220	CPT	outpatient			121	10.86	Amerihealth	HMO/PPO		78.65			65	9.44	114.95	percent of total billed charges	
PYRUVATE KINASE	84220	CPT	outpatient			121	10.86	Amerihealth	Medicare		9.44				9.44	114.95	fee schedule	
PYRUVATE KINASE	84220	CPT	outpatient			121	10.86	Consumer	Consumer		114.95			95	9.44	114.95	percent of total billed charges	
PYRUVATE KINASE	84220	CPT	outpatient			121	10.86	Corrections	Corrections		96.8			80	9.44	114.95	percent of total billed charges	
PYRUVATE KINASE	84220	CPT	outpatient			121	10.86	First Health	First Health		84.7			70	9.44	114.95	percent of total billed charges	
PYRUVATE KINASE	84220	CPT	outpatient			121	10.86	First Trenton	First Trenton		108.9			90	9.44	114.95	percent of total billed charges	
PYRUVATE KINASE	84220	CPT	outpatient			121	10.86	Horizon	Indemnity		46.32			38.28	9.44	114.95	percent of total billed charges	
PYRUVATE KINASE	84220	CPT	outpatient			121	10.86	Horizon	Medicare Blue		36.3			30	9.44	114.95	percent of total billed charges	
PYRUVATE KINASE	84220	CPT	outpatient			121	10.86	Horizon	MGD		46.32			38.28	9.44	114.95	percent of total billed charges	
PYRUVATE KINASE	84220	CPT	outpatient			121	10.86	Horizon	NJ Health		28.03				9.44	114.95	fee schedule	
PYRUVATE KINASE	84220	CPT	outpatient			121	10.86	Horizon	PPO		46.32			38.28	9.44	114.95	percent of total billed charges	
PYRUVATE KINASE	84220	CPT	outpatient			121	10.86	Managed Care Inc	Managed Care Inc		108.9			90	9.44	114.95	percent of total billed charges	
PYRUVATE KINASE	84220	CPT	outpatient			121	10.86	Multiplan	Multiplan		96.8			80	9.44	114.95	percent of total billed charges	
PYRUVATE KINASE	84220	CPT	outpatient			121	10.86	Qualcare	Qualcare		90.75			75	9.44	114.95	percent of total billed charges	
PYRUVATE KINASE	84220	CPT	outpatient			121	10.86	Three Rivers	Three Rivers		114.95			95	9.44	114.95	percent of total billed charges	
PYRUVATE KINASE	84220	CPT	outpatient			121	10.86	UHC	Medicaid		38.18			31.55	9.44	114.95	percent of total billed charges	
PYRUVATE KINASE	84220	CPT	outpatient			121	10.86	UHC	Medicare		9.44				9.44	114.95	fee schedule	
PYRUVATE KINASE	84220	CPT	outpatient			121	10.86	Wellcare	Medicaid		38.18			31.55	9.44	114.95	percent of total billed charges	
PYRUVATE KINASE	84220	CPT	outpatient			121	10.86	Wellcare	Medicare		9.44				9.44	114.95	fee schedule	
PYRUVATE KINASE	84220	CPT	outpatient			121	10.86	WellPoint	WellPoint		38.94			32.18	9.44	114.95	percent of total billed charges	
SOLUBLE TRANSFERRIN RECEPTOR(143305)	84238	CPT	both			495	42.06	Aetna	Better Health		156.17			31.55	21.3	470.25	percent of total billed charges	
SOLUBLE TRANSFERRIN RECEPTOR(143305)	84238	CPT	both			495	42.06	Aetna	Commercial		188.1			38	21.3	470.25	percent of total billed charges	
SOLUBLE TRANSFERRIN RECEPTOR(143305)	84238	CPT	both			495	42.06	Aetna	Medicare		152.46			30.8	21.3	470.25	percent of total billed charges	
SOLUBLE TRANSFERRIN RECEPTOR(143305)	84238	CPT	both			495	42.06	Americare	Americare		371.25			75	21.3	470.25	percent of total billed charges	
SOLUBLE TRANSFERRIN RECEPTOR(143305)	84238	CPT	both			495	42.06	Amerihealth	HMO/PPO		321.75			65	21.3	470.25	percent of total billed charges	
SOLUBLE TRANSFERRIN RECEPTOR(143305)	84238	CPT	both			495	42.06	Amerihealth	Medicare		36.57				21.3	470.25	fee schedule	
SOLUBLE TRANSFERRIN RECEPTOR(143305)	84238	CPT	both			495	42.06	Consumer	Consumer		470.25			95	21.3	470.25	percent of total billed charges	
SOLUBLE TRANSFERRIN RECEPTOR(143305)	84238	CPT	both			495	42.06	Corrections	Corrections		396			80	21.3	470.25	percent of total billed charges	
SOLUBLE TRANSFERRIN RECEPTOR(143305)	84238	CPT	both			495	42.06	First Health	First Health		346.5			70	21.3	470.25	percent of total billed charges	
SOLUBLE TRANSFERRIN RECEPTOR(143305)	84238	CPT	both			495	42.06	First Trenton	First Trenton		445.5			90	21.3	470.25	percent of total billed charges	
SOLUBLE TRANSFERRIN RECEPTOR(143305)	84238	CPT	both			495	42.06	Horizon	NJ Health		92.71				21.3	470.25	fee schedule	
SOLUBLE TRANSFERRIN RECEPTOR(143305)	84238	CPT	both			495	42.06	Horizon	MGD		189.49			38.28	21.3	470.25	percent of total billed charges	
SOLUBLE TRANSFERRIN RECEPTOR(143305)	84238	CPT	both			495	42.06	Horizon	Indemnity		189.49			38.28	21.3	470.25	percent of total billed charges	
SOLUBLE TRANSFERRIN RECEPTOR(143305)	84238	CPT	both			495	42.06	Horizon	Medicare Blue		148.5			30	21.3	470.25	percent of total billed charges	
SOLUBLE TRANSFERRIN RECEPTOR(143305)	84238	CPT	both			495	42.06	Horizon	PPO		189.49			38.28	21.3	470.25	percent of total billed charges	
SOLUBLE TRANSFERRIN RECEPTOR(143305)	84238	CPT	both			495	42.06	Managed Care Inc	Managed Care Inc		445.5			90	21.3	470.25	percent of total billed charges	
SOLUBLE TRANSFERRIN RECEPTOR(143305)	84238	CPT	both			495	42.06	Multiplan	Multiplan		396			80	21.3	470.25	percent of total billed charges	
SOLUBLE TRANSFERRIN RECEPTOR(143305)	84238	CPT	both			495	42.06	Qualcare	Qualcare		371.25			75	21.3	470.25	percent of total billed charges	
SOLUBLE TRANSFERRIN RECEPTOR(143305)	84238	CPT	both			495	42.06	Three Rivers	Three Rivers		470.25			95	21.3	470.25	percent of total billed charges	
SOLUBLE TRANSFERRIN RECEPTOR(143305)	84238	CPT	both			495	42.06	UHC	Medicaid		156.17			31.55	21.3	470.25	percent of total billed charges	
SOLUBLE TRANSFERRIN RECEPTOR(143305)	84238	CPT	both			495	42.06	UHC	Medicare		36.57				21.3	470.25	fee schedule	
SOLUBLE TRANSFERRIN RECEPTOR(143305)	84238	CPT	both			495	42.06	Wellcare	Medicaid		156.17			31.55	21.3	470.25	percent of total billed charges	
SOLUBLE TRANSFERRIN RECEPTOR(143305)	84238	CPT	both			495	42.06	Wellcare	Medicare		36.57				21.3	470.25	fee schedule	
SOLUBLE TRANSFERRIN RECEPTOR(143305)	84238	CPT	both			495	42.06	WellPoint	WellPoint		159.29			32.18	21.3	470.25	percent of total billed charges	
RENIN LEVEL	84244	CPT	both			71	25.29	Aetna	Medicare		21.99				15	67.45	fee schedule	
RENIN LEVEL	84244	CPT	both			71	25.29	Aetna	Better Health		22.4			31.55	15	67.45	percent of total billed charges	
RENIN LEVEL	84244	CPT	both			71	25.29	Aetna	Commercial		26.98			38	15	67.45	percent of total billed charges	
RENIN LEVEL	84244	CPT	both			71	25.29	Americare	Americare		53.25			75	15	67.45	percent of total billed charges	
RENIN LEVEL	84244	CPT	both			71	25.29	Amerihealth	HMO/PPO		46.15			65	15	67.45	percent of total billed charges	
RENIN LEVEL	84244	CPT	both			71	25.29	Amerihealth	Medicare		21.99				15	67.45	fee schedule	
RENIN LEVEL	84244	CPT	both			71	25.29	Consumer	Consumer		67.45			95	15	67.45	percent of total billed charges	
RENIN LEVEL	84244	CPT	both			71	25.29	Corrections	Corrections		56.8			80	15	67.45	percent of total billed charges	
RENIN LEVEL	84244	CPT	both			71	25.29	First Health	First Health		49.7			70	15	67.45	percent of total billed charges	
RENIN LEVEL	84244	CPT	both			71	25.29	First Trenton	First Trenton		63.9			90	15	67.45	percent of total billed charges	
RENIN LEVEL	84244	CPT	both			71	25.29	Horizon	MGD		27.18			38.28	15	67.45	percent of total billed charges	
RENIN LEVEL	84244	CPT	both			71	25.29	Horizon	Indemnity		27.18			38.28	15	67.45	percent of total billed charges	
RENIN LEVEL	84244	CPT	both			71	25.29	Horizon	NJ Health		49				15	67.45	fee schedule	
RENIN LEVEL	84244	CPT	both			71	25.29	Horizon	Medicare Blue		21.3			30	15	67.45	percent of total billed charges	
RENIN LEVEL	84244	CPT	both			71	25.29	Horizon	PPO		27.18			38.28	15	67.45	percent of total billed charges	
RENIN LEVEL	84244	CPT	both			71	25.29	Managed Care Inc	Managed Care Inc		63.9			90	15	67.45	percent of total billed charges	
RENIN LEVEL	84244	CPT	both			71	25.29	Multiplan	Multiplan		56.8			80	15	67.45	percent of total billed charges	
RENIN LEVEL	84244	CPT	both			71	25.29	Qualcare	Qualcare		53.25			75	15	67.45	percent of total billed charges	
RENIN LEVEL	84244	CPT	both			71	25.29	Three Rivers	Three Rivers		67.45			95	15	67.45	percent of total billed charges	
RENIN LEVEL	84244	CPT	both			71	25.29	UHC	Medicaid		22.4			31.55	15	67.45	percent of total billed charges	
RENIN LEVEL	84244	CPT	both			71	25.29	UHC	Medicare		21.99				15	67.45	fee schedule	
RENIN LEVEL	84244	CPT	both			71	25.29	Wellcare	Medicaid		22.4			31.55	15	67.45	percent of total billed charges	
RENIN LEVEL	84244	CPT	both			71	25.29	Wellcare	Medicare		21.99				15	67.45	fee schedule	
RENIN LEVEL	84244	CPT	both			71	25.29	WellPoint	WellPoint		22.85			32.18	15	67.45	percent of total billed charges	
VITAMIN B2, WHOLE BLOOD	84252	CPT	both			298	23.28	Aetna	Medicare		91.78			30.8	20.24	283.1	percent of total billed charges	
VITAMIN B2, WHOLE BLOOD	84252	CPT	both			298	23.28	Aetna	Commercial		113.24			38	20.24	283.1	percent of total billed charges	
VITAMIN B2, WHOLE BLOOD	84252	CPT	both			298	23.28	Aetna	Better Health		94.02			31.55	20.24	283.1	percent of total billed charges	
VITAMIN B2, WHOLE BLOOD	84252	CPT	both			298	23.28	Americare	Americare		223.5			75	20.24	283.1	percent of total billed charges	
VITAMIN B2, WHOLE BLOOD	84252	CPT	both			298	23.28	Amerihealth	HMO/PPO		193.7			65	20.24	283.1	percent of total billed charges	
VITAMIN B2, WHOLE BLOOD	84252	CPT	both			298	23.28	Amerihealth	Medicare		20.24				20.24	283.1	fee schedule	
VITAMIN B2, WHOLE BLOOD	84252	CPT	both			298	23.28	Consumer	Consumer		283.1			95	20.24	283.1	percent of total billed charges	
VITAMIN B2, WHOLE BLOOD	84252	CPT	both			298	23.28	Corrections	Corrections		238.4			80	20.24	283.1	percent of total billed charges	
VITAMIN B2, WHOLE BLOOD	84252	CPT	both			298	23.28	First Health	First Health		208.6			70	20.24	283.1	percent of total billed charges	
VITAMIN B2, WHOLE BLOOD	84252	CPT	both			298	23.28	First Trenton	First Trenton		268.2			90	20.24	283.1	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
VITAMIN B2, WHOLE BLOOD	84252	CPT	both			298	23.28	Horizon	Medicare Blue		89.4	30			20.24		283.1 percent of total billed charges	
VITAMIN B2, WHOLE BLOOD	84252	CPT	both			298	23.28	Horizon	Indemnity		114.07	38.28			20.24		283.1 percent of total billed charges	
VITAMIN B2, WHOLE BLOOD	84252	CPT	both			298	23.28	Horizon	MGD		114.07	38.28			20.24		283.1 percent of total billed charges	
VITAMIN B2, WHOLE BLOOD	84252	CPT	both			298	23.28	Horizon	NJ Health		64.68				20.24		283.1 fee schedule	
VITAMIN B2, WHOLE BLOOD	84252	CPT	both			298	23.28	Horizon	PPO		114.07	38.28			20.24		283.1 percent of total billed charges	
VITAMIN B2, WHOLE BLOOD	84252	CPT	both			298	23.28	Managed Care Inc	Managed Care Inc		268.2	90			20.24		283.1 percent of total billed charges	
VITAMIN B2, WHOLE BLOOD	84252	CPT	both			298	23.28	Multiplan	Multiplan		238.4	80			20.24		283.1 percent of total billed charges	
VITAMIN B2, WHOLE BLOOD	84252	CPT	both			298	23.28	Qualcare	Qualcare		223.5	75			20.24		283.1 percent of total billed charges	
VITAMIN B2, WHOLE BLOOD	84252	CPT	both			298	23.28	Three Rivers	Three Rivers		283.1	95			20.24		283.1 percent of total billed charges	
VITAMIN B2, WHOLE BLOOD	84252	CPT	both			298	23.28	UHC	Medicare		20.24				20.24		283.1 fee schedule	
VITAMIN B2, WHOLE BLOOD	84252	CPT	both			298	23.28	UHC	Medicaid		94.02	31.55			20.24		283.1 percent of total billed charges	
VITAMIN B2, WHOLE BLOOD	84252	CPT	both			298	23.28	Wellcare	Medicare		20.24				20.24		283.1 fee schedule	
VITAMIN B2, WHOLE BLOOD	84252	CPT	both			298	23.28	Wellcare	Medicaid		94.02	31.55			20.24		283.1 percent of total billed charges	
VITAMIN B2, WHOLE BLOOD	84252	CPT	both			298	23.28	WellPoint	WellPoint		95.9	32.18			20.24		283.1 percent of total billed charges	
SELENIUM SERUM/PLASMA	84255	CPT	both			82	29.36	Aetna	Medicare		25.53				20.1		77.9 fee schedule	
SELENIUM SERUM/PLASMA	84255	CPT	both			82	29.36	Aetna	Better Health		25.87	31.55			20.1		77.9 percent of total billed charges	
SELENIUM SERUM/PLASMA	84255	CPT	both			82	29.36	Aetna	Commercial		31.16	38			20.1		77.9 percent of total billed charges	
SELENIUM SERUM/PLASMA	84255	CPT	both			82	29.36	Americare	Americare		61.5	75			20.1		77.9 percent of total billed charges	
SELENIUM SERUM/PLASMA	84255	CPT	both			82	29.36	Amerihealth	Medicare		25.53				20.1		77.9 fee schedule	
SELENIUM SERUM/PLASMA	84255	CPT	both			82	29.36	Amerihealth	HMO/PPO		53.3	65			20.1		77.9 percent of total billed charges	
SELENIUM SERUM/PLASMA	84255	CPT	both			82	29.36	Consumer	Consumer		77.9	95			20.1		77.9 percent of total billed charges	
SELENIUM SERUM/PLASMA	84255	CPT	both			82	29.36	Corrections	Corrections		65.6	80			20.1		77.9 percent of total billed charges	
SELENIUM SERUM/PLASMA	84255	CPT	both			82	29.36	First Health	First Health		57.4	70			20.1		77.9 percent of total billed charges	
SELENIUM SERUM/PLASMA	84255	CPT	both			82	29.36	First Trenton	First Trenton		73.8	90			20.1		77.9 percent of total billed charges	
SELENIUM SERUM/PLASMA	84255	CPT	both			82	29.36	Horizon	MGD		31.39	38.28			20.1		77.9 percent of total billed charges	
SELENIUM SERUM/PLASMA	84255	CPT	both			82	29.36	Horizon	Indemnity		31.39	38.28			20.1		77.9 percent of total billed charges	
SELENIUM SERUM/PLASMA	84255	CPT	both			82	29.36	Horizon	Medicare Blue		24.6	30			20.1		77.9 percent of total billed charges	
SELENIUM SERUM/PLASMA	84255	CPT	both			82	29.36	Horizon	PPO		31.39	38.28			20.1		77.9 percent of total billed charges	
SELENIUM SERUM/PLASMA	84255	CPT	both			82	29.36	Horizon	NJ Health		58.02				20.1		77.9 fee schedule	
SELENIUM SERUM/PLASMA	84255	CPT	both			82	29.36	Managed Care Inc	Managed Care Inc		73.8	90			20.1		77.9 percent of total billed charges	
SELENIUM SERUM/PLASMA	84255	CPT	both			82	29.36	Multiplan	Multiplan		65.6	80			20.1		77.9 percent of total billed charges	
SELENIUM SERUM/PLASMA	84255	CPT	both			82	29.36	Qualcare	Qualcare		61.5	75			20.1		77.9 percent of total billed charges	
SELENIUM SERUM/PLASMA	84255	CPT	both			82	29.36	Three Rivers	Three Rivers		77.9	95			20.1		77.9 percent of total billed charges	
SELENIUM SERUM/PLASMA	84255	CPT	both			82	29.36	UHC	Medicare		25.53				20.1		77.9 fee schedule	
SELENIUM SERUM/PLASMA	84255	CPT	both			82	29.36	UHC	Medicaid		25.87	31.55			20.1		77.9 percent of total billed charges	
SELENIUM SERUM/PLASMA	84255	CPT	both			82	29.36	Wellcare	Medicare		25.53				20.1		77.9 fee schedule	
SELENIUM SERUM/PLASMA	84255	CPT	both			82	29.36	Wellcare	Medicaid		25.87	31.55			20.1		77.9 percent of total billed charges	
SELENIUM SERUM/PLASMA	84255	CPT	both			82	29.36	WellPoint	WellPoint		26.39	32.18			20.1		77.9 percent of total billed charges	
SEROTONIN, SERUM	84260	CPT	outpatient			49	35.63	Aetna	Better Health		15.46	31.55			14.7		99.18 percent of total billed charges	
SEROTONIN, SERUM	84260	CPT	outpatient			49	35.63	Aetna	Medicare		15.09	30.8			14.7		99.18 percent of total billed charges	
SEROTONIN, SERUM	84260	CPT	outpatient			49	35.63	Aetna	Commercial		18.62	38			14.7		99.18 percent of total billed charges	
SEROTONIN, SERUM	84260	CPT	outpatient			49	35.63	Americare	Americare		36.75	75			14.7		99.18 percent of total billed charges	
SEROTONIN, SERUM	84260	CPT	outpatient			49	35.63	Amerihealth	Medicare		30.98				14.7		99.18 fee schedule	
SEROTONIN, SERUM	84260	CPT	outpatient			49	35.63	Amerihealth	HMO/PPO		31.85	65			14.7		99.18 percent of total billed charges	
SEROTONIN, SERUM	84260	CPT	outpatient			49	35.63	Consumer	Consumer		46.55	95			14.7		99.18 percent of total billed charges	
SEROTONIN, SERUM	84260	CPT	outpatient			49	35.63	Corrections	Corrections		39.2	80			14.7		99.18 percent of total billed charges	
SEROTONIN, SERUM	84260	CPT	outpatient			49	35.63	First Health	First Health		34.3	70			14.7		99.18 percent of total billed charges	
SEROTONIN, SERUM	84260	CPT	outpatient			49	35.63	First Trenton	First Trenton		44.1	90			14.7		99.18 percent of total billed charges	
SEROTONIN, SERUM	84260	CPT	outpatient			49	35.63	Horizon	MGD		18.76	38.28			14.7		99.18 percent of total billed charges	
SEROTONIN, SERUM	84260	CPT	outpatient			49	35.63	Horizon	Medicare Blue		14.7	30			14.7		99.18 percent of total billed charges	
SEROTONIN, SERUM	84260	CPT	outpatient			49	35.63	Horizon	NJ Health		99.18				14.7		99.18 fee schedule	
SEROTONIN, SERUM	84260	CPT	outpatient			49	35.63	Horizon	Indemnity		18.76	38.28			14.7		99.18 percent of total billed charges	
SEROTONIN, SERUM	84260	CPT	outpatient			49	35.63	Horizon	PPO		18.76	38.28			14.7		99.18 percent of total billed charges	
SEROTONIN, SERUM	84260	CPT	outpatient			49	35.63	Managed Care Inc	Managed Care Inc		44.1	90			14.7		99.18 percent of total billed charges	
SEROTONIN, SERUM	84260	CPT	outpatient			49	35.63	Multiplan	Multiplan		39.2	80			14.7		99.18 percent of total billed charges	
SEROTONIN, SERUM	84260	CPT	outpatient			49	35.63	Qualcare	Qualcare		36.75	75			14.7		99.18 percent of total billed charges	
SEROTONIN, SERUM	84260	CPT	outpatient			49	35.63	Three Rivers	Three Rivers		46.55	95			14.7		99.18 percent of total billed charges	
SEROTONIN, SERUM	84260	CPT	outpatient			49	35.63	UHC	Medicaid		15.46	31.55			14.7		99.18 percent of total billed charges	
SEROTONIN, SERUM	84260	CPT	outpatient			49	35.63	UHC	Medicare		30.98				14.7		99.18 fee schedule	
SEROTONIN, SERUM	84260	CPT	outpatient			49	35.63	Wellcare	Medicare		30.98				14.7		99.18 fee schedule	
SEROTONIN, SERUM	84260	CPT	outpatient			49	35.63	Wellcare	Medicaid		15.46	31.55			14.7		99.18 percent of total billed charges	
SEROTONIN, SERUM	84260	CPT	outpatient			49	35.63	WellPoint	WellPoint		15.77	32.18			14.7		99.18 percent of total billed charges	
TESTOST BIND PROTEIN	84270	CPT	both			236	24.99	Aetna	Better Health		74.46	31.55			15.3		224.2 percent of total billed charges	
TESTOST BIND PROTEIN	84270	CPT	both			236	24.99	Aetna	Medicare		72.69	30.8			15.3		224.2 percent of total billed charges	
TESTOST BIND PROTEIN	84270	CPT	both			236	24.99	Aetna	Commercial		89.68	38			15.3		224.2 percent of total billed charges	
TESTOST BIND PROTEIN	84270	CPT	both			236	24.99	Americare	Americare		177	75			15.3		224.2 percent of total billed charges	
TESTOST BIND PROTEIN	84270	CPT	both			236	24.99	Amerihealth	HMO/PPO		153.4	65			15.3		224.2 percent of total billed charges	
TESTOST BIND PROTEIN	84270	CPT	both			236	24.99	Amerihealth	Medicare		21.73				15.3		224.2 fee schedule	
TESTOST BIND PROTEIN	84270	CPT	both			236	24.99	Consumer	Consumer		224.2	95			15.3		224.2 percent of total billed charges	
TESTOST BIND PROTEIN	84270	CPT	both			236	24.99	Corrections	Corrections		188.8	80			15.3		224.2 percent of total billed charges	
TESTOST BIND PROTEIN	84270	CPT	both			236	24.99	First Health	First Health		165.2	70			15.3		224.2 percent of total billed charges	
TESTOST BIND PROTEIN	84270	CPT	both			236	24.99	First Trenton	First Trenton		212.4	90			15.3		224.2 percent of total billed charges	
TESTOST BIND PROTEIN	84270	CPT	both			236	24.99	Horizon	MGD		90.34	38.28			15.3		224.2 percent of total billed charges	
TESTOST BIND PROTEIN	84270	CPT	both			236	24.99	Horizon	Indemnity		90.34	38.28			15.3		224.2 percent of total billed charges	
TESTOST BIND PROTEIN	84270	CPT	both			236	24.99	Horizon	Medicare Blue		70.8	30			15.3		224.2 percent of total billed charges	
TESTOST BIND PROTEIN	84270	CPT	both			236	24.99	Horizon	NJ Health		49				15.3		224.2 fee schedule	
TESTOST BIND PROTEIN	84270	CPT	both			236	24.99	Horizon	PPO		90.34	38.28			15.3		224.2 percent of total billed charges	
TESTOST BIND PROTEIN	84270	CPT	both			236	24.99	Managed Care Inc	Managed Care Inc		212.4	90			15.3		224.2 percent of total billed charges	
TESTOST BIND PROTEIN	84270	CPT	both			236	24.99	Multiplan	Multiplan		188.8	80			15.3		224.2 percent of total billed charges	
TESTOST BIND PROTEIN	84270	CPT	both			236	24.99	Qualcare	Qualcare		177	75			15.3		224.2 percent of total billed charges	
TESTOST BIND PROTEIN	84270	CPT	both			236	24.99	Three Rivers	Three Rivers		224.2	95			15.3		224.2 percent of total billed charges	
TESTOST BIND PROTEIN	84270	CPT	both			236	24.99	UHC	Medicare		21.73				15.3		224.2 fee schedule	
TESTOST BIND PROTEIN	84270	CPT	both			236	24.99	UHC	Medicaid		74.46	31.55			15.3		224.2 percent of total billed charges	
TESTOST BIND PROTEIN	84270	CPT	both			236	24.99	Wellcare	Medicaid		74.46	31.55			15.3		224.2 percent of total billed charges	
TESTOST BIND PROTEIN	84270	CPT	both			236	24.99	Wellcare	Medicare		21.73				15.3		224.2 fee schedule	
TESTOST BIND PROTEIN	84270	CPT	both			236	24.99	WellPoint	WellPoint		75.94	32.18			15.3		224.2 percent of total billed charges	
SODIUM	84295	CPT	both			70	5.53	Aetna	Commercial		26.6	38			3.9		66.5 percent of total billed charges	
SODIUM	84295	CPT	both			70	5.53	Aetna	Medicare		4.81				3.9		66.5 fee schedule	
SODIUM	84295	CPT	both			70	5.53	Aetna	Better Health		22.09	31.55			3.9		66.5 percent of total billed charges	
SODIUM	84295	CPT	both			70	5.53	Americare	Americare		52.5	75			3.9		66.5 percent of total billed charges	
SODIUM	84295	CPT	both			70	5.53	Amerihealth	Medicare		4.81				3.9		66.5 fee schedule	
SODIUM	84295	CPT	both			70	5.53	Amerihealth	HMO/PPO		45.5	65			3.9		66.5 percent of total billed charges	
SODIUM	84295	CPT	both			70	5.53	Consumer	Consumer		66.5	95			3.9		66.5 percent of total billed charges	
SODIUM	84295	CPT	both			70	5.53	Corrections	Corrections		56	80			3.9		66.5 percent of total billed charges	
SODIUM	84295	CPT	both			70	5.53	First Health	First Health		49	70			3.9		66.5 percent of total billed charges	
SODIUM	84295	CPT	both			70	5.53	First Trenton	First Trenton		63	90			3.9		66.5 percent of total billed charges	
SODIUM	84295	CPT	both			70	5.53	Horizon	MGD		26.8	38.28			3.9		66.5 percent of total billed charges	
SODIUM	84295	CPT	both			70	5.53	Horizon	Medicare Blue		21	30			3.9		66.5 percent of total billed charges	
SODIUM	84295	CPT	both			70	5.53	Horizon	Indemnity		26.8	38.28			3.9		66.5 percent of total billed charges	
SODIUM	84295	CPT	both			70	5.53	Horizon	NJ Health		7.64				3.9		66.5 fee schedule	
SODIUM	84295	CPT	both			70	5.53	Horizon	PPO		26.8	38.28			3.9		66.5 percent of total billed charges	
SODIUM	84295	CPT	both			70	5.53	Managed Care Inc	Managed Care Inc		63	90			3.9		66.5 percent of total billed charges	
SODIUM	84295	CPT	both			70	5.53	Multiplan	Multiplan		56	80			3.9		66.5 percent of total billed charges	
SODIUM	84295	CPT	both			70	5.53	Qualcare	Qualcare		52.5	75			3.9		66.5 percent of total billed charges	
SODIUM	84295	CPT	both			70	5.53	Three Rivers	Three Rivers		66.5	95			3.9		66.5 percent of total billed charges	
SODIUM	84295	CPT	both			70	5.53	UHC	Medicaid		22.09	31.55			3.9		66.5 percent of total billed charges	
SODIUM	84295	CPT	both			70	5.53	UHC	Medicare		4.81				3.9		66.5 fee schedule	
SODIUM	84295	CPT	both			70	5.53	Wellcare	Medicare		4.81				3.9		66.5 fee schedule	
SODIUM	84295	CPT	both			70	5.53	Wellcare	Medicaid		22.09	31.55			3.9		66.5 percent of total billed charges	
SODIUM	84295	CPT	both			70	5.53	WellPoint	WellPoint		22.53	32.18			3.9		66.5 percent of total billed charges	
SODIUM, URINE	84300	CPT	both			100	5.82	Aetna	Medicare		5.06				5.06		95 fee schedule	
SODIUM, URINE	84300	CPT	both			100	5.82	Aetna	Commercial		38	38			5.06		95 percent of total billed charges	
SODIUM, URINE	84300	CPT	both			100	5.82	Aetna	Better Health		31.55	31.55			5.06		95 percent of total billed charges	
SODIUM, URINE	84300	CPT	both			100	5.82	Americare	Americare		75	75			5.06		95 percent of total billed charges	
SODIUM, URINE	84300	CPT	both			100	5.82	Amerihealth	Medicare		5.06				5.06		95 fee schedule	
SODIUM, URINE	84300	CPT	both			100	5.82	Amerihealth	HMO/PPO		65	65			5.06		95 percent of total billed charges	
SODIUM, URINE	84300	CPT	both			100	5.82	Consumer	Consumer		95	95			5.06		95 percent of total billed charges	
SODIUM, URINE	84300	CPT	both			100	5.82	Corrections	Corrections		80	80			5.06		95 percent of total billed charges	
SODIUM, URINE	84300	CPT	both			100	5.82	First Health	First Health		70	70			5.06		95 percent of total billed charges	
SODIUM, URINE	84300	CPT	both			100	5.82	First Trenton	First Trenton		90	90			5.06		95 percent of total billed charges	
SODIUM, URINE	84300	CPT	both			100	5.82	Horizon	Medicare Blue		30	30			5.06		95 percent of total billed charges	
SODIUM, URINE	84300	CPT	both			100	5.82	Horizon	Indemnity		38.28	38.28			5.06		95 percent of total billed charges	
SODIUM, URINE	84300	CPT	both			100	5.82	Horizon	MGD		38.28	38.28			5.06		95 percent of total billed charges	
SODIUM, URINE	84300	CPT	both			100	5.82	Horizon	PPO		38.28	38.28			5.06		95 percent of total billed charges	
SODIUM, URINE	84300	CPT	both			100	5.82	Horizon	NJ Health		7.64				5.06		95 fee schedule	
SODIUM, URINE	84300	CPT	both			100	5.82	Managed Care Inc	Managed Care Inc		90	90			5.06		95 percent of total billed charges	
SODIUM, URINE	84300	CPT	both			100	5.82	Multiplan	Multiplan		80	80			5.06		95 percent of total billed charges	
SODIUM, URINE	84300	CPT	both			100	5.82	Qualcare	Qualcare		75	75			5.06		95 percent of total billed charges	
SODIUM, URINE	84300	CPT	both			100	5.82	Three Rivers	Three Rivers		95	95			5.06		95 percent of total billed charges	
SODIUM, URINE	84300	CPT	both			100	5.82	UHC	Medicare		5.06				5.06		95 fee schedule	
SODIUM, URINE	84300	CPT	both			100	5.82	UHC	Medicaid		31.55	31.55			5.06		95 percent of total billed charges	
SODIUM, URINE	84300	CPT	both			100	5.82	Wellcare	Medicare		5.06				5.06		95 fee schedule	
SODIUM, URINE	84300	CPT	both			100	5.82	Wellcare	Medicaid		31.55	31.55			5.06		95 percent of total billed charges	
SODIUM, URINE	84300	CPT	both			100	5.82	WellPoint	WellPoint		32.18	32.18			5.06		95 percent of total billed charges	
SODIUM,FECAL	84302	CPT	both			280	5.59	Aetna	Commercial		106.4	38			4.86		266 percent of total billed charges	
SODIUM,FECAL	84302	CPT	both			280	5.59	Aetna	Better Health		88.34	31.55			4.86		266 percent of total billed charges	
SODIUM,FECAL	84302	CPT	both			280	5.59	Aetna	Medicare		4.86				4.86		266 fee schedule	
SODIUM,FECAL	84302	CPT	both			280	5.59	Americare	Americare		210	75			4.86		266 percent of total billed charges	
SODIUM,FECAL	84302	CPT	both			280	5.59	Amerihealth	Medicare		4.86				4.86		266 fee schedule	
SODIUM,FECAL	84302	CPT	both			280	5.59	Amerihealth	HMO/PPO		182	65			4.86		266 percent of total billed charges	
SODIUM,FECAL	84302	CPT	both			280	5.59	Consumer	Consumer		266	95			4.86		266 percent of total billed charges	
SODIUM,FECAL	84302	CPT	both			280	5.59	Corrections	Corrections		224	80			4.86		266 percent of total billed charges	
SODIUM,FECAL	84302	CPT	both			280	5.59	First Health	First Health		196	70			4.86		266 percent of total billed charges	
SODIUM,FECAL	84302	CPT	both			280	5.59	First Trenton	First Trenton		252	90			4.86		266 percent of total billed charges	
SODIUM,FECAL	84302	CPT	both			280	5.59	Horizon	NJ Health		5.33				4.86		266 fee schedule	
SODIUM,FECAL	84302	CPT	both			280	5.59	Horizon	Indemnity		107.18	38.28			4.86		266 percent of total billed charges	
SODIUM,FECAL	84302	CPT	both			280	5.59	Horizon	MGD		107.18	38.28			4.86		266 percent of total billed charges	
SODIUM,FECAL	84302	CPT	both			280	5.59	Horizon	Medicare Blue		84	30			4.86		266 percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.																	
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true																
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes			
SODIUM,FECAL	84302	CPT	both			280		5.59 Horizon	PPO		107.18	38.28			4.86	266	percent of total billed charges					
SODIUM,FECAL	84302	CPT	both			280		5.59 Managed Care Inc	Managed Care Inc		252	90			4.86	266	percent of total billed charges					
SODIUM,FECAL	84302	CPT	both			280		5.59 Multiplan	Multiplan		224	80			4.86	266	percent of total billed charges					
SODIUM,FECAL	84302	CPT	both			280		5.59 Qualcare	Qualcare		210	75			4.86	266	percent of total billed charges					
SODIUM,FECAL	84302	CPT	both			280		5.59 Three Rivers	Three Rivers		266	95			4.86	266	percent of total billed charges					
SODIUM,FECAL	84302	CPT	both			280		5.59 UHC	Medicaid		88.34	31.55			4.86	266	percent of total billed charges					
SODIUM,FECAL	84302	CPT	both			280		5.59 UHC	Medicare		4.86				4.86	266	fee schedule					
SODIUM,FECAL	84302	CPT	both			280		5.59 Wellcare	Medicare		4.86				4.86	266	fee schedule					
SODIUM,FECAL	84302	CPT	both			280		5.59 Wellcare	Medicaid		88.34	31.55			4.86	266	percent of total billed charges					
SODIUM,FECAL	84302	CPT	both			280		5.59 WellPoint	WellPoint		90.1	32.18			4.86	266	percent of total billed charges					
IGF-1 WITH Z SCORE	84305	CPT	both			440		24.45 Aetna	Better Health		138.82	31.55			15.3	418	percent of total billed charges					
IGF-1 WITH Z SCORE	84305	CPT	both			440		24.45 Aetna	Commercial		167.2	38			15.3	418	percent of total billed charges					
IGF-1 WITH Z SCORE	84305	CPT	both			440		24.45 Aetna	Medicare		21.26				15.3	418	fee schedule					
IGF-1 WITH Z SCORE	84305	CPT	both			440		24.45 Americare	Americare		330	75			15.3	418	percent of total billed charges					
IGF-1 WITH Z SCORE	84305	CPT	both			440		24.45 Amerihealth	HMO/PPO		286	65			15.3	418	percent of total billed charges					
IGF-1 WITH Z SCORE	84305	CPT	both			440		24.45 Amerihealth	Medicare		21.26				15.3	418	fee schedule					
IGF-1 WITH Z SCORE	84305	CPT	both			440		24.45 Consumer	Consumer		418	95			15.3	418	percent of total billed charges					
IGF-1 WITH Z SCORE	84305	CPT	both			440		24.45 Corrections	Corrections		352	80			15.3	418	percent of total billed charges					
IGF-1 WITH Z SCORE	84305	CPT	both			440		24.45 First Health	First Health		308	70			15.3	418	percent of total billed charges					
IGF-1 WITH Z SCORE	84305	CPT	both			440		24.45 First Trenton	First Trenton		396	90			15.3	418	percent of total billed charges					
IGF-1 WITH Z SCORE	84305	CPT	both			440		24.45 Horizon	Indemnity		168.43	38.28			15.3	418	percent of total billed charges					
IGF-1 WITH Z SCORE	84305	CPT	both			440		24.45 Horizon	Medicare Blue		132	30			15.3	418	percent of total billed charges					
IGF-1 WITH Z SCORE	84305	CPT	both			440		24.45 Horizon	MGD		168.43	38.28			15.3	418	percent of total billed charges					
IGF-1 WITH Z SCORE	84305	CPT	both			440		24.45 Horizon	NJ Health		31.36				15.3	418	fee schedule					
IGF-1 WITH Z SCORE	84305	CPT	both			440		24.45 Horizon	PPO		168.43	38.28			15.3	418	percent of total billed charges					
IGF-1 WITH Z SCORE	84305	CPT	both			440		24.45 Managed Care Inc	Managed Care Inc		396	90			15.3	418	percent of total billed charges					
IGF-1 WITH Z SCORE	84305	CPT	both			440		24.45 Multiplan	Multiplan		352	80			15.3	418	percent of total billed charges					
IGF-1 WITH Z SCORE	84305	CPT	both			440		24.45 Qualcare	Qualcare		330	75			15.3	418	percent of total billed charges					
IGF-1 WITH Z SCORE	84305	CPT	both			440		24.45 Three Rivers	Three Rivers		418	95			15.3	418	percent of total billed charges					
IGF-1 WITH Z SCORE	84305	CPT	both			440		24.45 UHC	Medicare		21.26				15.3	418	fee schedule					
IGF-1 WITH Z SCORE	84305	CPT	both			440		24.45 UHC	Medicaid		138.82	31.55			15.3	418	percent of total billed charges					
IGF-1 WITH Z SCORE	84305	CPT	both			440		24.45 Wellcare	Medicare		21.26				15.3	418	fee schedule					
IGF-1 WITH Z SCORE	84305	CPT	both			440		24.45 Wellcare	Medicaid		138.82	31.55			15.3	418	percent of total billed charges					
IGF-1 WITH Z SCORE	84305	CPT	both			440		24.45 WellPoint	WellPoint		141.59	32.18			15.3	418	percent of total billed charges					
SOMATOSTATIN (34480)	84307	CPT	outpatient			59		21.02 Aetna	Medicare		18.28				17.7	56.05	fee schedule					
SOMATOSTATIN (34480)	84307	CPT	outpatient			59		21.02 Aetna	Commercial		22.42	38			17.7	56.05	percent of total billed charges					
SOMATOSTATIN (34480)	84307	CPT	outpatient			59		21.02 Aetna	Better Health		18.61	31.55			17.7	56.05	percent of total billed charges					
SOMATOSTATIN (34480)	84307	CPT	outpatient			59		21.02 Americare	Americare		44.25	75			17.7	56.05	percent of total billed charges					
SOMATOSTATIN (34480)	84307	CPT	outpatient			59		21.02 Amerihealth	HMO/PPO		38.35	65			17.7	56.05	percent of total billed charges					
SOMATOSTATIN (34480)	84307	CPT	outpatient			59		21.02 Amerihealth	Medicare		18.28				17.7	56.05	fee schedule					
SOMATOSTATIN (34480)	84307	CPT	outpatient			59		21.02 Consumer	Consumer		56.05	95			17.7	56.05	percent of total billed charges					
SOMATOSTATIN (34480)	84307	CPT	outpatient			59		21.02 Corrections	Corrections		47.2	80			17.7	56.05	percent of total billed charges					
SOMATOSTATIN (34480)	84307	CPT	outpatient			59		21.02 First Health	First Health		41.3	70			17.7	56.05	percent of total billed charges					
SOMATOSTATIN (34480)	84307	CPT	outpatient			59		21.02 First Trenton	First Trenton		53.1	90			17.7	56.05	percent of total billed charges					
SOMATOSTATIN (34480)	84307	CPT	outpatient			59		21.02 Horizon	Indemnity		22.59	38.28			17.7	56.05	percent of total billed charges					
SOMATOSTATIN (34480)	84307	CPT	outpatient			59		21.02 Horizon	Medicare Blue		17.7	30			17.7	56.05	percent of total billed charges					
SOMATOSTATIN (34480)	84307	CPT	outpatient			59		21.02 Horizon	MGD		22.59	38.28			17.7	56.05	percent of total billed charges					
SOMATOSTATIN (34480)	84307	CPT	outpatient			59		21.02 Horizon	NJ Health		31.36				17.7	56.05	fee schedule					
SOMATOSTATIN (34480)	84307	CPT	outpatient			59		21.02 Horizon	PPO		22.59	38.28			17.7	56.05	percent of total billed charges					
SOMATOSTATIN (34480)	84307	CPT	outpatient			59		21.02 Managed Care Inc	Managed Care Inc		53.1	90			17.7	56.05	percent of total billed charges					
SOMATOSTATIN (34480)	84307	CPT	outpatient			59		21.02 Multiplan	Multiplan		47.2	80			17.7	56.05	percent of total billed charges					
SOMATOSTATIN (34480)	84307	CPT	outpatient			59		21.02 Qualcare	Qualcare		44.25	75			17.7	56.05	percent of total billed charges					
SOMATOSTATIN (34480)	84307	CPT	outpatient			59		21.02 Three Rivers	Three Rivers		56.05	95			17.7	56.05	percent of total billed charges					
SOMATOSTATIN (34480)	84307	CPT	outpatient			59		21.02 UHC	Medicaid		18.61	31.55			17.7	56.05	percent of total billed charges					
SOMATOSTATIN (34480)	84307	CPT	outpatient			59		21.02 UHC	Medicare		18.28				17.7	56.05	fee schedule					
SOMATOSTATIN (34480)	84307	CPT	outpatient			59		21.02 Wellcare	Medicaid		18.61	31.55			17.7	56.05	percent of total billed charges					
SOMATOSTATIN (34480)	84307	CPT	outpatient			59		21.02 Wellcare	Medicare		18.28				17.7	56.05	fee schedule					
SOMATOSTATIN (34480)	84307	CPT	outpatient			59		21.02 WellPoint	WellPoint		18.99	32.18			17.7	56.05	percent of total billed charges					
SPECTROPHOTOMETRY METHOD	84311	CPT	both			490		9.32 Aetna	Better Health		154.6	31.55			7.76	465.5	percent of total billed charges					
SPECTROPHOTOMETRY METHOD	84311	CPT	both			490		9.32 Aetna	Medicare		8.1				7.76	465.5	fee schedule					
SPECTROPHOTOMETRY METHOD	84311	CPT	both			490		9.32 Aetna	Commercial		186.2	38			7.76	465.5	percent of total billed charges					
SPECTROPHOTOMETRY METHOD	84311	CPT	both			490		9.32 Americare	Americare		367.5	75			7.76	465.5	percent of total billed charges					
SPECTROPHOTOMETRY METHOD	84311	CPT	both			490		9.32 Amerihealth	HMO/PPO		318.5	65			7.76	465.5	percent of total billed charges					
SPECTROPHOTOMETRY METHOD	84311	CPT	both			490		9.32 Amerihealth	Medicare		8.1				7.76	465.5	fee schedule					
SPECTROPHOTOMETRY METHOD	84311	CPT	both			490		9.32 Consumer	Consumer		465.5	95			7.76	465.5	percent of total billed charges					
SPECTROPHOTOMETRY METHOD	84311	CPT	both			490		9.32 Corrections	Corrections		392	80			7.76	465.5	percent of total billed charges					
SPECTROPHOTOMETRY METHOD	84311	CPT	both			490		9.32 First Health	First Health		343	70			7.76	465.5	percent of total billed charges					
SPECTROPHOTOMETRY METHOD	84311	CPT	both			490		9.32 First Trenton	First Trenton		441	90			7.76	465.5	percent of total billed charges					
SPECTROPHOTOMETRY METHOD	84311	CPT	both			490		9.32 Horizon	Indemnity		187.57	38.28			7.76	465.5	percent of total billed charges					
SPECTROPHOTOMETRY METHOD	84311	CPT	both			490		9.32 Horizon	MGD		187.57	38.28			7.76	465.5	percent of total billed charges					
SPECTROPHOTOMETRY METHOD	84311	CPT	both			490		9.32 Horizon	NJ Health		7.76				7.76	465.5	fee schedule					
SPECTROPHOTOMETRY METHOD	84311	CPT	both			490		9.32 Horizon	PPO		187.57	38.28			7.76	465.5	percent of total billed charges					
SPECTROPHOTOMETRY METHOD	84311	CPT	both			490		9.32 Horizon	Medicare Blue		147	30			7.76	465.5	percent of total billed charges					
SPECTROPHOTOMETRY METHOD	84311	CPT	both			490		9.32 Managed Care Inc	Managed Care Inc		441	90			7.76	465.5	percent of total billed charges					
SPECTROPHOTOMETRY METHOD	84311	CPT	both			490		9.32 Multiplan	Multiplan		392	80			7.76	465.5	percent of total billed charges					
SPECTROPHOTOMETRY METHOD	84311	CPT	both			490		9.32 Qualcare	Qualcare		367.5	75			7.76	465.5	percent of total billed charges					
SPECTROPHOTOMETRY METHOD	84311	CPT	both			490		9.32 Three Rivers	Three Rivers		465.5	95			7.76	465.5	percent of total billed charges					
SPECTROPHOTOMETRY METHOD	84311	CPT	both			490		9.32 UHC	Medicaid		154.6	31.55			7.76	465.5	percent of total billed charges					
SPECTROPHOTOMETRY METHOD	84311	CPT	both			490		9.32 UHC	Medicare		8.1				7.76	465.5	fee schedule					
SPECTROPHOTOMETRY METHOD	84311	CPT	both			490		9.32 Wellcare	Medicaid		154.6	31.55			7.76	465.5	percent of total billed charges					
SPECTROPHOTOMETRY METHOD	84311	CPT	both			490		9.32 Wellcare	Medicare		8.1				7.76	465.5	fee schedule					
SPECTROPHOTOMETRY METHOD	84311	CPT	both			490		9.32 WellPoint	WellPoint		157.68	32.18			7.76	465.5	percent of total billed charges					
SPECIFIC GRAVITY	84315	CPT	outpatient			236		3.77 Aetna	Commercial		89.68	38			3.28	224.2	percent of total billed charges					
SPECIFIC GRAVITY	84315	CPT	outpatient			236		3.77 Aetna	Medicare		3.28				3.28	224.2	fee schedule					
SPECIFIC GRAVITY	84315	CPT	outpatient			236		3.77 Aetna	Better Health		74.46	31.55			3.28	224.2	percent of total billed charges					
SPECIFIC GRAVITY	84315	CPT	outpatient			236		3.77 Americare	Americare		177	75			3.28	224.2	percent of total billed charges					
SPECIFIC GRAVITY	84315	CPT	outpatient			236		3.77 Amerihealth	Medicare		3.28				3.28	224.2	fee schedule					
SPECIFIC GRAVITY	84315	CPT	outpatient			236		3.77 Amerihealth	HMO/PPO		153.4	65			3.28	224.2	percent of total billed charges					
SPECIFIC GRAVITY	84315	CPT	outpatient			236		3.77 Consumer	Consumer		224.2	95			3.28	224.2	percent of total billed charges					
SPECIFIC GRAVITY	84315	CPT	outpatient			236		3.77 Corrections	Corrections		188.8	80			3.28	224.2	percent of total billed charges					
SPECIFIC GRAVITY	84315	CPT	outpatient			236		3.77 First Health	First Health		165.2	70			3.28	224.2	percent of total billed charges					
SPECIFIC GRAVITY	84315	CPT	outpatient			236		3.77 First Trenton	First Trenton		212.4	90			3.28	224.2	percent of total billed charges					
SPECIFIC GRAVITY	84315	CPT	outpatient			236		3.77 Horizon	PPO		90.34	38.28			3.28	224.2	percent of total billed charges					
SPECIFIC GRAVITY	84315	CPT	outpatient			236		3.77 Horizon	MGD		90.34	38.28			3.28	224.2	percent of total billed charges					
SPECIFIC GRAVITY	84315	CPT	outpatient			236		3.77 Horizon	Indemnity		90.34	38.28			3.28	224.2	percent of total billed charges					
SPECIFIC GRAVITY	84315	CPT	outpatient			236		3.77 Horizon	NJ Health		6.47				3.28	224.2	fee schedule					
SPECIFIC GRAVITY	84315	CPT	outpatient			236		3.77 Horizon	Medicare Blue		70.8	30			3.28	224.2	percent of total billed charges					
SPECIFIC GRAVITY	84315	CPT	outpatient			236		3.77 Managed Care Inc	Managed Care Inc		212.4	90			3.28	224.2	percent of total billed charges					
SPECIFIC GRAVITY	84315	CPT	outpatient			236		3.77 Multiplan	Multiplan		188.8	80			3.28	224.2	percent of total billed charges					
SPECIFIC GRAVITY	84315	CPT	outpatient			236		3.77 Qualcare	Qualcare		177	75			3.28	224.2	percent of total billed charges					
SPECIFIC GRAVITY	84315	CPT	outpatient			236		3.77 Three Rivers	Three Rivers		224.2	95			3.28	224.2	percent of total billed charges					
SPECIFIC GRAVITY	84315	CPT	outpatient			236		3.77 UHC	Medicaid		74.46	31.55			3.28	224.2	percent of total billed charges					
SPECIFIC GRAVITY	84315	CPT	outpatient			236		3.77 UHC	Medicare		3.28				3.28	224.2	fee schedule					
SPECIFIC GRAVITY	84315	CPT	outpatient			236		3.77 Wellcare	Medicaid		74.46	31.55			3.28	224.2	percent of total billed charges					
SPECIFIC GRAVITY	84315	CPT	outpatient			236		3.77 Wellcare	Medicare		3.28				3.28	224.2	fee schedule					
SPECIFIC GRAVITY	84315	CPT	outpatient			236		3.77 WellPoint	WellPoint		75.94	32.18			3.28	224.2	percent of total billed charges					
URINE SUGAR CHROMATOGRAPH	84375	CPT	outpatient			272		44.85 Aetna	Medicare		39				39	258.4	fee schedule					
URINE SUGAR CHROMATOGRAPH	84375	CPT	outpatient			272		44.85 Aetna	Better Health		85.82	31.55			39	258.4	percent of total billed charges					
URINE SUGAR CHROMATOGRAPH	84375	CPT	outpatient			272		44.85 Aetna	Commercial		103.36	38			39	258.4	percent of total billed charges					
URINE SUGAR CHROMATOGRAPH	84375	CPT	outpatient			272		44.85 Americare	Americare		204	75			39	258.4	percent of total billed charges					
URINE SUGAR CHROMATOGRAPH	84375	CPT	outpatient			272		44.85 Amerihealth	Medicare		39				39	258.4	fee schedule					
URINE SUGAR CHROMATOGRAPH	84375	CPT	outpatient			272		44.85 Amerihealth	HMO/PPO		176.8	65			39	258.4	percent of total billed charges					
URINE SUGAR CHROMATOGRAPH	84375	CPT	outpatient			272		44.85 Consumer	Consumer		258.4	95			39	258.4	percent of total billed charges					
URINE SUGAR CHROMATOGRAPH	84375	CPT	outpatient			272		44.85 Corrections	Corrections		217.6	80			39	258.4	percent of total billed charges					
URINE SUGAR CHROMATOGRAPH	84375	CPT	outpatient			272		44.85 First Health	First Health		190.4	70			39	258.4	percent of total billed charges					
URINE SUGAR CHROMATOGRAPH	84375	CPT	outpatient			272		44.85 First Trenton	First Trenton		244.8	90			39	258.4	percent of total billed charges					
URINE SUGAR CHROMATOGRAPH	84375	CPT	outpatient			272		44.85 Horizon	Medicare Blue		81.6	30			39	258.4	percent of total billed charges					
URINE SUGAR CHROMATOGRAPH	84375	CPT	outpatient			272		44.85 Horizon	NJ Health		58.8				39	258.4	fee schedule					
URINE SUGAR CHROMATOGRAPH	84375	CPT	outpatient			272		44.85 Horizon	MGD		104.12	38.28			39	258.4	percent of total billed charges					
URINE SUGAR CHROMATOGRAPH	84375	CPT	outpatient			272		44.85 Horizon	Indemnity		104.12	38.28			39	258.4	percent of total billed charges					
URINE SUGAR CHROMATOGRAPH	84375	CPT	outpatient			272		44.85 Horizon	PPO		104.12	38.28			39	258.4	percent of total billed charges					
URINE SUGAR CHROMATOGRAPH	84375	CPT	outpatient			272		44.85 Managed Care Inc	Managed Care Inc		244.8	90			39	258.4	percent of total billed charges					
URINE SUGAR CHROMATOGRAPH	84375	CPT	outpatient			272		44.85 Multiplan	Multiplan		217.6	80			39	258.4	percent of total billed charges					
URINE SUGAR CHROMATOGRAPH	84375	CPT	outpatient			272		44.85 Qualcare	Qualcare		204	75			39	258.4	percent of total billed charges					
URINE SUGAR CHROMATOGRAPH	84375	CPT	outpatient			272		44.85 Three Rivers	Three Rivers		258.4	95			39	258.4	percent of total billed charges					
URINE SUGAR CHROMATOGRAPH	84375	CPT	outpatient			272		44.85 UHC	Medicaid		85.82	31.55			39	258.4	percent of total billed charges					
URINE SUGAR CHROMATOGRAPH	84375	CPT	outpatient			272		44.85 UHC	Medicare		39				39	258.4	fee schedule					
URINE SUGAR CHROMATOGRAPH	84375	CPT	outpatient			272		44.85 Wellcare	Medicare		39				39	258.4	fee schedule					
URINE SUGAR CHROMATOGRAPH	84375	CPT	outpatient			272		44.85 Wellcare	Medicaid		85.82	31.55			39	258.4	percent of total billed charges					
URINE SUGAR CHROMATOGRAPH	84375	CPT	outpatient			272		44.85 WellPoint	WellPoint		87.53	32.18			39	258.4	percent of total billed charges					
REDUCING SUBSTANCE FECES	84376	CPT	outpatient			749		6.33 Aetna	Commercial		284.62	38			5.5	711.55	percent of total billed charges					
REDUCING SUBSTANCE FECES	84376	CPT	outpatient			749		6.33 Aetna	Medicare		230.69	30.8			5.5	711.55	percent of total billed charges					
REDUCING SUBSTANCE FECES	84376	CPT	outpatient			749		6.33 Aetna	Better Health		236.31	31.55			5.5	711.55	percent of total billed charges					
REDUCING SUBSTANCE FECES	84376	CPT	outpatient			749		6.33 Americare	Americare		561.75	75			5.5	711.55	percent of total billed charges					
REDUCING SUBSTANCE FECES	84376	CPT	outpatient			749		6.33 Amerihealth	Medicare		5.5				5.5	711.55	fee schedule					
REDUCING SUBSTANCE FECES	84376	CPT	outpatient			749		6.33 Amerihealth	HMO/PPO		486.85	65			5.5	711.55	percent of total billed charges					
REDUCING SUBSTANCE FECES	84376	CPT	outpatient			749		6.33 Consumer	Consumer		711.55	95			5.5	711.55	percent of total billed charges					
REDUCING SUBSTANCE FECES	84376	CPT	outpatient			749		6.33 Corrections	Corrections		599.2	80			5.5	711.55	percent of total billed charges					
REDUCING SUBSTANCE FECES	84376	CPT	outpatient			749		6.33 First Health	First Health		524.3	70			5.5	711.55	percent of total billed charges					
REDUCING SUBSTANCE FECES	84376	CPT	outpatient			749		6.33 First Trenton	First Trenton		674.1	90			5.5	711.55	percent of total billed charges					
REDUCING SUBSTANCE FECES	84376	CPT	outpatient			749		6.33 Horizon	MGD		286.72	38.28			5.5	711.55	percent of total billed charges					
REDUCING SUBSTANCE FECES	84376	CPT	outpatient			749		6.33 Horizon	Indemnity		286.72	38.28			5.5	711.55	percent of total billed charges					
REDUCING SUBSTANCE FECES	84376	CPT	outpatient			749		6.33 Horizon	Medicare Blue		224.7	30			5.5	711.55	percent of total billed charges					
REDUCING SUBSTANCE FECES	84376	CPT	outpatient			749		6.33 Horizon	NJ Health		6.12				5.5	711.55	fee schedule					
REDUCING SUBSTANCE FECES	84376	CPT	outpatient			749		6.33 Horizon	PPO		286.72	38.28			5.5	711.55	percent of total billed charges					
REDUCING SUBSTANCE FECES	84376	CPT	outpatient			749		6.33 Managed Care Inc	Managed Care Inc		674.1	90			5.5	711.55	percent of total billed charges					
REDUCING SUBSTANCE FECES	84376	CPT	outpatient			749		6.33 Multiplan	Multiplan		599.2	80			5.5	711.55	percent of total billed charges					
REDUCING SUBSTANCE FECES	84376	CPT	outpatient			749		6.33 Qualcare	Qualcare		561.75	75			5.5	711.55	percent of total billed charges					

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
REDUCING SUBSTANCE FECES	84376	CPT	outpatient			749		6.33 Three Rivers	Three Rivers		711.55				95	5.5	711.55	percent of total billed charges	
REDUCING SUBSTANCE FECES	84376	CPT	outpatient			749		6.33 UHC	Medicaid		236.31				31.55	5.5	711.55	percent of total billed charges	
REDUCING SUBSTANCE FECES	84376	CPT	outpatient			749		6.33 UHC	Medicare		5.5					5.5	711.55	fee schedule	
REDUCING SUBSTANCE FECES	84376	CPT	outpatient			749		6.33 Wellcare	Medicaid		236.31				31.55	5.5	711.55	percent of total billed charges	
REDUCING SUBSTANCE FECES	84376	CPT	outpatient			749		6.33 Wellcare	Medicare		5.5					5.5	711.55	fee schedule	
REDUCING SUBSTANCE FECES	84376	CPT	outpatient			749		6.33 WellPoint	WellPoint		241.03				32.18	5.5	711.55	percent of total billed charges	
SUGARS,MULTIPLE QUANT,EA SPECIMEN	84377	CPT	outpatient			274		6.33 Aetna	Commercial		104.12				38	5.5	260.3	percent of total billed charges	
SUGARS,MULTIPLE QUANT,EA SPECIMEN	84377	CPT	outpatient			274		6.33 Aetna	Medicare		5.5					5.5	260.3	fee schedule	
SUGARS,MULTIPLE QUANT,EA SPECIMEN	84377	CPT	outpatient			274		6.33 Aetna	Better Health		86.45				31.55	5.5	260.3	percent of total billed charges	
SUGARS,MULTIPLE QUANT,EA SPECIMEN	84377	CPT	outpatient			274		6.33 Americare	Americare		205.5				75	5.5	260.3	percent of total billed charges	
SUGARS,MULTIPLE QUANT,EA SPECIMEN	84377	CPT	outpatient			274		6.33 Amerihealth	Medicare		5.5					5.5	260.3	fee schedule	
SUGARS,MULTIPLE QUANT,EA SPECIMEN	84377	CPT	outpatient			274		6.33 Amerihealth	HMO/PPO		178.1				65	5.5	260.3	percent of total billed charges	
SUGARS,MULTIPLE QUANT,EA SPECIMEN	84377	CPT	outpatient			274		6.33 Consumer	Consumer		260.3				95	5.5	260.3	percent of total billed charges	
SUGARS,MULTIPLE QUANT,EA SPECIMEN	84377	CPT	outpatient			274		6.33 Corrections	Corrections		219.2				80	5.5	260.3	percent of total billed charges	
SUGARS,MULTIPLE QUANT,EA SPECIMEN	84377	CPT	outpatient			274		6.33 First Health	First Health		191.8				70	5.5	260.3	percent of total billed charges	
SUGARS,MULTIPLE QUANT,EA SPECIMEN	84377	CPT	outpatient			274		6.33 First Trenton	First Trenton		246.6				90	5.5	260.3	percent of total billed charges	
SUGARS,MULTIPLE QUANT,EA SPECIMEN	84377	CPT	outpatient			274		6.33 Horizon	MGD		104.89				38.28	5.5	260.3	percent of total billed charges	
SUGARS,MULTIPLE QUANT,EA SPECIMEN	84377	CPT	outpatient			274		6.33 Horizon	Medicare Blue		82.2				30	5.5	260.3	percent of total billed charges	
SUGARS,MULTIPLE QUANT,EA SPECIMEN	84377	CPT	outpatient			274		6.33 Horizon	Indemnity		104.89				38.28	5.5	260.3	percent of total billed charges	
SUGARS,MULTIPLE QUANT,EA SPECIMEN	84377	CPT	outpatient			274		6.33 Horizon	NJ Health		6.12					5.5	260.3	fee schedule	
SUGARS,MULTIPLE QUANT,EA SPECIMEN	84377	CPT	outpatient			274		6.33 Horizon	PPO		104.89				38.28	5.5	260.3	percent of total billed charges	
SUGARS,MULTIPLE QUANT,EA SPECIMEN	84377	CPT	outpatient			274		6.33 Managed Care Inc	Managed Care Inc		246.6				90	5.5	260.3	percent of total billed charges	
SUGARS,MULTIPLE QUANT,EA SPECIMEN	84377	CPT	outpatient			274		6.33 Multiplan	Multiplan		219.2				80	5.5	260.3	percent of total billed charges	
SUGARS,MULTIPLE QUANT,EA SPECIMEN	84377	CPT	outpatient			274		6.33 Qualcare	Qualcare		205.5				75	5.5	260.3	percent of total billed charges	
SUGARS,MULTIPLE QUANT,EA SPECIMEN	84377	CPT	outpatient			274		6.33 Three Rivers	Three Rivers		260.3				95	5.5	260.3	percent of total billed charges	
SUGARS,MULTIPLE QUANT,EA SPECIMEN	84377	CPT	outpatient			274		6.33 UHC	Medicaid		86.45				31.55	5.5	260.3	percent of total billed charges	
SUGARS,MULTIPLE QUANT,EA SPECIMEN	84377	CPT	outpatient			274		6.33 UHC	Medicare		5.5					5.5	260.3	fee schedule	
SUGARS,MULTIPLE QUANT,EA SPECIMEN	84377	CPT	outpatient			274		6.33 Wellcare	Medicare		5.5					5.5	260.3	fee schedule	
SUGARS,MULTIPLE QUANT,EA SPECIMEN	84377	CPT	outpatient			274		6.33 Wellcare	Medicaid		86.45				31.55	5.5	260.3	percent of total billed charges	
SUGARS,MULTIPLE QUANT,EA SPECIMEN	84377	CPT	outpatient			274		6.33 WellPoint	WellPoint		88.17				32.18	5.5	260.3	percent of total billed charges	
GLYCOMARK (1,5 AG)	84378	CPT	outpatient			376		13.26 Aetna	Better Health		118.63				31.55	11.53	357.2	percent of total billed charges	
GLYCOMARK (1,5 AG)	84378	CPT	outpatient			376		13.26 Aetna	Medicare		11.53					11.53	357.2	fee schedule	
GLYCOMARK (1,5 AG)	84378	CPT	outpatient			376		13.26 Aetna	Commercial		142.88				38	11.53	357.2	percent of total billed charges	
GLYCOMARK (1,5 AG)	84378	CPT	outpatient			376		13.26 Americare	Americare		282				75	11.53	357.2	percent of total billed charges	
GLYCOMARK (1,5 AG)	84378	CPT	outpatient			376		13.26 Amerihealth	Medicare		11.53					11.53	357.2	fee schedule	
GLYCOMARK (1,5 AG)	84378	CPT	outpatient			376		13.26 Amerihealth	HMO/PPO		244.4				65	11.53	357.2	percent of total billed charges	
GLYCOMARK (1,5 AG)	84378	CPT	outpatient			376		13.26 Consumer	Consumer		357.2				95	11.53	357.2	percent of total billed charges	
GLYCOMARK (1,5 AG)	84378	CPT	outpatient			376		13.26 Corrections	Corrections		300.8				80	11.53	357.2	percent of total billed charges	
GLYCOMARK (1,5 AG)	84378	CPT	outpatient			376		13.26 First Health	First Health		263.2				70	11.53	357.2	percent of total billed charges	
GLYCOMARK (1,5 AG)	84378	CPT	outpatient			376		13.26 First Trenton	First Trenton		338.4				90	11.53	357.2	percent of total billed charges	
GLYCOMARK (1,5 AG)	84378	CPT	outpatient			376		13.26 Horizon	MGD		143.93				38.28	11.53	357.2	percent of total billed charges	
GLYCOMARK (1,5 AG)	84378	CPT	outpatient			376		13.26 Horizon	NJ Health		12.8					11.53	357.2	fee schedule	
GLYCOMARK (1,5 AG)	84378	CPT	outpatient			376		13.26 Horizon	Medicare Blue		112.8				30	11.53	357.2	percent of total billed charges	
GLYCOMARK (1,5 AG)	84378	CPT	outpatient			376		13.26 Horizon	PPO		143.93				38.28	11.53	357.2	percent of total billed charges	
GLYCOMARK (1,5 AG)	84378	CPT	outpatient			376		13.26 Horizon	Indemnity		143.93				38.28	11.53	357.2	percent of total billed charges	
GLYCOMARK (1,5 AG)	84378	CPT	outpatient			376		13.26 Managed Care Inc	Managed Care Inc		338.4				90	11.53	357.2	percent of total billed charges	
GLYCOMARK (1,5 AG)	84378	CPT	outpatient			376		13.26 Multiplan	Multiplan		300.8				80	11.53	357.2	percent of total billed charges	
GLYCOMARK (1,5 AG)	84378	CPT	outpatient			376		13.26 Qualcare	Qualcare		282				75	11.53	357.2	percent of total billed charges	
GLYCOMARK (1,5 AG)	84378	CPT	outpatient			376		13.26 Three Rivers	Three Rivers		357.2				95	11.53	357.2	percent of total billed charges	
GLYCOMARK (1,5 AG)	84378	CPT	outpatient			376		13.26 UHC	Medicaid		118.63				31.55	11.53	357.2	percent of total billed charges	
GLYCOMARK (1,5 AG)	84378	CPT	outpatient			376		13.26 UHC	Medicare		11.53					11.53	357.2	fee schedule	
GLYCOMARK (1,5 AG)	84378	CPT	outpatient			376		13.26 Wellcare	Medicaid		118.63				31.55	11.53	357.2	percent of total billed charges	
GLYCOMARK (1,5 AG)	84378	CPT	outpatient			376		13.26 Wellcare	Medicare		11.53					11.53	357.2	fee schedule	
GLYCOMARK (1,5 AG)	84378	CPT	outpatient			376		13.26 WellPoint	WellPoint		121				32.18	11.53	357.2	percent of total billed charges	
SULFATE QUANT 24-HR URINE	84392	CPT	outpatient			44		6.31 Aetna	Better Health		13.88				31.55	5.49	41.8	percent of total billed charges	
SULFATE QUANT 24-HR URINE	84392	CPT	outpatient			44		6.31 Aetna	Commercial		16.72				38	5.49	41.8	percent of total billed charges	
SULFATE QUANT 24-HR URINE	84392	CPT	outpatient			44		6.31 Aetna	Medicare		5.49					5.49	41.8	fee schedule	
SULFATE QUANT 24-HR URINE	84392	CPT	outpatient			44		6.31 Americare	Americare		33				75	5.49	41.8	percent of total billed charges	
SULFATE QUANT 24-HR URINE	84392	CPT	outpatient			44		6.31 Amerihealth	HMO/PPO		28.6				65	5.49	41.8	percent of total billed charges	
SULFATE QUANT 24-HR URINE	84392	CPT	outpatient			44		6.31 Amerihealth	Medicare		5.49					5.49	41.8	fee schedule	
SULFATE QUANT 24-HR URINE	84392	CPT	outpatient			44		6.31 Consumer	Consumer		41.8				95	5.49	41.8	percent of total billed charges	
SULFATE QUANT 24-HR URINE	84392	CPT	outpatient			44		6.31 Corrections	Corrections		35.2				80	5.49	41.8	percent of total billed charges	
SULFATE QUANT 24-HR URINE	84392	CPT	outpatient			44		6.31 First Health	First Health		30.8				70	5.49	41.8	percent of total billed charges	
SULFATE QUANT 24-HR URINE	84392	CPT	outpatient			44		6.31 First Trenton	First Trenton		39.6				90	5.49	41.8	percent of total billed charges	
SULFATE QUANT 24-HR URINE	84392	CPT	outpatient			44		6.31 Horizon	MGD		16.84				38.28	5.49	41.8	percent of total billed charges	
SULFATE QUANT 24-HR URINE	84392	CPT	outpatient			44		6.31 Horizon	Indemnity		16.84				38.28	5.49	41.8	percent of total billed charges	
SULFATE QUANT 24-HR URINE	84392	CPT	outpatient			44		6.31 Horizon	Medicare Blue		13.2				30	5.49	41.8	percent of total billed charges	
SULFATE QUANT 24-HR URINE	84392	CPT	outpatient			44		6.31 Horizon	NJ Health		37.73					5.49	41.8	fee schedule	
SULFATE QUANT 24-HR URINE	84392	CPT	outpatient			44		6.31 Horizon	PPO		16.84				38.28	5.49	41.8	percent of total billed charges	
SULFATE QUANT 24-HR URINE	84392	CPT	outpatient			44		6.31 Managed Care Inc	Managed Care Inc		39.6				90	5.49	41.8	percent of total billed charges	
SULFATE QUANT 24-HR URINE	84392	CPT	outpatient			44		6.31 Multiplan	Multiplan		35.2				80	5.49	41.8	percent of total billed charges	
SULFATE QUANT 24-HR URINE	84392	CPT	outpatient			44		6.31 Qualcare	Qualcare		33				75	5.49	41.8	percent of total billed charges	
SULFATE QUANT 24-HR URINE	84392	CPT	outpatient			44		6.31 Three Rivers	Three Rivers		41.8				95	5.49	41.8	percent of total billed charges	
SULFATE QUANT 24-HR URINE	84392	CPT	outpatient			44		6.31 UHC	Medicaid		13.88				31.55	5.49	41.8	percent of total billed charges	
SULFATE QUANT 24-HR URINE	84392	CPT	outpatient			44		6.31 UHC	Medicare		5.49					5.49	41.8	fee schedule	
SULFATE QUANT 24-HR URINE	84392	CPT	outpatient			44		6.31 Wellcare	Medicaid		13.88				31.55	5.49	41.8	percent of total billed charges	
SULFATE QUANT 24-HR URINE	84392	CPT	outpatient			44		6.31 Wellcare	Medicare		5.49					5.49	41.8	fee schedule	
SULFATE QUANT 24-HR URINE	84392	CPT	outpatient			44		6.31 WellPoint	WellPoint		14.16				32.18	5.49	41.8	percent of total billed charges	
TESTOSTERONE; FREE	84402	CPT	both			117		29.29 Aetna	Better Health		36.91				31.55	17.4	111.15	percent of total billed charges	
TESTOSTERONE; FREE	84402	CPT	both			117		29.29 Aetna	Commercial		44.46				38	17.4	111.15	percent of total billed charges	
TESTOSTERONE; FREE	84402	CPT	both			117		29.29 Aetna	Medicare		36.04				30.8	17.4	111.15	percent of total billed charges	
TESTOSTERONE; FREE	84402	CPT	both			117		29.29 Americare	Americare		87.75				75	17.4	111.15	percent of total billed charges	
TESTOSTERONE; FREE	84402	CPT	both			117		29.29 Amerihealth	Medicare		25.47					17.4	111.15	fee schedule	
TESTOSTERONE; FREE	84402	CPT	both			117		29.29 Amerihealth	HMO/PPO		76.05				65	17.4	111.15	percent of total billed charges	
TESTOSTERONE; FREE	84402	CPT	both			117		29.29 Consumer	Consumer		111.15				95	17.4	111.15	percent of total billed charges	
TESTOSTERONE; FREE	84402	CPT	both			117		29.29 Corrections	Corrections		93.6				80	17.4	111.15	percent of total billed charges	
TESTOSTERONE; FREE	84402	CPT	both			117		29.29 First Health	First Health		81.9				70	17.4	111.15	percent of total billed charges	
TESTOSTERONE; FREE	84402	CPT	both			117		29.29 First Trenton	First Trenton		105.3				90	17.4	111.15	percent of total billed charges	
TESTOSTERONE; FREE	84402	CPT	both			117		29.29 Horizon	MGD		44.79				38.28	17.4	111.15	percent of total billed charges	
TESTOSTERONE; FREE	84402	CPT	both			117		29.29 Horizon	PPO		44.79				38.28	17.4	111.15	percent of total billed charges	
TESTOSTERONE; FREE	84402	CPT	both			117		29.29 Horizon	Indemnity		44.79				38.28	17.4	111.15	percent of total billed charges	
TESTOSTERONE; FREE	84402	CPT	both			117		29.29 Horizon	Medicare Blue		35.1				30	17.4	111.15	percent of total billed charges	
TESTOSTERONE; FREE	84402	CPT	both			117		29.29 Horizon	NJ Health		78.4					17.4	111.15	fee schedule	
TESTOSTERONE; FREE	84402	CPT	both			117		29.29 Managed Care Inc	Managed Care Inc		105.3				90	17.4	111.15	percent of total billed charges	
TESTOSTERONE; FREE	84402	CPT	both			117		29.29 Multiplan	Multiplan		93.6				80	17.4	111.15	percent of total billed charges	
TESTOSTERONE; FREE	84402	CPT	both			117		29.29 Qualcare	Qualcare		87.75				75	17.4	111.15	percent of total billed charges	
TESTOSTERONE; FREE	84402	CPT	both			117		29.29 Three Rivers	Three Rivers		111.15				95	17.4	111.15	percent of total billed charges	
TESTOSTERONE; FREE	84402	CPT	both			117		29.29 UHC	Medicaid		36.91				31.55	17.4	111.15	percent of total billed charges	
TESTOSTERONE; FREE	84402	CPT	both			117		29.29 UHC	Medicare		25.47					17.4	111.15	fee schedule	
TESTOSTERONE; FREE	84402	CPT	both			117		29.29 Wellcare	Medicaid		36.91				31.55	17.4	111.15	percent of total billed charges	
TESTOSTERONE; FREE	84402	CPT	both			117		29.29 Wellcare	Medicare		25.47					17.4	111.15	fee schedule	
TESTOSTERONE; FREE	84402	CPT	both			117		29.29 WellPoint	WellPoint		37.65				32.18	17.4	111.15	percent of total billed charges	
TESTOSTERONE; TOTAL	84403	CPT	both			117		29.68 Aetna	Medicare		25.81					17.7	111.15	fee schedule	
TESTOSTERONE; TOTAL	84403	CPT	both			117		29.68 Aetna	Better Health		36.91				31.55	17.7	111.15	percent of total billed charges	
TESTOSTERONE; TOTAL	84403	CPT	both			117		29.68 Aetna	Commercial		44.46				38	17.7	111.15	percent of total billed charges	
TESTOSTERONE; TOTAL	84403	CPT	both			117		29.68 Americare	Americare		87.75				75	17.7	111.15	percent of total billed charges	
TESTOSTERONE; TOTAL	84403	CPT	both			117		29.68 Amerihealth	Medicare		25.81					17.7	111.15	fee schedule	
TESTOSTERONE; TOTAL	84403	CPT	both			117		29.68 Amerihealth	HMO/PPO		76.05				65	17.7	111.15	percent of total billed charges	
TESTOSTERONE; TOTAL	84403	CPT	both			117		29.68 Consumer	Consumer		111.15				95	17.7	111.15	percent of total billed charges	
TESTOSTERONE; TOTAL	84403	CPT	both			117		29.68 Corrections	Corrections		93.6				80	17.7	111.15	percent of total billed charges	
TESTOSTERONE; TOTAL	84403	CPT	both			117		29.68 First Health	First Health		81.9				70	17.7	111.15	percent of total billed charges	
TESTOSTERONE; TOTAL	84403	CPT	both			117		29.68 First Trenton	First Trenton		105.3				90	17.7	111.15	percent of total billed charges	
TESTOSTERONE; TOTAL	84403	CPT	both			117		29.68 Horizon	Medicare Blue		35.1				30	17.7	111.15	percent of total billed charges	
TESTOSTERONE; TOTAL	84403	CPT	both			117		29.68 Horizon	NJ Health		62.72					17.7	111.15	fee schedule	
TESTOSTERONE; TOTAL	84403	CPT	both			117		29.68 Horizon	MGD		44.79				38.28	17.7	111.15	percent of total billed charges	
TESTOSTERONE; TOTAL	84403	CPT	both			117		29.68 Horizon	Indemnity		44.79				38.28	17.7	111.15	percent of total billed charges	
TESTOSTERONE; TOTAL	84403	CPT	both			117		29.68 Horizon	PPO		44.79				38.28	17.7	111.15	percent of total billed charges	
TESTOSTERONE; TOTAL	84403	CPT	both			117		29.68 Managed Care Inc	Managed Care Inc		105.3				90	17.7	111.15	percent of total billed charges	
TESTOSTERONE; TOTAL	84403	CPT	both			117		29.68 Multiplan	Multiplan		93.6				80	17.7	111.15	percent of total billed charges	
TESTOSTERONE; TOTAL	84403	CPT	both			117		29.68 Qualcare	Qualcare		87.75				75	17.7	111.15	percent of total billed charges	
TESTOSTERONE; TOTAL	84403	CPT	both			117		29.68 Three Rivers	Three Rivers		111.15				95	17.7	111.15	percent of total billed charges	
TESTOSTERONE; TOTAL	84403	CPT	both			117		29.68 UHC	Medicaid		36.91				31.55	17.7	111.15	percent of total billed charges	
TESTOSTERONE; TOTAL	84403	CPT	both			117		29.68 UHC	Medicare		25.81					17.7	111.15	fee schedule	
TESTOSTERONE; TOTAL	84403	CPT	both			117		29.68 Wellcare	Medicare		25.81					17.7	111.15	fee schedule	
TESTOSTERONE; TOTAL	84403	CPT	both			117		29.68 Wellcare	Medicaid		36.91				31.55	17.7	111.15	percent of total billed charges	
TESTOSTERONE; TOTAL	84403	CPT	both			117		29.68 WellPoint	WellPoint		37.65				32.18	17.7	111.15	percent of total billed charges	
TESTOSTERONE, FREE&WEAKLY BOUND (143255)	84410	CPT	outpatient			164		58.97 Aetna	Better Health		51.74				31.55	49.2	155.8	percent of total billed charges	
TESTOSTERONE, FREE&WEAKLY BOUND (143255)	84410	CPT	outpatient			164		58.97 Aetna	Medicare		51.28					49.2	155.8	fee schedule	
TESTOSTERONE, FREE&WEAKLY BOUND (143255)	84410	CPT	outpatient			164		58.97 Aetna	Commercial		62.32				38	49.2	155.8	percent of total billed charges	
TESTOSTERONE, FREE&WEAKLY BOUND (143255)	84410	CPT	outpatient			164		58.97 Americare	Americare		123				75	49.2	155.8	percent of total billed charges	
TESTOSTERONE, FREE&WEAKLY BOUND (143255)	84410	CPT	outpatient			164		58.97 Amerihealth	HMO/PPO		106.6				65	49.2	155.8	percent of total billed charges	
TESTOSTERONE, FREE&WEAKLY BOUND (143255)	84410	CPT	outpatient			164		58.97 Amerihealth	Medicare		51.28					49.2	155.8	fee schedule	
TESTOSTERONE, FREE&WEAKLY BOUND (143255)	84410	CPT	outpatient			164		58.97 Consumer	Consumer		155.8				95	49.2	155.8	percent of total billed charges	
TESTOSTERONE, FREE&WEAKLY BOUND (143255)	84410	CPT	outpatient			164		58.97 Corrections	Corrections		131.2				80	49.2	155.8	percent of total billed charges	
TESTOSTERONE, FREE&WEAKLY BOUND (143255)	84410	CPT	outpatient			164		58.97 First Health	First Health		114.8				70	49.2	155.8	percent of total billed charges	
TESTOSTERONE, FREE&WEAKLY BOUND (143255)	84410	CPT	outpatient			164		58.97 First Trenton	First Trenton		147.6				90	49.2	155.8	percent of total billed charges	
TESTOSTERONE, FREE&WEAKLY BOUND (143255)	84410	CPT	outpatient			164		58.97 Horizon	Indemnity		62.78				38.28	49.2	155.8	percent of total billed charges	
TESTOSTERONE, FREE&WEAKLY BOUND (143255)	84410	CPT	outpatient			164		58.97 Horizon	Medicare Blue		49.2				30	49.2	155.8	percent of total billed charges	
TESTOSTERONE, FREE&WEAKLY BOUND (143255)	84410	CPT	outpatient			164		58.97 Horizon	MGD		62.78				38.28	49.2	155.8	percent of total billed charges	
TESTOSTERONE, FREE&WEAKLY BOUND (143255)	84410	CPT	outpatient			164		58.97 Horizon	PPO		62.78				38.28	49.2	155.8	percent of total billed charges	
TESTOSTERONE, FREE&WEAKLY BOUND (143255)	84410	CPT	outpatient			164		58.97 Horizon	NJ Health		56.88					49.2	155.8	fee schedule	
TESTOSTERONE, FREE&WEAKLY BOUND (143255)	84410	CPT	outpatient			164		58.97 Managed Care Inc	Managed Care Inc		147.6				90	49.2	155.8	percent of total billed charges	
TESTOSTERONE, FREE&WEAKLY BOUND (143255)	84410	CPT	outpatient			164		58.97 Multiplan	Multiplan		131.2				80	49.2	155.8	percent of total billed charges	
TESTOSTERONE, FREE&WEAKLY BOUND (143255)	84410	CPT	outpatient			164		58.97 Qualcare	Qualcare		123				75	49.2	155.8	percent of total billed charges	
TESTOSTERONE, FREE&WEAKLY BOUND (143255)	84410	CPT	outpatient			164		58.97 Three Rivers	Three Rivers		155.8				95	49.2	155.8	percent of total billed charges	
TESTOSTERONE, FREE&WEAKLY BOUND (143255)	84410	CPT	outpatient			164		58.97 UHC	Medicaid		51.74				31.55	49.2	155.8	percent of total billed charges	
TESTOSTERONE, FREE&WEAKLY BOUND (143255)	84410	CPT	outpatient			164		58.97 UHC	Medicare		51.28					49.2	155.8	fee schedule	
TESTOSTERONE, FREE&WEAKLY BOUND (143255)	84410	CPT	outpatient			164		58.97 Wellcare	Medicaid		51.74				31.55	49.2	155.8	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
TESTOSTERONE, FREE&WEAKLY BOUND (143255)	84410	CPT	outpatient			164	58.97	Wellcare	Medicare		51.28				49.2	155.8	fee schedule	
TESTOSTERONE, FREE&WEAKLY BOUND (143255)	84410	CPT	outpatient			164	58.97	WellPoint	WellPoint		52.78	32.18			49.2	155.8	percent of total billed charges	
VITAMIN B1 (THIAMINE), BLOOD	84425	CPT	both			267	24.41	Aetna	Medicare		21.23				10.8	253.65	fee schedule	
VITAMIN B1 (THIAMINE), BLOOD	84425	CPT	both			267	24.41	Aetna	Better Health		84.24	31.55			10.8	253.65	percent of total billed charges	
VITAMIN B1 (THIAMINE), BLOOD	84425	CPT	both			267	24.41	Aetna	Commercial		101.46	38			10.8	253.65	percent of total billed charges	
VITAMIN B1 (THIAMINE), BLOOD	84425	CPT	both			267	24.41	Americare	Americare		200.25	75			10.8	253.65	percent of total billed charges	
VITAMIN B1 (THIAMINE), BLOOD	84425	CPT	both			267	24.41	Amerihealth	Medicare		21.23				10.8	253.65	fee schedule	
VITAMIN B1 (THIAMINE), BLOOD	84425	CPT	both			267	24.41	Amerihealth	HMO/PPO		173.55	65			10.8	253.65	percent of total billed charges	
VITAMIN B1 (THIAMINE), BLOOD	84425	CPT	both			267	24.41	Consumer	Consumer		253.65	95			10.8	253.65	percent of total billed charges	
VITAMIN B1 (THIAMINE), BLOOD	84425	CPT	both			267	24.41	Corrections	Corrections		213.6	80			10.8	253.65	percent of total billed charges	
VITAMIN B1 (THIAMINE), BLOOD	84425	CPT	both			267	24.41	First Health	First Health		186.9	70			10.8	253.65	percent of total billed charges	
VITAMIN B1 (THIAMINE), BLOOD	84425	CPT	both			267	24.41	First Trenton	First Trenton		240.3	90			10.8	253.65	percent of total billed charges	
VITAMIN B1 (THIAMINE), BLOOD	84425	CPT	both			267	24.41	Horizon	MGD		102.21	38.28			10.8	253.65	percent of total billed charges	
VITAMIN B1 (THIAMINE), BLOOD	84425	CPT	both			267	24.41	Horizon	Medicare Blue		80.1	30			10.8	253.65	percent of total billed charges	
VITAMIN B1 (THIAMINE), BLOOD	84425	CPT	both			267	24.41	Horizon	NJ Health		62.72				10.8	253.65	fee schedule	
VITAMIN B1 (THIAMINE), BLOOD	84425	CPT	both			267	24.41	Horizon	Indemnity		102.21	38.28			10.8	253.65	percent of total billed charges	
VITAMIN B1 (THIAMINE), BLOOD	84425	CPT	both			267	24.41	Horizon	PPO		102.21	38.28			10.8	253.65	percent of total billed charges	
VITAMIN B1 (THIAMINE), BLOOD	84425	CPT	both			267	24.41	Managed Care Inc	Managed Care Inc		240.3	90			10.8	253.65	percent of total billed charges	
VITAMIN B1 (THIAMINE), BLOOD	84425	CPT	both			267	24.41	Multiplan	Multiplan		213.6	80			10.8	253.65	percent of total billed charges	
VITAMIN B1 (THIAMINE), BLOOD	84425	CPT	both			267	24.41	Qualcare	Qualcare		200.25	75			10.8	253.65	percent of total billed charges	
VITAMIN B1 (THIAMINE), BLOOD	84425	CPT	both			267	24.41	Three Rivers	Three Rivers		253.65	95			10.8	253.65	percent of total billed charges	
VITAMIN B1 (THIAMINE), BLOOD	84425	CPT	both			267	24.41	UHC	Medicare		21.23				10.8	253.65	fee schedule	
VITAMIN B1 (THIAMINE), BLOOD	84425	CPT	both			267	24.41	UHC	Medicaid		84.24	31.55			10.8	253.65	percent of total billed charges	
VITAMIN B1 (THIAMINE), BLOOD	84425	CPT	both			267	24.41	Wellcare	Medicare		21.23				10.8	253.65	fee schedule	
VITAMIN B1 (THIAMINE), BLOOD	84425	CPT	both			267	24.41	Wellcare	Medicaid		84.24	31.55			10.8	253.65	percent of total billed charges	
VITAMIN B1 (THIAMINE), BLOOD	84425	CPT	both			267	24.41	WellPoint	WellPoint		85.92	32.18			10.8	253.65	percent of total billed charges	
THIOCYANATE SERUM	84430	CPT	outpatient			291	13.37	Aetna	Better Health		91.81	31.55			7.06	276.45	percent of total billed charges	
THIOCYANATE SERUM	84430	CPT	outpatient			291	13.37	Aetna	Commercial		110.58	38			7.06	276.45	percent of total billed charges	
THIOCYANATE SERUM	84430	CPT	outpatient			291	13.37	Aetna	Medicare		89.63	30.8			7.06	276.45	percent of total billed charges	
THIOCYANATE SERUM	84430	CPT	outpatient			291	13.37	Americare	Americare		218.25	75			7.06	276.45	percent of total billed charges	
THIOCYANATE SERUM	84430	CPT	outpatient			291	13.37	Amerihealth	Medicare		11.63				7.06	276.45	fee schedule	
THIOCYANATE SERUM	84430	CPT	outpatient			291	13.37	Amerihealth	HMO/PPO		189.15	65			7.06	276.45	percent of total billed charges	
THIOCYANATE SERUM	84430	CPT	outpatient			291	13.37	Consumer	Consumer		276.45	95			7.06	276.45	percent of total billed charges	
THIOCYANATE SERUM	84430	CPT	outpatient			291	13.37	Corrections	Corrections		232.8	80			7.06	276.45	percent of total billed charges	
THIOCYANATE SERUM	84430	CPT	outpatient			291	13.37	First Health	First Health		203.7	70			7.06	276.45	percent of total billed charges	
THIOCYANATE SERUM	84430	CPT	outpatient			291	13.37	First Trenton	First Trenton		261.9	90			7.06	276.45	percent of total billed charges	
THIOCYANATE SERUM	84430	CPT	outpatient			291	13.37	Horizon	Medicare Blue		87.3	30			7.06	276.45	percent of total billed charges	
THIOCYANATE SERUM	84430	CPT	outpatient			291	13.37	Horizon	PPO		111.39	38.28			7.06	276.45	percent of total billed charges	
THIOCYANATE SERUM	84430	CPT	outpatient			291	13.37	Horizon	MGD		111.39	38.28			7.06	276.45	percent of total billed charges	
THIOCYANATE SERUM	84430	CPT	outpatient			291	13.37	Horizon	Indemnity		111.39	38.28			7.06	276.45	percent of total billed charges	
THIOCYANATE SERUM	84430	CPT	outpatient			291	13.37	Horizon	NJ Health		7.06				7.06	276.45	fee schedule	
THIOCYANATE SERUM	84430	CPT	outpatient			291	13.37	Managed Care Inc	Managed Care Inc		261.9	90			7.06	276.45	percent of total billed charges	
THIOCYANATE SERUM	84430	CPT	outpatient			291	13.37	Multiplan	Multiplan		232.8	80			7.06	276.45	percent of total billed charges	
THIOCYANATE SERUM	84430	CPT	outpatient			291	13.37	Qualcare	Qualcare		218.25	75			7.06	276.45	percent of total billed charges	
THIOCYANATE SERUM	84430	CPT	outpatient			291	13.37	Three Rivers	Three Rivers		276.45	95			7.06	276.45	percent of total billed charges	
THIOCYANATE SERUM	84430	CPT	outpatient			291	13.37	UHC	Medicare		11.63				7.06	276.45	fee schedule	
THIOCYANATE SERUM	84430	CPT	outpatient			291	13.37	UHC	Medicaid		91.81	31.55			7.06	276.45	percent of total billed charges	
THIOCYANATE SERUM	84430	CPT	outpatient			291	13.37	Wellcare	Medicare		11.63				7.06	276.45	fee schedule	
THIOCYANATE SERUM	84430	CPT	outpatient			291	13.37	Wellcare	Medicaid		91.81	31.55			7.06	276.45	percent of total billed charges	
THIOCYANATE SERUM	84430	CPT	outpatient			291	13.37	WellPoint	WellPoint		93.64	32.18			7.06	276.45	percent of total billed charges	
THYROGLOBULIN, LN ASPIRATE (502380)	84432	CPT	outpatient			291	18.47	Aetna	Better Health		91.81	31.55			11.4	276.45	percent of total billed charges	
THYROGLOBULIN, LN ASPIRATE (502380)	84432	CPT	outpatient			291	18.47	Aetna	Medicare		16.06				11.4	276.45	fee schedule	
THYROGLOBULIN, LN ASPIRATE (502380)	84432	CPT	outpatient			291	18.47	Aetna	Commercial		110.58	38			11.4	276.45	percent of total billed charges	
THYROGLOBULIN, LN ASPIRATE (502380)	84432	CPT	outpatient			291	18.47	Americare	Americare		218.25	75			11.4	276.45	percent of total billed charges	
THYROGLOBULIN, LN ASPIRATE (502380)	84432	CPT	outpatient			291	18.47	Amerihealth	Medicare		16.06				11.4	276.45	fee schedule	
THYROGLOBULIN, LN ASPIRATE (502380)	84432	CPT	outpatient			291	18.47	Amerihealth	HMO/PPO		189.15	65			11.4	276.45	percent of total billed charges	
THYROGLOBULIN, LN ASPIRATE (502380)	84432	CPT	outpatient			291	18.47	Consumer	Consumer		276.45	95			11.4	276.45	percent of total billed charges	
THYROGLOBULIN, LN ASPIRATE (502380)	84432	CPT	outpatient			291	18.47	Corrections	Corrections		232.8	80			11.4	276.45	percent of total billed charges	
THYROGLOBULIN, LN ASPIRATE (502380)	84432	CPT	outpatient			291	18.47	First Health	First Health		203.7	70			11.4	276.45	percent of total billed charges	
THYROGLOBULIN, LN ASPIRATE (502380)	84432	CPT	outpatient			291	18.47	First Trenton	First Trenton		261.9	90			11.4	276.45	percent of total billed charges	
THYROGLOBULIN, LN ASPIRATE (502380)	84432	CPT	outpatient			291	18.47	Horizon	NJ Health		25.48				11.4	276.45	fee schedule	
THYROGLOBULIN, LN ASPIRATE (502380)	84432	CPT	outpatient			291	18.47	Horizon	MGD		111.39	38.28			11.4	276.45	percent of total billed charges	
THYROGLOBULIN, LN ASPIRATE (502380)	84432	CPT	outpatient			291	18.47	Horizon	Medicare Blue		87.3	30			11.4	276.45	percent of total billed charges	
THYROGLOBULIN, LN ASPIRATE (502380)	84432	CPT	outpatient			291	18.47	Horizon	Indemnity		111.39	38.28			11.4	276.45	percent of total billed charges	
THYROGLOBULIN, LN ASPIRATE (502380)	84432	CPT	outpatient			291	18.47	Horizon	PPO		111.39	38.28			11.4	276.45	percent of total billed charges	
THYROGLOBULIN, LN ASPIRATE (502380)	84432	CPT	outpatient			291	18.47	Managed Care Inc	Managed Care Inc		261.9	90			11.4	276.45	percent of total billed charges	
THYROGLOBULIN, LN ASPIRATE (502380)	84432	CPT	outpatient			291	18.47	Multiplan	Multiplan		232.8	80			11.4	276.45	percent of total billed charges	
THYROGLOBULIN, LN ASPIRATE (502380)	84432	CPT	outpatient			291	18.47	Qualcare	Qualcare		218.25	75			11.4	276.45	percent of total billed charges	
THYROGLOBULIN, LN ASPIRATE (502380)	84432	CPT	outpatient			291	18.47	Three Rivers	Three Rivers		276.45	95			11.4	276.45	percent of total billed charges	
THYROGLOBULIN, LN ASPIRATE (502380)	84432	CPT	outpatient			291	18.47	UHC	Medicaid		91.81	31.55			11.4	276.45	percent of total billed charges	
THYROGLOBULIN, LN ASPIRATE (502380)	84432	CPT	outpatient			291	18.47	UHC	Medicare		16.06				11.4	276.45	fee schedule	
THYROGLOBULIN, LN ASPIRATE (502380)	84432	CPT	outpatient			291	18.47	Wellcare	Medicare		16.06				11.4	276.45	fee schedule	
THYROGLOBULIN, LN ASPIRATE (502380)	84432	CPT	outpatient			291	18.47	Wellcare	Medicaid		91.81	31.55			11.4	276.45	percent of total billed charges	
THYROGLOBULIN, LN ASPIRATE (502380)	84432	CPT	outpatient			291	18.47	WellPoint	WellPoint		93.64	32.18			11.4	276.45	percent of total billed charges	
THYROXINE; TOTAL	84436	CPT	both			65	7.9	Aetna	Medicare		6.87				5.4	61.75	fee schedule	
THYROXINE; TOTAL	84436	CPT	both			65	7.9	Aetna	Better Health		20.51	31.55			5.4	61.75	percent of total billed charges	
THYROXINE; TOTAL	84436	CPT	both			65	7.9	Aetna	Commercial		24.7	38			5.4	61.75	percent of total billed charges	
THYROXINE; TOTAL	84436	CPT	both			65	7.9	Americare	Americare		48.75	75			5.4	61.75	percent of total billed charges	
THYROXINE; TOTAL	84436	CPT	both			65	7.9	Amerihealth	Medicare		6.87				5.4	61.75	fee schedule	
THYROXINE; TOTAL	84436	CPT	both			65	7.9	Amerihealth	HMO/PPO		42.25	65			5.4	61.75	percent of total billed charges	
THYROXINE; TOTAL	84436	CPT	both			65	7.9	Consumer	Consumer		61.75	95			5.4	61.75	percent of total billed charges	
THYROXINE; TOTAL	84436	CPT	both			65	7.9	Corrections	Corrections		52	80			5.4	61.75	percent of total billed charges	
THYROXINE; TOTAL	84436	CPT	both			65	7.9	First Health	First Health		45.5	70			5.4	61.75	percent of total billed charges	
THYROXINE; TOTAL	84436	CPT	both			65	7.9	First Trenton	First Trenton		58.5	90			5.4	61.75	percent of total billed charges	
THYROXINE; TOTAL	84436	CPT	both			65	7.9	Horizon	Indemnity		24.88	38.28			5.4	61.75	percent of total billed charges	
THYROXINE; TOTAL	84436	CPT	both			65	7.9	Horizon	PPO		24.88	38.28			5.4	61.75	percent of total billed charges	
THYROXINE; TOTAL	84436	CPT	both			65	7.9	Horizon	MGD		24.88	38.28			5.4	61.75	percent of total billed charges	
THYROXINE; TOTAL	84436	CPT	both			65	7.9	Horizon	Medicare Blue		19.5	30			5.4	61.75	percent of total billed charges	
THYROXINE; TOTAL	84436	CPT	both			65	7.9	Horizon	NJ Health		11.76				5.4	61.75	fee schedule	
THYROXINE; TOTAL	84436	CPT	both			65	7.9	Managed Care Inc	Managed Care Inc		58.5	90			5.4	61.75	percent of total billed charges	
THYROXINE; TOTAL	84436	CPT	both			65	7.9	Multiplan	Multiplan		52	80			5.4	61.75	percent of total billed charges	
THYROXINE; TOTAL	84436	CPT	both			65	7.9	Qualcare	Qualcare		48.75	75			5.4	61.75	percent of total billed charges	
THYROXINE; TOTAL	84436	CPT	both			65	7.9	Three Rivers	Three Rivers		61.75	95			5.4	61.75	percent of total billed charges	
THYROXINE; TOTAL	84436	CPT	both			65	7.9	UHC	Medicare		6.87				5.4	61.75	fee schedule	
THYROXINE; TOTAL	84436	CPT	both			65	7.9	UHC	Medicaid		20.51	31.55			5.4	61.75	percent of total billed charges	
THYROXINE; TOTAL	84436	CPT	both			65	7.9	Wellcare	Medicare		6.87				5.4	61.75	fee schedule	
THYROXINE; TOTAL	84436	CPT	both			65	7.9	Wellcare	Medicaid		20.51	31.55			5.4	61.75	percent of total billed charges	
THYROXINE; TOTAL	84436	CPT	both			65	7.9	WellPoint	WellPoint		20.92	32.18			5.4	61.75	percent of total billed charges	
THYROXINE;FREE	84439	CPT	both			370	10.37	Aetna	Commercial		140.6	38			6	351.5	percent of total billed charges	
THYROXINE;FREE	84439	CPT	both			370	10.37	Aetna	Better Health		116.74	31.55			6	351.5	percent of total billed charges	
THYROXINE;FREE	84439	CPT	both			370	10.37	Aetna	Medicare		9.02				6	351.5	fee schedule	
THYROXINE;FREE	84439	CPT	both			370	10.37	Americare	Americare		277.5	75			6	351.5	percent of total billed charges	
THYROXINE;FREE	84439	CPT	both			370	10.37	Amerihealth	Medicare		9.02				6	351.5	fee schedule	
THYROXINE;FREE	84439	CPT	both			370	10.37	Amerihealth	HMO/PPO		240.5	65			6	351.5	percent of total billed charges	
THYROXINE;FREE	84439	CPT	both			370	10.37	Consumer	Consumer		351.5	95			6	351.5	percent of total billed charges	
THYROXINE;FREE	84439	CPT	both			370	10.37	Corrections	Corrections		296	80			6	351.5	percent of total billed charges	
THYROXINE;FREE	84439	CPT	both			370	10.37	First Health	First Health		259	70			6	351.5	percent of total billed charges	
THYROXINE;FREE	84439	CPT	both			370	10.37	First Trenton	First Trenton		333	90			6	351.5	percent of total billed charges	
THYROXINE;FREE	84439	CPT	both			370	10.37	Horizon	NJ Health		19.6				6	351.5	fee schedule	
THYROXINE;FREE	84439	CPT	both			370	10.37	Horizon	Medicare Blue		111	30			6	351.5	percent of total billed charges	
THYROXINE;FREE	84439	CPT	both			370	10.37	Horizon	PPO		141.64	38.28			6	351.5	percent of total billed charges	
THYROXINE;FREE	84439	CPT	both			370	10.37	Horizon	MGD		141.64	38.28			6	351.5	percent of total billed charges	
THYROXINE;FREE	84439	CPT	both			370	10.37	Horizon	Indemnity		141.64	38.28			6	351.5	percent of total billed charges	
THYROXINE;FREE	84439	CPT	both			370	10.37	Managed Care Inc	Managed Care Inc		333	90			6	351.5	percent of total billed charges	
THYROXINE;FREE	84439	CPT	both			370	10.37	Multiplan	Multiplan		296	80			6	351.5	percent of total billed charges	
THYROXINE;FREE	84439	CPT	both			370	10.37	Qualcare	Qualcare		277.5	75			6	351.5	percent of total billed charges	
THYROXINE;FREE	84439	CPT	both			370	10.37	Three Rivers	Three Rivers		351.5	95			6	351.5	percent of total billed charges	
THYROXINE;FREE	84439	CPT	both			370	10.37	UHC	Medicaid		116.74	31.55			6	351.5	percent of total billed charges	
THYROXINE;FREE	84439	CPT	both			370	10.37	UHC	Medicare		9.02				6	351.5	fee schedule	
THYROXINE;FREE	84439	CPT	both			370	10.37	Wellcare	Medicaid		116.74	31.55			6	351.5	percent of total billed charges	
THYROXINE;FREE	84439	CPT	both			370	10.37	Wellcare	Medicare		9.02				6	351.5	fee schedule	
THYROXINE;FREE	84439	CPT	both			370	10.37	WellPoint	WellPoint		119.07	32.18			6	351.5	percent of total billed charges	
THYROXINE BINDING GLOBULIN	84442	CPT	both			34	17	Aetna	Medicare		14.78				10.2	32.3	fee schedule	
THYROXINE BINDING GLOBULIN	84442	CPT	both			34	17	Aetna	Better Health		10.73	31.55			10.2	32.3	percent of total billed charges	
THYROXINE BINDING GLOBULIN	84442	CPT	both			34	17	Aetna	Commercial		12.92	38			10.2	32.3	percent of total billed charges	
THYROXINE BINDING GLOBULIN	84442	CPT	both			34	17	Americare	Americare		25.5	75			10.2	32.3	percent of total billed charges	
THYROXINE BINDING GLOBULIN	84442	CPT	both			34	17	Amerihealth	Medicare		14.78				10.2	32.3	fee schedule	
THYROXINE BINDING GLOBULIN	84442	CPT	both			34	17	Amerihealth	HMO/PPO		22.1	65			10.2	32.3	percent of total billed charges	
THYROXINE BINDING GLOBULIN	84442	CPT	both			34	17	Consumer	Consumer		32.3	95			10.2	32.3	percent of total billed charges	
THYROXINE BINDING GLOBULIN	84442	CPT	both			34	17	Corrections	Corrections		27.2	80			10.2	32.3	percent of total billed charges	
THYROXINE BINDING GLOBULIN	84442	CPT	both			34	17	First Health	First Health		23.8	70			10.2	32.3	percent of total billed charges	
THYROXINE BINDING GLOBULIN	84442	CPT	both			34	17	First Trenton	First Trenton		30.6	90			10.2	32.3	percent of total billed charges	
THYROXINE BINDING GLOBULIN	84442	CPT	both			34	17	Horizon	MGD		13.02	38.28			10.2	32.3	percent of total billed charges	
THYROXINE BINDING GLOBULIN	84442	CPT	both			34	17	Horizon	NJ Health		23.52				10.2	32.3	fee schedule	
THYROXINE BINDING GLOBULIN	84442	CPT	both			34	17	Horizon	Medicare Blue		10.2	30			10.2	32.3	percent of total billed charges	
THYROXINE BINDING GLOBULIN	84442	CPT	both			34	17	Horizon	Indemnity		13.02	38.28			10.2	32.3	percent of total billed charges	
THYROXINE BINDING GLOBULIN	84442	CPT	both			34	17	Horizon	PPO		13.02	38.28			10.2	32.3	percent of total billed charges	
THYROXINE BINDING GLOBULIN	84442	CPT	both			34	17	Managed Care Inc	Managed Care Inc		30.6	90			10.2	32.3	percent of total billed charges	
THYROXINE BINDING GLOBULIN	84442	CPT	both			34	17	Multiplan	Multiplan		27.2	80			10.2	32.3	percent of total billed charges	
THYROXINE BINDING GLOBULIN	84442	CPT	both			34	17	Qualcare	Qualcare		25.5	75			10.2	32.3	percent of total billed charges	
THYROXINE BINDING GLOBULIN	84442	CPT	both			34	17	Three Rivers	Three Rivers		32.3	95			10.2	32.3	percent of total billed charges	
THYROXINE BINDING GLOBULIN	84442	CPT	both			34	17	UHC	Medicare		14.78				10.2	32.3	fee schedule	
THYROXINE BINDING GLOBULIN	84442	CPT	both			34	17	UHC	Medicaid		10.73	31.55			10.2	32.3	percent of total billed charges	
THYROXINE BINDING GLOBULIN	84442	CPT	both			34	17	Wellcare	Medicare		14.78				10.2	32.3	fee schedule	
THYROXINE BINDING GLOBULIN	84442	CPT	both			34	17	Wellcare	Medicaid		10.73	31.55			10.2	32.3	percent of total billed charges	
THYROXINE BINDING GLOBULIN	84442	CPT	both			34	17	WellPoint	WellPoint		10.94	32.18			10.2	32.3	percent of total billed charges	
TSH,RFX ON ABNORMAL TO FREE T4	84443	CPT	both			625	19.32	Aetna	Medicare		16.8				11.7	593.75	fee schedule	
TSH,RFX ON ABNORMAL TO FREE T4	84443	CPT	both			625	19.32	Aetna	Better Health		197.19	31.55			11.7	593.75	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
TSH.RFX.ON.ABNORMAL.TO.FREE.T4	84443	CPT	both			625		19.32 Aetna	Commercial		237.5	38			11.7		593.75 percent of total billed charges	
TSH.RFX.ON.ABNORMAL.TO.FREE.T4	84443	CPT	both			625		19.32 Americare	Americare		468.75	75			11.7		593.75 percent of total billed charges	
TSH.RFX.ON.ABNORMAL.TO.FREE.T4	84443	CPT	both			625		19.32 Amerihealth	HMO/PPO		406.25	65			11.7		593.75 percent of total billed charges	
TSH.RFX.ON.ABNORMAL.TO.FREE.T4	84443	CPT	both			625		19.32 Amerihealth	Medicare		16.8				11.7		593.75 fee schedule	
TSH.RFX.ON.ABNORMAL.TO.FREE.T4	84443	CPT	both			625		19.32 Consumer	Consumer		593.75	95			11.7		593.75 percent of total billed charges	
TSH.RFX.ON.ABNORMAL.TO.FREE.T4	84443	CPT	both			625		19.32 Corrections	Corrections		500	80			11.7		593.75 percent of total billed charges	
TSH.RFX.ON.ABNORMAL.TO.FREE.T4	84443	CPT	both			625		19.32 First Health	First Health		437.5	70			11.7		593.75 percent of total billed charges	
TSH.RFX.ON.ABNORMAL.TO.FREE.T4	84443	CPT	both			625		19.32 First Trenton	First Trenton		562.5	90			11.7		593.75 percent of total billed charges	
TSH.RFX.ON.ABNORMAL.TO.FREE.T4	84443	CPT	both			625		19.32 Horizon	MGD		239.25	38.28			11.7		593.75 percent of total billed charges	
TSH.RFX.ON.ABNORMAL.TO.FREE.T4	84443	CPT	both			625		19.32 Horizon	NJ Health		49				11.7		593.75 fee schedule	
TSH.RFX.ON.ABNORMAL.TO.FREE.T4	84443	CPT	both			625		19.32 Horizon	Indemnity		239.25	38.28			11.7		593.75 percent of total billed charges	
TSH.RFX.ON.ABNORMAL.TO.FREE.T4	84443	CPT	both			625		19.32 Horizon	Medicare Blue		187.5	30			11.7		593.75 percent of total billed charges	
TSH.RFX.ON.ABNORMAL.TO.FREE.T4	84443	CPT	both			625		19.32 Horizon	PPO		239.25	38.28			11.7		593.75 percent of total billed charges	
TSH.RFX.ON.ABNORMAL.TO.FREE.T4	84443	CPT	both			625		19.32 Managed Care Inc	Managed Care Inc		562.5	90			11.7		593.75 percent of total billed charges	
TSH.RFX.ON.ABNORMAL.TO.FREE.T4	84443	CPT	both			625		19.32 Multiplan	Multiplan		500	80			11.7		593.75 percent of total billed charges	
TSH.RFX.ON.ABNORMAL.TO.FREE.T4	84443	CPT	both			625		19.32 Qualcare	Qualcare		468.75	75			11.7		593.75 percent of total billed charges	
TSH.RFX.ON.ABNORMAL.TO.FREE.T4	84443	CPT	both			625		19.32 Three Rivers	Three Rivers		593.75	95			11.7		593.75 percent of total billed charges	
TSH.RFX.ON.ABNORMAL.TO.FREE.T4	84443	CPT	both			625		19.32 UHC	Medicare		16.8				11.7		593.75 fee schedule	
TSH.RFX.ON.ABNORMAL.TO.FREE.T4	84443	CPT	both			625		19.32 UHC	Medicaid		197.19	31.55			11.7		593.75 percent of total billed charges	
TSH.RFX.ON.ABNORMAL.TO.FREE.T4	84443	CPT	both			625		19.32 Wellcare	Medicare		16.8				11.7		593.75 fee schedule	
TSH.RFX.ON.ABNORMAL.TO.FREE.T4	84443	CPT	both			625		19.32 Wellcare	Medicaid		197.19	31.55			11.7		593.75 percent of total billed charges	
TSH.RFX.ON.ABNORMAL.TO.FREE.T4	84443	CPT	both			625		19.32 WellPoint	WellPoint		201.13	32.18			11.7		593.75 percent of total billed charges	
THYROID-STIMULAT IMMUNOGLONBULIN	84445	CPT	both			321		58.49 Aetna	Better Health		101.28	31.55			36.9		304.95 percent of total billed charges	
THYROID-STIMULAT IMMUNOGLONBULIN	84445	CPT	both			321		58.49 Aetna	Medicare		50.86				36.9		304.95 fee schedule	
THYROID-STIMULAT IMMUNOGLONBULIN	84445	CPT	both			321		58.49 Aetna	Commercial		121.98	38			36.9		304.95 percent of total billed charges	
THYROID-STIMULAT IMMUNOGLONBULIN	84445	CPT	both			321		58.49 Americare	Americare		240.75	75			36.9		304.95 percent of total billed charges	
THYROID-STIMULAT IMMUNOGLONBULIN	84445	CPT	both			321		58.49 Amerihealth	HMO/PPO		208.65	65			36.9		304.95 percent of total billed charges	
THYROID-STIMULAT IMMUNOGLONBULIN	84445	CPT	both			321		58.49 Amerihealth	Medicare		50.86				36.9		304.95 fee schedule	
THYROID-STIMULAT IMMUNOGLONBULIN	84445	CPT	both			321		58.49 Consumer	Consumer		304.95	95			36.9		304.95 percent of total billed charges	
THYROID-STIMULAT IMMUNOGLONBULIN	84445	CPT	both			321		58.49 Corrections	Corrections		256.8	80			36.9		304.95 percent of total billed charges	
THYROID-STIMULAT IMMUNOGLONBULIN	84445	CPT	both			321		58.49 First Health	First Health		224.7	70			36.9		304.95 percent of total billed charges	
THYROID-STIMULAT IMMUNOGLONBULIN	84445	CPT	both			321		58.49 First Trenton	First Trenton		288.9	90			36.9		304.95 percent of total billed charges	
THYROID-STIMULAT IMMUNOGLONBULIN	84445	CPT	both			321		58.49 Horizon	MGD		122.88	38.28			36.9		304.95 percent of total billed charges	
THYROID-STIMULAT IMMUNOGLONBULIN	84445	CPT	both			321		58.49 Horizon	Medicare Blue		96.3	30			36.9		304.95 percent of total billed charges	
THYROID-STIMULAT IMMUNOGLONBULIN	84445	CPT	both			321		58.49 Horizon	Indemnity		122.88	38.28			36.9		304.95 percent of total billed charges	
THYROID-STIMULAT IMMUNOGLONBULIN	84445	CPT	both			321		58.49 Horizon	NJ Health		54.49				36.9		304.95 fee schedule	
THYROID-STIMULAT IMMUNOGLONBULIN	84445	CPT	both			321		58.49 Horizon	PPO		122.88	38.28			36.9		304.95 percent of total billed charges	
THYROID-STIMULAT IMMUNOGLONBULIN	84445	CPT	both			321		58.49 Managed Care Inc	Managed Care Inc		288.9	90			36.9		304.95 percent of total billed charges	
THYROID-STIMULAT IMMUNOGLONBULIN	84445	CPT	both			321		58.49 Multiplan	Multiplan		256.8	80			36.9		304.95 percent of total billed charges	
THYROID-STIMULAT IMMUNOGLONBULIN	84445	CPT	both			321		58.49 Qualcare	Qualcare		240.75	75			36.9		304.95 percent of total billed charges	
THYROID-STIMULAT IMMUNOGLONBULIN	84445	CPT	both			321		58.49 Three Rivers	Three Rivers		304.95	95			36.9		304.95 percent of total billed charges	
THYROID-STIMULAT IMMUNOGLONBULIN	84445	CPT	both			321		58.49 UHC	Medicare		50.86				36.9		304.95 fee schedule	
THYROID-STIMULAT IMMUNOGLONBULIN	84445	CPT	both			321		58.49 UHC	Medicaid		101.28	31.55			36.9		304.95 percent of total billed charges	
THYROID-STIMULAT IMMUNOGLONBULIN	84445	CPT	both			321		58.49 Wellcare	Medicare		50.86				36.9		304.95 fee schedule	
THYROID-STIMULAT IMMUNOGLONBULIN	84445	CPT	both			321		58.49 Wellcare	Medicaid		101.28	31.55			36.9		304.95 percent of total billed charges	
THYROID-STIMULAT IMMUNOGLONBULIN	84445	CPT	both			321		58.49 WellPoint	WellPoint		103.3	32.18			36.9		304.95 percent of total billed charges	
VITAMIN E, SERUM	84446	CPT	both			258		16.31 Aetna	Better Health		81.4	31.55			9.6		245.1 percent of total billed charges	
VITAMIN E, SERUM	84446	CPT	both			258		16.31 Aetna	Medicare		79.46	30.8			9.6		245.1 percent of total billed charges	
VITAMIN E, SERUM	84446	CPT	both			258		16.31 Aetna	Commercial		98.04	38			9.6		245.1 percent of total billed charges	
VITAMIN E, SERUM	84446	CPT	both			258		16.31 Americare	Americare		193.5	75			9.6		245.1 percent of total billed charges	
VITAMIN E, SERUM	84446	CPT	both			258		16.31 Amerihealth	Medicare		14.18				9.6		245.1 fee schedule	
VITAMIN E, SERUM	84446	CPT	both			258		16.31 Amerihealth	HMO/PPO		167.7	65			9.6		245.1 percent of total billed charges	
VITAMIN E, SERUM	84446	CPT	both			258		16.31 Consumer	Consumer		245.1	95			9.6		245.1 percent of total billed charges	
VITAMIN E, SERUM	84446	CPT	both			258		16.31 Corrections	Corrections		206.4	80			9.6		245.1 percent of total billed charges	
VITAMIN E, SERUM	84446	CPT	both			258		16.31 First Health	First Health		180.6	70			9.6		245.1 percent of total billed charges	
VITAMIN E, SERUM	84446	CPT	both			258		16.31 First Trenton	First Trenton		232.2	90			9.6		245.1 percent of total billed charges	
VITAMIN E, SERUM	84446	CPT	both			258		16.31 Horizon	Indemnity		98.76	38.28			9.6		245.1 percent of total billed charges	
VITAMIN E, SERUM	84446	CPT	both			258		16.31 Horizon	MGD		98.76	38.28			9.6		245.1 percent of total billed charges	
VITAMIN E, SERUM	84446	CPT	both			258		16.31 Horizon	PPO		98.76	38.28			9.6		245.1 percent of total billed charges	
VITAMIN E, SERUM	84446	CPT	both			258		16.31 Horizon	Medicare Blue		77.4	30			9.6		245.1 percent of total billed charges	
VITAMIN E, SERUM	84446	CPT	both			258		16.31 Horizon	NJ Health		41.16				9.6		245.1 fee schedule	
VITAMIN E, SERUM	84446	CPT	both			258		16.31 Managed Care Inc	Managed Care Inc		232.2	90			9.6		245.1 percent of total billed charges	
VITAMIN E, SERUM	84446	CPT	both			258		16.31 Multiplan	Multiplan		206.4	80			9.6		245.1 percent of total billed charges	
VITAMIN E, SERUM	84446	CPT	both			258		16.31 Qualcare	Qualcare		193.5	75			9.6		245.1 percent of total billed charges	
VITAMIN E, SERUM	84446	CPT	both			258		16.31 Three Rivers	Three Rivers		245.1	95			9.6		245.1 percent of total billed charges	
VITAMIN E, SERUM	84446	CPT	both			258		16.31 UHC	Medicare		14.18				9.6		245.1 fee schedule	
VITAMIN E, SERUM	84446	CPT	both			258		16.31 UHC	Medicaid		81.4	31.55			9.6		245.1 percent of total billed charges	
VITAMIN E, SERUM	84446	CPT	both			258		16.31 Wellcare	Medicare		14.18				9.6		245.1 fee schedule	
VITAMIN E, SERUM	84446	CPT	both			258		16.31 Wellcare	Medicaid		81.4	31.55			9.6		245.1 percent of total billed charges	
VITAMIN E, SERUM	84446	CPT	both			258		16.31 WellPoint	WellPoint		83.02	32.18			9.6		245.1 percent of total billed charges	
CORTICOSTEROID BIND GLOBULIN (CBG)	84449	CPT	both			97		20.7 Aetna	Better Health		30.6	31.55			17.4		92.15 percent of total billed charges	
CORTICOSTEROID BIND GLOBULIN (CBG)	84449	CPT	both			97		20.7 Aetna	Medicare		18				17.4		92.15 fee schedule	
CORTICOSTEROID BIND GLOBULIN (CBG)	84449	CPT	both			97		20.7 Aetna	Commercial		36.86	38			17.4		92.15 percent of total billed charges	
CORTICOSTEROID BIND GLOBULIN (CBG)	84449	CPT	both			97		20.7 Americare	Americare		72.75	75			17.4		92.15 percent of total billed charges	
CORTICOSTEROID BIND GLOBULIN (CBG)	84449	CPT	both			97		20.7 Amerihealth	Medicare		18				17.4		92.15 fee schedule	
CORTICOSTEROID BIND GLOBULIN (CBG)	84449	CPT	both			97		20.7 Amerihealth	HMO/PPO		63.05	65			17.4		92.15 percent of total billed charges	
CORTICOSTEROID BIND GLOBULIN (CBG)	84449	CPT	both			97		20.7 Consumer	Consumer		92.15	95			17.4		92.15 percent of total billed charges	
CORTICOSTEROID BIND GLOBULIN (CBG)	84449	CPT	both			97		20.7 Corrections	Corrections		77.6	80			17.4		92.15 percent of total billed charges	
CORTICOSTEROID BIND GLOBULIN (CBG)	84449	CPT	both			97		20.7 First Health	First Health		67.9	70			17.4		92.15 percent of total billed charges	
CORTICOSTEROID BIND GLOBULIN (CBG)	84449	CPT	both			97		20.7 First Trenton	First Trenton		87.3	90			17.4		92.15 percent of total billed charges	
CORTICOSTEROID BIND GLOBULIN (CBG)	84449	CPT	both			97		20.7 Horizon	Indemnity		37.13	38.28			17.4		92.15 percent of total billed charges	
CORTICOSTEROID BIND GLOBULIN (CBG)	84449	CPT	both			97		20.7 Horizon	MGD		37.13	38.28			17.4		92.15 percent of total billed charges	
CORTICOSTEROID BIND GLOBULIN (CBG)	84449	CPT	both			97		20.7 Horizon	Medicare Blue		29.1	30			17.4		92.15 percent of total billed charges	
CORTICOSTEROID BIND GLOBULIN (CBG)	84449	CPT	both			97		20.7 Horizon	NJ Health		19.99				17.4		92.15 fee schedule	
CORTICOSTEROID BIND GLOBULIN (CBG)	84449	CPT	both			97		20.7 Horizon	PPO		37.13	38.28			17.4		92.15 percent of total billed charges	
CORTICOSTEROID BIND GLOBULIN (CBG)	84449	CPT	both			97		20.7 Managed Care Inc	Managed Care Inc		87.3	90			17.4		92.15 percent of total billed charges	
CORTICOSTEROID BIND GLOBULIN (CBG)	84449	CPT	both			97		20.7 Multiplan	Multiplan		77.6	80			17.4		92.15 percent of total billed charges	
CORTICOSTEROID BIND GLOBULIN (CBG)	84449	CPT	both			97		20.7 Qualcare	Qualcare		72.75	75			17.4		92.15 percent of total billed charges	
CORTICOSTEROID BIND GLOBULIN (CBG)	84449	CPT	both			97		20.7 Three Rivers	Three Rivers		92.15	95			17.4		92.15 percent of total billed charges	
CORTICOSTEROID BIND GLOBULIN (CBG)	84449	CPT	both			97		20.7 UHC	Medicaid		30.6	31.55			17.4		92.15 percent of total billed charges	
CORTICOSTEROID BIND GLOBULIN (CBG)	84449	CPT	both			97		20.7 UHC	Medicare		18				17.4		92.15 fee schedule	
CORTICOSTEROID BIND GLOBULIN (CBG)	84449	CPT	both			97		20.7 Wellcare	Medicaid		30.6	31.55			17.4		92.15 percent of total billed charges	
CORTICOSTEROID BIND GLOBULIN (CBG)	84449	CPT	both			97		20.7 Wellcare	Medicare		18				17.4		92.15 fee schedule	
CORTICOSTEROID BIND GLOBULIN (CBG)	84449	CPT	both			97		20.7 WellPoint	WellPoint		31.21	32.18			17.4		92.15 percent of total billed charges	
TRANSFERAS; ASPARTATE AST SGOT	84450	CPT	both			70		5.96 Aetna	Better Health		22.09	31.55			5.18		66.5 percent of total billed charges	
TRANSFERAS; ASPARTATE AST SGOT	84450	CPT	both			70		5.96 Aetna	Commercial		26.6	38			5.18		66.5 percent of total billed charges	
TRANSFERAS; ASPARTATE AST SGOT	84450	CPT	both			70		5.96 Aetna	Medicare		5.18				5.18		66.5 fee schedule	
TRANSFERAS; ASPARTATE AST SGOT	84450	CPT	both			70		5.96 Americare	Americare		52.5	75			5.18		66.5 percent of total billed charges	
TRANSFERAS; ASPARTATE AST SGOT	84450	CPT	both			70		5.96 Amerihealth	HMO/PPO		45.5	65			5.18		66.5 percent of total billed charges	
TRANSFERAS; ASPARTATE AST SGOT	84450	CPT	both			70		5.96 Amerihealth	Medicare		5.18				5.18		66.5 fee schedule	
TRANSFERAS; ASPARTATE AST SGOT	84450	CPT	both			70		5.96 Consumer	Consumer		66.5	95			5.18		66.5 percent of total billed charges	
TRANSFERAS; ASPARTATE AST SGOT	84450	CPT	both			70		5.96 Corrections	Corrections		56	80			5.18		66.5 percent of total billed charges	
TRANSFERAS; ASPARTATE AST SGOT	84450	CPT	both			70		5.96 First Health	First Health		49	70			5.18		66.5 percent of total billed charges	
TRANSFERAS; ASPARTATE AST SGOT	84450	CPT	both			70		5.96 First Trenton	First Trenton		63	90			5.18		66.5 percent of total billed charges	
TRANSFERAS; ASPARTATE AST SGOT	84450	CPT	both			70		5.96 Horizon	MGD		26.8	38.28			5.18		66.5 percent of total billed charges	
TRANSFERAS; ASPARTATE AST SGOT	84450	CPT	both			70		5.96 Horizon	Indemnity		26.8	38.28			5.18		66.5 percent of total billed charges	
TRANSFERAS; ASPARTATE AST SGOT	84450	CPT	both			70		5.96 Horizon	NJ Health		5.88				5.18		66.5 fee schedule	
TRANSFERAS; ASPARTATE AST SGOT	84450	CPT	both			70		5.96 Horizon	Medicare Blue		21	30			5.18		66.5 percent of total billed charges	
TRANSFERAS; ASPARTATE AST SGOT	84450	CPT	both			70		5.96 Horizon	PPO		26.8	38.28			5.18		66.5 percent of total billed charges	
TRANSFERAS; ASPARTATE AST SGOT	84450	CPT	both			70		5.96 Managed Care Inc	Managed Care Inc		63	90			5.18		66.5 percent of total billed charges	
TRANSFERAS; ASPARTATE AST SGOT	84450	CPT	both			70		5.96 Multiplan	Multiplan		56	80			5.18		66.5 percent of total billed charges	
TRANSFERAS; ASPARTATE AST SGOT	84450	CPT	both			70		5.96 Qualcare	Qualcare		52.5	75			5.18		66.5 percent of total billed charges	
TRANSFERAS; ASPARTATE AST SGOT	84450	CPT	both			70		5.96 Three Rivers	Three Rivers		66.5	95			5.18		66.5 percent of total billed charges	
TRANSFERAS; ASPARTATE AST SGOT	84450	CPT	both			70		5.96 UHC	Medicare		5.18				5.18		66.5 fee schedule	
TRANSFERAS; ASPARTATE AST SGOT	84450	CPT	both			70		5.96 UHC	Medicaid		22.09	31.55			5.18		66.5 percent of total billed charges	
TRANSFERAS; ASPARTATE AST SGOT	84450	CPT	both			70		5.96 Wellcare	Medicare		5.18				5.18		66.5 fee schedule	
TRANSFERAS; ASPARTATE AST SGOT	84450	CPT	both			70		5.96 Wellcare	Medicaid		22.09	31.55			5.18		66.5 percent of total billed charges	
TRANSFERAS; ASPARTATE AST SGOT	84450	CPT	both			70		5.96 WellPoint	WellPoint		22.53	32.18			5.18		66.5 percent of total billed charges	
SGPT	84460	CPT	both			116		6.1 Aetna	Commercial		44.08	38			5.3		110.2 percent of total billed charges	
SGPT	84460	CPT	both			116		6.1 Aetna	Medicare		5.3				5.3		110.2 fee schedule	
SGPT	84460	CPT	both			116		6.1 Aetna	Better Health		36.6	31.55			5.3		110.2 percent of total billed charges	
SGPT	84460	CPT	both			116		6.1 Americare	Americare		87	75			5.3		110.2 percent of total billed charges	
SGPT	84460	CPT	both			116		6.1 Amerihealth	HMO/PPO		75.4	65			5.3		110.2 percent of total billed charges	
SGPT	84460	CPT	both			116		6.1 Amerihealth	Medicare		5.3				5.3		110.2 fee schedule	
SGPT	84460	CPT	both			116		6.1 Consumer	Consumer		110.2	95			5.3		110.2 percent of total billed charges	
SGPT	84460	CPT	both			116		6.1 Corrections	Corrections		92.8	80			5.3		110.2 percent of total billed charges	
SGPT	84460	CPT	both			116		6.1 First Health	First Health		81.2	70			5.3		110.2 percent of total billed charges	
SGPT	84460	CPT	both			116		6.1 First Trenton	First Trenton		104.4	90			5.3		110.2 percent of total billed charges	
SGPT	84460	CPT	both			116		6.1 Horizon	MGD		44.4	38.28			5.3		110.2 percent of total billed charges	
SGPT	84460	CPT	both			116		6.1 Horizon	PPO		44.4	38.28			5.3		110.2 percent of total billed charges	
SGPT	84460	CPT	both			116		6.1 Horizon	Indemnity		44.4	38.28			5.3		110.2 percent of total billed charges	
SGPT	84460	CPT	both			116		6.1 Horizon	Medicare Blue		34.8	30			5.3		110.2 percent of total billed charges	
SGPT	84460	CPT	both			116		6.1 Horizon	NJ Health		5.88				5.3		110.2 fee schedule	
SGPT	84460	CPT	both			116		6.1 Managed Care Inc	Managed Care Inc		104.4	90			5.3		110.2 percent of total billed charges	
SGPT	84460	CPT	both			116		6.1 Multiplan	Multiplan		92.8	80			5.3		110.2 percent of total billed charges	
SGPT	84460	CPT	both			116		6.1 Qualcare	Qualcare		87	75			5.3		110.2 percent of total billed charges	
SGPT	84460	CPT	both			116		6.1 Three Rivers	Three Rivers		110.2	95			5.3		110.2 percent of total billed charges	
SGPT	84460	CPT	both			116		6.1 UHC	Medicare		5.3				5.3		110.2 fee schedule	
SGPT	84460	CPT	both			116		6.1 UHC	Medicaid		36.6	31.55			5.3		110.2 percent of total billed charges	
SGPT	84460	CPT	both			116		6.1 Wellcare	Medicare		5.3				5.3		110.2 fee schedule	
SGPT	84460	CPT	both			116		6.1 Wellcare	Medicaid		36.6	31.55			5.3		110.2 percent of total billed charges	
SGPT	84460	CPT	both			116		6.1 WellPoint	WellPoint		37.33	32.18			5.3		110.2 percent of total billed charges	
TRANSFERRIN	84466	CPT	both			59		14.67 Aetna	Commercial		22.42	38			12.76		56.05 percent of total billed charges	
TRANSFERRIN	84466	CPT	both			59		14.67 Aetna	Better Health		18.61	31.55			12.76		56.05 percent of total billed charges	
TRANSFERRIN	84466	CPT	both			59		14.67 Aetna	Medicare		12.76				12.76		56.05 fee schedule	
TRANSFERRIN	84466	CPT	both			59		14.67 Americare	Americare		44.25	75			12.76		56.05 percent of total billed charges	
TRANSFERRIN	84466	CPT	both			59		14.67 Amerihealth	Medicare		12.76				12.76		56.05 fee schedule	
TRANSFERRIN	84466	CPT	both			59		14.67 Amerihealth	HMO/PPO		38.35	65			12.76		56.05 percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
TRANSFERRIN	84466	CPT	both			59	14.67	Consumer	Consumer		56.05				12.76	12.76	56.05 percent of total billed charges	
TRANSFERRIN	84466	CPT	both			59	14.67	Corrections	Corrections		47.2				12.76	12.76	56.05 percent of total billed charges	
TRANSFERRIN	84466	CPT	both			59	14.67	First Health	First Health		41.3				12.76	12.76	56.05 percent of total billed charges	
TRANSFERRIN	84466	CPT	both			59	14.67	First Trenton	First Trenton		53.1				12.76	12.76	56.05 percent of total billed charges	
TRANSFERRIN	84466	CPT	both			59	14.67	Horizon	MGD		22.59				38.28	12.76	56.05 percent of total billed charges	
TRANSFERRIN	84466	CPT	both			59	14.67	Horizon	Medicare Blue		17.7				30	12.76	56.05 percent of total billed charges	
TRANSFERRIN	84466	CPT	both			59	14.67	Horizon	PPO		22.59				38.28	12.76	56.05 percent of total billed charges	
TRANSFERRIN	84466	CPT	both			59	14.67	Horizon	Indemnity		22.59				38.28	12.76	56.05 percent of total billed charges	
TRANSFERRIN	84466	CPT	both			59	14.67	Horizon	NJ Health		48.22					12.76	56.05 fee schedule	
TRANSFERRIN	84466	CPT	both			59	14.67	Managed Care Inc	Managed Care Inc		53.1				90	12.76	56.05 percent of total billed charges	
TRANSFERRIN	84466	CPT	both			59	14.67	Multiplan	Multiplan		47.2				80	12.76	56.05 percent of total billed charges	
TRANSFERRIN	84466	CPT	both			59	14.67	Qualcare	Qualcare		44.25				75	12.76	56.05 percent of total billed charges	
TRANSFERRIN	84466	CPT	both			59	14.67	Three Rivers	Three Rivers		56.05				95	12.76	56.05 percent of total billed charges	
TRANSFERRIN	84466	CPT	both			59	14.67	UHC	Medicaid		18.61				31.55	12.76	56.05 percent of total billed charges	
TRANSFERRIN	84466	CPT	both			59	14.67	UHC	Medicare		12.76					12.76	56.05 fee schedule	
TRANSFERRIN	84466	CPT	both			59	14.67	Wellcare	Medicaid		18.61				31.55	12.76	56.05 percent of total billed charges	
TRANSFERRIN	84466	CPT	both			59	14.67	Wellcare	Medicare		12.76					12.76	56.05 fee schedule	
TRANSFERRIN	84466	CPT	both			59	14.67	WellPoint	WellPoint		18.99				32.18	12.76	56.05 percent of total billed charges	
TRIGLYCERIDES LAB	84478	CPT	both			116	6.6	Aetna	Better Health		36.6				31.55	5.74	110.2 percent of total billed charges	
TRIGLYCERIDES LAB	84478	CPT	both			116	6.6	Aetna	Medicare		35.73				30.8	5.74	110.2 percent of total billed charges	
TRIGLYCERIDES LAB	84478	CPT	both			116	6.6	Aetna	Commercial		44.08				38	5.74	110.2 percent of total billed charges	
TRIGLYCERIDES LAB	84478	CPT	both			116	6.6	Americare	Americare		87				75	5.74	110.2 percent of total billed charges	
TRIGLYCERIDES LAB	84478	CPT	both			116	6.6	Amerihealth	Medicare		5.74					5.74	110.2 fee schedule	
TRIGLYCERIDES LAB	84478	CPT	both			116	6.6	Amerihealth	HMO/PPO		75.4				65	5.74	110.2 percent of total billed charges	
TRIGLYCERIDES LAB	84478	CPT	both			116	6.6	Consumer	Consumer		110.2				95	5.74	110.2 percent of total billed charges	
TRIGLYCERIDES LAB	84478	CPT	both			116	6.6	Corrections	Corrections		92.8				80	5.74	110.2 percent of total billed charges	
TRIGLYCERIDES LAB	84478	CPT	both			116	6.6	First Health	First Health		81.2				70	5.74	110.2 percent of total billed charges	
TRIGLYCERIDES LAB	84478	CPT	both			116	6.6	First Trenton	First Trenton		104.4				90	5.74	110.2 percent of total billed charges	
TRIGLYCERIDES LAB	84478	CPT	both			116	6.6	Horizon	Medicare Blue		34.8				30	5.74	110.2 percent of total billed charges	
TRIGLYCERIDES LAB	84478	CPT	both			116	6.6	Horizon	Indemnity		44.4				38.28	5.74	110.2 percent of total billed charges	
TRIGLYCERIDES LAB	84478	CPT	both			116	6.6	Horizon	MGD		44.4				38.28	5.74	110.2 percent of total billed charges	
TRIGLYCERIDES LAB	84478	CPT	both			116	6.6	Horizon	NJ Health		16.27					5.74	110.2 fee schedule	
TRIGLYCERIDES LAB	84478	CPT	both			116	6.6	Horizon	PPO		44.4				38.28	5.74	110.2 percent of total billed charges	
TRIGLYCERIDES LAB	84478	CPT	both			116	6.6	Managed Care Inc	Managed Care Inc		104.4				90	5.74	110.2 percent of total billed charges	
TRIGLYCERIDES LAB	84478	CPT	both			116	6.6	Multiplan	Multiplan		92.8				80	5.74	110.2 percent of total billed charges	
TRIGLYCERIDES LAB	84478	CPT	both			116	6.6	Qualcare	Qualcare		87				75	5.74	110.2 percent of total billed charges	
TRIGLYCERIDES LAB	84478	CPT	both			116	6.6	Three Rivers	Three Rivers		110.2				95	5.74	110.2 percent of total billed charges	
TRIGLYCERIDES LAB	84478	CPT	both			116	6.6	UHC	Medicaid		36.6				31.55	5.74	110.2 percent of total billed charges	
TRIGLYCERIDES LAB	84478	CPT	both			116	6.6	UHC	Medicare		5.74					5.74	110.2 fee schedule	
TRIGLYCERIDES LAB	84478	CPT	both			116	6.6	Wellcare	Medicare		5.74					5.74	110.2 fee schedule	
TRIGLYCERIDES LAB	84478	CPT	both			116	6.6	Wellcare	Medicaid		36.6				31.55	5.74	110.2 percent of total billed charges	
TRIGLYCERIDES LAB	84478	CPT	both			116	6.6	WellPoint	WellPoint		37.33				32.18	5.74	110.2 percent of total billed charges	
THYROID HORMONE T3/T4	84479	CPT	both			44	7.44	Aetna	Better Health		13.88				31.55	5.1	41.8 percent of total billed charges	
THYROID HORMONE T3/T4	84479	CPT	both			44	7.44	Aetna	Commercial		16.72				38	5.1	41.8 percent of total billed charges	
THYROID HORMONE T3/T4	84479	CPT	both			44	7.44	Aetna	Medicare		6.47					5.1	41.8 fee schedule	
THYROID HORMONE T3/T4	84479	CPT	both			44	7.44	Americare	Americare		33				75	5.1	41.8 percent of total billed charges	
THYROID HORMONE T3/T4	84479	CPT	both			44	7.44	Amerihealth	Medicare		6.47					5.1	41.8 fee schedule	
THYROID HORMONE T3/T4	84479	CPT	both			44	7.44	Amerihealth	HMO/PPO		28.6				65	5.1	41.8 percent of total billed charges	
THYROID HORMONE T3/T4	84479	CPT	both			44	7.44	Consumer	Consumer		41.8				95	5.1	41.8 percent of total billed charges	
THYROID HORMONE T3/T4	84479	CPT	both			44	7.44	Corrections	Corrections		35.2				80	5.1	41.8 percent of total billed charges	
THYROID HORMONE T3/T4	84479	CPT	both			44	7.44	First Health	First Health		30.8				70	5.1	41.8 percent of total billed charges	
THYROID HORMONE T3/T4	84479	CPT	both			44	7.44	First Trenton	First Trenton		39.6				90	5.1	41.8 percent of total billed charges	
THYROID HORMONE T3/T4	84479	CPT	both			44	7.44	Horizon	Indemnity		16.84				38.28	5.1	41.8 percent of total billed charges	
THYROID HORMONE T3/T4	84479	CPT	both			44	7.44	Horizon	MGD		16.84				38.28	5.1	41.8 percent of total billed charges	
THYROID HORMONE T3/T4	84479	CPT	both			44	7.44	Horizon	Medicare Blue		13.2				30	5.1	41.8 percent of total billed charges	
THYROID HORMONE T3/T4	84479	CPT	both			44	7.44	Horizon	PPO		16.84				38.28	5.1	41.8 percent of total billed charges	
THYROID HORMONE T3/T4	84479	CPT	both			44	7.44	Horizon	NJ Health		11.76					5.1	41.8 fee schedule	
THYROID HORMONE T3/T4	84479	CPT	both			44	7.44	Managed Care Inc	Managed Care Inc		39.6				90	5.1	41.8 percent of total billed charges	
THYROID HORMONE T3/T4	84479	CPT	both			44	7.44	Multiplan	Multiplan		35.2				80	5.1	41.8 percent of total billed charges	
THYROID HORMONE T3/T4	84479	CPT	both			44	7.44	Qualcare	Qualcare		33				75	5.1	41.8 percent of total billed charges	
THYROID HORMONE T3/T4	84479	CPT	both			44	7.44	Three Rivers	Three Rivers		41.8				95	5.1	41.8 percent of total billed charges	
THYROID HORMONE T3/T4	84479	CPT	both			44	7.44	UHC	Medicaid		13.88				31.55	5.1	41.8 percent of total billed charges	
THYROID HORMONE T3/T4	84479	CPT	both			44	7.44	UHC	Medicare		6.47					5.1	41.8 fee schedule	
THYROID HORMONE T3/T4	84479	CPT	both			44	7.44	Wellcare	Medicaid		13.88				31.55	5.1	41.8 percent of total billed charges	
THYROID HORMONE T3/T4	84479	CPT	both			44	7.44	Wellcare	Medicare		6.47					5.1	41.8 fee schedule	
THYROID HORMONE T3/T4	84479	CPT	both			44	7.44	WellPoint	WellPoint		14.16				32.18	5.1	41.8 percent of total billed charges	
TRIIODOTHYRONINE SERUM(T3)	84480	CPT	outpatient			74	16.31	Aetna	Better Health		23.35				31.55	9.6	70.3 percent of total billed charges	
TRIIODOTHYRONINE SERUM(T3)	84480	CPT	outpatient			74	16.31	Aetna	Commercial		28.12				38	9.6	70.3 percent of total billed charges	
TRIIODOTHYRONINE SERUM(T3)	84480	CPT	outpatient			74	16.31	Aetna	Medicare		22.79				30.8	9.6	70.3 percent of total billed charges	
TRIIODOTHYRONINE SERUM(T3)	84480	CPT	outpatient			74	16.31	Americare	Americare		55.5				75	9.6	70.3 percent of total billed charges	
TRIIODOTHYRONINE SERUM(T3)	84480	CPT	outpatient			74	16.31	Amerihealth	HMO/PPO		48.1				65	9.6	70.3 percent of total billed charges	
TRIIODOTHYRONINE SERUM(T3)	84480	CPT	outpatient			74	16.31	Amerihealth	Medicare		14.18					9.6	70.3 fee schedule	
TRIIODOTHYRONINE SERUM(T3)	84480	CPT	outpatient			74	16.31	Consumer	Consumer		70.3				95	9.6	70.3 percent of total billed charges	
TRIIODOTHYRONINE SERUM(T3)	84480	CPT	outpatient			74	16.31	Corrections	Corrections		59.2				80	9.6	70.3 percent of total billed charges	
TRIIODOTHYRONINE SERUM(T3)	84480	CPT	outpatient			74	16.31	First Health	First Health		51.8				70	9.6	70.3 percent of total billed charges	
TRIIODOTHYRONINE SERUM(T3)	84480	CPT	outpatient			74	16.31	First Trenton	First Trenton		66.6				90	9.6	70.3 percent of total billed charges	
TRIIODOTHYRONINE SERUM(T3)	84480	CPT	outpatient			74	16.31	Horizon	Medicare Blue		22.2				30	9.6	70.3 percent of total billed charges	
TRIIODOTHYRONINE SERUM(T3)	84480	CPT	outpatient			74	16.31	Horizon	MGD		28.33				38.28	9.6	70.3 percent of total billed charges	
TRIIODOTHYRONINE SERUM(T3)	84480	CPT	outpatient			74	16.31	Horizon	Indemnity		28.33				38.28	9.6	70.3 percent of total billed charges	
TRIIODOTHYRONINE SERUM(T3)	84480	CPT	outpatient			74	16.31	Horizon	PPO		28.33				38.28	9.6	70.3 percent of total billed charges	
TRIIODOTHYRONINE SERUM(T3)	84480	CPT	outpatient			74	16.31	Horizon	NJ Health		29.4					9.6	70.3 fee schedule	
TRIIODOTHYRONINE SERUM(T3)	84480	CPT	outpatient			74	16.31	Managed Care Inc	Managed Care Inc		66.6				90	9.6	70.3 percent of total billed charges	
TRIIODOTHYRONINE SERUM(T3)	84480	CPT	outpatient			74	16.31	Multiplan	Multiplan		59.2				80	9.6	70.3 percent of total billed charges	
TRIIODOTHYRONINE SERUM(T3)	84480	CPT	outpatient			74	16.31	Qualcare	Qualcare		55.5				75	9.6	70.3 percent of total billed charges	
TRIIODOTHYRONINE SERUM(T3)	84480	CPT	outpatient			74	16.31	Three Rivers	Three Rivers		70.3				95	9.6	70.3 percent of total billed charges	
TRIIODOTHYRONINE SERUM(T3)	84480	CPT	outpatient			74	16.31	UHC	Medicare		14.18					9.6	70.3 fee schedule	
TRIIODOTHYRONINE SERUM(T3)	84480	CPT	outpatient			74	16.31	UHC	Medicaid		23.35				31.55	9.6	70.3 percent of total billed charges	
TRIIODOTHYRONINE SERUM(T3)	84480	CPT	outpatient			74	16.31	Wellcare	Medicare		14.18					9.6	70.3 fee schedule	
TRIIODOTHYRONINE SERUM(T3)	84480	CPT	outpatient			74	16.31	Wellcare	Medicaid		23.35				31.55	9.6	70.3 percent of total billed charges	
TRIIODOTHYRONINE SERUM(T3)	84480	CPT	outpatient			74	16.31	WellPoint	WellPoint		23.81				32.18	9.6	70.3 percent of total billed charges	
TRIIODOTHYRONINE (T3) FREE	84481	CPT	both			559	19.48	Aetna	Commercial		212.42				38	12.3	531.05 percent of total billed charges	
TRIIODOTHYRONINE (T3) FREE	84481	CPT	both			559	19.48	Aetna	Better Health		176.36				31.55	12.3	531.05 percent of total billed charges	
TRIIODOTHYRONINE (T3) FREE	84481	CPT	both			559	19.48	Aetna	Medicare		16.94					12.3	531.05 fee schedule	
TRIIODOTHYRONINE (T3) FREE	84481	CPT	both			559	19.48	Americare	Americare		419.25				75	12.3	531.05 percent of total billed charges	
TRIIODOTHYRONINE (T3) FREE	84481	CPT	both			559	19.48	Amerihealth	Medicare		16.94					12.3	531.05 fee schedule	
TRIIODOTHYRONINE (T3) FREE	84481	CPT	both			559	19.48	Amerihealth	HMO/PPO		363.35				65	12.3	531.05 percent of total billed charges	
TRIIODOTHYRONINE (T3) FREE	84481	CPT	both			559	19.48	Consumer	Consumer		531.05				95	12.3	531.05 percent of total billed charges	
TRIIODOTHYRONINE (T3) FREE	84481	CPT	both			559	19.48	Corrections	Corrections		447.2				80	12.3	531.05 percent of total billed charges	
TRIIODOTHYRONINE (T3) FREE	84481	CPT	both			559	19.48	First Health	First Health		391.3				70	12.3	531.05 percent of total billed charges	
TRIIODOTHYRONINE (T3) FREE	84481	CPT	both			559	19.48	First Trenton	First Trenton		503.1				90	12.3	531.05 percent of total billed charges	
TRIIODOTHYRONINE (T3) FREE	84481	CPT	both			559	19.48	Horizon	Medicare Blue		167.7				30	12.3	531.05 percent of total billed charges	
TRIIODOTHYRONINE (T3) FREE	84481	CPT	both			559	19.48	Horizon	MGD		213.99				38.28	12.3	531.05 percent of total billed charges	
TRIIODOTHYRONINE (T3) FREE	84481	CPT	both			559	19.48	Horizon	PPO		213.99				38.28	12.3	531.05 percent of total billed charges	
TRIIODOTHYRONINE (T3) FREE	84481	CPT	both			559	19.48	Horizon	Indemnity		213.99				38.28	12.3	531.05 percent of total billed charges	
TRIIODOTHYRONINE (T3) FREE	84481	CPT	both			559	19.48	Horizon	NJ Health		29.4					12.3	531.05 fee schedule	
TRIIODOTHYRONINE (T3) FREE	84481	CPT	both			559	19.48	Managed Care Inc	Managed Care Inc		503.1				90	12.3	531.05 percent of total billed charges	
TRIIODOTHYRONINE (T3) FREE	84481	CPT	both			559	19.48	Multiplan	Multiplan		447.2				80	12.3	531.05 percent of total billed charges	
TRIIODOTHYRONINE (T3) FREE	84481	CPT	both			559	19.48	Qualcare	Qualcare		419.25				75	12.3	531.05 percent of total billed charges	
TRIIODOTHYRONINE (T3) FREE	84481	CPT	both			559	19.48	Three Rivers	Three Rivers		531.05				95	12.3	531.05 percent of total billed charges	
TRIIODOTHYRONINE (T3) FREE	84481	CPT	both			559	19.48	UHC	Medicare		16.94					12.3	531.05 fee schedule	
TRIIODOTHYRONINE (T3) FREE	84481	CPT	both			559	19.48	UHC	Medicaid		176.36				31.55	12.3	531.05 percent of total billed charges	
TRIIODOTHYRONINE (T3) FREE	84481	CPT	both			559	19.48	Wellcare	Medicaid		176.36				31.55	12.3	531.05 percent of total billed charges	
TRIIODOTHYRONINE (T3) FREE	84481	CPT	both			559	19.48	Wellcare	Medicare		16.94					12.3	531.05 fee schedule	
TRIIODOTHYRONINE (T3) FREE	84481	CPT	both			559	19.48	WellPoint	WellPoint		179.89				32.18	12.3	531.05 percent of total billed charges	
REVERSE,T3,SERUM	84482	CPT	both			49	18.12	Aetna	Medicare		15.09				30.8	14.7	46.55 percent of total billed charges	
REVERSE,T3,SERUM	84482	CPT	both			49	18.12	Aetna	Commercial		18.62				38	14.7	46.55 percent of total billed charges	
REVERSE,T3,SERUM	84482	CPT	both			49	18.12	Aetna	Better Health		15.46				31.55	14.7	46.55 percent of total billed charges	
REVERSE,T3,SERUM	84482	CPT	both			49	18.12	Americare	Americare		36.75				75	14.7	46.55 percent of total billed charges	
REVERSE,T3,SERUM	84482	CPT	both			49	18.12	Amerihealth	Medicare		15.76					14.7	46.55 fee schedule	
REVERSE,T3,SERUM	84482	CPT	both			49	18.12	Amerihealth	HMO/PPO		31.85				65	14.7	46.55 percent of total billed charges	
REVERSE,T3,SERUM	84482	CPT	both			49	18.12	Consumer	Consumer		46.55				95	14.7	46.55 percent of total billed charges	
REVERSE,T3,SERUM	84482	CPT	both			49	18.12	Corrections	Corrections		39.2				80	14.7	46.55 percent of total billed charges	
REVERSE,T3,SERUM	84482	CPT	both			49	18.12	First Health	First Health		34.3				70	14.7	46.55 percent of total billed charges	
REVERSE,T3,SERUM	84482	CPT	both			49	18.12	First Trenton	First Trenton		44.1				90	14.7	46.55 percent of total billed charges	
REVERSE,T3,SERUM	84482	CPT	both			49	18.12	Horizon	NJ Health		32.34					14.7	46.55 fee schedule	
REVERSE,T3,SERUM	84482	CPT	both			49	18.12	Horizon	Medicare Blue		14.7				30	14.7	46.55 percent of total billed charges	
REVERSE,T3,SERUM	84482	CPT	both			49	18.12	Horizon	Indemnity		18.76				38.28	14.7	46.55 percent of total billed charges	
REVERSE,T3,SERUM	84482	CPT	both			49	18.12	Horizon	MGD		18.76				38.28	14.7	46.55 percent of total billed charges	
REVERSE,T3,SERUM	84482	CPT	both			49	18.12	Horizon	PPO		18.76				38.28	14.7	46.55 percent of total billed charges	
REVERSE,T3,SERUM	84482	CPT	both			49	18.12	Managed Care Inc	Managed Care Inc		44.1				90	14.7	46.55 percent of total billed charges	
REVERSE,T3,SERUM	84482	CPT	both			49	18.12	Multiplan	Multiplan		39.2				80	14.7	46.55 percent of total billed charges	
REVERSE,T3,SERUM	84482	CPT	both			49	18.12	Qualcare	Qualcare		36.75				75	14.7	46.55 percent of total billed charges	
REVERSE,T3,SERUM	84482	CPT	both			49	18.12	Three Rivers	Three Rivers		46.55				95	14.7	46.55 percent of total billed charges	
REVERSE,T3,SERUM	84482	CPT	both			49	18.12	UHC	Medicaid		15.46				31.55	14.7	46.55 percent of total billed charges	
REVERSE,T3,SERUM	84482	CPT	both			49	18.12	UHC	Medicare		15.76					14.7	46.55 fee schedule	
REVERSE,T3,SERUM	84482	CPT	both			49	18.12	Wellcare	Medicare		15.76					14.7	46.55 fee schedule	
REVERSE,T3,SERUM	84482	CPT	both			49	18.12	Wellcare	Medicaid		15.46				31.55	14.7	46.55 percent of total billed charges	
REVERSE,T3,SERUM	84482	CPT	both			49	18.12	WellPoint	WellPoint		15.77				32.18	14.7	46.55 percent of total billed charges	
TROPONIN T	84484	CPT	both			192	14.34	Aetna	Better Health		60.58				31.55	12.47	182.4 percent of total billed charges	
TROPONIN T	84484	CPT	both			192	14.34	Aetna	Commercial		72.96				38	12.47	182.4 percent of total billed charges	
TROPONIN T	84484	CPT	both			192	14.34	Aetna	Medicare		12.47					12.47	182.4 fee schedule	
TROPONIN T	84484	CPT	both			192	14.34	Americare	Americare		144				75	12.47	182.4 percent of total billed charges	
TROPONIN T	84484	CPT	both			192	14.34	Amerihealth	Medicare		12.47					12.47	182.4 fee schedule	
TROPONIN T	84484	CPT	both			192	14.34	Amerihealth	HMO/PPO		124.8				65	12.47	182.4 percent of total billed charges	
TROPONIN T	84484	CPT	both			192	14.34	Consumer	Consumer		182.4				95	12.47	182.4 percent of total billed charges	
TROPONIN T	84484	CPT	both			192	14.34	Corrections	Corrections		153.6				80	12.47	182.4 percent of total billed charges	
TROPONIN T	84484	CPT	both			192	14.34	First Health	First Health		134.4				70	12.47	182.4 percent of total billed charges	
TROPONIN T	84484	CPT	both			192	14.34	First Trenton	First Trenton		172.8				90	12.47	182.4 percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.												
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true												
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
TROPONIN T	84484	CPT	both			192	14.34	Horizon	MGD		73.5	38.28			12.47	182.4	percent of total billed charges	
TROPONIN T	84484	CPT	both			192	14.34	Horizon	Medicare Blue		57.6	30			12.47	182.4	percent of total billed charges	
TROPONIN T	84484	CPT	both			192	14.34	Horizon	Indemnity		73.5	38.28			12.47	182.4	percent of total billed charges	
TROPONIN T	84484	CPT	both			192	14.34	Horizon	NJ Health		77.62				12.47	182.4	fee schedule	
TROPONIN T	84484	CPT	both			192	14.34	Horizon	PPO		73.5	38.28			12.47	182.4	percent of total billed charges	
TROPONIN T	84484	CPT	both			192	14.34	Managed Care Inc	Managed Care Inc		172.8	90			12.47	182.4	percent of total billed charges	
TROPONIN T	84484	CPT	both			192	14.34	Multiplan	Multiplan		153.6	80			12.47	182.4	percent of total billed charges	
TROPONIN T	84484	CPT	both			192	14.34	Qualcare	Qualcare		144	75			12.47	182.4	percent of total billed charges	
TROPONIN T	84484	CPT	both			192	14.34	Three Rivers	Three Rivers		182.4	95			12.47	182.4	percent of total billed charges	
TROPONIN T	84484	CPT	both			192	14.34	UHC	Medicare		12.47				12.47	182.4	fee schedule	
TROPONIN T	84484	CPT	both			192	14.34	UHC	Medicaid		60.58	31.55			12.47	182.4	percent of total billed charges	
TROPONIN T	84484	CPT	both			192	14.34	Wellcare	Medicare		12.47				12.47	182.4	fee schedule	
TROPONIN T	84484	CPT	both			192	14.34	Wellcare	Medicaid		60.58	31.55			12.47	182.4	percent of total billed charges	
TROPONIN T	84484	CPT	both			192	14.34	WellPoint	WellPoint		61.79	32.18			12.47	182.4	percent of total billed charges	
TYROSIN	84510	CPT	outpatient			141	12.22	Aetna	Commercial		53.58	38			10.63	133.95	percent of total billed charges	
TYROSIN	84510	CPT	outpatient			141	12.22	Aetna	Medicare		10.63				10.63	133.95	fee schedule	
TYROSIN	84510	CPT	outpatient			141	12.22	Aetna	Better Health		44.49	31.55			10.63	133.95	percent of total billed charges	
TYROSIN	84510	CPT	outpatient			141	12.22	Americare	Americare		105.75	75			10.63	133.95	percent of total billed charges	
TYROSIN	84510	CPT	outpatient			141	12.22	Amerihealth	Medicare		10.63				10.63	133.95	fee schedule	
TYROSIN	84510	CPT	outpatient			141	12.22	Amerihealth	HMO/PPO		91.65	65			10.63	133.95	percent of total billed charges	
TYROSIN	84510	CPT	outpatient			141	12.22	Consumer	Consumer		133.95	95			10.63	133.95	percent of total billed charges	
TYROSIN	84510	CPT	outpatient			141	12.22	Corrections	Corrections		112.8	80			10.63	133.95	percent of total billed charges	
TYROSIN	84510	CPT	outpatient			141	12.22	First Health	First Health		98.7	70			10.63	133.95	percent of total billed charges	
TYROSIN	84510	CPT	outpatient			141	12.22	First Trenton	First Trenton		126.9	90			10.63	133.95	percent of total billed charges	
TYROSIN	84510	CPT	outpatient			141	12.22	Horizon	Medicare Blue		42.3	30			10.63	133.95	percent of total billed charges	
TYROSIN	84510	CPT	outpatient			141	12.22	Horizon	MGD		53.97	38.28			10.63	133.95	percent of total billed charges	
TYROSIN	84510	CPT	outpatient			141	12.22	Horizon	NJ Health		27.38				10.63	133.95	fee schedule	
TYROSIN	84510	CPT	outpatient			141	12.22	Horizon	PPO		53.97	38.28			10.63	133.95	percent of total billed charges	
TYROSIN	84510	CPT	outpatient			141	12.22	Horizon	Indemnity		53.97	38.28			10.63	133.95	percent of total billed charges	
TYROSIN	84510	CPT	outpatient			141	12.22	Managed Care Inc	Managed Care Inc		126.9	90			10.63	133.95	percent of total billed charges	
TYROSIN	84510	CPT	outpatient			141	12.22	Multiplan	Multiplan		112.8	80			10.63	133.95	percent of total billed charges	
TYROSIN	84510	CPT	outpatient			141	12.22	Qualcare	Qualcare		105.75	75			10.63	133.95	percent of total billed charges	
TYROSIN	84510	CPT	outpatient			141	12.22	Three Rivers	Three Rivers		133.95	95			10.63	133.95	percent of total billed charges	
TYROSIN	84510	CPT	outpatient			141	12.22	UHC	Medicaid		44.49	31.55			10.63	133.95	percent of total billed charges	
TYROSIN	84510	CPT	outpatient			141	12.22	UHC	Medicare		10.63				10.63	133.95	fee schedule	
TYROSIN	84510	CPT	outpatient			141	12.22	Wellcare	Medicare		10.63				10.63	133.95	fee schedule	
TYROSIN	84510	CPT	outpatient			141	12.22	Wellcare	Medicaid		44.49	31.55			10.63	133.95	percent of total billed charges	
TYROSIN	84510	CPT	outpatient			141	12.22	WellPoint	WellPoint		45.37	32.18			10.63	133.95	percent of total billed charges	
UREA NITROGEN (BODY FLUID)	84520	CPT	both			70	4.54	Aetna	Better Health		22.09	31.55			3.95	66.5	percent of total billed charges	
UREA NITROGEN (BODY FLUID)	84520	CPT	both			70	4.54	Aetna	Commercial		26.6	38			3.95	66.5	percent of total billed charges	
UREA NITROGEN (BODY FLUID)	84520	CPT	both			70	4.54	Aetna	Medicare		3.95				3.95	66.5	fee schedule	
UREA NITROGEN (BODY FLUID)	84520	CPT	both			70	4.54	Americare	Americare		52.5	75			3.95	66.5	percent of total billed charges	
UREA NITROGEN (BODY FLUID)	84520	CPT	both			70	4.54	Amerihealth	HMO/PPO		45.5	65			3.95	66.5	percent of total billed charges	
UREA NITROGEN (BODY FLUID)	84520	CPT	both			70	4.54	Amerihealth	Medicare		3.95				3.95	66.5	fee schedule	
UREA NITROGEN (BODY FLUID)	84520	CPT	both			70	4.54	Consumer	Consumer		66.5	95			3.95	66.5	percent of total billed charges	
UREA NITROGEN (BODY FLUID)	84520	CPT	both			70	4.54	Corrections	Corrections		56	80			3.95	66.5	percent of total billed charges	
UREA NITROGEN (BODY FLUID)	84520	CPT	both			70	4.54	First Health	First Health		49	70			3.95	66.5	percent of total billed charges	
UREA NITROGEN (BODY FLUID)	84520	CPT	both			70	4.54	First Trenton	First Trenton		63	90			3.95	66.5	percent of total billed charges	
UREA NITROGEN (BODY FLUID)	84520	CPT	both			70	4.54	Horizon	NJ Health		5.88				3.95	66.5	fee schedule	
UREA NITROGEN (BODY FLUID)	84520	CPT	both			70	4.54	Horizon	Indemnity		26.8	38.28			3.95	66.5	percent of total billed charges	
UREA NITROGEN (BODY FLUID)	84520	CPT	both			70	4.54	Horizon	Medicare Blue		21	30			3.95	66.5	percent of total billed charges	
UREA NITROGEN (BODY FLUID)	84520	CPT	both			70	4.54	Horizon	MGD		26.8	38.28			3.95	66.5	percent of total billed charges	
UREA NITROGEN (BODY FLUID)	84520	CPT	both			70	4.54	Horizon	PPO		26.8	38.28			3.95	66.5	percent of total billed charges	
UREA NITROGEN (BODY FLUID)	84520	CPT	both			70	4.54	Managed Care Inc	Managed Care Inc		63	90			3.95	66.5	percent of total billed charges	
UREA NITROGEN (BODY FLUID)	84520	CPT	both			70	4.54	Multiplan	Multiplan		56	80			3.95	66.5	percent of total billed charges	
UREA NITROGEN (BODY FLUID)	84520	CPT	both			70	4.54	Qualcare	Qualcare		52.5	75			3.95	66.5	percent of total billed charges	
UREA NITROGEN (BODY FLUID)	84520	CPT	both			70	4.54	Three Rivers	Three Rivers		66.5	95			3.95	66.5	percent of total billed charges	
UREA NITROGEN (BODY FLUID)	84520	CPT	both			70	4.54	UHC	Medicare		3.95				3.95	66.5	fee schedule	
UREA NITROGEN (BODY FLUID)	84520	CPT	both			70	4.54	UHC	Medicaid		22.09	31.55			3.95	66.5	percent of total billed charges	
UREA NITROGEN (BODY FLUID)	84520	CPT	both			70	4.54	Wellcare	Medicaid		22.09	31.55			3.95	66.5	percent of total billed charges	
UREA NITROGEN (BODY FLUID)	84520	CPT	both			70	4.54	Wellcare	Medicare		3.95				3.95	66.5	fee schedule	
UREA NITROGEN (BODY FLUID)	84520	CPT	both			70	4.54	WellPoint	WellPoint		22.53	32.18			3.95	66.5	percent of total billed charges	
URINE CA/CRE RATIO	84540	CPT	both			93	6.39	Aetna	Better Health		29.34	31.55			5.56	88.35	percent of total billed charges	
URINE CA/CRE RATIO	84540	CPT	both			93	6.39	Aetna	Medicare		5.56				5.56	88.35	fee schedule	
URINE CA/CRE RATIO	84540	CPT	both			93	6.39	Aetna	Commercial		35.34	38			5.56	88.35	percent of total billed charges	
URINE CA/CRE RATIO	84540	CPT	both			93	6.39	Americare	Americare		69.75	75			5.56	88.35	percent of total billed charges	
URINE CA/CRE RATIO	84540	CPT	both			93	6.39	Amerihealth	HMO/PPO		60.45	65			5.56	88.35	percent of total billed charges	
URINE CA/CRE RATIO	84540	CPT	both			93	6.39	Amerihealth	Medicare		5.56				5.56	88.35	fee schedule	
URINE CA/CRE RATIO	84540	CPT	both			93	6.39	Consumer	Consumer		88.35	95			5.56	88.35	percent of total billed charges	
URINE CA/CRE RATIO	84540	CPT	both			93	6.39	Corrections	Corrections		74.4	80			5.56	88.35	percent of total billed charges	
URINE CA/CRE RATIO	84540	CPT	both			93	6.39	First Health	First Health		65.1	70			5.56	88.35	percent of total billed charges	
URINE CA/CRE RATIO	84540	CPT	both			93	6.39	First Trenton	First Trenton		83.7	90			5.56	88.35	percent of total billed charges	
URINE CA/CRE RATIO	84540	CPT	both			93	6.39	Horizon	Medicare Blue		27.9	30			5.56	88.35	percent of total billed charges	
URINE CA/CRE RATIO	84540	CPT	both			93	6.39	Horizon	Indemnity		35.6	38.28			5.56	88.35	percent of total billed charges	
URINE CA/CRE RATIO	84540	CPT	both			93	6.39	Horizon	MGD		35.6	38.28			5.56	88.35	percent of total billed charges	
URINE CA/CRE RATIO	84540	CPT	both			93	6.39	Horizon	NJ Health		5.88				5.56	88.35	fee schedule	
URINE CA/CRE RATIO	84540	CPT	both			93	6.39	Horizon	PPO		35.6	38.28			5.56	88.35	percent of total billed charges	
URINE CA/CRE RATIO	84540	CPT	both			93	6.39	Managed Care Inc	Managed Care Inc		83.7	90			5.56	88.35	percent of total billed charges	
URINE CA/CRE RATIO	84540	CPT	both			93	6.39	Multiplan	Multiplan		74.4	80			5.56	88.35	percent of total billed charges	
URINE CA/CRE RATIO	84540	CPT	both			93	6.39	Qualcare	Qualcare		69.75	75			5.56	88.35	percent of total billed charges	
URINE CA/CRE RATIO	84540	CPT	both			93	6.39	Three Rivers	Three Rivers		88.35	95			5.56	88.35	percent of total billed charges	
URINE CA/CRE RATIO	84540	CPT	both			93	6.39	UHC	Medicare		5.56				5.56	88.35	fee schedule	
URINE CA/CRE RATIO	84540	CPT	both			93	6.39	UHC	Medicaid		29.34	31.55			5.56	88.35	percent of total billed charges	
URINE CA/CRE RATIO	84540	CPT	both			93	6.39	Wellcare	Medicaid		29.34	31.55			5.56	88.35	percent of total billed charges	
URINE CA/CRE RATIO	84540	CPT	both			93	6.39	Wellcare	Medicare		5.56				5.56	88.35	fee schedule	
URINE CA/CRE RATIO	84540	CPT	both			93	6.39	WellPoint	WellPoint		29.93	32.18			5.56	88.35	percent of total billed charges	
URIC ACIDS LAB	84550	CPT	both			125	5.2	Aetna	Commercial		47.5	38			4.52	118.75	percent of total billed charges	
URIC ACIDS LAB	84550	CPT	both			125	5.2	Aetna	Better Health		39.44	31.55			4.52	118.75	percent of total billed charges	
URIC ACIDS LAB	84550	CPT	both			125	5.2	Aetna	Medicare		38.5	30.8			4.52	118.75	percent of total billed charges	
URIC ACIDS LAB	84550	CPT	both			125	5.2	Americare	Americare		93.75	75			4.52	118.75	percent of total billed charges	
URIC ACIDS LAB	84550	CPT	both			125	5.2	Amerihealth	Medicare		4.52				4.52	118.75	fee schedule	
URIC ACIDS LAB	84550	CPT	both			125	5.2	Amerihealth	HMO/PPO		81.25	65			4.52	118.75	percent of total billed charges	
URIC ACIDS LAB	84550	CPT	both			125	5.2	Consumer	Consumer		118.75	95			4.52	118.75	percent of total billed charges	
URIC ACIDS LAB	84550	CPT	both			125	5.2	Corrections	Corrections		100	80			4.52	118.75	percent of total billed charges	
URIC ACIDS LAB	84550	CPT	both			125	5.2	First Health	First Health		87.5	70			4.52	118.75	percent of total billed charges	
URIC ACIDS LAB	84550	CPT	both			125	5.2	First Trenton	First Trenton		112.5	90			4.52	118.75	percent of total billed charges	
URIC ACIDS LAB	84550	CPT	both			125	5.2	Horizon	Medicare Blue		37.5	30			4.52	118.75	percent of total billed charges	
URIC ACIDS LAB	84550	CPT	both			125	5.2	Horizon	Indemnity		47.85	38.28			4.52	118.75	percent of total billed charges	
URIC ACIDS LAB	84550	CPT	both			125	5.2	Horizon	MGD		47.85	38.28			4.52	118.75	percent of total billed charges	
URIC ACIDS LAB	84550	CPT	both			125	5.2	Horizon	PPO		47.85	38.28			4.52	118.75	percent of total billed charges	
URIC ACIDS LAB	84550	CPT	both			125	5.2	Horizon	NJ Health		5.88				4.52	118.75	fee schedule	
URIC ACIDS LAB	84550	CPT	both			125	5.2	Managed Care Inc	Managed Care Inc		112.5	90			4.52	118.75	percent of total billed charges	
URIC ACIDS LAB	84550	CPT	both			125	5.2	Multiplan	Multiplan		100	80			4.52	118.75	percent of total billed charges	
URIC ACIDS LAB	84550	CPT	both			125	5.2	Qualcare	Qualcare		93.75	75			4.52	118.75	percent of total billed charges	
URIC ACIDS LAB	84550	CPT	both			125	5.2	Three Rivers	Three Rivers		118.75	95			4.52	118.75	percent of total billed charges	
URIC ACIDS LAB	84550	CPT	both			125	5.2	UHC	Medicare		4.52				4.52	118.75	fee schedule	
URIC ACIDS LAB	84550	CPT	both			125	5.2	UHC	Medicaid		39.44	31.55			4.52	118.75	percent of total billed charges	
URIC ACIDS LAB	84550	CPT	both			125	5.2	Wellcare	Medicare		4.52				4.52	118.75	fee schedule	
URIC ACIDS LAB	84550	CPT	both			125	5.2	Wellcare	Medicaid		39.44	31.55			4.52	118.75	percent of total billed charges	
URIC ACIDS LAB	84550	CPT	both			125	5.2	WellPoint	WellPoint		40.23	32.18			4.52	118.75	percent of total billed charges	
URIC ACID,RANDOM,URINE	84560	CPT	both			246	5.84	Aetna	Commercial		93.48	38			5.08	233.7	percent of total billed charges	
URIC ACID,RANDOM,URINE	84560	CPT	both			246	5.84	Aetna	Better Health		77.61	31.55			5.08	233.7	percent of total billed charges	
URIC ACID,RANDOM,URINE	84560	CPT	both			246	5.84	Aetna	Medicare		5.08				5.08	233.7	fee schedule	
URIC ACID,RANDOM,URINE	84560	CPT	both			246	5.84	Americare	Americare		184.5	75			5.08	233.7	percent of total billed charges	
URIC ACID,RANDOM,URINE	84560	CPT	both			246	5.84	Amerihealth	Medicare		5.08				5.08	233.7	fee schedule	
URIC ACID,RANDOM,URINE	84560	CPT	both			246	5.84	Amerihealth	HMO/PPO		159.9	65			5.08	233.7	percent of total billed charges	
URIC ACID,RANDOM,URINE	84560	CPT	both			246	5.84	Consumer	Consumer		233.7	95			5.08	233.7	percent of total billed charges	
URIC ACID,RANDOM,URINE	84560	CPT	both			246	5.84	Corrections	Corrections		196.8	80			5.08	233.7	percent of total billed charges	
URIC ACID,RANDOM,URINE	84560	CPT	both			246	5.84	First Health	First Health		172.2	70			5.08	233.7	percent of total billed charges	
URIC ACID,RANDOM,URINE	84560	CPT	both			246	5.84	First Trenton	First Trenton		221.4	90			5.08	233.7	percent of total billed charges	
URIC ACID,RANDOM,URINE	84560	CPT	both			246	5.84	Horizon	Medicare Blue		73.8	30			5.08	233.7	percent of total billed charges	
URIC ACID,RANDOM,URINE	84560	CPT	both			246	5.84	Horizon	Indemnity		94.17	38.28			5.08	233.7	percent of total billed charges	
URIC ACID,RANDOM,URINE	84560	CPT	both			246	5.84	Horizon	MGD		94.17	38.28			5.08	233.7	percent of total billed charges	
URIC ACID,RANDOM,URINE	84560	CPT	both			246	5.84	Horizon	PPO		94.17	38.28			5.08	233.7	percent of total billed charges	
URIC ACID,RANDOM,URINE	84560	CPT	both			246	5.84	Horizon	NJ Health		5.88				5.08	233.7	fee schedule	
URIC ACID,RANDOM,URINE	84560	CPT	both			246	5.84	Managed Care Inc	Managed Care Inc		221.4	90			5.08	233.7	percent of total billed charges	
URIC ACID,RANDOM,URINE	84560	CPT	both			246	5.84	Multiplan	Multiplan		196.8	80			5.08	233.7	percent of total billed charges	
URIC ACID,RANDOM,URINE	84560	CPT	both			246	5.84	Qualcare	Qualcare		184.5	75			5.08	233.7	percent of total billed charges	
URIC ACID,RANDOM,URINE	84560	CPT	both			246	5.84	Three Rivers	Three Rivers		233.7	95			5.08	233.7	percent of total billed charges	
URIC ACID,RANDOM,URINE	84560	CPT	both			246	5.84	UHC	Medicare		5.08				5.08	233.7	fee schedule	
URIC ACID,RANDOM,URINE	84560	CPT	both			246	5.84	UHC	Medicaid		77.61	31.55			5.08	233.7	percent of total billed charges	
URIC ACID,RANDOM,URINE	84560	CPT	both			246	5.84	Wellcare	Medicare		5.08				5.08	233.7	fee schedule	
URIC ACID,RANDOM,URINE	84560	CPT	both			246	5.84	Wellcare	Medicaid		77.61	31.55			5.08	233.7	percent of total billed charges	
URIC ACID,RANDOM,URINE	84560	CPT	both			246	5.84	WellPoint	WellPoint		79.16	32.18			5.08	233.7	percent of total billed charges	
VMA URINE	84585	CPT	both			280	17.83	Aetna	Better Health		88.34	31.55			10.2	266	percent of total billed charges	
VMA URINE	84585	CPT	both			280	17.83	Aetna	Commercial		106.4	38			10.2	266	percent of total billed charges	
VMA URINE	84585	CPT	both			280	17.83	Aetna	Medicare		15.5				10.2	266	fee schedule	
VMA URINE	84585	CPT	both			280	17.83	Americare	Americare		210	75			10.2	266	percent of total billed charges	
VMA URINE	84585	CPT	both			280	17.83	Amerihealth	HMO/PPO		182	65			10.2	266	percent of total billed charges	
VMA URINE	84585	CPT	both			280	17.83	Amerihealth	Medicare		15.5				10.2	266	fee schedule	
VMA URINE	84585	CPT	both			280	17.83	Consumer	Consumer		266	95			10.2	266	percent of total billed charges	
VMA URINE	84585	CPT	both			280	17.83	Corrections	Corrections		224	80			10.2	266	percent of total billed charges	
VMA URINE	84585	CPT	both			280	17.83	First Health	First Health		196	70			10.2	266	percent of total billed charges	
VMA URINE	84585	CPT	both			280	17.83	First Trenton	First Trenton		252	90			10.2	266	percent of total billed charges	
VMA URINE	84585	CPT	both			280	17.83	Horizon	NJ Health		23.52				10.2	266	fee schedule	
VMA URINE	84585	CPT	both			280	17.83	Horizon	MGD		107.18	38.28			10.2	266	percent of total billed charges	
VMA URINE	84585	CPT	both			280	17.83	Horizon	PPO		107.18	38.28			10.2	266	percent of total billed charges	
VMA URINE	84585	CPT	both			280	17.83	Horizon	Indemnity		107.18	38.28			10.2	266	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101191	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
VMA URINE	84585	CPT	both			280		17.83 Horizon	Medicare Blue		84	30			10.2		266 percent of total billed charges	
VMA URINE	84585	CPT	both			280		17.83 Managed Care Inc	Managed Care Inc		252	90			10.2		266 percent of total billed charges	
VMA URINE	84585	CPT	both			280		17.83 Multiplan	Multiplan		224	80			10.2		266 percent of total billed charges	
VMA URINE	84585	CPT	both			280		17.83 Qualcare	Qualcare		210	75			10.2		266 percent of total billed charges	
VMA URINE	84585	CPT	both			280		17.83 Three Rivers	Three Rivers		266	95			10.2		266 percent of total billed charges	
VMA URINE	84585	CPT	both			280		17.83 UHC	Medicare		15.5				10.2		266 fee schedule	
VMA URINE	84585	CPT	both			280		17.83 UHC	Medicaid		88.34	31.55			10.2		266 percent of total billed charges	
VMA URINE	84585	CPT	both			280		17.83 Wellcare	Medicare		15.5				10.2		266 fee schedule	
VMA URINE	84585	CPT	both			280		17.83 Wellcare	Medicaid		88.34	31.55			10.2		266 percent of total billed charges	
VMA URINE	84585	CPT	both			280		17.83 WellPoint	WellPoint		90.1	32.18			10.2		266 percent of total billed charges	
VIP PLAMA	84586	CPT	outpatient			354		40.63 Aetna	Medicare		35.33				35.33		336.3 fee schedule	
VIP PLAMA	84586	CPT	outpatient			354		40.63 Aetna	Commercial		134.52	38			35.33		336.3 percent of total billed charges	
VIP PLAMA	84586	CPT	outpatient			354		40.63 Aetna	Better Health		111.69	31.55			35.33		336.3 percent of total billed charges	
VIP PLAMA	84586	CPT	outpatient			354		40.63 Americare	Americare		265.5	75			35.33		336.3 percent of total billed charges	
VIP PLAMA	84586	CPT	outpatient			354		40.63 Amerihealth	HMO/PPO		230.1	65			35.33		336.3 percent of total billed charges	
VIP PLAMA	84586	CPT	outpatient			354		40.63 Amerihealth	Medicare		35.33				35.33		336.3 fee schedule	
VIP PLAMA	84586	CPT	outpatient			354		40.63 Consumer	Consumer		336.3	95			35.33		336.3 percent of total billed charges	
VIP PLAMA	84586	CPT	outpatient			354		40.63 Corrections	Corrections		283.2	80			35.33		336.3 percent of total billed charges	
VIP PLAMA	84586	CPT	outpatient			354		40.63 First Health	First Health		247.8	70			35.33		336.3 percent of total billed charges	
VIP PLAMA	84586	CPT	outpatient			354		40.63 First Trenton	First Trenton		318.6	90			35.33		336.3 percent of total billed charges	
VIP PLAMA	84586	CPT	outpatient			354		40.63 Horizon	Indemnity		135.51	38.28			35.33		336.3 percent of total billed charges	
VIP PLAMA	84586	CPT	outpatient			354		40.63 Horizon	NJ Health		39.24				35.33		336.3 fee schedule	
VIP PLAMA	84586	CPT	outpatient			354		40.63 Horizon	PPO		135.51	38.28			35.33		336.3 percent of total billed charges	
VIP PLAMA	84586	CPT	outpatient			354		40.63 Horizon	MGD		135.51	38.28			35.33		336.3 percent of total billed charges	
VIP PLAMA	84586	CPT	outpatient			354		40.63 Horizon	Medicare Blue		106.2	30			35.33		336.3 percent of total billed charges	
VIP PLAMA	84586	CPT	outpatient			354		40.63 Managed Care Inc	Managed Care Inc		318.6	90			35.33		336.3 percent of total billed charges	
VIP PLAMA	84586	CPT	outpatient			354		40.63 Multiplan	Multiplan		283.2	80			35.33		336.3 percent of total billed charges	
VIP PLAMA	84586	CPT	outpatient			354		40.63 Qualcare	Qualcare		265.5	75			35.33		336.3 percent of total billed charges	
VIP PLAMA	84586	CPT	outpatient			354		40.63 Three Rivers	Three Rivers		336.3	95			35.33		336.3 percent of total billed charges	
VIP PLAMA	84586	CPT	outpatient			354		40.63 UHC	Medicaid		111.69	31.55			35.33		336.3 percent of total billed charges	
VIP PLAMA	84586	CPT	outpatient			354		40.63 UHC	Medicare		35.33				35.33		336.3 fee schedule	
VIP PLAMA	84586	CPT	outpatient			354		40.63 Wellcare	Medicaid		111.69	31.55			35.33		336.3 percent of total billed charges	
VIP PLAMA	84586	CPT	outpatient			354		40.63 Wellcare	Medicare		35.33				35.33		336.3 fee schedule	
VIP PLAMA	84586	CPT	outpatient			354		40.63 WellPoint	WellPoint		113.92	32.18			35.33		336.3 percent of total billed charges	
VASOPRESSIN (ADH)	84588	CPT	both			847		39.03 Aetna	Medicare		33.94				17.7		804.65 fee schedule	
VASOPRESSIN (ADH)	84588	CPT	both			847		39.03 Aetna	Commercial		321.86	38			17.7		804.65 percent of total billed charges	
VASOPRESSIN (ADH)	84588	CPT	both			847		39.03 Aetna	Better Health		267.23	31.55			17.7		804.65 percent of total billed charges	
VASOPRESSIN (ADH)	84588	CPT	both			847		39.03 Americare	Americare		635.25	75			17.7		804.65 percent of total billed charges	
VASOPRESSIN (ADH)	84588	CPT	both			847		39.03 Amerihealth	Medicare		33.94				17.7		804.65 fee schedule	
VASOPRESSIN (ADH)	84588	CPT	both			847		39.03 Amerihealth	HMO/PPO		550.55	65			17.7		804.65 percent of total billed charges	
VASOPRESSIN (ADH)	84588	CPT	both			847		39.03 Consumer	Consumer		804.65	95			17.7		804.65 percent of total billed charges	
VASOPRESSIN (ADH)	84588	CPT	both			847		39.03 Corrections	Corrections		677.6	80			17.7		804.65 percent of total billed charges	
VASOPRESSIN (ADH)	84588	CPT	both			847		39.03 First Health	First Health		592.9	70			17.7		804.65 percent of total billed charges	
VASOPRESSIN (ADH)	84588	CPT	both			847		39.03 First Trenton	First Trenton		762.3	90			17.7		804.65 percent of total billed charges	
VASOPRESSIN (ADH)	84588	CPT	both			847		39.03 Horizon	NJ Health		97.02				17.7		804.65 fee schedule	
VASOPRESSIN (ADH)	84588	CPT	both			847		39.03 Horizon	Medicare Blue		254.1	30			17.7		804.65 percent of total billed charges	
VASOPRESSIN (ADH)	84588	CPT	both			847		39.03 Horizon	Indemnity		324.23	38.28			17.7		804.65 percent of total billed charges	
VASOPRESSIN (ADH)	84588	CPT	both			847		39.03 Horizon	MGD		324.23	38.28			17.7		804.65 percent of total billed charges	
VASOPRESSIN (ADH)	84588	CPT	both			847		39.03 Horizon	PPO		324.23	38.28			17.7		804.65 percent of total billed charges	
VASOPRESSIN (ADH)	84588	CPT	both			847		39.03 Managed Care Inc	Managed Care Inc		762.3	90			17.7		804.65 percent of total billed charges	
VASOPRESSIN (ADH)	84588	CPT	both			847		39.03 Multiplan	Multiplan		677.6	80			17.7		804.65 percent of total billed charges	
VASOPRESSIN (ADH)	84588	CPT	both			847		39.03 Qualcare	Qualcare		635.25	75			17.7		804.65 percent of total billed charges	
VASOPRESSIN (ADH)	84588	CPT	both			847		39.03 Three Rivers	Three Rivers		804.65	95			17.7		804.65 percent of total billed charges	
VASOPRESSIN (ADH)	84588	CPT	both			847		39.03 UHC	Medicaid		267.23	31.55			17.7		804.65 percent of total billed charges	
VASOPRESSIN (ADH)	84588	CPT	both			847		39.03 UHC	Medicare		33.94				17.7		804.65 fee schedule	
VASOPRESSIN (ADH)	84588	CPT	both			847		39.03 Wellcare	Medicare		33.94				17.7		804.65 fee schedule	
VASOPRESSIN (ADH)	84588	CPT	both			847		39.03 Wellcare	Medicaid		267.23	31.55			17.7		804.65 percent of total billed charges	
VASOPRESSIN (ADH)	84588	CPT	both			847		39.03 WellPoint	WellPoint		272.56	32.18			17.7		804.65 percent of total billed charges	
VITAMIN A, SERUM	84590	CPT	both			211		13.35 Aetna	Medicare		11.61				9.3		200.45 fee schedule	
VITAMIN A, SERUM	84590	CPT	both			211		13.35 Aetna	Better Health		66.57	31.55			9.3		200.45 percent of total billed charges	
VITAMIN A, SERUM	84590	CPT	both			211		13.35 Aetna	Commercial		80.18	38			9.3		200.45 percent of total billed charges	
VITAMIN A, SERUM	84590	CPT	both			211		13.35 Americare	Americare		158.25	75			9.3		200.45 percent of total billed charges	
VITAMIN A, SERUM	84590	CPT	both			211		13.35 Amerihealth	HMO/PPO		137.15	65			9.3		200.45 percent of total billed charges	
VITAMIN A, SERUM	84590	CPT	both			211		13.35 Amerihealth	Medicare		11.61				9.3		200.45 fee schedule	
VITAMIN A, SERUM	84590	CPT	both			211		13.35 Consumer	Consumer		200.45	95			9.3		200.45 percent of total billed charges	
VITAMIN A, SERUM	84590	CPT	both			211		13.35 Corrections	Corrections		168.8	80			9.3		200.45 percent of total billed charges	
VITAMIN A, SERUM	84590	CPT	both			211		13.35 First Health	First Health		147.7	70			9.3		200.45 percent of total billed charges	
VITAMIN A, SERUM	84590	CPT	both			211		13.35 First Trenton	First Trenton		189.9	90			9.3		200.45 percent of total billed charges	
VITAMIN A, SERUM	84590	CPT	both			211		13.35 Horizon	MGD		80.77	38.28			9.3		200.45 percent of total billed charges	
VITAMIN A, SERUM	84590	CPT	both			211		13.35 Horizon	Indemnity		80.77	38.28			9.3		200.45 percent of total billed charges	
VITAMIN A, SERUM	84590	CPT	both			211		13.35 Horizon	NJ Health		11.76				9.3		200.45 fee schedule	
VITAMIN A, SERUM	84590	CPT	both			211		13.35 Horizon	Medicare Blue		63.3	30			9.3		200.45 percent of total billed charges	
VITAMIN A, SERUM	84590	CPT	both			211		13.35 Horizon	PPO		80.77	38.28			9.3		200.45 percent of total billed charges	
VITAMIN A, SERUM	84590	CPT	both			211		13.35 Managed Care Inc	Managed Care Inc		189.9	90			9.3		200.45 percent of total billed charges	
VITAMIN A, SERUM	84590	CPT	both			211		13.35 Multiplan	Multiplan		168.8	80			9.3		200.45 percent of total billed charges	
VITAMIN A, SERUM	84590	CPT	both			211		13.35 Qualcare	Qualcare		198.25	75			9.3		200.45 percent of total billed charges	
VITAMIN A, SERUM	84590	CPT	both			211		13.35 Three Rivers	Three Rivers		200.45	95			9.3		200.45 percent of total billed charges	
VITAMIN A, SERUM	84590	CPT	both			211		13.35 UHC	Medicare		11.61				9.3		200.45 fee schedule	
VITAMIN A, SERUM	84590	CPT	both			211		13.35 UHC	Medicaid		66.57	31.55			9.3		200.45 percent of total billed charges	
VITAMIN A, SERUM	84590	CPT	both			211		13.35 Wellcare	Medicaid		66.57	31.55			9.3		200.45 percent of total billed charges	
VITAMIN A, SERUM	84590	CPT	both			211		13.35 Wellcare	Medicare		11.61				9.3		200.45 fee schedule	
VITAMIN A, SERUM	84590	CPT	both			211		13.35 WellPoint	WellPoint		67.9	32.18			9.3		200.45 percent of total billed charges	
VITAMIN B3(NIACIN+METABOLITE)070115	84591	CPT	both			714		19.62 Aetna	Commercial		271.32	38			12.88		678.3 percent of total billed charges	
VITAMIN B3(NIACIN+METABOLITE)070115	84591	CPT	both			714		19.62 Aetna	Better Health		225.27	31.55			12.88		678.3 percent of total billed charges	
VITAMIN B3(NIACIN+METABOLITE)070115	84591	CPT	both			714		19.62 Aetna	Medicare		17.06				12.88		678.3 fee schedule	
VITAMIN B3(NIACIN+METABOLITE)070115	84591	CPT	both			714		19.62 Americare	Americare		535.5	75			12.88		678.3 percent of total billed charges	
VITAMIN B3(NIACIN+METABOLITE)070115	84591	CPT	both			714		19.62 Amerihealth	HMO/PPO		464.1	65			12.88		678.3 percent of total billed charges	
VITAMIN B3(NIACIN+METABOLITE)070115	84591	CPT	both			714		19.62 Amerihealth	Medicare		17.06				12.88		678.3 fee schedule	
VITAMIN B3(NIACIN+METABOLITE)070115	84591	CPT	both			714		19.62 Consumer	Consumer		678.3	95			12.88		678.3 percent of total billed charges	
VITAMIN B3(NIACIN+METABOLITE)070115	84591	CPT	both			714		19.62 Corrections	Corrections		571.2	80			12.88		678.3 percent of total billed charges	
VITAMIN B3(NIACIN+METABOLITE)070115	84591	CPT	both			714		19.62 First Health	First Health		499.8	70			12.88		678.3 percent of total billed charges	
VITAMIN B3(NIACIN+METABOLITE)070115	84591	CPT	both			714		19.62 First Trenton	First Trenton		642.6	90			12.88		678.3 percent of total billed charges	
VITAMIN B3(NIACIN+METABOLITE)070115	84591	CPT	both			714		19.62 Horizon	MGD		273.32	38.28			12.88		678.3 percent of total billed charges	
VITAMIN B3(NIACIN+METABOLITE)070115	84591	CPT	both			714		19.62 Horizon	Indemnity		273.32	38.28			12.88		678.3 percent of total billed charges	
VITAMIN B3(NIACIN+METABOLITE)070115	84591	CPT	both			714		19.62 Horizon	NJ Health		12.88				12.88		678.3 fee schedule	
VITAMIN B3(NIACIN+METABOLITE)070115	84591	CPT	both			714		19.62 Horizon	Medicare Blue		214.2	30			12.88		678.3 percent of total billed charges	
VITAMIN B3(NIACIN+METABOLITE)070115	84591	CPT	both			714		19.62 Horizon	PPO		273.32	38.28			12.88		678.3 percent of total billed charges	
VITAMIN B3(NIACIN+METABOLITE)070115	84591	CPT	both			714		19.62 Managed Care Inc	Managed Care Inc		642.6	90			12.88		678.3 percent of total billed charges	
VITAMIN B3(NIACIN+METABOLITE)070115	84591	CPT	both			714		19.62 Multiplan	Multiplan		571.2	80			12.88		678.3 percent of total billed charges	
VITAMIN B3(NIACIN+METABOLITE)070115	84591	CPT	both			714		19.62 Qualcare	Qualcare		535.5	75			12.88		678.3 percent of total billed charges	
VITAMIN B3(NIACIN+METABOLITE)070115	84591	CPT	both			714		19.62 Three Rivers	Three Rivers		678.3	95			12.88		678.3 percent of total billed charges	
VITAMIN B3(NIACIN+METABOLITE)070115	84591	CPT	both			714		19.62 UHC	Medicare		17.06				12.88		678.3 fee schedule	
VITAMIN B3(NIACIN+METABOLITE)070115	84591	CPT	both			714		19.62 UHC	Medicaid		225.27	31.55			12.88		678.3 percent of total billed charges	
VITAMIN B3(NIACIN+METABOLITE)070115	84591	CPT	both			714		19.62 Wellcare	Medicare		17.06				12.88		678.3 fee schedule	
VITAMIN B3(NIACIN+METABOLITE)070115	84591	CPT	both			714		19.62 Wellcare	Medicaid		225.27	31.55			12.88		678.3 percent of total billed charges	
VITAMIN B3(NIACIN+METABOLITE)070115	84591	CPT	both			714		19.62 WellPoint	WellPoint		229.77	32.18			12.88		678.3 percent of total billed charges	
VITAMIN K1	84597	CPT	both			392		15.78 Aetna	Better Health		123.68	31.55			13.72		372.4 percent of total billed charges	
VITAMIN K1	84597	CPT	both			392		15.78 Aetna	Medicare		13.72				13.72		372.4 fee schedule	
VITAMIN K1	84597	CPT	both			392		15.78 Aetna	Commercial		148.96	38			13.72		372.4 percent of total billed charges	
VITAMIN K1	84597	CPT	both			392		15.78 Americare	Americare		294	75			13.72		372.4 percent of total billed charges	
VITAMIN K1	84597	CPT	both			392		15.78 Amerihealth	HMO/PPO		254.8	65			13.72		372.4 percent of total billed charges	
VITAMIN K1	84597	CPT	both			392		15.78 Amerihealth	Medicare		13.72				13.72		372.4 fee schedule	
VITAMIN K1	84597	CPT	both			392		15.78 Consumer	Consumer		372.4	95			13.72		372.4 percent of total billed charges	
VITAMIN K1	84597	CPT	both			392		15.78 Corrections	Corrections		313.6	80			13.72		372.4 percent of total billed charges	
VITAMIN K1	84597	CPT	both			392		15.78 First Health	First Health		274.4	70			13.72		372.4 percent of total billed charges	
VITAMIN K1	84597	CPT	both			392		15.78 First Trenton	First Trenton		352.8	90			13.72		372.4 percent of total billed charges	
VITAMIN K1	84597	CPT	both			392		15.78 Horizon	Indemnity		150.06	38.28			13.72		372.4 percent of total billed charges	
VITAMIN K1	84597	CPT	both			392		15.78 Horizon	Medicare Blue		117.6	30			13.72		372.4 percent of total billed charges	
VITAMIN K1	84597	CPT	both			392		15.78 Horizon	MGD		150.06	38.28			13.72		372.4 percent of total billed charges	
VITAMIN K1	84597	CPT	both			392		15.78 Horizon	NJ Health		35.28				13.72		372.4 fee schedule	
VITAMIN K1	84597	CPT	both			392		15.78 Horizon	PPO		150.06	38.28			13.72		372.4 percent of total billed charges	
VITAMIN K1	84597	CPT	both			392		15.78 Managed Care Inc	Managed Care Inc		352.8	90			13.72		372.4 percent of total billed charges	
VITAMIN K1	84597	CPT	both			392		15.78 Multiplan	Multiplan		313.6	80			13.72		372.4 percent of total billed charges	
VITAMIN K1	84597	CPT	both			392		15.78 Qualcare	Qualcare		294	75			13.72		372.4 percent of total billed charges	
VITAMIN K1	84597	CPT	both			392		15.78 Three Rivers	Three Rivers		372.4	95			13.72		372.4 percent of total billed charges	
VITAMIN K1	84597	CPT	both			392		15.78 UHC	Medicaid		123.68	31.55			13.72		372.4 percent of total billed charges	
VITAMIN K1	84597	CPT	both			392		15.78 UHC	Medicare		13.72				13.72		372.4 fee schedule	
VITAMIN K1	84597	CPT	both			392		15.78 Wellcare	Medicaid		123.68	31.55			13.72		372.4 percent of total billed charges	
VITAMIN K1	84597	CPT	both			392		15.78 Wellcare	Medicare		13.72				13.72		372.4 fee schedule	
VITAMIN K1	84597	CPT	both			392		15.78 WellPoint	WellPoint		126.15	32.18			13.72		372.4 percent of total billed charges	
VOLATILES,BLOOD	84600	CPT	inpatient			399		19.68 Aetna	Medicare		122.89	30.8			17.11		379.05 percent of total billed charges	
VOLATILES,BLOOD	84600	CPT	inpatient			399		19.68 Aetna	Commercial		151.62	38			17.11		379.05 percent of total billed charges	
VOLATILES,BLOOD	84600	CPT	inpatient			399		19.68 Aetna	Better Health		125.88	31.55			17.11		379.05 percent of total billed charges	
VOLATILES,BLOOD	84600	CPT	inpatient			399		19.68 Americare	Americare		299.25	75			17.11		379.05 percent of total billed charges	
VOLATILES,BLOOD	84600	CPT	inpatient			399		19.68 Amerihealth	HMO/PPO		259.35	65			17.11		379.05 percent of total billed charges	
VOLATILES,BLOOD	84600	CPT	inpatient			399		19.68 Amerihealth	Medicare		17.11				17.11		379.05 fee schedule	
VOLATILES,BLOOD	84600	CPT	inpatient			399		19.68 Consumer	Consumer		379.05	95			17.11		379.05 percent of total billed charges	
VOLATILES,BLOOD	84600	CPT	inpatient			399		19.68 Corrections	Corrections		319.2	80			17.11		379.05 percent of total billed charges	
VOLATILES,BLOOD	84600	CPT	inpatient			399		19.68 First Health	First Health		279.3	70			17.11		379.05 percent of total billed charges	
VOLATILES,BLOOD	84600	CPT	inpatient			399		19.68 First Trenton	First Trenton		359.1	90			17.11		379.05 percent of total billed charges	
VOLATILES,BLOOD	84600	CPT	inpatient			399		19.68 Horizon	MGD		152.74	38.28			17.11		379.05 percent of total billed charges	
VOLATILES,BLOOD	84600	CPT	inpatient			399		19.68 Horizon	Indemnity		152.74	38.28			17.11		379.05 percent of total billed charges	
VOLATILES,BLOOD	84600	CPT	inpatient			399		19.68 Horizon	PPO		152.74	38.28			17.11		379.05 percent of total billed charges	
VOLATILES,BLOOD	84600	CPT	inpatient			399		19.68 Horizon	Medicare Blue		119.7	30			17.11		379.05 percent of total billed charges	
VOLATILES,BLOOD	84600	CPT	inpatient			399		19.68 Horizon	NJ Health		35.28				17.11		379.05 fee schedule	
VOLATILES,BLOOD	84600	CPT	inpatient			399		19.68 Managed Care Inc	Managed Care Inc		359.1	90			17.11		379.05 percent of total billed charges	
VOLATILES,BLOOD	84600	CPT	inpatient			399		19.68 Multiplan	Multiplan		319.2	80			17.11		379.05 percent of total billed charges	
VOLATILES,BLOOD	84600	CPT	inpatient			399		19.68 Qualcare	Qualcare		299.25	75			17.11		379.05 percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.														
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103		310119 true													
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
VOLATILES,BLOOD	84600	CPT	inpatient			399	19.68	Three Rivers	Three Rivers		379.05				95	17.11	379.05	percent of total billed charges	
VOLATILES,BLOOD	84600	CPT	inpatient			399	19.68	UHC	Medicare		17.11				31.55	17.11	379.05	percent of total billed charges	
VOLATILES,BLOOD	84600	CPT	inpatient			399	19.68	UHC	Medicare		17.11					17.11	379.05	fee schedule	
VOLATILES,BLOOD	84600	CPT	inpatient			399	19.68	Wellcare	Medicare		17.11					17.11	379.05	fee schedule	
VOLATILES,BLOOD	84600	CPT	inpatient			399	19.68	Wellcare	Medicaid		125.88				31.55	17.11	379.05	percent of total billed charges	
VOLATILES,BLOOD	84600	CPT	inpatient			399	19.68	WellPoint	WellPoint		128.4				32.18	17.11	379.05	percent of total billed charges	
D-XYLOSE	84620	CPT	outpatient			222	14.85	Aetna	Better Health		70.04				31.55	12.91	210.9	percent of total billed charges	
D-XYLOSE	84620	CPT	outpatient			222	14.85	Aetna	Medicare		12.91					12.91	210.9	fee schedule	
D-XYLOSE	84620	CPT	outpatient			222	14.85	Aetna	Commercial		84.36				38	12.91	210.9	percent of total billed charges	
D-XYLOSE	84620	CPT	outpatient			222	14.85	Americare	Americare		166.5				75	12.91	210.9	percent of total billed charges	
D-XYLOSE	84620	CPT	outpatient			222	14.85	Amerihealth	HMO/PPO		144.3				65	12.91	210.9	percent of total billed charges	
D-XYLOSE	84620	CPT	outpatient			222	14.85	Amerihealth	Medicare		12.91					12.91	210.9	fee schedule	
D-XYLOSE	84620	CPT	outpatient			222	14.85	Consumer	Consumer		210.9				95	12.91	210.9	percent of total billed charges	
D-XYLOSE	84620	CPT	outpatient			222	14.85	Corrections	Corrections		177.6				80	12.91	210.9	percent of total billed charges	
D-XYLOSE	84620	CPT	outpatient			222	14.85	First Health	First Health		155.4				70	12.91	210.9	percent of total billed charges	
D-XYLOSE	84620	CPT	outpatient			222	14.85	First Trenton	First Trenton		199.8				90	12.91	210.9	percent of total billed charges	
D-XYLOSE	84620	CPT	outpatient			222	14.85	Horizon	MGD		84.98				38.28	12.91	210.9	percent of total billed charges	
D-XYLOSE	84620	CPT	outpatient			222	14.85	Horizon	Medicare Blue		66.6				30	12.91	210.9	percent of total billed charges	
D-XYLOSE	84620	CPT	outpatient			222	14.85	Horizon	Indemnity		84.98				38.28	12.91	210.9	percent of total billed charges	
D-XYLOSE	84620	CPT	outpatient			222	14.85	Horizon	NJ Health		34.5					12.91	210.9	fee schedule	
D-XYLOSE	84620	CPT	outpatient			222	14.85	Horizon	PPO		84.98				38.28	12.91	210.9	percent of total billed charges	
D-XYLOSE	84620	CPT	outpatient			222	14.85	Managed Care Inc	Managed Care Inc		199.8				90	12.91	210.9	percent of total billed charges	
D-XYLOSE	84620	CPT	outpatient			222	14.85	Multiplan	Multiplan		177.6				80	12.91	210.9	percent of total billed charges	
D-XYLOSE	84620	CPT	outpatient			222	14.85	Qualcare	Qualcare		166.5				75	12.91	210.9	percent of total billed charges	
D-XYLOSE	84620	CPT	outpatient			222	14.85	Three Rivers	Three Rivers		210.9				95	12.91	210.9	percent of total billed charges	
D-XYLOSE	84620	CPT	outpatient			222	14.85	UHC	Medicare		12.91					12.91	210.9	fee schedule	
D-XYLOSE	84620	CPT	outpatient			222	14.85	UHC	Medicaid		70.04				31.55	12.91	210.9	percent of total billed charges	
D-XYLOSE	84620	CPT	outpatient			222	14.85	Wellcare	Medicaid		70.04				31.55	12.91	210.9	percent of total billed charges	
D-XYLOSE	84620	CPT	outpatient			222	14.85	Wellcare	Medicare		12.91					12.91	210.9	fee schedule	
D-XYLOSE	84620	CPT	outpatient			222	14.85	WellPoint	WellPoint		71.44				32.18	12.91	210.9	percent of total billed charges	
ZINC, RBC (070029)	84630	CPT	both			204	13.1	Aetna	Medicare		62.83				30.8	8.1	193.8	percent of total billed charges	
ZINC, RBC (070029)	84630	CPT	both			204	13.1	Aetna	Better Health		64.36				31.55	8.1	193.8	percent of total billed charges	
ZINC, RBC (070029)	84630	CPT	both			204	13.1	Aetna	Commercial		77.52				38	8.1	193.8	percent of total billed charges	
ZINC, RBC (070029)	84630	CPT	both			204	13.1	Americare	Americare		153				75	8.1	193.8	percent of total billed charges	
ZINC, RBC (070029)	84630	CPT	both			204	13.1	Amerihealth	HMO/PPO		132.6				65	8.1	193.8	percent of total billed charges	
ZINC, RBC (070029)	84630	CPT	both			204	13.1	Amerihealth	Medicare		11.39					8.1	193.8	fee schedule	
ZINC, RBC (070029)	84630	CPT	both			204	13.1	Consumer	Consumer		193.8				95	8.1	193.8	percent of total billed charges	
ZINC, RBC (070029)	84630	CPT	both			204	13.1	Corrections	Corrections		163.2				80	8.1	193.8	percent of total billed charges	
ZINC, RBC (070029)	84630	CPT	both			204	13.1	First Health	First Health		142.8				70	8.1	193.8	percent of total billed charges	
ZINC, RBC (070029)	84630	CPT	both			204	13.1	First Trenton	First Trenton		183.6				90	8.1	193.8	percent of total billed charges	
ZINC, RBC (070029)	84630	CPT	both			204	13.1	Horizon	Medicare Blue		61.2				30	8.1	193.8	percent of total billed charges	
ZINC, RBC (070029)	84630	CPT	both			204	13.1	Horizon	Indemnity		78.09				38.28	8.1	193.8	percent of total billed charges	
ZINC, RBC (070029)	84630	CPT	both			204	13.1	Horizon	NJ Health		31.36					8.1	193.8	fee schedule	
ZINC, RBC (070029)	84630	CPT	both			204	13.1	Horizon	MGD		78.09				38.28	8.1	193.8	percent of total billed charges	
ZINC, RBC (070029)	84630	CPT	both			204	13.1	Horizon	PPO		78.09				38.28	8.1	193.8	percent of total billed charges	
ZINC, RBC (070029)	84630	CPT	both			204	13.1	Managed Care Inc	Managed Care Inc		183.6				90	8.1	193.8	percent of total billed charges	
ZINC, RBC (070029)	84630	CPT	both			204	13.1	Multiplan	Multiplan		163.2				80	8.1	193.8	percent of total billed charges	
ZINC, RBC (070029)	84630	CPT	both			204	13.1	Qualcare	Qualcare		153				75	8.1	193.8	percent of total billed charges	
ZINC, RBC (070029)	84630	CPT	both			204	13.1	Three Rivers	Three Rivers		193.8				95	8.1	193.8	percent of total billed charges	
ZINC, RBC (070029)	84630	CPT	both			204	13.1	UHC	Medicaid		64.36				31.55	8.1	193.8	percent of total billed charges	
ZINC, RBC (070029)	84630	CPT	both			204	13.1	UHC	Medicare		11.39					8.1	193.8	fee schedule	
ZINC, RBC (070029)	84630	CPT	both			204	13.1	Wellcare	Medicare		11.39					8.1	193.8	fee schedule	
ZINC, RBC (070029)	84630	CPT	both			204	13.1	Wellcare	Medicaid		64.36				31.55	8.1	193.8	percent of total billed charges	
ZINC, RBC (070029)	84630	CPT	both			204	13.1	WellPoint	WellPoint		65.65				32.18	8.1	193.8	percent of total billed charges	
INSULIN C-PEPTIDE, SERUM	84681	CPT	both			150	23.93	Aetna	Commercial		57				38	14.1	142.5	percent of total billed charges	
INSULIN C-PEPTIDE, SERUM	84681	CPT	both			150	23.93	Aetna	Medicare		20.81					14.1	142.5	fee schedule	
INSULIN C-PEPTIDE, SERUM	84681	CPT	both			150	23.93	Aetna	Better Health		47.33				31.55	14.1	142.5	percent of total billed charges	
INSULIN C-PEPTIDE, SERUM	84681	CPT	both			150	23.93	Americare	Americare		112.5				75	14.1	142.5	percent of total billed charges	
INSULIN C-PEPTIDE, SERUM	84681	CPT	both			150	23.93	Amerihealth	Medicare		20.81					14.1	142.5	fee schedule	
INSULIN C-PEPTIDE, SERUM	84681	CPT	both			150	23.93	Amerihealth	HMO/PPO		97.5				65	14.1	142.5	percent of total billed charges	
INSULIN C-PEPTIDE, SERUM	84681	CPT	both			150	23.93	Consumer	Consumer		142.5				95	14.1	142.5	percent of total billed charges	
INSULIN C-PEPTIDE, SERUM	84681	CPT	both			150	23.93	Corrections	Corrections		120				80	14.1	142.5	percent of total billed charges	
INSULIN C-PEPTIDE, SERUM	84681	CPT	both			150	23.93	First Health	First Health		105				70	14.1	142.5	percent of total billed charges	
INSULIN C-PEPTIDE, SERUM	84681	CPT	both			150	23.93	First Trenton	First Trenton		135				90	14.1	142.5	percent of total billed charges	
INSULIN C-PEPTIDE, SERUM	84681	CPT	both			150	23.93	Horizon	Medicare Blue		45				30	14.1	142.5	percent of total billed charges	
INSULIN C-PEPTIDE, SERUM	84681	CPT	both			150	23.93	Horizon	MGD		57.42				38.28	14.1	142.5	percent of total billed charges	
INSULIN C-PEPTIDE, SERUM	84681	CPT	both			150	23.93	Horizon	Indemnity		57.42				38.28	14.1	142.5	percent of total billed charges	
INSULIN C-PEPTIDE, SERUM	84681	CPT	both			150	23.93	Horizon	NJ Health		43.12					14.1	142.5	fee schedule	
INSULIN C-PEPTIDE, SERUM	84681	CPT	both			150	23.93	Horizon	PPO		57.42				38.28	14.1	142.5	percent of total billed charges	
INSULIN C-PEPTIDE, SERUM	84681	CPT	both			150	23.93	Managed Care Inc	Managed Care Inc		135				90	14.1	142.5	percent of total billed charges	
INSULIN C-PEPTIDE, SERUM	84681	CPT	both			150	23.93	Multiplan	Multiplan		120				80	14.1	142.5	percent of total billed charges	
INSULIN C-PEPTIDE, SERUM	84681	CPT	both			150	23.93	Qualcare	Qualcare		112.5				75	14.1	142.5	percent of total billed charges	
INSULIN C-PEPTIDE, SERUM	84681	CPT	both			150	23.93	Three Rivers	Three Rivers		142.5				95	14.1	142.5	percent of total billed charges	
INSULIN C-PEPTIDE, SERUM	84681	CPT	both			150	23.93	UHC	Medicaid		47.33				31.55	14.1	142.5	percent of total billed charges	
INSULIN C-PEPTIDE, SERUM	84681	CPT	both			150	23.93	UHC	Medicare		20.81					14.1	142.5	fee schedule	
INSULIN C-PEPTIDE, SERUM	84681	CPT	both			150	23.93	Wellcare	Medicaid		47.33				31.55	14.1	142.5	percent of total billed charges	
INSULIN C-PEPTIDE, SERUM	84681	CPT	both			150	23.93	Wellcare	Medicare		20.81					14.1	142.5	fee schedule	
INSULIN C-PEPTIDE, SERUM	84681	CPT	both			150	23.93	WellPoint	WellPoint		48.27				32.18	14.1	142.5	percent of total billed charges	
HCG, QUANTITATIVE	84702	CPT	both			153	17.31	Aetna	Medicare		15.05					10.2	145.35	fee schedule	
HCG, QUANTITATIVE	84702	CPT	both			153	17.31	Aetna	Better Health		48.27				31.55	10.2	145.35	percent of total billed charges	
HCG, QUANTITATIVE	84702	CPT	both			153	17.31	Aetna	Commercial		58.14				38	10.2	145.35	percent of total billed charges	
HCG, QUANTITATIVE	84702	CPT	both			153	17.31	Americare	Americare		114.75				75	10.2	145.35	percent of total billed charges	
HCG, QUANTITATIVE	84702	CPT	both			153	17.31	Amerihealth	Medicare		15.05					10.2	145.35	fee schedule	
HCG, QUANTITATIVE	84702	CPT	both			153	17.31	Amerihealth	HMO/PPO		99.45				65	10.2	145.35	percent of total billed charges	
HCG, QUANTITATIVE	84702	CPT	both			153	17.31	Consumer	Consumer		145.35				95	10.2	145.35	percent of total billed charges	
HCG, QUANTITATIVE	84702	CPT	both			153	17.31	Corrections	Corrections		122.4				80	10.2	145.35	percent of total billed charges	
HCG, QUANTITATIVE	84702	CPT	both			153	17.31	First Health	First Health		107.1				70	10.2	145.35	percent of total billed charges	
HCG, QUANTITATIVE	84702	CPT	both			153	17.31	First Trenton	First Trenton		137.7				90	10.2	145.35	percent of total billed charges	
HCG, QUANTITATIVE	84702	CPT	both			153	17.31	Horizon	MGD		58.57				38.28	10.2	145.35	percent of total billed charges	
HCG, QUANTITATIVE	84702	CPT	both			153	17.31	Horizon	Medicare Blue		45.9				30	10.2	145.35	percent of total billed charges	
HCG, QUANTITATIVE	84702	CPT	both			153	17.31	Horizon	Indemnity		58.57				38.28	10.2	145.35	percent of total billed charges	
HCG, QUANTITATIVE	84702	CPT	both			153	17.31	Horizon	NJ Health		22.32					10.2	145.35	fee schedule	
HCG, QUANTITATIVE	84702	CPT	both			153	17.31	Horizon	PPO		58.57				38.28	10.2	145.35	percent of total billed charges	
HCG, QUANTITATIVE	84702	CPT	both			153	17.31	Managed Care Inc	Managed Care Inc		137.7				90	10.2	145.35	percent of total billed charges	
HCG, QUANTITATIVE	84702	CPT	both			153	17.31	Multiplan	Multiplan		122.4				80	10.2	145.35	percent of total billed charges	
HCG, QUANTITATIVE	84702	CPT	both			153	17.31	Qualcare	Qualcare		114.75				75	10.2	145.35	percent of total billed charges	
HCG, QUANTITATIVE	84702	CPT	both			153	17.31	Three Rivers	Three Rivers		145.35				95	10.2	145.35	percent of total billed charges	
HCG, QUANTITATIVE	84702	CPT	both			153	17.31	UHC	Medicaid		48.27				31.55	10.2	145.35	percent of total billed charges	
HCG, QUANTITATIVE	84702	CPT	both			153	17.31	UHC	Medicare		15.05					10.2	145.35	fee schedule	
HCG, QUANTITATIVE	84702	CPT	both			153	17.31	Wellcare	Medicaid		48.27				31.55	10.2	145.35	percent of total billed charges	
HCG, QUANTITATIVE	84702	CPT	both			153	17.31	Wellcare	Medicare		15.05					10.2	145.35	fee schedule	
HCG, QUANTITATIVE	84702	CPT	both			153	17.31	WellPoint	WellPoint		49.24				32.18	10.2	145.35	percent of total billed charges	
SERUM PREGNANCY TEST	84703	CPT	both			176	8.65	Aetna	Better Health		55.53				31.55	5.88	167.2	percent of total billed charges	
SERUM PREGNANCY TEST	84703	CPT	both			176	8.65	Aetna	Medicare		54.21				30.8	5.88	167.2	percent of total billed charges	
SERUM PREGNANCY TEST	84703	CPT	both			176	8.65	Aetna	Commercial		66.88				38	5.88	167.2	percent of total billed charges	
SERUM PREGNANCY TEST	84703	CPT	both			176	8.65	Americare	Americare		132				75	5.88	167.2	percent of total billed charges	
SERUM PREGNANCY TEST	84703	CPT	both			176	8.65	Amerihealth	HMO/PPO		114.4				65	5.88	167.2	percent of total billed charges	
SERUM PREGNANCY TEST	84703	CPT	both			176	8.65	Amerihealth	Medicare		7.52					5.88	167.2	fee schedule	
SERUM PREGNANCY TEST	84703	CPT	both			176	8.65	Consumer	Consumer		167.2				95	5.88	167.2	percent of total billed charges	
SERUM PREGNANCY TEST	84703	CPT	both			176	8.65	Corrections	Corrections		140.8				80	5.88	167.2	percent of total billed charges	
SERUM PREGNANCY TEST	84703	CPT	both			176	8.65	First Health	First Health		123.2				70	5.88	167.2	percent of total billed charges	
SERUM PREGNANCY TEST	84703	CPT	both			176	8.65	First Trenton	First Trenton		158.4				90	5.88	167.2	percent of total billed charges	
SERUM PREGNANCY TEST	84703	CPT	both			176	8.65	Horizon	MGD		67.37				38.28	5.88	167.2	percent of total billed charges	
SERUM PREGNANCY TEST	84703	CPT	both			176	8.65	Horizon	NJ Health		5.88					5.88	167.2	fee schedule	
SERUM PREGNANCY TEST	84703	CPT	both			176	8.65	Horizon	Medicare Blue		52.8				30	5.88	167.2	percent of total billed charges	
SERUM PREGNANCY TEST	84703	CPT	both			176	8.65	Horizon	Indemnity		67.37				38.28	5.88	167.2	percent of total billed charges	
SERUM PREGNANCY TEST	84703	CPT	both			176	8.65	Horizon	PPO		67.37				38.28	5.88	167.2	percent of total billed charges	
SERUM PREGNANCY TEST	84703	CPT	both			176	8.65	Managed Care Inc	Managed Care Inc		158.4				90	5.88	167.2	percent of total billed charges	
SERUM PREGNANCY TEST	84703	CPT	both			176	8.65	Multiplan	Multiplan		140.8				80	5.88	167.2	percent of total billed charges	
SERUM PREGNANCY TEST	84703	CPT	both			176	8.65	Qualcare	Qualcare		132				75	5.88	167.2	percent of total billed charges	
SERUM PREGNANCY TEST	84703	CPT	both			176	8.65	Three Rivers	Three Rivers		167.2				95	5.88	167.2	percent of total billed charges	
SERUM PREGNANCY TEST	84703	CPT	both			176	8.65	UHC	Medicare		7.52					5.88	167.2	fee schedule	
SERUM PREGNANCY TEST	84703	CPT	both			176	8.65	UHC	Medicaid		55.53				31.55	5.88	167.2	percent of total billed charges	
SERUM PREGNANCY TEST	84703	CPT	both			176	8.65	Wellcare	Medicare		7.52					5.88	167.2	fee schedule	
SERUM PREGNANCY TEST	84703	CPT	both			176	8.65	Wellcare	Medicaid		55.53				31.55	5.88	167.2	percent of total billed charges	
SERUM PREGNANCY TEST	84703	CPT	both			176	8.65	WellPoint	WellPoint		56.64				32.18	5.88	167.2	percent of total billed charges	
POTASSIUM, STOOL	84999	CPT	both			751		Aetna	Medicare		231.31				30.8	4.8	713.45	percent of total billed charges	
POTASSIUM, STOOL	84999	CPT	both			751		Aetna	Commercial		285.38				38	4.8	713.45	percent of total billed charges	
POTASSIUM, STOOL	84999	CPT	both			751		Aetna	Better Health		236.94				31.55	4.8	713.45	percent of total billed charges	
POTASSIUM, STOOL	84999	CPT	both			751		Americare	Americare		563.25				75	4.8	713.45	percent of total billed charges	
POTASSIUM, STOOL	84999	CPT	both			751		Amerihealth	HMO/PPO		486.15				65	4.8	713.45	percent of total billed charges	
POTASSIUM, STOOL	84999	CPT	both			751		Consumer	Consumer		713.45				95	4.8	713.45	percent of total billed charges	
POTASSIUM, STOOL	84999	CPT	both			751		Corrections	Corrections		600.8				80	4.8	713.45	percent of total billed charges	
POTASSIUM, STOOL	84999	CPT	both			751		First Health	First Health		525.7				70	4.8	713.45	percent of total billed charges	
POTASSIUM, STOOL	84999	CPT	both			751		First Trenton	First Trenton		675.9				90	4.8	713.45	percent of total billed charges	
POTASSIUM, STOOL	84999	CPT	both			751		Horizon	Indemnity		287.48				38.28	4.8	713.45	percent of total billed charges	
POTASSIUM, STOOL	84999	CPT	both			751		Horizon	Medicare Blue		225.3				30	4.8	713.45	percent of total billed charges	
POTASSIUM, STOOL	84999	CPT	both			751		Horizon	MGD		287.48				38.28	4.8	713.45	percent of total billed charges	
POTASSIUM, STOOL	84999	CPT	both			751		Horizon	PPO		287.48				38.28	4.8	713.45	percent of total billed charges	
POTASSIUM, STOOL	84999	CPT	both			751		Managed Care Inc	Managed Care Inc		675.9				90	4.8	713.45	percent of total billed charges	
POTASSIUM, STOOL	84999	CPT	both			751		Multiplan	Multiplan		600.8				80	4.8	713.45	percent of total billed charges	
POTASSIUM, STOOL	84999	CPT	both			751		Qualcare	Qualcare		563.25				75	4.8	713.45	percent of total billed charges	
POTASSIUM, STOOL	84999	CPT	both			751		Three Rivers	Three Rivers		713.45				95	4.8	713.45	percent of total billed charges	
POTASSIUM, STOOL	84999	CPT	both			751		UHC	Medicaid		236.94				31.55	4.8	713.45	percent of total billed charges	
POTASSIUM, STOOL	84999	CPT	both			751		Wellcare	Medicaid		236.94				31.55	4.8	713.45	percent of total billed charges	
POTASSIUM, STOOL	84999	CPT	both			751		WellPoint	WellPoint		241.67				32.18	4.8	713.45	percent of total billed charges	
MANUAL DIFFERENTIAL	85007	CPT	both			39	4.37	Aetna	Medicare		3.8					3.8	37.05	fee schedule	
MANUAL DIFFERENTIAL	85007	CPT	both			39	4.37	Aetna	Commercial		14.82				38	3.8	37.05	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
MANUAL DIFFERENTIAL	85007	CPT	both			39	4.37	Aetna	Better Health		12.3	31.55			3.8		37.05 percent of total billed charges	
MANUAL DIFFERENTIAL	85007	CPT	both			39	4.37	Americare	Americare		29.25	75			3.8		37.05 percent of total billed charges	
MANUAL DIFFERENTIAL	85007	CPT	both			39	4.37	Amerihealth	Medicare		3.8				3.8		37.05 fee schedule	
MANUAL DIFFERENTIAL	85007	CPT	both			39	4.37	Amerihealth	HMO/PPO		25.35	65			3.8		37.05 percent of total billed charges	
MANUAL DIFFERENTIAL	85007	CPT	both			39	4.37	Consumer	Consumer		37.05	95			3.8		37.05 percent of total billed charges	
MANUAL DIFFERENTIAL	85007	CPT	both			39	4.37	Corrections	Corrections		31.2	80			3.8		37.05 percent of total billed charges	
MANUAL DIFFERENTIAL	85007	CPT	both			39	4.37	First Health	First Health		27.3	70			3.8		37.05 percent of total billed charges	
MANUAL DIFFERENTIAL	85007	CPT	both			39	4.37	First Trenton	First Trenton		35.1	90			3.8		37.05 percent of total billed charges	
MANUAL DIFFERENTIAL	85007	CPT	both			39	4.37	Horizon	MGD		14.93	38.28			3.8		37.05 percent of total billed charges	
MANUAL DIFFERENTIAL	85007	CPT	both			39	4.37	Horizon	Indemnity		14.93	38.28			3.8		37.05 percent of total billed charges	
MANUAL DIFFERENTIAL	85007	CPT	both			39	4.37	Horizon	PPO		14.93	38.28			3.8		37.05 percent of total billed charges	
MANUAL DIFFERENTIAL	85007	CPT	both			39	4.37	Horizon	Medicare Blue		11.7	30			3.8		37.05 percent of total billed charges	
MANUAL DIFFERENTIAL	85007	CPT	both			39	4.37	Horizon	NJ Health		4.7				3.8		37.05 fee schedule	
MANUAL DIFFERENTIAL	85007	CPT	both			39	4.37	Managed Care Inc	Managed Care Inc		35.1	90			3.8		37.05 percent of total billed charges	
MANUAL DIFFERENTIAL	85007	CPT	both			39	4.37	Multiplan	Multiplan		31.2	80			3.8		37.05 percent of total billed charges	
MANUAL DIFFERENTIAL	85007	CPT	both			39	4.37	Qualcare	Qualcare		29.25	75			3.8		37.05 percent of total billed charges	
MANUAL DIFFERENTIAL	85007	CPT	both			39	4.37	Three Rivers	Three Rivers		37.05	95			3.8		37.05 percent of total billed charges	
MANUAL DIFFERENTIAL	85007	CPT	both			39	4.37	UHC	Medicare		3.8				3.8		37.05 fee schedule	
MANUAL DIFFERENTIAL	85007	CPT	both			39	4.37	UHC	Medicaid		12.3	31.55			3.8		37.05 percent of total billed charges	
MANUAL DIFFERENTIAL	85007	CPT	both			39	4.37	Wellcare	Medicare		3.8				3.8		37.05 fee schedule	
MANUAL DIFFERENTIAL	85007	CPT	both			39	4.37	Wellcare	Medicaid		12.3	31.55			3.8		37.05 percent of total billed charges	
MANUAL DIFFERENTIAL	85007	CPT	both			39	4.37	WellPoint	WellPoint		12.55	32.18			3.8		37.05 percent of total billed charges	
BLOOD SMEAR W/O MANUAL DIFF WBC COUNT	85008	CPT	outpatient			29	3.94	Aetna	Medicare		3.43				2.35		27.55 fee schedule	
BLOOD SMEAR W/O MANUAL DIFF WBC COUNT	85008	CPT	outpatient			29	3.94	Aetna	Commercial		11.02	38			2.35		27.55 percent of total billed charges	
BLOOD SMEAR W/O MANUAL DIFF WBC COUNT	85008	CPT	outpatient			29	3.94	Aetna	Better Health		9.15	31.55			2.35		27.55 percent of total billed charges	
BLOOD SMEAR W/O MANUAL DIFF WBC COUNT	85008	CPT	outpatient			29	3.94	Americare	Americare		21.75	75			2.35		27.55 percent of total billed charges	
BLOOD SMEAR W/O MANUAL DIFF WBC COUNT	85008	CPT	outpatient			29	3.94	Amerihealth	Medicare		3.43				2.35		27.55 fee schedule	
BLOOD SMEAR W/O MANUAL DIFF WBC COUNT	85008	CPT	outpatient			29	3.94	Amerihealth	HMO/PPO		18.85	65			2.35		27.55 percent of total billed charges	
BLOOD SMEAR W/O MANUAL DIFF WBC COUNT	85008	CPT	outpatient			29	3.94	Consumer	Consumer		27.55	95			2.35		27.55 percent of total billed charges	
BLOOD SMEAR W/O MANUAL DIFF WBC COUNT	85008	CPT	outpatient			29	3.94	Corrections	Corrections		23.2	80			2.35		27.55 percent of total billed charges	
BLOOD SMEAR W/O MANUAL DIFF WBC COUNT	85008	CPT	outpatient			29	3.94	First Health	First Health		20.3	70			2.35		27.55 percent of total billed charges	
BLOOD SMEAR W/O MANUAL DIFF WBC COUNT	85008	CPT	outpatient			29	3.94	First Trenton	First Trenton		26.1	90			2.35		27.55 percent of total billed charges	
BLOOD SMEAR W/O MANUAL DIFF WBC COUNT	85008	CPT	outpatient			29	3.94	Horizon	MGD		11.1	38.28			2.35		27.55 percent of total billed charges	
BLOOD SMEAR W/O MANUAL DIFF WBC COUNT	85008	CPT	outpatient			29	3.94	Horizon	Indemnity		11.1	38.28			2.35		27.55 percent of total billed charges	
BLOOD SMEAR W/O MANUAL DIFF WBC COUNT	85008	CPT	outpatient			29	3.94	Horizon	NJ Health		2.35				2.35		27.55 fee schedule	
BLOOD SMEAR W/O MANUAL DIFF WBC COUNT	85008	CPT	outpatient			29	3.94	Horizon	Medicare Blue		8.7	30			2.35		27.55 percent of total billed charges	
BLOOD SMEAR W/O MANUAL DIFF WBC COUNT	85008	CPT	outpatient			29	3.94	Horizon	PPO		11.1	38.28			2.35		27.55 percent of total billed charges	
BLOOD SMEAR W/O MANUAL DIFF WBC COUNT	85008	CPT	outpatient			29	3.94	Managed Care Inc	Managed Care Inc		26.1	90			2.35		27.55 percent of total billed charges	
BLOOD SMEAR W/O MANUAL DIFF WBC COUNT	85008	CPT	outpatient			29	3.94	Multiplan	Multiplan		23.2	80			2.35		27.55 percent of total billed charges	
BLOOD SMEAR W/O MANUAL DIFF WBC COUNT	85008	CPT	outpatient			29	3.94	Qualcare	Qualcare		21.75	75			2.35		27.55 percent of total billed charges	
BLOOD SMEAR W/O MANUAL DIFF WBC COUNT	85008	CPT	outpatient			29	3.94	Three Rivers	Three Rivers		27.55	95			2.35		27.55 percent of total billed charges	
BLOOD SMEAR W/O MANUAL DIFF WBC COUNT	85008	CPT	outpatient			29	3.94	UHC	Medicaid		9.15	31.55			2.35		27.55 percent of total billed charges	
BLOOD SMEAR W/O MANUAL DIFF WBC COUNT	85008	CPT	outpatient			29	3.94	UHC	Medicare		3.43				2.35		27.55 fee schedule	
BLOOD SMEAR W/O MANUAL DIFF WBC COUNT	85008	CPT	outpatient			29	3.94	Wellcare	Medicaid		9.15	31.55			2.35		27.55 percent of total billed charges	
BLOOD SMEAR W/O MANUAL DIFF WBC COUNT	85008	CPT	outpatient			29	3.94	Wellcare	Medicare		3.43				2.35		27.55 fee schedule	
BLOOD SMEAR W/O MANUAL DIFF WBC COUNT	85008	CPT	outpatient			29	3.94	WellPoint	WellPoint		9.33	32.18			2.35		27.55 percent of total billed charges	
MANUAL DIFF WBC COUNT BUFFY COAT	85009	CPT	outpatient			30	5.83	Aetna	Better Health		9.47	31.55			2.59		28.5 percent of total billed charges	
MANUAL DIFF WBC COUNT BUFFY COAT	85009	CPT	outpatient			30	5.83	Aetna	Medicare		5.07				2.59		28.5 fee schedule	
MANUAL DIFF WBC COUNT BUFFY COAT	85009	CPT	outpatient			30	5.83	Aetna	Commercial		11.4	38			2.59		28.5 percent of total billed charges	
MANUAL DIFF WBC COUNT BUFFY COAT	85009	CPT	outpatient			30	5.83	Americare	Americare		22.5	75			2.59		28.5 percent of total billed charges	
MANUAL DIFF WBC COUNT BUFFY COAT	85009	CPT	outpatient			30	5.83	Amerihealth	HMO/PPO		19.5	65			2.59		28.5 percent of total billed charges	
MANUAL DIFF WBC COUNT BUFFY COAT	85009	CPT	outpatient			30	5.83	Amerihealth	Medicare		5.07				2.59		28.5 fee schedule	
MANUAL DIFF WBC COUNT BUFFY COAT	85009	CPT	outpatient			30	5.83	Consumer	Consumer		28.5	95			2.59		28.5 percent of total billed charges	
MANUAL DIFF WBC COUNT BUFFY COAT	85009	CPT	outpatient			30	5.83	Corrections	Corrections		24	80			2.59		28.5 percent of total billed charges	
MANUAL DIFF WBC COUNT BUFFY COAT	85009	CPT	outpatient			30	5.83	First Health	First Health		21	70			2.59		28.5 percent of total billed charges	
MANUAL DIFF WBC COUNT BUFFY COAT	85009	CPT	outpatient			30	5.83	First Trenton	First Trenton		27	90			2.59		28.5 percent of total billed charges	
MANUAL DIFF WBC COUNT BUFFY COAT	85009	CPT	outpatient			30	5.83	Horizon	Medicare Blue		9	30			2.59		28.5 percent of total billed charges	
MANUAL DIFF WBC COUNT BUFFY COAT	85009	CPT	outpatient			30	5.83	Horizon	Indemnity		11.48	38.28			2.59		28.5 percent of total billed charges	
MANUAL DIFF WBC COUNT BUFFY COAT	85009	CPT	outpatient			30	5.83	Horizon	NJ Health		2.59				2.59		28.5 fee schedule	
MANUAL DIFF WBC COUNT BUFFY COAT	85009	CPT	outpatient			30	5.83	Horizon	MGD		11.48	38.28			2.59		28.5 percent of total billed charges	
MANUAL DIFF WBC COUNT BUFFY COAT	85009	CPT	outpatient			30	5.83	Horizon	PPO		11.48	38.28			2.59		28.5 percent of total billed charges	
MANUAL DIFF WBC COUNT BUFFY COAT	85009	CPT	outpatient			30	5.83	Managed Care Inc	Managed Care Inc		27	90			2.59		28.5 percent of total billed charges	
MANUAL DIFF WBC COUNT BUFFY COAT	85009	CPT	outpatient			30	5.83	Multiplan	Multiplan		24	80			2.59		28.5 percent of total billed charges	
MANUAL DIFF WBC COUNT BUFFY COAT	85009	CPT	outpatient			30	5.83	Qualcare	Qualcare		22.5	75			2.59		28.5 percent of total billed charges	
MANUAL DIFF WBC COUNT BUFFY COAT	85009	CPT	outpatient			30	5.83	Three Rivers	Three Rivers		28.5	95			2.59		28.5 percent of total billed charges	
MANUAL DIFF WBC COUNT BUFFY COAT	85009	CPT	outpatient			30	5.83	UHC	Medicaid		9.47	31.55			2.59		28.5 percent of total billed charges	
MANUAL DIFF WBC COUNT BUFFY COAT	85009	CPT	outpatient			30	5.83	UHC	Medicare		5.07				2.59		28.5 fee schedule	
MANUAL DIFF WBC COUNT BUFFY COAT	85009	CPT	outpatient			30	5.83	Wellcare	Medicaid		9.47	31.55			2.59		28.5 percent of total billed charges	
MANUAL DIFF WBC COUNT BUFFY COAT	85009	CPT	outpatient			30	5.83	Wellcare	Medicare		5.07				2.59		28.5 fee schedule	
MANUAL DIFF WBC COUNT BUFFY COAT	85009	CPT	outpatient			30	5.83	WellPoint	WellPoint		9.65	32.18			2.59		28.5 percent of total billed charges	
SPUN HEMATOCRIT	85013	CPT	outpatient			24	8.05	Aetna	Medicare		7.39	30.8			2.94		22.8 percent of total billed charges	
SPUN HEMATOCRIT	85013	CPT	outpatient			24	8.05	Aetna	Better Health		7.57	31.55			2.94		22.8 percent of total billed charges	
SPUN HEMATOCRIT	85013	CPT	outpatient			24	8.05	Aetna	Commercial		9.12	38			2.94		22.8 percent of total billed charges	
SPUN HEMATOCRIT	85013	CPT	outpatient			24	8.05	Americare	Americare		18	75			2.94		22.8 percent of total billed charges	
SPUN HEMATOCRIT	85013	CPT	outpatient			24	8.05	Amerihealth	Medicare		7				2.94		22.8 fee schedule	
SPUN HEMATOCRIT	85013	CPT	outpatient			24	8.05	Amerihealth	HMO/PPO		15.6	65			2.94		22.8 percent of total billed charges	
SPUN HEMATOCRIT	85013	CPT	outpatient			24	8.05	Consumer	Consumer		22.8	95			2.94		22.8 percent of total billed charges	
SPUN HEMATOCRIT	85013	CPT	outpatient			24	8.05	Corrections	Corrections		19.2	80			2.94		22.8 percent of total billed charges	
SPUN HEMATOCRIT	85013	CPT	outpatient			24	8.05	First Health	First Health		16.8	70			2.94		22.8 percent of total billed charges	
SPUN HEMATOCRIT	85013	CPT	outpatient			24	8.05	First Trenton	First Trenton		21.6	90			2.94		22.8 percent of total billed charges	
SPUN HEMATOCRIT	85013	CPT	outpatient			24	8.05	Horizon	MGD		9.19	38.28			2.94		22.8 percent of total billed charges	
SPUN HEMATOCRIT	85013	CPT	outpatient			24	8.05	Horizon	Medicare Blue		7.2	30			2.94		22.8 percent of total billed charges	
SPUN HEMATOCRIT	85013	CPT	outpatient			24	8.05	Horizon	Indemnity		9.19	38.28			2.94		22.8 percent of total billed charges	
SPUN HEMATOCRIT	85013	CPT	outpatient			24	8.05	Horizon	NJ Health		2.94				2.94		22.8 fee schedule	
SPUN HEMATOCRIT	85013	CPT	outpatient			24	8.05	Horizon	PPO		9.19	38.28			2.94		22.8 percent of total billed charges	
SPUN HEMATOCRIT	85013	CPT	outpatient			24	8.05	Managed Care Inc	Managed Care Inc		21.6	90			2.94		22.8 percent of total billed charges	
SPUN HEMATOCRIT	85013	CPT	outpatient			24	8.05	Multiplan	Multiplan		19.2	80			2.94		22.8 percent of total billed charges	
SPUN HEMATOCRIT	85013	CPT	outpatient			24	8.05	Qualcare	Qualcare		18	75			2.94		22.8 percent of total billed charges	
SPUN HEMATOCRIT	85013	CPT	outpatient			24	8.05	Three Rivers	Three Rivers		22.8	95			2.94		22.8 percent of total billed charges	
SPUN HEMATOCRIT	85013	CPT	outpatient			24	8.05	UHC	Medicare		7				2.94		22.8 fee schedule	
SPUN HEMATOCRIT	85013	CPT	outpatient			24	8.05	UHC	Medicaid		7.57	31.55			2.94		22.8 percent of total billed charges	
SPUN HEMATOCRIT	85013	CPT	outpatient			24	8.05	Wellcare	Medicaid		7.57	31.55			2.94		22.8 percent of total billed charges	
SPUN HEMATOCRIT	85013	CPT	outpatient			24	8.05	Wellcare	Medicare		7				2.94		22.8 fee schedule	
SPUN HEMATOCRIT	85013	CPT	outpatient			24	8.05	WellPoint	WellPoint		7.72	32.18			2.94		22.8 percent of total billed charges	
HEMATOCRIT(HCT)	85014	CPT	both			24	2.73	Aetna	Better Health		7.57	31.55			2.37		22.8 percent of total billed charges	
HEMATOCRIT(HCT)	85014	CPT	both			24	2.73	Aetna	Medicare		2.37				2.37		22.8 fee schedule	
HEMATOCRIT(HCT)	85014	CPT	both			24	2.73	Aetna	Commercial		9.12	38			2.37		22.8 percent of total billed charges	
HEMATOCRIT(HCT)	85014	CPT	both			24	2.73	Americare	Americare		18	75			2.37		22.8 percent of total billed charges	
HEMATOCRIT(HCT)	85014	CPT	both			24	2.73	Amerihealth	Medicare		2.37				2.37		22.8 fee schedule	
HEMATOCRIT(HCT)	85014	CPT	both			24	2.73	Amerihealth	HMO/PPO		15.6	65			2.37		22.8 percent of total billed charges	
HEMATOCRIT(HCT)	85014	CPT	both			24	2.73	Consumer	Consumer		22.8	95			2.37		22.8 percent of total billed charges	
HEMATOCRIT(HCT)	85014	CPT	both			24	2.73	Corrections	Corrections		19.2	80			2.37		22.8 percent of total billed charges	
HEMATOCRIT(HCT)	85014	CPT	both			24	2.73	First Health	First Health		16.8	70			2.37		22.8 percent of total billed charges	
HEMATOCRIT(HCT)	85014	CPT	both			24	2.73	First Trenton	First Trenton		21.6	90			2.37		22.8 percent of total billed charges	
HEMATOCRIT(HCT)	85014	CPT	both			24	2.73	Horizon	Medicare Blue		7.2	30			2.37		22.8 percent of total billed charges	
HEMATOCRIT(HCT)	85014	CPT	both			24	2.73	Horizon	Indemnity		9.19	38.28			2.37		22.8 percent of total billed charges	
HEMATOCRIT(HCT)	85014	CPT	both			24	2.73	Horizon	MGD		9.19	38.28			2.37		22.8 percent of total billed charges	
HEMATOCRIT(HCT)	85014	CPT	both			24	2.73	Horizon	NJ Health		2.94				2.37		22.8 fee schedule	
HEMATOCRIT(HCT)	85014	CPT	both			24	2.73	Horizon	PPO		9.19	38.28			2.37		22.8 percent of total billed charges	
HEMATOCRIT(HCT)	85014	CPT	both			24	2.73	Managed Care Inc	Managed Care Inc		21.6	90			2.37		22.8 percent of total billed charges	
HEMATOCRIT(HCT)	85014	CPT	both			24	2.73	Multiplan	Multiplan		19.2	80			2.37		22.8 percent of total billed charges	
HEMATOCRIT(HCT)	85014	CPT	both			24	2.73	Qualcare	Qualcare		18	75			2.37		22.8 percent of total billed charges	
HEMATOCRIT(HCT)	85014	CPT	both			24	2.73	Three Rivers	Three Rivers		22.8	95			2.37		22.8 percent of total billed charges	
HEMATOCRIT(HCT)	85014	CPT	both			24	2.73	UHC	Medicare		2.37				2.37		22.8 fee schedule	
HEMATOCRIT(HCT)	85014	CPT	both			24	2.73	UHC	Medicaid		7.57	31.55			2.37		22.8 percent of total billed charges	
HEMATOCRIT(HCT)	85014	CPT	both			24	2.73	Wellcare	Medicaid		7.57	31.55			2.37		22.8 percent of total billed charges	
HEMATOCRIT(HCT)	85014	CPT	both			24	2.73	Wellcare	Medicare		2.37				2.37		22.8 fee schedule	
HEMATOCRIT(HCT)	85014	CPT	both			24	2.73	WellPoint	WellPoint		7.72	32.18			2.37		22.8 percent of total billed charges	
HGB	85018	CPT	both			65	2.73	Aetna	Better Health		20.51	31.55			2.35		61.75 percent of total billed charges	
HGB	85018	CPT	both			65	2.73	Aetna	Commercial		24.7	38			2.35		61.75 percent of total billed charges	
HGB	85018	CPT	both			65	2.73	Aetna	Medicare		2.37				2.35		61.75 fee schedule	
HGB	85018	CPT	both			65	2.73	Americare	Americare		48.75	75			2.35		61.75 percent of total billed charges	
HGB	85018	CPT	both			65	2.73	Amerihealth	HMO/PPO		42.25	65			2.35		61.75 percent of total billed charges	
HGB	85018	CPT	both			65	2.73	Amerihealth	Medicare		2.37				2.35		61.75 fee schedule	
HGB	85018	CPT	both			65	2.73	Consumer	Consumer		61.75	95			2.35		61.75 percent of total billed charges	
HGB	85018	CPT	both			65	2.73	Corrections	Corrections		52	80			2.35		61.75 percent of total billed charges	
HGB	85018	CPT	both			65	2.73	First Health	First Health		45.5	70			2.35		61.75 percent of total billed charges	
HGB	85018	CPT	both			65	2.73	First Trenton	First Trenton		58.5	90			2.35		61.75 percent of total billed charges	
HGB	85018	CPT	both			65	2.73	Horizon	Indemnity		24.88	38.28			2.35		61.75 percent of total billed charges	
HGB	85018	CPT	both			65	2.73	Horizon	Medicare Blue		19.5	30			2.35		61.75 percent of total billed charges	
HGB	85018	CPT	both			65	2.73	Horizon	MGD		24.88	38.28			2.35		61.75 percent of total billed charges	
HGB	85018	CPT	both			65	2.73	Horizon	NJ Health		2.35				2.35		61.75 fee schedule	
HGB	85018	CPT	both			65	2.73	Horizon	PPO		24.88	38.28			2.35		61.75 percent of total billed charges	
HGB	85018	CPT	both			65	2.73	Managed Care Inc	Managed Care Inc		58.5	90			2.35		61.75 percent of total billed charges	
HGB	85018	CPT	both			65	2.73	Multiplan	Multiplan		52	80			2.35		61.75 percent of total billed charges	
HGB	85018	CPT	both			65	2.73	Qualcare	Qualcare		48.75	75			2.35		61.75 percent of total billed charges	
HGB	85018	CPT	both			65	2.73	Three Rivers	Three Rivers		61.75	95			2.35		61.75 percent of total billed charges	
HGB	85018	CPT	both			65	2.73	UHC	Medicare		2.37				2.35		61.75 fee schedule	
HGB	85018	CPT	both			65	2.73	UHC	Medicaid		20.51	31.55			2.35		61.75 percent of total billed charges	
HGB	85018	CPT	both			65	2.73	Wellcare	Medicaid		20.51	31.55			2.35		61.75 percent of total billed charges	
HGB	85018	CPT	both			65	2.73	Wellcare	Medicare		2.37				2.35		61.75 fee schedule	
HGB	85018	CPT	both			65	2.73	WellPoint	WellPoint		20.92	32.18			2.35		61.75 percent of total billed charges	
CBC W/ DIFFERENTIAL	85025	CPT	both			44	8.94	Aetna	Commercial		16.72	38			7.77		41.8 percent of total billed charges	
CBC W/ DIFFERENTIAL	85025	CPT	both			44	8.94	Aetna	Medicare		7.77				7.77		41.8 fee schedule	
CBC W/ DIFFERENTIAL	85025	CPT	both			44	8.94	Aetna	Better Health		13.88	31.55			7.77		41.8 percent of total billed charges	
CBC W/ DIFFERENTIAL	85025	CPT	both			44	8.94	Americare	Americare		33	75			7.77		41.8 percent of total billed charges	
CBC W/ DIFFERENTIAL	85025	CPT	both			44	8.94	Amerihealth	Medicare		7.77				7.77		41.8 fee schedule	
CBC W/ DIFFERENTIAL	85025	CPT	both			44	8.94	Amerihealth	HMO/PPO		28.6	65			7.77		41.8 percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CBC W/ DIFFERENTIAL	85025	CPT	both			44	8.94	Consumer	Consumer		41.8	95			7.77	41.8	percent of total billed charges	
CBC W/ DIFFERENTIAL	85025	CPT	both			44	8.94	Corrections	Corrections		35.2	80			7.77	41.8	percent of total billed charges	
CBC W/ DIFFERENTIAL	85025	CPT	both			44	8.94	First Health	First Health		30.8	70			7.77	41.8	percent of total billed charges	
CBC W/ DIFFERENTIAL	85025	CPT	both			44	8.94	First Trenton	First Trenton		39.6	90			7.77	41.8	percent of total billed charges	
CBC W/ DIFFERENTIAL	85025	CPT	both			44	8.94	Horizon	Indemnity		16.84	38.28			7.77	41.8	percent of total billed charges	
CBC W/ DIFFERENTIAL	85025	CPT	both			44	8.94	Horizon	Medicare Blue		13.2	30			7.77	41.8	percent of total billed charges	
CBC W/ DIFFERENTIAL	85025	CPT	both			44	8.94	Horizon	NJ Health		9.8				7.77	41.8	fee schedule	
CBC W/ DIFFERENTIAL	85025	CPT	both			44	8.94	Horizon	MGD		16.84	38.28			7.77	41.8	percent of total billed charges	
CBC W/ DIFFERENTIAL	85025	CPT	both			44	8.94	Horizon	PPO		16.84	38.28			7.77	41.8	percent of total billed charges	
CBC W/ DIFFERENTIAL	85025	CPT	both			44	8.94	Managed Care Inc	Managed Care Inc		39.6	90			7.77	41.8	percent of total billed charges	
CBC W/ DIFFERENTIAL	85025	CPT	both			44	8.94	Multiplan	Multiplan		35.2	80			7.77	41.8	percent of total billed charges	
CBC W/ DIFFERENTIAL	85025	CPT	both			44	8.94	Qualcare	Qualcare		33	75			7.77	41.8	percent of total billed charges	
CBC W/ DIFFERENTIAL	85025	CPT	both			44	8.94	Three Rivers	Three Rivers		41.8	95			7.77	41.8	percent of total billed charges	
CBC W/ DIFFERENTIAL	85025	CPT	both			44	8.94	UHC	Medicaid		13.88	31.55			7.77	41.8	percent of total billed charges	
CBC W/ DIFFERENTIAL	85025	CPT	both			44	8.94	UHC	Medicare		7.77				7.77	41.8	fee schedule	
CBC W/ DIFFERENTIAL	85025	CPT	both			44	8.94	Wellcare	Medicaid		13.88	31.55			7.77	41.8	percent of total billed charges	
CBC W/ DIFFERENTIAL	85025	CPT	both			44	8.94	Wellcare	Medicare		7.77				7.77	41.8	fee schedule	
CBC W/ DIFFERENTIAL	85025	CPT	both			44	8.94	WellPoint	WellPoint		14.16	32.18			7.77	41.8	percent of total billed charges	
COMP.BLOOD COUNT (CBC)	85027	CPT	both			34	7.44	Aetna	Commercial		12.92	38			6.3	32.3	percent of total billed charges	
COMP.BLOOD COUNT (CBC)	85027	CPT	both			34	7.44	Aetna	Medicare		6.47				6.3	32.3	fee schedule	
COMP.BLOOD COUNT (CBC)	85027	CPT	both			34	7.44	Aetna	Better Health		10.73	31.55			6.3	32.3	percent of total billed charges	
COMP.BLOOD COUNT (CBC)	85027	CPT	both			34	7.44	Americare	Americare		25.5	75			6.3	32.3	percent of total billed charges	
COMP.BLOOD COUNT (CBC)	85027	CPT	both			34	7.44	Amerihealth	Medicare		6.47				6.3	32.3	fee schedule	
COMP.BLOOD COUNT (CBC)	85027	CPT	both			34	7.44	Amerihealth	HMO/PPO		22.1	65			6.3	32.3	percent of total billed charges	
COMP.BLOOD COUNT (CBC)	85027	CPT	both			34	7.44	Consumer	Consumer		32.3	95			6.3	32.3	percent of total billed charges	
COMP.BLOOD COUNT (CBC)	85027	CPT	both			34	7.44	Corrections	Corrections		27.2	80			6.3	32.3	percent of total billed charges	
COMP.BLOOD COUNT (CBC)	85027	CPT	both			34	7.44	First Health	First Health		23.8	70			6.3	32.3	percent of total billed charges	
COMP.BLOOD COUNT (CBC)	85027	CPT	both			34	7.44	First Trenton	First Trenton		30.6	90			6.3	32.3	percent of total billed charges	
COMP.BLOOD COUNT (CBC)	85027	CPT	both			34	7.44	Horizon	Indemnity		13.02	38.28			6.3	32.3	percent of total billed charges	
COMP.BLOOD COUNT (CBC)	85027	CPT	both			34	7.44	Horizon	Medicare Blue		10.2	30			6.3	32.3	percent of total billed charges	
COMP.BLOOD COUNT (CBC)	85027	CPT	both			34	7.44	Horizon	PPO		13.02	38.28			6.3	32.3	percent of total billed charges	
COMP.BLOOD COUNT (CBC)	85027	CPT	both			34	7.44	Horizon	MGD		13.02	38.28			6.3	32.3	percent of total billed charges	
COMP.BLOOD COUNT (CBC)	85027	CPT	both			34	7.44	Horizon	NJ Health		9.41				6.3	32.3	fee schedule	
COMP.BLOOD COUNT (CBC)	85027	CPT	both			34	7.44	Managed Care Inc	Managed Care Inc		30.6	90			6.3	32.3	percent of total billed charges	
COMP.BLOOD COUNT (CBC)	85027	CPT	both			34	7.44	Multiplan	Multiplan		27.2	80			6.3	32.3	percent of total billed charges	
COMP.BLOOD COUNT (CBC)	85027	CPT	both			34	7.44	Qualcare	Qualcare		25.5	75			6.3	32.3	percent of total billed charges	
COMP.BLOOD COUNT (CBC)	85027	CPT	both			34	7.44	Three Rivers	Three Rivers		32.3	95			6.3	32.3	percent of total billed charges	
COMP.BLOOD COUNT (CBC)	85027	CPT	both			34	7.44	UHC	Medicare		6.47				6.3	32.3	fee schedule	
COMP.BLOOD COUNT (CBC)	85027	CPT	both			34	7.44	UHC	Medicaid		10.73	31.55			6.3	32.3	percent of total billed charges	
COMP.BLOOD COUNT (CBC)	85027	CPT	both			34	7.44	Wellcare	Medicare		6.47				6.3	32.3	fee schedule	
COMP.BLOOD COUNT (CBC)	85027	CPT	both			34	7.44	Wellcare	Medicaid		10.73	31.55			6.3	32.3	percent of total billed charges	
COMP.BLOOD COUNT (CBC)	85027	CPT	both			34	7.44	WellPoint	WellPoint		10.94	32.18			6.3	32.3	percent of total billed charges	
RBC; AUTOMATED	85041	CPT	outpatient			186	3.47	Aetna	Better Health		58.68	31.55			2.35	176.7	percent of total billed charges	
RBC; AUTOMATED	85041	CPT	outpatient			186	3.47	Aetna	Medicare		3.02				2.35	176.7	fee schedule	
RBC; AUTOMATED	85041	CPT	outpatient			186	3.47	Aetna	Commercial		70.68	38			2.35	176.7	percent of total billed charges	
RBC; AUTOMATED	85041	CPT	outpatient			186	3.47	Americare	Americare		139.5	75			2.35	176.7	percent of total billed charges	
RBC; AUTOMATED	85041	CPT	outpatient			186	3.47	Amerihealth	HMO/PPO		120.9	65			2.35	176.7	percent of total billed charges	
RBC; AUTOMATED	85041	CPT	outpatient			186	3.47	Amerihealth	Medicare		3.02				2.35	176.7	fee schedule	
RBC; AUTOMATED	85041	CPT	outpatient			186	3.47	Consumer	Consumer		176.7	95			2.35	176.7	percent of total billed charges	
RBC; AUTOMATED	85041	CPT	outpatient			186	3.47	Corrections	Corrections		148.8	80			2.35	176.7	percent of total billed charges	
RBC; AUTOMATED	85041	CPT	outpatient			186	3.47	First Health	First Health		130.2	70			2.35	176.7	percent of total billed charges	
RBC; AUTOMATED	85041	CPT	outpatient			186	3.47	First Trenton	First Trenton		167.4	90			2.35	176.7	percent of total billed charges	
RBC; AUTOMATED	85041	CPT	outpatient			186	3.47	Horizon	MGD		71.2	38.28			2.35	176.7	percent of total billed charges	
RBC; AUTOMATED	85041	CPT	outpatient			186	3.47	Horizon	NJ Health		2.35				2.35	176.7	fee schedule	
RBC; AUTOMATED	85041	CPT	outpatient			186	3.47	Horizon	PPO		71.2	38.28			2.35	176.7	percent of total billed charges	
RBC; AUTOMATED	85041	CPT	outpatient			186	3.47	Horizon	Indemnity		71.2	38.28			2.35	176.7	percent of total billed charges	
RBC; AUTOMATED	85041	CPT	outpatient			186	3.47	Horizon	Medicare Blue		55.8	30			2.35	176.7	percent of total billed charges	
RBC; AUTOMATED	85041	CPT	outpatient			186	3.47	Managed Care Inc	Managed Care Inc		167.4	90			2.35	176.7	percent of total billed charges	
RBC; AUTOMATED	85041	CPT	outpatient			186	3.47	Multiplan	Multiplan		148.8	80			2.35	176.7	percent of total billed charges	
RBC; AUTOMATED	85041	CPT	outpatient			186	3.47	Qualcare	Qualcare		139.5	75			2.35	176.7	percent of total billed charges	
RBC; AUTOMATED	85041	CPT	outpatient			186	3.47	Three Rivers	Three Rivers		176.7	95			2.35	176.7	percent of total billed charges	
RBC; AUTOMATED	85041	CPT	outpatient			186	3.47	UHC	Medicare		3.02				2.35	176.7	fee schedule	
RBC; AUTOMATED	85041	CPT	outpatient			186	3.47	UHC	Medicaid		58.68	31.55			2.35	176.7	percent of total billed charges	
RBC; AUTOMATED	85041	CPT	outpatient			186	3.47	Wellcare	Medicare		3.02				2.35	176.7	fee schedule	
RBC; AUTOMATED	85041	CPT	outpatient			186	3.47	Wellcare	Medicaid		58.68	31.55			2.35	176.7	percent of total billed charges	
RBC; AUTOMATED	85041	CPT	outpatient			186	3.47	WellPoint	WellPoint		59.85	32.18			2.35	176.7	percent of total billed charges	
RETICULOCYTE MANUAL	85044	CPT	outpatient			20	4.96	Aetna	Medicare		4.31				4.31	19	fee schedule	
RETICULOCYTE MANUAL	85044	CPT	outpatient			20	4.96	Aetna	Better Health		6.31	31.55			4.31	19	percent of total billed charges	
RETICULOCYTE MANUAL	85044	CPT	outpatient			20	4.96	Aetna	Commercial		7.6	38			4.31	19	percent of total billed charges	
RETICULOCYTE MANUAL	85044	CPT	outpatient			20	4.96	Americare	Americare		15	75			4.31	19	percent of total billed charges	
RETICULOCYTE MANUAL	85044	CPT	outpatient			20	4.96	Amerihealth	Medicare		4.31				4.31	19	fee schedule	
RETICULOCYTE MANUAL	85044	CPT	outpatient			20	4.96	Amerihealth	HMO/PPO		13	65			4.31	19	percent of total billed charges	
RETICULOCYTE MANUAL	85044	CPT	outpatient			20	4.96	Consumer	Consumer		19	95			4.31	19	percent of total billed charges	
RETICULOCYTE MANUAL	85044	CPT	outpatient			20	4.96	Corrections	Corrections		16	80			4.31	19	percent of total billed charges	
RETICULOCYTE MANUAL	85044	CPT	outpatient			20	4.96	First Health	First Health		14	70			4.31	19	percent of total billed charges	
RETICULOCYTE MANUAL	85044	CPT	outpatient			20	4.96	First Trenton	First Trenton		18	90			4.31	19	percent of total billed charges	
RETICULOCYTE MANUAL	85044	CPT	outpatient			20	4.96	Horizon	Medicare Blue		6	30			4.31	19	percent of total billed charges	
RETICULOCYTE MANUAL	85044	CPT	outpatient			20	4.96	Horizon	MGD		7.66	38.28			4.31	19	percent of total billed charges	
RETICULOCYTE MANUAL	85044	CPT	outpatient			20	4.96	Horizon	NJ Health		5.88				4.31	19	fee schedule	
RETICULOCYTE MANUAL	85044	CPT	outpatient			20	4.96	Horizon	Indemnity		7.66	38.28			4.31	19	percent of total billed charges	
RETICULOCYTE MANUAL	85044	CPT	outpatient			20	4.96	Horizon	PPO		7.66	38.28			4.31	19	percent of total billed charges	
RETICULOCYTE MANUAL	85044	CPT	outpatient			20	4.96	Managed Care Inc	Managed Care Inc		18	90			4.31	19	percent of total billed charges	
RETICULOCYTE MANUAL	85044	CPT	outpatient			20	4.96	Multiplan	Multiplan		16	80			4.31	19	percent of total billed charges	
RETICULOCYTE MANUAL	85044	CPT	outpatient			20	4.96	Qualcare	Qualcare		15	75			4.31	19	percent of total billed charges	
RETICULOCYTE MANUAL	85044	CPT	outpatient			20	4.96	Three Rivers	Three Rivers		19	95			4.31	19	percent of total billed charges	
RETICULOCYTE MANUAL	85044	CPT	outpatient			20	4.96	UHC	Medicare		4.31				4.31	19	fee schedule	
RETICULOCYTE MANUAL	85044	CPT	outpatient			20	4.96	UHC	Medicaid		6.31	31.55			4.31	19	percent of total billed charges	
RETICULOCYTE MANUAL	85044	CPT	outpatient			20	4.96	Wellcare	Medicare		4.31				4.31	19	fee schedule	
RETICULOCYTE MANUAL	85044	CPT	outpatient			20	4.96	Wellcare	Medicaid		6.31	31.55			4.31	19	percent of total billed charges	
RETICULOCYTE MANUAL	85044	CPT	outpatient			20	4.96	WellPoint	WellPoint		6.44	32.18			4.31	19	percent of total billed charges	
RETICULOCYTE AUTOMATED	85045	CPT	both			43	4.59	Aetna	Better Health		13.57	31.55			3.99	40.85	percent of total billed charges	
RETICULOCYTE AUTOMATED	85045	CPT	both			43	4.59	Aetna	Medicare		3.99				3.99	40.85	fee schedule	
RETICULOCYTE AUTOMATED	85045	CPT	both			43	4.59	Aetna	Commercial		16.34	38			3.99	40.85	percent of total billed charges	
RETICULOCYTE AUTOMATED	85045	CPT	both			43	4.59	Americare	Americare		32.25	75			3.99	40.85	percent of total billed charges	
RETICULOCYTE AUTOMATED	85045	CPT	both			43	4.59	Amerihealth	HMO/PPO		27.95	65			3.99	40.85	percent of total billed charges	
RETICULOCYTE AUTOMATED	85045	CPT	both			43	4.59	Amerihealth	Medicare		3.99				3.99	40.85	fee schedule	
RETICULOCYTE AUTOMATED	85045	CPT	both			43	4.59	Consumer	Consumer		40.85	95			3.99	40.85	percent of total billed charges	
RETICULOCYTE AUTOMATED	85045	CPT	both			43	4.59	Corrections	Corrections		34.4	80			3.99	40.85	percent of total billed charges	
RETICULOCYTE AUTOMATED	85045	CPT	both			43	4.59	First Health	First Health		30.1	70			3.99	40.85	percent of total billed charges	
RETICULOCYTE AUTOMATED	85045	CPT	both			43	4.59	First Trenton	First Trenton		38.7	90			3.99	40.85	percent of total billed charges	
RETICULOCYTE AUTOMATED	85045	CPT	both			43	4.59	Horizon	MGD		16.46	38.28			3.99	40.85	percent of total billed charges	
RETICULOCYTE AUTOMATED	85045	CPT	both			43	4.59	Horizon	Indemnity		16.46	38.28			3.99	40.85	percent of total billed charges	
RETICULOCYTE AUTOMATED	85045	CPT	both			43	4.59	Horizon	Medicare Blue		12.9	30			3.99	40.85	percent of total billed charges	
RETICULOCYTE AUTOMATED	85045	CPT	both			43	4.59	Horizon	NJ Health		7.84				3.99	40.85	fee schedule	
RETICULOCYTE AUTOMATED	85045	CPT	both			43	4.59	Horizon	PPO		16.46	38.28			3.99	40.85	percent of total billed charges	
RETICULOCYTE AUTOMATED	85045	CPT	both			43	4.59	Managed Care Inc	Managed Care Inc		38.7	90			3.99	40.85	percent of total billed charges	
RETICULOCYTE AUTOMATED	85045	CPT	both			43	4.59	Multiplan	Multiplan		34.4	80			3.99	40.85	percent of total billed charges	
RETICULOCYTE AUTOMATED	85045	CPT	both			43	4.59	Qualcare	Qualcare		32.25	75			3.99	40.85	percent of total billed charges	
RETICULOCYTE AUTOMATED	85045	CPT	both			43	4.59	Three Rivers	Three Rivers		40.85	95			3.99	40.85	percent of total billed charges	
RETICULOCYTE AUTOMATED	85045	CPT	both			43	4.59	UHC	Medicare		3.99				3.99	40.85	fee schedule	
RETICULOCYTE AUTOMATED	85045	CPT	both			43	4.59	UHC	Medicaid		13.57	31.55			3.99	40.85	percent of total billed charges	
RETICULOCYTE AUTOMATED	85045	CPT	both			43	4.59	Wellcare	Medicare		3.99				3.99	40.85	fee schedule	
RETICULOCYTE AUTOMATED	85045	CPT	both			43	4.59	Wellcare	Medicaid		13.57	31.55			3.99	40.85	percent of total billed charges	
RETICULOCYTE AUTOMATED	85045	CPT	both			43	4.59	WellPoint	WellPoint		13.84	32.18			3.99	40.85	percent of total billed charges	
RECTICULOCYTES PLATELET AUTO	85049	CPT	both			43	5.15	Aetna	Better Health		13.57	31.55			4.48	40.85	percent of total billed charges	
RECTICULOCYTES PLATELET AUTO	85049	CPT	both			43	5.15	Aetna	Medicare		4.48				4.48	40.85	fee schedule	
RECTICULOCYTES PLATELET AUTO	85049	CPT	both			43	5.15	Aetna	Commercial		16.34	38			4.48	40.85	percent of total billed charges	
RECTICULOCYTES PLATELET AUTO	85049	CPT	both			43	5.15	Americare	Americare		32.25	75			4.48	40.85	percent of total billed charges	
RECTICULOCYTES PLATELET AUTO	85049	CPT	both			43	5.15	Amerihealth	Medicare		4.48				4.48	40.85	fee schedule	
RECTICULOCYTES PLATELET AUTO	85049	CPT	both			43	5.15	Amerihealth	HMO/PPO		27.95	65			4.48	40.85	percent of total billed charges	
RECTICULOCYTES PLATELET AUTO	85049	CPT	both			43	5.15	Consumer	Consumer		40.85	95			4.48	40.85	percent of total billed charges	
RECTICULOCYTES PLATELET AUTO	85049	CPT	both			43	5.15	Corrections	Corrections		34.4	80			4.48	40.85	percent of total billed charges	
RECTICULOCYTES PLATELET AUTO	85049	CPT	both			43	5.15	First Health	First Health		30.1	70			4.48	40.85	percent of total billed charges	
RECTICULOCYTES PLATELET AUTO	85049	CPT	both			43	5.15	First Trenton	First Trenton		38.7	90			4.48	40.85	percent of total billed charges	
RECTICULOCYTES PLATELET AUTO	85049	CPT	both			43	5.15	Horizon	Medicare Blue		12.9	30			4.48	40.85	percent of total billed charges	
RECTICULOCYTES PLATELET AUTO	85049	CPT	both			43	5.15	Horizon	MGD		16.46	38.28			4.48	40.85	percent of total billed charges	
RECTICULOCYTES PLATELET AUTO	85049	CPT	both			43	5.15	Horizon	Indemnity		16.46	38.28			4.48	40.85	percent of total billed charges	
RECTICULOCYTES PLATELET AUTO	85049	CPT	both			43	5.15	Horizon	NJ Health		9.8				4.48	40.85	fee schedule	
RECTICULOCYTES PLATELET AUTO	85049	CPT	both			43	5.15	Horizon	PPO		16.46	38.28			4.48	40.85	percent of total billed charges	
RECTICULOCYTES PLATELET AUTO	85049	CPT	both			43	5.15	Managed Care Inc	Managed Care Inc		38.7	90			4.48	40.85	percent of total billed charges	
RECTICULOCYTES PLATELET AUTO	85049	CPT	both			43	5.15	Multiplan	Multiplan		34.4	80			4.48	40.85	percent of total billed charges	
RECTICULOCYTES PLATELET AUTO	85049	CPT	both			43	5.15	Qualcare	Qualcare		32.25	75			4.48	40.85	percent of total billed charges	
RECTICULOCYTES PLATELET AUTO	85049	CPT	both			43	5.15	Three Rivers	Three Rivers		40.85	95			4.48	40.85	percent of total billed charges	
RECTICULOCYTES PLATELET AUTO	85049	CPT	both			43	5.15	UHC	Medicare		4.48				4.48	40.85	fee schedule	
RECTICULOCYTES PLATELET AUTO	85049	CPT	both			43	5.15	UHC	Medicaid		13.57	31.55			4.48	40.85	percent of total billed charges	
RECTICULOCYTES PLATELET AUTO	85049	CPT	both			43	5.15	Wellcare	Medicaid		13.57	31.55			4.48	40.85	percent of total billed charges	
RECTICULOCYTES PLATELET AUTO	85049	CPT	both			43	5.15	Wellcare	Medicare		4.48				4.48	40.85	fee schedule	
RECTICULOCYTES PLATELET AUTO	85049	CPT	both			43	5.15	WellPoint	WellPoint		13.84	32.18			4.48	40.85	percent of total billed charges	
BLD SMEAR, PERIPHERAL INTERP	85060	CPT	outpatient			144		Aetna	Better Health		45.43	31.55			15.68	136.8	percent of total billed charges	
BLD SMEAR, PERIPHERAL INTERP	85060	CPT	outpatient			144		Aetna	Commercial		54.72	38			15.68	136.8	percent of total billed charges	
BLD SMEAR, PERIPHERAL INTERP	85060	CPT	outpatient			144		Aetna	Medicare		44.35	30.8			15.68	136.8	percent of total billed charges	
BLD SMEAR, PERIPHERAL INTERP	85060	CPT	outpatient			144		Americare	Americare		108	75			15.68	136.8	percent of total billed charges	
BLD SMEAR, PERIPHERAL INTERP	85060	CPT	outpatient			144		Amerihealth	HMO/PPO		93.6	65			15.68	136.8	percent of total billed charges	
BLD SMEAR, PERIPHERAL INTERP	85060	CPT	outpatient			144		Consumer	Consumer		136.8	95			15.68	136.8	percent of total billed charges	
BLD SMEAR, PERIPHERAL INTERP	85060	CPT	outpatient			144		Corrections	Corrections		115.2	80			15.68	136.8	percent of total billed charges	
BLD SMEAR, PERIPHERAL INTERP	85060	CPT	outpatient			144		First Health	First Health		100.8	70			15.68	136.8	percent of total billed charges	
BLD SMEAR, PERIPHERAL INTERP	85060	CPT	outpatient			144		First Trenton	First Trenton		129.6	90			15.68	136.8	percent of total billed charges	
BLD SMEAR, PERIPHERAL INTERP	85060	CPT	outpatient			144		Horizon	MGD		55.12	38.28			15.68	136.8	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.															
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true														
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
BLOOD SMEAR INTER BY DR WI REPORT	85060	CPT	outpatient			144		Horizon	NJ Health		15.68				15.68	136.8	fee schedule	
BLD SMEAR, PERIPHERAL INTERP	85060	CPT	outpatient			144		Horizon	Medicare Blue		43.2	30			15.68	136.8	percent of total billed charges	
BLD SMEAR, PERIPHERAL INTERP	85060	CPT	outpatient			144		Horizon	Indemnity		55.12	38.28			15.68	136.8	percent of total billed charges	
BLD SMEAR, PERIPHERAL INTERP	85060	CPT	outpatient			144		Horizon	PPO		55.12	38.28			15.68	136.8	percent of total billed charges	
BLD SMEAR, PERIPHERAL INTERP	85060	CPT	outpatient			144		Managed Care Inc	Managed Care Inc		129.6	90			15.68	136.8	percent of total billed charges	
BLD SMEAR, PERIPHERAL INTERP	85060	CPT	outpatient			144		Multiplan	Multiplan		115.2	80			15.68	136.8	percent of total billed charges	
BLD SMEAR, PERIPHERAL INTERP	85060	CPT	outpatient			144		Qualcare	Qualcare		108	75			15.68	136.8	percent of total billed charges	
BLD SMEAR, PERIPHERAL INTERP	85060	CPT	outpatient			144		Three Rivers	Three Rivers		136.8	95			15.68	136.8	percent of total billed charges	
BLD SMEAR, PERIPHERAL INTERP	85060	CPT	outpatient			144		UHC	Medicaid		45.43	31.55			15.68	136.8	percent of total billed charges	
BLD SMEAR, PERIPHERAL INTERP	85060	CPT	outpatient			144		Wellcare	Medicaid		45.43	31.55			15.68	136.8	percent of total billed charges	
BLD SMEAR, PERIPHERAL INTERP	85060	CPT	outpatient			144		WellPoint	WellPoint		46.34	32.18			15.68	136.8	percent of total billed charges	
BONE MARROWSMEAR INTERP	85097	CPT	both			1964	1130.94	Aetna	Better Health		619.64	31.55			47.04	1865.8	percent of total billed charges	
BONE MARROWSMEAR INTERP	85097	CPT	both			1964	1130.94	Aetna	Commercial		1595.62				47.04	1865.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE MARROWSMEAR INTERP	85097	CPT	both			1964	1130.94	Aetna	Medicare		983.43				47.04	1865.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE MARROWSMEAR INTERP	85097	CPT	both			1964	1130.94	Americare	Americare		1473	75			47.04	1865.8	percent of total billed charges	
BONE MARROWSMEAR INTERP	85097	CPT	both			1964	1130.94	Amerihealth	HMO/PPO		1276.6	65			47.04	1865.8	percent of total billed charges	
BONE MARROWSMEAR INTERP	85097	CPT	both			1964	1130.94	Amerihealth	Medicare		983.43				47.04	1865.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE MARROWSMEAR INTERP	85097	CPT	both			1964	1130.94	Consumer	Consumer		1865.8	95			47.04	1865.8	percent of total billed charges	
BONE MARROWSMEAR INTERP	85097	CPT	both			1964	1130.94	Corrections	Corrections		1571.2	80			47.04	1865.8	percent of total billed charges	
BONE MARROWSMEAR INTERP	85097	CPT	both			1964	1130.94	First Health	First Health		1374.8	70			47.04	1865.8	percent of total billed charges	
BONE MARROWSMEAR INTERP	85097	CPT	both			1964	1130.94	First Trenton	First Trenton		1767.6	90			47.04	1865.8	percent of total billed charges	
BONE MARROWSMEAR INTERP	85097	CPT	both			1964	1130.94	Horizon	Indemnity		1830.16				47.04	1865.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE MARROWSMEAR INTERP	85097	CPT	both			1964	1130.94	Horizon	NJ Health		47.04				47.04	1865.8	fee schedule	
BONE MARROWSMEAR INTERP	85097	CPT	both			1964	1130.94	Horizon	MGD		1830.16				47.04	1865.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE MARROWSMEAR INTERP	85097	CPT	both			1964	1130.94	Horizon	Medicare Blue		983.43				47.04	1865.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE MARROWSMEAR INTERP	85097	CPT	both			1964	1130.94	Horizon	PPO		1830.16				47.04	1865.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE MARROWSMEAR INTERP	85097	CPT	both			1964	1130.94	Managed Care Inc	Managed Care Inc		1767.6	90			47.04	1865.8	percent of total billed charges	
BONE MARROWSMEAR INTERP	85097	CPT	both			1964	1130.94	Multiplan	Multiplan		1571.2	80			47.04	1865.8	percent of total billed charges	
BONE MARROWSMEAR INTERP	85097	CPT	both			1964	1130.94	Qualcare	Qualcare		1473	75			47.04	1865.8	percent of total billed charges	
BONE MARROWSMEAR INTERP	85097	CPT	both			1964	1130.94	Three Rivers	Three Rivers		1865.8	95			47.04	1865.8	percent of total billed charges	
BONE MARROWSMEAR INTERP	85097	CPT	both			1964	1130.94	UHC	Medicare		983.43				47.04	1865.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE MARROWSMEAR INTERP	85097	CPT	both			1964	1130.94	UHC	Medicaid		619.64	31.55			47.04	1865.8	percent of total billed charges	
BONE MARROWSMEAR INTERP	85097	CPT	both			1964	1130.94	Wellcare	Medicaid		619.64	31.55			47.04	1865.8	percent of total billed charges	
BONE MARROWSMEAR INTERP	85097	CPT	both			1964	1130.94	Wellcare	Medicare		983.43				47.04	1865.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE MARROWSMEAR INTERP	85097	CPT	both			1964	1130.94	WellPoint	WellPoint		632.02	32.18			47.04	1865.8	percent of total billed charges	
FACTOR II	85210	CPT	both			140	14.93	Aetna	Medicare		12.98				6.47	133	fee schedule	
FACTOR II	85210	CPT	both			140	14.93	Aetna	Better Health		44.17	31.55			6.47	133	percent of total billed charges	
FACTOR II	85210	CPT	both			140	14.93	Aetna	Commercial		53.2	38			6.47	133	percent of total billed charges	
FACTOR II	85210	CPT	both			140	14.93	Americare	Americare		105	75			6.47	133	percent of total billed charges	
FACTOR II	85210	CPT	both			140	14.93	Amerihealth	Medicare		12.98				6.47	133	fee schedule	
FACTOR II	85210	CPT	both			140	14.93	Amerihealth	HMO/PPO		91	65			6.47	133	percent of total billed charges	
FACTOR II	85210	CPT	both			140	14.93	Consumer	Consumer		133	95			6.47	133	percent of total billed charges	
FACTOR II	85210	CPT	both			140	14.93	Corrections	Corrections		112	80			6.47	133	percent of total billed charges	
FACTOR II	85210	CPT	both			140	14.93	First Health	First Health		98	70			6.47	133	percent of total billed charges	
FACTOR II	85210	CPT	both			140	14.93	First Trenton	First Trenton		126	90			6.47	133	percent of total billed charges	
FACTOR II	85210	CPT	both			140	14.93	Horizon	Medicare Blue		42	30			6.47	133	percent of total billed charges	
FACTOR II	85210	CPT	both			140	14.93	Horizon	MGD		53.59	38.28			6.47	133	percent of total billed charges	
FACTOR II	85210	CPT	both			140	14.93	Horizon	Indemnity		53.59	38.28			6.47	133	percent of total billed charges	
FACTOR II	85210	CPT	both			140	14.93	Horizon	NJ Health		6.47				6.47	133	fee schedule	
FACTOR II	85210	CPT	both			140	14.93	Horizon	PPO		53.59	38.28			6.47	133	percent of total billed charges	
FACTOR II	85210	CPT	both			140	14.93	Managed Care Inc	Managed Care Inc		126	90			6.47	133	percent of total billed charges	
FACTOR II	85210	CPT	both			140	14.93	Multiplan	Multiplan		112	80			6.47	133	percent of total billed charges	
FACTOR II	85210	CPT	both			140	14.93	Qualcare	Qualcare		105	75			6.47	133	percent of total billed charges	
FACTOR II	85210	CPT	both			140	14.93	Three Rivers	Three Rivers		133	95			6.47	133	percent of total billed charges	
FACTOR II	85210	CPT	both			140	14.93	UHC	Medicare		12.98				6.47	133	fee schedule	
FACTOR II	85210	CPT	both			140	14.93	UHC	Medicaid		44.17	31.55			6.47	133	percent of total billed charges	
FACTOR II	85210	CPT	both			140	14.93	Wellcare	Medicaid		44.17	31.55			6.47	133	percent of total billed charges	
FACTOR II	85210	CPT	both			140	14.93	Wellcare	Medicare		12.98				6.47	133	fee schedule	
FACTOR II	85210	CPT	both			140	14.93	WellPoint	WellPoint		45.05	32.18			6.47	133	percent of total billed charges	
FACTOR V ASSAY	85220	CPT	both			160	20.3	Aetna	Better Health		50.48	31.55			17.65	152	percent of total billed charges	
FACTOR V ASSAY	85220	CPT	both			160	20.3	Aetna	Medicare		17.65				17.65	152	fee schedule	
FACTOR V ASSAY	85220	CPT	both			160	20.3	Aetna	Commercial		60.8	38			17.65	152	percent of total billed charges	
FACTOR V ASSAY	85220	CPT	both			160	20.3	Americare	Americare		120	75			17.65	152	percent of total billed charges	
FACTOR V ASSAY	85220	CPT	both			160	20.3	Amerihealth	Medicare		17.65				17.65	152	fee schedule	
FACTOR V ASSAY	85220	CPT	both			160	20.3	Amerihealth	HMO/PPO		104	65			17.65	152	percent of total billed charges	
FACTOR V ASSAY	85220	CPT	both			160	20.3	Consumer	Consumer		152	95			17.65	152	percent of total billed charges	
FACTOR V ASSAY	85220	CPT	both			160	20.3	Corrections	Corrections		128	80			17.65	152	percent of total billed charges	
FACTOR V ASSAY	85220	CPT	both			160	20.3	First Health	First Health		112	70			17.65	152	percent of total billed charges	
FACTOR V ASSAY	85220	CPT	both			160	20.3	First Trenton	First Trenton		144	90			17.65	152	percent of total billed charges	
FACTOR V ASSAY	85220	CPT	both			160	20.3	Horizon	MGD		61.25	38.28			17.65	152	percent of total billed charges	
FACTOR V ASSAY	85220	CPT	both			160	20.3	Horizon	Indemnity		61.25	38.28			17.65	152	percent of total billed charges	
FACTOR V ASSAY	85220	CPT	both			160	20.3	Horizon	PPO		61.25	38.28			17.65	152	percent of total billed charges	
FACTOR V ASSAY	85220	CPT	both			160	20.3	Horizon	Medicare Blue		48	30			17.65	152	percent of total billed charges	
FACTOR V ASSAY	85220	CPT	both			160	20.3	Horizon	NJ Health		56.06				17.65	152	fee schedule	
FACTOR V ASSAY	85220	CPT	both			160	20.3	Managed Care Inc	Managed Care Inc		144	90			17.65	152	percent of total billed charges	
FACTOR V ASSAY	85220	CPT	both			160	20.3	Multiplan	Multiplan		128	80			17.65	152	percent of total billed charges	
FACTOR V ASSAY	85220	CPT	both			160	20.3	Qualcare	Qualcare		120	75			17.65	152	percent of total billed charges	
FACTOR V ASSAY	85220	CPT	both			160	20.3	Three Rivers	Three Rivers		152	95			17.65	152	percent of total billed charges	
FACTOR V ASSAY	85220	CPT	both			160	20.3	UHC	Medicaid		50.48	31.55			17.65	152	percent of total billed charges	
FACTOR V ASSAY	85220	CPT	both			160	20.3	UHC	Medicare		17.65				17.65	152	fee schedule	
FACTOR V ASSAY	85220	CPT	both			160	20.3	Wellcare	Medicare		17.65				17.65	152	fee schedule	
FACTOR V ASSAY	85220	CPT	both			160	20.3	Wellcare	Medicaid		50.48	31.55			17.65	152	percent of total billed charges	
FACTOR V ASSAY	85220	CPT	both			160	20.3	WellPoint	WellPoint		51.49	32.18			17.65	152	percent of total billed charges	
FACTOR VII ASSAY	85230	CPT	both			161	20.59	Aetna	Medicare		17.9				17.9	152.95	fee schedule	
FACTOR VII ASSAY	85230	CPT	both			161	20.59	Aetna	Better Health		50.8	31.55			17.9	152.95	percent of total billed charges	
FACTOR VII ASSAY	85230	CPT	both			161	20.59	Aetna	Commercial		61.18	38			17.9	152.95	percent of total billed charges	
FACTOR VII ASSAY	85230	CPT	both			161	20.59	Americare	Americare		120.75	75			17.9	152.95	percent of total billed charges	
FACTOR VII ASSAY	85230	CPT	both			161	20.59	Amerihealth	Medicare		17.9				17.9	152.95	fee schedule	
FACTOR VII ASSAY	85230	CPT	both			161	20.59	Amerihealth	HMO/PPO		104.65	65			17.9	152.95	percent of total billed charges	
FACTOR VII ASSAY	85230	CPT	both			161	20.59	Consumer	Consumer		152.95	95			17.9	152.95	percent of total billed charges	
FACTOR VII ASSAY	85230	CPT	both			161	20.59	Corrections	Corrections		128.8	80			17.9	152.95	percent of total billed charges	
FACTOR VII ASSAY	85230	CPT	both			161	20.59	First Health	First Health		112.7	70			17.9	152.95	percent of total billed charges	
FACTOR VII ASSAY	85230	CPT	both			161	20.59	First Trenton	First Trenton		144.9	90			17.9	152.95	percent of total billed charges	
FACTOR VII ASSAY	85230	CPT	both			161	20.59	Horizon	NJ Health		47.04				17.9	152.95	fee schedule	
FACTOR VII ASSAY	85230	CPT	both			161	20.59	Horizon	MGD		61.63	38.28			17.9	152.95	percent of total billed charges	
FACTOR VII ASSAY	85230	CPT	both			161	20.59	Horizon	PPO		61.63	38.28			17.9	152.95	percent of total billed charges	
FACTOR VII ASSAY	85230	CPT	both			161	20.59	Horizon	Medicare Blue		48.3	30			17.9	152.95	percent of total billed charges	
FACTOR VII ASSAY	85230	CPT	both			161	20.59	Horizon	Indemnity		61.63	38.28			17.9	152.95	percent of total billed charges	
FACTOR VII ASSAY	85230	CPT	both			161	20.59	Managed Care Inc	Managed Care Inc		144.9	90			17.9	152.95	percent of total billed charges	
FACTOR VII ASSAY	85230	CPT	both			161	20.59	Multiplan	Multiplan		128.8	80			17.9	152.95	percent of total billed charges	
FACTOR VII ASSAY	85230	CPT	both			161	20.59	Qualcare	Qualcare		120.75	75			17.9	152.95	percent of total billed charges	
FACTOR VII ASSAY	85230	CPT	both			161	20.59	Three Rivers	Three Rivers		152.95	95			17.9	152.95	percent of total billed charges	
FACTOR VII ASSAY	85230	CPT	both			161	20.59	UHC	Medicare		17.9				17.9	152.95	fee schedule	
FACTOR VII ASSAY	85230	CPT	both			161	20.59	UHC	Medicaid		50.8	31.55			17.9	152.95	percent of total billed charges	
FACTOR VII ASSAY	85230	CPT	both			161	20.59	Wellcare	Medicare		17.9				17.9	152.95	fee schedule	
FACTOR VII ASSAY	85230	CPT	both			161	20.59	Wellcare	Medicaid		50.8	31.55			17.9	152.95	percent of total billed charges	
FACTOR VII ASSAY	85230	CPT	both			161	20.59	WellPoint	WellPoint		51.81	32.18			17.9	152.95	percent of total billed charges	
FACTOR VIII(AHG), 1-STAGE	85240	CPT	both			714	20.59	Aetna	Better Health		225.27	31.55			17.4	678.3	percent of total billed charges	
FACTOR VIII(AHG), 1-STAGE	85240	CPT	both			714	20.59	Aetna	Medicare		17.9				17.4	678.3	fee schedule	
FACTOR VIII(AHG), 1-STAGE	85240	CPT	both			714	20.59	Aetna	Commercial		271.32	38			17.4	678.3	percent of total billed charges	
FACTOR VIII(AHG), 1-STAGE	85240	CPT	both			714	20.59	Americare	Americare		535.5	75			17.4	678.3	percent of total billed charges	
FACTOR VIII(AHG), 1-STAGE	85240	CPT	both			714	20.59	Amerihealth	Medicare		17.9				17.4	678.3	fee schedule	
FACTOR VIII(AHG), 1-STAGE	85240	CPT	both			714	20.59	Amerihealth	HMO/PPO		464.1	65			17.4	678.3	percent of total billed charges	
FACTOR VIII(AHG), 1-STAGE	85240	CPT	both			714	20.59	Consumer	Consumer		678.3	95			17.4	678.3	percent of total billed charges	
FACTOR VIII(AHG), 1-STAGE	85240	CPT	both			714	20.59	Corrections	Corrections		571.2	80			17.4	678.3	percent of total billed charges	
FACTOR VIII(AHG), 1-STAGE	85240	CPT	both			714	20.59	First Health	First Health		499.8	70			17.4	678.3	percent of total billed charges	
FACTOR VIII(AHG), 1-STAGE	85240	CPT	both			714	20.59	First Trenton	First Trenton		642.6	90			17.4	678.3	percent of total billed charges	
FACTOR VIII(AHG), 1-STAGE	85240	CPT	both			714	20.59	Horizon	MGD		273.32	38.28			17.4	678.3	percent of total billed charges	
FACTOR VIII(AHG), 1-STAGE	85240	CPT	both			714	20.59	Horizon	Indemnity		273.32	38.28			17.4	678.3	percent of total billed charges	
FACTOR VIII(AHG), 1-STAGE	85240	CPT	both			714	20.59	Horizon	NJ Health		47.04				17.4	678.3	fee schedule	
FACTOR VIII(AHG), 1-STAGE	85240	CPT	both			714	20.59	Horizon	PPO		273.32	38.28			17.4	678.3	percent of total billed charges	
FACTOR VIII(AHG), 1-STAGE	85240	CPT	both			714	20.59	Horizon	Medicare Blue		214.2	30			17.4	678.3	percent of total billed charges	
FACTOR VIII(AHG), 1-STAGE	85240	CPT	both			714	20.59	Managed Care Inc	Managed Care Inc		642.6	90			17.4	678.3	percent of total billed charges	
FACTOR VIII(AHG), 1-STAGE	85240	CPT	both			714	20.59	Multiplan	Multiplan		571.2	80			17.4	678.3	percent of total billed charges	
FACTOR VIII(AHG), 1-STAGE	85240	CPT	both			714	20.59	Qualcare	Qualcare		535.5	75			17.4	678.3	percent of total billed charges	
FACTOR VIII(AHG), 1-STAGE	85240	CPT	both			714	20.59	Three Rivers	Three Rivers		678.3	95			17.4	678.3	percent of total billed charges	
FACTOR VIII(AHG), 1-STAGE	85240	CPT	both			714	20.59	UHC	Medicare		17.9				17.4	678.3	fee schedule	
FACTOR VIII(AHG), 1-STAGE	85240	CPT	both			714	20.59	UHC	Medicaid		225.27	31.55			17.4	678.3	percent of total billed charges	
FACTOR VIII(AHG), 1-STAGE	85240	CPT	both			714	20.59	Wellcare	Medicaid		225.27	31.55			17.4	678.3	percent of total billed charges	
FACTOR VIII(AHG), 1-STAGE	85240	CPT	both			714	20.59	Wellcare	Medicare		17.9				17.4	678.3	fee schedule	
FACTOR VIII(AHG), 1-STAGE	85240	CPT	both			714	20.59	WellPoint	WellPoint		229.77	32.18			17.4	678.3	percent of total billed charges	
VWF ACTIVITY	85245	CPT	both			370	26.38	Aetna	Better Health		116.74	31.55			19.6	351.5	percent of total billed charges	
VWF ACTIVITY	85245	CPT	both			370	26.38	Aetna	Medicare		22.94				19.6	351.5	fee schedule	
VWF ACTIVITY	85245	CPT	both			370	26.38	Aetna	Commercial		140.6	38			19.6	351.5	percent of total billed charges	
VWF ACTIVITY	85245	CPT	both			370	26.38	Americare	Americare		277.5	75			19.6	351.5	percent of total billed charges	
VWF ACTIVITY	85245	CPT	both			370	26.38	Amerihealth	HMO/PPO		240.5	65			19.6	351.5	percent of total billed charges	
VWF ACTIVITY	85245	CPT	both			370	26.38	Amerihealth	Medicare		22.94				19.6	351.5	fee schedule	
VWF ACTIVITY	85245	CPT	both			370	26.38	Consumer	Consumer		351.5	95			19.6	351.5	percent of total billed charges	
VWF ACTIVITY	85245	CPT	both			370	26.38	Corrections	Corrections		296	80			19.6	351.5	percent of total billed charges	
VWF ACTIVITY	85245	CPT	both			370	26.38	First Health	First Health		259	70			19.6	351.5	percent of total billed charges	
VWF ACTIVITY	85245	CPT	both			370	26.38	First Trenton	First Trenton		333	90			19.6	351.5	percent of total billed charges	
VWF ACTIVITY	85245	CPT	both			370	26.38	Horizon	NJ Health		19.6				19.6	351.5	fee schedule	
VWF ACTIVITY	85245	CPT	both			370	26.38	Horizon	MGD		141.64	38.28			19.6	351.5	percent of total billed charges	
VWF ACTIVITY	85245	CPT	both			370	26.38	Horizon	Medicare Blue		111	30			19.6	351.5	percent of total billed charges	
VWF ACTIVITY	85245	CPT	both			370	26.38	Horizon	Indemnity		141.64	38.28			19.6	351.5	percent of total billed charges	
VWF ACTIVITY	85245	CPT	both			370	26.38	Horizon	PPO		141.64	38.28			19.6	351.5	percent of total billed charges	
VWF ACTIVITY	85245	CPT	both			370	26.38	Managed Care Inc	Managed Care Inc		333	90			19.6	351.5	percent of total billed charges	
VWF ACTIVITY	85245	CPT	both			370	26.38	Multiplan	Multiplan		296	80			19.6	351.5	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
VWF ACTIVITY	85245	CPT	both			370		26.38 Qualcare	Qualcare		277.5	75			19.6		351.5 percent of total billed charges	
VWF ACTIVITY	85245	CPT	both			370		26.38 Three Rivers	Three Rivers		351.5	95			19.6		351.5 percent of total billed charges	
VWF ACTIVITY	85245	CPT	both			370		26.38 UHC	Medicaid		116.74	31.55			19.6		351.5 percent of total billed charges	
VWF ACTIVITY	85245	CPT	both			370		26.38 UHC	Medicare		22.94				19.6		351.5 fee schedule	
VWF ACTIVITY	85245	CPT	both			370		26.38 Wellcare	Medicare		22.94				19.6		351.5 fee schedule	
VWF ACTIVITY	85245	CPT	both			370		26.38 Wellcare	Medicaid		116.74	31.55			19.6		351.5 percent of total billed charges	
VWF ACTIVITY	85245	CPT	both			370		26.38 WellPoint	WellPoint		119.07	32.18			19.6		351.5 percent of total billed charges	
VWF ACTIVITY	85246	CPT	both			403		26.38 Aetna	Medicare		22.94				19.6		382.85 fee schedule	
VWF ACTIVITY	85246	CPT	both			403		26.38 Aetna	Better Health		127.15	31.55			19.6		382.85 percent of total billed charges	
VWF ACTIVITY	85246	CPT	both			403		26.38 Aetna	Commercial		153.14	38			19.6		382.85 percent of total billed charges	
VWF ACTIVITY	85246	CPT	both			403		26.38 Americare	Americare		302.25	75			19.6		382.85 percent of total billed charges	
VWF ACTIVITY	85246	CPT	both			403		26.38 Amerihealth	HMO/PPO		261.95	65			19.6		382.85 percent of total billed charges	
VWF ACTIVITY	85246	CPT	both			403		26.38 Amerihealth	Medicare		22.94				19.6		382.85 fee schedule	
VWF ACTIVITY	85246	CPT	both			403		26.38 Consumer	Consumer		382.85	95			19.6		382.85 percent of total billed charges	
VWF ACTIVITY	85246	CPT	both			403		26.38 Corrections	Corrections		322.4	80			19.6		382.85 percent of total billed charges	
VWF ACTIVITY	85246	CPT	both			403		26.38 First Health	First Health		282.1	70			19.6		382.85 percent of total billed charges	
VWF ACTIVITY	85246	CPT	both			403		26.38 First Trenton	First Trenton		362.7	90			19.6		382.85 percent of total billed charges	
VWF ACTIVITY	85246	CPT	both			403		26.38 Horizon	Indemnity		154.27	38.28			19.6		382.85 percent of total billed charges	
VWF ACTIVITY	85246	CPT	both			403		26.38 Horizon	Medicare Blue		120.9	30			19.6		382.85 percent of total billed charges	
VWF ACTIVITY	85246	CPT	both			403		26.38 Horizon	PPO		154.27	38.28			19.6		382.85 percent of total billed charges	
VWF ACTIVITY	85246	CPT	both			403		26.38 Horizon	MGD		154.27	38.28			19.6		382.85 percent of total billed charges	
VWF ACTIVITY	85246	CPT	both			403		26.38 Horizon	NJ Health		19.6				19.6		382.85 fee schedule	
VWF ACTIVITY	85246	CPT	both			403		26.38 Managed Care Inc	Managed Care Inc		362.7	90			19.6		382.85 percent of total billed charges	
VWF ACTIVITY	85246	CPT	both			403		26.38 Multiplan	Multiplan		322.4	80			19.6		382.85 percent of total billed charges	
VWF ACTIVITY	85246	CPT	both			403		26.38 Qualcare	Qualcare		302.25	75			19.6		382.85 percent of total billed charges	
VWF ACTIVITY	85246	CPT	both			403		26.38 Three Rivers	Three Rivers		382.85	95			19.6		382.85 percent of total billed charges	
VWF ACTIVITY	85246	CPT	both			403		26.38 UHC	Medicaid		127.15	31.55			19.6		382.85 percent of total billed charges	
VWF ACTIVITY	85246	CPT	both			403		26.38 UHC	Medicare		22.94				19.6		382.85 fee schedule	
VWF ACTIVITY	85246	CPT	both			403		26.38 Wellcare	Medicare		22.94				19.6		382.85 fee schedule	
VWF ACTIVITY	85246	CPT	both			403		26.38 Wellcare	Medicaid		127.15	31.55			19.6		382.85 percent of total billed charges	
VWF ACTIVITY	85246	CPT	both			403		26.38 WellPoint	WellPoint		129.69	32.18			19.6		382.85 percent of total billed charges	
VON WILLERBRAND FACTOR MULTI	85247	CPT	outpatient			457		26.38 Aetna	Medicare		22.94				21.56		434.15 fee schedule	
VON WILLERBRAND FACTOR MULTI	85247	CPT	outpatient			457		26.38 Aetna	Better Health		144.18	31.55			21.56		434.15 percent of total billed charges	
VON WILLERBRAND FACTOR MULTI	85247	CPT	outpatient			457		26.38 Aetna	Commercial		173.66	38			21.56		434.15 percent of total billed charges	
VON WILLERBRAND FACTOR MULTI	85247	CPT	outpatient			457		26.38 Americare	Americare		342.75	75			21.56		434.15 percent of total billed charges	
VON WILLERBRAND FACTOR MULTI	85247	CPT	outpatient			457		26.38 Amerihealth	HMO/PPO		297.05	65			21.56		434.15 percent of total billed charges	
VON WILLERBRAND FACTOR MULTI	85247	CPT	outpatient			457		26.38 Amerihealth	Medicare		22.94				21.56		434.15 fee schedule	
VON WILLERBRAND FACTOR MULTI	85247	CPT	outpatient			457		26.38 Consumer	Consumer		434.15	95			21.56		434.15 percent of total billed charges	
VON WILLERBRAND FACTOR MULTI	85247	CPT	outpatient			457		26.38 Corrections	Corrections		365.6	80			21.56		434.15 percent of total billed charges	
VON WILLERBRAND FACTOR MULTI	85247	CPT	outpatient			457		26.38 First Health	First Health		319.9	70			21.56		434.15 percent of total billed charges	
VON WILLERBRAND FACTOR MULTI	85247	CPT	outpatient			457		26.38 First Trenton	First Trenton		411.3	90			21.56		434.15 percent of total billed charges	
VON WILLERBRAND FACTOR MULTI	85247	CPT	outpatient			457		26.38 Horizon	MGD		174.94	38.28			21.56		434.15 percent of total billed charges	
VON WILLERBRAND FACTOR MULTI	85247	CPT	outpatient			457		26.38 Horizon	Medicare Blue		137.1	30			21.56		434.15 percent of total billed charges	
VON WILLERBRAND FACTOR MULTI	85247	CPT	outpatient			457		26.38 Horizon	Indemnity		174.94	38.28			21.56		434.15 percent of total billed charges	
VON WILLERBRAND FACTOR MULTI	85247	CPT	outpatient			457		26.38 Horizon	NJ Health		21.56				21.56		434.15 fee schedule	
VON WILLERBRAND FACTOR MULTI	85247	CPT	outpatient			457		26.38 Horizon	PPO		174.94	38.28			21.56		434.15 percent of total billed charges	
VON WILLERBRAND FACTOR MULTI	85247	CPT	outpatient			457		26.38 Managed Care Inc	Managed Care Inc		411.3	90			21.56		434.15 percent of total billed charges	
VON WILLERBRAND FACTOR MULTI	85247	CPT	outpatient			457		26.38 Multiplan	Multiplan		365.6	80			21.56		434.15 percent of total billed charges	
VON WILLERBRAND FACTOR MULTI	85247	CPT	outpatient			457		26.38 Qualcare	Qualcare		342.75	75			21.56		434.15 percent of total billed charges	
VON WILLERBRAND FACTOR MULTI	85247	CPT	outpatient			457		26.38 Three Rivers	Three Rivers		434.15	95			21.56		434.15 percent of total billed charges	
VON WILLERBRAND FACTOR MULTI	85247	CPT	outpatient			457		26.38 UHC	Medicaid		144.18	31.55			21.56		434.15 percent of total billed charges	
VON WILLERBRAND FACTOR MULTI	85247	CPT	outpatient			457		26.38 UHC	Medicare		22.94				21.56		434.15 fee schedule	
VON WILLERBRAND FACTOR MULTI	85247	CPT	outpatient			457		26.38 Wellcare	Medicare		22.94				21.56		434.15 fee schedule	
VON WILLERBRAND FACTOR MULTI	85247	CPT	outpatient			457		26.38 Wellcare	Medicaid		144.18	31.55			21.56		434.15 percent of total billed charges	
VON WILLERBRAND FACTOR MULTI	85247	CPT	outpatient			457		26.38 WellPoint	WellPoint		147.06	32.18			21.56		434.15 percent of total billed charges	
FACTOR IX INHIBITOR PANEL	85250	CPT	both			169		21.9 Aetna	Medicare		52.05	30.8			19.04		160.55 percent of total billed charges	
FACTOR IX INHIBITOR PANEL	85250	CPT	both			169		21.9 Aetna	Better Health		53.32	31.55			19.04		160.55 percent of total billed charges	
FACTOR IX INHIBITOR PANEL	85250	CPT	both			169		21.9 Aetna	Commercial		64.22	38			19.04		160.55 percent of total billed charges	
FACTOR IX INHIBITOR PANEL	85250	CPT	both			169		21.9 Americare	Americare		126.75	75			19.04		160.55 percent of total billed charges	
FACTOR IX INHIBITOR PANEL	85250	CPT	both			169		21.9 Amerihealth	Medicare		19.04				19.04		160.55 fee schedule	
FACTOR IX INHIBITOR PANEL	85250	CPT	both			169		21.9 Amerihealth	HMO/PPO		109.85	65			19.04		160.55 percent of total billed charges	
FACTOR IX INHIBITOR PANEL	85250	CPT	both			169		21.9 Consumer	Consumer		160.55	95			19.04		160.55 percent of total billed charges	
FACTOR IX INHIBITOR PANEL	85250	CPT	both			169		21.9 Corrections	Corrections		135.2	80			19.04		160.55 percent of total billed charges	
FACTOR IX INHIBITOR PANEL	85250	CPT	both			169		21.9 First Health	First Health		118.3	70			19.04		160.55 percent of total billed charges	
FACTOR IX INHIBITOR PANEL	85250	CPT	both			169		21.9 First Trenton	First Trenton		152.1	90			19.04		160.55 percent of total billed charges	
FACTOR IX INHIBITOR PANEL	85250	CPT	both			169		21.9 Horizon	MGD		64.69	38.28			19.04		160.55 percent of total billed charges	
FACTOR IX INHIBITOR PANEL	85250	CPT	both			169		21.9 Horizon	Medicare Blue		50.7	30			19.04		160.55 percent of total billed charges	
FACTOR IX INHIBITOR PANEL	85250	CPT	both			169		21.9 Horizon	NJ Health		50.96				19.04		160.55 fee schedule	
FACTOR IX INHIBITOR PANEL	85250	CPT	both			169		21.9 Horizon	Indemnity		64.69	38.28			19.04		160.55 percent of total billed charges	
FACTOR IX INHIBITOR PANEL	85250	CPT	both			169		21.9 Horizon	PPO		64.69	38.28			19.04		160.55 percent of total billed charges	
FACTOR IX INHIBITOR PANEL	85250	CPT	both			169		21.9 Managed Care Inc	Managed Care Inc		152.1	90			19.04		160.55 percent of total billed charges	
FACTOR IX INHIBITOR PANEL	85250	CPT	both			169		21.9 Multiplan	Multiplan		135.2	80			19.04		160.55 percent of total billed charges	
FACTOR IX INHIBITOR PANEL	85250	CPT	both			169		21.9 Qualcare	Qualcare		126.75	75			19.04		160.55 percent of total billed charges	
FACTOR IX INHIBITOR PANEL	85250	CPT	both			169		21.9 Three Rivers	Three Rivers		160.55	95			19.04		160.55 percent of total billed charges	
FACTOR IX INHIBITOR PANEL	85250	CPT	both			169		21.9 UHC	Medicaid		53.32	31.55			19.04		160.55 percent of total billed charges	
FACTOR IX INHIBITOR PANEL	85250	CPT	both			169		21.9 UHC	Medicare		19.04				19.04		160.55 fee schedule	
FACTOR IX INHIBITOR PANEL	85250	CPT	both			169		21.9 Wellcare	Medicaid		53.32	31.55			19.04		160.55 percent of total billed charges	
FACTOR IX INHIBITOR PANEL	85250	CPT	both			169		21.9 Wellcare	Medicare		19.04				19.04		160.55 fee schedule	
FACTOR IX INHIBITOR PANEL	85250	CPT	both			169		21.9 WellPoint	WellPoint		54.38	32.18			19.04		160.55 percent of total billed charges	
FACTOR X ASSAY	85260	CPT	both			161		20.59 Aetna	Better Health		50.8	31.55			17.9		152.95 percent of total billed charges	
FACTOR X ASSAY	85260	CPT	both			161		20.59 Aetna	Commercial		61.18	38			17.9		152.95 percent of total billed charges	
FACTOR X ASSAY	85260	CPT	both			161		20.59 Aetna	Medicare		49.59	30.8			17.9		152.95 percent of total billed charges	
FACTOR X ASSAY	85260	CPT	both			161		20.59 Americare	Americare		120.75	75			17.9		152.95 percent of total billed charges	
FACTOR X ASSAY	85260	CPT	both			161		20.59 Amerihealth	HMO/PPO		104.65	65			17.9		152.95 percent of total billed charges	
FACTOR X ASSAY	85260	CPT	both			161		20.59 Amerihealth	Medicare		17.9				17.9		152.95 fee schedule	
FACTOR X ASSAY	85260	CPT	both			161		20.59 Consumer	Consumer		152.95	95			17.9		152.95 percent of total billed charges	
FACTOR X ASSAY	85260	CPT	both			161		20.59 Corrections	Corrections		128.8	80			17.9		152.95 percent of total billed charges	
FACTOR X ASSAY	85260	CPT	both			161		20.59 First Health	First Health		112.7	70			17.9		152.95 percent of total billed charges	
FACTOR X ASSAY	85260	CPT	both			161		20.59 First Trenton	First Trenton		144.9	90			17.9		152.95 percent of total billed charges	
FACTOR X ASSAY	85260	CPT	both			161		20.59 Horizon	Indemnity		61.63	38.28			17.9		152.95 percent of total billed charges	
FACTOR X ASSAY	85260	CPT	both			161		20.59 Horizon	MGD		61.63	38.28			17.9		152.95 percent of total billed charges	
FACTOR X ASSAY	85260	CPT	both			161		20.59 Horizon	Medicare Blue		48.3	30			17.9		152.95 percent of total billed charges	
FACTOR X ASSAY	85260	CPT	both			161		20.59 Horizon	NJ Health		52.92				17.9		152.95 fee schedule	
FACTOR X ASSAY	85260	CPT	both			161		20.59 Horizon	PPO		61.63	38.28			17.9		152.95 percent of total billed charges	
FACTOR X ASSAY	85260	CPT	both			161		20.59 Managed Care Inc	Managed Care Inc		144.9	90			17.9		152.95 percent of total billed charges	
FACTOR X ASSAY	85260	CPT	both			161		20.59 Multiplan	Multiplan		128.8	80			17.9		152.95 percent of total billed charges	
FACTOR X ASSAY	85260	CPT	both			161		20.59 Qualcare	Qualcare		120.75	75			17.9		152.95 percent of total billed charges	
FACTOR X ASSAY	85260	CPT	both			161		20.59 Three Rivers	Three Rivers		152.95	95			17.9		152.95 percent of total billed charges	
FACTOR X ASSAY	85260	CPT	both			161		20.59 UHC	Medicare		17.9				17.9		152.95 fee schedule	
FACTOR X ASSAY	85260	CPT	both			161		20.59 UHC	Medicaid		50.8	31.55			17.9		152.95 percent of total billed charges	
FACTOR X ASSAY	85260	CPT	both			161		20.59 Wellcare	Medicare		17.9				17.9		152.95 fee schedule	
FACTOR X ASSAY	85260	CPT	both			161		20.59 Wellcare	Medicaid		50.8	31.55			17.9		152.95 percent of total billed charges	
FACTOR X ASSAY	85260	CPT	both			161		20.59 WellPoint	WellPoint		51.81	32.18			17.9		152.95 percent of total billed charges	
FACTOR XI (FXI)	85270	CPT	both			43		20.59 Aetna	Commercial		16.34	38			12.9		52.92 percent of total billed charges	
FACTOR XI (FXI)	85270	CPT	both			43		20.59 Aetna	Better Health		13.57	31.55			12.9		52.92 percent of total billed charges	
FACTOR XI (FXI)	85270	CPT	both			43		20.59 Aetna	Medicare		17.9				12.9		52.92 fee schedule	
FACTOR XI (FXI)	85270	CPT	both			43		20.59 Americare	Americare		32.25	75			12.9		52.92 percent of total billed charges	
FACTOR XI (FXI)	85270	CPT	both			43		20.59 Amerihealth	Medicare		17.9				12.9		52.92 fee schedule	
FACTOR XI (FXI)	85270	CPT	both			43		20.59 Amerihealth	HMO/PPO		27.95	65			12.9		52.92 percent of total billed charges	
FACTOR XI (FXI)	85270	CPT	both			43		20.59 Consumer	Consumer		40.85	95			12.9		52.92 percent of total billed charges	
FACTOR XI (FXI)	85270	CPT	both			43		20.59 Corrections	Corrections		34.4	80			12.9		52.92 percent of total billed charges	
FACTOR XI (FXI)	85270	CPT	both			43		20.59 First Health	First Health		30.1	70			12.9		52.92 percent of total billed charges	
FACTOR XI (FXI)	85270	CPT	both			43		20.59 First Trenton	First Trenton		38.7	90			12.9		52.92 percent of total billed charges	
FACTOR XI (FXI)	85270	CPT	both			43		20.59 Horizon	Medicare Blue		12.9	30			12.9		52.92 percent of total billed charges	
FACTOR XI (FXI)	85270	CPT	both			43		20.59 Horizon	MGD		16.46	38.28			12.9		52.92 percent of total billed charges	
FACTOR XI (FXI)	85270	CPT	both			43		20.59 Horizon	NJ Health		52.92				12.9		52.92 fee schedule	
FACTOR XI (FXI)	85270	CPT	both			43		20.59 Horizon	Indemnity		16.46	38.28			12.9		52.92 percent of total billed charges	
FACTOR XI (FXI)	85270	CPT	both			43		20.59 Horizon	PPO		16.46	38.28			12.9		52.92 percent of total billed charges	
FACTOR XI (FXI)	85270	CPT	both			43		20.59 Managed Care Inc	Managed Care Inc		38.7	90			12.9		52.92 percent of total billed charges	
FACTOR XI (FXI)	85270	CPT	both			43		20.59 Multiplan	Multiplan		34.4	80			12.9		52.92 percent of total billed charges	
FACTOR XI (FXI)	85270	CPT	both			43		20.59 Qualcare	Qualcare		32.25	75			12.9		52.92 percent of total billed charges	
FACTOR XI (FXI)	85270	CPT	both			43		20.59 Three Rivers	Three Rivers		40.85	95			12.9		52.92 percent of total billed charges	
FACTOR XI (FXI)	85270	CPT	both			43		20.59 UHC	Medicare		17.9				12.9		52.92 fee schedule	
FACTOR XI (FXI)	85270	CPT	both			43		20.59 UHC	Medicaid		13.57	31.55			12.9		52.92 percent of total billed charges	
FACTOR XI (FXI)	85270	CPT	both			43		20.59 Wellcare	Medicare		17.9				12.9		52.92 fee schedule	
FACTOR XI (FXI)	85270	CPT	both			43		20.59 Wellcare	Medicaid		13.57	31.55			12.9		52.92 percent of total billed charges	
FACTOR XI (FXI)	85270	CPT	both			43		20.59 WellPoint	WellPoint		13.84	32.18			12.9		52.92 percent of total billed charges	
FACTOR XIII ASSAY	85280	CPT	both			244		22.25 Aetna	Commercial		92.72	38			19.35		231.8 percent of total billed charges	
FACTOR XIII ASSAY	85280	CPT	both			244		22.25 Aetna	Medicare		19.35				19.35		231.8 fee schedule	
FACTOR XIII ASSAY	85280	CPT	both			244		22.25 Aetna	Better Health		76.98	31.55			19.35		231.8 percent of total billed charges	
FACTOR XIII ASSAY	85280	CPT	both			244		22.25 Americare	Americare		183	75			19.35		231.8 percent of total billed charges	
FACTOR XIII ASSAY	85280	CPT	both			244		22.25 Amerihealth	HMO/PPO		158.6	65			19.35		231.8 percent of total billed charges	
FACTOR XIII ASSAY	85280	CPT	both			244		22.25 Amerihealth	Medicare		19.35				19.35		231.8 fee schedule	
FACTOR XIII ASSAY	85280	CPT	both			244		22.25 Consumer	Consumer		231.8	95			19.35		231.8 percent of total billed charges	
FACTOR XIII ASSAY	85280	CPT	both			244		22.25 Corrections	Corrections		195.2	80			19.35		231.8 percent of total billed charges	
FACTOR XIII ASSAY	85280	CPT	both			244		22.25 First Health	First Health		170.8	70			19.35		231.8 percent of total billed charges	
FACTOR XIII ASSAY	85280	CPT	both			244		22.25 First Trenton	First Trenton		219.6	90			19.35		231.8 percent of total billed charges	
FACTOR XIII ASSAY	85280	CPT	both			244		22.25 Horizon	MGD		93.4	38.28			19.35		231.8 percent of total billed charges	
FACTOR XIII ASSAY	85280	CPT	both			244		22.25 Horizon	Indemnity		93.4	38.28			19.35		231.8 percent of total billed charges	
FACTOR XIII ASSAY	85280	CPT	both			244		22.25 Horizon	NJ Health		52.92				19.35		231.8 fee schedule	
FACTOR XIII ASSAY	85280	CPT	both			244		22.25 Horizon	Medicare Blue		73.2	30			19.35		231.8 percent of total billed charges	
FACTOR XIII ASSAY	85280	CPT	both			244		22.25 Horizon	PPO		93.4	38.28			19.35		231.8 percent of total billed charges	
FACTOR XIII ASSAY	85280	CPT	both			244		22.25 Managed Care Inc	Managed Care Inc		219.6	90			19.35		231.8 percent of total billed charges	
FACTOR XIII ASSAY	85280	CPT	both			244		22.25 Multiplan	Multiplan		195.2	80			19.35		231.8 percent of total billed charges	
FACTOR XIII ASSAY	85280	CPT	both			244		22.25 Qualcare	Qualcare		183	75			19.35		231.8 percent of total billed charges	
FACTOR XIII ASSAY	85280	CPT	both			244		22.25 Three Rivers	Three Rivers		231.8	95			19.35		231.8 percent of total billed charges	
FACTOR XIII ASSAY	85280	CPT	both			244		22.25 UHC	Medicare		19.35				19.35		231.8 fee schedule	
FACTOR XIII ASSAY	85280	CPT	both			244		22.25 UHC	Medicaid		76.98	31.55			19.35		231.8 percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101191	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
FACTOR XII ASSAY	85280	CPT	both			244		22.25 Wellcare	Medicare		19.35				19.35		231.8 fee schedule	
FACTOR XII ASSAY	85280	CPT	both			244		22.25 Wellcare	Medicaid		76.98				19.35		231.8 percent of total billed charges	
FACTOR XII ASSAY	85280	CPT	both			244		22.25 WellPoint	WellPoint		78.52				19.35		231.8 percent of total billed charges	
FACTOR XIII ACTIVITY (S00185)	85290	CPT	both			53		18.79 Aetna	Commercial		20.14				15.9		50.35 percent of total billed charges	
FACTOR XIII ACTIVITY (S00185)	85290	CPT	both			53		18.79 Aetna	Better Health		16.72				15.9		50.35 percent of total billed charges	
FACTOR XIII ACTIVITY (S00185)	85290	CPT	both			53		18.79 Aetna	Medicare		16.34				15.9		50.35 fee schedule	
FACTOR XIII ACTIVITY (S00185)	85290	CPT	both			53		18.79 Americare	Americare		39.75				15.9		50.35 percent of total billed charges	
FACTOR XIII ACTIVITY (S00185)	85290	CPT	both			53		18.79 Amerihealth	Medicare		16.34				15.9		50.35 fee schedule	
FACTOR XIII ACTIVITY (S00185)	85290	CPT	both			53		18.79 Amerihealth	HMO/PPO		34.45			65	15.9		50.35 percent of total billed charges	
FACTOR XIII ACTIVITY (S00185)	85290	CPT	both			53		18.79 Consumer	Consumer		50.35			95	15.9		50.35 percent of total billed charges	
FACTOR XIII ACTIVITY (S00185)	85290	CPT	both			53		18.79 Corrections	Corrections		42.4			80	15.9		50.35 percent of total billed charges	
FACTOR XIII ACTIVITY (S00185)	85290	CPT	both			53		18.79 First Health	First Health		37.1			70	15.9		50.35 percent of total billed charges	
FACTOR XIII ACTIVITY (S00185)	85290	CPT	both			53		18.79 First Trenton	First Trenton		47.7			90	15.9		50.35 percent of total billed charges	
FACTOR XIII ACTIVITY (S00185)	85290	CPT	both			53		18.79 Horizon	Indemnity		20.29			38.28	15.9		50.35 percent of total billed charges	
FACTOR XIII ACTIVITY (S00185)	85290	CPT	both			53		18.79 Horizon	PPO		20.29			38.28	15.9		50.35 percent of total billed charges	
FACTOR XIII ACTIVITY (S00185)	85290	CPT	both			53		18.79 Horizon	MGD		20.29			38.28	15.9		50.35 percent of total billed charges	
FACTOR XIII ACTIVITY (S00185)	85290	CPT	both			53		18.79 Horizon	Medicare Blue		15.9			30	15.9		50.35 percent of total billed charges	
FACTOR XIII ACTIVITY (S00185)	85290	CPT	both			53		18.79 Horizon	NJ Health		17.25				15.9		50.35 fee schedule	
FACTOR XIII ACTIVITY (S00185)	85290	CPT	both			53		18.79 Managed Care Inc	Managed Care Inc		47.7			90	15.9		50.35 percent of total billed charges	
FACTOR XIII ACTIVITY (S00185)	85290	CPT	both			53		18.79 Multiplan	Multiplan		42.4			80	15.9		50.35 percent of total billed charges	
FACTOR XIII ACTIVITY (S00185)	85290	CPT	both			53		18.79 Qualcare	Qualcare		39.75			75	15.9		50.35 percent of total billed charges	
FACTOR XIII ACTIVITY (S00185)	85290	CPT	both			53		18.79 Three Rivers	Three Rivers		50.35			95	15.9		50.35 percent of total billed charges	
FACTOR XIII ACTIVITY (S00185)	85290	CPT	both			53		18.79 UHC	Medicare		16.34				15.9		50.35 fee schedule	
FACTOR XIII ACTIVITY (S00185)	85290	CPT	both			53		18.79 UHC	Medicaid		16.72			31.55	15.9		50.35 percent of total billed charges	
FACTOR XIII ACTIVITY (S00185)	85290	CPT	both			53		18.79 Wellcare	Medicare		16.34				15.9		50.35 fee schedule	
FACTOR XIII ACTIVITY (S00185)	85290	CPT	both			53		18.79 Wellcare	Medicaid		16.72			31.55	15.9		50.35 percent of total billed charges	
FACTOR XIII ACTIVITY (S00185)	85290	CPT	both			53		18.79 WellPoint	WellPoint		17.06			32.18	15.9		50.35 percent of total billed charges	
MYCO/UREAPLASMA SWAB/ URINE	86291	CPT	both			815		10.48 Aetna	Medicare		9.11				9.11		774.25 fee schedule	
MYCO/UREAPLASMA SWAB/ URINE	86291	CPT	both			815		10.48 Aetna	Better Health		257.13			31.55	9.11		774.25 percent of total billed charges	
MYCO/UREAPLASMA SWAB/ URINE	86291	CPT	both			815		10.48 Aetna	Commercial		309.7			38	9.11		774.25 percent of total billed charges	
MYCO/UREAPLASMA SWAB/ URINE	86291	CPT	both			815		10.48 Americare	Americare		611.25			75	9.11		774.25 percent of total billed charges	
MYCO/UREAPLASMA SWAB/ URINE	86291	CPT	both			815		10.48 Amerihealth	HMO/PPO		529.75			65	9.11		774.25 percent of total billed charges	
MYCO/UREAPLASMA SWAB/ URINE	86291	CPT	both			815		10.48 Amerihealth	Medicare		9.11				9.11		774.25 fee schedule	
MYCO/UREAPLASMA SWAB/ URINE	86291	CPT	both			815		10.48 Consumer	Consumer		774.25			95	9.11		774.25 percent of total billed charges	
MYCO/UREAPLASMA SWAB/ URINE	86291	CPT	both			815		10.48 Corrections	Corrections		652			80	9.11		774.25 percent of total billed charges	
MYCO/UREAPLASMA SWAB/ URINE	86291	CPT	both			815		10.48 First Health	First Health		570.5			70	9.11		774.25 percent of total billed charges	
MYCO/UREAPLASMA SWAB/ URINE	86291	CPT	both			815		10.48 First Trenton	First Trenton		733.5			90	9.11		774.25 percent of total billed charges	
MYCO/UREAPLASMA SWAB/ URINE	86291	CPT	both			815		10.48 Horizon	MGD		311.98			38.28	9.11		774.25 percent of total billed charges	
MYCO/UREAPLASMA SWAB/ URINE	86291	CPT	both			815		10.48 Horizon	Indemnity		311.98			38.28	9.11		774.25 percent of total billed charges	
MYCO/UREAPLASMA SWAB/ URINE	86291	CPT	both			815		10.48 Horizon	PPO		311.98			38.28	9.11		774.25 percent of total billed charges	
MYCO/UREAPLASMA SWAB/ URINE	86291	CPT	both			815		10.48 Horizon	NJ Health		15.09				9.11		774.25 fee schedule	
MYCO/UREAPLASMA SWAB/ URINE	86291	CPT	both			815		10.48 Horizon	Medicare Blue		244.5			30	9.11		774.25 percent of total billed charges	
MYCO/UREAPLASMA SWAB/ URINE	86291	CPT	both			815		10.48 Managed Care Inc	Managed Care Inc		733.5			90	9.11		774.25 percent of total billed charges	
MYCO/UREAPLASMA SWAB/ URINE	86291	CPT	both			815		10.48 Multiplan	Multiplan		652			80	9.11		774.25 percent of total billed charges	
MYCO/UREAPLASMA SWAB/ URINE	86291	CPT	both			815		10.48 Qualcare	Qualcare		611.25			75	9.11		774.25 percent of total billed charges	
MYCO/UREAPLASMA SWAB/ URINE	86291	CPT	both			815		10.48 Three Rivers	Three Rivers		774.25			95	9.11		774.25 percent of total billed charges	
MYCO/UREAPLASMA SWAB/ URINE	86291	CPT	both			815		10.48 UHC	Medicaid		257.13			31.55	9.11		774.25 percent of total billed charges	
MYCO/UREAPLASMA SWAB/ URINE	86291	CPT	both			815		10.48 UHC	Medicare		9.11				9.11		774.25 fee schedule	
MYCO/UREAPLASMA SWAB/ URINE	86291	CPT	both			815		10.48 Wellcare	Medicare		9.11				9.11		774.25 fee schedule	
MYCO/UREAPLASMA SWAB/ URINE	86291	CPT	both			815		10.48 Wellcare	Medicaid		257.13			31.55	9.11		774.25 percent of total billed charges	
MYCO/UREAPLASMA SWAB/ URINE	86291	CPT	both			815		10.48 WellPoint	WellPoint		262.27			32.18	9.11		774.25 percent of total billed charges	
PREKALLIKREIN ASSAY	86292	CPT	outpatient			612		21.77 Aetna	Medicare		18.93				18.93		581.4 fee schedule	
PREKALLIKREIN ASSAY	86292	CPT	outpatient			612		21.77 Aetna	Better Health		193.09			31.55	18.93		581.4 percent of total billed charges	
PREKALLIKREIN ASSAY	86292	CPT	outpatient			612		21.77 Aetna	Commercial		232.56			38	18.93		581.4 percent of total billed charges	
PREKALLIKREIN ASSAY	86292	CPT	outpatient			612		21.77 Americare	Americare		459			75	18.93		581.4 percent of total billed charges	
PREKALLIKREIN ASSAY	86292	CPT	outpatient			612		21.77 Amerihealth	Medicare		18.93				18.93		581.4 fee schedule	
PREKALLIKREIN ASSAY	86292	CPT	outpatient			612		21.77 Amerihealth	HMO/PPO		397.8			65	18.93		581.4 percent of total billed charges	
PREKALLIKREIN ASSAY	86292	CPT	outpatient			612		21.77 Consumer	Consumer		581.4			95	18.93		581.4 percent of total billed charges	
PREKALLIKREIN ASSAY	86292	CPT	outpatient			612		21.77 Corrections	Corrections		489.6			80	18.93		581.4 percent of total billed charges	
PREKALLIKREIN ASSAY	86292	CPT	outpatient			612		21.77 First Health	First Health		428.4			70	18.93		581.4 percent of total billed charges	
PREKALLIKREIN ASSAY	86292	CPT	outpatient			612		21.77 First Trenton	First Trenton		550.8			90	18.93		581.4 percent of total billed charges	
PREKALLIKREIN ASSAY	86292	CPT	outpatient			612		21.77 Horizon	Medicare Blue		183.6			30	18.93		581.4 percent of total billed charges	
PREKALLIKREIN ASSAY	86292	CPT	outpatient			612		21.77 Horizon	MGD		234.27			38.28	18.93		581.4 percent of total billed charges	
PREKALLIKREIN ASSAY	86292	CPT	outpatient			612		21.77 Horizon	Indemnity		234.27			38.28	18.93		581.4 percent of total billed charges	
PREKALLIKREIN ASSAY	86292	CPT	outpatient			612		21.77 Horizon	NJ Health		60.37				18.93		581.4 fee schedule	
PREKALLIKREIN ASSAY	86292	CPT	outpatient			612		21.77 Horizon	PPO		234.27			38.28	18.93		581.4 percent of total billed charges	
PREKALLIKREIN ASSAY	86292	CPT	outpatient			612		21.77 Managed Care Inc	Managed Care Inc		550.8			90	18.93		581.4 percent of total billed charges	
PREKALLIKREIN ASSAY	86292	CPT	outpatient			612		21.77 Multiplan	Multiplan		489.6			80	18.93		581.4 percent of total billed charges	
PREKALLIKREIN ASSAY	86292	CPT	outpatient			612		21.77 Qualcare	Qualcare		459			75	18.93		581.4 percent of total billed charges	
PREKALLIKREIN ASSAY	86292	CPT	outpatient			612		21.77 Three Rivers	Three Rivers		581.4			95	18.93		581.4 percent of total billed charges	
PREKALLIKREIN ASSAY	86292	CPT	outpatient			612		21.77 UHC	Medicare		18.93				18.93		581.4 fee schedule	
PREKALLIKREIN ASSAY	86292	CPT	outpatient			612		21.77 UHC	Medicaid		193.09			31.55	18.93		581.4 percent of total billed charges	
PREKALLIKREIN ASSAY	86292	CPT	outpatient			612		21.77 Wellcare	Medicare		18.93				18.93		581.4 fee schedule	
PREKALLIKREIN ASSAY	86292	CPT	outpatient			612		21.77 Wellcare	Medicaid		193.09			31.55	18.93		581.4 percent of total billed charges	
PREKALLIKREIN ASSAY	86292	CPT	outpatient			612		21.77 WellPoint	WellPoint		196.94			32.18	18.93		581.4 percent of total billed charges	
HIGH MOLECU WEIGHT KININOGEN	85293	CPT	inpatient			339		21.77 Aetna	Medicare		18.93				18.93		322.05 fee schedule	
HIGH MOLECU WEIGHT KININOGEN	85293	CPT	inpatient			339		21.77 Aetna	Commercial		128.82			38	18.93		322.05 percent of total billed charges	
HIGH MOLECU WEIGHT KININOGEN	85293	CPT	inpatient			339		21.77 Aetna	Better Health		106.95			31.55	18.93		322.05 percent of total billed charges	
HIGH MOLECU WEIGHT KININOGEN	85293	CPT	inpatient			339		21.77 Americare	Americare		254.25			75	18.93		322.05 percent of total billed charges	
HIGH MOLECU WEIGHT KININOGEN	85293	CPT	inpatient			339		21.77 Amerihealth	HMO/PPO		220.35			65	18.93		322.05 percent of total billed charges	
HIGH MOLECU WEIGHT KININOGEN	85293	CPT	inpatient			339		21.77 Amerihealth	Medicare		18.93				18.93		322.05 fee schedule	
HIGH MOLECU WEIGHT KININOGEN	85293	CPT	inpatient			339		21.77 Consumer	Consumer		322.05			95	18.93		322.05 percent of total billed charges	
HIGH MOLECU WEIGHT KININOGEN	85293	CPT	inpatient			339		21.77 Corrections	Corrections		271.2			80	18.93		322.05 percent of total billed charges	
HIGH MOLECU WEIGHT KININOGEN	85293	CPT	inpatient			339		21.77 First Health	First Health		237.3			70	18.93		322.05 percent of total billed charges	
HIGH MOLECU WEIGHT KININOGEN	85293	CPT	inpatient			339		21.77 First Trenton	First Trenton		305.1			90	18.93		322.05 percent of total billed charges	
HIGH MOLECU WEIGHT KININOGEN	85293	CPT	inpatient			339		21.77 Horizon	Medicare Blue		101.7			30	18.93		322.05 percent of total billed charges	
HIGH MOLECU WEIGHT KININOGEN	85293	CPT	inpatient			339		21.77 Horizon	Indemnity		129.77			38.28	18.93		322.05 percent of total billed charges	
HIGH MOLECU WEIGHT KININOGEN	85293	CPT	inpatient			339		21.77 Horizon	MGD		129.77			38.28	18.93		322.05 percent of total billed charges	
HIGH MOLECU WEIGHT KININOGEN	85293	CPT	inpatient			339		21.77 Horizon	NJ Health		60.37				18.93		322.05 fee schedule	
HIGH MOLECU WEIGHT KININOGEN	85293	CPT	inpatient			339		21.77 Horizon	PPO		129.77			38.28	18.93		322.05 percent of total billed charges	
HIGH MOLECU WEIGHT KININOGEN	85293	CPT	inpatient			339		21.77 Managed Care Inc	Managed Care Inc		305.1			90	18.93		322.05 percent of total billed charges	
HIGH MOLECU WEIGHT KININOGEN	85293	CPT	inpatient			339		21.77 Multiplan	Multiplan		271.2			80	18.93		322.05 percent of total billed charges	
HIGH MOLECU WEIGHT KININOGEN	85293	CPT	inpatient			339		21.77 Qualcare	Qualcare		254.25			75	18.93		322.05 percent of total billed charges	
HIGH MOLECU WEIGHT KININOGEN	85293	CPT	inpatient			339		21.77 Three Rivers	Three Rivers		322.05			95	18.93		322.05 percent of total billed charges	
HIGH MOLECU WEIGHT KININOGEN	85293	CPT	inpatient			339		21.77 UHC	Medicare		18.93				18.93		322.05 fee schedule	
HIGH MOLECU WEIGHT KININOGEN	85293	CPT	inpatient			339		21.77 UHC	Medicaid		106.95			31.55	18.93		322.05 percent of total billed charges	
HIGH MOLECU WEIGHT KININOGEN	85293	CPT	inpatient			339		21.77 Wellcare	Medicaid		106.95			31.55	18.93		322.05 percent of total billed charges	
HIGH MOLECU WEIGHT KININOGEN	85293	CPT	inpatient			339		21.77 Wellcare	Medicare		18.93				18.93		322.05 fee schedule	
HIGH MOLECU WEIGHT KININOGEN	85293	CPT	inpatient			339		21.77 WellPoint	WellPoint		109.09			32.18	18.93		322.05 percent of total billed charges	
CLOT INHIBIT OR ANTICOAG ANTITHROM III	85300	CPT	both			89		13.63 Aetna	Medicare		11.85				11.85		84.55 fee schedule	
CLOT INHIBIT OR ANTICOAG ANTITHROM III	85300	CPT	both			89		13.63 Aetna	Better Health		28.08			31.55	11.85		84.55 percent of total billed charges	
CLOT INHIBIT OR ANTICOAG ANTITHROM III	85300	CPT	both			89		13.63 Aetna	Commercial		33.82			38	11.85		84.55 percent of total billed charges	
CLOT INHIBIT OR ANTICOAG ANTITHROM III	85300	CPT	both			89		13.63 Americare	Americare		66.75			75	11.85		84.55 percent of total billed charges	
CLOT INHIBIT OR ANTICOAG ANTITHROM III	85300	CPT	both			89		13.63 Amerihealth	Medicare		11.85				11.85		84.55 fee schedule	
CLOT INHIBIT OR ANTICOAG ANTITHROM III	85300	CPT	both			89		13.63 Amerihealth	HMO/PPO		57.85			65	11.85		84.55 percent of total billed charges	
CLOT INHIBIT OR ANTICOAG ANTITHROM III	85300	CPT	both			89		13.63 Consumer	Consumer		84.55			95	11.85		84.55 percent of total billed charges	
CLOT INHIBIT OR ANTICOAG ANTITHROM III	85300	CPT	both			89		13.63 Corrections	Corrections		71.2			80	11.85		84.55 percent of total billed charges	
CLOT INHIBIT OR ANTICOAG ANTITHROM III	85300	CPT	both			89		13.63 First Health	First Health		62.3			70	11.85		84.55 percent of total billed charges	
CLOT INHIBIT OR ANTICOAG ANTITHROM III	85300	CPT	both			89		13.63 First Trenton	First Trenton		80.1			90	11.85		84.55 percent of total billed charges	
CLOT INHIBIT OR ANTICOAG ANTITHROM III	85300	CPT	both			89		13.63 Horizon	Medicare Blue		26.7			30	11.85		84.55 percent of total billed charges	
CLOT INHIBIT OR ANTICOAG ANTITHROM III	85300	CPT	both			89		13.63 Horizon	MGD		34.07			38.28	11.85		84.55 percent of total billed charges	
CLOT INHIBIT OR ANTICOAG ANTITHROM III	85300	CPT	both			89		13.63 Horizon	Indemnity		34.07			38.28	11.85		84.55 percent of total billed charges	
CLOT INHIBIT OR ANTICOAG ANTITHROM III	85300	CPT	both			89		13.63 Horizon	NJ Health		29.4				11.85		84.55 fee schedule	
CLOT INHIBIT OR ANTICOAG ANTITHROM III	85300	CPT	both			89		13.63 Horizon	PPO		34.07			38.28	11.85		84.55 percent of total billed charges	
CLOT INHIBIT OR ANTICOAG ANTITHROM III	85300	CPT	both			89		13.63 Managed Care Inc	Managed Care Inc		80.1			90	11.85		84.55 percent of total billed charges	
CLOT INHIBIT OR ANTICOAG ANTITHROM III	85300	CPT	both			89		13.63 Multiplan	Multiplan		71.2			80	11.85		84.55 percent of total billed charges	
CLOT INHIBIT OR ANTICOAG ANTITHROM III	85300	CPT	both			89		13.63 Qualcare	Qualcare		66.75			75	11.85		84.55 percent of total billed charges	
CLOT INHIBIT OR ANTICOAG ANTITHROM III	85300	CPT	both			89		13.63 Three Rivers	Three Rivers		84.55			95	11.85		84.55 percent of total billed charges	
CLOT INHIBIT OR ANTICOAG ANTITHROM III	85300	CPT	both			89		13.63 UHC	Medicare		11.85				11.85		84.55 fee schedule	
CLOT INHIBIT OR ANTICOAG ANTITHROM III	85300	CPT	both			89		13.63 UHC	Medicaid		28.08			31.55	11.85		84.55 percent of total billed charges	
CLOT INHIBIT OR ANTICOAG ANTITHROM III	85300	CPT	both			89		13.63 Wellcare	Medicare		11.85				11.85		84.55 fee schedule	
CLOT INHIBIT OR ANTICOAG ANTITHROM III	85300	CPT	both			89		13.63 Wellcare	Medicaid		28.08			31.55	11.85		84.55 percent of total billed charges	
CLOT INHIBIT OR ANTICOAG ANTITHROM III	85300	CPT	both			89		13.63 WellPoint	WellPoint		28.64			32.18	11.85		84.55 percent of total billed charges	
ANTITHROMBIN III, ANTIGEN ASSAY	85301	CPT	outpatient			195		12.43 Aetna	Commercial		74.1			38	10.81		185.25 percent of total billed charges	
ANTITHROMBIN III, ANTIGEN ASSAY	85301	CPT	outpatient			195		12.43 Aetna	Medicare		60.06			30.8	10.81		185.25 percent of total billed charges	
ANTITHROMBIN III, ANTIGEN ASSAY	85301	CPT	outpatient			195		12.43 Aetna	Better Health		61.52			31.55	10.81		185.25 percent of total billed charges	
ANTITHROMBIN III, ANTIGEN ASSAY	85301	CPT	outpatient			195		12.43 Americare	Americare		146.25			75	10.81		185.25 percent of total billed charges	
ANTITHROMBIN III, ANTIGEN ASSAY	85301	CPT	outpatient			195		12.43 Amerihealth	Medicare		10.81				10.81		185.25 fee schedule	
ANTITHROMBIN III, ANTIGEN ASSAY	85301	CPT	outpatient			195		12.43 Amerihealth	HMO/PPO		126.75			65	10.81		185.25 percent of total billed charges	
ANTITHROMBIN III, ANTIGEN ASSAY	85301	CPT	outpatient			195		12.43 Consumer	Consumer		185.25			95	10.81		185.25 percent of total billed charges	
ANTITHROMBIN III, ANTIGEN ASSAY	85301	CPT	outpatient			195		12.43 Corrections	Corrections		156			80	10.81		185.25 percent of total billed charges	
ANTITHROMBIN III, ANTIGEN ASSAY	85301	CPT	outpatient			195		12.43 First Health	First Health		136.5			70	10.81		185.25 percent of total billed charges	
ANTITHROMBIN III, ANTIGEN ASSAY	85301	CPT	outpatient			195		12.43 First Trenton	First Trenton		175.5			90	10.81		185.25 percent of total billed charges	
ANTITHROMBIN III, ANTIGEN ASSAY	85301	CPT	outpatient			195		12.43 Horizon	MGD		74.65			38.28	10.81		185.25 percent of total billed charges	
ANTITHROMBIN III, ANTIGEN ASSAY	85301	CPT	outpatient			195		12.43 Horizon	Medicare Blue		58.5			30	10.81		185.25 percent of total billed charges	
ANTITHROMBIN III, ANTIGEN ASSAY	85301	CPT	outpatient			195		12.43 Horizon	NJ Health		31.36				10.81		185.25 fee schedule	
ANTITHROMBIN III, ANTIGEN ASSAY	85301	CPT	outpatient			195		12.43 Horizon	PPO		74.65			38.28	10.81		185.25 percent of total billed charges	
ANTITHROMBIN III, ANTIGEN ASSAY	85301	CPT	outpatient			195		12.43 Horizon	Indemnity		74.65			38.28	10.81		185.25 percent of total billed charges	
ANTITHROMBIN III, ANTIGEN ASSAY	85301	CPT	outpatient			195		12.43 Managed Care Inc	Managed Care Inc		175.5			90	10.81		185.25 percent of total billed charges	
ANTITHROMBIN III, ANTIGEN ASSAY	85301	CPT	outpatient			195		12.43 Multiplan	Multiplan		156			80	10.81		185.25 percent of total billed charges	
ANTITHROMBIN III, ANTIGEN ASSAY	85301	CPT	outpatient			195		12.43 Qualcare	Qualcare		146.25			75	10.81		185.25 percent of total billed charges	
ANTITHROMBIN III, ANTIGEN ASSAY	85301	CPT	outpatient			195		12.43 Three Rivers	Three Rivers		185.25			95	10.81		185.25 percent of total billed charges	
ANTITHROMBIN III, ANTIGEN ASSAY	85301	CPT	outpatient			195		12.43 UHC	Medicare		10.81				10.81		185.25 fee schedule	
ANTITHROMBIN III, ANTIGEN ASSAY	85301	CPT	outpatient			195		12.43 UHC	Medicaid		61.52			31.55	10.81		185.25 percent of total billed charges	
ANTITHROMBIN III, ANTIGEN ASSAY	85301	CPT	outpatient			195		12.43 Wellcare	Medicaid		61.52			31.55	10.81		185.25 percent of total billed charges	
ANTITHROMBIN III, ANTIGEN ASSAY	85301	CPT	outpatient			195		12.43 Wellcare	Medicare		10.81				10.81		185.25 fee schedule	
ANTITHROMBIN III, ANTIGEN ASSAY	85301	CPT	outpatient			195		12.43 WellPoint	WellPoint		62.75			32.18	10.81		185.25 percent of total billed charges	
PROTEIN C, ANTIGEN|(080465)	85302	CPT	outpatient			78		13.81 Aetna	Better Health		24.61			31.55	12.01		74.1 percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
PROTEIN.C.ANTIGEN(080465)	85302	CPT	outpatient			78	13.81	Aetna	Medicare		24.02	30.8			12.01		74.1 percent of total billed charges	
PROTEIN.C.ANTIGEN(080465)	85302	CPT	outpatient			78	13.81	Aetna	Commercial		29.64	38			12.01		74.1 percent of total billed charges	
PROTEIN.C.ANTIGEN(080465)	85302	CPT	outpatient			78	13.81	Americare	Americare		58.5	75			12.01		74.1 percent of total billed charges	
PROTEIN.C.ANTIGEN(080465)	85302	CPT	outpatient			78	13.81	Amerihealth	HMO/PPO		50.7	65			12.01		74.1 percent of total billed charges	
PROTEIN.C.ANTIGEN(080465)	85302	CPT	outpatient			78	13.81	Amerihealth	Medicare		12.01				12.01		74.1 fee schedule	
PROTEIN.C.ANTIGEN(080465)	85302	CPT	outpatient			78	13.81	Consumer	Consumer		74.1	95			12.01		74.1 percent of total billed charges	
PROTEIN.C.ANTIGEN(080465)	85302	CPT	outpatient			78	13.81	Corrections	Corrections		62.4	80			12.01		74.1 percent of total billed charges	
PROTEIN.C.ANTIGEN(080465)	85302	CPT	outpatient			78	13.81	First Health	First Health		54.6	70			12.01		74.1 percent of total billed charges	
PROTEIN.C.ANTIGEN(080465)	85302	CPT	outpatient			78	13.81	First Trenton	First Trenton		70.2	90			12.01		74.1 percent of total billed charges	
PROTEIN.C.ANTIGEN(080465)	85302	CPT	outpatient			78	13.81	Horizon	Medicare Blue		23.4	30			12.01		74.1 percent of total billed charges	
PROTEIN.C.ANTIGEN(080465)	85302	CPT	outpatient			78	13.81	Horizon	Indemnity		29.86	38.28			12.01		74.1 percent of total billed charges	
PROTEIN.C.ANTIGEN(080465)	85302	CPT	outpatient			78	13.81	Horizon	NJ Health		35.28				12.01		74.1 fee schedule	
PROTEIN.C.ANTIGEN(080465)	85302	CPT	outpatient			78	13.81	Horizon	MGD		29.86	38.28			12.01		74.1 percent of total billed charges	
PROTEIN.C.ANTIGEN(080465)	85302	CPT	outpatient			78	13.81	Horizon	PPO		29.86	38.28			12.01		74.1 percent of total billed charges	
PROTEIN.C.ANTIGEN(080465)	85302	CPT	outpatient			78	13.81	Managed Care Inc	Managed Care Inc		70.2	90			12.01		74.1 percent of total billed charges	
PROTEIN.C.ANTIGEN(080465)	85302	CPT	outpatient			78	13.81	Multiplan	Multiplan		62.4	80			12.01		74.1 percent of total billed charges	
PROTEIN.C.ANTIGEN(080465)	85302	CPT	outpatient			78	13.81	Qualcare	Qualcare		58.5	75			12.01		74.1 percent of total billed charges	
PROTEIN.C.ANTIGEN(080465)	85302	CPT	outpatient			78	13.81	Three Rivers	Three Rivers		74.1	95			12.01		74.1 percent of total billed charges	
PROTEIN.C.ANTIGEN(080465)	85302	CPT	outpatient			78	13.81	UHC	Medicaid		24.61	31.55			12.01		74.1 percent of total billed charges	
PROTEIN.C.ANTIGEN(080465)	85302	CPT	outpatient			78	13.81	UHC	Medicare		12.01				12.01		74.1 fee schedule	
PROTEIN.C.ANTIGEN(080465)	85302	CPT	outpatient			78	13.81	Wellcare	Medicaid		24.61	31.55			12.01		74.1 percent of total billed charges	
PROTEIN.C.ANTIGEN(080465)	85302	CPT	outpatient			78	13.81	Wellcare	Medicare		12.01				12.01		74.1 fee schedule	
PROTEIN.C.ANTIGEN(080465)	85302	CPT	outpatient			78	13.81	WellPoint	WellPoint		25.1	32.18			12.01		74.1 percent of total billed charges	
PROTEIN C. ACTIVITY	85303	CPT	both			126	15.92	Aetna	Commercial		47.88	38			13.84		119.7 percent of total billed charges	
PROTEIN C. ACTIVITY	85303	CPT	both			126	15.92	Aetna	Better Health		39.75	31.55			13.84		119.7 percent of total billed charges	
PROTEIN C. ACTIVITY	85303	CPT	both			126	15.92	Aetna	Medicare		38.81	30.8			13.84		119.7 percent of total billed charges	
PROTEIN C. ACTIVITY	85303	CPT	both			126	15.92	Americare	Americare		94.5	75			13.84		119.7 percent of total billed charges	
PROTEIN C. ACTIVITY	85303	CPT	both			126	15.92	Amerihealth	Medicare		13.84				13.84		119.7 fee schedule	
PROTEIN C. ACTIVITY	85303	CPT	both			126	15.92	Amerihealth	HMO/PPO		81.9	65			13.84		119.7 percent of total billed charges	
PROTEIN C. ACTIVITY	85303	CPT	both			126	15.92	Consumer	Consumer		119.7	95			13.84		119.7 percent of total billed charges	
PROTEIN C. ACTIVITY	85303	CPT	both			126	15.92	Corrections	Corrections		100.8	80			13.84		119.7 percent of total billed charges	
PROTEIN C. ACTIVITY	85303	CPT	both			126	15.92	First Health	First Health		88.2	70			13.84		119.7 percent of total billed charges	
PROTEIN C. ACTIVITY	85303	CPT	both			126	15.92	First Trenton	First Trenton		113.4	90			13.84		119.7 percent of total billed charges	
PROTEIN C. ACTIVITY	85303	CPT	both			126	15.92	Horizon	MGD		48.23	38.28			13.84		119.7 percent of total billed charges	
PROTEIN C. ACTIVITY	85303	CPT	both			126	15.92	Horizon	Indemnity		48.23	38.28			13.84		119.7 percent of total billed charges	
PROTEIN C. ACTIVITY	85303	CPT	both			126	15.92	Horizon	NJ Health		38.81				13.84		119.7 fee schedule	
PROTEIN C. ACTIVITY	85303	CPT	both			126	15.92	Horizon	Medicare Blue		37.8	30			13.84		119.7 percent of total billed charges	
PROTEIN C. ACTIVITY	85303	CPT	both			126	15.92	Horizon	PPO		48.23	38.28			13.84		119.7 percent of total billed charges	
PROTEIN C. ACTIVITY	85303	CPT	both			126	15.92	Managed Care Inc	Managed Care Inc		113.4	90			13.84		119.7 percent of total billed charges	
PROTEIN C. ACTIVITY	85303	CPT	both			126	15.92	Multiplan	Multiplan		100.8	80			13.84		119.7 percent of total billed charges	
PROTEIN C. ACTIVITY	85303	CPT	both			126	15.92	Qualcare	Qualcare		94.5	75			13.84		119.7 percent of total billed charges	
PROTEIN C. ACTIVITY	85303	CPT	both			126	15.92	Three Rivers	Three Rivers		119.7	95			13.84		119.7 percent of total billed charges	
PROTEIN C. ACTIVITY	85303	CPT	both			126	15.92	UHC	Medicaid		39.75	31.55			13.84		119.7 percent of total billed charges	
PROTEIN C. ACTIVITY	85303	CPT	both			126	15.92	UHC	Medicare		13.84				13.84		119.7 fee schedule	
PROTEIN C. ACTIVITY	85303	CPT	both			126	15.92	Wellcare	Medicaid		39.75	31.55			13.84		119.7 percent of total billed charges	
PROTEIN C. ACTIVITY	85303	CPT	both			126	15.92	Wellcare	Medicare		13.84				13.84		119.7 fee schedule	
PROTEIN C. ACTIVITY	85303	CPT	both			126	15.92	WellPoint	WellPoint		40.55	32.18			13.84		119.7 percent of total billed charges	
PROTEIN S. TOTAL	85305	CPT	both			175	13.35	Aetna	Medicare		11.61				11.61		166.25 fee schedule	
PROTEIN S. TOTAL	85305	CPT	both			175	13.35	Aetna	Better Health		55.21	31.55			11.61		166.25 percent of total billed charges	
PROTEIN S. TOTAL	85305	CPT	both			175	13.35	Aetna	Commercial		66.5	38			11.61		166.25 percent of total billed charges	
PROTEIN S. TOTAL	85305	CPT	both			175	13.35	Americare	Americare		131.25	75			11.61		166.25 percent of total billed charges	
PROTEIN S. TOTAL	85305	CPT	both			175	13.35	Amerihealth	Medicare		11.61				11.61		166.25 fee schedule	
PROTEIN S. TOTAL	85305	CPT	both			175	13.35	Amerihealth	HMO/PPO		113.75	65			11.61		166.25 percent of total billed charges	
PROTEIN S. TOTAL	85305	CPT	both			175	13.35	Consumer	Consumer		166.25	95			11.61		166.25 percent of total billed charges	
PROTEIN S. TOTAL	85305	CPT	both			175	13.35	Corrections	Corrections		140	80			11.61		166.25 percent of total billed charges	
PROTEIN S. TOTAL	85305	CPT	both			175	13.35	First Health	First Health		122.5	70			11.61		166.25 percent of total billed charges	
PROTEIN S. TOTAL	85305	CPT	both			175	13.35	First Trenton	First Trenton		157.5	90			11.61		166.25 percent of total billed charges	
PROTEIN S. TOTAL	85305	CPT	both			175	13.35	Horizon	MGD		66.99	38.28			11.61		166.25 percent of total billed charges	
PROTEIN S. TOTAL	85305	CPT	both			175	13.35	Horizon	NJ Health		31.36				11.61		166.25 fee schedule	
PROTEIN S. TOTAL	85305	CPT	both			175	13.35	Horizon	Indemnity		66.99	38.28			11.61		166.25 percent of total billed charges	
PROTEIN S. TOTAL	85305	CPT	both			175	13.35	Horizon	PPO		66.99	38.28			11.61		166.25 percent of total billed charges	
PROTEIN S. TOTAL	85305	CPT	both			175	13.35	Horizon	Medicare Blue		52.5	30			11.61		166.25 percent of total billed charges	
PROTEIN S. TOTAL	85305	CPT	both			175	13.35	Managed Care Inc	Managed Care Inc		157.5	90			11.61		166.25 percent of total billed charges	
PROTEIN S. TOTAL	85305	CPT	both			175	13.35	Multiplan	Multiplan		140	80			11.61		166.25 percent of total billed charges	
PROTEIN S. TOTAL	85305	CPT	both			175	13.35	Qualcare	Qualcare		131.25	75			11.61		166.25 percent of total billed charges	
PROTEIN S. TOTAL	85305	CPT	both			175	13.35	Three Rivers	Three Rivers		166.25	95			11.61		166.25 percent of total billed charges	
PROTEIN S. TOTAL	85305	CPT	both			175	13.35	UHC	Medicaid		55.21	31.55			11.61		166.25 percent of total billed charges	
PROTEIN S. TOTAL	85305	CPT	both			175	13.35	UHC	Medicare		11.61				11.61		166.25 fee schedule	
PROTEIN S. TOTAL	85305	CPT	both			175	13.35	Wellcare	Medicaid		55.21	31.55			11.61		166.25 percent of total billed charges	
PROTEIN S. TOTAL	85305	CPT	both			175	13.35	Wellcare	Medicare		11.61				11.61		166.25 fee schedule	
PROTEIN S. TOTAL	85305	CPT	both			175	13.35	WellPoint	WellPoint		56.32	32.18			11.61		166.25 percent of total billed charges	
PROTEIN S-FUNCTIONAL	85306	CPT	both			227	17.62	Aetna	Better Health		71.62	31.55			12.9		215.65 percent of total billed charges	
PROTEIN S-FUNCTIONAL	85306	CPT	both			227	17.62	Aetna	Medicare		15.32				12.9		215.65 fee schedule	
PROTEIN S-FUNCTIONAL	85306	CPT	both			227	17.62	Aetna	Commercial		86.26	38			12.9		215.65 percent of total billed charges	
PROTEIN S-FUNCTIONAL	85306	CPT	both			227	17.62	Americare	Americare		170.25	75			12.9		215.65 percent of total billed charges	
PROTEIN S-FUNCTIONAL	85306	CPT	both			227	17.62	Amerihealth	HMO/PPO		147.55	65			12.9		215.65 percent of total billed charges	
PROTEIN S-FUNCTIONAL	85306	CPT	both			227	17.62	Amerihealth	Medicare		15.32				12.9		215.65 fee schedule	
PROTEIN S-FUNCTIONAL	85306	CPT	both			227	17.62	Consumer	Consumer		215.65	95			12.9		215.65 percent of total billed charges	
PROTEIN S-FUNCTIONAL	85306	CPT	both			227	17.62	Corrections	Corrections		181.6	80			12.9		215.65 percent of total billed charges	
PROTEIN S-FUNCTIONAL	85306	CPT	both			227	17.62	First Health	First Health		158.9	70			12.9		215.65 percent of total billed charges	
PROTEIN S-FUNCTIONAL	85306	CPT	both			227	17.62	First Trenton	First Trenton		204.3	90			12.9		215.65 percent of total billed charges	
PROTEIN S-FUNCTIONAL	85306	CPT	both			227	17.62	Horizon	MGD		86.9	38.28			12.9		215.65 percent of total billed charges	
PROTEIN S-FUNCTIONAL	85306	CPT	both			227	17.62	Horizon	Indemnity		86.9	38.28			12.9		215.65 percent of total billed charges	
PROTEIN S-FUNCTIONAL	85306	CPT	both			227	17.62	Horizon	Medicare Blue		68.1	30			12.9		215.65 percent of total billed charges	
PROTEIN S-FUNCTIONAL	85306	CPT	both			227	17.62	Horizon	NJ Health		38.81				12.9		215.65 fee schedule	
PROTEIN S-FUNCTIONAL	85306	CPT	both			227	17.62	Horizon	PPO		86.9	38.28			12.9		215.65 percent of total billed charges	
PROTEIN S-FUNCTIONAL	85306	CPT	both			227	17.62	Managed Care Inc	Managed Care Inc		204.3	90			12.9		215.65 percent of total billed charges	
PROTEIN S-FUNCTIONAL	85306	CPT	both			227	17.62	Multiplan	Multiplan		181.6	80			12.9		215.65 percent of total billed charges	
PROTEIN S-FUNCTIONAL	85306	CPT	both			227	17.62	Qualcare	Qualcare		170.25	75			12.9		215.65 percent of total billed charges	
PROTEIN S-FUNCTIONAL	85306	CPT	both			227	17.62	Three Rivers	Three Rivers		215.65	95			12.9		215.65 percent of total billed charges	
PROTEIN S-FUNCTIONAL	85306	CPT	both			227	17.62	UHC	Medicare		15.32				12.9		215.65 fee schedule	
PROTEIN S-FUNCTIONAL	85306	CPT	both			227	17.62	UHC	Medicaid		71.62	31.55			12.9		215.65 percent of total billed charges	
PROTEIN S-FUNCTIONAL	85306	CPT	both			227	17.62	Wellcare	Medicaid		71.62	31.55			12.9		215.65 percent of total billed charges	
PROTEIN S-FUNCTIONAL	85306	CPT	both			227	17.62	Wellcare	Medicare		15.32				12.9		215.65 fee schedule	
PROTEIN S-FUNCTIONAL	85306	CPT	both			227	17.62	WellPoint	WellPoint		73.95	32.18			12.9		215.65 percent of total billed charges	
ACTIVATED.PROTEIN.C.RESISTANCE(117762)	85307	CPT	outpatient			66	17.62	Aetna	Medicare		15.32				15.32		62.7 fee schedule	
ACTIVATED.PROTEIN.C.RESISTANCE(117762)	85307	CPT	outpatient			66	17.62	Aetna	Better Health		20.82	31.55			15.32		62.7 percent of total billed charges	
ACTIVATED.PROTEIN.C.RESISTANCE(117762)	85307	CPT	outpatient			66	17.62	Aetna	Commercial		25.08	38			15.32		62.7 percent of total billed charges	
ACTIVATED.PROTEIN.C.RESISTANCE(117762)	85307	CPT	outpatient			66	17.62	Americare	Americare		49.5	75			15.32		62.7 percent of total billed charges	
ACTIVATED.PROTEIN.C.RESISTANCE(117762)	85307	CPT	outpatient			66	17.62	Amerihealth	Medicare		15.32				15.32		62.7 fee schedule	
ACTIVATED.PROTEIN.C.RESISTANCE(117762)	85307	CPT	outpatient			66	17.62	Amerihealth	HMO/PPO		42.9	65			15.32		62.7 percent of total billed charges	
ACTIVATED.PROTEIN.C.RESISTANCE(117762)	85307	CPT	outpatient			66	17.62	Consumer	Consumer		62.7	95			15.32		62.7 percent of total billed charges	
ACTIVATED.PROTEIN.C.RESISTANCE(117762)	85307	CPT	outpatient			66	17.62	Corrections	Corrections		52.8	80			15.32		62.7 percent of total billed charges	
ACTIVATED.PROTEIN.C.RESISTANCE(117762)	85307	CPT	outpatient			66	17.62	First Health	First Health		46.2	70			15.32		62.7 percent of total billed charges	
ACTIVATED.PROTEIN.C.RESISTANCE(117762)	85307	CPT	outpatient			66	17.62	First Trenton	First Trenton		59.4	90			15.32		62.7 percent of total billed charges	
ACTIVATED.PROTEIN.C.RESISTANCE(117762)	85307	CPT	outpatient			66	17.62	Horizon	Medicare Blue		19.8	30			15.32		62.7 percent of total billed charges	
ACTIVATED.PROTEIN.C.RESISTANCE(117762)	85307	CPT	outpatient			66	17.62	Horizon	Indemnity		25.26	38.28			15.32		62.7 percent of total billed charges	
ACTIVATED.PROTEIN.C.RESISTANCE(117762)	85307	CPT	outpatient			66	17.62	Horizon	MGD		25.26	38.28			15.32		62.7 percent of total billed charges	
ACTIVATED.PROTEIN.C.RESISTANCE(117762)	85307	CPT	outpatient			66	17.62	Horizon	PPO		25.26	38.28			15.32		62.7 percent of total billed charges	
ACTIVATED.PROTEIN.C.RESISTANCE(117762)	85307	CPT	outpatient			66	17.62	Horizon	NJ Health		17.01				15.32		62.7 fee schedule	
ACTIVATED.PROTEIN.C.RESISTANCE(117762)	85307	CPT	outpatient			66	17.62	Managed Care Inc	Managed Care Inc		59.4	90			15.32		62.7 percent of total billed charges	
ACTIVATED.PROTEIN.C.RESISTANCE(117762)	85307	CPT	outpatient			66	17.62	Multiplan	Multiplan		52.8	80			15.32		62.7 percent of total billed charges	
ACTIVATED.PROTEIN.C.RESISTANCE(117762)	85307	CPT	outpatient			66	17.62	Qualcare	Qualcare		49.5	75			15.32		62.7 percent of total billed charges	
ACTIVATED.PROTEIN.C.RESISTANCE(117762)	85307	CPT	outpatient			66	17.62	Three Rivers	Three Rivers		62.7	95			15.32		62.7 percent of total billed charges	
ACTIVATED.PROTEIN.C.RESISTANCE(117762)	85307	CPT	outpatient			66	17.62	UHC	Medicare		15.32				15.32		62.7 fee schedule	
ACTIVATED.PROTEIN.C.RESISTANCE(117762)	85307	CPT	outpatient			66	17.62	UHC	Medicaid		20.82	31.55			15.32		62.7 percent of total billed charges	
ACTIVATED.PROTEIN.C.RESISTANCE(117762)	85307	CPT	outpatient			66	17.62	Wellcare	Medicare		15.32				15.32		62.7 fee schedule	
ACTIVATED.PROTEIN.C.RESISTANCE(117762)	85307	CPT	outpatient			66	17.62	Wellcare	Medicaid		20.82	31.55			15.32		62.7 percent of total billed charges	
ACTIVATED.PROTEIN.C.RESISTANCE(117762)	85307	CPT	outpatient			66	17.62	WellPoint	WellPoint		21.24	32.18			15.32		62.7 percent of total billed charges	
FACTOR VIII BETHESDA TITER- RFLX TO 1171	85335	CPT	both			124	14.8	Aetna	Medicare		12.87				9		117.8 fee schedule	
FACTOR VIII BETHESDA TITER- RFLX TO 1171	85335	CPT	both			124	14.8	Aetna	Better Health		39.12	31.55			9		117.8 percent of total billed charges	
FACTOR VIII BETHESDA TITER- RFLX TO 1171	85335	CPT	both			124	14.8	Aetna	Commercial		47.12	38			9		117.8 percent of total billed charges	
FACTOR VIII BETHESDA TITER- RFLX TO 1171	85335	CPT	both			124	14.8	Americare	Americare		93	75			9		117.8 percent of total billed charges	
FACTOR VIII BETHESDA TITER- RFLX TO 1171	85335	CPT	both			124	14.8	Amerihealth	HMO/PPO		80.6	65			9		117.8 percent of total billed charges	
FACTOR VIII BETHESDA TITER- RFLX TO 1171	85335	CPT	both			124	14.8	Amerihealth	Medicare		12.87				9		117.8 fee schedule	
FACTOR VIII BETHESDA TITER- RFLX TO 1171	85335	CPT	both			124	14.8	Consumer	Consumer		117.8	95			9		117.8 percent of total billed charges	
FACTOR VIII BETHESDA TITER- RFLX TO 1171	85335	CPT	both			124	14.8	Corrections	Corrections		99.2	80			9		117.8 percent of total billed charges	
FACTOR VIII BETHESDA TITER- RFLX TO 1171	85335	CPT	both			124	14.8	First Health	First Health		86.8	70			9		117.8 percent of total billed charges	
FACTOR VIII BETHESDA TITER- RFLX TO 1171	85335	CPT	both			124	14.8	First Trenton	First Trenton		111.6	90			9		117.8 percent of total billed charges	
FACTOR VIII BETHESDA TITER- RFLX TO 1171	85335	CPT	both			124	14.8	Horizon	Medicare Blue		37.2	30			9		117.8 percent of total billed charges	
FACTOR VIII BETHESDA TITER- RFLX TO 1171	85335	CPT	both			124	14.8	Horizon	MGD		47.47	38.28			9		117.8 percent of total billed charges	
FACTOR VIII BETHESDA TITER- RFLX TO 1171	85335	CPT	both			124	14.8	Horizon	Indemnity		47.47	38.28			9		117.8 percent of total billed charges	
FACTOR VIII BETHESDA TITER- RFLX TO 1171	85335	CPT	both			124	14.8	Horizon	NJ Health		19.6				9		117.8 fee schedule	
FACTOR VIII BETHESDA TITER- RFLX TO 1171	85335	CPT	both			124	14.8	Horizon	PPO		47.47	38.28			9		117.8 percent of total billed charges	
FACTOR VIII BETHESDA TITER- RFLX TO 1171	85335	CPT	both			124	14.8	Managed Care Inc	Managed Care Inc		111.6	90			9		117.8 percent of total billed charges	
FACTOR VIII BETHESDA TITER- RFLX TO 1171	85335	CPT	both			124	14.8	Multiplan	Multiplan		99.2	80			9		117.8 percent of total billed charges	
FACTOR VIII BETHESDA TITER- RFLX TO 1171	85335	CPT	both			124	14.8	Qualcare	Qualcare		93	75			9		117.8 percent of total billed charges	
FACTOR VIII BETHESDA TITER- RFLX TO 1171	85335	CPT	both			124	14.8	Three Rivers	Three Rivers		117.8	95			9		117.8 percent of total billed charges	
FACTOR VIII BETHESDA TITER- RFLX TO 1171	85335	CPT	both			124	14.8	UHC	Medicare		12.87				9		117.8 fee schedule	
FACTOR VIII BETHESDA TITER- RFLX TO 1171	85335	CPT	both			124	14.8	UHC	Medicaid		39.12	31.55			9		117.8 percent of total billed charges	
FACTOR VIII BETHESDA TITER- RFLX TO 1171	85335	CPT	both			124	14.8	Wellcare	Medicare		12.87				9		117.8 fee schedule	
FACTOR VIII BETHESDA TITER- RFLX TO 1171	85335	CPT	both			124	14.8	Wellcare	Medicaid		39.12	31.55			9		117.8 percent of total billed charges	
FACTOR VIII BETHESDA TITER- RFLX TO 1171	85335	CPT	both			124	14.8	WellPoint	WellPoint		39.9	32.18			9		117.8 percent of total billed charges	
COAGULATION TIME:ACTIVATED	85347	CPT	both			110	4.92	Aetna	Better Health		34.71	31.55			4.28		104.5 percent of total billed charges	
COAGULATION TIME:ACTIVATED	85347	CPT	both			110	4.92	Aetna	Medicare		4.28				4.28		104.5 fee schedule	
COAGULATION TIME:ACTIVATED	85347	CPT	both			110	4.92	Aetna	Commercial		41.8	38			4.28		104.5 percent of total billed charges	
COAGULATION TIME:ACTIVATED	85347	CPT	both			110	4.92	Americare	Americare		82.5	75			4.28		104.5 percent of total billed charges	
COAGULATION TIME:ACTIVATED	85347	CPT	both			110	4.92	Amerihealth	Medicare		4.28				4.28		104.5 fee schedule	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.															
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true														
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
COAGULATION TIME:ACTIVATED	85347	CPT	both			110		4.92 Amerihealth	HMO/PPO		71.5	65			4.28	104.5	percent of total billed charges	
COAGULATION TIME:ACTIVATED	85347	CPT	both			110		4.92 Consumer	Consumer		104.5	95			4.28	104.5	percent of total billed charges	
COAGULATION TIME:ACTIVATED	85347	CPT	both			110		4.92 Corrections	Corrections		88	80			4.28	104.5	percent of total billed charges	
COAGULATION TIME:ACTIVATED	85347	CPT	both			110		4.92 First Health	First Health		77	70			4.28	104.5	percent of total billed charges	
COAGULATION TIME:ACTIVATED	85347	CPT	both			110		4.92 First Trenton	First Trenton		99	90			4.28	104.5	percent of total billed charges	
COAGULATION TIME:ACTIVATED	85347	CPT	both			110		4.92 Horizon	MGD		42.11	38.28			4.28	104.5	percent of total billed charges	
COAGULATION TIME:ACTIVATED	85347	CPT	both			110		4.92 Horizon	Indemnity		42.11	38.28			4.28	104.5	percent of total billed charges	
COAGULATION TIME:ACTIVATED	85347	CPT	both			110		4.92 Horizon	Medicare Blue		33	30			4.28	104.5	percent of total billed charges	
COAGULATION TIME:ACTIVATED	85347	CPT	both			110		4.92 Horizon	PPO		42.11	38.28			4.28	104.5	percent of total billed charges	
COAGULATION TIME:ACTIVATED	85347	CPT	both			110		4.92 Horizon	NJ Health		6.47				4.28	104.5	fee schedule	
COAGULATION TIME:ACTIVATED	85347	CPT	both			110		4.92 Managed Care Inc	Managed Care Inc		99	90			4.28	104.5	percent of total billed charges	
COAGULATION TIME:ACTIVATED	85347	CPT	both			110		4.92 Multiplan	Multiplan		88	80			4.28	104.5	percent of total billed charges	
COAGULATION TIME:ACTIVATED	85347	CPT	both			110		4.92 Qualcare	Qualcare		82.5	75			4.28	104.5	percent of total billed charges	
COAGULATION TIME:ACTIVATED	85347	CPT	both			110		4.92 Three Rivers	Three Rivers		104.5	95			4.28	104.5	percent of total billed charges	
COAGULATION TIME:ACTIVATED	85347	CPT	both			110		4.92 UHC	Medicaid		34.71	31.55			4.28	104.5	percent of total billed charges	
COAGULATION TIME:ACTIVATED	85347	CPT	both			110		4.92 UHC	Medicare		4.28				4.28	104.5	fee schedule	
COAGULATION TIME:ACTIVATED	85347	CPT	both			110		4.92 Wellcare	Medicare		4.28				4.28	104.5	fee schedule	
COAGULATION TIME:ACTIVATED	85347	CPT	both			110		4.92 Wellcare	Medicaid		34.71	31.55			4.28	104.5	percent of total billed charges	
COAGULATION TIME:ACTIVATED	85347	CPT	both			110		4.92 WellPoint	WellPoint		35.4	32.18			4.28	104.5	percent of total billed charges	
EUGLOBULIN LYSIS TIME	85360	CPT	outpatient			189		9.67 Aetna	Commercial		71.82	38			8.41	179.55	percent of total billed charges	
EUGLOBULIN LYSIS TIME	85360	CPT	outpatient			189		9.67 Aetna	Better Health		59.63	31.55			8.41	179.55	percent of total billed charges	
EUGLOBULIN LYSIS TIME	85360	CPT	outpatient			189		9.67 Aetna	Medicare		8.41				8.41	179.55	fee schedule	
EUGLOBULIN LYSIS TIME	85360	CPT	outpatient			189		9.67 Americare	Americare		141.75	75			8.41	179.55	percent of total billed charges	
EUGLOBULIN LYSIS TIME	85360	CPT	outpatient			189		9.67 Amerihealth	Medicare		8.41				8.41	179.55	fee schedule	
EUGLOBULIN LYSIS TIME	85360	CPT	outpatient			189		9.67 Amerihealth	HMO/PPO		122.85	65			8.41	179.55	percent of total billed charges	
EUGLOBULIN LYSIS TIME	85360	CPT	outpatient			189		9.67 Consumer	Consumer		179.55	95			8.41	179.55	percent of total billed charges	
EUGLOBULIN LYSIS TIME	85360	CPT	outpatient			189		9.67 Corrections	Corrections		151.2	80			8.41	179.55	percent of total billed charges	
EUGLOBULIN LYSIS TIME	85360	CPT	outpatient			189		9.67 First Health	First Health		132.3	70			8.41	179.55	percent of total billed charges	
EUGLOBULIN LYSIS TIME	85360	CPT	outpatient			189		9.67 First Trenton	First Trenton		170.1	90			8.41	179.55	percent of total billed charges	
EUGLOBULIN LYSIS TIME	85360	CPT	outpatient			189		9.67 Horizon	Medicare Blue		56.7	30			8.41	179.55	percent of total billed charges	
EUGLOBULIN LYSIS TIME	85360	CPT	outpatient			189		9.67 Horizon	Indemnity		72.35	38.28			8.41	179.55	percent of total billed charges	
EUGLOBULIN LYSIS TIME	85360	CPT	outpatient			189		9.67 Horizon	MGD		72.35	38.28			8.41	179.55	percent of total billed charges	
EUGLOBULIN LYSIS TIME	85360	CPT	outpatient			189		9.67 Horizon	NJ Health		21.56				8.41	179.55	fee schedule	
EUGLOBULIN LYSIS TIME	85360	CPT	outpatient			189		9.67 Horizon	PPO		72.35	38.28			8.41	179.55	percent of total billed charges	
EUGLOBULIN LYSIS TIME	85360	CPT	outpatient			189		9.67 Managed Care Inc	Managed Care Inc		170.1	90			8.41	179.55	percent of total billed charges	
EUGLOBULIN LYSIS TIME	85360	CPT	outpatient			189		9.67 Multiplan	Multiplan		151.2	80			8.41	179.55	percent of total billed charges	
EUGLOBULIN LYSIS TIME	85360	CPT	outpatient			189		9.67 Qualcare	Qualcare		141.75	75			8.41	179.55	percent of total billed charges	
EUGLOBULIN LYSIS TIME	85360	CPT	outpatient			189		9.67 Three Rivers	Three Rivers		179.55	95			8.41	179.55	percent of total billed charges	
EUGLOBULIN LYSIS TIME	85360	CPT	outpatient			189		9.67 UHC	Medicaid		59.63	31.55			8.41	179.55	percent of total billed charges	
EUGLOBULIN LYSIS TIME	85360	CPT	outpatient			189		9.67 UHC	Medicare		8.41				8.41	179.55	fee schedule	
EUGLOBULIN LYSIS TIME	85360	CPT	outpatient			189		9.67 Wellcare	Medicare		8.41				8.41	179.55	fee schedule	
EUGLOBULIN LYSIS TIME	85360	CPT	outpatient			189		9.67 Wellcare	Medicaid		59.63	31.55			8.41	179.55	percent of total billed charges	
EUGLOBULIN LYSIS TIME	85360	CPT	outpatient			189		9.67 WellPoint	WellPoint		60.82	32.18			8.41	179.55	percent of total billed charges	
FIBRIN SPLT PRODUCT	85362	CPT	both			76		7.92 Aetna	Medicare		6.89				5.88	72.2	fee schedule	
FIBRIN SPLT PRODUCT	85362	CPT	both			76		7.92 Aetna	Better Health		23.98	31.55			5.88	72.2	percent of total billed charges	
FIBRIN SPLT PRODUCT	85362	CPT	both			76		7.92 Aetna	Commercial		28.88	38			5.88	72.2	percent of total billed charges	
FIBRIN SPLT PRODUCT	85362	CPT	both			76		7.92 Americare	Americare		57	75			5.88	72.2	percent of total billed charges	
FIBRIN SPLT PRODUCT	85362	CPT	both			76		7.92 Amerihealth	HMO/PPO		49.4	65			5.88	72.2	percent of total billed charges	
FIBRIN SPLT PRODUCT	85362	CPT	both			76		7.92 Amerihealth	Medicare		6.89				5.88	72.2	fee schedule	
FIBRIN SPLT PRODUCT	85362	CPT	both			76		7.92 Consumer	Consumer		72.2	95			5.88	72.2	percent of total billed charges	
FIBRIN SPLT PRODUCT	85362	CPT	both			76		7.92 Corrections	Corrections		60.8	80			5.88	72.2	percent of total billed charges	
FIBRIN SPLT PRODUCT	85362	CPT	both			76		7.92 First Health	First Health		53.2	70			5.88	72.2	percent of total billed charges	
FIBRIN SPLT PRODUCT	85362	CPT	both			76		7.92 First Trenton	First Trenton		68.4	90			5.88	72.2	percent of total billed charges	
FIBRIN SPLT PRODUCT	85362	CPT	both			76		7.92 Horizon	MGD		29.09	38.28			5.88	72.2	percent of total billed charges	
FIBRIN SPLT PRODUCT	85362	CPT	both			76		7.92 Horizon	Indemnity		29.09	38.28			5.88	72.2	percent of total billed charges	
FIBRIN SPLT PRODUCT	85362	CPT	both			76		7.92 Horizon	NJ Health		5.88				5.88	72.2	fee schedule	
FIBRIN SPLT PRODUCT	85362	CPT	both			76		7.92 Horizon	Medicare Blue		22.8	30			5.88	72.2	percent of total billed charges	
FIBRIN SPLT PRODUCT	85362	CPT	both			76		7.92 Horizon	PPO		29.09	38.28			5.88	72.2	percent of total billed charges	
FIBRIN SPLT PRODUCT	85362	CPT	both			76		7.92 Managed Care Inc	Managed Care Inc		68.4	90			5.88	72.2	percent of total billed charges	
FIBRIN SPLT PRODUCT	85362	CPT	both			76		7.92 Multiplan	Multiplan		60.8	80			5.88	72.2	percent of total billed charges	
FIBRIN SPLT PRODUCT	85362	CPT	both			76		7.92 Qualcare	Qualcare		57	75			5.88	72.2	percent of total billed charges	
FIBRIN SPLT PRODUCT	85362	CPT	both			76		7.92 Three Rivers	Three Rivers		72.2	95			5.88	72.2	percent of total billed charges	
FIBRIN SPLT PRODUCT	85362	CPT	both			76		7.92 UHC	Medicaid		23.98	31.55			5.88	72.2	percent of total billed charges	
FIBRIN SPLT PRODUCT	85362	CPT	both			76		7.92 UHC	Medicare		6.89				5.88	72.2	fee schedule	
FIBRIN SPLT PRODUCT	85362	CPT	both			76		7.92 Wellcare	Medicare		6.89				5.88	72.2	fee schedule	
FIBRIN SPLT PRODUCT	85362	CPT	both			76		7.92 Wellcare	Medicaid		23.98	31.55			5.88	72.2	percent of total billed charges	
FIBRIN SPLT PRODUCT	85362	CPT	both			76		7.92 WellPoint	WellPoint		24.46	32.18			5.88	72.2	percent of total billed charges	
D - DIMER (D - DI)	85378	CPT	both			60		11.18 Aetna	Medicare		18.48	30.8			9.72	57	percent of total billed charges	
D - DIMER (D - DI)	85378	CPT	both			60		11.18 Aetna	Better Health		18.93	31.55			9.72	57	percent of total billed charges	
D - DIMER (D - DI)	85378	CPT	both			60		11.18 Aetna	Commercial		22.8	38			9.72	57	percent of total billed charges	
D - DIMER (D - DI)	85378	CPT	both			60		11.18 Americare	Americare		45	75			9.72	57	percent of total billed charges	
D - DIMER (D - DI)	85378	CPT	both			60		11.18 Amerihealth	Medicare		9.72				9.72	57	fee schedule	
D - DIMER (D - DI)	85378	CPT	both			60		11.18 Amerihealth	HMO/PPO		39	65			9.72	57	percent of total billed charges	
D - DIMER (D - DI)	85378	CPT	both			60		11.18 Consumer	Consumer		57	95			9.72	57	percent of total billed charges	
D - DIMER (D - DI)	85378	CPT	both			60		11.18 Corrections	Corrections		48	80			9.72	57	percent of total billed charges	
D - DIMER (D - DI)	85378	CPT	both			60		11.18 First Health	First Health		42	70			9.72	57	percent of total billed charges	
D - DIMER (D - DI)	85378	CPT	both			60		11.18 First Trenton	First Trenton		54	90			9.72	57	percent of total billed charges	
D - DIMER (D - DI)	85378	CPT	both			60		11.18 Horizon	MGD		22.97	38.28			9.72	57	percent of total billed charges	
D - DIMER (D - DI)	85378	CPT	both			60		11.18 Horizon	NJ Health		9.8				9.72	57	fee schedule	
D - DIMER (D - DI)	85378	CPT	both			60		11.18 Horizon	Medicare Blue		18	30			9.72	57	percent of total billed charges	
D - DIMER (D - DI)	85378	CPT	both			60		11.18 Horizon	Indemnity		22.97	38.28			9.72	57	percent of total billed charges	
D - DIMER (D - DI)	85378	CPT	both			60		11.18 Horizon	PPO		22.97	38.28			9.72	57	percent of total billed charges	
D - DIMER (D - DI)	85378	CPT	both			60		11.18 Managed Care Inc	Managed Care Inc		54	90			9.72	57	percent of total billed charges	
D - DIMER (D - DI)	85378	CPT	both			60		11.18 Multiplan	Multiplan		48	80			9.72	57	percent of total billed charges	
D - DIMER (D - DI)	85378	CPT	both			60		11.18 Qualcare	Qualcare		45	75			9.72	57	percent of total billed charges	
D - DIMER (D - DI)	85378	CPT	both			60		11.18 Three Rivers	Three Rivers		57	95			9.72	57	percent of total billed charges	
D - DIMER (D - DI)	85378	CPT	both			60		11.18 UHC	Medicare		9.72				9.72	57	fee schedule	
D - DIMER (D - DI)	85378	CPT	both			60		11.18 UHC	Medicaid		18.93	31.55			9.72	57	percent of total billed charges	
D - DIMER (D - DI)	85378	CPT	both			60		11.18 Wellcare	Medicare		9.72				9.72	57	fee schedule	
D - DIMER (D - DI)	85378	CPT	both			60		11.18 Wellcare	Medicaid		18.93	31.55			9.72	57	percent of total billed charges	
D - DIMER (D - DI)	85378	CPT	both			60		11.18 WellPoint	WellPoint		19.31	32.18			9.72	57	percent of total billed charges	
PLATELELET,AGGREGATION,EA	85384	CPT	both			234		11.18 Aetna	Better Health		73.83	31.55			9.72	222.3	percent of total billed charges	
PLATELELET,AGGREGATION,EA	85384	CPT	both			234		11.18 Aetna	Medicare		9.72				9.72	222.3	fee schedule	
PLATELELET,AGGREGATION,EA	85384	CPT	both			234		11.18 Aetna	Commercial		88.92	38			9.72	222.3	percent of total billed charges	
PLATELELET,AGGREGATION,EA	85384	CPT	both			234		11.18 Americare	Americare		175.5	75			9.72	222.3	percent of total billed charges	
PLATELELET,AGGREGATION,EA	85384	CPT	both			234		11.18 Amerihealth	Medicare		9.72				9.72	222.3	fee schedule	
PLATELELET,AGGREGATION,EA	85384	CPT	both			234		11.18 Amerihealth	HMO/PPO		152.1	65			9.72	222.3	percent of total billed charges	
PLATELELET,AGGREGATION,EA	85384	CPT	both			234		11.18 Consumer	Consumer		222.3	95			9.72	222.3	percent of total billed charges	
PLATELELET,AGGREGATION,EA	85384	CPT	both			234		11.18 Corrections	Corrections		187.2	80			9.72	222.3	percent of total billed charges	
PLATELELET,AGGREGATION,EA	85384	CPT	both			234		11.18 First Health	First Health		163.8	70			9.72	222.3	percent of total billed charges	
PLATELELET,AGGREGATION,EA	85384	CPT	both			234		11.18 First Trenton	First Trenton		210.6	90			9.72	222.3	percent of total billed charges	
PLATELELET,AGGREGATION,EA	85384	CPT	both			234		11.18 Horizon	MGD		89.58	38.28			9.72	222.3	percent of total billed charges	
PLATELELET,AGGREGATION,EA	85384	CPT	both			234		11.18 Horizon	NJ Health		18.82				9.72	222.3	fee schedule	
PLATELELET,AGGREGATION,EA	85384	CPT	both			234		11.18 Horizon	Medicare Blue		70.2	30			9.72	222.3	percent of total billed charges	
PLATELELET,AGGREGATION,EA	85384	CPT	both			234		11.18 Horizon	Indemnity		89.58	38.28			9.72	222.3	percent of total billed charges	
PLATELELET,AGGREGATION,EA	85384	CPT	both			234		11.18 Horizon	PPO		89.58	38.28			9.72	222.3	percent of total billed charges	
PLATELELET,AGGREGATION,EA	85384	CPT	both			234		11.18 Managed Care Inc	Managed Care Inc		210.6	90			9.72	222.3	percent of total billed charges	
PLATELELET,AGGREGATION,EA	85384	CPT	both			234		11.18 Multiplan	Multiplan		187.2	80			9.72	222.3	percent of total billed charges	
PLATELELET,AGGREGATION,EA	85384	CPT	both			234		11.18 Qualcare	Qualcare		175.5	75			9.72	222.3	percent of total billed charges	
PLATELELET,AGGREGATION,EA	85384	CPT	both			234		11.18 Three Rivers	Three Rivers		222.3	95			9.72	222.3	percent of total billed charges	
PLATELELET,AGGREGATION,EA	85384	CPT	both			234		11.18 UHC	Medicaid		73.83	31.55			9.72	222.3	percent of total billed charges	
PLATELELET,AGGREGATION,EA	85384	CPT	both			234		11.18 UHC	Medicare		9.72				9.72	222.3	fee schedule	
PLATELELET,AGGREGATION,EA	85384	CPT	both			234		11.18 Wellcare	Medicare		9.72				9.72	222.3	fee schedule	
PLATELELET,AGGREGATION,EA	85384	CPT	both			234		11.18 Wellcare	Medicaid		73.83	31.55			9.72	222.3	percent of total billed charges	
PLATELELET,AGGREGATION,EA	85384	CPT	both			234		11.18 WellPoint	WellPoint		75.3	32.18			9.72	222.3	percent of total billed charges	
FIBRINOGEN ANTIGEN	85385	CPT	outpatient			189		16.63 Aetna	Better Health		59.63	31.55			14.46	179.55	percent of total billed charges	
FIBRINOGEN ANTIGEN	85385	CPT	outpatient			189		16.63 Aetna	Commercial		71.82	38			14.46	179.55	percent of total billed charges	
FIBRINOGEN ANTIGEN	85385	CPT	outpatient			189		16.63 Aetna	Medicare		14.46				14.46	179.55	fee schedule	
FIBRINOGEN ANTIGEN	85385	CPT	outpatient			189		16.63 Americare	Americare		141.75	75			14.46	179.55	percent of total billed charges	
FIBRINOGEN ANTIGEN	85385	CPT	outpatient			189		16.63 Amerihealth	HMO/PPO		122.85	65			14.46	179.55	percent of total billed charges	
FIBRINOGEN ANTIGEN	85385	CPT	outpatient			189		16.63 Amerihealth	Medicare		14.46				14.46	179.55	fee schedule	
FIBRINOGEN ANTIGEN	85385	CPT	outpatient			189		16.63 Consumer	Consumer		179.55	95			14.46	179.55	percent of total billed charges	
FIBRINOGEN ANTIGEN	85385	CPT	outpatient			189		16.63 Corrections	Corrections		151.2	80			14.46	179.55	percent of total billed charges	
FIBRINOGEN ANTIGEN	85385	CPT	outpatient			189		16.63 First Health	First Health		132.3	70			14.46	179.55	percent of total billed charges	
FIBRINOGEN ANTIGEN	85385	CPT	outpatient			189		16.63 First Trenton	First Trenton		170.1	90			14.46	179.55	percent of total billed charges	
FIBRINOGEN ANTIGEN	85385	CPT	outpatient			189		16.63 Horizon	Indemnity		72.35	38.28			14.46	179.55	percent of total billed charges	
FIBRINOGEN ANTIGEN	85385	CPT	outpatient			189		16.63 Horizon	Medicare Blue		56.7	30			14.46	179.55	percent of total billed charges	
FIBRINOGEN ANTIGEN	85385	CPT	outpatient			189		16.63 Horizon	MGD		72.35	38.28			14.46	179.55	percent of total billed charges	
FIBRINOGEN ANTIGEN	85385	CPT	outpatient			189		16.63 Horizon	NJ Health		18.82				14.46	179.55	fee schedule	
FIBRINOGEN ANTIGEN	85385	CPT	outpatient			189		16.63 Horizon	PPO		72.35	38.28			14.46	179.55	percent of total billed charges	
FIBRINOGEN ANTIGEN	85385	CPT	outpatient			189		16.63 Managed Care Inc	Managed Care Inc		170.1	90			14.46	179.55	percent of total billed charges	
FIBRINOGEN ANTIGEN	85385	CPT	outpatient			189		16.63 Multiplan	Multiplan		151.2	80			14.46	179.55	percent of total billed charges	
FIBRINOGEN ANTIGEN	85385	CPT	outpatient			189		16.63 Qualcare	Qualcare		141.75	75			14.46	179.55	percent of total billed charges	
FIBRINOGEN ANTIGEN	85385	CPT	outpatient			189		16.63 Three Rivers	Three Rivers		179.55	95			14.46	179.55	percent of total billed charges	
FIBRINOGEN ANTIGEN	85385	CPT	outpatient			189		16.63 UHC	Medicaid		59.63	31.55			14.46	179.55	percent of total billed charges	
FIBRINOGEN ANTIGEN	85385	CPT	outpatient			189		16.63 UHC	Medicare		14.46				14.46	179.55	fee schedule	
FIBRINOGEN ANTIGEN	85385	CPT	outpatient			189		16.63 Wellcare	Medicaid		59.63	31.55			14.46	179.55	percent of total billed charges	
FIBRINOGEN ANTIGEN	85385	CPT	outpatient			189		16.63 Wellcare	Medicare		14.46				14.46	179.55	fee schedule	
FIBRINOGEN ANTIGEN	85385	CPT	outpatient			189		16.63 WellPoint	WellPoint		60.82	32.18			14.46	179.55	percent of total billed charges	
FIBRINOLYSIS/COAG INTERP&REPORT	85390	CPT	outpatient			193		17.8 Aetna	Commercial		73.34	38			15.48	183.35	percent of total billed charges	
FIBRINOLYSIS/COAG INTERP&REPORT	85390	CPT	outpatient			193		17.8 Aetna	Better Health		60.89	31.55			15.48	183.35	percent of total billed charges	
FIBRINOLYSIS/COAG INTERP&REPORT	85390	CPT	outpatient			193		17.8 Aetna	Medicare		59.44	30.8			15.48	183.35	percent of total billed charges	
FIBRINOLYSIS/COAG INTERP&REPORT	85390	CPT	outpatient			193		17.8 Americare	Americare		144.75	75			15.48	183.35	percent of total billed charges	
FIBRINOLYSIS/COAG INTERP&REPORT	85390	CPT	outpatient			193		17.8 Amerihealth	Medicare		15.48				15.48	183.35	fee schedule	
FIBRINOLYSIS/COAG INTERP&REPORT	85390	CPT	outpatient			193		17.8 Amerihealth	HMO/PPO		125.45	65			15.48	183.35	percent of total billed charges	
FIBRINOLYSIS/COAG INTERP&REPORT	85390	CPT	outpatient			193		17.8 Consumer	Consumer		183.35	95			15.48	183.35	percent of total billed charges	
FIBRINOLYSIS/COAG INTERP&REPORT	85390	CPT	outpatient			193		17.8 Corrections	Corrections		154.4	80			15.48	183.35	percent of total billed charges	
FIBRINOLYSIS/COAG INTERP&REPORT	85390	CPT	outpatient			193		17.8 First Health	First Health		135.1	70			15.48	183.35	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.															
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true														
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
FIBRINOLYSIS/COAG INTERP&REPORT	85390	CPT	outpatient			193	17.8	First Trenton	First Trenton		173.7	90			15.48	183.35	percent of total billed charges	
FIBRINOLYSIS/COAG INTERP&REPORT	85390	CPT	outpatient			193	17.8	Horizon	MGD		73.88	38.28			15.48	183.35	percent of total billed charges	
FIBRINOLYSIS/COAG INTERP&REPORT	85390	CPT	outpatient			193	17.8	Horizon	Indemnity		73.88	38.28			15.48	183.35	percent of total billed charges	
FIBRINOLYSIS/COAG INTERP&REPORT	85390	CPT	outpatient			193	17.8	Horizon	Medicare Blue		57.9	30			15.48	183.35	percent of total billed charges	
FIBRINOLYSIS/COAG INTERP&REPORT	85390	CPT	outpatient			193	17.8	Horizon	NJ Health		19.46				15.48	183.35	fee schedule	
FIBRINOLYSIS/COAG INTERP&REPORT	85390	CPT	outpatient			193	17.8	Horizon	PPO		73.88	38.28			15.48	183.35	percent of total billed charges	
FIBRINOLYSIS/COAG INTERP&REPORT	85390	CPT	outpatient			193	17.8	Managed Care Inc	Managed Care Inc		173.7	90			15.48	183.35	percent of total billed charges	
FIBRINOLYSIS/COAG INTERP&REPORT	85390	CPT	outpatient			193	17.8	Multiplan	Multiplan		154.4	80			15.48	183.35	percent of total billed charges	
FIBRINOLYSIS/COAG INTERP&REPORT	85390	CPT	outpatient			193	17.8	Qualcare	Qualcare		144.75	75			15.48	183.35	percent of total billed charges	
FIBRINOLYSIS/COAG INTERP&REPORT	85390	CPT	outpatient			193	17.8	Three Rivers	Three Rivers		183.35	95			15.48	183.35	percent of total billed charges	
FIBRINOLYSIS/COAG INTERP&REPORT	85390	CPT	outpatient			193	17.8	UHC	Medicare		15.48				15.48	183.35	fee schedule	
FIBRINOLYSIS/COAG INTERP&REPORT	85390	CPT	outpatient			193	17.8	UHC	Medicaid		60.89	31.55			15.48	183.35	percent of total billed charges	
FIBRINOLYSIS/COAG INTERP&REPORT	85390	CPT	outpatient			193	17.8	Wellcare	Medicare		15.48				15.48	183.35	fee schedule	
FIBRINOLYSIS/COAG INTERP&REPORT	85390	CPT	outpatient			193	17.8	Wellcare	Medicaid		60.89	31.55			15.48	183.35	percent of total billed charges	
FIBRINOLYSIS/COAG INTERP&REPORT	85390	CPT	outpatient			193	17.8	WellPoint	WellPoint		62.11	32.18			15.48	183.35	percent of total billed charges	
ADAMTS13,ACTIVITY&INHIB.PROF(ADM13)	85397	CPT	both			502	35.49	Aetna	Medicare		30.86				25.48	476.9	fee schedule	
ADAMTS13,ACTIVITY&INHIB.PROF(ADM13)	85397	CPT	both			502	35.49	Aetna	Better Health		158.38	31.55			25.48	476.9	percent of total billed charges	
ADAMTS13,ACTIVITY&INHIB.PROF(ADM13)	85397	CPT	both			502	35.49	Aetna	Commercial		190.76	38			25.48	476.9	percent of total billed charges	
ADAMTS13,ACTIVITY&INHIB.PROF(ADM13)	85397	CPT	both			502	35.49	Americare	Americare		376.5	75			25.48	476.9	percent of total billed charges	
ADAMTS13,ACTIVITY&INHIB.PROF(ADM13)	85397	CPT	both			502	35.49	Amerihealth	Medicare		30.86				25.48	476.9	fee schedule	
ADAMTS13,ACTIVITY&INHIB.PROF(ADM13)	85397	CPT	both			502	35.49	Amerihealth	HMO/PPO		326.3	65			25.48	476.9	percent of total billed charges	
ADAMTS13,ACTIVITY&INHIB.PROF(ADM13)	85397	CPT	both			502	35.49	Consumer	Consumer		476.9	95			25.48	476.9	percent of total billed charges	
ADAMTS13,ACTIVITY&INHIB.PROF(ADM13)	85397	CPT	both			502	35.49	Corrections	Corrections		401.6	80			25.48	476.9	percent of total billed charges	
ADAMTS13,ACTIVITY&INHIB.PROF(ADM13)	85397	CPT	both			502	35.49	First Health	First Health		351.4	70			25.48	476.9	percent of total billed charges	
ADAMTS13,ACTIVITY&INHIB.PROF(ADM13)	85397	CPT	both			502	35.49	First Trenton	First Trenton		451.8	90			25.48	476.9	percent of total billed charges	
ADAMTS13,ACTIVITY&INHIB.PROF(ADM13)	85397	CPT	both			502	35.49	Horizon	Indemnity		192.17	38.28			25.48	476.9	percent of total billed charges	
ADAMTS13,ACTIVITY&INHIB.PROF(ADM13)	85397	CPT	both			502	35.49	Horizon	Medicare Blue		150.6	30			25.48	476.9	percent of total billed charges	
ADAMTS13,ACTIVITY&INHIB.PROF(ADM13)	85397	CPT	both			502	35.49	Horizon	MGD		192.17	38.28			25.48	476.9	percent of total billed charges	
ADAMTS13,ACTIVITY&INHIB.PROF(ADM13)	85397	CPT	both			502	35.49	Horizon	PPO		192.17	38.28			25.48	476.9	percent of total billed charges	
ADAMTS13,ACTIVITY&INHIB.PROF(ADM13)	85397	CPT	both			502	35.49	Horizon	NJ Health		25.48				25.48	476.9	fee schedule	
ADAMTS13,ACTIVITY&INHIB.PROF(ADM13)	85397	CPT	both			502	35.49	Managed Care Inc	Managed Care Inc		451.8	90			25.48	476.9	percent of total billed charges	
ADAMTS13,ACTIVITY&INHIB.PROF(ADM13)	85397	CPT	both			502	35.49	Multiplan	Multiplan		401.6	80			25.48	476.9	percent of total billed charges	
ADAMTS13,ACTIVITY&INHIB.PROF(ADM13)	85397	CPT	both			502	35.49	Qualcare	Qualcare		376.5	75			25.48	476.9	percent of total billed charges	
ADAMTS13,ACTIVITY&INHIB.PROF(ADM13)	85397	CPT	both			502	35.49	Three Rivers	Three Rivers		476.9	95			25.48	476.9	percent of total billed charges	
ADAMTS13,ACTIVITY&INHIB.PROF(ADM13)	85397	CPT	both			502	35.49	UHC	Medicaid		158.38	31.55			25.48	476.9	percent of total billed charges	
ADAMTS13,ACTIVITY&INHIB.PROF(ADM13)	85397	CPT	both			502	35.49	UHC	Medicare		30.86				25.48	476.9	fee schedule	
ADAMTS13,ACTIVITY&INHIB.PROF(ADM13)	85397	CPT	both			502	35.49	Wellcare	Medicare		30.86				25.48	476.9	fee schedule	
ADAMTS13,ACTIVITY&INHIB.PROF(ADM13)	85397	CPT	both			502	35.49	Wellcare	Medicaid		158.38	31.55			25.48	476.9	percent of total billed charges	
ADAMTS13,ACTIVITY&INHIB.PROF(ADM13)	85397	CPT	both			502	35.49	WellPoint	WellPoint		161.54	32.18			25.48	476.9	percent of total billed charges	
ANTIPLASMIN	85410	CPT	both			100	8.67	Aetna	Better Health		31.55	31.55			7.71	95	percent of total billed charges	
ANTIPLASMIN	85410	CPT	both			100	8.67	Aetna	Medicare		7.71				7.71	95	fee schedule	
ANTIPLASMIN	85410	CPT	both			100	8.67	Aetna	Commercial		38	38			7.71	95	percent of total billed charges	
ANTIPLASMIN	85410	CPT	both			100	8.67	Americare	Americare		75	75			7.71	95	percent of total billed charges	
ANTIPLASMIN	85410	CPT	both			100	8.67	Amerihealth	Medicare		7.71				7.71	95	fee schedule	
ANTIPLASMIN	85410	CPT	both			100	8.67	Amerihealth	HMO/PPO		65	65			7.71	95	percent of total billed charges	
ANTIPLASMIN	85410	CPT	both			100	8.67	Consumer	Consumer		95	95			7.71	95	percent of total billed charges	
ANTIPLASMIN	85410	CPT	both			100	8.67	Corrections	Corrections		80	80			7.71	95	percent of total billed charges	
ANTIPLASMIN	85410	CPT	both			100	8.67	First Health	First Health		70	70			7.71	95	percent of total billed charges	
ANTIPLASMIN	85410	CPT	both			100	8.67	First Trenton	First Trenton		90	90			7.71	95	percent of total billed charges	
ANTIPLASMIN	85410	CPT	both			100	8.67	Horizon	MGD		38.28	38.28			7.71	95	percent of total billed charges	
ANTIPLASMIN	85410	CPT	both			100	8.67	Horizon	Indemnity		38.28	38.28			7.71	95	percent of total billed charges	
ANTIPLASMIN	85410	CPT	both			100	8.67	Horizon	Medicare Blue		30	30			7.71	95	percent of total billed charges	
ANTIPLASMIN	85410	CPT	both			100	8.67	Horizon	PPO		38.28	38.28			7.71	95	percent of total billed charges	
ANTIPLASMIN	85410	CPT	both			100	8.67	Horizon	NJ Health		19.4				7.71	95	fee schedule	
ANTIPLASMIN	85410	CPT	both			100	8.67	Managed Care Inc	Managed Care Inc		90	90			7.71	95	percent of total billed charges	
ANTIPLASMIN	85410	CPT	both			100	8.67	Multiplan	Multiplan		80	80			7.71	95	percent of total billed charges	
ANTIPLASMIN	85410	CPT	both			100	8.67	Qualcare	Qualcare		75	75			7.71	95	percent of total billed charges	
ANTIPLASMIN	85410	CPT	both			100	8.67	Three Rivers	Three Rivers		95	95			7.71	95	percent of total billed charges	
ANTIPLASMIN	85410	CPT	both			100	8.67	UHC	Medicare		7.71				7.71	95	fee schedule	
ANTIPLASMIN	85410	CPT	both			100	8.67	UHC	Medicaid		31.55	31.55			7.71	95	percent of total billed charges	
ANTIPLASMIN	85410	CPT	both			100	8.67	Wellcare	Medicare		7.71				7.71	95	fee schedule	
ANTIPLASMIN	85410	CPT	both			100	8.67	Wellcare	Medicaid		31.55	31.55			7.71	95	percent of total billed charges	
ANTIPLASMIN	85410	CPT	both			100	8.67	WellPoint	WellPoint		32.18	32.18			7.71	95	percent of total billed charges	
PLASMINOGEN ACT INHIBITOR -1	85415	CPT	both			592	19.77	Aetna	Better Health		186.78	31.55			17.19	562.4	percent of total billed charges	
PLASMINOGEN ACT INHIBITOR -1	85415	CPT	both			592	19.77	Aetna	Medicare		17.19				17.19	562.4	fee schedule	
PLASMINOGEN ACT INHIBITOR -1	85415	CPT	both			592	19.77	Aetna	Commercial		224.96	38			17.19	562.4	percent of total billed charges	
PLASMINOGEN ACT INHIBITOR -1	85415	CPT	both			592	19.77	Americare	Americare		444	75			17.19	562.4	percent of total billed charges	
PLASMINOGEN ACT INHIBITOR -1	85415	CPT	both			592	19.77	Amerihealth	Medicare		17.19				17.19	562.4	fee schedule	
PLASMINOGEN ACT INHIBITOR -1	85415	CPT	both			592	19.77	Amerihealth	HMO/PPO		384.8	65			17.19	562.4	percent of total billed charges	
PLASMINOGEN ACT INHIBITOR -1	85415	CPT	both			592	19.77	Consumer	Consumer		562.4	95			17.19	562.4	percent of total billed charges	
PLASMINOGEN ACT INHIBITOR -1	85415	CPT	both			592	19.77	Corrections	Corrections		473.6	80			17.19	562.4	percent of total billed charges	
PLASMINOGEN ACT INHIBITOR -1	85415	CPT	both			592	19.77	First Health	First Health		414.4	70			17.19	562.4	percent of total billed charges	
PLASMINOGEN ACT INHIBITOR -1	85415	CPT	both			592	19.77	First Trenton	First Trenton		532.8	90			17.19	562.4	percent of total billed charges	
PLASMINOGEN ACT INHIBITOR -1	85415	CPT	both			592	19.77	Horizon	Indemnity		226.62	38.28			17.19	562.4	percent of total billed charges	
PLASMINOGEN ACT INHIBITOR -1	85415	CPT	both			592	19.77	Horizon	MGD		226.62	38.28			17.19	562.4	percent of total billed charges	
PLASMINOGEN ACT INHIBITOR -1	85415	CPT	both			592	19.77	Horizon	PPO		226.62	38.28			17.19	562.4	percent of total billed charges	
PLASMINOGEN ACT INHIBITOR -1	85415	CPT	both			592	19.77	Horizon	Medicare Blue		177.6	30			17.19	562.4	percent of total billed charges	
PLASMINOGEN ACT INHIBITOR -1	85415	CPT	both			592	19.77	Horizon	NJ Health		19.6				17.19	562.4	fee schedule	
PLASMINOGEN ACT INHIBITOR -1	85415	CPT	both			592	19.77	Managed Care Inc	Managed Care Inc		532.8	90			17.19	562.4	percent of total billed charges	
PLASMINOGEN ACT INHIBITOR -1	85415	CPT	both			592	19.77	Multiplan	Multiplan		473.6	80			17.19	562.4	percent of total billed charges	
PLASMINOGEN ACT INHIBITOR -1	85415	CPT	both			592	19.77	Qualcare	Qualcare		444	75			17.19	562.4	percent of total billed charges	
PLASMINOGEN ACT INHIBITOR -1	85415	CPT	both			592	19.77	Three Rivers	Three Rivers		562.4	95			17.19	562.4	percent of total billed charges	
PLASMINOGEN ACT INHIBITOR -1	85415	CPT	both			592	19.77	UHC	Medicaid		186.78	31.55			17.19	562.4	percent of total billed charges	
PLASMINOGEN ACT INHIBITOR -1	85415	CPT	both			592	19.77	UHC	Medicare		17.19				17.19	562.4	fee schedule	
PLASMINOGEN ACT INHIBITOR -1	85415	CPT	both			592	19.77	Wellcare	Medicaid		186.78	31.55			17.19	562.4	percent of total billed charges	
PLASMINOGEN ACT INHIBITOR -1	85415	CPT	both			592	19.77	Wellcare	Medicare		17.19				17.19	562.4	fee schedule	
PLASMINOGEN ACT INHIBITOR -1	85415	CPT	both			592	19.77	WellPoint	WellPoint		190.51	32.18			17.19	562.4	percent of total billed charges	
PLASMINOGEN ACTIVITY(117713)	85420	CPT	outpatient			47	7.51	Aetna	Medicare		14.48	30.8			6.53	44.65	percent of total billed charges	
PLASMINOGEN ACTIVITY(117713)	85420	CPT	outpatient			47	7.51	Aetna	Commercial		17.86	38			6.53	44.65	percent of total billed charges	
PLASMINOGEN ACTIVITY(117713)	85420	CPT	outpatient			47	7.51	Aetna	Better Health		14.83	31.55			6.53	44.65	percent of total billed charges	
PLASMINOGEN ACTIVITY(117713)	85420	CPT	outpatient			47	7.51	Americare	Americare		35.25	75			6.53	44.65	percent of total billed charges	
PLASMINOGEN ACTIVITY(117713)	85420	CPT	outpatient			47	7.51	Amerihealth	HMO/PPO		30.55	65			6.53	44.65	percent of total billed charges	
PLASMINOGEN ACTIVITY(117713)	85420	CPT	outpatient			47	7.51	Amerihealth	Medicare		6.53				6.53	44.65	fee schedule	
PLASMINOGEN ACTIVITY(117713)	85420	CPT	outpatient			47	7.51	Consumer	Consumer		44.65	95			6.53	44.65	percent of total billed charges	
PLASMINOGEN ACTIVITY(117713)	85420	CPT	outpatient			47	7.51	Corrections	Corrections		37.6	80			6.53	44.65	percent of total billed charges	
PLASMINOGEN ACTIVITY(117713)	85420	CPT	outpatient			47	7.51	First Health	First Health		32.9	70			6.53	44.65	percent of total billed charges	
PLASMINOGEN ACTIVITY(117713)	85420	CPT	outpatient			47	7.51	First Trenton	First Trenton		42.3	90			6.53	44.65	percent of total billed charges	
PLASMINOGEN ACTIVITY(117713)	85420	CPT	outpatient			47	7.51	Horizon	MGD		17.99	38.28			6.53	44.65	percent of total billed charges	
PLASMINOGEN ACTIVITY(117713)	85420	CPT	outpatient			47	7.51	Horizon	Indemnity		17.99	38.28			6.53	44.65	percent of total billed charges	
PLASMINOGEN ACTIVITY(117713)	85420	CPT	outpatient			47	7.51	Horizon	Medicare Blue		14.1	30			6.53	44.65	percent of total billed charges	
PLASMINOGEN ACTIVITY(117713)	85420	CPT	outpatient			47	7.51	Horizon	NJ Health		21.56				6.53	44.65	fee schedule	
PLASMINOGEN ACTIVITY(117713)	85420	CPT	outpatient			47	7.51	Horizon	PPO		17.99	38.28			6.53	44.65	percent of total billed charges	
PLASMINOGEN ACTIVITY(117713)	85420	CPT	outpatient			47	7.51	Managed Care Inc	Managed Care Inc		42.3	90			6.53	44.65	percent of total billed charges	
PLASMINOGEN ACTIVITY(117713)	85420	CPT	outpatient			47	7.51	Multiplan	Multiplan		37.6	80			6.53	44.65	percent of total billed charges	
PLASMINOGEN ACTIVITY(117713)	85420	CPT	outpatient			47	7.51	Qualcare	Qualcare		35.25	75			6.53	44.65	percent of total billed charges	
PLASMINOGEN ACTIVITY(117713)	85420	CPT	outpatient			47	7.51	Three Rivers	Three Rivers		44.65	95			6.53	44.65	percent of total billed charges	
PLASMINOGEN ACTIVITY(117713)	85420	CPT	outpatient			47	7.51	UHC	Medicare		6.53				6.53	44.65	fee schedule	
PLASMINOGEN ACTIVITY(117713)	85420	CPT	outpatient			47	7.51	UHC	Medicaid		14.83	31.55			6.53	44.65	percent of total billed charges	
PLASMINOGEN ACTIVITY(117713)	85420	CPT	outpatient			47	7.51	Wellcare	Medicaid		14.83	31.55			6.53	44.65	percent of total billed charges	
PLASMINOGEN ACTIVITY(117713)	85420	CPT	outpatient			47	7.51	Wellcare	Medicare		6.53				6.53	44.65	fee schedule	
PLASMINOGEN ACTIVITY(117713)	85420	CPT	outpatient			47	7.51	WellPoint	WellPoint		15.12	32.18			6.53	44.65	percent of total billed charges	
HEINZ BODIES,DIRECT	85441	CPT	outpatient			197	4.83	Aetna	Medicare		60.68	30.8			4.2	187.15	percent of total billed charges	
HEINZ BODIES,DIRECT	85441	CPT	outpatient			197	4.83	Aetna	Better Health		62.15	31.55			4.2	187.15	percent of total billed charges	
HEINZ BODIES,DIRECT	85441	CPT	outpatient			197	4.83	Aetna	Commercial		74.86	38			4.2	187.15	percent of total billed charges	
HEINZ BODIES,DIRECT	85441	CPT	outpatient			197	4.83	Americare	Americare		147.75	75			4.2	187.15	percent of total billed charges	
HEINZ BODIES,DIRECT	85441	CPT	outpatient			197	4.83	Amerihealth	Medicare		4.2				4.2	187.15	fee schedule	
HEINZ BODIES,DIRECT	85441	CPT	outpatient			197	4.83	Amerihealth	HMO/PPO		128.05	65			4.2	187.15	percent of total billed charges	
HEINZ BODIES,DIRECT	85441	CPT	outpatient			197	4.83	Consumer	Consumer		187.15	95			4.2	187.15	percent of total billed charges	
HEINZ BODIES,DIRECT	85441	CPT	outpatient			197	4.83	Corrections	Corrections		157.6	80			4.2	187.15	percent of total billed charges	
HEINZ BODIES,DIRECT	85441	CPT	outpatient			197	4.83	First Health	First Health		137.9	70			4.2	187.15	percent of total billed charges	
HEINZ BODIES,DIRECT	85441	CPT	outpatient			197	4.83	First Trenton	First Trenton		177.3	90			4.2	187.15	percent of total billed charges	
HEINZ BODIES,DIRECT	85441	CPT	outpatient			197	4.83	Horizon	MGD		75.41	38.28			4.2	187.15	percent of total billed charges	
HEINZ BODIES,DIRECT	85441	CPT	outpatient			197	4.83	Horizon	Indemnity		75.41	38.28			4.2	187.15	percent of total billed charges	
HEINZ BODIES,DIRECT	85441	CPT	outpatient			197	4.83	Horizon	NJ Health		9.8				4.2	187.15	fee schedule	
HEINZ BODIES,DIRECT	85441	CPT	outpatient			197	4.83	Horizon	PPO		75.41	38.28			4.2	187.15	percent of total billed charges	
HEINZ BODIES,DIRECT	85441	CPT	outpatient			197	4.83	Horizon	Medicare Blue		59.1	30			4.2	187.15	percent of total billed charges	
HEINZ BODIES,DIRECT	85441	CPT	outpatient			197	4.83	Managed Care Inc	Managed Care Inc		177.3	90			4.2	187.15	percent of total billed charges	
HEINZ BODIES,DIRECT	85441	CPT	outpatient			197	4.83	Multiplan	Multiplan		157.6	80			4.2	187.15	percent of total billed charges	
HEINZ BODIES,DIRECT	85441	CPT	outpatient			197	4.83	Qualcare	Qualcare		147.75	75			4.2	187.15	percent of total billed charges	
HEINZ BODIES,DIRECT	85441	CPT	outpatient			197	4.83	Three Rivers	Three Rivers		187.15	95			4.2	187.15	percent of total billed charges	
HEINZ BODIES,DIRECT	85441	CPT	outpatient			197	4.83	UHC	Medicare		4.2				4.2	187.15	fee schedule	
HEINZ BODIES,DIRECT	85441	CPT	outpatient			197	4.83	UHC	Medicaid		62.15	31.55			4.2	187.15	percent of total billed charges	
HEINZ BODIES,DIRECT	85441	CPT	outpatient			197	4.83	Wellcare	Medicaid		62.15	31.55			4.2	187.15	percent of total billed charges	
HEINZ BODIES,DIRECT	85441	CPT	outpatient			197	4.83	Wellcare	Medicare		4.2				4.2	187.15	fee schedule	
HEINZ BODIES,DIRECT	85441	CPT	outpatient			197	4.83	WellPoint	WellPoint		63.39	32.18			4.2	187.15	percent of total billed charges	
INDUCED,ACETYL PHENYLHYDRAZINE	85445	CPT	outpatient			197	7.84	Aetna	Commercial		74.86	38			6.82	187.15	percent of total billed charges	
INDUCED,ACETYL PHENYLHYDRAZINE	85445	CPT	outpatient			197	7.84	Aetna	Medicare		6.82				6.82	187.15	fee schedule	
INDUCED,ACETYL PHENYLHYDRAZINE	85445	CPT	outpatient			197	7.84	Aetna	Better Health		62.15	31.55			6.82	187.15	percent of total billed charges	
INDUCED,ACETYL PHENYLHYDRAZINE	85445	CPT	outpatient			197	7.84	Americare	Americare		147.75	75			6.82	187.15	percent of total billed charges	
INDUCED,ACETYL PHENYLHYDRAZINE	85445	CPT	outpatient			197	7.84	Amerihealth	Medicare		6.82				6.82	187.15	fee schedule	
INDUCED,ACETYL PHENYLHYDRAZINE	85445	CPT	outpatient			197	7.84	Amerihealth	HMO/PPO		128.05	65			6.82	187.15	percent of total billed charges	
INDUCED,ACETYL PHENYLHYDRAZINE	85445	CPT	outpatient			197	7.84	Consumer	Consumer		187.15	95			6.82	187.15	percent of total billed charges	
INDUCED,ACETYL PHENYLHYDRAZINE	85445	CPT	outpatient			197	7.84	Corrections	Corrections		157.6	80			6.82	187.15	percent of total billed charges	
INDUCED,ACETYL PHENYLHYDRAZINE	85445	CPT	outpatient			197	7.84	First Health	First Health		137.9	70			6.82	187.15	percent of total billed charges	
INDUCED,ACETYL PHENYLHYDRAZINE	85445	CPT	outpatient			197	7.84	First Trenton	First Trenton		177.3	90			6.82	187.15	percent of total billed charges	
INDUCED,ACETYL PHENYLHYDRAZINE	85445	CPT	outpatient			197	7.84	Horizon	NJ Health		9.8				6.82	187.15	fee schedule	
INDUCED,ACETYL PHENYLHYDRAZINE	85445	CPT	outpatient			197	7.84	Horizon	MGD		75.41	38.28			6.82	187.15	percent of total billed charges	
INDUCED,ACETYL PHENYLHYDRAZINE	85445	CPT	outpatient			197	7.84	Horizon	Medicare Blue		59.1	30			6.82	187.15	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
INDUCED,ACETYL PHENYLHYDRAZINE	85445	CPT	outpatient			197		7.84 Horizon	PPO		75.41	38.28			6.82	187.15	percent of total billed charges	
INDUCED,ACETYL PHENYLHYDRAZINE	85445	CPT	outpatient			197		7.84 Horizon	Indemnity		75.41	38.28			6.82	187.15	percent of total billed charges	
INDUCED,ACETYL PHENYLHYDRAZINE	85445	CPT	outpatient			197		7.84 Managed Care Inc	Managed Care Inc		177.3	90			6.82	187.15	percent of total billed charges	
INDUCED,ACETYL PHENYLHYDRAZINE	85445	CPT	outpatient			197		7.84 Multiplan	Multiplan		157.6	80			6.82	187.15	percent of total billed charges	
INDUCED,ACETYL PHENYLHYDRAZINE	85445	CPT	outpatient			197		7.84 Qualcare	Qualcare		147.75	75			6.82	187.15	percent of total billed charges	
INDUCED,ACETYL PHENYLHYDRAZINE	85445	CPT	outpatient			197		7.84 Three Rivers	Three Rivers		187.15	95			6.82	187.15	percent of total billed charges	
INDUCED,ACETYL PHENYLHYDRAZINE	85445	CPT	outpatient			197		7.84 UHC	Medicaid		62.15	31.55			6.82	187.15	percent of total billed charges	
INDUCED,ACETYL PHENYLHYDRAZINE	85445	CPT	outpatient			197		7.84 UHC	Medicare		6.82				6.82	187.15	fee schedule	
INDUCED,ACETYL PHENYLHYDRAZINE	85445	CPT	outpatient			197		7.84 Wellcare	Medicare		6.82				6.82	187.15	fee schedule	
INDUCED,ACETYL PHENYLHYDRAZINE	85445	CPT	outpatient			197		7.84 Wellcare	Medicaid		62.15	31.55			6.82	187.15	percent of total billed charges	
INDUCED,ACETYL PHENYLHYDRAZINE	85445	CPT	outpatient			197		7.84 WellPoint	WellPoint		63.39	32.18			6.82	187.15	percent of total billed charges	
KLEIHAUER-BETKE(KLB)	85460	CPT	outpatient			274		8.89 Aetna	Better Health		86.45	31.55			7.73	260.3	percent of total billed charges	
KLEIHAUER-BETKE(KLB)	85460	CPT	outpatient			274		8.89 Aetna	Commercial		104.12	38			7.73	260.3	percent of total billed charges	
KLEIHAUER-BETKE(KLB)	85460	CPT	outpatient			274		8.89 Aetna	Medicare		7.73				7.73	260.3	fee schedule	
KLEIHAUER-BETKE(KLB)	85460	CPT	outpatient			274		8.89 Americare	Americare		205.5	75			7.73	260.3	percent of total billed charges	
KLEIHAUER-BETKE(KLB)	85460	CPT	outpatient			274		8.89 Amerihealth	Medicare		7.73				7.73	260.3	fee schedule	
KLEIHAUER-BETKE(KLB)	85460	CPT	outpatient			274		8.89 Amerihealth	HMO/PPO		178.1	65			7.73	260.3	percent of total billed charges	
KLEIHAUER-BETKE(KLB)	85460	CPT	outpatient			274		8.89 Consumer	Consumer		260.3	95			7.73	260.3	percent of total billed charges	
KLEIHAUER-BETKE(KLB)	85460	CPT	outpatient			274		8.89 Corrections	Corrections		219.2	80			7.73	260.3	percent of total billed charges	
KLEIHAUER-BETKE(KLB)	85460	CPT	outpatient			274		8.89 First Health	First Health		191.8	70			7.73	260.3	percent of total billed charges	
KLEIHAUER-BETKE(KLB)	85460	CPT	outpatient			274		8.89 First Trenton	First Trenton		246.6	90			7.73	260.3	percent of total billed charges	
KLEIHAUER-BETKE(KLB)	85460	CPT	outpatient			274		8.89 Horizon	Indemnity		104.89	38.28			7.73	260.3	percent of total billed charges	
KLEIHAUER-BETKE(KLB)	85460	CPT	outpatient			274		8.89 Horizon	PPO		104.89	38.28			7.73	260.3	percent of total billed charges	
KLEIHAUER-BETKE(KLB)	85460	CPT	outpatient			274		8.89 Horizon	MGD		104.89	38.28			7.73	260.3	percent of total billed charges	
KLEIHAUER-BETKE(KLB)	85460	CPT	outpatient			274		8.89 Horizon	Medicare Blue		82.2	30			7.73	260.3	percent of total billed charges	
KLEIHAUER-BETKE(KLB)	85460	CPT	outpatient			274		8.89 Horizon	NJ Health		18.42				7.73	260.3	fee schedule	
KLEIHAUER-BETKE(KLB)	85460	CPT	outpatient			274		8.89 Managed Care Inc	Managed Care Inc		246.6	90			7.73	260.3	percent of total billed charges	
KLEIHAUER-BETKE(KLB)	85460	CPT	outpatient			274		8.89 Multiplan	Multiplan		219.2	80			7.73	260.3	percent of total billed charges	
KLEIHAUER-BETKE(KLB)	85460	CPT	outpatient			274		8.89 Qualcare	Qualcare		205.5	75			7.73	260.3	percent of total billed charges	
KLEIHAUER-BETKE(KLB)	85460	CPT	outpatient			274		8.89 Three Rivers	Three Rivers		260.3	95			7.73	260.3	percent of total billed charges	
KLEIHAUER-BETKE(KLB)	85460	CPT	outpatient			274		8.89 UHC	Medicare		7.73				7.73	260.3	fee schedule	
KLEIHAUER-BETKE(KLB)	85460	CPT	outpatient			274		8.89 UHC	Medicaid		86.45	31.55			7.73	260.3	percent of total billed charges	
KLEIHAUER-BETKE(KLB)	85460	CPT	outpatient			274		8.89 Wellcare	Medicare		7.73				7.73	260.3	fee schedule	
KLEIHAUER-BETKE(KLB)	85460	CPT	outpatient			274		8.89 Wellcare	Medicaid		86.45	31.55			7.73	260.3	percent of total billed charges	
KLEIHAUER-BETKE(KLB)	85460	CPT	outpatient			274		8.89 WellPoint	WellPoint		88.17	32.18			7.73	260.3	percent of total billed charges	
ROSETTE (FETAL CELL SCREEN)	85461	CPT	both			128		10.76 Aetna	Medicare		9.36				7.37	121.6	fee schedule	
ROSETTE (FETAL CELL SCREEN)	85461	CPT	both			128		10.76 Aetna	Better Health		40.38	31.55			7.37	121.6	percent of total billed charges	
ROSETTE (FETAL CELL SCREEN)	85461	CPT	both			128		10.76 Aetna	Commercial		48.64	38			7.37	121.6	percent of total billed charges	
ROSETTE (FETAL CELL SCREEN)	85461	CPT	both			128		10.76 Americare	Americare		96	75			7.37	121.6	percent of total billed charges	
ROSETTE (FETAL CELL SCREEN)	85461	CPT	both			128		10.76 Amerihealth	HMO/PPO		83.2	65			7.37	121.6	percent of total billed charges	
ROSETTE (FETAL CELL SCREEN)	85461	CPT	both			128		10.76 Amerihealth	Medicare		9.36				7.37	121.6	fee schedule	
ROSETTE (FETAL CELL SCREEN)	85461	CPT	both			128		10.76 Consumer	Consumer		121.6	95			7.37	121.6	percent of total billed charges	
ROSETTE (FETAL CELL SCREEN)	85461	CPT	both			128		10.76 Corrections	Corrections		102.4	80			7.37	121.6	percent of total billed charges	
ROSETTE (FETAL CELL SCREEN)	85461	CPT	both			128		10.76 First Health	First Health		89.6	70			7.37	121.6	percent of total billed charges	
ROSETTE (FETAL CELL SCREEN)	85461	CPT	both			128		10.76 First Trenton	First Trenton		115.2	90			7.37	121.6	percent of total billed charges	
ROSETTE (FETAL CELL SCREEN)	85461	CPT	both			128		10.76 Horizon	Indemnity		49	38.28			7.37	121.6	percent of total billed charges	
ROSETTE (FETAL CELL SCREEN)	85461	CPT	both			128		10.76 Horizon	Medicare Blue		38.4	30			7.37	121.6	percent of total billed charges	
ROSETTE (FETAL CELL SCREEN)	85461	CPT	both			128		10.76 Horizon	NJ Health		7.37				7.37	121.6	fee schedule	
ROSETTE (FETAL CELL SCREEN)	85461	CPT	both			128		10.76 Horizon	MGD		49	38.28			7.37	121.6	percent of total billed charges	
ROSETTE (FETAL CELL SCREEN)	85461	CPT	both			128		10.76 Horizon	PPO		49	38.28			7.37	121.6	percent of total billed charges	
ROSETTE (FETAL CELL SCREEN)	85461	CPT	both			128		10.76 Managed Care Inc	Managed Care Inc		115.2	90			7.37	121.6	percent of total billed charges	
ROSETTE (FETAL CELL SCREEN)	85461	CPT	both			128		10.76 Multiplan	Multiplan		102.4	80			7.37	121.6	percent of total billed charges	
ROSETTE (FETAL CELL SCREEN)	85461	CPT	both			128		10.76 Qualcare	Qualcare		96	75			7.37	121.6	percent of total billed charges	
ROSETTE (FETAL CELL SCREEN)	85461	CPT	both			128		10.76 Three Rivers	Three Rivers		121.6	95			7.37	121.6	percent of total billed charges	
ROSETTE (FETAL CELL SCREEN)	85461	CPT	both			128		10.76 UHC	Medicare		9.36				7.37	121.6	fee schedule	
ROSETTE (FETAL CELL SCREEN)	85461	CPT	both			128		10.76 UHC	Medicaid		40.38	31.55			7.37	121.6	percent of total billed charges	
ROSETTE (FETAL CELL SCREEN)	85461	CPT	both			128		10.76 Wellcare	Medicaid		40.38	31.55			7.37	121.6	percent of total billed charges	
ROSETTE (FETAL CELL SCREEN)	85461	CPT	both			128		10.76 Wellcare	Medicare		9.36				7.37	121.6	fee schedule	
ROSETTE (FETAL CELL SCREEN)	85461	CPT	both			128		10.76 WellPoint	WellPoint		41.19	32.18			7.37	121.6	percent of total billed charges	
HEPARIN ASSAY	85520	CPT	both			519		15.05 Aetna	Medicare		13.09				13.09	493.05	fee schedule	
HEPARIN ASSAY	85520	CPT	both			519		15.05 Aetna	Better Health		163.74	31.55			13.09	493.05	percent of total billed charges	
HEPARIN ASSAY	85520	CPT	both			519		15.05 Aetna	Commercial		197.22	38			13.09	493.05	percent of total billed charges	
HEPARIN ASSAY	85520	CPT	both			519		15.05 Americare	Americare		389.25	75			13.09	493.05	percent of total billed charges	
HEPARIN ASSAY	85520	CPT	both			519		15.05 Amerihealth	Medicare		13.09				13.09	493.05	fee schedule	
HEPARIN ASSAY	85520	CPT	both			519		15.05 Amerihealth	HMO/PPO		337.35	65			13.09	493.05	percent of total billed charges	
HEPARIN ASSAY	85520	CPT	both			519		15.05 Consumer	Consumer		493.05	95			13.09	493.05	percent of total billed charges	
HEPARIN ASSAY	85520	CPT	both			519		15.05 Corrections	Corrections		415.2	80			13.09	493.05	percent of total billed charges	
HEPARIN ASSAY	85520	CPT	both			519		15.05 First Health	First Health		363.3	70			13.09	493.05	percent of total billed charges	
HEPARIN ASSAY	85520	CPT	both			519		15.05 First Trenton	First Trenton		467.1	90			13.09	493.05	percent of total billed charges	
HEPARIN ASSAY	85520	CPT	both			519		15.05 Horizon	Medicare Blue		155.7	30			13.09	493.05	percent of total billed charges	
HEPARIN ASSAY	85520	CPT	both			519		15.05 Horizon	NJ Health		17.72				13.09	493.05	fee schedule	
HEPARIN ASSAY	85520	CPT	both			519		15.05 Horizon	Indemnity		198.67	38.28			13.09	493.05	percent of total billed charges	
HEPARIN ASSAY	85520	CPT	both			519		15.05 Horizon	PPO		198.67	38.28			13.09	493.05	percent of total billed charges	
HEPARIN ASSAY	85520	CPT	both			519		15.05 Horizon	MGD		198.67	38.28			13.09	493.05	percent of total billed charges	
HEPARIN ASSAY	85520	CPT	both			519		15.05 Managed Care Inc	Managed Care Inc		467.1	90			13.09	493.05	percent of total billed charges	
HEPARIN ASSAY	85520	CPT	both			519		15.05 Multiplan	Multiplan		415.2	80			13.09	493.05	percent of total billed charges	
HEPARIN ASSAY	85520	CPT	both			519		15.05 Qualcare	Qualcare		389.25	75			13.09	493.05	percent of total billed charges	
HEPARIN ASSAY	85520	CPT	both			519		15.05 Three Rivers	Three Rivers		493.05	95			13.09	493.05	percent of total billed charges	
HEPARIN ASSAY	85520	CPT	both			519		15.05 UHC	Medicare		13.09				13.09	493.05	fee schedule	
HEPARIN ASSAY	85520	CPT	both			519		15.05 UHC	Medicaid		163.74	31.55			13.09	493.05	percent of total billed charges	
HEPARIN ASSAY	85520	CPT	both			519		15.05 Wellcare	Medicaid		163.74	31.55			13.09	493.05	percent of total billed charges	
HEPARIN ASSAY	85520	CPT	both			519		15.05 Wellcare	Medicare		13.09				13.09	493.05	fee schedule	
HEPARIN ASSAY	85520	CPT	both			519		15.05 WellPoint	WellPoint		167.01	32.18			13.09	493.05	percent of total billed charges	
HEPARIN NEUTRALIZATION	85525	CPT	outpatient			31		13.62 Aetna	Better Health		9.78	31.55			9.3	31.36	percent of total billed charges	
HEPARIN NEUTRALIZATION	85525	CPT	outpatient			31		13.62 Aetna	Medicare		9.55	30.8			9.3	31.36	percent of total billed charges	
HEPARIN NEUTRALIZATION	85525	CPT	outpatient			31		13.62 Aetna	Commercial		11.78	38			9.3	31.36	percent of total billed charges	
HEPARIN NEUTRALIZATION	85525	CPT	outpatient			31		13.62 Americare	Americare		23.25	75			9.3	31.36	percent of total billed charges	
HEPARIN NEUTRALIZATION	85525	CPT	outpatient			31		13.62 Amerihealth	HMO/PPO		20.15	65			9.3	31.36	percent of total billed charges	
HEPARIN NEUTRALIZATION	85525	CPT	outpatient			31		13.62 Amerihealth	Medicare		11.84				9.3	31.36	fee schedule	
HEPARIN NEUTRALIZATION	85525	CPT	outpatient			31		13.62 Consumer	Consumer		29.45	95			9.3	31.36	percent of total billed charges	
HEPARIN NEUTRALIZATION	85525	CPT	outpatient			31		13.62 Corrections	Corrections		24.8	80			9.3	31.36	percent of total billed charges	
HEPARIN NEUTRALIZATION	85525	CPT	outpatient			31		13.62 First Health	First Health		21.7	70			9.3	31.36	percent of total billed charges	
HEPARIN NEUTRALIZATION	85525	CPT	outpatient			31		13.62 First Trenton	First Trenton		27.9	90			9.3	31.36	percent of total billed charges	
HEPARIN NEUTRALIZATION	85525	CPT	outpatient			31		13.62 Horizon	MGD		11.87	38.28			9.3	31.36	percent of total billed charges	
HEPARIN NEUTRALIZATION	85525	CPT	outpatient			31		13.62 Horizon	Medicare Blue		9.3	30			9.3	31.36	percent of total billed charges	
HEPARIN NEUTRALIZATION	85525	CPT	outpatient			31		13.62 Horizon	NJ Health		31.36				9.3	31.36	fee schedule	
HEPARIN NEUTRALIZATION	85525	CPT	outpatient			31		13.62 Horizon	Indemnity		11.87	38.28			9.3	31.36	percent of total billed charges	
HEPARIN NEUTRALIZATION	85525	CPT	outpatient			31		13.62 Horizon	PPO		11.87	38.28			9.3	31.36	percent of total billed charges	
HEPARIN NEUTRALIZATION	85525	CPT	outpatient			31		13.62 Managed Care Inc	Managed Care Inc		27.9	90			9.3	31.36	percent of total billed charges	
HEPARIN NEUTRALIZATION	85525	CPT	outpatient			31		13.62 Multiplan	Multiplan		24.8	80			9.3	31.36	percent of total billed charges	
HEPARIN NEUTRALIZATION	85525	CPT	outpatient			31		13.62 Qualcare	Qualcare		23.25	75			9.3	31.36	percent of total billed charges	
HEPARIN NEUTRALIZATION	85525	CPT	outpatient			31		13.62 Three Rivers	Three Rivers		29.45	95			9.3	31.36	percent of total billed charges	
HEPARIN NEUTRALIZATION	85525	CPT	outpatient			31		13.62 UHC	Medicare		11.84				9.3	31.36	fee schedule	
HEPARIN NEUTRALIZATION	85525	CPT	outpatient			31		13.62 UHC	Medicaid		9.78	31.55			9.3	31.36	percent of total billed charges	
HEPARIN NEUTRALIZATION	85525	CPT	outpatient			31		13.62 Wellcare	Medicaid		9.78	31.55			9.3	31.36	percent of total billed charges	
HEPARIN NEUTRALIZATION	85525	CPT	outpatient			31		13.62 Wellcare	Medicare		11.84				9.3	31.36	fee schedule	
HEPARIN NEUTRALIZATION	85525	CPT	outpatient			31		13.62 WellPoint	WellPoint		9.98	32.18			9.3	31.36	percent of total billed charges	
LEUK-AKL PTASE, (LAP) LAB	85540	CPT	outpatient			162		9.89 Aetna	Better Health		51.11	31.55			8.6	153.9	percent of total billed charges	
LEUK-AKL PTASE, (LAP) LAB	85540	CPT	outpatient			162		9.89 Aetna	Medicare		8.6				8.6	153.9	fee schedule	
LEUK-AKL PTASE, (LAP) LAB	85540	CPT	outpatient			162		9.89 Aetna	Commercial		61.56	38			8.6	153.9	percent of total billed charges	
LEUK-AKL PTASE, (LAP) LAB	85540	CPT	outpatient			162		9.89 Americare	Americare		121.5	75			8.6	153.9	percent of total billed charges	
LEUK-AKL PTASE, (LAP) LAB	85540	CPT	outpatient			162		9.89 Amerihealth	HMO/PPO		105.3	65			8.6	153.9	percent of total billed charges	
LEUK-AKL PTASE, (LAP) LAB	85540	CPT	outpatient			162		9.89 Amerihealth	Medicare		8.6				8.6	153.9	fee schedule	
LEUK-AKL PTASE, (LAP) LAB	85540	CPT	outpatient			162		9.89 Consumer	Consumer		153.9	95			8.6	153.9	percent of total billed charges	
LEUK-AKL PTASE, (LAP) LAB	85540	CPT	outpatient			162		9.89 Corrections	Corrections		129.6	80			8.6	153.9	percent of total billed charges	
LEUK-AKL PTASE, (LAP) LAB	85540	CPT	outpatient			162		9.89 First Health	First Health		113.4	70			8.6	153.9	percent of total billed charges	
LEUK-AKL PTASE, (LAP) LAB	85540	CPT	outpatient			162		9.89 First Trenton	First Trenton		145.8	90			8.6	153.9	percent of total billed charges	
LEUK-AKL PTASE, (LAP) LAB	85540	CPT	outpatient			162		9.89 Horizon	MGD		62.01	38.28			8.6	153.9	percent of total billed charges	
LEUK-AKL PTASE, (LAP) LAB	85540	CPT	outpatient			162		9.89 Horizon	NJ Health		17.44				8.6	153.9	fee schedule	
LEUK-AKL PTASE, (LAP) LAB	85540	CPT	outpatient			162		9.89 Horizon	Medicare Blue		48.6	30			8.6	153.9	percent of total billed charges	
LEUK-AKL PTASE, (LAP) LAB	85540	CPT	outpatient			162		9.89 Horizon	Indemnity		62.01	38.28			8.6	153.9	percent of total billed charges	
LEUK-AKL PTASE, (LAP) LAB	85540	CPT	outpatient			162		9.89 Horizon	PPO		62.01	38.28			8.6	153.9	percent of total billed charges	
LEUK-AKL PTASE, (LAP) LAB	85540	CPT	outpatient			162		9.89 Managed Care Inc	Managed Care Inc		145.8	90			8.6	153.9	percent of total billed charges	
LEUK-AKL PTASE, (LAP) LAB	85540	CPT	outpatient			162		9.89 Multiplan	Multiplan		129.6	80			8.6	153.9	percent of total billed charges	
LEUK-AKL PTASE, (LAP) LAB	85540	CPT	outpatient			162		9.89 Qualcare	Qualcare		121.5	75			8.6	153.9	percent of total billed charges	
LEUK-AKL PTASE, (LAP) LAB	85540	CPT	outpatient			162		9.89 Three Rivers	Three Rivers		153.9	95			8.6	153.9	percent of total billed charges	
LEUK-AKL PTASE, (LAP) LAB	85540	CPT	outpatient			162		9.89 UHC	Medicare		8.6				8.6	153.9	fee schedule	
LEUK-AKL PTASE, (LAP) LAB	85540	CPT	outpatient			162		9.89 UHC	Medicaid		51.11	31.55			8.6	153.9	percent of total billed charges	
LEUK-AKL PTASE, (LAP) LAB	85540	CPT	outpatient			162		9.89 Wellcare	Medicaid		51.11	31.55			8.6	153.9	percent of total billed charges	
LEUK-AKL PTASE, (LAP) LAB	85540	CPT	outpatient			162		9.89 Wellcare	Medicare		8.6				8.6	153.9	fee schedule	
LEUK-AKL PTASE, (LAP) LAB	85540	CPT	outpatient			162		9.89 WellPoint	WellPoint		52.13	32.18			8.6	153.9	percent of total billed charges	
LYSOZYME,SERUM	85549	CPT	outpatient			33		21.56 Aetna	Medicare		18.75				9.9	54.88	fee schedule	
LYSOZYME,SERUM	85549	CPT	outpatient			33		21.56 Aetna	Better Health		10.41	31.55			9.9	54.88	percent of total billed charges	
LYSOZYME,SERUM	85549	CPT	outpatient			33		21.56 Aetna	Commercial		12.54	38			9.9	54.88	percent of total billed charges	
LYSOZYME,SERUM	85549	CPT	outpatient			33		21.56 Americare	Americare		24.75	75			9.9	54.88	percent of total billed charges	
LYSOZYME,SERUM	85549	CPT	outpatient			33		21.56 Amerihealth	Medicare		18.75				9.9	54.88	fee schedule	
LYSOZYME,SERUM	85549	CPT	outpatient			33		21.56 Amerihealth	HMO/PPO		21.45	65			9.9	54.88	percent of total billed charges	
LYSOZYME,SERUM	85549	CPT	outpatient			33		21.56 Consumer	Consumer		31.35	95			9.9	54.88	percent of total billed charges	
LYSOZYME,SERUM	85549	CPT	outpatient			33		21.56 Corrections	Corrections		26.4	80			9.9	54.88	percent of total billed charges	
LYSOZYME,SERUM	85549	CPT	outpatient			33		21.56 First Health	First Health		23.1	70			9.9	54.88	percent of total billed charges	
LYSOZYME,SERUM	85549	CPT	outpatient			33		21.56 First Trenton	First Trenton		29.7	90			9.9	54.88	percent of total billed charges	
LYSOZYME,SERUM	85549	CPT	outpatient			33		21.56 Horizon	Medicare Blue		9.9	30			9.9	54.88	percent of total billed charges	
LYSOZYME,SERUM	85549	CPT	outpatient			33		21.56 Horizon	Indemnity		12.63	38.28			9.9	54.88	percent of total billed charges	
LYSOZYME,SERUM	85549	CPT	outpatient			33		21.56 Horizon	MGD		12.63	38.28			9.9	54.88	percent of total billed charges	
LYSOZYME,SERUM	85549	CPT	outpatient			33		21.56 Horizon	PPO		12.63	38.28			9.9	54.88	percent of total billed charges	
LYSOZYME,SERUM	85549	CPT	outpatient			33		21.56 Horizon	NJ Health		54.88				9.9	54.88	fee schedule	
LYSOZYME,SERUM	85549	CPT	outpatient			33		21.56 Managed Care Inc	Managed Care Inc		29.7	90			9.9	54.88	percent of total billed charges	
LYSOZYME,SERUM	85549	CPT	outpatient			33		21.56 Multiplan	Multiplan		26.4	80			9.9	54.88	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101191	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
LYSOZYME,SERUM	86549	CPT	outpatient			33	21.56	Qualcare	Qualcare		24.75				9.9		54.88 percent of total billed charges	
LYSOZYME,SERUM	86549	CPT	outpatient			33	21.56	Three Rivers	Three Rivers		31.35				9.9		54.88 percent of total billed charges	
LYSOZYME,SERUM	86549	CPT	outpatient			33	21.56	UHC	Medicare		18.75				9.9		54.88 fee schedule	
LYSOZYME,SERUM	86549	CPT	outpatient			33	21.56	UHC	Medicaid		10.41			31.55	9.9		54.88 percent of total billed charges	
LYSOZYME,SERUM	86549	CPT	outpatient			33	21.56	Wellcare	Medicaid		10.41			31.55	9.9		54.88 percent of total billed charges	
LYSOZYME,SERUM	86549	CPT	outpatient			33	21.56	Wellcare	Medicare		18.75				9.9		54.88 fee schedule	
LYSOZYME,SERUM	86549	CPT	outpatient			33	21.56	WellPoint	WellPoint		10.62			32.18	9.9		54.88 percent of total billed charges	
OSMOTIC FRAGILITY	85555	CPT	outpatient			478	8.59	Aetna	Better Health		150.81			31.55	7.47		454.1 percent of total billed charges	
OSMOTIC FRAGILITY	85555	CPT	outpatient			478	8.59	Aetna	Medicare		7.47				7.47		454.1 fee schedule	
OSMOTIC FRAGILITY	85555	CPT	outpatient			478	8.59	Aetna	Commercial		181.64			38	7.47		454.1 percent of total billed charges	
OSMOTIC FRAGILITY	85555	CPT	outpatient			478	8.59	Americare	Americare		358.5			75	7.47		454.1 percent of total billed charges	
OSMOTIC FRAGILITY	85555	CPT	outpatient			478	8.59	Amerihealth	Medicare		7.47				7.47		454.1 fee schedule	
OSMOTIC FRAGILITY	85555	CPT	outpatient			478	8.59	Amerihealth	HMO/PPO		310.7			65	7.47		454.1 percent of total billed charges	
OSMOTIC FRAGILITY	85555	CPT	outpatient			478	8.59	Consumer	Consumer		454.1			95	7.47		454.1 percent of total billed charges	
OSMOTIC FRAGILITY	85555	CPT	outpatient			478	8.59	Corrections	Corrections		382.4			80	7.47		454.1 percent of total billed charges	
OSMOTIC FRAGILITY	85555	CPT	outpatient			478	8.59	First Health	First Health		334.6			70	7.47		454.1 percent of total billed charges	
OSMOTIC FRAGILITY	85555	CPT	outpatient			478	8.59	First Trenton	First Trenton		430.2			90	7.47		454.1 percent of total billed charges	
OSMOTIC FRAGILITY	85555	CPT	outpatient			478	8.59	Horizon	MGD		182.98			38.28	7.47		454.1 percent of total billed charges	
OSMOTIC FRAGILITY	85555	CPT	outpatient			478	8.59	Horizon	Indemnity		182.98			38.28	7.47		454.1 percent of total billed charges	
OSMOTIC FRAGILITY	85555	CPT	outpatient			478	8.59	Horizon	Medicare Blue		143.4			30	7.47		454.1 percent of total billed charges	
OSMOTIC FRAGILITY	85555	CPT	outpatient			478	8.59	Horizon	PPO		182.98			38.28	7.47		454.1 percent of total billed charges	
OSMOTIC FRAGILITY	85555	CPT	outpatient			478	8.59	Horizon	NJ Health		9.41				7.47		454.1 fee schedule	
OSMOTIC FRAGILITY	85555	CPT	outpatient			478	8.59	Managed Care Inc	Managed Care Inc		430.2			90	7.47		454.1 percent of total billed charges	
OSMOTIC FRAGILITY	85555	CPT	outpatient			478	8.59	Multiplan	Multiplan		382.4			80	7.47		454.1 percent of total billed charges	
OSMOTIC FRAGILITY	85555	CPT	outpatient			478	8.59	Qualcare	Qualcare		358.5			75	7.47		454.1 percent of total billed charges	
OSMOTIC FRAGILITY	85555	CPT	outpatient			478	8.59	Three Rivers	Three Rivers		454.1			95	7.47		454.1 percent of total billed charges	
OSMOTIC FRAGILITY	85555	CPT	outpatient			478	8.59	UHC	Medicaid		150.81			31.55	7.47		454.1 percent of total billed charges	
OSMOTIC FRAGILITY	85555	CPT	outpatient			478	8.59	UHC	Medicare		7.47				7.47		454.1 fee schedule	
OSMOTIC FRAGILITY	85555	CPT	outpatient			478	8.59	Wellcare	Medicare		7.47				7.47		454.1 fee schedule	
OSMOTIC FRAGILITY	85555	CPT	outpatient			478	8.59	Wellcare	Medicaid		150.81			31.55	7.47		454.1 percent of total billed charges	
OSMOTIC FRAGILITY	85555	CPT	outpatient			478	8.59	WellPoint	WellPoint		153.82			32.18	7.47		454.1 percent of total billed charges	
OSMOTIC FRAG RBC INCUBATED	86557	CPT	outpatient			121	15.36	Aetna	Better Health		38.18			31.55	9.41		114.95 percent of total billed charges	
OSMOTIC FRAG RBC INCUBATED	86557	CPT	outpatient			121	15.36	Aetna	Medicare		13.36				9.41		114.95 fee schedule	
OSMOTIC FRAG RBC INCUBATED	86557	CPT	outpatient			121	15.36	Aetna	Commercial		45.98			38	9.41		114.95 percent of total billed charges	
OSMOTIC FRAG RBC INCUBATED	86557	CPT	outpatient			121	15.36	Americare	Americare		90.75			75	9.41		114.95 percent of total billed charges	
OSMOTIC FRAG RBC INCUBATED	86557	CPT	outpatient			121	15.36	Amerihealth	Medicare		13.36				9.41		114.95 fee schedule	
OSMOTIC FRAG RBC INCUBATED	86557	CPT	outpatient			121	15.36	Amerihealth	HMO/PPO		78.65			65	9.41		114.95 percent of total billed charges	
OSMOTIC FRAG RBC INCUBATED	86557	CPT	outpatient			121	15.36	Consumer	Consumer		114.95			95	9.41		114.95 percent of total billed charges	
OSMOTIC FRAG RBC INCUBATED	86557	CPT	outpatient			121	15.36	Corrections	Corrections		96.8			80	9.41		114.95 percent of total billed charges	
OSMOTIC FRAG RBC INCUBATED	86557	CPT	outpatient			121	15.36	First Health	First Health		84.7			70	9.41		114.95 percent of total billed charges	
OSMOTIC FRAG RBC INCUBATED	86557	CPT	outpatient			121	15.36	First Trenton	First Trenton		108.9			90	9.41		114.95 percent of total billed charges	
OSMOTIC FRAG RBC INCUBATED	86557	CPT	outpatient			121	15.36	Horizon	Medicare Blue		36.3			30	9.41		114.95 percent of total billed charges	
OSMOTIC FRAG RBC INCUBATED	86557	CPT	outpatient			121	15.36	Horizon	MGD		46.32			38.28	9.41		114.95 percent of total billed charges	
OSMOTIC FRAG RBC INCUBATED	86557	CPT	outpatient			121	15.36	Horizon	Indemnity		46.32			38.28	9.41		114.95 percent of total billed charges	
OSMOTIC FRAG RBC INCUBATED	86557	CPT	outpatient			121	15.36	Horizon	PPO		46.32			38.28	9.41		114.95 percent of total billed charges	
OSMOTIC FRAG RBC INCUBATED	86557	CPT	outpatient			121	15.36	Horizon	NJ Health		9.41				9.41		114.95 fee schedule	
OSMOTIC FRAG RBC INCUBATED	86557	CPT	outpatient			121	15.36	Managed Care Inc	Managed Care Inc		108.9			90	9.41		114.95 percent of total billed charges	
OSMOTIC FRAG RBC INCUBATED	86557	CPT	outpatient			121	15.36	Multiplan	Multiplan		96.8			80	9.41		114.95 percent of total billed charges	
OSMOTIC FRAG RBC INCUBATED	86557	CPT	outpatient			121	15.36	Qualcare	Qualcare		90.75			75	9.41		114.95 percent of total billed charges	
OSMOTIC FRAG RBC INCUBATED	86557	CPT	outpatient			121	15.36	Three Rivers	Three Rivers		114.95			95	9.41		114.95 percent of total billed charges	
OSMOTIC FRAG RBC INCUBATED	86557	CPT	outpatient			121	15.36	UHC	Medicare		13.36				9.41		114.95 fee schedule	
OSMOTIC FRAG RBC INCUBATED	86557	CPT	outpatient			121	15.36	UHC	Medicaid		38.18			31.55	9.41		114.95 percent of total billed charges	
OSMOTIC FRAG RBC INCUBATED	86557	CPT	outpatient			121	15.36	Wellcare	Medicare		13.36				9.41		114.95 fee schedule	
OSMOTIC FRAG RBC INCUBATED	86557	CPT	outpatient			121	15.36	Wellcare	Medicaid		38.18			31.55	9.41		114.95 percent of total billed charges	
OSMOTIC FRAG RBC INCUBATED	86557	CPT	outpatient			121	15.36	WellPoint	WellPoint		38.94			32.18	9.41		114.95 percent of total billed charges	
VERIFYNOW PLAVIX	86576	CPT	both			391	28.65	Aetna	Better Health		123.36			31.55	19.6		371.45 percent of total billed charges	
VERIFYNOW PLAVIX	86576	CPT	both			391	28.65	Aetna	Medicare		24.91				19.6		371.45 fee schedule	
VERIFYNOW PLAVIX	86576	CPT	both			391	28.65	Aetna	Commercial		148.58			38	19.6		371.45 percent of total billed charges	
VERIFYNOW PLAVIX	86576	CPT	both			391	28.65	Americare	Americare		293.25			75	19.6		371.45 percent of total billed charges	
VERIFYNOW PLAVIX	86576	CPT	both			391	28.65	Amerihealth	HMO/PPO		254.15			65	19.6		371.45 percent of total billed charges	
VERIFYNOW PLAVIX	86576	CPT	both			391	28.65	Amerihealth	Medicare		24.91				19.6		371.45 fee schedule	
VERIFYNOW PLAVIX	86576	CPT	both			391	28.65	Consumer	Consumer		371.45			95	19.6		371.45 percent of total billed charges	
VERIFYNOW PLAVIX	86576	CPT	both			391	28.65	Corrections	Corrections		312.8			80	19.6		371.45 percent of total billed charges	
VERIFYNOW PLAVIX	86576	CPT	both			391	28.65	First Health	First Health		273.7			70	19.6		371.45 percent of total billed charges	
VERIFYNOW PLAVIX	86576	CPT	both			391	28.65	First Trenton	First Trenton		351.9			90	19.6		371.45 percent of total billed charges	
VERIFYNOW PLAVIX	86576	CPT	both			391	28.65	Horizon	MGD		149.67			38.28	19.6		371.45 percent of total billed charges	
VERIFYNOW PLAVIX	86576	CPT	both			391	28.65	Horizon	Indemnity		149.67			38.28	19.6		371.45 percent of total billed charges	
VERIFYNOW PLAVIX	86576	CPT	both			391	28.65	Horizon	NJ Health		19.6				19.6		371.45 fee schedule	
VERIFYNOW PLAVIX	86576	CPT	both			391	28.65	Horizon	Medicare Blue		117.3			30	19.6		371.45 percent of total billed charges	
VERIFYNOW PLAVIX	86576	CPT	both			391	28.65	Horizon	PPO		149.67			38.28	19.6		371.45 percent of total billed charges	
VERIFYNOW PLAVIX	86576	CPT	both			391	28.65	Managed Care Inc	Managed Care Inc		351.9			90	19.6		371.45 percent of total billed charges	
VERIFYNOW PLAVIX	86576	CPT	both			391	28.65	Multiplan	Multiplan		312.8			80	19.6		371.45 percent of total billed charges	
VERIFYNOW PLAVIX	86576	CPT	both			391	28.65	Qualcare	Qualcare		293.25			75	19.6		371.45 percent of total billed charges	
VERIFYNOW PLAVIX	86576	CPT	both			391	28.65	Three Rivers	Three Rivers		371.45			95	19.6		371.45 percent of total billed charges	
VERIFYNOW PLAVIX	86576	CPT	both			391	28.65	UHC	Medicaid		123.36			31.55	19.6		371.45 percent of total billed charges	
VERIFYNOW PLAVIX	86576	CPT	both			391	28.65	UHC	Medicare		24.91				19.6		371.45 fee schedule	
VERIFYNOW PLAVIX	86576	CPT	both			391	28.65	Wellcare	Medicare		24.91				19.6		371.45 fee schedule	
VERIFYNOW PLAVIX	86576	CPT	both			391	28.65	Wellcare	Medicaid		123.36			31.55	19.6		371.45 percent of total billed charges	
VERIFYNOW PLAVIX	86576	CPT	both			391	28.65	WellPoint	WellPoint		125.82			32.18	19.6		371.45 percent of total billed charges	
DRVVT CONFIRM RFLX TO LUP ANTICOAG (1178	86597	CPT	outpatient			58	20.68	Aetna	Medicare		17.98				17.4		55.1 fee schedule	
DRVVT CONFIRM RFLX TO LUP ANTICOAG (1178	86597	CPT	outpatient			58	20.68	Aetna	Better Health		18.3			31.55	17.4		55.1 percent of total billed charges	
DRVVT CONFIRM RFLX TO LUP ANTICOAG (1178	86597	CPT	outpatient			58	20.68	Aetna	Commercial		22.04			38	17.4		55.1 percent of total billed charges	
DRVVT CONFIRM RFLX TO LUP ANTICOAG (1178	86597	CPT	outpatient			58	20.68	Americare	Americare		43.5			75	17.4		55.1 percent of total billed charges	
DRVVT CONFIRM RFLX TO LUP ANTICOAG (1178	86597	CPT	outpatient			58	20.68	Amerihealth	Medicare		17.98				17.4		55.1 fee schedule	
DRVVT CONFIRM RFLX TO LUP ANTICOAG (1178	86597	CPT	outpatient			58	20.68	Amerihealth	HMO/PPO		37.7			65	17.4		55.1 percent of total billed charges	
DRVVT CONFIRM RFLX TO LUP ANTICOAG (1178	86597	CPT	outpatient			58	20.68	Consumer	Consumer		55.1			95	17.4		55.1 percent of total billed charges	
DRVVT CONFIRM RFLX TO LUP ANTICOAG (1178	86597	CPT	outpatient			58	20.68	Corrections	Corrections		46.4			80	17.4		55.1 percent of total billed charges	
DRVVT CONFIRM RFLX TO LUP ANTICOAG (1178	86597	CPT	outpatient			58	20.68	First Health	First Health		40.6			70	17.4		55.1 percent of total billed charges	
DRVVT CONFIRM RFLX TO LUP ANTICOAG (1178	86597	CPT	outpatient			58	20.68	First Trenton	First Trenton		52.2			90	17.4		55.1 percent of total billed charges	
DRVVT CONFIRM RFLX TO LUP ANTICOAG (1178	86597	CPT	outpatient			58	20.68	Horizon	Indemnity		22.2			38.28	17.4		55.1 percent of total billed charges	
DRVVT CONFIRM RFLX TO LUP ANTICOAG (1178	86597	CPT	outpatient			58	20.68	Horizon	PPO		22.2			38.28	17.4		55.1 percent of total billed charges	
DRVVT CONFIRM RFLX TO LUP ANTICOAG (1178	86597	CPT	outpatient			58	20.68	Horizon	MGD		22.2			38.28	17.4		55.1 percent of total billed charges	
DRVVT CONFIRM RFLX TO LUP ANTICOAG (1178	86597	CPT	outpatient			58	20.68	Horizon	NJ Health		43.12				17.4		55.1 fee schedule	
DRVVT CONFIRM RFLX TO LUP ANTICOAG (1178	86597	CPT	outpatient			58	20.68	Horizon	Medicare Blue		17.4			30	17.4		55.1 percent of total billed charges	
DRVVT CONFIRM RFLX TO LUP ANTICOAG (1178	86597	CPT	outpatient			58	20.68	Managed Care Inc	Managed Care Inc		52.2			90	17.4		55.1 percent of total billed charges	
DRVVT CONFIRM RFLX TO LUP ANTICOAG (1178	86597	CPT	outpatient			58	20.68	Multiplan	Multiplan		46.4			80	17.4		55.1 percent of total billed charges	
DRVVT CONFIRM RFLX TO LUP ANTICOAG (1178	86597	CPT	outpatient			58	20.68	Qualcare	Qualcare		43.5			75	17.4		55.1 percent of total billed charges	
DRVVT CONFIRM RFLX TO LUP ANTICOAG (1178	86597	CPT	outpatient			58	20.68	Three Rivers	Three Rivers		55.1			95	17.4		55.1 percent of total billed charges	
DRVVT CONFIRM RFLX TO LUP ANTICOAG (1178	86597	CPT	outpatient			58	20.68	UHC	Medicaid		18.3			31.55	17.4		55.1 percent of total billed charges	
DRVVT CONFIRM RFLX TO LUP ANTICOAG (1178	86597	CPT	outpatient			58	20.68	UHC	Medicare		17.98				17.4		55.1 fee schedule	
DRVVT CONFIRM RFLX TO LUP ANTICOAG (1178	86597	CPT	outpatient			58	20.68	Wellcare	Medicare		17.98				17.4		55.1 fee schedule	
DRVVT CONFIRM RFLX TO LUP ANTICOAG (1178	86597	CPT	outpatient			58	20.68	Wellcare	Medicaid		18.3			31.55	17.4		55.1 percent of total billed charges	
DRVVT CONFIRM RFLX TO LUP ANTICOAG (1178	86597	CPT	outpatient			58	20.68	WellPoint	WellPoint		18.66			32.18	17.4		55.1 percent of total billed charges	
PROTHROMBIN TIME;	85598	CPT	both			226	20.68	Aetna	Commercial		85.88			38	17.4		214.7 percent of total billed charges	
PROTHROMBIN TIME;	85598	CPT	both			226	20.68	Aetna	Medicare		17.98				17.4		214.7 fee schedule	
PROTHROMBIN TIME;	85598	CPT	both			226	20.68	Aetna	Better Health		71.3			31.55	17.4		214.7 percent of total billed charges	
PROTHROMBIN TIME;	85598	CPT	both			226	20.68	Americare	Americare		169.5			75	17.4		214.7 percent of total billed charges	
PROTHROMBIN TIME;	85598	CPT	both			226	20.68	Amerihealth	Medicare		17.98				17.4		214.7 fee schedule	
PROTHROMBIN TIME;	85598	CPT	both			226	20.68	Amerihealth	HMO/PPO		146.9			65	17.4		214.7 percent of total billed charges	
PROTHROMBIN TIME;	85598	CPT	both			226	20.68	Consumer	Consumer		214.7			95	17.4		214.7 percent of total billed charges	
PROTHROMBIN TIME;	85598	CPT	both			226	20.68	Corrections	Corrections		180.8			80	17.4		214.7 percent of total billed charges	
PROTHROMBIN TIME;	85598	CPT	both			226	20.68	First Health	First Health		158.2			70	17.4		214.7 percent of total billed charges	
PROTHROMBIN TIME;	85598	CPT	both			226	20.68	First Trenton	First Trenton		203.4			90	17.4		214.7 percent of total billed charges	
PROTHROMBIN TIME;	85598	CPT	both			226	20.68	Horizon	MGD		86.51			38.28	17.4		214.7 percent of total billed charges	
PROTHROMBIN TIME;	85598	CPT	both			226	20.68	Horizon	Indemnity		86.51			38.28	17.4		214.7 percent of total billed charges	
PROTHROMBIN TIME;	85598	CPT	both			226	20.68	Horizon	NJ Health		19.84				17.4		214.7 fee schedule	
PROTHROMBIN TIME;	85598	CPT	both			226	20.68	Horizon	Medicare Blue		67.8			30	17.4		214.7 percent of total billed charges	
PROTHROMBIN TIME;	85598	CPT	both			226	20.68	Horizon	PPO		86.51			38.28	17.4		214.7 percent of total billed charges	
PROTHROMBIN TIME;	85598	CPT	both			226	20.68	Managed Care Inc	Managed Care Inc		203.4			90	17.4		214.7 percent of total billed charges	
PROTHROMBIN TIME;	85598	CPT	both			226	20.68	Multiplan	Multiplan		180.8			80	17.4		214.7 percent of total billed charges	
PROTHROMBIN TIME;	85598	CPT	both			226	20.68	Qualcare	Qualcare		169.5			75	17.4		214.7 percent of total billed charges	
PROTHROMBIN TIME;	85598	CPT	both			226	20.68	Three Rivers	Three Rivers		214.7			95	17.4		214.7 percent of total billed charges	
PROTHROMBIN TIME;	85598	CPT	both			226	20.68	UHC	Medicare		17.98				17.4		214.7 fee schedule	
PROTHROMBIN TIME;	85598	CPT	both			226	20.68	UHC	Medicaid		71.3			31.55	17.4		214.7 percent of total billed charges	
PROTHROMBIN TIME;	85598	CPT	both			226	20.68	Wellcare	Medicare		17.98				17.4		214.7 fee schedule	
PROTHROMBIN TIME;	85598	CPT	both			226	20.68	Wellcare	Medicaid		71.3			31.55	17.4		214.7 percent of total billed charges	
PROTHROMBIN TIME;	85598	CPT	both			226	20.68	WellPoint	WellPoint		72.73			32.18	17.4		214.7 percent of total billed charges	
PT/INR POC ABOTT ISTAT	85610	CPT	both			15	4.93	Aetna	Medicare		4.29				4.2		14.25 fee schedule	
PT/INR POC ABOTT ISTAT	85610	CPT	both			15	4.93	Aetna	Better Health		4.73			31.55	4.2		14.25 percent of total billed charges	
PT/INR POC ABOTT ISTAT	85610	CPT	both			15	4.93	Aetna	Commercial		5.7			38	4.2		14.25 percent of total billed charges	
PT/INR POC ABOTT ISTAT	85610	CPT	both			15	4.93	Americare	Americare		11.25			75	4.2		14.25 percent of total billed charges	
PT/INR POC ABOTT ISTAT	85610	CPT	both			15	4.93	Amerihealth	HMO/PPO		9.75			65	4.2		14.25 percent of total billed charges	
PT/INR POC ABOTT ISTAT	85610	CPT	both			15	4.93	Amerihealth	Medicare		4.29				4.2		14.25 fee schedule	
PT/INR POC ABOTT ISTAT	85610	CPT	both			15	4.93	Consumer	Consumer		14.25			95	4.2		14.25 percent of total billed charges	
PT/INR POC ABOTT ISTAT	85610	CPT	both			15	4.93	Corrections	Corrections		12			80	4.2		14.25 percent of total billed charges	
PT/INR POC ABOTT ISTAT	85610	CPT	both			15	4.93	First Health	First Health		10.5			70	4.2		14.25 percent of total billed charges	
PT/INR POC ABOTT ISTAT	85610	CPT	both			15	4.93	First Trenton	First Trenton		13.5			90	4.2		14.25 percent of total billed charges	
PT/INR POC ABOTT ISTAT	85610	CPT	both			15	4.93	Horizon	MGD		5.74			38.28	4.2		14.25 percent of total billed charges	
PT/INR POC ABOTT ISTAT	85610	CPT	both			15	4.93	Horizon	Medicare Blue		4.5			30	4.2		14.25 percent of total billed charges	
PT/INR POC ABOTT ISTAT	85610	CPT	both			15	4.93	Horizon	NJ Health		5.88				4.2		14.25 fee schedule	
PT/INR POC ABOTT ISTAT	85610	CPT	both			15	4.93	Horizon	Indemnity		5.74			38.28	4.2		14.25 percent of total billed charges	
PT/INR POC ABOTT ISTAT	85610	CPT	both			15	4.93	Horizon	PPO		5.74			38.28	4.2		14.25 percent of total billed charges	
PT/INR POC ABOTT ISTAT	85610	CPT	both			15	4.93	Managed Care Inc	Managed Care Inc		13.5			90	4.2		14.25 percent of total billed charges	
PT/INR POC ABOTT ISTAT	85610	CPT	both			15	4.93	Multiplan	Multiplan		12			80	4.2		14.25 percent of total billed charges	
PT/INR POC ABOTT ISTAT	85610	CPT	both			15	4.93	Qualcare	Qualcare		11.25			75	4.2		14.25 percent of total billed charges	
PT/INR POC ABOTT ISTAT	85610	CPT	both			15	4.93	Three Rivers	Three Rivers		14.25			95	4.2		14.25 percent of total billed charges	
PT/INR POC ABOTT ISTAT	85610	CPT	both			15	4.93	UHC	Medicaid		4.73			31.55	4.2		14.25 percent of total billed charges	
PT/INR POC ABOTT ISTAT	85610	CPT	both			15	4.93	UHC	Medicare		4.29				4.2		14.25 fee schedule	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101191	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
PT/INR POC ABOTT ISTAT	85610	CPT	both			15	4.93	Medicare	Medicare		4.29				4.2	14.25	fee schedule	
PT/INR POC ABOTT ISTAT	85610	CPT	both			15	4.93	Wellcare	Medicaid		4.73	31.55			4.2	14.25	percent of total billed charges	
PT/INR POC ABOTT ISTAT	85610	CPT	both			15	4.93	WellPoint	WellPoint		4.83	32.18			4.2	14.25	percent of total billed charges	
PT, SUBST,PLASMA FRACTION,EACH	85611	CPT	inpatient			14	4.53	Aetna	Better Health		4.42	31.55			3.94	13.3	percent of total billed charges	
PT, SUBST,PLASMA FRACTION,EACH	85611	CPT	inpatient			14	4.53	Aetna	Medicare		4.31	30.8			3.94	13.3	percent of total billed charges	
PT, SUBST,PLASMA FRACTION,EACH	85611	CPT	inpatient			14	4.53	Aetna	Commercial		5.32	38			3.94	13.3	percent of total billed charges	
PT, SUBST,PLASMA FRACTION,EACH	85611	CPT	inpatient			14	4.53	Americare	Americare		10.5	75			3.94	13.3	percent of total billed charges	
PT, SUBST,PLASMA FRACTION,EACH	85611	CPT	inpatient			14	4.53	Amerihealth	HMO/PPO		9.1	65			3.94	13.3	percent of total billed charges	
PT, SUBST,PLASMA FRACTION,EACH	85611	CPT	inpatient			14	4.53	Amerihealth	Medicare		3.94				3.94	13.3	fee schedule	
PT, SUBST,PLASMA FRACTION,EACH	85611	CPT	inpatient			14	4.53	Consumer	Consumer		13.3	95			3.94	13.3	percent of total billed charges	
PT, SUBST,PLASMA FRACTION,EACH	85611	CPT	inpatient			14	4.53	Corrections	Corrections		11.2	80			3.94	13.3	percent of total billed charges	
PT, SUBST,PLASMA FRACTION,EACH	85611	CPT	inpatient			14	4.53	First Health	First Health		9.8	70			3.94	13.3	percent of total billed charges	
PT, SUBST,PLASMA FRACTION,EACH	85611	CPT	inpatient			14	4.53	First Trenton	First Trenton		12.6	90			3.94	13.3	percent of total billed charges	
PT, SUBST,PLASMA FRACTION,EACH	85611	CPT	inpatient			14	4.53	Horizon	MGD		5.36	38.28			3.94	13.3	percent of total billed charges	
PT, SUBST,PLASMA FRACTION,EACH	85611	CPT	inpatient			14	4.53	Horizon	Indemnity		5.36	38.28			3.94	13.3	percent of total billed charges	
PT, SUBST,PLASMA FRACTION,EACH	85611	CPT	inpatient			14	4.53	Horizon	Medicare Blue		4.2	30			3.94	13.3	percent of total billed charges	
PT, SUBST,PLASMA FRACTION,EACH	85611	CPT	inpatient			14	4.53	Horizon	NJ Health		8.82				3.94	13.3	fee schedule	
PT, SUBST,PLASMA FRACTION,EACH	85611	CPT	inpatient			14	4.53	Horizon	PPO		5.36	38.28			3.94	13.3	percent of total billed charges	
PT, SUBST,PLASMA FRACTION,EACH	85611	CPT	inpatient			14	4.53	Managed Care Inc	Managed Care Inc		12.6	90			3.94	13.3	percent of total billed charges	
PT, SUBST,PLASMA FRACTION,EACH	85611	CPT	inpatient			14	4.53	Multiplan	Multiplan		11.2	80			3.94	13.3	percent of total billed charges	
PT, SUBST,PLASMA FRACTION,EACH	85611	CPT	inpatient			14	4.53	Qualcare	Qualcare		10.5	75			3.94	13.3	percent of total billed charges	
PT, SUBST,PLASMA FRACTION,EACH	85611	CPT	inpatient			14	4.53	Three Rivers	Three Rivers		13.3	95			3.94	13.3	percent of total billed charges	
PT, SUBST,PLASMA FRACTION,EACH	85611	CPT	inpatient			14	4.53	UHC	Medicaid		4.42	31.55			3.94	13.3	percent of total billed charges	
PT, SUBST,PLASMA FRACTION,EACH	85611	CPT	inpatient			14	4.53	UHC	Medicare		3.94				3.94	13.3	fee schedule	
PT, SUBST,PLASMA FRACTION,EACH	85611	CPT	inpatient			14	4.53	Wellcare	Medicaid		4.42	31.55			3.94	13.3	percent of total billed charges	
PT, SUBST,PLASMA FRACTION,EACH	85611	CPT	inpatient			14	4.53	Wellcare	Medicare		3.94				3.94	13.3	fee schedule	
PT, SUBST,PLASMA FRACTION,EACH	85611	CPT	inpatient			14	4.53	WellPoint	WellPoint		4.51	32.18			3.94	13.3	percent of total billed charges	
LUPUS ANTICOAG SCREENING	85612	CPT	outpatient			73	20.11	Aetna	Better Health		23.03	31.55			17.49	69.35	percent of total billed charges	
LUPUS ANTICOAG SCREENING	85612	CPT	outpatient			73	20.11	Aetna	Medicare		17.49				17.49	69.35	fee schedule	
LUPUS ANTICOAG SCREENING	85612	CPT	outpatient			73	20.11	Aetna	Commercial		27.74	38			17.49	69.35	percent of total billed charges	
LUPUS ANTICOAG SCREENING	85612	CPT	outpatient			73	20.11	Americare	Americare		54.75	75			17.49	69.35	percent of total billed charges	
LUPUS ANTICOAG SCREENING	85612	CPT	outpatient			73	20.11	Amerihealth	Medicare		17.49				17.49	69.35	fee schedule	
LUPUS ANTICOAG SCREENING	85612	CPT	outpatient			73	20.11	Amerihealth	HMO/PPO		47.45	65			17.49	69.35	percent of total billed charges	
LUPUS ANTICOAG SCREENING	85612	CPT	outpatient			73	20.11	Consumer	Consumer		69.35	95			17.49	69.35	percent of total billed charges	
LUPUS ANTICOAG SCREENING	85612	CPT	outpatient			73	20.11	Corrections	Corrections		58.4	80			17.49	69.35	percent of total billed charges	
LUPUS ANTICOAG SCREENING	85612	CPT	outpatient			73	20.11	First Health	First Health		51.1	70			17.49	69.35	percent of total billed charges	
LUPUS ANTICOAG SCREENING	85612	CPT	outpatient			73	20.11	First Trenton	First Trenton		65.7	90			17.49	69.35	percent of total billed charges	
LUPUS ANTICOAG SCREENING	85612	CPT	outpatient			73	20.11	Horizon	Medicare Blue		21.9	30			17.49	69.35	percent of total billed charges	
LUPUS ANTICOAG SCREENING	85612	CPT	outpatient			73	20.11	Horizon	MGD		27.94	38.28			17.49	69.35	percent of total billed charges	
LUPUS ANTICOAG SCREENING	85612	CPT	outpatient			73	20.11	Horizon	Indemnity		27.94	38.28			17.49	69.35	percent of total billed charges	
LUPUS ANTICOAG SCREENING	85612	CPT	outpatient			73	20.11	Horizon	NJ Health		28.03				17.49	69.35	fee schedule	
LUPUS ANTICOAG SCREENING	85612	CPT	outpatient			73	20.11	Horizon	PPO		27.94	38.28			17.49	69.35	percent of total billed charges	
LUPUS ANTICOAG SCREENING	85612	CPT	outpatient			73	20.11	Managed Care Inc	Managed Care Inc		65.7	90			17.49	69.35	percent of total billed charges	
LUPUS ANTICOAG SCREENING	85612	CPT	outpatient			73	20.11	Multiplan	Multiplan		58.4	80			17.49	69.35	percent of total billed charges	
LUPUS ANTICOAG SCREENING	85612	CPT	outpatient			73	20.11	Qualcare	Qualcare		54.75	75			17.49	69.35	percent of total billed charges	
LUPUS ANTICOAG SCREENING	85612	CPT	outpatient			73	20.11	Three Rivers	Three Rivers		69.35	95			17.49	69.35	percent of total billed charges	
LUPUS ANTICOAG SCREENING	85612	CPT	outpatient			73	20.11	UHC	Medicaid		23.03	31.55			17.49	69.35	percent of total billed charges	
LUPUS ANTICOAG SCREENING	85612	CPT	outpatient			73	20.11	UHC	Medicare		17.49				17.49	69.35	fee schedule	
LUPUS ANTICOAG SCREENING	85612	CPT	outpatient			73	20.11	Wellcare	Medicare		17.49				17.49	69.35	fee schedule	
LUPUS ANTICOAG SCREENING	85612	CPT	outpatient			73	20.11	Wellcare	Medicaid		23.03	31.55			17.49	69.35	percent of total billed charges	
LUPUS ANTICOAG SCREENING	85612	CPT	outpatient			73	20.11	WellPoint	WellPoint		23.49	32.18			17.49	69.35	percent of total billed charges	
RVVT DILUTED	85613	CPT	both			252	11.02	Aetna	Commercial		95.76	38			9	239.4	percent of total billed charges	
RVVT DILUTED	85613	CPT	both			252	11.02	Aetna	Better Health		79.51	31.55			9	239.4	percent of total billed charges	
RVVT DILUTED	85613	CPT	both			252	11.02	Aetna	Medicare		77.62	30.8			9	239.4	percent of total billed charges	
RVVT DILUTED	85613	CPT	both			252	11.02	Americare	Americare		189	75			9	239.4	percent of total billed charges	
RVVT DILUTED	85613	CPT	both			252	11.02	Amerihealth	Medicare		9.58				9	239.4	fee schedule	
RVVT DILUTED	85613	CPT	both			252	11.02	Amerihealth	HMO/PPO		163.8	65			9	239.4	percent of total billed charges	
RVVT DILUTED	85613	CPT	both			252	11.02	Consumer	Consumer		239.4	95			9	239.4	percent of total billed charges	
RVVT DILUTED	85613	CPT	both			252	11.02	Corrections	Corrections		201.6	80			9	239.4	percent of total billed charges	
RVVT DILUTED	85613	CPT	both			252	11.02	First Health	First Health		176.4	70			9	239.4	percent of total billed charges	
RVVT DILUTED	85613	CPT	both			252	11.02	First Trenton	First Trenton		226.8	90			9	239.4	percent of total billed charges	
RVVT DILUTED	85613	CPT	both			252	11.02	Horizon	NJ Health		19.6				9	239.4	fee schedule	
RVVT DILUTED	85613	CPT	both			252	11.02	Horizon	MGD		96.47	38.28			9	239.4	percent of total billed charges	
RVVT DILUTED	85613	CPT	both			252	11.02	Horizon	Indemnity		96.47	38.28			9	239.4	percent of total billed charges	
RVVT DILUTED	85613	CPT	both			252	11.02	Horizon	Medicare Blue		75.6	30			9	239.4	percent of total billed charges	
RVVT DILUTED	85613	CPT	both			252	11.02	Horizon	PPO		96.47	38.28			9	239.4	percent of total billed charges	
RVVT DILUTED	85613	CPT	both			252	11.02	Managed Care Inc	Managed Care Inc		226.8	90			9	239.4	percent of total billed charges	
RVVT DILUTED	85613	CPT	both			252	11.02	Multiplan	Multiplan		201.6	80			9	239.4	percent of total billed charges	
RVVT DILUTED	85613	CPT	both			252	11.02	Qualcare	Qualcare		189	75			9	239.4	percent of total billed charges	
RVVT DILUTED	85613	CPT	both			252	11.02	Three Rivers	Three Rivers		239.4	95			9	239.4	percent of total billed charges	
RVVT DILUTED	85613	CPT	both			252	11.02	UHC	Medicaid		79.51	31.55			9	239.4	percent of total billed charges	
RVVT DILUTED	85613	CPT	both			252	11.02	UHC	Medicare		9.58				9	239.4	fee schedule	
RVVT DILUTED	85613	CPT	both			252	11.02	Wellcare	Medicaid		79.51	31.55			9	239.4	percent of total billed charges	
RVVT DILUTED	85613	CPT	both			252	11.02	Wellcare	Medicare		9.58				9	239.4	fee schedule	
RVVT DILUTED	85613	CPT	both			252	11.02	WellPoint	WellPoint		81.09	32.18			9	239.4	percent of total billed charges	
REPTILASE TIME (REPT)	85635	CPT	inpatient			66	11.33	Aetna	Medicare		9.85				9.85	62.7	fee schedule	
REPTILASE TIME (REPT)	85635	CPT	inpatient			66	11.33	Aetna	Better Health		20.82	31.55			9.85	62.7	percent of total billed charges	
REPTILASE TIME (REPT)	85635	CPT	inpatient			66	11.33	Aetna	Commercial		25.08	38			9.85	62.7	percent of total billed charges	
REPTILASE TIME (REPT)	85635	CPT	inpatient			66	11.33	Americare	Americare		49.5	75			9.85	62.7	percent of total billed charges	
REPTILASE TIME (REPT)	85635	CPT	inpatient			66	11.33	Amerihealth	Medicare		9.85				9.85	62.7	fee schedule	
REPTILASE TIME (REPT)	85635	CPT	inpatient			66	11.33	Amerihealth	HMO/PPO		42.9	65			9.85	62.7	percent of total billed charges	
REPTILASE TIME (REPT)	85635	CPT	inpatient			66	11.33	Consumer	Consumer		62.7	95			9.85	62.7	percent of total billed charges	
REPTILASE TIME (REPT)	85635	CPT	inpatient			66	11.33	Corrections	Corrections		52.8	80			9.85	62.7	percent of total billed charges	
REPTILASE TIME (REPT)	85635	CPT	inpatient			66	11.33	First Health	First Health		46.2	70			9.85	62.7	percent of total billed charges	
REPTILASE TIME (REPT)	85635	CPT	inpatient			66	11.33	First Trenton	First Trenton		59.4	90			9.85	62.7	percent of total billed charges	
REPTILASE TIME (REPT)	85635	CPT	inpatient			66	11.33	Horizon	MGD		25.26	38.28			9.85	62.7	percent of total billed charges	
REPTILASE TIME (REPT)	85635	CPT	inpatient			66	11.33	Horizon	Indemnity		25.26	38.28			9.85	62.7	percent of total billed charges	
REPTILASE TIME (REPT)	85635	CPT	inpatient			66	11.33	Horizon	Medicare Blue		19.8	30			9.85	62.7	percent of total billed charges	
REPTILASE TIME (REPT)	85635	CPT	inpatient			66	11.33	Horizon	NJ Health		16.46				9.85	62.7	fee schedule	
REPTILASE TIME (REPT)	85635	CPT	inpatient			66	11.33	Horizon	PPO		25.26	38.28			9.85	62.7	percent of total billed charges	
REPTILASE TIME (REPT)	85635	CPT	inpatient			66	11.33	Managed Care Inc	Managed Care Inc		59.4	90			9.85	62.7	percent of total billed charges	
REPTILASE TIME (REPT)	85635	CPT	inpatient			66	11.33	Multiplan	Multiplan		52.8	80			9.85	62.7	percent of total billed charges	
REPTILASE TIME (REPT)	85635	CPT	inpatient			66	11.33	Qualcare	Qualcare		49.5	75			9.85	62.7	percent of total billed charges	
REPTILASE TIME (REPT)	85635	CPT	inpatient			66	11.33	Three Rivers	Three Rivers		62.7	95			9.85	62.7	percent of total billed charges	
REPTILASE TIME (REPT)	85635	CPT	inpatient			66	11.33	UHC	Medicare		9.85				9.85	62.7	fee schedule	
REPTILASE TIME (REPT)	85635	CPT	inpatient			66	11.33	UHC	Medicaid		20.82	31.55			9.85	62.7	percent of total billed charges	
REPTILASE TIME (REPT)	85635	CPT	inpatient			66	11.33	Wellcare	Medicare		9.85				9.85	62.7	fee schedule	
REPTILASE TIME (REPT)	85635	CPT	inpatient			66	11.33	Wellcare	Medicaid		20.82	31.55			9.85	62.7	percent of total billed charges	
REPTILASE TIME (REPT)	85635	CPT	inpatient			66	11.33	WellPoint	WellPoint		21.24	32.18			9.85	62.7	percent of total billed charges	
SEDIMENTATION RATE AUTO	85652	CPT	both			61	3.11	Aetna	Medicare		2.7				2.7	57.95	fee schedule	
SEDIMENTATION RATE AUTO	85652	CPT	both			61	3.11	Aetna	Commercial		23.18	38			2.7	57.95	percent of total billed charges	
SEDIMENTATION RATE AUTO	85652	CPT	both			61	3.11	Aetna	Better Health		19.25	31.55			2.7	57.95	percent of total billed charges	
SEDIMENTATION RATE AUTO	85652	CPT	both			61	3.11	Americare	Americare		45.75	75			2.7	57.95	percent of total billed charges	
SEDIMENTATION RATE AUTO	85652	CPT	both			61	3.11	Amerihealth	Medicare		2.7				2.7	57.95	fee schedule	
SEDIMENTATION RATE AUTO	85652	CPT	both			61	3.11	Amerihealth	HMO/PPO		39.65	65			2.7	57.95	percent of total billed charges	
SEDIMENTATION RATE AUTO	85652	CPT	both			61	3.11	Consumer	Consumer		57.95	95			2.7	57.95	percent of total billed charges	
SEDIMENTATION RATE AUTO	85652	CPT	both			61	3.11	Corrections	Corrections		48.8	80			2.7	57.95	percent of total billed charges	
SEDIMENTATION RATE AUTO	85652	CPT	both			61	3.11	First Health	First Health		42.7	70			2.7	57.95	percent of total billed charges	
SEDIMENTATION RATE AUTO	85652	CPT	both			61	3.11	First Trenton	First Trenton		54.9	90			2.7	57.95	percent of total billed charges	
SEDIMENTATION RATE AUTO	85652	CPT	both			61	3.11	Horizon	Indemnity		23.35	38.28			2.7	57.95	percent of total billed charges	
SEDIMENTATION RATE AUTO	85652	CPT	both			61	3.11	Horizon	Medicare Blue		18.3	30			2.7	57.95	percent of total billed charges	
SEDIMENTATION RATE AUTO	85652	CPT	both			61	3.11	Horizon	NJ Health		4.43				2.7	57.95	fee schedule	
SEDIMENTATION RATE AUTO	85652	CPT	both			61	3.11	Horizon	MGD		23.35	38.28			2.7	57.95	percent of total billed charges	
SEDIMENTATION RATE AUTO	85652	CPT	both			61	3.11	Horizon	PPO		23.35	38.28			2.7	57.95	percent of total billed charges	
SEDIMENTATION RATE AUTO	85652	CPT	both			61	3.11	Managed Care Inc	Managed Care Inc		54.9	90			2.7	57.95	percent of total billed charges	
SEDIMENTATION RATE AUTO	85652	CPT	both			61	3.11	Multiplan	Multiplan		48.8	80			2.7	57.95	percent of total billed charges	
SEDIMENTATION RATE AUTO	85652	CPT	both			61	3.11	Qualcare	Qualcare		45.75	75			2.7	57.95	percent of total billed charges	
SEDIMENTATION RATE AUTO	85652	CPT	both			61	3.11	Three Rivers	Three Rivers		57.95	95			2.7	57.95	percent of total billed charges	
SEDIMENTATION RATE AUTO	85652	CPT	both			61	3.11	UHC	Medicaid		19.25	31.55			2.7	57.95	percent of total billed charges	
SEDIMENTATION RATE AUTO	85652	CPT	both			61	3.11	UHC	Medicare		2.7				2.7	57.95	fee schedule	
SEDIMENTATION RATE AUTO	85652	CPT	both			61	3.11	Wellcare	Medicare		2.7				2.7	57.95	fee schedule	
SEDIMENTATION RATE AUTO	85652	CPT	both			61	3.11	Wellcare	Medicaid		19.25	31.55			2.7	57.95	percent of total billed charges	
SEDIMENTATION RATE AUTO	85652	CPT	both			61	3.11	WellPoint	WellPoint		19.63	32.18			2.7	57.95	percent of total billed charges	
SICKLING OF RBC,REDUCTION	85660	CPT	both			527	6.34	Aetna	Medicare		162.32	30.8			5.51	500.65	percent of total billed charges	
SICKLING OF RBC,REDUCTION	85660	CPT	both			527	6.34	Aetna	Commercial		200.26	38			5.51	500.65	percent of total billed charges	
SICKLING OF RBC,REDUCTION	85660	CPT	both			527	6.34	Aetna	Better Health		166.27	31.55			5.51	500.65	percent of total billed charges	
SICKLING OF RBC,REDUCTION	85660	CPT	both			527	6.34	Americare	Americare		395.25	75			5.51	500.65	percent of total billed charges	
SICKLING OF RBC,REDUCTION	85660	CPT	both			527	6.34	Amerihealth	Medicare		5.51				5.51	500.65	fee schedule	
SICKLING OF RBC,REDUCTION	85660	CPT	both			527	6.34	Amerihealth	HMO/PPO		342.55	65			5.51	500.65	percent of total billed charges	
SICKLING OF RBC,REDUCTION	85660	CPT	both			527	6.34	Consumer	Consumer		500.65	95			5.51	500.65	percent of total billed charges	
SICKLING OF RBC,REDUCTION	85660	CPT	both			527	6.34	Corrections	Corrections		421.6	80			5.51	500.65	percent of total billed charges	
SICKLING OF RBC,REDUCTION	85660	CPT	both			527	6.34	First Health	First Health		368.9	70			5.51	500.65	percent of total billed charges	
SICKLING OF RBC,REDUCTION	85660	CPT	both			527	6.34	First Trenton	First Trenton		474.3	90			5.51	500.65	percent of total billed charges	
SICKLING OF RBC,REDUCTION	85660	CPT	both			527	6.34	Horizon	NJ Health		5.88				5.51	500.65	fee schedule	
SICKLING OF RBC,REDUCTION	85660	CPT	both			527	6.34	Horizon	MGD		201.74	38.28			5.51	500.65	percent of total billed charges	
SICKLING OF RBC,REDUCTION	85660	CPT	both			527	6.34	Horizon	Indemnity		201.74	38.28			5.51	500.65	percent of total billed charges	
SICKLING OF RBC,REDUCTION	85660	CPT	both			527	6.34	Horizon	Medicare Blue		158.1	30			5.51	500.65	percent of total billed charges	
SICKLING OF RBC,REDUCTION	85660	CPT	both			527	6.34	Horizon	PPO		201.74	38.28			5.51	500.65	percent of total billed charges	
SICKLING OF RBC,REDUCTION	85660	CPT	both			527	6.34	Managed Care Inc	Managed Care Inc		474.3	90			5.51	500.65	percent of total billed charges	
SICKLING OF RBC,REDUCTION	85660	CPT	both			527	6.34	Multiplan	Multiplan		421.6	80			5.51	500.65	percent of total billed charges	
SICKLING OF RBC,REDUCTION	85660	CPT	both			527	6.34	Qualcare	Qualcare		395.25	75			5.51	500.65	percent of total billed charges	
SICKLING OF RBC,REDUCTION	85660	CPT	both			527	6.34	Three Rivers	Three Rivers		500.65	95			5.51	500.65	percent of total billed charges	
SICKLING OF RBC,REDUCTION	85660	CPT	both			527	6.34	UHC	Medicare		5.51				5.51	500.65	fee schedule	
SICKLING OF RBC,REDUCTION	85660	CPT	both			527	6.34	UHC	Medicaid		166.27	31.55			5.51	500.65	percent of total billed charges	
SICKLING OF RBC,REDUCTION	85660	CPT	both			527	6.34	Wellcare	Medicaid		166.27	31.55			5.51	500.65	percent of total billed charges	
SICKLING OF RBC,REDUCTION	85660	CPT	both			527	6.34	Wellcare	Medicare		5.51				5.51	500.65	fee schedule	
SICKLING OF RBC,REDUCTION	85660	CPT	both			527	6.34	WellPoint	WellPoint		169.59	32.18			5.51	500.65	percent of total billed charges	
THROMBIN TIME; PLSM	85670	CPT	both			226	6.64	Aetna	Medicare		5.77				5.7	214.7	fee schedule	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
THROMBIN TIME; PLSM	85670	CPT	both			226		6.64 Aetna	Commercial		85.88			38	5.7	214.7	percent of total billed charges	
THROMBIN TIME; PLSM	85670	CPT	both			226		6.64 Aetna	Better Health		71.3			31.55	5.7	214.7	percent of total billed charges	
THROMBIN TIME; PLSM	85670	CPT	both			226		6.64 Americare	Americare		169.5			75	5.7	214.7	percent of total billed charges	
THROMBIN TIME; PLSM	85670	CPT	both			226		6.64 Amerihealth	HMO/PPO		146.9			65	5.7	214.7	percent of total billed charges	
THROMBIN TIME; PLSM	85670	CPT	both			226		6.64 Amerihealth	Medicare		5.77				5.7	214.7	fee schedule	
THROMBIN TIME; PLSM	85670	CPT	both			226		6.64 Consumer	Consumer		214.7			95	5.7	214.7	percent of total billed charges	
THROMBIN TIME; PLSM	85670	CPT	both			226		6.64 Corrections	Corrections		180.8			80	5.7	214.7	percent of total billed charges	
THROMBIN TIME; PLSM	85670	CPT	both			226		6.64 First Health	First Health		158.2			70	5.7	214.7	percent of total billed charges	
THROMBIN TIME; PLSM	85670	CPT	both			226		6.64 First Trenton	First Trenton		203.4			90	5.7	214.7	percent of total billed charges	
THROMBIN TIME; PLSM	85670	CPT	both			226		6.64 Horizon	Medicare Blue		67.8			30	5.7	214.7	percent of total billed charges	
THROMBIN TIME; PLSM	85670	CPT	both			226		6.64 Horizon	Indemnity		86.51			38.28	5.7	214.7	percent of total billed charges	
THROMBIN TIME; PLSM	85670	CPT	both			226		6.64 Horizon	MGD		86.51			38.28	5.7	214.7	percent of total billed charges	
THROMBIN TIME; PLSM	85670	CPT	both			226		6.64 Horizon	NJ Health		17.25				5.7	214.7	fee schedule	
THROMBIN TIME; PLSM	85670	CPT	both			226		6.64 Horizon	PPO		86.51			38.28	5.7	214.7	percent of total billed charges	
THROMBIN TIME; PLSM	85670	CPT	both			226		6.64 Managed Care Inc	Managed Care Inc		203.4			90	5.7	214.7	percent of total billed charges	
THROMBIN TIME; PLSM	85670	CPT	both			226		6.64 Multiplan	Multiplan		180.8			80	5.7	214.7	percent of total billed charges	
THROMBIN TIME; PLSM	85670	CPT	both			226		6.64 Qualcare	Qualcare		169.5			75	5.7	214.7	percent of total billed charges	
THROMBIN TIME; PLSM	85670	CPT	both			226		6.64 Three Rivers	Three Rivers		214.7			95	5.7	214.7	percent of total billed charges	
THROMBIN TIME; PLSM	85670	CPT	both			226		6.64 UHC	Medicaid		71.3			31.55	5.7	214.7	percent of total billed charges	
THROMBIN TIME; PLSM	85670	CPT	both			226		6.64 UHC	Medicare		5.77				5.7	214.7	fee schedule	
THROMBIN TIME; PLSM	85670	CPT	both			226		6.64 Wellcare	Medicare		5.77				5.7	214.7	fee schedule	
THROMBIN TIME; PLSM	85670	CPT	both			226		6.64 Wellcare	Medicaid		71.3			31.55	5.7	214.7	percent of total billed charges	
THROMBIN TIME; PLSM	85670	CPT	both			226		6.64 WellPoint	WellPoint		72.73			32.18	5.7	214.7	percent of total billed charges	
THROMBOPLASTIN INHIB TISSUE	85705	CPT	outpatient			252		11.07 Aetna	Better Health		79.51			31.55	9.63	239.4	percent of total billed charges	
THROMBOPLASTIN INHIB TISSUE	85705	CPT	outpatient			252		11.07 Aetna	Medicare		9.63				9.63	239.4	fee schedule	
THROMBOPLASTIN INHIB TISSUE	85705	CPT	outpatient			252		11.07 Aetna	Commercial		95.76			38	9.63	239.4	percent of total billed charges	
THROMBOPLASTIN INHIB TISSUE	85705	CPT	outpatient			252		11.07 Americare	Americare		189			75	9.63	239.4	percent of total billed charges	
THROMBOPLASTIN INHIB TISSUE	85705	CPT	outpatient			252		11.07 Amerihealth	HMO/PPO		163.8			65	9.63	239.4	percent of total billed charges	
THROMBOPLASTIN INHIB TISSUE	85705	CPT	outpatient			252		11.07 Amerihealth	Medicare		9.63				9.63	239.4	fee schedule	
THROMBOPLASTIN INHIB TISSUE	85705	CPT	outpatient			252		11.07 Consumer	Consumer		239.4			95	9.63	239.4	percent of total billed charges	
THROMBOPLASTIN INHIB TISSUE	85705	CPT	outpatient			252		11.07 Corrections	Corrections		201.6			80	9.63	239.4	percent of total billed charges	
THROMBOPLASTIN INHIB TISSUE	85705	CPT	outpatient			252		11.07 First Health	First Health		176.4			70	9.63	239.4	percent of total billed charges	
THROMBOPLASTIN INHIB TISSUE	85705	CPT	outpatient			252		11.07 First Trenton	First Trenton		226.8			90	9.63	239.4	percent of total billed charges	
THROMBOPLASTIN INHIB TISSUE	85705	CPT	outpatient			252		11.07 Horizon	Medicare Blue		75.6			30	9.63	239.4	percent of total billed charges	
THROMBOPLASTIN INHIB TISSUE	85705	CPT	outpatient			252		11.07 Horizon	Indemnity		96.47			38.28	9.63	239.4	percent of total billed charges	
THROMBOPLASTIN INHIB TISSUE	85705	CPT	outpatient			252		11.07 Horizon	PPO		96.47			38.28	9.63	239.4	percent of total billed charges	
THROMBOPLASTIN INHIB TISSUE	85705	CPT	outpatient			252		11.07 Horizon	MGD		96.47			38.28	9.63	239.4	percent of total billed charges	
THROMBOPLASTIN INHIB TISSUE	85705	CPT	outpatient			252		11.07 Horizon	NJ Health		15.48				9.63	239.4	fee schedule	
THROMBOPLASTIN INHIB TISSUE	85705	CPT	outpatient			252		11.07 Managed Care Inc	Managed Care Inc		226.8			90	9.63	239.4	percent of total billed charges	
THROMBOPLASTIN INHIB TISSUE	85705	CPT	outpatient			252		11.07 Multiplan	Multiplan		201.6			80	9.63	239.4	percent of total billed charges	
THROMBOPLASTIN INHIB TISSUE	85705	CPT	outpatient			252		11.07 Qualcare	Qualcare		189			75	9.63	239.4	percent of total billed charges	
THROMBOPLASTIN INHIB TISSUE	85705	CPT	outpatient			252		11.07 Three Rivers	Three Rivers		239.4			95	9.63	239.4	percent of total billed charges	
THROMBOPLASTIN INHIB TISSUE	85705	CPT	outpatient			252		11.07 UHC	Medicaid		79.51			31.55	9.63	239.4	percent of total billed charges	
THROMBOPLASTIN INHIB TISSUE	85705	CPT	outpatient			252		11.07 UHC	Medicare		9.63				9.63	239.4	fee schedule	
THROMBOPLASTIN INHIB TISSUE	85705	CPT	outpatient			252		11.07 Wellcare	Medicare		9.63				9.63	239.4	fee schedule	
THROMBOPLASTIN INHIB TISSUE	85705	CPT	outpatient			252		11.07 Wellcare	Medicaid		79.51			31.55	9.63	239.4	percent of total billed charges	
THROMBOPLASTIN INHIB TISSUE	85705	CPT	outpatient			252		11.07 WellPoint	WellPoint		81.09			32.18	9.63	239.4	percent of total billed charges	
PTT;PLSM;WB	85730	CPT	both			20		6.91 Aetna	Better Health		6.31			31.55	5.7	19	percent of total billed charges	
PTT;PLSM;WB	85730	CPT	both			20		6.91 Aetna	Medicare		6.01				5.7	19	fee schedule	
PTT;PLSM;WB	85730	CPT	both			20		6.91 Aetna	Commercial		7.6			38	5.7	19	percent of total billed charges	
PTT;PLSM;WB	85730	CPT	both			20		6.91 Americare	Americare		15			75	5.7	19	percent of total billed charges	
PTT;PLSM;WB	85730	CPT	both			20		6.91 Amerihealth	HMO/PPO		13			65	5.7	19	percent of total billed charges	
PTT;PLSM;WB	85730	CPT	both			20		6.91 Amerihealth	Medicare		6.01				5.7	19	fee schedule	
PTT;PLSM;WB	85730	CPT	both			20		6.91 Consumer	Consumer		19			95	5.7	19	percent of total billed charges	
PTT;PLSM;WB	85730	CPT	both			20		6.91 Corrections	Corrections		16			80	5.7	19	percent of total billed charges	
PTT;PLSM;WB	85730	CPT	both			20		6.91 First Health	First Health		14			70	5.7	19	percent of total billed charges	
PTT;PLSM;WB	85730	CPT	both			20		6.91 First Trenton	First Trenton		18			90	5.7	19	percent of total billed charges	
PTT;PLSM;WB	85730	CPT	both			20		6.91 Horizon	Medicare Blue		6			30	5.7	19	percent of total billed charges	
PTT;PLSM;WB	85730	CPT	both			20		6.91 Horizon	Indemnity		7.66			38.28	5.7	19	percent of total billed charges	
PTT;PLSM;WB	85730	CPT	both			20		6.91 Horizon	MGD		7.66			38.28	5.7	19	percent of total billed charges	
PTT;PLSM;WB	85730	CPT	both			20		6.91 Horizon	NJ Health		5.88				5.7	19	fee schedule	
PTT;PLSM;WB	85730	CPT	both			20		6.91 Horizon	PPO		7.66			38.28	5.7	19	percent of total billed charges	
PTT;PLSM;WB	85730	CPT	both			20		6.91 Managed Care Inc	Managed Care Inc		18			90	5.7	19	percent of total billed charges	
PTT;PLSM;WB	85730	CPT	both			20		6.91 Multiplan	Multiplan		16			80	5.7	19	percent of total billed charges	
PTT;PLSM;WB	85730	CPT	both			20		6.91 Qualcare	Qualcare		15			75	5.7	19	percent of total billed charges	
PTT;PLSM;WB	85730	CPT	both			20		6.91 Three Rivers	Three Rivers		19			95	5.7	19	percent of total billed charges	
PTT;PLSM;WB	85730	CPT	both			20		6.91 UHC	Medicare		6.01				5.7	19	fee schedule	
PTT;PLSM;WB	85730	CPT	both			20		6.91 UHC	Medicaid		6.31			31.55	5.7	19	percent of total billed charges	
PTT;PLSM;WB	85730	CPT	both			20		6.91 Wellcare	Medicaid		6.31			31.55	5.7	19	percent of total billed charges	
PTT;PLSM;WB	85730	CPT	both			20		6.91 Wellcare	Medicare		6.01				5.7	19	fee schedule	
PTT;PLSM;WB	85730	CPT	both			20		6.91 WellPoint	WellPoint		6.44			32.18	5.7	19	percent of total billed charges	
SUBSTITUTION PLASMA FRACT EA	85732	CPT	both			186		7.44 Aetna	Medicare		6.47				5.88	176.7	fee schedule	
SUBSTITUTION PLASMA FRACT EA	85732	CPT	both			186		7.44 Aetna	Better Health		58.68			31.55	5.88	176.7	percent of total billed charges	
SUBSTITUTION PLASMA FRACT EA	85732	CPT	both			186		7.44 Aetna	Commercial		70.68			38	5.88	176.7	percent of total billed charges	
SUBSTITUTION PLASMA FRACT EA	85732	CPT	both			186		7.44 Americare	Americare		139.5			75	5.88	176.7	percent of total billed charges	
SUBSTITUTION PLASMA FRACT EA	85732	CPT	both			186		7.44 Amerihealth	HMO/PPO		120.9			65	5.88	176.7	percent of total billed charges	
SUBSTITUTION PLASMA FRACT EA	85732	CPT	both			186		7.44 Amerihealth	Medicare		6.47				5.88	176.7	fee schedule	
SUBSTITUTION PLASMA FRACT EA	85732	CPT	both			186		7.44 Consumer	Consumer		176.7			95	5.88	176.7	percent of total billed charges	
SUBSTITUTION PLASMA FRACT EA	85732	CPT	both			186		7.44 Corrections	Corrections		148.8			80	5.88	176.7	percent of total billed charges	
SUBSTITUTION PLASMA FRACT EA	85732	CPT	both			186		7.44 First Health	First Health		130.2			70	5.88	176.7	percent of total billed charges	
SUBSTITUTION PLASMA FRACT EA	85732	CPT	both			186		7.44 First Trenton	First Trenton		167.4			90	5.88	176.7	percent of total billed charges	
SUBSTITUTION PLASMA FRACT EA	85732	CPT	both			186		7.44 Horizon	Medicare Blue		55.8			30	5.88	176.7	percent of total billed charges	
SUBSTITUTION PLASMA FRACT EA	85732	CPT	both			186		7.44 Horizon	Indemnity		71.2			38.28	5.88	176.7	percent of total billed charges	
SUBSTITUTION PLASMA FRACT EA	85732	CPT	both			186		7.44 Horizon	NJ Health		5.88				5.88	176.7	fee schedule	
SUBSTITUTION PLASMA FRACT EA	85732	CPT	both			186		7.44 Horizon	MGD		71.2			38.28	5.88	176.7	percent of total billed charges	
SUBSTITUTION PLASMA FRACT EA	85732	CPT	both			186		7.44 Horizon	PPO		71.2			38.28	5.88	176.7	percent of total billed charges	
SUBSTITUTION PLASMA FRACT EA	85732	CPT	both			186		7.44 Managed Care Inc	Managed Care Inc		167.4			90	5.88	176.7	percent of total billed charges	
SUBSTITUTION PLASMA FRACT EA	85732	CPT	both			186		7.44 Multiplan	Multiplan		148.8			80	5.88	176.7	percent of total billed charges	
SUBSTITUTION PLASMA FRACT EA	85732	CPT	both			186		7.44 Qualcare	Qualcare		139.5			75	5.88	176.7	percent of total billed charges	
SUBSTITUTION PLASMA FRACT EA	85732	CPT	both			186		7.44 Three Rivers	Three Rivers		176.7			95	5.88	176.7	percent of total billed charges	
SUBSTITUTION PLASMA FRACT EA	85732	CPT	both			186		7.44 UHC	Medicaid		58.68			31.55	5.88	176.7	percent of total billed charges	
SUBSTITUTION PLASMA FRACT EA	85732	CPT	both			186		7.44 UHC	Medicare		6.47				5.88	176.7	fee schedule	
SUBSTITUTION PLASMA FRACT EA	85732	CPT	both			186		7.44 Wellcare	Medicare		6.47				5.88	176.7	fee schedule	
SUBSTITUTION PLASMA FRACT EA	85732	CPT	both			186		7.44 Wellcare	Medicaid		58.68			31.55	5.88	176.7	percent of total billed charges	
SUBSTITUTION PLASMA FRACT EA	85732	CPT	both			186		7.44 WellPoint	WellPoint		59.85			32.18	5.88	176.7	percent of total billed charges	
VISCOSITY, SERUM	85810	CPT	both			84		13.42 Aetna	Medicare		11.67				8.1	79.8	fee schedule	
VISCOSITY, SERUM	85810	CPT	both			84		13.42 Aetna	Commercial		31.92			38	8.1	79.8	percent of total billed charges	
VISCOSITY, SERUM	85810	CPT	both			84		13.42 Aetna	Better Health		26.5			31.55	8.1	79.8	percent of total billed charges	
VISCOSITY, SERUM	85810	CPT	both			84		13.42 Americare	Americare		63			75	8.1	79.8	percent of total billed charges	
VISCOSITY, SERUM	85810	CPT	both			84		13.42 Amerihealth	HMO/PPO		54.6			65	8.1	79.8	percent of total billed charges	
VISCOSITY, SERUM	85810	CPT	both			84		13.42 Amerihealth	Medicare		11.67				8.1	79.8	fee schedule	
VISCOSITY, SERUM	85810	CPT	both			84		13.42 Consumer	Consumer		79.8			95	8.1	79.8	percent of total billed charges	
VISCOSITY, SERUM	85810	CPT	both			84		13.42 Corrections	Corrections		67.2			80	8.1	79.8	percent of total billed charges	
VISCOSITY, SERUM	85810	CPT	both			84		13.42 First Health	First Health		58.8			70	8.1	79.8	percent of total billed charges	
VISCOSITY, SERUM	85810	CPT	both			84		13.42 First Trenton	First Trenton		75.6			90	8.1	79.8	percent of total billed charges	
VISCOSITY, SERUM	85810	CPT	both			84		13.42 Horizon	MGD		32.16			38.28	8.1	79.8	percent of total billed charges	
VISCOSITY, SERUM	85810	CPT	both			84		13.42 Horizon	NJ Health		29.4				8.1	79.8	fee schedule	
VISCOSITY, SERUM	85810	CPT	both			84		13.42 Horizon	Indemnity		32.16			38.28	8.1	79.8	percent of total billed charges	
VISCOSITY, SERUM	85810	CPT	both			84		13.42 Horizon	Medicare Blue		25.2			30	8.1	79.8	percent of total billed charges	
VISCOSITY, SERUM	85810	CPT	both			84		13.42 Horizon	PPO		32.16			38.28	8.1	79.8	percent of total billed charges	
VISCOSITY, SERUM	85810	CPT	both			84		13.42 Managed Care Inc	Managed Care Inc		75.6			90	8.1	79.8	percent of total billed charges	
VISCOSITY, SERUM	85810	CPT	both			84		13.42 Multiplan	Multiplan		67.2			80	8.1	79.8	percent of total billed charges	
VISCOSITY, SERUM	85810	CPT	both			84		13.42 Qualcare	Qualcare		63			75	8.1	79.8	percent of total billed charges	
VISCOSITY, SERUM	85810	CPT	both			84		13.42 Three Rivers	Three Rivers		79.8			95	8.1	79.8	percent of total billed charges	
VISCOSITY, SERUM	85810	CPT	both			84		13.42 UHC	Medicare		11.67				8.1	79.8	fee schedule	
VISCOSITY, SERUM	85810	CPT	both			84		13.42 UHC	Medicaid		26.5			31.55	8.1	79.8	percent of total billed charges	
VISCOSITY, SERUM	85810	CPT	both			84		13.42 Wellcare	Medicare		11.67				8.1	79.8	fee schedule	
VISCOSITY, SERUM	85810	CPT	both			84		13.42 Wellcare	Medicaid		26.5			31.55	8.1	79.8	percent of total billed charges	
VISCOSITY, SERUM	85810	CPT	both			84		13.42 WellPoint	WellPoint		27.03			32.18	8.1	79.8	percent of total billed charges	
WHITEFISH	86003	CPT	both			1050		6 Aetna	Medicare		323.4			30.8	3.6	997.5	percent of total billed charges	
WHITEFISH	86003	CPT	both			1050		6 Aetna	Commercial		399			38	3.6	997.5	percent of total billed charges	
WHITEFISH	86003	CPT	both			1050		6 Aetna	Better Health		331.28			31.55	3.6	997.5	percent of total billed charges	
WHITEFISH	86003	CPT	both			1050		6 Americare	Americare		787.5			75	3.6	997.5	percent of total billed charges	
WHITEFISH	86003	CPT	both			1050		6 Amerihealth	HMO/PPO		682.5			65	3.6	997.5	percent of total billed charges	
WHITEFISH	86003	CPT	both			1050		6 Amerihealth	Medicare		5.22				3.6	997.5	fee schedule	
WHITEFISH	86003	CPT	both			1050		6 Consumer	Consumer		997.5			95	3.6	997.5	percent of total billed charges	
WHITEFISH	86003	CPT	both			1050		6 Corrections	Corrections		840			80	3.6	997.5	percent of total billed charges	
WHITEFISH	86003	CPT	both			1050		6 First Health	First Health		735			70	3.6	997.5	percent of total billed charges	
WHITEFISH	86003	CPT	both			1050		6 First Trenton	First Trenton		945			90	3.6	997.5	percent of total billed charges	
WHITEFISH	86003	CPT	both			1050		6 Horizon	Indemnity		401.94			38.28	3.6	997.5	percent of total billed charges	
WHITEFISH	86003	CPT	both			1050		6 Horizon	Medicare Blue		315			30	3.6	997.5	percent of total billed charges	
WHITEFISH	86003	CPT	both			1050		6 Horizon	MGD		401.94			38.28	3.6	997.5	percent of total billed charges	
WHITEFISH	86003	CPT	both			1050		6 Horizon	PPO		401.94			38.28	3.6	997.5	percent of total billed charges	
WHITEFISH	86003	CPT	both			1050		6 Horizon	NJ Health		39.2				3.6	997.5	fee schedule	
WHITEFISH	86003	CPT	both			1050		6 Managed Care Inc	Managed Care Inc		945			90	3.6	997.5	percent of total billed charges	
WHITEFISH	86003	CPT	both			1050		6 Multiplan	Multiplan		840			80	3.6	997.5	percent of total billed charges	
WHITEFISH	86003	CPT	both			1050		6 Qualcare	Qualcare		787.5			75	3.6	997.5	percent of total billed charges	
WHITEFISH	86003	CPT	both			1050		6 Three Rivers	Three Rivers		997.5			95	3.6	997.5	percent of total billed charges	
WHITEFISH	86003	CPT	both			1050		6 UHC	Medicaid		331.28			31.55	3.6	997.5	percent of total billed charges	
WHITEFISH	86003	CPT	both			1050		6 UHC	Medicare		5.22				3.6	997.5	fee schedule	
WHITEFISH	86003	CPT	both			1050		6 Wellcare	Medicaid		331.28			31.55	3.6	997.5	percent of total billed charges	
WHITEFISH	86003	CPT	both			1050		6 Wellcare	Medicare		5.22				3.6	997.5	fee schedule	
WHITEFISH	86003	CPT	both			1050		6 WellPoint	WellPoint		337.89			32.18	3.6	997.5	percent of total billed charges	
FX02-IGE FOOD MIX (SEAFOODS)	86005	CPT	outpatient			48		9.17 Aetna	Medicare		7.97				3.21	45.6	fee schedule	
FX02-IGE FOOD MIX (SEAFOODS)	86005	CPT	outpatient			48		9.17 Aetna	Commercial		18.24			38	3.21	45.6	percent of total billed charges	
FX02-IGE FOOD MIX (SEAFOODS)	86005	CPT	outpatient			48		9.17 Aetna	Better Health		15.14			31.55	3.21	45.6	percent of total billed charges	
FX02-IGE FOOD MIX (SEAFOODS)	86005	CPT	outpatient			48		9.17 Americare	Americare		36			75	3.21	45.6	percent of total billed charges	
FX02-IGE FOOD MIX (SEAFOODS)	86005	CPT	outpatient			48		9.17 Amerihealth	HMO/PPO		31.2			65	3.21	45.6	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
FX02-IGE FOOD MIX (SEAFOODS)	86005	CPT	outpatient			48	9.17	Amerihealth	Medicare		7.97				3.21	45.6	fee schedule	
FX02-IGE FOOD MIX (SEAFOODS)	86005	CPT	outpatient			48	9.17	Consumer	Consumer		45.6	95			3.21	45.6	percent of total billed charges	
FX02-IGE FOOD MIX (SEAFOODS)	86005	CPT	outpatient			48	9.17	Corrections	Corrections		38.4	80			3.21	45.6	percent of total billed charges	
FX02-IGE FOOD MIX (SEAFOODS)	86005	CPT	outpatient			48	9.17	First Health	First Health		33.6	70			3.21	45.6	percent of total billed charges	
FX02-IGE FOOD MIX (SEAFOODS)	86005	CPT	outpatient			48	9.17	First Trenton	First Trenton		43.2	90			3.21	45.6	percent of total billed charges	
FX02-IGE FOOD MIX (SEAFOODS)	86005	CPT	outpatient			48	9.17	Horizon	Medicare Blue		14.4	30			3.21	45.6	percent of total billed charges	
FX02-IGE FOOD MIX (SEAFOODS)	86005	CPT	outpatient			48	9.17	Horizon	MGD		18.37	38.28			3.21	45.6	percent of total billed charges	
FX02-IGE FOOD MIX (SEAFOODS)	86005	CPT	outpatient			48	9.17	Horizon	Indemnity		18.37	38.28			3.21	45.6	percent of total billed charges	
FX02-IGE FOOD MIX (SEAFOODS)	86005	CPT	outpatient			48	9.17	Horizon	PPO		18.37	38.28			3.21	45.6	percent of total billed charges	
FX02-IGE FOOD MIX (SEAFOODS)	86005	CPT	outpatient			48	9.17	Horizon	NJ Health		3.21				3.21	45.6	fee schedule	
FX02-IGE FOOD MIX (SEAFOODS)	86005	CPT	outpatient			48	9.17	Managed Care Inc	Managed Care Inc		43.2	90			3.21	45.6	percent of total billed charges	
FX02-IGE FOOD MIX (SEAFOODS)	86005	CPT	outpatient			48	9.17	Multiplan	Multiplan		38.4	80			3.21	45.6	percent of total billed charges	
FX02-IGE FOOD MIX (SEAFOODS)	86005	CPT	outpatient			48	9.17	Qualcare	Qualcare		36	75			3.21	45.6	percent of total billed charges	
FX02-IGE FOOD MIX (SEAFOODS)	86005	CPT	outpatient			48	9.17	Three Rivers	Three Rivers		45.6	95			3.21	45.6	percent of total billed charges	
FX02-IGE FOOD MIX (SEAFOODS)	86005	CPT	outpatient			48	9.17	UHC	Medicare		7.97				3.21	45.6	fee schedule	
FX02-IGE FOOD MIX (SEAFOODS)	86005	CPT	outpatient			48	9.17	UHC	Medicaid		15.14	31.55			3.21	45.6	percent of total billed charges	
FX02-IGE FOOD MIX (SEAFOODS)	86005	CPT	outpatient			48	9.17	Wellcare	Medicaid		15.14	31.55			3.21	45.6	percent of total billed charges	
FX02-IGE FOOD MIX (SEAFOODS)	86005	CPT	outpatient			48	9.17	Wellcare	Medicare		7.97				3.21	45.6	fee schedule	
FX02-IGE FOOD MIX (SEAFOODS)	86005	CPT	outpatient			48	9.17	WellPoint	WellPoint		15.45	32.18			3.21	45.6	percent of total billed charges	
O215-IGE ALPHA-GAL	86008	CPT	outpatient			210	20.62	Aetna	Commercial		79.8	38			9.6	199.5	percent of total billed charges	
O215-IGE ALPHA-GAL	86008	CPT	outpatient			210	20.62	Aetna	Better Health		66.26	31.55			9.6	199.5	percent of total billed charges	
O215-IGE ALPHA-GAL	86008	CPT	outpatient			210	20.62	Aetna	Medicare		64.68	30.8			9.6	199.5	percent of total billed charges	
O215-IGE ALPHA-GAL	86008	CPT	outpatient			210	20.62	Americare	Americare		157.5	75			9.6	199.5	percent of total billed charges	
O215-IGE ALPHA-GAL	86008	CPT	outpatient			210	20.62	Amerihealth	HMO/PPO		136.5	65			9.6	199.5	percent of total billed charges	
O215-IGE ALPHA-GAL	86008	CPT	outpatient			210	20.62	Amerihealth	Medicare		17.93				9.6	199.5	fee schedule	
O215-IGE ALPHA-GAL	86008	CPT	outpatient			210	20.62	Consumer	Consumer		199.5	95			9.6	199.5	percent of total billed charges	
O215-IGE ALPHA-GAL	86008	CPT	outpatient			210	20.62	Corrections	Corrections		168	80			9.6	199.5	percent of total billed charges	
O215-IGE ALPHA-GAL	86008	CPT	outpatient			210	20.62	First Health	First Health		147	70			9.6	199.5	percent of total billed charges	
O215-IGE ALPHA-GAL	86008	CPT	outpatient			210	20.62	First Trenton	First Trenton		189	90			9.6	199.5	percent of total billed charges	
O215-IGE ALPHA-GAL	86008	CPT	outpatient			210	20.62	Horizon	Medicare Blue		63	30			9.6	199.5	percent of total billed charges	
O215-IGE ALPHA-GAL	86008	CPT	outpatient			210	20.62	Horizon	MGD		80.39	38.28			9.6	199.5	percent of total billed charges	
O215-IGE ALPHA-GAL	86008	CPT	outpatient			210	20.62	Horizon	Indemnity		80.39	38.28			9.6	199.5	percent of total billed charges	
O215-IGE ALPHA-GAL	86008	CPT	outpatient			210	20.62	Horizon	PPO		80.39	38.28			9.6	199.5	percent of total billed charges	
O215-IGE ALPHA-GAL	86008	CPT	outpatient			210	20.62	Horizon	NJ Health		17.37				9.6	199.5	fee schedule	
O215-IGE ALPHA-GAL	86008	CPT	outpatient			210	20.62	Managed Care Inc	Managed Care Inc		189	90			9.6	199.5	percent of total billed charges	
O215-IGE ALPHA-GAL	86008	CPT	outpatient			210	20.62	Multiplan	Multiplan		168	80			9.6	199.5	percent of total billed charges	
O215-IGE ALPHA-GAL	86008	CPT	outpatient			210	20.62	Qualcare	Qualcare		157.5	75			9.6	199.5	percent of total billed charges	
O215-IGE ALPHA-GAL	86008	CPT	outpatient			210	20.62	Three Rivers	Three Rivers		199.5	95			9.6	199.5	percent of total billed charges	
O215-IGE ALPHA-GAL	86008	CPT	outpatient			210	20.62	UHC	Medicare		17.93				9.6	199.5	fee schedule	
O215-IGE ALPHA-GAL	86008	CPT	outpatient			210	20.62	UHC	Medicaid		66.26	31.55			9.6	199.5	percent of total billed charges	
O215-IGE ALPHA-GAL	86008	CPT	outpatient			210	20.62	Wellcare	Medicaid		66.26	31.55			9.6	199.5	percent of total billed charges	
O215-IGE ALPHA-GAL	86008	CPT	outpatient			210	20.62	Wellcare	Medicare		17.93				9.6	199.5	fee schedule	
O215-IGE ALPHA-GAL	86008	CPT	outpatient			210	20.62	WellPoint	WellPoint		67.58	32.18			9.6	199.5	percent of total billed charges	
NEUTROPHIL ASSOCIATED ABS	86021	CPT	outpatient			668	17.31	Aetna	Better Health		210.75	31.55			15.05	634.6	percent of total billed charges	
NEUTROPHIL ASSOCIATED ABS	86021	CPT	outpatient			668	17.31	Aetna	Medicare		205.74	30.8			15.05	634.6	percent of total billed charges	
NEUTROPHIL ASSOCIATED ABS	86021	CPT	outpatient			668	17.31	Aetna	Commercial		253.84	38			15.05	634.6	percent of total billed charges	
NEUTROPHIL ASSOCIATED ABS	86021	CPT	outpatient			668	17.31	Americare	Americare		501	75			15.05	634.6	percent of total billed charges	
NEUTROPHIL ASSOCIATED ABS	86021	CPT	outpatient			668	17.31	Amerihealth	HMO/PPO		434.2	65			15.05	634.6	percent of total billed charges	
NEUTROPHIL ASSOCIATED ABS	86021	CPT	outpatient			668	17.31	Amerihealth	Medicare		15.05				15.05	634.6	fee schedule	
NEUTROPHIL ASSOCIATED ABS	86021	CPT	outpatient			668	17.31	Consumer	Consumer		634.6	95			15.05	634.6	percent of total billed charges	
NEUTROPHIL ASSOCIATED ABS	86021	CPT	outpatient			668	17.31	Corrections	Corrections		534.4	80			15.05	634.6	percent of total billed charges	
NEUTROPHIL ASSOCIATED ABS	86021	CPT	outpatient			668	17.31	First Health	First Health		467.6	70			15.05	634.6	percent of total billed charges	
NEUTROPHIL ASSOCIATED ABS	86021	CPT	outpatient			668	17.31	First Trenton	First Trenton		601.2	90			15.05	634.6	percent of total billed charges	
NEUTROPHIL ASSOCIATED ABS	86021	CPT	outpatient			668	17.31	Horizon	NJ Health		17.64				15.05	634.6	fee schedule	
NEUTROPHIL ASSOCIATED ABS	86021	CPT	outpatient			668	17.31	Horizon	MGD		255.71	38.28			15.05	634.6	percent of total billed charges	
NEUTROPHIL ASSOCIATED ABS	86021	CPT	outpatient			668	17.31	Horizon	Indemnity		255.71	38.28			15.05	634.6	percent of total billed charges	
NEUTROPHIL ASSOCIATED ABS	86021	CPT	outpatient			668	17.31	Horizon	Medicare Blue		200.4	30			15.05	634.6	percent of total billed charges	
NEUTROPHIL ASSOCIATED ABS	86021	CPT	outpatient			668	17.31	Horizon	PPO		255.71	38.28			15.05	634.6	percent of total billed charges	
NEUTROPHIL ASSOCIATED ABS	86021	CPT	outpatient			668	17.31	Managed Care Inc	Managed Care Inc		601.2	90			15.05	634.6	percent of total billed charges	
NEUTROPHIL ASSOCIATED ABS	86021	CPT	outpatient			668	17.31	Multiplan	Multiplan		534.4	80			15.05	634.6	percent of total billed charges	
NEUTROPHIL ASSOCIATED ABS	86021	CPT	outpatient			668	17.31	Qualcare	Qualcare		501	75			15.05	634.6	percent of total billed charges	
NEUTROPHIL ASSOCIATED ABS	86021	CPT	outpatient			668	17.31	Three Rivers	Three Rivers		634.6	95			15.05	634.6	percent of total billed charges	
NEUTROPHIL ASSOCIATED ABS	86021	CPT	outpatient			668	17.31	UHC	Medicaid		210.75	31.55			15.05	634.6	percent of total billed charges	
NEUTROPHIL ASSOCIATED ABS	86021	CPT	outpatient			668	17.31	UHC	Medicare		15.05				15.05	634.6	fee schedule	
NEUTROPHIL ASSOCIATED ABS	86021	CPT	outpatient			668	17.31	Wellcare	Medicaid		210.75	31.55			15.05	634.6	percent of total billed charges	
NEUTROPHIL ASSOCIATED ABS	86021	CPT	outpatient			668	17.31	Wellcare	Medicare		15.05				15.05	634.6	fee schedule	
NEUTROPHIL ASSOCIATED ABS	86021	CPT	outpatient			668	17.31	WellPoint	WellPoint		214.96	32.18			15.05	634.6	percent of total billed charges	
PLATELET. ANTIBODY.PROFILE(117150)	86022	CPT	both			1267	21.13	Aetna	Better Health		399.74	31.55			17.64	1203.65	percent of total billed charges	
PLATELET. ANTIBODY.PROFILE(117150)	86022	CPT	both			1267	21.13	Aetna	Medicare		18.37				17.64	1203.65	fee schedule	
PLATELET. ANTIBODY.PROFILE(117150)	86022	CPT	both			1267	21.13	Aetna	Commercial		481.46	38			17.64	1203.65	percent of total billed charges	
PLATELET. ANTIBODY.PROFILE(117150)	86022	CPT	both			1267	21.13	Americare	Americare		950.25	75			17.64	1203.65	percent of total billed charges	
PLATELET. ANTIBODY.PROFILE(117150)	86022	CPT	both			1267	21.13	Amerihealth	HMO/PPO		823.55	65			17.64	1203.65	percent of total billed charges	
PLATELET. ANTIBODY.PROFILE(117150)	86022	CPT	both			1267	21.13	Amerihealth	Medicare		18.37				17.64	1203.65	fee schedule	
PLATELET. ANTIBODY.PROFILE(117150)	86022	CPT	both			1267	21.13	Consumer	Consumer		1203.65	95			17.64	1203.65	percent of total billed charges	
PLATELET. ANTIBODY.PROFILE(117150)	86022	CPT	both			1267	21.13	Corrections	Corrections		1013.6	80			17.64	1203.65	percent of total billed charges	
PLATELET. ANTIBODY.PROFILE(117150)	86022	CPT	both			1267	21.13	First Health	First Health		886.9	70			17.64	1203.65	percent of total billed charges	
PLATELET. ANTIBODY.PROFILE(117150)	86022	CPT	both			1267	21.13	First Trenton	First Trenton		1140.3	90			17.64	1203.65	percent of total billed charges	
PLATELET. ANTIBODY.PROFILE(117150)	86022	CPT	both			1267	21.13	Horizon	MGD		485.01	38.28			17.64	1203.65	percent of total billed charges	
PLATELET. ANTIBODY.PROFILE(117150)	86022	CPT	both			1267	21.13	Horizon	Indemnity		485.01	38.28			17.64	1203.65	percent of total billed charges	
PLATELET. ANTIBODY.PROFILE(117150)	86022	CPT	both			1267	21.13	Horizon	Medicare Blue		380.1	30			17.64	1203.65	percent of total billed charges	
PLATELET. ANTIBODY.PROFILE(117150)	86022	CPT	both			1267	21.13	Horizon	NJ Health		17.64				17.64	1203.65	fee schedule	
PLATELET. ANTIBODY.PROFILE(117150)	86022	CPT	both			1267	21.13	Horizon	PPO		485.01	38.28			17.64	1203.65	percent of total billed charges	
PLATELET. ANTIBODY.PROFILE(117150)	86022	CPT	both			1267	21.13	Managed Care Inc	Managed Care Inc		1140.3	90			17.64	1203.65	percent of total billed charges	
PLATELET. ANTIBODY.PROFILE(117150)	86022	CPT	both			1267	21.13	Multiplan	Multiplan		1013.6	80			17.64	1203.65	percent of total billed charges	
PLATELET. ANTIBODY.PROFILE(117150)	86022	CPT	both			1267	21.13	Qualcare	Qualcare		950.25	75			17.64	1203.65	percent of total billed charges	
PLATELET. ANTIBODY.PROFILE(117150)	86022	CPT	both			1267	21.13	Three Rivers	Three Rivers		1203.65	95			17.64	1203.65	percent of total billed charges	
PLATELET. ANTIBODY.PROFILE(117150)	86022	CPT	both			1267	21.13	UHC	Medicare		18.37				17.64	1203.65	fee schedule	
PLATELET. ANTIBODY.PROFILE(117150)	86022	CPT	both			1267	21.13	UHC	Medicaid		399.74	31.55			17.64	1203.65	percent of total billed charges	
PLATELET. ANTIBODY.PROFILE(117150)	86022	CPT	both			1267	21.13	Wellcare	Medicaid		399.74	31.55			17.64	1203.65	percent of total billed charges	
PLATELET. ANTIBODY.PROFILE(117150)	86022	CPT	both			1267	21.13	Wellcare	Medicare		18.37				17.64	1203.65	fee schedule	
PLATELET. ANTIBODY.PROFILE(117150)	86022	CPT	both			1267	21.13	WellPoint	WellPoint		407.72	32.18			17.64	1203.65	percent of total billed charges	
ATYPICAL PANCA	86036	CPT	both			40	13.66	Aetna	Commercial		15.2	38			9.45	38	percent of total billed charges	
ATYPICAL PANCA	86036	CPT	both			40	13.66	Aetna	Better Health		12.62	31.55			9.45	38	percent of total billed charges	
ATYPICAL PANCA	86036	CPT	both			40	13.66	Aetna	Medicare		12.05				9.45	38	fee schedule	
ATYPICAL PANCA	86036	CPT	both			40	13.66	Americare	Americare		30	75			9.45	38	percent of total billed charges	
ATYPICAL PANCA	86036	CPT	both			40	13.66	Amerihealth	Medicare		12.05				9.45	38	fee schedule	
ATYPICAL PANCA	86036	CPT	both			40	13.66	Amerihealth	HMO/PPO		26	65			9.45	38	percent of total billed charges	
ATYPICAL PANCA	86036	CPT	both			40	13.66	Consumer	Consumer		38	95			9.45	38	percent of total billed charges	
ATYPICAL PANCA	86036	CPT	both			40	13.66	Corrections	Corrections		32	80			9.45	38	percent of total billed charges	
ATYPICAL PANCA	86036	CPT	both			40	13.66	First Health	First Health		28	70			9.45	38	percent of total billed charges	
ATYPICAL PANCA	86036	CPT	both			40	13.66	First Trenton	First Trenton		36	90			9.45	38	percent of total billed charges	
ATYPICAL PANCA	86036	CPT	both			40	13.66	Horizon	Indemnity		15.31	38.28			9.45	38	percent of total billed charges	
ATYPICAL PANCA	86036	CPT	both			40	13.66	Horizon	PPO		15.31	38.28			9.45	38	percent of total billed charges	
ATYPICAL PANCA	86036	CPT	both			40	13.66	Horizon	MGD		15.31	38.28			9.45	38	percent of total billed charges	
ATYPICAL PANCA	86036	CPT	both			40	13.66	Horizon	Medicare Blue		12	30			9.45	38	percent of total billed charges	
ATYPICAL PANCA	86036	CPT	both			40	13.66	Horizon	NJ Health		9.45				9.45	38	fee schedule	
ATYPICAL PANCA	86036	CPT	both			40	13.66	Managed Care Inc	Managed Care Inc		36	90			9.45	38	percent of total billed charges	
ATYPICAL PANCA	86036	CPT	both			40	13.66	Multiplan	Multiplan		32	80			9.45	38	percent of total billed charges	
ATYPICAL PANCA	86036	CPT	both			40	13.66	Qualcare	Qualcare		30	75			9.45	38	percent of total billed charges	
ATYPICAL PANCA	86036	CPT	both			40	13.66	Three Rivers	Three Rivers		38	95			9.45	38	percent of total billed charges	
ATYPICAL PANCA	86036	CPT	both			40	13.66	UHC	Medicare		12.05				9.45	38	fee schedule	
ATYPICAL PANCA	86036	CPT	both			40	13.66	UHC	Medicaid		12.62	31.55			9.45	38	percent of total billed charges	
ATYPICAL PANCA	86036	CPT	both			40	13.66	Wellcare	Medicare		12.05				9.45	38	fee schedule	
ATYPICAL PANCA	86036	CPT	both			40	13.66	Wellcare	Medicaid		12.62	31.55			9.45	38	percent of total billed charges	
ATYPICAL PANCA	86036	CPT	both			40	13.66	WellPoint	WellPoint		12.87	32.18			9.45	38	percent of total billed charges	
PERINUCLEAR (P-ANCA)	86037	CPT	inpatient			40	13.66	Aetna	Better Health		12.62	31.55			9.45	38	percent of total billed charges	
PERINUCLEAR (P-ANCA)	86037	CPT	inpatient			40	13.66	Aetna	Medicare		12.05				9.45	38	fee schedule	
PERINUCLEAR (P-ANCA)	86037	CPT	inpatient			40	13.66	Aetna	Commercial		15.2	38			9.45	38	percent of total billed charges	
PERINUCLEAR (P-ANCA)	86037	CPT	inpatient			40	13.66	Americare	Americare		30	75			9.45	38	percent of total billed charges	
PERINUCLEAR (P-ANCA)	86037	CPT	inpatient			40	13.66	Amerihealth	Medicare		12.05				9.45	38	fee schedule	
PERINUCLEAR (P-ANCA)	86037	CPT	inpatient			40	13.66	Amerihealth	HMO/PPO		26	65			9.45	38	percent of total billed charges	
PERINUCLEAR (P-ANCA)	86037	CPT	inpatient			40	13.66	Consumer	Consumer		38	95			9.45	38	percent of total billed charges	
PERINUCLEAR (P-ANCA)	86037	CPT	inpatient			40	13.66	Corrections	Corrections		32	80			9.45	38	percent of total billed charges	
PERINUCLEAR (P-ANCA)	86037	CPT	inpatient			40	13.66	First Health	First Health		28	70			9.45	38	percent of total billed charges	
PERINUCLEAR (P-ANCA)	86037	CPT	inpatient			40	13.66	First Trenton	First Trenton		36	90			9.45	38	percent of total billed charges	
PERINUCLEAR (P-ANCA)	86037	CPT	inpatient			40	13.66	Horizon	MGD		15.31	38.28			9.45	38	percent of total billed charges	
PERINUCLEAR (P-ANCA)	86037	CPT	inpatient			40	13.66	Horizon	Indemnity		15.31	38.28			9.45	38	percent of total billed charges	
PERINUCLEAR (P-ANCA)	86037	CPT	inpatient			40	13.66	Horizon	NJ Health		9.45				9.45	38	fee schedule	
PERINUCLEAR (P-ANCA)	86037	CPT	inpatient			40	13.66	Horizon	Medicare Blue		12	30			9.45	38	percent of total billed charges	
PERINUCLEAR (P-ANCA)	86037	CPT	inpatient			40	13.66	Horizon	PPO		15.31	38.28			9.45	38	percent of total billed charges	
PERINUCLEAR (P-ANCA)	86037	CPT	inpatient			40	13.66	Managed Care Inc	Managed Care Inc		36	90			9.45	38	percent of total billed charges	
PERINUCLEAR (P-ANCA)	86037	CPT	inpatient			40	13.66	Multiplan	Multiplan		32	80			9.45	38	percent of total billed charges	
PERINUCLEAR (P-ANCA)	86037	CPT	inpatient			40	13.66	Qualcare	Qualcare		30	75			9.45	38	percent of total billed charges	
PERINUCLEAR (P-ANCA)	86037	CPT	inpatient			40	13.66	Three Rivers	Three Rivers		38	95			9.45	38	percent of total billed charges	
PERINUCLEAR (P-ANCA)	86037	CPT	inpatient			40	13.66	UHC	Medicaid		12.62	31.55			9.45	38	percent of total billed charges	
PERINUCLEAR (P-ANCA)	86037	CPT	inpatient			40	13.66	UHC	Medicare		12.05				9.45	38	fee schedule	
PERINUCLEAR (P-ANCA)	86037	CPT	inpatient			40	13.66	Wellcare	Medicare		12.05				9.45	38	fee schedule	
PERINUCLEAR (P-ANCA)	86037	CPT	inpatient			40	13.66	Wellcare	Medicaid		12.62	31.55			9.45	38	percent of total billed charges	
PERINUCLEAR (P-ANCA)	86037	CPT	inpatient			40	13.66	WellPoint	WellPoint		12.87	32.18			9.45	38	percent of total billed charges	
ANTINUCLEAR,AB.IFA(ANA)340877	86038	CPT	both			132	13.9	Aetna	Commercial		50.16	38			8.1	125.4	percent of total billed charges	
ANTINUCLEAR,AB.IFA(ANA)340877	86038	CPT	both			132	13.9	Aetna	Better Health		41.65	31.55			8.1	125.4	percent of total billed charges	
ANTINUCLEAR,AB.IFA(ANA)340877	86038	CPT	both			132	13.9	Aetna	Medicare		12.09				8.1	125.4	fee schedule	
ANTINUCLEAR,AB.IFA(ANA)340877	86038	CPT	both			132	13.9	Americare	Americare		99	75			8.1	125.4	percent of total billed charges	
ANTINUCLEAR,AB.IFA(ANA)340877	86038	CPT	both			132	13.9	Amerihealth	HMO/PPO		85.8	65			8.1	125.4	percent of total billed charges	
ANTINUCLEAR,AB.IFA(ANA)340877	86038	CPT	both			132	13.9	Amerihealth	Medicare		12.09				8.1	125.4	fee schedule	
ANTINUCLEAR,AB.IFA(ANA)340877	86038	CPT	both			132	13.9	Consumer	Consumer		125.4	95			8.1	125.4	percent of total billed charges	
ANTINUCLEAR,AB.IFA(ANA)340877	86038	CPT	both			132	13.9	Corrections	Corrections		105.6	80			8.1	125.4	percent of total billed charges	
ANTINUCLEAR,AB.IFA(ANA)340877	86038	CPT	both			132	13.9	First Health	First Health		92.4	70			8.1	125.4	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ANTINUCLEAR,AB.IF.A(ANA)340877	86038	CPT	both			132	13.9	First Trenton	First Trenton		118.8	90			8.1	125.4	percent of total billed charges	
ANTINUCLEAR,AB.IF.A(ANA)340877	86038	CPT	both			132	13.9	Horizon	Medicare Blue		39.6	30			8.1	125.4	percent of total billed charges	
ANTINUCLEAR,AB.IF.A(ANA)340877	86038	CPT	both			132	13.9	Horizon	Indemnity		50.53	38.28			8.1	125.4	percent of total billed charges	
ANTINUCLEAR,AB.IF.A(ANA)340877	86038	CPT	both			132	13.9	Horizon	MGD		50.53	38.28			8.1	125.4	percent of total billed charges	
ANTINUCLEAR,AB.IF.A(ANA)340877	86038	CPT	both			132	13.9	Horizon	NJ Health		15.29				8.1	125.4	fee schedule	
ANTINUCLEAR,AB.IF.A(ANA)340877	86038	CPT	both			132	13.9	Horizon	PPO		50.53	38.28			8.1	125.4	percent of total billed charges	
ANTINUCLEAR,AB.IF.A(ANA)340877	86038	CPT	both			132	13.9	Managed Care Inc	Managed Care Inc		118.8	90			8.1	125.4	percent of total billed charges	
ANTINUCLEAR,AB.IF.A(ANA)340877	86038	CPT	both			132	13.9	Multiplan	Multiplan		105.6	80			8.1	125.4	percent of total billed charges	
ANTINUCLEAR,AB.IF.A(ANA)340877	86038	CPT	both			132	13.9	Qualcare	Qualcare		99	75			8.1	125.4	percent of total billed charges	
ANTINUCLEAR,AB.IF.A(ANA)340877	86038	CPT	both			132	13.9	Three Rivers	Three Rivers		125.4	95			8.1	125.4	percent of total billed charges	
ANTINUCLEAR,AB.IF.A(ANA)340877	86038	CPT	both			132	13.9	UHC	Medicare		12.09				8.1	125.4	fee schedule	
ANTINUCLEAR,AB.IF.A(ANA)340877	86038	CPT	both			132	13.9	UHC	Medicaid		41.65	31.55			8.1	125.4	percent of total billed charges	
ANTINUCLEAR,AB.IF.A(ANA)340877	86038	CPT	both			132	13.9	Wellcare	Medicare		12.09				8.1	125.4	fee schedule	
ANTINUCLEAR,AB.IF.A(ANA)340877	86038	CPT	both			132	13.9	Wellcare	Medicaid		41.65	31.55			8.1	125.4	percent of total billed charges	
ANTINUCLEAR,AB.IF.A(ANA)340877	86038	CPT	both			132	13.9	WellPoint	WellPoint		42.48	32.18			8.1	125.4	percent of total billed charges	
TITER	86039	CPT	both			61	12.83	Aetna	Commercial		23.18	38			11.1	57.95	percent of total billed charges	
TITER	86039	CPT	both			61	12.83	Aetna	Better Health		19.25	31.55			11.1	57.95	percent of total billed charges	
TITER	86039	CPT	both			61	12.83	Aetna	Medicare		18.79	30.8			11.1	57.95	percent of total billed charges	
TITER	86039	CPT	both			61	12.83	Americare	Americare		45.75	75			11.1	57.95	percent of total billed charges	
TITER	86039	CPT	both			61	12.83	Amerihealth	Medicare		11.16				11.1	57.95	fee schedule	
TITER	86039	CPT	both			61	12.83	Amerihealth	HMO/PPO		39.65	65			11.1	57.95	percent of total billed charges	
TITER	86039	CPT	both			61	12.83	Consumer	Consumer		57.95	95			11.1	57.95	percent of total billed charges	
TITER	86039	CPT	both			61	12.83	Corrections	Corrections		48.8	80			11.1	57.95	percent of total billed charges	
TITER	86039	CPT	both			61	12.83	First Health	First Health		42.7	70			11.1	57.95	percent of total billed charges	
TITER	86039	CPT	both			61	12.83	First Trenton	First Trenton		54.9	90			11.1	57.95	percent of total billed charges	
TITER	86039	CPT	both			61	12.83	Horizon	MGD		23.35	38.28			11.1	57.95	percent of total billed charges	
TITER	86039	CPT	both			61	12.83	Horizon	Indemnity		23.35	38.28			11.1	57.95	percent of total billed charges	
TITER	86039	CPT	both			61	12.83	Horizon	Medicare Blue		18.3	30			11.1	57.95	percent of total billed charges	
TITER	86039	CPT	both			61	12.83	Horizon	NJ Health		29.4				11.1	57.95	fee schedule	
TITER	86039	CPT	both			61	12.83	Horizon	PPO		23.35	38.28			11.1	57.95	percent of total billed charges	
TITER	86039	CPT	both			61	12.83	Managed Care Inc	Managed Care Inc		54.9	90			11.1	57.95	percent of total billed charges	
TITER	86039	CPT	both			61	12.83	Multiplan	Multiplan		48.8	80			11.1	57.95	percent of total billed charges	
TITER	86039	CPT	both			61	12.83	Qualcare	Qualcare		45.75	75			11.1	57.95	percent of total billed charges	
TITER	86039	CPT	both			61	12.83	Three Rivers	Three Rivers		57.95	95			11.1	57.95	percent of total billed charges	
TITER	86039	CPT	both			61	12.83	UHC	Medicare		11.16				11.1	57.95	fee schedule	
TITER	86039	CPT	both			61	12.83	UHC	Medicaid		19.25	31.55			11.1	57.95	percent of total billed charges	
TITER	86039	CPT	both			61	12.83	Wellcare	Medicare		11.16				11.1	57.95	fee schedule	
TITER	86039	CPT	both			61	12.83	Wellcare	Medicaid		19.25	31.55			11.1	57.95	percent of total billed charges	
TITER	86039	CPT	both			61	12.83	WellPoint	WellPoint		19.63	32.18			11.1	57.95	percent of total billed charges	
NMO IGG AUTOANTIBODIES (004210)	86051	CPT	both			38	13.26	Aetna	Better Health		11.99	31.55			9.04	36.1	percent of total billed charges	
NMO IGG AUTOANTIBODIES (004210)	86051	CPT	both			38	13.26	Aetna	Commercial		14.44	38			9.04	36.1	percent of total billed charges	
NMO IGG AUTOANTIBODIES (004210)	86051	CPT	both			38	13.26	Aetna	Medicare		11.53				9.04	36.1	fee schedule	
NMO IGG AUTOANTIBODIES (004210)	86051	CPT	both			38	13.26	Americare	Americare		28.5	75			9.04	36.1	percent of total billed charges	
NMO IGG AUTOANTIBODIES (004210)	86051	CPT	both			38	13.26	Amerihealth	HMO/PPO		24.7	65			9.04	36.1	percent of total billed charges	
NMO IGG AUTOANTIBODIES (004210)	86051	CPT	both			38	13.26	Amerihealth	Medicare		11.53				9.04	36.1	fee schedule	
NMO IGG AUTOANTIBODIES (004210)	86051	CPT	both			38	13.26	Consumer	Consumer		36.1	95			9.04	36.1	percent of total billed charges	
NMO IGG AUTOANTIBODIES (004210)	86051	CPT	both			38	13.26	Corrections	Corrections		30.4	80			9.04	36.1	percent of total billed charges	
NMO IGG AUTOANTIBODIES (004210)	86051	CPT	both			38	13.26	First Health	First Health		26.6	70			9.04	36.1	percent of total billed charges	
NMO IGG AUTOANTIBODIES (004210)	86051	CPT	both			38	13.26	First Trenton	First Trenton		34.2	90			9.04	36.1	percent of total billed charges	
NMO IGG AUTOANTIBODIES (004210)	86051	CPT	both			38	13.26	Horizon	MGD		14.55	38.28			9.04	36.1	percent of total billed charges	
NMO IGG AUTOANTIBODIES (004210)	86051	CPT	both			38	13.26	Horizon	Indemnity		14.55	38.28			9.04	36.1	percent of total billed charges	
NMO IGG AUTOANTIBODIES (004210)	86051	CPT	both			38	13.26	Horizon	Medicare Blue		11.4	30			9.04	36.1	percent of total billed charges	
NMO IGG AUTOANTIBODIES (004210)	86051	CPT	both			38	13.26	Horizon	NJ Health		9.04				9.04	36.1	fee schedule	
NMO IGG AUTOANTIBODIES (004210)	86051	CPT	both			38	13.26	Horizon	PPO		14.55	38.28			9.04	36.1	percent of total billed charges	
NMO IGG AUTOANTIBODIES (004210)	86051	CPT	both			38	13.26	Managed Care Inc	Managed Care Inc		34.2	90			9.04	36.1	percent of total billed charges	
NMO IGG AUTOANTIBODIES (004210)	86051	CPT	both			38	13.26	Multiplan	Multiplan		30.4	80			9.04	36.1	percent of total billed charges	
NMO IGG AUTOANTIBODIES (004210)	86051	CPT	both			38	13.26	Qualcare	Qualcare		28.5	75			9.04	36.1	percent of total billed charges	
NMO IGG AUTOANTIBODIES (004210)	86051	CPT	both			38	13.26	Three Rivers	Three Rivers		36.1	95			9.04	36.1	percent of total billed charges	
NMO IGG AUTOANTIBODIES (004210)	86051	CPT	both			38	13.26	UHC	Medicare		11.53				9.04	36.1	fee schedule	
NMO IGG AUTOANTIBODIES (004210)	86051	CPT	both			38	13.26	UHC	Medicaid		11.99	31.55			9.04	36.1	percent of total billed charges	
NMO IGG AUTOANTIBODIES (004210)	86051	CPT	both			38	13.26	Wellcare	Medicare		11.53				9.04	36.1	fee schedule	
NMO IGG AUTOANTIBODIES (004210)	86051	CPT	both			38	13.26	Wellcare	Medicaid		11.99	31.55			9.04	36.1	percent of total billed charges	
NMO IGG AUTOANTIBODIES (004210)	86051	CPT	both			38	13.26	WellPoint	WellPoint		12.23	32.18			9.04	36.1	percent of total billed charges	
NMO/AQ4 FACS,S (NMOFS) TITER (REFLEX TO	86053	CPT	both			121	43.39	Aetna	Commercial		45.98	38			9.45	114.95	percent of total billed charges	
NMO/AQ4 FACS,S (NMOFS) TITER (REFLEX TO	86053	CPT	both			121	43.39	Aetna	Medicare		37.73				9.45	114.95	fee schedule	
NMO/AQ4 FACS,S (NMOFS) TITER (REFLEX TO	86053	CPT	both			121	43.39	Aetna	Better Health		38.18	31.55			9.45	114.95	percent of total billed charges	
NMO/AQ4 FACS,S (NMOFS) TITER (REFLEX TO	86053	CPT	both			121	43.39	Americare	Americare		90.75	75			9.45	114.95	percent of total billed charges	
NMO/AQ4 FACS,S (NMOFS) TITER (REFLEX TO	86053	CPT	both			121	43.39	Amerihealth	HMO/PPO		78.65	65			9.45	114.95	percent of total billed charges	
NMO/AQ4 FACS,S (NMOFS) TITER (REFLEX TO	86053	CPT	both			121	43.39	Amerihealth	Medicare		37.73				9.45	114.95	fee schedule	
NMO/AQ4 FACS,S (NMOFS) TITER (REFLEX TO	86053	CPT	both			121	43.39	Consumer	Consumer		114.95	95			9.45	114.95	percent of total billed charges	
NMO/AQ4 FACS,S (NMOFS) TITER (REFLEX TO	86053	CPT	both			121	43.39	Corrections	Corrections		96.8	80			9.45	114.95	percent of total billed charges	
NMO/AQ4 FACS,S (NMOFS) TITER (REFLEX TO	86053	CPT	both			121	43.39	First Health	First Health		84.7	70			9.45	114.95	percent of total billed charges	
NMO/AQ4 FACS,S (NMOFS) TITER (REFLEX TO	86053	CPT	both			121	43.39	First Trenton	First Trenton		108.9	90			9.45	114.95	percent of total billed charges	
NMO/AQ4 FACS,S (NMOFS) TITER (REFLEX TO	86053	CPT	both			121	43.39	Horizon	MGD		46.32	38.28			9.45	114.95	percent of total billed charges	
NMO/AQ4 FACS,S (NMOFS) TITER (REFLEX TO	86053	CPT	both			121	43.39	Horizon	PPO		46.32	38.28			9.45	114.95	percent of total billed charges	
NMO/AQ4 FACS,S (NMOFS) TITER (REFLEX TO	86053	CPT	both			121	43.39	Horizon	Indemnity		46.32	38.28			9.45	114.95	percent of total billed charges	
NMO/AQ4 FACS,S (NMOFS) TITER (REFLEX TO	86053	CPT	both			121	43.39	Horizon	NJ Health		9.45				9.45	114.95	fee schedule	
NMO/AQ4 FACS,S (NMOFS) TITER (REFLEX TO	86053	CPT	both			121	43.39	Horizon	Medicare Blue		36.3	30			9.45	114.95	percent of total billed charges	
NMO/AQ4 FACS,S (NMOFS) TITER (REFLEX TO	86053	CPT	both			121	43.39	Managed Care Inc	Managed Care Inc		108.9	90			9.45	114.95	percent of total billed charges	
NMO/AQ4 FACS,S (NMOFS) TITER (REFLEX TO	86053	CPT	both			121	43.39	Multiplan	Multiplan		96.8	80			9.45	114.95	percent of total billed charges	
NMO/AQ4 FACS,S (NMOFS) TITER (REFLEX TO	86053	CPT	both			121	43.39	Qualcare	Qualcare		90.75	75			9.45	114.95	percent of total billed charges	
NMO/AQ4 FACS,S (NMOFS) TITER (REFLEX TO	86053	CPT	both			121	43.39	Three Rivers	Three Rivers		114.95	95			9.45	114.95	percent of total billed charges	
NMO/AQ4 FACS,S (NMOFS) TITER (REFLEX TO	86053	CPT	both			121	43.39	UHC	Medicare		37.73				9.45	114.95	fee schedule	
NMO/AQ4 FACS,S (NMOFS) TITER (REFLEX TO	86053	CPT	both			121	43.39	UHC	Medicaid		38.18	31.55			9.45	114.95	percent of total billed charges	
NMO/AQ4 FACS,S (NMOFS) TITER (REFLEX TO	86053	CPT	both			121	43.39	Wellcare	Medicaid		38.18	31.55			9.45	114.95	percent of total billed charges	
NMO/AQ4 FACS,S (NMOFS) TITER (REFLEX TO	86053	CPT	both			121	43.39	Wellcare	Medicare		37.73				9.45	114.95	fee schedule	
NMO/AQ4 FACS,S (NMOFS) TITER (REFLEX TO	86053	CPT	both			121	43.39	WellPoint	WellPoint		38.94	32.18			9.45	114.95	percent of total billed charges	
ANTISTREPTOLYSIN O AB	86060	CPT	both			47	8.4	Aetna	Medicare		7.3				5.4	44.65	fee schedule	
ANTISTREPTOLYSIN O AB	86060	CPT	both			47	8.4	Aetna	Better Health		14.83	31.55			5.4	44.65	percent of total billed charges	
ANTISTREPTOLYSIN O AB	86060	CPT	both			47	8.4	Aetna	Commercial		17.86	38			5.4	44.65	percent of total billed charges	
ANTISTREPTOLYSIN O AB	86060	CPT	both			47	8.4	Americare	Americare		35.25	75			5.4	44.65	percent of total billed charges	
ANTISTREPTOLYSIN O AB	86060	CPT	both			47	8.4	Amerihealth	Medicare		7.3				5.4	44.65	fee schedule	
ANTISTREPTOLYSIN O AB	86060	CPT	both			47	8.4	Amerihealth	HMO/PPO		30.55	65			5.4	44.65	percent of total billed charges	
ANTISTREPTOLYSIN O AB	86060	CPT	both			47	8.4	Consumer	Consumer		44.65	95			5.4	44.65	percent of total billed charges	
ANTISTREPTOLYSIN O AB	86060	CPT	both			47	8.4	Corrections	Corrections		37.6	80			5.4	44.65	percent of total billed charges	
ANTISTREPTOLYSIN O AB	86060	CPT	both			47	8.4	First Health	First Health		32.9	70			5.4	44.65	percent of total billed charges	
ANTISTREPTOLYSIN O AB	86060	CPT	both			47	8.4	First Trenton	First Trenton		42.3	90			5.4	44.65	percent of total billed charges	
ANTISTREPTOLYSIN O AB	86060	CPT	both			47	8.4	Horizon	Medicare Blue		14.1	30			5.4	44.65	percent of total billed charges	
ANTISTREPTOLYSIN O AB	86060	CPT	both			47	8.4	Horizon	NJ Health		7.06				5.4	44.65	fee schedule	
ANTISTREPTOLYSIN O AB	86060	CPT	both			47	8.4	Horizon	MGD		17.99	38.28			5.4	44.65	percent of total billed charges	
ANTISTREPTOLYSIN O AB	86060	CPT	both			47	8.4	Horizon	PPO		17.99	38.28			5.4	44.65	percent of total billed charges	
ANTISTREPTOLYSIN O AB	86060	CPT	both			47	8.4	Horizon	Indemnity		17.99	38.28			5.4	44.65	percent of total billed charges	
ANTISTREPTOLYSIN O AB	86060	CPT	both			47	8.4	Managed Care Inc	Managed Care Inc		42.3	90			5.4	44.65	percent of total billed charges	
ANTISTREPTOLYSIN O AB	86060	CPT	both			47	8.4	Multiplan	Multiplan		37.6	80			5.4	44.65	percent of total billed charges	
ANTISTREPTOLYSIN O AB	86060	CPT	both			47	8.4	Qualcare	Qualcare		35.25	75			5.4	44.65	percent of total billed charges	
ANTISTREPTOLYSIN O AB	86060	CPT	both			47	8.4	Three Rivers	Three Rivers		44.65	95			5.4	44.65	percent of total billed charges	
ANTISTREPTOLYSIN O AB	86060	CPT	both			47	8.4	UHC	Medicaid		14.83	31.55			5.4	44.65	percent of total billed charges	
ANTISTREPTOLYSIN O AB	86060	CPT	both			47	8.4	UHC	Medicare		7.3				5.4	44.65	fee schedule	
ANTISTREPTOLYSIN O AB	86060	CPT	both			47	8.4	Wellcare	Medicaid		14.83	31.55			5.4	44.65	percent of total billed charges	
ANTISTREPTOLYSIN O AB	86060	CPT	both			47	8.4	Wellcare	Medicare		7.3				5.4	44.65	fee schedule	
ANTISTREPTOLYSIN O AB	86060	CPT	both			47	8.4	WellPoint	WellPoint		15.12	32.18			5.4	44.65	percent of total billed charges	
FINAL CROSS MATCH (RECIPIENT)	86077	CPT	outpatient			2444	39.16	Aetna	Better Health		771.08	31.55			34.05	2321.8	percent of total billed charges	
FINAL CROSS MATCH (RECIPIENT)	86077	CPT	outpatient			2444	39.16	Aetna	Medicare		34.05				34.05	2321.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FINAL CROSS MATCH (RECIPIENT)	86077	CPT	outpatient			2444	39.16	Aetna	Commercial		54.21				34.05	2321.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FINAL CROSS MATCH (RECIPIENT)	86077	CPT	outpatient			2444	39.16	Americare	Americare		1833	75			34.05	2321.8	percent of total billed charges	
FINAL CROSS MATCH (RECIPIENT)	86077	CPT	outpatient			2444	39.16	Amerihealth	Medicare		34.05				34.05	2321.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FINAL CROSS MATCH (RECIPIENT)	86077	CPT	outpatient			2444	39.16	Amerihealth	HMO/PPO		1588.6	65			34.05	2321.8	percent of total billed charges	
FINAL CROSS MATCH (RECIPIENT)	86077	CPT	outpatient			2444	39.16	Consumer	Consumer		2321.8	95			34.05	2321.8	percent of total billed charges	
FINAL CROSS MATCH (RECIPIENT)	86077	CPT	outpatient			2444	39.16	Corrections	Corrections		1955.2	80			34.05	2321.8	percent of total billed charges	
FINAL CROSS MATCH (RECIPIENT)	86077	CPT	outpatient			2444	39.16	First Health	First Health		1710.8	70			34.05	2321.8	percent of total billed charges	
FINAL CROSS MATCH (RECIPIENT)	86077	CPT	outpatient			2444	39.16	First Trenton	First Trenton		2199.6	90			34.05	2321.8	percent of total billed charges	
FINAL CROSS MATCH (RECIPIENT)	86077	CPT	outpatient			2444	39.16	Horizon	Indemnity		63.37				34.05	2321.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FINAL CROSS MATCH (RECIPIENT)	86077	CPT	outpatient			2444	39.16	Horizon	MGD		63.37				34.05	2321.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FINAL CROSS MATCH (RECIPIENT)	86077	CPT	outpatient			2444	39.16	Horizon	Medicare Blue		34.05				34.05	2321.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FINAL CROSS MATCH (RECIPIENT)	86077	CPT	outpatient			2444	39.16	Horizon	NJ Health		49				34.05	2321.8	fee schedule	
FINAL CROSS MATCH (RECIPIENT)	86077	CPT	outpatient			2444	39.16	Horizon	PPO		63.37				34.05	2321.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FINAL CROSS MATCH (RECIPIENT)	86077	CPT	outpatient			2444	39.16	Managed Care Inc	Managed Care Inc		2199.6	90			34.05	2321.8	percent of total billed charges	
FINAL CROSS MATCH (RECIPIENT)	86077	CPT	outpatient			2444	39.16	Multiplan	Multiplan		1955.2	80			34.05	2321.8	percent of total billed charges	
FINAL CROSS MATCH (RECIPIENT)	86077	CPT	outpatient			2444	39.16	Qualcare	Qualcare		1833	75			34.05	2321.8	percent of total billed charges	
FINAL CROSS MATCH (RECIPIENT)	86077	CPT	outpatient			2444	39.16	Three Rivers	Three Rivers		2321.8	95			34.05	2321.8	percent of total billed charges	
FINAL CROSS MATCH (RECIPIENT)	86077	CPT	outpatient			2444	39.16	UHC	Medicare		34.05				34.05	2321.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FINAL CROSS MATCH (RECIPIENT)	86077	CPT	outpatient			2444	39.16	UHC	Medicaid		771.08	31.55			34.05	2321.8	percent of total billed charges	
FINAL CROSS MATCH (RECIPIENT)	86077	CPT	outpatient			2444	39.16	Wellcare	Medicare		34.05				34.05	2321.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FINAL CROSS MATCH (RECIPIENT)	86077	CPT	outpatient			2444	39.16	Wellcare	Medicaid		771.08	31.55			34.05	2321.8	percent of total billed charges	
FINAL CROSS MATCH (RECIPIENT)	86077	CPT	outpatient			2444	39.16	WellPoint	WellPoint		786.48	32.18			34.05	2321.8	percent of total billed charges	
TRANST RX WORKUP & EVAL	86078	CPT	outpatient			517	224.64	Aetna	Better Health		163.11	31.55			42.65	491.15	percent of total billed charges	
TRANST RX WORKUP & EVAL	86078	CPT	outpatient			517	224.64	Aetna	Commercial		310.98				42.65	491.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANST RX WORKUP & EVAL	86078	CPT	outpatient			517	224.64	Aetna	Medicare		195.34				42.65	491.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANST RX WORKUP & EVAL	86078	CPT	outpatient			517	224.64	Americare	Americare		387.75	75			42.65	491.15	percent of total billed charges	
TRANST RX WORKUP & EVAL	86078	CPT	outpatient			517	224.64	Amerihealth	HMO/PPO		336.05	65			42.65	491.15	percent of total billed charges	
TRANST RX WORKUP & EVAL	86078	CPT	outpatient			517	224.64	Amerihealth	Medicare		195.34				42.65	491.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANST RX WORKUP & EVAL	86078	CPT	outpatient			517	224.64	Consumer	Consumer		491.15	95			42.65	491.15	percent of total billed charges	
TRANST RX WORKUP & EVAL	86078	CPT	outpatient			517	224.64	Corrections	Corrections		413.6	80			42.65	491.15	percent of total billed charges	
TRANST RX WORKUP & EVAL	86078	CPT	outpatient			517	224.64	First Health	First Health		361.9	70			42.65	491.15	percent of total billed charges	
TRANST RX WORKUP & EVAL	86078	CPT	outpatient			517	224.64	First Trenton	First Trenton		465.3	90			42.65	491.15	percent of total billed charges	
TRANST RX WORKUP & EVAL	86078	CPT	outpatient			517	224.64	Horizon	MGD		363.53				42.65	491.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANST RX WORKUP & EVAL	86078	CPT	outpatient			517	224.64	Horizon	Indemnity		363.53				42.65	491.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANST RX WORKUP & EVAL	86078	CPT	outpatient			517	224.64	Horizon	NJ Health		42.65				42.65	491.15	fee schedule	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.														
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103		310119 true													
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
TRANSIT RX WORKUP & EVAL	86078	CPT	outpatient			517	224.64	Horizon	PPO		363.53				42.65	491.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
TRANSIT RX WORKUP & EVAL	86078	CPT	outpatient			517	224.64	Horizon	Medicare Blue		195.34				42.65	491.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
TRANSIT RX WORKUP & EVAL	86078	CPT	outpatient			517	224.64	Managed Care Inc	Managed Care Inc		465.3	90			42.65	491.15	percent of total billed charges		
TRANSIT RX WORKUP & EVAL	86078	CPT	outpatient			517	224.64	Multiplan	Multiplan		413.6	80			42.65	491.15	percent of total billed charges		
TRANSIT RX WORKUP & EVAL	86078	CPT	outpatient			517	224.64	Qualcare	Qualcare		387.75	75			42.65	491.15	percent of total billed charges		
TRANSIT RX WORKUP & EVAL	86078	CPT	outpatient			517	224.64	Three Rivers	Three Rivers		491.15	95			42.65	491.15	percent of total billed charges		
TRANSIT RX WORKUP & EVAL	86078	CPT	outpatient			517	224.64	UHC	Medicare		195.34				42.65	491.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
TRANSIT RX WORKUP & EVAL	86078	CPT	outpatient			517	224.64	UHC	Medicaid		163.11	31.55			42.65	491.15	percent of total billed charges		
TRANSIT RX WORKUP & EVAL	86078	CPT	outpatient			517	224.64	Wellcare	Medicare		195.34				42.65	491.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
TRANSIT RX WORKUP & EVAL	86078	CPT	outpatient			517	224.64	Wellcare	Medicaid		163.11	31.55			42.65	491.15	percent of total billed charges		
TRANSIT RX WORKUP & EVAL	86078	CPT	outpatient			517	224.64	WellPoint	WellPoint		166.37	32.18			42.65	491.15	percent of total billed charges		
CRP-SF	86140	CPT	both			61	5.96	Aetna	Better Health		19.25	31.55			5.18	57.95	percent of total billed charges		
CRP-SF	86140	CPT	both			61	5.96	Aetna	Commercial		23.18	38			5.18	57.95	percent of total billed charges		
CRP-SF	86140	CPT	both			61	5.96	Aetna	Medicare		5.18				5.18	57.95	fee schedule		
CRP-SF	86140	CPT	both			61	5.96	Americare	Americare		45.75	75			5.18	57.95	percent of total billed charges		
CRP-SF	86140	CPT	both			61	5.96	Amerihealth	Medicare		5.18				5.18	57.95	fee schedule		
CRP-SF	86140	CPT	both			61	5.96	Amerihealth	HMO/PPO		39.65	65			5.18	57.95	percent of total billed charges		
CRP-SF	86140	CPT	both			61	5.96	Consumer	Consumer		57.95	95			5.18	57.95	percent of total billed charges		
CRP-SF	86140	CPT	both			61	5.96	Corrections	Corrections		48.8	80			5.18	57.95	percent of total billed charges		
CRP-SF	86140	CPT	both			61	5.96	First Health	First Health		42.7	70			5.18	57.95	percent of total billed charges		
CRP-SF	86140	CPT	both			61	5.96	First Trenton	First Trenton		54.9	90			5.18	57.95	percent of total billed charges		
CRP-SF	86140	CPT	both			61	5.96	Horizon	Indemnity		23.35	38.28			5.18	57.95	percent of total billed charges		
CRP-SF	86140	CPT	both			61	5.96	Horizon	Medicare Blue		18.3	30			5.18	57.95	percent of total billed charges		
CRP-SF	86140	CPT	both			61	5.96	Horizon	MGD		23.35	38.28			5.18	57.95	percent of total billed charges		
CRP-SF	86140	CPT	both			61	5.96	Horizon	NJ Health		5.88				5.18	57.95	fee schedule		
CRP-SF	86140	CPT	both			61	5.96	Horizon	PPO		23.35	38.28			5.18	57.95	percent of total billed charges		
CRP-SF	86140	CPT	both			61	5.96	Managed Care Inc	Managed Care Inc		54.9	90			5.18	57.95	percent of total billed charges		
CRP-SF	86140	CPT	both			61	5.96	Multiplan	Multiplan		48.8	80			5.18	57.95	percent of total billed charges		
CRP-SF	86140	CPT	both			61	5.96	Qualcare	Qualcare		45.75	75			5.18	57.95	percent of total billed charges		
CRP-SF	86140	CPT	both			61	5.96	Three Rivers	Three Rivers		57.95	95			5.18	57.95	percent of total billed charges		
CRP-SF	86140	CPT	both			61	5.96	UHC	Medicare		5.18				5.18	57.95	fee schedule		
CRP-SF	86140	CPT	both			61	5.96	UHC	Medicaid		19.25	31.55			5.18	57.95	percent of total billed charges		
CRP-SF	86140	CPT	both			61	5.96	Wellcare	Medicaid		19.25	31.55			5.18	57.95	percent of total billed charges		
CRP-SF	86140	CPT	both			61	5.96	Wellcare	Medicare		5.18				5.18	57.95	fee schedule		
CRP-SF	86140	CPT	both			61	5.96	WellPoint	WellPoint		19.63	32.18			5.18	57.95	percent of total billed charges		
BETA-2 GLYCOPROTEIN I, IGM	86146	CPT	both			226	29.27	Aetna	Better Health		71.3	31.55			17.4	214.7	percent of total billed charges		
BETA-2 GLYCOPROTEIN I, IGM	86146	CPT	both			226	29.27	Aetna	Medicare		25.45				17.4	214.7	fee schedule		
BETA-2 GLYCOPROTEIN I, IGM	86146	CPT	both			226	29.27	Aetna	Commercial		85.88	38			17.4	214.7	percent of total billed charges		
BETA-2 GLYCOPROTEIN I, IGM	86146	CPT	both			226	29.27	Americare	Americare		169.5	75			17.4	214.7	percent of total billed charges		
BETA-2 GLYCOPROTEIN I, IGM	86146	CPT	both			226	29.27	Amerihealth	HMO/PPO		146.9	65			17.4	214.7	percent of total billed charges		
BETA-2 GLYCOPROTEIN I, IGM	86146	CPT	both			226	29.27	Amerihealth	Medicare		25.45				17.4	214.7	fee schedule		
BETA-2 GLYCOPROTEIN I, IGM	86146	CPT	both			226	29.27	Consumer	Consumer		214.7	95			17.4	214.7	percent of total billed charges		
BETA-2 GLYCOPROTEIN I, IGM	86146	CPT	both			226	29.27	Corrections	Corrections		180.8	80			17.4	214.7	percent of total billed charges		
BETA-2 GLYCOPROTEIN I, IGM	86146	CPT	both			226	29.27	First Health	First Health		158.2	70			17.4	214.7	percent of total billed charges		
BETA-2 GLYCOPROTEIN I, IGM	86146	CPT	both			226	29.27	First Trenton	First Trenton		203.4	90			17.4	214.7	percent of total billed charges		
BETA-2 GLYCOPROTEIN I, IGM	86146	CPT	both			226	29.27	Horizon	Medicare Blue		67.8	30			17.4	214.7	percent of total billed charges		
BETA-2 GLYCOPROTEIN I, IGM	86146	CPT	both			226	29.27	Horizon	Indemnity		86.51	38.28			17.4	214.7	percent of total billed charges		
BETA-2 GLYCOPROTEIN I, IGM	86146	CPT	both			226	29.27	Horizon	MGD		86.51	38.28			17.4	214.7	percent of total billed charges		
BETA-2 GLYCOPROTEIN I, IGM	86146	CPT	both			226	29.27	Horizon	NJ Health		26.26				17.4	214.7	fee schedule		
BETA-2 GLYCOPROTEIN I, IGM	86146	CPT	both			226	29.27	Horizon	PPO		86.51	38.28			17.4	214.7	percent of total billed charges		
BETA-2 GLYCOPROTEIN I, IGM	86146	CPT	both			226	29.27	Managed Care Inc	Managed Care Inc		203.4	90			17.4	214.7	percent of total billed charges		
BETA-2 GLYCOPROTEIN I, IGM	86146	CPT	both			226	29.27	Multiplan	Multiplan		180.8	80			17.4	214.7	percent of total billed charges		
BETA-2 GLYCOPROTEIN I, IGM	86146	CPT	both			226	29.27	Qualcare	Qualcare		169.5	75			17.4	214.7	percent of total billed charges		
BETA-2 GLYCOPROTEIN I, IGM	86146	CPT	both			226	29.27	Three Rivers	Three Rivers		214.7	95			17.4	214.7	percent of total billed charges		
BETA-2 GLYCOPROTEIN I, IGM	86146	CPT	both			226	29.27	UHC	Medicare		25.45				17.4	214.7	fee schedule		
BETA-2 GLYCOPROTEIN I, IGM	86146	CPT	both			226	29.27	UHC	Medicaid		71.3	31.55			17.4	214.7	percent of total billed charges		
BETA-2 GLYCOPROTEIN I, IGM	86146	CPT	both			226	29.27	Wellcare	Medicaid		71.3	31.55			17.4	214.7	percent of total billed charges		
BETA-2 GLYCOPROTEIN I, IGM	86146	CPT	both			226	29.27	Wellcare	Medicare		25.45				17.4	214.7	fee schedule		
BETA-2 GLYCOPROTEIN I, IGM	86146	CPT	both			226	29.27	WellPoint	WellPoint		72.73	32.18			17.4	214.7	percent of total billed charges		
IGM ANTICARDIOLIPIN ANTIBODIES	86147	CPT	both			232	29.27	Aetna	Commercial		86.16	38			11.4	220.4	percent of total billed charges		
IGM ANTICARDIOLIPIN ANTIBODIES	86147	CPT	both			232	29.27	Aetna	Better Health		73.2	31.55			11.4	220.4	percent of total billed charges		
IGM ANTICARDIOLIPIN ANTIBODIES	86147	CPT	both			232	29.27	Aetna	Medicare		71.46	30.8			11.4	220.4	percent of total billed charges		
IGM ANTICARDIOLIPIN ANTIBODIES	86147	CPT	both			232	29.27	Americare	Americare		174	75			11.4	220.4	percent of total billed charges		
IGM ANTICARDIOLIPIN ANTIBODIES	86147	CPT	both			232	29.27	Amerihealth	Medicare		25.45				11.4	220.4	fee schedule		
IGM ANTICARDIOLIPIN ANTIBODIES	86147	CPT	both			232	29.27	Amerihealth	HMO/PPO		150.8	65			11.4	220.4	percent of total billed charges		
IGM ANTICARDIOLIPIN ANTIBODIES	86147	CPT	both			232	29.27	Consumer	Consumer		220.4	95			11.4	220.4	percent of total billed charges		
IGM ANTICARDIOLIPIN ANTIBODIES	86147	CPT	both			232	29.27	Corrections	Corrections		185.6	80			11.4	220.4	percent of total billed charges		
IGM ANTICARDIOLIPIN ANTIBODIES	86147	CPT	both			232	29.27	First Health	First Health		162.4	70			11.4	220.4	percent of total billed charges		
IGM ANTICARDIOLIPIN ANTIBODIES	86147	CPT	both			232	29.27	First Trenton	First Trenton		208.8	90			11.4	220.4	percent of total billed charges		
IGM ANTICARDIOLIPIN ANTIBODIES	86147	CPT	both			232	29.27	Horizon	MGD		88.81	38.28			11.4	220.4	percent of total billed charges		
IGM ANTICARDIOLIPIN ANTIBODIES	86147	CPT	both			232	29.27	Horizon	Indemnity		88.81	38.28			11.4	220.4	percent of total billed charges		
IGM ANTICARDIOLIPIN ANTIBODIES	86147	CPT	both			232	29.27	Horizon	PPO		88.81	38.28			11.4	220.4	percent of total billed charges		
IGM ANTICARDIOLIPIN ANTIBODIES	86147	CPT	both			232	29.27	Horizon	Medicare Blue		69.6	30			11.4	220.4	percent of total billed charges		
IGM ANTICARDIOLIPIN ANTIBODIES	86147	CPT	both			232	29.27	Horizon	NJ Health		78.4				11.4	220.4	fee schedule		
IGM ANTICARDIOLIPIN ANTIBODIES	86147	CPT	both			232	29.27	Managed Care Inc	Managed Care Inc		208.8	90			11.4	220.4	percent of total billed charges		
IGM ANTICARDIOLIPIN ANTIBODIES	86147	CPT	both			232	29.27	Multiplan	Multiplan		185.6	80			11.4	220.4	percent of total billed charges		
IGM ANTICARDIOLIPIN ANTIBODIES	86147	CPT	both			232	29.27	Qualcare	Qualcare		174	75			11.4	220.4	percent of total billed charges		
IGM ANTICARDIOLIPIN ANTIBODIES	86147	CPT	both			232	29.27	Three Rivers	Three Rivers		220.4	95			11.4	220.4	percent of total billed charges		
IGM ANTICARDIOLIPIN ANTIBODIES	86147	CPT	both			232	29.27	UHC	Medicare		25.45				11.4	220.4	fee schedule		
IGM ANTICARDIOLIPIN ANTIBODIES	86147	CPT	both			232	29.27	UHC	Medicaid		73.2	31.55			11.4	220.4	percent of total billed charges		
IGM ANTICARDIOLIPIN ANTIBODIES	86147	CPT	both			232	29.27	Wellcare	Medicare		25.45				11.4	220.4	fee schedule		
IGM ANTICARDIOLIPIN ANTIBODIES	86147	CPT	both			232	29.27	Wellcare	Medicaid		73.2	31.55			11.4	220.4	percent of total billed charges		
IGM ANTICARDIOLIPIN ANTIBODIES	86147	CPT	both			232	29.27	WellPoint	WellPoint		74.66	32.18			11.4	220.4	percent of total billed charges		
ANTIPHOSPHATIDYLSERINE IGM	86148	CPT	both			52	18.48	Aetna	Medicare		16.07				15.6	49.4	fee schedule		
ANTIPHOSPHATIDYLSERINE IGM	86148	CPT	both			52	18.48	Aetna	Better Health		16.41	31.55			15.6	49.4	percent of total billed charges		
ANTIPHOSPHATIDYLSERINE IGM	86148	CPT	both			52	18.48	Aetna	Commercial		19.76	38			15.6	49.4	percent of total billed charges		
ANTIPHOSPHATIDYLSERINE IGM	86148	CPT	both			52	18.48	Americare	Americare		39	75			15.6	49.4	percent of total billed charges		
ANTIPHOSPHATIDYLSERINE IGM	86148	CPT	both			52	18.48	Amerihealth	Medicare		16.07				15.6	49.4	fee schedule		
ANTIPHOSPHATIDYLSERINE IGM	86148	CPT	both			52	18.48	Amerihealth	HMO/PPO		33.8	65			15.6	49.4	percent of total billed charges		
ANTIPHOSPHATIDYLSERINE IGM	86148	CPT	both			52	18.48	Consumer	Consumer		49.4	95			15.6	49.4	percent of total billed charges		
ANTIPHOSPHATIDYLSERINE IGM	86148	CPT	both			52	18.48	Corrections	Corrections		41.6	80			15.6	49.4	percent of total billed charges		
ANTIPHOSPHATIDYLSERINE IGM	86148	CPT	both			52	18.48	First Health	First Health		36.4	70			15.6	49.4	percent of total billed charges		
ANTIPHOSPHATIDYLSERINE IGM	86148	CPT	both			52	18.48	First Trenton	First Trenton		46.8	90			15.6	49.4	percent of total billed charges		
ANTIPHOSPHATIDYLSERINE IGM	86148	CPT	both			52	18.48	Horizon	MGD		19.91	38.28			15.6	49.4	percent of total billed charges		
ANTIPHOSPHATIDYLSERINE IGM	86148	CPT	both			52	18.48	Horizon	Indemnity		19.91	38.28			15.6	49.4	percent of total billed charges		
ANTIPHOSPHATIDYLSERINE IGM	86148	CPT	both			52	18.48	Horizon	Medicare Blue		15.6	30			15.6	49.4	percent of total billed charges		
ANTIPHOSPHATIDYLSERINE IGM	86148	CPT	both			52	18.48	Horizon	PPO		19.91	38.28			15.6	49.4	percent of total billed charges		
ANTIPHOSPHATIDYLSERINE IGM	86148	CPT	both			52	18.48	Horizon	NJ Health		17.84				15.6	49.4	fee schedule		
ANTIPHOSPHATIDYLSERINE IGM	86148	CPT	both			52	18.48	Managed Care Inc	Managed Care Inc		46.8	90			15.6	49.4	percent of total billed charges		
ANTIPHOSPHATIDYLSERINE IGM	86148	CPT	both			52	18.48	Multiplan	Multiplan		41.6	80			15.6	49.4	percent of total billed charges		
ANTIPHOSPHATIDYLSERINE IGM	86148	CPT	both			52	18.48	Qualcare	Qualcare		39	75			15.6	49.4	percent of total billed charges		
ANTIPHOSPHATIDYLSERINE IGM	86148	CPT	both			52	18.48	Three Rivers	Three Rivers		49.4	95			15.6	49.4	percent of total billed charges		
ANTIPHOSPHATIDYLSERINE IGM	86148	CPT	both			52	18.48	UHC	Medicaid		16.41	31.55			15.6	49.4	percent of total billed charges		
ANTIPHOSPHATIDYLSERINE IGM	86148	CPT	both			52	18.48	UHC	Medicare		16.07				15.6	49.4	fee schedule		
ANTIPHOSPHATIDYLSERINE IGM	86148	CPT	both			52	18.48	Wellcare	Medicare		16.07				15.6	49.4	fee schedule		
ANTIPHOSPHATIDYLSERINE IGM	86148	CPT	both			52	18.48	Wellcare	Medicaid		16.41	31.55			15.6	49.4	percent of total billed charges		
ANTIPHOSPHATIDYLSERINE IGM	86148	CPT	both			52	18.48	WellPoint	WellPoint		16.73	32.18			15.6	49.4	percent of total billed charges		
CIRCULATING TUMOR CELLS, COLON	86152	CPT	outpatient			1732	288.4	Aetna	Medicare		250.78				250.78	1645.4	fee schedule		
CIRCULATING TUMOR CELLS, COLON	86152	CPT	outpatient			1732	288.4	Aetna	Better Health		546.45	31.55			250.78	1645.4	percent of total billed charges		
CIRCULATING TUMOR CELLS, COLON	86152	CPT	outpatient			1732	288.4	Aetna	Commercial		658.16	38			250.78	1645.4	percent of total billed charges		
CIRCULATING TUMOR CELLS, COLON	86152	CPT	outpatient			1732	288.4	Americare	Americare		1299	75			250.78	1645.4	percent of total billed charges		
CIRCULATING TUMOR CELLS, COLON	86152	CPT	outpatient			1732	288.4	Amerihealth	HMO/PPO		1125.8	65			250.78	1645.4	percent of total billed charges		
CIRCULATING TUMOR CELLS, COLON	86152	CPT	outpatient			1732	288.4	Amerihealth	Medicare		250.78				250.78	1645.4	fee schedule		
CIRCULATING TUMOR CELLS, COLON	86152	CPT	outpatient			1732	288.4	Consumer	Consumer		1645.4	95			250.78	1645.4	percent of total billed charges		
CIRCULATING TUMOR CELLS, COLON	86152	CPT	outpatient			1732	288.4	Corrections	Corrections		1385.6	80			250.78	1645.4	percent of total billed charges		
CIRCULATING TUMOR CELLS, COLON	86152	CPT	outpatient			1732	288.4	First Health	First Health		1212.4	70			250.78	1645.4	percent of total billed charges		
CIRCULATING TUMOR CELLS, COLON	86152	CPT	outpatient			1732	288.4	First Trenton	First Trenton		1558.8	90			250.78	1645.4	percent of total billed charges		
CIRCULATING TUMOR CELLS, COLON	86152	CPT	outpatient			1732	288.4	Horizon	Medicare Blue		519.6	30			250.78	1645.4	percent of total billed charges		
CIRCULATING TUMOR CELLS, COLON	86152	CPT	outpatient			1732	288.4	Horizon	MGD		663.01	38.28			250.78	1645.4	percent of total billed charges		
CIRCULATING TUMOR CELLS, COLON	86152	CPT	outpatient			1732	288.4	Horizon	Indemnity		663.01	38.28			250.78	1645.4	percent of total billed charges		
CIRCULATING TUMOR CELLS, COLON	86152	CPT	outpatient			1732	288.4	Horizon	PPO		663.01	38.28			250.78	1645.4	percent of total billed charges		
CIRCULATING TUMOR CELLS, COLON	86152	CPT	outpatient			1732	288.4	Managed Care Inc	Managed Care Inc		1558.8	90			250.78	1645.4	percent of total billed charges		
CIRCULATING TUMOR CELLS, COLON	86152	CPT	outpatient			1732	288.4	Multiplan	Multiplan		1385.6	80			250.78	1645.4	percent of total billed charges		
CIRCULATING TUMOR CELLS, COLON	86152	CPT	outpatient			1732	288.4	Qualcare	Qualcare		1299	75			250.78	1645.4	percent of total billed charges		
CIRCULATING TUMOR CELLS, COLON	86152	CPT	outpatient			1732	288.4	Three Rivers	Three Rivers		1645.4	95			250.78	1645.4	percent of total billed charges		
CIRCULATING TUMOR CELLS, COLON	86152	CPT	outpatient			1732	288.4	UHC	Medicare		250.78				250.78	1645.4	fee schedule		
CIRCULATING TUMOR CELLS, COLON	86152	CPT	outpatient			1732	288.4	UHC	Medicaid		546.45	31.55			250.78	1645.4	percent of total billed charges		
CIRCULATING TUMOR CELLS, COLON	86152	CPT	outpatient			1732	288.4	Wellcare	Medicare		250.78				250.78	1645.4	fee schedule		
CIRCULATING TUMOR CELLS, COLON	86152	CPT	outpatient			1732	288.4	Wellcare	Medicaid		546.45	31.55			250.78	1645.4	percent of total billed charges		
CIRCULATING TUMOR CELLS, COLON	86152	CPT	outpatient			1732	288.4	WellPoint	WellPoint		557.36	32.18			250.78	1645.4	percent of total billed charges		
CHEMOTAXIS ASSAY	86155	CPT	outpatient			182	18.39	Aetna	Medicare		56.06	30.8			15.99	172.9	percent of total billed charges		
CHEMOTAXIS ASSAY	86155	CPT	outpatient			182	18.39	Aetna	Commercial		69.16	38			15.99	172.9	percent of total billed charges		
CHEMOTAXIS ASSAY	86155	CPT	outpatient			182	18.39	Aetna	Better Health		57.42	31.55			15.99	172.9	percent of total billed charges		
CHEMOTAXIS ASSAY	86155	CPT	outpatient			182	18.39	Americare	Americare		136.5	75			15.99	172.9	percent of total billed charges		
CHEMOTAXIS ASSAY	86155	CPT	outpatient			182	18.39	Amerihealth	Medicare		15.99				15.99	172.9	fee schedule		
CHEMOTAXIS ASSAY	86155	CPT	outpatient			182	18.39	Amerihealth	HMO/PPO		118.3	65			15.99	172.9	percent of total billed charges		
CHEMOTAXIS ASSAY	86155	CPT	outpatient			182	18.39	Consumer	Consumer		172.9	95			15.99	172.9	percent of total billed charges		
CHEMOTAXIS ASSAY	86155	CPT	outpatient			182	18.39	Corrections	Corrections		145.6	80			15.99	172.9	percent of total billed charges		
CHEMOTAXIS ASSAY	86155	CPT	outpatient			182	18.39	First Health	First Health		127.4	70			15.99	172.9	percent of total billed charges		
CHEMOTAXIS ASSAY	86155	CPT	outpatient			182	18.39	First Trenton	First Trenton		163.8	90			15.99	172.9	percent of total billed charges		
CHEMOTAXIS ASSAY	86155	CPT	outpatient			182	18.39	Horizon	MGD		69.67	38.28			15.99	172.9	percent of total billed charges		
CHEMOTAXIS ASSAY	86155	CPT	outpatient			182	18.39	Horizon	Indemnity		69.67	38.28			15.99	172.9	percent of total billed charges		
CHEMOTAXIS ASSAY	86155	CPT	outpatient			182	18.39	Horizon	Medicare Blue		54.6	30			15.99	172.9	percent of total billed charges		
CHEMOTAXIS ASSAY	86155	CPT	outpatient			182	18.39	Horizon	PPO		69.67	38.28			15.99	172.9	percent of total billed charges		
CHEMOTAXIS ASSAY	86155	CPT	outpatient			182	18.39	Horizon	NJ Health		30.18				15.99	172.9	fee schedule		
CHEMOTAXIS ASSAY	86155	CPT	outpatient			182	18.39	Managed Care Inc	Managed Care Inc		163.8	90			15.99	172.9	percent of total billed charges		
CHEMOTAXIS ASSAY	86155	CPT	outpatient			182	18.39	Multiplan	Multiplan		145.6	80			15.99	172.9	percent of total billed charges		
CHEMOTAXIS ASSAY	86155	CPT	outpatient			182	18.39	Qualcare	Qualcare		136.5	75			15.99	172.9	percent of total billed charges		

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CHEMOTAXIS ASSAY	86155	CPT	outpatient			182	18.39	Three Rivers	Three Rivers		95				15.99	172.9	percent of total billed charges	
CHEMOTAXIS ASSAY	86155	CPT	outpatient			182	18.39	UHC	Medicaid		57.42	31.55			15.99	172.9	percent of total billed charges	
CHEMOTAXIS ASSAY	86155	CPT	outpatient			182	18.39	UHC	Medicare		15.99				15.99	172.9	fee schedule	
CHEMOTAXIS ASSAY	86155	CPT	outpatient			182	18.39	Wellcare	Medicare		15.99				15.99	172.9	fee schedule	
CHEMOTAXIS ASSAY	86155	CPT	outpatient			182	18.39	Wellcare	Medicaid		57.42	31.55			15.99	172.9	percent of total billed charges	
CHEMOTAXIS ASSAY	86155	CPT	outpatient			182	18.39	WellPoint	WellPoint		58.57	32.18			15.99	172.9	percent of total billed charges	
COLD AGGLUTININ TITER QUANT	86157	CPT	inpatient			51	9.27	Aetna	Better Health		16.09	31.55			6.6	48.45	percent of total billed charges	
COLD AGGLUTININ TITER QUANT	86157	CPT	inpatient			51	9.27	Aetna	Commercial		19.38	38			6.6	48.45	percent of total billed charges	
COLD AGGLUTININ TITER QUANT	86157	CPT	inpatient			51	9.27	Aetna	Medicare		8.06				6.6	48.45	fee schedule	
COLD AGGLUTININ TITER QUANT	86157	CPT	inpatient			51	9.27	Americare	Americare		38.25	75			6.6	48.45	percent of total billed charges	
COLD AGGLUTININ TITER QUANT	86157	CPT	inpatient			51	9.27	Amerihealth	HMO/PPO		33.15	65			6.6	48.45	percent of total billed charges	
COLD AGGLUTININ TITER QUANT	86157	CPT	inpatient			51	9.27	Amerihealth	Medicare		8.06				6.6	48.45	fee schedule	
COLD AGGLUTININ TITER QUANT	86157	CPT	inpatient			51	9.27	Consumer	Consumer		48.45	95			6.6	48.45	percent of total billed charges	
COLD AGGLUTININ TITER QUANT	86157	CPT	inpatient			51	9.27	Corrections	Corrections		40.8	80			6.6	48.45	percent of total billed charges	
COLD AGGLUTININ TITER QUANT	86157	CPT	inpatient			51	9.27	First Health	First Health		35.7	70			6.6	48.45	percent of total billed charges	
COLD AGGLUTININ TITER QUANT	86157	CPT	inpatient			51	9.27	First Trenton	First Trenton		45.9	90			6.6	48.45	percent of total billed charges	
COLD AGGLUTININ TITER QUANT	86157	CPT	inpatient			51	9.27	Horizon	Indemnity		19.52	38.28			6.6	48.45	percent of total billed charges	
COLD AGGLUTININ TITER QUANT	86157	CPT	inpatient			51	9.27	Horizon	MGD		19.52	38.28			6.6	48.45	percent of total billed charges	
COLD AGGLUTININ TITER QUANT	86157	CPT	inpatient			51	9.27	Horizon	Medicare Blue		15.3	30			6.6	48.45	percent of total billed charges	
COLD AGGLUTININ TITER QUANT	86157	CPT	inpatient			51	9.27	Horizon	NJ Health		17.64				6.6	48.45	fee schedule	
COLD AGGLUTININ TITER QUANT	86157	CPT	inpatient			51	9.27	Horizon	PPO		19.52	38.28			6.6	48.45	percent of total billed charges	
COLD AGGLUTININ TITER QUANT	86157	CPT	inpatient			51	9.27	Managed Care Inc	Managed Care Inc		45.9	90			6.6	48.45	percent of total billed charges	
COLD AGGLUTININ TITER QUANT	86157	CPT	inpatient			51	9.27	Multiplan	Multiplan		40.8	80			6.6	48.45	percent of total billed charges	
COLD AGGLUTININ TITER QUANT	86157	CPT	inpatient			51	9.27	Qualcare	Qualcare		38.25	75			6.6	48.45	percent of total billed charges	
COLD AGGLUTININ TITER QUANT	86157	CPT	inpatient			51	9.27	Three Rivers	Three Rivers		48.45	95			6.6	48.45	percent of total billed charges	
COLD AGGLUTININ TITER QUANT	86157	CPT	inpatient			51	9.27	UHC	Medicare		8.06				6.6	48.45	fee schedule	
COLD AGGLUTININ TITER QUANT	86157	CPT	inpatient			51	9.27	UHC	Medicaid		16.09	31.55			6.6	48.45	percent of total billed charges	
COLD AGGLUTININ TITER QUANT	86157	CPT	inpatient			51	9.27	Wellcare	Medicare		8.06				6.6	48.45	fee schedule	
COLD AGGLUTININ TITER QUANT	86157	CPT	inpatient			51	9.27	Wellcare	Medicaid		16.09	31.55			6.6	48.45	percent of total billed charges	
COLD AGGLUTININ TITER QUANT	86157	CPT	inpatient			51	9.27	WellPoint	WellPoint		16.41	32.18			6.6	48.45	percent of total billed charges	
FACTOR,H(B1H)LEVEL(FHL)	86160	CPT	both			446	13.8	Aetna	Medicare		137.37	30.8			8.4	423.7	percent of total billed charges	
FACTOR,H(B1H)LEVEL(FHL)	86160	CPT	both			446	13.8	Aetna	Better Health		140.71	31.55			8.4	423.7	percent of total billed charges	
FACTOR,H(B1H)LEVEL(FHL)	86160	CPT	both			446	13.8	Aetna	Commercial		169.48	38			8.4	423.7	percent of total billed charges	
FACTOR,H(B1H)LEVEL(FHL)	86160	CPT	both			446	13.8	Americare	Americare		334.5	75			8.4	423.7	percent of total billed charges	
FACTOR,H(B1H)LEVEL(FHL)	86160	CPT	both			446	13.8	Amerihealth	HMO/PPO		289.9	65			8.4	423.7	percent of total billed charges	
FACTOR,H(B1H)LEVEL(FHL)	86160	CPT	both			446	13.8	Amerihealth	Medicare		12				8.4	423.7	fee schedule	
FACTOR,H(B1H)LEVEL(FHL)	86160	CPT	both			446	13.8	Consumer	Consumer		423.7	95			8.4	423.7	percent of total billed charges	
FACTOR,H(B1H)LEVEL(FHL)	86160	CPT	both			446	13.8	Corrections	Corrections		356.8	80			8.4	423.7	percent of total billed charges	
FACTOR,H(B1H)LEVEL(FHL)	86160	CPT	both			446	13.8	First Health	First Health		312.2	70			8.4	423.7	percent of total billed charges	
FACTOR,H(B1H)LEVEL(FHL)	86160	CPT	both			446	13.8	First Trenton	First Trenton		401.4	90			8.4	423.7	percent of total billed charges	
FACTOR,H(B1H)LEVEL(FHL)	86160	CPT	both			446	13.8	Horizon	MGD		170.73	38.28			8.4	423.7	percent of total billed charges	
FACTOR,H(B1H)LEVEL(FHL)	86160	CPT	both			446	13.8	Horizon	NJ Health		17.64				8.4	423.7	fee schedule	
FACTOR,H(B1H)LEVEL(FHL)	86160	CPT	both			446	13.8	Horizon	Indemnity		170.73	38.28			8.4	423.7	percent of total billed charges	
FACTOR,H(B1H)LEVEL(FHL)	86160	CPT	both			446	13.8	Horizon	Medicare Blue		133.8	30			8.4	423.7	percent of total billed charges	
FACTOR,H(B1H)LEVEL(FHL)	86160	CPT	both			446	13.8	Horizon	PPO		170.73	38.28			8.4	423.7	percent of total billed charges	
FACTOR,H(B1H)LEVEL(FHL)	86160	CPT	both			446	13.8	Managed Care Inc	Managed Care Inc		401.4	90			8.4	423.7	percent of total billed charges	
FACTOR,H(B1H)LEVEL(FHL)	86160	CPT	both			446	13.8	Multiplan	Multiplan		356.8	80			8.4	423.7	percent of total billed charges	
FACTOR,H(B1H)LEVEL(FHL)	86160	CPT	both			446	13.8	Qualcare	Qualcare		334.5	75			8.4	423.7	percent of total billed charges	
FACTOR,H(B1H)LEVEL(FHL)	86160	CPT	both			446	13.8	Three Rivers	Three Rivers		423.7	95			8.4	423.7	percent of total billed charges	
FACTOR,H(B1H)LEVEL(FHL)	86160	CPT	both			446	13.8	UHC	Medicare		12				8.4	423.7	fee schedule	
FACTOR,H(B1H)LEVEL(FHL)	86160	CPT	both			446	13.8	UHC	Medicaid		140.71	31.55			8.4	423.7	percent of total billed charges	
FACTOR,H(B1H)LEVEL(FHL)	86160	CPT	both			446	13.8	Wellcare	Medicare		12				8.4	423.7	fee schedule	
FACTOR,H(B1H)LEVEL(FHL)	86160	CPT	both			446	13.8	Wellcare	Medicaid		140.71	31.55			8.4	423.7	percent of total billed charges	
FACTOR,H(B1H)LEVEL(FHL)	86160	CPT	both			446	13.8	WellPoint	WellPoint		143.52	32.18			8.4	423.7	percent of total billed charges	
HAE REFLEX (123020)	86161	CPT	both			600	13.8	Aetna	Commercial		228	38			12	570	percent of total billed charges	
HAE REFLEX (123020)	86161	CPT	both			600	13.8	Aetna	Better Health		189.3	31.55			12	570	percent of total billed charges	
HAE REFLEX (123020)	86161	CPT	both			600	13.8	Aetna	Medicare		12				12	570	fee schedule	
HAE REFLEX (123020)	86161	CPT	both			600	13.8	Americare	Americare		450	75			12	570	percent of total billed charges	
HAE REFLEX (123020)	86161	CPT	both			600	13.8	Amerihealth	Medicare		12				12	570	fee schedule	
HAE REFLEX (123020)	86161	CPT	both			600	13.8	Amerihealth	HMO/PPO		390	65			12	570	percent of total billed charges	
HAE REFLEX (123020)	86161	CPT	both			600	13.8	Consumer	Consumer		570	95			12	570	percent of total billed charges	
HAE REFLEX (123020)	86161	CPT	both			600	13.8	Corrections	Corrections		480	80			12	570	percent of total billed charges	
HAE REFLEX (123020)	86161	CPT	both			600	13.8	First Health	First Health		420	70			12	570	percent of total billed charges	
HAE REFLEX (123020)	86161	CPT	both			600	13.8	First Trenton	First Trenton		540	90			12	570	percent of total billed charges	
HAE REFLEX (123020)	86161	CPT	both			600	13.8	Horizon	NJ Health		17.64				12	570	fee schedule	
HAE REFLEX (123020)	86161	CPT	both			600	13.8	Horizon	Medicare Blue		180	30			12	570	percent of total billed charges	
HAE REFLEX (123020)	86161	CPT	both			600	13.8	Horizon	Indemnity		229.68	38.28			12	570	percent of total billed charges	
HAE REFLEX (123020)	86161	CPT	both			600	13.8	Horizon	MGD		229.68	38.28			12	570	percent of total billed charges	
HAE REFLEX (123020)	86161	CPT	both			600	13.8	Horizon	PPO		229.68	38.28			12	570	percent of total billed charges	
HAE REFLEX (123020)	86161	CPT	both			600	13.8	Managed Care Inc	Managed Care Inc		540	90			12	570	percent of total billed charges	
HAE REFLEX (123020)	86161	CPT	both			600	13.8	Multiplan	Multiplan		480	80			12	570	percent of total billed charges	
HAE REFLEX (123020)	86161	CPT	both			600	13.8	Qualcare	Qualcare		450	75			12	570	percent of total billed charges	
HAE REFLEX (123020)	86161	CPT	both			600	13.8	Three Rivers	Three Rivers		570	95			12	570	percent of total billed charges	
HAE REFLEX (123020)	86161	CPT	both			600	13.8	UHC	Medicaid		189.3	31.55			12	570	percent of total billed charges	
HAE REFLEX (123020)	86161	CPT	both			600	13.8	UHC	Medicare		12				12	570	fee schedule	
HAE REFLEX (123020)	86161	CPT	both			600	13.8	Wellcare	Medicaid		189.3	31.55			12	570	percent of total billed charges	
HAE REFLEX (123020)	86161	CPT	both			600	13.8	Wellcare	Medicare		12				12	570	fee schedule	
HAE REFLEX (123020)	86161	CPT	both			600	13.8	WellPoint	WellPoint		193.08	32.18			12	570	percent of total billed charges	
CH50 COMPLEMENT	86162	CPT	both			357	23.37	Aetna	Commercial		135.66	38			14.7	339.15	percent of total billed charges	
CH50 COMPLEMENT	86162	CPT	both			357	23.37	Aetna	Medicare		20.32				14.7	339.15	fee schedule	
CH50 COMPLEMENT	86162	CPT	both			357	23.37	Aetna	Better Health		112.63	31.55			14.7	339.15	percent of total billed charges	
CH50 COMPLEMENT	86162	CPT	both			357	23.37	Americare	Americare		267.75	75			14.7	339.15	percent of total billed charges	
CH50 COMPLEMENT	86162	CPT	both			357	23.37	Amerihealth	Medicare		20.32				14.7	339.15	fee schedule	
CH50 COMPLEMENT	86162	CPT	both			357	23.37	Amerihealth	HMO/PPO		232.05	65			14.7	339.15	percent of total billed charges	
CH50 COMPLEMENT	86162	CPT	both			357	23.37	Consumer	Consumer		339.15	95			14.7	339.15	percent of total billed charges	
CH50 COMPLEMENT	86162	CPT	both			357	23.37	Corrections	Corrections		285.6	80			14.7	339.15	percent of total billed charges	
CH50 COMPLEMENT	86162	CPT	both			357	23.37	First Health	First Health		249.9	70			14.7	339.15	percent of total billed charges	
CH50 COMPLEMENT	86162	CPT	both			357	23.37	First Trenton	First Trenton		321.3	90			14.7	339.15	percent of total billed charges	
CH50 COMPLEMENT	86162	CPT	both			357	23.37	Horizon	Medicare Blue		107.1	30			14.7	339.15	percent of total billed charges	
CH50 COMPLEMENT	86162	CPT	both			357	23.37	Horizon	Indemnity		136.66	38.28			14.7	339.15	percent of total billed charges	
CH50 COMPLEMENT	86162	CPT	both			357	23.37	Horizon	MGD		136.66	38.28			14.7	339.15	percent of total billed charges	
CH50 COMPLEMENT	86162	CPT	both			357	23.37	Horizon	NJ Health		30.58				14.7	339.15	fee schedule	
CH50 COMPLEMENT	86162	CPT	both			357	23.37	Horizon	PPO		136.66	38.28			14.7	339.15	percent of total billed charges	
CH50 COMPLEMENT	86162	CPT	both			357	23.37	Managed Care Inc	Managed Care Inc		321.3	90			14.7	339.15	percent of total billed charges	
CH50 COMPLEMENT	86162	CPT	both			357	23.37	Multiplan	Multiplan		285.6	80			14.7	339.15	percent of total billed charges	
CH50 COMPLEMENT	86162	CPT	both			357	23.37	Qualcare	Qualcare		267.75	75			14.7	339.15	percent of total billed charges	
CH50 COMPLEMENT	86162	CPT	both			357	23.37	Three Rivers	Three Rivers		339.15	95			14.7	339.15	percent of total billed charges	
CH50 COMPLEMENT	86162	CPT	both			357	23.37	UHC	Medicare		20.32				14.7	339.15	fee schedule	
CH50 COMPLEMENT	86162	CPT	both			357	23.37	UHC	Medicaid		112.63	31.55			14.7	339.15	percent of total billed charges	
CH50 COMPLEMENT	86162	CPT	both			357	23.37	Wellcare	Medicaid		112.63	31.55			14.7	339.15	percent of total billed charges	
CH50 COMPLEMENT	86162	CPT	both			357	23.37	Wellcare	Medicare		20.32				14.7	339.15	fee schedule	
CH50 COMPLEMENT	86162	CPT	both			357	23.37	WellPoint	WellPoint		114.88	32.18			14.7	339.15	percent of total billed charges	
CCP,AB	86200	CPT	both			125	14.89	Aetna	Commercial		47.5	38			12.9	118.75	percent of total billed charges	
CCP,AB	86200	CPT	both			125	14.89	Aetna	Better Health		39.44	31.55			12.9	118.75	percent of total billed charges	
CCP,AB	86200	CPT	both			125	14.89	Aetna	Medicare		38.5	30.8			12.9	118.75	percent of total billed charges	
CCP,AB	86200	CPT	both			125	14.89	Americare	Americare		93.75	75			12.9	118.75	percent of total billed charges	
CCP,AB	86200	CPT	both			125	14.89	Amerihealth	Medicare		12.95				12.9	118.75	fee schedule	
CCP,AB	86200	CPT	both			125	14.89	Amerihealth	HMO/PPO		81.25	65			12.9	118.75	percent of total billed charges	
CCP,AB	86200	CPT	both			125	14.89	Consumer	Consumer		118.75	95			12.9	118.75	percent of total billed charges	
CCP,AB	86200	CPT	both			125	14.89	Corrections	Corrections		100	80			12.9	118.75	percent of total billed charges	
CCP,AB	86200	CPT	both			125	14.89	First Health	First Health		87.5	70			12.9	118.75	percent of total billed charges	
CCP,AB	86200	CPT	both			125	14.89	First Trenton	First Trenton		112.5	90			12.9	118.75	percent of total billed charges	
CCP,AB	86200	CPT	both			125	14.89	Horizon	Medicare Blue		37.5	30			12.9	118.75	percent of total billed charges	
CCP,AB	86200	CPT	both			125	14.89	Horizon	Indemnity		47.85	38.28			12.9	118.75	percent of total billed charges	
CCP,AB	86200	CPT	both			125	14.89	Horizon	MGD		47.85	38.28			12.9	118.75	percent of total billed charges	
CCP,AB	86200	CPT	both			125	14.89	Horizon	NJ Health		16.58				12.9	118.75	fee schedule	
CCP,AB	86200	CPT	both			125	14.89	Horizon	PPO		47.85	38.28			12.9	118.75	percent of total billed charges	
CCP,AB	86200	CPT	both			125	14.89	Managed Care Inc	Managed Care Inc		112.5	90			12.9	118.75	percent of total billed charges	
CCP,AB	86200	CPT	both			125	14.89	Multiplan	Multiplan		100	80			12.9	118.75	percent of total billed charges	
CCP,AB	86200	CPT	both			125	14.89	Qualcare	Qualcare		93.75	75			12.9	118.75	percent of total billed charges	
CCP,AB	86200	CPT	both			125	14.89	Three Rivers	Three Rivers		118.75	95			12.9	118.75	percent of total billed charges	
CCP,AB	86200	CPT	both			125	14.89	UHC	Medicare		12.95				12.9	118.75	fee schedule	
CCP,AB	86200	CPT	both			125	14.89	UHC	Medicaid		39.44	31.55			12.9	118.75	percent of total billed charges	
CCP,AB	86200	CPT	both			125	14.89	Wellcare	Medicare		12.95				12.9	118.75	fee schedule	
CCP,AB	86200	CPT	both			125	14.89	Wellcare	Medicaid		39.44	31.55			12.9	118.75	percent of total billed charges	
CCP,AB	86200	CPT	both			125	14.89	WellPoint	WellPoint		40.23	32.18			12.9	118.75	percent of total billed charges	
ANTI-DNASE B STREP ANTIBODIES	86215	CPT	both			34	15.24	Aetna	Medicare		13.25				10.2	36.26	fee schedule	
ANTI-DNASE B STREP ANTIBODIES	86215	CPT	both			34	15.24	Aetna	Better Health		10.73	31.55			10.2	36.26	percent of total billed charges	
ANTI-DNASE B STREP ANTIBODIES	86215	CPT	both			34	15.24	Aetna	Commercial		12.92	38			10.2	36.26	percent of total billed charges	
ANTI-DNASE B STREP ANTIBODIES	86215	CPT	both			34	15.24	Americare	Americare		25.5	75			10.2	36.26	percent of total billed charges	
ANTI-DNASE B STREP ANTIBODIES	86215	CPT	both			34	15.24	Amerihealth	Medicare		13.25				10.2	36.26	fee schedule	
ANTI-DNASE B STREP ANTIBODIES	86215	CPT	both			34	15.24	Amerihealth	HMO/PPO		22.1	65			10.2	36.26	percent of total billed charges	
ANTI-DNASE B STREP ANTIBODIES	86215	CPT	both			34	15.24	Consumer	Consumer		32.3	95			10.2	36.26	percent of total billed charges	
ANTI-DNASE B STREP ANTIBODIES	86215	CPT	both			34	15.24	Corrections	Corrections		27.2	80			10.2	36.26	percent of total billed charges	
ANTI-DNASE B STREP ANTIBODIES	86215	CPT	both			34	15.24	First Health	First Health		23.8	70			10.2	36.26	percent of total billed charges	
ANTI-DNASE B STREP ANTIBODIES	86215	CPT	both			34	15.24	First Trenton	First Trenton		30.6	90			10.2	36.26	percent of total billed charges	
ANTI-DNASE B STREP ANTIBODIES	86215	CPT	both			34	15.24	Horizon	MGD		13.02	38.28			10.2	36.26	percent of total billed charges	
ANTI-DNASE B STREP ANTIBODIES	86215	CPT	both			34	15.24	Horizon	NJ Health		36.26				10.2	36.26	fee schedule	
ANTI-DNASE B STREP ANTIBODIES	86215	CPT	both			34	15.24	Horizon	Medicare Blue		10.2	30			10.2	36.26	percent of total billed charges	
ANTI-DNASE B STREP ANTIBODIES	86215	CPT	both			34	15.24	Horizon	Indemnity		13.02	38.28			10.2	36.26	percent of total billed charges	
ANTI-DNASE B STREP ANTIBODIES	86215	CPT	both			34	15.24	Horizon	PPO		13.02	38.28			10.2	36.26	percent of total billed charges	
ANTI-DNASE B STREP ANTIBODIES	86215	CPT	both			34	15.24	Managed Care Inc	Managed Care Inc		30.6	90			10.2	36.26	percent of total billed charges	
ANTI-DNASE B STREP ANTIBODIES	86215	CPT	both			34	15.24	Multiplan	Multiplan		27.2	80			10.2	36.26	percent of total billed charges	
ANTI-DNASE B STREP ANTIBODIES	86215	CPT	both			34	15.24	Qualcare	Qualcare		25.5	75			10.2	36.26	percent of total billed charges	
ANTI-DNASE B STREP ANTIBODIES	86215	CPT	both			34	15.24	Three Rivers	Three Rivers		32.3	95			10.2	36.26	percent of total billed charges	
ANTI-DNASE B STREP ANTIBODIES	86215	CPT	both			34	15.24	UHC	Medicare		13.25				10.2	36.26	fee schedule	
ANTI-DNASE B STREP ANTIBODIES	86215	CPT	both			34	15.24	UHC	Medicaid		10.73	31.55			10.2	36.26	percent of total billed charges	
ANTI-DNASE B STREP ANTIBODIES	86215	CPT	both			34	15.24	Wellcare	Medicare		13.25				10.2	36.26	fee schedule	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ANTI-DNASE B STREP ANTIBODIES	86215	CPT	both			34	15.24	Wellcare	Medicaid		10.73	31.55			10.2	36.26	percent of total billed charges	
ANTI-DNASE B STREP ANTIBODIES	86215	CPT	both			34	15.24	WellPoint	WellPoint		10.94	32.18			10.2	36.26	percent of total billed charges	
FLUORESCENCE TITER ANA/IFA	86225	CPT	both			383	15.8	Aetna	Commercial		145.54	38			9.6	363.85	percent of total billed charges	
FLUORESCENCE TITER ANA/IFA	86225	CPT	both			383	15.8	Aetna	Better Health		120.84	31.55			9.6	363.85	percent of total billed charges	
FLUORESCENCE TITER ANA/IFA	86225	CPT	both			383	15.8	Aetna	Medicare		117.96	30.8			9.6	363.85	percent of total billed charges	
FLUORESCENCE TITER ANA/IFA	86225	CPT	both			383	15.8	Americare	Americare		287.25	75			9.6	363.85	percent of total billed charges	
FLUORESCENCE TITER ANA/IFA	86225	CPT	both			383	15.8	Amerihealth	Medicare		13.74				9.6	363.85	fee schedule	
FLUORESCENCE TITER ANA/IFA	86225	CPT	both			383	15.8	Amerihealth	HMO/PPO		248.95	65			9.6	363.85	percent of total billed charges	
FLUORESCENCE TITER ANA/IFA	86225	CPT	both			383	15.8	Consumer	Consumer		363.85	95			9.6	363.85	percent of total billed charges	
FLUORESCENCE TITER ANA/IFA	86225	CPT	both			383	15.8	Corrections	Corrections		306.4	80			9.6	363.85	percent of total billed charges	
FLUORESCENCE TITER ANA/IFA	86225	CPT	both			383	15.8	First Health	First Health		268.1	70			9.6	363.85	percent of total billed charges	
FLUORESCENCE TITER ANA/IFA	86225	CPT	both			383	15.8	First Trenton	First Trenton		344.7	90			9.6	363.85	percent of total billed charges	
FLUORESCENCE TITER ANA/IFA	86225	CPT	both			383	15.8	Horizon	Medicare Blue		114.9	30			9.6	363.85	percent of total billed charges	
FLUORESCENCE TITER ANA/IFA	86225	CPT	both			383	15.8	Horizon	MGD		146.61	38.28			9.6	363.85	percent of total billed charges	
FLUORESCENCE TITER ANA/IFA	86225	CPT	both			383	15.8	Horizon	NJ Health		25.48				9.6	363.85	fee schedule	
FLUORESCENCE TITER ANA/IFA	86225	CPT	both			383	15.8	Horizon	Indemnity		146.61	38.28			9.6	363.85	percent of total billed charges	
FLUORESCENCE TITER ANA/IFA	86225	CPT	both			383	15.8	Horizon	PPO		146.61	38.28			9.6	363.85	percent of total billed charges	
FLUORESCENCE TITER ANA/IFA	86225	CPT	both			383	15.8	Managed Care Inc	Managed Care Inc		344.7	90			9.6	363.85	percent of total billed charges	
FLUORESCENCE TITER ANA/IFA	86225	CPT	both			383	15.8	Multiplan	Multiplan		306.4	80			9.6	363.85	percent of total billed charges	
FLUORESCENCE TITER ANA/IFA	86225	CPT	both			383	15.8	Qualcare	Qualcare		287.25	75			9.6	363.85	percent of total billed charges	
FLUORESCENCE TITER ANA/IFA	86225	CPT	both			383	15.8	Three Rivers	Three Rivers		363.85	95			9.6	363.85	percent of total billed charges	
FLUORESCENCE TITER ANA/IFA	86225	CPT	both			383	15.8	UHC	Medicare		13.74				9.6	363.85	fee schedule	
FLUORESCENCE TITER ANA/IFA	86225	CPT	both			383	15.8	UHC	Medicaid		120.84	31.55			9.6	363.85	percent of total billed charges	
FLUORESCENCE TITER ANA/IFA	86225	CPT	both			383	15.8	Wellcare	Medicaid		120.84	31.55			9.6	363.85	percent of total billed charges	
FLUORESCENCE TITER ANA/IFA	86225	CPT	both			383	15.8	Wellcare	Medicare		13.74				9.6	363.85	fee schedule	
FLUORESCENCE TITER ANA/IFA	86225	CPT	both			383	15.8	WellPoint	WellPoint		123.25	32.18			9.6	363.85	percent of total billed charges	
ANTI-DNA (SS) 1GG,AB,QN	86226	CPT	outpatient			85	13.93	Aetna	Commercial		32.3	38			12.11	80.75	percent of total billed charges	
ANTI-DNA (SS) 1GG,AB,QN	86226	CPT	outpatient			85	13.93	Aetna	Medicare		12.11				12.11	80.75	fee schedule	
ANTI-DNA (SS) 1GG,AB,QN	86226	CPT	outpatient			85	13.93	Aetna	Better Health		26.82	31.55			12.11	80.75	percent of total billed charges	
ANTI-DNA (SS) 1GG,AB,QN	86226	CPT	outpatient			85	13.93	Americare	Americare		63.75	75			12.11	80.75	percent of total billed charges	
ANTI-DNA (SS) 1GG,AB,QN	86226	CPT	outpatient			85	13.93	Amerihealth	Medicare		12.11				12.11	80.75	fee schedule	
ANTI-DNA (SS) 1GG,AB,QN	86226	CPT	outpatient			85	13.93	Amerihealth	HMO/PPO		55.25	65			12.11	80.75	percent of total billed charges	
ANTI-DNA (SS) 1GG,AB,QN	86226	CPT	outpatient			85	13.93	Consumer	Consumer		80.75	95			12.11	80.75	percent of total billed charges	
ANTI-DNA (SS) 1GG,AB,QN	86226	CPT	outpatient			85	13.93	Corrections	Corrections		68	80			12.11	80.75	percent of total billed charges	
ANTI-DNA (SS) 1GG,AB,QN	86226	CPT	outpatient			85	13.93	First Health	First Health		59.5	70			12.11	80.75	percent of total billed charges	
ANTI-DNA (SS) 1GG,AB,QN	86226	CPT	outpatient			85	13.93	First Trenton	First Trenton		76.5	90			12.11	80.75	percent of total billed charges	
ANTI-DNA (SS) 1GG,AB,QN	86226	CPT	outpatient			85	13.93	Horizon	Medicare Blue		25.5	30			12.11	80.75	percent of total billed charges	
ANTI-DNA (SS) 1GG,AB,QN	86226	CPT	outpatient			85	13.93	Horizon	Indemnity		32.54	38.28			12.11	80.75	percent of total billed charges	
ANTI-DNA (SS) 1GG,AB,QN	86226	CPT	outpatient			85	13.93	Horizon	MGD		32.54	38.28			12.11	80.75	percent of total billed charges	
ANTI-DNA (SS) 1GG,AB,QN	86226	CPT	outpatient			85	13.93	Horizon	NJ Health		29.4				12.11	80.75	fee schedule	
ANTI-DNA (SS) 1GG,AB,QN	86226	CPT	outpatient			85	13.93	Horizon	PPO		32.54	38.28			12.11	80.75	percent of total billed charges	
ANTI-DNA (SS) 1GG,AB,QN	86226	CPT	outpatient			85	13.93	Managed Care Inc	Managed Care Inc		76.5	90			12.11	80.75	percent of total billed charges	
ANTI-DNA (SS) 1GG,AB,QN	86226	CPT	outpatient			85	13.93	Multiplan	Multiplan		68	80			12.11	80.75	percent of total billed charges	
ANTI-DNA (SS) 1GG,AB,QN	86226	CPT	outpatient			85	13.93	Qualcare	Qualcare		63.75	75			12.11	80.75	percent of total billed charges	
ANTI-DNA (SS) 1GG,AB,QN	86226	CPT	outpatient			85	13.93	Three Rivers	Three Rivers		80.75	95			12.11	80.75	percent of total billed charges	
ANTI-DNA (SS) 1GG,AB,QN	86226	CPT	outpatient			85	13.93	UHC	Medicaid		26.82	31.55			12.11	80.75	percent of total billed charges	
ANTI-DNA (SS) 1GG,AB,QN	86226	CPT	outpatient			85	13.93	UHC	Medicare		12.11				12.11	80.75	fee schedule	
ANTI-DNA (SS) 1GG,AB,QN	86226	CPT	outpatient			85	13.93	Wellcare	Medicaid		26.82	31.55			12.11	80.75	percent of total billed charges	
ANTI-DNA (SS) 1GG,AB,QN	86226	CPT	outpatient			85	13.93	Wellcare	Medicare		12.11				12.11	80.75	fee schedule	
ANTI-DNA (SS) 1GG,AB,QN	86226	CPT	outpatient			85	13.93	WellPoint	WellPoint		27.35	32.18			12.11	80.75	percent of total billed charges	
EMA IGA	86231	CPT	outpatient			40	13.9	Aetna	Better Health		12.62	31.55			9.48	38	percent of total billed charges	
EMA IGA	86231	CPT	outpatient			40	13.9	Aetna	Medicare		12.09				9.48	38	fee schedule	
EMA IGA	86231	CPT	outpatient			40	13.9	Aetna	Commercial		15.2	38			9.48	38	percent of total billed charges	
EMA IGA	86231	CPT	outpatient			40	13.9	Americare	Americare		30	75			9.48	38	percent of total billed charges	
EMA IGA	86231	CPT	outpatient			40	13.9	Amerihealth	Medicare		12.09				9.48	38	fee schedule	
EMA IGA	86231	CPT	outpatient			40	13.9	Amerihealth	HMO/PPO		26	65			9.48	38	percent of total billed charges	
EMA IGA	86231	CPT	outpatient			40	13.9	Consumer	Consumer		38	95			9.48	38	percent of total billed charges	
EMA IGA	86231	CPT	outpatient			40	13.9	Corrections	Corrections		32	80			9.48	38	percent of total billed charges	
EMA IGA	86231	CPT	outpatient			40	13.9	First Health	First Health		28	70			9.48	38	percent of total billed charges	
EMA IGA	86231	CPT	outpatient			40	13.9	First Trenton	First Trenton		36	90			9.48	38	percent of total billed charges	
EMA IGA	86231	CPT	outpatient			40	13.9	Horizon	Indemnity		15.31	38.28			9.48	38	percent of total billed charges	
EMA IGA	86231	CPT	outpatient			40	13.9	Horizon	Medicare Blue		12	30			9.48	38	percent of total billed charges	
EMA IGA	86231	CPT	outpatient			40	13.9	Horizon	NJ Health		9.48				9.48	38	fee schedule	
EMA IGA	86231	CPT	outpatient			40	13.9	Horizon	MGD		15.31	38.28			9.48	38	percent of total billed charges	
EMA IGA	86231	CPT	outpatient			40	13.9	Horizon	PPO		15.31	38.28			9.48	38	percent of total billed charges	
EMA IGA	86231	CPT	outpatient			40	13.9	Managed Care Inc	Managed Care Inc		36	90			9.48	38	percent of total billed charges	
EMA IGA	86231	CPT	outpatient			40	13.9	Multiplan	Multiplan		32	80			9.48	38	percent of total billed charges	
EMA IGA	86231	CPT	outpatient			40	13.9	Qualcare	Qualcare		30	75			9.48	38	percent of total billed charges	
EMA IGA	86231	CPT	outpatient			40	13.9	Three Rivers	Three Rivers		38	95			9.48	38	percent of total billed charges	
EMA IGA	86231	CPT	outpatient			40	13.9	UHC	Medicaid		12.62	31.55			9.48	38	percent of total billed charges	
EMA IGA	86231	CPT	outpatient			40	13.9	UHC	Medicare		12.09				9.48	38	fee schedule	
EMA IGA	86231	CPT	outpatient			40	13.9	Wellcare	Medicare		12.09				9.48	38	fee schedule	
EMA IGA	86231	CPT	outpatient			40	13.9	Wellcare	Medicaid		12.62	31.55			9.48	38	percent of total billed charges	
EMA IGA	86231	CPT	outpatient			40	13.9	WellPoint	WellPoint		12.87	32.18			9.48	38	percent of total billed charges	
XTRACTABLE NUC AG AB ANT MTHOD	86235	CPT	both			1162	20.62	Aetna	Better Health		366.61	31.55			9.9	1103.9	percent of total billed charges	
XTRACTABLE NUC AG AB ANT MTHOD	86235	CPT	both			1162	20.62	Aetna	Commercial		441.56	38			9.9	1103.9	percent of total billed charges	
XTRACTABLE NUC AG AB ANT MTHOD	86235	CPT	both			1162	20.62	Aetna	Medicare		357.9	30.8			9.9	1103.9	percent of total billed charges	
XTRACTABLE NUC AG AB ANT MTHOD	86235	CPT	both			1162	20.62	Americare	Americare		871.5	75			9.9	1103.9	percent of total billed charges	
XTRACTABLE NUC AG AB ANT MTHOD	86235	CPT	both			1162	20.62	Amerihealth	Medicare		17.93				9.9	1103.9	fee schedule	
XTRACTABLE NUC AG AB ANT MTHOD	86235	CPT	both			1162	20.62	Amerihealth	HMO/PPO		755.3	65			9.9	1103.9	percent of total billed charges	
XTRACTABLE NUC AG AB ANT MTHOD	86235	CPT	both			1162	20.62	Consumer	Consumer		1103.9	95			9.9	1103.9	percent of total billed charges	
XTRACTABLE NUC AG AB ANT MTHOD	86235	CPT	both			1162	20.62	Corrections	Corrections		929.6	80			9.9	1103.9	percent of total billed charges	
XTRACTABLE NUC AG AB ANT MTHOD	86235	CPT	both			1162	20.62	First Health	First Health		813.4	70			9.9	1103.9	percent of total billed charges	
XTRACTABLE NUC AG AB ANT MTHOD	86235	CPT	both			1162	20.62	First Trenton	First Trenton		1045.8	90			9.9	1103.9	percent of total billed charges	
XTRACTABLE NUC AG AB ANT MTHOD	86235	CPT	both			1162	20.62	Horizon	MGD		444.81	38.28			9.9	1103.9	percent of total billed charges	
XTRACTABLE NUC AG AB ANT MTHOD	86235	CPT	both			1162	20.62	Horizon	PPO		444.81	38.28			9.9	1103.9	percent of total billed charges	
XTRACTABLE NUC AG AB ANT MTHOD	86235	CPT	both			1162	20.62	Horizon	NJ Health		47.04				9.9	1103.9	fee schedule	
XTRACTABLE NUC AG AB ANT MTHOD	86235	CPT	both			1162	20.62	Horizon	Medicare Blue		348.6	30			9.9	1103.9	percent of total billed charges	
XTRACTABLE NUC AG AB ANT MTHOD	86235	CPT	both			1162	20.62	Horizon	Indemnity		444.81	38.28			9.9	1103.9	percent of total billed charges	
XTRACTABLE NUC AG AB ANT MTHOD	86235	CPT	both			1162	20.62	Managed Care Inc	Managed Care Inc		1045.8	90			9.9	1103.9	percent of total billed charges	
XTRACTABLE NUC AG AB ANT MTHOD	86235	CPT	both			1162	20.62	Multiplan	Multiplan		929.6	80			9.9	1103.9	percent of total billed charges	
XTRACTABLE NUC AG AB ANT MTHOD	86235	CPT	both			1162	20.62	Qualcare	Qualcare		871.5	75			9.9	1103.9	percent of total billed charges	
XTRACTABLE NUC AG AB ANT MTHOD	86235	CPT	both			1162	20.62	Three Rivers	Three Rivers		1103.9	95			9.9	1103.9	percent of total billed charges	
XTRACTABLE NUC AG AB ANT MTHOD	86235	CPT	both			1162	20.62	UHC	Medicare		17.93				9.9	1103.9	fee schedule	
XTRACTABLE NUC AG AB ANT MTHOD	86235	CPT	both			1162	20.62	UHC	Medicaid		366.61	31.55			9.9	1103.9	percent of total billed charges	
XTRACTABLE NUC AG AB ANT MTHOD	86235	CPT	both			1162	20.62	Wellcare	Medicare		17.93				9.9	1103.9	fee schedule	
XTRACTABLE NUC AG AB ANT MTHOD	86235	CPT	both			1162	20.62	Wellcare	Medicaid		366.61	31.55			9.9	1103.9	percent of total billed charges	
XTRACTABLE NUC AG AB ANT MTHOD	86235	CPT	both			1162	20.62	WellPoint	WellPoint		373.93	32.18			9.9	1103.9	percent of total billed charges	
ZIC4 ANTIBODY	86255	CPT	both			3615	13.86	Aetna	Better Health		1140.53	31.55			8.4	3434.25	percent of total billed charges	
ZIC4 ANTIBODY	86255	CPT	both			3615	13.86	Aetna	Commercial		1373.7	38			8.4	3434.25	percent of total billed charges	
ZIC4 ANTIBODY	86255	CPT	both			3615	13.86	Aetna	Medicare		12.05				8.4	3434.25	fee schedule	
ZIC4 ANTIBODY	86255	CPT	both			3615	13.86	Americare	Americare		2711.25	75			8.4	3434.25	percent of total billed charges	
ZIC4 ANTIBODY	86255	CPT	both			3615	13.86	Amerihealth	Medicare		12.05				8.4	3434.25	fee schedule	
ZIC4 ANTIBODY	86255	CPT	both			3615	13.86	Amerihealth	HMO/PPO		2349.75	65			8.4	3434.25	percent of total billed charges	
ZIC4 ANTIBODY	86255	CPT	both			3615	13.86	Consumer	Consumer		3434.25	95			8.4	3434.25	percent of total billed charges	
ZIC4 ANTIBODY	86255	CPT	both			3615	13.86	Corrections	Corrections		2892	80			8.4	3434.25	percent of total billed charges	
ZIC4 ANTIBODY	86255	CPT	both			3615	13.86	First Health	First Health		2530.5	70			8.4	3434.25	percent of total billed charges	
ZIC4 ANTIBODY	86255	CPT	both			3615	13.86	First Trenton	First Trenton		3253.5	90			8.4	3434.25	percent of total billed charges	
ZIC4 ANTIBODY	86255	CPT	both			3615	13.86	Horizon	MGD		1383.82	38.28			8.4	3434.25	percent of total billed charges	
ZIC4 ANTIBODY	86255	CPT	both			3615	13.86	Horizon	Indemnity		1383.82	38.28			8.4	3434.25	percent of total billed charges	
ZIC4 ANTIBODY	86255	CPT	both			3615	13.86	Horizon	Medicare Blue		1084.5	30			8.4	3434.25	percent of total billed charges	
ZIC4 ANTIBODY	86255	CPT	both			3615	13.86	Horizon	NJ Health		15.29				8.4	3434.25	fee schedule	
ZIC4 ANTIBODY	86255	CPT	both			3615	13.86	Horizon	PPO		1383.82	38.28			8.4	3434.25	percent of total billed charges	
ZIC4 ANTIBODY	86255	CPT	both			3615	13.86	Managed Care Inc	Managed Care Inc		3253.5	90			8.4	3434.25	percent of total billed charges	
ZIC4 ANTIBODY	86255	CPT	both			3615	13.86	Multiplan	Multiplan		2892	80			8.4	3434.25	percent of total billed charges	
ZIC4 ANTIBODY	86255	CPT	both			3615	13.86	Qualcare	Qualcare		2711.25	75			8.4	3434.25	percent of total billed charges	
ZIC4 ANTIBODY	86255	CPT	both			3615	13.86	Three Rivers	Three Rivers		3434.25	95			8.4	3434.25	percent of total billed charges	
ZIC4 ANTIBODY	86255	CPT	both			3615	13.86	UHC	Medicaid		1140.53	31.55			8.4	3434.25	percent of total billed charges	
ZIC4 ANTIBODY	86255	CPT	both			3615	13.86	UHC	Medicare		12.05				8.4	3434.25	fee schedule	
ZIC4 ANTIBODY	86255	CPT	both			3615	13.86	Wellcare	Medicaid		1140.53	31.55			8.4	3434.25	percent of total billed charges	
ZIC4 ANTIBODY	86255	CPT	both			3615	13.86	Wellcare	Medicare		12.05				8.4	3434.25	fee schedule	
ZIC4 ANTIBODY	86255	CPT	both			3615	13.86	WellPoint	WellPoint		1163.31	32.18			8.4	3434.25	percent of total billed charges	
THSD7A ANTIBODY, IGG TITER (REFLEX TO 30	86256	CPT	both			633	13.86	Aetna	Commercial		240.54	38			8.4	601.35	percent of total billed charges	
THSD7A ANTIBODY, IGG TITER (REFLEX TO 30	86256	CPT	both			633	13.86	Aetna	Better Health		199.71	31.55			8.4	601.35	percent of total billed charges	
THSD7A ANTIBODY, IGG TITER (REFLEX TO 30	86256	CPT	both			633	13.86	Aetna	Medicare		194.96	30.8			8.4	601.35	percent of total billed charges	
THSD7A ANTIBODY, IGG TITER (REFLEX TO 30	86256	CPT	both			633	13.86	Americare	Americare		474.75	75			8.4	601.35	percent of total billed charges	
THSD7A ANTIBODY, IGG TITER (REFLEX TO 30	86256	CPT	both			633	13.86	Amerihealth	Medicare		12.05				8.4	601.35	fee schedule	
THSD7A ANTIBODY, IGG TITER (REFLEX TO 30	86256	CPT	both			633	13.86	Amerihealth	HMO/PPO		411.45	65			8.4	601.35	percent of total billed charges	
THSD7A ANTIBODY, IGG TITER (REFLEX TO 30	86256	CPT	both			633	13.86	Consumer	Consumer		601.35	95			8.4	601.35	percent of total billed charges	
THSD7A ANTIBODY, IGG TITER (REFLEX TO 30	86256	CPT	both			633	13.86	Corrections	Corrections		506.4	80			8.4	601.35	percent of total billed charges	
THSD7A ANTIBODY, IGG TITER (REFLEX TO 30	86256	CPT	both			633	13.86	First Health	First Health		443.1	70			8.4	601.35	percent of total billed charges	
THSD7A ANTIBODY, IGG TITER (REFLEX TO 30	86256	CPT	both			633	13.86	First Trenton	First Trenton		569.7	90			8.4	601.35	percent of total billed charges	
THSD7A ANTIBODY, IGG TITER (REFLEX TO 30	86256	CPT	both			633	13.86	Horizon	Medicare Blue		189.9	30			8.4	601.35	percent of total billed charges	
THSD7A ANTIBODY, IGG TITER (REFLEX TO 30	86256	CPT	both			633	13.86	Horizon	Indemnity		242.31	38.28			8.4	601.35	percent of total billed charges	
THSD7A ANTIBODY, IGG TITER (REFLEX TO 30	86256	CPT	both			633	13.86	Horizon	MGD		242.31	38.28			8.4	601.35	percent of total billed charges	
THSD7A ANTIBODY, IGG TITER (REFLEX TO 30	86256	CPT	both			633	13.86	Horizon	NJ Health		24.5				8.4	601.35	fee schedule	
THSD7A ANTIBODY, IGG TITER (REFLEX TO 30	86256	CPT	both			633	13.86	Horizon	PPO		242.31	38.28			8.4	601.35	percent of total billed charges	
THSD7A ANTIBODY, IGG TITER (REFLEX TO 30	86256	CPT	both			633	13.86	Managed Care Inc	Managed Care Inc		569.7	90			8.4	601.35	percent of total billed charges	
THSD7A ANTIBODY, IGG TITER (REFLEX TO 30	86256	CPT	both			633	13.86	Multiplan	Multiplan		506.4	80			8.4	601.35	percent of total billed charges	
THSD7A ANTIBODY, IGG TITER (REFLEX TO 30	86256	CPT	both			633	13.86	Qualcare	Qualcare		474.75	75			8.4	601.35	percent of total billed charges	
THSD7A ANTIBODY, IGG TITER (REFLEX TO 30	86256	CPT	both			633	13.86	Three Rivers	Three Rivers		601.35	95			8.4	601.35	percent of total billed charges	
THSD7A ANTIBODY, IGG TITER (REFLEX TO 30	86256	CPT	both			633	13.86	UHC	Medicare		12.05				8.4	601.35	fee schedule	
THSD7A ANTIBODY, IGG TITER (REFLEX TO 30	86256	CPT	both			633	13.86	UHC	Medicaid		199.71	31.55			8.4	601.35	percent of total billed charges	
THSD7A ANTIBODY, IGG TITER (REFLEX TO 30	86256	CPT	both			633	13.86	Wellcare	Medicaid		199.71	31.55			8.4	601.35	percent of total billed charges	
THSD7A ANTIBODY, IGG TITER (REFLEX TO 30	86256	CPT	both			633	13.86	Wellcare	Medicare		12.05				8.4	601.35	fee schedule	
THSD7A ANTIBODY, IGG TITER (REFLEX TO 30	86256	CPT	both			633	13.86	WellPoint	WellPoint		203.7	32.18			8.4	601.35	percent of total billed charges	
DGP IGG	86258	CPT	outpatient			38	13.86	Aetna	Better Health		11.99	31.55			9.04	36.1	percent of total billed charges	
DGP IGG	86258	CPT	outpatient			38	13.86	Aetna	Medicare		12.05				9.04	36.1	fee schedule	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
DGP IGG	86258	CPT	outpatient			38	13.86	Aetna	Commercial		14.44	38			9.04		36.1 percent of total billed charges	
DGP IGG	86258	CPT	outpatient			38	13.86	Americare	Americare		28.5	75			9.04		36.1 percent of total billed charges	
DGP IGG	86258	CPT	outpatient			38	13.86	Amerihealth	HMO/PPO		24.7	65			9.04		36.1 percent of total billed charges	
DGP IGG	86258	CPT	outpatient			38	13.86	Amerihealth	Medicare		12.05				9.04		36.1 fee schedule	
DGP IGG	86258	CPT	outpatient			38	13.86	Consumer	Consumer		36.1	95			9.04		36.1 percent of total billed charges	
DGP IGG	86258	CPT	outpatient			38	13.86	Corrections	Corrections		30.4	80			9.04		36.1 percent of total billed charges	
DGP IGG	86258	CPT	outpatient			38	13.86	First Health	First Health		26.6	70			9.04		36.1 percent of total billed charges	
DGP IGG	86258	CPT	outpatient			38	13.86	First Trenton	First Trenton		34.2	90			9.04		36.1 percent of total billed charges	
DGP IGG	86258	CPT	outpatient			38	13.86	Horizon	Indemnity		14.55	38.28			9.04		36.1 percent of total billed charges	
DGP IGG	86258	CPT	outpatient			38	13.86	Horizon	Medicare Blue		11.4	30			9.04		36.1 percent of total billed charges	
DGP IGG	86258	CPT	outpatient			38	13.86	Horizon	PPO		14.55	38.28			9.04		36.1 percent of total billed charges	
DGP IGG	86258	CPT	outpatient			38	13.86	Horizon	MGD		14.55	38.28			9.04		36.1 percent of total billed charges	
DGP IGG	86258	CPT	outpatient			38	13.86	Horizon	NJ Health		9.04				9.04		36.1 fee schedule	
DGP IGG	86258	CPT	outpatient			38	13.86	Managed Care Inc	Managed Care Inc		34.2	90			9.04		36.1 percent of total billed charges	
DGP IGG	86258	CPT	outpatient			38	13.86	Multiplan	Multiplan		30.4	80			9.04		36.1 percent of total billed charges	
DGP IGG	86258	CPT	outpatient			38	13.86	Qualcare	Qualcare		28.5	75			9.04		36.1 percent of total billed charges	
DGP IGG	86258	CPT	outpatient			38	13.86	Three Rivers	Three Rivers		36.1	95			9.04		36.1 percent of total billed charges	
DGP IGG	86258	CPT	outpatient			38	13.86	UHC	Medicaid		11.99	31.55			9.04		36.1 percent of total billed charges	
DGP IGG	86258	CPT	outpatient			38	13.86	UHC	Medicare		12.05				9.04		36.1 fee schedule	
DGP IGG	86258	CPT	outpatient			38	13.86	Wellcare	Medicare		12.05				9.04		36.1 fee schedule	
DGP IGG	86258	CPT	outpatient			38	13.86	Wellcare	Medicaid		11.99	31.55			9.04		36.1 percent of total billed charges	
DGP IGG	86258	CPT	outpatient			38	13.86	WellPoint	WellPoint		12.23	32.18			9.04		36.1 percent of total billed charges	
CARBOHYDRATE ANTIGEN 19-9	86300	CPT	both			50	23.93	Aetna	Better Health		15.78	31.55			13.2		54.1 percent of total billed charges	
CARBOHYDRATE ANTIGEN 19-9	86300	CPT	both			50	23.93	Aetna	Medicare		20.81				13.2		54.1 fee schedule	
CARBOHYDRATE ANTIGEN 19-9	86300	CPT	both			50	23.93	Aetna	Commercial		19	38			13.2		54.1 percent of total billed charges	
CARBOHYDRATE ANTIGEN 19-9	86300	CPT	both			50	23.93	Americare	Americare		37.5	75			13.2		54.1 percent of total billed charges	
CARBOHYDRATE ANTIGEN 19-9	86300	CPT	both			50	23.93	Amerihealth	Medicare		20.81				13.2		54.1 fee schedule	
CARBOHYDRATE ANTIGEN 19-9	86300	CPT	both			50	23.93	Amerihealth	HMO/PPO		32.5	65			13.2		54.1 percent of total billed charges	
CARBOHYDRATE ANTIGEN 19-9	86300	CPT	both			50	23.93	Consumer	Consumer		47.5	95			13.2		54.1 percent of total billed charges	
CARBOHYDRATE ANTIGEN 19-9	86300	CPT	both			50	23.93	Corrections	Corrections		40	80			13.2		54.1 percent of total billed charges	
CARBOHYDRATE ANTIGEN 19-9	86300	CPT	both			50	23.93	First Health	First Health		35	70			13.2		54.1 percent of total billed charges	
CARBOHYDRATE ANTIGEN 19-9	86300	CPT	both			50	23.93	First Trenton	First Trenton		45	90			13.2		54.1 percent of total billed charges	
CARBOHYDRATE ANTIGEN 19-9	86300	CPT	both			50	23.93	Horizon	MGD		19.14	38.28			13.2		54.1 percent of total billed charges	
CARBOHYDRATE ANTIGEN 19-9	86300	CPT	both			50	23.93	Horizon	Medicare Blue		15	30			13.2		54.1 percent of total billed charges	
CARBOHYDRATE ANTIGEN 19-9	86300	CPT	both			50	23.93	Horizon	NJ Health		54.1				13.2		54.1 fee schedule	
CARBOHYDRATE ANTIGEN 19-9	86300	CPT	both			50	23.93	Horizon	Indemnity		19.14	38.28			13.2		54.1 percent of total billed charges	
CARBOHYDRATE ANTIGEN 19-9	86300	CPT	both			50	23.93	Horizon	PPO		19.14	38.28			13.2		54.1 percent of total billed charges	
CARBOHYDRATE ANTIGEN 19-9	86300	CPT	both			50	23.93	Managed Care Inc	Managed Care Inc		45	90			13.2		54.1 percent of total billed charges	
CARBOHYDRATE ANTIGEN 19-9	86300	CPT	both			50	23.93	Multiplan	Multiplan		40	80			13.2		54.1 percent of total billed charges	
CARBOHYDRATE ANTIGEN 19-9	86300	CPT	both			50	23.93	Qualcare	Qualcare		37.5	75			13.2		54.1 percent of total billed charges	
CARBOHYDRATE ANTIGEN 19-9	86300	CPT	both			50	23.93	Three Rivers	Three Rivers		47.5	95			13.2		54.1 percent of total billed charges	
CARBOHYDRATE ANTIGEN 19-9	86300	CPT	both			50	23.93	UHC	Medicaid		15.78	31.55			13.2		54.1 percent of total billed charges	
CARBOHYDRATE ANTIGEN 19-9	86300	CPT	both			50	23.93	UHC	Medicare		20.81				13.2		54.1 fee schedule	
CARBOHYDRATE ANTIGEN 19-9	86300	CPT	both			50	23.93	Wellcare	Medicare		20.81				13.2		54.1 fee schedule	
CARBOHYDRATE ANTIGEN 19-9	86300	CPT	both			50	23.93	Wellcare	Medicaid		15.78	31.55			13.2		54.1 percent of total billed charges	
CARBOHYDRATE ANTIGEN 19-9	86300	CPT	both			50	23.93	WellPoint	WellPoint		16.09	32.18			13.2		54.1 percent of total billed charges	
CA 19-9 (SERIAL)	86301	CPT	outpatient			131	23.93	Aetna	Commercial		49.78	38			20.81		124.45 percent of total billed charges	
CA 19-9 (SERIAL)	86301	CPT	outpatient			131	23.93	Aetna	Better Health		41.33	31.55			20.81		124.45 percent of total billed charges	
CA 19-9 (SERIAL)	86301	CPT	outpatient			131	23.93	Aetna	Medicare		20.81				20.81		124.45 fee schedule	
CA 19-9 (SERIAL)	86301	CPT	outpatient			131	23.93	Americare	Americare		98.25	75			20.81		124.45 percent of total billed charges	
CA 19-9 (SERIAL)	86301	CPT	outpatient			131	23.93	Amerihealth	Medicare		20.81				20.81		124.45 fee schedule	
CA 19-9 (SERIAL)	86301	CPT	outpatient			131	23.93	Amerihealth	HMO/PPO		85.15	65			20.81		124.45 percent of total billed charges	
CA 19-9 (SERIAL)	86301	CPT	outpatient			131	23.93	Consumer	Consumer		124.45	95			20.81		124.45 percent of total billed charges	
CA 19-9 (SERIAL)	86301	CPT	outpatient			131	23.93	Corrections	Corrections		104.8	80			20.81		124.45 percent of total billed charges	
CA 19-9 (SERIAL)	86301	CPT	outpatient			131	23.93	First Health	First Health		91.7	70			20.81		124.45 percent of total billed charges	
CA 19-9 (SERIAL)	86301	CPT	outpatient			131	23.93	First Trenton	First Trenton		117.9	90			20.81		124.45 percent of total billed charges	
CA 19-9 (SERIAL)	86301	CPT	outpatient			131	23.93	Horizon	NJ Health		22.97				20.81		124.45 fee schedule	
CA 19-9 (SERIAL)	86301	CPT	outpatient			131	23.93	Horizon	MGD		50.15	38.28			20.81		124.45 percent of total billed charges	
CA 19-9 (SERIAL)	86301	CPT	outpatient			131	23.93	Horizon	Indemnity		50.15	38.28			20.81		124.45 percent of total billed charges	
CA 19-9 (SERIAL)	86301	CPT	outpatient			131	23.93	Horizon	Medicare Blue		39.3	30			20.81		124.45 percent of total billed charges	
CA 19-9 (SERIAL)	86301	CPT	outpatient			131	23.93	Horizon	PPO		50.15	38.28			20.81		124.45 percent of total billed charges	
CA 19-9 (SERIAL)	86301	CPT	outpatient			131	23.93	Managed Care Inc	Managed Care Inc		117.9	90			20.81		124.45 percent of total billed charges	
CA 19-9 (SERIAL)	86301	CPT	outpatient			131	23.93	Multiplan	Multiplan		104.8	80			20.81		124.45 percent of total billed charges	
CA 19-9 (SERIAL)	86301	CPT	outpatient			131	23.93	Qualcare	Qualcare		98.25	75			20.81		124.45 percent of total billed charges	
CA 19-9 (SERIAL)	86301	CPT	outpatient			131	23.93	Three Rivers	Three Rivers		124.45	95			20.81		124.45 percent of total billed charges	
CA 19-9 (SERIAL)	86301	CPT	outpatient			131	23.93	UHC	Medicaid		41.33	31.55			20.81		124.45 percent of total billed charges	
CA 19-9 (SERIAL)	86301	CPT	outpatient			131	23.93	UHC	Medicare		20.81				20.81		124.45 fee schedule	
CA 19-9 (SERIAL)	86301	CPT	outpatient			131	23.93	Wellcare	Medicare		20.81				20.81		124.45 fee schedule	
CA 19-9 (SERIAL)	86301	CPT	outpatient			131	23.93	Wellcare	Medicaid		41.33	31.55			20.81		124.45 percent of total billed charges	
CA 19-9 (SERIAL)	86301	CPT	outpatient			131	23.93	WellPoint	WellPoint		42.16	32.18			20.81		124.45 percent of total billed charges	
CANCER ANTIGEN (CA) 125	86304	CPT	both			97	23.93	Aetna	Better Health		30.6	31.55			12.6		92.15 percent of total billed charges	
CANCER ANTIGEN (CA) 125	86304	CPT	both			97	23.93	Aetna	Medicare		20.81				12.6		92.15 fee schedule	
CANCER ANTIGEN (CA) 125	86304	CPT	both			97	23.93	Aetna	Commercial		36.86	38			12.6		92.15 percent of total billed charges	
CANCER ANTIGEN (CA) 125	86304	CPT	both			97	23.93	Americare	Americare		72.75	75			12.6		92.15 percent of total billed charges	
CANCER ANTIGEN (CA) 125	86304	CPT	both			97	23.93	Amerihealth	Medicare		20.81				12.6		92.15 fee schedule	
CANCER ANTIGEN (CA) 125	86304	CPT	both			97	23.93	Amerihealth	HMO/PPO		63.05	65			12.6		92.15 percent of total billed charges	
CANCER ANTIGEN (CA) 125	86304	CPT	both			97	23.93	Consumer	Consumer		92.15	95			12.6		92.15 percent of total billed charges	
CANCER ANTIGEN (CA) 125	86304	CPT	both			97	23.93	Corrections	Corrections		77.6	80			12.6		92.15 percent of total billed charges	
CANCER ANTIGEN (CA) 125	86304	CPT	both			97	23.93	First Health	First Health		67.9	70			12.6		92.15 percent of total billed charges	
CANCER ANTIGEN (CA) 125	86304	CPT	both			97	23.93	First Trenton	First Trenton		87.3	90			12.6		92.15 percent of total billed charges	
CANCER ANTIGEN (CA) 125	86304	CPT	both			97	23.93	Horizon	Indemnity		37.13	38.28			12.6		92.15 percent of total billed charges	
CANCER ANTIGEN (CA) 125	86304	CPT	both			97	23.93	Horizon	PPO		37.13	38.28			12.6		92.15 percent of total billed charges	
CANCER ANTIGEN (CA) 125	86304	CPT	both			97	23.93	Horizon	MGD		37.13	38.28			12.6		92.15 percent of total billed charges	
CANCER ANTIGEN (CA) 125	86304	CPT	both			97	23.93	Horizon	Medicare Blue		29.1	30			12.6		92.15 percent of total billed charges	
CANCER ANTIGEN (CA) 125	86304	CPT	both			97	23.93	Horizon	NJ Health		23.11				12.6		92.15 fee schedule	
CANCER ANTIGEN (CA) 125	86304	CPT	both			97	23.93	Managed Care Inc	Managed Care Inc		87.3	90			12.6		92.15 percent of total billed charges	
CANCER ANTIGEN (CA) 125	86304	CPT	both			97	23.93	Multiplan	Multiplan		77.6	80			12.6		92.15 percent of total billed charges	
CANCER ANTIGEN (CA) 125	86304	CPT	both			97	23.93	Qualcare	Qualcare		72.75	75			12.6		92.15 percent of total billed charges	
CANCER ANTIGEN (CA) 125	86304	CPT	both			97	23.93	Three Rivers	Three Rivers		92.15	95			12.6		92.15 percent of total billed charges	
CANCER ANTIGEN (CA) 125	86304	CPT	both			97	23.93	UHC	Medicare		20.81				12.6		92.15 fee schedule	
CANCER ANTIGEN (CA) 125	86304	CPT	both			97	23.93	UHC	Medicaid		30.6	31.55			12.6		92.15 percent of total billed charges	
CANCER ANTIGEN (CA) 125	86304	CPT	both			97	23.93	Wellcare	Medicare		20.81				12.6		92.15 fee schedule	
CANCER ANTIGEN (CA) 125	86304	CPT	both			97	23.93	Wellcare	Medicaid		30.6	31.55			12.6		92.15 percent of total billed charges	
CANCER ANTIGEN (CA) 125	86304	CPT	both			97	23.93	WellPoint	WellPoint		31.21	32.18			12.6		92.15 percent of total billed charges	
HUMAN EPIDIDYMIS PROTEIN 4 (081700)	86305	CPT	inpatient			65	23.93	Aetna	Better Health		20.51	31.55			19.5		61.75 percent of total billed charges	
HUMAN EPIDIDYMIS PROTEIN 4 (081700)	86305	CPT	inpatient			65	23.93	Aetna	Medicare		20.81				19.5		61.75 fee schedule	
HUMAN EPIDIDYMIS PROTEIN 4 (081700)	86305	CPT	inpatient			65	23.93	Aetna	Commercial		24.7	38			19.5		61.75 percent of total billed charges	
HUMAN EPIDIDYMIS PROTEIN 4 (081700)	86305	CPT	inpatient			65	23.93	Americare	Americare		48.75	75			19.5		61.75 percent of total billed charges	
HUMAN EPIDIDYMIS PROTEIN 4 (081700)	86305	CPT	inpatient			65	23.93	Amerihealth	Medicare		20.81				19.5		61.75 fee schedule	
HUMAN EPIDIDYMIS PROTEIN 4 (081700)	86305	CPT	inpatient			65	23.93	Amerihealth	HMO/PPO		42.25	65			19.5		61.75 percent of total billed charges	
HUMAN EPIDIDYMIS PROTEIN 4 (081700)	86305	CPT	inpatient			65	23.93	Consumer	Consumer		61.75	95			19.5		61.75 percent of total billed charges	
HUMAN EPIDIDYMIS PROTEIN 4 (081700)	86305	CPT	inpatient			65	23.93	Corrections	Corrections		52	80			19.5		61.75 percent of total billed charges	
HUMAN EPIDIDYMIS PROTEIN 4 (081700)	86305	CPT	inpatient			65	23.93	First Health	First Health		45.5	70			19.5		61.75 percent of total billed charges	
HUMAN EPIDIDYMIS PROTEIN 4 (081700)	86305	CPT	inpatient			65	23.93	First Trenton	First Trenton		58.5	90			19.5		61.75 percent of total billed charges	
HUMAN EPIDIDYMIS PROTEIN 4 (081700)	86305	CPT	inpatient			65	23.93	Horizon	Medicare Blue		19.5	30			19.5		61.75 percent of total billed charges	
HUMAN EPIDIDYMIS PROTEIN 4 (081700)	86305	CPT	inpatient			65	23.93	Horizon	MGD		24.88	38.28			19.5		61.75 percent of total billed charges	
HUMAN EPIDIDYMIS PROTEIN 4 (081700)	86305	CPT	inpatient			65	23.93	Horizon	Indemnity		24.88	38.28			19.5		61.75 percent of total billed charges	
HUMAN EPIDIDYMIS PROTEIN 4 (081700)	86305	CPT	inpatient			65	23.93	Horizon	NJ Health		39.18				19.5		61.75 fee schedule	
HUMAN EPIDIDYMIS PROTEIN 4 (081700)	86305	CPT	inpatient			65	23.93	Horizon	PPO		24.88	38.28			19.5		61.75 percent of total billed charges	
HUMAN EPIDIDYMIS PROTEIN 4 (081700)	86305	CPT	inpatient			65	23.93	Managed Care Inc	Managed Care Inc		58.5	90			19.5		61.75 percent of total billed charges	
HUMAN EPIDIDYMIS PROTEIN 4 (081700)	86305	CPT	inpatient			65	23.93	Multiplan	Multiplan		52	80			19.5		61.75 percent of total billed charges	
HUMAN EPIDIDYMIS PROTEIN 4 (081700)	86305	CPT	inpatient			65	23.93	Qualcare	Qualcare		48.75	75			19.5		61.75 percent of total billed charges	
HUMAN EPIDIDYMIS PROTEIN 4 (081700)	86305	CPT	inpatient			65	23.93	Three Rivers	Three Rivers		61.75	95			19.5		61.75 percent of total billed charges	
HUMAN EPIDIDYMIS PROTEIN 4 (081700)	86305	CPT	inpatient			65	23.93	UHC	Medicare		20.81				19.5		61.75 fee schedule	
HUMAN EPIDIDYMIS PROTEIN 4 (081700)	86305	CPT	inpatient			65	23.93	UHC	Medicaid		20.51	31.55			19.5		61.75 percent of total billed charges	
HUMAN EPIDIDYMIS PROTEIN 4 (081700)	86305	CPT	inpatient			65	23.93	Wellcare	Medicaid		20.51	31.55			19.5		61.75 percent of total billed charges	
HUMAN EPIDIDYMIS PROTEIN 4 (081700)	86305	CPT	inpatient			65	23.93	Wellcare	Medicare		20.81				19.5		61.75 fee schedule	
HUMAN EPIDIDYMIS PROTEIN 4 (081700)	86305	CPT	inpatient			65	23.93	WellPoint	WellPoint		20.92	32.18			19.5		61.75 percent of total billed charges	
MONONUCLEOSIS TEST, QUAL (006189)	86308	CPT	both			18	5.96	Aetna	Commercial		6.84	38			5.18		17.1 percent of total billed charges	
MONONUCLEOSIS TEST, QUAL (006189)	86308	CPT	both			18	5.96	Aetna	Better Health		5.68	31.55			5.18		17.1 percent of total billed charges	
MONONUCLEOSIS TEST, QUAL (006189)	86308	CPT	both			18	5.96	Aetna	Medicare		5.18				5.18		17.1 fee schedule	
MONONUCLEOSIS TEST, QUAL (006189)	86308	CPT	both			18	5.96	Americare	Americare		13.5	75			5.18		17.1 percent of total billed charges	
MONONUCLEOSIS TEST, QUAL (006189)	86308	CPT	both			18	5.96	Amerihealth	Medicare		5.18				5.18		17.1 fee schedule	
MONONUCLEOSIS TEST, QUAL (006189)	86308	CPT	both			18	5.96	Amerihealth	HMO/PPO		11.7	65			5.18		17.1 percent of total billed charges	
MONONUCLEOSIS TEST, QUAL (006189)	86308	CPT	both			18	5.96	Consumer	Consumer		17.1	95			5.18		17.1 percent of total billed charges	
MONONUCLEOSIS TEST, QUAL (006189)	86308	CPT	both			18	5.96	Corrections	Corrections		14.4	80			5.18		17.1 percent of total billed charges	
MONONUCLEOSIS TEST, QUAL (006189)	86308	CPT	both			18	5.96	First Health	First Health		12.6	70			5.18		17.1 percent of total billed charges	
MONONUCLEOSIS TEST, QUAL (006189)	86308	CPT	both			18	5.96	First Trenton	First Trenton		16.2	90			5.18		17.1 percent of total billed charges	
MONONUCLEOSIS TEST, QUAL (006189)	86308	CPT	both			18	5.96	Horizon	MGD		6.89	38.28			5.18		17.1 percent of total billed charges	
MONONUCLEOSIS TEST, QUAL (006189)	86308	CPT	both			18	5.96	Horizon	Indemnity		6.89	38.28			5.18		17.1 percent of total billed charges	
MONONUCLEOSIS TEST, QUAL (006189)	86308	CPT	both			18	5.96	Horizon	PPO		6.89	38.28			5.18		17.1 percent of total billed charges	
MONONUCLEOSIS TEST, QUAL (006189)	86308	CPT	both			18	5.96	Horizon	Medicare Blue		5.4	30			5.18		17.1 percent of total billed charges	
MONONUCLEOSIS TEST, QUAL (006189)	86308	CPT	both			18	5.96	Horizon	NJ Health		5.88				5.18		17.1 fee schedule	
MONONUCLEOSIS TEST, QUAL (006189)	86308	CPT	both			18	5.96	Managed Care Inc	Managed Care Inc		16.2	90			5.18		17.1 percent of total billed charges	
MONONUCLEOSIS TEST, QUAL (006189)	86308	CPT	both			18	5.96	Multiplan	Multiplan		14.4	80			5.18		17.1 percent of total billed charges	
MONONUCLEOSIS TEST, QUAL (006189)	86308	CPT	both			18	5.96	Qualcare	Qualcare		13.5	75			5.18		17.1 percent of total billed charges	
MONONUCLEOSIS TEST, QUAL (006189)	86308	CPT	both			18	5.96	Three Rivers	Three Rivers		17.1	95			5.18		17.1 percent of total billed charges	
MONONUCLEOSIS TEST, QUAL (006189)	86308	CPT	both			18	5.96	UHC	Medicare		5.18				5.18		17.1 fee schedule	
MONONUCLEOSIS TEST, QUAL (006189)	86308	CPT	both			18	5.96	UHC	Medicaid		5.68	31.55			5.18		17.1 percent of total billed charges	
MONONUCLEOSIS TEST, QUAL (006189)	86308	CPT	both			18	5.96	Wellcare	Medicaid		5.68	31.55			5.18		17.1 percent of total billed charges	
MONONUCLEOSIS TEST, QUAL (006189)	86308	CPT	both			18	5.96	Wellcare	Medicare		5.18				5.18		17.1 fee schedule	
MONONUCLEOSIS TEST, QUAL (006189)	86308	CPT	both			18	5.96	WellPoint	WellPoint		5.79	32.18			5.18		17.1 percent of total billed charges	
S-100B.PROTEIN,SERUM(2001766)	86316	CPT	both			421	23.93	Aetna	Better Health		132.83	31.55			20.81		399.95 percent of total billed charges	
S-100B.PROTEIN,SERUM(2001766)	86316	CPT	both			421	23.93	Aetna	Medicare		20.81				20.81		399.95 fee schedule	
S-100B.PROTEIN,SERUM(2001766)	86316	CPT	both			421	23.93	Aetna	Commercial		159.98	38			20.81		399.95 percent of total billed charges	
S-100B.PROTEIN,SERUM(2001766)	86316	CPT	both			421	23.93	Americare	Americare		315.75	75			20.81		399.95 percent of total billed charges	
S-100B.PROTEIN,SERUM(2001766)	86316	CPT	both			421	23.93	Amerihealth	Medicare		20.81				20.81		399.95 fee schedule	
S-100B.PROTEIN,SERUM(2001766)	86316	CPT	both			421	23.93	Amerihealth	HMO/PPO		273.65	65			20.81		399.95 percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
S-100B.PROTEIN,SERUM(2001766)	86316	CPT	both			421	23.93	Consumer	Consumer		399.95				20.81		399.95 percent of total billed charges	
S-100B.PROTEIN,SERUM(2001766)	86316	CPT	both			421	23.93	Corrections	Corrections		336.8				20.81		399.95 percent of total billed charges	
S-100B.PROTEIN,SERUM(2001766)	86316	CPT	both			421	23.93	First Health	First Health		294.7				20.81		399.95 percent of total billed charges	
S-100B.PROTEIN,SERUM(2001766)	86316	CPT	both			421	23.93	First Trenton	First Trenton		378.9				20.81		399.95 percent of total billed charges	
S-100B.PROTEIN,SERUM(2001766)	86316	CPT	both			421	23.93	Horizon	MGD		161.16				38.28		399.95 percent of total billed charges	
S-100B.PROTEIN,SERUM(2001766)	86316	CPT	both			421	23.93	Horizon	Indemnity		161.16				38.28		399.95 percent of total billed charges	
S-100B.PROTEIN,SERUM(2001766)	86316	CPT	both			421	23.93	Horizon	Medicare Blue		126.3				30		399.95 percent of total billed charges	
S-100B.PROTEIN,SERUM(2001766)	86316	CPT	both			421	23.93	Horizon	NJ Health		54.88						399.95 fee schedule	
S-100B.PROTEIN,SERUM(2001766)	86316	CPT	both			421	23.93	Horizon	PPO		161.16				38.28		399.95 percent of total billed charges	
S-100B.PROTEIN,SERUM(2001766)	86316	CPT	both			421	23.93	Managed Care Inc	Managed Care Inc		378.9				90		399.95 percent of total billed charges	
S-100B.PROTEIN,SERUM(2001766)	86316	CPT	both			421	23.93	Multiplan	Multiplan		336.8				80		399.95 percent of total billed charges	
S-100B.PROTEIN,SERUM(2001766)	86316	CPT	both			421	23.93	Qualcare	Qualcare		315.75				75		399.95 percent of total billed charges	
S-100B.PROTEIN,SERUM(2001766)	86316	CPT	both			421	23.93	Three Rivers	Three Rivers		399.95				95		399.95 percent of total billed charges	
S-100B.PROTEIN,SERUM(2001766)	86316	CPT	both			421	23.93	UHC	Medicaid		132.83				31.55		399.95 percent of total billed charges	
S-100B.PROTEIN,SERUM(2001766)	86316	CPT	both			421	23.93	UHC	Medicare		20.81						399.95 fee schedule	
S-100B.PROTEIN,SERUM(2001766)	86316	CPT	both			421	23.93	Wellcare	Medicare		20.81						399.95 fee schedule	
S-100B.PROTEIN,SERUM(2001766)	86316	CPT	both			421	23.93	Wellcare	Medicaid		132.83				31.55		399.95 percent of total billed charges	
S-100B.PROTEIN,SERUM(2001766)	86316	CPT	both			421	23.93	WellPoint	WellPoint		135.48				32.18		399.95 percent of total billed charges	
TETANUS ANTITOXOID IGG AB	86317	CPT	both			746	17.24	Aetna	Better Health		235.36				31.55		706.7 percent of total billed charges	
TETANUS ANTITOXOID IGG AB	86317	CPT	both			746	17.24	Aetna	Medicare		229.77				30.8		706.7 percent of total billed charges	
TETANUS ANTITOXOID IGG AB	86317	CPT	both			746	17.24	Aetna	Commercial		283.48				38		706.7 percent of total billed charges	
TETANUS ANTITOXOID IGG AB	86317	CPT	both			746	17.24	Americare	Americare		559.5				75		706.7 percent of total billed charges	
TETANUS ANTITOXOID IGG AB	86317	CPT	both			746	17.24	Amerihealth	Medicare		14.99						706.7 fee schedule	
TETANUS ANTITOXOID IGG AB	86317	CPT	both			746	17.24	Amerihealth	HMO/PPO		484.9				65		706.7 percent of total billed charges	
TETANUS ANTITOXOID IGG AB	86317	CPT	both			746	17.24	Consumer	Consumer		708.7				95		706.7 percent of total billed charges	
TETANUS ANTITOXOID IGG AB	86317	CPT	both			746	17.24	Corrections	Corrections		596.8				80		706.7 percent of total billed charges	
TETANUS ANTITOXOID IGG AB	86317	CPT	both			746	17.24	First Health	First Health		522.2				70		706.7 percent of total billed charges	
TETANUS ANTITOXOID IGG AB	86317	CPT	both			746	17.24	First Trenton	First Trenton		671.4				90		706.7 percent of total billed charges	
TETANUS ANTITOXOID IGG AB	86317	CPT	both			746	17.24	Horizon	Indemnity		285.57				38.28		706.7 percent of total billed charges	
TETANUS ANTITOXOID IGG AB	86317	CPT	both			746	17.24	Horizon	MGD		285.57				38.28		706.7 percent of total billed charges	
TETANUS ANTITOXOID IGG AB	86317	CPT	both			746	17.24	Horizon	PPO		285.57				38.28		706.7 percent of total billed charges	
TETANUS ANTITOXOID IGG AB	86317	CPT	both			746	17.24	Horizon	Medicare Blue		223.8				30		706.7 percent of total billed charges	
TETANUS ANTITOXOID IGG AB	86317	CPT	both			746	17.24	Horizon	NJ Health		15.68						706.7 fee schedule	
TETANUS ANTITOXOID IGG AB	86317	CPT	both			746	17.24	Managed Care Inc	Managed Care Inc		671.4				90		706.7 percent of total billed charges	
TETANUS ANTITOXOID IGG AB	86317	CPT	both			746	17.24	Multiplan	Multiplan		596.8				80		706.7 percent of total billed charges	
TETANUS ANTITOXOID IGG AB	86317	CPT	both			746	17.24	Qualcare	Qualcare		559.5				75		706.7 percent of total billed charges	
TETANUS ANTITOXOID IGG AB	86317	CPT	both			746	17.24	Three Rivers	Three Rivers		708.7				95		706.7 percent of total billed charges	
TETANUS ANTITOXOID IGG AB	86317	CPT	both			746	17.24	UHC	Medicaid		235.36				31.55		706.7 percent of total billed charges	
TETANUS ANTITOXOID IGG AB	86317	CPT	both			746	17.24	UHC	Medicare		14.99						706.7 fee schedule	
TETANUS ANTITOXOID IGG AB	86317	CPT	both			746	17.24	Wellcare	Medicare		14.99						706.7 fee schedule	
TETANUS ANTITOXOID IGG AB	86317	CPT	both			746	17.24	Wellcare	Medicaid		235.36				31.55		706.7 percent of total billed charges	
TETANUS ANTITOXOID IGG AB	86317	CPT	both			746	17.24	WellPoint	WellPoint		240.06				32.18		706.7 percent of total billed charges	
TEICHOIC ACID AB	86329	CPT	outpatient			86	16.16	Aetna	Medicare		14.05						81.7 fee schedule	
TEICHOIC ACID AB	86329	CPT	outpatient			86	16.16	Aetna	Better Health		27.13				31.55		81.7 percent of total billed charges	
TEICHOIC ACID AB	86329	CPT	outpatient			86	16.16	Aetna	Commercial		32.68				38		81.7 percent of total billed charges	
TEICHOIC ACID AB	86329	CPT	outpatient			86	16.16	Americare	Americare		64.5				75		81.7 percent of total billed charges	
TEICHOIC ACID AB	86329	CPT	outpatient			86	16.16	Amerihealth	Medicare		14.05						81.7 fee schedule	
TEICHOIC ACID AB	86329	CPT	outpatient			86	16.16	Amerihealth	HMO/PPO		55.9				65		81.7 percent of total billed charges	
TEICHOIC ACID AB	86329	CPT	outpatient			86	16.16	Consumer	Consumer		81.7				95		81.7 percent of total billed charges	
TEICHOIC ACID AB	86329	CPT	outpatient			86	16.16	Corrections	Corrections		68.8				80		81.7 percent of total billed charges	
TEICHOIC ACID AB	86329	CPT	outpatient			86	16.16	First Health	First Health		60.2				70		81.7 percent of total billed charges	
TEICHOIC ACID AB	86329	CPT	outpatient			86	16.16	First Trenton	First Trenton		77.4				90		81.7 percent of total billed charges	
TEICHOIC ACID AB	86329	CPT	outpatient			86	16.16	Horizon	Indemnity		32.92				38.28		81.7 percent of total billed charges	
TEICHOIC ACID AB	86329	CPT	outpatient			86	16.16	Horizon	MGD		32.92				38.28		81.7 percent of total billed charges	
TEICHOIC ACID AB	86329	CPT	outpatient			86	16.16	Horizon	Medicare Blue		25.8				30		81.7 percent of total billed charges	
TEICHOIC ACID AB	86329	CPT	outpatient			86	16.16	Horizon	NJ Health		48.22						81.7 fee schedule	
TEICHOIC ACID AB	86329	CPT	outpatient			86	16.16	Horizon	PPO		32.92				38.28		81.7 percent of total billed charges	
TEICHOIC ACID AB	86329	CPT	outpatient			86	16.16	Managed Care Inc	Managed Care Inc		77.4				90		81.7 percent of total billed charges	
TEICHOIC ACID AB	86329	CPT	outpatient			86	16.16	Multiplan	Multiplan		68.8				80		81.7 percent of total billed charges	
TEICHOIC ACID AB	86329	CPT	outpatient			86	16.16	Qualcare	Qualcare		64.5				75		81.7 percent of total billed charges	
TEICHOIC ACID AB	86329	CPT	outpatient			86	16.16	Three Rivers	Three Rivers		81.7				95		81.7 percent of total billed charges	
TEICHOIC ACID AB	86329	CPT	outpatient			86	16.16	UHC	Medicaid		27.13				31.55		81.7 percent of total billed charges	
TEICHOIC ACID AB	86329	CPT	outpatient			86	16.16	UHC	Medicare		14.05						81.7 fee schedule	
TEICHOIC ACID AB	86329	CPT	outpatient			86	16.16	Wellcare	Medicaid		27.13				31.55		81.7 percent of total billed charges	
TEICHOIC ACID AB	86329	CPT	outpatient			86	16.16	Wellcare	Medicare		14.05						81.7 fee schedule	
TEICHOIC ACID AB	86329	CPT	outpatient			86	16.16	WellPoint	WellPoint		27.67				32.18		81.7 percent of total billed charges	
PIGEON SERUM IGG	86331	CPT	both			110	13.78	Aetna	Better Health		34.71				31.55		104.5 percent of total billed charges	
PIGEON SERUM IGG	86331	CPT	both			110	13.78	Aetna	Medicare		11.98						104.5 fee schedule	
PIGEON SERUM IGG	86331	CPT	both			110	13.78	Aetna	Commercial		41.8				38		104.5 percent of total billed charges	
PIGEON SERUM IGG	86331	CPT	both			110	13.78	Americare	Americare		82.5				75		104.5 percent of total billed charges	
PIGEON SERUM IGG	86331	CPT	both			110	13.78	Amerihealth	HMO/PPO		71.5				65		104.5 percent of total billed charges	
PIGEON SERUM IGG	86331	CPT	both			110	13.78	Amerihealth	Medicare		11.98						104.5 fee schedule	
PIGEON SERUM IGG	86331	CPT	both			110	13.78	Consumer	Consumer		104.5				95		104.5 percent of total billed charges	
PIGEON SERUM IGG	86331	CPT	both			110	13.78	Corrections	Corrections		88				80		104.5 percent of total billed charges	
PIGEON SERUM IGG	86331	CPT	both			110	13.78	First Health	First Health		77				70		104.5 percent of total billed charges	
PIGEON SERUM IGG	86331	CPT	both			110	13.78	First Trenton	First Trenton		99				90		104.5 percent of total billed charges	
PIGEON SERUM IGG	86331	CPT	both			110	13.78	Horizon	NJ Health		8.82						104.5 fee schedule	
PIGEON SERUM IGG	86331	CPT	both			110	13.78	Horizon	MGD		42.11				38.28		104.5 percent of total billed charges	
PIGEON SERUM IGG	86331	CPT	both			110	13.78	Horizon	Indemnity		42.11				38.28		104.5 percent of total billed charges	
PIGEON SERUM IGG	86331	CPT	both			110	13.78	Horizon	PPO		42.11				38.28		104.5 percent of total billed charges	
PIGEON SERUM IGG	86331	CPT	both			110	13.78	Horizon	Medicare Blue		33				30		104.5 percent of total billed charges	
PIGEON SERUM IGG	86331	CPT	both			110	13.78	Managed Care Inc	Managed Care Inc		99				90		104.5 percent of total billed charges	
PIGEON SERUM IGG	86331	CPT	both			110	13.78	Multiplan	Multiplan		88				80		104.5 percent of total billed charges	
PIGEON SERUM IGG	86331	CPT	both			110	13.78	Qualcare	Qualcare		82.5				75		104.5 percent of total billed charges	
PIGEON SERUM IGG	86331	CPT	both			110	13.78	Three Rivers	Three Rivers		104.5				95		104.5 percent of total billed charges	
PIGEON SERUM IGG	86331	CPT	both			110	13.78	UHC	Medicaid		34.71				31.55		104.5 percent of total billed charges	
PIGEON SERUM IGG	86331	CPT	both			110	13.78	UHC	Medicare		11.98						104.5 fee schedule	
PIGEON SERUM IGG	86331	CPT	both			110	13.78	Wellcare	Medicare		11.98						104.5 fee schedule	
PIGEON SERUM IGG	86331	CPT	both			110	13.78	Wellcare	Medicaid		34.71				31.55		104.5 percent of total billed charges	
PIGEON SERUM IGG	86331	CPT	both			110	13.78	WellPoint	WellPoint		35.4				32.18		104.5 percent of total billed charges	
IMMUNE COMPLEXES, C1Q BINDING	86332	CPT	both			139	28.03	Aetna	Medicare		24.37						132.05 fee schedule	
IMMUNE COMPLEXES, C1Q BINDING	86332	CPT	both			139	28.03	Aetna	Commercial		52.82				38		132.05 percent of total billed charges	
IMMUNE COMPLEXES, C1Q BINDING	86332	CPT	both			139	28.03	Aetna	Better Health		43.85				31.55		132.05 percent of total billed charges	
IMMUNE COMPLEXES, C1Q BINDING	86332	CPT	both			139	28.03	Americare	Americare		104.25				75		132.05 percent of total billed charges	
IMMUNE COMPLEXES, C1Q BINDING	86332	CPT	both			139	28.03	Amerihealth	HMO/PPO		90.35				65		132.05 percent of total billed charges	
IMMUNE COMPLEXES, C1Q BINDING	86332	CPT	both			139	28.03	Amerihealth	Medicare		24.37						132.05 fee schedule	
IMMUNE COMPLEXES, C1Q BINDING	86332	CPT	both			139	28.03	Consumer	Consumer		132.05				95		132.05 percent of total billed charges	
IMMUNE COMPLEXES, C1Q BINDING	86332	CPT	both			139	28.03	Corrections	Corrections		111.2				80		132.05 percent of total billed charges	
IMMUNE COMPLEXES, C1Q BINDING	86332	CPT	both			139	28.03	First Health	First Health		97.3				70		132.05 percent of total billed charges	
IMMUNE COMPLEXES, C1Q BINDING	86332	CPT	both			139	28.03	First Trenton	First Trenton		125.1				90		132.05 percent of total billed charges	
IMMUNE COMPLEXES, C1Q BINDING	86332	CPT	both			139	28.03	Horizon	NJ Health		64.68						132.05 fee schedule	
IMMUNE COMPLEXES, C1Q BINDING	86332	CPT	both			139	28.03	Horizon	Indemnity		53.21				38.28		132.05 percent of total billed charges	
IMMUNE COMPLEXES, C1Q BINDING	86332	CPT	both			139	28.03	Horizon	Medicare Blue		41.7				30		132.05 percent of total billed charges	
IMMUNE COMPLEXES, C1Q BINDING	86332	CPT	both			139	28.03	Horizon	MGD		53.21				38.28		132.05 percent of total billed charges	
IMMUNE COMPLEXES, C1Q BINDING	86332	CPT	both			139	28.03	Horizon	PPO		53.21				38.28		132.05 percent of total billed charges	
IMMUNE COMPLEXES, C1Q BINDING	86332	CPT	both			139	28.03	Managed Care Inc	Managed Care Inc		125.1				90		132.05 percent of total billed charges	
IMMUNE COMPLEXES, C1Q BINDING	86332	CPT	both			139	28.03	Multiplan	Multiplan		111.2				80		132.05 percent of total billed charges	
IMMUNE COMPLEXES, C1Q BINDING	86332	CPT	both			139	28.03	Qualcare	Qualcare		104.25				75		132.05 percent of total billed charges	
IMMUNE COMPLEXES, C1Q BINDING	86332	CPT	both			139	28.03	Three Rivers	Three Rivers		132.05				95		132.05 percent of total billed charges	
IMMUNE COMPLEXES, C1Q BINDING	86332	CPT	both			139	28.03	UHC	Medicaid		43.85				31.55		132.05 percent of total billed charges	
IMMUNE COMPLEXES, C1Q BINDING	86332	CPT	both			139	28.03	UHC	Medicare		24.37						132.05 fee schedule	
IMMUNE COMPLEXES, C1Q BINDING	86332	CPT	both			139	28.03	Wellcare	Medicare		24.37						132.05 fee schedule	
IMMUNE COMPLEXES, C1Q BINDING	86332	CPT	both			139	28.03	Wellcare	Medicaid		43.85				31.55		132.05 percent of total billed charges	
IMMUNE COMPLEXES, C1Q BINDING	86332	CPT	both			139	28.03	WellPoint	WellPoint		44.73				32.18		132.05 percent of total billed charges	
IMMUNOFLIXATION ELECTROPHORESIS	86334	CPT	both			305	25.69	Aetna	Better Health		96.23				31.55		289.75 percent of total billed charges	
IMMUNOFLIXATION ELECTROPHORESIS	86334	CPT	both			305	25.69	Aetna	Medicare		22.34						289.75 fee schedule	
IMMUNOFLIXATION ELECTROPHORESIS	86334	CPT	both			305	25.69	Aetna	Commercial		115.9				38		289.75 percent of total billed charges	
IMMUNOFLIXATION ELECTROPHORESIS	86334	CPT	both			305	25.69	Americare	Americare		228.75				75		289.75 percent of total billed charges	
IMMUNOFLIXATION ELECTROPHORESIS	86334	CPT	both			305	25.69	Amerihealth	HMO/PPO		198.25				65		289.75 percent of total billed charges	
IMMUNOFLIXATION ELECTROPHORESIS	86334	CPT	both			305	25.69	Amerihealth	Medicare		22.34						289.75 fee schedule	
IMMUNOFLIXATION ELECTROPHORESIS	86334	CPT	both			305	25.69	Consumer	Consumer		289.75				95		289.75 percent of total billed charges	
IMMUNOFLIXATION ELECTROPHORESIS	86334	CPT	both			305	25.69	Corrections	Corrections		244				80		289.75 percent of total billed charges	
IMMUNOFLIXATION ELECTROPHORESIS	86334	CPT	both			305	25.69	First Health	First Health		213.5				70		289.75 percent of total billed charges	
IMMUNOFLIXATION ELECTROPHORESIS	86334	CPT	both			305	25.69	First Trenton	First Trenton		274.5				90		289.75 percent of total billed charges	
IMMUNOFLIXATION ELECTROPHORESIS	86334	CPT	both			305	25.69	Horizon	Indemnity		116.75				38.28		289.75 percent of total billed charges	
IMMUNOFLIXATION ELECTROPHORESIS	86334	CPT	both			305	25.69	Horizon	PPO		116.75				38.28		289.75 percent of total billed charges	
IMMUNOFLIXATION ELECTROPHORESIS	86334	CPT	both			305	25.69	Horizon	MGD		116.75				38.28		289.75 percent of total billed charges	
IMMUNOFLIXATION ELECTROPHORESIS	86334	CPT	both			305	25.69	Horizon	Medicare Blue		91.5				30		289.75 percent of total billed charges	
IMMUNOFLIXATION ELECTROPHORESIS	86334	CPT	both			305	25.69	Horizon	NJ Health		58.8						289.75 fee schedule	
IMMUNOFLIXATION ELECTROPHORESIS	86334	CPT	both			305	25.69	Managed Care Inc	Managed Care Inc		274.5				90		289.75 percent of total billed charges	
IMMUNOFLIXATION ELECTROPHORESIS	86334	CPT	both			305	25.69	Multiplan	Multiplan		244				80		289.75 percent of total billed charges	
IMMUNOFLIXATION ELECTROPHORESIS	86334	CPT	both			305	25.69	Qualcare	Qualcare		228.75				75		289.75 percent of total billed charges	
IMMUNOFLIXATION ELECTROPHORESIS	86334	CPT	both			305	25.69	Three Rivers	Three Rivers		289.75				95		289.75 percent of total billed charges	
IMMUNOFLIXATION ELECTROPHORESIS	86334	CPT	both			305	25.69	UHC	Medicaid		96.23				31.55		289.75 percent of total billed charges	
IMMUNOFLIXATION ELECTROPHORESIS	86334	CPT	both			305	25.69	UHC	Medicare		22.34						289.75 fee schedule	
IMMUNOFLIXATION ELECTROPHORESIS	86334	CPT	both			305	25.69	Wellcare	Medicare		22.34						289.75 fee schedule	
IMMUNOFLIXATION ELECTROPHORESIS	86334	CPT	both			305	25.69	Wellcare	Medicaid		96.23				31.55		289.75 percent of total billed charges	
IMMUNOFLIXATION ELECTROPHORESIS	86334	CPT	both			305	25.69	WellPoint	WellPoint		98.15				32.18		289.75 percent of total billed charges	
U IFE & PE RANDOM	86335	CPT	both			283	33.75	Aetna	Medicare		29.35						268.85 fee schedule	
U IFE & PE RANDOM	86335	CPT	both			283	33.75	Aetna	Commercial		107.54				38		268.85 percent of total billed charges	
U IFE & PE RANDOM	86335	CPT	both			283	33.75	Aetna	Better Health		89.29				31.55		268.85 percent of total billed charges	
U IFE & PE RANDOM	86335	CPT	both			283	33.75	Americare	Americare		212.25				75		268.85 percent of total billed charges	
U IFE & PE RANDOM	86335	CPT	both			283	33.75	Amerihealth	HMO/PPO		183.95				65		268.85 percent of total billed charges	
U IFE & PE RANDOM	86335	CPT	both			283	33.75	Amerihealth	Medicare		29.35						268.85 fee schedule	
U IFE & PE RANDOM	86335	CPT	both			283	33.75	Consumer	Consumer		268.85				95		268.85 percent of total billed charges	
U IFE & PE RANDOM	86335	CPT	both			283	33.75	Corrections	Corrections		226.4				80		268.85 percent of total billed charges	
U IFE & PE RANDOM	86335	CPT	both			283	33.75	First Health	First Health		198.1				70		268.85 percent of total billed charges	
U IFE & PE RANDOM	86335	CPT	both			283	33.75	First Trenton	First Trenton		254.7				90		268.85 percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
U IFE & PE RANDOM	86335	CPT	both			283		33.75 Horizon	Medicare Blue		84.9	30			16.2	268.85	percent of total billed charges	
U IFE & PE RANDOM	86335	CPT	both			283		33.75 Horizon	Indemnity		108.33	38.28			16.2	268.85	percent of total billed charges	
U IFE & PE RANDOM	86335	CPT	both			283		33.75 Horizon	MGD		108.33	38.28			16.2	268.85	percent of total billed charges	
U IFE & PE RANDOM	86335	CPT	both			283		33.75 Horizon	NJ Health		64.29				16.2	268.85	fee schedule	
U IFE & PE RANDOM	86335	CPT	both			283		33.75 Horizon	PPO		108.33	38.28			16.2	268.85	percent of total billed charges	
U IFE & PE RANDOM	86335	CPT	both			283		33.75 Managed Care Inc	Managed Care Inc		254.7	90			16.2	268.85	percent of total billed charges	
U IFE & PE RANDOM	86335	CPT	both			283		33.75 Multiplan	Multiplan		226.4	80			16.2	268.85	percent of total billed charges	
U IFE & PE RANDOM	86335	CPT	both			283		33.75 Qualcare	Qualcare		212.25	75			16.2	268.85	percent of total billed charges	
U IFE & PE RANDOM	86335	CPT	both			283		33.75 Three Rivers	Three Rivers		268.85	95			16.2	268.85	percent of total billed charges	
U IFE & PE RANDOM	86335	CPT	both			283		33.75 UHC	Medicare		29.35				16.2	268.85	fee schedule	
U IFE & PE RANDOM	86335	CPT	both			283		33.75 UHC	Medicaid		89.29	31.55			16.2	268.85	percent of total billed charges	
U IFE & PE RANDOM	86335	CPT	both			283		33.75 Wellcare	Medicare		29.35				16.2	268.85	fee schedule	
U IFE & PE RANDOM	86335	CPT	both			283		33.75 Wellcare	Medicaid		89.29	31.55			16.2	268.85	percent of total billed charges	
U IFE & PE RANDOM	86335	CPT	both			283		33.75 WellPoint	WellPoint		91.07	32.18			16.2	268.85	percent of total billed charges	
INHIBIN A, ULTRA (146803)	86336	CPT	both			516		17.93 Aetna	Medicare		159.54	30.8			15.59	492.1	percent of total billed charges	
INHIBIN A, ULTRA (146803)	86336	CPT	both			518		17.93 Aetna	Better Health		163.43	31.55			15.59	492.1	percent of total billed charges	
INHIBIN A, ULTRA (146803)	86336	CPT	both			518		17.93 Aetna	Commercial		196.84	38			15.59	492.1	percent of total billed charges	
INHIBIN A, ULTRA (146803)	86336	CPT	both			518		17.93 Americare	Americare		388.5	75			15.59	492.1	percent of total billed charges	
INHIBIN A, ULTRA (146803)	86336	CPT	both			518		17.93 Amerihealth	HMO/PPO		336.7	65			15.59	492.1	percent of total billed charges	
INHIBIN A, ULTRA (146803)	86336	CPT	both			518		17.93 Amerihealth	Medicare		15.59				15.59	492.1	fee schedule	
INHIBIN A, ULTRA (146803)	86336	CPT	both			518		17.93 Consumer	Consumer		492.1	95			15.59	492.1	percent of total billed charges	
INHIBIN A, ULTRA (146803)	86336	CPT	both			518		17.93 Corrections	Corrections		414.4	80			15.59	492.1	percent of total billed charges	
INHIBIN A, ULTRA (146803)	86336	CPT	both			516		17.93 First Health	First Health		362.6	70			15.59	492.1	percent of total billed charges	
INHIBIN A, ULTRA (146803)	86336	CPT	both			518		17.93 First Trenton	First Trenton		466.2	90			15.59	492.1	percent of total billed charges	
INHIBIN A, ULTRA (146803)	86336	CPT	both			518		17.93 Horizon	Medicare Blue		155.4	30			15.59	492.1	percent of total billed charges	
INHIBIN A, ULTRA (146803)	86336	CPT	both			516		17.93 Horizon	Indemnity		198.29	38.28			15.59	492.1	percent of total billed charges	
INHIBIN A, ULTRA (146803)	86336	CPT	both			516		17.93 Horizon	MGD		198.29	38.28			15.59	492.1	percent of total billed charges	
INHIBIN A, ULTRA (146803)	86336	CPT	both			518		17.93 Horizon	NJ Health		17.31				15.59	492.1	fee schedule	
INHIBIN A, ULTRA (146803)	86336	CPT	both			518		17.93 Horizon	PPO		198.29	38.28			15.59	492.1	percent of total billed charges	
INHIBIN A, ULTRA (146803)	86336	CPT	both			518		17.93 Managed Care Inc	Managed Care Inc		466.2	90			15.59	492.1	percent of total billed charges	
INHIBIN A, ULTRA (146803)	86336	CPT	both			518		17.93 Multiplan	Multiplan		414.4	80			15.59	492.1	percent of total billed charges	
INHIBIN A, ULTRA (146803)	86336	CPT	both			518		17.93 Qualcare	Qualcare		388.5	75			15.59	492.1	percent of total billed charges	
INHIBIN A, ULTRA (146803)	86336	CPT	both			518		17.93 Three Rivers	Three Rivers		492.1	95			15.59	492.1	percent of total billed charges	
INHIBIN A, ULTRA (146803)	86336	CPT	both			516		17.93 UHC	Medicare		15.59				15.59	492.1	fee schedule	
INHIBIN A, ULTRA (146803)	86336	CPT	both			518		17.93 UHC	Medicaid		163.43	31.55			15.59	492.1	percent of total billed charges	
INHIBIN A, ULTRA (146803)	86336	CPT	both			518		17.93 Wellcare	Medicaid		163.43	31.55			15.59	492.1	percent of total billed charges	
INHIBIN A, ULTRA (146803)	86336	CPT	both			518		17.93 Wellcare	Medicare		15.59				15.59	492.1	fee schedule	
INHIBIN A, ULTRA (146803)	86336	CPT	both			516		17.93 WellPoint	WellPoint		166.69	32.18			15.59	492.1	percent of total billed charges	
INSULIN ANTIBODIES	86337	CPT	both			73		24.62 Aetna	Medicare		21.41				15.3	69.35	fee schedule	
INSULIN ANTIBODIES	86337	CPT	both			73		24.62 Aetna	Better Health		23.03	31.55			15.3	69.35	percent of total billed charges	
INSULIN ANTIBODIES	86337	CPT	both			73		24.62 Aetna	Commercial		27.74	38			15.3	69.35	percent of total billed charges	
INSULIN ANTIBODIES	86337	CPT	both			73		24.62 Americare	Americare		54.75	75			15.3	69.35	percent of total billed charges	
INSULIN ANTIBODIES	86337	CPT	both			73		24.62 Amerihealth	HMO/PPO		47.45	65			15.3	69.35	percent of total billed charges	
INSULIN ANTIBODIES	86337	CPT	both			73		24.62 Amerihealth	Medicare		21.41				15.3	69.35	fee schedule	
INSULIN ANTIBODIES	86337	CPT	both			73		24.62 Consumer	Consumer		69.35	95			15.3	69.35	percent of total billed charges	
INSULIN ANTIBODIES	86337	CPT	both			73		24.62 Corrections	Corrections		58.4	80			15.3	69.35	percent of total billed charges	
INSULIN ANTIBODIES	86337	CPT	both			73		24.62 First Health	First Health		51.1	70			15.3	69.35	percent of total billed charges	
INSULIN ANTIBODIES	86337	CPT	both			73		24.62 First Trenton	First Trenton		65.7	90			15.3	69.35	percent of total billed charges	
INSULIN ANTIBODIES	86337	CPT	both			73		24.62 Horizon	Medicare Blue		21.9	30			15.3	69.35	percent of total billed charges	
INSULIN ANTIBODIES	86337	CPT	both			73		24.62 Horizon	Indemnity		27.94	38.28			15.3	69.35	percent of total billed charges	
INSULIN ANTIBODIES	86337	CPT	both			73		24.62 Horizon	MGD		27.94	38.28			15.3	69.35	percent of total billed charges	
INSULIN ANTIBODIES	86337	CPT	both			73		24.62 Horizon	NJ Health		29.56				15.3	69.35	fee schedule	
INSULIN ANTIBODIES	86337	CPT	both			73		24.62 Horizon	PPO		27.94	38.28			15.3	69.35	percent of total billed charges	
INSULIN ANTIBODIES	86337	CPT	both			73		24.62 Managed Care Inc	Managed Care Inc		65.7	90			15.3	69.35	percent of total billed charges	
INSULIN ANTIBODIES	86337	CPT	both			73		24.62 Multiplan	Multiplan		58.4	80			15.3	69.35	percent of total billed charges	
INSULIN ANTIBODIES	86337	CPT	both			73		24.62 Qualcare	Qualcare		54.75	75			15.3	69.35	percent of total billed charges	
INSULIN ANTIBODIES	86337	CPT	both			73		24.62 Three Rivers	Three Rivers		69.35	95			15.3	69.35	percent of total billed charges	
INSULIN ANTIBODIES	86337	CPT	both			73		24.62 UHC	Medicare		21.41				15.3	69.35	fee schedule	
INSULIN ANTIBODIES	86337	CPT	both			73		24.62 UHC	Medicaid		23.03	31.55			15.3	69.35	percent of total billed charges	
INSULIN ANTIBODIES	86337	CPT	both			73		24.62 Wellcare	Medicaid		23.03	31.55			15.3	69.35	percent of total billed charges	
INSULIN ANTIBODIES	86337	CPT	both			73		24.62 Wellcare	Medicare		21.41				15.3	69.35	fee schedule	
INSULIN ANTIBODIES	86337	CPT	both			73		24.62 WellPoint	WellPoint		23.49	32.18			15.3	69.35	percent of total billed charges	
INTRINSIC FACTOR BLOCK AB	86340	CPT	both			300		17.34 Aetna	Better Health		94.65	31.55			10.2	285	percent of total billed charges	
INTRINSIC FACTOR BLOCK AB	86340	CPT	both			300		17.34 Aetna	Medicare		92.4	30.8			10.2	285	percent of total billed charges	
INTRINSIC FACTOR BLOCK AB	86340	CPT	both			300		17.34 Aetna	Commercial		114	38			10.2	285	percent of total billed charges	
INTRINSIC FACTOR BLOCK AB	86340	CPT	both			300		17.34 Americare	Americare		225	75			10.2	285	percent of total billed charges	
INTRINSIC FACTOR BLOCK AB	86340	CPT	both			300		17.34 Amerihealth	HMO/PPO		195	65			10.2	285	percent of total billed charges	
INTRINSIC FACTOR BLOCK AB	86340	CPT	both			300		17.34 Amerihealth	Medicare		15.08				10.2	285	fee schedule	
INTRINSIC FACTOR BLOCK AB	86340	CPT	both			300		17.34 Consumer	Consumer		285	95			10.2	285	percent of total billed charges	
INTRINSIC FACTOR BLOCK AB	86340	CPT	both			300		17.34 Corrections	Corrections		240	80			10.2	285	percent of total billed charges	
INTRINSIC FACTOR BLOCK AB	86340	CPT	both			300		17.34 First Health	First Health		210	70			10.2	285	percent of total billed charges	
INTRINSIC FACTOR BLOCK AB	86340	CPT	both			300		17.34 First Trenton	First Trenton		270	90			10.2	285	percent of total billed charges	
INTRINSIC FACTOR BLOCK AB	86340	CPT	both			300		17.34 Horizon	Medicare Blue		90	30			10.2	285	percent of total billed charges	
INTRINSIC FACTOR BLOCK AB	86340	CPT	both			300		17.34 Horizon	MGD		114.84	38.28			10.2	285	percent of total billed charges	
INTRINSIC FACTOR BLOCK AB	86340	CPT	both			300		17.34 Horizon	NJ Health		43.12				10.2	285	fee schedule	
INTRINSIC FACTOR BLOCK AB	86340	CPT	both			300		17.34 Horizon	Indemnity		114.84	38.28			10.2	285	percent of total billed charges	
INTRINSIC FACTOR BLOCK AB	86340	CPT	both			300		17.34 Horizon	PPO		114.84	38.28			10.2	285	percent of total billed charges	
INTRINSIC FACTOR BLOCK AB	86340	CPT	both			300		17.34 Managed Care Inc	Managed Care Inc		270	90			10.2	285	percent of total billed charges	
INTRINSIC FACTOR BLOCK AB	86340	CPT	both			300		17.34 Multiplan	Multiplan		240	80			10.2	285	percent of total billed charges	
INTRINSIC FACTOR BLOCK AB	86340	CPT	both			300		17.34 Qualcare	Qualcare		225	75			10.2	285	percent of total billed charges	
INTRINSIC FACTOR BLOCK AB	86340	CPT	both			300		17.34 Three Rivers	Three Rivers		285	95			10.2	285	percent of total billed charges	
INTRINSIC FACTOR BLOCK AB	86340	CPT	both			300		17.34 UHC	Medicare		15.08				10.2	285	fee schedule	
INTRINSIC FACTOR BLOCK AB	86340	CPT	both			300		17.34 UHC	Medicaid		94.65	31.55			10.2	285	percent of total billed charges	
INTRINSIC FACTOR BLOCK AB	86340	CPT	both			300		17.34 Wellcare	Medicare		15.08				10.2	285	fee schedule	
INTRINSIC FACTOR BLOCK AB	86340	CPT	both			300		17.34 Wellcare	Medicaid		94.65	31.55			10.2	285	percent of total billed charges	
INTRINSIC FACTOR BLOCK AB	86340	CPT	both			300		17.34 WellPoint	WellPoint		96.54	32.18			10.2	285	percent of total billed charges	
ZNT8 ANTIBODIES	86341	CPT	both			992		27.11 Aetna	Better Health		312.98	31.55			16.5	942.4	percent of total billed charges	
ZNT8 ANTIBODIES	86341	CPT	both			992		27.11 Aetna	Medicare		23.57				16.5	942.4	fee schedule	
ZNT8 ANTIBODIES	86341	CPT	both			992		27.11 Aetna	Commercial		376.96	38			16.5	942.4	percent of total billed charges	
ZNT8 ANTIBODIES	86341	CPT	both			992		27.11 Americare	Americare		744	75			16.5	942.4	percent of total billed charges	
ZNT8 ANTIBODIES	86341	CPT	both			992		27.11 Amerihealth	HMO/PPO		644.8	65			16.5	942.4	percent of total billed charges	
ZNT8 ANTIBODIES	86341	CPT	both			992		27.11 Amerihealth	Medicare		23.57				16.5	942.4	fee schedule	
ZNT8 ANTIBODIES	86341	CPT	both			992		27.11 Consumer	Consumer		942.4	95			16.5	942.4	percent of total billed charges	
ZNT8 ANTIBODIES	86341	CPT	both			992		27.11 Corrections	Corrections		793.6	80			16.5	942.4	percent of total billed charges	
ZNT8 ANTIBODIES	86341	CPT	both			992		27.11 First Health	First Health		694.4	70			16.5	942.4	percent of total billed charges	
ZNT8 ANTIBODIES	86341	CPT	both			992		27.11 First Trenton	First Trenton		892.8	90			16.5	942.4	percent of total billed charges	
ZNT8 ANTIBODIES	86341	CPT	both			992		27.11 Horizon	MGD		379.74	38.28			16.5	942.4	percent of total billed charges	
ZNT8 ANTIBODIES	86341	CPT	both			992		27.11 Horizon	Indemnity		379.74	38.28			16.5	942.4	percent of total billed charges	
ZNT8 ANTIBODIES	86341	CPT	both			992		27.11 Horizon	NJ Health		49				16.5	942.4	fee schedule	
ZNT8 ANTIBODIES	86341	CPT	both			992		27.11 Horizon	Medicare Blue		297.6	30			16.5	942.4	percent of total billed charges	
ZNT8 ANTIBODIES	86341	CPT	both			992		27.11 Horizon	PPO		379.74	38.28			16.5	942.4	percent of total billed charges	
ZNT8 ANTIBODIES	86341	CPT	both			992		27.11 Managed Care Inc	Managed Care Inc		892.8	90			16.5	942.4	percent of total billed charges	
ZNT8 ANTIBODIES	86341	CPT	both			992		27.11 Multiplan	Multiplan		793.6	80			16.5	942.4	percent of total billed charges	
ZNT8 ANTIBODIES	86341	CPT	both			992		27.11 Qualcare	Qualcare		744	75			16.5	942.4	percent of total billed charges	
ZNT8 ANTIBODIES	86341	CPT	both			992		27.11 Three Rivers	Three Rivers		942.4	95			16.5	942.4	percent of total billed charges	
ZNT8 ANTIBODIES	86341	CPT	both			992		27.11 UHC	Medicaid		312.98	31.55			16.5	942.4	percent of total billed charges	
ZNT8 ANTIBODIES	86341	CPT	both			992		27.11 UHC	Medicare		23.57				16.5	942.4	fee schedule	
ZNT8 ANTIBODIES	86341	CPT	both			992		27.11 Wellcare	Medicare		23.57				16.5	942.4	fee schedule	
ZNT8 ANTIBODIES	86341	CPT	both			992		27.11 Wellcare	Medicaid		312.98	31.55			16.5	942.4	percent of total billed charges	
ZNT8 ANTIBODIES	86341	CPT	both			992		27.11 WellPoint	WellPoint		319.23	32.18			16.5	942.4	percent of total billed charges	
CHRONIC URTICARIA	86343	CPT	outpatient			599		14.33 Aetna	Better Health		188.98	31.55			12.46	569.05	percent of total billed charges	
CHRONIC URTICARIA	86343	CPT	outpatient			599		14.33 Aetna	Medicare		12.46				12.46	569.05	fee schedule	
CHRONIC URTICARIA	86343	CPT	outpatient			599		14.33 Aetna	Commercial		227.62	38			12.46	569.05	percent of total billed charges	
CHRONIC URTICARIA	86343	CPT	outpatient			599		14.33 Americare	Americare		449.25	75			12.46	569.05	percent of total billed charges	
CHRONIC URTICARIA	86343	CPT	outpatient			599		14.33 Amerihealth	HMO/PPO		389.35	65			12.46	569.05	percent of total billed charges	
CHRONIC URTICARIA	86343	CPT	outpatient			599		14.33 Amerihealth	Medicare		12.46				12.46	569.05	fee schedule	
CHRONIC URTICARIA	86343	CPT	outpatient			599		14.33 Consumer	Consumer		569.05	95			12.46	569.05	percent of total billed charges	
CHRONIC URTICARIA	86343	CPT	outpatient			599		14.33 Corrections	Corrections		479.2	80			12.46	569.05	percent of total billed charges	
CHRONIC URTICARIA	86343	CPT	outpatient			599		14.33 First Health	First Health		419.3	70			12.46	569.05	percent of total billed charges	
CHRONIC URTICARIA	86343	CPT	outpatient			599		14.33 First Trenton	First Trenton		539.1	90			12.46	569.05	percent of total billed charges	
CHRONIC URTICARIA	86343	CPT	outpatient			599		14.33 Horizon	Medicare Blue		179.7	30			12.46	569.05	percent of total billed charges	
CHRONIC URTICARIA	86343	CPT	outpatient			599		14.33 Horizon	Indemnity		229.3	38.28			12.46	569.05	percent of total billed charges	
CHRONIC URTICARIA	86343	CPT	outpatient			599		14.33 Horizon	MGD		229.3	38.28			12.46	569.05	percent of total billed charges	
CHRONIC URTICARIA	86343	CPT	outpatient			599		14.33 Horizon	NJ Health		12.94				12.46	569.05	fee schedule	
CHRONIC URTICARIA	86343	CPT	outpatient			599		14.33 Horizon	PPO		229.3	38.28			12.46	569.05	percent of total billed charges	
CHRONIC URTICARIA	86343	CPT	outpatient			599		14.33 Managed Care Inc	Managed Care Inc		539.1	90			12.46	569.05	percent of total billed charges	
CHRONIC URTICARIA	86343	CPT	outpatient			599		14.33 Multiplan	Multiplan		479.2	80			12.46	569.05	percent of total billed charges	
CHRONIC URTICARIA	86343	CPT	outpatient			599		14.33 Qualcare	Qualcare		449.25	75			12.46	569.05	percent of total billed charges	
CHRONIC URTICARIA	86343	CPT	outpatient			599		14.33 Three Rivers	Three Rivers		569.05	95			12.46	569.05	percent of total billed charges	
CHRONIC URTICARIA	86343	CPT	outpatient			599		14.33 UHC	Medicaid		188.98	31.55			12.46	569.05	percent of total billed charges	
CHRONIC URTICARIA	86343	CPT	outpatient			599		14.33 UHC	Medicare		12.46				12.46	569.05	fee schedule	
CHRONIC URTICARIA	86343	CPT	outpatient			599		14.33 Wellcare	Medicaid		188.98	31.55			12.46	569.05	percent of total billed charges	
CHRONIC URTICARIA	86343	CPT	outpatient			599		14.33 Wellcare	Medicare		12.46				12.46	569.05	fee schedule	
CHRONIC URTICARIA	86343	CPT	outpatient			599		14.33 WellPoint	WellPoint		192.76	32.18			12.46	569.05	percent of total billed charges	
LEUKOCYTE PHAGOCYTOSIS	86344	CPT	outpatient			96		11.95 Aetna	Medicare		10.39				10.39	91.2	fee schedule	
LEUKOCYTE PHAGOCYTOSIS	86344	CPT	outpatient			96		11.95 Aetna	Better Health		30.29	31.55			10.39	91.2	percent of total billed charges	
LEUKOCYTE PHAGOCYTOSIS	86344	CPT	outpatient			96		11.95 Aetna	Commercial		36.48	38			10.39	91.2	percent of total billed charges	
LEUKOCYTE PHAGOCYTOSIS	86344	CPT	outpatient			96		11.95 Americare	Americare		72	75			10.39	91.2	percent of total billed charges	
LEUKOCYTE PHAGOCYTOSIS	86344	CPT	outpatient			96		11.95 Amerihealth	Medicare		10.39				10.39	91.2	fee schedule	
LEUKOCYTE PHAGOCYTOSIS	86344	CPT	outpatient			96		11.95 Amerihealth	HMO/PPO		62.4	65			10.39	91.2	percent of total billed charges	
LEUKOCYTE PHAGOCYTOSIS	86344	CPT	outpatient			96		11.95 Consumer	Consumer		91.2	95			10.39	91.2	percent of total billed charges	
LEUKOCYTE PHAGOCYTOSIS	86344	CPT	outpatient			96		11.95 Corrections	Corrections		76.8	80			10.39	91.2	percent of total billed charges	
LEUKOCYTE PHAGOCYTOSIS	86344	CPT	outpatient			96		11.95 First Health	First Health		67.2	70			10.39	91.2	percent of total billed charges	
LEUKOCYTE PHAGOCYTOSIS	86344	CPT	outpatient			96		11.95 First Trenton	First Trenton		86.4	90			10.39	91.2	percent of total billed charges	
LEUKOCYTE PHAGOCYTOSIS	86344	CPT	outpatient			96		11.95 Horizon	Indemnity		36.75	38.28			10.39	91.2	percent of total billed charges	
LEUKOCYTE PHAGOCYTOSIS	86344	CPT	outpatient			96		11.95 Horizon	Medicare Blue		28.8	30			10.39	91.2	percent of total billed charges	
LEUKOCYTE PHAGOCYTOSIS	86344	CPT	outpatient			96		11.95 Horizon	NJ Health		23.42				10.39	91.2	fee schedule	
LEUKOCYTE PHAGOCYTOSIS	86344	CPT	outpatient			96		11.95 Horizon	MGD		36.75	38.28			10.39	91.2	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.																	
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true																
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes			
LEUKOCYTE PHAGOCYTOSIS	86344	CPT	outpatient			96	11.95	Horizon	PPO		36.75	38.28			10.39	91.2	percent of total billed charges					
LEUKOCYTE PHAGOCYTOSIS	86344	CPT	outpatient			96	11.95	Managed Care Inc	Managed Care Inc		86.4	90			10.39	91.2	percent of total billed charges					
LEUKOCYTE PHAGOCYTOSIS	86344	CPT	outpatient			96	11.95	Multiplan	Multiplan		76.8	80			10.39	91.2	percent of total billed charges					
LEUKOCYTE PHAGOCYTOSIS	86344	CPT	outpatient			96	11.95	Qualcare	Qualcare		72	75			10.39	91.2	percent of total billed charges					
LEUKOCYTE PHAGOCYTOSIS	86344	CPT	outpatient			96	11.95	Three Rivers	Three Rivers		91.2	95			10.39	91.2	percent of total billed charges					
LEUKOCYTE PHAGOCYTOSIS	86344	CPT	outpatient			96	11.95	UHC	Medicare		10.39				10.39	91.2	fee schedule					
LEUKOCYTE PHAGOCYTOSIS	86344	CPT	outpatient			96	11.95	UHC	Medicaid		30.29	31.55			10.39	91.2	percent of total billed charges					
LEUKOCYTE PHAGOCYTOSIS	86344	CPT	outpatient			96	11.95	Wellcare	Medicaid		30.29	31.55			10.39	91.2	percent of total billed charges					
LEUKOCYTE PHAGOCYTOSIS	86344	CPT	outpatient			96	11.95	Wellcare	Medicare		10.39				10.39	91.2	fee schedule					
LEUKOCYTE PHAGOCYTOSIS	86344	CPT	outpatient			96	11.95	WellPoint	WellPoint		30.89	32.18			10.39	91.2	percent of total billed charges					
IMMUKNOW IMMUNE CELL ASSAY	86352	CPT	both			598	156.24	Aetna	Better Health		188.67	31.55			129.9	568.1	percent of total billed charges					
IMMUKNOW IMMUNE CELL ASSAY	86352	CPT	both			598	156.24	Aetna	Commercial		227.24	38			129.9	568.1	percent of total billed charges					
IMMUKNOW IMMUNE CELL ASSAY	86352	CPT	both			598	156.24	Aetna	Medicare		135.86				129.9	568.1	fee schedule					
IMMUKNOW IMMUNE CELL ASSAY	86352	CPT	both			598	156.24	Americare	Americare		448.5	75			129.9	568.1	percent of total billed charges					
IMMUKNOW IMMUNE CELL ASSAY	86352	CPT	both			598	156.24	Amerihealth	HMO/PPO		388.7	65			129.9	568.1	percent of total billed charges					
IMMUKNOW IMMUNE CELL ASSAY	86352	CPT	both			598	156.24	Amerihealth	Medicare		135.86				129.9	568.1	fee schedule					
IMMUKNOW IMMUNE CELL ASSAY	86352	CPT	both			598	156.24	Consumer	Consumer		568.1	95			129.9	568.1	percent of total billed charges					
IMMUKNOW IMMUNE CELL ASSAY	86352	CPT	both			598	156.24	Corrections	Corrections		478.4	80			129.9	568.1	percent of total billed charges					
IMMUKNOW IMMUNE CELL ASSAY	86352	CPT	both			598	156.24	First Health	First Health		418.6	70			129.9	568.1	percent of total billed charges					
IMMUKNOW IMMUNE CELL ASSAY	86352	CPT	both			598	156.24	First Trenton	First Trenton		538.2	90			129.9	568.1	percent of total billed charges					
IMMUKNOW IMMUNE CELL ASSAY	86352	CPT	both			598	156.24	Horizon	MGD		228.91	38.28			129.9	568.1	percent of total billed charges					
IMMUKNOW IMMUNE CELL ASSAY	86352	CPT	both			598	156.24	Horizon	Indemnity		228.91	38.28			129.9	568.1	percent of total billed charges					
IMMUKNOW IMMUNE CELL ASSAY	86352	CPT	both			598	156.24	Horizon	NJ Health		150.86				129.9	568.1	fee schedule					
IMMUKNOW IMMUNE CELL ASSAY	86352	CPT	both			598	156.24	Horizon	Medicare Blue		179.4	30			129.9	568.1	percent of total billed charges					
IMMUKNOW IMMUNE CELL ASSAY	86352	CPT	both			598	156.24	Horizon	PPO		228.91	38.28			129.9	568.1	percent of total billed charges					
IMMUKNOW IMMUNE CELL ASSAY	86352	CPT	both			598	156.24	Managed Care Inc	Managed Care Inc		538.2	90			129.9	568.1	percent of total billed charges					
IMMUKNOW IMMUNE CELL ASSAY	86352	CPT	both			598	156.24	Multiplan	Multiplan		478.4	80			129.9	568.1	percent of total billed charges					
IMMUKNOW IMMUNE CELL ASSAY	86352	CPT	both			598	156.24	Qualcare	Qualcare		448.5	75			129.9	568.1	percent of total billed charges					
IMMUKNOW IMMUNE CELL ASSAY	86352	CPT	both			598	156.24	Three Rivers	Three Rivers		568.1	95			129.9	568.1	percent of total billed charges					
IMMUKNOW IMMUNE CELL ASSAY	86352	CPT	both			598	156.24	UHC	Medicare		135.86				129.9	568.1	fee schedule					
IMMUKNOW IMMUNE CELL ASSAY	86352	CPT	both			598	156.24	UHC	Medicaid		188.67	31.55			129.9	568.1	percent of total billed charges					
IMMUKNOW IMMUNE CELL ASSAY	86352	CPT	both			598	156.24	Wellcare	Medicare		135.86				129.9	568.1	fee schedule					
IMMUKNOW IMMUNE CELL ASSAY	86352	CPT	both			598	156.24	Wellcare	Medicaid		188.67	31.55			129.9	568.1	percent of total billed charges					
IMMUKNOW IMMUNE CELL ASSAY	86352	CPT	both			598	156.24	WellPoint	WellPoint		192.44	32.18			129.9	568.1	percent of total billed charges					
T&B LYMPHOCYTE/NAT KILLER	86353	CPT	outpatient			1942	56.38	Aetna	Commercial		737.96	38			49.03	1844.9	percent of total billed charges					
T&B LYMPHOCYTE/NAT KILLER	86353	CPT	outpatient			1942	56.38	Aetna	Better Health		612.7	31.55			49.03	1844.9	percent of total billed charges					
T&B LYMPHOCYTE/NAT KILLER	86353	CPT	outpatient			1942	56.38	Aetna	Medicare		49.03				49.03	1844.9	fee schedule					
T&B LYMPHOCYTE/NAT KILLER	86353	CPT	outpatient			1942	56.38	Americare	Americare		1456.5	75			49.03	1844.9	percent of total billed charges					
T&B LYMPHOCYTE/NAT KILLER	86353	CPT	outpatient			1942	56.38	Amerihealth	HMO/PPO		1262.3	65			49.03	1844.9	percent of total billed charges					
T&B LYMPHOCYTE/NAT KILLER	86353	CPT	outpatient			1942	56.38	Amerihealth	Medicare		49.03				49.03	1844.9	fee schedule					
T&B LYMPHOCYTE/NAT KILLER	86353	CPT	outpatient			1942	56.38	Consumer	Consumer		1844.9	95			49.03	1844.9	percent of total billed charges					
T&B LYMPHOCYTE/NAT KILLER	86353	CPT	outpatient			1942	56.38	Corrections	Corrections		1553.6	80			49.03	1844.9	percent of total billed charges					
T&B LYMPHOCYTE/NAT KILLER	86353	CPT	outpatient			1942	56.38	First Health	First Health		1359.4	70			49.03	1844.9	percent of total billed charges					
T&B LYMPHOCYTE/NAT KILLER	86353	CPT	outpatient			1942	56.38	First Trenton	First Trenton		1747.8	90			49.03	1844.9	percent of total billed charges					
T&B LYMPHOCYTE/NAT KILLER	86353	CPT	outpatient			1942	56.38	Horizon	Medicare Blue		582.6	30			49.03	1844.9	percent of total billed charges					
T&B LYMPHOCYTE/NAT KILLER	86353	CPT	outpatient			1942	56.38	Horizon	MGD		743.4	38.28			49.03	1844.9	percent of total billed charges					
T&B LYMPHOCYTE/NAT KILLER	86353	CPT	outpatient			1942	56.38	Horizon	Indemnity		743.4	38.28			49.03	1844.9	percent of total billed charges					
T&B LYMPHOCYTE/NAT KILLER	86353	CPT	outpatient			1942	56.38	Horizon	PPO		743.4	38.28			49.03	1844.9	percent of total billed charges					
T&B LYMPHOCYTE/NAT KILLER	86353	CPT	outpatient			1942	56.38	Horizon	NJ Health		62.72				49.03	1844.9	fee schedule					
T&B LYMPHOCYTE/NAT KILLER	86353	CPT	outpatient			1942	56.38	Managed Care Inc	Managed Care Inc		1747.8	90			49.03	1844.9	percent of total billed charges					
T&B LYMPHOCYTE/NAT KILLER	86353	CPT	outpatient			1942	56.38	Multiplan	Multiplan		1553.6	80			49.03	1844.9	percent of total billed charges					
T&B LYMPHOCYTE/NAT KILLER	86353	CPT	outpatient			1942	56.38	Qualcare	Qualcare		1456.5	75			49.03	1844.9	percent of total billed charges					
T&B LYMPHOCYTE/NAT KILLER	86353	CPT	outpatient			1942	56.38	Three Rivers	Three Rivers		1844.9	95			49.03	1844.9	percent of total billed charges					
T&B LYMPHOCYTE/NAT KILLER	86353	CPT	outpatient			1942	56.38	UHC	Medicare		49.03				49.03	1844.9	fee schedule					
T&B LYMPHOCYTE/NAT KILLER	86353	CPT	outpatient			1942	56.38	UHC	Medicaid		612.7	31.55			49.03	1844.9	percent of total billed charges					
T&B LYMPHOCYTE/NAT KILLER	86353	CPT	outpatient			1942	56.38	Wellcare	Medicaid		612.7	31.55			49.03	1844.9	percent of total billed charges					
T&B LYMPHOCYTE/NAT KILLER	86353	CPT	outpatient			1942	56.38	Wellcare	Medicare		49.03				49.03	1844.9	fee schedule					
T&B LYMPHOCYTE/NAT KILLER	86353	CPT	outpatient			1942	56.38	WellPoint	WellPoint		624.94	32.18			49.03	1844.9	percent of total billed charges					
B CELLS, TOTAL COUNT	86355	CPT	both			171	43.39	Aetna	Better Health		53.95	31.55			35.4	162.45	percent of total billed charges					
B CELLS, TOTAL COUNT	86355	CPT	both			171	43.39	Aetna	Medicare		37.73				35.4	162.45	fee schedule					
B CELLS, TOTAL COUNT	86355	CPT	both			171	43.39	Aetna	Commercial		64.98	38			35.4	162.45	percent of total billed charges					
B CELLS, TOTAL COUNT	86355	CPT	both			171	43.39	Americare	Americare		128.25	75			35.4	162.45	percent of total billed charges					
B CELLS, TOTAL COUNT	86355	CPT	both			171	43.39	Amerihealth	HMO/PPO		111.15	65			35.4	162.45	percent of total billed charges					
B CELLS, TOTAL COUNT	86355	CPT	both			171	43.39	Amerihealth	Medicare		37.73				35.4	162.45	fee schedule					
B CELLS, TOTAL COUNT	86355	CPT	both			171	43.39	Consumer	Consumer		162.45	95			35.4	162.45	percent of total billed charges					
B CELLS, TOTAL COUNT	86355	CPT	both			171	43.39	Corrections	Corrections		136.8	80			35.4	162.45	percent of total billed charges					
B CELLS, TOTAL COUNT	86355	CPT	both			171	43.39	First Health	First Health		119.7	70			35.4	162.45	percent of total billed charges					
B CELLS, TOTAL COUNT	86355	CPT	both			171	43.39	First Trenton	First Trenton		153.9	90			35.4	162.45	percent of total billed charges					
B CELLS, TOTAL COUNT	86355	CPT	both			171	43.39	Horizon	MGD		65.46	38.28			35.4	162.45	percent of total billed charges					
B CELLS, TOTAL COUNT	86355	CPT	both			171	43.39	Horizon	NJ Health		41.89				35.4	162.45	fee schedule					
B CELLS, TOTAL COUNT	86355	CPT	both			171	43.39	Horizon	Medicare Blue		51.3	30			35.4	162.45	percent of total billed charges					
B CELLS, TOTAL COUNT	86355	CPT	both			171	43.39	Horizon	Indemnity		65.46	38.28			35.4	162.45	percent of total billed charges					
B CELLS, TOTAL COUNT	86355	CPT	both			171	43.39	Horizon	PPO		65.46	38.28			35.4	162.45	percent of total billed charges					
B CELLS, TOTAL COUNT	86355	CPT	both			171	43.39	Managed Care Inc	Managed Care Inc		153.9	90			35.4	162.45	percent of total billed charges					
B CELLS, TOTAL COUNT	86355	CPT	both			171	43.39	Multiplan	Multiplan		136.8	80			35.4	162.45	percent of total billed charges					
B CELLS, TOTAL COUNT	86355	CPT	both			171	43.39	Qualcare	Qualcare		128.25	75			35.4	162.45	percent of total billed charges					
B CELLS, TOTAL COUNT	86355	CPT	both			171	43.39	Three Rivers	Three Rivers		162.45	95			35.4	162.45	percent of total billed charges					
B CELLS, TOTAL COUNT	86355	CPT	both			171	43.39	UHC	Medicaid		53.95	31.55			35.4	162.45	percent of total billed charges					
B CELLS, TOTAL COUNT	86355	CPT	both			171	43.39	UHC	Medicare		37.73				35.4	162.45	fee schedule					
B CELLS, TOTAL COUNT	86355	CPT	both			171	43.39	Wellcare	Medicare		37.73				35.4	162.45	fee schedule					
B CELLS, TOTAL COUNT	86355	CPT	both			171	43.39	Wellcare	Medicaid		53.95	31.55			35.4	162.45	percent of total billed charges					
B CELLS, TOTAL COUNT	86355	CPT	both			171	43.39	WellPoint	WellPoint		55.03	32.18			35.4	162.45	percent of total billed charges					
MONONUCLEAR CELL ANTIGEN, QUANT, NOS	86356	CPT	both			586	30.8	Aetna	Better Health		194.88	31.55			25.8	556.7	percent of total billed charges					
MONONUCLEAR CELL ANTIGEN, QUANT, NOS	86356	CPT	both			586	30.8	Aetna	Commercial		222.68	38			25.8	556.7	percent of total billed charges					
MONONUCLEAR CELL ANTIGEN, QUANT, NOS	86356	CPT	both			586	30.8	Aetna	Medicare		26.78				25.8	556.7	fee schedule					
MONONUCLEAR CELL ANTIGEN, QUANT, NOS	86356	CPT	both			586	30.8	Americare	Americare		439.5	75			25.8	556.7	percent of total billed charges					
MONONUCLEAR CELL ANTIGEN, QUANT, NOS	86356	CPT	both			586	30.8	Amerihealth	HMO/PPO		380.9	65			25.8	556.7	percent of total billed charges					
MONONUCLEAR CELL ANTIGEN, QUANT, NOS	86356	CPT	both			586	30.8	Amerihealth	Medicare		26.78				25.8	556.7	fee schedule					
MONONUCLEAR CELL ANTIGEN, QUANT, NOS	86356	CPT	both			586	30.8	Consumer	Consumer		556.7	95			25.8	556.7	percent of total billed charges					
MONONUCLEAR CELL ANTIGEN, QUANT, NOS	86356	CPT	both			586	30.8	Corrections	Corrections		468.8	80			25.8	556.7	percent of total billed charges					
MONONUCLEAR CELL ANTIGEN, QUANT, NOS	86356	CPT	both			586	30.8	First Health	First Health		410.2	70			25.8	556.7	percent of total billed charges					
MONONUCLEAR CELL ANTIGEN, QUANT, NOS	86356	CPT	both			586	30.8	First Trenton	First Trenton		527.4	90			25.8	556.7	percent of total billed charges					
MONONUCLEAR CELL ANTIGEN, QUANT, NOS	86356	CPT	both			586	30.8	Horizon	Indemnity		224.32	38.28			25.8	556.7	percent of total billed charges					
MONONUCLEAR CELL ANTIGEN, QUANT, NOS	86356	CPT	both			586	30.8	Horizon	Medicare Blue		175.8	30			25.8	556.7	percent of total billed charges					
MONONUCLEAR CELL ANTIGEN, QUANT, NOS	86356	CPT	both			586	30.8	Horizon	MGD		224.32	38.28			25.8	556.7	percent of total billed charges					
MONONUCLEAR CELL ANTIGEN, QUANT, NOS	86356	CPT	both			586	30.8	Horizon	NJ Health		29.32				25.8	556.7	fee schedule					
MONONUCLEAR CELL ANTIGEN, QUANT, NOS	86356	CPT	both			586	30.8	Horizon	PPO		224.32	38.28			25.8	556.7	percent of total billed charges					
MONONUCLEAR CELL ANTIGEN, QUANT, NOS	86356	CPT	both			586	30.8	Managed Care Inc	Managed Care Inc		527.4	90			25.8	556.7	percent of total billed charges					
MONONUCLEAR CELL ANTIGEN, QUANT, NOS	86356	CPT	both			586	30.8	Multiplan	Multiplan		468.8	80			25.8	556.7	percent of total billed charges					
MONONUCLEAR CELL ANTIGEN, QUANT, NOS	86356	CPT	both			586	30.8	Qualcare	Qualcare		439.5	75			25.8	556.7	percent of total billed charges					
MONONUCLEAR CELL ANTIGEN, QUANT, NOS	86356	CPT	both			586	30.8	Three Rivers	Three Rivers		556.7	95			25.8	556.7	percent of total billed charges					
MONONUCLEAR CELL ANTIGEN, QUANT, NOS	86356	CPT	both			586	30.8	UHC	Medicaid		184.88	31.55			25.8	556.7	percent of total billed charges					
MONONUCLEAR CELL ANTIGEN, QUANT, NOS	86356	CPT	both			586	30.8	UHC	Medicare		26.78				25.8	556.7	fee schedule					
MONONUCLEAR CELL ANTIGEN, QUANT, NOS	86356	CPT	both			586	30.8	Wellcare	Medicaid		184.88	31.55			25.8	556.7	percent of total billed charges					
MONONUCLEAR CELL ANTIGEN, QUANT, NOS	86356	CPT	both			586	30.8	Wellcare	Medicare		26.78				25.8	556.7	fee schedule					
MONONUCLEAR CELL ANTIGEN, QUANT, NOS	86356	CPT	both			586	30.8	WellPoint	WellPoint		188.57	32.18			25.8	556.7	percent of total billed charges					
NATURAL KILLER CELLS, TOTAL COUNT	86357	CPT	both			171	43.39	Aetna	Medicare		37.73				36.3	162.45	fee schedule					
NATURAL KILLER CELLS, TOTAL COUNT	86357	CPT	both			171	43.39	Aetna	Better Health		53.95	31.55			36.3	162.45	percent of total billed charges					
NATURAL KILLER CELLS, TOTAL COUNT	86357	CPT	both			171	43.39	Aetna	Commercial		64.98	38			36.3	162.45	percent of total billed charges					
NATURAL KILLER CELLS, TOTAL COUNT	86357	CPT	both			171	43.39	Americare	Americare		128.25	75			36.3	162.45	percent of total billed charges					
NATURAL KILLER CELLS, TOTAL COUNT	86357	CPT	both			171	43.39	Amerihealth	HMO/PPO		111.15	65			36.3	162.45	percent of total billed charges					
NATURAL KILLER CELLS, TOTAL COUNT	86357	CPT	both			171	43.39	Amerihealth	Medicare		37.73				36.3	162.45	fee schedule					
NATURAL KILLER CELLS, TOTAL COUNT	86357	CPT	both			171	43.39	Consumer	Consumer		162.45	95			36.3	162.45	percent of total billed charges					
NATURAL KILLER CELLS, TOTAL COUNT	86357	CPT	both			171	43.39	Corrections	Corrections		136.8	80			36.3	162.45	percent of total billed charges					
NATURAL KILLER CELLS, TOTAL COUNT	86357	CPT	both			171	43.39	First Health	First Health		119.7	70			36.3	162.45	percent of total billed charges					
NATURAL KILLER CELLS, TOTAL COUNT	86357	CPT	both			171	43.39	First Trenton	First Trenton		153.9	90			36.3	162.45	percent of total billed charges					
NATURAL KILLER CELLS, TOTAL COUNT	86357	CPT	both			171	43.39	Horizon	MGD		65.46	38.28			36.3	162.45	percent of total billed charges					
NATURAL KILLER CELLS, TOTAL COUNT	86357	CPT	both			171	43.39	Horizon	Medicare Blue		51.3	30			36.3	162.45	percent of total billed charges					
NATURAL KILLER CELLS, TOTAL COUNT	86357	CPT	both			171	43.39	Horizon	NJ Health		82.63				36.3	162.45	fee schedule					
NATURAL KILLER CELLS, TOTAL COUNT	86357	CPT	both			171	43.39	Horizon	Indemnity		65.46	38.28			36.3	162.45	percent of total billed charges					
NATURAL KILLER CELLS, TOTAL COUNT	86357	CPT	both			171	43.39	Horizon	PPO		65.46	38.28			36.3	162.45	percent of total billed charges					
NATURAL KILLER CELLS, TOTAL COUNT	86357	CPT	both			171	43.39	Managed Care Inc	Managed Care Inc		153.9	90			36.3	162.45	percent of total billed charges					
NATURAL KILLER CELLS, TOTAL COUNT	86357	CPT	both			171	43.39	Multiplan	Multiplan		136.8	80			36.3	162.45	percent of total billed charges					
NATURAL KILLER CELLS, TOTAL COUNT	86357	CPT	both			171	43.39	Qualcare	Qualcare		128.25	75			36.3	162.45	percent of total billed charges					
NATURAL KILLER CELLS, TOTAL COUNT	86357	CPT	both			171	43.39	Three Rivers	Three Rivers		162.45	95			36.3	162.45	percent of total billed charges					
NATURAL KILLER CELLS, TOTAL COUNT	86357	CPT	both			171	43.39	UHC	Medicaid		53.95	31.55			36.3	162.45	percent of total billed charges					
NATURAL KILLER CELLS, TOTAL COUNT	86357	CPT	both			171	43.39	UHC	Medicare		37.73				36.3	162.45	fee schedule					
NATURAL KILLER CELLS, TOTAL COUNT	86357	CPT	both			171	43.39	Wellcare	Medicaid		53.95	31.55			36.3	162.45	percent of total billed charges					
NATURAL KILLER CELLS, TOTAL COUNT	86357	CPT	both			171	43.39	Wellcare	Medicare		37.73				36.3	162.45	fee schedule					
NATURAL KILLER CELLS, TOTAL COUNT	86357	CPT	both			171	43.39	WellPoint	WellPoint		55.03	32.18			36.3	162.45	percent of total billed charges					
T-CELLS, TOTAL COUNT	86359	CPT	both			171	43.39	Aetna	Better Health		53.95	31.55			34.54	162.45	percent of total billed charges					
T-CELLS, TOTAL COUNT	86359	CPT	both			171	43.39	Aetna	Medicare		52.67	30.8			34.54	162.45	percent of total billed charges					
T-CELLS, TOTAL COUNT	86359	CPT	both			171	43.39	Aetna	Commercial		64.98	38			34.54	162.45	percent of total billed charges					
T-CELLS, TOTAL COUNT	86359	CPT	both			171	43.39	Americare	Americare		128.25	75			34.54	162.45	percent of total billed charges					
T-CELLS, TOTAL COUNT	86359	CPT	both			171	43.39	Amerihealth	HMO/PPO		111.15	65			34.54	162.45	percent of total billed charges					
T-CELLS, TOTAL COUNT	86359	CPT	both			171	43.39	Amerihealth	Medicare		37.73				34.54	162.45	fee schedule					
T-CELLS, TOTAL COUNT	86359	CPT	both			171	43.39	Consumer	Consumer		162.45	95			34.54	162.45	percent of total billed charges					
T-CELLS, TOTAL COUNT	86359	CPT	both			171	43.39	Corrections	Corrections		136.8	80			34.54	162.45	percent of total billed charges					
T-CELLS, TOTAL COUNT	86359	CPT	both			171	43.39	First Health	First Health		119.7	70			34.54	162.45	percent of total billed charges					
T-CELLS, TOTAL COUNT	86359	CPT	both			171	43.39	First Trenton	First Trenton		153.9	90			34.54	162.45	percent of total billed charges					
T-CELLS, TOTAL COUNT	86359	CPT	both			171	43.39	Horizon	MGD		65.46	38.28			34.54	162.45	percent of total billed charges					
T-CELLS, TOTAL COUNT	86359	CPT	both			171	43.39	Horizon	Medicare Blue		51.3	30			34.54	162.45	percent of total billed charges					
T-CELLS, TOTAL COUNT	86359	CPT	both			171	43.39	Horizon	NJ Health		34.54				34.54	162.45	fee schedule					
T-CELLS, TOTAL COUNT	86359	CPT	both			171	43.39	Horizon	Indemnity		65.46	38.28			34.54	162.45	percent of total billed charges					
T-CELLS, TOTAL COUNT	86359	CPT	both			171	43.39	Horizon	PPO		65.46	38.28			34.54	162.45	percent of total billed charges					
T-CELLS, TOTAL COUNT	86359	CPT	both			171	43.39	Managed Care Inc	Managed Care Inc		153.9	90			34.54	162.45	percent of total billed charges					
T-CELLS, TOTAL COUNT	86359	CPT	both			171	43.39	Multiplan	Multiplan		136.8	80			34.54	162.45	percent of total billed charges					
T-CELLS, TOTAL COUNT	86359	CPT	both			171	43.39	Qualcare	Qualcare		128.25	75			34.54	162.45	percent of total billed charges					

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
T-CELLS, TOTAL COUNT	86359	CPT	both			171	43.39	Three Rivers	Three Rivers		162.45				34.54	162.45	percent of total billed charges	
T-CELLS, TOTAL COUNT	86359	CPT	both			171	43.39	UHC	Medicaid		53.95			31.55	34.54	162.45	percent of total billed charges	
T-CELLS, TOTAL COUNT	86359	CPT	both			171	43.39	UHC	Medicare		37.73				34.54	162.45	fee schedule	
T-CELLS, TOTAL COUNT	86359	CPT	both			171	43.39	Wellcare	Medicaid		53.95			31.55	34.54	162.45	percent of total billed charges	
T-CELLS, TOTAL COUNT	86359	CPT	both			171	43.39	Wellcare	Medicare		37.73				34.54	162.45	fee schedule	
T-CELLS, TOTAL COUNT	86359	CPT	both			171	43.39	WellPoint	WellPoint		55.03			32.18	34.54	162.45	percent of total billed charges	
T CELL; ABSOLUTE CD4 & CD8 COUNT, INCL	86360	CPT	both			211	54.03	Aetna	Better Health		66.57			31.55	35.4	200.45	percent of total billed charges	
T CELL; ABSOLUTE CD4 & CD8 COUNT, INCL	86360	CPT	both			211	54.03	Aetna	Medicare		46.98				35.4	200.45	fee schedule	
T CELL; ABSOLUTE CD4 & CD8 COUNT, INCL	86360	CPT	both			211	54.03	Aetna	Commercial		80.18			38	35.4	200.45	percent of total billed charges	
T CELL; ABSOLUTE CD4 & CD8 COUNT, INCL	86360	CPT	both			211	54.03	Americare	Americare		158.25			75	35.4	200.45	percent of total billed charges	
T CELL; ABSOLUTE CD4 & CD8 COUNT, INCL	86360	CPT	both			211	54.03	Amerihealth	Medicare		46.98				35.4	200.45	fee schedule	
T CELL; ABSOLUTE CD4 & CD8 COUNT, INCL	86360	CPT	both			211	54.03	Amerihealth	HMO/PPO		137.15			65	35.4	200.45	percent of total billed charges	
T CELL; ABSOLUTE CD4 & CD8 COUNT, INCL	86360	CPT	both			211	54.03	Consumer	Consumer		200.45			95	35.4	200.45	percent of total billed charges	
T CELL; ABSOLUTE CD4 & CD8 COUNT, INCL	86360	CPT	both			211	54.03	Corrections	Corrections		168.8			80	35.4	200.45	percent of total billed charges	
T CELL; ABSOLUTE CD4 & CD8 COUNT, INCL	86360	CPT	both			211	54.03	First Health	First Health		147.7			70	35.4	200.45	percent of total billed charges	
T CELL; ABSOLUTE CD4 & CD8 COUNT, INCL	86360	CPT	both			211	54.03	First Trenton	First Trenton		189.9			90	35.4	200.45	percent of total billed charges	
T CELL; ABSOLUTE CD4 & CD8 COUNT, INCL	86360	CPT	both			211	54.03	Horizon	MGD		80.77			38.28	35.4	200.45	percent of total billed charges	
T CELL; ABSOLUTE CD4 & CD8 COUNT, INCL	86360	CPT	both			211	54.03	Horizon	NJ Health		107.8				35.4	200.45	fee schedule	
T CELL; ABSOLUTE CD4 & CD8 COUNT, INCL	86360	CPT	both			211	54.03	Horizon	Indemnity		80.77			38.28	35.4	200.45	percent of total billed charges	
T CELL; ABSOLUTE CD4 & CD8 COUNT, INCL	86360	CPT	both			211	54.03	Horizon	PPO		80.77			38.28	35.4	200.45	percent of total billed charges	
T CELL; ABSOLUTE CD4 & CD8 COUNT, INCL	86360	CPT	both			211	54.03	Horizon	Medicare Blue		63.3			30	35.4	200.45	percent of total billed charges	
T CELL; ABSOLUTE CD4 & CD8 COUNT, INCL	86360	CPT	both			211	54.03	Managed Care Inc	Managed Care Inc		189.9			90	35.4	200.45	percent of total billed charges	
T CELL; ABSOLUTE CD4 & CD8 COUNT, INCL	86360	CPT	both			211	54.03	Multiplan	Multiplan		168.8			80	35.4	200.45	percent of total billed charges	
T CELL; ABSOLUTE CD4 & CD8 COUNT, INCL	86360	CPT	both			211	54.03	Qualcare	Qualcare		198.25			75	35.4	200.45	percent of total billed charges	
T CELL; ABSOLUTE CD4 & CD8 COUNT, INCL	86360	CPT	both			211	54.03	Three Rivers	Three Rivers		200.45			95	35.4	200.45	percent of total billed charges	
T CELL; ABSOLUTE CD4 & CD8 COUNT, INCL	86360	CPT	both			211	54.03	UHC	Medicaid		66.57			31.55	35.4	200.45	percent of total billed charges	
T CELL; ABSOLUTE CD4 & CD8 COUNT, INCL	86360	CPT	both			211	54.03	UHC	Medicare		46.98				35.4	200.45	fee schedule	
T CELL; ABSOLUTE CD4 & CD8 COUNT, INCL	86360	CPT	both			211	54.03	Wellcare	Medicaid		66.57			31.55	35.4	200.45	percent of total billed charges	
T CELL; ABSOLUTE CD4 & CD8 COUNT, INCL	86360	CPT	both			211	54.03	Wellcare	Medicare		46.98				35.4	200.45	fee schedule	
T CELL; ABSOLUTE CD4 & CD8 COUNT, INCL	86360	CPT	both			211	54.03	WellPoint	WellPoint		67.9			32.18	35.4	200.45	percent of total billed charges	
T CELLS, ABSOLUTE CD4 COUNT	86361	CPT	both			96	30.8	Aetna	Medicare		26.78				16.8	91.2	fee schedule	
T CELLS, ABSOLUTE CD4 COUNT	86361	CPT	both			96	30.8	Aetna	Commercial		36.48			38	16.8	91.2	percent of total billed charges	
T CELLS, ABSOLUTE CD4 COUNT	86361	CPT	both			96	30.8	Aetna	Better Health		30.29			31.55	16.8	91.2	percent of total billed charges	
T CELLS, ABSOLUTE CD4 COUNT	86361	CPT	both			96	30.8	Americare	Americare		72			75	16.8	91.2	percent of total billed charges	
T CELLS, ABSOLUTE CD4 COUNT	86361	CPT	both			96	30.8	Amerihealth	Medicare		26.78				16.8	91.2	fee schedule	
T CELLS, ABSOLUTE CD4 COUNT	86361	CPT	both			96	30.8	Amerihealth	HMO/PPO		62.4			65	16.8	91.2	percent of total billed charges	
T CELLS, ABSOLUTE CD4 COUNT	86361	CPT	both			96	30.8	Consumer	Consumer		91.2			95	16.8	91.2	percent of total billed charges	
T CELLS, ABSOLUTE CD4 COUNT	86361	CPT	both			96	30.8	Corrections	Corrections		76.8			80	16.8	91.2	percent of total billed charges	
T CELLS, ABSOLUTE CD4 COUNT	86361	CPT	both			96	30.8	First Health	First Health		67.2			70	16.8	91.2	percent of total billed charges	
T CELLS, ABSOLUTE CD4 COUNT	86361	CPT	both			96	30.8	First Trenton	First Trenton		86.4			90	16.8	91.2	percent of total billed charges	
T CELLS, ABSOLUTE CD4 COUNT	86361	CPT	both			96	30.8	Horizon	Medicare Blue		28.8			30	16.8	91.2	percent of total billed charges	
T CELLS, ABSOLUTE CD4 COUNT	86361	CPT	both			96	30.8	Horizon	MGD		36.75			38.28	16.8	91.2	percent of total billed charges	
T CELLS, ABSOLUTE CD4 COUNT	86361	CPT	both			96	30.8	Horizon	Indemnity		36.75			38.28	16.8	91.2	percent of total billed charges	
T CELLS, ABSOLUTE CD4 COUNT	86361	CPT	both			96	30.8	Horizon	PPO		36.75			38.28	16.8	91.2	percent of total billed charges	
T CELLS, ABSOLUTE CD4 COUNT	86361	CPT	both			96	30.8	Horizon	NJ Health		29.73				16.8	91.2	fee schedule	
T CELLS, ABSOLUTE CD4 COUNT	86361	CPT	both			96	30.8	Managed Care Inc	Managed Care Inc		86.4			90	16.8	91.2	percent of total billed charges	
T CELLS, ABSOLUTE CD4 COUNT	86361	CPT	both			96	30.8	Multiplan	Multiplan		76.8			80	16.8	91.2	percent of total billed charges	
T CELLS, ABSOLUTE CD4 COUNT	86361	CPT	both			96	30.8	Qualcare	Qualcare		72			75	16.8	91.2	percent of total billed charges	
T CELLS, ABSOLUTE CD4 COUNT	86361	CPT	both			96	30.8	Three Rivers	Three Rivers		91.2			95	16.8	91.2	percent of total billed charges	
T CELLS, ABSOLUTE CD4 COUNT	86361	CPT	both			96	30.8	UHC	Medicaid		30.29			31.55	16.8	91.2	percent of total billed charges	
T CELLS, ABSOLUTE CD4 COUNT	86361	CPT	both			96	30.8	UHC	Medicare		26.78				16.8	91.2	fee schedule	
T CELLS, ABSOLUTE CD4 COUNT	86361	CPT	both			96	30.8	Wellcare	Medicare		26.78				16.8	91.2	fee schedule	
T CELLS, ABSOLUTE CD4 COUNT	86361	CPT	both			96	30.8	Wellcare	Medicaid		30.29			31.55	16.8	91.2	percent of total billed charges	
T CELLS, ABSOLUTE CD4 COUNT	86361	CPT	both			96	30.8	WellPoint	WellPoint		30.89			32.18	16.8	91.2	percent of total billed charges	
MOG FAC,S TITER	86363	CPT	both			40	43.39	Aetna	Better Health		12.62			31.55	9.45	38	percent of total billed charges	
MOG FAC,S TITER	86363	CPT	both			40	43.39	Aetna	Commercial		15.2			38	9.45	38	percent of total billed charges	
MOG FAC,S TITER	86363	CPT	both			40	43.39	Aetna	Medicare		37.73				9.45	38	fee schedule	
MOG FAC,S TITER	86363	CPT	both			40	43.39	Americare	Americare		30			75	9.45	38	percent of total billed charges	
MOG FAC,S TITER	86363	CPT	both			40	43.39	Amerihealth	Medicare		37.73				9.45	38	fee schedule	
MOG FAC,S TITER	86363	CPT	both			40	43.39	Amerihealth	HMO/PPO		26			65	9.45	38	percent of total billed charges	
MOG FAC,S TITER	86363	CPT	both			40	43.39	Consumer	Consumer		38			95	9.45	38	percent of total billed charges	
MOG FAC,S TITER	86363	CPT	both			40	43.39	Corrections	Corrections		32			80	9.45	38	percent of total billed charges	
MOG FAC,S TITER	86363	CPT	both			40	43.39	First Health	First Health		28			70	9.45	38	percent of total billed charges	
MOG FAC,S TITER	86363	CPT	both			40	43.39	First Trenton	First Trenton		36			90	9.45	38	percent of total billed charges	
MOG FAC,S TITER	86363	CPT	both			40	43.39	Horizon	Indemnity		15.31			38.28	9.45	38	percent of total billed charges	
MOG FAC,S TITER	86363	CPT	both			40	43.39	Horizon	MGD		15.31			38.28	9.45	38	percent of total billed charges	
MOG FAC,S TITER	86363	CPT	both			40	43.39	Horizon	Medicare Blue		12			30	9.45	38	percent of total billed charges	
MOG FAC,S TITER	86363	CPT	both			40	43.39	Horizon	NJ Health		9.45				9.45	38	fee schedule	
MOG FAC,S TITER	86363	CPT	both			40	43.39	Horizon	PPO		15.31			38.28	9.45	38	percent of total billed charges	
MOG FAC,S TITER	86363	CPT	both			40	43.39	Managed Care Inc	Managed Care Inc		36			90	9.45	38	percent of total billed charges	
MOG FAC,S TITER	86363	CPT	both			40	43.39	Multiplan	Multiplan		32			80	9.45	38	percent of total billed charges	
MOG FAC,S TITER	86363	CPT	both			40	43.39	Qualcare	Qualcare		30			75	9.45	38	percent of total billed charges	
MOG FAC,S TITER	86363	CPT	both			40	43.39	Three Rivers	Three Rivers		38			95	9.45	38	percent of total billed charges	
MOG FAC,S TITER	86363	CPT	both			40	43.39	UHC	Medicare		37.73				9.45	38	fee schedule	
MOG FAC,S TITER	86363	CPT	both			40	43.39	UHC	Medicaid		12.62			31.55	9.45	38	percent of total billed charges	
MOG FAC,S TITER	86363	CPT	both			40	43.39	Wellcare	Medicare		37.73				9.45	38	fee schedule	
MOG FAC,S TITER	86363	CPT	both			40	43.39	Wellcare	Medicaid		12.62			31.55	9.45	38	percent of total billed charges	
MOG FAC,S TITER	86363	CPT	both			40	43.39	WellPoint	WellPoint		12.87			32.18	9.45	38	percent of total billed charges	
TTG IGG	86364	CPT	outpatient			38	13.26	Aetna	Medicare		11.7			30.8	9.04	36.1	percent of total billed charges	
TTG IGG	86364	CPT	outpatient			38	13.26	Aetna	Better Health		11.99			31.55	9.04	36.1	percent of total billed charges	
TTG IGG	86364	CPT	outpatient			38	13.26	Aetna	Commercial		14.44			38	9.04	36.1	percent of total billed charges	
TTG IGG	86364	CPT	outpatient			38	13.26	Americare	Americare		28.5			75	9.04	36.1	percent of total billed charges	
TTG IGG	86364	CPT	outpatient			38	13.26	Amerihealth	HMO/PPO		24.7			65	9.04	36.1	percent of total billed charges	
TTG IGG	86364	CPT	outpatient			38	13.26	Amerihealth	Medicare		11.53				9.04	36.1	fee schedule	
TTG IGG	86364	CPT	outpatient			38	13.26	Consumer	Consumer		36.1			95	9.04	36.1	percent of total billed charges	
TTG IGG	86364	CPT	outpatient			38	13.26	Corrections	Corrections		30.4			80	9.04	36.1	percent of total billed charges	
TTG IGG	86364	CPT	outpatient			38	13.26	First Health	First Health		26.6			70	9.04	36.1	percent of total billed charges	
TTG IGG	86364	CPT	outpatient			38	13.26	First Trenton	First Trenton		34.2			90	9.04	36.1	percent of total billed charges	
TTG IGG	86364	CPT	outpatient			38	13.26	Horizon	MGD		14.55			38.28	9.04	36.1	percent of total billed charges	
TTG IGG	86364	CPT	outpatient			38	13.26	Horizon	Medicare Blue		11.4			30	9.04	36.1	percent of total billed charges	
TTG IGG	86364	CPT	outpatient			38	13.26	Horizon	Indemnity		14.55			38.28	9.04	36.1	percent of total billed charges	
TTG IGG	86364	CPT	outpatient			38	13.26	Horizon	NJ Health		9.04				9.04	36.1	fee schedule	
TTG IGG	86364	CPT	outpatient			38	13.26	Horizon	PPO		14.55			38.28	9.04	36.1	percent of total billed charges	
TTG IGG	86364	CPT	outpatient			38	13.26	Managed Care Inc	Managed Care Inc		34.2			90	9.04	36.1	percent of total billed charges	
TTG IGG	86364	CPT	outpatient			38	13.26	Multiplan	Multiplan		30.4			80	9.04	36.1	percent of total billed charges	
TTG IGG	86364	CPT	outpatient			38	13.26	Qualcare	Qualcare		28.5			75	9.04	36.1	percent of total billed charges	
TTG IGG	86364	CPT	outpatient			38	13.26	Three Rivers	Three Rivers		36.1			95	9.04	36.1	percent of total billed charges	
TTG IGG	86364	CPT	outpatient			38	13.26	UHC	Medicaid		11.99			31.55	9.04	36.1	percent of total billed charges	
TTG IGG	86364	CPT	outpatient			38	13.26	UHC	Medicare		11.53				9.04	36.1	fee schedule	
TTG IGG	86364	CPT	outpatient			38	13.26	Wellcare	Medicare		11.53				9.04	36.1	fee schedule	
TTG IGG	86364	CPT	outpatient			38	13.26	Wellcare	Medicaid		11.99			31.55	9.04	36.1	percent of total billed charges	
TTG IGG	86364	CPT	outpatient			38	13.26	WellPoint	WellPoint		12.23			32.18	9.04	36.1	percent of total billed charges	
THYROID PEROXODASE(TPO)	86376	CPT	both			391	16.73	Aetna	Medicare		120.43			30.8	9.9	371.45	percent of total billed charges	
THYROID PEROXODASE(TPO)	86376	CPT	both			391	16.73	Aetna	Better Health		123.36			31.55	9.9	371.45	percent of total billed charges	
THYROID PEROXODASE(TPO)	86376	CPT	both			391	16.73	Aetna	Commercial		148.58			38	9.9	371.45	percent of total billed charges	
THYROID PEROXODASE(TPO)	86376	CPT	both			391	16.73	Americare	Americare		293.25			75	9.9	371.45	percent of total billed charges	
THYROID PEROXODASE(TPO)	86376	CPT	both			391	16.73	Amerihealth	Medicare		14.55				9.9	371.45	fee schedule	
THYROID PEROXODASE(TPO)	86376	CPT	both			391	16.73	Amerihealth	HMO/PPO		254.15			65	9.9	371.45	percent of total billed charges	
THYROID PEROXODASE(TPO)	86376	CPT	both			391	16.73	Consumer	Consumer		371.45			95	9.9	371.45	percent of total billed charges	
THYROID PEROXODASE(TPO)	86376	CPT	both			391	16.73	Corrections	Corrections		312.8			80	9.9	371.45	percent of total billed charges	
THYROID PEROXODASE(TPO)	86376	CPT	both			391	16.73	First Health	First Health		273.7			70	9.9	371.45	percent of total billed charges	
THYROID PEROXODASE(TPO)	86376	CPT	both			391	16.73	First Trenton	First Trenton		351.9			90	9.9	371.45	percent of total billed charges	
THYROID PEROXODASE(TPO)	86376	CPT	both			391	16.73	Horizon	Medicare Blue		117.3			30	9.9	371.45	percent of total billed charges	
THYROID PEROXODASE(TPO)	86376	CPT	both			391	16.73	Horizon	Indemnity		149.67			38.28	9.9	371.45	percent of total billed charges	
THYROID PEROXODASE(TPO)	86376	CPT	both			391	16.73	Horizon	MGD		149.67			38.28	9.9	371.45	percent of total billed charges	
THYROID PEROXODASE(TPO)	86376	CPT	both			391	16.73	Horizon	NJ Health		12.94				9.9	371.45	fee schedule	
THYROID PEROXODASE(TPO)	86376	CPT	both			391	16.73	Horizon	PPO		149.67			38.28	9.9	371.45	percent of total billed charges	
THYROID PEROXODASE(TPO)	86376	CPT	both			391	16.73	Managed Care Inc	Managed Care Inc		351.9			90	9.9	371.45	percent of total billed charges	
THYROID PEROXODASE(TPO)	86376	CPT	both			391	16.73	Multiplan	Multiplan		312.8			80	9.9	371.45	percent of total billed charges	
THYROID PEROXODASE(TPO)	86376	CPT	both			391	16.73	Qualcare	Qualcare		293.25			75	9.9	371.45	percent of total billed charges	
THYROID PEROXODASE(TPO)	86376	CPT	both			391	16.73	Three Rivers	Three Rivers		371.45			95	9.9	371.45	percent of total billed charges	
THYROID PEROXODASE(TPO)	86376	CPT	both			391	16.73	UHC	Medicare		14.55				9.9	371.45	fee schedule	
THYROID PEROXODASE(TPO)	86376	CPT	both			391	16.73	UHC	Medicaid		123.36			31.55	9.9	371.45	percent of total billed charges	
THYROID PEROXODASE(TPO)	86376	CPT	both			391	16.73	Wellcare	Medicare		14.55				9.9	371.45	fee schedule	
THYROID PEROXODASE(TPO)	86376	CPT	both			391	16.73	Wellcare	Medicaid		123.36			31.55	9.9	371.45	percent of total billed charges	
THYROID PEROXODASE(TPO)	86376	CPT	both			391	16.73	WellPoint	WellPoint		125.82			32.18	9.9	371.45	percent of total billed charges	
ANTI-MITOCHONDRIAL M2 AB (RDL)	86381	CPT	both			82	29.27	Aetna	Medicare		25.45				19.95	77.9	fee schedule	
ANTI-MITOCHONDRIAL M2 AB (RDL)	86381	CPT	both			82	29.27	Aetna	Commercial		31.16			38	19.95	77.9	percent of total billed charges	
ANTI-MITOCHONDRIAL M2 AB (RDL)	86381	CPT	both			82	29.27	Aetna	Better Health		25.87			31.55	19.95	77.9	percent of total billed charges	
ANTI-MITOCHONDRIAL M2 AB (RDL)	86381	CPT	both			82	29.27	Americare	Americare		61.5			75	19.95	77.9	percent of total billed charges	
ANTI-MITOCHONDRIAL M2 AB (RDL)	86381	CPT	both			82	29.27	Amerihealth	Medicare		25.45				19.95	77.9	fee schedule	
ANTI-MITOCHONDRIAL M2 AB (RDL)	86381	CPT	both			82	29.27	Amerihealth	HMO/PPO		53.3			65	19.95	77.9	percent of total billed charges	
ANTI-MITOCHONDRIAL M2 AB (RDL)	86381	CPT	both			82	29.27	Consumer	Consumer		77.9			95	19.95	77.9	percent of total billed charges	
ANTI-MITOCHONDRIAL M2 AB (RDL)	86381	CPT	both			82	29.27	Corrections	Corrections		65.6			80	19.95	77.9	percent of total billed charges	
ANTI-MITOCHONDRIAL M2 AB (RDL)	86381	CPT	both			82	29.27	First Health	First Health		57.4			70	19.95	77.9	percent of total billed charges	
ANTI-MITOCHONDRIAL M2 AB (RDL)	86381	CPT	both			82	29.27	First Trenton	First Trenton		73.8			90	19.95	77.9	percent of total billed charges	
ANTI-MITOCHONDRIAL M2 AB (RDL)	86381	CPT	both			82	29.27	Horizon	MGD		31.39			38.28	19.95	77.9	percent of total billed charges	
ANTI-MITOCHONDRIAL M2 AB (RDL)	86381	CPT	both			82	29.27	Horizon	Indemnity		31.39			38.28	19.95	77.9	percent of total billed charges	
ANTI-MITOCHONDRIAL M2 AB (RDL)	86381	CPT	both			82	29.27	Horizon	PPO		31.39			38.28	19.95	77.9	percent of total billed charges	
ANTI-MITOCHONDRIAL M2 AB (RDL)	86381	CPT	both			82	29.27	Horizon	Medicare Blue		24.6			30	19.95	77.9	percent of total billed charges	
ANTI-MITOCHONDRIAL M2 AB (RDL)	86381	CPT	both			82	29.27	Horizon	NJ Health		19.95				19.95	77.9	fee schedule	
ANTI-MITOCHONDRIAL M2 AB (RDL)	86381	CPT	both			82	29.27	Managed Care Inc	Managed Care Inc		73.8			90	19.95	77.9	percent of total billed charges	
ANTI-MITOCHONDRIAL M2 AB (RDL)	86381	CPT	both			82	29.27	Multiplan	Multiplan		65.6			80	19.95	77.9	percent of total billed charges	
ANTI-MITOCHONDRIAL M2 AB (RDL)	86381	CPT	both			82	29.27	Qualcare	Qualcare		61.5			75	19.95	77.9	percent of total billed charges	
ANTI-MITOCHONDRIAL M2 AB (RDL)	86381	CPT	both			82	29.27	Three Rivers	Three Rivers		77.9			95	19.95	77.9	percent of total billed charges	
ANTI-MITOCHONDRIAL M2 AB (RDL)	86381	CPT	both			82	29.27	UHC	Medicare		25.45				19.95	77.9	fee schedule	
ANTI-MITOCHONDRIAL M2 AB (RDL)	86381	CPT	both			82	29.27	UHC	Medicaid		25.87			31.55	19.95	77.9	percent of total billed charges	
ANTI-MITOCHONDRIAL M2 AB (RDL)	86381	CPT	both			82	29.27	Wellcare	Medicare		25.45				19.95	77.9	fee schedule	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ANTI-MITOCHONDRIAL M2 AB (RDL)	86381	CPT	both			82	29.27	Wellcare	Medicaid		25.87	31.55			19.95	77.9	percent of total billed charges	
ANTI-MITOCHONDRIAL M2 AB (RDL)	86381	CPT	both			82	29.27	WellPoint	WellPoint		26.39	32.18			19.95	77.9	percent of total billed charges	
RABIES,NEU.ABS,TITRAT(RFFIT)	86382	CPT	both			252	19.45	Aetna	Better Health		79.51	31.55			16.91	239.4	percent of total billed charges	
RABIES,NEU.ABS,TITRAT(RFFIT)	86382	CPT	both			252	19.45	Aetna	Medicare		16.91				16.91	239.4	fee schedule	
RABIES,NEU.ABS,TITRAT(RFFIT)	86382	CPT	both			252	19.45	Aetna	Commercial		95.76	38			16.91	239.4	percent of total billed charges	
RABIES,NEU.ABS,TITRAT(RFFIT)	86382	CPT	both			252	19.45	Americare	Americare		189	75			16.91	239.4	percent of total billed charges	
RABIES,NEU.ABS,TITRAT(RFFIT)	86382	CPT	both			252	19.45	Amerihealth	Medicare		16.91				16.91	239.4	fee schedule	
RABIES,NEU.ABS,TITRAT(RFFIT)	86382	CPT	both			252	19.45	Amerihealth	HMO/PPO		163.8	65			16.91	239.4	percent of total billed charges	
RABIES,NEU.ABS,TITRAT(RFFIT)	86382	CPT	both			252	19.45	Consumer	Consumer		239.4	95			16.91	239.4	percent of total billed charges	
RABIES,NEU.ABS,TITRAT(RFFIT)	86382	CPT	both			252	19.45	Corrections	Corrections		201.6	80			16.91	239.4	percent of total billed charges	
RABIES,NEU.ABS,TITRAT(RFFIT)	86382	CPT	both			252	19.45	First Health	First Health		176.4	70			16.91	239.4	percent of total billed charges	
RABIES,NEU.ABS,TITRAT(RFFIT)	86382	CPT	both			252	19.45	First Trenton	First Trenton		226.8	90			16.91	239.4	percent of total billed charges	
RABIES,NEU.ABS,TITRAT(RFFIT)	86382	CPT	both			252	19.45	Horizon	Medicare Blue		75.6	30			16.91	239.4	percent of total billed charges	
RABIES,NEU.ABS,TITRAT(RFFIT)	86382	CPT	both			252	19.45	Horizon	Indemnity		96.47	38.28			16.91	239.4	percent of total billed charges	
RABIES,NEU.ABS,TITRAT(RFFIT)	86382	CPT	both			252	19.45	Horizon	MGD		96.47	38.28			16.91	239.4	percent of total billed charges	
RABIES,NEU.ABS,TITRAT(RFFIT)	86382	CPT	both			252	19.45	Horizon	NJ Health		39.2				16.91	239.4	fee schedule	
RABIES,NEU.ABS,TITRAT(RFFIT)	86382	CPT	both			252	19.45	Horizon	PPO		96.47	38.28			16.91	239.4	percent of total billed charges	
RABIES,NEU.ABS,TITRAT(RFFIT)	86382	CPT	both			252	19.45	Managed Care Inc	Managed Care Inc		226.8	90			16.91	239.4	percent of total billed charges	
RABIES,NEU.ABS,TITRAT(RFFIT)	86382	CPT	both			252	19.45	Multiplan	Multiplan		201.6	80			16.91	239.4	percent of total billed charges	
RABIES,NEU.ABS,TITRAT(RFFIT)	86382	CPT	both			252	19.45	Qualcare	Qualcare		189	75			16.91	239.4	percent of total billed charges	
RABIES,NEU.ABS,TITRAT(RFFIT)	86382	CPT	both			252	19.45	Three Rivers	Three Rivers		239.4	95			16.91	239.4	percent of total billed charges	
RABIES,NEU.ABS,TITRAT(RFFIT)	86382	CPT	both			252	19.45	UHC	Medicare		16.91				16.91	239.4	fee schedule	
RABIES,NEU.ABS,TITRAT(RFFIT)	86382	CPT	both			252	19.45	UHC	Medicaid		79.51	31.55			16.91	239.4	percent of total billed charges	
RABIES,NEU.ABS,TITRAT(RFFIT)	86382	CPT	both			252	19.45	Wellcare	Medicare		16.91				16.91	239.4	fee schedule	
RABIES,NEU.ABS,TITRAT(RFFIT)	86382	CPT	both			252	19.45	Wellcare	Medicaid		79.51	31.55			16.91	239.4	percent of total billed charges	
RABIES,NEU.ABS,TITRAT(RFFIT)	86382	CPT	both			252	19.45	WellPoint	WellPoint		81.09	32.18			16.91	239.4	percent of total billed charges	
PARTICLE AGGLUTINATION;SCREEN,EACH AB	86403	CPT	both			190	13.27	Aetna	Better Health		59.95	31.55			11.54	180.5	percent of total billed charges	
PARTICLE AGGLUTINATION;SCREEN,EACH AB	86403	CPT	both			190	13.27	Aetna	Medicare		58.52	30.8			11.54	180.5	percent of total billed charges	
PARTICLE AGGLUTINATION;SCREEN,EACH AB	86403	CPT	both			190	13.27	Aetna	Commercial		72.2	38			11.54	180.5	percent of total billed charges	
PARTICLE AGGLUTINATION;SCREEN,EACH AB	86403	CPT	both			190	13.27	Americare	Americare		142.5	75			11.54	180.5	percent of total billed charges	
PARTICLE AGGLUTINATION;SCREEN,EACH AB	86403	CPT	both			190	13.27	Amerihealth	HMO/PPO		123.5	65			11.54	180.5	percent of total billed charges	
PARTICLE AGGLUTINATION;SCREEN,EACH AB	86403	CPT	both			190	13.27	Amerihealth	Medicare		11.54				11.54	180.5	fee schedule	
PARTICLE AGGLUTINATION;SCREEN,EACH AB	86403	CPT	both			190	13.27	Consumer	Consumer		180.5	95			11.54	180.5	percent of total billed charges	
PARTICLE AGGLUTINATION;SCREEN,EACH AB	86403	CPT	both			190	13.27	Corrections	Corrections		152	80			11.54	180.5	percent of total billed charges	
PARTICLE AGGLUTINATION;SCREEN,EACH AB	86403	CPT	both			190	13.27	First Health	First Health		133	70			11.54	180.5	percent of total billed charges	
PARTICLE AGGLUTINATION;SCREEN,EACH AB	86403	CPT	both			190	13.27	First Trenton	First Trenton		171	90			11.54	180.5	percent of total billed charges	
PARTICLE AGGLUTINATION;SCREEN,EACH AB	86403	CPT	both			190	13.27	Horizon	Medicare Blue		57	30			11.54	180.5	percent of total billed charges	
PARTICLE AGGLUTINATION;SCREEN,EACH AB	86403	CPT	both			190	13.27	Horizon	Indemnity		72.73	38.28			11.54	180.5	percent of total billed charges	
PARTICLE AGGLUTINATION;SCREEN,EACH AB	86403	CPT	both			190	13.27	Horizon	MGD		72.73	38.28			11.54	180.5	percent of total billed charges	
PARTICLE AGGLUTINATION;SCREEN,EACH AB	86403	CPT	both			190	13.27	Horizon	PPO		72.73	38.28			11.54	180.5	percent of total billed charges	
PARTICLE AGGLUTINATION;SCREEN,EACH AB	86403	CPT	both			190	13.27	Horizon	NJ Health		15.68				11.54	180.5	fee schedule	
PARTICLE AGGLUTINATION;SCREEN,EACH AB	86403	CPT	both			190	13.27	Managed Care Inc	Managed Care Inc		171	90			11.54	180.5	percent of total billed charges	
PARTICLE AGGLUTINATION;SCREEN,EACH AB	86403	CPT	both			190	13.27	Multiplan	Multiplan		152	80			11.54	180.5	percent of total billed charges	
PARTICLE AGGLUTINATION;SCREEN,EACH AB	86403	CPT	both			190	13.27	Qualcare	Qualcare		142.5	75			11.54	180.5	percent of total billed charges	
PARTICLE AGGLUTINATION;SCREEN,EACH AB	86403	CPT	both			190	13.27	Three Rivers	Three Rivers		180.5	95			11.54	180.5	percent of total billed charges	
PARTICLE AGGLUTINATION;SCREEN,EACH AB	86403	CPT	both			190	13.27	UHC	Medicare		11.54				11.54	180.5	fee schedule	
PARTICLE AGGLUTINATION;SCREEN,EACH AB	86403	CPT	both			190	13.27	UHC	Medicaid		59.95	31.55			11.54	180.5	percent of total billed charges	
PARTICLE AGGLUTINATION;SCREEN,EACH AB	86403	CPT	both			190	13.27	Wellcare	Medicare		11.54				11.54	180.5	fee schedule	
PARTICLE AGGLUTINATION;SCREEN,EACH AB	86403	CPT	both			190	13.27	Wellcare	Medicaid		59.95	31.55			11.54	180.5	percent of total billed charges	
PARTICLE AGGLUTINATION;SCREEN,EACH AB	86403	CPT	both			190	13.27	WellPoint	WellPoint		61.14	32.18			11.54	180.5	percent of total billed charges	
RHEUMATOID FACTOR QUALITATIVE	86430	CPT	both			45	7.06	Aetna	Better Health		14.2	31.55			3.53	42.75	percent of total billed charges	
RHEUMATOID FACTOR QUALITATIVE	86430	CPT	both			45	7.06	Aetna	Medicare		13.86	30.8			3.53	42.75	percent of total billed charges	
RHEUMATOID FACTOR QUALITATIVE	86430	CPT	both			45	7.06	Aetna	Commercial		17.1	38			3.53	42.75	percent of total billed charges	
RHEUMATOID FACTOR QUALITATIVE	86430	CPT	both			45	7.06	Americare	Americare		33.75	75			3.53	42.75	percent of total billed charges	
RHEUMATOID FACTOR QUALITATIVE	86430	CPT	both			45	7.06	Amerihealth	HMO/PPO		29.25	65			3.53	42.75	percent of total billed charges	
RHEUMATOID FACTOR QUALITATIVE	86430	CPT	both			45	7.06	Amerihealth	Medicare		6.14				3.53	42.75	fee schedule	
RHEUMATOID FACTOR QUALITATIVE	86430	CPT	both			45	7.06	Consumer	Consumer		42.75	95			3.53	42.75	percent of total billed charges	
RHEUMATOID FACTOR QUALITATIVE	86430	CPT	both			45	7.06	Corrections	Corrections		36	80			3.53	42.75	percent of total billed charges	
RHEUMATOID FACTOR QUALITATIVE	86430	CPT	both			45	7.06	First Health	First Health		31.5	70			3.53	42.75	percent of total billed charges	
RHEUMATOID FACTOR QUALITATIVE	86430	CPT	both			45	7.06	First Trenton	First Trenton		40.5	90			3.53	42.75	percent of total billed charges	
RHEUMATOID FACTOR QUALITATIVE	86430	CPT	both			45	7.06	Horizon	NJ Health		3.53				3.53	42.75	fee schedule	
RHEUMATOID FACTOR QUALITATIVE	86430	CPT	both			45	7.06	Horizon	MGD		17.23	38.28			3.53	42.75	percent of total billed charges	
RHEUMATOID FACTOR QUALITATIVE	86430	CPT	both			45	7.06	Horizon	Indemnity		17.23	38.28			3.53	42.75	percent of total billed charges	
RHEUMATOID FACTOR QUALITATIVE	86430	CPT	both			45	7.06	Horizon	Medicare Blue		13.5	30			3.53	42.75	percent of total billed charges	
RHEUMATOID FACTOR QUALITATIVE	86430	CPT	both			45	7.06	Horizon	PPO		17.23	38.28			3.53	42.75	percent of total billed charges	
RHEUMATOID FACTOR QUALITATIVE	86430	CPT	both			45	7.06	Managed Care Inc	Managed Care Inc		40.5	90			3.53	42.75	percent of total billed charges	
RHEUMATOID FACTOR QUALITATIVE	86430	CPT	both			45	7.06	Multiplan	Multiplan		36	80			3.53	42.75	percent of total billed charges	
RHEUMATOID FACTOR QUALITATIVE	86430	CPT	both			45	7.06	Qualcare	Qualcare		33.75	75			3.53	42.75	percent of total billed charges	
RHEUMATOID FACTOR QUALITATIVE	86430	CPT	both			45	7.06	Three Rivers	Three Rivers		42.75	95			3.53	42.75	percent of total billed charges	
RHEUMATOID FACTOR QUALITATIVE	86430	CPT	both			45	7.06	UHC	Medicare		6.14				3.53	42.75	fee schedule	
RHEUMATOID FACTOR QUALITATIVE	86430	CPT	both			45	7.06	UHC	Medicaid		14.2	31.55			3.53	42.75	percent of total billed charges	
RHEUMATOID FACTOR QUALITATIVE	86430	CPT	both			45	7.06	Wellcare	Medicare		6.14				3.53	42.75	fee schedule	
RHEUMATOID FACTOR QUALITATIVE	86430	CPT	both			45	7.06	Wellcare	Medicaid		14.2	31.55			3.53	42.75	percent of total billed charges	
RHEUMATOID FACTOR QUALITATIVE	86430	CPT	both			45	7.06	WellPoint	WellPoint		14.48	32.18			3.53	42.75	percent of total billed charges	
RHEUMATOID.FACTOR,BODY.FLD	86431	CPT	both			181	6.52	Aetna	Commercial		66.78	38			4.5	171.95	percent of total billed charges	
RHEUMATOID.FACTOR,BODY.FLD	86431	CPT	both			181	6.52	Aetna	Medicare		55.75	30.8			4.5	171.95	percent of total billed charges	
RHEUMATOID.FACTOR,BODY.FLD	86431	CPT	both			181	6.52	Aetna	Better Health		57.11	31.55			4.5	171.95	percent of total billed charges	
RHEUMATOID.FACTOR,BODY.FLD	86431	CPT	both			181	6.52	Americare	Americare		135.75	75			4.5	171.95	percent of total billed charges	
RHEUMATOID.FACTOR,BODY.FLD	86431	CPT	both			181	6.52	Amerihealth	HMO/PPO		117.65	65			4.5	171.95	percent of total billed charges	
RHEUMATOID.FACTOR,BODY.FLD	86431	CPT	both			181	6.52	Amerihealth	Medicare		5.67				4.5	171.95	fee schedule	
RHEUMATOID.FACTOR,BODY.FLD	86431	CPT	both			181	6.52	Consumer	Consumer		171.95	95			4.5	171.95	percent of total billed charges	
RHEUMATOID.FACTOR,BODY.FLD	86431	CPT	both			181	6.52	Corrections	Corrections		144.8	80			4.5	171.95	percent of total billed charges	
RHEUMATOID.FACTOR,BODY.FLD	86431	CPT	both			181	6.52	First Health	First Health		126.7	70			4.5	171.95	percent of total billed charges	
RHEUMATOID.FACTOR,BODY.FLD	86431	CPT	both			181	6.52	First Trenton	First Trenton		162.9	90			4.5	171.95	percent of total billed charges	
RHEUMATOID.FACTOR,BODY.FLD	86431	CPT	both			181	6.52	Horizon	Indemnity		69.29	38.28			4.5	171.95	percent of total billed charges	
RHEUMATOID.FACTOR,BODY.FLD	86431	CPT	both			181	6.52	Horizon	Medicare Blue		54.3	30			4.5	171.95	percent of total billed charges	
RHEUMATOID.FACTOR,BODY.FLD	86431	CPT	both			181	6.52	Horizon	MGD		69.29	38.28			4.5	171.95	percent of total billed charges	
RHEUMATOID.FACTOR,BODY.FLD	86431	CPT	both			181	6.52	Horizon	NJ Health		8.82				4.5	171.95	fee schedule	
RHEUMATOID.FACTOR,BODY.FLD	86431	CPT	both			181	6.52	Horizon	PPO		69.29	38.28			4.5	171.95	percent of total billed charges	
RHEUMATOID.FACTOR,BODY.FLD	86431	CPT	both			181	6.52	Managed Care Inc	Managed Care Inc		162.9	90			4.5	171.95	percent of total billed charges	
RHEUMATOID.FACTOR,BODY.FLD	86431	CPT	both			181	6.52	Multiplan	Multiplan		144.8	80			4.5	171.95	percent of total billed charges	
RHEUMATOID.FACTOR,BODY.FLD	86431	CPT	both			181	6.52	Qualcare	Qualcare		135.75	75			4.5	171.95	percent of total billed charges	
RHEUMATOID.FACTOR,BODY.FLD	86431	CPT	both			181	6.52	Three Rivers	Three Rivers		171.95	95			4.5	171.95	percent of total billed charges	
RHEUMATOID.FACTOR,BODY.FLD	86431	CPT	both			181	6.52	UHC	Medicaid		57.11	31.55			4.5	171.95	percent of total billed charges	
RHEUMATOID.FACTOR,BODY.FLD	86431	CPT	both			181	6.52	UHC	Medicare		5.67				4.5	171.95	fee schedule	
RHEUMATOID.FACTOR,BODY.FLD	86431	CPT	both			181	6.52	Wellcare	Medicaid		57.11	31.55			4.5	171.95	percent of total billed charges	
RHEUMATOID.FACTOR,BODY.FLD	86431	CPT	both			181	6.52	Wellcare	Medicare		5.67				4.5	171.95	fee schedule	
RHEUMATOID.FACTOR,BODY.FLD	86431	CPT	both			181	6.52	WellPoint	WellPoint		58.25	32.18			4.5	171.95	percent of total billed charges	
TB TEST, CELL IMMUN MEASURE	86480	CPT	both			551	71.28	Aetna	Better Health		173.84	31.55			61.98	523.45	percent of total billed charges	
TB TEST, CELL IMMUN MEASURE	86480	CPT	both			551	71.28	Aetna	Medicare		61.98				61.98	523.45	fee schedule	
TB TEST, CELL IMMUN MEASURE	86480	CPT	both			551	71.28	Aetna	Commercial		209.38	38			61.98	523.45	percent of total billed charges	
TB TEST, CELL IMMUN MEASURE	86480	CPT	both			551	71.28	Americare	Americare		413.25	75			61.98	523.45	percent of total billed charges	
TB TEST, CELL IMMUN MEASURE	86480	CPT	both			551	71.28	Amerihealth	HMO/PPO		358.15	65			61.98	523.45	percent of total billed charges	
TB TEST, CELL IMMUN MEASURE	86480	CPT	both			551	71.28	Amerihealth	Medicare		61.98				61.98	523.45	fee schedule	
TB TEST, CELL IMMUN MEASURE	86480	CPT	both			551	71.28	Consumer	Consumer		523.45	95			61.98	523.45	percent of total billed charges	
TB TEST, CELL IMMUN MEASURE	86480	CPT	both			551	71.28	Corrections	Corrections		440.8	80			61.98	523.45	percent of total billed charges	
TB TEST, CELL IMMUN MEASURE	86480	CPT	both			551	71.28	First Health	First Health		385.7	70			61.98	523.45	percent of total billed charges	
TB TEST, CELL IMMUN MEASURE	86480	CPT	both			551	71.28	First Trenton	First Trenton		495.9	90			61.98	523.45	percent of total billed charges	
TB TEST, CELL IMMUN MEASURE	86480	CPT	both			551	71.28	Horizon	Indemnity		210.92	38.28			61.98	523.45	percent of total billed charges	
TB TEST, CELL IMMUN MEASURE	86480	CPT	both			551	71.28	Horizon	Medicare Blue		165.3	30			61.98	523.45	percent of total billed charges	
TB TEST, CELL IMMUN MEASURE	86480	CPT	both			551	71.28	Horizon	PPO		210.92	38.28			61.98	523.45	percent of total billed charges	
TB TEST, CELL IMMUN MEASURE	86480	CPT	both			551	71.28	Horizon	MGD		210.92	38.28			61.98	523.45	percent of total billed charges	
TB TEST, CELL IMMUN MEASURE	86480	CPT	both			551	71.28	Horizon	NJ Health		79.28				61.98	523.45	fee schedule	
TB TEST, CELL IMMUN MEASURE	86480	CPT	both			551	71.28	Managed Care Inc	Managed Care Inc		495.9	90			61.98	523.45	percent of total billed charges	
TB TEST, CELL IMMUN MEASURE	86480	CPT	both			551	71.28	Multiplan	Multiplan		440.8	80			61.98	523.45	percent of total billed charges	
TB TEST, CELL IMMUN MEASURE	86480	CPT	both			551	71.28	Qualcare	Qualcare		413.25	75			61.98	523.45	percent of total billed charges	
TB TEST, CELL IMMUN MEASURE	86480	CPT	both			551	71.28	Three Rivers	Three Rivers		523.45	95			61.98	523.45	percent of total billed charges	
TB TEST, CELL IMMUN MEASURE	86480	CPT	both			551	71.28	UHC	Medicaid		173.84	31.55			61.98	523.45	percent of total billed charges	
TB TEST, CELL IMMUN MEASURE	86480	CPT	both			551	71.28	UHC	Medicare		61.98				61.98	523.45	fee schedule	
TB TEST, CELL IMMUN MEASURE	86480	CPT	both			551	71.28	Wellcare	Medicare		61.98				61.98	523.45	fee schedule	
TB TEST, CELL IMMUN MEASURE	86480	CPT	both			551	71.28	Wellcare	Medicaid		173.84	31.55			61.98	523.45	percent of total billed charges	
TB TEST, CELL IMMUN MEASURE	86480	CPT	both			551	71.28	WellPoint	WellPoint		177.31	32.18			61.98	523.45	percent of total billed charges	
SKIN TEST, CANDIDA	86485	CPT	outpatient			93	39.16	Aetna	Medicare		34.05				7.84	88.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SKIN TEST, CANDIDA	86485	CPT	outpatient			93	39.16	Aetna	Better Health		29.34	31.55			7.84	88.35	percent of total billed charges	
SKIN TEST, CANDIDA	86485	CPT	outpatient			93	39.16	Aetna	Commercial		54.21				7.84	88.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SKIN TEST, CANDIDA	86485	CPT	outpatient			93	39.16	Americare	Americare		69.75	75			7.84	88.35	percent of total billed charges	
SKIN TEST, CANDIDA	86485	CPT	outpatient			93	39.16	Amerihealth	Medicare		34.05				7.84	88.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SKIN TEST, CANDIDA	86485	CPT	outpatient			93	39.16	Amerihealth	HMO/PPO		60.45	65			7.84	88.35	percent of total billed charges	
SKIN TEST, CANDIDA	86485	CPT	outpatient			93	39.16	Consumer	Consumer		88.35	95			7.84	88.35	percent of total billed charges	
SKIN TEST, CANDIDA	86485	CPT	outpatient			93	39.16	Corrections	Corrections		74.4	80			7.84	88.35	percent of total billed charges	
SKIN TEST, CANDIDA	86485	CPT	outpatient			93	39.16	First Health	First Health		65.1	70			7.84	88.35	percent of total billed charges	
SKIN TEST, CANDIDA	86485	CPT	outpatient			93	39.16	First Trenton	First Trenton		83.7	90			7.84	88.35	percent of total billed charges	
SKIN TEST, CANDIDA	86485	CPT	outpatient			93	39.16	Horizon	Indemnity		63.37				7.84	88.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SKIN TEST, CANDIDA	86485	CPT	outpatient			93	39.16	Horizon	Medicare Blue		34.05				7.84	88.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SKIN TEST, CANDIDA	86485	CPT	outpatient			93	39.16	Horizon	PPO		63.37				7.84	88.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SKIN TEST, CANDIDA	86485	CPT	outpatient			93	39.16	Horizon	MGD		63.37				7.84	88.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SKIN TEST, CANDIDA	86485	CPT	outpatient			93	39.16	Horizon	NJ Health		7.84				7.84	88.35	fee schedule	
SKIN TEST, CANDIDA	86485	CPT	outpatient			93	39.16	Managed Care Inc	Managed Care Inc		83.7	90			7.84	88.35	percent of total billed charges	
SKIN TEST, CANDIDA	86485	CPT	outpatient			93	39.16	Multiplan	Multiplan		74.4	80			7.84	88.35	percent of total billed charges	
SKIN TEST, CANDIDA	86485	CPT	outpatient			93	39.16	Qualcare	Qualcare		69.75	75			7.84	88.35	percent of total billed charges	
SKIN TEST, CANDIDA	86485	CPT	outpatient			93	39.16	Three Rivers	Three Rivers		88.35	95			7.84	88.35	percent of total billed charges	
SKIN TEST, CANDIDA	86485	CPT	outpatient			93	39.16	UHC	Medicare		34.05				7.84	88.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SKIN TEST, CANDIDA	86485	CPT	outpatient			93	39.16	UHC	Medicaid		29.34	31.55			7.84	88.35	percent of total billed charges	
SKIN TEST, CANDIDA	86485	CPT	outpatient			93	39.16	Wellcare	Medicare		34.05				7.84	88.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SKIN TEST, CANDIDA	86485	CPT	outpatient			93	39.16	Wellcare	Medicaid		29.34	31.55			7.84	88.35	percent of total billed charges	
SKIN TEST, CANDIDA	86485	CPT	outpatient			93	39.16	WellPoint	WellPoint		29.93	32.18			7.84	88.35	percent of total billed charges	
SKIN TEST; UNLISTED ANTIGEN,	86486	CPT	outpatient			45	39.16	Aetna	Better Health		14.2	31.55			5.17	63.37	percent of total billed charges	
SKIN TEST; UNLISTED ANTIGEN,	86486	CPT	outpatient			45	39.16	Aetna	Commercial		54.21				5.17	63.37	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
SKIN TEST; UNLISTED ANTIGEN,	86486	CPT	outpatient			45		39.16 Aetna	Medicare		34.05				5.17		63.37 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SKIN TEST; UNLISTED ANTIGEN,	86486	CPT	outpatient			45		39.16 Americare	Americare		33.75	75			5.17		63.37 percent of total billed charges	
SKIN TEST; UNLISTED ANTIGEN,	86486	CPT	outpatient			45		39.16 Amerihealth	Medicare		34.05				5.17		63.37 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SKIN TEST; UNLISTED ANTIGEN,	86486	CPT	outpatient			45		39.16 Amerihealth	HMO/PPO		29.25	65			5.17		63.37 percent of total billed charges	
SKIN TEST; UNLISTED ANTIGEN,	86486	CPT	outpatient			45		39.16 Consumer	Consumer		42.75	95			5.17		63.37 percent of total billed charges	
SKIN TEST; UNLISTED ANTIGEN,	86486	CPT	outpatient			45		39.16 Corrections	Corrections		36	80			5.17		63.37 percent of total billed charges	
SKIN TEST; UNLISTED ANTIGEN,	86486	CPT	outpatient			45		39.16 First Health	First Health		31.5	70			5.17		63.37 percent of total billed charges	
SKIN TEST; UNLISTED ANTIGEN,	86486	CPT	outpatient			45		39.16 First Trenton	First Trenton		40.5	90			5.17		63.37 percent of total billed charges	
SKIN TEST; UNLISTED ANTIGEN,	86486	CPT	outpatient			45		39.16 Horizon	Indemnity		63.37				5.17		63.37 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SKIN TEST; UNLISTED ANTIGEN,	86486	CPT	outpatient			45		39.16 Horizon	NJ Health		5.17				5.17		63.37 fee schedule	
SKIN TEST; UNLISTED ANTIGEN,	86486	CPT	outpatient			45		39.16 Horizon	MGD		63.37				5.17		63.37 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SKIN TEST; UNLISTED ANTIGEN,	86486	CPT	outpatient			45		39.16 Horizon	PPO		63.37				5.17		63.37 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SKIN TEST; UNLISTED ANTIGEN,	86486	CPT	outpatient			45		39.16 Horizon	Medicare Blue		34.05				5.17		63.37 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SKIN TEST; UNLISTED ANTIGEN,	86486	CPT	outpatient			45		39.16 Managed Care Inc	Managed Care Inc		40.5	90			5.17		63.37 percent of total billed charges	
SKIN TEST; UNLISTED ANTIGEN,	86486	CPT	outpatient			45		39.16 Multiplan	Multiplan		36	80			5.17		63.37 percent of total billed charges	
SKIN TEST; UNLISTED ANTIGEN,	86486	CPT	outpatient			45		39.16 Qualcare	Qualcare		33.75	75			5.17		63.37 percent of total billed charges	
SKIN TEST; UNLISTED ANTIGEN,	86486	CPT	outpatient			45		39.16 Three Rivers	Three Rivers		42.75	95			5.17		63.37 percent of total billed charges	
SKIN TEST; UNLISTED ANTIGEN,	86486	CPT	outpatient			45		39.16 UHC	Medicare		34.05				5.17		63.37 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SKIN TEST; UNLISTED ANTIGEN,	86486	CPT	outpatient			45		39.16 UHC	Medicaid		14.2	31.55			5.17		63.37 percent of total billed charges	
SKIN TEST; UNLISTED ANTIGEN,	86486	CPT	outpatient			45		39.16 Wellcare	Medicare		34.05				5.17		63.37 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SKIN TEST; UNLISTED ANTIGEN,	86486	CPT	outpatient			45		39.16 Wellcare	Medicaid		14.2	31.55			5.17		63.37 percent of total billed charges	
SKIN TEST; UNLISTED ANTIGEN,	86486	CPT	outpatient			45		39.16 WellPoint	WellPoint		14.48	32.18			5.17		63.37 percent of total billed charges	
TB SKIN TEST	86580	CPT	outpatient			438		39.16 Aetna	Commercial		54.21				7.84		416.1 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TB SKIN TEST	86580	CPT	outpatient			438		39.16 Aetna	Better Health		138.19	31.55			7.84		416.1 percent of total billed charges	
TB SKIN TEST	86580	CPT	outpatient			438		39.16 Aetna	Medicare		34.05				7.84		416.1 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TB SKIN TEST	86580	CPT	outpatient			438		39.16 Americare	Americare		328.5	75			7.84		416.1 percent of total billed charges	
TB SKIN TEST	86580	CPT	outpatient			438		39.16 Amerihealth	HMO/PPO		284.7	65			7.84		416.1 percent of total billed charges	
TB SKIN TEST	86580	CPT	outpatient			438		39.16 Amerihealth	Medicare		34.05				7.84		416.1 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TB SKIN TEST	86580	CPT	outpatient			438		39.16 Consumer	Consumer		416.1	95			7.84		416.1 percent of total billed charges	
TB SKIN TEST	86580	CPT	outpatient			438		39.16 Corrections	Corrections		350.4	80			7.84		416.1 percent of total billed charges	
TB SKIN TEST	86580	CPT	outpatient			438		39.16 First Health	First Health		306.6	70			7.84		416.1 percent of total billed charges	
TB SKIN TEST	86580	CPT	outpatient			438		39.16 First Trenton	First Trenton		394.2	90			7.84		416.1 percent of total billed charges	
TB SKIN TEST	86580	CPT	outpatient			438		39.16 Horizon	MGD		63.37				7.84		416.1 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TB SKIN TEST	86580	CPT	outpatient			438		39.16 Horizon	Indemnity		63.37				7.84		416.1 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TB SKIN TEST	86580	CPT	outpatient			438		39.16 Horizon	PPO		63.37				7.84		416.1 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TB SKIN TEST	86580	CPT	outpatient			438		39.16 Horizon	Medicare Blue		34.05				7.84		416.1 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TB SKIN TEST	86580	CPT	outpatient			438		39.16 Horizon	NJ Health		7.84				7.84		416.1 fee schedule	
TB SKIN TEST	86580	CPT	outpatient			438		39.16 Managed Care Inc	Managed Care Inc		394.2	90			7.84		416.1 percent of total billed charges	
TB SKIN TEST	86580	CPT	outpatient			438		39.16 Multiplan	Multiplan		350.4	80			7.84		416.1 percent of total billed charges	
TB SKIN TEST	86580	CPT	outpatient			438		39.16 Qualcare	Qualcare		328.5	75			7.84		416.1 percent of total billed charges	
TB SKIN TEST	86580	CPT	outpatient			438		39.16 Three Rivers	Three Rivers		416.1	95			7.84		416.1 percent of total billed charges	
TB SKIN TEST	86580	CPT	outpatient			438		39.16 UHC	Medicare		34.05				7.84		416.1 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TB SKIN TEST	86580	CPT	outpatient			438		39.16 UHC	Medicaid		138.19	31.55			7.84		416.1 percent of total billed charges	
TB SKIN TEST	86580	CPT	outpatient			438		39.16 Wellcare	Medicare		34.05				7.84		416.1 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TB SKIN TEST	86580	CPT	outpatient			438		39.16 Wellcare	Medicaid		138.19	31.55			7.84		416.1 percent of total billed charges	
TB SKIN TEST	86580	CPT	outpatient			438		39.16 WellPoint	WellPoint		140.95	32.18			7.84		416.1 percent of total billed charges	
VDRL, CSF	86592	CPT	both			94		4.91 Aetna	Better Health		29.66	31.55			2.94		89.3 percent of total billed charges	
VDRL, CSF	86592	CPT	both			94		4.91 Aetna	Commercial		35.72	38			2.94		89.3 percent of total billed charges	
VDRL, CSF	86592	CPT	both			94		4.91 Aetna	Medicare		28.95	30.8			2.94		89.3 percent of total billed charges	
VDRL, CSF	86592	CPT	both			94		4.91 Americare	Americare		70.5	75			2.94		89.3 percent of total billed charges	
VDRL, CSF	86592	CPT	both			94		4.91 Amerihealth	Medicare		4.27				2.94		89.3 fee schedule	
VDRL, CSF	86592	CPT	both			94		4.91 Amerihealth	HMO/PPO		61.1	65			2.94		89.3 percent of total billed charges	
VDRL, CSF	86592	CPT	both			94		4.91 Consumer	Consumer		89.3	95			2.94		89.3 percent of total billed charges	
VDRL, CSF	86592	CPT	both			94		4.91 Corrections	Corrections		75.2	80			2.94		89.3 percent of total billed charges	
VDRL, CSF	86592	CPT	both			94		4.91 First Health	First Health		65.8	70			2.94		89.3 percent of total billed charges	
VDRL, CSF	86592	CPT	both			94		4.91 First Trenton	First Trenton		84.6	90			2.94		89.3 percent of total billed charges	
VDRL, CSF	86592	CPT	both			94		4.91 Horizon	Indemnity		35.98	38.28			2.94		89.3 percent of total billed charges	
VDRL, CSF	86592	CPT	both			94		4.91 Horizon	MGD		35.98	38.28			2.94		89.3 percent of total billed charges	
VDRL, CSF	86592	CPT	both			94		4.91 Horizon	NJ Health		2.94				2.94		89.3 fee schedule	
VDRL, CSF	86592	CPT	both			94		4.91 Horizon	Medicare Blue		28.2	30			2.94		89.3 percent of total billed charges	
VDRL, CSF	86592	CPT	both			94		4.91 Horizon	PPO		35.98	38.28			2.94		89.3 percent of total billed charges	
VDRL, CSF	86592	CPT	both			94		4.91 Managed Care Inc	Managed Care Inc		84.6	90			2.94		89.3 percent of total billed charges	
VDRL, CSF	86592	CPT	both			94		4.91 Multiplan	Multiplan		75.2	80			2.94		89.3 percent of total billed charges	
VDRL, CSF	86592	CPT	both			94		4.91 Qualcare	Qualcare		70.5	75			2.94		89.3 percent of total billed charges	
VDRL, CSF	86592	CPT	both			94		4.91 Three Rivers	Three Rivers		89.3	95			2.94		89.3 percent of total billed charges	
VDRL, CSF	86592	CPT	both			94		4.91 UHC	Medicare		4.27				2.94		89.3 fee schedule	
VDRL, CSF	86592	CPT	both			94		4.91 UHC	Medicaid		29.66	31.55			2.94		89.3 percent of total billed charges	
VDRL, CSF	86592	CPT	both			94		4.91 Wellcare	Medicare		4.27				2.94		89.3 fee schedule	
VDRL, CSF	86592	CPT	both			94		4.91 Wellcare	Medicaid		29.66	31.55			2.94		89.3 percent of total billed charges	
VDRL, CSF	86592	CPT	both			94		4.91 WellPoint	WellPoint		30.25	32.18			2.94		89.3 percent of total billed charges	
TREPONEMA PALLIDUM (VDRL) TITER (0093093	86593	CPT	both			33		5.06 Aetna	Commercial		12.54	38			3.9		31.35 percent of total billed charges	
TREPONEMA PALLIDUM (VDRL) TITER (0093093	86593	CPT	both			33		5.06 Aetna	Better Health		10.41	31.55			3.9		31.35 percent of total billed charges	
TREPONEMA PALLIDUM (VDRL) TITER (0093093	86593	CPT	both			33		5.06 Aetna	Medicare		10.16	30.8			3.9		31.35 percent of total billed charges	
TREPONEMA PALLIDUM (VDRL) TITER (0093093	86593	CPT	both			33		5.06 Americare	Americare		24.75	75			3.9		31.35 percent of total billed charges	
TREPONEMA PALLIDUM (VDRL) TITER (0093093	86593	CPT	both			33		5.06 Amerihealth	HMO/PPO		21.45	65			3.9		31.35 percent of total billed charges	
TREPONEMA PALLIDUM (VDRL) TITER (0093093	86593	CPT	both			33		5.06 Amerihealth	Medicare		4.4				3.9		31.35 fee schedule	
TREPONEMA PALLIDUM (VDRL) TITER (0093093	86593	CPT	both			33		5.06 Consumer	Consumer		31.35	95			3.9		31.35 percent of total billed charges	
TREPONEMA PALLIDUM (VDRL) TITER (0093093	86593	CPT	both			33		5.06 Corrections	Corrections		26.4	80			3.9		31.35 percent of total billed charges	
TREPONEMA PALLIDUM (VDRL) TITER (0093093	86593	CPT	both			33		5.06 First Health	First Health		23.1	70			3.9		31.35 percent of total billed charges	
TREPONEMA PALLIDUM (VDRL) TITER (0093093	86593	CPT	both			33		5.06 First Trenton	First Trenton		29.7	90			3.9		31.35 percent of total billed charges	
TREPONEMA PALLIDUM (VDRL) TITER (0093093	86593	CPT	both			33		5.06 Horizon	MGD		12.63	38.28			3.9		31.35 percent of total billed charges	
TREPONEMA PALLIDUM (VDRL) TITER (0093093	86593	CPT	both			33		5.06 Horizon	Indemnity		12.63	38.28			3.9		31.35 percent of total billed charges	
TREPONEMA PALLIDUM (VDRL) TITER (0093093	86593	CPT	both			33		5.06 Horizon	Medicare Blue		9.9	30			3.9		31.35 percent of total billed charges	
TREPONEMA PALLIDUM (VDRL) TITER (0093093	86593	CPT	both			33		5.06 Horizon	NJ Health		5.88				3.9		31.35 fee schedule	
TREPONEMA PALLIDUM (VDRL) TITER (0093093	86593	CPT	both			33		5.06 Horizon	PPO		12.63	38.28			3.9		31.35 percent of total billed charges	
TREPONEMA PALLIDUM (VDRL) TITER (0093093	86593	CPT	both			33		5.06 Managed Care Inc	Managed Care Inc		29.7	90			3.9		31.35 percent of total billed charges	
TREPONEMA PALLIDUM (VDRL) TITER (0093093	86593	CPT	both			33		5.06 Multiplan	Multiplan		26.4	80			3.9		31.35 percent of total billed charges	
TREPONEMA PALLIDUM (VDRL) TITER (0093093	86593	CPT	both			33		5.06 Qualcare	Qualcare		24.75	75			3.9		31.35 percent of total billed charges	
TREPONEMA PALLIDUM (VDRL) TITER (0093093	86593	CPT	both			33		5.06 Three Rivers	Three Rivers		31.35	95			3.9		31.35 percent of total billed charges	
TREPONEMA PALLIDUM (VDRL) TITER (0093093	86593	CPT	both			33		5.06 UHC	Medicare		4.4				3.9		31.35 fee schedule	
TREPONEMA PALLIDUM (VDRL) TITER (0093093	86593	CPT	both			33		5.06 UHC	Medicaid		10.41	31.55			3.9		31.35 percent of total billed charges	
TREPONEMA PALLIDUM (VDRL) TITER (0093093	86593	CPT	both			33		5.06 Wellcare	Medicare		4.4				3.9		31.35 fee schedule	
TREPONEMA PALLIDUM (VDRL) TITER (0093093	86593	CPT	both			33		5.06 Wellcare	Medicaid		10.41	31.55			3.9		31.35 percent of total billed charges	
TREPONEMA PALLIDUM (VDRL) TITER (0093093	86593	CPT	both			33		5.06 WellPoint	WellPoint		10.62	32.18			3.9		31.35 percent of total billed charges	
VGCC TYPE P/Q AUTOAB	86596	CPT	both			59		13.86 Aetna	Better Health		18.61	31.55			12.05		56.05 percent of total billed charges	
VGCC TYPE P/Q AUTOAB	86596	CPT	both			59		13.86 Aetna	Commercial		22.42	38			12.05		56.05 percent of total billed charges	
VGCC TYPE P/Q AUTOAB	86596	CPT	both			59		13.86 Aetna	Medicare		12.05				12.05		56.05 fee schedule	
VGCC TYPE P/Q AUTOAB	86596	CPT	both			59		13.86 Americare	Americare		44.25	75			12.05		56.05 percent of total billed charges	
VGCC TYPE P/Q AUTOAB	86596	CPT	both			59		13.86 Amerihealth	Medicare		12.05				12.05		56.05 fee schedule	
VGCC TYPE P/Q AUTOAB	86596	CPT	both			59		13.86 Amerihealth	HMO/PPO		38.35	65			12.05		56.05 percent of total billed charges	
VGCC TYPE P/Q AUTOAB	86596	CPT	both			59		13.86 Consumer	Consumer		56.05	95			12.05		56.05 percent of total billed charges	
VGCC TYPE P/Q AUTOAB	86596	CPT	both			59		13.86 Corrections	Corrections		47.2	80			12.05		56.05 percent of total billed charges	
VGCC TYPE P/Q AUTOAB	86596	CPT	both			59		13.86 First Health	First Health		41.3	70			12.05		56.05 percent of total billed charges	
VGCC TYPE P/Q AUTOAB	86596	CPT	both			59		13.86 First Trenton	First Trenton		53.1	90			12.05		56.05 percent of total billed charges	
VGCC TYPE P/Q AUTOAB	86596	CPT	both			59		13.86 Horizon	Indemnity		22.59	38.28			12.05		56.05 percent of total billed charges	
VGCC TYPE P/Q AUTOAB	86596	CPT	both			59		13.86 Horizon	MGD		22.59	38.28			12.05		56.05 percent of total billed charges	
VGCC TYPE P/Q AUTOAB	86596	CPT	both			59		13.86 Horizon	Medicare Blue		17.7	30			12.05		56.05 percent of total billed charges	
VGCC TYPE P/Q AUTOAB	86596	CPT	both			59		13.86 Horizon	NJ Health		14.43				12.05		56.05 fee schedule	
VGCC TYPE P/Q AUTOAB	86596	CPT	both			59		13.86 Horizon	PPO		22.59	38.28			12.05		56.05 percent of total billed charges	
VGCC TYPE P/Q AUTOAB	86596	CPT	both			59		13.86 Managed Care Inc	Managed Care Inc		53.1	90			12.05		56.05 percent of total billed charges	
VGCC TYPE P/Q AUTOAB	86596	CPT	both			59		13.86 Multiplan	Multiplan		47.2	80			12.05		56.05 percent of total billed charges	
VGCC TYPE P/Q AUTOAB	86596	CPT	both			59		13.86 Qualcare	Qualcare		44.25	75			12.05		56.05 percent of total billed charges	
VGCC TYPE P/Q AUTOAB	86596	CPT	both			59		13.86 Three Rivers	Three Rivers		56.05	95			12.05		56.05 percent of total billed charges	
VGCC TYPE P/Q AUTOAB	86596	CPT	both			59		13.86 UHC	Medicaid		18.61	31.55			12.05		56.05 percent of total billed charges	
VGCC TYPE P/Q AUTOAB	86596	CPT	both			59		13.86 UHC	Medicare		12.05				12.05		56.05 fee schedule	
VGCC TYPE P/Q AUTOAB	86596	CPT	both			59		13.86 Wellcare	Medicaid		18.61	31.55			12.05		56.05 percent of total billed charges	
VGCC TYPE P/Q AUTOAB	86596	CPT	both			59		13.86 Wellcare	Medicare		12.05				12.05		56.05 fee schedule	
VGCC TYPE P/Q AUTOAB	86596	CPT	both			59		13.86 WellPoint	WellPoint		18.99	32.18			12.05		56.05 percent of total billed charges	
THERMOACTINOMYCES VULGARIS IGG	86602	CPT	both			110		11.71 Aetna	Medicare		10.18				9.9		104.5 fee schedule	
THERMOACTINOMYCES VULGARIS IGG	86602	CPT	both			110		11.71 Aetna	Commercial		41.8	38			9.9		104.5 percent of total billed charges	
THERMOACTINOMYCES VULGARIS IGG	86602	CPT	both			110		11.71 Aetna	Better Health		34.71	31.55			9.9		104.5 percent of total billed charges	
THERMOACTINOMYCES VULGARIS IGG	86602	CPT	both			110		11.71 Americare	Americare		82.5	75			9.9		104.5 percent of total billed charges	
THERMOACTINOMYCES VULGARIS IGG	86602	CPT	both			110		11.71 Amerihealth	Medicare		10.18				9.9		104.5 fee schedule	
THERMOACTINOMYCES VULGARIS IGG	86602	CPT	both			110		11.71 Amerihealth	HMO/PPO		71.5	65			9.9		104.5 percent of total billed charges	
THERMOACTINOMYCES VULGARIS IGG	86602	CPT	both			110		11.71 Consumer	Consumer		104.5	95			9.9		104.5 percent of total billed charges	
THERMOACTINOMYCES VULGARIS IGG	86602	CPT	both			110		11.71 Corrections	Corrections		88	80			9.9		104.5 percent of total billed charges	
THERMOACTINOMYCES VULGARIS IGG	86602	CPT	both			110		11.71 First Health	First Health		77	70			9.9		104.5 percent of total billed charges	
THERMOACTINOMYCES VULGARIS IGG	86602	CPT	both			110		11.71 First Trenton	First Trenton		99	90			9.9		104.5 percent of total billed charges	
THERMOACTINOMYCES VULGARIS IGG	86602	CPT	both			110		11.71 Horizon	Medicare Blue		33	30			9.9		104.5 percent of total billed charges	
THERMOACTINOMYCES VULGARIS IGG	86602	CPT	both			110		11.71 Horizon	Indemnity		42.11	38.28			9.9		104.5 percent of total billed charges	
THERMOACTINOMYCES VULGARIS IGG	86602	CPT	both			110		11.71 Horizon	MGD		42.11	38.28			9.9		104.5 percent of total billed charges	
THERMOACTINOMYCES VULGARIS IGG	86602	CPT	both			110		11.71 Horizon	NJ Health		11.31				9.9		104.5 fee schedule	
THERMOACTINOMYCES VULGARIS IGG	86602	CPT	both			110		11.71 Horizon	PPO		42.11	38.28			9.9		104.5 percent of total billed charges	
THERMOACTINOMYCES VULGARIS IGG	86602	CPT	both			110		11.71 Managed Care Inc	Managed Care Inc		99	90			9.9		104.5 percent of total billed charges	
THERMOACTINOMYCES VULGARIS IGG	86602	CPT	both			110		11.71 Multiplan	Multiplan		88	80			9.9		104.5 percent of total billed charges	
THERMOACTINOMYCES VULGARIS IGG	86602	CPT	both			110		11.71 Qualcare	Qualcare		82.5	75			9.9		104.5 percent of total billed charges	
THERMOACTINOMYCES VULGARIS IGG	86602	CPT	both			110		11.71 Three Rivers	Three Rivers		104.5	95			9.9		104.5 percent of total billed charges	
THERMOACTINOMYCES VULGARIS IGG	86602	CPT	both			110		11.71 UHC	Medicaid		34.71	31.55			9.9		104.5 percent of total billed charges	
THERMOACTINOMYCES VULGARIS IGG	86602	CPT	both			110		11.71 UHC	Medicare		10.18				9.9		104.5 fee schedule	
THERMOACTINOMYCES VULGARIS IGG	86602	CPT	both			110		11.71 Wellcare	Medicare		10.18				9.9		104.5 fee schedule	
THERMOACTINOMYCES VULGARIS IGG	86602	CPT	both			110		11.71 Wellcare	Medicaid		34.71	31.55			9.9		104.5 percent of total billed charges	
THERMOACTINOMYCES VULGARIS IGG	86602	CPT	both			110		11.71 WellPoint	WellPoint		35.4	32.18			9.9		104.5 percent of total billed charges	
ADENOVIRUS GROUP AB QUANT	86603	CPT	both			30		14.8 Aetna	Better Health		9.47	31.55			9		28.5 percent of total billed charges	
ADENOVIRUS GROUP AB QUANT	86603	CPT	both			30		14.8 Aetna	Commercial		11.4	38			9		28.5 percent of total billed charges	
ADENOVIRUS GROUP AB QUANT	86603	CPT	both			30		14.8 Aetna	Medicare		12.87				9		28.5 fee schedule	
ADENOVIRUS GROUP AB QUANT	86603	CPT	both			30		14.8 Americare	Americare		22.5	75			9		28.5 percent of total billed charges	
ADENOVIRUS GROUP AB QUANT	86603	CPT	both			30		14.8 Amerihealth	HMO/PPO		19.5	65			9		28.5 percent of total billed charges	
ADENOVIRUS GROUP AB QUANT	86603	CPT	both			30		14.8 Amerihealth	Medicare		12.87				9		28.5 fee schedule	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101191	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ADENOVIRUS GROUP AB QUANT	86603	CPT	both			30		14.8 Consumer	Consumer		28.5				9		28.5 percent of total billed charges	
ADENOVIRUS GROUP AB QUANT	86603	CPT	both			30		14.8 Corrections	Corrections		24				9		28.5 percent of total billed charges	
ADENOVIRUS GROUP AB QUANT	86603	CPT	both			30		14.8 First Health	First Health		21				9		28.5 percent of total billed charges	
ADENOVIRUS GROUP AB QUANT	86603	CPT	both			30		14.8 First Trenton	First Trenton		27				9		28.5 percent of total billed charges	
ADENOVIRUS GROUP AB QUANT	86603	CPT	both			30		14.8 Horizon	Medicare Blue		9				9		28.5 percent of total billed charges	
ADENOVIRUS GROUP AB QUANT	86603	CPT	both			30		14.8 Horizon	Indemnity		11.48	38.28			9		28.5 percent of total billed charges	
ADENOVIRUS GROUP AB QUANT	86603	CPT	both			30		14.8 Horizon	MGD		11.48	38.28			9		28.5 percent of total billed charges	
ADENOVIRUS GROUP AB QUANT	86603	CPT	both			30		14.8 Horizon	NJ Health		21.56				9		28.5 fee schedule	
ADENOVIRUS GROUP AB QUANT	86603	CPT	both			30		14.8 Horizon	PPO		11.48	38.28			9		28.5 percent of total billed charges	
ADENOVIRUS GROUP AB QUANT	86603	CPT	both			30		14.8 Managed Care Inc	Managed Care Inc		27				9		28.5 percent of total billed charges	
ADENOVIRUS GROUP AB QUANT	86603	CPT	both			30		14.8 Multiplan	Multiplan		24				9		28.5 percent of total billed charges	
ADENOVIRUS GROUP AB QUANT	86603	CPT	both			30		14.8 Qualcare	Qualcare		22.5				9		28.5 percent of total billed charges	
ADENOVIRUS GROUP AB QUANT	86603	CPT	both			30		14.8 Three Rivers	Three Rivers		28.5				9		28.5 percent of total billed charges	
ADENOVIRUS GROUP AB QUANT	86603	CPT	both			30		14.8 UHC	Medicaid		9.47	31.55			9		28.5 percent of total billed charges	
ADENOVIRUS GROUP AB QUANT	86603	CPT	both			30		14.8 UHC	Medicare		12.87				9		28.5 fee schedule	
ADENOVIRUS GROUP AB QUANT	86603	CPT	both			30		14.8 Wellcare	Medicaid		9.47	31.55			9		28.5 percent of total billed charges	
ADENOVIRUS GROUP AB QUANT	86603	CPT	both			30		14.8 Wellcare	Medicare		12.87				9		28.5 fee schedule	
ADENOVIRUS GROUP AB QUANT	86603	CPT	both			30		14.8 WellPoint	WellPoint		9.65	32.18			9		28.5 percent of total billed charges	
ASPERGILLUS TERREUS IGG	86606	CPT	both			110		17.31 Aetna	Medicare		15.05				10.2		104.5 fee schedule	
ASPERGILLUS TERREUS IGG	86606	CPT	both			110		17.31 Aetna	Commercial		41.8	38			10.2		104.5 percent of total billed charges	
ASPERGILLUS TERREUS IGG	86606	CPT	both			110		17.31 Aetna	Better Health		34.71	31.55			10.2		104.5 percent of total billed charges	
ASPERGILLUS TERREUS IGG	86606	CPT	both			110		17.31 Americare	Americare		82.5	75			10.2		104.5 percent of total billed charges	
ASPERGILLUS TERREUS IGG	86606	CPT	both			110		17.31 Amerihealth	Medicare		15.05				10.2		104.5 fee schedule	
ASPERGILLUS TERREUS IGG	86606	CPT	both			110		17.31 Amerihealth	HMO/PPO		71.5	65			10.2		104.5 percent of total billed charges	
ASPERGILLUS TERREUS IGG	86606	CPT	both			110		17.31 Consumer	Consumer		104.5	95			10.2		104.5 percent of total billed charges	
ASPERGILLUS TERREUS IGG	86606	CPT	both			110		17.31 Corrections	Corrections		88	80			10.2		104.5 percent of total billed charges	
ASPERGILLUS TERREUS IGG	86606	CPT	both			110		17.31 First Health	First Health		77	70			10.2		104.5 percent of total billed charges	
ASPERGILLUS TERREUS IGG	86606	CPT	both			110		17.31 First Trenton	First Trenton		99	90			10.2		104.5 percent of total billed charges	
ASPERGILLUS TERREUS IGG	86606	CPT	both			110		17.31 Horizon	MGD		42.11	38.28			10.2		104.5 percent of total billed charges	
ASPERGILLUS TERREUS IGG	86606	CPT	both			110		17.31 Horizon	Indemnity		42.11	38.28			10.2		104.5 percent of total billed charges	
ASPERGILLUS TERREUS IGG	86606	CPT	both			110		17.31 Horizon	Medicare Blue		33	30			10.2		104.5 percent of total billed charges	
ASPERGILLUS TERREUS IGG	86606	CPT	both			110		17.31 Horizon	NJ Health		21.56				10.2		104.5 fee schedule	
ASPERGILLUS TERREUS IGG	86606	CPT	both			110		17.31 Horizon	PPO		42.11	38.28			10.2		104.5 percent of total billed charges	
ASPERGILLUS TERREUS IGG	86606	CPT	both			110		17.31 Managed Care Inc	Managed Care Inc		99	90			10.2		104.5 percent of total billed charges	
ASPERGILLUS TERREUS IGG	86606	CPT	both			110		17.31 Multiplan	Multiplan		88	80			10.2		104.5 percent of total billed charges	
ASPERGILLUS TERREUS IGG	86606	CPT	both			110		17.31 Qualcare	Qualcare		82.5	75			10.2		104.5 percent of total billed charges	
ASPERGILLUS TERREUS IGG	86606	CPT	both			110		17.31 Three Rivers	Three Rivers		104.5	95			10.2		104.5 percent of total billed charges	
ASPERGILLUS TERREUS IGG	86606	CPT	both			110		17.31 UHC	Medicaid		34.71	31.55			10.2		104.5 percent of total billed charges	
ASPERGILLUS TERREUS IGG	86606	CPT	both			110		17.31 UHC	Medicare		15.05				10.2		104.5 fee schedule	
ASPERGILLUS TERREUS IGG	86606	CPT	both			110		17.31 Wellcare	Medicare		15.05				10.2		104.5 fee schedule	
ASPERGILLUS TERREUS IGG	86606	CPT	both			110		17.31 Wellcare	Medicaid		34.71	31.55			10.2		104.5 percent of total billed charges	
ASPERGILLUS TERREUS IGG	86606	CPT	both			110		17.31 WellPoint	WellPoint		35.4	32.18			10.2		104.5 percent of total billed charges	
MICROPOLYSPORA FAENI IGG	86609	CPT	both			593		14.81 Aetna	Commercial		225.34	38			12.6		563.35 percent of total billed charges	
MICROPOLYSPORA FAENI IGG	86609	CPT	both			593		14.81 Aetna	Medicare		12.88				12.6		563.35 fee schedule	
MICROPOLYSPORA FAENI IGG	86609	CPT	both			593		14.81 Aetna	Better Health		187.09	31.55			12.6		563.35 percent of total billed charges	
MICROPOLYSPORA FAENI IGG	86609	CPT	both			593		14.81 Americare	Americare		444.75	75			12.6		563.35 percent of total billed charges	
MICROPOLYSPORA FAENI IGG	86609	CPT	both			593		14.81 Amerihealth	Medicare		12.88				12.6		563.35 fee schedule	
MICROPOLYSPORA FAENI IGG	86609	CPT	both			593		14.81 Amerihealth	HMO/PPO		385.45	65			12.6		563.35 percent of total billed charges	
MICROPOLYSPORA FAENI IGG	86609	CPT	both			593		14.81 Consumer	Consumer		563.35	95			12.6		563.35 percent of total billed charges	
MICROPOLYSPORA FAENI IGG	86609	CPT	both			593		14.81 Corrections	Corrections		474.4	80			12.6		563.35 percent of total billed charges	
MICROPOLYSPORA FAENI IGG	86609	CPT	both			593		14.81 First Health	First Health		415.1	70			12.6		563.35 percent of total billed charges	
MICROPOLYSPORA FAENI IGG	86609	CPT	both			593		14.81 First Trenton	First Trenton		533.7	90			12.6		563.35 percent of total billed charges	
MICROPOLYSPORA FAENI IGG	86609	CPT	both			593		14.81 Horizon	MGD		227	38.28			12.6		563.35 percent of total billed charges	
MICROPOLYSPORA FAENI IGG	86609	CPT	both			593		14.81 Horizon	Indemnity		227	38.28			12.6		563.35 percent of total billed charges	
MICROPOLYSPORA FAENI IGG	86609	CPT	both			593		14.81 Horizon	Medicare Blue		177.9	30			12.6		563.35 percent of total billed charges	
MICROPOLYSPORA FAENI IGG	86609	CPT	both			593		14.81 Horizon	NJ Health		19.6				12.6		563.35 fee schedule	
MICROPOLYSPORA FAENI IGG	86609	CPT	both			593		14.81 Horizon	PPO		227	38.28			12.6		563.35 percent of total billed charges	
MICROPOLYSPORA FAENI IGG	86609	CPT	both			593		14.81 Managed Care Inc	Managed Care Inc		533.7	90			12.6		563.35 percent of total billed charges	
MICROPOLYSPORA FAENI IGG	86609	CPT	both			593		14.81 Multiplan	Multiplan		474.4	80			12.6		563.35 percent of total billed charges	
MICROPOLYSPORA FAENI IGG	86609	CPT	both			593		14.81 Qualcare	Qualcare		444.75	75			12.6		563.35 percent of total billed charges	
MICROPOLYSPORA FAENI IGG	86609	CPT	both			593		14.81 Three Rivers	Three Rivers		563.35	95			12.6		563.35 percent of total billed charges	
MICROPOLYSPORA FAENI IGG	86609	CPT	both			593		14.81 UHC	Medicare		12.88				12.6		563.35 fee schedule	
MICROPOLYSPORA FAENI IGG	86609	CPT	both			593		14.81 UHC	Medicaid		187.09	31.55			12.6		563.35 percent of total billed charges	
MICROPOLYSPORA FAENI IGG	86609	CPT	both			593		14.81 Wellcare	Medicare		12.88				12.6		563.35 fee schedule	
MICROPOLYSPORA FAENI IGG	86609	CPT	both			593		14.81 Wellcare	Medicaid		187.09	31.55			12.6		563.35 percent of total billed charges	
MICROPOLYSPORA FAENI IGG	86609	CPT	both			593		14.81 WellPoint	WellPoint		190.83	32.18			12.6		563.35 percent of total billed charges	
B. QUINTANA IGM	86611	CPT	both			33		11.71 Aetna	Better Health		10.41	31.55			9.9		31.35 percent of total billed charges	
B. QUINTANA IGM	86611	CPT	both			33		11.71 Aetna	Commercial		12.54	38			9.9		31.35 percent of total billed charges	
B. QUINTANA IGM	86611	CPT	both			33		11.71 Aetna	Medicare		10.18				9.9		31.35 fee schedule	
B. QUINTANA IGM	86611	CPT	both			33		11.71 Americare	Americare		24.75	75			9.9		31.35 percent of total billed charges	
B. QUINTANA IGM	86611	CPT	both			33		11.71 Amerihealth	Medicare		10.18				9.9		31.35 fee schedule	
B. QUINTANA IGM	86611	CPT	both			33		11.71 Amerihealth	HMO/PPO		21.45	65			9.9		31.35 percent of total billed charges	
B. QUINTANA IGM	86611	CPT	both			33		11.71 Consumer	Consumer		31.35	95			9.9		31.35 percent of total billed charges	
B. QUINTANA IGM	86611	CPT	both			33		11.71 Corrections	Corrections		26.4	80			9.9		31.35 percent of total billed charges	
B. QUINTANA IGM	86611	CPT	both			33		11.71 First Health	First Health		23.1	70			9.9		31.35 percent of total billed charges	
B. QUINTANA IGM	86611	CPT	both			33		11.71 First Trenton	First Trenton		29.7	90			9.9		31.35 percent of total billed charges	
B. QUINTANA IGM	86611	CPT	both			33		11.71 Horizon	Medicare Blue		9.9	30			9.9		31.35 percent of total billed charges	
B. QUINTANA IGM	86611	CPT	both			33		11.71 Horizon	MGD		12.63	38.28			9.9		31.35 percent of total billed charges	
B. QUINTANA IGM	86611	CPT	both			33		11.71 Horizon	Indemnity		12.63	38.28			9.9		31.35 percent of total billed charges	
B. QUINTANA IGM	86611	CPT	both			33		11.71 Horizon	NJ Health		11.31				9.9		31.35 fee schedule	
B. QUINTANA IGM	86611	CPT	both			33		11.71 Horizon	PPO		12.63	38.28			9.9		31.35 percent of total billed charges	
B. QUINTANA IGM	86611	CPT	both			33		11.71 Managed Care Inc	Managed Care Inc		29.7	90			9.9		31.35 percent of total billed charges	
B. QUINTANA IGM	86611	CPT	both			33		11.71 Multiplan	Multiplan		26.4	80			9.9		31.35 percent of total billed charges	
B. QUINTANA IGM	86611	CPT	both			33		11.71 Qualcare	Qualcare		24.75	75			9.9		31.35 percent of total billed charges	
B. QUINTANA IGM	86611	CPT	both			33		11.71 Three Rivers	Three Rivers		31.35	95			9.9		31.35 percent of total billed charges	
B. QUINTANA IGM	86611	CPT	both			33		11.71 UHC	Medicare		10.18				9.9		31.35 fee schedule	
B. QUINTANA IGM	86611	CPT	both			33		11.71 UHC	Medicaid		10.41	31.55			9.9		31.35 percent of total billed charges	
B. QUINTANA IGM	86611	CPT	both			33		11.71 Wellcare	Medicaid		10.41	31.55			9.9		31.35 percent of total billed charges	
B. QUINTANA IGM	86611	CPT	both			33		11.71 Wellcare	Medicare		10.18				9.9		31.35 fee schedule	
B. QUINTANA IGM	86611	CPT	both			33		11.71 WellPoint	WellPoint		10.62	32.18			9.9		31.35 percent of total billed charges	
BLASTOMYCES.DERMATITIDIS.ABS	86612	CPT	both			238		14.84 Aetna	Better Health		75.09	31.55			8.7		226.1 percent of total billed charges	
BLASTOMYCES.DERMATITIDIS.ABS	86612	CPT	both			238		14.84 Aetna	Medicare		12.9				8.7		226.1 fee schedule	
BLASTOMYCES.DERMATITIDIS.ABS	86612	CPT	both			238		14.84 Aetna	Commercial		90.44	38			8.7		226.1 percent of total billed charges	
BLASTOMYCES.DERMATITIDIS.ABS	86612	CPT	both			238		14.84 Americare	Americare		178.5	75			8.7		226.1 percent of total billed charges	
BLASTOMYCES.DERMATITIDIS.ABS	86612	CPT	both			238		14.84 Amerihealth	Medicare		12.9				8.7		226.1 fee schedule	
BLASTOMYCES.DERMATITIDIS.ABS	86612	CPT	both			238		14.84 Amerihealth	HMO/PPO		154.7	65			8.7		226.1 percent of total billed charges	
BLASTOMYCES.DERMATITIDIS.ABS	86612	CPT	both			238		14.84 Consumer	Consumer		226.1	95			8.7		226.1 percent of total billed charges	
BLASTOMYCES.DERMATITIDIS.ABS	86612	CPT	both			238		14.84 Corrections	Corrections		190.4	80			8.7		226.1 percent of total billed charges	
BLASTOMYCES.DERMATITIDIS.ABS	86612	CPT	both			238		14.84 First Health	First Health		166.6	70			8.7		226.1 percent of total billed charges	
BLASTOMYCES.DERMATITIDIS.ABS	86612	CPT	both			238		14.84 First Trenton	First Trenton		214.2	90			8.7		226.1 percent of total billed charges	
BLASTOMYCES.DERMATITIDIS.ABS	86612	CPT	both			238		14.84 Horizon	Medicare Blue		71.4	30			8.7		226.1 percent of total billed charges	
BLASTOMYCES.DERMATITIDIS.ABS	86612	CPT	both			238		14.84 Horizon	MGD		91.11	38.28			8.7		226.1 percent of total billed charges	
BLASTOMYCES.DERMATITIDIS.ABS	86612	CPT	both			238		14.84 Horizon	Indemnity		91.11	38.28			8.7		226.1 percent of total billed charges	
BLASTOMYCES.DERMATITIDIS.ABS	86612	CPT	both			238		14.84 Horizon	PPO		91.11	38.28			8.7		226.1 percent of total billed charges	
BLASTOMYCES.DERMATITIDIS.ABS	86612	CPT	both			238		14.84 Horizon	NJ Health		21.56				8.7		226.1 fee schedule	
BLASTOMYCES.DERMATITIDIS.ABS	86612	CPT	both			238		14.84 Managed Care Inc	Managed Care Inc		214.2	90			8.7		226.1 percent of total billed charges	
BLASTOMYCES.DERMATITIDIS.ABS	86612	CPT	both			238		14.84 Multiplan	Multiplan		190.4	80			8.7		226.1 percent of total billed charges	
BLASTOMYCES.DERMATITIDIS.ABS	86612	CPT	both			238		14.84 Qualcare	Qualcare		178.5	75			8.7		226.1 percent of total billed charges	
BLASTOMYCES.DERMATITIDIS.ABS	86612	CPT	both			238		14.84 Three Rivers	Three Rivers		226.1	95			8.7		226.1 percent of total billed charges	
BLASTOMYCES.DERMATITIDIS.ABS	86612	CPT	both			238		14.84 UHC	Medicare		12.9				8.7		226.1 fee schedule	
BLASTOMYCES.DERMATITIDIS.ABS	86612	CPT	both			238		14.84 UHC	Medicaid		75.09	31.55			8.7		226.1 percent of total billed charges	
BLASTOMYCES.DERMATITIDIS.ABS	86612	CPT	both			238		14.84 Wellcare	Medicaid		75.09	31.55			8.7		226.1 percent of total billed charges	
BLASTOMYCES.DERMATITIDIS.ABS	86612	CPT	both			238		14.84 Wellcare	Medicare		12.9				8.7		226.1 fee schedule	
BLASTOMYCES.DERMATITIDIS.ABS	86612	CPT	both			238		14.84 WellPoint	WellPoint		76.59	32.18			8.7		226.1 percent of total billed charges	
B.PERTUSSIS.IGG/IGM. AB	86615	CPT	outpatient			154		15.17 Aetna	Better Health		48.59	31.55			13.19		146.3 percent of total billed charges	
B.PERTUSSIS.IGG/IGM. AB	86615	CPT	outpatient			154		15.17 Aetna	Medicare		13.19				13.19		146.3 fee schedule	
B.PERTUSSIS.IGG/IGM. AB	86615	CPT	outpatient			154		15.17 Aetna	Commercial		58.52	38			13.19		146.3 percent of total billed charges	
B.PERTUSSIS.IGG/IGM. AB	86615	CPT	outpatient			154		15.17 Americare	Americare		115.5	75			13.19		146.3 percent of total billed charges	
B.PERTUSSIS.IGG/IGM. AB	86615	CPT	outpatient			154		15.17 Amerihealth	HMO/PPO		100.1	65			13.19		146.3 percent of total billed charges	
B.PERTUSSIS.IGG/IGM. AB	86615	CPT	outpatient			154		15.17 Amerihealth	Medicare		13.19				13.19		146.3 fee schedule	
B.PERTUSSIS.IGG/IGM. AB	86615	CPT	outpatient			154		15.17 Consumer	Consumer		146.3	95			13.19		146.3 percent of total billed charges	
B.PERTUSSIS.IGG/IGM. AB	86615	CPT	outpatient			154		15.17 Corrections	Corrections		123.2	80			13.19		146.3 percent of total billed charges	
B.PERTUSSIS.IGG/IGM. AB	86615	CPT	outpatient			154		15.17 First Health	First Health		107.8	70			13.19		146.3 percent of total billed charges	
B.PERTUSSIS.IGG/IGM. AB	86615	CPT	outpatient			154		15.17 First Trenton	First Trenton		138.6	90			13.19		146.3 percent of total billed charges	
B.PERTUSSIS.IGG/IGM. AB	86615	CPT	outpatient			154		15.17 Horizon	MGD		58.95	38.28			13.19		146.3 percent of total billed charges	
B.PERTUSSIS.IGG/IGM. AB	86615	CPT	outpatient			154		15.17 Horizon	Indemnity		58.95	38.28			13.19		146.3 percent of total billed charges	
B.PERTUSSIS.IGG/IGM. AB	86615	CPT	outpatient			154		15.17 Horizon	Medicare Blue		46.2	30			13.19		146.3 percent of total billed charges	
B.PERTUSSIS.IGG/IGM. AB	86615	CPT	outpatient			154		15.17 Horizon	NJ Health		19.6				13.19		146.3 fee schedule	
B.PERTUSSIS.IGG/IGM. AB	86615	CPT	outpatient			154		15.17 Horizon	PPO		58.95	38.28			13.19		146.3 percent of total billed charges	
B.PERTUSSIS.IGG/IGM. AB	86615	CPT	outpatient			154		15.17 Managed Care Inc	Managed Care Inc		138.6	90			13.19		146.3 percent of total billed charges	
B.PERTUSSIS.IGG/IGM. AB	86615	CPT	outpatient			154		15.17 Multiplan	Multiplan		123.2	80			13.19		146.3 percent of total billed charges	
B.PERTUSSIS.IGG/IGM. AB	86615	CPT	outpatient			154		15.17 Qualcare	Qualcare		115.5	75			13.19		146.3 percent of total billed charges	
B.PERTUSSIS.IGG/IGM. AB	86615	CPT	outpatient			154		15.17 Three Rivers	Three Rivers		146.3	95			13.19		146.3 percent of total billed charges	
B.PERTUSSIS.IGG/IGM. AB	86615	CPT	outpatient			154		15.17 UHC	Medicaid		48.59	31.55			13.19		146.3 percent of total billed charges	
B.PERTUSSIS.IGG/IGM. AB	86615	CPT	outpatient			154		15.17 UHC	Medicare		13.19				13.19		146.3 fee schedule	
B.PERTUSSIS.IGG/IGM. AB	86615	CPT	outpatient			154		15.17 Wellcare	Medicare		13.19				13.19		146.3 fee schedule	
B.PERTUSSIS.IGG/IGM. AB	86615	CPT	outpatient			154		15.17 Wellcare	Medicaid		48.59	31.55			13.19		146.3 percent of total billed charges	
B.PERTUSSIS.IGG/IGM. AB	86615	CPT	outpatient			154		15.17 WellPoint	WellPoint		49.56	32.18			13.19		146.3 percent of total billed charges	
LYME.LINE BLOT,CSF(160457)	86617	CPT	both			311		17.81 Aetna	Better Health		98.12	31.55			15		295.45 percent of total billed charges	
LYME.LINE BLOT,CSF(160457)	86617	CPT	both			311		17.81 Aetna	Medicare		15.49				15		295.45 fee schedule	
LYME.LINE BLOT,CSF(160457)	86617	CPT	both			311		17.81 Aetna	Commercial		118.18	38			15		295.45 percent of total billed charges	
LYME.LINE BLOT,CSF(160457)	86617	CPT	both			311		17.81 Americare	Americare		233.25	75			15		295.45 percent of total billed charges	
LYME.LINE BLOT,CSF(160457)	86617	CPT	both			311		17.81 Amerihealth	Medicare		15.49				15		295.45 fee schedule	
LYME.LINE BLOT,CSF(160457)	86617	CPT	both			311		17.81 Amerihealth	HMO/PPO		202.15	65			15		295.45 percent of total billed charges	
LYME.LINE BLOT,CSF(160457)	86617	CPT	both			311		17.81 Consumer	Consumer		295.45	95			15		295.45 percent of total billed charges	
LYME.LINE BLOT,CSF(160457)	86617	CPT	both			311		17.81 Corrections	Corrections		248.8	80			15		295.45 percent of total billed charges	
LYME.LINE BLOT,CSF(160457)	86617	CPT	both			311		17.81 First Health	First Health		217.7	70			15		295.45 percent of total billed charges	
LYME.LINE BLOT,CSF(160457)	86617	CPT	both			311		17.81 First Trenton	First Trenton		279.9	90			15		295.45 percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
LYME,LINE BLOT,CSF(160457)	86617	CPT	both			311		17.81 Horizon	Medicare Blue		93.3	30			15		295.45 percent of total billed charges	
LYME,LINE BLOT,CSF(160457)	86617	CPT	both			311		17.81 Horizon	Indemnity		119.05	38.28			15		295.45 percent of total billed charges	
LYME,LINE BLOT,CSF(160457)	86617	CPT	both			311		17.81 Horizon	NJ Health		37.24				15		295.45 fee schedule	
LYME,LINE BLOT,CSF(160457)	86617	CPT	both			311		17.81 Horizon	MGD		119.05	38.28			15		295.45 percent of total billed charges	
LYME,LINE BLOT,CSF(160457)	86617	CPT	both			311		17.81 Horizon	PPO		119.05	38.28			15		295.45 percent of total billed charges	
LYME,LINE BLOT,CSF(160457)	86617	CPT	both			311		17.81 Managed Care Inc	Managed Care Inc		279.9	90			15		295.45 percent of total billed charges	
LYME,LINE BLOT,CSF(160457)	86617	CPT	both			311		17.81 Multiplan	Multiplan		248.8	80			15		295.45 percent of total billed charges	
LYME,LINE BLOT,CSF(160457)	86617	CPT	both			311		17.81 Qualcare	Qualcare		233.25	75			15		295.45 percent of total billed charges	
LYME,LINE BLOT,CSF(160457)	86617	CPT	both			311		17.81 Three Rivers	Three Rivers		295.45	95			15		295.45 percent of total billed charges	
LYME,LINE BLOT,CSF(160457)	86617	CPT	both			311		17.81 UHC	Medicaid		98.12	31.55			15		295.45 percent of total billed charges	
LYME,LINE BLOT,CSF(160457)	86617	CPT	both			311		17.81 UHC	Medicare		15.49				15		295.45 fee schedule	
LYME,LINE BLOT,CSF(160457)	86617	CPT	both			311		17.81 Wellcare	Medicaid		98.12	31.55			15		295.45 percent of total billed charges	
LYME,LINE BLOT,CSF(160457)	86617	CPT	both			311		17.81 Wellcare	Medicare		15.49				15		295.45 fee schedule	
LYME,LINE BLOT,CSF(160457)	86617	CPT	both			311		17.81 WellPoint	WellPoint		100.08	32.18			15		295.45 percent of total billed charges	
LYME,AB/LINE.BLOT.RFX(258004)	86618	CPT	both			472		19.58 Aetna	Medicare		17.03				10.8		448.4 fee schedule	
LYME,AB/LINE.BLOT.RFX(258004)	86618	CPT	both			472		19.58 Aetna	Better Health		148.92	31.55			10.8		448.4 percent of total billed charges	
LYME,AB/LINE.BLOT.RFX(258004)	86618	CPT	both			472		19.58 Aetna	Commercial		179.36	38			10.8		448.4 percent of total billed charges	
LYME,AB/LINE.BLOT.RFX(258004)	86618	CPT	both			472		19.58 Americare	Americare		354	75			10.8		448.4 percent of total billed charges	
LYME,AB/LINE.BLOT.RFX(258004)	86618	CPT	both			472		19.58 Amerihealth	Medicare		17.03				10.8		448.4 fee schedule	
LYME,AB/LINE.BLOT.RFX(258004)	86618	CPT	both			472		19.58 Amerihealth	HMO/PPO		306.8	65			10.8		448.4 percent of total billed charges	
LYME,AB/LINE.BLOT.RFX(258004)	86618	CPT	both			472		19.58 Consumer	Consumer		448.4	95			10.8		448.4 percent of total billed charges	
LYME,AB/LINE.BLOT.RFX(258004)	86618	CPT	both			472		19.58 Corrections	Corrections		377.6	80			10.8		448.4 percent of total billed charges	
LYME,AB/LINE.BLOT.RFX(258004)	86618	CPT	both			472		19.58 First Health	First Health		330.4	70			10.8		448.4 percent of total billed charges	
LYME,AB/LINE.BLOT.RFX(258004)	86618	CPT	both			472		19.58 First Trenton	First Trenton		424.8	90			10.8		448.4 percent of total billed charges	
LYME,AB/LINE.BLOT.RFX(258004)	86618	CPT	both			472		19.58 Horizon	MGD		180.68	38.28			10.8		448.4 percent of total billed charges	
LYME,AB/LINE.BLOT.RFX(258004)	86618	CPT	both			472		19.58 Horizon	Medicare Blue		141.6	30			10.8		448.4 percent of total billed charges	
LYME,AB/LINE.BLOT.RFX(258004)	86618	CPT	both			472		19.58 Horizon	Indemnity		180.68	38.28			10.8		448.4 percent of total billed charges	
LYME,AB/LINE.BLOT.RFX(258004)	86618	CPT	both			472		19.58 Horizon	NJ Health		57.82				10.8		448.4 fee schedule	
LYME,AB/LINE.BLOT.RFX(258004)	86618	CPT	both			472		19.58 Horizon	PPO		180.68	38.28			10.8		448.4 percent of total billed charges	
LYME,AB/LINE.BLOT.RFX(258004)	86618	CPT	both			472		19.58 Managed Care Inc	Managed Care Inc		424.8	90			10.8		448.4 percent of total billed charges	
LYME,AB/LINE.BLOT.RFX(258004)	86618	CPT	both			472		19.58 Multiplan	Multiplan		377.6	80			10.8		448.4 percent of total billed charges	
LYME,AB/LINE.BLOT.RFX(258004)	86618	CPT	both			472		19.58 Qualcare	Qualcare		354	75			10.8		448.4 percent of total billed charges	
LYME,AB/LINE.BLOT.RFX(258004)	86618	CPT	both			472		19.58 Three Rivers	Three Rivers		448.4	95			10.8		448.4 percent of total billed charges	
LYME,AB/LINE.BLOT.RFX(258004)	86618	CPT	both			472		19.58 UHC	Medicaid		148.92	31.55			10.8		448.4 percent of total billed charges	
LYME,AB/LINE.BLOT.RFX(258004)	86618	CPT	both			472		19.58 UHC	Medicare		17.03				10.8		448.4 fee schedule	
LYME,AB/LINE.BLOT.RFX(258004)	86618	CPT	both			472		19.58 Wellcare	Medicare		17.03				10.8		448.4 fee schedule	
LYME,AB/LINE.BLOT.RFX(258004)	86618	CPT	both			472		19.58 Wellcare	Medicaid		148.92	31.55			10.8		448.4 percent of total billed charges	
LYME,AB/LINE.BLOT.RFX(258004)	86618	CPT	both			472		19.58 WellPoint	WellPoint		151.89	32.18			10.8		448.4 percent of total billed charges	
BRUCELLA TOTAL AB CONF, AGGLUTINATION, S	86622	CPT	both			55		10.27 Aetna	Better Health		17.35	31.55			8.4		52.25 percent of total billed charges	
BRUCELLA TOTAL AB CONF, AGGLUTINATION, S	86622	CPT	both			55		10.27 Aetna	Medicare		8.93				8.4		52.25 fee schedule	
BRUCELLA TOTAL AB CONF, AGGLUTINATION, S	86622	CPT	both			55		10.27 Aetna	Commercial		20.9	38			8.4		52.25 percent of total billed charges	
BRUCELLA TOTAL AB CONF, AGGLUTINATION, S	86622	CPT	both			55		10.27 Americare	Americare		41.25	75			8.4		52.25 percent of total billed charges	
BRUCELLA TOTAL AB CONF, AGGLUTINATION, S	86622	CPT	both			55		10.27 Amerihealth	Medicare		8.93				8.4		52.25 fee schedule	
BRUCELLA TOTAL AB CONF, AGGLUTINATION, S	86622	CPT	both			55		10.27 Amerihealth	HMO/PPO		35.75	65			8.4		52.25 percent of total billed charges	
BRUCELLA TOTAL AB CONF, AGGLUTINATION, S	86622	CPT	both			55		10.27 Consumer	Consumer		52.25	95			8.4		52.25 percent of total billed charges	
BRUCELLA TOTAL AB CONF, AGGLUTINATION, S	86622	CPT	both			55		10.27 Corrections	Corrections		44	80			8.4		52.25 percent of total billed charges	
BRUCELLA TOTAL AB CONF, AGGLUTINATION, S	86622	CPT	both			55		10.27 First Health	First Health		38.5	70			8.4		52.25 percent of total billed charges	
BRUCELLA TOTAL AB CONF, AGGLUTINATION, S	86622	CPT	both			55		10.27 First Trenton	First Trenton		49.5	90			8.4		52.25 percent of total billed charges	
BRUCELLA TOTAL AB CONF, AGGLUTINATION, S	86622	CPT	both			55		10.27 Horizon	MGD		21.05	38.28			8.4		52.25 percent of total billed charges	
BRUCELLA TOTAL AB CONF, AGGLUTINATION, S	86622	CPT	both			55		10.27 Horizon	Indemnity		21.05	38.28			8.4		52.25 percent of total billed charges	
BRUCELLA TOTAL AB CONF, AGGLUTINATION, S	86622	CPT	both			55		10.27 Horizon	Medicare Blue		16.5	30			8.4		52.25 percent of total billed charges	
BRUCELLA TOTAL AB CONF, AGGLUTINATION, S	86622	CPT	both			55		10.27 Horizon	NJ Health		15.68				8.4		52.25 fee schedule	
BRUCELLA TOTAL AB CONF, AGGLUTINATION, S	86622	CPT	both			55		10.27 Horizon	PPO		21.05	38.28			8.4		52.25 percent of total billed charges	
BRUCELLA TOTAL AB CONF, AGGLUTINATION, S	86622	CPT	both			55		10.27 Managed Care Inc	Managed Care Inc		49.5	90			8.4		52.25 percent of total billed charges	
BRUCELLA TOTAL AB CONF, AGGLUTINATION, S	86622	CPT	both			55		10.27 Multiplan	Multiplan		44	80			8.4		52.25 percent of total billed charges	
BRUCELLA TOTAL AB CONF, AGGLUTINATION, S	86622	CPT	both			55		10.27 Qualcare	Qualcare		41.25	75			8.4		52.25 percent of total billed charges	
BRUCELLA TOTAL AB CONF, AGGLUTINATION, S	86622	CPT	both			55		10.27 Three Rivers	Three Rivers		52.25	95			8.4		52.25 percent of total billed charges	
BRUCELLA TOTAL AB CONF, AGGLUTINATION, S	86622	CPT	both			55		10.27 UHC	Medicare		8.93				8.4		52.25 fee schedule	
BRUCELLA TOTAL AB CONF, AGGLUTINATION, S	86622	CPT	both			55		10.27 UHC	Medicaid		17.35	31.55			8.4		52.25 percent of total billed charges	
BRUCELLA TOTAL AB CONF, AGGLUTINATION, S	86622	CPT	both			55		10.27 Wellcare	Medicare		8.93				8.4		52.25 fee schedule	
BRUCELLA TOTAL AB CONF, AGGLUTINATION, S	86622	CPT	both			55		10.27 Wellcare	Medicaid		17.35	31.55			8.4		52.25 percent of total billed charges	
BRUCELLA TOTAL AB CONF, AGGLUTINATION, S	86622	CPT	both			55		10.27 WellPoint	WellPoint		17.7	32.18			8.4		52.25 percent of total billed charges	
CAMPYLOBACTER JEJUNI AB	86625	CPT	inpatient			640		15.09 Aetna	Better Health		201.92	31.55			13.12		608 percent of total billed charges	
CAMPYLOBACTER JEJUNI AB	86625	CPT	inpatient			640		15.09 Aetna	Commercial		243.2	38			13.12		608 percent of total billed charges	
CAMPYLOBACTER JEJUNI AB	86625	CPT	inpatient			640		15.09 Aetna	Medicare		13.12				13.12		608 fee schedule	
CAMPYLOBACTER JEJUNI AB	86625	CPT	inpatient			640		15.09 Americare	Americare		480	75			13.12		608 percent of total billed charges	
CAMPYLOBACTER JEJUNI AB	86625	CPT	inpatient			640		15.09 Amerihealth	Medicare		13.12				13.12		608 fee schedule	
CAMPYLOBACTER JEJUNI AB	86625	CPT	inpatient			640		15.09 Amerihealth	HMO/PPO		416	65			13.12		608 percent of total billed charges	
CAMPYLOBACTER JEJUNI AB	86625	CPT	inpatient			640		15.09 Consumer	Consumer		608	95			13.12		608 percent of total billed charges	
CAMPYLOBACTER JEJUNI AB	86625	CPT	inpatient			640		15.09 Corrections	Corrections		512	80			13.12		608 percent of total billed charges	
CAMPYLOBACTER JEJUNI AB	86625	CPT	inpatient			640		15.09 First Health	First Health		448	70			13.12		608 percent of total billed charges	
CAMPYLOBACTER JEJUNI AB	86625	CPT	inpatient			640		15.09 First Trenton	First Trenton		576	90			13.12		608 percent of total billed charges	
CAMPYLOBACTER JEJUNI AB	86625	CPT	inpatient			640		15.09 Horizon	NJ Health		21.56				13.12		608 fee schedule	
CAMPYLOBACTER JEJUNI AB	86625	CPT	inpatient			640		15.09 Horizon	MGD		244.99	38.28			13.12		608 percent of total billed charges	
CAMPYLOBACTER JEJUNI AB	86625	CPT	inpatient			640		15.09 Horizon	Indemnity		244.99	38.28			13.12		608 percent of total billed charges	
CAMPYLOBACTER JEJUNI AB	86625	CPT	inpatient			640		15.09 Horizon	Medicare Blue		192	30			13.12		608 percent of total billed charges	
CAMPYLOBACTER JEJUNI AB	86625	CPT	inpatient			640		15.09 Horizon	PPO		244.99	38.28			13.12		608 percent of total billed charges	
CAMPYLOBACTER JEJUNI AB	86625	CPT	inpatient			640		15.09 Managed Care Inc	Managed Care Inc		576	90			13.12		608 percent of total billed charges	
CAMPYLOBACTER JEJUNI AB	86625	CPT	inpatient			640		15.09 Multiplan	Multiplan		512	80			13.12		608 percent of total billed charges	
CAMPYLOBACTER JEJUNI AB	86625	CPT	inpatient			640		15.09 Qualcare	Qualcare		480	75			13.12		608 percent of total billed charges	
CAMPYLOBACTER JEJUNI AB	86625	CPT	inpatient			640		15.09 Three Rivers	Three Rivers		608	95			13.12		608 percent of total billed charges	
CAMPYLOBACTER JEJUNI AB	86625	CPT	inpatient			640		15.09 UHC	Medicaid		201.92	31.55			13.12		608 percent of total billed charges	
CAMPYLOBACTER JEJUNI AB	86625	CPT	inpatient			640		15.09 UHC	Medicare		13.12				13.12		608 fee schedule	
CAMPYLOBACTER JEJUNI AB	86625	CPT	inpatient			640		15.09 Wellcare	Medicare		13.12				13.12		608 fee schedule	
CAMPYLOBACTER JEJUNI AB	86625	CPT	inpatient			640		15.09 Wellcare	Medicaid		201.92	31.55			13.12		608 percent of total billed charges	
CAMPYLOBACTER JEJUNI AB	86625	CPT	inpatient			640		15.09 WellPoint	WellPoint		205.95	32.18			13.12		608 percent of total billed charges	
CHLAMYDIA,AB IGG	86631	CPT	both			564		13.59 Aetna	Better Health		177.94	31.55			9.6		535.8 percent of total billed charges	
CHLAMYDIA,AB IGG	86631	CPT	both			564		13.59 Aetna	Medicare		11.82				9.6		535.8 fee schedule	
CHLAMYDIA,AB IGG	86631	CPT	both			564		13.59 Aetna	Commercial		214.32	38			9.6		535.8 percent of total billed charges	
CHLAMYDIA,AB IGG	86631	CPT	both			564		13.59 Americare	Americare		423	75			9.6		535.8 percent of total billed charges	
CHLAMYDIA,AB IGG	86631	CPT	both			564		13.59 Amerihealth	HMO/PPO		366.6	65			9.6		535.8 percent of total billed charges	
CHLAMYDIA,AB IGG	86631	CPT	both			564		13.59 Amerihealth	Medicare		11.82				9.6		535.8 fee schedule	
CHLAMYDIA,AB IGG	86631	CPT	both			564		13.59 Consumer	Consumer		535.8	95			9.6		535.8 percent of total billed charges	
CHLAMYDIA,AB IGG	86631	CPT	both			564		13.59 Corrections	Corrections		451.2	80			9.6		535.8 percent of total billed charges	
CHLAMYDIA,AB IGG	86631	CPT	both			564		13.59 First Health	First Health		394.8	70			9.6		535.8 percent of total billed charges	
CHLAMYDIA,AB IGG	86631	CPT	both			564		13.59 First Trenton	First Trenton		507.6	90			9.6		535.8 percent of total billed charges	
CHLAMYDIA,AB IGG	86631	CPT	both			564		13.59 Horizon	Medicare Blue		169.2	30			9.6		535.8 percent of total billed charges	
CHLAMYDIA,AB IGG	86631	CPT	both			564		13.59 Horizon	Indemnity		215.9	38.28			9.6		535.8 percent of total billed charges	
CHLAMYDIA,AB IGG	86631	CPT	both			564		13.59 Horizon	MGD		215.9	38.28			9.6		535.8 percent of total billed charges	
CHLAMYDIA,AB IGG	86631	CPT	both			564		13.59 Horizon	PPO		215.9	38.28			9.6		535.8 percent of total billed charges	
CHLAMYDIA,AB IGG	86631	CPT	both			564		13.59 Horizon	NJ Health		19.6				9.6		535.8 fee schedule	
CHLAMYDIA,AB IGG	86631	CPT	both			564		13.59 Managed Care Inc	Managed Care Inc		507.6	90			9.6		535.8 percent of total billed charges	
CHLAMYDIA,AB IGG	86631	CPT	both			564		13.59 Multiplan	Multiplan		451.2	80			9.6		535.8 percent of total billed charges	
CHLAMYDIA,AB IGG	86631	CPT	both			564		13.59 Qualcare	Qualcare		423	75			9.6		535.8 percent of total billed charges	
CHLAMYDIA,AB IGG	86631	CPT	both			564		13.59 Three Rivers	Three Rivers		535.8	95			9.6		535.8 percent of total billed charges	
CHLAMYDIA,AB IGG	86631	CPT	both			564		13.59 UHC	Medicare		11.82				9.6		535.8 fee schedule	
CHLAMYDIA,AB IGG	86631	CPT	both			564		13.59 UHC	Medicaid		177.94	31.55			9.6		535.8 percent of total billed charges	
CHLAMYDIA,AB IGG	86631	CPT	both			564		13.59 Wellcare	Medicaid		177.94	31.55			9.6		535.8 percent of total billed charges	
CHLAMYDIA,AB IGG	86631	CPT	both			564		13.59 Wellcare	Medicare		11.82				9.6		535.8 fee schedule	
CHLAMYDIA,AB IGG	86631	CPT	both			564		13.59 WellPoint	WellPoint		181.5	32.18			9.6		535.8 percent of total billed charges	
CHLAMYDIA TRACHOMATIS AB, IGM	86632	CPT	inpatient			158		14.58 Aetna	Commercial		60.04	38			10.2		150.1 percent of total billed charges	
CHLAMYDIA TRACHOMATIS AB, IGM	86632	CPT	inpatient			158		14.58 Aetna	Medicare		12.68				10.2		150.1 fee schedule	
CHLAMYDIA TRACHOMATIS AB, IGM	86632	CPT	inpatient			158		14.58 Aetna	Better Health		49.85	31.55			10.2		150.1 percent of total billed charges	
CHLAMYDIA TRACHOMATIS AB, IGM	86632	CPT	inpatient			158		14.58 Americare	Americare		118.5	75			10.2		150.1 percent of total billed charges	
CHLAMYDIA TRACHOMATIS AB, IGM	86632	CPT	inpatient			158		14.58 Amerihealth	HMO/PPO		102.7	65			10.2		150.1 percent of total billed charges	
CHLAMYDIA TRACHOMATIS AB, IGM	86632	CPT	inpatient			158		14.58 Amerihealth	Medicare		12.68				10.2		150.1 fee schedule	
CHLAMYDIA TRACHOMATIS AB, IGM	86632	CPT	inpatient			158		14.58 Consumer	Consumer		150.1	95			10.2		150.1 percent of total billed charges	
CHLAMYDIA TRACHOMATIS AB, IGM	86632	CPT	inpatient			158		14.58 Corrections	Corrections		126.4	80			10.2		150.1 percent of total billed charges	
CHLAMYDIA TRACHOMATIS AB, IGM	86632	CPT	inpatient			158		14.58 First Health	First Health		110.6	70			10.2		150.1 percent of total billed charges	
CHLAMYDIA TRACHOMATIS AB, IGM	86632	CPT	inpatient			158		14.58 First Trenton	First Trenton		142.2	90			10.2		150.1 percent of total billed charges	
CHLAMYDIA TRACHOMATIS AB, IGM	86632	CPT	inpatient			158		14.58 Horizon	MGD		60.48	38.28			10.2		150.1 percent of total billed charges	
CHLAMYDIA TRACHOMATIS AB, IGM	86632	CPT	inpatient			158		14.58 Horizon	Medicare Blue		47.4	30			10.2		150.1 percent of total billed charges	
CHLAMYDIA TRACHOMATIS AB, IGM	86632	CPT	inpatient			158		14.58 Horizon	Indemnity		60.48	38.28			10.2		150.1 percent of total billed charges	
CHLAMYDIA TRACHOMATIS AB, IGM	86632	CPT	inpatient			158		14.58 Horizon	PPO		60.48	38.28			10.2		150.1 percent of total billed charges	
CHLAMYDIA TRACHOMATIS AB, IGM	86632	CPT	inpatient			158		14.58 Horizon	NJ Health		29.4				10.2		150.1 fee schedule	
CHLAMYDIA TRACHOMATIS AB, IGM	86632	CPT	inpatient			158		14.58 Managed Care Inc	Managed Care Inc		142.2	90			10.2		150.1 percent of total billed charges	
CHLAMYDIA TRACHOMATIS AB, IGM	86632	CPT	inpatient			158		14.58 Multiplan	Multiplan		126.4	80			10.2		150.1 percent of total billed charges	
CHLAMYDIA TRACHOMATIS AB, IGM	86632	CPT	inpatient			158		14.58 Qualcare	Qualcare		118.5	75			10.2		150.1 percent of total billed charges	
CHLAMYDIA TRACHOMATIS AB, IGM	86632	CPT	inpatient			158		14.58 Three Rivers	Three Rivers		150.1	95			10.2		150.1 percent of total billed charges	
CHLAMYDIA TRACHOMATIS AB, IGM	86632	CPT	inpatient			158		14.58 UHC	Medicaid		49.85	31.55			10.2		150.1 percent of total billed charges	
CHLAMYDIA TRACHOMATIS AB, IGM	86632	CPT	inpatient			158		14.58 UHC	Medicare		12.68				10.2		150.1 fee schedule	
CHLAMYDIA TRACHOMATIS AB, IGM	86632	CPT	inpatient			158		14.58 Wellcare	Medicaid		49.85	31.55			10.2		150.1 percent of total billed charges	
CHLAMYDIA TRACHOMATIS AB, IGM	86632	CPT	inpatient			158		14.58 Wellcare	Medicare		12.68				10.2		150.1 fee schedule	
CHLAMYDIA TRACHOMATIS AB, IGM	86632	CPT	inpatient			158		14.58 WellPoint	WellPoint		50.84	32.18			10.2		150.1 percent of total billed charges	
PARACOCCID.BRASILIENSIS AB	86635	CPT	both			325		13.19 Aetna	Better Health		102.54	31.55			11.4		308.75 percent of total billed charges	
PARACOCCID.BRASILIENSIS AB	86635	CPT	both			325		13.19 Aetna	Medicare		11.47				11.4		308.75 fee schedule	
PARACOCCID.BRASILIENSIS AB	86635	CPT	both			325		13.19 Aetna	Commercial		123.5	38			11.4		308.75 percent of total billed charges	
PARACOCCID.BRASILIENSIS AB	86635	CPT	both			325		13.19 Americare	Americare		243.75	75			11.4		308.75 percent of total billed charges	
PARACOCCID.BRASILIENSIS AB	86635	CPT	both			325		13.19 Amerihealth	HMO/PPO		211.25	65			11.4		308.75 percent of total billed charges	
PARACOCCID.BRASILIENSIS AB	86635	CPT	both			325		13.19 Amerihealth	Medicare		11.47				11.4		308.75 fee schedule	
PARACOCCID.BRASILIENSIS AB	86635	CPT	both			325		13.19 Consumer	Consumer		308.75	95			11.4		308.75 percent of total billed charges	
PARACOCCID.BRASILIENSIS AB	86635	CPT	both			325		13.19 Corrections	Corrections		260	80			11.4		308.75 percent of total billed charges	
PARACOCCID.BRASILIENSIS AB	86635	CPT	both			325		13.19 First Health	First Health		227.5	70			11.4		308.75 percent of total billed charges	
PARACOCCID.BRASILIENSIS AB	86635	CPT	both			325		13.19 First Trenton	First Trenton		292.5	90			11.4		308.75 percent of total billed charges	
PARACOCCID.BRASILIENSIS AB	86635	CPT	both			325		13.19 Horizon	Medicare Blue		97.5	30			11.4		308.75 percent of total billed charges	
PARACOCCID.BRASILIENSIS AB	86635	CPT	both			325		13.19 Horizon	Indemnity		124.41	38.28			11.4		308.75 percent of total billed charges	
PARACOCCID.BRASILIENSIS AB	86635	CPT	both			325		13.19 Horizon	MGD		124.41	38.28			11.4		308.75 percent of total billed charges	
PARACOCCID.BRASILIENSIS AB	86635	CPT	both			325		13.19 Horizon	NJ Health		21.56				11.4		308.75 fee schedule	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101191	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
PARACOCCID.BRASILIENSIS AB	86635	CPT	both			325		13.19 Horizon	PPO		124.41	38.28			11.4		308.75 percent of total billed charges	
PARACOCCID.BRASILIENSIS AB	86635	CPT	both			325		13.19 Managed Care Inc	Managed Care Inc		292.5	90			11.4		308.75 percent of total billed charges	
PARACOCCID.BRASILIENSIS AB	86635	CPT	both			325		13.19 Multiplan	Multiplan		260	80			11.4		308.75 percent of total billed charges	
PARACOCCID.BRASILIENSIS AB	86635	CPT	both			325		13.19 Qualcare	Qualcare		243.75	75			11.4		308.75 percent of total billed charges	
PARACOCCID.BRASILIENSIS AB	86635	CPT	both			325		13.19 Three Rivers	Three Rivers		308.75	95			11.4		308.75 percent of total billed charges	
PARACOCCID.BRASILIENSIS AB	86635	CPT	both			325		13.19 UHC	Medicare		11.47				11.4		308.75 fee schedule	
PARACOCCID.BRASILIENSIS AB	86635	CPT	both			325		13.19 UHC	Medicaid		102.54	31.55			11.4		308.75 percent of total billed charges	
PARACOCCID.BRASILIENSIS AB	86635	CPT	both			325		13.19 Wellcare	Medicare		11.47				11.4		308.75 fee schedule	
PARACOCCID.BRASILIENSIS AB	86635	CPT	both			325		13.19 Wellcare	Medicaid		102.54	31.55			11.4		308.75 percent of total billed charges	
PARACOCCID.BRASILIENSIS AB	86635	CPT	both			325		13.19 WellPoint	WellPoint		104.59	32.18			11.4		308.75 percent of total billed charges	
Q FEVER AB IGG	86638	CPT	both			42		13.94 Aetna	Commercial		15.96	38			12.12		39.9 percent of total billed charges	
Q FEVER AB IGG	86638	CPT	both			42		13.94 Aetna	Medicare		12.12				12.12		39.9 fee schedule	
Q FEVER AB IGG	86638	CPT	both			42		13.94 Aetna	Better Health		13.25	31.55			12.12		39.9 percent of total billed charges	
Q FEVER AB IGG	86638	CPT	both			42		13.94 Americare	Americare		31.5	75			12.12		39.9 percent of total billed charges	
Q FEVER AB IGG	86638	CPT	both			42		13.94 Amerihealth	Medicare		12.12				12.12		39.9 fee schedule	
Q FEVER AB IGG	86638	CPT	both			42		13.94 Amerihealth	HMO/PPO		27.3	65			12.12		39.9 percent of total billed charges	
Q FEVER AB IGG	86638	CPT	both			42		13.94 Consumer	Consumer		39.9	95			12.12		39.9 percent of total billed charges	
Q FEVER AB IGG	86638	CPT	both			42		13.94 Corrections	Corrections		33.6	80			12.12		39.9 percent of total billed charges	
Q FEVER AB IGG	86638	CPT	both			42		13.94 First Health	First Health		29.4	70			12.12		39.9 percent of total billed charges	
Q FEVER AB IGG	86638	CPT	both			42		13.94 First Trenton	First Trenton		37.8	90			12.12		39.9 percent of total billed charges	
Q FEVER AB IGG	86638	CPT	both			42		13.94 Horizon	NJ Health		26.95				12.12		39.9 fee schedule	
Q FEVER AB IGG	86638	CPT	both			42		13.94 Horizon	Medicare Blue		12.6	30			12.12		39.9 percent of total billed charges	
Q FEVER AB IGG	86638	CPT	both			42		13.94 Horizon	Indemnity		16.08	38.28			12.12		39.9 percent of total billed charges	
Q FEVER AB IGG	86638	CPT	both			42		13.94 Horizon	MGD		16.08	38.28			12.12		39.9 percent of total billed charges	
Q FEVER AB IGG	86638	CPT	both			42		13.94 Horizon	PPO		16.08	38.28			12.12		39.9 percent of total billed charges	
Q FEVER AB IGG	86638	CPT	both			42		13.94 Managed Care Inc	Managed Care Inc		37.8	90			12.12		39.9 percent of total billed charges	
Q FEVER AB IGG	86638	CPT	both			42		13.94 Multiplan	Multiplan		33.6	80			12.12		39.9 percent of total billed charges	
Q FEVER AB IGG	86638	CPT	both			42		13.94 Qualcare	Qualcare		31.5	75			12.12		39.9 percent of total billed charges	
Q FEVER AB IGG	86638	CPT	both			42		13.94 Three Rivers	Three Rivers		39.9	95			12.12		39.9 percent of total billed charges	
Q FEVER AB IGG	86638	CPT	both			42		13.94 UHC	Medicaid		13.25	31.55			12.12		39.9 percent of total billed charges	
Q FEVER AB IGG	86638	CPT	both			42		13.94 UHC	Medicare		12.12				12.12		39.9 fee schedule	
Q FEVER AB IGG	86638	CPT	both			42		13.94 Wellcare	Medicaid		13.25	31.55			12.12		39.9 percent of total billed charges	
Q FEVER AB IGG	86638	CPT	both			42		13.94 Wellcare	Medicare		12.12				12.12		39.9 fee schedule	
Q FEVER AB IGG	86638	CPT	both			42		13.94 WellPoint	WellPoint		13.52	32.18			12.12		39.9 percent of total billed charges	
CRYPTOCOCCUS AB; QUANT	86641	CPT	inpatient			265		16.57 Aetna	Commercial		100.7	38			14.41		251.75 percent of total billed charges	
CRYPTOCOCCUS AB; QUANT	86641	CPT	inpatient			265		16.57 Aetna	Medicare		81.62	30.8			14.41		251.75 percent of total billed charges	
CRYPTOCOCCUS AB; QUANT	86641	CPT	inpatient			265		16.57 Aetna	Better Health		83.61	31.55			14.41		251.75 percent of total billed charges	
CRYPTOCOCCUS AB; QUANT	86641	CPT	inpatient			265		16.57 Americare	Americare		198.75	75			14.41		251.75 percent of total billed charges	
CRYPTOCOCCUS AB; QUANT	86641	CPT	inpatient			265		16.57 Amerihealth	HMO/PPO		172.25	65			14.41		251.75 percent of total billed charges	
CRYPTOCOCCUS AB; QUANT	86641	CPT	inpatient			265		16.57 Amerihealth	Medicare		14.41				14.41		251.75 fee schedule	
CRYPTOCOCCUS AB; QUANT	86641	CPT	inpatient			265		16.57 Consumer	Consumer		251.75	95			14.41		251.75 percent of total billed charges	
CRYPTOCOCCUS AB; QUANT	86641	CPT	inpatient			265		16.57 Corrections	Corrections		212	80			14.41		251.75 percent of total billed charges	
CRYPTOCOCCUS AB; QUANT	86641	CPT	inpatient			265		16.57 First Health	First Health		185.5	70			14.41		251.75 percent of total billed charges	
CRYPTOCOCCUS AB; QUANT	86641	CPT	inpatient			265		16.57 First Trenton	First Trenton		238.5	90			14.41		251.75 percent of total billed charges	
CRYPTOCOCCUS AB; QUANT	86641	CPT	inpatient			265		16.57 Horizon	MGD		101.44	38.28			14.41		251.75 percent of total billed charges	
CRYPTOCOCCUS AB; QUANT	86641	CPT	inpatient			265		16.57 Horizon	Indemnity		101.44	38.28			14.41		251.75 percent of total billed charges	
CRYPTOCOCCUS AB; QUANT	86641	CPT	inpatient			265		16.57 Horizon	PPO		101.44	38.28			14.41		251.75 percent of total billed charges	
CRYPTOCOCCUS AB; QUANT	86641	CPT	inpatient			265		16.57 Horizon	Medicare Blue		79.5	30			14.41		251.75 percent of total billed charges	
CRYPTOCOCCUS AB; QUANT	86641	CPT	inpatient			265		16.57 Horizon	NJ Health		24.5				14.41		251.75 fee schedule	
CRYPTOCOCCUS AB; QUANT	86641	CPT	inpatient			265		16.57 Managed Care Inc	Managed Care Inc		238.5	90			14.41		251.75 percent of total billed charges	
CRYPTOCOCCUS AB; QUANT	86641	CPT	inpatient			265		16.57 Multiplan	Multiplan		212	80			14.41		251.75 percent of total billed charges	
CRYPTOCOCCUS AB; QUANT	86641	CPT	inpatient			265		16.57 Qualcare	Qualcare		198.75	75			14.41		251.75 percent of total billed charges	
CRYPTOCOCCUS AB; QUANT	86641	CPT	inpatient			265		16.57 Three Rivers	Three Rivers		251.75	95			14.41		251.75 percent of total billed charges	
CRYPTOCOCCUS AB; QUANT	86641	CPT	inpatient			265		16.57 UHC	Medicaid		83.61	31.55			14.41		251.75 percent of total billed charges	
CRYPTOCOCCUS AB; QUANT	86641	CPT	inpatient			265		16.57 UHC	Medicare		14.41				14.41		251.75 fee schedule	
CRYPTOCOCCUS AB; QUANT	86641	CPT	inpatient			265		16.57 Wellcare	Medicare		14.41				14.41		251.75 fee schedule	
CRYPTOCOCCUS AB; QUANT	86641	CPT	inpatient			265		16.57 Wellcare	Medicaid		83.61	31.55			14.41		251.75 percent of total billed charges	
CRYPTOCOCCUS AB; QUANT	86641	CPT	inpatient			265		16.57 WellPoint	WellPoint		85.28	32.18			14.41		251.75 percent of total billed charges	
CYTOMEGALOVIRUS(CMV)AB,IGG	86644	CPT	both			98		16.55 Aetna	Better Health		30.92	31.55			9.6		93.1 percent of total billed charges	
CYTOMEGALOVIRUS(CMV)AB,IGG	86644	CPT	both			98		16.55 Aetna	Medicare		30.18	30.8			9.6		93.1 percent of total billed charges	
CYTOMEGALOVIRUS(CMV)AB,IGG	86644	CPT	both			98		16.55 Aetna	Commercial		37.24	38			9.6		93.1 percent of total billed charges	
CYTOMEGALOVIRUS(CMV)AB,IGG	86644	CPT	both			98		16.55 Americare	Americare		73.5	75			9.6		93.1 percent of total billed charges	
CYTOMEGALOVIRUS(CMV)AB,IGG	86644	CPT	both			98		16.55 Amerihealth	HMO/PPO		63.7	65			9.6		93.1 percent of total billed charges	
CYTOMEGALOVIRUS(CMV)AB,IGG	86644	CPT	both			98		16.55 Amerihealth	Medicare		14.39				9.6		93.1 fee schedule	
CYTOMEGALOVIRUS(CMV)AB,IGG	86644	CPT	both			98		16.55 Consumer	Consumer		93.1	95			9.6		93.1 percent of total billed charges	
CYTOMEGALOVIRUS(CMV)AB,IGG	86644	CPT	both			98		16.55 Corrections	Corrections		78.4	80			9.6		93.1 percent of total billed charges	
CYTOMEGALOVIRUS(CMV)AB,IGG	86644	CPT	both			98		16.55 First Health	First Health		68.6	70			9.6		93.1 percent of total billed charges	
CYTOMEGALOVIRUS(CMV)AB,IGG	86644	CPT	both			98		16.55 First Trenton	First Trenton		88.2	90			9.6		93.1 percent of total billed charges	
CYTOMEGALOVIRUS(CMV)AB,IGG	86644	CPT	both			98		16.55 Horizon	MGD		37.51	38.28			9.6		93.1 percent of total billed charges	
CYTOMEGALOVIRUS(CMV)AB,IGG	86644	CPT	both			98		16.55 Horizon	Indemnity		37.51	38.28			9.6		93.1 percent of total billed charges	
CYTOMEGALOVIRUS(CMV)AB,IGG	86644	CPT	both			98		16.55 Horizon	PPO		37.51	38.28			9.6		93.1 percent of total billed charges	
CYTOMEGALOVIRUS(CMV)AB,IGG	86644	CPT	both			98		16.55 Horizon	NJ Health		23.52				9.6		93.1 fee schedule	
CYTOMEGALOVIRUS(CMV)AB,IGG	86644	CPT	both			98		16.55 Horizon	Medicare Blue		29.4	30			9.6		93.1 percent of total billed charges	
CYTOMEGALOVIRUS(CMV)AB,IGG	86644	CPT	both			98		16.55 Managed Care Inc	Managed Care Inc		88.2	90			9.6		93.1 percent of total billed charges	
CYTOMEGALOVIRUS(CMV)AB,IGG	86644	CPT	both			98		16.55 Multiplan	Multiplan		78.4	80			9.6		93.1 percent of total billed charges	
CYTOMEGALOVIRUS(CMV)AB,IGG	86644	CPT	both			98		16.55 Qualcare	Qualcare		73.5	75			9.6		93.1 percent of total billed charges	
CYTOMEGALOVIRUS(CMV)AB,IGG	86644	CPT	both			98		16.55 Three Rivers	Three Rivers		93.1	95			9.6		93.1 percent of total billed charges	
CYTOMEGALOVIRUS(CMV)AB,IGG	86644	CPT	both			98		16.55 UHC	Medicaid		30.92	31.55			9.6		93.1 percent of total billed charges	
CYTOMEGALOVIRUS(CMV)AB,IGG	86644	CPT	both			98		16.55 UHC	Medicare		14.39				9.6		93.1 fee schedule	
CYTOMEGALOVIRUS(CMV)AB,IGG	86644	CPT	both			98		16.55 Wellcare	Medicare		14.39				9.6		93.1 fee schedule	
CYTOMEGALOVIRUS(CMV)AB,IGG	86644	CPT	both			98		16.55 Wellcare	Medicaid		30.92	31.55			9.6		93.1 percent of total billed charges	
CYTOMEGALOVIRUS(CMV)AB,IGG	86644	CPT	both			98		16.55 WellPoint	WellPoint		31.54	32.18			9.6		93.1 percent of total billed charges	
CYTOMEGALOVIRUS.IGM	86645	CPT	both			300		19.38 Aetna	Medicare		16.85				11.7		285 fee schedule	
CYTOMEGALOVIRUS.IGM	86645	CPT	both			300		19.38 Aetna	Better Health		94.65	31.55			11.7		285 percent of total billed charges	
CYTOMEGALOVIRUS.IGM	86645	CPT	both			300		19.38 Aetna	Commercial		114	38			11.7		285 percent of total billed charges	
CYTOMEGALOVIRUS.IGM	86645	CPT	both			300		19.38 Americare	Americare		225	75			11.7		285 percent of total billed charges	
CYTOMEGALOVIRUS.IGM	86645	CPT	both			300		19.38 Amerihealth	Medicare		16.85				11.7		285 fee schedule	
CYTOMEGALOVIRUS.IGM	86645	CPT	both			300		19.38 Amerihealth	HMO/PPO		195	65			11.7		285 percent of total billed charges	
CYTOMEGALOVIRUS.IGM	86645	CPT	both			300		19.38 Consumer	Consumer		285	95			11.7		285 percent of total billed charges	
CYTOMEGALOVIRUS.IGM	86645	CPT	both			300		19.38 Corrections	Corrections		240	80			11.7		285 percent of total billed charges	
CYTOMEGALOVIRUS.IGM	86645	CPT	both			300		19.38 First Health	First Health		210	70			11.7		285 percent of total billed charges	
CYTOMEGALOVIRUS.IGM	86645	CPT	both			300		19.38 First Trenton	First Trenton		270	90			11.7		285 percent of total billed charges	
CYTOMEGALOVIRUS.IGM	86645	CPT	both			300		19.38 Horizon	MGD		114.84	38.28			11.7		285 percent of total billed charges	
CYTOMEGALOVIRUS.IGM	86645	CPT	both			300		19.38 Horizon	PPO		114.84	38.28			11.7		285 percent of total billed charges	
CYTOMEGALOVIRUS.IGM	86645	CPT	both			300		19.38 Horizon	Indemnity		114.84	38.28			11.7		285 percent of total billed charges	
CYTOMEGALOVIRUS.IGM	86645	CPT	both			300		19.38 Horizon	Medicare Blue		90	30			11.7		285 percent of total billed charges	
CYTOMEGALOVIRUS.IGM	86645	CPT	both			300		19.38 Horizon	NJ Health		23.52				11.7		285 fee schedule	
CYTOMEGALOVIRUS.IGM	86645	CPT	both			300		19.38 Managed Care Inc	Managed Care Inc		270	90			11.7		285 percent of total billed charges	
CYTOMEGALOVIRUS.IGM	86645	CPT	both			300		19.38 Multiplan	Multiplan		240	80			11.7		285 percent of total billed charges	
CYTOMEGALOVIRUS.IGM	86645	CPT	both			300		19.38 Qualcare	Qualcare		225	75			11.7		285 percent of total billed charges	
CYTOMEGALOVIRUS.IGM	86645	CPT	both			300		19.38 Three Rivers	Three Rivers		285	95			11.7		285 percent of total billed charges	
CYTOMEGALOVIRUS.IGM	86645	CPT	both			300		19.38 UHC	Medicare		16.85				11.7		285 fee schedule	
CYTOMEGALOVIRUS.IGM	86645	CPT	both			300		19.38 UHC	Medicaid		94.65	31.55			11.7		285 percent of total billed charges	
CYTOMEGALOVIRUS.IGM	86645	CPT	both			300		19.38 Wellcare	Medicare		16.85				11.7		285 fee schedule	
CYTOMEGALOVIRUS.IGM	86645	CPT	both			300		19.38 Wellcare	Medicaid		94.65	31.55			11.7		285 percent of total billed charges	
CYTOMEGALOVIRUS.IGM	86645	CPT	both			300		19.38 WellPoint	WellPoint		96.54	32.18			11.7		285 percent of total billed charges	
ENCEPHALITIS, CA (LA CROSSE)	86651	CPT	outpatient			79		15.17 Aetna	Medicare		13.19				13.19		75.05 fee schedule	
ENCEPHALITIS, CA (LA CROSSE)	86651	CPT	outpatient			79		15.17 Aetna	Better Health		24.92	31.55			13.19		75.05 percent of total billed charges	
ENCEPHALITIS, CA (LA CROSSE)	86651	CPT	outpatient			79		15.17 Aetna	Commercial		30.02	38			13.19		75.05 percent of total billed charges	
ENCEPHALITIS, CA (LA CROSSE)	86651	CPT	outpatient			79		15.17 Americare	Americare		59.25	75			13.19		75.05 percent of total billed charges	
ENCEPHALITIS, CA (LA CROSSE)	86651	CPT	outpatient			79		15.17 Amerihealth	Medicare		13.19				13.19		75.05 fee schedule	
ENCEPHALITIS, CA (LA CROSSE)	86651	CPT	outpatient			79		15.17 Amerihealth	HMO/PPO		51.35	65			13.19		75.05 percent of total billed charges	
ENCEPHALITIS, CA (LA CROSSE)	86651	CPT	outpatient			79		15.17 Consumer	Consumer		75.05	95			13.19		75.05 percent of total billed charges	
ENCEPHALITIS, CA (LA CROSSE)	86651	CPT	outpatient			79		15.17 Corrections	Corrections		63.2	80			13.19		75.05 percent of total billed charges	
ENCEPHALITIS, CA (LA CROSSE)	86651	CPT	outpatient			79		15.17 First Health	First Health		55.3	70			13.19		75.05 percent of total billed charges	
ENCEPHALITIS, CA (LA CROSSE)	86651	CPT	outpatient			79		15.17 First Trenton	First Trenton		71.1	90			13.19		75.05 percent of total billed charges	
ENCEPHALITIS, CA (LA CROSSE)	86651	CPT	outpatient			79		15.17 Horizon	Medicare Blue		23.7	30			13.19		75.05 percent of total billed charges	
ENCEPHALITIS, CA (LA CROSSE)	86651	CPT	outpatient			79		15.17 Horizon	MGD		30.24	38.28			13.19		75.05 percent of total billed charges	
ENCEPHALITIS, CA (LA CROSSE)	86651	CPT	outpatient			79		15.17 Horizon	Indemnity		30.24	38.28			13.19		75.05 percent of total billed charges	
ENCEPHALITIS, CA (LA CROSSE)	86651	CPT	outpatient			79		15.17 Horizon	NJ Health		23.52				13.19		75.05 fee schedule	
ENCEPHALITIS, CA (LA CROSSE)	86651	CPT	outpatient			79		15.17 Horizon	PPO		30.24	38.28			13.19		75.05 percent of total billed charges	
ENCEPHALITIS, CA (LA CROSSE)	86651	CPT	outpatient			79		15.17 Managed Care Inc	Managed Care Inc		71.1	90			13.19		75.05 percent of total billed charges	
ENCEPHALITIS, CA (LA CROSSE)	86651	CPT	outpatient			79		15.17 Multiplan	Multiplan		63.2	80			13.19		75.05 percent of total billed charges	
ENCEPHALITIS, CA (LA CROSSE)	86651	CPT	outpatient			79		15.17 Qualcare	Qualcare		59.25	75			13.19		75.05 percent of total billed charges	
ENCEPHALITIS, CA (LA CROSSE)	86651	CPT	outpatient			79		15.17 Three Rivers	Three Rivers		75.05	95			13.19		75.05 percent of total billed charges	
ENCEPHALITIS, CA (LA CROSSE)	86651	CPT	outpatient			79		15.17 UHC	Medicare		13.19				13.19		75.05 fee schedule	
ENCEPHALITIS, CA (LA CROSSE)	86651	CPT	outpatient			79		15.17 UHC	Medicaid		24.92	31.55			13.19		75.05 percent of total billed charges	
ENCEPHALITIS, CA (LA CROSSE)	86651	CPT	outpatient			79		15.17 Wellcare	Medicare		13.19				13.19		75.05 fee schedule	
ENCEPHALITIS, CA (LA CROSSE)	86651	CPT	outpatient			79		15.17 Wellcare	Medicaid		24.92	31.55			13.19		75.05 percent of total billed charges	
ENCEPHALITIS, CA (LA CROSSE)	86651	CPT	outpatient			79		15.17 WellPoint	WellPoint		25.42	32.18			13.19		75.05 percent of total billed charges	
ENCEPHALITIS, EASTERN EQUINE	86652	CPT	outpatient			493		15.17 Aetna	Better Health		155.54	31.55			13.19		468.35 percent of total billed charges	
ENCEPHALITIS, EASTERN EQUINE	86652	CPT	outpatient			493		15.17 Aetna	Commercial		187.34	38			13.19		468.35 percent of total billed charges	
ENCEPHALITIS, EASTERN EQUINE	86652	CPT	outpatient			493		15.17 Aetna	Medicare		13.19				13.19		468.35 fee schedule	
ENCEPHALITIS, EASTERN EQUINE	86652	CPT	outpatient			493		15.17 Americare	Americare		369.75	75			13.19		468.35 percent of total billed charges	
ENCEPHALITIS, EASTERN EQUINE	86652	CPT	outpatient			493		15.17 Amerihealth	Medicare		13.19				13.19		468.35 fee schedule	
ENCEPHALITIS, EASTERN EQUINE	86652	CPT	outpatient			493		15.17 Amerihealth	HMO/PPO		320.45	65			13.19		468.35 percent of total billed charges	
ENCEPHALITIS, EASTERN EQUINE	86652	CPT	outpatient			493		15.17 Consumer	Consumer		468.35	95			13.19		468.35 percent of total billed charges	
ENCEPHALITIS, EASTERN EQUINE	86652	CPT	outpatient			493		15.17 Corrections	Corrections		394.4	80			13.19		468.35 percent of total billed charges	
ENCEPHALITIS, EASTERN EQUINE	86652	CPT	outpatient			493		15.17 First Health	First Health		345.1	70			13.19		468.35 percent of total billed charges	
ENCEPHALITIS, EASTERN EQUINE	86652	CPT	outpatient			493		15.17 First Trenton	First Trenton		443.7	90			13.19		468.35 percent of total billed charges	
ENCEPHALITIS, EASTERN EQUINE	86652	CPT	outpatient			493		15.17 Horizon	NJ Health		23.52				13.19		468.35 fee schedule	
ENCEPHALITIS, EASTERN EQUINE	86652	CPT	outpatient			493		15.17 Horizon	Indemnity		188.72	38.28			13.19		468.35 percent of total billed charges	
ENCEPHALITIS, EASTERN EQUINE	86652	CPT	outpatient			493		15.17 Horizon	Medicare Blue		147.9	30			13.19		468.35 percent of total billed charges	
ENCEPHALITIS, EASTERN EQUINE	86652	CPT	outpatient			493		15.17 Horizon	MGD		188.72	38.28			13.19		468.35 percent of total billed charges	
ENCEPHALITIS, EASTERN EQUINE	86652	CPT	outpatient			493		15.17 Horizon	PPO		188.72	38.28			13.19		468.35 percent of total billed charges	
ENCEPHALITIS, EASTERN EQUINE	86652	CPT	outpatient			493		15.17 Managed Care Inc	Managed Care Inc		443.7	90			13.19		468.35 percent of total billed charges	
ENCEPHALITIS, EASTERN EQUINE	86652	CPT	outpatient			493		15.17 Multiplan	Multiplan		394.4	80			13.19		468.35 percent of total billed charges	
ENCEPHALITIS, EASTERN EQUINE	86652	CPT	outpatient			493		15.17 Qualcare	Qualcare		369.75	75			13.19		468.35 percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ENCEPHALITIS, EASTERN EQUINE	86652	CPT	outpatient			493		15.17 Three Rivers	Three Rivers		468.35	95			13.19	468.35	percent of total billed charges	
ENCEPHALITIS, EASTERN EQUINE	86652	CPT	outpatient			493		15.17 UHC	Medicare		13.19				13.19	468.35	fee schedule	
ENCEPHALITIS, EASTERN EQUINE	86652	CPT	outpatient			493		15.17 UHC	Medicaid		155.54	31.55			13.19	468.35	percent of total billed charges	
ENCEPHALITIS, EASTERN EQUINE	86652	CPT	outpatient			493		15.17 Wellcare	Medicare		13.19				13.19	468.35	fee schedule	
ENCEPHALITIS, EASTERN EQUINE	86652	CPT	outpatient			493		15.17 Wellcare	Medicaid		155.54	31.55			13.19	468.35	percent of total billed charges	
ENCEPHALITIS, EASTERN EQUINE	86652	CPT	outpatient			493		15.17 WellPoint	WellPoint		158.65	32.18			13.19	468.35	percent of total billed charges	
STLOUIS.ENCEPH.AB.PNL.CSF.STLPC	86653	CPT	outpatient			500		15.17 Aetna	Commercial		190	38			13.19	475	percent of total billed charges	
STLOUIS.ENCEPH.AB.PNL.CSF.STLPC	86653	CPT	outpatient			500		15.17 Aetna	Medicare		13.19				13.19	475	fee schedule	
STLOUIS.ENCEPH.AB.PNL.CSF.STLPC	86653	CPT	outpatient			500		15.17 Aetna	Better Health		157.75	31.55			13.19	475	percent of total billed charges	
STLOUIS.ENCEPH.AB.PNL.CSF.STLPC	86653	CPT	outpatient			500		15.17 Americare	Americare		375	75			13.19	475	percent of total billed charges	
STLOUIS.ENCEPH.AB.PNL.CSF.STLPC	86653	CPT	outpatient			500		15.17 Amerihealth	HMO/PPO		325	65			13.19	475	percent of total billed charges	
STLOUIS.ENCEPH.AB.PNL.CSF.STLPC	86653	CPT	outpatient			500		15.17 Amerihealth	Medicare		13.19				13.19	475	fee schedule	
STLOUIS.ENCEPH.AB.PNL.CSF.STLPC	86653	CPT	outpatient			500		15.17 Consumer	Consumer		475	95			13.19	475	percent of total billed charges	
STLOUIS.ENCEPH.AB.PNL.CSF.STLPC	86653	CPT	outpatient			500		15.17 Corrections	Corrections		400	80			13.19	475	percent of total billed charges	
STLOUIS.ENCEPH.AB.PNL.CSF.STLPC	86653	CPT	outpatient			500		15.17 First Health	First Health		350	70			13.19	475	percent of total billed charges	
STLOUIS.ENCEPH.AB.PNL.CSF.STLPC	86653	CPT	outpatient			500		15.17 First Trentron	First Trentron		450	90			13.19	475	percent of total billed charges	
STLOUIS.ENCEPH.AB.PNL.CSF.STLPC	86653	CPT	outpatient			500		15.17 Horizon	Medicare Blue		150	30			13.19	475	percent of total billed charges	
STLOUIS.ENCEPH.AB.PNL.CSF.STLPC	86653	CPT	outpatient			500		15.17 Horizon	Indemnity		191.4	38.28			13.19	475	percent of total billed charges	
STLOUIS.ENCEPH.AB.PNL.CSF.STLPC	86653	CPT	outpatient			500		15.17 Horizon	MGD		191.4	38.28			13.19	475	percent of total billed charges	
STLOUIS.ENCEPH.AB.PNL.CSF.STLPC	86653	CPT	outpatient			500		15.17 Horizon	PPO		191.4	38.28			13.19	475	percent of total billed charges	
STLOUIS.ENCEPH.AB.PNL.CSF.STLPC	86653	CPT	outpatient			500		15.17 Horizon	NJ Health		23.52				13.19	475	fee schedule	
STLOUIS.ENCEPH.AB.PNL.CSF.STLPC	86653	CPT	outpatient			500		15.17 Managed Care Inc	Managed Care Inc		450	90			13.19	475	percent of total billed charges	
STLOUIS.ENCEPH.AB.PNL.CSF.STLPC	86653	CPT	outpatient			500		15.17 Multiplan	Multiplan		400	80			13.19	475	percent of total billed charges	
STLOUIS.ENCEPH.AB.PNL.CSF.STLPC	86653	CPT	outpatient			500		15.17 Qualcare	Qualcare		375	75			13.19	475	percent of total billed charges	
STLOUIS.ENCEPH.AB.PNL.CSF.STLPC	86653	CPT	outpatient			500		15.17 Three Rivers	Three Rivers		475	95			13.19	475	percent of total billed charges	
STLOUIS.ENCEPH.AB.PNL.CSF.STLPC	86653	CPT	outpatient			500		15.17 UHC	Medicare		13.19				13.19	475	fee schedule	
STLOUIS.ENCEPH.AB.PNL.CSF.STLPC	86653	CPT	outpatient			500		15.17 UHC	Medicaid		157.75	31.55			13.19	475	percent of total billed charges	
STLOUIS.ENCEPH.AB.PNL.CSF.STLPC	86653	CPT	outpatient			500		15.17 Wellcare	Medicaid		157.75	31.55			13.19	475	percent of total billed charges	
STLOUIS.ENCEPH.AB.PNL.CSF.STLPC	86653	CPT	outpatient			500		15.17 Wellcare	Medicare		13.19				13.19	475	fee schedule	
STLOUIS.ENCEPH.AB.PNL.CSF.STLPC	86653	CPT	outpatient			500		15.17 WellPoint	WellPoint		160.9	32.18			13.19	475	percent of total billed charges	
ENCEPHALITIS, WESTERN EQUINE	86654	CPT	outpatient			79		15.17 Aetna	Better Health		24.92	31.55			13.19	75.05	percent of total billed charges	
ENCEPHALITIS, WESTERN EQUINE	86654	CPT	outpatient			79		15.17 Aetna	Medicare		13.19				13.19	75.05	fee schedule	
ENCEPHALITIS, WESTERN EQUINE	86654	CPT	outpatient			79		15.17 Aetna	Commercial		30.02	38			13.19	75.05	percent of total billed charges	
ENCEPHALITIS, WESTERN EQUINE	86654	CPT	outpatient			79		15.17 Americare	Americare		59.25	75			13.19	75.05	percent of total billed charges	
ENCEPHALITIS, WESTERN EQUINE	86654	CPT	outpatient			79		15.17 Amerihealth	Medicare		13.19				13.19	75.05	fee schedule	
ENCEPHALITIS, WESTERN EQUINE	86654	CPT	outpatient			79		15.17 Amerihealth	HMO/PPO		51.35	65			13.19	75.05	percent of total billed charges	
ENCEPHALITIS, WESTERN EQUINE	86654	CPT	outpatient			79		15.17 Consumer	Consumer		75.05	95			13.19	75.05	percent of total billed charges	
ENCEPHALITIS, WESTERN EQUINE	86654	CPT	outpatient			79		15.17 Corrections	Corrections		63.2	80			13.19	75.05	percent of total billed charges	
ENCEPHALITIS, WESTERN EQUINE	86654	CPT	outpatient			79		15.17 First Health	First Health		55.3	70			13.19	75.05	percent of total billed charges	
ENCEPHALITIS, WESTERN EQUINE	86654	CPT	outpatient			79		15.17 First Trentron	First Trentron		71.1	90			13.19	75.05	percent of total billed charges	
ENCEPHALITIS, WESTERN EQUINE	86654	CPT	outpatient			79		15.17 Horizon	MGD		30.24	38.28			13.19	75.05	percent of total billed charges	
ENCEPHALITIS, WESTERN EQUINE	86654	CPT	outpatient			79		15.17 Horizon	Indemnity		30.24	38.28			13.19	75.05	percent of total billed charges	
ENCEPHALITIS, WESTERN EQUINE	86654	CPT	outpatient			79		15.17 Horizon	Medicare Blue		23.7	30			13.19	75.05	percent of total billed charges	
ENCEPHALITIS, WESTERN EQUINE	86654	CPT	outpatient			79		15.17 Horizon	NJ Health		23.52				13.19	75.05	fee schedule	
ENCEPHALITIS, WESTERN EQUINE	86654	CPT	outpatient			79		15.17 Horizon	PPO		30.24	38.28			13.19	75.05	percent of total billed charges	
ENCEPHALITIS, WESTERN EQUINE	86654	CPT	outpatient			79		15.17 Managed Care Inc	Managed Care Inc		71.1	90			13.19	75.05	percent of total billed charges	
ENCEPHALITIS, WESTERN EQUINE	86654	CPT	outpatient			79		15.17 Multiplan	Multiplan		63.2	80			13.19	75.05	percent of total billed charges	
ENCEPHALITIS, WESTERN EQUINE	86654	CPT	outpatient			79		15.17 Qualcare	Qualcare		59.25	75			13.19	75.05	percent of total billed charges	
ENCEPHALITIS, WESTERN EQUINE	86654	CPT	outpatient			79		15.17 Three Rivers	Three Rivers		75.05	95			13.19	75.05	percent of total billed charges	
ENCEPHALITIS, WESTERN EQUINE	86654	CPT	outpatient			79		15.17 UHC	Medicaid		24.92	31.55			13.19	75.05	percent of total billed charges	
ENCEPHALITIS, WESTERN EQUINE	86654	CPT	outpatient			79		15.17 UHC	Medicare		13.19				13.19	75.05	fee schedule	
ENCEPHALITIS, WESTERN EQUINE	86654	CPT	outpatient			79		15.17 Wellcare	Medicare		13.19				13.19	75.05	fee schedule	
ENCEPHALITIS, WESTERN EQUINE	86654	CPT	outpatient			79		15.17 Wellcare	Medicaid		24.92	31.55			13.19	75.05	percent of total billed charges	
ENCEPHALITIS, WESTERN EQUINE	86654	CPT	outpatient			79		15.17 WellPoint	WellPoint		25.42	32.18			13.19	75.05	percent of total billed charges	
POLIOVIRUS AB TYPE 3	86658	CPT	both			1042		14.98 Aetna	Medicare		13.03				12.9	989.9	fee schedule	
POLIOVIRUS AB TYPE 3	86658	CPT	both			1042		14.98 Aetna	Commercial		395.96	38			12.9	989.9	percent of total billed charges	
POLIOVIRUS AB TYPE 3	86658	CPT	both			1042		14.98 Aetna	Better Health		328.75	31.55			12.9	989.9	percent of total billed charges	
POLIOVIRUS AB TYPE 3	86658	CPT	both			1042		14.98 Americare	Americare		781.5	75			12.9	989.9	percent of total billed charges	
POLIOVIRUS AB TYPE 3	86658	CPT	both			1042		14.98 Amerihealth	HMO/PPO		677.3	65			12.9	989.9	percent of total billed charges	
POLIOVIRUS AB TYPE 3	86658	CPT	both			1042		14.98 Amerihealth	Medicare		13.03				12.9	989.9	fee schedule	
POLIOVIRUS AB TYPE 3	86658	CPT	both			1042		14.98 Consumer	Consumer		989.9	95			12.9	989.9	percent of total billed charges	
POLIOVIRUS AB TYPE 3	86658	CPT	both			1042		14.98 Corrections	Corrections		833.6	80			12.9	989.9	percent of total billed charges	
POLIOVIRUS AB TYPE 3	86658	CPT	both			1042		14.98 First Health	First Health		729.4	70			12.9	989.9	percent of total billed charges	
POLIOVIRUS AB TYPE 3	86658	CPT	both			1042		14.98 First Trentron	First Trentron		937.8	90			12.9	989.9	percent of total billed charges	
POLIOVIRUS AB TYPE 3	86658	CPT	both			1042		14.98 Horizon	NJ Health		23.52				12.9	989.9	fee schedule	
POLIOVIRUS AB TYPE 3	86658	CPT	both			1042		14.98 Horizon	MGD		398.88	38.28			12.9	989.9	percent of total billed charges	
POLIOVIRUS AB TYPE 3	86658	CPT	both			1042		14.98 Horizon	Indemnity		398.88	38.28			12.9	989.9	percent of total billed charges	
POLIOVIRUS AB TYPE 3	86658	CPT	both			1042		14.98 Horizon	Medicare Blue		312.6	30			12.9	989.9	percent of total billed charges	
POLIOVIRUS AB TYPE 3	86658	CPT	both			1042		14.98 Horizon	PPO		398.88	38.28			12.9	989.9	percent of total billed charges	
POLIOVIRUS AB TYPE 3	86658	CPT	both			1042		14.98 Managed Care Inc	Managed Care Inc		937.8	90			12.9	989.9	percent of total billed charges	
POLIOVIRUS AB TYPE 3	86658	CPT	both			1042		14.98 Multiplan	Multiplan		833.6	80			12.9	989.9	percent of total billed charges	
POLIOVIRUS AB TYPE 3	86658	CPT	both			1042		14.98 Qualcare	Qualcare		781.5	75			12.9	989.9	percent of total billed charges	
POLIOVIRUS AB TYPE 3	86658	CPT	both			1042		14.98 Three Rivers	Three Rivers		989.9	95			12.9	989.9	percent of total billed charges	
POLIOVIRUS AB TYPE 3	86658	CPT	both			1042		14.98 UHC	Medicaid		328.75	31.55			12.9	989.9	percent of total billed charges	
POLIOVIRUS AB TYPE 3	86658	CPT	both			1042		14.98 UHC	Medicare		13.03				12.9	989.9	fee schedule	
POLIOVIRUS AB TYPE 3	86658	CPT	both			1042		14.98 Wellcare	Medicaid		328.75	31.55			12.9	989.9	percent of total billed charges	
POLIOVIRUS AB TYPE 3	86658	CPT	both			1042		14.98 Wellcare	Medicare		13.03				12.9	989.9	fee schedule	
POLIOVIRUS AB TYPE 3	86658	CPT	both			1042		14.98 WellPoint	WellPoint		335.32	32.18			12.9	989.9	percent of total billed charges	
EBV EARLY ANTIGEN AB,IGG	86663	CPT	both			236		15.09 Aetna	Commercial		89.68	38			8.7	224.2	percent of total billed charges	
EBV EARLY ANTIGEN AB,IGG	86663	CPT	both			236		15.09 Aetna	Better Health		74.46	31.55			8.7	224.2	percent of total billed charges	
EBV EARLY ANTIGEN AB,IGG	86663	CPT	both			236		15.09 Aetna	Medicare		13.12				8.7	224.2	fee schedule	
EBV EARLY ANTIGEN AB,IGG	86663	CPT	both			236		15.09 Americare	Americare		177	75			8.7	224.2	percent of total billed charges	
EBV EARLY ANTIGEN AB,IGG	86663	CPT	both			236		15.09 Amerihealth	HMO/PPO		153.4	65			8.7	224.2	percent of total billed charges	
EBV EARLY ANTIGEN AB,IGG	86663	CPT	both			236		15.09 Amerihealth	Medicare		13.12				8.7	224.2	fee schedule	
EBV EARLY ANTIGEN AB,IGG	86663	CPT	both			236		15.09 Consumer	Consumer		224.2	95			8.7	224.2	percent of total billed charges	
EBV EARLY ANTIGEN AB,IGG	86663	CPT	both			236		15.09 Corrections	Corrections		188.8	80			8.7	224.2	percent of total billed charges	
EBV EARLY ANTIGEN AB,IGG	86663	CPT	both			236		15.09 First Health	First Health		165.2	70			8.7	224.2	percent of total billed charges	
EBV EARLY ANTIGEN AB,IGG	86663	CPT	both			236		15.09 First Trentron	First Trentron		212.4	90			8.7	224.2	percent of total billed charges	
EBV EARLY ANTIGEN AB,IGG	86663	CPT	both			236		15.09 Horizon	MGD		90.34	38.28			8.7	224.2	percent of total billed charges	
EBV EARLY ANTIGEN AB,IGG	86663	CPT	both			236		15.09 Horizon	Indemnity		90.34	38.28			8.7	224.2	percent of total billed charges	
EBV EARLY ANTIGEN AB,IGG	86663	CPT	both			236		15.09 Horizon	NJ Health		23.52				8.7	224.2	fee schedule	
EBV EARLY ANTIGEN AB,IGG	86663	CPT	both			236		15.09 Horizon	Medicare Blue		70.8	30			8.7	224.2	percent of total billed charges	
EBV EARLY ANTIGEN AB,IGG	86663	CPT	both			236		15.09 Horizon	PPO		90.34	38.28			8.7	224.2	percent of total billed charges	
EBV EARLY ANTIGEN AB,IGG	86663	CPT	both			236		15.09 Managed Care Inc	Managed Care Inc		212.4	90			8.7	224.2	percent of total billed charges	
EBV EARLY ANTIGEN AB,IGG	86663	CPT	both			236		15.09 Multiplan	Multiplan		188.8	80			8.7	224.2	percent of total billed charges	
EBV EARLY ANTIGEN AB,IGG	86663	CPT	both			236		15.09 Qualcare	Qualcare		177	75			8.7	224.2	percent of total billed charges	
EBV EARLY ANTIGEN AB,IGG	86663	CPT	both			236		15.09 Three Rivers	Three Rivers		224.2	95			8.7	224.2	percent of total billed charges	
EBV EARLY ANTIGEN AB,IGG	86663	CPT	both			236		15.09 UHC	Medicare		13.12				8.7	224.2	fee schedule	
EBV EARLY ANTIGEN AB,IGG	86663	CPT	both			236		15.09 UHC	Medicaid		74.46	31.55			8.7	224.2	percent of total billed charges	
EBV EARLY ANTIGEN AB,IGG	86663	CPT	both			236		15.09 Wellcare	Medicare		13.12				8.7	224.2	fee schedule	
EBV EARLY ANTIGEN AB,IGG	86663	CPT	both			236		15.09 Wellcare	Medicaid		74.46	31.55			8.7	224.2	percent of total billed charges	
EBV EARLY ANTIGEN AB,IGG	86663	CPT	both			236		15.09 WellPoint	WellPoint		75.94	32.18			8.7	224.2	percent of total billed charges	
EBV NUCLEAR ANTIGEN AB, IGG	86664	CPT	both			109		17.58 Aetna	Commercial		41.42	38			8.7	103.55	percent of total billed charges	
EBV NUCLEAR ANTIGEN AB, IGG	86664	CPT	both			109		17.58 Aetna	Better Health		34.39	31.55			8.7	103.55	percent of total billed charges	
EBV NUCLEAR ANTIGEN AB, IGG	86664	CPT	both			109		17.58 Aetna	Medicare		33.57	30.8			8.7	103.55	percent of total billed charges	
EBV NUCLEAR ANTIGEN AB, IGG	86664	CPT	both			109		17.58 Americare	Americare		81.75	75			8.7	103.55	percent of total billed charges	
EBV NUCLEAR ANTIGEN AB, IGG	86664	CPT	both			109		17.58 Amerihealth	Medicare		15.29				8.7	103.55	fee schedule	
EBV NUCLEAR ANTIGEN AB, IGG	86664	CPT	both			109		17.58 Amerihealth	HMO/PPO		70.85	65			8.7	103.55	percent of total billed charges	
EBV NUCLEAR ANTIGEN AB, IGG	86664	CPT	both			109		17.58 Consumer	Consumer		103.55	95			8.7	103.55	percent of total billed charges	
EBV NUCLEAR ANTIGEN AB, IGG	86664	CPT	both			109		17.58 Corrections	Corrections		87.2	80			8.7	103.55	percent of total billed charges	
EBV NUCLEAR ANTIGEN AB, IGG	86664	CPT	both			109		17.58 First Health	First Health		76.3	70			8.7	103.55	percent of total billed charges	
EBV NUCLEAR ANTIGEN AB, IGG	86664	CPT	both			109		17.58 First Trentron	First Trentron		98.1	90			8.7	103.55	percent of total billed charges	
EBV NUCLEAR ANTIGEN AB, IGG	86664	CPT	both			109		17.58 Horizon	MGD		41.73	38.28			8.7	103.55	percent of total billed charges	
EBV NUCLEAR ANTIGEN AB, IGG	86664	CPT	both			109		17.58 Horizon	PPO		41.73	38.28			8.7	103.55	percent of total billed charges	
EBV NUCLEAR ANTIGEN AB, IGG	86664	CPT	both			109		17.58 Horizon	Indemnity		41.73	38.28			8.7	103.55	percent of total billed charges	
EBV NUCLEAR ANTIGEN AB, IGG	86664	CPT	both			109		17.58 Horizon	Medicare Blue		32.7	30			8.7	103.55	percent of total billed charges	
EBV NUCLEAR ANTIGEN AB, IGG	86664	CPT	both			109		17.58 Horizon	NJ Health		49				8.7	103.55	fee schedule	
EBV NUCLEAR ANTIGEN AB, IGG	86664	CPT	both			109		17.58 Managed Care Inc	Managed Care Inc		98.1	90			8.7	103.55	percent of total billed charges	
EBV NUCLEAR ANTIGEN AB, IGG	86664	CPT	both			109		17.58 Multiplan	Multiplan		87.2	80			8.7	103.55	percent of total billed charges	
EBV NUCLEAR ANTIGEN AB, IGG	86664	CPT	both			109		17.58 Qualcare	Qualcare		81.75	75			8.7	103.55	percent of total billed charges	
EBV NUCLEAR ANTIGEN AB, IGG	86664	CPT	both			109		17.58 Three Rivers	Three Rivers		103.55	95			8.7	103.55	percent of total billed charges	
EBV NUCLEAR ANTIGEN AB, IGG	86664	CPT	both			109		17.58 UHC	Medicare		15.29				8.7	103.55	fee schedule	
EBV NUCLEAR ANTIGEN AB, IGG	86664	CPT	both			109		17.58 UHC	Medicaid		34.39	31.55			8.7	103.55	percent of total billed charges	
EBV NUCLEAR ANTIGEN AB, IGG	86664	CPT	both			109		17.58 Wellcare	Medicaid		34.39	31.55			8.7	103.55	percent of total billed charges	
EBV NUCLEAR ANTIGEN AB, IGG	86664	CPT	both			109		17.58 Wellcare	Medicare		15.29				8.7	103.55	fee schedule	
EBV NUCLEAR ANTIGEN AB, IGG	86664	CPT	both			109		17.58 WellPoint	WellPoint		35.08	32.18			8.7	103.55	percent of total billed charges	
EPSTEIN-BARR.VIRUS.AB.PNL.II(0050602)	86665	CPT	both			239		20.86 Aetna	Medicare		18.14				17.7	227.05	fee schedule	
EPSTEIN-BARR.VIRUS.AB.PNL.II(0050602)	86665	CPT	both			239		20.86 Aetna	Commercial		90.82	38			17.7	227.05	percent of total billed charges	
EPSTEIN-BARR.VIRUS.AB.PNL.II(0050602)	86665	CPT	both			239		20.86 Aetna	Better Health		75.4	31.55			17.7	227.05	percent of total billed charges	
EPSTEIN-BARR.VIRUS.AB.PNL.II(0050602)	86665	CPT	both			239		20.86 Americare	Americare		179.25	75			17.7	227.05	percent of total billed charges	
EPSTEIN-BARR.VIRUS.AB.PNL.II(0050602)	86665	CPT	both			239		20.86 Amerihealth	Medicare		18.14				17.7	227.05	fee schedule	
EPSTEIN-BARR.VIRUS.AB.PNL.II(0050602)	86665	CPT	both			239		20.86 Amerihealth	HMO/PPO		155.35	65			17.7	227.05	percent of total billed charges	
EPSTEIN-BARR.VIRUS.AB.PNL.II(0050602)	86665	CPT	both			239		20.86 Consumer	Consumer		227.05	95			17.7	227.05	percent of total billed charges	
EPSTEIN-BARR.VIRUS.AB.PNL.II(0050602)	86665	CPT	both			239		20.86 Corrections	Corrections		191.2	80			17.7	227.05	percent of total billed charges	
EPSTEIN-BARR.VIRUS.AB.PNL.II(0050602)	86665	CPT	both			239		20.86 First Health	First Health		167.3	70			17.7	227.05	percent of total billed charges	
EPSTEIN-BARR.VIRUS.AB.PNL.II(0050602)	86665	CPT	both			239		20.86 First Trentron	First Trentron		215.1	90			17.7	227.05	percent of total billed charges	
EPSTEIN-BARR.VIRUS.AB.PNL.II(0050602)	86665	CPT	both			239		20.86 Horizon	Indemnity		91.49	38.28			17.7	227.05	percent of total billed charges	
EPSTEIN-BARR.VIRUS.AB.PNL.II(0050602)	86665	CPT	both			239		20.86 Horizon	PPO		91.49	38.28			17.7	227.05	percent of total billed charges	
EPSTEIN-BARR.VIRUS.AB.PNL.II(0050602)	86665	CPT	both			239		20.86 Horizon	MGD		91.49	38.28			17.7	227.05	percent of total billed charges	
EPSTEIN-BARR.VIRUS.AB.PNL.II(0050602)	86665	CPT	both			239		20.86 Horizon	Medicare Blue		71.7	30			17.7	227.05	percent of total billed charges	
EPSTEIN-BARR.VIRUS.AB.PNL.II(0050602)	86665	CPT	both			239		20.86 Horizon	NJ Health		49				17.7	227.05	fee schedule	
EPSTEIN-BARR.VIRUS.AB.PNL.II(0050602)	86665	CPT	both			239		20.86 Managed Care Inc	Managed Care Inc		215.1	90			17.7	227.05	percent of total billed charges	
EPSTEIN-BARR.VIRUS.AB.PNL.II(0050602)	86665	CPT	both			239		20.86 Multiplan	Multiplan		191.2	80			17.7	227.05	percent of total billed charges	
EPSTEIN-BARR.VIRUS.AB.PNL.II(0050602)	86665	CPT	both			239		20.86 Qualcare	Qualcare		179.25	75			17.7	227.05	percent of total billed charges	
EPSTEIN-BARR.VIRUS.AB.PNL.II(0050602)	86665	CPT	both			239		20.86 Three Rivers	Three Rivers		227.05	95			17.7	227.05	percent of total billed charges	
EPSTEIN-BARR.VIRUS.AB.PNL.II(0050602)	86665	CPT	both			239		20.86 UHC	Medicare		18.14				17.7	227.05	fee schedule	
EPSTEIN-BARR.VIRUS.AB.PNL.II(0050602)	86665	CPT	both			239		20.86 UHC	Medicaid		75.4	31.55			17.7	227.05	percent of total billed charges	
EPSTEIN-BARR.VIRUS.AB.PNL.II(0050602)	86665	CPT	both			239		20.86 Wellcare	Medicare		18.14				17.7	227.05	fee schedule	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
EPSTEIN-BARR VIRUS,AB,PNL,IG(0050602)	86665	CPT	both			239	20.86	Wellcare	Medicaid		75.4	31.55			17.7	227.05	percent of total billed charges	
EPSTEIN-BARR VIRUS,AB,PNL,IG(0050602)	86665	CPT	both			239	20.86	WellPoint	WellPoint		76.91	32.18			17.7	227.05	percent of total billed charges	
HGE IGM TITER	86666	CPT	both			297	11.71	Aetna	Medicare		10.18				9.9	282.15	fee schedule	
HGE IGM TITER	86666	CPT	both			297	11.71	Aetna	Better Health		93.7	31.55			9.9	282.15	percent of total billed charges	
HGE IGM TITER	86666	CPT	both			297	11.71	Aetna	Commercial		112.86	38			9.9	282.15	percent of total billed charges	
HGE IGM TITER	86666	CPT	both			297	11.71	Americare	Americare		222.75	75			9.9	282.15	percent of total billed charges	
HGE IGM TITER	86666	CPT	both			297	11.71	Amerihealth	HMO/PPO		193.05	65			9.9	282.15	percent of total billed charges	
HGE IGM TITER	86666	CPT	both			297	11.71	Amerihealth	Medicare		10.18				9.9	282.15	fee schedule	
HGE IGM TITER	86666	CPT	both			297	11.71	Consumer	Consumer		282.15	95			9.9	282.15	percent of total billed charges	
HGE IGM TITER	86666	CPT	both			297	11.71	Corrections	Corrections		237.6	80			9.9	282.15	percent of total billed charges	
HGE IGM TITER	86666	CPT	both			297	11.71	First Health	First Health		207.9	70			9.9	282.15	percent of total billed charges	
HGE IGM TITER	86666	CPT	both			297	11.71	First Trenton	First Trenton		267.3	90			9.9	282.15	percent of total billed charges	
HGE IGM TITER	86666	CPT	both			297	11.71	Horizon	Medicare Blue		89.1	30			9.9	282.15	percent of total billed charges	
HGE IGM TITER	86666	CPT	both			297	11.71	Horizon	Indemnity		113.69	38.28			9.9	282.15	percent of total billed charges	
HGE IGM TITER	86666	CPT	both			297	11.71	Horizon	NJ Health		11.31				9.9	282.15	fee schedule	
HGE IGM TITER	86666	CPT	both			297	11.71	Horizon	MGD		113.69	38.28			9.9	282.15	percent of total billed charges	
HGE IGM TITER	86666	CPT	both			297	11.71	Horizon	PPO		113.69	38.28			9.9	282.15	percent of total billed charges	
HGE IGM TITER	86666	CPT	both			297	11.71	Managed Care Inc	Managed Care Inc		267.3	90			9.9	282.15	percent of total billed charges	
HGE IGM TITER	86666	CPT	both			297	11.71	Multiplan	Multiplan		237.6	80			9.9	282.15	percent of total billed charges	
HGE IGM TITER	86666	CPT	both			297	11.71	Qualcare	Qualcare		222.75	75			9.9	282.15	percent of total billed charges	
HGE IGM TITER	86666	CPT	both			297	11.71	Three Rivers	Three Rivers		282.15	95			9.9	282.15	percent of total billed charges	
HGE IGM TITER	86666	CPT	both			297	11.71	UHC	Medicaid		93.7	31.55			9.9	282.15	percent of total billed charges	
HGE IGM TITER	86666	CPT	both			297	11.71	UHC	Medicare		10.18				9.9	282.15	fee schedule	
HGE IGM TITER	86666	CPT	both			297	11.71	Wellcare	Medicaid		93.7	31.55			9.9	282.15	percent of total billed charges	
HGE IGM TITER	86666	CPT	both			297	11.71	Wellcare	Medicare		10.18				9.9	282.15	fee schedule	
HGE IGM TITER	86666	CPT	both			297	11.71	WellPoint	WellPoint		95.57	32.18			9.9	282.15	percent of total billed charges	
SACCHAROMYCES,CEREVISIAE PANEL	86671	CPT	both			383	14.09	Aetna	Medicare		12.25				12	363.85	fee schedule	
SACCHAROMYCES,CEREVISIAE PANEL	86671	CPT	both			383	14.09	Aetna	Better Health		120.84	31.55			12	363.85	percent of total billed charges	
SACCHAROMYCES,CEREVISIAE PANEL	86671	CPT	both			383	14.09	Aetna	Commercial		145.54	38			12	363.85	percent of total billed charges	
SACCHAROMYCES,CEREVISIAE PANEL	86671	CPT	both			383	14.09	Americare	Americare		287.25	75			12	363.85	percent of total billed charges	
SACCHAROMYCES,CEREVISIAE PANEL	86671	CPT	both			383	14.09	Amerihealth	Medicare		12.25				12	363.85	fee schedule	
SACCHAROMYCES,CEREVISIAE PANEL	86671	CPT	both			383	14.09	Amerihealth	HMO/PPO		248.95	65			12	363.85	percent of total billed charges	
SACCHAROMYCES,CEREVISIAE PANEL	86671	CPT	both			383	14.09	Consumer	Consumer		363.85	95			12	363.85	percent of total billed charges	
SACCHAROMYCES,CEREVISIAE PANEL	86671	CPT	both			383	14.09	Corrections	Corrections		306.4	80			12	363.85	percent of total billed charges	
SACCHAROMYCES,CEREVISIAE PANEL	86671	CPT	both			383	14.09	First Health	First Health		268.1	70			12	363.85	percent of total billed charges	
SACCHAROMYCES,CEREVISIAE PANEL	86671	CPT	both			383	14.09	First Trenton	First Trenton		344.7	90			12	363.85	percent of total billed charges	
SACCHAROMYCES,CEREVISIAE PANEL	86671	CPT	both			383	14.09	Horizon	Medicare Blue		114.9	30			12	363.85	percent of total billed charges	
SACCHAROMYCES,CEREVISIAE PANEL	86671	CPT	both			383	14.09	Horizon	Indemnity		146.61	38.28			12	363.85	percent of total billed charges	
SACCHAROMYCES,CEREVISIAE PANEL	86671	CPT	both			383	14.09	Horizon	MGD		146.61	38.28			12	363.85	percent of total billed charges	
SACCHAROMYCES,CEREVISIAE PANEL	86671	CPT	both			383	14.09	Horizon	PPO		146.61	38.28			12	363.85	percent of total billed charges	
SACCHAROMYCES,CEREVISIAE PANEL	86671	CPT	both			383	14.09	Horizon	NJ Health		32.34				12	363.85	fee schedule	
SACCHAROMYCES,CEREVISIAE PANEL	86671	CPT	both			383	14.09	Managed Care Inc	Managed Care Inc		344.7	90			12	363.85	percent of total billed charges	
SACCHAROMYCES,CEREVISIAE PANEL	86671	CPT	both			383	14.09	Multiplan	Multiplan		306.4	80			12	363.85	percent of total billed charges	
SACCHAROMYCES,CEREVISIAE PANEL	86671	CPT	both			383	14.09	Qualcare	Qualcare		287.25	75			12	363.85	percent of total billed charges	
SACCHAROMYCES,CEREVISIAE PANEL	86671	CPT	both			383	14.09	Three Rivers	Three Rivers		363.85	95			12	363.85	percent of total billed charges	
SACCHAROMYCES,CEREVISIAE PANEL	86671	CPT	both			383	14.09	UHC	Medicare		12.25				12	363.85	fee schedule	
SACCHAROMYCES,CEREVISIAE PANEL	86671	CPT	both			383	14.09	UHC	Medicaid		120.84	31.55			12	363.85	percent of total billed charges	
SACCHAROMYCES,CEREVISIAE PANEL	86671	CPT	both			383	14.09	Wellcare	Medicaid		120.84	31.55			12	363.85	percent of total billed charges	
SACCHAROMYCES,CEREVISIAE PANEL	86671	CPT	both			383	14.09	Wellcare	Medicare		12.25				12	363.85	fee schedule	
SACCHAROMYCES,CEREVISIAE PANEL	86671	CPT	both			383	14.09	WellPoint	WellPoint		123.25	32.18			12	363.85	percent of total billed charges	
HELICOBACTER PYLORI, IGG	86677	CPT	both			136	19.38	Aetna	Commercial		51.68	38			16.5	129.2	percent of total billed charges	
HELICOBACTER PYLORI, IGG	86677	CPT	both			136	19.38	Aetna	Medicare		16.85				16.5	129.2	fee schedule	
HELICOBACTER PYLORI, IGG	86677	CPT	both			136	19.38	Aetna	Better Health		42.91	31.55			16.5	129.2	percent of total billed charges	
HELICOBACTER PYLORI, IGG	86677	CPT	both			136	19.38	Americare	Americare		102	75			16.5	129.2	percent of total billed charges	
HELICOBACTER PYLORI, IGG	86677	CPT	both			136	19.38	Amerihealth	HMO/PPO		88.4	65			16.5	129.2	percent of total billed charges	
HELICOBACTER PYLORI, IGG	86677	CPT	both			136	19.38	Amerihealth	Medicare		16.85				16.5	129.2	fee schedule	
HELICOBACTER PYLORI, IGG	86677	CPT	both			136	19.38	Consumer	Consumer		129.2	95			16.5	129.2	percent of total billed charges	
HELICOBACTER PYLORI, IGG	86677	CPT	both			136	19.38	Corrections	Corrections		108.8	80			16.5	129.2	percent of total billed charges	
HELICOBACTER PYLORI, IGG	86677	CPT	both			136	19.38	First Health	First Health		95.2	70			16.5	129.2	percent of total billed charges	
HELICOBACTER PYLORI, IGG	86677	CPT	both			136	19.38	First Trenton	First Trenton		122.4	90			16.5	129.2	percent of total billed charges	
HELICOBACTER PYLORI, IGG	86677	CPT	both			136	19.38	Horizon	Indemnity		52.06	38.28			16.5	129.2	percent of total billed charges	
HELICOBACTER PYLORI, IGG	86677	CPT	both			136	19.38	Horizon	Medicare Blue		40.8	30			16.5	129.2	percent of total billed charges	
HELICOBACTER PYLORI, IGG	86677	CPT	both			136	19.38	Horizon	MGD		52.06	38.28			16.5	129.2	percent of total billed charges	
HELICOBACTER PYLORI, IGG	86677	CPT	both			136	19.38	Horizon	NJ Health		23.52				16.5	129.2	fee schedule	
HELICOBACTER PYLORI, IGG	86677	CPT	both			136	19.38	Horizon	PPO		52.06	38.28			16.5	129.2	percent of total billed charges	
HELICOBACTER PYLORI, IGG	86677	CPT	both			136	19.38	Managed Care Inc	Managed Care Inc		122.4	90			16.5	129.2	percent of total billed charges	
HELICOBACTER PYLORI, IGG	86677	CPT	both			136	19.38	Multiplan	Multiplan		108.8	80			16.5	129.2	percent of total billed charges	
HELICOBACTER PYLORI, IGG	86677	CPT	both			136	19.38	Qualcare	Qualcare		102	75			16.5	129.2	percent of total billed charges	
HELICOBACTER PYLORI, IGG	86677	CPT	both			136	19.38	Three Rivers	Three Rivers		129.2	95			16.5	129.2	percent of total billed charges	
HELICOBACTER PYLORI, IGG	86677	CPT	both			136	19.38	UHC	Medicaid		42.91	31.55			16.5	129.2	percent of total billed charges	
HELICOBACTER PYLORI, IGG	86677	CPT	both			136	19.38	UHC	Medicare		16.85				16.5	129.2	fee schedule	
HELICOBACTER PYLORI, IGG	86677	CPT	both			136	19.38	Wellcare	Medicaid		42.91	31.55			16.5	129.2	percent of total billed charges	
HELICOBACTER PYLORI, IGG	86677	CPT	both			136	19.38	Wellcare	Medicare		16.85				16.5	129.2	fee schedule	
HELICOBACTER PYLORI, IGG	86677	CPT	both			136	19.38	WellPoint	WellPoint		43.76	32.18			16.5	129.2	percent of total billed charges	
TOXOCARA,AB,IGG,SERM	86682	CPT	both			536	14.96	Aetna	Medicare		165.09	30.8			12.9	509.2	percent of total billed charges	
TOXOCARA,AB,IGG,SERM	86682	CPT	both			536	14.96	Aetna	Better Health		169.11	31.55			12.9	509.2	percent of total billed charges	
TOXOCARA,AB,IGG,SERM	86682	CPT	both			536	14.96	Aetna	Commercial		203.68	38			12.9	509.2	percent of total billed charges	
TOXOCARA,AB,IGG,SERM	86682	CPT	both			536	14.96	Americare	Americare		402	75			12.9	509.2	percent of total billed charges	
TOXOCARA,AB,IGG,SERM	86682	CPT	both			536	14.96	Amerihealth	Medicare		13.01				12.9	509.2	fee schedule	
TOXOCARA,AB,IGG,SERM	86682	CPT	both			536	14.96	Amerihealth	HMO/PPO		348.4	65			12.9	509.2	percent of total billed charges	
TOXOCARA,AB,IGG,SERM	86682	CPT	both			536	14.96	Consumer	Consumer		509.2	95			12.9	509.2	percent of total billed charges	
TOXOCARA,AB,IGG,SERM	86682	CPT	both			536	14.96	Corrections	Corrections		428.8	80			12.9	509.2	percent of total billed charges	
TOXOCARA,AB,IGG,SERM	86682	CPT	both			536	14.96	First Health	First Health		375.2	70			12.9	509.2	percent of total billed charges	
TOXOCARA,AB,IGG,SERM	86682	CPT	both			536	14.96	First Trenton	First Trenton		482.4	90			12.9	509.2	percent of total billed charges	
TOXOCARA,AB,IGG,SERM	86682	CPT	both			536	14.96	Horizon	NJ Health		14.45				12.9	509.2	fee schedule	
TOXOCARA,AB,IGG,SERM	86682	CPT	both			536	14.96	Horizon	MGD		205.18	38.28			12.9	509.2	percent of total billed charges	
TOXOCARA,AB,IGG,SERM	86682	CPT	both			536	14.96	Horizon	Indemnity		205.18	38.28			12.9	509.2	percent of total billed charges	
TOXOCARA,AB,IGG,SERM	86682	CPT	both			536	14.96	Horizon	PPO		205.18	38.28			12.9	509.2	percent of total billed charges	
TOXOCARA,AB,IGG,SERM	86682	CPT	both			536	14.96	Horizon	Medicare Blue		160.8	30			12.9	509.2	percent of total billed charges	
TOXOCARA,AB,IGG,SERM	86682	CPT	both			536	14.96	Managed Care Inc	Managed Care Inc		482.4	90			12.9	509.2	percent of total billed charges	
TOXOCARA,AB,IGG,SERM	86682	CPT	both			536	14.96	Multiplan	Multiplan		428.8	80			12.9	509.2	percent of total billed charges	
TOXOCARA,AB,IGG,SERM	86682	CPT	both			536	14.96	Qualcare	Qualcare		402	75			12.9	509.2	percent of total billed charges	
TOXOCARA,AB,IGG,SERM	86682	CPT	both			536	14.96	Three Rivers	Three Rivers		509.2	95			12.9	509.2	percent of total billed charges	
TOXOCARA,AB,IGG,SERM	86682	CPT	both			536	14.96	UHC	Medicaid		169.11	31.55			12.9	509.2	percent of total billed charges	
TOXOCARA,AB,IGG,SERM	86682	CPT	both			536	14.96	UHC	Medicare		13.01				12.9	509.2	fee schedule	
TOXOCARA,AB,IGG,SERM	86682	CPT	both			536	14.96	Wellcare	Medicare		13.01				12.9	509.2	fee schedule	
TOXOCARA,AB,IGG,SERM	86682	CPT	both			536	14.96	Wellcare	Medicaid		169.11	31.55			12.9	509.2	percent of total billed charges	
TOXOCARA,AB,IGG,SERM	86682	CPT	both			536	14.96	WellPoint	WellPoint		172.48	32.18			12.9	509.2	percent of total billed charges	
IMMUNIZATION INFLUENZA	86684	CPT	outpatient			198	18.22	Aetna	Better Health		62.47	31.55			15	188.1	percent of total billed charges	
IMMUNIZATION INFLUENZA	86684	CPT	outpatient			198	18.22	Aetna	Medicare		15.84				15	188.1	fee schedule	
IMMUNIZATION INFLUENZA	86684	CPT	outpatient			198	18.22	Aetna	Commercial		75.24	38			15	188.1	percent of total billed charges	
IMMUNIZATION INFLUENZA	86684	CPT	outpatient			198	18.22	Americare	Americare		148.5	75			15	188.1	percent of total billed charges	
IMMUNIZATION INFLUENZA	86684	CPT	outpatient			198	18.22	Amerihealth	Medicare		15.84				15	188.1	fee schedule	
IMMUNIZATION INFLUENZA	86684	CPT	outpatient			198	18.22	Amerihealth	HMO/PPO		128.7	65			15	188.1	percent of total billed charges	
IMMUNIZATION INFLUENZA	86684	CPT	outpatient			198	18.22	Consumer	Consumer		188.1	95			15	188.1	percent of total billed charges	
IMMUNIZATION INFLUENZA	86684	CPT	outpatient			198	18.22	Corrections	Corrections		158.4	80			15	188.1	percent of total billed charges	
IMMUNIZATION INFLUENZA	86684	CPT	outpatient			198	18.22	First Health	First Health		138.6	70			15	188.1	percent of total billed charges	
IMMUNIZATION INFLUENZA	86684	CPT	outpatient			198	18.22	First Trenton	First Trenton		178.2	90			15	188.1	percent of total billed charges	
IMMUNIZATION INFLUENZA	86684	CPT	outpatient			198	18.22	Horizon	MGD		75.79	38.28			15	188.1	percent of total billed charges	
IMMUNIZATION INFLUENZA	86684	CPT	outpatient			198	18.22	Horizon	Indemnity		75.79	38.28			15	188.1	percent of total billed charges	
IMMUNIZATION INFLUENZA	86684	CPT	outpatient			198	18.22	Horizon	NJ Health		29.4				15	188.1	fee schedule	
IMMUNIZATION INFLUENZA	86684	CPT	outpatient			198	18.22	Horizon	PPO		75.79	38.28			15	188.1	percent of total billed charges	
IMMUNIZATION INFLUENZA	86684	CPT	outpatient			198	18.22	Horizon	Medicare Blue		59.4	30			15	188.1	percent of total billed charges	
IMMUNIZATION INFLUENZA	86684	CPT	outpatient			198	18.22	Managed Care Inc	Managed Care Inc		178.2	90			15	188.1	percent of total billed charges	
IMMUNIZATION INFLUENZA	86684	CPT	outpatient			198	18.22	Multiplan	Multiplan		158.4	80			15	188.1	percent of total billed charges	
IMMUNIZATION INFLUENZA	86684	CPT	outpatient			198	18.22	Qualcare	Qualcare		148.5	75			15	188.1	percent of total billed charges	
IMMUNIZATION INFLUENZA	86684	CPT	outpatient			198	18.22	Three Rivers	Three Rivers		188.1	95			15	188.1	percent of total billed charges	
IMMUNIZATION INFLUENZA	86684	CPT	outpatient			198	18.22	UHC	Medicare		15.84				15	188.1	fee schedule	
IMMUNIZATION INFLUENZA	86684	CPT	outpatient			198	18.22	UHC	Medicaid		62.47	31.55			15	188.1	percent of total billed charges	
IMMUNIZATION INFLUENZA	86684	CPT	outpatient			198	18.22	Wellcare	Medicaid		62.47	31.55			15	188.1	percent of total billed charges	
IMMUNIZATION INFLUENZA	86684	CPT	outpatient			198	18.22	Wellcare	Medicare		15.84				15	188.1	fee schedule	
IMMUNIZATION INFLUENZA	86684	CPT	outpatient			198	18.22	WellPoint	WellPoint		63.72	32.18			15	188.1	percent of total billed charges	
HTLV-I	86687	CPT	outpatient			94	10.45	Aetna	Medicare		28.95	30.8			9.09	89.3	percent of total billed charges	
HTLV-I	86687	CPT	outpatient			94	10.45	Aetna	Better Health		29.66	31.55			9.09	89.3	percent of total billed charges	
HTLV-I	86687	CPT	outpatient			94	10.45	Aetna	Commercial		35.72	38			9.09	89.3	percent of total billed charges	
HTLV-I	86687	CPT	outpatient			94	10.45	Americare	Americare		70.5	75			9.09	89.3	percent of total billed charges	
HTLV-I	86687	CPT	outpatient			94	10.45	Amerihealth	HMO/PPO		61.1	65			9.09	89.3	percent of total billed charges	
HTLV-I	86687	CPT	outpatient			94	10.45	Amerihealth	Medicare		9.09				9.09	89.3	fee schedule	
HTLV-I	86687	CPT	outpatient			94	10.45	Consumer	Consumer		89.3	95			9.09	89.3	percent of total billed charges	
HTLV-I	86687	CPT	outpatient			94	10.45	Corrections	Corrections		75.2	80			9.09	89.3	percent of total billed charges	
HTLV-I	86687	CPT	outpatient			94	10.45	First Health	First Health		65.8	70			9.09	89.3	percent of total billed charges	
HTLV-I	86687	CPT	outpatient			94	10.45	First Trenton	First Trenton		84.6	90			9.09	89.3	percent of total billed charges	
HTLV-I	86687	CPT	outpatient			94	10.45	Horizon	MGD		35.98	38.28			9.09	89.3	percent of total billed charges	
HTLV-I	86687	CPT	outpatient			94	10.45	Horizon	Indemnity		35.98	38.28			9.09	89.3	percent of total billed charges	
HTLV-I	86687	CPT	outpatient			94	10.45	Horizon	PPO		35.98	38.28			9.09	89.3	percent of total billed charges	
HTLV-I	86687	CPT	outpatient			94	10.45	Horizon	NJ Health		27.44				9.09	89.3	fee schedule	
HTLV-I	86687	CPT	outpatient			94	10.45	Horizon	Medicare Blue		28.2	30			9.09	89.3	percent of total billed charges	
HTLV-I	86687	CPT	outpatient			94	10.45	Managed Care Inc	Managed Care Inc		84.6	90			9.09	89.3	percent of total billed charges	
HTLV-I	86687	CPT	outpatient			94	10.45	Multiplan	Multiplan		75.2	80			9.09	89.3	percent of total billed charges	
HTLV-I	86687	CPT	outpatient			94	10.45	Qualcare	Qualcare		70.5	75			9.09	89.3	percent of total billed charges	
HTLV-I	86687	CPT	outpatient			94	10.45	Three Rivers	Three Rivers		89.3	95			9.09	89.3	percent of total billed charges	
HTLV-I	86687	CPT	outpatient			94	10.45	UHC	Medicaid		29.66	31.55			9.09	89.3	percent of total billed charges	
HTLV-I	86687	CPT	outpatient			94	10.45	UHC	Medicare		9.09				9.09	89.3	fee schedule	
HTLV-I	86687	CPT	outpatient			94	10.45	Wellcare	Medicare		9.09				9.09	89.3	fee schedule	
HTLV-I	86687	CPT	outpatient			94	10.45	Wellcare	Medicaid		29.66	31.55			9.09	89.3	percent of total billed charges	
HTLV-I	86687	CPT	outpatient			94	10.45	WellPoint	WellPoint		30.25	32.18			9.09	89.3	percent of total billed charges	
HTLV-II	86688	CPT	outpatient			94	16.1	Aetna	Better Health		29.66	31.55			14	89.3	percent of total billed charges	
HTLV-II	86688	CPT	outpatient			94	16.1	Aetna	Commercial		35.72	38			14	89.3	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
HTLV-II	86688	CPT	outpatient			94		16.1 Aetna	Medicare		14				14		89.3 fee schedule	
HTLV-II	86688	CPT	outpatient			94		16.1 Americare	Americare		70.5	75			14		89.3 percent of total billed charges	
HTLV-II	86688	CPT	outpatient			94		16.1 Amerihealth	HMO/PPO		61.1	65			14		89.3 percent of total billed charges	
HTLV-II	86688	CPT	outpatient			94		16.1 Amerihealth	Medicare		14				14		89.3 fee schedule	
HTLV-II	86688	CPT	outpatient			94		16.1 Consumer	Consumer		89.3	95			14		89.3 percent of total billed charges	
HTLV-II	86688	CPT	outpatient			94		16.1 Corrections	Corrections		75.2	80			14		89.3 percent of total billed charges	
HTLV-II	86688	CPT	outpatient			94		16.1 First Health	First Health		65.8	70			14		89.3 percent of total billed charges	
HTLV-II	86688	CPT	outpatient			94		16.1 First Trenton	First Trenton		84.6	90			14		89.3 percent of total billed charges	
HTLV-II	86688	CPT	outpatient			94		16.1 Horizon	NJ Health		25.48				14		89.3 fee schedule	
HTLV-II	86688	CPT	outpatient			94		16.1 Horizon	Indemnity		35.98	38.28			14		89.3 percent of total billed charges	
HTLV-II	86688	CPT	outpatient			94		16.1 Horizon	Medicare Blue		28.2	30			14		89.3 percent of total billed charges	
HTLV-II	86688	CPT	outpatient			94		16.1 Horizon	MGD		35.98	38.28			14		89.3 percent of total billed charges	
HTLV-II	86688	CPT	outpatient			94		16.1 Horizon	PPO		35.98	38.28			14		89.3 percent of total billed charges	
HTLV-II	86688	CPT	outpatient			94		16.1 Managed Care Inc	Managed Care Inc		84.6	90			14		89.3 percent of total billed charges	
HTLV-II	86688	CPT	outpatient			94		16.1 Multiplan	Multiplan		75.2	80			14		89.3 percent of total billed charges	
HTLV-II	86688	CPT	outpatient			94		16.1 Qualcare	Qualcare		70.5	75			14		89.3 percent of total billed charges	
HTLV-II	86688	CPT	outpatient			94		16.1 Three Rivers	Three Rivers		89.3	95			14		89.3 percent of total billed charges	
HTLV-II	86688	CPT	outpatient			94		16.1 UHC	Medicare		14				14		89.3 fee schedule	
HTLV-II	86688	CPT	outpatient			94		16.1 UHC	Medicaid		29.66	31.55			14		89.3 percent of total billed charges	
HTLV-II	86688	CPT	outpatient			94		16.1 Wellcare	Medicaid		29.66	31.55			14		89.3 percent of total billed charges	
HTLV-II	86688	CPT	outpatient			94		16.1 Wellcare	Medicare		14				14		89.3 fee schedule	
HTLV-II	86688	CPT	outpatient			94		16.1 WellPoint	WellPoint		30.25	32.18			14		89.3 percent of total billed charges	
WESTERN BLOT	86689	CPT	inpatient			911		22.25 Aetna	Medicare		19.35				18.6		865.45 fee schedule	
WESTERN BLOT	86689	CPT	inpatient			911		22.25 Aetna	Better Health		287.42	31.55			18.6		865.45 percent of total billed charges	
WESTERN BLOT	86689	CPT	inpatient			911		22.25 Aetna	Commercial		346.18	38			18.6		865.45 percent of total billed charges	
WESTERN BLOT	86689	CPT	inpatient			911		22.25 Americare	Americare		683.25	75			18.6		865.45 percent of total billed charges	
WESTERN BLOT	86689	CPT	inpatient			911		22.25 Amerihealth	HMO/PPO		592.15	65			18.6		865.45 percent of total billed charges	
WESTERN BLOT	86689	CPT	inpatient			911		22.25 Amerihealth	Medicare		19.35				18.6		865.45 fee schedule	
WESTERN BLOT	86689	CPT	inpatient			911		22.25 Consumer	Consumer		865.45	95			18.6		865.45 percent of total billed charges	
WESTERN BLOT	86689	CPT	inpatient			911		22.25 Corrections	Corrections		728.8	80			18.6		865.45 percent of total billed charges	
WESTERN BLOT	86689	CPT	inpatient			911		22.25 First Health	First Health		637.7	70			18.6		865.45 percent of total billed charges	
WESTERN BLOT	86689	CPT	inpatient			911		22.25 First Trenton	First Trenton		819.9	90			18.6		865.45 percent of total billed charges	
WESTERN BLOT	86689	CPT	inpatient			911		22.25 Horizon	MGD		348.73	38.28			18.6		865.45 percent of total billed charges	
WESTERN BLOT	86689	CPT	inpatient			911		22.25 Horizon	Medicare Blue		273.3	30			18.6		865.45 percent of total billed charges	
WESTERN BLOT	86689	CPT	inpatient			911		22.25 Horizon	Indemnity		348.73	38.28			18.6		865.45 percent of total billed charges	
WESTERN BLOT	86689	CPT	inpatient			911		22.25 Horizon	NJ Health		41.55				18.6		865.45 fee schedule	
WESTERN BLOT	86689	CPT	inpatient			911		22.25 Horizon	PPO		348.73	38.28			18.6		865.45 percent of total billed charges	
WESTERN BLOT	86689	CPT	inpatient			911		22.25 Managed Care Inc	Managed Care Inc		819.9	90			18.6		865.45 percent of total billed charges	
WESTERN BLOT	86689	CPT	inpatient			911		22.25 Multiplan	Multiplan		728.8	80			18.6		865.45 percent of total billed charges	
WESTERN BLOT	86689	CPT	inpatient			911		22.25 Qualcare	Qualcare		683.25	75			18.6		865.45 percent of total billed charges	
WESTERN BLOT	86689	CPT	inpatient			911		22.25 Three Rivers	Three Rivers		865.45	95			18.6		865.45 percent of total billed charges	
WESTERN BLOT	86689	CPT	inpatient			911		22.25 UHC	Medicaid		287.42	31.55			18.6		865.45 percent of total billed charges	
WESTERN BLOT	86689	CPT	inpatient			911		22.25 UHC	Medicare		19.35				18.6		865.45 fee schedule	
WESTERN BLOT	86689	CPT	inpatient			911		22.25 Wellcare	Medicare		19.35				18.6		865.45 fee schedule	
WESTERN BLOT	86689	CPT	inpatient			911		22.25 Wellcare	Medicaid		287.42	31.55			18.6		865.45 percent of total billed charges	
WESTERN BLOT	86689	CPT	inpatient			911		22.25 WellPoint	WellPoint		293.16	32.18			18.6		865.45 percent of total billed charges	
HEPATITIS.D.VIRUS.AB(0020799)	86692	CPT	both			314		19.73 Aetna	Better Health		99.07	31.55			16.8		298.3 percent of total billed charges	
HEPATITIS.D.VIRUS.AB(0020799)	86692	CPT	both			314		19.73 Aetna	Commercial		119.32	38			16.8		298.3 percent of total billed charges	
HEPATITIS.D.VIRUS.AB(0020799)	86692	CPT	both			314		19.73 Aetna	Medicare		17.16				16.8		298.3 fee schedule	
HEPATITIS.D.VIRUS.AB(0020799)	86692	CPT	both			314		19.73 Americare	Americare		235.5	75			16.8		298.3 percent of total billed charges	
HEPATITIS.D.VIRUS.AB(0020799)	86692	CPT	both			314		19.73 Amerihealth	HMO/PPO		204.1	65			16.8		298.3 percent of total billed charges	
HEPATITIS.D.VIRUS.AB(0020799)	86692	CPT	both			314		19.73 Amerihealth	Medicare		17.16				16.8		298.3 fee schedule	
HEPATITIS.D.VIRUS.AB(0020799)	86692	CPT	both			314		19.73 Consumer	Consumer		298.3	95			16.8		298.3 percent of total billed charges	
HEPATITIS.D.VIRUS.AB(0020799)	86692	CPT	both			314		19.73 Corrections	Corrections		251.2	80			16.8		298.3 percent of total billed charges	
HEPATITIS.D.VIRUS.AB(0020799)	86692	CPT	both			314		19.73 First Health	First Health		219.8	70			16.8		298.3 percent of total billed charges	
HEPATITIS.D.VIRUS.AB(0020799)	86692	CPT	both			314		19.73 First Trenton	First Trenton		282.6	90			16.8		298.3 percent of total billed charges	
HEPATITIS.D.VIRUS.AB(0020799)	86692	CPT	both			314		19.73 Horizon	MGD		120.2	38.28			16.8		298.3 percent of total billed charges	
HEPATITIS.D.VIRUS.AB(0020799)	86692	CPT	both			314		19.73 Horizon	Indemnity		120.2	38.28			16.8		298.3 percent of total billed charges	
HEPATITIS.D.VIRUS.AB(0020799)	86692	CPT	both			314		19.73 Horizon	NJ Health		39.2				16.8		298.3 fee schedule	
HEPATITIS.D.VIRUS.AB(0020799)	86692	CPT	both			314		19.73 Horizon	Medicare Blue		94.2	30			16.8		298.3 percent of total billed charges	
HEPATITIS.D.VIRUS.AB(0020799)	86692	CPT	both			314		19.73 Horizon	PPO		120.2	38.28			16.8		298.3 percent of total billed charges	
HEPATITIS.D.VIRUS.AB(0020799)	86692	CPT	both			314		19.73 Managed Care Inc	Managed Care Inc		282.6	90			16.8		298.3 percent of total billed charges	
HEPATITIS.D.VIRUS.AB(0020799)	86692	CPT	both			314		19.73 Multiplan	Multiplan		251.2	80			16.8		298.3 percent of total billed charges	
HEPATITIS.D.VIRUS.AB(0020799)	86692	CPT	both			314		19.73 Qualcare	Qualcare		235.5	75			16.8		298.3 percent of total billed charges	
HEPATITIS.D.VIRUS.AB(0020799)	86692	CPT	both			314		19.73 Three Rivers	Three Rivers		298.3	95			16.8		298.3 percent of total billed charges	
HEPATITIS.D.VIRUS.AB(0020799)	86692	CPT	both			314		19.73 UHC	Medicaid		99.07	31.55			16.8		298.3 percent of total billed charges	
HEPATITIS.D.VIRUS.AB(0020799)	86692	CPT	both			314		19.73 UHC	Medicare		17.16				16.8		298.3 fee schedule	
HEPATITIS.D.VIRUS.AB(0020799)	86692	CPT	both			314		19.73 Wellcare	Medicaid		99.07	31.55			16.8		298.3 percent of total billed charges	
HEPATITIS.D.VIRUS.AB(0020799)	86692	CPT	both			314		19.73 Wellcare	Medicare		17.16				16.8		298.3 fee schedule	
HEPATITIS.D.VIRUS.AB(0020799)	86692	CPT	both			314		19.73 WellPoint	WellPoint		101.05	32.18			16.8		298.3 percent of total billed charges	
HSV, 1GM 1/11 COMBINATION	86694	CPT	both			82		16.55 Aetna	Medicare		14.39				12.6		77.9 fee schedule	
HSV, 1GM 1/11 COMBINATION	86694	CPT	both			82		16.55 Aetna	Commercial		31.16	38			12.6		77.9 percent of total billed charges	
HSV, 1GM 1/11 COMBINATION	86694	CPT	both			82		16.55 Aetna	Better Health		25.87	31.55			12.6		77.9 percent of total billed charges	
HSV, 1GM 1/11 COMBINATION	86694	CPT	both			82		16.55 Americare	Americare		61.5	75			12.6		77.9 percent of total billed charges	
HSV, 1GM 1/11 COMBINATION	86694	CPT	both			82		16.55 Amerihealth	HMO/PPO		53.3	65			12.6		77.9 percent of total billed charges	
HSV, 1GM 1/11 COMBINATION	86694	CPT	both			82		16.55 Amerihealth	Medicare		14.39				12.6		77.9 fee schedule	
HSV, 1GM 1/11 COMBINATION	86694	CPT	both			82		16.55 Consumer	Consumer		77.9	95			12.6		77.9 percent of total billed charges	
HSV, 1GM 1/11 COMBINATION	86694	CPT	both			82		16.55 Corrections	Corrections		65.6	80			12.6		77.9 percent of total billed charges	
HSV, 1GM 1/11 COMBINATION	86694	CPT	both			82		16.55 First Health	First Health		57.4	70			12.6		77.9 percent of total billed charges	
HSV, 1GM 1/11 COMBINATION	86694	CPT	both			82		16.55 First Trenton	First Trenton		73.8	90			12.6		77.9 percent of total billed charges	
HSV, 1GM 1/11 COMBINATION	86694	CPT	both			82		16.55 Horizon	MGD		31.39	38.28			12.6		77.9 percent of total billed charges	
HSV, 1GM 1/11 COMBINATION	86694	CPT	both			82		16.55 Horizon	Indemnity		31.39	38.28			12.6		77.9 percent of total billed charges	
HSV, 1GM 1/11 COMBINATION	86694	CPT	both			82		16.55 Horizon	NJ Health		25.09				12.6		77.9 fee schedule	
HSV, 1GM 1/11 COMBINATION	86694	CPT	both			82		16.55 Horizon	Medicare Blue		24.6	30			12.6		77.9 percent of total billed charges	
HSV, 1GM 1/11 COMBINATION	86694	CPT	both			82		16.55 Horizon	PPO		31.39	38.28			12.6		77.9 percent of total billed charges	
HSV, 1GM 1/11 COMBINATION	86694	CPT	both			82		16.55 Managed Care Inc	Managed Care Inc		73.8	90			12.6		77.9 percent of total billed charges	
HSV, 1GM 1/11 COMBINATION	86694	CPT	both			82		16.55 Multiplan	Multiplan		65.6	80			12.6		77.9 percent of total billed charges	
HSV, 1GM 1/11 COMBINATION	86694	CPT	both			82		16.55 Qualcare	Qualcare		61.5	75			12.6		77.9 percent of total billed charges	
HSV, 1GM 1/11 COMBINATION	86694	CPT	both			82		16.55 Three Rivers	Three Rivers		77.9	95			12.6		77.9 percent of total billed charges	
HSV, 1GM 1/11 COMBINATION	86694	CPT	both			82		16.55 UHC	Medicaid		25.87	31.55			12.6		77.9 percent of total billed charges	
HSV, 1GM 1/11 COMBINATION	86694	CPT	both			82		16.55 UHC	Medicare		14.39				12.6		77.9 fee schedule	
HSV, 1GM 1/11 COMBINATION	86694	CPT	both			82		16.55 Wellcare	Medicaid		25.87	31.55			12.6		77.9 percent of total billed charges	
HSV, 1GM 1/11 COMBINATION	86694	CPT	both			82		16.55 Wellcare	Medicare		14.39				12.6		77.9 fee schedule	
HSV, 1GM 1/11 COMBINATION	86694	CPT	both			82		16.55 WellPoint	WellPoint		26.39	32.18			12.6		77.9 percent of total billed charges	
HSV TYPE 2	86695	CPT	both			242		15.17 Aetna	Commercial		91.96	38			8.7		229.9 percent of total billed charges	
HSV TYPE 2	86695	CPT	both			242		15.17 Aetna	Better Health		76.35	31.55			8.7		229.9 percent of total billed charges	
HSV TYPE 2	86695	CPT	both			242		15.17 Aetna	Medicare		74.54	30.8			8.7		229.9 percent of total billed charges	
HSV TYPE 2	86695	CPT	both			242		15.17 Americare	Americare		181.5	75			8.7		229.9 percent of total billed charges	
HSV TYPE 2	86695	CPT	both			242		15.17 Amerihealth	HMO/PPO		157.3	65			8.7		229.9 percent of total billed charges	
HSV TYPE 2	86695	CPT	both			242		15.17 Amerihealth	Medicare		13.19				8.7		229.9 fee schedule	
HSV TYPE 2	86695	CPT	both			242		15.17 Consumer	Consumer		229.9	95			8.7		229.9 percent of total billed charges	
HSV TYPE 2	86695	CPT	both			242		15.17 Corrections	Corrections		193.6	80			8.7		229.9 percent of total billed charges	
HSV TYPE 2	86695	CPT	both			242		15.17 First Health	First Health		169.4	70			8.7		229.9 percent of total billed charges	
HSV TYPE 2	86695	CPT	both			242		15.17 First Trenton	First Trenton		217.8	90			8.7		229.9 percent of total billed charges	
HSV TYPE 2	86695	CPT	both			242		15.17 Horizon	Indemnity		92.64	38.28			8.7		229.9 percent of total billed charges	
HSV TYPE 2	86695	CPT	both			242		15.17 Horizon	Medicare Blue		72.6	30			8.7		229.9 percent of total billed charges	
HSV TYPE 2	86695	CPT	both			242		15.17 Horizon	MGD		92.64	38.28			8.7		229.9 percent of total billed charges	
HSV TYPE 2	86695	CPT	both			242		15.17 Horizon	NJ Health		25.09				8.7		229.9 fee schedule	
HSV TYPE 2	86695	CPT	both			242		15.17 Horizon	PPO		92.64	38.28			8.7		229.9 percent of total billed charges	
HSV TYPE 2	86695	CPT	both			242		15.17 Managed Care Inc	Managed Care Inc		217.8	90			8.7		229.9 percent of total billed charges	
HSV TYPE 2	86695	CPT	both			242		15.17 Multiplan	Multiplan		193.6	80			8.7		229.9 percent of total billed charges	
HSV TYPE 2	86695	CPT	both			242		15.17 Qualcare	Qualcare		181.5	75			8.7		229.9 percent of total billed charges	
HSV TYPE 2	86695	CPT	both			242		15.17 Three Rivers	Three Rivers		229.9	95			8.7		229.9 percent of total billed charges	
HSV TYPE 2	86695	CPT	both			242		15.17 UHC	Medicaid		76.35	31.55			8.7		229.9 percent of total billed charges	
HSV TYPE 2	86695	CPT	both			242		15.17 UHC	Medicare		13.19				8.7		229.9 fee schedule	
HSV TYPE 2	86695	CPT	both			242		15.17 Wellcare	Medicaid		76.35	31.55			8.7		229.9 percent of total billed charges	
HSV TYPE 2	86695	CPT	both			242		15.17 Wellcare	Medicare		13.19				8.7		229.9 fee schedule	
HSV TYPE 2	86695	CPT	both			242		15.17 WellPoint	WellPoint		77.88	32.18			8.7		229.9 percent of total billed charges	
HSV2 IGG SUPP TEST REFLEX (164922)	86696	CPT	both			224		22.25 Aetna	Medicare		19.35				8.7		212.8 fee schedule	
HSV2 IGG SUPP TEST REFLEX (164922)	86696	CPT	both			224		22.25 Aetna	Commercial		85.12	38			8.7		212.8 percent of total billed charges	
HSV2 IGG SUPP TEST REFLEX (164922)	86696	CPT	both			224		22.25 Aetna	Better Health		70.67	31.55			8.7		212.8 percent of total billed charges	
HSV2 IGG SUPP TEST REFLEX (164922)	86696	CPT	both			224		22.25 Americare	Americare		168	75			8.7		212.8 percent of total billed charges	
HSV2 IGG SUPP TEST REFLEX (164922)	86696	CPT	both			224		22.25 Amerihealth	Medicare		19.35				8.7		212.8 fee schedule	
HSV2 IGG SUPP TEST REFLEX (164922)	86696	CPT	both			224		22.25 Amerihealth	HMO/PPO		145.6	65			8.7		212.8 percent of total billed charges	
HSV2 IGG SUPP TEST REFLEX (164922)	86696	CPT	both			224		22.25 Consumer	Consumer		212.8	95			8.7		212.8 percent of total billed charges	
HSV2 IGG SUPP TEST REFLEX (164922)	86696	CPT	both			224		22.25 Corrections	Corrections		179.2	80			8.7		212.8 percent of total billed charges	
HSV2 IGG SUPP TEST REFLEX (164922)	86696	CPT	both			224		22.25 First Health	First Health		156.8	70			8.7		212.8 percent of total billed charges	
HSV2 IGG SUPP TEST REFLEX (164922)	86696	CPT	both			224		22.25 First Trenton	First Trenton		201.6	90			8.7		212.8 percent of total billed charges	
HSV2 IGG SUPP TEST REFLEX (164922)	86696	CPT	both			224		22.25 Horizon	Medicare Blue		67.2	30			8.7		212.8 percent of total billed charges	
HSV2 IGG SUPP TEST REFLEX (164922)	86696	CPT	both			224		22.25 Horizon	Indemnity		85.75	38.28			8.7		212.8 percent of total billed charges	
HSV2 IGG SUPP TEST REFLEX (164922)	86696	CPT	both			224		22.25 Horizon	MGD		85.75	38.28			8.7		212.8 percent of total billed charges	
HSV2 IGG SUPP TEST REFLEX (164922)	86696	CPT	both			224		22.25 Horizon	NJ Health		21.48				8.7		212.8 fee schedule	
HSV2 IGG SUPP TEST REFLEX (164922)	86696	CPT	both			224		22.25 Horizon	PPO		85.75	38.28			8.7		212.8 percent of total billed charges	
HSV2 IGG SUPP TEST REFLEX (164922)	86696	CPT	both			224		22.25 Managed Care Inc	Managed Care Inc		201.6	90			8.7		212.8 percent of total billed charges	
HSV2 IGG SUPP TEST REFLEX (164922)	86696	CPT	both			224		22.25 Multiplan	Multiplan		179.2	80			8.7		212.8 percent of total billed charges	
HSV2 IGG SUPP TEST REFLEX (164922)	86696	CPT	both			224		22.25 Qualcare	Qualcare		168	75			8.7		212.8 percent of total billed charges	
HSV2 IGG SUPP TEST REFLEX (164922)	86696	CPT	both			224		22.25 Three Rivers	Three Rivers		212.8	95			8.7		212.8 percent of total billed charges	
HSV2 IGG SUPP TEST REFLEX (164922)	86696	CPT	both			224		22.25 UHC	Medicaid		70.67	31.55			8.7		212.8 percent of total billed charges	
HSV2 IGG SUPP TEST REFLEX (164922)	86696	CPT	both			224		22.25 UHC	Medicare		19.35				8.7		212.8 fee schedule	
HSV2 IGG SUPP TEST REFLEX (164922)	86696	CPT	both			224		22.25 Wellcare	Medicare		19.35				8.7		212.8 fee schedule	
HSV2 IGG SUPP TEST REFLEX (164922)	86696	CPT	both			224		22.25 Wellcare	Medicaid		70.67	31.55			8.7		212.8 percent of total billed charges	
HSV2 IGG SUPP TEST REFLEX (164922)	86696	CPT	both			224		22.25 WellPoint	WellPoint		72.08	32.18			8.7		212.8 percent of total billed charges	
HISTOPLASMOSIS AB	86698	CPT	both			218		15.86 Aetna	Commercial		62.84	38			9.3		207.1 percent of total billed charges	
HISTOPLASMOSIS AB	86698	CPT	both			218		15.86 Aetna	Better Health		68.78	31.55			9.3		207.1 percent of total billed charges	
HISTOPLASMOSIS AB	86698	CPT	both			218		15.86 Aetna	Medicare		13.79				9.3		207.1 fee schedule	
HISTOPLASMOSIS AB	86698	CPT	both			218		15.86 Americare	Americare		163.5	75			9.3		207.1 percent of total billed charges	
HISTOPLASMOSIS AB	86698	CPT	both			218		15.86 Amerihealth	HMO/PPO		141.7	65			9.3		207.1 percent of total billed charges	
HISTOPLASMOSIS AB	86698	CPT	both			218		15.86 Amerihealth	Medicare		13.79				9.3		207.1 fee schedule	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
HISTOPLASMOSIS AB	86698	CPT	both			218		15.86 Consumer	Consumer		207.1				95	207.1	9.3	percent of total billed charges
HISTOPLASMOSIS AB	86698	CPT	both			218		15.86 Corrections	Corrections		174.4				80	207.1	9.3	percent of total billed charges
HISTOPLASMOSIS AB	86698	CPT	both			218		15.86 First Health	First Health		152.6				70	207.1	9.3	percent of total billed charges
HISTOPLASMOSIS AB	86698	CPT	both			218		15.86 First Trenton	First Trenton		196.2				90	207.1	9.3	percent of total billed charges
HISTOPLASMOSIS AB	86698	CPT	both			218		15.86 Horizon	Medicare Blue		65.4				30	207.1	9.3	percent of total billed charges
HISTOPLASMOSIS AB	86698	CPT	both			218		15.86 Horizon	Indemnity		83.45				38.28	207.1	9.3	percent of total billed charges
HISTOPLASMOSIS AB	86698	CPT	both			218		15.86 Horizon	MGD		83.45				38.28	207.1	9.3	percent of total billed charges
HISTOPLASMOSIS AB	86698	CPT	both			218		15.86 Horizon	NJ Health		29.4					207.1	9.3	fee schedule
HISTOPLASMOSIS AB	86698	CPT	both			218		15.86 Horizon	PPO		83.45				38.28	207.1	9.3	percent of total billed charges
HISTOPLASMOSIS AB	86698	CPT	both			218		15.86 Managed Care Inc	Managed Care Inc		196.2				90	207.1	9.3	percent of total billed charges
HISTOPLASMOSIS AB	86698	CPT	both			218		15.86 Multiplan	Multiplan		174.4				80	207.1	9.3	percent of total billed charges
HISTOPLASMOSIS AB	86698	CPT	both			218		15.86 Qualcare	Qualcare		163.5				75	207.1	9.3	percent of total billed charges
HISTOPLASMOSIS AB	86698	CPT	both			218		15.86 Three Rivers	Three Rivers		207.1				95	207.1	9.3	percent of total billed charges
HISTOPLASMOSIS AB	86698	CPT	both			218		15.86 UHC	Medicare		13.79					207.1	9.3	fee schedule
HISTOPLASMOSIS AB	86698	CPT	both			218		15.86 UHC	Medicaid		68.78				31.55	207.1	9.3	percent of total billed charges
HISTOPLASMOSIS AB	86698	CPT	both			218		15.86 Wellcare	Medicaid		68.78				31.55	207.1	9.3	percent of total billed charges
HISTOPLASMOSIS AB	86698	CPT	both			218		15.86 Wellcare	Medicare		13.79					207.1	9.3	fee schedule
HISTOPLASMOSIS AB	86698	CPT	both			218		15.86 WellPoint	WellPoint		70.15				32.18	207.1	9.3	percent of total billed charges
HIV-1	86701	CPT	both			374		10.22 Aetna	Medicare		8.89					355.3	8.89	fee schedule
HIV-1	86701	CPT	both			374		10.22 Aetna	Better Health		118				31.55	355.3	8.89	percent of total billed charges
HIV-1	86701	CPT	both			374		10.22 Aetna	Commercial		142.12				38	355.3	8.89	percent of total billed charges
HIV-1	86701	CPT	both			374		10.22 Americare	Americare		280.5				75	355.3	8.89	percent of total billed charges
HIV-1	86701	CPT	both			374		10.22 Amerihealth	Medicare		8.89					355.3	8.89	fee schedule
HIV-1	86701	CPT	both			374		10.22 Amerihealth	HMO/PPO		243.1				65	355.3	8.89	percent of total billed charges
HIV-1	86701	CPT	both			374		10.22 Consumer	Consumer		355.3				95	355.3	8.89	percent of total billed charges
HIV-1	86701	CPT	both			374		10.22 Corrections	Corrections		299.2				80	355.3	8.89	percent of total billed charges
HIV-1	86701	CPT	both			374		10.22 First Health	First Health		261.8				70	355.3	8.89	percent of total billed charges
HIV-1	86701	CPT	both			374		10.22 First Trenton	First Trenton		336.6				90	355.3	8.89	percent of total billed charges
HIV-1	86701	CPT	both			374		10.22 Horizon	NJ Health		25.48					355.3	8.89	fee schedule
HIV-1	86701	CPT	both			374		10.22 Horizon	MGD		143.17				38.28	355.3	8.89	percent of total billed charges
HIV-1	86701	CPT	both			374		10.22 Horizon	Medicare Blue		112.2				30	355.3	8.89	percent of total billed charges
HIV-1	86701	CPT	both			374		10.22 Horizon	Indemnity		143.17				38.28	355.3	8.89	percent of total billed charges
HIV-1	86701	CPT	both			374		10.22 Horizon	PPO		143.17				38.28	355.3	8.89	percent of total billed charges
HIV-1	86701	CPT	both			374		10.22 Managed Care Inc	Managed Care Inc		336.6				90	355.3	8.89	percent of total billed charges
HIV-1	86701	CPT	both			374		10.22 Multiplan	Multiplan		299.2				80	355.3	8.89	percent of total billed charges
HIV-1	86701	CPT	both			374		10.22 Qualcare	Qualcare		280.5				75	355.3	8.89	percent of total billed charges
HIV-1	86701	CPT	both			374		10.22 Three Rivers	Three Rivers		355.3				95	355.3	8.89	percent of total billed charges
HIV-1	86701	CPT	both			374		10.22 UHC	Medicare		8.89					355.3	8.89	fee schedule
HIV-1	86701	CPT	both			374		10.22 UHC	Medicaid		118				31.55	355.3	8.89	percent of total billed charges
HIV-1	86701	CPT	both			374		10.22 Wellcare	Medicare		8.89					355.3	8.89	fee schedule
HIV-1	86701	CPT	both			374		10.22 Wellcare	Medicaid		118				31.55	355.3	8.89	percent of total billed charges
HIV-1	86701	CPT	both			374		10.22 WellPoint	WellPoint		120.35				32.18	355.3	8.89	percent of total billed charges
HIV-2	86702	CPT	both			598		15.55 Aetna	Better Health		188.67				31.55	568.1	13.52	percent of total billed charges
HIV-2	86702	CPT	both			598		15.55 Aetna	Medicare		184.18				30.8	568.1	13.52	percent of total billed charges
HIV-2	86702	CPT	both			598		15.55 Aetna	Commercial		227.24				38	568.1	13.52	percent of total billed charges
HIV-2	86702	CPT	both			598		15.55 Americare	Americare		448.5				75	568.1	13.52	percent of total billed charges
HIV-2	86702	CPT	both			598		15.55 Amerihealth	HMO/PPO		388.7				65	568.1	13.52	percent of total billed charges
HIV-2	86702	CPT	both			598		15.55 Amerihealth	Medicare		13.52					568.1	13.52	fee schedule
HIV-2	86702	CPT	both			598		15.55 Consumer	Consumer		568.1				95	568.1	13.52	percent of total billed charges
HIV-2	86702	CPT	both			598		15.55 Corrections	Corrections		478.4				80	568.1	13.52	percent of total billed charges
HIV-2	86702	CPT	both			598		15.55 First Health	First Health		418.6				70	568.1	13.52	percent of total billed charges
HIV-2	86702	CPT	both			598		15.55 First Trenton	First Trenton		538.2				90	568.1	13.52	percent of total billed charges
HIV-2	86702	CPT	both			598		15.55 Horizon	MGD		228.91				38.28	568.1	13.52	percent of total billed charges
HIV-2	86702	CPT	both			598		15.55 Horizon	Indemnity		228.91				38.28	568.1	13.52	percent of total billed charges
HIV-2	86702	CPT	both			598		15.55 Horizon	Medicare Blue		179.4				30	568.1	13.52	percent of total billed charges
HIV-2	86702	CPT	both			598		15.55 Horizon	NJ Health		25.48					568.1	13.52	fee schedule
HIV-2	86702	CPT	both			598		15.55 Horizon	PPO		228.91				38.28	568.1	13.52	percent of total billed charges
HIV-2	86702	CPT	both			598		15.55 Managed Care Inc	Managed Care Inc		538.2				90	568.1	13.52	percent of total billed charges
HIV-2	86702	CPT	both			598		15.55 Multiplan	Multiplan		478.4				80	568.1	13.52	percent of total billed charges
HIV-2	86702	CPT	both			598		15.55 Qualcare	Qualcare		448.5				75	568.1	13.52	percent of total billed charges
HIV-2	86702	CPT	both			598		15.55 Three Rivers	Three Rivers		568.1				95	568.1	13.52	percent of total billed charges
HIV-2	86702	CPT	both			598		15.55 UHC	Medicare		13.52					568.1	13.52	fee schedule
HIV-2	86702	CPT	both			598		15.55 UHC	Medicaid		188.67				31.55	568.1	13.52	percent of total billed charges
HIV-2	86702	CPT	both			598		15.55 Wellcare	Medicaid		188.67				31.55	568.1	13.52	percent of total billed charges
HIV-2	86702	CPT	both			598		15.55 Wellcare	Medicare		13.52					568.1	13.52	fee schedule
HIV-2	86702	CPT	both			598		15.55 WellPoint	WellPoint		192.44				32.18	568.1	13.52	percent of total billed charges
RAPID HIV	86703	CPT	both			76		15.77 Aetna	Commercial		28.88				38	72.2	13.2	percent of total billed charges
RAPID HIV	86703	CPT	both			76		15.77 Aetna	Better Health		23.98				31.55	72.2	13.2	percent of total billed charges
RAPID HIV	86703	CPT	both			76		15.77 Aetna	Medicare		13.71					72.2	13.2	fee schedule
RAPID HIV	86703	CPT	both			76		15.77 Americare	Americare		57				75	72.2	13.2	percent of total billed charges
RAPID HIV	86703	CPT	both			76		15.77 Amerihealth	Medicare		13.71					72.2	13.2	fee schedule
RAPID HIV	86703	CPT	both			76		15.77 Amerihealth	HMO/PPO		49.4				65	72.2	13.2	percent of total billed charges
RAPID HIV	86703	CPT	both			76		15.77 Consumer	Consumer		72.2				95	72.2	13.2	percent of total billed charges
RAPID HIV	86703	CPT	both			76		15.77 Corrections	Corrections		60.8				80	72.2	13.2	percent of total billed charges
RAPID HIV	86703	CPT	both			76		15.77 First Health	First Health		53.2				70	72.2	13.2	percent of total billed charges
RAPID HIV	86703	CPT	both			76		15.77 First Trenton	First Trenton		68.4				90	72.2	13.2	percent of total billed charges
RAPID HIV	86703	CPT	both			76		15.77 Horizon	Indemnity		29.09				38.28	72.2	13.2	percent of total billed charges
RAPID HIV	86703	CPT	both			76		15.77 Horizon	Medicare Blue		22.8				30	72.2	13.2	percent of total billed charges
RAPID HIV	86703	CPT	both			76		15.77 Horizon	NJ Health		41.16					72.2	13.2	fee schedule
RAPID HIV	86703	CPT	both			76		15.77 Horizon	MGD		29.09				38.28	72.2	13.2	percent of total billed charges
RAPID HIV	86703	CPT	both			76		15.77 Horizon	PPO		29.09				38.28	72.2	13.2	percent of total billed charges
RAPID HIV	86703	CPT	both			76		15.77 Managed Care Inc	Managed Care Inc		68.4				90	72.2	13.2	percent of total billed charges
RAPID HIV	86703	CPT	both			76		15.77 Multiplan	Multiplan		60.8				80	72.2	13.2	percent of total billed charges
RAPID HIV	86703	CPT	both			76		15.77 Qualcare	Qualcare		57				75	72.2	13.2	percent of total billed charges
RAPID HIV	86703	CPT	both			76		15.77 Three Rivers	Three Rivers		72.2				95	72.2	13.2	percent of total billed charges
RAPID HIV	86703	CPT	both			76		15.77 UHC	Medicaid		23.98				31.55	72.2	13.2	percent of total billed charges
RAPID HIV	86703	CPT	both			76		15.77 UHC	Medicare		13.71					72.2	13.2	fee schedule
RAPID HIV	86703	CPT	both			76		15.77 Wellcare	Medicare		13.71					72.2	13.2	fee schedule
RAPID HIV	86703	CPT	both			76		15.77 Wellcare	Medicaid		23.98				31.55	72.2	13.2	percent of total billed charges
RAPID HIV	86703	CPT	both			76		15.77 WellPoint	WellPoint		24.46				32.18	72.2	13.2	percent of total billed charges
HEPATITIS.B.CORE.AB.TOTAL(HBCAB)	86704	CPT	both			121		13.86 Aetna	Better Health		38.18				31.55	114.95	8.4	percent of total billed charges
HEPATITIS.B.CORE.AB.TOTAL(HBCAB)	86704	CPT	both			121		13.86 Aetna	Commercial		45.98				38	114.95	8.4	percent of total billed charges
HEPATITIS.B.CORE.AB.TOTAL(HBCAB)	86704	CPT	both			121		13.86 Aetna	Medicare		12.05					114.95	8.4	fee schedule
HEPATITIS.B.CORE.AB.TOTAL(HBCAB)	86704	CPT	both			121		13.86 Americare	Americare		90.75				75	114.95	8.4	percent of total billed charges
HEPATITIS.B.CORE.AB.TOTAL(HBCAB)	86704	CPT	both			121		13.86 Amerihealth	HMO/PPO		78.65				65	114.95	8.4	percent of total billed charges
HEPATITIS.B.CORE.AB.TOTAL(HBCAB)	86704	CPT	both			121		13.86 Amerihealth	Medicare		12.05					114.95	8.4	fee schedule
HEPATITIS.B.CORE.AB.TOTAL(HBCAB)	86704	CPT	both			121		13.86 Consumer	Consumer		114.95				95	114.95	8.4	percent of total billed charges
HEPATITIS.B.CORE.AB.TOTAL(HBCAB)	86704	CPT	both			121		13.86 Corrections	Corrections		96.8				80	114.95	8.4	percent of total billed charges
HEPATITIS.B.CORE.AB.TOTAL(HBCAB)	86704	CPT	both			121		13.86 First Health	First Health		84.7				70	114.95	8.4	percent of total billed charges
HEPATITIS.B.CORE.AB.TOTAL(HBCAB)	86704	CPT	both			121		13.86 First Trenton	First Trenton		108.9				90	114.95	8.4	percent of total billed charges
HEPATITIS.B.CORE.AB.TOTAL(HBCAB)	86704	CPT	both			121		13.86 Horizon	Indemnity		46.32				38.28	114.95	8.4	percent of total billed charges
HEPATITIS.B.CORE.AB.TOTAL(HBCAB)	86704	CPT	both			121		13.86 Horizon	Medicare Blue		36.3				30	114.95	8.4	percent of total billed charges
HEPATITIS.B.CORE.AB.TOTAL(HBCAB)	86704	CPT	both			121		13.86 Horizon	MGD		46.32				38.28	114.95	8.4	percent of total billed charges
HEPATITIS.B.CORE.AB.TOTAL(HBCAB)	86704	CPT	both			121		13.86 Horizon	PPO		46.32				38.28	114.95	8.4	percent of total billed charges
HEPATITIS.B.CORE.AB.TOTAL(HBCAB)	86704	CPT	both			121		13.86 Horizon	NJ Health		25.48					114.95	8.4	fee schedule
HEPATITIS.B.CORE.AB.TOTAL(HBCAB)	86704	CPT	both			121		13.86 Managed Care Inc	Managed Care Inc		108.9				90	114.95	8.4	percent of total billed charges
HEPATITIS.B.CORE.AB.TOTAL(HBCAB)	86704	CPT	both			121		13.86 Multiplan	Multiplan		96.8				80	114.95	8.4	percent of total billed charges
HEPATITIS.B.CORE.AB.TOTAL(HBCAB)	86704	CPT	both			121		13.86 Qualcare	Qualcare		90.75				75	114.95	8.4	percent of total billed charges
HEPATITIS.B.CORE.AB.TOTAL(HBCAB)	86704	CPT	both			121		13.86 Three Rivers	Three Rivers		114.95				95	114.95	8.4	percent of total billed charges
HEPATITIS.B.CORE.AB.TOTAL(HBCAB)	86704	CPT	both			121		13.86 UHC	Medicaid		38.18				31.55	114.95	8.4	percent of total billed charges
HEPATITIS.B.CORE.AB.TOTAL(HBCAB)	86704	CPT	both			121		13.86 UHC	Medicare		12.05					114.95	8.4	fee schedule
HEPATITIS.B.CORE.AB.TOTAL(HBCAB)	86704	CPT	both			121		13.86 Wellcare	Medicaid		38.18				31.55	114.95	8.4	percent of total billed charges
HEPATITIS.B.CORE.AB.TOTAL(HBCAB)	86704	CPT	both			121		13.86 Wellcare	Medicare		12.05					114.95	8.4	fee schedule
HEPATITIS.B.CORE.AB.TOTAL(HBCAB)	86704	CPT	both			121		13.86 WellPoint	WellPoint		38.94				32.18	114.95	8.4	percent of total billed charges
HEPATITIS B CORE AB IGM	86705	CPT	both			121		13.54 Aetna	Better Health		38.18				31.55	114.95	8.4	percent of total billed charges
HEPATITIS B CORE AB IGM	86705	CPT	both			121		13.54 Aetna	Medicare		11.77					114.95	8.4	fee schedule
HEPATITIS B CORE AB IGM	86705	CPT	both			121		13.54 Aetna	Commercial		45.98				38	114.95	8.4	percent of total billed charges
HEPATITIS B CORE AB IGM	86705	CPT	both			121		13.54 Americare	Americare		90.75				75	114.95	8.4	percent of total billed charges
HEPATITIS B CORE AB IGM	86705	CPT	both			121		13.54 Amerihealth	Medicare		11.77					114.95	8.4	fee schedule
HEPATITIS B CORE AB IGM	86705	CPT	both			121		13.54 Amerihealth	HMO/PPO		78.65				65	114.95	8.4	percent of total billed charges
HEPATITIS B CORE AB IGM	86705	CPT	both			121		13.54 Consumer	Consumer		114.95				95	114.95	8.4	percent of total billed charges
HEPATITIS B CORE AB IGM	86705	CPT	both			121		13.54 Corrections	Corrections		96.8				80	114.95	8.4	percent of total billed charges
HEPATITIS B CORE AB IGM	86705	CPT	both			121		13.54 First Health	First Health		84.7				70	114.95	8.4	percent of total billed charges
HEPATITIS B CORE AB IGM	86705	CPT	both			121		13.54 First Trenton	First Trenton		108.9				90	114.95	8.4	percent of total billed charges
HEPATITIS B CORE AB IGM	86705	CPT	both			121		13.54 Horizon	Medicare Blue		36.3				30	114.95	8.4	percent of total billed charges
HEPATITIS B CORE AB IGM	86705	CPT	both			121		13.54 Horizon	NJ Health		31.85					114.95	8.4	fee schedule
HEPATITIS B CORE AB IGM	86705	CPT	both			121		13.54 Horizon	MGD		46.32				38.28	114.95	8.4	percent of total billed charges
HEPATITIS B CORE AB IGM	86705	CPT	both			121		13.54 Horizon	Indemnity		46.32				38.28	114.95	8.4	percent of total billed charges
HEPATITIS B CORE AB IGM	86705	CPT	both			121		13.54 Horizon	PPO		46.32				38.28	114.95	8.4	percent of total billed charges
HEPATITIS B CORE AB IGM	86705	CPT	both			121		13.54 Managed Care Inc	Managed Care Inc		108.9				90	114.95	8.4	percent of total billed charges
HEPATITIS B CORE AB IGM	86705	CPT	both			121		13.54 Multiplan	Multiplan		96.8				80	114.95	8.4	percent of total billed charges
HEPATITIS B CORE AB IGM	86705	CPT	both			121		13.54 Qualcare	Qualcare		90.75				75	114.95	8.4	percent of total billed charges
HEPATITIS B CORE AB IGM	86705	CPT	both			121		13.54 Three Rivers	Three Rivers		114.95				95	114.95	8.4	percent of total billed charges
HEPATITIS B CORE AB IGM	86705	CPT	both			121		13.54 UHC	Medicare		11.77					114.95	8.4	fee schedule
HEPATITIS B CORE AB IGM	86705	CPT	both			121		13.54 UHC	Medicaid		38.18				31.55	114.95	8.4	percent of total billed charges
HEPATITIS B CORE AB IGM	86705	CPT	both			121		13.54 Wellcare	Medicare		11.77					114.95	8.4	fee schedule
HEPATITIS B CORE AB IGM	86705	CPT	both			121		13.54 Wellcare	Medicaid		38.18				31.55	114.95	8.4	percent of total billed charges
HEPATITIS B CORE AB IGM	86705	CPT	both			121		13.54 WellPoint	WellPoint		38.94				32.18	114.95	8.4	percent of total billed charges
HEPATITIS B SURF. AB. QUANT.	86706	CPT	both			97		12.35 Aetna	Better Health		30.6				31.55	92.15	7.5	percent of total billed charges
HEPATITIS B SURF. AB. QUANT.	86706	CPT	both			97		12.35 Aetna	Commercial		36.86				38	92.15	7.5	percent of total billed charges
HEPATITIS B SURF. AB. QUANT.	86706	CPT	both			97		12.35 Aetna	Medicare		29.88				30.8	92.15	7.5	percent of total billed charges
HEPATITIS B SURF. AB. QUANT.	86706	CPT	both			97		12.35 Americare	Americare		72.75				75	92.15	7.5	percent of total billed charges
HEPATITIS B SURF. AB. QUANT.	86706	CPT	both			97		12.35 Amerihealth	Medicare		10.74					92.15	7.5	fee schedule
HEPATITIS B SURF. AB. QUANT.	86706	CPT	both			97		12.35 Amerihealth	HMO/PPO		63.05				65	92.15	7.5	percent of total billed charges
HEPATITIS B SURF. AB. QUANT.	86706	CPT	both			97		12.35 Consumer	Consumer		92.15				95	92.15	7.5	percent of total billed charges
HEPATITIS B SURF. AB. QUANT.	86706	CPT	both			97		12.35 Corrections	Corrections		77.6				80	92.15	7.5	percent of total billed charges
HEPATITIS B SURF. AB. QUANT.	86706	CPT	both			97		12.35 First Health	First Health		67.9				70	92.15	7.5	percent of total billed charges
HEPATITIS B SURF. AB. QUANT.	86706	CPT	both			97		12.35 First Trenton	First Trenton		87.3				90	92.15	7.5	percent of total billed charges

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
HEPATITIS B SURF. AB. QUANT.	86706	CPT	both			97		12.35 Horizon	Indemnity		37.13	38.28			7.5		92.15 percent of total billed charges	
HEPATITIS B SURF. AB. QUANT.	86706	CPT	both			97		12.35 Horizon	Medicare Blue		29.1	30			7.5		92.15 percent of total billed charges	
HEPATITIS B SURF. AB. QUANT.	86706	CPT	both			97		12.35 Horizon	MGD		37.13	38.28			7.5		92.15 percent of total billed charges	
HEPATITIS B SURF. AB. QUANT.	86706	CPT	both			97		12.35 Horizon	NJ Health		25.48				7.5		92.15 fee schedule	
HEPATITIS B SURF. AB. QUANT.	86706	CPT	both			97		12.35 Horizon	PPO		37.13	38.28			7.5		92.15 percent of total billed charges	
HEPATITIS B SURF. AB. QUANT.	86706	CPT	both			97		12.35 Managed Care Inc	Managed Care Inc		87.3	90			7.5		92.15 percent of total billed charges	
HEPATITIS B SURF. AB. QUANT.	86706	CPT	both			97		12.35 Multiplan	Multiplan		77.6	80			7.5		92.15 percent of total billed charges	
HEPATITIS B SURF. AB. QUANT.	86706	CPT	both			97		12.35 Qualcare	Qualcare		72.75	75			7.5		92.15 percent of total billed charges	
HEPATITIS B SURF. AB. QUANT.	86706	CPT	both			97		12.35 Three Rivers	Three Rivers		92.15	95			7.5		92.15 percent of total billed charges	
HEPATITIS B SURF. AB. QUANT.	86706	CPT	both			97		12.35 UHC	Medicare		10.74				7.5		92.15 fee schedule	
HEPATITIS B SURF. AB. QUANT.	86706	CPT	both			97		12.35 UHC	Medicaid		30.6	31.55			7.5		92.15 percent of total billed charges	
HEPATITIS B SURF. AB. QUANT.	86706	CPT	both			97		12.35 Wellcare	Medicaid		30.6	31.55			7.5		92.15 percent of total billed charges	
HEPATITIS B SURF. AB. QUANT.	86706	CPT	both			97		12.35 Wellcare	Medicare		10.74				7.5		92.15 fee schedule	
HEPATITIS B SURF. AB. QUANT.	86706	CPT	both			97		12.35 WellPoint	WellPoint		31.21	32.18			7.5		92.15 percent of total billed charges	
HEPATITIS BE ANTIBODY	86707	CPT	both			38		13.31 Aetna	Better Health		11.99	31.55			8.1		36.1 percent of total billed charges	
HEPATITIS BE ANTIBODY	86707	CPT	both			38		13.31 Aetna	Commercial		14.44	38			8.1		36.1 percent of total billed charges	
HEPATITIS BE ANTIBODY	86707	CPT	both			38		13.31 Aetna	Medicare		11.57				8.1		36.1 fee schedule	
HEPATITIS BE ANTIBODY	86707	CPT	both			38		13.31 Americare	Americare		28.5	75			8.1		36.1 percent of total billed charges	
HEPATITIS BE ANTIBODY	86707	CPT	both			38		13.31 Amerihealth	Medicare		11.57				8.1		36.1 fee schedule	
HEPATITIS BE ANTIBODY	86707	CPT	both			38		13.31 Amerihealth	HMO/PPO		24.7	65			8.1		36.1 percent of total billed charges	
HEPATITIS BE ANTIBODY	86707	CPT	both			38		13.31 Consumer	Consumer		36.1	95			8.1		36.1 percent of total billed charges	
HEPATITIS BE ANTIBODY	86707	CPT	both			38		13.31 Corrections	Corrections		30.4	80			8.1		36.1 percent of total billed charges	
HEPATITIS BE ANTIBODY	86707	CPT	both			38		13.31 First Health	First Health		26.6	70			8.1		36.1 percent of total billed charges	
HEPATITIS BE ANTIBODY	86707	CPT	both			38		13.31 First Trenton	First Trenton		34.2	90			8.1		36.1 percent of total billed charges	
HEPATITIS BE ANTIBODY	86707	CPT	both			38		13.31 Horizon	Indemnity		14.55	38.28			8.1		36.1 percent of total billed charges	
HEPATITIS BE ANTIBODY	86707	CPT	both			38		13.31 Horizon	PPO		14.55	38.28			8.1		36.1 percent of total billed charges	
HEPATITIS BE ANTIBODY	86707	CPT	both			38		13.31 Horizon	MGD		14.55	38.28			8.1		36.1 percent of total billed charges	
HEPATITIS BE ANTIBODY	86707	CPT	both			38		13.31 Horizon	Medicare Blue		11.4	30			8.1		36.1 percent of total billed charges	
HEPATITIS BE ANTIBODY	86707	CPT	both			38		13.31 Horizon	NJ Health		12.84				8.1		36.1 fee schedule	
HEPATITIS BE ANTIBODY	86707	CPT	both			38		13.31 Managed Care Inc	Managed Care Inc		34.2	90			8.1		36.1 percent of total billed charges	
HEPATITIS BE ANTIBODY	86707	CPT	both			38		13.31 Multiplan	Multiplan		30.4	80			8.1		36.1 percent of total billed charges	
HEPATITIS BE ANTIBODY	86707	CPT	both			38		13.31 Qualcare	Qualcare		28.5	75			8.1		36.1 percent of total billed charges	
HEPATITIS BE ANTIBODY	86707	CPT	both			38		13.31 Three Rivers	Three Rivers		36.1	95			8.1		36.1 percent of total billed charges	
HEPATITIS BE ANTIBODY	86707	CPT	both			38		13.31 UHC	Medicare		11.57				8.1		36.1 fee schedule	
HEPATITIS BE ANTIBODY	86707	CPT	both			38		13.31 UHC	Medicaid		11.99	31.55			8.1		36.1 percent of total billed charges	
HEPATITIS BE ANTIBODY	86707	CPT	both			38		13.31 Wellcare	Medicare		11.57				8.1		36.1 fee schedule	
HEPATITIS BE ANTIBODY	86707	CPT	both			38		13.31 Wellcare	Medicaid		11.99	31.55			8.1		36.1 percent of total billed charges	
HEPATITIS BE ANTIBODY	86707	CPT	both			38		13.31 WellPoint	WellPoint		12.23	32.18			8.1		36.1 percent of total billed charges	
HEP A IGG AB, SERUM (HAIGG)	86708	CPT	both			41		14.25 Aetna	Medicare		12.39				11.4		38.95 fee schedule	
HEP A IGG AB, SERUM (HAIGG)	86708	CPT	both			41		14.25 Aetna	Commercial		15.58	38			11.4		38.95 percent of total billed charges	
HEP A IGG AB, SERUM (HAIGG)	86708	CPT	both			41		14.25 Aetna	Better Health		12.94	31.55			11.4		38.95 percent of total billed charges	
HEP A IGG AB, SERUM (HAIGG)	86708	CPT	both			41		14.25 Americare	Americare		30.75	75			11.4		38.95 percent of total billed charges	
HEP A IGG AB, SERUM (HAIGG)	86708	CPT	both			41		14.25 Amerihealth	HMO/PPO		26.65	65			11.4		38.95 percent of total billed charges	
HEP A IGG AB, SERUM (HAIGG)	86708	CPT	both			41		14.25 Amerihealth	Medicare		12.39				11.4		38.95 fee schedule	
HEP A IGG AB, SERUM (HAIGG)	86708	CPT	both			41		14.25 Consumer	Consumer		38.95	95			11.4		38.95 percent of total billed charges	
HEP A IGG AB, SERUM (HAIGG)	86708	CPT	both			41		14.25 Corrections	Corrections		32.8	80			11.4		38.95 percent of total billed charges	
HEP A IGG AB, SERUM (HAIGG)	86708	CPT	both			41		14.25 First Health	First Health		28.7	70			11.4		38.95 percent of total billed charges	
HEP A IGG AB, SERUM (HAIGG)	86708	CPT	both			41		14.25 First Trenton	First Trenton		36.9	90			11.4		38.95 percent of total billed charges	
HEP A IGG AB, SERUM (HAIGG)	86708	CPT	both			41		14.25 Horizon	Medicare Blue		12.3	30			11.4		38.95 percent of total billed charges	
HEP A IGG AB, SERUM (HAIGG)	86708	CPT	both			41		14.25 Horizon	Indemnity		15.69	38.28			11.4		38.95 percent of total billed charges	
HEP A IGG AB, SERUM (HAIGG)	86708	CPT	both			41		14.25 Horizon	MGD		15.69	38.28			11.4		38.95 percent of total billed charges	
HEP A IGG AB, SERUM (HAIGG)	86708	CPT	both			41		14.25 Horizon	PPO		15.69	38.28			11.4		38.95 percent of total billed charges	
HEP A IGG AB, SERUM (HAIGG)	86708	CPT	both			41		14.25 Horizon	NJ Health		33.56				11.4		38.95 fee schedule	
HEP A IGG AB, SERUM (HAIGG)	86708	CPT	both			41		14.25 Managed Care Inc	Managed Care Inc		36.9	90			11.4		38.95 percent of total billed charges	
HEP A IGG AB, SERUM (HAIGG)	86708	CPT	both			41		14.25 Multiplan	Multiplan		32.8	80			11.4		38.95 percent of total billed charges	
HEP A IGG AB, SERUM (HAIGG)	86708	CPT	both			41		14.25 Qualcare	Qualcare		30.75	75			11.4		38.95 percent of total billed charges	
HEP A IGG AB, SERUM (HAIGG)	86708	CPT	both			41		14.25 Three Rivers	Three Rivers		38.95	95			11.4		38.95 percent of total billed charges	
HEP A IGG AB, SERUM (HAIGG)	86708	CPT	both			41		14.25 UHC	Medicare		12.39				11.4		38.95 fee schedule	
HEP A IGG AB, SERUM (HAIGG)	86708	CPT	both			41		14.25 UHC	Medicaid		12.94	31.55			11.4		38.95 percent of total billed charges	
HEP A IGG AB, SERUM (HAIGG)	86708	CPT	both			41		14.25 Wellcare	Medicaid		12.94	31.55			11.4		38.95 percent of total billed charges	
HEP A IGG AB, SERUM (HAIGG)	86708	CPT	both			41		14.25 Wellcare	Medicare		12.39				11.4		38.95 fee schedule	
HEP A IGG AB, SERUM (HAIGG)	86708	CPT	both			41		14.25 WellPoint	WellPoint		13.19	32.18			11.4		38.95 percent of total billed charges	
HEPATITIS A ANTIBODY IGM	86709	CPT	both			102		12.95 Aetna	Better Health		32.18	31.55			7.8		96.9 percent of total billed charges	
HEPATITIS A ANTIBODY IGM	86709	CPT	both			102		12.95 Aetna	Medicare		11.26				7.8		96.9 fee schedule	
HEPATITIS A ANTIBODY IGM	86709	CPT	both			102		12.95 Aetna	Commercial		38.76	38			7.8		96.9 percent of total billed charges	
HEPATITIS A ANTIBODY IGM	86709	CPT	both			102		12.95 Americare	Americare		76.5	75			7.8		96.9 percent of total billed charges	
HEPATITIS A ANTIBODY IGM	86709	CPT	both			102		12.95 Amerihealth	Medicare		11.26				7.8		96.9 fee schedule	
HEPATITIS A ANTIBODY IGM	86709	CPT	both			102		12.95 Amerihealth	HMO/PPO		66.3	65			7.8		96.9 percent of total billed charges	
HEPATITIS A ANTIBODY IGM	86709	CPT	both			102		12.95 Consumer	Consumer		96.9	95			7.8		96.9 percent of total billed charges	
HEPATITIS A ANTIBODY IGM	86709	CPT	both			102		12.95 Corrections	Corrections		81.6	80			7.8		96.9 percent of total billed charges	
HEPATITIS A ANTIBODY IGM	86709	CPT	both			102		12.95 First Health	First Health		71.4	70			7.8		96.9 percent of total billed charges	
HEPATITIS A ANTIBODY IGM	86709	CPT	both			102		12.95 First Trenton	First Trenton		91.8	90			7.8		96.9 percent of total billed charges	
HEPATITIS A ANTIBODY IGM	86709	CPT	both			102		12.95 Horizon	Medicare Blue		30.6	30			7.8		96.9 percent of total billed charges	
HEPATITIS A ANTIBODY IGM	86709	CPT	both			102		12.95 Horizon	MGD		39.05	38.28			7.8		96.9 percent of total billed charges	
HEPATITIS A ANTIBODY IGM	86709	CPT	both			102		12.95 Horizon	Indemnity		39.05	38.28			7.8		96.9 percent of total billed charges	
HEPATITIS A ANTIBODY IGM	86709	CPT	both			102		12.95 Horizon	NJ Health		29.4				7.8		96.9 fee schedule	
HEPATITIS A ANTIBODY IGM	86709	CPT	both			102		12.95 Horizon	PPO		39.05	38.28			7.8		96.9 percent of total billed charges	
HEPATITIS A ANTIBODY IGM	86709	CPT	both			102		12.95 Managed Care Inc	Managed Care Inc		91.8	90			7.8		96.9 percent of total billed charges	
HEPATITIS A ANTIBODY IGM	86709	CPT	both			102		12.95 Multiplan	Multiplan		81.6	80			7.8		96.9 percent of total billed charges	
HEPATITIS A ANTIBODY IGM	86709	CPT	both			102		12.95 Qualcare	Qualcare		76.5	75			7.8		96.9 percent of total billed charges	
HEPATITIS A ANTIBODY IGM	86709	CPT	both			102		12.95 Three Rivers	Three Rivers		96.9	95			7.8		96.9 percent of total billed charges	
HEPATITIS A ANTIBODY IGM	86709	CPT	both			102		12.95 UHC	Medicare		11.26				7.8		96.9 fee schedule	
HEPATITIS A ANTIBODY IGM	86709	CPT	both			102		12.95 UHC	Medicaid		32.18	31.55			7.8		96.9 percent of total billed charges	
HEPATITIS A ANTIBODY IGM	86709	CPT	both			102		12.95 Wellcare	Medicaid		32.18	31.55			7.8		96.9 percent of total billed charges	
HEPATITIS A ANTIBODY IGM	86709	CPT	both			102		12.95 Wellcare	Medicare		11.26				7.8		96.9 fee schedule	
HEPATITIS A ANTIBODY IGM	86709	CPT	both			102		12.95 WellPoint	WellPoint		32.82	32.18			7.8		96.9 percent of total billed charges	
INFLUENZA A/B AB, QUANT	86710	CPT	both			146		15.58 Aetna	Commercial		55.48	38			13.55		138.7 percent of total billed charges	
INFLUENZA A/B AB, QUANT	86710	CPT	both			146		15.58 Aetna	Medicare		13.55				13.55		138.7 fee schedule	
INFLUENZA A/B AB, QUANT	86710	CPT	both			146		15.58 Aetna	Better Health		46.06	31.55			13.55		138.7 percent of total billed charges	
INFLUENZA A/B AB, QUANT	86710	CPT	both			146		15.58 Americare	Americare		109.5	75			13.55		138.7 percent of total billed charges	
INFLUENZA A/B AB, QUANT	86710	CPT	both			146		15.58 Amerihealth	HMO/PPO		94.9	65			13.55		138.7 percent of total billed charges	
INFLUENZA A/B AB, QUANT	86710	CPT	both			146		15.58 Amerihealth	Medicare		13.55				13.55		138.7 fee schedule	
INFLUENZA A/B AB, QUANT	86710	CPT	both			146		15.58 Consumer	Consumer		138.7	95			13.55		138.7 percent of total billed charges	
INFLUENZA A/B AB, QUANT	86710	CPT	both			146		15.58 Corrections	Corrections		116.8	80			13.55		138.7 percent of total billed charges	
INFLUENZA A/B AB, QUANT	86710	CPT	both			146		15.58 First Health	First Health		102.2	70			13.55		138.7 percent of total billed charges	
INFLUENZA A/B AB, QUANT	86710	CPT	both			146		15.58 First Trenton	First Trenton		131.4	90			13.55		138.7 percent of total billed charges	
INFLUENZA A/B AB, QUANT	86710	CPT	both			146		15.58 Horizon	NJ Health		15.05				13.55		138.7 fee schedule	
INFLUENZA A/B AB, QUANT	86710	CPT	both			146		15.58 Horizon	MGD		55.89	38.28			13.55		138.7 percent of total billed charges	
INFLUENZA A/B AB, QUANT	86710	CPT	both			146		15.58 Horizon	Indemnity		55.89	38.28			13.55		138.7 percent of total billed charges	
INFLUENZA A/B AB, QUANT	86710	CPT	both			146		15.58 Horizon	Medicare Blue		43.8	30			13.55		138.7 percent of total billed charges	
INFLUENZA A/B AB, QUANT	86710	CPT	both			146		15.58 Horizon	PPO		55.89	38.28			13.55		138.7 percent of total billed charges	
INFLUENZA A/B AB, QUANT	86710	CPT	both			146		15.58 Managed Care Inc	Managed Care Inc		131.4	90			13.55		138.7 percent of total billed charges	
INFLUENZA A/B AB, QUANT	86710	CPT	both			146		15.58 Multiplan	Multiplan		116.8	80			13.55		138.7 percent of total billed charges	
INFLUENZA A/B AB, QUANT	86710	CPT	both			146		15.58 Qualcare	Qualcare		109.5	75			13.55		138.7 percent of total billed charges	
INFLUENZA A/B AB, QUANT	86710	CPT	both			146		15.58 Three Rivers	Three Rivers		138.7	95			13.55		138.7 percent of total billed charges	
INFLUENZA A/B AB, QUANT	86710	CPT	both			146		15.58 UHC	Medicare		13.55				13.55		138.7 fee schedule	
INFLUENZA A/B AB, QUANT	86710	CPT	both			146		15.58 UHC	Medicaid		46.06	31.55			13.55		138.7 percent of total billed charges	
INFLUENZA A/B AB, QUANT	86710	CPT	both			146		15.58 Wellcare	Medicare		13.55				13.55		138.7 fee schedule	
INFLUENZA A/B AB, QUANT	86710	CPT	both			146		15.58 Wellcare	Medicaid		46.06	31.55			13.55		138.7 percent of total billed charges	
INFLUENZA A/B AB, QUANT	86710	CPT	both			146		15.58 WellPoint	WellPoint		46.98	32.18			13.55		138.7 percent of total billed charges	
STRATIFY JCV (TM) AB W/INDEX	86711	CPT	outpatient					19.42 Aetna	Medicare		16.89				16.89		30.69 fee schedule	
STRATIFY JCV (TM) AB W/INDEX	86711	CPT	outpatient					19.42 Amerihealth	Medicare		16.89				16.89		30.69 fee schedule	
STRATIFY JCV (TM) AB W/INDEX	86711	CPT	outpatient					19.42 Horizon	NJ Health		30.69				16.89		30.69 fee schedule	
STRATIFY JCV (TM) AB W/INDEX	86711	CPT	outpatient					19.42 UHC	Medicare		16.89				16.89		30.69 fee schedule	
STRATIFY JCV (TM) AB W/INDEX	86711	CPT	outpatient					19.42 Wellcare	Medicare		16.89				16.89		30.69 fee schedule	
LEGIONELLA PHENUMOPHILA ABS	86713	CPT	both			121		17.6 Aetna	Medicare		15.3				15.3		114.95 fee schedule	
LEGIONELLA PHENUMOPHILA ABS	86713	CPT	both			121		17.6 Aetna	Better Health		38.18	31.55			15.3		114.95 percent of total billed charges	
LEGIONELLA PHENUMOPHILA ABS	86713	CPT	both			121		17.6 Aetna	Commercial		45.98	38			15.3		114.95 percent of total billed charges	
LEGIONELLA PHENUMOPHILA ABS	86713	CPT	both			121		17.6 Americare	Americare		90.75	75			15.3		114.95 percent of total billed charges	
LEGIONELLA PHENUMOPHILA ABS	86713	CPT	both			121		17.6 Amerihealth	Medicare		15.3				15.3		114.95 fee schedule	
LEGIONELLA PHENUMOPHILA ABS	86713	CPT	both			121		17.6 Amerihealth	HMO/PPO		78.65	65			15.3		114.95 percent of total billed charges	
LEGIONELLA PHENUMOPHILA ABS	86713	CPT	both			121		17.6 Consumer	Consumer		114.95	95			15.3		114.95 percent of total billed charges	
LEGIONELLA PHENUMOPHILA ABS	86713	CPT	both			121		17.6 Corrections	Corrections		96.8	80			15.3		114.95 percent of total billed charges	
LEGIONELLA PHENUMOPHILA ABS	86713	CPT	both			121		17.6 First Health	First Health		84.7	70			15.3		114.95 percent of total billed charges	
LEGIONELLA PHENUMOPHILA ABS	86713	CPT	both			121		17.6 First Trenton	First Trenton		108.9	90			15.3		114.95 percent of total billed charges	
LEGIONELLA PHENUMOPHILA ABS	86713	CPT	both			121		17.6 Horizon	MGD		46.32	38.28			15.3		114.95 percent of total billed charges	
LEGIONELLA PHENUMOPHILA ABS	86713	CPT	both			121		17.6 Horizon	Indemnity		46.32	38.28			15.3		114.95 percent of total billed charges	
LEGIONELLA PHENUMOPHILA ABS	86713	CPT	both			121		17.6 Horizon	Medicare Blue		36.3	30			15.3		114.95 percent of total billed charges	
LEGIONELLA PHENUMOPHILA ABS	86713	CPT	both			121		17.6 Horizon	NJ Health		39.2				15.3		114.95 fee schedule	
LEGIONELLA PHENUMOPHILA ABS	86713	CPT	both			121		17.6 Horizon	PPO		46.32	38.28			15.3		114.95 percent of total billed charges	
LEGIONELLA PHENUMOPHILA ABS	86713	CPT	both			121		17.6 Managed Care Inc	Managed Care Inc		108.9	90			15.3		114.95 percent of total billed charges	
LEGIONELLA PHENUMOPHILA ABS	86713	CPT	both			121		17.6 Multiplan	Multiplan		96.8	80			15.3		114.95 percent of total billed charges	
LEGIONELLA PHENUMOPHILA ABS	86713	CPT	both			121		17.6 Qualcare	Qualcare		90.75	75			15.3		114.95 percent of total billed charges	
LEGIONELLA PHENUMOPHILA ABS	86713	CPT	both			121		17.6 Three Rivers	Three Rivers		114.95	95			15.3		114.95 percent of total billed charges	
LEGIONELLA PHENUMOPHILA ABS	86713	CPT	both			121		17.6 UHC	Medicaid		38.18	31.55			15.3		114.95 percent of total billed charges	
LEGIONELLA PHENUMOPHILA ABS	86713	CPT	both			121		17.6 UHC	Medicare		15.3				15.3		114.95 fee schedule	
LEGIONELLA PHENUMOPHILA ABS	86713	CPT	both			121		17.6 Wellcare	Medicare		15.3				15.3		114.95 fee schedule	
LEGIONELLA PHENUMOPHILA ABS	86713	CPT	both			121		17.6 Wellcare	Medicaid		38.18	31.55			15.3		114.95 percent of total billed charges	
LEGIONELLA PHENUMOPHILA ABS	86713	CPT	both			121		17.6 WellPoint	WellPoint		38.94	32.18			15.3		114.95 percent of total billed charges	
LEISHMANIAÍA¿ANTIBODY, IGG (0051726)	86717	CPT	both			633		14.09 Aetna	Medicare		12.25				11.4		601.35 fee schedule	
LEISHMANIAÍA¿ANTIBODY, IGG (0051726)	86717	CPT	both			633		14.09 Aetna	Commercial		240.54	38			11.4		601.35 percent of total billed charges	
LEISHMANIAÍA¿ANTIBODY, IGG (0051726)	86717	CPT	both			633		14.09 Aetna	Better Health		199.71	31.55			11.4		601.35 percent of total billed charges	
LEISHMANIAÍA¿ANTIBODY, IGG (0051726)	86717	CPT	both			633		14.09 Americare	Americare		474.75	75			11.4		601.35 percent of total billed charges	
LEISHMANIAÍA¿ANTIBODY, IGG (0051726)	86717	CPT	both			633		14.09 Amerihealth	Medicare		12.25				11.4		601.35 fee schedule	
LEISHMANIAÍA¿ANTIBODY, IGG (0051726)	86717	CPT	both			633		14.09 Amerihealth	HMO/PPO		411.45	65			11.4		601.35 percent of total billed charges	
LEISHMANIAÍA¿ANTIBODY, IGG (0051726)	86717	CPT	both			633		14.09 Consumer	Consumer		601.35	95			11.4		601.35 percent of total billed charges	
LEISHMANIAÍA¿ANTIBODY, IGG (0051726)	86717	CPT	both			633		14.09 Corrections	Corrections		506.4	80			11.4		601.35 percent of total billed charges	
LEISHMANIAÍA¿ANTIBODY, IGG (0051726)	86717	CPT	both			633		14.09 First Health	First Health		443.1	70			11.4		601.35 percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
LEISHMANIA|ANTIBODY, IGG (0051726)	86717	CPT	both			633	14.09	First Trenton	First Trenton		569.7				11.4	90	601.35	percent of total billed charges	
LEISHMANIA|ANTIBODY, IGG (0051726)	86717	CPT	both			633	14.09	Horizon	PPO		242.31	38.28			11.4	601.35	percent of total billed charges	
LEISHMANIA|ANTIBODY, IGG (0051726)	86717	CPT	both			633	14.09	Horizon	MGD		242.31	38.28			11.4	601.35	percent of total billed charges	
LEISHMANIA|ANTIBODY, IGG (0051726)	86717	CPT	both			633	14.09	Horizon	Indemnity		242.31	38.28			11.4	601.35	percent of total billed charges	
LEISHMANIA|ANTIBODY, IGG (0051726)	86717	CPT	both			633	14.09	Horizon	NJ Health		13.6				11.4	601.35	fee schedule	
LEISHMANIA|ANTIBODY, IGG (0051726)	86717	CPT	both			633	14.09	Horizon	Medicare Blue		189.9	30			11.4	601.35	percent of total billed charges	
LEISHMANIA|ANTIBODY, IGG (0051726)	86717	CPT	both			633	14.09	Managed Care Inc	Managed Care Inc		569.7	90			11.4	601.35	percent of total billed charges	
LEISHMANIA|ANTIBODY, IGG (0051726)	86717	CPT	both			633	14.09	Multiplan	Multiplan		506.4	80			11.4	601.35	percent of total billed charges	
LEISHMANIA|ANTIBODY, IGG (0051726)	86717	CPT	both			633	14.09	Qualcare	Qualcare		474.75	75			11.4	601.35	percent of total billed charges	
LEISHMANIA|ANTIBODY, IGG (0051726)	86717	CPT	both			633	14.09	Three Rivers	Three Rivers		601.35	95			11.4	601.35	percent of total billed charges	
LEISHMANIA|ANTIBODY, IGG (0051726)	86717	CPT	both			633	14.09	UHC	Medicaid		199.71	31.55			11.4	601.35	percent of total billed charges	
LEISHMANIA|ANTIBODY, IGG (0051726)	86717	CPT	both			633	14.09	UHC	Medicare		12.25				11.4	601.35	fee schedule	
LEISHMANIA|ANTIBODY, IGG (0051726)	86717	CPT	both			633	14.09	Wellcare	Medicare		12.25				11.4	601.35	fee schedule	
LEISHMANIA|ANTIBODY, IGG (0051726)	86717	CPT	both			633	14.09	Wellcare	Medicaid		199.71	31.55			11.4	601.35	percent of total billed charges	
LEISHMANIA|ANTIBODY, IGG (0051726)	86717	CPT	both			633	14.09	WellPoint	WellPoint		203.7	32.18			11.4	601.35	percent of total billed charges	
LEPTOSPIRA ANTIBODY,IGM BY DOT BLOT (005	86720	CPT	both			53	18.63	Aetna	Medicare		16.2				15.9	50.35	fee schedule	
LEPTOSPIRA ANTIBODY,IGM BY DOT BLOT (005	86720	CPT	both			53	18.63	Aetna	Better Health		16.72	31.55			15.9	50.35	percent of total billed charges	
LEPTOSPIRA ANTIBODY,IGM BY DOT BLOT (005	86720	CPT	both			53	18.63	Aetna	Commercial		20.14	38			15.9	50.35	percent of total billed charges	
LEPTOSPIRA ANTIBODY,IGM BY DOT BLOT (005	86720	CPT	both			53	18.63	Americare	Americare		39.75	75			15.9	50.35	percent of total billed charges	
LEPTOSPIRA ANTIBODY,IGM BY DOT BLOT (005	86720	CPT	both			53	18.63	Amerihealth	HMO/PPO		34.45	65			15.9	50.35	percent of total billed charges	
LEPTOSPIRA ANTIBODY,IGM BY DOT BLOT (005	86720	CPT	both			53	18.63	Amerihealth	Medicare		16.2				15.9	50.35	fee schedule	
LEPTOSPIRA ANTIBODY,IGM BY DOT BLOT (005	86720	CPT	both			53	18.63	Consumer	Consumer		50.35	95			15.9	50.35	percent of total billed charges	
LEPTOSPIRA ANTIBODY,IGM BY DOT BLOT (005	86720	CPT	both			53	18.63	Corrections	Corrections		42.4	80			15.9	50.35	percent of total billed charges	
LEPTOSPIRA ANTIBODY,IGM BY DOT BLOT (005	86720	CPT	both			53	18.63	First Health	First Health		37.1	70			15.9	50.35	percent of total billed charges	
LEPTOSPIRA ANTIBODY,IGM BY DOT BLOT (005	86720	CPT	both			53	18.63	First Trenton	First Trenton		47.7	90			15.9	50.35	percent of total billed charges	
LEPTOSPIRA ANTIBODY,IGM BY DOT BLOT (005	86720	CPT	both			53	18.63	Horizon	MGD		20.29	38.28			15.9	50.35	percent of total billed charges	
LEPTOSPIRA ANTIBODY,IGM BY DOT BLOT (005	86720	CPT	both			53	18.63	Horizon	PPO		20.29	38.28			15.9	50.35	percent of total billed charges	
LEPTOSPIRA ANTIBODY,IGM BY DOT BLOT (005	86720	CPT	both			53	18.63	Horizon	Indemnity		20.29	38.28			15.9	50.35	percent of total billed charges	
LEPTOSPIRA ANTIBODY,IGM BY DOT BLOT (005	86720	CPT	both			53	18.63	Horizon	NJ Health		29.4				15.9	50.35	fee schedule	
LEPTOSPIRA ANTIBODY,IGM BY DOT BLOT (005	86720	CPT	both			53	18.63	Horizon	Medicare Blue		15.9	30			15.9	50.35	percent of total billed charges	
LEPTOSPIRA ANTIBODY,IGM BY DOT BLOT (005	86720	CPT	both			53	18.63	Managed Care Inc	Managed Care Inc		47.7	90			15.9	50.35	percent of total billed charges	
LEPTOSPIRA ANTIBODY,IGM BY DOT BLOT (005	86720	CPT	both			53	18.63	Multiplan	Multiplan		42.4	80			15.9	50.35	percent of total billed charges	
LEPTOSPIRA ANTIBODY,IGM BY DOT BLOT (005	86720	CPT	both			53	18.63	Qualcare	Qualcare		39.75	75			15.9	50.35	percent of total billed charges	
LEPTOSPIRA ANTIBODY,IGM BY DOT BLOT (005	86720	CPT	both			53	18.63	Three Rivers	Three Rivers		50.35	95			15.9	50.35	percent of total billed charges	
LEPTOSPIRA ANTIBODY,IGM BY DOT BLOT (005	86720	CPT	both			53	18.63	UHC	Medicaid		16.72	31.55			15.9	50.35	percent of total billed charges	
LEPTOSPIRA ANTIBODY,IGM BY DOT BLOT (005	86720	CPT	both			53	18.63	UHC	Medicare		16.2				15.9	50.35	fee schedule	
LEPTOSPIRA ANTIBODY,IGM BY DOT BLOT (005	86720	CPT	both			53	18.63	Wellcare	Medicare		16.2				15.9	50.35	fee schedule	
LEPTOSPIRA ANTIBODY,IGM BY DOT BLOT (005	86720	CPT	both			53	18.63	Wellcare	Medicaid		16.72	31.55			15.9	50.35	percent of total billed charges	
LEPTOSPIRA ANTIBODY,IGM BY DOT BLOT (005	86720	CPT	both			53	18.63	WellPoint	WellPoint		17.06	32.18			15.9	50.35	percent of total billed charges	
LISTERIA ANTIBODY, CF	86723	CPT	outpatient			557	15.17	Aetna	Better Health		175.73	31.55			13.19	529.15	percent of total billed charges	
LISTERIA ANTIBODY, CF	86723	CPT	outpatient			557	15.17	Aetna	Medicare		13.19				13.19	529.15	fee schedule	
LISTERIA ANTIBODY, CF	86723	CPT	outpatient			557	15.17	Aetna	Commercial		211.66	38			13.19	529.15	percent of total billed charges	
LISTERIA ANTIBODY, CF	86723	CPT	outpatient			557	15.17	Americare	Americare		417.75	75			13.19	529.15	percent of total billed charges	
LISTERIA ANTIBODY, CF	86723	CPT	outpatient			557	15.17	Amerihealth	Medicare		13.19				13.19	529.15	fee schedule	
LISTERIA ANTIBODY, CF	86723	CPT	outpatient			557	15.17	Amerihealth	HMO/PPO		362.05	65			13.19	529.15	percent of total billed charges	
LISTERIA ANTIBODY, CF	86723	CPT	outpatient			557	15.17	Consumer	Consumer		529.15	95			13.19	529.15	percent of total billed charges	
LISTERIA ANTIBODY, CF	86723	CPT	outpatient			557	15.17	Corrections	Corrections		445.6	80			13.19	529.15	percent of total billed charges	
LISTERIA ANTIBODY, CF	86723	CPT	outpatient			557	15.17	First Health	First Health		389.9	70			13.19	529.15	percent of total billed charges	
LISTERIA ANTIBODY, CF	86723	CPT	outpatient			557	15.17	First Trenton	First Trenton		501.3	90			13.19	529.15	percent of total billed charges	
LISTERIA ANTIBODY, CF	86723	CPT	outpatient			557	15.17	Horizon	MGD		213.22	38.28			13.19	529.15	percent of total billed charges	
LISTERIA ANTIBODY, CF	86723	CPT	outpatient			557	15.17	Horizon	NJ Health		14.64				13.19	529.15	fee schedule	
LISTERIA ANTIBODY, CF	86723	CPT	outpatient			557	15.17	Horizon	Indemnity		213.22	38.28			13.19	529.15	percent of total billed charges	
LISTERIA ANTIBODY, CF	86723	CPT	outpatient			557	15.17	Horizon	PPO		213.22	38.28			13.19	529.15	percent of total billed charges	
LISTERIA ANTIBODY, CF	86723	CPT	outpatient			557	15.17	Horizon	Medicare Blue		167.1	30			13.19	529.15	percent of total billed charges	
LISTERIA ANTIBODY, CF	86723	CPT	outpatient			557	15.17	Managed Care Inc	Managed Care Inc		501.3	90			13.19	529.15	percent of total billed charges	
LISTERIA ANTIBODY, CF	86723	CPT	outpatient			557	15.17	Multiplan	Multiplan		445.6	80			13.19	529.15	percent of total billed charges	
LISTERIA ANTIBODY, CF	86723	CPT	outpatient			557	15.17	Qualcare	Qualcare		417.75	75			13.19	529.15	percent of total billed charges	
LISTERIA ANTIBODY, CF	86723	CPT	outpatient			557	15.17	Three Rivers	Three Rivers		529.15	95			13.19	529.15	percent of total billed charges	
LISTERIA ANTIBODY, CF	86723	CPT	outpatient			557	15.17	UHC	Medicaid		175.73	31.55			13.19	529.15	percent of total billed charges	
LISTERIA ANTIBODY, CF	86723	CPT	outpatient			557	15.17	UHC	Medicare		13.19				13.19	529.15	fee schedule	
LISTERIA ANTIBODY, CF	86723	CPT	outpatient			557	15.17	Wellcare	Medicaid		175.73	31.55			13.19	529.15	percent of total billed charges	
LISTERIA ANTIBODY, CF	86723	CPT	outpatient			557	15.17	Wellcare	Medicare		13.19				13.19	529.15	fee schedule	
LISTERIA ANTIBODY, CF	86723	CPT	outpatient			557	15.17	WellPoint	WellPoint		179.24	32.18			13.19	529.15	percent of total billed charges	
LCM VIRUS AB,IGG,CSF	86727	CPT	both			319	14.8	Aetna	Better Health		100.64	31.55			12.87	303.05	percent of total billed charges	
LCM VIRUS AB,IGG,CSF	86727	CPT	both			319	14.8	Aetna	Medicare		12.87				12.87	303.05	fee schedule	
LCM VIRUS AB,IGG,CSF	86727	CPT	both			319	14.8	Aetna	Commercial		121.22	38			12.87	303.05	percent of total billed charges	
LCM VIRUS AB,IGG,CSF	86727	CPT	both			319	14.8	Americare	Americare		239.25	75			12.87	303.05	percent of total billed charges	
LCM VIRUS AB,IGG,CSF	86727	CPT	both			319	14.8	Amerihealth	Medicare		12.87				12.87	303.05	fee schedule	
LCM VIRUS AB,IGG,CSF	86727	CPT	both			319	14.8	Amerihealth	HMO/PPO		207.35	65			12.87	303.05	percent of total billed charges	
LCM VIRUS AB,IGG,CSF	86727	CPT	both			319	14.8	Consumer	Consumer		303.05	95			12.87	303.05	percent of total billed charges	
LCM VIRUS AB,IGG,CSF	86727	CPT	both			319	14.8	Corrections	Corrections		255.2	80			12.87	303.05	percent of total billed charges	
LCM VIRUS AB,IGG,CSF	86727	CPT	both			319	14.8	First Health	First Health		223.3	70			12.87	303.05	percent of total billed charges	
LCM VIRUS AB,IGG,CSF	86727	CPT	both			319	14.8	First Trenton	First Trenton		287.1	90			12.87	303.05	percent of total billed charges	
LCM VIRUS AB,IGG,CSF	86727	CPT	both			319	14.8	Horizon	MGD		122.11	38.28			12.87	303.05	percent of total billed charges	
LCM VIRUS AB,IGG,CSF	86727	CPT	both			319	14.8	Horizon	Indemnity		122.11	38.28			12.87	303.05	percent of total billed charges	
LCM VIRUS AB,IGG,CSF	86727	CPT	both			319	14.8	Horizon	PPO		122.11	38.28			12.87	303.05	percent of total billed charges	
LCM VIRUS AB,IGG,CSF	86727	CPT	both			319	14.8	Horizon	Medicare Blue		95.7	30			12.87	303.05	percent of total billed charges	
LCM VIRUS AB,IGG,CSF	86727	CPT	both			319	14.8	Horizon	NJ Health		29.4				12.87	303.05	fee schedule	
LCM VIRUS AB,IGG,CSF	86727	CPT	both			319	14.8	Managed Care Inc	Managed Care Inc		287.1	90			12.87	303.05	percent of total billed charges	
LCM VIRUS AB,IGG,CSF	86727	CPT	both			319	14.8	Multiplan	Multiplan		255.2	80			12.87	303.05	percent of total billed charges	
LCM VIRUS AB,IGG,CSF	86727	CPT	both			319	14.8	Qualcare	Qualcare		239.25	75			12.87	303.05	percent of total billed charges	
LCM VIRUS AB,IGG,CSF	86727	CPT	both			319	14.8	Three Rivers	Three Rivers		303.05	95			12.87	303.05	percent of total billed charges	
LCM VIRUS AB,IGG,CSF	86727	CPT	both			319	14.8	UHC	Medicare		12.87				12.87	303.05	fee schedule	
LCM VIRUS AB,IGG,CSF	86727	CPT	both			319	14.8	UHC	Medicaid		100.64	31.55			12.87	303.05	percent of total billed charges	
LCM VIRUS AB,IGG,CSF	86727	CPT	both			319	14.8	Wellcare	Medicare		12.87				12.87	303.05	fee schedule	
LCM VIRUS AB,IGG,CSF	86727	CPT	both			319	14.8	Wellcare	Medicaid		100.64	31.55			12.87	303.05	percent of total billed charges	
LCM VIRUS AB,IGG,CSF	86727	CPT	both			319	14.8	WellPoint	WellPoint		102.65	32.18			12.87	303.05	percent of total billed charges	
MUMPS,ANTIBODIES IGM(160499)	86735	CPT	both			92	15.01	Aetna	Medicare		13.05				9.3	87.4	fee schedule	
MUMPS,ANTIBODIES IGM(160499)	86735	CPT	both			92	15.01	Aetna	Better Health		29.03	31.55			9.3	87.4	percent of total billed charges	
MUMPS,ANTIBODIES IGM(160499)	86735	CPT	both			92	15.01	Aetna	Commercial		34.96	38			9.3	87.4	percent of total billed charges	
MUMPS,ANTIBODIES IGM(160499)	86735	CPT	both			92	15.01	Americare	Americare		69	75			9.3	87.4	percent of total billed charges	
MUMPS,ANTIBODIES IGM(160499)	86735	CPT	both			92	15.01	Amerihealth	Medicare		13.05				9.3	87.4	fee schedule	
MUMPS,ANTIBODIES IGM(160499)	86735	CPT	both			92	15.01	Amerihealth	HMO/PPO		59.8	65			9.3	87.4	percent of total billed charges	
MUMPS,ANTIBODIES IGM(160499)	86735	CPT	both			92	15.01	Consumer	Consumer		87.4	95			9.3	87.4	percent of total billed charges	
MUMPS,ANTIBODIES IGM(160499)	86735	CPT	both			92	15.01	Corrections	Corrections		73.6	80			9.3	87.4	percent of total billed charges	
MUMPS,ANTIBODIES IGM(160499)	86735	CPT	both			92	15.01	First Health	First Health		64.4	70			9.3	87.4	percent of total billed charges	
MUMPS,ANTIBODIES IGM(160499)	86735	CPT	both			92	15.01	First Trenton	First Trenton		82.8	90			9.3	87.4	percent of total billed charges	
MUMPS,ANTIBODIES IGM(160499)	86735	CPT	both			92	15.01	Horizon	MGD		35.22	38.28			9.3	87.4	percent of total billed charges	
MUMPS,ANTIBODIES IGM(160499)	86735	CPT	both			92	15.01	Horizon	Medicare Blue		27.6	30			9.3	87.4	percent of total billed charges	
MUMPS,ANTIBODIES IGM(160499)	86735	CPT	both			92	15.01	Horizon	Indemnity		35.22	38.28			9.3	87.4	percent of total billed charges	
MUMPS,ANTIBODIES IGM(160499)	86735	CPT	both			92	15.01	Horizon	NJ Health		29.4				9.3	87.4	fee schedule	
MUMPS,ANTIBODIES IGM(160499)	86735	CPT	both			92	15.01	Horizon	PPO		35.22	38.28			9.3	87.4	percent of total billed charges	
MUMPS,ANTIBODIES IGM(160499)	86735	CPT	both			92	15.01	Managed Care Inc	Managed Care Inc		82.8	90			9.3	87.4	percent of total billed charges	
MUMPS,ANTIBODIES IGM(160499)	86735	CPT	both			92	15.01	Multiplan	Multiplan		73.6	80			9.3	87.4	percent of total billed charges	
MUMPS,ANTIBODIES IGM(160499)	86735	CPT	both			92	15.01	Qualcare	Qualcare		69	75			9.3	87.4	percent of total billed charges	
MUMPS,ANTIBODIES IGM(160499)	86735	CPT	both			92	15.01	Three Rivers	Three Rivers		87.4	95			9.3	87.4	percent of total billed charges	
MUMPS,ANTIBODIES IGM(160499)	86735	CPT	both			92	15.01	UHC	Medicare		13.05				9.3	87.4	fee schedule	
MUMPS,ANTIBODIES IGM(160499)	86735	CPT	both			92	15.01	UHC	Medicaid		29.03	31.55			9.3	87.4	percent of total billed charges	
MUMPS,ANTIBODIES IGM(160499)	86735	CPT	both			92	15.01	Wellcare	Medicare		13.05				9.3	87.4	fee schedule	
MUMPS,ANTIBODIES IGM(160499)	86735	CPT	both			92	15.01	Wellcare	Medicaid		29.03	31.55			9.3	87.4	percent of total billed charges	
MUMPS,ANTIBODIES IGM(160499)	86735	CPT	both			92	15.01	WellPoint	WellPoint		29.61	32.18			9.3	87.4	percent of total billed charges	
MYCOPLASMA,PNUEMONIAE;IGM	86738	CPT	both			451	15.23	Aetna	Commercial		171.38	38			9.3	428.45	percent of total billed charges	
MYCOPLASMA,PNUEMONIAE;IGM	86738	CPT	both			451	15.23	Aetna	Better Health		142.29	31.55			9.3	428.45	percent of total billed charges	
MYCOPLASMA,PNUEMONIAE;IGM	86738	CPT	both			451	15.23	Aetna	Medicare		13.24				9.3	428.45	fee schedule	
MYCOPLASMA,PNUEMONIAE;IGM	86738	CPT	both			451	15.23	Americare	Americare		338.25	75			9.3	428.45	percent of total billed charges	
MYCOPLASMA,PNUEMONIAE;IGM	86738	CPT	both			451	15.23	Amerihealth	Medicare		13.24				9.3	428.45	fee schedule	
MYCOPLASMA,PNUEMONIAE;IGM	86738	CPT	both			451	15.23	Amerihealth	HMO/PPO		293.15	65			9.3	428.45	percent of total billed charges	
MYCOPLASMA,PNUEMONIAE;IGM	86738	CPT	both			451	15.23	Consumer	Consumer		428.45	95			9.3	428.45	percent of total billed charges	
MYCOPLASMA,PNUEMONIAE;IGM	86738	CPT	both			451	15.23	Corrections	Corrections		360.8	80			9.3	428.45	percent of total billed charges	
MYCOPLASMA,PNUEMONIAE;IGM	86738	CPT	both			451	15.23	First Health	First Health		315.7	70			9.3	428.45	percent of total billed charges	
MYCOPLASMA,PNUEMONIAE;IGM	86738	CPT	both			451	15.23	First Trenton	First Trenton		405.9	90			9.3	428.45	percent of total billed charges	
MYCOPLASMA,PNUEMONIAE;IGM	86738	CPT	both			451	15.23	Horizon	Medicare Blue		135.3	30			9.3	428.45	percent of total billed charges	
MYCOPLASMA,PNUEMONIAE;IGM	86738	CPT	both			451	15.23	Horizon	MGD		172.64	38.28			9.3	428.45	percent of total billed charges	
MYCOPLASMA,PNUEMONIAE;IGM	86738	CPT	both			451	15.23	Horizon	Indemnity		172.64	38.28			9.3	428.45	percent of total billed charges	
MYCOPLASMA,PNUEMONIAE;IGM	86738	CPT	both			451	15.23	Horizon	PPO		172.64	38.28			9.3	428.45	percent of total billed charges	
MYCOPLASMA,PNUEMONIAE;IGM	86738	CPT	both			451	15.23	Horizon	NJ Health		23.52				9.3	428.45	fee schedule	
MYCOPLASMA,PNUEMONIAE;IGM	86738	CPT	both			451	15.23	Managed Care Inc	Managed Care Inc		405.9	90			9.3	428.45	percent of total billed charges	
MYCOPLASMA,PNUEMONIAE;IGM	86738	CPT	both			451	15.23	Multiplan	Multiplan		360.8	80			9.3	428.45	percent of total billed charges	
MYCOPLASMA,PNUEMONIAE;IGM	86738	CPT	both			451	15.23	Qualcare	Qualcare		338.25	75			9.3	428.45	percent of total billed charges	
MYCOPLASMA,PNUEMONIAE;IGM	86738	CPT	both			451	15.23	Three Rivers	Three Rivers		428.45	95			9.3	428.45	percent of total billed charges	
MYCOPLASMA,PNUEMONIAE;IGM	86738	CPT	both			451	15.23	UHC	Medicare		13.24				9.3	428.45	fee schedule	
MYCOPLASMA,PNUEMONIAE;IGM	86738	CPT	both			451	15.23	UHC	Medicaid		142.29	31.55			9.3	428.45	percent of total billed charges	
MYCOPLASMA,PNUEMONIAE;IGM	86738	CPT	both			451	15.23	Wellcare	Medicaid		142.29	31.55			9.3	428.45	percent of total billed charges	
MYCOPLASMA,PNUEMONIAE;IGM	86738	CPT	both			451	15.23	Wellcare	Medicare		13.24				9.3	428.45	fee schedule	
MYCOPLASMA,PNUEMONIAE;IGM	86738	CPT	both			451	15.23	WellPoint	WellPoint		145.13	32.18			9.3	428.45	percent of total billed charges	
PARVOVIRUS	86747	CPT	outpatient			274	17.28	Aetna	Better Health		86.45	31.55			15.03	260.3	percent of total billed charges	
PARVOVIRUS	86747	CPT	outpatient			274	17.28	Aetna	Medicare		15.03				15.03	260.3	fee schedule	
PARVOVIRUS	86747	CPT	outpatient			274	17.28	Aetna	Commercial		104.12	38			15.03	260.3	percent of total billed charges	
PARVOVIRUS	86747	CPT	outpatient			274	17.28	Americare	Americare		205.5	75			15.03	260.3	percent of total billed charges	
PARVOVIRUS	86747	CPT	outpatient			274	17.28	Amerihealth	HMO/PPO		178.1	65			15.03	260.3	percent of total billed charges	
PARVOVIRUS	86747	CPT	outpatient			274	17.28	Amerihealth	Medicare		15.03				15.03	260.3	fee schedule	
PARVOVIRUS	86747	CPT	outpatient			274	17.28	Consumer	Consumer		260.3	95			15.03	260.3	percent of total billed charges	
PARVOVIRUS	86747	CPT	outpatient			274	17.28	Corrections	Corrections		219.2	80			15.03	260.3	percent of total billed charges	
PARVOVIRUS	86747	CPT	outpatient			274	17.28	First Health	First Health		191.8	70			15.03	260.3	percent of total billed charges	
PARVOVIRUS	86747	CPT	outpatient			274	17.28	First Trenton	First Trenton		246.6	90			15.03	260.3	percent of total billed charges	
PARVOVIRUS	86747	CPT	outpatient			274	17.28	Horizon	NJ Health		23.52				15.03	260.3	fee schedule	
PARVOVIRUS	86747	CPT	outpatient			274	17.28	Horizon	MGD		104.89	38.28			15.03	260.3	percent of total billed charges	
PARVOVIRUS	86747	CPT	outpatient			274	17.28	Horizon	Medicare Blue		82.2	30			15.03	260.3	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
PARVOVIRUS	86747	CPT	outpatient			274		17.28 Horizon	Indemnity		104.89	38.28			15.03		260.3 percent of total billed charges	
PARVOVIRUS	86747	CPT	outpatient			274		17.28 Horizon	PPO		104.89	38.28			15.03		260.3 percent of total billed charges	
PARVOVIRUS	86747	CPT	outpatient			274		17.28 Managed Care Inc	Managed Care Inc		246.6	90			15.03		260.3 percent of total billed charges	
PARVOVIRUS	86747	CPT	outpatient			274		17.28 Multiplan	Multiplan		219.2	80			15.03		260.3 percent of total billed charges	
PARVOVIRUS	86747	CPT	outpatient			274		17.28 Qualcare	Qualcare		205.5	75			15.03		260.3 percent of total billed charges	
PARVOVIRUS	86747	CPT	outpatient			274		17.28 Three Rivers	Three Rivers		260.3	95			15.03		260.3 percent of total billed charges	
PARVOVIRUS	86747	CPT	outpatient			274		17.28 UHC	Medicare		15.03				15.03		260.3 fee schedule	
PARVOVIRUS	86747	CPT	outpatient			274		17.28 UHC	Medicaid		86.45	31.55			15.03		260.3 percent of total billed charges	
PARVOVIRUS	86747	CPT	outpatient			274		17.28 Wellcare	Medicare		15.03				15.03		260.3 fee schedule	
PARVOVIRUS	86747	CPT	outpatient			274		17.28 Wellcare	Medicaid		86.45	31.55			15.03		260.3 percent of total billed charges	
PARVOVIRUS	86747	CPT	outpatient			274		17.28 WellPoint	WellPoint		88.17	32.18			15.03		260.3 percent of total billed charges	
MALARIA RAPID TEST	86750	CPT	outpatient			406		15.17 Aetna	Medicare		125.05	30.8			13.19		385.7 percent of total billed charges	
MALARIA RAPID TEST	86750	CPT	outpatient			406		15.17 Aetna	Better Health		128.09	31.55			13.19		385.7 percent of total billed charges	
MALARIA RAPID TEST	86750	CPT	outpatient			406		15.17 Aetna	Commercial		154.28	38			13.19		385.7 percent of total billed charges	
MALARIA RAPID TEST	86750	CPT	outpatient			406		15.17 Americare	Americare		304.5	75			13.19		385.7 percent of total billed charges	
MALARIA RAPID TEST	86750	CPT	outpatient			406		15.17 Amerihealth	HMO/PPO		263.9	65			13.19		385.7 percent of total billed charges	
MALARIA RAPID TEST	86750	CPT	outpatient			406		15.17 Amerihealth	Medicare		13.19				13.19		385.7 fee schedule	
MALARIA RAPID TEST	86750	CPT	outpatient			406		15.17 Consumer	Consumer		385.7	95			13.19		385.7 percent of total billed charges	
MALARIA RAPID TEST	86750	CPT	outpatient			406		15.17 Corrections	Corrections		324.8	80			13.19		385.7 percent of total billed charges	
MALARIA RAPID TEST	86750	CPT	outpatient			406		15.17 First Health	First Health		284.2	70			13.19		385.7 percent of total billed charges	
MALARIA RAPID TEST	86750	CPT	outpatient			406		15.17 First Trenton	First Trenton		365.4	90			13.19		385.7 percent of total billed charges	
MALARIA RAPID TEST	86750	CPT	outpatient			406		15.17 Horizon	Indemnity		155.42	38.28			13.19		385.7 percent of total billed charges	
MALARIA RAPID TEST	86750	CPT	outpatient			406		15.17 Horizon	NJ Health		14.64				13.19		385.7 fee schedule	
MALARIA RAPID TEST	86750	CPT	outpatient			406		15.17 Horizon	PPO		155.42	38.28			13.19		385.7 percent of total billed charges	
MALARIA RAPID TEST	86750	CPT	outpatient			406		15.17 Horizon	MGD		155.42	38.28			13.19		385.7 percent of total billed charges	
MALARIA RAPID TEST	86750	CPT	outpatient			406		15.17 Horizon	Medicare Blue		121.8	30			13.19		385.7 percent of total billed charges	
MALARIA RAPID TEST	86750	CPT	outpatient			406		15.17 Managed Care Inc	Managed Care Inc		365.4	90			13.19		385.7 percent of total billed charges	
MALARIA RAPID TEST	86750	CPT	outpatient			406		15.17 Multiplan	Multiplan		324.8	80			13.19		385.7 percent of total billed charges	
MALARIA RAPID TEST	86750	CPT	outpatient			406		15.17 Qualcare	Qualcare		304.5	75			13.19		385.7 percent of total billed charges	
MALARIA RAPID TEST	86750	CPT	outpatient			406		15.17 Three Rivers	Three Rivers		385.7	95			13.19		385.7 percent of total billed charges	
MALARIA RAPID TEST	86750	CPT	outpatient			406		15.17 UHC	Medicare		13.19				13.19		385.7 fee schedule	
MALARIA RAPID TEST	86750	CPT	outpatient			406		15.17 UHC	Medicaid		128.09	31.55			13.19		385.7 percent of total billed charges	
MALARIA RAPID TEST	86750	CPT	outpatient			406		15.17 Wellcare	Medicaid		128.09	31.55			13.19		385.7 percent of total billed charges	
MALARIA RAPID TEST	86750	CPT	outpatient			406		15.17 Wellcare	Medicare		13.19				13.19		385.7 fee schedule	
MALARIA RAPID TEST	86750	CPT	outpatient			406		15.17 WellPoint	WellPoint		130.65	32.18			13.19		385.7 percent of total billed charges	
TRYPANOSOMA CRUZI AB IGM	86753	CPT	both			483		14.25 Aetna	Medicare		148.76	30.8			12.3		458.85 percent of total billed charges	
TRYPANOSOMA CRUZI AB IGM	86753	CPT	both			483		14.25 Aetna	Better Health		152.39	31.55			12.3		458.85 percent of total billed charges	
TRYPANOSOMA CRUZI AB IGM	86753	CPT	both			483		14.25 Aetna	Commercial		183.54	38			12.3		458.85 percent of total billed charges	
TRYPANOSOMA CRUZI AB IGM	86753	CPT	both			483		14.25 Americare	Americare		362.25	75			12.3		458.85 percent of total billed charges	
TRYPANOSOMA CRUZI AB IGM	86753	CPT	both			483		14.25 Amerihealth	HMO/PPO		313.95	65			12.3		458.85 percent of total billed charges	
TRYPANOSOMA CRUZI AB IGM	86753	CPT	both			483		14.25 Amerihealth	Medicare		12.39				12.3		458.85 fee schedule	
TRYPANOSOMA CRUZI AB IGM	86753	CPT	both			483		14.25 Consumer	Consumer		458.85	95			12.3		458.85 percent of total billed charges	
TRYPANOSOMA CRUZI AB IGM	86753	CPT	both			483		14.25 Corrections	Corrections		386.4	80			12.3		458.85 percent of total billed charges	
TRYPANOSOMA CRUZI AB IGM	86753	CPT	both			483		14.25 First Health	First Health		338.1	70			12.3		458.85 percent of total billed charges	
TRYPANOSOMA CRUZI AB IGM	86753	CPT	both			483		14.25 First Trenton	First Trenton		434.7	90			12.3		458.85 percent of total billed charges	
TRYPANOSOMA CRUZI AB IGM	86753	CPT	both			483		14.25 Horizon	MGD		184.89	38.28			12.3		458.85 percent of total billed charges	
TRYPANOSOMA CRUZI AB IGM	86753	CPT	both			483		14.25 Horizon	Indemnity		184.89	38.28			12.3		458.85 percent of total billed charges	
TRYPANOSOMA CRUZI AB IGM	86753	CPT	both			483		14.25 Horizon	Medicare Blue		144.9	30			12.3		458.85 percent of total billed charges	
TRYPANOSOMA CRUZI AB IGM	86753	CPT	both			483		14.25 Horizon	NJ Health		13.76				12.3		458.85 fee schedule	
TRYPANOSOMA CRUZI AB IGM	86753	CPT	both			483		14.25 Horizon	PPO		184.89	38.28			12.3		458.85 percent of total billed charges	
TRYPANOSOMA CRUZI AB IGM	86753	CPT	both			483		14.25 Managed Care Inc	Managed Care Inc		434.7	90			12.3		458.85 percent of total billed charges	
TRYPANOSOMA CRUZI AB IGM	86753	CPT	both			483		14.25 Multiplan	Multiplan		386.4	80			12.3		458.85 percent of total billed charges	
TRYPANOSOMA CRUZI AB IGM	86753	CPT	both			483		14.25 Qualcare	Qualcare		362.25	75			12.3		458.85 percent of total billed charges	
TRYPANOSOMA CRUZI AB IGM	86753	CPT	both			483		14.25 Three Rivers	Three Rivers		458.85	95			12.3		458.85 percent of total billed charges	
TRYPANOSOMA CRUZI AB IGM	86753	CPT	both			483		14.25 UHC	Medicaid		152.39	31.55			12.3		458.85 percent of total billed charges	
TRYPANOSOMA CRUZI AB IGM	86753	CPT	both			483		14.25 UHC	Medicare		12.39				12.3		458.85 fee schedule	
TRYPANOSOMA CRUZI AB IGM	86753	CPT	both			483		14.25 Wellcare	Medicare		12.39				12.3		458.85 fee schedule	
TRYPANOSOMA CRUZI AB IGM	86753	CPT	both			483		14.25 Wellcare	Medicaid		152.39	31.55			12.3		458.85 percent of total billed charges	
TRYPANOSOMA CRUZI AB IGM	86753	CPT	both			483		14.25 WellPoint	WellPoint		155.43	32.18			12.3		458.85 percent of total billed charges	
RSV,RESP SYN VIRUS AG ID FL	86756	CPT	outpatient			175		18.27 Aetna	Better Health		55.21	31.55			15.89		166.25 percent of total billed charges	
RSV,RESP SYN VIRUS AG ID FL	86756	CPT	outpatient			175		18.27 Aetna	Commercial		66.5	38			15.89		166.25 percent of total billed charges	
RSV,RESP SYN VIRUS AG ID FL	86756	CPT	outpatient			175		18.27 Aetna	Medicare		15.89				15.89		166.25 fee schedule	
RSV,RESP SYN VIRUS AG ID FL	86756	CPT	outpatient			175		18.27 Americare	Americare		131.25	75			15.89		166.25 percent of total billed charges	
RSV,RESP SYN VIRUS AG ID FL	86756	CPT	outpatient			175		18.27 Amerihealth	Medicare		15.89				15.89		166.25 fee schedule	
RSV,RESP SYN VIRUS AG ID FL	86756	CPT	outpatient			175		18.27 Amerihealth	HMO/PPO		113.75	65			15.89		166.25 percent of total billed charges	
RSV,RESP SYN VIRUS AG ID FL	86756	CPT	outpatient			175		18.27 Consumer	Consumer		166.25	95			15.89		166.25 percent of total billed charges	
RSV,RESP SYN VIRUS AG ID FL	86756	CPT	outpatient			175		18.27 Corrections	Corrections		140	80			15.89		166.25 percent of total billed charges	
RSV,RESP SYN VIRUS AG ID FL	86756	CPT	outpatient			175		18.27 First Health	First Health		122.5	70			15.89		166.25 percent of total billed charges	
RSV,RESP SYN VIRUS AG ID FL	86756	CPT	outpatient			175		18.27 First Trenton	First Trenton		157.5	90			15.89		166.25 percent of total billed charges	
RSV,RESP SYN VIRUS AG ID FL	86756	CPT	outpatient			175		18.27 Horizon	NJ Health		23.52				15.89		166.25 fee schedule	
RSV,RESP SYN VIRUS AG ID FL	86756	CPT	outpatient			175		18.27 Horizon	MGD		66.99	38.28			15.89		166.25 percent of total billed charges	
RSV,RESP SYN VIRUS AG ID FL	86756	CPT	outpatient			175		18.27 Horizon	Medicare Blue		52.5	30			15.89		166.25 percent of total billed charges	
RSV,RESP SYN VIRUS AG ID FL	86756	CPT	outpatient			175		18.27 Horizon	PPO		66.99	38.28			15.89		166.25 percent of total billed charges	
RSV,RESP SYN VIRUS AG ID FL	86756	CPT	outpatient			175		18.27 Horizon	Indemnity		66.99	38.28			15.89		166.25 percent of total billed charges	
RSV,RESP SYN VIRUS AG ID FL	86756	CPT	outpatient			175		18.27 Managed Care Inc	Managed Care Inc		157.5	90			15.89		166.25 percent of total billed charges	
RSV,RESP SYN VIRUS AG ID FL	86756	CPT	outpatient			175		18.27 Multiplan	Multiplan		140	80			15.89		166.25 percent of total billed charges	
RSV,RESP SYN VIRUS AG ID FL	86756	CPT	outpatient			175		18.27 Qualcare	Qualcare		131.25	75			15.89		166.25 percent of total billed charges	
RSV,RESP SYN VIRUS AG ID FL	86756	CPT	outpatient			175		18.27 Three Rivers	Three Rivers		166.25	95			15.89		166.25 percent of total billed charges	
RSV,RESP SYN VIRUS AG ID FL	86756	CPT	outpatient			175		18.27 UHC	Medicaid		55.21	31.55			15.89		166.25 percent of total billed charges	
RSV,RESP SYN VIRUS AG ID FL	86756	CPT	outpatient			175		18.27 UHC	Medicare		15.89				15.89		166.25 fee schedule	
RSV,RESP SYN VIRUS AG ID FL	86756	CPT	outpatient			175		18.27 Wellcare	Medicare		15.89				15.89		166.25 fee schedule	
RSV,RESP SYN VIRUS AG ID FL	86756	CPT	outpatient			175		18.27 Wellcare	Medicaid		55.21	31.55			15.89		166.25 percent of total billed charges	
RSV,RESP SYN VIRUS AG ID FL	86756	CPT	outpatient			175		18.27 WellPoint	WellPoint		56.32	32.18			15.89		166.25 percent of total billed charges	
TYPHUS FEVER GROUP IGM	86757	CPT	inpatient			111		22.25 Aetna	Better Health		35.02	31.55			18.6		105.45 percent of total billed charges	
TYPHUS FEVER GROUP IGM	86757	CPT	inpatient			111		22.25 Aetna	Commercial		42.18	38			18.6		105.45 percent of total billed charges	
TYPHUS FEVER GROUP IGM	86757	CPT	inpatient			111		22.25 Aetna	Medicare		19.35				18.6		105.45 fee schedule	
TYPHUS FEVER GROUP IGM	86757	CPT	inpatient			111		22.25 Americare	Americare		83.25	75			18.6		105.45 percent of total billed charges	
TYPHUS FEVER GROUP IGM	86757	CPT	inpatient			111		22.25 Amerihealth	Medicare		19.35				18.6		105.45 fee schedule	
TYPHUS FEVER GROUP IGM	86757	CPT	inpatient			111		22.25 Amerihealth	HMO/PPO		72.15	65			18.6		105.45 percent of total billed charges	
TYPHUS FEVER GROUP IGM	86757	CPT	inpatient			111		22.25 Consumer	Consumer		105.45	95			18.6		105.45 percent of total billed charges	
TYPHUS FEVER GROUP IGM	86757	CPT	inpatient			111		22.25 Corrections	Corrections		88.8	80			18.6		105.45 percent of total billed charges	
TYPHUS FEVER GROUP IGM	86757	CPT	inpatient			111		22.25 First Health	First Health		77.7	70			18.6		105.45 percent of total billed charges	
TYPHUS FEVER GROUP IGM	86757	CPT	inpatient			111		22.25 First Trenton	First Trenton		99.9	90			18.6		105.45 percent of total billed charges	
TYPHUS FEVER GROUP IGM	86757	CPT	inpatient			111		22.25 Horizon	Indemnity		42.49	38.28			18.6		105.45 percent of total billed charges	
TYPHUS FEVER GROUP IGM	86757	CPT	inpatient			111		22.25 Horizon	Medicare Blue		33.3	30			18.6		105.45 percent of total billed charges	
TYPHUS FEVER GROUP IGM	86757	CPT	inpatient			111		22.25 Horizon	NJ Health		21.48				18.6		105.45 fee schedule	
TYPHUS FEVER GROUP IGM	86757	CPT	inpatient			111		22.25 Horizon	MGD		42.49	38.28			18.6		105.45 percent of total billed charges	
TYPHUS FEVER GROUP IGM	86757	CPT	inpatient			111		22.25 Horizon	PPO		42.49	38.28			18.6		105.45 percent of total billed charges	
TYPHUS FEVER GROUP IGM	86757	CPT	inpatient			111		22.25 Managed Care Inc	Managed Care Inc		99.9	90			18.6		105.45 percent of total billed charges	
TYPHUS FEVER GROUP IGM	86757	CPT	inpatient			111		22.25 Multiplan	Multiplan		88.8	80			18.6		105.45 percent of total billed charges	
TYPHUS FEVER GROUP IGM	86757	CPT	inpatient			111		22.25 Qualcare	Qualcare		83.25	75			18.6		105.45 percent of total billed charges	
TYPHUS FEVER GROUP IGM	86757	CPT	inpatient			111		22.25 Three Rivers	Three Rivers		105.45	95			18.6		105.45 percent of total billed charges	
TYPHUS FEVER GROUP IGM	86757	CPT	inpatient			111		22.25 UHC	Medicaid		35.02	31.55			18.6		105.45 percent of total billed charges	
TYPHUS FEVER GROUP IGM	86757	CPT	inpatient			111		22.25 UHC	Medicare		19.35				18.6		105.45 fee schedule	
TYPHUS FEVER GROUP IGM	86757	CPT	inpatient			111		22.25 Wellcare	Medicare		19.35				18.6		105.45 fee schedule	
TYPHUS FEVER GROUP IGM	86757	CPT	inpatient			111		22.25 Wellcare	Medicaid		35.02	31.55			18.6		105.45 percent of total billed charges	
TYPHUS FEVER GROUP IGM	86757	CPT	inpatient			111		22.25 WellPoint	WellPoint		35.72	32.18			18.6		105.45 percent of total billed charges	
RUBELLA IGM	86762	CPT	both			133		16.55 Aetna	Commercial		50.54	38			9.6		126.35 percent of total billed charges	
RUBELLA IGM	86762	CPT	both			133		16.55 Aetna	Better Health		41.96	31.55			9.6		126.35 percent of total billed charges	
RUBELLA IGM	86762	CPT	both			133		16.55 Aetna	Medicare		14.39				9.6		126.35 fee schedule	
RUBELLA IGM	86762	CPT	both			133		16.55 Americare	Americare		99.75	75			9.6		126.35 percent of total billed charges	
RUBELLA IGM	86762	CPT	both			133		16.55 Amerihealth	HMO/PPO		86.45	65			9.6		126.35 percent of total billed charges	
RUBELLA IGM	86762	CPT	both			133		16.55 Amerihealth	Medicare		14.39				9.6		126.35 fee schedule	
RUBELLA IGM	86762	CPT	both			133		16.55 Consumer	Consumer		126.35	95			9.6		126.35 percent of total billed charges	
RUBELLA IGM	86762	CPT	both			133		16.55 Corrections	Corrections		106.4	80			9.6		126.35 percent of total billed charges	
RUBELLA IGM	86762	CPT	both			133		16.55 First Health	First Health		93.1	70			9.6		126.35 percent of total billed charges	
RUBELLA IGM	86762	CPT	both			133		16.55 First Trenton	First Trenton		119.7	90			9.6		126.35 percent of total billed charges	
RUBELLA IGM	86762	CPT	both			133		16.55 Horizon	Indemnity		50.91	38.28			9.6		126.35 percent of total billed charges	
RUBELLA IGM	86762	CPT	both			133		16.55 Horizon	Medicare Blue		39.9	30			9.6		126.35 percent of total billed charges	
RUBELLA IGM	86762	CPT	both			133		16.55 Horizon	MGD		50.91	38.28			9.6		126.35 percent of total billed charges	
RUBELLA IGM	86762	CPT	both			133		16.55 Horizon	NJ Health		23.52				9.6		126.35 fee schedule	
RUBELLA IGM	86762	CPT	both			133		16.55 Horizon	PPO		50.91	38.28			9.6		126.35 percent of total billed charges	
RUBELLA IGM	86762	CPT	both			133		16.55 Managed Care Inc	Managed Care Inc		119.7	90			9.6		126.35 percent of total billed charges	
RUBELLA IGM	86762	CPT	both			133		16.55 Multiplan	Multiplan		106.4	80			9.6		126.35 percent of total billed charges	
RUBELLA IGM	86762	CPT	both			133		16.55 Qualcare	Qualcare		99.75	75			9.6		126.35 percent of total billed charges	
RUBELLA IGM	86762	CPT	both			133		16.55 Three Rivers	Three Rivers		126.35	95			9.6		126.35 percent of total billed charges	
RUBELLA IGM	86762	CPT	both			133		16.55 UHC	Medicare		14.39				9.6		126.35 fee schedule	
RUBELLA IGM	86762	CPT	both			133		16.55 UHC	Medicaid		41.96	31.55			9.6		126.35 percent of total billed charges	
RUBELLA IGM	86762	CPT	both			133		16.55 Wellcare	Medicaid		41.96	31.55			9.6		126.35 percent of total billed charges	
RUBELLA IGM	86762	CPT	both			133		16.55 Wellcare	Medicare		14.39				9.6		126.35 fee schedule	
RUBELLA IGM	86762	CPT	both			133		16.55 WellPoint	WellPoint		42.8	32.18			9.6		126.35 percent of total billed charges	
MEASLES(RUBEOLA)AB IGG(096560)	86765	CPT	both			177		14.81 Aetna	Medicare		12.88				12.3		168.15 fee schedule	
MEASLES(RUBEOLA)AB IGG(096560)	86765	CPT	both			177		14.81 Aetna	Better Health		55.84	31.55			12.3		168.15 percent of total billed charges	
MEASLES(RUBEOLA)AB IGG(096560)	86765	CPT	both			177		14.81 Aetna	Commercial		67.26	38			12.3		168.15 percent of total billed charges	
MEASLES(RUBEOLA)AB IGG(096560)	86765	CPT	both			177		14.81 Americare	Americare		132.75	75			12.3		168.15 percent of total billed charges	
MEASLES(RUBEOLA)AB IGG(096560)	86765	CPT	both			177		14.81 Amerihealth	Medicare		12.88				12.3		168.15 fee schedule	
MEASLES(RUBEOLA)AB IGG(096560)	86765	CPT	both			177		14.81 Amerihealth	HMO/PPO		115.05	65			12.3		168.15 percent of total billed charges	
MEASLES(RUBEOLA)AB IGG(096560)	86765	CPT	both			177		14.81 Consumer	Consumer		168.15	95			12.3		168.15 percent of total billed charges	
MEASLES(RUBEOLA)AB IGG(096560)	86765	CPT	both			177		14.81 Corrections	Corrections		141.6	80			12.3		168.15 percent of total billed charges	
MEASLES(RUBEOLA)AB IGG(096560)	86765	CPT	both			177		14.81 First Health	First Health		123.9	70			12.3		168.15 percent of total billed charges	
MEASLES(RUBEOLA)AB IGG(096560)	86765	CPT	both			177		14.81 First Trenton	First Trenton		159.3	90			12.3		168.15 percent of total billed charges	
MEASLES(RUBEOLA)AB IGG(096560)	86765	CPT	both			177		14.81 Horizon	MGD		67.76	38.28			12.3		168.15 percent of total billed charges	
MEASLES(RUBEOLA)AB IGG(096560)	86765	CPT	both			177		14.81 Horizon	Indemnity		67.76	38.28			12.3		168.15 percent of total billed charges	
MEASLES(RUBEOLA)AB IGG(096560)	86765	CPT	both			177		14.81 Horizon	Medicare Blue		53.1	30			12.3		168.15 percent of total billed charges	
MEASLES(RUBEOLA)AB IGG(096560)	86765	CPT	both			177		14.81 Horizon	NJ Health		19.6				12.3		168.15 fee schedule	
MEASLES(RUBEOLA)AB IGG(096560)	86765	CPT	both			177		14.81 Horizon	PPO		67.76	38.28			12.3		168.15 percent of total billed charges	
MEASLES(RUBEOLA)AB IGG(096560)	86765	CPT	both			177		14.81 Managed Care Inc	Managed Care Inc		159.3	90			12.3		168.15 percent of total billed charges	
MEASLES(RUBEOLA)AB IGG(096560)	86765	CPT	both			177		14.81 Multiplan	Multiplan		141.6	80			12.3		168.15 percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
MEASLES(RUBEOLA)AB IGG(096560)	86765	CPT	both			177		14.81 Qualcare	Qualcare		132.75	75			12.3		168.15 percent of total billed charges	
MEASLES(RUBEOLA)AB IGG(096560)	86765	CPT	both			177		14.81 Three Rivers	Three Rivers		168.15	95			12.3		168.15 percent of total billed charges	
MEASLES(RUBEOLA)AB IGG(096560)	86765	CPT	both			177		14.81 UHC	Medicaid		55.84	31.55			12.3		168.15 percent of total billed charges	
MEASLES(RUBEOLA)AB IGG(096560)	86765	CPT	both			177		14.81 UHC	Medicare		12.88				12.3		168.15 fee schedule	
MEASLES(RUBEOLA)AB IGG(096560)	86765	CPT	both			177		14.81 Wellcare	Medicaid		55.84	31.55			12.3		168.15 percent of total billed charges	
MEASLES(RUBEOLA)AB IGG(096560)	86765	CPT	both			177		14.81 Wellcare	Medicare		12.88				12.3		168.15 fee schedule	
MEASLES(RUBEOLA)AB IGG(096560)	86765	CPT	both			177		14.81 WellPoint	WellPoint		56.96	32.18			12.3		168.15 percent of total billed charges	
SARS-COV2 SEMI-QUANT TOTAL AB	86769	CPT	both			135		48.45 Aetna	Better Health		42.59	31.55			27.9		128.25 percent of total billed charges	
SARS-COV2 SEMI-QUANT TOTAL AB	86769	CPT	both			135		48.45 Aetna	Commercial		51.3	38			27.9		128.25 percent of total billed charges	
SARS-COV2 SEMI-QUANT TOTAL AB	86769	CPT	both			135		48.45 Aetna	Medicare		41.58	30.8			27.9		128.25 percent of total billed charges	
SARS-COV2 SEMI-QUANT TOTAL AB	86769	CPT	both			135		48.45 Americare	Americare		101.25	75			27.9		128.25 percent of total billed charges	
SARS-COV2 SEMI-QUANT TOTAL AB	86769	CPT	both			135		48.45 Amerihealth	Medicare		42.13				27.9		128.25 fee schedule	
SARS-COV2 SEMI-QUANT TOTAL AB	86769	CPT	both			135		48.45 Amerihealth	HMO/PPO		87.75	65			27.9		128.25 percent of total billed charges	
SARS-COV2 SEMI-QUANT TOTAL AB	86769	CPT	both			135		48.45 Consumer	Consumer		128.25	95			27.9		128.25 percent of total billed charges	
SARS-COV2 SEMI-QUANT TOTAL AB	86769	CPT	both			135		48.45 Corrections	Corrections		108	80			27.9		128.25 percent of total billed charges	
SARS-COV2 SEMI-QUANT TOTAL AB	86769	CPT	both			135		48.45 First Health	First Health		94.5	70			27.9		128.25 percent of total billed charges	
SARS-COV2 SEMI-QUANT TOTAL AB	86769	CPT	both			135		48.45 First Trenton	First Trenton		121.5	90			27.9		128.25 percent of total billed charges	
SARS-COV2 SEMI-QUANT TOTAL AB	86769	CPT	both			135		48.45 Horizon	MGD		51.68	38.28			27.9		128.25 percent of total billed charges	
SARS-COV2 SEMI-QUANT TOTAL AB	86769	CPT	both			135		48.45 Horizon	Medicare Blue		40.5	30			27.9		128.25 percent of total billed charges	
SARS-COV2 SEMI-QUANT TOTAL AB	86769	CPT	both			135		48.45 Horizon	Indemnity		51.68	38.28			27.9		128.25 percent of total billed charges	
SARS-COV2 SEMI-QUANT TOTAL AB	86769	CPT	both			135		48.45 Horizon	PPO		51.68	38.28			27.9		128.25 percent of total billed charges	
SARS-COV2 SEMI-QUANT TOTAL AB	86769	CPT	both			135		48.45 Managed Care Inc	Managed Care Inc		121.5	90			27.9		128.25 percent of total billed charges	
SARS-COV2 SEMI-QUANT TOTAL AB	86769	CPT	both			135		48.45 Multiplan	Multiplan		108	80			27.9		128.25 percent of total billed charges	
SARS-COV2 SEMI-QUANT TOTAL AB	86769	CPT	both			135		48.45 Qualcare	Qualcare		101.25	75			27.9		128.25 percent of total billed charges	
SARS-COV2 SEMI-QUANT TOTAL AB	86769	CPT	both			135		48.45 Three Rivers	Three Rivers		128.25	95			27.9		128.25 percent of total billed charges	
SARS-COV2 SEMI-QUANT TOTAL AB	86769	CPT	both			135		48.45 UHC	Medicare		42.13				27.9		128.25 fee schedule	
SARS-COV2 SEMI-QUANT TOTAL AB	86769	CPT	both			135		48.45 UHC	Medicaid		42.59	31.55			27.9		128.25 percent of total billed charges	
SARS-COV2 SEMI-QUANT TOTAL AB	86769	CPT	both			135		48.45 Wellcare	Medicare		42.13				27.9		128.25 fee schedule	
SARS-COV2 SEMI-QUANT TOTAL AB	86769	CPT	both			135		48.45 Wellcare	Medicaid		42.59	31.55			27.9		128.25 percent of total billed charges	
SARS-COV2 SEMI-QUANT TOTAL AB	86769	CPT	both			135		48.45 WellPoint	WellPoint		43.44	32.18			27.9		128.25 percent of total billed charges	
TOXOPLASMA ANTIBODY IGG	86777	CPT	both			162		16.55 Aetna	Better Health		51.11	31.55			14.39		153.9 percent of total billed charges	
TOXOPLASMA ANTIBODY IGG	86777	CPT	both			162		16.55 Aetna	Medicare		14.39				14.39		153.9 fee schedule	
TOXOPLASMA ANTIBODY IGG	86777	CPT	both			162		16.55 Aetna	Commercial		61.56	38			14.39		153.9 percent of total billed charges	
TOXOPLASMA ANTIBODY IGG	86777	CPT	both			162		16.55 Americare	Americare		121.5	75			14.39		153.9 percent of total billed charges	
TOXOPLASMA ANTIBODY IGG	86777	CPT	both			162		16.55 Amerihealth	Medicare		14.39				14.39		153.9 fee schedule	
TOXOPLASMA ANTIBODY IGG	86777	CPT	both			162		16.55 Amerihealth	HMO/PPO		105.3	65			14.39		153.9 percent of total billed charges	
TOXOPLASMA ANTIBODY IGG	86777	CPT	both			162		16.55 Consumer	Consumer		153.9	95			14.39		153.9 percent of total billed charges	
TOXOPLASMA ANTIBODY IGG	86777	CPT	both			162		16.55 Corrections	Corrections		129.6	80			14.39		153.9 percent of total billed charges	
TOXOPLASMA ANTIBODY IGG	86777	CPT	both			162		16.55 First Health	First Health		113.4	70			14.39		153.9 percent of total billed charges	
TOXOPLASMA ANTIBODY IGG	86777	CPT	both			162		16.55 First Trenton	First Trenton		145.8	90			14.39		153.9 percent of total billed charges	
TOXOPLASMA ANTIBODY IGG	86777	CPT	both			162		16.55 Horizon	MGD		62.01	38.28			14.39		153.9 percent of total billed charges	
TOXOPLASMA ANTIBODY IGG	86777	CPT	both			162		16.55 Horizon	Medicare Blue		48.6	30			14.39		153.9 percent of total billed charges	
TOXOPLASMA ANTIBODY IGG	86777	CPT	both			162		16.55 Horizon	NJ Health		23.52				14.39		153.9 fee schedule	
TOXOPLASMA ANTIBODY IGG	86777	CPT	both			162		16.55 Horizon	Indemnity		62.01	38.28			14.39		153.9 percent of total billed charges	
TOXOPLASMA ANTIBODY IGG	86777	CPT	both			162		16.55 Horizon	PPO		62.01	38.28			14.39		153.9 percent of total billed charges	
TOXOPLASMA ANTIBODY IGG	86777	CPT	both			162		16.55 Managed Care Inc	Managed Care Inc		145.8	90			14.39		153.9 percent of total billed charges	
TOXOPLASMA ANTIBODY IGG	86777	CPT	both			162		16.55 Multiplan	Multiplan		129.6	80			14.39		153.9 percent of total billed charges	
TOXOPLASMA ANTIBODY IGG	86777	CPT	both			162		16.55 Qualcare	Qualcare		121.5	75			14.39		153.9 percent of total billed charges	
TOXOPLASMA ANTIBODY IGG	86777	CPT	both			162		16.55 Three Rivers	Three Rivers		153.9	95			14.39		153.9 percent of total billed charges	
TOXOPLASMA ANTIBODY IGG	86777	CPT	both			162		16.55 UHC	Medicaid		51.11	31.55			14.39		153.9 percent of total billed charges	
TOXOPLASMA ANTIBODY IGG	86777	CPT	both			162		16.55 UHC	Medicare		14.39				14.39		153.9 fee schedule	
TOXOPLASMA ANTIBODY IGG	86777	CPT	both			162		16.55 Wellcare	Medicaid		51.11	31.55			14.39		153.9 percent of total billed charges	
TOXOPLASMA ANTIBODY IGG	86777	CPT	both			162		16.55 Wellcare	Medicare		14.39				14.39		153.9 fee schedule	
TOXOPLASMA ANTIBODY IGG	86777	CPT	both			162		16.55 WellPoint	WellPoint		52.13	32.18			14.39		153.9 percent of total billed charges	
TOXOPLASMA IGM	86778	CPT	both			259		16.57 Aetna	Better Health		81.71	31.55			14.41		246.05 percent of total billed charges	
TOXOPLASMA IGM	86778	CPT	both			259		16.57 Aetna	Medicare		14.41				14.41		246.05 fee schedule	
TOXOPLASMA IGM	86778	CPT	both			259		16.57 Aetna	Commercial		98.42	38			14.41		246.05 percent of total billed charges	
TOXOPLASMA IGM	86778	CPT	both			259		16.57 Americare	Americare		194.25	75			14.41		246.05 percent of total billed charges	
TOXOPLASMA IGM	86778	CPT	both			259		16.57 Amerihealth	Medicare		14.41				14.41		246.05 fee schedule	
TOXOPLASMA IGM	86778	CPT	both			259		16.57 Amerihealth	HMO/PPO		168.35	65			14.41		246.05 percent of total billed charges	
TOXOPLASMA IGM	86778	CPT	both			259		16.57 Consumer	Consumer		246.05	95			14.41		246.05 percent of total billed charges	
TOXOPLASMA IGM	86778	CPT	both			259		16.57 Corrections	Corrections		207.2	80			14.41		246.05 percent of total billed charges	
TOXOPLASMA IGM	86778	CPT	both			259		16.57 First Health	First Health		181.3	70			14.41		246.05 percent of total billed charges	
TOXOPLASMA IGM	86778	CPT	both			259		16.57 First Trenton	First Trenton		233.1	90			14.41		246.05 percent of total billed charges	
TOXOPLASMA IGM	86778	CPT	both			259		16.57 Horizon	MGD		99.15	38.28			14.41		246.05 percent of total billed charges	
TOXOPLASMA IGM	86778	CPT	both			259		16.57 Horizon	PPO		99.15	38.28			14.41		246.05 percent of total billed charges	
TOXOPLASMA IGM	86778	CPT	both			259		16.57 Horizon	Indemnity		99.15	38.28			14.41		246.05 percent of total billed charges	
TOXOPLASMA IGM	86778	CPT	both			259		16.57 Horizon	NJ Health		29.4				14.41		246.05 fee schedule	
TOXOPLASMA IGM	86778	CPT	both			259		16.57 Horizon	Medicare Blue		77.7	30			14.41		246.05 percent of total billed charges	
TOXOPLASMA IGM	86778	CPT	both			259		16.57 Managed Care Inc	Managed Care Inc		233.1	90			14.41		246.05 percent of total billed charges	
TOXOPLASMA IGM	86778	CPT	both			259		16.57 Multiplan	Multiplan		207.2	80			14.41		246.05 percent of total billed charges	
TOXOPLASMA IGM	86778	CPT	both			259		16.57 Qualcare	Qualcare		194.25	75			14.41		246.05 percent of total billed charges	
TOXOPLASMA IGM	86778	CPT	both			259		16.57 Three Rivers	Three Rivers		246.05	95			14.41		246.05 percent of total billed charges	
TOXOPLASMA IGM	86778	CPT	both			259		16.57 UHC	Medicare		14.41				14.41		246.05 fee schedule	
TOXOPLASMA IGM	86778	CPT	both			259		16.57 UHC	Medicaid		81.71	31.55			14.41		246.05 percent of total billed charges	
TOXOPLASMA IGM	86778	CPT	both			259		16.57 Wellcare	Medicare		14.41				14.41		246.05 fee schedule	
TOXOPLASMA IGM	86778	CPT	both			259		16.57 Wellcare	Medicaid		81.71	31.55			14.41		246.05 percent of total billed charges	
TOXOPLASMA IGM	86778	CPT	both			259		16.57 WellPoint	WellPoint		83.35	32.18			14.41		246.05 percent of total billed charges	
TREPONEMA PALLIDUM, IGG+IGM AB, SERUM IM	86780	CPT	both			190		15.23 Aetna	Commercial		72.2	38			12.9		180.5 percent of total billed charges	
TREPONEMA PALLIDUM, IGG+IGM AB, SERUM IM	86780	CPT	both			190		15.23 Aetna	Medicare		13.24				12.9		180.5 fee schedule	
TREPONEMA PALLIDUM, IGG+IGM AB, SERUM IM	86780	CPT	both			190		15.23 Aetna	Better Health		59.95	31.55			12.9		180.5 percent of total billed charges	
TREPONEMA PALLIDUM, IGG+IGM AB, SERUM IM	86780	CPT	both			190		15.23 Americare	Americare		142.5	75			12.9		180.5 percent of total billed charges	
TREPONEMA PALLIDUM, IGG+IGM AB, SERUM IM	86780	CPT	both			190		15.23 Amerihealth	Medicare		13.24				12.9		180.5 fee schedule	
TREPONEMA PALLIDUM, IGG+IGM AB, SERUM IM	86780	CPT	both			190		15.23 Amerihealth	HMO/PPO		123.5	65			12.9		180.5 percent of total billed charges	
TREPONEMA PALLIDUM, IGG+IGM AB, SERUM IM	86780	CPT	both			190		15.23 Consumer	Consumer		180.5	95			12.9		180.5 percent of total billed charges	
TREPONEMA PALLIDUM, IGG+IGM AB, SERUM IM	86780	CPT	both			190		15.23 Corrections	Corrections		152	80			12.9		180.5 percent of total billed charges	
TREPONEMA PALLIDUM, IGG+IGM AB, SERUM IM	86780	CPT	both			190		15.23 First Health	First Health		133	70			12.9		180.5 percent of total billed charges	
TREPONEMA PALLIDUM, IGG+IGM AB, SERUM IM	86780	CPT	both			190		15.23 First Trenton	First Trenton		171	90			12.9		180.5 percent of total billed charges	
TREPONEMA PALLIDUM, IGG+IGM AB, SERUM IM	86780	CPT	both			190		15.23 Horizon	MGD		72.73	38.28			12.9		180.5 percent of total billed charges	
TREPONEMA PALLIDUM, IGG+IGM AB, SERUM IM	86780	CPT	both			190		15.23 Horizon	Indemnity		72.73	38.28			12.9		180.5 percent of total billed charges	
TREPONEMA PALLIDUM, IGG+IGM AB, SERUM IM	86780	CPT	both			190		15.23 Horizon	PPO		72.73	38.28			12.9		180.5 percent of total billed charges	
TREPONEMA PALLIDUM, IGG+IGM AB, SERUM IM	86780	CPT	both			190		15.23 Horizon	Medicare Blue		57	30			12.9		180.5 percent of total billed charges	
TREPONEMA PALLIDUM, IGG+IGM AB, SERUM IM	86780	CPT	both			190		15.23 Horizon	NJ Health		23.52				12.9		180.5 fee schedule	
TREPONEMA PALLIDUM, IGG+IGM AB, SERUM IM	86780	CPT	both			190		15.23 Managed Care Inc	Managed Care Inc		171	90			12.9		180.5 percent of total billed charges	
TREPONEMA PALLIDUM, IGG+IGM AB, SERUM IM	86780	CPT	both			190		15.23 Multiplan	Multiplan		152	80			12.9		180.5 percent of total billed charges	
TREPONEMA PALLIDUM, IGG+IGM AB, SERUM IM	86780	CPT	both			190		15.23 Qualcare	Qualcare		142.5	75			12.9		180.5 percent of total billed charges	
TREPONEMA PALLIDUM, IGG+IGM AB, SERUM IM	86780	CPT	both			190		15.23 Three Rivers	Three Rivers		180.5	95			12.9		180.5 percent of total billed charges	
TREPONEMA PALLIDUM, IGG+IGM AB, SERUM IM	86780	CPT	both			190		15.23 UHC	Medicare		13.24				12.9		180.5 fee schedule	
TREPONEMA PALLIDUM, IGG+IGM AB, SERUM IM	86780	CPT	both			190		15.23 UHC	Medicaid		59.95	31.55			12.9		180.5 percent of total billed charges	
TREPONEMA PALLIDUM, IGG+IGM AB, SERUM IM	86780	CPT	both			190		15.23 Wellcare	Medicare		13.24				12.9		180.5 fee schedule	
TREPONEMA PALLIDUM, IGG+IGM AB, SERUM IM	86780	CPT	both			190		15.23 Wellcare	Medicaid		59.95	31.55			12.9		180.5 percent of total billed charges	
TREPONEMA PALLIDUM, IGG+IGM AB, SERUM IM	86780	CPT	both			190		15.23 WellPoint	WellPoint		61.14	32.18			12.9		180.5 percent of total billed charges	
TRICHINELLA AB	86784	CPT	outpatient			490		14.44 Aetna	Commercial		186.2	38			12.56		465.5 percent of total billed charges	
TRICHINELLA AB	86784	CPT	outpatient			490		14.44 Aetna	Better Health		154.6	31.55			12.56		465.5 percent of total billed charges	
TRICHINELLA AB	86784	CPT	outpatient			490		14.44 Aetna	Medicare		12.56				12.56		465.5 fee schedule	
TRICHINELLA AB	86784	CPT	outpatient			490		14.44 Americare	Americare		367.5	75			12.56		465.5 percent of total billed charges	
TRICHINELLA AB	86784	CPT	outpatient			490		14.44 Amerihealth	HMO/PPO		318.5	65			12.56		465.5 percent of total billed charges	
TRICHINELLA AB	86784	CPT	outpatient			490		14.44 Amerihealth	Medicare		12.56				12.56		465.5 fee schedule	
TRICHINELLA AB	86784	CPT	outpatient			490		14.44 Consumer	Consumer		465.5	95			12.56		465.5 percent of total billed charges	
TRICHINELLA AB	86784	CPT	outpatient			490		14.44 Corrections	Corrections		392	80			12.56		465.5 percent of total billed charges	
TRICHINELLA AB	86784	CPT	outpatient			490		14.44 First Health	First Health		343	70			12.56		465.5 percent of total billed charges	
TRICHINELLA AB	86784	CPT	outpatient			490		14.44 First Trenton	First Trenton		441	90			12.56		465.5 percent of total billed charges	
TRICHINELLA AB	86784	CPT	outpatient			490		14.44 Horizon	MGD		187.57	38.28			12.56		465.5 percent of total billed charges	
TRICHINELLA AB	86784	CPT	outpatient			490		14.44 Horizon	Indemnity		187.57	38.28			12.56		465.5 percent of total billed charges	
TRICHINELLA AB	86784	CPT	outpatient			490		14.44 Horizon	Medicare Blue		147	30			12.56		465.5 percent of total billed charges	
TRICHINELLA AB	86784	CPT	outpatient			490		14.44 Horizon	NJ Health		17.25				12.56		465.5 fee schedule	
TRICHINELLA AB	86784	CPT	outpatient			490		14.44 Horizon	PPO		187.57	38.28			12.56		465.5 percent of total billed charges	
TRICHINELLA AB	86784	CPT	outpatient			490		14.44 Managed Care Inc	Managed Care Inc		441	90			12.56		465.5 percent of total billed charges	
TRICHINELLA AB	86784	CPT	outpatient			490		14.44 Multiplan	Multiplan		392	80			12.56		465.5 percent of total billed charges	
TRICHINELLA AB	86784	CPT	outpatient			490		14.44 Qualcare	Qualcare		367.5	75			12.56		465.5 percent of total billed charges	
TRICHINELLA AB	86784	CPT	outpatient			490		14.44 Three Rivers	Three Rivers		465.5	95			12.56		465.5 percent of total billed charges	
TRICHINELLA AB	86784	CPT	outpatient			490		14.44 UHC	Medicaid		154.6	31.55			12.56		465.5 percent of total billed charges	
TRICHINELLA AB	86784	CPT	outpatient			490		14.44 UHC	Medicare		12.56				12.56		465.5 fee schedule	
TRICHINELLA AB	86784	CPT	outpatient			490		14.44 Wellcare	Medicare		12.56				12.56		465.5 fee schedule	
TRICHINELLA AB	86784	CPT	outpatient			490		14.44 Wellcare	Medicaid		154.6	31.55			12.56		465.5 percent of total billed charges	
TRICHINELLA AB	86784	CPT	outpatient			490		14.44 WellPoint	WellPoint		157.68	32.18			12.56		465.5 percent of total billed charges	
VDRL SCREEN CSF	86787	CPT	both			109		14.81 Aetna	Commercial		41.42	38			12.88		103.55 percent of total billed charges	
VDRL SCREEN CSF	86787	CPT	both			109		14.81 Aetna	Better Health		34.39	31.55			12.88		103.55 percent of total billed charges	
VDRL SCREEN CSF	86787	CPT	both			109		14.81 Aetna	Medicare		12.88				12.88		103.55 fee schedule	
VDRL SCREEN CSF	86787	CPT	both			109		14.81 Americare	Americare		81.75	75			12.88		103.55 percent of total billed charges	
VDRL SCREEN CSF	86787	CPT	both			109		14.81 Amerihealth	Medicare		12.88				12.88		103.55 fee schedule	
VDRL SCREEN CSF	86787	CPT	both			109		14.81 Amerihealth	HMO/PPO		70.85	65			12.88		103.55 percent of total billed charges	
VDRL SCREEN CSF	86787	CPT	both			109		14.81 Consumer	Consumer		103.55	95			12.88		103.55 percent of total billed charges	
VDRL SCREEN CSF	86787	CPT	both			109		14.81 Corrections	Corrections		87.2	80			12.88		103.55 percent of total billed charges	
VDRL SCREEN CSF	86787	CPT	both			109		14.81 First Health	First Health		76.3	70			12.88		103.55 percent of total billed charges	
VDRL SCREEN CSF	86787	CPT	both			109		14.81 First Trenton	First Trenton		98.1	90			12.88		103.55 percent of total billed charges	
VDRL SCREEN CSF	86787	CPT	both			109		14.81 Horizon	Medicare Blue		32.7	30			12.88		103.55 percent of total billed charges	
VDRL SCREEN CSF	86787	CPT	both			109		14.81 Horizon	Indemnity		41.73	38.28			12.88		103.55 percent of total billed charges	
VDRL SCREEN CSF	86787	CPT	both			109		14.81 Horizon	MGD		41.73	38.28			12.88		103.55 percent of total billed charges	
VDRL SCREEN CSF	86787	CPT	both			109		14.81 Horizon	NJ Health		24.7				12.88		103.55 fee schedule	
VDRL SCREEN CSF	86787	CPT	both			109		14.81 Horizon	PPO		41.73	38.28			12.88		103.55 percent of total billed charges	
VDRL SCREEN CSF	86787	CPT	both			109		14.81 Managed Care Inc	Managed Care Inc		98.1	90			12.88		103.55 percent of total billed charges	
VDRL SCREEN CSF	86787	CPT	both			109		14.81 Multiplan	Multiplan		87.2	80			12.88		103.55 percent of total billed charges	
VDRL SCREEN CSF	86787	CPT	both			109		14.81 Qualcare	Qualcare		81.75	75			12.88		103.55 percent of total billed charges	
VDRL SCREEN CSF	86787	CPT	both			109		14.81 Three Rivers	Three Rivers		103.55	95			12.88		103.55 percent of total billed charges	
VDRL SCREEN CSF	86787	CPT	both			109		14.81 UHC	Medicare		12.88				12.88		103.55 fee schedule	
VDRL SCREEN CSF	86787	CPT	both			109		14.81 UHC	Medicaid		34.39	31.55			12.88		103.55 percent of total billed charges	
VDRL SCREEN CSF	86787	CPT	both			109		14.81 Wellcare	Medicare		12.88				12.88		103.55 fee schedule	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
VDRL SCREEN CSF	86787	CPT	both			109		14.81 Wellcare	Medicaid		34.39				31.55	12.88	103.55	percent of total billed charges	
VDRL SCREEN CSF	86787	CPT	both			109		14.81 WellPoint	WellPoint		35.08				32.18	12.88	103.55	percent of total billed charges	
WEST NILE VIRUS IGM	86788	CPT	both			175		19.38 Aetna	Better Health		55.21				31.55	16.85	166.25	percent of total billed charges	
WEST NILE VIRUS IGM	86788	CPT	both			175		19.38 Aetna	Commercial		66.5				38	16.85	166.25	percent of total billed charges	
WEST NILE VIRUS IGM	86788	CPT	both			175		19.38 Aetna	Medicare		53.9				30.8	16.85	166.25	percent of total billed charges	
WEST NILE VIRUS IGM	86788	CPT	both			175		19.38 Americare	Americare		131.25				75	16.85	166.25	percent of total billed charges	
WEST NILE VIRUS IGM	86788	CPT	both			175		19.38 Amerihealth	Medicare		16.85					16.85	166.25	fee schedule	
WEST NILE VIRUS IGM	86788	CPT	both			175		19.38 Amerihealth	HMO/PPO		113.75				65	16.85	166.25	percent of total billed charges	
WEST NILE VIRUS IGM	86788	CPT	both			175		19.38 Consumer	Consumer		166.25				95	16.85	166.25	percent of total billed charges	
WEST NILE VIRUS IGM	86788	CPT	both			175		19.38 Corrections	Corrections		140				80	16.85	166.25	percent of total billed charges	
WEST NILE VIRUS IGM	86788	CPT	both			175		19.38 First Health	First Health		122.5				70	16.85	166.25	percent of total billed charges	
WEST NILE VIRUS IGM	86788	CPT	both			175		19.38 First Trenton	First Trenton		157.5				90	16.85	166.25	percent of total billed charges	
WEST NILE VIRUS IGM	86788	CPT	both			175		19.38 Horizon	Medicare Blue		52.5				30	16.85	166.25	percent of total billed charges	
WEST NILE VIRUS IGM	86788	CPT	both			175		19.38 Horizon	PPO		66.99				38.28	16.85	166.25	percent of total billed charges	
WEST NILE VIRUS IGM	86788	CPT	both			175		19.38 Horizon	MGD		66.99				38.28	16.85	166.25	percent of total billed charges	
WEST NILE VIRUS IGM	86788	CPT	both			175		19.38 Horizon	Indemnity		66.99				38.28	16.85	166.25	percent of total billed charges	
WEST NILE VIRUS IGM	86788	CPT	both			175		19.38 Horizon	NJ Health		46.14					16.85	166.25	fee schedule	
WEST NILE VIRUS IGM	86788	CPT	both			175		19.38 Managed Care Inc	Managed Care Inc		157.5				90	16.85	166.25	percent of total billed charges	
WEST NILE VIRUS IGM	86788	CPT	both			175		19.38 Multiplan	Multiplan		140				80	16.85	166.25	percent of total billed charges	
WEST NILE VIRUS IGM	86788	CPT	both			175		19.38 Qualcare	Qualcare		131.25				75	16.85	166.25	percent of total billed charges	
WEST NILE VIRUS IGM	86788	CPT	both			175		19.38 Three Rivers	Three Rivers		166.25				95	16.85	166.25	percent of total billed charges	
WEST NILE VIRUS IGM	86788	CPT	both			175		19.38 UHC	Medicare		16.85					16.85	166.25	fee schedule	
WEST NILE VIRUS IGM	86788	CPT	both			175		19.38 UHC	Medicaid		55.21				31.55	16.85	166.25	percent of total billed charges	
WEST NILE VIRUS IGM	86788	CPT	both			175		19.38 Wellcare	Medicare		16.85					16.85	166.25	fee schedule	
WEST NILE VIRUS IGM	86788	CPT	both			175		19.38 Wellcare	Medicaid		55.21				31.55	16.85	166.25	percent of total billed charges	
WEST NILE VIRUS IGM	86788	CPT	both			175		19.38 WellPoint	WellPoint		56.32				32.18	16.85	166.25	percent of total billed charges	
WEST NILE VIRUS IGG	86789	CPT	both			150		16.55 Aetna	Commercial		57				38	14.39	142.5	percent of total billed charges	
WEST NILE VIRUS IGG	86789	CPT	both			150		16.55 Aetna	Better Health		47.33				31.55	14.39	142.5	percent of total billed charges	
WEST NILE VIRUS IGG	86789	CPT	both			150		16.55 Aetna	Medicare		46.2				30.8	14.39	142.5	percent of total billed charges	
WEST NILE VIRUS IGG	86789	CPT	both			150		16.55 Americare	Americare		112.5				75	14.39	142.5	percent of total billed charges	
WEST NILE VIRUS IGG	86789	CPT	both			150		16.55 Amerihealth	HMO/PPO		97.5				65	14.39	142.5	percent of total billed charges	
WEST NILE VIRUS IGG	86789	CPT	both			150		16.55 Amerihealth	Medicare		14.39					14.39	142.5	fee schedule	
WEST NILE VIRUS IGG	86789	CPT	both			150		16.55 Consumer	Consumer		142.5				95	14.39	142.5	percent of total billed charges	
WEST NILE VIRUS IGG	86789	CPT	both			150		16.55 Corrections	Corrections		120				80	14.39	142.5	percent of total billed charges	
WEST NILE VIRUS IGG	86789	CPT	both			150		16.55 First Health	First Health		105				70	14.39	142.5	percent of total billed charges	
WEST NILE VIRUS IGG	86789	CPT	both			150		16.55 First Trenton	First Trenton		135				90	14.39	142.5	percent of total billed charges	
WEST NILE VIRUS IGG	86789	CPT	both			150		16.55 Horizon	Indemnity		57.42				38.28	14.39	142.5	percent of total billed charges	
WEST NILE VIRUS IGG	86789	CPT	both			150		16.55 Horizon	Medicare Blue		45				30	14.39	142.5	percent of total billed charges	
WEST NILE VIRUS IGG	86789	CPT	both			150		16.55 Horizon	MGD		57.42				38.28	14.39	142.5	percent of total billed charges	
WEST NILE VIRUS IGG	86789	CPT	both			150		16.55 Horizon	NJ Health		39.42					14.39	142.5	fee schedule	
WEST NILE VIRUS IGG	86789	CPT	both			150		16.55 Horizon	PPO		57.42				38.28	14.39	142.5	percent of total billed charges	
WEST NILE VIRUS IGG	86789	CPT	both			150		16.55 Managed Care Inc	Managed Care Inc		135				90	14.39	142.5	percent of total billed charges	
WEST NILE VIRUS IGG	86789	CPT	both			150		16.55 Multiplan	Multiplan		120				80	14.39	142.5	percent of total billed charges	
WEST NILE VIRUS IGG	86789	CPT	both			150		16.55 Qualcare	Qualcare		112.5				75	14.39	142.5	percent of total billed charges	
WEST NILE VIRUS IGG	86789	CPT	both			150		16.55 Three Rivers	Three Rivers		142.5				95	14.39	142.5	percent of total billed charges	
WEST NILE VIRUS IGG	86789	CPT	both			150		16.55 UHC	Medicaid		47.33				31.55	14.39	142.5	percent of total billed charges	
WEST NILE VIRUS IGG	86789	CPT	both			150		16.55 UHC	Medicare		14.39					14.39	142.5	fee schedule	
WEST NILE VIRUS IGG	86789	CPT	both			150		16.55 Wellcare	Medicaid		47.33				31.55	14.39	142.5	percent of total billed charges	
WEST NILE VIRUS IGG	86789	CPT	both			150		16.55 Wellcare	Medicare		14.39					14.39	142.5	fee schedule	
WEST NILE VIRUS IGG	86789	CPT	both			150		16.55 WellPoint	WellPoint		48.27				32.18	14.39	142.5	percent of total billed charges	
ZIKA VIRUS AB.IGM(163084)	86790	CPT	both			315		14.81 Aetna	Medicare		12.88					9.3	464.89	fee schedule	
ZIKA VIRUS AB.IGM(163084)	86790	CPT	both			315		14.81 Aetna	Better Health		99.38				31.55	9.3	464.89	percent of total billed charges	
ZIKA VIRUS AB.IGM(163084)	86790	CPT	both			315		14.81 Aetna	Commercial		119.7				38	9.3	464.89	percent of total billed charges	
ZIKA VIRUS AB.IGM(163084)	86790	CPT	both			315		14.81 Americare	Americare		236.25				75	9.3	464.89	percent of total billed charges	
ZIKA VIRUS AB.IGM(163084)	86790	CPT	both			315		14.81 Amerihealth	Medicare		12.88					9.3	464.89	fee schedule	
ZIKA VIRUS AB.IGM(163084)	86790	CPT	both			315		14.81 Amerihealth	HMO/PPO		204.75				65	9.3	464.89	percent of total billed charges	
ZIKA VIRUS AB.IGM(163084)	86790	CPT	both			315		14.81 Consumer	Consumer		299.25				95	9.3	464.89	percent of total billed charges	
ZIKA VIRUS AB.IGM(163084)	86790	CPT	both			315		14.81 Corrections	Corrections		252				80	9.3	464.89	percent of total billed charges	
ZIKA VIRUS AB.IGM(163084)	86790	CPT	both			315		14.81 First Health	First Health		220.5				70	9.3	464.89	percent of total billed charges	
ZIKA VIRUS AB.IGM(163084)	86790	CPT	both			315		14.81 First Trenton	First Trenton		283.5				90	9.3	464.89	percent of total billed charges	
ZIKA VIRUS AB.IGM(163084)	86790	CPT	both			315		14.81 Horizon	MGD		120.58				38.28	9.3	464.89	percent of total billed charges	
ZIKA VIRUS AB.IGM(163084)	86790	CPT	both			315		14.81 Horizon	Indemnity		120.58				38.28	9.3	464.89	percent of total billed charges	
ZIKA VIRUS AB.IGM(163084)	86790	CPT	both			315		14.81 Horizon	Medicare Blue		94.5				30	9.3	464.89	percent of total billed charges	
ZIKA VIRUS AB.IGM(163084)	86790	CPT	both			315		14.81 Horizon	PPO		120.58				38.28	9.3	464.89	percent of total billed charges	
ZIKA VIRUS AB.IGM(163084)	86790	CPT	both			315		14.81 Horizon	NJ Health		464.89					9.3	464.89	fee schedule	
ZIKA VIRUS AB.IGM(163084)	86790	CPT	both			315		14.81 Managed Care Inc	Managed Care Inc		283.5				90	9.3	464.89	percent of total billed charges	
ZIKA VIRUS AB.IGM(163084)	86790	CPT	both			315		14.81 Multiplan	Multiplan		252				80	9.3	464.89	percent of total billed charges	
ZIKA VIRUS AB.IGM(163084)	86790	CPT	both			315		14.81 Qualcare	Qualcare		236.25				75	9.3	464.89	percent of total billed charges	
ZIKA VIRUS AB.IGM(163084)	86790	CPT	both			315		14.81 Three Rivers	Three Rivers		299.25				95	9.3	464.89	percent of total billed charges	
ZIKA VIRUS AB.IGM(163084)	86790	CPT	both			315		14.81 UHC	Medicaid		99.38				31.55	9.3	464.89	percent of total billed charges	
ZIKA VIRUS AB.IGM(163084)	86790	CPT	both			315		14.81 UHC	Medicare		12.88					9.3	464.89	fee schedule	
ZIKA VIRUS AB.IGM(163084)	86790	CPT	both			315		14.81 Wellcare	Medicare		12.88					9.3	464.89	fee schedule	
ZIKA VIRUS AB.IGM(163084)	86790	CPT	both			315		14.81 Wellcare	Medicaid		99.38				31.55	9.3	464.89	percent of total billed charges	
ZIKA VIRUS AB.IGM(163084)	86790	CPT	both			315		14.81 WellPoint	WellPoint		101.37				32.18	9.3	464.89	percent of total billed charges	
THYROGLOBULIN BY IMA	86800	CPT	both			285		18.3 Aetna	Better Health		89.92				31.55	10.8	270.75	percent of total billed charges	
THYROGLOBULIN BY IMA	86800	CPT	both			285		18.3 Aetna	Medicare		15.91					10.8	270.75	fee schedule	
THYROGLOBULIN BY IMA	86800	CPT	both			285		18.3 Aetna	Commercial		108.3				38	10.8	270.75	percent of total billed charges	
THYROGLOBULIN BY IMA	86800	CPT	both			285		18.3 Americare	Americare		213.75				75	10.8	270.75	percent of total billed charges	
THYROGLOBULIN BY IMA	86800	CPT	both			285		18.3 Amerihealth	HMO/PPO		185.25				65	10.8	270.75	percent of total billed charges	
THYROGLOBULIN BY IMA	86800	CPT	both			285		18.3 Amerihealth	Medicare		15.91					10.8	270.75	fee schedule	
THYROGLOBULIN BY IMA	86800	CPT	both			285		18.3 Consumer	Consumer		270.75				95	10.8	270.75	percent of total billed charges	
THYROGLOBULIN BY IMA	86800	CPT	both			285		18.3 Corrections	Corrections		228				80	10.8	270.75	percent of total billed charges	
THYROGLOBULIN BY IMA	86800	CPT	both			285		18.3 First Health	First Health		199.5				70	10.8	270.75	percent of total billed charges	
THYROGLOBULIN BY IMA	86800	CPT	both			285		18.3 First Trenton	First Trenton		256.5				90	10.8	270.75	percent of total billed charges	
THYROGLOBULIN BY IMA	86800	CPT	both			285		18.3 Horizon	MGD		109.1				38.28	10.8	270.75	percent of total billed charges	
THYROGLOBULIN BY IMA	86800	CPT	both			285		18.3 Horizon	Indemnity		109.1				38.28	10.8	270.75	percent of total billed charges	
THYROGLOBULIN BY IMA	86800	CPT	both			285		18.3 Horizon	Medicare Blue		85.5				30	10.8	270.75	percent of total billed charges	
THYROGLOBULIN BY IMA	86800	CPT	both			285		18.3 Horizon	NJ Health		25.48					10.8	270.75	fee schedule	
THYROGLOBULIN BY IMA	86800	CPT	both			285		18.3 Horizon	PPO		109.1				38.28	10.8	270.75	percent of total billed charges	
THYROGLOBULIN BY IMA	86800	CPT	both			285		18.3 Managed Care Inc	Managed Care Inc		256.5				90	10.8	270.75	percent of total billed charges	
THYROGLOBULIN BY IMA	86800	CPT	both			285		18.3 Multiplan	Multiplan		228				80	10.8	270.75	percent of total billed charges	
THYROGLOBULIN BY IMA	86800	CPT	both			285		18.3 Qualcare	Qualcare		213.75				75	10.8	270.75	percent of total billed charges	
THYROGLOBULIN BY IMA	86800	CPT	both			285		18.3 Three Rivers	Three Rivers		270.75				95	10.8	270.75	percent of total billed charges	
THYROGLOBULIN BY IMA	86800	CPT	both			285		18.3 UHC	Medicare		15.91					10.8	270.75	fee schedule	
THYROGLOBULIN BY IMA	86800	CPT	both			285		18.3 UHC	Medicaid		89.92				31.55	10.8	270.75	percent of total billed charges	
THYROGLOBULIN BY IMA	86800	CPT	both			285		18.3 Wellcare	Medicare		15.91					10.8	270.75	fee schedule	
THYROGLOBULIN BY IMA	86800	CPT	both			285		18.3 Wellcare	Medicaid		89.92				31.55	10.8	270.75	percent of total billed charges	
THYROGLOBULIN BY IMA	86800	CPT	both			285		18.3 WellPoint	WellPoint		91.71				32.18	10.8	270.75	percent of total billed charges	
HEPATITIS C VIRUS	86803	CPT	both			750		16.41 Aetna	Medicare		14.27					10.2	712.5	fee schedule	
HEPATITIS C VIRUS	86803	CPT	both			750		16.41 Aetna	Better Health		236.63				31.55	10.2	712.5	percent of total billed charges	
HEPATITIS C VIRUS	86803	CPT	both			750		16.41 Aetna	Commercial		285				38	10.2	712.5	percent of total billed charges	
HEPATITIS C VIRUS	86803	CPT	both			750		16.41 Americare	Americare		562.5				75	10.2	712.5	percent of total billed charges	
HEPATITIS C VIRUS	86803	CPT	both			750		16.41 Amerihealth	Medicare		14.27					10.2	712.5	fee schedule	
HEPATITIS C VIRUS	86803	CPT	both			750		16.41 Amerihealth	HMO/PPO		487.5				65	10.2	712.5	percent of total billed charges	
HEPATITIS C VIRUS	86803	CPT	both			750		16.41 Consumer	Consumer		712.5				95	10.2	712.5	percent of total billed charges	
HEPATITIS C VIRUS	86803	CPT	both			750		16.41 Corrections	Corrections		600				80	10.2	712.5	percent of total billed charges	
HEPATITIS C VIRUS	86803	CPT	both			750		16.41 First Health	First Health		525				70	10.2	712.5	percent of total billed charges	
HEPATITIS C VIRUS	86803	CPT	both			750		16.41 First Trenton	First Trenton		675				90	10.2	712.5	percent of total billed charges	
HEPATITIS C VIRUS	86803	CPT	both			750		16.41 Horizon	NJ Health		40.96					10.2	712.5	fee schedule	
HEPATITIS C VIRUS	86803	CPT	both			750		16.41 Horizon	MGD		287.1				38.28	10.2	712.5	percent of total billed charges	
HEPATITIS C VIRUS	86803	CPT	both			750		16.41 Horizon	Medicare Blue		225				30	10.2	712.5	percent of total billed charges	
HEPATITIS C VIRUS	86803	CPT	both			750		16.41 Horizon	Indemnity		287.1				38.28	10.2	712.5	percent of total billed charges	
HEPATITIS C VIRUS	86803	CPT	both			750		16.41 Horizon	PPO		287.1				38.28	10.2	712.5	percent of total billed charges	
HEPATITIS C VIRUS	86803	CPT	both			750		16.41 Managed Care Inc	Managed Care Inc		675				90	10.2	712.5	percent of total billed charges	
HEPATITIS C VIRUS	86803	CPT	both			750		16.41 Multiplan	Multiplan		600				80	10.2	712.5	percent of total billed charges	
HEPATITIS C VIRUS	86803	CPT	both			750		16.41 Qualcare	Qualcare		562.5				75	10.2	712.5	percent of total billed charges	
HEPATITIS C VIRUS	86803	CPT	both			750		16.41 Three Rivers	Three Rivers		712.5				95	10.2	712.5	percent of total billed charges	
HEPATITIS C VIRUS	86803	CPT	both			750		16.41 UHC	Medicare		14.27					10.2	712.5	fee schedule	
HEPATITIS C VIRUS	86803	CPT	both			750		16.41 UHC	Medicaid		236.63				31.55	10.2	712.5	percent of total billed charges	
HEPATITIS C VIRUS	86803	CPT	both			750		16.41 Wellcare	Medicare		14.27					10.2	712.5	fee schedule	
HEPATITIS C VIRUS	86803	CPT	both			750		16.41 Wellcare	Medicaid		236.63				31.55	10.2	712.5	percent of total billed charges	
HEPATITIS C VIRUS	86803	CPT	both			750		16.41 WellPoint	WellPoint		241.35				32.18	10.2	712.5	percent of total billed charges	
HEPATITIS C AB VERIFICATION TEST	86804	CPT	outpatient			395		17.81 Aetna	Medicare		15.49					15.49	375.25	fee schedule	
HEPATITIS C AB VERIFICATION TEST	86804	CPT	outpatient			395		17.81 Aetna	Better Health		124.62				31.55	15.49	375.25	percent of total billed charges	
HEPATITIS C AB VERIFICATION TEST	86804	CPT	outpatient			395		17.81 Aetna	Commercial		150.1				38	15.49	375.25	percent of total billed charges	
HEPATITIS C AB VERIFICATION TEST	86804	CPT	outpatient			395		17.81 Americare	Americare		296.25				75	15.49	375.25	percent of total billed charges	
HEPATITIS C AB VERIFICATION TEST	86804	CPT	outpatient			395		17.81 Amerihealth	HMO/PPO		256.75				65	15.49	375.25	percent of total billed charges	
HEPATITIS C AB VERIFICATION TEST	86804	CPT	outpatient			395		17.81 Amerihealth	Medicare		15.49					15.49	375.25	fee schedule	
HEPATITIS C AB VERIFICATION TEST	86804	CPT	outpatient			395		17.81 Consumer	Consumer		375.25				95	15.49	375.25	percent of total billed charges	
HEPATITIS C AB VERIFICATION TEST	86804	CPT	outpatient			395		17.81 Corrections	Corrections		316				80	15.49	375.25	percent of total billed charges	
HEPATITIS C AB VERIFICATION TEST	86804	CPT	outpatient			395		17.81 First Health	First Health		276.5				70	15.49	375.25	percent of total billed charges	
HEPATITIS C AB VERIFICATION TEST	86804	CPT	outpatient			395		17.81 First Trenton	First Trenton		355.5				90	15.49	375.25	percent of total billed charges	
HEPATITIS C AB VERIFICATION TEST	86804	CPT	outpatient			395		17.81 Horizon	MGD		151.21				38.28	15.49	375.25	percent of total billed charges	
HEPATITIS C AB VERIFICATION TEST	86804	CPT	outpatient			395		17.81 Horizon	PPO		151.21				38.28	15.49	375.25	percent of total billed charges	
HEPATITIS C AB VERIFICATION TEST	86804	CPT	outpatient			395		17.81 Horizon	Indemnity		151.21				38.28	15.49	375.25	percent of total billed charges	
HEPATITIS C AB VERIFICATION TEST	86804	CPT	outpatient			395		17.81 Horizon	Medicare Blue		118.5				30	15.49	375.25	percent of total billed charges	
HEPATITIS C AB VERIFICATION TEST	86804	CPT	outpatient			395		17.81 Horizon	NJ Health		17.09					15.49	375.25	fee schedule	
HEPATITIS C AB VERIFICATION TEST	86804	CPT	outpatient			395		17.81 Managed Care Inc	Managed Care Inc		355.5				90	15.49	375.25	percent of total billed charges	
HEPATITIS C AB VERIFICATION TEST	86804	CPT	outpatient			395		17.81 Multiplan	Multiplan		316				80	15.49	375.25	percent of total billed charges	
HEPATITIS C AB VERIFICATION TEST	86804	CPT	outpatient			395		17.81 Qualcare	Qualcare		296.25				75	15.49	375.25	percent of total billed charges	
HEPATITIS C AB VERIFICATION TEST	86804	CPT	outpatient			395		17.81 Three Rivers	Three Rivers		375.25				95	15.49	375.25	percent of total billed charges	
HEPATITIS C AB VERIFICATION TEST	86804	CPT	outpatient			395		17.81 UHC	Medicaid		124.62				31.55	15.49	375.25	percent of total billed charges	
HEPATITIS C AB VERIFICATION TEST	86804	CPT	outpatient			395		17.81 UHC	Medicare		15.49					15.49	375.25	fee schedule	
HEPATITIS C AB VERIFICATION TEST	86804	CPT	outpatient			395		17.81 Wellcare	Medicaid		124.62				31.55	15.49	375.25	percent of total billed charges	
HEPATITIS C AB VERIFICATION TEST	86804	CPT	outpatient			395		17.81 Wellcare	Medicare		15.49					15.49	375.25	fee schedule	
HEPATITIS C AB VERIFICATION TEST	86804	CPT	outpatient			395		17.81 WellPoint	WellPoint		127.11				32.18	15.49	375.25	percent of total billed charges	
HLA-B27 ANTIGEN LAB	86812	CPT	outpatient			453		29.68 Aetna	Medicare		139.52				30.8	24.7	430.35	percent of total billed charges	
HLA-B27 ANTIGEN LAB	86812	CPT	outpatient			453		29.68 Aetna	Better Health		142.92				31.55	24.7	430.35	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
HLA-B27 ANTIGEN LAB	86812	CPT	outpatient			453		29.68 Aetna	Commercial		172.14			38	24.7	430.35	percent of total billed charges	
HLA-B27 ANTIGEN LAB	86812	CPT	outpatient			453		29.68 Americare	Americare		339.75			75	24.7	430.35	percent of total billed charges	
HLA-B27 ANTIGEN LAB	86812	CPT	outpatient			453		29.68 Amerihealth	Medicare		25.81				24.7	430.35	fee schedule	
HLA-B27 ANTIGEN LAB	86812	CPT	outpatient			453		29.68 Amerihealth	HMO/PPO		294.45			65	24.7	430.35	percent of total billed charges	
HLA-B27 ANTIGEN LAB	86812	CPT	outpatient			453		29.68 Consumer	Consumer		430.35			95	24.7	430.35	percent of total billed charges	
HLA-B27 ANTIGEN LAB	86812	CPT	outpatient			453		29.68 Corrections	Corrections		362.4			80	24.7	430.35	percent of total billed charges	
HLA-B27 ANTIGEN LAB	86812	CPT	outpatient			453		29.68 First Health	First Health		317.1			70	24.7	430.35	percent of total billed charges	
HLA-B27 ANTIGEN LAB	86812	CPT	outpatient			453		29.68 First Trenton	First Trenton		407.7			90	24.7	430.35	percent of total billed charges	
HLA-B27 ANTIGEN LAB	86812	CPT	outpatient			453		29.68 Horizon	Medicare Blue		135.9			30	24.7	430.35	percent of total billed charges	
HLA-B27 ANTIGEN LAB	86812	CPT	outpatient			453		29.68 Horizon	MGD		173.41			38.28	24.7	430.35	percent of total billed charges	
HLA-B27 ANTIGEN LAB	86812	CPT	outpatient			453		29.68 Horizon	Indemnity		173.41			38.28	24.7	430.35	percent of total billed charges	
HLA-B27 ANTIGEN LAB	86812	CPT	outpatient			453		29.68 Horizon	PPO		173.41			38.28	24.7	430.35	percent of total billed charges	
HLA-B27 ANTIGEN LAB	86812	CPT	outpatient			453		29.68 Horizon	NJ Health		24.7				24.7	430.35	fee schedule	
HLA-B27 ANTIGEN LAB	86812	CPT	outpatient			453		29.68 Managed Care Inc	Managed Care Inc		407.7			90	24.7	430.35	percent of total billed charges	
HLA-B27 ANTIGEN LAB	86812	CPT	outpatient			453		29.68 Multiplan	Multiplan		362.4			80	24.7	430.35	percent of total billed charges	
HLA-B27 ANTIGEN LAB	86812	CPT	outpatient			453		29.68 Qualcare	Qualcare		339.75			75	24.7	430.35	percent of total billed charges	
HLA-B27 ANTIGEN LAB	86812	CPT	outpatient			453		29.68 Three Rivers	Three Rivers		430.35			95	24.7	430.35	percent of total billed charges	
HLA-B27 ANTIGEN LAB	86812	CPT	outpatient			453		29.68 UHC	Medicare		25.81				24.7	430.35	fee schedule	
HLA-B27 ANTIGEN LAB	86812	CPT	outpatient			453		29.68 UHC	Medicaid		142.92			31.55	24.7	430.35	percent of total billed charges	
HLA-B27 ANTIGEN LAB	86812	CPT	outpatient			453		29.68 Wellcare	Medicare		25.81				24.7	430.35	fee schedule	
HLA-B27 ANTIGEN LAB	86812	CPT	outpatient			453		29.68 Wellcare	Medicaid		142.92			31.55	24.7	430.35	percent of total billed charges	
HLA-B27 ANTIGEN LAB	86812	CPT	outpatient			453		29.68 WellPoint	WellPoint		145.78			32.18	24.7	430.35	percent of total billed charges	
DONOR TST PNL ABO,HLA CLS I,II(IMPORTED)	86816	CPT	outpatient			4612		34.7 Aetna	Medicare		30.17				30.17	4381.4	fee schedule	
DONOR TST PNL ABO,HLA CLS I,II(IMPORTED)	86816	CPT	outpatient			4612		34.7 Aetna	Better Health		1455.09			31.55	30.17	4381.4	percent of total billed charges	
DONOR TST PNL ABO,HLA CLS I,II(IMPORTED)	86816	CPT	outpatient			4612		34.7 Aetna	Commercial		1752.56			38	30.17	4381.4	percent of total billed charges	
DONOR TST PNL ABO,HLA CLS I,II(IMPORTED)	86816	CPT	outpatient			4612		34.7 Americare	Americare		3459			75	30.17	4381.4	percent of total billed charges	
DONOR TST PNL ABO,HLA CLS I,II(IMPORTED)	86816	CPT	outpatient			4612		34.7 Amerihealth	Medicare		30.17				30.17	4381.4	fee schedule	
DONOR TST PNL ABO,HLA CLS I,II(IMPORTED)	86816	CPT	outpatient			4612		34.7 Amerihealth	HMO/PPO		2897.8			65	30.17	4381.4	percent of total billed charges	
DONOR TST PNL ABO,HLA CLS I,II(IMPORTED)	86816	CPT	outpatient			4612		34.7 Consumer	Consumer		4381.4			95	30.17	4381.4	percent of total billed charges	
DONOR TST PNL ABO,HLA CLS I,II(IMPORTED)	86816	CPT	outpatient			4612		34.7 Corrections	Corrections		3689.6			80	30.17	4381.4	percent of total billed charges	
DONOR TST PNL ABO,HLA CLS I,II(IMPORTED)	86816	CPT	outpatient			4612		34.7 First Health	First Health		3228.4			70	30.17	4381.4	percent of total billed charges	
DONOR TST PNL ABO,HLA CLS I,II(IMPORTED)	86816	CPT	outpatient			4612		34.7 First Trenton	First Trenton		4150.8			90	30.17	4381.4	percent of total billed charges	
DONOR TST PNL ABO,HLA CLS I,II(IMPORTED)	86816	CPT	outpatient			4612		34.7 Horizon	MGD		1765.47			38.28	30.17	4381.4	percent of total billed charges	
DONOR TST PNL ABO,HLA CLS I,II(IMPORTED)	86816	CPT	outpatient			4612		34.7 Horizon	PPO		1765.47			38.28	30.17	4381.4	percent of total billed charges	
DONOR TST PNL ABO,HLA CLS I,II(IMPORTED)	86816	CPT	outpatient			4612		34.7 Horizon	Indemnity		1765.47			38.28	30.17	4381.4	percent of total billed charges	
DONOR TST PNL ABO,HLA CLS I,II(IMPORTED)	86816	CPT	outpatient			4612		34.7 Horizon	NJ Health		40.96				30.17	4381.4	fee schedule	
DONOR TST PNL ABO,HLA CLS I,II(IMPORTED)	86816	CPT	outpatient			4612		34.7 Horizon	Medicare Blue		1383.6			30	30.17	4381.4	percent of total billed charges	
DONOR TST PNL ABO,HLA CLS I,II(IMPORTED)	86816	CPT	outpatient			4612		34.7 Managed Care Inc	Managed Care Inc		4150.8			90	30.17	4381.4	percent of total billed charges	
DONOR TST PNL ABO,HLA CLS I,II(IMPORTED)	86816	CPT	outpatient			4612		34.7 Multiplan	Multiplan		3689.6			80	30.17	4381.4	percent of total billed charges	
DONOR TST PNL ABO,HLA CLS I,II(IMPORTED)	86816	CPT	outpatient			4612		34.7 Qualcare	Qualcare		3459			75	30.17	4381.4	percent of total billed charges	
DONOR TST PNL ABO,HLA CLS I,II(IMPORTED)	86816	CPT	outpatient			4612		34.7 Three Rivers	Three Rivers		4381.4			95	30.17	4381.4	percent of total billed charges	
DONOR TST PNL ABO,HLA CLS I,II(IMPORTED)	86816	CPT	outpatient			4612		34.7 UHC	Medicare		30.17				30.17	4381.4	fee schedule	
DONOR TST PNL ABO,HLA CLS I,II(IMPORTED)	86816	CPT	outpatient			4612		34.7 UHC	Medicaid		1455.09			31.55	30.17	4381.4	percent of total billed charges	
DONOR TST PNL ABO,HLA CLS I,II(IMPORTED)	86816	CPT	outpatient			4612		34.7 Wellcare	Medicare		30.17				30.17	4381.4	fee schedule	
DONOR TST PNL ABO,HLA CLS I,II(IMPORTED)	86816	CPT	outpatient			4612		34.7 Wellcare	Medicaid		1455.09			31.55	30.17	4381.4	percent of total billed charges	
DONOR TST PNL ABO,HLA CLS I,II(IMPORTED)	86816	CPT	outpatient			4612		34.7 WellPoint	WellPoint		1484.14			32.18	30.17	4381.4	percent of total billed charges	
HLA TYPING,DQB1; CLASS II HIGH RESOLUTI	86817	CPT	outpatient			1979		122.06 Aetna	Better Health		624.37			31.55	40.96	1880.05	percent of total billed charges	
HLA TYPING,DQB1; CLASS II HIGH RESOLUTI	86817	CPT	outpatient			1979		122.06 Aetna	Medicare		106.14				40.96	1880.05	fee schedule	
HLA TYPING,DQB1; CLASS II HIGH RESOLUTI	86817	CPT	outpatient			1979		122.06 Aetna	Commercial		752.02			38	40.96	1880.05	percent of total billed charges	
HLA TYPING,DQB1; CLASS II HIGH RESOLUTI	86817	CPT	outpatient			1979		122.06 Americare	Americare		1484.25			75	40.96	1880.05	percent of total billed charges	
HLA TYPING,DQB1; CLASS II HIGH RESOLUTI	86817	CPT	outpatient			1979		122.06 Amerihealth	Medicare		106.14				40.96	1880.05	fee schedule	
HLA TYPING,DQB1; CLASS II HIGH RESOLUTI	86817	CPT	outpatient			1979		122.06 Amerihealth	HMO/PPO		1286.35			65	40.96	1880.05	percent of total billed charges	
HLA TYPING,DQB1; CLASS II HIGH RESOLUTI	86817	CPT	outpatient			1979		122.06 Consumer	Consumer		1880.05			95	40.96	1880.05	percent of total billed charges	
HLA TYPING,DQB1; CLASS II HIGH RESOLUTI	86817	CPT	outpatient			1979		122.06 Corrections	Corrections		1583.2			80	40.96	1880.05	percent of total billed charges	
HLA TYPING,DQB1; CLASS II HIGH RESOLUTI	86817	CPT	outpatient			1979		122.06 First Health	First Health		1385.3			70	40.96	1880.05	percent of total billed charges	
HLA TYPING,DQB1; CLASS II HIGH RESOLUTI	86817	CPT	outpatient			1979		122.06 First Trenton	First Trenton		1781.1			90	40.96	1880.05	percent of total billed charges	
HLA TYPING,DQB1; CLASS II HIGH RESOLUTI	86817	CPT	outpatient			1979		122.06 Horizon	Medicare Blue		593.7			30	40.96	1880.05	percent of total billed charges	
HLA TYPING,DQB1; CLASS II HIGH RESOLUTI	86817	CPT	outpatient			1979		122.06 Horizon	NJ Health		40.96				40.96	1880.05	fee schedule	
HLA TYPING,DQB1; CLASS II HIGH RESOLUTI	86817	CPT	outpatient			1979		122.06 Horizon	MGD		757.56			38.28	40.96	1880.05	percent of total billed charges	
HLA TYPING,DQB1; CLASS II HIGH RESOLUTI	86817	CPT	outpatient			1979		122.06 Horizon	Indemnity		757.56			38.28	40.96	1880.05	percent of total billed charges	
HLA TYPING,DQB1; CLASS II HIGH RESOLUTI	86817	CPT	outpatient			1979		122.06 Horizon	PPO		757.56			38.28	40.96	1880.05	percent of total billed charges	
HLA TYPING,DQB1; CLASS II HIGH RESOLUTI	86817	CPT	outpatient			1979		122.06 Managed Care Inc	Managed Care Inc		1781.1			90	40.96	1880.05	percent of total billed charges	
HLA TYPING,DQB1; CLASS II HIGH RESOLUTI	86817	CPT	outpatient			1979		122.06 Multiplan	Multiplan		1583.2			80	40.96	1880.05	percent of total billed charges	
HLA TYPING,DQB1; CLASS II HIGH RESOLUTI	86817	CPT	outpatient			1979		122.06 Qualcare	Qualcare		1484.25			75	40.96	1880.05	percent of total billed charges	
HLA TYPING,DQB1; CLASS II HIGH RESOLUTI	86817	CPT	outpatient			1979		122.06 Three Rivers	Three Rivers		1880.05			95	40.96	1880.05	percent of total billed charges	
HLA TYPING,DQB1; CLASS II HIGH RESOLUTI	86817	CPT	outpatient			1979		122.06 UHC	Medicare		106.14				40.96	1880.05	fee schedule	
HLA TYPING,DQB1; CLASS II HIGH RESOLUTI	86817	CPT	outpatient			1979		122.06 UHC	Medicaid		624.37			31.55	40.96	1880.05	percent of total billed charges	
HLA TYPING,DQB1; CLASS II HIGH RESOLUTI	86817	CPT	outpatient			1979		122.06 Wellcare	Medicare		106.14				40.96	1880.05	fee schedule	
HLA TYPING,DQB1; CLASS II HIGH RESOLUTI	86817	CPT	outpatient			1979		122.06 Wellcare	Medicaid		624.37			31.55	40.96	1880.05	percent of total billed charges	
HLA TYPING,DQB1; CLASS II HIGH RESOLUTI	86817	CPT	outpatient			1979		122.06 WellPoint	WellPoint		636.84			32.18	40.96	1880.05	percent of total billed charges	
HIGH DEF QUALITITATIVE HLA CLASS I	86832	CPT	outpatient			961		372.31 Aetna	Medicare		323.75				227.87	912.95	fee schedule	
HIGH DEF QUALITITATIVE HLA CLASS I	86832	CPT	outpatient			961		372.31 Aetna	Better Health		303.2			31.55	227.87	912.95	percent of total billed charges	
HIGH DEF QUALITITATIVE HLA CLASS I	86832	CPT	outpatient			961		372.31 Aetna	Commercial		365.18			38	227.87	912.95	percent of total billed charges	
HIGH DEF QUALITITATIVE HLA CLASS I	86832	CPT	outpatient			961		372.31 Americare	Americare		720.75			75	227.87	912.95	percent of total billed charges	
HIGH DEF QUALITITATIVE HLA CLASS I	86832	CPT	outpatient			961		372.31 Amerihealth	Medicare		323.75				227.87	912.95	fee schedule	
HIGH DEF QUALITITATIVE HLA CLASS I	86832	CPT	outpatient			961		372.31 Amerihealth	HMO/PPO		624.65			65	227.87	912.95	percent of total billed charges	
HIGH DEF QUALITITATIVE HLA CLASS I	86832	CPT	outpatient			961		372.31 Consumer	Consumer		912.95			95	227.87	912.95	percent of total billed charges	
HIGH DEF QUALITITATIVE HLA CLASS I	86832	CPT	outpatient			961		372.31 Corrections	Corrections		768.8			80	227.87	912.95	percent of total billed charges	
HIGH DEF QUALITITATIVE HLA CLASS I	86832	CPT	outpatient			961		372.31 First Health	First Health		672.7			70	227.87	912.95	percent of total billed charges	
HIGH DEF QUALITITATIVE HLA CLASS I	86832	CPT	outpatient			961		372.31 First Trenton	First Trenton		864.9			90	227.87	912.95	percent of total billed charges	
HIGH DEF QUALITITATIVE HLA CLASS I	86832	CPT	outpatient			961		372.31 Horizon	Indemnity		367.87			38.28	227.87	912.95	percent of total billed charges	
HIGH DEF QUALITITATIVE HLA CLASS I	86832	CPT	outpatient			961		372.31 Horizon	Medicare Blue		288.3			30	227.87	912.95	percent of total billed charges	
HIGH DEF QUALITITATIVE HLA CLASS I	86832	CPT	outpatient			961		372.31 Horizon	NJ Health		227.87				227.87	912.95	fee schedule	
HIGH DEF QUALITITATIVE HLA CLASS I	86832	CPT	outpatient			961		372.31 Horizon	MGD		367.87			38.28	227.87	912.95	percent of total billed charges	
HIGH DEF QUALITITATIVE HLA CLASS I	86832	CPT	outpatient			961		372.31 Horizon	PPO		367.87			38.28	227.87	912.95	percent of total billed charges	
HIGH DEF QUALITITATIVE HLA CLASS I	86832	CPT	outpatient			961		372.31 Managed Care Inc	Managed Care Inc		864.9			90	227.87	912.95	percent of total billed charges	
HIGH DEF QUALITITATIVE HLA CLASS I	86832	CPT	outpatient			961		372.31 Multiplan	Multiplan		768.8			80	227.87	912.95	percent of total billed charges	
HIGH DEF QUALITITATIVE HLA CLASS I	86832	CPT	outpatient			961		372.31 Qualcare	Qualcare		720.75			75	227.87	912.95	percent of total billed charges	
HIGH DEF QUALITITATIVE HLA CLASS I	86832	CPT	outpatient			961		372.31 Three Rivers	Three Rivers		912.95			95	227.87	912.95	percent of total billed charges	
HIGH DEF QUALITITATIVE HLA CLASS I	86832	CPT	outpatient			961		372.31 UHC	Medicare		323.75				227.87	912.95	fee schedule	
HIGH DEF QUALITITATIVE HLA CLASS I	86832	CPT	outpatient			961		372.31 UHC	Medicaid		303.2			31.55	227.87	912.95	percent of total billed charges	
HIGH DEF QUALITITATIVE HLA CLASS I	86832	CPT	outpatient			961		372.31 Wellcare	Medicaid		303.2			31.55	227.87	912.95	percent of total billed charges	
HIGH DEF QUALITITATIVE HLA CLASS I	86832	CPT	outpatient			961		372.31 Wellcare	Medicare		323.75				227.87	912.95	fee schedule	
HIGH DEF QUALITITATIVE HLA CLASS I	86832	CPT	outpatient			961		372.31 WellPoint	WellPoint		309.25			32.18	227.87	912.95	percent of total billed charges	
HLA CLASS II AB	86833	CPT	outpatient			883		374.67 Aetna	Commercial		336.54			38	206.4	838.85	percent of total billed charges	
HLA CLASS II AB	86833	CPT	outpatient			883		374.67 Aetna	Better Health		278.59			31.55	206.4	838.85	percent of total billed charges	
HLA CLASS II AB	86833	CPT	outpatient			883		374.67 Aetna	Medicare		325.8				206.4	838.85	fee schedule	
HLA CLASS II AB	86833	CPT	outpatient			883		374.67 Americare	Americare		662.25			75	206.4	838.85	percent of total billed charges	
HLA CLASS II AB	86833	CPT	outpatient			883		374.67 Amerihealth	HMO/PPO		573.95			65	206.4	838.85	percent of total billed charges	
HLA CLASS II AB	86833	CPT	outpatient			883		374.67 Amerihealth	Medicare		325.8				206.4	838.85	fee schedule	
HLA CLASS II AB	86833	CPT	outpatient			883		374.67 Consumer	Consumer		838.85			95	206.4	838.85	percent of total billed charges	
HLA CLASS II AB	86833	CPT	outpatient			883		374.67 Corrections	Corrections		706.4			80	206.4	838.85	percent of total billed charges	
HLA CLASS II AB	86833	CPT	outpatient			883		374.67 First Health	First Health		618.1			70	206.4	838.85	percent of total billed charges	
HLA CLASS II AB	86833	CPT	outpatient			883		374.67 First Trenton	First Trenton		794.7			90	206.4	838.85	percent of total billed charges	
HLA CLASS II AB	86833	CPT	outpatient			883		374.67 Horizon	Indemnity		338.01			38.28	206.4	838.85	percent of total billed charges	
HLA CLASS II AB	86833	CPT	outpatient			883		374.67 Horizon	MGD		338.01			38.28	206.4	838.85	percent of total billed charges	
HLA CLASS II AB	86833	CPT	outpatient			883		374.67 Horizon	Medicare Blue		264.9			30	206.4	838.85	percent of total billed charges	
HLA CLASS II AB	86833	CPT	outpatient			883		374.67 Horizon	PPO		338.01			38.28	206.4	838.85	percent of total billed charges	
HLA CLASS II AB	86833	CPT	outpatient			883		374.67 Horizon	NJ Health		207.15				206.4	838.85	fee schedule	
HLA CLASS II AB	86833	CPT	outpatient			883		374.67 Managed Care Inc	Managed Care Inc		794.7			90	206.4	838.85	percent of total billed charges	
HLA CLASS II AB	86833	CPT	outpatient			883		374.67 Multiplan	Multiplan		706.4			80	206.4	838.85	percent of total billed charges	
HLA CLASS II AB	86833	CPT	outpatient			883		374.67 Qualcare	Qualcare		662.25			75	206.4	838.85	percent of total billed charges	
HLA CLASS II AB	86833	CPT	outpatient			883		374.67 Three Rivers	Three Rivers		838.85			95	206.4	838.85	percent of total billed charges	
HLA CLASS II AB	86833	CPT	outpatient			883		374.67 UHC	Medicare		325.8				206.4	838.85	fee schedule	
HLA CLASS II AB	86833	CPT	outpatient			883		374.67 UHC	Medicaid		278.59			31.55	206.4	838.85	percent of total billed charges	
HLA CLASS II AB	86833	CPT	outpatient			883		374.67 Wellcare	Medicaid		278.59			31.55	206.4	838.85	percent of total billed charges	
HLA CLASS II AB	86833	CPT	outpatient			883		374.67 Wellcare	Medicare		325.8				206.4	838.85	fee schedule	
HLA CLASS II AB	86833	CPT	outpatient			883		374.67 WellPoint	WellPoint		284.15			32.18	206.4	838.85	percent of total billed charges	
UNLISTED IMMUNOLOGY PROCEDURE	86849	CPT	outpatient			574		Aetna	Commercial		218.12			38	172.2	545.3	percent of total billed charges	
UNLISTED IMMUNOLOGY PROCEDURE	86849	CPT	outpatient			574		Aetna	Better Health		181.1			31.55	172.2	545.3	percent of total billed charges	
UNLISTED IMMUNOLOGY PROCEDURE	86849	CPT	outpatient			574		Aetna	Medicare		176.79			30.8	172.2	545.3	percent of total billed charges	
UNLISTED IMMUNOLOGY PROCEDURE	86849	CPT	outpatient			574		Americare	Americare		430.5			75	172.2	545.3	percent of total billed charges	
UNLISTED IMMUNOLOGY PROCEDURE	86849	CPT	outpatient			574		Amerihealth	HMO/PPO		373.1			65	172.2	545.3	percent of total billed charges	
UNLISTED IMMUNOLOGY PROCEDURE	86849	CPT	outpatient			574		Consumer	Consumer		545.3			95	172.2	545.3	percent of total billed charges	
UNLISTED IMMUNOLOGY PROCEDURE	86849	CPT	outpatient			574		Corrections	Corrections		459.2			80	172.2	545.3	percent of total billed charges	
UNLISTED IMMUNOLOGY PROCEDURE	86849	CPT	outpatient			574		First Health	First Health		401.8			70	172.2	545.3	percent of total billed charges	
UNLISTED IMMUNOLOGY PROCEDURE	86849	CPT	outpatient			574		First Trenton	First Trenton		516.6			90	172.2	545.3	percent of total billed charges	
UNLISTED IMMUNOLOGY PROCEDURE	86849	CPT	outpatient			574		Horizon	Indemnity		219.73			38.28	172.2	545.3	percent of total billed charges	
UNLISTED IMMUNOLOGY PROCEDURE	86849	CPT	outpatient			574		Horizon	MGD		219.73			38.28	172.2	545.3	percent of total billed charges	
UNLISTED IMMUNOLOGY PROCEDURE	86849	CPT	outpatient			574		Horizon	Medicare Blue		172.2			30	172.2	545.3	percent of total billed charges	
UNLISTED IMMUNOLOGY PROCEDURE	86849	CPT	outpatient			574		Horizon	PPO		219.73			38.28	172.2	545.3	percent of total billed charges	
UNLISTED IMMUNOLOGY PROCEDURE	86849	CPT	outpatient			574		Managed Care Inc	Managed Care Inc		516.6			90	172.2	545.3	percent of total billed charges	
UNLISTED IMMUNOLOGY PROCEDURE	86849	CPT	outpatient			574		Multiplan	Multiplan		459.2			80	172.2	545.3	percent of total billed charges	
UNLISTED IMMUNOLOGY PROCEDURE	86849	CPT	outpatient			574		Qualcare	Qualcare		430.5			75	172.2	545.3	percent of total billed charges	
UNLISTED IMMUNOLOGY PROCEDURE	86849	CPT	outpatient			574		Three Rivers	Three Rivers		545.3			95	172.2	545.3	percent of total billed charges	
UNLISTED IMMUNOLOGY PROCEDURE	86849	CPT	outpatient			574		UHC	Medicaid		181.1			31.55	172.2	545.3	percent of total billed charges	
UNLISTED IMMUNOLOGY PROCEDURE	86849	CPT	outpatient			574		Wellcare	Medicaid		181.1			31.55	172.2	545.3	percent of total billed charges	
UNLISTED IMMUNOLOGY PROCEDURE	86849	CPT	outpatient			574		WellPoint	WellPoint		184.71			32.18	172.2	545.3	percent of total billed charges	
RBC LEUKO FILTER	86850	CPT	both			212		11.24 Aetna	Better Health		66.89			31.55	8.23	201.4	percent of total billed charges	
RBC LEUKO FILTER	86850	CPT	both			212		11.24 Aetna	Commercial		98.66				8.23	201.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RBC LEUKO FILTER	86850	CPT	both			212		11.24 Aetna	Medicare		65.3			30.8	8.23	201.4	percent of total billed charges	
RBC LEUKO FILTER	86850	CPT	both			212		11.24 Americare	Americare		159			75	8.23	201.4	percent of total billed charges	
RBC LEUKO FILTER	86850	CPT	both			212		11.24 Amerihealth	HMO/PPO		137.8			65	8.23	201.4	percent of total billed charges	
RBC LEUKO FILTER	86850	CPT	both			212		11.24 Amerihealth	Medicare		9.77				8.23	201.4	fee schedule	
RBC LEUKO FILTER	86850	CPT	both			212		11.24 Consumer	Consumer		201.4			95	8.23	201.4	percent of total billed charges	
RBC LEUKO FILTER	86850	CPT	both			212		11.24 Corrections	Corrections		169.6			80	8.23	201.4	percent of total billed charges	
RBC LEUKO FILTER	86850	CPT	both			212		11.24 First Health	First Health		148.4			70	8.23	201.4	percent of total billed charges	
RBC LEUKO FILTER	86850	CPT	both			212		11.24 First Trenton	First Trenton		190.8			90	8.23	201.4	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.															
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true														
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
RBC LEUKO FILTER	86850	CPT	both			212		11.24 Horizon	Indemnity		115.33				8.23	201.4	201.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RBC LEUKO FILTER	86850	CPT	both			212		11.24 Horizon	NJ Health		8.23				8.23	201.4	201.4 fee schedule	
RBC LEUKO FILTER	86850	CPT	both			212		11.24 Horizon	MGD		115.33				8.23	201.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RBC LEUKO FILTER	86850	CPT	both			212		11.24 Horizon	PPO		115.33				8.23	201.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RBC LEUKO FILTER	86850	CPT	both			212		11.24 Horizon	Medicare Blue		61.97				8.23	201.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RBC LEUKO FILTER	86850	CPT	both			212		11.24 Managed Care Inc	Managed Care Inc		190.8	90			8.23	201.4	percent of total billed charges	
RBC LEUKO FILTER	86850	CPT	both			212		11.24 Multiplan	Multiplan		169.6	80			8.23	201.4	percent of total billed charges	
RBC LEUKO FILTER	86850	CPT	both			212		11.24 Qualcare	Qualcare		159	75			8.23	201.4	percent of total billed charges	
RBC LEUKO FILTER	86850	CPT	both			212		11.24 Three Rivers	Three Rivers		201.4	95			8.23	201.4	percent of total billed charges	
RBC LEUKO FILTER	86850	CPT	both			212		11.24 UHC	Medicaid		66.89	31.55			8.23	201.4	percent of total billed charges	
RBC LEUKO FILTER	86850	CPT	both			212		11.24 UHC	Medicare		9.77				8.23	201.4	fee schedule	
RBC LEUKO FILTER	86850	CPT	both			212		11.24 Wellcare	Medicare		9.77				8.23	201.4	fee schedule	
RBC LEUKO FILTER	86850	CPT	both			212		11.24 Wellcare	Medicaid		66.89	31.55			8.23	201.4	percent of total billed charges	
RBC LEUKO FILTER	86850	CPT	both			212		11.24 WellPoint	WellPoint		68.22	32.18			8.23	201.4	percent of total billed charges	
ANTIBODY ELUTION (RBC),EA ELUTION	86860	CPT	both			491		224.64 Aetna	Better Health		154.91	31.55			9.06	466.45	percent of total billed charges	
ANTIBODY ELUTION (RBC),EA ELUTION	86860	CPT	both			491		224.64 Aetna	Commercial		310.98				9.06	466.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANTIBODY ELUTION (RBC),EA ELUTION	86860	CPT	both			491		224.64 Aetna	Medicare		195.34				9.06	466.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANTIBODY ELUTION (RBC),EA ELUTION	86860	CPT	both			491		224.64 Americare	Americare		368.25	75			9.06	466.45	percent of total billed charges	
ANTIBODY ELUTION (RBC),EA ELUTION	86860	CPT	both			491		224.64 Amerihealth	HMO/PPO		319.15	65			9.06	466.45	percent of total billed charges	
ANTIBODY ELUTION (RBC),EA ELUTION	86860	CPT	both			491		224.64 Amerihealth	Medicare		195.34				9.06	466.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANTIBODY ELUTION (RBC),EA ELUTION	86860	CPT	both			491		224.64 Consumer	Consumer		466.45	95			9.06	466.45	percent of total billed charges	
ANTIBODY ELUTION (RBC),EA ELUTION	86860	CPT	both			491		224.64 Corrections	Corrections		392.8	80			9.06	466.45	percent of total billed charges	
ANTIBODY ELUTION (RBC),EA ELUTION	86860	CPT	both			491		224.64 First Health	First Health		343.7	70			9.06	466.45	percent of total billed charges	
ANTIBODY ELUTION (RBC),EA ELUTION	86860	CPT	both			491		224.64 First Trenton	First Trenton		441.9	90			9.06	466.45	percent of total billed charges	
ANTIBODY ELUTION (RBC),EA ELUTION	86860	CPT	both			491		224.64 Horizon	NJ Health		9.06				9.06	466.45	fee schedule	
ANTIBODY ELUTION (RBC),EA ELUTION	86860	CPT	both			491		224.64 Horizon	PPO		363.53				9.06	466.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANTIBODY ELUTION (RBC),EA ELUTION	86860	CPT	both			491		224.64 Horizon	MGD		363.53				9.06	466.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANTIBODY ELUTION (RBC),EA ELUTION	86860	CPT	both			491		224.64 Horizon	Indemnity		363.53				9.06	466.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANTIBODY ELUTION (RBC),EA ELUTION	86860	CPT	both			491		224.64 Horizon	Medicare Blue		195.34				9.06	466.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANTIBODY ELUTION (RBC),EA ELUTION	86860	CPT	both			491		224.64 Managed Care Inc	Managed Care Inc		441.9	90			9.06	466.45	percent of total billed charges	
ANTIBODY ELUTION (RBC),EA ELUTION	86860	CPT	both			491		224.64 Multiplan	Multiplan		392.8	80			9.06	466.45	percent of total billed charges	
ANTIBODY ELUTION (RBC),EA ELUTION	86860	CPT	both			491		224.64 Qualcare	Qualcare		368.25	75			9.06	466.45	percent of total billed charges	
ANTIBODY ELUTION (RBC),EA ELUTION	86860	CPT	both			491		224.64 Three Rivers	Three Rivers		466.45	95			9.06	466.45	percent of total billed charges	
ANTIBODY ELUTION (RBC),EA ELUTION	86860	CPT	both			491		224.64 UHC	Medicare		195.34				9.06	466.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANTIBODY ELUTION (RBC),EA ELUTION	86860	CPT	both			491		224.64 UHC	Medicaid		154.91	31.55			9.06	466.45	percent of total billed charges	
ANTIBODY ELUTION (RBC),EA ELUTION	86860	CPT	both			491		224.64 Wellcare	Medicare		195.34				9.06	466.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANTIBODY ELUTION (RBC),EA ELUTION	86860	CPT	both			491		224.64 Wellcare	Medicaid		154.91	31.55			9.06	466.45	percent of total billed charges	
ANTIBODY ELUTION (RBC),EA ELUTION	86860	CPT	both			491		224.64 WellPoint	WellPoint		158	32.18			9.06	466.45	percent of total billed charges	
ANTIBODY IDENTIFICATION	86870	CPT	both			911		472.75 Aetna	Better Health		287.42	31.55			17.64	865.45	percent of total billed charges	
ANTIBODY IDENTIFICATION	86870	CPT	both			911		472.75 Aetna	Commercial		654.46				17.64	865.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANTIBODY IDENTIFICATION	86870	CPT	both			911		472.75 Aetna	Medicare		411.09				17.64	865.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANTIBODY IDENTIFICATION	86870	CPT	both			911		472.75 Americare	Americare		683.25	75			17.64	865.45	percent of total billed charges	
ANTIBODY IDENTIFICATION	86870	CPT	both			911		472.75 Amerihealth	HMO/PPO		592.15	65			17.64	865.45	percent of total billed charges	
ANTIBODY IDENTIFICATION	86870	CPT	both			911		472.75 Amerihealth	Medicare		411.09				17.64	865.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANTIBODY IDENTIFICATION	86870	CPT	both			911		472.75 Consumer	Consumer		865.45	95			17.64	865.45	percent of total billed charges	
ANTIBODY IDENTIFICATION	86870	CPT	both			911		472.75 Corrections	Corrections		728.8	80			17.64	865.45	percent of total billed charges	
ANTIBODY IDENTIFICATION	86870	CPT	both			911		472.75 First Health	First Health		637.7	70			17.64	865.45	percent of total billed charges	
ANTIBODY IDENTIFICATION	86870	CPT	both			911		472.75 First Trenton	First Trenton		819.9	90			17.64	865.45	percent of total billed charges	
ANTIBODY IDENTIFICATION	86870	CPT	both			911		472.75 Horizon	Indemnity		765.04				17.64	865.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANTIBODY IDENTIFICATION	86870	CPT	both			911		472.75 Horizon	NJ Health		17.64				17.64	865.45	fee schedule	
ANTIBODY IDENTIFICATION	86870	CPT	both			911		472.75 Horizon	MGD		765.04				17.64	865.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANTIBODY IDENTIFICATION	86870	CPT	both			911		472.75 Horizon	PPO		765.04				17.64	865.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANTIBODY IDENTIFICATION	86870	CPT	both			911		472.75 Horizon	Medicare Blue		411.09				17.64	865.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANTIBODY IDENTIFICATION	86870	CPT	both			911		472.75 Managed Care Inc	Managed Care Inc		819.9	90			17.64	865.45	percent of total billed charges	
ANTIBODY IDENTIFICATION	86870	CPT	both			911		472.75 Multiplan	Multiplan		728.8	80			17.64	865.45	percent of total billed charges	
ANTIBODY IDENTIFICATION	86870	CPT	both			911		472.75 Qualcare	Qualcare		683.25	75			17.64	865.45	percent of total billed charges	
ANTIBODY IDENTIFICATION	86870	CPT	both			911		472.75 Three Rivers	Three Rivers		865.45	95			17.64	865.45	percent of total billed charges	
ANTIBODY IDENTIFICATION	86870	CPT	both			911		472.75 UHC	Medicaid		287.42	31.55			17.64	865.45	percent of total billed charges	
ANTIBODY IDENTIFICATION	86870	CPT	both			911		472.75 UHC	Medicare		411.09				17.64	865.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANTIBODY IDENTIFICATION	86870	CPT	both			911		472.75 Wellcare	Medicare		411.09				17.64	865.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANTIBODY IDENTIFICATION	86870	CPT	both			911		472.75 Wellcare	Medicaid		287.42	31.55			17.64	865.45	percent of total billed charges	
ANTIBODY IDENTIFICATION	86870	CPT	both			911		472.75 WellPoint	WellPoint		293.16	32.18			17.64	865.45	percent of total billed charges	
DAT POLY	86880	CPT	both			258		6.2 Aetna	Medicare		5.39				5.39	245.1	fee schedule	
DAT POLY	86880	CPT	both			258		6.2 Aetna	Commercial		111.36				5.39	245.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DAT POLY	86880	CPT	both			258		6.2 Aetna	Better Health		81.4	31.55			5.39	245.1	percent of total billed charges	
DAT POLY	86880	CPT	both			258		6.2 Americare	Americare		193.5	75			5.39	245.1	percent of total billed charges	
DAT POLY	86880	CPT	both			258		6.2 Amerihealth	Medicare		5.39				5.39	245.1	fee schedule	
DAT POLY	86880	CPT	both			258		6.2 Amerihealth	HMO/PPO		167.7	65			5.39	245.1	percent of total billed charges	
DAT POLY	86880	CPT	both			258		6.2 Consumer	Consumer		245.1	95			5.39	245.1	percent of total billed charges	
DAT POLY	86880	CPT	both			258		6.2 Corrections	Corrections		206.4	80			5.39	245.1	percent of total billed charges	
DAT POLY	86880	CPT	both			258		6.2 First Health	First Health		180.6	70			5.39	245.1	percent of total billed charges	
DAT POLY	86880	CPT	both			258		6.2 First Trenton	First Trenton		232.2	90			5.39	245.1	percent of total billed charges	
DAT POLY	86880	CPT	both			258		6.2 Horizon	PPO		130.2				5.39	245.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DAT POLY	86880	CPT	both			258		6.2 Horizon	Indemnity		130.2				5.39	245.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DAT POLY	86880	CPT	both			258		6.2 Horizon	MGD		130.2				5.39	245.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DAT POLY	86880	CPT	both			258		6.2 Horizon	Medicare Blue		69.96				5.39	245.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DAT POLY	86880	CPT	both			258		6.2 Horizon	NJ Health		9.8				5.39	245.1	fee schedule	
DAT POLY	86880	CPT	both			258		6.2 Managed Care Inc	Managed Care Inc		232.2	90			5.39	245.1	percent of total billed charges	
DAT POLY	86880	CPT	both			258		6.2 Multiplan	Multiplan		206.4	80			5.39	245.1	percent of total billed charges	
DAT POLY	86880	CPT	both			258		6.2 Qualcare	Qualcare		193.5	75			5.39	245.1	percent of total billed charges	
DAT POLY	86880	CPT	both			258		6.2 Three Rivers	Three Rivers		245.1	95			5.39	245.1	percent of total billed charges	
DAT POLY	86880	CPT	both			258		6.2 UHC	Medicaid		81.4	31.55			5.39	245.1	percent of total billed charges	
DAT POLY	86880	CPT	both			258		6.2 UHC	Medicare		5.39				5.39	245.1	fee schedule	
DAT POLY	86880	CPT	both			258		6.2 Wellcare	Medicare		5.39				5.39	245.1	fee schedule	
DAT POLY	86880	CPT	both			258		6.2 Wellcare	Medicaid		81.4	31.55			5.39	245.1	percent of total billed charges	
DAT POLY	86880	CPT	both			258		6.2 WellPoint	WellPoint		83.02	32.18			5.39	245.1	percent of total billed charges	
ANTIHMN GLB TST, INDIR, EA RGT RED CL	86885	CPT	outpatient			453		6.58 Aetna	Medicare		5.72				5.72	430.35	fee schedule	
ANTIHMN GLB TST, INDIR, EA RGT RED CL	86885	CPT	outpatient			453		6.58 Aetna	Commercial		310.98				5.72	430.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANTIHMN GLB TST, INDIR, EA RGT RED CL	86885	CPT	outpatient			453		6.58 Aetna	Better Health		142.92	31.55			5.72	430.35	percent of total billed charges	
ANTIHMN GLB TST, INDIR, EA RGT RED CL	86885	CPT	outpatient			453		6.58 Americare	Americare		339.75	75			5.72	430.35	percent of total billed charges	
ANTIHMN GLB TST, INDIR, EA RGT RED CL	86885	CPT	outpatient			453		6.58 Amerihealth	Medicare		5.72				5.72	430.35	fee schedule	
ANTIHMN GLB TST, INDIR, EA RGT RED CL	86885	CPT	outpatient			453		6.58 Amerihealth	HMO/PPO		294.45	65			5.72	430.35	percent of total billed charges	
ANTIHMN GLB TST, INDIR, EA RGT RED CL	86885	CPT	outpatient			453		6.58 Consumer	Consumer		430.35	95			5.72	430.35	percent of total billed charges	
ANTIHMN GLB TST, INDIR, EA RGT RED CL	86885	CPT	outpatient			453		6.58 Corrections	Corrections		362.4	80			5.72	430.35	percent of total billed charges	
ANTIHMN GLB TST, INDIR, EA RGT RED CL	86885	CPT	outpatient			453		6.58 First Health	First Health		317.1	70			5.72	430.35	percent of total billed charges	
ANTIHMN GLB TST, INDIR, EA RGT RED CL	86885	CPT	outpatient			453		6.58 First Trenton	First Trenton		407.7	90			5.72	430.35	percent of total billed charges	
ANTIHMN GLB TST, INDIR, EA RGT RED CL	86885	CPT	outpatient			453		6.58 Horizon	PPO		363.53				5.72	430.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANTIHMN GLB TST, INDIR, EA RGT RED CL	86885	CPT	outpatient			453		6.58 Horizon	Medicare Blue		195.34				5.72	430.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANTIHMN GLB TST, INDIR, EA RGT RED CL	86885	CPT	outpatient			453		6.58 Horizon	MGD		363.53				5.72	430.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANTIHMN GLB TST, INDIR, EA RGT RED CL	86885	CPT	outpatient			453		6.58 Horizon	Indemnity		363.53				5.72	430.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANTIHMN GLB TST, INDIR, EA RGT RED CL	86885	CPT	outpatient			453		6.58 Horizon	NJ Health		13.33				5.72	430.35	fee schedule	
ANTIHMN GLB TST, INDIR, EA RGT RED CL	86885	CPT	outpatient			453		6.58 Managed Care Inc	Managed Care Inc		407.7	90			5.72	430.35	percent of total billed charges	
ANTIHMN GLB TST, INDIR, EA RGT RED CL	86885	CPT	outpatient			453		6.58 Multiplan	Multiplan		362.4	80			5.72	430.35	percent of total billed charges	
ANTIHMN GLB TST, INDIR, EA RGT RED CL	86885	CPT	outpatient			453		6.58 Qualcare	Qualcare		339.75	75			5.72	430.35	percent of total billed charges	
ANTIHMN GLB TST, INDIR, EA RGT RED CL	86885	CPT	outpatient			453		6.58 Three Rivers	Three Rivers		430.35	95			5.72	430.35	percent of total billed charges	
ANTIHMN GLB TST, INDIR, EA RGT RED CL	86885	CPT	outpatient			453		6.58 UHC	Medicaid		142.92	31.55			5.72	430.35	percent of total billed charges	
ANTIHMN GLB TST, INDIR, EA RGT RED CL	86885	CPT	outpatient			453		6.58 UHC	Medicare		5.72				5.72	430.35	fee schedule	
ANTIHMN GLB TST, INDIR, EA RGT RED CL	86885	CPT	outpatient			453		6.58 Wellcare	Medicare		5.72				5.72	430.35	fee schedule	
ANTIHMN GLB TST, INDIR, EA RGT RED CL	86885	CPT	outpatient			453		6.58 Wellcare	Medicaid		142.92	31.55			5.72	430.35	percent of total billed charges	
ANTIHMN GLB TST, INDIR, EA RGT RED CL	86885	CPT	outpatient			453		6.58 WellPoint	WellPoint		145.78	32.18			5.72	430.35	percent of total billed charges	
ANTIHMN GLB TST, INDIR, EA ANTBD TITER	86886	CPT	both			453		5.96 Aetna	Medicare		5.18				5.18	430.35	fee schedule	
ANTIHMN GLB TST, INDIR, EA ANTBD TITER	86886	CPT	both			453		5.96 Aetna	Commercial		310.98				5.18	430.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANTIHMN GLB TST, INDIR, EA ANTBD TITER	86886	CPT	both			453		5.96 Aetna	Better Health		142.92	31.55			5.18	430.35	percent of total billed charges	
ANTIHMN GLB TST, INDIR, EA ANTBD TITER	86886	CPT	both			453		5.96 Americare	Americare		339.75	75			5.18	430.35	percent of total billed charges	
ANTIHMN GLB TST, INDIR, EA ANTBD TITER	86886	CPT	both			453		5.96 Amerihealth	HMO/PPO		294.45	65			5.18	430.35	percent of total billed charges	
ANTIHMN GLB TST, INDIR, EA ANTBD TITER	86886	CPT	both			453		5.96 Amerihealth	Medicare		5.18				5.18	430.35	fee schedule	
ANTIHMN GLB TST, INDIR, EA ANTBD TITER	86886	CPT	both			453		5.96 Consumer	Consumer		430.35	95			5.18	430.35	percent of total billed charges	
ANTIHMN GLB TST, INDIR, EA ANTBD TITER	86886	CPT	both			453		5.96 Corrections	Corrections		362.4	80			5.18	430.35	percent of total billed charges	
ANTIHMN GLB TST, INDIR, EA ANTBD TITER	86886	CPT	both			453		5.96 First Health	First Health		317.1	70			5.18	430.35	percent of total billed charges	
ANTIHMN GLB TST, INDIR, EA ANTBD TITER	86886	CPT	both			453		5.96 First Trenton	First Trenton		407.7	90			5.18	430.35	percent of total billed charges	
ANTIHMN GLB TST, INDIR, EA ANTBD TITER	86886	CPT	both			453		5.96 Horizon	Indemnity		363.53				5.18	430.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANTIHMN GLB TST, INDIR, EA ANTBD TITER	86886	CPT	both			453		5.96 Horizon	Medicare Blue		195.34				5.18	430.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANTIHMN GLB TST, INDIR, EA ANTBD TITER	86886	CPT	both			453		5.96 Horizon	NJ Health		9.8				5.18	430.35	fee schedule	
ANTIHMN GLB TST, INDIR, EA ANTBD TITER	86886	CPT	both			453		5.96 Horizon	MGD		363.53				5.18	430.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANTIHMN GLB TST, INDIR, EA ANTBD TITER	86886	CPT	both			453		5.96 Horizon	PPO		363.53				5.18	430.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANTIHMN GLB TST, INDIR, EA ANTBD TITER	86886	CPT	both			453		5.96 Managed Care Inc	Managed Care Inc		407.7	90			5.18	430.35	percent of total billed charges	
ANTIHMN GLB TST, INDIR, EA ANTBD TITER	86886	CPT	both			453		5.96 Multiplan	Multiplan		362.4	80			5.18	430.35	percent of total billed charges	
ANTIHMN GLB TST, INDIR, EA ANTBD TITER	86886	CPT	both			453		5.96 Qualcare	Qualcare		339.75	75			5.18	430.35	percent of total billed charges	
ANTIHMN GLB TST, INDIR, EA ANTBD TITER	86886	CPT	both			453		5.96 Three Rivers	Three Rivers		430.35	95			5.18	430.35	percent of total billed charges	
ANTIHMN GLB TST, INDIR, EA ANTBD TITER	86886	CPT	both			453		5.96 UHC	Medicaid		142.92	31.55			5.18	430.35	percent of total billed charges	
ANTIHMN GLB TST, INDIR, EA ANTBD TITER	86886	CPT	both			453		5.96 UHC	Medicare		5.18				5.18	430.35	fee schedule	
ANTIHMN GLB TST, INDIR, EA ANTBD TITER	86886	CPT	both			453		5.96 Wellcare	Medicaid		142.92	31.55			5.18	430.35	percent of total billed charges	
ANTIHMN GLB TST, INDIR, EA ANTBD TITER	86886	CPT	both			453		5.96 Wellcare	Medicare		5.18				5.18	430.35	fee schedule	
ANTIHMN GLB TST, INDIR, EA ANTBD TITER	86886	CPT	both			453		5.96 WellPoint	WellPoint		145.78	32.18			5.18	430.35	percent of total billed charges	
AUTOLOGUS BLD OR COMPONENT	86890	CPT	outpatient			1089		224.64 Aetna	Commercial		310.98				58.9	1034.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AUTOLOGUS BLD OR COMPONENT	86890	CPT	outpatient			1089		224.64 Aetna	Better Health		343.58	31.55			58.9	1034.55	percent of total billed charges	
AUTOLOGUS BLD OR COMPONENT	86890	CPT	outpatient			1089		224.64 Aetna	Medicare		195.34				58.9	1034.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AUTOLOGUS BLD OR COMPONENT	86890	CPT	outpatient			1089		224.64 Americare	Americare		816.75	75			58.9	1034.55	percent of total billed charges	
AUTOLOGUS BLD OR COMPONENT	86890	CPT	outpatient			1089		224.64 Amerihealth	Medicare		195.34				58.9	1034.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AUTOLOGUS BLD OR COMPONENT	86890	CPT	outpatient			1089		224.64 Amerihealth	HMO/PPO		707.85	65			58.9	1034.55	percent of total billed charges	
AUTOLOGUS BLD OR COMPONENT	86890	CPT	outpatient			1089		224.64 Consumer	Consumer		1034.55	95			58.9	1034.55	percent of total billed charges	
AUTOLOGUS BLD OR COMPONENT	86890	CPT	outpatient			1089		224.64 Corrections	Corrections		871.2	80			58.9	1034.55	percent of total billed charges	
AUTOLOGUS BLD OR COMPONENT	86890	CPT	outpatient			1089		224.64 First Health	First Health		762.3	70			58.9	1034.55	percent of total billed charges	
AUTOLOGUS BLD OR COMPONENT	86890	CPT	outpatient			1089		224.64 First Trenton	First Trenton		980.1	90			58.9	1034.55	percent of total billed charges	
AUTOLOGUS BLD OR COMPONENT	86890	CPT	outpatient			1089		224.64 Horizon	Indemnity		363.53				58.9	1034.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AUTOLOGUS BLD OR COMPONENT	86890	CPT	outpatient			1089		224.64 Horizon	MGD		363.53				58.9	1034.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AUTOLOGUS BLD OR COMPONENT	86890	CPT	outpatient			1089		224.64 Horizon	Medicare Blue		195.34				58.9	1034.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AUTOLOGUS BLD OR COMPONENT	86890	CPT	outpatient			1089		224.64 Horizon	NJ Health		58.9				58.9	1034.55	fee schedule	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
AUTOLOGUS BLD OR COMPONENT	86890	CPT	outpatient			1089	224.64	Horizon	PPO		363.53				58.9	1034.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AUTOLOGUS BLD OR COMPONENT	86890	CPT	outpatient			1089	224.64	Managed Care Inc	Managed Care Inc		980.1	90			58.9	1034.55	percent of total billed charges	
AUTOLOGUS BLD OR COMPONENT	86890	CPT	outpatient			1089	224.64	Multiplan	Multiplan		871.2	80			58.9	1034.55	percent of total billed charges	
AUTOLOGUS BLD OR COMPONENT	86890	CPT	outpatient			1089	224.64	Qualcare	Qualcare		816.75	75			58.9	1034.55	percent of total billed charges	
AUTOLOGUS BLD OR COMPONENT	86890	CPT	outpatient			1089	224.64	Three Rivers	Three Rivers		1034.55	95			58.9	1034.55	percent of total billed charges	
AUTOLOGUS BLD OR COMPONENT	86890	CPT	outpatient			1089	224.64	UHC	Medicare		195.34				58.9	1034.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AUTOLOGUS BLD OR COMPONENT	86890	CPT	outpatient			1089	224.64	UHC	Medicaid		343.58	31.55			58.9	1034.55	percent of total billed charges	
AUTOLOGUS BLD OR COMPONENT	86890	CPT	outpatient			1089	224.64	Wellcare	Medicare		195.34				58.9	1034.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AUTOLOGUS BLD OR COMPONENT	86890	CPT	outpatient			1089	224.64	Wellcare	Medicaid		343.58	31.55			58.9	1034.55	percent of total billed charges	
AUTOLOGUS BLD OR COMPONENT	86890	CPT	outpatient			1089	224.64	WellPoint	WellPoint		350.44	32.18			58.9	1034.55	percent of total billed charges	
AUTOTRANSFUSION CELL SAVING/SALVAGE	86891	CPT	both			2674	1130.94	Aetna	Better Health		843.65	31.55			82.93	2540.3	percent of total billed charges	
AUTOTRANSFUSION CELL SAVING/SALVAGE	86891	CPT	both			2674	1130.94	Aetna	Commercial		1565.62				82.93	2540.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AUTOTRANSFUSION CELL SAVING/SALVAGE	86891	CPT	both			2674	1130.94	Aetna	Medicare		983.43				82.93	2540.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AUTOTRANSFUSION CELL SAVING/SALVAGE	86891	CPT	both			2674	1130.94	Americare	Americare		2005.5	75			82.93	2540.3	percent of total billed charges	
AUTOTRANSFUSION CELL SAVING/SALVAGE	86891	CPT	both			2674	1130.94	Amerihealth	HMO/PPO		1738.1	65			82.93	2540.3	percent of total billed charges	
AUTOTRANSFUSION CELL SAVING/SALVAGE	86891	CPT	both			2674	1130.94	Amerihealth	Medicare		983.43				82.93	2540.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AUTOTRANSFUSION CELL SAVING/SALVAGE	86891	CPT	both			2674	1130.94	Consumer	Consumer		2540.3	95			82.93	2540.3	percent of total billed charges	
AUTOTRANSFUSION CELL SAVING/SALVAGE	86891	CPT	both			2674	1130.94	Corrections	Corrections		2139.2	80			82.93	2540.3	percent of total billed charges	
AUTOTRANSFUSION CELL SAVING/SALVAGE	86891	CPT	both			2674	1130.94	First Health	First Health		1871.8	70			82.93	2540.3	percent of total billed charges	
AUTOTRANSFUSION CELL SAVING/SALVAGE	86891	CPT	both			2674	1130.94	First Trenton	First Trenton		2406.6	90			82.93	2540.3	percent of total billed charges	
AUTOTRANSFUSION CELL SAVING/SALVAGE	86891	CPT	both			2674	1130.94	Horizon	PPO		1830.16				82.93	2540.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AUTOTRANSFUSION CELL SAVING/SALVAGE	86891	CPT	both			2674	1130.94	Horizon	MGD		1830.16				82.93	2540.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AUTOTRANSFUSION CELL SAVING/SALVAGE	86891	CPT	both			2674	1130.94	Horizon	Indemnity		1830.16				82.93	2540.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AUTOTRANSFUSION CELL SAVING/SALVAGE	86891	CPT	both			2674	1130.94	Horizon	NJ Health		82.93				82.93	2540.3	fee schedule	
AUTOTRANSFUSION CELL SAVING/SALVAGE	86891	CPT	both			2674	1130.94	Horizon	Medicare Blue		983.43				82.93	2540.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AUTOTRANSFUSION CELL SAVING/SALVAGE	86891	CPT	both			2674	1130.94	Managed Care Inc	Managed Care Inc		2406.6	90			82.93	2540.3	percent of total billed charges	
AUTOTRANSFUSION CELL SAVING/SALVAGE	86891	CPT	both			2674	1130.94	Multiplan	Multiplan		2139.2	80			82.93	2540.3	percent of total billed charges	
AUTOTRANSFUSION CELL SAVING/SALVAGE	86891	CPT	both			2674	1130.94	Qualcare	Qualcare		2005.5	75			82.93	2540.3	percent of total billed charges	
AUTOTRANSFUSION CELL SAVING/SALVAGE	86891	CPT	both			2674	1130.94	Three Rivers	Three Rivers		2540.3	95			82.93	2540.3	percent of total billed charges	
AUTOTRANSFUSION CELL SAVING/SALVAGE	86891	CPT	both			2674	1130.94	UHC	Medicaid		843.65	31.55			82.93	2540.3	percent of total billed charges	
AUTOTRANSFUSION CELL SAVING/SALVAGE	86891	CPT	both			2674	1130.94	UHC	Medicare		983.43				82.93	2540.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AUTOTRANSFUSION CELL SAVING/SALVAGE	86891	CPT	both			2674	1130.94	Wellcare	Medicare		983.43				82.93	2540.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AUTOTRANSFUSION CELL SAVING/SALVAGE	86891	CPT	both			2674	1130.94	Wellcare	Medicaid		843.65	31.55			82.93	2540.3	percent of total billed charges	
AUTOTRANSFUSION CELL SAVING/SALVAGE	86891	CPT	both			2674	1130.94	WellPoint	WellPoint		860.49	32.18			82.93	2540.3	percent of total billed charges	
CORD BLOOD ABORT & DAT	86900	CPT	both			258	3.44	Aetna	Medicare		2.99				2.99	271.87	fee schedule	
CORD BLOOD ABORT & DAT	86900	CPT	both			258	3.44	Aetna	Better Health		81.4	31.55			2.99	271.87	percent of total billed charges	
CORD BLOOD ABORT & DAT	86900	CPT	both			258	3.44	Aetna	Commercial		232.58				2.99	271.87	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORD BLOOD ABORT & DAT	86900	CPT	both			258	3.44	Americare	Americare		193.5	75			2.99	271.87	percent of total billed charges	
CORD BLOOD ABORT & DAT	86900	CPT	both			258	3.44	Amerihealth	HMO/PPO		167.7	65			2.99	271.87	percent of total billed charges	
CORD BLOOD ABORT & DAT	86900	CPT	both			258	3.44	Amerihealth	Medicare		2.99				2.99	271.87	fee schedule	
CORD BLOOD ABORT & DAT	86900	CPT	both			258	3.44	Consumer	Consumer		245.1	95			2.99	271.87	percent of total billed charges	
CORD BLOOD ABORT & DAT	86900	CPT	both			258	3.44	Corrections	Corrections		206.4	80			2.99	271.87	percent of total billed charges	
CORD BLOOD ABORT & DAT	86900	CPT	both			258	3.44	First Health	First Health		180.6	70			2.99	271.87	percent of total billed charges	
CORD BLOOD ABORT & DAT	86900	CPT	both			258	3.44	First Trenton	First Trenton		232.2	90			2.99	271.87	percent of total billed charges	
CORD BLOOD ABORT & DAT	86900	CPT	both			258	3.44	Horizon	MGD		271.87				2.99	271.87	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORD BLOOD ABORT & DAT	86900	CPT	both			258	3.44	Horizon	Medicare Blue		146.09				2.99	271.87	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORD BLOOD ABORT & DAT	86900	CPT	both			258	3.44	Horizon	PPO		271.87				2.99	271.87	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORD BLOOD ABORT & DAT	86900	CPT	both			258	3.44	Horizon	NJ Health		3.92				2.99	271.87	fee schedule	
CORD BLOOD ABORT & DAT	86900	CPT	both			258	3.44	Horizon	Indemnity		271.87				2.99	271.87	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORD BLOOD ABORT & DAT	86900	CPT	both			258	3.44	Managed Care Inc	Managed Care Inc		232.2	90			2.99	271.87	percent of total billed charges	
CORD BLOOD ABORT & DAT	86900	CPT	both			258	3.44	Multiplan	Multiplan		206.4	80			2.99	271.87	percent of total billed charges	
CORD BLOOD ABORT & DAT	86900	CPT	both			258	3.44	Qualcare	Qualcare		193.5	75			2.99	271.87	percent of total billed charges	
CORD BLOOD ABORT & DAT	86900	CPT	both			258	3.44	Three Rivers	Three Rivers		245.1	95			2.99	271.87	percent of total billed charges	
CORD BLOOD ABORT & DAT	86900	CPT	both			258	3.44	UHC	Medicaid		81.4	31.55			2.99	271.87	percent of total billed charges	
CORD BLOOD ABORT & DAT	86900	CPT	both			258	3.44	UHC	Medicare		2.99				2.99	271.87	fee schedule	
CORD BLOOD ABORT & DAT	86900	CPT	both			258	3.44	Wellcare	Medicare		2.99				2.99	271.87	fee schedule	
CORD BLOOD ABORT & DAT	86900	CPT	both			258	3.44	Wellcare	Medicaid		81.4	31.55			2.99	271.87	percent of total billed charges	
CORD BLOOD ABORT & DAT	86900	CPT	both			258	3.44	WellPoint	WellPoint		83.02	32.18			2.99	271.87	percent of total billed charges	
RHIG, RHOGAM	86901	CPT	both			183	3.44	Aetna	Medicare		56.36	30.8			2.99	173.85	percent of total billed charges	
RHIG, RHOGAM	86901	CPT	both			183	3.44	Aetna	Commercial		73.01				2.99	173.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RHIG, RHOGAM	86901	CPT	both			183	3.44	Aetna	Better Health		57.74	31.55			2.99	173.85	percent of total billed charges	
RHIG, RHOGAM	86901	CPT	both			183	3.44	Americare	Americare		137.25	75			2.99	173.85	percent of total billed charges	
RHIG, RHOGAM	86901	CPT	both			183	3.44	Amerihealth	HMO/PPO		118.95	65			2.99	173.85	percent of total billed charges	
RHIG, RHOGAM	86901	CPT	both			183	3.44	Amerihealth	Medicare		2.99				2.99	173.85	fee schedule	
RHIG, RHOGAM	86901	CPT	both			183	3.44	Consumer	Consumer		173.85	95			2.99	173.85	percent of total billed charges	
RHIG, RHOGAM	86901	CPT	both			183	3.44	Corrections	Corrections		146.4	80			2.99	173.85	percent of total billed charges	
RHIG, RHOGAM	86901	CPT	both			183	3.44	First Health	First Health		128.1	70			2.99	173.85	percent of total billed charges	
RHIG, RHOGAM	86901	CPT	both			183	3.44	First Trenton	First Trenton		164.7	90			2.99	173.85	percent of total billed charges	
RHIG, RHOGAM	86901	CPT	both			183	3.44	Horizon	MGD		85.35				2.99	173.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RHIG, RHOGAM	86901	CPT	both			183	3.44	Horizon	Indemnity		85.35				2.99	173.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RHIG, RHOGAM	86901	CPT	both			183	3.44	Horizon	PPO		85.35				2.99	173.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RHIG, RHOGAM	86901	CPT	both			183	3.44	Horizon	Medicare Blue		45.86				2.99	173.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RHIG, RHOGAM	86901	CPT	both			183	3.44	Horizon	NJ Health		3.92				2.99	173.85	fee schedule	
RHIG, RHOGAM	86901	CPT	both			183	3.44	Managed Care Inc	Managed Care Inc		164.7	90			2.99	173.85	percent of total billed charges	
RHIG, RHOGAM	86901	CPT	both			183	3.44	Multiplan	Multiplan		146.4	80			2.99	173.85	percent of total billed charges	
RHIG, RHOGAM	86901	CPT	both			183	3.44	Qualcare	Qualcare		137.25	75			2.99	173.85	percent of total billed charges	
RHIG, RHOGAM	86901	CPT	both			183	3.44	Three Rivers	Three Rivers		173.85	95			2.99	173.85	percent of total billed charges	
RHIG, RHOGAM	86901	CPT	both			183	3.44	UHC	Medicare		2.99				2.99	173.85	fee schedule	
RHIG, RHOGAM	86901	CPT	both			183	3.44	UHC	Medicaid		57.74	31.55			2.99	173.85	percent of total billed charges	
RHIG, RHOGAM	86901	CPT	both			183	3.44	Wellcare	Medicaid		57.74	31.55			2.99	173.85	percent of total billed charges	
RHIG, RHOGAM	86901	CPT	both			183	3.44	Wellcare	Medicare		2.99				2.99	173.85	fee schedule	
RHIG, RHOGAM	86901	CPT	both			183	3.44	WellPoint	WellPoint		58.89	32.18			2.99	173.85	percent of total billed charges	
AG TEST OF DONOR BLD;REAG SERUM EA	86902	CPT	both			451	7.3	Aetna	Medicare		138.91	30.8			4.21	765.04	percent of total billed charges	
AG TEST OF DONOR BLD;REAG SERUM EA	86902	CPT	both			451	7.3	Aetna	Commercial		654.46				4.21	765.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AG TEST OF DONOR BLD;REAG SERUM EA	86902	CPT	both			451	7.3	Aetna	Better Health		142.29	31.55			4.21	765.04	percent of total billed charges	
AG TEST OF DONOR BLD;REAG SERUM EA	86902	CPT	both			451	7.3	Americare	Americare		338.25	75			4.21	765.04	percent of total billed charges	
AG TEST OF DONOR BLD;REAG SERUM EA	86902	CPT	both			451	7.3	Amerihealth	Medicare		6.35				4.21	765.04	fee schedule	
AG TEST OF DONOR BLD;REAG SERUM EA	86902	CPT	both			451	7.3	Amerihealth	HMO/PPO		293.15	65			4.21	765.04	percent of total billed charges	
AG TEST OF DONOR BLD;REAG SERUM EA	86902	CPT	both			451	7.3	Consumer	Consumer		428.45	95			4.21	765.04	percent of total billed charges	
AG TEST OF DONOR BLD;REAG SERUM EA	86902	CPT	both			451	7.3	Corrections	Corrections		360.8	80			4.21	765.04	percent of total billed charges	
AG TEST OF DONOR BLD;REAG SERUM EA	86902	CPT	both			451	7.3	First Health	First Health		315.7	70			4.21	765.04	percent of total billed charges	
AG TEST OF DONOR BLD;REAG SERUM EA	86902	CPT	both			451	7.3	First Trenton	First Trenton		405.9	90			4.21	765.04	percent of total billed charges	
AG TEST OF DONOR BLD;REAG SERUM EA	86902	CPT	both			451	7.3	Horizon	Indemnity		765.04				4.21	765.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AG TEST OF DONOR BLD;REAG SERUM EA	86902	CPT	both			451	7.3	Horizon	MGD		765.04				4.21	765.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AG TEST OF DONOR BLD;REAG SERUM EA	86902	CPT	both			451	7.3	Horizon	PPO		765.04				4.21	765.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AG TEST OF DONOR BLD;REAG SERUM EA	86902	CPT	both			451	7.3	Horizon	NJ Health		4.21				4.21	765.04	fee schedule	
AG TEST OF DONOR BLD;REAG SERUM EA	86902	CPT	both			451	7.3	Horizon	Medicare Blue		411.09				4.21	765.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AG TEST OF DONOR BLD;REAG SERUM EA	86902	CPT	both			451	7.3	Managed Care Inc	Managed Care Inc		405.9	90			4.21	765.04	percent of total billed charges	
AG TEST OF DONOR BLD;REAG SERUM EA	86902	CPT	both			451	7.3	Multiplan	Multiplan		360.8	80			4.21	765.04	percent of total billed charges	
AG TEST OF DONOR BLD;REAG SERUM EA	86902	CPT	both			451	7.3	Qualcare	Qualcare		338.25	75			4.21	765.04	percent of total billed charges	
AG TEST OF DONOR BLD;REAG SERUM EA	86902	CPT	both			451	7.3	Three Rivers	Three Rivers		428.45	95			4.21	765.04	percent of total billed charges	
AG TEST OF DONOR BLD;REAG SERUM EA	86902	CPT	both			451	7.3	UHC	Medicaid		142.29	31.55			4.21	765.04	percent of total billed charges	
AG TEST OF DONOR BLD;REAG SERUM EA	86902	CPT	both			451	7.3	UHC	Medicare		6.35				4.21	765.04	fee schedule	
AG TEST OF DONOR BLD;REAG SERUM EA	86902	CPT	both			451	7.3	Wellcare	Medicare		6.35				4.21	765.04	fee schedule	
AG TEST OF DONOR BLD;REAG SERUM EA	86902	CPT	both			451	7.3	Wellcare	Medicaid		142.29	31.55			4.21	765.04	percent of total billed charges	
AG TEST OF DONOR BLD;REAG SERUM EA	86902	CPT	both			451	7.3	WellPoint	WellPoint		145.13	32.18			4.21	765.04	percent of total billed charges	
AG SCREN FOR COMPAT PT SERUM	86904	CPT	outpatient			179	18.79	Aetna	Commercial		111.38				16.34	170.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AG SCREN FOR COMPAT PT SERUM	86904	CPT	outpatient			179	18.79	Aetna	Better Health		56.47	31.55			16.34	170.05	percent of total billed charges	
AG SCREN FOR COMPAT PT SERUM	86904	CPT	outpatient			179	18.79	Aetna	Medicare		16.34				16.34	170.05	fee schedule	
AG SCREN FOR COMPAT PT SERUM	86904	CPT	outpatient			179	18.79	Americare	Americare		134.25	75			16.34	170.05	percent of total billed charges	
AG SCREN FOR COMPAT PT SERUM	86904	CPT	outpatient			179	18.79	Amerihealth	HMO/PPO		116.35	65			16.34	170.05	percent of total billed charges	
AG SCREN FOR COMPAT PT SERUM	86904	CPT	outpatient			179	18.79	Amerihealth	Medicare		16.34				16.34	170.05	fee schedule	
AG SCREN FOR COMPAT PT SERUM	86904	CPT	outpatient			179	18.79	Consumer	Consumer		170.05	95			16.34	170.05	percent of total billed charges	
AG SCREN FOR COMPAT PT SERUM	86904	CPT	outpatient			179	18.79	Corrections	Corrections		143.2	80			16.34	170.05	percent of total billed charges	
AG SCREN FOR COMPAT PT SERUM	86904	CPT	outpatient			179	18.79	First Health	First Health		125.3	70			16.34	170.05	percent of total billed charges	
AG SCREN FOR COMPAT PT SERUM	86904	CPT	outpatient			179	18.79	First Trenton	First Trenton		161.1	90			16.34	170.05	percent of total billed charges	
AG SCREN FOR COMPAT PT SERUM	86904	CPT	outpatient			179	18.79	Horizon	Indemnity		130.2				16.34	170.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AG SCREN FOR COMPAT PT SERUM	86904	CPT	outpatient			179	18.79	Horizon	MGD		130.2				16.34	170.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AG SCREN FOR COMPAT PT SERUM	86904	CPT	outpatient			179	18.79	Horizon	Medicare Blue		69.96				16.34	170.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AG SCREN FOR COMPAT PT SERUM	86904	CPT	outpatient			179	18.79	Horizon	NJ Health		25.23				16.34	170.05	fee schedule	
AG SCREN FOR COMPAT PT SERUM	86904	CPT	outpatient			179	18.79	Horizon	PPO		130.2				16.34	170.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AG SCREN FOR COMPAT PT SERUM	86904	CPT	outpatient			179	18.79	Managed Care Inc	Managed Care Inc		161.1	90			16.34	170.05	percent of total billed charges	
AG SCREN FOR COMPAT PT SERUM	86904	CPT	outpatient			179	18.79	Multiplan	Multiplan		143.2	80			16.34	170.05	percent of total billed charges	
AG SCREN FOR COMPAT PT SERUM	86904	CPT	outpatient			179	18.79	Qualcare	Qualcare		134.25	75			16.34	170.05	percent of total billed charges	
AG SCREN FOR COMPAT PT SERUM	86904	CPT	outpatient			179	18.79	Three Rivers	Three Rivers		170.05	95			16.34	170.05	percent of total billed charges	
AG SCREN FOR COMPAT PT SERUM	86904	CPT	outpatient			179	18.79	UHC	Medicaid		56.47	31.55			16.34	170.05	percent of total billed charges	
AG SCREN FOR COMPAT PT SERUM	86904	CPT	outpatient			179	18.79	UHC	Medicare		16.34				16.34	170.05	fee schedule	
AG SCREN FOR COMPAT PT SERUM	86904	CPT	outpatient			179	18.79	Wellcare	Medicaid		56.47	31.55			16.34	170.05	percent of total billed charges	
AG SCREN FOR COMPAT PT SERUM	86904	CPT	outpatient			179	18.79	Wellcare	Medicare		16.34				16.34	170.05	fee schedule	
AG SCREN FOR COMPAT PT SERUM	86904	CPT	outpatient			179	18.79	WellPoint	WellPoint		57.6	32.18			16.34	170.05	percent of total billed charges	
RBC ANTIGEN,OTHER THAN ABO OR RH,EA	86905	CPT	both			822	4.4	Aetna	Commercial		654.46				3.83	780.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RBC ANTIGEN,OTHER THAN ABO OR RH,EA	86905	CPT	both			822	4.4	Aetna	Medicare		3.83				3.83	780.9	fee schedule	
RBC ANTIGEN,OTHER THAN ABO OR RH,EA	86905	CPT	both			822	4.4	Aetna	Better Health		259.34	31.55			3.83	780.9	percent of total billed charges	
RBC ANTIGEN,OTHER THAN ABO OR RH,EA	86905	CPT	both			822	4.4	Americare	Americare		616.5	75			3.83	780.9	percent of total billed charges	
RBC ANTIGEN,OTHER THAN ABO OR RH,EA	86905	CPT	both			822	4.4	Amerihealth	HMO/PPO		534.3	65			3.83	780.9	percent of total billed charges	
RBC ANTIGEN,OTHER THAN ABO OR RH,EA	86905	CPT	both			822	4.4	Amerihealth	Medicare		3.83				3.83	780.9	fee schedule	
RBC ANTIGEN,OTHER THAN ABO OR RH,EA	86905	CPT	both			822	4.4	Consumer	Consumer		780.9	95			3.83	780.9	percent of total billed charges	
RBC ANTIGEN,OTHER THAN ABO OR RH,EA	86905	CPT	both			822	4.4	Corrections	Corrections		657.6	80			3.83	780.9	percent of total billed charges	
RBC ANTIGEN,OTHER THAN ABO OR RH,EA	86905	CPT	both			822	4.4	First Health	First Health		575.4	70			3.83	780.9	percent of total billed charges	
RBC ANTIGEN,OTHER THAN ABO OR RH,EA	86905	CPT	both			822	4.4	First Trenton	First Trenton		739.8	90			3.83	780.9	percent of total billed charges	
RBC ANTIGEN,OTHER THAN ABO OR RH,EA	86905	CPT	both			822	4.4	Horizon	MGD		765.04				3.83	780.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RBC ANTIGEN,OTHER THAN ABO OR RH,EA	86905	CPT	both			822	4.4	Horizon	Indemnity		765.04				3.83	780.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RBC ANTIGEN,OTHER THAN ABO OR RH,EA	86905	CPT	both			822	4.4	Horizon	NJ Health		6.47				3.83	780.9	fee schedule	
RBC ANTIGEN,OTHER THAN ABO OR RH,EA	86905	CPT	both			822	4.4	Horizon	PPO		765.04				3.83	780.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RBC ANTIGEN,OTHER THAN ABO OR RH,EA	86905	CPT	both			822	4.4	Horizon	Medicare Blue		411.09				3.83	780.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RBC ANTIGEN,OTHER THAN ABO OR RH,EA	86905	CPT	both			822	4.4	Managed Care Inc	Managed Care Inc		739.8	90			3.83	780.9	percent of total billed charges	
RBC ANTIGEN,OTHER THAN ABO OR RH,EA	86905	CPT	both			822	4.4	Multiplan	Multiplan		657.6	80			3.83	780.9	percent of total billed charges	
RBC ANTIGEN,OTHER THAN ABO OR RH,EA	86905	CPT	both			822	4.4	Qualcare	Qualcare		616.5	75			3.83	780.9	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
RBC ANTIGEN,OTHER THAN ABO OR RH,EA	86905	CPT	both			822	4.4	Three Rivers	Three Rivers		780.9	95			3.83	780.9	percent of total billed charges	
RBC ANTIGEN,OTHER THAN ABO OR RH,EA	86905	CPT	both			822	4.4	UHC	Medicaid		259.34	31.55			3.83	780.9	percent of total billed charges	
RBC ANTIGEN,OTHER THAN ABO OR RH,EA	86905	CPT	both			822	4.4	UHC	Medicare		3.83				3.83	780.9	fee schedule	
RBC ANTIGEN,OTHER THAN ABO OR RH,EA	86905	CPT	both			822	4.4	Wellcare	Medicare		3.83				3.83	780.9	fee schedule	
RBC ANTIGEN,OTHER THAN ABO OR RH,EA	86905	CPT	both			822	4.4	Wellcare	Medicaid		259.34	31.55			3.83	780.9	percent of total billed charges	
RBC ANTIGEN,OTHER THAN ABO OR RH,EA	86905	CPT	both			822	4.4	WellPoint	WellPoint		264.52	32.18			3.83	780.9	percent of total billed charges	
COMPATIBILITY TEST EA/UNIT,IMMED SPIN	86920	CPT	both			451	224.64	Aetna	Commercial		310.98				25.93	428.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPATIBILITY TEST EA/UNIT,IMMED SPIN	86920	CPT	both			451	224.64	Aetna	Better Health		142.29	31.55			25.93	428.45	percent of total billed charges	
COMPATIBILITY TEST EA/UNIT,IMMED SPIN	86920	CPT	both			451	224.64	Aetna	Medicare		195.34				25.93	428.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPATIBILITY TEST EA/UNIT,IMMED SPIN	86920	CPT	both			451	224.64	Americare	Americare		338.25	75			25.93	428.45	percent of total billed charges	
COMPATIBILITY TEST EA/UNIT,IMMED SPIN	86920	CPT	both			451	224.64	Amerihealth	Medicare		195.34				25.93	428.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPATIBILITY TEST EA/UNIT,IMMED SPIN	86920	CPT	both			451	224.64	Amerihealth	HMO/PPO		293.15	65			25.93	428.45	percent of total billed charges	
COMPATIBILITY TEST EA/UNIT,IMMED SPIN	86920	CPT	both			451	224.64	Consumer	Consumer		428.45	95			25.93	428.45	percent of total billed charges	
COMPATIBILITY TEST EA/UNIT,IMMED SPIN	86920	CPT	both			451	224.64	Corrections	Corrections		360.8	80			25.93	428.45	percent of total billed charges	
COMPATIBILITY TEST EA/UNIT,IMMED SPIN	86920	CPT	both			451	224.64	First Health	First Health		315.7	70			25.93	428.45	percent of total billed charges	
COMPATIBILITY TEST EA/UNIT,IMMED SPIN	86920	CPT	both			451	224.64	First Trenton	First Trenton		405.9	90			25.93	428.45	percent of total billed charges	
COMPATIBILITY TEST EA/UNIT,IMMED SPIN	86920	CPT	both			451	224.64	Horizon	Indemnity		363.53				25.93	428.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPATIBILITY TEST EA/UNIT,IMMED SPIN	86920	CPT	both			451	224.64	Horizon	PPO		363.53				25.93	428.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPATIBILITY TEST EA/UNIT,IMMED SPIN	86920	CPT	both			451	224.64	Horizon	MGD		363.53				25.93	428.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPATIBILITY TEST EA/UNIT,IMMED SPIN	86920	CPT	both			451	224.64	Horizon	Medicare Blue		195.34				25.93	428.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPATIBILITY TEST EA/UNIT,IMMED SPIN	86920	CPT	both			451	224.64	Horizon	NJ Health		25.93				25.93	428.45	fee schedule	
COMPATIBILITY TEST EA/UNIT,IMMED SPIN	86920	CPT	both			451	224.64	Managed Care Inc	Managed Care Inc		405.9	90			25.93	428.45	percent of total billed charges	
COMPATIBILITY TEST EA/UNIT,IMMED SPIN	86920	CPT	both			451	224.64	Multiplan	Multiplan		360.8	80			25.93	428.45	percent of total billed charges	
COMPATIBILITY TEST EA/UNIT,IMMED SPIN	86920	CPT	both			451	224.64	Qualcare	Qualcare		338.25	75			25.93	428.45	percent of total billed charges	
COMPATIBILITY TEST EA/UNIT,IMMED SPIN	86920	CPT	both			451	224.64	Three Rivers	Three Rivers		428.45	95			25.93	428.45	percent of total billed charges	
COMPATIBILITY TEST EA/UNIT,IMMED SPIN	86920	CPT	both			451	224.64	UHC	Medicare		195.34				25.93	428.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPATIBILITY TEST EA/UNIT,IMMED SPIN	86920	CPT	both			451	224.64	UHC	Medicaid		142.29	31.55			25.93	428.45	percent of total billed charges	
COMPATIBILITY TEST EA/UNIT,IMMED SPIN	86920	CPT	both			451	224.64	Wellcare	Medicare		195.34				25.93	428.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPATIBILITY TEST EA/UNIT,IMMED SPIN	86920	CPT	both			451	224.64	Wellcare	Medicaid		142.29	31.55			25.93	428.45	percent of total billed charges	
COMPATIBILITY TEST EA/UNIT,IMMED SPIN	86920	CPT	both			451	224.64	WellPoint	WellPoint		145.13	32.18			25.93	428.45	percent of total billed charges	
COMPATIBILITY TEST EA/UNIT,INCUBATION	86921	CPT	both			453	224.64	Aetna	Better Health		142.92	31.55			25.87	430.35	percent of total billed charges	
COMPATIBILITY TEST EA/UNIT,INCUBATION	86921	CPT	both			453	224.64	Aetna	Commercial		310.98				25.87	430.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPATIBILITY TEST EA/UNIT,INCUBATION	86921	CPT	both			453	224.64	Aetna	Medicare		195.34				25.87	430.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPATIBILITY TEST EA/UNIT,INCUBATION	86921	CPT	both			453	224.64	Americare	Americare		339.75	75			25.87	430.35	percent of total billed charges	
COMPATIBILITY TEST EA/UNIT,INCUBATION	86921	CPT	both			453	224.64	Amerihealth	Medicare		195.34				25.87	430.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPATIBILITY TEST EA/UNIT,INCUBATION	86921	CPT	both			453	224.64	Amerihealth	HMO/PPO		294.45	65			25.87	430.35	percent of total billed charges	
COMPATIBILITY TEST EA/UNIT,INCUBATION	86921	CPT	both			453	224.64	Consumer	Consumer		430.35	95			25.87	430.35	percent of total billed charges	
COMPATIBILITY TEST EA/UNIT,INCUBATION	86921	CPT	both			453	224.64	Corrections	Corrections		362.4	80			25.87	430.35	percent of total billed charges	
COMPATIBILITY TEST EA/UNIT,INCUBATION	86921	CPT	both			453	224.64	First Health	First Health		317.1	70			25.87	430.35	percent of total billed charges	
COMPATIBILITY TEST EA/UNIT,INCUBATION	86921	CPT	both			453	224.64	First Trenton	First Trenton		407.7	90			25.87	430.35	percent of total billed charges	
COMPATIBILITY TEST EA/UNIT,INCUBATION	86921	CPT	both			453	224.64	Horizon	MGD		363.53				25.87	430.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPATIBILITY TEST EA/UNIT,INCUBATION	86921	CPT	both			453	224.64	Horizon	Medicare Blue		195.34				25.87	430.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPATIBILITY TEST EA/UNIT,INCUBATION	86921	CPT	both			453	224.64	Horizon	Indemnity		363.53				25.87	430.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPATIBILITY TEST EA/UNIT,INCUBATION	86921	CPT	both			453	224.64	Horizon	NJ Health		25.87				25.87	430.35	fee schedule	
COMPATIBILITY TEST EA/UNIT,INCUBATION	86921	CPT	both			453	224.64	Horizon	PPO		363.53				25.87	430.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPATIBILITY TEST EA/UNIT,INCUBATION	86921	CPT	both			453	224.64	Managed Care Inc	Managed Care Inc		407.7	90			25.87	430.35	percent of total billed charges	
COMPATIBILITY TEST EA/UNIT,INCUBATION	86921	CPT	both			453	224.64	Multiplan	Multiplan		362.4	80			25.87	430.35	percent of total billed charges	
COMPATIBILITY TEST EA/UNIT,INCUBATION	86921	CPT	both			453	224.64	Qualcare	Qualcare		339.75	75			25.87	430.35	percent of total billed charges	
COMPATIBILITY TEST EA/UNIT,INCUBATION	86921	CPT	both			453	224.64	Three Rivers	Three Rivers		430.35	95			25.87	430.35	percent of total billed charges	
COMPATIBILITY TEST EA/UNIT,INCUBATION	86921	CPT	both			453	224.64	UHC	Medicare		195.34				25.87	430.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPATIBILITY TEST EA/UNIT,INCUBATION	86921	CPT	both			453	224.64	UHC	Medicaid		142.92	31.55			25.87	430.35	percent of total billed charges	
COMPATIBILITY TEST EA/UNIT,INCUBATION	86921	CPT	both			453	224.64	Wellcare	Medicare		195.34				25.87	430.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPATIBILITY TEST EA/UNIT,INCUBATION	86921	CPT	both			453	224.64	Wellcare	Medicaid		142.92	31.55			25.87	430.35	percent of total billed charges	
COMPATIBILITY TEST EA/UNIT,INCUBATION	86921	CPT	both			453	224.64	WellPoint	WellPoint		145.78	32.18			25.87	430.35	percent of total billed charges	
COMPAT TEST,ANTIGLOBULIN TECH	86922	CPT	both			495	224.64	Aetna	Better Health		156.17	31.55			25.87	470.25	percent of total billed charges	
COMPAT TEST,ANTIGLOBULIN TECH	86922	CPT	both			495	224.64	Aetna	Medicare		195.34				25.87	470.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPAT TEST,ANTIGLOBULIN TECH	86922	CPT	both			495	224.64	Aetna	Commercial		310.98				25.87	470.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPAT TEST,ANTIGLOBULIN TECH	86922	CPT	both			495	224.64	Americare	Americare		371.25	75			25.87	470.25	percent of total billed charges	
COMPAT TEST,ANTIGLOBULIN TECH	86922	CPT	both			495	224.64	Amerihealth	Medicare		195.34				25.87	470.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPAT TEST,ANTIGLOBULIN TECH	86922	CPT	both			495	224.64	Amerihealth	HMO/PPO		321.75	65			25.87	470.25	percent of total billed charges	
COMPAT TEST,ANTIGLOBULIN TECH	86922	CPT	both			495	224.64	Consumer	Consumer		470.25	95			25.87	470.25	percent of total billed charges	
COMPAT TEST,ANTIGLOBULIN TECH	86922	CPT	both			495	224.64	Corrections	Corrections		396	80			25.87	470.25	percent of total billed charges	
COMPAT TEST,ANTIGLOBULIN TECH	86922	CPT	both			495	224.64	First Health	First Health		346.5	70			25.87	470.25	percent of total billed charges	
COMPAT TEST,ANTIGLOBULIN TECH	86922	CPT	both			495	224.64	First Trenton	First Trenton		445.5	90			25.87	470.25	percent of total billed charges	
COMPAT TEST,ANTIGLOBULIN TECH	86922	CPT	both			495	224.64	Horizon	PPO		363.53				25.87	470.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPAT TEST,ANTIGLOBULIN TECH	86922	CPT	both			495	224.64	Horizon	MGD		363.53				25.87	470.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPAT TEST,ANTIGLOBULIN TECH	86922	CPT	both			495	224.64	Horizon	Indemnity		363.53				25.87	470.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPAT TEST,ANTIGLOBULIN TECH	86922	CPT	both			495	224.64	Horizon	NJ Health		25.87				25.87	470.25	fee schedule	
COMPAT TEST,ANTIGLOBULIN TECH	86922	CPT	both			495	224.64	Horizon	Medicare Blue		195.34				25.87	470.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPAT TEST,ANTIGLOBULIN TECH	86922	CPT	both			495	224.64	Managed Care Inc	Managed Care Inc		445.5	90			25.87	470.25	percent of total billed charges	
COMPAT TEST,ANTIGLOBULIN TECH	86922	CPT	both			495	224.64	Multiplan	Multiplan		396	80			25.87	470.25	percent of total billed charges	
COMPAT TEST,ANTIGLOBULIN TECH	86922	CPT	both			495	224.64	Qualcare	Qualcare		371.25	75			25.87	470.25	percent of total billed charges	
COMPAT TEST,ANTIGLOBULIN TECH	86922	CPT	both			495	224.64	Three Rivers	Three Rivers		470.25	95			25.87	470.25	percent of total billed charges	
COMPAT TEST,ANTIGLOBULIN TECH	86922	CPT	both			495	224.64	UHC	Medicare		195.34				25.87	470.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPAT TEST,ANTIGLOBULIN TECH	86922	CPT	both			495	224.64	UHC	Medicaid		156.17	31.55			25.87	470.25	percent of total billed charges	
COMPAT TEST,ANTIGLOBULIN TECH	86922	CPT	both			495	224.64	Wellcare	Medicare		195.34				25.87	470.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPAT TEST,ANTIGLOBULIN TECH	86922	CPT	both			495	224.64	Wellcare	Medicaid		156.17	31.55			25.87	470.25	percent of total billed charges	
COMPAT TEST,ANTIGLOBULIN TECH	86922	CPT	both			495	224.64	WellPoint	WellPoint		159.29	32.18			25.87	470.25	percent of total billed charges	
COMPATIBILITY TEST EA,ELECTRONIC	86923	CPT	both			469	224.64	Aetna	Commercial		310.98				19.25	445.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPATIBILITY TEST EA,ELECTRONIC	86923	CPT	both			469	224.64	Aetna	Better Health		147.97	31.55			19.25	445.55	percent of total billed charges	
COMPATIBILITY TEST EA,ELECTRONIC	86923	CPT	both			469	224.64	Aetna	Medicare		195.34				19.25	445.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPATIBILITY TEST EA,ELECTRONIC	86923	CPT	both			469	224.64	Americare	Americare		351.75	75			19.25	445.55	percent of total billed charges	
COMPATIBILITY TEST EA,ELECTRONIC	86923	CPT	both			469	224.64	Amerihealth	HMO/PPO		304.85	65			19.25	445.55	percent of total billed charges	
COMPATIBILITY TEST EA,ELECTRONIC	86923	CPT	both			469	224.64	Amerihealth	Medicare		195.34				19.25	445.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPATIBILITY TEST EA,ELECTRONIC	86923	CPT	both			469	224.64	Consumer	Consumer		445.55	95			19.25	445.55	percent of total billed charges	
COMPATIBILITY TEST EA,ELECTRONIC	86923	CPT	both			469	224.64	Corrections	Corrections		375.2	80			19.25	445.55	percent of total billed charges	
COMPATIBILITY TEST EA,ELECTRONIC	86923	CPT	both			469	224.64	First Health	First Health		328.3	70			19.25	445.55	percent of total billed charges	
COMPATIBILITY TEST EA,ELECTRONIC	86923	CPT	both			469	224.64	First Trenton	First Trenton		422.1	90			19.25	445.55	percent of total billed charges	
COMPATIBILITY TEST EA,ELECTRONIC	86923	CPT	both			469	224.64	Horizon	Indemnity		363.53				19.25	445.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPATIBILITY TEST EA,ELECTRONIC	86923	CPT	both			469	224.64	Horizon	Medicare Blue		195.34				19.25	445.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPATIBILITY TEST EA,ELECTRONIC	86923	CPT	both			469	224.64	Horizon	NJ Health		19.25				19.25	445.55	fee schedule	
COMPATIBILITY TEST EA,ELECTRONIC	86923	CPT	both			469	224.64	Horizon	PPO		363.53				19.25	445.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPATIBILITY TEST EA,ELECTRONIC	86923	CPT	both			469	224.64	Horizon	MGD		363.53				19.25	445.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPATIBILITY TEST EA,ELECTRONIC	86923	CPT	both			469	224.64	Managed Care Inc	Managed Care Inc		422.1	90			19.25	445.55	percent of total billed charges	
COMPATIBILITY TEST EA,ELECTRONIC	86923	CPT	both			469	224.64	Multiplan	Multiplan		375.2	80			19.25	445.55	percent of total billed charges	
COMPATIBILITY TEST EA,ELECTRONIC	86923	CPT	both			469	224.64	Qualcare	Qualcare		351.75	75			19.25	445.55	percent of total billed charges	
COMPATIBILITY TEST EA,ELECTRONIC	86923	CPT	both			469	224.64	Three Rivers	Three Rivers		445.55	95			19.25	445.55	percent of total billed charges	
COMPATIBILITY TEST EA,ELECTRONIC	86923	CPT	both			469	224.64	UHC	Medicaid		147.97	31.55			19.25	445.55	percent of total billed charges	
COMPATIBILITY TEST EA,ELECTRONIC	86923	CPT	both			469	224.64	UHC	Medicare		195.34				19.25	445.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPATIBILITY TEST EA,ELECTRONIC	86923	CPT	both			469	224.64	Wellcare	Medicaid		147.97	31.55			19.25	445.55	percent of total billed charges	
COMPATIBILITY TEST EA,ELECTRONIC	86923	CPT	both			469	224.64	Wellcare	Medicare		195.34				19.25	445.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPATIBILITY TEST EA,ELECTRONIC	86923	CPT	both			469	224.64	WellPoint	WellPoint		150.92	32.18			19.25	445.55	percent of total billed charges	
FFP THAWING, EA,UNIT	86927	CPT	outpatient			947	224.64	Aetna	Medicare		195.34				11.72	899.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FFP THAWING, EA,UNIT	86927	CPT	outpatient			947	224.64	Aetna	Commercial		310.98				11.72	899.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FFP THAWING, EA,UNIT	86927	CPT	outpatient			947	224.64	Aetna	Better Health		298.78	31.55			11.72	899.65	percent of total billed charges	
FFP THAWING, EA,UNIT	86927	CPT	outpatient			947	224.64	Americare	Americare		710.25	75			11.72	899.65	percent of total billed charges	
FFP THAWING, EA,UNIT	86927	CPT	outpatient			947	224.64	Amerihealth	HMO/PPO		615.55	65			11.72	899.65	percent of total billed charges	
FFP THAWING, EA,UNIT	86927	CPT	outpatient			947	224.64	Amerihealth	Medicare		195.34				11.72	899.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FFP THAWING, EA,UNIT	86927	CPT	outpatient			947	224.64	Consumer	Consumer		899.65	95			11.72	899.65	percent of total billed charges	
FFP THAWING, EA,UNIT	86927	CPT	outpatient			947	224.64	Corrections	Corrections		757.6	80			11.72	899.65	percent of total billed charges	
FFP THAWING, EA,UNIT	86927	CPT	outpatient			947	224.64	First Health	First Health		662.9	70			11.72	899.65	percent of total billed charges	
FFP THAWING, EA,UNIT	86927	CPT	outpatient			947	224.64	First Trenton	First Trenton		852.3	90			11.72	899.65	percent of total billed charges	
FFP THAWING, EA,UNIT	86927	CPT	outpatient			947	224.64	Horizon	MGD		363.53				11.72	899.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FFP THAWING, EA,UNIT	86927	CPT	outpatient			947	224.64	Horizon	Medicare Blue		195.34				11.72	899.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FFP THAWING, EA,UNIT	86927	CPT	outpatient			947	224.64	Horizon	PPO		363.53				11.72	899.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FFP THAWING, EA,UNIT	86927	CPT	outpatient			947	224.64	Horizon	Indemnity		363.53				11.72	899.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FFP THAWING, EA,UNIT	86927	CPT	outpatient			947	224.64	Horizon	NJ Health		11.72				11.72	899.65	fee schedule	
FFP THAWING, EA,UNIT	86927	CPT	outpatient			947	224.64	Managed Care Inc	Managed Care Inc		852.3	90			11.72	899.65	percent of total billed charges	
FFP THAWING, EA,UNIT	86927	CPT	outpatient			947	224.64	Multiplan	Multiplan		757.6	80			11.72	899.65	percent of total billed charges	
FFP THAWING, EA,UNIT	86927	CPT	outpatient			947	224.64	Qualcare	Qualcare		710.25	75			11.72	899.65	percent of total billed charges	
FFP THAWING, EA,UNIT	86927	CPT	outpatient			947	224.64	Three Rivers	Three Rivers		899.65	95			11.72	899.65	percent of total billed charges	
FFP THAWING, EA,UNIT	86927	CPT	outpatient			947	224.64	UHC	Medicaid		298.78	31.55			11.72	899.65	percent of total billed charges	
FFP THAWING, EA,UNIT	86927	CPT	outpatient			947	224.64	UHC	Medicare		195.34				11.72	899.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FFP THAWING, EA,UNIT	86927	CPT	outpatient			947	224.64	Wellcare	Medicaid		298.78	31.55			11.72	899.65	percent of total billed charges	
FFP THAWING, EA,UNIT	86927	CPT	outpatient			947	224.64	Wellcare	Medicare		195.34				11.72	899.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FFP THAWING, EA,UNIT	86927	CPT	outpatient			947	224.64	WellPoint	WellPoint		304.74	32.18			11.72	899.65	percent of total billed charges	
FROZ BLD,PREP FOR FREEZE EA UNIT	86930	CPT	inpatient			1064	224.64	Aetna	Commercial		310.98				69.11	1010.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FROZ BLD,PREP FOR FREEZE EA UNIT	86930	CPT	inpatient			1064	224.64	Aetna	Medicare		195.34				69.11	1010.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FROZ BLD,PREP FOR FREEZE EA UNIT	86930	CPT	inpatient			1064	224.64	Aetna	Better Health		335.69	31.55			69.11	1010.8	percent of total billed charges	
FROZ BLD,PREP FOR FREEZE EA UNIT	86930	CPT	inpatient			1064	224.64	Americare	Americare		798	75			69.11	1010.8	percent of total billed charges	
FROZ BLD,PREP FOR FREEZE EA UNIT	86930	CPT	inpatient			1064	224.64	Amerihealth	HMO/PPO		691.6	65			69.11	1010.8	percent of total billed charges	
FROZ BLD,PREP FOR FREEZE EA UNIT	86930	CPT	inpatient			1064	224.64	Amerihealth	Medicare		195.34				69.11	1010.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FROZ BLD,PREP FOR FREEZE EA UNIT	86930	CPT	inpatient			1064	224.64	Consumer	Consumer		1010.8	95			69.11	1010.8	percent of total billed charges	
FROZ BLD,PREP FOR FREEZE EA UNIT	86930	CPT	inpatient			1064	224.64	Corrections	Corrections		851.2	80			69.11	1010.8	percent of total billed charges	
FROZ BLD,PREP FOR FREEZE EA UNIT	86930	CPT	inpatient			1064	224.64	First Health	First Health		744.8	70			69.11	1010.8	percent of total billed charges	
FROZ BLD,PREP FOR FREEZE EA UNIT	86930	CPT	inpatient			1064	224.64	First Trenton	First Trenton		957.6	90			69.11	1010.8	percent of total billed charges	
FROZ BLD,PREP FOR FREEZE EA UNIT	86930	CPT	inpatient			1064	224.64	Horizon	Indemnity		363.53				69.11	1010.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FROZ BLD,PREP FOR FREEZE EA UNIT	86930	CPT	inpatient			1064	224.64	Horizon	PPO		363.53				69.11	1010.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FROZ BLD,PREP FOR FREEZE EA UNIT	86930	CPT	inpatient			1064	224.64	Horizon	MGD		363.53				69.11	1010.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FROZ BLD,PREP FOR FREEZE EA UNIT	86930	CPT	inpatient			1064	224.64	Horizon	NJ Health		69.11				69.11	1010.8	fee schedule	
FROZ BLD,PREP FOR FREEZE EA UNIT	86930	CPT	inpatient			1064	224.64	Horizon	Medicare Blue		195.34				69.11	1010.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FROZ BLD,PREP FOR FREEZE EA UNIT	86930	CPT	inpatient			1064	224.64	Managed Care Inc	Managed Care Inc		957.6	90			69.11	1010.8	percent of total billed charges	
FROZ BLD,PREP FOR FREEZE EA UNIT	86930	CPT	inpatient			1064	224.64	Multiplan	Multiplan		851.2	80			69.11	1010.8	percent of total billed charges	
FROZ BLD,PREP FOR FREEZE EA UNIT	86930	CPT	inpatient			1064	224.64	Qualcare	Qualcare		798	75			69.11	1010.8	percent of total billed charges	
FROZ BLD,PREP FOR FREEZE EA UNIT	86930	CPT	inpatient			1064	224.64	Three Rivers	Three Rivers		1010.8	95			69.11	1010.8	percent of total billed charges	
FROZ BLD,PREP FOR FREEZE EA UNIT	86930	CPT	inpatient			1064	224.64	UHC	Medicaid		335.69	31.55			69.11	1010.8	percent of total billed charges	
FROZ BLD,PREP FOR FREEZE EA UNIT	86930	CPT	inpatient			1064	224.64	UHC	Medicare		195.34				69.11	1010.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FROZ BLD,PREP FOR FREEZE EA UNIT	86930	CPT	inpatient			1064	224.64	Wellcare	Medicaid		335.69	31.55			69.11	1010.8	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.														
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103		310119 true													
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
FROZ BLD,PREP FOR FREEZE EA UNIT	86930	CPT	inpatient			1064	224.64	Medicare	Medicare		195.34				69.11	1010.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FROZ BLD,PREP FOR FREEZE EA UNIT	86930	CPT	inpatient			1064	224.64	WellPoint	WellPoint		342.4	32.18			69.11	1010.8	percent of total billed charges	
FROZ BLD,PREP FREZ/UNIT THAW	86931	CPT	outpatient			1064	224.64	Aetna	Better Health		335.69	31.55			51.98	1010.8	percent of total billed charges	
FROZ BLD,PREP FREZ/UNIT THAW	86931	CPT	outpatient			1064	224.64	Aetna	Medicare		327.71	30.8			51.98	1010.8	percent of total billed charges	
FROZ BLD,PREP FREZ/UNIT THAW	86931	CPT	outpatient			1064	224.64	Aetna	Commercial		310.98				51.98	1010.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FROZ BLD,PREP FREZ/UNIT THAW	86931	CPT	outpatient			1064	224.64	Americare	Americare		798	75			51.98	1010.8	percent of total billed charges	
FROZ BLD,PREP FREZ/UNIT THAW	86931	CPT	outpatient			1064	224.64	Amerihealth	Medicare		195.34				51.98	1010.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FROZ BLD,PREP FREZ/UNIT THAW	86931	CPT	outpatient			1064	224.64	Amerihealth	HMO/PPO		691.6	65			51.98	1010.8	percent of total billed charges	
FROZ BLD,PREP FREZ/UNIT THAW	86931	CPT	outpatient			1064	224.64	Consumer	Consumer		1010.8	95			51.98	1010.8	percent of total billed charges	
FROZ BLD,PREP FREZ/UNIT THAW	86931	CPT	outpatient			1064	224.64	Corrections	Corrections		851.2	80			51.98	1010.8	percent of total billed charges	
FROZ BLD,PREP FREZ/UNIT THAW	86931	CPT	outpatient			1064	224.64	First Health	First Health		744.8	70			51.98	1010.8	percent of total billed charges	
FROZ BLD,PREP FREZ/UNIT THAW	86931	CPT	outpatient			1064	224.64	First Trenton	First Trenton		957.6	90			51.98	1010.8	percent of total billed charges	
FROZ BLD,PREP FREZ/UNIT THAW	86931	CPT	outpatient			1064	224.64	Horizon	Indemnity		363.53				51.98	1010.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FROZ BLD,PREP FREZ/UNIT THAW	86931	CPT	outpatient			1064	224.64	Horizon	Medicare Blue		195.34				51.98	1010.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FROZ BLD,PREP FREZ/UNIT THAW	86931	CPT	outpatient			1064	224.64	Horizon	PPO		363.53				51.98	1010.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FROZ BLD,PREP FREZ/UNIT THAW	86931	CPT	outpatient			1064	224.64	Horizon	MGD		363.53				51.98	1010.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FROZ BLD,PREP FREZ/UNIT THAW	86931	CPT	outpatient			1064	224.64	Horizon	NJ Health		51.98				51.98	1010.8	fee schedule	
FROZ BLD,PREP FREZ/UNIT THAW	86931	CPT	outpatient			1064	224.64	Managed Care Inc	Managed Care Inc		957.6	90			51.98	1010.8	percent of total billed charges	
FROZ BLD,PREP FREZ/UNIT THAW	86931	CPT	outpatient			1064	224.64	Multiplan	Multiplan		851.2	80			51.98	1010.8	percent of total billed charges	
FROZ BLD,PREP FREZ/UNIT THAW	86931	CPT	outpatient			1064	224.64	Qualcare	Qualcare		798	75			51.98	1010.8	percent of total billed charges	
FROZ BLD,PREP FREZ/UNIT THAW	86931	CPT	outpatient			1064	224.64	Three Rivers	Three Rivers		1010.8	95			51.98	1010.8	percent of total billed charges	
FROZ BLD,PREP FREZ/UNIT THAW	86931	CPT	outpatient			1064	224.64	UHC	Medicare		195.34				51.98	1010.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FROZ BLD,PREP FREZ/UNIT THAW	86931	CPT	outpatient			1064	224.64	UHC	Medicaid		335.69	31.55			51.98	1010.8	percent of total billed charges	
FROZ BLD,PREP FREZ/UNIT THAW	86931	CPT	outpatient			1064	224.64	Wellcare	Medicare		195.34				51.98	1010.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FROZ BLD,PREP FREZ/UNIT THAW	86931	CPT	outpatient			1064	224.64	Wellcare	Medicaid		335.69	31.55			51.98	1010.8	percent of total billed charges	
FROZ BLD,PREP FREZ/UNIT THAW	86931	CPT	outpatient			1064	224.64	WellPoint	WellPoint		342.4	32.18			51.98	1010.8	percent of total billed charges	
FROZ BLD,PREP FREZ/UNT FREZ&THAW	86932	CPT	outpatient			1064	52.74	Aetna	Medicare		45.86				45.86	1010.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FROZ BLD,PREP FREZ/UNT FREZ&THAW	86932	CPT	outpatient			1064	52.74	Aetna	Better Health		335.69	31.55			45.86	1010.8	percent of total billed charges	
FROZ BLD,PREP FREZ/UNT FREZ&THAW	86932	CPT	outpatient			1064	52.74	Aetna	Commercial		73.01				45.86	1010.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FROZ BLD,PREP FREZ/UNT FREZ&THAW	86932	CPT	outpatient			1064	52.74	Americare	Americare		798	75			45.86	1010.8	percent of total billed charges	
FROZ BLD,PREP FREZ/UNT FREZ&THAW	86932	CPT	outpatient			1064	52.74	Amerihealth	HMO/PPO		691.6	65			45.86	1010.8	percent of total billed charges	
FROZ BLD,PREP FREZ/UNT FREZ&THAW	86932	CPT	outpatient			1064	52.74	Amerihealth	Medicare		45.86				45.86	1010.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FROZ BLD,PREP FREZ/UNT FREZ&THAW	86932	CPT	outpatient			1064	52.74	Consumer	Consumer		1010.8	95			45.86	1010.8	percent of total billed charges	
FROZ BLD,PREP FREZ/UNT FREZ&THAW	86932	CPT	outpatient			1064	52.74	Corrections	Corrections		851.2	80			45.86	1010.8	percent of total billed charges	
FROZ BLD,PREP FREZ/UNT FREZ&THAW	86932	CPT	outpatient			1064	52.74	First Health	First Health		744.8	70			45.86	1010.8	percent of total billed charges	
FROZ BLD,PREP FREZ/UNT FREZ&THAW	86932	CPT	outpatient			1064	52.74	First Trenton	First Trenton		957.6	90			45.86	1010.8	percent of total billed charges	
FROZ BLD,PREP FREZ/UNT FREZ&THAW	86932	CPT	outpatient			1064	52.74	Horizon	Medicare Blue		45.86				45.86	1010.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FROZ BLD,PREP FREZ/UNT FREZ&THAW	86932	CPT	outpatient			1064	52.74	Horizon	Indemnity		85.35				45.86	1010.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FROZ BLD,PREP FREZ/UNT FREZ&THAW	86932	CPT	outpatient			1064	52.74	Horizon	MGD		85.35				45.86	1010.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FROZ BLD,PREP FREZ/UNT FREZ&THAW	86932	CPT	outpatient			1064	52.74	Horizon	NJ Health		58.9				45.86	1010.8	fee schedule	
FROZ BLD,PREP FREZ/UNT FREZ&THAW	86932	CPT	outpatient			1064	52.74	Horizon	PPO		85.35				45.86	1010.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FROZ BLD,PREP FREZ/UNT FREZ&THAW	86932	CPT	outpatient			1064	52.74	Managed Care Inc	Managed Care Inc		957.6	90			45.86	1010.8	percent of total billed charges	
FROZ BLD,PREP FREZ/UNT FREZ&THAW	86932	CPT	outpatient			1064	52.74	Multiplan	Multiplan		851.2	80			45.86	1010.8	percent of total billed charges	
FROZ BLD,PREP FREZ/UNT FREZ&THAW	86932	CPT	outpatient			1064	52.74	Qualcare	Qualcare		798	75			45.86	1010.8	percent of total billed charges	
FROZ BLD,PREP FREZ/UNT FREZ&THAW	86932	CPT	outpatient			1064	52.74	Three Rivers	Three Rivers		1010.8	95			45.86	1010.8	percent of total billed charges	
FROZ BLD,PREP FREZ/UNT FREZ&THAW	86932	CPT	outpatient			1064	52.74	UHC	Medicaid		335.69	31.55			45.86	1010.8	percent of total billed charges	
FROZ BLD,PREP FREZ/UNT FREZ&THAW	86932	CPT	outpatient			1064	52.74	UHC	Medicare		45.86				45.86	1010.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FROZ BLD,PREP FREZ/UNT FREZ&THAW	86932	CPT	outpatient			1064	52.74	Wellcare	Medicare		45.86				45.86	1010.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FROZ BLD,PREP FREZ/UNT FREZ&THAW	86932	CPT	outpatient			1064	52.74	Wellcare	Medicaid		335.69	31.55			45.86	1010.8	percent of total billed charges	
FROZ BLD,PREP FREZ/UNT FREZ&THAW	86932	CPT	outpatient			1064	52.74	WellPoint	WellPoint		342.4	32.18			45.86	1010.8	percent of total billed charges	
ISOHEMAGLUTININ TITER	86940	CPT	outpatient			265	10.09	Aetna	Better Health		83.61	31.55			8.77	251.75	percent of total billed charges	
ISOHEMAGLUTININ TITER	86940	CPT	outpatient			265	10.09	Aetna	Commercial		100.7	38			8.77	251.75	percent of total billed charges	
ISOHEMAGLUTININ TITER	86940	CPT	outpatient			265	10.09	Aetna	Medicare		8.77				8.77	251.75	fee schedule	
ISOHEMAGLUTININ TITER	86940	CPT	outpatient			265	10.09	Americare	Americare		198.75	75			8.77	251.75	percent of total billed charges	
ISOHEMAGLUTININ TITER	86940	CPT	outpatient			265	10.09	Amerihealth	HMO/PPO		172.25	65			8.77	251.75	percent of total billed charges	
ISOHEMAGLUTININ TITER	86940	CPT	outpatient			265	10.09	Amerihealth	Medicare		8.77				8.77	251.75	fee schedule	
ISOHEMAGLUTININ TITER	86940	CPT	outpatient			265	10.09	Consumer	Consumer		251.75	95			8.77	251.75	percent of total billed charges	
ISOHEMAGLUTININ TITER	86940	CPT	outpatient			265	10.09	Corrections	Corrections		212	80			8.77	251.75	percent of total billed charges	
ISOHEMAGLUTININ TITER	86940	CPT	outpatient			265	10.09	First Health	First Health		185.5	70			8.77	251.75	percent of total billed charges	
ISOHEMAGLUTININ TITER	86940	CPT	outpatient			265	10.09	First Trenton	First Trenton		238.5	90			8.77	251.75	percent of total billed charges	
ISOHEMAGLUTININ TITER	86940	CPT	outpatient			265	10.09	Horizon	Indemnity		101.44	38.28			8.77	251.75	percent of total billed charges	
ISOHEMAGLUTININ TITER	86940	CPT	outpatient			265	10.09	Horizon	MGD		101.44	38.28			8.77	251.75	percent of total billed charges	
ISOHEMAGLUTININ TITER	86940	CPT	outpatient			265	10.09	Horizon	PPO		101.44	38.28			8.77	251.75	percent of total billed charges	
ISOHEMAGLUTININ TITER	86940	CPT	outpatient			265	10.09	Horizon	Medicare Blue		79.5	30			8.77	251.75	percent of total billed charges	
ISOHEMAGLUTININ TITER	86940	CPT	outpatient			265	10.09	Horizon	NJ Health		20.54				8.77	251.75	fee schedule	
ISOHEMAGLUTININ TITER	86940	CPT	outpatient			265	10.09	Managed Care Inc	Managed Care Inc		238.5	90			8.77	251.75	percent of total billed charges	
ISOHEMAGLUTININ TITER	86940	CPT	outpatient			265	10.09	Multiplan	Multiplan		212	80			8.77	251.75	percent of total billed charges	
ISOHEMAGLUTININ TITER	86940	CPT	outpatient			265	10.09	Qualcare	Qualcare		198.75	75			8.77	251.75	percent of total billed charges	
ISOHEMAGLUTININ TITER	86940	CPT	outpatient			265	10.09	Three Rivers	Three Rivers		251.75	95			8.77	251.75	percent of total billed charges	
ISOHEMAGLUTININ TITER	86940	CPT	outpatient			265	10.09	UHC	Medicaid		83.61	31.55			8.77	251.75	percent of total billed charges	
ISOHEMAGLUTININ TITER	86940	CPT	outpatient			265	10.09	UHC	Medicare		8.77				8.77	251.75	fee schedule	
ISOHEMAGLUTININ TITER	86940	CPT	outpatient			265	10.09	Wellcare	Medicaid		83.61	31.55			8.77	251.75	percent of total billed charges	
ISOHEMAGLUTININ TITER	86940	CPT	outpatient			265	10.09	Wellcare	Medicare		8.77				8.77	251.75	fee schedule	
ISOHEMAGLUTININ TITER	86940	CPT	outpatient			265	10.09	WellPoint	WellPoint		85.28	32.18			8.77	251.75	percent of total billed charges	
HEMOLYSIN&AGLUTIN INCUBATED	86941	CPT	outpatient			265	13.93	Aetna	Better Health		83.61	31.55			12.11	251.75	percent of total billed charges	
HEMOLYSIN&AGLUTIN INCUBATED	86941	CPT	outpatient			265	13.93	Aetna	Medicare		81.62	30.8			12.11	251.75	percent of total billed charges	
HEMOLYSIN&AGLUTIN INCUBATED	86941	CPT	outpatient			265	13.93	Aetna	Commercial		100.7	38			12.11	251.75	percent of total billed charges	
HEMOLYSIN&AGLUTIN INCUBATED	86941	CPT	outpatient			265	13.93	Americare	Americare		198.75	75			12.11	251.75	percent of total billed charges	
HEMOLYSIN&AGLUTIN INCUBATED	86941	CPT	outpatient			265	13.93	Amerihealth	HMO/PPO		172.25	65			12.11	251.75	percent of total billed charges	
HEMOLYSIN&AGLUTIN INCUBATED	86941	CPT	outpatient			265	13.93	Amerihealth	Medicare		12.11				12.11	251.75	fee schedule	
HEMOLYSIN&AGLUTIN INCUBATED	86941	CPT	outpatient			265	13.93	Consumer	Consumer		251.75	95			12.11	251.75	percent of total billed charges	
HEMOLYSIN&AGLUTIN INCUBATED	86941	CPT	outpatient			265	13.93	Corrections	Corrections		212	80			12.11	251.75	percent of total billed charges	
HEMOLYSIN&AGLUTIN INCUBATED	86941	CPT	outpatient			265	13.93	First Health	First Health		185.5	70			12.11	251.75	percent of total billed charges	
HEMOLYSIN&AGLUTIN INCUBATED	86941	CPT	outpatient			265	13.93	First Trenton	First Trenton		238.5	90			12.11	251.75	percent of total billed charges	
HEMOLYSIN&AGLUTIN INCUBATED	86941	CPT	outpatient			265	13.93	Horizon	MGD		101.44	38.28			12.11	251.75	percent of total billed charges	
HEMOLYSIN&AGLUTIN INCUBATED	86941	CPT	outpatient			265	13.93	Horizon	Medicare Blue		79.5	30			12.11	251.75	percent of total billed charges	
HEMOLYSIN&AGLUTIN INCUBATED	86941	CPT	outpatient			265	13.93	Horizon	NJ Health		26.95				12.11	251.75	fee schedule	
HEMOLYSIN&AGLUTIN INCUBATED	86941	CPT	outpatient			265	13.93	Horizon	Indemnity		101.44	38.28			12.11	251.75	percent of total billed charges	
HEMOLYSIN&AGLUTIN INCUBATED	86941	CPT	outpatient			265	13.93	Horizon	PPO		101.44	38.28			12.11	251.75	percent of total billed charges	
HEMOLYSIN&AGLUTIN INCUBATED	86941	CPT	outpatient			265	13.93	Managed Care Inc	Managed Care Inc		238.5	90			12.11	251.75	percent of total billed charges	
HEMOLYSIN&AGLUTIN INCUBATED	86941	CPT	outpatient			265	13.93	Multiplan	Multiplan		212	80			12.11	251.75	percent of total billed charges	
HEMOLYSIN&AGLUTIN INCUBATED	86941	CPT	outpatient			265	13.93	Qualcare	Qualcare		198.75	75			12.11	251.75	percent of total billed charges	
HEMOLYSIN&AGLUTIN INCUBATED	86941	CPT	outpatient			265	13.93	Three Rivers	Three Rivers		251.75	95			12.11	251.75	percent of total billed charges	
HEMOLYSIN&AGLUTIN INCUBATED	86941	CPT	outpatient			265	13.93	UHC	Medicaid		83.61	31.55			12.11	251.75	percent of total billed charges	
HEMOLYSIN&AGLUTIN INCUBATED	86941	CPT	outpatient			265	13.93	UHC	Medicare		12.11				12.11	251.75	fee schedule	
HEMOLYSIN&AGLUTIN INCUBATED	86941	CPT	outpatient			265	13.93	Wellcare	Medicare		12.11				12.11	251.75	fee schedule	
HEMOLYSIN&AGLUTIN INCUBATED	86941	CPT	outpatient			265	13.93	Wellcare	Medicaid		83.61	31.55			12.11	251.75	percent of total billed charges	
HEMOLYSIN&AGLUTIN INCUBATED	86941	CPT	outpatient			265	13.93	WellPoint	WellPoint		85.28	32.18			12.11	251.75	percent of total billed charges	
IRRADIATION BLOOD PROD/EACH	86945	CPT	outpatient			150	52.74	Aetna	Commercial		73.01				18.82	142.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IRRADIATION BLOOD PROD/EACH	86945	CPT	outpatient			150	52.74	Aetna	Better Health		47.33	31.55			18.82	142.5	percent of total billed charges	
IRRADIATION BLOOD PROD/EACH	86945	CPT	outpatient			150	52.74	Aetna	Medicare		45.86				18.82	142.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IRRADIATION BLOOD PROD/EACH	86945	CPT	outpatient			150	52.74	Americare	Americare		112.5	75			18.82	142.5	percent of total billed charges	
IRRADIATION BLOOD PROD/EACH	86945	CPT	outpatient			150	52.74	Amerihealth	HMO/PPO		97.5	65			18.82	142.5	percent of total billed charges	
IRRADIATION BLOOD PROD/EACH	86945	CPT	outpatient			150	52.74	Amerihealth	Medicare		45.86				18.82	142.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IRRADIATION BLOOD PROD/EACH	86945	CPT	outpatient			150	52.74	Consumer	Consumer		142.5	95			18.82	142.5	percent of total billed charges	
IRRADIATION BLOOD PROD/EACH	86945	CPT	outpatient			150	52.74	Corrections	Corrections		120	80			18.82	142.5	percent of total billed charges	
IRRADIATION BLOOD PROD/EACH	86945	CPT	outpatient			150	52.74	First Health	First Health		105	70			18.82	142.5	percent of total billed charges	
IRRADIATION BLOOD PROD/EACH	86945	CPT	outpatient			150	52.74	First Trenton	First Trenton		135	90			18.82	142.5	percent of total billed charges	
IRRADIATION BLOOD PROD/EACH	86945	CPT	outpatient			150	52.74	Horizon	PPO		85.35				18.82	142.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IRRADIATION BLOOD PROD/EACH	86945	CPT	outpatient			150	52.74	Horizon	Indemnity		85.35				18.82	142.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IRRADIATION BLOOD PROD/EACH	86945	CPT	outpatient			150	52.74	Horizon	MGD		85.35				18.82	142.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IRRADIATION BLOOD PROD/EACH	86945	CPT	outpatient			150	52.74	Horizon	Medicare Blue		45.86				18.82	142.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IRRADIATION BLOOD PROD/EACH	86945	CPT	outpatient			150	52.74	Horizon	NJ Health		18.82				18.82	142.5	fee schedule	
IRRADIATION BLOOD PROD/EACH	86945	CPT	outpatient			150	52.74	Managed Care Inc	Managed Care Inc		135	90			18.82	142.5	percent of total billed charges	
IRRADIATION BLOOD PROD/EACH	86945	CPT	outpatient			150	52.74	Multiplan	Multiplan		120	80			18.82	142.5	percent of total billed charges	
IRRADIATION BLOOD PROD/EACH	86945	CPT	outpatient			150	52.74	Qualcare	Qualcare		112.5	75			18.82	142.5	percent of total billed charges	
IRRADIATION BLOOD PROD/EACH	86945	CPT	outpatient			150	52.74	Three Rivers	Three Rivers		142.5	95			18.82	142.5	percent of total billed charges	
IRRADIATION BLOOD PROD/EACH	86945	CPT	outpatient			150	52.74	UHC	Medicare		45.86				18.82	142.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IRRADIATION BLOOD PROD/EACH	86945	CPT	outpatient			150	52.74	UHC	Medicaid		47.33	31.55			18.82	142.5	percent of total billed charges	
IRRADIATION BLOOD PROD/EACH	86945	CPT	outpatient			150	52.74	Wellcare	Medicare		45.86				18.82	142.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IRRADIATION BLOOD PROD/EACH	86945	CPT	outpatient			150	52.74	Wellcare	Medicaid		47.33	31.55			18.82	142.5	percent of total billed charges	
IRRADIATION BLOOD PROD/EACH	86945	CPT	outpatient			150	52.74	WellPoint	WellPoint		48.27	32.18			18.82	142.5	percent of total billed charges	
LEUKOCYTE TRANSFUSION	86950	CPT	outpatient			453	224.64	Aetna	Better Health		142.92	31.55			45.08	430.35	percent of total billed charges	
LEUKOCYTE TRANSFUSION	86950	CPT	outpatient			453	224.64	Aetna	Medicare		195.34				45.08	430.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEUKOCYTE TRANSFUSION	86950	CPT	outpatient			453	224.64	Aetna	Commercial		310.98				45.08	430.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEUKOCYTE TRANSFUSION	86950	CPT	outpatient			453	224.64	Americare	Americare		339.75	75			45.08	430.35	percent of total billed charges	
LEUKOCYTE TRANSFUSION	86950	CPT	outpatient			453	224.64	Amerihealth	Medicare		195.34				45.08	430.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEUKOCYTE TRANSFUSION	86950	CPT	outpatient			453	224.64	Amerihealth	HMO/PPO		294.45	65			45.08	430.35	percent of total billed charges	
LEUKOCYTE TRANSFUSION	86950	CPT	outpatient			453	224.64	Consumer	Consumer		430.35	95			45.08	430.35	percent of total billed charges	
LEUKOCYTE TRANSFUSION	86950	CPT	outpatient			453	224.64	Corrections	Corrections		362.4	80			45.08	430.35	percent of total billed charges	
LEUKOCYTE TRANSFUSION	86950	CPT	outpatient			453	224.64	First Health	First Health		317.1	70			45.08	430.35	percent of total billed charges	
LEUKOCYTE TRANSFUSION	86950	CPT	outpatient			453	224.64	First Trenton	First Trenton		407.7	90			45.08	430.35	percent of total billed charges	
LEUKOCYTE TRANSFUSION	86950	CPT	outpatient			453	224.64	Horizon	Indemnity		363.53				45.08	430.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEUKOCYTE TRANSFUSION	86950	CPT	outpatient			453	224.64	Horizon	Medicare Blue		195.34				45.08	430.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEUKOCYTE TRANSFUSION	86950	CPT	outpatient			453	224.64	Horizon	PPO		363.53				45.08	430.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEUKOCYTE TRANSFUSION	86950	CPT	outpatient			453	224.64	Horizon	MGD		363.53				45.08	430.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEUKOCYTE TRANSFUSION	86950	CPT	outpatient			453	224.64	Horizon	NJ Health		45.08				45.08	430.35	fee schedule	
LEUKOCYTE TRANSFUSION	86950	CPT	outpatient			453	224.64	Managed Care Inc	Managed Care Inc		407.7	90			45.08	430.35	percent of total billed charges	
LEUKOCYTE TRANSFUSION	86950	CPT	outpatient			453	224.64	Multiplan	Multiplan		362.4	80			45.08	430.35	percent of total billed charges	
LEUKOCYTE TRANSFUSION	86950	CPT	outpatient			453	224.64	Qualcare	Qualcare		339.75	75			45.08	430.35	percent of total billed charges	
LEUKOCYTE TRANSFUSION	86950	CPT	outpatient			453	224.64	Three Rivers	Three Rivers		430.35	95			45.08	430.35	percent of total billed charges	
LEUKOCYTE TRANSFUSION	86950	CPT	outpatient			453	224.64	UHC	Medicare		195.34				45.08	430.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEUKOCYTE TRANSFUSION	86950	CPT	outpatient			453	224.64	UHC	Medicaid		142.92	31.55			45.08	430.35	percent of total billed charges	
LEUKOCYTE TRANSFUSION	86950	CPT	outpatient			453	224.64	Wellcare	Medicare		195.34				45.08	430.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEUKOCYTE TRANSFUSION	86950	CPT	outpatient			453	224.64	Wellcare	Medicaid		142.92	31.55			45.08	430.35	percent of total billed charges	
LEUKOCYTE TRANSFUSION	86950	CPT	outpatient			453	224.64	WellPoint	WellPoint		145.78	32.18			45.08	430.35	percent of total billed charges	
VOL REDUCTION OF BLOOD/PROD	86960	CPT	outpatient			453	224.64	Aetna	Better Health		142.92	31.55			15.25	430.35	percent of total billed charges	
VOL REDUCTION OF BLOOD/PROD	86960	CPT	outpatient			453	224.64	Aetna	Commercial		310.98				15.25	430.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101191	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
VOL REDUCTION OF BLOOD/PROD	86960	CPT	outpatient			453		224.64 Aetna	Medicare		139.52	30.8			15.25	430.35	percent of total billed charges	
VOL REDUCTION OF BLOOD/PROD	86960	CPT	outpatient			453		224.64 Americare	Americare		339.75	75			15.25	430.35	percent of total billed charges	
VOL REDUCTION OF BLOOD/PROD	86960	CPT	outpatient			453		224.64 Amerihealth	HMO/PPO		294.45	65			15.25	430.35	percent of total billed charges	
VOL REDUCTION OF BLOOD/PROD	86960	CPT	outpatient			453		224.64 Amerihealth	Medicare		195.34				15.25	430.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VOL REDUCTION OF BLOOD/PROD	86960	CPT	outpatient			453		224.64 Consumer	Consumer		430.35	95			15.25	430.35	percent of total billed charges	
VOL REDUCTION OF BLOOD/PROD	86960	CPT	outpatient			453		224.64 Corrections	Corrections		362.4	80			15.25	430.35	percent of total billed charges	
VOL REDUCTION OF BLOOD/PROD	86960	CPT	outpatient			453		224.64 First Health	First Health		317.1	70			15.25	430.35	percent of total billed charges	
VOL REDUCTION OF BLOOD/PROD	86960	CPT	outpatient			453		224.64 First Trenton	First Trenton		407.7	90			15.25	430.35	percent of total billed charges	
VOL REDUCTION OF BLOOD/PROD	86960	CPT	outpatient			453		224.64 Horizon	PPO		363.53				15.25	430.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VOL REDUCTION OF BLOOD/PROD	86960	CPT	outpatient			453		224.64 Horizon	MGD		363.53				15.25	430.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VOL REDUCTION OF BLOOD/PROD	86960	CPT	outpatient			453		224.64 Horizon	Indemnity		363.53				15.25	430.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VOL REDUCTION OF BLOOD/PROD	86960	CPT	outpatient			453		224.64 Horizon	NJ Health		15.25				15.25	430.35	fee schedule	
VOL REDUCTION OF BLOOD/PROD	86960	CPT	outpatient			453		224.64 Horizon	Medicare Blue		195.34				15.25	430.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VOL REDUCTION OF BLOOD/PROD	86960	CPT	outpatient			453		224.64 Managed Care Inc	Managed Care Inc		407.7	90			15.25	430.35	percent of total billed charges	
VOL REDUCTION OF BLOOD/PROD	86960	CPT	outpatient			453		224.64 Multiplan	Multiplan		362.4	80			15.25	430.35	percent of total billed charges	
VOL REDUCTION OF BLOOD/PROD	86960	CPT	outpatient			453		224.64 Qualcare	Qualcare		339.75	75			15.25	430.35	percent of total billed charges	
VOL REDUCTION OF BLOOD/PROD	86960	CPT	outpatient			453		224.64 Three Rivers	Three Rivers		430.35	95			15.25	430.35	percent of total billed charges	
VOL REDUCTION OF BLOOD/PROD	86960	CPT	outpatient			453		224.64 UHC	Medicare		195.34				15.25	430.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VOL REDUCTION OF BLOOD/PROD	86960	CPT	outpatient			453		224.64 UHC	Medicaid		142.92	31.55			15.25	430.35	percent of total billed charges	
VOL REDUCTION OF BLOOD/PROD	86960	CPT	outpatient			453		224.64 Wellcare	Medicare		195.34				15.25	430.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VOL REDUCTION OF BLOOD/PROD	86960	CPT	outpatient			453		224.64 Wellcare	Medicaid		142.92	31.55			15.25	430.35	percent of total billed charges	
VOL REDUCTION OF BLOOD/PROD	86960	CPT	outpatient			453		224.64 WellPoint	WellPoint		145.78	32.18			15.25	430.35	percent of total billed charges	
POOLING OF BLOOD PRODUCT	86965	CPT	outpatient			287		224.64 Aetna	Better Health		90.55	31.55			58.8	363.53	percent of total billed charges	
POOLING OF BLOOD PRODUCT	86965	CPT	outpatient			287		224.64 Aetna	Medicare		88.4	30.8			58.8	363.53	percent of total billed charges	
POOLING OF BLOOD PRODUCT	86965	CPT	outpatient			287		224.64 Aetna	Commercial		310.98				58.8	363.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
POOLING OF BLOOD PRODUCT	86965	CPT	outpatient			287		224.64 Americare	Americare		215.25	75			58.8	363.53	percent of total billed charges	
POOLING OF BLOOD PRODUCT	86965	CPT	outpatient			287		224.64 Amerihealth	HMO/PPO		186.55	65			58.8	363.53	percent of total billed charges	
POOLING OF BLOOD PRODUCT	86965	CPT	outpatient			287		224.64 Amerihealth	Medicare		195.34				58.8	363.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
POOLING OF BLOOD PRODUCT	86965	CPT	outpatient			287		224.64 Consumer	Consumer		272.65	95			58.8	363.53	percent of total billed charges	
POOLING OF BLOOD PRODUCT	86965	CPT	outpatient			287		224.64 Corrections	Corrections		229.6	80			58.8	363.53	percent of total billed charges	
POOLING OF BLOOD PRODUCT	86965	CPT	outpatient			287		224.64 First Health	First Health		200.9	70			58.8	363.53	percent of total billed charges	
POOLING OF BLOOD PRODUCT	86965	CPT	outpatient			287		224.64 First Trenton	First Trenton		258.3	90			58.8	363.53	percent of total billed charges	
POOLING OF BLOOD PRODUCT	86965	CPT	outpatient			287		224.64 Horizon	Medicare Blue		195.34				58.8	363.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
POOLING OF BLOOD PRODUCT	86965	CPT	outpatient			287		224.64 Horizon	PPO		363.53				58.8	363.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
POOLING OF BLOOD PRODUCT	86965	CPT	outpatient			287		224.64 Horizon	NJ Health		58.8				58.8	363.53	fee schedule	
POOLING OF BLOOD PRODUCT	86965	CPT	outpatient			287		224.64 Horizon	Indemnity		363.53				58.8	363.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
POOLING OF BLOOD PRODUCT	86965	CPT	outpatient			287		224.64 Horizon	MGD		363.53				58.8	363.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
POOLING OF BLOOD PRODUCT	86965	CPT	outpatient			287		224.64 Managed Care Inc	Managed Care Inc		258.3	90			58.8	363.53	percent of total billed charges	
POOLING OF BLOOD PRODUCT	86965	CPT	outpatient			287		224.64 Multiplan	Multiplan		229.6	80			58.8	363.53	percent of total billed charges	
POOLING OF BLOOD PRODUCT	86965	CPT	outpatient			287		224.64 Qualcare	Qualcare		215.25	75			58.8	363.53	percent of total billed charges	
POOLING OF BLOOD PRODUCT	86965	CPT	outpatient			287		224.64 Three Rivers	Three Rivers		272.65	95			58.8	363.53	percent of total billed charges	
POOLING OF BLOOD PRODUCT	86965	CPT	outpatient			287		224.64 UHC	Medicaid		90.55	31.55			58.8	363.53	percent of total billed charges	
POOLING OF BLOOD PRODUCT	86965	CPT	outpatient			287		224.64 UHC	Medicare		195.34				58.8	363.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
POOLING OF BLOOD PRODUCT	86965	CPT	outpatient			287		224.64 Wellcare	Medicaid		90.55	31.55			58.8	363.53	percent of total billed charges	
POOLING OF BLOOD PRODUCT	86965	CPT	outpatient			287		224.64 Wellcare	Medicare		195.34				58.8	363.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
POOLING OF BLOOD PRODUCT	86965	CPT	outpatient			287		224.64 WellPoint	WellPoint		92.36	32.18			58.8	363.53	percent of total billed charges	
PRETRT RBC FOPR AB DETECT,ID CHEM AG	86970	CPT	outpatient			1201		80.45 Aetna	Better Health		378.92	31.55			17.42	1140.95	percent of total billed charges	
PRETRT RBC FOPR AB DETECT,ID CHEM AG	86970	CPT	outpatient			1201		80.45 Aetna	Medicare		369.91	30.8			17.42	1140.95	percent of total billed charges	
PRETRT RBC FOPR AB DETECT,ID CHEM AG	86970	CPT	outpatient			1201		80.45 Aetna	Commercial		111.38				17.42	1140.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRETRT RBC FOPR AB DETECT,ID CHEM AG	86970	CPT	outpatient			1201		80.45 Americare	Americare		900.75	75			17.42	1140.95	percent of total billed charges	
PRETRT RBC FOPR AB DETECT,ID CHEM AG	86970	CPT	outpatient			1201		80.45 Amerihealth	HMO/PPO		780.65	65			17.42	1140.95	percent of total billed charges	
PRETRT RBC FOPR AB DETECT,ID CHEM AG	86970	CPT	outpatient			1201		80.45 Amerihealth	Medicare		69.96				17.42	1140.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRETRT RBC FOPR AB DETECT,ID CHEM AG	86970	CPT	outpatient			1201		80.45 Consumer	Consumer		1140.95	95			17.42	1140.95	percent of total billed charges	
PRETRT RBC FOPR AB DETECT,ID CHEM AG	86970	CPT	outpatient			1201		80.45 Corrections	Corrections		960.8	80			17.42	1140.95	percent of total billed charges	
PRETRT RBC FOPR AB DETECT,ID CHEM AG	86970	CPT	outpatient			1201		80.45 First Health	First Health		840.7	70			17.42	1140.95	percent of total billed charges	
PRETRT RBC FOPR AB DETECT,ID CHEM AG	86970	CPT	outpatient			1201		80.45 First Trenton	First Trenton		1080.9	90			17.42	1140.95	percent of total billed charges	
PRETRT RBC FOPR AB DETECT,ID CHEM AG	86970	CPT	outpatient			1201		80.45 Horizon	NJ Health		17.42				17.42	1140.95	fee schedule	
PRETRT RBC FOPR AB DETECT,ID CHEM AG	86970	CPT	outpatient			1201		80.45 Horizon	Medicare Blue		69.96				17.42	1140.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRETRT RBC FOPR AB DETECT,ID CHEM AG	86970	CPT	outpatient			1201		80.45 Horizon	MGD		130.2				17.42	1140.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRETRT RBC FOPR AB DETECT,ID CHEM AG	86970	CPT	outpatient			1201		80.45 Horizon	PPO		130.2				17.42	1140.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRETRT RBC FOPR AB DETECT,ID CHEM AG	86970	CPT	outpatient			1201		80.45 Horizon	Indemnity		130.2				17.42	1140.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRETRT RBC FOPR AB DETECT,ID CHEM AG	86970	CPT	outpatient			1201		80.45 Managed Care Inc	Managed Care Inc		1080.9	90			17.42	1140.95	percent of total billed charges	
PRETRT RBC FOPR AB DETECT,ID CHEM AG	86970	CPT	outpatient			1201		80.45 Multiplan	Multiplan		960.8	80			17.42	1140.95	percent of total billed charges	
PRETRT RBC FOPR AB DETECT,ID CHEM AG	86970	CPT	outpatient			1201		80.45 Qualcare	Qualcare		900.75	75			17.42	1140.95	percent of total billed charges	
PRETRT RBC FOPR AB DETECT,ID CHEM AG	86970	CPT	outpatient			1201		80.45 Three Rivers	Three Rivers		1140.95	95			17.42	1140.95	percent of total billed charges	
PRETRT RBC FOPR AB DETECT,ID CHEM AG	86970	CPT	outpatient			1201		80.45 UHC	Medicaid		378.92	31.55			17.42	1140.95	percent of total billed charges	
PRETRT RBC FOPR AB DETECT,ID CHEM AG	86970	CPT	outpatient			1201		80.45 UHC	Medicare		69.96				17.42	1140.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRETRT RBC FOPR AB DETECT,ID CHEM AG	86970	CPT	outpatient			1201		80.45 Wellcare	Medicare		69.96				17.42	1140.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRETRT RBC FOPR AB DETECT,ID CHEM AG	86970	CPT	outpatient			1201		80.45 Wellcare	Medicaid		378.92	31.55			17.42	1140.95	percent of total billed charges	
PRETRT RBC FOPR AB DETECT,ID CHEM AG	86970	CPT	outpatient			1201		80.45 WellPoint	WellPoint		386.48	32.18			17.42	1140.95	percent of total billed charges	
PRETRT RBC FOPR AB DETECT,ID ENZYMES	86971	CPT	both			491		224.64 Aetna	Commercial		310.98				13.82	466.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRETRT RBC FOPR AB DETECT,ID ENZYMES	86971	CPT	both			491		224.64 Aetna	Better Health		154.91	31.55			13.82	466.45	percent of total billed charges	
PRETRT RBC FOPR AB DETECT,ID ENZYMES	86971	CPT	both			491		224.64 Aetna	Medicare		195.34				13.82	466.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRETRT RBC FOPR AB DETECT,ID ENZYMES	86971	CPT	both			491		224.64 Americare	Americare		368.25	75			13.82	466.45	percent of total billed charges	
PRETRT RBC FOPR AB DETECT,ID ENZYMES	86971	CPT	both			491		224.64 Amerihealth	HMO/PPO		319.15	65			13.82	466.45	percent of total billed charges	
PRETRT RBC FOPR AB DETECT,ID ENZYMES	86971	CPT	both			491		224.64 Amerihealth	Medicare		195.34				13.82	466.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRETRT RBC FOPR AB DETECT,ID ENZYMES	86971	CPT	both			491		224.64 Consumer	Consumer		466.45	95			13.82	466.45	percent of total billed charges	
PRETRT RBC FOPR AB DETECT,ID ENZYMES	86971	CPT	both			491		224.64 Corrections	Corrections		392.8	80			13.82	466.45	percent of total billed charges	
PRETRT RBC FOPR AB DETECT,ID ENZYMES	86971	CPT	both			491		224.64 First Health	First Health		343.7	70			13.82	466.45	percent of total billed charges	
PRETRT RBC FOPR AB DETECT,ID ENZYMES	86971	CPT	both			491		224.64 First Trenton	First Trenton		441.9	90			13.82	466.45	percent of total billed charges	
PRETRT RBC FOPR AB DETECT,ID ENZYMES	86971	CPT	both			491		224.64 Horizon	Medicare Blue		195.34				13.82	466.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRETRT RBC FOPR AB DETECT,ID ENZYMES	86971	CPT	both			491		224.64 Horizon	PPO		363.53				13.82	466.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRETRT RBC FOPR AB DETECT,ID ENZYMES	86971	CPT	both			491		224.64 Horizon	MGD		363.53				13.82	466.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRETRT RBC FOPR AB DETECT,ID ENZYMES	86971	CPT	both			491		224.64 Horizon	NJ Health		13.82				13.82	466.45	fee schedule	
PRETRT RBC FOPR AB DETECT,ID ENZYMES	86971	CPT	both			491		224.64 Horizon	Indemnity		363.53				13.82	466.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRETRT RBC FOPR AB DETECT,ID ENZYMES	86971	CPT	both			491		224.64 Managed Care Inc	Managed Care Inc		441.9	90			13.82	466.45	percent of total billed charges	
PRETRT RBC FOPR AB DETECT,ID ENZYMES	86971	CPT	both			491		224.64 Multiplan	Multiplan		392.8	80			13.82	466.45	percent of total billed charges	
PRETRT RBC FOPR AB DETECT,ID ENZYMES	86971	CPT	both			491		224.64 Qualcare	Qualcare		368.25	75			13.82	466.45	percent of total billed charges	
PRETRT RBC FOPR AB DETECT,ID ENZYMES	86971	CPT	both			491		224.64 Three Rivers	Three Rivers		466.45	95			13.82	466.45	percent of total billed charges	
PRETRT RBC FOPR AB DETECT,ID ENZYMES	86971	CPT	both			491		224.64 UHC	Medicare		195.34				13.82	466.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRETRT RBC FOPR AB DETECT,ID ENZYMES	86971	CPT	both			491		224.64 UHC	Medicaid		154.91	31.55			13.82	466.45	percent of total billed charges	
PRETRT RBC FOPR AB DETECT,ID ENZYMES	86971	CPT	both			491		224.64 Wellcare	Medicaid		154.91	31.55			13.82	466.45	percent of total billed charges	
PRETRT RBC FOPR AB DETECT,ID ENZYMES	86971	CPT	both			491		224.64 Wellcare	Medicare		195.34				13.82	466.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRETRT RBC FOPR AB DETECT,ID ENZYMES	86971	CPT	both			491		224.64 WellPoint	WellPoint		158	32.18			13.82	466.45	percent of total billed charges	
WHITE BLOOD CELL ISOLATION	86972	CPT	outpatient			1201		224.64 Aetna	Commercial		310.98				24.34	1140.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WHITE BLOOD CELL ISOLATION	86972	CPT	outpatient			1201		224.64 Aetna	Better Health		378.92	31.55			24.34	1140.95	percent of total billed charges	
WHITE BLOOD CELL ISOLATION	86972	CPT	outpatient			1201		224.64 Aetna	Medicare		195.34				24.34	1140.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WHITE BLOOD CELL ISOLATION	86972	CPT	outpatient			1201		224.64 Americare	Americare		900.75	75			24.34	1140.95	percent of total billed charges	
WHITE BLOOD CELL ISOLATION	86972	CPT	outpatient			1201		224.64 Amerihealth	Medicare		195.34				24.34	1140.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WHITE BLOOD CELL ISOLATION	86972	CPT	outpatient			1201		224.64 Amerihealth	HMO/PPO		780.65	65			24.34	1140.95	percent of total billed charges	
WHITE BLOOD CELL ISOLATION	86972	CPT	outpatient			1201		224.64 Consumer	Consumer		1140.95	95			24.34	1140.95	percent of total billed charges	
WHITE BLOOD CELL ISOLATION	86972	CPT	outpatient			1201		224.64 Corrections	Corrections		960.8	80			24.34	1140.95	percent of total billed charges	
WHITE BLOOD CELL ISOLATION	86972	CPT	outpatient			1201		224.64 First Health	First Health		840.7	70			24.34	1140.95	percent of total billed charges	
WHITE BLOOD CELL ISOLATION	86972	CPT	outpatient			1201		224.64 First Trenton	First Trenton		1080.9	90			24.34	1140.95	percent of total billed charges	
WHITE BLOOD CELL ISOLATION	86972	CPT	outpatient			1201		224.64 Horizon	MGD		363.53				24.34	1140.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WHITE BLOOD CELL ISOLATION	86972	CPT	outpatient			1201		224.64 Horizon	Medicare Blue		195.34				24.34	1140.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WHITE BLOOD CELL ISOLATION	86972	CPT	outpatient			1201		224.64 Horizon	Indemnity		363.53				24.34	1140.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WHITE BLOOD CELL ISOLATION	86972	CPT	outpatient			1201		224.64 Horizon	NJ Health		24.34				24.34	1140.95	fee schedule	
WHITE BLOOD CELL ISOLATION	86972	CPT	outpatient			1201		224.64 Horizon	PPO		363.53				24.34	1140.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WHITE BLOOD CELL ISOLATION	86972	CPT	outpatient			1201		224.64 Managed Care Inc	Managed Care Inc		1080.9	90			24.34	1140.95	percent of total billed charges	
WHITE BLOOD CELL ISOLATION	86972	CPT	outpatient			1201		224.64 Multiplan	Multiplan		960.8	80			24.34	1140.95	percent of total billed charges	
WHITE BLOOD CELL ISOLATION	86972	CPT	outpatient			1201		224.64 Qualcare	Qualcare		900.75	75			24.34	1140.95	percent of total billed charges	
WHITE BLOOD CELL ISOLATION	86972	CPT	outpatient			1201		224.64 Three Rivers	Three Rivers		1140.95	95			24.34	1140.95	percent of total billed charges	
WHITE BLOOD CELL ISOLATION	86972	CPT	outpatient			1201		224.64 UHC	Medicaid		378.92	31.55			24.34	1140.95	percent of total billed charges	
WHITE BLOOD CELL ISOLATION	86972	CPT	outpatient			1201		224.64 UHC	Medicare		195.34				24.34	1140.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WHITE BLOOD CELL ISOLATION	86972	CPT	outpatient			1201		224.64 Wellcare	Medicaid		378.92	31.55			24.34	1140.95	percent of total billed charges	
WHITE BLOOD CELL ISOLATION	86972	CPT	outpatient			1201		224.64 Wellcare	Medicare		195.34				24.34	1140.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WHITE BLOOD CELL ISOLATION	86972	CPT	outpatient			1201		224.64 WellPoint	WellPoint		386.48	32.18			24.34	1140.95	percent of total billed charges	
PRETRT SERUM/RBC ID,INCUB W/DRUGS,EA	86975	CPT	outpatient			1201		524.04 Aetna	Better Health		378.92	31.55			18.62	1140.95	percent of total billed charges	
PRETRT SERUM/RBC ID,INCUB W/DRUGS,EA	86975	CPT	outpatient			1201		524.04 Aetna	Commercial		725.46				18.62	1140.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRETRT SERUM/RBC ID,INCUB W/DRUGS,EA	86975	CPT	outpatient			1201		524.04 Aetna	Medicare		455.69				18.62	1140.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRETRT SERUM/RBC ID,INCUB W/DRUGS,EA	86975	CPT	outpatient			1201		524.04 Americare	Americare		900.75	75			18.62	1140.95	percent of total billed charges	
PRETRT SERUM/RBC ID,INCUB W/DRUGS,EA	86975	CPT	outpatient			1201		524.04 Amerihealth	HMO/PPO		780.65	65			18.62	1140.95	percent of total billed charges	
PRETRT SERUM/RBC ID,INCUB W/DRUGS,EA	86975	CPT	outpatient			1201		524.04 Amerihealth	Medicare		455.69				18.62	1140.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRETRT SERUM/RBC ID,INCUB W/DRUGS,EA	86975	CPT	outpatient			1201		524.04 Consumer	Consumer		1140.95	95			18.62	1140.95	percent of total billed charges	
PRETRT SERUM/RBC ID,INCUB W/DRUGS,EA	86975	CPT	outpatient			1201		524.04 Corrections	Corrections		960.8	80			18.62	1140.95	percent of total billed charges	
PRETRT SERUM/RBC ID,INCUB W/DRUGS,EA	86975	CPT	outpatient			1201		524.04 First Health	First Health		840.7	70			18.62	1140.95	percent of total billed charges	
PRETRT SERUM/RBC ID,INCUB W/DRUGS,EA	86975	CPT	outpatient			1201		524.04 First Trenton	First Trenton		1080.9	90			18.62	1140.95	percent of total billed charges	
PRETRT SERUM/RBC ID,INCUB W/DRUGS,EA	86975	CPT	outpatient			1201		524.04 Horizon	MGD		848.04				18.62	1140.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRETRT SERUM/RBC ID,INCUB W/DRUGS,EA	86975	CPT	outpatient			1201		524.04 Horizon	Medicare Blue		455.69				18.62	1140.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRETRT SERUM/RBC ID,INCUB W/DRUGS,EA	86975	CPT	outpatient			1201		524.04 Horizon	NJ Health		18.62				18.62	1140.95	fee schedule	
PRETRT SERUM/RBC ID,INCUB W/DRUGS,EA	86975	CPT	outpatient			1201		524.04 Horizon	Indemnity		848.04				18.62	1140.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRETRT SERUM/RBC ID,INCUB W/DRUGS,EA	86975	CPT	outpatient			1201		524.04 Horizon	PPO		848.04				18.62	1140.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRETRT SERUM/RBC ID,INCUB W/DRUGS,EA	86975	CPT	outpatient			1201		524.04 Managed Care Inc	Managed Care Inc		1080.9	90			18.62	1140.95	percent of total billed charges	
PRETRT SERUM/RBC ID,INCUB W/DRUGS,EA	86975	CPT	outpatient			1201		524.04 Multiplan	Multiplan		960.8	80			18.62	1140.95	percent of total billed charges	
PRETRT SERUM/RBC ID,INCUB W/DRUGS,EA	86975	CPT	outpatient			1201		524.04 Qualcare	Qualcare		900.75	75			18.62	1140.95	percent of total billed charges	
PRETRT SERUM/RBC ID,INCUB W/DRUGS,EA	86975	CPT	outpatient			1201		524.04 Three Rivers	Three Rivers		1140.95	95			18.62	1140.95	percent of total billed charges	
PRETRT SERUM/RBC ID,INCUB W/DRUGS,EA	86975	CPT	outpatient			1201		524.04 UHC	Medicaid		378.92	31.55			18.62	1140.95	percent of total billed charges	
PRETRT SERUM/RBC ID,INCUB W/DRUGS,EA	86975	CPT	outpatient			1201		524.04 UHC	Medicare		455.69				18.62	1140.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRETRT SERUM/RBC ID,INCUB W/DRUGS,EA	86975	CPT	outpatient			1201		524.04 Wellcare	Medicare		455.69				18.62	1140.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRETRT SERUM/RBC ID,INCUB W/DRUGS,EA	86975	CPT	outpatient			1201		524.04 Wellcare	Medicaid		378.92	31.55			18.62	1140.95	percent of total billed charges	
PRETRT SERUM/RBC ID,INCUB W/DRUGS,EA	86975	CPT	outpatient			1201		524.04 WellPoint	WellPoint		386.48	32.18			18.62	1140.95	percent of total billed charges	
PRETRT SERUM/RBC ID,DILUTION	86976	CPT	outpatient			1201		39.16 Aetna	Better Health		378.92	31.55			20.74	1140.95	percent of total billed charges	
PRETRT SERUM/RBC ID,DILUTION	86976	CPT	outpatient			1201		39.16 Aetna	Medicare		34.05				20.74	1140.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRETRT SERUM/RBC ID,DILUTION	86976	CPT	outpatient			1201		39.16 Aetna	Commercial		54.21				20.74	1140.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRETRT SERUM/RBC ID,DILUTION	86976	CPT	outpatient			1201		39.16 Americare	Americare		900.75	75			20.74	1140.95	percent of total billed charges	
PRETRT SERUM/RBC ID,DILUTION	86976	CPT	outpatient			1201		39.16 Amerihealth	Medicare		34.05				20.74	1140.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRETRT SERUM/RBC ID,DILUTION	86976	CPT	outpatient			1201		39.16 Amerihealth	HMO/PPO		780.65	65			20.74	1140.95	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101191	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
PRETRT SERUM/BIC ID,DILLUTION	86976	CPT	outpatient			1201		39.16 Consumer	Consumer		1140.95				20.74	1140.95	percent of total billed charges	
PRETRT SERUM/BIC ID,DILLUTION	86976	CPT	outpatient			1201		39.16 Corrections	Corrections		960.8	80			20.74	1140.95	percent of total billed charges	
PRETRT SERUM/BIC ID,DILLUTION	86976	CPT	outpatient			1201		39.16 First Health	First Health		840.7	70			20.74	1140.95	percent of total billed charges	
PRETRT SERUM/BIC ID,DILLUTION	86976	CPT	outpatient			1201		39.16 First Trenton	First Trenton		1080.9	90			20.74	1140.95	percent of total billed charges	
PRETRT SERUM/BIC ID,DILLUTION	86976	CPT	outpatient			1201		39.16 Horizon	Indemnity		63.37				20.74	1140.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRETRT SERUM/BIC ID,DILLUTION	86976	CPT	outpatient			1201		39.16 Horizon	MGD		63.37				20.74	1140.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRETRT SERUM/BIC ID,DILLUTION	86976	CPT	outpatient			1201		39.16 Horizon	Medicare Blue		34.05				20.74	1140.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRETRT SERUM/BIC ID,DILLUTION	86976	CPT	outpatient			1201		39.16 Horizon	NJ Health		20.74				20.74	1140.95	fee schedule	
PRETRT SERUM/BIC ID,DILLUTION	86976	CPT	outpatient			1201		39.16 Horizon	PPO		63.37				20.74	1140.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRETRT SERUM/BIC ID,DILLUTION	86976	CPT	outpatient			1201		39.16 Managed Care Inc	Managed Care Inc		1080.9	90			20.74	1140.95	percent of total billed charges	
PRETRT SERUM/BIC ID,DILLUTION	86976	CPT	outpatient			1201		39.16 Multiplan	Multiplan		960.8	80			20.74	1140.95	percent of total billed charges	
PRETRT SERUM/BIC ID,DILLUTION	86976	CPT	outpatient			1201		39.16 Qualcare	Qualcare		900.75	75			20.74	1140.95	percent of total billed charges	
PRETRT SERUM/BIC ID,DILLUTION	86976	CPT	outpatient			1201		39.16 Three Rivers	Three Rivers		1140.95	95			20.74	1140.95	percent of total billed charges	
PRETRT SERUM/BIC ID,DILLUTION	86976	CPT	outpatient			1201		39.16 UHC	Medicaid		378.92	31.55			20.74	1140.95	percent of total billed charges	
PRETRT SERUM/BIC ID,DILLUTION	86976	CPT	outpatient			1201		39.16 UHC	Medicare		34.05				20.74	1140.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRETRT SERUM/BIC ID,DILLUTION	86976	CPT	outpatient			1201		39.16 Wellcare	Medicare		34.05				20.74	1140.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRETRT SERUM/BIC ID,DILLUTION	86976	CPT	outpatient			1201		39.16 Wellcare	Medicaid		378.92	31.55			20.74	1140.95	percent of total billed charges	
PRETRT SERUM/BIC ID,DILLUTION	86976	CPT	outpatient			1201		39.16 WellPoint	WellPoint		386.48	32.18			20.74	1140.95	percent of total billed charges	
PRETRT SERUM/BIC ID,INCUB W/INHIBIT.	86977	CPT	both			1479		224.64 Aetna	Better Health		466.62	31.55			20.74	1405.05	percent of total billed charges	
PRETRT SERUM/BIC ID,INCUB W/INHIBIT.	86977	CPT	both			1479		224.64 Aetna	Commercial		310.98				20.74	1405.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRETRT SERUM/BIC ID,INCUB W/INHIBIT.	86977	CPT	both			1479		224.64 Aetna	Medicare		195.34				20.74	1405.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRETRT SERUM/BIC ID,INCUB W/INHIBIT.	86977	CPT	both			1479		224.64 Americare	Americare		1109.25	75			20.74	1405.05	percent of total billed charges	
PRETRT SERUM/BIC ID,INCUB W/INHIBIT.	86977	CPT	both			1479		224.64 Amerihealth	HMO/PPO		961.35	65			20.74	1405.05	percent of total billed charges	
PRETRT SERUM/BIC ID,INCUB W/INHIBIT.	86977	CPT	both			1479		224.64 Amerihealth	Medicare		195.34				20.74	1405.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRETRT SERUM/BIC ID,INCUB W/INHIBIT.	86977	CPT	both			1479		224.64 Consumer	Consumer		1405.05	95			20.74	1405.05	percent of total billed charges	
PRETRT SERUM/BIC ID,INCUB W/INHIBIT.	86977	CPT	both			1479		224.64 Corrections	Corrections		1183.2	80			20.74	1405.05	percent of total billed charges	
PRETRT SERUM/BIC ID,INCUB W/INHIBIT.	86977	CPT	both			1479		224.64 First Health	First Health		1035.3	70			20.74	1405.05	percent of total billed charges	
PRETRT SERUM/BIC ID,INCUB W/INHIBIT.	86977	CPT	both			1479		224.64 First Trenton	First Trenton		1331.1	90			20.74	1405.05	percent of total billed charges	
PRETRT SERUM/BIC ID,INCUB W/INHIBIT.	86977	CPT	both			1479		224.64 Horizon	PPO		363.53				20.74	1405.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRETRT SERUM/BIC ID,INCUB W/INHIBIT.	86977	CPT	both			1479		224.64 Horizon	MGD		363.53				20.74	1405.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRETRT SERUM/BIC ID,INCUB W/INHIBIT.	86977	CPT	both			1479		224.64 Horizon	Indemnity		363.53				20.74	1405.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRETRT SERUM/BIC ID,INCUB W/INHIBIT.	86977	CPT	both			1479		224.64 Horizon	NJ Health		20.74				20.74	1405.05	fee schedule	
PRETRT SERUM/BIC ID,INCUB W/INHIBIT.	86977	CPT	both			1479		224.64 Horizon	Medicare Blue		195.34				20.74	1405.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRETRT SERUM/BIC ID,INCUB W/INHIBIT.	86977	CPT	both			1479		224.64 Managed Care Inc	Managed Care Inc		1331.1	90			20.74	1405.05	percent of total billed charges	
PRETRT SERUM/BIC ID,INCUB W/INHIBIT.	86977	CPT	both			1479		224.64 Multiplan	Multiplan		1183.2	80			20.74	1405.05	percent of total billed charges	
PRETRT SERUM/BIC ID,INCUB W/INHIBIT.	86977	CPT	both			1479		224.64 Qualcare	Qualcare		1109.25	75			20.74	1405.05	percent of total billed charges	
PRETRT SERUM/BIC ID,INCUB W/INHIBIT.	86977	CPT	both			1479		224.64 Three Rivers	Three Rivers		1405.05	95			20.74	1405.05	percent of total billed charges	
PRETRT SERUM/BIC ID,INCUB W/INHIBIT.	86977	CPT	both			1479		224.64 UHC	Medicare		195.34				20.74	1405.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRETRT SERUM/BIC ID,INCUB W/INHIBIT.	86977	CPT	both			1479		224.64 UHC	Medicaid		466.62	31.55			20.74	1405.05	percent of total billed charges	
PRETRT SERUM/BIC ID,INCUB W/INHIBIT.	86977	CPT	both			1479		224.64 Wellcare	Medicare		195.34				20.74	1405.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRETRT SERUM/BIC ID,INCUB W/INHIBIT.	86977	CPT	both			1479		224.64 Wellcare	Medicaid		466.62	31.55			20.74	1405.05	percent of total billed charges	
PRETRT SERUM/BIC ID,INCUB W/INHIBIT.	86977	CPT	both			1479		224.64 WellPoint	WellPoint		475.94	32.18			20.74	1405.05	percent of total billed charges	
PRETRT SERUM/BIC ID,DIFF REDCELL ABSORP.	86978	CPT	both			1479		80.45 Aetna	Commercial		111.38				20.74	1405.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRETRT SERUM/BIC ID,DIFF REDCELL ABSORP.	86978	CPT	both			1479		80.45 Aetna	Better Health		466.62	31.55			20.74	1405.05	percent of total billed charges	
PRETRT SERUM/BIC ID,DIFF REDCELL ABSORP.	86978	CPT	both			1479		80.45 Aetna	Medicare		455.53	30.8			20.74	1405.05	percent of total billed charges	
PRETRT SERUM/BIC ID,DIFF REDCELL ABSORP.	86978	CPT	both			1479		80.45 Americare	Americare		1109.25	75			20.74	1405.05	percent of total billed charges	
PRETRT SERUM/BIC ID,DIFF REDCELL ABSORP.	86978	CPT	both			1479		80.45 Amerihealth	HMO/PPO		961.35	65			20.74	1405.05	percent of total billed charges	
PRETRT SERUM/BIC ID,DIFF REDCELL ABSORP.	86978	CPT	both			1479		80.45 Amerihealth	Medicare		69.96				20.74	1405.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRETRT SERUM/BIC ID,DIFF REDCELL ABSORP.	86978	CPT	both			1479		80.45 Consumer	Consumer		1405.05	95			20.74	1405.05	percent of total billed charges	
PRETRT SERUM/BIC ID,DIFF REDCELL ABSORP.	86978	CPT	both			1479		80.45 Corrections	Corrections		1183.2	80			20.74	1405.05	percent of total billed charges	
PRETRT SERUM/BIC ID,DIFF REDCELL ABSORP.	86978	CPT	both			1479		80.45 First Health	First Health		1035.3	70			20.74	1405.05	percent of total billed charges	
PRETRT SERUM/BIC ID,DIFF REDCELL ABSORP.	86978	CPT	both			1479		80.45 First Trenton	First Trenton		1331.1	90			20.74	1405.05	percent of total billed charges	
PRETRT SERUM/BIC ID,DIFF REDCELL ABSORP.	86978	CPT	both			1479		80.45 Horizon	Medicare Blue		69.96				20.74	1405.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRETRT SERUM/BIC ID,DIFF REDCELL ABSORP.	86978	CPT	both			1479		80.45 Horizon	MGD		130.2				20.74	1405.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRETRT SERUM/BIC ID,DIFF REDCELL ABSORP.	86978	CPT	both			1479		80.45 Horizon	Indemnity		130.2				20.74	1405.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRETRT SERUM/BIC ID,DIFF REDCELL ABSORP.	86978	CPT	both			1479		80.45 Horizon	NJ Health		20.74				20.74	1405.05	fee schedule	
PRETRT SERUM/BIC ID,DIFF REDCELL ABSORP.	86978	CPT	both			1479		80.45 Horizon	PPO		130.2				20.74	1405.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRETRT SERUM/BIC ID,DIFF REDCELL ABSORP.	86978	CPT	both			1479		80.45 Managed Care Inc	Managed Care Inc		1331.1	90			20.74	1405.05	percent of total billed charges	
PRETRT SERUM/BIC ID,DIFF REDCELL ABSORP.	86978	CPT	both			1479		80.45 Multiplan	Multiplan		1183.2	80			20.74	1405.05	percent of total billed charges	
PRETRT SERUM/BIC ID,DIFF REDCELL ABSORP.	86978	CPT	both			1479		80.45 Qualcare	Qualcare		1109.25	75			20.74	1405.05	percent of total billed charges	
PRETRT SERUM/BIC ID,DIFF REDCELL ABSORP.	86978	CPT	both			1479		80.45 Three Rivers	Three Rivers		1405.05	95			20.74	1405.05	percent of total billed charges	
PRETRT SERUM/BIC ID,DIFF REDCELL ABSORP.	86978	CPT	both			1479		80.45 UHC	Medicaid		466.62	31.55			20.74	1405.05	percent of total billed charges	
PRETRT SERUM/BIC ID,DIFF REDCELL ABSORP.	86978	CPT	both			1479		80.45 UHC	Medicare		69.96				20.74	1405.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRETRT SERUM/BIC ID,DIFF REDCELL ABSORP.	86978	CPT	both			1479		80.45 Wellcare	Medicaid		466.62	31.55			20.74	1405.05	percent of total billed charges	
PRETRT SERUM/BIC ID,DIFF REDCELL ABSORP.	86978	CPT	both			1479		80.45 Wellcare	Medicare		69.96				20.74	1405.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRETRT SERUM/BIC ID,DIFF REDCELL ABSORP.	86978	CPT	both			1479		80.45 WellPoint	WellPoint		475.94	32.18			20.74	1405.05	percent of total billed charges	
SPLITTING OF BLD OR BLD PROD EA, UNIT	86985	CPT	both			440		224.64 Aetna	Commercial		310.98				15.33	418	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPLITTING OF BLD OR BLD PROD EA, UNIT	86985	CPT	both			440		224.64 Aetna	Better Health		138.82	31.55			15.33	418	percent of total billed charges	
SPLITTING OF BLD OR BLD PROD EA, UNIT	86985	CPT	both			440		224.64 Aetna	Medicare		195.34				15.33	418	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPLITTING OF BLD OR BLD PROD EA, UNIT	86985	CPT	both			440		224.64 Americare	Americare		330	75			15.33	418	percent of total billed charges	
SPLITTING OF BLD OR BLD PROD EA, UNIT	86985	CPT	both			440		224.64 Amerihealth	Medicare		195.34				15.33	418	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPLITTING OF BLD OR BLD PROD EA, UNIT	86985	CPT	both			440		224.64 Amerihealth	HMO/PPO		286	65			15.33	418	percent of total billed charges	
SPLITTING OF BLD OR BLD PROD EA, UNIT	86985	CPT	both			440		224.64 Consumer	Consumer		418	95			15.33	418	percent of total billed charges	
SPLITTING OF BLD OR BLD PROD EA, UNIT	86985	CPT	both			440		224.64 Corrections	Corrections		352	80			15.33	418	percent of total billed charges	
SPLITTING OF BLD OR BLD PROD EA, UNIT	86985	CPT	both			440		224.64 First Health	First Health		308	70			15.33	418	percent of total billed charges	
SPLITTING OF BLD OR BLD PROD EA, UNIT	86985	CPT	both			440		224.64 First Trenton	First Trenton		396	90			15.33	418	percent of total billed charges	
SPLITTING OF BLD OR BLD PROD EA, UNIT	86985	CPT	both			440		224.64 Horizon	MGD		363.53				15.33	418	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPLITTING OF BLD OR BLD PROD EA, UNIT	86985	CPT	both			440		224.64 Horizon	Indemnity		363.53				15.33	418	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPLITTING OF BLD OR BLD PROD EA, UNIT	86985	CPT	both			440		224.64 Horizon	NJ Health		15.33				15.33	418	fee schedule	
SPLITTING OF BLD OR BLD PROD EA, UNIT	86985	CPT	both			440		224.64 Horizon	PPO		363.53				15.33	418	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPLITTING OF BLD OR BLD PROD EA, UNIT	86985	CPT	both			440		224.64 Horizon	Medicare Blue		195.34				15.33	418	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPLITTING OF BLD OR BLD PROD EA, UNIT	86985	CPT	both			440		224.64 Managed Care Inc	Managed Care Inc		396	90			15.33	418	percent of total billed charges	
SPLITTING OF BLD OR BLD PROD EA, UNIT	86985	CPT	both			440		224.64 Multiplan	Multiplan		352	80			15.33	418	percent of total billed charges	
SPLITTING OF BLD OR BLD PROD EA, UNIT	86985	CPT	both			440		224.64 Qualcare	Qualcare		330	75			15.33	418	percent of total billed charges	
SPLITTING OF BLD OR BLD PROD EA, UNIT	86985	CPT	both			440		224.64 Three Rivers	Three Rivers		418	95			15.33	418	percent of total billed charges	
SPLITTING OF BLD OR BLD PROD EA, UNIT	86985	CPT	both			440		224.64 UHC	Medicaid		138.82	31.55			15.33	418	percent of total billed charges	
SPLITTING OF BLD OR BLD PROD EA, UNIT	86985	CPT	both			440		224.64 UHC	Medicare		195.34				15.33	418	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPLITTING OF BLD OR BLD PROD EA, UNIT	86985	CPT	both			440		224.64 Wellcare	Medicare		195.34				15.33	418	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPLITTING OF BLD OR BLD PROD EA, UNIT	86985	CPT	both			440		224.64 Wellcare	Medicaid		138.82	31.55			15.33	418	percent of total billed charges	
SPLITTING OF BLD OR BLD PROD EA, UNIT	86985	CPT	both			440		224.64 WellPoint	WellPoint		141.59	32.18			15.33	418	percent of total billed charges	
PHAGOCYTIC FUNCTION PANEL	86999	CPT	outpatient			1263		39.16 Aetna	Commercial		54.21				34.05	1199.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PHAGOCYTIC FUNCTION PANEL	86999	CPT	outpatient			1263		39.16 Aetna	Better Health		398.48	31.55			34.05	1199.85	percent of total billed charges	
PHAGOCYTIC FUNCTION PANEL	86999	CPT	outpatient			1263		39.16 Aetna	Medicare		389	30.8			34.05	1199.85	percent of total billed charges	
PHAGOCYTIC FUNCTION PANEL	86999	CPT	outpatient			1263		39.16 Americare	Americare		947.25	75			34.05	1199.85	percent of total billed charges	
PHAGOCYTIC FUNCTION PANEL	86999	CPT	outpatient			1263		39.16 Amerihealth	Medicare		34.05				34.05	1199.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PHAGOCYTIC FUNCTION PANEL	86999	CPT	outpatient			1263		39.16 Amerihealth	HMO/PPO		820.95	65			34.05	1199.85	percent of total billed charges	
PHAGOCYTIC FUNCTION PANEL	86999	CPT	outpatient			1263		39.16 Consumer	Consumer		1199.85	95			34.05	1199.85	percent of total billed charges	
PHAGOCYTIC FUNCTION PANEL	86999	CPT	outpatient			1263		39.16 Corrections	Corrections		1010.4	80			34.05	1199.85	percent of total billed charges	
PHAGOCYTIC FUNCTION PANEL	86999	CPT	outpatient			1263		39.16 First Health	First Health		884.1	70			34.05	1199.85	percent of total billed charges	
PHAGOCYTIC FUNCTION PANEL	86999	CPT	outpatient			1263		39.16 First Trenton	First Trenton		1136.7	90			34.05	1199.85	percent of total billed charges	
PHAGOCYTIC FUNCTION PANEL	86999	CPT	outpatient			1263		39.16 Horizon	PPO		63.37				34.05	1199.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PHAGOCYTIC FUNCTION PANEL	86999	CPT	outpatient			1263		39.16 Horizon	MGD		63.37				34.05	1199.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PHAGOCYTIC FUNCTION PANEL	86999	CPT	outpatient			1263		39.16 Horizon	Indemnity		63.37				34.05	1199.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PHAGOCYTIC FUNCTION PANEL	86999	CPT	outpatient			1263		39.16 Horizon	Medicare Blue		34.05				34.05	1199.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PHAGOCYTIC FUNCTION PANEL	86999	CPT	outpatient			1263		39.16 Managed Care Inc	Managed Care Inc		1136.7	90			34.05	1199.85	percent of total billed charges	
PHAGOCYTIC FUNCTION PANEL	86999	CPT	outpatient			1263		39.16 Multiplan	Multiplan		1010.4	80			34.05	1199.85	percent of total billed charges	
PHAGOCYTIC FUNCTION PANEL	86999	CPT	outpatient			1263		39.16 Qualcare	Qualcare		947.25	75			34.05	1199.85	percent of total billed charges	
PHAGOCYTIC FUNCTION PANEL	86999	CPT	outpatient			1263		39.16 Three Rivers	Three Rivers		1199.85	95			34.05	1199.85	percent of total billed charges	
PHAGOCYTIC FUNCTION PANEL	86999	CPT	outpatient			1263		39.16 UHC	Medicare		34.05				34.05	1199.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PHAGOCYTIC FUNCTION PANEL	86999	CPT	outpatient			1263		39.16 UHC	Medicaid		398.48	31.55			34.05	1199.85	percent of total billed charges	
PHAGOCYTIC FUNCTION PANEL	86999	CPT	outpatient			1263		39.16 Wellcare	Medicare		34.05				34.05	1199.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PHAGOCYTIC FUNCTION PANEL	86999	CPT	outpatient			1263		39.16 Wellcare	Medicaid		398.48	31.55			34.05	1199.85	percent of total billed charges	
PHAGOCYTIC FUNCTION PANEL	86999	CPT	outpatient			1263		39.16 WellPoint	WellPoint		406.43	32.18			34.05	1199.85	percent of total billed charges	
CRYTOSPORIDIUM ISOSPORA SMEAR	87015	CPT	both			141		7.68 Aetna	Medicare		6.68				5.1	133.95	fee schedule	
CRYTOSPORIDIUM ISOSPORA SMEAR	87015	CPT	both			141		7.68 Aetna	Better Health		44.49	31.55			5.1	133.95	percent of total billed charges	
CRYTOSPORIDIUM ISOSPORA SMEAR	87015	CPT	both			141		7.68 Aetna	Commercial		53.58	38			5.1	133.95	percent of total billed charges	
CRYTOSPORIDIUM ISOSPORA SMEAR	87015	CPT	both			141		7.68 Americare	Americare		105.75	75			5.1	133.95	percent of total billed charges	
CRYTOSPORIDIUM ISOSPORA SMEAR	87015	CPT	both			141		7.68 Amerihealth	Medicare		6.68				5.1	133.95	fee schedule	
CRYTOSPORIDIUM ISOSPORA SMEAR	87015	CPT	both			141		7.68 Amerihealth	HMO/PPO		91.65	65			5.1	133.95	percent of total billed charges	
CRYTOSPORIDIUM ISOSPORA SMEAR	87015	CPT	both			141		7.68 Consumer	Consumer		133.95	95			5.1	133.95	percent of total billed charges	
CRYTOSPORIDIUM ISOSPORA SMEAR	87015	CPT	both			141		7.68 Corrections	Corrections		112.8	80			5.1	133.95	percent of total billed charges	
CRYTOSPORIDIUM ISOSPORA SMEAR	87015	CPT	both			141		7.68 First Health	First Health		98.7	70			5.1	133.95	percent of total billed charges	
CRYTOSPORIDIUM ISOSPORA SMEAR	87015	CPT	both			141		7.68 First Trenton	First Trenton		126.9	90			5.1	133.95	percent of total billed charges	
CRYTOSPORIDIUM ISOSPORA SMEAR	87015	CPT	both			141		7.68 Horizon	MGD		53.97	38.28			5.1	133.95	percent of total billed charges	
CRYTOSPORIDIUM ISOSPORA SMEAR	87015	CPT	both			141		7.68 Horizon	Indemnity		53.97	38.28			5.1	133.95	percent of total billed charges	
CRYTOSPORIDIUM ISOSPORA SMEAR	87015	CPT	both			141		7.68 Horizon	PPO		53.97	38.28			5.1	133.95	percent of total billed charges	
CRYTOSPORIDIUM ISOSPORA SMEAR	87015	CPT	both			141		7.68 Horizon	NJ Health		10				5.1	133.95	fee schedule	
CRYTOSPORIDIUM ISOSPORA SMEAR	87015	CPT	both			141		7.68 Horizon	Medicare Blue		42.3	30			5.1	133.95	percent of total billed charges	
CRYTOSPORIDIUM ISOSPORA SMEAR	87015	CPT	both			141		7.68 Managed Care Inc	Managed Care Inc		126.9	90			5.1	133.95	percent of total billed charges	
CRYTOSPORIDIUM ISOSPORA SMEAR	87015	CPT	both			141		7.68 Multiplan	Multiplan		112.8	80			5.1	133.95	percent of total billed charges	
CRYTOSPORIDIUM ISOSPORA SMEAR	87015	CPT	both			141		7.68 Qualcare	Qualcare		105.75	75			5.1	133.95	percent of total billed charges	
CRYTOSPORIDIUM ISOSPORA SMEAR	87015	CPT	both			141		7.68 Three Rivers	Three Rivers		133.95	95			5.1	133.95	percent of total billed charges	
CRYTOSPORIDIUM ISOSPORA SMEAR	87015	CPT	both			141		7.68 UHC	Medicaid		44.49	31.55			5.1	133.95	percent of total billed charges	
CRYTOSPORIDIUM ISOSPORA SMEAR	87015	CPT	both			141		7.68 UHC	Medicare		6.68				5.1	133.95	fee schedule	
CRYTOSPORIDIUM ISOSPORA SMEAR	87015	CPT	both			141		7.68 Wellcare	Medicare		6.68				5.1	133.95	fee schedule	
CRYTOSPORIDIUM ISOSPORA SMEAR	87015	CPT	both			141		7.68 Wellcare	Medicaid		44.49	31.55			5.1	133.95	percent of total billed charges	
CRYTOSPORIDIUM ISOSPORA SMEAR	87015	CPT	both			141		7.68 WellPoint	WellPoint		45.37	32.18			5.1	133.95	percent of total billed charges	
PEDIATRIC BLOOD CULTURE	87040	CPT	both			92		11.87 Aetna	Commercial		34.96	38			10.32	87.4	percent of total billed charges	
PEDIATRIC BLOOD CULTURE	87040	CPT	both			92		11.87 Aetna	Medicare		28.34	30.8			10.32	87.4	percent of total billed charges	
PEDIATRIC BLOOD CULTURE	87040	CPT	both			92		11.87 Aetna	Better Health		29.03	31.55			10.32	87.4	percent of total billed charges	
PEDIATRIC BLOOD CULTURE	87040	CPT	both			92		11.87 Americare	Americare		69	75			10.32	87.4	percent of total billed charges	
PEDIATRIC BLOOD CULTURE	87040	CPT	both			92		11.87 Amerihealth	Medicare		10.32				10.32	87.4	fee schedule	
PEDIATRIC BLOOD CULTURE	87040	CPT	both			92		11.87 Amerihealth	HMO/PPO		59.8	65			10.32	87.4	percent of total billed charges	
PEDIATRIC BLOOD CULTURE	87040	CPT	both			92		11.87 Consumer	Consumer		87.4	95			10.32	87.4	percent of total billed charges	
PEDIATRIC BLOOD CULTURE	87040	CPT	both			92		11.87 Corrections	Corrections		73.6	80			10.32	87.4	percent of total billed charges	
PEDIATRIC BLOOD CULTURE	87040	CPT	both			92		11.87 First Health	First Health		64.4	70			10.32	87.4	percent of total billed charges	
PEDIATRIC BLOOD CULTURE	87040	CPT	both			92		11.87 First Trenton	First Trenton		82.8	90			10.32	87.4	percent of total billed charges	
PEDIATRIC BLOOD CULTURE	87040	CPT	both			92		11.87 Horizon	Indemnity		35.22	38.28			10.32	87.4	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
PEDIATRIC BLOOD CULTURE	87040	CPT	both			92	11.87	Horizon	NJ Health		17.64				10.32		87.4 fee schedule	
PEDIATRIC BLOOD CULTURE	87040	CPT	both			92	11.87	Horizon	MGD		35.22	38.28			10.32		87.4 percent of total billed charges	
PEDIATRIC BLOOD CULTURE	87040	CPT	both			92	11.87	Horizon	PPO		35.22	38.28			10.32		87.4 percent of total billed charges	
PEDIATRIC BLOOD CULTURE	87040	CPT	both			92	11.87	Horizon	Medicare Blue		27.6	30			10.32		87.4 percent of total billed charges	
PEDIATRIC BLOOD CULTURE	87040	CPT	both			92	11.87	Managed Care Inc	Managed Care Inc		82.8	90			10.32		87.4 percent of total billed charges	
PEDIATRIC BLOOD CULTURE	87040	CPT	both			92	11.87	Multiplan	Multiplan		73.6	80			10.32		87.4 percent of total billed charges	
PEDIATRIC BLOOD CULTURE	87040	CPT	both			92	11.87	Qualcare	Qualcare		69	75			10.32		87.4 percent of total billed charges	
PEDIATRIC BLOOD CULTURE	87040	CPT	both			92	11.87	Three Rivers	Three Rivers		87.4	95			10.32		87.4 percent of total billed charges	
PEDIATRIC BLOOD CULTURE	87040	CPT	both			92	11.87	UHC	Medicaid		29.03	31.55			10.32		87.4 percent of total billed charges	
PEDIATRIC BLOOD CULTURE	87040	CPT	both			92	11.87	UHC	Medicare		10.32				10.32		87.4 fee schedule	
PEDIATRIC BLOOD CULTURE	87040	CPT	both			92	11.87	Wellcare	Medicaid		29.03	31.55			10.32		87.4 percent of total billed charges	
PEDIATRIC BLOOD CULTURE	87040	CPT	both			92	11.87	Wellcare	Medicare		10.32				10.32		87.4 fee schedule	
PEDIATRIC BLOOD CULTURE	87040	CPT	both			92	11.87	WellPoint	WellPoint		29.61	32.18			10.32		87.4 percent of total billed charges	
STOOL,AEROBIC.WISOL&PRELIM.EXAM	87045	CPT	both			177	10.86	Aetna	Commercial		67.26	38			6.9		168.15 percent of total billed charges	
STOOL,AEROBIC.WISOL&PRELIM.EXAM	87045	CPT	both			177	10.86	Aetna	Medicare		54.52	30.8			6.9		168.15 percent of total billed charges	
STOOL,AEROBIC.WISOL&PRELIM.EXAM	87045	CPT	both			177	10.86	Aetna	Better Health		55.84	31.55			6.9		168.15 percent of total billed charges	
STOOL,AEROBIC.WISOL&PRELIM.EXAM	87045	CPT	both			177	10.86	Americare	Americare		132.75	75			6.9		168.15 percent of total billed charges	
STOOL,AEROBIC.WISOL&PRELIM.EXAM	87045	CPT	both			177	10.86	Amerihealth	HMO/PPO		115.05	65			6.9		168.15 percent of total billed charges	
STOOL,AEROBIC.WISOL&PRELIM.EXAM	87045	CPT	both			177	10.86	Amerihealth	Medicare		9.44				6.9		168.15 fee schedule	
STOOL,AEROBIC.WISOL&PRELIM.EXAM	87045	CPT	both			177	10.86	Consumer	Consumer		168.15	95			6.9		168.15 percent of total billed charges	
STOOL,AEROBIC.WISOL&PRELIM.EXAM	87045	CPT	both			177	10.86	Corrections	Corrections		141.6	80			6.9		168.15 percent of total billed charges	
STOOL,AEROBIC.WISOL&PRELIM.EXAM	87045	CPT	both			177	10.86	First Health	First Health		123.9	70			6.9		168.15 percent of total billed charges	
STOOL,AEROBIC.WISOL&PRELIM.EXAM	87045	CPT	both			177	10.86	First Trenton	First Trenton		159.3	90			6.9		168.15 percent of total billed charges	
STOOL,AEROBIC.WISOL&PRELIM.EXAM	87045	CPT	both			177	10.86	Horizon	MGD		67.76	38.28			6.9		168.15 percent of total billed charges	
STOOL,AEROBIC.WISOL&PRELIM.EXAM	87045	CPT	both			177	10.86	Horizon	Indemnity		67.76	38.28			6.9		168.15 percent of total billed charges	
STOOL,AEROBIC.WISOL&PRELIM.EXAM	87045	CPT	both			177	10.86	Horizon	Medicare Blue		53.1	30			6.9		168.15 percent of total billed charges	
STOOL,AEROBIC.WISOL&PRELIM.EXAM	87045	CPT	both			177	10.86	Horizon	NJ Health		17.64				6.9		168.15 fee schedule	
STOOL,AEROBIC.WISOL&PRELIM.EXAM	87045	CPT	both			177	10.86	Horizon	PPO		67.76	38.28			6.9		168.15 percent of total billed charges	
STOOL,AEROBIC.WISOL&PRELIM.EXAM	87045	CPT	both			177	10.86	Managed Care Inc	Managed Care Inc		159.3	90			6.9		168.15 percent of total billed charges	
STOOL,AEROBIC.WISOL&PRELIM.EXAM	87045	CPT	both			177	10.86	Multiplan	Multiplan		141.6	80			6.9		168.15 percent of total billed charges	
STOOL,AEROBIC.WISOL&PRELIM.EXAM	87045	CPT	both			177	10.86	Qualcare	Qualcare		132.75	75			6.9		168.15 percent of total billed charges	
STOOL,AEROBIC.WISOL&PRELIM.EXAM	87045	CPT	both			177	10.86	Three Rivers	Three Rivers		168.15	95			6.9		168.15 percent of total billed charges	
STOOL,AEROBIC.WISOL&PRELIM.EXAM	87045	CPT	both			177	10.86	UHC	Medicare		9.44				6.9		168.15 fee schedule	
STOOL,AEROBIC.WISOL&PRELIM.EXAM	87045	CPT	both			177	10.86	UHC	Medicaid		55.84	31.55			6.9		168.15 percent of total billed charges	
STOOL,AEROBIC.WISOL&PRELIM.EXAM	87045	CPT	both			177	10.86	Wellcare	Medicare		9.44				6.9		168.15 fee schedule	
STOOL,AEROBIC.WISOL&PRELIM.EXAM	87045	CPT	both			177	10.86	Wellcare	Medicaid		55.84	31.55			6.9		168.15 percent of total billed charges	
STOOL,AEROBIC.WISOL&PRELIM.EXAM	87045	CPT	both			177	10.86	WellPoint	WellPoint		56.96	32.18			6.9		168.15 percent of total billed charges	
STOOL,AEROBIC.ADD.PATOGENS,EA.PLT	87046	CPT	both			177	10.86	Aetna	Medicare		9.44				6.9		168.15 fee schedule	
STOOL,AEROBIC.ADD.PATOGENS,EA.PLT	87046	CPT	both			177	10.86	Aetna	Better Health		55.84	31.55			6.9		168.15 percent of total billed charges	
STOOL,AEROBIC.ADD.PATOGENS,EA.PLT	87046	CPT	both			177	10.86	Aetna	Commercial		67.26	38			6.9		168.15 percent of total billed charges	
STOOL,AEROBIC.ADD.PATOGENS,EA.PLT	87046	CPT	both			177	10.86	Americare	Americare		132.75	75			6.9		168.15 percent of total billed charges	
STOOL,AEROBIC.ADD.PATOGENS,EA.PLT	87046	CPT	both			177	10.86	Amerihealth	Medicare		9.44				6.9		168.15 fee schedule	
STOOL,AEROBIC.ADD.PATOGENS,EA.PLT	87046	CPT	both			177	10.86	Amerihealth	HMO/PPO		115.05	65			6.9		168.15 percent of total billed charges	
STOOL,AEROBIC.ADD.PATOGENS,EA.PLT	87046	CPT	both			177	10.86	Consumer	Consumer		168.15	95			6.9		168.15 percent of total billed charges	
STOOL,AEROBIC.ADD.PATOGENS,EA.PLT	87046	CPT	both			177	10.86	Corrections	Corrections		141.6	80			6.9		168.15 percent of total billed charges	
STOOL,AEROBIC.ADD.PATOGENS,EA.PLT	87046	CPT	both			177	10.86	First Health	First Health		123.9	70			6.9		168.15 percent of total billed charges	
STOOL,AEROBIC.ADD.PATOGENS,EA.PLT	87046	CPT	both			177	10.86	First Trenton	First Trenton		159.3	90			6.9		168.15 percent of total billed charges	
STOOL,AEROBIC.ADD.PATOGENS,EA.PLT	87046	CPT	both			177	10.86	Horizon	Medicare Blue		53.1	30			6.9		168.15 percent of total billed charges	
STOOL,AEROBIC.ADD.PATOGENS,EA.PLT	87046	CPT	both			177	10.86	Horizon	Indemnity		67.76	38.28			6.9		168.15 percent of total billed charges	
STOOL,AEROBIC.ADD.PATOGENS,EA.PLT	87046	CPT	both			177	10.86	Horizon	MGD		67.76	38.28			6.9		168.15 percent of total billed charges	
STOOL,AEROBIC.ADD.PATOGENS,EA.PLT	87046	CPT	both			177	10.86	Horizon	NJ Health		10.47				6.9		168.15 fee schedule	
STOOL,AEROBIC.ADD.PATOGENS,EA.PLT	87046	CPT	both			177	10.86	Horizon	PPO		67.76	38.28			6.9		168.15 percent of total billed charges	
STOOL,AEROBIC.ADD.PATOGENS,EA.PLT	87046	CPT	both			177	10.86	Managed Care Inc	Managed Care Inc		159.3	90			6.9		168.15 percent of total billed charges	
STOOL,AEROBIC.ADD.PATOGENS,EA.PLT	87046	CPT	both			177	10.86	Multiplan	Multiplan		141.6	80			6.9		168.15 percent of total billed charges	
STOOL,AEROBIC.ADD.PATOGENS,EA.PLT	87046	CPT	both			177	10.86	Qualcare	Qualcare		132.75	75			6.9		168.15 percent of total billed charges	
STOOL,AEROBIC.ADD.PATOGENS,EA.PLT	87046	CPT	both			177	10.86	Three Rivers	Three Rivers		168.15	95			6.9		168.15 percent of total billed charges	
STOOL,AEROBIC.ADD.PATOGENS,EA.PLT	87046	CPT	both			177	10.86	UHC	Medicare		9.44				6.9		168.15 fee schedule	
STOOL,AEROBIC.ADD.PATOGENS,EA.PLT	87046	CPT	both			177	10.86	UHC	Medicaid		55.84	31.55			6.9		168.15 percent of total billed charges	
STOOL,AEROBIC.ADD.PATOGENS,EA.PLT	87046	CPT	both			177	10.86	Wellcare	Medicare		9.44				6.9		168.15 fee schedule	
STOOL,AEROBIC.ADD.PATOGENS,EA.PLT	87046	CPT	both			177	10.86	Wellcare	Medicaid		55.84	31.55			6.9		168.15 percent of total billed charges	
STOOL,AEROBIC.ADD.PATOGENS,EA.PLT	87046	CPT	both			177	10.86	WellPoint	WellPoint		56.96	32.18			6.9		168.15 percent of total billed charges	
WOUND CULTURE	87070	CPT	both			434	9.91	Aetna	Medicare		8.62				8.62		412.3 fee schedule	
WOUND CULTURE	87070	CPT	both			434	9.91	Aetna	Better Health		136.93	31.55			8.62		412.3 percent of total billed charges	
WOUND CULTURE	87070	CPT	both			434	9.91	Aetna	Commercial		164.92	38			8.62		412.3 percent of total billed charges	
WOUND CULTURE	87070	CPT	both			434	9.91	Americare	Americare		325.5	75			8.62		412.3 percent of total billed charges	
WOUND CULTURE	87070	CPT	both			434	9.91	Amerihealth	HMO/PPO		282.1	65			8.62		412.3 percent of total billed charges	
WOUND CULTURE	87070	CPT	both			434	9.91	Amerihealth	Medicare		8.62				8.62		412.3 fee schedule	
WOUND CULTURE	87070	CPT	both			434	9.91	Consumer	Consumer		412.3	95			8.62		412.3 percent of total billed charges	
WOUND CULTURE	87070	CPT	both			434	9.91	Corrections	Corrections		347.2	80			8.62		412.3 percent of total billed charges	
WOUND CULTURE	87070	CPT	both			434	9.91	First Health	First Health		303.8	70			8.62		412.3 percent of total billed charges	
WOUND CULTURE	87070	CPT	both			434	9.91	First Trenton	First Trenton		390.6	90			8.62		412.3 percent of total billed charges	
WOUND CULTURE	87070	CPT	both			434	9.91	Horizon	MGD		166.14	38.28			8.62		412.3 percent of total billed charges	
WOUND CULTURE	87070	CPT	both			434	9.91	Horizon	Medicare Blue		130.2	30			8.62		412.3 percent of total billed charges	
WOUND CULTURE	87070	CPT	both			434	9.91	Horizon	Indemnity		166.14	38.28			8.62		412.3 percent of total billed charges	
WOUND CULTURE	87070	CPT	both			434	9.91	Horizon	NJ Health		17.64				8.62		412.3 fee schedule	
WOUND CULTURE	87070	CPT	both			434	9.91	Horizon	PPO		166.14	38.28			8.62		412.3 percent of total billed charges	
WOUND CULTURE	87070	CPT	both			434	9.91	Managed Care Inc	Managed Care Inc		390.6	90			8.62		412.3 percent of total billed charges	
WOUND CULTURE	87070	CPT	both			434	9.91	Multiplan	Multiplan		347.2	80			8.62		412.3 percent of total billed charges	
WOUND CULTURE	87070	CPT	both			434	9.91	Qualcare	Qualcare		325.5	75			8.62		412.3 percent of total billed charges	
WOUND CULTURE	87070	CPT	both			434	9.91	Three Rivers	Three Rivers		412.3	95			8.62		412.3 percent of total billed charges	
WOUND CULTURE	87070	CPT	both			434	9.91	UHC	Medicaid		136.93	31.55			8.62		412.3 percent of total billed charges	
WOUND CULTURE	87070	CPT	both			434	9.91	UHC	Medicare		8.62				8.62		412.3 fee schedule	
WOUND CULTURE	87070	CPT	both			434	9.91	Wellcare	Medicare		8.62				8.62		412.3 fee schedule	
WOUND CULTURE	87070	CPT	both			434	9.91	Wellcare	Medicaid		136.93	31.55			8.62		412.3 percent of total billed charges	
WOUND CULTURE	87070	CPT	both			434	9.91	WellPoint	WellPoint		139.66	32.18			8.62		412.3 percent of total billed charges	
QUANTITATIVE;LOWER.RESP.CULT	87071	CPT	both			109	11.37	Aetna	Medicare		9.89				9.89		103.55 fee schedule	
QUANTITATIVE;LOWER.RESP.CULT	87071	CPT	both			109	11.37	Aetna	Commercial		41.42	38			9.89		103.55 percent of total billed charges	
QUANTITATIVE;LOWER.RESP.CULT	87071	CPT	both			109	11.37	Aetna	Better Health		34.39	31.55			9.89		103.55 percent of total billed charges	
QUANTITATIVE;LOWER.RESP.CULT	87071	CPT	both			109	11.37	Americare	Americare		81.75	75			9.89		103.55 percent of total billed charges	
QUANTITATIVE;LOWER.RESP.CULT	87071	CPT	both			109	11.37	Amerihealth	Medicare		9.89				9.89		103.55 fee schedule	
QUANTITATIVE;LOWER.RESP.CULT	87071	CPT	both			109	11.37	Amerihealth	HMO/PPO		70.85	65			9.89		103.55 percent of total billed charges	
QUANTITATIVE;LOWER.RESP.CULT	87071	CPT	both			109	11.37	Consumer	Consumer		103.55	95			9.89		103.55 percent of total billed charges	
QUANTITATIVE;LOWER.RESP.CULT	87071	CPT	both			109	11.37	Corrections	Corrections		87.2	80			9.89		103.55 percent of total billed charges	
QUANTITATIVE;LOWER.RESP.CULT	87071	CPT	both			109	11.37	First Health	First Health		76.3	70			9.89		103.55 percent of total billed charges	
QUANTITATIVE;LOWER.RESP.CULT	87071	CPT	both			109	11.37	First Trenton	First Trenton		98.1	90			9.89		103.55 percent of total billed charges	
QUANTITATIVE;LOWER.RESP.CULT	87071	CPT	both			109	11.37	Horizon	MGD		41.73	38.28			9.89		103.55 percent of total billed charges	
QUANTITATIVE;LOWER.RESP.CULT	87071	CPT	both			109	11.37	Horizon	Indemnity		41.73	38.28			9.89		103.55 percent of total billed charges	
QUANTITATIVE;LOWER.RESP.CULT	87071	CPT	both			109	11.37	Horizon	NJ Health		10.41				9.89		103.55 fee schedule	
QUANTITATIVE;LOWER.RESP.CULT	87071	CPT	both			109	11.37	Horizon	Medicare Blue		32.7	30			9.89		103.55 percent of total billed charges	
QUANTITATIVE;LOWER.RESP.CULT	87071	CPT	both			109	11.37	Horizon	PPO		41.73	38.28			9.89		103.55 percent of total billed charges	
QUANTITATIVE;LOWER.RESP.CULT	87071	CPT	both			109	11.37	Managed Care Inc	Managed Care Inc		98.1	90			9.89		103.55 percent of total billed charges	
QUANTITATIVE;LOWER.RESP.CULT	87071	CPT	both			109	11.37	Multiplan	Multiplan		87.2	80			9.89		103.55 percent of total billed charges	
QUANTITATIVE;LOWER.RESP.CULT	87071	CPT	both			109	11.37	Qualcare	Qualcare		81.75	75			9.89		103.55 percent of total billed charges	
QUANTITATIVE;LOWER.RESP.CULT	87071	CPT	both			109	11.37	Three Rivers	Three Rivers		103.55	95			9.89		103.55 percent of total billed charges	
QUANTITATIVE;LOWER.RESP.CULT	87071	CPT	both			109	11.37	UHC	Medicaid		34.39	31.55			9.89		103.55 percent of total billed charges	
QUANTITATIVE;LOWER.RESP.CULT	87071	CPT	both			109	11.37	UHC	Medicare		9.89				9.89		103.55 fee schedule	
QUANTITATIVE;LOWER.RESP.CULT	87071	CPT	both			109	11.37	Wellcare	Medicare		9.89				9.89		103.55 fee schedule	
QUANTITATIVE;LOWER.RESP.CULT	87071	CPT	both			109	11.37	Wellcare	Medicaid		34.39	31.55			9.89		103.55 percent of total billed charges	
QUANTITATIVE;LOWER.RESP.CULT	87071	CPT	both			109	11.37	WellPoint	WellPoint		35.08	32.18			9.89		103.55 percent of total billed charges	
CULTRE QNT ANAEROBIC W/ISO & PRESUMP	87073	CPT	both			61	11.11	Aetna	Medicare		9.66				9.66		57.95 fee schedule	
CULTRE QNT ANAEROBIC W/ISO & PRESUMP	87073	CPT	both			61	11.11	Aetna	Commercial		23.18	38			9.66		57.95 percent of total billed charges	
CULTRE QNT ANAEROBIC W/ISO & PRESUMP	87073	CPT	both			61	11.11	Aetna	Better Health		19.25	31.55			9.66		57.95 percent of total billed charges	
CULTRE QNT ANAEROBIC W/ISO & PRESUMP	87073	CPT	both			61	11.11	Americare	Americare		45.75	75			9.66		57.95 percent of total billed charges	
CULTRE QNT ANAEROBIC W/ISO & PRESUMP	87073	CPT	both			61	11.11	Amerihealth	Medicare		9.66				9.66		57.95 fee schedule	
CULTRE QNT ANAEROBIC W/ISO & PRESUMP	87073	CPT	both			61	11.11	Amerihealth	HMO/PPO		39.65	65			9.66		57.95 percent of total billed charges	
CULTRE QNT ANAEROBIC W/ISO & PRESUMP	87073	CPT	both			61	11.11	Consumer	Consumer		57.95	95			9.66		57.95 percent of total billed charges	
CULTRE QNT ANAEROBIC W/ISO & PRESUMP	87073	CPT	both			61	11.11	Corrections	Corrections		48.8	80			9.66		57.95 percent of total billed charges	
CULTRE QNT ANAEROBIC W/ISO & PRESUMP	87073	CPT	both			61	11.11	First Health	First Health		42.7	70			9.66		57.95 percent of total billed charges	
CULTRE QNT ANAEROBIC W/ISO & PRESUMP	87073	CPT	both			61	11.11	First Trenton	First Trenton		54.9	90			9.66		57.95 percent of total billed charges	
CULTRE QNT ANAEROBIC W/ISO & PRESUMP	87073	CPT	both			61	11.11	Horizon	Indemnity		23.35	38.28			9.66		57.95 percent of total billed charges	
CULTRE QNT ANAEROBIC W/ISO & PRESUMP	87073	CPT	both			61	11.11	Horizon	MGD		23.35	38.28			9.66		57.95 percent of total billed charges	
CULTRE QNT ANAEROBIC W/ISO & PRESUMP	87073	CPT	both			61	11.11	Horizon	Medicare Blue		18.3	30			9.66		57.95 percent of total billed charges	
CULTRE QNT ANAEROBIC W/ISO & PRESUMP	87073	CPT	both			61	11.11	Horizon	NJ Health		10.47				9.66		57.95 fee schedule	
CULTRE QNT ANAEROBIC W/ISO & PRESUMP	87073	CPT	both			61	11.11	Horizon	PPO		23.35	38.28			9.66		57.95 percent of total billed charges	
CULTRE QNT ANAEROBIC W/ISO & PRESUMP	87073	CPT	both			61	11.11	Managed Care Inc	Managed Care Inc		54.9	90			9.66		57.95 percent of total billed charges	
CULTRE QNT ANAEROBIC W/ISO & PRESUMP	87073	CPT	both			61	11.11	Multiplan	Multiplan		48.8	80			9.66		57.95 percent of total billed charges	
CULTRE QNT ANAEROBIC W/ISO & PRESUMP	87073	CPT	both			61	11.11	Qualcare	Qualcare		45.75	75			9.66		57.95 percent of total billed charges	
CULTRE QNT ANAEROBIC W/ISO & PRESUMP	87073	CPT	both			61	11.11	Three Rivers	Three Rivers		57.95	95			9.66		57.95 percent of total billed charges	
CULTRE QNT ANAEROBIC W/ISO & PRESUMP	87073	CPT	both			61	11.11	UHC	Medicare		9.66				9.66		57.95 fee schedule	
CULTRE QNT ANAEROBIC W/ISO & PRESUMP	87073	CPT	both			61	11.11	UHC	Medicaid		19.25	31.55			9.66		57.95 percent of total billed charges	
CULTRE QNT ANAEROBIC W/ISO & PRESUMP	87073	CPT	both			61	11.11	Wellcare	Medicare		9.66				9.66		57.95 fee schedule	
CULTRE QNT ANAEROBIC W/ISO & PRESUMP	87073	CPT	both			61	11.11	Wellcare	Medicaid		19.25	31.55			9.66		57.95 percent of total billed charges	
CULTRE QNT ANAEROBIC W/ISO & PRESUMP	87073	CPT	both			61	11.11	WellPoint	WellPoint		19.63	32.18			9.66		57.95 percent of total billed charges	
ANAEROBIC CULTURE	87075	CPT	both			88	10.89	Aetna	Medicare		9.47				9.47		83.6 fee schedule	
ANAEROBIC CULTURE	87075	CPT	both			88	10.89	Aetna	Better Health		27.76	31.55			9.47		83.6 percent of total billed charges	
ANAEROBIC CULTURE	87075	CPT	both			88	10.89	Aetna	Commercial		33.44	38			9.47		83.6 percent of total billed charges	
ANAEROBIC CULTURE	87075	CPT	both			88	10.89	Americare	Americare		66	75			9.47		83.6 percent of total billed charges	
ANAEROBIC CULTURE	87075	CPT	both			88	10.89	Amerihealth	HMO/PPO		57.2	65			9.47		83.6 percent of total billed charges	
ANAEROBIC CULTURE	87075	CPT	both			88	10.89	Amerihealth	Medicare		9.47				9.47		83.6 fee schedule	
ANAEROBIC CULTURE	87075	CPT	both			88	10.89	Consumer	Consumer		83.6	95			9.47		83.6 percent of total billed charges	
ANAEROBIC CULTURE	87075	CPT	both			88	10.89	Corrections	Corrections		70.4	80			9.47		83.6 percent of total billed charges	
ANAEROBIC CULTURE	87075	CPT	both			88	10.89	First Health	First Health		61.6	70			9.47		83.6 percent of total billed charges	
ANAEROBIC CULTURE	87075	CPT	both			88	10.89	First Trenton	First Trenton		79.2	90			9.47		83.6 percent of total billed charges	
ANAEROBIC CULTURE	87075	CPT	both			88	10.89	Horizon	NJ Health		17.64				9.47		83.6 fee schedule	
ANAEROBIC CULTURE	87075	CPT	both			88	10.89	Horizon	MGD		33.69	38.28			9.47		83.6 percent of total billed charges	
ANAEROBIC CULTURE	87075	CPT	both			88	10.89	Horizon	Medicare Blue		26.4	30			9.47		83.6 percent of total billed charges	
ANAEROBIC CULTURE	87075	CPT	both			88	10.89	Horizon	Indemnity		33.69	38.28			9.47		83.6 percent of total billed charges	
ANAEROBIC CULTURE	87075	CPT	both			88	10.89	Horizon	PPO		33.69	38.28			9.47		83.6 percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.														
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103		310119 true													
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ANAEROBIC CULTURE	87075	CPT	both			88	10.89	Managed Care Inc	Managed Care Inc		90	79.2			9.47	83.6	percent of total billed charges	
ANAEROBIC CULTURE	87075	CPT	both			88	10.89	Multiplan	Multiplan		80	70.4			9.47	83.6	percent of total billed charges	
ANAEROBIC CULTURE	87075	CPT	both			88	10.89	Qualcare	Qualcare		75	66			9.47	83.6	percent of total billed charges	
ANAEROBIC CULTURE	87075	CPT	both			88	10.89	Three Rivers	Three Rivers		95	83.6			9.47	83.6	percent of total billed charges	
ANAEROBIC CULTURE	87075	CPT	both			88	10.89	UHC	Medicaid		35	27.76			9.47	83.6	percent of total billed charges	
ANAEROBIC CULTURE	87075	CPT	both			88	10.89	UHC	Medicare			9.47			9.47	83.6	fee schedule	
ANAEROBIC CULTURE	87075	CPT	both			88	10.89	Wellcare	Medicare			9.47			9.47	83.6	fee schedule	
ANAEROBIC CULTURE	87075	CPT	both			88	10.89	Wellcare	Medicaid		35	27.76			9.47	83.6	percent of total billed charges	
ANAEROBIC CULTURE	87075	CPT	both			88	10.89	WellPoint	WellPoint		35	28.32			9.47	83.6	percent of total billed charges	
IDENTIFICATION,ANAEROBIC BACTI	87076	CPT	both			174	9.29	Aetna	Medicare		35	30.8			8.08	165.3	percent of total billed charges	
IDENTIFICATION,ANAEROBIC BACTI	87076	CPT	both			174	9.29	Aetna	Better Health		35	54.9			8.08	165.3	percent of total billed charges	
IDENTIFICATION,ANAEROBIC BACTI	87076	CPT	both			174	9.29	Aetna	Commercial		35	66.12			8.08	165.3	percent of total billed charges	
IDENTIFICATION,ANAEROBIC BACTI	87076	CPT	both			174	9.29	Americare	Americare		75	130.5			8.08	165.3	percent of total billed charges	
IDENTIFICATION,ANAEROBIC BACTI	87076	CPT	both			174	9.29	Amerihealth	Medicare			8.08			8.08	165.3	fee schedule	
IDENTIFICATION,ANAEROBIC BACTI	87076	CPT	both			174	9.29	Amerihealth	HMO/PPO		65	113.1			8.08	165.3	percent of total billed charges	
IDENTIFICATION,ANAEROBIC BACTI	87076	CPT	both			174	9.29	Consumer	Consumer		95	165.3			8.08	165.3	percent of total billed charges	
IDENTIFICATION,ANAEROBIC BACTI	87076	CPT	both			174	9.29	Corrections	Corrections		80	139.2			8.08	165.3	percent of total billed charges	
IDENTIFICATION,ANAEROBIC BACTI	87076	CPT	both			174	9.29	First Health	First Health		70	121.8			8.08	165.3	percent of total billed charges	
IDENTIFICATION,ANAEROBIC BACTI	87076	CPT	both			174	9.29	First Trenton	First Trenton		90	156.6			8.08	165.3	percent of total billed charges	
IDENTIFICATION,ANAEROBIC BACTI	87076	CPT	both			174	9.29	Horizon	NJ Health			11.76			8.08	165.3	fee schedule	
IDENTIFICATION,ANAEROBIC BACTI	87076	CPT	both			174	9.29	Horizon	MGD		38.28	66.61			8.08	165.3	percent of total billed charges	
IDENTIFICATION,ANAEROBIC BACTI	87076	CPT	both			174	9.29	Horizon	Medicare Blue		30	52.2			8.08	165.3	percent of total billed charges	
IDENTIFICATION,ANAEROBIC BACTI	87076	CPT	both			174	9.29	Horizon	Indemnity		38.28	66.61			8.08	165.3	percent of total billed charges	
IDENTIFICATION,ANAEROBIC BACTI	87076	CPT	both			174	9.29	Horizon	PPO		38.28	66.61			8.08	165.3	percent of total billed charges	
IDENTIFICATION,ANAEROBIC BACTI	87076	CPT	both			174	9.29	Managed Care Inc	Managed Care Inc		90	156.6			8.08	165.3	percent of total billed charges	
IDENTIFICATION,ANAEROBIC BACTI	87076	CPT	both			174	9.29	Multiplan	Multiplan		80	139.2			8.08	165.3	percent of total billed charges	
IDENTIFICATION,ANAEROBIC BACTI	87076	CPT	both			174	9.29	Qualcare	Qualcare		75	130.5			8.08	165.3	percent of total billed charges	
IDENTIFICATION,ANAEROBIC BACTI	87076	CPT	both			174	9.29	Three Rivers	Three Rivers		95	165.3			8.08	165.3	percent of total billed charges	
IDENTIFICATION,ANAEROBIC BACTI	87076	CPT	both			174	9.29	UHC	Medicare			8.08			8.08	165.3	fee schedule	
IDENTIFICATION,ANAEROBIC BACTI	87076	CPT	both			174	9.29	UHC	Medicaid		35	54.9			8.08	165.3	percent of total billed charges	
IDENTIFICATION,ANAEROBIC BACTI	87076	CPT	both			174	9.29	Wellcare	Medicare			8.08			8.08	165.3	fee schedule	
IDENTIFICATION,ANAEROBIC BACTI	87076	CPT	both			174	9.29	Wellcare	Medicaid		35	54.9			8.08	165.3	percent of total billed charges	
IDENTIFICATION,ANAEROBIC BACTI	87076	CPT	both			174	9.29	WellPoint	WellPoint		35	55.99			8.08	165.3	percent of total billed charges	
ORGANISM ID(ONLY) BACTERIA	87077	CPT	both			79	9.29	Aetna	Commercial		38	30.02			8.08	75.05	percent of total billed charges	
ORGANISM ID(ONLY) BACTERIA	87077	CPT	both			79	9.29	Aetna	Medicare			8.08			8.08	75.05	fee schedule	
ORGANISM ID(ONLY) BACTERIA	87077	CPT	both			79	9.29	Aetna	Better Health		35	24.92			8.08	75.05	percent of total billed charges	
ORGANISM ID(ONLY) BACTERIA	87077	CPT	both			79	9.29	Americare	Americare		75	59.25			8.08	75.05	percent of total billed charges	
ORGANISM ID(ONLY) BACTERIA	87077	CPT	both			79	9.29	Amerihealth	Medicare			8.08			8.08	75.05	fee schedule	
ORGANISM ID(ONLY) BACTERIA	87077	CPT	both			79	9.29	Amerihealth	HMO/PPO		65	51.35			8.08	75.05	percent of total billed charges	
ORGANISM ID(ONLY) BACTERIA	87077	CPT	both			79	9.29	Consumer	Consumer		95	75.05			8.08	75.05	percent of total billed charges	
ORGANISM ID(ONLY) BACTERIA	87077	CPT	both			79	9.29	Corrections	Corrections		80	63.2			8.08	75.05	percent of total billed charges	
ORGANISM ID(ONLY) BACTERIA	87077	CPT	both			79	9.29	First Health	First Health		70	55.3			8.08	75.05	percent of total billed charges	
ORGANISM ID(ONLY) BACTERIA	87077	CPT	both			79	9.29	First Trenton	First Trenton		90	71.1			8.08	75.05	percent of total billed charges	
ORGANISM ID(ONLY) BACTERIA	87077	CPT	both			79	9.29	Horizon	NJ Health			8.92			8.08	75.05	fee schedule	
ORGANISM ID(ONLY) BACTERIA	87077	CPT	both			79	9.29	Horizon	Indemnity		38.28	30.24			8.08	75.05	percent of total billed charges	
ORGANISM ID(ONLY) BACTERIA	87077	CPT	both			79	9.29	Horizon	PPO		38.28	30.24			8.08	75.05	percent of total billed charges	
ORGANISM ID(ONLY) BACTERIA	87077	CPT	both			79	9.29	Horizon	MGD		38.28	30.24			8.08	75.05	percent of total billed charges	
ORGANISM ID(ONLY) BACTERIA	87077	CPT	both			79	9.29	Horizon	Medicare Blue		30	23.7			8.08	75.05	percent of total billed charges	
ORGANISM ID(ONLY) BACTERIA	87077	CPT	both			79	9.29	Managed Care Inc	Managed Care Inc		90	71.1			8.08	75.05	percent of total billed charges	
ORGANISM ID(ONLY) BACTERIA	87077	CPT	both			79	9.29	Multiplan	Multiplan		80	63.2			8.08	75.05	percent of total billed charges	
ORGANISM ID(ONLY) BACTERIA	87077	CPT	both			79	9.29	Qualcare	Qualcare		75	59.25			8.08	75.05	percent of total billed charges	
ORGANISM ID(ONLY) BACTERIA	87077	CPT	both			79	9.29	Three Rivers	Three Rivers		95	75.05			8.08	75.05	percent of total billed charges	
ORGANISM ID(ONLY) BACTERIA	87077	CPT	both			79	9.29	UHC	Medicaid		35	24.92			8.08	75.05	percent of total billed charges	
ORGANISM ID(ONLY) BACTERIA	87077	CPT	both			79	9.29	UHC	Medicare			8.08			8.08	75.05	fee schedule	
ORGANISM ID(ONLY) BACTERIA	87077	CPT	both			79	9.29	Wellcare	Medicaid		35	24.92			8.08	75.05	percent of total billed charges	
ORGANISM ID(ONLY) BACTERIA	87077	CPT	both			79	9.29	Wellcare	Medicare			8.08			8.08	75.05	fee schedule	
ORGANISM ID(ONLY) BACTERIA	87077	CPT	both			79	9.29	WellPoint	WellPoint		35	25.42			8.08	75.05	percent of total billed charges	
VANCO RESISTANT ENTERO SCRN	87081	CPT	both			686	7.62	Aetna	Commercial		38	260.68			5.4	651.7	percent of total billed charges	
VANCO RESISTANT ENTERO SCRN	87081	CPT	both			686	7.62	Aetna	Better Health		35	216.43			5.4	651.7	percent of total billed charges	
VANCO RESISTANT ENTERO SCRN	87081	CPT	both			686	7.62	Aetna	Medicare			6.63			5.4	651.7	fee schedule	
VANCO RESISTANT ENTERO SCRN	87081	CPT	both			686	7.62	Americare	Americare		75	514.5			5.4	651.7	percent of total billed charges	
VANCO RESISTANT ENTERO SCRN	87081	CPT	both			686	7.62	Amerihealth	Medicare			6.63			5.4	651.7	fee schedule	
VANCO RESISTANT ENTERO SCRN	87081	CPT	both			686	7.62	Amerihealth	HMO/PPO		65	445.9			5.4	651.7	percent of total billed charges	
VANCO RESISTANT ENTERO SCRN	87081	CPT	both			686	7.62	Consumer	Consumer		95	651.7			5.4	651.7	percent of total billed charges	
VANCO RESISTANT ENTERO SCRN	87081	CPT	both			686	7.62	Corrections	Corrections		80	548.8			5.4	651.7	percent of total billed charges	
VANCO RESISTANT ENTERO SCRN	87081	CPT	both			686	7.62	First Health	First Health		70	480.2			5.4	651.7	percent of total billed charges	
VANCO RESISTANT ENTERO SCRN	87081	CPT	both			686	7.62	First Trenton	First Trenton		90	617.4			5.4	651.7	percent of total billed charges	
VANCO RESISTANT ENTERO SCRN	87081	CPT	both			686	7.62	Horizon	NJ Health			19.4			5.4	651.7	fee schedule	
VANCO RESISTANT ENTERO SCRN	87081	CPT	both			686	7.62	Horizon	MGD		38.28	262.6			5.4	651.7	percent of total billed charges	
VANCO RESISTANT ENTERO SCRN	87081	CPT	both			686	7.62	Horizon	Medicare Blue		30	205.8			5.4	651.7	percent of total billed charges	
VANCO RESISTANT ENTERO SCRN	87081	CPT	both			686	7.62	Horizon	PPO		38.28	262.6			5.4	651.7	percent of total billed charges	
VANCO RESISTANT ENTERO SCRN	87081	CPT	both			686	7.62	Horizon	Indemnity		38.28	262.6			5.4	651.7	percent of total billed charges	
VANCO RESISTANT ENTERO SCRN	87081	CPT	both			686	7.62	Managed Care Inc	Managed Care Inc		90	617.4			5.4	651.7	percent of total billed charges	
VANCO RESISTANT ENTERO SCRN	87081	CPT	both			686	7.62	Multiplan	Multiplan		80	548.8			5.4	651.7	percent of total billed charges	
VANCO RESISTANT ENTERO SCRN	87081	CPT	both			686	7.62	Qualcare	Qualcare		75	514.5			5.4	651.7	percent of total billed charges	
VANCO RESISTANT ENTERO SCRN	87081	CPT	both			686	7.62	Three Rivers	Three Rivers		95	651.7			5.4	651.7	percent of total billed charges	
VANCO RESISTANT ENTERO SCRN	87081	CPT	both			686	7.62	UHC	Medicare			6.63			5.4	651.7	fee schedule	
VANCO RESISTANT ENTERO SCRN	87081	CPT	both			686	7.62	UHC	Medicaid		35	216.43			5.4	651.7	percent of total billed charges	
VANCO RESISTANT ENTERO SCRN	87081	CPT	both			686	7.62	Wellcare	Medicare			6.63			5.4	651.7	fee schedule	
VANCO RESISTANT ENTERO SCRN	87081	CPT	both			686	7.62	Wellcare	Medicaid		35	216.43			5.4	651.7	percent of total billed charges	
VANCO RESISTANT ENTERO SCRN	87081	CPT	both			686	7.62	WellPoint	WellPoint		35	220.75			5.4	651.7	percent of total billed charges	
URINE CULTURE	87086	CPT	both			133	9.28	Aetna	Commercial		38	50.54			8.07	126.35	percent of total billed charges	
URINE CULTURE	87086	CPT	both			133	9.28	Aetna	Better Health		35	41.96			8.07	126.35	percent of total billed charges	
URINE CULTURE	87086	CPT	both			133	9.28	Aetna	Medicare			8.07			8.07	126.35	fee schedule	
URINE CULTURE	87086	CPT	both			133	9.28	Americare	Americare		75	99.75			8.07	126.35	percent of total billed charges	
URINE CULTURE	87086	CPT	both			133	9.28	Amerihealth	Medicare			8.07			8.07	126.35	fee schedule	
URINE CULTURE	87086	CPT	both			133	9.28	Amerihealth	HMO/PPO		65	86.45			8.07	126.35	percent of total billed charges	
URINE CULTURE	87086	CPT	both			133	9.28	Consumer	Consumer		95	126.35			8.07	126.35	percent of total billed charges	
URINE CULTURE	87086	CPT	both			133	9.28	Corrections	Corrections		80	106.4			8.07	126.35	percent of total billed charges	
URINE CULTURE	87086	CPT	both			133	9.28	First Health	First Health		70	93.1			8.07	126.35	percent of total billed charges	
URINE CULTURE	87086	CPT	both			133	9.28	First Trenton	First Trenton		90	119.7			8.07	126.35	percent of total billed charges	
URINE CULTURE	87086	CPT	both			133	9.28	Horizon	Medicare Blue		30	39.9			8.07	126.35	percent of total billed charges	
URINE CULTURE	87086	CPT	both			133	9.28	Horizon	PPO		38.28	50.91			8.07	126.35	percent of total billed charges	
URINE CULTURE	87086	CPT	both			133	9.28	Horizon	MGD		38.28	50.91			8.07	126.35	percent of total billed charges	
URINE CULTURE	87086	CPT	both			133	9.28	Horizon	Indemnity		38.28	50.91			8.07	126.35	percent of total billed charges	
URINE CULTURE	87086	CPT	both			133	9.28	Horizon	NJ Health			11.76			8.07	126.35	fee schedule	
URINE CULTURE	87086	CPT	both			133	9.28	Managed Care Inc	Managed Care Inc		90	119.7			8.07	126.35	percent of total billed charges	
URINE CULTURE	87086	CPT	both			133	9.28	Multiplan	Multiplan		80	106.4			8.07	126.35	percent of total billed charges	
URINE CULTURE	87086	CPT	both			133	9.28	Qualcare	Qualcare		75	99.75			8.07	126.35	percent of total billed charges	
URINE CULTURE	87086	CPT	both			133	9.28	Three Rivers	Three Rivers		95	126.35			8.07	126.35	percent of total billed charges	
URINE CULTURE	87086	CPT	both			133	9.28	UHC	Medicare			8.07			8.07	126.35	fee schedule	
URINE CULTURE	87086	CPT	both			133	9.28	UHC	Medicaid		35	41.96			8.07	126.35	percent of total billed charges	
URINE CULTURE	87086	CPT	both			133	9.28	Wellcare	Medicare			8.07			8.07	126.35	fee schedule	
URINE CULTURE	87086	CPT	both			133	9.28	Wellcare	Medicaid		35	41.96			8.07	126.35	percent of total billed charges	
URINE CULTURE	87086	CPT	both			133	9.28	WellPoint	WellPoint		35	42.8			8.07	126.35	percent of total billed charges	
CULT WILSO & PRESUMP IDENT ISOLA.	87088	CPT	outpatient			120	9.3	Aetna	Commercial		38	45.6			5.29	114	percent of total billed charges	
CULT WILSO & PRESUMP IDENT ISOLA.	87088	CPT	outpatient			120	9.3	Aetna	Better Health		35	37.86			5.29	114	percent of total billed charges	
CULT WILSO & PRESUMP IDENT ISOLA.	87088	CPT	outpatient			120	9.3	Aetna	Medicare			8.09			5.29	114	fee schedule	
CULT WILSO & PRESUMP IDENT ISOLA.	87088	CPT	outpatient			120	9.3	Americare	Americare		75	90			5.29	114	percent of total billed charges	
CULT WILSO & PRESUMP IDENT ISOLA.	87088	CPT	outpatient			120	9.3	Amerihealth	Medicare			8.09			5.29	114	fee schedule	
CULT WILSO & PRESUMP IDENT ISOLA.	87088	CPT	outpatient			120	9.3	Amerihealth	HMO/PPO		65	78			5.29	114	percent of total billed charges	
CULT WILSO & PRESUMP IDENT ISOLA.	87088	CPT	outpatient			120	9.3	Consumer	Consumer		95	114			5.29	114	percent of total billed charges	
CULT WILSO & PRESUMP IDENT ISOLA.	87088	CPT	outpatient			120	9.3	Corrections	Corrections		80	96			5.29	114	percent of total billed charges	
CULT WILSO & PRESUMP IDENT ISOLA.	87088	CPT	outpatient			120	9.3	First Health	First Health		70	84			5.29	114	percent of total billed charges	
CULT WILSO & PRESUMP IDENT ISOLA.	87088	CPT	outpatient			120	9.3	First Trenton	First Trenton		90	108			5.29	114	percent of total billed charges	
CULT WILSO & PRESUMP IDENT ISOLA.	87088	CPT	outpatient			120	9.3	Horizon	MGD		38.28	45.94			5.29	114	percent of total billed charges	
CULT WILSO & PRESUMP IDENT ISOLA.	87088	CPT	outpatient			120	9.3	Horizon	Medicare Blue		30	36			5.29	114	percent of total billed charges	
CULT WILSO & PRESUMP IDENT ISOLA.	87088	CPT	outpatient			120	9.3	Horizon	Indemnity		38.28	45.94			5.29	114	percent of total billed charges	
CULT WILSO & PRESUMP IDENT ISOLA.	87088	CPT	outpatient			120	9.3	Horizon	NJ Health			5.29			5.29	114	fee schedule	
CULT WILSO & PRESUMP IDENT ISOLA.	87088	CPT	outpatient			120	9.3	Horizon	PPO		38.28	45.94			5.29	114	percent of total billed charges	
CULT WILSO & PRESUMP IDENT ISOLA.	87088	CPT	outpatient			120	9.3	Managed Care Inc	Managed Care Inc		90	108			5.29	114	percent of total billed charges	
CULT WILSO & PRESUMP IDENT ISOLA.	87088	CPT	outpatient			120	9.3	Multiplan	Multiplan		80	96			5.29	114	percent of total billed charges	
CULT WILSO & PRESUMP IDENT ISOLA.	87088	CPT	outpatient			120	9.3	Qualcare	Qualcare		75	90			5.29	114	percent of total billed charges	
CULT WILSO & PRESUMP IDENT ISOLA.	87088	CPT	outpatient			120	9.3	Three Rivers	Three Rivers		95	114			5.29	114	percent of total billed charges	
CULT WILSO & PRESUMP IDENT ISOLA.	87088	CPT	outpatient			120	9.3	UHC	Medicaid		35	37.86			5.29	114	percent of total billed charges	
CULT WILSO & PRESUMP IDENT ISOLA.	87088	CPT	outpatient			120	9.3	UHC	Medicare			8.09			5.29	114	fee schedule	
CULT WILSO & PRESUMP IDENT ISOLA.	87088	CPT	outpatient			120	9.3	Wellcare	Medicaid		35	37.86			5.29	114	percent of total billed charges	
CULT WILSO & PRESUMP IDENT ISOLA.	87088	CPT	outpatient			120	9.3	Wellcare	Medicare			8.09			5.29	114	fee schedule	
CULT WILSO & PRESUMP IDENT ISOLA.	87088	CPT	outpatient			120	9.3	WellPoint	WellPoint		35	38.62			5.29	114	percent of total billed charges	
YEAST ID FUNGUS MYCOLOGY	87101	CPT	both			114	8.67	Aetna	Commercial		38	43.32			7.71	108.3	percent of total billed charges	
YEAST ID FUNGUS MYCOLOGY	87101	CPT	both			114	8.67	Aetna	Better Health		35	36.97			7.71	108.3	percent of total billed charges	
YEAST ID FUNGUS MYCOLOGY	87101	CPT	both			114	8.67	Aetna	Medicare			7.71			7.71	108.3	fee schedule	
YEAST ID FUNGUS MYCOLOGY	87101	CPT	both			114	8.67	Americare	Americare		75	85.5			7.71	108.3	percent of total billed charges	
YEAST ID FUNGUS MYCOLOGY	87101	CPT	both			114	8.67	Amerihealth	HMO/PPO		65	74.1			7.71	108.3	percent of total billed charges	
YEAST ID FUNGUS MYCOLOGY	87101	CPT	both			114	8.67	Amerihealth	Medicare			7.71			7.71	108.3	fee schedule	
YEAST ID FUNGUS MYCOLOGY	87101	CPT	both			114	8.67	Consumer	Consumer		95	108.3			7.71	108.3	percent of total billed charges	
YEAST ID FUNGUS MYCOLOGY	87101	CPT	both			114	8.67	Corrections	Corrections		80	91.2			7.71	108.3	percent of total billed charges	
YEAST ID FUNGUS MYCOLOGY	87101	CPT	both			114	8.67	First Health	First Health		70	79.8			7.71	108.3	percent of total billed charges	
YEAST ID FUNGUS MYCOLOGY	87101	CPT	both			114	8.67	First Trenton	First Trenton		90	102.6			7.71	108.3	percent of total billed charges	
YEAST ID FUNGUS MYCOLOGY	87101	CPT	both			114	8.67	Horizon	Medicare Blue		30	34.2			7.71	108.3	percent of total billed charges	
YEAST ID FUNGUS MYCOLOGY	87101	CPT	both			114	8.67	Horizon	Indemnity		38.28	43.64			7.71	108.3	percent of total billed charges	
YEAST ID FUNGUS MYCOLOGY	87101	CPT	both			114	8.67	Horizon	MGD		38.28	43.64			7.71	108.3	percent of total billed charges	
YEAST ID FUNGUS MYCOLOGY	87101	CPT	both			114	8.67	Horizon	NJ Health			15.68			7.71	108.3	fee schedule	
YEAST ID FUNGUS MYCOLOGY	87101	CPT	both			114	8.67	Horizon	PPO		38.28	43.64			7.71	108.3	percent of total billed charges	
YEAST ID FUNGUS MYCOLOGY	87101	CPT	both			114	8.67	Managed Care Inc	Managed Care Inc		90	102.6			7.71	108.3	percent of total billed charges	
YEAST ID FUNGUS MYCOLOGY	87101	CPT	both			114	8.67	Multiplan	Multiplan		80	91.2			7.71	108.3	percent of total billed charges	
YEAST ID FUNGUS MYCOLOGY	87101	CPT	both			114	8.67	Qualcare	Qualcare		75	85.5			7.71	108.3	percent of total billed charges	
YEAST ID FUNGUS MYCOLOGY	87101	CPT	both			114	8.67	Three Rivers	Three Rivers		95	108.3			7.71	108.3	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.														
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true													
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
YEAST ID FUNGUS MYCOLOGY	87101	CPT	both			114	8.87	UHC	Medicare		7.71				7.71	7.71	108.3 fee schedule	
YEAST ID FUNGUS MYCOLOGY	87101	CPT	both			114	8.87	UHC	Medicaid		35.97	31.55			7.71	7.71	108.3 percent of total billed charges	
YEAST ID FUNGUS MYCOLOGY	87101	CPT	both			114	8.87	Wellcare	Medicaid		35.97	31.55			7.71	7.71	108.3 percent of total billed charges	
YEAST ID FUNGUS MYCOLOGY	87101	CPT	both			114	8.87	Wellcare	Medicare		7.71				7.71	7.71	108.3 fee schedule	
YEAST ID FUNGUS MYCOLOGY	87101	CPT	both			114	8.87	WellPoint	WellPoint		36.69	32.18			7.71	7.71	108.3 percent of total billed charges	
VAGINAL YEAST CULTURE	87102	CPT	both			261	9.67	Aetna	Medicare		8.41				8.1	8.1	247.95 fee schedule	
VAGINAL YEAST CULTURE	87102	CPT	both			261	9.67	Aetna	Better Health		82.35	31.55			8.1	8.1	247.95 percent of total billed charges	
VAGINAL YEAST CULTURE	87102	CPT	both			261	9.67	Aetna	Commercial		99.18	38			8.1	8.1	247.95 percent of total billed charges	
VAGINAL YEAST CULTURE	87102	CPT	both			261	9.67	Americare	Americare		195.75	75			8.1	8.1	247.95 percent of total billed charges	
VAGINAL YEAST CULTURE	87102	CPT	both			261	9.67	Amerihealth	Medicare		8.41				8.1	8.1	247.95 fee schedule	
VAGINAL YEAST CULTURE	87102	CPT	both			261	9.67	Amerihealth	HMO/PPO		169.65	65			8.1	8.1	247.95 percent of total billed charges	
VAGINAL YEAST CULTURE	87102	CPT	both			261	9.67	Consumer	Consumer		247.95	95			8.1	8.1	247.95 percent of total billed charges	
VAGINAL YEAST CULTURE	87102	CPT	both			261	9.67	Corrections	Corrections		208.8	80			8.1	8.1	247.95 percent of total billed charges	
VAGINAL YEAST CULTURE	87102	CPT	both			261	9.67	First Health	First Health		182.7	70			8.1	8.1	247.95 percent of total billed charges	
VAGINAL YEAST CULTURE	87102	CPT	both			261	9.67	First Trenton	First Trenton		234.9	90			8.1	8.1	247.95 percent of total billed charges	
VAGINAL YEAST CULTURE	87102	CPT	both			261	9.67	Horizon	Medicare Blue		78.3	30			8.1	8.1	247.95 percent of total billed charges	
VAGINAL YEAST CULTURE	87102	CPT	both			261	9.67	Horizon	MGD		99.91	38.28			8.1	8.1	247.95 percent of total billed charges	
VAGINAL YEAST CULTURE	87102	CPT	both			261	9.67	Horizon	Indemnity		99.91	38.28			8.1	8.1	247.95 percent of total billed charges	
VAGINAL YEAST CULTURE	87102	CPT	both			261	9.67	Horizon	PPO		99.91	38.28			8.1	8.1	247.95 percent of total billed charges	
VAGINAL YEAST CULTURE	87102	CPT	both			261	9.67	Horizon	NJ Health		15.68				8.1	8.1	247.95 fee schedule	
VAGINAL YEAST CULTURE	87102	CPT	both			261	9.67	Managed Care Inc	Managed Care Inc		234.9	90			8.1	8.1	247.95 percent of total billed charges	
VAGINAL YEAST CULTURE	87102	CPT	both			261	9.67	Multiplan	Multiplan		208.8	80			8.1	8.1	247.95 percent of total billed charges	
VAGINAL YEAST CULTURE	87102	CPT	both			261	9.67	Qualcare	Qualcare		195.75	75			8.1	8.1	247.95 percent of total billed charges	
VAGINAL YEAST CULTURE	87102	CPT	both			261	9.67	Three Rivers	Three Rivers		247.95	95			8.1	8.1	247.95 percent of total billed charges	
VAGINAL YEAST CULTURE	87102	CPT	both			261	9.67	UHC	Medicaid		82.35	31.55			8.1	8.1	247.95 percent of total billed charges	
VAGINAL YEAST CULTURE	87102	CPT	both			261	9.67	UHC	Medicare		8.41				8.1	8.1	247.95 fee schedule	
VAGINAL YEAST CULTURE	87102	CPT	both			261	9.67	Wellcare	Medicaid		82.35	31.55			8.1	8.1	247.95 percent of total billed charges	
VAGINAL YEAST CULTURE	87102	CPT	both			261	9.67	Wellcare	Medicare		8.41				8.1	8.1	247.95 fee schedule	
VAGINAL YEAST CULTURE	87102	CPT	both			261	9.67	WellPoint	WellPoint		83.99	32.18			8.1	8.1	247.95 percent of total billed charges	
FUNGUS CULTURE-BLOOD	87103	CPT	both			95	23.53	Aetna	Better Health		29.97	31.55			15.68	15.68	90.25 percent of total billed charges	
FUNGUS CULTURE-BLOOD	87103	CPT	both			95	23.53	Aetna	Medicare		20.46				15.68	15.68	90.25 fee schedule	
FUNGUS CULTURE-BLOOD	87103	CPT	both			95	23.53	Aetna	Commercial		36.1	38			15.68	15.68	90.25 percent of total billed charges	
FUNGUS CULTURE-BLOOD	87103	CPT	both			95	23.53	Americare	Americare		71.25	75			15.68	15.68	90.25 percent of total billed charges	
FUNGUS CULTURE-BLOOD	87103	CPT	both			95	23.53	Amerihealth	HMO/PPO		61.75	65			15.68	15.68	90.25 percent of total billed charges	
FUNGUS CULTURE-BLOOD	87103	CPT	both			95	23.53	Amerihealth	Medicare		20.46				15.68	15.68	90.25 fee schedule	
FUNGUS CULTURE-BLOOD	87103	CPT	both			95	23.53	Consumer	Consumer		90.25	95			15.68	15.68	90.25 percent of total billed charges	
FUNGUS CULTURE-BLOOD	87103	CPT	both			95	23.53	Corrections	Corrections		76	80			15.68	15.68	90.25 percent of total billed charges	
FUNGUS CULTURE-BLOOD	87103	CPT	both			95	23.53	First Health	First Health		66.5	70			15.68	15.68	90.25 percent of total billed charges	
FUNGUS CULTURE-BLOOD	87103	CPT	both			95	23.53	First Trenton	First Trenton		85.5	90			15.68	15.68	90.25 percent of total billed charges	
FUNGUS CULTURE-BLOOD	87103	CPT	both			95	23.53	Horizon	MGD		36.37	38.28			15.68	15.68	90.25 percent of total billed charges	
FUNGUS CULTURE-BLOOD	87103	CPT	both			95	23.53	Horizon	Indemnity		36.37	38.28			15.68	15.68	90.25 percent of total billed charges	
FUNGUS CULTURE-BLOOD	87103	CPT	both			95	23.53	Horizon	NJ Health		15.68				15.68	15.68	90.25 fee schedule	
FUNGUS CULTURE-BLOOD	87103	CPT	both			95	23.53	Horizon	Medicare Blue		28.5	30			15.68	15.68	90.25 percent of total billed charges	
FUNGUS CULTURE-BLOOD	87103	CPT	both			95	23.53	Horizon	PPO		36.37	38.28			15.68	15.68	90.25 percent of total billed charges	
FUNGUS CULTURE-BLOOD	87103	CPT	both			95	23.53	Managed Care Inc	Managed Care Inc		85.5	90			15.68	15.68	90.25 percent of total billed charges	
FUNGUS CULTURE-BLOOD	87103	CPT	both			95	23.53	Multiplan	Multiplan		76	80			15.68	15.68	90.25 percent of total billed charges	
FUNGUS CULTURE-BLOOD	87103	CPT	both			95	23.53	Qualcare	Qualcare		71.25	75			15.68	15.68	90.25 percent of total billed charges	
FUNGUS CULTURE-BLOOD	87103	CPT	both			95	23.53	Three Rivers	Three Rivers		90.25	95			15.68	15.68	90.25 percent of total billed charges	
FUNGUS CULTURE-BLOOD	87103	CPT	both			95	23.53	UHC	Medicaid		29.97	31.55			15.68	15.68	90.25 percent of total billed charges	
FUNGUS CULTURE-BLOOD	87103	CPT	both			95	23.53	UHC	Medicare		20.46				15.68	15.68	90.25 fee schedule	
FUNGUS CULTURE-BLOOD	87103	CPT	both			95	23.53	Wellcare	Medicare		20.46				15.68	15.68	90.25 fee schedule	
FUNGUS CULTURE-BLOOD	87103	CPT	both			95	23.53	Wellcare	Medicaid		29.97	31.55			15.68	15.68	90.25 percent of total billed charges	
FUNGUS CULTURE-BLOOD	87103	CPT	both			95	23.53	WellPoint	WellPoint		30.57	32.18			15.68	15.68	90.25 percent of total billed charges	
IDENTIFICATION, FUNGUS-YEAST	87106	CPT	both			114	11.87	Aetna	Better Health		35.97	31.55			10.32	10.32	108.3 percent of total billed charges	
IDENTIFICATION, FUNGUS-YEAST	87106	CPT	both			114	11.87	Aetna	Medicare		10.32				10.32	10.32	108.3 fee schedule	
IDENTIFICATION, FUNGUS-YEAST	87106	CPT	both			114	11.87	Aetna	Commercial		43.32	38			10.32	10.32	108.3 percent of total billed charges	
IDENTIFICATION, FUNGUS-YEAST	87106	CPT	both			114	11.87	Americare	Americare		85.5	75			10.32	10.32	108.3 percent of total billed charges	
IDENTIFICATION, FUNGUS-YEAST	87106	CPT	both			114	11.87	Amerihealth	Medicare		10.32				10.32	10.32	108.3 fee schedule	
IDENTIFICATION, FUNGUS-YEAST	87106	CPT	both			114	11.87	Amerihealth	HMO/PPO		74.1	65			10.32	10.32	108.3 percent of total billed charges	
IDENTIFICATION, FUNGUS-YEAST	87106	CPT	both			114	11.87	Consumer	Consumer		108.3	95			10.32	10.32	108.3 percent of total billed charges	
IDENTIFICATION, FUNGUS-YEAST	87106	CPT	both			114	11.87	Corrections	Corrections		91.2	80			10.32	10.32	108.3 percent of total billed charges	
IDENTIFICATION, FUNGUS-YEAST	87106	CPT	both			114	11.87	First Health	First Health		79.8	70			10.32	10.32	108.3 percent of total billed charges	
IDENTIFICATION, FUNGUS-YEAST	87106	CPT	both			114	11.87	First Trenton	First Trenton		102.6	90			10.32	10.32	108.3 percent of total billed charges	
IDENTIFICATION, FUNGUS-YEAST	87106	CPT	both			114	11.87	Horizon	Medicare Blue		34.2	30			10.32	10.32	108.3 percent of total billed charges	
IDENTIFICATION, FUNGUS-YEAST	87106	CPT	both			114	11.87	Horizon	NJ Health		15.68				10.32	10.32	108.3 fee schedule	
IDENTIFICATION, FUNGUS-YEAST	87106	CPT	both			114	11.87	Horizon	MGD		43.64	38.28			10.32	10.32	108.3 percent of total billed charges	
IDENTIFICATION, FUNGUS-YEAST	87106	CPT	both			114	11.87	Horizon	Indemnity		43.64	38.28			10.32	10.32	108.3 percent of total billed charges	
IDENTIFICATION, FUNGUS-YEAST	87106	CPT	both			114	11.87	Horizon	PPO		43.64	38.28			10.32	10.32	108.3 percent of total billed charges	
IDENTIFICATION, FUNGUS-YEAST	87106	CPT	both			114	11.87	Managed Care Inc	Managed Care Inc		102.6	90			10.32	10.32	108.3 percent of total billed charges	
IDENTIFICATION, FUNGUS-YEAST	87106	CPT	both			114	11.87	Multiplan	Multiplan		91.2	80			10.32	10.32	108.3 percent of total billed charges	
IDENTIFICATION, FUNGUS-YEAST	87106	CPT	both			114	11.87	Qualcare	Qualcare		85.5	75			10.32	10.32	108.3 percent of total billed charges	
IDENTIFICATION, FUNGUS-YEAST	87106	CPT	both			114	11.87	Three Rivers	Three Rivers		108.3	95			10.32	10.32	108.3 percent of total billed charges	
IDENTIFICATION, FUNGUS-YEAST	87106	CPT	both			114	11.87	UHC	Medicare		10.32				10.32	10.32	108.3 fee schedule	
IDENTIFICATION, FUNGUS-YEAST	87106	CPT	both			114	11.87	UHC	Medicaid		35.97	31.55			10.32	10.32	108.3 percent of total billed charges	
IDENTIFICATION, FUNGUS-YEAST	87106	CPT	both			114	11.87	Wellcare	Medicaid		35.97	31.55			10.32	10.32	108.3 percent of total billed charges	
IDENTIFICATION, FUNGUS-YEAST	87106	CPT	both			114	11.87	Wellcare	Medicare		10.32				10.32	10.32	108.3 fee schedule	
IDENTIFICATION, FUNGUS-YEAST	87106	CPT	both			114	11.87	WellPoint	WellPoint		36.69	32.18			10.32	10.32	108.3 percent of total billed charges	
ORGANISM,ID MOLD(008474)	87107	CPT	both			188	11.87	Aetna	Better Health		59.31	31.55			10.32	10.32	178.6 percent of total billed charges	
ORGANISM,ID MOLD(008474)	87107	CPT	both			188	11.87	Aetna	Medicare		10.32				10.32	10.32	178.6 fee schedule	
ORGANISM,ID MOLD(008474)	87107	CPT	both			188	11.87	Aetna	Commercial		71.44	38			10.32	10.32	178.6 percent of total billed charges	
ORGANISM,ID MOLD(008474)	87107	CPT	both			188	11.87	Americare	Americare		141	75			10.32	10.32	178.6 percent of total billed charges	
ORGANISM,ID MOLD(008474)	87107	CPT	both			188	11.87	Amerihealth	Medicare		10.32				10.32	10.32	178.6 fee schedule	
ORGANISM,ID MOLD(008474)	87107	CPT	both			188	11.87	Amerihealth	HMO/PPO		122.2	65			10.32	10.32	178.6 percent of total billed charges	
ORGANISM,ID MOLD(008474)	87107	CPT	both			188	11.87	Consumer	Consumer		178.6	95			10.32	10.32	178.6 percent of total billed charges	
ORGANISM,ID MOLD(008474)	87107	CPT	both			188	11.87	Corrections	Corrections		150.4	80			10.32	10.32	178.6 percent of total billed charges	
ORGANISM,ID MOLD(008474)	87107	CPT	both			188	11.87	First Health	First Health		131.6	70			10.32	10.32	178.6 percent of total billed charges	
ORGANISM,ID MOLD(008474)	87107	CPT	both			188	11.87	First Trenton	First Trenton		169.2	90			10.32	10.32	178.6 percent of total billed charges	
ORGANISM,ID MOLD(008474)	87107	CPT	both			188	11.87	Horizon	Medicare Blue		56.4	30			10.32	10.32	178.6 percent of total billed charges	
ORGANISM,ID MOLD(008474)	87107	CPT	both			188	11.87	Horizon	Indemnity		71.97	38.28			10.32	10.32	178.6 percent of total billed charges	
ORGANISM,ID MOLD(008474)	87107	CPT	both			188	11.87	Horizon	MGD		71.97	38.28			10.32	10.32	178.6 percent of total billed charges	
ORGANISM,ID MOLD(008474)	87107	CPT	both			188	11.87	Horizon	NJ Health		11.47				10.32	10.32	178.6 fee schedule	
ORGANISM,ID MOLD(008474)	87107	CPT	both			188	11.87	Horizon	PPO		71.97	38.28			10.32	10.32	178.6 percent of total billed charges	
ORGANISM,ID MOLD(008474)	87107	CPT	both			188	11.87	Managed Care Inc	Managed Care Inc		169.2	90			10.32	10.32	178.6 percent of total billed charges	
ORGANISM,ID MOLD(008474)	87107	CPT	both			188	11.87	Multiplan	Multiplan		150.4	80			10.32	10.32	178.6 percent of total billed charges	
ORGANISM,ID MOLD(008474)	87107	CPT	both			188	11.87	Qualcare	Qualcare		141	75			10.32	10.32	178.6 percent of total billed charges	
ORGANISM,ID MOLD(008474)	87107	CPT	both			188	11.87	Three Rivers	Three Rivers		178.6	95			10.32	10.32	178.6 percent of total billed charges	
ORGANISM,ID MOLD(008474)	87107	CPT	both			188	11.87	UHC	Medicare		10.32				10.32	10.32	178.6 fee schedule	
ORGANISM,ID MOLD(008474)	87107	CPT	both			188	11.87	UHC	Medicaid		59.31	31.55			10.32	10.32	178.6 percent of total billed charges	
ORGANISM,ID MOLD(008474)	87107	CPT	both			188	11.87	Wellcare	Medicare		10.32				10.32	10.32	178.6 fee schedule	
ORGANISM,ID MOLD(008474)	87107	CPT	both			188	11.87	Wellcare	Medicaid		59.31	31.55			10.32	10.32	178.6 percent of total billed charges	
ORGANISM,ID MOLD(008474)	87107	CPT	both			188	11.87	WellPoint	WellPoint		60.5	32.18			10.32	10.32	178.6 percent of total billed charges	
UREAPLASMA/MYCOPLASMA HOMINIS	87109	CPT	inpatient			55	17.7	Aetna	Commercial		20.9	38			15.39	15.39	52.25 percent of total billed charges	
UREAPLASMA/MYCOPLASMA HOMINIS	87109	CPT	inpatient			55	17.7	Aetna	Better Health		17.35	31.55			15.39	15.39	52.25 percent of total billed charges	
UREAPLASMA/MYCOPLASMA HOMINIS	87109	CPT	inpatient			55	17.7	Aetna	Medicare		15.39				15.39	15.39	52.25 fee schedule	
UREAPLASMA/MYCOPLASMA HOMINIS	87109	CPT	inpatient			55	17.7	Americare	Americare		41.25	75			15.39	15.39	52.25 percent of total billed charges	
UREAPLASMA/MYCOPLASMA HOMINIS	87109	CPT	inpatient			55	17.7	Amerihealth	HMO/PPO		35.75	65			15.39	15.39	52.25 percent of total billed charges	
UREAPLASMA/MYCOPLASMA HOMINIS	87109	CPT	inpatient			55	17.7	Amerihealth	Medicare		15.39				15.39	15.39	52.25 fee schedule	
UREAPLASMA/MYCOPLASMA HOMINIS	87109	CPT	inpatient			55	17.7	Consumer	Consumer		52.25	95			15.39	15.39	52.25 percent of total billed charges	
UREAPLASMA/MYCOPLASMA HOMINIS	87109	CPT	inpatient			55	17.7	Corrections	Corrections		44	80			15.39	15.39	52.25 percent of total billed charges	
UREAPLASMA/MYCOPLASMA HOMINIS	87109	CPT	inpatient			55	17.7	First Health	First Health		38.5	70			15.39	15.39	52.25 percent of total billed charges	
UREAPLASMA/MYCOPLASMA HOMINIS	87109	CPT	inpatient			55	17.7	First Trenton	First Trenton		49.5	90			15.39	15.39	52.25 percent of total billed charges	
UREAPLASMA/MYCOPLASMA HOMINIS	87109	CPT	inpatient			55	17.7	Horizon	Medicare Blue		16.5	30			15.39	15.39	52.25 percent of total billed charges	
UREAPLASMA/MYCOPLASMA HOMINIS	87109	CPT	inpatient			55	17.7	Horizon	Indemnity		21.05	38.28			15.39	15.39	52.25 percent of total billed charges	
UREAPLASMA/MYCOPLASMA HOMINIS	87109	CPT	inpatient			55	17.7	Horizon	NJ Health		27.44				15.39	15.39	52.25 fee schedule	
UREAPLASMA/MYCOPLASMA HOMINIS	87109	CPT	inpatient			55	17.7	Horizon	MGD		21.05	38.28			15.39	15.39	52.25 percent of total billed charges	
UREAPLASMA/MYCOPLASMA HOMINIS	87109	CPT	inpatient			55	17.7	Horizon	PPO		21.05	38.28			15.39	15.39	52.25 percent of total billed charges	
UREAPLASMA/MYCOPLASMA HOMINIS	87109	CPT	inpatient			55	17.7	Managed Care Inc	Managed Care Inc		49.5	90			15.39	15.39	52.25 percent of total billed charges	
UREAPLASMA/MYCOPLASMA HOMINIS	87109	CPT	inpatient			55	17.7	Multiplan	Multiplan		44	80			15.39	15.39	52.25 percent of total billed charges	
UREAPLASMA/MYCOPLASMA HOMINIS	87109	CPT	inpatient			55	17.7	Qualcare	Qualcare		41.25	75			15.39	15.39	52.25 percent of total billed charges	
UREAPLASMA/MYCOPLASMA HOMINIS	87109	CPT	inpatient			55	17.7	Three Rivers	Three Rivers		52.25	95			15.39	15.39	52.25 percent of total billed charges	
UREAPLASMA/MYCOPLASMA HOMINIS	87109	CPT	inpatient			55	17.7	UHC	Medicare		15.39				15.39	15.39	52.25 fee schedule	
UREAPLASMA/MYCOPLASMA HOMINIS	87109	CPT	inpatient			55	17.7	UHC	Medicaid		17.35	31.55			15.39	15.39	52.25 percent of total billed charges	
UREAPLASMA/MYCOPLASMA HOMINIS	87109	CPT	inpatient			55	17.7	Wellcare	Medicaid		17.35	31.55			15.39	15.39	52.25 percent of total billed charges	
UREAPLASMA/MYCOPLASMA HOMINIS	87109	CPT	inpatient			55	17.7	Wellcare	Medicare		15.39				15.39	15.39	52.25 fee schedule	
UREAPLASMA/MYCOPLASMA HOMINIS	87109	CPT	inpatient			55	17.7	WellPoint	WellPoint		17.7	32.18			15.39	15.39	52.25 percent of total billed charges	
CULTURE, CHLAMYDIA, ANY SOURCE	87110	CPT	outpatient			252	22.54	Aetna	Commercial		95.76	38			19.6	239.4	percent of total billed charges	
CULTURE, CHLAMYDIA, ANY SOURCE	87110	CPT	outpatient			252	22.54	Aetna	Medicare		19.6				19.6	239.4	fee schedule	
CULTURE, CHLAMYDIA, ANY SOURCE	87110	CPT	outpatient			252	22.54	Aetna	Better Health		79.51	31.55			19.6	239.4	percent of total billed charges	
CULTURE, CHLAMYDIA, ANY SOURCE	87110	CPT	outpatient			252	22.54	Americare	Americare		189	75			19.6	239.4	percent of total billed charges	
CULTURE, CHLAMYDIA, ANY SOURCE	87110	CPT	outpatient			252	22.54	Amerihealth	Medicare		19.6				19.6	239.4	fee schedule	
CULTURE, CHLAMYDIA, ANY SOURCE	87110	CPT	outpatient			252	22.54	Amerihealth	HMO/PPO		163.8	65			19.6	239.4	percent of total billed charges	
CULTURE, CHLAMYDIA, ANY SOURCE	87110	CPT	outpatient			252	22.54	Consumer	Consumer		239.4	95			19.6	239.4	percent of total billed charges	
CULTURE, CHLAMYDIA, ANY SOURCE	87110	CPT	outpatient			252	22.54	Corrections	Corrections		201.6	80			19.6	239.4	percent of total billed charges	
CULTURE, CHLAMYDIA, ANY SOURCE	87110	CPT	outpatient			252	22.54	First Health	First Health		176.4	70			19.6	239.4	percent of total billed charges	
CULTURE, CHLAMYDIA, ANY SOURCE	87110	CPT	outpatient			252	22.54	First Trenton	First Trenton		226.8	90			19.6	239.4	percent of total billed charges	
CULTURE, CHLAMYDIA, ANY SOURCE	87110	CPT	outpatient			252	22.54	Horizon	Medicare Blue		75.6	30			19.6	239.4	percent of total billed charges	
CULTURE, CHLAMYDIA, ANY SOURCE	87110	CPT	outpatient			252	22.54	Horizon	MGD		96.47	38.28			19.6	239.4	percent of total billed charges	
CULTURE, CHLAMYDIA, ANY SOURCE	87110	CPT	outpatient			252	22.54	Horizon	Indemnity		96.47	38.28			19.6	239.4	percent of total billed charges	
CULTURE, CHLAMYDIA, ANY SOURCE	87110	CPT	outpatient			252	22.54	Horizon	PPO		96.47	38.28			19.6	239.4	percent of total billed charges	
CULTURE, CHLAMYDIA, ANY SOURCE	87110	CPT	outpatient			252	22.54	Horizon	NJ Health		29.4				19.6	239.4	fee schedule	
CULTURE, CHLAMYDIA, ANY SOURCE	87110	CPT	outpatient			252	22.54	Managed Care Inc	Managed Care Inc		226.8	90			19.6	239.4	percent of total billed charges	
CULTURE, CHLAMYDIA, ANY SOURCE	87110	CPT	outpatient			252	22.54	Multiplan	Multiplan		201.6	80			19.6	239.4	percent of total billed charges	
CULTURE, CHLAMYDIA, ANY SOURCE	87110	CPT	outpatient			252	22.54	Qualcare	Qualcare		189	75			19.6	239.4	percent of total billed charges	
CULTURE, CHLAMYDIA, ANY SOURCE	87110	CPT	outpatient			252	22.54	Three Rivers	Three Rivers		239.4	95			19.6	239.4	percent of total billed charges	
CULTURE, CHLAMYDIA, ANY SOURCE	87110	CPT	outpatient			252	22.54	UHC	Medicare		19.6				19.6	239.4	fee schedule	
CULTURE, CHLAMYDIA, ANY SOURCE	87110	CPT	outpatient			252	22.54	UHC	Medicaid		79.51	31.55			19.6	239.4	percent of total billed charges	
CULTURE, CHLAMYDIA, ANY SOURCE	87110	CPT	outpatient			252	22.54	Wellcare	Medicaid		79.51	31.55			19.6	239.4	percent of total billed charges	
CULTURE, CHLAMYDIA, ANY SOURCE	87110	CPT	outpatient			252	22.54	Wellcare	Medicare		19.6				19.6	239.4	fee schedule	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CULTURE, CHLAMYDIA, ANY SOURCE	87110	CPT	outpatient			252	22.54	WellPoint	WellPoint		81.09	32.18			19.6	239.4	percent of total billed charges	
CULTURE, TUBERCLE OR AFB BACT	87116	CPT	both			606	12.42	Aetna	Medicare		10.8				10.8	575.7	fee schedule	
CULTURE, TUBERCLE OR AFB BACT	87116	CPT	both			606	12.42	Aetna	Better Health		191.19	31.55			10.8	575.7	percent of total billed charges	
CULTURE, TUBERCLE OR AFB BACT	87116	CPT	both			606	12.42	Aetna	Commercial		230.26	38			10.8	575.7	percent of total billed charges	
CULTURE, TUBERCLE OR AFB BACT	87116	CPT	both			606	12.42	Americare	Americare		454.5	75			10.8	575.7	percent of total billed charges	
CULTURE, TUBERCLE OR AFB BACT	87116	CPT	both			606	12.42	Amerihealth	Medicare		10.8				10.8	575.7	fee schedule	
CULTURE, TUBERCLE OR AFB BACT	87116	CPT	both			606	12.42	Amerihealth	HMO/PPO		393.9	65			10.8	575.7	percent of total billed charges	
CULTURE, TUBERCLE OR AFB BACT	87116	CPT	both			606	12.42	Consumer	Consumer		575.7	95			10.8	575.7	percent of total billed charges	
CULTURE, TUBERCLE OR AFB BACT	87116	CPT	both			606	12.42	Corrections	Corrections		484.8	80			10.8	575.7	percent of total billed charges	
CULTURE, TUBERCLE OR AFB BACT	87116	CPT	both			606	12.42	First Health	First Health		424.2	70			10.8	575.7	percent of total billed charges	
CULTURE, TUBERCLE OR AFB BACT	87116	CPT	both			606	12.42	First Trenton	First Trenton		545.4	90			10.8	575.7	percent of total billed charges	
CULTURE, TUBERCLE OR AFB BACT	87116	CPT	both			606	12.42	Horizon	Medicare Blue		181.8	30			10.8	575.7	percent of total billed charges	
CULTURE, TUBERCLE OR AFB BACT	87116	CPT	both			606	12.42	Horizon	Indemnity		231.98	38.28			10.8	575.7	percent of total billed charges	
CULTURE, TUBERCLE OR AFB BACT	87116	CPT	both			606	12.42	Horizon	MGD		231.98	38.28			10.8	575.7	percent of total billed charges	
CULTURE, TUBERCLE OR AFB BACT	87116	CPT	both			606	12.42	Horizon	NJ Health		11.76				10.8	575.7	fee schedule	
CULTURE, TUBERCLE OR AFB BACT	87116	CPT	both			606	12.42	Horizon	PPO		231.98	38.28			10.8	575.7	percent of total billed charges	
CULTURE, TUBERCLE OR AFB BACT	87116	CPT	both			606	12.42	Managed Care Inc	Managed Care Inc		545.4	90			10.8	575.7	percent of total billed charges	
CULTURE, TUBERCLE OR AFB BACT	87116	CPT	both			606	12.42	Multiplan	Multiplan		484.8	80			10.8	575.7	percent of total billed charges	
CULTURE, TUBERCLE OR AFB BACT	87116	CPT	both			606	12.42	Qualcare	Qualcare		454.5	75			10.8	575.7	percent of total billed charges	
CULTURE, TUBERCLE OR AFB BACT	87116	CPT	both			606	12.42	Three Rivers	Three Rivers		575.7	95			10.8	575.7	percent of total billed charges	
CULTURE, TUBERCLE OR AFB BACT	87116	CPT	both			606	12.42	UHC	Medicare		10.8				10.8	575.7	fee schedule	
CULTURE, TUBERCLE OR AFB BACT	87116	CPT	both			606	12.42	UHC	Medicaid		191.19	31.55			10.8	575.7	percent of total billed charges	
CULTURE, TUBERCLE OR AFB BACT	87116	CPT	both			606	12.42	Wellcare	Medicaid		191.19	31.55			10.8	575.7	percent of total billed charges	
CULTURE, TUBERCLE OR AFB BACT	87116	CPT	both			606	12.42	Wellcare	Medicare		10.8				10.8	575.7	fee schedule	
CULTURE, TUBERCLE OR AFB BACT	87116	CPT	both			606	12.42	WellPoint	WellPoint		195.01	32.18			10.8	575.7	percent of total billed charges	
AEROBIC.ID.BY.MALDI(183404)	87118	CPT	outpatient			576	16.8	Aetna	Commercial		218.88	38			14.61	547.2	percent of total billed charges	
AEROBIC.ID.BY.MALDI(183404)	87118	CPT	outpatient			576	16.8	Aetna	Better Health		181.73	31.55			14.61	547.2	percent of total billed charges	
AEROBIC.ID.BY.MALDI(183404)	87118	CPT	outpatient			576	16.8	Aetna	Medicare		14.61				14.61	547.2	fee schedule	
AEROBIC.ID.BY.MALDI(183404)	87118	CPT	outpatient			576	16.8	Americare	Americare		432	75			14.61	547.2	percent of total billed charges	
AEROBIC.ID.BY.MALDI(183404)	87118	CPT	outpatient			576	16.8	Amerihealth	Medicare		14.61				14.61	547.2	fee schedule	
AEROBIC.ID.BY.MALDI(183404)	87118	CPT	outpatient			576	16.8	Amerihealth	HMO/PPO		374.4	65			14.61	547.2	percent of total billed charges	
AEROBIC.ID.BY.MALDI(183404)	87118	CPT	outpatient			576	16.8	Consumer	Consumer		547.2	95			14.61	547.2	percent of total billed charges	
AEROBIC.ID.BY.MALDI(183404)	87118	CPT	outpatient			576	16.8	Corrections	Corrections		460.8	80			14.61	547.2	percent of total billed charges	
AEROBIC.ID.BY.MALDI(183404)	87118	CPT	outpatient			576	16.8	First Health	First Health		403.2	70			14.61	547.2	percent of total billed charges	
AEROBIC.ID.BY.MALDI(183404)	87118	CPT	outpatient			576	16.8	First Trenton	First Trenton		518.4	90			14.61	547.2	percent of total billed charges	
AEROBIC.ID.BY.MALDI(183404)	87118	CPT	outpatient			576	16.8	Horizon	NJ Health		23.52				14.61	547.2	fee schedule	
AEROBIC.ID.BY.MALDI(183404)	87118	CPT	outpatient			576	16.8	Horizon	Indemnity		220.49	38.28			14.61	547.2	percent of total billed charges	
AEROBIC.ID.BY.MALDI(183404)	87118	CPT	outpatient			576	16.8	Horizon	Medicare Blue		172.8	30			14.61	547.2	percent of total billed charges	
AEROBIC.ID.BY.MALDI(183404)	87118	CPT	outpatient			576	16.8	Horizon	MGD		220.49	38.28			14.61	547.2	percent of total billed charges	
AEROBIC.ID.BY.MALDI(183404)	87118	CPT	outpatient			576	16.8	Horizon	PPO		220.49	38.28			14.61	547.2	percent of total billed charges	
AEROBIC.ID.BY.MALDI(183404)	87118	CPT	outpatient			576	16.8	Managed Care Inc	Managed Care Inc		518.4	90			14.61	547.2	percent of total billed charges	
AEROBIC.ID.BY.MALDI(183404)	87118	CPT	outpatient			576	16.8	Multiplan	Multiplan		460.8	80			14.61	547.2	percent of total billed charges	
AEROBIC.ID.BY.MALDI(183404)	87118	CPT	outpatient			576	16.8	Qualcare	Qualcare		432	75			14.61	547.2	percent of total billed charges	
AEROBIC.ID.BY.MALDI(183404)	87118	CPT	outpatient			576	16.8	Three Rivers	Three Rivers		547.2	95			14.61	547.2	percent of total billed charges	
AEROBIC.ID.BY.MALDI(183404)	87118	CPT	outpatient			576	16.8	UHC	Medicare		14.61				14.61	547.2	fee schedule	
AEROBIC.ID.BY.MALDI(183404)	87118	CPT	outpatient			576	16.8	UHC	Medicaid		181.73	31.55			14.61	547.2	percent of total billed charges	
AEROBIC.ID.BY.MALDI(183404)	87118	CPT	outpatient			576	16.8	Wellcare	Medicare		14.61				14.61	547.2	fee schedule	
AEROBIC.ID.BY.MALDI(183404)	87118	CPT	outpatient			576	16.8	Wellcare	Medicaid		181.73	31.55			14.61	547.2	percent of total billed charges	
AEROBIC.ID.BY.MALDI(183404)	87118	CPT	outpatient			576	16.8	WellPoint	WellPoint		185.36	32.18			14.61	547.2	percent of total billed charges	
CULTURE, TYPE IMMUNOFLUORES,EA	87140	CPT	outpatient			33	6.41	Aetna	Medicare		5.57				5.57	31.35	fee schedule	
CULTURE, TYPE IMMUNOFLUORES,EA	87140	CPT	outpatient			33	6.41	Aetna	Commercial		12.54	38			5.57	31.35	percent of total billed charges	
CULTURE, TYPE IMMUNOFLUORES,EA	87140	CPT	outpatient			33	6.41	Aetna	Better Health		10.41	31.55			5.57	31.35	percent of total billed charges	
CULTURE, TYPE IMMUNOFLUORES,EA	87140	CPT	outpatient			33	6.41	Americare	Americare		24.75	75			5.57	31.35	percent of total billed charges	
CULTURE, TYPE IMMUNOFLUORES,EA	87140	CPT	outpatient			33	6.41	Amerihealth	Medicare		5.57				5.57	31.35	fee schedule	
CULTURE, TYPE IMMUNOFLUORES,EA	87140	CPT	outpatient			33	6.41	Amerihealth	HMO/PPO		21.45	65			5.57	31.35	percent of total billed charges	
CULTURE, TYPE IMMUNOFLUORES,EA	87140	CPT	outpatient			33	6.41	Consumer	Consumer		31.35	95			5.57	31.35	percent of total billed charges	
CULTURE, TYPE IMMUNOFLUORES,EA	87140	CPT	outpatient			33	6.41	Corrections	Corrections		26.4	80			5.57	31.35	percent of total billed charges	
CULTURE, TYPE IMMUNOFLUORES,EA	87140	CPT	outpatient			33	6.41	First Health	First Health		23.1	70			5.57	31.35	percent of total billed charges	
CULTURE, TYPE IMMUNOFLUORES,EA	87140	CPT	outpatient			33	6.41	First Trenton	First Trenton		29.7	90			5.57	31.35	percent of total billed charges	
CULTURE, TYPE IMMUNOFLUORES,EA	87140	CPT	outpatient			33	6.41	Horizon	MGD		12.63	38.28			5.57	31.35	percent of total billed charges	
CULTURE, TYPE IMMUNOFLUORES,EA	87140	CPT	outpatient			33	6.41	Horizon	Medicare Blue		9.9	30			5.57	31.35	percent of total billed charges	
CULTURE, TYPE IMMUNOFLUORES,EA	87140	CPT	outpatient			33	6.41	Horizon	NJ Health		5.88				5.57	31.35	fee schedule	
CULTURE, TYPE IMMUNOFLUORES,EA	87140	CPT	outpatient			33	6.41	Horizon	PPO		12.63	38.28			5.57	31.35	percent of total billed charges	
CULTURE, TYPE IMMUNOFLUORES,EA	87140	CPT	outpatient			33	6.41	Horizon	Indemnity		12.63	38.28			5.57	31.35	percent of total billed charges	
CULTURE, TYPE IMMUNOFLUORES,EA	87140	CPT	outpatient			33	6.41	Managed Care Inc	Managed Care Inc		29.7	90			5.57	31.35	percent of total billed charges	
CULTURE, TYPE IMMUNOFLUORES,EA	87140	CPT	outpatient			33	6.41	Multiplan	Multiplan		26.4	80			5.57	31.35	percent of total billed charges	
CULTURE, TYPE IMMUNOFLUORES,EA	87140	CPT	outpatient			33	6.41	Qualcare	Qualcare		24.75	75			5.57	31.35	percent of total billed charges	
CULTURE, TYPE IMMUNOFLUORES,EA	87140	CPT	outpatient			33	6.41	Three Rivers	Three Rivers		31.35	95			5.57	31.35	percent of total billed charges	
CULTURE, TYPE IMMUNOFLUORES,EA	87140	CPT	outpatient			33	6.41	UHC	Medicare		5.57				5.57	31.35	fee schedule	
CULTURE, TYPE IMMUNOFLUORES,EA	87140	CPT	outpatient			33	6.41	UHC	Medicaid		10.41	31.55			5.57	31.35	percent of total billed charges	
CULTURE, TYPE IMMUNOFLUORES,EA	87140	CPT	outpatient			33	6.41	Wellcare	Medicaid		10.41	31.55			5.57	31.35	percent of total billed charges	
CULTURE, TYPE IMMUNOFLUORES,EA	87140	CPT	outpatient			33	6.41	Wellcare	Medicare		5.57				5.57	31.35	fee schedule	
CULTURE, TYPE IMMUNOFLUORES,EA	87140	CPT	outpatient			33	6.41	WellPoint	WellPoint		10.62	32.18			5.57	31.35	percent of total billed charges	
PBP2A TEST	87147	CPT	both			205	5.96	Aetna	Better Health		64.68	31.55			5.18	194.75	percent of total billed charges	
PBP2A TEST	87147	CPT	both			205	5.96	Aetna	Commercial		77.9	38			5.18	194.75	percent of total billed charges	
PBP2A TEST	87147	CPT	both			205	5.96	Aetna	Medicare		5.18				5.18	194.75	fee schedule	
PBP2A TEST	87147	CPT	both			205	5.96	Americare	Americare		153.75	75			5.18	194.75	percent of total billed charges	
PBP2A TEST	87147	CPT	both			205	5.96	Amerihealth	Medicare		5.18				5.18	194.75	fee schedule	
PBP2A TEST	87147	CPT	both			205	5.96	Amerihealth	HMO/PPO		133.25	65			5.18	194.75	percent of total billed charges	
PBP2A TEST	87147	CPT	both			205	5.96	Consumer	Consumer		194.75	95			5.18	194.75	percent of total billed charges	
PBP2A TEST	87147	CPT	both			205	5.96	Corrections	Corrections		164	80			5.18	194.75	percent of total billed charges	
PBP2A TEST	87147	CPT	both			205	5.96	First Health	First Health		143.5	70			5.18	194.75	percent of total billed charges	
PBP2A TEST	87147	CPT	both			205	5.96	First Trenton	First Trenton		184.5	90			5.18	194.75	percent of total billed charges	
PBP2A TEST	87147	CPT	both			205	5.96	Horizon	Indemnity		78.47	38.28			5.18	194.75	percent of total billed charges	
PBP2A TEST	87147	CPT	both			205	5.96	Horizon	Medicare Blue		61.5	30			5.18	194.75	percent of total billed charges	
PBP2A TEST	87147	CPT	both			205	5.96	Horizon	NJ Health		5.88				5.18	194.75	fee schedule	
PBP2A TEST	87147	CPT	both			205	5.96	Horizon	MGD		78.47	38.28			5.18	194.75	percent of total billed charges	
PBP2A TEST	87147	CPT	both			205	5.96	Horizon	PPO		78.47	38.28			5.18	194.75	percent of total billed charges	
PBP2A TEST	87147	CPT	both			205	5.96	Managed Care Inc	Managed Care Inc		184.5	90			5.18	194.75	percent of total billed charges	
PBP2A TEST	87147	CPT	both			205	5.96	Multiplan	Multiplan		164	80			5.18	194.75	percent of total billed charges	
PBP2A TEST	87147	CPT	both			205	5.96	Qualcare	Qualcare		153.75	75			5.18	194.75	percent of total billed charges	
PBP2A TEST	87147	CPT	both			205	5.96	Three Rivers	Three Rivers		194.75	95			5.18	194.75	percent of total billed charges	
PBP2A TEST	87147	CPT	both			205	5.96	UHC	Medicaid		64.68	31.55			5.18	194.75	percent of total billed charges	
PBP2A TEST	87147	CPT	both			205	5.96	UHC	Medicare		5.18				5.18	194.75	fee schedule	
PBP2A TEST	87147	CPT	both			205	5.96	Wellcare	Medicare		5.18				5.18	194.75	fee schedule	
PBP2A TEST	87147	CPT	both			205	5.96	Wellcare	Medicaid		64.68	31.55			5.18	194.75	percent of total billed charges	
PBP2A TEST	87147	CPT	both			205	5.96	WellPoint	WellPoint		65.97	32.18			5.18	194.75	percent of total billed charges	
IDENTIFICATION,AFB DNA PROBE	87149	CPT	outpatient			224	23.06	Aetna	Better Health		70.67	31.55			20.05	212.8	percent of total billed charges	
IDENTIFICATION,AFB DNA PROBE	87149	CPT	outpatient			224	23.06	Aetna	Commercial		85.12	38			20.05	212.8	percent of total billed charges	
IDENTIFICATION,AFB DNA PROBE	87149	CPT	outpatient			224	23.06	Aetna	Medicare		20.05				20.05	212.8	fee schedule	
IDENTIFICATION,AFB DNA PROBE	87149	CPT	outpatient			224	23.06	Americare	Americare		168	75			20.05	212.8	percent of total billed charges	
IDENTIFICATION,AFB DNA PROBE	87149	CPT	outpatient			224	23.06	Amerihealth	HMO/PPO		145.6	65			20.05	212.8	percent of total billed charges	
IDENTIFICATION,AFB DNA PROBE	87149	CPT	outpatient			224	23.06	Amerihealth	Medicare		20.05				20.05	212.8	fee schedule	
IDENTIFICATION,AFB DNA PROBE	87149	CPT	outpatient			224	23.06	Consumer	Consumer		212.8	95			20.05	212.8	percent of total billed charges	
IDENTIFICATION,AFB DNA PROBE	87149	CPT	outpatient			224	23.06	Corrections	Corrections		179.2	80			20.05	212.8	percent of total billed charges	
IDENTIFICATION,AFB DNA PROBE	87149	CPT	outpatient			224	23.06	First Health	First Health		156.8	70			20.05	212.8	percent of total billed charges	
IDENTIFICATION,AFB DNA PROBE	87149	CPT	outpatient			224	23.06	First Trenton	First Trenton		201.6	90			20.05	212.8	percent of total billed charges	
IDENTIFICATION,AFB DNA PROBE	87149	CPT	outpatient			224	23.06	Horizon	NJ Health		43.12				20.05	212.8	fee schedule	
IDENTIFICATION,AFB DNA PROBE	87149	CPT	outpatient			224	23.06	Horizon	Indemnity		85.75	38.28			20.05	212.8	percent of total billed charges	
IDENTIFICATION,AFB DNA PROBE	87149	CPT	outpatient			224	23.06	Horizon	Medicare Blue		67.2	30			20.05	212.8	percent of total billed charges	
IDENTIFICATION,AFB DNA PROBE	87149	CPT	outpatient			224	23.06	Horizon	MGD		85.75	38.28			20.05	212.8	percent of total billed charges	
IDENTIFICATION,AFB DNA PROBE	87149	CPT	outpatient			224	23.06	Horizon	PPO		85.75	38.28			20.05	212.8	percent of total billed charges	
IDENTIFICATION,AFB DNA PROBE	87149	CPT	outpatient			224	23.06	Managed Care Inc	Managed Care Inc		201.6	90			20.05	212.8	percent of total billed charges	
IDENTIFICATION,AFB DNA PROBE	87149	CPT	outpatient			224	23.06	Multiplan	Multiplan		179.2	80			20.05	212.8	percent of total billed charges	
IDENTIFICATION,AFB DNA PROBE	87149	CPT	outpatient			224	23.06	Qualcare	Qualcare		168	75			20.05	212.8	percent of total billed charges	
IDENTIFICATION,AFB DNA PROBE	87149	CPT	outpatient			224	23.06	Three Rivers	Three Rivers		212.8	95			20.05	212.8	percent of total billed charges	
IDENTIFICATION,AFB DNA PROBE	87149	CPT	outpatient			224	23.06	UHC	Medicaid		70.67	31.55			20.05	212.8	percent of total billed charges	
IDENTIFICATION,AFB DNA PROBE	87149	CPT	outpatient			224	23.06	UHC	Medicare		20.05				20.05	212.8	fee schedule	
IDENTIFICATION,AFB DNA PROBE	87149	CPT	outpatient			224	23.06	Wellcare	Medicaid		70.67	31.55			20.05	212.8	percent of total billed charges	
IDENTIFICATION,AFB DNA PROBE	87149	CPT	outpatient			224	23.06	Wellcare	Medicare		20.05				20.05	212.8	fee schedule	
IDENTIFICATION,AFB DNA PROBE	87149	CPT	outpatient			224	23.06	WellPoint	WellPoint		72.08	32.18			20.05	212.8	percent of total billed charges	
PCR IDENTIFICATION	87150	CPT	both			2693	40.35	Aetna	Medicare		35.09				32.7	2748.35	fee schedule	
PCR IDENTIFICATION	87150	CPT	both			2693	40.35	Aetna	Better Health		912.74	31.55			32.7	2748.35	percent of total billed charges	
PCR IDENTIFICATION	87150	CPT	both			2693	40.35	Aetna	Commercial		1099.34	38			32.7	2748.35	percent of total billed charges	
PCR IDENTIFICATION	87150	CPT	both			2693	40.35	Americare	Americare		2169.75	75			32.7	2748.35	percent of total billed charges	
PCR IDENTIFICATION	87150	CPT	both			2693	40.35	Amerihealth	Medicare		35.09				32.7	2748.35	fee schedule	
PCR IDENTIFICATION	87150	CPT	both			2693	40.35	Amerihealth	HMO/PPO		1880.45	65			32.7	2748.35	percent of total billed charges	
PCR IDENTIFICATION	87150	CPT	both			2693	40.35	Consumer	Consumer		2748.35	95			32.7	2748.35	percent of total billed charges	
PCR IDENTIFICATION	87150	CPT	both			2693	40.35	Corrections	Corrections		2314.4	80			32.7	2748.35	percent of total billed charges	
PCR IDENTIFICATION	87150	CPT	both			2693	40.35	First Health	First Health		2025.1	70			32.7	2748.35	percent of total billed charges	
PCR IDENTIFICATION	87150	CPT	both			2693	40.35	First Trenton	First Trenton		2603.7	90			32.7	2748.35	percent of total billed charges	
PCR IDENTIFICATION	87150	CPT	both			2693	40.35	Horizon	MGD		1107.44	38.28			32.7	2748.35	percent of total billed charges	
PCR IDENTIFICATION	87150	CPT	both			2693	40.35	Horizon	Indemnity		1107.44	38.28			32.7	2748.35	percent of total billed charges	
PCR IDENTIFICATION	87150	CPT	both			2693	40.35	Horizon	Medicare Blue		867.9	30			32.7	2748.35	percent of total billed charges	
PCR IDENTIFICATION	87150	CPT	both			2693	40.35	Horizon	NJ Health		38.96				32.7	2748.35	fee schedule	
PCR IDENTIFICATION	87150	CPT	both			2693	40.35	Horizon	PPO		1107.44	38.28			32.7	2748.35	percent of total billed charges	
PCR IDENTIFICATION	87150	CPT	both			2693	40.35	Managed Care Inc	Managed Care Inc		2603.7	90			32.7	2748.35	percent of total billed charges	
PCR IDENTIFICATION	87150	CPT	both			2693	40.35	Multiplan	Multiplan		2314.4	80			32.7	2748.35	percent of total billed charges	
PCR IDENTIFICATION	87150	CPT	both			2693	40.35	Qualcare	Qualcare		2169.75	75			32.7	2748.35	percent of total billed charges	
PCR IDENTIFICATION	87150	CPT	both			2693	40.35	Three Rivers	Three Rivers		2748.35	95			32.7	2748.35	percent of total billed charges	
PCR IDENTIFICATION	87150	CPT	both			2693	40.35	UHC	Medicare		35.09				32.7	2748.35	fee schedule	
PCR IDENTIFICATION	87150	CPT	both			2693	40.35	UHC	Medicaid		912.74	31.55			32.7	2748.35	percent of total billed charges	
PCR IDENTIFICATION	87150	CPT	both			2693	40.35	Wellcare	Medicaid		912.74	31.55			32.7	2748.35	percent of total billed charges	
PCR IDENTIFICATION	87150	CPT	both			2693	40.35	Wellcare	Medicare		35.09				32.7	2748.35	fee schedule	
PCR IDENTIFICATION	87150	CPT	both			2693	40.35	WellPoint	WellPoint		930.97	32.18			32.7	2748.35	percent of total billed charges	
ORGANISM IDENIFICATION GRP	87153	CPT	outpatient			904	132.66	Aetna	Better Health		285.21	31.55			115.36	858.8	percent of total billed charges	
ORGANISM IDENIFICATION GRP	87153	CPT	outpatient			904	132.66	Aetna	Medicare		115.36				115.36	858.8	fee schedule	
ORGANISM IDENIFICATION GRP	87153	CPT	outpatient			904	132.66	Aetna	Commercial		343.52	38			115.36	858.8	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ORGANISM IDENIFICATION GRP	87153	CPT	outpatient			904		132.66 Americare	Americare		678	75			115.36		858.8 percent of total billed charges	
ORGANISM IDENIFICATION GRP	87153	CPT	outpatient			904		132.66 Amerihealth	Medicare		115.36				115.36		858.8 fee schedule	
ORGANISM IDENIFICATION GRP	87153	CPT	outpatient			904		132.66 Amerihealth	HMO/PPO		587.6	65			115.36		858.8 percent of total billed charges	
ORGANISM IDENIFICATION GRP	87153	CPT	outpatient			904		132.66 Consumer	Consumer		858.8	95			115.36		858.8 percent of total billed charges	
ORGANISM IDENIFICATION GRP	87153	CPT	outpatient			904		132.66 Corrections	Corrections		723.2	80			115.36		858.8 percent of total billed charges	
ORGANISM IDENIFICATION GRP	87153	CPT	outpatient			904		132.66 First Health	First Health		632.8	70			115.36		858.8 percent of total billed charges	
ORGANISM IDENIFICATION GRP	87153	CPT	outpatient			904		132.66 First Trenton	First Trenton		813.6	90			115.36		858.8 percent of total billed charges	
ORGANISM IDENIFICATION GRP	87153	CPT	outpatient			904		132.66 Horizon	Medicare Blue		271.2	30			115.36		858.8 percent of total billed charges	
ORGANISM IDENIFICATION GRP	87153	CPT	outpatient			904		132.66 Horizon	Indemnity		346.05	38.28			115.36		858.8 percent of total billed charges	
ORGANISM IDENIFICATION GRP	87153	CPT	outpatient			904		132.66 Horizon	MGD		346.05	38.28			115.36		858.8 percent of total billed charges	
ORGANISM IDENIFICATION GRP	87153	CPT	outpatient			904		132.66 Horizon	NJ Health		128.11				115.36		858.8 fee schedule	
ORGANISM IDENIFICATION GRP	87153	CPT	outpatient			904		132.66 Horizon	PPO		346.05	38.28			115.36		858.8 percent of total billed charges	
ORGANISM IDENIFICATION GRP	87153	CPT	outpatient			904		132.66 Managed Care Inc	Managed Care Inc		813.6	90			115.36		858.8 percent of total billed charges	
ORGANISM IDENIFICATION GRP	87153	CPT	outpatient			904		132.66 Multiplan	Multiplan		723.2	80			115.36		858.8 percent of total billed charges	
ORGANISM IDENIFICATION GRP	87153	CPT	outpatient			904		132.66 Qualcare	Qualcare		678	75			115.36		858.8 percent of total billed charges	
ORGANISM IDENIFICATION GRP	87153	CPT	outpatient			904		132.66 Three Rivers	Three Rivers		858.8	95			115.36		858.8 percent of total billed charges	
ORGANISM IDENIFICATION GRP	87153	CPT	outpatient			904		132.66 UHC	Medicare		115.36				115.36		858.8 fee schedule	
ORGANISM IDENIFICATION GRP	87153	CPT	outpatient			904		132.66 UHC	Medicaid		285.21	31.55			115.36		858.8 percent of total billed charges	
ORGANISM IDENIFICATION GRP	87153	CPT	outpatient			904		132.66 Wellcare	Medicare		115.36				115.36		858.8 fee schedule	
ORGANISM IDENIFICATION GRP	87153	CPT	outpatient			904		132.66 Wellcare	Medicaid		285.21	31.55			115.36		858.8 percent of total billed charges	
ORGANISM IDENIFICATION GRP	87153	CPT	outpatient			904		132.66 WellPoint	WellPoint		290.91	32.18			115.36		858.8 percent of total billed charges	
OVA & PARASITE PINWORM	87172	CPT	outpatient			67		4.91 Aetna	Better Health		21.14	31.55			4.27		63.65 percent of total billed charges	
OVA & PARASITE PINWORM	87172	CPT	outpatient			67		4.91 Aetna	Commercial		25.46	38			4.27		63.65 percent of total billed charges	
OVA & PARASITE PINWORM	87172	CPT	outpatient			67		4.91 Aetna	Medicare		4.27				4.27		63.65 fee schedule	
OVA & PARASITE PINWORM	87172	CPT	outpatient			67		4.91 Americare	Americare		50.25	75			4.27		63.65 percent of total billed charges	
OVA & PARASITE PINWORM	87172	CPT	outpatient			67		4.91 Amerihealth	HMO/PPO		43.55	65			4.27		63.65 percent of total billed charges	
OVA & PARASITE PINWORM	87172	CPT	outpatient			67		4.91 Amerihealth	Medicare		4.27				4.27		63.65 fee schedule	
OVA & PARASITE PINWORM	87172	CPT	outpatient			67		4.91 Consumer	Consumer		63.65	95			4.27		63.65 percent of total billed charges	
OVA & PARASITE PINWORM	87172	CPT	outpatient			67		4.91 Corrections	Corrections		53.6	80			4.27		63.65 percent of total billed charges	
OVA & PARASITE PINWORM	87172	CPT	outpatient			67		4.91 First Health	First Health		46.9	70			4.27		63.65 percent of total billed charges	
OVA & PARASITE PINWORM	87172	CPT	outpatient			67		4.91 First Trenton	First Trenton		60.3	90			4.27		63.65 percent of total billed charges	
OVA & PARASITE PINWORM	87172	CPT	outpatient			67		4.91 Horizon	Medicare Blue		20.1	30			4.27		63.65 percent of total billed charges	
OVA & PARASITE PINWORM	87172	CPT	outpatient			67		4.91 Horizon	NJ Health		4.74				4.27		63.65 fee schedule	
OVA & PARASITE PINWORM	87172	CPT	outpatient			67		4.91 Horizon	MGD		25.65	38.28			4.27		63.65 percent of total billed charges	
OVA & PARASITE PINWORM	87172	CPT	outpatient			67		4.91 Horizon	Indemnity		25.65	38.28			4.27		63.65 percent of total billed charges	
OVA & PARASITE PINWORM	87172	CPT	outpatient			67		4.91 Horizon	PPO		25.65	38.28			4.27		63.65 percent of total billed charges	
OVA & PARASITE PINWORM	87172	CPT	outpatient			67		4.91 Managed Care Inc	Managed Care Inc		60.3	90			4.27		63.65 percent of total billed charges	
OVA & PARASITE PINWORM	87172	CPT	outpatient			67		4.91 Multiplan	Multiplan		53.6	80			4.27		63.65 percent of total billed charges	
OVA & PARASITE PINWORM	87172	CPT	outpatient			67		4.91 Qualcare	Qualcare		50.25	75			4.27		63.65 percent of total billed charges	
OVA & PARASITE PINWORM	87172	CPT	outpatient			67		4.91 Three Rivers	Three Rivers		63.65	95			4.27		63.65 percent of total billed charges	
OVA & PARASITE PINWORM	87172	CPT	outpatient			67		4.91 UHC	Medicare		4.27				4.27		63.65 fee schedule	
OVA & PARASITE PINWORM	87172	CPT	outpatient			67		4.91 UHC	Medicaid		21.14	31.55			4.27		63.65 percent of total billed charges	
OVA & PARASITE PINWORM	87172	CPT	outpatient			67		4.91 Wellcare	Medicare		4.27				4.27		63.65 fee schedule	
OVA & PARASITE PINWORM	87172	CPT	outpatient			67		4.91 Wellcare	Medicaid		21.14	31.55			4.27		63.65 percent of total billed charges	
OVA & PARASITE PINWORM	87172	CPT	outpatient			67		4.91 WellPoint	WellPoint		21.56	32.18			4.27		63.65 percent of total billed charges	
HOMOGENIZATION,TISSUE,FOR CULTURE	87176	CPT	both			43		6.76 Aetna	Better Health		13.57	31.55			5.88		40.85 percent of total billed charges	
HOMOGENIZATION,TISSUE,FOR CULTURE	87176	CPT	both			43		6.76 Aetna	Medicare		5.88				5.88		40.85 fee schedule	
HOMOGENIZATION,TISSUE,FOR CULTURE	87176	CPT	both			43		6.76 Aetna	Commercial		16.34	38			5.88		40.85 percent of total billed charges	
HOMOGENIZATION,TISSUE,FOR CULTURE	87176	CPT	both			43		6.76 Americare	Americare		32.25	75			5.88		40.85 percent of total billed charges	
HOMOGENIZATION,TISSUE,FOR CULTURE	87176	CPT	both			43		6.76 Amerihealth	Medicare		5.88				5.88		40.85 fee schedule	
HOMOGENIZATION,TISSUE,FOR CULTURE	87176	CPT	both			43		6.76 Amerihealth	HMO/PPO		27.95	65			5.88		40.85 percent of total billed charges	
HOMOGENIZATION,TISSUE,FOR CULTURE	87176	CPT	both			43		6.76 Consumer	Consumer		40.85	95			5.88		40.85 percent of total billed charges	
HOMOGENIZATION,TISSUE,FOR CULTURE	87176	CPT	both			43		6.76 Corrections	Corrections		34.4	80			5.88		40.85 percent of total billed charges	
HOMOGENIZATION,TISSUE,FOR CULTURE	87176	CPT	both			43		6.76 First Health	First Health		30.1	70			5.88		40.85 percent of total billed charges	
HOMOGENIZATION,TISSUE,FOR CULTURE	87176	CPT	both			43		6.76 First Trenton	First Trenton		38.7	90			5.88		40.85 percent of total billed charges	
HOMOGENIZATION,TISSUE,FOR CULTURE	87176	CPT	both			43		6.76 Horizon	Indemnity		16.46	38.28			5.88		40.85 percent of total billed charges	
HOMOGENIZATION,TISSUE,FOR CULTURE	87176	CPT	both			43		6.76 Horizon	MGD		16.46	38.28			5.88		40.85 percent of total billed charges	
HOMOGENIZATION,TISSUE,FOR CULTURE	87176	CPT	both			43		6.76 Horizon	Medicare Blue		12.9	30			5.88		40.85 percent of total billed charges	
HOMOGENIZATION,TISSUE,FOR CULTURE	87176	CPT	both			43		6.76 Horizon	NJ Health		13.8				5.88		40.85 fee schedule	
HOMOGENIZATION,TISSUE,FOR CULTURE	87176	CPT	both			43		6.76 Horizon	PPO		16.46	38.28			5.88		40.85 percent of total billed charges	
HOMOGENIZATION,TISSUE,FOR CULTURE	87176	CPT	both			43		6.76 Managed Care Inc	Managed Care Inc		38.7	90			5.88		40.85 percent of total billed charges	
HOMOGENIZATION,TISSUE,FOR CULTURE	87176	CPT	both			43		6.76 Multiplan	Multiplan		34.4	80			5.88		40.85 percent of total billed charges	
HOMOGENIZATION,TISSUE,FOR CULTURE	87176	CPT	both			43		6.76 Qualcare	Qualcare		32.25	75			5.88		40.85 percent of total billed charges	
HOMOGENIZATION,TISSUE,FOR CULTURE	87176	CPT	both			43		6.76 Three Rivers	Three Rivers		40.85	95			5.88		40.85 percent of total billed charges	
HOMOGENIZATION,TISSUE,FOR CULTURE	87176	CPT	both			43		6.76 UHC	Medicaid		13.57	31.55			5.88		40.85 percent of total billed charges	
HOMOGENIZATION,TISSUE,FOR CULTURE	87176	CPT	both			43		6.76 UHC	Medicare		5.88				5.88		40.85 fee schedule	
HOMOGENIZATION,TISSUE,FOR CULTURE	87176	CPT	both			43		6.76 Wellcare	Medicaid		13.57	31.55			5.88		40.85 percent of total billed charges	
HOMOGENIZATION,TISSUE,FOR CULTURE	87176	CPT	both			43		6.76 Wellcare	Medicare		5.88				5.88		40.85 fee schedule	
HOMOGENIZATION,TISSUE,FOR CULTURE	87176	CPT	both			43		6.76 WellPoint	WellPoint		13.84	32.18			5.88		40.85 percent of total billed charges	
OVA&PARASITES,DIRECT/CONSENT/ID	87177	CPT	both			167		10.24 Aetna	Medicare		8.9				6.6		158.65 fee schedule	
OVA&PARASITES,DIRECT/CONSENT/ID	87177	CPT	both			167		10.24 Aetna	Commercial		63.46	38			6.6		158.65 percent of total billed charges	
OVA&PARASITES,DIRECT/CONSENT/ID	87177	CPT	both			167		10.24 Aetna	Better Health		52.69	31.55			6.6		158.65 percent of total billed charges	
OVA&PARASITES,DIRECT/CONSENT/ID	87177	CPT	both			167		10.24 Americare	Americare		125.25	75			6.6		158.65 percent of total billed charges	
OVA&PARASITES,DIRECT/CONSENT/ID	87177	CPT	both			167		10.24 Amerihealth	HMO/PPO		108.55	65			6.6		158.65 percent of total billed charges	
OVA&PARASITES,DIRECT/CONSENT/ID	87177	CPT	both			167		10.24 Amerihealth	Medicare		8.9				6.6		158.65 fee schedule	
OVA&PARASITES,DIRECT/CONSENT/ID	87177	CPT	both			167		10.24 Consumer	Consumer		158.65	95			6.6		158.65 percent of total billed charges	
OVA&PARASITES,DIRECT/CONSENT/ID	87177	CPT	both			167		10.24 Corrections	Corrections		133.6	80			6.6		158.65 percent of total billed charges	
OVA&PARASITES,DIRECT/CONSENT/ID	87177	CPT	both			167		10.24 First Health	First Health		116.9	70			6.6		158.65 percent of total billed charges	
OVA&PARASITES,DIRECT/CONSENT/ID	87177	CPT	both			167		10.24 First Trenton	First Trenton		150.3	90			6.6		158.65 percent of total billed charges	
OVA&PARASITES,DIRECT/CONSENT/ID	87177	CPT	both			167		10.24 Horizon	Medicare Blue		50.1	30			6.6		158.65 percent of total billed charges	
OVA&PARASITES,DIRECT/CONSENT/ID	87177	CPT	both			167		10.24 Horizon	MGD		63.93	38.28			6.6		158.65 percent of total billed charges	
OVA&PARASITES,DIRECT/CONSENT/ID	87177	CPT	both			167		10.24 Horizon	Indemnity		63.93	38.28			6.6		158.65 percent of total billed charges	
OVA&PARASITES,DIRECT/CONSENT/ID	87177	CPT	both			167		10.24 Horizon	NJ Health		10				6.6		158.65 fee schedule	
OVA&PARASITES,DIRECT/CONSENT/ID	87177	CPT	both			167		10.24 Horizon	PPO		63.93	38.28			6.6		158.65 percent of total billed charges	
OVA&PARASITES,DIRECT/CONSENT/ID	87177	CPT	both			167		10.24 Managed Care Inc	Managed Care Inc		150.3	90			6.6		158.65 percent of total billed charges	
OVA&PARASITES,DIRECT/CONSENT/ID	87177	CPT	both			167		10.24 Multiplan	Multiplan		133.6	80			6.6		158.65 percent of total billed charges	
OVA&PARASITES,DIRECT/CONSENT/ID	87177	CPT	both			167		10.24 Qualcare	Qualcare		125.25	75			6.6		158.65 percent of total billed charges	
OVA&PARASITES,DIRECT/CONSENT/ID	87177	CPT	both			167		10.24 Three Rivers	Three Rivers		158.65	95			6.6		158.65 percent of total billed charges	
OVA&PARASITES,DIRECT/CONSENT/ID	87177	CPT	both			167		10.24 UHC	Medicare		8.9				6.6		158.65 fee schedule	
OVA&PARASITES,DIRECT/CONSENT/ID	87177	CPT	both			167		10.24 UHC	Medicaid		52.69	31.55			6.6		158.65 percent of total billed charges	
OVA&PARASITES,DIRECT/CONSENT/ID	87177	CPT	both			167		10.24 Wellcare	Medicare		8.9				6.6		158.65 fee schedule	
OVA&PARASITES,DIRECT/CONSENT/ID	87177	CPT	both			167		10.24 Wellcare	Medicaid		52.69	31.55			6.6		158.65 percent of total billed charges	
OVA&PARASITES,DIRECT/CONSENT/ID	87177	CPT	both			167		10.24 WellPoint	WellPoint		53.74	32.18			6.6		158.65 percent of total billed charges	
SUSCEPTIBILITY STUDIES	87181	CPT	both			453		5.46 Aetna	Commercial		172.14	38			4.75		430.35 percent of total billed charges	
SUSCEPTIBILITY STUDIES	87181	CPT	both			453		5.46 Aetna	Medicare		4.75				4.75		430.35 fee schedule	
SUSCEPTIBILITY STUDIES	87181	CPT	both			453		5.46 Aetna	Better Health		142.92	31.55			4.75		430.35 percent of total billed charges	
SUSCEPTIBILITY STUDIES	87181	CPT	both			453		5.46 Americare	Americare		339.75	75			4.75		430.35 percent of total billed charges	
SUSCEPTIBILITY STUDIES	87181	CPT	both			453		5.46 Amerihealth	HMO/PPO		294.45	65			4.75		430.35 percent of total billed charges	
SUSCEPTIBILITY STUDIES	87181	CPT	both			453		5.46 Amerihealth	Medicare		4.75				4.75		430.35 fee schedule	
SUSCEPTIBILITY STUDIES	87181	CPT	both			453		5.46 Consumer	Consumer		430.35	95			4.75		430.35 percent of total billed charges	
SUSCEPTIBILITY STUDIES	87181	CPT	both			453		5.46 Corrections	Corrections		362.4	80			4.75		430.35 percent of total billed charges	
SUSCEPTIBILITY STUDIES	87181	CPT	both			453		5.46 First Health	First Health		317.1	70			4.75		430.35 percent of total billed charges	
SUSCEPTIBILITY STUDIES	87181	CPT	both			453		5.46 First Trenton	First Trenton		407.7	90			4.75		430.35 percent of total billed charges	
SUSCEPTIBILITY STUDIES	87181	CPT	both			453		5.46 Horizon	Medicare Blue		135.9	30			4.75		430.35 percent of total billed charges	
SUSCEPTIBILITY STUDIES	87181	CPT	both			453		5.46 Horizon	MGD		173.41	38.28			4.75		430.35 percent of total billed charges	
SUSCEPTIBILITY STUDIES	87181	CPT	both			453		5.46 Horizon	Indemnity		173.41	38.28			4.75		430.35 percent of total billed charges	
SUSCEPTIBILITY STUDIES	87181	CPT	both			453		5.46 Horizon	NJ Health		11.37				4.75		430.35 fee schedule	
SUSCEPTIBILITY STUDIES	87181	CPT	both			453		5.46 Horizon	PPO		173.41	38.28			4.75		430.35 percent of total billed charges	
SUSCEPTIBILITY STUDIES	87181	CPT	both			453		5.46 Managed Care Inc	Managed Care Inc		407.7	90			4.75		430.35 percent of total billed charges	
SUSCEPTIBILITY STUDIES	87181	CPT	both			453		5.46 Multiplan	Multiplan		362.4	80			4.75		430.35 percent of total billed charges	
SUSCEPTIBILITY STUDIES	87181	CPT	both			453		5.46 Qualcare	Qualcare		339.75	75			4.75		430.35 percent of total billed charges	
SUSCEPTIBILITY STUDIES	87181	CPT	both			453		5.46 Three Rivers	Three Rivers		430.35	95			4.75		430.35 percent of total billed charges	
SUSCEPTIBILITY STUDIES	87181	CPT	both			453		5.46 UHC	Medicare		4.75				4.75		430.35 fee schedule	
SUSCEPTIBILITY STUDIES	87181	CPT	both			453		5.46 UHC	Medicaid		142.92	31.55			4.75		430.35 percent of total billed charges	
SUSCEPTIBILITY STUDIES	87181	CPT	both			453		5.46 Wellcare	Medicare		4.75				4.75		430.35 fee schedule	
SUSCEPTIBILITY STUDIES	87181	CPT	both			453		5.46 Wellcare	Medicaid		142.92	31.55			4.75		430.35 percent of total billed charges	
SUSCEPTIBILITY STUDIES	87181	CPT	both			453		5.46 WellPoint	WellPoint		145.78	32.18			4.75		430.35 percent of total billed charges	
SUSCEPTIBILITY DISK METOD PER PLATE	87184	CPT	both			110		8.6 Aetna	Commercial		41.8	38			7.48		104.5 percent of total billed charges	
SUSCEPTIBILITY DISK METOD PER PLATE	87184	CPT	both			110		8.6 Aetna	Better Health		34.71	31.55			7.48		104.5 percent of total billed charges	
SUSCEPTIBILITY DISK METOD PER PLATE	87184	CPT	both			110		8.6 Aetna	Medicare		7.48				7.48		104.5 fee schedule	
SUSCEPTIBILITY DISK METOD PER PLATE	87184	CPT	both			110		8.6 Americare	Americare		82.5	75			7.48		104.5 percent of total billed charges	
SUSCEPTIBILITY DISK METOD PER PLATE	87184	CPT	both			110		8.6 Amerihealth	Medicare		7.48				7.48		104.5 fee schedule	
SUSCEPTIBILITY DISK METOD PER PLATE	87184	CPT	both			110		8.6 Amerihealth	HMO/PPO		71.5	65			7.48		104.5 percent of total billed charges	
SUSCEPTIBILITY DISK METOD PER PLATE	87184	CPT	both			110		8.6 Consumer	Consumer		104.5	95			7.48		104.5 percent of total billed charges	
SUSCEPTIBILITY DISK METOD PER PLATE	87184	CPT	both			110		8.6 Corrections	Corrections		88	80			7.48		104.5 percent of total billed charges	
SUSCEPTIBILITY DISK METOD PER PLATE	87184	CPT	both			110		8.6 First Health	First Health		77	70			7.48		104.5 percent of total billed charges	
SUSCEPTIBILITY DISK METOD PER PLATE	87184	CPT	both			110		8.6 First Trenton	First Trenton		99	90			7.48		104.5 percent of total billed charges	
SUSCEPTIBILITY DISK METOD PER PLATE	87184	CPT	both			110		8.6 Horizon	Medicare Blue		33	30			7.48		104.5 percent of total billed charges	
SUSCEPTIBILITY DISK METOD PER PLATE	87184	CPT	both			110		8.6 Horizon	MGD		42.11	38.28			7.48		104.5 percent of total billed charges	
SUSCEPTIBILITY DISK METOD PER PLATE	87184	CPT	both			110		8.6 Horizon	PPO		42.11	38.28			7.48		104.5 percent of total billed charges	
SUSCEPTIBILITY DISK METOD PER PLATE	87184	CPT	both			110		8.6 Horizon	Indemnity		42.11	38.28			7.48		104.5 percent of total billed charges	
SUSCEPTIBILITY DISK METOD PER PLATE	87184	CPT	both			110		8.6 Horizon	NJ Health		17.64				7.48		104.5 fee schedule	
SUSCEPTIBILITY DISK METOD PER PLATE	87184	CPT	both			110		8.6 Managed Care Inc	Managed Care Inc		99	90			7.48		104.5 percent of total billed charges	
SUSCEPTIBILITY DISK METOD PER PLATE	87184	CPT	both			110		8.6 Multiplan	Multiplan		88	80			7.48		104.5 percent of total billed charges	
SUSCEPTIBILITY DISK METOD PER PLATE	87184	CPT	both			110		8.6 Qualcare	Qualcare		82.5	75			7.48		104.5 percent of total billed charges	
SUSCEPTIBILITY DISK METOD PER PLATE	87184	CPT	both			110		8.6 Three Rivers	Three Rivers		104.5	95			7.48		104.5 percent of total billed charges	
SUSCEPTIBILITY DISK METOD PER PLATE	87184	CPT	both			110		8.6 UHC	Medicare		7.48				7.48		104.5 fee schedule	
SUSCEPTIBILITY DISK METOD PER PLATE	87184	CPT	both			110		8.6 UHC	Medicaid		34.71	31.55			7.48		104.5 percent of total billed charges	
SUSCEPTIBILITY DISK METOD PER PLATE	87184	CPT	both			110		8.6 Wellcare	Medicaid		34.71	31.55			7.48		104.5 percent of total billed charges	
SUSCEPTIBILITY DISK METOD PER PLATE	87184	CPT	both			110		8.6 Wellcare	Medicare		7.48				7.48		104.5 fee schedule	
SUSCEPTIBILITY DISK METOD PER PLATE	87184	CPT	both			110		8.6 WellPoint	WellPoint		35.4	32.18			7.48		104.5 percent of total billed charges	
NG.TEST,CARBA5	87185	CPT	both			61		5.46 Aetna	Better Health		19.25	31.55			4.75		57.95 percent of total billed charges	
NG.TEST,CARBA5	87185	CPT	both			61		5.46 Aetna	Medicare		18.79	30.8			4.75		57.95 percent of total billed charges	
NG.TEST,CARBA5	87185	CPT	both			61		5.46 Aetna	Commercial		23.18	38			4.75		57.95 percent of total billed charges	
NG.TEST,CARBA5	87185	CPT	both			61		5.46 Americare	Americare		45.75	75			4.75		57.95 percent of total billed charges	
NG.TEST,CARBA5	87185	CPT	both			61		5.46 Amerihealth	Medicare		4.75				4.75		57.95 fee schedule	
NG.TEST,CARBA5	87185	CPT	both			61		5.46 Amerihealth	HMO/PPO		39.65	65			4.75		57.95 percent of total billed charges	
NG.TEST,CARBA5	87185	CPT	both			61		5.46 Consumer	Consumer		57.95	95			4.75		57.95 percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
NG.TEST.CARBA5	87185	CPT	both			61	5.46	Corrections	Corrections		48.8	80			4.75	57.95	percent of total billed charges	
NG.TEST.CARBA5	87185	CPT	both			61	5.46	First Health	First Health		42.7	70			4.75	57.95	percent of total billed charges	
NG.TEST.CARBA5	87185	CPT	both			61	5.46	First Trenton	First Trenton		54.9	90			4.75	57.95	percent of total billed charges	
NG.TEST.CARBA5	87185	CPT	both			61	5.46	Horizon	MGD		23.35	38.28			4.75	57.95	percent of total billed charges	
NG.TEST.CARBA5	87185	CPT	both			61	5.46	Horizon	Medicare Blue		18.3	30			4.75	57.95	percent of total billed charges	
NG.TEST.CARBA5	87185	CPT	both			61	5.46	Horizon	Indemnity		23.35	38.28			4.75	57.95	percent of total billed charges	
NG.TEST.CARBA5	87185	CPT	both			61	5.46	Horizon	NJ Health		5.27				4.75	57.95	fee schedule	
NG.TEST.CARBA5	87185	CPT	both			61	5.46	Horizon	PPO		23.35	38.28			4.75	57.95	percent of total billed charges	
NG.TEST.CARBA5	87185	CPT	both			61	5.46	Managed Care Inc	Managed Care Inc		54.9	90			4.75	57.95	percent of total billed charges	
NG.TEST.CARBA5	87185	CPT	both			61	5.46	Multiplan	Multiplan		48.8	80			4.75	57.95	percent of total billed charges	
NG.TEST.CARBA5	87185	CPT	both			61	5.46	Qualcare	Qualcare		45.75	75			4.75	57.95	percent of total billed charges	
NG.TEST.CARBA5	87185	CPT	both			61	5.46	Three Rivers	Three Rivers		57.95	95			4.75	57.95	percent of total billed charges	
NG.TEST.CARBA5	87185	CPT	both			61	5.46	UHC	Medicare		4.75				4.75	57.95	fee schedule	
NG.TEST.CARBA5	87185	CPT	both			61	5.46	UHC	Medicaid		19.25	31.55			4.75	57.95	percent of total billed charges	
NG.TEST.CARBA5	87185	CPT	both			61	5.46	Wellcare	Medicaid		19.25	31.55			4.75	57.95	percent of total billed charges	
NG.TEST.CARBA5	87185	CPT	both			61	5.46	Wellcare	Medicare		4.75				4.75	57.95	fee schedule	
NG.TEST.CARBA5	87185	CPT	both			61	5.46	WellPoint	WellPoint		19.63	32.18			4.75	57.95	percent of total billed charges	
SUSC.ANTIMICROBIAL.AERO(34191)	87186	CPT	both			2708	9.95	Aetna	Commercial		1029.04	38			8.65	2572.6	percent of total billed charges	
SUSC.ANTIMICROBIAL.AERO(34191)	87186	CPT	both			2708	9.95	Aetna	Medicare		8.65				8.65	2572.6	fee schedule	
SUSC.ANTIMICROBIAL.AERO(34191)	87186	CPT	both			2708	9.95	Aetna	Better Health		854.37	31.55			8.65	2572.6	percent of total billed charges	
SUSC.ANTIMICROBIAL.AERO(34191)	87186	CPT	both			2708	9.95	Americare	Americare		2031	75			8.65	2572.6	percent of total billed charges	
SUSC.ANTIMICROBIAL.AERO(34191)	87186	CPT	both			2708	9.95	Amerihealth	Medicare		8.65				8.65	2572.6	fee schedule	
SUSC.ANTIMICROBIAL.AERO(34191)	87186	CPT	both			2708	9.95	Amerihealth	HMO/PPO		1760.2	65			8.65	2572.6	percent of total billed charges	
SUSC.ANTIMICROBIAL.AERO(34191)	87186	CPT	both			2708	9.95	Consumer	Consumer		2572.6	95			8.65	2572.6	percent of total billed charges	
SUSC.ANTIMICROBIAL.AERO(34191)	87186	CPT	both			2708	9.95	Corrections	Corrections		2166.4	80			8.65	2572.6	percent of total billed charges	
SUSC.ANTIMICROBIAL.AERO(34191)	87186	CPT	both			2708	9.95	First Health	First Health		1895.6	70			8.65	2572.6	percent of total billed charges	
SUSC.ANTIMICROBIAL.AERO(34191)	87186	CPT	both			2708	9.95	First Trenton	First Trenton		2437.2	90			8.65	2572.6	percent of total billed charges	
SUSC.ANTIMICROBIAL.AERO(34191)	87186	CPT	both			2708	9.95	Horizon	Medicare Blue		812.4	30			8.65	2572.6	percent of total billed charges	
SUSC.ANTIMICROBIAL.AERO(34191)	87186	CPT	both			2708	9.95	Horizon	PPO		1036.62	38.28			8.65	2572.6	percent of total billed charges	
SUSC.ANTIMICROBIAL.AERO(34191)	87186	CPT	both			2708	9.95	Horizon	MGD		1036.62	38.28			8.65	2572.6	percent of total billed charges	
SUSC.ANTIMICROBIAL.AERO(34191)	87186	CPT	both			2708	9.95	Horizon	Indemnity		1036.62	38.28			8.65	2572.6	percent of total billed charges	
SUSC.ANTIMICROBIAL.AERO(34191)	87186	CPT	both			2708	9.95	Horizon	NJ Health		21.56				8.65	2572.6	fee schedule	
SUSC.ANTIMICROBIAL.AERO(34191)	87186	CPT	both			2708	9.95	Managed Care Inc	Managed Care Inc		2437.2	90			8.65	2572.6	percent of total billed charges	
SUSC.ANTIMICROBIAL.AERO(34191)	87186	CPT	both			2708	9.95	Multiplan	Multiplan		2166.4	80			8.65	2572.6	percent of total billed charges	
SUSC.ANTIMICROBIAL.AERO(34191)	87186	CPT	both			2708	9.95	Qualcare	Qualcare		2031	75			8.65	2572.6	percent of total billed charges	
SUSC.ANTIMICROBIAL.AERO(34191)	87186	CPT	both			2708	9.95	Three Rivers	Three Rivers		2572.6	95			8.65	2572.6	percent of total billed charges	
SUSC.ANTIMICROBIAL.AERO(34191)	87186	CPT	both			2708	9.95	UHC	Medicare		8.65				8.65	2572.6	fee schedule	
SUSC.ANTIMICROBIAL.AERO(34191)	87186	CPT	both			2708	9.95	UHC	Medicaid		854.37	31.55			8.65	2572.6	percent of total billed charges	
SUSC.ANTIMICROBIAL.AERO(34191)	87186	CPT	both			2708	9.95	Wellcare	Medicare		8.65				8.65	2572.6	fee schedule	
SUSC.ANTIMICROBIAL.AERO(34191)	87186	CPT	both			2708	9.95	Wellcare	Medicaid		854.37	31.55			8.65	2572.6	percent of total billed charges	
SUSC.ANTIMICROBIAL.AERO(34191)	87186	CPT	both			2708	9.95	WellPoint	WellPoint		871.43	32.18			8.65	2572.6	percent of total billed charges	
MTB.SUCEPTIBILITY.BROTH(182578)	87188	CPT	outpatient			767	7.64	Aetna	Better Health		241.99	31.55			6.64	728.65	percent of total billed charges	
MTB.SUCEPTIBILITY.BROTH(182578)	87188	CPT	outpatient			767	7.64	Aetna	Medicare		6.64				6.64	728.65	fee schedule	
MTB.SUCEPTIBILITY.BROTH(182578)	87188	CPT	outpatient			767	7.64	Aetna	Commercial		291.46	38			6.64	728.65	percent of total billed charges	
MTB.SUCEPTIBILITY.BROTH(182578)	87188	CPT	outpatient			767	7.64	Americare	Americare		575.25	75			6.64	728.65	percent of total billed charges	
MTB.SUCEPTIBILITY.BROTH(182578)	87188	CPT	outpatient			767	7.64	Amerihealth	Medicare		6.64				6.64	728.65	fee schedule	
MTB.SUCEPTIBILITY.BROTH(182578)	87188	CPT	outpatient			767	7.64	Amerihealth	HMO/PPO		498.55	65			6.64	728.65	percent of total billed charges	
MTB.SUCEPTIBILITY.BROTH(182578)	87188	CPT	outpatient			767	7.64	Consumer	Consumer		728.65	95			6.64	728.65	percent of total billed charges	
MTB.SUCEPTIBILITY.BROTH(182578)	87188	CPT	outpatient			767	7.64	Corrections	Corrections		613.6	80			6.64	728.65	percent of total billed charges	
MTB.SUCEPTIBILITY.BROTH(182578)	87188	CPT	outpatient			767	7.64	First Health	First Health		536.9	70			6.64	728.65	percent of total billed charges	
MTB.SUCEPTIBILITY.BROTH(182578)	87188	CPT	outpatient			767	7.64	First Trenton	First Trenton		690.3	90			6.64	728.65	percent of total billed charges	
MTB.SUCEPTIBILITY.BROTH(182578)	87188	CPT	outpatient			767	7.64	Horizon	MGD		293.61	38.28			6.64	728.65	percent of total billed charges	
MTB.SUCEPTIBILITY.BROTH(182578)	87188	CPT	outpatient			767	7.64	Horizon	Medicare Blue		230.1	30			6.64	728.65	percent of total billed charges	
MTB.SUCEPTIBILITY.BROTH(182578)	87188	CPT	outpatient			767	7.64	Horizon	Indemnity		293.61	38.28			6.64	728.65	percent of total billed charges	
MTB.SUCEPTIBILITY.BROTH(182578)	87188	CPT	outpatient			767	7.64	Horizon	NJ Health		12.94				6.64	728.65	fee schedule	
MTB.SUCEPTIBILITY.BROTH(182578)	87188	CPT	outpatient			767	7.64	Horizon	PPO		293.61	38.28			6.64	728.65	percent of total billed charges	
MTB.SUCEPTIBILITY.BROTH(182578)	87188	CPT	outpatient			767	7.64	Managed Care Inc	Managed Care Inc		690.3	90			6.64	728.65	percent of total billed charges	
MTB.SUCEPTIBILITY.BROTH(182578)	87188	CPT	outpatient			767	7.64	Multiplan	Multiplan		613.6	80			6.64	728.65	percent of total billed charges	
MTB.SUCEPTIBILITY.BROTH(182578)	87188	CPT	outpatient			767	7.64	Qualcare	Qualcare		575.25	75			6.64	728.65	percent of total billed charges	
MTB.SUCEPTIBILITY.BROTH(182578)	87188	CPT	outpatient			767	7.64	Three Rivers	Three Rivers		728.65	95			6.64	728.65	percent of total billed charges	
MTB.SUCEPTIBILITY.BROTH(182578)	87188	CPT	outpatient			767	7.64	UHC	Medicaid		241.99	31.55			6.64	728.65	percent of total billed charges	
MTB.SUCEPTIBILITY.BROTH(182578)	87188	CPT	outpatient			767	7.64	UHC	Medicare		6.64				6.64	728.65	fee schedule	
MTB.SUCEPTIBILITY.BROTH(182578)	87188	CPT	outpatient			767	7.64	Wellcare	Medicaid		241.99	31.55			6.64	728.65	percent of total billed charges	
MTB.SUCEPTIBILITY.BROTH(182578)	87188	CPT	outpatient			767	7.64	Wellcare	Medicare		6.64				6.64	728.65	fee schedule	
MTB.SUCEPTIBILITY.BROTH(182578)	87188	CPT	outpatient			767	7.64	WellPoint	WellPoint		246.82	32.18			6.64	728.65	percent of total billed charges	
STREPTOMYCIN 4.0 MCG/ML	87190	CPT	both			380	8.41	Aetna	Better Health		119.89	31.55			1.29	361	percent of total billed charges	
STREPTOMYCIN 4.0 MCG/ML	87190	CPT	both			380	8.41	Aetna	Medicare		117.04	30.8			1.29	361	percent of total billed charges	
STREPTOMYCIN 4.0 MCG/ML	87190	CPT	both			380	8.41	Aetna	Commercial		144.4	38			1.29	361	percent of total billed charges	
STREPTOMYCIN 4.0 MCG/ML	87190	CPT	both			380	8.41	Americare	Americare		285	75			1.29	361	percent of total billed charges	
STREPTOMYCIN 4.0 MCG/ML	87190	CPT	both			380	8.41	Amerihealth	Medicare		7.31				1.29	361	fee schedule	
STREPTOMYCIN 4.0 MCG/ML	87190	CPT	both			380	8.41	Amerihealth	HMO/PPO		247	65			1.29	361	percent of total billed charges	
STREPTOMYCIN 4.0 MCG/ML	87190	CPT	both			380	8.41	Consumer	Consumer		361	95			1.29	361	percent of total billed charges	
STREPTOMYCIN 4.0 MCG/ML	87190	CPT	both			380	8.41	Corrections	Corrections		304	80			1.29	361	percent of total billed charges	
STREPTOMYCIN 4.0 MCG/ML	87190	CPT	both			380	8.41	First Health	First Health		266	70			1.29	361	percent of total billed charges	
STREPTOMYCIN 4.0 MCG/ML	87190	CPT	both			380	8.41	First Trenton	First Trenton		342	90			1.29	361	percent of total billed charges	
STREPTOMYCIN 4.0 MCG/ML	87190	CPT	both			380	8.41	Horizon	MGD		145.46	38.28			1.29	361	percent of total billed charges	
STREPTOMYCIN 4.0 MCG/ML	87190	CPT	both			380	8.41	Horizon	Indemnity		145.46	38.28			1.29	361	percent of total billed charges	
STREPTOMYCIN 4.0 MCG/ML	87190	CPT	both			380	8.41	Horizon	Medicare Blue		114	30			1.29	361	percent of total billed charges	
STREPTOMYCIN 4.0 MCG/ML	87190	CPT	both			380	8.41	Horizon	PPO		145.46	38.28			1.29	361	percent of total billed charges	
STREPTOMYCIN 4.0 MCG/ML	87190	CPT	both			380	8.41	Horizon	NJ Health		1.29				1.29	361	fee schedule	
STREPTOMYCIN 4.0 MCG/ML	87190	CPT	both			380	8.41	Managed Care Inc	Managed Care Inc		342	90			1.29	361	percent of total billed charges	
STREPTOMYCIN 4.0 MCG/ML	87190	CPT	both			380	8.41	Multiplan	Multiplan		304	80			1.29	361	percent of total billed charges	
STREPTOMYCIN 4.0 MCG/ML	87190	CPT	both			380	8.41	Qualcare	Qualcare		285	75			1.29	361	percent of total billed charges	
STREPTOMYCIN 4.0 MCG/ML	87190	CPT	both			380	8.41	Three Rivers	Three Rivers		361	95			1.29	361	percent of total billed charges	
STREPTOMYCIN 4.0 MCG/ML	87190	CPT	both			380	8.41	UHC	Medicaid		119.89	31.55			1.29	361	percent of total billed charges	
STREPTOMYCIN 4.0 MCG/ML	87190	CPT	both			380	8.41	UHC	Medicare		7.31				1.29	361	fee schedule	
STREPTOMYCIN 4.0 MCG/ML	87190	CPT	both			380	8.41	Wellcare	Medicaid		119.89	31.55			1.29	361	percent of total billed charges	
STREPTOMYCIN 4.0 MCG/ML	87190	CPT	both			380	8.41	Wellcare	Medicare		7.31				1.29	361	fee schedule	
STREPTOMYCIN 4.0 MCG/ML	87190	CPT	both			380	8.41	WellPoint	WellPoint		122.28	32.18			1.29	361	percent of total billed charges	
SMEAR PRIM SOURCE W INTERP	87205	CPT	both			121	4.91	Aetna	Medicare		4.27				4.27	114.95	fee schedule	
SMEAR PRIM SOURCE W INTERP	87205	CPT	both			121	4.91	Aetna	Commercial		45.98	38			4.27	114.95	percent of total billed charges	
SMEAR PRIM SOURCE W INTERP	87205	CPT	both			121	4.91	Aetna	Better Health		38.18	31.55			4.27	114.95	percent of total billed charges	
SMEAR PRIM SOURCE W INTERP	87205	CPT	both			121	4.91	Americare	Americare		90.75	75			4.27	114.95	percent of total billed charges	
SMEAR PRIM SOURCE W INTERP	87205	CPT	both			121	4.91	Amerihealth	HMO/PPO		78.65	65			4.27	114.95	percent of total billed charges	
SMEAR PRIM SOURCE W INTERP	87205	CPT	both			121	4.91	Amerihealth	Medicare		4.27				4.27	114.95	fee schedule	
SMEAR PRIM SOURCE W INTERP	87205	CPT	both			121	4.91	Consumer	Consumer		114.95	95			4.27	114.95	percent of total billed charges	
SMEAR PRIM SOURCE W INTERP	87205	CPT	both			121	4.91	Corrections	Corrections		96.8	80			4.27	114.95	percent of total billed charges	
SMEAR PRIM SOURCE W INTERP	87205	CPT	both			121	4.91	First Health	First Health		84.7	70			4.27	114.95	percent of total billed charges	
SMEAR PRIM SOURCE W INTERP	87205	CPT	both			121	4.91	First Trenton	First Trenton		108.9	90			4.27	114.95	percent of total billed charges	
SMEAR PRIM SOURCE W INTERP	87205	CPT	both			121	4.91	Horizon	NJ Health		8.23				4.27	114.95	fee schedule	
SMEAR PRIM SOURCE W INTERP	87205	CPT	both			121	4.91	Horizon	Indemnity		46.32	38.28			4.27	114.95	percent of total billed charges	
SMEAR PRIM SOURCE W INTERP	87205	CPT	both			121	4.91	Horizon	Medicare Blue		36.3	30			4.27	114.95	percent of total billed charges	
SMEAR PRIM SOURCE W INTERP	87205	CPT	both			121	4.91	Horizon	MGD		46.32	38.28			4.27	114.95	percent of total billed charges	
SMEAR PRIM SOURCE W INTERP	87205	CPT	both			121	4.91	Horizon	PPO		46.32	38.28			4.27	114.95	percent of total billed charges	
SMEAR PRIM SOURCE W INTERP	87205	CPT	both			121	4.91	Managed Care Inc	Managed Care Inc		108.9	90			4.27	114.95	percent of total billed charges	
SMEAR PRIM SOURCE W INTERP	87205	CPT	both			121	4.91	Multiplan	Multiplan		96.8	80			4.27	114.95	percent of total billed charges	
SMEAR PRIM SOURCE W INTERP	87205	CPT	both			121	4.91	Qualcare	Qualcare		90.75	75			4.27	114.95	percent of total billed charges	
SMEAR PRIM SOURCE W INTERP	87205	CPT	both			121	4.91	Three Rivers	Three Rivers		114.95	95			4.27	114.95	percent of total billed charges	
SMEAR PRIM SOURCE W INTERP	87205	CPT	both			121	4.91	UHC	Medicaid		38.18	31.55			4.27	114.95	percent of total billed charges	
SMEAR PRIM SOURCE W INTERP	87205	CPT	both			121	4.91	UHC	Medicare		4.27				4.27	114.95	fee schedule	
SMEAR PRIM SOURCE W INTERP	87205	CPT	both			121	4.91	Wellcare	Medicaid		38.18	31.55			4.27	114.95	percent of total billed charges	
SMEAR PRIM SOURCE W INTERP	87205	CPT	both			121	4.91	Wellcare	Medicare		4.27				4.27	114.95	fee schedule	
SMEAR PRIM SOURCE W INTERP	87205	CPT	both			121	4.91	WellPoint	WellPoint		38.94	32.18			4.27	114.95	percent of total billed charges	
NASAL MEASLE AG BY DFA	87206	CPT	both			686	6.2	Aetna	Better Health		216.43	31.55			4.2	651.7	percent of total billed charges	
NASAL MEASLE AG BY DFA	87206	CPT	both			686	6.2	Aetna	Medicare		5.39				4.2	651.7	fee schedule	
NASAL MEASLE AG BY DFA	87206	CPT	both			686	6.2	Aetna	Commercial		260.68	38			4.2	651.7	percent of total billed charges	
NASAL MEASLE AG BY DFA	87206	CPT	both			686	6.2	Americare	Americare		514.5	75			4.2	651.7	percent of total billed charges	
NASAL MEASLE AG BY DFA	87206	CPT	both			686	6.2	Amerihealth	HMO/PPO		445.9	65			4.2	651.7	percent of total billed charges	
NASAL MEASLE AG BY DFA	87206	CPT	both			686	6.2	Amerihealth	Medicare		5.39				4.2	651.7	fee schedule	
NASAL MEASLE AG BY DFA	87206	CPT	both			686	6.2	Consumer	Consumer		651.7	95			4.2	651.7	percent of total billed charges	
NASAL MEASLE AG BY DFA	87206	CPT	both			686	6.2	Corrections	Corrections		548.8	80			4.2	651.7	percent of total billed charges	
NASAL MEASLE AG BY DFA	87206	CPT	both			686	6.2	First Health	First Health		480.2	70			4.2	651.7	percent of total billed charges	
NASAL MEASLE AG BY DFA	87206	CPT	both			686	6.2	First Trenton	First Trenton		617.4	90			4.2	651.7	percent of total billed charges	
NASAL MEASLE AG BY DFA	87206	CPT	both			686	6.2	Horizon	MGD		262.6	38.28			4.2	651.7	percent of total billed charges	
NASAL MEASLE AG BY DFA	87206	CPT	both			686	6.2	Horizon	Indemnity		262.6	38.28			4.2	651.7	percent of total billed charges	
NASAL MEASLE AG BY DFA	87206	CPT	both			686	6.2	Horizon	PPO		262.6	38.28			4.2	651.7	percent of total billed charges	
NASAL MEASLE AG BY DFA	87206	CPT	both			686	6.2	Horizon	NJ Health		8.23				4.2	651.7	fee schedule	
NASAL MEASLE AG BY DFA	87206	CPT	both			686	6.2	Horizon	Medicare Blue		205.8	30			4.2	651.7	percent of total billed charges	
NASAL MEASLE AG BY DFA	87206	CPT	both			686	6.2	Managed Care Inc	Managed Care Inc		617.4	90			4.2	651.7	percent of total billed charges	
NASAL MEASLE AG BY DFA	87206	CPT	both			686	6.2	Multiplan	Multiplan		548.8	80			4.2	651.7	percent of total billed charges	
NASAL MEASLE AG BY DFA	87206	CPT	both			686	6.2	Qualcare	Qualcare		514.5	75			4.2	651.7	percent of total billed charges	
NASAL MEASLE AG BY DFA	87206	CPT	both			686	6.2	Three Rivers	Three Rivers		651.7	95			4.2	651.7	percent of total billed charges	
NASAL MEASLE AG BY DFA	87206	CPT	both			686	6.2	UHC	Medicaid		216.43	31.55			4.2	651.7	percent of total billed charges	
NASAL MEASLE AG BY DFA	87206	CPT	both			686	6.2	UHC	Medicare		5.39				4.2	651.7	fee schedule	
NASAL MEASLE AG BY DFA	87206	CPT	both			686	6.2	Wellcare	Medicare		5.39				4.2	651.7	fee schedule	
NASAL MEASLE AG BY DFA	87206	CPT	both			686	6.2	Wellcare	Medicaid		216.43	31.55			4.2	651.7	percent of total billed charges	
NASAL MEASLE AG BY DFA	87206	CPT	both			686	6.2	WellPoint	WellPoint		220.75	32.18			4.2	651.7	percent of total billed charges	
PARASITE.EXAM.BLOOD(008185)	87207	CPT	both			686	6.89	Aetna	Medicare		5.99				5.88	651.7	fee schedule	
PARASITE.EXAM.BLOOD(008185)	87207	CPT	both			686	6.89	Aetna	Commercial		260.68	38			5.88	651.7	percent of total billed charges	
PARASITE.EXAM.BLOOD(008185)	87207	CPT	both			686	6.89	Aetna	Better Health		216.43	31.55			5.88	651.7	percent of total billed charges	
PARASITE.EXAM.BLOOD(008185)	87207	CPT	both			686	6.89	Americare	Americare		514.5	75			5.88	651.7	percent of total billed charges	
PARASITE.EXAM.BLOOD(008185)	87207	CPT	both			686	6.89	Amerihealth	Medicare		5.99				5.88	651.7	fee schedule	
PARASITE.EXAM.BLOOD(008185)	87207	CPT	both			686	6.89	Amerihealth	HMO/PPO		445.9	65			5.88	651.7	percent of total billed charges	
PARASITE.EXAM.BLOOD(008185)	87207	CPT	both			686	6.89	Consumer	Consumer		651.7	95			5.88	651.7	percent of total billed charges	
PARASITE.EXAM.BLOOD(008185)	87207	CPT	both			686	6.89	Corrections	Corrections		548.8	80			5.88	651.7	percent of total billed charges	
PARASITE.EXAM.BLOOD(008185)	87207	CPT	both			686	6.89	First Health	First Health		480.2	70			5.88	651.7	percent of total billed charges	
PARASITE.EXAM.BLOOD(008185)	87207	CPT	both			686	6.89	First Trenton	First Trenton		617.4	90			5.88	651.7	percent of total billed charges	
PARASITE.EXAM.BLOOD(008185)	87207	CPT	both			686	6.89	Horizon	NJ Health		5.88				5.88	651.7	fee schedule	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
PARASITE,EXAM,BLOOD(008185)	87207	CPT	both			686		6.89 Horizon	MGD		262.6	38.28			5.88		651.7 percent of total billed charges	
PARASITE,EXAM,BLOOD(008185)	87207	CPT	both			686		6.89 Horizon	Medicare Blue		205.8	30			5.88		651.7 percent of total billed charges	
PARASITE,EXAM,BLOOD(008185)	87207	CPT	both			686		6.89 Horizon	Indemnity		262.6	38.28			5.88		651.7 percent of total billed charges	
PARASITE,EXAM,BLOOD(008185)	87207	CPT	both			686		6.89 Horizon	PPO		262.6	38.28			5.88		651.7 percent of total billed charges	
PARASITE,EXAM,BLOOD(008185)	87207	CPT	both			686		6.89 Managed Care Inc	Managed Care Inc		617.4	90			5.88		651.7 percent of total billed charges	
PARASITE,EXAM,BLOOD(008185)	87207	CPT	both			686		6.89 Multiplan	Multiplan		548.8	80			5.88		651.7 percent of total billed charges	
PARASITE,EXAM,BLOOD(008185)	87207	CPT	both			686		6.89 Qualcare	Qualcare		514.5	75			5.88		651.7 percent of total billed charges	
PARASITE,EXAM,BLOOD(008185)	87207	CPT	both			686		6.89 Three Rivers	Three Rivers		651.7	95			5.88		651.7 percent of total billed charges	
PARASITE,EXAM,BLOOD(008185)	87207	CPT	both			686		6.89 UHC	Medicare		5.99				5.88		651.7 fee schedule	
PARASITE,EXAM,BLOOD(008185)	87207	CPT	both			686		6.89 UHC	Medicaid		216.43	31.55			5.88		651.7 percent of total billed charges	
PARASITE,EXAM,BLOOD(008185)	87207	CPT	both			686		6.89 Wellcare	Medicare		5.99				5.88		651.7 fee schedule	
PARASITE,EXAM,BLOOD(008185)	87207	CPT	both			686		6.89 Wellcare	Medicaid		216.43	31.55			5.88		651.7 percent of total billed charges	
PARASITE,EXAM,BLOOD(008185)	87207	CPT	both			686		6.89 WellPoint	WellPoint		220.75	32.18			5.88		651.7 percent of total billed charges	
TRICHROME STAIN FOR PARACITES	87209	CPT	both			162		20.68 Aetna	Better Health		51.11	31.55			12.9		153.9 percent of total billed charges	
TRICHROME STAIN FOR PARACITES	87209	CPT	both			162		20.68 Aetna	Commercial		61.56	38			12.9		153.9 percent of total billed charges	
TRICHROME STAIN FOR PARACITES	87209	CPT	both			162		20.68 Aetna	Medicare		17.98				12.9		153.9 fee schedule	
TRICHROME STAIN FOR PARACITES	87209	CPT	both			162		20.68 Americare	Americare		121.5	75			12.9		153.9 percent of total billed charges	
TRICHROME STAIN FOR PARACITES	87209	CPT	both			162		20.68 Amerihealth	Medicare		17.98				12.9		153.9 fee schedule	
TRICHROME STAIN FOR PARACITES	87209	CPT	both			162		20.68 Amerihealth	HMO/PPO		105.3	65			12.9		153.9 percent of total billed charges	
TRICHROME STAIN FOR PARACITES	87209	CPT	both			162		20.68 Consumer	Consumer		153.9	95			12.9		153.9 percent of total billed charges	
TRICHROME STAIN FOR PARACITES	87209	CPT	both			162		20.68 Corrections	Corrections		129.6	80			12.9		153.9 percent of total billed charges	
TRICHROME STAIN FOR PARACITES	87209	CPT	both			162		20.68 First Health	First Health		113.4	70			12.9		153.9 percent of total billed charges	
TRICHROME STAIN FOR PARACITES	87209	CPT	both			162		20.68 First Trenton	First Trenton		145.8	90			12.9		153.9 percent of total billed charges	
TRICHROME STAIN FOR PARACITES	87209	CPT	both			162		20.68 Horizon	NJ Health		19.95				12.9		153.9 fee schedule	
TRICHROME STAIN FOR PARACITES	87209	CPT	both			162		20.68 Horizon	MGD		62.01	38.28			12.9		153.9 percent of total billed charges	
TRICHROME STAIN FOR PARACITES	87209	CPT	both			162		20.68 Horizon	Indemnity		62.01	38.28			12.9		153.9 percent of total billed charges	
TRICHROME STAIN FOR PARACITES	87209	CPT	both			162		20.68 Horizon	Medicare Blue		48.6	30			12.9		153.9 percent of total billed charges	
TRICHROME STAIN FOR PARACITES	87209	CPT	both			162		20.68 Horizon	PPO		62.01	38.28			12.9		153.9 percent of total billed charges	
TRICHROME STAIN FOR PARACITES	87209	CPT	both			162		20.68 Managed Care Inc	Managed Care Inc		145.8	90			12.9		153.9 percent of total billed charges	
TRICHROME STAIN FOR PARACITES	87209	CPT	both			162		20.68 Multiplan	Multiplan		129.6	80			12.9		153.9 percent of total billed charges	
TRICHROME STAIN FOR PARACITES	87209	CPT	both			162		20.68 Qualcare	Qualcare		121.5	75			12.9		153.9 percent of total billed charges	
TRICHROME STAIN FOR PARACITES	87209	CPT	both			162		20.68 Three Rivers	Three Rivers		153.9	95			12.9		153.9 percent of total billed charges	
TRICHROME STAIN FOR PARACITES	87209	CPT	both			162		20.68 UHC	Medicare		17.98				12.9		153.9 fee schedule	
TRICHROME STAIN FOR PARACITES	87209	CPT	both			162		20.68 UHC	Medicaid		51.11	31.55			12.9		153.9 percent of total billed charges	
TRICHROME STAIN FOR PARACITES	87209	CPT	both			162		20.68 Wellcare	Medicare		17.98				12.9		153.9 fee schedule	
TRICHROME STAIN FOR PARACITES	87209	CPT	both			162		20.68 Wellcare	Medicaid		51.11	31.55			12.9		153.9 percent of total billed charges	
TRICHROME STAIN FOR PARACITES	87209	CPT	both			162		20.68 WellPoint	WellPoint		52.13	32.18			12.9		153.9 percent of total billed charges	
WET PREP	87210	CPT	both			88		6.69 Aetna	Medicare		5.82				4.7		83.6 fee schedule	
WET PREP	87210	CPT	both			88		6.69 Aetna	Commercial		33.44	38			4.7		83.6 percent of total billed charges	
WET PREP	87210	CPT	both			88		6.69 Aetna	Better Health		27.76	31.55			4.7		83.6 percent of total billed charges	
WET PREP	87210	CPT	both			88		6.69 Americare	Americare		66	75			4.7		83.6 percent of total billed charges	
WET PREP	87210	CPT	both			88		6.69 Amerihealth	HMO/PPO		57.2	65			4.7		83.6 percent of total billed charges	
WET PREP	87210	CPT	both			88		6.69 Amerihealth	Medicare		5.82				4.7		83.6 fee schedule	
WET PREP	87210	CPT	both			88		6.69 Consumer	Consumer		83.6	95			4.7		83.6 percent of total billed charges	
WET PREP	87210	CPT	both			88		6.69 Corrections	Corrections		70.4	80			4.7		83.6 percent of total billed charges	
WET PREP	87210	CPT	both			88		6.69 First Health	First Health		61.6	70			4.7		83.6 percent of total billed charges	
WET PREP	87210	CPT	both			88		6.69 First Trenton	First Trenton		79.2	90			4.7		83.6 percent of total billed charges	
WET PREP	87210	CPT	both			88		6.69 Horizon	MGD		33.69	38.28			4.7		83.6 percent of total billed charges	
WET PREP	87210	CPT	both			88		6.69 Horizon	NJ Health		4.7				4.7		83.6 fee schedule	
WET PREP	87210	CPT	both			88		6.69 Horizon	Medicare Blue		26.4	30			4.7		83.6 percent of total billed charges	
WET PREP	87210	CPT	both			88		6.69 Horizon	Indemnity		33.69	38.28			4.7		83.6 percent of total billed charges	
WET PREP	87210	CPT	both			88		6.69 Horizon	PPO		33.69	38.28			4.7		83.6 percent of total billed charges	
WET PREP	87210	CPT	both			88		6.69 Managed Care Inc	Managed Care Inc		79.2	90			4.7		83.6 percent of total billed charges	
WET PREP	87210	CPT	both			88		6.69 Multiplan	Multiplan		70.4	80			4.7		83.6 percent of total billed charges	
WET PREP	87210	CPT	both			88		6.69 Qualcare	Qualcare		66	75			4.7		83.6 percent of total billed charges	
WET PREP	87210	CPT	both			88		6.69 Three Rivers	Three Rivers		83.6	95			4.7		83.6 percent of total billed charges	
WET PREP	87210	CPT	both			88		6.69 UHC	Medicaid		27.76	31.55			4.7		83.6 percent of total billed charges	
WET PREP	87210	CPT	both			88		6.69 UHC	Medicare		5.82				4.7		83.6 fee schedule	
WET PREP	87210	CPT	both			88		6.69 Wellcare	Medicaid		27.76	31.55			4.7		83.6 percent of total billed charges	
WET PREP	87210	CPT	both			88		6.69 Wellcare	Medicare		5.82				4.7		83.6 fee schedule	
WET PREP	87210	CPT	both			88		6.69 WellPoint	WellPoint		28.32	32.18			4.7		83.6 percent of total billed charges	
KOH PREP FUNGI	87220	CPT	both			88		4.91 Aetna	Medicare		27.1	30.8			4.27		83.6 percent of total billed charges	
KOH PREP FUNGI	87220	CPT	both			88		4.91 Aetna	Better Health		27.76	31.55			4.27		83.6 percent of total billed charges	
KOH PREP FUNGI	87220	CPT	both			88		4.91 Aetna	Commercial		33.44	38			4.27		83.6 percent of total billed charges	
KOH PREP FUNGI	87220	CPT	both			88		4.91 Americare	Americare		66	75			4.27		83.6 percent of total billed charges	
KOH PREP FUNGI	87220	CPT	both			88		4.91 Amerihealth	Medicare		4.27				4.27		83.6 fee schedule	
KOH PREP FUNGI	87220	CPT	both			88		4.91 Amerihealth	HMO/PPO		57.2	65			4.27		83.6 percent of total billed charges	
KOH PREP FUNGI	87220	CPT	both			88		4.91 Consumer	Consumer		83.6	95			4.27		83.6 percent of total billed charges	
KOH PREP FUNGI	87220	CPT	both			88		4.91 Corrections	Corrections		70.4	80			4.27		83.6 percent of total billed charges	
KOH PREP FUNGI	87220	CPT	both			88		4.91 First Health	First Health		61.6	70			4.27		83.6 percent of total billed charges	
KOH PREP FUNGI	87220	CPT	both			88		4.91 First Trenton	First Trenton		79.2	90			4.27		83.6 percent of total billed charges	
KOH PREP FUNGI	87220	CPT	both			88		4.91 Horizon	MGD		33.69	38.28			4.27		83.6 percent of total billed charges	
KOH PREP FUNGI	87220	CPT	both			88		4.91 Horizon	Indemnity		33.69	38.28			4.27		83.6 percent of total billed charges	
KOH PREP FUNGI	87220	CPT	both			88		4.91 Horizon	Medicare Blue		26.4	30			4.27		83.6 percent of total billed charges	
KOH PREP FUNGI	87220	CPT	both			88		4.91 Horizon	NJ Health		4.7				4.27		83.6 fee schedule	
KOH PREP FUNGI	87220	CPT	both			88		4.91 Horizon	PPO		33.69	38.28			4.27		83.6 percent of total billed charges	
KOH PREP FUNGI	87220	CPT	both			88		4.91 Managed Care Inc	Managed Care Inc		79.2	90			4.27		83.6 percent of total billed charges	
KOH PREP FUNGI	87220	CPT	both			88		4.91 Multiplan	Multiplan		70.4	80			4.27		83.6 percent of total billed charges	
KOH PREP FUNGI	87220	CPT	both			88		4.91 Qualcare	Qualcare		66	75			4.27		83.6 percent of total billed charges	
KOH PREP FUNGI	87220	CPT	both			88		4.91 Three Rivers	Three Rivers		83.6	95			4.27		83.6 percent of total billed charges	
KOH PREP FUNGI	87220	CPT	both			88		4.91 UHC	Medicaid		27.76	31.55			4.27		83.6 percent of total billed charges	
KOH PREP FUNGI	87220	CPT	both			88		4.91 UHC	Medicare		4.27				4.27		83.6 fee schedule	
KOH PREP FUNGI	87220	CPT	both			88		4.91 Wellcare	Medicare		4.27				4.27		83.6 fee schedule	
KOH PREP FUNGI	87220	CPT	both			88		4.91 Wellcare	Medicaid		27.76	31.55			4.27		83.6 percent of total billed charges	
KOH PREP FUNGI	87220	CPT	both			88		4.91 WellPoint	WellPoint		28.32	32.18			4.27		83.6 percent of total billed charges	
CL DIFFICILE CYTOTOXCITY	87230	CPT	outpatient			64		22.7 Aetna	Better Health		20.19	31.55			19.2		60.8 percent of total billed charges	
CL DIFFICILE CYTOTOXCITY	87230	CPT	outpatient			64		22.7 Aetna	Commercial		24.32	38			19.2		60.8 percent of total billed charges	
CL DIFFICILE CYTOTOXCITY	87230	CPT	outpatient			64		22.7 Aetna	Medicare		19.71	30.8			19.2		60.8 percent of total billed charges	
CL DIFFICILE CYTOTOXCITY	87230	CPT	outpatient			64		22.7 Americare	Americare		48	75			19.2		60.8 percent of total billed charges	
CL DIFFICILE CYTOTOXCITY	87230	CPT	outpatient			64		22.7 Amerihealth	HMO/PPO		41.6	65			19.2		60.8 percent of total billed charges	
CL DIFFICILE CYTOTOXCITY	87230	CPT	outpatient			64		22.7 Amerihealth	Medicare		19.74				19.2		60.8 fee schedule	
CL DIFFICILE CYTOTOXCITY	87230	CPT	outpatient			64		22.7 Consumer	Consumer		60.8	95			19.2		60.8 percent of total billed charges	
CL DIFFICILE CYTOTOXCITY	87230	CPT	outpatient			64		22.7 Corrections	Corrections		51.2	80			19.2		60.8 percent of total billed charges	
CL DIFFICILE CYTOTOXCITY	87230	CPT	outpatient			64		22.7 First Health	First Health		44.8	70			19.2		60.8 percent of total billed charges	
CL DIFFICILE CYTOTOXCITY	87230	CPT	outpatient			64		22.7 First Trenton	First Trenton		57.6	90			19.2		60.8 percent of total billed charges	
CL DIFFICILE CYTOTOXCITY	87230	CPT	outpatient			64		22.7 Horizon	MGD		24.5	38.28			19.2		60.8 percent of total billed charges	
CL DIFFICILE CYTOTOXCITY	87230	CPT	outpatient			64		22.7 Horizon	Indemnity		24.5	38.28			19.2		60.8 percent of total billed charges	
CL DIFFICILE CYTOTOXCITY	87230	CPT	outpatient			64		22.7 Horizon	NJ Health		52.92				19.2		60.8 fee schedule	
CL DIFFICILE CYTOTOXCITY	87230	CPT	outpatient			64		22.7 Horizon	Medicare Blue		19.2	30			19.2		60.8 percent of total billed charges	
CL DIFFICILE CYTOTOXCITY	87230	CPT	outpatient			64		22.7 Horizon	PPO		24.5	38.28			19.2		60.8 percent of total billed charges	
CL DIFFICILE CYTOTOXCITY	87230	CPT	outpatient			64		22.7 Managed Care Inc	Managed Care Inc		57.6	90			19.2		60.8 percent of total billed charges	
CL DIFFICILE CYTOTOXCITY	87230	CPT	outpatient			64		22.7 Multiplan	Multiplan		51.2	80			19.2		60.8 percent of total billed charges	
CL DIFFICILE CYTOTOXCITY	87230	CPT	outpatient			64		22.7 Qualcare	Qualcare		48	75			19.2		60.8 percent of total billed charges	
CL DIFFICILE CYTOTOXCITY	87230	CPT	outpatient			64		22.7 Three Rivers	Three Rivers		60.8	95			19.2		60.8 percent of total billed charges	
CL DIFFICILE CYTOTOXCITY	87230	CPT	outpatient			64		22.7 UHC	Medicare		19.74				19.2		60.8 fee schedule	
CL DIFFICILE CYTOTOXCITY	87230	CPT	outpatient			64		22.7 UHC	Medicaid		20.19	31.55			19.2		60.8 percent of total billed charges	
CL DIFFICILE CYTOTOXCITY	87230	CPT	outpatient			64		22.7 Wellcare	Medicaid		20.19	31.55			19.2		60.8 percent of total billed charges	
CL DIFFICILE CYTOTOXCITY	87230	CPT	outpatient			64		22.7 Wellcare	Medicare		19.74				19.2		60.8 fee schedule	
CL DIFFICILE CYTOTOXCITY	87230	CPT	outpatient			64		22.7 WellPoint	WellPoint		20.6	32.18			19.2		60.8 percent of total billed charges	
VIRAL CULTURE GENERAL	87252	CPT	both			755		29.98 Aetna	Medicare		26.07				18		717.25 fee schedule	
VIRAL CULTURE GENERAL	87252	CPT	both			755		29.98 Aetna	Commercial		286.9	38			18		717.25 percent of total billed charges	
VIRAL CULTURE GENERAL	87252	CPT	both			755		29.98 Aetna	Better Health		238.2	31.55			18		717.25 percent of total billed charges	
VIRAL CULTURE GENERAL	87252	CPT	both			755		29.98 Americare	Americare		566.25	75			18		717.25 percent of total billed charges	
VIRAL CULTURE GENERAL	87252	CPT	both			755		29.98 Amerihealth	Medicare		26.07				18		717.25 fee schedule	
VIRAL CULTURE GENERAL	87252	CPT	both			755		29.98 Amerihealth	HMO/PPO		490.75	65			18		717.25 percent of total billed charges	
VIRAL CULTURE GENERAL	87252	CPT	both			755		29.98 Consumer	Consumer		717.25	95			18		717.25 percent of total billed charges	
VIRAL CULTURE GENERAL	87252	CPT	both			755		29.98 Corrections	Corrections		604	80			18		717.25 percent of total billed charges	
VIRAL CULTURE GENERAL	87252	CPT	both			755		29.98 First Health	First Health		528.5	70			18		717.25 percent of total billed charges	
VIRAL CULTURE GENERAL	87252	CPT	both			755		29.98 First Trenton	First Trenton		679.5	90			18		717.25 percent of total billed charges	
VIRAL CULTURE GENERAL	87252	CPT	both			755		29.98 Horizon	Indemnity		289.01	38.28			18		717.25 percent of total billed charges	
VIRAL CULTURE GENERAL	87252	CPT	both			755		29.98 Horizon	MGD		289.01	38.28			18		717.25 percent of total billed charges	
VIRAL CULTURE GENERAL	87252	CPT	both			755		29.98 Horizon	Medicare Blue		226.5	30			18		717.25 percent of total billed charges	
VIRAL CULTURE GENERAL	87252	CPT	both			755		29.98 Horizon	NJ Health		57.82				18		717.25 fee schedule	
VIRAL CULTURE GENERAL	87252	CPT	both			755		29.98 Horizon	PPO		289.01	38.28			18		717.25 percent of total billed charges	
VIRAL CULTURE GENERAL	87252	CPT	both			755		29.98 Managed Care Inc	Managed Care Inc		679.5	90			18		717.25 percent of total billed charges	
VIRAL CULTURE GENERAL	87252	CPT	both			755		29.98 Multiplan	Multiplan		604	80			18		717.25 percent of total billed charges	
VIRAL CULTURE GENERAL	87252	CPT	both			755		29.98 Qualcare	Qualcare		566.25	75			18		717.25 percent of total billed charges	
VIRAL CULTURE GENERAL	87252	CPT	both			755		29.98 Three Rivers	Three Rivers		717.25	95			18		717.25 percent of total billed charges	
VIRAL CULTURE GENERAL	87252	CPT	both			755		29.98 UHC	Medicaid		238.2	31.55			18		717.25 percent of total billed charges	
VIRAL CULTURE GENERAL	87252	CPT	both			755		29.98 UHC	Medicare		26.07				18		717.25 fee schedule	
VIRAL CULTURE GENERAL	87252	CPT	both			755		29.98 Wellcare	Medicaid		238.2	31.55			18		717.25 percent of total billed charges	
VIRAL CULTURE GENERAL	87252	CPT	both			755		29.98 Wellcare	Medicare		26.07				18		717.25 fee schedule	
VIRAL CULTURE GENERAL	87252	CPT	both			755		29.98 WellPoint	WellPoint		242.96	32.18			18		717.25 percent of total billed charges	
TISSUE CULTURE ADD STUDIES	87253	CPT	inpatient			537		23.23 Aetna	Commercial		204.06	38			11.76		510.15 percent of total billed charges	
TISSUE CULTURE ADD STUDIES	87253	CPT	inpatient			537		23.23 Aetna	Better Health		169.42	31.55			11.76		510.15 percent of total billed charges	
TISSUE CULTURE ADD STUDIES	87253	CPT	inpatient			537		23.23 Aetna	Medicare		20.2				11.76		510.15 fee schedule	
TISSUE CULTURE ADD STUDIES	87253	CPT	inpatient			537		23.23 Americare	Americare		402.75	75			11.76		510.15 percent of total billed charges	
TISSUE CULTURE ADD STUDIES	87253	CPT	inpatient			537		23.23 Amerihealth	HMO/PPO		349.05	65			11.76		510.15 percent of total billed charges	
TISSUE CULTURE ADD STUDIES	87253	CPT	inpatient			537		23.23 Amerihealth	Medicare		20.2				11.76		510.15 fee schedule	
TISSUE CULTURE ADD STUDIES	87253	CPT	inpatient			537		23.23 Consumer	Consumer		510.15	95			11.76		510.15 percent of total billed charges	
TISSUE CULTURE ADD STUDIES	87253	CPT	inpatient			537		23.23 Corrections	Corrections		429.6	80			11.76		510.15 percent of total billed charges	
TISSUE CULTURE ADD STUDIES	87253	CPT	inpatient			537		23.23 First Health	First Health		375.9	70			11.76		510.15 percent of total billed charges	
TISSUE CULTURE ADD STUDIES	87253	CPT	inpatient			537		23.23 First Trenton	First Trenton		483.3	90			11.76		510.15 percent of total billed charges	
TISSUE CULTURE ADD STUDIES	87253	CPT	inpatient			537		23.23 Horizon	MGD		205.56	38.28			11.76		510.15 percent of total billed charges	
TISSUE CULTURE ADD STUDIES	87253	CPT	inpatient			537		23.23 Horizon	Indemnity		205.56	38.28			11.76		510.15 percent of total billed charges	
TISSUE CULTURE ADD STUDIES	87253	CPT	inpatient			537		23.23 Horizon	Medicare Blue		161.1	30			11.76		510.15 percent of total billed charges	
TISSUE CULTURE ADD STUDIES	87253	CPT	inpatient			537		23.23 Horizon	NJ Health		11.76				11.76		510.15 fee schedule	
TISSUE CULTURE ADD STUDIES	87253	CPT	inpatient			537		23.23 Horizon	PPO		205.56	38.28			11.76		510.15 percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
TISSUE CULTURE ADD STUDIES	87253	CPT	inpatient			537		23.23 Managed Care Inc	Managed Care Inc		483.3	90			11.76		510.15 percent of total billed charges	
TISSUE CULTURE ADD STUDIES	87253	CPT	inpatient			537		23.23 Multiplan	Multiplan		429.6	80			11.76		510.15 percent of total billed charges	
TISSUE CULTURE ADD STUDIES	87253	CPT	inpatient			537		23.23 Qualcare	Qualcare		402.75	75			11.76		510.15 percent of total billed charges	
TISSUE CULTURE ADD STUDIES	87253	CPT	inpatient			537		23.23 Three Rivers	Three Rivers		510.15	95			11.76		510.15 percent of total billed charges	
TISSUE CULTURE ADD STUDIES	87253	CPT	inpatient			537		23.23 UHC	Medicare		20.2				11.76		510.15 fee schedule	
TISSUE CULTURE ADD STUDIES	87253	CPT	inpatient			537		23.23 UHC	Medicaid		169.42	31.55			11.76		510.15 percent of total billed charges	
TISSUE CULTURE ADD STUDIES	87253	CPT	inpatient			537		23.23 Wellcare	Medicaid		169.42	31.55			11.76		510.15 percent of total billed charges	
TISSUE CULTURE ADD STUDIES	87253	CPT	inpatient			537		23.23 Wellcare	Medicare		20.2				11.76		510.15 fee schedule	
TISSUE CULTURE ADD STUDIES	87253	CPT	inpatient			537		23.23 WellPoint	WellPoint		172.81	32.18			11.76		510.15 percent of total billed charges	
VIRAL CULTURE, RAPID,VARICELLA	87254	CPT	both			113		22.49 Aetna	Commercial		42.94	38			13.8		107.35 percent of total billed charges	
VIRAL CULTURE, RAPID,VARICELLA	87254	CPT	both			113		22.49 Aetna	Better Health		35.65	31.55			13.8		107.35 percent of total billed charges	
VIRAL CULTURE, RAPID,VARICELLA	87254	CPT	both			113		22.49 Aetna	Medicare		19.56				13.8		107.35 fee schedule	
VIRAL CULTURE, RAPID,VARICELLA	87254	CPT	both			113		22.49 Americare	Americare		84.75	75			13.8		107.35 percent of total billed charges	
VIRAL CULTURE, RAPID,VARICELLA	87254	CPT	both			113		22.49 Amerihealth	Medicare		19.56				13.8		107.35 fee schedule	
VIRAL CULTURE, RAPID,VARICELLA	87254	CPT	both			113		22.49 Amerihealth	HMO/PPO		73.45	65			13.8		107.35 percent of total billed charges	
VIRAL CULTURE, RAPID,VARICELLA	87254	CPT	both			113		22.49 Consumer	Consumer		107.35	95			13.8		107.35 percent of total billed charges	
VIRAL CULTURE, RAPID,VARICELLA	87254	CPT	both			113		22.49 Corrections	Corrections		90.4	80			13.8		107.35 percent of total billed charges	
VIRAL CULTURE, RAPID,VARICELLA	87254	CPT	both			113		22.49 First Health	First Health		79.1	70			13.8		107.35 percent of total billed charges	
VIRAL CULTURE, RAPID,VARICELLA	87254	CPT	both			113		22.49 First Trenton	First Trenton		101.7	90			13.8		107.35 percent of total billed charges	
VIRAL CULTURE, RAPID,VARICELLA	87254	CPT	both			113		22.49 Horizon	NJ Health		21.58				13.8		107.35 fee schedule	
VIRAL CULTURE, RAPID,VARICELLA	87254	CPT	both			113		22.49 Horizon	Medicare Blue		33.9	30			13.8		107.35 percent of total billed charges	
VIRAL CULTURE, RAPID,VARICELLA	87254	CPT	both			113		22.49 Horizon	Indemnity		43.26	38.28			13.8		107.35 percent of total billed charges	
VIRAL CULTURE, RAPID,VARICELLA	87254	CPT	both			113		22.49 Horizon	MGD		43.26	38.28			13.8		107.35 percent of total billed charges	
VIRAL CULTURE, RAPID,VARICELLA	87254	CPT	both			113		22.49 Horizon	PPO		43.26	38.28			13.8		107.35 percent of total billed charges	
VIRAL CULTURE, RAPID,VARICELLA	87254	CPT	both			113		22.49 Managed Care Inc	Managed Care Inc		101.7	90			13.8		107.35 percent of total billed charges	
VIRAL CULTURE, RAPID,VARICELLA	87254	CPT	both			113		22.49 Multiplan	Multiplan		90.4	80			13.8		107.35 percent of total billed charges	
VIRAL CULTURE, RAPID,VARICELLA	87254	CPT	both			113		22.49 Qualcare	Qualcare		84.75	75			13.8		107.35 percent of total billed charges	
VIRAL CULTURE, RAPID,VARICELLA	87254	CPT	both			113		22.49 Three Rivers	Three Rivers		107.35	95			13.8		107.35 percent of total billed charges	
VIRAL CULTURE, RAPID,VARICELLA	87254	CPT	both			113		22.49 UHC	Medicaid		35.65	31.55			13.8		107.35 percent of total billed charges	
VIRAL CULTURE, RAPID,VARICELLA	87254	CPT	both			113		22.49 UHC	Medicare		19.56				13.8		107.35 fee schedule	
VIRAL CULTURE, RAPID,VARICELLA	87254	CPT	both			113		22.49 Wellcare	Medicaid		35.65	31.55			13.8		107.35 percent of total billed charges	
VIRAL CULTURE, RAPID,VARICELLA	87254	CPT	both			113		22.49 Wellcare	Medicare		19.56				13.8		107.35 fee schedule	
VIRAL CULTURE, RAPID,VARICELLA	87254	CPT	both			113		22.49 WellPoint	WellPoint		36.36	32.18			13.8		107.35 percent of total billed charges	
HSV CULTURE/TYPE	87255	CPT	outpatient			195		38.94 Aetna	Better Health		61.52	31.55			32.7		185.25 percent of total billed charges	
HSV CULTURE/TYPE	87255	CPT	outpatient			195		38.94 Aetna	Medicare		33.86				32.7		185.25 fee schedule	
HSV CULTURE/TYPE	87255	CPT	outpatient			195		38.94 Aetna	Commercial		74.1	38			32.7		185.25 percent of total billed charges	
HSV CULTURE/TYPE	87255	CPT	outpatient			195		38.94 Americare	Americare		146.25	75			32.7		185.25 percent of total billed charges	
HSV CULTURE/TYPE	87255	CPT	outpatient			195		38.94 Amerihealth	HMO/PPO		126.75	65			32.7		185.25 percent of total billed charges	
HSV CULTURE/TYPE	87255	CPT	outpatient			195		38.94 Amerihealth	Medicare		33.86				32.7		185.25 fee schedule	
HSV CULTURE/TYPE	87255	CPT	outpatient			195		38.94 Consumer	Consumer		185.25	95			32.7		185.25 percent of total billed charges	
HSV CULTURE/TYPE	87255	CPT	outpatient			195		38.94 Corrections	Corrections		156	80			32.7		185.25 percent of total billed charges	
HSV CULTURE/TYPE	87255	CPT	outpatient			195		38.94 First Health	First Health		136.5	70			32.7		185.25 percent of total billed charges	
HSV CULTURE/TYPE	87255	CPT	outpatient			195		38.94 First Trenton	First Trenton		175.5	90			32.7		185.25 percent of total billed charges	
HSV CULTURE/TYPE	87255	CPT	outpatient			195		38.94 Horizon	MGD		74.65	38.28			32.7		185.25 percent of total billed charges	
HSV CULTURE/TYPE	87255	CPT	outpatient			195		38.94 Horizon	Medicare Blue		58.5	30			32.7		185.25 percent of total billed charges	
HSV CULTURE/TYPE	87255	CPT	outpatient			195		38.94 Horizon	Indemnity		74.65	38.28			32.7		185.25 percent of total billed charges	
HSV CULTURE/TYPE	87255	CPT	outpatient			195		38.94 Horizon	NJ Health		37.08				32.7		185.25 fee schedule	
HSV CULTURE/TYPE	87255	CPT	outpatient			195		38.94 Horizon	PPO		74.65	38.28			32.7		185.25 percent of total billed charges	
HSV CULTURE/TYPE	87255	CPT	outpatient			195		38.94 Managed Care Inc	Managed Care Inc		175.5	90			32.7		185.25 percent of total billed charges	
HSV CULTURE/TYPE	87255	CPT	outpatient			195		38.94 Multiplan	Multiplan		156	80			32.7		185.25 percent of total billed charges	
HSV CULTURE/TYPE	87255	CPT	outpatient			195		38.94 Qualcare	Qualcare		146.25	75			32.7		185.25 percent of total billed charges	
HSV CULTURE/TYPE	87255	CPT	outpatient			195		38.94 Three Rivers	Three Rivers		185.25	95			32.7		185.25 percent of total billed charges	
HSV CULTURE/TYPE	87255	CPT	outpatient			195		38.94 UHC	Medicare		33.86				32.7		185.25 fee schedule	
HSV CULTURE/TYPE	87255	CPT	outpatient			195		38.94 UHC	Medicaid		61.52	31.55			32.7		185.25 percent of total billed charges	
HSV CULTURE/TYPE	87255	CPT	outpatient			195		38.94 Wellcare	Medicare		33.86				32.7		185.25 fee schedule	
HSV CULTURE/TYPE	87255	CPT	outpatient			195		38.94 Wellcare	Medicaid		61.52	31.55			32.7		185.25 percent of total billed charges	
HSV CULTURE/TYPE	87255	CPT	outpatient			195		38.94 WellPoint	WellPoint		62.75	32.18			32.7		185.25 percent of total billed charges	
VIRUS,ADENOVIRUS AG, DFA	87260	CPT	inpatient			71		16.59 Aetna	Commercial		26.98	38			12.23		67.45 percent of total billed charges	
VIRUS,ADENOVIRUS AG, DFA	87260	CPT	inpatient			71		16.59 Aetna	Medicare		14.43				12.23		67.45 fee schedule	
VIRUS,ADENOVIRUS AG, DFA	87260	CPT	inpatient			71		16.59 Aetna	Better Health		22.4	31.55			12.23		67.45 percent of total billed charges	
VIRUS,ADENOVIRUS AG, DFA	87260	CPT	inpatient			71		16.59 Americare	Americare		53.25	75			12.23		67.45 percent of total billed charges	
VIRUS,ADENOVIRUS AG, DFA	87260	CPT	inpatient			71		16.59 Amerihealth	Medicare		14.43				12.23		67.45 fee schedule	
VIRUS,ADENOVIRUS AG, DFA	87260	CPT	inpatient			71		16.59 Amerihealth	HMO/PPO		46.15	65			12.23		67.45 percent of total billed charges	
VIRUS,ADENOVIRUS AG, DFA	87260	CPT	inpatient			71		16.59 Consumer	Consumer		67.45	95			12.23		67.45 percent of total billed charges	
VIRUS,ADENOVIRUS AG, DFA	87260	CPT	inpatient			71		16.59 Corrections	Corrections		56.8	80			12.23		67.45 percent of total billed charges	
VIRUS,ADENOVIRUS AG, DFA	87260	CPT	inpatient			71		16.59 First Health	First Health		49.7	70			12.23		67.45 percent of total billed charges	
VIRUS,ADENOVIRUS AG, DFA	87260	CPT	inpatient			71		16.59 First Trenton	First Trenton		63.9	90			12.23		67.45 percent of total billed charges	
VIRUS,ADENOVIRUS AG, DFA	87260	CPT	inpatient			71		16.59 Horizon	Medicare Blue		21.3	30			12.23		67.45 percent of total billed charges	
VIRUS,ADENOVIRUS AG, DFA	87260	CPT	inpatient			71		16.59 Horizon	Indemnity		27.18	38.28			12.23		67.45 percent of total billed charges	
VIRUS,ADENOVIRUS AG, DFA	87260	CPT	inpatient			71		16.59 Horizon	MGD		27.18	38.28			12.23		67.45 percent of total billed charges	
VIRUS,ADENOVIRUS AG, DFA	87260	CPT	inpatient			71		16.59 Horizon	PPO		27.18	38.28			12.23		67.45 percent of total billed charges	
VIRUS,ADENOVIRUS AG, DFA	87260	CPT	inpatient			71		16.59 Horizon	NJ Health		12.23				12.23		67.45 fee schedule	
VIRUS,ADENOVIRUS AG, DFA	87260	CPT	inpatient			71		16.59 Managed Care Inc	Managed Care Inc		63.9	90			12.23		67.45 percent of total billed charges	
VIRUS,ADENOVIRUS AG, DFA	87260	CPT	inpatient			71		16.59 Multiplan	Multiplan		56.8	80			12.23		67.45 percent of total billed charges	
VIRUS,ADENOVIRUS AG, DFA	87260	CPT	inpatient			71		16.59 Qualcare	Qualcare		53.25	75			12.23		67.45 percent of total billed charges	
VIRUS,ADENOVIRUS AG, DFA	87260	CPT	inpatient			71		16.59 Three Rivers	Three Rivers		67.45	95			12.23		67.45 percent of total billed charges	
VIRUS,ADENOVIRUS AG, DFA	87260	CPT	inpatient			71		16.59 UHC	Medicare		14.43				12.23		67.45 fee schedule	
VIRUS,ADENOVIRUS AG, DFA	87260	CPT	inpatient			71		16.59 UHC	Medicaid		22.4	31.55			12.23		67.45 percent of total billed charges	
VIRUS,ADENOVIRUS AG, DFA	87260	CPT	inpatient			71		16.59 Wellcare	Medicare		14.43				12.23		67.45 fee schedule	
VIRUS,ADENOVIRUS AG, DFA	87260	CPT	inpatient			71		16.59 Wellcare	Medicaid		22.4	31.55			12.23		67.45 percent of total billed charges	
VIRUS,ADENOVIRUS AG, DFA	87260	CPT	inpatient			71		16.59 WellPoint	WellPoint		22.85	32.18			12.23		67.45 percent of total billed charges	
BORDETELLA PERTUSSIS DFA	87265	CPT	inpatient			200		13.78 Aetna	Medicare		11.98				11.98		190 fee schedule	
BORDETELLA PERTUSSIS DFA	87265	CPT	inpatient			200		13.78 Aetna	Commercial		76	38			11.98		190 percent of total billed charges	
BORDETELLA PERTUSSIS DFA	87265	CPT	inpatient			200		13.78 Aetna	Better Health		63.1	31.55			11.98		190 percent of total billed charges	
BORDETELLA PERTUSSIS DFA	87265	CPT	inpatient			200		13.78 Americare	Americare		150	75			11.98		190 percent of total billed charges	
BORDETELLA PERTUSSIS DFA	87265	CPT	inpatient			200		13.78 Amerihealth	Medicare		11.98				11.98		190 fee schedule	
BORDETELLA PERTUSSIS DFA	87265	CPT	inpatient			200		13.78 Amerihealth	HMO/PPO		130	65			11.98		190 percent of total billed charges	
BORDETELLA PERTUSSIS DFA	87265	CPT	inpatient			200		13.78 Consumer	Consumer		190	95			11.98		190 percent of total billed charges	
BORDETELLA PERTUSSIS DFA	87265	CPT	inpatient			200		13.78 Corrections	Corrections		160	80			11.98		190 percent of total billed charges	
BORDETELLA PERTUSSIS DFA	87265	CPT	inpatient			200		13.78 First Health	First Health		140	70			11.98		190 percent of total billed charges	
BORDETELLA PERTUSSIS DFA	87265	CPT	inpatient			200		13.78 First Trenton	First Trenton		180	90			11.98		190 percent of total billed charges	
BORDETELLA PERTUSSIS DFA	87265	CPT	inpatient			200		13.78 Horizon	Indemnity		76.56	38.28			11.98		190 percent of total billed charges	
BORDETELLA PERTUSSIS DFA	87265	CPT	inpatient			200		13.78 Horizon	MGD		76.56	38.28			11.98		190 percent of total billed charges	
BORDETELLA PERTUSSIS DFA	87265	CPT	inpatient			200		13.78 Horizon	PPO		76.56	38.28			11.98		190 percent of total billed charges	
BORDETELLA PERTUSSIS DFA	87265	CPT	inpatient			200		13.78 Horizon	Medicare Blue		60	30			11.98		190 percent of total billed charges	
BORDETELLA PERTUSSIS DFA	87265	CPT	inpatient			200		13.78 Horizon	NJ Health		12.23				11.98		190 fee schedule	
BORDETELLA PERTUSSIS DFA	87265	CPT	inpatient			200		13.78 Managed Care Inc	Managed Care Inc		180	90			11.98		190 percent of total billed charges	
BORDETELLA PERTUSSIS DFA	87265	CPT	inpatient			200		13.78 Multiplan	Multiplan		160	80			11.98		190 percent of total billed charges	
BORDETELLA PERTUSSIS DFA	87265	CPT	inpatient			200		13.78 Qualcare	Qualcare		150	75			11.98		190 percent of total billed charges	
BORDETELLA PERTUSSIS DFA	87265	CPT	inpatient			200		13.78 Three Rivers	Three Rivers		190	95			11.98		190 percent of total billed charges	
BORDETELLA PERTUSSIS DFA	87265	CPT	inpatient			200		13.78 UHC	Medicare		11.98				11.98		190 fee schedule	
BORDETELLA PERTUSSIS DFA	87265	CPT	inpatient			200		13.78 UHC	Medicaid		63.1	31.55			11.98		190 percent of total billed charges	
BORDETELLA PERTUSSIS DFA	87265	CPT	inpatient			200		13.78 Wellcare	Medicare		11.98				11.98		190 fee schedule	
BORDETELLA PERTUSSIS DFA	87265	CPT	inpatient			200		13.78 Wellcare	Medicaid		63.1	31.55			11.98		190 percent of total billed charges	
BORDETELLA PERTUSSIS DFA	87265	CPT	inpatient			200		13.78 WellPoint	WellPoint		64.36	32.18			11.98		190 percent of total billed charges	
CHLAMYDIA TRACHOMATIS	87270	CPT	outpatient			161		13.78 Aetna	Better Health		50.8	31.55			11.98		152.95 percent of total billed charges	
CHLAMYDIA TRACHOMATIS	87270	CPT	outpatient			161		13.78 Aetna	Medicare		11.98				11.98		152.95 fee schedule	
CHLAMYDIA TRACHOMATIS	87270	CPT	outpatient			161		13.78 Aetna	Commercial		61.18	38			11.98		152.95 percent of total billed charges	
CHLAMYDIA TRACHOMATIS	87270	CPT	outpatient			161		13.78 Americare	Americare		120.75	75			11.98		152.95 percent of total billed charges	
CHLAMYDIA TRACHOMATIS	87270	CPT	outpatient			161		13.78 Amerihealth	Medicare		11.98				11.98		152.95 fee schedule	
CHLAMYDIA TRACHOMATIS	87270	CPT	outpatient			161		13.78 Amerihealth	HMO/PPO		104.65	65			11.98		152.95 percent of total billed charges	
CHLAMYDIA TRACHOMATIS	87270	CPT	outpatient			161		13.78 Consumer	Consumer		152.95	95			11.98		152.95 percent of total billed charges	
CHLAMYDIA TRACHOMATIS	87270	CPT	outpatient			161		13.78 Corrections	Corrections		128.8	80			11.98		152.95 percent of total billed charges	
CHLAMYDIA TRACHOMATIS	87270	CPT	outpatient			161		13.78 First Health	First Health		112.7	70			11.98		152.95 percent of total billed charges	
CHLAMYDIA TRACHOMATIS	87270	CPT	outpatient			161		13.78 First Trenton	First Trenton		144.9	90			11.98		152.95 percent of total billed charges	
CHLAMYDIA TRACHOMATIS	87270	CPT	outpatient			161		13.78 Horizon	Indemnity		61.63	38.28			11.98		152.95 percent of total billed charges	
CHLAMYDIA TRACHOMATIS	87270	CPT	outpatient			161		13.78 Horizon	Medicare Blue		48.3	30			11.98		152.95 percent of total billed charges	
CHLAMYDIA TRACHOMATIS	87270	CPT	outpatient			161		13.78 Horizon	NJ Health		30.46				11.98		152.95 fee schedule	
CHLAMYDIA TRACHOMATIS	87270	CPT	outpatient			161		13.78 Horizon	MGD		61.63	38.28			11.98		152.95 percent of total billed charges	
CHLAMYDIA TRACHOMATIS	87270	CPT	outpatient			161		13.78 Horizon	PPO		61.63	38.28			11.98		152.95 percent of total billed charges	
CHLAMYDIA TRACHOMATIS	87270	CPT	outpatient			161		13.78 Managed Care Inc	Managed Care Inc		144.9	90			11.98		152.95 percent of total billed charges	
CHLAMYDIA TRACHOMATIS	87270	CPT	outpatient			161		13.78 Multiplan	Multiplan		128.8	80			11.98		152.95 percent of total billed charges	
CHLAMYDIA TRACHOMATIS	87270	CPT	outpatient			161		13.78 Qualcare	Qualcare		120.75	75			11.98		152.95 percent of total billed charges	
CHLAMYDIA TRACHOMATIS	87270	CPT	outpatient			161		13.78 Three Rivers	Three Rivers		152.95	95			11.98		152.95 percent of total billed charges	
CHLAMYDIA TRACHOMATIS	87270	CPT	outpatient			161		13.78 UHC	Medicare		11.98				11.98		152.95 fee schedule	
CHLAMYDIA TRACHOMATIS	87270	CPT	outpatient			161		13.78 UHC	Medicaid		50.8	31.55			11.98		152.95 percent of total billed charges	
CHLAMYDIA TRACHOMATIS	87270	CPT	outpatient			161		13.78 Wellcare	Medicaid		50.8	31.55			11.98		152.95 percent of total billed charges	
CHLAMYDIA TRACHOMATIS	87270	CPT	outpatient			161		13.78 Wellcare	Medicare		11.98				11.98		152.95 fee schedule	
CHLAMYDIA TRACHOMATIS	87270	CPT	outpatient			161		13.78 WellPoint	WellPoint		51.81	32.18			11.98		152.95 percent of total billed charges	
CRYPTOSPORIDIUM SMEAR	87272	CPT	outpatient			83		13.78 Aetna	Better Health		26.19	31.55			11.98		78.85 percent of total billed charges	
CRYPTOSPORIDIUM SMEAR	87272	CPT	outpatient			83		13.78 Aetna	Medicare		11.98				11.98		78.85 fee schedule	
CRYPTOSPORIDIUM SMEAR	87272	CPT	outpatient			83		13.78 Aetna	Commercial		31.54	38			11.98		78.85 percent of total billed charges	
CRYPTOSPORIDIUM SMEAR	87272	CPT	outpatient			83		13.78 Americare	Americare		62.25	75			11.98		78.85 percent of total billed charges	
CRYPTOSPORIDIUM SMEAR	87272	CPT	outpatient			83		13.78 Amerihealth	HMO/PPO		53.95	65			11.98		78.85 percent of total billed charges	
CRYPTOSPORIDIUM SMEAR	87272	CPT	outpatient			83		13.78 Amerihealth	Medicare		11.98				11.98		78.85 fee schedule	
CRYPTOSPORIDIUM SMEAR	87272	CPT	outpatient			83		13.78 Consumer	Consumer		78.85	95			11.98		78.85 percent of total billed charges	
CRYPTOSPORIDIUM SMEAR	87272	CPT	outpatient			83		13.78 Corrections	Corrections		66.4	80			11.98		78.85 percent of total billed charges	
CRYPTOSPORIDIUM SMEAR	87272	CPT	outpatient			83		13.78 First Health	First Health		58.1	70			11.98		78.85 percent of total billed charges	
CRYPTOSPORIDIUM SMEAR	87272	CPT	outpatient			83		13.78 First Trenton	First Trenton		74.7	90			11.98		78.85 percent of total billed charges	
CRYPTOSPORIDIUM SMEAR	87272	CPT	outpatient			83		13.78 Horizon	Medicare Blue		24.9	30			11.98		78.85 percent of total billed charges	
CRYPTOSPORIDIUM SMEAR	87272	CPT	outpatient			83		13.78 Horizon	Indemnity		31.77	38.28			11.98		78.85 percent of total billed charges	
CRYPTOSPORIDIUM SMEAR	87272	CPT	outpatient			83		13.78 Horizon	NJ Health		12.23				11.98		78.85 fee schedule	
CRYPTOSPORIDIUM SMEAR	87272	CPT	outpatient			83		13.78 Horizon	PPO		31.77	38.28			11.98		78.85 percent of total billed charges	
CRYPTOSPORIDIUM SMEAR	87272	CPT	outpatient			83		13.78 Horizon	MGD		31.77	38.28			11.98		78.85 percent of total billed charges	
CRYPTOSPORIDIUM SMEAR	87272	CPT	outpatient			83		13.78 Managed Care Inc	Managed Care Inc		74.7	90			11.98		78.85 percent of total billed charges	
CRYPTOSPORIDIUM SMEAR	87272	CPT	outpatient			83		13.78 Multiplan	Multiplan		66.4	80			11.98		78.85 percent of total billed charges	
CRYPTOSPORIDIUM SMEAR	87272	CPT	outpatient			83		13.78 Qualcare	Qualcare		62.25	75			11.98		78.85 percent of total billed charges	
CRYPTOSPORIDIUM SMEAR	87272	CPT	outpatient			83		13.78 Three Rivers	Three Rivers		78.85	95			11.98		78.85 percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CRYPTOSPORIDIUM SMEAR	87272	CPT	outpatient			83		13.78 UHC	Medicare		11.98				11.98		78.85 fee schedule	
CRYPTOSPORIDIUM SMEAR	87272	CPT	outpatient			83		13.78 UHC	Medicaid		26.19	31.55			11.98		78.85 percent of total billed charges	
CRYPTOSPORIDIUM SMEAR	87272	CPT	outpatient			83		13.78 Wellcare	Medicaid		26.19	31.55			11.98		78.85 percent of total billed charges	
CRYPTOSPORIDIUM SMEAR	87272	CPT	outpatient			83		13.78 Wellcare	Medicare		11.98				11.98		78.85 fee schedule	
CRYPTOSPORIDIUM SMEAR	87272	CPT	outpatient			83		13.78 WellPoint	WellPoint		26.71	32.18			11.98		78.85 percent of total billed charges	
LEGIONELLA PNEUMOPHILA	87278	CPT	outpatient			164		17.94 Aetna	Medicare		15.6				12.23		155.8 fee schedule	
LEGIONELLA PNEUMOPHILA	87278	CPT	outpatient			164		17.94 Aetna	Better Health		51.74	31.55			12.23		155.8 percent of total billed charges	
LEGIONELLA PNEUMOPHILA	87278	CPT	outpatient			164		17.94 Aetna	Commercial		62.32	38			12.23		155.8 percent of total billed charges	
LEGIONELLA PNEUMOPHILA	87278	CPT	outpatient			164		17.94 Americare	Americare		123	75			12.23		155.8 percent of total billed charges	
LEGIONELLA PNEUMOPHILA	87278	CPT	outpatient			164		17.94 Amerihealth	Medicare		15.6				12.23		155.8 fee schedule	
LEGIONELLA PNEUMOPHILA	87278	CPT	outpatient			164		17.94 Amerihealth	HMO/PPO		106.6	65			12.23		155.8 percent of total billed charges	
LEGIONELLA PNEUMOPHILA	87278	CPT	outpatient			164		17.94 Consumer	Consumer		155.8	95			12.23		155.8 percent of total billed charges	
LEGIONELLA PNEUMOPHILA	87278	CPT	outpatient			164		17.94 Corrections	Corrections		131.2	80			12.23		155.8 percent of total billed charges	
LEGIONELLA PNEUMOPHILA	87278	CPT	outpatient			164		17.94 First Health	First Health		114.8	70			12.23		155.8 percent of total billed charges	
LEGIONELLA PNEUMOPHILA	87278	CPT	outpatient			164		17.94 First Trenton	First Trenton		147.6	90			12.23		155.8 percent of total billed charges	
LEGIONELLA PNEUMOPHILA	87278	CPT	outpatient			164		17.94 Horizon	Indemnity		62.78	38.28			12.23		155.8 percent of total billed charges	
LEGIONELLA PNEUMOPHILA	87278	CPT	outpatient			164		17.94 Horizon	Medicare Blue		49.2	30			12.23		155.8 percent of total billed charges	
LEGIONELLA PNEUMOPHILA	87278	CPT	outpatient			164		17.94 Horizon	PPO		62.78	38.28			12.23		155.8 percent of total billed charges	
LEGIONELLA PNEUMOPHILA	87278	CPT	outpatient			164		17.94 Horizon	MGD		62.78	38.28			12.23		155.8 percent of total billed charges	
LEGIONELLA PNEUMOPHILA	87278	CPT	outpatient			164		17.94 Horizon	NJ Health		12.23				12.23		155.8 fee schedule	
LEGIONELLA PNEUMOPHILA	87278	CPT	outpatient			164		17.94 Managed Care Inc	Managed Care Inc		147.6	90			12.23		155.8 percent of total billed charges	
LEGIONELLA PNEUMOPHILA	87278	CPT	outpatient			164		17.94 Multiplan	Multiplan		131.2	80			12.23		155.8 percent of total billed charges	
LEGIONELLA PNEUMOPHILA	87278	CPT	outpatient			164		17.94 Qualcare	Qualcare		123	75			12.23		155.8 percent of total billed charges	
LEGIONELLA PNEUMOPHILA	87278	CPT	outpatient			164		17.94 Three Rivers	Three Rivers		155.8	95			12.23		155.8 percent of total billed charges	
LEGIONELLA PNEUMOPHILA	87278	CPT	outpatient			164		17.94 UHC	Medicaid		51.74	31.55			12.23		155.8 percent of total billed charges	
LEGIONELLA PNEUMOPHILA	87278	CPT	outpatient			164		17.94 UHC	Medicare		15.6				12.23		155.8 fee schedule	
LEGIONELLA PNEUMOPHILA	87278	CPT	outpatient			164		17.94 Wellcare	Medicare		15.6				12.23		155.8 fee schedule	
LEGIONELLA PNEUMOPHILA	87278	CPT	outpatient			164		17.94 Wellcare	Medicaid		51.74	31.55			12.23		155.8 percent of total billed charges	
LEGIONELLA PNEUMOPHILA	87278	CPT	outpatient			164		17.94 WellPoint	WellPoint		52.78	32.18			12.23		155.8 percent of total billed charges	
PNEUMOCYSTIS SMEAR, DFA	87281	CPT	outpatient			175		13.78 Aetna	Better Health		55.21	31.55			11.98		166.25 percent of total billed charges	
PNEUMOCYSTIS SMEAR, DFA	87281	CPT	outpatient			175		13.78 Aetna	Medicare		11.98				11.98		166.25 fee schedule	
PNEUMOCYSTIS SMEAR, DFA	87281	CPT	outpatient			175		13.78 Aetna	Commercial		66.5	38			11.98		166.25 percent of total billed charges	
PNEUMOCYSTIS SMEAR, DFA	87281	CPT	outpatient			175		13.78 Americare	Americare		131.25	75			11.98		166.25 percent of total billed charges	
PNEUMOCYSTIS SMEAR, DFA	87281	CPT	outpatient			175		13.78 Amerihealth	Medicare		11.98				11.98		166.25 fee schedule	
PNEUMOCYSTIS SMEAR, DFA	87281	CPT	outpatient			175		13.78 Amerihealth	HMO/PPO		113.75	65			11.98		166.25 percent of total billed charges	
PNEUMOCYSTIS SMEAR, DFA	87281	CPT	outpatient			175		13.78 Consumer	Consumer		166.25	95			11.98		166.25 percent of total billed charges	
PNEUMOCYSTIS SMEAR, DFA	87281	CPT	outpatient			175		13.78 Corrections	Corrections		140	80			11.98		166.25 percent of total billed charges	
PNEUMOCYSTIS SMEAR, DFA	87281	CPT	outpatient			175		13.78 First Health	First Health		122.5	70			11.98		166.25 percent of total billed charges	
PNEUMOCYSTIS SMEAR, DFA	87281	CPT	outpatient			175		13.78 First Trenton	First Trenton		157.5	90			11.98		166.25 percent of total billed charges	
PNEUMOCYSTIS SMEAR, DFA	87281	CPT	outpatient			175		13.78 Horizon	MGD		66.99	38.28			11.98		166.25 percent of total billed charges	
PNEUMOCYSTIS SMEAR, DFA	87281	CPT	outpatient			175		13.78 Horizon	Indemnity		66.99	38.28			11.98		166.25 percent of total billed charges	
PNEUMOCYSTIS SMEAR, DFA	87281	CPT	outpatient			175		13.78 Horizon	PPO		66.99	38.28			11.98		166.25 percent of total billed charges	
PNEUMOCYSTIS SMEAR, DFA	87281	CPT	outpatient			175		13.78 Horizon	NJ Health		12.23				11.98		166.25 fee schedule	
PNEUMOCYSTIS SMEAR, DFA	87281	CPT	outpatient			175		13.78 Horizon	Medicare Blue		52.5	30			11.98		166.25 percent of total billed charges	
PNEUMOCYSTIS SMEAR, DFA	87281	CPT	outpatient			175		13.78 Managed Care Inc	Managed Care Inc		157.5	90			11.98		166.25 percent of total billed charges	
PNEUMOCYSTIS SMEAR, DFA	87281	CPT	outpatient			175		13.78 Multiplan	Multiplan		140	80			11.98		166.25 percent of total billed charges	
PNEUMOCYSTIS SMEAR, DFA	87281	CPT	outpatient			175		13.78 Qualcare	Qualcare		131.25	75			11.98		166.25 percent of total billed charges	
PNEUMOCYSTIS SMEAR, DFA	87281	CPT	outpatient			175		13.78 Three Rivers	Three Rivers		166.25	95			11.98		166.25 percent of total billed charges	
PNEUMOCYSTIS SMEAR, DFA	87281	CPT	outpatient			175		13.78 UHC	Medicaid		55.21	31.55			11.98		166.25 percent of total billed charges	
PNEUMOCYSTIS SMEAR, DFA	87281	CPT	outpatient			175		13.78 UHC	Medicare		11.98				11.98		166.25 fee schedule	
PNEUMOCYSTIS SMEAR, DFA	87281	CPT	outpatient			175		13.78 Wellcare	Medicare		11.98				11.98		166.25 fee schedule	
PNEUMOCYSTIS SMEAR, DFA	87281	CPT	outpatient			175		13.78 Wellcare	Medicaid		55.21	31.55			11.98		166.25 percent of total billed charges	
PNEUMOCYSTIS SMEAR, DFA	87281	CPT	outpatient			175		13.78 WellPoint	WellPoint		56.32	32.18			11.98		166.25 percent of total billed charges	
ASPERGILLUS GALACTOMANNAN AG	87305	CPT	both			478		13.78 Aetna	Commercial		181.64	38			11.98		454.1 percent of total billed charges	
ASPERGILLUS GALACTOMANNAN AG	87305	CPT	both			478		13.78 Aetna	Medicare		11.98				11.98		454.1 fee schedule	
ASPERGILLUS GALACTOMANNAN AG	87305	CPT	both			478		13.78 Aetna	Better Health		150.81	31.55			11.98		454.1 percent of total billed charges	
ASPERGILLUS GALACTOMANNAN AG	87305	CPT	both			478		13.78 Americare	Americare		358.5	75			11.98		454.1 percent of total billed charges	
ASPERGILLUS GALACTOMANNAN AG	87305	CPT	both			478		13.78 Amerihealth	HMO/PPO		310.7	65			11.98		454.1 percent of total billed charges	
ASPERGILLUS GALACTOMANNAN AG	87305	CPT	both			478		13.78 Amerihealth	Medicare		11.98				11.98		454.1 fee schedule	
ASPERGILLUS GALACTOMANNAN AG	87305	CPT	both			478		13.78 Consumer	Consumer		454.1	95			11.98		454.1 percent of total billed charges	
ASPERGILLUS GALACTOMANNAN AG	87305	CPT	both			478		13.78 Corrections	Corrections		382.4	80			11.98		454.1 percent of total billed charges	
ASPERGILLUS GALACTOMANNAN AG	87305	CPT	both			478		13.78 First Health	First Health		334.6	70			11.98		454.1 percent of total billed charges	
ASPERGILLUS GALACTOMANNAN AG	87305	CPT	both			478		13.78 First Trenton	First Trenton		430.2	90			11.98		454.1 percent of total billed charges	
ASPERGILLUS GALACTOMANNAN AG	87305	CPT	both			478		13.78 Horizon	Indemnity		182.98	38.28			11.98		454.1 percent of total billed charges	
ASPERGILLUS GALACTOMANNAN AG	87305	CPT	both			478		13.78 Horizon	MGD		182.98	38.28			11.98		454.1 percent of total billed charges	
ASPERGILLUS GALACTOMANNAN AG	87305	CPT	both			478		13.78 Horizon	NJ Health		30.16				11.98		454.1 fee schedule	
ASPERGILLUS GALACTOMANNAN AG	87305	CPT	both			478		13.78 Horizon	PPO		182.98	38.28			11.98		454.1 percent of total billed charges	
ASPERGILLUS GALACTOMANNAN AG	87305	CPT	both			478		13.78 Horizon	Medicare Blue		143.4	30			11.98		454.1 percent of total billed charges	
ASPERGILLUS GALACTOMANNAN AG	87305	CPT	both			478		13.78 Managed Care Inc	Managed Care Inc		430.2	90			11.98		454.1 percent of total billed charges	
ASPERGILLUS GALACTOMANNAN AG	87305	CPT	both			478		13.78 Multiplan	Multiplan		382.4	80			11.98		454.1 percent of total billed charges	
ASPERGILLUS GALACTOMANNAN AG	87305	CPT	both			478		13.78 Qualcare	Qualcare		358.5	75			11.98		454.1 percent of total billed charges	
ASPERGILLUS GALACTOMANNAN AG	87305	CPT	both			478		13.78 Three Rivers	Three Rivers		454.1	95			11.98		454.1 percent of total billed charges	
ASPERGILLUS GALACTOMANNAN AG	87305	CPT	both			478		13.78 UHC	Medicare		11.98				11.98		454.1 fee schedule	
ASPERGILLUS GALACTOMANNAN AG	87305	CPT	both			478		13.78 UHC	Medicaid		150.81	31.55			11.98		454.1 percent of total billed charges	
ASPERGILLUS GALACTOMANNAN AG	87305	CPT	both			478		13.78 Wellcare	Medicare		11.98				11.98		454.1 fee schedule	
ASPERGILLUS GALACTOMANNAN AG	87305	CPT	both			478		13.78 Wellcare	Medicaid		150.81	31.55			11.98		454.1 percent of total billed charges	
ASPERGILLUS GALACTOMANNAN AG	87305	CPT	both			478		13.78 WellPoint	WellPoint		153.82	32.18			11.98		454.1 percent of total billed charges	
CLOSTRIDIUM DIFFICILE PCR	87324	CPT	both			1588		13.78 Aetna	Better Health		501.01	31.55			11.98		1508.6 percent of total billed charges	
CLOSTRIDIUM DIFFICILE PCR	87324	CPT	both			1588		13.78 Aetna	Commercial		603.44	38			11.98		1508.6 percent of total billed charges	
CLOSTRIDIUM DIFFICILE PCR	87324	CPT	both			1588		13.78 Aetna	Medicare		489.1	30.8			11.98		1508.6 percent of total billed charges	
CLOSTRIDIUM DIFFICILE PCR	87324	CPT	both			1588		13.78 Americare	Americare		1191	75			11.98		1508.6 percent of total billed charges	
CLOSTRIDIUM DIFFICILE PCR	87324	CPT	both			1588		13.78 Amerihealth	Medicare		11.98				11.98		1508.6 fee schedule	
CLOSTRIDIUM DIFFICILE PCR	87324	CPT	both			1588		13.78 Amerihealth	HMO/PPO		1032.2	65			11.98		1508.6 percent of total billed charges	
CLOSTRIDIUM DIFFICILE PCR	87324	CPT	both			1588		13.78 Consumer	Consumer		1508.6	95			11.98		1508.6 percent of total billed charges	
CLOSTRIDIUM DIFFICILE PCR	87324	CPT	both			1588		13.78 Corrections	Corrections		1270.4	80			11.98		1508.6 percent of total billed charges	
CLOSTRIDIUM DIFFICILE PCR	87324	CPT	both			1588		13.78 First Health	First Health		1111.6	70			11.98		1508.6 percent of total billed charges	
CLOSTRIDIUM DIFFICILE PCR	87324	CPT	both			1588		13.78 First Trenton	First Trenton		1429.2	90			11.98		1508.6 percent of total billed charges	
CLOSTRIDIUM DIFFICILE PCR	87324	CPT	both			1588		13.78 Horizon	MGD		607.89	38.28			11.98		1508.6 percent of total billed charges	
CLOSTRIDIUM DIFFICILE PCR	87324	CPT	both			1588		13.78 Horizon	Medicare Blue		476.4	30			11.98		1508.6 percent of total billed charges	
CLOSTRIDIUM DIFFICILE PCR	87324	CPT	both			1588		13.78 Horizon	NJ Health		12.23				11.98		1508.6 fee schedule	
CLOSTRIDIUM DIFFICILE PCR	87324	CPT	both			1588		13.78 Horizon	PPO		607.89	38.28			11.98		1508.6 percent of total billed charges	
CLOSTRIDIUM DIFFICILE PCR	87324	CPT	both			1588		13.78 Horizon	Indemnity		607.89	38.28			11.98		1508.6 percent of total billed charges	
CLOSTRIDIUM DIFFICILE PCR	87324	CPT	both			1588		13.78 Managed Care Inc	Managed Care Inc		1429.2	90			11.98		1508.6 percent of total billed charges	
CLOSTRIDIUM DIFFICILE PCR	87324	CPT	both			1588		13.78 Multiplan	Multiplan		1270.4	80			11.98		1508.6 percent of total billed charges	
CLOSTRIDIUM DIFFICILE PCR	87324	CPT	both			1588		13.78 Qualcare	Qualcare		1191	75			11.98		1508.6 percent of total billed charges	
CLOSTRIDIUM DIFFICILE PCR	87324	CPT	both			1588		13.78 Three Rivers	Three Rivers		1508.6	95			11.98		1508.6 percent of total billed charges	
CLOSTRIDIUM DIFFICILE PCR	87324	CPT	both			1588		13.78 UHC	Medicare		11.98				11.98		1508.6 fee schedule	
CLOSTRIDIUM DIFFICILE PCR	87324	CPT	both			1588		13.78 UHC	Medicaid		501.01	31.55			11.98		1508.6 percent of total billed charges	
CLOSTRIDIUM DIFFICILE PCR	87324	CPT	both			1588		13.78 Wellcare	Medicaid		501.01	31.55			11.98		1508.6 percent of total billed charges	
CLOSTRIDIUM DIFFICILE PCR	87324	CPT	both			1588		13.78 Wellcare	Medicare		11.98				11.98		1508.6 fee schedule	
CLOSTRIDIUM DIFFICILE PCR	87324	CPT	both			1588		13.78 WellPoint	WellPoint		511.02	32.18			11.98		1508.6 percent of total billed charges	
GIARDIA LAMBLIA AG, EIA	87329	CPT	both			200		13.78 Aetna	Medicare		11.98				11.98		190 fee schedule	
GIARDIA LAMBLIA AG, EIA	87329	CPT	both			200		13.78 Aetna	Commercial		76	38			11.98		190 percent of total billed charges	
GIARDIA LAMBLIA AG, EIA	87329	CPT	both			200		13.78 Aetna	Better Health		63.1	31.55			11.98		190 percent of total billed charges	
GIARDIA LAMBLIA AG, EIA	87329	CPT	both			200		13.78 Americare	Americare		150	75			11.98		190 percent of total billed charges	
GIARDIA LAMBLIA AG, EIA	87329	CPT	both			200		13.78 Amerihealth	HMO/PPO		130	65			11.98		190 percent of total billed charges	
GIARDIA LAMBLIA AG, EIA	87329	CPT	both			200		13.78 Amerihealth	Medicare		11.98				11.98		190 fee schedule	
GIARDIA LAMBLIA AG, EIA	87329	CPT	both			200		13.78 Consumer	Consumer		190	95			11.98		190 percent of total billed charges	
GIARDIA LAMBLIA AG, EIA	87329	CPT	both			200		13.78 Corrections	Corrections		160	80			11.98		190 percent of total billed charges	
GIARDIA LAMBLIA AG, EIA	87329	CPT	both			200		13.78 First Health	First Health		140	70			11.98		190 percent of total billed charges	
GIARDIA LAMBLIA AG, EIA	87329	CPT	both			200		13.78 First Trenton	First Trenton		180	90			11.98		190 percent of total billed charges	
GIARDIA LAMBLIA AG, EIA	87329	CPT	both			200		13.78 Horizon	Indemnity		76.56	38.28			11.98		190 percent of total billed charges	
GIARDIA LAMBLIA AG, EIA	87329	CPT	both			200		13.78 Horizon	Medicare Blue		60	30			11.98		190 percent of total billed charges	
GIARDIA LAMBLIA AG, EIA	87329	CPT	both			200		13.78 Horizon	MGD		76.56	38.28			11.98		190 percent of total billed charges	
GIARDIA LAMBLIA AG, EIA	87329	CPT	both			200		13.78 Horizon	NJ Health		23.52				11.98		190 fee schedule	
GIARDIA LAMBLIA AG, EIA	87329	CPT	both			200		13.78 Horizon	PPO		76.56	38.28			11.98		190 percent of total billed charges	
GIARDIA LAMBLIA AG, EIA	87329	CPT	both			200		13.78 Managed Care Inc	Managed Care Inc		180	90			11.98		190 percent of total billed charges	
GIARDIA LAMBLIA AG, EIA	87329	CPT	both			200		13.78 Multiplan	Multiplan		160	80			11.98		190 percent of total billed charges	
GIARDIA LAMBLIA AG, EIA	87329	CPT	both			200		13.78 Qualcare	Qualcare		150	75			11.98		190 percent of total billed charges	
GIARDIA LAMBLIA AG, EIA	87329	CPT	both			200		13.78 Three Rivers	Three Rivers		190	95			11.98		190 percent of total billed charges	
GIARDIA LAMBLIA AG, EIA	87329	CPT	both			200		13.78 UHC	Medicaid		63.1	31.55			11.98		190 percent of total billed charges	
GIARDIA LAMBLIA AG, EIA	87329	CPT	both			200		13.78 UHC	Medicare		11.98				11.98		190 fee schedule	
GIARDIA LAMBLIA AG, EIA	87329	CPT	both			200		13.78 Wellcare	Medicare		11.98				11.98		190 fee schedule	
GIARDIA LAMBLIA AG, EIA	87329	CPT	both			200		13.78 Wellcare	Medicaid		63.1	31.55			11.98		190 percent of total billed charges	
GIARDIA LAMBLIA AG, EIA	87329	CPT	both			200		13.78 WellPoint	WellPoint		64.36	32.18			11.98		190 percent of total billed charges	
ENTAMOEBA HISTOLYTICAÅ¡AG, EIA (0058001)	87337	CPT	outpatient			147		13.78 Aetna	Better Health		46.38	31.55			11.98		139.65 percent of total billed charges	
ENTAMOEBA HISTOLYTICAÅ¡AG, EIA (0058001)	87337	CPT	outpatient			147		13.78 Aetna	Medicare		11.98				11.98		139.65 fee schedule	
ENTAMOEBA HISTOLYTICAÅ¡AG, EIA (0058001)	87337	CPT	outpatient			147		13.78 Aetna	Commercial		55.86	38			11.98		139.65 percent of total billed charges	
ENTAMOEBA HISTOLYTICAÅ¡AG, EIA (0058001)	87337	CPT	outpatient			147		13.78 Americare	Americare		110.25	75			11.98		139.65 percent of total billed charges	
ENTAMOEBA HISTOLYTICAÅ¡AG, EIA (0058001)	87337	CPT	outpatient			147		13.78 Amerihealth	HMO/PPO		95.55	65			11.98		139.65 percent of total billed charges	
ENTAMOEBA HISTOLYTICAÅ¡AG, EIA (0058001)	87337	CPT	outpatient			147		13.78 Amerihealth	Medicare		11.98				11.98		139.65 fee schedule	
ENTAMOEBA HISTOLYTICAÅ¡AG, EIA (0058001)	87337	CPT	outpatient			147		13.78 Consumer	Consumer		139.65	95			11.98		139.65 percent of total billed charges	
ENTAMOEBA HISTOLYTICAÅ¡AG, EIA (0058001)	87337	CPT	outpatient			147		13.78 Corrections	Corrections		117.6	80			11.98		139.65 percent of total billed charges	
ENTAMOEBA HISTOLYTICAÅ¡AG, EIA (0058001)	87337	CPT	outpatient			147		13.78 First Health	First Health		102.9	70			11.98		139.65 percent of total billed charges	
ENTAMOEBA HISTOLYTICAÅ¡AG, EIA (0058001)	87337	CPT	outpatient			147		13.78 First Trenton	First Trenton		132.3	90			11.98		139.65 percent of total billed charges	
ENTAMOEBA HISTOLYTICAÅ¡AG, EIA (0058001)	87337	CPT	outpatient			147		13.78 Horizon	MGD		56.27	38.28			11.98		139.65 percent of total billed charges	
ENTAMOEBA HISTOLYTICAÅ¡AG, EIA (0058001)	87337	CPT	outpatient			147		13.78 Horizon	Indemnity		56.27	38.28			11.98		139.65 percent of total billed charges	
ENTAMOEBA HISTOLYTICAÅ¡AG, EIA (0058001)	87337	CPT	outpatient			147		13.78 Horizon	NJ Health		12.23				11.98		139.65 fee schedule	
ENTAMOEBA HISTOLYTICAÅ¡AG, EIA (0058001)	87337	CPT	outpatient			147		13.78 Horizon	Medicare Blue		44.1	30			11.98		139.65 percent of total billed charges	
ENTAMOEBA HISTOLYTICAÅ¡AG, EIA (0058001)	87337	CPT	outpatient			147		13.78 Horizon	PPO		56.27	38.28			11.98		139.65 percent of total billed charges	
ENTAMOEBA HISTOLYTICAÅ¡AG, EIA (0058001)	87337	CPT	outpatient			147		13.78 Managed Care Inc	Managed Care Inc		132.3	90			11.98		139.65 percent of total billed charges	
ENTAMOEBA HISTOLYTICAÅ¡AG, EIA (0058001)	87337	CPT	outpatient			147		13.78 Multiplan	Multiplan		117.6	80			11.98		139.65 percent of total billed charges	
ENTAMOEBA HISTOLYTICAÅ¡AG, EIA (0058001)	87337	CPT	outpatient			147		13.78 Qualcare	Qualcare		110.25	75			11.98		139.65 percent of total billed charges	
ENTAMOEBA HISTOLYTICAÅ¡AG, EIA (0058001)	87337	CPT	outpatient			147		13.78 Three Rivers	Three Rivers		139.65	95			11.98		139.65 percent of total billed charges	
ENTAMOEBA HISTOLYTICAÅ¡AG, EIA (0058001)	87337	CPT	outpatient			147		13.78 UHC	Medicaid		46.38	31.55			11.98		139.65 percent of total billed charges	
ENTAMOEBA HISTOLYTICAÅ¡AG, EIA (0058001)	87337	CPT	outpatient			147		13.78 UHC	Medicare		11.98				11.98		139.65 fee schedule	
ENTAMOEBA HISTOLYTICAÅ¡AG, EIA (0058001)	87337	CPT	outpatient			147		13.78 Wellcare	Medicare		11.98				11.98		139.65 fee schedule	
ENTAMOEBA HISTOLYTICAÅ¡AG, EIA (0058001)	87337	CPT	outpatient			147		13.78 Wellcare	Medicaid		46.38	31.55			11.98		139.65 percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101191	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ENTAMOEBA HISTOLYTICA¸AG, EIA (0058001)	87337	CPT	outpatient			147		WellPoint	WellPoint		47.3	32.18			11.98		158.65 percent of total billed charges	
HELICOBACTER PYLORI,STOOL,AG	87338	CPT	both			160		16.54 Aetna	Better Health		50.48	31.55			14.38		152 percent of total billed charges	
HELICOBACTER PYLORI,STOOL,AG	87338	CPT	both			160		16.54 Aetna	Medicare		14.38				14.38		152 fee schedule	
HELICOBACTER PYLORI,STOOL,AG	87338	CPT	both			160		16.54 Aetna	Commercial		60.8	38			14.38		152 percent of total billed charges	
HELICOBACTER PYLORI,STOOL,AG	87338	CPT	both			160		16.54 Americare	Americare		120	75			14.38		152 percent of total billed charges	
HELICOBACTER PYLORI,STOOL,AG	87338	CPT	both			160		16.54 Amerihealth	Medicare		14.38				14.38		152 fee schedule	
HELICOBACTER PYLORI,STOOL,AG	87338	CPT	both			160		16.54 Amerihealth	HMO/PPO		104	65			14.38		152 percent of total billed charges	
HELICOBACTER PYLORI,STOOL,AG	87338	CPT	both			160		16.54 Consumer	Consumer		152	95			14.38		152 percent of total billed charges	
HELICOBACTER PYLORI,STOOL,AG	87338	CPT	both			160		16.54 Corrections	Corrections		128	80			14.38		152 percent of total billed charges	
HELICOBACTER PYLORI,STOOL,AG	87338	CPT	both			160		16.54 First Health	First Health		112	70			14.38		152 percent of total billed charges	
HELICOBACTER PYLORI,STOOL,AG	87338	CPT	both			160		16.54 First Trenton	First Trenton		144	90			14.38		152 percent of total billed charges	
HELICOBACTER PYLORI,STOOL,AG	87338	CPT	both			160		16.54 Horizon	Medicare Blue		48	30			14.38		152 percent of total billed charges	
HELICOBACTER PYLORI,STOOL,AG	87338	CPT	both			160		16.54 Horizon	PPO		61.25	38.28			14.38		152 percent of total billed charges	
HELICOBACTER PYLORI,STOOL,AG	87338	CPT	both			160		16.54 Horizon	MGD		61.25	38.28			14.38		152 percent of total billed charges	
HELICOBACTER PYLORI,STOOL,AG	87338	CPT	both			160		16.54 Horizon	NJ Health		15.97				14.38		152 fee schedule	
HELICOBACTER PYLORI,STOOL,AG	87338	CPT	both			160		16.54 Horizon	Indemnity		61.25	38.28			14.38		152 percent of total billed charges	
HELICOBACTER PYLORI,STOOL,AG	87338	CPT	both			160		16.54 Managed Care Inc	Managed Care Inc		144	90			14.38		152 percent of total billed charges	
HELICOBACTER PYLORI,STOOL,AG	87338	CPT	both			160		16.54 Multiplan	Multiplan		128	80			14.38		152 percent of total billed charges	
HELICOBACTER PYLORI,STOOL,AG	87338	CPT	both			160		16.54 Qualcare	Qualcare		120	75			14.38		152 percent of total billed charges	
HELICOBACTER PYLORI,STOOL,AG	87338	CPT	both			160		16.54 Three Rivers	Three Rivers		152	95			14.38		152 percent of total billed charges	
HELICOBACTER PYLORI,STOOL,AG	87338	CPT	both			160		16.54 UHC	Medicare		14.38				14.38		152 fee schedule	
HELICOBACTER PYLORI,STOOL,AG	87338	CPT	both			160		16.54 UHC	Medicaid		50.48	31.55			14.38		152 percent of total billed charges	
HELICOBACTER PYLORI,STOOL,AG	87338	CPT	both			160		16.54 Wellcare	Medicaid		50.48	31.55			14.38		152 percent of total billed charges	
HELICOBACTER PYLORI,STOOL,AG	87338	CPT	both			160		16.54 Wellcare	Medicare		14.38				14.38		152 fee schedule	
HELICOBACTER PYLORI,STOOL,AG	87338	CPT	both			160		16.54 WellPoint	WellPoint		51.49	32.18			14.38		152 percent of total billed charges	
HEPATITIS B SURFACE LAB	87340	CPT	both			96		11.88 Aetna	Medicare		29.57	30.8			7.5		91.2 percent of total billed charges	
HEPATITIS B SURFACE LAB	87340	CPT	both			96		11.88 Aetna	Commercial		36.48	38			7.5		91.2 percent of total billed charges	
HEPATITIS B SURFACE LAB	87340	CPT	both			96		11.88 Aetna	Better Health		30.29	31.55			7.5		91.2 percent of total billed charges	
HEPATITIS B SURFACE LAB	87340	CPT	both			96		11.88 Americare	Americare		72	75			7.5		91.2 percent of total billed charges	
HEPATITIS B SURFACE LAB	87340	CPT	both			96		11.88 Amerihealth	HMO/PPO		62.4	65			7.5		91.2 percent of total billed charges	
HEPATITIS B SURFACE LAB	87340	CPT	both			96		11.88 Amerihealth	Medicare		10.33				7.5		91.2 fee schedule	
HEPATITIS B SURFACE LAB	87340	CPT	both			96		11.88 Consumer	Consumer		91.2	95			7.5		91.2 percent of total billed charges	
HEPATITIS B SURFACE LAB	87340	CPT	both			96		11.88 Corrections	Corrections		76.8	80			7.5		91.2 percent of total billed charges	
HEPATITIS B SURFACE LAB	87340	CPT	both			96		11.88 First Health	First Health		67.2	70			7.5		91.2 percent of total billed charges	
HEPATITIS B SURFACE LAB	87340	CPT	both			96		11.88 First Trenton	First Trenton		86.4	90			7.5		91.2 percent of total billed charges	
HEPATITIS B SURFACE LAB	87340	CPT	both			96		11.88 Horizon	Medicare Blue		28.8	30			7.5		91.2 percent of total billed charges	
HEPATITIS B SURFACE LAB	87340	CPT	both			96		11.88 Horizon	Indemnity		36.75	38.28			7.5		91.2 percent of total billed charges	
HEPATITIS B SURFACE LAB	87340	CPT	both			96		11.88 Horizon	NJ Health		27.44				7.5		91.2 fee schedule	
HEPATITIS B SURFACE LAB	87340	CPT	both			96		11.88 Horizon	MGD		36.75	38.28			7.5		91.2 percent of total billed charges	
HEPATITIS B SURFACE LAB	87340	CPT	both			96		11.88 Horizon	PPO		36.75	38.28			7.5		91.2 percent of total billed charges	
HEPATITIS B SURFACE LAB	87340	CPT	both			96		11.88 Managed Care Inc	Managed Care Inc		86.4	90			7.5		91.2 percent of total billed charges	
HEPATITIS B SURFACE LAB	87340	CPT	both			96		11.88 Multiplan	Multiplan		76.8	80			7.5		91.2 percent of total billed charges	
HEPATITIS B SURFACE LAB	87340	CPT	both			96		11.88 Qualcare	Qualcare		72	75			7.5		91.2 percent of total billed charges	
HEPATITIS B SURFACE LAB	87340	CPT	both			96		11.88 Three Rivers	Three Rivers		91.2	95			7.5		91.2 percent of total billed charges	
HEPATITIS B SURFACE LAB	87340	CPT	both			96		11.88 UHC	Medicare		10.33				7.5		91.2 fee schedule	
HEPATITIS B SURFACE LAB	87340	CPT	both			96		11.88 UHC	Medicaid		30.29	31.55			7.5		91.2 percent of total billed charges	
HEPATITIS B SURFACE LAB	87340	CPT	both			96		11.88 Wellcare	Medicaid		30.29	31.55			7.5		91.2 percent of total billed charges	
HEPATITIS B SURFACE LAB	87340	CPT	both			96		11.88 Wellcare	Medicare		10.33				7.5		91.2 fee schedule	
HEPATITIS B SURFACE LAB	87340	CPT	both			96		11.88 WellPoint	WellPoint		30.89	32.18			7.5		91.2 percent of total billed charges	
HEPATITIS BE ANTIGEN	87350	CPT	both			68		13.26 Aetna	Medicare		11.53				7.8		64.6 fee schedule	
HEPATITIS BE ANTIGEN	87350	CPT	both			68		13.26 Aetna	Better Health		21.45	31.55			7.8		64.6 percent of total billed charges	
HEPATITIS BE ANTIGEN	87350	CPT	both			68		13.26 Aetna	Commercial		25.84	38			7.8		64.6 percent of total billed charges	
HEPATITIS BE ANTIGEN	87350	CPT	both			68		13.26 Americare	Americare		51	75			7.8		64.6 percent of total billed charges	
HEPATITIS BE ANTIGEN	87350	CPT	both			68		13.26 Amerihealth	HMO/PPO		44.2	65			7.8		64.6 percent of total billed charges	
HEPATITIS BE ANTIGEN	87350	CPT	both			68		13.26 Amerihealth	Medicare		11.53				7.8		64.6 fee schedule	
HEPATITIS BE ANTIGEN	87350	CPT	both			68		13.26 Consumer	Consumer		64.6	95			7.8		64.6 percent of total billed charges	
HEPATITIS BE ANTIGEN	87350	CPT	both			68		13.26 Corrections	Corrections		54.4	80			7.8		64.6 percent of total billed charges	
HEPATITIS BE ANTIGEN	87350	CPT	both			68		13.26 First Health	First Health		47.6	70			7.8		64.6 percent of total billed charges	
HEPATITIS BE ANTIGEN	87350	CPT	both			68		13.26 First Trenton	First Trenton		61.2	90			7.8		64.6 percent of total billed charges	
HEPATITIS BE ANTIGEN	87350	CPT	both			68		13.26 Horizon	MGD		26.03	38.28			7.8		64.6 percent of total billed charges	
HEPATITIS BE ANTIGEN	87350	CPT	both			68		13.26 Horizon	Indemnity		26.03	38.28			7.8		64.6 percent of total billed charges	
HEPATITIS BE ANTIGEN	87350	CPT	both			68		13.26 Horizon	Medicare Blue		20.4	30			7.8		64.6 percent of total billed charges	
HEPATITIS BE ANTIGEN	87350	CPT	both			68		13.26 Horizon	NJ Health		12.8				7.8		64.6 fee schedule	
HEPATITIS BE ANTIGEN	87350	CPT	both			68		13.26 Horizon	PPO		26.03	38.28			7.8		64.6 percent of total billed charges	
HEPATITIS BE ANTIGEN	87350	CPT	both			68		13.26 Managed Care Inc	Managed Care Inc		61.2	90			7.8		64.6 percent of total billed charges	
HEPATITIS BE ANTIGEN	87350	CPT	both			68		13.26 Multiplan	Multiplan		54.4	80			7.8		64.6 percent of total billed charges	
HEPATITIS BE ANTIGEN	87350	CPT	both			68		13.26 Qualcare	Qualcare		51	75			7.8		64.6 percent of total billed charges	
HEPATITIS BE ANTIGEN	87350	CPT	both			68		13.26 Three Rivers	Three Rivers		64.6	95			7.8		64.6 percent of total billed charges	
HEPATITIS BE ANTIGEN	87350	CPT	both			68		13.26 UHC	Medicare		11.53				7.8		64.6 fee schedule	
HEPATITIS BE ANTIGEN	87350	CPT	both			68		13.26 UHC	Medicaid		21.45	31.55			7.8		64.6 percent of total billed charges	
HEPATITIS BE ANTIGEN	87350	CPT	both			68		13.26 Wellcare	Medicaid		21.45	31.55			7.8		64.6 percent of total billed charges	
HEPATITIS BE ANTIGEN	87350	CPT	both			68		13.26 Wellcare	Medicare		11.53				7.8		64.6 fee schedule	
HEPATITIS BE ANTIGEN	87350	CPT	both			68		13.26 WellPoint	WellPoint		21.88	32.18			7.8		64.6 percent of total billed charges	
HEPATITIS D IGG	87380	CPT	both			269		21.11 Aetna	Better Health		84.87	31.55			18.23		255.55 percent of total billed charges	
HEPATITIS D IGG	87380	CPT	both			269		21.11 Aetna	Medicare		16.36				18.23		255.55 fee schedule	
HEPATITIS D IGG	87380	CPT	both			269		21.11 Aetna	Commercial		102.22	38			18.23		255.55 percent of total billed charges	
HEPATITIS D IGG	87380	CPT	both			269		21.11 Americare	Americare		201.75	75			18.23		255.55 percent of total billed charges	
HEPATITIS D IGG	87380	CPT	both			269		21.11 Amerihealth	Medicare		18.36				18.23		255.55 fee schedule	
HEPATITIS D IGG	87380	CPT	both			269		21.11 Amerihealth	HMO/PPO		174.85	65			18.23		255.55 percent of total billed charges	
HEPATITIS D IGG	87380	CPT	both			269		21.11 Consumer	Consumer		255.55	95			18.23		255.55 percent of total billed charges	
HEPATITIS D IGG	87380	CPT	both			269		21.11 Corrections	Corrections		215.2	80			18.23		255.55 percent of total billed charges	
HEPATITIS D IGG	87380	CPT	both			269		21.11 First Health	First Health		188.3	70			18.23		255.55 percent of total billed charges	
HEPATITIS D IGG	87380	CPT	both			269		21.11 First Trenton	First Trenton		242.1	90			18.23		255.55 percent of total billed charges	
HEPATITIS D IGG	87380	CPT	both			269		21.11 Horizon	Medicare Blue		80.7	30			18.23		255.55 percent of total billed charges	
HEPATITIS D IGG	87380	CPT	both			269		21.11 Horizon	NJ Health		18.23				18.23		255.55 fee schedule	
HEPATITIS D IGG	87380	CPT	both			269		21.11 Horizon	MGD		102.97	38.28			18.23		255.55 percent of total billed charges	
HEPATITIS D IGG	87380	CPT	both			269		21.11 Horizon	Indemnity		102.97	38.28			18.23		255.55 percent of total billed charges	
HEPATITIS D IGG	87380	CPT	both			269		21.11 Horizon	PPO		102.97	38.28			18.23		255.55 percent of total billed charges	
HEPATITIS D IGG	87380	CPT	both			269		21.11 Managed Care Inc	Managed Care Inc		242.1	90			18.23		255.55 percent of total billed charges	
HEPATITIS D IGG	87380	CPT	both			269		21.11 Multiplan	Multiplan		215.2	80			18.23		255.55 percent of total billed charges	
HEPATITIS D IGG	87380	CPT	both			269		21.11 Qualcare	Qualcare		201.75	75			18.23		255.55 percent of total billed charges	
HEPATITIS D IGG	87380	CPT	both			269		21.11 Three Rivers	Three Rivers		255.55	95			18.23		255.55 percent of total billed charges	
HEPATITIS D IGG	87380	CPT	both			269		21.11 UHC	Medicare		18.36				18.23		255.55 fee schedule	
HEPATITIS D IGG	87380	CPT	both			269		21.11 UHC	Medicaid		84.87	31.55			18.23		255.55 percent of total billed charges	
HEPATITIS D IGG	87380	CPT	both			269		21.11 Wellcare	Medicaid		84.87	31.55			18.23		255.55 percent of total billed charges	
HEPATITIS D IGG	87380	CPT	both			269		21.11 Wellcare	Medicare		18.36				18.23		255.55 fee schedule	
HEPATITIS D IGG	87380	CPT	both			269		21.11 WellPoint	WellPoint		86.56	32.18			18.23		255.55 percent of total billed charges	
HISTOPLASMA GALACTOMANNAN AG, SERUM	87385	CPT	both			201		15.24 Aetna	Better Health		63.42	31.55			12.23		190.95 percent of total billed charges	
HISTOPLASMA GALACTOMANNAN AG, SERUM	87385	CPT	both			201		15.24 Aetna	Commercial		76.38	38			12.23		190.95 percent of total billed charges	
HISTOPLASMA GALACTOMANNAN AG, SERUM	87385	CPT	both			201		15.24 Aetna	Medicare		13.25				12.23		190.95 fee schedule	
HISTOPLASMA GALACTOMANNAN AG, SERUM	87385	CPT	both			201		15.24 Americare	Americare		150.75	75			12.23		190.95 percent of total billed charges	
HISTOPLASMA GALACTOMANNAN AG, SERUM	87385	CPT	both			201		15.24 Amerihealth	Medicare		13.25				12.23		190.95 fee schedule	
HISTOPLASMA GALACTOMANNAN AG, SERUM	87385	CPT	both			201		15.24 Amerihealth	HMO/PPO		130.65	65			12.23		190.95 percent of total billed charges	
HISTOPLASMA GALACTOMANNAN AG, SERUM	87385	CPT	both			201		15.24 Consumer	Consumer		190.95	95			12.23		190.95 percent of total billed charges	
HISTOPLASMA GALACTOMANNAN AG, SERUM	87385	CPT	both			201		15.24 Corrections	Corrections		160.8	80			12.23		190.95 percent of total billed charges	
HISTOPLASMA GALACTOMANNAN AG, SERUM	87385	CPT	both			201		15.24 First Health	First Health		140.7	70			12.23		190.95 percent of total billed charges	
HISTOPLASMA GALACTOMANNAN AG, SERUM	87385	CPT	both			201		15.24 First Trenton	First Trenton		180.9	90			12.23		190.95 percent of total billed charges	
HISTOPLASMA GALACTOMANNAN AG, SERUM	87385	CPT	both			201		15.24 Horizon	NJ Health		12.23				12.23		190.95 fee schedule	
HISTOPLASMA GALACTOMANNAN AG, SERUM	87385	CPT	both			201		15.24 Horizon	Medicare Blue		60.3	30			12.23		190.95 percent of total billed charges	
HISTOPLASMA GALACTOMANNAN AG, SERUM	87385	CPT	both			201		15.24 Horizon	Indemnity		76.94	38.28			12.23		190.95 percent of total billed charges	
HISTOPLASMA GALACTOMANNAN AG, SERUM	87385	CPT	both			201		15.24 Horizon	MGD		76.94	38.28			12.23		190.95 percent of total billed charges	
HISTOPLASMA GALACTOMANNAN AG, SERUM	87385	CPT	both			201		15.24 Horizon	PPO		76.94	38.28			12.23		190.95 percent of total billed charges	
HISTOPLASMA GALACTOMANNAN AG, SERUM	87385	CPT	both			201		15.24 Managed Care Inc	Managed Care Inc		180.9	90			12.23		190.95 percent of total billed charges	
HISTOPLASMA GALACTOMANNAN AG, SERUM	87385	CPT	both			201		15.24 Multiplan	Multiplan		160.8	80			12.23		190.95 percent of total billed charges	
HISTOPLASMA GALACTOMANNAN AG, SERUM	87385	CPT	both			201		15.24 Qualcare	Qualcare		150.75	75			12.23		190.95 percent of total billed charges	
HISTOPLASMA GALACTOMANNAN AG, SERUM	87385	CPT	both			201		15.24 Three Rivers	Three Rivers		190.95	95			12.23		190.95 percent of total billed charges	
HISTOPLASMA GALACTOMANNAN AG, SERUM	87385	CPT	both			201		15.24 UHC	Medicaid		63.42	31.55			12.23		190.95 percent of total billed charges	
HISTOPLASMA GALACTOMANNAN AG, SERUM	87385	CPT	both			201		15.24 UHC	Medicare		13.25				12.23		190.95 fee schedule	
HISTOPLASMA GALACTOMANNAN AG, SERUM	87385	CPT	both			201		15.24 Wellcare	Medicaid		63.42	31.55			12.23		190.95 percent of total billed charges	
HISTOPLASMA GALACTOMANNAN AG, SERUM	87385	CPT	both			201		15.24 Wellcare	Medicare		13.25				12.23		190.95 fee schedule	
HISTOPLASMA GALACTOMANNAN AG, SERUM	87385	CPT	both			201		15.24 WellPoint	WellPoint		64.68	32.18			12.23		190.95 percent of total billed charges	
PANEL 083935	87389	CPT	both			196		27.69 Aetna	Commercial		74.48	38			16.2		186.2 percent of total billed charges	
PANEL 083935	87389	CPT	both			196		27.69 Aetna	Medicare		24.08				16.2		186.2 fee schedule	
PANEL 083935	87389	CPT	both			196		27.69 Aetna	Better Health		61.84	31.55			16.2		186.2 percent of total billed charges	
PANEL 083935	87389	CPT	both			196		27.69 Americare	Americare		147	75			16.2		186.2 percent of total billed charges	
PANEL 083935	87389	CPT	both			196		27.69 Amerihealth	HMO/PPO		127.4	65			16.2		186.2 percent of total billed charges	
PANEL 083935	87389	CPT	both			196		27.69 Amerihealth	Medicare		24.08				16.2		186.2 fee schedule	
PANEL 083935	87389	CPT	both			196		27.69 Consumer	Consumer		186.2	95			16.2		186.2 percent of total billed charges	
PANEL 083935	87389	CPT	both			196		27.69 Corrections	Corrections		156.8	80			16.2		186.2 percent of total billed charges	
PANEL 083935	87389	CPT	both			196		27.69 First Health	First Health		137.2	70			16.2		186.2 percent of total billed charges	
PANEL 083935	87389	CPT	both			196		27.69 First Trenton	First Trenton		176.4	90			16.2		186.2 percent of total billed charges	
PANEL 083935	87389	CPT	both			196		27.69 Horizon	Medicare Blue		58.8	30			16.2		186.2 percent of total billed charges	
PANEL 083935	87389	CPT	both			196		27.69 Horizon	Indemnity		75.03	38.28			16.2		186.2 percent of total billed charges	
PANEL 083935	87389	CPT	both			196		27.69 Horizon	MGD		75.03	38.28			16.2		186.2 percent of total billed charges	
PANEL 083935	87389	CPT	both			196		27.69 Horizon	NJ Health		26.75				16.2		186.2 fee schedule	
PANEL 083935	87389	CPT	both			196		27.69 Horizon	PPO		75.03	38.28			16.2		186.2 percent of total billed charges	
PANEL 083935	87389	CPT	both			196		27.69 Managed Care Inc	Managed Care Inc		176.4	90			16.2		186.2 percent of total billed charges	
PANEL 083935	87389	CPT	both			196		27.69 Multiplan	Multiplan		156.8	80			16.2		186.2 percent of total billed charges	
PANEL 083935	87389	CPT	both			196		27.69 Qualcare	Qualcare		147	75			16.2		186.2 percent of total billed charges	
PANEL 083935	87389	CPT	both			196		27.69 Three Rivers	Three Rivers		186.2	95			16.2		186.2 percent of total billed charges	
PANEL 083935	87389	CPT	both			196		27.69 UHC	Medicare		24.08				16.2		186.2 fee schedule	
PANEL 083935	87389	CPT	both			196		27.69 UHC	Medicaid		61.84	31.55			16.2		186.2 percent of total billed charges	
PANEL 083935	87389	CPT	both			196		27.69 Wellcare	Medicaid		61.84	31.55			16.2		186.2 percent of total billed charges	
PANEL 083935	87389	CPT	both			196		27.69 Wellcare	Medicare		24.08				16.2		186.2 fee schedule	
PANEL 083935	87389	CPT	both			196		27.69 WellPoint	WellPoint		63.07	32.18			16.2		186.2 percent of total billed charges	
HIV-1	87390	CPT	outpatient			901		27.67 Aetna	Better Health		284.27	31.55			19.6		855.95 percent of total billed charges	
HIV-1	87390	CPT	outpatient			901		27.67 Aetna	Medicare		24.06				19.6		855.95 fee schedule	
HIV-1	87390	CPT	outpatient			901		27.67 Aetna	Commercial		342.38	38			19.6		855.95 percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
HIV-1	87390	CPT	outpatient			901	27.67	Americare	Americare		675.75	75			19.6		855.95 percent of total billed charges	
HIV-1	87390	CPT	outpatient			901	27.67	Amerihealth	Medicare		24.06				19.6		855.95 fee schedule	
HIV-1	87390	CPT	outpatient			901	27.67	Amerihealth	HMO/PPO		585.65	65			19.6		855.95 percent of total billed charges	
HIV-1	87390	CPT	outpatient			901	27.67	Consumer	Consumer		855.95	95			19.6		855.95 percent of total billed charges	
HIV-1	87390	CPT	outpatient			901	27.67	Corrections	Corrections		720.8	80			19.6		855.95 percent of total billed charges	
HIV-1	87390	CPT	outpatient			901	27.67	First Health	First Health		630.7	70			19.6		855.95 percent of total billed charges	
HIV-1	87390	CPT	outpatient			901	27.67	First Trenton	First Trenton		810.9	90			19.6		855.95 percent of total billed charges	
HIV-1	87390	CPT	outpatient			901	27.67	Horizon	Medicare Blue		270.3	30			19.6		855.95 percent of total billed charges	
HIV-1	87390	CPT	outpatient			901	27.67	Horizon	NJ Health		19.6				19.6		855.95 fee schedule	
HIV-1	87390	CPT	outpatient			901	27.67	Horizon	MGD		344.9	38.28			19.6		855.95 percent of total billed charges	
HIV-1	87390	CPT	outpatient			901	27.67	Horizon	Indemnity		344.9	38.28			19.6		855.95 percent of total billed charges	
HIV-1	87390	CPT	outpatient			901	27.67	Horizon	PPO		344.9	38.28			19.6		855.95 percent of total billed charges	
HIV-1	87390	CPT	outpatient			901	27.67	Managed Care Inc	Managed Care Inc		810.9	90			19.6		855.95 percent of total billed charges	
HIV-1	87390	CPT	outpatient			901	27.67	Multiplan	Multiplan		720.8	80			19.6		855.95 percent of total billed charges	
HIV-1	87390	CPT	outpatient			901	27.67	Qualcare	Qualcare		675.75	75			19.6		855.95 percent of total billed charges	
HIV-1	87390	CPT	outpatient			901	27.67	Three Rivers	Three Rivers		855.95	95			19.6		855.95 percent of total billed charges	
HIV-1	87390	CPT	outpatient			901	27.67	UHC	Medicaid		284.27	31.55			19.6		855.95 percent of total billed charges	
HIV-1	87390	CPT	outpatient			901	27.67	UHC	Medicare		24.06				19.6		855.95 fee schedule	
HIV-1	87390	CPT	outpatient			901	27.67	Wellcare	Medicare		24.06				19.6		855.95 fee schedule	
HIV-1	87390	CPT	outpatient			901	27.67	Wellcare	Medicaid		284.27	31.55			19.6		855.95 percent of total billed charges	
HIV-1	87390	CPT	outpatient			901	27.67	WellPoint	WellPoint		289.94	32.18			19.6		855.95 percent of total billed charges	
AB, HIV-2	87391	CPT	both			97	25.19	Aetna	Commercial		36.86	38			21.9		92.15 percent of total billed charges	
AB, HIV-2	87391	CPT	both			97	25.19	Aetna	Better Health		30.6	31.55			21.9		92.15 percent of total billed charges	
AB, HIV-2	87391	CPT	both			97	25.19	Aetna	Medicare		21.9				21.9		92.15 fee schedule	
AB, HIV-2	87391	CPT	both			97	25.19	Americare	Americare		72.75	75			21.9		92.15 percent of total billed charges	
AB, HIV-2	87391	CPT	both			97	25.19	Amerihealth	HMO/PPO		63.05	65			21.9		92.15 percent of total billed charges	
AB, HIV-2	87391	CPT	both			97	25.19	Amerihealth	Medicare		21.9				21.9		92.15 fee schedule	
AB, HIV-2	87391	CPT	both			97	25.19	Consumer	Consumer		92.15	95			21.9		92.15 percent of total billed charges	
AB, HIV-2	87391	CPT	both			97	25.19	Corrections	Corrections		77.6	80			21.9		92.15 percent of total billed charges	
AB, HIV-2	87391	CPT	both			97	25.19	First Health	First Health		67.9	70			21.9		92.15 percent of total billed charges	
AB, HIV-2	87391	CPT	both			97	25.19	First Trenton	First Trenton		87.3	90			21.9		92.15 percent of total billed charges	
AB, HIV-2	87391	CPT	both			97	25.19	Horizon	MGD		37.13	38.28			21.9		92.15 percent of total billed charges	
AB, HIV-2	87391	CPT	both			97	25.19	Horizon	Indemnity		37.13	38.28			21.9		92.15 percent of total billed charges	
AB, HIV-2	87391	CPT	both			97	25.19	Horizon	Medicare Blue		29.1	30			21.9		92.15 percent of total billed charges	
AB, HIV-2	87391	CPT	both			97	25.19	Horizon	NJ Health		44.84				21.9		92.15 fee schedule	
AB, HIV-2	87391	CPT	both			97	25.19	Horizon	PPO		37.13	38.28			21.9		92.15 percent of total billed charges	
AB, HIV-2	87391	CPT	both			97	25.19	Managed Care Inc	Managed Care Inc		87.3	90			21.9		92.15 percent of total billed charges	
AB, HIV-2	87391	CPT	both			97	25.19	Multiplan	Multiplan		77.6	80			21.9		92.15 percent of total billed charges	
AB, HIV-2	87391	CPT	both			97	25.19	Qualcare	Qualcare		72.75	75			21.9		92.15 percent of total billed charges	
AB, HIV-2	87391	CPT	both			97	25.19	Three Rivers	Three Rivers		92.15	95			21.9		92.15 percent of total billed charges	
AB, HIV-2	87391	CPT	both			97	25.19	UHC	Medicaid		30.6	31.55			21.9		92.15 percent of total billed charges	
AB, HIV-2	87391	CPT	both			97	25.19	UHC	Medicare		21.9				21.9		92.15 fee schedule	
AB, HIV-2	87391	CPT	both			97	25.19	Wellcare	Medicaid		30.6	31.55			21.9		92.15 percent of total billed charges	
AB, HIV-2	87391	CPT	both			97	25.19	Wellcare	Medicare		21.9				21.9		92.15 fee schedule	
AB, HIV-2	87391	CPT	both			97	25.19	WellPoint	WellPoint		31.21	32.18			21.9		92.15 percent of total billed charges	
INFLUENZA A OR B, AG BY EIA, EACH	87400	CPT	outpatient			81	16.25	Aetna	Better Health		25.96	31.55			12.23		76.95 percent of total billed charges	
INFLUENZA A OR B, AG BY EIA, EACH	87400	CPT	outpatient			81	16.25	Aetna	Commercial		30.78	38			12.23		76.95 percent of total billed charges	
INFLUENZA A OR B, AG BY EIA, EACH	87400	CPT	outpatient			81	16.25	Aetna	Medicare		24.95	30.8			12.23		76.95 percent of total billed charges	
INFLUENZA A OR B, AG BY EIA, EACH	87400	CPT	outpatient			81	16.25	Americare	Americare		60.75	75			12.23		76.95 percent of total billed charges	
INFLUENZA A OR B, AG BY EIA, EACH	87400	CPT	outpatient			81	16.25	Amerihealth	HMO/PPO		52.65	65			12.23		76.95 percent of total billed charges	
INFLUENZA A OR B, AG BY EIA, EACH	87400	CPT	outpatient			81	16.25	Amerihealth	Medicare		14.13				12.23		76.95 fee schedule	
INFLUENZA A OR B, AG BY EIA, EACH	87400	CPT	outpatient			81	16.25	Consumer	Consumer		76.95	95			12.23		76.95 percent of total billed charges	
INFLUENZA A OR B, AG BY EIA, EACH	87400	CPT	outpatient			81	16.25	Corrections	Corrections		64.8	80			12.23		76.95 percent of total billed charges	
INFLUENZA A OR B, AG BY EIA, EACH	87400	CPT	outpatient			81	16.25	First Health	First Health		56.7	70			12.23		76.95 percent of total billed charges	
INFLUENZA A OR B, AG BY EIA, EACH	87400	CPT	outpatient			81	16.25	First Trenton	First Trenton		72.9	90			12.23		76.95 percent of total billed charges	
INFLUENZA A OR B, AG BY EIA, EACH	87400	CPT	outpatient			81	16.25	Horizon	MGD		31.01	38.28			12.23		76.95 percent of total billed charges	
INFLUENZA A OR B, AG BY EIA, EACH	87400	CPT	outpatient			81	16.25	Horizon	Indemnity		31.01	38.28			12.23		76.95 percent of total billed charges	
INFLUENZA A OR B, AG BY EIA, EACH	87400	CPT	outpatient			81	16.25	Horizon	Medicare Blue		24.3	30			12.23		76.95 percent of total billed charges	
INFLUENZA A OR B, AG BY EIA, EACH	87400	CPT	outpatient			81	16.25	Horizon	NJ Health		12.23				12.23		76.95 fee schedule	
INFLUENZA A OR B, AG BY EIA, EACH	87400	CPT	outpatient			81	16.25	Horizon	PPO		31.01	38.28			12.23		76.95 percent of total billed charges	
INFLUENZA A OR B, AG BY EIA, EACH	87400	CPT	outpatient			81	16.25	Managed Care Inc	Managed Care Inc		72.9	90			12.23		76.95 percent of total billed charges	
INFLUENZA A OR B, AG BY EIA, EACH	87400	CPT	outpatient			81	16.25	Multiplan	Multiplan		64.8	80			12.23		76.95 percent of total billed charges	
INFLUENZA A OR B, AG BY EIA, EACH	87400	CPT	outpatient			81	16.25	Qualcare	Qualcare		60.75	75			12.23		76.95 percent of total billed charges	
INFLUENZA A OR B, AG BY EIA, EACH	87400	CPT	outpatient			81	16.25	Three Rivers	Three Rivers		76.95	95			12.23		76.95 percent of total billed charges	
INFLUENZA A OR B, AG BY EIA, EACH	87400	CPT	outpatient			81	16.25	UHC	Medicare		14.13				12.23		76.95 fee schedule	
INFLUENZA A OR B, AG BY EIA, EACH	87400	CPT	outpatient			81	16.25	UHC	Medicaid		25.56	31.55			12.23		76.95 percent of total billed charges	
INFLUENZA A OR B, AG BY EIA, EACH	87400	CPT	outpatient			81	16.25	Wellcare	Medicaid		25.56	31.55			12.23		76.95 percent of total billed charges	
INFLUENZA A OR B, AG BY EIA, EACH	87400	CPT	outpatient			81	16.25	Wellcare	Medicare		14.13				12.23		76.95 fee schedule	
INFLUENZA A OR B, AG BY EIA, EACH	87400	CPT	outpatient			81	16.25	WellPoint	WellPoint		26.07	32.18			12.23		76.95 percent of total billed charges	
ROTAVIRUS	87425	CPT	inpatient			91	13.78	Aetna	Better Health		28.71	31.55			11.98		86.45 percent of total billed charges	
ROTAVIRUS	87425	CPT	inpatient			91	13.78	Aetna	Commercial		34.58	38			11.98		86.45 percent of total billed charges	
ROTAVIRUS	87425	CPT	inpatient			91	13.78	Aetna	Medicare		28.03	30.8			11.98		86.45 percent of total billed charges	
ROTAVIRUS	87425	CPT	inpatient			91	13.78	Americare	Americare		68.25	75			11.98		86.45 percent of total billed charges	
ROTAVIRUS	87425	CPT	inpatient			91	13.78	Amerihealth	HMO/PPO		59.15	65			11.98		86.45 percent of total billed charges	
ROTAVIRUS	87425	CPT	inpatient			91	13.78	Amerihealth	Medicare		11.98				11.98		86.45 fee schedule	
ROTAVIRUS	87425	CPT	inpatient			91	13.78	Consumer	Consumer		86.45	95			11.98		86.45 percent of total billed charges	
ROTAVIRUS	87425	CPT	inpatient			91	13.78	Corrections	Corrections		72.8	80			11.98		86.45 percent of total billed charges	
ROTAVIRUS	87425	CPT	inpatient			91	13.78	First Health	First Health		63.7	70			11.98		86.45 percent of total billed charges	
ROTAVIRUS	87425	CPT	inpatient			91	13.78	First Trenton	First Trenton		81.9	90			11.98		86.45 percent of total billed charges	
ROTAVIRUS	87425	CPT	inpatient			91	13.78	Horizon	MGD		34.83	38.28			11.98		86.45 percent of total billed charges	
ROTAVIRUS	87425	CPT	inpatient			91	13.78	Horizon	Indemnity		34.83	38.28			11.98		86.45 percent of total billed charges	
ROTAVIRUS	87425	CPT	inpatient			91	13.78	Horizon	NJ Health		25.48				11.98		86.45 fee schedule	
ROTAVIRUS	87425	CPT	inpatient			91	13.78	Horizon	Medicare Blue		27.3	30			11.98		86.45 percent of total billed charges	
ROTAVIRUS	87425	CPT	inpatient			91	13.78	Horizon	PPO		34.83	38.28			11.98		86.45 percent of total billed charges	
ROTAVIRUS	87425	CPT	inpatient			91	13.78	Managed Care Inc	Managed Care Inc		81.9	90			11.98		86.45 percent of total billed charges	
ROTAVIRUS	87425	CPT	inpatient			91	13.78	Multiplan	Multiplan		72.8	80			11.98		86.45 percent of total billed charges	
ROTAVIRUS	87425	CPT	inpatient			91	13.78	Qualcare	Qualcare		68.25	75			11.98		86.45 percent of total billed charges	
ROTAVIRUS	87425	CPT	inpatient			91	13.78	Three Rivers	Three Rivers		86.45	95			11.98		86.45 percent of total billed charges	
ROTAVIRUS	87425	CPT	inpatient			91	13.78	UHC	Medicaid		28.71	31.55			11.98		86.45 percent of total billed charges	
ROTAVIRUS	87425	CPT	inpatient			91	13.78	UHC	Medicare		11.98				11.98		86.45 fee schedule	
ROTAVIRUS	87425	CPT	inpatient			91	13.78	Wellcare	Medicaid		28.71	31.55			11.98		86.45 percent of total billed charges	
ROTAVIRUS	87425	CPT	inpatient			91	13.78	Wellcare	Medicare		11.98				11.98		86.45 fee schedule	
ROTAVIRUS	87425	CPT	inpatient			91	13.78	WellPoint	WellPoint		29.28	32.18			11.98		86.45 percent of total billed charges	
SHIGA-LIKE TOXIN(ECOLI 0157	87427	CPT	both			83	13.78	Aetna	Commercial		31.54	38			11.98		78.85 percent of total billed charges	
SHIGA-LIKE TOXIN(ECOLI 0157	87427	CPT	both			83	13.78	Aetna	Better Health		26.19	31.55			11.98		78.85 percent of total billed charges	
SHIGA-LIKE TOXIN(ECOLI 0157	87427	CPT	both			83	13.78	Aetna	Medicare		25.56	30.8			11.98		78.85 percent of total billed charges	
SHIGA-LIKE TOXIN(ECOLI 0157	87427	CPT	both			83	13.78	Americare	Americare		62.25	75			11.98		78.85 percent of total billed charges	
SHIGA-LIKE TOXIN(ECOLI 0157	87427	CPT	both			83	13.78	Amerihealth	Medicare		11.98				11.98		78.85 fee schedule	
SHIGA-LIKE TOXIN(ECOLI 0157	87427	CPT	both			83	13.78	Amerihealth	HMO/PPO		53.95	65			11.98		78.85 percent of total billed charges	
SHIGA-LIKE TOXIN(ECOLI 0157	87427	CPT	both			83	13.78	Consumer	Consumer		78.85	95			11.98		78.85 percent of total billed charges	
SHIGA-LIKE TOXIN(ECOLI 0157	87427	CPT	both			83	13.78	Corrections	Corrections		66.4	80			11.98		78.85 percent of total billed charges	
SHIGA-LIKE TOXIN(ECOLI 0157	87427	CPT	both			83	13.78	First Health	First Health		58.1	70			11.98		78.85 percent of total billed charges	
SHIGA-LIKE TOXIN(ECOLI 0157	87427	CPT	both			83	13.78	First Trenton	First Trenton		74.7	90			11.98		78.85 percent of total billed charges	
SHIGA-LIKE TOXIN(ECOLI 0157	87427	CPT	both			83	13.78	Horizon	MGD		31.77	38.28			11.98		78.85 percent of total billed charges	
SHIGA-LIKE TOXIN(ECOLI 0157	87427	CPT	both			83	13.78	Horizon	Medicare Blue		24.9	30			11.98		78.85 percent of total billed charges	
SHIGA-LIKE TOXIN(ECOLI 0157	87427	CPT	both			83	13.78	Horizon	Indemnity		31.77	38.28			11.98		78.85 percent of total billed charges	
SHIGA-LIKE TOXIN(ECOLI 0157	87427	CPT	both			83	13.78	Horizon	NJ Health		12.23				11.98		78.85 fee schedule	
SHIGA-LIKE TOXIN(ECOLI 0157	87427	CPT	both			83	13.78	Horizon	PPO		31.77	38.28			11.98		78.85 percent of total billed charges	
SHIGA-LIKE TOXIN(ECOLI 0157	87427	CPT	both			83	13.78	Managed Care Inc	Managed Care Inc		74.7	90			11.98		78.85 percent of total billed charges	
SHIGA-LIKE TOXIN(ECOLI 0157	87427	CPT	both			83	13.78	Multiplan	Multiplan		66.4	80			11.98		78.85 percent of total billed charges	
SHIGA-LIKE TOXIN(ECOLI 0157	87427	CPT	both			83	13.78	Qualcare	Qualcare		62.25	75			11.98		78.85 percent of total billed charges	
SHIGA-LIKE TOXIN(ECOLI 0157	87427	CPT	both			83	13.78	Three Rivers	Three Rivers		78.85	95			11.98		78.85 percent of total billed charges	
SHIGA-LIKE TOXIN(ECOLI 0157	87427	CPT	both			83	13.78	UHC	Medicaid		26.19	31.55			11.98		78.85 percent of total billed charges	
SHIGA-LIKE TOXIN(ECOLI 0157	87427	CPT	both			83	13.78	UHC	Medicare		11.98				11.98		78.85 fee schedule	
SHIGA-LIKE TOXIN(ECOLI 0157	87427	CPT	both			83	13.78	Wellcare	Medicare		11.98				11.98		78.85 fee schedule	
SHIGA-LIKE TOXIN(ECOLI 0157	87427	CPT	both			83	13.78	Wellcare	Medicaid		26.19	31.55			11.98		78.85 percent of total billed charges	
SHIGA-LIKE TOXIN(ECOLI 0157	87427	CPT	both			83	13.78	WellPoint	WellPoint		26.71	32.18			11.98		78.85 percent of total billed charges	
RAPID GRP A STREP SCREEN	87430	CPT	both			150	19.33	Aetna	Better Health		47.33	31.55			12.23		142.5 percent of total billed charges	
RAPID GRP A STREP SCREEN	87430	CPT	both			150	19.33	Aetna	Medicare		16.81				12.23		142.5 fee schedule	
RAPID GRP A STREP SCREEN	87430	CPT	both			150	19.33	Aetna	Commercial		57	38			12.23		142.5 percent of total billed charges	
RAPID GRP A STREP SCREEN	87430	CPT	both			150	19.33	Americare	Americare		112.5	75			12.23		142.5 percent of total billed charges	
RAPID GRP A STREP SCREEN	87430	CPT	both			150	19.33	Amerihealth	HMO/PPO		97.5	65			12.23		142.5 percent of total billed charges	
RAPID GRP A STREP SCREEN	87430	CPT	both			150	19.33	Amerihealth	Medicare		16.81				12.23		142.5 fee schedule	
RAPID GRP A STREP SCREEN	87430	CPT	both			150	19.33	Consumer	Consumer		142.5	95			12.23		142.5 percent of total billed charges	
RAPID GRP A STREP SCREEN	87430	CPT	both			150	19.33	Corrections	Corrections		120	80			12.23		142.5 percent of total billed charges	
RAPID GRP A STREP SCREEN	87430	CPT	both			150	19.33	First Health	First Health		105	70			12.23		142.5 percent of total billed charges	
RAPID GRP A STREP SCREEN	87430	CPT	both			150	19.33	First Trenton	First Trenton		135	90			12.23		142.5 percent of total billed charges	
RAPID GRP A STREP SCREEN	87430	CPT	both			150	19.33	Horizon	Medicare Blue		45	30			12.23		142.5 percent of total billed charges	
RAPID GRP A STREP SCREEN	87430	CPT	both			150	19.33	Horizon	Indemnity		57.42	38.28			12.23		142.5 percent of total billed charges	
RAPID GRP A STREP SCREEN	87430	CPT	both			150	19.33	Horizon	NJ Health		12.23				12.23		142.5 fee schedule	
RAPID GRP A STREP SCREEN	87430	CPT	both			150	19.33	Horizon	PPO		57.42	38.28			12.23		142.5 percent of total billed charges	
RAPID GRP A STREP SCREEN	87430	CPT	both			150	19.33	Horizon	MGD		57.42	38.28			12.23		142.5 percent of total billed charges	
RAPID GRP A STREP SCREEN	87430	CPT	both			150	19.33	Managed Care Inc	Managed Care Inc		135	90			12.23		142.5 percent of total billed charges	
RAPID GRP A STREP SCREEN	87430	CPT	both			150	19.33	Multiplan	Multiplan		120	80			12.23		142.5 percent of total billed charges	
RAPID GRP A STREP SCREEN	87430	CPT	both			150	19.33	Qualcare	Qualcare		112.5	75			12.23		142.5 percent of total billed charges	
RAPID GRP A STREP SCREEN	87430	CPT	both			150	19.33	Three Rivers	Three Rivers		142.5	95			12.23		142.5 percent of total billed charges	
RAPID GRP A STREP SCREEN	87430	CPT	both			150	19.33	UHC	Medicaid		47.33	31.55			12.23		142.5 percent of total billed charges	
RAPID GRP A STREP SCREEN	87430	CPT	both			150	19.33	UHC	Medicare		16.81				12.23		142.5 fee schedule	
RAPID GRP A STREP SCREEN	87430	CPT	both			150	19.33	Wellcare	Medicaid		47.33	31.55			12.23		142.5 percent of total billed charges	
RAPID GRP A STREP SCREEN	87430	CPT	both			150	19.33	Wellcare	Medicare		16.81				12.23		142.5 fee schedule	
RAPID GRP A STREP SCREEN	87430	CPT	both			150	19.33	WellPoint	WellPoint		48.27	32.18			12.23		142.5 percent of total billed charges	
LEGIONELLA URINE ANTIGEN	87449	CPT	both			374	13.78	Aetna	Medicare		11.98				11.98		355.3 fee schedule	
LEGIONELLA URINE ANTIGEN	87449	CPT	both			374	13.78	Aetna	Commercial		142.12	38			11.98		355.3 percent of total billed charges	
LEGIONELLA URINE ANTIGEN	87449	CPT	both			374	13.78	Aetna	Better Health		118	31.55			11.98		355.3 percent of total billed charges	
LEGIONELLA URINE ANTIGEN	87449	CPT	both			374	13.78	Americare	Americare		280.5	75			11.98		355.3 percent of total billed charges	
LEGIONELLA URINE ANTIGEN	87449	CPT	both			374	13.78	Amerihealth	Medicare		11.98				11.98		355.3 fee schedule	
LEGIONELLA URINE ANTIGEN	87449	CPT	both			374	13.78	Amerihealth	HMO/PPO		243.1	65			11.98		355.3 percent of total billed charges	
LEGIONELLA URINE ANTIGEN	87449	CPT	both			374	13.78	Consumer	Consumer		355.3	95			11.98		355.3 percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
LEGIONELLA URINE ANTIGEN	87449	CPT	both			374	13.78	Corrections	Corrections		299.2	80			11.98	355.3	percent of total billed charges	
LEGIONELLA URINE ANTIGEN	87449	CPT	both			374	13.78	First Health	First Health		261.8	70			11.98	355.3	percent of total billed charges	
LEGIONELLA URINE ANTIGEN	87449	CPT	both			374	13.78	First Trenton	First Trenton		336.6	90			11.98	355.3	percent of total billed charges	
LEGIONELLA URINE ANTIGEN	87449	CPT	both			374	13.78	Horizon	Indemnity		143.17	38.28			11.98	355.3	percent of total billed charges	
LEGIONELLA URINE ANTIGEN	87449	CPT	both			374	13.78	Horizon	MGD		143.17	38.28			11.98	355.3	percent of total billed charges	
LEGIONELLA URINE ANTIGEN	87449	CPT	both			374	13.78	Horizon	Medicare Blue		112.2	30			11.98	355.3	percent of total billed charges	
LEGIONELLA URINE ANTIGEN	87449	CPT	both			374	13.78	Horizon	NJ Health		12.23				11.98	355.3	fee schedule	
LEGIONELLA URINE ANTIGEN	87449	CPT	both			374	13.78	Horizon	PPO		143.17	38.28			11.98	355.3	percent of total billed charges	
LEGIONELLA URINE ANTIGEN	87449	CPT	both			374	13.78	Managed Care Inc	Managed Care Inc		336.6	90			11.98	355.3	percent of total billed charges	
LEGIONELLA URINE ANTIGEN	87449	CPT	both			374	13.78	Multiplan	Multiplan		299.2	80			11.98	355.3	percent of total billed charges	
LEGIONELLA URINE ANTIGEN	87449	CPT	both			374	13.78	Qualcare	Qualcare		280.5	75			11.98	355.3	percent of total billed charges	
LEGIONELLA URINE ANTIGEN	87449	CPT	both			374	13.78	Three Rivers	Three Rivers		355.3	95			11.98	355.3	percent of total billed charges	
LEGIONELLA URINE ANTIGEN	87449	CPT	both			374	13.78	UHC	Medicaid		118	31.55			11.98	355.3	percent of total billed charges	
LEGIONELLA URINE ANTIGEN	87449	CPT	both			374	13.78	UHC	Medicare		11.98				11.98	355.3	fee schedule	
LEGIONELLA URINE ANTIGEN	87449	CPT	both			374	13.78	Wellcare	Medicare		11.98				11.98	355.3	fee schedule	
LEGIONELLA URINE ANTIGEN	87449	CPT	both			374	13.78	Wellcare	Medicaid		118	31.55			11.98	355.3	percent of total billed charges	
LEGIONELLA URINE ANTIGEN	87449	CPT	both			374	13.78	WellPoint	WellPoint		120.35	32.18			11.98	355.3	percent of total billed charges	
BARTONELLA DNA PCR	87471	CPT	outpatient			871	40.35	Aetna	Commercial		330.98	38			35.09	827.45	percent of total billed charges	
BARTONELLA DNA PCR	87471	CPT	outpatient			871	40.35	Aetna	Medicare		35.09				35.09	827.45	fee schedule	
BARTONELLA DNA PCR	87471	CPT	outpatient			871	40.35	Aetna	Better Health		274.8	31.55			35.09	827.45	percent of total billed charges	
BARTONELLA DNA PCR	87471	CPT	outpatient			871	40.35	Americare	Americare		653.25	75			35.09	827.45	percent of total billed charges	
BARTONELLA DNA PCR	87471	CPT	outpatient			871	40.35	Amerihealth	Medicare		35.09				35.09	827.45	fee schedule	
BARTONELLA DNA PCR	87471	CPT	outpatient			871	40.35	Amerihealth	HMO/PPO		566.15	65			35.09	827.45	percent of total billed charges	
BARTONELLA DNA PCR	87471	CPT	outpatient			871	40.35	Consumer	Consumer		827.45	95			35.09	827.45	percent of total billed charges	
BARTONELLA DNA PCR	87471	CPT	outpatient			871	40.35	Corrections	Corrections		696.8	80			35.09	827.45	percent of total billed charges	
BARTONELLA DNA PCR	87471	CPT	outpatient			871	40.35	First Health	First Health		609.7	70			35.09	827.45	percent of total billed charges	
BARTONELLA DNA PCR	87471	CPT	outpatient			871	40.35	First Trenton	First Trenton		783.9	90			35.09	827.45	percent of total billed charges	
BARTONELLA DNA PCR	87471	CPT	outpatient			871	40.35	Horizon	Indemnity		333.42	38.28			35.09	827.45	percent of total billed charges	
BARTONELLA DNA PCR	87471	CPT	outpatient			871	40.35	Horizon	MGD		333.42	38.28			35.09	827.45	percent of total billed charges	
BARTONELLA DNA PCR	87471	CPT	outpatient			871	40.35	Horizon	NJ Health		38.96				35.09	827.45	fee schedule	
BARTONELLA DNA PCR	87471	CPT	outpatient			871	40.35	Horizon	Medicare Blue		261.3	30			35.09	827.45	percent of total billed charges	
BARTONELLA DNA PCR	87471	CPT	outpatient			871	40.35	Horizon	PPO		333.42	38.28			35.09	827.45	percent of total billed charges	
BARTONELLA DNA PCR	87471	CPT	outpatient			871	40.35	Managed Care Inc	Managed Care Inc		783.9	90			35.09	827.45	percent of total billed charges	
BARTONELLA DNA PCR	87471	CPT	outpatient			871	40.35	Multiplan	Multiplan		696.8	80			35.09	827.45	percent of total billed charges	
BARTONELLA DNA PCR	87471	CPT	outpatient			871	40.35	Qualcare	Qualcare		653.25	75			35.09	827.45	percent of total billed charges	
BARTONELLA DNA PCR	87471	CPT	outpatient			871	40.35	Three Rivers	Three Rivers		827.45	95			35.09	827.45	percent of total billed charges	
BARTONELLA DNA PCR	87471	CPT	outpatient			871	40.35	UHC	Medicare		35.09				35.09	827.45	fee schedule	
BARTONELLA DNA PCR	87471	CPT	outpatient			871	40.35	UHC	Medicaid		274.8	31.55			35.09	827.45	percent of total billed charges	
BARTONELLA DNA PCR	87471	CPT	outpatient			871	40.35	Wellcare	Medicare		35.09				35.09	827.45	fee schedule	
BARTONELLA DNA PCR	87471	CPT	outpatient			871	40.35	Wellcare	Medicaid		274.8	31.55			35.09	827.45	percent of total billed charges	
BARTONELLA DNA PCR	87471	CPT	outpatient			871	40.35	WellPoint	WellPoint		280.29	32.18			35.09	827.45	percent of total billed charges	
LYME (BURGDORFER)/PCR	87476	CPT	both			545	40.35	Aetna	Medicare		35.09				35.09	517.75	fee schedule	
LYME (BURGDORFER)/PCR	87476	CPT	both			545	40.35	Aetna	Better Health		171.95	31.55			35.09	517.75	percent of total billed charges	
LYME (BURGDORFER)/PCR	87476	CPT	both			545	40.35	Aetna	Commercial		207.1	38			35.09	517.75	percent of total billed charges	
LYME (BURGDORFER)/PCR	87476	CPT	both			545	40.35	Americare	Americare		406.75	75			35.09	517.75	percent of total billed charges	
LYME (BURGDORFER)/PCR	87476	CPT	both			545	40.35	Amerihealth	Medicare		35.09				35.09	517.75	fee schedule	
LYME (BURGDORFER)/PCR	87476	CPT	both			545	40.35	Amerihealth	HMO/PPO		354.25	65			35.09	517.75	percent of total billed charges	
LYME (BURGDORFER)/PCR	87476	CPT	both			545	40.35	Consumer	Consumer		517.75	95			35.09	517.75	percent of total billed charges	
LYME (BURGDORFER)/PCR	87476	CPT	both			545	40.35	Corrections	Corrections		436	80			35.09	517.75	percent of total billed charges	
LYME (BURGDORFER)/PCR	87476	CPT	both			545	40.35	First Health	First Health		381.5	70			35.09	517.75	percent of total billed charges	
LYME (BURGDORFER)/PCR	87476	CPT	both			545	40.35	First Trenton	First Trenton		490.5	90			35.09	517.75	percent of total billed charges	
LYME (BURGDORFER)/PCR	87476	CPT	both			545	40.35	Horizon	MGD		208.63	38.28			35.09	517.75	percent of total billed charges	
LYME (BURGDORFER)/PCR	87476	CPT	both			545	40.35	Horizon	Medicare Blue		163.5	30			35.09	517.75	percent of total billed charges	
LYME (BURGDORFER)/PCR	87476	CPT	both			545	40.35	Horizon	PPO		208.63	38.28			35.09	517.75	percent of total billed charges	
LYME (BURGDORFER)/PCR	87476	CPT	both			545	40.35	Horizon	Indemnity		208.63	38.28			35.09	517.75	percent of total billed charges	
LYME (BURGDORFER)/PCR	87476	CPT	both			545	40.35	Horizon	NJ Health		38.96				35.09	517.75	fee schedule	
LYME (BURGDORFER)/PCR	87476	CPT	both			545	40.35	Managed Care Inc	Managed Care Inc		490.5	90			35.09	517.75	percent of total billed charges	
LYME (BURGDORFER)/PCR	87476	CPT	both			545	40.35	Multiplan	Multiplan		436	80			35.09	517.75	percent of total billed charges	
LYME (BURGDORFER)/PCR	87476	CPT	both			545	40.35	Qualcare	Qualcare		408.75	75			35.09	517.75	percent of total billed charges	
LYME (BURGDORFER)/PCR	87476	CPT	both			545	40.35	Three Rivers	Three Rivers		517.75	95			35.09	517.75	percent of total billed charges	
LYME (BURGDORFER)/PCR	87476	CPT	both			545	40.35	UHC	Medicare		35.09				35.09	517.75	fee schedule	
LYME (BURGDORFER)/PCR	87476	CPT	both			545	40.35	UHC	Medicaid		171.95	31.55			35.09	517.75	percent of total billed charges	
LYME (BURGDORFER)/PCR	87476	CPT	both			545	40.35	Wellcare	Medicare		35.09				35.09	517.75	fee schedule	
LYME (BURGDORFER)/PCR	87476	CPT	both			545	40.35	Wellcare	Medicaid		171.95	31.55			35.09	517.75	percent of total billed charges	
LYME (BURGDORFER)/PCR	87476	CPT	both			545	40.35	WellPoint	WellPoint		175.38	32.18			35.09	517.75	percent of total billed charges	
MENINGITIS.ENCEPH.PNL.CSF(CSFME)	87483	CPT	inpatient			894	479.3	Aetna	Medicare		416.78				268.2	849.3	fee schedule	
MENINGITIS.ENCEPH.PNL.CSF(CSFME)	87483	CPT	inpatient			894	479.3	Aetna	Better Health		282.06	31.55			268.2	849.3	percent of total billed charges	
MENINGITIS.ENCEPH.PNL.CSF(CSFME)	87483	CPT	inpatient			894	479.3	Aetna	Commercial		339.72	38			268.2	849.3	percent of total billed charges	
MENINGITIS.ENCEPH.PNL.CSF(CSFME)	87483	CPT	inpatient			894	479.3	Americare	Americare		670.5	75			268.2	849.3	percent of total billed charges	
MENINGITIS.ENCEPH.PNL.CSF(CSFME)	87483	CPT	inpatient			894	479.3	Amerihealth	HMO/PPO		581.1	65			268.2	849.3	percent of total billed charges	
MENINGITIS.ENCEPH.PNL.CSF(CSFME)	87483	CPT	inpatient			894	479.3	Amerihealth	Medicare		416.78				268.2	849.3	fee schedule	
MENINGITIS.ENCEPH.PNL.CSF(CSFME)	87483	CPT	inpatient			894	479.3	Consumer	Consumer		849.3	95			268.2	849.3	percent of total billed charges	
MENINGITIS.ENCEPH.PNL.CSF(CSFME)	87483	CPT	inpatient			894	479.3	Corrections	Corrections		715.2	80			268.2	849.3	percent of total billed charges	
MENINGITIS.ENCEPH.PNL.CSF(CSFME)	87483	CPT	inpatient			894	479.3	First Health	First Health		625.8	70			268.2	849.3	percent of total billed charges	
MENINGITIS.ENCEPH.PNL.CSF(CSFME)	87483	CPT	inpatient			894	479.3	First Trenton	First Trenton		804.6	90			268.2	849.3	percent of total billed charges	
MENINGITIS.ENCEPH.PNL.CSF(CSFME)	87483	CPT	inpatient			894	479.3	Horizon	MGD		342.22	38.28			268.2	849.3	percent of total billed charges	
MENINGITIS.ENCEPH.PNL.CSF(CSFME)	87483	CPT	inpatient			894	479.3	Horizon	Medicare Blue		268.2	30			268.2	849.3	percent of total billed charges	
MENINGITIS.ENCEPH.PNL.CSF(CSFME)	87483	CPT	inpatient			894	479.3	Horizon	Indemnity		342.22	38.28			268.2	849.3	percent of total billed charges	
MENINGITIS.ENCEPH.PNL.CSF(CSFME)	87483	CPT	inpatient			894	479.3	Horizon	NJ Health		448.23				268.2	849.3	fee schedule	
MENINGITIS.ENCEPH.PNL.CSF(CSFME)	87483	CPT	inpatient			894	479.3	Horizon	PPO		342.22	38.28			268.2	849.3	percent of total billed charges	
MENINGITIS.ENCEPH.PNL.CSF(CSFME)	87483	CPT	inpatient			894	479.3	Managed Care Inc	Managed Care Inc		804.6	90			268.2	849.3	percent of total billed charges	
MENINGITIS.ENCEPH.PNL.CSF(CSFME)	87483	CPT	inpatient			894	479.3	Multiplan	Multiplan		715.2	80			268.2	849.3	percent of total billed charges	
MENINGITIS.ENCEPH.PNL.CSF(CSFME)	87483	CPT	inpatient			894	479.3	Qualcare	Qualcare		670.5	75			268.2	849.3	percent of total billed charges	
MENINGITIS.ENCEPH.PNL.CSF(CSFME)	87483	CPT	inpatient			894	479.3	Three Rivers	Three Rivers		849.3	95			268.2	849.3	percent of total billed charges	
MENINGITIS.ENCEPH.PNL.CSF(CSFME)	87483	CPT	inpatient			894	479.3	UHC	Medicaid		282.06	31.55			268.2	849.3	percent of total billed charges	
MENINGITIS.ENCEPH.PNL.CSF(CSFME)	87483	CPT	inpatient			894	479.3	UHC	Medicare		416.78				268.2	849.3	fee schedule	
MENINGITIS.ENCEPH.PNL.CSF(CSFME)	87483	CPT	inpatient			894	479.3	Wellcare	Medicare		416.78				268.2	849.3	fee schedule	
MENINGITIS.ENCEPH.PNL.CSF(CSFME)	87483	CPT	inpatient			894	479.3	Wellcare	Medicaid		282.06	31.55			268.2	849.3	percent of total billed charges	
MENINGITIS.ENCEPH.PNL.CSF(CSFME)	87483	CPT	inpatient			894	479.3	WellPoint	WellPoint		287.69	32.18			268.2	849.3	percent of total billed charges	
CHLAMYDIA PNEUMONIAE AMP	87486	CPT	both			462	40.35	Aetna	Medicare		35.09				35.09	438.9	fee schedule	
CHLAMYDIA PNEUMONIAE AMP	87486	CPT	both			462	40.35	Aetna	Commercial		175.56	38			35.09	438.9	percent of total billed charges	
CHLAMYDIA PNEUMONIAE AMP	87486	CPT	both			462	40.35	Aetna	Better Health		145.76	31.55			35.09	438.9	percent of total billed charges	
CHLAMYDIA PNEUMONIAE AMP	87486	CPT	both			462	40.35	Americare	Americare		346.5	75			35.09	438.9	percent of total billed charges	
CHLAMYDIA PNEUMONIAE AMP	87486	CPT	both			462	40.35	Amerihealth	Medicare		35.09				35.09	438.9	fee schedule	
CHLAMYDIA PNEUMONIAE AMP	87486	CPT	both			462	40.35	Amerihealth	HMO/PPO		300.3	65			35.09	438.9	percent of total billed charges	
CHLAMYDIA PNEUMONIAE AMP	87486	CPT	both			462	40.35	Consumer	Consumer		438.9	95			35.09	438.9	percent of total billed charges	
CHLAMYDIA PNEUMONIAE AMP	87486	CPT	both			462	40.35	Corrections	Corrections		369.6	80			35.09	438.9	percent of total billed charges	
CHLAMYDIA PNEUMONIAE AMP	87486	CPT	both			462	40.35	First Health	First Health		323.4	70			35.09	438.9	percent of total billed charges	
CHLAMYDIA PNEUMONIAE AMP	87486	CPT	both			462	40.35	First Trenton	First Trenton		415.8	90			35.09	438.9	percent of total billed charges	
CHLAMYDIA PNEUMONIAE AMP	87486	CPT	both			462	40.35	Horizon	Medicare Blue		138.6	30			35.09	438.9	percent of total billed charges	
CHLAMYDIA PNEUMONIAE AMP	87486	CPT	both			462	40.35	Horizon	MGD		176.85	38.28			35.09	438.9	percent of total billed charges	
CHLAMYDIA PNEUMONIAE AMP	87486	CPT	both			462	40.35	Horizon	Indemnity		176.85	38.28			35.09	438.9	percent of total billed charges	
CHLAMYDIA PNEUMONIAE AMP	87486	CPT	both			462	40.35	Horizon	PPO		176.85	38.28			35.09	438.9	percent of total billed charges	
CHLAMYDIA PNEUMONIAE AMP	87486	CPT	both			462	40.35	Horizon	NJ Health		38.96				35.09	438.9	fee schedule	
CHLAMYDIA PNEUMONIAE AMP	87486	CPT	both			462	40.35	Managed Care Inc	Managed Care Inc		415.8	90			35.09	438.9	percent of total billed charges	
CHLAMYDIA PNEUMONIAE AMP	87486	CPT	both			462	40.35	Multiplan	Multiplan		369.6	80			35.09	438.9	percent of total billed charges	
CHLAMYDIA PNEUMONIAE AMP	87486	CPT	both			462	40.35	Qualcare	Qualcare		346.5	75			35.09	438.9	percent of total billed charges	
CHLAMYDIA PNEUMONIAE AMP	87486	CPT	both			462	40.35	Three Rivers	Three Rivers		438.9	95			35.09	438.9	percent of total billed charges	
CHLAMYDIA PNEUMONIAE AMP	87486	CPT	both			462	40.35	UHC	Medicaid		145.76	31.55			35.09	438.9	percent of total billed charges	
CHLAMYDIA PNEUMONIAE AMP	87486	CPT	both			462	40.35	UHC	Medicare		35.09				35.09	438.9	fee schedule	
CHLAMYDIA PNEUMONIAE AMP	87486	CPT	both			462	40.35	Wellcare	Medicare		35.09				35.09	438.9	fee schedule	
CHLAMYDIA PNEUMONIAE AMP	87486	CPT	both			462	40.35	Wellcare	Medicaid		145.76	31.55			35.09	438.9	percent of total billed charges	
CHLAMYDIA PNEUMONIAE AMP	87486	CPT	both			462	40.35	WellPoint	WellPoint		148.67	32.18			35.09	438.9	percent of total billed charges	
CT.AMP.PROBE.TECH	87491	CPT	both			358	40.35	Aetna	Commercial		136.04	38			23.7	340.1	percent of total billed charges	
CT.AMP.PROBE.TECH	87491	CPT	both			358	40.35	Aetna	Better Health		112.95	31.55			23.7	340.1	percent of total billed charges	
CT.AMP.PROBE.TECH	87491	CPT	both			358	40.35	Aetna	Medicare		35.09				23.7	340.1	fee schedule	
CT.AMP.PROBE.TECH	87491	CPT	both			358	40.35	Americare	Americare		268.5	75			23.7	340.1	percent of total billed charges	
CT.AMP.PROBE.TECH	87491	CPT	both			358	40.35	Amerihealth	Medicare		35.09				23.7	340.1	fee schedule	
CT.AMP.PROBE.TECH	87491	CPT	both			358	40.35	Amerihealth	HMO/PPO		232.7	65			23.7	340.1	percent of total billed charges	
CT.AMP.PROBE.TECH	87491	CPT	both			358	40.35	Consumer	Consumer		340.1	95			23.7	340.1	percent of total billed charges	
CT.AMP.PROBE.TECH	87491	CPT	both			358	40.35	Corrections	Corrections		286.4	80			23.7	340.1	percent of total billed charges	
CT.AMP.PROBE.TECH	87491	CPT	both			358	40.35	First Health	First Health		250.6	70			23.7	340.1	percent of total billed charges	
CT.AMP.PROBE.TECH	87491	CPT	both			358	40.35	First Trenton	First Trenton		322.2	90			23.7	340.1	percent of total billed charges	
CT.AMP.PROBE.TECH	87491	CPT	both			358	40.35	Horizon	Indemnity		137.04	38.28			23.7	340.1	percent of total billed charges	
CT.AMP.PROBE.TECH	87491	CPT	both			358	40.35	Horizon	Medicare Blue		107.4	30			23.7	340.1	percent of total billed charges	
CT.AMP.PROBE.TECH	87491	CPT	both			358	40.35	Horizon	MGD		137.04	38.28			23.7	340.1	percent of total billed charges	
CT.AMP.PROBE.TECH	87491	CPT	both			358	40.35	Horizon	NJ Health		38.96				23.7	340.1	fee schedule	
CT.AMP.PROBE.TECH	87491	CPT	both			358	40.35	Horizon	PPO		137.04	38.28			23.7	340.1	percent of total billed charges	
CT.AMP.PROBE.TECH	87491	CPT	both			358	40.35	Managed Care Inc	Managed Care Inc		322.2	90			23.7	340.1	percent of total billed charges	
CT.AMP.PROBE.TECH	87491	CPT	both			358	40.35	Multiplan	Multiplan		286.4	80			23.7	340.1	percent of total billed charges	
CT.AMP.PROBE.TECH	87491	CPT	both			358	40.35	Qualcare	Qualcare		268.5	75			23.7	340.1	percent of total billed charges	
CT.AMP.PROBE.TECH	87491	CPT	both			358	40.35	Three Rivers	Three Rivers		340.1	95			23.7	340.1	percent of total billed charges	
CT.AMP.PROBE.TECH	87491	CPT	both			358	40.35	UHC	Medicaid		112.95	31.55			23.7	340.1	percent of total billed charges	
CT.AMP.PROBE.TECH	87491	CPT	both			358	40.35	UHC	Medicare		35.09				23.7	340.1	fee schedule	
CT.AMP.PROBE.TECH	87491	CPT	both			358	40.35	Wellcare	Medicare		35.09				23.7	340.1	fee schedule	
CT.AMP.PROBE.TECH	87491	CPT	both			358	40.35	Wellcare	Medicaid		112.95	31.55			23.7	340.1	percent of total billed charges	
CT.AMP.PROBE.TECH	87491	CPT	both			358	40.35	WellPoint	WellPoint		115.2	32.18			23.7	340.1	percent of total billed charges	
C DIFFICILE TOXIN GENE NAA	87493	CPT	outpatient			237	42.86	Aetna	Medicare		37.27				37.27	225.15	fee schedule	
C DIFFICILE TOXIN GENE NAA	87493	CPT	outpatient			237	42.86	Aetna	Commercial		90.06	38			37.27	225.15	percent of total billed charges	
C DIFFICILE TOXIN GENE NAA	87493	CPT	outpatient			237	42.86	Aetna	Better Health		74.77	31.55			37.27	225.15	percent of total billed charges	
C DIFFICILE TOXIN GENE NAA	87493	CPT	outpatient			237	42.86	Americare	Americare		177.75	75			37.27	225.15	percent of total billed charges	
C DIFFICILE TOXIN GENE NAA	87493	CPT	outpatient			237	42.86	Amerihealth	Medicare		37.27				37.27	225.15	fee schedule	
C DIFFICILE TOXIN GENE NAA	87493	CPT	outpatient			237	42.86	Amerihealth	HMO/PPO		154.05	65			37.27	225.15	percent of total billed charges	
C DIFFICILE TOXIN GENE NAA	87493	CPT	outpatient			237	42.86	Consumer	Consumer		225.15	95			37.27	225.15	percent of total billed charges	
C DIFFICILE TOXIN GENE NAA	87493	CPT	outpatient			237	42.86	Corrections	Corrections		189.6	80			37.27	225.15	percent of total billed charges	
C DIFFICILE TOXIN GENE NAA	87493	CPT	outpatient			237	42.86	First Health	First Health		165.9	70			37.27	225.15	percent of total billed charges	
C DIFFICILE TOXIN GENE NAA	87493	CPT	outpatient			237	42.86	First Trenton	First Trenton		213.3	90			37.27	225.15	percent of total billed charges	
C DIFFICILE TOXIN GENE NAA	87493	CPT	outpatient			237	42.86	Horizon	Medicare Blue		71.1	30			37.27	225.15	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
C DIFFICILE TOXIN GENE NAA	87493	CPT	outpatient			237	42.86	Horizon	MGD		90.72	38.28			37.27	225.15	percent of total billed charges	
C DIFFICILE TOXIN GENE NAA	87493	CPT	outpatient			237	42.86	Horizon	Indemnity		90.72	38.28			37.27	225.15	percent of total billed charges	
C DIFFICILE TOXIN GENE NAA	87493	CPT	outpatient			237	42.86	Horizon	PPO		90.72	38.28			37.27	225.15	percent of total billed charges	
C DIFFICILE TOXIN GENE NAA	87493	CPT	outpatient			237	42.86	Horizon	NJ Health		38.96				37.27	225.15	fee schedule	
C DIFFICILE TOXIN GENE NAA	87493	CPT	outpatient			237	42.86	Managed Care Inc	Managed Care Inc		213.3	90			37.27	225.15	percent of total billed charges	
C DIFFICILE TOXIN GENE NAA	87493	CPT	outpatient			237	42.86	Multiplan	Multiplan		189.6	80			37.27	225.15	percent of total billed charges	
C DIFFICILE TOXIN GENE NAA	87493	CPT	outpatient			237	42.86	Qualcare	Qualcare		177.75	75			37.27	225.15	percent of total billed charges	
C DIFFICILE TOXIN GENE NAA	87493	CPT	outpatient			237	42.86	Three Rivers	Three Rivers		225.15	95			37.27	225.15	percent of total billed charges	
C DIFFICILE TOXIN GENE NAA	87493	CPT	outpatient			237	42.86	UHC	Medicaid		74.77	31.55			37.27	225.15	percent of total billed charges	
C DIFFICILE TOXIN GENE NAA	87493	CPT	outpatient			237	42.86	UHC	Medicare		37.27				37.27	225.15	fee schedule	
C DIFFICILE TOXIN GENE NAA	87493	CPT	outpatient			237	42.86	Wellcare	Medicare		37.27				37.27	225.15	fee schedule	
C DIFFICILE TOXIN GENE NAA	87493	CPT	outpatient			237	42.86	Wellcare	Medicaid		74.77	31.55			37.27	225.15	percent of total billed charges	
C DIFFICILE TOXIN GENE NAA	87493	CPT	outpatient			237	42.86	WellPoint	WellPoint		76.27	32.18			37.27	225.15	percent of total billed charges	
CYTOMEGALOVIRUS QUAL	87496	CPT	both			1362	40.35	Aetna	Better Health		429.71	31.55			35.09	1293.9	percent of total billed charges	
CYTOMEGALOVIRUS QUAL	87496	CPT	both			1362	40.35	Aetna	Medicare		35.09				35.09	1293.9	fee schedule	
CYTOMEGALOVIRUS QUAL	87496	CPT	both			1362	40.35	Aetna	Commercial		517.56	38			35.09	1293.9	percent of total billed charges	
CYTOMEGALOVIRUS QUAL	87496	CPT	both			1362	40.35	Americare	Americare		1021.5	75			35.09	1293.9	percent of total billed charges	
CYTOMEGALOVIRUS QUAL	87496	CPT	both			1362	40.35	Amerihealth	Medicare		35.09				35.09	1293.9	fee schedule	
CYTOMEGALOVIRUS QUAL	87496	CPT	both			1362	40.35	Amerihealth	HMO/PPO		885.3	65			35.09	1293.9	percent of total billed charges	
CYTOMEGALOVIRUS QUAL	87496	CPT	both			1362	40.35	Consumer	Consumer		1293.9	95			35.09	1293.9	percent of total billed charges	
CYTOMEGALOVIRUS QUAL	87496	CPT	both			1362	40.35	Corrections	Corrections		1089.6	80			35.09	1293.9	percent of total billed charges	
CYTOMEGALOVIRUS QUAL	87496	CPT	both			1362	40.35	First Health	First Health		953.4	70			35.09	1293.9	percent of total billed charges	
CYTOMEGALOVIRUS QUAL	87496	CPT	both			1362	40.35	First Trenton	First Trenton		1225.8	90			35.09	1293.9	percent of total billed charges	
CYTOMEGALOVIRUS QUAL	87496	CPT	both			1362	40.35	Horizon	Medicare Blue		408.6	30			35.09	1293.9	percent of total billed charges	
CYTOMEGALOVIRUS QUAL	87496	CPT	both			1362	40.35	Horizon	Indemnity		521.37	38.28			35.09	1293.9	percent of total billed charges	
CYTOMEGALOVIRUS QUAL	87496	CPT	both			1362	40.35	Horizon	MGD		521.37	38.28			35.09	1293.9	percent of total billed charges	
CYTOMEGALOVIRUS QUAL	87496	CPT	both			1362	40.35	Horizon	NJ Health		154.92				35.09	1293.9	fee schedule	
CYTOMEGALOVIRUS QUAL	87496	CPT	both			1362	40.35	Horizon	PPO		521.37	38.28			35.09	1293.9	percent of total billed charges	
CYTOMEGALOVIRUS QUAL	87496	CPT	both			1362	40.35	Managed Care Inc	Managed Care Inc		1225.8	90			35.09	1293.9	percent of total billed charges	
CYTOMEGALOVIRUS QUAL	87496	CPT	both			1362	40.35	Multiplan	Multiplan		1089.6	80			35.09	1293.9	percent of total billed charges	
CYTOMEGALOVIRUS QUAL	87496	CPT	both			1362	40.35	Qualcare	Qualcare		1021.5	75			35.09	1293.9	percent of total billed charges	
CYTOMEGALOVIRUS QUAL	87496	CPT	both			1362	40.35	Three Rivers	Three Rivers		1293.9	95			35.09	1293.9	percent of total billed charges	
CYTOMEGALOVIRUS QUAL	87496	CPT	both			1362	40.35	UHC	Medicare		35.09				35.09	1293.9	fee schedule	
CYTOMEGALOVIRUS QUAL	87496	CPT	both			1362	40.35	UHC	Medicaid		429.71	31.55			35.09	1293.9	percent of total billed charges	
CYTOMEGALOVIRUS QUAL	87496	CPT	both			1362	40.35	Wellcare	Medicare		35.09				35.09	1293.9	fee schedule	
CYTOMEGALOVIRUS QUAL	87496	CPT	both			1362	40.35	Wellcare	Medicaid		429.71	31.55			35.09	1293.9	percent of total billed charges	
CYTOMEGALOVIRUS QUAL	87496	CPT	both			1362	40.35	WellPoint	WellPoint		438.29	32.18			35.09	1293.9	percent of total billed charges	
CYTOMEGALOVIRUS QUANT	87497	CPT	both			1450	49.27	Aetna	Commercial		551	38			41.1	1377.5	percent of total billed charges	
CYTOMEGALOVIRUS QUANT	87497	CPT	both			1450	49.27	Aetna	Better Health		457.48	31.55			41.1	1377.5	percent of total billed charges	
CYTOMEGALOVIRUS QUANT	87497	CPT	both			1450	49.27	Aetna	Medicare		446.6	30.8			41.1	1377.5	percent of total billed charges	
CYTOMEGALOVIRUS QUANT	87497	CPT	both			1450	49.27	Americare	Americare		1087.5	75			41.1	1377.5	percent of total billed charges	
CYTOMEGALOVIRUS QUANT	87497	CPT	both			1450	49.27	Amerihealth	Medicare		42.84				41.1	1377.5	fee schedule	
CYTOMEGALOVIRUS QUANT	87497	CPT	both			1450	49.27	Amerihealth	HMO/PPO		942.5	65			41.1	1377.5	percent of total billed charges	
CYTOMEGALOVIRUS QUANT	87497	CPT	both			1450	49.27	Consumer	Consumer		1377.5	95			41.1	1377.5	percent of total billed charges	
CYTOMEGALOVIRUS QUANT	87497	CPT	both			1450	49.27	Corrections	Corrections		1160	80			41.1	1377.5	percent of total billed charges	
CYTOMEGALOVIRUS QUANT	87497	CPT	both			1450	49.27	First Health	First Health		1015	70			41.1	1377.5	percent of total billed charges	
CYTOMEGALOVIRUS QUANT	87497	CPT	both			1450	49.27	First Trenton	First Trenton		1305	90			41.1	1377.5	percent of total billed charges	
CYTOMEGALOVIRUS QUANT	87497	CPT	both			1450	49.27	Horizon	MGD		555.06	38.28			41.1	1377.5	percent of total billed charges	
CYTOMEGALOVIRUS QUANT	87497	CPT	both			1450	49.27	Horizon	Medicare Blue		435	30			41.1	1377.5	percent of total billed charges	
CYTOMEGALOVIRUS QUANT	87497	CPT	both			1450	49.27	Horizon	Indemnity		555.06	38.28			41.1	1377.5	percent of total billed charges	
CYTOMEGALOVIRUS QUANT	87497	CPT	both			1450	49.27	Horizon	NJ Health		47.57				41.1	1377.5	fee schedule	
CYTOMEGALOVIRUS QUANT	87497	CPT	both			1450	49.27	Horizon	PPO		555.06	38.28			41.1	1377.5	percent of total billed charges	
CYTOMEGALOVIRUS QUANT	87497	CPT	both			1450	49.27	Managed Care Inc	Managed Care Inc		1305	90			41.1	1377.5	percent of total billed charges	
CYTOMEGALOVIRUS QUANT	87497	CPT	both			1450	49.27	Multiplan	Multiplan		1160	80			41.1	1377.5	percent of total billed charges	
CYTOMEGALOVIRUS QUANT	87497	CPT	both			1450	49.27	Qualcare	Qualcare		1087.5	75			41.1	1377.5	percent of total billed charges	
CYTOMEGALOVIRUS QUANT	87497	CPT	both			1450	49.27	Three Rivers	Three Rivers		1377.5	95			41.1	1377.5	percent of total billed charges	
CYTOMEGALOVIRUS QUANT	87497	CPT	both			1450	49.27	UHC	Medicaid		457.48	31.55			41.1	1377.5	percent of total billed charges	
CYTOMEGALOVIRUS QUANT	87497	CPT	both			1450	49.27	UHC	Medicare		42.84				41.1	1377.5	fee schedule	
CYTOMEGALOVIRUS QUANT	87497	CPT	both			1450	49.27	Wellcare	Medicare		42.84				41.1	1377.5	fee schedule	
CYTOMEGALOVIRUS QUANT	87497	CPT	both			1450	49.27	Wellcare	Medicaid		457.48	31.55			41.1	1377.5	percent of total billed charges	
CYTOMEGALOVIRUS QUANT	87497	CPT	both			1450	49.27	WellPoint	WellPoint		466.61	32.18			41.1	1377.5	percent of total billed charges	
ENTEROVIRUS,RT-PCR(138636)	87498	CPT	both			1060	40.35	Aetna	Medicare		35.09				33.9	1007	fee schedule	
ENTEROVIRUS,RT-PCR(138636)	87498	CPT	both			1060	40.35	Aetna	Better Health		334.43	31.55			33.9	1007	percent of total billed charges	
ENTEROVIRUS,RT-PCR(138636)	87498	CPT	both			1060	40.35	Aetna	Commercial		402.8	38			33.9	1007	percent of total billed charges	
ENTEROVIRUS,RT-PCR(138636)	87498	CPT	both			1060	40.35	Americare	Americare		795	75			33.9	1007	percent of total billed charges	
ENTEROVIRUS,RT-PCR(138636)	87498	CPT	both			1060	40.35	Amerihealth	Medicare		35.09				33.9	1007	fee schedule	
ENTEROVIRUS,RT-PCR(138636)	87498	CPT	both			1060	40.35	Amerihealth	HMO/PPO		689	65			33.9	1007	percent of total billed charges	
ENTEROVIRUS,RT-PCR(138636)	87498	CPT	both			1060	40.35	Consumer	Consumer		1007	95			33.9	1007	percent of total billed charges	
ENTEROVIRUS,RT-PCR(138636)	87498	CPT	both			1060	40.35	Corrections	Corrections		848	80			33.9	1007	percent of total billed charges	
ENTEROVIRUS,RT-PCR(138636)	87498	CPT	both			1060	40.35	First Health	First Health		742	70			33.9	1007	percent of total billed charges	
ENTEROVIRUS,RT-PCR(138636)	87498	CPT	both			1060	40.35	First Trenton	First Trenton		954	90			33.9	1007	percent of total billed charges	
ENTEROVIRUS,RT-PCR(138636)	87498	CPT	both			1060	40.35	Horizon	MGD		405.77	38.28			33.9	1007	percent of total billed charges	
ENTEROVIRUS,RT-PCR(138636)	87498	CPT	both			1060	40.35	Horizon	Medicare Blue		318	30			33.9	1007	percent of total billed charges	
ENTEROVIRUS,RT-PCR(138636)	87498	CPT	both			1060	40.35	Horizon	Indemnity		405.77	38.28			33.9	1007	percent of total billed charges	
ENTEROVIRUS,RT-PCR(138636)	87498	CPT	both			1060	40.35	Horizon	NJ Health		96.12				33.9	1007	fee schedule	
ENTEROVIRUS,RT-PCR(138636)	87498	CPT	both			1060	40.35	Horizon	PPO		405.77	38.28			33.9	1007	percent of total billed charges	
ENTEROVIRUS,RT-PCR(138636)	87498	CPT	both			1060	40.35	Managed Care Inc	Managed Care Inc		954	90			33.9	1007	percent of total billed charges	
ENTEROVIRUS,RT-PCR(138636)	87498	CPT	both			1060	40.35	Multiplan	Multiplan		848	80			33.9	1007	percent of total billed charges	
ENTEROVIRUS,RT-PCR(138636)	87498	CPT	both			1060	40.35	Qualcare	Qualcare		795	75			33.9	1007	percent of total billed charges	
ENTEROVIRUS,RT-PCR(138636)	87498	CPT	both			1060	40.35	Three Rivers	Three Rivers		1007	95			33.9	1007	percent of total billed charges	
ENTEROVIRUS,RT-PCR(138636)	87498	CPT	both			1060	40.35	UHC	Medicaid		334.43	31.55			33.9	1007	percent of total billed charges	
ENTEROVIRUS,RT-PCR(138636)	87498	CPT	both			1060	40.35	UHC	Medicare		35.09				33.9	1007	fee schedule	
ENTEROVIRUS,RT-PCR(138636)	87498	CPT	both			1060	40.35	Wellcare	Medicare		35.09				33.9	1007	fee schedule	
ENTEROVIRUS,RT-PCR(138636)	87498	CPT	both			1060	40.35	Wellcare	Medicaid		334.43	31.55			33.9	1007	percent of total billed charges	
ENTEROVIRUS,RT-PCR(138636)	87498	CPT	both			1060	40.35	WellPoint	WellPoint		341.11	32.18			33.9	1007	percent of total billed charges	
INF AGNT DET NUC ACID, VANCO R	87500	CPT	outpatient			252	40.35	Aetna	Commercial		95.76	38			35.09	239.4	percent of total billed charges	
INF AGNT DET NUC ACID, VANCO R	87500	CPT	outpatient			252	40.35	Aetna	Better Health		79.51	31.55			35.09	239.4	percent of total billed charges	
INF AGNT DET NUC ACID, VANCO R	87500	CPT	outpatient			252	40.35	Aetna	Medicare		35.09				35.09	239.4	fee schedule	
INF AGNT DET NUC ACID, VANCO R	87500	CPT	outpatient			252	40.35	Americare	Americare		189	75			35.09	239.4	percent of total billed charges	
INF AGNT DET NUC ACID, VANCO R	87500	CPT	outpatient			252	40.35	Amerihealth	Medicare		35.09				35.09	239.4	fee schedule	
INF AGNT DET NUC ACID, VANCO R	87500	CPT	outpatient			252	40.35	Amerihealth	HMO/PPO		163.8	65			35.09	239.4	percent of total billed charges	
INF AGNT DET NUC ACID, VANCO R	87500	CPT	outpatient			252	40.35	Consumer	Consumer		239.4	95			35.09	239.4	percent of total billed charges	
INF AGNT DET NUC ACID, VANCO R	87500	CPT	outpatient			252	40.35	Corrections	Corrections		201.6	80			35.09	239.4	percent of total billed charges	
INF AGNT DET NUC ACID, VANCO R	87500	CPT	outpatient			252	40.35	First Health	First Health		176.4	70			35.09	239.4	percent of total billed charges	
INF AGNT DET NUC ACID, VANCO R	87500	CPT	outpatient			252	40.35	First Trenton	First Trenton		226.8	90			35.09	239.4	percent of total billed charges	
INF AGNT DET NUC ACID, VANCO R	87500	CPT	outpatient			252	40.35	Horizon	MGD		96.47	38.28			35.09	239.4	percent of total billed charges	
INF AGNT DET NUC ACID, VANCO R	87500	CPT	outpatient			252	40.35	Horizon	NJ Health		45.24				35.09	239.4	fee schedule	
INF AGNT DET NUC ACID, VANCO R	87500	CPT	outpatient			252	40.35	Horizon	Medicare Blue		75.6	30			35.09	239.4	percent of total billed charges	
INF AGNT DET NUC ACID, VANCO R	87500	CPT	outpatient			252	40.35	Horizon	Indemnity		96.47	38.28			35.09	239.4	percent of total billed charges	
INF AGNT DET NUC ACID, VANCO R	87500	CPT	outpatient			252	40.35	Horizon	PPO		96.47	38.28			35.09	239.4	percent of total billed charges	
INF AGNT DET NUC ACID, VANCO R	87500	CPT	outpatient			252	40.35	Managed Care Inc	Managed Care Inc		226.8	90			35.09	239.4	percent of total billed charges	
INF AGNT DET NUC ACID, VANCO R	87500	CPT	outpatient			252	40.35	Multiplan	Multiplan		201.6	80			35.09	239.4	percent of total billed charges	
INF AGNT DET NUC ACID, VANCO R	87500	CPT	outpatient			252	40.35	Qualcare	Qualcare		189	75			35.09	239.4	percent of total billed charges	
INF AGNT DET NUC ACID, VANCO R	87500	CPT	outpatient			252	40.35	Three Rivers	Three Rivers		239.4	95			35.09	239.4	percent of total billed charges	
INF AGNT DET NUC ACID, VANCO R	87500	CPT	outpatient			252	40.35	UHC	Medicaid		79.51	31.55			35.09	239.4	percent of total billed charges	
INF AGNT DET NUC ACID, VANCO R	87500	CPT	outpatient			252	40.35	UHC	Medicare		35.09				35.09	239.4	fee schedule	
INF AGNT DET NUC ACID, VANCO R	87500	CPT	outpatient			252	40.35	Wellcare	Medicaid		79.51	31.55			35.09	239.4	percent of total billed charges	
INF AGNT DET NUC ACID, VANCO R	87500	CPT	outpatient			252	40.35	Wellcare	Medicare		35.09				35.09	239.4	fee schedule	
INF AGNT DET NUC ACID, VANCO R	87500	CPT	outpatient			252	40.35	WellPoint	WellPoint		81.09	32.18			35.09	239.4	percent of total billed charges	
GPP PANEL	87507	CPT	both			1994	479.3	Aetna	Medicare		416.78				416.78	1894.3	fee schedule	
GPP PANEL	87507	CPT	both			1994	479.3	Aetna	Commercial		757.72	38			416.78	1894.3	percent of total billed charges	
GPP PANEL	87507	CPT	both			1994	479.3	Aetna	Better Health		629.11	31.55			416.78	1894.3	percent of total billed charges	
GPP PANEL	87507	CPT	both			1994	479.3	Americare	Americare		1495.5	75			416.78	1894.3	percent of total billed charges	
GPP PANEL	87507	CPT	both			1994	479.3	Amerihealth	HMO/PPO		1296.1	65			416.78	1894.3	percent of total billed charges	
GPP PANEL	87507	CPT	both			1994	479.3	Amerihealth	Medicare		416.78				416.78	1894.3	fee schedule	
GPP PANEL	87507	CPT	both			1994	479.3	Consumer	Consumer		1894.3	95			416.78	1894.3	percent of total billed charges	
GPP PANEL	87507	CPT	both			1994	479.3	Corrections	Corrections		1595.2	80			416.78	1894.3	percent of total billed charges	
GPP PANEL	87507	CPT	both			1994	479.3	First Health	First Health		1395.8	70			416.78	1894.3	percent of total billed charges	
GPP PANEL	87507	CPT	both			1994	479.3	First Trenton	First Trenton		1794.6	90			416.78	1894.3	percent of total billed charges	
GPP PANEL	87507	CPT	both			1994	479.3	Horizon	MGD		763.3	38.28			416.78	1894.3	percent of total billed charges	
GPP PANEL	87507	CPT	both			1994	479.3	Horizon	Indemnity		763.3	38.28			416.78	1894.3	percent of total billed charges	
GPP PANEL	87507	CPT	both			1994	479.3	Horizon	NJ Health		444.67				416.78	1894.3	fee schedule	
GPP PANEL	87507	CPT	both			1994	479.3	Horizon	Medicare Blue		598.2	30			416.78	1894.3	percent of total billed charges	
GPP PANEL	87507	CPT	both			1994	479.3	Horizon	PPO		763.3	38.28			416.78	1894.3	percent of total billed charges	
GPP PANEL	87507	CPT	both			1994	479.3	Managed Care Inc	Managed Care Inc		1794.6	90			416.78	1894.3	percent of total billed charges	
GPP PANEL	87507	CPT	both			1994	479.3	Multiplan	Multiplan		1595.2	80			416.78	1894.3	percent of total billed charges	
GPP PANEL	87507	CPT	both			1994	479.3	Qualcare	Qualcare		1495.5	75			416.78	1894.3	percent of total billed charges	
GPP PANEL	87507	CPT	both			1994	479.3	Three Rivers	Three Rivers		1894.3	95			416.78	1894.3	percent of total billed charges	
GPP PANEL	87507	CPT	both			1994	479.3	UHC	Medicaid		629.11	31.55			416.78	1894.3	percent of total billed charges	
GPP PANEL	87507	CPT	both			1994	479.3	UHC	Medicare		416.78				416.78	1894.3	fee schedule	
GPP PANEL	87507	CPT	both			1994	479.3	Wellcare	Medicare		416.78				416.78	1894.3	fee schedule	
GPP PANEL	87507	CPT	both			1994	479.3	Wellcare	Medicaid		629.11	31.55			416.78	1894.3	percent of total billed charges	
GPP PANEL	87507	CPT	both			1994	479.3	WellPoint	WellPoint		641.67	32.18			416.78	1894.3	percent of total billed charges	
HEPATITIS B CORE	87516	CPT	outpatient			124	40.35	Aetna	Commercial		47.12	38			35.09	117.8	percent of total billed charges	
HEPATITIS B CORE	87516	CPT	outpatient			124	40.35	Aetna	Better Health		39.12	31.55			35.09	117.8	percent of total billed charges	
HEPATITIS B CORE	87516	CPT	outpatient			124	40.35	Aetna	Medicare		38.19	30.8			35.09	117.8	percent of total billed charges	
HEPATITIS B CORE	87516	CPT	outpatient			124	40.35	Americare	Americare		93	75			35.09	117.8	percent of total billed charges	
HEPATITIS B CORE	87516	CPT	outpatient			124	40.35	Amerihealth	Medicare		35.09				35.09	117.8	fee schedule	
HEPATITIS B CORE	87516	CPT	outpatient			124	40.35	Amerihealth	HMO/PPO		80.6	65			35.09	117.8	percent of total billed charges	
HEPATITIS B CORE	87516	CPT	outpatient			124	40.35	Consumer	Consumer		117.8	95			35.09	117.8	percent of total billed charges	
HEPATITIS B CORE	87516	CPT	outpatient			124	40.35	Corrections	Corrections		99.2	80			35.09	117.8	percent of total billed charges	
HEPATITIS B CORE	87516	CPT	outpatient			124	40.35	First Health	First Health		86.8	70			35.09	117.8	percent of total billed charges	
HEPATITIS B CORE	87516	CPT	outpatient			124	40.35	First Trenton	First Trenton		111.6	90			35.09	117.8	percent of total billed charges	
HEPATITIS B CORE	87516	CPT	outpatient			124	40.35	Horizon	MGD		47.47	38.28			35.09	117.8	percent of total billed charges	
HEPATITIS B CORE	87516	CPT	outpatient			124	40.35	Horizon	PPO		47.47	38.28			35.09	117.8	percent of total billed charges	
HEPATITIS B CORE	87516	CPT	outpatient			124	40.35	Horizon	Indemnity		47.47	38.28			35.09	117.8	percent of total billed charges	
HEPATITIS B CORE	87516	CPT	outpatient			124	40.35	Horizon	Medicare Blue		37.2	30			35.09	117.8	percent of total billed charges	
HEPATITIS B CORE	87516	CPT	outpatient			124	40.35	Horizon	NJ Health		38.96				35.09	117.8	fee schedule	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
HEPATITIS B CORE	87516	CPT	outpatient			124		40.35 Managed Care Inc	Managed Care Inc		111.6	90			35.09	117.8	percent of total billed charges	
HEPATITIS B CORE	87516	CPT	outpatient			124		40.35 Multiplan	Multiplan		99.2	80			35.09	117.8	percent of total billed charges	
HEPATITIS B CORE	87516	CPT	outpatient			124		40.35 Qualcare	Qualcare		93	75			35.09	117.8	percent of total billed charges	
HEPATITIS B CORE	87516	CPT	outpatient			124		40.35 Three Rivers	Three Rivers		117.8	95			35.09	117.8	percent of total billed charges	
HEPATITIS B CORE	87516	CPT	outpatient			124		40.35 UHC	Medicaid		39.12	31.55			35.09	117.8	percent of total billed charges	
HEPATITIS B CORE	87516	CPT	outpatient			124		40.35 UHC	Medicare		35.09				35.09	117.8	fee schedule	
HEPATITIS B CORE	87516	CPT	outpatient			124		40.35 Wellcare	Medicaid		39.12	31.55			35.09	117.8	percent of total billed charges	
HEPATITIS B CORE	87516	CPT	outpatient			124		40.35 Wellcare	Medicare		35.09				35.09	117.8	fee schedule	
HEPATITIS B CORE	87516	CPT	outpatient			124		40.35 WellPoint	WellPoint		39.9	32.18			35.09	117.8	percent of total billed charges	
HEPATITIS B VIRUS	87517	CPT	both			1160		49.27 Aetna	Better Health		365.98	31.55			42.84	1102	percent of total billed charges	
HEPATITIS B VIRUS	87517	CPT	both			1160		49.27 Aetna	Medicare		42.84				42.84	1102	fee schedule	
HEPATITIS B VIRUS	87517	CPT	both			1160		49.27 Aetna	Commercial		440.8	38			42.84	1102	percent of total billed charges	
HEPATITIS B VIRUS	87517	CPT	both			1160		49.27 Americare	Americare		870	75			42.84	1102	percent of total billed charges	
HEPATITIS B VIRUS	87517	CPT	both			1160		49.27 Amerihealth	Medicare		42.84				42.84	1102	fee schedule	
HEPATITIS B VIRUS	87517	CPT	both			1160		49.27 Amerihealth	HMO/PPO		754	65			42.84	1102	percent of total billed charges	
HEPATITIS B VIRUS	87517	CPT	both			1160		49.27 Consumer	Consumer		1102	95			42.84	1102	percent of total billed charges	
HEPATITIS B VIRUS	87517	CPT	both			1160		49.27 Corrections	Corrections		928	80			42.84	1102	percent of total billed charges	
HEPATITIS B VIRUS	87517	CPT	both			1160		49.27 First Health	First Health		812	70			42.84	1102	percent of total billed charges	
HEPATITIS B VIRUS	87517	CPT	both			1160		49.27 First Trenton	First Trenton		1044	90			42.84	1102	percent of total billed charges	
HEPATITIS B VIRUS	87517	CPT	both			1160		49.27 Horizon	Medicare Blue		348	30			42.84	1102	percent of total billed charges	
HEPATITIS B VIRUS	87517	CPT	both			1160		49.27 Horizon	Indemnity		444.05	38.28			42.84	1102	percent of total billed charges	
HEPATITIS B VIRUS	87517	CPT	both			1160		49.27 Horizon	MGD		444.05	38.28			42.84	1102	percent of total billed charges	
HEPATITIS B VIRUS	87517	CPT	both			1160		49.27 Horizon	PPO		444.05	38.28			42.84	1102	percent of total billed charges	
HEPATITIS B VIRUS	87517	CPT	both			1160		49.27 Horizon	NJ Health		47.57				42.84	1102	fee schedule	
HEPATITIS B VIRUS	87517	CPT	both			1160		49.27 Managed Care Inc	Managed Care Inc		1044	90			42.84	1102	percent of total billed charges	
HEPATITIS B VIRUS	87517	CPT	both			1160		49.27 Multiplan	Multiplan		928	80			42.84	1102	percent of total billed charges	
HEPATITIS B VIRUS	87517	CPT	both			1160		49.27 Qualcare	Qualcare		870	75			42.84	1102	percent of total billed charges	
HEPATITIS B VIRUS	87517	CPT	both			1160		49.27 Three Rivers	Three Rivers		1102	95			42.84	1102	percent of total billed charges	
HEPATITIS B VIRUS	87517	CPT	both			1160		49.27 UHC	Medicare		42.84				42.84	1102	fee schedule	
HEPATITIS B VIRUS	87517	CPT	both			1160		49.27 UHC	Medicaid		365.98	31.55			42.84	1102	percent of total billed charges	
HEPATITIS B VIRUS	87517	CPT	both			1160		49.27 Wellcare	Medicaid		365.98	31.55			42.84	1102	percent of total billed charges	
HEPATITIS B VIRUS	87517	CPT	both			1160		49.27 Wellcare	Medicare		42.84				42.84	1102	fee schedule	
HEPATITIS B VIRUS	87517	CPT	both			1160		49.27 WellPoint	WellPoint		373.29	32.18			42.84	1102	percent of total billed charges	
HEPATITIS C VIRUS (QUAL)	87521	CPT	both			1001		40.35 Aetna	Better Health		315.82	31.55			35.09	950.95	percent of total billed charges	
HEPATITIS C VIRUS (QUAL)	87521	CPT	both			1001		40.35 Aetna	Medicare		35.09				35.09	950.95	fee schedule	
HEPATITIS C VIRUS (QUAL)	87521	CPT	both			1001		40.35 Aetna	Commercial		380.38	38			35.09	950.95	percent of total billed charges	
HEPATITIS C VIRUS (QUAL)	87521	CPT	both			1001		40.35 Americare	Americare		750.75	75			35.09	950.95	percent of total billed charges	
HEPATITIS C VIRUS (QUAL)	87521	CPT	both			1001		40.35 Amerihealth	Medicare		35.09				35.09	950.95	fee schedule	
HEPATITIS C VIRUS (QUAL)	87521	CPT	both			1001		40.35 Amerihealth	HMO/PPO		650.65	65			35.09	950.95	percent of total billed charges	
HEPATITIS C VIRUS (QUAL)	87521	CPT	both			1001		40.35 Consumer	Consumer		950.95	95			35.09	950.95	percent of total billed charges	
HEPATITIS C VIRUS (QUAL)	87521	CPT	both			1001		40.35 Corrections	Corrections		800.8	80			35.09	950.95	percent of total billed charges	
HEPATITIS C VIRUS (QUAL)	87521	CPT	both			1001		40.35 First Health	First Health		700.7	70			35.09	950.95	percent of total billed charges	
HEPATITIS C VIRUS (QUAL)	87521	CPT	both			1001		40.35 First Trenton	First Trenton		900.9	90			35.09	950.95	percent of total billed charges	
HEPATITIS C VIRUS (QUAL)	87521	CPT	both			1001		40.35 Horizon	MGD		383.18	38.28			35.09	950.95	percent of total billed charges	
HEPATITIS C VIRUS (QUAL)	87521	CPT	both			1001		40.35 Horizon	Indemnity		383.18	38.28			35.09	950.95	percent of total billed charges	
HEPATITIS C VIRUS (QUAL)	87521	CPT	both			1001		40.35 Horizon	PPO		383.18	38.28			35.09	950.95	percent of total billed charges	
HEPATITIS C VIRUS (QUAL)	87521	CPT	both			1001		40.35 Horizon	Medicare Blue		300.3	30			35.09	950.95	percent of total billed charges	
HEPATITIS C VIRUS (QUAL)	87521	CPT	both			1001		40.35 Horizon	NJ Health		74.48				35.09	950.95	fee schedule	
HEPATITIS C VIRUS (QUAL)	87521	CPT	both			1001		40.35 Managed Care Inc	Managed Care Inc		900.9	90			35.09	950.95	percent of total billed charges	
HEPATITIS C VIRUS (QUAL)	87521	CPT	both			1001		40.35 Multiplan	Multiplan		800.8	80			35.09	950.95	percent of total billed charges	
HEPATITIS C VIRUS (QUAL)	87521	CPT	both			1001		40.35 Qualcare	Qualcare		750.75	75			35.09	950.95	percent of total billed charges	
HEPATITIS C VIRUS (QUAL)	87521	CPT	both			1001		40.35 Three Rivers	Three Rivers		950.95	95			35.09	950.95	percent of total billed charges	
HEPATITIS C VIRUS (QUAL)	87521	CPT	both			1001		40.35 UHC	Medicare		35.09				35.09	950.95	fee schedule	
HEPATITIS C VIRUS (QUAL)	87521	CPT	both			1001		40.35 UHC	Medicaid		315.82	31.55			35.09	950.95	percent of total billed charges	
HEPATITIS C VIRUS (QUAL)	87521	CPT	both			1001		40.35 Wellcare	Medicare		35.09				35.09	950.95	fee schedule	
HEPATITIS C VIRUS (QUAL)	87521	CPT	both			1001		40.35 Wellcare	Medicaid		315.82	31.55			35.09	950.95	percent of total billed charges	
HEPATITIS C VIRUS (QUAL)	87521	CPT	both			1001		40.35 WellPoint	WellPoint		322.12	32.18			35.09	950.95	percent of total billed charges	
NGI HCV QUANTASURE	87522	CPT	both			2652		49.27 Aetna	Medicare		42.84				42.6	2519.4	fee schedule	
NGI HCV QUANTASURE	87522	CPT	both			2652		49.27 Aetna	Better Health		836.71	31.55			42.6	2519.4	percent of total billed charges	
NGI HCV QUANTASURE	87522	CPT	both			2652		49.27 Aetna	Commercial		1007.76	38			42.6	2519.4	percent of total billed charges	
NGI HCV QUANTASURE	87522	CPT	both			2652		49.27 Americare	Americare		1989	75			42.6	2519.4	percent of total billed charges	
NGI HCV QUANTASURE	87522	CPT	both			2652		49.27 Amerihealth	HMO/PPO		1723.8	65			42.6	2519.4	percent of total billed charges	
NGI HCV QUANTASURE	87522	CPT	both			2652		49.27 Amerihealth	Medicare		42.84				42.6	2519.4	fee schedule	
NGI HCV QUANTASURE	87522	CPT	both			2652		49.27 Consumer	Consumer		2519.4	95			42.6	2519.4	percent of total billed charges	
NGI HCV QUANTASURE	87522	CPT	both			2652		49.27 Corrections	Corrections		2121.6	80			42.6	2519.4	percent of total billed charges	
NGI HCV QUANTASURE	87522	CPT	both			2652		49.27 First Health	First Health		1856.4	70			42.6	2519.4	percent of total billed charges	
NGI HCV QUANTASURE	87522	CPT	both			2652		49.27 First Trenton	First Trenton		2386.8	90			42.6	2519.4	percent of total billed charges	
NGI HCV QUANTASURE	87522	CPT	both			2652		49.27 Horizon	Indemnity		1015.19	38.28			42.6	2519.4	percent of total billed charges	
NGI HCV QUANTASURE	87522	CPT	both			2652		49.27 Horizon	NJ Health		239.12				42.6	2519.4	fee schedule	
NGI HCV QUANTASURE	87522	CPT	both			2652		49.27 Horizon	PPO		1015.19	38.28			42.6	2519.4	percent of total billed charges	
NGI HCV QUANTASURE	87522	CPT	both			2652		49.27 Horizon	MGD		1015.19	38.28			42.6	2519.4	percent of total billed charges	
NGI HCV QUANTASURE	87522	CPT	both			2652		49.27 Horizon	Medicare Blue		795.6	30			42.6	2519.4	percent of total billed charges	
NGI HCV QUANTASURE	87522	CPT	both			2652		49.27 Managed Care Inc	Managed Care Inc		2386.8	90			42.6	2519.4	percent of total billed charges	
NGI HCV QUANTASURE	87522	CPT	both			2652		49.27 Multiplan	Multiplan		2121.6	80			42.6	2519.4	percent of total billed charges	
NGI HCV QUANTASURE	87522	CPT	both			2652		49.27 Qualcare	Qualcare		1989	75			42.6	2519.4	percent of total billed charges	
NGI HCV QUANTASURE	87522	CPT	both			2652		49.27 Three Rivers	Three Rivers		2519.4	95			42.6	2519.4	percent of total billed charges	
NGI HCV QUANTASURE	87522	CPT	both			2652		49.27 UHC	Medicare		42.84				42.6	2519.4	fee schedule	
NGI HCV QUANTASURE	87522	CPT	both			2652		49.27 UHC	Medicaid		836.71	31.55			42.6	2519.4	percent of total billed charges	
NGI HCV QUANTASURE	87522	CPT	both			2652		49.27 Wellcare	Medicaid		836.71	31.55			42.6	2519.4	percent of total billed charges	
NGI HCV QUANTASURE	87522	CPT	both			2652		49.27 Wellcare	Medicare		42.84				42.6	2519.4	fee schedule	
NGI HCV QUANTASURE	87522	CPT	both			2652		49.27 WellPoint	WellPoint		853.41	32.18			42.6	2519.4	percent of total billed charges	
HSV2 DNA	87529	CPT	both			448		40.35 Aetna	Better Health		141.34	31.55			35.09	425.6	percent of total billed charges	
HSV2 DNA	87529	CPT	both			448		40.35 Aetna	Commercial		170.24	38			35.09	425.6	percent of total billed charges	
HSV2 DNA	87529	CPT	both			448		40.35 Aetna	Medicare		35.09				35.09	425.6	fee schedule	
HSV2 DNA	87529	CPT	both			448		40.35 Americare	Americare		336	75			35.09	425.6	percent of total billed charges	
HSV2 DNA	87529	CPT	both			448		40.35 Amerihealth	Medicare		35.09				35.09	425.6	fee schedule	
HSV2 DNA	87529	CPT	both			448		40.35 Amerihealth	HMO/PPO		291.2	65			35.09	425.6	percent of total billed charges	
HSV2 DNA	87529	CPT	both			448		40.35 Consumer	Consumer		425.6	95			35.09	425.6	percent of total billed charges	
HSV2 DNA	87529	CPT	both			448		40.35 Corrections	Corrections		358.4	80			35.09	425.6	percent of total billed charges	
HSV2 DNA	87529	CPT	both			448		40.35 First Health	First Health		313.6	70			35.09	425.6	percent of total billed charges	
HSV2 DNA	87529	CPT	both			448		40.35 First Trenton	First Trenton		403.2	90			35.09	425.6	percent of total billed charges	
HSV2 DNA	87529	CPT	both			448		40.35 Horizon	Indemnity		171.49	38.28			35.09	425.6	percent of total billed charges	
HSV2 DNA	87529	CPT	both			448		40.35 Horizon	Medicare Blue		134.4	30			35.09	425.6	percent of total billed charges	
HSV2 DNA	87529	CPT	both			448		40.35 Horizon	MGD		171.49	38.28			35.09	425.6	percent of total billed charges	
HSV2 DNA	87529	CPT	both			448		40.35 Horizon	NJ Health		38.96				35.09	425.6	fee schedule	
HSV2 DNA	87529	CPT	both			448		40.35 Horizon	PPO		171.49	38.28			35.09	425.6	percent of total billed charges	
HSV2 DNA	87529	CPT	both			448		40.35 Managed Care Inc	Managed Care Inc		403.2	90			35.09	425.6	percent of total billed charges	
HSV2 DNA	87529	CPT	both			448		40.35 Multiplan	Multiplan		358.4	80			35.09	425.6	percent of total billed charges	
HSV2 DNA	87529	CPT	both			448		40.35 Qualcare	Qualcare		336	75			35.09	425.6	percent of total billed charges	
HSV2 DNA	87529	CPT	both			448		40.35 Three Rivers	Three Rivers		425.6	95			35.09	425.6	percent of total billed charges	
HSV2 DNA	87529	CPT	both			448		40.35 UHC	Medicare		35.09				35.09	425.6	fee schedule	
HSV2 DNA	87529	CPT	both			448		40.35 UHC	Medicaid		141.34	31.55			35.09	425.6	percent of total billed charges	
HSV2 DNA	87529	CPT	both			448		40.35 Wellcare	Medicaid		141.34	31.55			35.09	425.6	percent of total billed charges	
HSV2 DNA	87529	CPT	both			448		40.35 Wellcare	Medicare		35.09				35.09	425.6	fee schedule	
HSV2 DNA	87529	CPT	both			448		40.35 WellPoint	WellPoint		144.17	32.18			35.09	425.6	percent of total billed charges	
HSV.DNA.QUANT.RT.PCR(19502)	87530	CPT	inpatient			899		49.27 Aetna	Better Health		283.63	31.55			42.84	854.05	percent of total billed charges	
HSV.DNA.QUANT.RT.PCR(19502)	87530	CPT	inpatient			899		49.27 Aetna	Commercial		341.62	38			42.84	854.05	percent of total billed charges	
HSV.DNA.QUANT.RT.PCR(19502)	87530	CPT	inpatient			899		49.27 Aetna	Medicare		276.89	30.8			42.84	854.05	percent of total billed charges	
HSV.DNA.QUANT.RT.PCR(19502)	87530	CPT	inpatient			899		49.27 Americare	Americare		674.25	75			42.84	854.05	percent of total billed charges	
HSV.DNA.QUANT.RT.PCR(19502)	87530	CPT	inpatient			899		49.27 Amerihealth	HMO/PPO		584.35	65			42.84	854.05	percent of total billed charges	
HSV.DNA.QUANT.RT.PCR(19502)	87530	CPT	inpatient			899		49.27 Amerihealth	Medicare		42.84				42.84	854.05	fee schedule	
HSV.DNA.QUANT.RT.PCR(19502)	87530	CPT	inpatient			899		49.27 Consumer	Consumer		854.05	95			42.84	854.05	percent of total billed charges	
HSV.DNA.QUANT.RT.PCR(19502)	87530	CPT	inpatient			899		49.27 Corrections	Corrections		719.2	80			42.84	854.05	percent of total billed charges	
HSV.DNA.QUANT.RT.PCR(19502)	87530	CPT	inpatient			899		49.27 First Health	First Health		629.3	70			42.84	854.05	percent of total billed charges	
HSV.DNA.QUANT.RT.PCR(19502)	87530	CPT	inpatient			899		49.27 First Trenton	First Trenton		809.1	90			42.84	854.05	percent of total billed charges	
HSV.DNA.QUANT.RT.PCR(19502)	87530	CPT	inpatient			899		49.27 Horizon	Medicare Blue		269.7	30			42.84	854.05	percent of total billed charges	
HSV.DNA.QUANT.RT.PCR(19502)	87530	CPT	inpatient			899		49.27 Horizon	Indemnity		344.14	38.28			42.84	854.05	percent of total billed charges	
HSV.DNA.QUANT.RT.PCR(19502)	87530	CPT	inpatient			899		49.27 Horizon	MGD		344.14	38.28			42.84	854.05	percent of total billed charges	
HSV.DNA.QUANT.RT.PCR(19502)	87530	CPT	inpatient			899		49.27 Horizon	NJ Health		47.57				42.84	854.05	fee schedule	
HSV.DNA.QUANT.RT.PCR(19502)	87530	CPT	inpatient			899		49.27 Horizon	PPO		344.14	38.28			42.84	854.05	percent of total billed charges	
HSV.DNA.QUANT.RT.PCR(19502)	87530	CPT	inpatient			899		49.27 Managed Care Inc	Managed Care Inc		809.1	90			42.84	854.05	percent of total billed charges	
HSV.DNA.QUANT.RT.PCR(19502)	87530	CPT	inpatient			899		49.27 Multiplan	Multiplan		719.2	80			42.84	854.05	percent of total billed charges	
HSV.DNA.QUANT.RT.PCR(19502)	87530	CPT	inpatient			899		49.27 Qualcare	Qualcare		674.25	75			42.84	854.05	percent of total billed charges	
HSV.DNA.QUANT.RT.PCR(19502)	87530	CPT	inpatient			899		49.27 Three Rivers	Three Rivers		854.05	95			42.84	854.05	percent of total billed charges	
HSV.DNA.QUANT.RT.PCR(19502)	87530	CPT	inpatient			899		49.27 UHC	Medicaid		283.63	31.55			42.84	854.05	percent of total billed charges	
HSV.DNA.QUANT.RT.PCR(19502)	87530	CPT	inpatient			899		49.27 UHC	Medicare		42.84				42.84	854.05	fee schedule	
HSV.DNA.QUANT.RT.PCR(19502)	87530	CPT	inpatient			899		49.27 Wellcare	Medicare		42.84				42.84	854.05	fee schedule	
HSV.DNA.QUANT.RT.PCR(19502)	87530	CPT	inpatient			899		49.27 Wellcare	Medicaid		283.63	31.55			42.84	854.05	percent of total billed charges	
HSV.DNA.QUANT.RT.PCR(19502)	87530	CPT	inpatient			899		49.27 WellPoint	WellPoint		289.3	32.18			42.84	854.05	percent of total billed charges	
HUMAN HERPES VIRUS 6 PCR	87532	CPT	both			467		40.35 Aetna	Better Health		147.34	31.55			35.09	443.65	percent of total billed charges	
HUMAN HERPES VIRUS 6 PCR	87532	CPT	both			467		40.35 Aetna	Medicare		35.09				35.09	443.65	fee schedule	
HUMAN HERPES VIRUS 6 PCR	87532	CPT	both			467		40.35 Aetna	Commercial		177.46	38			35.09	443.65	percent of total billed charges	
HUMAN HERPES VIRUS 6 PCR	87532	CPT	both			467		40.35 Americare	Americare		350.25	75			35.09	443.65	percent of total billed charges	
HUMAN HERPES VIRUS 6 PCR	87532	CPT	both			467		40.35 Amerihealth	Medicare		35.09				35.09	443.65	fee schedule	
HUMAN HERPES VIRUS 6 PCR	87532	CPT	both			467		40.35 Amerihealth	HMO/PPO		303.55	65			35.09	443.65	percent of total billed charges	
HUMAN HERPES VIRUS 6 PCR	87532	CPT	both			467		40.35 Consumer	Consumer		443.65	95			35.09	443.65	percent of total billed charges	
HUMAN HERPES VIRUS 6 PCR	87532	CPT	both			467		40.35 Corrections	Corrections		373.6	80			35.09	443.65	percent of total billed charges	
HUMAN HERPES VIRUS 6 PCR	87532	CPT	both			467		40.35 First Health	First Health		326.9	70			35.09	443.65	percent of total billed charges	
HUMAN HERPES VIRUS 6 PCR	87532	CPT	both			467		40.35 First Trenton	First Trenton		420.3	90			35.09	443.65	percent of total billed charges	
HUMAN HERPES VIRUS 6 PCR	87532	CPT	both			467		40.35 Horizon	NJ Health		38.96				35.09	443.65	fee schedule	
HUMAN HERPES VIRUS 6 PCR	87532	CPT	both			467		40.35 Horizon	MGD		178.77	38.28			35.09	443.65	percent of total billed charges	
HUMAN HERPES VIRUS 6 PCR	87532	CPT	both			467		40.35 Horizon	Medicare Blue		140.1	30			35.09	443.65	percent of total billed charges	
HUMAN HERPES VIRUS 6 PCR	87532	CPT	both			467		40.35 Horizon	Indemnity		178.77	38.28			35.09	443.65	percent of total billed charges	
HUMAN HERPES VIRUS 6 PCR	87532	CPT	both			467		40.35 Horizon	PPO		178.77	38.28			35.09	443.65	percent of total billed charges	
HUMAN HERPES VIRUS 6 PCR	87532	CPT	both			467		40.35 Managed Care Inc	Managed Care Inc		420.3	90			35.09	443.65	percent of total billed charges	
HUMAN HERPES VIRUS 6 PCR	87532	CPT	both			467		40.35 Multiplan	Multiplan		373.6	80			35.09	443.65	percent of total billed charges	
HUMAN HERPES VIRUS 6 PCR	87532	CPT	both			467		40.35 Qualcare	Qualcare		350.25	75			35.09	443.65	percent of total billed charges	
HUMAN HERPES VIRUS 6 PCR	87532	CPT	both			467		40.35 Three Rivers	Three Rivers		443.65	95			35.09	443.65	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101191	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
HUMAN HERPES VIRUS 6 PCR	87532	CPT	both			467		40.35 UHC	Medicare		35.09				35.09	443.65	fee schedule	
HUMAN HERPES VIRUS 6 PCR	87532	CPT	both			467		40.35 UHC	Medicaid		147.34	31.55			35.09	443.65	percent of total billed charges	
HUMAN HERPES VIRUS 6 PCR	87532	CPT	both			467		40.35 Wellcare	Medicare		35.09				35.09	443.65	fee schedule	
HUMAN HERPES VIRUS 6 PCR	87532	CPT	both			467		40.35 Wellcare	Medicaid		147.34	31.55			35.09	443.65	percent of total billed charges	
HUMAN HERPES VIRUS 6 PCR	87532	CPT	both			467		40.35 WellPoint	WellPoint		150.28	32.18			35.09	443.65	percent of total billed charges	
HHV-6,QUANTIFICATION,DNA,PCR(139310)	87533	CPT	both			793		48.02 Aetna	Better Health		250.19	31.55			41.76	753.35	percent of total billed charges	
HHV-6,QUANTIFICATION,DNA,PCR(139310)	87533	CPT	both			793		48.02 Aetna	Medicare		41.76				41.76	753.35	fee schedule	
HHV-6,QUANTIFICATION,DNA,PCR(139310)	87533	CPT	both			793		48.02 Aetna	Commercial		301.34	38			41.76	753.35	percent of total billed charges	
HHV-6,QUANTIFICATION,DNA,PCR(139310)	87533	CPT	both			793		48.02 Americare	Americare		594.75	75			41.76	753.35	percent of total billed charges	
HHV-6,QUANTIFICATION,DNA,PCR(139310)	87533	CPT	both			793		48.02 Amerihealth	Medicare		41.76				41.76	753.35	fee schedule	
HHV-6,QUANTIFICATION,DNA,PCR(139310)	87533	CPT	both			793		48.02 Amerihealth	HMO/PPO		515.45	65			41.76	753.35	percent of total billed charges	
HHV-6,QUANTIFICATION,DNA,PCR(139310)	87533	CPT	both			793		48.02 Consumer	Consumer		753.35	95			41.76	753.35	percent of total billed charges	
HHV-6,QUANTIFICATION,DNA,PCR(139310)	87533	CPT	both			793		48.02 Corrections	Corrections		634.4	80			41.76	753.35	percent of total billed charges	
HHV-6,QUANTIFICATION,DNA,PCR(139310)	87533	CPT	both			793		48.02 First Health	First Health		555.1	70			41.76	753.35	percent of total billed charges	
HHV-6,QUANTIFICATION,DNA,PCR(139310)	87533	CPT	both			793		48.02 First Trenton	First Trenton		713.7	90			41.76	753.35	percent of total billed charges	
HHV-6,QUANTIFICATION,DNA,PCR(139310)	87533	CPT	both			793		48.02 Horizon	MGD		303.56	38.28			41.76	753.35	percent of total billed charges	
HHV-6,QUANTIFICATION,DNA,PCR(139310)	87533	CPT	both			793		48.02 Horizon	Indemnity		303.56	38.28			41.76	753.35	percent of total billed charges	
HHV-6,QUANTIFICATION,DNA,PCR(139310)	87533	CPT	both			793		48.02 Horizon	PPO		303.56	38.28			41.76	753.35	percent of total billed charges	
HHV-6,QUANTIFICATION,DNA,PCR(139310)	87533	CPT	both			793		48.02 Horizon	Medicare Blue		237.9	30			41.76	753.35	percent of total billed charges	
HHV-6,QUANTIFICATION,DNA,PCR(139310)	87533	CPT	both			793		48.02 Horizon	NJ Health		46.35				41.76	753.35	fee schedule	
HHV-6,QUANTIFICATION,DNA,PCR(139310)	87533	CPT	both			793		48.02 Managed Care Inc	Managed Care Inc		713.7	90			41.76	753.35	percent of total billed charges	
HHV-6,QUANTIFICATION,DNA,PCR(139310)	87533	CPT	both			793		48.02 Multiplan	Multiplan		634.4	80			41.76	753.35	percent of total billed charges	
HHV-6,QUANTIFICATION,DNA,PCR(139310)	87533	CPT	both			793		48.02 Qualcare	Qualcare		594.75	75			41.76	753.35	percent of total billed charges	
HHV-6,QUANTIFICATION,DNA,PCR(139310)	87533	CPT	both			793		48.02 Three Rivers	Three Rivers		753.35	95			41.76	753.35	percent of total billed charges	
HHV-6,QUANTIFICATION,DNA,PCR(139310)	87533	CPT	both			793		48.02 UHC	Medicare		41.76				41.76	753.35	fee schedule	
HHV-6,QUANTIFICATION,DNA,PCR(139310)	87533	CPT	both			793		48.02 UHC	Medicaid		250.19	31.55			41.76	753.35	percent of total billed charges	
HHV-6,QUANTIFICATION,DNA,PCR(139310)	87533	CPT	both			793		48.02 Wellcare	Medicare		41.76				41.76	753.35	fee schedule	
HHV-6,QUANTIFICATION,DNA,PCR(139310)	87533	CPT	both			793		48.02 Wellcare	Medicaid		292.19	31.55			41.76	753.35	percent of total billed charges	
HHV-6,QUANTIFICATION,DNA,PCR(139310)	87533	CPT	both			793		48.02 WellPoint	WellPoint		255.19	32.18			41.76	753.35	percent of total billed charges	
HIV-1,DNA,QUAL PCR(8401)	87535	CPT	both			761		40.35 Aetna	Commercial		289.18	38			33.9	722.95	percent of total billed charges	
HIV-1,DNA,QUAL PCR(8401)	87535	CPT	both			761		40.35 Aetna	Better Health		240.1	31.55			33.9	722.95	percent of total billed charges	
HIV-1,DNA,QUAL PCR(8401)	87535	CPT	both			761		40.35 Aetna	Medicare		35.09				33.9	722.95	fee schedule	
HIV-1,DNA,QUAL PCR(8401)	87535	CPT	both			761		40.35 Americare	Americare		570.75	75			33.9	722.95	percent of total billed charges	
HIV-1,DNA,QUAL PCR(8401)	87535	CPT	both			761		40.35 Amerihealth	Medicare		35.09				33.9	722.95	fee schedule	
HIV-1,DNA,QUAL PCR(8401)	87535	CPT	both			761		40.35 Amerihealth	HMO/PPO		494.65	65			33.9	722.95	percent of total billed charges	
HIV-1,DNA,QUAL PCR(8401)	87535	CPT	both			761		40.35 Consumer	Consumer		722.95	95			33.9	722.95	percent of total billed charges	
HIV-1,DNA,QUAL PCR(8401)	87535	CPT	both			761		40.35 Corrections	Corrections		608.8	80			33.9	722.95	percent of total billed charges	
HIV-1,DNA,QUAL PCR(8401)	87535	CPT	both			761		40.35 First Health	First Health		532.7	70			33.9	722.95	percent of total billed charges	
HIV-1,DNA,QUAL PCR(8401)	87535	CPT	both			761		40.35 First Trenton	First Trenton		684.9	90			33.9	722.95	percent of total billed charges	
HIV-1,DNA,QUAL PCR(8401)	87535	CPT	both			761		40.35 Horizon	Indemnity		291.31	38.28			33.9	722.95	percent of total billed charges	
HIV-1,DNA,QUAL PCR(8401)	87535	CPT	both			761		40.35 Horizon	PPO		291.31	38.28			33.9	722.95	percent of total billed charges	
HIV-1,DNA,QUAL PCR(8401)	87535	CPT	both			761		40.35 Horizon	MGD		291.31	38.28			33.9	722.95	percent of total billed charges	
HIV-1,DNA,QUAL PCR(8401)	87535	CPT	both			761		40.35 Horizon	Medicare Blue		228.3	30			33.9	722.95	percent of total billed charges	
HIV-1,DNA,QUAL PCR(8401)	87535	CPT	both			761		40.35 Horizon	NJ Health		38.96				33.9	722.95	fee schedule	
HIV-1,DNA,QUAL PCR(8401)	87535	CPT	both			761		40.35 Managed Care Inc	Managed Care Inc		684.9	90			33.9	722.95	percent of total billed charges	
HIV-1,DNA,QUAL PCR(8401)	87535	CPT	both			761		40.35 Multiplan	Multiplan		608.8	80			33.9	722.95	percent of total billed charges	
HIV-1,DNA,QUAL PCR(8401)	87535	CPT	both			761		40.35 Qualcare	Qualcare		570.75	75			33.9	722.95	percent of total billed charges	
HIV-1,DNA,QUAL PCR(8401)	87535	CPT	both			761		40.35 Three Rivers	Three Rivers		722.95	95			33.9	722.95	percent of total billed charges	
HIV-1,DNA,QUAL PCR(8401)	87535	CPT	both			761		40.35 UHC	Medicaid		240.1	31.55			33.9	722.95	percent of total billed charges	
HIV-1,DNA,QUAL PCR(8401)	87535	CPT	both			761		40.35 UHC	Medicare		35.09				33.9	722.95	fee schedule	
HIV-1,DNA,QUAL PCR(8401)	87535	CPT	both			761		40.35 Wellcare	Medicaid		240.1	31.55			33.9	722.95	percent of total billed charges	
HIV-1,DNA,QUAL PCR(8401)	87535	CPT	both			761		40.35 Wellcare	Medicare		35.09				33.9	722.95	fee schedule	
HIV-1,DNA,QUAL PCR(8401)	87535	CPT	both			761		40.35 WellPoint	WellPoint		244.89	32.18			33.9	722.95	percent of total billed charges	
QUANT,RNA PCR	87536	CPT	both			271		97.87 Aetna	Commercial		102.98	38			81.3	257.45	percent of total billed charges	
QUANT,RNA PCR	87536	CPT	both			271		97.87 Aetna	Better Health		85.5	31.55			81.3	257.45	percent of total billed charges	
QUANT,RNA PCR	87536	CPT	both			271		97.87 Aetna	Medicare		85.1				81.3	257.45	fee schedule	
QUANT,RNA PCR	87536	CPT	both			271		97.87 Americare	Americare		203.25	75			81.3	257.45	percent of total billed charges	
QUANT,RNA PCR	87536	CPT	both			271		97.87 Amerihealth	Medicare		85.1				81.3	257.45	fee schedule	
QUANT,RNA PCR	87536	CPT	both			271		97.87 Amerihealth	HMO/PPO		176.15	65			81.3	257.45	percent of total billed charges	
QUANT,RNA PCR	87536	CPT	both			271		97.87 Consumer	Consumer		257.45	95			81.3	257.45	percent of total billed charges	
QUANT,RNA PCR	87536	CPT	both			271		97.87 Corrections	Corrections		216.8	80			81.3	257.45	percent of total billed charges	
QUANT,RNA PCR	87536	CPT	both			271		97.87 First Health	First Health		189.7	70			81.3	257.45	percent of total billed charges	
QUANT,RNA PCR	87536	CPT	both			271		97.87 First Trenton	First Trenton		243.9	90			81.3	257.45	percent of total billed charges	
QUANT,RNA PCR	87536	CPT	both			271		97.87 Horizon	Medicare Blue		81.3	30			81.3	257.45	percent of total billed charges	
QUANT,RNA PCR	87536	CPT	both			271		97.87 Horizon	PPO		103.74	38.28			81.3	257.45	percent of total billed charges	
QUANT,RNA PCR	87536	CPT	both			271		97.87 Horizon	MGD		103.74	38.28			81.3	257.45	percent of total billed charges	
QUANT,RNA PCR	87536	CPT	both			271		97.87 Horizon	Indemnity		103.74	38.28			81.3	257.45	percent of total billed charges	
QUANT,RNA PCR	87536	CPT	both			271		97.87 Horizon	NJ Health		229.32				81.3	257.45	fee schedule	
QUANT,RNA PCR	87536	CPT	both			271		97.87 Managed Care Inc	Managed Care Inc		243.9	90			81.3	257.45	percent of total billed charges	
QUANT,RNA PCR	87536	CPT	both			271		97.87 Multiplan	Multiplan		216.8	80			81.3	257.45	percent of total billed charges	
QUANT,RNA PCR	87536	CPT	both			271		97.87 Qualcare	Qualcare		203.25	75			81.3	257.45	percent of total billed charges	
QUANT,RNA PCR	87536	CPT	both			271		97.87 Three Rivers	Three Rivers		257.45	95			81.3	257.45	percent of total billed charges	
QUANT,RNA PCR	87536	CPT	both			271		97.87 UHC	Medicare		85.1				81.3	257.45	fee schedule	
QUANT,RNA PCR	87536	CPT	both			271		97.87 UHC	Medicaid		85.5	31.55			81.3	257.45	percent of total billed charges	
QUANT,RNA PCR	87536	CPT	both			271		97.87 Wellcare	Medicare		85.1				81.3	257.45	fee schedule	
QUANT,RNA PCR	87536	CPT	both			271		97.87 Wellcare	Medicaid		85.5	31.55			81.3	257.45	percent of total billed charges	
QUANT,RNA PCR	87536	CPT	both			271		97.87 WellPoint	WellPoint		87.21	32.18			81.3	257.45	percent of total billed charges	
HIV-2 RNA	87538	CPT	both			999		40.35 Aetna	Commercial		379.62	38			33.9	949.05	percent of total billed charges	
HIV-2 RNA	87538	CPT	both			999		40.35 Aetna	Medicare		35.09				33.9	949.05	fee schedule	
HIV-2 RNA	87538	CPT	both			999		40.35 Aetna	Better Health		315.18	31.55			33.9	949.05	percent of total billed charges	
HIV-2 RNA	87538	CPT	both			999		40.35 Americare	Americare		749.25	75			33.9	949.05	percent of total billed charges	
HIV-2 RNA	87538	CPT	both			999		40.35 Amerihealth	Medicare		35.09				33.9	949.05	fee schedule	
HIV-2 RNA	87538	CPT	both			999		40.35 Amerihealth	HMO/PPO		649.35	65			33.9	949.05	percent of total billed charges	
HIV-2 RNA	87538	CPT	both			999		40.35 Consumer	Consumer		949.05	95			33.9	949.05	percent of total billed charges	
HIV-2 RNA	87538	CPT	both			999		40.35 Corrections	Corrections		799.2	80			33.9	949.05	percent of total billed charges	
HIV-2 RNA	87538	CPT	both			999		40.35 First Health	First Health		699.3	70			33.9	949.05	percent of total billed charges	
HIV-2 RNA	87538	CPT	both			999		40.35 First Trenton	First Trenton		899.1	90			33.9	949.05	percent of total billed charges	
HIV-2 RNA	87538	CPT	both			999		40.35 Horizon	NJ Health		38.96				33.9	949.05	fee schedule	
HIV-2 RNA	87538	CPT	both			999		40.35 Horizon	MGD		382.42	38.28			33.9	949.05	percent of total billed charges	
HIV-2 RNA	87538	CPT	both			999		40.35 Horizon	Indemnity		382.42	38.28			33.9	949.05	percent of total billed charges	
HIV-2 RNA	87538	CPT	both			999		40.35 Horizon	PPO		382.42	38.28			33.9	949.05	percent of total billed charges	
HIV-2 RNA	87538	CPT	both			999		40.35 Horizon	Medicare Blue		299.7	30			33.9	949.05	percent of total billed charges	
HIV-2 RNA	87538	CPT	both			999		40.35 Managed Care Inc	Managed Care Inc		899.1	90			33.9	949.05	percent of total billed charges	
HIV-2 RNA	87538	CPT	both			999		40.35 Multiplan	Multiplan		799.2	80			33.9	949.05	percent of total billed charges	
HIV-2 RNA	87538	CPT	both			999		40.35 Qualcare	Qualcare		749.25	75			33.9	949.05	percent of total billed charges	
HIV-2 RNA	87538	CPT	both			999		40.35 Three Rivers	Three Rivers		949.05	95			33.9	949.05	percent of total billed charges	
HIV-2 RNA	87538	CPT	both			999		40.35 UHC	Medicaid		315.18	31.55			33.9	949.05	percent of total billed charges	
HIV-2 RNA	87538	CPT	both			999		40.35 UHC	Medicare		35.09				33.9	949.05	fee schedule	
HIV-2 RNA	87538	CPT	both			999		40.35 Wellcare	Medicare		35.09				33.9	949.05	fee schedule	
HIV-2 RNA	87538	CPT	both			999		40.35 Wellcare	Medicaid		315.18	31.55			33.9	949.05	percent of total billed charges	
HIV-2 RNA	87538	CPT	both			999		40.35 WellPoint	WellPoint		321.48	32.18			33.9	949.05	percent of total billed charges	
LEGIONELLA PNUEMOPNILA AMP.PROB	87541	CPT	inpatient			203		40.35 Aetna	Better Health		64.05	31.55			35.09	192.85	percent of total billed charges	
LEGIONELLA PNUEMOPNILA AMP.PROB	87541	CPT	inpatient			203		40.35 Aetna	Medicare		35.09				35.09	192.85	fee schedule	
LEGIONELLA PNUEMOPNILA AMP.PROB	87541	CPT	inpatient			203		40.35 Aetna	Commercial		77.14	38			35.09	192.85	percent of total billed charges	
LEGIONELLA PNUEMOPNILA AMP.PROB	87541	CPT	inpatient			203		40.35 Americare	Americare		152.25	75			35.09	192.85	percent of total billed charges	
LEGIONELLA PNUEMOPNILA AMP.PROB	87541	CPT	inpatient			203		40.35 Amerihealth	HMO/PPO		131.95	65			35.09	192.85	percent of total billed charges	
LEGIONELLA PNUEMOPNILA AMP.PROB	87541	CPT	inpatient			203		40.35 Amerihealth	Medicare		35.09				35.09	192.85	fee schedule	
LEGIONELLA PNUEMOPNILA AMP.PROB	87541	CPT	inpatient			203		40.35 Consumer	Consumer		192.85	95			35.09	192.85	percent of total billed charges	
LEGIONELLA PNUEMOPNILA AMP.PROB	87541	CPT	inpatient			203		40.35 Corrections	Corrections		162.4	80			35.09	192.85	percent of total billed charges	
LEGIONELLA PNUEMOPNILA AMP.PROB	87541	CPT	inpatient			203		40.35 First Health	First Health		142.1	70			35.09	192.85	percent of total billed charges	
LEGIONELLA PNUEMOPNILA AMP.PROB	87541	CPT	inpatient			203		40.35 First Trenton	First Trenton		182.7	90			35.09	192.85	percent of total billed charges	
LEGIONELLA PNUEMOPNILA AMP.PROB	87541	CPT	inpatient			203		40.35 Horizon	Medicare Blue		60.9	30			35.09	192.85	percent of total billed charges	
LEGIONELLA PNUEMOPNILA AMP.PROB	87541	CPT	inpatient			203		40.35 Horizon	NJ Health		38.96				35.09	192.85	fee schedule	
LEGIONELLA PNUEMOPNILA AMP.PROB	87541	CPT	inpatient			203		40.35 Horizon	MGD		77.71	38.28			35.09	192.85	percent of total billed charges	
LEGIONELLA PNUEMOPNILA AMP.PROB	87541	CPT	inpatient			203		40.35 Horizon	Indemnity		77.71	38.28			35.09	192.85	percent of total billed charges	
LEGIONELLA PNUEMOPNILA AMP.PROB	87541	CPT	inpatient			203		40.35 Horizon	PPO		77.71	38.28			35.09	192.85	percent of total billed charges	
LEGIONELLA PNUEMOPNILA AMP.PROB	87541	CPT	inpatient			203		40.35 Managed Care Inc	Managed Care Inc		182.7	90			35.09	192.85	percent of total billed charges	
LEGIONELLA PNUEMOPNILA AMP.PROB	87541	CPT	inpatient			203		40.35 Multiplan	Multiplan		162.4	80			35.09	192.85	percent of total billed charges	
LEGIONELLA PNUEMOPNILA AMP.PROB	87541	CPT	inpatient			203		40.35 Qualcare	Qualcare		152.25	75			35.09	192.85	percent of total billed charges	
LEGIONELLA PNUEMOPNILA AMP.PROB	87541	CPT	inpatient			203		40.35 Three Rivers	Three Rivers		192.85	95			35.09	192.85	percent of total billed charges	
LEGIONELLA PNUEMOPNILA AMP.PROB	87541	CPT	inpatient			203		40.35 UHC	Medicaid		64.05	31.55			35.09	192.85	percent of total billed charges	
LEGIONELLA PNUEMOPNILA AMP.PROB	87541	CPT	inpatient			203		40.35 UHC	Medicare		35.09				35.09	192.85	fee schedule	
LEGIONELLA PNUEMOPNILA AMP.PROB	87541	CPT	inpatient			203		40.35 Wellcare	Medicare		35.09				35.09	192.85	fee schedule	
LEGIONELLA PNUEMOPNILA AMP.PROB	87541	CPT	inpatient			203		40.35 Wellcare	Medicaid		64.05	31.55			35.09	192.85	percent of total billed charges	
LEGIONELLA PNUEMOPNILA AMP.PROB	87541	CPT	inpatient			203		40.35 WellPoint	WellPoint		65.33	32.18			35.09	192.85	percent of total billed charges	
NONTB MYCOBACTERIA DNA DETECT	87551	CPT	inpatient			155		55.48 Aetna	Better Health		48.9	31.55			38.96	147.25	percent of total billed charges	
NONTB MYCOBACTERIA DNA DETECT	87551	CPT	inpatient			155		55.48 Aetna	Commercial		58.9	38			38.96	147.25	percent of total billed charges	
NONTB MYCOBACTERIA DNA DETECT	87551	CPT	inpatient			155		55.48 Aetna	Medicare		48.24				38.96	147.25	fee schedule	
NONTB MYCOBACTERIA DNA DETECT	87551	CPT	inpatient			155		55.48 Americare	Americare		116.25	75			38.96	147.25	percent of total billed charges	
NONTB MYCOBACTERIA DNA DETECT	87551	CPT	inpatient			155		55.48 Amerihealth	HMO/PPO		100.75	65			38.96	147.25	percent of total billed charges	
NONTB MYCOBACTERIA DNA DETECT	87551	CPT	inpatient			155		55.48 Amerihealth	Medicare		48.24				38.96	147.25	fee schedule	
NONTB MYCOBACTERIA DNA DETECT	87551	CPT	inpatient			155		55.48 Consumer	Consumer		147.25	95			38.96	147.25	percent of total billed charges	
NONTB MYCOBACTERIA DNA DETECT	87551	CPT	inpatient			155		55.48 Corrections	Corrections		124	80			38.96	147.25	percent of total billed charges	
NONTB MYCOBACTERIA DNA DETECT	87551	CPT	inpatient			155		55.48 First Health	First Health		108.5	70			38.96	147.25	percent of total billed charges	
NONTB MYCOBACTERIA DNA DETECT	87551	CPT	inpatient			155		55.48 First Trenton	First Trenton		139.5	90			38.96	147.25	percent of total billed charges	
NONTB MYCOBACTERIA DNA DETECT	87551	CPT	inpatient			155		55.48 Horizon	MGD		59.33	38.28			38.96	147.25	percent of total billed charges	
NONTB MYCOBACTERIA DNA DETECT	87551	CPT	inpatient			155		55.48 Horizon	Indemnity		59.33	38.28			38.96	147.25	percent of total billed charges	
NONTB MYCOBACTERIA DNA DETECT	87551	CPT	inpatient			155		55.48 Horizon	PPO		59.33	38.28			38.96	147.25	percent of total billed charges	
NONTB MYCOBACTERIA DNA DETECT	87551	CPT	inpatient			155		55.48 Horizon	Medicare Blue		46.5	30			38.96	147.25	percent of total billed charges	
NONTB MYCOBACTERIA DNA DETECT	87551	CPT	inpatient			155		55.48 Horizon	NJ Health		38.96				38.96	147.25	fee schedule	
NONTB MYCOBACTERIA DNA DETECT	87551	CPT	inpatient			155		55.48 Managed Care Inc	Managed Care Inc		139.5	90			38.96	147.25	percent of total billed charges	
NONTB MYCOBACTERIA DNA DETECT	87551	CPT	inpatient			155		55.48 Multiplan	Multiplan		124	80			38.96	147.25	percent of total billed charges	
NONTB MYCOBACTERIA DNA DETECT	87551	CPT	inpatient			155		55.48 Qualcare	Qualcare		116.25	75			38.96	147.25	percent of total billed charges	
NONTB MYCOBACTERIA DNA DETECT	87551	CPT	inpatient			155		55.48 Three Rivers	Three Rivers		147.25	95			38.96	147.25	percent of total billed charges	
NONTB MYCOBACTERIA DNA DETECT	87551	CPT	inpatient			155		55.48 UHC	Medicaid		48.9	31.55			38.96	147.25	percent of total billed charges	
NONTB MYCOBACTERIA DNA DETECT	87551	CPT	inpatient			155		55.48 UHC	Medicare		48.24				38.96	147.25	fee schedule	
NONTB MYCOBACTERIA DNA DETECT	87551	CPT	inpatient			155		55.48 Wellcare	Medicaid		48.9	31.55			38.96	147.25	percent of total billed charges	
NONTB MYCOBACTERIA DNA DETECT	87551	CPT	inpatient			155		55.48 Wellcare	Medicare		48.24				38.96	147.25	fee schedule	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101191	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
NONTB MYCOBACTERIA DNA DETECT	87551	CPT	inpatient			155	55.48	WellPoint	WellPoint		49.88	32.18			38.96		147.25 percent of total billed charges	
TB PCR(CSF) TESTCODE 183059	87556	CPT	both			537	47.93	Aetna	Better Health		169.42	31.55			38.96		510.15 percent of total billed charges	
TB PCR(CSF) TESTCODE 183059	87556	CPT	both			537	47.93	Aetna	Medicare		41.68				38.96		510.15 fee schedule	
TB PCR(CSF) TESTCODE 183059	87556	CPT	both			537	47.93	Aetna	Commercial		204.06	38			38.96		510.15 percent of total billed charges	
TB PCR(CSF) TESTCODE 183059	87556	CPT	both			537	47.93	Americare	Americare		402.75	75			38.96		510.15 percent of total billed charges	
TB PCR(CSF) TESTCODE 183059	87556	CPT	both			537	47.93	Amerihealth	HMO/PPO		349.05	65			38.96		510.15 percent of total billed charges	
TB PCR(CSF) TESTCODE 183059	87556	CPT	both			537	47.93	Amerihealth	Medicare		41.68				38.96		510.15 fee schedule	
TB PCR(CSF) TESTCODE 183059	87556	CPT	both			537	47.93	Consumer	Consumer		510.15	95			38.96		510.15 percent of total billed charges	
TB PCR(CSF) TESTCODE 183059	87556	CPT	both			537	47.93	Corrections	Corrections		429.6	80			38.96		510.15 percent of total billed charges	
TB PCR(CSF) TESTCODE 183059	87556	CPT	both			537	47.93	First Health	First Health		375.9	70			38.96		510.15 percent of total billed charges	
TB PCR(CSF) TESTCODE 183059	87556	CPT	both			537	47.93	First Trenton	First Trenton		483.3	90			38.96		510.15 percent of total billed charges	
TB PCR(CSF) TESTCODE 183059	87556	CPT	both			537	47.93	Horizon	Medicare Blue		161.1	30			38.96		510.15 percent of total billed charges	
TB PCR(CSF) TESTCODE 183059	87556	CPT	both			537	47.93	Horizon	Indemnity		205.56	38.28			38.96		510.15 percent of total billed charges	
TB PCR(CSF) TESTCODE 183059	87556	CPT	both			537	47.93	Horizon	MGD		205.56	38.28			38.96		510.15 percent of total billed charges	
TB PCR(CSF) TESTCODE 183059	87556	CPT	both			537	47.93	Horizon	NJ Health		38.96				38.96		510.15 fee schedule	
TB PCR(CSF) TESTCODE 183059	87556	CPT	both			537	47.93	Horizon	PPO		205.56	38.28			38.96		510.15 percent of total billed charges	
TB PCR(CSF) TESTCODE 183059	87556	CPT	both			537	47.93	Managed Care Inc	Managed Care Inc		483.3	90			38.96		510.15 percent of total billed charges	
TB PCR(CSF) TESTCODE 183059	87556	CPT	both			537	47.93	Multiplan	Multiplan		429.6	80			38.96		510.15 percent of total billed charges	
TB PCR(CSF) TESTCODE 183059	87556	CPT	both			537	47.93	Qualcare	Qualcare		402.75	75			38.96		510.15 percent of total billed charges	
TB PCR(CSF) TESTCODE 183059	87556	CPT	both			537	47.93	Three Rivers	Three Rivers		510.15	95			38.96		510.15 percent of total billed charges	
TB PCR(CSF) TESTCODE 183059	87556	CPT	both			537	47.93	UHC	Medicare		41.68				38.96		510.15 fee schedule	
TB PCR(CSF) TESTCODE 183059	87556	CPT	both			537	47.93	UHC	Medicaid		169.42	31.55			38.96		510.15 percent of total billed charges	
TB PCR(CSF) TESTCODE 183059	87556	CPT	both			537	47.93	Wellcare	Medicaid		169.42	31.55			38.96		510.15 percent of total billed charges	
TB PCR(CSF) TESTCODE 183059	87556	CPT	both			537	47.93	Wellcare	Medicare		41.68				38.96		510.15 fee schedule	
TB PCR(CSF) TESTCODE 183059	87556	CPT	both			537	47.93	WellPoint	WellPoint		172.81	32.18			38.96		510.15 percent of total billed charges	
MYCOPLASMA,GENITALIUM,AMP	87563	CPT	both			156	40.35	Aetna	Better Health		49.22	31.55			24.9		148.2 percent of total billed charges	
MYCOPLASMA,GENITALIUM,AMP	87563	CPT	both			156	40.35	Aetna	Commercial		59.28	38			24.9		148.2 percent of total billed charges	
MYCOPLASMA,GENITALIUM,AMP	87563	CPT	both			156	40.35	Aetna	Medicare		35.09				24.9		148.2 fee schedule	
MYCOPLASMA,GENITALIUM,AMP	87563	CPT	both			156	40.35	Americare	Americare		117	75			24.9		148.2 percent of total billed charges	
MYCOPLASMA,GENITALIUM,AMP	87563	CPT	both			156	40.35	Amerihealth	HMO/PPO		101.4	65			24.9		148.2 percent of total billed charges	
MYCOPLASMA,GENITALIUM,AMP	87563	CPT	both			156	40.35	Amerihealth	Medicare		35.09				24.9		148.2 fee schedule	
MYCOPLASMA,GENITALIUM,AMP	87563	CPT	both			156	40.35	Consumer	Consumer		148.2	95			24.9		148.2 percent of total billed charges	
MYCOPLASMA,GENITALIUM,AMP	87563	CPT	both			156	40.35	Corrections	Corrections		124.8	80			24.9		148.2 percent of total billed charges	
MYCOPLASMA,GENITALIUM,AMP	87563	CPT	both			156	40.35	First Health	First Health		109.2	70			24.9		148.2 percent of total billed charges	
MYCOPLASMA,GENITALIUM,AMP	87563	CPT	both			156	40.35	First Trenton	First Trenton		140.4	90			24.9		148.2 percent of total billed charges	
MYCOPLASMA,GENITALIUM,AMP	87563	CPT	both			156	40.35	Horizon	MGD		59.72	38.28			24.9		148.2 percent of total billed charges	
MYCOPLASMA,GENITALIUM,AMP	87563	CPT	both			156	40.35	Horizon	NJ Health		27.52				24.9		148.2 fee schedule	
MYCOPLASMA,GENITALIUM,AMP	87563	CPT	both			156	40.35	Horizon	Indemnity		59.72	38.28			24.9		148.2 percent of total billed charges	
MYCOPLASMA,GENITALIUM,AMP	87563	CPT	both			156	40.35	Horizon	PPO		59.72	38.28			24.9		148.2 percent of total billed charges	
MYCOPLASMA,GENITALIUM,AMP	87563	CPT	both			156	40.35	Horizon	Medicare Blue		46.8	30			24.9		148.2 percent of total billed charges	
MYCOPLASMA,GENITALIUM,AMP	87563	CPT	both			156	40.35	Managed Care Inc	Managed Care Inc		140.4	90			24.9		148.2 percent of total billed charges	
MYCOPLASMA,GENITALIUM,AMP	87563	CPT	both			156	40.35	Multiplan	Multiplan		124.8	80			24.9		148.2 percent of total billed charges	
MYCOPLASMA,GENITALIUM,AMP	87563	CPT	both			156	40.35	Qualcare	Qualcare		117	75			24.9		148.2 percent of total billed charges	
MYCOPLASMA,GENITALIUM,AMP	87563	CPT	both			156	40.35	Three Rivers	Three Rivers		148.2	95			24.9		148.2 percent of total billed charges	
MYCOPLASMA,GENITALIUM,AMP	87563	CPT	both			156	40.35	UHC	Medicare		35.09				24.9		148.2 fee schedule	
MYCOPLASMA,GENITALIUM,AMP	87563	CPT	both			156	40.35	UHC	Medicaid		49.22	31.55			24.9		148.2 percent of total billed charges	
MYCOPLASMA,GENITALIUM,AMP	87563	CPT	both			156	40.35	Wellcare	Medicaid		49.22	31.55			24.9		148.2 percent of total billed charges	
MYCOPLASMA,GENITALIUM,AMP	87563	CPT	both			156	40.35	Wellcare	Medicare		35.09				24.9		148.2 fee schedule	
MYCOPLASMA,GENITALIUM,AMP	87563	CPT	both			156	40.35	WellPoint	WellPoint		50.2	32.18			24.9		148.2 percent of total billed charges	
MYCOPLASMA,PNUEMONIAE,BY PCR	87581	CPT	both			464	40.35	Aetna	Commercial		176.32	38			35.09		440.8 percent of total billed charges	
MYCOPLASMA,PNUEMONIAE,BY PCR	87581	CPT	both			464	40.35	Aetna	Medicare		35.09				35.09		440.8 fee schedule	
MYCOPLASMA,PNUEMONIAE,BY PCR	87581	CPT	both			464	40.35	Aetna	Better Health		146.39	31.55			35.09		440.8 percent of total billed charges	
MYCOPLASMA,PNUEMONIAE,BY PCR	87581	CPT	both			464	40.35	Americare	Americare		348	75			35.09		440.8 percent of total billed charges	
MYCOPLASMA,PNUEMONIAE,BY PCR	87581	CPT	both			464	40.35	Amerihealth	Medicare		35.09				35.09		440.8 fee schedule	
MYCOPLASMA,PNUEMONIAE,BY PCR	87581	CPT	both			464	40.35	Amerihealth	HMO/PPO		301.6	65			35.09		440.8 percent of total billed charges	
MYCOPLASMA,PNUEMONIAE,BY PCR	87581	CPT	both			464	40.35	Consumer	Consumer		440.8	95			35.09		440.8 percent of total billed charges	
MYCOPLASMA,PNUEMONIAE,BY PCR	87581	CPT	both			464	40.35	Corrections	Corrections		371.2	80			35.09		440.8 percent of total billed charges	
MYCOPLASMA,PNUEMONIAE,BY PCR	87581	CPT	both			464	40.35	First Health	First Health		324.8	70			35.09		440.8 percent of total billed charges	
MYCOPLASMA,PNUEMONIAE,BY PCR	87581	CPT	both			464	40.35	First Trenton	First Trenton		417.6	90			35.09		440.8 percent of total billed charges	
MYCOPLASMA,PNUEMONIAE,BY PCR	87581	CPT	both			464	40.35	Horizon	Indemnity		177.62	38.28			35.09		440.8 percent of total billed charges	
MYCOPLASMA,PNUEMONIAE,BY PCR	87581	CPT	both			464	40.35	Horizon	Medicare Blue		139.2	30			35.09		440.8 percent of total billed charges	
MYCOPLASMA,PNUEMONIAE,BY PCR	87581	CPT	both			464	40.35	Horizon	MGD		177.62	38.28			35.09		440.8 percent of total billed charges	
MYCOPLASMA,PNUEMONIAE,BY PCR	87581	CPT	both			464	40.35	Horizon	PPO		177.62	38.28			35.09		440.8 percent of total billed charges	
MYCOPLASMA,PNUEMONIAE,BY PCR	87581	CPT	both			464	40.35	Horizon	NJ Health		38.96				35.09		440.8 fee schedule	
MYCOPLASMA,PNUEMONIAE,BY PCR	87581	CPT	both			464	40.35	Managed Care Inc	Managed Care Inc		417.6	90			35.09		440.8 percent of total billed charges	
MYCOPLASMA,PNUEMONIAE,BY PCR	87581	CPT	both			464	40.35	Multiplan	Multiplan		371.2	80			35.09		440.8 percent of total billed charges	
MYCOPLASMA,PNUEMONIAE,BY PCR	87581	CPT	both			464	40.35	Qualcare	Qualcare		348	75			35.09		440.8 percent of total billed charges	
MYCOPLASMA,PNUEMONIAE,BY PCR	87581	CPT	both			464	40.35	Three Rivers	Three Rivers		440.8	95			35.09		440.8 percent of total billed charges	
MYCOPLASMA,PNUEMONIAE,BY PCR	87581	CPT	both			464	40.35	UHC	Medicaid		146.39	31.55			35.09		440.8 percent of total billed charges	
MYCOPLASMA,PNUEMONIAE,BY PCR	87581	CPT	both			464	40.35	UHC	Medicare		35.09				35.09		440.8 fee schedule	
MYCOPLASMA,PNUEMONIAE,BY PCR	87581	CPT	both			464	40.35	Wellcare	Medicaid		146.39	31.55			35.09		440.8 percent of total billed charges	
MYCOPLASMA,PNUEMONIAE,BY PCR	87581	CPT	both			464	40.35	Wellcare	Medicare		35.09				35.09		440.8 fee schedule	
MYCOPLASMA,PNUEMONIAE,BY PCR	87581	CPT	both			464	40.35	WellPoint	WellPoint		149.32	32.18			35.09		440.8 percent of total billed charges	
NG.AMP.PROBE.TECH	87591	CPT	both			358	40.35	Aetna	Medicare		35.09				23.7		340.1 fee schedule	
NG.AMP.PROBE.TECH	87591	CPT	both			358	40.35	Aetna	Commercial		136.04	38			23.7		340.1 percent of total billed charges	
NG.AMP.PROBE.TECH	87591	CPT	both			358	40.35	Aetna	Better Health		112.95	31.55			23.7		340.1 percent of total billed charges	
NG.AMP.PROBE.TECH	87591	CPT	both			358	40.35	Americare	Americare		268.5	75			23.7		340.1 percent of total billed charges	
NG.AMP.PROBE.TECH	87591	CPT	both			358	40.35	Amerihealth	HMO/PPO		232.7	65			23.7		340.1 percent of total billed charges	
NG.AMP.PROBE.TECH	87591	CPT	both			358	40.35	Amerihealth	Medicare		35.09				23.7		340.1 fee schedule	
NG.AMP.PROBE.TECH	87591	CPT	both			358	40.35	Consumer	Consumer		340.1	95			23.7		340.1 percent of total billed charges	
NG.AMP.PROBE.TECH	87591	CPT	both			358	40.35	Corrections	Corrections		286.4	80			23.7		340.1 percent of total billed charges	
NG.AMP.PROBE.TECH	87591	CPT	both			358	40.35	First Health	First Health		250.6	70			23.7		340.1 percent of total billed charges	
NG.AMP.PROBE.TECH	87591	CPT	both			358	40.35	First Trenton	First Trenton		322.2	90			23.7		340.1 percent of total billed charges	
NG.AMP.PROBE.TECH	87591	CPT	both			358	40.35	Horizon	MGD		137.04	38.28			23.7		340.1 percent of total billed charges	
NG.AMP.PROBE.TECH	87591	CPT	both			358	40.35	Horizon	Indemnity		137.04	38.28			23.7		340.1 percent of total billed charges	
NG.AMP.PROBE.TECH	87591	CPT	both			358	40.35	Horizon	Medicare Blue		107.4	30			23.7		340.1 percent of total billed charges	
NG.AMP.PROBE.TECH	87591	CPT	both			358	40.35	Horizon	NJ Health		73.89				23.7		340.1 fee schedule	
NG.AMP.PROBE.TECH	87591	CPT	both			358	40.35	Horizon	PPO		137.04	38.28			23.7		340.1 percent of total billed charges	
NG.AMP.PROBE.TECH	87591	CPT	both			358	40.35	Managed Care Inc	Managed Care Inc		322.2	90			23.7		340.1 percent of total billed charges	
NG.AMP.PROBE.TECH	87591	CPT	both			358	40.35	Multiplan	Multiplan		286.4	80			23.7		340.1 percent of total billed charges	
NG.AMP.PROBE.TECH	87591	CPT	both			358	40.35	Qualcare	Qualcare		268.5	75			23.7		340.1 percent of total billed charges	
NG.AMP.PROBE.TECH	87591	CPT	both			358	40.35	Three Rivers	Three Rivers		340.1	95			23.7		340.1 percent of total billed charges	
NG.AMP.PROBE.TECH	87591	CPT	both			358	40.35	UHC	Medicare		35.09				23.7		340.1 fee schedule	
NG.AMP.PROBE.TECH	87591	CPT	both			358	40.35	UHC	Medicaid		112.95	31.55			23.7		340.1 percent of total billed charges	
NG.AMP.PROBE.TECH	87591	CPT	both			358	40.35	Wellcare	Medicaid		112.95	31.55			23.7		340.1 percent of total billed charges	
NG.AMP.PROBE.TECH	87591	CPT	both			358	40.35	Wellcare	Medicare		35.09				23.7		340.1 fee schedule	
NG.AMP.PROBE.TECH	87591	CPT	both			358	40.35	WellPoint	WellPoint		115.2	32.18			23.7		340.1 percent of total billed charges	
ORTHOPOXVIRUS(MONKEYPOX)AMPPRBEACH140230	87593	CPT	both			113		Aetna	Medicare		34.8	30.8			33.9		107.35 percent of total billed charges	
ORTHOPOXVIRUS(MONKEYPOX)AMPPRBEACH140230	87593	CPT	both			113		Aetna	Better Health		35.65	31.55			33.9		107.35 percent of total billed charges	
ORTHOPOXVIRUS(MONKEYPOX)AMPPRBEACH140230	87593	CPT	both			113		Aetna	Commercial		42.94	38			33.9		107.35 percent of total billed charges	
ORTHOPOXVIRUS(MONKEYPOX)AMPPRBEACH140230	87593	CPT	both			113		Americare	Americare		84.75	75			33.9		107.35 percent of total billed charges	
ORTHOPOXVIRUS(MONKEYPOX)AMPPRBEACH140230	87593	CPT	both			113		Amerihealth	HMO/PPO		73.45	65			33.9		107.35 percent of total billed charges	
ORTHOPOXVIRUS(MONKEYPOX)AMPPRBEACH140230	87593	CPT	both			113		Consumer	Consumer		107.35	95			33.9		107.35 percent of total billed charges	
ORTHOPOXVIRUS(MONKEYPOX)AMPPRBEACH140230	87593	CPT	both			113		Corrections	Corrections		90.4	80			33.9		107.35 percent of total billed charges	
ORTHOPOXVIRUS(MONKEYPOX)AMPPRBEACH140230	87593	CPT	both			113		First Health	First Health		79.1	70			33.9		107.35 percent of total billed charges	
ORTHOPOXVIRUS(MONKEYPOX)AMPPRBEACH140230	87593	CPT	both			113		First Trenton	First Trenton		101.7	90			33.9		107.35 percent of total billed charges	
ORTHOPOXVIRUS(MONKEYPOX)AMPPRBEACH140230	87593	CPT	both			113		Horizon	MGD		43.26	38.28			33.9		107.35 percent of total billed charges	
ORTHOPOXVIRUS(MONKEYPOX)AMPPRBEACH140230	87593	CPT	both			113		Horizon	Indemnity		43.26	38.28			33.9		107.35 percent of total billed charges	
ORTHOPOXVIRUS(MONKEYPOX)AMPPRBEACH140230	87593	CPT	both			113		Horizon	Medicare Blue		33.9	30			33.9		107.35 percent of total billed charges	
ORTHOPOXVIRUS(MONKEYPOX)AMPPRBEACH140230	87593	CPT	both			113		Horizon	PPO		43.26	38.28			33.9		107.35 percent of total billed charges	
ORTHOPOXVIRUS(MONKEYPOX)AMPPRBEACH140230	87593	CPT	both			113		Managed Care Inc	Managed Care Inc		101.7	90			33.9		107.35 percent of total billed charges	
ORTHOPOXVIRUS(MONKEYPOX)AMPPRBEACH140230	87593	CPT	both			113		Multiplan	Multiplan		90.4	80			33.9		107.35 percent of total billed charges	
ORTHOPOXVIRUS(MONKEYPOX)AMPPRBEACH140230	87593	CPT	both			113		Qualcare	Qualcare		84.75	75			33.9		107.35 percent of total billed charges	
ORTHOPOXVIRUS(MONKEYPOX)AMPPRBEACH140230	87593	CPT	both			113		Three Rivers	Three Rivers		107.35	95			33.9		107.35 percent of total billed charges	
ORTHOPOXVIRUS(MONKEYPOX)AMPPRBEACH140230	87593	CPT	both			113		UHC	Medicaid		35.65	31.55			33.9		107.35 percent of total billed charges	
ORTHOPOXVIRUS(MONKEYPOX)AMPPRBEACH140230	87593	CPT	both			113		Wellcare	Medicaid		35.65	31.55			33.9		107.35 percent of total billed charges	
ORTHOPOXVIRUS(MONKEYPOX)AMPPRBEACH140230	87593	CPT	both			113		WellPoint	WellPoint		36.36	32.18			33.9		107.35 percent of total billed charges	
HUMAN PAPILLOMA VIRUS (QUAL)	87624	CPT	both			640	40.35	Aetna	Better Health		201.92	31.55			33.9		608 percent of total billed charges	
HUMAN PAPILLOMA VIRUS (QUAL)	87624	CPT	both			640	40.35	Aetna	Commercial		243.2	38			33.9		608 percent of total billed charges	
HUMAN PAPILLOMA VIRUS (QUAL)	87624	CPT	both			640	40.35	Aetna	Medicare		35.09				33.9		608 fee schedule	
HUMAN PAPILLOMA VIRUS (QUAL)	87624	CPT	both			640	40.35	Americare	Americare		480	75			33.9		608 percent of total billed charges	
HUMAN PAPILLOMA VIRUS (QUAL)	87624	CPT	both			640	40.35	Amerihealth	HMO/PPO		416	65			33.9		608 percent of total billed charges	
HUMAN PAPILLOMA VIRUS (QUAL)	87624	CPT	both			640	40.35	Amerihealth	Medicare		35.09				33.9		608 fee schedule	
HUMAN PAPILLOMA VIRUS (QUAL)	87624	CPT	both			640	40.35	Consumer	Consumer		608	95			33.9		608 percent of total billed charges	
HUMAN PAPILLOMA VIRUS (QUAL)	87624	CPT	both			640	40.35	Corrections	Corrections		512	80			33.9		608 percent of total billed charges	
HUMAN PAPILLOMA VIRUS (QUAL)	87624	CPT	both			640	40.35	First Health	First Health		448	70			33.9		608 percent of total billed charges	
HUMAN PAPILLOMA VIRUS (QUAL)	87624	CPT	both			640	40.35	First Trenton	First Trenton		576	90			33.9		608 percent of total billed charges	
HUMAN PAPILLOMA VIRUS (QUAL)	87624	CPT	both			640	40.35	Horizon	Medicare Blue		192	30			33.9		608 percent of total billed charges	
HUMAN PAPILLOMA VIRUS (QUAL)	87624	CPT	both			640	40.35	Horizon	Indemnity		244.99	38.28			33.9		608 percent of total billed charges	
HUMAN PAPILLOMA VIRUS (QUAL)	87624	CPT	both			640	40.35	Horizon	MGD		244.99	38.28			33.9		608 percent of total billed charges	
HUMAN PAPILLOMA VIRUS (QUAL)	87624	CPT	both			640	40.35	Horizon	NJ Health		37.44				33.9		608 fee schedule	
HUMAN PAPILLOMA VIRUS (QUAL)	87624	CPT	both			640	40.35	Horizon	PPO		244.99	38.28			33.9		608 percent of total billed charges	
HUMAN PAPILLOMA VIRUS (QUAL)	87624	CPT	both			640	40.35	Managed Care Inc	Managed Care Inc		576	90			33.9		608 percent of total billed charges	
HUMAN PAPILLOMA VIRUS (QUAL)	87624	CPT	both			640	40.35	Multiplan	Multiplan		512	80			33.9		608 percent of total billed charges	
HUMAN PAPILLOMA VIRUS (QUAL)	87624	CPT	both			640	40.35	Qualcare	Qualcare		480	75			33.9		608 percent of total billed charges	
HUMAN PAPILLOMA VIRUS (QUAL)	87624	CPT	both			640	40.35	Three Rivers	Three Rivers		608	95			33.9		608 percent of total billed charges	
HUMAN PAPILLOMA VIRUS (QUAL)	87624	CPT	both			640	40.35	UHC	Medicare		35.09				33.9		608 fee schedule	
HUMAN PAPILLOMA VIRUS (QUAL)	87624	CPT	both			640	40.35	UHC	Medicaid		201.92	31.55			33.9		608 percent of total billed charges	
HUMAN PAPILLOMA VIRUS (QUAL)	87624	CPT	both			640	40.35	Wellcare	Medicare		35.09				33.9		608 fee schedule	
HUMAN PAPILLOMA VIRUS (QUAL)	87624	CPT	both			640	40.35	Wellcare	Medicaid		201.92	31.55			33.9		608 percent of total billed charges	
HUMAN PAPILLOMA VIRUS (QUAL)	87624	CPT	both			640	40.35	WellPoint	WellPoint		205.95	32.18			33.9		608 percent of total billed charges	
FLU/A/B/RSV	87631	CPT	both			746	164.02	Aetna	Better Health		235.36	31.55			142.63		708.7 percent of total billed charges	
FLU/A/B/RSV	87631	CPT	both			746	164.02	Aetna	Medicare		142.63				142.63		708.7 fee schedule	
FLU/A/B/RSV	87631	CPT	both			746	164.02	Aetna	Commercial		283.48	38			142.63		708.7 percent of total billed charges	
FLU/A/B/RSV	87631	CPT	both			746	164.02	Americare	Americare		559.5	75			142.63		708.7 percent of total billed charges	
FLU/A/B/RSV	87631	CPT	both			746	164.02	Amerihealth	HMO/PPO		484.9	65			142.63		708.7 percent of total billed charges	
FLU/A/B/RSV	87631	CPT	both			746	164.02	Amerihealth	Medicare		142.63				142.63		708.7 fee schedule	
FLU/A/B/RSV	87631	CPT	both			746	164.02	Consumer	Consumer		708.7	95			142.63		708.7 percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
FLU/A/B/RSV	87631	CPT	both			746	164.02	Corrections	Corrections		596.8			80	142.63	708.7	percent of total billed charges	
FLU/A/B/RSV	87631	CPT	both			746	164.02	First Health	First Health		522.2			70	142.63	708.7	percent of total billed charges	
FLU/A/B/RSV	87631	CPT	both			746	164.02	First Trenton	First Trenton		671.4			90	142.63	708.7	percent of total billed charges	
FLU/A/B/RSV	87631	CPT	both			746	164.02	Horizon	MGD		285.57			38.28	142.63	708.7	percent of total billed charges	
FLU/A/B/RSV	87631	CPT	both			746	164.02	Horizon	NJ Health		331.8				142.63	708.7	fee schedule	
FLU/A/B/RSV	87631	CPT	both			746	164.02	Horizon	Indemnity		285.57			38.28	142.63	708.7	percent of total billed charges	
FLU/A/B/RSV	87631	CPT	both			746	164.02	Horizon	PPO		285.57			38.28	142.63	708.7	percent of total billed charges	
FLU/A/B/RSV	87631	CPT	both			746	164.02	Horizon	Medicare Blue		223.8			30	142.63	708.7	percent of total billed charges	
FLU/A/B/RSV	87631	CPT	both			746	164.02	Managed Care Inc	Managed Care Inc		671.4			90	142.63	708.7	percent of total billed charges	
FLU/A/B/RSV	87631	CPT	both			746	164.02	Multiplan	Multiplan		596.8			80	142.63	708.7	percent of total billed charges	
FLU/A/B/RSV	87631	CPT	both			746	164.02	Qualcare	Qualcare		559.5			75	142.63	708.7	percent of total billed charges	
FLU/A/B/RSV	87631	CPT	both			746	164.02	Three Rivers	Three Rivers		708.7			95	142.63	708.7	percent of total billed charges	
FLU/A/B/RSV	87631	CPT	both			746	164.02	UHC	Medicare		142.63				142.63	708.7	fee schedule	
FLU/A/B/RSV	87631	CPT	both			746	164.02	UHC	Medicaid		235.36			31.55	142.63	708.7	percent of total billed charges	
FLU/A/B/RSV	87631	CPT	both			746	164.02	Wellcare	Medicaid		235.36			31.55	142.63	708.7	percent of total billed charges	
FLU/A/B/RSV	87631	CPT	both			746	164.02	Wellcare	Medicare		142.63				142.63	708.7	fee schedule	
FLU/A/B/RSV	87631	CPT	both			746	164.02	WellPoint	WellPoint		240.06			32.18	142.63	708.7	percent of total billed charges	
RESPIRATORY VIRUS 12-25 TRGT	87633	CPT	both			1437	479.3	Aetna	Commercial		546.06			38	240.3	1365.15	percent of total billed charges	
RESPIRATORY VIRUS 12-25 TRGT	87633	CPT	both			1437	479.3	Aetna	Better Health		453.37			31.55	240.3	1365.15	percent of total billed charges	
RESPIRATORY VIRUS 12-25 TRGT	87633	CPT	both			1437	479.3	Aetna	Medicare		442.6			30.8	240.3	1365.15	percent of total billed charges	
RESPIRATORY VIRUS 12-25 TRGT	87633	CPT	both			1437	479.3	Americare	Americare		1077.75			75	240.3	1365.15	percent of total billed charges	
RESPIRATORY VIRUS 12-25 TRGT	87633	CPT	both			1437	479.3	Amerihealth	HMO/PPO		934.05			65	240.3	1365.15	percent of total billed charges	
RESPIRATORY VIRUS 12-25 TRGT	87633	CPT	both			1437	479.3	Amerihealth	Medicare		416.78				240.3	1365.15	fee schedule	
RESPIRATORY VIRUS 12-25 TRGT	87633	CPT	both			1437	479.3	Consumer	Consumer		1365.15			95	240.3	1365.15	percent of total billed charges	
RESPIRATORY VIRUS 12-25 TRGT	87633	CPT	both			1437	479.3	Corrections	Corrections		1149.6			80	240.3	1365.15	percent of total billed charges	
RESPIRATORY VIRUS 12-25 TRGT	87633	CPT	both			1437	479.3	First Health	First Health		1005.9			70	240.3	1365.15	percent of total billed charges	
RESPIRATORY VIRUS 12-25 TRGT	87633	CPT	both			1437	479.3	First Trenton	First Trenton		1293.3			90	240.3	1365.15	percent of total billed charges	
RESPIRATORY VIRUS 12-25 TRGT	87633	CPT	both			1437	479.3	Horizon	MGD		550.08			38.28	240.3	1365.15	percent of total billed charges	
RESPIRATORY VIRUS 12-25 TRGT	87633	CPT	both			1437	479.3	Horizon	Indemnity		550.08			38.28	240.3	1365.15	percent of total billed charges	
RESPIRATORY VIRUS 12-25 TRGT	87633	CPT	both			1437	479.3	Horizon	NJ Health		1077.99				240.3	1365.15	fee schedule	
RESPIRATORY VIRUS 12-25 TRGT	87633	CPT	both			1437	479.3	Horizon	Medicare Blue		431.1			30	240.3	1365.15	percent of total billed charges	
RESPIRATORY VIRUS 12-25 TRGT	87633	CPT	both			1437	479.3	Horizon	PPO		550.08			38.28	240.3	1365.15	percent of total billed charges	
RESPIRATORY VIRUS 12-25 TRGT	87633	CPT	both			1437	479.3	Managed Care Inc	Managed Care Inc		1293.3			90	240.3	1365.15	percent of total billed charges	
RESPIRATORY VIRUS 12-25 TRGT	87633	CPT	both			1437	479.3	Multiplan	Multiplan		1149.6			80	240.3	1365.15	percent of total billed charges	
RESPIRATORY VIRUS 12-25 TRGT	87633	CPT	both			1437	479.3	Qualcare	Qualcare		1077.75			75	240.3	1365.15	percent of total billed charges	
RESPIRATORY VIRUS 12-25 TRGT	87633	CPT	both			1437	479.3	Three Rivers	Three Rivers		1365.15			95	240.3	1365.15	percent of total billed charges	
RESPIRATORY VIRUS 12-25 TRGT	87633	CPT	both			1437	479.3	UHC	Medicaid		453.37			31.55	240.3	1365.15	percent of total billed charges	
RESPIRATORY VIRUS 12-25 TRGT	87633	CPT	both			1437	479.3	UHC	Medicare		416.78				240.3	1365.15	fee schedule	
RESPIRATORY VIRUS 12-25 TRGT	87633	CPT	both			1437	479.3	Wellcare	Medicaid		453.37			31.55	240.3	1365.15	percent of total billed charges	
RESPIRATORY VIRUS 12-25 TRGT	87633	CPT	both			1437	479.3	Wellcare	Medicare		416.78				240.3	1365.15	fee schedule	
RESPIRATORY VIRUS 12-25 TRGT	87633	CPT	both			1437	479.3	WellPoint	WellPoint		462.43			32.18	240.3	1365.15	percent of total billed charges	
SARS-COV-2 RNA(CEPHEID)	87635	CPT	both			159	59.01	Aetna	Medicare		51.31				47.7	151.05	fee schedule	
SARS-COV-2 RNA(CEPHEID)	87635	CPT	both			159	59.01	Aetna	Commercial		60.42			38	47.7	151.05	percent of total billed charges	
SARS-COV-2 RNA(CEPHEID)	87635	CPT	both			159	59.01	Aetna	Better Health		50.16			31.55	47.7	151.05	percent of total billed charges	
SARS-COV-2 RNA(CEPHEID)	87635	CPT	both			159	59.01	Americare	Americare		119.25			75	47.7	151.05	percent of total billed charges	
SARS-COV-2 RNA(CEPHEID)	87635	CPT	both			159	59.01	Amerihealth	Medicare		51.31				47.7	151.05	fee schedule	
SARS-COV-2 RNA(CEPHEID)	87635	CPT	both			159	59.01	Amerihealth	HMO/PPO		103.35			65	47.7	151.05	percent of total billed charges	
SARS-COV-2 RNA(CEPHEID)	87635	CPT	both			159	59.01	Consumer	Consumer		151.05			95	47.7	151.05	percent of total billed charges	
SARS-COV-2 RNA(CEPHEID)	87635	CPT	both			159	59.01	Corrections	Corrections		127.2			80	47.7	151.05	percent of total billed charges	
SARS-COV-2 RNA(CEPHEID)	87635	CPT	both			159	59.01	First Health	First Health		111.3			70	47.7	151.05	percent of total billed charges	
SARS-COV-2 RNA(CEPHEID)	87635	CPT	both			159	59.01	First Trenton	First Trenton		143.1			90	47.7	151.05	percent of total billed charges	
SARS-COV-2 RNA(CEPHEID)	87635	CPT	both			159	59.01	Horizon	PPO		60.87			38.28	47.7	151.05	percent of total billed charges	
SARS-COV-2 RNA(CEPHEID)	87635	CPT	both			159	59.01	Horizon	MGD		60.87			38.28	47.7	151.05	percent of total billed charges	
SARS-COV-2 RNA(CEPHEID)	87635	CPT	both			159	59.01	Horizon	Medicare Blue		47.7			30	47.7	151.05	percent of total billed charges	
SARS-COV-2 RNA(CEPHEID)	87635	CPT	both			159	59.01	Horizon	Indemnity		60.87			38.28	47.7	151.05	percent of total billed charges	
SARS-COV-2 RNA(CEPHEID)	87635	CPT	both			159	59.01	Managed Care Inc	Managed Care Inc		143.1			90	47.7	151.05	percent of total billed charges	
SARS-COV-2 RNA(CEPHEID)	87635	CPT	both			159	59.01	Multiplan	Multiplan		127.2			80	47.7	151.05	percent of total billed charges	
SARS-COV-2 RNA(CEPHEID)	87635	CPT	both			159	59.01	Qualcare	Qualcare		119.25			75	47.7	151.05	percent of total billed charges	
SARS-COV-2 RNA(CEPHEID)	87635	CPT	both			159	59.01	Three Rivers	Three Rivers		151.05			95	47.7	151.05	percent of total billed charges	
SARS-COV-2 RNA(CEPHEID)	87635	CPT	both			159	59.01	UHC	Medicaid		50.16			31.55	47.7	151.05	percent of total billed charges	
SARS-COV-2 RNA(CEPHEID)	87635	CPT	both			159	59.01	UHC	Medicare		51.31				47.7	151.05	fee schedule	
SARS-COV-2 RNA(CEPHEID)	87635	CPT	both			159	59.01	Wellcare	Medicare		51.31				47.7	151.05	fee schedule	
SARS-COV-2 RNA(CEPHEID)	87635	CPT	both			159	59.01	Wellcare	Medicaid		50.16			31.55	47.7	151.05	percent of total billed charges	
SARS-COV-2 RNA(CEPHEID)	87635	CPT	both			159	59.01	WellPoint	WellPoint		51.17			32.18	47.7	151.05	percent of total billed charges	
MRSA PCR	87641	CPT	both			603	40.35	Aetna	Commercial		229.14			38	35.09	572.85	percent of total billed charges	
MRSA PCR	87641	CPT	both			603	40.35	Aetna	Medicare		35.09				35.09	572.85	fee schedule	
MRSA PCR	87641	CPT	both			603	40.35	Aetna	Better Health		190.25			31.55	35.09	572.85	percent of total billed charges	
MRSA PCR	87641	CPT	both			603	40.35	Americare	Americare		482.25			75	35.09	572.85	percent of total billed charges	
MRSA PCR	87641	CPT	both			603	40.35	Amerihealth	Medicare		35.09				35.09	572.85	fee schedule	
MRSA PCR	87641	CPT	both			603	40.35	Amerihealth	HMO/PPO		391.95			65	35.09	572.85	percent of total billed charges	
MRSA PCR	87641	CPT	both			603	40.35	Consumer	Consumer		572.85			95	35.09	572.85	percent of total billed charges	
MRSA PCR	87641	CPT	both			603	40.35	Corrections	Corrections		482.4			80	35.09	572.85	percent of total billed charges	
MRSA PCR	87641	CPT	both			603	40.35	First Health	First Health		422.1			70	35.09	572.85	percent of total billed charges	
MRSA PCR	87641	CPT	both			603	40.35	First Trenton	First Trenton		542.7			90	35.09	572.85	percent of total billed charges	
MRSA PCR	87641	CPT	both			603	40.35	Horizon	Indemnity		230.83			38.28	35.09	572.85	percent of total billed charges	
MRSA PCR	87641	CPT	both			603	40.35	Horizon	Medicare Blue		180.9			30	35.09	572.85	percent of total billed charges	
MRSA PCR	87641	CPT	both			603	40.35	Horizon	NJ Health		96.12				35.09	572.85	fee schedule	
MRSA PCR	87641	CPT	both			603	40.35	Horizon	MGD		230.83			38.28	35.09	572.85	percent of total billed charges	
MRSA PCR	87641	CPT	both			603	40.35	Horizon	PPO		230.83			38.28	35.09	572.85	percent of total billed charges	
MRSA PCR	87641	CPT	both			603	40.35	Managed Care Inc	Managed Care Inc		542.7			90	35.09	572.85	percent of total billed charges	
MRSA PCR	87641	CPT	both			603	40.35	Multiplan	Multiplan		482.4			80	35.09	572.85	percent of total billed charges	
MRSA PCR	87641	CPT	both			603	40.35	Qualcare	Qualcare		452.25			75	35.09	572.85	percent of total billed charges	
MRSA PCR	87641	CPT	both			603	40.35	Three Rivers	Three Rivers		572.85			95	35.09	572.85	percent of total billed charges	
MRSA PCR	87641	CPT	both			603	40.35	UHC	Medicaid		190.25			31.55	35.09	572.85	percent of total billed charges	
MRSA PCR	87641	CPT	both			603	40.35	UHC	Medicare		35.09				35.09	572.85	fee schedule	
MRSA PCR	87641	CPT	both			603	40.35	Wellcare	Medicare		35.09				35.09	572.85	fee schedule	
MRSA PCR	87641	CPT	both			603	40.35	Wellcare	Medicaid		190.25			31.55	35.09	572.85	percent of total billed charges	
MRSA PCR	87641	CPT	both			603	40.35	WellPoint	WellPoint		194.05			32.18	35.09	572.85	percent of total billed charges	
TRICHOMONAS.VAG/AMP/PROBE/TECH	87661	CPT	outpatient			358	40.35	Aetna	Better Health		112.95			31.55	26.4	340.1	percent of total billed charges	
TRICHOMONAS.VAG/AMP/PROBE/TECH	87661	CPT	outpatient			358	40.35	Aetna	Medicare		35.09				26.4	340.1	fee schedule	
TRICHOMONAS.VAG/AMP/PROBE/TECH	87661	CPT	outpatient			358	40.35	Aetna	Commercial		136.04			38	26.4	340.1	percent of total billed charges	
TRICHOMONAS.VAG/AMP/PROBE/TECH	87661	CPT	outpatient			358	40.35	Americare	Americare		268.5			75	26.4	340.1	percent of total billed charges	
TRICHOMONAS.VAG/AMP/PROBE/TECH	87661	CPT	outpatient			358	40.35	Amerihealth	HMO/PPO		232.7			65	26.4	340.1	percent of total billed charges	
TRICHOMONAS.VAG/AMP/PROBE/TECH	87661	CPT	outpatient			358	40.35	Amerihealth	Medicare		35.09				26.4	340.1	fee schedule	
TRICHOMONAS.VAG/AMP/PROBE/TECH	87661	CPT	outpatient			358	40.35	Consumer	Consumer		340.1			95	26.4	340.1	percent of total billed charges	
TRICHOMONAS.VAG/AMP/PROBE/TECH	87661	CPT	outpatient			358	40.35	Corrections	Corrections		286.4			80	26.4	340.1	percent of total billed charges	
TRICHOMONAS.VAG/AMP/PROBE/TECH	87661	CPT	outpatient			358	40.35	First Health	First Health		250.6			70	26.4	340.1	percent of total billed charges	
TRICHOMONAS.VAG/AMP/PROBE/TECH	87661	CPT	outpatient			358	40.35	First Trenton	First Trenton		322.2			90	26.4	340.1	percent of total billed charges	
TRICHOMONAS.VAG/AMP/PROBE/TECH	87661	CPT	outpatient			358	40.35	Horizon	MGD		137.04			38.28	26.4	340.1	percent of total billed charges	
TRICHOMONAS.VAG/AMP/PROBE/TECH	87661	CPT	outpatient			358	40.35	Horizon	NJ Health		37.53				26.4	340.1	fee schedule	
TRICHOMONAS.VAG/AMP/PROBE/TECH	87661	CPT	outpatient			358	40.35	Horizon	Indemnity		137.04			38.28	26.4	340.1	percent of total billed charges	
TRICHOMONAS.VAG/AMP/PROBE/TECH	87661	CPT	outpatient			358	40.35	Horizon	PPO		137.04			38.28	26.4	340.1	percent of total billed charges	
TRICHOMONAS.VAG/AMP/PROBE/TECH	87661	CPT	outpatient			358	40.35	Horizon	Medicare Blue		107.4			30	26.4	340.1	percent of total billed charges	
TRICHOMONAS.VAG/AMP/PROBE/TECH	87661	CPT	outpatient			358	40.35	Managed Care Inc	Managed Care Inc		322.2			90	26.4	340.1	percent of total billed charges	
TRICHOMONAS.VAG/AMP/PROBE/TECH	87661	CPT	outpatient			358	40.35	Multiplan	Multiplan		286.4			80	26.4	340.1	percent of total billed charges	
TRICHOMONAS.VAG/AMP/PROBE/TECH	87661	CPT	outpatient			358	40.35	Qualcare	Qualcare		268.5			75	26.4	340.1	percent of total billed charges	
TRICHOMONAS.VAG/AMP/PROBE/TECH	87661	CPT	outpatient			358	40.35	Three Rivers	Three Rivers		340.1			95	26.4	340.1	percent of total billed charges	
TRICHOMONAS.VAG/AMP/PROBE/TECH	87661	CPT	outpatient			358	40.35	UHC	Medicare		35.09				26.4	340.1	fee schedule	
TRICHOMONAS.VAG/AMP/PROBE/TECH	87661	CPT	outpatient			358	40.35	UHC	Medicaid		112.95			31.55	26.4	340.1	percent of total billed charges	
TRICHOMONAS.VAG/AMP/PROBE/TECH	87661	CPT	outpatient			358	40.35	Wellcare	Medicare		35.09				26.4	340.1	fee schedule	
TRICHOMONAS.VAG/AMP/PROBE/TECH	87661	CPT	outpatient			358	40.35	Wellcare	Medicaid		112.95			31.55	26.4	340.1	percent of total billed charges	
TRICHOMONAS.VAG/AMP/PROBE/TECH	87661	CPT	outpatient			358	40.35	WellPoint	WellPoint		115.2			32.18	26.4	340.1	percent of total billed charges	
ZIKA.RNA.REAL.TIME.RT-PCR(93870)	87662	CPT	inpatient			1172	59.01	Aetna	Medicare		51.31				49.67	1113.4	fee schedule	
ZIKA.RNA.REAL.TIME.RT-PCR(93870)	87662	CPT	inpatient			1172	59.01	Aetna	Better Health		369.77			31.55	49.67	1113.4	percent of total billed charges	
ZIKA.RNA.REAL.TIME.RT-PCR(93870)	87662	CPT	inpatient			1172	59.01	Aetna	Commercial		445.36			38	49.67	1113.4	percent of total billed charges	
ZIKA.RNA.REAL.TIME.RT-PCR(93870)	87662	CPT	inpatient			1172	59.01	Americare	Americare		879			75	49.67	1113.4	percent of total billed charges	
ZIKA.RNA.REAL.TIME.RT-PCR(93870)	87662	CPT	inpatient			1172	59.01	Amerihealth	Medicare		51.31				49.67	1113.4	fee schedule	
ZIKA.RNA.REAL.TIME.RT-PCR(93870)	87662	CPT	inpatient			1172	59.01	Amerihealth	HMO/PPO		761.8			65	49.67	1113.4	percent of total billed charges	
ZIKA.RNA.REAL.TIME.RT-PCR(93870)	87662	CPT	inpatient			1172	59.01	Consumer	Consumer		1113.4			95	49.67	1113.4	percent of total billed charges	
ZIKA.RNA.REAL.TIME.RT-PCR(93870)	87662	CPT	inpatient			1172	59.01	Corrections	Corrections		937.6			80	49.67	1113.4	percent of total billed charges	
ZIKA.RNA.REAL.TIME.RT-PCR(93870)	87662	CPT	inpatient			1172	59.01	First Health	First Health		820.4			70	49.67	1113.4	percent of total billed charges	
ZIKA.RNA.REAL.TIME.RT-PCR(93870)	87662	CPT	inpatient			1172	59.01	First Trenton	First Trenton		1054.8			90	49.67	1113.4	percent of total billed charges	
ZIKA.RNA.REAL.TIME.RT-PCR(93870)	87662	CPT	inpatient			1172	59.01	Horizon	MGD		448.64			38.28	49.67	1113.4	percent of total billed charges	
ZIKA.RNA.REAL.TIME.RT-PCR(93870)	87662	CPT	inpatient			1172	59.01	Horizon	Medicare Blue		351.6			30	49.67	1113.4	percent of total billed charges	
ZIKA.RNA.REAL.TIME.RT-PCR(93870)	87662	CPT	inpatient			1172	59.01	Horizon	Indemnity		448.64			38.28	49.67	1113.4	percent of total billed charges	
ZIKA.RNA.REAL.TIME.RT-PCR(93870)	87662	CPT	inpatient			1172	59.01	Horizon	NJ Health		49.67				49.67	1113.4	fee schedule	
ZIKA.RNA.REAL.TIME.RT-PCR(93870)	87662	CPT	inpatient			1172	59.01	Horizon	PPO		448.64			38.28	49.67	1113.4	percent of total billed charges	
ZIKA.RNA.REAL.TIME.RT-PCR(93870)	87662	CPT	inpatient			1172	59.01	Managed Care Inc	Managed Care Inc		1054.8			90	49.67	1113.4	percent of total billed charges	
ZIKA.RNA.REAL.TIME.RT-PCR(93870)	87662	CPT	inpatient			1172	59.01	Multiplan	Multiplan		937.6			80	49.67	1113.4	percent of total billed charges	
ZIKA.RNA.REAL.TIME.RT-PCR(93870)	87662	CPT	inpatient			1172	59.01	Qualcare	Qualcare		879			75	49.67	1113.4	percent of total billed charges	
ZIKA.RNA.REAL.TIME.RT-PCR(93870)	87662	CPT	inpatient			1172	59.01	Three Rivers	Three Rivers		1113.4			95	49.67	1113.4	percent of total billed charges	
ZIKA.RNA.REAL.TIME.RT-PCR(93870)	87662	CPT	inpatient			1172	59.01	UHC	Medicaid		369.77			31.55	49.67	1113.4	percent of total billed charges	
ZIKA.RNA.REAL.TIME.RT-PCR(93870)	87662	CPT	inpatient			1172	59.01	UHC	Medicare		51.31				49.67	1113.4	fee schedule	
ZIKA.RNA.REAL.TIME.RT-PCR(93870)	87662	CPT	inpatient			1172	59.01	Wellcare	Medicare		51.31				49.67	1113.4	fee schedule	
ZIKA.RNA.REAL.TIME.RT-PCR(93870)	87662	CPT	inpatient			1172	59.01	Wellcare	Medicaid		369.77			31.55	49.67	1113.4	percent of total billed charges	
ZIKA.RNA.REAL.TIME.RT-PCR(93870)	87662	CPT	inpatient			1172	59.01	WellPoint	WellPoint		377.15			32.18	49.67	1113.4	percent of total billed charges	
ZIKA VIRUS, URINE	87798	CPT	both			1682	40.35	Aetna	Better Health		530.67			31.55	25.8	1597.9	percent of total billed charges	
ZIKA VIRUS, URINE	87798	CPT	both			1682	40.35	Aetna	Medicare		35.09				25.8	1597.9	fee schedule	
ZIKA VIRUS, URINE	87798	CPT	both			1682	40.35	Aetna	Commercial		639.16			38	25.8	1597.9	percent of total billed charges	
ZIKA VIRUS, URINE	87798	CPT	both			1682	40.35	Americare	Americare		1261.5			75	25.8	1597.9	percent of total billed charges	
ZIKA VIRUS, URINE	87798	CPT	both			1682	40.35	Amerihealth	Medicare		35.09				25.8	1597.9	fee schedule	
ZIKA VIRUS, URINE	87798	CPT	both			1682	40.35	Amerihealth	HMO/PPO		1093.3			65	25.8	1597.9	percent of total billed charges	
ZIKA VIRUS, URINE	87798	CPT	both			1682	40.35	Consumer	Consumer		1597.9			95	25.8	1597.9	percent of total billed charges	
ZIKA VIRUS, URINE	87798	CPT	both			1682	40.35	Corrections	Corrections		1345.6			80	25.8	1597.9	percent of total billed charges	
ZIKA VIRUS, URINE	87798	CPT	both			1682	40.35	First Health	First Health		1177.4			70	25.8	1597.9	percent of total billed charges	
ZIKA VIRUS, URINE	87798	CPT	both			1682	40.35	First Trenton	First Trenton		1513.8			90	25.8	1597.9	percent of total billed charges	
ZIKA VIRUS, URINE	87798	CPT	both			1682	40.35	Horizon	MGD		643.87			38.28	25.8	1597.9	percent of total billed charges	
ZIKA VIRUS, URINE	87798	CPT	both			1682	40.35	Horizon	Medicare Blue		504.6			30	25.8	1597.9	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ZIKA VIRUS, URINE	87798	CPT	both			1682		40.35 Horizon	NJ Health		154.92				25.8	1597.9	fee schedule	
ZIKA VIRUS, URINE	87798	CPT	both			1682		40.35 Horizon	PPO		643.87	38.28			25.8	1597.9	percent of total billed charges	
ZIKA VIRUS, URINE	87798	CPT	both			1682		40.35 Horizon	Indemnity		643.87	38.28			25.8	1597.9	percent of total billed charges	
ZIKA VIRUS, URINE	87798	CPT	both			1682		40.35 Managed Care Inc	Managed Care Inc		1513.8	90			25.8	1597.9	percent of total billed charges	
ZIKA VIRUS, URINE	87798	CPT	both			1682		40.35 Multiplan	Multiplan		1345.6	80			25.8	1597.9	percent of total billed charges	
ZIKA VIRUS, URINE	87798	CPT	both			1682		40.35 Qualcare	Qualcare		1261.5	75			25.8	1597.9	percent of total billed charges	
ZIKA VIRUS, URINE	87798	CPT	both			1682		40.35 Three Rivers	Three Rivers		1597.9	95			25.8	1597.9	percent of total billed charges	
ZIKA VIRUS, URINE	87798	CPT	both			1682		40.35 UHC	Medicare		35.09				25.8	1597.9	fee schedule	
ZIKA VIRUS, URINE	87798	CPT	both			1682		40.35 UHC	Medicaid		530.67	31.55			25.8	1597.9	percent of total billed charges	
ZIKA VIRUS, URINE	87798	CPT	both			1682		40.35 Wellcare	Medicaid		530.67	31.55			25.8	1597.9	percent of total billed charges	
ZIKA VIRUS, URINE	87798	CPT	both			1682		40.35 Wellcare	Medicare		35.09				25.8	1597.9	fee schedule	
ZIKA VIRUS, URINE	87798	CPT	both			1682		40.35 WellPoint	WellPoint		541.27	32.18			25.8	1597.9	percent of total billed charges	
VARICELLA ZOSTER DN RT PCR	87799	CPT	both			1551		49.27 Aetna	Medicare		42.84				41.1	1473.45	fee schedule	
VARICELLA ZOSTER DN RT PCR	87799	CPT	both			1551		49.27 Aetna	Better Health		489.34	31.55			41.1	1473.45	percent of total billed charges	
VARICELLA ZOSTER DN RT PCR	87799	CPT	both			1551		49.27 Aetna	Commercial		589.38	38			41.1	1473.45	percent of total billed charges	
VARICELLA ZOSTER DN RT PCR	87799	CPT	both			1551		49.27 Americare	Americare		1163.25	75			41.1	1473.45	percent of total billed charges	
VARICELLA ZOSTER DN RT PCR	87799	CPT	both			1551		49.27 Amerihealth	HMO/PPO		1008.15	65			41.1	1473.45	percent of total billed charges	
VARICELLA ZOSTER DN RT PCR	87799	CPT	both			1551		49.27 Amerihealth	Medicare		42.84				41.1	1473.45	fee schedule	
VARICELLA ZOSTER DN RT PCR	87799	CPT	both			1551		49.27 Consumer	Consumer		1473.45	95			41.1	1473.45	percent of total billed charges	
VARICELLA ZOSTER DN RT PCR	87799	CPT	both			1551		49.27 Corrections	Corrections		1240.8	80			41.1	1473.45	percent of total billed charges	
VARICELLA ZOSTER DN RT PCR	87799	CPT	both			1551		49.27 First Health	First Health		1085.7	70			41.1	1473.45	percent of total billed charges	
VARICELLA ZOSTER DN RT PCR	87799	CPT	both			1551		49.27 First Trenton	First Trenton		1395.9	90			41.1	1473.45	percent of total billed charges	
VARICELLA ZOSTER DN RT PCR	87799	CPT	both			1551		49.27 Horizon	MGD		593.72	38.28			41.1	1473.45	percent of total billed charges	
VARICELLA ZOSTER DN RT PCR	87799	CPT	both			1551		49.27 Horizon	Indemnity		593.72	38.28			41.1	1473.45	percent of total billed charges	
VARICELLA ZOSTER DN RT PCR	87799	CPT	both			1551		49.27 Horizon	NJ Health		47.57				41.1	1473.45	fee schedule	
VARICELLA ZOSTER DN RT PCR	87799	CPT	both			1551		49.27 Horizon	Medicare Blue		465.3	30			41.1	1473.45	percent of total billed charges	
VARICELLA ZOSTER DN RT PCR	87799	CPT	both			1551		49.27 Horizon	PPO		593.72	38.28			41.1	1473.45	percent of total billed charges	
VARICELLA ZOSTER DN RT PCR	87799	CPT	both			1551		49.27 Managed Care Inc	Managed Care Inc		1395.9	90			41.1	1473.45	percent of total billed charges	
VARICELLA ZOSTER DN RT PCR	87799	CPT	both			1551		49.27 Multiplan	Multiplan		1240.8	80			41.1	1473.45	percent of total billed charges	
VARICELLA ZOSTER DN RT PCR	87799	CPT	both			1551		49.27 Qualcare	Qualcare		1163.25	75			41.1	1473.45	percent of total billed charges	
VARICELLA ZOSTER DN RT PCR	87799	CPT	both			1551		49.27 Three Rivers	Three Rivers		1473.45	95			41.1	1473.45	percent of total billed charges	
VARICELLA ZOSTER DN RT PCR	87799	CPT	both			1551		49.27 UHC	Medicaid		489.34	31.55			41.1	1473.45	percent of total billed charges	
VARICELLA ZOSTER DN RT PCR	87799	CPT	both			1551		49.27 UHC	Medicare		42.84				41.1	1473.45	fee schedule	
VARICELLA ZOSTER DN RT PCR	87799	CPT	both			1551		49.27 Wellcare	Medicare		42.84				41.1	1473.45	fee schedule	
VARICELLA ZOSTER DN RT PCR	87799	CPT	both			1551		49.27 Wellcare	Medicaid		489.34	31.55			41.1	1473.45	percent of total billed charges	
VARICELLA ZOSTER DN RT PCR	87799	CPT	both			1551		49.27 WellPoint	WellPoint		499.11	32.18			41.1	1473.45	percent of total billed charges	
POCT STREP A	87800	CPT	both			193		50.22 Aetna	Medicare		43.67				18	183.35	fee schedule	
POCT STREP A	87800	CPT	both			193		50.22 Aetna	Better Health		60.89	31.55			18	183.35	percent of total billed charges	
POCT STREP A	87800	CPT	both			193		50.22 Aetna	Commercial		73.34	38			18	183.35	percent of total billed charges	
POCT STREP A	87800	CPT	both			193		50.22 Americare	Americare		144.75	75			18	183.35	percent of total billed charges	
POCT STREP A	87800	CPT	both			193		50.22 Amerihealth	Medicare		43.67				18	183.35	fee schedule	
POCT STREP A	87800	CPT	both			193		50.22 Amerihealth	HMO/PPO		125.45	65			18	183.35	percent of total billed charges	
POCT STREP A	87800	CPT	both			193		50.22 Consumer	Consumer		183.35	95			18	183.35	percent of total billed charges	
POCT STREP A	87800	CPT	both			193		50.22 Corrections	Corrections		154.4	80			18	183.35	percent of total billed charges	
POCT STREP A	87800	CPT	both			193		50.22 First Health	First Health		135.1	70			18	183.35	percent of total billed charges	
POCT STREP A	87800	CPT	both			193		50.22 First Trenton	First Trenton		173.7	90			18	183.35	percent of total billed charges	
POCT STREP A	87800	CPT	both			193		50.22 Horizon	MGD		73.88	38.28			18	183.35	percent of total billed charges	
POCT STREP A	87800	CPT	both			193		50.22 Horizon	Medicare Blue		57.9	30			18	183.35	percent of total billed charges	
POCT STREP A	87800	CPT	both			193		50.22 Horizon	Indemnity		73.88	38.28			18	183.35	percent of total billed charges	
POCT STREP A	87800	CPT	both			193		50.22 Horizon	NJ Health		44.53				18	183.35	fee schedule	
POCT STREP A	87800	CPT	both			193		50.22 Horizon	PPO		73.88	38.28			18	183.35	percent of total billed charges	
POCT STREP A	87800	CPT	both			193		50.22 Managed Care Inc	Managed Care Inc		173.7	90			18	183.35	percent of total billed charges	
POCT STREP A	87800	CPT	both			193		50.22 Multiplan	Multiplan		154.4	80			18	183.35	percent of total billed charges	
POCT STREP A	87800	CPT	both			193		50.22 Qualcare	Qualcare		144.75	75			18	183.35	percent of total billed charges	
POCT STREP A	87800	CPT	both			193		50.22 Three Rivers	Three Rivers		183.35	95			18	183.35	percent of total billed charges	
POCT STREP A	87800	CPT	both			193		50.22 UHC	Medicaid		60.89	31.55			18	183.35	percent of total billed charges	
POCT STREP A	87800	CPT	both			193		50.22 UHC	Medicare		43.67				18	183.35	fee schedule	
POCT STREP A	87800	CPT	both			193		50.22 Wellcare	Medicare		43.67				18	183.35	fee schedule	
POCT STREP A	87800	CPT	both			193		50.22 Wellcare	Medicaid		60.89	31.55			18	183.35	percent of total billed charges	
POCT STREP A	87800	CPT	both			193		50.22 WellPoint	WellPoint		62.11	32.18			18	183.35	percent of total billed charges	
LYME DISEASE DNA,QUAL,PCR,SYNOVIAL FLD/C	87801	CPT	both			855		80.73 Aetna	Medicare		70.2				60.9	812.25	fee schedule	
LYME DISEASE DNA,QUAL,PCR,SYNOVIAL FLD/C	87801	CPT	both			855		80.73 Aetna	Better Health		269.75	31.55			60.9	812.25	percent of total billed charges	
LYME DISEASE DNA,QUAL,PCR,SYNOVIAL FLD/C	87801	CPT	both			855		80.73 Aetna	Commercial		324.9	38			60.9	812.25	percent of total billed charges	
LYME DISEASE DNA,QUAL,PCR,SYNOVIAL FLD/C	87801	CPT	both			855		80.73 Americare	Americare		641.25	75			60.9	812.25	percent of total billed charges	
LYME DISEASE DNA,QUAL,PCR,SYNOVIAL FLD/C	87801	CPT	both			855		80.73 Amerihealth	HMO/PPO		555.75	65			60.9	812.25	percent of total billed charges	
LYME DISEASE DNA,QUAL,PCR,SYNOVIAL FLD/C	87801	CPT	both			855		80.73 Amerihealth	Medicare		70.2				60.9	812.25	fee schedule	
LYME DISEASE DNA,QUAL,PCR,SYNOVIAL FLD/C	87801	CPT	both			855		80.73 Consumer	Consumer		812.25	95			60.9	812.25	percent of total billed charges	
LYME DISEASE DNA,QUAL,PCR,SYNOVIAL FLD/C	87801	CPT	both			855		80.73 Corrections	Corrections		684	80			60.9	812.25	percent of total billed charges	
LYME DISEASE DNA,QUAL,PCR,SYNOVIAL FLD/C	87801	CPT	both			855		80.73 First Health	First Health		598.5	70			60.9	812.25	percent of total billed charges	
LYME DISEASE DNA,QUAL,PCR,SYNOVIAL FLD/C	87801	CPT	both			855		80.73 First Trenton	First Trenton		769.5	90			60.9	812.25	percent of total billed charges	
LYME DISEASE DNA,QUAL,PCR,SYNOVIAL FLD/C	87801	CPT	both			855		80.73 Horizon	MGD		327.29	38.28			60.9	812.25	percent of total billed charges	
LYME DISEASE DNA,QUAL,PCR,SYNOVIAL FLD/C	87801	CPT	both			855		80.73 Horizon	Indemnity		327.29	38.28			60.9	812.25	percent of total billed charges	
LYME DISEASE DNA,QUAL,PCR,SYNOVIAL FLD/C	87801	CPT	both			855		80.73 Horizon	Medicare Blue		256.5	30			60.9	812.25	percent of total billed charges	
LYME DISEASE DNA,QUAL,PCR,SYNOVIAL FLD/C	87801	CPT	both			855		80.73 Horizon	PPO		327.29	38.28			60.9	812.25	percent of total billed charges	
LYME DISEASE DNA,QUAL,PCR,SYNOVIAL FLD/C	87801	CPT	both			855		80.73 Horizon	NJ Health		77.95				60.9	812.25	fee schedule	
LYME DISEASE DNA,QUAL,PCR,SYNOVIAL FLD/C	87801	CPT	both			855		80.73 Managed Care Inc	Managed Care Inc		769.5	90			60.9	812.25	percent of total billed charges	
LYME DISEASE DNA,QUAL,PCR,SYNOVIAL FLD/C	87801	CPT	both			855		80.73 Multiplan	Multiplan		684	80			60.9	812.25	percent of total billed charges	
LYME DISEASE DNA,QUAL,PCR,SYNOVIAL FLD/C	87801	CPT	both			855		80.73 Qualcare	Qualcare		641.25	75			60.9	812.25	percent of total billed charges	
LYME DISEASE DNA,QUAL,PCR,SYNOVIAL FLD/C	87801	CPT	both			855		80.73 Three Rivers	Three Rivers		812.25	95			60.9	812.25	percent of total billed charges	
LYME DISEASE DNA,QUAL,PCR,SYNOVIAL FLD/C	87801	CPT	both			855		80.73 UHC	Medicaid		269.75	31.55			60.9	812.25	percent of total billed charges	
LYME DISEASE DNA,QUAL,PCR,SYNOVIAL FLD/C	87801	CPT	both			855		80.73 UHC	Medicare		70.2				60.9	812.25	fee schedule	
LYME DISEASE DNA,QUAL,PCR,SYNOVIAL FLD/C	87801	CPT	both			855		80.73 Wellcare	Medicare		70.2				60.9	812.25	fee schedule	
LYME DISEASE DNA,QUAL,PCR,SYNOVIAL FLD/C	87801	CPT	both			855		80.73 Wellcare	Medicaid		269.75	31.55			60.9	812.25	percent of total billed charges	
LYME DISEASE DNA,QUAL,PCR,SYNOVIAL FLD/C	87801	CPT	both			855		80.73 WellPoint	WellPoint		275.14	32.18			60.9	812.25	percent of total billed charges	
INFCT AGNT IMMUNO, NOS	87802	CPT	both			50		14.64 Aetna	Medicare		12.73				12.23	47.5	fee schedule	
INFCT AGNT IMMUNO, NOS	87802	CPT	both			50		14.64 Aetna	Better Health		15.78	31.55			12.23	47.5	percent of total billed charges	
INFCT AGNT IMMUNO, NOS	87802	CPT	both			50		14.64 Aetna	Commercial		19	38			12.23	47.5	percent of total billed charges	
INFCT AGNT IMMUNO, NOS	87802	CPT	both			50		14.64 Americare	Americare		37.5	75			12.23	47.5	percent of total billed charges	
INFCT AGNT IMMUNO, NOS	87802	CPT	both			50		14.64 Amerihealth	Medicare		12.73				12.23	47.5	fee schedule	
INFCT AGNT IMMUNO, NOS	87802	CPT	both			50		14.64 Amerihealth	HMO/PPO		32.5	65			12.23	47.5	percent of total billed charges	
INFCT AGNT IMMUNO, NOS	87802	CPT	both			50		14.64 Consumer	Consumer		47.5	95			12.23	47.5	percent of total billed charges	
INFCT AGNT IMMUNO, NOS	87802	CPT	both			50		14.64 Corrections	Corrections		40	80			12.23	47.5	percent of total billed charges	
INFCT AGNT IMMUNO, NOS	87802	CPT	both			50		14.64 First Health	First Health		35	70			12.23	47.5	percent of total billed charges	
INFCT AGNT IMMUNO, NOS	87802	CPT	both			50		14.64 First Trenton	First Trenton		45	90			12.23	47.5	percent of total billed charges	
INFCT AGNT IMMUNO, NOS	87802	CPT	both			50		14.64 Horizon	NJ Health		12.23				12.23	47.5	fee schedule	
INFCT AGNT IMMUNO, NOS	87802	CPT	both			50		14.64 Horizon	MGD		19.14	38.28			12.23	47.5	percent of total billed charges	
INFCT AGNT IMMUNO, NOS	87802	CPT	both			50		14.64 Horizon	Medicare Blue		15	30			12.23	47.5	percent of total billed charges	
INFCT AGNT IMMUNO, NOS	87802	CPT	both			50		14.64 Horizon	Indemnity		19.14	38.28			12.23	47.5	percent of total billed charges	
INFCT AGNT IMMUNO, NOS	87802	CPT	both			50		14.64 Horizon	PPO		19.14	38.28			12.23	47.5	percent of total billed charges	
INFCT AGNT IMMUNO, NOS	87802	CPT	both			50		14.64 Managed Care Inc	Managed Care Inc		45	90			12.23	47.5	percent of total billed charges	
INFCT AGNT IMMUNO, NOS	87802	CPT	both			50		14.64 Multiplan	Multiplan		40	80			12.23	47.5	percent of total billed charges	
INFCT AGNT IMMUNO, NOS	87802	CPT	both			50		14.64 Qualcare	Qualcare		37.5	75			12.23	47.5	percent of total billed charges	
INFCT AGNT IMMUNO, NOS	87802	CPT	both			50		14.64 Three Rivers	Three Rivers		47.5	95			12.23	47.5	percent of total billed charges	
INFCT AGNT IMMUNO, NOS	87802	CPT	both			50		14.64 UHC	Medicare		12.73				12.23	47.5	fee schedule	
INFCT AGNT IMMUNO, NOS	87802	CPT	both			50		14.64 UHC	Medicaid		15.78	31.55			12.23	47.5	percent of total billed charges	
INFCT AGNT IMMUNO, NOS	87802	CPT	both			50		14.64 Wellcare	Medicare		12.73				12.23	47.5	fee schedule	
INFCT AGNT IMMUNO, NOS	87802	CPT	both			50		14.64 Wellcare	Medicaid		15.78	31.55			12.23	47.5	percent of total billed charges	
INFCT AGNT IMMUNO, NOS	87802	CPT	both			50		14.64 WellPoint	WellPoint		16.09	32.18			12.23	47.5	percent of total billed charges	
INF AGNT DET IMUNNO;ADENOVIRUS	87809	CPT	outpatient			86		25.02 Aetna	Commercial		32.68	38			12.07	81.7	percent of total billed charges	
INF AGNT DET IMUNNO;ADENOVIRUS	87809	CPT	outpatient			86		25.02 Aetna	Medicare		21.76				12.07	81.7	fee schedule	
INF AGNT DET IMUNNO;ADENOVIRUS	87809	CPT	outpatient			86		25.02 Aetna	Better Health		27.13	31.55			12.07	81.7	percent of total billed charges	
INF AGNT DET IMUNNO;ADENOVIRUS	87809	CPT	outpatient			86		25.02 Americare	Americare		64.5	75			12.07	81.7	percent of total billed charges	
INF AGNT DET IMUNNO;ADENOVIRUS	87809	CPT	outpatient			86		25.02 Amerihealth	Medicare		21.76				12.07	81.7	fee schedule	
INF AGNT DET IMUNNO;ADENOVIRUS	87809	CPT	outpatient			86		25.02 Amerihealth	HMO/PPO		55.9	65			12.07	81.7	percent of total billed charges	
INF AGNT DET IMUNNO;ADENOVIRUS	87809	CPT	outpatient			86		25.02 Consumer	Consumer		81.7	95			12.07	81.7	percent of total billed charges	
INF AGNT DET IMUNNO;ADENOVIRUS	87809	CPT	outpatient			86		25.02 Corrections	Corrections		68.8	80			12.07	81.7	percent of total billed charges	
INF AGNT DET IMUNNO;ADENOVIRUS	87809	CPT	outpatient			86		25.02 First Health	First Health		60.2	70			12.07	81.7	percent of total billed charges	
INF AGNT DET IMUNNO;ADENOVIRUS	87809	CPT	outpatient			86		25.02 First Trenton	First Trenton		77.4	90			12.07	81.7	percent of total billed charges	
INF AGNT DET IMUNNO;ADENOVIRUS	87809	CPT	outpatient			86		25.02 Horizon	Medicare Blue		25.8	30			12.07	81.7	percent of total billed charges	
INF AGNT DET IMUNNO;ADENOVIRUS	87809	CPT	outpatient			86		25.02 Horizon	Indemnity		32.92	38.28			12.07	81.7	percent of total billed charges	
INF AGNT DET IMUNNO;ADENOVIRUS	87809	CPT	outpatient			86		25.02 Horizon	MGD		32.92	38.28			12.07	81.7	percent of total billed charges	
INF AGNT DET IMUNNO;ADENOVIRUS	87809	CPT	outpatient			86		25.02 Horizon	PPO		32.92	38.28			12.07	81.7	percent of total billed charges	
INF AGNT DET IMUNNO;ADENOVIRUS	87809	CPT	outpatient			86		25.02 Horizon	NJ Health		12.07				12.07	81.7	fee schedule	
INF AGNT DET IMUNNO;ADENOVIRUS	87809	CPT	outpatient			86		25.02 Managed Care Inc	Managed Care Inc		77.4	90			12.07	81.7	percent of total billed charges	
INF AGNT DET IMUNNO;ADENOVIRUS	87809	CPT	outpatient			86		25.02 Multiplan	Multiplan		68.8	80			12.07	81.7	percent of total billed charges	
INF AGNT DET IMUNNO;ADENOVIRUS	87809	CPT	outpatient			86		25.02 Qualcare	Qualcare		64.5	75			12.07	81.7	percent of total billed charges	
INF AGNT DET IMUNNO;ADENOVIRUS	87809	CPT	outpatient			86		25.02 Three Rivers	Three Rivers		81.7	95			12.07	81.7	percent of total billed charges	
INF AGNT DET IMUNNO;ADENOVIRUS	87809	CPT	outpatient			86		25.02 UHC	Medicare		21.76				12.07	81.7	fee schedule	
INF AGNT DET IMUNNO;ADENOVIRUS	87809	CPT	outpatient			86		25.02 UHC	Medicaid		27.13	31.55			12.07	81.7	percent of total billed charges	
INF AGNT DET IMUNNO;ADENOVIRUS	87809	CPT	outpatient			86		25.02 Wellcare	Medicare		21.76				12.07	81.7	fee schedule	
INF AGNT DET IMUNNO;ADENOVIRUS	87809	CPT	outpatient			86		25.02 Wellcare	Medicaid		27.13	31.55			12.07	81.7	percent of total billed charges	
INF AGNT DET IMUNNO;ADENOVIRUS	87809	CPT	outpatient			86		25.02 WellPoint	WellPoint		27.67	32.18			12.07	81.7	percent of total billed charges	
POCT STREP A	87880	CPT	outpatient			136		19.01 Aetna	Medicare		16.53				15.9	129.2	fee schedule	
POCT STREP A	87880	CPT	outpatient			136		19.01 Aetna	Commercial		51.68	38			15.9	129.2	percent of total billed charges	
POCT STREP A	87880	CPT	outpatient			136		19.01 Aetna	Better Health		42.91	31.55			15.9	129.2	percent of total billed charges	
POCT STREP A	87880	CPT	outpatient			136		19.01 Americare	Americare		102	75			15.9	129.2	percent of total billed charges	
POCT STREP A	87880	CPT	outpatient			136		19.01 Amerihealth	Medicare		16.53				15.9	129.2	fee schedule	
POCT STREP A	87880	CPT	outpatient			136		19.01 Amerihealth	HMO/PPO		88.4	65			15.9	129.2	percent of total billed charges	
POCT STREP A	87880	CPT	outpatient			136		19.01 Consumer	Consumer		129.2	95			15.9	129.2	percent of total billed charges	
POCT STREP A	87880	CPT	outpatient			136		19.01 Corrections	Corrections		108.8	80			15.9	129.2	percent of total billed charges	
POCT STREP A	87880	CPT	outpatient			136		19.01 First Health	First Health		95.2	70			15.9	129.2	percent of total billed charges	
POCT STREP A	87880	CPT	outpatient			136		19.01 First Trenton	First Trenton		122.4	90			15.9	129.2	percent of total billed charges	
POCT STREP A	87880	CPT	outpatient			136		19.01 Horizon	Indemnity		52.06	38.28			15.9	129.2	percent of total billed charges	
POCT STREP A	87880	CPT	outpatient			136		19.01 Horizon	MGD		52.06	38.28			15.9	129.2	percent of total billed charges	
POCT STREP A	87880	CPT	outpatient			136		19.01 Horizon	NJ Health		23.52				15.9	129.2	fee schedule	
POCT STREP A	87880	CPT	outpatient			136		19.01 Horizon	Medicare Blue		40.8	30			15.9	129.2	percent of total billed charges	
POCT STREP A	87880	CPT	outpatient			136		19.01 Horizon	PPO		52.06	38.28			15.9	129.2	percent of total billed charges	
POCT STREP A	87880	CPT	outpatient			136		19.01 Managed Care Inc	Managed Care Inc		122.4	90			15.9	129.2	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101191	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
POCT STREP A	87880	CPT	outpatient			136		19.01 Multiplan	Multiplan		108.8	80			15.9	129.2	percent of total billed charges	
POCT STREP A	87880	CPT	outpatient			136		19.01 Qualcare	Qualcare		102	75			15.9	129.2	percent of total billed charges	
POCT STREP A	87880	CPT	outpatient			136		19.01 Three Rivers	Three Rivers		129.2	95			15.9	129.2	percent of total billed charges	
POCT STREP A	87880	CPT	outpatient			136		19.01 UHC	Medicaid		42.91	31.55			15.9	129.2	percent of total billed charges	
POCT STREP A	87880	CPT	outpatient			136		19.01 UHC	Medicare		16.53				15.9	129.2	fee schedule	
POCT STREP A	87880	CPT	outpatient			136		19.01 Wellcare	Medicaid		42.91	31.55			15.9	129.2	percent of total billed charges	
POCT STREP A	87880	CPT	outpatient			136		19.01 Wellcare	Medicare		16.53				15.9	129.2	fee schedule	
POCT STREP A	87880	CPT	outpatient			136		19.01 WellPoint	WellPoint		43.76	32.18			15.9	129.2	percent of total billed charges	
STREP PNEUMONIA ANTIGEN	87899	CPT	both			297		18.48 Aetna	Medicare		16.07				5.7	282.15	fee schedule	
STREP PNEUMONIA ANTIGEN	87899	CPT	both			297		18.48 Aetna	Better Health		93.7	31.55			5.7	282.15	percent of total billed charges	
STREP PNEUMONIA ANTIGEN	87899	CPT	both			297		18.48 Aetna	Commercial		112.86	38			5.7	282.15	percent of total billed charges	
STREP PNEUMONIA ANTIGEN	87899	CPT	both			297		18.48 Americare	Americare		222.75	75			5.7	282.15	percent of total billed charges	
STREP PNEUMONIA ANTIGEN	87899	CPT	both			297		18.48 Amerihealth	HMO/PPO		193.05	65			5.7	282.15	percent of total billed charges	
STREP PNEUMONIA ANTIGEN	87899	CPT	both			297		18.48 Amerihealth	Medicare		16.07				5.7	282.15	fee schedule	
STREP PNEUMONIA ANTIGEN	87899	CPT	both			297		18.48 Consumer	Consumer		282.15	95			5.7	282.15	percent of total billed charges	
STREP PNEUMONIA ANTIGEN	87899	CPT	both			297		18.48 Corrections	Corrections		237.6	80			5.7	282.15	percent of total billed charges	
STREP PNEUMONIA ANTIGEN	87899	CPT	both			297		18.48 First Health	First Health		207.9	70			5.7	282.15	percent of total billed charges	
STREP PNEUMONIA ANTIGEN	87899	CPT	both			297		18.48 First Trenton	First Trenton		267.3	90			5.7	282.15	percent of total billed charges	
STREP PNEUMONIA ANTIGEN	87899	CPT	both			297		18.48 Horizon	MGD		113.69	38.28			5.7	282.15	percent of total billed charges	
STREP PNEUMONIA ANTIGEN	87899	CPT	both			297		18.48 Horizon	Indemnity		113.69	38.28			5.7	282.15	percent of total billed charges	
STREP PNEUMONIA ANTIGEN	87899	CPT	both			297		18.48 Horizon	Medicare Blue		89.1	30			5.7	282.15	percent of total billed charges	
STREP PNEUMONIA ANTIGEN	87899	CPT	both			297		18.48 Horizon	NJ Health		29.79				5.7	282.15	fee schedule	
STREP PNEUMONIA ANTIGEN	87899	CPT	both			297		18.48 Horizon	PPO		113.69	38.28			5.7	282.15	percent of total billed charges	
STREP PNEUMONIA ANTIGEN	87899	CPT	both			297		18.48 Managed Care Inc	Managed Care Inc		267.3	90			5.7	282.15	percent of total billed charges	
STREP PNEUMONIA ANTIGEN	87899	CPT	both			297		18.48 Multiplan	Multiplan		237.6	80			5.7	282.15	percent of total billed charges	
STREP PNEUMONIA ANTIGEN	87899	CPT	both			297		18.48 Qualcare	Qualcare		222.75	75			5.7	282.15	percent of total billed charges	
STREP PNEUMONIA ANTIGEN	87899	CPT	both			297		18.48 Three Rivers	Three Rivers		282.15	95			5.7	282.15	percent of total billed charges	
STREP PNEUMONIA ANTIGEN	87899	CPT	both			297		18.48 UHC	Medicare		16.07				5.7	282.15	fee schedule	
STREP PNEUMONIA ANTIGEN	87899	CPT	both			297		18.48 UHC	Medicaid		93.7	31.55			5.7	282.15	percent of total billed charges	
STREP PNEUMONIA ANTIGEN	87899	CPT	both			297		18.48 Wellcare	Medicare		16.07				5.7	282.15	fee schedule	
STREP PNEUMONIA ANTIGEN	87899	CPT	both			297		18.48 Wellcare	Medicaid		93.7	31.55			5.7	282.15	percent of total billed charges	
STREP PNEUMONIA ANTIGEN	87899	CPT	both			297		18.48 WellPoint	WellPoint		95.57	32.18			5.7	282.15	percent of total billed charges	
INFECTAGN,DRUG/SUSCEPT/PHENOTYPE	87900	CPT	both			853		149.9 Aetna	Commercial		324.14	38			87.6	810.35	percent of total billed charges	
INFECTAGN,DRUG/SUSCEPT/PHENOTYPE	87900	CPT	both			853		149.9 Aetna	Better Health		269.12	31.55			87.6	810.35	percent of total billed charges	
INFECTAGN,DRUG/SUSCEPT/PHENOTYPE	87900	CPT	both			853		149.9 Aetna	Medicare		130.35				87.6	810.35	fee schedule	
INFECTAGN,DRUG/SUSCEPT/PHENOTYPE	87900	CPT	both			853		149.9 Americare	Americare		639.75	75			87.6	810.35	percent of total billed charges	
INFECTAGN,DRUG/SUSCEPT/PHENOTYPE	87900	CPT	both			853		149.9 Amerihealth	HMO/PPO		554.45	65			87.6	810.35	percent of total billed charges	
INFECTAGN,DRUG/SUSCEPT/PHENOTYPE	87900	CPT	both			853		149.9 Amerihealth	Medicare		130.35				87.6	810.35	fee schedule	
INFECTAGN,DRUG/SUSCEPT/PHENOTYPE	87900	CPT	both			853		149.9 Consumer	Consumer		810.35	95			87.6	810.35	percent of total billed charges	
INFECTAGN,DRUG/SUSCEPT/PHENOTYPE	87900	CPT	both			853		149.9 Corrections	Corrections		682.4	80			87.6	810.35	percent of total billed charges	
INFECTAGN,DRUG/SUSCEPT/PHENOTYPE	87900	CPT	both			853		149.9 First Health	First Health		597.1	70			87.6	810.35	percent of total billed charges	
INFECTAGN,DRUG/SUSCEPT/PHENOTYPE	87900	CPT	both			853		149.9 First Trenton	First Trenton		767.7	90			87.6	810.35	percent of total billed charges	
INFECTAGN,DRUG/SUSCEPT/PHENOTYPE	87900	CPT	both			853		149.9 Horizon	NJ Health		144.75				87.6	810.35	fee schedule	
INFECTAGN,DRUG/SUSCEPT/PHENOTYPE	87900	CPT	both			853		149.9 Horizon	Indemnity		326.53	38.28			87.6	810.35	percent of total billed charges	
INFECTAGN,DRUG/SUSCEPT/PHENOTYPE	87900	CPT	both			853		149.9 Horizon	Medicare Blue		255.9	30			87.6	810.35	percent of total billed charges	
INFECTAGN,DRUG/SUSCEPT/PHENOTYPE	87900	CPT	both			853		149.9 Horizon	MGD		326.53	38.28			87.6	810.35	percent of total billed charges	
INFECTAGN,DRUG/SUSCEPT/PHENOTYPE	87900	CPT	both			853		149.9 Horizon	PPO		326.53	38.28			87.6	810.35	percent of total billed charges	
INFECTAGN,DRUG/SUSCEPT/PHENOTYPE	87900	CPT	both			853		149.9 Managed Care Inc	Managed Care Inc		767.7	90			87.6	810.35	percent of total billed charges	
INFECTAGN,DRUG/SUSCEPT/PHENOTYPE	87900	CPT	both			853		149.9 Multiplan	Multiplan		682.4	80			87.6	810.35	percent of total billed charges	
INFECTAGN,DRUG/SUSCEPT/PHENOTYPE	87900	CPT	both			853		149.9 Qualcare	Qualcare		639.75	75			87.6	810.35	percent of total billed charges	
INFECTAGN,DRUG/SUSCEPT/PHENOTYPE	87900	CPT	both			853		149.9 Three Rivers	Three Rivers		810.35	95			87.6	810.35	percent of total billed charges	
INFECTAGN,DRUG/SUSCEPT/PHENOTYPE	87900	CPT	both			853		149.9 UHC	Medicare		130.35				87.6	810.35	fee schedule	
INFECTAGN,DRUG/SUSCEPT/PHENOTYPE	87900	CPT	both			853		149.9 UHC	Medicaid		269.12	31.55			87.6	810.35	percent of total billed charges	
INFECTAGN,DRUG/SUSCEPT/PHENOTYPE	87900	CPT	both			853		149.9 Wellcare	Medicare		130.35				87.6	810.35	fee schedule	
INFECTAGN,DRUG/SUSCEPT/PHENOTYPE	87900	CPT	both			853		149.9 Wellcare	Medicaid		269.12	31.55			87.6	810.35	percent of total billed charges	
INFECTAGN,DRUG/SUSCEPT/PHENOTYPE	87900	CPT	both			853		149.9 WellPoint	WellPoint		274.5	32.18			87.6	810.35	percent of total billed charges	
HIV-1REVERSETRANSCRIPT/PROTASE	87901	CPT	both			780		296.07 Aetna	Better Health		246.09	31.55			113.1	741	percent of total billed charges	
HIV-1REVERSETRANSCRIPT/PROTASE	87901	CPT	both			780		296.07 Aetna	Commercial		296.4	38			113.1	741	percent of total billed charges	
HIV-1REVERSETRANSCRIPT/PROTASE	87901	CPT	both			780		296.07 Aetna	Medicare		257.45				113.1	741	fee schedule	
HIV-1REVERSETRANSCRIPT/PROTASE	87901	CPT	both			780		296.07 Americare	Americare		585	75			113.1	741	percent of total billed charges	
HIV-1REVERSETRANSCRIPT/PROTASE	87901	CPT	both			780		296.07 Amerihealth	Medicare		257.45				113.1	741	fee schedule	
HIV-1REVERSETRANSCRIPT/PROTASE	87901	CPT	both			780		296.07 Amerihealth	HMO/PPO		507	65			113.1	741	percent of total billed charges	
HIV-1REVERSETRANSCRIPT/PROTASE	87901	CPT	both			780		296.07 Consumer	Consumer		741	95			113.1	741	percent of total billed charges	
HIV-1REVERSETRANSCRIPT/PROTASE	87901	CPT	both			780		296.07 Corrections	Corrections		624	80			113.1	741	percent of total billed charges	
HIV-1REVERSETRANSCRIPT/PROTASE	87901	CPT	both			780		296.07 First Health	First Health		546	70			113.1	741	percent of total billed charges	
HIV-1REVERSETRANSCRIPT/PROTASE	87901	CPT	both			780		296.07 First Trenton	First Trenton		702	90			113.1	741	percent of total billed charges	
HIV-1REVERSETRANSCRIPT/PROTASE	87901	CPT	both			780		296.07 Horizon	MGD		298.58	38.28			113.1	741	percent of total billed charges	
HIV-1REVERSETRANSCRIPT/PROTASE	87901	CPT	both			780		296.07 Horizon	Medicare Blue		234	30			113.1	741	percent of total billed charges	
HIV-1REVERSETRANSCRIPT/PROTASE	87901	CPT	both			780		296.07 Horizon	Indemnity		298.58	38.28			113.1	741	percent of total billed charges	
HIV-1REVERSETRANSCRIPT/PROTASE	87901	CPT	both			780		296.07 Horizon	NJ Health		285.89				113.1	741	fee schedule	
HIV-1REVERSETRANSCRIPT/PROTASE	87901	CPT	both			780		296.07 Horizon	PPO		298.58	38.28			113.1	741	percent of total billed charges	
HIV-1REVERSETRANSCRIPT/PROTASE	87901	CPT	both			780		296.07 Managed Care Inc	Managed Care Inc		702	90			113.1	741	percent of total billed charges	
HIV-1REVERSETRANSCRIPT/PROTASE	87901	CPT	both			780		296.07 Multiplan	Multiplan		624	80			113.1	741	percent of total billed charges	
HIV-1REVERSETRANSCRIPT/PROTASE	87901	CPT	both			780		296.07 Qualcare	Qualcare		585	75			113.1	741	percent of total billed charges	
HIV-1REVERSETRANSCRIPT/PROTASE	87901	CPT	both			780		296.07 Three Rivers	Three Rivers		741	95			113.1	741	percent of total billed charges	
HIV-1REVERSETRANSCRIPT/PROTASE	87901	CPT	both			780		296.07 UHC	Medicaid		246.09	31.55			113.1	741	percent of total billed charges	
HIV-1REVERSETRANSCRIPT/PROTASE	87901	CPT	both			780		296.07 UHC	Medicare		257.45				113.1	741	fee schedule	
HIV-1REVERSETRANSCRIPT/PROTASE	87901	CPT	both			780		296.07 Wellcare	Medicaid		246.09	31.55			113.1	741	percent of total billed charges	
HIV-1REVERSETRANSCRIPT/PROTASE	87901	CPT	both			780		296.07 Wellcare	Medicare		257.45				113.1	741	fee schedule	
HIV-1REVERSETRANSCRIPT/PROTASE	87901	CPT	both			780		296.07 WellPoint	WellPoint		291	32.18			113.1	741	percent of total billed charges	
HEPATITIS C VIRUS	87902	CPT	both			1810		296.07 Aetna	Medicare		257.45				225	1719.5	fee schedule	
HEPATITIS C VIRUS	87902	CPT	both			1810		296.07 Aetna	Better Health		571.06	31.55			225	1719.5	percent of total billed charges	
HEPATITIS C VIRUS	87902	CPT	both			1810		296.07 Aetna	Commercial		687.8	38			225	1719.5	percent of total billed charges	
HEPATITIS C VIRUS	87902	CPT	both			1810		296.07 Americare	Americare		1357.5	75			225	1719.5	percent of total billed charges	
HEPATITIS C VIRUS	87902	CPT	both			1810		296.07 Amerihealth	HMO/PPO		1176.5	65			225	1719.5	percent of total billed charges	
HEPATITIS C VIRUS	87902	CPT	both			1810		296.07 Amerihealth	Medicare		257.45				225	1719.5	fee schedule	
HEPATITIS C VIRUS	87902	CPT	both			1810		296.07 Consumer	Consumer		1719.5	95			225	1719.5	percent of total billed charges	
HEPATITIS C VIRUS	87902	CPT	both			1810		296.07 Corrections	Corrections		1448	80			225	1719.5	percent of total billed charges	
HEPATITIS C VIRUS	87902	CPT	both			1810		296.07 First Health	First Health		1267	70			225	1719.5	percent of total billed charges	
HEPATITIS C VIRUS	87902	CPT	both			1810		296.07 First Trenton	First Trenton		1629	90			225	1719.5	percent of total billed charges	
HEPATITIS C VIRUS	87902	CPT	both			1810		296.07 Horizon	MGD		692.87	38.28			225	1719.5	percent of total billed charges	
HEPATITIS C VIRUS	87902	CPT	both			1810		296.07 Horizon	Indemnity		692.87	38.28			225	1719.5	percent of total billed charges	
HEPATITIS C VIRUS	87902	CPT	both			1810		296.07 Horizon	NJ Health		285.89				225	1719.5	fee schedule	
HEPATITIS C VIRUS	87902	CPT	both			1810		296.07 Horizon	Medicare Blue		543	30			225	1719.5	percent of total billed charges	
HEPATITIS C VIRUS	87902	CPT	both			1810		296.07 Horizon	PPO		692.87	38.28			225	1719.5	percent of total billed charges	
HEPATITIS C VIRUS	87902	CPT	both			1810		296.07 Managed Care Inc	Managed Care Inc		1629	90			225	1719.5	percent of total billed charges	
HEPATITIS C VIRUS	87902	CPT	both			1810		296.07 Multiplan	Multiplan		1448	80			225	1719.5	percent of total billed charges	
HEPATITIS C VIRUS	87902	CPT	both			1810		296.07 Qualcare	Qualcare		1357.5	75			225	1719.5	percent of total billed charges	
HEPATITIS C VIRUS	87902	CPT	both			1810		296.07 Three Rivers	Three Rivers		1719.5	95			225	1719.5	percent of total billed charges	
HEPATITIS C VIRUS	87902	CPT	both			1810		296.07 UHC	Medicaid		571.06	31.55			225	1719.5	percent of total billed charges	
HEPATITIS C VIRUS	87902	CPT	both			1810		296.07 UHC	Medicare		257.45				225	1719.5	fee schedule	
HEPATITIS C VIRUS	87902	CPT	both			1810		296.07 Wellcare	Medicare		257.45				225	1719.5	fee schedule	
HEPATITIS C VIRUS	87902	CPT	both			1810		296.07 Wellcare	Medicaid		571.06	31.55			225	1719.5	percent of total billed charges	
HEPATITIS C VIRUS	87902	CPT	both			1810		296.07 WellPoint	WellPoint		582.46	32.18			225	1719.5	percent of total billed charges	
INTEGRASE INHIBIT RESISTANCE	87903	CPT	outpatient			2973		561.96 Aetna	Better Health		937.98	31.55			327	2824.35	percent of total billed charges	
INTEGRASE INHIBIT RESISTANCE	87903	CPT	outpatient			2973		561.96 Aetna	Commercial		1129.74	38			327	2824.35	percent of total billed charges	
INTEGRASE INHIBIT RESISTANCE	87903	CPT	outpatient			2973		561.96 Aetna	Medicare		915.68	30.8			327	2824.35	percent of total billed charges	
INTEGRASE INHIBIT RESISTANCE	87903	CPT	outpatient			2973		561.96 Americare	Americare		2229.75	75			327	2824.35	percent of total billed charges	
INTEGRASE INHIBIT RESISTANCE	87903	CPT	outpatient			2973		561.96 Amerihealth	HMO/PPO		1932.45	65			327	2824.35	percent of total billed charges	
INTEGRASE INHIBIT RESISTANCE	87903	CPT	outpatient			2973		561.96 Amerihealth	Medicare		488.66				327	2824.35	fee schedule	
INTEGRASE INHIBIT RESISTANCE	87903	CPT	outpatient			2973		561.96 Consumer	Consumer		2824.35	95			327	2824.35	percent of total billed charges	
INTEGRASE INHIBIT RESISTANCE	87903	CPT	outpatient			2973		561.96 Corrections	Corrections		2378.4	80			327	2824.35	percent of total billed charges	
INTEGRASE INHIBIT RESISTANCE	87903	CPT	outpatient			2973		561.96 First Health	First Health		2081.1	70			327	2824.35	percent of total billed charges	
INTEGRASE INHIBIT RESISTANCE	87903	CPT	outpatient			2973		561.96 First Trenton	First Trenton		2675.7	90			327	2824.35	percent of total billed charges	
INTEGRASE INHIBIT RESISTANCE	87903	CPT	outpatient			2973		561.96 Horizon	Indemnity		1138.06	38.28			327	2824.35	percent of total billed charges	
INTEGRASE INHIBIT RESISTANCE	87903	CPT	outpatient			2973		561.96 Horizon	Medicare Blue		891.9	30			327	2824.35	percent of total billed charges	
INTEGRASE INHIBIT RESISTANCE	87903	CPT	outpatient			2973		561.96 Horizon	NJ Health		542.61				327	2824.35	fee schedule	
INTEGRASE INHIBIT RESISTANCE	87903	CPT	outpatient			2973		561.96 Horizon	MGD		1138.06	38.28			327	2824.35	percent of total billed charges	
INTEGRASE INHIBIT RESISTANCE	87903	CPT	outpatient			2973		561.96 Horizon	PPO		1138.06	38.28			327	2824.35	percent of total billed charges	
INTEGRASE INHIBIT RESISTANCE	87903	CPT	outpatient			2973		561.96 Managed Care Inc	Managed Care Inc		2675.7	90			327	2824.35	percent of total billed charges	
INTEGRASE INHIBIT RESISTANCE	87903	CPT	outpatient			2973		561.96 Multiplan	Multiplan		2378.4	80			327	2824.35	percent of total billed charges	
INTEGRASE INHIBIT RESISTANCE	87903	CPT	outpatient			2973		561.96 Qualcare	Qualcare		2229.75	75			327	2824.35	percent of total billed charges	
INTEGRASE INHIBIT RESISTANCE	87903	CPT	outpatient			2973		561.96 Three Rivers	Three Rivers		2824.35	95			327	2824.35	percent of total billed charges	
INTEGRASE INHIBIT RESISTANCE	87903	CPT	outpatient			2973		561.96 UHC	Medicare		488.66				327	2824.35	fee schedule	
INTEGRASE INHIBIT RESISTANCE	87903	CPT	outpatient			2973		561.96 UHC	Medicaid		937.98	31.55			327	2824.35	percent of total billed charges	
INTEGRASE INHIBIT RESISTANCE	87903	CPT	outpatient			2973		561.96 Wellcare	Medicare		488.66				327	2824.35	fee schedule	
INTEGRASE INHIBIT RESISTANCE	87903	CPT	outpatient			2973		561.96 Wellcare	Medicaid		937.98	31.55			327	2824.35	percent of total billed charges	
INTEGRASE INHIBIT RESISTANCE	87903	CPT	outpatient			2973		561.96 WellPoint	WellPoint		956.71	32.18			327	2824.35	percent of total billed charges	
INFECTAGN EA ADD DRUG TESTED	87904	CPT	outpatient			932		29.98 Aetna	Commercial		354.16	38			26.07	885.4	percent of total billed charges	
INFECTAGN EA ADD DRUG TESTED	87904	CPT	outpatient			932		29.98 Aetna	Medicare		26.07				26.07	885.4	fee schedule	
INFECTAGN EA ADD DRUG TESTED	87904	CPT	outpatient			932		29.98 Aetna	Better Health		294.05	31.55			26.07	885.4	percent of total billed charges	
INFECTAGN EA ADD DRUG TESTED	87904	CPT	outpatient			932		29.98 Americare	Americare		699	75			26.07	885.4	percent of total billed charges	
INFECTAGN EA ADD DRUG TESTED	87904	CPT	outpatient			932		29.98 Amerihealth	Medicare		26.07				26.07	885.4	fee schedule	
INFECTAGN EA ADD DRUG TESTED	87904	CPT	outpatient			932		29.98 Amerihealth	HMO/PPO		605.8	65			26.07	885.4	percent of total billed charges	
INFECTAGN EA ADD DRUG TESTED	87904	CPT	outpatient			932		29.98 Consumer	Consumer		885.4	95			26.07	885.4	percent of total billed charges	
INFECTAGN EA ADD DRUG TESTED	87904	CPT	outpatient			932		29.98 Corrections	Corrections		745.6	80			26.07	885.4	percent of total billed charges	
INFECTAGN EA ADD DRUG TESTED	87904	CPT	outpatient			932		29.98 First Health	First Health		652.4	70			26.07	885.4	percent of total billed charges	
INFECTAGN EA ADD DRUG TESTED	87904	CPT	outpatient			932		29.98 First Trenton	First Trenton		838.8	90			26.07	885.4	percent of total billed charges	
INFECTAGN EA ADD DRUG TESTED	87904	CPT	outpatient			932		29.98 Horizon	Indemnity		356.77	38.28			26.07	885.4	percent of total billed charges	
INFECTAGN EA ADD DRUG TESTED	87904	CPT	outpatient			932		29.98 Horizon	PPO		356.77	38.28			26.07	885.4	percent of total billed charges	
INFECTAGN EA ADD DRUG TESTED	87904	CPT	outpatient			932		29.98 Horizon	MGD		356.77	38.28			26.07	885.4	percent of total billed charges	
INFECTAGN EA ADD DRUG TESTED	87904	CPT	outpatient			932		29.98 Horizon	Medicare Blue		279.6	30			26.07	885.4	percent of total billed charges	
INFECTAGN EA ADD DRUG TESTED	87904	CPT	outpatient			932		29.98 Horizon	NJ Health		28.95				26.07	885.4	fee schedule	
INFECTAGN EA ADD DRUG TESTED	87904	CPT	outpatient			932		29.98 Managed Care Inc	Managed Care Inc		838.8	90			26.07	885.4	percent of total billed charges	
INFECTAGN EA ADD DRUG TESTED	87904	CPT	outpatient			932		29.98 Multiplan	Multiplan		745.6	80			26.07	885.4	percent of total billed charges	
INFECTAGN EA ADD DRUG TESTED	87904	CPT	outpatient			932		29.98 Qualcare	Qualcare		699	75			26.07	885.4	percent of total billed charges	
INFECTAGN EA ADD DRUG TESTED	87904	CPT	outpatient			932		29.98 Three Rivers	Three Rivers		885.4	95			26.07	885.4	percent of total billed charges	
INFECTAGN EA ADD DRUG TESTED	87904	CPT	outpatient			932		29.98 UHC	Medicare		26.07				26.07	885.4	fee schedule	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
INFECTAGN EA ADD DRUG TESTED	87904	CPT	outpatient			932	29.98	UHC	Medicaid		294.05	31.55			26.07	885.4	percent of total billed charges	
INFECTAGN EA ADD DRUG TESTED	87904	CPT	outpatient			932	29.98	Wellcare	Medicare		26.07				26.07	885.4	fee schedule	
INFECTAGN EA ADD DRUG TESTED	87904	CPT	outpatient			932	29.98	Wellcare	Medicaid		294.05	31.55			26.07	885.4	percent of total billed charges	
INFECTAGN EA ADD DRUG TESTED	87904	CPT	outpatient			932	29.98	WellPoint	WellPoint		299.92	32.18			26.07	885.4	percent of total billed charges	
SIALIDASE ENZYME ASSAY	87905	CPT	outpatient			97	14.05	Aetna	Medicare		29.88	30.8			12.22	92.15	percent of total billed charges	
SIALIDASE ENZYME ASSAY	87905	CPT	outpatient			97	14.05	Aetna	Better Health		30.6	31.55			12.22	92.15	percent of total billed charges	
SIALIDASE ENZYME ASSAY	87905	CPT	outpatient			97	14.05	Aetna	Commercial		36.86	38			12.22	92.15	percent of total billed charges	
SIALIDASE ENZYME ASSAY	87905	CPT	outpatient			97	14.05	Americare	Americare		72.75	75			12.22	92.15	percent of total billed charges	
SIALIDASE ENZYME ASSAY	87905	CPT	outpatient			97	14.05	Amerihealth	Medicare		12.22				12.22	92.15	fee schedule	
SIALIDASE ENZYME ASSAY	87905	CPT	outpatient			97	14.05	Amerihealth	HMO/PPO		63.05	65			12.22	92.15	percent of total billed charges	
SIALIDASE ENZYME ASSAY	87905	CPT	outpatient			97	14.05	Consumer	Consumer		92.15	95			12.22	92.15	percent of total billed charges	
SIALIDASE ENZYME ASSAY	87905	CPT	outpatient			97	14.05	Corrections	Corrections		77.6	80			12.22	92.15	percent of total billed charges	
SIALIDASE ENZYME ASSAY	87905	CPT	outpatient			97	14.05	First Health	First Health		67.9	70			12.22	92.15	percent of total billed charges	
SIALIDASE ENZYME ASSAY	87905	CPT	outpatient			97	14.05	First Trenton	First Trenton		87.3	90			12.22	92.15	percent of total billed charges	
SIALIDASE ENZYME ASSAY	87905	CPT	outpatient			97	14.05	Horizon	Medicare Blue		29.1	30			12.22	92.15	percent of total billed charges	
SIALIDASE ENZYME ASSAY	87905	CPT	outpatient			97	14.05	Horizon	Indemnity		37.13	38.28			12.22	92.15	percent of total billed charges	
SIALIDASE ENZYME ASSAY	87905	CPT	outpatient			97	14.05	Horizon	MGD		37.13	38.28			12.22	92.15	percent of total billed charges	
SIALIDASE ENZYME ASSAY	87905	CPT	outpatient			97	14.05	Horizon	NJ Health		13.56				12.22	92.15	fee schedule	
SIALIDASE ENZYME ASSAY	87905	CPT	outpatient			97	14.05	Horizon	PPO		37.13	38.28			12.22	92.15	percent of total billed charges	
SIALIDASE ENZYME ASSAY	87905	CPT	outpatient			97	14.05	Managed Care Inc	Managed Care Inc		87.3	90			12.22	92.15	percent of total billed charges	
SIALIDASE ENZYME ASSAY	87905	CPT	outpatient			97	14.05	Multiplan	Multiplan		77.6	80			12.22	92.15	percent of total billed charges	
SIALIDASE ENZYME ASSAY	87905	CPT	outpatient			97	14.05	Qualcare	Qualcare		72.75	75			12.22	92.15	percent of total billed charges	
SIALIDASE ENZYME ASSAY	87905	CPT	outpatient			97	14.05	Three Rivers	Three Rivers		92.15	95			12.22	92.15	percent of total billed charges	
SIALIDASE ENZYME ASSAY	87905	CPT	outpatient			97	14.05	UHC	Medicaid		30.6	31.55			12.22	92.15	percent of total billed charges	
SIALIDASE ENZYME ASSAY	87905	CPT	outpatient			97	14.05	UHC	Medicare		12.22				12.22	92.15	fee schedule	
SIALIDASE ENZYME ASSAY	87905	CPT	outpatient			97	14.05	Wellcare	Medicare		12.22				12.22	92.15	fee schedule	
SIALIDASE ENZYME ASSAY	87905	CPT	outpatient			97	14.05	Wellcare	Medicaid		30.6	31.55			12.22	92.15	percent of total billed charges	
SIALIDASE ENZYME ASSAY	87905	CPT	outpatient			97	14.05	WellPoint	WellPoint		31.21	32.18			12.22	92.15	percent of total billed charges	
INFECTAGNGENOTYPE OTHR REGION	87906	CPT	both			2297	148.04	Aetna	Medicare		128.73				71.1	2182.15	fee schedule	
INFECTAGNGENOTYPE OTHR REGION	87906	CPT	both			2297	148.04	Aetna	Commercial		872.86	38			71.1	2182.15	percent of total billed charges	
INFECTAGNGENOTYPE OTHR REGION	87906	CPT	both			2297	148.04	Aetna	Better Health		724.7	31.55			71.1	2182.15	percent of total billed charges	
INFECTAGNGENOTYPE OTHR REGION	87906	CPT	both			2297	148.04	Americare	Americare		1722.75	75			71.1	2182.15	percent of total billed charges	
INFECTAGNGENOTYPE OTHR REGION	87906	CPT	both			2297	148.04	Amerihealth	Medicare		128.73				71.1	2182.15	fee schedule	
INFECTAGNGENOTYPE OTHR REGION	87906	CPT	both			2297	148.04	Amerihealth	HMO/PPO		1493.05	65			71.1	2182.15	percent of total billed charges	
INFECTAGNGENOTYPE OTHR REGION	87906	CPT	both			2297	148.04	Consumer	Consumer		2182.15	95			71.1	2182.15	percent of total billed charges	
INFECTAGNGENOTYPE OTHR REGION	87906	CPT	both			2297	148.04	Corrections	Corrections		1837.6	80			71.1	2182.15	percent of total billed charges	
INFECTAGNGENOTYPE OTHR REGION	87906	CPT	both			2297	148.04	First Health	First Health		1607.9	70			71.1	2182.15	percent of total billed charges	
INFECTAGNGENOTYPE OTHR REGION	87906	CPT	both			2297	148.04	First Trenton	First Trenton		2067.3	90			71.1	2182.15	percent of total billed charges	
INFECTAGNGENOTYPE OTHR REGION	87906	CPT	both			2297	148.04	Horizon	Indemnity		879.29	38.28			71.1	2182.15	percent of total billed charges	
INFECTAGNGENOTYPE OTHR REGION	87906	CPT	both			2297	148.04	Horizon	Medicare Blue		689.1	30			71.1	2182.15	percent of total billed charges	
INFECTAGNGENOTYPE OTHR REGION	87906	CPT	both			2297	148.04	Horizon	PPO		879.29	38.28			71.1	2182.15	percent of total billed charges	
INFECTAGNGENOTYPE OTHR REGION	87906	CPT	both			2297	148.04	Horizon	MGD		879.29	38.28			71.1	2182.15	percent of total billed charges	
INFECTAGNGENOTYPE OTHR REGION	87906	CPT	both			2297	148.04	Horizon	NJ Health		142.02				71.1	2182.15	fee schedule	
INFECTAGNGENOTYPE OTHR REGION	87906	CPT	both			2297	148.04	Managed Care Inc	Managed Care Inc		2067.3	90			71.1	2182.15	percent of total billed charges	
INFECTAGNGENOTYPE OTHR REGION	87906	CPT	both			2297	148.04	Multiplan	Multiplan		1837.6	80			71.1	2182.15	percent of total billed charges	
INFECTAGNGENOTYPE OTHR REGION	87906	CPT	both			2297	148.04	Qualcare	Qualcare		1722.75	75			71.1	2182.15	percent of total billed charges	
INFECTAGNGENOTYPE OTHR REGION	87906	CPT	both			2297	148.04	Three Rivers	Three Rivers		2182.15	95			71.1	2182.15	percent of total billed charges	
INFECTAGNGENOTYPE OTHR REGION	87906	CPT	both			2297	148.04	UHC	Medicare		128.73				71.1	2182.15	fee schedule	
INFECTAGNGENOTYPE OTHR REGION	87906	CPT	both			2297	148.04	UHC	Medicaid		724.7	31.55			71.1	2182.15	percent of total billed charges	
INFECTAGNGENOTYPE OTHR REGION	87906	CPT	both			2297	148.04	Wellcare	Medicare		128.73				71.1	2182.15	fee schedule	
INFECTAGNGENOTYPE OTHR REGION	87906	CPT	both			2297	148.04	Wellcare	Medicaid		724.7	31.55			71.1	2182.15	percent of total billed charges	
INFECTAGNGENOTYPE OTHR REGION	87906	CPT	both			2297	148.04	WellPoint	WellPoint		739.17	32.18			71.1	2182.15	percent of total billed charges	
CMV GENOTYPE	87910	CPT	outpatient			1696	296.07	Aetna	Commercial		644.48	38			257.45	1611.2	percent of total billed charges	
CMV GENOTYPE	87910	CPT	outpatient			1696	296.07	Aetna	Better Health		535.09	31.55			257.45	1611.2	percent of total billed charges	
CMV GENOTYPE	87910	CPT	outpatient			1696	296.07	Aetna	Medicare		257.45				257.45	1611.2	fee schedule	
CMV GENOTYPE	87910	CPT	outpatient			1696	296.07	Americare	Americare		1272	75			257.45	1611.2	percent of total billed charges	
CMV GENOTYPE	87910	CPT	outpatient			1696	296.07	Amerihealth	HMO/PPO		1102.4	65			257.45	1611.2	percent of total billed charges	
CMV GENOTYPE	87910	CPT	outpatient			1696	296.07	Amerihealth	Medicare		257.45				257.45	1611.2	fee schedule	
CMV GENOTYPE	87910	CPT	outpatient			1696	296.07	Consumer	Consumer		1611.2	95			257.45	1611.2	percent of total billed charges	
CMV GENOTYPE	87910	CPT	outpatient			1696	296.07	Corrections	Corrections		1356.8	80			257.45	1611.2	percent of total billed charges	
CMV GENOTYPE	87910	CPT	outpatient			1696	296.07	First Health	First Health		1187.2	70			257.45	1611.2	percent of total billed charges	
CMV GENOTYPE	87910	CPT	outpatient			1696	296.07	First Trenton	First Trenton		1526.4	90			257.45	1611.2	percent of total billed charges	
CMV GENOTYPE	87910	CPT	outpatient			1696	296.07	Horizon	Medicare Blue		508.8	30			257.45	1611.2	percent of total billed charges	
CMV GENOTYPE	87910	CPT	outpatient			1696	296.07	Horizon	MGD		649.23	38.28			257.45	1611.2	percent of total billed charges	
CMV GENOTYPE	87910	CPT	outpatient			1696	296.07	Horizon	Indemnity		649.23	38.28			257.45	1611.2	percent of total billed charges	
CMV GENOTYPE	87910	CPT	outpatient			1696	296.07	Horizon	NJ Health		665.85				257.45	1611.2	fee schedule	
CMV GENOTYPE	87910	CPT	outpatient			1696	296.07	Horizon	PPO		649.23	38.28			257.45	1611.2	percent of total billed charges	
CMV GENOTYPE	87910	CPT	outpatient			1696	296.07	Managed Care Inc	Managed Care Inc		1526.4	90			257.45	1611.2	percent of total billed charges	
CMV GENOTYPE	87910	CPT	outpatient			1696	296.07	Multiplan	Multiplan		1356.8	80			257.45	1611.2	percent of total billed charges	
CMV GENOTYPE	87910	CPT	outpatient			1696	296.07	Qualcare	Qualcare		1272	75			257.45	1611.2	percent of total billed charges	
CMV GENOTYPE	87910	CPT	outpatient			1696	296.07	Three Rivers	Three Rivers		1611.2	95			257.45	1611.2	percent of total billed charges	
CMV GENOTYPE	87910	CPT	outpatient			1696	296.07	UHC	Medicare		257.45				257.45	1611.2	fee schedule	
CMV GENOTYPE	87910	CPT	outpatient			1696	296.07	UHC	Medicaid		535.09	31.55			257.45	1611.2	percent of total billed charges	
CMV GENOTYPE	87910	CPT	outpatient			1696	296.07	Wellcare	Medicare		257.45				257.45	1611.2	fee schedule	
CMV GENOTYPE	87910	CPT	outpatient			1696	296.07	Wellcare	Medicaid		535.09	31.55			257.45	1611.2	percent of total billed charges	
CMV GENOTYPE	87910	CPT	outpatient			1696	296.07	WellPoint	WellPoint		545.77	32.18			257.45	1611.2	percent of total billed charges	
HEPATITIS B VIRUS	87912	CPT	both			1442	296.07	Aetna	Medicare		257.45				150.9	1369.9	fee schedule	
HEPATITIS B VIRUS	87912	CPT	both			1442	296.07	Aetna	Commercial		547.96	38			150.9	1369.9	percent of total billed charges	
HEPATITIS B VIRUS	87912	CPT	both			1442	296.07	Aetna	Better Health		454.95	31.55			150.9	1369.9	percent of total billed charges	
HEPATITIS B VIRUS	87912	CPT	both			1442	296.07	Americare	Americare		1081.5	75			150.9	1369.9	percent of total billed charges	
HEPATITIS B VIRUS	87912	CPT	both			1442	296.07	Amerihealth	HMO/PPO		937.3	65			150.9	1369.9	percent of total billed charges	
HEPATITIS B VIRUS	87912	CPT	both			1442	296.07	Amerihealth	Medicare		257.45				150.9	1369.9	fee schedule	
HEPATITIS B VIRUS	87912	CPT	both			1442	296.07	Consumer	Consumer		1369.9	95			150.9	1369.9	percent of total billed charges	
HEPATITIS B VIRUS	87912	CPT	both			1442	296.07	Corrections	Corrections		1153.6	80			150.9	1369.9	percent of total billed charges	
HEPATITIS B VIRUS	87912	CPT	both			1442	296.07	First Health	First Health		1009.4	70			150.9	1369.9	percent of total billed charges	
HEPATITIS B VIRUS	87912	CPT	both			1442	296.07	First Trenton	First Trenton		1297.8	90			150.9	1369.9	percent of total billed charges	
HEPATITIS B VIRUS	87912	CPT	both			1442	296.07	Horizon	NJ Health		665.85				150.9	1369.9	fee schedule	
HEPATITIS B VIRUS	87912	CPT	both			1442	296.07	Horizon	Indemnity		552	38.28			150.9	1369.9	percent of total billed charges	
HEPATITIS B VIRUS	87912	CPT	both			1442	296.07	Horizon	Medicare Blue		432.6	30			150.9	1369.9	percent of total billed charges	
HEPATITIS B VIRUS	87912	CPT	both			1442	296.07	Horizon	MGD		552	38.28			150.9	1369.9	percent of total billed charges	
HEPATITIS B VIRUS	87912	CPT	both			1442	296.07	Horizon	PPO		552	38.28			150.9	1369.9	percent of total billed charges	
HEPATITIS B VIRUS	87912	CPT	both			1442	296.07	Managed Care Inc	Managed Care Inc		1297.8	90			150.9	1369.9	percent of total billed charges	
HEPATITIS B VIRUS	87912	CPT	both			1442	296.07	Multiplan	Multiplan		1153.6	80			150.9	1369.9	percent of total billed charges	
HEPATITIS B VIRUS	87912	CPT	both			1442	296.07	Qualcare	Qualcare		1081.5	75			150.9	1369.9	percent of total billed charges	
HEPATITIS B VIRUS	87912	CPT	both			1442	296.07	Three Rivers	Three Rivers		1369.9	95			150.9	1369.9	percent of total billed charges	
HEPATITIS B VIRUS	87912	CPT	both			1442	296.07	UHC	Medicare		257.45				150.9	1369.9	fee schedule	
HEPATITIS B VIRUS	87912	CPT	both			1442	296.07	UHC	Medicaid		454.95	31.55			150.9	1369.9	percent of total billed charges	
HEPATITIS B VIRUS	87912	CPT	both			1442	296.07	Wellcare	Medicaid		454.95	31.55			150.9	1369.9	percent of total billed charges	
HEPATITIS B VIRUS	87912	CPT	both			1442	296.07	Wellcare	Medicare		257.45				150.9	1369.9	fee schedule	
HEPATITIS B VIRUS	87912	CPT	both			1442	296.07	WellPoint	WellPoint		464.04	32.18			150.9	1369.9	percent of total billed charges	
TROPISM	87999	CPT	both			11462		Aetna	Better Health		3616.26	31.55			47.1	10888.9	percent of total billed charges	
TROPISM	87999	CPT	both			11462		Aetna	Medicare		3530.3	30.8			47.1	10888.9	percent of total billed charges	
TROPISM	87999	CPT	both			11462		Aetna	Commercial		4355.56	38			47.1	10888.9	percent of total billed charges	
TROPISM	87999	CPT	both			11462		Americare	Americare		8596.5	75			47.1	10888.9	percent of total billed charges	
TROPISM	87999	CPT	both			11462		Amerihealth	HMO/PPO		7450.3	65			47.1	10888.9	percent of total billed charges	
TROPISM	87999	CPT	both			11462		Consumer	Consumer		10888.9	95			47.1	10888.9	percent of total billed charges	
TROPISM	87999	CPT	both			11462		Corrections	Corrections		9169.6	80			47.1	10888.9	percent of total billed charges	
TROPISM	87999	CPT	both			11462		First Health	First Health		8023.4	70			47.1	10888.9	percent of total billed charges	
TROPISM	87999	CPT	both			11462		First Trenton	First Trenton		10315.8	90			47.1	10888.9	percent of total billed charges	
TROPISM	87999	CPT	both			11462		Horizon	MGD		4387.65	38.28			47.1	10888.9	percent of total billed charges	
TROPISM	87999	CPT	both			11462		Horizon	Indemnity		4387.65	38.28			47.1	10888.9	percent of total billed charges	
TROPISM	87999	CPT	both			11462		Horizon	PPO		4387.65	38.28			47.1	10888.9	percent of total billed charges	
TROPISM	87999	CPT	both			11462		Horizon	Medicare Blue		3438.6	30			47.1	10888.9	percent of total billed charges	
TROPISM	87999	CPT	both			11462		Managed Care Inc	Managed Care Inc		10315.8	90			47.1	10888.9	percent of total billed charges	
TROPISM	87999	CPT	both			11462		Multiplan	Multiplan		9169.6	80			47.1	10888.9	percent of total billed charges	
TROPISM	87999	CPT	both			11462		Qualcare	Qualcare		8596.5	75			47.1	10888.9	percent of total billed charges	
TROPISM	87999	CPT	both			11462		Three Rivers	Three Rivers		10888.9	95			47.1	10888.9	percent of total billed charges	
TROPISM	87999	CPT	both			11462		UHC	Medicaid		3616.26	31.55			47.1	10888.9	percent of total billed charges	
TROPISM	87999	CPT	both			11462		Wellcare	Medicaid		3616.26	31.55			47.1	10888.9	percent of total billed charges	
TROPISM	87999	CPT	both			11462		WellPoint	WellPoint		3688.47	32.18			47.1	10888.9	percent of total billed charges	
AUTOPSY GRS EXM ONLY W/O CNS	88000	CPT	outpatient					Horizon	NJ Health		173.07				173.07	173.07	fee schedule	
AUTOPSY GRS EXM W/ BRAIN	88005	CPT	outpatient					Horizon	NJ Health		201.92				201.92	201.92	fee schedule	
AUTOPSY GRS EXM W/BRAIN & SPC	88007	CPT	outpatient					Horizon	NJ Health		211.54				211.54	211.54	fee schedule	
AUTOPSY GRS EXM INFANT W/ BRAIN	88012	CPT	outpatient					Horizon	NJ Health		173.07				173.07	173.07	fee schedule	
AUTOPSY GRS EXM STILLINB W/ BRAIN	88014	CPT	outpatient					Horizon	NJ Health		158.64				158.64	158.64	fee schedule	
AUTOPSY GRS EXM MACERATED SB	88016	CPT	outpatient					Horizon	NJ Health		221.15				221.15	221.15	fee schedule	
AUTOPSY GRS&MIC W/O CNS	88020	CPT	outpatient					Horizon	NJ Health		298.08				298.08	298.08	fee schedule	
AUTOPSY GRS&MIC W/BRAIN	88025	CPT	outpatient					Horizon	NJ Health		288.45				288.45	288.45	fee schedule	
AUTOPSY GRS&MIC W/BRAIN & SPC	88027	CPT	outpatient					Horizon	NJ Health		307.68				307.68	307.68	fee schedule	
AUTOPSY GRS&MIC INFANT W/BRAIN	88028	CPT	outpatient					Horizon	NJ Health		173.07				173.07	173.07	fee schedule	
AUTOPSY GRS&MIC STILLINB W/BRAIN	88029	CPT	outpatient					Horizon	NJ Health		173.07				173.07	173.07	fee schedule	
AUTOPSY LIMIT GROSS&/OR MICRO	88036	CPT	outpatient					Horizon	NJ Health		86.53				86.53	86.53	fee schedule	
AUTOPSY SINGLE ORGAN	88037	CPT	outpatient					Horizon	NJ Health		76.93				76.93	76.93	fee schedule	
AUTOPSY FORENSIC EXAMINATION	88040	CPT	outpatient					Horizon	NJ Health		480.77				480.77	480.77	fee schedule	
AUTOPSY CORONER'S CALL	88045	CPT	outpatient					Horizon	NJ Health		48.08				48.08	48.08	fee schedule	
CYTOPATH,FLUIDS	88104	CPT	both			192	52.74	Aetna	Commercial		73.01				23.52	182.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTOPATH,FLUIDS	88104	CPT	both			192	52.74	Aetna	Better Health		60.58	31.55			23.52	182.4	percent of total billed charges	
CYTOPATH,FLUIDS	88104	CPT	both			192	52.74	Aetna	Medicare		45.86				23.52	182.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTOPATH,FLUIDS	88104	CPT	both			192	52.74	Americare	Americare		144	75			23.52	182.4	percent of total billed charges	
CYTOPATH,FLUIDS	88104	CPT	both			192	52.74	Amerihealth	HMO/PPO		124.8	65			23.52	182.4	percent of total billed charges	
CYTOPATH,FLUIDS	88104	CPT	both			192	52.74	Amerihealth	Medicare		45.86				23.52	182.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTOPATH,FLUIDS	88104	CPT	both			192	52.74	Consumer	Consumer		182.4	95			23.52	182.4	percent of total billed charges	
CYTOPATH,FLUIDS	88104	CPT	both			192	52.74	Corrections	Corrections		153.6	80			23.52	182.4	percent of total billed charges	
CYTOPATH,FLUIDS	88104	CPT	both			192	52.74	First Health	First Health		134.4	70			23.52	182.4	percent of total billed charges	
CYTOPATH,FLUIDS	88104	CPT	both			192	52.74	First Trenton	First Trenton		172.8	90			23.52	182.4	percent of total billed charges	
CYTOPATH,FLUIDS	88104	CPT	both			192	52.74	Horizon	NJ Health		23.52				23.52	182.4	fee schedule	
CYTOPATH,FLUIDS	88104	CPT	both			192	52.74	Horizon	Indemnity		85.35				23.52	182.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTOPATH,FLUIDS	88104	CPT	both			192	52.74	Horizon	MGD		85.35				23.52	182.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CYTOPATH,FLUIDS	88104	CPT	both			192		52.74 Horizon	PPO		85.35				23.52	182.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTOPATH,FLUIDS	88104	CPT	both			192		52.74 Horizon	Medicare Blue		45.86				23.52	182.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTOPATH,FLUIDS	88104	CPT	both			192		52.74 Managed Care Inc	Managed Care Inc		172.8	90			23.52	182.4	percent of total billed charges	
CYTOPATH,FLUIDS	88104	CPT	both			192		52.74 Multiplan	Multiplan		153.6	80			23.52	182.4	percent of total billed charges	
CYTOPATH,FLUIDS	88104	CPT	both			192		52.74 Qualcare	Qualcare		144	75			23.52	182.4	percent of total billed charges	
CYTOPATH,FLUIDS	88104	CPT	both			192		52.74 Three Rivers	Three Rivers		182.4	95			23.52	182.4	percent of total billed charges	
CYTOPATH,FLUIDS	88104	CPT	both			192		52.74 UHC	Medicare		45.86				23.52	182.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTOPATH,FLUIDS	88104	CPT	both			192		52.74 UHC	Medicaid		60.58	31.55			23.52	182.4	percent of total billed charges	
CYTOPATH,FLUIDS	88104	CPT	both			192		52.74 Wellcare	Medicare		45.86				23.52	182.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTOPATH,FLUIDS	88104	CPT	both			192		52.74 Wellcare	Medicaid		60.58	31.55			23.52	182.4	percent of total billed charges	
CYTOPATH,FLUIDS	88104	CPT	both			192		52.74 WellPoint	WellPoint		61.79	32.18			23.52	182.4	percent of total billed charges	
CYTO,CONC TECH	88108	CPT	both			242		52.74 Aetna	Better Health		76.35	31.55			23.52	229.9	percent of total billed charges	
CYTO,CONC TECH	88108	CPT	both			242		52.74 Aetna	Commercial		73.01				23.52	229.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTO,CONC TECH	88108	CPT	both			242		52.74 Aetna	Medicare		45.86				23.52	229.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTO,CONC TECH	88108	CPT	both			242		52.74 Americare	Americare		181.5	75			23.52	229.9	percent of total billed charges	
CYTO,CONC TECH	88108	CPT	both			242		52.74 Amerihealth	HMO/PPO		157.3	65			23.52	229.9	percent of total billed charges	
CYTO,CONC TECH	88108	CPT	both			242		52.74 Amerihealth	Medicare		45.86				23.52	229.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTO,CONC TECH	88108	CPT	both			242		52.74 Consumer	Consumer		229.9	95			23.52	229.9	percent of total billed charges	
CYTO,CONC TECH	88108	CPT	both			242		52.74 Corrections	Corrections		193.6	80			23.52	229.9	percent of total billed charges	
CYTO,CONC TECH	88108	CPT	both			242		52.74 First Health	First Health		169.4	70			23.52	229.9	percent of total billed charges	
CYTO,CONC TECH	88108	CPT	both			242		52.74 First Trenton	First Trenton		217.8	90			23.52	229.9	percent of total billed charges	
CYTO,CONC TECH	88108	CPT	both			242		52.74 Horizon	MGD		85.35				23.52	229.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTO,CONC TECH	88108	CPT	both			242		52.74 Horizon	Indemnity		85.35				23.52	229.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTO,CONC TECH	88108	CPT	both			242		52.74 Horizon	NJ Health		23.52				23.52	229.9	fee schedule	
CYTO,CONC TECH	88108	CPT	both			242		52.74 Horizon	PPO		85.35				23.52	229.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTO,CONC TECH	88108	CPT	both			242		52.74 Horizon	Medicare Blue		45.86				23.52	229.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTO,CONC TECH	88108	CPT	both			242		52.74 Managed Care Inc	Managed Care Inc		217.8	90			23.52	229.9	percent of total billed charges	
CYTO,CONC TECH	88108	CPT	both			242		52.74 Multiplan	Multiplan		193.6	80			23.52	229.9	percent of total billed charges	
CYTO,CONC TECH	88108	CPT	both			242		52.74 Qualcare	Qualcare		181.5	75			23.52	229.9	percent of total billed charges	
CYTO,CONC TECH	88108	CPT	both			242		52.74 Three Rivers	Three Rivers		229.9	95			23.52	229.9	percent of total billed charges	
CYTO,CONC TECH	88108	CPT	both			242		52.74 UHC	Medicare		45.86				23.52	229.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTO,CONC TECH	88108	CPT	both			242		52.74 UHC	Medicaid		76.35	31.55			23.52	229.9	percent of total billed charges	
CYTO,CONC TECH	88108	CPT	both			242		52.74 Wellcare	Medicaid		76.35	31.55			23.52	229.9	percent of total billed charges	
CYTO,CONC TECH	88108	CPT	both			242		52.74 Wellcare	Medicare		45.86				23.52	229.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTO,CONC TECH	88108	CPT	both			242		52.74 WellPoint	WellPoint		77.88	32.18			23.52	229.9	percent of total billed charges	
URINE CYTOLOGY (009068)	88112	CPT	both			248		71.27 Aetna	Better Health		78.24	31.55			61.97	235.6	percent of total billed charges	
URINE CYTOLOGY (009068)	88112	CPT	both			248		71.27 Aetna	Commercial		98.66				61.97	235.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URINE CYTOLOGY (009068)	88112	CPT	both			248		71.27 Aetna	Medicare		61.97				61.97	235.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URINE CYTOLOGY (009068)	88112	CPT	both			248		71.27 Americare	Americare		186	75			61.97	235.6	percent of total billed charges	
URINE CYTOLOGY (009068)	88112	CPT	both			248		71.27 Amerihealth	Medicare		61.97				61.97	235.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URINE CYTOLOGY (009068)	88112	CPT	both			248		71.27 Amerihealth	HMO/PPO		161.2	65			61.97	235.6	percent of total billed charges	
URINE CYTOLOGY (009068)	88112	CPT	both			248		71.27 Consumer	Consumer		235.6	95			61.97	235.6	percent of total billed charges	
URINE CYTOLOGY (009068)	88112	CPT	both			248		71.27 Corrections	Corrections		198.4	80			61.97	235.6	percent of total billed charges	
URINE CYTOLOGY (009068)	88112	CPT	both			248		71.27 First Health	First Health		173.6	70			61.97	235.6	percent of total billed charges	
URINE CYTOLOGY (009068)	88112	CPT	both			248		71.27 First Trenton	First Trenton		223.2	90			61.97	235.6	percent of total billed charges	
URINE CYTOLOGY (009068)	88112	CPT	both			248		71.27 Horizon	MGD		115.33				61.97	235.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URINE CYTOLOGY (009068)	88112	CPT	both			248		71.27 Horizon	Indemnity		115.33				61.97	235.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URINE CYTOLOGY (009068)	88112	CPT	both			248		71.27 Horizon	Medicare Blue		61.97				61.97	235.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URINE CYTOLOGY (009068)	88112	CPT	both			248		71.27 Horizon	NJ Health		113.62				61.97	235.6	fee schedule	
URINE CYTOLOGY (009068)	88112	CPT	both			248		71.27 Horizon	PPO		115.33				61.97	235.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URINE CYTOLOGY (009068)	88112	CPT	both			248		71.27 Managed Care Inc	Managed Care Inc		223.2	90			61.97	235.6	percent of total billed charges	
URINE CYTOLOGY (009068)	88112	CPT	both			248		71.27 Multiplan	Multiplan		198.4	80			61.97	235.6	percent of total billed charges	
URINE CYTOLOGY (009068)	88112	CPT	both			248		71.27 Qualcare	Qualcare		186	75			61.97	235.6	percent of total billed charges	
URINE CYTOLOGY (009068)	88112	CPT	both			248		71.27 Three Rivers	Three Rivers		235.6	95			61.97	235.6	percent of total billed charges	
URINE CYTOLOGY (009068)	88112	CPT	both			248		71.27 UHC	Medicaid		78.24	31.55			61.97	235.6	percent of total billed charges	
URINE CYTOLOGY (009068)	88112	CPT	both			248		71.27 UHC	Medicare		61.97				61.97	235.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URINE CYTOLOGY (009068)	88112	CPT	both			248		71.27 Wellcare	Medicare		61.97				61.97	235.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URINE CYTOLOGY (009068)	88112	CPT	both			248		71.27 Wellcare	Medicaid		78.24	31.55			61.97	235.6	percent of total billed charges	
URINE CYTOLOGY (009068)	88112	CPT	both			248		71.27 WellPoint	WellPoint		79.81	32.18			61.97	235.6	percent of total billed charges	
PAPILLOMAVIRUS,HUMAN,AMPL PROB	88142	CPT	both			406		23.3 Aetna	Better Health		126.09	31.55			18.9	385.7	percent of total billed charges	
PAPILLOMAVIRUS,HUMAN,AMPL PROB	88142	CPT	both			406		23.3 Aetna	Medicare		20.26				18.9	385.7	fee schedule	
PAPILLOMAVIRUS,HUMAN,AMPL PROB	88142	CPT	both			406		23.3 Aetna	Commercial		154.28	38			18.9	385.7	percent of total billed charges	
PAPILLOMAVIRUS,HUMAN,AMPL PROB	88142	CPT	both			406		23.3 Americare	Americare		304.5	75			18.9	385.7	percent of total billed charges	
PAPILLOMAVIRUS,HUMAN,AMPL PROB	88142	CPT	both			406		23.3 Amerihealth	Medicare		20.26				18.9	385.7	fee schedule	
PAPILLOMAVIRUS,HUMAN,AMPL PROB	88142	CPT	both			406		23.3 Amerihealth	HMO/PPO		263.9	65			18.9	385.7	percent of total billed charges	
PAPILLOMAVIRUS,HUMAN,AMPL PROB	88142	CPT	both			406		23.3 Consumer	Consumer		385.7	95			18.9	385.7	percent of total billed charges	
PAPILLOMAVIRUS,HUMAN,AMPL PROB	88142	CPT	both			406		23.3 Corrections	Corrections		324.8	80			18.9	385.7	percent of total billed charges	
PAPILLOMAVIRUS,HUMAN,AMPL PROB	88142	CPT	both			406		23.3 First Health	First Health		284.2	70			18.9	385.7	percent of total billed charges	
PAPILLOMAVIRUS,HUMAN,AMPL PROB	88142	CPT	both			406		23.3 First Trenton	First Trenton		365.4	90			18.9	385.7	percent of total billed charges	
PAPILLOMAVIRUS,HUMAN,AMPL PROB	88142	CPT	both			406		23.3 Horizon	MGD		155.42	38.28			18.9	385.7	percent of total billed charges	
PAPILLOMAVIRUS,HUMAN,AMPL PROB	88142	CPT	both			406		23.3 Horizon	Medicare Blue		121.8	30			18.9	385.7	percent of total billed charges	
PAPILLOMAVIRUS,HUMAN,AMPL PROB	88142	CPT	both			406		23.3 Horizon	Indemnity		155.42	38.28			18.9	385.7	percent of total billed charges	
PAPILLOMAVIRUS,HUMAN,AMPL PROB	88142	CPT	both			406		23.3 Horizon	NJ Health		70.56				18.9	385.7	fee schedule	
PAPILLOMAVIRUS,HUMAN,AMPL PROB	88142	CPT	both			406		23.3 Horizon	PPO		155.42	38.28			18.9	385.7	percent of total billed charges	
PAPILLOMAVIRUS,HUMAN,AMPL PROB	88142	CPT	both			406		23.3 Managed Care Inc	Managed Care Inc		365.4	90			18.9	385.7	percent of total billed charges	
PAPILLOMAVIRUS,HUMAN,AMPL PROB	88142	CPT	both			406		23.3 Multiplan	Multiplan		324.8	80			18.9	385.7	percent of total billed charges	
PAPILLOMAVIRUS,HUMAN,AMPL PROB	88142	CPT	both			406		23.3 Qualcare	Qualcare		304.5	75			18.9	385.7	percent of total billed charges	
PAPILLOMAVIRUS,HUMAN,AMPL PROB	88142	CPT	both			406		23.3 Three Rivers	Three Rivers		385.7	95			18.9	385.7	percent of total billed charges	
PAPILLOMAVIRUS,HUMAN,AMPL PROB	88142	CPT	both			406		23.3 UHC	Medicare		20.26				18.9	385.7	fee schedule	
PAPILLOMAVIRUS,HUMAN,AMPL PROB	88142	CPT	both			406		23.3 UHC	Medicaid		128.09	31.55			18.9	385.7	percent of total billed charges	
PAPILLOMAVIRUS,HUMAN,AMPL PROB	88142	CPT	both			406		23.3 Wellcare	Medicare		20.26				18.9	385.7	fee schedule	
PAPILLOMAVIRUS,HUMAN,AMPL PROB	88142	CPT	both			406		23.3 Wellcare	Medicaid		128.09	31.55			18.9	385.7	percent of total billed charges	
PAPILLOMAVIRUS,HUMAN,AMPL PROB	88142	CPT	both			406		23.3 WellPoint	WellPoint		130.65	32.18			18.9	385.7	percent of total billed charges	
CYTOPATH, C/V, INDEX ADD-ON	88155	CPT	outpatient			73		16.85 Aetna	Medicare		14.65				11.76	69.35	fee schedule	
CYTOPATH, C/V, INDEX ADD-ON	88155	CPT	outpatient			73		16.85 Aetna	Better Health		23.03	31.55			11.76	69.35	percent of total billed charges	
CYTOPATH, C/V, INDEX ADD-ON	88155	CPT	outpatient			73		16.85 Aetna	Commercial		27.74	38			11.76	69.35	percent of total billed charges	
CYTOPATH, C/V, INDEX ADD-ON	88155	CPT	outpatient			73		16.85 Americare	Americare		54.75	75			11.76	69.35	percent of total billed charges	
CYTOPATH, C/V, INDEX ADD-ON	88155	CPT	outpatient			73		16.85 Amerihealth	HMO/PPO		47.45	65			11.76	69.35	percent of total billed charges	
CYTOPATH, C/V, INDEX ADD-ON	88155	CPT	outpatient			73		16.85 Amerihealth	Medicare		14.65				11.76	69.35	fee schedule	
CYTOPATH, C/V, INDEX ADD-ON	88155	CPT	outpatient			73		16.85 Consumer	Consumer		69.35	95			11.76	69.35	percent of total billed charges	
CYTOPATH, C/V, INDEX ADD-ON	88155	CPT	outpatient			73		16.85 Corrections	Corrections		58.4	80			11.76	69.35	percent of total billed charges	
CYTOPATH, C/V, INDEX ADD-ON	88155	CPT	outpatient			73		16.85 First Health	First Health		51.1	70			11.76	69.35	percent of total billed charges	
CYTOPATH, C/V, INDEX ADD-ON	88155	CPT	outpatient			73		16.85 First Trenton	First Trenton		65.7	90			11.76	69.35	percent of total billed charges	
CYTOPATH, C/V, INDEX ADD-ON	88155	CPT	outpatient			73		16.85 Horizon	Medicare Blue		21.9	30			11.76	69.35	percent of total billed charges	
CYTOPATH, C/V, INDEX ADD-ON	88155	CPT	outpatient			73		16.85 Horizon	Indemnity		27.94	38.28			11.76	69.35	percent of total billed charges	
CYTOPATH, C/V, INDEX ADD-ON	88155	CPT	outpatient			73		16.85 Horizon	MGD		27.94	38.28			11.76	69.35	percent of total billed charges	
CYTOPATH, C/V, INDEX ADD-ON	88155	CPT	outpatient			73		16.85 Horizon	NJ Health		11.76				11.76	69.35	fee schedule	
CYTOPATH, C/V, INDEX ADD-ON	88155	CPT	outpatient			73		16.85 Horizon	PPO		27.94	38.28			11.76	69.35	percent of total billed charges	
CYTOPATH, C/V, INDEX ADD-ON	88155	CPT	outpatient			73		16.85 Managed Care Inc	Managed Care Inc		65.7	90			11.76	69.35	percent of total billed charges	
CYTOPATH, C/V, INDEX ADD-ON	88155	CPT	outpatient			73		16.85 Multiplan	Multiplan		58.4	80			11.76	69.35	percent of total billed charges	
CYTOPATH, C/V, INDEX ADD-ON	88155	CPT	outpatient			73		16.85 Qualcare	Qualcare		54.75	75			11.76	69.35	percent of total billed charges	
CYTOPATH, C/V, INDEX ADD-ON	88155	CPT	outpatient			73		16.85 Three Rivers	Three Rivers		69.35	95			11.76	69.35	percent of total billed charges	
CYTOPATH, C/V, INDEX ADD-ON	88155	CPT	outpatient			73		16.85 UHC	Medicaid		23.03	31.55			11.76	69.35	percent of total billed charges	
CYTOPATH, C/V, INDEX ADD-ON	88155	CPT	outpatient			73		16.85 UHC	Medicare		14.65				11.76	69.35	fee schedule	
CYTOPATH, C/V, INDEX ADD-ON	88155	CPT	outpatient			73		16.85 Wellcare	Medicaid		23.03	31.55			11.76	69.35	percent of total billed charges	
CYTOPATH, C/V, INDEX ADD-ON	88155	CPT	outpatient			73		16.85 Wellcare	Medicare		14.65				11.76	69.35	fee schedule	
CYTOPATH, C/V, INDEX ADD-ON	88155	CPT	outpatient			73		16.85 WellPoint	WellPoint		23.49	32.18			11.76	69.35	percent of total billed charges	
CYTOLOGY, SMEARS, ANY OTHER SOURCE	88160	CPT	inpatient			292		39.16 Aetna	Commercial		54.21				13.72	277.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTOLOGY, SMEARS, ANY OTHER SOURCE	88160	CPT	inpatient			292		39.16 Aetna	Better Health		92.13	31.55			13.72	277.4	percent of total billed charges	
CYTOLOGY, SMEARS, ANY OTHER SOURCE	88160	CPT	inpatient			292		39.16 Aetna	Medicare		34.05				13.72	277.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTOLOGY, SMEARS, ANY OTHER SOURCE	88160	CPT	inpatient			292		39.16 Americare	Americare		219	75			13.72	277.4	percent of total billed charges	
CYTOLOGY, SMEARS, ANY OTHER SOURCE	88160	CPT	inpatient			292		39.16 Amerihealth	HMO/PPO		189.8	65			13.72	277.4	percent of total billed charges	
CYTOLOGY, SMEARS, ANY OTHER SOURCE	88160	CPT	inpatient			292		39.16 Amerihealth	Medicare		34.05				13.72	277.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTOLOGY, SMEARS, ANY OTHER SOURCE	88160	CPT	inpatient			292		39.16 Consumer	Consumer		277.4	95			13.72	277.4	percent of total billed charges	
CYTOLOGY, SMEARS, ANY OTHER SOURCE	88160	CPT	inpatient			292		39.16 Corrections	Corrections		233.6	80			13.72	277.4	percent of total billed charges	
CYTOLOGY, SMEARS, ANY OTHER SOURCE	88160	CPT	inpatient			292		39.16 First Health	First Health		204.4	70			13.72	277.4	percent of total billed charges	
CYTOLOGY, SMEARS, ANY OTHER SOURCE	88160	CPT	inpatient			292		39.16 First Trenton	First Trenton		262.8	90			13.72	277.4	percent of total billed charges	
CYTOLOGY, SMEARS, ANY OTHER SOURCE	88160	CPT	inpatient			292		39.16 Horizon	MGD		63.37				13.72	277.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTOLOGY, SMEARS, ANY OTHER SOURCE	88160	CPT	inpatient			292		39.16 Horizon	PPO		63.37				13.72	277.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTOLOGY, SMEARS, ANY OTHER SOURCE	88160	CPT	inpatient			292		39.16 Horizon	NJ Health		13.72				13.72	277.4	fee schedule	
CYTOLOGY, SMEARS, ANY OTHER SOURCE	88160	CPT	inpatient			292		39.16 Horizon	Medicare Blue		34.05				13.72	277.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTOLOGY, SMEARS, ANY OTHER SOURCE	88160	CPT	inpatient			292		39.16 Horizon	Indemnity		63.37				13.72	277.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTOLOGY, SMEARS, ANY OTHER SOURCE	88160	CPT	inpatient			292		39.16 Managed Care Inc	Managed Care Inc		262.8	90			13.72	277.4	percent of total billed charges	
CYTOLOGY, SMEARS, ANY OTHER SOURCE	88160	CPT	inpatient			292		39.16 Multiplan	Multiplan		233.6	80			13.72	277.4	percent of total billed charges	
CYTOLOGY, SMEARS, ANY OTHER SOURCE	88160	CPT	inpatient			292		39.16 Qualcare	Qualcare		219	75			13.72	277.4	percent of total billed charges	
CYTOLOGY, SMEARS, ANY OTHER SOURCE	88160	CPT	inpatient			292		39.16 Three Rivers	Three Rivers		277.4	95			13.72	277.4	percent of total billed charges	
CYTOLOGY, SMEARS, ANY OTHER SOURCE	88160	CPT	inpatient			292		39.16 UHC	Medicaid		92.13	31.55			13.72	277.4	percent of total billed charges	
CYTOLOGY, SMEARS, ANY OTHER SOURCE	88160	CPT	inpatient			292		39.16 UHC	Medicare		34.05				13.72	277.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTOLOGY, SMEARS, ANY OTHER SOURCE	88160	CPT	inpatient			292		39.16 Wellcare	Medicare		34.05				13.72	277.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTOLOGY, SMEARS, ANY OTHER SOURCE	88160	CPT	inpatient			292		39.16 Wellcare	Medicaid		92.13	31.55			13.72	277.4	percent of total billed charges	
CYTOLOGY, SMEARS, ANY OTHER SOURCE	88160	CPT	inpatient			292		39.16 WellPoint	WellPoint		93.97	32.18			13.72	277.4	percent of total billed charges	
CYTO,SMEARS, ANY OTHER SOURCE	88161	CPT	both			345		39.16 Aetna	Better Health		108.85	31.55			23.52	327.75	percent of total billed charges	
CYTO,SMEARS, ANY OTHER SOURCE	88161	CPT	both			345		39.16 Aetna	Medicare		34.05				23.52	327.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTO,SMEARS, ANY OTHER SOURCE	88161	CPT	both			345		39.16 Aetna	Commercial		54.21				23.52	327.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTO,SMEARS, ANY OTHER SOURCE	88161	CPT	both			345		39.16 Americare	Americare		298.75	75			23.52	327.75	percent of total billed charges	
CYTO,SMEARS, ANY OTHER SOURCE	88161	CPT	both			345		39.16 Amerihealth	Medicare		34.05				23.52	327.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTO,SMEARS, ANY OTHER SOURCE	88161	CPT	both			345		39.16 Amerihealth	HMO/PPO		224.25	65			23.52	327.75	percent of total billed charges	
CYTO,SMEARS, ANY OTHER SOURCE	88161	CPT	both			345		39.16 Consumer	Consumer		327.75	95			23.52	327.75	percent of total billed charges	
CYTO,SMEARS, ANY OTHER SOURCE	88161	CPT	both			345		39.16 Corrections	Corrections		276	80			23.52	327.75	percent of total billed charges	
CYTO,SMEARS, ANY OTHER SOURCE	88161	CPT	both			345		39.16 First Health	First Health		241.5	70			23.52	327.75	percent of total billed charges	
CYTO,SMEARS, ANY OTHER SOURCE	88161	CPT	both			345		39.16 First Trenton	First Trenton		310.5	90			23.52	327.75	percent of total billed charges	
CYTO,SMEARS, ANY OTHER SOURCE	88161	CPT	both			345		39.16 Horizon	MGD		63.37				23.52	327.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTO,SMEARS, ANY OTHER SOURCE	88161	CPT	both			345		39.16 Horizon	Indemnity		63.37				23.52	327.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTO,SMEARS, ANY OTHER SOURCE	88161	CPT	both			345		39.16 Horizon	Medicare Blue		34.05				23.52	327.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTO,SMEARS, ANY OTHER SOURCE	88161	CPT	both			345		39.16 Horizon	NJ Health		23.52				23.52	327.75	fee schedule	
CYTO,SMEARS, ANY OTHER SOURCE	88161	CPT	both			345		39.16 Horizon	PPO		63.37				23.52	327.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTO,SMEARS, ANY OTHER SOURCE	88161	CPT	both			345		39.16 Managed Care Inc	Managed Care Inc		310.5	90			23.52	327.75	percent of total billed charges	
CYTO,SMEARS, ANY OTHER SOURCE	88161	CPT	both			345		39.16 Multiplan	Multiplan		276	80			23.52	327.75	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.																	
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101191	true																
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CYTO,SMEARS, ANY OTHER SOURCE	88161	CPT	both			345		39.16 Qualcare	Qualcare		258.75				23.52	327.75	percent of total billed charges	
CYTO,SMEARS, ANY OTHER SOURCE	88161	CPT	both			345		39.16 Three Rivers	Three Rivers		327.75				23.52	327.75	percent of total billed charges	
CYTO,SMEARS, ANY OTHER SOURCE	88161	CPT	both			345		39.16 UHC	Medicaid		108.85	31.55			23.52	327.75	percent of total billed charges	
CYTO,SMEARS, ANY OTHER SOURCE	88161	CPT	both			345		39.16 UHC	Medicare		34.05				23.52	327.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTO,SMEARS, ANY OTHER SOURCE	88161	CPT	both			345		39.16 Wellcare	Medicare		34.05				23.52	327.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTO,SMEARS, ANY OTHER SOURCE	88161	CPT	both			345		39.16 Wellcare	Medicaid		108.85	31.55			23.52	327.75	percent of total billed charges	
CYTO,SMEARS, ANY OTHER SOURCE	88161	CPT	both			345		39.16 WellPoint	WellPoint		111.02	32.18			23.52	327.75	percent of total billed charges	
CYTO,SMEARS,ANY OTHER SOURCE	88162	CPT	outpatient			117		71.27 Aetna	Commercial		98.66				36.91	129.36	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTO,SMEARS,ANY OTHER SOURCE	88162	CPT	outpatient			117		71.27 Aetna	Better Health		36.91	31.55			36.91	129.36	percent of total billed charges	
CYTO,SMEARS,ANY OTHER SOURCE	88162	CPT	outpatient			117		71.27 Aetna	Medicare		61.97				36.91	129.36	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTO,SMEARS,ANY OTHER SOURCE	88162	CPT	outpatient			117		71.27 Americare	Americare		87.75	75			36.91	129.36	percent of total billed charges	
CYTO,SMEARS,ANY OTHER SOURCE	88162	CPT	outpatient			117		71.27 Amerihealth	HMO/PPO		76.05	65			36.91	129.36	percent of total billed charges	
CYTO,SMEARS,ANY OTHER SOURCE	88162	CPT	outpatient			117		71.27 Amerihealth	Medicare		61.97				36.91	129.36	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTO,SMEARS,ANY OTHER SOURCE	88162	CPT	outpatient			117		71.27 Consumer	Consumer		111.15	95			36.91	129.36	percent of total billed charges	
CYTO,SMEARS,ANY OTHER SOURCE	88162	CPT	outpatient			117		71.27 Corrections	Corrections		93.6	80			36.91	129.36	percent of total billed charges	
CYTO,SMEARS,ANY OTHER SOURCE	88162	CPT	outpatient			117		71.27 First Health	First Health		81.9	70			36.91	129.36	percent of total billed charges	
CYTO,SMEARS,ANY OTHER SOURCE	88162	CPT	outpatient			117		71.27 First Trenton	First Trenton		105.3	90			36.91	129.36	percent of total billed charges	
CYTO,SMEARS,ANY OTHER SOURCE	88162	CPT	outpatient			117		71.27 Horizon	MGD		115.33				36.91	129.36	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTO,SMEARS,ANY OTHER SOURCE	88162	CPT	outpatient			117		71.27 Horizon	Indemnity		115.33				36.91	129.36	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTO,SMEARS,ANY OTHER SOURCE	88162	CPT	outpatient			117		71.27 Horizon	NJ Health		129.36				36.91	129.36	fee schedule	
CYTO,SMEARS,ANY OTHER SOURCE	88162	CPT	outpatient			117		71.27 Horizon	PPO		115.33				36.91	129.36	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTO,SMEARS,ANY OTHER SOURCE	88162	CPT	outpatient			117		71.27 Horizon	Medicare Blue		61.97				36.91	129.36	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTO,SMEARS,ANY OTHER SOURCE	88162	CPT	outpatient			117		71.27 Managed Care Inc	Managed Care Inc		105.3	90			36.91	129.36	percent of total billed charges	
CYTO,SMEARS,ANY OTHER SOURCE	88162	CPT	outpatient			117		71.27 Multiplan	Multiplan		93.6	80			36.91	129.36	percent of total billed charges	
CYTO,SMEARS,ANY OTHER SOURCE	88162	CPT	outpatient			117		71.27 Qualcare	Qualcare		87.75	75			36.91	129.36	percent of total billed charges	
CYTO,SMEARS,ANY OTHER SOURCE	88162	CPT	outpatient			117		71.27 Three Rivers	Three Rivers		111.15	95			36.91	129.36	percent of total billed charges	
CYTO,SMEARS,ANY OTHER SOURCE	88162	CPT	outpatient			117		71.27 UHC	Medicaid		36.91	31.55			36.91	129.36	percent of total billed charges	
CYTO,SMEARS,ANY OTHER SOURCE	88162	CPT	outpatient			117		71.27 UHC	Medicare		61.97				36.91	129.36	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTO,SMEARS,ANY OTHER SOURCE	88162	CPT	outpatient			117		71.27 Wellcare	Medicare		61.97				36.91	129.36	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTO,SMEARS,ANY OTHER SOURCE	88162	CPT	outpatient			117		71.27 Wellcare	Medicaid		36.91	31.55			36.91	129.36	percent of total billed charges	
CYTO,SMEARS,ANY OTHER SOURCE	88162	CPT	outpatient			117		71.27 WellPoint	WellPoint		37.65	32.18			36.91	129.36	percent of total billed charges	
CYTOPATH TBS, C/V, MANUAL	88164	CPT	outpatient			150		20.42 Aetna	Better Health		47.33	31.55			17.76	142.5	percent of total billed charges	
CYTOPATH TBS, C/V, MANUAL	88164	CPT	outpatient			150		20.42 Aetna	Commercial		57	38			17.76	142.5	percent of total billed charges	
CYTOPATH TBS, C/V, MANUAL	88164	CPT	outpatient			150		20.42 Aetna	Medicare		17.76				17.76	142.5	fee schedule	
CYTOPATH TBS, C/V, MANUAL	88164	CPT	outpatient			150		20.42 Americare	Americare		112.5	75			17.76	142.5	percent of total billed charges	
CYTOPATH TBS, C/V, MANUAL	88164	CPT	outpatient			150		20.42 Amerihealth	Medicare		17.76				17.76	142.5	fee schedule	
CYTOPATH TBS, C/V, MANUAL	88164	CPT	outpatient			150		20.42 Amerihealth	HMO/PPO		97.5	65			17.76	142.5	percent of total billed charges	
CYTOPATH TBS, C/V, MANUAL	88164	CPT	outpatient			150		20.42 Consumer	Consumer		142.5	95			17.76	142.5	percent of total billed charges	
CYTOPATH TBS, C/V, MANUAL	88164	CPT	outpatient			150		20.42 Corrections	Corrections		120	80			17.76	142.5	percent of total billed charges	
CYTOPATH TBS, C/V, MANUAL	88164	CPT	outpatient			150		20.42 First Health	First Health		105	70			17.76	142.5	percent of total billed charges	
CYTOPATH TBS, C/V, MANUAL	88164	CPT	outpatient			150		20.42 First Trenton	First Trenton		135	90			17.76	142.5	percent of total billed charges	
CYTOPATH TBS, C/V, MANUAL	88164	CPT	outpatient			150		20.42 Horizon	Indemnity		57.42	38.28			17.76	142.5	percent of total billed charges	
CYTOPATH TBS, C/V, MANUAL	88164	CPT	outpatient			150		20.42 Horizon	MGD		57.42	38.28			17.76	142.5	percent of total billed charges	
CYTOPATH TBS, C/V, MANUAL	88164	CPT	outpatient			150		20.42 Horizon	NJ Health		35.28				17.76	142.5	fee schedule	
CYTOPATH TBS, C/V, MANUAL	88164	CPT	outpatient			150		20.42 Horizon	Medicare Blue		45	30			17.76	142.5	percent of total billed charges	
CYTOPATH TBS, C/V, MANUAL	88164	CPT	outpatient			150		20.42 Horizon	PPO		57.42	38.28			17.76	142.5	percent of total billed charges	
CYTOPATH TBS, C/V, MANUAL	88164	CPT	outpatient			150		20.42 Managed Care Inc	Managed Care Inc		135	90			17.76	142.5	percent of total billed charges	
CYTOPATH TBS, C/V, MANUAL	88164	CPT	outpatient			150		20.42 Multiplan	Multiplan		120	80			17.76	142.5	percent of total billed charges	
CYTOPATH TBS, C/V, MANUAL	88164	CPT	outpatient			150		20.42 Qualcare	Qualcare		112.5	75			17.76	142.5	percent of total billed charges	
CYTOPATH TBS, C/V, MANUAL	88164	CPT	outpatient			150		20.42 Three Rivers	Three Rivers		142.5	95			17.76	142.5	percent of total billed charges	
CYTOPATH TBS, C/V, MANUAL	88164	CPT	outpatient			150		20.42 UHC	Medicare		17.76				17.76	142.5	fee schedule	
CYTOPATH TBS, C/V, MANUAL	88164	CPT	outpatient			150		20.42 UHC	Medicaid		47.33	31.55			17.76	142.5	percent of total billed charges	
CYTOPATH TBS, C/V, MANUAL	88164	CPT	outpatient			150		20.42 Wellcare	Medicare		17.76				17.76	142.5	fee schedule	
CYTOPATH TBS, C/V, MANUAL	88164	CPT	outpatient			150		20.42 Wellcare	Medicaid		47.33	31.55			17.76	142.5	percent of total billed charges	
CYTOPATH TBS, C/V, MANUAL	88164	CPT	outpatient			150		20.42 WellPoint	WellPoint		48.27	32.18			17.76	142.5	percent of total billed charges	
CYTP DX EVAL FNA 1ST EA SITE	88172	CPT	both			798		224.64 Aetna	Commercial		310.98				78.4	758.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTP DX EVAL FNA 1ST EA SITE	88172	CPT	both			798		224.64 Aetna	Better Health		251.77	31.55			78.4	758.1	percent of total billed charges	
CYTP DX EVAL FNA 1ST EA SITE	88172	CPT	both			798		224.64 Aetna	Medicare		195.34				78.4	758.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTP DX EVAL FNA 1ST EA SITE	88172	CPT	both			798		224.64 Americare	Americare		598.5	75			78.4	758.1	percent of total billed charges	
CYTP DX EVAL FNA 1ST EA SITE	88172	CPT	both			798		224.64 Amerihealth	HMO/PPO		518.7	65			78.4	758.1	percent of total billed charges	
CYTP DX EVAL FNA 1ST EA SITE	88172	CPT	both			798		224.64 Amerihealth	Medicare		195.34				78.4	758.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTP DX EVAL FNA 1ST EA SITE	88172	CPT	both			798		224.64 Consumer	Consumer		758.1	95			78.4	758.1	percent of total billed charges	
CYTP DX EVAL FNA 1ST EA SITE	88172	CPT	both			798		224.64 Corrections	Corrections		638.4	80			78.4	758.1	percent of total billed charges	
CYTP DX EVAL FNA 1ST EA SITE	88172	CPT	both			798		224.64 First Health	First Health		558.6	70			78.4	758.1	percent of total billed charges	
CYTP DX EVAL FNA 1ST EA SITE	88172	CPT	both			798		224.64 First Trenton	First Trenton		718.2	90			78.4	758.1	percent of total billed charges	
CYTP DX EVAL FNA 1ST EA SITE	88172	CPT	both			798		224.64 Horizon	MGD		363.53				78.4	758.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTP DX EVAL FNA 1ST EA SITE	88172	CPT	both			798		224.64 Horizon	Indemnity		363.53				78.4	758.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTP DX EVAL FNA 1ST EA SITE	88172	CPT	both			798		224.64 Horizon	PPO		363.53				78.4	758.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTP DX EVAL FNA 1ST EA SITE	88172	CPT	both			798		224.64 Horizon	NJ Health		78.4				78.4	758.1	fee schedule	
CYTP DX EVAL FNA 1ST EA SITE	88172	CPT	both			798		224.64 Horizon	Medicare Blue		195.34				78.4	758.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTP DX EVAL FNA 1ST EA SITE	88172	CPT	both			798		224.64 Managed Care Inc	Managed Care Inc		718.2	90			78.4	758.1	percent of total billed charges	
CYTP DX EVAL FNA 1ST EA SITE	88172	CPT	both			798		224.64 Multiplan	Multiplan		638.4	80			78.4	758.1	percent of total billed charges	
CYTP DX EVAL FNA 1ST EA SITE	88172	CPT	both			798		224.64 Qualcare	Qualcare		598.5	75			78.4	758.1	percent of total billed charges	
CYTP DX EVAL FNA 1ST EA SITE	88172	CPT	both			798		224.64 Three Rivers	Three Rivers		758.1	95			78.4	758.1	percent of total billed charges	
CYTP DX EVAL FNA 1ST EA SITE	88172	CPT	both			798		224.64 UHC	Medicaid		251.77	31.55			78.4	758.1	percent of total billed charges	
CYTP DX EVAL FNA 1ST EA SITE	88172	CPT	both			798		224.64 UHC	Medicare		195.34				78.4	758.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTP DX EVAL FNA 1ST EA SITE	88172	CPT	both			798		224.64 Wellcare	Medicare		195.34				78.4	758.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTP DX EVAL FNA 1ST EA SITE	88172	CPT	both			798		224.64 Wellcare	Medicaid		251.77	31.55			78.4	758.1	percent of total billed charges	
CYTP DX EVAL FNA 1ST EA SITE	88172	CPT	both			798		224.64 WellPoint	WellPoint		256.8	32.18			78.4	758.1	percent of total billed charges	
CYTO,EVALUATION FNA	88173	CPT	both			398		71.27 Aetna	Better Health		125.57	31.55			49	378.1	percent of total billed charges	
CYTO,EVALUATION FNA	88173	CPT	both			398		71.27 Aetna	Medicare		122.58	30.8			49	378.1	percent of total billed charges	
CYTO,EVALUATION FNA	88173	CPT	both			398		71.27 Aetna	Commercial		98.66				49	378.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTO,EVALUATION FNA	88173	CPT	both			398		71.27 Americare	Americare		298.5	75			49	378.1	percent of total billed charges	
CYTO,EVALUATION FNA	88173	CPT	both			398		71.27 Amerihealth	HMO/PPO		258.7	65			49	378.1	percent of total billed charges	
CYTO,EVALUATION FNA	88173	CPT	both			398		71.27 Amerihealth	Medicare		61.97				49	378.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTO,EVALUATION FNA	88173	CPT	both			398		71.27 Consumer	Consumer		378.1	95			49	378.1	percent of total billed charges	
CYTO,EVALUATION FNA	88173	CPT	both			398		71.27 Corrections	Corrections		318.4	80			49	378.1	percent of total billed charges	
CYTO,EVALUATION FNA	88173	CPT	both			398		71.27 First Health	First Health		278.6	70			49	378.1	percent of total billed charges	
CYTO,EVALUATION FNA	88173	CPT	both			398		71.27 First Trenton	First Trenton		358.2	90			49	378.1	percent of total billed charges	
CYTO,EVALUATION FNA	88173	CPT	both			398		71.27 Horizon	PPO		115.33				49	378.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTO,EVALUATION FNA	88173	CPT	both			398		71.27 Horizon	MGD		115.33				49	378.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTO,EVALUATION FNA	88173	CPT	both			398		71.27 Horizon	Indemnity		115.33				49	378.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTO,EVALUATION FNA	88173	CPT	both			398		71.27 Horizon	NJ Health		49				49	378.1	fee schedule	
CYTO,EVALUATION FNA	88173	CPT	both			398		71.27 Horizon	Medicare Blue		61.97				49	378.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTO,EVALUATION FNA	88173	CPT	both			398		71.27 Managed Care Inc	Managed Care Inc		358.2	90			49	378.1	percent of total billed charges	
CYTO,EVALUATION FNA	88173	CPT	both			398		71.27 Multiplan	Multiplan		318.4	80			49	378.1	percent of total billed charges	
CYTO,EVALUATION FNA	88173	CPT	both			398		71.27 Qualcare	Qualcare		298.5	75			49	378.1	percent of total billed charges	
CYTO,EVALUATION FNA	88173	CPT	both			398		71.27 Three Rivers	Three Rivers		378.1	95			49	378.1	percent of total billed charges	
CYTO,EVALUATION FNA	88173	CPT	both			398		71.27 UHC	Medicaid		125.57	31.55			49	378.1	percent of total billed charges	
CYTO,EVALUATION FNA	88173	CPT	both			398		71.27 UHC	Medicare		61.97				49	378.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTO,EVALUATION FNA	88173	CPT	both			398		71.27 Wellcare	Medicare		61.97				49	378.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTO,EVALUATION FNA	88173	CPT	both			398		71.27 Wellcare	Medicaid		125.57	31.55			49	378.1	percent of total billed charges	
CYTO,EVALUATION FNA	88173	CPT	both			398		71.27 WellPoint	WellPoint		128.08	32.18			49	378.1	percent of total billed charges	
CYTOPATH W SCREEN &REVIEW	88175	CPT	outpatient			121		30.6 Aetna	Better Health		38.18	31.55			26.61	114.95	percent of total billed charges	
CYTOPATH W SCREEN &REVIEW	88175	CPT	outpatient			121		30.6 Aetna	Medicare		26.61				26.61	114.95	fee schedule	
CYTOPATH W SCREEN &REVIEW	88175	CPT	outpatient			121		30.6 Aetna	Commercial		45.98	38			26.61	114.95	percent of total billed charges	
CYTOPATH W SCREEN &REVIEW	88175	CPT	outpatient			121		30.6 Americare	Americare		90.75	75			26.61	114.95	percent of total billed charges	
CYTOPATH W SCREEN &REVIEW	88175	CPT	outpatient			121		30.6 Amerihealth	Medicare		26.61				26.61	114.95	fee schedule	
CYTOPATH W SCREEN &REVIEW	88175	CPT	outpatient			121		30.6 Amerihealth	HMO/PPO		78.65	65			26.61	114.95	percent of total billed charges	
CYTOPATH W SCREEN &REVIEW	88175	CPT	outpatient			121		30.6 Consumer	Consumer		114.95	95			26.61	114.95	percent of total billed charges	
CYTOPATH W SCREEN &REVIEW	88175	CPT	outpatient			121		30.6 Corrections	Corrections		96.8	80			26.61	114.95	percent of total billed charges	
CYTOPATH W SCREEN &REVIEW	88175	CPT	outpatient			121		30.6 First Health	First Health		84.7	70			26.61	114.95	percent of total billed charges	
CYTOPATH W SCREEN &REVIEW	88175	CPT	outpatient			121		30.6 First Trenton	First Trenton		108.9	90			26.61	114.95	percent of total billed charges	
CYTOPATH W SCREEN &REVIEW	88175	CPT	outpatient			121		30.6 Horizon	Indemnity		46.32	38.28			26.61	114.95	percent of total billed charges	
CYTOPATH W SCREEN &REVIEW	88175	CPT	outpatient			121		30.6 Horizon	Medicare Blue		36.3	30			26.61	114.95	percent of total billed charges	
CYTOPATH W SCREEN &REVIEW	88175	CPT	outpatient			121		30.6 Horizon	NJ Health		28.46				26.61	114.95	fee schedule	
CYTOPATH W SCREEN &REVIEW	88175	CPT	outpatient			121		30.6 Horizon	MGD		46.32	38.28			26.61	114.95	percent of total billed charges	
CYTOPATH W SCREEN &REVIEW	88175	CPT	outpatient			121		30.6 Horizon	PPO		46.32	38.28			26.61	114.95	percent of total billed charges	
CYTOPATH W SCREEN &REVIEW	88175	CPT	outpatient			121		30.6 Managed Care Inc	Managed Care Inc		108.9	90			26.61	114.95	percent of total billed charges	
CYTOPATH W SCREEN &REVIEW	88175	CPT	outpatient			121		30.6 Multiplan	Multiplan		96.8	80			26.61	114.95	percent of total billed charges	
CYTOPATH W SCREEN &REVIEW	88175	CPT	outpatient			121		30.6 Qualcare	Qualcare		90.75	75			26.61	114.95	percent of total billed charges	
CYTOPATH W SCREEN &REVIEW	88175	CPT	outpatient			121		30.6 Three Rivers	Three Rivers		114.95	95			26.61	114.95	percent of total billed charges	
CYTOPATH W SCREEN &REVIEW	88175	CPT	outpatient			121		30.6 UHC	Medicare		26.61				26.61	114.95	fee schedule	
CYTOPATH W SCREEN &REVIEW	88175	CPT	outpatient			121		30.6 UHC	Medicaid		38.18	31.55			26.61	114.95	percent of total billed charges	
CYTOPATH W SCREEN &REVIEW	88175	CPT	outpatient			121		30.6 Wellcare	Medicare		26.61				26.61	114.95	fee schedule	
CYTOPATH W SCREEN &REVIEW	88175	CPT	outpatient			121		30.6 Wellcare	Medicaid		38.18	31.55			26.61	114.95	percent of total billed charges	
CYTOPATH W SCREEN &REVIEW	88175	CPT	outpatient			121		30.6 WellPoint	WellPoint		38.94	32.18			26.61	114.95	percent of total billed charges	
FLOW,CYTOMETRY,CELL,DNA,ANAL	88182	CPT	outpatient			1515		71.27 Aetna	Commercial		98.66				33.88	1439.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLOW,CYTOMETRY,CELL,DNA,ANAL	88182	CPT	outpatient			1515		71.27 Aetna	Medicare		466.62	30.8			33.88	1439.25	percent of total billed charges	
FLOW,CYTOMETRY,CELL,DNA,ANAL	88182	CPT	outpatient			1515		71.27 Aetna	Better Health		477.98	31.55			33.88	1439.25	percent of total billed charges	
FLOW,CYTOMETRY,CELL,DNA,ANAL	88182	CPT	outpatient			1515		71.27 Americare	Americare		1136.25	75			33.88	1439.25	percent of total billed charges	
FLOW,CYTOMETRY,CELL,DNA,ANAL	88182	CPT	outpatient			1515		71.27 Amerihealth	HMO/PPO		984.75	65			33.88	1439.25	percent of total billed charges	
FLOW,CYTOMETRY,CELL,DNA,ANAL	88182	CPT	outpatient			1515		71.27 Amerihealth	Medicare		61.97				33.88	1439.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLOW,CYTOMETRY,CELL,DNA,ANAL	88182	CPT	outpatient			1515		71.27 Consumer	Consumer		1439.25	95			33.88	1439.25	percent of total billed charges	
FLOW,CYTOMETRY,CELL,DNA,ANAL	88182	CPT	outpatient			1515		71.27 Corrections	Corrections		1212	80			33.88	1439.25	percent of total billed charges	
FLOW,CYTOMETRY,CELL,DNA,ANAL	88182	CPT	outpatient			1515		71.27 First Health	First Health		1060.5	70			33.88	1439.25	percent of total billed charges	
FLOW,CYTOMETRY,CELL,DNA,ANAL	88182	CPT	outpatient			1515		71.27 First Trenton	First Trenton		1363.5	90			33.88	1439.25	percent of total billed charges	
FLOW,CYTOMETRY,CELL,DNA,ANAL	88182	CPT	outpatient			1515		71.27 Horizon	PPO		115.33				33.88	1439.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLOW,CYTOMETRY,CELL,DNA,ANAL	88182	CPT	outpatient			1515		71.27 Horizon	NJ Health		646.8				33.88	1439.25	fee schedule	
FLOW,CYTOMETRY,CELL,DNA,ANAL	88182	CPT	outpatient			1515		71.27 Horizon	Indemnity		115.33				33.88	1439.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLOW,CYTOMETRY,CELL,DNA,ANAL	88182	CPT	outpatient			1515		71.27 Horizon	MGD		115.33				33.88	1439.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLOW,CYTOMETRY,CELL,DNA,ANAL	88182	CPT	outpatient			1515		71.27 Horizon	Medicare Blue		61.97				33.88	1439.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLOW,CYTOMETRY,CELL,DNA,ANAL	88182	CPT	outpatient			1515		71.27 Managed Care Inc	Managed Care Inc		1363.5	90			33.88	1439.25	percent of total billed charges	
FLOW,CYTOMETRY,CELL,DNA,ANAL	88182	CPT	outpatient			1515		71.27 Multiplan	Multiplan		1212	80			33.88	1439.25	percent of total billed charges	
FLOW,CYTOMETRY,CELL,DNA,ANAL	88182	CPT	outpatient			1515		71.27 Qualcare	Qualcare		1136.25	75			33.88	1439.25	percent of total billed charges	
FLOW,CYTOMETRY,CELL,DNA,ANAL	88182	CPT	outpatient			1515		71.27 Three Rivers	Three Rivers		1439.25	95			33.88	1439.25	percent of total billed charges	
FLOW,CYTOMETRY,CELL,DNA,ANAL	88182	CPT	outpatient			1515		71.27 UHC	Medicaid		477.98	31.55			33.88	1439.25	percent of total billed charges	
FLOW,CYTOMETRY,CELL,DNA,ANAL	88182	CPT	outpatient			1515		71.27 UHC	Medicare		61.97				33.88	1439.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.														
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103		310119 true													
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
FLOW,CYTOMETRY,CELL,DNA,ANAL	88182	CPT	outpatient			1515	71.27	Wellcare	Medicare		61.97				33.88	1439.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLOW,CYTOMETRY,CELL,DNA,ANAL	88182	CPT	outpatient			1515	71.27	Wellcare	Medicaid		477.98	31.55			33.88	1439.25	percent of total billed charges	
FLOW,CYTOMETRY,CELL,DNA,ANAL	88182	CPT	outpatient			1515	71.27	WellPoint	WellPoint		487.53	32.18			33.88	1439.25	percent of total billed charges	
NEUTROPHIL OXIDATIVE BURST	88184	CPT	both			1120	472.75	Aetna	Medicare		411.09				52.14	1064	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEUTROPHIL OXIDATIVE BURST	88184	CPT	both			1120	472.75	Aetna	Better Health		353.36	31.55			52.14	1064	percent of total billed charges	
NEUTROPHIL OXIDATIVE BURST	88184	CPT	both			1120	472.75	Aetna	Commercial		654.46				52.14	1064	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEUTROPHIL OXIDATIVE BURST	88184	CPT	both			1120	472.75	Americare	Americare		840	75			52.14	1064	percent of total billed charges	
NEUTROPHIL OXIDATIVE BURST	88184	CPT	both			1120	472.75	Amerihealth	Medicare		411.09				52.14	1064	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEUTROPHIL OXIDATIVE BURST	88184	CPT	both			1120	472.75	Amerihealth	HMO/PPO		728	65			52.14	1064	percent of total billed charges	
NEUTROPHIL OXIDATIVE BURST	88184	CPT	both			1120	472.75	Consumer	Consumer		1064	95			52.14	1064	percent of total billed charges	
NEUTROPHIL OXIDATIVE BURST	88184	CPT	both			1120	472.75	Corrections	Corrections		896	80			52.14	1064	percent of total billed charges	
NEUTROPHIL OXIDATIVE BURST	88184	CPT	both			1120	472.75	First Health	First Health		784	70			52.14	1064	percent of total billed charges	
NEUTROPHIL OXIDATIVE BURST	88184	CPT	both			1120	472.75	First Trenton	First Trenton		1008	90			52.14	1064	percent of total billed charges	
NEUTROPHIL OXIDATIVE BURST	88184	CPT	both			1120	472.75	Horizon	NJ Health		52.14				52.14	1064	fee schedule	
NEUTROPHIL OXIDATIVE BURST	88184	CPT	both			1120	472.75	Horizon	Indemnity		765.04				52.14	1064	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEUTROPHIL OXIDATIVE BURST	88184	CPT	both			1120	472.75	Horizon	Medicare Blue		411.09				52.14	1064	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEUTROPHIL OXIDATIVE BURST	88184	CPT	both			1120	472.75	Horizon	PPO		765.04				52.14	1064	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEUTROPHIL OXIDATIVE BURST	88184	CPT	both			1120	472.75	Horizon	MGD		765.04				52.14	1064	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEUTROPHIL OXIDATIVE BURST	88184	CPT	both			1120	472.75	Managed Care Inc	Managed Care Inc		1008	90			52.14	1064	percent of total billed charges	
NEUTROPHIL OXIDATIVE BURST	88184	CPT	both			1120	472.75	Multiplan	Multiplan		896	80			52.14	1064	percent of total billed charges	
NEUTROPHIL OXIDATIVE BURST	88184	CPT	both			1120	472.75	Qualcare	Qualcare		840	75			52.14	1064	percent of total billed charges	
NEUTROPHIL OXIDATIVE BURST	88184	CPT	both			1120	472.75	Three Rivers	Three Rivers		1064	95			52.14	1064	percent of total billed charges	
NEUTROPHIL OXIDATIVE BURST	88184	CPT	both			1120	472.75	UHC	Medicare		411.09				52.14	1064	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEUTROPHIL OXIDATIVE BURST	88184	CPT	both			1120	472.75	UHC	Medicaid		353.36	31.55			52.14	1064	percent of total billed charges	
NEUTROPHIL OXIDATIVE BURST	88184	CPT	both			1120	472.75	Wellcare	Medicare		411.09				52.14	1064	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEUTROPHIL OXIDATIVE BURST	88184	CPT	both			1120	472.75	Wellcare	Medicaid		353.36	31.55			52.14	1064	percent of total billed charges	
NEUTROPHIL OXIDATIVE BURST	88184	CPT	both			1120	472.75	WellPoint	WellPoint		360.42	32.18			52.14	1064	percent of total billed charges	
FLOW CYTOMETRY,EA,ADD,MARK	88185	CPT	both			1411		Aetna	Medicare		434.59	30.8			20.4	1340.45	percent of total billed charges	
FLOW CYTOMETRY,EA,ADD,MARK	88185	CPT	both			1411		Aetna	Better Health		445.17	31.55			20.4	1340.45	percent of total billed charges	
FLOW CYTOMETRY,EA,ADD,MARK	88185	CPT	both			1411		Aetna	Commercial		536.18	38			20.4	1340.45	percent of total billed charges	
FLOW CYTOMETRY,EA,ADD,MARK	88185	CPT	both			1411		Americare	Americare		1058.25	75			20.4	1340.45	percent of total billed charges	
FLOW CYTOMETRY,EA,ADD,MARK	88185	CPT	both			1411		Amerihealth	HMO/PPO		917.15	65			20.4	1340.45	percent of total billed charges	
FLOW CYTOMETRY,EA,ADD,MARK	88185	CPT	both			1411		Consumer	Consumer		1340.45	95			20.4	1340.45	percent of total billed charges	
FLOW CYTOMETRY,EA,ADD,MARK	88185	CPT	both			1411		Corrections	Corrections		1128.8	80			20.4	1340.45	percent of total billed charges	
FLOW CYTOMETRY,EA,ADD,MARK	88185	CPT	both			1411		First Health	First Health		987.7	70			20.4	1340.45	percent of total billed charges	
FLOW CYTOMETRY,EA,ADD,MARK	88185	CPT	both			1411		First Trenton	First Trenton		1269.9	90			20.4	1340.45	percent of total billed charges	
FLOW CYTOMETRY,EA,ADD,MARK	88185	CPT	both			1411		Horizon	Medicare Blue		423.3	30			20.4	1340.45	percent of total billed charges	
FLOW CYTOMETRY,EA,ADD,MARK	88185	CPT	both			1411		Horizon	NJ Health		52.14				20.4	1340.45	fee schedule	
FLOW CYTOMETRY,EA,ADD,MARK	88185	CPT	both			1411		Horizon	MGD		540.13	38.28			20.4	1340.45	percent of total billed charges	
FLOW CYTOMETRY,EA,ADD,MARK	88185	CPT	both			1411		Horizon	Indemnity		540.13	38.28			20.4	1340.45	percent of total billed charges	
FLOW CYTOMETRY,EA,ADD,MARK	88185	CPT	both			1411		Horizon	PPO		540.13	38.28			20.4	1340.45	percent of total billed charges	
FLOW CYTOMETRY,EA,ADD,MARK	88185	CPT	both			1411		Managed Care Inc	Managed Care Inc		1269.9	90			20.4	1340.45	percent of total billed charges	
FLOW CYTOMETRY,EA,ADD,MARK	88185	CPT	both			1411		Multiplan	Multiplan		1128.8	80			20.4	1340.45	percent of total billed charges	
FLOW CYTOMETRY,EA,ADD,MARK	88185	CPT	both			1411		Qualcare	Qualcare		1058.25	75			20.4	1340.45	percent of total billed charges	
FLOW CYTOMETRY,EA,ADD,MARK	88185	CPT	both			1411		Three Rivers	Three Rivers		1340.45	95			20.4	1340.45	percent of total billed charges	
FLOW CYTOMETRY,EA,ADD,MARK	88185	CPT	both			1411		UHC	Medicaid		445.17	31.55			20.4	1340.45	percent of total billed charges	
FLOW CYTOMETRY,EA,ADD,MARK	88185	CPT	both			1411		Wellcare	Medicaid		445.17	31.55			20.4	1340.45	percent of total billed charges	
FLOW CYTOMETRY,EA,ADD,MARK	88185	CPT	both			1411		WellPoint	WellPoint		454.06	32.18			20.4	1340.45	percent of total billed charges	
FLOW INTERP 2- 8 MARKERS	88187	CPT	both			849		Aetna	Better Health		267.86	31.55			36.6	806.55	percent of total billed charges	
FLOW INTERP 2- 8 MARKERS	88187	CPT	both			849		Aetna	Medicare		261.49	30.8			36.6	806.55	percent of total billed charges	
FLOW INTERP 2- 8 MARKERS	88187	CPT	both			849		Aetna	Commercial		322.62	38			36.6	806.55	percent of total billed charges	
FLOW INTERP 2- 8 MARKERS	88187	CPT	both			849		Americare	Americare		636.75	75			36.6	806.55	percent of total billed charges	
FLOW INTERP 2- 8 MARKERS	88187	CPT	both			849		Amerihealth	HMO/PPO		551.85	65			36.6	806.55	percent of total billed charges	
FLOW INTERP 2- 8 MARKERS	88187	CPT	both			849		Consumer	Consumer		806.55	95			36.6	806.55	percent of total billed charges	
FLOW INTERP 2- 8 MARKERS	88187	CPT	both			849		Corrections	Corrections		679.2	80			36.6	806.55	percent of total billed charges	
FLOW INTERP 2- 8 MARKERS	88187	CPT	both			849		First Health	First Health		594.3	70			36.6	806.55	percent of total billed charges	
FLOW INTERP 2- 8 MARKERS	88187	CPT	both			849		First Trenton	First Trenton		764.1	90			36.6	806.55	percent of total billed charges	
FLOW INTERP 2- 8 MARKERS	88187	CPT	both			849		Horizon	NJ Health		57.06				36.6	806.55	fee schedule	
FLOW INTERP 2- 8 MARKERS	88187	CPT	both			849		Horizon	MGD		325	38.28			36.6	806.55	percent of total billed charges	
FLOW INTERP 2- 8 MARKERS	88187	CPT	both			849		Horizon	Medicare Blue		254.7	30			36.6	806.55	percent of total billed charges	
FLOW INTERP 2- 8 MARKERS	88187	CPT	both			849		Horizon	Indemnity		325	38.28			36.6	806.55	percent of total billed charges	
FLOW INTERP 2- 8 MARKERS	88187	CPT	both			849		Horizon	PPO		325	38.28			36.6	806.55	percent of total billed charges	
FLOW INTERP 2- 8 MARKERS	88187	CPT	both			849		Managed Care Inc	Managed Care Inc		764.1	90			36.6	806.55	percent of total billed charges	
FLOW INTERP 2- 8 MARKERS	88187	CPT	both			849		Multiplan	Multiplan		679.2	80			36.6	806.55	percent of total billed charges	
FLOW INTERP 2- 8 MARKERS	88187	CPT	both			849		Qualcare	Qualcare		636.75	75			36.6	806.55	percent of total billed charges	
FLOW INTERP 2- 8 MARKERS	88187	CPT	both			849		Three Rivers	Three Rivers		806.55	95			36.6	806.55	percent of total billed charges	
FLOW INTERP 2- 8 MARKERS	88187	CPT	both			849		UHC	Medicaid		267.86	31.55			36.6	806.55	percent of total billed charges	
FLOW INTERP 2- 8 MARKERS	88187	CPT	both			849		Wellcare	Medicaid		267.86	31.55			36.6	806.55	percent of total billed charges	
FLOW INTERP 2- 8 MARKERS	88187	CPT	both			849		WellPoint	WellPoint		273.21	32.18			36.6	806.55	percent of total billed charges	
FLOW INTERP 16 OR MORE MARKERS	88189	CPT	both			431		Aetna	Medicare		132.75	30.8			86.1	409.45	percent of total billed charges	
FLOW INTERP 16 OR MORE MARKERS	88189	CPT	both			431		Aetna	Better Health		135.98	31.55			86.1	409.45	percent of total billed charges	
FLOW INTERP 16 OR MORE MARKERS	88189	CPT	both			431		Aetna	Commercial		163.78	38			86.1	409.45	percent of total billed charges	
FLOW INTERP 16 OR MORE MARKERS	88189	CPT	both			431		Americare	Americare		323.25	75			86.1	409.45	percent of total billed charges	
FLOW INTERP 16 OR MORE MARKERS	88189	CPT	both			431		Amerihealth	HMO/PPO		280.15	65			86.1	409.45	percent of total billed charges	
FLOW INTERP 16 OR MORE MARKERS	88189	CPT	both			431		Consumer	Consumer		409.45	95			86.1	409.45	percent of total billed charges	
FLOW INTERP 16 OR MORE MARKERS	88189	CPT	both			431		Corrections	Corrections		344.8	80			86.1	409.45	percent of total billed charges	
FLOW INTERP 16 OR MORE MARKERS	88189	CPT	both			431		First Health	First Health		301.7	70			86.1	409.45	percent of total billed charges	
FLOW INTERP 16 OR MORE MARKERS	88189	CPT	both			431		First Trenton	First Trenton		387.9	90			86.1	409.45	percent of total billed charges	
FLOW INTERP 16 OR MORE MARKERS	88189	CPT	both			431		Horizon	Medicare Blue		129.3	30			86.1	409.45	percent of total billed charges	
FLOW INTERP 16 OR MORE MARKERS	88189	CPT	both			431		Horizon	Indemnity		164.99	38.28			86.1	409.45	percent of total billed charges	
FLOW INTERP 16 OR MORE MARKERS	88189	CPT	both			431		Horizon	NJ Health		93.77				86.1	409.45	fee schedule	
FLOW INTERP 16 OR MORE MARKERS	88189	CPT	both			431		Horizon	MGD		164.99	38.28			86.1	409.45	percent of total billed charges	
FLOW INTERP 16 OR MORE MARKERS	88189	CPT	both			431		Horizon	PPO		164.99	38.28			86.1	409.45	percent of total billed charges	
FLOW INTERP 16 OR MORE MARKERS	88189	CPT	both			431		Managed Care Inc	Managed Care Inc		387.9	90			86.1	409.45	percent of total billed charges	
FLOW INTERP 16 OR MORE MARKERS	88189	CPT	both			431		Multiplan	Multiplan		344.8	80			86.1	409.45	percent of total billed charges	
FLOW INTERP 16 OR MORE MARKERS	88189	CPT	both			431		Qualcare	Qualcare		323.25	75			86.1	409.45	percent of total billed charges	
FLOW INTERP 16 OR MORE MARKERS	88189	CPT	both			431		Three Rivers	Three Rivers		409.45	95			86.1	409.45	percent of total billed charges	
FLOW INTERP 16 OR MORE MARKERS	88189	CPT	both			431		UHC	Medicaid		135.98	31.55			86.1	409.45	percent of total billed charges	
FLOW INTERP 16 OR MORE MARKERS	88189	CPT	both			431		Wellcare	Medicaid		135.98	31.55			86.1	409.45	percent of total billed charges	
FLOW INTERP 16 OR MORE MARKERS	88189	CPT	both			431		WellPoint	WellPoint		138.7	32.18			86.1	409.45	percent of total billed charges	
CYTO UNLISTED PROCEDURE	88199	CPT	outpatient			176	71.27	Aetna	Better Health		55.53	31.55			55.53	167.2	percent of total billed charges	
CYTO UNLISTED PROCEDURE	88199	CPT	outpatient			176	71.27	Aetna	Commercial		98.66				55.53	167.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTO UNLISTED PROCEDURE	88199	CPT	outpatient			176	71.27	Aetna	Medicare		61.97				55.53	167.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTO UNLISTED PROCEDURE	88199	CPT	outpatient			176	71.27	Americare	Americare		132	75			55.53	167.2	percent of total billed charges	
CYTO UNLISTED PROCEDURE	88199	CPT	outpatient			176	71.27	Amerihealth	HMO/PPO		114.4	65			55.53	167.2	percent of total billed charges	
CYTO UNLISTED PROCEDURE	88199	CPT	outpatient			176	71.27	Amerihealth	Medicare		61.97				55.53	167.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTO UNLISTED PROCEDURE	88199	CPT	outpatient			176	71.27	Consumer	Consumer		167.2	95			55.53	167.2	percent of total billed charges	
CYTO UNLISTED PROCEDURE	88199	CPT	outpatient			176	71.27	Corrections	Corrections		140.8	80			55.53	167.2	percent of total billed charges	
CYTO UNLISTED PROCEDURE	88199	CPT	outpatient			176	71.27	First Health	First Health		123.2	70			55.53	167.2	percent of total billed charges	
CYTO UNLISTED PROCEDURE	88199	CPT	outpatient			176	71.27	First Trenton	First Trenton		158.4	90			55.53	167.2	percent of total billed charges	
CYTO UNLISTED PROCEDURE	88199	CPT	outpatient			176	71.27	Horizon	MGD		115.33				55.53	167.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTO UNLISTED PROCEDURE	88199	CPT	outpatient			176	71.27	Horizon	Indemnity		115.33				55.53	167.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTO UNLISTED PROCEDURE	88199	CPT	outpatient			176	71.27	Horizon	PPO		115.33				55.53	167.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTO UNLISTED PROCEDURE	88199	CPT	outpatient			176	71.27	Horizon	Medicare Blue		61.97				55.53	167.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTO UNLISTED PROCEDURE	88199	CPT	outpatient			176	71.27	Managed Care Inc	Managed Care Inc		158.4	90			55.53	167.2	percent of total billed charges	
CYTO UNLISTED PROCEDURE	88199	CPT	outpatient			176	71.27	Multiplan	Multiplan		140.8	80			55.53	167.2	percent of total billed charges	
CYTO UNLISTED PROCEDURE	88199	CPT	outpatient			176	71.27	Qualcare	Qualcare		132	75			55.53	167.2	percent of total billed charges	
CYTO UNLISTED PROCEDURE	88199	CPT	outpatient			176	71.27	Three Rivers	Three Rivers		167.2	95			55.53	167.2	percent of total billed charges	
CYTO UNLISTED PROCEDURE	88199	CPT	outpatient			176	71.27	UHC	Medicaid		55.53	31.55			55.53	167.2	percent of total billed charges	
CYTO UNLISTED PROCEDURE	88199	CPT	outpatient			176	71.27	UHC	Medicare		61.97				55.53	167.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTO UNLISTED PROCEDURE	88199	CPT	outpatient			176	71.27	Wellcare	Medicaid		55.53	31.55			55.53	167.2	percent of total billed charges	
CYTO UNLISTED PROCEDURE	88199	CPT	outpatient			176	71.27	Wellcare	Medicare		61.97				55.53	167.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTO UNLISTED PROCEDURE	88199	CPT	outpatient			176	71.27	WellPoint	WellPoint		56.64	32.18			55.53	167.2	percent of total billed charges	
TISSUE CULTURE	88230	CPT	both			1761	133.96	Aetna	Commercial		669.18	38			67.5	1672.95	percent of total billed charges	
TISSUE CULTURE	88230	CPT	both			1761	133.96	Aetna	Medicare		116.49				67.5	1672.95	fee schedule	
TISSUE CULTURE	88230	CPT	both			1761	133.96	Aetna	Better Health		555.6	31.55			67.5	1672.95	percent of total billed charges	
TISSUE CULTURE	88230	CPT	both			1761	133.96	Americare	Americare		1320.75	75			67.5	1672.95	percent of total billed charges	
TISSUE CULTURE	88230	CPT	both			1761	133.96	Amerihealth	Medicare		116.49				67.5	1672.95	fee schedule	
TISSUE CULTURE	88230	CPT	both			1761	133.96	Amerihealth	HMO/PPO		1144.65	65			67.5	1672.95	percent of total billed charges	
TISSUE CULTURE	88230	CPT	both			1761	133.96	Consumer	Consumer		1672.95	95			67.5	1672.95	percent of total billed charges	
TISSUE CULTURE	88230	CPT	both			1761	133.96	Corrections	Corrections		1408.8	80			67.5	1672.95	percent of total billed charges	
TISSUE CULTURE	88230	CPT	both			1761	133.96	First Health	First Health		1232.7	70			67.5	1672.95	percent of total billed charges	
TISSUE CULTURE	88230	CPT	both			1761	133.96	First Trenton	First Trenton		1584.9	90			67.5	1672.95	percent of total billed charges	
TISSUE CULTURE	88230	CPT	both			1761	133.96	Horizon	Medicare Blue		528.3	30			67.5	1672.95	percent of total billed charges	
TISSUE CULTURE	88230	CPT	both			1761	133.96	Horizon	Indemnity		674.11	38.28			67.5	1672.95	percent of total billed charges	
TISSUE CULTURE	88230	CPT	both			1761	133.96	Horizon	MGD		674.11	38.28			67.5	1672.95	percent of total billed charges	
TISSUE CULTURE	88230	CPT	both			1761	133.96	Horizon	PPO		674.11	38.28			67.5	1672.95	percent of total billed charges	
TISSUE CULTURE	88230	CPT	both			1761	133.96	Horizon	NJ Health		176.4				67.5	1672.95	fee schedule	
TISSUE CULTURE	88230	CPT	both			1761	133.96	Managed Care Inc	Managed Care Inc		1584.9	90			67.5	1672.95	percent of total billed charges	
TISSUE CULTURE	88230	CPT	both			1761	133.96	Multiplan	Multiplan		1408.8	80			67.5	1672.95	percent of total billed charges	
TISSUE CULTURE	88230	CPT	both			1761	133.96	Qualcare	Qualcare		1320.75	75			67.5	1672.95	percent of total billed charges	
TISSUE CULTURE	88230	CPT	both			1761	133.96	Three Rivers	Three Rivers		1672.95	95			67.5	1672.95	percent of total billed charges	
TISSUE CULTURE	88230	CPT	both			1761	133.96	UHC	Medicare		116.49				67.5	1672.95	fee schedule	
TISSUE CULTURE	88230	CPT	both			1761	133.96	UHC	Medicaid		555.6	31.55			67.5	1672.95	percent of total billed charges	
TISSUE CULTURE	88230	CPT	both			1761	133.96	Wellcare	Medicaid		555.6	31.55			67.5	1672.95	percent of total billed charges	
TISSUE CULTURE	88230	CPT	both			1761	133.96	Wellcare	Medicare		116.49				67.5	1672.95	fee schedule	
TISSUE CULTURE	88230	CPT	both			1761	133.96	WellPoint	WellPoint		566.69	32.18			67.5	1672.95	percent of total billed charges	
TC-NON-NEOPLAS DISORD SOLID AMF	88233	CPT	both			1455	161.84	Aetna	Commercial		552.9	38			126	1382.25	percent of total billed charges	
TC-NON-NEOPLAS DISORD SOLID AMF	88233	CPT	both			1455	161.84	Aetna	Better Health		459.05	31.55			126	1382.25	percent of total billed charges	
TC-NON-NEOPLAS DISORD SOLID AMF	88233	CPT	both			1455	161.84	Aetna	Medicare		140.73				126	1382.25	fee schedule	
TC-NON-NEOPLAS DISORD SOLID AMF	88233	CPT	both			1455	161.84	Americare	Americare		1091.25	75			126	1382.25	percent of total billed charges	
TC-NON-NEOPLAS DISORD SOLID AMF	88233	CPT	both			1455	161.84	Amerihealth	HMO/PPO		945.75	65			126	1382.25	percent of total billed charges	
TC-NON-NEOPLAS DISORD SOLID AMF	88233	CPT	both			1455	161.84	Amerihealth	Medicare		140.73				126	1382.25	fee schedule	
TC-NON-NEOPLAS DISORD SOLID AMF	88233	CPT	both			1455	161.84	Consumer	Consumer		1382.25	95			126	1382.25	percent of total billed charges	
TC-NON-NEOPLAS DISORD SOLID AMF	88233	CPT	both			1455	161.84	Corrections	Corrections		1164	80			126	1382.25	percent of total billed charges	
TC-NON-NEOPLAS DISORD SOLID AMF	88233	CPT	both			1455	161.84	First Health	First Health		1018.5	70			126	1382.25	percent of total billed charges	
TC-NON-NEOPLAS DISORD SOLID AMF	88233	CPT	both			1455	161.84	First Trenton	First Trenton		1309.5	90			126	1382.25	percent of total billed charges	
TC-NON-NEOPLAS DISORD SOLID AMF	88233	CPT	both			1455	161.84	Horizon	Indemnity		556.97	38.28			126	1382.25	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
TC:NON-NEOPLAS DISORD SOLID AMF	88233	CPT	both			1455		161.84 Horizon	MGD		556.97	38.28			126	1382.25	percent of total billed charges	
TC:NON-NEOPLAS DISORD SOLID AMF	88233	CPT	both			1455		161.84 Horizon	Medicare Blue		436.5	30			126	1382.25	percent of total billed charges	
TC:NON-NEOPLAS DISORD SOLID AMF	88233	CPT	both			1455		161.84 Horizon	NJ Health		176.4				126	1382.25	fee schedule	
TC:NON-NEOPLAS DISORD SOLID AMF	88233	CPT	both			1455		161.84 Horizon	PPO		556.97	38.28			126	1382.25	percent of total billed charges	
TC:NON-NEOPLAS DISORD SOLID AMF	88233	CPT	both			1455		161.84 Managed Care Inc	Managed Care Inc		1309.5	90			126	1382.25	percent of total billed charges	
TC:NON-NEOPLAS DISORD SOLID AMF	88233	CPT	both			1455		161.84 Multiplan	Multiplan		1164	80			126	1382.25	percent of total billed charges	
TC:NON-NEOPLAS DISORD SOLID AMF	88233	CPT	both			1455		161.84 Qualcare	Qualcare		1091.25	75			126	1382.25	percent of total billed charges	
TC:NON-NEOPLAS DISORD SOLID AMF	88233	CPT	both			1455		161.84 Three Rivers	Three Rivers		1392.25	95			126	1382.25	percent of total billed charges	
TC:NON-NEOPLAS DISORD SOLID AMF	88233	CPT	both			1455		161.84 UHC	Medicare		140.73				126	1382.25	fee schedule	
TC:NON-NEOPLAS DISORD SOLID AMF	88233	CPT	both			1455		161.84 UHC	Medicaid		459.05	31.55			126	1382.25	percent of total billed charges	
TC:NON-NEOPLAS DISORD SOLID AMF	88233	CPT	both			1455		161.84 Wellcare	Medicare		140.73				126	1382.25	fee schedule	
TC:NON-NEOPLAS DISORD SOLID AMF	88233	CPT	both			1455		161.84 Wellcare	Medicaid		459.05	31.55			126	1382.25	percent of total billed charges	
TC:NON-NEOPLAS DISORD SOLID AMF	88233	CPT	both			1455		161.84 WellPoint	WellPoint		568.22	32.18			126	1382.25	percent of total billed charges	
T CUL AMNIOTIC/CHORIONIC VILLUS CELL	88235	CPT	outpatient			565		172.85 Aetna	Better Health		178.26	31.55			69.9	536.75	percent of total billed charges	
T CUL AMNIOTIC/CHORIONIC VILLUS CELL	88235	CPT	outpatient			565		172.85 Aetna	Medicare		174.02	30.8			69.9	536.75	percent of total billed charges	
T CUL AMNIOTIC/CHORIONIC VILLUS CELL	88235	CPT	outpatient			565		172.85 Aetna	Commercial		214.7	38			69.9	536.75	percent of total billed charges	
T CUL AMNIOTIC/CHORIONIC VILLUS CELL	88235	CPT	outpatient			565		172.85 Americare	Americare		423.75	75			69.9	536.75	percent of total billed charges	
T CUL AMNIOTIC/CHORIONIC VILLUS CELL	88235	CPT	outpatient			565		172.85 Amerihealth	Medicare		150.3				69.9	536.75	fee schedule	
T CUL AMNIOTIC/CHORIONIC VILLUS CELL	88235	CPT	outpatient			565		172.85 Amerihealth	HMO/PPO		367.25	65			69.9	536.75	percent of total billed charges	
T CUL AMNIOTIC/CHORIONIC VILLUS CELL	88235	CPT	outpatient			565		172.85 Consumer	Consumer		536.75	95			69.9	536.75	percent of total billed charges	
T CUL AMNIOTIC/CHORIONIC VILLUS CELL	88235	CPT	outpatient			565		172.85 Corrections	Corrections		452	80			69.9	536.75	percent of total billed charges	
T CUL AMNIOTIC/CHORIONIC VILLUS CELL	88235	CPT	outpatient			565		172.85 First Health	First Health		395.5	70			69.9	536.75	percent of total billed charges	
T CUL AMNIOTIC/CHORIONIC VILLUS CELL	88235	CPT	outpatient			565		172.85 First Trenton	First Trenton		508.5	90			69.9	536.75	percent of total billed charges	
T CUL AMNIOTIC/CHORIONIC VILLUS CELL	88235	CPT	outpatient			565		172.85 Horizon	NJ Health		176.4				69.9	536.75	fee schedule	
T CUL AMNIOTIC/CHORIONIC VILLUS CELL	88235	CPT	outpatient			565		172.85 Horizon	MGD		216.28	38.28			69.9	536.75	percent of total billed charges	
T CUL AMNIOTIC/CHORIONIC VILLUS CELL	88235	CPT	outpatient			565		172.85 Horizon	Indemnity		216.28	38.28			69.9	536.75	percent of total billed charges	
T CUL AMNIOTIC/CHORIONIC VILLUS CELL	88235	CPT	outpatient			565		172.85 Horizon	PPO		216.28	38.28			69.9	536.75	percent of total billed charges	
T CUL AMNIOTIC/CHORIONIC VILLUS CELL	88235	CPT	outpatient			565		172.85 Horizon	Medicare Blue		169.5	30			69.9	536.75	percent of total billed charges	
T CUL AMNIOTIC/CHORIONIC VILLUS CELL	88235	CPT	outpatient			565		172.85 Managed Care Inc	Managed Care Inc		508.5	90			69.9	536.75	percent of total billed charges	
T CUL AMNIOTIC/CHORIONIC VILLUS CELL	88235	CPT	outpatient			565		172.85 Multiplan	Multiplan		452	80			69.9	536.75	percent of total billed charges	
T CUL AMNIOTIC/CHORIONIC VILLUS CELL	88235	CPT	outpatient			565		172.85 Qualcare	Qualcare		423.75	75			69.9	536.75	percent of total billed charges	
T CUL AMNIOTIC/CHORIONIC VILLUS CELL	88235	CPT	outpatient			565		172.85 Three Rivers	Three Rivers		536.75	95			69.9	536.75	percent of total billed charges	
T CUL AMNIOTIC/CHORIONIC VILLUS CELL	88235	CPT	outpatient			565		172.85 UHC	Medicaid		178.26	31.55			69.9	536.75	percent of total billed charges	
T CUL AMNIOTIC/CHORIONIC VILLUS CELL	88235	CPT	outpatient			565		172.85 UHC	Medicare		150.3				69.9	536.75	fee schedule	
T CUL AMNIOTIC/CHORIONIC VILLUS CELL	88235	CPT	outpatient			565		172.85 Wellcare	Medicare		150.3				69.9	536.75	fee schedule	
T CUL AMNIOTIC/CHORIONIC VILLUS CELL	88235	CPT	outpatient			565		172.85 Wellcare	Medicaid		178.26	31.55			69.9	536.75	percent of total billed charges	
T CUL AMNIOTIC/CHORIONIC VILLUS CELL	88235	CPT	outpatient			565		172.85 WellPoint	WellPoint		181.82	32.18			69.9	536.75	percent of total billed charges	
TISSUE CULTURE; CLL	88237	CPT	both			498		165.31 Aetna	Better Health		157.12	31.55			79.2	473.1	percent of total billed charges	
TISSUE CULTURE; CLL	88237	CPT	both			498		165.31 Aetna	Commercial		189.24	38			79.2	473.1	percent of total billed charges	
TISSUE CULTURE; CLL	88237	CPT	both			498		165.31 Aetna	Medicare		143.75				79.2	473.1	fee schedule	
TISSUE CULTURE; CLL	88237	CPT	both			498		165.31 Americare	Americare		373.5	75			79.2	473.1	percent of total billed charges	
TISSUE CULTURE; CLL	88237	CPT	both			498		165.31 Amerihealth	Medicare		143.75				79.2	473.1	fee schedule	
TISSUE CULTURE; CLL	88237	CPT	both			498		165.31 Amerihealth	HMO/PPO		323.7	65			79.2	473.1	percent of total billed charges	
TISSUE CULTURE; CLL	88237	CPT	both			498		165.31 Consumer	Consumer		473.1	95			79.2	473.1	percent of total billed charges	
TISSUE CULTURE; CLL	88237	CPT	both			498		165.31 Corrections	Corrections		398.4	80			79.2	473.1	percent of total billed charges	
TISSUE CULTURE; CLL	88237	CPT	both			498		165.31 First Health	First Health		348.6	70			79.2	473.1	percent of total billed charges	
TISSUE CULTURE; CLL	88237	CPT	both			498		165.31 First Trenton	First Trenton		448.2	90			79.2	473.1	percent of total billed charges	
TISSUE CULTURE; CLL	88237	CPT	both			498		165.31 Horizon	NJ Health		176.4				79.2	473.1	fee schedule	
TISSUE CULTURE; CLL	88237	CPT	both			498		165.31 Horizon	Indemnity		190.63	38.28			79.2	473.1	percent of total billed charges	
TISSUE CULTURE; CLL	88237	CPT	both			498		165.31 Horizon	MGD		190.63	38.28			79.2	473.1	percent of total billed charges	
TISSUE CULTURE; CLL	88237	CPT	both			498		165.31 Horizon	Medicare Blue		149.4	30			79.2	473.1	percent of total billed charges	
TISSUE CULTURE; CLL	88237	CPT	both			498		165.31 Horizon	PPO		190.63	38.28			79.2	473.1	percent of total billed charges	
TISSUE CULTURE; CLL	88237	CPT	both			498		165.31 Managed Care Inc	Managed Care Inc		448.2	90			79.2	473.1	percent of total billed charges	
TISSUE CULTURE; CLL	88237	CPT	both			498		165.31 Multiplan	Multiplan		398.4	80			79.2	473.1	percent of total billed charges	
TISSUE CULTURE; CLL	88237	CPT	both			498		165.31 Qualcare	Qualcare		373.5	75			79.2	473.1	percent of total billed charges	
TISSUE CULTURE; CLL	88237	CPT	both			498		165.31 Three Rivers	Three Rivers		473.1	95			79.2	473.1	percent of total billed charges	
TISSUE CULTURE; CLL	88237	CPT	both			498		165.31 UHC	Medicare		143.75				79.2	473.1	fee schedule	
TISSUE CULTURE; CLL	88237	CPT	both			498		165.31 UHC	Medicaid		157.12	31.55			79.2	473.1	percent of total billed charges	
TISSUE CULTURE; CLL	88237	CPT	both			498		165.31 Wellcare	Medicare		143.75				79.2	473.1	fee schedule	
TISSUE CULTURE; CLL	88237	CPT	both			498		165.31 Wellcare	Medicaid		157.12	31.55			79.2	473.1	percent of total billed charges	
TISSUE CULTURE; CLL	88237	CPT	both			498		165.31 WellPoint	WellPoint		160.26	32.18			79.2	473.1	percent of total billed charges	
TISSUE CULTURE FOR SOLID TUMOR	88239	CPT	both			568		169.65 Aetna	Commercial		215.84	38			107.7	539.6	percent of total billed charges	
TISSUE CULTURE FOR SOLID TUMOR	88239	CPT	both			568		169.65 Aetna	Medicare		147.52				107.7	539.6	fee schedule	
TISSUE CULTURE FOR SOLID TUMOR	88239	CPT	both			568		169.65 Aetna	Better Health		179.2	31.55			107.7	539.6	percent of total billed charges	
TISSUE CULTURE FOR SOLID TUMOR	88239	CPT	both			568		169.65 Americare	Americare		426	75			107.7	539.6	percent of total billed charges	
TISSUE CULTURE FOR SOLID TUMOR	88239	CPT	both			568		169.65 Amerihealth	HMO/PPO		369.2	65			107.7	539.6	percent of total billed charges	
TISSUE CULTURE FOR SOLID TUMOR	88239	CPT	both			568		169.65 Amerihealth	Medicare		147.52				107.7	539.6	fee schedule	
TISSUE CULTURE FOR SOLID TUMOR	88239	CPT	both			568		169.65 Consumer	Consumer		539.6	95			107.7	539.6	percent of total billed charges	
TISSUE CULTURE FOR SOLID TUMOR	88239	CPT	both			568		169.65 Corrections	Corrections		454.4	80			107.7	539.6	percent of total billed charges	
TISSUE CULTURE FOR SOLID TUMOR	88239	CPT	both			568		169.65 First Health	First Health		397.6	70			107.7	539.6	percent of total billed charges	
TISSUE CULTURE FOR SOLID TUMOR	88239	CPT	both			568		169.65 First Trenton	First Trenton		511.2	90			107.7	539.6	percent of total billed charges	
TISSUE CULTURE FOR SOLID TUMOR	88239	CPT	both			568		169.65 Horizon	Medicare Blue		170.4	30			107.7	539.6	percent of total billed charges	
TISSUE CULTURE FOR SOLID TUMOR	88239	CPT	both			568		169.65 Horizon	Indemnity		217.43	38.28			107.7	539.6	percent of total billed charges	
TISSUE CULTURE FOR SOLID TUMOR	88239	CPT	both			568		169.65 Horizon	MGD		217.43	38.28			107.7	539.6	percent of total billed charges	
TISSUE CULTURE FOR SOLID TUMOR	88239	CPT	both			568		169.65 Horizon	NJ Health		194.04				107.7	539.6	fee schedule	
TISSUE CULTURE FOR SOLID TUMOR	88239	CPT	both			568		169.65 Horizon	PPO		217.43	38.28			107.7	539.6	percent of total billed charges	
TISSUE CULTURE FOR SOLID TUMOR	88239	CPT	both			568		169.65 Managed Care Inc	Managed Care Inc		511.2	90			107.7	539.6	percent of total billed charges	
TISSUE CULTURE FOR SOLID TUMOR	88239	CPT	both			568		169.65 Multiplan	Multiplan		454.4	80			107.7	539.6	percent of total billed charges	
TISSUE CULTURE FOR SOLID TUMOR	88239	CPT	both			568		169.65 Qualcare	Qualcare		426	75			107.7	539.6	percent of total billed charges	
TISSUE CULTURE FOR SOLID TUMOR	88239	CPT	both			568		169.65 Three Rivers	Three Rivers		539.6	95			107.7	539.6	percent of total billed charges	
TISSUE CULTURE FOR SOLID TUMOR	88239	CPT	both			568		169.65 UHC	Medicare		147.52				107.7	539.6	fee schedule	
TISSUE CULTURE FOR SOLID TUMOR	88239	CPT	both			568		169.65 UHC	Medicaid		179.2	31.55			107.7	539.6	percent of total billed charges	
TISSUE CULTURE FOR SOLID TUMOR	88239	CPT	both			568		169.65 Wellcare	Medicaid		179.2	31.55			107.7	539.6	percent of total billed charges	
TISSUE CULTURE FOR SOLID TUMOR	88239	CPT	both			568		169.65 Wellcare	Medicare		147.52				107.7	539.6	fee schedule	
TISSUE CULTURE FOR SOLID TUMOR	88239	CPT	both			568		169.65 WellPoint	WellPoint		182.78	32.18			107.7	539.6	percent of total billed charges	
FREEZE (TISSUE BANKING)	88240	CPT	outpatient			190		15.03 Aetna	Commercial		72.2	38			11.21	180.5	percent of total billed charges	
FREEZE (TISSUE BANKING)	88240	CPT	outpatient			190		15.03 Aetna	Medicare		13.07				11.21	180.5	fee schedule	
FREEZE (TISSUE BANKING)	88240	CPT	outpatient			190		15.03 Aetna	Better Health		59.95	31.55			11.21	180.5	percent of total billed charges	
FREEZE (TISSUE BANKING)	88240	CPT	outpatient			190		15.03 Americare	Americare		142.5	75			11.21	180.5	percent of total billed charges	
FREEZE (TISSUE BANKING)	88240	CPT	outpatient			190		15.03 Amerihealth	HMO/PPO		123.5	65			11.21	180.5	percent of total billed charges	
FREEZE (TISSUE BANKING)	88240	CPT	outpatient			190		15.03 Amerihealth	Medicare		13.07				11.21	180.5	fee schedule	
FREEZE (TISSUE BANKING)	88240	CPT	outpatient			190		15.03 Consumer	Consumer		180.5	95			11.21	180.5	percent of total billed charges	
FREEZE (TISSUE BANKING)	88240	CPT	outpatient			190		15.03 Corrections	Corrections		152	80			11.21	180.5	percent of total billed charges	
FREEZE (TISSUE BANKING)	88240	CPT	outpatient			190		15.03 First Health	First Health		133	70			11.21	180.5	percent of total billed charges	
FREEZE (TISSUE BANKING)	88240	CPT	outpatient			190		15.03 First Trenton	First Trenton		171	90			11.21	180.5	percent of total billed charges	
FREEZE (TISSUE BANKING)	88240	CPT	outpatient			190		15.03 Horizon	MGD		72.73	38.28			11.21	180.5	percent of total billed charges	
FREEZE (TISSUE BANKING)	88240	CPT	outpatient			190		15.03 Horizon	Indemnity		72.73	38.28			11.21	180.5	percent of total billed charges	
FREEZE (TISSUE BANKING)	88240	CPT	outpatient			190		15.03 Horizon	NJ Health		11.21				11.21	180.5	fee schedule	
FREEZE (TISSUE BANKING)	88240	CPT	outpatient			190		15.03 Horizon	Medicare Blue		57	30			11.21	180.5	percent of total billed charges	
FREEZE (TISSUE BANKING)	88240	CPT	outpatient			190		15.03 Horizon	PPO		72.73	38.28			11.21	180.5	percent of total billed charges	
FREEZE (TISSUE BANKING)	88240	CPT	outpatient			190		15.03 Managed Care Inc	Managed Care Inc		171	90			11.21	180.5	percent of total billed charges	
FREEZE (TISSUE BANKING)	88240	CPT	outpatient			190		15.03 Multiplan	Multiplan		152	80			11.21	180.5	percent of total billed charges	
FREEZE (TISSUE BANKING)	88240	CPT	outpatient			190		15.03 Qualcare	Qualcare		142.5	75			11.21	180.5	percent of total billed charges	
FREEZE (TISSUE BANKING)	88240	CPT	outpatient			190		15.03 Three Rivers	Three Rivers		180.5	95			11.21	180.5	percent of total billed charges	
FREEZE (TISSUE BANKING)	88240	CPT	outpatient			190		15.03 UHC	Medicaid		59.95	31.55			11.21	180.5	percent of total billed charges	
FREEZE (TISSUE BANKING)	88240	CPT	outpatient			190		15.03 UHC	Medicare		13.07				11.21	180.5	fee schedule	
FREEZE (TISSUE BANKING)	88240	CPT	outpatient			190		15.03 Wellcare	Medicaid		59.95	31.55			11.21	180.5	percent of total billed charges	
FREEZE (TISSUE BANKING)	88240	CPT	outpatient			190		15.03 Wellcare	Medicare		13.07				11.21	180.5	fee schedule	
FREEZE (TISSUE BANKING)	88240	CPT	outpatient			190		15.03 WellPoint	WellPoint		61.14	32.18			11.21	180.5	percent of total billed charges	
THAW./EXPAN./FROZEN CEEL EA ALIQUOT	88241	CPT	outpatient			157		13.9 Aetna	Medicare		12.09				11.21	149.15	fee schedule	
THAW./EXPAN./FROZEN CEEL EA ALIQUOT	88241	CPT	outpatient			157		13.9 Aetna	Better Health		49.53	31.55			11.21	149.15	percent of total billed charges	
THAW./EXPAN./FROZEN CEEL EA ALIQUOT	88241	CPT	outpatient			157		13.9 Aetna	Commercial		59.66	38			11.21	149.15	percent of total billed charges	
THAW./EXPAN./FROZEN CEEL EA ALIQUOT	88241	CPT	outpatient			157		13.9 Americare	Americare		117.75	75			11.21	149.15	percent of total billed charges	
THAW./EXPAN./FROZEN CEEL EA ALIQUOT	88241	CPT	outpatient			157		13.9 Amerihealth	Medicare		12.09				11.21	149.15	fee schedule	
THAW./EXPAN./FROZEN CEEL EA ALIQUOT	88241	CPT	outpatient			157		13.9 Amerihealth	HMO/PPO		102.05	65			11.21	149.15	percent of total billed charges	
THAW./EXPAN./FROZEN CEEL EA ALIQUOT	88241	CPT	outpatient			157		13.9 Consumer	Consumer		149.15	95			11.21	149.15	percent of total billed charges	
THAW./EXPAN./FROZEN CEEL EA ALIQUOT	88241	CPT	outpatient			157		13.9 Corrections	Corrections		125.6	80			11.21	149.15	percent of total billed charges	
THAW./EXPAN./FROZEN CEEL EA ALIQUOT	88241	CPT	outpatient			157		13.9 First Health	First Health		109.9	70			11.21	149.15	percent of total billed charges	
THAW./EXPAN./FROZEN CEEL EA ALIQUOT	88241	CPT	outpatient			157		13.9 First Trenton	First Trenton		141.3	90			11.21	149.15	percent of total billed charges	
THAW./EXPAN./FROZEN CEEL EA ALIQUOT	88241	CPT	outpatient			157		13.9 Horizon	MGD		60.1	38.28			11.21	149.15	percent of total billed charges	
THAW./EXPAN./FROZEN CEEL EA ALIQUOT	88241	CPT	outpatient			157		13.9 Horizon	Medicare Blue		47.1	30			11.21	149.15	percent of total billed charges	
THAW./EXPAN./FROZEN CEEL EA ALIQUOT	88241	CPT	outpatient			157		13.9 Horizon	Indemnity		60.1	38.28			11.21	149.15	percent of total billed charges	
THAW./EXPAN./FROZEN CEEL EA ALIQUOT	88241	CPT	outpatient			157		13.9 Horizon	NJ Health		11.21				11.21	149.15	fee schedule	
THAW./EXPAN./FROZEN CEEL EA ALIQUOT	88241	CPT	outpatient			157		13.9 Horizon	PPO		60.1	38.28			11.21	149.15	percent of total billed charges	
THAW./EXPAN./FROZEN CEEL EA ALIQUOT	88241	CPT	outpatient			157		13.9 Managed Care Inc	Managed Care Inc		141.3	90			11.21	149.15	percent of total billed charges	
THAW./EXPAN./FROZEN CEEL EA ALIQUOT	88241	CPT	outpatient			157		13.9 Multiplan	Multiplan		125.6	80			11.21	149.15	percent of total billed charges	
THAW./EXPAN./FROZEN CEEL EA ALIQUOT	88241	CPT	outpatient			157		13.9 Qualcare	Qualcare		117.75	75			11.21	149.15	percent of total billed charges	
THAW./EXPAN./FROZEN CEEL EA ALIQUOT	88241	CPT	outpatient			157		13.9 Three Rivers	Three Rivers		149.15	95			11.21	149.15	percent of total billed charges	
THAW./EXPAN./FROZEN CEEL EA ALIQUOT	88241	CPT	outpatient			157		13.9 UHC	Medicaid		49.53	31.55			11.21	149.15	percent of total billed charges	
THAW./EXPAN./FROZEN CEEL EA ALIQUOT	88241	CPT	outpatient			157		13.9 UHC	Medicare		12.09				11.21	149.15	fee schedule	
THAW./EXPAN./FROZEN CEEL EA ALIQUOT	88241	CPT	outpatient			157		13.9 Wellcare	Medicare		12.09				11.21	149.15	fee schedule	
THAW./EXPAN./FROZEN CEEL EA ALIQUOT	88241	CPT	outpatient			157		13.9 Wellcare	Medicaid		49.53	31.55			11.21	149.15	percent of total billed charges	
THAW./EXPAN./FROZEN CEEL EA ALIQUOT	88241	CPT	outpatient			157		13.9 WellPoint	WellPoint		50.52	32.18			11.21	149.15	percent of total billed charges	
CHROM ANAL CT.5 CLS 1KARY.W BAN	88261	CPT	outpatient			175		303.99 Aetna	Better Health		55.21	31.55			52.5	264.34	percent of total billed charges	
CHROM ANAL CT.5 CLS 1KARY.W BAN	88261	CPT	outpatient			175		303.99 Aetna	Medicare		53.9	30.8			52.5	264.34	percent of total billed charges	
CHROM ANAL CT.5 CLS 1KARY.W BAN	88261	CPT	outpatient			175		303.99 Aetna	Commercial		66.5	38			52.5	264.34	percent of total billed charges	
CHROM ANAL CT.5 CLS 1KARY.W BAN	88261	CPT	outpatient			175		303.99 Americare	Americare		131.25	75			52.5	264.34	percent of total billed charges	
CHROM ANAL CT.5 CLS 1KARY.W BAN	88261	CPT	outpatient			175		303.99 Amerihealth	Medicare		264.34				52.5	264.34	fee schedule	
CHROM ANAL CT.5 CLS 1KARY.W BAN	88261	CPT	outpatient			175		303.99 Amerihealth	HMO/PPO		113.75	65			52.5	264.34	percent of total billed charges	
CHROM ANAL CT.5 CLS 1KARY.W BAN	88261	CPT	outpatient			175		303.99 Consumer	Consumer		166.25	95			52.5	264.34	percent of total billed charges	
CHROM ANAL CT.5 CLS 1KARY.W BAN	88261	CPT	outpatient			175		303.99 Corrections	Corrections		140	80			52.5	264.34	percent of total billed charges	
CHROM ANAL CT.5 CLS 1KARY.W BAN	88261	CPT	outpatient			175		303.99 First Health	First Health		122.5	70			52.5	264.34	percent of total billed charges	
CHROM ANAL CT.5 CLS 1KARY.W BAN	88261	CPT	outpatient			175		303.99 First Trenton	First Trenton		157.5	90			52.5	264.34	percent of total billed charges	
CHROM ANAL CT.5 CLS 1KARY.W BAN	88261	CPT	outpatient			175		303.99 Horizon	Medicare Blue		52.5	30			52.5	264.34	percent of total billed charges	
CHROM ANAL CT.5 CLS 1KARY.W BAN	88261	CPT	outpatient			175		303.99 Horizon	Indemnity		66.99	38.28			52.5	264.34	percent of total billed charges	
CHROM ANAL CT.5 CLS 1KARY.W BAN	88261	CPT	outpatient			175		303.99 Horizon	MGD		66.99	38.28			52.5	264.34	percent of total billed charges	
CHROM ANAL CT.5 CLS 1KARY.W BAN	88261	CPT	outpatient			175		303.99 Horizon	PPO		66.99	38.28			52.5	264.34	percent of total billed charges	
CHROM ANAL CT.5 CLS 1KARY.W BAN	88261	CPT	outpatient			175		303.99 Horizon	NJ Health		196.25				52.5	264.34	fee schedule	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CHROM ANAL CT.5 CLS 1KARY.W BAN	88261	CPT	outpatient			175	303.99	Managed Care Inc	Managed Care Inc		157.5	90			52.5	264.34	percent of total billed charges	
CHROM ANAL CT.5 CLS 1KARY.W BAN	88261	CPT	outpatient			175	303.99	Multiplan	Multiplan		140	80			52.5	264.34	percent of total billed charges	
CHROM ANAL CT.5 CLS 1KARY.W BAN	88261	CPT	outpatient			175	303.99	Qualcare	Qualcare		131.25	75			52.5	264.34	percent of total billed charges	
CHROM ANAL CT.5 CLS 1KARY.W BAN	88261	CPT	outpatient			175	303.99	Three Rivers	Three Rivers		166.25	95			52.5	264.34	percent of total billed charges	
CHROM ANAL CT.5 CLS 1KARY.W BAN	88261	CPT	outpatient			175	303.99	UHC	Medicaid		55.21	31.55			52.5	264.34	percent of total billed charges	
CHROM ANAL CT.5 CLS 1KARY.W BAN	88261	CPT	outpatient			175	303.99	UHC	Medicare		264.34				52.5	264.34	fee schedule	
CHROM ANAL CT.5 CLS 1KARY.W BAN	88261	CPT	outpatient			175	303.99	Wellcare	Medicare		264.34				52.5	264.34	fee schedule	
CHROM ANAL CT.5 CLS 1KARY.W BAN	88261	CPT	outpatient			175	303.99	Wellcare	Medicaid		55.21	31.55			52.5	264.34	percent of total billed charges	
CHROM ANAL CT.5 CLS 1KARY.W BAN	88261	CPT	outpatient			175	303.99	WellPoint	WellPoint		56.32	32.18			52.5	264.34	percent of total billed charges	
CHROMO ANALYS,CT 15-20 CELLS,2KARY.O W	88262	CPT	both			1761	144.31	Aetna	Medicare		125.49				108.9	1672.95	fee schedule	
CHROMO ANALYS,CT 15-20 CELLS,2KARY.O W	88262	CPT	both			1761	144.31	Aetna	Better Health		555.6	31.55			108.9	1672.95	percent of total billed charges	
CHROMO ANALYS,CT 15-20 CELLS,2KARY.O W	88262	CPT	both			1761	144.31	Aetna	Commercial		669.18	38			108.9	1672.95	percent of total billed charges	
CHROMO ANALYS,CT 15-20 CELLS,2KARY.O W	88262	CPT	both			1761	144.31	Americare	Americare		1320.75	75			108.9	1672.95	percent of total billed charges	
CHROMO ANALYS,CT 15-20 CELLS,2KARY.O W	88262	CPT	both			1761	144.31	Amerihealth	Medicare		125.49				108.9	1672.95	fee schedule	
CHROMO ANALYS,CT 15-20 CELLS,2KARY.O W	88262	CPT	both			1761	144.31	Amerihealth	HMO/PPO		1144.65	65			108.9	1672.95	percent of total billed charges	
CHROMO ANALYS,CT 15-20 CELLS,2KARY.O W	88262	CPT	both			1761	144.31	Consumer	Consumer		1672.95	95			108.9	1672.95	percent of total billed charges	
CHROMO ANALYS,CT 15-20 CELLS,2KARY.O W	88262	CPT	both			1761	144.31	Corrections	Corrections		1408.8	80			108.9	1672.95	percent of total billed charges	
CHROMO ANALYS,CT 15-20 CELLS,2KARY.O W	88262	CPT	both			1761	144.31	First Health	First Health		1232.7	70			108.9	1672.95	percent of total billed charges	
CHROMO ANALYS,CT 15-20 CELLS,2KARY.O W	88262	CPT	both			1761	144.31	First Trenton	First Trenton		1584.9	90			108.9	1672.95	percent of total billed charges	
CHROMO ANALYS,CT 15-20 CELLS,2KARY.O W	88262	CPT	both			1761	144.31	Horizon	Medicare Blue		528.3	30			108.9	1672.95	percent of total billed charges	
CHROMO ANALYS,CT 15-20 CELLS,2KARY.O W	88262	CPT	both			1761	144.31	Horizon	Indemnity		674.11	38.28			108.9	1672.95	percent of total billed charges	
CHROMO ANALYS,CT 15-20 CELLS,2KARY.O W	88262	CPT	both			1761	144.31	Horizon	MGD		674.11	38.28			108.9	1672.95	percent of total billed charges	
CHROMO ANALYS,CT 15-20 CELLS,2KARY.O W	88262	CPT	both			1761	144.31	Horizon	NJ Health		337.12				108.9	1672.95	fee schedule	
CHROMO ANALYS,CT 15-20 CELLS,2KARY.O W	88262	CPT	both			1761	144.31	Horizon	PPO		674.11	38.28			108.9	1672.95	percent of total billed charges	
CHROMO ANALYS,CT 15-20 CELLS,2KARY.O W	88262	CPT	both			1761	144.31	Managed Care Inc	Managed Care Inc		1584.9	90			108.9	1672.95	percent of total billed charges	
CHROMO ANALYS,CT 15-20 CELLS,2KARY.O W	88262	CPT	both			1761	144.31	Multiplan	Multiplan		1408.8	80			108.9	1672.95	percent of total billed charges	
CHROMO ANALYS,CT 15-20 CELLS,2KARY.O W	88262	CPT	both			1761	144.31	Qualcare	Qualcare		1320.75	75			108.9	1672.95	percent of total billed charges	
CHROMO ANALYS,CT 15-20 CELLS,2KARY.O W	88262	CPT	both			1761	144.31	Three Rivers	Three Rivers		1672.95	95			108.9	1672.95	percent of total billed charges	
CHROMO ANALYS,CT 15-20 CELLS,2KARY.O W	88262	CPT	both			1761	144.31	UHC	Medicare		125.49				108.9	1672.95	fee schedule	
CHROMO ANALYS,CT 15-20 CELLS,2KARY.O W	88262	CPT	both			1761	144.31	UHC	Medicaid		555.6	31.55			108.9	1672.95	percent of total billed charges	
CHROMO ANALYS,CT 15-20 CELLS,2KARY.O W	88262	CPT	both			1761	144.31	Wellcare	Medicare		125.49				108.9	1672.95	fee schedule	
CHROMO ANALYS,CT 15-20 CELLS,2KARY.O W	88262	CPT	both			1761	144.31	Wellcare	Medicaid		555.6	31.55			108.9	1672.95	percent of total billed charges	
CHROMO ANALYS,CT 15-20 CELLS,2KARY.O W	88262	CPT	both			1761	144.31	WellPoint	WellPoint		566.69	32.18			108.9	1672.95	percent of total billed charges	
CHROMOSOME ANALYZE.20-25 CELLS	88264	CPT	both			654	166.3	Aetna	Commercial		248.52	38			90.6	621.3	percent of total billed charges	
CHROMOSOME ANALYZE.20-25 CELLS	88264	CPT	both			654	166.3	Aetna	Better Health		206.34	31.55			90.6	621.3	percent of total billed charges	
CHROMOSOME ANALYZE.20-25 CELLS	88264	CPT	both			654	166.3	Aetna	Medicare		144.61				90.6	621.3	fee schedule	
CHROMOSOME ANALYZE.20-25 CELLS	88264	CPT	both			654	166.3	Americare	Americare		490.5	75			90.6	621.3	percent of total billed charges	
CHROMOSOME ANALYZE.20-25 CELLS	88264	CPT	both			654	166.3	Amerihealth	Medicare		144.61				90.6	621.3	fee schedule	
CHROMOSOME ANALYZE.20-25 CELLS	88264	CPT	both			654	166.3	Amerihealth	HMO/PPO		425.1	65			90.6	621.3	percent of total billed charges	
CHROMOSOME ANALYZE.20-25 CELLS	88264	CPT	both			654	166.3	Consumer	Consumer		621.3	95			90.6	621.3	percent of total billed charges	
CHROMOSOME ANALYZE.20-25 CELLS	88264	CPT	both			654	166.3	Corrections	Corrections		523.2	80			90.6	621.3	percent of total billed charges	
CHROMOSOME ANALYZE.20-25 CELLS	88264	CPT	both			654	166.3	First Health	First Health		457.8	70			90.6	621.3	percent of total billed charges	
CHROMOSOME ANALYZE.20-25 CELLS	88264	CPT	both			654	166.3	First Trenton	First Trenton		588.6	90			90.6	621.3	percent of total billed charges	
CHROMOSOME ANALYZE.20-25 CELLS	88264	CPT	both			654	166.3	Horizon	MGD		250.35	38.28			90.6	621.3	percent of total billed charges	
CHROMOSOME ANALYZE.20-25 CELLS	88264	CPT	both			654	166.3	Horizon	Medicare Blue		196.2	30			90.6	621.3	percent of total billed charges	
CHROMOSOME ANALYZE.20-25 CELLS	88264	CPT	both			654	166.3	Horizon	Indemnity		250.35	38.28			90.6	621.3	percent of total billed charges	
CHROMOSOME ANALYZE.20-25 CELLS	88264	CPT	both			654	166.3	Horizon	PPO		250.35	38.28			90.6	621.3	percent of total billed charges	
CHROMOSOME ANALYZE.20-25 CELLS	88264	CPT	both			654	166.3	Horizon	NJ Health		138.42				90.6	621.3	fee schedule	
CHROMOSOME ANALYZE.20-25 CELLS	88264	CPT	both			654	166.3	Managed Care Inc	Managed Care Inc		588.6	90			90.6	621.3	percent of total billed charges	
CHROMOSOME ANALYZE.20-25 CELLS	88264	CPT	both			654	166.3	Multiplan	Multiplan		523.2	80			90.6	621.3	percent of total billed charges	
CHROMOSOME ANALYZE.20-25 CELLS	88264	CPT	both			654	166.3	Qualcare	Qualcare		490.5	75			90.6	621.3	percent of total billed charges	
CHROMOSOME ANALYZE.20-25 CELLS	88264	CPT	both			654	166.3	Three Rivers	Three Rivers		621.3	95			90.6	621.3	percent of total billed charges	
CHROMOSOME ANALYZE.20-25 CELLS	88264	CPT	both			654	166.3	UHC	Medicaid		206.34	31.55			90.6	621.3	percent of total billed charges	
CHROMOSOME ANALYZE.20-25 CELLS	88264	CPT	both			654	166.3	UHC	Medicare		144.61				90.6	621.3	fee schedule	
CHROMOSOME ANALYZE.20-25 CELLS	88264	CPT	both			654	166.3	Wellcare	Medicaid		206.34	31.55			90.6	621.3	percent of total billed charges	
CHROMOSOME ANALYZE.20-25 CELLS	88264	CPT	both			654	166.3	Wellcare	Medicare		144.61				90.6	621.3	fee schedule	
CHROMOSOME ANALYZE.20-25 CELLS	88264	CPT	both			654	166.3	WellPoint	WellPoint		210.46	32.18			90.6	621.3	percent of total billed charges	
CHROM ANLYS, INSITU AMNIOTIC FLD	88269	CPT	outpatient			401	199.71	Aetna	Better Health		126.52	31.55			69.9	380.95	percent of total billed charges	
CHROM ANLYS, INSITU AMNIOTIC FLD	88269	CPT	outpatient			401	199.71	Aetna	Commercial		152.38	38			69.9	380.95	percent of total billed charges	
CHROM ANLYS, INSITU AMNIOTIC FLD	88269	CPT	outpatient			401	199.71	Aetna	Medicare		123.51	30.8			69.9	380.95	percent of total billed charges	
CHROM ANLYS, INSITU AMNIOTIC FLD	88269	CPT	outpatient			401	199.71	Americare	Americare		300.75	75			69.9	380.95	percent of total billed charges	
CHROM ANLYS, INSITU AMNIOTIC FLD	88269	CPT	outpatient			401	199.71	Amerihealth	HMO/PPO		260.65	65			69.9	380.95	percent of total billed charges	
CHROM ANLYS, INSITU AMNIOTIC FLD	88269	CPT	outpatient			401	199.71	Amerihealth	Medicare		173.66				69.9	380.95	fee schedule	
CHROM ANLYS, INSITU AMNIOTIC FLD	88269	CPT	outpatient			401	199.71	Consumer	Consumer		380.95	95			69.9	380.95	percent of total billed charges	
CHROM ANLYS, INSITU AMNIOTIC FLD	88269	CPT	outpatient			401	199.71	Corrections	Corrections		320.8	80			69.9	380.95	percent of total billed charges	
CHROM ANLYS, INSITU AMNIOTIC FLD	88269	CPT	outpatient			401	199.71	First Health	First Health		280.7	70			69.9	380.95	percent of total billed charges	
CHROM ANLYS, INSITU AMNIOTIC FLD	88269	CPT	outpatient			401	199.71	First Trenton	First Trenton		360.9	90			69.9	380.95	percent of total billed charges	
CHROM ANLYS, INSITU AMNIOTIC FLD	88269	CPT	outpatient			401	199.71	Horizon	Medicare Blue		120.3	30			69.9	380.95	percent of total billed charges	
CHROM ANLYS, INSITU AMNIOTIC FLD	88269	CPT	outpatient			401	199.71	Horizon	Indemnity		153.5	38.28			69.9	380.95	percent of total billed charges	
CHROM ANLYS, INSITU AMNIOTIC FLD	88269	CPT	outpatient			401	199.71	Horizon	MGD		153.5	38.28			69.9	380.95	percent of total billed charges	
CHROM ANLYS, INSITU AMNIOTIC FLD	88269	CPT	outpatient			401	199.71	Horizon	NJ Health		184.69				69.9	380.95	fee schedule	
CHROM ANLYS, INSITU AMNIOTIC FLD	88269	CPT	outpatient			401	199.71	Horizon	PPO		153.5	38.28			69.9	380.95	percent of total billed charges	
CHROM ANLYS, INSITU AMNIOTIC FLD	88269	CPT	outpatient			401	199.71	Managed Care Inc	Managed Care Inc		360.9	90			69.9	380.95	percent of total billed charges	
CHROM ANLYS, INSITU AMNIOTIC FLD	88269	CPT	outpatient			401	199.71	Multiplan	Multiplan		320.8	80			69.9	380.95	percent of total billed charges	
CHROM ANLYS, INSITU AMNIOTIC FLD	88269	CPT	outpatient			401	199.71	Qualcare	Qualcare		300.75	75			69.9	380.95	percent of total billed charges	
CHROM ANLYS, INSITU AMNIOTIC FLD	88269	CPT	outpatient			401	199.71	Three Rivers	Three Rivers		380.95	95			69.9	380.95	percent of total billed charges	
CHROM ANLYS, INSITU AMNIOTIC FLD	88269	CPT	outpatient			401	199.71	UHC	Medicare		173.66				69.9	380.95	fee schedule	
CHROM ANLYS, INSITU AMNIOTIC FLD	88269	CPT	outpatient			401	199.71	UHC	Medicaid		126.52	31.55			69.9	380.95	percent of total billed charges	
CHROM ANLYS, INSITU AMNIOTIC FLD	88269	CPT	outpatient			401	199.71	Wellcare	Medicare		173.66				69.9	380.95	fee schedule	
CHROM ANLYS, INSITU AMNIOTIC FLD	88269	CPT	outpatient			401	199.71	Wellcare	Medicaid		126.52	31.55			69.9	380.95	percent of total billed charges	
CHROM ANLYS, INSITU AMNIOTIC FLD	88269	CPT	outpatient			401	199.71	WellPoint	WellPoint		129.04	32.18			69.9	380.95	percent of total billed charges	
MOLECULAR CYTOGENETICS,DNA PROBE,EACH	88271	CPT	both			1286	24.63	Aetna	Medicare		21.42				20.11	1221.7	fee schedule	
MOLECULAR CYTOGENETICS,DNA PROBE,EACH	88271	CPT	both			1286	24.63	Aetna	Better Health		405.73	31.55			20.11	1221.7	percent of total billed charges	
MOLECULAR CYTOGENETICS,DNA PROBE,EACH	88271	CPT	both			1286	24.63	Aetna	Commercial		488.68	38			20.11	1221.7	percent of total billed charges	
MOLECULAR CYTOGENETICS,DNA PROBE,EACH	88271	CPT	both			1286	24.63	Americare	Americare		964.5	75			20.11	1221.7	percent of total billed charges	
MOLECULAR CYTOGENETICS,DNA PROBE,EACH	88271	CPT	both			1286	24.63	Amerihealth	HMO/PPO		835.9	65			20.11	1221.7	percent of total billed charges	
MOLECULAR CYTOGENETICS,DNA PROBE,EACH	88271	CPT	both			1286	24.63	Amerihealth	Medicare		21.42				20.11	1221.7	fee schedule	
MOLECULAR CYTOGENETICS,DNA PROBE,EACH	88271	CPT	both			1286	24.63	Consumer	Consumer		1221.7	95			20.11	1221.7	percent of total billed charges	
MOLECULAR CYTOGENETICS,DNA PROBE,EACH	88271	CPT	both			1286	24.63	Corrections	Corrections		1028.8	80			20.11	1221.7	percent of total billed charges	
MOLECULAR CYTOGENETICS,DNA PROBE,EACH	88271	CPT	both			1286	24.63	First Health	First Health		900.2	70			20.11	1221.7	percent of total billed charges	
MOLECULAR CYTOGENETICS,DNA PROBE,EACH	88271	CPT	both			1286	24.63	First Trenton	First Trenton		1157.4	90			20.11	1221.7	percent of total billed charges	
MOLECULAR CYTOGENETICS,DNA PROBE,EACH	88271	CPT	both			1286	24.63	Horizon	MGD		492.28	38.28			20.11	1221.7	percent of total billed charges	
MOLECULAR CYTOGENETICS,DNA PROBE,EACH	88271	CPT	both			1286	24.63	Horizon	NJ Health		20.11				20.11	1221.7	fee schedule	
MOLECULAR CYTOGENETICS,DNA PROBE,EACH	88271	CPT	both			1286	24.63	Horizon	PPO		492.28	38.28			20.11	1221.7	percent of total billed charges	
MOLECULAR CYTOGENETICS,DNA PROBE,EACH	88271	CPT	both			1286	24.63	Horizon	Indemnity		492.28	38.28			20.11	1221.7	percent of total billed charges	
MOLECULAR CYTOGENETICS,DNA PROBE,EACH	88271	CPT	both			1286	24.63	Horizon	Medicare Blue		385.8	30			20.11	1221.7	percent of total billed charges	
MOLECULAR CYTOGENETICS,DNA PROBE,EACH	88271	CPT	both			1286	24.63	Managed Care Inc	Managed Care Inc		1157.4	90			20.11	1221.7	percent of total billed charges	
MOLECULAR CYTOGENETICS,DNA PROBE,EACH	88271	CPT	both			1286	24.63	Multiplan	Multiplan		1028.8	80			20.11	1221.7	percent of total billed charges	
MOLECULAR CYTOGENETICS,DNA PROBE,EACH	88271	CPT	both			1286	24.63	Qualcare	Qualcare		964.5	75			20.11	1221.7	percent of total billed charges	
MOLECULAR CYTOGENETICS,DNA PROBE,EACH	88271	CPT	both			1286	24.63	Three Rivers	Three Rivers		1221.7	95			20.11	1221.7	percent of total billed charges	
MOLECULAR CYTOGENETICS,DNA PROBE,EACH	88271	CPT	both			1286	24.63	UHC	Medicare		21.42				20.11	1221.7	fee schedule	
MOLECULAR CYTOGENETICS,DNA PROBE,EACH	88271	CPT	both			1286	24.63	UHC	Medicaid		405.73	31.55			20.11	1221.7	percent of total billed charges	
MOLECULAR CYTOGENETICS,DNA PROBE,EACH	88271	CPT	both			1286	24.63	Wellcare	Medicare		21.42				20.11	1221.7	fee schedule	
MOLECULAR CYTOGENETICS,DNA PROBE,EACH	88271	CPT	both			1286	24.63	Wellcare	Medicaid		405.73	31.55			20.11	1221.7	percent of total billed charges	
MOLECULAR CYTOGENETICS,DNA PROBE,EACH	88271	CPT	both			1286	24.63	WellPoint	WellPoint		413.83	32.18			20.11	1221.7	percent of total billed charges	
CHROMOSOMAL IN SITU HYBRIDIZATION, ANALY	88273	CPT	both			112	40.03	Aetna	Better Health		35.34	31.55			32.14	106.4	percent of total billed charges	
CHROMOSOMAL IN SITU HYBRIDIZATION, ANALY	88273	CPT	both			112	40.03	Aetna	Medicare		34.81				32.14	106.4	fee schedule	
CHROMOSOMAL IN SITU HYBRIDIZATION, ANALY	88273	CPT	both			112	40.03	Aetna	Commercial		42.56	38			32.14	106.4	percent of total billed charges	
CHROMOSOMAL IN SITU HYBRIDIZATION, ANALY	88273	CPT	both			112	40.03	Americare	Americare		84	75			32.14	106.4	percent of total billed charges	
CHROMOSOMAL IN SITU HYBRIDIZATION, ANALY	88273	CPT	both			112	40.03	Amerihealth	Medicare		34.81				32.14	106.4	fee schedule	
CHROMOSOMAL IN SITU HYBRIDIZATION, ANALY	88273	CPT	both			112	40.03	Amerihealth	HMO/PPO		72.8	65			32.14	106.4	percent of total billed charges	
CHROMOSOMAL IN SITU HYBRIDIZATION, ANALY	88273	CPT	both			112	40.03	Consumer	Consumer		106.4	95			32.14	106.4	percent of total billed charges	
CHROMOSOMAL IN SITU HYBRIDIZATION, ANALY	88273	CPT	both			112	40.03	Corrections	Corrections		89.6	80			32.14	106.4	percent of total billed charges	
CHROMOSOMAL IN SITU HYBRIDIZATION, ANALY	88273	CPT	both			112	40.03	First Health	First Health		78.4	70			32.14	106.4	percent of total billed charges	
CHROMOSOMAL IN SITU HYBRIDIZATION, ANALY	88273	CPT	both			112	40.03	First Trenton	First Trenton		100.8	90			32.14	106.4	percent of total billed charges	
CHROMOSOMAL IN SITU HYBRIDIZATION, ANALY	88273	CPT	both			112	40.03	Horizon	MGD		42.87	38.28			32.14	106.4	percent of total billed charges	
CHROMOSOMAL IN SITU HYBRIDIZATION, ANALY	88273	CPT	both			112	40.03	Horizon	Medicare Blue		33.6	30			32.14	106.4	percent of total billed charges	
CHROMOSOMAL IN SITU HYBRIDIZATION, ANALY	88273	CPT	both			112	40.03	Horizon	Indemnity		42.87	38.28			32.14	106.4	percent of total billed charges	
CHROMOSOMAL IN SITU HYBRIDIZATION, ANALY	88273	CPT	both			112	40.03	Horizon	NJ Health		32.14				32.14	106.4	fee schedule	
CHROMOSOMAL IN SITU HYBRIDIZATION, ANALY	88273	CPT	both			112	40.03	Horizon	PPO		42.87	38.28			32.14	106.4	percent of total billed charges	
CHROMOSOMAL IN SITU HYBRIDIZATION, ANALY	88273	CPT	both			112	40.03	Managed Care Inc	Managed Care Inc		100.8	90			32.14	106.4	percent of total billed charges	
CHROMOSOMAL IN SITU HYBRIDIZATION, ANALY	88273	CPT	both			112	40.03	Multiplan	Multiplan		89.6	80			32.14	106.4	percent of total billed charges	
CHROMOSOMAL IN SITU HYBRIDIZATION, ANALY	88273	CPT	both			112	40.03	Qualcare	Qualcare		84	75			32.14	106.4	percent of total billed charges	
CHROMOSOMAL IN SITU HYBRIDIZATION, ANALY	88273	CPT	both			112	40.03	Three Rivers	Three Rivers		106.4	95			32.14	106.4	percent of total billed charges	
CHROMOSOMAL IN SITU HYBRIDIZATION, ANALY	88273	CPT	both			112	40.03	UHC	Medicaid		35.34	31.55			32.14	106.4	percent of total billed charges	
CHROMOSOMAL IN SITU HYBRIDIZATION, ANALY	88273	CPT	both			112	40.03	UHC	Medicare		34.81				32.14	106.4	fee schedule	
CHROMOSOMAL IN SITU HYBRIDIZATION, ANALY	88273	CPT	both			112	40.03	Wellcare	Medicare		34.81				32.14	106.4	fee schedule	
CHROMOSOMAL IN SITU HYBRIDIZATION, ANALY	88273	CPT	both			112	40.03	Wellcare	Medicaid		35.34	31.55			32.14	106.4	percent of total billed charges	
CHROMOSOMAL IN SITU HYBRIDIZATION, ANALY	88273	CPT	both			112	40.03	WellPoint	WellPoint		36.04	32.18			32.14	106.4	percent of total billed charges	
INSITU HYBRID 25-99 CELLS	88274	CPT	outpatient			285	48.74	Aetna	Medicare		42.38				38.65	270.75	fee schedule	
INSITU HYBRID 25-99 CELLS	88274	CPT	outpatient			285	48.74	Aetna	Better Health		89.92	31.55			38.65	270.75	percent of total billed charges	
INSITU HYBRID 25-99 CELLS	88274	CPT	outpatient			285	48.74	Aetna	Commercial		108.3	38			38.65	270.75	percent of total billed charges	
INSITU HYBRID 25-99 CELLS	88274	CPT	outpatient			285	48.74	Americare	Americare		213.75	75			38.65	270.75	percent of total billed charges	
INSITU HYBRID 25-99 CELLS	88274	CPT	outpatient			285	48.74	Amerihealth	Medicare		42.38				38.65	270.75	fee schedule	
INSITU HYBRID 25-99 CELLS	88274	CPT	outpatient			285	48.74	Amerihealth	HMO/PPO		185.25	65			38.65	270.75	percent of total billed charges	
INSITU HYBRID 25-99 CELLS	88274	CPT	outpatient			285	48.74	Consumer	Consumer		270.75	95			38.65	270.75	percent of total billed charges	
INSITU HYBRID 25-99 CELLS	88274	CPT	outpatient			285	48.74	Corrections	Corrections		228	80			38.65	270.75	percent of total billed charges	
INSITU HYBRID 25-99 CELLS	88274	CPT	outpatient			285	48.74	First Health	First Health		199.5	70			38.65	270.75	percent of total billed charges	
INSITU HYBRID 25-99 CELLS	88274	CPT	outpatient			285	48.74	First Trenton	First Trenton		256.5	90			38.65	270.75	percent of total billed charges	
INSITU HYBRID 25-99 CELLS	88274	CPT	outpatient			285	48.74	Horizon	Medicare Blue		85.5	30			38.65	270.75	percent of total billed charges	
INSITU HYBRID 25-99 CELLS	88274	CPT	outpatient			285	48.74	Horizon	Indemnity		109.1	38.28			38.65	270.75	percent of total billed charges	
INSITU HYBRID 25-99 CELLS	88274	CPT	outpatient			285	48.74	Horizon	MGD		109.1	38.28			38.65	270.75	percent of total billed charges	
INSITU HYBRID 25-99 CELLS	88274	CPT	outpatient			285	48.74	Horizon	NJ Health		38.65				38.65	270.75	fee schedule	
INSITU HYBRID 25-99 CELLS	88274	CPT	outpatient			285	48.74	Horizon	PPO		109.1	38.28			38.65	270.75	percent of total billed charges	
INSITU HYBRID 25-99 CELLS	88274	CPT	outpatient			285	48.74	Managed Care Inc	Managed Care Inc		256.5	90			38.65	270.75	percent of total billed charges	
INSITU HYBRID 25-99 CELLS	88274	CPT	outpatient			285	48.74	Multiplan	Multiplan		228	80			38.65	270.75	percent of total billed charges	
INSITU HYBRID 25-99 CELLS	88274	CPT	outpatient			285	48.74	Qualcare	Qualcare		213.75	75			38.65	270.75	percent of total billed charges	
INSITU HYBRID 25-99 CELLS	88274	CPT	outpatient			285	48.74	Three Rivers	Three Rivers		270.75	95			38.65	270.75	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.																	
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true																
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
INSITU HYBRID 25-99 CELLS	88274	CPT	outpatient			285		48.74	UHC						38.65	270.75	percent of total billed charges	
INSITU HYBRID 25-99 CELLS	88274	CPT	outpatient			285		48.74	Medicare						38.65	270.75	fee schedule	
INSITU HYBRID 25-99 CELLS	88274	CPT	outpatient			285		48.74	Wellcare						38.65	270.75	fee schedule	
INSITU HYBRID 25-99 CELLS	88274	CPT	outpatient			285		48.74	Wellcare						38.65	270.75	percent of total billed charges	
INSITU HYBRID 25-99 CELLS	88274	CPT	outpatient			285		48.74	WellPoint						38.65	270.75	percent of total billed charges	
MOLECULAR CYTOGENETICS;INTERPHASE IN SIT	88275	CPT	both			899		58.87	Aetna						44.59	854.05	percent of total billed charges	
MOLECULAR CYTOGENETICS;INTERPHASE IN SIT	88275	CPT	both			899		58.87	Aetna						44.59	854.05	fee schedule	
MOLECULAR CYTOGENETICS;INTERPHASE IN SIT	88275	CPT	both			899		58.87	Aetna						44.59	854.05	percent of total billed charges	
MOLECULAR CYTOGENETICS;INTERPHASE IN SIT	88275	CPT	both			899		58.87	Americare						44.59	854.05	percent of total billed charges	
MOLECULAR CYTOGENETICS;INTERPHASE IN SIT	88275	CPT	both			899		58.87	Amerihealth						44.59	854.05	fee schedule	
MOLECULAR CYTOGENETICS;INTERPHASE IN SIT	88275	CPT	both			899		58.87	Amerihealth						44.59	854.05	percent of total billed charges	
MOLECULAR CYTOGENETICS;INTERPHASE IN SIT	88275	CPT	both			899		58.87	Consumer						44.59	854.05	percent of total billed charges	
MOLECULAR CYTOGENETICS;INTERPHASE IN SIT	88275	CPT	both			899		58.87	Corrections						44.59	854.05	percent of total billed charges	
MOLECULAR CYTOGENETICS;INTERPHASE IN SIT	88275	CPT	both			899		58.87	First Health						44.59	854.05	percent of total billed charges	
MOLECULAR CYTOGENETICS;INTERPHASE IN SIT	88275	CPT	both			899		58.87	First Trenton						44.59	854.05	percent of total billed charges	
MOLECULAR CYTOGENETICS;INTERPHASE IN SIT	88275	CPT	both			899		58.87	Horizon						44.59	854.05	percent of total billed charges	
MOLECULAR CYTOGENETICS;INTERPHASE IN SIT	88275	CPT	both			899		58.87	Horizon						44.59	854.05	percent of total billed charges	
MOLECULAR CYTOGENETICS;INTERPHASE IN SIT	88275	CPT	both			899		58.87	Horizon						44.59	854.05	percent of total billed charges	
MOLECULAR CYTOGENETICS;INTERPHASE IN SIT	88275	CPT	both			899		58.87	Horizon						44.59	854.05	fee schedule	
MOLECULAR CYTOGENETICS;INTERPHASE IN SIT	88275	CPT	both			899		58.87	Managed Care Inc						44.59	854.05	percent of total billed charges	
MOLECULAR CYTOGENETICS;INTERPHASE IN SIT	88275	CPT	both			899		58.87	Multiplan						44.59	854.05	percent of total billed charges	
MOLECULAR CYTOGENETICS;INTERPHASE IN SIT	88275	CPT	both			899		58.87	Qualcare						44.59	854.05	percent of total billed charges	
MOLECULAR CYTOGENETICS;INTERPHASE IN SIT	88275	CPT	both			899		58.87	Three Rivers						44.59	854.05	percent of total billed charges	
MOLECULAR CYTOGENETICS;INTERPHASE IN SIT	88275	CPT	both			899		58.87	UHC						44.59	854.05	percent of total billed charges	
MOLECULAR CYTOGENETICS;INTERPHASE IN SIT	88275	CPT	both			899		58.87	UHC						44.59	854.05	fee schedule	
MOLECULAR CYTOGENETICS;INTERPHASE IN SIT	88275	CPT	both			899		58.87	Wellcare						44.59	854.05	percent of total billed charges	
MOLECULAR CYTOGENETICS;INTERPHASE IN SIT	88275	CPT	both			899		58.87	Wellcare						44.59	854.05	fee schedule	
MOLECULAR CYTOGENETICS;INTERPHASE IN SIT	88275	CPT	both			899		58.87	WellPoint						44.59	854.05	percent of total billed charges	
CHROMO ANAL ADD KARYOTYPES EA STUDY	88280	CPT	both			654		38.49	Aetna						24	621.3	fee schedule	
CHROMO ANAL ADD KARYOTYPES EA STUDY	88280	CPT	both			654		38.49	Aetna						24	621.3	percent of total billed charges	
CHROMO ANAL ADD KARYOTYPES EA STUDY	88280	CPT	both			654		38.49	Aetna						24	621.3	percent of total billed charges	
CHROMO ANAL ADD KARYOTYPES EA STUDY	88280	CPT	both			654		38.49	Americare						24	621.3	percent of total billed charges	
CHROMO ANAL ADD KARYOTYPES EA STUDY	88280	CPT	both			654		38.49	Amerihealth						24	621.3	fee schedule	
CHROMO ANAL ADD KARYOTYPES EA STUDY	88280	CPT	both			654		38.49	Amerihealth						24	621.3	percent of total billed charges	
CHROMO ANAL ADD KARYOTYPES EA STUDY	88280	CPT	both			654		38.49	Consumer						24	621.3	percent of total billed charges	
CHROMO ANAL ADD KARYOTYPES EA STUDY	88280	CPT	both			654		38.49	Corrections						24	621.3	percent of total billed charges	
CHROMO ANAL ADD KARYOTYPES EA STUDY	88280	CPT	both			654		38.49	First Health						24	621.3	percent of total billed charges	
CHROMO ANAL ADD KARYOTYPES EA STUDY	88280	CPT	both			654		38.49	First Trenton						24	621.3	percent of total billed charges	
CHROMO ANAL ADD KARYOTYPES EA STUDY	88280	CPT	both			654		38.49	Horizon						24	621.3	percent of total billed charges	
CHROMO ANAL ADD KARYOTYPES EA STUDY	88280	CPT	both			654		38.49	Horizon						24	621.3	percent of total billed charges	
CHROMO ANAL ADD KARYOTYPES EA STUDY	88280	CPT	both			654		38.49	Horizon						24	621.3	percent of total billed charges	
CHROMO ANAL ADD KARYOTYPES EA STUDY	88280	CPT	both			654		38.49	Horizon						24	621.3	fee schedule	
CHROMO ANAL ADD KARYOTYPES EA STUDY	88280	CPT	both			654		38.49	Horizon						24	621.3	percent of total billed charges	
CHROMO ANAL ADD KARYOTYPES EA STUDY	88280	CPT	both			654		38.49	Managed Care Inc						24	621.3	percent of total billed charges	
CHROMO ANAL ADD KARYOTYPES EA STUDY	88280	CPT	both			654		38.49	Multiplan						24	621.3	percent of total billed charges	
CHROMO ANAL ADD KARYOTYPES EA STUDY	88280	CPT	both			654		38.49	Qualcare						24	621.3	percent of total billed charges	
CHROMO ANAL ADD KARYOTYPES EA STUDY	88280	CPT	both			654		38.49	Three Rivers						24	621.3	percent of total billed charges	
CHROMO ANAL ADD KARYOTYPES EA STUDY	88280	CPT	both			654		38.49	UHC						24	621.3	fee schedule	
CHROMO ANAL ADD KARYOTYPES EA STUDY	88280	CPT	both			654		38.49	UHC						24	621.3	percent of total billed charges	
CHROMO ANAL ADD KARYOTYPES EA STUDY	88280	CPT	both			654		38.49	Wellcare						24	621.3	percent of total billed charges	
CHROMO ANAL ADD KARYOTYPES EA STUDY	88280	CPT	both			654		38.49	Wellcare						24	621.3	fee schedule	
CHROMO ANAL ADD KARYOTYPES EA STUDY	88280	CPT	both			654		38.49	WellPoint						24	621.3	percent of total billed charges	
ADDITIONAL BANDING, EA; STUDY	88283	CPT	outpatient			400		78.89	Aetna						68.6	380	fee schedule	
ADDITIONAL BANDING, EA; STUDY	88283	CPT	outpatient			400		78.89	Aetna						68.6	380	percent of total billed charges	
ADDITIONAL BANDING, EA; STUDY	88283	CPT	outpatient			400		78.89	Aetna						68.6	380	percent of total billed charges	
ADDITIONAL BANDING, EA; STUDY	88283	CPT	outpatient			400		78.89	Americare						68.6	380	percent of total billed charges	
ADDITIONAL BANDING, EA; STUDY	88283	CPT	outpatient			400		78.89	Amerihealth						68.6	380	percent of total billed charges	
ADDITIONAL BANDING, EA; STUDY	88283	CPT	outpatient			400		78.89	Amerihealth						68.6	380	fee schedule	
ADDITIONAL BANDING, EA; STUDY	88283	CPT	outpatient			400		78.89	Consumer						68.6	380	percent of total billed charges	
ADDITIONAL BANDING, EA; STUDY	88283	CPT	outpatient			400		78.89	Corrections						68.6	380	percent of total billed charges	
ADDITIONAL BANDING, EA; STUDY	88283	CPT	outpatient			400		78.89	First Health						68.6	380	percent of total billed charges	
ADDITIONAL BANDING, EA; STUDY	88283	CPT	outpatient			400		78.89	First Trenton						68.6	380	percent of total billed charges	
ADDITIONAL BANDING, EA; STUDY	88283	CPT	outpatient			400		78.89	Horizon		153.12	38.28			68.6	380	percent of total billed charges	
ADDITIONAL BANDING, EA; STUDY	88283	CPT	outpatient			400		78.89	Horizon		153.12	38.28			68.6	380	percent of total billed charges	
ADDITIONAL BANDING, EA; STUDY	88283	CPT	outpatient			400		78.89	Horizon		153.12	38.28			68.6	380	percent of total billed charges	
ADDITIONAL BANDING, EA; STUDY	88283	CPT	outpatient			400		78.89	Horizon		120	30			68.6	380	percent of total billed charges	
ADDITIONAL BANDING, EA; STUDY	88283	CPT	outpatient			400		78.89	Horizon		90.16				68.6	380	fee schedule	
ADDITIONAL BANDING, EA; STUDY	88283	CPT	outpatient			400		78.89	Managed Care Inc		360	90			68.6	380	percent of total billed charges	
ADDITIONAL BANDING, EA; STUDY	88283	CPT	outpatient			400		78.89	Multiplan		320	80			68.6	380	percent of total billed charges	
ADDITIONAL BANDING, EA; STUDY	88283	CPT	outpatient			400		78.89	Qualcare		300	75			68.6	380	percent of total billed charges	
ADDITIONAL BANDING, EA; STUDY	88283	CPT	outpatient			400		78.89	Three Rivers		380	95			68.6	380	percent of total billed charges	
ADDITIONAL BANDING, EA; STUDY	88283	CPT	outpatient			400		78.89	UHC		126.2	31.55			68.6	380	percent of total billed charges	
ADDITIONAL BANDING, EA; STUDY	88283	CPT	outpatient			400		78.89	UHC		68.6				68.6	380	fee schedule	
ADDITIONAL BANDING, EA; STUDY	88283	CPT	outpatient			400		78.89	Wellcare		126.2	31.55			68.6	380	percent of total billed charges	
ADDITIONAL BANDING, EA; STUDY	88283	CPT	outpatient			400		78.89	Wellcare		68.6				68.6	380	fee schedule	
ADDITIONAL BANDING, EA; STUDY	88283	CPT	outpatient			400		78.89	WellPoint		128.72	32.18			68.6	380	percent of total billed charges	
CHROM ANALS ADD CELL CT EA	88285	CPT	both			233		30.95	Aetna		88.54	38			3.92	221.35	percent of total billed charges	
CHROM ANALS ADD CELL CT EA	88285	CPT	both			233		30.95	Aetna		26.91				3.92	221.35	fee schedule	
CHROM ANALS ADD CELL CT EA	88285	CPT	both			233		30.95	Aetna		73.51	31.55			3.92	221.35	percent of total billed charges	
CHROM ANALS ADD CELL CT EA	88285	CPT	both			233		30.95	Americare		174.75	75			3.92	221.35	percent of total billed charges	
CHROM ANALS ADD CELL CT EA	88285	CPT	both			233		30.95	Amerihealth		151.45	65			3.92	221.35	percent of total billed charges	
CHROM ANALS ADD CELL CT EA	88285	CPT	both			233		30.95	Amerihealth		26.91				3.92	221.35	fee schedule	
CHROM ANALS ADD CELL CT EA	88285	CPT	both			233		30.95	Consumer		221.35	95			3.92	221.35	percent of total billed charges	
CHROM ANALS ADD CELL CT EA	88285	CPT	both			233		30.95	Corrections		186.4	80			3.92	221.35	percent of total billed charges	
CHROM ANALS ADD CELL CT EA	88285	CPT	both			233		30.95	First Health		163.1	70			3.92	221.35	percent of total billed charges	
CHROM ANALS ADD CELL CT EA	88285	CPT	both			233		30.95	First Trenton		209.7	90			3.92	221.35	percent of total billed charges	
CHROM ANALS ADD CELL CT EA	88285	CPT	both			233		30.95	Horizon		3.92				3.92	221.35	fee schedule	
CHROM ANALS ADD CELL CT EA	88285	CPT	both			233		30.95	Horizon		89.19	38.28			3.92	221.35	percent of total billed charges	
CHROM ANALS ADD CELL CT EA	88285	CPT	both			233		30.95	Horizon		89.19	38.28			3.92	221.35	percent of total billed charges	
CHROM ANALS ADD CELL CT EA	88285	CPT	both			233		30.95	Horizon		69.9	30			3.92	221.35	percent of total billed charges	
CHROM ANALS ADD CELL CT EA	88285	CPT	both			233		30.95	Horizon		89.19	38.28			3.92	221.35	percent of total billed charges	
CHROM ANALS ADD CELL CT EA	88285	CPT	both			233		30.95	Managed Care Inc		209.7	90			3.92	221.35	percent of total billed charges	
CHROM ANALS ADD CELL CT EA	88285	CPT	both			233		30.95	Multiplan		186.4	80			3.92	221.35	percent of total billed charges	
CHROM ANALS ADD CELL CT EA	88285	CPT	both			233		30.95	Qualcare		174.75	75			3.92	221.35	percent of total billed charges	
CHROM ANALS ADD CELL CT EA	88285	CPT	both			233		30.95	Three Rivers		221.35	95			3.92	221.35	percent of total billed charges	
CHROM ANALS ADD CELL CT EA	88285	CPT	both			233		30.95	UHC		73.51	31.55			3.92	221.35	percent of total billed charges	
CHROM ANALS ADD CELL CT EA	88285	CPT	both			233		30.95	UHC		26.91				3.92	221.35	fee schedule	
CHROM ANALS ADD CELL CT EA	88285	CPT	both			233		30.95	Wellcare		26.91				3.92	221.35	fee schedule	
CHROM ANALS ADD CELL CT EA	88285	CPT	both			233		30.95	Wellcare		73.51	31.55			3.92	221.35	percent of total billed charges	
CHROM ANALS ADD CELL CT EA	88285	CPT	both			233		30.95	WellPoint		74.98	32.18			3.92	221.35	percent of total billed charges	
GTG BAND RESOLUTION	88289	CPT	both			3693		39.59	Aetna		1403.34	38			34.43	3508.35	percent of total billed charges	
GTG BAND RESOLUTION	88289	CPT	both			3693		39.59	Aetna		34.43				34.43	3508.35	fee schedule	
GTG BAND RESOLUTION	88289	CPT	both			3693		39.59	Aetna		1165.14	31.55			34.43	3508.35	percent of total billed charges	
GTG BAND RESOLUTION	88289	CPT	both			3693		39.59	Americare		2769.75	75			34.43	3508.35	percent of total billed charges	
GTG BAND RESOLUTION	88289	CPT	both			3693		39.59	Amerihealth		34.43				34.43	3508.35	fee schedule	
GTG BAND RESOLUTION	88289	CPT	both			3693		39.59	Amerihealth		2400.45	65			34.43	3508.35	percent of total billed charges	
GTG BAND RESOLUTION	88289	CPT	both			3693		39.59	Consumer		3508.35	95			34.43	3508.35	percent of total billed charges	
GTG BAND RESOLUTION	88289	CPT	both			3693		39.59	Corrections		2954.4	80			34.43	3508.35	percent of total billed charges	
GTG BAND RESOLUTION	88289	CPT	both			3693		39.59	First Health		2585.1	70			34.43	3508.35	percent of total billed charges	
GTG BAND RESOLUTION	88289	CPT	both			3693		39.59	First Trenton		3323.7	90			34.43	3508.35	percent of total billed charges	
GTG BAND RESOLUTION	88289	CPT	both			3693		39.59	Horizon		1413.68	38.28			34.43	3508.35	percent of total billed charges	
GTG BAND RESOLUTION	88289	CPT	both			3693		39.59	Horizon		1413.68	38.28			34.43	3508.35	percent of total billed charges	
GTG BAND RESOLUTION	88289	CPT	both			3693		39.59	Horizon		1413.68	38.28			34.43	3508.35	percent of total billed charges	
GTG BAND RESOLUTION	88289	CPT	both			3693		39.59	Horizon		1107.9	30			34.43	3508.35	percent of total billed charges	
GTG BAND RESOLUTION	88289	CPT	both			3693		39.59	Horizon		94.28				34.43	3508.35	fee schedule	
GTG BAND RESOLUTION	88289	CPT	both			3693		39.59	Managed Care Inc		3323.7	90			34.43	3508.35	percent of total billed charges	
GTG BAND RESOLUTION	88289	CPT	both			3693		39.59	Multiplan		2954.4	80			34.43	3508.35	percent of total billed charges	
GTG BAND RESOLUTION	88289	CPT	both			3693		39.59	Qualcare		2769.75	75			34.43	3508.35	percent of total billed charges	
GTG BAND RESOLUTION	88289	CPT	both			3693		39.59	Three Rivers		3508.35	95			34.43	3508.35	percent of total billed charges	
GTG BAND RESOLUTION	88289	CPT	both			3693		39.59	UHC		34.43				34.43	3508.35	fee schedule	
GTG BAND RESOLUTION	88289	CPT	both			3693		39.59	UHC		1165.14	31.55			34.43	3508.35	percent of total billed charges	
GTG BAND RESOLUTION	88289	CPT	both			3693		39.59	Wellcare		34.43				34.43	3508.35	fee schedule	
GTG BAND RESOLUTION	88289	CPT	both			3693		39.59	Wellcare		1165.14	31.55			34.43	3508.35	percent of total billed charges	
GTG BAND RESOLUTION	88289	CPT	both			3693		39.59	WellPoint		1188.41	32.18			34.43	3508.35	percent of total billed charges	
CYTO&MOLE.INTERP & REPORT	88291	CPT	outpatient			1286			Aetna		405.73	31.55			52.57	1221.7	percent of total billed charges	
CYTO&MOLE.INTERP & REPORT	88291	CPT	outpatient			1286			Aetna		396.09	30.8			52.57	1221.7	percent of total billed charges	
CYTO&MOLE.INTERP & REPORT	88291	CPT	outpatient			1286			Aetna		488.68	38			52.57	1221.7	percent of total billed charges	
CYTO&MOLE.INTERP & REPORT	88291	CPT	outpatient			1286			Americare		964.5	75			52.57	1221.7	percent of total billed charges	
CYTO&MOLE.INTERP & REPORT	88291	CPT	outpatient			1286			Amerihealth		835.9	65			52.57	1221.7	percent of total billed charges	
CYTO&MOLE.INTERP & REPORT	88291	CPT	outpatient			1286			Consumer		1221.7	95			52.57	1221.7	percent of total billed charges	
CYTO&MOLE.INTERP & REPORT	88291	CPT	outpatient			1286			Corrections		1028.8	80			52.57	1221.7	percent of total billed charges	
CYTO&MOLE.INTERP & REPORT	88291	CPT	outpatient			1286			First Health		900.2	70			52.57	1221.7	percent of total billed charges	
CYTO&MOLE.INTERP & REPORT	88291	CPT	outpatient			1286			First Trenton		1157.4	90			52.57	1221.7	percent of total billed charges	
CYTO&MOLE.INTERP & REPORT	88291	CPT	outpatient			1286			Horizon		492.28	38.28			52.57	1221.7	percent of total billed charges	
CYTO&MOLE.INTERP & REPORT	88291	CPT	outpatient			1286			Horizon		492.28	38.28			52.57	1221.7	percent of total billed charges	
CYTO&MOLE.INTERP & REPORT	88291	CPT	outpatient			1286			Horizon		385.8	30			52.57	1221.7	percent of total billed charges	
CYTO&MOLE.INTERP & REPORT	88291	CPT	outpatient			1286			Horizon		52.57				52.57	1221.7	fee schedule	
CYTO&MOLE.INTERP & REPORT	88291	CPT	outpatient			1286			Horizon		492.28	38.28			52.57	1221.7	percent of total billed charges	
CYTO&MOLE.INTERP & REPORT	88291	CPT	outpatient			1286			Managed Care Inc		1157.4	90			52.57	1221.7	percent of total billed charges	
CYTO&MOLE.INTERP & REPORT	88291	CPT	outpatient			1286			Multiplan		1028.8	80			52.57	1221.7	percent of total billed charges	
CYTO&MOLE.INTERP & REPORT	88291	CPT	outpatient			1286			Qualcare		964.5	75			52.57	1221.7	percent of total billed charges	
CYTO&MOLE.INTERP & REPORT	88291	CPT	outpatient			1286			Three Rivers		1221.7	95			52.57	1221.7	percent of total billed charges	
CYTO&MOLE.INTERP & REPORT	88291	CPT	outpatient			1286			UHC		405.73	31.55			52.57	1221.7	percent of total billed charges	
CYTO&MOLE.INTERP & REPORT	88291	CPT	outpatient			1286			Wellcare		405.73	31.55			52.57	1221.7	percent of total billed charges	
CYTO&MOLE.INTERP & REPORT	88291	CPT	outpatient			1286			WellPoint		413.83	32.18			52.57	1221.7	percent of total billed charges	
FLUORESCENT IN SITU HYBRIDIZATION (FISH)	88299	CPT	outpatient			1210		71.27	Aetna		381.76	31.55			61.97	1149.5	percent of total billed charges	
FLUORESCENT IN SITU HYBRIDIZATION (FISH)	88299	CPT	outpatient			1210		71.27	Aetna		98.66				61.97	1149.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.															
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true														
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
FLUORESCENT IN SITU HYBRIDIZATION (FISH)	88299	CPT	outpatient			1210		71.27 Aetna	Medicare		61.97				61.97	1149.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLUORESCENT IN SITU HYBRIDIZATION (FISH)	88299	CPT	outpatient			1210		71.27 Americare	Americare		907.5	75			61.97	1149.5	percent of total billed charges	
FLUORESCENT IN SITU HYBRIDIZATION (FISH)	88299	CPT	outpatient			1210		71.27 Amerihealth	HMO/PPO		786.5	65			61.97	1149.5	percent of total billed charges	
FLUORESCENT IN SITU HYBRIDIZATION (FISH)	88299	CPT	outpatient			1210		71.27 Amerihealth	Medicare		61.97				61.97	1149.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLUORESCENT IN SITU HYBRIDIZATION (FISH)	88299	CPT	outpatient			1210		71.27 Consumer	Consumer		1149.5	95			61.97	1149.5	percent of total billed charges	
FLUORESCENT IN SITU HYBRIDIZATION (FISH)	88299	CPT	outpatient			1210		71.27 Corrections	Corrections		968	80			61.97	1149.5	percent of total billed charges	
FLUORESCENT IN SITU HYBRIDIZATION (FISH)	88299	CPT	outpatient			1210		71.27 First Health	First Health		847	70			61.97	1149.5	percent of total billed charges	
FLUORESCENT IN SITU HYBRIDIZATION (FISH)	88299	CPT	outpatient			1210		71.27 First Trenton	First Trenton		1089	90			61.97	1149.5	percent of total billed charges	
FLUORESCENT IN SITU HYBRIDIZATION (FISH)	88299	CPT	outpatient			1210		71.27 Horizon	Indemnity		115.33				61.97	1149.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLUORESCENT IN SITU HYBRIDIZATION (FISH)	88299	CPT	outpatient			1210		71.27 Horizon	Medicare Blue		61.97				61.97	1149.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLUORESCENT IN SITU HYBRIDIZATION (FISH)	88299	CPT	outpatient			1210		71.27 Horizon	PPO		115.33				61.97	1149.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLUORESCENT IN SITU HYBRIDIZATION (FISH)	88299	CPT	outpatient			1210		71.27 Horizon	MGD		115.33				61.97	1149.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLUORESCENT IN SITU HYBRIDIZATION (FISH)	88299	CPT	outpatient			1210		71.27 Managed Care Inc	Managed Care Inc		1089	90			61.97	1149.5	percent of total billed charges	
FLUORESCENT IN SITU HYBRIDIZATION (FISH)	88299	CPT	outpatient			1210		71.27 Multiplan	Multiplan		968	80			61.97	1149.5	percent of total billed charges	
FLUORESCENT IN SITU HYBRIDIZATION (FISH)	88299	CPT	outpatient			1210		71.27 Qualcare	Qualcare		907.5	75			61.97	1149.5	percent of total billed charges	
FLUORESCENT IN SITU HYBRIDIZATION (FISH)	88299	CPT	outpatient			1210		71.27 Three Rivers	Three Rivers		1149.5	95			61.97	1149.5	percent of total billed charges	
FLUORESCENT IN SITU HYBRIDIZATION (FISH)	88299	CPT	outpatient			1210		71.27 UHC	Medicaid		381.76	31.55			61.97	1149.5	percent of total billed charges	
FLUORESCENT IN SITU HYBRIDIZATION (FISH)	88299	CPT	outpatient			1210		71.27 UHC	Medicare		61.97				61.97	1149.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLUORESCENT IN SITU HYBRIDIZATION (FISH)	88299	CPT	outpatient			1210		71.27 Wellcare	Medicare		61.97				61.97	1149.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLUORESCENT IN SITU HYBRIDIZATION (FISH)	88299	CPT	outpatient			1210		71.27 Wellcare	Medicaid		381.76	31.55			61.97	1149.5	percent of total billed charges	
FLUORESCENT IN SITU HYBRIDIZATION (FISH)	88299	CPT	outpatient			1210		71.27 WellPoint	WellPoint		389.38	32.18			61.97	1149.5	percent of total billed charges	
LEVEL 1-SURGPATH GROSS&MIC EXAM	88300	CPT	both			53		39.16 Aetna	Commercial		54.21				16.72	63.37	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL 1-SURGPATH GROSS&MIC EXAM	88300	CPT	both			53		39.16 Aetna	Better Health		16.72	31.55			16.72	63.37	percent of total billed charges	
LEVEL 1-SURGPATH GROSS&MIC EXAM	88300	CPT	both			53		39.16 Aetna	Medicare		34.05				16.72	63.37	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL 1-SURGPATH GROSS&MIC EXAM	88300	CPT	both			53		39.16 Americare	Americare		39.75	75			16.72	63.37	percent of total billed charges	
LEVEL 1-SURGPATH GROSS&MIC EXAM	88300	CPT	both			53		39.16 Amerihealth	HMO/PPO		34.45	65			16.72	63.37	percent of total billed charges	
LEVEL 1-SURGPATH GROSS&MIC EXAM	88300	CPT	both			53		39.16 Amerihealth	Medicare		34.05				16.72	63.37	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL 1-SURGPATH GROSS&MIC EXAM	88300	CPT	both			53		39.16 Consumer	Consumer		50.35	95			16.72	63.37	percent of total billed charges	
LEVEL 1-SURGPATH GROSS&MIC EXAM	88300	CPT	both			53		39.16 Corrections	Corrections		42.4	80			16.72	63.37	percent of total billed charges	
LEVEL 1-SURGPATH GROSS&MIC EXAM	88300	CPT	both			53		39.16 First Health	First Health		37.1	70			16.72	63.37	percent of total billed charges	
LEVEL 1-SURGPATH GROSS&MIC EXAM	88300	CPT	both			53		39.16 First Trenton	First Trenton		47.7	90			16.72	63.37	percent of total billed charges	
LEVEL 1-SURGPATH GROSS&MIC EXAM	88300	CPT	both			53		39.16 Horizon	PPO		63.37				16.72	63.37	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL 1-SURGPATH GROSS&MIC EXAM	88300	CPT	both			53		39.16 Horizon	MGD		63.37				16.72	63.37	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL 1-SURGPATH GROSS&MIC EXAM	88300	CPT	both			53		39.16 Horizon	NJ Health		16.33				16.72	63.37	fee schedule	
LEVEL 1-SURGPATH GROSS&MIC EXAM	88300	CPT	both			53		39.16 Horizon	Indemnity		63.37				16.72	63.37	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL 1-SURGPATH GROSS&MIC EXAM	88300	CPT	both			53		39.16 Horizon	Medicare Blue		34.05				16.72	63.37	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL 1-SURGPATH GROSS&MIC EXAM	88300	CPT	both			53		39.16 Managed Care Inc	Managed Care Inc		47.7	90			16.72	63.37	percent of total billed charges	
LEVEL 1-SURGPATH GROSS&MIC EXAM	88300	CPT	both			53		39.16 Multiplan	Multiplan		42.4	80			16.72	63.37	percent of total billed charges	
LEVEL 1-SURGPATH GROSS&MIC EXAM	88300	CPT	both			53		39.16 Qualcare	Qualcare		39.75	75			16.72	63.37	percent of total billed charges	
LEVEL 1-SURGPATH GROSS&MIC EXAM	88300	CPT	both			53		39.16 Three Rivers	Three Rivers		50.35	95			16.72	63.37	percent of total billed charges	
LEVEL 1-SURGPATH GROSS&MIC EXAM	88300	CPT	both			53		39.16 UHC	Medicaid		16.72	31.55			16.72	63.37	percent of total billed charges	
LEVEL 1-SURGPATH GROSS&MIC EXAM	88300	CPT	both			53		39.16 UHC	Medicare		34.05				16.72	63.37	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL 1-SURGPATH GROSS&MIC EXAM	88300	CPT	both			53		39.16 Wellcare	Medicare		34.05				16.72	63.37	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL 1-SURGPATH GROSS&MIC EXAM	88300	CPT	both			53		39.16 Wellcare	Medicaid		16.72	31.55			16.72	63.37	percent of total billed charges	
LEVEL 1-SURGPATH GROSS&MIC EXAM	88300	CPT	both			53		39.16 WellPoint	WellPoint		17.06	32.18			16.72	63.37	percent of total billed charges	
LEVEL 2-SURGPATH GROSS&MIC EXAM	88302	CPT	both			53		39.16 Aetna	Better Health		16.72	31.55			16.72	63.37	percent of total billed charges	
LEVEL 2-SURGPATH GROSS&MIC EXAM	88302	CPT	both			53		39.16 Aetna	Commercial		54.21				16.72	63.37	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL 2-SURGPATH GROSS&MIC EXAM	88302	CPT	both			53		39.16 Aetna	Medicare		34.05				16.72	63.37	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL 2-SURGPATH GROSS&MIC EXAM	88302	CPT	both			53		39.16 Americare	Americare		39.75	75			16.72	63.37	percent of total billed charges	
LEVEL 2-SURGPATH GROSS&MIC EXAM	88302	CPT	both			53		39.16 Amerihealth	HMO/PPO		34.45	65			16.72	63.37	percent of total billed charges	
LEVEL 2-SURGPATH GROSS&MIC EXAM	88302	CPT	both			53		39.16 Amerihealth	Medicare		34.05				16.72	63.37	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL 2-SURGPATH GROSS&MIC EXAM	88302	CPT	both			53		39.16 Consumer	Consumer		50.35	95			16.72	63.37	percent of total billed charges	
LEVEL 2-SURGPATH GROSS&MIC EXAM	88302	CPT	both			53		39.16 Corrections	Corrections		42.4	80			16.72	63.37	percent of total billed charges	
LEVEL 2-SURGPATH GROSS&MIC EXAM	88302	CPT	both			53		39.16 First Health	First Health		37.1	70			16.72	63.37	percent of total billed charges	
LEVEL 2-SURGPATH GROSS&MIC EXAM	88302	CPT	both			53		39.16 First Trenton	First Trenton		47.7	90			16.72	63.37	percent of total billed charges	
LEVEL 2-SURGPATH GROSS&MIC EXAM	88302	CPT	both			53		39.16 Horizon	Indemnity		63.37				16.72	63.37	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL 2-SURGPATH GROSS&MIC EXAM	88302	CPT	both			53		39.16 Horizon	Medicare Blue		34.05				16.72	63.37	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL 2-SURGPATH GROSS&MIC EXAM	88302	CPT	both			53		39.16 Horizon	PPO		63.37				16.72	63.37	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL 2-SURGPATH GROSS&MIC EXAM	88302	CPT	both			53		39.16 Horizon	MGD		63.37				16.72	63.37	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL 2-SURGPATH GROSS&MIC EXAM	88302	CPT	both			53		39.16 Horizon	NJ Health		41.16				16.72	63.37	fee schedule	
LEVEL 2-SURGPATH GROSS&MIC EXAM	88302	CPT	both			53		39.16 Managed Care Inc	Managed Care Inc		47.7	90			16.72	63.37	percent of total billed charges	
LEVEL 2-SURGPATH GROSS&MIC EXAM	88302	CPT	both			53		39.16 Multiplan	Multiplan		42.4	80			16.72	63.37	percent of total billed charges	
LEVEL 2-SURGPATH GROSS&MIC EXAM	88302	CPT	both			53		39.16 Qualcare	Qualcare		39.75	75			16.72	63.37	percent of total billed charges	
LEVEL 2-SURGPATH GROSS&MIC EXAM	88302	CPT	both			53		39.16 Three Rivers	Three Rivers		50.35	95			16.72	63.37	percent of total billed charges	
LEVEL 2-SURGPATH GROSS&MIC EXAM	88302	CPT	both			53		39.16 UHC	Medicaid		16.72	31.55			16.72	63.37	percent of total billed charges	
LEVEL 2-SURGPATH GROSS&MIC EXAM	88302	CPT	both			53		39.16 UHC	Medicare		34.05				16.72	63.37	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL 2-SURGPATH GROSS&MIC EXAM	88302	CPT	both			53		39.16 Wellcare	Medicaid		16.72	31.55			16.72	63.37	percent of total billed charges	
LEVEL 2-SURGPATH GROSS&MIC EXAM	88302	CPT	both			53		39.16 Wellcare	Medicare		34.05				16.72	63.37	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL 2-SURGPATH GROSS&MIC EXAM	88302	CPT	both			53		39.16 WellPoint	WellPoint		17.06	32.18			16.72	63.37	percent of total billed charges	
LEVEL 3-SURGPATH GROSS&MIC EXAM	88304	CPT	both			798		71.27 Aetna	Medicare		61.97				35.65	758.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL 3-SURGPATH GROSS&MIC EXAM	88304	CPT	both			798		71.27 Aetna	Commercial		98.66				35.65	758.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL 3-SURGPATH GROSS&MIC EXAM	88304	CPT	both			798		71.27 Aetna	Better Health		251.77	31.55			35.65	758.1	percent of total billed charges	
LEVEL 3-SURGPATH GROSS&MIC EXAM	88304	CPT	both			798		71.27 Americare	Americare		598.5	75			35.65	758.1	percent of total billed charges	
LEVEL 3-SURGPATH GROSS&MIC EXAM	88304	CPT	both			798		71.27 Amerihealth	HMO/PPO		518.7	65			35.65	758.1	percent of total billed charges	
LEVEL 3-SURGPATH GROSS&MIC EXAM	88304	CPT	both			798		71.27 Amerihealth	Medicare		61.97				35.65	758.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL 3-SURGPATH GROSS&MIC EXAM	88304	CPT	both			798		71.27 Consumer	Consumer		758.1	95			35.65	758.1	percent of total billed charges	
LEVEL 3-SURGPATH GROSS&MIC EXAM	88304	CPT	both			798		71.27 Corrections	Corrections		638.4	80			35.65	758.1	percent of total billed charges	
LEVEL 3-SURGPATH GROSS&MIC EXAM	88304	CPT	both			798		71.27 First Health	First Health		558.6	70			35.65	758.1	percent of total billed charges	
LEVEL 3-SURGPATH GROSS&MIC EXAM	88304	CPT	both			798		71.27 First Trenton	First Trenton		718.2	90			35.65	758.1	percent of total billed charges	
LEVEL 3-SURGPATH GROSS&MIC EXAM	88304	CPT	both			798		71.27 Horizon	MGD		115.33				35.65	758.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL 3-SURGPATH GROSS&MIC EXAM	88304	CPT	both			798		71.27 Horizon	Medicare Blue		61.97				35.65	758.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL 3-SURGPATH GROSS&MIC EXAM	88304	CPT	both			798		71.27 Horizon	NJ Health		50.96				35.65	758.1	fee schedule	
LEVEL 3-SURGPATH GROSS&MIC EXAM	88304	CPT	both			798		71.27 Horizon	Indemnity		115.33				35.65	758.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL 3-SURGPATH GROSS&MIC EXAM	88304	CPT	both			798		71.27 Horizon	PPO		115.33				35.65	758.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL 3-SURGPATH GROSS&MIC EXAM	88304	CPT	both			798		71.27 Managed Care Inc	Managed Care Inc		718.2	90			35.65	758.1	percent of total billed charges	
LEVEL 3-SURGPATH GROSS&MIC EXAM	88304	CPT	both			798		71.27 Multiplan	Multiplan		638.4	80			35.65	758.1	percent of total billed charges	
LEVEL 3-SURGPATH GROSS&MIC EXAM	88304	CPT	both			798		71.27 Qualcare	Qualcare		598.5	75			35.65	758.1	percent of total billed charges	
LEVEL 3-SURGPATH GROSS&MIC EXAM	88304	CPT	both			798		71.27 Three Rivers	Three Rivers		758.1	95			35.65	758.1	percent of total billed charges	
LEVEL 3-SURGPATH GROSS&MIC EXAM	88304	CPT	both			798		71.27 UHC	Medicaid		251.77	31.55			35.65	758.1	percent of total billed charges	
LEVEL 3-SURGPATH GROSS&MIC EXAM	88304	CPT	both			798		71.27 UHC	Medicare		61.97				35.65	758.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL 3-SURGPATH GROSS&MIC EXAM	88304	CPT	both			798		71.27 Wellcare	Medicaid		251.77	31.55			35.65	758.1	percent of total billed charges	
LEVEL 3-SURGPATH GROSS&MIC EXAM	88304	CPT	both			798		71.27 Wellcare	Medicare		61.97				35.65	758.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL 3-SURGPATH GROSS&MIC EXAM	88304	CPT	both			798		71.27 WellPoint	WellPoint		256.8	32.18			35.65	758.1	percent of total billed charges	
TISSUE EXAM BY PATHOLOGIST	88305	CPT	both			492		71.27 Aetna	Medicare		61.97				29.34	467.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TISSUE EXAM BY PATHOLOGIST	88305	CPT	both			492		71.27 Aetna	Commercial		98.66				29.34	467.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TISSUE EXAM BY PATHOLOGIST	88305	CPT	both			492		71.27 Aetna	Better Health		155.23	31.55			29.34	467.4	percent of total billed charges	
TISSUE EXAM BY PATHOLOGIST	88305	CPT	both			492		71.27 Americare	Americare		369	75			29.34	467.4	percent of total billed charges	
TISSUE EXAM BY PATHOLOGIST	88305	CPT	both			492		71.27 Amerihealth	HMO/PPO		319.8	65			29.34	467.4	percent of total billed charges	
TISSUE EXAM BY PATHOLOGIST	88305	CPT	both			492		71.27 Amerihealth	Medicare		61.97				29.34	467.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TISSUE EXAM BY PATHOLOGIST	88305	CPT	both			492		71.27 Consumer	Consumer		467.4	95			29.34	467.4	percent of total billed charges	
TISSUE EXAM BY PATHOLOGIST	88305	CPT	both			492		71.27 Corrections	Corrections		393.6	80			29.34	467.4	percent of total billed charges	
TISSUE EXAM BY PATHOLOGIST	88305	CPT	both			492		71.27 First Health	First Health		344.4	70			29.34	467.4	percent of total billed charges	
TISSUE EXAM BY PATHOLOGIST	88305	CPT	both			492		71.27 First Trenton	First Trenton		442.8	90			29.34	467.4	percent of total billed charges	
TISSUE EXAM BY PATHOLOGIST	88305	CPT	both			492		71.27 Horizon	NJ Health		78.4				29.34	467.4	fee schedule	
TISSUE EXAM BY PATHOLOGIST	88305	CPT	both			492		71.27 Horizon	PPO		115.33				29.34	467.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TISSUE EXAM BY PATHOLOGIST	88305	CPT	both			492		71.27 Horizon	MGD		115.33				29.34	467.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TISSUE EXAM BY PATHOLOGIST	88305	CPT	both			492		71.27 Horizon	Indemnity		115.33				29.34	467.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TISSUE EXAM BY PATHOLOGIST	88305	CPT	both			492		71.27 Horizon	Medicare Blue		61.97				29.34	467.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TISSUE EXAM BY PATHOLOGIST	88305	CPT	both			492		71.27 Managed Care Inc	Managed Care Inc		442.8	90			29.34	467.4	percent of total billed charges	
TISSUE EXAM BY PATHOLOGIST	88305	CPT	both			492		71.27 Multiplan	Multiplan		393.6	80			29.34	467.4	percent of total billed charges	
TISSUE EXAM BY PATHOLOGIST	88305	CPT	both			492		71.27 Qualcare	Qualcare		369	75			29.34	467.4	percent of total billed charges	
TISSUE EXAM BY PATHOLOGIST	88305	CPT	both			492		71.27 Three Rivers	Three Rivers		467.4	95			29.34	467.4	percent of total billed charges	
TISSUE EXAM BY PATHOLOGIST	88305	CPT	both			492		71.27 UHC	Medicaid		155.23	31.55			29.34	467.4	percent of total billed charges	
TISSUE EXAM BY PATHOLOGIST	88305	CPT	both			492		71.27 UHC	Medicare		61.97				29.34	467.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TISSUE EXAM BY PATHOLOGIST	88305	CPT	both			492		71.27 Wellcare	Medicaid		155.23	31.55			29.34	467.4	percent of total billed charges	
TISSUE EXAM BY PATHOLOGIST	88305	CPT	both			492		71.27 Wellcare	Medicare		61.97				29.34	467.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TISSUE EXAM BY PATHOLOGIST	88305	CPT	both			492		71.27 WellPoint	WellPoint		158.33	32.18			29.34	467.4	percent of total billed charges	
TISSUE EXAM BY PATHOLOGIST	88307	CPT	both			634		472.75 Aetna	Medicare		411.09				115.64	765.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TISSUE EXAM BY PATHOLOGIST	88307	CPT	both			634		472.75 Aetna	Better Health		200.03	31.55			115.64	765.04	percent of total billed charges	
TISSUE EXAM BY PATHOLOGIST	88307	CPT	both			634		472.75 Aetna	Commercial		654.46				115.64	765.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TISSUE EXAM BY PATHOLOGIST	88307	CPT	both			634		472.75 Americare	Americare		475.5	75			115.64	765.04	percent of total billed charges	
TISSUE EXAM BY PATHOLOGIST	88307	CPT	both			634		472.75 Amerihealth	Medicare		411.09				115.64	765.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TISSUE EXAM BY PATHOLOGIST	88307	CPT	both			634		472.75 Amerihealth	HMO/PPO		412.1	65			115.64	765.04	percent of total billed charges	
TISSUE EXAM BY PATHOLOGIST	88307	CPT	both			634		472.75 Consumer	Consumer		602.3	95			115.64	765.04	percent of total billed charges	
TISSUE EXAM BY PATHOLOGIST	88307	CPT	both			634		472.75 Corrections	Corrections		507.2	80			115.64	765.04	percent of total billed charges	
TISSUE EXAM BY PATHOLOGIST	88307	CPT	both			634		472.75 First Health	First Health		443.8	70			115.64	765.04	percent of total billed charges	
TISSUE EXAM BY PATHOLOGIST	88307	CPT	both			634		472.75 First Trenton	First Trenton		570.6	90			115.64	765.04	percent of total billed charges	
TISSUE EXAM BY PATHOLOGIST	88307	CPT	both			634		472.75 Horizon	MGD		765.04				115.64	765.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TISSUE EXAM BY PATHOLOGIST	88307	CPT	both			634		472.75 Horizon	NJ Health		115.64				115.64	765.04	fee schedule	
TISSUE EXAM BY PATHOLOGIST	88307	CPT	both			634		472.75 Horizon	Indemnity		765.04				115.64	765.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TISSUE EXAM BY PATHOLOGIST	88307	CPT	both			634		472.75 Horizon	Medicare Blue		411.09				115.64	765.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TISSUE EXAM BY PATHOLOGIST	88307	CPT	both			634		472.75 Horizon	PPO		765.04				115.64	765.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TISSUE EXAM BY PATHOLOGIST	88307	CPT	both			634		472.75 Managed Care Inc	Managed Care Inc		570.6	90			115.64	765.04	percent of total billed charges	
TISSUE EXAM BY PATHOLOGIST	88307	CPT	both			634		472.75 Multiplan	Multiplan		507.2	80			115.64	765.04	percent of total billed charges	
TISSUE EXAM BY PATHOLOGIST	88307	CPT	both			634		472.75 Qualcare	Qualcare		475.5	75			115.64	765.04	percent of total billed charges	
TISSUE EXAM BY PATHOLOGIST	88307	CPT	both			634		472.75 Three Rivers	Three Rivers		602.3	95			115.64	765.04	percent of total billed charges	
TISSUE EXAM BY PATHOLOGIST	88307	CPT	both			634		472.75 UHC	Medicare		411.09				115.64	765.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TISSUE EXAM BY PATHOLOGIST	88307	CPT	both			634		472.75 UHC	Medicaid		200.03	31.55			115.64	765.04	percent of total billed charges	
TISSUE EXAM BY PATHOLOGIST	88307	CPT	both			634		472.75 Wellcare	Medicaid		200.03	31.55			115.64	765.04	percent of total billed charges	
TISSUE EXAM BY PATHOLOGIST	88307	CPT	both			634		472.75 Wellcare	Medicare		411.09				115.64	765.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TISSUE EXAM BY PATHOLOGIST	88307	CPT	both			634		472.75 WellPoint	WellPoint		204.02	32.18			115.64	765.04	percent of total billed charges	
LEVEL 6-SURGPATH GROSS&MIC EXAM	88309	CPT	both			1402		1130.94 Aetna	Better Health		442.33	31.55			174.44	1830.16	percent of total billed charges	
LEVEL 6-SURGPATH GROSS&MIC EXAM	88309	CPT	both			1402		1130.94 Aetna	Medicare		431.82	30.8			174.44	1830.16	percent of total billed charges	
LEVEL 6-SURGPATH GROSS&MIC EXAM	88309	CPT	both			1402		1130.94 Aetna	Commercial		1565.62				174.44	1830.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL 6-SURGPATH GROSS&MIC EXAM	88309	CPT	both			1402		1130.94 Americare	Americare		1051.5	75			174.44	1830.16	percent of total billed charges	
LEVEL 6-SURGPATH GROSS&MIC EXAM	88309	CPT	both			1402		1130.94 Amerihealth	HMO/PPO		911.3	65			174.44	1830.16	percent of total billed charges	
LEVEL 6-SURGPATH GROSS&MIC EXAM	88309	CPT	both			1402		1130.94 Amerihealth	Medicare		983.43				174.44	1830.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL 6-SURGPATH GROSS&MIC EXAM	88309	CPT	both			1402		1130.94 Consumer	Consumer		1331.9	95			174.44	1830.16	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
LEVEL 6-SURGPATH GROSS&MIC EXAM	88309	CPT	both			1402		1130.94 Corrections	Corrections		1121.6	80			174.44	1830.16	percent of total billed charges	
LEVEL 6-SURGPATH GROSS&MIC EXAM	88309	CPT	both			1402		1130.94 First Health	First Health		981.4	70			174.44	1830.16	percent of total billed charges	
LEVEL 6-SURGPATH GROSS&MIC EXAM	88309	CPT	both			1402		1130.94 First Trenton	First Trenton		1261.8	90			174.44	1830.16	percent of total billed charges	
LEVEL 6-SURGPATH GROSS&MIC EXAM	88309	CPT	both			1402		1130.94 Horizon	MGD		1830.16				174.44	1830.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL 6-SURGPATH GROSS&MIC EXAM	88309	CPT	both			1402		1130.94 Horizon	Indemnity		1830.16				174.44	1830.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL 6-SURGPATH GROSS&MIC EXAM	88309	CPT	both			1402		1130.94 Horizon	NJ Health		174.44				174.44	1830.16	fee schedule	
LEVEL 6-SURGPATH GROSS&MIC EXAM	88309	CPT	both			1402		1130.94 Horizon	PPO		1830.16				174.44	1830.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL 6-SURGPATH GROSS&MIC EXAM	88309	CPT	both			1402		1130.94 Horizon	Medicare Blue		983.43				174.44	1830.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL 6-SURGPATH GROSS&MIC EXAM	88309	CPT	both			1402		1130.94 Managed Care Inc	Managed Care Inc		1261.8	90			174.44	1830.16	percent of total billed charges	
LEVEL 6-SURGPATH GROSS&MIC EXAM	88309	CPT	both			1402		1130.94 Multiplan	Multiplan		1121.6	80			174.44	1830.16	percent of total billed charges	
LEVEL 6-SURGPATH GROSS&MIC EXAM	88309	CPT	both			1402		1130.94 Qualcare	Qualcare		1051.5	75			174.44	1830.16	percent of total billed charges	
LEVEL 6-SURGPATH GROSS&MIC EXAM	88309	CPT	both			1402		1130.94 Three Rivers	Three Rivers		1331.9	95			174.44	1830.16	percent of total billed charges	
LEVEL 6-SURGPATH GROSS&MIC EXAM	88309	CPT	both			1402		1130.94 UHC	Medicaid		442.33	31.55			174.44	1830.16	percent of total billed charges	
LEVEL 6-SURGPATH GROSS&MIC EXAM	88309	CPT	both			1402		1130.94 UHC	Medicare		983.43				174.44	1830.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL 6-SURGPATH GROSS&MIC EXAM	88309	CPT	both			1402		1130.94 Wellcare	Medicare		983.43				174.44	1830.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL 6-SURGPATH GROSS&MIC EXAM	88309	CPT	both			1402		1130.94 Wellcare	Medicaid		442.33	31.55			174.44	1830.16	percent of total billed charges	
LEVEL 6-SURGPATH GROSS&MIC EXAM	88309	CPT	both			1402		1130.94 WellPoint	WellPoint		451.16	32.18			174.44	1830.16	percent of total billed charges	
DECALCIFICATION PROCEDURE	88311	CPT	both			48		Aetna	Better Health		15.14	31.55			11.76	45.6	percent of total billed charges	
DECALCIFICATION PROCEDURE	88311	CPT	both			48		Aetna	Medicare		14.78	30.8			11.76	45.6	percent of total billed charges	
DECALCIFICATION PROCEDURE	88311	CPT	both			48		Aetna	Commercial		18.24	38			11.76	45.6	percent of total billed charges	
DECALCIFICATION PROCEDURE	88311	CPT	both			48		Americare	Americare		36	75			11.76	45.6	percent of total billed charges	
DECALCIFICATION PROCEDURE	88311	CPT	both			48		Amerihealth	HMO/PPO		31.2	65			11.76	45.6	percent of total billed charges	
DECALCIFICATION PROCEDURE	88311	CPT	both			48		Consumer	Consumer		45.6	95			11.76	45.6	percent of total billed charges	
DECALCIFICATION PROCEDURE	88311	CPT	both			48		Corrections	Corrections		38.4	80			11.76	45.6	percent of total billed charges	
DECALCIFICATION PROCEDURE	88311	CPT	both			48		First Health	First Health		33.6	70			11.76	45.6	percent of total billed charges	
DECALCIFICATION PROCEDURE	88311	CPT	both			48		First Trenton	First Trenton		43.2	90			11.76	45.6	percent of total billed charges	
DECALCIFICATION PROCEDURE	88311	CPT	both			48		Horizon	Medicare Blue		14.4	30			11.76	45.6	percent of total billed charges	
DECALCIFICATION PROCEDURE	88311	CPT	both			48		Horizon	Indemnity		18.37	38.28			11.76	45.6	percent of total billed charges	
DECALCIFICATION PROCEDURE	88311	CPT	both			48		Horizon	MGD		18.37	38.28			11.76	45.6	percent of total billed charges	
DECALCIFICATION PROCEDURE	88311	CPT	both			48		Horizon	NJ Health		11.76				11.76	45.6	fee schedule	
DECALCIFICATION PROCEDURE	88311	CPT	both			48		Horizon	PPO		18.37	38.28			11.76	45.6	percent of total billed charges	
DECALCIFICATION PROCEDURE	88311	CPT	both			48		Managed Care Inc	Managed Care Inc		43.2	90			11.76	45.6	percent of total billed charges	
DECALCIFICATION PROCEDURE	88311	CPT	both			48		Multiplan	Multiplan		38.4	80			11.76	45.6	percent of total billed charges	
DECALCIFICATION PROCEDURE	88311	CPT	both			48		Qualcare	Qualcare		36	75			11.76	45.6	percent of total billed charges	
DECALCIFICATION PROCEDURE	88311	CPT	both			48		Three Rivers	Three Rivers		45.6	95			11.76	45.6	percent of total billed charges	
DECALCIFICATION PROCEDURE	88311	CPT	both			48		UHC	Medicaid		15.14	31.55			11.76	45.6	percent of total billed charges	
DECALCIFICATION PROCEDURE	88311	CPT	both			48		Wellcare	Medicaid		15.14	31.55			11.76	45.6	percent of total billed charges	
DECALCIFICATION PROCEDURE	88311	CPT	both			48		WellPoint	WellPoint		15.45	32.18			11.76	45.6	percent of total billed charges	
SPECIAL STAINS, GROUP I	88312	CPT	both			486		71.27 Aetna	Medicare		61.97				25.48	461.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPECIAL STAINS, GROUP I	88312	CPT	both			486		71.27 Aetna	Better Health		153.33	31.55			25.48	461.7	percent of total billed charges	
SPECIAL STAINS, GROUP I	88312	CPT	both			486		71.27 Aetna	Commercial		98.66				25.48	461.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPECIAL STAINS, GROUP I	88312	CPT	both			486		71.27 Americare	Americare		364.5	75			25.48	461.7	percent of total billed charges	
SPECIAL STAINS, GROUP I	88312	CPT	both			486		71.27 Amerihealth	HMO/PPO		315.9	65			25.48	461.7	percent of total billed charges	
SPECIAL STAINS, GROUP I	88312	CPT	both			486		71.27 Amerihealth	Medicare		61.97				25.48	461.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPECIAL STAINS, GROUP I	88312	CPT	both			486		71.27 Consumer	Consumer		461.7	95			25.48	461.7	percent of total billed charges	
SPECIAL STAINS, GROUP I	88312	CPT	both			486		71.27 Corrections	Corrections		388.8	80			25.48	461.7	percent of total billed charges	
SPECIAL STAINS, GROUP I	88312	CPT	both			486		71.27 First Health	First Health		340.2	70			25.48	461.7	percent of total billed charges	
SPECIAL STAINS, GROUP I	88312	CPT	both			486		71.27 First Trenton	First Trenton		437.4	90			25.48	461.7	percent of total billed charges	
SPECIAL STAINS, GROUP I	88312	CPT	both			486		71.27 Horizon	Medicare Blue		61.97				25.48	461.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPECIAL STAINS, GROUP I	88312	CPT	both			486		71.27 Horizon	PPO		115.33				25.48	461.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPECIAL STAINS, GROUP I	88312	CPT	both			486		71.27 Horizon	NJ Health		25.48				25.48	461.7	fee schedule	
SPECIAL STAINS, GROUP I	88312	CPT	both			486		71.27 Horizon	Indemnity		115.33				25.48	461.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPECIAL STAINS, GROUP I	88312	CPT	both			486		71.27 Horizon	MGD		115.33				25.48	461.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPECIAL STAINS, GROUP I	88312	CPT	both			486		71.27 Managed Care Inc	Managed Care Inc		437.4	90			25.48	461.7	percent of total billed charges	
SPECIAL STAINS, GROUP I	88312	CPT	both			486		71.27 Multiplan	Multiplan		388.8	80			25.48	461.7	percent of total billed charges	
SPECIAL STAINS, GROUP I	88312	CPT	both			486		71.27 Qualcare	Qualcare		364.5	75			25.48	461.7	percent of total billed charges	
SPECIAL STAINS, GROUP I	88312	CPT	both			486		71.27 Three Rivers	Three Rivers		461.7	95			25.48	461.7	percent of total billed charges	
SPECIAL STAINS, GROUP I	88312	CPT	both			486		71.27 UHC	Medicaid		153.33	31.55			25.48	461.7	percent of total billed charges	
SPECIAL STAINS, GROUP I	88312	CPT	both			486		71.27 UHC	Medicare		61.97				25.48	461.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPECIAL STAINS, GROUP I	88312	CPT	both			486		71.27 Wellcare	Medicare		61.97				25.48	461.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPECIAL STAINS, GROUP I	88312	CPT	both			486		71.27 Wellcare	Medicaid		153.33	31.55			25.48	461.7	percent of total billed charges	
SPECIAL STAINS, GROUP I	88312	CPT	both			486		71.27 WellPoint	WellPoint		156.39	32.18			25.48	461.7	percent of total billed charges	
TRICHROME STAIN	88313	CPT	both			459		80.45 Aetna	Better Health		144.81	31.55			19.6	436.05	percent of total billed charges	
TRICHROME STAIN	88313	CPT	both			459		80.45 Aetna	Commercial		111.38				19.6	436.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRICHROME STAIN	88313	CPT	both			459		80.45 Aetna	Medicare		69.96				19.6	436.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRICHROME STAIN	88313	CPT	both			459		80.45 Americare	Americare		344.25	75			19.6	436.05	percent of total billed charges	
TRICHROME STAIN	88313	CPT	both			459		80.45 Amerihealth	HMO/PPO		298.35	65			19.6	436.05	percent of total billed charges	
TRICHROME STAIN	88313	CPT	both			459		80.45 Amerihealth	Medicare		69.96				19.6	436.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRICHROME STAIN	88313	CPT	both			459		80.45 Consumer	Consumer		436.05	95			19.6	436.05	percent of total billed charges	
TRICHROME STAIN	88313	CPT	both			459		80.45 Corrections	Corrections		367.2	80			19.6	436.05	percent of total billed charges	
TRICHROME STAIN	88313	CPT	both			459		80.45 First Health	First Health		321.3	70			19.6	436.05	percent of total billed charges	
TRICHROME STAIN	88313	CPT	both			459		80.45 First Trenton	First Trenton		413.1	90			19.6	436.05	percent of total billed charges	
TRICHROME STAIN	88313	CPT	both			459		80.45 Horizon	Indemnity		130.2				19.6	436.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRICHROME STAIN	88313	CPT	both			459		80.45 Horizon	Medicare Blue		69.96				19.6	436.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRICHROME STAIN	88313	CPT	both			459		80.45 Horizon	MGD		130.2				19.6	436.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRICHROME STAIN	88313	CPT	both			459		80.45 Horizon	NJ Health		19.6				19.6	436.05	fee schedule	
TRICHROME STAIN	88313	CPT	both			459		80.45 Horizon	PPO		130.2				19.6	436.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRICHROME STAIN	88313	CPT	both			459		80.45 Managed Care Inc	Managed Care Inc		413.1	90			19.6	436.05	percent of total billed charges	
TRICHROME STAIN	88313	CPT	both			459		80.45 Multiplan	Multiplan		367.2	80			19.6	436.05	percent of total billed charges	
TRICHROME STAIN	88313	CPT	both			459		80.45 Qualcare	Qualcare		344.25	75			19.6	436.05	percent of total billed charges	
TRICHROME STAIN	88313	CPT	both			459		80.45 Three Rivers	Three Rivers		436.05	95			19.6	436.05	percent of total billed charges	
TRICHROME STAIN	88313	CPT	both			459		80.45 UHC	Medicaid		144.81	31.55			19.6	436.05	percent of total billed charges	
TRICHROME STAIN	88313	CPT	both			459		80.45 UHC	Medicare		69.96				19.6	436.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRICHROME STAIN	88313	CPT	both			459		80.45 Wellcare	Medicaid		144.81	31.55			19.6	436.05	percent of total billed charges	
TRICHROME STAIN	88313	CPT	both			459		80.45 Wellcare	Medicare		69.96				19.6	436.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRICHROME STAIN	88313	CPT	both			459		80.45 WellPoint	WellPoint		147.71	32.18			19.6	436.05	percent of total billed charges	
HISTOCHEMICAL STAIN-MSO	88314	CPT	both			235		Aetna	Medicare		72.38	30.8			23.52	223.25	percent of total billed charges	
HISTOCHEMICAL STAIN-MSO	88314	CPT	both			235		Aetna	Better Health		74.14	31.55			23.52	223.25	percent of total billed charges	
HISTOCHEMICAL STAIN-MSO	88314	CPT	both			235		Aetna	Commercial		89.3	38			23.52	223.25	percent of total billed charges	
HISTOCHEMICAL STAIN-MSO	88314	CPT	both			235		Americare	Americare		176.25	75			23.52	223.25	percent of total billed charges	
HISTOCHEMICAL STAIN-MSO	88314	CPT	both			235		Amerihealth	HMO/PPO		152.75	65			23.52	223.25	percent of total billed charges	
HISTOCHEMICAL STAIN-MSO	88314	CPT	both			235		Consumer	Consumer		223.25	95			23.52	223.25	percent of total billed charges	
HISTOCHEMICAL STAIN-MSO	88314	CPT	both			235		Corrections	Corrections		188	80			23.52	223.25	percent of total billed charges	
HISTOCHEMICAL STAIN-MSO	88314	CPT	both			235		First Health	First Health		164.5	70			23.52	223.25	percent of total billed charges	
HISTOCHEMICAL STAIN-MSO	88314	CPT	both			235		First Trenton	First Trenton		211.5	90			23.52	223.25	percent of total billed charges	
HISTOCHEMICAL STAIN-MSO	88314	CPT	both			235		Horizon	NJ Health		23.52				23.52	223.25	fee schedule	
HISTOCHEMICAL STAIN-MSO	88314	CPT	both			235		Horizon	MGD		89.96	38.28			23.52	223.25	percent of total billed charges	
HISTOCHEMICAL STAIN-MSO	88314	CPT	both			235		Horizon	Medicare Blue		70.5	30			23.52	223.25	percent of total billed charges	
HISTOCHEMICAL STAIN-MSO	88314	CPT	both			235		Horizon	Indemnity		89.96	38.28			23.52	223.25	percent of total billed charges	
HISTOCHEMICAL STAIN-MSO	88314	CPT	both			235		Horizon	PPO		89.96	38.28			23.52	223.25	percent of total billed charges	
HISTOCHEMICAL STAIN-MSO	88314	CPT	both			235		Managed Care Inc	Managed Care Inc		211.5	90			23.52	223.25	percent of total billed charges	
HISTOCHEMICAL STAIN-MSO	88314	CPT	both			235		Multiplan	Multiplan		188	80			23.52	223.25	percent of total billed charges	
HISTOCHEMICAL STAIN-MSO	88314	CPT	both			235		Qualcare	Qualcare		176.25	75			23.52	223.25	percent of total billed charges	
HISTOCHEMICAL STAIN-MSO	88314	CPT	both			235		Three Rivers	Three Rivers		223.25	95			23.52	223.25	percent of total billed charges	
HISTOCHEMICAL STAIN-MSO	88314	CPT	both			235		UHC	Medicaid		74.14	31.55			23.52	223.25	percent of total billed charges	
HISTOCHEMICAL STAIN-MSO	88314	CPT	both			235		Wellcare	Medicaid		74.14	31.55			23.52	223.25	percent of total billed charges	
HISTOCHEMICAL STAIN-MSO	88314	CPT	both			235		WellPoint	WellPoint		75.62	32.18			23.52	223.25	percent of total billed charges	
TAY SACHS - SKIN FIB	88319	CPT	both			1402		1130.94 Aetna	Commercial		1565.62				19.21	1830.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TAY SACHS - SKIN FIB	88319	CPT	both			1402		1130.94 Aetna	Better Health		442.33	31.55			19.21	1830.16	percent of total billed charges	
TAY SACHS - SKIN FIB	88319	CPT	both			1402		1130.94 Aetna	Medicare		983.43				19.21	1830.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TAY SACHS - SKIN FIB	88319	CPT	both			1402		1130.94 Americare	Americare		1051.5	75			19.21	1830.16	percent of total billed charges	
TAY SACHS - SKIN FIB	88319	CPT	both			1402		1130.94 Amerihealth	HMO/PPO		911.3	65			19.21	1830.16	percent of total billed charges	
TAY SACHS - SKIN FIB	88319	CPT	both			1402		1130.94 Amerihealth	Medicare		983.43				19.21	1830.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TAY SACHS - SKIN FIB	88319	CPT	both			1402		1130.94 Consumer	Consumer		1331.9	95			19.21	1830.16	percent of total billed charges	
TAY SACHS - SKIN FIB	88319	CPT	both			1402		1130.94 Corrections	Corrections		1121.6	80			19.21	1830.16	percent of total billed charges	
TAY SACHS - SKIN FIB	88319	CPT	both			1402		1130.94 First Health	First Health		981.4	70			19.21	1830.16	percent of total billed charges	
TAY SACHS - SKIN FIB	88319	CPT	both			1402		1130.94 First Trenton	First Trenton		1261.8	90			19.21	1830.16	percent of total billed charges	
TAY SACHS - SKIN FIB	88319	CPT	both			1402		1130.94 Horizon	MGD		1830.16				19.21	1830.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TAY SACHS - SKIN FIB	88319	CPT	both			1402		1130.94 Horizon	Medicare Blue		983.43				19.21	1830.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TAY SACHS - SKIN FIB	88319	CPT	both			1402		1130.94 Horizon	NJ Health		19.21				19.21	1830.16	fee schedule	
TAY SACHS - SKIN FIB	88319	CPT	both			1402		1130.94 Horizon	Indemnity		1830.16				19.21	1830.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TAY SACHS - SKIN FIB	88319	CPT	both			1402		1130.94 Horizon	PPO		1830.16				19.21	1830.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TAY SACHS - SKIN FIB	88319	CPT	both			1402		1130.94 Managed Care Inc	Managed Care Inc		1261.8	90			19.21	1830.16	percent of total billed charges	
TAY SACHS - SKIN FIB	88319	CPT	both			1402		1130.94 Multiplan	Multiplan		1121.6	80			19.21	1830.16	percent of total billed charges	
TAY SACHS - SKIN FIB	88319	CPT	both			1402		1130.94 Qualcare	Qualcare		1051.5	75			19.21	1830.16	percent of total billed charges	
TAY SACHS - SKIN FIB	88319	CPT	both			1402		1130.94 Three Rivers	Three Rivers		1331.9	95			19.21	1830.16	percent of total billed charges	
TAY SACHS - SKIN FIB	88319	CPT	both			1402		1130.94 UHC	Medicaid		442.33	31.55			19.21	1830.16	percent of total billed charges	
TAY SACHS - SKIN FIB	88319	CPT	both			1402		1130.94 UHC	Medicare		983.43				19.21	1830.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TAY SACHS - SKIN FIB	88319	CPT	both			1402		1130.94 Wellcare	Medicaid		442.33	31.55			19.21	1830.16	percent of total billed charges	
TAY SACHS - SKIN FIB	88319	CPT	both			1402		1130.94 Wellcare	Medicare		983.43				19.21	1830.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TAY SACHS - SKIN FIB	88319	CPT	both			1402		1130.94 WellPoint	WellPoint		451.16	32.18			19.21	1830.16	percent of total billed charges	
CONSULT ON REF SLIDE	88321	CPT	outpatient			557		52.74 Aetna	Better Health		175.73	31.55			45.86	529.15	percent of total billed charges	
CONSULT ON REF SLIDE	88321	CPT	outpatient			557		52.74 Aetna	Medicare		171.56	30.8			45.86	529.15	percent of total billed charges	
CONSULT ON REF SLIDE	88321	CPT	outpatient			557		52.74 Aetna	Commercial		73.01				45.86	529.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONSULT ON REF SLIDE	88321	CPT	outpatient			557		52.74 Americare	Americare		417.75	75			45.86	529.15	percent of total billed charges	
CONSULT ON REF SLIDE	88321	CPT	outpatient			557		52.74 Amerihealth	Medicare		45.86				45.86	529.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONSULT ON REF SLIDE	88321	CPT	outpatient			557		52.74 Amerihealth	HMO/PPO		362.05	65			45.86	529.15	percent of total billed charges	
CONSULT ON REF SLIDE	88321	CPT	outpatient			557		52.74 Consumer	Consumer		529.15	95			45.86	529.15	percent of total billed charges	
CONSULT ON REF SLIDE	88321	CPT	outpatient			557		52.74 Corrections	Corrections		445.6	80			45.86	529.15	percent of total billed charges	
CONSULT ON REF SLIDE	88321	CPT	outpatient			557		52.74 First Health	First Health		389.9	70			45.86	529.15	percent of total billed charges	
CONSULT ON REF SLIDE	88321	CPT	outpatient			557		52.74 First Trenton	First Trenton		501.3	90			45.86	529.15	percent of total billed charges	
CONSULT ON REF SLIDE	88321	CPT	outpatient			557		52.74 Horizon	Indemnity		85.35				45.86	529.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONSULT ON REF SLIDE	88321	CPT	outpatient			557		52.74 Horizon	NJ Health		54.88				45.86	529.15	fee schedule	
CONSULT ON REF SLIDE	88321	CPT	outpatient			557		52.74 Horizon	PPO		85.35				45.86	529.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONSULT ON REF SLIDE	88321	CPT	outpatient			557		52.74 Horizon	Medicare Blue		45.86				45.86	529.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONSULT ON REF SLIDE	88321	CPT	outpatient			557		52.74 Horizon	MGD		85.35				45.86	529.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONSULT ON REF SLIDE	88321	CPT	outpatient			557		52.74 Managed Care Inc	Managed Care Inc		501.3	90			45.86	529.15	percent of total billed charges	
CONSULT ON REF SLIDE	88321	CPT	outpatient			557		52.74 Multiplan	Multiplan		445.6	80			45.86	529.15	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CONSULT ON REF SLIDE	88321	CPT	outpatient			557	52.74	Qualcare	Qualcare		417.75	75			45.86	529.15	percent of total billed charges	
CONSULT ON REF SLIDE	88321	CPT	outpatient			557	52.74	Three Rivers	Three Rivers		529.15	95			45.86	529.15	percent of total billed charges	
CONSULT ON REF SLIDE	88321	CPT	outpatient			557	52.74	UHC	Medicare		45.86				45.86	529.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONSULT ON REF SLIDE	88321	CPT	outpatient			557	52.74	UHC	Medicaid		175.73	31.55			45.86	529.15	percent of total billed charges	
CONSULT ON REF SLIDE	88321	CPT	outpatient			557	52.74	Wellcare	Medicare		45.86				45.86	529.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONSULT ON REF SLIDE	88321	CPT	outpatient			557	52.74	Wellcare	Medicaid		175.73	31.55			45.86	529.15	percent of total billed charges	
CONSULT ON REF SLIDE	88321	CPT	outpatient			557	52.74	WellPoint	WellPoint		179.24	32.18			45.86	529.15	percent of total billed charges	
MICROSLIDE CONSULTATION	88323	CPT	outpatient			1264	71.27	Aetna	Commercial		98.66				34.8	1200.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MICROSLIDE CONSULTATION	88323	CPT	outpatient			1264	71.27	Aetna	Medicare		389.31	30.8			34.8	1200.8	percent of total billed charges	
MICROSLIDE CONSULTATION	88323	CPT	outpatient			1264	71.27	Aetna	Better Health		398.79	31.55			34.8	1200.8	percent of total billed charges	
MICROSLIDE CONSULTATION	88323	CPT	outpatient			1264	71.27	Americare	Americare		948	75			34.8	1200.8	percent of total billed charges	
MICROSLIDE CONSULTATION	88323	CPT	outpatient			1264	71.27	Amerihealth	HMO/PPO		821.6	65			34.8	1200.8	percent of total billed charges	
MICROSLIDE CONSULTATION	88323	CPT	outpatient			1264	71.27	Amerihealth	Medicare		61.97				34.8	1200.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MICROSLIDE CONSULTATION	88323	CPT	outpatient			1264	71.27	Consumer	Consumer		1200.8	95			34.8	1200.8	percent of total billed charges	
MICROSLIDE CONSULTATION	88323	CPT	outpatient			1264	71.27	Corrections	Corrections		1011.2	80			34.8	1200.8	percent of total billed charges	
MICROSLIDE CONSULTATION	88323	CPT	outpatient			1264	71.27	First Health	First Health		884.8	70			34.8	1200.8	percent of total billed charges	
MICROSLIDE CONSULTATION	88323	CPT	outpatient			1264	71.27	First Trenton	First Trenton		1137.6	90			34.8	1200.8	percent of total billed charges	
MICROSLIDE CONSULTATION	88323	CPT	outpatient			1264	71.27	Horizon	MGD		115.33				34.8	1200.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MICROSLIDE CONSULTATION	88323	CPT	outpatient			1264	71.27	Horizon	Indemnity		115.33				34.8	1200.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MICROSLIDE CONSULTATION	88323	CPT	outpatient			1264	71.27	Horizon	PPO		115.33				34.8	1200.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MICROSLIDE CONSULTATION	88323	CPT	outpatient			1264	71.27	Horizon	NJ Health		64.68				34.8	1200.8	fee schedule	
MICROSLIDE CONSULTATION	88323	CPT	outpatient			1264	71.27	Horizon	Medicare Blue		61.97				34.8	1200.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MICROSLIDE CONSULTATION	88323	CPT	outpatient			1264	71.27	Managed Care Inc	Managed Care Inc		1137.6	90			34.8	1200.8	percent of total billed charges	
MICROSLIDE CONSULTATION	88323	CPT	outpatient			1264	71.27	Multiplan	Multiplan		1011.2	80			34.8	1200.8	percent of total billed charges	
MICROSLIDE CONSULTATION	88323	CPT	outpatient			1264	71.27	Qualcare	Qualcare		948	75			34.8	1200.8	percent of total billed charges	
MICROSLIDE CONSULTATION	88323	CPT	outpatient			1264	71.27	Three Rivers	Three Rivers		1200.8	95			34.8	1200.8	percent of total billed charges	
MICROSLIDE CONSULTATION	88323	CPT	outpatient			1264	71.27	UHC	Medicare		61.97				34.8	1200.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MICROSLIDE CONSULTATION	88323	CPT	outpatient			1264	71.27	UHC	Medicaid		398.79	31.55			34.8	1200.8	percent of total billed charges	
MICROSLIDE CONSULTATION	88323	CPT	outpatient			1264	71.27	Wellcare	Medicare		61.97				34.8	1200.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MICROSLIDE CONSULTATION	88323	CPT	outpatient			1264	71.27	Wellcare	Medicaid		398.79	31.55			34.8	1200.8	percent of total billed charges	
MICROSLIDE CONSULTATION	88323	CPT	outpatient			1264	71.27	WellPoint	WellPoint		406.76	32.18			34.8	1200.8	percent of total billed charges	
COMPREHENSIVE REVIEW OF DATA	88325	CPT	outpatient			176	224.64	Aetna	Better Health		55.53	31.55			54.21	363.53	percent of total billed charges	
COMPREHENSIVE REVIEW OF DATA	88325	CPT	outpatient			176	224.64	Aetna	Medicare		54.21	30.8			54.21	363.53	percent of total billed charges	
COMPREHENSIVE REVIEW OF DATA	88325	CPT	outpatient			176	224.64	Aetna	Commercial		310.98				54.21	363.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPREHENSIVE REVIEW OF DATA	88325	CPT	outpatient			176	224.64	Americare	Americare		132	75			54.21	363.53	percent of total billed charges	
COMPREHENSIVE REVIEW OF DATA	88325	CPT	outpatient			176	224.64	Amerihealth	Medicare		195.34				54.21	363.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPREHENSIVE REVIEW OF DATA	88325	CPT	outpatient			176	224.64	Amerihealth	HMO/PPO		114.4	65			54.21	363.53	percent of total billed charges	
COMPREHENSIVE REVIEW OF DATA	88325	CPT	outpatient			176	224.64	Consumer	Consumer		167.2	95			54.21	363.53	percent of total billed charges	
COMPREHENSIVE REVIEW OF DATA	88325	CPT	outpatient			176	224.64	Corrections	Corrections		140.8	80			54.21	363.53	percent of total billed charges	
COMPREHENSIVE REVIEW OF DATA	88325	CPT	outpatient			176	224.64	First Health	First Health		123.2	70			54.21	363.53	percent of total billed charges	
COMPREHENSIVE REVIEW OF DATA	88325	CPT	outpatient			176	224.64	First Trenton	First Trenton		158.4	90			54.21	363.53	percent of total billed charges	
COMPREHENSIVE REVIEW OF DATA	88325	CPT	outpatient			176	224.64	Horizon	Indemnity		363.53				54.21	363.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPREHENSIVE REVIEW OF DATA	88325	CPT	outpatient			176	224.64	Horizon	Medicare Blue		195.34				54.21	363.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPREHENSIVE REVIEW OF DATA	88325	CPT	outpatient			176	224.64	Horizon	PPO		363.53				54.21	363.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPREHENSIVE REVIEW OF DATA	88325	CPT	outpatient			176	224.64	Horizon	MGD		363.53				54.21	363.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPREHENSIVE REVIEW OF DATA	88325	CPT	outpatient			176	224.64	Horizon	NJ Health		94.86				54.21	363.53	fee schedule	
COMPREHENSIVE REVIEW OF DATA	88325	CPT	outpatient			176	224.64	Managed Care Inc	Managed Care Inc		158.4	90			54.21	363.53	percent of total billed charges	
COMPREHENSIVE REVIEW OF DATA	88325	CPT	outpatient			176	224.64	Multiplan	Multiplan		140.8	80			54.21	363.53	percent of total billed charges	
COMPREHENSIVE REVIEW OF DATA	88325	CPT	outpatient			176	224.64	Qualcare	Qualcare		132	75			54.21	363.53	percent of total billed charges	
COMPREHENSIVE REVIEW OF DATA	88325	CPT	outpatient			176	224.64	Three Rivers	Three Rivers		167.2	95			54.21	363.53	percent of total billed charges	
COMPREHENSIVE REVIEW OF DATA	88325	CPT	outpatient			176	224.64	UHC	Medicare		195.34				54.21	363.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPREHENSIVE REVIEW OF DATA	88325	CPT	outpatient			176	224.64	UHC	Medicaid		55.53	31.55			54.21	363.53	percent of total billed charges	
COMPREHENSIVE REVIEW OF DATA	88325	CPT	outpatient			176	224.64	Wellcare	Medicare		195.34				54.21	363.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPREHENSIVE REVIEW OF DATA	88325	CPT	outpatient			176	224.64	Wellcare	Medicaid		55.53	31.55			54.21	363.53	percent of total billed charges	
COMPREHENSIVE REVIEW OF DATA	88325	CPT	outpatient			176	224.64	WellPoint	WellPoint		56.64	32.18			54.21	363.53	percent of total billed charges	
PATHOLOGY CONSULT DURING SURGERY	88329	CPT	both				80.45	Aetna	Medicare		69.96				64.68	130.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PATHOLOGY CONSULT DURING SURGERY	88329	CPT	both				80.45	Aetna	Commercial		111.38				64.68	130.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PATHOLOGY CONSULT DURING SURGERY	88329	CPT	both				80.45	Amerihealth	Medicare		69.96				64.68	130.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PATHOLOGY CONSULT DURING SURGERY	88329	CPT	both				80.45	Horizon	MGD		130.2				64.68	130.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PATHOLOGY CONSULT DURING SURGERY	88329	CPT	both				80.45	Horizon	Medicare Blue		69.96				64.68	130.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PATHOLOGY CONSULT DURING SURGERY	88329	CPT	both				80.45	Horizon	PPO		130.2				64.68	130.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PATHOLOGY CONSULT DURING SURGERY	88329	CPT	both				80.45	Horizon	NJ Health		64.68				64.68	130.2	fee schedule	
PATHOLOGY CONSULT DURING SURGERY	88329	CPT	both				80.45	Horizon	Indemnity		130.2				64.68	130.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PATHOLOGY CONSULT DURING SURGERY	88329	CPT	both				80.45	UHC	Medicare		69.96				64.68	130.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PATHOLOGY CONSULT DURING SURGERY	88329	CPT	both				80.45	Wellcare	Medicare		69.96				64.68	130.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PATH CONSULT INTRAOP, 1 BLOC	88331	CPT	both			322	224.64	Aetna	Better Health		101.59	31.55			94.08	363.53	percent of total billed charges	
PATH CONSULT INTRAOP, 1 BLOC	88331	CPT	both			322	224.64	Aetna	Medicare		195.34				94.08	363.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PATH CONSULT INTRAOP, 1 BLOC	88331	CPT	both			322	224.64	Aetna	Commercial		310.98				94.08	363.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PATH CONSULT INTRAOP, 1 BLOC	88331	CPT	both			322	224.64	Americare	Americare		241.5	75			94.08	363.53	percent of total billed charges	
PATH CONSULT INTRAOP, 1 BLOC	88331	CPT	both			322	224.64	Amerihealth	HMO/PPO		209.3	65			94.08	363.53	percent of total billed charges	
PATH CONSULT INTRAOP, 1 BLOC	88331	CPT	both			322	224.64	Amerihealth	Medicare		195.34				94.08	363.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PATH CONSULT INTRAOP, 1 BLOC	88331	CPT	both			322	224.64	Consumer	Consumer		305.9	95			94.08	363.53	percent of total billed charges	
PATH CONSULT INTRAOP, 1 BLOC	88331	CPT	both			322	224.64	Corrections	Corrections		257.6	80			94.08	363.53	percent of total billed charges	
PATH CONSULT INTRAOP, 1 BLOC	88331	CPT	both			322	224.64	First Health	First Health		225.4	70			94.08	363.53	percent of total billed charges	
PATH CONSULT INTRAOP, 1 BLOC	88331	CPT	both			322	224.64	First Trenton	First Trenton		289.8	90			94.08	363.53	percent of total billed charges	
PATH CONSULT INTRAOP, 1 BLOC	88331	CPT	both			322	224.64	Horizon	Medicare Blue		195.34				94.08	363.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PATH CONSULT INTRAOP, 1 BLOC	88331	CPT	both			322	224.64	Horizon	MGD		363.53				94.08	363.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PATH CONSULT INTRAOP, 1 BLOC	88331	CPT	both			322	224.64	Horizon	Indemnity		363.53				94.08	363.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PATH CONSULT INTRAOP, 1 BLOC	88331	CPT	both			322	224.64	Horizon	NJ Health		94.08				94.08	363.53	fee schedule	
PATH CONSULT INTRAOP, 1 BLOC	88331	CPT	both			322	224.64	Horizon	PPO		363.53				94.08	363.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PATH CONSULT INTRAOP, 1 BLOC	88331	CPT	both			322	224.64	Managed Care Inc	Managed Care Inc		289.8	90			94.08	363.53	percent of total billed charges	
PATH CONSULT INTRAOP, 1 BLOC	88331	CPT	both			322	224.64	Multiplan	Multiplan		257.6	80			94.08	363.53	percent of total billed charges	
PATH CONSULT INTRAOP, 1 BLOC	88331	CPT	both			322	224.64	Qualcare	Qualcare		241.5	75			94.08	363.53	percent of total billed charges	
PATH CONSULT INTRAOP, 1 BLOC	88331	CPT	both			322	224.64	Three Rivers	Three Rivers		305.9	95			94.08	363.53	percent of total billed charges	
PATH CONSULT INTRAOP, 1 BLOC	88331	CPT	both			322	224.64	UHC	Medicaid		101.59	31.55			94.08	363.53	percent of total billed charges	
PATH CONSULT INTRAOP, 1 BLOC	88331	CPT	both			322	224.64	UHC	Medicare		195.34				94.08	363.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PATH CONSULT INTRAOP, 1 BLOC	88331	CPT	both			322	224.64	Wellcare	Medicare		195.34				94.08	363.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PATH CONSULT INTRAOP, 1 BLOC	88331	CPT	both			322	224.64	Wellcare	Medicaid		101.59	31.55			94.08	363.53	percent of total billed charges	
PATH CONSULT INTRAOP, 1 BLOC	88331	CPT	both			322	224.64	WellPoint	WellPoint		103.62	32.18			94.08	363.53	percent of total billed charges	
PATH CONSULT INTRAOP,ADDL	88332	CPT	both			162		Aetna	Better Health		51.11	31.55			29.4	153.9	percent of total billed charges	
PATH CONSULT INTRAOP,ADDL	88332	CPT	both			162		Aetna	Medicare		49.9	30.8			29.4	153.9	percent of total billed charges	
PATH CONSULT INTRAOP,ADDL	88332	CPT	both			162		Aetna	Commercial		61.56	38			29.4	153.9	percent of total billed charges	
PATH CONSULT INTRAOP,ADDL	88332	CPT	both			162		Americare	Americare		121.5	75			29.4	153.9	percent of total billed charges	
PATH CONSULT INTRAOP,ADDL	88332	CPT	both			162		Amerihealth	HMO/PPO		105.3	65			29.4	153.9	percent of total billed charges	
PATH CONSULT INTRAOP,ADDL	88332	CPT	both			162		Consumer	Consumer		153.9	95			29.4	153.9	percent of total billed charges	
PATH CONSULT INTRAOP,ADDL	88332	CPT	both			162		Corrections	Corrections		129.6	80			29.4	153.9	percent of total billed charges	
PATH CONSULT INTRAOP,ADDL	88332	CPT	both			162		First Health	First Health		113.4	70			29.4	153.9	percent of total billed charges	
PATH CONSULT INTRAOP,ADDL	88332	CPT	both			162		First Trenton	First Trenton		145.8	90			29.4	153.9	percent of total billed charges	
PATH CONSULT INTRAOP,ADDL	88332	CPT	both			162		Horizon	Medicare Blue		48.6	30			29.4	153.9	percent of total billed charges	
PATH CONSULT INTRAOP,ADDL	88332	CPT	both			162		Horizon	PPO		62.01	38.28			29.4	153.9	percent of total billed charges	
PATH CONSULT INTRAOP,ADDL	88332	CPT	both			162		Horizon	MGD		62.01	38.28			29.4	153.9	percent of total billed charges	
PATH CONSULT INTRAOP,ADDL	88332	CPT	both			162		Horizon	Indemnity		62.01	38.28			29.4	153.9	percent of total billed charges	
PATH CONSULT INTRAOP,ADDL	88332	CPT	both			162		Horizon	NJ Health		29.4				29.4	153.9	fee schedule	
PATH CONSULT INTRAOP,ADDL	88332	CPT	both			162		Managed Care Inc	Managed Care Inc		145.8	90			29.4	153.9	percent of total billed charges	
PATH CONSULT INTRAOP,ADDL	88332	CPT	both			162		Multiplan	Multiplan		129.6	80			29.4	153.9	percent of total billed charges	
PATH CONSULT INTRAOP,ADDL	88332	CPT	both			162		Qualcare	Qualcare		121.5	75			29.4	153.9	percent of total billed charges	
PATH CONSULT INTRAOP,ADDL	88332	CPT	both			162		Three Rivers	Three Rivers		153.9	95			29.4	153.9	percent of total billed charges	
PATH CONSULT INTRAOP,ADDL	88332	CPT	both			162		UHC	Medicaid		51.11	31.55			29.4	153.9	percent of total billed charges	
PATH CONSULT INTRAOP,ADDL	88332	CPT	both			162		Wellcare	Medicaid		51.11	31.55			29.4	153.9	percent of total billed charges	
PATH CONSULT INTRAOP,ADDL	88332	CPT	both			162		WellPoint	WellPoint		52.13	32.18			29.4	153.9	percent of total billed charges	
INTRAOP CYTO PATH CONSULT, 1	88333	CPT	both			1402	1130.94	Aetna	Commercial		1565.62				73.79	1830.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRAOP CYTO PATH CONSULT, 1	88333	CPT	both			1402	1130.94	Aetna	Medicare		983.43				73.79	1830.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRAOP CYTO PATH CONSULT, 1	88333	CPT	both			1402	1130.94	Aetna	Better Health		442.33	31.55			73.79	1830.16	percent of total billed charges	
INTRAOP CYTO PATH CONSULT, 1	88333	CPT	both			1402	1130.94	Americare	Americare		1051.5	75			73.79	1830.16	percent of total billed charges	
INTRAOP CYTO PATH CONSULT, 1	88333	CPT	both			1402	1130.94	Amerihealth	HMO/PPO		911.3	65			73.79	1830.16	percent of total billed charges	
INTRAOP CYTO PATH CONSULT, 1	88333	CPT	both			1402	1130.94	Amerihealth	Medicare		983.43				73.79	1830.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRAOP CYTO PATH CONSULT, 1	88333	CPT	both			1402	1130.94	Consumer	Consumer		1331.9	95			73.79	1830.16	percent of total billed charges	
INTRAOP CYTO PATH CONSULT, 1	88333	CPT	both			1402	1130.94	Corrections	Corrections		1121.6	80			73.79	1830.16	percent of total billed charges	
INTRAOP CYTO PATH CONSULT, 1	88333	CPT	both			1402	1130.94	First Health	First Health		981.4	70			73.79	1830.16	percent of total billed charges	
INTRAOP CYTO PATH CONSULT, 1	88333	CPT	both			1402	1130.94	First Trenton	First Trenton		1261.8	90			73.79	1830.16	percent of total billed charges	
INTRAOP CYTO PATH CONSULT, 1	88333	CPT	both			1402	1130.94	Horizon	Medicare Blue		983.43				73.79	1830.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRAOP CYTO PATH CONSULT, 1	88333	CPT	both			1402	1130.94	Horizon	PPO		1830.16				73.79	1830.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRAOP CYTO PATH CONSULT, 1	88333	CPT	both			1402	1130.94	Horizon	Indemnity		1830.16				73.79	1830.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRAOP CYTO PATH CONSULT, 1	88333	CPT	both			1402	1130.94	Horizon	MGD		1830.16				73.79	1830.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRAOP CYTO PATH CONSULT, 1	88333	CPT	both			1402	1130.94	Horizon	NJ Health		73.79				73.79	1830.16	fee schedule	
INTRAOP CYTO PATH CONSULT, 1	88333	CPT	both			1402	1130.94	Managed Care Inc	Managed Care Inc		1261.8	90			73.79	1830.16	percent of total billed charges	
INTRAOP CYTO PATH CONSULT, 1	88333	CPT	both			1402	1130.94	Multiplan	Multiplan		1121.6	80			73.79	1830.16	percent of total billed charges	
INTRAOP CYTO PATH CONSULT, 1	88333	CPT	both			1402	1130.94	Qualcare	Qualcare		1051.5	75			73.79	1830.16	percent of total billed charges	
INTRAOP CYTO PATH CONSULT, 1	88333	CPT	both			1402	1130.94	Three Rivers	Three Rivers		1331.9	95			73.79	1830.16	percent of total billed charges	
INTRAOP CYTO PATH CONSULT, 1	88333	CPT	both			1402	1130.94	UHC	Medicaid		442.33	31.55			73.79	1830.16	percent of total billed charges	
INTRAOP CYTO PATH CONSULT, 1	88333	CPT	both			1402	1130.94	UHC	Medicare		983.43				73.79	1830.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRAOP CYTO PATH CONSULT, 1	88333	CPT	both			1402	1130.94	Wellcare	Medicaid		442.33	31.55			73.79	1830.16	percent of total billed charges	
INTRAOP CYTO PATH CONSULT, 1	88333	CPT	both			1402	1130.94	Wellcare	Medicare		983.43				73.79	1830.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRAOP CYTO PATH CONSULT, 1	88333	CPT	both			1402	1130.94	WellPoint	WellPoint		451.16	32.18			73.79	1830.16	percent of total billed charges	
INTRAOP CYTO PATH CONSULT, 2	88334	CPT	both			162		Aetna	Better Health		51.11	31.55			38.59	153.9	percent of total billed charges	
INTRAOP CYTO PATH CONSULT, 2	88334	CPT	both			162		Aetna	Medicare		49.9	30.8			38.59	153.9	percent of total billed charges	
INTRAOP CYTO PATH CONSULT, 2	88334	CPT	both			162		Aetna	Commercial		61.56	38			38.59	153.9	percent of total billed charges	
INTRAOP CYTO PATH CONSULT, 2	88334	CPT	both			162		Americare	Americare		121.5	75			38.59	153.9	percent of total billed charges	
INTRAOP CYTO PATH CONSULT, 2	88334	CPT	both			162		Amerihealth	HMO/PPO		105.3	65			38.59	153.9	percent of total billed charges	
INTRAOP CYTO PATH CONSULT, 2	88334	CPT	both			162		Consumer	Consumer		153.9	95			38.59	153.9	percent of total billed charges	
INTRAOP CYTO PATH CONSULT, 2	88334	CPT	both			162		Corrections	Corrections		129.6	80			38.59	153.9	percent of total billed charges	
INTRAOP CYTO PATH CONSULT, 2	88334	CPT	both			162		First Health	First Health		113.4	70			38.59	153.9	percent of total billed charges	
INTRAOP CYTO PATH CONSULT, 2	88334	CPT	both			162		First Trenton	First Trenton		145.8	90			38.59	153.9	percent of total billed charges	
INTRAOP CYTO PATH CONSULT, 2	88334	CPT	both			162		Horizon	MGD		62.01	38.28			38.59	153.9	percent of total billed charges	
INTRAOP CYTO PATH CONSULT, 2	88334	CPT	both			162		Horizon	Medicare Blue		48.6	30			38.59	153.9	percent of total billed charges	
INTRAOP CYTO PATH CONSULT, 2	88334	CPT	both			162		Horizon	Indemnity		62.01	38.28			38.59	153.9	percent of total billed charges	
INTRAOP CYTO PATH CONSULT, 2	88334	CPT	both			162		Horizon	NJ Health		38.59				38.59	153.9	fee schedule	
INTRAOP CYTO PATH CONSULT, 2	88334	CPT	both			162		Horizon	PPO		62.01	38.28			38.59	153.9	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101191	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
INTRAOP CYTO PATH CONSULT, 2	88334	CPT	both			162		Managed Care Inc	Managed Care Inc		145.8	90			38.59	153.9	percent of total billed charges	
INTRAOP CYTO PATH CONSULT, 2	88334	CPT	both			162		Multiplan	Multiplan		129.6	80			38.59	153.9	percent of total billed charges	
INTRAOP CYTO PATH CONSULT, 2	88334	CPT	both			162		Qualcare	Qualcare		121.5	75			38.59	153.9	percent of total billed charges	
INTRAOP CYTO PATH CONSULT, 2	88334	CPT	both			162		Three Rivers	Three Rivers		153.9	95			38.59	153.9	percent of total billed charges	
INTRAOP CYTO PATH CONSULT, 2	88334	CPT	both			162		UHC	Medicaid		51.11	31.55			38.59	153.9	percent of total billed charges	
INTRAOP CYTO PATH CONSULT, 2	88334	CPT	both			162		Wellcare	Medicaid		51.11	31.55			38.59	153.9	percent of total billed charges	
INTRAOP CYTO PATH CONSULT, 2	88334	CPT	both			162		WellPoint	WellPoint		52.13	32.18			38.59	153.9	percent of total billed charges	
IMMUNOHISTOCHEM EA ADD SINGLE	88341	CPT	both			480		Aetna	Medicare		147.84	30.8			48.6	456	percent of total billed charges	
IMMUNOHISTOCHEM EA ADD SINGLE	88341	CPT	both			480		Aetna	Commercial		182.4	38			48.6	456	percent of total billed charges	
IMMUNOHISTOCHEM EA ADD SINGLE	88341	CPT	both			480		Aetna	Better Health		151.44	31.55			48.6	456	percent of total billed charges	
IMMUNOHISTOCHEM EA ADD SINGLE	88341	CPT	both			480		Americare	Americare		360	75			48.6	456	percent of total billed charges	
IMMUNOHISTOCHEM EA ADD SINGLE	88341	CPT	both			480		Amerihealth	HMO/PPO		312	65			48.6	456	percent of total billed charges	
IMMUNOHISTOCHEM EA ADD SINGLE	88341	CPT	both			480		Consumer	Consumer		456	95			48.6	456	percent of total billed charges	
IMMUNOHISTOCHEM EA ADD SINGLE	88341	CPT	both			480		Corrections	Corrections		384	80			48.6	456	percent of total billed charges	
IMMUNOHISTOCHEM EA ADD SINGLE	88341	CPT	both			480		First Health	First Health		336	70			48.6	456	percent of total billed charges	
IMMUNOHISTOCHEM EA ADD SINGLE	88341	CPT	both			480		First Trenton	First Trenton		432	90			48.6	456	percent of total billed charges	
IMMUNOHISTOCHEM EA ADD SINGLE	88341	CPT	both			480		Horizon	Indemnity		183.74	38.28			48.6	456	percent of total billed charges	
IMMUNOHISTOCHEM EA ADD SINGLE	88341	CPT	both			480		Horizon	Medicare Blue		144	30			48.6	456	percent of total billed charges	
IMMUNOHISTOCHEM EA ADD SINGLE	88341	CPT	both			480		Horizon	NJ Health		58.41				48.6	456	fee schedule	
IMMUNOHISTOCHEM EA ADD SINGLE	88341	CPT	both			480		Horizon	MGD		183.74	38.28			48.6	456	percent of total billed charges	
IMMUNOHISTOCHEM EA ADD SINGLE	88341	CPT	both			480		Horizon	PPO		183.74	38.28			48.6	456	percent of total billed charges	
IMMUNOHISTOCHEM EA ADD SINGLE	88341	CPT	both			480		Managed Care Inc	Managed Care Inc		432	90			48.6	456	percent of total billed charges	
IMMUNOHISTOCHEM EA ADD SINGLE	88341	CPT	both			480		Multiplan	Multiplan		384	80			48.6	456	percent of total billed charges	
IMMUNOHISTOCHEM EA ADD SINGLE	88341	CPT	both			480		Qualcare	Qualcare		360	75			48.6	456	percent of total billed charges	
IMMUNOHISTOCHEM EA ADD SINGLE	88341	CPT	both			480		Three Rivers	Three Rivers		456	95			48.6	456	percent of total billed charges	
IMMUNOHISTOCHEM EA ADD SINGLE	88341	CPT	both			480		UHC	Medicaid		151.44	31.55			48.6	456	percent of total billed charges	
IMMUNOHISTOCHEM EA ADD SINGLE	88341	CPT	both			480		Wellcare	Medicaid		151.44	31.55			48.6	456	percent of total billed charges	
IMMUNOHISTOCHEM EA ADD SINGLE	88341	CPT	both			480		WellPoint	WellPoint		154.46	32.18			48.6	456	percent of total billed charges	
SALL4 BY IHC	88342	CPT	both			1011	224.64	Aetna	Better Health		318.97	31.55			17.64	960.45	percent of total billed charges	
SALL4 BY IHC	88342	CPT	both			1011	224.64	Aetna	Medicare		311.39	30.8			17.64	960.45	percent of total billed charges	
SALL4 BY IHC	88342	CPT	both			1011	224.64	Aetna	Commercial		310.98				17.64	960.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SALL4 BY IHC	88342	CPT	both			1011	224.64	Americare	Americare		758.25	75			17.64	960.45	percent of total billed charges	
SALL4 BY IHC	88342	CPT	both			1011	224.64	Amerihealth	HMO/PPO		657.15	65			17.64	960.45	percent of total billed charges	
SALL4 BY IHC	88342	CPT	both			1011	224.64	Amerihealth	Medicare		195.34				17.64	960.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SALL4 BY IHC	88342	CPT	both			1011	224.64	Consumer	Consumer		960.45	95			17.64	960.45	percent of total billed charges	
SALL4 BY IHC	88342	CPT	both			1011	224.64	Corrections	Corrections		808.8	80			17.64	960.45	percent of total billed charges	
SALL4 BY IHC	88342	CPT	both			1011	224.64	First Health	First Health		707.7	70			17.64	960.45	percent of total billed charges	
SALL4 BY IHC	88342	CPT	both			1011	224.64	First Trenton	First Trenton		909.9	90			17.64	960.45	percent of total billed charges	
SALL4 BY IHC	88342	CPT	both			1011	224.64	Horizon	PPO		363.53				17.64	960.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SALL4 BY IHC	88342	CPT	both			1011	224.64	Horizon	MGD		363.53				17.64	960.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SALL4 BY IHC	88342	CPT	both			1011	224.64	Horizon	Medicare Blue		195.34				17.64	960.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SALL4 BY IHC	88342	CPT	both			1011	224.64	Horizon	NJ Health		17.64				17.64	960.45	fee schedule	
SALL4 BY IHC	88342	CPT	both			1011	224.64	Horizon	Indemnity		363.53				17.64	960.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SALL4 BY IHC	88342	CPT	both			1011	224.64	Managed Care Inc	Managed Care Inc		909.9	90			17.64	960.45	percent of total billed charges	
SALL4 BY IHC	88342	CPT	both			1011	224.64	Multiplan	Multiplan		808.8	80			17.64	960.45	percent of total billed charges	
SALL4 BY IHC	88342	CPT	both			1011	224.64	Qualcare	Qualcare		758.25	75			17.64	960.45	percent of total billed charges	
SALL4 BY IHC	88342	CPT	both			1011	224.64	Three Rivers	Three Rivers		960.45	95			17.64	960.45	percent of total billed charges	
SALL4 BY IHC	88342	CPT	both			1011	224.64	UHC	Medicare		195.34				17.64	960.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SALL4 BY IHC	88342	CPT	both			1011	224.64	UHC	Medicaid		318.97	31.55			17.64	960.45	percent of total billed charges	
SALL4 BY IHC	88342	CPT	both			1011	224.64	Wellcare	Medicare		195.34				17.64	960.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SALL4 BY IHC	88342	CPT	both			1011	224.64	Wellcare	Medicaid		318.97	31.55			17.64	960.45	percent of total billed charges	
SALL4 BY IHC	88342	CPT	both			1011	224.64	WellPoint	WellPoint		325.34	32.18			17.64	960.45	percent of total billed charges	
IMMUNOHISTOCHEM EA, MULTIPLEX	88344	CPT	both			634	472.75	Aetna	Commercial		654.46				100.94	765.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMMUNOHISTOCHEM EA, MULTIPLEX	88344	CPT	both			634	472.75	Aetna	Medicare		411.09				100.94	765.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMMUNOHISTOCHEM EA, MULTIPLEX	88344	CPT	both			634	472.75	Aetna	Better Health		200.03	31.55			100.94	765.04	percent of total billed charges	
IMMUNOHISTOCHEM EA, MULTIPLEX	88344	CPT	both			634	472.75	Americare	Americare		475.5	75			100.94	765.04	percent of total billed charges	
IMMUNOHISTOCHEM EA, MULTIPLEX	88344	CPT	both			634	472.75	Amerihealth	HMO/PPO		412.1	65			100.94	765.04	percent of total billed charges	
IMMUNOHISTOCHEM EA, MULTIPLEX	88344	CPT	both			634	472.75	Amerihealth	Medicare		411.09				100.94	765.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMMUNOHISTOCHEM EA, MULTIPLEX	88344	CPT	both			634	472.75	Consumer	Consumer		602.3	95			100.94	765.04	percent of total billed charges	
IMMUNOHISTOCHEM EA, MULTIPLEX	88344	CPT	both			634	472.75	Corrections	Corrections		507.2	80			100.94	765.04	percent of total billed charges	
IMMUNOHISTOCHEM EA, MULTIPLEX	88344	CPT	both			634	472.75	First Health	First Health		443.8	70			100.94	765.04	percent of total billed charges	
IMMUNOHISTOCHEM EA, MULTIPLEX	88344	CPT	both			634	472.75	First Trenton	First Trenton		570.6	90			100.94	765.04	percent of total billed charges	
IMMUNOHISTOCHEM EA, MULTIPLEX	88344	CPT	both			634	472.75	Horizon	MGD		765.04				100.94	765.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMMUNOHISTOCHEM EA, MULTIPLEX	88344	CPT	both			634	472.75	Horizon	Indemnity		765.04				100.94	765.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMMUNOHISTOCHEM EA, MULTIPLEX	88344	CPT	both			634	472.75	Horizon	NJ Health		100.94				100.94	765.04	fee schedule	
IMMUNOHISTOCHEM EA, MULTIPLEX	88344	CPT	both			634	472.75	Horizon	PPO		765.04				100.94	765.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMMUNOHISTOCHEM EA, MULTIPLEX	88344	CPT	both			634	472.75	Horizon	Medicare Blue		411.09				100.94	765.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMMUNOHISTOCHEM EA, MULTIPLEX	88344	CPT	both			634	472.75	Managed Care Inc	Managed Care Inc		570.6	90			100.94	765.04	percent of total billed charges	
IMMUNOHISTOCHEM EA, MULTIPLEX	88344	CPT	both			634	472.75	Multiplan	Multiplan		507.2	80			100.94	765.04	percent of total billed charges	
IMMUNOHISTOCHEM EA, MULTIPLEX	88344	CPT	both			634	472.75	Qualcare	Qualcare		475.5	75			100.94	765.04	percent of total billed charges	
IMMUNOHISTOCHEM EA, MULTIPLEX	88344	CPT	both			634	472.75	Three Rivers	Three Rivers		602.3	95			100.94	765.04	percent of total billed charges	
IMMUNOHISTOCHEM EA, MULTIPLEX	88344	CPT	both			634	472.75	UHC	Medicare		411.09				100.94	765.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMMUNOHISTOCHEM EA, MULTIPLEX	88344	CPT	both			634	472.75	UHC	Medicaid		200.03	31.55			100.94	765.04	percent of total billed charges	
IMMUNOHISTOCHEM EA, MULTIPLEX	88344	CPT	both			634	472.75	Wellcare	Medicare		411.09				100.94	765.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMMUNOHISTOCHEM EA, MULTIPLEX	88344	CPT	both			634	472.75	Wellcare	Medicaid		200.03	31.55			100.94	765.04	percent of total billed charges	
IMMUNOHISTOCHEM EA, MULTIPLEX	88344	CPT	both			634	472.75	WellPoint	WellPoint		204.02	32.18			100.94	765.04	percent of total billed charges	
IMMUNOFLUORS INITIAL BLOCK	88346	CPT	both			1084	224.64	Aetna	Commercial		310.98				78.4	1029.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMMUNOFLUORS INITIAL BLOCK	88346	CPT	both			1084	224.64	Aetna	Better Health		342	31.55			78.4	1029.8	percent of total billed charges	
IMMUNOFLUORS INITIAL BLOCK	88346	CPT	both			1084	224.64	Aetna	Medicare		333.87	30.8			78.4	1029.8	percent of total billed charges	
IMMUNOFLUORS INITIAL BLOCK	88346	CPT	both			1084	224.64	Americare	Americare		813	75			78.4	1029.8	percent of total billed charges	
IMMUNOFLUORS INITIAL BLOCK	88346	CPT	both			1084	224.64	Amerihealth	HMO/PPO		704.6	65			78.4	1029.8	percent of total billed charges	
IMMUNOFLUORS INITIAL BLOCK	88346	CPT	both			1084	224.64	Amerihealth	Medicare		195.34				78.4	1029.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMMUNOFLUORS INITIAL BLOCK	88346	CPT	both			1084	224.64	Consumer	Consumer		1029.8	95			78.4	1029.8	percent of total billed charges	
IMMUNOFLUORS INITIAL BLOCK	88346	CPT	both			1084	224.64	Corrections	Corrections		867.2	80			78.4	1029.8	percent of total billed charges	
IMMUNOFLUORS INITIAL BLOCK	88346	CPT	both			1084	224.64	First Health	First Health		758.8	70			78.4	1029.8	percent of total billed charges	
IMMUNOFLUORS INITIAL BLOCK	88346	CPT	both			1084	224.64	First Trenton	First Trenton		975.6	90			78.4	1029.8	percent of total billed charges	
IMMUNOFLUORS INITIAL BLOCK	88346	CPT	both			1084	224.64	Horizon	MGD		363.53				78.4	1029.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMMUNOFLUORS INITIAL BLOCK	88346	CPT	both			1084	224.64	Horizon	PPO		363.53				78.4	1029.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMMUNOFLUORS INITIAL BLOCK	88346	CPT	both			1084	224.64	Horizon	NJ Health		78.4				78.4	1029.8	fee schedule	
IMMUNOFLUORS INITIAL BLOCK	88346	CPT	both			1084	224.64	Horizon	Indemnity		363.53				78.4	1029.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMMUNOFLUORS INITIAL BLOCK	88346	CPT	both			1084	224.64	Horizon	Medicare Blue		195.34				78.4	1029.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMMUNOFLUORS INITIAL BLOCK	88346	CPT	both			1084	224.64	Managed Care Inc	Managed Care Inc		975.6	90			78.4	1029.8	percent of total billed charges	
IMMUNOFLUORS INITIAL BLOCK	88346	CPT	both			1084	224.64	Multiplan	Multiplan		867.2	80			78.4	1029.8	percent of total billed charges	
IMMUNOFLUORS INITIAL BLOCK	88346	CPT	both			1084	224.64	Qualcare	Qualcare		813	75			78.4	1029.8	percent of total billed charges	
IMMUNOFLUORS INITIAL BLOCK	88346	CPT	both			1084	224.64	Three Rivers	Three Rivers		1029.8	95			78.4	1029.8	percent of total billed charges	
IMMUNOFLUORS INITIAL BLOCK	88346	CPT	both			1084	224.64	UHC	Medicaid		342	31.55			78.4	1029.8	percent of total billed charges	
IMMUNOFLUORS INITIAL BLOCK	88346	CPT	both			1084	224.64	UHC	Medicare		195.34				78.4	1029.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMMUNOFLUORS INITIAL BLOCK	88346	CPT	both			1084	224.64	Wellcare	Medicare		195.34				78.4	1029.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMMUNOFLUORS INITIAL BLOCK	88346	CPT	both			1084	224.64	Wellcare	Medicaid		342	31.55			78.4	1029.8	percent of total billed charges	
IMMUNOFLUORS INITIAL BLOCK	88346	CPT	both			1084	224.64	WellPoint	WellPoint		348.83	32.18			78.4	1029.8	percent of total billed charges	
MUSCLEBIOPSY1, MICRON PLASTIC-MSO	88348	CPT	both			2191	1130.94	Aetna	Commercial		1565.62				190.56	2081.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MUSCLEBIOPSY1, MICRON PLASTIC-MSO	88348	CPT	both			2191	1130.94	Aetna	Medicare		983.43				190.56	2081.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MUSCLEBIOPSY1, MICRON PLASTIC-MSO	88348	CPT	both			2191	1130.94	Aetna	Better Health		691.26	31.55			190.56	2081.45	percent of total billed charges	
MUSCLEBIOPSY1, MICRON PLASTIC-MSO	88348	CPT	both			2191	1130.94	Americare	Americare		1643.25	75			190.56	2081.45	percent of total billed charges	
MUSCLEBIOPSY1, MICRON PLASTIC-MSO	88348	CPT	both			2191	1130.94	Amerihealth	Medicare		983.43				190.56	2081.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MUSCLEBIOPSY1, MICRON PLASTIC-MSO	88348	CPT	both			2191	1130.94	Amerihealth	HMO/PPO		1424.15	65			190.56	2081.45	percent of total billed charges	
MUSCLEBIOPSY1, MICRON PLASTIC-MSO	88348	CPT	both			2191	1130.94	Consumer	Consumer		2081.45	95			190.56	2081.45	percent of total billed charges	
MUSCLEBIOPSY1, MICRON PLASTIC-MSO	88348	CPT	both			2191	1130.94	Corrections	Corrections		1752.8	80			190.56	2081.45	percent of total billed charges	
MUSCLEBIOPSY1, MICRON PLASTIC-MSO	88348	CPT	both			2191	1130.94	First Health	First Health		1533.7	70			190.56	2081.45	percent of total billed charges	
MUSCLEBIOPSY1, MICRON PLASTIC-MSO	88348	CPT	both			2191	1130.94	First Trenton	First Trenton		1971.9	90			190.56	2081.45	percent of total billed charges	
MUSCLEBIOPSY1, MICRON PLASTIC-MSO	88348	CPT	both			2191	1130.94	Horizon	MGD		1830.16				190.56	2081.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MUSCLEBIOPSY1, MICRON PLASTIC-MSO	88348	CPT	both			2191	1130.94	Horizon	Medicare Blue		983.43				190.56	2081.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MUSCLEBIOPSY1, MICRON PLASTIC-MSO	88348	CPT	both			2191	1130.94	Horizon	Indemnity		1830.16				190.56	2081.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MUSCLEBIOPSY1, MICRON PLASTIC-MSO	88348	CPT	both			2191	1130.94	Horizon	NJ Health		360.64				190.56	2081.45	fee schedule	
MUSCLEBIOPSY1, MICRON PLASTIC-MSO	88348	CPT	both			2191	1130.94	Horizon	PPO		1830.16				190.56	2081.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MUSCLEBIOPSY1, MICRON PLASTIC-MSO	88348	CPT	both			2191	1130.94	Managed Care Inc	Managed Care Inc		1971.9	90			190.56	2081.45	percent of total billed charges	
MUSCLEBIOPSY1, MICRON PLASTIC-MSO	88348	CPT	both			2191	1130.94	Multiplan	Multiplan		1752.8	80			190.56	2081.45	percent of total billed charges	
MUSCLEBIOPSY1, MICRON PLASTIC-MSO	88348	CPT	both			2191	1130.94	Qualcare	Qualcare		1643.25	75			190.56	2081.45	percent of total billed charges	
MUSCLEBIOPSY1, MICRON PLASTIC-MSO	88348	CPT	both			2191	1130.94	Three Rivers	Three Rivers		2081.45	95			190.56	2081.45	percent of total billed charges	
MUSCLEBIOPSY1, MICRON PLASTIC-MSO	88348	CPT	both			2191	1130.94	UHC	Medicaid		691.26	31.55			190.56	2081.45	percent of total billed charges	
MUSCLEBIOPSY1, MICRON PLASTIC-MSO	88348	CPT	both			2191	1130.94	UHC	Medicare		983.43				190.56	2081.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MUSCLEBIOPSY1, MICRON PLASTIC-MSO	88348	CPT	both			2191	1130.94	Wellcare	Medicaid		691.26	31.55			190.56	2081.45	percent of total billed charges	
MUSCLEBIOPSY1, MICRON PLASTIC-MSO	88348	CPT	both			2191	1130.94	Wellcare	Medicare		983.43				190.56	2081.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MUSCLEBIOPSY1, MICRON PLASTIC-MSO	88348	CPT	both			2191	1130.94	WellPoint	WellPoint		705.06	32.18			190.56	2081.45	percent of total billed charges	
IMMUNOFLUORES ADD BLOCK EA	88350	CPT	both			166		Aetna	Better Health		52.37	31.55			48.6	157.7	percent of total billed charges	
IMMUNOFLUORES ADD BLOCK EA	88350	CPT	both			166		Aetna	Commercial		63.08	38			48.6	157.7	percent of total billed charges	
IMMUNOFLUORES ADD BLOCK EA	88350	CPT	both			166		Aetna	Medicare		51.13	30.8			48.6	157.7	percent of total billed charges	
IMMUNOFLUORES ADD BLOCK EA	88350	CPT	both			166		Americare	Americare		124.5	75			48.6	157.7	percent of total billed charges	
IMMUNOFLUORES ADD BLOCK EA	88350	CPT	both			166		Amerihealth	HMO/PPO		107.9	65			48.6	157.7	percent of total billed charges	
IMMUNOFLUORES ADD BLOCK EA	88350	CPT	both			166		Consumer	Consumer		157.7	95			48.6	157.7	percent of total billed charges	
IMMUNOFLUORES ADD BLOCK EA	88350	CPT	both			166		Corrections	Corrections		132.8	80			48.6	157.7	percent of total billed charges	
IMMUNOFLUORES ADD BLOCK EA	88350	CPT	both			166		First Health	First Health		116.2	70			48.6	157.7	percent of total billed charges	
IMMUNOFLUORES ADD BLOCK EA	88350	CPT	both			166		First Trenton	First Trenton		149.4	90			48.6	157.7	percent of total billed charges	
IMMUNOFLUORES ADD BLOCK EA	88350	CPT	both			166		Horizon	MGD		63.54	38.28			48.6	157.7	percent of total billed charges	
IMMUNOFLUORES ADD BLOCK EA	88350	CPT	both			166		Horizon	NJ Health		62.21				48.6	157.7	fee schedule	
IMMUNOFLUORES ADD BLOCK EA	88350	CPT	both			166		Horizon	Medicare Blue		49.8	30			48.6	157.7	percent of total billed charges	
IMMUNOFLUORES ADD BLOCK EA	88350	CPT	both			166		Horizon	Indemnity		63.54	38.28			48.6	157.7	percent of total billed charges	
IMMUNOFLUORES ADD BLOCK EA	88350	CPT	both			166		Horizon	PPO		63.54	38.28			48.6	157.7	percent of total billed charges	
IMMUNOFLUORES ADD BLOCK EA	88350	CPT	both			166		Managed Care Inc	Managed Care Inc		149.4	90			48.6	157.7	percent of total billed charges	
IMMUNOFLUORES ADD BLOCK EA	88350	CPT	both			166		Multiplan	Multiplan		132.8	80			48.6	157.7	percent of total billed charges	
IMMUNOFLUORES ADD BLOCK EA	88350	CPT	both			166		Qualcare	Qualcare		124.5	75			48.6	157.7	percent of total billed charges	
IMMUNOFLUORES ADD BLOCK EA	88350	CPT	both			166		Three Rivers	Three Rivers		157.7	95			48.6	157.7	percent of total billed charges	
IMMUNOFLUORES ADD BLOCK EA	88350	CPT	both			166		UHC	Medicaid		52.37	31.55			48.6	157.7	percent of total billed charges	
IMMUNOFLUORES ADD BLOCK EA	88350	CPT	both			166		Wellcare	Medicaid		52.37	31.55			48.6	157.7	percent of total billed charges	
IMMUNOFLUORES ADD BLOCK EA	88350	CPT	both			166		WellPoint	WellPoint		53.42	32.18			48.6	157.7	percent of total billed charges	
QUANTISEMIQUANT IM HISTOCHEM EA	88360	CPT	both			745	224.64	Aetna	Commercial		310.98				101.59	707.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
QUANTISEMIQUANT IM HISTOCHEM EA	88360	CPT	both			745	224.64	Aetna	Better Health		235.05	31.55			101.59	707.75	percent of total billed charges	
QUANTISEMIQUANT IM HISTOCHEM EA	88360	CPT	both			745	224.64	Aetna	Medicare		195.34				101.59	707.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
QUANTISEMIQUANT IM HISTOCHEM EA	88360	CPT	both			745		224.64 Americare	Americare		558.75	75			101.59	707.75	percent of total billed charges	
QUANTISEMIQUANT IM HISTOCHEM EA	88360	CPT	both			745		224.64 Amerihealth	HMO/PPO		484.25	65			101.59	707.75	percent of total billed charges	
QUANTISEMIQUANT IM HISTOCHEM EA	88360	CPT	both			745		224.64 Amerihealth	Medicare		195.34				101.59	707.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
QUANTISEMIQUANT IM HISTOCHEM EA	88360	CPT	both			745		224.64 Consumer	Consumer		707.75	95			101.59	707.75	percent of total billed charges	
QUANTISEMIQUANT IM HISTOCHEM EA	88360	CPT	both			745		224.64 Corrections	Corrections		596	80			101.59	707.75	percent of total billed charges	
QUANTISEMIQUANT IM HISTOCHEM EA	88360	CPT	both			745		224.64 First Health	First Health		521.5	70			101.59	707.75	percent of total billed charges	
QUANTISEMIQUANT IM HISTOCHEM EA	88360	CPT	both			745		224.64 First Trenton	First Trenton		670.5	90			101.59	707.75	percent of total billed charges	
QUANTISEMIQUANT IM HISTOCHEM EA	88360	CPT	both			745		224.64 Horizon	Medicare Blue		195.34				101.59	707.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
QUANTISEMIQUANT IM HISTOCHEM EA	88360	CPT	both			745		224.64 Horizon	MGD		363.53				101.59	707.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
QUANTISEMIQUANT IM HISTOCHEM EA	88360	CPT	both			745		224.64 Horizon	Indemnity		363.53				101.59	707.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
QUANTISEMIQUANT IM HISTOCHEM EA	88360	CPT	both			745		224.64 Horizon	NJ Health		184.24				101.59	707.75	fee schedule	
QUANTISEMIQUANT IM HISTOCHEM EA	88360	CPT	both			745		224.64 Horizon	PPO		363.53				101.59	707.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
QUANTISEMIQUANT IM HISTOCHEM EA	88360	CPT	both			745		224.64 Managed Care Inc	Managed Care Inc		670.5	90			101.59	707.75	percent of total billed charges	
QUANTISEMIQUANT IM HISTOCHEM EA	88360	CPT	both			745		224.64 Multiplan	Multiplan		596	80			101.59	707.75	percent of total billed charges	
QUANTISEMIQUANT IM HISTOCHEM EA	88360	CPT	both			745		224.64 Qualcare	Qualcare		558.75	75			101.59	707.75	percent of total billed charges	
QUANTISEMIQUANT IM HISTOCHEM EA	88360	CPT	both			745		224.64 Three Rivers	Three Rivers		707.75	95			101.59	707.75	percent of total billed charges	
QUANTISEMIQUANT IM HISTOCHEM EA	88360	CPT	both			745		224.64 UHC	Medicaid		235.05	31.55			101.59	707.75	percent of total billed charges	
QUANTISEMIQUANT IM HISTOCHEM EA	88360	CPT	both			745		224.64 UHC	Medicare		195.34				101.59	707.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
QUANTISEMIQUANT IM HISTOCHEM EA	88360	CPT	both			745		224.64 Wellcare	Medicaid		235.05	31.55			101.59	707.75	percent of total billed charges	
QUANTISEMIQUANT IM HISTOCHEM EA	88360	CPT	both			745		224.64 Wellcare	Medicare		195.34				101.59	707.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
QUANTISEMIQUANT IM HISTOCHEM EA	88360	CPT	both			745		224.64 WellPoint	WellPoint		239.74	32.18			101.59	707.75	percent of total billed charges	
MORP ANALYSIS, TUMOR IHC, COMP	88361	CPT	outpatient			513		472.75 Aetna	Commercial		654.46				133.36	765.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MORP ANALYSIS, TUMOR IHC, COMP	88361	CPT	outpatient			513		472.75 Aetna	Medicare		158	30.8			133.36	765.04	percent of total billed charges	
MORP ANALYSIS, TUMOR IHC, COMP	88361	CPT	outpatient			513		472.75 Aetna	Better Health		161.85	31.55			133.36	765.04	percent of total billed charges	
MORP ANALYSIS, TUMOR IHC, COMP	88361	CPT	outpatient			513		472.75 Americare	Americare		384.75	75			133.36	765.04	percent of total billed charges	
MORP ANALYSIS, TUMOR IHC, COMP	88361	CPT	outpatient			513		472.75 Amerihealth	HMO/PPO		333.45	65			133.36	765.04	percent of total billed charges	
MORP ANALYSIS, TUMOR IHC, COMP	88361	CPT	outpatient			513		472.75 Amerihealth	Medicare		411.09				133.36	765.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MORP ANALYSIS, TUMOR IHC, COMP	88361	CPT	outpatient			513		472.75 Consumer	Consumer		487.35	95			133.36	765.04	percent of total billed charges	
MORP ANALYSIS, TUMOR IHC, COMP	88361	CPT	outpatient			513		472.75 Corrections	Corrections		410.4	80			133.36	765.04	percent of total billed charges	
MORP ANALYSIS, TUMOR IHC, COMP	88361	CPT	outpatient			513		472.75 First Health	First Health		359.1	70			133.36	765.04	percent of total billed charges	
MORP ANALYSIS, TUMOR IHC, COMP	88361	CPT	outpatient			513		472.75 First Trenton	First Trenton		461.7	90			133.36	765.04	percent of total billed charges	
MORP ANALYSIS, TUMOR IHC, COMP	88361	CPT	outpatient			513		472.75 Horizon	MGD		765.04				133.36	765.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MORP ANALYSIS, TUMOR IHC, COMP	88361	CPT	outpatient			513		472.75 Horizon	Indemnity		765.04				133.36	765.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MORP ANALYSIS, TUMOR IHC, COMP	88361	CPT	outpatient			513		472.75 Horizon	PPO		765.04				133.36	765.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MORP ANALYSIS, TUMOR IHC, COMP	88361	CPT	outpatient			513		472.75 Horizon	NJ Health		184.24				133.36	765.04	fee schedule	
MORP ANALYSIS, TUMOR IHC, COMP	88361	CPT	outpatient			513		472.75 Horizon	Medicare Blue		411.09				133.36	765.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MORP ANALYSIS, TUMOR IHC, COMP	88361	CPT	outpatient			513		472.75 Managed Care Inc	Managed Care Inc		461.7	90			133.36	765.04	percent of total billed charges	
MORP ANALYSIS, TUMOR IHC, COMP	88361	CPT	outpatient			513		472.75 Multiplan	Multiplan		410.4	80			133.36	765.04	percent of total billed charges	
MORP ANALYSIS, TUMOR IHC, COMP	88361	CPT	outpatient			513		472.75 Qualcare	Qualcare		384.75	75			133.36	765.04	percent of total billed charges	
MORP ANALYSIS, TUMOR IHC, COMP	88361	CPT	outpatient			513		472.75 Three Rivers	Three Rivers		487.35	95			133.36	765.04	percent of total billed charges	
MORP ANALYSIS, TUMOR IHC, COMP	88361	CPT	outpatient			513		472.75 UHC	Medicaid		161.85	31.55			133.36	765.04	percent of total billed charges	
MORP ANALYSIS, TUMOR IHC, COMP	88361	CPT	outpatient			513		472.75 UHC	Medicare		411.09				133.36	765.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MORP ANALYSIS, TUMOR IHC, COMP	88361	CPT	outpatient			513		472.75 Wellcare	Medicaid		161.85	31.55			133.36	765.04	percent of total billed charges	
MORP ANALYSIS, TUMOR IHC, COMP	88361	CPT	outpatient			513		472.75 Wellcare	Medicare		411.09				133.36	765.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MORP ANALYSIS, TUMOR IHC, COMP	88361	CPT	outpatient			513		472.75 WellPoint	WellPoint		165.08	32.18			133.36	765.04	percent of total billed charges	
INSITU HYBRID EA, ADD PROB STAIN	88364	CPT	outpatient			697		Aetna	Better Health		219.9	31.55			48.6	662.15	percent of total billed charges	
INSITU HYBRID EA, ADD PROB STAIN	88364	CPT	outpatient			697		Aetna	Medicare		214.68	30.8			48.6	662.15	percent of total billed charges	
INSITU HYBRID EA, ADD PROB STAIN	88364	CPT	outpatient			697		Aetna	Commercial		264.86	38			48.6	662.15	percent of total billed charges	
INSITU HYBRID EA, ADD PROB STAIN	88364	CPT	outpatient			697		Americare	Americare		522.75	75			48.6	662.15	percent of total billed charges	
INSITU HYBRID EA, ADD PROB STAIN	88364	CPT	outpatient			697		Amerihealth	HMO/PPO		453.05	65			48.6	662.15	percent of total billed charges	
INSITU HYBRID EA, ADD PROB STAIN	88364	CPT	outpatient			697		Consumer	Consumer		662.15	95			48.6	662.15	percent of total billed charges	
INSITU HYBRID EA, ADD PROB STAIN	88364	CPT	outpatient			697		Corrections	Corrections		557.6	80			48.6	662.15	percent of total billed charges	
INSITU HYBRID EA, ADD PROB STAIN	88364	CPT	outpatient			697		First Health	First Health		487.9	70			48.6	662.15	percent of total billed charges	
INSITU HYBRID EA, ADD PROB STAIN	88364	CPT	outpatient			697		First Trenton	First Trenton		627.3	90			48.6	662.15	percent of total billed charges	
INSITU HYBRID EA, ADD PROB STAIN	88364	CPT	outpatient			697		Horizon	NJ Health		84.26				48.6	662.15	fee schedule	
INSITU HYBRID EA, ADD PROB STAIN	88364	CPT	outpatient			697		Horizon	MGD		266.81	38.28			48.6	662.15	percent of total billed charges	
INSITU HYBRID EA, ADD PROB STAIN	88364	CPT	outpatient			697		Horizon	Medicare Blue		209.1	30			48.6	662.15	percent of total billed charges	
INSITU HYBRID EA, ADD PROB STAIN	88364	CPT	outpatient			697		Horizon	PPO		266.81	38.28			48.6	662.15	percent of total billed charges	
INSITU HYBRID EA, ADD PROB STAIN	88364	CPT	outpatient			697		Horizon	Indemnity		266.81	38.28			48.6	662.15	percent of total billed charges	
INSITU HYBRID EA, ADD PROB STAIN	88364	CPT	outpatient			697		Managed Care Inc	Managed Care Inc		627.3	90			48.6	662.15	percent of total billed charges	
INSITU HYBRID EA, ADD PROB STAIN	88364	CPT	outpatient			697		Multiplan	Multiplan		557.6	80			48.6	662.15	percent of total billed charges	
INSITU HYBRID EA, ADD PROB STAIN	88364	CPT	outpatient			697		Qualcare	Qualcare		522.75	75			48.6	662.15	percent of total billed charges	
INSITU HYBRID EA, ADD PROB STAIN	88364	CPT	outpatient			697		Three Rivers	Three Rivers		662.15	95			48.6	662.15	percent of total billed charges	
INSITU HYBRID EA, ADD PROB STAIN	88364	CPT	outpatient			697		UHC	Medicaid		219.9	31.55			48.6	662.15	percent of total billed charges	
INSITU HYBRID EA, ADD PROB STAIN	88364	CPT	outpatient			697		Wellcare	Medicaid		219.9	31.55			48.6	662.15	percent of total billed charges	
INSITU HYBRID EA, ADD PROB STAIN	88364	CPT	outpatient			697		WellPoint	WellPoint		224.29	32.18			48.6	662.15	percent of total billed charges	
TISSUE IN SITU HYBRIDIZATION,INT & REP	88365	CPT	both			1011	224.64	Aetna	Commercial		310.98				92.61	960.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TISSUE IN SITU HYBRIDIZATION,INT & REP	88365	CPT	both			1011	224.64	Aetna	Medicare		311.39	30.8			92.61	960.45	percent of total billed charges	
TISSUE IN SITU HYBRIDIZATION,INT & REP	88365	CPT	both			1011	224.64	Aetna	Better Health		318.97	31.55			92.61	960.45	percent of total billed charges	
TISSUE IN SITU HYBRIDIZATION,INT & REP	88365	CPT	both			1011	224.64	Americare	Americare		758.25	75			92.61	960.45	percent of total billed charges	
TISSUE IN SITU HYBRIDIZATION,INT & REP	88365	CPT	both			1011	224.64	Amerihealth	HMO/PPO		657.15	65			92.61	960.45	percent of total billed charges	
TISSUE IN SITU HYBRIDIZATION,INT & REP	88365	CPT	both			1011	224.64	Amerihealth	Medicare		195.34				92.61	960.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TISSUE IN SITU HYBRIDIZATION,INT & REP	88365	CPT	both			1011	224.64	Consumer	Consumer		960.45	95			92.61	960.45	percent of total billed charges	
TISSUE IN SITU HYBRIDIZATION,INT & REP	88365	CPT	both			1011	224.64	Corrections	Corrections		808.8	80			92.61	960.45	percent of total billed charges	
TISSUE IN SITU HYBRIDIZATION,INT & REP	88365	CPT	both			1011	224.64	First Health	First Health		707.7	70			92.61	960.45	percent of total billed charges	
TISSUE IN SITU HYBRIDIZATION,INT & REP	88365	CPT	both			1011	224.64	First Trenton	First Trenton		909.9	90			92.61	960.45	percent of total billed charges	
TISSUE IN SITU HYBRIDIZATION,INT & REP	88365	CPT	both			1011	224.64	Horizon	PPO		363.53				92.61	960.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TISSUE IN SITU HYBRIDIZATION,INT & REP	88365	CPT	both			1011	224.64	Horizon	MGD		363.53				92.61	960.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TISSUE IN SITU HYBRIDIZATION,INT & REP	88365	CPT	both			1011	224.64	Horizon	Indemnity		363.53				92.61	960.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TISSUE IN SITU HYBRIDIZATION,INT & REP	88365	CPT	both			1011	224.64	Horizon	NJ Health		92.61				92.61	960.45	fee schedule	
TISSUE IN SITU HYBRIDIZATION,INT & REP	88365	CPT	both			1011	224.64	Horizon	Medicare Blue		195.34				92.61	960.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TISSUE IN SITU HYBRIDIZATION,INT & REP	88365	CPT	both			1011	224.64	Managed Care Inc	Managed Care Inc		909.9	90			92.61	960.45	percent of total billed charges	
TISSUE IN SITU HYBRIDIZATION,INT & REP	88365	CPT	both			1011	224.64	Multiplan	Multiplan		808.8	80			92.61	960.45	percent of total billed charges	
TISSUE IN SITU HYBRIDIZATION,INT & REP	88365	CPT	both			1011	224.64	Qualcare	Qualcare		758.25	75			92.61	960.45	percent of total billed charges	
TISSUE IN SITU HYBRIDIZATION,INT & REP	88365	CPT	both			1011	224.64	Three Rivers	Three Rivers		960.45	95			92.61	960.45	percent of total billed charges	
TISSUE IN SITU HYBRIDIZATION,INT & REP	88365	CPT	both			1011	224.64	UHC	Medicaid		318.97	31.55			92.61	960.45	percent of total billed charges	
TISSUE IN SITU HYBRIDIZATION,INT & REP	88365	CPT	both			1011	224.64	UHC	Medicare		195.34				92.61	960.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TISSUE IN SITU HYBRIDIZATION,INT & REP	88365	CPT	both			1011	224.64	Wellcare	Medicare		195.34				92.61	960.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TISSUE IN SITU HYBRIDIZATION,INT & REP	88365	CPT	both			1011	224.64	Wellcare	Medicaid		318.97	31.55			92.61	960.45	percent of total billed charges	
TISSUE IN SITU HYBRIDIZATION,INT & REP	88365	CPT	both			1011	224.64	WellPoint	WellPoint		325.34	32.18			92.61	960.45	percent of total billed charges	
PANCREATOBILIARY FISH (2002528)	88366	CPT	both			1050	224.64	Aetna	Commercial		310.98				128.32	997.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PANCREATOBILIARY FISH (2002528)	88366	CPT	both			1050	224.64	Aetna	Better Health		331.28	31.55			128.32	997.5	percent of total billed charges	
PANCREATOBILIARY FISH (2002528)	88366	CPT	both			1050	224.64	Aetna	Medicare		195.34				128.32	997.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PANCREATOBILIARY FISH (2002528)	88366	CPT	both			1050	224.64	Americare	Americare		787.5	75			128.32	997.5	percent of total billed charges	
PANCREATOBILIARY FISH (2002528)	88366	CPT	both			1050	224.64	Amerihealth	Medicare		195.34				128.32	997.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PANCREATOBILIARY FISH (2002528)	88366	CPT	both			1050	224.64	Amerihealth	HMO/PPO		682.5	65			128.32	997.5	percent of total billed charges	
PANCREATOBILIARY FISH (2002528)	88366	CPT	both			1050	224.64	Consumer	Consumer		997.5	95			128.32	997.5	percent of total billed charges	
PANCREATOBILIARY FISH (2002528)	88366	CPT	both			1050	224.64	Corrections	Corrections		840	80			128.32	997.5	percent of total billed charges	
PANCREATOBILIARY FISH (2002528)	88366	CPT	both			1050	224.64	First Health	First Health		735	70			128.32	997.5	percent of total billed charges	
PANCREATOBILIARY FISH (2002528)	88366	CPT	both			1050	224.64	First Trenton	First Trenton		945	90			128.32	997.5	percent of total billed charges	
PANCREATOBILIARY FISH (2002528)	88366	CPT	both			1050	224.64	Horizon	NJ Health		128.32				128.32	997.5	fee schedule	
PANCREATOBILIARY FISH (2002528)	88366	CPT	both			1050	224.64	Horizon	Indemnity		363.53				128.32	997.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PANCREATOBILIARY FISH (2002528)	88366	CPT	both			1050	224.64	Horizon	Medicare Blue		195.34				128.32	997.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PANCREATOBILIARY FISH (2002528)	88366	CPT	both			1050	224.64	Horizon	MGD		363.53				128.32	997.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PANCREATOBILIARY FISH (2002528)	88366	CPT	both			1050	224.64	Horizon	PPO		363.53				128.32	997.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PANCREATOBILIARY FISH (2002528)	88366	CPT	both			1050	224.64	Managed Care Inc	Managed Care Inc		945	90			128.32	997.5	percent of total billed charges	
PANCREATOBILIARY FISH (2002528)	88366	CPT	both			1050	224.64	Multiplan	Multiplan		840	80			128.32	997.5	percent of total billed charges	
PANCREATOBILIARY FISH (2002528)	88366	CPT	both			1050	224.64	Qualcare	Qualcare		787.5	75			128.32	997.5	percent of total billed charges	
PANCREATOBILIARY FISH (2002528)	88366	CPT	both			1050	224.64	Three Rivers	Three Rivers		997.5	95			128.32	997.5	percent of total billed charges	
PANCREATOBILIARY FISH (2002528)	88366	CPT	both			1050	224.64	UHC	Medicaid		331.28	31.55			128.32	997.5	percent of total billed charges	
PANCREATOBILIARY FISH (2002528)	88366	CPT	both			1050	224.64	UHC	Medicare		195.34				128.32	997.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PANCREATOBILIARY FISH (2002528)	88366	CPT	both			1050	224.64	Wellcare	Medicare		195.34				128.32	997.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PANCREATOBILIARY FISH (2002528)	88366	CPT	both			1050	224.64	Wellcare	Medicaid		331.28	31.55			128.32	997.5	percent of total billed charges	
PANCREATOBILIARY FISH (2002528)	88366	CPT	both			1050	224.64	WellPoint	WellPoint		337.89	32.18			128.32	997.5	percent of total billed charges	
CMPTR IN SITU HYBRIDIZATION, EA PROBE	88367	CPT	outpatient			852		472.75 Aetna	Commercial		654.46				179.65	809.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CMPTR IN SITU HYBRIDIZATION, EA PROBE	88367	CPT	outpatient			852		472.75 Aetna	Better Health		268.81	31.55			179.65	809.4	percent of total billed charges	
CMPTR IN SITU HYBRIDIZATION, EA PROBE	88367	CPT	outpatient			852		472.75 Aetna	Medicare		411.09				179.65	809.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CMPTR IN SITU HYBRIDIZATION, EA PROBE	88367	CPT	outpatient			852		472.75 Americare	Americare		639	75			179.65	809.4	percent of total billed charges	
CMPTR IN SITU HYBRIDIZATION, EA PROBE	88367	CPT	outpatient			852		472.75 Amerihealth	HMO/PPO		553.8	65			179.65	809.4	percent of total billed charges	
CMPTR IN SITU HYBRIDIZATION, EA PROBE	88367	CPT	outpatient			852		472.75 Amerihealth	Medicare		411.09				179.65	809.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CMPTR IN SITU HYBRIDIZATION, EA PROBE	88367	CPT	outpatient			852		472.75 Consumer	Consumer		809.4	95			179.65	809.4	percent of total billed charges	
CMPTR IN SITU HYBRIDIZATION, EA PROBE	88367	CPT	outpatient			852		472.75 Corrections	Corrections		681.6	80			179.65	809.4	percent of total billed charges	
CMPTR IN SITU HYBRIDIZATION, EA PROBE	88367	CPT	outpatient			852		472.75 First Health	First Health		596.4	70			179.65	809.4	percent of total billed charges	
CMPTR IN SITU HYBRIDIZATION, EA PROBE	88367	CPT	outpatient			852		472.75 First Trenton	First Trenton		766.8	90			179.65	809.4	percent of total billed charges	
CMPTR IN SITU HYBRIDIZATION, EA PROBE	88367	CPT	outpatient			852		472.75 Horizon	MGD		765.04				179.65	809.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CMPTR IN SITU HYBRIDIZATION, EA PROBE	88367	CPT	outpatient			852		472.75 Horizon	NJ Health		179.65				179.65	809.4	fee schedule	
CMPTR IN SITU HYBRIDIZATION, EA PROBE	88367	CPT	outpatient			852		472.75 Horizon	Indemnity		765.04				179.65	809.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CMPTR IN SITU HYBRIDIZATION, EA PROBE	88367	CPT	outpatient			852		472.75 Horizon	PPO		765.04				179.65	809.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CMPTR IN SITU HYBRIDIZATION, EA PROBE	88367	CPT	outpatient			852		472.75 Horizon	Medicare Blue		411.09				179.65	809.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CMPTR IN SITU HYBRIDIZATION, EA PROBE	88367	CPT	outpatient			852		472.75 Managed Care Inc	Managed Care Inc		766.8	90			179.65	809.4	percent of total billed charges	
CMPTR IN SITU HYBRIDIZATION, EA PROBE	88367	CPT	outpatient			852		472.75 Multiplan	Multiplan		681.6	80			179.65	809.4	percent of total billed charges	
CMPTR IN SITU HYBRIDIZATION, EA PROBE	88367	CPT	outpatient			852		472.75 Qualcare	Qualcare		639	75			179.65	809.4	percent of total billed charges	
CMPTR IN SITU HYBRIDIZATION, EA PROBE	88367	CPT	outpatient			852		472.75 Three Rivers	Three Rivers		809.4	95			179.65	809.4	percent of total billed charges	
CMPTR IN SITU HYBRIDIZATION, EA PROBE	88367	CPT	outpatient			852		472.75 UHC	Medicare		411.09				179.65	809.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CMPTR IN SITU HYBRIDIZATION, EA PROBE	88367	CPT	outpatient			852		472.75 UHC	Medicaid		268.81	31.55			179.65	809.4	percent of total billed charges	
CMPTR IN SITU HYBRIDIZATION, EA PROBE	88367	CPT	outpatient			852		472.75 Wellcare	Medicaid		268.81	31.55			179.65	809.4	percent of total billed charges	
CMPTR IN SITU HYBRIDIZATION, EA PROBE	88367	CPT	outpatient			852		472.75 Wellcare	Medicare		411.09				179.65	809.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CMPTR IN SITU HYBRIDIZATION, EA PROBE	88367	CPT	outpatient			852		472.75 WellPoint	WellPoint		274.17	32.18			179.65	809.4	percent of total billed charges	
MNL IN SITU HYBRIDIZATION, EA	88368	CPT	outpatient			696		472.75 Aetna	Better Health		219.59	31.55			162.52	765.04	percent of total billed charges	
MNL IN SITU HYBRIDIZATION, EA	88368	CPT	outpatient			696		472.75 Aetna	Commercial		654.46				162.52	765.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MNL IN SITU HYBRIDIZATION, EA	88368	CPT	outpatient			696		472.75 Aetna	Medicare		411.09				162.52	765.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MNL IN SITU HYBRIDIZATION, EA	88368	CPT	outpatient			696		472.75 Americare	Americare		522	75			162.52	765.04	percent of total billed charges	
MNL IN SITU HYBRIDIZATION, EA	88368	CPT	outpatient			696		472.75 Amerihealth	Medicare		411.09				162.52	765.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MNL IN SITU HYBRIDIZATION, EA	88368	CPT	outpatient			696		472.75 Amerihealth	HMO/PPO		452.4	65			162.52	765.04	percent of total billed charges	
MNL IN SITU HYBRIDIZATION, EA	88368	CPT	outpatient			696		472.75 Consumer	Consumer		661.2	95			162.52	765.04	percent of total billed charges	
MNL IN SITU HYBRIDIZATION, EA	88368	CPT	outpatient			696		472.75 Corrections	Corrections		556.8	80			162.52	765.04	percent of total billed charges	
MNL IN SITU HYBRIDIZATION, EA	88368	CPT	outpatient			696		472.75 First Health	First Health		487.2	70			162.52	765.04	percent of total billed charges	
MNL IN SITU HYBRIDIZATION, EA	88368	CPT	outpatient			696		472.75 First Trenton	First Trenton		626.4	90			162.52	765.04	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.															
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true														
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
MNL IN SITU HYBRIDIZATION, EA	88368	CPT	outpatient			696	472.75	Horizon	MGD		765.04				162.52	765.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MNL IN SITU HYBRIDIZATION, EA	88368	CPT	outpatient			696	472.75	Horizon	Indemnity		765.04				162.52	765.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MNL IN SITU HYBRIDIZATION, EA	88368	CPT	outpatient			696	472.75	Horizon	NJ Health		162.52				162.52	765.04	fee schedule	
MNL IN SITU HYBRIDIZATION, EA	88368	CPT	outpatient			696	472.75	Horizon	Medicare Blue		411.09				162.52	765.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MNL IN SITU HYBRIDIZATION, EA	88368	CPT	outpatient			696	472.75	Horizon	PPO		765.04				162.52	765.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MNL IN SITU HYBRIDIZATION, EA	88368	CPT	outpatient			696	472.75	Managed Care Inc	Managed Care Inc		626.4	90			162.52	765.04	percent of total billed charges	
MNL IN SITU HYBRIDIZATION, EA	88368	CPT	outpatient			696	472.75	Multiplan	Multiplan		556.8	80			162.52	765.04	percent of total billed charges	
MNL IN SITU HYBRIDIZATION, EA	88368	CPT	outpatient			696	472.75	Qualcare	Qualcare		522	75			162.52	765.04	percent of total billed charges	
MNL IN SITU HYBRIDIZATION, EA	88368	CPT	outpatient			696	472.75	Three Rivers	Three Rivers		661.2	95			162.52	765.04	percent of total billed charges	
MNL IN SITU HYBRIDIZATION, EA	88368	CPT	outpatient			696	472.75	UHC	Medicaid		219.59	31.55			162.52	765.04	percent of total billed charges	
MNL IN SITU HYBRIDIZATION, EA	88368	CPT	outpatient			696	472.75	UHC	Medicare		411.09				162.52	765.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MNL IN SITU HYBRIDIZATION, EA	88368	CPT	outpatient			696	472.75	Wellcare	Medicare		411.09				162.52	765.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MNL IN SITU HYBRIDIZATION, EA	88368	CPT	outpatient			696	472.75	Wellcare	Medicaid		219.59	31.55			162.52	765.04	percent of total billed charges	
MNL IN SITU HYBRIDIZATION, EA	88368	CPT	outpatient			696	472.75	WellPoint	WellPoint		223.97	32.18			162.52	765.04	percent of total billed charges	
HER2 BY FISH	88377	CPT	both			2530	224.64	Aetna	Commercial		310.98				184.63	2403.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HER2 BY FISH	88377	CPT	both			2530	224.64	Aetna	Medicare		779.24	30.8			184.63	2403.5	percent of total billed charges	
HER2 BY FISH	88377	CPT	both			2530	224.64	Aetna	Better Health		798.22	31.55			184.63	2403.5	percent of total billed charges	
HER2 BY FISH	88377	CPT	both			2530	224.64	Americare	Americare		1897.5	75			184.63	2403.5	percent of total billed charges	
HER2 BY FISH	88377	CPT	both			2530	224.64	Amerihealth	Medicare		195.34				184.63	2403.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HER2 BY FISH	88377	CPT	both			2530	224.64	Amerihealth	HMO/PPO		1644.5	65			184.63	2403.5	percent of total billed charges	
HER2 BY FISH	88377	CPT	both			2530	224.64	Consumer	Consumer		2403.5	95			184.63	2403.5	percent of total billed charges	
HER2 BY FISH	88377	CPT	both			2530	224.64	Corrections	Corrections		2024	80			184.63	2403.5	percent of total billed charges	
HER2 BY FISH	88377	CPT	both			2530	224.64	First Health	First Health		1771	70			184.63	2403.5	percent of total billed charges	
HER2 BY FISH	88377	CPT	both			2530	224.64	First Trenton	First Trenton		2277	90			184.63	2403.5	percent of total billed charges	
HER2 BY FISH	88377	CPT	both			2530	224.64	Horizon	Medicare Blue		195.34				184.63	2403.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HER2 BY FISH	88377	CPT	both			2530	224.64	Horizon	MGD		363.53				184.63	2403.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HER2 BY FISH	88377	CPT	both			2530	224.64	Horizon	PPO		363.53				184.63	2403.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HER2 BY FISH	88377	CPT	both			2530	224.64	Horizon	Indemnity		363.53				184.63	2403.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HER2 BY FISH	88377	CPT	both			2530	224.64	Horizon	NJ Health		184.63				184.63	2403.5	fee schedule	
HER2 BY FISH	88377	CPT	both			2530	224.64	Managed Care Inc	Managed Care Inc		2277	90			184.63	2403.5	percent of total billed charges	
HER2 BY FISH	88377	CPT	both			2530	224.64	Multiplan	Multiplan		2024	80			184.63	2403.5	percent of total billed charges	
HER2 BY FISH	88377	CPT	both			2530	224.64	Qualcare	Qualcare		1897.5	75			184.63	2403.5	percent of total billed charges	
HER2 BY FISH	88377	CPT	both			2530	224.64	Three Rivers	Three Rivers		2403.5	95			184.63	2403.5	percent of total billed charges	
HER2 BY FISH	88377	CPT	both			2530	224.64	UHC	Medicaid		798.22	31.55			184.63	2403.5	percent of total billed charges	
HER2 BY FISH	88377	CPT	both			2530	224.64	UHC	Medicare		195.34				184.63	2403.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HER2 BY FISH	88377	CPT	both			2530	224.64	Wellcare	Medicare		195.34				184.63	2403.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HER2 BY FISH	88377	CPT	both			2530	224.64	Wellcare	Medicaid		798.22	31.55			184.63	2403.5	percent of total billed charges	
HER2 BY FISH	88377	CPT	both			2530	224.64	WellPoint	WellPoint		814.15	32.18			184.63	2403.5	percent of total billed charges	
MSI (MSO)	88381	CPT	outpatient			2040		Aetna	Better Health		643.62	31.55			134.4	1938	percent of total billed charges	
MSI (MSO)	88381	CPT	outpatient			2040		Aetna	Medicare		628.32	30.8			134.4	1938	percent of total billed charges	
MSI (MSO)	88381	CPT	outpatient			2040		Aetna	Commercial		775.2	38			134.4	1938	percent of total billed charges	
MSI (MSO)	88381	CPT	outpatient			2040		Americare	Americare		1530	75			134.4	1938	percent of total billed charges	
MSI (MSO)	88381	CPT	outpatient			2040		Amerihealth	HMO/PPO		1326	65			134.4	1938	percent of total billed charges	
MSI (MSO)	88381	CPT	outpatient			2040		Consumer	Consumer		1938	95			134.4	1938	percent of total billed charges	
MSI (MSO)	88381	CPT	outpatient			2040		Corrections	Corrections		1632	80			134.4	1938	percent of total billed charges	
MSI (MSO)	88381	CPT	outpatient			2040		First Health	First Health		1428	70			134.4	1938	percent of total billed charges	
MSI (MSO)	88381	CPT	outpatient			2040		First Trenton	First Trenton		1836	90			134.4	1938	percent of total billed charges	
MSI (MSO)	88381	CPT	outpatient			2040		Horizon	MGD		780.91	38.28			134.4	1938	percent of total billed charges	
MSI (MSO)	88381	CPT	outpatient			2040		Horizon	PPO		780.91	38.28			134.4	1938	percent of total billed charges	
MSI (MSO)	88381	CPT	outpatient			2040		Horizon	Medicare Blue		612	30			134.4	1938	percent of total billed charges	
MSI (MSO)	88381	CPT	outpatient			2040		Horizon	NJ Health		191.84				134.4	1938	fee schedule	
MSI (MSO)	88381	CPT	outpatient			2040		Horizon	Indemnity		780.91	38.28			134.4	1938	percent of total billed charges	
MSI (MSO)	88381	CPT	outpatient			2040		Managed Care Inc	Managed Care Inc		1836	90			134.4	1938	percent of total billed charges	
MSI (MSO)	88381	CPT	outpatient			2040		Multiplan	Multiplan		1632	80			134.4	1938	percent of total billed charges	
MSI (MSO)	88381	CPT	outpatient			2040		Qualcare	Qualcare		1530	75			134.4	1938	percent of total billed charges	
MSI (MSO)	88381	CPT	outpatient			2040		Three Rivers	Three Rivers		1938	95			134.4	1938	percent of total billed charges	
MSI (MSO)	88381	CPT	outpatient			2040		UHC	Medicaid		643.62	31.55			134.4	1938	percent of total billed charges	
MSI (MSO)	88381	CPT	outpatient			2040		Wellcare	Medicaid		643.62	31.55			134.4	1938	percent of total billed charges	
MSI (MSO)	88381	CPT	outpatient			2040		WellPoint	WellPoint		656.47	32.18			134.4	1938	percent of total billed charges	
MICRODISSECTION	88387	CPT	outpatient			332		Aetna	Commercial		126.16	38			28.87	315.4	percent of total billed charges	
MICRODISSECTION	88387	CPT	outpatient			332		Aetna	Medicare		102.26	30.8			28.87	315.4	percent of total billed charges	
MICRODISSECTION	88387	CPT	outpatient			332		Aetna	Better Health		104.75	31.55			28.87	315.4	percent of total billed charges	
MICRODISSECTION	88387	CPT	outpatient			332		Americare	Americare		249	75			28.87	315.4	percent of total billed charges	
MICRODISSECTION	88387	CPT	outpatient			332		Amerihealth	HMO/PPO		215.8	65			28.87	315.4	percent of total billed charges	
MICRODISSECTION	88387	CPT	outpatient			332		Consumer	Consumer		315.4	95			28.87	315.4	percent of total billed charges	
MICRODISSECTION	88387	CPT	outpatient			332		Corrections	Corrections		265.6	80			28.87	315.4	percent of total billed charges	
MICRODISSECTION	88387	CPT	outpatient			332		First Health	First Health		232.4	70			28.87	315.4	percent of total billed charges	
MICRODISSECTION	88387	CPT	outpatient			332		First Trenton	First Trenton		298.8	90			28.87	315.4	percent of total billed charges	
MICRODISSECTION	88387	CPT	outpatient			332		Horizon	Indemnity		127.09	38.28			28.87	315.4	percent of total billed charges	
MICRODISSECTION	88387	CPT	outpatient			332		Horizon	Medicare Blue		99.6	30			28.87	315.4	percent of total billed charges	
MICRODISSECTION	88387	CPT	outpatient			332		Horizon	NJ Health		28.87				28.87	315.4	fee schedule	
MICRODISSECTION	88387	CPT	outpatient			332		Horizon	MGD		127.09	38.28			28.87	315.4	percent of total billed charges	
MICRODISSECTION	88387	CPT	outpatient			332		Horizon	PPO		127.09	38.28			28.87	315.4	percent of total billed charges	
MICRODISSECTION	88387	CPT	outpatient			332		Managed Care Inc	Managed Care Inc		298.8	90			28.87	315.4	percent of total billed charges	
MICRODISSECTION	88387	CPT	outpatient			332		Multiplan	Multiplan		265.6	80			28.87	315.4	percent of total billed charges	
MICRODISSECTION	88387	CPT	outpatient			332		Qualcare	Qualcare		249	75			28.87	315.4	percent of total billed charges	
MICRODISSECTION	88387	CPT	outpatient			332		Three Rivers	Three Rivers		315.4	95			28.87	315.4	percent of total billed charges	
MICRODISSECTION	88387	CPT	outpatient			332		UHC	Medicaid		104.75	31.55			28.87	315.4	percent of total billed charges	
MICRODISSECTION	88387	CPT	outpatient			332		Wellcare	Medicaid		104.75	31.55			28.87	315.4	percent of total billed charges	
MICRODISSECTION	88387	CPT	outpatient			332		WellPoint	WellPoint		106.84	32.18			28.87	315.4	percent of total billed charges	
CSF ANALYSIS	89051	CPT	both			101	6.44	Aetna	Better Health		31.87	31.55			1.76	95.95	percent of total billed charges	
CSF ANALYSIS	89051	CPT	both			101	6.44	Aetna	Medicare		5.6				1.76	95.95	fee schedule	
CSF ANALYSIS	89051	CPT	both			101	6.44	Aetna	Commercial		38.38	38			1.76	95.95	percent of total billed charges	
CSF ANALYSIS	89051	CPT	both			101	6.44	Americare	Americare		75.75	75			1.76	95.95	percent of total billed charges	
CSF ANALYSIS	89051	CPT	both			101	6.44	Amerihealth	Medicare		5.6				1.76	95.95	fee schedule	
CSF ANALYSIS	89051	CPT	both			101	6.44	Amerihealth	HMO/PPO		65.65	65			1.76	95.95	percent of total billed charges	
CSF ANALYSIS	89051	CPT	both			101	6.44	Consumer	Consumer		95.95	95			1.76	95.95	percent of total billed charges	
CSF ANALYSIS	89051	CPT	both			101	6.44	Corrections	Corrections		80.8	80			1.76	95.95	percent of total billed charges	
CSF ANALYSIS	89051	CPT	both			101	6.44	First Health	First Health		70.7	70			1.76	95.95	percent of total billed charges	
CSF ANALYSIS	89051	CPT	both			101	6.44	First Trenton	First Trenton		90.9	90			1.76	95.95	percent of total billed charges	
CSF ANALYSIS	89051	CPT	both			101	6.44	Horizon	MGD		38.66	38.28			1.76	95.95	percent of total billed charges	
CSF ANALYSIS	89051	CPT	both			101	6.44	Horizon	Indemnity		38.66	38.28			1.76	95.95	percent of total billed charges	
CSF ANALYSIS	89051	CPT	both			101	6.44	Horizon	NJ Health		1.76				1.76	95.95	fee schedule	
CSF ANALYSIS	89051	CPT	both			101	6.44	Horizon	PPO		38.66	38.28			1.76	95.95	percent of total billed charges	
CSF ANALYSIS	89051	CPT	both			101	6.44	Horizon	Medicare Blue		30.3	30			1.76	95.95	percent of total billed charges	
CSF ANALYSIS	89051	CPT	both			101	6.44	Managed Care Inc	Managed Care Inc		90.9	90			1.76	95.95	percent of total billed charges	
CSF ANALYSIS	89051	CPT	both			101	6.44	Multiplan	Multiplan		80.8	80			1.76	95.95	percent of total billed charges	
CSF ANALYSIS	89051	CPT	both			101	6.44	Qualcare	Qualcare		75.75	75			1.76	95.95	percent of total billed charges	
CSF ANALYSIS	89051	CPT	both			101	6.44	Three Rivers	Three Rivers		95.95	95			1.76	95.95	percent of total billed charges	
CSF ANALYSIS	89051	CPT	both			101	6.44	UHC	Medicare		5.6				1.76	95.95	fee schedule	
CSF ANALYSIS	89051	CPT	both			101	6.44	UHC	Medicaid		31.87	31.55			1.76	95.95	percent of total billed charges	
CSF ANALYSIS	89051	CPT	both			101	6.44	Wellcare	Medicare		5.6				1.76	95.95	fee schedule	
CSF ANALYSIS	89051	CPT	both			101	6.44	Wellcare	Medicaid		31.87	31.55			1.76	95.95	percent of total billed charges	
CSF ANALYSIS	89051	CPT	both			101	6.44	WellPoint	WellPoint		32.5	32.18			1.76	95.95	percent of total billed charges	
FECAL LEUKOCYTE STAINS	89055	CPT	outpatient			88	4.91	Aetna	Medicare		27.1	30.8			4.27	83.6	percent of total billed charges	
FECAL LEUKOCYTE STAINS	89055	CPT	outpatient			88	4.91	Aetna	Better Health		27.76	31.55			4.27	83.6	percent of total billed charges	
FECAL LEUKOCYTE STAINS	89055	CPT	outpatient			88	4.91	Aetna	Commercial		33.44	38			4.27	83.6	percent of total billed charges	
FECAL LEUKOCYTE STAINS	89055	CPT	outpatient			88	4.91	Americare	Americare		66	75			4.27	83.6	percent of total billed charges	
FECAL LEUKOCYTE STAINS	89055	CPT	outpatient			88	4.91	Amerihealth	Medicare		4.27				4.27	83.6	fee schedule	
FECAL LEUKOCYTE STAINS	89055	CPT	outpatient			88	4.91	Amerihealth	HMO/PPO		57.2	65			4.27	83.6	percent of total billed charges	
FECAL LEUKOCYTE STAINS	89055	CPT	outpatient			88	4.91	Consumer	Consumer		83.6	95			4.27	83.6	percent of total billed charges	
FECAL LEUKOCYTE STAINS	89055	CPT	outpatient			88	4.91	Corrections	Corrections		70.4	80			4.27	83.6	percent of total billed charges	
FECAL LEUKOCYTE STAINS	89055	CPT	outpatient			88	4.91	First Health	First Health		61.6	70			4.27	83.6	percent of total billed charges	
FECAL LEUKOCYTE STAINS	89055	CPT	outpatient			88	4.91	First Trenton	First Trenton		79.2	90			4.27	83.6	percent of total billed charges	
FECAL LEUKOCYTE STAINS	89055	CPT	outpatient			88	4.91	Horizon	Medicare Blue		26.4	30			4.27	83.6	percent of total billed charges	
FECAL LEUKOCYTE STAINS	89055	CPT	outpatient			88	4.91	Horizon	MGD		33.69	38.28			4.27	83.6	percent of total billed charges	
FECAL LEUKOCYTE STAINS	89055	CPT	outpatient			88	4.91	Horizon	Indemnity		33.69	38.28			4.27	83.6	percent of total billed charges	
FECAL LEUKOCYTE STAINS	89055	CPT	outpatient			88	4.91	Horizon	PPO		33.69	38.28			4.27	83.6	percent of total billed charges	
FECAL LEUKOCYTE STAINS	89055	CPT	outpatient			88	4.91	Horizon	NJ Health		4.66				4.27	83.6	fee schedule	
FECAL LEUKOCYTE STAINS	89055	CPT	outpatient			88	4.91	Managed Care Inc	Managed Care Inc		79.2	90			4.27	83.6	percent of total billed charges	
FECAL LEUKOCYTE STAINS	89055	CPT	outpatient			88	4.91	Multiplan	Multiplan		70.4	80			4.27	83.6	percent of total billed charges	
FECAL LEUKOCYTE STAINS	89055	CPT	outpatient			88	4.91	Qualcare	Qualcare		66	75			4.27	83.6	percent of total billed charges	
FECAL LEUKOCYTE STAINS	89055	CPT	outpatient			88	4.91	Three Rivers	Three Rivers		83.6	95			4.27	83.6	percent of total billed charges	
FECAL LEUKOCYTE STAINS	89055	CPT	outpatient			88	4.91	UHC	Medicaid		27.76	31.55			4.27	83.6	percent of total billed charges	
FECAL LEUKOCYTE STAINS	89055	CPT	outpatient			88	4.91	UHC	Medicare		4.27				4.27	83.6	fee schedule	
FECAL LEUKOCYTE STAINS	89055	CPT	outpatient			88	4.91	Wellcare	Medicare		4.27				4.27	83.6	fee schedule	
FECAL LEUKOCYTE STAINS	89055	CPT	outpatient			88	4.91	Wellcare	Medicaid		27.76	31.55			4.27	83.6	percent of total billed charges	
FECAL LEUKOCYTE STAINS	89055	CPT	outpatient			88	4.91	WellPoint	WellPoint		28.32	32.18			4.27	83.6	percent of total billed charges	
EXAM SYNOVIAL FLUID CRYSTALS	89060	CPT	outpatient			86	8.43	Aetna	Commercial		32.68	38			7.33	81.7	percent of total billed charges	
EXAM SYNOVIAL FLUID CRYSTALS	89060	CPT	outpatient			86	8.43	Aetna	Medicare		7.33				7.33	81.7	fee schedule	
EXAM SYNOVIAL FLUID CRYSTALS	89060	CPT	outpatient			86	8.43	Aetna	Better Health		27.13	31.55			7.33	81.7	percent of total billed charges	
EXAM SYNOVIAL FLUID CRYSTALS	89060	CPT	outpatient			86	8.43	Americare	Americare		64.5	75			7.33	81.7	percent of total billed charges	
EXAM SYNOVIAL FLUID CRYSTALS	89060	CPT	outpatient			86	8.43	Amerihealth	HMO/PPO		55.9	65			7.33	81.7	percent of total billed charges	
EXAM SYNOVIAL FLUID CRYSTALS	89060	CPT	outpatient			86	8.43	Amerihealth	Medicare		7.33				7.33	81.7	fee schedule	
EXAM SYNOVIAL FLUID CRYSTALS	89060	CPT	outpatient			86	8.43	Consumer	Consumer		81.7	95			7.33	81.7	percent of total billed charges	
EXAM SYNOVIAL FLUID CRYSTALS	89060	CPT	outpatient			86	8.43	Corrections	Corrections		68.8	80			7.33	81.7	percent of total billed charges	
EXAM SYNOVIAL FLUID CRYSTALS	89060	CPT	outpatient			86	8.43	First Health	First Health		60.2	70			7.33	81.7	percent of total billed charges	
EXAM SYNOVIAL FLUID CRYSTALS	89060	CPT	outpatient			86	8.43	First Trenton	First Trenton		77.4	90			7.33	81.7	percent of total billed charges	
EXAM SYNOVIAL FLUID CRYSTALS	89060	CPT	outpatient			86	8.43	Horizon	Indemnity		32.92	38.28			7.33	81.7	percent of total billed charges	
EXAM SYNOVIAL FLUID CRYSTALS	89060	CPT	outpatient			86	8.43	Horizon	PPO		32.92	38.28			7.33	81.7	percent of total billed charges	
EXAM SYNOVIAL FLUID CRYSTALS	89060	CPT	outpatient			86	8.43	Horizon	MGD		32.92	38.28			7.33	81.7	percent of total billed charges	
EXAM SYNOVIAL FLUID CRYSTALS	89060	CPT	outpatient			86	8.43	Horizon	Medicare Blue		25.8	30			7.33	81.7	percent of total billed charges	
EXAM SYNOVIAL FLUID CRYSTALS	89060	CPT	outpatient			86	8.43	Horizon	NJ Health		16.66				7.33	81.7	fee schedule	
EXAM SYNOVIAL FLUID CRYSTALS	89060	CPT	outpatient			86	8.43	Managed Care Inc	Managed Care Inc		77.4	90			7.33	81.7	percent of total billed charges	
EXAM SYNOVIAL FLUID CRYSTALS	89060	CPT	outpatient			86	8.43	Multiplan	Multiplan		68.8	80			7.33	81.7	percent of total billed charges	
EXAM SYNOVIAL FLUID CRYSTALS	89060	CPT	outpatient			86	8.43	Qualcare	Qualcare		64.5	75			7.33	81.7	percent of total billed charges	
EXAM SYNOVIAL FLUID CRYSTALS	89060	CPT	outpatient			86	8.43	Three Rivers	Three Rivers		81.7	95			7.33	81.7	percent of total billed charges	
EXAM SYNOVIAL FLUID CRYSTALS	89060	CPT	outpatient			86	8.43	UHC	Medicaid		27.13	31.55			7.33	81.7	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101191	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
EXAM SYNOVIAL FLUID CRYSTALS	89060	CPT	outpatient			86	8.43	UHC	Medicare		7.33				7.33	81.7	fee schedule	
EXAM SYNOVIAL FLUID CRYSTALS	89060	CPT	outpatient			86	8.43	Wellcare	Medicaid		27.13	31.55			7.33	81.7	percent of total billed charges	
EXAM SYNOVIAL FLUID CRYSTALS	89060	CPT	outpatient			86	8.43	Wellcare	Medicare		7.33				7.33	81.7	fee schedule	
EXAM SYNOVIAL FLUID CRYSTALS	89060	CPT	outpatient			86	8.43	WellPoint	WellPoint		27.67	32.18			7.33	81.7	percent of total billed charges	
STOOL FAT STAIN (SUDAN)	89125	CPT	both			120	6.76	Aetna	Commercial		45.6	38			1.18	114	percent of total billed charges	
STOOL FAT STAIN (SUDAN)	89125	CPT	both			120	6.76	Aetna	Better Health		37.86	31.55			1.18	114	percent of total billed charges	
STOOL FAT STAIN (SUDAN)	89125	CPT	both			120	6.76	Aetna	Medicare		36.96	30.8			1.18	114	percent of total billed charges	
STOOL FAT STAIN (SUDAN)	89125	CPT	both			120	6.76	Americare	Americare		90	75			1.18	114	percent of total billed charges	
STOOL FAT STAIN (SUDAN)	89125	CPT	both			120	6.76	Amerihealth	HMO/PPO		78	65			1.18	114	percent of total billed charges	
STOOL FAT STAIN (SUDAN)	89125	CPT	both			120	6.76	Amerihealth	Medicare		5.88				1.18	114	fee schedule	
STOOL FAT STAIN (SUDAN)	89125	CPT	both			120	6.76	Consumer	Consumer		114	95			1.18	114	percent of total billed charges	
STOOL FAT STAIN (SUDAN)	89125	CPT	both			120	6.76	Corrections	Corrections		96	80			1.18	114	percent of total billed charges	
STOOL FAT STAIN (SUDAN)	89125	CPT	both			120	6.76	First Health	First Health		84	70			1.18	114	percent of total billed charges	
STOOL FAT STAIN (SUDAN)	89125	CPT	both			120	6.76	First Trenton	First Trenton		108	90			1.18	114	percent of total billed charges	
STOOL FAT STAIN (SUDAN)	89125	CPT	both			120	6.76	Horizon	Indemnity		45.94	38.28			1.18	114	percent of total billed charges	
STOOL FAT STAIN (SUDAN)	89125	CPT	both			120	6.76	Horizon	MGD		45.94	38.28			1.18	114	percent of total billed charges	
STOOL FAT STAIN (SUDAN)	89125	CPT	both			120	6.76	Horizon	Medicare Blue		36	30			1.18	114	percent of total billed charges	
STOOL FAT STAIN (SUDAN)	89125	CPT	both			120	6.76	Horizon	NJ Health		1.18				1.18	114	fee schedule	
STOOL FAT STAIN (SUDAN)	89125	CPT	both			120	6.76	Horizon	PPO		45.94	38.28			1.18	114	percent of total billed charges	
STOOL FAT STAIN (SUDAN)	89125	CPT	both			120	6.76	Managed Care Inc	Managed Care Inc		108	90			1.18	114	percent of total billed charges	
STOOL FAT STAIN (SUDAN)	89125	CPT	both			120	6.76	Multiplan	Multiplan		96	80			1.18	114	percent of total billed charges	
STOOL FAT STAIN (SUDAN)	89125	CPT	both			120	6.76	Qualcare	Qualcare		90	75			1.18	114	percent of total billed charges	
STOOL FAT STAIN (SUDAN)	89125	CPT	both			120	6.76	Three Rivers	Three Rivers		114	95			1.18	114	percent of total billed charges	
STOOL FAT STAIN (SUDAN)	89125	CPT	both			120	6.76	UHC	Medicare		5.88				1.18	114	fee schedule	
STOOL FAT STAIN (SUDAN)	89125	CPT	both			120	6.76	UHC	Medicaid		37.86	31.55			1.18	114	percent of total billed charges	
STOOL FAT STAIN (SUDAN)	89125	CPT	both			120	6.76	Wellcare	Medicare		5.88				1.18	114	fee schedule	
STOOL FAT STAIN (SUDAN)	89125	CPT	both			120	6.76	Wellcare	Medicaid		37.86	31.55			1.18	114	percent of total billed charges	
STOOL FAT STAIN (SUDAN)	89125	CPT	both			120	6.76	WellPoint	WellPoint		38.62	32.18			1.18	114	percent of total billed charges	
STOOL MEAT FIBER	89160	CPT	outpatient			16	5.58	Aetna	Commercial		6.08	38			4.53	15.2	percent of total billed charges	
STOOL MEAT FIBER	89160	CPT	outpatient			16	5.58	Aetna	Medicare		4.85				4.53	15.2	fee schedule	
STOOL MEAT FIBER	89160	CPT	outpatient			16	5.58	Aetna	Better Health		5.05	31.55			4.53	15.2	percent of total billed charges	
STOOL MEAT FIBER	89160	CPT	outpatient			16	5.58	Americare	Americare		12	75			4.53	15.2	percent of total billed charges	
STOOL MEAT FIBER	89160	CPT	outpatient			16	5.58	Amerihealth	HMO/PPO		10.4	65			4.53	15.2	percent of total billed charges	
STOOL MEAT FIBER	89160	CPT	outpatient			16	5.58	Amerihealth	Medicare		4.85				4.53	15.2	fee schedule	
STOOL MEAT FIBER	89160	CPT	outpatient			16	5.58	Consumer	Consumer		15.2	95			4.53	15.2	percent of total billed charges	
STOOL MEAT FIBER	89160	CPT	outpatient			16	5.58	Corrections	Corrections		12.8	80			4.53	15.2	percent of total billed charges	
STOOL MEAT FIBER	89160	CPT	outpatient			16	5.58	First Health	First Health		11.2	70			4.53	15.2	percent of total billed charges	
STOOL MEAT FIBER	89160	CPT	outpatient			16	5.58	First Trenton	First Trenton		14.4	90			4.53	15.2	percent of total billed charges	
STOOL MEAT FIBER	89160	CPT	outpatient			16	5.58	Horizon	Indemnity		6.12	38.28			4.53	15.2	percent of total billed charges	
STOOL MEAT FIBER	89160	CPT	outpatient			16	5.58	Horizon	Medicare Blue		4.8	30			4.53	15.2	percent of total billed charges	
STOOL MEAT FIBER	89160	CPT	outpatient			16	5.58	Horizon	MGD		6.12	38.28			4.53	15.2	percent of total billed charges	
STOOL MEAT FIBER	89160	CPT	outpatient			16	5.58	Horizon	NJ Health		4.53				4.53	15.2	fee schedule	
STOOL MEAT FIBER	89160	CPT	outpatient			16	5.58	Horizon	PPO		6.12	38.28			4.53	15.2	percent of total billed charges	
STOOL MEAT FIBER	89160	CPT	outpatient			16	5.58	Managed Care Inc	Managed Care Inc		14.4	90			4.53	15.2	percent of total billed charges	
STOOL MEAT FIBER	89160	CPT	outpatient			16	5.58	Multiplan	Multiplan		12.8	80			4.53	15.2	percent of total billed charges	
STOOL MEAT FIBER	89160	CPT	outpatient			16	5.58	Qualcare	Qualcare		12	75			4.53	15.2	percent of total billed charges	
STOOL MEAT FIBER	89160	CPT	outpatient			16	5.58	Three Rivers	Three Rivers		15.2	95			4.53	15.2	percent of total billed charges	
STOOL MEAT FIBER	89160	CPT	outpatient			16	5.58	UHC	Medicaid		5.05	31.55			4.53	15.2	percent of total billed charges	
STOOL MEAT FIBER	89160	CPT	outpatient			16	5.58	UHC	Medicare		4.85				4.53	15.2	fee schedule	
STOOL MEAT FIBER	89160	CPT	outpatient			16	5.58	Wellcare	Medicaid		5.05	31.55			4.53	15.2	percent of total billed charges	
STOOL MEAT FIBER	89160	CPT	outpatient			16	5.58	Wellcare	Medicare		4.85				4.53	15.2	fee schedule	
STOOL MEAT FIBER	89160	CPT	outpatient			16	5.58	WellPoint	WellPoint		5.15	32.18			4.53	15.2	percent of total billed charges	
EOSINOPHILS,NASAL SMEAR	89190	CPT	outpatient			38	6.66	Aetna	Better Health		11.99	31.55			4.31	36.1	percent of total billed charges	
EOSINOPHILS,NASAL SMEAR	89190	CPT	outpatient			38	6.66	Aetna	Commercial		14.44	38			4.31	36.1	percent of total billed charges	
EOSINOPHILS,NASAL SMEAR	89190	CPT	outpatient			38	6.66	Aetna	Medicare		5.79				4.31	36.1	fee schedule	
EOSINOPHILS,NASAL SMEAR	89190	CPT	outpatient			38	6.66	Americare	Americare		28.5	75			4.31	36.1	percent of total billed charges	
EOSINOPHILS,NASAL SMEAR	89190	CPT	outpatient			38	6.66	Amerihealth	HMO/PPO		24.7	65			4.31	36.1	percent of total billed charges	
EOSINOPHILS,NASAL SMEAR	89190	CPT	outpatient			38	6.66	Amerihealth	Medicare		5.79				4.31	36.1	fee schedule	
EOSINOPHILS,NASAL SMEAR	89190	CPT	outpatient			38	6.66	Consumer	Consumer		36.1	95			4.31	36.1	percent of total billed charges	
EOSINOPHILS,NASAL SMEAR	89190	CPT	outpatient			38	6.66	Corrections	Corrections		30.4	80			4.31	36.1	percent of total billed charges	
EOSINOPHILS,NASAL SMEAR	89190	CPT	outpatient			38	6.66	First Health	First Health		26.6	70			4.31	36.1	percent of total billed charges	
EOSINOPHILS,NASAL SMEAR	89190	CPT	outpatient			38	6.66	First Trenton	First Trenton		34.2	90			4.31	36.1	percent of total billed charges	
EOSINOPHILS,NASAL SMEAR	89190	CPT	outpatient			38	6.66	Horizon	NJ Health		4.31				4.31	36.1	fee schedule	
EOSINOPHILS,NASAL SMEAR	89190	CPT	outpatient			38	6.66	Horizon	Indemnity		14.55	38.28			4.31	36.1	percent of total billed charges	
EOSINOPHILS,NASAL SMEAR	89190	CPT	outpatient			38	6.66	Horizon	Medicare Blue		11.4	30			4.31	36.1	percent of total billed charges	
EOSINOPHILS,NASAL SMEAR	89190	CPT	outpatient			38	6.66	Horizon	MGD		14.55	38.28			4.31	36.1	percent of total billed charges	
EOSINOPHILS,NASAL SMEAR	89190	CPT	outpatient			38	6.66	Horizon	PPO		14.55	38.28			4.31	36.1	percent of total billed charges	
EOSINOPHILS,NASAL SMEAR	89190	CPT	outpatient			38	6.66	Managed Care Inc	Managed Care Inc		34.2	90			4.31	36.1	percent of total billed charges	
EOSINOPHILS,NASAL SMEAR	89190	CPT	outpatient			38	6.66	Multiplan	Multiplan		30.4	80			4.31	36.1	percent of total billed charges	
EOSINOPHILS,NASAL SMEAR	89190	CPT	outpatient			38	6.66	Qualcare	Qualcare		28.5	75			4.31	36.1	percent of total billed charges	
EOSINOPHILS,NASAL SMEAR	89190	CPT	outpatient			38	6.66	Three Rivers	Three Rivers		36.1	95			4.31	36.1	percent of total billed charges	
EOSINOPHILS,NASAL SMEAR	89190	CPT	outpatient			38	6.66	UHC	Medicaid		11.99	31.55			4.31	36.1	percent of total billed charges	
EOSINOPHILS,NASAL SMEAR	89190	CPT	outpatient			38	6.66	UHC	Medicare		5.79				4.31	36.1	fee schedule	
EOSINOPHILS,NASAL SMEAR	89190	CPT	outpatient			38	6.66	Wellcare	Medicare		5.79				4.31	36.1	fee schedule	
EOSINOPHILS,NASAL SMEAR	89190	CPT	outpatient			38	6.66	Wellcare	Medicaid		11.99	31.55			4.31	36.1	percent of total billed charges	
EOSINOPHILS,NASAL SMEAR	89190	CPT	outpatient			38	6.66	WellPoint	WellPoint		12.23	32.18			4.31	36.1	percent of total billed charges	
SPUTUM INDUCTION	89220	CPT	both			575	224.64	Aetna	Better Health		181.41	31.55			30.71	546.25	percent of total billed charges	
SPUTUM INDUCTION	89220	CPT	both			575	224.64	Aetna	Commercial		310.98				30.71	546.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPUTUM INDUCTION	89220	CPT	both			575	224.64	Aetna	Medicare		195.34				30.71	546.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPUTUM INDUCTION	89220	CPT	both			575	224.64	Americare	Americare		431.25	75			30.71	546.25	percent of total billed charges	
SPUTUM INDUCTION	89220	CPT	both			575	224.64	Amerihealth	HMO/PPO		373.75	65			30.71	546.25	percent of total billed charges	
SPUTUM INDUCTION	89220	CPT	both			575	224.64	Amerihealth	Medicare		195.34				30.71	546.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPUTUM INDUCTION	89220	CPT	both			575	224.64	Consumer	Consumer		546.25	95			30.71	546.25	percent of total billed charges	
SPUTUM INDUCTION	89220	CPT	both			575	224.64	Corrections	Corrections		460	80			30.71	546.25	percent of total billed charges	
SPUTUM INDUCTION	89220	CPT	both			575	224.64	First Health	First Health		402.5	70			30.71	546.25	percent of total billed charges	
SPUTUM INDUCTION	89220	CPT	both			575	224.64	First Trenton	First Trenton		517.5	90			30.71	546.25	percent of total billed charges	
SPUTUM INDUCTION	89220	CPT	both			575	224.64	Horizon	Medicare Blue		195.34				30.71	546.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPUTUM INDUCTION	89220	CPT	both			575	224.64	Horizon	MGD		363.53				30.71	546.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPUTUM INDUCTION	89220	CPT	both			575	224.64	Horizon	NJ Health		30.71				30.71	546.25	fee schedule	
SPUTUM INDUCTION	89220	CPT	both			575	224.64	Horizon	Indemnity		363.53				30.71	546.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPUTUM INDUCTION	89220	CPT	both			575	224.64	Horizon	PPO		363.53				30.71	546.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPUTUM INDUCTION	89220	CPT	both			575	224.64	Managed Care Inc	Managed Care Inc		517.5	90			30.71	546.25	percent of total billed charges	
SPUTUM INDUCTION	89220	CPT	both			575	224.64	Multiplan	Multiplan		460	80			30.71	546.25	percent of total billed charges	
SPUTUM INDUCTION	89220	CPT	both			575	224.64	Qualcare	Qualcare		431.25	75			30.71	546.25	percent of total billed charges	
SPUTUM INDUCTION	89220	CPT	both			575	224.64	Three Rivers	Three Rivers		546.25	95			30.71	546.25	percent of total billed charges	
SPUTUM INDUCTION	89220	CPT	both			575	224.64	UHC	Medicaid		181.41	31.55			30.71	546.25	percent of total billed charges	
SPUTUM INDUCTION	89220	CPT	both			575	224.64	UHC	Medicare		195.34				30.71	546.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPUTUM INDUCTION	89220	CPT	both			575	224.64	Wellcare	Medicaid		181.41	31.55			30.71	546.25	percent of total billed charges	
SPUTUM INDUCTION	89220	CPT	both			575	224.64	Wellcare	Medicare		195.34				30.71	546.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPUTUM INDUCTION	89220	CPT	both			575	224.64	WellPoint	WellPoint		185.04	32.18			30.71	546.25	percent of total billed charges	
TRIAL SWIM UP OR ART PREP	89260	CPT	outpatient			394	71.27	Aetna	Commercial		98.66				61.97	374.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRIAL SWIM UP OR ART PREP	89260	CPT	outpatient			394	71.27	Aetna	Better Health		124.31	31.55			61.97	374.3	percent of total billed charges	
TRIAL SWIM UP OR ART PREP	89260	CPT	outpatient			394	71.27	Aetna	Medicare		61.97				61.97	374.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRIAL SWIM UP OR ART PREP	89260	CPT	outpatient			394	71.27	Americare	Americare		295.5	75			61.97	374.3	percent of total billed charges	
TRIAL SWIM UP OR ART PREP	89260	CPT	outpatient			394	71.27	Amerihealth	HMO/PPO		256.1	65			61.97	374.3	percent of total billed charges	
TRIAL SWIM UP OR ART PREP	89260	CPT	outpatient			394	71.27	Amerihealth	Medicare		61.97				61.97	374.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRIAL SWIM UP OR ART PREP	89260	CPT	outpatient			394	71.27	Consumer	Consumer		374.3	95			61.97	374.3	percent of total billed charges	
TRIAL SWIM UP OR ART PREP	89260	CPT	outpatient			394	71.27	Corrections	Corrections		315.2	80			61.97	374.3	percent of total billed charges	
TRIAL SWIM UP OR ART PREP	89260	CPT	outpatient			394	71.27	First Health	First Health		275.8	70			61.97	374.3	percent of total billed charges	
TRIAL SWIM UP OR ART PREP	89260	CPT	outpatient			394	71.27	First Trenton	First Trenton		354.6	90			61.97	374.3	percent of total billed charges	
TRIAL SWIM UP OR ART PREP	89260	CPT	outpatient			394	71.27	Horizon	Medicare Blue		61.97				61.97	374.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRIAL SWIM UP OR ART PREP	89260	CPT	outpatient			394	71.27	Horizon	PPO		115.33				61.97	374.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRIAL SWIM UP OR ART PREP	89260	CPT	outpatient			394	71.27	Horizon	MGD		115.33				61.97	374.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRIAL SWIM UP OR ART PREP	89260	CPT	outpatient			394	71.27	Horizon	Indemnity		115.33				61.97	374.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRIAL SWIM UP OR ART PREP	89260	CPT	outpatient			394	71.27	Managed Care Inc	Managed Care Inc		354.6	90			61.97	374.3	percent of total billed charges	
TRIAL SWIM UP OR ART PREP	89260	CPT	outpatient			394	71.27	Multiplan	Multiplan		315.2	80			61.97	374.3	percent of total billed charges	
TRIAL SWIM UP OR ART PREP	89260	CPT	outpatient			394	71.27	Qualcare	Qualcare		295.5	75			61.97	374.3	percent of total billed charges	
TRIAL SWIM UP OR ART PREP	89260	CPT	outpatient			394	71.27	Three Rivers	Three Rivers		374.3	95			61.97	374.3	percent of total billed charges	
TRIAL SWIM UP OR ART PREP	89260	CPT	outpatient			394	71.27	UHC	Medicaid		124.31	31.55			61.97	374.3	percent of total billed charges	
TRIAL SWIM UP OR ART PREP	89260	CPT	outpatient			394	71.27	UHC	Medicare		61.97				61.97	374.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRIAL SWIM UP OR ART PREP	89260	CPT	outpatient			394	71.27	Wellcare	Medicaid		124.31	31.55			61.97	374.3	percent of total billed charges	
TRIAL SWIM UP OR ART PREP	89260	CPT	outpatient			394	71.27	Wellcare	Medicare		61.97				61.97	374.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRIAL SWIM UP OR ART PREP	89260	CPT	outpatient			394	71.27	WellPoint	WellPoint		126.79	32.18			61.97	374.3	percent of total billed charges	
SPERM PREPARATION & CAPACITATION	89261	CPT	outpatient			1337	71.27	Aetna	Medicare		411.8	30.8			61.97	1270.15	percent of total billed charges	
SPERM PREPARATION & CAPACITATION	89261	CPT	outpatient			1337	71.27	Aetna	Commercial		98.66				61.97	1270.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPERM PREPARATION & CAPACITATION	89261	CPT	outpatient			1337	71.27	Aetna	Better Health		421.82	31.55			61.97	1270.15	percent of total billed charges	
SPERM PREPARATION & CAPACITATION	89261	CPT	outpatient			1337	71.27	Americare	Americare		1002.75	75			61.97	1270.15	percent of total billed charges	
SPERM PREPARATION & CAPACITATION	89261	CPT	outpatient			1337	71.27	Amerihealth	HMO/PPO		869.05	65			61.97	1270.15	percent of total billed charges	
SPERM PREPARATION & CAPACITATION	89261	CPT	outpatient			1337	71.27	Amerihealth	Medicare		61.97				61.97	1270.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPERM PREPARATION & CAPACITATION	89261	CPT	outpatient			1337	71.27	Consumer	Consumer		1270.15	95			61.97	1270.15	percent of total billed charges	
SPERM PREPARATION & CAPACITATION	89261	CPT	outpatient			1337	71.27	Corrections	Corrections		1069.6	80			61.97	1270.15	percent of total billed charges	
SPERM PREPARATION & CAPACITATION	89261	CPT	outpatient			1337	71.27	First Health	First Health		935.9	70			61.97	1270.15	percent of total billed charges	
SPERM PREPARATION & CAPACITATION	89261	CPT	outpatient			1337	71.27	First Trenton	First Trenton		1203.3	90			61.97	1270.15	percent of total billed charges	
SPERM PREPARATION & CAPACITATION	89261	CPT	outpatient			1337	71.27	Horizon	Medicare Blue		61.97				61.97	1270.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPERM PREPARATION & CAPACITATION	89261	CPT	outpatient			1337	71.27	Horizon	MGD		115.33				61.97	1270.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPERM PREPARATION & CAPACITATION	89261	CPT	outpatient			1337	71.27	Horizon	PPO		115.33				61.97	1270.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPERM PREPARATION & CAPACITATION	89261	CPT	outpatient			1337	71.27	Horizon	Indemnity		115.33				61.97	1270.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPERM PREPARATION & CAPACITATION	89261	CPT	outpatient			1337	71.27	Managed Care Inc	Managed Care Inc		1203.3	90			61.97	1270.15	percent of total billed charges	
SPERM PREPARATION & CAPACITATION	89261	CPT	outpatient			1337	71.27	Multiplan	Multiplan		1069.6	80			61.97	1270.15	percent of total billed charges	
SPERM PREPARATION & CAPACITATION	89261	CPT	outpatient			1337	71.27	Qualcare	Qualcare		1002.75	75			61.97	1270.15	percent of total billed charges	
SPERM PREPARATION & CAPACITATION	89261	CPT	outpatient			1337	71.27	Three Rivers	Three Rivers		1270.15	95			61.97	1270.15	percent of total billed charges	
SPERM PREPARATION & CAPACITATION	89261	CPT	outpatient			1337	71.27	UHC	Medicaid		421.82	31.55			61.97	1270.15	percent of total billed charges	
SPERM PREPARATION & CAPACITATION	89261	CPT	outpatient			1337	71.27	UHC	Medicare		61.97				61.97	1270.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPERM PREPARATION & CAPACITATION	89261	CPT	outpatient			1337	71.27	Wellcare	Medicare		61.97				61.97	1270.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPERM PREPARATION & CAPACITATION	89261	CPT	outpatient			1337	71.27	Wellcare	Medicaid		421.82	31.55			61.97	1270.15	percent of total billed charges	
SPERM PREPARATION & CAPACITATION	89261	CPT	outpatient			1337	71.27	WellPoint	WellPoint		430.25	32.18			61.97	1270.15	percent of total billed charges	
PCT TEST	89330	CPT	outpatient			43	11.94	Aetna	Medicare		10.38				10.38	40.85	fee schedule	
PCT TEST	89330	CPT	outpatient			43	11.94	Aetna	Commercial		16.34	38			10.38	40.85	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
PCT TEST	89330	CPT	outpatient			43	11.94	Aetna	Better Health		13.57	31.55			10.38	40.85	percent of total billed charges	
PCT TEST	89330	CPT	outpatient			43	11.94	Americare	Americare		32.25	75			10.38	40.85	percent of total billed charges	
PCT TEST	89330	CPT	outpatient			43	11.94	Amerihealth	HMO/PPO		27.95	65			10.38	40.85	percent of total billed charges	
PCT TEST	89330	CPT	outpatient			43	11.94	Amerihealth	Medicare		10.38				10.38	40.85	fee schedule	
PCT TEST	89330	CPT	outpatient			43	11.94	Consumer	Consumer		40.85	95			10.38	40.85	percent of total billed charges	
PCT TEST	89330	CPT	outpatient			43	11.94	Corrections	Corrections		34.4	80			10.38	40.85	percent of total billed charges	
PCT TEST	89330	CPT	outpatient			43	11.94	First Health	First Health		30.1	70			10.38	40.85	percent of total billed charges	
PCT TEST	89330	CPT	outpatient			43	11.94	First Trenton	First Trenton		38.7	90			10.38	40.85	percent of total billed charges	
PCT TEST	89330	CPT	outpatient			43	11.94	Horizon	Medicare Blue		12.9	30			10.38	40.85	percent of total billed charges	
PCT TEST	89330	CPT	outpatient			43	11.94	Horizon	Indemnity		16.46	38.28			10.38	40.85	percent of total billed charges	
PCT TEST	89330	CPT	outpatient			43	11.94	Horizon	MGD		16.46	38.28			10.38	40.85	percent of total billed charges	
PCT TEST	89330	CPT	outpatient			43	11.94	Horizon	NJ Health		15.68				10.38	40.85	fee schedule	
PCT TEST	89330	CPT	outpatient			43	11.94	Horizon	PPO		16.46	38.28			10.38	40.85	percent of total billed charges	
PCT TEST	89330	CPT	outpatient			43	11.94	Managed Care Inc	Managed Care Inc		38.7	90			10.38	40.85	percent of total billed charges	
PCT TEST	89330	CPT	outpatient			43	11.94	Multiplan	Multiplan		34.4	80			10.38	40.85	percent of total billed charges	
PCT TEST	89330	CPT	outpatient			43	11.94	Qualcare	Qualcare		32.25	75			10.38	40.85	percent of total billed charges	
PCT TEST	89330	CPT	outpatient			43	11.94	Three Rivers	Three Rivers		40.85	95			10.38	40.85	percent of total billed charges	
PCT TEST	89330	CPT	outpatient			43	11.94	UHC	Medicare		10.38				10.38	40.85	fee schedule	
PCT TEST	89330	CPT	outpatient			43	11.94	UHC	Medicaid		13.57	31.55			10.38	40.85	percent of total billed charges	
PCT TEST	89330	CPT	outpatient			43	11.94	Wellcare	Medicare		10.38				10.38	40.85	fee schedule	
PCT TEST	89330	CPT	outpatient			43	11.94	Wellcare	Medicaid		13.57	31.55			10.38	40.85	percent of total billed charges	
PCT TEST	89330	CPT	outpatient			43	11.94	WellPoint	WellPoint		13.84	32.18			10.38	40.85	percent of total billed charges	
RETROGRADE EJACULATION	89331	CPT	outpatient			394	22.53	Aetna	Better Health		124.31	31.55			19.59	374.3	percent of total billed charges	
RETROGRADE EJACULATION	89331	CPT	outpatient			394	22.53	Aetna	Commercial		148.72	38			19.59	374.3	percent of total billed charges	
RETROGRADE EJACULATION	89331	CPT	outpatient			394	22.53	Aetna	Medicare		121.35	30.8			19.59	374.3	percent of total billed charges	
RETROGRADE EJACULATION	89331	CPT	outpatient			394	22.53	Americare	Americare		295.5	75			19.59	374.3	percent of total billed charges	
RETROGRADE EJACULATION	89331	CPT	outpatient			394	22.53	Amerihealth	HMO/PPO		256.1	65			19.59	374.3	percent of total billed charges	
RETROGRADE EJACULATION	89331	CPT	outpatient			394	22.53	Amerihealth	Medicare		19.59				19.59	374.3	fee schedule	
RETROGRADE EJACULATION	89331	CPT	outpatient			394	22.53	Consumer	Consumer		374.3	95			19.59	374.3	percent of total billed charges	
RETROGRADE EJACULATION	89331	CPT	outpatient			394	22.53	Corrections	Corrections		315.2	80			19.59	374.3	percent of total billed charges	
RETROGRADE EJACULATION	89331	CPT	outpatient			394	22.53	First Health	First Health		275.8	70			19.59	374.3	percent of total billed charges	
RETROGRADE EJACULATION	89331	CPT	outpatient			394	22.53	First Trenton	First Trenton		354.6	90			19.59	374.3	percent of total billed charges	
RETROGRADE EJACULATION	89331	CPT	outpatient			394	22.53	Horizon	Medicare Blue		118.2	30			19.59	374.3	percent of total billed charges	
RETROGRADE EJACULATION	89331	CPT	outpatient			394	22.53	Horizon	Indemnity		150.82	38.28			19.59	374.3	percent of total billed charges	
RETROGRADE EJACULATION	89331	CPT	outpatient			394	22.53	Horizon	MGD		150.82	38.28			19.59	374.3	percent of total billed charges	
RETROGRADE EJACULATION	89331	CPT	outpatient			394	22.53	Horizon	NJ Health		25.24				19.59	374.3	fee schedule	
RETROGRADE EJACULATION	89331	CPT	outpatient			394	22.53	Horizon	PPO		150.82	38.28			19.59	374.3	percent of total billed charges	
RETROGRADE EJACULATION	89331	CPT	outpatient			394	22.53	Managed Care Inc	Managed Care Inc		354.6	90			19.59	374.3	percent of total billed charges	
RETROGRADE EJACULATION	89331	CPT	outpatient			394	22.53	Multiplan	Multiplan		315.2	80			19.59	374.3	percent of total billed charges	
RETROGRADE EJACULATION	89331	CPT	outpatient			394	22.53	Qualcare	Qualcare		295.5	75			19.59	374.3	percent of total billed charges	
RETROGRADE EJACULATION	89331	CPT	outpatient			394	22.53	Three Rivers	Three Rivers		374.3	95			19.59	374.3	percent of total billed charges	
RETROGRADE EJACULATION	89331	CPT	outpatient			394	22.53	UHC	Medicaid		124.31	31.55			19.59	374.3	percent of total billed charges	
RETROGRADE EJACULATION	89331	CPT	outpatient			394	22.53	UHC	Medicare		19.59				19.59	374.3	fee schedule	
RETROGRADE EJACULATION	89331	CPT	outpatient			394	22.53	Wellcare	Medicaid		124.31	31.55			19.59	374.3	percent of total billed charges	
RETROGRADE EJACULATION	89331	CPT	outpatient			394	22.53	Wellcare	Medicare		19.59				19.59	374.3	fee schedule	
RETROGRADE EJACULATION	89331	CPT	outpatient			394	22.53	WellPoint	WellPoint		126.79	32.18			19.59	374.3	percent of total billed charges	
SPERM STORAGE 1 YR	89343	CPT	outpatient			394	224.64	Aetna	Better Health		124.31	31.55			124.31	374.3	percent of total billed charges	
SPERM STORAGE 1 YR	89343	CPT	outpatient			394	224.64	Aetna	Medicare		195.34				124.31	374.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPERM STORAGE 1 YR	89343	CPT	outpatient			394	224.64	Aetna	Commercial		310.98				124.31	374.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPERM STORAGE 1 YR	89343	CPT	outpatient			394	224.64	Americare	Americare		295.5	75			124.31	374.3	percent of total billed charges	
SPERM STORAGE 1 YR	89343	CPT	outpatient			394	224.64	Amerihealth	HMO/PPO		256.1	65			124.31	374.3	percent of total billed charges	
SPERM STORAGE 1 YR	89343	CPT	outpatient			394	224.64	Amerihealth	Medicare		195.34				124.31	374.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPERM STORAGE 1 YR	89343	CPT	outpatient			394	224.64	Consumer	Consumer		374.3	95			124.31	374.3	percent of total billed charges	
SPERM STORAGE 1 YR	89343	CPT	outpatient			394	224.64	Corrections	Corrections		315.2	80			124.31	374.3	percent of total billed charges	
SPERM STORAGE 1 YR	89343	CPT	outpatient			394	224.64	First Health	First Health		275.8	70			124.31	374.3	percent of total billed charges	
SPERM STORAGE 1 YR	89343	CPT	outpatient			394	224.64	First Trenton	First Trenton		354.6	90			124.31	374.3	percent of total billed charges	
SPERM STORAGE 1 YR	89343	CPT	outpatient			394	224.64	Horizon	MGD		363.53				124.31	374.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPERM STORAGE 1 YR	89343	CPT	outpatient			394	224.64	Horizon	Medicare Blue		195.34				124.31	374.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPERM STORAGE 1 YR	89343	CPT	outpatient			394	224.64	Horizon	PPO		363.53				124.31	374.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPERM STORAGE 1 YR	89343	CPT	outpatient			394	224.64	Horizon	Indemnity		363.53				124.31	374.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPERM STORAGE 1 YR	89343	CPT	outpatient			394	224.64	Managed Care Inc	Managed Care Inc		354.6	90			124.31	374.3	percent of total billed charges	
SPERM STORAGE 1 YR	89343	CPT	outpatient			394	224.64	Multiplan	Multiplan		315.2	80			124.31	374.3	percent of total billed charges	
SPERM STORAGE 1 YR	89343	CPT	outpatient			394	224.64	Qualcare	Qualcare		295.5	75			124.31	374.3	percent of total billed charges	
SPERM STORAGE 1 YR	89343	CPT	outpatient			394	224.64	Three Rivers	Three Rivers		374.3	95			124.31	374.3	percent of total billed charges	
SPERM STORAGE 1 YR	89343	CPT	outpatient			394	224.64	UHC	Medicaid		124.31	31.55			124.31	374.3	percent of total billed charges	
SPERM STORAGE 1 YR	89343	CPT	outpatient			394	224.64	UHC	Medicare		195.34				124.31	374.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPERM STORAGE 1 YR	89343	CPT	outpatient			394	224.64	Wellcare	Medicaid		124.31	31.55			124.31	374.3	percent of total billed charges	
SPERM STORAGE 1 YR	89343	CPT	outpatient			394	224.64	Wellcare	Medicare		195.34				124.31	374.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPERM STORAGE 1 YR	89343	CPT	outpatient			394	224.64	WellPoint	WellPoint		126.79	32.18			124.31	374.3	percent of total billed charges	
IMMUNE GLOBULINS HEP B INFUSION	90371	CPT	outpatient			633	158.58	Aetna	Medicare		137.89				137.89	601.35	fee schedule	
IMMUNE GLOBULINS HEP B INFUSION	90371	CPT	outpatient			633	158.58	Aetna	Better Health		199.71	31.55			137.89	601.35	percent of total billed charges	
IMMUNE GLOBULINS HEP B INFUSION	90371	CPT	outpatient			633	158.58	Aetna	Commercial		269.67				137.89	601.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMMUNE GLOBULINS HEP B INFUSION	90371	CPT	outpatient			633	158.58	Americare	Americare		474.75	75			137.89	601.35	percent of total billed charges	
IMMUNE GLOBULINS HEP B INFUSION	90371	CPT	outpatient			633	158.58	Amerihealth	Medicare		137.89				137.89	601.35	fee schedule	
IMMUNE GLOBULINS HEP B INFUSION	90371	CPT	outpatient			633	158.58	Amerihealth	HMO/PPO		411.45	65			137.89	601.35	percent of total billed charges	
IMMUNE GLOBULINS HEP B INFUSION	90371	CPT	outpatient			633	158.58	Consumer	Consumer		601.35	95			137.89	601.35	percent of total billed charges	
IMMUNE GLOBULINS HEP B INFUSION	90371	CPT	outpatient			633	158.58	Corrections	Corrections		506.4	80			137.89	601.35	percent of total billed charges	
IMMUNE GLOBULINS HEP B INFUSION	90371	CPT	outpatient			633	158.58	First Health	First Health		443.1	70			137.89	601.35	percent of total billed charges	
IMMUNE GLOBULINS HEP B INFUSION	90371	CPT	outpatient			633	158.58	First Trenton	First Trenton		569.7	90			137.89	601.35	percent of total billed charges	
IMMUNE GLOBULINS HEP B INFUSION	90371	CPT	outpatient			633	158.58	Horizon	Indemnity		315.23				137.89	601.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMMUNE GLOBULINS HEP B INFUSION	90371	CPT	outpatient			633	158.58	Horizon	MGD		315.23				137.89	601.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMMUNE GLOBULINS HEP B INFUSION	90371	CPT	outpatient			633	158.58	Horizon	PPO		315.23				137.89	601.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMMUNE GLOBULINS HEP B INFUSION	90371	CPT	outpatient			633	158.58	Horizon	Medicare Blue		169.39				137.89	601.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMMUNE GLOBULINS HEP B INFUSION	90371	CPT	outpatient			633	158.58	Managed Care Inc	Managed Care Inc		569.7	90			137.89	601.35	percent of total billed charges	
IMMUNE GLOBULINS HEP B INFUSION	90371	CPT	outpatient			633	158.58	Multiplan	Multiplan		506.4	80			137.89	601.35	percent of total billed charges	
IMMUNE GLOBULINS HEP B INFUSION	90371	CPT	outpatient			633	158.58	Qualcare	Qualcare		474.75	75			137.89	601.35	percent of total billed charges	
IMMUNE GLOBULINS HEP B INFUSION	90371	CPT	outpatient			633	158.58	Three Rivers	Three Rivers		601.35	95			137.89	601.35	percent of total billed charges	
IMMUNE GLOBULINS HEP B INFUSION	90371	CPT	outpatient			633	158.58	UHC	Medicare		137.89				137.89	601.35	fee schedule	
IMMUNE GLOBULINS HEP B INFUSION	90371	CPT	outpatient			633	158.58	UHC	Medicaid		199.71	31.55			137.89	601.35	percent of total billed charges	
IMMUNE GLOBULINS HEP B INFUSION	90371	CPT	outpatient			633	158.58	United	Oxford		344.73				137.89	601.35	fee schedule	
IMMUNE GLOBULINS HEP B INFUSION	90371	CPT	outpatient			633	158.58	United	Commercial|PPO		344.73				137.89	601.35	fee schedule	
IMMUNE GLOBULINS HEP B INFUSION	90371	CPT	outpatient			633	158.58	Wellcare	Medicaid		199.71	31.55			137.89	601.35	percent of total billed charges	
IMMUNE GLOBULINS HEP B INFUSION	90371	CPT	outpatient			633	158.58	Wellcare	Medicare		137.89				137.89	601.35	fee schedule	
IMMUNE GLOBULINS HEP B INFUSION	90371	CPT	outpatient			633	158.58	WellPoint	WellPoint		203.7	32.18			137.89	601.35	percent of total billed charges	
RABIES IMMUNE GLOBULIN(HYPERRAB)150U	90375	CPT	both			1498.5	333.48	Aetna	Medicare		289.98				289.98	1423.58	fee schedule	
RABIES IMMUNE GLOBULIN(HYPERRAB)150U	90375	CPT	both			1498.5	333.48	Aetna	Commercial		545.86				289.98	1423.58	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RABIES IMMUNE GLOBULIN(HYPERRAB)150U	90375	CPT	both			1498.5	333.48	Aetna	Better Health		472.78	31.55			289.98	1423.58	percent of total billed charges	
RABIES IMMUNE GLOBULIN(HYPERRAB)150U	90375	CPT	both			1498.5	333.48	Americare	Americare		1123.88	75			289.98	1423.58	percent of total billed charges	
RABIES IMMUNE GLOBULIN(HYPERRAB)150U	90375	CPT	both			1498.5	333.48	Amerihealth	HMO/PPO		974.03	65			289.98	1423.58	percent of total billed charges	
RABIES IMMUNE GLOBULIN(HYPERRAB)150U	90375	CPT	both			1498.5	333.48	Amerihealth	Medicare		289.98				289.98	1423.58	fee schedule	
RABIES IMMUNE GLOBULIN(HYPERRAB)150U	90375	CPT	both			1498.5	333.48	Consumer	Consumer		1423.58	95			289.98	1423.58	percent of total billed charges	
RABIES IMMUNE GLOBULIN(HYPERRAB)150U	90375	CPT	both			1498.5	333.48	Corrections	Corrections		1198.8	80			289.98	1423.58	percent of total billed charges	
RABIES IMMUNE GLOBULIN(HYPERRAB)150U	90375	CPT	both			1498.5	333.48	First Health	First Health		1048.95	70			289.98	1423.58	percent of total billed charges	
RABIES IMMUNE GLOBULIN(HYPERRAB)150U	90375	CPT	both			1498.5	333.48	First Trenton	First Trenton		1348.65	90			289.98	1423.58	percent of total billed charges	
RABIES IMMUNE GLOBULIN(HYPERRAB)150U	90375	CPT	both			1498.5	333.48	Horizon	PPO		638.1				289.98	1423.58	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RABIES IMMUNE GLOBULIN(HYPERRAB)150U	90375	CPT	both			1498.5	333.48	Horizon	Medicare Blue		342.88				289.98	1423.58	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RABIES IMMUNE GLOBULIN(HYPERRAB)150U	90375	CPT	both			1498.5	333.48	Horizon	MGD		638.1				289.98	1423.58	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RABIES IMMUNE GLOBULIN(HYPERRAB)150U	90375	CPT	both			1498.5	333.48	Horizon	Indemnity		638.1				289.98	1423.58	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RABIES IMMUNE GLOBULIN(HYPERRAB)150U	90375	CPT	both			1498.5	333.48	Managed Care Inc	Managed Care Inc		1348.65	90			289.98	1423.58	percent of total billed charges	
RABIES IMMUNE GLOBULIN(HYPERRAB)150U	90375	CPT	both			1498.5	333.48	Multiplan	Multiplan		1198.8	80			289.98	1423.58	percent of total billed charges	
RABIES IMMUNE GLOBULIN(HYPERRAB)150U	90375	CPT	both			1498.5	333.48	Qualcare	Qualcare		1123.88	75			289.98	1423.58	percent of total billed charges	
RABIES IMMUNE GLOBULIN(HYPERRAB)150U	90375	CPT	both			1498.5	333.48	Three Rivers	Three Rivers		1423.58	95			289.98	1423.58	percent of total billed charges	
RABIES IMMUNE GLOBULIN(HYPERRAB)150U	90375	CPT	both			1498.5	333.48	UHC	Medicaid		472.78	31.55			289.98	1423.58	percent of total billed charges	
RABIES IMMUNE GLOBULIN(HYPERRAB)150U	90375	CPT	both			1498.5	333.48	UHC	Medicare		289.98				289.98	1423.58	fee schedule	
RABIES IMMUNE GLOBULIN(HYPERRAB)150U	90375	CPT	both			1498.5	333.48	United	Commercial|PPO		724.95				289.98	1423.58	fee schedule	
RABIES IMMUNE GLOBULIN(HYPERRAB)150U	90375	CPT	both			1498.5	333.48	United	Oxford		724.95				289.98	1423.58	fee schedule	
RABIES IMMUNE GLOBULIN(HYPERRAB)150U	90375	CPT	both			1498.5	333.48	Wellcare	Medicare		289.98				289.98	1423.58	fee schedule	
RABIES IMMUNE GLOBULIN(HYPERRAB)150U	90375	CPT	both			1498.5	333.48	Wellcare	Medicaid		472.78	31.55			289.98	1423.58	percent of total billed charges	
RABIES IMMUNE GLOBULIN(HYPERRAB)150U	90375	CPT	both			1498.5	333.48	WellPoint	WellPoint		482.22	32.18			289.98	1423.58	percent of total billed charges	
RABIES IMMUNE GLOBULIN(IMOGAM)150U	90376	CPT	outpatient			1564	551.68	Aetna	Medicare		479.72				479.72	1485.8	fee schedule	
RABIES IMMUNE GLOBULIN(IMOGAM)150U	90376	CPT	outpatient			1564	551.68	Aetna	Commercial		916.72				479.72	1485.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RABIES IMMUNE GLOBULIN(IMOGAM)150U	90376	CPT	outpatient			1564	551.68	Aetna	Better Health		493.44	31.55			479.72	1485.8	percent of total billed charges	
RABIES IMMUNE GLOBULIN(IMOGAM)150U	90376	CPT	outpatient			1564	551.68	Americare	Americare		1173	75			479.72	1485.8	percent of total billed charges	
RABIES IMMUNE GLOBULIN(IMOGAM)150U	90376	CPT	outpatient			1564	551.68	Amerihealth	Medicare		479.72				479.72	1485.8	fee schedule	
RABIES IMMUNE GLOBULIN(IMOGAM)150U	90376	CPT	outpatient			1564	551.68	Amerihealth	HMO/PPO		1016.6	65			479.72	1485.8	percent of total billed charges	
RABIES IMMUNE GLOBULIN(IMOGAM)150U	90376	CPT	outpatient			1564	551.68	Consumer	Consumer		1485.8	95			479.72	1485.8	percent of total billed charges	
RABIES IMMUNE GLOBULIN(IMOGAM)150U	90376	CPT	outpatient			1564	551.68	Corrections	Corrections		1251.2	80			479.72	1485.8	percent of total billed charges	
RABIES IMMUNE GLOBULIN(IMOGAM)150U	90376	CPT	outpatient			1564	551.68	First Health	First Health		1094.8	70			479.72	1485.8	percent of total billed charges	
RABIES IMMUNE GLOBULIN(IMOGAM)150U	90376	CPT	outpatient			1564	551.68	First Trenton	First Trenton		1407.6	90			479.72	1485.8	percent of total billed charges	
RABIES IMMUNE GLOBULIN(IMOGAM)150U	90376	CPT	outpatient			1564	551.68	Horizon	MGD		1071.62				479.72	1485.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RABIES IMMUNE GLOBULIN(IMOGAM)150U	90376	CPT	outpatient			1564	551.68	Horizon	Medicare Blue		575.83				479.72	1485.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RABIES IMMUNE GLOBULIN(IMOGAM)150U	90376	CPT	outpatient			1564	551.68	Horizon	Indemnity		1071.62				479.72	1485.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RABIES IMMUNE GLOBULIN(IMOGAM)150U	90376	CPT	outpatient			1564	551.68	Horizon	PPO		1071.62				479.72	1485.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RABIES IMMUNE GLOBULIN(IMOGAM)150U	90376	CPT	outpatient			1564	551.68	Managed Care Inc	Managed Care Inc		1407.6	90			479.72	1485.8	percent of total billed charges	
RABIES IMMUNE GLOBULIN(IMOGAM)150U	90376	CPT	outpatient			1564	551.68	Multiplan	Multiplan		1251.2	80			479.72	1485.8	percent of total billed charges	
RABIES IMMUNE GLOBULIN(IMOGAM)150U	90376	CPT	outpatient			1564	551.68	Qualcare	Qualcare		1173	75			479.72	1485.8	percent of total billed charges	
RABIES IMMUNE GLOBULIN(IMOGAM)150U	90376	CPT	outpatient			1564	551.68	Three Rivers	Three Rivers		1485.8	95			479.72	1485.8	percent of total billed charges	
RABIES IMMUNE GLOBULIN(IMOGAM)150U	90376	CPT	outpatient			1564	551.68	UHC	Medicaid		493.44	31.55			479.72	1485.8	percent of total billed charges	
RABIES IMMUNE GLOBULIN(IMOGAM)150U	90376	CPT	outpatient			1564	551.68	UHC	Medicare		479.72				479.72	1485.8	fee schedule	
RABIES IMMUNE GLOBULIN(IMOGAM)150U	90376	CPT	outpatient			1564	551.68	United	Commercial|PPO		1199.3				479.72	1485.8	fee schedule	
RABIES IMMUNE GLOBULIN(IMOGAM)150U	90376	CPT	outpatient			1564	551.68	United	Oxford		1199.3				479.72	1485.8	fee schedule	
RABIES IMMUNE GLOBULIN(IMOGAM)150U	90376	CPT	outpatient			1564	551.68	Wellcare	Medicaid		493.44	31.55			479.72	1485.8	percent of total billed charges	
RABIES IMMUNE GLOBULIN(IMOGAM)150U	90376	CPT	outpatient			1564	551.68	Wellcare	Medicare		479.72				479.72	1485.8	fee schedule	
RABIES IMMUNE GLOBULIN(IMOGAM)150U	90376	CPT	outpatient			1564	551.68	WellPoint	WellPoint		503.3	32.18			479.72	1485.8	percent of total billed charges	
PALIVIZUMAB 50MG INJ	90378	CPT	both			2273.5	468.89	Aetna	Better Health		717.29	31.55			373.65	2159.83	percent of total billed charges	
PALIVIZUMAB 50MG INJ	90378	CPT	both			2273.5	468.89	Aetna	Commercial		649.11				373.65	2159.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PALIVIZUMAB 50MG INJ	90378	CPT	both			2273.5	468.89	Aetna	Medicare		407.73				373.65	2159.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PALIVIZUMAB 50MG INJ	90378	CPT	both			2273.5	468.89	Americare	Americare		1705.13	75			373.65	2159.83	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
PALIVIZUMAB 50MG INJ	90378	CPT	both			2273.5	468.89	Amerihealth	HMO/PPO		1477.78	65			373.65	2159.83	percent of total billed charges	
PALIVIZUMAB 50MG INJ	90378	CPT	both			2273.5	468.89	Amerihealth	Medicare		407.73				373.65	2159.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PALIVIZUMAB 50MG INJ	90378	CPT	both			2273.5	468.89	Consumer	Consumer		2159.83	95			373.65	2159.83	percent of total billed charges	
PALIVIZUMAB 50MG INJ	90378	CPT	both			2273.5	468.89	Corrections	Corrections		1818.8	80			373.65	2159.83	percent of total billed charges	
PALIVIZUMAB 50MG INJ	90378	CPT	both			2273.5	468.89	First Health	First Health		1591.45	70			373.65	2159.83	percent of total billed charges	
PALIVIZUMAB 50MG INJ	90378	CPT	both			2273.5	468.89	First Trenton	First Trenton		2046.15	90			373.65	2159.83	percent of total billed charges	
PALIVIZUMAB 50MG INJ	90378	CPT	both			2273.5	468.89	Horizon	MGD		758.79				373.65	2159.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PALIVIZUMAB 50MG INJ	90378	CPT	both			2273.5	468.89	Horizon	Indemnity		758.79				373.65	2159.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PALIVIZUMAB 50MG INJ	90378	CPT	both			2273.5	468.89	Horizon	PPO		758.79				373.65	2159.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PALIVIZUMAB 50MG INJ	90378	CPT	both			2273.5	468.89	Horizon	Medicare Blue		407.73				373.65	2159.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PALIVIZUMAB 50MG INJ	90378	CPT	both			2273.5	468.89	Managed Care Inc	Managed Care Inc		2046.15	90			373.65	2159.83	percent of total billed charges	
PALIVIZUMAB 50MG INJ	90378	CPT	both			2273.5	468.89	Multiplan	Multiplan		1818.8	80			373.65	2159.83	percent of total billed charges	
PALIVIZUMAB 50MG INJ	90378	CPT	both			2273.5	468.89	Qualcare	Qualcare		1705.13	75			373.65	2159.83	percent of total billed charges	
PALIVIZUMAB 50MG INJ	90378	CPT	both			2273.5	468.89	Three Rivers	Three Rivers		2159.83	95			373.65	2159.83	percent of total billed charges	
PALIVIZUMAB 50MG INJ	90378	CPT	both			2273.5	468.89	UHC	Medicare		407.73				373.65	2159.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PALIVIZUMAB 50MG INJ	90378	CPT	both			2273.5	468.89	UHC	Medicaid		717.29	31.55			373.65	2159.83	percent of total billed charges	
PALIVIZUMAB 50MG INJ	90378	CPT	both			2273.5	468.89	United	Oxford		373.65				373.65	2159.83	fee schedule	
PALIVIZUMAB 50MG INJ	90378	CPT	both			2273.5	468.89	United	Commercial|PPO		373.65				373.65	2159.83	fee schedule	
PALIVIZUMAB 50MG INJ	90378	CPT	both			2273.5	468.89	Wellcare	Medicare		407.73				373.65	2159.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PALIVIZUMAB 50MG INJ	90378	CPT	both			2273.5	468.89	Wellcare	Medicaid		717.29	31.55			373.65	2159.83	percent of total billed charges	
PALIVIZUMAB 50MG INJ	90378	CPT	both			2273.5	468.89	WellPoint	WellPoint		731.61	32.18			373.65	2159.83	percent of total billed charges	
NIRSEVIMAB-ALIP(BEYFORTUS) 0.5ML INJ	90380	CPT	outpatient			1835.5		Aetna	Commercial		697.49	38			550.65	1743.73	percent of total billed charges	
NIRSEVIMAB-ALIP(BEYFORTUS) 0.5ML INJ	90380	CPT	outpatient			1835.5		Aetna	Medicare		565.33	30.8			550.65	1743.73	percent of total billed charges	
NIRSEVIMAB-ALIP(BEYFORTUS) 0.5ML INJ	90380	CPT	outpatient			1835.5		Aetna	Better Health		579.1	31.55			550.65	1743.73	percent of total billed charges	
NIRSEVIMAB-ALIP(BEYFORTUS) 0.5ML INJ	90380	CPT	outpatient			1835.5		Americare	Americare		1376.63	75			550.65	1743.73	percent of total billed charges	
NIRSEVIMAB-ALIP(BEYFORTUS) 0.5ML INJ	90380	CPT	outpatient			1835.5		Amerihealth	HMO/PPO		1193.08	65			550.65	1743.73	percent of total billed charges	
NIRSEVIMAB-ALIP(BEYFORTUS) 0.5ML INJ	90380	CPT	outpatient			1835.5		Consumer	Consumer		1743.73	95			550.65	1743.73	percent of total billed charges	
NIRSEVIMAB-ALIP(BEYFORTUS) 0.5ML INJ	90380	CPT	outpatient			1835.5		Corrections	Corrections		1468.4	80			550.65	1743.73	percent of total billed charges	
NIRSEVIMAB-ALIP(BEYFORTUS) 0.5ML INJ	90380	CPT	outpatient			1835.5		First Health	First Health		1284.85	70			550.65	1743.73	percent of total billed charges	
NIRSEVIMAB-ALIP(BEYFORTUS) 0.5ML INJ	90380	CPT	outpatient			1835.5		First Trenton	First Trenton		1651.95	90			550.65	1743.73	percent of total billed charges	
NIRSEVIMAB-ALIP(BEYFORTUS) 0.5ML INJ	90380	CPT	outpatient			1835.5		Horizon	Indemnity		702.63	38.28			550.65	1743.73	percent of total billed charges	
NIRSEVIMAB-ALIP(BEYFORTUS) 0.5ML INJ	90380	CPT	outpatient			1835.5		Horizon	Medicare Blue		550.65	30			550.65	1743.73	percent of total billed charges	
NIRSEVIMAB-ALIP(BEYFORTUS) 0.5ML INJ	90380	CPT	outpatient			1835.5		Horizon	PPO		702.63	38.28			550.65	1743.73	percent of total billed charges	
NIRSEVIMAB-ALIP(BEYFORTUS) 0.5ML INJ	90380	CPT	outpatient			1835.5		Horizon	MGD		702.63	38.28			550.65	1743.73	percent of total billed charges	
NIRSEVIMAB-ALIP(BEYFORTUS) 0.5ML INJ	90380	CPT	outpatient			1835.5		Managed Care Inc	Managed Care Inc		1651.95	90			550.65	1743.73	percent of total billed charges	
NIRSEVIMAB-ALIP(BEYFORTUS) 0.5ML INJ	90380	CPT	outpatient			1835.5		Multiplan	Multiplan		1468.4	80			550.65	1743.73	percent of total billed charges	
NIRSEVIMAB-ALIP(BEYFORTUS) 0.5ML INJ	90380	CPT	outpatient			1835.5		Qualcare	Qualcare		1376.63	75			550.65	1743.73	percent of total billed charges	
NIRSEVIMAB-ALIP(BEYFORTUS) 0.5ML INJ	90380	CPT	outpatient			1835.5		Three Rivers	Three Rivers		1743.73	95			550.65	1743.73	percent of total billed charges	
NIRSEVIMAB-ALIP(BEYFORTUS) 0.5ML INJ	90380	CPT	outpatient			1835.5		UHC	Medicaid		579.1	31.55			550.65	1743.73	percent of total billed charges	
NIRSEVIMAB-ALIP(BEYFORTUS) 0.5ML INJ	90380	CPT	outpatient			1835.5		Wellcare	Medicaid		579.1	31.55			550.65	1743.73	percent of total billed charges	
NIRSEVIMAB-ALIP(BEYFORTUS) 0.5ML INJ	90380	CPT	outpatient			1835.5		WellPoint	WellPoint		590.66	32.18			550.65	1743.73	percent of total billed charges	
NIRSEVIMAB-ALIP(BEYFORTUS) 1ML INJ	90381	CPT	outpatient			1835.5		Aetna	Better Health		579.1	31.55			550.65	1743.73	percent of total billed charges	
NIRSEVIMAB-ALIP(BEYFORTUS) 1ML INJ	90381	CPT	outpatient			1835.5		Aetna	Commercial		697.49	38			550.65	1743.73	percent of total billed charges	
NIRSEVIMAB-ALIP(BEYFORTUS) 1ML INJ	90381	CPT	outpatient			1835.5		Aetna	Medicare		565.33	30.8			550.65	1743.73	percent of total billed charges	
NIRSEVIMAB-ALIP(BEYFORTUS) 1ML INJ	90381	CPT	outpatient			1835.5		Americare	Americare		1376.63	75			550.65	1743.73	percent of total billed charges	
NIRSEVIMAB-ALIP(BEYFORTUS) 1ML INJ	90381	CPT	outpatient			1835.5		Amerihealth	HMO/PPO		1193.08	65			550.65	1743.73	percent of total billed charges	
NIRSEVIMAB-ALIP(BEYFORTUS) 1ML INJ	90381	CPT	outpatient			1835.5		Consumer	Consumer		1743.73	95			550.65	1743.73	percent of total billed charges	
NIRSEVIMAB-ALIP(BEYFORTUS) 1ML INJ	90381	CPT	outpatient			1835.5		Corrections	Corrections		1468.4	80			550.65	1743.73	percent of total billed charges	
NIRSEVIMAB-ALIP(BEYFORTUS) 1ML INJ	90381	CPT	outpatient			1835.5		First Health	First Health		1284.85	70			550.65	1743.73	percent of total billed charges	
NIRSEVIMAB-ALIP(BEYFORTUS) 1ML INJ	90381	CPT	outpatient			1835.5		First Trenton	First Trenton		1651.95	90			550.65	1743.73	percent of total billed charges	
NIRSEVIMAB-ALIP(BEYFORTUS) 1ML INJ	90381	CPT	outpatient			1835.5		Horizon	Medicare Blue		550.65	30			550.65	1743.73	percent of total billed charges	
NIRSEVIMAB-ALIP(BEYFORTUS) 1ML INJ	90381	CPT	outpatient			1835.5		Horizon	PPO		702.63	38.28			550.65	1743.73	percent of total billed charges	
NIRSEVIMAB-ALIP(BEYFORTUS) 1ML INJ	90381	CPT	outpatient			1835.5		Horizon	MGD		702.63	38.28			550.65	1743.73	percent of total billed charges	
NIRSEVIMAB-ALIP(BEYFORTUS) 1ML INJ	90381	CPT	outpatient			1835.5		Horizon	Indemnity		702.63	38.28			550.65	1743.73	percent of total billed charges	
NIRSEVIMAB-ALIP(BEYFORTUS) 1ML INJ	90381	CPT	outpatient			1835.5		Managed Care Inc	Managed Care Inc		1651.95	90			550.65	1743.73	percent of total billed charges	
NIRSEVIMAB-ALIP(BEYFORTUS) 1ML INJ	90381	CPT	outpatient			1835.5		Multiplan	Multiplan		1468.4	80			550.65	1743.73	percent of total billed charges	
NIRSEVIMAB-ALIP(BEYFORTUS) 1ML INJ	90381	CPT	outpatient			1835.5		Qualcare	Qualcare		1376.63	75			550.65	1743.73	percent of total billed charges	
NIRSEVIMAB-ALIP(BEYFORTUS) 1ML INJ	90381	CPT	outpatient			1835.5		Three Rivers	Three Rivers		1743.73	95			550.65	1743.73	percent of total billed charges	
NIRSEVIMAB-ALIP(BEYFORTUS) 1ML INJ	90381	CPT	outpatient			1835.5		UHC	Medicaid		579.1	31.55			550.65	1743.73	percent of total billed charges	
NIRSEVIMAB-ALIP(BEYFORTUS) 1ML INJ	90381	CPT	outpatient			1835.5		Wellcare	Medicaid		579.1	31.55			550.65	1743.73	percent of total billed charges	
NIRSEVIMAB-ALIP(BEYFORTUS) 1ML INJ	90381	CPT	outpatient			1835.5		WellPoint	WellPoint		590.66	32.18			550.65	1743.73	percent of total billed charges	
RHIG FULL DOSE, IM	90384	CPT	outpatient			202		Aetna	Better Health		63.73	31.55			60.6	191.9	percent of total billed charges	
RHIG FULL DOSE, IM	90384	CPT	outpatient			202		Aetna	Commercial		76.76	38			60.6	191.9	percent of total billed charges	
RHIG FULL DOSE, IM	90384	CPT	outpatient			202		Aetna	Medicare		62.22	30.8			60.6	191.9	percent of total billed charges	
RHIG FULL DOSE, IM	90384	CPT	outpatient			202		Americare	Americare		151.5	75			60.6	191.9	percent of total billed charges	
RHIG FULL DOSE, IM	90384	CPT	outpatient			202		Amerihealth	HMO/PPO		131.3	65			60.6	191.9	percent of total billed charges	
RHIG FULL DOSE, IM	90384	CPT	outpatient			202		Consumer	Consumer		191.9	95			60.6	191.9	percent of total billed charges	
RHIG FULL DOSE, IM	90384	CPT	outpatient			202		Corrections	Corrections		161.6	80			60.6	191.9	percent of total billed charges	
RHIG FULL DOSE, IM	90384	CPT	outpatient			202		First Health	First Health		141.4	70			60.6	191.9	percent of total billed charges	
RHIG FULL DOSE, IM	90384	CPT	outpatient			202		First Trenton	First Trenton		181.8	90			60.6	191.9	percent of total billed charges	
RHIG FULL DOSE, IM	90384	CPT	outpatient			202		Horizon	MGD		77.33	38.28			60.6	191.9	percent of total billed charges	
RHIG FULL DOSE, IM	90384	CPT	outpatient			202		Horizon	Medicare Blue		60.6	30			60.6	191.9	percent of total billed charges	
RHIG FULL DOSE, IM	90384	CPT	outpatient			202		Horizon	PPO		77.33	38.28			60.6	191.9	percent of total billed charges	
RHIG FULL DOSE, IM	90384	CPT	outpatient			202		Horizon	Indemnity		77.33	38.28			60.6	191.9	percent of total billed charges	
RHIG FULL DOSE, IM	90384	CPT	outpatient			202		Horizon	NJ Health		111.97				60.6	191.9	fee schedule	
RHIG FULL DOSE, IM	90384	CPT	outpatient			202		Managed Care Inc	Managed Care Inc		181.8	90			60.6	191.9	percent of total billed charges	
RHIG FULL DOSE, IM	90384	CPT	outpatient			202		Multiplan	Multiplan		161.6	80			60.6	191.9	percent of total billed charges	
RHIG FULL DOSE, IM	90384	CPT	outpatient			202		Qualcare	Qualcare		151.5	75			60.6	191.9	percent of total billed charges	
RHIG FULL DOSE, IM	90384	CPT	outpatient			202		Three Rivers	Three Rivers		191.9	95			60.6	191.9	percent of total billed charges	
RHIG FULL DOSE, IM	90384	CPT	outpatient			202		UHC	Medicaid		63.73	31.55			60.6	191.9	percent of total billed charges	
RHIG FULL DOSE, IM	90384	CPT	outpatient			202		Wellcare	Medicaid		63.73	31.55			60.6	191.9	percent of total billed charges	
RHIG FULL DOSE, IM	90384	CPT	outpatient			202		WellPoint	WellPoint		65	32.18			60.6	191.9	percent of total billed charges	
VARICELLA ZOSTER(IMMU GLOB) 125U INJ	90396	CPT	outpatient			3181	3112.53	Aetna	Better Health		1003.61	31.55			955.72	5639.88	percent of total billed charges	
VARICELLA ZOSTER(IMMU GLOB) 125U INJ	90396	CPT	outpatient			3181	3112.53	Aetna	Medicare		979.75	30.8			955.72	5639.88	percent of total billed charges	
VARICELLA ZOSTER(IMMU GLOB) 125U INJ	90396	CPT	outpatient			3181	3112.53	Aetna	Commercial		4308.83				955.72	5639.88	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VARICELLA ZOSTER(IMMU GLOB) 125U INJ	90396	CPT	outpatient			3181	3112.53	Americare	Americare		2385.75	75			955.72	5639.88	percent of total billed charges	
VARICELLA ZOSTER(IMMU GLOB) 125U INJ	90396	CPT	outpatient			3181	3112.53	Amerihealth	Medicare		2706.55				955.72	5639.88	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VARICELLA ZOSTER(IMMU GLOB) 125U INJ	90396	CPT	outpatient			3181	3112.53	Amerihealth	HMO/PPO		2067.65	65			955.72	5639.88	percent of total billed charges	
VARICELLA ZOSTER(IMMU GLOB) 125U INJ	90396	CPT	outpatient			3181	3112.53	Consumer	Consumer		3021.95	95			955.72	5639.88	percent of total billed charges	
VARICELLA ZOSTER(IMMU GLOB) 125U INJ	90396	CPT	outpatient			3181	3112.53	Corrections	Corrections		2544.8	80			955.72	5639.88	percent of total billed charges	
VARICELLA ZOSTER(IMMU GLOB) 125U INJ	90396	CPT	outpatient			3181	3112.53	First Health	First Health		2226.7	70			955.72	5639.88	percent of total billed charges	
VARICELLA ZOSTER(IMMU GLOB) 125U INJ	90396	CPT	outpatient			3181	3112.53	First Trenton	First Trenton		2862.9	90			955.72	5639.88	percent of total billed charges	
VARICELLA ZOSTER(IMMU GLOB) 125U INJ	90396	CPT	outpatient			3181	3112.53	Horizon	MGD		5036.89				955.72	5639.88	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VARICELLA ZOSTER(IMMU GLOB) 125U INJ	90396	CPT	outpatient			3181	3112.53	Horizon	Indemnity		5036.89				955.72	5639.88	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VARICELLA ZOSTER(IMMU GLOB) 125U INJ	90396	CPT	outpatient			3181	3112.53	Horizon	Medicare Blue		2706.55				955.72	5639.88	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VARICELLA ZOSTER(IMMU GLOB) 125U INJ	90396	CPT	outpatient			3181	3112.53	Horizon	PPO		5036.89				955.72	5639.88	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VARICELLA ZOSTER(IMMU GLOB) 125U INJ	90396	CPT	outpatient			3181	3112.53	Managed Care Inc	Managed Care Inc		2862.9	90			955.72	5639.88	percent of total billed charges	
VARICELLA ZOSTER(IMMU GLOB) 125U INJ	90396	CPT	outpatient			3181	3112.53	Multiplan	Multiplan		2544.8	80			955.72	5639.88	percent of total billed charges	
VARICELLA ZOSTER(IMMU GLOB) 125U INJ	90396	CPT	outpatient			3181	3112.53	Qualcare	Qualcare		2385.75	75			955.72	5639.88	percent of total billed charges	
VARICELLA ZOSTER(IMMU GLOB) 125U INJ	90396	CPT	outpatient			3181	3112.53	Three Rivers	Three Rivers		3021.95	95			955.72	5639.88	percent of total billed charges	
VARICELLA ZOSTER(IMMU GLOB) 125U INJ	90396	CPT	outpatient			3181	3112.53	UHC	Medicaid		1003.61	31.55			955.72	5639.88	percent of total billed charges	
VARICELLA ZOSTER(IMMU GLOB) 125U INJ	90396	CPT	outpatient			3181	3112.53	UHC	Medicare		2706.55				955.72	5639.88	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VARICELLA ZOSTER(IMMU GLOB) 125U INJ	90396	CPT	outpatient			3181	3112.53	United	Commercial|PPO		5639.88				955.72	5639.88	fee schedule	
VARICELLA ZOSTER(IMMU GLOB) 125U INJ	90396	CPT	outpatient			3181	3112.53	United	Oxford		5639.88				955.72	5639.88	fee schedule	
VARICELLA ZOSTER(IMMU GLOB) 125U INJ	90396	CPT	outpatient			3181	3112.53	Wellcare	Medicare		2706.55				955.72	5639.88	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VARICELLA ZOSTER(IMMU GLOB) 125U INJ	90396	CPT	outpatient			3181	3112.53	Wellcare	Medicaid		1003.61	31.55			955.72	5639.88	percent of total billed charges	
VARICELLA ZOSTER(IMMU GLOB) 125U INJ	90396	CPT	outpatient			3181	3112.53	WellPoint	WellPoint		1023.65	32.18			955.72	5639.88	percent of total billed charges	
IMMUNIZATION ADMIN 1 VACCINE	90471	CPT	both			248	92.66	Aetna	Better Health		78.24	31.55			49.59	235.6	percent of total billed charges	
IMMUNIZATION ADMIN 1 VACCINE	90471	CPT	both			248	92.66	Aetna	Commercial		128.27				49.59	235.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMMUNIZATION ADMIN 1 VACCINE	90471	CPT	both			248	92.66	Aetna	Medicare		80.57				49.59	235.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMMUNIZATION ADMIN 1 VACCINE	90471	CPT	both			248	92.66	Americare	Americare		186	75			49.59	235.6	percent of total billed charges	
IMMUNIZATION ADMIN 1 VACCINE	90471	CPT	both			248	92.66	Amerihealth	Medicare		80.57				49.59	235.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMMUNIZATION ADMIN 1 VACCINE	90471	CPT	both			248	92.66	Amerihealth	HMO/PPO		161.2	65			49.59	235.6	percent of total billed charges	
IMMUNIZATION ADMIN 1 VACCINE	90471	CPT	both			248	92.66	Consumer	Consumer		235.6	95			49.59	235.6	percent of total billed charges	
IMMUNIZATION ADMIN 1 VACCINE	90471	CPT	both			248	92.66	Corrections	Corrections		198.4	80			49.59	235.6	percent of total billed charges	
IMMUNIZATION ADMIN 1 VACCINE	90471	CPT	both			248	92.66	First Health	First Health		173.6	70			49.59	235.6	percent of total billed charges	
IMMUNIZATION ADMIN 1 VACCINE	90471	CPT	both			248	92.66	First Trenton	First Trenton		223.2	90			49.59	235.6	percent of total billed charges	
IMMUNIZATION ADMIN 1 VACCINE	90471	CPT	both			248	92.66	Horizon	PPO		149.94				49.59	235.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMMUNIZATION ADMIN 1 VACCINE	90471	CPT	both			248	92.66	Horizon	Indemnity		149.94				49.59	235.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMMUNIZATION ADMIN 1 VACCINE	90471	CPT	both			248	92.66	Horizon	MGD		149.94				49.59	235.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMMUNIZATION ADMIN 1 VACCINE	90471	CPT	both			248	92.66	Horizon	NJ Health		49.59				49.59	235.6	fee schedule	
IMMUNIZATION ADMIN 1 VACCINE	90471	CPT	both			248	92.66	Horizon	Medicare Blue		80.57				49.59	235.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMMUNIZATION ADMIN 1 VACCINE	90471	CPT	both			248	92.66	Managed Care Inc	Managed Care Inc		223.2	90			49.59	235.6	percent of total billed charges	
IMMUNIZATION ADMIN 1 VACCINE	90471	CPT	both			248	92.66	Multiplan	Multiplan		198.4	80			49.59	235.6	percent of total billed charges	
IMMUNIZATION ADMIN 1 VACCINE	90471	CPT	both			248	92.66	Qualcare	Qualcare		186	75			49.59	235.6	percent of total billed charges	
IMMUNIZATION ADMIN 1 VACCINE	90471	CPT	both			248	92.66	Three Rivers	Three Rivers		235.6	95			49.59	235.6	percent of total billed charges	
IMMUNIZATION ADMIN 1 VACCINE	90471	CPT	both			248	92.66	UHC	Medicaid		78.24	31.55			49.59	235.6	percent of total billed charges	
IMMUNIZATION ADMIN 1 VACCINE	90471	CPT	both			248	92.66	UHC	Medicare		80.57				49.59	235.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMMUNIZATION ADMIN 1 VACCINE	90471	CPT	both			248	92.66	Wellcare	Medicaid		78.24	31.55			49.59	235.6	percent of total billed charges	
IMMUNIZATION ADMIN 1 VACCINE	90471	CPT	both			248	92.66	Wellcare	Medicare		80.57				49.59	235.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMMUNIZATION ADMIN 1 VACCINE	90471	CPT	both			248	92.66	WellPoint	WellPoint		79.81	32.18			49.59	235.6	percent of total billed charges	
IMMUNIZATION ADMIN, EACH ADD	90472	CPT	outpatient			171		Aetna	Medicare		52.67	30.8			28.71	162.45	percent of total billed charges	
IMMUNIZATION ADMIN, EACH ADD	90472	CPT	outpatient			171		Aetna	Better Health		53.95	31.55			28.71	162.45	percent of total billed charges	
IMMUNIZATION ADMIN, EACH ADD	90472	CPT	outpatient			171		Aetna	Commercial		64.98	38			28.71	162.45	percent of total billed charges	
IMMUNIZATION ADMIN, EACH ADD	90472	CPT	outpatient			171		Americare	Americare		128.25	75			28.71	162.45	percent of total billed charges	
IMMUNIZATION ADMIN, EACH ADD	90472	CPT	outpatient			171		Amerihealth	HMO/PPO		111.15	65			28.71	162.45	percent of total billed charges	
IMMUNIZATION ADMIN, EACH ADD	90472	CPT	outpatient			171		Consumer	Consumer		162.45	95			28.71	162.45	percent of total billed charges	
IMMUNIZATION ADMIN, EACH ADD	90472	CPT	outpatient			171		Corrections	Corrections		136.8	80			28.71	162.45	percent of total billed charges	
IMMUNIZATION ADMIN, EACH ADD	90472	CPT	outpatient			171		First Health	First Health		119.7	70			28.71	162.45	percent of total billed charges	
IMMUNIZATION ADMIN, EACH ADD	90472	CPT	outpatient			171		First Trenton	First Trenton		153.9	90			28.71	162.45	percent of total billed charges	
IMMUNIZATION ADMIN, EACH ADD	90472	CPT	outpatient			171		Horizon	Medicare Blue		51.3	30			28.71	162.45	percent of total billed charges	
IMMUNIZATION ADMIN, EACH ADD	90472	CPT	outpatient			171		Horizon	Indemnity		65.46	38.28			28.71	162.45	percent of total billed charges	
IMMUNIZATION ADMIN, EACH ADD	90472	CPT	outpatient			171		Horizon	MGD		65.46	38.28			28.71	162.45	percent of total billed charges	
IMMUNIZATION ADMIN; EA ADDTL	90472	CPT	outpatient			171		Horizon	NJ Health		28.71				28.71	162.45	fee schedule	
IMMUNIZATION ADMIN, EACH ADD	90472	CPT	outpatient			171		Horizon	PPO		65.46	38.28			28.71	162.45	percent of total billed charges	
IMMUNIZATION ADMIN, EACH ADD	90472	CPT	outpatient			171		Managed Care Inc	Managed Care Inc		153.9	90			28.71	162.45	percent of total billed charges	
IMMUNIZATION ADMIN, EACH ADD	90472	CPT	outpatient			171		Multiplan	Multiplan		136.8	80			28.71	162.45	percent of total billed charges	
IMMUNIZATION ADMIN, EACH ADD	90472	CPT	outpatient			171		Qualcare	Qualcare		128.25	75			28.71	162.45	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
IMMUNIZATION ADMIN, EACH ADD	90472	CPT	outpatient			171		Three Rivers	Three Rivers		162.45	95			28.71	162.45	percent of total billed charges	
IMMUNIZATION ADMIN, EACH ADD	90472	CPT	outpatient			171		UHC	Medicaid		53.95	31.55			28.71	162.45	percent of total billed charges	
IMMUNIZATION ADMIN, EACH ADD	90472	CPT	outpatient			171		Wellcare	Medicaid		53.95	31.55			28.71	162.45	percent of total billed charges	
IMMUNIZATION ADMIN, EACH ADD	90472	CPT	outpatient			171		WellPoint	WellPoint		55.03	32.18			28.71	162.45	percent of total billed charges	
IMMUNIZATION ADMIN ORAL/NASAL	90473	CPT	outpatient			248		92.66 Aetna	Better Health		78.24	31.55			76.98	235.6	percent of total billed charges	
IMMUNIZATION ADMIN ORAL/NASAL	90473	CPT	outpatient			248		92.66 Aetna	Commercial		128.27				76.98	235.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMMUNIZATION ADMIN ORAL/NASAL	90473	CPT	outpatient			248		92.66 Aetna	Medicare		80.57				76.98	235.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMMUNIZATION ADMIN ORAL/NASAL	90473	CPT	outpatient			248		92.66 Americare	Americare		186	75			76.98	235.6	percent of total billed charges	
IMMUNIZATION ADMIN ORAL/NASAL	90473	CPT	outpatient			248		92.66 Amerihealth	HMO/PPO		161.2	65			76.98	235.6	percent of total billed charges	
IMMUNIZATION ADMIN ORAL/NASAL	90473	CPT	outpatient			248		92.66 Amerihealth	Medicare		80.57				76.98	235.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMMUNIZATION ADMIN ORAL/NASAL	90473	CPT	outpatient			248		92.66 Consumer	Consumer		235.6	95			76.98	235.6	percent of total billed charges	
IMMUNIZATION ADMIN ORAL/NASAL	90473	CPT	outpatient			248		92.66 Corrections	Corrections		198.4	80			76.98	235.6	percent of total billed charges	
IMMUNIZATION ADMIN ORAL/NASAL	90473	CPT	outpatient			248		92.66 First Health	First Health		173.6	70			76.98	235.6	percent of total billed charges	
IMMUNIZATION ADMIN ORAL/NASAL	90473	CPT	outpatient			248		92.66 First Trenton	First Trenton		223.2	90			76.98	235.6	percent of total billed charges	
IMMUNIZATION ADMIN ORAL/NASAL	90473	CPT	outpatient			248		92.66 Horizon	Medicare Blue		80.57				76.98	235.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMMUNIZATION ADMIN ORAL/NASAL	90473	CPT	outpatient			248		92.66 Horizon	PPO		149.94				76.98	235.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMMUNIZATION ADMIN ORAL/NASAL	90473	CPT	outpatient			248		92.66 Horizon	MGD		149.94				76.98	235.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMMUNIZATION ADMIN ORAL/NASAL	90473	CPT	outpatient			248		92.66 Horizon	Indemnity		149.94				76.98	235.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMMUNIZATION ADMIN ORAL/NASAL	90473	CPT	outpatient			248		92.66 Managed Care Inc	Managed Care Inc		223.2	90			76.98	235.6	percent of total billed charges	
IMMUNIZATION ADMIN ORAL/NASAL	90473	CPT	outpatient			248		92.66 Multiplan	Multiplan		198.4	80			76.98	235.6	percent of total billed charges	
IMMUNIZATION ADMIN ORAL/NASAL	90473	CPT	outpatient			248		92.66 Qualcare	Qualcare		186	75			76.98	235.6	percent of total billed charges	
IMMUNIZATION ADMIN ORAL/NASAL	90473	CPT	outpatient			248		92.66 Three Rivers	Three Rivers		235.6	95			76.98	235.6	percent of total billed charges	
IMMUNIZATION ADMIN ORAL/NASAL	90473	CPT	outpatient			248		92.66 UHC	Medicaid		78.24	31.55			76.98	235.6	percent of total billed charges	
IMMUNIZATION ADMIN ORAL/NASAL	90473	CPT	outpatient			248		92.66 UHC	Medicare		80.57				76.98	235.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMMUNIZATION ADMIN ORAL/NASAL	90473	CPT	outpatient			248		92.66 Wellcare	Medicaid		78.24	31.55			76.98	235.6	percent of total billed charges	
IMMUNIZATION ADMIN ORAL/NASAL	90473	CPT	outpatient			248		92.66 Wellcare	Medicare		80.57				76.98	235.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMMUNIZATION ADMIN ORAL/NASAL	90473	CPT	outpatient			248		92.66 WellPoint	WellPoint		79.81	32.18			76.98	235.6	percent of total billed charges	
ADMN SARSCOV2 VAC 1 DOSE 6 MOS -11YRS	90480	CPT	outpatient			225		57.32 Aetna	Commercial		79.35				48.97	213.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADMN SARSCOV2 VAC 1 DOSE 6 MOS -11YRS	90480	CPT	outpatient			225		57.32 Aetna	Better Health		70.99	31.55			48.97	213.75	percent of total billed charges	
ADMN SARSCOV2 VAC 1 DOSE 6 MOS -11YRS	90480	CPT	outpatient			225		57.32 Aetna	Medicare		69.3	30.8			48.97	213.75	percent of total billed charges	
ADMN SARSCOV2 VAC 1 DOSE 6 MOS -11YRS	90480	CPT	outpatient			225		57.32 Americare	Americare		168.75	75			48.97	213.75	percent of total billed charges	
ADMN SARSCOV2 VAC 1 DOSE 6 MOS -11YRS	90480	CPT	outpatient			225		57.32 Amerihealth	HMO/PPO		146.25	65			48.97	213.75	percent of total billed charges	
ADMN SARSCOV2 VAC 1 DOSE 6 MOS -11YRS	90480	CPT	outpatient			225		57.32 Amerihealth	Medicare		49.84				48.97	213.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADMN SARSCOV2 VAC 1 DOSE 6 MOS -11YRS	90480	CPT	outpatient			225		57.32 Consumer	Consumer		213.75	95			48.97	213.75	percent of total billed charges	
ADMN SARSCOV2 VAC 1 DOSE 6 MOS -11YRS	90480	CPT	outpatient			225		57.32 Corrections	Corrections		180	80			48.97	213.75	percent of total billed charges	
ADMN SARSCOV2 VAC 1 DOSE 6 MOS -11YRS	90480	CPT	outpatient			225		57.32 First Health	First Health		157.5	70			48.97	213.75	percent of total billed charges	
ADMN SARSCOV2 VAC 1 DOSE 6 MOS -11YRS	90480	CPT	outpatient			225		57.32 First Trenton	First Trenton		202.5	90			48.97	213.75	percent of total billed charges	
ADMN SARSCOV2 VAC 1 DOSE 6 MOS -11YRS	90480	CPT	outpatient			225		57.32 Horizon	Indemnity		92.75				48.97	213.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADMN SARSCOV2 VAC 1 DOSE 6 MOS -11YRS	90480	CPT	outpatient			225		57.32 Horizon	Medicare Blue		49.84				48.97	213.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADMN SARSCOV2 VAC 1 DOSE 6 MOS -11YRS	90480	CPT	outpatient			225		57.32 Horizon	PPO		92.75				48.97	213.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADMN SARSCOV2 VAC 1 DOSE 6 MOS -11YRS	90480	CPT	outpatient			225		57.32 Horizon	MGD		92.75				48.97	213.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADMN SARSCOV2 VAC 1 DOSE 6 MOS -11YRS	90480	CPT	outpatient			225		57.32 Managed Care Inc	Managed Care Inc		202.5	90			48.97	213.75	percent of total billed charges	
ADMN SARSCOV2 VAC 1 DOSE 6 MOS -11YRS	90480	CPT	outpatient			225		57.32 Multiplan	Multiplan		180	80			48.97	213.75	percent of total billed charges	
ADMN SARSCOV2 VAC 1 DOSE 6 MOS -11YRS	90480	CPT	outpatient			225		57.32 Qualcare	Qualcare		168.75	75			48.97	213.75	percent of total billed charges	
ADMN SARSCOV2 VAC 1 DOSE 6 MOS -11YRS	90480	CPT	outpatient			225		57.32 Three Rivers	Three Rivers		213.75	95			48.97	213.75	percent of total billed charges	
ADMN SARSCOV2 VAC 1 DOSE 6 MOS -11YRS	90480	CPT	outpatient			225		57.32 UHC	Medicaid		70.99	31.55			48.97	213.75	percent of total billed charges	
ADMN SARSCOV2 VAC 1 DOSE 6 MOS -11YRS	90480	CPT	outpatient			225		57.32 UHC	Medicare		49.84				48.97	213.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADMN SARSCOV2 VAC 1 DOSE 6 MOS -11YRS	90480	CPT	outpatient			225		57.32 Wellcare	Medicare		49.84				48.97	213.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADMN SARSCOV2 VAC 1 DOSE 6 MOS -11YRS	90480	CPT	outpatient			225		57.32 Wellcare	Medicaid		70.99	31.55			48.97	213.75	percent of total billed charges	
ADMN SARSCOV2 VAC 1 DOSE 6 MOS -11YRS	90480	CPT	outpatient			225		57.32 WellPoint	WellPoint		72.41	32.18			48.97	213.75	percent of total billed charges	
ANTHRAX VACCINE, SC	90581	CPT	outpatient			432		Aetna	Medicare		133.06	30.8			129.6	410.4	percent of total billed charges	
ANTHRAX VACCINE, SC	90581	CPT	outpatient			432		Aetna	Better Health		136.3	31.55			129.6	410.4	percent of total billed charges	
ANTHRAX VACCINE, SC	90581	CPT	outpatient			432		Aetna	Commercial		164.16	38			129.6	410.4	percent of total billed charges	
ANTHRAX VACCINE, SC	90581	CPT	outpatient			432		Americare	Americare		324	75			129.6	410.4	percent of total billed charges	
ANTHRAX VACCINE, SC	90581	CPT	outpatient			432		Amerihealth	HMO/PPO		280.8	65			129.6	410.4	percent of total billed charges	
ANTHRAX VACCINE, SC	90581	CPT	outpatient			432		Consumer	Consumer		410.4	95			129.6	410.4	percent of total billed charges	
ANTHRAX VACCINE, SC	90581	CPT	outpatient			432		Corrections	Corrections		345.6	80			129.6	410.4	percent of total billed charges	
ANTHRAX VACCINE, SC	90581	CPT	outpatient			432		First Health	First Health		302.4	70			129.6	410.4	percent of total billed charges	
ANTHRAX VACCINE, SC	90581	CPT	outpatient			432		First Trenton	First Trenton		388.8	90			129.6	410.4	percent of total billed charges	
ANTHRAX VACCINE, SC	90581	CPT	outpatient			432		Horizon	Medicare Blue		129.6	30			129.6	410.4	percent of total billed charges	
ANTHRAX VACCINE, SC	90581	CPT	outpatient			432		Horizon	Indemnity		165.37	38.28			129.6	410.4	percent of total billed charges	
ANTHRAX VACCINE, SC	90581	CPT	outpatient			432		Horizon	MGD		165.37	38.28			129.6	410.4	percent of total billed charges	
ANTHRAX VACCINE, SC	90581	CPT	outpatient			432		Horizon	PPO		165.37	38.28			129.6	410.4	percent of total billed charges	
ANTHRAX VACCINE, SC	90581	CPT	outpatient			432		Managed Care Inc	Managed Care Inc		388.8	90			129.6	410.4	percent of total billed charges	
ANTHRAX VACCINE, SC	90581	CPT	outpatient			432		Multiplan	Multiplan		345.6	80			129.6	410.4	percent of total billed charges	
ANTHRAX VACCINE, SC	90581	CPT	outpatient			432		Qualcare	Qualcare		324	75			129.6	410.4	percent of total billed charges	
ANTHRAX VACCINE, SC	90581	CPT	outpatient			432		Three Rivers	Three Rivers		410.4	95			129.6	410.4	percent of total billed charges	
ANTHRAX VACCINE, SC	90581	CPT	outpatient			432		UHC	Medicaid		136.3	31.55			129.6	410.4	percent of total billed charges	
ANTHRAX VACCINE, SC	90581	CPT	outpatient			432		Wellcare	Medicaid		136.3	31.55			129.6	410.4	percent of total billed charges	
ANTHRAX VACCINE, SC	90581	CPT	outpatient			432		WellPoint	WellPoint		139.02	32.18			129.6	410.4	percent of total billed charges	
JYNNEOS VACCINE 0.5ML SUBQ <18	90611	CPT	outpatient			0.01		0.01 Aetna	Medicare		0.01				0.01	0.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
JYNNEOS VACCINE 0.5ML SUBQ <18	90611	CPT	outpatient			0.01		0.01 Aetna	Commercial		0.02				0.01	0.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
JYNNEOS VACCINE 0.5ML SUBQ <18	90611	CPT	outpatient			0.01		0.01 Americare	Americare		0.01	75			0.01	0.03	percent of total billed charges	
JYNNEOS VACCINE 0.5ML SUBQ <18	90611	CPT	outpatient			0.01		0.01 Amerihealth	Medicare		0.01				0.01	0.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
JYNNEOS VACCINE 0.5ML SUBQ <18	90611	CPT	outpatient			0.01		0.01 Amerihealth	HMO/PPO		0.01	65			0.01	0.03	percent of total billed charges	
JYNNEOS VACCINE 0.5ML SUBQ <18	90611	CPT	outpatient			0.01		0.01 Consumer	Consumer		0.01	95			0.01	0.03	percent of total billed charges	
JYNNEOS VACCINE 0.5ML SUBQ <18	90611	CPT	outpatient			0.01		0.01 Corrections	Corrections		0.01	80			0.01	0.03	percent of total billed charges	
JYNNEOS VACCINE 0.5ML SUBQ <18	90611	CPT	outpatient			0.01		0.01 First Health	First Health		0.01	70			0.01	0.03	percent of total billed charges	
JYNNEOS VACCINE 0.5ML SUBQ <18	90611	CPT	outpatient			0.01		0.01 First Trenton	First Trenton		0.01	90			0.01	0.03	percent of total billed charges	
JYNNEOS VACCINE 0.5ML SUBQ <18	90611	CPT	outpatient			0.01		0.01 Horizon	Indemnity		0.02				0.01	0.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
JYNNEOS VACCINE 0.5ML SUBQ <18	90611	CPT	outpatient			0.01		0.01 Horizon	PPO		0.02				0.01	0.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
JYNNEOS VACCINE 0.5ML SUBQ <18	90611	CPT	outpatient			0.01		0.01 Horizon	Medicare Blue		0.01				0.01	0.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
JYNNEOS VACCINE 0.5ML SUBQ <18	90611	CPT	outpatient			0.01		0.01 Horizon	MGD		0.02				0.01	0.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
JYNNEOS VACCINE 0.5ML SUBQ <18	90611	CPT	outpatient			0.01		0.01 Managed Care Inc	Managed Care Inc		0.01	90			0.01	0.03	percent of total billed charges	
JYNNEOS VACCINE 0.5ML SUBQ <18	90611	CPT	outpatient			0.01		0.01 Multiplan	Multiplan		0.01	80			0.01	0.03	percent of total billed charges	
JYNNEOS VACCINE 0.5ML SUBQ <18	90611	CPT	outpatient			0.01		0.01 Qualcare	Qualcare		0.01	75			0.01	0.03	percent of total billed charges	
JYNNEOS VACCINE 0.5ML SUBQ <18	90611	CPT	outpatient			0.01		0.01 Three Rivers	Three Rivers		0.01	95			0.01	0.03	percent of total billed charges	
JYNNEOS VACCINE 0.5ML SUBQ <18	90611	CPT	outpatient			0.01		0.01 UHC	Medicare		0.01				0.01	0.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
JYNNEOS VACCINE 0.5ML SUBQ <18	90611	CPT	outpatient			0.01		0.01 United	Oxford		0.03				0.01	0.03	fee schedule	
JYNNEOS VACCINE 0.5ML SUBQ <18	90611	CPT	outpatient			0.01		0.01 United	Commercial|PPO		0.03				0.01	0.03	fee schedule	
JYNNEOS VACCINE 0.5ML SUBQ <18	90611	CPT	outpatient			0.01		0.01 Wellcare	Medicare		0.01				0.01	0.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MENINGOCOCCAL B VACC 4(BEXSERO)0.5ML	90620	CPT	both			695.5		Aetna	Better Health		219.43	31.55			208.65	660.73	percent of total billed charges	
MENINGOCOCCAL B VACC 4(BEXSERO)0.5ML	90620	CPT	both			695.5		Aetna	Medicare		214.21	30.8			208.65	660.73	percent of total billed charges	
MENINGOCOCCAL B VACC 4(BEXSERO)0.5ML	90620	CPT	both			695.5		Aetna	Commercial		264.29	38			208.65	660.73	percent of total billed charges	
MENINGOCOCCAL B VACC 4(BEXSERO)0.5ML	90620	CPT	both			695.5		Americare	Americare		521.63	75			208.65	660.73	percent of total billed charges	
MENINGOCOCCAL B VACC 4(BEXSERO)0.5ML	90620	CPT	both			695.5		Amerihealth	HMO/PPO		452.08	65			208.65	660.73	percent of total billed charges	
MENINGOCOCCAL B VACC 4(BEXSERO)0.5ML	90620	CPT	both			695.5		Consumer	Consumer		660.73	95			208.65	660.73	percent of total billed charges	
MENINGOCOCCAL B VACC 4(BEXSERO)0.5ML	90620	CPT	both			695.5		Corrections	Corrections		556.4	80			208.65	660.73	percent of total billed charges	
MENINGOCOCCAL B VACC 4(BEXSERO)0.5ML	90620	CPT	both			695.5		First Health	First Health		486.85	70			208.65	660.73	percent of total billed charges	
MENINGOCOCCAL B VACC 4(BEXSERO)0.5ML	90620	CPT	both			695.5		First Trenton	First Trenton		625.95	90			208.65	660.73	percent of total billed charges	
MENINGOCOCCAL B VACC 4(BEXSERO)0.5ML	90620	CPT	both			695.5		Horizon	PPO		266.24	38.28			208.65	660.73	percent of total billed charges	
MENINGOCOCCAL B VACC 4(BEXSERO)0.5ML	90620	CPT	both			695.5		Horizon	MGD		266.24	38.28			208.65	660.73	percent of total billed charges	
MENINGOCOCCAL B VACC 4(BEXSERO)0.5ML	90620	CPT	both			695.5		Horizon	Medicare Blue		208.65	30			208.65	660.73	percent of total billed charges	
MENINGOCOCCAL B VACC 4(BEXSERO)0.5ML	90620	CPT	both			695.5		Horizon	Indemnity		266.24	38.28			208.65	660.73	percent of total billed charges	
MENINGOCOCCAL B VACC 4(BEXSERO)0.5ML	90620	CPT	both			695.5		Managed Care Inc	Managed Care Inc		625.95	90			208.65	660.73	percent of total billed charges	
MENINGOCOCCAL B VACC 4(BEXSERO)0.5ML	90620	CPT	both			695.5		Multiplan	Multiplan		556.4	80			208.65	660.73	percent of total billed charges	
MENINGOCOCCAL B VACC 4(BEXSERO)0.5ML	90620	CPT	both			695.5		Qualcare	Qualcare		521.63	75			208.65	660.73	percent of total billed charges	
MENINGOCOCCAL B VACC 4(BEXSERO)0.5ML	90620	CPT	both			695.5		Three Rivers	Three Rivers		660.73	95			208.65	660.73	percent of total billed charges	
MENINGOCOCCAL B VACC 4(BEXSERO)0.5ML	90620	CPT	both			695.5		UHC	Medicaid		219.43	31.55			208.65	660.73	percent of total billed charges	
MENINGOCOCCAL B VACC 4(BEXSERO)0.5ML	90620	CPT	both			695.5		Wellcare	Medicaid		219.43	31.55			208.65	660.73	percent of total billed charges	
MENINGOCOCCAL B VACC 4(BEXSERO)0.5ML	90620	CPT	both			695.5		WellPoint	WellPoint		223.81	32.18			208.65	660.73	percent of total billed charges	
HEPATITIS A VACC, ADULT IM	90632	CPT	inpatient			224		80.8 Aetna	Commercial		85.12	38			56.4	212.8	percent of total billed charges	
HEPATITIS A VACC, ADULT IM	90632	CPT	inpatient			224		80.8 Aetna	Medicare		70.26				56.4	212.8	fee schedule	
HEPATITIS A VACC, ADULT IM	90632	CPT	inpatient			224		80.8 Aetna	Better Health		70.67	31.55			56.4	212.8	percent of total billed charges	
HEPATITIS A VACC, ADULT IM	90632	CPT	inpatient			224		80.8 Americare	Americare		168	75			56.4	212.8	percent of total billed charges	
HEPATITIS A VACC, ADULT IM	90632	CPT	inpatient			224		80.8 Amerihealth	HMO/PPO		145.6	65			56.4	212.8	percent of total billed charges	
HEPATITIS A VACC, ADULT IM	90632	CPT	inpatient			224		80.8 Amerihealth	Medicare		70.26				56.4	212.8	fee schedule	
HEPATITIS A VACC, ADULT IM	90632	CPT	inpatient			224		80.8 Consumer	Consumer		212.8	95			56.4	212.8	percent of total billed charges	
HEPATITIS A VACC, ADULT IM	90632	CPT	inpatient			224		80.8 Corrections	Corrections		179.2	80			56.4	212.8	percent of total billed charges	
HEPATITIS A VACC, ADULT IM	90632	CPT	inpatient			224		80.8 First Health	First Health		156.8	70			56.4	212.8	percent of total billed charges	
HEPATITIS A VACC, ADULT IM	90632	CPT	inpatient			224		80.8 First Trenton	First Trenton		201.6	90			56.4	212.8	percent of total billed charges	
HEPATITIS A VACC, ADULT IM	90632	CPT	inpatient			224		80.8 Horizon	MGD		85.75	38.28			56.4	212.8	percent of total billed charges	
HEPATITIS A VACC, ADULT IM	90632	CPT	inpatient			224		80.8 Horizon	Indemnity		85.75	38.28			56.4	212.8	percent of total billed charges	
HEPATITIS A VACC, ADULT IM	90632	CPT	inpatient			224		80.8 Horizon	PPO		85.75	38.28			56.4	212.8	percent of total billed charges	
HEPATITIS A VACC, ADULT IM	90632	CPT	inpatient			224		80.8 Horizon	NJ Health		207.08				56.4	212.8	fee schedule	
HEPATITIS A VACC, ADULT IM	90632	CPT	inpatient			224		80.8 Horizon	Medicare Blue		67.2	30			56.4	212.8	percent of total billed charges	
HEPATITIS A VACC, ADULT IM	90632	CPT	inpatient			224		80.8 Managed Care Inc	Managed Care Inc		201.6	90			56.4	212.8	percent of total billed charges	
HEPATITIS A VACC, ADULT IM	90632	CPT	inpatient			224		80.8 Multiplan	Multiplan		179.2	80			56.4	212.8	percent of total billed charges	
HEPATITIS A VACC, ADULT IM	90632	CPT	inpatient			224		80.8 Qualcare	Qualcare		168	75			56.4	212.8	percent of total billed charges	
HEPATITIS A VACC, ADULT IM	90632	CPT	inpatient			224		80.8 Three Rivers	Three Rivers		212.8	95			56.4	212.8	percent of total billed charges	
HEPATITIS A VACC, ADULT IM	90632	CPT	inpatient			224		80.8 UHC	Medicaid		70.67	31.55			56.4	212.8	percent of total billed charges	
HEPATITIS A VACC, ADULT IM	90632	CPT	inpatient			224		80.8 UHC	Medicare		70.26				56.4	212.8	fee schedule	
HEPATITIS A VACC, ADULT IM	90632	CPT	inpatient			224		80.8 Wellcare	Medicare		70.26				56.4	212.8	fee schedule	
HEPATITIS A VACC, ADULT IM	90632	CPT	inpatient			224		80.8 Wellcare	Medicaid		70.67	31.55			56.4	212.8	percent of total billed charges	
HEPATITIS A VACC, ADULT IM	90632	CPT	inpatient			224		80.8 WellPoint	WellPoint		72.08	32.18			56.4	212.8	percent of total billed charges	
HEPATITIS A VACCINE(HAVRIX) 720ELU 0.5ML	90633	CPT	outpatient			561		Aetna	Commercial		213.18	38			40.95	532.95	percent of total billed charges	
HEPATITIS A VACCINE(HAVRIX) 720ELU 0.5ML	90633	CPT	outpatient			561		Aetna	Better Health		177	31.55			40.95	532.95	percent of total billed charges	
HEPATITIS A VACCINE(HAVRIX) 720ELU 0.5ML	90633	CPT	outpatient			561		Aetna	Medicare		172.79	30.8			40.95	532.95	percent of total billed charges	
HEPATITIS A VACCINE(HAVRIX) 720ELU 0.5ML	90633	CPT	outpatient			561		Americare	Americare		420.75	75			40.95	532.95	percent of total billed charges	
HEPATITIS A VACCINE(HAVRIX) 720ELU 0.5ML	90633	CPT	outpatient			561		Amerihealth	HMO/PPO		364.65	65			40.95	532.95	percent of total billed charges	
HEPATITIS A VACCINE(HAVRIX) 720ELU 0.5ML	90633	CPT	outpatient			561		Consumer	Consumer		532.95	95			40.95	532.95	percent of total billed charges	
HEPATITIS A VACCINE(HAVRIX) 720ELU 0.5ML	90633	CPT	outpatient			561		Corrections	Corrections		448.8	80			40.95	532.95	percent of total billed charges	
HEPATITIS A VACCINE(HAVRIX) 720ELU 0.5ML	90633	CPT	outpatient			561		First Health	First Health		392.7	70			40.95	532.95	percent of total billed charges	
HEPATITIS A VACCINE(HAVRIX) 720ELU 0.5ML	90633	CPT	outpatient			561		First Trenton	First Trenton		504.9	90			40.95	532.95	percent of total billed charges	
HEPATITIS A VACCINE(HAVRIX) 720ELU 0.5ML	90633	CPT	outpatient			561		Horizon	Indemnity		214.75	38.28			40.95	532.95	percent of total billed charges	
HEPATITIS A VACCINE(HAVRIX) 720ELU 0.5ML	90633	CPT	outpatient			561		Horizon	Medicare Blue		168.3	30			40.95	532.95	percent of total billed charges	
HEPATITIS A VACCINE(HAVRIX) 720ELU 0.5ML	90633	CPT	outpatient			561		Horizon	MGD		214.75	38.28			40.95	532.95	percent of total billed charges	
HEPATITIS A VACCINE(HAVRIX) 720ELU 0.5ML	90633	CPT	outpatient			561		Horizon	NJ Health		106.85				40.95	532.95	fee schedule	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101191	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
HEPATITIS A VACCINE(HAVRIX) 720ELU 0.5ML	90633	CPT	outpatient			561		Horizon	PPO		214.75	38.28			40.95	532.95	percent of total billed charges	
HEPATITIS A VACCINE(HAVRIX) 720ELU 0.5ML	90633	CPT	outpatient			561		Managed Care Inc	Managed Care Inc		504.9	90			40.95	532.95	percent of total billed charges	
HEPATITIS A VACCINE(HAVRIX) 720ELU 0.5ML	90633	CPT	outpatient			561		Multiplan	Multiplan		448.8	80			40.95	532.95	percent of total billed charges	
HEPATITIS A VACCINE(HAVRIX) 720ELU 0.5ML	90633	CPT	outpatient			561		Qualcare	Qualcare		420.75	75			40.95	532.95	percent of total billed charges	
HEPATITIS A VACCINE(HAVRIX) 720ELU 0.5ML	90633	CPT	outpatient			561		Three Rivers	Three Rivers		532.95	95			40.95	532.95	percent of total billed charges	
HEPATITIS A VACCINE(HAVRIX) 720ELU 0.5ML	90633	CPT	outpatient			561		UHC	Medicaid		177	31.55			40.95	532.95	percent of total billed charges	
HEPATITIS A VACCINE(HAVRIX) 720ELU 0.5ML	90633	CPT	outpatient			561		Wellcare	Medicaid		177	31.55			40.95	532.95	percent of total billed charges	
HEPATITIS A VACCINE(HAVRIX) 720ELU 0.5ML	90633	CPT	outpatient			561		WellPoint	WellPoint		180.53	32.18			40.95	532.95	percent of total billed charges	
HEPB RECOMB-HEPA VIR(TWINRIX)1ML INJ	90636	CPT	outpatient			431		Aetna	Better Health		135.98	31.55			129.3	409.45	percent of total billed charges	
HEPB RECOMB-HEPA VIR(TWINRIX)1ML INJ	90636	CPT	outpatient			431		Aetna	Commercial		163.78	38			129.3	409.45	percent of total billed charges	
HEPB RECOMB-HEPA VIR(TWINRIX)1ML INJ	90636	CPT	outpatient			431		Aetna	Medicare		132.75	30.8			129.3	409.45	percent of total billed charges	
HEPB RECOMB-HEPA VIR(TWINRIX)1ML INJ	90636	CPT	outpatient			431		Americare	Americare		323.25	75			129.3	409.45	percent of total billed charges	
HEPB RECOMB-HEPA VIR(TWINRIX)1ML INJ	90636	CPT	outpatient			431		Amerihealth	HMO/PPO		280.15	65			129.3	409.45	percent of total billed charges	
HEPB RECOMB-HEPA VIR(TWINRIX)1ML INJ	90636	CPT	outpatient			431		Consumer	Consumer		409.45	95			129.3	409.45	percent of total billed charges	
HEPB RECOMB-HEPA VIR(TWINRIX)1ML INJ	90636	CPT	outpatient			431		Corrections	Corrections		344.8	80			129.3	409.45	percent of total billed charges	
HEPB RECOMB-HEPA VIR(TWINRIX)1ML INJ	90636	CPT	outpatient			431		First Health	First Health		301.7	70			129.3	409.45	percent of total billed charges	
HEPB RECOMB-HEPA VIR(TWINRIX)1ML INJ	90636	CPT	outpatient			431		First Trenton	First Trenton		387.9	90			129.3	409.45	percent of total billed charges	
HEPB RECOMB-HEPA VIR(TWINRIX)1ML INJ	90636	CPT	outpatient			431		Horizon	NJ Health		290.86				129.3	409.45	fee schedule	
HEPB RECOMB-HEPA VIR(TWINRIX)1ML INJ	90636	CPT	outpatient			431		Horizon	MGD		164.99	38.28			129.3	409.45	percent of total billed charges	
HEPB RECOMB-HEPA VIR(TWINRIX)1ML INJ	90636	CPT	outpatient			431		Horizon	Indemnity		164.99	38.28			129.3	409.45	percent of total billed charges	
HEPB RECOMB-HEPA VIR(TWINRIX)1ML INJ	90636	CPT	outpatient			431		Horizon	PPO		164.99	38.28			129.3	409.45	percent of total billed charges	
HEPB RECOMB-HEPA VIR(TWINRIX)1ML INJ	90636	CPT	outpatient			431		Horizon	Medicare Blue		129.3	30			129.3	409.45	percent of total billed charges	
HEPB RECOMB-HEPA VIR(TWINRIX)1ML INJ	90636	CPT	outpatient			431		Managed Care Inc	Managed Care Inc		387.9	90			129.3	409.45	percent of total billed charges	
HEPB RECOMB-HEPA VIR(TWINRIX)1ML INJ	90636	CPT	outpatient			431		Multiplan	Multiplan		344.8	80			129.3	409.45	percent of total billed charges	
HEPB RECOMB-HEPA VIR(TWINRIX)1ML INJ	90636	CPT	outpatient			431		Qualcare	Qualcare		323.25	75			129.3	409.45	percent of total billed charges	
HEPB RECOMB-HEPA VIR(TWINRIX)1ML INJ	90636	CPT	outpatient			431		Three Rivers	Three Rivers		409.45	95			129.3	409.45	percent of total billed charges	
HEPB RECOMB-HEPA VIR(TWINRIX)1ML INJ	90636	CPT	outpatient			431		UHC	Medicaid		135.98	31.55			129.3	409.45	percent of total billed charges	
HEPB RECOMB-HEPA VIR(TWINRIX)1ML INJ	90636	CPT	outpatient			431		Wellcare	Medicaid		135.98	31.55			129.3	409.45	percent of total billed charges	
HEPB RECOMB-HEPA VIR(TWINRIX)1ML INJ	90636	CPT	outpatient			431		WellPoint	WellPoint		138.7	32.18			129.3	409.45	percent of total billed charges	
HEMOPHILUS B CONJ VAC	90648	CPT	both			172.5		Aetna	Commercial		65.55	38			51.75	163.88	percent of total billed charges	
HEMOPHILUS B CONJ VAC	90648	CPT	both			172.5		Aetna	Medicare		53.13	30.8			51.75	163.88	percent of total billed charges	
HEMOPHILUS B CONJ VAC	90648	CPT	both			172.5		Aetna	Better Health		54.42	31.55			51.75	163.88	percent of total billed charges	
HEMOPHILUS B CONJ VAC	90648	CPT	both			172.5		Americare	Americare		129.38	75			51.75	163.88	percent of total billed charges	
HEMOPHILUS B CONJ VAC	90648	CPT	both			172.5		Amerihealth	HMO/PPO		112.13	65			51.75	163.88	percent of total billed charges	
HEMOPHILUS B CONJ VAC	90648	CPT	both			172.5		Consumer	Consumer		163.88	95			51.75	163.88	percent of total billed charges	
HEMOPHILUS B CONJ VAC	90648	CPT	both			172.5		Corrections	Corrections		138	80			51.75	163.88	percent of total billed charges	
HEMOPHILUS B CONJ VAC	90648	CPT	both			172.5		First Health	First Health		120.75	70			51.75	163.88	percent of total billed charges	
HEMOPHILUS B CONJ VAC	90648	CPT	both			172.5		First Trenton	First Trenton		155.25	90			51.75	163.88	percent of total billed charges	
HEMOPHILUS B CONJ VAC	90648	CPT	both			172.5		Horizon	NJ Health		70.47				51.75	163.88	fee schedule	
HEMOPHILUS B CONJ VAC	90648	CPT	both			172.5		Horizon	MGD		66.03	38.28			51.75	163.88	percent of total billed charges	
HEMOPHILUS B CONJ VAC	90648	CPT	both			172.5		Horizon	Indemnity		66.03	38.28			51.75	163.88	percent of total billed charges	
HEMOPHILUS B CONJ VAC	90648	CPT	both			172.5		Horizon	Medicare Blue		51.75	30			51.75	163.88	percent of total billed charges	
HEMOPHILUS B CONJ VAC	90648	CPT	both			172.5		Horizon	PPO		66.03	38.28			51.75	163.88	percent of total billed charges	
HEMOPHILUS B CONJ VAC	90648	CPT	both			172.5		Managed Care Inc	Managed Care Inc		155.25	90			51.75	163.88	percent of total billed charges	
HEMOPHILUS B CONJ VAC	90648	CPT	both			172.5		Multiplan	Multiplan		138	80			51.75	163.88	percent of total billed charges	
HEMOPHILUS B CONJ VAC	90648	CPT	both			172.5		Qualcare	Qualcare		129.38	75			51.75	163.88	percent of total billed charges	
HEMOPHILUS B CONJ VAC	90648	CPT	both			172.5		Three Rivers	Three Rivers		163.88	95			51.75	163.88	percent of total billed charges	
HEMOPHILUS B CONJ VAC	90648	CPT	both			172.5		UHC	Medicaid		54.42	31.55			51.75	163.88	percent of total billed charges	
HEMOPHILUS B CONJ VAC	90648	CPT	both			172.5		Wellcare	Medicaid		54.42	31.55			51.75	163.88	percent of total billed charges	
HEMOPHILUS B CONJ VAC	90648	CPT	both			172.5		WellPoint	WellPoint		55.51	32.18			51.75	163.88	percent of total billed charges	
H PAPILLOMA VACC 3 DOSE IM	90649	CPT	outpatient			730		Aetna	Commercial		277.4	38			219	693.5	percent of total billed charges	
H PAPILLOMA VACC 3 DOSE IM	90649	CPT	outpatient			730		Aetna	Medicare		224.84	30.8			219	693.5	percent of total billed charges	
H PAPILLOMA VACC 3 DOSE IM	90649	CPT	outpatient			730		Aetna	Better Health		230.32	31.55			219	693.5	percent of total billed charges	
H PAPILLOMA VACC 3 DOSE IM	90649	CPT	outpatient			730		Americare	Americare		547.5	75			219	693.5	percent of total billed charges	
H PAPILLOMA VACC 3 DOSE IM	90649	CPT	outpatient			730		Amerihealth	HMO/PPO		474.5	65			219	693.5	percent of total billed charges	
H PAPILLOMA VACC 3 DOSE IM	90649	CPT	outpatient			730		Consumer	Consumer		693.5	95			219	693.5	percent of total billed charges	
H PAPILLOMA VACC 3 DOSE IM	90649	CPT	outpatient			730		Corrections	Corrections		584	80			219	693.5	percent of total billed charges	
H PAPILLOMA VACC 3 DOSE IM	90649	CPT	outpatient			730		First Health	First Health		511	70			219	693.5	percent of total billed charges	
H PAPILLOMA VACC 3 DOSE IM	90649	CPT	outpatient			730		First Trenton	First Trenton		657	90			219	693.5	percent of total billed charges	
H PAPILLOMA VACC 3 DOSE IM	90649	CPT	outpatient			730		Horizon	MGD		279.44	38.28			219	693.5	percent of total billed charges	
H PAPILLOMA VACC 3 DOSE IM	90649	CPT	outpatient			730		Horizon	Medicare Blue		219	30			219	693.5	percent of total billed charges	
H PAPILLOMA VACC 3 DOSE IM	90649	CPT	outpatient			730		Horizon	Indemnity		279.44	38.28			219	693.5	percent of total billed charges	
H PAPILLOMA VACC 3 DOSE IM	90649	CPT	outpatient			730		Horizon	NJ Health		332.1				219	693.5	fee schedule	
H PAPILLOMA VACC 3 DOSE IM	90649	CPT	outpatient			730		Horizon	PPO		279.44	38.28			219	693.5	percent of total billed charges	
H PAPILLOMA VACC 3 DOSE IM	90649	CPT	outpatient			730		Managed Care Inc	Managed Care Inc		657	90			219	693.5	percent of total billed charges	
H PAPILLOMA VACC 3 DOSE IM	90649	CPT	outpatient			730		Multiplan	Multiplan		584	80			219	693.5	percent of total billed charges	
H PAPILLOMA VACC 3 DOSE IM	90649	CPT	outpatient			730		Qualcare	Qualcare		547.5	75			219	693.5	percent of total billed charges	
H PAPILLOMA VACC 3 DOSE IM	90649	CPT	outpatient			730		Three Rivers	Three Rivers		693.5	95			219	693.5	percent of total billed charges	
H PAPILLOMA VACC 3 DOSE IM	90649	CPT	outpatient			730		UHC	Medicaid		230.32	31.55			219	693.5	percent of total billed charges	
H PAPILLOMA VACC 3 DOSE IM	90649	CPT	outpatient			730		Wellcare	Medicaid		230.32	31.55			219	693.5	percent of total billed charges	
H PAPILLOMA VACC 3 DOSE IM	90649	CPT	outpatient			730		WellPoint	WellPoint		234.91	32.18			219	693.5	percent of total billed charges	
HPAPILLOMAV VAC9(GARDASIL)0.5ML	90651	CPT	both			644		Aetna	Better Health		203.18	31.55			193.2	611.8	percent of total billed charges	
HPAPILLOMAV VAC9(GARDASIL)0.5ML	90651	CPT	both			644		Aetna	Medicare		198.35	30.8			193.2	611.8	percent of total billed charges	
HPAPILLOMAV VAC9(GARDASIL)0.5ML	90651	CPT	both			644		Aetna	Commercial		244.72	38			193.2	611.8	percent of total billed charges	
HPAPILLOMAV VAC9(GARDASIL)0.5ML	90651	CPT	both			644		Americare	Americare		483	75			193.2	611.8	percent of total billed charges	
HPAPILLOMAV VAC9(GARDASIL)0.5ML	90651	CPT	both			644		Amerihealth	HMO/PPO		418.6	65			193.2	611.8	percent of total billed charges	
HPAPILLOMAV VAC9(GARDASIL)0.5ML	90651	CPT	both			644		Consumer	Consumer		611.8	95			193.2	611.8	percent of total billed charges	
HPAPILLOMAV VAC9(GARDASIL)0.5ML	90651	CPT	both			644		Corrections	Corrections		515.2	80			193.2	611.8	percent of total billed charges	
HPAPILLOMAV VAC9(GARDASIL)0.5ML	90651	CPT	both			644		First Health	First Health		450.8	70			193.2	611.8	percent of total billed charges	
HPAPILLOMAV VAC9(GARDASIL)0.5ML	90651	CPT	both			644		First Trenton	First Trenton		579.6	90			193.2	611.8	percent of total billed charges	
HPAPILLOMAV VAC9(GARDASIL)0.5ML	90651	CPT	both			644		Horizon	MGD		246.52	38.28			193.2	611.8	percent of total billed charges	
HPAPILLOMAV VAC9(GARDASIL)0.5ML	90651	CPT	both			644		Horizon	Indemnity		246.52	38.28			193.2	611.8	percent of total billed charges	
HPAPILLOMAV VAC9(GARDASIL)0.5ML	90651	CPT	both			644		Horizon	PPO		246.52	38.28			193.2	611.8	percent of total billed charges	
HPAPILLOMAV VAC9(GARDASIL)0.5ML	90651	CPT	both			644		Horizon	Medicare Blue		193.2	30			193.2	611.8	percent of total billed charges	
HPAPILLOMAV VAC9(GARDASIL)0.5ML	90651	CPT	both			644		Managed Care Inc	Managed Care Inc		579.6	90			193.2	611.8	percent of total billed charges	
HPAPILLOMAV VAC9(GARDASIL)0.5ML	90651	CPT	both			644		Multiplan	Multiplan		515.2	80			193.2	611.8	percent of total billed charges	
HPAPILLOMAV VAC9(GARDASIL)0.5ML	90651	CPT	both			644		Qualcare	Qualcare		483	75			193.2	611.8	percent of total billed charges	
HPAPILLOMAV VAC9(GARDASIL)0.5ML	90651	CPT	both			644		Three Rivers	Three Rivers		611.8	95			193.2	611.8	percent of total billed charges	
HPAPILLOMAV VAC9(GARDASIL)0.5ML	90651	CPT	both			644		UHC	Medicaid		203.18	31.55			193.2	611.8	percent of total billed charges	
HPAPILLOMAV VAC9(GARDASIL)0.5ML	90651	CPT	both			644		Wellcare	Medicaid		203.18	31.55			193.2	611.8	percent of total billed charges	
HPAPILLOMAV VAC9(GARDASIL)0.5ML	90651	CPT	both			644		WellPoint	WellPoint		207.24	32.18			193.2	611.8	percent of total billed charges	
INFLU VAC 1ML(18-64)INTRADERM	90654	CPT	outpatient			62		Aetna	Medicare		19.1	30.8			18.6	58.9	percent of total billed charges	
INFLU VAC 1ML(18-64)INTRADERM	90654	CPT	outpatient			62		Aetna	Better Health		19.56	31.55			18.6	58.9	percent of total billed charges	
INFLU VAC 1ML(18-64)INTRADERM	90654	CPT	outpatient			62		Aetna	Commercial		23.56	38			18.6	58.9	percent of total billed charges	
INFLU VAC 1ML(18-64)INTRADERM	90654	CPT	outpatient			62		Americare	Americare		46.5	75			18.6	58.9	percent of total billed charges	
INFLU VAC 1ML(18-64)INTRADERM	90654	CPT	outpatient			62		Amerihealth	HMO/PPO		40.3	65			18.6	58.9	percent of total billed charges	
INFLU VAC 1ML(18-64)INTRADERM	90654	CPT	outpatient			62		Consumer	Consumer		58.9	95			18.6	58.9	percent of total billed charges	
INFLU VAC 1ML(18-64)INTRADERM	90654	CPT	outpatient			62		Corrections	Corrections		49.6	80			18.6	58.9	percent of total billed charges	
INFLU VAC 1ML(18-64)INTRADERM	90654	CPT	outpatient			62		First Health	First Health		43.4	70			18.6	58.9	percent of total billed charges	
INFLU VAC 1ML(18-64)INTRADERM	90654	CPT	outpatient			62		First Trenton	First Trenton		55.8	90			18.6	58.9	percent of total billed charges	
INFLU VAC 1ML(18-64)INTRADERM	90654	CPT	outpatient			62		Horizon	Medicare Blue		18.6	30			18.6	58.9	percent of total billed charges	
INFLU VAC 1ML(18-64)INTRADERM	90654	CPT	outpatient			62		Horizon	Indemnity		23.73	38.28			18.6	58.9	percent of total billed charges	
INFLU VAC 1ML(18-64)INTRADERM	90654	CPT	outpatient			62		Horizon	MGD		23.73	38.28			18.6	58.9	percent of total billed charges	
INFLU VAC 1ML(18-64)INTRADERM	90654	CPT	outpatient			62		Horizon	PPO		23.73	38.28			18.6	58.9	percent of total billed charges	
INFLU VAC 1ML(18-64)INTRADERM	90654	CPT	outpatient			62		Managed Care Inc	Managed Care Inc		55.8	90			18.6	58.9	percent of total billed charges	
INFLU VAC 1ML(18-64)INTRADERM	90654	CPT	outpatient			62		Multiplan	Multiplan		49.6	80			18.6	58.9	percent of total billed charges	
INFLU VAC 1ML(18-64)INTRADERM	90654	CPT	outpatient			62		Qualcare	Qualcare		46.5	75			18.6	58.9	percent of total billed charges	
INFLU VAC 1ML(18-64)INTRADERM	90654	CPT	outpatient			62		Three Rivers	Three Rivers		58.9	95			18.6	58.9	percent of total billed charges	
INFLU VAC 1ML(18-64)INTRADERM	90654	CPT	outpatient			62		UHC	Medicaid		19.56	31.55			18.6	58.9	percent of total billed charges	
INFLU VAC 1ML(18-64)INTRADERM	90654	CPT	outpatient			62		Wellcare	Medicaid		19.56	31.55			18.6	58.9	percent of total billed charges	
INFLU VAC 1ML(18-64)INTRADERM	90654	CPT	outpatient			62		WellPoint	WellPoint		19.95	32.18			18.6	58.9	percent of total billed charges	
INFLUENZA VACCINE> 3 YRS	90658	CPT	outpatient			73		Aetna	Better Health		23.03	31.55			19.2	177.48	percent of total billed charges	
INFLUENZA VACCINE> 3 YRS	90658	CPT	outpatient			73		Aetna	Medicare		22.48	30.8			19.2	177.48	percent of total billed charges	
INFLUENZA VACCINE> 3 YRS	90658	CPT	outpatient			73		Aetna	Commercial		27.74	38			19.2	177.48	percent of total billed charges	
INFLUENZA VACCINE> 3 YRS	90658	CPT	outpatient			73		Americare	Americare		54.75	75			19.2	177.48	percent of total billed charges	
INFLUENZA VACCINE> 3 YRS	90658	CPT	outpatient			73		Amerihealth	HMO/PPO		47.45	65			19.2	177.48	percent of total billed charges	
INFLUENZA VACCINE> 3 YRS	90658	CPT	outpatient			73		Consumer	Consumer		69.35	95			19.2	177.48	percent of total billed charges	
INFLUENZA VACCINE> 3 YRS	90658	CPT	outpatient			73		Corrections	Corrections		58.4	80			19.2	177.48	percent of total billed charges	
INFLUENZA VACCINE> 3 YRS	90658	CPT	outpatient			73		First Health	First Health		51.1	70			19.2	177.48	percent of total billed charges	
INFLUENZA VACCINE> 3 YRS	90658	CPT	outpatient			73		First Trenton	First Trenton		65.7	90			19.2	177.48	percent of total billed charges	
INFLUENZA VACCINE> 3 YRS	90658	CPT	outpatient			73		Horizon	MGD		27.94	38.28			19.2	177.48	percent of total billed charges	
INFLUENZA VACCINE> 3 YRS	90658	CPT	outpatient			73		Horizon	PPO		27.94	38.28			19.2	177.48	percent of total billed charges	
INFLUENZA VACCINE> 3 YRS	90658	CPT	outpatient			73		Horizon	Indemnity		27.94	38.28			19.2	177.48	percent of total billed charges	
INFLUENZA VACCINE> 3 YRS	90658	CPT	outpatient			73		Horizon	NJ Health		177.48				19.2	177.48	fee schedule	
INFLUENZA VACCINE> 3 YRS	90658	CPT	outpatient			73		Horizon	Medicare Blue		21.9	30			19.2	177.48	percent of total billed charges	
INFLUENZA VACCINE> 3 YRS	90658	CPT	outpatient			73		Managed Care Inc	Managed Care Inc		65.7	90			19.2	177.48	percent of total billed charges	
INFLUENZA VACCINE> 3 YRS	90658	CPT	outpatient			73		Multiplan	Multiplan		58.4	80			19.2	177.48	percent of total billed charges	
INFLUENZA VACCINE> 3 YRS	90658	CPT	outpatient			73		Qualcare	Qualcare		54.75	75			19.2	177.48	percent of total billed charges	
INFLUENZA VACCINE> 3 YRS	90658	CPT	outpatient			73		Three Rivers	Three Rivers		69.35	95			19.2	177.48	percent of total billed charges	
INFLUENZA VACCINE> 3 YRS	90658	CPT	outpatient			73		UHC	Medicaid		23.03	31.55			19.2	177.48	percent of total billed charges	
INFLUENZA VACCINE> 3 YRS	90658	CPT	outpatient			73		Wellcare	Medicaid		23.03	31.55			19.2	177.48	percent of total billed charges	
INFLUENZA VACCINE> 3 YRS	90658	CPT	outpatient			73		WellPoint	WellPoint		23.49	32.18			19.2	177.48	percent of total billed charges	
INFLUENZA VACCINE(FLUZONE) HD 0.7ML SYR	90662	CPT	outpatient			196	84.41	Aetna	Commercial		74.48	38			58.8	186.2	percent of total billed charges	
INFLUENZA VACCINE(FLUZONE) HD 0.7ML SYR	90662	CPT	outpatient			196	84.41	Aetna	Better Health		61.84	31.55			58.8	186.2	percent of total billed charges	
INFLUENZA VACCINE(FLUZONE) HD 0.7ML SYR	90662	CPT	outpatient			196	84.41	Aetna	Medicare		60.37	30.8			58.8	186.2	percent of total billed charges	
INFLUENZA VACCINE(FLUZONE) HD 0.7ML SYR	90662	CPT	outpatient			196	84.41	Americare	Americare		147	75			58.8	186.2	percent of total billed charges	
INFLUENZA VACCINE(FLUZONE) HD 0.7ML SYR	90662	CPT	outpatient			196	84.41	Amerihealth	Medicare		73.4				58.8	186.2	fee schedule	
INFLUENZA VACCINE(FLUZONE) HD 0.7ML SYR	90662	CPT	outpatient			196	84.41	Amerihealth	HMO/PPO		127.4	65			58.8	186.2	percent of total billed charges	
INFLUENZA VACCINE(FLUZONE) HD 0.7ML SYR	90662	CPT	outpatient			196	84.41	Consumer	Consumer		186.2	95			58.8	186.2	percent of total billed charges	
INFLUENZA VACCINE(FLUZONE) HD 0.7ML SYR	90662	CPT	outpatient			196	84.41	Corrections	Corrections		156.8	80			58.8	186.2	percent of total billed charges	
INFLUENZA VACCINE(FLUZONE) HD 0.7ML SYR	90662	CPT	outpatient			196	84.41	First Health	First Health		137.2	70			58.8	186.2	percent of total billed charges	
INFLUENZA VACCINE(FLUZONE) HD 0.7ML SYR	90662	CPT	outpatient			196	84.41	First Trenton	First Trenton		176.4	90			58.8	186.2	percent of total billed charges	
INFLUENZA VACCINE(FLUZONE) HD 0.7ML SYR	90662	CPT	outpatient			196	84.41	Horizon	Medicare Blue		58.8	30			58.8	186.2	percent of total billed charges	
INFLUENZA VACCINE(FLUZONE) HD 0.7ML SYR	90662	CPT	outpatient			196	84.41	Horizon	MGD		75.03	38.28			58.8	186.2	percent of total billed charges	
INFLUENZA VACCINE(FLUZONE) HD 0.7ML SYR	90662	CPT	outpatient			196	84.41	Horizon	Indemnity		75.03	38.28			58.8	186.2	percent of total billed charges	
INFLUENZA VACCINE(FLUZONE) HD 0.7ML SYR	90662	CPT	outpatient			196	84.41	Horizon	PPO		75.03	38.28			58.8	186.2	percent of total billed charges	
INFLUENZA VACCINE(FLUZONE) HD 0.7ML SYR	90662	CPT	outpatient			196	84.41	Managed Care Inc	Managed Care Inc		176.4	90			58.8	186.2	percent of total billed charges	
INFLUENZA VACCINE(FLUZONE) HD 0.7ML SYR	90662	CPT	outpatient			196	84.41	Multiplan	Multiplan		156.8	80			58.8	186.2	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.															
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101191	true														
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
INFLUENZA VACCINE(FLUZONE) HD 0.7ML SYR	90662	CPT	outpatient			196	84.41	Qualcare	Qualcare		147				58.8	186.2	percent of total billed charges	
INFLUENZA VACCINE(FLUZONE) HD 0.7ML SYR	90662	CPT	outpatient			196	84.41	Three Rivers	Three Rivers		186.2				58.8	186.2	percent of total billed charges	
INFLUENZA VACCINE(FLUZONE) HD 0.7ML SYR	90662	CPT	outpatient			196	84.41	UHC	Medicare		73.4				58.8	186.2	fee schedule	
INFLUENZA VACCINE(FLUZONE) HD 0.7ML SYR	90662	CPT	outpatient			196	84.41	UHC	Medicaid		61.84	31.55			58.8	186.2	percent of total billed charges	
INFLUENZA VACCINE(FLUZONE) HD 0.7ML SYR	90662	CPT	outpatient			196	84.41	United	Oxford		183.5				58.8	186.2	fee schedule	
INFLUENZA VACCINE(FLUZONE) HD 0.7ML SYR	90662	CPT	outpatient			196	84.41	United	CommercialPPO		183.5				58.8	186.2	fee schedule	
INFLUENZA VACCINE(FLUZONE) HD 0.7ML SYR	90662	CPT	outpatient			196	84.41	Wellcare	Medicare		73.4				58.8	186.2	fee schedule	
INFLUENZA VACCINE(FLUZONE) HD 0.7ML SYR	90662	CPT	outpatient			196	84.41	Wellcare	Medicaid		61.84	31.55			58.8	186.2	percent of total billed charges	
INFLUENZA VACCINE(FLUZONE) HD 0.7ML SYR	90662	CPT	outpatient			196	84.41	WellPoint	WellPoint		63.07	32.18			58.8	186.2	percent of total billed charges	
PNEUMOCOCCAL 13 VAL VACCINE	90670	CPT	both			603.5	296.69	Aetna	Medicare		185.88	30.8			181.05	644.98	percent of total billed charges	
PNEUMOCOCCAL 13 VAL VACCINE	90670	CPT	both			603.5	296.69	Aetna	Better Health		190.4	31.55			181.05	644.98	percent of total billed charges	
PNEUMOCOCCAL 13 VAL VACCINE	90670	CPT	both			603.5	296.69	Aetna	Commercial		229.33	38			181.05	644.98	percent of total billed charges	
PNEUMOCOCCAL 13 VAL VACCINE	90670	CPT	both			603.5	296.69	Americare	Americare		452.63	75			181.05	644.98	percent of total billed charges	
PNEUMOCOCCAL 13 VAL VACCINE	90670	CPT	both			603.5	296.69	Amerihealth	HMO/PPO		392.28	65			181.05	644.98	percent of total billed charges	
PNEUMOCOCCAL 13 VAL VACCINE	90670	CPT	both			603.5	296.69	Amerihealth	Medicare		257.99				181.05	644.98	fee schedule	
PNEUMOCOCCAL 13 VAL VACCINE	90670	CPT	both			603.5	296.69	Consumer	Consumer		573.33	95			181.05	644.98	percent of total billed charges	
PNEUMOCOCCAL 13 VAL VACCINE	90670	CPT	both			603.5	296.69	Corrections	Corrections		482.8	80			181.05	644.98	percent of total billed charges	
PNEUMOCOCCAL 13 VAL VACCINE	90670	CPT	both			603.5	296.69	First Health	First Health		422.45	70			181.05	644.98	percent of total billed charges	
PNEUMOCOCCAL 13 VAL VACCINE	90670	CPT	both			603.5	296.69	First Trenton	First Trenton		543.15	90			181.05	644.98	percent of total billed charges	
PNEUMOCOCCAL 13 VAL VACCINE	90670	CPT	both			603.5	296.69	Horizon	Medicare Blue		181.05	30			181.05	644.98	percent of total billed charges	
PNEUMOCOCCAL 13 VAL VACCINE	90670	CPT	both			603.5	296.69	Horizon	Indemnity		231.02	38.28			181.05	644.98	percent of total billed charges	
PNEUMOCOCCAL 13 VAL VACCINE	90670	CPT	both			603.5	296.69	Horizon	MGD		231.02	38.28			181.05	644.98	percent of total billed charges	
PNEUMOCOCCAL 13 VAL VACCINE	90670	CPT	both			603.5	296.69	Horizon	PPO		231.02	38.28			181.05	644.98	percent of total billed charges	
PNEUMOCOCCAL 13 VAL VACCINE	90670	CPT	both			603.5	296.69	Managed Care Inc	Managed Care Inc		543.15	90			181.05	644.98	percent of total billed charges	
PNEUMOCOCCAL 13 VAL VACCINE	90670	CPT	both			603.5	296.69	Multiplan	Multiplan		482.8	80			181.05	644.98	percent of total billed charges	
PNEUMOCOCCAL 13 VAL VACCINE	90670	CPT	both			603.5	296.69	Qualcare	Qualcare		452.63	75			181.05	644.98	percent of total billed charges	
PNEUMOCOCCAL 13 VAL VACCINE	90670	CPT	both			603.5	296.69	Three Rivers	Three Rivers		573.33	95			181.05	644.98	percent of total billed charges	
PNEUMOCOCCAL 13 VAL VACCINE	90670	CPT	both			603.5	296.69	UHC	Medicare		257.99				181.05	644.98	fee schedule	
PNEUMOCOCCAL 13 VAL VACCINE	90670	CPT	both			603.5	296.69	UHC	Medicaid		190.4	31.55			181.05	644.98	percent of total billed charges	
PNEUMOCOCCAL 13 VAL VACCINE	90670	CPT	both			603.5	296.69	United	Oxford		644.98				181.05	644.98	fee schedule	
PNEUMOCOCCAL 13 VAL VACCINE	90670	CPT	both			603.5	296.69	United	CommercialPPO		644.98				181.05	644.98	fee schedule	
PNEUMOCOCCAL 13 VAL VACCINE	90670	CPT	both			603.5	296.69	Wellcare	Medicare		257.99				181.05	644.98	fee schedule	
PNEUMOCOCCAL 13 VAL VACCINE	90670	CPT	both			603.5	296.69	Wellcare	Medicaid		190.4	31.55			181.05	644.98	percent of total billed charges	
PNEUMOCOCCAL 13 VAL VACCINE	90670	CPT	both			603.5	296.69	WellPoint	WellPoint		194.21	32.18			181.05	644.98	percent of total billed charges	
INFLUENZA VACC(FLUBLOK) 0.5ML IM	90673	CPT	outpatient			133.5		Aetna	Commercial		50.73	38			40.05	126.83	percent of total billed charges	
INFLUENZA VACC(FLUBLOK) 0.5ML IM	90673	CPT	outpatient			133.5		Aetna	Better Health		42.12	31.55			40.05	126.83	percent of total billed charges	
INFLUENZA VACC(FLUBLOK) 0.5ML IM	90673	CPT	outpatient			133.5		Aetna	Medicare		41.12	30.8			40.05	126.83	percent of total billed charges	
INFLUENZA VACC(FLUBLOK) 0.5ML IM	90673	CPT	outpatient			133.5		Americare	Americare		100.13	75			40.05	126.83	percent of total billed charges	
INFLUENZA VACC(FLUBLOK) 0.5ML IM	90673	CPT	outpatient			133.5		Amerihealth	HMO/PPO		86.78	65			40.05	126.83	percent of total billed charges	
INFLUENZA VACC(FLUBLOK) 0.5ML IM	90673	CPT	outpatient			133.5		Consumer	Consumer		126.83	95			40.05	126.83	percent of total billed charges	
INFLUENZA VACC(FLUBLOK) 0.5ML IM	90673	CPT	outpatient			133.5		Corrections	Corrections		106.8	80			40.05	126.83	percent of total billed charges	
INFLUENZA VACC(FLUBLOK) 0.5ML IM	90673	CPT	outpatient			133.5		First Health	First Health		93.45	70			40.05	126.83	percent of total billed charges	
INFLUENZA VACC(FLUBLOK) 0.5ML IM	90673	CPT	outpatient			133.5		First Trenton	First Trenton		120.15	90			40.05	126.83	percent of total billed charges	
INFLUENZA VACC(FLUBLOK) 0.5ML IM	90673	CPT	outpatient			133.5		Horizon	MGD		51.1	38.28			40.05	126.83	percent of total billed charges	
INFLUENZA VACC(FLUBLOK) 0.5ML IM	90673	CPT	outpatient			133.5		Horizon	PPO		51.1	38.28			40.05	126.83	percent of total billed charges	
INFLUENZA VACC(FLUBLOK) 0.5ML IM	90673	CPT	outpatient			133.5		Horizon	Indemnity		51.1	38.28			40.05	126.83	percent of total billed charges	
INFLUENZA VACC(FLUBLOK) 0.5ML IM	90673	CPT	outpatient			133.5		Horizon	Medicare Blue		40.05	30			40.05	126.83	percent of total billed charges	
INFLUENZA VACC(FLUBLOK) 0.5ML IM	90673	CPT	outpatient			133.5		Managed Care Inc	Managed Care Inc		120.15	90			40.05	126.83	percent of total billed charges	
INFLUENZA VACC(FLUBLOK) 0.5ML IM	90673	CPT	outpatient			133.5		Multiplan	Multiplan		106.8	80			40.05	126.83	percent of total billed charges	
INFLUENZA VACC(FLUBLOK) 0.5ML IM	90673	CPT	outpatient			133.5		Qualcare	Qualcare		100.13	75			40.05	126.83	percent of total billed charges	
INFLUENZA VACC(FLUBLOK) 0.5ML IM	90673	CPT	outpatient			133.5		Three Rivers	Three Rivers		126.83	95			40.05	126.83	percent of total billed charges	
INFLUENZA VACC(FLUBLOK) 0.5ML IM	90673	CPT	outpatient			133.5		UHC	Medicaid		42.12	31.55			40.05	126.83	percent of total billed charges	
INFLUENZA VACC(FLUBLOK) 0.5ML IM	90673	CPT	outpatient			133.5		Wellcare	Medicaid		42.12	31.55			40.05	126.83	percent of total billed charges	
INFLUENZA VACC(FLUBLOK) 0.5ML IM	90673	CPT	outpatient			133.5		WellPoint	WellPoint		42.96	32.18			40.05	126.83	percent of total billed charges	
RABIES VACCINE HUM(IMOVAX)2.5U	90675	CPT	both			1181	373.46	Aetna	Commercial		616.79				311.85	1121.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RABIES VACCINE HUM(IMOVAX)2.5U	90675	CPT	both			1181	373.46	Aetna	Medicare		363.75	30.8			311.85	1121.95	percent of total billed charges	
RABIES VACCINE HUM(IMOVAX)2.5U	90675	CPT	both			1181	373.46	Aetna	Better Health		372.61	31.55			311.85	1121.95	percent of total billed charges	
RABIES VACCINE HUM(IMOVAX)2.5U	90675	CPT	both			1181	373.46	Americare	Americare		885.75	75			311.85	1121.95	percent of total billed charges	
RABIES VACCINE HUM(IMOVAX)2.5U	90675	CPT	both			1181	373.46	Amerihealth	Medicare		324.74				311.85	1121.95	fee schedule	
RABIES VACCINE HUM(IMOVAX)2.5U	90675	CPT	both			1181	373.46	Amerihealth	HMO/PPO		767.65	65			311.85	1121.95	percent of total billed charges	
RABIES VACCINE HUM(IMOVAX)2.5U	90675	CPT	both			1181	373.46	Consumer	Consumer		1121.95	95			311.85	1121.95	percent of total billed charges	
RABIES VACCINE HUM(IMOVAX)2.5U	90675	CPT	both			1181	373.46	Corrections	Corrections		944.8	80			311.85	1121.95	percent of total billed charges	
RABIES VACCINE HUM(IMOVAX)2.5U	90675	CPT	both			1181	373.46	First Health	First Health		826.7	70			311.85	1121.95	percent of total billed charges	
RABIES VACCINE HUM(IMOVAX)2.5U	90675	CPT	both			1181	373.46	First Trenton	First Trenton		1062.9	90			311.85	1121.95	percent of total billed charges	
RABIES VACCINE HUM(IMOVAX)2.5U	90675	CPT	both			1181	373.46	Horizon	Indemnity		721.01				311.85	1121.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RABIES VACCINE HUM(IMOVAX)2.5U	90675	CPT	both			1181	373.46	Horizon	MGD		721.01				311.85	1121.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RABIES VACCINE HUM(IMOVAX)2.5U	90675	CPT	both			1181	373.46	Horizon	Medicare Blue		387.43				311.85	1121.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RABIES VACCINE HUM(IMOVAX)2.5U	90675	CPT	both			1181	373.46	Horizon	PPO		721.01				311.85	1121.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RABIES VACCINE HUM(IMOVAX)2.5U	90675	CPT	both			1181	373.46	Managed Care Inc	Managed Care Inc		1062.9	90			311.85	1121.95	percent of total billed charges	
RABIES VACCINE HUM(IMOVAX)2.5U	90675	CPT	both			1181	373.46	Multiplan	Multiplan		944.8	80			311.85	1121.95	percent of total billed charges	
RABIES VACCINE HUM(IMOVAX)2.5U	90675	CPT	both			1181	373.46	Qualcare	Qualcare		885.75	75			311.85	1121.95	percent of total billed charges	
RABIES VACCINE HUM(IMOVAX)2.5U	90675	CPT	both			1181	373.46	Three Rivers	Three Rivers		1121.95	95			311.85	1121.95	percent of total billed charges	
RABIES VACCINE HUM(IMOVAX)2.5U	90675	CPT	both			1181	373.46	UHC	Medicaid		372.61	31.55			311.85	1121.95	percent of total billed charges	
RABIES VACCINE HUM(IMOVAX)2.5U	90675	CPT	both			1181	373.46	UHC	Medicare		324.74				311.85	1121.95	fee schedule	
RABIES VACCINE HUM(IMOVAX)2.5U	90675	CPT	both			1181	373.46	United	Oxford		811.85				311.85	1121.95	fee schedule	
RABIES VACCINE HUM(IMOVAX)2.5U	90675	CPT	both			1181	373.46	United	CommercialPPO		811.85				311.85	1121.95	fee schedule	
RABIES VACCINE HUM(IMOVAX)2.5U	90675	CPT	both			1181	373.46	Wellcare	Medicaid		372.61	31.55			311.85	1121.95	percent of total billed charges	
RABIES VACCINE HUM(IMOVAX)2.5U	90675	CPT	both			1181	373.46	Wellcare	Medicare		324.74				311.85	1121.95	fee schedule	
RABIES VACCINE HUM(IMOVAX)2.5U	90675	CPT	both			1181	373.46	WellPoint	WellPoint		380.05	32.18			311.85	1121.95	percent of total billed charges	
PNEUMOCOCCAL20 (PREVNAR20) VACC 0.5ML	90677	CPT	both			1010.5	331.96	Aetna	Medicare		288.66				288.66	959.98	fee schedule	
PNEUMOCOCCAL20 (PREVNAR20) VACC 0.5ML	90677	CPT	both			1010.5	331.96	Aetna	Better Health		318.81	31.55			288.66	959.98	percent of total billed charges	
PNEUMOCOCCAL20 (PREVNAR20) VACC 0.5ML	90677	CPT	both			1010.5	331.96	Aetna	Commercial		383.99	38			288.66	959.98	percent of total billed charges	
PNEUMOCOCCAL20 (PREVNAR20) VACC 0.5ML	90677	CPT	both			1010.5	331.96	Americare	Americare		757.88	75			288.66	959.98	percent of total billed charges	
PNEUMOCOCCAL20 (PREVNAR20) VACC 0.5ML	90677	CPT	both			1010.5	331.96	Amerihealth	Medicare		288.66				288.66	959.98	fee schedule	
PNEUMOCOCCAL20 (PREVNAR20) VACC 0.5ML	90677	CPT	both			1010.5	331.96	Amerihealth	HMO/PPO		656.83	65			288.66	959.98	percent of total billed charges	
PNEUMOCOCCAL20 (PREVNAR20) VACC 0.5ML	90677	CPT	both			1010.5	331.96	Consumer	Consumer		959.98	95			288.66	959.98	percent of total billed charges	
PNEUMOCOCCAL20 (PREVNAR20) VACC 0.5ML	90677	CPT	both			1010.5	331.96	Corrections	Corrections		808.4	80			288.66	959.98	percent of total billed charges	
PNEUMOCOCCAL20 (PREVNAR20) VACC 0.5ML	90677	CPT	both			1010.5	331.96	First Health	First Health		707.35	70			288.66	959.98	percent of total billed charges	
PNEUMOCOCCAL20 (PREVNAR20) VACC 0.5ML	90677	CPT	both			1010.5	331.96	First Trenton	First Trenton		909.45	90			288.66	959.98	percent of total billed charges	
PNEUMOCOCCAL20 (PREVNAR20) VACC 0.5ML	90677	CPT	both			1010.5	331.96	Horizon	Indemnity		386.82	38.28			288.66	959.98	percent of total billed charges	
PNEUMOCOCCAL20 (PREVNAR20) VACC 0.5ML	90677	CPT	both			1010.5	331.96	Horizon	PPO		386.82	38.28			288.66	959.98	percent of total billed charges	
PNEUMOCOCCAL20 (PREVNAR20) VACC 0.5ML	90677	CPT	both			1010.5	331.96	Horizon	MGD		386.82	38.28			288.66	959.98	percent of total billed charges	
PNEUMOCOCCAL20 (PREVNAR20) VACC 0.5ML	90677	CPT	both			1010.5	331.96	Horizon	Medicare Blue		303.15	30			288.66	959.98	percent of total billed charges	
PNEUMOCOCCAL20 (PREVNAR20) VACC 0.5ML	90677	CPT	both			1010.5	331.96	Managed Care Inc	Managed Care Inc		909.45	90			288.66	959.98	percent of total billed charges	
PNEUMOCOCCAL20 (PREVNAR20) VACC 0.5ML	90677	CPT	both			1010.5	331.96	Multiplan	Multiplan		808.4	80			288.66	959.98	percent of total billed charges	
PNEUMOCOCCAL20 (PREVNAR20) VACC 0.5ML	90677	CPT	both			1010.5	331.96	Qualcare	Qualcare		757.88	75			288.66	959.98	percent of total billed charges	
PNEUMOCOCCAL20 (PREVNAR20) VACC 0.5ML	90677	CPT	both			1010.5	331.96	Three Rivers	Three Rivers		959.98	95			288.66	959.98	percent of total billed charges	
PNEUMOCOCCAL20 (PREVNAR20) VACC 0.5ML	90677	CPT	both			1010.5	331.96	UHC	Medicare		288.66				288.66	959.98	fee schedule	
PNEUMOCOCCAL20 (PREVNAR20) VACC 0.5ML	90677	CPT	both			1010.5	331.96	UHC	Medicaid		318.81	31.55			288.66	959.98	percent of total billed charges	
PNEUMOCOCCAL20 (PREVNAR20) VACC 0.5ML	90677	CPT	both			1010.5	331.96	United	CommercialPPO		721.65				288.66	959.98	fee schedule	
PNEUMOCOCCAL20 (PREVNAR20) VACC 0.5ML	90677	CPT	both			1010.5	331.96	United	Oxford		721.65				288.66	959.98	fee schedule	
PNEUMOCOCCAL20 (PREVNAR20) VACC 0.5ML	90677	CPT	both			1010.5	331.96	Wellcare	Medicare		288.66				288.66	959.98	fee schedule	
PNEUMOCOCCAL20 (PREVNAR20) VACC 0.5ML	90677	CPT	both			1010.5	331.96	Wellcare	Medicaid		318.81	31.55			288.66	959.98	percent of total billed charges	
PNEUMOCOCCAL20 (PREVNAR20) VACC 0.5ML	90677	CPT	both			1010.5	331.96	WellPoint	WellPoint		325.18	32.18			288.66	959.98	percent of total billed charges	
RSV VACC (ABRYSVO) 0.5ML	90678	CPT	outpatient			1094		Aetna	Better Health		345.16	31.55			328.2	1039.3	percent of total billed charges	
RSV VACC (ABRYSVO) 0.5ML	90678	CPT	outpatient			1094		Aetna	Medicare		336.95	30.8			328.2	1039.3	percent of total billed charges	
RSV VACC (ABRYSVO) 0.5ML	90678	CPT	outpatient			1094		Aetna	Commercial		415.72	38			328.2	1039.3	percent of total billed charges	
RSV VACC (ABRYSVO) 0.5ML	90678	CPT	outpatient			1094		Americare	Americare		820.5	75			328.2	1039.3	percent of total billed charges	
RSV VACC (ABRYSVO) 0.5ML	90678	CPT	outpatient			1094		Amerihealth	HMO/PPO		711.1	65			328.2	1039.3	percent of total billed charges	
RSV VACC (ABRYSVO) 0.5ML	90678	CPT	outpatient			1094		Consumer	Consumer		1039.3	95			328.2	1039.3	percent of total billed charges	
RSV VACC (ABRYSVO) 0.5ML	90678	CPT	outpatient			1094		Corrections	Corrections		875.2	80			328.2	1039.3	percent of total billed charges	
RSV VACC (ABRYSVO) 0.5ML	90678	CPT	outpatient			1094		First Health	First Health		765.8	70			328.2	1039.3	percent of total billed charges	
RSV VACC (ABRYSVO) 0.5ML	90678	CPT	outpatient			1094		First Trenton	First Trenton		984.6	90			328.2	1039.3	percent of total billed charges	
RSV VACC (ABRYSVO) 0.5ML	90678	CPT	outpatient			1094		Horizon	MGD		418.78	38.28			328.2	1039.3	percent of total billed charges	
RSV VACC (ABRYSVO) 0.5ML	90678	CPT	outpatient			1094		Horizon	Medicare Blue		328.2	30			328.2	1039.3	percent of total billed charges	
RSV VACC (ABRYSVO) 0.5ML	90678	CPT	outpatient			1094		Horizon	Indemnity		418.78	38.28			328.2	1039.3	percent of total billed charges	
RSV VACC (ABRYSVO) 0.5ML	90678	CPT	outpatient			1094		Horizon	PPO		418.78	38.28			328.2	1039.3	percent of total billed charges	
RSV VACC (ABRYSVO) 0.5ML	90678	CPT	outpatient			1094		Managed Care Inc	Managed Care Inc		984.6	90			328.2	1039.3	percent of total billed charges	
RSV VACC (ABRYSVO) 0.5ML	90678	CPT	outpatient			1094		Multiplan	Multiplan		875.2	80			328.2	1039.3	percent of total billed charges	
RSV VACC (ABRYSVO) 0.5ML	90678	CPT	outpatient			1094		Qualcare	Qualcare		820.5	75			328.2	1039.3	percent of total billed charges	
RSV VACC (ABRYSVO) 0.5ML	90678	CPT	outpatient			1094		Three Rivers	Three Rivers		1039.3	95			328.2	1039.3	percent of total billed charges	
RSV VACC (ABRYSVO) 0.5ML	90678	CPT	outpatient			1094		UHC	Medicaid		345.16	31.55			328.2	1039.3	percent of total billed charges	
RSV VACC (ABRYSVO) 0.5ML	90678	CPT	outpatient			1094		Wellcare	Medicaid		345.16	31.55			328.2	1039.3	percent of total billed charges	
RSV VACC (ABRYSVO) 0.5ML	90678	CPT	outpatient			1094		WellPoint	WellPoint		352.05	32.18			328.2	1039.3	percent of total billed charges	
ROTAVIRUS(ROTARIX) 1ML VACC	90681	CPT	inpatient			511		Aetna	Medicare		157.39	30.8			150	485.45	percent of total billed charges	
ROTAVIRUS(ROTARIX) 1ML VACC	90681	CPT	inpatient			511		Aetna	Commercial		194.18	38			150	485.45	percent of total billed charges	
ROTAVIRUS(ROTARIX) 1ML VACC	90681	CPT	inpatient			511		Aetna	Better Health		161.22	31.55			150	485.45	percent of total billed charges	
ROTAVIRUS(ROTARIX) 1ML VACC	90681	CPT	inpatient			511		Americare	Americare		383.25	75			150	485.45	percent of total billed charges	
ROTAVIRUS(ROTARIX) 1ML VACC	90681	CPT	inpatient			511		Amerihealth	HMO/PPO		332.15	65			150	485.45	percent of total billed charges	
ROTAVIRUS(ROTARIX) 1ML VACC	90681	CPT	inpatient			511		Consumer	Consumer		485.45	95			150	485.45	percent of total billed charges	
ROTAVIRUS(ROTARIX) 1ML VACC	90681	CPT	inpatient			511		Corrections	Corrections		408.8	80			150	485.45	percent of total billed charges	
ROTAVIRUS(ROTARIX) 1ML VACC	90681	CPT	inpatient			511		First Health	First Health		357.7	70			150	485.45	percent of total billed charges	
ROTAVIRUS(ROTARIX) 1ML VACC	90681	CPT	inpatient			511		First Trenton	First Trenton		459.9	90			150	485.45	percent of total billed charges	
ROTAVIRUS(ROTARIX) 1ML VACC	90681	CPT	inpatient			511		Horizon	Medicare Blue		153.3	30			150	485.45	percent of total billed charges	
ROTAVIRUS(ROTARIX) 1ML VACC	90681	CPT	inpatient			511		Horizon	MGD		195.61	38.28			150	485.45	percent of total billed charges	
ROTAVIRUS(ROTARIX) 1ML VACC	90681	CPT	inpatient			511		Horizon	Indemnity		195.61	38.28			150	485.45	percent of total billed charges	
ROTAVIRUS(ROTARIX) 1ML VACC	90681	CPT	inpatient			511		Horizon	PPO		195.61	38.28			150	485.45	percent of total billed charges	
ROTAVIRUS(ROTARIX) 1ML VACC	90681	CPT	inpatient			511		Managed Care Inc	Managed Care Inc		459.9	90			150	485.45	percent of total billed charges	
ROTAVIRUS(ROTARIX) 1ML VACC	90681	CPT	inpatient			511		Multiplan	Multiplan		408.8	80			150	485.45	percent of total billed charges	
ROTAVIRUS(ROTARIX) 1ML VACC	90681	CPT	inpatient			511		Qualcare	Qualcare		383.25	75			150	485.45	percent of total billed charges	
ROTAVIRUS(ROTARIX) 1ML VACC	90681	CPT	inpatient			511		Three Rivers	Three Rivers		485.45	95			150	485.45	percent of total billed charges	
ROTAVIRUS(ROTARIX) 1ML VACC	90681	CPT	inpatient			511		UHC	Medicaid		161.22	31.55			150	485.45	percent of total billed charges	
ROTAVIRUS(ROTARIX) 1ML VACC	90681	CPT	inpatient			511		Wellcare	Medicaid		161.22	31.55			150	485.45	percent of total billed charges	
ROTAVIRUS(ROTARIX) 1ML VACC	90681	CPT	inpatient			511		WellPoint	WellPoint		164.44	32.18			150	485.45	percent of total billed charges	
INFLUENZA VACCINE, 6-35 MONTHS	90685	CPT	outpatient			104.5		Aetna	Better Health		32.97	31.55			31.35	99.28	percent of total billed charges	
INFLUENZA VACCINE, 6-35 MONTHS	90685	CPT	outpatient			104.5		Aetna	Medicare		32.19	30.8			31.35	99.28	percent of total billed charges	
INFLUENZA VACCINE, 6-35 MONTHS	90685	CPT	outpatient			104.5		Aetna	Commercial		39.71	38			31.35	99.28	percent of total billed charges	
INFLUENZA VACCINE, 6-35 MONTHS	90685	CPT	outpatient			104.5		Americare	Americare		78.38	75			31.35	99.28	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
INFLUENZA VACCINE, 6-35 MONTHS	90685	CPT	outpatient			104.5		Amerihealth	HMO/PPO		67.93	65			31.35	99.28	percent of total billed charges	
INFLUENZA VACCINE, 6-35 MONTHS	90685	CPT	outpatient			104.5		Consumer	Consumer		99.28	95			31.35	99.28	percent of total billed charges	
INFLUENZA VACCINE, 6-35 MONTHS	90685	CPT	outpatient			104.5		Corrections	Corrections		83.6	80			31.35	99.28	percent of total billed charges	
INFLUENZA VACCINE, 6-35 MONTHS	90685	CPT	outpatient			104.5		First Health	First Health		73.15	70			31.35	99.28	percent of total billed charges	
INFLUENZA VACCINE, 6-35 MONTHS	90685	CPT	outpatient			104.5		First Trenton	First Trenton		94.05	90			31.35	99.28	percent of total billed charges	
INFLUENZA VACCINE, 6-35 MONTHS	90685	CPT	outpatient			104.5		Horizon	Medicare Blue		31.35	30			31.35	99.28	percent of total billed charges	
INFLUENZA VACCINE, 6-35 MONTHS	90685	CPT	outpatient			104.5		Horizon	Indemnity		40	38.28			31.35	99.28	percent of total billed charges	
INFLUENZA VACCINE, 6-35 MONTHS	90685	CPT	outpatient			104.5		Horizon	MGD		40	38.28			31.35	99.28	percent of total billed charges	
INFLUENZA VACCINE, 6-35 MONTHS	90685	CPT	outpatient			104.5		Horizon	PPO		40	38.28			31.35	99.28	percent of total billed charges	
INFLUENZA VACCINE, 6-35 MONTHS	90685	CPT	outpatient			104.5		Managed Care Inc	Managed Care Inc		94.05	90			31.35	99.28	percent of total billed charges	
INFLUENZA VACCINE, 6-35 MONTHS	90685	CPT	outpatient			104.5		Multiplan	Multiplan		83.6	80			31.35	99.28	percent of total billed charges	
INFLUENZA VACCINE, 6-35 MONTHS	90685	CPT	outpatient			104.5		Qualcare	Qualcare		78.38	75			31.35	99.28	percent of total billed charges	
INFLUENZA VACCINE, 6-35 MONTHS	90685	CPT	outpatient			104.5		Three Rivers	Three Rivers		99.28	95			31.35	99.28	percent of total billed charges	
INFLUENZA VACCINE, 6-35 MONTHS	90685	CPT	outpatient			104.5		UHC	Medicaid		32.97	31.55			31.35	99.28	percent of total billed charges	
INFLUENZA VACCINE, 6-35 MONTHS	90685	CPT	outpatient			104.5		Wellcare	Medicaid		32.97	31.55			31.35	99.28	percent of total billed charges	
INFLUENZA VACCINE, 6-35 MONTHS	90685	CPT	outpatient			104.5		WellPoint	WellPoint		33.63	32.18			31.35	99.28	percent of total billed charges	
INFLUENZA VACCINE, 3 YRS AND ABOVE	90686	CPT	both			83.5	25.7	Aetna	Medicare		22.35				17.7	79.33	fee schedule	
INFLUENZA VACCINE, 3 YRS AND ABOVE	90686	CPT	both			83.5	25.7	Aetna	Better Health		26.34	31.55			17.7	79.33	percent of total billed charges	
INFLUENZA VACCINE, 3 YRS AND ABOVE	90686	CPT	both			83.5	25.7	Aetna	Commercial		31.73	38			17.7	79.33	percent of total billed charges	
INFLUENZA VACCINE, 3 YRS AND ABOVE	90686	CPT	both			83.5	25.7	Americare	Americare		62.63	75			17.7	79.33	percent of total billed charges	
INFLUENZA VACCINE, 3 YRS AND ABOVE	90686	CPT	both			83.5	25.7	Amerihealth	HMO/PPO		54.28	65			17.7	79.33	percent of total billed charges	
INFLUENZA VACCINE, 3 YRS AND ABOVE	90686	CPT	both			83.5	25.7	Amerihealth	Medicare		22.35				17.7	79.33	fee schedule	
INFLUENZA VACCINE, 3 YRS AND ABOVE	90686	CPT	both			83.5	25.7	Consumer	Consumer		79.33	95			17.7	79.33	percent of total billed charges	
INFLUENZA VACCINE, 3 YRS AND ABOVE	90686	CPT	both			83.5	25.7	Corrections	Corrections		66.8	80			17.7	79.33	percent of total billed charges	
INFLUENZA VACCINE, 3 YRS AND ABOVE	90686	CPT	both			83.5	25.7	First Health	First Health		58.45	70			17.7	79.33	percent of total billed charges	
INFLUENZA VACCINE, 3 YRS AND ABOVE	90686	CPT	both			83.5	25.7	First Trenton	First Trenton		75.15	90			17.7	79.33	percent of total billed charges	
INFLUENZA VACCINE, 3 YRS AND ABOVE	90686	CPT	both			83.5	25.7	Horizon	MGD		31.96	38.28			17.7	79.33	percent of total billed charges	
INFLUENZA VACCINE, 3 YRS AND ABOVE	90686	CPT	both			83.5	25.7	Horizon	PPO		31.96	38.28			17.7	79.33	percent of total billed charges	
INFLUENZA VACCINE, 3 YRS AND ABOVE	90686	CPT	both			83.5	25.7	Horizon	Indemnity		31.96	38.28			17.7	79.33	percent of total billed charges	
INFLUENZA VACCINE, 3 YRS AND ABOVE	90686	CPT	both			83.5	25.7	Horizon	Medicare Blue		25.05	30			17.7	79.33	percent of total billed charges	
INFLUENZA VACCINE, 3 YRS AND ABOVE	90686	CPT	both			83.5	25.7	Managed Care Inc	Managed Care Inc		75.15	90			17.7	79.33	percent of total billed charges	
INFLUENZA VACCINE, 3 YRS AND ABOVE	90686	CPT	both			83.5	25.7	Multiplan	Multiplan		66.8	80			17.7	79.33	percent of total billed charges	
INFLUENZA VACCINE, 3 YRS AND ABOVE	90686	CPT	both			83.5	25.7	Qualcare	Qualcare		62.63	75			17.7	79.33	percent of total billed charges	
INFLUENZA VACCINE, 3 YRS AND ABOVE	90686	CPT	both			83.5	25.7	Three Rivers	Three Rivers		79.33	95			17.7	79.33	percent of total billed charges	
INFLUENZA VACCINE, 3 YRS AND ABOVE	90686	CPT	both			83.5	25.7	UHC	Medicaid		26.34	31.55			17.7	79.33	percent of total billed charges	
INFLUENZA VACCINE, 3 YRS AND ABOVE	90686	CPT	both			83.5	25.7	UHC	Medicare		22.35				17.7	79.33	fee schedule	
INFLUENZA VACCINE, 3 YRS AND ABOVE	90686	CPT	both			83.5	25.7	United	Commercial|PPO		55.88				17.7	79.33	fee schedule	
INFLUENZA VACCINE, 3 YRS AND ABOVE	90686	CPT	both			83.5	25.7	United	Oxford		55.88				17.7	79.33	fee schedule	
INFLUENZA VACCINE, 3 YRS AND ABOVE	90686	CPT	both			83.5	25.7	Wellcare	Medicare		22.35				17.7	79.33	fee schedule	
INFLUENZA VACCINE, 3 YRS AND ABOVE	90686	CPT	both			83.5	25.7	Wellcare	Medicaid		26.34	31.55			17.7	79.33	percent of total billed charges	
INFLUENZA VACCINE, 3 YRS AND ABOVE	90686	CPT	both			83.5	25.7	WellPoint	WellPoint		26.87	32.18			17.7	79.33	percent of total billed charges	
DIPHTHER PERTUSS TET POLIO(KINRIX) 0.5ML	90696	CPT	both			219		Aetna	Medicare		67.45	30.8			65.7	208.05	percent of total billed charges	
DIPHTHER PERTUSS TET POLIO(KINRIX) 0.5ML	90696	CPT	both			219		Aetna	Better Health		69.09	31.55			65.7	208.05	percent of total billed charges	
DIPHTHER PERTUSS TET POLIO(KINRIX) 0.5ML	90696	CPT	both			219		Aetna	Commercial		83.22	38			65.7	208.05	percent of total billed charges	
DIPHTHER PERTUSS TET POLIO(KINRIX) 0.5ML	90696	CPT	both			219		Americare	Americare		164.25	75			65.7	208.05	percent of total billed charges	
DIPHTHER PERTUSS TET POLIO(KINRIX) 0.5ML	90696	CPT	both			219		Amerihealth	HMO/PPO		142.35	65			65.7	208.05	percent of total billed charges	
DIPHTHER PERTUSS TET POLIO(KINRIX) 0.5ML	90696	CPT	both			219		Consumer	Consumer		208.05	95			65.7	208.05	percent of total billed charges	
DIPHTHER PERTUSS TET POLIO(KINRIX) 0.5ML	90696	CPT	both			219		Corrections	Corrections		175.2	80			65.7	208.05	percent of total billed charges	
DIPHTHER PERTUSS TET POLIO(KINRIX) 0.5ML	90696	CPT	both			219		First Health	First Health		153.3	70			65.7	208.05	percent of total billed charges	
DIPHTHER PERTUSS TET POLIO(KINRIX) 0.5ML	90696	CPT	both			219		First Trenton	First Trenton		197.1	90			65.7	208.05	percent of total billed charges	
DIPHTHER PERTUSS TET POLIO(KINRIX) 0.5ML	90696	CPT	both			219		Horizon	MGD		83.83	38.28			65.7	208.05	percent of total billed charges	
DIPHTHER PERTUSS TET POLIO(KINRIX) 0.5ML	90696	CPT	both			219		Horizon	Medicare Blue		65.7	30			65.7	208.05	percent of total billed charges	
DIPHTHER PERTUSS TET POLIO(KINRIX) 0.5ML	90696	CPT	both			219		Horizon	Indemnity		83.83	38.28			65.7	208.05	percent of total billed charges	
DIPHTHER PERTUSS TET POLIO(KINRIX) 0.5ML	90696	CPT	both			219		Horizon	PPO		83.83	38.28			65.7	208.05	percent of total billed charges	
DIPHTHER PERTUSS TET POLIO(KINRIX) 0.5ML	90696	CPT	both			219		Managed Care Inc	Managed Care Inc		197.1	90			65.7	208.05	percent of total billed charges	
DIPHTHER PERTUSS TET POLIO(KINRIX) 0.5ML	90696	CPT	both			219		Multiplan	Multiplan		175.2	80			65.7	208.05	percent of total billed charges	
DIPHTHER PERTUSS TET POLIO(KINRIX) 0.5ML	90696	CPT	both			219		Qualcare	Qualcare		164.25	75			65.7	208.05	percent of total billed charges	
DIPHTHER PERTUSS TET POLIO(KINRIX) 0.5ML	90696	CPT	both			219		Three Rivers	Three Rivers		208.05	95			65.7	208.05	percent of total billed charges	
DIPHTHER PERTUSS TET POLIO(KINRIX) 0.5ML	90696	CPT	both			219		UHC	Medicaid		69.09	31.55			65.7	208.05	percent of total billed charges	
DIPHTHER PERTUSS TET POLIO(KINRIX) 0.5ML	90696	CPT	both			219		Wellcare	Medicaid		69.09	31.55			65.7	208.05	percent of total billed charges	
DIPHTHER PERTUSS TET POLIO(KINRIX) 0.5ML	90696	CPT	both			219		WellPoint	WellPoint		70.47	32.18			65.7	208.05	percent of total billed charges	
PENTACEL VACCINE 0.5 ML INJ	90698	CPT	outpatient			411		Aetna	Better Health		129.67	31.55			123.3	390.45	percent of total billed charges	
PENTACEL VACCINE 0.5 ML INJ	90698	CPT	outpatient			411		Aetna	Commercial		156.18	38			123.3	390.45	percent of total billed charges	
PENTACEL VACCINE 0.5 ML INJ	90698	CPT	outpatient			411		Aetna	Medicare		126.59	30.8			123.3	390.45	percent of total billed charges	
PENTACEL VACCINE 0.5 ML INJ	90698	CPT	outpatient			411		Americare	Americare		308.25	75			123.3	390.45	percent of total billed charges	
PENTACEL VACCINE 0.5 ML INJ	90698	CPT	outpatient			411		Amerihealth	HMO/PPO		267.15	65			123.3	390.45	percent of total billed charges	
PENTACEL VACCINE 0.5 ML INJ	90698	CPT	outpatient			411		Consumer	Consumer		390.45	95			123.3	390.45	percent of total billed charges	
PENTACEL VACCINE 0.5 ML INJ	90698	CPT	outpatient			411		Corrections	Corrections		328.8	80			123.3	390.45	percent of total billed charges	
PENTACEL VACCINE 0.5 ML INJ	90698	CPT	outpatient			411		First Health	First Health		287.7	70			123.3	390.45	percent of total billed charges	
PENTACEL VACCINE 0.5 ML INJ	90698	CPT	outpatient			411		First Trenton	First Trenton		369.9	90			123.3	390.45	percent of total billed charges	
PENTACEL VACCINE 0.5 ML INJ	90698	CPT	outpatient			411		Horizon	Indemnity		157.33	38.28			123.3	390.45	percent of total billed charges	
PENTACEL VACCINE 0.5 ML INJ	90698	CPT	outpatient			411		Horizon	MGD		157.33	38.28			123.3	390.45	percent of total billed charges	
PENTACEL VACCINE 0.5 ML INJ	90698	CPT	outpatient			411		Horizon	Medicare Blue		123.3	30			123.3	390.45	percent of total billed charges	
PENTACEL VACCINE 0.5 ML INJ	90698	CPT	outpatient			411		Horizon	PPO		157.33	38.28			123.3	390.45	percent of total billed charges	
PENTACEL VACCINE 0.5 ML INJ	90698	CPT	outpatient			411		Managed Care Inc	Managed Care Inc		369.9	90			123.3	390.45	percent of total billed charges	
PENTACEL VACCINE 0.5 ML INJ	90698	CPT	outpatient			411		Multiplan	Multiplan		328.8	80			123.3	390.45	percent of total billed charges	
PENTACEL VACCINE 0.5 ML INJ	90698	CPT	outpatient			411		Qualcare	Qualcare		308.25	75			123.3	390.45	percent of total billed charges	
PENTACEL VACCINE 0.5 ML INJ	90698	CPT	outpatient			411		Three Rivers	Three Rivers		390.45	95			123.3	390.45	percent of total billed charges	
PENTACEL VACCINE 0.5 ML INJ	90698	CPT	outpatient			411		UHC	Medicaid		129.67	31.55			123.3	390.45	percent of total billed charges	
PENTACEL VACCINE 0.5 ML INJ	90698	CPT	outpatient			411		Wellcare	Medicaid		129.67	31.55			123.3	390.45	percent of total billed charges	
PENTACEL VACCINE 0.5 ML INJ	90698	CPT	outpatient			411		WellPoint	WellPoint		132.26	32.18			123.3	390.45	percent of total billed charges	
DTAP VACCINE, <7 YRS, IM USE	90700	CPT	outpatient			137		Aetna	Commercial		52.06	38			41.1	130.15	percent of total billed charges	
DTAP VACCINE, <7 YRS, IM USE	90700	CPT	outpatient			137		Aetna	Medicare		42.2	30.8			41.1	130.15	percent of total billed charges	
DTAP VACCINE, <7 YRS, IM USE	90700	CPT	outpatient			137		Aetna	Better Health		43.22	31.55			41.1	130.15	percent of total billed charges	
DTAP VACCINE, <7 YRS, IM USE	90700	CPT	outpatient			137		Americare	Americare		102.75	75			41.1	130.15	percent of total billed charges	
DTAP VACCINE, <7 YRS, IM USE	90700	CPT	outpatient			137		Amerihealth	HMO/PPO		89.05	65			41.1	130.15	percent of total billed charges	
DTAP VACCINE, <7 YRS, IM USE	90700	CPT	outpatient			137		Consumer	Consumer		130.15	95			41.1	130.15	percent of total billed charges	
DTAP VACCINE, <7 YRS, IM USE	90700	CPT	outpatient			137		Corrections	Corrections		109.6	80			41.1	130.15	percent of total billed charges	
DTAP VACCINE, <7 YRS, IM USE	90700	CPT	outpatient			137		First Health	First Health		95.9	70			41.1	130.15	percent of total billed charges	
DTAP VACCINE, <7 YRS, IM USE	90700	CPT	outpatient			137		First Trenton	First Trenton		123.3	90			41.1	130.15	percent of total billed charges	
DTAP VACCINE, <7 YRS, IM USE	90700	CPT	outpatient			137		Horizon	Medicare Blue		41.1	30			41.1	130.15	percent of total billed charges	
DTAP VACCINE, <7 YRS, IM USE	90700	CPT	outpatient			137		Horizon	Indemnity		52.44	38.28			41.1	130.15	percent of total billed charges	
DTAP VACCINE, <7 YRS, IM USE	90700	CPT	outpatient			137		Horizon	MGD		52.44	38.28			41.1	130.15	percent of total billed charges	
DTAP VACCINE, <7 YRS, IM USE	90700	CPT	outpatient			137		Horizon	NJ Health		59.98				41.1	130.15	fee schedule	
DTAP VACCINE, <7 YRS, IM USE	90700	CPT	outpatient			137		Horizon	PPO		52.44	38.28			41.1	130.15	percent of total billed charges	
DTAP VACCINE, <7 YRS, IM USE	90700	CPT	outpatient			137		Managed Care Inc	Managed Care Inc		123.3	90			41.1	130.15	percent of total billed charges	
DTAP VACCINE, <7 YRS, IM USE	90700	CPT	outpatient			137		Multiplan	Multiplan		109.6	80			41.1	130.15	percent of total billed charges	
DTAP VACCINE, <7 YRS, IM USE	90700	CPT	outpatient			137		Qualcare	Qualcare		102.75	75			41.1	130.15	percent of total billed charges	
DTAP VACCINE, <7 YRS, IM USE	90700	CPT	outpatient			137		Three Rivers	Three Rivers		130.15	95			41.1	130.15	percent of total billed charges	
DTAP VACCINE, <7 YRS, IM USE	90700	CPT	outpatient			137		UHC	Medicaid		43.22	31.55			41.1	130.15	percent of total billed charges	
DTAP VACCINE, <7 YRS, IM USE	90700	CPT	outpatient			137		Wellcare	Medicaid		43.22	31.55			41.1	130.15	percent of total billed charges	
DTAP VACCINE, <7 YRS, IM USE	90700	CPT	outpatient			137		WellPoint	WellPoint		44.09	32.18			41.1	130.15	percent of total billed charges	
TETANUS/DIPHTHERIA TOX (>7YRS)	90702	CPT	outpatient			116		Aetna	Medicare		35.73	30.8			12.5	110.2	percent of total billed charges	
TETANUS/DIPHTHERIA TOX (>7YRS)	90702	CPT	outpatient			116		Aetna	Better Health		36.6	31.55			12.5	110.2	percent of total billed charges	
TETANUS/DIPHTHERIA TOX (>7YRS)	90702	CPT	outpatient			116		Aetna	Commercial		44.08	38			12.5	110.2	percent of total billed charges	
TETANUS/DIPHTHERIA TOX (>7YRS)	90702	CPT	outpatient			116		Americare	Americare		87	75			12.5	110.2	percent of total billed charges	
TETANUS/DIPHTHERIA TOX (>7YRS)	90702	CPT	outpatient			116		Amerihealth	HMO/PPO		75.4	65			12.5	110.2	percent of total billed charges	
TETANUS/DIPHTHERIA TOX (>7YRS)	90702	CPT	outpatient			116		Consumer	Consumer		110.2	95			12.5	110.2	percent of total billed charges	
TETANUS/DIPHTHERIA TOX (>7YRS)	90702	CPT	outpatient			116		Corrections	Corrections		92.8	80			12.5	110.2	percent of total billed charges	
TETANUS/DIPHTHERIA TOX (>7YRS)	90702	CPT	outpatient			116		First Health	First Health		81.2	70			12.5	110.2	percent of total billed charges	
TETANUS/DIPHTHERIA TOX (>7YRS)	90702	CPT	outpatient			116		First Trenton	First Trenton		104.4	90			12.5	110.2	percent of total billed charges	
TETANUS/DIPHTHERIA TOX (>7YRS)	90702	CPT	outpatient			116		Horizon	MGD		44.4	38.28			12.5	110.2	percent of total billed charges	
TETANUS/DIPHTHERIA TOX (>7YRS)	90702	CPT	outpatient			116		Horizon	Medicare Blue		34.8	30			12.5	110.2	percent of total billed charges	
TETANUS/DIPHTHERIA TOX (>7YRS)	90702	CPT	outpatient			116		Horizon	Indemnity		44.4	38.28			12.5	110.2	percent of total billed charges	
TETANUS/DIPHTHERIA TOX (>7YRS)	90702	CPT	outpatient			116		Horizon	NJ Health		12.5				12.5	110.2	fee schedule	
TETANUS/DIPHTHERIA TOX (>7YRS)	90702	CPT	outpatient			116		Horizon	PPO		44.4	38.28			12.5	110.2	percent of total billed charges	
TETANUS/DIPHTHERIA TOX (>7YRS)	90702	CPT	outpatient			116		Managed Care Inc	Managed Care Inc		104.4	90			12.5	110.2	percent of total billed charges	
TETANUS/DIPHTHERIA TOX (>7YRS)	90702	CPT	outpatient			116		Multiplan	Multiplan		92.8	80			12.5	110.2	percent of total billed charges	
TETANUS/DIPHTHERIA TOX (>7YRS)	90702	CPT	outpatient			116		Qualcare	Qualcare		87	75			12.5	110.2	percent of total billed charges	
TETANUS/DIPHTHERIA TOX (>7YRS)	90702	CPT	outpatient			116		Three Rivers	Three Rivers		110.2	95			12.5	110.2	percent of total billed charges	
TETANUS/DIPHTHERIA TOX (>7YRS)	90702	CPT	outpatient			116		UHC	Medicaid		36.6	31.55			12.5	110.2	percent of total billed charges	
TETANUS/DIPHTHERIA TOX (>7YRS)	90702	CPT	outpatient			116		Wellcare	Medicaid		36.6	31.55			12.5	110.2	percent of total billed charges	
TETANUS/DIPHTHERIA TOX (>7YRS)	90702	CPT	outpatient			116		WellPoint	WellPoint		37.33	32.18			12.5	110.2	percent of total billed charges	
MMR VACCINE	90707	CPT	both			342		Aetna	Medicare		105.34	30.8			40.5	324.9	percent of total billed charges	
MMR VACCINE	90707	CPT	both			342		Aetna	Better Health		107.9	31.55			40.5	324.9	percent of total billed charges	
MMR VACCINE	90707	CPT	both			342		Aetna	Commercial		129.96	38			40.5	324.9	percent of total billed charges	
MMR VACCINE	90707	CPT	both			342		Americare	Americare		256.5	75			40.5	324.9	percent of total billed charges	
MMR VACCINE	90707	CPT	both			342		Amerihealth	HMO/PPO		222.3	65			40.5	324.9	percent of total billed charges	
MMR VACCINE	90707	CPT	both			342		Consumer	Consumer		324.9	95			40.5	324.9	percent of total billed charges	
MMR VACCINE	90707	CPT	both			342		Corrections	Corrections		273.6	80			40.5	324.9	percent of total billed charges	
MMR VACCINE	90707	CPT	both			342		First Health	First Health		239.4	70			40.5	324.9	percent of total billed charges	
MMR VACCINE	90707	CPT	both			342		First Trenton	First Trenton		307.8	90			40.5	324.9	percent of total billed charges	
MMR VACCINE	90707	CPT	both			342		Horizon	MGD		130.92	38.28			40.5	324.9	percent of total billed charges	
MMR VACCINE	90707	CPT	both			342		Horizon	NJ Health		142.58				40.5	324.9	fee schedule	
MMR VACCINE	90707	CPT	both			342		Horizon	Medicare Blue		102.6	30			40.5	324.9	percent of total billed charges	
MMR VACCINE	90707	CPT	both			342		Horizon	Indemnity		130.92	38.28			40.5	324.9	percent of total billed charges	
MMR VACCINE	90707	CPT	both			342		Horizon	PPO		130.92	38.28			40.5	324.9	percent of total billed charges	
MMR VACCINE	90707	CPT	both			342		Managed Care Inc	Managed Care Inc		307.8	90			40.5	324.9	percent of total billed charges	
MMR VACCINE	90707	CPT	both			342		Multiplan	Multiplan		273.6	80			40.5	324.9	percent of total billed charges	
MMR VACCINE	90707	CPT	both			342		Qualcare	Qualcare		256.5	75			40.5	324.9	percent of total billed charges	
MMR VACCINE	90707	CPT	both			342		Three Rivers	Three Rivers		324.9	95			40.5	324.9	percent of total billed charges	
MMR VACCINE	90707	CPT	both			342		UHC	Medicaid		107.9	31.55			40.5	324.9	percent of total billed charges	
MMR VACCINE	90707	CPT	both			342		Wellcare	Medicaid		107.9	31.55			40.5	324.9	percent of total billed charges	
MMR VACCINE	90707	CPT	both			342		WellPoint	WellPoint		110.06	32.18			40.5	324.9	percent of total billed charges	
TOPV (ORAL POLIO)	90710	CPT	outpatient			903.5	183.16	Aetna	Medicare		159.27				33.93	858.33	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TOPV (ORAL POLIO)	90710	CPT	outpatient			903.5	183.16	Aetna	Commercial		253.56				33.93	858.33	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TOPV (ORAL POLIO)	90710	CPT	outpatient			903.5	183.16	Aetna	Better Health		285.05	31.55			33.93	858.33	percent of total billed charges	
TOPV (ORAL POLIO)	90710	CPT	outpatient			903.5	183.16	Americare	Americare		677.63	75			33.93	858.33	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
TOPV (ORAL POLIO)	90710	CPT	outpatient			903.5		183.16 Amerihealth	HMO/PPO		587.28	65			33.93		858.33 percent of total billed charges	
TOPV (ORAL POLIO)	90710	CPT	outpatient			903.5		183.16 Amerihealth	Medicare		159.27				33.93		858.33 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TOPV (ORAL POLIO)	90710	CPT	outpatient			903.5		183.16 Consumer	Consumer		858.33	95			33.93		858.33 percent of total billed charges	
TOPV (ORAL POLIO)	90710	CPT	outpatient			903.5		183.16 Corrections	Corrections		722.8	80			33.93		858.33 percent of total billed charges	
TOPV (ORAL POLIO)	90710	CPT	outpatient			903.5		183.16 First Health	First Health		632.45	70			33.93		858.33 percent of total billed charges	
TOPV (ORAL POLIO)	90710	CPT	outpatient			903.5		183.16 First Trenton	First Trenton		813.15	90			33.93		858.33 percent of total billed charges	
TOPV (ORAL POLIO)	90710	CPT	outpatient			903.5		183.16 Horizon	MGD		296.4				33.93		858.33 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TOPV (ORAL POLIO)	90710	CPT	outpatient			903.5		183.16 Horizon	Medicare Blue		159.27				33.93		858.33 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TOPV (ORAL POLIO)	90710	CPT	outpatient			903.5		183.16 Horizon	Indemnity		296.4				33.93		858.33 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TOPV (ORAL POLIO)	90710	CPT	outpatient			903.5		183.16 Horizon	NJ Health		33.93				33.93		858.33 fee schedule	
TOPV (ORAL POLIO)	90710	CPT	outpatient			903.5		183.16 Horizon	PPO		296.4				33.93		858.33 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TOPV (ORAL POLIO)	90710	CPT	outpatient			903.5		183.16 Managed Care Inc	Managed Care Inc		813.15	90			33.93		858.33 percent of total billed charges	
TOPV (ORAL POLIO)	90710	CPT	outpatient			903.5		183.16 Multiplan	Multiplan		722.8	80			33.93		858.33 percent of total billed charges	
TOPV (ORAL POLIO)	90710	CPT	outpatient			903.5		183.16 Qualcare	Qualcare		677.63	75			33.93		858.33 percent of total billed charges	
TOPV (ORAL POLIO)	90710	CPT	outpatient			903.5		183.16 Three Rivers	Three Rivers		858.33	95			33.93		858.33 percent of total billed charges	
TOPV (ORAL POLIO)	90710	CPT	outpatient			903.5		183.16 UHC	Medicare		159.27				33.93		858.33 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TOPV (ORAL POLIO)	90710	CPT	outpatient			903.5		183.16 UHC	Medicaid		285.05	31.55			33.93		858.33 percent of total billed charges	
TOPV (ORAL POLIO)	90710	CPT	outpatient			903.5		183.16 United	Commercial|PPO		331.73				33.93		858.33 fee schedule	
TOPV (ORAL POLIO)	90710	CPT	outpatient			903.5		183.16 United	Oxford		331.73				33.93		858.33 fee schedule	
TOPV (ORAL POLIO)	90710	CPT	outpatient			903.5		183.16 Wellcare	Medicaid		285.05	31.55			33.93		858.33 percent of total billed charges	
TOPV (ORAL POLIO)	90710	CPT	outpatient			903.5		183.16 Wellcare	Medicare		159.27				33.93		858.33 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TOPV (ORAL POLIO)	90710	CPT	outpatient			903.5		183.16 WellPoint	WellPoint		290.75	32.18			33.93		858.33 percent of total billed charges	
POLIOVIRUS (IPOL) INJ	90713	CPT	both			185		Aetna	Better Health		58.37	31.55			55.5		175.75 percent of total billed charges	
POLIOVIRUS (IPOL) INJ	90713	CPT	both			185		Aetna	Commercial		70.3	38			55.5		175.75 percent of total billed charges	
POLIOVIRUS (IPOL) INJ	90713	CPT	both			185		Aetna	Medicare		56.98	30.8			55.5		175.75 percent of total billed charges	
POLIOVIRUS (IPOL) INJ	90713	CPT	both			185		Americare	Americare		138.75	75			55.5		175.75 percent of total billed charges	
POLIOVIRUS (IPOL) INJ	90713	CPT	both			185		Amerihealth	HMO/PPO		120.25	65			55.5		175.75 percent of total billed charges	
POLIOVIRUS (IPOL) INJ	90713	CPT	both			185		Consumer	Consumer		175.75	95			55.5		175.75 percent of total billed charges	
POLIOVIRUS (IPOL) INJ	90713	CPT	both			185		Corrections	Corrections		148	80			55.5		175.75 percent of total billed charges	
POLIOVIRUS (IPOL) INJ	90713	CPT	both			185		First Health	First Health		129.5	70			55.5		175.75 percent of total billed charges	
POLIOVIRUS (IPOL) INJ	90713	CPT	both			185		First Trenton	First Trenton		166.5	90			55.5		175.75 percent of total billed charges	
POLIOVIRUS (IPOL) INJ	90713	CPT	both			185		Horizon	Indemnity		70.82	38.28			55.5		175.75 percent of total billed charges	
POLIOVIRUS (IPOL) INJ	90713	CPT	both			185		Horizon	MGD		70.82	38.28			55.5		175.75 percent of total billed charges	
POLIOVIRUS (IPOL) INJ	90713	CPT	both			185		Horizon	Medicare Blue		55.5	30			55.5		175.75 percent of total billed charges	
POLIOVIRUS (IPOL) INJ	90713	CPT	both			185		Horizon	NJ Health		83.96				55.5		175.75 fee schedule	
POLIOVIRUS (IPOL) INJ	90713	CPT	both			185		Horizon	PPO		70.82	38.28			55.5		175.75 percent of total billed charges	
POLIOVIRUS (IPOL) INJ	90713	CPT	both			185		Managed Care Inc	Managed Care Inc		166.5	90			55.5		175.75 percent of total billed charges	
POLIOVIRUS (IPOL) INJ	90713	CPT	both			185		Multiplan	Multiplan		148	80			55.5		175.75 percent of total billed charges	
POLIOVIRUS (IPOL) INJ	90713	CPT	both			185		Qualcare	Qualcare		138.75	75			55.5		175.75 percent of total billed charges	
POLIOVIRUS (IPOL) INJ	90713	CPT	both			185		Three Rivers	Three Rivers		175.75	95			55.5		175.75 percent of total billed charges	
POLIOVIRUS (IPOL) INJ	90713	CPT	both			185		UHC	Medicaid		58.37	31.55			55.5		175.75 percent of total billed charges	
POLIOVIRUS (IPOL) INJ	90713	CPT	both			185		Wellcare	Medicaid		58.37	31.55			55.5		175.75 percent of total billed charges	
POLIOVIRUS (IPOL) INJ	90713	CPT	both			185		WellPoint	WellPoint		59.53	32.18			55.5		175.75 percent of total billed charges	
TETANUS/DIPHTHERIA TOX (>7YRS)	90714	CPT	both			141	34.9	Aetna	Medicare		30.34				16.05		133.95 fee schedule	
TETANUS/DIPHTHERIA TOX (>7YRS)	90714	CPT	both			141	34.9	Aetna	Commercial		53.58	38			16.05		133.95 percent of total billed charges	
TETANUS/DIPHTHERIA TOX (>7YRS)	90714	CPT	both			141	34.9	Aetna	Better Health		44.49	31.55			16.05		133.95 percent of total billed charges	
TETANUS/DIPHTHERIA TOX (>7YRS)	90714	CPT	both			141	34.9	Americare	Americare		105.75	75			16.05		133.95 percent of total billed charges	
TETANUS/DIPHTHERIA TOX (>7YRS)	90714	CPT	both			141	34.9	Amerihealth	HMO/PPO		91.65	65			16.05		133.95 percent of total billed charges	
TETANUS/DIPHTHERIA TOX (>7YRS)	90714	CPT	both			141	34.9	Amerihealth	Medicare		30.34				16.05		133.95 fee schedule	
TETANUS/DIPHTHERIA TOX (>7YRS)	90714	CPT	both			141	34.9	Consumer	Consumer		133.95	95			16.05		133.95 percent of total billed charges	
TETANUS/DIPHTHERIA TOX (>7YRS)	90714	CPT	both			141	34.9	Corrections	Corrections		112.8	80			16.05		133.95 percent of total billed charges	
TETANUS/DIPHTHERIA TOX (>7YRS)	90714	CPT	both			141	34.9	First Health	First Health		98.7	70			16.05		133.95 percent of total billed charges	
TETANUS/DIPHTHERIA TOX (>7YRS)	90714	CPT	both			141	34.9	First Trenton	First Trenton		126.9	90			16.05		133.95 percent of total billed charges	
TETANUS/DIPHTHERIA TOX (>7YRS)	90714	CPT	both			141	34.9	Horizon	Indemnity		53.97	38.28			16.05		133.95 percent of total billed charges	
TETANUS/DIPHTHERIA TOX (>7YRS)	90714	CPT	both			141	34.9	Horizon	Medicare Blue		42.3	30			16.05		133.95 percent of total billed charges	
TETANUS/DIPHTHERIA TOX (>7YRS)	90714	CPT	both			141	34.9	Horizon	MGD		53.97	38.28			16.05		133.95 percent of total billed charges	
TETANUS/DIPHTHERIA TOX (>7YRS)	90714	CPT	both			141	34.9	Horizon	PPO		53.97	38.28			16.05		133.95 percent of total billed charges	
TETANUS/DIPHTHERIA TOX (>7YRS)	90714	CPT	both			141	34.9	Managed Care Inc	Managed Care Inc		126.9	90			16.05		133.95 percent of total billed charges	
TETANUS/DIPHTHERIA TOX (>7YRS)	90714	CPT	both			141	34.9	Multiplan	Multiplan		112.8	80			16.05		133.95 percent of total billed charges	
TETANUS/DIPHTHERIA TOX (>7YRS)	90714	CPT	both			141	34.9	Qualcare	Qualcare		105.75	75			16.05		133.95 percent of total billed charges	
TETANUS/DIPHTHERIA TOX (>7YRS)	90714	CPT	both			141	34.9	Three Rivers	Three Rivers		133.95	95			16.05		133.95 percent of total billed charges	
TETANUS/DIPHTHERIA TOX (>7YRS)	90714	CPT	both			141	34.9	UHC	Medicaid		44.49	31.55			16.05		133.95 percent of total billed charges	
TETANUS/DIPHTHERIA TOX (>7YRS)	90714	CPT	both			141	34.9	UHC	Medicare		30.34				16.05		133.95 fee schedule	
TETANUS/DIPHTHERIA TOX (>7YRS)	90714	CPT	both			141	34.9	Wellcare	Medicare		30.34				16.05		133.95 fee schedule	
TETANUS/DIPHTHERIA TOX (>7YRS)	90714	CPT	both			141	34.9	Wellcare	Medicaid		44.49	31.55			16.05		133.95 percent of total billed charges	
TETANUS/DIPHTHERIA TOX (>7YRS)	90714	CPT	both			141	34.9	WellPoint	WellPoint		45.37	32.18			16.05		133.95 percent of total billed charges	
TDAP(BOOSTRIX) 0.5ML VACCINE	90715	CPT	both			765	44.05	Aetna	Better Health		241.36	31.55			38.31		726.75 percent of total billed charges	
TDAP(BOOSTRIX) 0.5ML VACCINE	90715	CPT	both			765	44.05	Aetna	Commercial		290.7	38			38.31		726.75 percent of total billed charges	
TDAP(BOOSTRIX) 0.5ML VACCINE	90715	CPT	both			765	44.05	Aetna	Medicare		235.62	30.8			38.31		726.75 percent of total billed charges	
TDAP(BOOSTRIX) 0.5ML VACCINE	90715	CPT	both			765	44.05	Americare	Americare		573.75	75			38.31		726.75 percent of total billed charges	
TDAP(BOOSTRIX) 0.5ML VACCINE	90715	CPT	both			765	44.05	Amerihealth	HMO/PPO		497.25	65			38.31		726.75 percent of total billed charges	
TDAP(BOOSTRIX) 0.5ML VACCINE	90715	CPT	both			765	44.05	Amerihealth	Medicare		38.31				38.31		726.75 fee schedule	
TDAP(BOOSTRIX) 0.5ML VACCINE	90715	CPT	both			765	44.05	Consumer	Consumer		726.75	95			38.31		726.75 percent of total billed charges	
TDAP(BOOSTRIX) 0.5ML VACCINE	90715	CPT	both			765	44.05	Corrections	Corrections		612	80			38.31		726.75 percent of total billed charges	
TDAP(BOOSTRIX) 0.5ML VACCINE	90715	CPT	both			765	44.05	First Health	First Health		535.5	70			38.31		726.75 percent of total billed charges	
TDAP(BOOSTRIX) 0.5ML VACCINE	90715	CPT	both			765	44.05	First Trenton	First Trenton		688.5	90			38.31		726.75 percent of total billed charges	
TDAP(BOOSTRIX) 0.5ML VACCINE	90715	CPT	both			765	44.05	Horizon	Indemnity		292.84	38.28			38.31		726.75 percent of total billed charges	
TDAP(BOOSTRIX) 0.5ML VACCINE	90715	CPT	both			765	44.05	Horizon	MGD		292.84	38.28			38.31		726.75 percent of total billed charges	
TDAP(BOOSTRIX) 0.5ML VACCINE	90715	CPT	both			765	44.05	Horizon	Medicare Blue		229.5	30			38.31		726.75 percent of total billed charges	
TDAP(BOOSTRIX) 0.5ML VACCINE	90715	CPT	both			765	44.05	Horizon	PPO		292.84	38.28			38.31		726.75 percent of total billed charges	
TDAP(BOOSTRIX) 0.5ML VACCINE	90715	CPT	both			765	44.05	Managed Care Inc	Managed Care Inc		688.5	90			38.31		726.75 percent of total billed charges	
TDAP(BOOSTRIX) 0.5ML VACCINE	90715	CPT	both			765	44.05	Multiplan	Multiplan		612	80			38.31		726.75 percent of total billed charges	
TDAP(BOOSTRIX) 0.5ML VACCINE	90715	CPT	both			765	44.05	Qualcare	Qualcare		573.75	75			38.31		726.75 percent of total billed charges	
TDAP(BOOSTRIX) 0.5ML VACCINE	90715	CPT	both			765	44.05	Three Rivers	Three Rivers		726.75	95			38.31		726.75 percent of total billed charges	
TDAP(BOOSTRIX) 0.5ML VACCINE	90715	CPT	both			765	44.05	UHC	Medicare		38.31				38.31		726.75 fee schedule	
TDAP(BOOSTRIX) 0.5ML VACCINE	90715	CPT	both			765	44.05	UHC	Medicaid		241.36	31.55			38.31		726.75 percent of total billed charges	
TDAP(BOOSTRIX) 0.5ML VACCINE	90715	CPT	both			765	44.05	Wellcare	Medicaid		241.36	31.55			38.31		726.75 percent of total billed charges	
TDAP(BOOSTRIX) 0.5ML VACCINE	90715	CPT	both			765	44.05	Wellcare	Medicare		38.31				38.31		726.75 fee schedule	
TDAP(BOOSTRIX) 0.5ML VACCINE	90715	CPT	both			765	44.05	WellPoint	WellPoint		246.18	32.18			38.31		726.75 percent of total billed charges	
PREVNAR INJ 0.5ML	90732	CPT	both			479	153.49	Aetna	Commercial		182.02	38			21.9		455.05 percent of total billed charges	
PREVNAR INJ 0.5ML	90732	CPT	both			479	153.49	Aetna	Medicare		133.47				21.9		455.05 fee schedule	
PREVNAR INJ 0.5ML	90732	CPT	both			479	153.49	Aetna	Better Health		151.12	31.55			21.9		455.05 percent of total billed charges	
PREVNAR INJ 0.5ML	90732	CPT	both			479	153.49	Americare	Americare		359.25	75			21.9		455.05 percent of total billed charges	
PREVNAR INJ 0.5ML	90732	CPT	both			479	153.49	Amerihealth	HMO/PPO		311.35	65			21.9		455.05 percent of total billed charges	
PREVNAR INJ 0.5ML	90732	CPT	both			479	153.49	Amerihealth	Medicare		133.47				21.9		455.05 fee schedule	
PREVNAR INJ 0.5ML	90732	CPT	both			479	153.49	Consumer	Consumer		455.05	95			21.9		455.05 percent of total billed charges	
PREVNAR INJ 0.5ML	90732	CPT	both			479	153.49	Corrections	Corrections		383.2	80			21.9		455.05 percent of total billed charges	
PREVNAR INJ 0.5ML	90732	CPT	both			479	153.49	First Health	First Health		335.3	70			21.9		455.05 percent of total billed charges	
PREVNAR INJ 0.5ML	90732	CPT	both			479	153.49	First Trenton	First Trenton		431.1	90			21.9		455.05 percent of total billed charges	
PREVNAR INJ 0.5ML	90732	CPT	both			479	153.49	Horizon	Indemnity		183.36	38.28			21.9		455.05 percent of total billed charges	
PREVNAR INJ 0.5ML	90732	CPT	both			479	153.49	Horizon	Medicare Blue		143.7	30			21.9		455.05 percent of total billed charges	
PREVNAR INJ 0.5ML	90732	CPT	both			479	153.49	Horizon	NJ Health		122.67				21.9		455.05 fee schedule	
PREVNAR INJ 0.5ML	90732	CPT	both			479	153.49	Horizon	MGD		183.36	38.28			21.9		455.05 percent of total billed charges	
PREVNAR INJ 0.5ML	90732	CPT	both			479	153.49	Horizon	PPO		183.36	38.28			21.9		455.05 percent of total billed charges	
PREVNAR INJ 0.5ML	90732	CPT	both			479	153.49	Managed Care Inc	Managed Care Inc		431.1	90			21.9		455.05 percent of total billed charges	
PREVNAR INJ 0.5ML	90732	CPT	both			479	153.49	Multiplan	Multiplan		383.2	80			21.9		455.05 percent of total billed charges	
PREVNAR INJ 0.5ML	90732	CPT	both			479	153.49	Qualcare	Qualcare		359.25	75			21.9		455.05 percent of total billed charges	
PREVNAR INJ 0.5ML	90732	CPT	both			479	153.49	Three Rivers	Three Rivers		455.05	95			21.9		455.05 percent of total billed charges	
PREVNAR INJ 0.5ML	90732	CPT	both			479	153.49	UHC	Medicaid		151.12	31.55			21.9		455.05 percent of total billed charges	
PREVNAR INJ 0.5ML	90732	CPT	both			479	153.49	UHC	Medicare		133.47				21.9		455.05 fee schedule	
PREVNAR INJ 0.5ML	90732	CPT	both			479	153.49	United	Commercial|PPO		333.68				21.9		455.05 fee schedule	
PREVNAR INJ 0.5ML	90732	CPT	both			479	153.49	United	Oxford		333.68				21.9		455.05 fee schedule	
PREVNAR INJ 0.5ML	90732	CPT	both			479	153.49	Wellcare	Medicare		133.47				21.9		455.05 fee schedule	
PREVNAR INJ 0.5ML	90732	CPT	both			479	153.49	Wellcare	Medicaid		151.12	31.55			21.9		455.05 percent of total billed charges	
PREVNAR INJ 0.5ML	90732	CPT	both			479	153.49	WellPoint	WellPoint		154.14	32.18			21.9		455.05 percent of total billed charges	
MENINGOCOCCAL W-135 A/C/Y/W SQ	90733	CPT	outpatient			521		Aetna	Better Health		164.38	31.55			135		494.95 percent of total billed charges	
MENINGOCOCCAL W-135 A/C/Y/W SQ	90733	CPT	outpatient			521		Aetna	Commercial		197.98	38			135		494.95 percent of total billed charges	
MENINGOCOCCAL W-135 A/C/Y/W SQ	90733	CPT	outpatient			521		Aetna	Medicare		160.47	30.8			135		494.95 percent of total billed charges	
MENINGOCOCCAL W-135 A/C/Y/W SQ	90733	CPT	outpatient			521		Americare	Americare		390.75	75			135		494.95 percent of total billed charges	
MENINGOCOCCAL W-135 A/C/Y/W SQ	90733	CPT	outpatient			521		Amerihealth	HMO/PPO		336.65	65			135		494.95 percent of total billed charges	
MENINGOCOCCAL W-135 A/C/Y/W SQ	90733	CPT	outpatient			521		Consumer	Consumer		494.95	95			135		494.95 percent of total billed charges	
MENINGOCOCCAL W-135 A/C/Y/W SQ	90733	CPT	outpatient			521		Corrections	Corrections		416.8	80			135		494.95 percent of total billed charges	
MENINGOCOCCAL W-135 A/C/Y/W SQ	90733	CPT	outpatient			521		First Health	First Health		364.7	70			135		494.95 percent of total billed charges	
MENINGOCOCCAL W-135 A/C/Y/W SQ	90733	CPT	outpatient			521		First Trenton	First Trenton		468.9	90			135		494.95 percent of total billed charges	
MENINGOCOCCAL W-135 A/C/Y/W SQ	90733	CPT	outpatient			521		Horizon	MGD		199.44	38.28			135		494.95 percent of total billed charges	
MENINGOCOCCAL W-135 A/C/Y/W SQ	90733	CPT	outpatient			521		Horizon	Medicare Blue		156.3	30			135		494.95 percent of total billed charges	
MENINGOCOCCAL W-135 A/C/Y/W SQ	90733	CPT	outpatient			521		Horizon	Indemnity		199.44	38.28			135		494.95 percent of total billed charges	
MENINGOCOCCAL W-135 A/C/Y/W SQ	90733	CPT	outpatient			521		Horizon	NJ Health		239.02				135		494.95 fee schedule	
MENINGOCOCCAL W-135 A/C/Y/W SQ	90733	CPT	outpatient			521		Horizon	PPO		199.44	38.28			135		494.95 percent of total billed charges	
MENINGOCOCCAL W-135 A/C/Y/W SQ	90733	CPT	outpatient			521		Managed Care Inc	Managed Care Inc		468.9	90			135		494.95 percent of total billed charges	
MENINGOCOCCAL W-135 A/C/Y/W SQ	90733	CPT	outpatient			521		Multiplan	Multiplan		416.8	80			135		494.95 percent of total billed charges	
MENINGOCOCCAL W-135 A/C/Y/W SQ	90733	CPT	outpatient			521		Qualcare	Qualcare		390.75	75			135		494.95 percent of total billed charges	
MENINGOCOCCAL W-135 A/C/Y/W SQ	90733	CPT	outpatient			521		Three Rivers	Three Rivers		494.95	95			135		494.95 percent of total billed charges	
MENINGOCOCCAL W-135 A/C/Y/W SQ	90733	CPT	outpatient			521		UHC	Medicaid		164.38	31.55			135		494.95 percent of total billed charges	
MENINGOCOCCAL W-135 A/C/Y/W SQ	90733	CPT	outpatient			521		Wellcare	Medicaid		164.38	31.55			135		494.95 percent of total billed charges	
MENINGOCOCCAL W-135 A/C/Y/W SQ	90733	CPT	outpatient			521		WellPoint	WellPoint		167.66	32.18			135		494.95 percent of total billed charges	
MENINGOCOCCAL/DIPTHERIA IM	90734	CPT	both			551.5		Aetna	Better Health		174	31.55			165.45		523.93 percent of total billed charges	
MENINGOCOCCAL/DIPTHERIA IM	90734	CPT	both			551.5		Aetna	Commercial		209.57	38			165.45		523.93 percent of total billed charges	
MENINGOCOCCAL/DIPTHERIA IM	90734	CPT	both			551.5		Aetna	Medicare		169.86	30.8			165.45		523.93 percent of total billed charges	
MENINGOCOCCAL/DIPTHERIA IM	90734	CPT	both			551.5		Americare	Americare		413.63	75			165.45		523.93 percent of total billed charges	
MENINGOCOCCAL/DIPTHERIA IM	90734	CPT	both			551.5		Amerihealth	HMO/PPO		358.48	65			165.45		523.93 percent of total billed charges	
MENINGOCOCCAL/DIPTHERIA IM	90734	CPT	both			551.5		Consumer	Consumer		523.93	95			165.45		523.93 percent of total billed charges	
MENINGOCOCCAL/DIPTHERIA IM	90734	CPT	both			551.5		Corrections	Corrections		441.2	80			165.45		523.93 percent of total billed charges	
MENINGOCOCCAL/DIPTHERIA IM	90734	CPT	both			551.5		First Health	First Health		386.05	70			165.45		523.93 percent of total billed charges	
MENINGOCOCCAL/DIPTHERIA IM	90734	CPT	both			551.5		First Trenton	First Trenton		496.35	90			165.45		523.93 percent of total billed charges	
MENINGOCOCCAL/DIPTHERIA IM	90734	CPT	both			551.5		Horizon	Medicare Blue		165.45	30			165.45		523.93 percent of total billed charges	
MENINGOCOCCAL/DIPTHERIA IM	90734	CPT	both			551.5		Horizon	Indemnity		211.11	38.28			165.45		523.93 percent of total billed charges	
MENINGOCOCCAL/DIPTHERIA IM	90734	CPT	both			551.5		Horizon	MGD		211.11	38.28			165.45		523.93 percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
MENINGOCOCCAL,DIPTHERIA IM	90734	CPT	both			551.5		Horizon	PPO		211.11	38.28			165.45	523.93	percent of total billed charges	
MENINGOCOCCAL,DIPTHERIA IM	90734	CPT	both			551.5		Managed Care Inc	Managed Care Inc		496.35	90			165.45	523.93	percent of total billed charges	
MENINGOCOCCAL,DIPTHERIA IM	90734	CPT	both			551.5		Multiplan	Multiplan		441.2	80			165.45	523.93	percent of total billed charges	
MENINGOCOCCAL,DIPTHERIA IM	90734	CPT	both			551.5		Qualcare	Qualcare		413.63	75			165.45	523.93	percent of total billed charges	
MENINGOCOCCAL,DIPTHERIA IM	90734	CPT	both			551.5		Three Rivers	Three Rivers		523.93	95			165.45	523.93	percent of total billed charges	
MENINGOCOCCAL,DIPTHERIA IM	90734	CPT	both			551.5		UHC	Medicaid		174	31.55			165.45	523.93	percent of total billed charges	
MENINGOCOCCAL,DIPTHERIA IM	90734	CPT	both			551.5		Wellcare	Medicaid		174	31.55			165.45	523.93	percent of total billed charges	
MENINGOCOCCAL,DIPTHERIA IM	90734	CPT	both			551.5		WellPoint	WellPoint		177.47	32.18			165.45	523.93	percent of total billed charges	
HEPATITIS B VACC(HEPLISAV) 0.5ML VIAL	90739	CPT	outpatient			486.5		184.33 Aetna	Medicare		160.28				145.95	462.18	fee schedule	
HEPATITIS B VACC(HEPLISAV) 0.5ML VIAL	90739	CPT	outpatient			486.5		184.33 Aetna	Better Health		153.49	31.55			145.95	462.18	percent of total billed charges	
HEPATITIS B VACC(HEPLISAV) 0.5ML VIAL	90739	CPT	outpatient			486.5		184.33 Aetna	Commercial		184.87	38			145.95	462.18	percent of total billed charges	
HEPATITIS B VACC(HEPLISAV) 0.5ML VIAL	90739	CPT	outpatient			486.5		184.33 Americare	Americare		364.88	75			145.95	462.18	percent of total billed charges	
HEPATITIS B VACC(HEPLISAV) 0.5ML VIAL	90739	CPT	outpatient			486.5		184.33 Amerihealth	HMO/PPO		316.23	65			145.95	462.18	percent of total billed charges	
HEPATITIS B VACC(HEPLISAV) 0.5ML VIAL	90739	CPT	outpatient			486.5		184.33 Amerihealth	Medicare		160.28				145.95	462.18	fee schedule	
HEPATITIS B VACC(HEPLISAV) 0.5ML VIAL	90739	CPT	outpatient			486.5		184.33 Consumer	Consumer		462.18	95			145.95	462.18	percent of total billed charges	
HEPATITIS B VACC(HEPLISAV) 0.5ML VIAL	90739	CPT	outpatient			486.5		184.33 Corrections	Corrections		389.2	80			145.95	462.18	percent of total billed charges	
HEPATITIS B VACC(HEPLISAV) 0.5ML VIAL	90739	CPT	outpatient			486.5		184.33 First Health	First Health		340.55	70			145.95	462.18	percent of total billed charges	
HEPATITIS B VACC(HEPLISAV) 0.5ML VIAL	90739	CPT	outpatient			486.5		184.33 First Trenton	First Trenton		437.85	90			145.95	462.18	percent of total billed charges	
HEPATITIS B VACC(HEPLISAV) 0.5ML VIAL	90739	CPT	outpatient			486.5		184.33 Horizon	MGD		186.23	38.28			145.95	462.18	percent of total billed charges	
HEPATITIS B VACC(HEPLISAV) 0.5ML VIAL	90739	CPT	outpatient			486.5		184.33 Horizon	Indemnity		186.23	38.28			145.95	462.18	percent of total billed charges	
HEPATITIS B VACC(HEPLISAV) 0.5ML VIAL	90739	CPT	outpatient			486.5		184.33 Horizon	Medicare Blue		145.95	30			145.95	462.18	percent of total billed charges	
HEPATITIS B VACC(HEPLISAV) 0.5ML VIAL	90739	CPT	outpatient			486.5		184.33 Horizon	PPO		186.23	38.28			145.95	462.18	percent of total billed charges	
HEPATITIS B VACC(HEPLISAV) 0.5ML VIAL	90739	CPT	outpatient			486.5		184.33 Managed Care Inc	Managed Care Inc		437.85	90			145.95	462.18	percent of total billed charges	
HEPATITIS B VACC(HEPLISAV) 0.5ML VIAL	90739	CPT	outpatient			486.5		184.33 Multiplan	Multiplan		389.2	80			145.95	462.18	percent of total billed charges	
HEPATITIS B VACC(HEPLISAV) 0.5ML VIAL	90739	CPT	outpatient			486.5		184.33 Qualcare	Qualcare		364.88	75			145.95	462.18	percent of total billed charges	
HEPATITIS B VACC(HEPLISAV) 0.5ML VIAL	90739	CPT	outpatient			486.5		184.33 Three Rivers	Three Rivers		462.18	95			145.95	462.18	percent of total billed charges	
HEPATITIS B VACC(HEPLISAV) 0.5ML VIAL	90739	CPT	outpatient			486.5		184.33 UHC	Medicaid		153.49	31.55			145.95	462.18	percent of total billed charges	
HEPATITIS B VACC(HEPLISAV) 0.5ML VIAL	90739	CPT	outpatient			486.5		184.33 UHC	Medicare		160.28				145.95	462.18	fee schedule	
HEPATITIS B VACC(HEPLISAV) 0.5ML VIAL	90739	CPT	outpatient			486.5		184.33 United	Commercial|PPO		400.7				145.95	462.18	fee schedule	
HEPATITIS B VACC(HEPLISAV) 0.5ML VIAL	90739	CPT	outpatient			486.5		184.33 United	Oxford		400.7				145.95	462.18	fee schedule	
HEPATITIS B VACC(HEPLISAV) 0.5ML VIAL	90739	CPT	outpatient			486.5		184.33 Wellcare	Medicaid		153.49	31.55			145.95	462.18	percent of total billed charges	
HEPATITIS B VACC(HEPLISAV) 0.5ML VIAL	90739	CPT	outpatient			486.5		184.33 Wellcare	Medicare		160.28				145.95	462.18	fee schedule	
HEPATITIS B VACC(HEPLISAV) 0.5ML VIAL	90739	CPT	outpatient			486.5		184.33 WellPoint	WellPoint		156.56	32.18			145.95	462.18	percent of total billed charges	
HEPATITIS B VAC PED/DOL IM	90744	CPT	both			229		35.39 Aetna	Commercial		87.02	38			30.77	217.55	percent of total billed charges	
HEPATITIS B VAC PED/DOL IM	90744	CPT	both			229		35.39 Aetna	Better Health		72.25	31.55			30.77	217.55	percent of total billed charges	
HEPATITIS B VAC PED/DOL IM	90744	CPT	both			229		35.39 Aetna	Medicare		70.53	30.8			30.77	217.55	percent of total billed charges	
HEPATITIS B VAC PED/DOL IM	90744	CPT	both			229		35.39 Americare	Americare		171.75	75			30.77	217.55	percent of total billed charges	
HEPATITIS B VAC PED/DOL IM	90744	CPT	both			229		35.39 Amerihealth	HMO/PPO		148.85	65			30.77	217.55	percent of total billed charges	
HEPATITIS B VAC PED/DOL IM	90744	CPT	both			229		35.39 Amerihealth	Medicare		30.77				30.77	217.55	fee schedule	
HEPATITIS B VAC PED/DOL IM	90744	CPT	both			229		35.39 Consumer	Consumer		217.55	95			30.77	217.55	percent of total billed charges	
HEPATITIS B VAC PED/DOL IM	90744	CPT	both			229		35.39 Corrections	Corrections		183.2	80			30.77	217.55	percent of total billed charges	
HEPATITIS B VAC PED/DOL IM	90744	CPT	both			229		35.39 First Health	First Health		160.3	70			30.77	217.55	percent of total billed charges	
HEPATITIS B VAC PED/DOL IM	90744	CPT	both			229		35.39 First Trenton	First Trenton		206.1	90			30.77	217.55	percent of total billed charges	
HEPATITIS B VAC PED/DOL IM	90744	CPT	both			229		35.39 Horizon	MGD		87.66	38.28			30.77	217.55	percent of total billed charges	
HEPATITIS B VAC PED/DOL IM	90744	CPT	both			229		35.39 Horizon	Indemnity		87.66	38.28			30.77	217.55	percent of total billed charges	
HEPATITIS B VAC PED/DOL IM	90744	CPT	both			229		35.39 Horizon	PPO		87.66	38.28			30.77	217.55	percent of total billed charges	
HEPATITIS B VAC PED/DOL IM	90744	CPT	both			229		35.39 Horizon	NJ Health		86.03				30.77	217.55	fee schedule	
HEPATITIS B VAC PED/DOL IM	90744	CPT	both			229		35.39 Horizon	Medicare Blue		68.7	30			30.77	217.55	percent of total billed charges	
HEPATITIS B VAC PED/DOL IM	90744	CPT	both			229		35.39 Managed Care Inc	Managed Care Inc		206.1	90			30.77	217.55	percent of total billed charges	
HEPATITIS B VAC PED/DOL IM	90744	CPT	both			229		35.39 Multiplan	Multiplan		183.2	80			30.77	217.55	percent of total billed charges	
HEPATITIS B VAC PED/DOL IM	90744	CPT	both			229		35.39 Qualcare	Qualcare		171.75	75			30.77	217.55	percent of total billed charges	
HEPATITIS B VAC PED/DOL IM	90744	CPT	both			229		35.39 Three Rivers	Three Rivers		217.55	95			30.77	217.55	percent of total billed charges	
HEPATITIS B VAC PED/DOL IM	90744	CPT	both			229		35.39 UHC	Medicare		30.77				30.77	217.55	fee schedule	
HEPATITIS B VAC PED/DOL IM	90744	CPT	both			229		35.39 UHC	Medicaid		72.25	31.55			30.77	217.55	percent of total billed charges	
HEPATITIS B VAC PED/DOL IM	90744	CPT	both			229		35.39 United	Oxford		76.93				30.77	217.55	fee schedule	
HEPATITIS B VAC PED/DOL IM	90744	CPT	both			229		35.39 United	Commercial|PPO		76.93				30.77	217.55	fee schedule	
HEPATITIS B VAC PED/DOL IM	90744	CPT	both			229		35.39 Wellcare	Medicare		30.77				30.77	217.55	fee schedule	
HEPATITIS B VAC PED/DOL IM	90744	CPT	both			229		35.39 Wellcare	Medicaid		72.25	31.55			30.77	217.55	percent of total billed charges	
HEPATITIS B VAC PED/DOL IM	90744	CPT	both			229		35.39 WellPoint	WellPoint		73.69	32.18			30.77	217.55	percent of total billed charges	
HEPATITIS B VAC ADULT	90746	CPT	both			1303.5		80.93 Aetna	Medicare		70.38				70.38	1238.33	fee schedule	
HEPATITIS B VAC ADULT	90746	CPT	both			1303.5		80.93 Aetna	Better Health		411.25	31.55			70.38	1238.33	percent of total billed charges	
HEPATITIS B VAC ADULT	90746	CPT	both			1303.5		80.93 Aetna	Commercial		495.33	38			70.38	1238.33	percent of total billed charges	
HEPATITIS B VAC ADULT	90746	CPT	both			1303.5		80.93 Americare	Americare		977.63	75			70.38	1238.33	percent of total billed charges	
HEPATITIS B VAC ADULT	90746	CPT	both			1303.5		80.93 Amerihealth	Medicare		70.38				70.38	1238.33	fee schedule	
HEPATITIS B VAC ADULT	90746	CPT	both			1303.5		80.93 Amerihealth	HMO/PPO		847.28	65			70.38	1238.33	percent of total billed charges	
HEPATITIS B VAC ADULT	90746	CPT	both			1303.5		80.93 Consumer	Consumer		1238.33	95			70.38	1238.33	percent of total billed charges	
HEPATITIS B VAC ADULT	90746	CPT	both			1303.5		80.93 Corrections	Corrections		1042.8	80			70.38	1238.33	percent of total billed charges	
HEPATITIS B VAC ADULT	90746	CPT	both			1303.5		80.93 First Health	First Health		912.45	70			70.38	1238.33	percent of total billed charges	
HEPATITIS B VAC ADULT	90746	CPT	both			1303.5		80.93 First Trenton	First Trenton		1173.15	90			70.38	1238.33	percent of total billed charges	
HEPATITIS B VAC ADULT	90746	CPT	both			1303.5		80.93 Horizon	Medicare Blue		391.05	30			70.38	1238.33	percent of total billed charges	
HEPATITIS B VAC ADULT	90746	CPT	both			1303.5		80.93 Horizon	MGD		498.98	38.28			70.38	1238.33	percent of total billed charges	
HEPATITIS B VAC ADULT	90746	CPT	both			1303.5		80.93 Horizon	NJ Health		140.94				70.38	1238.33	fee schedule	
HEPATITIS B VAC ADULT	90746	CPT	both			1303.5		80.93 Horizon	Indemnity		498.98	38.28			70.38	1238.33	percent of total billed charges	
HEPATITIS B VAC ADULT	90746	CPT	both			1303.5		80.93 Horizon	PPO		498.98	38.28			70.38	1238.33	percent of total billed charges	
HEPATITIS B VAC ADULT	90746	CPT	both			1303.5		80.93 Managed Care Inc	Managed Care Inc		1173.15	90			70.38	1238.33	percent of total billed charges	
HEPATITIS B VAC ADULT	90746	CPT	both			1303.5		80.93 Multiplan	Multiplan		1042.8	80			70.38	1238.33	percent of total billed charges	
HEPATITIS B VAC ADULT	90746	CPT	both			1303.5		80.93 Qualcare	Qualcare		977.63	75			70.38	1238.33	percent of total billed charges	
HEPATITIS B VAC ADULT	90746	CPT	both			1303.5		80.93 Three Rivers	Three Rivers		1238.33	95			70.38	1238.33	percent of total billed charges	
HEPATITIS B VAC ADULT	90746	CPT	both			1303.5		80.93 UHC	Medicaid		411.25	31.55			70.38	1238.33	percent of total billed charges	
HEPATITIS B VAC ADULT	90746	CPT	both			1303.5		80.93 UHC	Medicare		70.38				70.38	1238.33	fee schedule	
HEPATITIS B VAC ADULT	90746	CPT	both			1303.5		80.93 United	Commercial|PPO		175.95				70.38	1238.33	fee schedule	
HEPATITIS B VAC ADULT	90746	CPT	both			1303.5		80.93 United	Oxford		175.95				70.38	1238.33	fee schedule	
HEPATITIS B VAC ADULT	90746	CPT	both			1303.5		80.93 Wellcare	Medicaid		411.25	31.55			70.38	1238.33	percent of total billed charges	
HEPATITIS B VAC ADULT	90746	CPT	both			1303.5		80.93 Wellcare	Medicare		70.38				70.38	1238.33	fee schedule	
HEPATITIS B VAC ADULT	90746	CPT	both			1303.5		80.93 WellPoint	WellPoint		419.47	32.18			70.38	1238.33	percent of total billed charges	
HEP.B VACC DIALYSIS/IMMUNSUPP PT ANY	90748	CPT	outpatient			495			Aetna	Medicare	152.46	30.8			146.68	470.25	percent of total billed charges	
HEP.B VACC DIALYSIS/IMMUNSUPP PT ANY	90748	CPT	outpatient			495			Aetna	Commercial	188.1	38			146.68	470.25	percent of total billed charges	
HEP.B VACC DIALYSIS/IMMUNSUPP PT ANY	90748	CPT	outpatient			495			Aetna	Better Health	156.17	31.55			146.68	470.25	percent of total billed charges	
HEP.B VACC DIALYSIS/IMMUNSUPP PT ANY	90748	CPT	outpatient			495			Americare	Americare	371.25	75			146.68	470.25	percent of total billed charges	
HEP.B VACC DIALYSIS/IMMUNSUPP PT ANY	90748	CPT	outpatient			495			Amerihealth	HMO/PPO	321.75	65			146.68	470.25	percent of total billed charges	
HEP.B VACC DIALYSIS/IMMUNSUPP PT ANY	90748	CPT	outpatient			495			Consumer	Consumer	470.25	95			146.68	470.25	percent of total billed charges	
HEP.B VACC DIALYSIS/IMMUNSUPP PT ANY	90748	CPT	outpatient			495			Corrections	Corrections	396	80			146.68	470.25	percent of total billed charges	
HEP.B VACC DIALYSIS/IMMUNSUPP PT ANY	90748	CPT	outpatient			495			First Health	First Health	346.5	70			146.68	470.25	percent of total billed charges	
HEP.B VACC DIALYSIS/IMMUNSUPP PT ANY	90748	CPT	outpatient			495			First Trenton	First Trenton	445.5	90			146.68	470.25	percent of total billed charges	
HEP.B VACC DIALYSIS/IMMUNSUPP PT ANY	90748	CPT	outpatient			495			Horizon	Indemnity	189.49	38.28			146.68	470.25	percent of total billed charges	
HEP.B VACC DIALYSIS/IMMUNSUPP PT ANY	90748	CPT	outpatient			495			Horizon	Medicare Blue	148.5	30			146.68	470.25	percent of total billed charges	
HEP.B VACC DIALYSIS/IMMUNSUPP PT ANY	90748	CPT	outpatient			495			Horizon	PPO	189.49	38.28			146.68	470.25	percent of total billed charges	
HEP.B VACC DIALYSIS/IMMUNSUPP PT ANY	90748	CPT	outpatient			495			Horizon	MGD	189.49	38.28			146.68	470.25	percent of total billed charges	
HEP.B VACC DIALYSIS/IMMUNSUPP PT ANY	90748	CPT	outpatient			495			Horizon	NJ Health	146.68				146.68	470.25	fee schedule	
HEP.B VACC DIALYSIS/IMMUNSUPP PT ANY	90748	CPT	outpatient			495			Managed Care Inc	Managed Care Inc	445.5	90			146.68	470.25	percent of total billed charges	
HEP.B VACC DIALYSIS/IMMUNSUPP PT ANY	90748	CPT	outpatient			495			Multiplan	Multiplan	396	80			146.68	470.25	percent of total billed charges	
HEP.B VACC DIALYSIS/IMMUNSUPP PT ANY	90748	CPT	outpatient			495			Qualcare	Qualcare	371.25	75			146.68	470.25	percent of total billed charges	
HEP.B VACC DIALYSIS/IMMUNSUPP PT ANY	90748	CPT	outpatient			495			Three Rivers	Three Rivers	470.25	95			146.68	470.25	percent of total billed charges	
HEP.B VACC DIALYSIS/IMMUNSUPP PT ANY	90748	CPT	outpatient			495			UHC	Medicaid	156.17	31.55			146.68	470.25	percent of total billed charges	
HEP.B VACC DIALYSIS/IMMUNSUPP PT ANY	90748	CPT	outpatient			495			Wellcare	Medicaid	156.17	31.55			146.68	470.25	percent of total billed charges	
HEP.B VACC DIALYSIS/IMMUNSUPP PT ANY	90748	CPT	outpatient			495			WellPoint	WellPoint	159.29	32.18			146.68	470.25	percent of total billed charges	
IPV (INACTIVATED POLIO)	90749	CPT	outpatient			55			Aetna	Commercial	20.9	38			16.5	111.58	percent of total billed charges	
IPV (INACTIVATED POLIO)	90749	CPT	outpatient			55			Aetna	Better Health	17.35	31.55			16.5	111.58	percent of total billed charges	
IPV (INACTIVATED POLIO)	90749	CPT	outpatient			55			Aetna	Medicare	16.94	30.8			16.5	111.58	percent of total billed charges	
IPV (INACTIVATED POLIO)	90749	CPT	outpatient			55			Americare	Americare	41.25	75			16.5	111.58	percent of total billed charges	
IPV (INACTIVATED POLIO)	90749	CPT	outpatient			55			Amerihealth	HMO/PPO	35.75	65			16.5	111.58	percent of total billed charges	
IPV (INACTIVATED POLIO)	90749	CPT	outpatient			55			Consumer	Consumer	52.25	95			16.5	111.58	percent of total billed charges	
IPV (INACTIVATED POLIO)	90749	CPT	outpatient			55			Corrections	Corrections	44	80			16.5	111.58	percent of total billed charges	
IPV (INACTIVATED POLIO)	90749	CPT	outpatient			55			First Health	First Health	38.5	70			16.5	111.58	percent of total billed charges	
IPV (INACTIVATED POLIO)	90749	CPT	outpatient			55			First Trenton	First Trenton	49.5	90			16.5	111.58	percent of total billed charges	
IPV (INACTIVATED POLIO)	90749	CPT	outpatient			55			Horizon	Medicare Blue	16.5	30			16.5	111.58	percent of total billed charges	
IPV (INACTIVATED POLIO)	90749	CPT	outpatient			55			Horizon	Indemnity	21.05	38.28			16.5	111.58	percent of total billed charges	
IPV (INACTIVATED POLIO)	90749	CPT	outpatient			55			Horizon	MGD	21.05	38.28			16.5	111.58	percent of total billed charges	
IPV (INACTIVATED POLIO)	90749	CPT	outpatient			55			Horizon	NJ Health	111.58				16.5	111.58	fee schedule	
IPV (INACTIVATED POLIO)	90749	CPT	outpatient			55			Horizon	PPO	21.05	38.28			16.5	111.58	percent of total billed charges	
IPV (INACTIVATED POLIO)	90749	CPT	outpatient			55			Managed Care Inc	Managed Care Inc	49.5	90			16.5	111.58	percent of total billed charges	
IPV (INACTIVATED POLIO)	90749	CPT	outpatient			55			Multiplan	Multiplan	44	80			16.5	111.58	percent of total billed charges	
IPV (INACTIVATED POLIO)	90749	CPT	outpatient			55			Qualcare	Qualcare	41.25	75			16.5	111.58	percent of total billed charges	
IPV (INACTIVATED POLIO)	90749	CPT	outpatient			55			Three Rivers	Three Rivers	52.25	95			16.5	111.58	percent of total billed charges	
IPV (INACTIVATED POLIO)	90749	CPT	outpatient			55			UHC	Medicaid	17.35	31.55			16.5	111.58	percent of total billed charges	
IPV (INACTIVATED POLIO)	90749	CPT	outpatient			55			Wellcare	Medicaid	17.35	31.55			16.5	111.58	percent of total billed charges	
IPV (INACTIVATED POLIO)	90749	CPT	outpatient			55			WellPoint	WellPoint	17.7	32.18			16.5	111.58	percent of total billed charges	
VARICELLA-ZOSTER(SHINGRIX) 0.5ML VACC	90750	CPT	both			607		184.33 Aetna	Better Health		191.51	31.55			182.1	576.65	percent of total billed charges	
VARICELLA-ZOSTER(SHINGRIX) 0.5ML VACC	90750	CPT	both			607			Aetna	Medicare	186.96	30.8			182.1	576.65	percent of total billed charges	
VARICELLA-ZOSTER(SHINGRIX) 0.5ML VACC	90750	CPT	both			607			Aetna	Commercial	230.66	38			182.1	576.65	percent of total billed charges	
VARICELLA-ZOSTER(SHINGRIX) 0.5ML VACC	90750	CPT	both			607			Americare	Americare	455.25	75			182.1	576.65	percent of total billed charges	
VARICELLA-ZOSTER(SHINGRIX) 0.5ML VACC	90750	CPT	both			607			Amerihealth	HMO/PPO	394.55	65			182.1	576.65	percent of total billed charges	
VARICELLA-ZOSTER(SHINGRIX) 0.5ML VACC	90750	CPT	both			607			Consumer	Consumer	576.65	95			182.1	576.65	percent of total billed charges	
VARICELLA-ZOSTER(SHINGRIX) 0.5ML VACC	90750	CPT	both			607			Corrections	Corrections	485.6	80			182.1	576.65	percent of total billed charges	
VARICELLA-ZOSTER(SHINGRIX) 0.5ML VACC	90750	CPT	both			607			First Health	First Health	424.9	70			182.1	576.65	percent of total billed charges	
VARICELLA-ZOSTER(SHINGRIX) 0.5ML VACC	90750	CPT	both			607			First Trenton	First Trenton	546.3	90			182.1	576.65	percent of total billed charges	
VARICELLA-ZOSTER(SHINGRIX) 0.5ML VACC	90750	CPT	both			607			Horizon	Medicare Blue	182.1	30			182.1	576.65	percent of total billed charges	
VARICELLA-ZOSTER(SHINGRIX) 0.5ML VACC	90750	CPT	both			607			Horizon	MGD	232.36	38.28			182.1	576.65	percent of total billed charges	
VARICELLA-ZOSTER(SHINGRIX) 0.5ML VACC	90750	CPT	both			607			Horizon	Indemnity	232.36	38.28			182.1	576.65	percent of total billed charges	
VARICELLA-ZOSTER(SHINGRIX) 0.5ML VACC	90750	CPT	both			607			Horizon	PPO	232.36	38.28			182.1	576.65	percent of total billed charges	
VARICELLA-ZOSTER(SHINGRIX) 0.5ML VACC	90750	CPT	both			607			Managed Care Inc	Managed Care Inc	546.3	90			182.1	576.65	percent of total billed charges	
VARICELLA-ZOSTER(SHINGRIX) 0.5ML VACC	90750	CPT	both			607			Multiplan	Multiplan	485.6	80			182.1	576.65	percent of total billed charges	
VARICELLA-ZOSTER(SHINGRIX) 0.5ML VACC	90750	CPT	both			607			Qualcare	Qualcare	455.25	75			182.1	576.65	percent of total billed charges	
VARICELLA-ZOSTER(SHINGRIX) 0.5ML VACC	90750	CPT	both			607			Three Rivers	Three Rivers	576.65	95			182.1	576.65	percent of total billed charges	
VARICELLA-ZOSTER(SHINGRIX) 0.5ML VACC	90750	CPT	both			607			UHC	Medicaid	191.51	31.55			182.1	576.65	percent of total billed charges	
VARICELLA-ZOSTER(SHINGRIX) 0.5ML VACC	90750	CPT	both			607			Wellcare	Medicaid	191.51	31.55			182.1	576.65	percent of total billed charges	
VARICELLA-ZOSTER(SHINGRIX) 0.5ML VACC	90750	CPT	both			607			WellPoint	WellPoint	195.33	32.18			182.1	576.65	percent of total billed charges	
PSYCH DIAGNOS.INTERVIEW EXAM	90791	CPT	outpatient			532		209.69 Aetna	Commercial		290.29				157.94	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
PSYCH DIAGNOS.INTERVIEW EXAM	90791	CPT	outpatient			532		209.69 Aetna	Better Health		167.85	31.55			157.94		505.4 percent of total billed charges	
PSYCH DIAGNOS.INTERVIEW EXAM	90791	CPT	outpatient			532		209.69 Aetna	Medicare		182.34				157.94		505.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PSYCH DIAGNOS.INTERVIEW EXAM	90791	CPT	outpatient			532		209.69 Americare	Americare		399	75			157.94		505.4 percent of total billed charges	
PSYCH DIAGNOS.INTERVIEW EXAM	90791	CPT	outpatient			532		209.69 Amerihealth	Medicare		182.34				157.94		505.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PSYCH DIAGNOS.INTERVIEW EXAM	90791	CPT	outpatient			532		209.69 Amerihealth	HMO/PPO		345.8	65			157.94		505.4 percent of total billed charges	
PSYCH DIAGNOS.INTERVIEW EXAM	90791	CPT	outpatient			532		209.69 Consumer	Consumer		505.4	95			157.94		505.4 percent of total billed charges	
PSYCH DIAGNOS.INTERVIEW EXAM	90791	CPT	outpatient			532		209.69 Corrections	Corrections		425.6	80			157.94		505.4 percent of total billed charges	
PSYCH DIAGNOS.INTERVIEW EXAM	90791	CPT	outpatient			532		209.69 First Health	First Health		372.4	70			157.94		505.4 percent of total billed charges	
PSYCH DIAGNOS.INTERVIEW EXAM	90791	CPT	outpatient			532		209.69 First Trenton	First Trenton		478.8	90			157.94		505.4 percent of total billed charges	
PSYCH DIAGNOS.INTERVIEW EXAM	90791	CPT	outpatient			532		209.69 Horizon	Medicare Blue		182.34				157.94		505.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PSYCH DIAGNOS.INTERVIEW EXAM	90791	CPT	outpatient			532		209.69 Horizon	PPO		339.33				157.94		505.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PSYCH DIAGNOS.INTERVIEW EXAM	90791	CPT	outpatient			532		209.69 Horizon	MGD		339.33				157.94		505.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PSYCH DIAGNOS.INTERVIEW EXAM	90791	CPT	outpatient			532		209.69 Horizon	Indemnity		339.33				157.94		505.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PSYCH DIAGNOS.INTERVIEW EXAM	90791	CPT	outpatient			532		209.69 Horizon	NJ Health		157.94				157.94		505.4 fee schedule	
PSYCH DIAGNOS.INTERVIEW EXAM	90791	CPT	outpatient			532		209.69 Managed Care Inc	Managed Care Inc		478.8	90			157.94		505.4 percent of total billed charges	
PSYCH DIAGNOS.INTERVIEW EXAM	90791	CPT	outpatient			532		209.69 Multiplan	Multiplan		425.6	80			157.94		505.4 percent of total billed charges	
PSYCH DIAGNOS.INTERVIEW EXAM	90791	CPT	outpatient			532		209.69 Qualcare	Qualcare		399	75			157.94		505.4 percent of total billed charges	
PSYCH DIAGNOS.INTERVIEW EXAM	90791	CPT	outpatient			532		209.69 Three Rivers	Three Rivers		505.4	95			157.94		505.4 percent of total billed charges	
PSYCH DIAGNOS.INTERVIEW EXAM	90791	CPT	outpatient			532		209.69 UHC	Medicare		182.34				157.94		505.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PSYCH DIAGNOS.INTERVIEW EXAM	90791	CPT	outpatient			532		209.69 UHC	Medicaid		167.85	31.55			157.94		505.4 percent of total billed charges	
PSYCH DIAGNOS.INTERVIEW EXAM	90791	CPT	outpatient			532		209.69 Wellcare	Medicaid		167.85	31.55			157.94		505.4 percent of total billed charges	
PSYCH DIAGNOS.INTERVIEW EXAM	90791	CPT	outpatient			532		209.69 Wellcare	Medicare		182.34				157.94		505.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PSYCH DIAGNOS.INTERVIEW EXAM	90791	CPT	outpatient			532		209.69 WellPoint	WellPoint		171.2	32.18			157.94		505.4 percent of total billed charges	
INDIVIDUAL THERAPY 30 MIN	90832	CPT	outpatient			532		209.69 Aetna	Better Health		167.85	31.55			68.21		505.4 percent of total billed charges	
INDIVIDUAL THERAPY 30 MIN	90832	CPT	outpatient			532		209.69 Aetna	Commercial		290.29				68.21		505.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INDIVIDUAL THERAPY 30 MIN	90832	CPT	outpatient			532		209.69 Aetna	Medicare		182.34				68.21		505.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INDIVIDUAL THERAPY 30 MIN	90832	CPT	outpatient			532		209.69 Americare	Americare		399	75			68.21		505.4 percent of total billed charges	
INDIVIDUAL THERAPY 30 MIN	90832	CPT	outpatient			532		209.69 Amerihealth	HMO/PPO		345.8	65			68.21		505.4 percent of total billed charges	
INDIVIDUAL THERAPY 30 MIN	90832	CPT	outpatient			532		209.69 Amerihealth	Medicare		182.34				68.21		505.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INDIVIDUAL THERAPY 30 MIN	90832	CPT	outpatient			532		209.69 Consumer	Consumer		505.4	95			68.21		505.4 percent of total billed charges	
INDIVIDUAL THERAPY 30 MIN	90832	CPT	outpatient			532		209.69 Corrections	Corrections		425.6	80			68.21		505.4 percent of total billed charges	
INDIVIDUAL THERAPY 30 MIN	90832	CPT	outpatient			532		209.69 First Health	First Health		372.4	70			68.21		505.4 percent of total billed charges	
INDIVIDUAL THERAPY 30 MIN	90832	CPT	outpatient			532		209.69 First Trenton	First Trenton		478.8	90			68.21		505.4 percent of total billed charges	
INDIVIDUAL THERAPY 30 MIN	90832	CPT	outpatient			532		209.69 Horizon	PPO		339.33				68.21		505.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INDIVIDUAL THERAPY 30 MIN	90832	CPT	outpatient			532		209.69 Horizon	MGD		339.33				68.21		505.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INDIVIDUAL THERAPY 30 MIN	90832	CPT	outpatient			532		209.69 Horizon	Medicare Blue		182.34				68.21		505.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INDIVIDUAL THERAPY 30 MIN	90832	CPT	outpatient			532		209.69 Horizon	NJ Health		68.21				68.21		505.4 fee schedule	
INDIVIDUAL THERAPY 30 MIN	90832	CPT	outpatient			532		209.69 Horizon	Indemnity		339.33				68.21		505.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INDIVIDUAL THERAPY 30 MIN	90832	CPT	outpatient			532		209.69 Managed Care Inc	Managed Care Inc		478.8	90			68.21		505.4 percent of total billed charges	
INDIVIDUAL THERAPY 30 MIN	90832	CPT	outpatient			532		209.69 Multiplan	Multiplan		425.6	80			68.21		505.4 percent of total billed charges	
INDIVIDUAL THERAPY 30 MIN	90832	CPT	outpatient			532		209.69 Qualcare	Qualcare		399	75			68.21		505.4 percent of total billed charges	
INDIVIDUAL THERAPY 30 MIN	90832	CPT	outpatient			532		209.69 Three Rivers	Three Rivers		505.4	95			68.21		505.4 percent of total billed charges	
INDIVIDUAL THERAPY 30 MIN	90832	CPT	outpatient			532		209.69 UHC	Medicare		182.34				68.21		505.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INDIVIDUAL THERAPY 30 MIN	90832	CPT	outpatient			532		209.69 UHC	Medicaid		167.85	31.55			68.21		505.4 percent of total billed charges	
INDIVIDUAL THERAPY 30 MIN	90832	CPT	outpatient			532		209.69 Wellcare	Medicare		182.34				68.21		505.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INDIVIDUAL THERAPY 30 MIN	90832	CPT	outpatient			532		209.69 Wellcare	Medicaid		167.85	31.55			68.21		505.4 percent of total billed charges	
INDIVIDUAL THERAPY 30 MIN	90832	CPT	outpatient			532		209.69 WellPoint	WellPoint		171.2	32.18			68.21		505.4 percent of total billed charges	
INDIVIDUAL THERAPY 45 MIN	90834	CPT	outpatient			532		209.69 Aetna	Better Health		167.85	31.55			90.26		505.4 percent of total billed charges	
INDIVIDUAL THERAPY 45 MIN	90834	CPT	outpatient			532		209.69 Aetna	Commercial		290.29				90.26		505.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INDIVIDUAL THERAPY 45 MIN	90834	CPT	outpatient			532		209.69 Aetna	Medicare		182.34				90.26		505.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INDIVIDUAL THERAPY 45 MIN	90834	CPT	outpatient			532		209.69 Americare	Americare		399	75			90.26		505.4 percent of total billed charges	
INDIVIDUAL THERAPY 45 MIN	90834	CPT	outpatient			532		209.69 Amerihealth	Medicare		182.34				90.26		505.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INDIVIDUAL THERAPY 45 MIN	90834	CPT	outpatient			532		209.69 Amerihealth	HMO/PPO		345.8	65			90.26		505.4 percent of total billed charges	
INDIVIDUAL THERAPY 45 MIN	90834	CPT	outpatient			532		209.69 Consumer	Consumer		505.4	95			90.26		505.4 percent of total billed charges	
INDIVIDUAL THERAPY 45 MIN	90834	CPT	outpatient			532		209.69 Corrections	Corrections		425.6	80			90.26		505.4 percent of total billed charges	
INDIVIDUAL THERAPY 45 MIN	90834	CPT	outpatient			532		209.69 First Health	First Health		372.4	70			90.26		505.4 percent of total billed charges	
INDIVIDUAL THERAPY 45 MIN	90834	CPT	outpatient			532		209.69 First Trenton	First Trenton		478.8	90			90.26		505.4 percent of total billed charges	
INDIVIDUAL THERAPY 45 MIN	90834	CPT	outpatient			532		209.69 Horizon	Indemnity		339.33				90.26		505.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INDIVIDUAL THERAPY 45 MIN	90834	CPT	outpatient			532		209.69 Horizon	Medicare Blue		182.34				90.26		505.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INDIVIDUAL THERAPY 45 MIN	90834	CPT	outpatient			532		209.69 Horizon	PPO		339.33				90.26		505.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INDIVIDUAL THERAPY 45 MIN	90834	CPT	outpatient			532		209.69 Horizon	NJ Health		90.26				90.26		505.4 fee schedule	
INDIVIDUAL THERAPY 45 MIN	90834	CPT	outpatient			532		209.69 Horizon	MGD		339.33				90.26		505.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INDIVIDUAL THERAPY 45 MIN	90834	CPT	outpatient			532		209.69 Managed Care Inc	Managed Care Inc		478.8	90			90.26		505.4 percent of total billed charges	
INDIVIDUAL THERAPY 45 MIN	90834	CPT	outpatient			532		209.69 Multiplan	Multiplan		425.6	80			90.26		505.4 percent of total billed charges	
INDIVIDUAL THERAPY 45 MIN	90834	CPT	outpatient			532		209.69 Qualcare	Qualcare		399	75			90.26		505.4 percent of total billed charges	
INDIVIDUAL THERAPY 45 MIN	90834	CPT	outpatient			532		209.69 Three Rivers	Three Rivers		505.4	95			90.26		505.4 percent of total billed charges	
INDIVIDUAL THERAPY 45 MIN	90834	CPT	outpatient			532		209.69 UHC	Medicare		182.34				90.26		505.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INDIVIDUAL THERAPY 45 MIN	90834	CPT	outpatient			532		209.69 UHC	Medicaid		167.85	31.55			90.26		505.4 percent of total billed charges	
INDIVIDUAL THERAPY 45 MIN	90834	CPT	outpatient			532		209.69 Wellcare	Medicaid		167.85	31.55			90.26		505.4 percent of total billed charges	
INDIVIDUAL THERAPY 45 MIN	90834	CPT	outpatient			532		209.69 Wellcare	Medicare		182.34				90.26		505.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INDIVIDUAL THERAPY 45 MIN	90834	CPT	outpatient			532		209.69 WellPoint	WellPoint		171.2	32.18			90.26		505.4 percent of total billed charges	
INDIVIDUAL THERAPY 60 MIN	90837	CPT	outpatient			532		209.69 Aetna	Better Health		167.85	31.55			90.26		505.4 percent of total billed charges	
INDIVIDUAL THERAPY 60 MIN	90837	CPT	outpatient			532		209.69 Aetna	Medicare		163.86	30.8			90.26		505.4 percent of total billed charges	
INDIVIDUAL THERAPY 60 MIN	90837	CPT	outpatient			532		209.69 Aetna	Commercial		290.29				90.26		505.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INDIVIDUAL THERAPY 60 MIN	90837	CPT	outpatient			532		209.69 Americare	Americare		399	75			90.26		505.4 percent of total billed charges	
INDIVIDUAL THERAPY 60 MIN	90837	CPT	outpatient			532		209.69 Amerihealth	HMO/PPO		345.8	65			90.26		505.4 percent of total billed charges	
INDIVIDUAL THERAPY 60 MIN	90837	CPT	outpatient			532		209.69 Amerihealth	Medicare		182.34				90.26		505.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INDIVIDUAL THERAPY 60 MIN	90837	CPT	outpatient			532		209.69 Consumer	Consumer		505.4	95			90.26		505.4 percent of total billed charges	
INDIVIDUAL THERAPY 60 MIN	90837	CPT	outpatient			532		209.69 Corrections	Corrections		425.6	80			90.26		505.4 percent of total billed charges	
INDIVIDUAL THERAPY 60 MIN	90837	CPT	outpatient			532		209.69 First Health	First Health		372.4	70			90.26		505.4 percent of total billed charges	
INDIVIDUAL THERAPY 60 MIN	90837	CPT	outpatient			532		209.69 First Trenton	First Trenton		478.8	90			90.26		505.4 percent of total billed charges	
INDIVIDUAL THERAPY 60 MIN	90837	CPT	outpatient			532		209.69 Horizon	PPO		339.33				90.26		505.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INDIVIDUAL THERAPY 60 MIN	90837	CPT	outpatient			532		209.69 Horizon	MGD		339.33				90.26		505.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INDIVIDUAL THERAPY 60 MIN	90837	CPT	outpatient			532		209.69 Horizon	Indemnity		339.33				90.26		505.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INDIVIDUAL THERAPY 60 MIN	90837	CPT	outpatient			532		209.69 Horizon	NJ Health		90.26				90.26		505.4 fee schedule	
INDIVIDUAL THERAPY 60 MIN	90837	CPT	outpatient			532		209.69 Horizon	Medicare Blue		182.34				90.26		505.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INDIVIDUAL THERAPY 60 MIN	90837	CPT	outpatient			532		209.69 Managed Care Inc	Managed Care Inc		478.8	90			90.26		505.4 percent of total billed charges	
INDIVIDUAL THERAPY 60 MIN	90837	CPT	outpatient			532		209.69 Multiplan	Multiplan		425.6	80			90.26		505.4 percent of total billed charges	
INDIVIDUAL THERAPY 60 MIN	90837	CPT	outpatient			532		209.69 Qualcare	Qualcare		399	75			90.26		505.4 percent of total billed charges	
INDIVIDUAL THERAPY 60 MIN	90837	CPT	outpatient			532		209.69 Three Rivers	Three Rivers		505.4	95			90.26		505.4 percent of total billed charges	
INDIVIDUAL THERAPY 60 MIN	90837	CPT	outpatient			532		209.69 UHC	Medicaid		167.85	31.55			90.26		505.4 percent of total billed charges	
INDIVIDUAL THERAPY 60 MIN	90837	CPT	outpatient			532		209.69 UHC	Medicare		182.34				90.26		505.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INDIVIDUAL THERAPY 60 MIN	90837	CPT	outpatient			532		209.69 Wellcare	Medicare		182.34				90.26		505.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INDIVIDUAL THERAPY 60 MIN	90837	CPT	outpatient			532		209.69 Wellcare	Medicaid		167.85	31.55			90.26		505.4 percent of total billed charges	
INDIVIDUAL THERAPY 60 MIN	90837	CPT	outpatient			532		209.69 WellPoint	WellPoint		171.2	32.18			90.26		505.4 percent of total billed charges	
GROUP PSYCHOTHERAPY	90853	CPT	outpatient			279		117.23 Aetna	Better Health		88.02	31.55			27.5		265.05 percent of total billed charges	
GROUP PSYCHOTHERAPY	90853	CPT	outpatient			279		117.23 Aetna	Commercial		162.29				27.5		265.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GROUP PSYCHOTHERAPY	90853	CPT	outpatient			279		117.23 Aetna	Medicare		101.94				27.5		265.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GROUP PSYCHOTHERAPY	90853	CPT	outpatient			279		117.23 Americare	Americare		209.25	75			27.5		265.05 percent of total billed charges	
GROUP PSYCHOTHERAPY	90853	CPT	outpatient			279		117.23 Amerihealth	HMO/PPO		181.35	65			27.5		265.05 percent of total billed charges	
GROUP PSYCHOTHERAPY	90853	CPT	outpatient			279		117.23 Amerihealth	Medicare		101.94				27.5		265.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GROUP PSYCHOTHERAPY	90853	CPT	outpatient			279		117.23 Consumer	Consumer		265.05	95			27.5		265.05 percent of total billed charges	
GROUP PSYCHOTHERAPY	90853	CPT	outpatient			279		117.23 Corrections	Corrections		223.2	80			27.5		265.05 percent of total billed charges	
GROUP PSYCHOTHERAPY	90853	CPT	outpatient			279		117.23 First Health	First Health		195.3	70			27.5		265.05 percent of total billed charges	
GROUP PSYCHOTHERAPY	90853	CPT	outpatient			279		117.23 First Trenton	First Trenton		251.1	90			27.5		265.05 percent of total billed charges	
GROUP PSYCHOTHERAPY	90853	CPT	outpatient			279		117.23 Horizon	PPO		189.71				27.5		265.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GROUP PSYCHOTHERAPY	90853	CPT	outpatient			279		117.23 Horizon	Indemnity		189.71				27.5		265.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GROUP PSYCHOTHERAPY	90853	CPT	outpatient			279		117.23 Horizon	Medicare Blue		101.94				27.5		265.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GROUP PSYCHOTHERAPY	90853	CPT	outpatient			279		117.23 Horizon	MGD		189.71				27.5		265.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GROUP PSYCHOTHERAPY	90853	CPT	outpatient			279		117.23 Horizon	NJ Health		27.5				27.5		265.05 fee schedule	
GROUP PSYCHOTHERAPY	90853	CPT	outpatient			279		117.23 Managed Care Inc	Managed Care Inc		251.1	90			27.5		265.05 percent of total billed charges	
GROUP PSYCHOTHERAPY	90853	CPT	outpatient			279		117.23 Multiplan	Multiplan		223.2	80			27.5		265.05 percent of total billed charges	
GROUP PSYCHOTHERAPY	90853	CPT	outpatient			279		117.23 Qualcare	Qualcare		209.25	75			27.5		265.05 percent of total billed charges	
GROUP PSYCHOTHERAPY	90853	CPT	outpatient			279		117.23 Three Rivers	Three Rivers		265.05	95			27.5		265.05 percent of total billed charges	
GROUP PSYCHOTHERAPY	90853	CPT	outpatient			279		117.23 UHC	Medicaid		88.02	31.55			27.5		265.05 percent of total billed charges	
GROUP PSYCHOTHERAPY	90853	CPT	outpatient			279		117.23 UHC	Medicare		101.94				27.5		265.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GROUP PSYCHOTHERAPY	90853	CPT	outpatient			279		117.23 Wellcare	Medicare		101.94				27.5		265.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GROUP PSYCHOTHERAPY	90853	CPT	outpatient			279		117.23 Wellcare	Medicaid		88.02	31.55			27.5		265.05 percent of total billed charges	
GROUP PSYCHOTHERAPY	90853	CPT	outpatient			279		117.23 WellPoint	WellPoint		89.78	32.18			27.5		265.05 percent of total billed charges	
DRUG MANAGEMENT	90863	CPT	outpatient			1803		Aetna	Better Health		568.85	31.55			540.9		1712.85 percent of total billed charges	
DRUG MANAGEMENT	90863	CPT	outpatient			1803		Aetna	Commercial		685.14	38			540.9		1712.85 percent of total billed charges	
DRUG MANAGEMENT	90863	CPT	outpatient			1803		Aetna	Medicare		555.32	30.8			540.9		1712.85 percent of total billed charges	
DRUG MANAGEMENT	90863	CPT	outpatient			1803		Americare	Americare		1352.25	75			540.9		1712.85 percent of total billed charges	
DRUG MANAGEMENT	90863	CPT	outpatient			1803		Amerihealth	HMO/PPO		1171.95	65			540.9		1712.85 percent of total billed charges	
DRUG MANAGEMENT	90863	CPT	outpatient			1803		Consumer	Consumer		1712.85	95			540.9		1712.85 percent of total billed charges	
DRUG MANAGEMENT	90863	CPT	outpatient			1803		Corrections	Corrections		1442.4	80			540.9		1712.85 percent of total billed charges	
DRUG MANAGEMENT	90863	CPT	outpatient			1803		First Health	First Health		1262.1	70			540.9		1712.85 percent of total billed charges	
DRUG MANAGEMENT	90863	CPT	outpatient			1803		First Trenton	First Trenton		1622.7	90			540.9		1712.85 percent of total billed charges	
DRUG MANAGEMENT	90863	CPT	outpatient			1803		Horizon	MGD		690.19	38.28			540.9		1712.85 percent of total billed charges	
DRUG MANAGEMENT	90863	CPT	outpatient			1803		Horizon	PPO		690.19	38.28			540.9		1712.85 percent of total billed charges	
DRUG MANAGEMENT	90863	CPT	outpatient			1803		Horizon	Medicare Blue		540.9	30			540.9		1712.85 percent of total billed charges	
DRUG MANAGEMENT	90863	CPT	outpatient			1803		Horizon	Indemnity		690.19	38.28			540.9		1712.85 percent of total billed charges	
DRUG MANAGEMENT	90863	CPT	outpatient			1803		Managed Care Inc	Managed Care Inc		1622.7	90			540.9		1712.85 percent of total billed charges	
DRUG MANAGEMENT	90863	CPT	outpatient			1803		Multiplan	Multiplan		1442.4	80			540.9		1712.85 percent of total billed charges	
DRUG MANAGEMENT	90863	CPT	outpatient			1803		Qualcare	Qualcare		1352.25	75			540.9		1712.85 percent of total billed charges	
DRUG MANAGEMENT	90863	CPT	outpatient			1803		Three Rivers	Three Rivers		1712.85	95			540.9		1712.85 percent of total billed charges	
DRUG MANAGEMENT	90863	CPT	outpatient			1803		UHC	Medicaid		568.85	31.55			540.9		1712.85 percent of total billed charges	
DRUG MANAGEMENT	90863	CPT	outpatient			1803		Wellcare	Medicaid		568.85	31.55			540.9		1712.85 percent of total billed charges	
DRUG MANAGEMENT	90863	CPT	outpatient			1803		WellPoint	WellPoint		580.21	32.18			540.9		1712.85 percent of total billed charges	
ELCTROCONVULSIVE THERAPY	90870	CPT	outpatient			1912		704.94 Aetna	Better Health		603.24	31.55			32		1816.4 percent of total billed charges	
ELCTROCONVULSIVE THERAPY	90870	CPT	outpatient			1912		704.94 Aetna	Medicare		612.99				32		1816.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELCTROCONVULSIVE THERAPY	90870	CPT	outpatient			1912		704.94 Aetna	Commercial		975.88				32		1816.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELCTROCONVULSIVE THERAPY	90870	CPT	outpatient			1912		704.94 Americare	Americare		1434	75			32		1816.4 percent of total billed charges	
ELCTROCONVULSIVE THERAPY	90870	CPT	outpatient			1912		704.94 Amerihealth	HMO/PPO		1242.8	65			32		1816.4 percent of total billed charges	
ELCTROCONVULSIVE THERAPY	90870	CPT	outpatient			1912		704.94 Amerihealth	Medicare		612.99				32		1816.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELCTROCONVULSIVE THERAPY	90870	CPT	outpatient			1912		704.94 Consumer	Consumer		1816.4	95			32		1816.4 percent of total billed charges	
ELCTROCONVULSIVE THERAPY	90870	CPT	outpatient			1912		704.94 Corrections	Corrections		1529.6	80			32		1816.4 percent of total billed charges	
ELCTROCONVULSIVE THERAPY	90870	CPT	outpatient			1912		704.94 First Health	First Health		1338.4	70			32		1816.4 percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ELCTROCONVULSIVE THERAPY	90870	CPT	outpatient			1912		704.94 First Trenton	First Trenton		1720.8	90			32		1816.4 percent of total billed charges	
ELCTROCONVULSIVE THERAPY	90870	CPT	outpatient			1912		704.94 Horizon	MGD		1140.77				32		1816.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELCTROCONVULSIVE THERAPY	90870	CPT	outpatient			1912		704.94 Horizon	NJ Health		32				32		1816.4 fee schedule	
ELCTROCONVULSIVE THERAPY	90870	CPT	outpatient			1912		704.94 Horizon	Indemnity		1140.77				32		1816.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELCTROCONVULSIVE THERAPY	90870	CPT	outpatient			1912		704.94 Horizon	Medicare Blue		612.99				32		1816.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELCTROCONVULSIVE THERAPY	90870	CPT	outpatient			1912		704.94 Horizon	PPO		1140.77				32		1816.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELCTROCONVULSIVE THERAPY	90870	CPT	outpatient			1912		704.94 Managed Care Inc	Managed Care Inc		1720.8	90			32		1816.4 percent of total billed charges	
ELCTROCONVULSIVE THERAPY	90870	CPT	outpatient			1912		704.94 Multiplan	Multiplan		1529.6	80			32		1816.4 percent of total billed charges	
ELCTROCONVULSIVE THERAPY	90870	CPT	outpatient			1912		704.94 Qualcare	Qualcare		1434	75			32		1816.4 percent of total billed charges	
ELCTROCONVULSIVE THERAPY	90870	CPT	outpatient			1912		704.94 Three Rivers	Three Rivers		1816.4	95			32		1816.4 percent of total billed charges	
ELCTROCONVULSIVE THERAPY	90870	CPT	outpatient			1912		704.94 UHC	Medicaid		603.24	31.55			32		1816.4 percent of total billed charges	
ELCTROCONVULSIVE THERAPY	90870	CPT	outpatient			1912		704.94 UHC	Medicare		612.99				32		1816.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELCTROCONVULSIVE THERAPY	90870	CPT	outpatient			1912		704.94 Wellcare	Medicaid		603.24	31.55			32		1816.4 percent of total billed charges	
ELCTROCONVULSIVE THERAPY	90870	CPT	outpatient			1912		704.94 Wellcare	Medicare		612.99				32		1816.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELCTROCONVULSIVE THERAPY	90870	CPT	outpatient			1912		704.94 WellPoint	WellPoint		615.28	32.18			32		1816.4 percent of total billed charges	
BIOFEEDBACK	90901	CPT	both			298		Aetna	Commercial		113.24	38			32.05		283.1 percent of total billed charges	
BIOFEEDBACK	90901	CPT	both			298		Aetna	Better Health		94.02	31.55			32.05		283.1 percent of total billed charges	
BIOFEEDBACK	90901	CPT	both			298		Aetna	Medicare		91.78	30.8			32.05		283.1 percent of total billed charges	
BIOFEEDBACK	90901	CPT	both			298		Americare	Americare		223.5	75			32.05		283.1 percent of total billed charges	
BIOFEEDBACK	90901	CPT	both			298		Amerihealth	HMO/PPO		193.7	65			32.05		283.1 percent of total billed charges	
BIOFEEDBACK	90901	CPT	both			298		Consumer	Consumer		283.1	95			32.05		283.1 percent of total billed charges	
BIOFEEDBACK	90901	CPT	both			298		Corrections	Corrections		238.4	80			32.05		283.1 percent of total billed charges	
BIOFEEDBACK	90901	CPT	both			298		First Health	First Health		208.6	70			32.05		283.1 percent of total billed charges	
BIOFEEDBACK	90901	CPT	both			298		First Trenton	First Trenton		268.2	90			32.05		283.1 percent of total billed charges	
BIOFEEDBACK	90901	CPT	both			298		Horizon	MGD		114.07	38.28			32.05		283.1 percent of total billed charges	
BIOFEEDBACK	90901	CPT	both			298		Horizon	Medicare Blue		89.4	30			32.05		283.1 percent of total billed charges	
BIOFEEDBACK	90901	CPT	both			298		Horizon	Indemnity		114.07	38.28			32.05		283.1 percent of total billed charges	
BIOFEEDBACK	90901	CPT	both			298		Horizon	NJ Health		32.05				32.05		283.1 fee schedule	
BIOFEEDBACK	90901	CPT	both			298		Horizon	PPO		114.07	38.28			32.05		283.1 percent of total billed charges	
BIOFEEDBACK	90901	CPT	both			298		Managed Care Inc	Managed Care Inc		268.2	90			32.05		283.1 percent of total billed charges	
BIOFEEDBACK	90901	CPT	both			298		Multiplan	Multiplan		238.4	80			32.05		283.1 percent of total billed charges	
BIOFEEDBACK	90901	CPT	both			298		Qualcare	Qualcare		223.5	75			32.05		283.1 percent of total billed charges	
BIOFEEDBACK	90901	CPT	both			298		Three Rivers	Three Rivers		283.1	95			32.05		283.1 percent of total billed charges	
BIOFEEDBACK	90901	CPT	both			298		UHC	Medicaid		94.02	31.55			32.05		283.1 percent of total billed charges	
BIOFEEDBACK	90901	CPT	both			298		Wellcare	Medicaid		94.02	31.55			32.05		283.1 percent of total billed charges	
BIOFEEDBACK	90901	CPT	both			298		WellPoint	WellPoint		95.9	32.18			32.05		283.1 percent of total billed charges	
HEMODIALYSIS PROCEDURE W/SINGLE EVAL BY	90935	CPT	outpatient			2772		919.08 Aetna	Better Health		874.57	31.55			796.01		2633.4 percent of total billed charges	
HEMODIALYSIS PROCEDURE W/SINGLE EVAL BY	90935	CPT	outpatient			2772		919.08 Aetna	Commercial		1272.33				796.01		2633.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HEMODIALYSIS PROCEDURE W/SINGLE EVAL BY	90935	CPT	outpatient			2772		919.08 Aetna	Medicare		799.2				796.01		2633.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HEMODIALYSIS PROCEDURE W/SINGLE EVAL BY	90935	CPT	outpatient			2772		919.08 Americare	Americare		2079	75			796.01		2633.4 percent of total billed charges	
HEMODIALYSIS PROCEDURE W/SINGLE EVAL BY	90935	CPT	outpatient			2772		919.08 Amerihealth	HMO/PPO		1801.8	65			796.01		2633.4 percent of total billed charges	
HEMODIALYSIS PROCEDURE W/SINGLE EVAL BY	90935	CPT	outpatient			2772		919.08 Amerihealth	Medicare		799.2				796.01		2633.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HEMODIALYSIS PROCEDURE W/SINGLE EVAL BY	90935	CPT	outpatient			2772		919.08 Consumer	Consumer		2633.4	95			796.01		2633.4 percent of total billed charges	
HEMODIALYSIS PROCEDURE W/SINGLE EVAL BY	90935	CPT	outpatient			2772		919.08 Corrections	Corrections		2217.6	80			796.01		2633.4 percent of total billed charges	
HEMODIALYSIS PROCEDURE W/SINGLE EVAL BY	90935	CPT	outpatient			2772		919.08 First Health	First Health		1940.4	70			796.01		2633.4 percent of total billed charges	
HEMODIALYSIS PROCEDURE W/SINGLE EVAL BY	90935	CPT	outpatient			2772		919.08 First Trenton	First Trenton		2494.8	90			796.01		2633.4 percent of total billed charges	
HEMODIALYSIS PROCEDURE W/SINGLE EVAL BY	90935	CPT	outpatient			2772		919.08 Horizon	Indemnity		1487.31				796.01		2633.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HEMODIALYSIS PROCEDURE W/SINGLE EVAL BY	90935	CPT	outpatient			2772		919.08 Horizon	MGD		1487.31				796.01		2633.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HEMODIALYSIS PROCEDURE W/SINGLE EVAL BY	90935	CPT	outpatient			2772		919.08 Horizon	NJ Health		1135.35				796.01		2633.4 fee schedule	
HEMODIALYSIS PROCEDURE W/SINGLE EVAL BY	90935	CPT	outpatient			2772		919.08 Horizon	PPO		1487.31				796.01		2633.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HEMODIALYSIS PROCEDURE W/SINGLE EVAL BY	90935	CPT	outpatient			2772		919.08 Horizon	Medicare Blue		799.2				796.01		2633.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HEMODIALYSIS PROCEDURE W/SINGLE EVAL BY	90935	CPT	outpatient			2772		919.08 Managed Care Inc	Managed Care Inc		2494.8	90			796.01		2633.4 percent of total billed charges	
HEMODIALYSIS PROCEDURE W/SINGLE EVAL BY	90935	CPT	outpatient			2772		919.08 Multiplan	Multiplan		2217.6	80			796.01		2633.4 percent of total billed charges	
HEMODIALYSIS PROCEDURE W/SINGLE EVAL BY	90935	CPT	outpatient			2772		919.08 Qualcare	Qualcare		2079	75			796.01		2633.4 percent of total billed charges	
HEMODIALYSIS PROCEDURE W/SINGLE EVAL BY	90935	CPT	outpatient			2772		919.08 Three Rivers	Three Rivers		2633.4	95			796.01		2633.4 percent of total billed charges	
HEMODIALYSIS PROCEDURE W/SINGLE EVAL BY	90935	CPT	outpatient			2772		919.08 UHC	Medicaid		874.57	31.55			796.01		2633.4 percent of total billed charges	
HEMODIALYSIS PROCEDURE W/SINGLE EVAL BY	90935	CPT	outpatient			2772		919.08 UHC	Medicare		799.2				796.01		2633.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HEMODIALYSIS PROCEDURE W/SINGLE EVAL BY	90935	CPT	outpatient			2772		919.08 Wellcare	Medicaid		874.57	31.55			796.01		2633.4 percent of total billed charges	
HEMODIALYSIS PROCEDURE W/SINGLE EVAL BY	90935	CPT	outpatient			2772		919.08 Wellcare	Medicare		799.2				796.01		2633.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HEMODIALYSIS PROCEDURE W/SINGLE EVAL BY	90935	CPT	outpatient			2772		919.08 WellPoint	WellPoint		892.03	32.18			796.01		2633.4 percent of total billed charges	
ESOPHAGEAL MOTILITY	91010	CPT	outpatient			1895		704.94 Aetna	Medicare		612.99				597.87		3165.93 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGEAL MOTILITY	91010	CPT	outpatient			1895		704.94 Aetna	Better Health		597.87	31.55			597.87		3165.93 percent of total billed charges	
ESOPHAGEAL MOTILITY	91010	CPT	outpatient			1895		704.94 Aetna	Commercial		975.88				597.87		3165.93 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGEAL MOTILITY	91010	CPT	outpatient			1895		704.94 Americare	Americare		1421.25	75			597.87		3165.93 percent of total billed charges	
ESOPHAGEAL MOTILITY	91010	CPT	outpatient			1895		704.94 Amerihealth	Medicare		612.99				597.87		3165.93 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGEAL MOTILITY	91010	CPT	outpatient			1895		704.94 Amerihealth	HMO/PPO		1231.75	65			597.87		3165.93 percent of total billed charges	
ESOPHAGEAL MOTILITY	91010	CPT	outpatient			1895		704.94 Consumer	Consumer		1800.25	95			597.87		3165.93 percent of total billed charges	
ESOPHAGEAL MOTILITY	91010	CPT	outpatient			1895		704.94 Corrections	Corrections		1516	80			597.87		3165.93 percent of total billed charges	
ESOPHAGEAL MOTILITY	91010	CPT	outpatient			1895		704.94 First Health	First Health		1326.5	70			597.87		3165.93 percent of total billed charges	
ESOPHAGEAL MOTILITY	91010	CPT	outpatient			1895		704.94 First Trenton	First Trenton		1705.5	90			597.87		3165.93 percent of total billed charges	
ESOPHAGEAL MOTILITY	91010	CPT	outpatient			1895		704.94 Horizon	Indemnity		1140.77				597.87		3165.93 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGEAL MOTILITY	91010	CPT	outpatient			1895		704.94 Horizon	MGD		1140.77				597.87		3165.93 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGEAL MOTILITY	91010	CPT	outpatient			1895		704.94 Horizon	Medicare Blue		612.99				597.87		3165.93 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGEAL MOTILITY	91010	CPT	outpatient			1895		704.94 Horizon	PPO		1140.77				597.87		3165.93 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGEAL MOTILITY	91010	CPT	outpatient			1895		704.94 Horizon	NJ Health		3165.93				597.87		3165.93 fee schedule	
ESOPHAGEAL MOTILITY	91010	CPT	outpatient			1895		704.94 Managed Care Inc	Managed Care Inc		1705.5	90			597.87		3165.93 percent of total billed charges	
ESOPHAGEAL MOTILITY	91010	CPT	outpatient			1895		704.94 Multiplan	Multiplan		1516	80			597.87		3165.93 percent of total billed charges	
ESOPHAGEAL MOTILITY	91010	CPT	outpatient			1895		704.94 Qualcare	Qualcare		1421.25	75			597.87		3165.93 percent of total billed charges	
ESOPHAGEAL MOTILITY	91010	CPT	outpatient			1895		704.94 Three Rivers	Three Rivers		1800.25	95			597.87		3165.93 percent of total billed charges	
ESOPHAGEAL MOTILITY	91010	CPT	outpatient			1895		704.94 UHC	Medicaid		597.87	31.55			597.87		3165.93 percent of total billed charges	
ESOPHAGEAL MOTILITY	91010	CPT	outpatient			1895		704.94 UHC	Medicare		612.99				597.87		3165.93 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGEAL MOTILITY	91010	CPT	outpatient			1895		704.94 United	Oxford		1782				597.87		3165.93 case rate	
ESOPHAGEAL MOTILITY	91010	CPT	outpatient			1895		704.94 United	Commercial|PPO		1782				597.87		3165.93 case rate	
ESOPHAGEAL MOTILITY	91010	CPT	outpatient			1895		704.94 Wellcare	Medicare		612.99				597.87		3165.93 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGEAL MOTILITY	91010	CPT	outpatient			1895		704.94 Wellcare	Medicaid		597.87	31.55			597.87		3165.93 percent of total billed charges	
ESOPHAGEAL MOTILITY	91010	CPT	outpatient			1895		704.94 WellPoint	WellPoint		609.81	32.18			597.87		3165.93 percent of total billed charges	
ESOPHAGEAL MOTILITY W/ACIC PERFUSION	91013	CPT	outpatient			1472		Aetna	Better Health		464.42	31.55			33.12		1782 percent of total billed charges	
ESOPHAGEAL MOTILITY W/ACIC PERFUSION	91013	CPT	outpatient			1472		Aetna	Commercial		559.36	38			33.12		1782 percent of total billed charges	
ESOPHAGEAL MOTILITY W/ACIC PERFUSION	91013	CPT	outpatient			1472		Aetna	Medicare		453.38	30.8			33.12		1782 percent of total billed charges	
ESOPHAGEAL MOTILITY W/ACIC PERFUSION	91013	CPT	outpatient			1472		Americare	Americare		1104	75			33.12		1782 percent of total billed charges	
ESOPHAGEAL MOTILITY W/ACIC PERFUSION	91013	CPT	outpatient			1472		Amerihealth	HMO/PPO		956.8	65			33.12		1782 percent of total billed charges	
ESOPHAGEAL MOTILITY W/ACIC PERFUSION	91013	CPT	outpatient			1472		Consumer	Consumer		1398.4	95			33.12		1782 percent of total billed charges	
ESOPHAGEAL MOTILITY W/ACIC PERFUSION	91013	CPT	outpatient			1472		Corrections	Corrections		1177.6	80			33.12		1782 percent of total billed charges	
ESOPHAGEAL MOTILITY W/ACIC PERFUSION	91013	CPT	outpatient			1472		First Health	First Health		1030.4	70			33.12		1782 percent of total billed charges	
ESOPHAGEAL MOTILITY W/ACIC PERFUSION	91013	CPT	outpatient			1472		First Trenton	First Trenton		1324.8	90			33.12		1782 percent of total billed charges	
ESOPHAGEAL MOTILITY W/ACIC PERFUSION	91013	CPT	outpatient			1472		Horizon	NJ Health		33.12				33.12		1782 fee schedule	
ESOPHAGEAL MOTILITY W/ACIC PERFUSION	91013	CPT	outpatient			1472		Horizon	MGD		563.48	38.28			33.12		1782 percent of total billed charges	
ESOPHAGEAL MOTILITY W/ACIC PERFUSION	91013	CPT	outpatient			1472		Horizon	Indemnity		563.48	38.28			33.12		1782 percent of total billed charges	
ESOPHAGEAL MOTILITY W/ACIC PERFUSION	91013	CPT	outpatient			1472		Horizon	Medicare Blue		441.6	30			33.12		1782 percent of total billed charges	
ESOPHAGEAL MOTILITY W/ACIC PERFUSION	91013	CPT	outpatient			1472		Horizon	PPO		563.48	38.28			33.12		1782 percent of total billed charges	
ESOPHAGEAL MOTILITY W/ACIC PERFUSION	91013	CPT	outpatient			1472		Managed Care Inc	Managed Care Inc		1324.8	90			33.12		1782 percent of total billed charges	
ESOPHAGEAL MOTILITY W/ACIC PERFUSION	91013	CPT	outpatient			1472		Multiplan	Multiplan		1177.6	80			33.12		1782 percent of total billed charges	
ESOPHAGEAL MOTILITY W/ACIC PERFUSION	91013	CPT	outpatient			1472		Qualcare	Qualcare		1104	75			33.12		1782 percent of total billed charges	
ESOPHAGEAL MOTILITY W/ACIC PERFUSION	91013	CPT	outpatient			1472		Three Rivers	Three Rivers		1398.4	95			33.12		1782 percent of total billed charges	
ESOPHAGEAL MOTILITY W/ACIC PERFUSION	91013	CPT	outpatient			1472		UHC	Medicaid		464.42	31.55			33.12		1782 percent of total billed charges	
ESOPHAGEAL MOTILITY W/ACIC PERFUSION	91013	CPT	outpatient			1472		United	Oxford		1782				33.12		1782 case rate	
ESOPHAGEAL MOTILITY W/ACIC PERFUSION	91013	CPT	outpatient			1472		United	Commercial|PPO		1782				33.12		1782 case rate	
ESOPHAGEAL MOTILITY W/ACIC PERFUSION	91013	CPT	outpatient			1472		Wellcare	Medicaid		464.42	31.55			33.12		1782 percent of total billed charges	
ESOPHAGEAL MOTILITY W/ACIC PERFUSION	91013	CPT	outpatient			1472		WellPoint	WellPoint		473.69	32.18			33.12		1782 percent of total billed charges	
ESOPHAGOGASTRIC MANOMETRIC STD	91020	CPT	outpatient			1229		704.94 Aetna	Commercial		975.88				378.53		2395.98 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOGASTRIC MANOMETRIC STD	91020	CPT	outpatient			1229		704.94 Aetna	Medicare		378.53	30.8			378.53		2395.98 percent of total billed charges	
ESOPHAGOGASTRIC MANOMETRIC STD	91020	CPT	outpatient			1229		704.94 Aetna	Better Health		387.75	31.55			378.53		2395.98 percent of total billed charges	
ESOPHAGOGASTRIC MANOMETRIC STD	91020	CPT	outpatient			1229		704.94 Americare	Americare		921.75	75			378.53		2395.98 percent of total billed charges	
ESOPHAGOGASTRIC MANOMETRIC STD	91020	CPT	outpatient			1229		704.94 Amerihealth	HMO/PPO		798.85	65			378.53		2395.98 percent of total billed charges	
ESOPHAGOGASTRIC MANOMETRIC STD	91020	CPT	outpatient			1229		704.94 Amerihealth	Medicare		612.99				378.53		2395.98 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOGASTRIC MANOMETRIC STD	91020	CPT	outpatient			1229		704.94 Consumer	Consumer		1167.55	95			378.53		2395.98 percent of total billed charges	
ESOPHAGOGASTRIC MANOMETRIC STD	91020	CPT	outpatient			1229		704.94 Corrections	Corrections		983.2	80			378.53		2395.98 percent of total billed charges	
ESOPHAGOGASTRIC MANOMETRIC STD	91020	CPT	outpatient			1229		704.94 First Health	First Health		860.3	70			378.53		2395.98 percent of total billed charges	
ESOPHAGOGASTRIC MANOMETRIC STD	91020	CPT	outpatient			1229		704.94 First Trenton	First Trenton		1106.1	90			378.53		2395.98 percent of total billed charges	
ESOPHAGOGASTRIC MANOMETRIC STD	91020	CPT	outpatient			1229		704.94 Horizon	Indemnity		1140.77				378.53		2395.98 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOGASTRIC MANOMETRIC STD	91020	CPT	outpatient			1229		704.94 Horizon	Medicare Blue		612.99				378.53		2395.98 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOGASTRIC MANOMETRIC STD	91020	CPT	outpatient			1229		704.94 Horizon	MGD		1140.77				378.53		2395.98 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOGASTRIC MANOMETRIC STD	91020	CPT	outpatient			1229		704.94 Horizon	NJ Health		2395.98				378.53		2395.98 fee schedule	
ESOPHAGOGASTRIC MANOMETRIC STD	91020	CPT	outpatient			1229		704.94 Horizon	PPO		1140.77				378.53		2395.98 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOGASTRIC MANOMETRIC STD	91020	CPT	outpatient			1229		704.94 Managed Care Inc	Managed Care Inc		1106.1	90			378.53		2395.98 percent of total billed charges	
ESOPHAGOGASTRIC MANOMETRIC STD	91020	CPT	outpatient			1229		704.94 Multiplan	Multiplan		983.2	80			378.53		2395.98 percent of total billed charges	
ESOPHAGOGASTRIC MANOMETRIC STD	91020	CPT	outpatient			1229		704.94 Qualcare	Qualcare		921.75	75			378.53		2395.98 percent of total billed charges	
ESOPHAGOGASTRIC MANOMETRIC STD	91020	CPT	outpatient			1229		704.94 Three Rivers	Three Rivers		1167.55	95			378.53		2395.98 percent of total billed charges	
ESOPHAGOGASTRIC MANOMETRIC STD	91020	CPT	outpatient			1229		704.94 UHC	Medicaid		387.75	31.55			378.53		2395.98 percent of total billed charges	
ESOPHAGOGASTRIC MANOMETRIC STD	91020	CPT	outpatient			1229		704.94 UHC	Medicare		612.99				378.53		2395.98 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOGASTRIC MANOMETRIC STD	91020	CPT	outpatient			1229		704.94 United	Oxford		1782				378.53		2395.98 case rate	
ESOPHAGOGASTRIC MANOMETRIC STD	91020	CPT	outpatient			1229		704.94 United	Commercial|PPO		1782				378.53		2395.98 case rate	
ESOPHAGOGASTRIC MANOMETRIC STD	91020	CPT	outpatient			1229		704.94 Wellcare	Medicare		612.99				378.53		2395.98 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOGASTRIC MANOMETRIC STD	91020	CPT	outpatient			1229		704.94 Wellcare	Medicaid		387.75	31.55			378.53		2395.98 percent of total billed charges	
ESOPHAGOGASTRIC MANOMETRIC STD	91020	CPT	outpatient			1229		704.94 WellPoint	WellPoint		395.49	32.18			378.53		2395.98 percent of total billed charges	
ESOPHAGUS (BERNSTEIN TEST)	91030	CPT	outpatient			1517		704.94 Aetna	Commercial		975.88				75.69		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGUS (BERNSTEIN TEST)	91030	CPT	outpatient			1517		704.94 Aetna	Better Health		478.61	31.55			75.69		1782 percent of total billed charges	
ESOPHAGUS (BERNSTEIN TEST)	91030	CPT	outpatient			1517		704.94 Aetna	Medicare		467.24	30.8			75.69		1782 percent of total billed charges	
ESOPHAGUS (BERNSTEIN TEST)	91030	CPT	outpatient			1517		704.94 Americare	Americare		1137.75	75			75.69		1782 percent of total billed charges	
ESOPHAGUS (BERNSTEIN TEST)	91030	CPT	outpatient			1517		704.94 Amerihealth	HMO/PPO		986.05	65			75.69		1782 percent of total billed charges	
ESOPHAGUS (BERNSTEIN TEST)	91030	CPT	outpatient			1517		704.94 Amerihealth	Medicare		612.99				75.69		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGUS (BERNSTEIN TEST)	91030	CPT	outpatient			1517		704.94 Consumer	Consumer		1441.15	95			75.69		1782 percent of total billed charges	
ESOPHAGUS (BERNSTEIN TEST)	91030	CPT	outpatient			1517		704.94 Corrections	Corrections		1213.6	80			75.69		1782 percent of total billed charges	
ESOPHAGUS (BERNSTEIN TEST)	91030	CPT	outpatient			1517		704.94 First Health	First Health		1061.9	70			75.69		1782 percent of total billed charges	
ESOPHAGUS (BERNSTEIN TEST)	91030	CPT	outpatient			1517		704.94 First Trenton	First Trenton		1365.3	90			75.69		1782 percent of total billed charges	
ESOPHAGUS (BERNSTEIN TEST)	91030	CPT	outpatient			1517		704.94 Horizon	MGD		1140.77				75.69		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGUS (BERNSTEIN TEST)	91030	CPT	outpatient			1517		704.94 Horizon	Indemnity		1140.77				75.69		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGUS (BERNSTEIN TEST)	91030	CPT	outpatient			1517		704.94 Horizon	NJ Health		75.69				75.69		1782 fee schedule	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.															
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true														
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ESOPHAGUS (BERNSTEIN TEST)	91030	CPT	outpatient			1517		704.94 Horizon	PPO		1140.77				75.69	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
ESOPHAGUS (BERNSTEIN TEST)	91030	CPT	outpatient			1517		704.94 Horizon	Medicare Blue		612.99				75.69	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
ESOPHAGUS (BERNSTEIN TEST)	91030	CPT	outpatient			1517		704.94 Managed Care Inc	Managed Care Inc		1365.3	90			75.69	1782	percent of total billed charges		
ESOPHAGUS (BERNSTEIN TEST)	91030	CPT	outpatient			1517		704.94 Multiplan	Multiplan		1213.6	80			75.69	1782	percent of total billed charges		
ESOPHAGUS (BERNSTEIN TEST)	91030	CPT	outpatient			1517		704.94 Qualcare	Qualcare		1137.75	75			75.69	1782	percent of total billed charges		
ESOPHAGUS (BERNSTEIN TEST)	91030	CPT	outpatient			1517		704.94 Three Rivers	Three Rivers		1441.15	95			75.69	1782	percent of total billed charges		
ESOPHAGUS (BERNSTEIN TEST)	91030	CPT	outpatient			1517		704.94 UHC	Medicare		612.99				75.69	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
ESOPHAGUS (BERNSTEIN TEST)	91030	CPT	outpatient			1517		704.94 UHC	Medicaid		478.61	31.55			75.69	1782	percent of total billed charges		
ESOPHAGUS (BERNSTEIN TEST)	91030	CPT	outpatient			1517		704.94 United	Oxford		1782				75.69	1782	case rate		
ESOPHAGUS (BERNSTEIN TEST)	91030	CPT	outpatient			1517		704.94 United	Commercial|PPO		1782				75.69	1782	case rate		
ESOPHAGUS (BERNSTEIN TEST)	91030	CPT	outpatient			1517		704.94 Wellcare	Medicare		612.99				75.69	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
ESOPHAGUS (BERNSTEIN TEST)	91030	CPT	outpatient			1517		704.94 Wellcare	Medicaid		478.61	31.55			75.69	1782	percent of total billed charges		
ESOPHAGUS (BERNSTEIN TEST)	91030	CPT	outpatient			1517		704.94 WellPoint	WellPoint		488.17	32.18			75.69	1782	percent of total billed charges		
ESOPHAGUS,ACID REFLUX TEST	91034	CPT	outpatient			1100		704.94 Aetna	Commercial		975.88				347.05	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
ESOPHAGUS,ACID REFLUX TEST	91034	CPT	outpatient			1100		704.94 Aetna	Medicare		612.99				347.05	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
ESOPHAGUS,ACID REFLUX TEST	91034	CPT	outpatient			1100		704.94 Aetna	Better Health		347.05	31.55			347.05	1782	percent of total billed charges		
ESOPHAGUS,ACID REFLUX TEST	91034	CPT	outpatient			1100		704.94 Americare	Americare		825	75			347.05	1782	percent of total billed charges		
ESOPHAGUS,ACID REFLUX TEST	91034	CPT	outpatient			1100		704.94 Amerihealth	HMO|PPO		715	65			347.05	1782	percent of total billed charges		
ESOPHAGUS,ACID REFLUX TEST	91034	CPT	outpatient			1100		704.94 Amerihealth	Medicare		612.99				347.05	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
ESOPHAGUS,ACID REFLUX TEST	91034	CPT	outpatient			1100		704.94 Consumer	Consumer		1045	95			347.05	1782	percent of total billed charges		
ESOPHAGUS,ACID REFLUX TEST	91034	CPT	outpatient			1100		704.94 Corrections	Corrections		880	80			347.05	1782	percent of total billed charges		
ESOPHAGUS,ACID REFLUX TEST	91034	CPT	outpatient			1100		704.94 First Health	First Health		770	70			347.05	1782	percent of total billed charges		
ESOPHAGUS,ACID REFLUX TEST	91034	CPT	outpatient			1100		704.94 First Trenton	First Trenton		990	90			347.05	1782	percent of total billed charges		
ESOPHAGUS,ACID REFLUX TEST	91034	CPT	outpatient			1100		704.94 Horizon	MGD		1140.77				347.05	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
ESOPHAGUS,ACID REFLUX TEST	91034	CPT	outpatient			1100		704.94 Horizon	Medicare Blue		612.99				347.05	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
ESOPHAGUS,ACID REFLUX TEST	91034	CPT	outpatient			1100		704.94 Horizon	PPO		1140.77				347.05	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
ESOPHAGUS,ACID REFLUX TEST	91034	CPT	outpatient			1100		704.94 Horizon	Indemnity		1140.77				347.05	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
ESOPHAGUS,ACID REFLUX TEST	91034	CPT	outpatient			1100		704.94 Horizon	NJ Health		1458.99				347.05	1782	fee schedule		
ESOPHAGUS,ACID REFLUX TEST	91034	CPT	outpatient			1100		704.94 Managed Care Inc	Managed Care Inc		990	90			347.05	1782	percent of total billed charges		
ESOPHAGUS,ACID REFLUX TEST	91034	CPT	outpatient			1100		704.94 Multiplan	Multiplan		880	80			347.05	1782	percent of total billed charges		
ESOPHAGUS,ACID REFLUX TEST	91034	CPT	outpatient			1100		704.94 Qualcare	Qualcare		825	75			347.05	1782	percent of total billed charges		
ESOPHAGUS,ACID REFLUX TEST	91034	CPT	outpatient			1100		704.94 Three Rivers	Three Rivers		1045	95			347.05	1782	percent of total billed charges		
ESOPHAGUS,ACID REFLUX TEST	91034	CPT	outpatient			1100		704.94 UHC	Medicaid		347.05	31.55			347.05	1782	percent of total billed charges		
ESOPHAGUS,ACID REFLUX TEST	91034	CPT	outpatient			1100		704.94 UHC	Medicare		612.99				347.05	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
ESOPHAGUS,ACID REFLUX TEST	91034	CPT	outpatient			1100		704.94 United	Oxford		1782				347.05	1782	case rate		
ESOPHAGUS,ACID REFLUX TEST	91034	CPT	outpatient			1100		704.94 United	Commercial|PPO		1782				347.05	1782	case rate		
ESOPHAGUS,ACID REFLUX TEST	91034	CPT	outpatient			1100		704.94 Wellcare	Medicare		612.99				347.05	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
ESOPHAGUS,ACID REFLUX TEST	91034	CPT	outpatient			1100		704.94 Wellcare	Medicaid		347.05	31.55			347.05	1782	percent of total billed charges		
ESOPHAGUS,ACID REFLUX TEST	91034	CPT	outpatient			1100		704.94 WellPoint	WellPoint		353.98	32.18			347.05	1782	percent of total billed charges		
ESOPHAGEAL PH MONITORING(24HRS)	91035	CPT	outpatient			1895		704.94 Aetna	Medicare		612.99				472.41	1800.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
ESOPHAGEAL PH MONITORING(24HRS)	91035	CPT	outpatient			1895		704.94 Aetna	Better Health		597.87	31.55			472.41	1800.25	percent of total billed charges		
ESOPHAGEAL PH MONITORING(24HRS)	91035	CPT	outpatient			1895		704.94 Aetna	Commercial		975.88				472.41	1800.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
ESOPHAGEAL PH MONITORING(24HRS)	91035	CPT	outpatient			1895		704.94 Americare	Americare		1421.25	75			472.41	1800.25	percent of total billed charges		
ESOPHAGEAL PH MONITORING(24HRS)	91035	CPT	outpatient			1895		704.94 Amerihealth	Medicare		612.99				472.41	1800.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
ESOPHAGEAL PH MONITORING(24HRS)	91035	CPT	outpatient			1895		704.94 Amerihealth	HMO|PPO		1231.75	65			472.41	1800.25	percent of total billed charges		
ESOPHAGEAL PH MONITORING(24HRS)	91035	CPT	outpatient			1895		704.94 Consumer	Consumer		1800.25	95			472.41	1800.25	percent of total billed charges		
ESOPHAGEAL PH MONITORING(24HRS)	91035	CPT	outpatient			1895		704.94 Corrections	Corrections		1516	80			472.41	1800.25	percent of total billed charges		
ESOPHAGEAL PH MONITORING(24HRS)	91035	CPT	outpatient			1895		704.94 First Health	First Health		1326.5	70			472.41	1800.25	percent of total billed charges		
ESOPHAGEAL PH MONITORING(24HRS)	91035	CPT	outpatient			1895		704.94 First Trenton	First Trenton		1705.5	90			472.41	1800.25	percent of total billed charges		
ESOPHAGEAL PH MONITORING(24HRS)	91035	CPT	outpatient			1895		704.94 Horizon	NJ Health		472.41				472.41	1800.25	fee schedule		
ESOPHAGEAL PH MONITORING(24HRS)	91035	CPT	outpatient			1895		704.94 Horizon	Indemnity		1140.77				472.41	1800.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
ESOPHAGEAL PH MONITORING(24HRS)	91035	CPT	outpatient			1895		704.94 Horizon	Medicare Blue		612.99				472.41	1800.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
ESOPHAGEAL PH MONITORING(24HRS)	91035	CPT	outpatient			1895		704.94 Horizon	PPO		1140.77				472.41	1800.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
ESOPHAGEAL PH MONITORING(24HRS)	91035	CPT	outpatient			1895		704.94 Horizon	MGD		1140.77				472.41	1800.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
ESOPHAGEAL PH MONITORING(24HRS)	91035	CPT	outpatient			1895		704.94 Managed Care Inc	Managed Care Inc		1705.5	90			472.41	1800.25	percent of total billed charges		
ESOPHAGEAL PH MONITORING(24HRS)	91035	CPT	outpatient			1895		704.94 Multiplan	Multiplan		1516	80			472.41	1800.25	percent of total billed charges		
ESOPHAGEAL PH MONITORING(24HRS)	91035	CPT	outpatient			1895		704.94 Qualcare	Qualcare		1421.25	75			472.41	1800.25	percent of total billed charges		
ESOPHAGEAL PH MONITORING(24HRS)	91035	CPT	outpatient			1895		704.94 Three Rivers	Three Rivers		1800.25	95			472.41	1800.25	percent of total billed charges		
ESOPHAGEAL PH MONITORING(24HRS)	91035	CPT	outpatient			1895		704.94 UHC	Medicare		612.99				472.41	1800.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
ESOPHAGEAL PH MONITORING(24HRS)	91035	CPT	outpatient			1895		704.94 UHC	Medicaid		597.87	31.55			472.41	1800.25	percent of total billed charges		
ESOPHAGEAL PH MONITORING(24HRS)	91035	CPT	outpatient			1895		704.94 United	Commercial|PPO		1782				472.41	1800.25	case rate		
ESOPHAGEAL PH MONITORING(24HRS)	91035	CPT	outpatient			1895		704.94 United	Oxford		1782				472.41	1800.25	case rate		
ESOPHAGEAL PH MONITORING(24HRS)	91035	CPT	outpatient			1895		704.94 Wellcare	Medicare		612.99				472.41	1800.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
ESOPHAGEAL PH MONITORING(24HRS)	91035	CPT	outpatient			1895		704.94 Wellcare	Medicaid		597.87	31.55			472.41	1800.25	percent of total billed charges		
ESOPHAGEAL PH MONITORING(24HRS)	91035	CPT	outpatient			1895		704.94 WellPoint	WellPoint		609.81	32.18			472.41	1800.25	percent of total billed charges		
ESOPH IMPED FUNCTION TEST	91037	CPT	outpatient			1255		412.82 Aetna	Better Health		395.95	31.55			217.05	1782	percent of total billed charges		
ESOPH IMPED FUNCTION TEST	91037	CPT	outpatient			1255		412.82 Aetna	Medicare		386.54	30.8			217.05	1782	percent of total billed charges		
ESOPH IMPED FUNCTION TEST	91037	CPT	outpatient			1255		412.82 Aetna	Commercial		571.48				217.05	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
ESOPH IMPED FUNCTION TEST	91037	CPT	outpatient			1255		412.82 Americare	Americare		941.25	75			217.05	1782	percent of total billed charges		
ESOPH IMPED FUNCTION TEST	91037	CPT	outpatient			1255		412.82 Amerihealth	HMO|PPO		815.75	65			217.05	1782	percent of total billed charges		
ESOPH IMPED FUNCTION TEST	91037	CPT	outpatient			1255		412.82 Amerihealth	Medicare		358.97				217.05	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
ESOPH IMPED FUNCTION TEST	91037	CPT	outpatient			1255		412.82 Consumer	Consumer		1192.25	95			217.05	1782	percent of total billed charges		
ESOPH IMPED FUNCTION TEST	91037	CPT	outpatient			1255		412.82 Corrections	Corrections		1004	80			217.05	1782	percent of total billed charges		
ESOPH IMPED FUNCTION TEST	91037	CPT	outpatient			1255		412.82 First Health	First Health		878.5	70			217.05	1782	percent of total billed charges		
ESOPH IMPED FUNCTION TEST	91037	CPT	outpatient			1255		412.82 First Trenton	First Trenton		1129.5	90			217.05	1782	percent of total billed charges		
ESOPH IMPED FUNCTION TEST	91037	CPT	outpatient			1255		412.82 Horizon	PPO		668.04				217.05	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
ESOPH IMPED FUNCTION TEST	91037	CPT	outpatient			1255		412.82 Horizon	MGD		668.04				217.05	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
ESOPH IMPED FUNCTION TEST	91037	CPT	outpatient			1255		412.82 Horizon	NJ Health		217.05				217.05	1782	fee schedule		
ESOPH IMPED FUNCTION TEST	91037	CPT	outpatient			1255		412.82 Horizon	Medicare Blue		358.97				217.05	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
ESOPH IMPED FUNCTION TEST	91037	CPT	outpatient			1255		412.82 Horizon	Indemnity		668.04				217.05	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
ESOPH IMPED FUNCTION TEST	91037	CPT	outpatient			1255		412.82 Managed Care Inc	Managed Care Inc		1129.5	90			217.05	1782	percent of total billed charges		
ESOPH IMPED FUNCTION TEST	91037	CPT	outpatient			1255		412.82 Multiplan	Multiplan		1004	80			217.05	1782	percent of total billed charges		
ESOPH IMPED FUNCTION TEST	91037	CPT	outpatient			1255		412.82 Qualcare	Qualcare		941.25	75			217.05	1782	percent of total billed charges		
ESOPH IMPED FUNCTION TEST	91037	CPT	outpatient			1255		412.82 Three Rivers	Three Rivers		1192.25	95			217.05	1782	percent of total billed charges		
ESOPH IMPED FUNCTION TEST	91037	CPT	outpatient			1255		412.82 UHC	Medicaid		395.95	31.55			217.05	1782	percent of total billed charges		
ESOPH IMPED FUNCTION TEST	91037	CPT	outpatient			1255		412.82 UHC	Medicare		358.97				217.05	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
ESOPH IMPED FUNCTION TEST	91037	CPT	outpatient			1255		412.82 United	Commercial|PPO		1782				217.05	1782	case rate		
ESOPH IMPED FUNCTION TEST	91037	CPT	outpatient			1255		412.82 United	Oxford		1782				217.05	1782	case rate		
ESOPH IMPED FUNCTION TEST	91037	CPT	outpatient			1255		412.82 Wellcare	Medicare		358.97				217.05	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
ESOPH IMPED FUNCTION TEST	91037	CPT	outpatient			1255		412.82 Wellcare	Medicaid		395.95	31.55			217.05	1782	percent of total billed charges		
ESOPH IMPED FUNCTION TEST	91037	CPT	outpatient			1255		412.82 WellPoint	WellPoint		403.86	32.18			217.05	1782	percent of total billed charges		
ESOPH IMPED FUNCT TEST> 1H	91038	CPT	outpatient			1255		704.94 Aetna	Commercial		975.88				395.95	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
ESOPH IMPED FUNCT TEST> 1H	91038	CPT	outpatient			1255		704.94 Aetna	Medicare		612.99				395.95	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
ESOPH IMPED FUNCT TEST> 1H	91038	CPT	outpatient			1255		704.94 Aetna	Better Health		395.95	31.55			395.95	1782	percent of total billed charges		
ESOPH IMPED FUNCT TEST> 1H	91038	CPT	outpatient			1255		704.94 Americare	Americare		941.25	75			395.95	1782	percent of total billed charges		
ESOPH IMPED FUNCT TEST> 1H	91038	CPT	outpatient			1255		704.94 Amerihealth	HMO|PPO		815.75	65			395.95	1782	percent of total billed charges		
ESOPH IMPED FUNCT TEST> 1H	91038	CPT	outpatient			1255		704.94 Amerihealth	Medicare		612.99				395.95	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
ESOPH IMPED FUNCT TEST> 1H	91038	CPT	outpatient			1255		704.94 Consumer	Consumer		1192.25	95			395.95	1782	percent of total billed charges		
ESOPH IMPED FUNCT TEST> 1H	91038	CPT	outpatient			1255		704.94 Corrections	Corrections		1004	80			395.95	1782	percent of total billed charges		
ESOPH IMPED FUNCT TEST> 1H	91038	CPT	outpatient			1255		704.94 First Health	First Health		878.5	70			395.95	1782	percent of total billed charges		
ESOPH IMPED FUNCT TEST> 1H	91038	CPT	outpatient			1255		704.94 First Trenton	First Trenton		1129.5	90			395.95	1782	percent of total billed charges		
ESOPH IMPED FUNCT TEST> 1H	91038	CPT	outpatient			1255		704.94 Horizon	Indemnity		1140.77				395.95	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
ESOPH IMPED FUNCT TEST> 1H	91038	CPT	outpatient			1255		704.94 Horizon	MGD		1140.77				395.95	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
ESOPH IMPED FUNCT TEST> 1H	91038	CPT	outpatient			1255		704.94 Horizon	Medicare Blue		612.99				395.95	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
ESOPH IMPED FUNCT TEST> 1H	91038	CPT	outpatient			1255		704.94 Horizon	NJ Health		756.25				395.95	1782	fee schedule		
ESOPH IMPED FUNCT TEST> 1H	91038	CPT	outpatient			1255		704.94 Horizon	PPO		1140.77				395.95	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
ESOPH IMPED FUNCT TEST> 1H	91038	CPT	outpatient			1255		704.94 Managed Care Inc	Managed Care Inc		1129.5	90			395.95	1782	percent of total billed charges		
ESOPH IMPED FUNCT TEST> 1H	91038	CPT	outpatient			1255		704.94 Multiplan	Multiplan		1004	80			395.95	1782	percent of total billed charges		
ESOPH IMPED FUNCT TEST> 1H	91038	CPT	outpatient			1255		704.94 Qualcare	Qualcare		941.25	75			395.95	1782	percent of total billed charges		
ESOPH IMPED FUNCT TEST> 1H	91038	CPT	outpatient			1255		704.94 Three Rivers	Three Rivers		1192.25	95			395.95	1782	percent of total billed charges		
ESOPH IMPED FUNCT TEST> 1H	91038	CPT	outpatient			1255		704.94 UHC	Medicare		612.99				395.95	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
ESOPH IMPED FUNCT TEST> 1H	91038	CPT	outpatient			1255		704.94 UHC	Medicaid		395.95	31.55			395.95	1782	percent of total billed charges		
ESOPH IMPED FUNCT TEST> 1H	91038	CPT	outpatient			1255		704.94 United	Oxford		1782				395.95	1782	case rate		
ESOPH IMPED FUNCT TEST> 1H	91038	CPT	outpatient			1255		704.94 United	Commercial|PPO		1782				395.95	1782	case rate		
ESOPH IMPED FUNCT TEST> 1H	91038	CPT	outpatient			1255		704.94 Wellcare	Medicare		612.99				395.95	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
ESOPH IMPED FUNCT TEST> 1H	91038	CPT	outpatient			1255		704.94 Wellcare	Medicaid		395.95	31.55			395.95	1782	percent of total billed charges		
ESOPH IMPED FUNCT TEST> 1H	91038	CPT	outpatient			1255		704.94 WellPoint	WellPoint		403.86	32.18			395.95	1782	percent of total billed charges		
ESOPH BALLOON DISTENSION IST	91040	CPT	outpatient			1866		704.94 Aetna	Better Health		588.72	31.55			588.72	1782	percent of total billed charges		
ESOPH BALLOON DISTENSION IST	91040	CPT	outpatient			1866		704.94 Aetna	Commercial		975.88				588.72	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
ESOPH BALLOON DISTENSION IST	91040	CPT	outpatient			1866		704.94 Aetna	Medicare		612.99				588.72	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
ESOPH BALLOON DISTENSION IST	91040	CPT	outpatient			1866		704.94 Americare	Americare		1399.5	75			588.72	1782	percent of total billed charges		
ESOPH BALLOON DISTENSION IST	91040	CPT	outpatient			1866		704.94 Amerihealth	Medicare		612.99				588.72	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
ESOPH BALLOON DISTENSION IST	91040	CPT	outpatient			1866		704.94 Amerihealth	HMO|PPO		1212.9	65			588.72	1782	percent of total billed charges		
ESOPH BALLOON DISTENSION IST	91040	CPT	outpatient			1866		704.94 Consumer	Consumer		1772.7	95			588.72	1782	percent of total billed charges		
ESOPH BALLOON DISTENSION IST	91040	CPT	outpatient			1866		704.94 Corrections	Corrections		1492.8	80			588.72	1782	percent of total billed charges		
ESOPH BALLOON DISTENSION IST	91040	CPT	outpatient			1866		704.94 First Health	First Health		1306.2	70			588.72	1782	percent of total billed charges		
ESOPH BALLOON DISTENSION IST	91040	CPT	outpatient			1866		704.94 First Trenton	First Trenton		1679.4	90			588.72	1782	percent of total billed charges		
ESOPH BALLOON DISTENSION IST	91040	CPT	outpatient			1866		704.94 Horizon	Indemnity		1140.77				588.72	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
ESOPH BALLOON DISTENSION IST	91040	CPT	outpatient			1866		704.94 Horizon	MGD		1140.77				588.72	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
ESOPH BALLOON DISTENSION IST	91040	CPT	outpatient			1866		704.94 Horizon	PPO		1140.77				588.72	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
ESOPH BALLOON DISTENSION IST	91040	CPT	outpatient			1866		704.94 Horizon	Medicare Blue		612.99				588.72	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
ESOPH BALLOON DISTENSION IST	91040	CPT	outpatient			1866		704.94 Horizon	NJ Health		1293.96				588.72	1782	fee schedule		
ESOPH BALLOON DISTENSION IST	91040	CPT	outpatient			1866		704.94 Managed Care Inc	Managed Care Inc		1679.4	90			588.72	1782	percent of total billed charges		
ESOPH BALLOON DISTENSION IST	91040	CPT	outpatient			1866		704.94 Multiplan	Multiplan		1492.8	80			588.72	1782	percent of total billed charges		
ESOPH BALLOON DISTENSION IST	91040	CPT	outpatient			1866		704.94 Qualcare	Qualcare		1399.5	75			588.72	1782	percent of total billed charges		
ESOPH BALLOON DISTENSION IST	91040	CPT	outpatient			1866		704.94 Three Rivers	Three Rivers		1772.7	95			588.72	1782	percent of total billed charges		
ESOPH BALLOON DISTENSION IST	91040	CPT	outpatient			1866		704.94 UHC	Medicare		612.99				588.72	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
ESOPH BALLOON DISTENSION IST	91040	CPT	outpatient			1866		704.94 UHC	Medicaid		586.72	31.55			588.72	1782	percent of total billed charges		
ESOPH BALLOON DISTENSION IST	91040	CPT	outpatient			1866		704.94 United	Commercial|PPO		1782				588.72	1782	case rate		
ESOPH BALLOON DISTENSION IST	91040	CPT	outpatient			1866		704.94 United	Oxford		1782				588.72	1782	case rate		
ESOPH BALLOON DISTENSION IST	91040	CPT	outpatient			1866		704.94 Wellcare	Medicaid		586.72	31.55			588.72	1782	percent of total billed charges		
ESOPH BALLOON DISTENSION IST	91040	CPT	outpatient			1866		704.94 Wellcare	Medicare		612.99				588.72	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
ESOPH BALLOON DISTENSION IST	91040	CPT	outpatient			1866		704.94 WellPoint	WellPoint		600.48	32.18			588.72	1782	percent of total billed charges		
BREATH HYDROGEN TEST	91065	CPT	outpatient			643		205.45 Aetna	Commercial		284.41				167.85	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
BREATH HYDROGEN TEST	91065	CPT	outpatient			643		205.45 Aetna	Better Health		202.87	31.55			167.85	1782	percent of total billed charges		
BREATH HYDROGEN TEST	91065	CPT	outpatient			643		205.45 Aetna	Medicare		178.65				167.85	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
BREATH HYDROGEN TEST	91065	CPT	outpatient			643		205.45 Americare	Americare		482.25	75			167.85	1782	percent of total billed charges		
BREATH HYDROGEN TEST	91065	CPT	outpatient			643		205.45 Amerihealth	HMO|PPO		417.95	65			167.85	1782	percent of total billed charges		

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
BREATH HYDROGEN TEST	91065	CPT	outpatient			643		205.45 Amerihealth	Medicare		178.65				167.85	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BREATH HYDROGEN TEST	91065	CPT	outpatient			643		205.45 Consumer	Consumer		610.85	95			167.85	1782	percent of total billed charges	
BREATH HYDROGEN TEST	91065	CPT	outpatient			643		205.45 Corrections	Corrections		514.4	80			167.85	1782	percent of total billed charges	
BREATH HYDROGEN TEST	91065	CPT	outpatient			643		205.45 First Health	First Health		450.1	70			167.85	1782	percent of total billed charges	
BREATH HYDROGEN TEST	91065	CPT	outpatient			643		205.45 First Trenton	First Trenton		578.7	90			167.85	1782	percent of total billed charges	
BREATH HYDROGEN TEST	91065	CPT	outpatient			643		205.45 Horizon	NJ Health		595.08				167.85	1782	fee schedule	
BREATH HYDROGEN TEST	91065	CPT	outpatient			643		205.45 Horizon	MGD		332.47				167.85	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BREATH HYDROGEN TEST	91065	CPT	outpatient			643		205.45 Horizon	Indemnity		332.47				167.85	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BREATH HYDROGEN TEST	91065	CPT	outpatient			643		205.45 Horizon	PPO		332.47				167.85	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BREATH HYDROGEN TEST	91065	CPT	outpatient			643		205.45 Horizon	Medicare Blue		178.65				167.85	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BREATH HYDROGEN TEST	91065	CPT	outpatient			643		205.45 Managed Care Inc	Managed Care Inc		578.7	90			167.85	1782	percent of total billed charges	
BREATH HYDROGEN TEST	91065	CPT	outpatient			643		205.45 Multiplan	Multiplan		514.4	80			167.85	1782	percent of total billed charges	
BREATH HYDROGEN TEST	91065	CPT	outpatient			643		205.45 Qualcare	Qualcare		482.25	75			167.85	1782	percent of total billed charges	
BREATH HYDROGEN TEST	91065	CPT	outpatient			643		205.45 Three Rivers	Three Rivers		610.85	95			167.85	1782	percent of total billed charges	
BREATH HYDROGEN TEST	91065	CPT	outpatient			643		205.45 UHC	Medicaid		202.87	31.55			167.85	1782	percent of total billed charges	
BREATH HYDROGEN TEST	91065	CPT	outpatient			643		205.45 UHC	Medicare		178.65				167.85	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BREATH HYDROGEN TEST	91065	CPT	outpatient			643		205.45 United	CommercialPPO		1782				167.85	1782	case rate	
BREATH HYDROGEN TEST	91065	CPT	outpatient			643		205.45 United	Oxford		1782				167.85	1782	case rate	
BREATH HYDROGEN TEST	91065	CPT	outpatient			643		205.45 Wellcare	Medicaid		202.87	31.55			167.85	1782	percent of total billed charges	
BREATH HYDROGEN TEST	91065	CPT	outpatient			643		205.45 Wellcare	Medicare		178.65				167.85	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BREATH HYDROGEN TEST	91065	CPT	outpatient			643		205.45 WellPoint	WellPoint		206.92	32.18			167.85	1782	percent of total billed charges	
GASTROINTE TRACT IMAGING (CAPSULE ENDOS	91110	CPT	outpatient			5305		1192.23 Aetna	Commercial		1650.46				1036.72	5039.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GASTROINTE TRACT IMAGING (CAPSULE ENDOS	91110	CPT	outpatient			5305		1192.23 Aetna	Better Health		1673.73	31.55			1036.72	5039.75	percent of total billed charges	
GASTROINTE TRACT IMAGING (CAPSULE ENDOS	91110	CPT	outpatient			5305		1192.23 Aetna	Medicare		1036.72				1036.72	5039.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GASTROINTE TRACT IMAGING (CAPSULE ENDOS	91110	CPT	outpatient			5305		1192.23 Americare	Americare		3978.75	75			1036.72	5039.75	percent of total billed charges	
GASTROINTE TRACT IMAGING (CAPSULE ENDOS	91110	CPT	outpatient			5305		1192.23 Amerihealth	Medicare		1036.72				1036.72	5039.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GASTROINTE TRACT IMAGING (CAPSULE ENDOS	91110	CPT	outpatient			5305		1192.23 Amerihealth	HMO/PPO		3448.25	65			1036.72	5039.75	percent of total billed charges	
GASTROINTE TRACT IMAGING (CAPSULE ENDOS	91110	CPT	outpatient			5305		1192.23 Consumer	Consumer		5039.75	95			1036.72	5039.75	percent of total billed charges	
GASTROINTE TRACT IMAGING (CAPSULE ENDOS	91110	CPT	outpatient			5305		1192.23 Corrections	Corrections		4244	80			1036.72	5039.75	percent of total billed charges	
GASTROINTE TRACT IMAGING (CAPSULE ENDOS	91110	CPT	outpatient			5305		1192.23 First Health	First Health		3713.5	70			1036.72	5039.75	percent of total billed charges	
GASTROINTE TRACT IMAGING (CAPSULE ENDOS	91110	CPT	outpatient			5305		1192.23 First Trenton	First Trenton		4774.5	90			1036.72	5039.75	percent of total billed charges	
GASTROINTE TRACT IMAGING (CAPSULE ENDOS	91110	CPT	outpatient			5305		1192.23 Horizon	PPO		1929.34				1036.72	5039.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GASTROINTE TRACT IMAGING (CAPSULE ENDOS	91110	CPT	outpatient			5305		1192.23 Horizon	Indemnity		1929.34				1036.72	5039.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GASTROINTE TRACT IMAGING (CAPSULE ENDOS	91110	CPT	outpatient			5305		1192.23 Horizon	MGD		1929.34				1036.72	5039.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GASTROINTE TRACT IMAGING (CAPSULE ENDOS	91110	CPT	outpatient			5305		1192.23 Horizon	Medicare Blue		1036.72				1036.72	5039.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GASTROINTE TRACT IMAGING (CAPSULE ENDOS	91110	CPT	outpatient			5305		1192.23 Horizon	NJ Health		1746.09				1036.72	5039.75	fee schedule	
GASTROINTE TRACT IMAGING (CAPSULE ENDOS	91110	CPT	outpatient			5305		1192.23 Managed Care Inc	Managed Care Inc		4774.5	90			1036.72	5039.75	percent of total billed charges	
GASTROINTE TRACT IMAGING (CAPSULE ENDOS	91110	CPT	outpatient			5305		1192.23 Multiplan	Multiplan		4244	80			1036.72	5039.75	percent of total billed charges	
GASTROINTE TRACT IMAGING (CAPSULE ENDOS	91110	CPT	outpatient			5305		1192.23 Qualcare	Qualcare		3978.75	75			1036.72	5039.75	percent of total billed charges	
GASTROINTE TRACT IMAGING (CAPSULE ENDOS	91110	CPT	outpatient			5305		1192.23 Three Rivers	Three Rivers		5039.75	95			1036.72	5039.75	percent of total billed charges	
GASTROINTE TRACT IMAGING (CAPSULE ENDOS	91110	CPT	outpatient			5305		1192.23 UHC	Medicare		1036.72				1036.72	5039.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GASTROINTE TRACT IMAGING (CAPSULE ENDOS	91110	CPT	outpatient			5305		1192.23 UHC	Medicaid		1673.73	31.55			1036.72	5039.75	percent of total billed charges	
GASTROINTE TRACT IMAGING (CAPSULE ENDOS	91110	CPT	outpatient			5305		1192.23 United	CommercialPPO		2493				1036.72	5039.75	case rate	
GASTROINTE TRACT IMAGING (CAPSULE ENDOS	91110	CPT	outpatient			5305		1192.23 United	Oxford		2493				1036.72	5039.75	case rate	
GASTROINTE TRACT IMAGING (CAPSULE ENDOS	91110	CPT	outpatient			5305		1192.23 Wellcare	Medicare		1036.72				1036.72	5039.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GASTROINTE TRACT IMAGING (CAPSULE ENDOS	91110	CPT	outpatient			5305		1192.23 Wellcare	Medicaid		1673.73	31.55			1036.72	5039.75	percent of total billed charges	
GASTROINTE TRACT IMAGING (CAPSULE ENDOS	91110	CPT	outpatient			5305		1192.23 WellPoint	WellPoint		1707.15	32.18			1036.72	5039.75	percent of total billed charges	
GI TRACT ESOPH CAPSULE ENDO	91111	CPT	outpatient			4549		1192.23 Aetna	Medicare		1036.72				1036.72	4321.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GI TRACT ESOPH CAPSULE ENDO	91111	CPT	outpatient			4549		1192.23 Aetna	Commercial		1650.46				1036.72	4321.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GI TRACT ESOPH CAPSULE ENDO	91111	CPT	outpatient			4549		1192.23 Aetna	Better Health		1435.21	31.55			1036.72	4321.55	percent of total billed charges	
GI TRACT ESOPH CAPSULE ENDO	91111	CPT	outpatient			4549		1192.23 Americare	Americare		3411.75	75			1036.72	4321.55	percent of total billed charges	
GI TRACT ESOPH CAPSULE ENDO	91111	CPT	outpatient			4549		1192.23 Amerihealth	Medicare		1036.72				1036.72	4321.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GI TRACT ESOPH CAPSULE ENDO	91111	CPT	outpatient			4549		1192.23 Amerihealth	HMO/PPO		2956.85	65			1036.72	4321.55	percent of total billed charges	
GI TRACT ESOPH CAPSULE ENDO	91111	CPT	outpatient			4549		1192.23 Consumer	Consumer		4321.55	95			1036.72	4321.55	percent of total billed charges	
GI TRACT ESOPH CAPSULE ENDO	91111	CPT	outpatient			4549		1192.23 Corrections	Corrections		3639.2	80			1036.72	4321.55	percent of total billed charges	
GI TRACT ESOPH CAPSULE ENDO	91111	CPT	outpatient			4549		1192.23 First Health	First Health		3184.3	70			1036.72	4321.55	percent of total billed charges	
GI TRACT ESOPH CAPSULE ENDO	91111	CPT	outpatient			4549		1192.23 First Trenton	First Trenton		4094.1	90			1036.72	4321.55	percent of total billed charges	
GI TRACT ESOPH CAPSULE ENDO	91111	CPT	outpatient			4549		1192.23 Horizon	Indemnity		1929.34				1036.72	4321.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GI TRACT ESOPH CAPSULE ENDO	91111	CPT	outpatient			4549		1192.23 Horizon	Medicare Blue		1036.72				1036.72	4321.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GI TRACT ESOPH CAPSULE ENDO	91111	CPT	outpatient			4549		1192.23 Horizon	PPO		1929.34				1036.72	4321.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GI TRACT ESOPH CAPSULE ENDO	91111	CPT	outpatient			4549		1192.23 Horizon	MGD		1929.34				1036.72	4321.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GI TRACT ESOPH CAPSULE ENDO	91111	CPT	outpatient			4549		1192.23 Horizon	NJ Health		1201.64				1036.72	4321.55	fee schedule	
GI TRACT ESOPH CAPSULE ENDO	91111	CPT	outpatient			4549		1192.23 Managed Care Inc	Managed Care Inc		4094.1	90			1036.72	4321.55	percent of total billed charges	
GI TRACT ESOPH CAPSULE ENDO	91111	CPT	outpatient			4549		1192.23 Multiplan	Multiplan		3639.2	80			1036.72	4321.55	percent of total billed charges	
GI TRACT ESOPH CAPSULE ENDO	91111	CPT	outpatient			4549		1192.23 Qualcare	Qualcare		3411.75	75			1036.72	4321.55	percent of total billed charges	
GI TRACT ESOPH CAPSULE ENDO	91111	CPT	outpatient			4549		1192.23 Three Rivers	Three Rivers		4321.55	95			1036.72	4321.55	percent of total billed charges	
GI TRACT ESOPH CAPSULE ENDO	91111	CPT	outpatient			4549		1192.23 UHC	Medicare		1036.72				1036.72	4321.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GI TRACT ESOPH CAPSULE ENDO	91111	CPT	outpatient			4549		1192.23 UHC	Medicaid		1435.21	31.55			1036.72	4321.55	percent of total billed charges	
GI TRACT ESOPH CAPSULE ENDO	91111	CPT	outpatient			4549		1192.23 United	Oxford		2493				1036.72	4321.55	case rate	
GI TRACT ESOPH CAPSULE ENDO	91111	CPT	outpatient			4549		1192.23 United	CommercialPPO		2493				1036.72	4321.55	case rate	
GI TRACT ESOPH CAPSULE ENDO	91111	CPT	outpatient			4549		1192.23 Wellcare	Medicare		1036.72				1036.72	4321.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GI TRACT ESOPH CAPSULE ENDO	91111	CPT	outpatient			4549		1192.23 Wellcare	Medicaid		1435.21	31.55			1036.72	4321.55	percent of total billed charges	
GI TRACT ESOPH CAPSULE ENDO	91111	CPT	outpatient			4549		1192.23 WellPoint	WellPoint		1463.87	32.18			1036.72	4321.55	percent of total billed charges	
RECTAL SENSATION TEST	91120	CPT	outpatient			924		412.82 Aetna	Better Health		291.52	31.55			291.52	1782	percent of total billed charges	
RECTAL SENSATION TEST	91120	CPT	outpatient			924		412.82 Aetna	Commercial		571.48				291.52	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RECTAL SENSATION TEST	91120	CPT	outpatient			924		412.82 Aetna	Medicare		358.97				291.52	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RECTAL SENSATION TEST	91120	CPT	outpatient			924		412.82 Americare	Americare		693	75			291.52	1782	percent of total billed charges	
RECTAL SENSATION TEST	91120	CPT	outpatient			924		412.82 Amerihealth	HMO/PPO		600.6	65			291.52	1782	percent of total billed charges	
RECTAL SENSATION TEST	91120	CPT	outpatient			924		412.82 Amerihealth	Medicare		358.97				291.52	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RECTAL SENSATION TEST	91120	CPT	outpatient			924		412.82 Consumer	Consumer		877.8	95			291.52	1782	percent of total billed charges	
RECTAL SENSATION TEST	91120	CPT	outpatient			924		412.82 Corrections	Corrections		739.2	80			291.52	1782	percent of total billed charges	
RECTAL SENSATION TEST	91120	CPT	outpatient			924		412.82 First Health	First Health		646.8	70			291.52	1782	percent of total billed charges	
RECTAL SENSATION TEST	91120	CPT	outpatient			924		412.82 First Trenton	First Trenton		831.6	90			291.52	1782	percent of total billed charges	
RECTAL SENSATION TEST	91120	CPT	outpatient			924		412.82 Horizon	PPO		668.04				291.52	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RECTAL SENSATION TEST	91120	CPT	outpatient			924		412.82 Horizon	Indemnity		668.04				291.52	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RECTAL SENSATION TEST	91120	CPT	outpatient			924		412.82 Horizon	MGD		668.04				291.52	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RECTAL SENSATION TEST	91120	CPT	outpatient			924		412.82 Horizon	NJ Health		1274.12				291.52	1782	fee schedule	
RECTAL SENSATION TEST	91120	CPT	outpatient			924		412.82 Horizon	Medicare Blue		358.97				291.52	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RECTAL SENSATION TEST	91120	CPT	outpatient			924		412.82 Managed Care Inc	Managed Care Inc		831.6	90			291.52	1782	percent of total billed charges	
RECTAL SENSATION TEST	91120	CPT	outpatient			924		412.82 Multiplan	Multiplan		739.2	80			291.52	1782	percent of total billed charges	
RECTAL SENSATION TEST	91120	CPT	outpatient			924		412.82 Qualcare	Qualcare		693	75			291.52	1782	percent of total billed charges	
RECTAL SENSATION TEST	91120	CPT	outpatient			924		412.82 Three Rivers	Three Rivers		877.8	95			291.52	1782	percent of total billed charges	
RECTAL SENSATION TEST	91120	CPT	outpatient			924		412.82 UHC	Medicaid		291.52	31.55			291.52	1782	percent of total billed charges	
RECTAL SENSATION TEST	91120	CPT	outpatient			924		412.82 UHC	Medicare		358.97				291.52	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RECTAL SENSATION TEST	91120	CPT	outpatient			924		412.82 United	CommercialPPO		1782				291.52	1782	case rate	
RECTAL SENSATION TEST	91120	CPT	outpatient			924		412.82 United	Oxford		1782				291.52	1782	case rate	
RECTAL SENSATION TEST	91120	CPT	outpatient			924		412.82 Wellcare	Medicare		358.97				291.52	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RECTAL SENSATION TEST	91120	CPT	outpatient			924		412.82 Wellcare	Medicaid		291.52	31.55			291.52	1782	percent of total billed charges	
RECTAL SENSATION TEST	91120	CPT	outpatient			924		412.82 WellPoint	WellPoint		297.34	32.18			291.52	1782	percent of total billed charges	
ANORECTAL MONOMETRY	91122	CPT	outpatient			1196		412.82 Aetna	Commercial		571.48				358.97	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANORECTAL MONOMETRY	91122	CPT	outpatient			1196		412.82 Aetna	Better Health		377.34	31.55			358.97	1782	percent of total billed charges	
ANORECTAL MONOMETRY	91122	CPT	outpatient			1196		412.82 Aetna	Medicare		358.97				358.97	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANORECTAL MONOMETRY	91122	CPT	outpatient			1196		412.82 Americare	Americare		897	75			358.97	1782	percent of total billed charges	
ANORECTAL MONOMETRY	91122	CPT	outpatient			1196		412.82 Amerihealth	Medicare		358.97				358.97	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANORECTAL MONOMETRY	91122	CPT	outpatient			1196		412.82 Amerihealth	HMO/PPO		777.4	65			358.97	1782	percent of total billed charges	
ANORECTAL MONOMETRY	91122	CPT	outpatient			1196		412.82 Consumer	Consumer		1136.2	95			358.97	1782	percent of total billed charges	
ANORECTAL MONOMETRY	91122	CPT	outpatient			1196		412.82 Corrections	Corrections		956.8	80			358.97	1782	percent of total billed charges	
ANORECTAL MONOMETRY	91122	CPT	outpatient			1196		412.82 First Health	First Health		837.2	70			358.97	1782	percent of total billed charges	
ANORECTAL MONOMETRY	91122	CPT	outpatient			1196		412.82 First Trenton	First Trenton		1076.4	90			358.97	1782	percent of total billed charges	
ANORECTAL MONOMETRY	91122	CPT	outpatient			1196		412.82 Horizon	NJ Health		997.02				358.97	1782	fee schedule	
ANORECTAL MONOMETRY	91122	CPT	outpatient			1196		412.82 Horizon	Indemnity		668.04				358.97	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANORECTAL MONOMETRY	91122	CPT	outpatient			1196		412.82 Horizon	Medicare Blue		358.97				358.97	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANORECTAL MONOMETRY	91122	CPT	outpatient			1196		412.82 Horizon	PPO		668.04				358.97	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANORECTAL MONOMETRY	91122	CPT	outpatient			1196		412.82 Horizon	MGD		668.04				358.97	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANORECTAL MONOMETRY	91122	CPT	outpatient			1196		412.82 Managed Care Inc	Managed Care Inc		1076.4	90			358.97	1782	percent of total billed charges	
ANORECTAL MONOMETRY	91122	CPT	outpatient			1196		412.82 Multiplan	Multiplan		956.8	80			358.97	1782	percent of total billed charges	
ANORECTAL MONOMETRY	91122	CPT	outpatient			1196		412.82 Qualcare	Qualcare		897	75			358.97	1782	percent of total billed charges	
ANORECTAL MONOMETRY	91122	CPT	outpatient			1196		412.82 Three Rivers	Three Rivers		1136.2	95			358.97	1782	percent of total billed charges	
ANORECTAL MONOMETRY	91122	CPT	outpatient			1196		412.82 UHC	Medicare		358.97				358.97	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANORECTAL MONOMETRY	91122	CPT	outpatient			1196		412.82 UHC	Medicaid		377.34	31.55			358.97	1782	percent of total billed charges	
ANORECTAL MONOMETRY	91122	CPT	outpatient			1196		412.82 United	CommercialPPO		1782				358.97	1782	case rate	
ANORECTAL MONOMETRY	91122	CPT	outpatient			1196		412.82 United	Oxford		1782				358.97	1782	case rate	
ANORECTAL MONOMETRY	91122	CPT	outpatient			1196		412.82 Wellcare	Medicare		358.97				358.97	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANORECTAL MONOMETRY	91122	CPT	outpatient			1196		412.82 Wellcare	Medicaid		377.34	31.55			358.97	1782	percent of total billed charges	
ANORECTAL MONOMETRY	91122	CPT	outpatient			1196		412.82 WellPoint	WellPoint		384.87	32.18			358.97	1782	percent of total billed charges	
TRANSC DX ELECTROGASTROGRAM	91132	CPT	outpatient			507		412.82 Aetna	Commercial		571.48				156.16	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSC DX ELECTROGASTROGRAM	91132	CPT	outpatient			507		412.82 Aetna	Medicare		156.16	30.8			156.16	1782	percent of total billed charges	
TRANSC DX ELECTROGASTROGRAM	91132	CPT	outpatient			507		412.82 Aetna	Better Health		159.96	31.55			156.16	1782	percent of total billed charges	
TRANSC DX ELECTROGASTROGRAM	91132	CPT	outpatient			507		412.82 Americare	Americare		380.25	75			156.16	1782	percent of total billed charges	
TRANSC DX ELECTROGASTROGRAM	91132	CPT	outpatient			507		412.82 Amerihealth	HMO/PPO		329.55	65			156.16	1782	percent of total billed charges	
TRANSC DX ELECTROGASTROGRAM	91132	CPT	outpatient			507		412.82 Amerihealth	Medicare		358.97				156.16	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSC DX ELECTROGASTROGRAM	91132	CPT	outpatient			507		412.82 Consumer	Consumer		481.65	95			156.16	1782	percent of total billed charges	
TRANSC DX ELECTROGASTROGRAM	91132	CPT	outpatient			507		412.82 Corrections	Corrections		405.6	80			156.16	1782	percent of total billed charges	
TRANSC DX ELECTROGASTROGRAM	91132	CPT	outpatient			507		412.82 First Health	First Health		354.9	70			156.16	1782	percent of total billed charges	
TRANSC DX ELECTROGASTROGRAM	91132	CPT	outpatient			507		412.82 First Trenton	First Trenton		456.3	90			156.16	1782	percent of total billed charges	
TRANSC DX ELECTROGASTROGRAM	91132	CPT	outpatient			507		412.82 Horizon	PPO		668.04				156.16	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSC DX ELECTROGASTROGRAM	91132	CPT	outpatient			507		412.82 Horizon	Medicare Blue		358.97				156.16	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSC DX ELECTROGASTROGRAM	91132	CPT	outpatient			507		412.82 Horizon	MGD		668.04				156.16	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSC DX ELECTROGASTROGRAM	91132	CPT	outpatient			507		412.82 Horizon	Indemnity		668.04				156.16	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSC DX ELECTROGASTROGRAM	91132	CPT	outpatient			507		412.82 Managed Care Inc	Managed Care Inc		456.3	90			156.16	1782	percent of total billed charges	
TRANSC DX ELECTROGASTROGRAM	91132	CPT	outpatient			507		412.82 Multiplan	Multiplan		405.6	80			156.16	1782	percent of total billed charges	
TRANSC DX ELECTROGASTROGRAM	91132	CPT	outpatient			507		412.82 Qualcare	Qualcare		380.25	75			156.16	1782	percent of total billed charges	
TRANSC DX ELECTROGASTROGRAM	91132	CPT	outpatient			507		412.82 Three Rivers	Three Rivers		481.65	95			156.16	1782	percent of total billed charges	
TRANSC DX ELECTROGASTROGRAM	91132	CPT	outpatient			507		412.82 UHC	Medicaid		159.96	31.55			156.16	1782	percent of total billed charges	
TRANSC DX ELECTROGASTROGRAM	91132	CPT	outpatient			507		412.82 UHC	Medicare		358.97				156.16	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSC DX ELECTROGASTROGRAM	91132	CPT	outpatient			507		412.82 United	CommercialPPO		1782				156.16	1782	case rate	
TRANSC DX ELECTROGASTROGRAM	91132	CPT	outpatient			507		412.82 United	Oxford		1782				156.16	1782	case rate	
TRANSC DX ELECTROGASTROGRAM	91132	CPT	outpatient			507		412.82 Wellcare	Medicare		358.97				156.16	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
TRANSC DX ELECTROGASTROGRAM	91132	CPT	outpatient			507	412.82	Wellcare	Medicaid		159.96	31.55			156.16	1782	1782 percent of total billed charges	
TRANSC DX ELECTROGASTROGRAM	91132	CPT	outpatient			507	412.82	WellPoint	WellPoint		163.15	32.18			156.16	1782	1782 percent of total billed charges	
TRANSC DX ELECTROGASTROGR W PROVOCAT	91133	CPT	outpatient			507		168 Aetna	Better Health		159.96	31.55			146.09	1782	1782 percent of total billed charges	
TRANSC DX ELECTROGASTROGR W PROVOCAT	91133	CPT	outpatient			507		168 Aetna	Medicare		146.09				146.09	1782	1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSC DX ELECTROGASTROGR W PROVOCAT	91133	CPT	outpatient			507		168 Aetna	Commercial		232.58				146.09	1782	1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSC DX ELECTROGASTROGR W PROVOCAT	91133	CPT	outpatient			507		168 Americare	Americare		380.25	75			146.09	1782	1782 percent of total billed charges	
TRANSC DX ELECTROGASTROGR W PROVOCAT	91133	CPT	outpatient			507		168 Amerihealth	Medicare		146.09				146.09	1782	1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSC DX ELECTROGASTROGR W PROVOCAT	91133	CPT	outpatient			507		168 Amerihealth	HMO/PPO		329.55	65			146.09	1782	1782 percent of total billed charges	
TRANSC DX ELECTROGASTROGR W PROVOCAT	91133	CPT	outpatient			507		168 Consumer	Consumer		481.65	95			146.09	1782	1782 percent of total billed charges	
TRANSC DX ELECTROGASTROGR W PROVOCAT	91133	CPT	outpatient			507		168 Corrections	Corrections		405.6	80			146.09	1782	1782 percent of total billed charges	
TRANSC DX ELECTROGASTROGR W PROVOCAT	91133	CPT	outpatient			507		168 First Health	First Health		354.9	70			146.09	1782	1782 percent of total billed charges	
TRANSC DX ELECTROGASTROGR W PROVOCAT	91133	CPT	outpatient			507		168 First Trenton	First Trenton		456.3	90			146.09	1782	1782 percent of total billed charges	
TRANSC DX ELECTROGASTROGR W PROVOCAT	91133	CPT	outpatient			507		168 Horizon	Medicare Blue		146.09				146.09	1782	1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSC DX ELECTROGASTROGR W PROVOCAT	91133	CPT	outpatient			507		168 Horizon	Indemnity		271.87				146.09	1782	1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSC DX ELECTROGASTROGR W PROVOCAT	91133	CPT	outpatient			507		168 Horizon	MGD		271.87				146.09	1782	1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSC DX ELECTROGASTROGR W PROVOCAT	91133	CPT	outpatient			507		168 Horizon	PPO		271.87				146.09	1782	1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSC DX ELECTROGASTROGR W PROVOCAT	91133	CPT	outpatient			507		168 Managed Care Inc	Managed Care Inc		456.3	90			146.09	1782	1782 percent of total billed charges	
TRANSC DX ELECTROGASTROGR W PROVOCAT	91133	CPT	outpatient			507		168 Multiplan	Multiplan		405.6	80			146.09	1782	1782 percent of total billed charges	
TRANSC DX ELECTROGASTROGR W PROVOCAT	91133	CPT	outpatient			507		168 Qualcare	Qualcare		380.25	75			146.09	1782	1782 percent of total billed charges	
TRANSC DX ELECTROGASTROGR W PROVOCAT	91133	CPT	outpatient			507		168 Three Rivers	Three Rivers		481.65	95			146.09	1782	1782 percent of total billed charges	
TRANSC DX ELECTROGASTROGR W PROVOCAT	91133	CPT	outpatient			507		168 UHC	Medicare		146.09				146.09	1782	1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSC DX ELECTROGASTROGR W PROVOCAT	91133	CPT	outpatient			507		168 UHC	Medicaid		159.96	31.55			146.09	1782	1782 percent of total billed charges	
TRANSC DX ELECTROGASTROGR W PROVOCAT	91133	CPT	outpatient			507		168 United	Commercial|PPO		1782				146.09	1782	1782 case rate	
TRANSC DX ELECTROGASTROGR W PROVOCAT	91133	CPT	outpatient			507		168 United	Oxford		1782				146.09	1782	1782 case rate	
TRANSC DX ELECTROGASTROGR W PROVOCAT	91133	CPT	outpatient			507		168 Wellcare	Medicaid		159.96	31.55			146.09	1782	1782 percent of total billed charges	
TRANSC DX ELECTROGASTROGR W PROVOCAT	91133	CPT	outpatient			507		168 Wellcare	Medicare		146.09				146.09	1782	1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSC DX ELECTROGASTROGR W PROVOCAT	91133	CPT	outpatient			507		168 WellPoint	WellPoint		163.15	32.18			146.09	1782	1782 percent of total billed charges	
LIVER ELASTOGRAPHY W/O IMAGING	91200	CPT	both			555		205.45 Aetna	Better Health		175.1	31.55			167.85	527.25	527.25 percent of total billed charges	
LIVER ELASTOGRAPHY W/O IMAGING	91200	CPT	both			555		205.45 Aetna	Medicare		178.65				167.85	527.25	527.25 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIVER ELASTOGRAPHY W/O IMAGING	91200	CPT	both			555		205.45 Aetna	Commercial		284.41				167.85	527.25	527.25 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIVER ELASTOGRAPHY W/O IMAGING	91200	CPT	both			555		205.45 Americare	Americare		416.25	75			167.85	527.25	527.25 percent of total billed charges	
LIVER ELASTOGRAPHY W/O IMAGING	91200	CPT	both			555		205.45 Amerihealth	Medicare		178.65				167.85	527.25	527.25 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIVER ELASTOGRAPHY W/O IMAGING	91200	CPT	both			555		205.45 Amerihealth	HMO/PPO		360.75	65			167.85	527.25	527.25 percent of total billed charges	
LIVER ELASTOGRAPHY W/O IMAGING	91200	CPT	both			555		205.45 Consumer	Consumer		527.25	95			167.85	527.25	527.25 percent of total billed charges	
LIVER ELASTOGRAPHY W/O IMAGING	91200	CPT	both			555		205.45 Corrections	Corrections		444	80			167.85	527.25	527.25 percent of total billed charges	
LIVER ELASTOGRAPHY W/O IMAGING	91200	CPT	both			555		205.45 First Health	First Health		388.5	70			167.85	527.25	527.25 percent of total billed charges	
LIVER ELASTOGRAPHY W/O IMAGING	91200	CPT	both			555		205.45 First Trenton	First Trenton		499.5	90			167.85	527.25	527.25 percent of total billed charges	
LIVER ELASTOGRAPHY W/O IMAGING	91200	CPT	both			555		205.45 Horizon	PPO		332.47				167.85	527.25	527.25 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIVER ELASTOGRAPHY W/O IMAGING	91200	CPT	both			555		205.45 Horizon	MGD		332.47				167.85	527.25	527.25 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIVER ELASTOGRAPHY W/O IMAGING	91200	CPT	both			555		205.45 Horizon	Indemnity		332.47				167.85	527.25	527.25 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIVER ELASTOGRAPHY W/O IMAGING	91200	CPT	both			555		205.45 Horizon	Medicare Blue		178.65				167.85	527.25	527.25 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIVER ELASTOGRAPHY W/O IMAGING	91200	CPT	both			555		205.45 Managed Care Inc	Managed Care Inc		499.5	90			167.85	527.25	527.25 percent of total billed charges	
LIVER ELASTOGRAPHY W/O IMAGING	91200	CPT	both			555		205.45 Multiplan	Multiplan		444	80			167.85	527.25	527.25 percent of total billed charges	
LIVER ELASTOGRAPHY W/O IMAGING	91200	CPT	both			555		205.45 Qualcare	Qualcare		416.25	75			167.85	527.25	527.25 percent of total billed charges	
LIVER ELASTOGRAPHY W/O IMAGING	91200	CPT	both			555		205.45 Three Rivers	Three Rivers		527.25	95			167.85	527.25	527.25 percent of total billed charges	
LIVER ELASTOGRAPHY W/O IMAGING	91200	CPT	both			555		205.45 UHC	Medicare		178.65				167.85	527.25	527.25 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIVER ELASTOGRAPHY W/O IMAGING	91200	CPT	both			555		205.45 UHC	Medicaid		175.1	31.55			167.85	527.25	527.25 percent of total billed charges	
LIVER ELASTOGRAPHY W/O IMAGING	91200	CPT	both			555		205.45 Wellcare	Medicare		178.65				167.85	527.25	527.25 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIVER ELASTOGRAPHY W/O IMAGING	91200	CPT	both			555		205.45 Wellcare	Medicaid		175.1	31.55			167.85	527.25	527.25 percent of total billed charges	
LIVER ELASTOGRAPHY W/O IMAGING	91200	CPT	both			555		205.45 WellPoint	WellPoint		178.6	32.18			167.85	527.25	527.25 percent of total billed charges	
UNLISTED DIAGNOSTIC GASTROENTEROLOGY PR	91299	CPT	outpatient			566		205.45 Aetna	Better Health		178.57	31.55			174.33	1782	1782 percent of total billed charges	
UNLISTED DIAGNOSTIC GASTROENTEROLOGY PR	91299	CPT	outpatient			566		205.45 Aetna	Commercial		284.41				174.33	1782	1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED DIAGNOSTIC GASTROENTEROLOGY PR	91299	CPT	outpatient			566		205.45 Aetna	Medicare		174.33	30.8			174.33	1782	1782 percent of total billed charges	
UNLISTED DIAGNOSTIC GASTROENTEROLOGY PR	91299	CPT	outpatient			566		205.45 Americare	Americare		424.5	75			174.33	1782	1782 percent of total billed charges	
UNLISTED DIAGNOSTIC GASTROENTEROLOGY PR	91299	CPT	outpatient			566		205.45 Amerihealth	HMO/PPO		367.9	65			174.33	1782	1782 percent of total billed charges	
UNLISTED DIAGNOSTIC GASTROENTEROLOGY PR	91299	CPT	outpatient			566		205.45 Amerihealth	Medicare		178.65				174.33	1782	1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED DIAGNOSTIC GASTROENTEROLOGY PR	91299	CPT	outpatient			566		205.45 Consumer	Consumer		537.7	95			174.33	1782	1782 percent of total billed charges	
UNLISTED DIAGNOSTIC GASTROENTEROLOGY PR	91299	CPT	outpatient			566		205.45 Corrections	Corrections		452.8	80			174.33	1782	1782 percent of total billed charges	
UNLISTED DIAGNOSTIC GASTROENTEROLOGY PR	91299	CPT	outpatient			566		205.45 First Health	First Health		396.2	70			174.33	1782	1782 percent of total billed charges	
UNLISTED DIAGNOSTIC GASTROENTEROLOGY PR	91299	CPT	outpatient			566		205.45 First Trenton	First Trenton		509.4	90			174.33	1782	1782 percent of total billed charges	
UNLISTED DIAGNOSTIC GASTROENTEROLOGY PR	91299	CPT	outpatient			566		205.45 Horizon	Indemnity		332.47				174.33	1782	1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED DIAGNOSTIC GASTROENTEROLOGY PR	91299	CPT	outpatient			566		205.45 Horizon	MGD		332.47				174.33	1782	1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED DIAGNOSTIC GASTROENTEROLOGY PR	91299	CPT	outpatient			566		205.45 Horizon	Medicare Blue		178.65				174.33	1782	1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED DIAGNOSTIC GASTROENTEROLOGY PR	91299	CPT	outpatient			566		205.45 Horizon	PPO		332.47				174.33	1782	1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED DIAGNOSTIC GASTROENTEROLOGY PR	91299	CPT	outpatient			566		205.45 Managed Care Inc	Managed Care Inc		509.4	90			174.33	1782	1782 percent of total billed charges	
UNLISTED DIAGNOSTIC GASTROENTEROLOGY PR	91299	CPT	outpatient			566		205.45 Multiplan	Multiplan		452.8	80			174.33	1782	1782 percent of total billed charges	
UNLISTED DIAGNOSTIC GASTROENTEROLOGY PR	91299	CPT	outpatient			566		205.45 Qualcare	Qualcare		424.5	75			174.33	1782	1782 percent of total billed charges	
UNLISTED DIAGNOSTIC GASTROENTEROLOGY PR	91299	CPT	outpatient			566		205.45 Three Rivers	Three Rivers		537.7	95			174.33	1782	1782 percent of total billed charges	
UNLISTED DIAGNOSTIC GASTROENTEROLOGY PR	91299	CPT	outpatient			566		205.45 UHC	Medicaid		178.57	31.55			174.33	1782	1782 percent of total billed charges	
UNLISTED DIAGNOSTIC GASTROENTEROLOGY PR	91299	CPT	outpatient			566		205.45 UHC	Medicare		178.65				174.33	1782	1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED DIAGNOSTIC GASTROENTEROLOGY PR	91299	CPT	outpatient			566		205.45 United	Oxford		1782				174.33	1782	1782 case rate	
UNLISTED DIAGNOSTIC GASTROENTEROLOGY PR	91299	CPT	outpatient			566		205.45 United	Commercial|PPO		1782				174.33	1782	1782 case rate	
UNLISTED DIAGNOSTIC GASTROENTEROLOGY PR	91299	CPT	outpatient			566		205.45 Wellcare	Medicaid		178.57	31.55			174.33	1782	1782 percent of total billed charges	
UNLISTED DIAGNOSTIC GASTROENTEROLOGY PR	91299	CPT	outpatient			566		205.45 Wellcare	Medicare		178.65				174.33	1782	1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED DIAGNOSTIC GASTROENTEROLOGY PR	91299	CPT	outpatient			566		205.45 WellPoint	WellPoint		182.14	32.18			174.33	1782	1782 percent of total billed charges	
PFIZER VAC 30MCG/0.3ML IM	91300	CPT	outpatient			0.01		Americare	Americare		0.01	75			0.01	0.01	0.01 percent of total billed charges	
PFIZER VAC 30MCG/0.3ML IM	91300	CPT	outpatient			0.01		Amerihealth	HMO/PPO		0.01	65			0.01	0.01	0.01 percent of total billed charges	
PFIZER VAC 30MCG/0.3ML IM	91300	CPT	outpatient			0.01		Consumer	Consumer		0.01	95			0.01	0.01	0.01 percent of total billed charges	
PFIZER VAC 30MCG/0.3ML IM	91300	CPT	outpatient			0.01		Corrections	Corrections		0.01	80			0.01	0.01	0.01 percent of total billed charges	
PFIZER VAC 30MCG/0.3ML IM	91300	CPT	outpatient			0.01		First Health	First Health		0.01	70			0.01	0.01	0.01 percent of total billed charges	
PFIZER VAC 30MCG/0.3ML IM	91300	CPT	outpatient			0.01		First Trenton	First Trenton		0.01	90			0.01	0.01	0.01 percent of total billed charges	
PFIZER VAC 30MCG/0.3ML IM	91300	CPT	outpatient			0.01		Managed Care Inc	Managed Care Inc		0.01	90			0.01	0.01	0.01 percent of total billed charges	
PFIZER VAC 30MCG/0.3ML IM	91300	CPT	outpatient			0.01		Multiplan	Multiplan		0.01	80			0.01	0.01	0.01 percent of total billed charges	
PFIZER VAC 30MCG/0.3ML IM	91300	CPT	outpatient			0.01		Qualcare	Qualcare		0.01	75			0.01	0.01	0.01 percent of total billed charges	
PFIZER VAC 30MCG/0.3ML IM	91300	CPT	outpatient			0.01		Three Rivers	Three Rivers		0.01	95			0.01	0.01	0.01 percent of total billed charges	
MODERNA VAC 100MCG/0.5ML IM	91301	CPT	outpatient			0.01		Americare	Americare		0.01	75			0.01	0.01	0.01 percent of total billed charges	
MODERNA VAC 100MCG/0.5ML IM	91301	CPT	outpatient			0.01		Amerihealth	HMO/PPO		0.01	65			0.01	0.01	0.01 percent of total billed charges	
MODERNA VAC 100MCG/0.5ML IM	91301	CPT	outpatient			0.01		Consumer	Consumer		0.01	95			0.01	0.01	0.01 percent of total billed charges	
MODERNA VAC 100MCG/0.5ML IM	91301	CPT	outpatient			0.01		Corrections	Corrections		0.01	80			0.01	0.01	0.01 percent of total billed charges	
MODERNA VAC 100MCG/0.5ML IM	91301	CPT	outpatient			0.01		First Health	First Health		0.01	70			0.01	0.01	0.01 percent of total billed charges	
MODERNA VAC 100MCG/0.5ML IM	91301	CPT	outpatient			0.01		First Trenton	First Trenton		0.01	90			0.01	0.01	0.01 percent of total billed charges	
MODERNA VAC 100MCG/0.5ML IM	91301	CPT	outpatient			0.01		Managed Care Inc	Managed Care Inc		0.01	90			0.01	0.01	0.01 percent of total billed charges	
MODERNA VAC 100MCG/0.5ML IM	91301	CPT	outpatient			0.01		Multiplan	Multiplan		0.01	80			0.01	0.01	0.01 percent of total billed charges	
MODERNA VAC 100MCG/0.5ML IM	91301	CPT	outpatient			0.01		Qualcare	Qualcare		0.01	75			0.01	0.01	0.01 percent of total billed charges	
MODERNA VAC 100MCG/0.5ML IM	91301	CPT	outpatient			0.01		Three Rivers	Three Rivers		0.01	95			0.01	0.01	0.01 percent of total billed charges	
JANSSEN VAC 0.5ML IM	91303	CPT	outpatient			0.01		Americare	Americare		0.01	75			0.01	0.01	0.01 percent of total billed charges	
JANSSEN VAC 0.5ML IM	91303	CPT	outpatient			0.01		Amerihealth	HMO/PPO		0.01	65			0.01	0.01	0.01 percent of total billed charges	
JANSSEN VAC 0.5ML IM	91303	CPT	outpatient			0.01		Consumer	Consumer		0.01	95			0.01	0.01	0.01 percent of total billed charges	
JANSSEN VAC 0.5ML IM	91303	CPT	outpatient			0.01		Corrections	Corrections		0.01	80			0.01	0.01	0.01 percent of total billed charges	
JANSSEN VAC 0.5ML IM	91303	CPT	outpatient			0.01		First Health	First Health		0.01	70			0.01	0.01	0.01 percent of total billed charges	
JANSSEN VAC 0.5ML IM	91303	CPT	outpatient			0.01		First Trenton	First Trenton		0.01	90			0.01	0.01	0.01 percent of total billed charges	
JANSSEN VAC 0.5ML IM	91303	CPT	outpatient			0.01		Managed Care Inc	Managed Care Inc		0.01	90			0.01	0.01	0.01 percent of total billed charges	
JANSSEN VAC 0.5ML IM	91303	CPT	outpatient			0.01		Multiplan	Multiplan		0.01	80			0.01	0.01	0.01 percent of total billed charges	
JANSSEN VAC 0.5ML IM	91303	CPT	outpatient			0.01		Qualcare	Qualcare		0.01	75			0.01	0.01	0.01 percent of total billed charges	
JANSSEN VAC 0.5ML IM	91303	CPT	outpatient			0.01		Three Rivers	Three Rivers		0.01	95			0.01	0.01	0.01 percent of total billed charges	
SARSCOV2 VAC 25 MCG/.25ML IM(6MO-11YR)	91321	CPT	outpatient			338.5		167.81 Aetna	Medicare		106.26	30.8			101.55	364.8	364.8 percent of total billed charges	
SARSCOV2 VAC 25 MCG/.25ML IM(6MO-11YR)	91321	CPT	outpatient			338.5		167.81 Aetna	Better Health		106.8	31.55			101.55	364.8	364.8 percent of total billed charges	
SARSCOV2 VAC 25 MCG/.25ML IM(6MO-11YR)	91321	CPT	outpatient			338.5		167.81 Aetna	Commercial		128.63	38			101.55	364.8	364.8 percent of total billed charges	
SARSCOV2 VAC 25 MCG/.25ML IM(6MO-11YR)	91321	CPT	outpatient			338.5		167.81 Americare	Americare		253.88	75			101.55	364.8	364.8 percent of total billed charges	
SARSCOV2 VAC 25 MCG/.25ML IM(6MO-11YR)	91321	CPT	outpatient			338.5		167.81 Amerihealth	Medicare		145.92				101.55	364.8	364.8 fee schedule	
SARSCOV2 VAC 25 MCG/.25ML IM(6MO-11YR)	91321	CPT	outpatient			338.5		167.81 Amerihealth	HMO/PPO		220.03	65			101.55	364.8	364.8 percent of total billed charges	
SARSCOV2 VAC 25 MCG/.25ML IM(6MO-11YR)	91321	CPT	outpatient			338.5		167.81 Consumer	Consumer		321.58	95			101.55	364.8	364.8 percent of total billed charges	
SARSCOV2 VAC 25 MCG/.25ML IM(6MO-11YR)	91321	CPT	outpatient			338.5		167.81 Corrections	Corrections		270.8	80			101.55	364.8	364.8 percent of total billed charges	
SARSCOV2 VAC 25 MCG/.25ML IM(6MO-11YR)	91321	CPT	outpatient			338.5		167.81 First Health	First Health		236.95	70			101.55	364.8	364.8 percent of total billed charges	
SARSCOV2 VAC 25 MCG/.25ML IM(6MO-11YR)	91321	CPT	outpatient			338.5		167.81 First Trenton	First Trenton		304.65	90			101.55	364.8	364.8 percent of total billed charges	
SARSCOV2 VAC 25 MCG/.25ML IM(6MO-11YR)	91321	CPT	outpatient			338.5		167.81 Horizon	MGD		129.58	38.28			101.55	364.8	364.8 percent of total billed charges	
SARSCOV2 VAC 25 MCG/.25ML IM(6MO-11YR)	91321	CPT	outpatient			338.5		167.81 Horizon	Medicare Blue		101.55	30			101.55	364.8	364.8 percent of total billed charges	
SARSCOV2 VAC 25 MCG/.25ML IM(6MO-11YR)	91321	CPT	outpatient			338.5		167.81 Horizon	PPO		129.58	38.28			101.55	364.8	364.8 percent of total billed charges	
SARSCOV2 VAC 25 MCG/.25ML IM(6MO-11YR)	91321	CPT	outpatient			338.5		167.81 Horizon	Indemnity		129.58	38.28			101.55	364.8	364.8 percent of total billed charges	
SARSCOV2 VAC 25 MCG/.25ML IM(6MO-11YR)	91321	CPT	outpatient			338.5		167.81 Managed Care Inc	Managed Care Inc		304.65	90			101.55	364.8	364.8 percent of total billed charges	
SARSCOV2 VAC 25 MCG/.25ML IM(6MO-11YR)	91321	CPT	outpatient			338.5		167.81 Multiplan	Multiplan		270.8	80			101.55	364.8	364.8 percent of total billed charges	
SARSCOV2 VAC 25 MCG/.25ML IM(6MO-11YR)	91321	CPT	outpatient			338.5		167.81 Qualcare	Qualcare		253.88	75			101.55	364.8	364.8 percent of total billed charges	
SARSCOV2 VAC 25 MCG/.25ML IM(6MO-11YR)	91321	CPT	outpatient			338.5		167.81 Three Rivers	Three Rivers		321.58	95			101.55	364.8	364.8 percent of total billed charges	
SARSCOV2 VAC 25 MCG/.25ML IM(6MO-11YR)	91321	CPT	outpatient			338.5		167.81 UHC	Medicare		145.92				101.55	364.8	364.8 fee schedule	
SARSCOV2 VAC 25 MCG/.25ML IM(6MO-11YR)	91321	CPT	outpatient			338.5		167.81 UHC	Medicaid		106.8	31.55			101.55	364.8	364.8 percent of total billed charges	
SARSCOV2 VAC 25 MCG/.25ML IM(6MO-11YR)	91321	CPT	outpatient			338.5		167.81 United	Oxford		364.8				101.55	364.8	364.8 fee schedule	
SARSCOV2 VAC 25 MCG/.25ML IM(6MO-11YR)	91321	CPT	outpatient			338.5		167.81 United	Commercial|PPO		364.8				101.55	364.8	364.8 fee schedule	
SARSCOV2 VAC 25 MCG/.25ML IM(6MO-11YR)	91321	CPT	outpatient			338.5		167.81 Wellcare	Medicare		145.92				101.55	364.8	364.8 fee schedule	
SARSCOV2 VAC 25 MCG/.25ML IM(6MO-11YR)	91321	CPT	outpatient			338.5		167.81 Wellcare	Medicaid		106.8	31.55			101.55	364.8	364.8 percent of total billed charges	
SARSCOV2 VAC 25 MCG/.25ML IM(6MO-11YR)	91321	CPT	outpatient			338.5		167.81 WellPoint	WellPoint		108.93	32.18			101.55	364.8	364.8 percent of total billed charges	
SARSCOV2 VAC 50MCG/0.5ML IM(12YRS&OLDER)	91322	CPT	inpatient			342		167.81 Aetna	Better Health		107.9	31.55			102.6	364.8	364.8 percent of total billed charges	
SARSCOV2 VAC 50MCG/0.5ML IM(12YRS&OLDER)	91322	CPT	inpatient			342		167.81 Aetna	Medicare		145.92				102.6	364.8	364.8 fee schedule	
SARSCOV2 VAC 50MCG/0.5ML IM(12YRS&OLDER)	91322	CPT	inpatient			342		167.81 Aetna	Commercial		129.96	38			102.6	364.8	364.8 percent of total billed charges	
SARSCOV2 VAC 50MCG/0.5ML IM(12YRS&OLDER)	91322	CPT	inpatient			342		167.81 Americare	Americare		256.5	75			102.6	364.8	364.8 percent of total billed charges	
SARSCOV2 VAC 50MCG/0.5ML IM(12YRS&OLDER)	91322	CPT	inpatient			342		167.81 Amerihealth	Medicare		145.92				102.6	364.8	364.8 fee schedule	
SARSCOV2 VAC 50MCG/0.5ML IM(12YRS&OLDER)	91322	CPT	inpatient			342		167.81 Amerihealth	HMO/PPO		222.3	65			102.6	364.8	364.8 percent of total billed charges	
SARSCOV2 VAC 50MCG/0.5ML IM(12YRS&OLDER)	91322	CPT	inpatient			342		167.81 Consumer	Consumer		324.9	95			102.6	364.8	364.8 percent of total billed charges	
SARSCOV2 VAC 50MCG/0.5ML IM(12YRS&OLDER)	91322	CPT	inpatient			342		167.81 Corrections	Corrections		273.6	80			102.6	364.8	364.8 percent of total billed charges	
SARSCOV2 VAC 50MCG/0.5ML IM(12YRS&OLDER)	91322	CPT	inpatient			342		167.81 First Health	First Health		239.4	70			102.6	364.8	364.8 percent of total billed charges	
SARSCOV2 VAC 50MCG/0.5ML IM(12YRS&OLDER)	91322	CPT	inpatient			342		167.81 First Trenton	First Trenton		307.8	90			102.6	364.8	364.8 percent of total billed charges	
SARSCOV2 VAC 50MCG/0.5ML IM(12YRS&OLDER)	91322	CPT	inpatient			342		167.81 Horizon	Medicare Blue		102.6	30			102.6	364.8	364.8 percent of total billed charges	
SARSCOV2 VAC 50MCG/0.5ML IM(12YRS&OLDER)	91322	CPT	inpatient			342		167.81 Horizon	MGD		130.92	38.28			102.6	364.8	364.8 percent of total billed charges	
SARSCOV2 VAC 50MCG/0.5ML IM(12YRS&OLDER)	91322	CPT	inpatient			342		167.81 Horizon	Indemnity		130.92	38.28			102.6	364.8	364.8 percent of total billed charges	
SARSCOV2 VAC 50MCG/0.5ML IM(12YRS&OLDER)	91322	CPT	inpatient			342		167.81 Horizon	PPO		130.92	38.28			102.6	364.8	364.8 percent of total billed charges	
SARSCOV2 VAC 50MCG/0.5ML IM(12YRS&OLDER)

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
SARSCOV2 VAC 50MCG/0.5ML IM(12YRS&OLDER)	91322	CPT	inpatient			342	167.81	UHC	Medicaid		107.9	31.55			102.6	364.8	fee schedule	
SARSCOV2 VAC 50MCG/0.5ML IM(12YRS&OLDER)	91322	CPT	inpatient			342	167.81	UHC	Medicaid		107.9	31.55			102.6	364.8	percent of total billed charges	
SARSCOV2 VAC 50MCG/0.5ML IM(12YRS&OLDER)	91322	CPT	inpatient			342	167.81	United	Oxford		364.8				102.6	364.8	fee schedule	
SARSCOV2 VAC 50MCG/0.5ML IM(12YRS&OLDER)	91322	CPT	inpatient			342	167.81	United	CommercialPPO		364.8				102.6	364.8	fee schedule	
SARSCOV2 VAC 50MCG/0.5ML IM(12YRS&OLDER)	91322	CPT	inpatient			342	167.81	Wellcare	Medicare		145.92				102.6	364.8	fee schedule	
SARSCOV2 VAC 50MCG/0.5ML IM(12YRS&OLDER)	91322	CPT	inpatient			342	167.81	Wellcare	Medicaid		107.9	31.55			102.6	364.8	percent of total billed charges	
SARSCOV2 VAC 50MCG/0.5ML IM(12YRS&OLDER)	91322	CPT	inpatient			342	167.81	WellPoint	WellPoint		110.06	32.18			102.6	364.8	percent of total billed charges	
NEW PATIENT-COMPLETE	92002	CPT	outpatient			442	173.66	Aetna	Commercial		240.68				63.16	419.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEW PATIENT-COMPLETE	92002	CPT	outpatient			442	173.66	Aetna	Better Health		139.45	31.55			63.16	419.9	percent of total billed charges	
NEW PATIENT-COMPLETE	92002	CPT	outpatient			442	173.66	Aetna	Medicare		136.14	30.8			63.16	419.9	percent of total billed charges	
NEW PATIENT-COMPLETE	92002	CPT	outpatient			442	173.66	Americare	Americare		331.5	75			63.16	419.9	percent of total billed charges	
NEW PATIENT-COMPLETE	92002	CPT	outpatient			442	173.66	Amerihealth	HMO/PPO		287.3	65			63.16	419.9	percent of total billed charges	
NEW PATIENT-COMPLETE	92002	CPT	outpatient			442	173.66	Amerihealth	Medicare		151.18				63.16	419.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEW PATIENT-COMPLETE	92002	CPT	outpatient			442	173.66	Consumer	Consumer		419.9	95			63.16	419.9	percent of total billed charges	
NEW PATIENT-COMPLETE	92002	CPT	outpatient			442	173.66	Corrections	Corrections		353.6	80			63.16	419.9	percent of total billed charges	
NEW PATIENT-COMPLETE	92002	CPT	outpatient			442	173.66	First Health	First Health		309.4	70			63.16	419.9	percent of total billed charges	
NEW PATIENT-COMPLETE	92002	CPT	outpatient			442	173.66	First Trenton	First Trenton		397.8	90			63.16	419.9	percent of total billed charges	
NEW PATIENT-COMPLETE	92002	CPT	outpatient			442	173.66	Horizon	MGD		281.35				63.16	419.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEW PATIENT-COMPLETE	92002	CPT	outpatient			442	173.66	Horizon	Medicare Blue		151.18				63.16	419.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEW PATIENT-COMPLETE	92002	CPT	outpatient			442	173.66	Horizon	Indemnity		281.35				63.16	419.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEW PATIENT-COMPLETE	92002	CPT	outpatient			442	173.66	Horizon	NJ Health		63.16				63.16	419.9	fee schedule	
NEW PATIENT-COMPLETE	92002	CPT	outpatient			442	173.66	Horizon	PPO		281.35				63.16	419.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEW PATIENT-COMPLETE	92002	CPT	outpatient			442	173.66	Managed Care Inc	Managed Care Inc		397.8	90			63.16	419.9	percent of total billed charges	
NEW PATIENT-COMPLETE	92002	CPT	outpatient			442	173.66	Multiplan	Multiplan		353.6	80			63.16	419.9	percent of total billed charges	
NEW PATIENT-COMPLETE	92002	CPT	outpatient			442	173.66	Qualcare	Qualcare		331.5	75			63.16	419.9	percent of total billed charges	
NEW PATIENT-COMPLETE	92002	CPT	outpatient			442	173.66	Three Rivers	Three Rivers		419.9	95			63.16	419.9	percent of total billed charges	
NEW PATIENT-COMPLETE	92002	CPT	outpatient			442	173.66	UHC	Medicaid		139.45	31.55			63.16	419.9	percent of total billed charges	
NEW PATIENT-COMPLETE	92002	CPT	outpatient			442	173.66	UHC	Medicare		151.18				63.16	419.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEW PATIENT-COMPLETE	92002	CPT	outpatient			442	173.66	Wellcare	Medicaid		139.45	31.55			63.16	419.9	percent of total billed charges	
NEW PATIENT-COMPLETE	92002	CPT	outpatient			442	173.66	Wellcare	Medicare		151.18				63.16	419.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEW PATIENT-COMPLETE	92002	CPT	outpatient			442	173.66	WellPoint	WellPoint		142.24	32.18			63.16	419.9	percent of total billed charges	
NEW PATIENT-COMPREHENSIVE	92004	CPT	outpatient			442	173.66	Aetna	Better Health		139.45	31.55			112.23	419.9	percent of total billed charges	
NEW PATIENT-COMPREHENSIVE	92004	CPT	outpatient			442	173.66	Aetna	Commercial		240.68				112.23	419.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEW PATIENT-COMPREHENSIVE	92004	CPT	outpatient			442	173.66	Aetna	Medicare		151.18				112.23	419.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEW PATIENT-COMPREHENSIVE	92004	CPT	outpatient			442	173.66	Americare	Americare		331.5	75			112.23	419.9	percent of total billed charges	
NEW PATIENT-COMPREHENSIVE	92004	CPT	outpatient			442	173.66	Amerihealth	HMO/PPO		287.3	65			112.23	419.9	percent of total billed charges	
NEW PATIENT-COMPREHENSIVE	92004	CPT	outpatient			442	173.66	Amerihealth	Medicare		151.18				112.23	419.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEW PATIENT-COMPREHENSIVE	92004	CPT	outpatient			442	173.66	Consumer	Consumer		419.9	95			112.23	419.9	percent of total billed charges	
NEW PATIENT-COMPREHENSIVE	92004	CPT	outpatient			442	173.66	Corrections	Corrections		353.6	80			112.23	419.9	percent of total billed charges	
NEW PATIENT-COMPREHENSIVE	92004	CPT	outpatient			442	173.66	First Health	First Health		309.4	70			112.23	419.9	percent of total billed charges	
NEW PATIENT-COMPREHENSIVE	92004	CPT	outpatient			442	173.66	First Trenton	First Trenton		397.8	90			112.23	419.9	percent of total billed charges	
NEW PATIENT-COMPREHENSIVE	92004	CPT	outpatient			442	173.66	Horizon	Indemnity		281.35				112.23	419.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEW PATIENT-COMPREHENSIVE	92004	CPT	outpatient			442	173.66	Horizon	MGD		281.35				112.23	419.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEW PATIENT-COMPREHENSIVE	92004	CPT	outpatient			442	173.66	Horizon	NJ Health		112.23				112.23	419.9	fee schedule	
NEW PATIENT-COMPREHENSIVE	92004	CPT	outpatient			442	173.66	Horizon	Medicare Blue		151.18				112.23	419.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEW PATIENT-COMPREHENSIVE	92004	CPT	outpatient			442	173.66	Horizon	PPO		281.35				112.23	419.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEW PATIENT-COMPREHENSIVE	92004	CPT	outpatient			442	173.66	Managed Care Inc	Managed Care Inc		397.8	90			112.23	419.9	percent of total billed charges	
NEW PATIENT-COMPREHENSIVE	92004	CPT	outpatient			442	173.66	Multiplan	Multiplan		353.6	80			112.23	419.9	percent of total billed charges	
NEW PATIENT-COMPREHENSIVE	92004	CPT	outpatient			442	173.66	Qualcare	Qualcare		331.5	75			112.23	419.9	percent of total billed charges	
NEW PATIENT-COMPREHENSIVE	92004	CPT	outpatient			442	173.66	Three Rivers	Three Rivers		419.9	95			112.23	419.9	percent of total billed charges	
NEW PATIENT-COMPREHENSIVE	92004	CPT	outpatient			442	173.66	UHC	Medicaid		139.45	31.55			112.23	419.9	percent of total billed charges	
NEW PATIENT-COMPREHENSIVE	92004	CPT	outpatient			442	173.66	UHC	Medicare		151.18				112.23	419.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEW PATIENT-COMPREHENSIVE	92004	CPT	outpatient			442	173.66	Wellcare	Medicaid		139.45	31.55			112.23	419.9	percent of total billed charges	
NEW PATIENT-COMPREHENSIVE	92004	CPT	outpatient			442	173.66	Wellcare	Medicare		151.18				112.23	419.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEW PATIENT-COMPREHENSIVE	92004	CPT	outpatient			442	173.66	WellPoint	WellPoint		142.24	32.18			112.23	419.9	percent of total billed charges	
EYE EXAM-EST.PT.COMPLETE	92012	CPT	outpatient			442	173.66	Aetna	Medicare		151.18				76.26	419.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EYE EXAM-EST.PT.COMPLETE	92012	CPT	outpatient			442	173.66	Aetna	Better Health		139.45	31.55			76.26	419.9	percent of total billed charges	
EYE EXAM-EST.PT.COMPLETE	92012	CPT	outpatient			442	173.66	Aetna	Commercial		240.68				76.26	419.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EYE EXAM-EST.PT.COMPLETE	92012	CPT	outpatient			442	173.66	Americare	Americare		331.5	75			76.26	419.9	percent of total billed charges	
EYE EXAM-EST.PT.COMPLETE	92012	CPT	outpatient			442	173.66	Amerihealth	HMO/PPO		287.3	65			76.26	419.9	percent of total billed charges	
EYE EXAM-EST.PT.COMPLETE	92012	CPT	outpatient			442	173.66	Amerihealth	Medicare		151.18				76.26	419.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EYE EXAM-EST.PT.COMPLETE	92012	CPT	outpatient			442	173.66	Consumer	Consumer		419.9	95			76.26	419.9	percent of total billed charges	
EYE EXAM-EST.PT.COMPLETE	92012	CPT	outpatient			442	173.66	Corrections	Corrections		353.6	80			76.26	419.9	percent of total billed charges	
EYE EXAM-EST.PT.COMPLETE	92012	CPT	outpatient			442	173.66	First Health	First Health		309.4	70			76.26	419.9	percent of total billed charges	
EYE EXAM-EST.PT.COMPLETE	92012	CPT	outpatient			442	173.66	First Trenton	First Trenton		397.8	90			76.26	419.9	percent of total billed charges	
EYE EXAM-EST.PT.COMPLETE	92012	CPT	outpatient			442	173.66	Horizon	MGD		281.35				76.26	419.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EYE EXAM-EST.PT.COMPLETE	92012	CPT	outpatient			442	173.66	Horizon	Indemnity		281.35				76.26	419.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EYE EXAM-EST.PT.COMPLETE	92012	CPT	outpatient			442	173.66	Horizon	Medicare Blue		151.18				76.26	419.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EYE EXAM-EST.PT.COMPLETE	92012	CPT	outpatient			442	173.66	Horizon	NJ Health		76.26				76.26	419.9	fee schedule	
EYE EXAM-EST.PT.COMPLETE	92012	CPT	outpatient			442	173.66	Horizon	PPO		281.35				76.26	419.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EYE EXAM-EST.PT.COMPLETE	92012	CPT	outpatient			442	173.66	Managed Care Inc	Managed Care Inc		397.8	90			76.26	419.9	percent of total billed charges	
EYE EXAM-EST.PT.COMPLETE	92012	CPT	outpatient			442	173.66	Multiplan	Multiplan		353.6	80			76.26	419.9	percent of total billed charges	
EYE EXAM-EST.PT.COMPLETE	92012	CPT	outpatient			442	173.66	Qualcare	Qualcare		331.5	75			76.26	419.9	percent of total billed charges	
EYE EXAM-EST.PT.COMPLETE	92012	CPT	outpatient			442	173.66	Three Rivers	Three Rivers		419.9	95			76.26	419.9	percent of total billed charges	
EYE EXAM-EST.PT.COMPLETE	92012	CPT	outpatient			442	173.66	UHC	Medicare		151.18				76.26	419.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EYE EXAM-EST.PT.COMPLETE	92012	CPT	outpatient			442	173.66	UHC	Medicaid		139.45	31.55			76.26	419.9	percent of total billed charges	
EYE EXAM-EST.PT.COMPLETE	92012	CPT	outpatient			442	173.66	Wellcare	Medicaid		139.45	31.55			76.26	419.9	percent of total billed charges	
EYE EXAM-EST.PT.COMPLETE	92012	CPT	outpatient			442	173.66	Wellcare	Medicare		151.18				76.26	419.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EYE EXAM-EST.PT.COMPLETE	92012	CPT	outpatient			442	173.66	WellPoint	WellPoint		142.24	32.18			76.26	419.9	percent of total billed charges	
EYE EXAM-EST.PT.COMPREHENSIVE	92014	CPT	outpatient			442	173.66	Aetna	Better Health		139.45	31.55			112.13	419.9	percent of total billed charges	
EYE EXAM-EST.PT.COMPREHENSIVE	92014	CPT	outpatient			442	173.66	Aetna	Commercial		240.68				112.13	419.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EYE EXAM-EST.PT.COMPREHENSIVE	92014	CPT	outpatient			442	173.66	Aetna	Medicare		151.18				112.13	419.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EYE EXAM-EST.PT.COMPREHENSIVE	92014	CPT	outpatient			442	173.66	Americare	Americare		331.5	75			112.13	419.9	percent of total billed charges	
EYE EXAM-EST.PT.COMPREHENSIVE	92014	CPT	outpatient			442	173.66	Amerihealth	HMO/PPO		287.3	65			112.13	419.9	percent of total billed charges	
EYE EXAM-EST.PT.COMPREHENSIVE	92014	CPT	outpatient			442	173.66	Amerihealth	Medicare		151.18				112.13	419.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EYE EXAM-EST.PT.COMPREHENSIVE	92014	CPT	outpatient			442	173.66	Consumer	Consumer		419.9	95			112.13	419.9	percent of total billed charges	
EYE EXAM-EST.PT.COMPREHENSIVE	92014	CPT	outpatient			442	173.66	Corrections	Corrections		353.6	80			112.13	419.9	percent of total billed charges	
EYE EXAM-EST.PT.COMPREHENSIVE	92014	CPT	outpatient			442	173.66	First Health	First Health		309.4	70			112.13	419.9	percent of total billed charges	
EYE EXAM-EST.PT.COMPREHENSIVE	92014	CPT	outpatient			442	173.66	First Trenton	First Trenton		397.8	90			112.13	419.9	percent of total billed charges	
EYE EXAM-EST.PT.COMPREHENSIVE	92014	CPT	outpatient			442	173.66	Horizon	Indemnity		281.35				112.13	419.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EYE EXAM-EST.PT.COMPREHENSIVE	92014	CPT	outpatient			442	173.66	Horizon	PPO		281.35				112.13	419.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EYE EXAM-EST.PT.COMPREHENSIVE	92014	CPT	outpatient			442	173.66	Horizon	MGD		281.35				112.13	419.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EYE EXAM-EST.PT.COMPREHENSIVE	92014	CPT	outpatient			442	173.66	Horizon	Medicare Blue		151.18				112.13	419.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EYE EXAM-EST.PT.COMPREHENSIVE	92014	CPT	outpatient			442	173.66	Horizon	NJ Health		112.13				112.13	419.9	fee schedule	
EYE EXAM-EST.PT.COMPREHENSIVE	92014	CPT	outpatient			442	173.66	Managed Care Inc	Managed Care Inc		397.8	90			112.13	419.9	percent of total billed charges	
EYE EXAM-EST.PT.COMPREHENSIVE	92014	CPT	outpatient			442	173.66	Multiplan	Multiplan		353.6	80			112.13	419.9	percent of total billed charges	
EYE EXAM-EST.PT.COMPREHENSIVE	92014	CPT	outpatient			442	173.66	Qualcare	Qualcare		331.5	75			112.13	419.9	percent of total billed charges	
EYE EXAM-EST.PT.COMPREHENSIVE	92014	CPT	outpatient			442	173.66	Three Rivers	Three Rivers		419.9	95			112.13	419.9	percent of total billed charges	
EYE EXAM-EST.PT.COMPREHENSIVE	92014	CPT	outpatient			442	173.66	UHC	Medicare		151.18				112.13	419.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EYE EXAM-EST.PT.COMPREHENSIVE	92014	CPT	outpatient			442	173.66	UHC	Medicaid		139.45	31.55			112.13	419.9	percent of total billed charges	
EYE EXAM-EST.PT.COMPREHENSIVE	92014	CPT	outpatient			442	173.66	Wellcare	Medicare		151.18				112.13	419.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EYE EXAM-EST.PT.COMPREHENSIVE	92014	CPT	outpatient			442	173.66	Wellcare	Medicaid		139.45	31.55			112.13	419.9	percent of total billed charges	
EYE EXAM-EST.PT.COMPREHENSIVE	92014	CPT	outpatient			442	173.66	WellPoint	WellPoint		142.24	32.18			112.13	419.9	percent of total billed charges	
REFRACTIVE ERROR DETERMINATION	92015	CPT	outpatient					Horizon	NJ Health		78.3				78.3	78.3	fee schedule	
OPHTH EXAM AND EVAL;COMPLETE	92018	CPT	outpatient			7704	3073.41	Aetna	Medicare		2672.53				100.49	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPHTH EXAM AND EVAL;COMPLETE	92018	CPT	outpatient			7704	3073.41	Aetna	Better Health		2430.61	31.55			100.49	7318.8	percent of total billed charges	
OPHTH EXAM AND EVAL;COMPLETE	92018	CPT	outpatient			7704	3073.41	Aetna	Commercial		4254.67				100.49	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPHTH EXAM AND EVAL;COMPLETE	92018	CPT	outpatient			7704	3073.41	Americare	Americare		5778	75			100.49	7318.8	percent of total billed charges	
OPHTH EXAM AND EVAL;COMPLETE	92018	CPT	outpatient			7704	3073.41	Amerihealth	HMO/PPO		5007.6	65			100.49	7318.8	percent of total billed charges	
OPHTH EXAM AND EVAL;COMPLETE	92018	CPT	outpatient			7704	3073.41	Amerihealth	Medicare		2672.53				100.49	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPHTH EXAM AND EVAL;COMPLETE	92018	CPT	outpatient			7704	3073.41	Consumer	Consumer		7318.8	95			100.49	7318.8	percent of total billed charges	
OPHTH EXAM AND EVAL;COMPLETE	92018	CPT	outpatient			7704	3073.41	Corrections	Corrections		6163.2	80			100.49	7318.8	percent of total billed charges	
OPHTH EXAM AND EVAL;COMPLETE	92018	CPT	outpatient			7704	3073.41	First Health	First Health		5392.8	70			100.49	7318.8	percent of total billed charges	
OPHTH EXAM AND EVAL;COMPLETE	92018	CPT	outpatient			7704	3073.41	First Trenton	First Trenton		6933.6	90			100.49	7318.8	percent of total billed charges	
OPHTH EXAM AND EVAL;COMPLETE	92018	CPT	outpatient			7704	3073.41	Horizon	MGD		4973.58				100.49	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPHTH EXAM AND EVAL;COMPLETE	92018	CPT	outpatient			7704	3073.41	Horizon	Indemnity		4973.58				100.49	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPHTH EXAM AND EVAL;COMPLETE	92018	CPT	outpatient			7704	3073.41	Horizon	PPO		4973.58				100.49	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPHTH EXAM AND EVAL;COMPLETE	92018	CPT	outpatient			7704	3073.41	Horizon	NJ Health		100.49				100.49	7318.8	fee schedule	
OPHTH EXAM AND EVAL;COMPLETE	92018	CPT	outpatient			7704	3073.41	Horizon	Medicare Blue		2672.53				100.49	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPHTH EXAM AND EVAL;COMPLETE	92018	CPT	outpatient			7704	3073.41	Managed Care Inc	Managed Care Inc		6933.6	90			100.49	7318.8	percent of total billed charges	
OPHTH EXAM AND EVAL;COMPLETE	92018	CPT	outpatient			7704	3073.41	Multiplan	Multiplan		6163.2	80			100.49	7318.8	percent of total billed charges	
OPHTH EXAM AND EVAL;COMPLETE	92018	CPT	outpatient			7704	3073.41	Qualcare	Qualcare		5778	75			100.49	7318.8	percent of total billed charges	
OPHTH EXAM AND EVAL;COMPLETE	92018	CPT	outpatient			7704	3073.41	Three Rivers	Three Rivers		7318.8	95			100.49	7318.8	percent of total billed charges	
OPHTH EXAM AND EVAL;COMPLETE	92018	CPT	outpatient			7704	3073.41	UHC	Medicaid		2430.61	31.55			100.49	7318.8	percent of total billed charges	
OPHTH EXAM AND EVAL;COMPLETE	92018	CPT	outpatient			7704	3073.41	UHC	Medicare		2672.53				100.49	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPHTH EXAM AND EVAL;COMPLETE	92018	CPT	outpatient			7704	3073.41	United	CommercialPPO		2776				100.49	7318.8	case rate	
OPHTH EXAM AND EVAL;COMPLETE	92018	CPT	outpatient			7704	3073.41	United	Oxford		2776				100.49	7318.8	case rate	
OPHTH EXAM AND EVAL;COMPLETE	92018	CPT	outpatient			7704	3073.41	Wellcare	Medicare		2672.53				100.49	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPHTH EXAM AND EVAL;COMPLETE	92018	CPT	outpatient			7704	3073.41	Wellcare	Medicaid		2430.61	31.55			100.49	7318.8	percent of total billed charges	
OPHTH EXAM AND EVAL;COMPLETE	92018	CPT	outpatient			7704	3073.41	WellPoint	WellPoint		2479.15	32.18			100.49	7318.8	percent of total billed charges	
GONIOSCOPY	92020	CPT	outpatient			424	168	Aetna	Better Health		133.77	31.55			38.58	402.8	percent of total billed charges	
GONIOSCOPY	92020	CPT	outpatient			424	168	Aetna	Commercial		232.98				38.58	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GONIOSCOPY	92020	CPT	outpatient			424	168	Aetna	Medicare		146.09				38.58	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GONIOSCOPY	92020	CPT	outpatient			424	168	Americare	Americare		318	75			38.58	402.8	percent of total billed charges	
GONIOSCOPY	92020	CPT	outpatient			424	168	Amerihealth	HMO/PPO		275.6	65			38.58	402.8	percent of total billed charges	
GONIOSCOPY	92020	CPT	outpatient			424	168	Amerihealth	Medicare		146.09				38.58	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GONIOSCOPY	92020	CPT	outpatient			424	168	Consumer	Consumer		402.8	95			38.58	402.8	percent of total billed charges	
GONIOSCOPY	92020	CPT	outpatient			424	168	Corrections	Corrections		339.2	80			38.58	402.8	percent of total billed charges	
GONIOSCOPY	92020	CPT	outpatient			424	168	First Health	First Health		296.8	70			38.58	402.8	percent of total billed charges	
GONIOSCOPY	92020	CPT	outpatient			424	168	First Trenton	First Trenton		381.6	90			38.58	402.8	percent of total billed charges	
GONIOSCOPY	92020	CPT	outpatient			424	168	Horizon	Indemnity		271.87				38.58	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GONIOSCOPY	92020	CPT	outpatient			424	168	Horizon	MGD		271.87				38.58	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GONIOSCOPY	92020	CPT	outpatient			424	168	Horizon	Medicare Blue		146.09				38.58	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GONIOSCOPY	92020	CPT	outpatient			424	168	Horizon	NJ Health		38.58				38.58	402.8	fee schedule	
GONIOSCOPY	92020	CPT	outpatient			424	168	Horizon	PPO		271.87				38.58	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GONIOSCOPY	92020	CPT	outpatient			424	168	Managed Care Inc	Managed Care Inc		361.6	90			38.58	402.8	percent of total billed charges	
GONIOSCOPY	92020	CPT	outpatient			424	168	Multiplan	Multiplan		339.2	80			38.58	402.8	percent of total billed charges	
GONIOSCOPY	92020	CPT	outpatient			424	168	Qualcare	Qualcare		318	75			38.58	402.8	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
GONIOSCOPY	92020	CPT	outpatient			424		168 Three Rivers	Three Rivers		402.8	95			38.58		402.8 percent of total billed charges	
GONIOSCOPY	92020	CPT	outpatient			424		168 UHC	Medicaid		133.77	31.55			38.58		402.8 percent of total billed charges	
GONIOSCOPY	92020	CPT	outpatient			424		168 UHC	Medicare		146.09				38.58		402.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GONIOSCOPY	92020	CPT	outpatient			424		168 Wellcare	Medicaid		133.77	31.55			38.58		402.8 percent of total billed charges	
GONIOSCOPY	92020	CPT	outpatient			424		168 Wellcare	Medicare		146.09				38.58		402.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GONIOSCOPY	92020	CPT	outpatient			424		168 WellPoint	WellPoint		136.44	32.18			38.58		402.8 percent of total billed charges	
CORNEAL TOPOGRAPHY	92025	CPT	outpatient			211		80.45 Aetna	Commercial		111.38				66.57		200.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORNEAL TOPOGRAPHY	92025	CPT	outpatient			211		80.45 Aetna	Better Health		66.57	31.55			66.57		200.45 percent of total billed charges	
CORNEAL TOPOGRAPHY	92025	CPT	outpatient			211		80.45 Aetna	Medicare		69.96				66.57		200.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORNEAL TOPOGRAPHY	92025	CPT	outpatient			211		80.45 Americare	Americare		158.25	75			66.57		200.45 percent of total billed charges	
CORNEAL TOPOGRAPHY	92025	CPT	outpatient			211		80.45 Amerihealth	HMO/PPO		137.15	65			66.57		200.45 percent of total billed charges	
CORNEAL TOPOGRAPHY	92025	CPT	outpatient			211		80.45 Amerihealth	Medicare		69.96				66.57		200.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORNEAL TOPOGRAPHY	92025	CPT	outpatient			211		80.45 Consumer	Consumer		200.45	95			66.57		200.45 percent of total billed charges	
CORNEAL TOPOGRAPHY	92025	CPT	outpatient			211		80.45 Corrections	Corrections		168.8	80			66.57		200.45 percent of total billed charges	
CORNEAL TOPOGRAPHY	92025	CPT	outpatient			211		80.45 First Health	First Health		147.7	70			66.57		200.45 percent of total billed charges	
CORNEAL TOPOGRAPHY	92025	CPT	outpatient			211		80.45 First Trenton	First Trenton		189.9	90			66.57		200.45 percent of total billed charges	
CORNEAL TOPOGRAPHY	92025	CPT	outpatient			211		80.45 Horizon	PPO		130.2				66.57		200.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORNEAL TOPOGRAPHY	92025	CPT	outpatient			211		80.45 Horizon	Indemnity		130.2				66.57		200.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORNEAL TOPOGRAPHY	92025	CPT	outpatient			211		80.45 Horizon	MGD		130.2				66.57		200.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORNEAL TOPOGRAPHY	92025	CPT	outpatient			211		80.45 Horizon	Medicare Blue		69.96				66.57		200.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORNEAL TOPOGRAPHY	92025	CPT	outpatient			211		80.45 Managed Care Inc	Managed Care Inc		189.9	90			66.57		200.45 percent of total billed charges	
CORNEAL TOPOGRAPHY	92025	CPT	outpatient			211		80.45 Multiplan	Multiplan		168.8	80			66.57		200.45 percent of total billed charges	
CORNEAL TOPOGRAPHY	92025	CPT	outpatient			211		80.45 Qualcare	Qualcare		158.25	75			66.57		200.45 percent of total billed charges	
CORNEAL TOPOGRAPHY	92025	CPT	outpatient			211		80.45 Three Rivers	Three Rivers		200.45	95			66.57		200.45 percent of total billed charges	
CORNEAL TOPOGRAPHY	92025	CPT	outpatient			211		80.45 UHC	Medicaid		66.57	31.55			66.57		200.45 percent of total billed charges	
CORNEAL TOPOGRAPHY	92025	CPT	outpatient			211		80.45 UHC	Medicare		69.96				66.57		200.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORNEAL TOPOGRAPHY	92025	CPT	outpatient			211		80.45 Wellcare	Medicaid		66.57	31.55			66.57		200.45 percent of total billed charges	
CORNEAL TOPOGRAPHY	92025	CPT	outpatient			211		80.45 Wellcare	Medicare		69.96				66.57		200.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORNEAL TOPOGRAPHY	92025	CPT	outpatient			211		80.45 WellPoint	WellPoint		67.9	32.18			66.57		200.45 percent of total billed charges	
ORTHOPTIC EVALUATION	92060	CPT	outpatient			211		80.45 Aetna	Commercial		111.38				66.57		200.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORTHOPTIC EVALUATION	92060	CPT	outpatient			211		80.45 Aetna	Better Health		66.57	31.55			66.57		200.45 percent of total billed charges	
ORTHOPTIC EVALUATION	92060	CPT	outpatient			211		80.45 Aetna	Medicare		69.96				66.57		200.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORTHOPTIC EVALUATION	92060	CPT	outpatient			211		80.45 Americare	Americare		158.25	75			66.57		200.45 percent of total billed charges	
ORTHOPTIC EVALUATION	92060	CPT	outpatient			211		80.45 Amerihealth	HMO/PPO		137.15	65			66.57		200.45 percent of total billed charges	
ORTHOPTIC EVALUATION	92060	CPT	outpatient			211		80.45 Amerihealth	Medicare		69.96				66.57		200.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORTHOPTIC EVALUATION	92060	CPT	outpatient			211		80.45 Consumer	Consumer		200.45	95			66.57		200.45 percent of total billed charges	
ORTHOPTIC EVALUATION	92060	CPT	outpatient			211		80.45 Corrections	Corrections		168.8	80			66.57		200.45 percent of total billed charges	
ORTHOPTIC EVALUATION	92060	CPT	outpatient			211		80.45 First Health	First Health		147.7	70			66.57		200.45 percent of total billed charges	
ORTHOPTIC EVALUATION	92060	CPT	outpatient			211		80.45 First Trenton	First Trenton		189.9	90			66.57		200.45 percent of total billed charges	
ORTHOPTIC EVALUATION	92060	CPT	outpatient			211		80.45 Horizon	Indemnity		130.2				66.57		200.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORTHOPTIC EVALUATION	92060	CPT	outpatient			211		80.45 Horizon	MGD		130.2				66.57		200.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORTHOPTIC EVALUATION	92060	CPT	outpatient			211		80.45 Horizon	NJ Health		90.23				66.57		200.45 fee schedule	
ORTHOPTIC EVALUATION	92060	CPT	outpatient			211		80.45 Horizon	Medicare Blue		69.96				66.57		200.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORTHOPTIC EVALUATION	92060	CPT	outpatient			211		80.45 Horizon	PPO		130.2				66.57		200.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORTHOPTIC EVALUATION	92060	CPT	outpatient			211		80.45 Managed Care Inc	Managed Care Inc		189.9	90			66.57		200.45 percent of total billed charges	
ORTHOPTIC EVALUATION	92060	CPT	outpatient			211		80.45 Multiplan	Multiplan		168.8	80			66.57		200.45 percent of total billed charges	
ORTHOPTIC EVALUATION	92060	CPT	outpatient			211		80.45 Qualcare	Qualcare		158.25	75			66.57		200.45 percent of total billed charges	
ORTHOPTIC EVALUATION	92060	CPT	outpatient			211		80.45 Three Rivers	Three Rivers		200.45	95			66.57		200.45 percent of total billed charges	
ORTHOPTIC EVALUATION	92060	CPT	outpatient			211		80.45 UHC	Medicare		69.96				66.57		200.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORTHOPTIC EVALUATION	92060	CPT	outpatient			211		80.45 UHC	Medicaid		66.57	31.55			66.57		200.45 percent of total billed charges	
ORTHOPTIC EVALUATION	92060	CPT	outpatient			211		80.45 Wellcare	Medicaid		66.57	31.55			66.57		200.45 percent of total billed charges	
ORTHOPTIC EVALUATION	92060	CPT	outpatient			211		80.45 Wellcare	Medicare		69.96				66.57		200.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORTHOPTIC EVALUATION	92060	CPT	outpatient			211		80.45 WellPoint	WellPoint		67.9	32.18			66.57		200.45 percent of total billed charges	
ORTHOPTIC THERAPY	92065	CPT	outpatient					Horizon	NJ Health		41.76				41.76		41.76 fee schedule	
FIT CL FOR OCULAR SURFACE DIS	92071	CPT	outpatient					Horizon	NJ Health		41.66				41.66		41.66 fee schedule	
INITIAL CL FIT FOR KERATOCONUS	92072	CPT	outpatient					Horizon	NJ Health		132.77				132.77		132.77 fee schedule	
TANGENT SCREEN	92081	CPT	outpatient			211		80.45 Aetna	Commercial		111.38				41.76		200.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TANGENT SCREEN	92081	CPT	outpatient			211		80.45 Aetna	Better Health		66.57	31.55			41.76		200.45 percent of total billed charges	
TANGENT SCREEN	92081	CPT	outpatient			211		80.45 Aetna	Medicare		69.96				41.76		200.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TANGENT SCREEN	92081	CPT	outpatient			211		80.45 Americare	Americare		158.25	75			41.76		200.45 percent of total billed charges	
TANGENT SCREEN	92081	CPT	outpatient			211		80.45 Amerihealth	Medicare		69.96				41.76		200.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TANGENT SCREEN	92081	CPT	outpatient			211		80.45 Amerihealth	HMO/PPO		137.15	65			41.76		200.45 percent of total billed charges	
TANGENT SCREEN	92081	CPT	outpatient			211		80.45 Consumer	Consumer		200.45	95			41.76		200.45 percent of total billed charges	
TANGENT SCREEN	92081	CPT	outpatient			211		80.45 Corrections	Corrections		168.8	80			41.76		200.45 percent of total billed charges	
TANGENT SCREEN	92081	CPT	outpatient			211		80.45 First Health	First Health		147.7	70			41.76		200.45 percent of total billed charges	
TANGENT SCREEN	92081	CPT	outpatient			211		80.45 First Trenton	First Trenton		189.9	90			41.76		200.45 percent of total billed charges	
TANGENT SCREEN	92081	CPT	outpatient			211		80.45 Horizon	NJ Health		41.76				41.76		200.45 fee schedule	
TANGENT SCREEN	92081	CPT	outpatient			211		80.45 Horizon	Indemnity		130.2				41.76		200.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TANGENT SCREEN	92081	CPT	outpatient			211		80.45 Horizon	Medicare Blue		69.96				41.76		200.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TANGENT SCREEN	92081	CPT	outpatient			211		80.45 Horizon	MGD		130.2				41.76		200.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TANGENT SCREEN	92081	CPT	outpatient			211		80.45 Horizon	PPO		130.2				41.76		200.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TANGENT SCREEN	92081	CPT	outpatient			211		80.45 Managed Care Inc	Managed Care Inc		189.9	90			41.76		200.45 percent of total billed charges	
TANGENT SCREEN	92081	CPT	outpatient			211		80.45 Multiplan	Multiplan		168.8	80			41.76		200.45 percent of total billed charges	
TANGENT SCREEN	92081	CPT	outpatient			211		80.45 Qualcare	Qualcare		158.25	75			41.76		200.45 percent of total billed charges	
TANGENT SCREEN	92081	CPT	outpatient			211		80.45 Three Rivers	Three Rivers		200.45	95			41.76		200.45 percent of total billed charges	
TANGENT SCREEN	92081	CPT	outpatient			211		80.45 UHC	Medicare		69.96				41.76		200.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TANGENT SCREEN	92081	CPT	outpatient			211		80.45 UHC	Medicaid		66.57	31.55			41.76		200.45 percent of total billed charges	
TANGENT SCREEN	92081	CPT	outpatient			211		80.45 Wellcare	Medicare		69.96				41.76		200.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TANGENT SCREEN	92081	CPT	outpatient			211		80.45 Wellcare	Medicaid		66.57	31.55			41.76		200.45 percent of total billed charges	
TANGENT SCREEN	92081	CPT	outpatient			211		80.45 WellPoint	WellPoint		67.9	32.18			41.76		200.45 percent of total billed charges	
GOLDMANN FIELD INTERMED	92082	CPT	outpatient			211		80.45 Aetna	Commercial		111.38				66.57		200.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GOLDMANN FIELD INTERMED	92082	CPT	outpatient			211		80.45 Aetna	Better Health		66.57	31.55			66.57		200.45 percent of total billed charges	
GOLDMANN FIELD INTERMED	92082	CPT	outpatient			211		80.45 Aetna	Medicare		69.96				66.57		200.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GOLDMANN FIELD INTERMED	92082	CPT	outpatient			211		80.45 Americare	Americare		158.25	75			66.57		200.45 percent of total billed charges	
GOLDMANN FIELD INTERMED	92082	CPT	outpatient			211		80.45 Amerihealth	HMO/PPO		137.15	65			66.57		200.45 percent of total billed charges	
GOLDMANN FIELD INTERMED	92082	CPT	outpatient			211		80.45 Amerihealth	Medicare		69.96				66.57		200.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GOLDMANN FIELD INTERMED	92082	CPT	outpatient			211		80.45 Consumer	Consumer		200.45	95			66.57		200.45 percent of total billed charges	
GOLDMANN FIELD INTERMED	92082	CPT	outpatient			211		80.45 Corrections	Corrections		168.8	80			66.57		200.45 percent of total billed charges	
GOLDMANN FIELD INTERMED	92082	CPT	outpatient			211		80.45 First Health	First Health		147.7	70			66.57		200.45 percent of total billed charges	
GOLDMANN FIELD INTERMED	92082	CPT	outpatient			211		80.45 First Trenton	First Trenton		189.9	90			66.57		200.45 percent of total billed charges	
GOLDMANN FIELD INTERMED	92082	CPT	outpatient			211		80.45 Horizon	PPO		130.2				66.57		200.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GOLDMANN FIELD INTERMED	92082	CPT	outpatient			211		80.45 Horizon	MGD		130.2				66.57		200.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GOLDMANN FIELD INTERMED	92082	CPT	outpatient			211		80.45 Horizon	Indemnity		130.2				66.57		200.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GOLDMANN FIELD INTERMED	92082	CPT	outpatient			211		80.45 Horizon	Medicare Blue		69.96				66.57		200.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GOLDMANN FIELD INTERMED	92082	CPT	outpatient			211		80.45 Horizon	NJ Health		75.12				66.57		200.45 fee schedule	
GOLDMANN FIELD INTERMED	92082	CPT	outpatient			211		80.45 Managed Care Inc	Managed Care Inc		189.9	90			66.57		200.45 percent of total billed charges	
GOLDMANN FIELD INTERMED	92082	CPT	outpatient			211		80.45 Multiplan	Multiplan		168.8	80			66.57		200.45 percent of total billed charges	
GOLDMANN FIELD INTERMED	92082	CPT	outpatient			211		80.45 Qualcare	Qualcare		158.25	75			66.57		200.45 percent of total billed charges	
GOLDMANN FIELD INTERMED	92082	CPT	outpatient			211		80.45 Three Rivers	Three Rivers		200.45	95			66.57		200.45 percent of total billed charges	
GOLDMANN FIELD INTERMED	92082	CPT	outpatient			211		80.45 UHC	Medicare		69.96				66.57		200.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GOLDMANN FIELD INTERMED	92082	CPT	outpatient			211		80.45 UHC	Medicaid		66.57	31.55			66.57		200.45 percent of total billed charges	
GOLDMANN FIELD INTERMED	92082	CPT	outpatient			211		80.45 Wellcare	Medicare		69.96				66.57		200.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GOLDMANN FIELD INTERMED	92082	CPT	outpatient			211		80.45 Wellcare	Medicaid		66.57	31.55			66.57		200.45 percent of total billed charges	
GOLDMANN FIELD INTERMED	92082	CPT	outpatient			211		80.45 WellPoint	WellPoint		67.9	32.18			66.57		200.45 percent of total billed charges	
GOLDMANN FIELD, EXTEND	92083	CPT	both			424		168 Aetna	Medicare		146.09				99.81		402.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GOLDMANN FIELD, EXTEND	92083	CPT	both			424		168 Aetna	Better Health		133.77	31.55			99.81		402.8 percent of total billed charges	
GOLDMANN FIELD, EXTEND	92083	CPT	both			424		168 Aetna	Commercial		232.58				99.81		402.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GOLDMANN FIELD, EXTEND	92083	CPT	both			424		168 Americare	Americare		318	75			99.81		402.8 percent of total billed charges	
GOLDMANN FIELD, EXTEND	92083	CPT	both			424		168 Amerihealth	Medicare		146.09				99.81		402.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GOLDMANN FIELD, EXTEND	92083	CPT	both			424		168 Amerihealth	HMO/PPO		275.6	65			99.81		402.8 percent of total billed charges	
GOLDMANN FIELD, EXTEND	92083	CPT	both			424		168 Consumer	Consumer		402.8	95			99.81		402.8 percent of total billed charges	
GOLDMANN FIELD, EXTEND	92083	CPT	both			424		168 Corrections	Corrections		339.2	80			99.81		402.8 percent of total billed charges	
GOLDMANN FIELD, EXTEND	92083	CPT	both			424		168 First Health	First Health		296.8	70			99.81		402.8 percent of total billed charges	
GOLDMANN FIELD, EXTEND	92083	CPT	both			424		168 First Trenton	First Trenton		381.6	90			99.81		402.8 percent of total billed charges	
GOLDMANN FIELD, EXTEND	92083	CPT	both			424		168 Horizon	MGD		271.87				99.81		402.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GOLDMANN FIELD, EXTEND	92083	CPT	both			424		168 Horizon	NJ Health		99.81				99.81		402.8 fee schedule	
GOLDMANN FIELD, EXTEND	92083	CPT	both			424		168 Horizon	Indemnity		271.87				99.81		402.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GOLDMANN FIELD, EXTEND	92083	CPT	both			424		168 Horizon	Medicare Blue		146.09				99.81		402.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GOLDMANN FIELD, EXTEND	92083	CPT	both			424		168 Horizon	PPO		271.87				99.81		402.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GOLDMANN FIELD, EXTEND	92083	CPT	both			424		168 Managed Care Inc	Managed Care Inc		381.6	90			99.81		402.8 percent of total billed charges	
GOLDMANN FIELD, EXTEND	92083	CPT	both			424		168 Multiplan	Multiplan		339.2	80			99.81		402.8 percent of total billed charges	
GOLDMANN FIELD, EXTEND	92083	CPT	both			424		168 Qualcare	Qualcare		318	75			99.81		402.8 percent of total billed charges	
GOLDMANN FIELD, EXTEND	92083	CPT	both			424		168 Three Rivers	Three Rivers		402.8	95			99.81		402.8 percent of total billed charges	
GOLDMANN FIELD, EXTEND	92083	CPT	both			424		168 UHC	Medicare		146.09				99.81		402.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GOLDMANN FIELD, EXTEND	92083	CPT	both			424		168 UHC	Medicaid		133.77	31.55			99.81		402.8 percent of total billed charges	
GOLDMANN FIELD, EXTEND	92083	CPT	both			424		168 Wellcare	Medicaid		133.77	31.55			99.81		402.8 percent of total billed charges	
GOLDMANN FIELD, EXTEND	92083	CPT	both			424		168 Wellcare	Medicare		146.09				99.81		402.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GOLDMANN FIELD, EXTEND	92083	CPT	both			424		168 WellPoint	WellPoint		136.44	32.18			99.81		402.8 percent of total billed charges	
SERIAL TONOMETRY	92100	CPT	outpatient					Horizon	NJ Health		41.76				41.76		41.76 fee schedule	
OCT -ANT SEG (ONE EYE)	92132	CPT	outpatient			220		80.45 Aetna	Commercial		111.38				31.14		209 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCT -ANT SEG (ONE EYE)	92132	CPT	outpatient			220		80.45 Aetna	Better Health		69.41	31.55			31.14		209 percent of total billed charges	
OCT -ANT SEG (ONE EYE)	92132	CPT	outpatient			220		80.45 Aetna	Medicare		69.96				31.14		209 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCT -ANT SEG (ONE EYE)	92132	CPT	outpatient			220		80.45 Americare	Americare		165	75			31.14		209 percent of total billed charges	
OCT -ANT SEG (ONE EYE)	92132	CPT	outpatient			220		80.45 Amerihealth	Medicare		69.96				31.14		209 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCT -ANT SEG (ONE EYE)	92132	CPT	outpatient			220		80.45 Amerihealth	HMO/PPO		143	65			31.14		209 percent of total billed charges	
OCT -ANT SEG (ONE EYE)	92132	CPT	outpatient			220		80.45 Consumer	Consumer		209	95			31.14		209 percent of total billed charges	
OCT -ANT SEG (ONE EYE)	92132	CPT	outpatient			220		80.45 Corrections	Corrections		176	80			31.14		209 percent of total billed charges	
OCT -ANT SEG (ONE EYE)	92132	CPT	outpatient			220		80.45 First Health	First Health		154	70			31.14		209 percent of total billed charges	
OCT -ANT SEG (ONE EYE)	92132	CPT	outpatient			220		80.45 First Trenton	First Trenton		198	90			31.14		209 percent of total billed charges	
OCT -ANT SEG (ONE EYE)	92132	CPT	outpatient			220		80.45 Horizon	Medicare Blue		69.96				31.14		209 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCT -ANT SEG (ONE EYE)	92132	CPT	outpatient			220		80.45 Horizon	PPO		130.2				31.14		209 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCT -ANT SEG (ONE EYE)	92132	CPT	outpatient			220		80.45 Horizon	MGD		130.2				31.14		209 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCT -ANT SEG (ONE EYE)	92132	CPT	outpatient			220		80.45 Horizon	NJ Health		31.14				31.14		209 fee schedule	
OCT -ANT SEG (ONE EYE)	92132	CPT	outpatient			220		80.45 Horizon	Indemnity		130.2				31.14		209 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCT -ANT SEG (ONE EYE)	92132	CPT	outpatient			220		80.45 Managed Care Inc	Managed Care Inc		198	90			31.14		209 percent of total billed charges	
OCT -ANT SEG (ONE EYE)	92132	CPT	outpatient			220		80.45 Multiplan	Multiplan		176	80			31.14		209 percent of total billed charges	
OCT -ANT SEG (ONE EYE)	92132	CPT	outpatient			220		80.45 Qualcare	Qualcare		165	75			31.14		209 percent of total billed charges	
OCT -ANT SEG (ONE EYE)	92132	CPT	outpatient			220		80.45 Three Rivers	Three Rivers		209	95			31.14		209 percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
OCT - ANT SEG (ONE EYE)	92132	CPT	outpatient			220	80.45	UHC	Medicare		69.96				31.14	209	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCT - ANT SEG (ONE EYE)	92132	CPT	outpatient			220	80.45	UHC	Medicaid		69.41	31.55			31.14	209	percent of total billed charges	
OCT - ANT SEG (ONE EYE)	92132	CPT	outpatient			220	80.45	Wellcare	Medicaid		69.41	31.55			31.14	209	percent of total billed charges	
OCT - ANT SEG (ONE EYE)	92132	CPT	outpatient			220	80.45	Wellcare	Medicare		69.96				31.14	209	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCT - ANT SEG (ONE EYE)	92132	CPT	outpatient			220	80.45	WellPoint	WellPoint		70.8	32.18			31.14	209	percent of total billed charges	
OCT -OPTIC NERVE (ONE EYE)	92133	CPT	both			220	80.45	Aetna	Commercial		111.38				37.95	209	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCT -OPTIC NERVE (ONE EYE)	92133	CPT	both			220	80.45	Aetna	Medicare		69.96				37.95	209	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCT -OPTIC NERVE (ONE EYE)	92133	CPT	both			220	80.45	Aetna	Better Health		69.41	31.55			37.95	209	percent of total billed charges	
OCT -OPTIC NERVE (ONE EYE)	92133	CPT	both			220	80.45	Americare	Americare		165	75			37.95	209	percent of total billed charges	
OCT -OPTIC NERVE (ONE EYE)	92133	CPT	both			220	80.45	Amerihealth	HMO/PPO		143	65			37.95	209	percent of total billed charges	
OCT -OPTIC NERVE (ONE EYE)	92133	CPT	both			220	80.45	Amerihealth	Medicare		69.96				37.95	209	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCT -OPTIC NERVE (ONE EYE)	92133	CPT	both			220	80.45	Consumer	Consumer		209	95			37.95	209	percent of total billed charges	
OCT -OPTIC NERVE (ONE EYE)	92133	CPT	both			220	80.45	Corrections	Corrections		176	80			37.95	209	percent of total billed charges	
OCT -OPTIC NERVE (ONE EYE)	92133	CPT	both			220	80.45	First Health	First Health		154	70			37.95	209	percent of total billed charges	
OCT -OPTIC NERVE (ONE EYE)	92133	CPT	both			220	80.45	First Trenton	First Trenton		198	90			37.95	209	percent of total billed charges	
OCT -OPTIC NERVE (ONE EYE)	92133	CPT	both			220	80.45	Horizon	NJ Health		37.95				37.95	209	fee schedule	
OCT -OPTIC NERVE (ONE EYE)	92133	CPT	both			220	80.45	Horizon	Indemnity		130.2				37.95	209	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCT -OPTIC NERVE (ONE EYE)	92133	CPT	both			220	80.45	Horizon	Medicare Blue		69.96				37.95	209	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCT -OPTIC NERVE (ONE EYE)	92133	CPT	both			220	80.45	Horizon	MGD		130.2				37.95	209	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCT -OPTIC NERVE (ONE EYE)	92133	CPT	both			220	80.45	Horizon	PPO		130.2				37.95	209	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCT -OPTIC NERVE (ONE EYE)	92133	CPT	both			220	80.45	Managed Care Inc	Managed Care Inc		198	90			37.95	209	percent of total billed charges	
OCT -OPTIC NERVE (ONE EYE)	92133	CPT	both			220	80.45	Multiplan	Multiplan		176	80			37.95	209	percent of total billed charges	
OCT -OPTIC NERVE (ONE EYE)	92133	CPT	both			220	80.45	Qualcare	Qualcare		165	75			37.95	209	percent of total billed charges	
OCT -OPTIC NERVE (ONE EYE)	92133	CPT	both			220	80.45	Three Rivers	Three Rivers		209	95			37.95	209	percent of total billed charges	
OCT -OPTIC NERVE (ONE EYE)	92133	CPT	both			220	80.45	UHC	Medicaid		69.41	31.55			37.95	209	percent of total billed charges	
OCT -OPTIC NERVE (ONE EYE)	92133	CPT	both			220	80.45	UHC	Medicare		69.96				37.95	209	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCT -OPTIC NERVE (ONE EYE)	92133	CPT	both			220	80.45	Wellcare	Medicare		69.96				37.95	209	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCT -OPTIC NERVE (ONE EYE)	92133	CPT	both			220	80.45	Wellcare	Medicaid		69.41	31.55			37.95	209	percent of total billed charges	
OCT -OPTIC NERVE (ONE EYE)	92133	CPT	both			220	80.45	WellPoint	WellPoint		70.8	32.18			37.95	209	percent of total billed charges	
OCT -RETINA (ONE EYE)	92134	CPT	both			220	80.45	Aetna	Commercial		111.38				37.95	209	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCT -RETINA (ONE EYE)	92134	CPT	both			220	80.45	Aetna	Better Health		69.41	31.55			37.95	209	percent of total billed charges	
OCT -RETINA (ONE EYE)	92134	CPT	both			220	80.45	Aetna	Medicare		69.96				37.95	209	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCT -RETINA (ONE EYE)	92134	CPT	both			220	80.45	Americare	Americare		165	75			37.95	209	percent of total billed charges	
OCT -RETINA (ONE EYE)	92134	CPT	both			220	80.45	Amerihealth	HMO/PPO		143	65			37.95	209	percent of total billed charges	
OCT -RETINA (ONE EYE)	92134	CPT	both			220	80.45	Amerihealth	Medicare		69.96				37.95	209	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCT -RETINA (ONE EYE)	92134	CPT	both			220	80.45	Consumer	Consumer		209	95			37.95	209	percent of total billed charges	
OCT -RETINA (ONE EYE)	92134	CPT	both			220	80.45	Corrections	Corrections		176	80			37.95	209	percent of total billed charges	
OCT -RETINA (ONE EYE)	92134	CPT	both			220	80.45	First Health	First Health		154	70			37.95	209	percent of total billed charges	
OCT -RETINA (ONE EYE)	92134	CPT	both			220	80.45	First Trenton	First Trenton		198	90			37.95	209	percent of total billed charges	
OCT -RETINA (ONE EYE)	92134	CPT	both			220	80.45	Horizon	NJ Health		37.95				37.95	209	fee schedule	
OCT -RETINA (ONE EYE)	92134	CPT	both			220	80.45	Horizon	Indemnity		130.2				37.95	209	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCT -RETINA (ONE EYE)	92134	CPT	both			220	80.45	Horizon	Medicare Blue		69.96				37.95	209	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCT -RETINA (ONE EYE)	92134	CPT	both			220	80.45	Horizon	MGD		130.2				37.95	209	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCT -RETINA (ONE EYE)	92134	CPT	both			220	80.45	Horizon	PPO		130.2				37.95	209	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCT -RETINA (ONE EYE)	92134	CPT	both			220	80.45	Managed Care Inc	Managed Care Inc		198	90			37.95	209	percent of total billed charges	
OCT -RETINA (ONE EYE)	92134	CPT	both			220	80.45	Multiplan	Multiplan		176	80			37.95	209	percent of total billed charges	
OCT -RETINA (ONE EYE)	92134	CPT	both			220	80.45	Qualcare	Qualcare		165	75			37.95	209	percent of total billed charges	
OCT -RETINA (ONE EYE)	92134	CPT	both			220	80.45	Three Rivers	Three Rivers		209	95			37.95	209	percent of total billed charges	
OCT -RETINA (ONE EYE)	92134	CPT	both			220	80.45	UHC	Medicaid		69.41	31.55			37.95	209	percent of total billed charges	
OCT -RETINA (ONE EYE)	92134	CPT	both			220	80.45	UHC	Medicare		69.96				37.95	209	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCT -RETINA (ONE EYE)	92134	CPT	both			220	80.45	Wellcare	Medicare		69.96				37.95	209	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCT -RETINA (ONE EYE)	92134	CPT	both			220	80.45	Wellcare	Medicaid		69.41	31.55			37.95	209	percent of total billed charges	
OCT -RETINA (ONE EYE)	92134	CPT	both			220	80.45	WellPoint	WellPoint		70.8	32.18			37.95	209	percent of total billed charges	
OPTICAL C BIOMETRY /IOL CALC	92136	CPT	outpatient			424	168	Aetna	Commercial		232.58				104.4	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPTICAL C BIOMETRY /IOL CALC	92136	CPT	outpatient			424	168	Aetna	Better Health		133.77	31.55			104.4	402.8	percent of total billed charges	
OPTICAL C BIOMETRY /IOL CALC	92136	CPT	outpatient			424	168	Aetna	Medicare		146.09				104.4	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPTICAL C BIOMETRY /IOL CALC	92136	CPT	outpatient			424	168	Americare	Americare		318	75			104.4	402.8	percent of total billed charges	
OPTICAL C BIOMETRY /IOL CALC	92136	CPT	outpatient			424	168	Amerihealth	Medicare		146.09				104.4	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPTICAL C BIOMETRY /IOL CALC	92136	CPT	outpatient			424	168	Amerihealth	HMO/PPO		275.6	65			104.4	402.8	percent of total billed charges	
OPTICAL C BIOMETRY /IOL CALC	92136	CPT	outpatient			424	168	Consumer	Consumer		402.8	95			104.4	402.8	percent of total billed charges	
OPTICAL C BIOMETRY /IOL CALC	92136	CPT	outpatient			424	168	Corrections	Corrections		339.2	80			104.4	402.8	percent of total billed charges	
OPTICAL C BIOMETRY /IOL CALC	92136	CPT	outpatient			424	168	First Health	First Health		296.8	70			104.4	402.8	percent of total billed charges	
OPTICAL C BIOMETRY /IOL CALC	92136	CPT	outpatient			424	168	First Trenton	First Trenton		381.6	90			104.4	402.8	percent of total billed charges	
OPTICAL C BIOMETRY /IOL CALC	92136	CPT	outpatient			424	168	Horizon	Indemnity		271.87				104.4	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPTICAL C BIOMETRY /IOL CALC	92136	CPT	outpatient			424	168	Horizon	MGD		271.87				104.4	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPTICAL C BIOMETRY /IOL CALC	92136	CPT	outpatient			424	168	Horizon	PPO		271.87				104.4	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPTICAL C BIOMETRY /IOL CALC	92136	CPT	outpatient			424	168	Horizon	NJ Health		104.4				104.4	402.8	fee schedule	
OPTICAL C BIOMETRY /IOL CALC	92136	CPT	outpatient			424	168	Horizon	Medicare Blue		146.09				104.4	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPTICAL C BIOMETRY /IOL CALC	92136	CPT	outpatient			424	168	Managed Care Inc	Managed Care Inc		381.6	90			104.4	402.8	percent of total billed charges	
OPTICAL C BIOMETRY /IOL CALC	92136	CPT	outpatient			424	168	Multiplan	Multiplan		339.2	80			104.4	402.8	percent of total billed charges	
OPTICAL C BIOMETRY /IOL CALC	92136	CPT	outpatient			424	168	Qualcare	Qualcare		318	75			104.4	402.8	percent of total billed charges	
OPTICAL C BIOMETRY /IOL CALC	92136	CPT	outpatient			424	168	Three Rivers	Three Rivers		402.8	95			104.4	402.8	percent of total billed charges	
OPTICAL C BIOMETRY /IOL CALC	92136	CPT	outpatient			424	168	UHC	Medicare		146.09				104.4	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPTICAL C BIOMETRY /IOL CALC	92136	CPT	outpatient			424	168	UHC	Medicaid		133.77	31.55			104.4	402.8	percent of total billed charges	
OPTICAL C BIOMETRY /IOL CALC	92136	CPT	outpatient			424	168	Wellcare	Medicare		146.09				104.4	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPTICAL C BIOMETRY /IOL CALC	92136	CPT	outpatient			424	168	Wellcare	Medicaid		133.77	31.55			104.4	402.8	percent of total billed charges	
OPTICAL C BIOMETRY /IOL CALC	92136	CPT	outpatient			424	168	WellPoint	WellPoint		136.44	32.18			104.4	402.8	percent of total billed charges	
OPSCPY EXTND RTA DRAW UNIBIL	92201	CPT	outpatient			211	80.45	Aetna	Commercial		111.38				36.83	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPSCPY EXTND RTA DRAW UNIBIL	92201	CPT	outpatient			211	80.45	Aetna	Better Health		66.57	31.55			36.83	200.45	percent of total billed charges	
OPSCPY EXTND RTA DRAW UNIBIL	92201	CPT	outpatient			211	80.45	Aetna	Medicare		69.96				36.83	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPSCPY EXTND RTA DRAW UNIBIL	92201	CPT	outpatient			211	80.45	Americare	Americare		158.25	75			36.83	200.45	percent of total billed charges	
OPSCPY EXTND RTA DRAW UNIBIL	92201	CPT	outpatient			211	80.45	Amerihealth	HMO/PPO		137.15	65			36.83	200.45	percent of total billed charges	
OPSCPY EXTND RTA DRAW UNIBIL	92201	CPT	outpatient			211	80.45	Amerihealth	Medicare		69.96				36.83	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPSCPY EXTND RTA DRAW UNIBIL	92201	CPT	outpatient			211	80.45	Consumer	Consumer		200.45	95			36.83	200.45	percent of total billed charges	
OPSCPY EXTND RTA DRAW UNIBIL	92201	CPT	outpatient			211	80.45	Corrections	Corrections		168.8	80			36.83	200.45	percent of total billed charges	
OPSCPY EXTND RTA DRAW UNIBIL	92201	CPT	outpatient			211	80.45	First Health	First Health		147.7	70			36.83	200.45	percent of total billed charges	
OPSCPY EXTND RTA DRAW UNIBIL	92201	CPT	outpatient			211	80.45	First Trenton	First Trenton		189.9	90			36.83	200.45	percent of total billed charges	
OPSCPY EXTND RTA DRAW UNIBIL	92201	CPT	outpatient			211	80.45	Horizon	PPO		130.2				36.83	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPSCPY EXTND RTA DRAW UNIBIL	92201	CPT	outpatient			211	80.45	Horizon	Indemnity		130.2				36.83	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPSCPY EXTND RTA DRAW UNIBIL	92201	CPT	outpatient			211	80.45	Horizon	MGD		130.2				36.83	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPSCPY EXTND RTA DRAW UNIBIL	92201	CPT	outpatient			211	80.45	Horizon	NJ Health		36.83				36.83	200.45	fee schedule	
OPSCPY EXTND RTA DRAW UNIBIL	92201	CPT	outpatient			211	80.45	Horizon	Medicare Blue		69.96				36.83	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPSCPY EXTND RTA DRAW UNIBIL	92201	CPT	outpatient			211	80.45	Managed Care Inc	Managed Care Inc		189.9	90			36.83	200.45	percent of total billed charges	
OPSCPY EXTND RTA DRAW UNIBIL	92201	CPT	outpatient			211	80.45	Multiplan	Multiplan		168.8	80			36.83	200.45	percent of total billed charges	
OPSCPY EXTND RTA DRAW UNIBIL	92201	CPT	outpatient			211	80.45	Qualcare	Qualcare		158.25	75			36.83	200.45	percent of total billed charges	
OPSCPY EXTND RTA DRAW UNIBIL	92201	CPT	outpatient			211	80.45	Three Rivers	Three Rivers		200.45	95			36.83	200.45	percent of total billed charges	
OPSCPY EXTND RTA DRAW UNIBIL	92201	CPT	outpatient			211	80.45	UHC	Medicaid		66.57	31.55			36.83	200.45	percent of total billed charges	
OPSCPY EXTND RTA DRAW UNIBIL	92201	CPT	outpatient			211	80.45	UHC	Medicare		69.96				36.83	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPSCPY EXTND RTA DRAW UNIBIL	92201	CPT	outpatient			211	80.45	Wellcare	Medicaid		66.57	31.55			36.83	200.45	percent of total billed charges	
OPSCPY EXTND RTA DRAW UNIBIL	92201	CPT	outpatient			211	80.45	Wellcare	Medicare		69.96				36.83	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPSCPY EXTND RTA DRAW UNIBIL	92201	CPT	outpatient			211	80.45	WellPoint	WellPoint		67.9	32.18			36.83	200.45	percent of total billed charges	
OPSCPY EXTND OPTIC N/MAC DRAW	92202	CPT	outpatient			211	80.45	Aetna	Better Health		66.57	31.55			23.33	200.45	percent of total billed charges	
OPSCPY EXTND OPTIC N/MAC DRAW	92202	CPT	outpatient			211	80.45	Aetna	Medicare		69.96				23.33	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPSCPY EXTND OPTIC N/MAC DRAW	92202	CPT	outpatient			211	80.45	Aetna	Commercial		111.38				23.33	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPSCPY EXTND OPTIC N/MAC DRAW	92202	CPT	outpatient			211	80.45	Americare	Americare		158.25	75			23.33	200.45	percent of total billed charges	
OPSCPY EXTND OPTIC N/MAC DRAW	92202	CPT	outpatient			211	80.45	Amerihealth	HMO/PPO		137.15	65			23.33	200.45	percent of total billed charges	
OPSCPY EXTND OPTIC N/MAC DRAW	92202	CPT	outpatient			211	80.45	Amerihealth	Medicare		69.96				23.33	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPSCPY EXTND OPTIC N/MAC DRAW	92202	CPT	outpatient			211	80.45	Consumer	Consumer		200.45	95			23.33	200.45	percent of total billed charges	
OPSCPY EXTND OPTIC N/MAC DRAW	92202	CPT	outpatient			211	80.45	Corrections	Corrections		168.8	80			23.33	200.45	percent of total billed charges	
OPSCPY EXTND OPTIC N/MAC DRAW	92202	CPT	outpatient			211	80.45	First Health	First Health		147.7	70			23.33	200.45	percent of total billed charges	
OPSCPY EXTND OPTIC N/MAC DRAW	92202	CPT	outpatient			211	80.45	First Trenton	First Trenton		189.9	90			23.33	200.45	percent of total billed charges	
OPSCPY EXTND OPTIC N/MAC DRAW	92202	CPT	outpatient			211	80.45	Horizon	Indemnity		130.2				23.33	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPSCPY EXTND OPTIC N/MAC DRAW	92202	CPT	outpatient			211	80.45	Horizon	MGD		130.2				23.33	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPSCPY EXTND OPTIC N/MAC DRAW	92202	CPT	outpatient			211	80.45	Horizon	NJ Health		23.33				23.33	200.45	fee schedule	
OPSCPY EXTND OPTIC N/MAC DRAW	92202	CPT	outpatient			211	80.45	Horizon	Medicare Blue		69.96				23.33	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPSCPY EXTND OPTIC N/MAC DRAW	92202	CPT	outpatient			211	80.45	Horizon	PPO		130.2				23.33	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPSCPY EXTND OPTIC N/MAC DRAW	92202	CPT	outpatient			211	80.45	Managed Care Inc	Managed Care Inc		189.9	90			23.33	200.45	percent of total billed charges	
OPSCPY EXTND OPTIC N/MAC DRAW	92202	CPT	outpatient			211	80.45	Multiplan	Multiplan		168.8	80			23.33	200.45	percent of total billed charges	
OPSCPY EXTND OPTIC N/MAC DRAW	92202	CPT	outpatient			211	80.45	Qualcare	Qualcare		158.25	75			23.33	200.45	percent of total billed charges	
OPSCPY EXTND OPTIC N/MAC DRAW	92202	CPT	outpatient			211	80.45	Three Rivers	Three Rivers		200.45	95			23.33	200.45	percent of total billed charges	
OPSCPY EXTND OPTIC N/MAC DRAW	92202	CPT	outpatient			211	80.45	UHC	Medicaid		66.57	31.55			23.33	200.45	percent of total billed charges	
OPSCPY EXTND OPTIC N/MAC DRAW	92202	CPT	outpatient			211	80.45	UHC	Medicare		69.96				23.33	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPSCPY EXTND OPTIC N/MAC DRAW	92202	CPT	outpatient			211	80.45	Wellcare	Medicaid		66.57	31.55			23.33	200.45	percent of total billed charges	
OPSCPY EXTND OPTIC N/MAC DRAW	92202	CPT	outpatient			211	80.45	Wellcare	Medicare		69.96				23.33	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPSCPY EXTND OPTIC N/MAC DRAW	92202	CPT	outpatient			211	80.45	WellPoint	WellPoint		67.9	32.18			23.33	200.45	percent of total billed charges	
REMOTE DX RETINAL IMAGING	92227	CPT	outpatient			124	80.45	Aetna	Commercial		111.38				10.17	130.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOTE DX RETINAL IMAGING	92227	CPT	outpatient			124	80.45	Aetna	Better Health		39.12	31.55			10.17	130.2	percent of total billed charges	
REMOTE DX RETINAL IMAGING	92227	CPT	outpatient			124	80.45	Aetna	Medicare		69.96				10.17	130.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOTE DX RETINAL IMAGING	92227	CPT	outpatient			124	80.45	Americare	Americare		93	75			10.17	130.2	percent of total billed charges	
REMOTE DX RETINAL IMAGING	92227	CPT	outpatient			124	80.45	Amerihealth	HMO/PPO		80.6	65			10.17	130.2	percent of total billed charges	
REMOTE DX RETINAL IMAGING	92227	CPT	outpatient			124	80.45	Amerihealth	Medicare		69.96				10.17	130.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOTE DX RETINAL IMAGING	92227	CPT	outpatient			124	80.45	Consumer	Consumer		117.8	95			10.17	130.2	percent of total billed charges	
REMOTE DX RETINAL IMAGING	92227	CPT	outpatient			124	80.45	Corrections	Corrections		99.2	80			10.17	130.2	percent of total billed charges	
REMOTE DX RETINAL IMAGING	92227	CPT	outpatient			124	80.45	First Health	First Health		86.8	70			10.17	130.2	percent of total billed charges	
REMOTE DX RETINAL IMAGING	92227	CPT	outpatient			124	80.45	First Trenton	First Trenton		111.6	90			10.17	130.2	percent of total billed charges	
REMOTE DX RETINAL IMAGING	92227	CPT	outpatient			124	80.45	Horizon	PPO		130.2				10.17	130.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOTE DX RETINAL IMAGING	92227	CPT	outpatient			124	80.45	Horizon	Medicare Blue		69.96				10.17	130.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOTE DX RETINAL IMAGING	92227	CPT	outpatient			124	80.45	Horizon	MGD		130.2				10.17	130.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOTE DX RETINAL IMAGING	92227	CPT	outpatient			124	80.45	Horizon	Indemnity		130.2				10.17	130.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOTE DX RETINAL IMAGING	92227	CPT	outpatient			124	80.45	Horizon	NJ Health		10.17				10.17	130.2	fee schedule	
REMOTE DX RETINAL IMAGING	92227	CPT	outpatient			124	80.45	Managed Care Inc	Managed Care Inc		111.6	90			10.17	130.2	percent of total billed charges	
REMOTE DX RETINAL IMAGING	92227	CPT	outpatient			124	80.45	Multiplan	Multiplan		99.2	80			10.17	130.2	percent of total billed charges	
REMOTE DX RETINAL IMAGING	92227	CPT	outpatient			124	80.45	Qualcare	Qualcare		93	75			10.17	130.2	percent of total billed charges	
REMOTE DX RETINAL IMAGING	92227	CPT	outpatient			124	80.45	Three Rivers	Three Rivers		117.8	95			10.17	130.2	percent of total billed charges	
REMOTE DX RETINAL IMAGING	92227	CPT	outpatient			124	80.45	UHC	Medicaid		39.12	31.55			10.17	130.2	percent of total billed charges	
REMOTE DX RETINAL IMAGING	92227	CPT	outpatient			124	80.45	UHC	Medicare		69.96				10.17	130.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOTE DX RETINAL IMAGING	92227	CPT	outpatient			124	80.45	Wellcare	Medicare		69.96				10.17	130.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOTE DX RETINAL IMAGING	92227	CPT	outpatient			124	80.45	Wellcare	Medicaid		39.12	31.55			10.17	130.2	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
REMOTE DX RETINAL IMAGING	92227	CPT	outpatient			124	80.45	WellPoint	WellPoint		39.9	32.18			10.17	130.2	percent of total billed charges	
REMOTE RETINAL IMAGING MGMT	92228	CPT	outpatient			124	52.74	Aetna	Commercial		73.01				25.6	117.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOTE RETINAL IMAGING MGMT	92228	CPT	outpatient			124	52.74	Aetna	Better Health		39.12	31.55			25.6	117.8	percent of total billed charges	
REMOTE RETINAL IMAGING MGMT	92228	CPT	outpatient			124	52.74	Aetna	Medicare		45.86				25.6	117.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOTE RETINAL IMAGING MGMT	92228	CPT	outpatient			124	52.74	Americare	Americare		93	75			25.6	117.8	percent of total billed charges	
REMOTE RETINAL IMAGING MGMT	92228	CPT	outpatient			124	52.74	Amerihealth	HMO/PPO		80.6	65			25.6	117.8	percent of total billed charges	
REMOTE RETINAL IMAGING MGMT	92228	CPT	outpatient			124	52.74	Amerihealth	Medicare		45.86				25.6	117.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOTE RETINAL IMAGING MGMT	92228	CPT	outpatient			124	52.74	Consumer	Consumer		117.8	95			25.6	117.8	percent of total billed charges	
REMOTE RETINAL IMAGING MGMT	92228	CPT	outpatient			124	52.74	Corrections	Corrections		99.2	80			25.6	117.8	percent of total billed charges	
REMOTE RETINAL IMAGING MGMT	92228	CPT	outpatient			124	52.74	First Health	First Health		86.8	70			25.6	117.8	percent of total billed charges	
REMOTE RETINAL IMAGING MGMT	92228	CPT	outpatient			124	52.74	First Trenton	First Trenton		111.6	90			25.6	117.8	percent of total billed charges	
REMOTE RETINAL IMAGING MGMT	92228	CPT	outpatient			124	52.74	Horizon	PPO		85.35				25.6	117.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOTE RETINAL IMAGING MGMT	92228	CPT	outpatient			124	52.74	Horizon	Indemnity		85.35				25.6	117.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOTE RETINAL IMAGING MGMT	92228	CPT	outpatient			124	52.74	Horizon	MGD		85.35				25.6	117.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOTE RETINAL IMAGING MGMT	92228	CPT	outpatient			124	52.74	Horizon	NJ Health		25.6				25.6	117.8	fee schedule	
REMOTE RETINAL IMAGING MGMT	92228	CPT	outpatient			124	52.74	Horizon	Medicare Blue		45.86				25.6	117.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOTE RETINAL IMAGING MGMT	92228	CPT	outpatient			124	52.74	Managed Care Inc	Managed Care Inc		111.6	90			25.6	117.8	percent of total billed charges	
REMOTE RETINAL IMAGING MGMT	92228	CPT	outpatient			124	52.74	Multiplan	Multiplan		99.2	80			25.6	117.8	percent of total billed charges	
REMOTE RETINAL IMAGING MGMT	92228	CPT	outpatient			124	52.74	Qualcare	Qualcare		93	75			25.6	117.8	percent of total billed charges	
REMOTE RETINAL IMAGING MGMT	92228	CPT	outpatient			124	52.74	Three Rivers	Three Rivers		117.8	95			25.6	117.8	percent of total billed charges	
REMOTE RETINAL IMAGING MGMT	92228	CPT	outpatient			124	52.74	UHC	Medicaid		39.12	31.55			25.6	117.8	percent of total billed charges	
REMOTE RETINAL IMAGING MGMT	92228	CPT	outpatient			124	52.74	UHC	Medicare		45.86				25.6	117.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOTE RETINAL IMAGING MGMT	92228	CPT	outpatient			124	52.74	Wellcare	Medicaid		39.12	31.55			25.6	117.8	percent of total billed charges	
REMOTE RETINAL IMAGING MGMT	92228	CPT	outpatient			124	52.74	Wellcare	Medicare		45.86				25.6	117.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOTE RETINAL IMAGING MGMT	92228	CPT	outpatient			124	52.74	WellPoint	WellPoint		39.9	32.18			25.6	117.8	percent of total billed charges	
FLUORESCEIN ANGIOGRAPHY-BOTH	92235	CPT	outpatient			1023	412.82	Aetna	Better Health		322.76	31.55			114.27	971.85	percent of total billed charges	
FLUORESCEIN ANGIOGRAPHY-BOTH	92235	CPT	outpatient			1023	412.82	Aetna	Medicare		315.08	30.8			114.27	971.85	percent of total billed charges	
FLUORESCEIN ANGIOGRAPHY-BOTH	92235	CPT	outpatient			1023	412.82	Aetna	Commercial		571.48				114.27	971.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLUORESCEIN ANGIOGRAPHY-BOTH	92235	CPT	outpatient			1023	412.82	Americare	Americare		767.25	75			114.27	971.85	percent of total billed charges	
FLUORESCEIN ANGIOGRAPHY-BOTH	92235	CPT	outpatient			1023	412.82	Amerihealth	Medicare		358.97				114.27	971.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLUORESCEIN ANGIOGRAPHY-BOTH	92235	CPT	outpatient			1023	412.82	Amerihealth	HMO/PPO		664.95	65			114.27	971.85	percent of total billed charges	
FLUORESCEIN ANGIOGRAPHY-BOTH	92235	CPT	outpatient			1023	412.82	Consumer	Consumer		971.85	95			114.27	971.85	percent of total billed charges	
FLUORESCEIN ANGIOGRAPHY-BOTH	92235	CPT	outpatient			1023	412.82	Corrections	Corrections		818.4	80			114.27	971.85	percent of total billed charges	
FLUORESCEIN ANGIOGRAPHY-BOTH	92235	CPT	outpatient			1023	412.82	First Health	First Health		716.1	70			114.27	971.85	percent of total billed charges	
FLUORESCEIN ANGIOGRAPHY-BOTH	92235	CPT	outpatient			1023	412.82	First Trenton	First Trenton		920.7	90			114.27	971.85	percent of total billed charges	
FLUORESCEIN ANGIOGRAPHY-BOTH	92235	CPT	outpatient			1023	412.82	Horizon	MGD		668.04				114.27	971.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLUORESCEIN ANGIOGRAPHY-BOTH	92235	CPT	outpatient			1023	412.82	Horizon	Medicare Blue		358.97				114.27	971.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLUORESCEIN ANGIOGRAPHY-BOTH	92235	CPT	outpatient			1023	412.82	Horizon	Indemnity		668.04				114.27	971.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLUORESCEIN ANGIOGRAPHY-BOTH	92235	CPT	outpatient			1023	412.82	Horizon	NJ Health		114.27				114.27	971.85	fee schedule	
FLUORESCEIN ANGIOGRAPHY-BOTH	92235	CPT	outpatient			1023	412.82	Horizon	PPO		668.04				114.27	971.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLUORESCEIN ANGIOGRAPHY-BOTH	92235	CPT	outpatient			1023	412.82	Managed Care Inc	Managed Care Inc		920.7	90			114.27	971.85	percent of total billed charges	
FLUORESCEIN ANGIOGRAPHY-BOTH	92235	CPT	outpatient			1023	412.82	Multiplan	Multiplan		818.4	80			114.27	971.85	percent of total billed charges	
FLUORESCEIN ANGIOGRAPHY-BOTH	92235	CPT	outpatient			1023	412.82	Qualcare	Qualcare		767.25	75			114.27	971.85	percent of total billed charges	
FLUORESCEIN ANGIOGRAPHY-BOTH	92235	CPT	outpatient			1023	412.82	Three Rivers	Three Rivers		971.85	95			114.27	971.85	percent of total billed charges	
FLUORESCEIN ANGIOGRAPHY-BOTH	92235	CPT	outpatient			1023	412.82	UHC	Medicare		358.97				114.27	971.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLUORESCEIN ANGIOGRAPHY-BOTH	92235	CPT	outpatient			1023	412.82	UHC	Medicaid		322.76	31.55			114.27	971.85	percent of total billed charges	
FLUORESCEIN ANGIOGRAPHY-BOTH	92235	CPT	outpatient			1023	412.82	Wellcare	Medicaid		322.76	31.55			114.27	971.85	percent of total billed charges	
FLUORESCEIN ANGIOGRAPHY-BOTH	92235	CPT	outpatient			1023	412.82	Wellcare	Medicare		358.97				114.27	971.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLUORESCEIN ANGIOGRAPHY-BOTH	92235	CPT	outpatient			1023	412.82	WellPoint	WellPoint		329.2	32.18			114.27	971.85	percent of total billed charges	
ICG ANGIOGRAPHY-BOTH	92240	CPT	outpatient			1420	412.82	Aetna	Better Health		448.01	31.55			205.47	1349	percent of total billed charges	
ICG ANGIOGRAPHY-BOTH	92240	CPT	outpatient			1420	412.82	Aetna	Commercial		571.48				205.47	1349	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ICG ANGIOGRAPHY-BOTH	92240	CPT	outpatient			1420	412.82	Aetna	Medicare		358.97				205.47	1349	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ICG ANGIOGRAPHY-BOTH	92240	CPT	outpatient			1420	412.82	Americare	Americare		1065	75			205.47	1349	percent of total billed charges	
ICG ANGIOGRAPHY-BOTH	92240	CPT	outpatient			1420	412.82	Amerihealth	Medicare		358.97				205.47	1349	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ICG ANGIOGRAPHY-BOTH	92240	CPT	outpatient			1420	412.82	Amerihealth	HMO/PPO		923	65			205.47	1349	percent of total billed charges	
ICG ANGIOGRAPHY-BOTH	92240	CPT	outpatient			1420	412.82	Consumer	Consumer		1349	95			205.47	1349	percent of total billed charges	
ICG ANGIOGRAPHY-BOTH	92240	CPT	outpatient			1420	412.82	Corrections	Corrections		1136	80			205.47	1349	percent of total billed charges	
ICG ANGIOGRAPHY-BOTH	92240	CPT	outpatient			1420	412.82	First Health	First Health		994	70			205.47	1349	percent of total billed charges	
ICG ANGIOGRAPHY-BOTH	92240	CPT	outpatient			1420	412.82	First Trenton	First Trenton		1278	90			205.47	1349	percent of total billed charges	
ICG ANGIOGRAPHY-BOTH	92240	CPT	outpatient			1420	412.82	Horizon	MGD		668.04				205.47	1349	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ICG ANGIOGRAPHY-BOTH	92240	CPT	outpatient			1420	412.82	Horizon	PPO		668.04				205.47	1349	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ICG ANGIOGRAPHY-BOTH	92240	CPT	outpatient			1420	412.82	Horizon	Indemnity		668.04				205.47	1349	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ICG ANGIOGRAPHY-BOTH	92240	CPT	outpatient			1420	412.82	Horizon	Medicare Blue		358.97				205.47	1349	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ICG ANGIOGRAPHY-BOTH	92240	CPT	outpatient			1420	412.82	Horizon	NJ Health		205.47				205.47	1349	fee schedule	
ICG ANGIOGRAPHY-BOTH	92240	CPT	outpatient			1420	412.82	Managed Care Inc	Managed Care Inc		1278	90			205.47	1349	percent of total billed charges	
ICG ANGIOGRAPHY-BOTH	92240	CPT	outpatient			1420	412.82	Multiplan	Multiplan		1136	80			205.47	1349	percent of total billed charges	
ICG ANGIOGRAPHY-BOTH	92240	CPT	outpatient			1420	412.82	Qualcare	Qualcare		1065	75			205.47	1349	percent of total billed charges	
ICG ANGIOGRAPHY-BOTH	92240	CPT	outpatient			1420	412.82	Three Rivers	Three Rivers		1349	95			205.47	1349	percent of total billed charges	
ICG ANGIOGRAPHY-BOTH	92240	CPT	outpatient			1420	412.82	UHC	Medicare		358.97				205.47	1349	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ICG ANGIOGRAPHY-BOTH	92240	CPT	outpatient			1420	412.82	UHC	Medicaid		448.01	31.55			205.47	1349	percent of total billed charges	
ICG ANGIOGRAPHY-BOTH	92240	CPT	outpatient			1420	412.82	Wellcare	Medicaid		448.01	31.55			205.47	1349	percent of total billed charges	
ICG ANGIOGRAPHY-BOTH	92240	CPT	outpatient			1420	412.82	Wellcare	Medicare		358.97				205.47	1349	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ICG ANGIOGRAPHY-BOTH	92240	CPT	outpatient			1420	412.82	WellPoint	WellPoint		456.96	32.18			205.47	1349	percent of total billed charges	
FLUO ICG ANGRPH W/MULTIFRAME I&R UNI/BI	92242	CPT	outpatient			1023	412.82	Aetna	Better Health		322.76	31.55			224.03	971.85	percent of total billed charges	
FLUO ICG ANGRPH W/MULTIFRAME I&R UNI/BI	92242	CPT	outpatient			1023	412.82	Aetna	Commercial		571.48				224.03	971.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLUO ICG ANGRPH W/MULTIFRAME I&R UNI/BI	92242	CPT	outpatient			1023	412.82	Aetna	Medicare		315.08	30.8			224.03	971.85	percent of total billed charges	
FLUO ICG ANGRPH W/MULTIFRAME I&R UNI/BI	92242	CPT	outpatient			1023	412.82	Americare	Americare		767.25	75			224.03	971.85	percent of total billed charges	
FLUO ICG ANGRPH W/MULTIFRAME I&R UNI/BI	92242	CPT	outpatient			1023	412.82	Amerihealth	HMO/PPO		664.95	65			224.03	971.85	percent of total billed charges	
FLUO ICG ANGRPH W/MULTIFRAME I&R UNI/BI	92242	CPT	outpatient			1023	412.82	Amerihealth	Medicare		358.97				224.03	971.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLUO ICG ANGRPH W/MULTIFRAME I&R UNI/BI	92242	CPT	outpatient			1023	412.82	Consumer	Consumer		971.85	95			224.03	971.85	percent of total billed charges	
FLUO ICG ANGRPH W/MULTIFRAME I&R UNI/BI	92242	CPT	outpatient			1023	412.82	Corrections	Corrections		818.4	80			224.03	971.85	percent of total billed charges	
FLUO ICG ANGRPH W/MULTIFRAME I&R UNI/BI	92242	CPT	outpatient			1023	412.82	First Health	First Health		716.1	70			224.03	971.85	percent of total billed charges	
FLUO ICG ANGRPH W/MULTIFRAME I&R UNI/BI	92242	CPT	outpatient			1023	412.82	First Trenton	First Trenton		920.7	90			224.03	971.85	percent of total billed charges	
FLUO ICG ANGRPH W/MULTIFRAME I&R UNI/BI	92242	CPT	outpatient			1023	412.82	Horizon	Medicare Blue		358.97				224.03	971.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLUO ICG ANGRPH W/MULTIFRAME I&R UNI/BI	92242	CPT	outpatient			1023	412.82	Horizon	MGD		668.04				224.03	971.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLUO ICG ANGRPH W/MULTIFRAME I&R UNI/BI	92242	CPT	outpatient			1023	412.82	Horizon	PPO		668.04				224.03	971.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLUO ICG ANGRPH W/MULTIFRAME I&R UNI/BI	92242	CPT	outpatient			1023	412.82	Horizon	Indemnity		668.04				224.03	971.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLUO ICG ANGRPH W/MULTIFRAME I&R UNI/BI	92242	CPT	outpatient			1023	412.82	Horizon	NJ Health		224.03				224.03	971.85	fee schedule	
FLUO ICG ANGRPH W/MULTIFRAME I&R UNI/BI	92242	CPT	outpatient			1023	412.82	Managed Care Inc	Managed Care Inc		920.7	90			224.03	971.85	percent of total billed charges	
FLUO ICG ANGRPH W/MULTIFRAME I&R UNI/BI	92242	CPT	outpatient			1023	412.82	Multiplan	Multiplan		818.4	80			224.03	971.85	percent of total billed charges	
FLUO ICG ANGRPH W/MULTIFRAME I&R UNI/BI	92242	CPT	outpatient			1023	412.82	Qualcare	Qualcare		767.25	75			224.03	971.85	percent of total billed charges	
FLUO ICG ANGRPH W/MULTIFRAME I&R UNI/BI	92242	CPT	outpatient			1023	412.82	Three Rivers	Three Rivers		971.85	95			224.03	971.85	percent of total billed charges	
FLUO ICG ANGRPH W/MULTIFRAME I&R UNI/BI	92242	CPT	outpatient			1023	412.82	UHC	Medicare		358.97				224.03	971.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLUO ICG ANGRPH W/MULTIFRAME I&R UNI/BI	92242	CPT	outpatient			1023	412.82	UHC	Medicaid		322.76	31.55			224.03	971.85	percent of total billed charges	
FLUO ICG ANGRPH W/MULTIFRAME I&R UNI/BI	92242	CPT	outpatient			1023	412.82	Wellcare	Medicare		358.97				224.03	971.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLUO ICG ANGRPH W/MULTIFRAME I&R UNI/BI	92242	CPT	outpatient			1023	412.82	Wellcare	Medicaid		322.76	31.55			224.03	971.85	percent of total billed charges	
FLUO ICG ANGRPH W/MULTIFRAME I&R UNI/BI	92242	CPT	outpatient			1023	412.82	WellPoint	WellPoint		329.2	32.18			224.03	971.85	percent of total billed charges	
STEREO DISC PHOTOS	92250	CPT	outpatient			424	168	Aetna	Commercial		232.58				122.96	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STEREO DISC PHOTOS	92250	CPT	outpatient			424	168	Aetna	Better Health		133.77	31.55			122.96	402.8	percent of total billed charges	
STEREO DISC PHOTOS	92250	CPT	outpatient			424	168	Aetna	Medicare		130.59	30.8			122.96	402.8	percent of total billed charges	
STEREO DISC PHOTOS	92250	CPT	outpatient			424	168	Americare	Americare		318	75			122.96	402.8	percent of total billed charges	
STEREO DISC PHOTOS	92250	CPT	outpatient			424	168	Amerihealth	HMO/PPO		275.6	65			122.96	402.8	percent of total billed charges	
STEREO DISC PHOTOS	92250	CPT	outpatient			424	168	Amerihealth	Medicare		146.09				122.96	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STEREO DISC PHOTOS	92250	CPT	outpatient			424	168	Consumer	Consumer		402.8	95			122.96	402.8	percent of total billed charges	
STEREO DISC PHOTOS	92250	CPT	outpatient			424	168	Corrections	Corrections		339.2	80			122.96	402.8	percent of total billed charges	
STEREO DISC PHOTOS	92250	CPT	outpatient			424	168	First Health	First Health		296.8	70			122.96	402.8	percent of total billed charges	
STEREO DISC PHOTOS	92250	CPT	outpatient			424	168	First Trenton	First Trenton		381.6	90			122.96	402.8	percent of total billed charges	
STEREO DISC PHOTOS	92250	CPT	outpatient			424	168	Horizon	Medicare Blue		146.09				122.96	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STEREO DISC PHOTOS	92250	CPT	outpatient			424	168	Horizon	MGD		271.87				122.96	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STEREO DISC PHOTOS	92250	CPT	outpatient			424	168	Horizon	Indemnity		271.87				122.96	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STEREO DISC PHOTOS	92250	CPT	outpatient			424	168	Horizon	NJ Health		122.96				122.96	402.8	fee schedule	
STEREO DISC PHOTOS	92250	CPT	outpatient			424	168	Horizon	PPO		271.87				122.96	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STEREO DISC PHOTOS	92250	CPT	outpatient			424	168	Managed Care Inc	Managed Care Inc		381.6	90			122.96	402.8	percent of total billed charges	
STEREO DISC PHOTOS	92250	CPT	outpatient			424	168	Multiplan	Multiplan		339.2	80			122.96	402.8	percent of total billed charges	
STEREO DISC PHOTOS	92250	CPT	outpatient			424	168	Qualcare	Qualcare		318	75			122.96	402.8	percent of total billed charges	
STEREO DISC PHOTOS	92250	CPT	outpatient			424	168	Three Rivers	Three Rivers		402.8	95			122.96	402.8	percent of total billed charges	
STEREO DISC PHOTOS	92250	CPT	outpatient			424	168	UHC	Medicaid		133.77	31.55			122.96	402.8	percent of total billed charges	
STEREO DISC PHOTOS	92250	CPT	outpatient			424	168	UHC	Medicare		146.09				122.96	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STEREO DISC PHOTOS	92250	CPT	outpatient			424	168	Wellcare	Medicare		146.09				122.96	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STEREO DISC PHOTOS	92250	CPT	outpatient			424	168	Wellcare	Medicaid		133.77	31.55			122.96	402.8	percent of total billed charges	
STEREO DISC PHOTOS	92250	CPT	outpatient			424	168	WellPoint	WellPoint		136.44	32.18			122.96	402.8	percent of total billed charges	
OPHTHALMODYNAMOMETRY	92260	CPT	outpatient			124	52.74	Aetna	Commercial		73.01				39.12	117.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPHTHALMODYNAMOMETRY	92260	CPT	outpatient			124	52.74	Aetna	Better Health		39.12	31.55			39.12	117.8	percent of total billed charges	
OPHTHALMODYNAMOMETRY	92260	CPT	outpatient			124	52.74	Aetna	Medicare		45.86				39.12	117.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPHTHALMODYNAMOMETRY	92260	CPT	outpatient			124	52.74	Americare	Americare		93	75			39.12	117.8	percent of total billed charges	
OPHTHALMODYNAMOMETRY	92260	CPT	outpatient			124	52.74	Amerihealth	HMO/PPO		80.6	65			39.12	117.8	percent of total billed charges	
OPHTHALMODYNAMOMETRY	92260	CPT	outpatient			124	52.74	Amerihealth	Medicare		45.86				39.12	117.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPHTHALMODYNAMOMETRY	92260	CPT	outpatient			124	52.74	Consumer	Consumer		117.8	95			39.12	117.8	percent of total billed charges	
OPHTHALMODYNAMOMETRY	92260	CPT	outpatient			124	52.74	Corrections	Corrections		99.2	80			39.12	117.8	percent of total billed charges	
OPHTHALMODYNAMOMETRY	92260	CPT	outpatient			124	52.74	First Health	First Health		86.8	70			39.12	117.8	percent of total billed charges	
OPHTHALMODYNAMOMETRY	92260	CPT	outpatient			124	52.74	First Trenton	First Trenton		111.6	90			39.12	117.8	percent of total billed charges	
OPHTHALMODYNAMOMETRY	92260	CPT	outpatient			124	52.74	Horizon	NJ Health		39.15				39.12	117.8	fee schedule	
OPHTHALMODYNAMOMETRY	92260	CPT	outpatient			124	52.74	Horizon	Indemnity		85.35				39.12	117.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPHTHALMODYNAMOMETRY	92260	CPT	outpatient			124	52.74	Horizon	Medicare Blue		45.86				39.12	117.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPHTHALMODYNAMOMETRY	92260	CPT	outpatient			124	52.74	Horizon	MGD		85.35				39.12	117.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPHTHALMODYNAMOMETRY	92260	CPT	outpatient			124	52.74	Horizon	PPO		85.35				39.12	117.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPHTHALMODYNAMOMETRY	92260	CPT	outpatient			124	52.74	Managed Care Inc	Managed Care Inc		111.6	90			39.12	117.8	percent of total billed charges	
OPHTHALMODYNAMOMETRY	92260	CPT	outpatient			124	52.74	Multiplan	Multiplan		99.2	80			39.12	117.8	percent of total billed charges	
OPHTHALMODYNAMOMETRY	92260	CPT	outpatient			124	52.74	Qualcare	Qualcare		93	75			39.12	117.8	percent of total billed charges	
OPHTHALMODYNAMOMETRY	92260	CPT	outpatient			124	52.74	Three Rivers	Three Rivers		117.8	95			39.12	117.8	percent of total billed charges	
OPHTHALMODYNAMOMETRY	92260	CPT	outpatient			124	52.74	UHC	Medicaid		39.12	31.55			39.12	117.8	percent of total billed charges	
OPHTHALMODYNAMOMETRY	92260	CPT	outpatient			124	52.74	UHC	Medicare		45.86				39.12	117.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPHTHALMODYNAMOMETRY	92260	CPT	outpatient			124	52.74	Wellcare	Medicaid		39.12	31.55			39.12	117.8	percent of total billed charges	
OPHTHALMODYNAMOMETRY	92260	CPT	outpatient			124	52.74	Wellcare	Medicare		45.86				39.12	117.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPHTHALMODYNAMOMETRY	92260	CPT	outpatient			124	52.74	WellPoint	WellPoint		39.9	32.18			39.12	117.8	percent of total billed charges	
EOG-TECHNICAL	92270	CPT	outpatient			424	168	Aetna	Better Health		133.77	31.55			40.19	402.8	percent of total billed charges	
EOG-TECHNICAL	92270	CPT	outpatient			424	168	Aetna	Commercial		232.58				40.19	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EOG-TECHNICAL	92270	CPT	outpatient			424	168	Aetna	Medicare		146.09				40.19	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
EOG-TECHNICAL	92270	CPT	outpatient			424		168 Americare	Americare		318				40.19		402.8 percent of total billed charges	
EOG-TECHNICAL	92270	CPT	outpatient			424		168 Amerihealth	HMO/PPO		275.6				40.19		402.8 percent of total billed charges	
EOG-TECHNICAL	92270	CPT	outpatient			424		168 Amerihealth	Medicare		146.09				40.19		402.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EOG-TECHNICAL	92270	CPT	outpatient			424		168 Consumer	Consumer		402.8	95			40.19		402.8 percent of total billed charges	
EOG-TECHNICAL	92270	CPT	outpatient			424		168 Corrections	Corrections		339.2	80			40.19		402.8 percent of total billed charges	
EOG-TECHNICAL	92270	CPT	outpatient			424		168 First Health	First Health		296.8	70			40.19		402.8 percent of total billed charges	
EOG-TECHNICAL	92270	CPT	outpatient			424		168 First Trenton	First Trenton		381.6	90			40.19		402.8 percent of total billed charges	
EOG-TECHNICAL	92270	CPT	outpatient			424		168 Horizon	Indemnity		271.87				40.19		402.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EOG-TECHNICAL	92270	CPT	outpatient			424		168 Horizon	Medicare Blue		146.09				40.19		402.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EOG-TECHNICAL	92270	CPT	outpatient			424		168 Horizon	NJ Health		40.19				40.19		402.8 fee schedule	
EOG-TECHNICAL	92270	CPT	outpatient			424		168 Horizon	MGD		271.87				40.19		402.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EOG-TECHNICAL	92270	CPT	outpatient			424		168 Horizon	PPO		271.87				40.19		402.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EOG-TECHNICAL	92270	CPT	outpatient			424		168 Managed Care Inc	Managed Care Inc		381.6	90			40.19		402.8 percent of total billed charges	
EOG-TECHNICAL	92270	CPT	outpatient			424		168 Multiplan	Multiplan		339.2	80			40.19		402.8 percent of total billed charges	
EOG-TECHNICAL	92270	CPT	outpatient			424		168 Qualcare	Qualcare		318	75			40.19		402.8 percent of total billed charges	
EOG-TECHNICAL	92270	CPT	outpatient			424		168 Three Rivers	Three Rivers		402.8	95			40.19		402.8 percent of total billed charges	
EOG-TECHNICAL	92270	CPT	outpatient			424		168 UHC	Medicaid		133.77	31.55			40.19		402.8 percent of total billed charges	
EOG-TECHNICAL	92270	CPT	outpatient			424		168 UHC	Medicare		146.09				40.19		402.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EOG-TECHNICAL	92270	CPT	outpatient			424		168 Wellcare	Medicaid		133.77	31.55			40.19		402.8 percent of total billed charges	
EOG-TECHNICAL	92270	CPT	outpatient			424		168 Wellcare	Medicare		146.09				40.19		402.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EOG-TECHNICAL	92270	CPT	outpatient			424		168 WellPoint	WellPoint		136.44	32.18			40.19		402.8 percent of total billed charges	
MULTIFOC ERG W I&R	92274	CPT	outpatient			532	205.45	Aetna	Commercial		284.41				137.86		505.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MULTIFOC ERG W I&R	92274	CPT	outpatient			532	205.45	Aetna	Medicare		178.65				137.86		505.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MULTIFOC ERG W I&R	92274	CPT	outpatient			532	205.45	Aetna	Better Health		167.85	31.55			137.86		505.4 percent of total billed charges	
MULTIFOC ERG W I&R	92274	CPT	outpatient			532	205.45	Americare	Americare		399	75			137.86		505.4 percent of total billed charges	
MULTIFOC ERG W I&R	92274	CPT	outpatient			532	205.45	Amerihealth	HMO/PPO		345.8	65			137.86		505.4 percent of total billed charges	
MULTIFOC ERG W I&R	92274	CPT	outpatient			532	205.45	Amerihealth	Medicare		178.65				137.86		505.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MULTIFOC ERG W I&R	92274	CPT	outpatient			532	205.45	Consumer	Consumer		505.4	95			137.86		505.4 percent of total billed charges	
MULTIFOC ERG W I&R	92274	CPT	outpatient			532	205.45	Corrections	Corrections		425.6	80			137.86		505.4 percent of total billed charges	
MULTIFOC ERG W I&R	92274	CPT	outpatient			532	205.45	First Health	First Health		372.4	70			137.86		505.4 percent of total billed charges	
MULTIFOC ERG W I&R	92274	CPT	outpatient			532	205.45	First Trenton	First Trenton		478.8	90			137.86		505.4 percent of total billed charges	
MULTIFOC ERG W I&R	92274	CPT	outpatient			532	205.45	Horizon	Medicare Blue		178.65				137.86		505.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MULTIFOC ERG W I&R	92274	CPT	outpatient			532	205.45	Horizon	Indemnity		332.47				137.86		505.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MULTIFOC ERG W I&R	92274	CPT	outpatient			532	205.45	Horizon	MGD		332.47				137.86		505.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MULTIFOC ERG W I&R	92274	CPT	outpatient			532	205.45	Horizon	PPO		332.47				137.86		505.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MULTIFOC ERG W I&R	92274	CPT	outpatient			532	205.45	Horizon	NJ Health		137.86				137.86		505.4 fee schedule	
MULTIFOC ERG W I&R	92274	CPT	outpatient			532	205.45	Managed Care Inc	Managed Care Inc		478.8	90			137.86		505.4 percent of total billed charges	
MULTIFOC ERG W I&R	92274	CPT	outpatient			532	205.45	Multiplan	Multiplan		425.6	80			137.86		505.4 percent of total billed charges	
MULTIFOC ERG W I&R	92274	CPT	outpatient			532	205.45	Qualcare	Qualcare		399	75			137.86		505.4 percent of total billed charges	
MULTIFOC ERG W I&R	92274	CPT	outpatient			532	205.45	Three Rivers	Three Rivers		505.4	95			137.86		505.4 percent of total billed charges	
MULTIFOC ERG W I&R	92274	CPT	outpatient			532	205.45	UHC	Medicaid		167.85	31.55			137.86		505.4 percent of total billed charges	
MULTIFOC ERG W I&R	92274	CPT	outpatient			532	205.45	UHC	Medicare		178.65				137.86		505.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MULTIFOC ERG W I&R	92274	CPT	outpatient			532	205.45	Wellcare	Medicaid		167.85	31.55			137.86		505.4 percent of total billed charges	
MULTIFOC ERG W I&R	92274	CPT	outpatient			532	205.45	Wellcare	Medicare		178.65				137.86		505.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MULTIFOC ERG W I&R	92274	CPT	outpatient			532	205.45	WellPoint	WellPoint		171.2	32.18			137.86		505.4 percent of total billed charges	
COLOR VISION EXTENDED	92283	CPT	outpatient			211	80.45	Aetna	Better Health		66.57	31.55			24.61		200.45 percent of total billed charges	
COLOR VISION EXTENDED	92283	CPT	outpatient			211	80.45	Aetna	Commercial		111.38				24.61		200.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLOR VISION EXTENDED	92283	CPT	outpatient			211	80.45	Aetna	Medicare		69.96				24.61		200.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLOR VISION EXTENDED	92283	CPT	outpatient			211	80.45	Americare	Americare		158.25	75			24.61		200.45 percent of total billed charges	
COLOR VISION EXTENDED	92283	CPT	outpatient			211	80.45	Amerihealth	Medicare		69.96				24.61		200.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLOR VISION EXTENDED	92283	CPT	outpatient			211	80.45	Amerihealth	HMO/PPO		137.15	65			24.61		200.45 percent of total billed charges	
COLOR VISION EXTENDED	92283	CPT	outpatient			211	80.45	Consumer	Consumer		200.45	95			24.61		200.45 percent of total billed charges	
COLOR VISION EXTENDED	92283	CPT	outpatient			211	80.45	Corrections	Corrections		168.8	80			24.61		200.45 percent of total billed charges	
COLOR VISION EXTENDED	92283	CPT	outpatient			211	80.45	First Health	First Health		147.7	70			24.61		200.45 percent of total billed charges	
COLOR VISION EXTENDED	92283	CPT	outpatient			211	80.45	First Trenton	First Trenton		189.9	90			24.61		200.45 percent of total billed charges	
COLOR VISION EXTENDED	92283	CPT	outpatient			211	80.45	Horizon	MGD		130.2				24.61		200.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLOR VISION EXTENDED	92283	CPT	outpatient			211	80.45	Horizon	PPO		130.2				24.61		200.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLOR VISION EXTENDED	92283	CPT	outpatient			211	80.45	Horizon	NJ Health		24.61				24.61		200.45 fee schedule	
COLOR VISION EXTENDED	92283	CPT	outpatient			211	80.45	Horizon	Indemnity		130.2				24.61		200.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLOR VISION EXTENDED	92283	CPT	outpatient			211	80.45	Horizon	Medicare Blue		69.96				24.61		200.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLOR VISION EXTENDED	92283	CPT	outpatient			211	80.45	Managed Care Inc	Managed Care Inc		189.9	90			24.61		200.45 percent of total billed charges	
COLOR VISION EXTENDED	92283	CPT	outpatient			211	80.45	Multiplan	Multiplan		168.8	80			24.61		200.45 percent of total billed charges	
COLOR VISION EXTENDED	92283	CPT	outpatient			211	80.45	Qualcare	Qualcare		158.25	75			24.61		200.45 percent of total billed charges	
COLOR VISION EXTENDED	92283	CPT	outpatient			211	80.45	Three Rivers	Three Rivers		200.45	95			24.61		200.45 percent of total billed charges	
COLOR VISION EXTENDED	92283	CPT	outpatient			211	80.45	UHC	Medicaid		66.57	31.55			24.61		200.45 percent of total billed charges	
COLOR VISION EXTENDED	92283	CPT	outpatient			211	80.45	UHC	Medicare		69.96				24.61		200.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLOR VISION EXTENDED	92283	CPT	outpatient			211	80.45	Wellcare	Medicare		69.96				24.61		200.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLOR VISION EXTENDED	92283	CPT	outpatient			211	80.45	Wellcare	Medicaid		66.57	31.55			24.61		200.45 percent of total billed charges	
COLOR VISION EXTENDED	92283	CPT	outpatient			211	80.45	WellPoint	WellPoint		67.9	32.18			24.61		200.45 percent of total billed charges	
EXTERNAL EYE PHOTO	92285	CPT	outpatient			211	52.74	Aetna	Commercial		73.01				22.05		200.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXTERNAL EYE PHOTO	92285	CPT	outpatient			211	52.74	Aetna	Better Health		66.57	31.55			22.05		200.45 percent of total billed charges	
EXTERNAL EYE PHOTO	92285	CPT	outpatient			211	52.74	Aetna	Medicare		45.86				22.05		200.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXTERNAL EYE PHOTO	92285	CPT	outpatient			211	52.74	Americare	Americare		158.25	75			22.05		200.45 percent of total billed charges	
EXTERNAL EYE PHOTO	92285	CPT	outpatient			211	52.74	Amerihealth	HMO/PPO		137.15	65			22.05		200.45 percent of total billed charges	
EXTERNAL EYE PHOTO	92285	CPT	outpatient			211	52.74	Amerihealth	Medicare		45.86				22.05		200.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXTERNAL EYE PHOTO	92285	CPT	outpatient			211	52.74	Consumer	Consumer		200.45	95			22.05		200.45 percent of total billed charges	
EXTERNAL EYE PHOTO	92285	CPT	outpatient			211	52.74	Corrections	Corrections		168.8	80			22.05		200.45 percent of total billed charges	
EXTERNAL EYE PHOTO	92285	CPT	outpatient			211	52.74	First Health	First Health		147.7	70			22.05		200.45 percent of total billed charges	
EXTERNAL EYE PHOTO	92285	CPT	outpatient			211	52.74	First Trenton	First Trenton		189.9	90			22.05		200.45 percent of total billed charges	
EXTERNAL EYE PHOTO	92285	CPT	outpatient			211	52.74	Horizon	Indemnity		85.35				22.05		200.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXTERNAL EYE PHOTO	92285	CPT	outpatient			211	52.74	Horizon	Medicare Blue		45.86				22.05		200.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXTERNAL EYE PHOTO	92285	CPT	outpatient			211	52.74	Horizon	MGD		85.35				22.05		200.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXTERNAL EYE PHOTO	92285	CPT	outpatient			211	52.74	Horizon	NJ Health		22.05				22.05		200.45 fee schedule	
EXTERNAL EYE PHOTO	92285	CPT	outpatient			211	52.74	Horizon	PPO		85.35				22.05		200.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXTERNAL EYE PHOTO	92285	CPT	outpatient			211	52.74	Managed Care Inc	Managed Care Inc		189.9	90			22.05		200.45 percent of total billed charges	
EXTERNAL EYE PHOTO	92285	CPT	outpatient			211	52.74	Multiplan	Multiplan		168.8	80			22.05		200.45 percent of total billed charges	
EXTERNAL EYE PHOTO	92285	CPT	outpatient			211	52.74	Qualcare	Qualcare		198.25	75			22.05		200.45 percent of total billed charges	
EXTERNAL EYE PHOTO	92285	CPT	outpatient			211	52.74	Three Rivers	Three Rivers		200.45	95			22.05		200.45 percent of total billed charges	
EXTERNAL EYE PHOTO	92285	CPT	outpatient			211	52.74	UHC	Medicaid		66.57	31.55			22.05		200.45 percent of total billed charges	
EXTERNAL EYE PHOTO	92285	CPT	outpatient			211	52.74	UHC	Medicare		45.86				22.05		200.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXTERNAL EYE PHOTO	92285	CPT	outpatient			211	52.74	Wellcare	Medicaid		66.57	31.55			22.05		200.45 percent of total billed charges	
EXTERNAL EYE PHOTO	92285	CPT	outpatient			211	52.74	Wellcare	Medicare		45.86				22.05		200.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXTERNAL EYE PHOTO	92285	CPT	outpatient			211	52.74	WellPoint	WellPoint		67.9	32.18			22.05		200.45 percent of total billed charges	
ANT SEGM PHOTO W FLUOROSC ANGIO	92287	CPT	outpatient			424	168	Aetna	Commercial		232.58				107.32		402.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANT SEGM PHOTO W FLUOROSC ANGIO	92287	CPT	outpatient			424	168	Aetna	Better Health		133.77	31.55			107.32		402.8 percent of total billed charges	
ANT SEGM PHOTO W FLUOROSC ANGIO	92287	CPT	outpatient			424	168	Aetna	Medicare		130.59	30.8			107.32		402.8 percent of total billed charges	
ANT SEGM PHOTO W FLUOROSC ANGIO	92287	CPT	outpatient			424	168	Americare	Americare		318	75			107.32		402.8 percent of total billed charges	
ANT SEGM PHOTO W FLUOROSC ANGIO	92287	CPT	outpatient			424	168	Amerihealth	HMO/PPO		275.6	65			107.32		402.8 percent of total billed charges	
ANT SEGM PHOTO W FLUOROSC ANGIO	92287	CPT	outpatient			424	168	Amerihealth	Medicare		146.09				107.32		402.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANT SEGM PHOTO W FLUOROSC ANGIO	92287	CPT	outpatient			424	168	Consumer	Consumer		402.8	95			107.32		402.8 percent of total billed charges	
ANT SEGM PHOTO W FLUOROSC ANGIO	92287	CPT	outpatient			424	168	Corrections	Corrections		339.2	80			107.32		402.8 percent of total billed charges	
ANT SEGM PHOTO W FLUOROSC ANGIO	92287	CPT	outpatient			424	168	First Health	First Health		296.8	70			107.32		402.8 percent of total billed charges	
ANT SEGM PHOTO W FLUOROSC ANGIO	92287	CPT	outpatient			424	168	First Trenton	First Trenton		381.6	90			107.32		402.8 percent of total billed charges	
ANT SEGM PHOTO W FLUOROSC ANGIO	92287	CPT	outpatient			424	168	Horizon	Indemnity		271.87				107.32		402.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANT SEGM PHOTO W FLUOROSC ANGIO	92287	CPT	outpatient			424	168	Horizon	Medicare Blue		146.09				107.32		402.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANT SEGM PHOTO W FLUOROSC ANGIO	92287	CPT	outpatient			424	168	Horizon	NJ Health		107.32				107.32		402.8 fee schedule	
ANT SEGM PHOTO W FLUOROSC ANGIO	92287	CPT	outpatient			424	168	Horizon	PPO		271.87				107.32		402.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANT SEGM PHOTO W FLUOROSC ANGIO	92287	CPT	outpatient			424	168	Horizon	MGD		271.87				107.32		402.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANT SEGM PHOTO W FLUOROSC ANGIO	92287	CPT	outpatient			424	168	Managed Care Inc	Managed Care Inc		381.6	90			107.32		402.8 percent of total billed charges	
ANT SEGM PHOTO W FLUOROSC ANGIO	92287	CPT	outpatient			424	168	Multiplan	Multiplan		339.2	80			107.32		402.8 percent of total billed charges	
ANT SEGM PHOTO W FLUOROSC ANGIO	92287	CPT	outpatient			424	168	Qualcare	Qualcare		318	75			107.32		402.8 percent of total billed charges	
ANT SEGM PHOTO W FLUOROSC ANGIO	92287	CPT	outpatient			424	168	Three Rivers	Three Rivers		402.8	95			107.32		402.8 percent of total billed charges	
ANT SEGM PHOTO W FLUOROSC ANGIO	92287	CPT	outpatient			424	168	UHC	Medicaid		133.77	31.55			107.32		402.8 percent of total billed charges	
ANT SEGM PHOTO W FLUOROSC ANGIO	92287	CPT	outpatient			424	168	UHC	Medicare		146.09				107.32		402.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANT SEGM PHOTO W FLUOROSC ANGIO	92287	CPT	outpatient			424	168	Wellcare	Medicaid		133.77	31.55			107.32		402.8 percent of total billed charges	
ANT SEGM PHOTO W FLUOROSC ANGIO	92287	CPT	outpatient			424	168	Wellcare	Medicare		146.09				107.32		402.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANT SEGM PHOTO W FLUOROSC ANGIO	92287	CPT	outpatient			424	168	WellPoint	WellPoint		136.44	32.18			107.32		402.8 percent of total billed charges	
UNILAT APHAKIC CL FIT	92311	CPT	outpatient			1379	524.04	Aetna	Commercial		725.46				89.5		1310.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNILAT APHAKIC CL FIT	92311	CPT	outpatient			1379	524.04	Aetna	Medicare		455.69				89.5		1310.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNILAT APHAKIC CL FIT	92311	CPT	outpatient			1379	524.04	Aetna	Better Health		435.07	31.55			89.5		1310.05 percent of total billed charges	
UNILAT APHAKIC CL FIT	92311	CPT	outpatient			1379	524.04	Americare	Americare		1034.25	75			89.5		1310.05 percent of total billed charges	
UNILAT APHAKIC CL FIT	92311	CPT	outpatient			1379	524.04	Amerihealth	HMO/PPO		896.35	65			89.5		1310.05 percent of total billed charges	
UNILAT APHAKIC CL FIT	92311	CPT	outpatient			1379	524.04	Amerihealth	Medicare		455.69				89.5		1310.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNILAT APHAKIC CL FIT	92311	CPT	outpatient			1379	524.04	Consumer	Consumer		1310.05	95			89.5		1310.05 percent of total billed charges	
UNILAT APHAKIC CL FIT	92311	CPT	outpatient			1379	524.04	Corrections	Corrections		1103.2	80			89.5		1310.05 percent of total billed charges	
UNILAT APHAKIC CL FIT	92311	CPT	outpatient			1379	524.04	First Health	First Health		965.3	70			89.5		1310.05 percent of total billed charges	
UNILAT APHAKIC CL FIT	92311	CPT	outpatient			1379	524.04	First Trenton	First Trenton		1241.1	90			89.5		1310.05 percent of total billed charges	
UNILAT APHAKIC CL FIT	92311	CPT	outpatient			1379	524.04	Horizon	Indemnity		848.04				89.5		1310.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNILAT APHAKIC CL FIT	92311	CPT	outpatient			1379	524.04	Horizon	NJ Health		89.5				89.5		1310.05 fee schedule	
UNILAT APHAKIC CL FIT	92311	CPT	outpatient			1379	524.04	Horizon	PPO		848.04				89.5		1310.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNILAT APHAKIC CL FIT	92311	CPT	outpatient			1379	524.04	Horizon	Medicare Blue		455.69				89.5		1310.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNILAT APHAKIC CL FIT	92311	CPT	outpatient			1379	524.04	Horizon	MGD		848.04				89.5		1310.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNILAT APHAKIC CL FIT	92311	CPT	outpatient			1379	524.04	Managed Care Inc	Managed Care Inc		1241.1	90			89.5		1310.05 percent of total billed charges	
UNILAT APHAKIC CL FIT	92311	CPT	outpatient			1379	524.04	Multiplan	Multiplan		1103.2	80			89.5		1310.05 percent of total billed charges	
UNILAT APHAKIC CL FIT	92311	CPT	outpatient			1379	524.04	Qualcare	Qualcare		1034.25	75			89.5		1310.05 percent of total billed charges	
UNILAT APHAKIC CL FIT	92311	CPT	outpatient			1379	524.04	Three Rivers	Three Rivers		1310.05	95			89.5		1310.05 percent of total billed charges	
UNILAT APHAKIC CL FIT	92311	CPT	outpatient			1379	524.04	UHC	Medicare		455.69				89.5		1310.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNILAT APHAKIC CL FIT	92311	CPT	outpatient			1379	524.04	UHC	Medicaid		435.07	31.55			89.5		1310.05 percent of total billed charges	
UNILAT APHAKIC CL FIT	92311	CPT	outpatient			1379	524.04	Wellcare	Medicare		455.69				89.5		1310.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNILAT APHAKIC CL FIT	92311	CPT	outpatient			1379	524.04	Wellcare	Medicaid		435.07	31.55			89.5		1310.05 percent of total billed charges	
UNILAT APHAKIC CL FIT	92311	CPT	outpatient			1379	524.04	WellPoint	WellPoint		443.76	32.18			89.5		1310.05 percent of total billed charges	
BILAT APHAKIC CL FIT	92312	CPT	outpatient			424	168	Aetna	Better Health		133.77	31.55			103.49		402.8 percent of total billed charges	
BILAT APHAKIC CL FIT	92312	CPT	outpatient			424	168	Aetna	Medicare		130.59	30.8			103.49		402.8 percent of total billed charges	
BILAT APHAKIC CL FIT	92312	CPT	outpatient			424	168	Aetna	Commercial		232.58				103.49		402.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BILAT APHAKIC CL FIT	92312	CPT	outpatient			424	168	Americare	Americare		318	75			103.49		402.8 percent of total billed charges	
BILAT APHAKIC CL FIT	92312	CPT	outpatient			424	168	Amerihealth	Medicare		146.09				103.49		402.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BILAT APHAKIC CL FIT	92312	CPT	outpatient			424	168	Amerihealth	HMO/PPO		275.6	65			103.49		402.8 percent of total billed charges	
BILAT APHAKIC CL FIT	92312	CPT	outpatient			424	168	Consumer	Consumer		402.8	95			103.49		402.8 percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
BILAT APHAKIC CL FIT	92312	CPT	outpatient			424		168 Corrections	Corrections		339.2	80			103.49	402.8	percent of total billed charges	
BILAT APHAKIC CL FIT	92312	CPT	outpatient			424		168 First Health	First Health		296.8	70			103.49	402.8	percent of total billed charges	
BILAT APHAKIC CL FIT	92312	CPT	outpatient			424		168 First Trenton	First Trenton		381.6	90			103.49	402.8	percent of total billed charges	
BILAT APHAKIC CL FIT	92312	CPT	outpatient			424		168 Horizon	MGD		271.87				103.49	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BILAT APHAKIC CL FIT	92312	CPT	outpatient			424		168 Horizon	Indemnity		271.87				103.49	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BILAT APHAKIC CL FIT	92312	CPT	outpatient			424		168 Horizon	Medicare Blue		146.09				103.49	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BILAT APHAKIC CL FIT	92312	CPT	outpatient			424		168 Horizon	NJ Health		103.49				103.49	402.8	fee schedule	
BILAT APHAKIC CL FIT	92312	CPT	outpatient			424		168 Horizon	PPO		271.87				103.49	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BILAT APHAKIC CL FIT	92312	CPT	outpatient			424		168 Managed Care Inc	Managed Care Inc		381.6	90			103.49	402.8	percent of total billed charges	
BILAT APHAKIC CL FIT	92312	CPT	outpatient			424		168 Multiplan	Multiplan		339.2	80			103.49	402.8	percent of total billed charges	
BILAT APHAKIC CL FIT	92312	CPT	outpatient			424		168 Qualcare	Qualcare		318	75			103.49	402.8	percent of total billed charges	
BILAT APHAKIC CL FIT	92312	CPT	outpatient			424		168 Three Rivers	Three Rivers		402.8	95			103.49	402.8	percent of total billed charges	
BILAT APHAKIC CL FIT	92312	CPT	outpatient			424		168 UHC	Medicaid		133.77	31.55			103.49	402.8	percent of total billed charges	
BILAT APHAKIC CL FIT	92312	CPT	outpatient			424		168 UHC	Medicare		146.09				103.49	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BILAT APHAKIC CL FIT	92312	CPT	outpatient			424		168 Wellcare	Medicaid		133.77	31.55			103.49	402.8	percent of total billed charges	
BILAT APHAKIC CL FIT	92312	CPT	outpatient			424		168 Wellcare	Medicare		146.09				103.49	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BILAT APHAKIC CL FIT	92312	CPT	outpatient			424		168 WellPoint	WellPoint		136.44	32.18			103.49	402.8	percent of total billed charges	
CORNEOSCLERAL LENS FITTING	92313	CPT	outpatient			424		168 Aetna	Medicare		146.09				81.88	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORNEOSCLERAL LENS FITTING	92313	CPT	outpatient			424		168 Aetna	Better Health		133.77	31.55			81.88	402.8	percent of total billed charges	
CORNEOSCLERAL LENS FITTING	92313	CPT	outpatient			424		168 Aetna	Commercial		232.58				81.88	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORNEOSCLERAL LENS FITTING	92313	CPT	outpatient			424		168 Americare	Americare		318	75			81.88	402.8	percent of total billed charges	
CORNEOSCLERAL LENS FITTING	92313	CPT	outpatient			424		168 Amerihealth	HMO/PPO		275.6	65			81.88	402.8	percent of total billed charges	
CORNEOSCLERAL LENS FITTING	92313	CPT	outpatient			424		168 Amerihealth	Medicare		146.09				81.88	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORNEOSCLERAL LENS FITTING	92313	CPT	outpatient			424		168 Consumer	Consumer		402.8	95			81.88	402.8	percent of total billed charges	
CORNEOSCLERAL LENS FITTING	92313	CPT	outpatient			424		168 Corrections	Corrections		339.2	80			81.88	402.8	percent of total billed charges	
CORNEOSCLERAL LENS FITTING	92313	CPT	outpatient			424		168 First Health	First Health		296.8	70			81.88	402.8	percent of total billed charges	
CORNEOSCLERAL LENS FITTING	92313	CPT	outpatient			424		168 First Trenton	First Trenton		381.6	90			81.88	402.8	percent of total billed charges	
CORNEOSCLERAL LENS FITTING	92313	CPT	outpatient			424		168 Horizon	PPO		271.87				81.88	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORNEOSCLERAL LENS FITTING	92313	CPT	outpatient			424		168 Horizon	MGD		271.87				81.88	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORNEOSCLERAL LENS FITTING	92313	CPT	outpatient			424		168 Horizon	Medicare Blue		146.09				81.88	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORNEOSCLERAL LENS FITTING	92313	CPT	outpatient			424		168 Horizon	NJ Health		81.88				81.88	402.8	fee schedule	
CORNEOSCLERAL LENS FITTING	92313	CPT	outpatient			424		168 Horizon	Indemnity		271.87				81.88	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORNEOSCLERAL LENS FITTING	92313	CPT	outpatient			424		168 Managed Care Inc	Managed Care Inc		381.6	90			81.88	402.8	percent of total billed charges	
CORNEOSCLERAL LENS FITTING	92313	CPT	outpatient			424		168 Multiplan	Multiplan		339.2	80			81.88	402.8	percent of total billed charges	
CORNEOSCLERAL LENS FITTING	92313	CPT	outpatient			424		168 Qualcare	Qualcare		318	75			81.88	402.8	percent of total billed charges	
CORNEOSCLERAL LENS FITTING	92313	CPT	outpatient			424		168 Three Rivers	Three Rivers		402.8	95			81.88	402.8	percent of total billed charges	
CORNEOSCLERAL LENS FITTING	92313	CPT	outpatient			424		168 UHC	Medicaid		133.77	31.55			81.88	402.8	percent of total billed charges	
CORNEOSCLERAL LENS FITTING	92313	CPT	outpatient			424		168 UHC	Medicare		146.09				81.88	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORNEOSCLERAL LENS FITTING	92313	CPT	outpatient			424		168 Wellcare	Medicare		146.09				81.88	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORNEOSCLERAL LENS FITTING	92313	CPT	outpatient			424		168 Wellcare	Medicaid		133.77	31.55			81.88	402.8	percent of total billed charges	
CORNEOSCLERAL LENS FITTING	92313	CPT	outpatient			424		168 WellPoint	WellPoint		136.44	32.18			81.88	402.8	percent of total billed charges	
REPLACEMENT, CONTACT LENS	92326	CPT	outpatient			220		80.45 Aetna	Better Health		69.41	31.55			69.41	209	percent of total billed charges	
REPLACEMENT, CONTACT LENS	92326	CPT	outpatient			220		80.45 Aetna	Medicare		69.96				69.41	209	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPLACEMENT, CONTACT LENS	92326	CPT	outpatient			220		80.45 Aetna	Commercial		111.38				69.41	209	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPLACEMENT, CONTACT LENS	92326	CPT	outpatient			220		80.45 Americare	Americare		165	75			69.41	209	percent of total billed charges	
REPLACEMENT, CONTACT LENS	92326	CPT	outpatient			220		80.45 Amerihealth	Medicare		69.96				69.41	209	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPLACEMENT, CONTACT LENS	92326	CPT	outpatient			220		80.45 Amerihealth	HMO/PPO		143	65			69.41	209	percent of total billed charges	
REPLACEMENT, CONTACT LENS	92326	CPT	outpatient			220		80.45 Consumer	Consumer		209	95			69.41	209	percent of total billed charges	
REPLACEMENT, CONTACT LENS	92326	CPT	outpatient			220		80.45 Corrections	Corrections		176	80			69.41	209	percent of total billed charges	
REPLACEMENT, CONTACT LENS	92326	CPT	outpatient			220		80.45 First Health	First Health		154	70			69.41	209	percent of total billed charges	
REPLACEMENT, CONTACT LENS	92326	CPT	outpatient			220		80.45 First Trenton	First Trenton		198	90			69.41	209	percent of total billed charges	
REPLACEMENT, CONTACT LENS	92326	CPT	outpatient			220		80.45 Horizon	Medicare Blue		69.96				69.41	209	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPLACEMENT, CONTACT LENS	92326	CPT	outpatient			220		80.45 Horizon	MGD		130.2				69.41	209	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPLACEMENT, CONTACT LENS	92326	CPT	outpatient			220		80.45 Horizon	Indemnity		130.2				69.41	209	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPLACEMENT, CONTACT LENS	92326	CPT	outpatient			220		80.45 Horizon	NJ Health		182.7				69.41	209	fee schedule	
REPLACEMENT, CONTACT LENS	92326	CPT	outpatient			220		80.45 Horizon	PPO		130.2				69.41	209	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPLACEMENT, CONTACT LENS	92326	CPT	outpatient			220		80.45 Managed Care Inc	Managed Care Inc		198	90			69.41	209	percent of total billed charges	
REPLACEMENT, CONTACT LENS	92326	CPT	outpatient			220		80.45 Multiplan	Multiplan		176	80			69.41	209	percent of total billed charges	
REPLACEMENT, CONTACT LENS	92326	CPT	outpatient			220		80.45 Qualcare	Qualcare		165	75			69.41	209	percent of total billed charges	
REPLACEMENT, CONTACT LENS	92326	CPT	outpatient			220		80.45 Three Rivers	Three Rivers		209	95			69.41	209	percent of total billed charges	
REPLACEMENT, CONTACT LENS	92326	CPT	outpatient			220		80.45 UHC	Medicare		69.96				69.41	209	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPLACEMENT, CONTACT LENS	92326	CPT	outpatient			220		80.45 UHC	Medicaid		69.41	31.55			69.41	209	percent of total billed charges	
REPLACEMENT, CONTACT LENS	92326	CPT	outpatient			220		80.45 Wellcare	Medicaid		69.41	31.55			69.41	209	percent of total billed charges	
REPLACEMENT, CONTACT LENS	92326	CPT	outpatient			220		80.45 Wellcare	Medicare		69.96				69.41	209	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPLACEMENT, CONTACT LENS	92326	CPT	outpatient			220		80.45 WellPoint	WellPoint		70.8	32.18			69.41	209	percent of total billed charges	
UNLIST. OPTH SERVICE/PROC	92499	CPT	outpatient			343		39.16 Aetna	Better Health		108.22	31.55			34.05	325.85	percent of total billed charges	
UNLIST. OPTH SERVICE/PROC	92499	CPT	outpatient			343		39.16 Aetna	Medicare		105.64	30.8			34.05	325.85	percent of total billed charges	
UNLIST. OPTH SERVICE/PROC	92499	CPT	outpatient			343		39.16 Aetna	Commercial		54.21				34.05	325.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLIST. OPTH SERVICE/PROC	92499	CPT	outpatient			343		39.16 Americare	Americare		257.25	75			34.05	325.85	percent of total billed charges	
UNLIST. OPTH SERVICE/PROC	92499	CPT	outpatient			343		39.16 Amerihealth	HMO/PPO		222.95	65			34.05	325.85	percent of total billed charges	
UNLIST. OPTH SERVICE/PROC	92499	CPT	outpatient			343		39.16 Amerihealth	Medicare		34.05				34.05	325.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLIST. OPTH SERVICE/PROC	92499	CPT	outpatient			343		39.16 Consumer	Consumer		325.85	95			34.05	325.85	percent of total billed charges	
UNLIST. OPTH SERVICE/PROC	92499	CPT	outpatient			343		39.16 Corrections	Corrections		274.4	80			34.05	325.85	percent of total billed charges	
UNLIST. OPTH SERVICE/PROC	92499	CPT	outpatient			343		39.16 First Health	First Health		240.1	70			34.05	325.85	percent of total billed charges	
UNLIST. OPTH SERVICE/PROC	92499	CPT	outpatient			343		39.16 First Trenton	First Trenton		308.7	90			34.05	325.85	percent of total billed charges	
UNLIST. OPTH SERVICE/PROC	92499	CPT	outpatient			343		39.16 Horizon	PPO		63.37				34.05	325.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLIST. OPTH SERVICE/PROC	92499	CPT	outpatient			343		39.16 Horizon	Medicare Blue		34.05				34.05	325.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLIST. OPTH SERVICE/PROC	92499	CPT	outpatient			343		39.16 Horizon	MGD		63.37				34.05	325.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLIST. OPTH SERVICE/PROC	92499	CPT	outpatient			343		39.16 Horizon	Indemnity		63.37				34.05	325.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLIST. OPTH SERVICE/PROC	92499	CPT	outpatient			343		39.16 Managed Care Inc	Managed Care Inc		308.7	90			34.05	325.85	percent of total billed charges	
UNLIST. OPTH SERVICE/PROC	92499	CPT	outpatient			343		39.16 Multiplan	Multiplan		274.4	80			34.05	325.85	percent of total billed charges	
UNLIST. OPTH SERVICE/PROC	92499	CPT	outpatient			343		39.16 Qualcare	Qualcare		257.25	75			34.05	325.85	percent of total billed charges	
UNLIST. OPTH SERVICE/PROC	92499	CPT	outpatient			343		39.16 Three Rivers	Three Rivers		325.85	95			34.05	325.85	percent of total billed charges	
UNLIST. OPTH SERVICE/PROC	92499	CPT	outpatient			343		39.16 UHC	Medicaid		108.22	31.55			34.05	325.85	percent of total billed charges	
UNLIST. OPTH SERVICE/PROC	92499	CPT	outpatient			343		39.16 UHC	Medicare		34.05				34.05	325.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLIST. OPTH SERVICE/PROC	92499	CPT	outpatient			343		39.16 Wellcare	Medicaid		108.22	31.55			34.05	325.85	percent of total billed charges	
UNLIST. OPTH SERVICE/PROC	92499	CPT	outpatient			343		39.16 Wellcare	Medicare		34.05				34.05	325.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLIST. OPTH SERVICE/PROC	92499	CPT	outpatient			343		39.16 WellPoint	WellPoint		110.38	32.18			34.05	325.85	percent of total billed charges	
BINOCULAR MICROSCOPY	92504	CPT	outpatient					Horizon	NJ Health		41.76				41.76	41.76	fee schedule	
TREAT SPH/LANG/VOICE-8-22 MIN	92507	CPT	both			642		Aetna	Better Health		202.55	31.55			25.58	609.9	percent of total billed charges	
TREAT SPH/LANG/VOICE-8-22 MIN	92507	CPT	both			642		Aetna	Commercial		243.96	38			25.58	609.9	percent of total billed charges	
TREAT SPH/LANG/VOICE-8-22 MIN	92507	CPT	both			642		Aetna	Medicare		197.74	30.8			25.58	609.9	percent of total billed charges	
TREAT SPH/LANG/VOICE-8-22 MIN	92507	CPT	both			642		Americare	Americare		481.5	75			25.58	609.9	percent of total billed charges	
TREAT SPH/LANG/VOICE-8-22 MIN	92507	CPT	both			642		Amerihealth	HMO/PPO		417.3	65			25.58	609.9	percent of total billed charges	
TREAT SPH/LANG/VOICE-8-22 MIN	92507	CPT	both			642		Consumer	Consumer		609.9	95			25.58	609.9	percent of total billed charges	
TREAT SPH/LANG/VOICE-8-22 MIN	92507	CPT	both			642		Corrections	Corrections		513.6	80			25.58	609.9	percent of total billed charges	
TREAT SPH/LANG/VOICE-8-22 MIN	92507	CPT	both			642		First Health	First Health		449.4	70			25.58	609.9	percent of total billed charges	
TREAT SPH/LANG/VOICE-8-22 MIN	92507	CPT	both			642		First Trenton	First Trenton		577.8	90			25.58	609.9	percent of total billed charges	
TREAT SPH/LANG/VOICE-8-22 MIN	92507	CPT	both			642		Horizon	Indemnity		245.76	38.28			25.58	609.9	percent of total billed charges	
TREAT SPH/LANG/VOICE-8-22 MIN	92507	CPT	both			642		Horizon	MGD		245.76	38.28			25.58	609.9	percent of total billed charges	
TREAT SPH/LANG/VOICE-8-22 MIN	92507	CPT	both			642		Horizon	Medicare Blue		192.6	30			25.58	609.9	percent of total billed charges	
TREAT SPH/LANG/VOICE-8-22 MIN	92507	CPT	both			642		Horizon	NJ Health		25.58				25.58	609.9	fee schedule	
TREAT SPH/LANG/VOICE-8-22 MIN	92507	CPT	both			642		Horizon	PPO		245.76	38.28			25.58	609.9	percent of total billed charges	
TREAT SPH/LANG/VOICE-8-22 MIN	92507	CPT	both			642		Managed Care Inc	Managed Care Inc		577.8	90			25.58	609.9	percent of total billed charges	
TREAT SPH/LANG/VOICE-8-22 MIN	92507	CPT	both			642		Multiplan	Multiplan		513.6	80			25.58	609.9	percent of total billed charges	
TREAT SPH/LANG/VOICE-8-22 MIN	92507	CPT	both			642		Qualcare	Qualcare		481.5	75			25.58	609.9	percent of total billed charges	
TREAT SPH/LANG/VOICE-8-22 MIN	92507	CPT	both			642		Three Rivers	Three Rivers		609.9	95			25.58	609.9	percent of total billed charges	
TREAT SPH/LANG/VOICE-8-22 MIN	92507	CPT	both			642		UHC	Medicaid		202.55	31.55			25.58	609.9	percent of total billed charges	
TREAT SPH/LANG/VOICE-8-22 MIN	92507	CPT	both			642		Wellcare	Medicaid		202.55	31.55			25.58	609.9	percent of total billed charges	
TREAT SPH/LANG/VOICE-8-22 MIN	92507	CPT	both			642		WellPoint	WellPoint		206.6	32.18			25.58	609.9	percent of total billed charges	
NASOPHARYNGOSCOPY W/ENDOSCOPE	92511	CPT	outpatient			652	260.52	Aetna	Better Health		205.71	31.55			82.35	619.4	percent of total billed charges	
NASOPHARYNGOSCOPY W/ENDOSCOPE	92511	CPT	outpatient			652	260.52	Aetna	Commercial		360.65				82.35	619.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NASOPHARYNGOSCOPY W/ENDOSCOPE	92511	CPT	outpatient			652	260.52	Aetna	Medicare		226.54				82.35	619.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NASOPHARYNGOSCOPY W/ENDOSCOPE	92511	CPT	outpatient			652	260.52	Americare	Americare		489	75			82.35	619.4	percent of total billed charges	
NASOPHARYNGOSCOPY W/ENDOSCOPE	92511	CPT	outpatient			652	260.52	Amerihealth	HMO/PPO		423.8	65			82.35	619.4	percent of total billed charges	
NASOPHARYNGOSCOPY W/ENDOSCOPE	92511	CPT	outpatient			652	260.52	Amerihealth	Medicare		226.54				82.35	619.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NASOPHARYNGOSCOPY W/ENDOSCOPE	92511	CPT	outpatient			652	260.52	Consumer	Consumer		619.4	95			82.35	619.4	percent of total billed charges	
NASOPHARYNGOSCOPY W/ENDOSCOPE	92511	CPT	outpatient			652	260.52	Corrections	Corrections		521.6	80			82.35	619.4	percent of total billed charges	
NASOPHARYNGOSCOPY W/ENDOSCOPE	92511	CPT	outpatient			652	260.52	First Health	First Health		456.4	70			82.35	619.4	percent of total billed charges	
NASOPHARYNGOSCOPY W/ENDOSCOPE	92511	CPT	outpatient			652	260.52	First Trenton	First Trenton		586.8	90			82.35	619.4	percent of total billed charges	
NASOPHARYNGOSCOPY W/ENDOSCOPE	92511	CPT	outpatient			652	260.52	Horizon	Indemnity		421.59				82.35	619.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NASOPHARYNGOSCOPY W/ENDOSCOPE	92511	CPT	outpatient			652	260.52	Horizon	MGD		421.59				82.35	619.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NASOPHARYNGOSCOPY W/ENDOSCOPE	92511	CPT	outpatient			652	260.52	Horizon	PPO		421.59				82.35	619.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NASOPHARYNGOSCOPY W/ENDOSCOPE	92511	CPT	outpatient			652	260.52	Horizon	NJ Health		219.87				82.35	619.4	fee schedule	
NASOPHARYNGOSCOPY W/ENDOSCOPE	92511	CPT	outpatient			652	260.52	Horizon	Medicare Blue		226.54				82.35	619.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NASOPHARYNGOSCOPY W/ENDOSCOPE	92511	CPT	outpatient			652	260.52	Managed Care Inc	Managed Care Inc		586.8	90			82.35	619.4	percent of total billed charges	
NASOPHARYNGOSCOPY W/ENDOSCOPE	92511	CPT	outpatient			652	260.52	Multiplan	Multiplan		521.6	80			82.35	619.4	percent of total billed charges	
NASOPHARYNGOSCOPY W/ENDOSCOPE	92511	CPT	outpatient			652	260.52	Qualcare	Qualcare		489	75			82.35	619.4	percent of total billed charges	
NASOPHARYNGOSCOPY W/ENDOSCOPE	92511	CPT	outpatient			652	260.52	Three Rivers	Three Rivers		619.4	95			82.35	619.4	percent of total billed charges	
NASOPHARYNGOSCOPY W/ENDOSCOPE	92511	CPT	outpatient			652	260.52	UHC	Medicare		226.54				82.35	619.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NASOPHARYNGOSCOPY W/ENDOSCOPE	92511	CPT	outpatient			652	260.52	UHC	Medicaid		205.71	31.55			82.35	619.4	percent of total billed charges	
NASOPHARYNGOSCOPY W/ENDOSCOPE	92511	CPT	outpatient			652	260.52	Wellcare	Medicare		226.54				82.35	619.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NASOPHARYNGOSCOPY W/ENDOSCOPE	92511	CPT	outpatient			652	260.52	Wellcare	Medicaid		205.71	31.55			82.35	619.4	percent of total billed charges	
NASOPHARYNGOSCOPY W/ENDOSCOPE	92511	CPT	outpatient			652	260.52	WellPoint	WellPoint		209.81	32.18			82.35	619.4	percent of total billed charges	
FACIAL NERVE FUNCTION STUDIES	92516	CPT	outpatient			1023	412.82	Aetna	Commercial		571.48				50.53	971.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FACIAL NERVE FUNCTION STUDIES	92516	CPT	outpatient			1023	412.82	Aetna	Medicare		398.97				50.53	971.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FACIAL NERVE FUNCTION STUDIES	92516	CPT	outpatient			1023	412.82	Aetna	Better Health		322.76	31.55			50.53	971.85	percent of total billed charges	
FACIAL NERVE FUNCTION STUDIES	92516	CPT	outpatient			1023	412.82	Americare	Americare		767.25	75			50.53	971.85	percent of total billed charges	
FACIAL NERVE FUNCTION STUDIES	92516	CPT	outpatient			1023	412.82	Amerihealth	Medicare		398.97				50.53	971.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FACIAL NERVE FUNCTION STUDIES	92516	CPT	outpatient			1023	412.82	Amerihealth	HMO/PPO		664.95	65			50.53	971.85	percent of total billed charges	
FACIAL NERVE FUNCTION STUDIES	92516	CPT	outpatient			1023	412.82	Consumer	Consumer		971.85	95			50.53	971.85	percent of total billed charges	
FACIAL NERVE FUNCTION STUDIES	92516	CPT	outpatient			1023	412.82	Corrections	Corrections		818.4	80			50.53	971.85	percent of total billed charges	
FACIAL NERVE FUNCTION STUDIES	92516	CPT	outpatient			1023	412.82	First Health	First Health		716.1	70			50.53	971.85	percent of total billed charges	
FACIAL NERVE FUNCTION STUDIES	92516	CPT	outpatient			1023	412.82	First Trenton	First Trenton		920.7	90			50.53	971.85	percent of total billed charges	
FACIAL NERVE FUNCTION STUDIES	92516	CPT	outpatient			1023	412.82	Horizon	PPO		668.04				50.53	971.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FACIAL NERVE FUNCTION STUDIES	92516	CPT	outpatient			1023	412.82	Horizon	Medicare Blue		358.97				50.53	971.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FACIAL NERVE FUNCTION STUDIES	92516	CPT	outpatient			1023	412.82	Horizon	Indemnity		668.04				50.53	971.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FACIAL NERVE FUNCTION STUDIES	92516	CPT	outpatient			1023	412.82	Horizon	NJ Health		50.53				50.53	971.85	fee schedule	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
FACIAL NERVE FUNCTION STUDIES	92516	CPT	outpatient			1023	412.82	Horizon	MGD		668.04				50.53	971.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FACIAL NERVE FUNCTION STUDIES	92516	CPT	outpatient			1023	412.82	Managed Care Inc	Managed Care Inc		920.7	90			50.53	971.85	percent of total billed charges	
FACIAL NERVE FUNCTION STUDIES	92516	CPT	outpatient			1023	412.82	Multiplan	Multiplan		818.4	80			50.53	971.85	percent of total billed charges	
FACIAL NERVE FUNCTION STUDIES	92516	CPT	outpatient			1023	412.82	Qualcare	Qualcare		767.25	75			50.53	971.85	percent of total billed charges	
FACIAL NERVE FUNCTION STUDIES	92516	CPT	outpatient			1023	412.82	Three Rivers	Three Rivers		971.85	95			50.53	971.85	percent of total billed charges	
FACIAL NERVE FUNCTION STUDIES	92516	CPT	outpatient			1023	412.82	UHC	Medicare		358.97				50.53	971.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FACIAL NERVE FUNCTION STUDIES	92516	CPT	outpatient			1023	412.82	UHC	Medicaid		322.76	31.55			50.53	971.85	percent of total billed charges	
FACIAL NERVE FUNCTION STUDIES	92516	CPT	outpatient			1023	412.82	Wellcare	Medicaid		322.76	31.55			50.53	971.85	percent of total billed charges	
FACIAL NERVE FUNCTION STUDIES	92516	CPT	outpatient			1023	412.82	Wellcare	Medicare		358.97				50.53	971.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FACIAL NERVE FUNCTION STUDIES	92516	CPT	outpatient			1023	412.82	WellPoint	WellPoint		329.2	32.18			50.53	971.85	percent of total billed charges	
CVEMP	92517	CPT	outpatient			532	205.45	Aetna	Better Health		167.85	31.55			121.91	505.4	percent of total billed charges	
CVEMP	92517	CPT	outpatient			532	205.45	Aetna	Commercial		284.41				121.91	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CVEMP	92517	CPT	outpatient			532	205.45	Aetna	Medicare		163.86	30.8			121.91	505.4	percent of total billed charges	
CVEMP	92517	CPT	outpatient			532	205.45	Americare	Americare		399	75			121.91	505.4	percent of total billed charges	
CVEMP	92517	CPT	outpatient			532	205.45	Amerihealth	HMO/PPO		345.8	65			121.91	505.4	percent of total billed charges	
CVEMP	92517	CPT	outpatient			532	205.45	Amerihealth	Medicare		178.65				121.91	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CVEMP	92517	CPT	outpatient			532	205.45	Consumer	Consumer		505.4	95			121.91	505.4	percent of total billed charges	
CVEMP	92517	CPT	outpatient			532	205.45	Corrections	Corrections		425.6	80			121.91	505.4	percent of total billed charges	
CVEMP	92517	CPT	outpatient			532	205.45	First Health	First Health		372.4	70			121.91	505.4	percent of total billed charges	
CVEMP	92517	CPT	outpatient			532	205.45	First Trenton	First Trenton		478.8	90			121.91	505.4	percent of total billed charges	
CVEMP	92517	CPT	outpatient			532	205.45	Horizon	NJ Health		121.91				121.91	505.4	fee schedule	
CVEMP	92517	CPT	outpatient			532	205.45	Horizon	Indemnity		332.47				121.91	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CVEMP	92517	CPT	outpatient			532	205.45	Horizon	MGD		332.47				121.91	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CVEMP	92517	CPT	outpatient			532	205.45	Horizon	PPO		332.47				121.91	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CVEMP	92517	CPT	outpatient			532	205.45	Horizon	Medicare Blue		178.65				121.91	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CVEMP	92517	CPT	outpatient			532	205.45	Managed Care Inc	Managed Care Inc		478.8	90			121.91	505.4	percent of total billed charges	
CVEMP	92517	CPT	outpatient			532	205.45	Multiplan	Multiplan		425.6	80			121.91	505.4	percent of total billed charges	
CVEMP	92517	CPT	outpatient			532	205.45	Qualcare	Qualcare		399	75			121.91	505.4	percent of total billed charges	
CVEMP	92517	CPT	outpatient			532	205.45	Three Rivers	Three Rivers		505.4	95			121.91	505.4	percent of total billed charges	
CVEMP	92517	CPT	outpatient			532	205.45	UHC	Medicare		178.65				121.91	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CVEMP	92517	CPT	outpatient			532	205.45	UHC	Medicaid		167.85	31.55			121.91	505.4	percent of total billed charges	
CVEMP	92517	CPT	outpatient			532	205.45	Wellcare	Medicare		178.65				121.91	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CVEMP	92517	CPT	outpatient			532	205.45	Wellcare	Medicaid		167.85	31.55			121.91	505.4	percent of total billed charges	
CVEMP	92517	CPT	outpatient			532	205.45	WellPoint	WellPoint		171.2	32.18			121.91	505.4	percent of total billed charges	
OVEMP	92518	CPT	outpatient			532	205.45	Aetna	Commercial		284.41				112.78	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OVEMP	92518	CPT	outpatient			532	205.45	Aetna	Better Health		167.85	31.55			112.78	505.4	percent of total billed charges	
OVEMP	92518	CPT	outpatient			532	205.45	Aetna	Medicare		178.65				112.78	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OVEMP	92518	CPT	outpatient			532	205.45	Americare	Americare		399	75			112.78	505.4	percent of total billed charges	
OVEMP	92518	CPT	outpatient			532	205.45	Amerihealth	Medicare		178.65				112.78	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OVEMP	92518	CPT	outpatient			532	205.45	Amerihealth	HMO/PPO		345.8	65			112.78	505.4	percent of total billed charges	
OVEMP	92518	CPT	outpatient			532	205.45	Consumer	Consumer		505.4	95			112.78	505.4	percent of total billed charges	
OVEMP	92518	CPT	outpatient			532	205.45	Corrections	Corrections		425.6	80			112.78	505.4	percent of total billed charges	
OVEMP	92518	CPT	outpatient			532	205.45	First Health	First Health		372.4	70			112.78	505.4	percent of total billed charges	
OVEMP	92518	CPT	outpatient			532	205.45	First Trenton	First Trenton		478.8	90			112.78	505.4	percent of total billed charges	
OVEMP	92518	CPT	outpatient			532	205.45	Horizon	Medicare Blue		178.65				112.78	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OVEMP	92518	CPT	outpatient			532	205.45	Horizon	PPO		332.47				112.78	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OVEMP	92518	CPT	outpatient			532	205.45	Horizon	MGD		332.47				112.78	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OVEMP	92518	CPT	outpatient			532	205.45	Horizon	NJ Health		112.78				112.78	505.4	fee schedule	
OVEMP	92518	CPT	outpatient			532	205.45	Horizon	Indemnity		332.47				112.78	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OVEMP	92518	CPT	outpatient			532	205.45	Managed Care Inc	Managed Care Inc		478.8	90			112.78	505.4	percent of total billed charges	
OVEMP	92518	CPT	outpatient			532	205.45	Multiplan	Multiplan		425.6	80			112.78	505.4	percent of total billed charges	
OVEMP	92518	CPT	outpatient			532	205.45	Qualcare	Qualcare		399	75			112.78	505.4	percent of total billed charges	
OVEMP	92518	CPT	outpatient			532	205.45	Three Rivers	Three Rivers		505.4	95			112.78	505.4	percent of total billed charges	
OVEMP	92518	CPT	outpatient			532	205.45	UHC	Medicare		178.65				112.78	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OVEMP	92518	CPT	outpatient			532	205.45	UHC	Medicaid		167.85	31.55			112.78	505.4	percent of total billed charges	
OVEMP	92518	CPT	outpatient			532	205.45	Wellcare	Medicaid		167.85	31.55			112.78	505.4	percent of total billed charges	
OVEMP	92518	CPT	outpatient			532	205.45	Wellcare	Medicare		178.65				112.78	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OVEMP	92518	CPT	outpatient			532	205.45	WellPoint	WellPoint		171.2	32.18			112.78	505.4	percent of total billed charges	
CVEMP + OVEMP	92519	CPT	outpatient			1023	412.82	Aetna	Better Health		322.76	31.55			190.16	971.85	percent of total billed charges	
CVEMP + OVEMP	92519	CPT	outpatient			1023	412.82	Aetna	Medicare		358.97				190.16	971.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CVEMP + OVEMP	92519	CPT	outpatient			1023	412.82	Aetna	Commercial		571.48				190.16	971.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CVEMP + OVEMP	92519	CPT	outpatient			1023	412.82	Americare	Americare		767.25	75			190.16	971.85	percent of total billed charges	
CVEMP + OVEMP	92519	CPT	outpatient			1023	412.82	Amerihealth	HMO/PPO		664.95	65			190.16	971.85	percent of total billed charges	
CVEMP + OVEMP	92519	CPT	outpatient			1023	412.82	Amerihealth	Medicare		358.97				190.16	971.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CVEMP + OVEMP	92519	CPT	outpatient			1023	412.82	Consumer	Consumer		971.85	95			190.16	971.85	percent of total billed charges	
CVEMP + OVEMP	92519	CPT	outpatient			1023	412.82	Corrections	Corrections		818.4	80			190.16	971.85	percent of total billed charges	
CVEMP + OVEMP	92519	CPT	outpatient			1023	412.82	First Health	First Health		716.1	70			190.16	971.85	percent of total billed charges	
CVEMP + OVEMP	92519	CPT	outpatient			1023	412.82	First Trenton	First Trenton		920.7	90			190.16	971.85	percent of total billed charges	
CVEMP + OVEMP	92519	CPT	outpatient			1023	412.82	Horizon	Indemnity		668.04				190.16	971.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CVEMP + OVEMP	92519	CPT	outpatient			1023	412.82	Horizon	PPO		668.04				190.16	971.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CVEMP + OVEMP	92519	CPT	outpatient			1023	412.82	Horizon	MGD		668.04				190.16	971.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CVEMP + OVEMP	92519	CPT	outpatient			1023	412.82	Horizon	NJ Health		190.16				190.16	971.85	fee schedule	
CVEMP + OVEMP	92519	CPT	outpatient			1023	412.82	Horizon	Medicare Blue		358.97				190.16	971.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CVEMP + OVEMP	92519	CPT	outpatient			1023	412.82	Managed Care Inc	Managed Care Inc		920.7	90			190.16	971.85	percent of total billed charges	
CVEMP + OVEMP	92519	CPT	outpatient			1023	412.82	Multiplan	Multiplan		818.4	80			190.16	971.85	percent of total billed charges	
CVEMP + OVEMP	92519	CPT	outpatient			1023	412.82	Qualcare	Qualcare		767.25	75			190.16	971.85	percent of total billed charges	
CVEMP + OVEMP	92519	CPT	outpatient			1023	412.82	Three Rivers	Three Rivers		971.85	95			190.16	971.85	percent of total billed charges	
CVEMP + OVEMP	92519	CPT	outpatient			1023	412.82	UHC	Medicaid		322.76	31.55			190.16	971.85	percent of total billed charges	
CVEMP + OVEMP	92519	CPT	outpatient			1023	412.82	UHC	Medicare		358.97				190.16	971.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CVEMP + OVEMP	92519	CPT	outpatient			1023	412.82	Wellcare	Medicaid		322.76	31.55			190.16	971.85	percent of total billed charges	
CVEMP + OVEMP	92519	CPT	outpatient			1023	412.82	Wellcare	Medicare		358.97				190.16	971.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CVEMP + OVEMP	92519	CPT	outpatient			1023	412.82	WellPoint	WellPoint		329.2	32.18			190.16	971.85	percent of total billed charges	
EVALUATION OF SPEECH FLUENCY	92521	CPT	both			568		Aetna	Commercial		215.84	38			127.5	539.6	percent of total billed charges	
EVALUATION OF SPEECH FLUENCY	92521	CPT	both			568		Aetna	Better Health		179.2	31.55			127.5	539.6	percent of total billed charges	
EVALUATION OF SPEECH FLUENCY	92521	CPT	both			568		Aetna	Medicare		174.94	30.8			127.5	539.6	percent of total billed charges	
EVALUATION OF SPEECH FLUENCY	92521	CPT	both			568		Americare	Americare		426	75			127.5	539.6	percent of total billed charges	
EVALUATION OF SPEECH FLUENCY	92521	CPT	both			568		Amerihealth	HMO/PPO		369.2	65			127.5	539.6	percent of total billed charges	
EVALUATION OF SPEECH FLUENCY	92521	CPT	both			568		Consumer	Consumer		539.6	95			127.5	539.6	percent of total billed charges	
EVALUATION OF SPEECH FLUENCY	92521	CPT	both			568		Corrections	Corrections		454.4	80			127.5	539.6	percent of total billed charges	
EVALUATION OF SPEECH FLUENCY	92521	CPT	both			568		First Health	First Health		397.6	70			127.5	539.6	percent of total billed charges	
EVALUATION OF SPEECH FLUENCY	92521	CPT	both			568		First Trenton	First Trenton		511.2	90			127.5	539.6	percent of total billed charges	
EVALUATION OF SPEECH FLUENCY	92521	CPT	both			568		Horizon	Medicare Blue		170.4	30			127.5	539.6	percent of total billed charges	
EVALUATION OF SPEECH FLUENCY	92521	CPT	both			568		Horizon	Indemnity		217.43	38.28			127.5	539.6	percent of total billed charges	
EVALUATION OF SPEECH FLUENCY	92521	CPT	both			568		Horizon	MGD		217.43	38.28			127.5	539.6	percent of total billed charges	
EVALUATION OF SPEECH FLUENCY	92521	CPT	both			568		Horizon	NJ Health		127.5				127.5	539.6	fee schedule	
EVALUATION OF SPEECH FLUENCY	92521	CPT	both			568		Horizon	PPO		217.43	38.28			127.5	539.6	percent of total billed charges	
EVALUATION OF SPEECH FLUENCY	92521	CPT	both			568		Managed Care Inc	Managed Care Inc		511.2	90			127.5	539.6	percent of total billed charges	
EVALUATION OF SPEECH FLUENCY	92521	CPT	both			568		Multiplan	Multiplan		454.4	80			127.5	539.6	percent of total billed charges	
EVALUATION OF SPEECH FLUENCY	92521	CPT	both			568		Qualcare	Qualcare		426	75			127.5	539.6	percent of total billed charges	
EVALUATION OF SPEECH FLUENCY	92521	CPT	both			568		Three Rivers	Three Rivers		539.6	95			127.5	539.6	percent of total billed charges	
EVALUATION OF SPEECH FLUENCY	92521	CPT	both			568		UHC	Medicaid		179.2	31.55			127.5	539.6	percent of total billed charges	
EVALUATION OF SPEECH FLUENCY	92521	CPT	both			568		Wellcare	Medicaid		179.2	31.55			127.5	539.6	percent of total billed charges	
EVALUATION OF SPEECH FLUENCY	92521	CPT	both			568		WellPoint	WellPoint		182.78	32.18			127.5	539.6	percent of total billed charges	
EVAL. OF SPEECH PRODUCTION	92522	CPT	both			568		Aetna	Commercial		215.84	38			103.23	539.6	percent of total billed charges	
EVAL. OF SPEECH PRODUCTION	92522	CPT	both			568		Aetna	Medicare		174.94	30.8			103.23	539.6	percent of total billed charges	
EVAL. OF SPEECH PRODUCTION	92522	CPT	both			568		Aetna	Better Health		179.2	31.55			103.23	539.6	percent of total billed charges	
EVAL. OF SPEECH PRODUCTION	92522	CPT	both			568		Americare	Americare		426	75			103.23	539.6	percent of total billed charges	
EVAL. OF SPEECH PRODUCTION	92522	CPT	both			568		Amerihealth	HMO/PPO		369.2	65			103.23	539.6	percent of total billed charges	
EVAL. OF SPEECH PRODUCTION	92522	CPT	both			568		Consumer	Consumer		539.6	95			103.23	539.6	percent of total billed charges	
EVAL. OF SPEECH PRODUCTION	92522	CPT	both			568		Corrections	Corrections		454.4	80			103.23	539.6	percent of total billed charges	
EVAL. OF SPEECH PRODUCTION	92522	CPT	both			568		First Health	First Health		397.6	70			103.23	539.6	percent of total billed charges	
EVAL. OF SPEECH PRODUCTION	92522	CPT	both			568		First Trenton	First Trenton		511.2	90			103.23	539.6	percent of total billed charges	
EVAL. OF SPEECH PRODUCTION	92522	CPT	both			568		Horizon	Indemnity		217.43	38.28			103.23	539.6	percent of total billed charges	
EVAL. OF SPEECH PRODUCTION	92522	CPT	both			568		Horizon	Medicare Blue		170.4	30			103.23	539.6	percent of total billed charges	
EVAL. OF SPEECH PRODUCTION	92522	CPT	both			568		Horizon	MGD		217.43	38.28			103.23	539.6	percent of total billed charges	
EVAL. OF SPEECH PRODUCTION	92522	CPT	both			568		Horizon	NJ Health		103.23				103.23	539.6	fee schedule	
EVAL. OF SPEECH PRODUCTION	92522	CPT	both			568		Horizon	PPO		217.43	38.28			103.23	539.6	percent of total billed charges	
EVAL. OF SPEECH PRODUCTION	92522	CPT	both			568		Managed Care Inc	Managed Care Inc		511.2	90			103.23	539.6	percent of total billed charges	
EVAL. OF SPEECH PRODUCTION	92522	CPT	both			568		Multiplan	Multiplan		454.4	80			103.23	539.6	percent of total billed charges	
EVAL. OF SPEECH PRODUCTION	92522	CPT	both			568		Qualcare	Qualcare		426	75			103.23	539.6	percent of total billed charges	
EVAL. OF SPEECH PRODUCTION	92522	CPT	both			568		Three Rivers	Three Rivers		539.6	95			103.23	539.6	percent of total billed charges	
EVAL. OF SPEECH PRODUCTION	92522	CPT	both			568		UHC	Medicaid		179.2	31.55			103.23	539.6	percent of total billed charges	
EVAL. OF SPEECH PRODUCTION	92522	CPT	both			568		Wellcare	Medicaid		179.2	31.55			103.23	539.6	percent of total billed charges	
EVAL. OF SPEECH PRODUCTION	92522	CPT	both			568		WellPoint	WellPoint		182.78	32.18			103.23	539.6	percent of total billed charges	
SPEECH SOUND LANGUAGECOMPREHEN	92523	CPT	both			568		Aetna	Medicare		174.94	30.8			170.4	539.6	percent of total billed charges	
SPEECH SOUND LANGUAGECOMPREHEN	92523	CPT	both			568		Aetna	Better Health		179.2	31.55			170.4	539.6	percent of total billed charges	
SPEECH SOUND LANGUAGECOMPREHEN	92523	CPT	both			568		Aetna	Commercial		215.84	38			170.4	539.6	percent of total billed charges	
SPEECH SOUND LANGUAGECOMPREHEN	92523	CPT	both			568		Americare	Americare		426	75			170.4	539.6	percent of total billed charges	
SPEECH SOUND LANGUAGECOMPREHEN	92523	CPT	both			568		Amerihealth	HMO/PPO		369.2	65			170.4	539.6	percent of total billed charges	
SPEECH SOUND LANGUAGECOMPREHEN	92523	CPT	both			568		Consumer	Consumer		539.6	95			170.4	539.6	percent of total billed charges	
SPEECH SOUND LANGUAGECOMPREHEN	92523	CPT	both			568		Corrections	Corrections		454.4	80			170.4	539.6	percent of total billed charges	
SPEECH SOUND LANGUAGECOMPREHEN	92523	CPT	both			568		First Health	First Health		397.6	70			170.4	539.6	percent of total billed charges	
SPEECH SOUND LANGUAGECOMPREHEN	92523	CPT	both			568		First Trenton	First Trenton		511.2	90			170.4	539.6	percent of total billed charges	
SPEECH SOUND LANGUAGECOMPREHEN	92523	CPT	both			568		Horizon	MGD		217.43	38.28			170.4	539.6	percent of total billed charges	
SPEECH SOUND LANGUAGECOMPREHEN	92523	CPT	both			568		Horizon	Indemnity		217.43	38.28			170.4	539.6	percent of total billed charges	
SPEECH SOUND LANGUAGECOMPREHEN	92523	CPT	both			568		Horizon	NJ Health		214.86				170.4	539.6	fee schedule	
SPEECH SOUND LANGUAGECOMPREHEN	92523	CPT	both			568		Horizon	Medicare Blue		170.4	30			170.4	539.6	percent of total billed charges	
SPEECH SOUND LANGUAGECOMPREHEN	92523	CPT	both			568		Horizon	PPO		217.43	38.28			170.4	539.6	percent of total billed charges	
SPEECH SOUND LANGUAGECOMPREHEN	92523	CPT	both			568		Managed Care Inc	Managed Care Inc		511.2	90			170.4	539.6	percent of total billed charges	
SPEECH SOUND LANGUAGECOMPREHEN	92523	CPT	both			568		Multiplan	Multiplan		454.4	80			170.4	539.6	percent of total billed charges	
SPEECH SOUND LANGUAGECOMPREHEN	92523	CPT	both			568		Qualcare	Qualcare		426	75			170.4	539.6	percent of total billed charges	
SPEECH SOUND LANGUAGECOMPREHEN	92523	CPT	both			568		Three Rivers	Three Rivers		539.6	95			170.4	539.6	percent of total billed charges	
SPEECH SOUND LANGUAGECOMPREHEN	92523	CPT	both			568		UHC	Medicaid		179.2	31.55			170.4	539.6	percent of total billed charges	
SPEECH SOUND LANGUAGECOMPREHEN	92523	CPT	both			568		Wellcare	Medicaid		179.2	31.55			170.4	539.6	percent of total billed charges	
SPEECH SOUND LANGUAGECOMPREHEN	92523	CPT	both			568		WellPoint	WellPoint		182.78	32.18			170.4	539.6	percent of total billed charges	
BEHAVIORAL QUALIT ANALYS VOICE	92524	CPT	both			568		Aetna	Medicare		174.94	30.8			107.74	539.6	percent of total billed charges	
BEHAVIORAL QUALIT ANALYS VOICE	92524	CPT	both			568		Aetna	Better Health		179.2	31.55			107.74	539.6	percent of total billed charges	
BEHAVIORAL QUALIT ANALYS VOICE	92524	CPT	both			568		Aetna	Commercial		215.84	38			107.74	539.6	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
BEHAVIORAL QUALIT ANALYS VOICE	92524	CPT	both			568		Americare	Americare		426	75			107.74	539.6	percent of total billed charges	
BEHAVIORAL QUALIT ANALYS VOICE	92524	CPT	both			568		Amerihealth	HMO/PPO		369.2	65			107.74	539.6	percent of total billed charges	
BEHAVIORAL QUALIT ANALYS VOICE	92524	CPT	both			568		Consumer	Consumer		539.6	95			107.74	539.6	percent of total billed charges	
BEHAVIORAL QUALIT ANALYS VOICE	92524	CPT	both			568		Corrections	Corrections		454.4	80			107.74	539.6	percent of total billed charges	
BEHAVIORAL QUALIT ANALYS VOICE	92524	CPT	both			568		First Health	First Health		397.6	70			107.74	539.6	percent of total billed charges	
BEHAVIORAL QUALIT ANALYS VOICE	92524	CPT	both			568		First Trenton	First Trenton		511.2	90			107.74	539.6	percent of total billed charges	
BEHAVIORAL QUALIT ANALYS VOICE	92524	CPT	both			568		Horizon	MGD		217.43	38.28			107.74	539.6	percent of total billed charges	
BEHAVIORAL QUALIT ANALYS VOICE	92524	CPT	both			568		Horizon	Indemnity		217.43	38.28			107.74	539.6	percent of total billed charges	
BEHAVIORAL QUALIT ANALYS VOICE	92524	CPT	both			568		Horizon	Medicare Blue		170.4	30			107.74	539.6	percent of total billed charges	
BEHAVIORAL QUALIT ANALYS VOICE	92524	CPT	both			568		Horizon	PPO		217.43	38.28			107.74	539.6	percent of total billed charges	
BEHAVIORAL QUALIT ANALYS VOICE	92524	CPT	both			568		Horizon	NJ Health		107.74				107.74	539.6	fee schedule	
BEHAVIORAL QUALIT ANALYS VOICE	92524	CPT	both			568		Managed Care Inc	Managed Care Inc		511.2	90			107.74	539.6	percent of total billed charges	
BEHAVIORAL QUALIT ANALYS VOICE	92524	CPT	both			568		Multiplan	Multiplan		454.4	80			107.74	539.6	percent of total billed charges	
BEHAVIORAL QUALIT ANALYS VOICE	92524	CPT	both			568		Qualcare	Qualcare		426	75			107.74	539.6	percent of total billed charges	
BEHAVIORAL QUALIT ANALYS VOICE	92524	CPT	both			568		Three Rivers	Three Rivers		539.6	95			107.74	539.6	percent of total billed charges	
BEHAVIORAL QUALIT ANALYS VOICE	92524	CPT	both			568		UHC	Medicaid		179.2	31.55			107.74	539.6	percent of total billed charges	
BEHAVIORAL QUALIT ANALYS VOICE	92524	CPT	both			568		Wellcare	Medicaid		179.2	31.55			107.74	539.6	percent of total billed charges	
BEHAVIORAL QUALIT ANALYS VOICE	92524	CPT	both			568		WellPoint	WellPoint		182.78	32.18			107.74	539.6	percent of total billed charges	
TREAT SWALL/ORAL DYSF-8-22 MIN	92526	CPT	both			701		Aetna	Commercial		266.38	38			57	665.95	percent of total billed charges	
TREAT SWALL/ORAL DYSF-8-22 MIN	92526	CPT	both			701		Aetna	Better Health		221.17	31.55			57	665.95	percent of total billed charges	
TREAT SWALL/ORAL DYSF-8-22 MIN	92526	CPT	both			701		Aetna	Medicare		215.91	30.8			57	665.95	percent of total billed charges	
TREAT SWALL/ORAL DYSF-8-22 MIN	92526	CPT	both			701		Americare	Americare		525.75	75			57	665.95	percent of total billed charges	
TREAT SWALL/ORAL DYSF-8-22 MIN	92526	CPT	both			701		Amerihealth	HMO/PPO		455.65	65			57	665.95	percent of total billed charges	
TREAT SWALL/ORAL DYSF-8-22 MIN	92526	CPT	both			701		Consumer	Consumer		665.95	95			57	665.95	percent of total billed charges	
TREAT SWALL/ORAL DYSF-8-22 MIN	92526	CPT	both			701		Corrections	Corrections		560.8	80			57	665.95	percent of total billed charges	
TREAT SWALL/ORAL DYSF-8-22 MIN	92526	CPT	both			701		First Health	First Health		490.7	70			57	665.95	percent of total billed charges	
TREAT SWALL/ORAL DYSF-8-22 MIN	92526	CPT	both			701		First Trenton	First Trenton		630.9	90			57	665.95	percent of total billed charges	
TREAT SWALL/ORAL DYSF-8-22 MIN	92526	CPT	both			701		Horizon	Indemnity		268.34	38.28			57	665.95	percent of total billed charges	
TREAT SWALL/ORAL DYSF-8-22 MIN	92526	CPT	both			701		Horizon	MGD		268.34	38.28			57	665.95	percent of total billed charges	
TREAT SWALL/ORAL DYSF-8-22 MIN	92526	CPT	both			701		Horizon	Medicare Blue		210.3	30			57	665.95	percent of total billed charges	
TREAT SWALL/ORAL DYSF-8-22 MIN	92526	CPT	both			701		Horizon	PPO		268.34	38.28			57	665.95	percent of total billed charges	
TREAT SWALL/ORAL DYSF-8-22 MIN	92526	CPT	both			701		Managed Care Inc	Managed Care Inc		630.9	90			57	665.95	percent of total billed charges	
TREAT SWALL/ORAL DYSF-8-22 MIN	92526	CPT	both			701		Multiplan	Multiplan		560.8	80			57	665.95	percent of total billed charges	
TREAT SWALL/ORAL DYSF-8-22 MIN	92526	CPT	both			701		Qualcare	Qualcare		525.75	75			57	665.95	percent of total billed charges	
TREAT SWALL/ORAL DYSF-8-22 MIN	92526	CPT	both			701		Three Rivers	Three Rivers		665.95	95			57	665.95	percent of total billed charges	
TREAT SWALL/ORAL DYSF-8-22 MIN	92526	CPT	both			701		UHC	Medicaid		221.17	31.55			57	665.95	percent of total billed charges	
TREAT SWALL/ORAL DYSF-8-22 MIN	92526	CPT	both			701		Wellcare	Medicaid		221.17	31.55			57	665.95	percent of total billed charges	
TREAT SWALL/ORAL DYSF-8-22 MIN	92526	CPT	both			701		WellPoint	WellPoint		225.58	32.18			57	665.95	percent of total billed charges	
CALRC VESTIB TEST W/O ELECT	92533	CPT	outpatient					Horizon	NJ Health		12.63				12.63	12.63	fee schedule	
CALOR VESTIB TEST W/REC-BITHERMAL	92537	CPT	outpatient			904	205.45	Aetna	Commercial		284.41				58.86	858.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CALOR VESTIB TEST W/REC-BITHERMAL	92537	CPT	outpatient			904	205.45	Aetna	Better Health		286.21	31.55			58.86	858.8	percent of total billed charges	
CALOR VESTIB TEST W/REC-BITHERMAL	92537	CPT	outpatient			904	205.45	Aetna	Medicare		178.65				58.86	858.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CALOR VESTIB TEST W/REC-BITHERMAL	92537	CPT	outpatient			904	205.45	Americare	Americare		678	75			58.86	858.8	percent of total billed charges	
CALOR VESTIB TEST W/REC-BITHERMAL	92537	CPT	outpatient			904	205.45	Amerihealth	HMO/PPO		587.6	65			58.86	858.8	percent of total billed charges	
CALOR VESTIB TEST W/REC-BITHERMAL	92537	CPT	outpatient			904	205.45	Amerihealth	Medicare		178.65				58.86	858.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CALOR VESTIB TEST W/REC-BITHERMAL	92537	CPT	outpatient			904	205.45	Consumer	Consumer		858.8	95			58.86	858.8	percent of total billed charges	
CALOR VESTIB TEST W/REC-BITHERMAL	92537	CPT	outpatient			904	205.45	Corrections	Corrections		723.2	80			58.86	858.8	percent of total billed charges	
CALOR VESTIB TEST W/REC-BITHERMAL	92537	CPT	outpatient			904	205.45	First Health	First Health		632.8	70			58.86	858.8	percent of total billed charges	
CALOR VESTIB TEST W/REC-BITHERMAL	92537	CPT	outpatient			904	205.45	First Trenton	First Trenton		813.6	90			58.86	858.8	percent of total billed charges	
CALOR VESTIB TEST W/REC-BITHERMAL	92537	CPT	outpatient			904	205.45	Horizon	Indemnity		332.47				58.86	858.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CALOR VESTIB TEST W/REC-BITHERMAL	92537	CPT	outpatient			904	205.45	Horizon	MGD		332.47				58.86	858.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CALOR VESTIB TEST W/REC-BITHERMAL	92537	CPT	outpatient			904	205.45	Horizon	Medicare Blue		178.65				58.86	858.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CALOR VESTIB TEST W/REC-BITHERMAL	92537	CPT	outpatient			904	205.45	Horizon	NJ Health		58.86				58.86	858.8	fee schedule	
CALOR VESTIB TEST W/REC-BITHERMAL	92537	CPT	outpatient			904	205.45	Horizon	PPO		332.47				58.86	858.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CALOR VESTIB TEST W/REC-BITHERMAL	92537	CPT	outpatient			904	205.45	Managed Care Inc	Managed Care Inc		813.6	90			58.86	858.8	percent of total billed charges	
CALOR VESTIB TEST W/REC-BITHERMAL	92537	CPT	outpatient			904	205.45	Multiplan	Multiplan		723.2	80			58.86	858.8	percent of total billed charges	
CALOR VESTIB TEST W/REC-BITHERMAL	92537	CPT	outpatient			904	205.45	Qualcare	Qualcare		678	75			58.86	858.8	percent of total billed charges	
CALOR VESTIB TEST W/REC-BITHERMAL	92537	CPT	outpatient			904	205.45	Three Rivers	Three Rivers		858.8	95			58.86	858.8	percent of total billed charges	
CALOR VESTIB TEST W/REC-BITHERMAL	92537	CPT	outpatient			904	205.45	UHC	Medicare		178.65				58.86	858.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CALOR VESTIB TEST W/REC-BITHERMAL	92537	CPT	outpatient			904	205.45	UHC	Medicaid		286.21	31.55			58.86	858.8	percent of total billed charges	
CALOR VESTIB TEST W/REC-BITHERMAL	92537	CPT	outpatient			904	205.45	Wellcare	Medicare		178.65				58.86	858.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CALOR VESTIB TEST W/REC-BITHERMAL	92537	CPT	outpatient			904	205.45	Wellcare	Medicaid		286.21	31.55			58.86	858.8	percent of total billed charges	
CALOR VESTIB TEST W/REC-BITHERMAL	92537	CPT	outpatient			904	205.45	WellPoint	WellPoint		290.91	32.18			58.86	858.8	percent of total billed charges	
CALOR VESTIB TEST W/REC-MONOTHERMAL	92538	CPT	outpatient			904	205.45	Aetna	Better Health		286.21	31.55			29.96	858.8	percent of total billed charges	
CALOR VESTIB TEST W/REC-MONOTHERMAL	92538	CPT	outpatient			904	205.45	Aetna	Medicare		278.43	30.8			29.96	858.8	percent of total billed charges	
CALOR VESTIB TEST W/REC-MONOTHERMAL	92538	CPT	outpatient			904	205.45	Aetna	Commercial		284.41				29.96	858.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CALOR VESTIB TEST W/REC-MONOTHERMAL	92538	CPT	outpatient			904	205.45	Americare	Americare		678	75			29.96	858.8	percent of total billed charges	
CALOR VESTIB TEST W/REC-MONOTHERMAL	92538	CPT	outpatient			904	205.45	Amerihealth	HMO/PPO		587.6	65			29.96	858.8	percent of total billed charges	
CALOR VESTIB TEST W/REC-MONOTHERMAL	92538	CPT	outpatient			904	205.45	Amerihealth	Medicare		178.65				29.96	858.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CALOR VESTIB TEST W/REC-MONOTHERMAL	92538	CPT	outpatient			904	205.45	Consumer	Consumer		858.8	95			29.96	858.8	percent of total billed charges	
CALOR VESTIB TEST W/REC-MONOTHERMAL	92538	CPT	outpatient			904	205.45	Corrections	Corrections		723.2	80			29.96	858.8	percent of total billed charges	
CALOR VESTIB TEST W/REC-MONOTHERMAL	92538	CPT	outpatient			904	205.45	First Health	First Health		632.8	70			29.96	858.8	percent of total billed charges	
CALOR VESTIB TEST W/REC-MONOTHERMAL	92538	CPT	outpatient			904	205.45	First Trenton	First Trenton		813.6	90			29.96	858.8	percent of total billed charges	
CALOR VESTIB TEST W/REC-MONOTHERMAL	92538	CPT	outpatient			904	205.45	Horizon	MGD		332.47				29.96	858.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CALOR VESTIB TEST W/REC-MONOTHERMAL	92538	CPT	outpatient			904	205.45	Horizon	Medicare Blue		178.65				29.96	858.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CALOR VESTIB TEST W/REC-MONOTHERMAL	92538	CPT	outpatient			904	205.45	Horizon	NJ Health		29.96				29.96	858.8	fee schedule	
CALOR VESTIB TEST W/REC-MONOTHERMAL	92538	CPT	outpatient			904	205.45	Horizon	Indemnity		332.47				29.96	858.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CALOR VESTIB TEST W/REC-MONOTHERMAL	92538	CPT	outpatient			904	205.45	Horizon	PPO		332.47				29.96	858.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CALOR VESTIB TEST W/REC-MONOTHERMAL	92538	CPT	outpatient			904	205.45	Managed Care Inc	Managed Care Inc		813.6	90			29.96	858.8	percent of total billed charges	
CALOR VESTIB TEST W/REC-MONOTHERMAL	92538	CPT	outpatient			904	205.45	Multiplan	Multiplan		723.2	80			29.96	858.8	percent of total billed charges	
CALOR VESTIB TEST W/REC-MONOTHERMAL	92538	CPT	outpatient			904	205.45	Qualcare	Qualcare		678	75			29.96	858.8	percent of total billed charges	
CALOR VESTIB TEST W/REC-MONOTHERMAL	92538	CPT	outpatient			904	205.45	Three Rivers	Three Rivers		858.8	95			29.96	858.8	percent of total billed charges	
CALOR VESTIB TEST W/REC-MONOTHERMAL	92538	CPT	outpatient			904	205.45	UHC	Medicaid		286.21	31.55			29.96	858.8	percent of total billed charges	
CALOR VESTIB TEST W/REC-MONOTHERMAL	92538	CPT	outpatient			904	205.45	UHC	Medicare		178.65				29.96	858.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CALOR VESTIB TEST W/REC-MONOTHERMAL	92538	CPT	outpatient			904	205.45	Wellcare	Medicare		178.65				29.96	858.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CALOR VESTIB TEST W/REC-MONOTHERMAL	92538	CPT	outpatient			904	205.45	Wellcare	Medicaid		286.21	31.55			29.96	858.8	percent of total billed charges	
CALOR VESTIB TEST W/REC-MONOTHERMAL	92538	CPT	outpatient			904	205.45	WellPoint	WellPoint		290.91	32.18			29.96	858.8	percent of total billed charges	
BASIC VESTIBULAR EVALUATION	92540	CPT	outpatient			532	205.45	Aetna	Better Health		167.85	31.55			142.35	505.4	percent of total billed charges	
BASIC VESTIBULAR EVALUATION	92540	CPT	outpatient			532	205.45	Aetna	Commercial		284.41				142.35	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BASIC VESTIBULAR EVALUATION	92540	CPT	outpatient			532	205.45	Aetna	Medicare		178.65				142.35	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BASIC VESTIBULAR EVALUATION	92540	CPT	outpatient			532	205.45	Americare	Americare		399	75			142.35	505.4	percent of total billed charges	
BASIC VESTIBULAR EVALUATION	92540	CPT	outpatient			532	205.45	Amerihealth	Medicare		178.65				142.35	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BASIC VESTIBULAR EVALUATION	92540	CPT	outpatient			532	205.45	Amerihealth	HMO/PPO		345.8	65			142.35	505.4	percent of total billed charges	
BASIC VESTIBULAR EVALUATION	92540	CPT	outpatient			532	205.45	Consumer	Consumer		505.4	95			142.35	505.4	percent of total billed charges	
BASIC VESTIBULAR EVALUATION	92540	CPT	outpatient			532	205.45	Corrections	Corrections		425.6	80			142.35	505.4	percent of total billed charges	
BASIC VESTIBULAR EVALUATION	92540	CPT	outpatient			532	205.45	First Health	First Health		372.4	70			142.35	505.4	percent of total billed charges	
BASIC VESTIBULAR EVALUATION	92540	CPT	outpatient			532	205.45	First Trenton	First Trenton		478.8	90			142.35	505.4	percent of total billed charges	
BASIC VESTIBULAR EVALUATION	92540	CPT	outpatient			532	205.45	Horizon	Indemnity		332.47				142.35	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BASIC VESTIBULAR EVALUATION	92540	CPT	outpatient			532	205.45	Horizon	Medicare Blue		178.65				142.35	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BASIC VESTIBULAR EVALUATION	92540	CPT	outpatient			532	205.45	Horizon	PPO		332.47				142.35	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BASIC VESTIBULAR EVALUATION	92540	CPT	outpatient			532	205.45	Horizon	MGD		332.47				142.35	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BASIC VESTIBULAR EVALUATION	92540	CPT	outpatient			532	205.45	Horizon	NJ Health		142.35				142.35	505.4	fee schedule	
BASIC VESTIBULAR EVALUATION	92540	CPT	outpatient			532	205.45	Managed Care Inc	Managed Care Inc		478.8	90			142.35	505.4	percent of total billed charges	
BASIC VESTIBULAR EVALUATION	92540	CPT	outpatient			532	205.45	Multiplan	Multiplan		425.6	80			142.35	505.4	percent of total billed charges	
BASIC VESTIBULAR EVALUATION	92540	CPT	outpatient			532	205.45	Qualcare	Qualcare		399	75			142.35	505.4	percent of total billed charges	
BASIC VESTIBULAR EVALUATION	92540	CPT	outpatient			532	205.45	Three Rivers	Three Rivers		505.4	95			142.35	505.4	percent of total billed charges	
BASIC VESTIBULAR EVALUATION	92540	CPT	outpatient			532	205.45	UHC	Medicare		178.65				142.35	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BASIC VESTIBULAR EVALUATION	92540	CPT	outpatient			532	205.45	UHC	Medicaid		167.85	31.55			142.35	505.4	percent of total billed charges	
BASIC VESTIBULAR EVALUATION	92540	CPT	outpatient			532	205.45	Wellcare	Medicare		178.65				142.35	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BASIC VESTIBULAR EVALUATION	92540	CPT	outpatient			532	205.45	Wellcare	Medicaid		167.85	31.55			142.35	505.4	percent of total billed charges	
BASIC VESTIBULAR EVALUATION	92540	CPT	outpatient			532	205.45	WellPoint	WellPoint		171.2	32.18			142.35	505.4	percent of total billed charges	
SPONTANEOUS NYSTAGMUS TST/WIREC	92541	CPT	outpatient			424	168	Aetna	Better Health		133.77	31.55			133.77	402.8	percent of total billed charges	
SPONTANEOUS NYSTAGMUS TST/WIREC	92541	CPT	outpatient			424	168	Aetna	Commercial		232.58				133.77	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPONTANEOUS NYSTAGMUS TST/WIREC	92541	CPT	outpatient			424	168	Aetna	Medicare		146.09				133.77	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPONTANEOUS NYSTAGMUS TST/WIREC	92541	CPT	outpatient			424	168	Americare	Americare		318	75			133.77	402.8	percent of total billed charges	
SPONTANEOUS NYSTAGMUS TST/WIREC	92541	CPT	outpatient			424	168	Amerihealth	HMO/PPO		275.6	65			133.77	402.8	percent of total billed charges	
SPONTANEOUS NYSTAGMUS TST/WIREC	92541	CPT	outpatient			424	168	Amerihealth	Medicare		146.09				133.77	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPONTANEOUS NYSTAGMUS TST/WIREC	92541	CPT	outpatient			424	168	Consumer	Consumer		402.8	95			133.77	402.8	percent of total billed charges	
SPONTANEOUS NYSTAGMUS TST/WIREC	92541	CPT	outpatient			424	168	Corrections	Corrections		339.2	80			133.77	402.8	percent of total billed charges	
SPONTANEOUS NYSTAGMUS TST/WIREC	92541	CPT	outpatient			424	168	First Health	First Health		296.8	70			133.77	402.8	percent of total billed charges	
SPONTANEOUS NYSTAGMUS TST/WIREC	92541	CPT	outpatient			424	168	First Trenton	First Trenton		381.6	90			133.77	402.8	percent of total billed charges	
SPONTANEOUS NYSTAGMUS TST/WIREC	92541	CPT	outpatient			424	168	Horizon	MGD		271.87				133.77	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPONTANEOUS NYSTAGMUS TST/WIREC	92541	CPT	outpatient			424	168	Horizon	Indemnity		271.87				133.77	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPONTANEOUS NYSTAGMUS TST/WIREC	92541	CPT	outpatient			424	168	Horizon	PPO		271.87				133.77	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPONTANEOUS NYSTAGMUS TST/WIREC	92541	CPT	outpatient			424	168	Horizon	NJ Health		224.46				133.77	402.8	fee schedule	
SPONTANEOUS NYSTAGMUS TST/WIREC	92541	CPT	outpatient			424	168	Horizon	Medicare Blue		146.09				133.77	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPONTANEOUS NYSTAGMUS TST/WIREC	92541	CPT	outpatient			424	168	Managed Care Inc	Managed Care Inc		381.6	90			133.77	402.8	percent of total billed charges	
SPONTANEOUS NYSTAGMUS TST/WIREC	92541	CPT	outpatient			424	168	Multiplan	Multiplan		339.2	80			133.77	402.8	percent of total billed charges	
SPONTANEOUS NYSTAGMUS TST/WIREC	92541	CPT	outpatient			424	168	Qualcare	Qualcare		318	75			133.77	402.8	percent of total billed charges	
SPONTANEOUS NYSTAGMUS TST/WIREC	92541	CPT	outpatient			424	168	Three Rivers	Three Rivers		402.8	95			133.77	402.8	percent of total billed charges	
SPONTANEOUS NYSTAGMUS TST/WIREC	92541	CPT	outpatient			424	168	UHC	Medicare		146.09				133.77	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPONTANEOUS NYSTAGMUS TST/WIREC	92541	CPT	outpatient			424	168	UHC	Medicaid		133.77	31.55			133.77	402.8	percent of total billed charges	
SPONTANEOUS NYSTAGMUS TST/WIREC	92541	CPT	outpatient			424	168	Wellcare	Medicare		146.09				133.77	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPONTANEOUS NYSTAGMUS TST/WIREC	92541	CPT	outpatient			424	168	Wellcare	Medicaid		133.77	31.55			133.77	402.8	percent of total billed charges	
SPONTANEOUS NYSTAGMUS TST/WIREC	92541	CPT	outpatient			424	168	WellPoint	WellPoint		136.44	32.18			133.77	402.8	percent of total billed charges	
POSITIONAL NYSTAGMUS TST W/REC	92542	CPT	outpatient			424	168	Aetna	Medicare		130.59	30.8			130.59	402.8	percent of total billed charges	
POSITIONAL NYSTAGMUS TST W/REC	92542	CPT	outpatient			424	168	Aetna	Commercial		232.58				130.59	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
POSITIONAL NYSTAGMUS TST W/REC	92542	CPT	outpatient			424	168	Aetna	Better Health		133.77	31.55			130.59	402.8	percent of total billed charges	
POSITIONAL NYSTAGMUS TST W/REC	92542	CPT	outpatient			424	168	Americare	Americare		318	75			130.59	402.8	percent of total billed charges	
POSITIONAL NYSTAGMUS TST W/REC	92542	CPT	outpatient			424	168	Amerihealth	Medicare		146.09				130.59	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
POSITIONAL NYSTAGMUS TST W/REC	92542	CPT	outpatient			424	168	Amerihealth	HMO/PPO		275.6	65			130.59	402.8	percent of total billed charges	
POSITIONAL NYSTAGMUS TST W/REC	92542	CPT	outpatient			424	168	Consumer	Consumer		402.8	95			130.59	402.8	percent of total billed charges	
POSITIONAL NYSTAGMUS TST W/REC	92542	CPT	outpatient			424	168	Corrections	Corrections		339.2	80			130.59	402.8	percent of total billed charges	
POSITIONAL NYSTAGMUS TST W/REC	92542	CPT	outpatient			424	168	First Health	First Health		296.8	70			130.59	402.8	percent of total billed charges	
POSITIONAL NYSTAGMUS TST W/REC	92542	CPT	outpatient			424	168	First Trenton	First Trenton		381.6	90			130.59	402.8	percent of total billed charges	
POSITIONAL NYSTAGMUS TST W/REC	92542	CPT	outpatient			424	168	Horizon	MGD		271.87				130.59	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
POSITIONAL NYSTAGMUS TST W/REC	92542	CPT	outpatient			424	168	Horizon	Indemnity		271.87				130.59	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
POSITIONAL NYSTAGMUS TST W/REC	92542	CPT	outpatient			424	168	Horizon	NJ Health		190.53				130.59	402.8	fee schedule	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.															
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true														
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
POSITIONAL NYSTAGMUS TST W/REC	92542	CPT	outpatient			424		168 Horizon	Medicare Blue		146.09				130.59	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
POSITIONAL NYSTAGMUS TST W/REC	92542	CPT	outpatient			424		168 Horizon	PPO		271.87				130.59	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
POSITIONAL NYSTAGMUS TST W/REC	92542	CPT	outpatient			424		168 Managed Care Inc	Managed Care Inc		381.6	90			130.59	402.8	percent of total billed charges	
POSITIONAL NYSTAGMUS TST W/REC	92542	CPT	outpatient			424		168 Multiplan	Multiplan		339.2	80			130.59	402.8	percent of total billed charges	
POSITIONAL NYSTAGMUS TST W/REC	92542	CPT	outpatient			424		168 Qualcare	Qualcare		318	75			130.59	402.8	percent of total billed charges	
POSITIONAL NYSTAGMUS TST W/REC	92542	CPT	outpatient			424		168 Three Rivers	Three Rivers		402.8	95			130.59	402.8	percent of total billed charges	
POSITIONAL NYSTAGMUS TST W/REC	92542	CPT	outpatient			424		168 UHC	Medicare		146.09				130.59	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
POSITIONAL NYSTAGMUS TST W/REC	92542	CPT	outpatient			424		168 UHC	Medicaid		133.77	31.55			130.59	402.8	percent of total billed charges	
POSITIONAL NYSTAGMUS TST W/REC	92542	CPT	outpatient			424		168 Wellcare	Medicare		146.09				130.59	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
POSITIONAL NYSTAGMUS TST W/REC	92542	CPT	outpatient			424		168 Wellcare	Medicaid		133.77	31.55			130.59	402.8	percent of total billed charges	
POSITIONAL NYSTAGMUS TST W/REC	92542	CPT	outpatient			424		168 WellPoint	WellPoint		136.44	32.18			130.59	402.8	percent of total billed charges	
SINUDOIDAL VERT AXIS ROTA TEST	92546	CPT	outpatient			532		205.45 Aetna	Medicare		163.86	30.8			163.86	505.4	percent of total billed charges	
SINUDOIDAL VERT AXIS ROTA TEST	92546	CPT	outpatient			532		205.45 Aetna	Commercial		284.41				163.86	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SINUDOIDAL VERT AXIS ROTA TEST	92546	CPT	outpatient			532		205.45 Aetna	Better Health		167.85	31.55			163.86	505.4	percent of total billed charges	
SINUDOIDAL VERT AXIS ROTA TEST	92546	CPT	outpatient			532		205.45 Americare	Americare		399	75			163.86	505.4	percent of total billed charges	
SINUDOIDAL VERT AXIS ROTA TEST	92546	CPT	outpatient			532		205.45 Amerihealth	HMO/PPO		345.8	65			163.86	505.4	percent of total billed charges	
SINUDOIDAL VERT AXIS ROTA TEST	92546	CPT	outpatient			532		205.45 Amerihealth	Medicare		178.65				163.86	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SINUDOIDAL VERT AXIS ROTA TEST	92546	CPT	outpatient			532		205.45 Consumer	Consumer		505.4	95			163.86	505.4	percent of total billed charges	
SINUDOIDAL VERT AXIS ROTA TEST	92546	CPT	outpatient			532		205.45 Corrections	Corrections		425.6	80			163.86	505.4	percent of total billed charges	
SINUDOIDAL VERT AXIS ROTA TEST	92546	CPT	outpatient			532		205.45 First Health	First Health		372.4	70			163.86	505.4	percent of total billed charges	
SINUDOIDAL VERT AXIS ROTA TEST	92546	CPT	outpatient			532		205.45 First Trenton	First Trenton		478.8	90			163.86	505.4	percent of total billed charges	
SINUDOIDAL VERT AXIS ROTA TEST	92546	CPT	outpatient			532		205.45 Horizon	Medicare Blue		178.65				163.86	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SINUDOIDAL VERT AXIS ROTA TEST	92546	CPT	outpatient			532		205.45 Horizon	Indemnity		332.47				163.86	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SINUDOIDAL VERT AXIS ROTA TEST	92546	CPT	outpatient			532		205.45 Horizon	MGD		332.47				163.86	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SINUDOIDAL VERT AXIS ROTA TEST	92546	CPT	outpatient			532		205.45 Horizon	PPO		332.47				163.86	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SINUDOIDAL VERT AXIS ROTA TEST	92546	CPT	outpatient			532		205.45 Horizon	NJ Health		307.98				163.86	505.4	fee schedule	
SINUDOIDAL VERT AXIS ROTA TEST	92546	CPT	outpatient			532		205.45 Managed Care Inc	Managed Care Inc		478.8	90			163.86	505.4	percent of total billed charges	
SINUDOIDAL VERT AXIS ROTA TEST	92546	CPT	outpatient			532		205.45 Multiplan	Multiplan		425.6	80			163.86	505.4	percent of total billed charges	
SINUDOIDAL VERT AXIS ROTA TEST	92546	CPT	outpatient			532		205.45 Qualcare	Qualcare		399	75			163.86	505.4	percent of total billed charges	
SINUDOIDAL VERT AXIS ROTA TEST	92546	CPT	outpatient			532		205.45 Three Rivers	Three Rivers		505.4	95			163.86	505.4	percent of total billed charges	
SINUDOIDAL VERT AXIS ROTA TEST	92546	CPT	outpatient			532		205.45 UHC	Medicare		178.65				163.86	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SINUDOIDAL VERT AXIS ROTA TEST	92546	CPT	outpatient			532		205.45 UHC	Medicaid		167.85	31.55			163.86	505.4	percent of total billed charges	
SINUDOIDAL VERT AXIS ROTA TEST	92546	CPT	outpatient			532		205.45 Wellcare	Medicare		178.65				163.86	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SINUDOIDAL VERT AXIS ROTA TEST	92546	CPT	outpatient			532		205.45 Wellcare	Medicaid		167.85	31.55			163.86	505.4	percent of total billed charges	
SINUDOIDAL VERT AXIS ROTA TEST	92546	CPT	outpatient			532		205.45 WellPoint	WellPoint		171.2	32.18			163.86	505.4	percent of total billed charges	
USE OF VERT ELECT W/ TEST	92547	CPT	outpatient					Horizon	NJ Health		91.35				91.35	91.35	fee schedule	
TYMPANOMETRY & REFLEX THRESH	92550	CPT	both			532		205.45 Aetna	Better Health		167.85	31.55			30.75	505.4	percent of total billed charges	
TYMPANOMETRY & REFLEX THRESH	92550	CPT	both			532		205.45 Aetna	Commercial		284.41				30.75	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TYMPANOMETRY & REFLEX THRESH	92550	CPT	both			532		205.45 Aetna	Medicare		178.65				30.75	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TYMPANOMETRY & REFLEX THRESH	92550	CPT	both			532		205.45 Americare	Americare		399	75			30.75	505.4	percent of total billed charges	
TYMPANOMETRY & REFLEX THRESH	92550	CPT	both			532		205.45 Amerihealth	HMO/PPO		345.8	65			30.75	505.4	percent of total billed charges	
TYMPANOMETRY & REFLEX THRESH	92550	CPT	both			532		205.45 Amerihealth	Medicare		178.65				30.75	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TYMPANOMETRY & REFLEX THRESH	92550	CPT	both			532		205.45 Consumer	Consumer		505.4	95			30.75	505.4	percent of total billed charges	
TYMPANOMETRY & REFLEX THRESH	92550	CPT	both			532		205.45 Corrections	Corrections		425.6	80			30.75	505.4	percent of total billed charges	
TYMPANOMETRY & REFLEX THRESH	92550	CPT	both			532		205.45 First Health	First Health		372.4	70			30.75	505.4	percent of total billed charges	
TYMPANOMETRY & REFLEX THRESH	92550	CPT	both			532		205.45 First Trenton	First Trenton		478.8	90			30.75	505.4	percent of total billed charges	
TYMPANOMETRY & REFLEX THRESH	92550	CPT	both			532		205.45 Horizon	Indemnity		332.47				30.75	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TYMPANOMETRY & REFLEX THRESH	92550	CPT	both			532		205.45 Horizon	MGD		332.47				30.75	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TYMPANOMETRY & REFLEX THRESH	92550	CPT	both			532		205.45 Horizon	Medicare Blue		178.65				30.75	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TYMPANOMETRY & REFLEX THRESH	92550	CPT	both			532		205.45 Horizon	NJ Health		30.75				30.75	505.4	fee schedule	
TYMPANOMETRY & REFLEX THRESH	92550	CPT	both			532		205.45 Horizon	PPO		332.47				30.75	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TYMPANOMETRY & REFLEX THRESH	92550	CPT	both			532		205.45 Managed Care Inc	Managed Care Inc		478.8	90			30.75	505.4	percent of total billed charges	
TYMPANOMETRY & REFLEX THRESH	92550	CPT	both			532		205.45 Multiplan	Multiplan		425.6	80			30.75	505.4	percent of total billed charges	
TYMPANOMETRY & REFLEX THRESH	92550	CPT	both			532		205.45 Qualcare	Qualcare		399	75			30.75	505.4	percent of total billed charges	
TYMPANOMETRY & REFLEX THRESH	92550	CPT	both			532		205.45 Three Rivers	Three Rivers		505.4	95			30.75	505.4	percent of total billed charges	
TYMPANOMETRY & REFLEX THRESH	92550	CPT	both			532		205.45 UHC	Medicaid		167.85	31.55			30.75	505.4	percent of total billed charges	
TYMPANOMETRY & REFLEX THRESH	92550	CPT	both			532		205.45 UHC	Medicare		178.65				30.75	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TYMPANOMETRY & REFLEX THRESH	92550	CPT	both			532		205.45 Wellcare	Medicaid		167.85	31.55			30.75	505.4	percent of total billed charges	
TYMPANOMETRY & REFLEX THRESH	92550	CPT	both			532		205.45 Wellcare	Medicare		178.65				30.75	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TYMPANOMETRY & REFLEX THRESH	92550	CPT	both			532		205.45 WellPoint	WellPoint		171.2	32.18			30.75	505.4	percent of total billed charges	
AUDIOMETRY	92551	CPT	outpatient			128		Aetna	Commercial		48.64	38			38.4	121.6	percent of total billed charges	
AUDIOMETRY	92551	CPT	outpatient			128		Aetna	Medicare		39.42	30.8			38.4	121.6	percent of total billed charges	
AUDIOMETRY	92551	CPT	outpatient			128		Aetna	Better Health		40.38	31.55			38.4	121.6	percent of total billed charges	
AUDIOMETRY	92551	CPT	outpatient			128		Americare	Americare		96	75			38.4	121.6	percent of total billed charges	
AUDIOMETRY	92551	CPT	outpatient			128		Amerihealth	HMO/PPO		83.2	65			38.4	121.6	percent of total billed charges	
AUDIOMETRY	92551	CPT	outpatient			128		Consumer	Consumer		121.6	95			38.4	121.6	percent of total billed charges	
AUDIOMETRY	92551	CPT	outpatient			128		Corrections	Corrections		102.4	80			38.4	121.6	percent of total billed charges	
AUDIOMETRY	92551	CPT	outpatient			128		First Health	First Health		89.6	70			38.4	121.6	percent of total billed charges	
AUDIOMETRY	92551	CPT	outpatient			128		First Trenton	First Trenton		115.2	90			38.4	121.6	percent of total billed charges	
AUDIOMETRY	92551	CPT	outpatient			128		Horizon	MGD		49	38.28			38.4	121.6	percent of total billed charges	
AUDIOMETRY	92551	CPT	outpatient			128		Horizon	Indemnity		49	38.28			38.4	121.6	percent of total billed charges	
AUDIOMETRY	92551	CPT	outpatient			128		Horizon	Medicare Blue		38.4	30			38.4	121.6	percent of total billed charges	
AUDIOMETRY	92551	CPT	outpatient			128		Horizon	PPO		49	38.28			38.4	121.6	percent of total billed charges	
AUDIOMETRY	92551	CPT	outpatient			128		Horizon	NJ Health		96.57				38.4	121.6	fee schedule	
AUDIOMETRY	92551	CPT	outpatient			128		Managed Care Inc	Managed Care Inc		115.2	90			38.4	121.6	percent of total billed charges	
AUDIOMETRY	92551	CPT	outpatient			128		Multiplan	Multiplan		102.4	80			38.4	121.6	percent of total billed charges	
AUDIOMETRY	92551	CPT	outpatient			128		Qualcare	Qualcare		96	75			38.4	121.6	percent of total billed charges	
AUDIOMETRY	92551	CPT	outpatient			128		Three Rivers	Three Rivers		121.6	95			38.4	121.6	percent of total billed charges	
AUDIOMETRY	92551	CPT	outpatient			128		UHC	Medicaid		40.38	31.55			38.4	121.6	percent of total billed charges	
AUDIOMETRY	92551	CPT	outpatient			128		Wellcare	Medicaid		40.38	31.55			38.4	121.6	percent of total billed charges	
AUDIOMETRY	92551	CPT	outpatient			128		WellPoint	WellPoint		41.19	32.18			38.4	121.6	percent of total billed charges	
PURE TONE AUDIO(THRES)1EAR	92552	CPT	both			424		168 Aetna	Better Health		133.77	31.55			126.2	402.8	percent of total billed charges	
PURE TONE AUDIO(THRES)1EAR	92552	CPT	both			424		168 Aetna	Commercial		232.98				126.2	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PURE TONE AUDIO(THRES)1EAR	92552	CPT	both			424		168 Aetna	Medicare		146.09				126.2	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PURE TONE AUDIO(THRES)1EAR	92552	CPT	both			424		168 Americare	Americare		318	75			126.2	402.8	percent of total billed charges	
PURE TONE AUDIO(THRES)1EAR	92552	CPT	both			424		168 Amerihealth	HMO/PPO		275.6	65			126.2	402.8	percent of total billed charges	
PURE TONE AUDIO(THRES)1EAR	92552	CPT	both			424		168 Amerihealth	Medicare		146.09				126.2	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PURE TONE AUDIO(THRES)1EAR	92552	CPT	both			424		168 Consumer	Consumer		402.8	95			126.2	402.8	percent of total billed charges	
PURE TONE AUDIO(THRES)1EAR	92552	CPT	both			424		168 Corrections	Corrections		339.2	80			126.2	402.8	percent of total billed charges	
PURE TONE AUDIO(THRES)1EAR	92552	CPT	both			424		168 First Health	First Health		296.8	70			126.2	402.8	percent of total billed charges	
PURE TONE AUDIO(THRES)1EAR	92552	CPT	both			424		168 First Trenton	First Trenton		381.6	90			126.2	402.8	percent of total billed charges	
PURE TONE AUDIO(THRES)1EAR	92552	CPT	both			424		168 Horizon	Medicare Blue		146.09				126.2	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PURE TONE AUDIO(THRES)1EAR	92552	CPT	both			424		168 Horizon	NJ Health		153.99				126.2	402.8	fee schedule	
PURE TONE AUDIO(THRES)1EAR	92552	CPT	both			424		168 Horizon	Indemnity		271.87				126.2	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PURE TONE AUDIO(THRES)1EAR	92552	CPT	both			424		168 Horizon	MGD		271.87				126.2	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PURE TONE AUDIO(THRES)1EAR	92552	CPT	both			424		168 Horizon	PPO		271.87				126.2	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PURE TONE AUDIO(THRES)1EAR	92552	CPT	both			424		168 Managed Care Inc	Managed Care Inc		381.6	90			126.2	402.8	percent of total billed charges	
PURE TONE AUDIO(THRES)1EAR	92552	CPT	both			424		168 Multiplan	Multiplan		339.2	80			126.2	402.8	percent of total billed charges	
PURE TONE AUDIO(THRES)1EAR	92552	CPT	both			424		168 Qualcare	Qualcare		318	75			126.2	402.8	percent of total billed charges	
PURE TONE AUDIO(THRES)1EAR	92552	CPT	both			424		168 Three Rivers	Three Rivers		402.8	95			126.2	402.8	percent of total billed charges	
PURE TONE AUDIO(THRES)1EAR	92552	CPT	both			424		168 UHC	Medicaid		133.77	31.55			126.2	402.8	percent of total billed charges	
PURE TONE AUDIO(THRES)1EAR	92552	CPT	both			424		168 UHC	Medicare		146.09				126.2	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PURE TONE AUDIO(THRES)1EAR	92552	CPT	both			424		168 Wellcare	Medicaid		133.77	31.55			126.2	402.8	percent of total billed charges	
PURE TONE AUDIO(THRES)1EAR	92552	CPT	both			424		168 Wellcare	Medicare		146.09				126.2	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PURE TONE AUDIO(THRES)1EAR	92552	CPT	both			424		168 WellPoint	WellPoint		136.44	32.18			126.2	402.8	percent of total billed charges	
PURE TONE AUD.,AIR&BONE(1EAR)	92553	CPT	both			872		205.45 Aetna	Medicare		178.65				127.89	828.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PURE TONE AUD.,AIR&BONE(1EAR)	92553	CPT	both			872		205.45 Aetna	Better Health		275.12	31.55			127.89	828.4	percent of total billed charges	
PURE TONE AUD.,AIR&BONE(1EAR)	92553	CPT	both			872		205.45 Aetna	Commercial		284.41				127.89	828.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PURE TONE AUD.,AIR&BONE(1EAR)	92553	CPT	both			872		205.45 Americare	Americare		654	75			127.89	828.4	percent of total billed charges	
PURE TONE AUD.,AIR&BONE(1EAR)	92553	CPT	both			872		205.45 Amerihealth	HMO/PPO		566.8	65			127.89	828.4	percent of total billed charges	
PURE TONE AUD.,AIR&BONE(1EAR)	92553	CPT	both			872		205.45 Amerihealth	Medicare		178.65				127.89	828.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PURE TONE AUD.,AIR&BONE(1EAR)	92553	CPT	both			872		205.45 Consumer	Consumer		828.4	95			127.89	828.4	percent of total billed charges	
PURE TONE AUD.,AIR&BONE(1EAR)	92553	CPT	both			872		205.45 Corrections	Corrections		697.6	80			127.89	828.4	percent of total billed charges	
PURE TONE AUD.,AIR&BONE(1EAR)	92553	CPT	both			872		205.45 First Health	First Health		610.4	70			127.89	828.4	percent of total billed charges	
PURE TONE AUD.,AIR&BONE(1EAR)	92553	CPT	both			872		205.45 First Trenton	First Trenton		784.8	90			127.89	828.4	percent of total billed charges	
PURE TONE AUD.,AIR&BONE(1EAR)	92553	CPT	both			872		205.45 Horizon	Medicare Blue		178.65				127.89	828.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PURE TONE AUD.,AIR&BONE(1EAR)	92553	CPT	both			872		205.45 Horizon	PPO		332.47				127.89	828.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PURE TONE AUD.,AIR&BONE(1EAR)	92553	CPT	both			872		205.45 Horizon	NJ Health		127.89				127.89	828.4	fee schedule	
PURE TONE AUD.,AIR&BONE(1EAR)	92553	CPT	both			872		205.45 Horizon	Indemnity		332.47				127.89	828.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PURE TONE AUD.,AIR&BONE(1EAR)	92553	CPT	both			872		205.45 Horizon	MGD		332.47				127.89	828.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PURE TONE AUD.,AIR&BONE(1EAR)	92553	CPT	both			872		205.45 Managed Care Inc	Managed Care Inc		784.8	90			127.89	828.4	percent of total billed charges	
PURE TONE AUD.,AIR&BONE(1EAR)	92553	CPT	both			872		205.45 Multiplan	Multiplan		697.6	80			127.89	828.4	percent of total billed charges	
PURE TONE AUD.,AIR&BONE(1EAR)	92553	CPT	both			872		205.45 Qualcare	Qualcare		654	75			127.89	828.4	percent of total billed charges	
PURE TONE AUD.,AIR&BONE(1EAR)	92553	CPT	both			872		205.45 Three Rivers	Three Rivers		828.4	95			127.89	828.4	percent of total billed charges	
PURE TONE AUD.,AIR&BONE(1EAR)	92553	CPT	both			872		205.45 UHC	Medicaid		275.12	31.55			127.89	828.4	percent of total billed charges	
PURE TONE AUD.,AIR&BONE(1EAR)	92553	CPT	both			872		205.45 UHC	Medicare		178.65				127.89	828.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PURE TONE AUD.,AIR&BONE(1EAR)	92553	CPT	both			872		205.45 Wellcare	Medicaid		275.12	31.55			127.89	828.4	percent of total billed charges	
PURE TONE AUD.,AIR&BONE(1EAR)	92553	CPT	both			872		205.45 Wellcare	Medicare		178.65				127.89	828.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PURE TONE AUD.,AIR&BONE(1EAR)	92553	CPT	both			872		205.45 WellPoint	WellPoint		280.61	32.18			127.89	828.4	percent of total billed charges	
SPEECH AUDIO THRESHOLD ONLY	92555	CPT	outpatient			389		80.45 Aetna	Medicare		69.96				39.12	369.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPEECH AUDIO THRESHOLD ONLY	92555	CPT	outpatient			389		80.45 Aetna	Better Health		122.73	31.55			39.12	369.55	percent of total billed charges	
SPEECH AUDIO THRESHOLD ONLY	92555	CPT	outpatient			389		80.45 Aetna	Commercial		111.38				39.12	369.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPEECH AUDIO THRESHOLD ONLY	92555	CPT	outpatient			389		80.45 Americare	Americare		291.75	75			39.12	369.55	percent of total billed charges	
SPEECH AUDIO THRESHOLD ONLY	92555	CPT	outpatient			389		80.45 Amerihealth	Medicare		69.96				39.12	369.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPEECH AUDIO THRESHOLD ONLY	92555	CPT	outpatient			389		80.45 Amerihealth	HMO/PPO		252.85	65			39.12	369.55	percent of total billed charges	
SPEECH AUDIO THRESHOLD ONLY	92555	CPT	outpatient			389		80.45 Consumer	Consumer		369.55	95			39.12	369.55	percent of total billed charges	
SPEECH AUDIO THRESHOLD ONLY	92555	CPT	outpatient			389		80.45 Corrections	Corrections		311.2	80			39.12	369.55	percent of total billed charges	
SPEECH AUDIO THRESHOLD ONLY	92555	CPT	outpatient			389		80.45 First Health	First Health		272.3	70			39.12	369.55	percent of total billed charges	
SPEECH AUDIO THRESHOLD ONLY	92555	CPT	outpatient			389		80.45 First Trenton	First Trenton		350.1	90			39.12	369.55	percent of total billed charges	
SPEECH AUDIO THRESHOLD ONLY	92555	CPT	outpatient			389		80.45 Horizon	Indemnity		130.2				39.12	369.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPEECH AUDIO THRESHOLD ONLY	92555	CPT	outpatient			389		80.45 Horizon	MGD		130.2				39.12	369.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPEECH AUDIO THRESHOLD ONLY	92555	CPT	outpatient			389		80.45 Horizon	Medicare Blue		69.96				39.12	369.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPEECH AUDIO THRESHOLD ONLY	92555	CPT	outpatient			389		80.45 Horizon	NJ Health		80.91				39.12	369.55	fee schedule	
SPEECH AUDIO THRESHOLD ONLY	92555	CPT	outpatient			389		80.45 Horizon	PPO		130.2				39.12	369.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPEECH AUDIO THRESHOLD ONLY	92555	CPT	outpatient			389		80.45 Managed Care Inc	Managed Care Inc		350.1	90			39.12	369.55	percent of total billed charges	
SPEECH AUDIO THRESHOLD ONLY	92555	CPT	outpatient			389		80.45 Multiplan	Multiplan		311.2	80			39.12	369.55	percent of total billed charges	
SPEECH AUDIO THRESHOLD ONLY	92555	CPT	outpatient			389		80.45 Qualcare	Qualcare		291.75	75			39.12	369.55	percent of total billed charges	
SPEECH AUDIO THRESHOLD ONLY	92555	CPT	outpatient			389		80.45 Three Rivers	Three Rivers		369.55	95			39.12	369.55	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
SPEECH AUDIO THRESHOLD ONLY	92555	CPT	outpatient			389	80.45	UHC	Medicaid		122.73	31.55			39.12	369.55	percent of total billed charges	
SPEECH AUDIO THRESHOLD ONLY	92555	CPT	outpatient			389	80.45	UHC	Medicare		69.96				39.12	369.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPEECH AUDIO THRESHOLD ONLY	92555	CPT	outpatient			389	80.45	Wellcare	Medicare		69.96				39.12	369.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPEECH AUDIO THRESHOLD ONLY	92555	CPT	outpatient			389	80.45	Wellcare	Medicaid		122.73	31.55			39.12	369.55	percent of total billed charges	
SPEECH AUDIO THRESHOLD ONLY	92555	CPT	outpatient			389	80.45	WellPoint	WellPoint		125.18	32.18			39.12	369.55	percent of total billed charges	
SPEECH AUDIO THRSHLD/DISCRIMIN	92556	CPT	outpatient			408	80.45	Aetna	Medicare		69.96				66.57	387.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPEECH AUDIO THRSHLD/DISCRIMIN	92556	CPT	outpatient			408	80.45	Aetna	Commercial		111.38				66.57	387.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPEECH AUDIO THRSHLD/DISCRIMIN	92556	CPT	outpatient			406	80.45	Aetna	Better Health		126.72	31.55			66.57	387.6	percent of total billed charges	
SPEECH AUDIO THRSHLD/DISCRIMIN	92556	CPT	outpatient			408	80.45	Americare	Americare		306	75			66.57	387.6	percent of total billed charges	
SPEECH AUDIO THRSHLD/DISCRIMIN	92556	CPT	outpatient			408	80.45	Amerihealth	HMO/PPO		265.2	65			66.57	387.6	percent of total billed charges	
SPEECH AUDIO THRSHLD/DISCRIMIN	92556	CPT	outpatient			408	80.45	Amerihealth	Medicare		69.96				66.57	387.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPEECH AUDIO THRSHLD/DISCRIMIN	92556	CPT	outpatient			408	80.45	Consumer	Consumer		367.6	95			66.57	387.6	percent of total billed charges	
SPEECH AUDIO THRSHLD/DISCRIMIN	92556	CPT	outpatient			408	80.45	Corrections	Corrections		326.4	80			66.57	387.6	percent of total billed charges	
SPEECH AUDIO THRSHLD/DISCRIMIN	92556	CPT	outpatient			408	80.45	First Health	First Health		285.6	70			66.57	387.6	percent of total billed charges	
SPEECH AUDIO THRSHLD/DISCRIMIN	92556	CPT	outpatient			408	80.45	First Trenton	First Trenton		367.2	90			66.57	387.6	percent of total billed charges	
SPEECH AUDIO THRSHLD/DISCRIMIN	92556	CPT	outpatient			408	80.45	Horizon	PPO		130.2				66.57	387.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPEECH AUDIO THRSHLD/DISCRIMIN	92556	CPT	outpatient			408	80.45	Horizon	MGD		130.2				66.57	387.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPEECH AUDIO THRSHLD/DISCRIMIN	92556	CPT	outpatient			408	80.45	Horizon	Indemnity		130.2				66.57	387.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPEECH AUDIO THRSHLD/DISCRIMIN	92556	CPT	outpatient			408	80.45	Horizon	NJ Health		156.6				66.57	387.6	fee schedule	
SPEECH AUDIO THRSHLD/DISCRIMIN	92556	CPT	outpatient			408	80.45	Horizon	Medicare Blue		69.96				66.57	387.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPEECH AUDIO THRSHLD/DISCRIMIN	92556	CPT	outpatient			408	80.45	Managed Care Inc	Managed Care Inc		367.2	90			66.57	387.6	percent of total billed charges	
SPEECH AUDIO THRSHLD/DISCRIMIN	92556	CPT	outpatient			408	80.45	Multiplan	Multiplan		326.4	80			66.57	387.6	percent of total billed charges	
SPEECH AUDIO THRSHLD/DISCRIMIN	92556	CPT	outpatient			406	80.45	Qualcare	Qualcare		306	75			66.57	387.6	percent of total billed charges	
SPEECH AUDIO THRSHLD/DISCRIMIN	92556	CPT	outpatient			408	80.45	Three Rivers	Three Rivers		387.6	95			66.57	387.6	percent of total billed charges	
SPEECH AUDIO THRSHLD/DISCRIMIN	92556	CPT	outpatient			408	80.45	UHC	Medicare		69.96				66.57	387.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPEECH AUDIO THRSHLD/DISCRIMIN	92556	CPT	outpatient			408	80.45	UHC	Medicaid		126.72	31.55			66.57	387.6	percent of total billed charges	
SPEECH AUDIO THRSHLD/DISCRIMIN	92556	CPT	outpatient			408	80.45	Wellcare	Medicare		69.96				66.57	387.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPEECH AUDIO THRSHLD/DISCRIMIN	92556	CPT	outpatient			408	80.45	Wellcare	Medicaid		126.72	31.55			66.57	387.6	percent of total billed charges	
SPEECH AUDIO THRSHLD/DISCRIMIN	92556	CPT	outpatient			408	80.45	WellPoint	WellPoint		131.29	32.18			66.57	387.6	percent of total billed charges	
COMPREHENSIVE AUDIOMETRY	92557	CPT	outpatient			532	205.45	Aetna	Better Health		167.85	31.55			167.85	505.4	percent of total billed charges	
COMPREHENSIVE AUDIOMETRY	92557	CPT	outpatient			532	205.45	Aetna	Commercial		284.41				167.85	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPREHENSIVE AUDIOMETRY	92557	CPT	outpatient			532	205.45	Aetna	Medicare		178.65				167.85	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPREHENSIVE AUDIOMETRY	92557	CPT	outpatient			532	205.45	Americare	Americare		399	75			167.85	505.4	percent of total billed charges	
COMPREHENSIVE AUDIOMETRY	92557	CPT	outpatient			532	205.45	Amerihealth	HMO/PPO		345.8	65			167.85	505.4	percent of total billed charges	
COMPREHENSIVE AUDIOMETRY	92557	CPT	outpatient			532	205.45	Amerihealth	Medicare		178.65				167.85	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPREHENSIVE AUDIOMETRY	92557	CPT	outpatient			532	205.45	Consumer	Consumer		505.4	95			167.85	505.4	percent of total billed charges	
COMPREHENSIVE AUDIOMETRY	92557	CPT	outpatient			532	205.45	Corrections	Corrections		425.6	80			167.85	505.4	percent of total billed charges	
COMPREHENSIVE AUDIOMETRY	92557	CPT	outpatient			532	205.45	First Health	First Health		372.4	70			167.85	505.4	percent of total billed charges	
COMPREHENSIVE AUDIOMETRY	92557	CPT	outpatient			532	205.45	First Trenton	First Trenton		478.8	90			167.85	505.4	percent of total billed charges	
COMPREHENSIVE AUDIOMETRY	92557	CPT	outpatient			532	205.45	Horizon	Medicare Blue		178.65				167.85	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPREHENSIVE AUDIOMETRY	92557	CPT	outpatient			532	205.45	Horizon	PPO		332.47				167.85	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPREHENSIVE AUDIOMETRY	92557	CPT	outpatient			532	205.45	Horizon	Indemnity		332.47				167.85	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPREHENSIVE AUDIOMETRY	92557	CPT	outpatient			532	205.45	Horizon	MGD		332.47				167.85	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPREHENSIVE AUDIOMETRY	92557	CPT	outpatient			532	205.45	Horizon	NJ Health		323.64				167.85	505.4	fee schedule	
COMPREHENSIVE AUDIOMETRY	92557	CPT	outpatient			532	205.45	Managed Care Inc	Managed Care Inc		478.8	90			167.85	505.4	percent of total billed charges	
COMPREHENSIVE AUDIOMETRY	92557	CPT	outpatient			532	205.45	Multiplan	Multiplan		425.6	80			167.85	505.4	percent of total billed charges	
COMPREHENSIVE AUDIOMETRY	92557	CPT	outpatient			532	205.45	Qualcare	Qualcare		399	75			167.85	505.4	percent of total billed charges	
COMPREHENSIVE AUDIOMETRY	92557	CPT	outpatient			532	205.45	Three Rivers	Three Rivers		505.4	95			167.85	505.4	percent of total billed charges	
COMPREHENSIVE AUDIOMETRY	92557	CPT	outpatient			532	205.45	UHC	Medicare		178.65				167.85	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPREHENSIVE AUDIOMETRY	92557	CPT	outpatient			532	205.45	UHC	Medicaid		167.85	31.55			167.85	505.4	percent of total billed charges	
COMPREHENSIVE AUDIOMETRY	92557	CPT	outpatient			532	205.45	Wellcare	Medicare		178.65				167.85	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPREHENSIVE AUDIOMETRY	92557	CPT	outpatient			532	205.45	Wellcare	Medicaid		167.85	31.55			167.85	505.4	percent of total billed charges	
COMPREHENSIVE AUDIOMETRY	92557	CPT	outpatient			532	205.45	WellPoint	WellPoint		171.2	32.18			167.85	505.4	percent of total billed charges	
TONE DECAY TEST(ONE EAR)	92563	CPT	outpatient			332	52.74	Aetna	Better Health		104.75	31.55			10.96	315.4	percent of total billed charges	
TONE DECAY TEST(ONE EAR)	92563	CPT	outpatient			332	52.74	Aetna	Commercial		73.01				10.96	315.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TONE DECAY TEST(ONE EAR)	92563	CPT	outpatient			332	52.74	Aetna	Medicare		102.26	30.8			10.96	315.4	percent of total billed charges	
TONE DECAY TEST(ONE EAR)	92563	CPT	outpatient			332	52.74	Americare	Americare		249	75			10.96	315.4	percent of total billed charges	
TONE DECAY TEST(ONE EAR)	92563	CPT	outpatient			332	52.74	Amerihealth	HMO/PPO		215.8	65			10.96	315.4	percent of total billed charges	
TONE DECAY TEST(ONE EAR)	92563	CPT	outpatient			332	52.74	Amerihealth	Medicare		45.86				10.96	315.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TONE DECAY TEST(ONE EAR)	92563	CPT	outpatient			332	52.74	Consumer	Consumer		315.4	95			10.96	315.4	percent of total billed charges	
TONE DECAY TEST(ONE EAR)	92563	CPT	outpatient			332	52.74	Corrections	Corrections		265.6	80			10.96	315.4	percent of total billed charges	
TONE DECAY TEST(ONE EAR)	92563	CPT	outpatient			332	52.74	First Health	First Health		232.4	70			10.96	315.4	percent of total billed charges	
TONE DECAY TEST(ONE EAR)	92563	CPT	outpatient			332	52.74	First Trenton	First Trenton		298.8	90			10.96	315.4	percent of total billed charges	
TONE DECAY TEST(ONE EAR)	92563	CPT	outpatient			332	52.74	Horizon	PPO		85.35				10.96	315.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TONE DECAY TEST(ONE EAR)	92563	CPT	outpatient			332	52.74	Horizon	Medicare Blue		45.86				10.96	315.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TONE DECAY TEST(ONE EAR)	92563	CPT	outpatient			332	52.74	Horizon	MGD		85.35				10.96	315.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TONE DECAY TEST(ONE EAR)	92563	CPT	outpatient			332	52.74	Horizon	Indemnity		85.35				10.96	315.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TONE DECAY TEST(ONE EAR)	92563	CPT	outpatient			332	52.74	Horizon	NJ Health		10.96				10.96	315.4	fee schedule	
TONE DECAY TEST(ONE EAR)	92563	CPT	outpatient			332	52.74	Managed Care Inc	Managed Care Inc		298.8	90			10.96	315.4	percent of total billed charges	
TONE DECAY TEST(ONE EAR)	92563	CPT	outpatient			332	52.74	Multiplan	Multiplan		265.6	80			10.96	315.4	percent of total billed charges	
TONE DECAY TEST(ONE EAR)	92563	CPT	outpatient			332	52.74	Qualcare	Qualcare		249	75			10.96	315.4	percent of total billed charges	
TONE DECAY TEST(ONE EAR)	92563	CPT	outpatient			332	52.74	Three Rivers	Three Rivers		315.4	95			10.96	315.4	percent of total billed charges	
TONE DECAY TEST(ONE EAR)	92563	CPT	outpatient			332	52.74	UHC	Medicaid		104.75	31.55			10.96	315.4	percent of total billed charges	
TONE DECAY TEST(ONE EAR)	92563	CPT	outpatient			332	52.74	UHC	Medicare		45.86				10.96	315.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TONE DECAY TEST(ONE EAR)	92563	CPT	outpatient			332	52.74	Wellcare	Medicare		45.86				10.96	315.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TONE DECAY TEST(ONE EAR)	92563	CPT	outpatient			332	52.74	Wellcare	Medicaid		104.75	31.55			10.96	315.4	percent of total billed charges	
TONE DECAY TEST(ONE EAR)	92563	CPT	outpatient			332	52.74	WellPoint	WellPoint		106.84	32.18			10.96	315.4	percent of total billed charges	
STENGER TEST, PURE TONE	92565	CPT	both			124	80.45	Aetna	Medicare		38.19	30.8			38.19	133.11	percent of total billed charges	
STENGER TEST, PURE TONE	92565	CPT	both			124	80.45	Aetna	Commercial		111.38				38.19	133.11	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STENGER TEST, PURE TONE	92565	CPT	both			124	80.45	Aetna	Better Health		39.12	31.55			38.19	133.11	percent of total billed charges	
STENGER TEST, PURE TONE	92565	CPT	both			124	80.45	Americare	Americare		93	75			38.19	133.11	percent of total billed charges	
STENGER TEST, PURE TONE	92565	CPT	both			124	80.45	Amerihealth	HMO/PPO		80.6	65			38.19	133.11	percent of total billed charges	
STENGER TEST, PURE TONE	92565	CPT	both			124	80.45	Amerihealth	Medicare		69.96				38.19	133.11	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STENGER TEST, PURE TONE	92565	CPT	both			124	80.45	Consumer	Consumer		117.8	95			38.19	133.11	percent of total billed charges	
STENGER TEST, PURE TONE	92565	CPT	both			124	80.45	Corrections	Corrections		99.2	80			38.19	133.11	percent of total billed charges	
STENGER TEST, PURE TONE	92565	CPT	both			124	80.45	First Health	First Health		86.8	70			38.19	133.11	percent of total billed charges	
STENGER TEST, PURE TONE	92565	CPT	both			124	80.45	First Trenton	First Trenton		111.6	90			38.19	133.11	percent of total billed charges	
STENGER TEST, PURE TONE	92565	CPT	both			124	80.45	Horizon	MGD		130.2				38.19	133.11	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STENGER TEST, PURE TONE	92565	CPT	both			124	80.45	Horizon	Medicare Blue		69.96				38.19	133.11	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STENGER TEST, PURE TONE	92565	CPT	both			124	80.45	Horizon	NJ Health		133.11				38.19	133.11	fee schedule	
STENGER TEST, PURE TONE	92565	CPT	both			124	80.45	Horizon	PPO		130.2				38.19	133.11	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STENGER TEST, PURE TONE	92565	CPT	both			124	80.45	Horizon	Indemnity		130.2				38.19	133.11	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STENGER TEST, PURE TONE	92565	CPT	both			124	80.45	Managed Care Inc	Managed Care Inc		111.6	90			38.19	133.11	percent of total billed charges	
STENGER TEST, PURE TONE	92565	CPT	both			124	80.45	Multiplan	Multiplan		99.2	80			38.19	133.11	percent of total billed charges	
STENGER TEST, PURE TONE	92565	CPT	both			124	80.45	Qualcare	Qualcare		93	75			38.19	133.11	percent of total billed charges	
STENGER TEST, PURE TONE	92565	CPT	both			124	80.45	Three Rivers	Three Rivers		117.8	95			38.19	133.11	percent of total billed charges	
STENGER TEST, PURE TONE	92565	CPT	both			124	80.45	UHC	Medicaid		39.12	31.55			38.19	133.11	percent of total billed charges	
STENGER TEST, PURE TONE	92565	CPT	both			124	80.45	UHC	Medicare		69.96				38.19	133.11	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STENGER TEST, PURE TONE	92565	CPT	both			124	80.45	Wellcare	Medicaid		39.12	31.55			38.19	133.11	percent of total billed charges	
STENGER TEST, PURE TONE	92565	CPT	both			124	80.45	Wellcare	Medicare		69.96				38.19	133.11	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STENGER TEST, PURE TONE	92565	CPT	both			124	80.45	WellPoint	WellPoint		39.9	32.18			38.19	133.11	percent of total billed charges	
TYMPANOMETRY	92567	CPT	both			408	52.74	Aetna	Better Health		128.72	31.55			39.12	387.6	percent of total billed charges	
TYMPANOMETRY	92567	CPT	both			408	52.74	Aetna	Commercial		73.01				39.12	387.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TYMPANOMETRY	92567	CPT	both			408	52.74	Aetna	Medicare		45.86				39.12	387.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TYMPANOMETRY	92567	CPT	both			406	52.74	Americare	Americare		306	75			39.12	387.6	percent of total billed charges	
TYMPANOMETRY	92567	CPT	both			408	52.74	Amerihealth	HMO/PPO		265.2	65			39.12	387.6	percent of total billed charges	
TYMPANOMETRY	92567	CPT	both			408	52.74	Amerihealth	Medicare		45.86				39.12	387.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TYMPANOMETRY	92567	CPT	both			408	52.74	Consumer	Consumer		387.6	95			39.12	387.6	percent of total billed charges	
TYMPANOMETRY	92567	CPT	both			408	52.74	Corrections	Corrections		326.4	80			39.12	387.6	percent of total billed charges	
TYMPANOMETRY	92567	CPT	both			408	52.74	First Health	First Health		285.6	70			39.12	387.6	percent of total billed charges	
TYMPANOMETRY	92567	CPT	both			408	52.74	First Trenton	First Trenton		367.2	90			39.12	387.6	percent of total billed charges	
TYMPANOMETRY	92567	CPT	both			408	52.74	Horizon	NJ Health		109.62				39.12	387.6	fee schedule	
TYMPANOMETRY	92567	CPT	both			408	52.74	Horizon	Indemnity		85.35				39.12	387.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TYMPANOMETRY	92567	CPT	both			408	52.74	Horizon	Medicare Blue		45.86				39.12	387.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TYMPANOMETRY	92567	CPT	both			408	52.74	Horizon	MGD		85.35				39.12	387.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TYMPANOMETRY	92567	CPT	both			406	52.74	Horizon	PPO		85.35				39.12	387.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TYMPANOMETRY	92567	CPT	both			408	52.74	Managed Care Inc	Managed Care Inc		367.2	90			39.12	387.6	percent of total billed charges	
TYMPANOMETRY	92567	CPT	both			408	52.74	Multiplan	Multiplan		326.4	80			39.12	387.6	percent of total billed charges	
TYMPANOMETRY	92567	CPT	both			408	52.74	Qualcare	Qualcare		306	75			39.12	387.6	percent of total billed charges	
TYMPANOMETRY	92567	CPT	both			408	52.74	Three Rivers	Three Rivers		387.6	95			39.12	387.6	percent of total billed charges	
TYMPANOMETRY	92567	CPT	both			408	52.74	UHC	Medicare		45.86				39.12	387.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TYMPANOMETRY	92567	CPT	both			408	52.74	UHC	Medicaid		128.72	31.55			39.12	387.6	percent of total billed charges	
TYMPANOMETRY	92567	CPT	both			408	52.74	Wellcare	Medicaid		128.72	31.55			39.12	387.6	percent of total billed charges	
TYMPANOMETRY	92567	CPT	both			408	52.74	Wellcare	Medicare		45.86				39.12	387.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TYMPANOMETRY	92567	CPT	both			408	52.74	WellPoint	WellPoint		131.29	32.18			39.12	387.6	percent of total billed charges	
ACOUSTIC REFLX TEST - BOTH	92568	CPT	outpatient			408	52.74	Aetna	Better Health		128.72	31.55			38.19	387.6	percent of total billed charges	
ACOUSTIC REFLX TEST - BOTH	92568	CPT	outpatient			408	52.74	Aetna	Medicare		125.66	30.8			38.19	387.6	percent of total billed charges	
ACOUSTIC REFLX TEST - BOTH	92568	CPT	outpatient			408	52.74	Aetna	Commercial		73.01				38.19	387.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ACOUSTIC REFLX TEST - BOTH	92568	CPT	outpatient			408	52.74	Americare	Americare		306	75			38.19	387.6	percent of total billed charges	
ACOUSTIC REFLX TEST - BOTH	92568	CPT	outpatient			408	52.74	Amerihealth	Medicare		45.86				38.19	387.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ACOUSTIC REFLX TEST - BOTH	92568	CPT	outpatient			406	52.74	Amerihealth	HMO/PPO		265.2	65			38.19	387.6	percent of total billed charges	
ACOUSTIC REFLX TEST - BOTH	92568	CPT	outpatient			408	52.74	Consumer	Consumer		387.6	95			38.19	387.6	percent of total billed charges	
ACOUSTIC REFLX TEST - BOTH	92568	CPT	outpatient			408	52.74	Corrections	Corrections		326.4	80			38.19	387.6	percent of total billed charges	
ACOUSTIC REFLX TEST - BOTH	92568	CPT	outpatient			408	52.74	First Health	First Health		285.6	70			38.19	387.6	percent of total billed charges	
ACOUSTIC REFLX TEST - BOTH	92568	CPT	outpatient			408	52.74	First Trenton	First Trenton		367.2	90			38.19	387.6	percent of total billed charges	
ACOUSTIC REFLX TEST - BOTH	92568	CPT	outpatient			408	52.74	Horizon	MGD		85.35				38.19	387.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ACOUSTIC REFLX TEST - BOTH	92568	CPT	outpatient			408	52.74	Horizon	Medicare Blue		45.86				38.19	387.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ACOUSTIC REFLX TEST - BOTH	92568	CPT	outpatient			408	52.74	Horizon	Indemnity		85.35				38.19	387.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ACOUSTIC REFLX TEST - BOTH	92568	CPT	outpatient			408	52.74	Horizon	NJ Health		122.67				38.19	387.6	fee schedule	
ACOUSTIC REFLX TEST - BOTH	92568	CPT	outpatient			408	52.74	Horizon	PPO		85.35				38.19	387.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ACOUSTIC REFLX TEST - BOTH	92568	CPT	outpatient			408	52.74	Managed Care Inc	Managed Care Inc		367.2	90			38.19	387.6	percent of total billed charges	
ACOUSTIC REFLX TEST - BOTH	92568	CPT	outpatient			406	52.74	Multiplan	Multiplan		326.4	80			38.19	387.6	percent of total billed charges	
ACOUSTIC REFLX TEST - BOTH	92568	CPT	outpatient			408	52.74	Qualcare	Qualcare		306	75			38.19	387.6	percent of total billed charges	
ACOUSTIC REFLX TEST - BOTH	92568	CPT	outpatient			408	52.74	Three Rivers	Three Rivers		387.6	95			38.19	387.6	percent of total billed charges	
ACOUSTIC REFLX TEST - BOTH	92568	CPT	outpatient			408	52.74	UHC	Medicare		45.86				38.19	387.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ACOUSTIC REFLX TEST - BOTH	92568	CPT	outpatient			406	52.74	UHC	Medicaid		128.72	31.55			38.19	387.6	percent of total billed charges	
ACOUSTIC REFLX TEST - BOTH	92568	CPT	outpatient			408	52.74	Wellcare	Medicaid		128.72	31.55			38.19	387.6	percent of total billed charges	
ACOUSTIC REFLX TEST - BOTH	92568	CPT	outpatient			408	52.74	Wellcare	Medicare		45.86				38.19	387.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ACOUSTIC REFLX TEST - BOTH	92568	CPT	outpatient			408		52.74 WellPoint	WellPoint		131.29	32.18			38.19	387.6	percent of total billed charges	
ACOUSTIC IMMITTANCELTYMP/ACR/DECAY	92570	CPT	outpatient			532		205.45 Aetna	Commercial		284.41				46.33	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ACOUSTIC IMMITTANCELTYMP/ACR/DECAY	92570	CPT	outpatient			532		205.45 Aetna	Medicare		178.65				46.33	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ACOUSTIC IMMITTANCELTYMP/ACR/DECAY	92570	CPT	outpatient			532		205.45 Aetna	Better Health		167.85	31.55			46.33	505.4	percent of total billed charges	
ACOUSTIC IMMITTANCELTYMP/ACR/DECAY	92570	CPT	outpatient			532		205.45 Americare	Americare		399	75			46.33	505.4	percent of total billed charges	
ACOUSTIC IMMITTANCELTYMP/ACR/DECAY	92570	CPT	outpatient			532		205.45 Amerihealth	HMO/PPO		345.8	65			46.33	505.4	percent of total billed charges	
ACOUSTIC IMMITTANCELTYMP/ACR/DECAY	92570	CPT	outpatient			532		205.45 Amerihealth	Medicare		178.65				46.33	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ACOUSTIC IMMITTANCELTYMP/ACR/DECAY	92570	CPT	outpatient			532		205.45 Consumer	Consumer		505.4	95			46.33	505.4	percent of total billed charges	
ACOUSTIC IMMITTANCELTYMP/ACR/DECAY	92570	CPT	outpatient			532		205.45 Corrections	Corrections		425.6	80			46.33	505.4	percent of total billed charges	
ACOUSTIC IMMITTANCELTYMP/ACR/DECAY	92570	CPT	outpatient			532		205.45 First Health	First Health		372.4	70			46.33	505.4	percent of total billed charges	
ACOUSTIC IMMITTANCELTYMP/ACR/DECAY	92570	CPT	outpatient			532		205.45 First Trenton	First Trenton		478.8	90			46.33	505.4	percent of total billed charges	
ACOUSTIC IMMITTANCELTYMP/ACR/DECAY	92570	CPT	outpatient			532		205.45 Horizon	MGD		332.47				46.33	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ACOUSTIC IMMITTANCELTYMP/ACR/DECAY	92570	CPT	outpatient			532		205.45 Horizon	Medicare Blue		178.65				46.33	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ACOUSTIC IMMITTANCELTYMP/ACR/DECAY	92570	CPT	outpatient			532		205.45 Horizon	Indemnity		332.47				46.33	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ACOUSTIC IMMITTANCELTYMP/ACR/DECAY	92570	CPT	outpatient			532		205.45 Horizon	NJ Health		46.33				46.33	505.4	fee schedule	
ACOUSTIC IMMITTANCELTYMP/ACR/DECAY	92570	CPT	outpatient			532		205.45 Horizon	PPO		332.47				46.33	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ACOUSTIC IMMITTANCELTYMP/ACR/DECAY	92570	CPT	outpatient			532		205.45 Managed Care Inc	Managed Care Inc		478.8	90			46.33	505.4	percent of total billed charges	
ACOUSTIC IMMITTANCELTYMP/ACR/DECAY	92570	CPT	outpatient			532		205.45 Multiplan	Multiplan		425.6	80			46.33	505.4	percent of total billed charges	
ACOUSTIC IMMITTANCELTYMP/ACR/DECAY	92570	CPT	outpatient			532		205.45 Qualcare	Qualcare		399	75			46.33	505.4	percent of total billed charges	
ACOUSTIC IMMITTANCELTYMP/ACR/DECAY	92570	CPT	outpatient			532		205.45 Three Rivers	Three Rivers		505.4	95			46.33	505.4	percent of total billed charges	
ACOUSTIC IMMITTANCELTYMP/ACR/DECAY	92570	CPT	outpatient			532		205.45 UHC	Medicaid		167.85	31.55			46.33	505.4	percent of total billed charges	
ACOUSTIC IMMITTANCELTYMP/ACR/DECAY	92570	CPT	outpatient			532		205.45 UHC	Medicare		178.65				46.33	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ACOUSTIC IMMITTANCELTYMP/ACR/DECAY	92570	CPT	outpatient			532		205.45 Wellcare	Medicaid		167.85	31.55			46.33	505.4	percent of total billed charges	
ACOUSTIC IMMITTANCELTYMP/ACR/DECAY	92570	CPT	outpatient			532		205.45 Wellcare	Medicare		178.65				46.33	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ACOUSTIC IMMITTANCELTYMP/ACR/DECAY	92570	CPT	outpatient			532		205.45 WellPoint	WellPoint		171.2	32.18			46.33	505.4	percent of total billed charges	
FILTERED SPEECH TEST	92571	CPT	outpatient			124		52.74 Aetna	Medicare		38.19	30.8			38.19	117.8	percent of total billed charges	
FILTERED SPEECH TEST	92571	CPT	outpatient			124		52.74 Aetna	Commercial		73.01				38.19	117.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FILTERED SPEECH TEST	92571	CPT	outpatient			124		52.74 Aetna	Better Health		39.12	31.55			38.19	117.8	percent of total billed charges	
FILTERED SPEECH TEST	92571	CPT	outpatient			124		52.74 Americare	Americare		93	75			38.19	117.8	percent of total billed charges	
FILTERED SPEECH TEST	92571	CPT	outpatient			124		52.74 Amerihealth	HMO/PPO		80.6	65			38.19	117.8	percent of total billed charges	
FILTERED SPEECH TEST	92571	CPT	outpatient			124		52.74 Amerihealth	Medicare		45.86				38.19	117.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FILTERED SPEECH TEST	92571	CPT	outpatient			124		52.74 Consumer	Consumer		117.8	95			38.19	117.8	percent of total billed charges	
FILTERED SPEECH TEST	92571	CPT	outpatient			124		52.74 Corrections	Corrections		99.2	80			38.19	117.8	percent of total billed charges	
FILTERED SPEECH TEST	92571	CPT	outpatient			124		52.74 First Health	First Health		86.8	70			38.19	117.8	percent of total billed charges	
FILTERED SPEECH TEST	92571	CPT	outpatient			124		52.74 First Trenton	First Trenton		111.6	90			38.19	117.8	percent of total billed charges	
FILTERED SPEECH TEST	92571	CPT	outpatient			124		52.74 Horizon	MGD		85.35				38.19	117.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FILTERED SPEECH TEST	92571	CPT	outpatient			124		52.74 Horizon	Medicare Blue		45.86				38.19	117.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FILTERED SPEECH TEST	92571	CPT	outpatient			124		52.74 Horizon	NJ Health		99.18				38.19	117.8	fee schedule	
FILTERED SPEECH TEST	92571	CPT	outpatient			124		52.74 Horizon	Indemnity		85.35				38.19	117.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FILTERED SPEECH TEST	92571	CPT	outpatient			124		52.74 Horizon	PPO		85.35				38.19	117.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FILTERED SPEECH TEST	92571	CPT	outpatient			124		52.74 Managed Care Inc	Managed Care Inc		111.6	90			38.19	117.8	percent of total billed charges	
FILTERED SPEECH TEST	92571	CPT	outpatient			124		52.74 Multiplan	Multiplan		99.2	80			38.19	117.8	percent of total billed charges	
FILTERED SPEECH TEST	92571	CPT	outpatient			124		52.74 Qualcare	Qualcare		93	75			38.19	117.8	percent of total billed charges	
FILTERED SPEECH TEST	92571	CPT	outpatient			124		52.74 Three Rivers	Three Rivers		117.8	95			38.19	117.8	percent of total billed charges	
FILTERED SPEECH TEST	92571	CPT	outpatient			124		52.74 UHC	Medicaid		39.12	31.55			38.19	117.8	percent of total billed charges	
FILTERED SPEECH TEST	92571	CPT	outpatient			124		52.74 UHC	Medicare		45.86				38.19	117.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FILTERED SPEECH TEST	92571	CPT	outpatient			124		52.74 Wellcare	Medicare		45.86				38.19	117.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FILTERED SPEECH TEST	92571	CPT	outpatient			124		52.74 Wellcare	Medicaid		39.12	31.55			38.19	117.8	percent of total billed charges	
FILTERED SPEECH TEST	92571	CPT	outpatient			124		52.74 WellPoint	WellPoint		39.9	32.18			38.19	117.8	percent of total billed charges	
STAGGERED SPONDAIC WORD TEST	92572	CPT	outpatient			532		205.45 Aetna	Medicare		178.65				167.04	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STAGGERED SPONDAIC WORD TEST	92572	CPT	outpatient			532		205.45 Aetna	Better Health		167.85	31.55			167.04	505.4	percent of total billed charges	
STAGGERED SPONDAIC WORD TEST	92572	CPT	outpatient			532		205.45 Aetna	Commercial		284.41				167.04	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STAGGERED SPONDAIC WORD TEST	92572	CPT	outpatient			532		205.45 Americare	Americare		399	75			167.04	505.4	percent of total billed charges	
STAGGERED SPONDAIC WORD TEST	92572	CPT	outpatient			532		205.45 Amerihealth	Medicare		178.65				167.04	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STAGGERED SPONDAIC WORD TEST	92572	CPT	outpatient			532		205.45 Amerihealth	HMO/PPO		345.8	65			167.04	505.4	percent of total billed charges	
STAGGERED SPONDAIC WORD TEST	92572	CPT	outpatient			532		205.45 Consumer	Consumer		505.4	95			167.04	505.4	percent of total billed charges	
STAGGERED SPONDAIC WORD TEST	92572	CPT	outpatient			532		205.45 Corrections	Corrections		425.6	80			167.04	505.4	percent of total billed charges	
STAGGERED SPONDAIC WORD TEST	92572	CPT	outpatient			532		205.45 First Health	First Health		372.4	70			167.04	505.4	percent of total billed charges	
STAGGERED SPONDAIC WORD TEST	92572	CPT	outpatient			532		205.45 First Trenton	First Trenton		478.8	90			167.04	505.4	percent of total billed charges	
STAGGERED SPONDAIC WORD TEST	92572	CPT	outpatient			532		205.45 Horizon	Indemnity		332.47				167.04	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STAGGERED SPONDAIC WORD TEST	92572	CPT	outpatient			532		205.45 Horizon	MGD		332.47				167.04	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STAGGERED SPONDAIC WORD TEST	92572	CPT	outpatient			532		205.45 Horizon	NJ Health		167.04				167.04	505.4	fee schedule	
STAGGERED SPONDAIC WORD TEST	92572	CPT	outpatient			532		205.45 Horizon	Medicare Blue		178.65				167.04	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STAGGERED SPONDAIC WORD TEST	92572	CPT	outpatient			532		205.45 Horizon	PPO		332.47				167.04	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STAGGERED SPONDAIC WORD TEST	92572	CPT	outpatient			532		205.45 Managed Care Inc	Managed Care Inc		478.8	90			167.04	505.4	percent of total billed charges	
STAGGERED SPONDAIC WORD TEST	92572	CPT	outpatient			532		205.45 Multiplan	Multiplan		425.6	80			167.04	505.4	percent of total billed charges	
STAGGERED SPONDAIC WORD TEST	92572	CPT	outpatient			532		205.45 Qualcare	Qualcare		399	75			167.04	505.4	percent of total billed charges	
STAGGERED SPONDAIC WORD TEST	92572	CPT	outpatient			532		205.45 Three Rivers	Three Rivers		505.4	95			167.04	505.4	percent of total billed charges	
STAGGERED SPONDAIC WORD TEST	92572	CPT	outpatient			532		205.45 UHC	Medicaid		167.85	31.55			167.04	505.4	percent of total billed charges	
STAGGERED SPONDAIC WORD TEST	92572	CPT	outpatient			532		205.45 UHC	Medicare		178.65				167.04	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STAGGERED SPONDAIC WORD TEST	92572	CPT	outpatient			532		205.45 Wellcare	Medicaid		167.85	31.55			167.04	505.4	percent of total billed charges	
STAGGERED SPONDAIC WORD TEST	92572	CPT	outpatient			532		205.45 Wellcare	Medicare		178.65				167.04	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STAGGERED SPONDAIC WORD TEST	92572	CPT	outpatient			532		205.45 WellPoint	WellPoint		171.2	32.18			167.04	505.4	percent of total billed charges	
SYNTHETIC SENTENCE ID TEST	92576	CPT	outpatient			124		52.74 Aetna	Commercial		73.01				39.12	117.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SYNTHETIC SENTENCE ID TEST	92576	CPT	outpatient			124		52.74 Aetna	Better Health		39.12	31.55			39.12	117.8	percent of total billed charges	
SYNTHETIC SENTENCE ID TEST	92576	CPT	outpatient			124		52.74 Aetna	Medicare		45.86				39.12	117.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SYNTHETIC SENTENCE ID TEST	92576	CPT	outpatient			124		52.74 Americare	Americare		93	75			39.12	117.8	percent of total billed charges	
SYNTHETIC SENTENCE ID TEST	92576	CPT	outpatient			124		52.74 Amerihealth	HMO/PPO		80.6	65			39.12	117.8	percent of total billed charges	
SYNTHETIC SENTENCE ID TEST	92576	CPT	outpatient			124		52.74 Amerihealth	Medicare		45.86				39.12	117.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SYNTHETIC SENTENCE ID TEST	92576	CPT	outpatient			124		52.74 Consumer	Consumer		117.8	95			39.12	117.8	percent of total billed charges	
SYNTHETIC SENTENCE ID TEST	92576	CPT	outpatient			124		52.74 Corrections	Corrections		99.2	80			39.12	117.8	percent of total billed charges	
SYNTHETIC SENTENCE ID TEST	92576	CPT	outpatient			124		52.74 First Health	First Health		86.8	70			39.12	117.8	percent of total billed charges	
SYNTHETIC SENTENCE ID TEST	92576	CPT	outpatient			124		52.74 First Trenton	First Trenton		111.6	90			39.12	117.8	percent of total billed charges	
SYNTHETIC SENTENCE ID TEST	92576	CPT	outpatient			124		52.74 Horizon	Indemnity		85.35				39.12	117.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SYNTHETIC SENTENCE ID TEST	92576	CPT	outpatient			124		52.74 Horizon	Medicare Blue		45.86				39.12	117.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SYNTHETIC SENTENCE ID TEST	92576	CPT	outpatient			124		52.74 Horizon	NJ Health		96.57				39.12	117.8	fee schedule	
SYNTHETIC SENTENCE ID TEST	92576	CPT	outpatient			124		52.74 Horizon	MGD		85.35				39.12	117.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SYNTHETIC SENTENCE ID TEST	92576	CPT	outpatient			124		52.74 Horizon	PPO		85.35				39.12	117.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SYNTHETIC SENTENCE ID TEST	92576	CPT	outpatient			124		52.74 Managed Care Inc	Managed Care Inc		111.6	90			39.12	117.8	percent of total billed charges	
SYNTHETIC SENTENCE ID TEST	92576	CPT	outpatient			124		52.74 Multiplan	Multiplan		99.2	80			39.12	117.8	percent of total billed charges	
SYNTHETIC SENTENCE ID TEST	92576	CPT	outpatient			124		52.74 Qualcare	Qualcare		93	75			39.12	117.8	percent of total billed charges	
SYNTHETIC SENTENCE ID TEST	92576	CPT	outpatient			124		52.74 Three Rivers	Three Rivers		117.8	95			39.12	117.8	percent of total billed charges	
SYNTHETIC SENTENCE ID TEST	92576	CPT	outpatient			124		52.74 UHC	Medicaid		39.12	31.55			39.12	117.8	percent of total billed charges	
SYNTHETIC SENTENCE ID TEST	92576	CPT	outpatient			124		52.74 UHC	Medicare		45.86				39.12	117.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SYNTHETIC SENTENCE ID TEST	92576	CPT	outpatient			124		52.74 Wellcare	Medicaid		39.12	31.55			39.12	117.8	percent of total billed charges	
SYNTHETIC SENTENCE ID TEST	92576	CPT	outpatient			124		52.74 Wellcare	Medicare		45.86				39.12	117.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SYNTHETIC SENTENCE ID TEST	92576	CPT	outpatient			124		52.74 WellPoint	WellPoint		39.9	32.18			39.12	117.8	percent of total billed charges	
STENGER TEST, SPEECH	92577	CPT	outpatient			1762		704.94 Aetna	Medicare		612.99				18.27	1673.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STENGER TEST, SPEECH	92577	CPT	outpatient			1762		704.94 Aetna	Commercial		975.88				18.27	1673.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STENGER TEST, SPEECH	92577	CPT	outpatient			1762		704.94 Aetna	Better Health		555.91	31.55			18.27	1673.9	percent of total billed charges	
STENGER TEST, SPEECH	92577	CPT	outpatient			1762		704.94 Americare	Americare		1321.5	75			18.27	1673.9	percent of total billed charges	
STENGER TEST, SPEECH	92577	CPT	outpatient			1762		704.94 Amerihealth	HMO/PPO		1145.3	65			18.27	1673.9	percent of total billed charges	
STENGER TEST, SPEECH	92577	CPT	outpatient			1762		704.94 Amerihealth	Medicare		612.99				18.27	1673.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STENGER TEST, SPEECH	92577	CPT	outpatient			1762		704.94 Consumer	Consumer		1673.9	95			18.27	1673.9	percent of total billed charges	
STENGER TEST, SPEECH	92577	CPT	outpatient			1762		704.94 Corrections	Corrections		1409.6	80			18.27	1673.9	percent of total billed charges	
STENGER TEST, SPEECH	92577	CPT	outpatient			1762		704.94 First Health	First Health		1233.4	70			18.27	1673.9	percent of total billed charges	
STENGER TEST, SPEECH	92577	CPT	outpatient			1762		704.94 First Trenton	First Trenton		1585.8	90			18.27	1673.9	percent of total billed charges	
STENGER TEST, SPEECH	92577	CPT	outpatient			1762		704.94 Horizon	MGD		1140.77				18.27	1673.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STENGER TEST, SPEECH	92577	CPT	outpatient			1762		704.94 Horizon	NJ Health		18.27				18.27	1673.9	fee schedule	
STENGER TEST, SPEECH	92577	CPT	outpatient			1762		704.94 Horizon	Indemnity		1140.77				18.27	1673.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STENGER TEST, SPEECH	92577	CPT	outpatient			1762		704.94 Horizon	Medicare Blue		612.99				18.27	1673.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STENGER TEST, SPEECH	92577	CPT	outpatient			1762		704.94 Horizon	PPO		1140.77				18.27	1673.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STENGER TEST, SPEECH	92577	CPT	outpatient			1762		704.94 Managed Care Inc	Managed Care Inc		1585.8	90			18.27	1673.9	percent of total billed charges	
STENGER TEST, SPEECH	92577	CPT	outpatient			1762		704.94 Multiplan	Multiplan		1409.6	80			18.27	1673.9	percent of total billed charges	
STENGER TEST, SPEECH	92577	CPT	outpatient			1762		704.94 Qualcare	Qualcare		1321.5	75			18.27	1673.9	percent of total billed charges	
STENGER TEST, SPEECH	92577	CPT	outpatient			1762		704.94 Three Rivers	Three Rivers		1673.9	95			18.27	1673.9	percent of total billed charges	
STENGER TEST, SPEECH	92577	CPT	outpatient			1762		704.94 UHC	Medicaid		555.91	31.55			18.27	1673.9	percent of total billed charges	
STENGER TEST, SPEECH	92577	CPT	outpatient			1762		704.94 UHC	Medicare		612.99				18.27	1673.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STENGER TEST, SPEECH	92577	CPT	outpatient			1762		704.94 Wellcare	Medicaid		555.91	31.55			18.27	1673.9	percent of total billed charges	
STENGER TEST, SPEECH	92577	CPT	outpatient			1762		704.94 Wellcare	Medicare		612.99				18.27	1673.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STENGER TEST, SPEECH	92577	CPT	outpatient			1762		704.94 WellPoint	WellPoint		567.01	32.18			18.27	1673.9	percent of total billed charges	
VISUAL REINFORMCEMENT AUDIOM	92579	CPT	both			919		205.45 Aetna	Medicare		178.65				167.85	873.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VISUAL REINFORMCEMENT AUDIOM	92579	CPT	both			919		205.45 Aetna	Better Health		289.94	31.55			167.85	873.05	percent of total billed charges	
VISUAL REINFORMCEMENT AUDIOM	92579	CPT	both			919		205.45 Aetna	Commercial		284.41				167.85	873.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VISUAL REINFORMCEMENT AUDIOM	92579	CPT	both			919		205.45 Americare	Americare		689.25	75			167.85	873.05	percent of total billed charges	
VISUAL REINFORMCEMENT AUDIOM	92579	CPT	both			919		205.45 Amerihealth	Medicare		178.65				167.85	873.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VISUAL REINFORMCEMENT AUDIOM	92579	CPT	both			919		205.45 Amerihealth	HMO/PPO		597.35	65			167.85	873.05	percent of total billed charges	
VISUAL REINFORMCEMENT AUDIOM	92579	CPT	both			919		205.45 Consumer	Consumer		873.05	95			167.85	873.05	percent of total billed charges	
VISUAL REINFORMCEMENT AUDIOM	92579	CPT	both			919		205.45 Corrections	Corrections		735.2	80			167.85	873.05	percent of total billed charges	
VISUAL REINFORMCEMENT AUDIOM	92579	CPT	both			919		205.45 First Health	First Health		643.3	70			167.85	873.05	percent of total billed charges	
VISUAL REINFORMCEMENT AUDIOM	92579	CPT	both			919		205.45 First Trenton	First Trenton		827.1	90			167.85	873.05	percent of total billed charges	
VISUAL REINFORMCEMENT AUDIOM	92579	CPT	both			919		205.45 Horizon	Indemnity		332.47				167.85	873.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VISUAL REINFORMCEMENT AUDIOM	92579	CPT	both			919		205.45 Horizon	MGD		332.47				167.85	873.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VISUAL REINFORMCEMENT AUDIOM	92579	CPT	both			919		205.45 Horizon	PPO		332.47				167.85	873.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VISUAL REINFORMCEMENT AUDIOM	92579	CPT	both			919		205.45 Horizon	NJ Health		276.66				167.85	873.05	fee schedule	
VISUAL REINFORMCEMENT AUDIOM	92579	CPT	both			919		205.45 Horizon	Medicare Blue		178.65				167.85	873.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VISUAL REINFORMCEMENT AUDIOM	92579	CPT	both			919		205.45 Managed Care Inc	Managed Care Inc		827.1	90			167.85	873.05	percent of total billed charges	
VISUAL REINFORMCEMENT AUDIOM	92579	CPT	both			919		205.45 Multiplan	Multiplan		735.2	80			167.85	873.05	percent of total billed charges	
VISUAL REINFORMCEMENT AUDIOM	92579	CPT	both			919		205.45 Qualcare	Qualcare		689.25	75			167.85	873.05	percent of total billed charges	
VISUAL REINFORMCEMENT AUDIOM	92579	CPT	both			919		205.45 Three Rivers	Three Rivers		873.05	95			167.85	873.05	percent of total billed charges	
VISUAL REINFORMCEMENT AUDIOM	92579	CPT	both			919		205.45 UHC	Medicare		178.65				167.85	873.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VISUAL REINFORMCEMENT AUDIOM	92579	CPT	both			919		205.45 UHC	Medicaid		289.94	31.55			167.85	873.05	percent of total billed charges	
VISUAL REINFORMCEMENT AUDIOM	92579	CPT	both			919		205.45 Wellcare	Medicare		178.65				167.85	873.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VISUAL REINFORMCEMENT AUDIOM	92579	CPT	both			919		205.45 Wellcare	Medicaid		289.94	31.55			167.85	873.05	percent of total billed charges	
VISUAL REINFORMCEMENT AUDIOM	92579	CPT	both			919		205.45 WellPoint	WellPoint		295.73	32.18			167.85	873.05	percent of total billed charges	
CONDITIONING PLAY AUDIOMETRY	92582	CPT	outpatient			919		205.45 Aetna	Better Health		289.94	31.55			167.85	873.05	percent of total billed charges	
CONDITIONING PLAY AUDIOMETRY	92582	CPT	outpatient			919		205.45 Aetna	Medicare		178.65				167.85	873.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONDITIONING PLAY AUDIOMETRY	92582	CPT	outpatient			919		205.45 Aetna	Commercial		284.41				167.85	873.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101191	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CONDITIONING PLAY AUDIOMETRY	92582	CPT	outpatient			919		205.45 Americare	Americare		689.25	75			167.85	873.05	percent of total billed charges	
CONDITIONING PLAY AUDIOMETRY	92582	CPT	outpatient			919		205.45 Amerihealth	HMO/PPO		597.35	65			167.85	873.05	percent of total billed charges	
CONDITIONING PLAY AUDIOMETRY	92582	CPT	outpatient			919		205.45 Amerihealth	Medicare		178.65				167.85	873.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONDITIONING PLAY AUDIOMETRY	92582	CPT	outpatient			919		205.45 Consumer	Consumer		873.05	95			167.85	873.05	percent of total billed charges	
CONDITIONING PLAY AUDIOMETRY	92582	CPT	outpatient			919		205.45 Corrections	Corrections		735.2	80			167.85	873.05	percent of total billed charges	
CONDITIONING PLAY AUDIOMETRY	92582	CPT	outpatient			919		205.45 First Health	First Health		643.3	70			167.85	873.05	percent of total billed charges	
CONDITIONING PLAY AUDIOMETRY	92582	CPT	outpatient			919		205.45 First Trenton	First Trenton		827.1	90			167.85	873.05	percent of total billed charges	
CONDITIONING PLAY AUDIOMETRY	92582	CPT	outpatient			919		205.45 Horizon	Medicare Blue		178.65				167.85	873.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONDITIONING PLAY AUDIOMETRY	92582	CPT	outpatient			919		205.45 Horizon	MGD		332.47				167.85	873.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONDITIONING PLAY AUDIOMETRY	92582	CPT	outpatient			919		205.45 Horizon	Indemnity		332.47				167.85	873.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONDITIONING PLAY AUDIOMETRY	92582	CPT	outpatient			919		205.45 Horizon	NJ Health		284.49				167.85	873.05	fee schedule	
CONDITIONING PLAY AUDIOMETRY	92582	CPT	outpatient			919		205.45 Horizon	PPO		332.47				167.85	873.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONDITIONING PLAY AUDIOMETRY	92582	CPT	outpatient			919		205.45 Managed Care Inc	Managed Care Inc		827.1	90			167.85	873.05	percent of total billed charges	
CONDITIONING PLAY AUDIOMETRY	92582	CPT	outpatient			919		205.45 Multiplan	Multiplan		735.2	80			167.85	873.05	percent of total billed charges	
CONDITIONING PLAY AUDIOMETRY	92582	CPT	outpatient			919		205.45 Qualcare	Qualcare		689.25	75			167.85	873.05	percent of total billed charges	
CONDITIONING PLAY AUDIOMETRY	92582	CPT	outpatient			919		205.45 Three Rivers	Three Rivers		873.05	95			167.85	873.05	percent of total billed charges	
CONDITIONING PLAY AUDIOMETRY	92582	CPT	outpatient			919		205.45 UHC	Medicaid		289.94	31.55			167.85	873.05	percent of total billed charges	
CONDITIONING PLAY AUDIOMETRY	92582	CPT	outpatient			919		205.45 UHC	Medicare		178.65				167.85	873.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONDITIONING PLAY AUDIOMETRY	92582	CPT	outpatient			919		205.45 Wellcare	Medicare		178.65				167.85	873.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONDITIONING PLAY AUDIOMETRY	92582	CPT	outpatient			919		205.45 Wellcare	Medicaid		289.94	31.55			167.85	873.05	percent of total billed charges	
CONDITIONING PLAY AUDIOMETRY	92582	CPT	outpatient			919		205.45 WellPoint	WellPoint		295.73	32.18			167.85	873.05	percent of total billed charges	
SELECT PICTURE AUDIOMETRY	92583	CPT	outpatient			211		80.45 Aetna	Better Health		66.57	31.55			64.99	200.45	percent of total billed charges	
SELECT PICTURE AUDIOMETRY	92583	CPT	outpatient			211		80.45 Aetna	Medicare		64.99	30.8			64.99	200.45	percent of total billed charges	
SELECT PICTURE AUDIOMETRY	92583	CPT	outpatient			211		80.45 Aetna	Commercial		111.38				64.99	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SELECT PICTURE AUDIOMETRY	92583	CPT	outpatient			211		80.45 Americare	Americare		158.25	75			64.99	200.45	percent of total billed charges	
SELECT PICTURE AUDIOMETRY	92583	CPT	outpatient			211		80.45 Amerihealth	HMO/PPO		137.15	65			64.99	200.45	percent of total billed charges	
SELECT PICTURE AUDIOMETRY	92583	CPT	outpatient			211		80.45 Amerihealth	Medicare		69.96				64.99	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SELECT PICTURE AUDIOMETRY	92583	CPT	outpatient			211		80.45 Consumer	Consumer		200.45	95			64.99	200.45	percent of total billed charges	
SELECT PICTURE AUDIOMETRY	92583	CPT	outpatient			211		80.45 Corrections	Corrections		168.8	80			64.99	200.45	percent of total billed charges	
SELECT PICTURE AUDIOMETRY	92583	CPT	outpatient			211		80.45 First Health	First Health		147.7	70			64.99	200.45	percent of total billed charges	
SELECT PICTURE AUDIOMETRY	92583	CPT	outpatient			211		80.45 First Trenton	First Trenton		189.9	90			64.99	200.45	percent of total billed charges	
SELECT PICTURE AUDIOMETRY	92583	CPT	outpatient			211		80.45 Horizon	Medicare Blue		69.96				64.99	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SELECT PICTURE AUDIOMETRY	92583	CPT	outpatient			211		80.45 Horizon	MGD		130.2				64.99	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SELECT PICTURE AUDIOMETRY	92583	CPT	outpatient			211		80.45 Horizon	Indemnity		130.2				64.99	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SELECT PICTURE AUDIOMETRY	92583	CPT	outpatient			211		80.45 Horizon	NJ Health		125.28				64.99	200.45	fee schedule	
SELECT PICTURE AUDIOMETRY	92583	CPT	outpatient			211		80.45 Horizon	PPO		130.2				64.99	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SELECT PICTURE AUDIOMETRY	92583	CPT	outpatient			211		80.45 Managed Care Inc	Managed Care Inc		189.9	90			64.99	200.45	percent of total billed charges	
SELECT PICTURE AUDIOMETRY	92583	CPT	outpatient			211		80.45 Multiplan	Multiplan		168.8	80			64.99	200.45	percent of total billed charges	
SELECT PICTURE AUDIOMETRY	92583	CPT	outpatient			211		80.45 Qualcare	Qualcare		158.25	75			64.99	200.45	percent of total billed charges	
SELECT PICTURE AUDIOMETRY	92583	CPT	outpatient			211		80.45 Three Rivers	Three Rivers		200.45	95			64.99	200.45	percent of total billed charges	
SELECT PICTURE AUDIOMETRY	92583	CPT	outpatient			211		80.45 UHC	Medicaid		66.57	31.55			64.99	200.45	percent of total billed charges	
SELECT PICTURE AUDIOMETRY	92583	CPT	outpatient			211		80.45 UHC	Medicare		69.96				64.99	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SELECT PICTURE AUDIOMETRY	92583	CPT	outpatient			211		80.45 Wellcare	Medicare		69.96				64.99	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SELECT PICTURE AUDIOMETRY	92583	CPT	outpatient			211		80.45 Wellcare	Medicaid		66.57	31.55			64.99	200.45	percent of total billed charges	
SELECT PICTURE AUDIOMETRY	92583	CPT	outpatient			211		80.45 WellPoint	WellPoint		67.9	32.18			64.99	200.45	percent of total billed charges	
ECOCHG(PROM STIM)(ONE EAR)	92584	CPT	both			979		205.45 Aetna	Commercial		284.41				113.17	930.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ECOCHG(PROM STIM)(ONE EAR)	92584	CPT	both			979		205.45 Aetna	Better Health		308.87	31.55			113.17	930.05	percent of total billed charges	
ECOCHG(PROM STIM)(ONE EAR)	92584	CPT	both			979		205.45 Aetna	Medicare		178.65				113.17	930.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ECOCHG(PROM STIM)(ONE EAR)	92584	CPT	both			979		205.45 Americare	Americare		734.25	75			113.17	930.05	percent of total billed charges	
ECOCHG(PROM STIM)(ONE EAR)	92584	CPT	both			979		205.45 Amerihealth	HMO/PPO		636.35	65			113.17	930.05	percent of total billed charges	
ECOCHG(PROM STIM)(ONE EAR)	92584	CPT	both			979		205.45 Amerihealth	Medicare		178.65				113.17	930.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ECOCHG(PROM STIM)(ONE EAR)	92584	CPT	both			979		205.45 Consumer	Consumer		930.05	95			113.17	930.05	percent of total billed charges	
ECOCHG(PROM STIM)(ONE EAR)	92584	CPT	both			979		205.45 Corrections	Corrections		783.2	80			113.17	930.05	percent of total billed charges	
ECOCHG(PROM STIM)(ONE EAR)	92584	CPT	both			979		205.45 First Health	First Health		685.3	70			113.17	930.05	percent of total billed charges	
ECOCHG(PROM STIM)(ONE EAR)	92584	CPT	both			979		205.45 First Trenton	First Trenton		881.1	90			113.17	930.05	percent of total billed charges	
ECOCHG(PROM STIM)(ONE EAR)	92584	CPT	both			979		205.45 Horizon	NJ Health		113.17				113.17	930.05	fee schedule	
ECOCHG(PROM STIM)(ONE EAR)	92584	CPT	both			979		205.45 Horizon	Indemnity		332.47				113.17	930.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ECOCHG(PROM STIM)(ONE EAR)	92584	CPT	both			979		205.45 Horizon	MGD		332.47				113.17	930.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ECOCHG(PROM STIM)(ONE EAR)	92584	CPT	both			979		205.45 Horizon	Medicare Blue		178.65				113.17	930.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ECOCHG(PROM STIM)(ONE EAR)	92584	CPT	both			979		205.45 Horizon	PPO		332.47				113.17	930.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ECOCHG(PROM STIM)(ONE EAR)	92584	CPT	both			979		205.45 Managed Care Inc	Managed Care Inc		881.1	90			113.17	930.05	percent of total billed charges	
ECOCHG(PROM STIM)(ONE EAR)	92584	CPT	both			979		205.45 Multiplan	Multiplan		783.2	80			113.17	930.05	percent of total billed charges	
ECOCHG(PROM STIM)(ONE EAR)	92584	CPT	both			979		205.45 Qualcare	Qualcare		734.25	75			113.17	930.05	percent of total billed charges	
ECOCHG(PROM STIM)(ONE EAR)	92584	CPT	both			979		205.45 Three Rivers	Three Rivers		930.05	95			113.17	930.05	percent of total billed charges	
ECOCHG(PROM STIM)(ONE EAR)	92584	CPT	both			979		205.45 UHC	Medicare		178.65				113.17	930.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ECOCHG(PROM STIM)(ONE EAR)	92584	CPT	both			979		205.45 UHC	Medicaid		308.87	31.55			113.17	930.05	percent of total billed charges	
ECOCHG(PROM STIM)(ONE EAR)	92584	CPT	both			979		205.45 Wellcare	Medicare		178.65				113.17	930.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ECOCHG(PROM STIM)(ONE EAR)	92584	CPT	both			979		205.45 Wellcare	Medicaid		308.87	31.55			113.17	930.05	percent of total billed charges	
ECOCHG(PROM STIM)(ONE EAR)	92584	CPT	both			979		205.45 WellPoint	WellPoint		315.04	32.18			113.17	930.05	percent of total billed charges	
OTOACOUSTIC EMISSIONS LIMITED	92587	CPT	both			1207		412.82 Aetna	Medicare		358.97				185.31	1146.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OTOACOUSTIC EMISSIONS LIMITED	92587	CPT	both			1207		412.82 Aetna	Better Health		380.81	31.55			185.31	1146.65	percent of total billed charges	
OTOACOUSTIC EMISSIONS LIMITED	92587	CPT	both			1207		412.82 Aetna	Commercial		571.48				185.31	1146.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OTOACOUSTIC EMISSIONS LIMITED	92587	CPT	both			1207		412.82 Americare	Americare		905.25	75			185.31	1146.65	percent of total billed charges	
OTOACOUSTIC EMISSIONS LIMITED	92587	CPT	both			1207		412.82 Amerihealth	HMO/PPO		784.55	65			185.31	1146.65	percent of total billed charges	
OTOACOUSTIC EMISSIONS LIMITED	92587	CPT	both			1207		412.82 Amerihealth	Medicare		358.97				185.31	1146.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OTOACOUSTIC EMISSIONS LIMITED	92587	CPT	both			1207		412.82 Consumer	Consumer		1146.65	95			185.31	1146.65	percent of total billed charges	
OTOACOUSTIC EMISSIONS LIMITED	92587	CPT	both			1207		412.82 Corrections	Corrections		965.6	80			185.31	1146.65	percent of total billed charges	
OTOACOUSTIC EMISSIONS LIMITED	92587	CPT	both			1207		412.82 First Health	First Health		844.9	70			185.31	1146.65	percent of total billed charges	
OTOACOUSTIC EMISSIONS LIMITED	92587	CPT	both			1207		412.82 First Trenton	First Trenton		1086.3	90			185.31	1146.65	percent of total billed charges	
OTOACOUSTIC EMISSIONS LIMITED	92587	CPT	both			1207		412.82 Horizon	MGD		668.04				185.31	1146.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OTOACOUSTIC EMISSIONS LIMITED	92587	CPT	both			1207		412.82 Horizon	Medicare Blue		358.97				185.31	1146.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OTOACOUSTIC EMISSIONS LIMITED	92587	CPT	both			1207		412.82 Horizon	Indemnity		668.04				185.31	1146.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OTOACOUSTIC EMISSIONS LIMITED	92587	CPT	both			1207		412.82 Horizon	NJ Health		185.31				185.31	1146.65	fee schedule	
OTOACOUSTIC EMISSIONS LIMITED	92587	CPT	both			1207		412.82 Horizon	PPO		668.04				185.31	1146.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OTOACOUSTIC EMISSIONS LIMITED	92587	CPT	both			1207		412.82 Managed Care Inc	Managed Care Inc		1086.3	90			185.31	1146.65	percent of total billed charges	
OTOACOUSTIC EMISSIONS LIMITED	92587	CPT	both			1207		412.82 Multiplan	Multiplan		965.6	80			185.31	1146.65	percent of total billed charges	
OTOACOUSTIC EMISSIONS LIMITED	92587	CPT	both			1207		412.82 Qualcare	Qualcare		905.25	75			185.31	1146.65	percent of total billed charges	
OTOACOUSTIC EMISSIONS LIMITED	92587	CPT	both			1207		412.82 Three Rivers	Three Rivers		1146.65	95			185.31	1146.65	percent of total billed charges	
OTOACOUSTIC EMISSIONS LIMITED	92587	CPT	both			1207		412.82 UHC	Medicaid		380.81	31.55			185.31	1146.65	percent of total billed charges	
OTOACOUSTIC EMISSIONS LIMITED	92587	CPT	both			1207		412.82 UHC	Medicare		358.97				185.31	1146.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OTOACOUSTIC EMISSIONS LIMITED	92587	CPT	both			1207		412.82 Wellcare	Medicaid		380.81	31.55			185.31	1146.65	percent of total billed charges	
OTOACOUSTIC EMISSIONS LIMITED	92587	CPT	both			1207		412.82 Wellcare	Medicare		358.97				185.31	1146.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OTOACOUSTIC EMISSIONS LIMITED	92587	CPT	both			1207		412.82 WellPoint	WellPoint		388.41	32.18			185.31	1146.65	percent of total billed charges	
OTOACOUST.EMISSNS COMP/DIAGN	92588	CPT	both			1023		412.82 Aetna	Commercial		571.48				128.72	971.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OTOACOUST.EMISSNS COMP/DIAGN	92588	CPT	both			1023		412.82 Aetna	Better Health		322.76	31.55			128.72	971.85	percent of total billed charges	
OTOACOUST.EMISSNS COMP/DIAGN	92588	CPT	both			1023		412.82 Aetna	Medicare		358.97				128.72	971.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OTOACOUST.EMISSNS COMP/DIAGN	92588	CPT	both			1023		412.82 Americare	Americare		767.25	75			128.72	971.85	percent of total billed charges	
OTOACOUST.EMISSNS COMP/DIAGN	92588	CPT	both			1023		412.82 Amerihealth	HMO/PPO		664.95	65			128.72	971.85	percent of total billed charges	
OTOACOUST.EMISSNS COMP/DIAGN	92588	CPT	both			1023		412.82 Amerihealth	Medicare		358.97				128.72	971.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OTOACOUST.EMISSNS COMP/DIAGN	92588	CPT	both			1023		412.82 Consumer	Consumer		971.85	95			128.72	971.85	percent of total billed charges	
OTOACOUST.EMISSNS COMP/DIAGN	92588	CPT	both			1023		412.82 Corrections	Corrections		818.4	80			128.72	971.85	percent of total billed charges	
OTOACOUST.EMISSNS COMP/DIAGN	92588	CPT	both			1023		412.82 First Health	First Health		716.1	70			128.72	971.85	percent of total billed charges	
OTOACOUST.EMISSNS COMP/DIAGN	92588	CPT	both			1023		412.82 First Trenton	First Trenton		920.7	90			128.72	971.85	percent of total billed charges	
OTOACOUST.EMISSNS COMP/DIAGN	92588	CPT	both			1023		412.82 Horizon	Indemnity		668.04				128.72	971.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OTOACOUST.EMISSNS COMP/DIAGN	92588	CPT	both			1023		412.82 Horizon	Medicare Blue		358.97				128.72	971.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OTOACOUST.EMISSNS COMP/DIAGN	92588	CPT	both			1023		412.82 Horizon	NJ Health		219.24				128.72	971.85	fee schedule	
OTOACOUST.EMISSNS COMP/DIAGN	92588	CPT	both			1023		412.82 Horizon	MGD		668.04				128.72	971.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OTOACOUST.EMISSNS COMP/DIAGN	92588	CPT	both			1023		412.82 Horizon	PPO		668.04				128.72	971.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OTOACOUST.EMISSNS COMP/DIAGN	92588	CPT	both			1023		412.82 Managed Care Inc	Managed Care Inc		920.7	90			128.72	971.85	percent of total billed charges	
OTOACOUST.EMISSNS COMP/DIAGN	92588	CPT	both			1023		412.82 Multiplan	Multiplan		818.4	80			128.72	971.85	percent of total billed charges	
OTOACOUST.EMISSNS COMP/DIAGN	92588	CPT	both			1023		412.82 Qualcare	Qualcare		767.25	75			128.72	971.85	percent of total billed charges	
OTOACOUST.EMISSNS COMP/DIAGN	92588	CPT	both			1023		412.82 Three Rivers	Three Rivers		971.85	95			128.72	971.85	percent of total billed charges	
OTOACOUST.EMISSNS COMP/DIAGN	92588	CPT	both			1023		412.82 UHC	Medicare		358.97				128.72	971.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OTOACOUST.EMISSNS COMP/DIAGN	92588	CPT	both			1023		412.82 UHC	Medicaid		322.76	31.55			128.72	971.85	percent of total billed charges	
OTOACOUST.EMISSNS COMP/DIAGN	92588	CPT	both			1023		412.82 Wellcare	Medicare		358.97				128.72	971.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OTOACOUST.EMISSNS COMP/DIAGN	92588	CPT	both			1023		412.82 Wellcare	Medicaid		322.76	31.55			128.72	971.85	percent of total billed charges	
OTOACOUST.EMISSNS COMP/DIAGN	92588	CPT	both			1023		412.82 WellPoint	WellPoint		329.2	32.18			128.72	971.85	percent of total billed charges	
HEARING AID EXAM&SELECT RIGHT	92590	CPT	outpatient			430		Aetna	Medicare		132.44	30.8			83.52	408.5	percent of total billed charges	
HEARING AID EXAM&SELECT RIGHT	92590	CPT	outpatient			430		Aetna	Better Health		135.67	31.55			83.52	408.5	percent of total billed charges	
HEARING AID EXAM&SELECT RIGHT	92590	CPT	outpatient			430		Aetna	Commercial		163.4	38			83.52	408.5	percent of total billed charges	
HEARING AID EXAM&SELECT RIGHT	92590	CPT	outpatient			430		Americare	Americare		322.5	75			83.52	408.5	percent of total billed charges	
HEARING AID EXAM&SELECT RIGHT	92590	CPT	outpatient			430		Amerihealth	HMO/PPO		279.5	65			83.52	408.5	percent of total billed charges	
HEARING AID EXAM&SELECT RIGHT	92590	CPT	outpatient			430		Consumer	Consumer		408.5	95			83.52	408.5	percent of total billed charges	
HEARING AID EXAM&SELECT RIGHT	92590	CPT	outpatient			430		Corrections	Corrections		344	80			83.52	408.5	percent of total billed charges	
HEARING AID EXAM&SELECT RIGHT	92590	CPT	outpatient			430		First Health	First Health		301	70			83.52	408.5	percent of total billed charges	
HEARING AID EXAM&SELECT RIGHT	92590	CPT	outpatient			430		First Trenton	First Trenton		387	90			83.52	408.5	percent of total billed charges	
HEARING AID EXAM&SELECT RIGHT	92590	CPT	outpatient			430		Horizon	Medicare Blue		129	30			83.52	408.5	percent of total billed charges	
HEARING AID EXAM&SELECT RIGHT	92590	CPT	outpatient			430		Horizon	Indemnity		164.6	38.28			83.52	408.5	percent of total billed charges	
HEARING AID EXAM&SELECT RIGHT	92590	CPT	outpatient			430		Horizon	MGD		164.6	38.28			83.52	408.5	percent of total billed charges	
HEARING AID EXAMINIATION	92590	CPT	outpatient			430		Horizon	NJ Health		83.52				83.52	408.5	fee schedule	
HEARING AID EXAM&SELECT RIGHT	92590	CPT	outpatient			430		Horizon	PPO		164.6	38.28			83.52	408.5	percent of total billed charges	
HEARING AID EXAM&SELECT RIGHT	92590	CPT	outpatient			430		Managed Care Inc	Managed Care Inc		387	90			83.52	408.5	percent of total billed charges	
HEARING AID EXAM&SELECT RIGHT	92590	CPT	outpatient			430		Multiplan	Multiplan		344	80			83.52	408.5	percent of total billed charges	
HEARING AID EXAM&SELECT RIGHT	92590	CPT	outpatient			430		Qualcare	Qualcare		322.5	75			83.52	408.5	percent of total billed charges	
HEARING AID EXAM&SELECT RIGHT	92590	CPT	outpatient			430		Three Rivers	Three Rivers		408.5	95			83.52	408.5	percent of total billed charges	
HEARING AID EXAM&SELECT RIGHT	92590	CPT	outpatient			430		UHC	Medicaid		135.67	31.55			83.52	408.5	percent of total billed charges	
HEARING AID EXAM&SELECT RIGHT	92590	CPT	outpatient			430		Wellcare	Medicaid		135.67	31.55			83.52	408.5	percent of total billed charges	
HEARING AID EXAM&SELECT RIGHT	92590	CPT	outpatient			430		WellPoint	WellPoint		138.37	32.18			83.52	408.5	percent of total billed charges	
HEARING AID EXAM, BINAURAL	92591	CPT	outpatient					Horizon	NJ Health		83.52				83.52	83.52	fee schedule	
HEARING AID CHECK,RIGHT	92592	CPT	both			179		Aetna	Better Health		56.47	31.55			53.7	170.05	percent of total billed charges	
HEARING AID CHECK,RIGHT	92592	CPT	both			179		Aetna	Medicare		55.13	30.8			53.7	170.05	percent of total billed charges	
HEARING AID CHECK,RIGHT	92592	CPT	both			179		Aetna	Commercial		68.02	38			53.7	170.05	percent of total billed charges	
HEARING AID CHECK,RIGHT	92592	CPT	both			179		Americare	Americare		134.25	75			53.7	170.05	percent of total billed charges	
HEARING AID CHECK,RIGHT	92592	CPT	both			179		Amerihealth	HMO/PPO		116.35	65			53.7	170.05	percent of total billed charges	
HEARING AID CHECK,RIGHT	92592	CPT	both			179		Consumer	Consumer		170.05	95			53.7	170.05	percent of total billed charges	
HEARING AID CHECK,RIGHT	92592	CPT	both			179		Corrections	Corrections		143.2	80			53.7	170.05	percent of total billed charges	
HEARING AID CHECK,RIGHT	92592	CPT	both			179		First Health	First Health		125.3	70			53.7	170.05	percent of total billed charges	
HEARING AID CHECK,RIGHT	92592	CPT	both			179		First Trenton	First Trenton		161.1	90			53.7	170.05	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
HEARING AID CHECK,RIGHT	92592	CPT	both			179		Horizon	MGD		68.52	38.28			53.7	170.05	percent of total billed charges	
HEARING AID CHECK,RIGHT	92592	CPT	both			179		Horizon	Medicare Blue		53.7	30			53.7	170.05	percent of total billed charges	
HEARING AID CHECK,RIGHT	92592	CPT	both			179		Horizon	Indemnity		68.52	38.28			53.7	170.05	percent of total billed charges	
HEARING AID CHECK,RIGHT	92592	CPT	both			179		Horizon	NJ Health		75.69				53.7	170.05	fee schedule	
HEARING AID CHECK,RIGHT	92592	CPT	both			179		Horizon	PPO		68.52	38.28			53.7	170.05	percent of total billed charges	
HEARING AID CHECK,RIGHT	92592	CPT	both			179		Managed Care Inc	Managed Care Inc		161.1	90			53.7	170.05	percent of total billed charges	
HEARING AID CHECK,RIGHT	92592	CPT	both			179		Multiplan	Multiplan		143.2	80			53.7	170.05	percent of total billed charges	
HEARING AID CHECK,RIGHT	92592	CPT	both			179		Qualcare	Qualcare		134.25	75			53.7	170.05	percent of total billed charges	
HEARING AID CHECK,RIGHT	92592	CPT	both			179		Three Rivers	Three Rivers		170.05	95			53.7	170.05	percent of total billed charges	
HEARING AID CHECK,RIGHT	92592	CPT	both			179		UHC	Medicaid		56.47	31.55			53.7	170.05	percent of total billed charges	
HEARING AID CHECK,RIGHT	92592	CPT	both			179		Wellcare	Medicaid		56.47	31.55			53.7	170.05	percent of total billed charges	
HEARING AID CHECK,RIGHT	92592	CPT	both			179		WellPoint	WellPoint		57.6	32.18			53.7	170.05	percent of total billed charges	
HEARING AID CHECK,BINAURAL	92593	CPT	outpatient					Horizon	NJ Health		78.3				78.3	78.3	fee schedule	
ELECTROAC EVAL HEARING AID(RT)	92594	CPT	outpatient			389		Aetna	Commercial		147.82				30.6	369.55	percent of total billed charges	
ELECTROAC EVAL HEARING AID(RT)	92594	CPT	outpatient			389		Aetna	Better Health		122.73	31.55			30.6	369.55	percent of total billed charges	
ELECTROAC EVAL HEARING AID(RT)	92594	CPT	outpatient			389		Aetna	Medicare		119.81	30.8			30.6	369.55	percent of total billed charges	
ELECTROAC EVAL HEARING AID(RT)	92594	CPT	outpatient			389		Americare	Americare		291.75	75			30.6	369.55	percent of total billed charges	
ELECTROAC EVAL HEARING AID(RT)	92594	CPT	outpatient			389		Amerihealth	HMO/PPO		252.85	65			30.6	369.55	percent of total billed charges	
ELECTROAC EVAL HEARING AID(RT)	92594	CPT	outpatient			389		Consumer	Consumer		369.55	95			30.6	369.55	percent of total billed charges	
ELECTROAC EVAL HEARING AID(RT)	92594	CPT	outpatient			389		Corrections	Corrections		311.2	80			30.6	369.55	percent of total billed charges	
ELECTROAC EVAL HEARING AID(RT)	92594	CPT	outpatient			389		First Health	First Health		272.3	70			30.6	369.55	percent of total billed charges	
ELECTROAC EVAL HEARING AID(RT)	92594	CPT	outpatient			389		First Trenton	First Trenton		350.1	90			30.6	369.55	percent of total billed charges	
ELECTROAC EVAL HEARING AID(RT)	92594	CPT	outpatient			389		Horizon	Indemnity		148.91	38.28			30.6	369.55	percent of total billed charges	
ELECTROAC EVAL HEARING AID(RT)	92594	CPT	outpatient			389		Horizon	Medicare Blue		116.7	30			30.6	369.55	percent of total billed charges	
ELECTROAC EVAL HEARING AID(RT)	92594	CPT	outpatient			389		Horizon	MGD		148.91	38.28			30.6	369.55	percent of total billed charges	
ELECTROAC EVAL HEARING AID(RT)	92594	CPT	outpatient			389		Horizon	NJ Health		39.15				30.6	369.55	fee schedule	
ELECTROAC EVAL HEARING AID(RT)	92594	CPT	outpatient			389		Horizon	PPO		148.91	38.28			30.6	369.55	percent of total billed charges	
ELECTROAC EVAL HEARING AID(RT)	92594	CPT	outpatient			389		Managed Care Inc	Managed Care Inc		350.1	90			30.6	369.55	percent of total billed charges	
ELECTROAC EVAL HEARING AID(RT)	92594	CPT	outpatient			389		Multiplan	Multiplan		311.2	80			30.6	369.55	percent of total billed charges	
ELECTROAC EVAL HEARING AID(RT)	92594	CPT	outpatient			389		Qualcare	Qualcare		291.75	75			30.6	369.55	percent of total billed charges	
ELECTROAC EVAL HEARING AID(RT)	92594	CPT	outpatient			389		Three Rivers	Three Rivers		369.55	95			30.6	369.55	percent of total billed charges	
ELECTROAC EVAL HEARING AID(RT)	92594	CPT	outpatient			389		UHC	Medicaid		122.73	31.55			30.6	369.55	percent of total billed charges	
ELECTROAC EVAL HEARING AID(RT)	92594	CPT	outpatient			389		Wellcare	Medicaid		122.73	31.55			30.6	369.55	percent of total billed charges	
ELECTROAC EVAL HEARING AID(RT)	92594	CPT	outpatient			389		WellPoint	WellPoint		125.18	32.18			30.6	369.55	percent of total billed charges	
ELECTRO.EVAL.FOR HRING AID BIN	92595	CPT	outpatient					Horizon	NJ Health		52.2				52.2	52.2	fee schedule	
EVAL USE/FIT VOICE PROS	92597	CPT	outpatient					Horizon	NJ Health		122.67				122.67	122.67	fee schedule	
DX ANLSYS CI W/ PRGM,PT<7YRSOLD	92601	CPT	outpatient			1866	205.45	Aetna	Better Health		588.72	31.55			105.34	1772.7	percent of total billed charges	
DX ANLSYS CI W/ PRGM,PT<7YRSOLD	92601	CPT	outpatient			1866	205.45	Aetna	Commercial		284.41				105.34	1772.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DX ANLSYS CI W/ PRGM,PT<7YRSOLD	92601	CPT	outpatient			1866	205.45	Aetna	Medicare		574.73	30.8			105.34	1772.7	percent of total billed charges	
DX ANLSYS CI W/ PRGM,PT<7YRSOLD	92601	CPT	outpatient			1866	205.45	Americare	Americare		1399.5	75			105.34	1772.7	percent of total billed charges	
DX ANLSYS CI W/ PRGM,PT<7YRSOLD	92601	CPT	outpatient			1866	205.45	Amerihealth	HMO/PPO		1212.9	65			105.34	1772.7	percent of total billed charges	
DX ANLSYS CI W/ PRGM,PT<7YRSOLD	92601	CPT	outpatient			1866	205.45	Amerihealth	Medicare		178.65				105.34	1772.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DX ANLSYS CI W/ PRGM,PT<7YRSOLD	92601	CPT	outpatient			1866	205.45	Consumer	Consumer		1772.7	95			105.34	1772.7	percent of total billed charges	
DX ANLSYS CI W/ PRGM,PT<7YRSOLD	92601	CPT	outpatient			1866	205.45	Corrections	Corrections		1492.8	80			105.34	1772.7	percent of total billed charges	
DX ANLSYS CI W/ PRGM,PT<7YRSOLD	92601	CPT	outpatient			1866	205.45	First Health	First Health		1306.2	70			105.34	1772.7	percent of total billed charges	
DX ANLSYS CI W/ PRGM,PT<7YRSOLD	92601	CPT	outpatient			1866	205.45	First Trenton	First Trenton		1679.4	90			105.34	1772.7	percent of total billed charges	
DX ANLSYS CI W/ PRGM,PT<7YRSOLD	92601	CPT	outpatient			1866	205.45	Horizon	PPO		332.47				105.34	1772.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DX ANLSYS CI W/ PRGM,PT<7YRSOLD	92601	CPT	outpatient			1866	205.45	Horizon	Indemnity		332.47				105.34	1772.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DX ANLSYS CI W/ PRGM,PT<7YRSOLD	92601	CPT	outpatient			1866	205.45	Horizon	MGD		332.47				105.34	1772.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DX ANLSYS CI W/ PRGM,PT<7YRSOLD	92601	CPT	outpatient			1866	205.45	Horizon	Medicare Blue		178.65				105.34	1772.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DX ANLSYS CI W/ PRGM,PT<7YRSOLD	92601	CPT	outpatient			1866	205.45	Horizon	NJ Health		827.37				105.34	1772.7	fee schedule	
DX ANLSYS CI W/ PRGM,PT<7YRSOLD	92601	CPT	outpatient			1866	205.45	Managed Care Inc	Managed Care Inc		1679.4	90			105.34	1772.7	percent of total billed charges	
DX ANLSYS CI W/ PRGM,PT<7YRSOLD	92601	CPT	outpatient			1866	205.45	Multiplan	Multiplan		1492.8	80			105.34	1772.7	percent of total billed charges	
DX ANLSYS CI W/ PRGM,PT<7YRSOLD	92601	CPT	outpatient			1866	205.45	Qualcare	Qualcare		1399.5	75			105.34	1772.7	percent of total billed charges	
DX ANLSYS CI W/ PRGM,PT<7YRSOLD	92601	CPT	outpatient			1866	205.45	Three Rivers	Three Rivers		1772.7	95			105.34	1772.7	percent of total billed charges	
DX ANLSYS CI W/ PRGM,PT<7YRSOLD	92601	CPT	outpatient			1866	205.45	UHC	Medicare		178.65				105.34	1772.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DX ANLSYS CI W/ PRGM,PT<7YRSOLD	92601	CPT	outpatient			1866	205.45	UHC	Medicaid		588.72	31.55			105.34	1772.7	percent of total billed charges	
DX ANLSYS CI W/ PRGM,PT<7YRSOLD	92601	CPT	outpatient			1866	205.45	Wellcare	Medicare		178.65				105.34	1772.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DX ANLSYS CI W/ PRGM,PT<7YRSOLD	92601	CPT	outpatient			1866	205.45	Wellcare	Medicaid		588.72	31.55			105.34	1772.7	percent of total billed charges	
DX ANLSYS CI W/ PRGM,PT<7YRSOLD	92601	CPT	outpatient			1866	205.45	WellPoint	WellPoint		600.48	32.18			105.34	1772.7	percent of total billed charges	
REPROGRAM CI,PT<7YRSOLD	92602	CPT	outpatient			1373	205.45	Aetna	Commercial		284.41				98.75	1304.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPROGRAM CI,PT<7YRSOLD	92602	CPT	outpatient			1373	205.45	Aetna	Better Health		433.18	31.55			98.75	1304.35	percent of total billed charges	
REPROGRAM CI,PT<7YRSOLD	92602	CPT	outpatient			1373	205.45	Aetna	Medicare		178.65				98.75	1304.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPROGRAM CI,PT<7YRSOLD	92602	CPT	outpatient			1373	205.45	Americare	Americare		1029.75	75			98.75	1304.35	percent of total billed charges	
REPROGRAM CI,PT<7YRSOLD	92602	CPT	outpatient			1373	205.45	Amerihealth	HMO/PPO		892.45	65			98.75	1304.35	percent of total billed charges	
REPROGRAM CI,PT<7YRSOLD	92602	CPT	outpatient			1373	205.45	Amerihealth	Medicare		178.65				98.75	1304.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPROGRAM CI,PT<7YRSOLD	92602	CPT	outpatient			1373	205.45	Consumer	Consumer		1304.35	95			98.75	1304.35	percent of total billed charges	
REPROGRAM CI,PT<7YRSOLD	92602	CPT	outpatient			1373	205.45	Corrections	Corrections		1098.4	80			98.75	1304.35	percent of total billed charges	
REPROGRAM CI,PT<7YRSOLD	92602	CPT	outpatient			1373	205.45	First Health	First Health		961.1	70			98.75	1304.35	percent of total billed charges	
REPROGRAM CI,PT<7YRSOLD	92602	CPT	outpatient			1373	205.45	First Trenton	First Trenton		1235.7	90			98.75	1304.35	percent of total billed charges	
REPROGRAM CI,PT<7YRSOLD	92602	CPT	outpatient			1373	205.45	Horizon	PPO		332.47				98.75	1304.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPROGRAM CI,PT<7YRSOLD	92602	CPT	outpatient			1373	205.45	Horizon	Medicare Blue		178.65				98.75	1304.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPROGRAM CI,PT<7YRSOLD	92602	CPT	outpatient			1373	205.45	Horizon	MGD		332.47				98.75	1304.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPROGRAM CI,PT<7YRSOLD	92602	CPT	outpatient			1373	205.45	Horizon	Indemnity		332.47				98.75	1304.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPROGRAM CI,PT<7YRSOLD	92602	CPT	outpatient			1373	205.45	Horizon	NJ Health		606.13				98.75	1304.35	fee schedule	
REPROGRAM CI,PT<7YRSOLD	92602	CPT	outpatient			1373	205.45	Managed Care Inc	Managed Care Inc		1235.7	90			98.75	1304.35	percent of total billed charges	
REPROGRAM CI,PT<7YRSOLD	92602	CPT	outpatient			1373	205.45	Multiplan	Multiplan		1098.4	80			98.75	1304.35	percent of total billed charges	
REPROGRAM CI,PT<7YRSOLD	92602	CPT	outpatient			1373	205.45	Qualcare	Qualcare		1029.75	75			98.75	1304.35	percent of total billed charges	
REPROGRAM CI,PT<7YRSOLD	92602	CPT	outpatient			1373	205.45	Three Rivers	Three Rivers		1304.35	95			98.75	1304.35	percent of total billed charges	
REPROGRAM CI,PT<7YRSOLD	92602	CPT	outpatient			1373	205.45	UHC	Medicaid		433.18	31.55			98.75	1304.35	percent of total billed charges	
REPROGRAM CI,PT<7YRSOLD	92602	CPT	outpatient			1373	205.45	UHC	Medicare		178.65				98.75	1304.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPROGRAM CI,PT<7YRSOLD	92602	CPT	outpatient			1373	205.45	Wellcare	Medicare		178.65				98.75	1304.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPROGRAM CI,PT<7YRSOLD	92602	CPT	outpatient			1373	205.45	Wellcare	Medicaid		433.18	31.55			98.75	1304.35	percent of total billed charges	
REPROGRAM CI,PT<7YRSOLD	92602	CPT	outpatient			1373	205.45	WellPoint	WellPoint		441.83	32.18			98.75	1304.35	percent of total billed charges	
DX ANLYS CI W/ PRGM,PT>7YR	92603	CPT	outpatient			1258	205.45	Aetna	Better Health		396.9	31.55			89.92	1195.1	percent of total billed charges	
DX ANLYS CI W/ PRGM,PT>7YR	92603	CPT	outpatient			1258	205.45	Aetna	Commercial		284.41				89.92	1195.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DX ANLYS CI W/ PRGM,PT>7YR	92603	CPT	outpatient			1258	205.45	Aetna	Medicare		178.65				89.92	1195.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DX ANLYS CI W/ PRGM,PT>7YR	92603	CPT	outpatient			1258	205.45	Americare	Americare		943.5	75			89.92	1195.1	percent of total billed charges	
DX ANLYS CI W/ PRGM,PT>7YR	92603	CPT	outpatient			1258	205.45	Amerihealth	Medicare		178.65				89.92	1195.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DX ANLYS CI W/ PRGM,PT>7YR	92603	CPT	outpatient			1258	205.45	Amerihealth	HMO/PPO		817.7	65			89.92	1195.1	percent of total billed charges	
DX ANLYS CI W/ PRGM,PT>7YR	92603	CPT	outpatient			1258	205.45	Consumer	Consumer		1195.1	95			89.92	1195.1	percent of total billed charges	
DX ANLYS CI W/ PRGM,PT>7YR	92603	CPT	outpatient			1258	205.45	Corrections	Corrections		1006.4	80			89.92	1195.1	percent of total billed charges	
DX ANLYS CI W/ PRGM,PT>7YR	92603	CPT	outpatient			1258	205.45	First Health	First Health		880.6	70			89.92	1195.1	percent of total billed charges	
DX ANLYS CI W/ PRGM,PT>7YR	92603	CPT	outpatient			1258	205.45	First Trenton	First Trenton		1132.2	90			89.92	1195.1	percent of total billed charges	
DX ANLYS CI W/ PRGM,PT>7YR	92603	CPT	outpatient			1258	205.45	Horizon	PPO		332.47				89.92	1195.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DX ANLYS CI W/ PRGM,PT>7YR	92603	CPT	outpatient			1258	205.45	Horizon	Indemnity		332.47				89.92	1195.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DX ANLYS CI W/ PRGM,PT>7YR	92603	CPT	outpatient			1258	205.45	Horizon	Medicare Blue		178.65				89.92	1195.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DX ANLYS CI W/ PRGM,PT>7YR	92603	CPT	outpatient			1258	205.45	Horizon	NJ Health		127.89				89.92	1195.1	fee schedule	
DX ANLYS CI W/ PRGM,PT>7YR	92603	CPT	outpatient			1258	205.45	Horizon	MGD		332.47				89.92	1195.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DX ANLYS CI W/ PRGM,PT>7YR	92603	CPT	outpatient			1258	205.45	Managed Care Inc	Managed Care Inc		1132.2	90			89.92	1195.1	percent of total billed charges	
DX ANLYS CI W/ PRGM,PT>7YR	92603	CPT	outpatient			1258	205.45	Multiplan	Multiplan		1006.4	80			89.92	1195.1	percent of total billed charges	
DX ANLYS CI W/ PRGM,PT>7YR	92603	CPT	outpatient			1258	205.45	Qualcare	Qualcare		943.5	75			89.92	1195.1	percent of total billed charges	
DX ANLYS CI W/ PRGM,PT>7YR	92603	CPT	outpatient			1258	205.45	Three Rivers	Three Rivers		1195.1	95			89.92	1195.1	percent of total billed charges	
DX ANLYS CI W/ PRGM,PT>7YR	92603	CPT	outpatient			1258	205.45	UHC	Medicaid		396.9	31.55			89.92	1195.1	percent of total billed charges	
DX ANLYS CI W/ PRGM,PT>7YR	92603	CPT	outpatient			1258	205.45	UHC	Medicare		178.65				89.92	1195.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DX ANLYS CI W/ PRGM,PT>7YR	92603	CPT	outpatient			1258	205.45	Wellcare	Medicare		178.65				89.92	1195.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DX ANLYS CI W/ PRGM,PT>7YR	92603	CPT	outpatient			1258	205.45	Wellcare	Medicaid		396.9	31.55			89.92	1195.1	percent of total billed charges	
DX ANLYS CI W/ PRGM,PT>7YR	92603	CPT	outpatient			1258	205.45	WellPoint	WellPoint		404.82	32.18			89.92	1195.1	percent of total billed charges	
REPROGRAM CI,PT>7YRSOLD	92604	CPT	both			903	205.45	Aetna	Medicare		178.65				64.36	857.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPROGRAM CI,PT>7YRSOLD	92604	CPT	both			903	205.45	Aetna	Better Health		284.9	31.55			64.36	857.85	percent of total billed charges	
REPROGRAM CI,PT>7YRSOLD	92604	CPT	both			903	205.45	Aetna	Commercial		284.41				64.36	857.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPROGRAM CI,PT>7YRSOLD	92604	CPT	both			903	205.45	Americare	Americare		677.25	75			64.36	857.85	percent of total billed charges	
REPROGRAM CI,PT>7YRSOLD	92604	CPT	both			903	205.45	Amerihealth	Medicare		178.65				64.36	857.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPROGRAM CI,PT>7YRSOLD	92604	CPT	both			903	205.45	Amerihealth	HMO/PPO		586.95	65			64.36	857.85	percent of total billed charges	
REPROGRAM CI,PT>7YRSOLD	92604	CPT	both			903	205.45	Consumer	Consumer		857.85	95			64.36	857.85	percent of total billed charges	
REPROGRAM CI,PT>7YRSOLD	92604	CPT	both			903	205.45	Corrections	Corrections		722.4	80			64.36	857.85	percent of total billed charges	
REPROGRAM CI,PT>7YRSOLD	92604	CPT	both			903	205.45	First Health	First Health		632.1	70			64.36	857.85	percent of total billed charges	
REPROGRAM CI,PT>7YRSOLD	92604	CPT	both			903	205.45	First Trenton	First Trenton		812.7	90			64.36	857.85	percent of total billed charges	
REPROGRAM CI,PT>7YRSOLD	92604	CPT	both			903	205.45	Horizon	Indemnity		332.47				64.36	857.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPROGRAM CI,PT>7YRSOLD	92604	CPT	both			903	205.45	Horizon	MGD		332.47				64.36	857.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPROGRAM CI,PT>7YRSOLD	92604	CPT	both			903	205.45	Horizon	Medicare Blue		178.65				64.36	857.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPROGRAM CI,PT>7YRSOLD	92604	CPT	both			903	205.45	Horizon	PPO		332.47				64.36	857.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPROGRAM CI,PT>7YRSOLD	92604	CPT	both			903	205.45	Horizon	NJ Health		261				64.36	857.85	fee schedule	
REPROGRAM CI,PT>7YRSOLD	92604	CPT	both			903	205.45	Managed Care Inc	Managed Care Inc		812.7	90			64.36	857.85	percent of total billed charges	
REPROGRAM CI,PT>7YRSOLD	92604	CPT	both			903	205.45	Multiplan	Multiplan		722.4	80			64.36	857.85	percent of total billed charges	
REPROGRAM CI,PT>7YRSOLD	92604	CPT	both			903	205.45	Qualcare	Qualcare		677.25	75			64.36	857.85	percent of total billed charges	
REPROGRAM CI,PT>7YRSOLD	92604	CPT	both			903	205.45	Three Rivers	Three Rivers		857.85	95			64.36	857.85	percent of total billed charges	
REPROGRAM CI,PT>7YRSOLD	92604	CPT	both			903	205.45	UHC	Medicaid		284.9	31.55			64.36	857.85	percent of total billed charges	
REPROGRAM CI,PT>7YRSOLD	92604	CPT	both			903	205.45	UHC	Medicare		178.65				64.36	857.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPROGRAM CI,PT>7YRSOLD	92604	CPT	both			903	205.45	Wellcare	Medicaid		284.9	31.55			64.36	857.85	percent of total billed charges	
REPROGRAM CI,PT>7YRSOLD	92604	CPT	both			903	205.45	Wellcare	Medicare		178.65				64.36	857.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPROGRAM CI,PT>7YRSOLD	92604	CPT	both			903	205.45	WellPoint	WellPoint		290.59	32.18			64.36	857.85	percent of total billed charges	
EVAL SWALL/ORAL-23-37 MIN	92610	CPT	both			999		Aetna	Better Health		315.18	31.55			77.7	949.05	percent of total billed charges	
EVAL SWALL/ORAL-23-37 MIN	92610	CPT	both			999		Aetna	Commercial		379.62	38			77.7	949.05	percent of total billed charges	
EVAL SWALL/ORAL-23-37 MIN	92610	CPT	both			999		Aetna	Medicare		307.69	30.8			77.7	949.05	percent of total billed charges	
EVAL SWALL/ORAL-23-37 MIN	92610	CPT	both			999		Americare	Americare		749.25	75			77.7	949.05	percent of total billed charges	
EVAL SWALL/ORAL-23-37 MIN	92610	CPT	both			999		Amerihealth	HMO/PPO		649.35	65			77.7	949.05	percent of total billed charges	
EVAL SWALL/ORAL-23-37 MIN	92610	CPT	both			999		Consumer	Consumer		949.05	95			77.7	949.05	percent of total billed charges	
EVAL SWALL/ORAL-23-37 MIN	92610	CPT	both			999		Corrections	Corrections		799.2	80			77.7	949.05	percent of total billed charges	
EVAL SWALL/ORAL-23-37 MIN	92610	CPT	both			999		First Health	First Health		699.3	70			77.7	949.05	percent of total billed charges	
EVAL SWALL/ORAL-23-37 MIN	92610	CPT	both			999		First Trenton	First Trenton		899.1	90			77.7	949.05	percent of total billed charges	
EVAL SWALL/ORAL-23-37 MIN	92610	CPT	both			999		Horizon	Medicare Blue		299.7	30			77.7	949.05	percent of total billed charges	
EVAL SWALL/ORAL-23-37 MIN	92610	CPT	both			999		Horizon	MGD		382.42	38.28			77.7	949.05	percent of total billed charges	
EVAL SWALL/ORAL-23-37 MIN	92610	CPT	both			999		Horizon	Indemnity		382.42	38.28			77.7	949.05	percent of total billed charges	
EVAL SWALL/ORAL-23-37 MIN	92610	CPT	both			999		Horizon	PPO		382.42	38.28			77.7	949.05	percent of total billed charges	
ORAL/PHARYNGEAL SWALLOW	92610	CPT	both			999		Horizon	NJ Health		168.74				77.7	949.05	fee schedule	
EVAL SWALL/ORAL-23-37 MIN	92610	CPT	both			999		Managed Care Inc	Managed Care Inc		899.1	90			77.7	949.05	percent of total billed charges	
EVAL SWALL/ORAL-23-37 MIN	92610	CPT	both			999		Multiplan	Multiplan		799.2	80			77.7	949.05	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
EVAL SWALL/ORAL-23-37 MIN	92610	CPT	both			999		Qualcare	Qualcare		749.25	75			77.7	949.05	percent of total billed charges	
EVAL SWALL/ORAL-23-37 MIN	92610	CPT	both			999		Three Rivers	Three Rivers		949.05	95			77.7	949.05	percent of total billed charges	
EVAL SWALL/ORAL-23-37 MIN	92610	CPT	both			999		UHC	Medicaid		315.18	31.55			77.7	949.05	percent of total billed charges	
EVAL SWALL/ORAL-23-37 MIN	92610	CPT	both			999		Wellcare	Medicaid		315.18	31.55			77.7	949.05	percent of total billed charges	
EVAL SWALL/ORAL-23-37 MIN	92610	CPT	both			999		WellPoint	WellPoint		321.48	32.18			77.7	949.05	percent of total billed charges	
MODIFIED BARIUM SWALLOW	92611	CPT	both			999		Aetna	Medicare		307.89	30.8			96.63	949.05	percent of total billed charges	
MODIFIED BARIUM SWALLOW	92611	CPT	both			999		Aetna	Better Health		315.18	31.55			96.63	949.05	percent of total billed charges	
MODIFIED BARIUM SWALLOW	92611	CPT	both			999		Aetna	Commercial		379.62	38			96.63	949.05	percent of total billed charges	
MODIFIED BARIUM SWALLOW	92611	CPT	both			999		Americare	Americare		749.25	75			96.63	949.05	percent of total billed charges	
MODIFIED BARIUM SWALLOW	92611	CPT	both			999		Amerihealth	HMO/PPO		649.35	65			96.63	949.05	percent of total billed charges	
MODIFIED BARIUM SWALLOW	92611	CPT	both			999		Consumer	Consumer		949.05	95			96.63	949.05	percent of total billed charges	
MODIFIED BARIUM SWALLOW	92611	CPT	both			999		Corrections	Corrections		799.2	80			96.63	949.05	percent of total billed charges	
MODIFIED BARIUM SWALLOW	92611	CPT	both			999		First Health	First Health		699.3	70			96.63	949.05	percent of total billed charges	
MODIFIED BARIUM SWALLOW	92611	CPT	both			999		First Trenton	First Trenton		899.1	90			96.63	949.05	percent of total billed charges	
MODIFIED BARIUM SWALLOW	92611	CPT	both			999		Horizon	Medicare Blue		299.7	30			96.63	949.05	percent of total billed charges	
MODIFIED BARIUM SWALLOW	92611	CPT	both			999		Horizon	Indemnity		382.42	38.28			96.63	949.05	percent of total billed charges	
MODIFIED BARIUM SWALLOW	92611	CPT	both			999		Horizon	MGD		382.42	38.28			96.63	949.05	percent of total billed charges	
MODIFIED BARIUM SWALLOW	92611	CPT	both			999		Horizon	NJ Health		96.63				96.63	949.05	fee schedule	
MODIFIED BARIUM SWALLOW	92611	CPT	both			999		Horizon	PPO		382.42	38.28			96.63	949.05	percent of total billed charges	
MODIFIED BARIUM SWALLOW	92611	CPT	both			999		Managed Care Inc	Managed Care Inc		899.1	90			96.63	949.05	percent of total billed charges	
MODIFIED BARIUM SWALLOW	92611	CPT	both			999		Multiplan	Multiplan		799.2	80			96.63	949.05	percent of total billed charges	
MODIFIED BARIUM SWALLOW	92611	CPT	both			999		Qualcare	Qualcare		749.25	75			96.63	949.05	percent of total billed charges	
MODIFIED BARIUM SWALLOW	92611	CPT	both			999		Three Rivers	Three Rivers		949.05	95			96.63	949.05	percent of total billed charges	
MODIFIED BARIUM SWALLOW	92611	CPT	both			999		UHC	Medicaid		315.18	31.55			96.63	949.05	percent of total billed charges	
MODIFIED BARIUM SWALLOW	92611	CPT	both			999		Wellcare	Medicaid		315.18	31.55			96.63	949.05	percent of total billed charges	
MODIFIED BARIUM SWALLOW	92611	CPT	both			999		WellPoint	WellPoint		321.48	32.18			96.63	949.05	percent of total billed charges	
FIBEROPTIC ENDOSCOPIC EVAL SWALLOW	92612	CPT	both			958		Aetna	Medicare		295.06	30.8			287.4	910.1	percent of total billed charges	
FIBEROPTIC ENDOSCOPIC EVAL SWALLOW	92612	CPT	both			958		Aetna	Better Health		302.25	31.55			287.4	910.1	percent of total billed charges	
FIBEROPTIC ENDOSCOPIC EVAL SWALLOW	92612	CPT	both			958		Aetna	Commercial		364.04	38			287.4	910.1	percent of total billed charges	
FIBEROPTIC ENDOSCOPIC EVAL SWALLOW	92612	CPT	both			958		Americare	Americare		718.5	75			287.4	910.1	percent of total billed charges	
FIBEROPTIC ENDOSCOPIC EVAL SWALLOW	92612	CPT	both			958		Amerihealth	HMO/PPO		622.7	65			287.4	910.1	percent of total billed charges	
FIBEROPTIC ENDOSCOPIC EVAL SWALLOW	92612	CPT	both			958		Consumer	Consumer		910.1	95			287.4	910.1	percent of total billed charges	
FIBEROPTIC ENDOSCOPIC EVAL SWALLOW	92612	CPT	both			958		Corrections	Corrections		766.4	80			287.4	910.1	percent of total billed charges	
FIBEROPTIC ENDOSCOPIC EVAL SWALLOW	92612	CPT	both			958		First Health	First Health		670.6	70			287.4	910.1	percent of total billed charges	
FIBEROPTIC ENDOSCOPIC EVAL SWALLOW	92612	CPT	both			958		First Trenton	First Trenton		862.2	90			287.4	910.1	percent of total billed charges	
FIBEROPTIC ENDOSCOPIC EVAL SWALLOW	92612	CPT	both			958		Horizon	MGD		366.72	38.28			287.4	910.1	percent of total billed charges	
FIBEROPTIC ENDOSCOPIC EVAL SWALLOW	92612	CPT	both			958		Horizon	Indemnity		366.72	38.28			287.4	910.1	percent of total billed charges	
FIBEROPTIC ENDOSCOPIC EVAL SWALLOW	92612	CPT	both			958		Horizon	Medicare Blue		287.4	30			287.4	910.1	percent of total billed charges	
FIBEROPTIC ENDOSCOPIC EVAL SWALLOW	92612	CPT	both			958		Horizon	PPO		366.72	38.28			287.4	910.1	percent of total billed charges	
FIBEROPTIC ENDOSCOPIC EVAL SWALLOW	92612	CPT	both			958		Managed Care Inc	Managed Care Inc		862.2	90			287.4	910.1	percent of total billed charges	
FIBEROPTIC ENDOSCOPIC EVAL SWALLOW	92612	CPT	both			958		Multiplan	Multiplan		766.4	80			287.4	910.1	percent of total billed charges	
FIBEROPTIC ENDOSCOPIC EVAL SWALLOW	92612	CPT	both			958		Qualcare	Qualcare		718.5	75			287.4	910.1	percent of total billed charges	
FIBEROPTIC ENDOSCOPIC EVAL SWALLOW	92612	CPT	both			958		Three Rivers	Three Rivers		910.1	95			287.4	910.1	percent of total billed charges	
FIBEROPTIC ENDOSCOPIC EVAL SWALLOW	92612	CPT	both			958		UHC	Medicaid		302.25	31.55			287.4	910.1	percent of total billed charges	
FIBEROPTIC ENDOSCOPIC EVAL SWALLOW	92612	CPT	both			958		Wellcare	Medicaid		302.25	31.55			287.4	910.1	percent of total billed charges	
FIBEROPTIC ENDOSCOPIC EVAL SWALLOW	92612	CPT	both			958		WellPoint	WellPoint		308.28	32.18			287.4	910.1	percent of total billed charges	
SENSORY TEST DURING ENDOSCOPY	92616	CPT	both			1076		Aetna	Commercial		408.88	38			192.08	1022.2	percent of total billed charges	
SENSORY TEST DURING ENDOSCOPY	92616	CPT	both			1076		Aetna	Medicare		331.41	30.8			192.08	1022.2	percent of total billed charges	
SENSORY TEST DURING ENDOSCOPY	92616	CPT	both			1076		Aetna	Better Health		339.48	31.55			192.08	1022.2	percent of total billed charges	
SENSORY TEST DURING ENDOSCOPY	92616	CPT	both			1076		Americare	Americare		807	75			192.08	1022.2	percent of total billed charges	
SENSORY TEST DURING ENDOSCOPY	92616	CPT	both			1076		Amerihealth	HMO/PPO		699.4	65			192.08	1022.2	percent of total billed charges	
SENSORY TEST DURING ENDOSCOPY	92616	CPT	both			1076		Consumer	Consumer		1022.2	95			192.08	1022.2	percent of total billed charges	
SENSORY TEST DURING ENDOSCOPY	92616	CPT	both			1076		Corrections	Corrections		860.8	80			192.08	1022.2	percent of total billed charges	
SENSORY TEST DURING ENDOSCOPY	92616	CPT	both			1076		First Health	First Health		753.2	70			192.08	1022.2	percent of total billed charges	
SENSORY TEST DURING ENDOSCOPY	92616	CPT	both			1076		First Trenton	First Trenton		968.4	90			192.08	1022.2	percent of total billed charges	
SENSORY TEST DURING ENDOSCOPY	92616	CPT	both			1076		Horizon	Indemnity		411.89	38.28			192.08	1022.2	percent of total billed charges	
SENSORY TEST DURING ENDOSCOPY	92616	CPT	both			1076		Horizon	MGD		411.89	38.28			192.08	1022.2	percent of total billed charges	
SENSORY TEST DURING ENDOSCOPY	92616	CPT	both			1076		Horizon	PPO		411.89	38.28			192.08	1022.2	percent of total billed charges	
SENSORY TEST DURING ENDOSCOPY	92616	CPT	both			1076		Horizon	Medicare Blue		322.8	30			192.08	1022.2	percent of total billed charges	
SENSORY TEST DURING ENDOSCOPY	92616	CPT	both			1076		Horizon	NJ Health		192.08				192.08	1022.2	fee schedule	
SENSORY TEST DURING ENDOSCOPY	92616	CPT	both			1076		Managed Care Inc	Managed Care Inc		968.4	90			192.08	1022.2	percent of total billed charges	
SENSORY TEST DURING ENDOSCOPY	92616	CPT	both			1076		Multiplan	Multiplan		860.8	80			192.08	1022.2	percent of total billed charges	
SENSORY TEST DURING ENDOSCOPY	92616	CPT	both			1076		Qualcare	Qualcare		807	75			192.08	1022.2	percent of total billed charges	
SENSORY TEST DURING ENDOSCOPY	92616	CPT	both			1076		Three Rivers	Three Rivers		1022.2	95			192.08	1022.2	percent of total billed charges	
SENSORY TEST DURING ENDOSCOPY	92616	CPT	both			1076		UHC	Medicaid		339.48	31.55			192.08	1022.2	percent of total billed charges	
SENSORY TEST DURING ENDOSCOPY	92616	CPT	both			1076		Wellcare	Medicaid		339.48	31.55			192.08	1022.2	percent of total billed charges	
SENSORY TEST DURING ENDOSCOPY	92616	CPT	both			1076		WellPoint	WellPoint		346.26	32.18			192.08	1022.2	percent of total billed charges	
EVAL CENTRL AUD FUNC W/REPORT 60MIN	92620	CPT	outpatient			532		205.45 Aetna	Better Health		167.85	31.55			167.85	505.4	percent of total billed charges	
EVAL CENTRL AUD FUNC W/REPORT 60MIN	92620	CPT	outpatient			532		205.45 Aetna	Commercial		284.41				167.85	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EVAL CENTRL AUD FUNC W/REPORT 60MIN	92620	CPT	outpatient			532		205.45 Aetna	Medicare		178.65				167.85	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EVAL CENTRL AUD FUNC W/REPORT 60MIN	92620	CPT	outpatient			532		205.45 Americare	Americare		399	75			167.85	505.4	percent of total billed charges	
EVAL CENTRL AUD FUNC W/REPORT 60MIN	92620	CPT	outpatient			532		205.45 Amerihealth	Medicare		178.65				167.85	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EVAL CENTRL AUD FUNC W/REPORT 60MIN	92620	CPT	outpatient			532		205.45 Amerihealth	HMO/PPO		345.8	65			167.85	505.4	percent of total billed charges	
EVAL CENTRL AUD FUNC W/REPORT 60MIN	92620	CPT	outpatient			532		205.45 Consumer	Consumer		505.4	95			167.85	505.4	percent of total billed charges	
EVAL CENTRL AUD FUNC W/REPORT 60MIN	92620	CPT	outpatient			532		205.45 Corrections	Corrections		425.6	80			167.85	505.4	percent of total billed charges	
EVAL CENTRL AUD FUNC W/REPORT 60MIN	92620	CPT	outpatient			532		205.45 First Health	First Health		372.4	70			167.85	505.4	percent of total billed charges	
EVAL CENTRL AUD FUNC W/REPORT 60MIN	92620	CPT	outpatient			532		205.45 First Trenton	First Trenton		478.8	90			167.85	505.4	percent of total billed charges	
EVAL CENTRL AUD FUNC W/REPORT 60MIN	92620	CPT	outpatient			532		205.45 Horizon	Indemnity		332.47				167.85	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EVAL CENTRL AUD FUNC W/REPORT 60MIN	92620	CPT	outpatient			532		205.45 Horizon	Medicare Blue		178.65				167.85	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EVAL CENTRL AUD FUNC W/REPORT 60MIN	92620	CPT	outpatient			532		205.45 Horizon	PPO		332.47				167.85	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EVAL CENTRL AUD FUNC W/REPORT 60MIN	92620	CPT	outpatient			532		205.45 Horizon	MGD		332.47				167.85	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EVAL CENTRL AUD FUNC W/REPORT 60MIN	92620	CPT	outpatient			532		205.45 Horizon	NJ Health		281.88				167.85	505.4	fee schedule	
EVAL CENTRL AUD FUNC W/REPORT 60MIN	92620	CPT	outpatient			532		205.45 Managed Care Inc	Managed Care Inc		478.8	90			167.85	505.4	percent of total billed charges	
EVAL CENTRL AUD FUNC W/REPORT 60MIN	92620	CPT	outpatient			532		205.45 Multiplan	Multiplan		425.6	80			167.85	505.4	percent of total billed charges	
EVAL CENTRL AUD FUNC W/REPORT 60MIN	92620	CPT	outpatient			532		205.45 Qualcare	Qualcare		399	75			167.85	505.4	percent of total billed charges	
EVAL CENTRL AUD FUNC W/REPORT 60MIN	92620	CPT	outpatient			532		205.45 Three Rivers	Three Rivers		505.4	95			167.85	505.4	percent of total billed charges	
EVAL CENTRL AUD FUNC W/REPORT 60MIN	92620	CPT	outpatient			532		205.45 UHC	Medicare		178.65				167.85	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EVAL CENTRL AUD FUNC W/REPORT 60MIN	92620	CPT	outpatient			532		205.45 UHC	Medicaid		167.85	31.55			167.85	505.4	percent of total billed charges	
EVAL CENTRL AUD FUNC W/REPORT 60MIN	92620	CPT	outpatient			532		205.45 Wellcare	Medicare		178.65				167.85	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EVAL CENTRL AUD FUNC W/REPORT 60MIN	92620	CPT	outpatient			532		205.45 Wellcare	Medicaid		167.85	31.55			167.85	505.4	percent of total billed charges	
EVAL CENTRL AUD FUNC W/REPORT 60MIN	92620	CPT	outpatient			532		205.45 WellPoint	WellPoint		171.2	32.18			167.85	505.4	percent of total billed charges	
EVAL CENTRL AUD FUNC EACH ADD 15 MIN	92621	CPT	outpatient						Horizon	NJ Health	44.37				44.37	44.37	fee schedule	
DX ALY AUD OI SND PRCSR 1ST	92622	CPT	outpatient			554		205.45 Aetna	Better Health		174.79	31.55			174.79	526.3	percent of total billed charges	
DX ALY AUD OI SND PRCSR 1ST	92622	CPT	outpatient			554		205.45 Aetna	Commercial		284.41				174.79	526.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DX ALY AUD OI SND PRCSR 1ST	92622	CPT	outpatient			554		205.45 Aetna	Medicare		178.65				174.79	526.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DX ALY AUD OI SND PRCSR 1ST	92622	CPT	outpatient			554		205.45 Americare	Americare		415.5	75			174.79	526.3	percent of total billed charges	
DX ALY AUD OI SND PRCSR 1ST	92622	CPT	outpatient			554		205.45 Amerihealth	HMO/PPO		360.1	65			174.79	526.3	percent of total billed charges	
DX ALY AUD OI SND PRCSR 1ST	92622	CPT	outpatient			554		205.45 Amerihealth	Medicare		178.65				174.79	526.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DX ALY AUD OI SND PRCSR 1ST	92622	CPT	outpatient			554		205.45 Consumer	Consumer		526.3	95			174.79	526.3	percent of total billed charges	
DX ALY AUD OI SND PRCSR 1ST	92622	CPT	outpatient			554		205.45 Corrections	Corrections		443.2	80			174.79	526.3	percent of total billed charges	
DX ALY AUD OI SND PRCSR 1ST	92622	CPT	outpatient			554		205.45 First Health	First Health		387.8	70			174.79	526.3	percent of total billed charges	
DX ALY AUD OI SND PRCSR 1ST	92622	CPT	outpatient			554		205.45 First Trenton	First Trenton		498.6	90			174.79	526.3	percent of total billed charges	
DX ALY AUD OI SND PRCSR 1ST	92622	CPT	outpatient			554		205.45 Horizon	Medicare Blue		178.65				174.79	526.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DX ALY AUD OI SND PRCSR 1ST	92622	CPT	outpatient			554		205.45 Horizon	MGD		332.47				174.79	526.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DX ALY AUD OI SND PRCSR 1ST	92622	CPT	outpatient			554		205.45 Horizon	Indemnity		332.47				174.79	526.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DX ALY AUD OI SND PRCSR 1ST	92622	CPT	outpatient			554		205.45 Horizon	PPO		332.47				174.79	526.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DX ALY AUD OI SND PRCSR 1ST	92622	CPT	outpatient			554		205.45 Managed Care Inc	Managed Care Inc		498.6	90			174.79	526.3	percent of total billed charges	
DX ALY AUD OI SND PRCSR 1ST	92622	CPT	outpatient			554		205.45 Multiplan	Multiplan		443.2	80			174.79	526.3	percent of total billed charges	
DX ALY AUD OI SND PRCSR 1ST	92622	CPT	outpatient			554		205.45 Qualcare	Qualcare		415.5	75			174.79	526.3	percent of total billed charges	
DX ALY AUD OI SND PRCSR 1ST	92622	CPT	outpatient			554		205.45 Three Rivers	Three Rivers		526.3	95			174.79	526.3	percent of total billed charges	
DX ALY AUD OI SND PRCSR 1ST	92622	CPT	outpatient			554		205.45 UHC	Medicaid		174.79	31.55			174.79	526.3	percent of total billed charges	
DX ALY AUD OI SND PRCSR 1ST	92622	CPT	outpatient			554		205.45 UHC	Medicare		178.65				174.79	526.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DX ALY AUD OI SND PRCSR 1ST	92622	CPT	outpatient			554		205.45 Wellcare	Medicaid		174.79	31.55			174.79	526.3	percent of total billed charges	
DX ALY AUD OI SND PRCSR 1ST	92622	CPT	outpatient			554		205.45 Wellcare	Medicare		178.65				174.79	526.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DX ALY AUD OI SND PRCSR 1ST	92622	CPT	outpatient			554		205.45 WellPoint	WellPoint		178.28	32.18			174.79	526.3	percent of total billed charges	
ASSESSMENT OF TINNITUS	92625	CPT	outpatient			532		205.45 Aetna	Commercial		284.41				64.65	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ASSESSMENT OF TINNITUS	92625	CPT	outpatient			532		205.45 Aetna	Better Health		167.85	31.55			64.65	505.4	percent of total billed charges	
ASSESSMENT OF TINNITUS	92625	CPT	outpatient			532		205.45 Aetna	Medicare		178.65				64.65	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ASSESSMENT OF TINNITUS	92625	CPT	outpatient			532		205.45 Americare	Americare		399	75			64.65	505.4	percent of total billed charges	
ASSESSMENT OF TINNITUS	92625	CPT	outpatient			532		205.45 Amerihealth	Medicare		178.65				64.65	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ASSESSMENT OF TINNITUS	92625	CPT	outpatient			532		205.45 Amerihealth	HMO/PPO		345.8	65			64.65	505.4	percent of total billed charges	
ASSESSMENT OF TINNITUS	92625	CPT	outpatient			532		205.45 Consumer	Consumer		505.4	95			64.65	505.4	percent of total billed charges	
ASSESSMENT OF TINNITUS	92625	CPT	outpatient			532		205.45 Corrections	Corrections		425.6	80			64.65	505.4	percent of total billed charges	
ASSESSMENT OF TINNITUS	92625	CPT	outpatient			532		205.45 First Health	First Health		372.4	70			64.65	505.4	percent of total billed charges	
ASSESSMENT OF TINNITUS	92625	CPT	outpatient			532		205.45 First Trenton	First Trenton		478.8	90			64.65	505.4	percent of total billed charges	
ASSESSMENT OF TINNITUS	92625	CPT	outpatient			532		205.45 Horizon	Indemnity		332.47				64.65	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ASSESSMENT OF TINNITUS	92625	CPT	outpatient			532		205.45 Horizon	PPO		332.47				64.65	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ASSESSMENT OF TINNITUS	92625	CPT	outpatient			532		205.45 Horizon	MGD		332.47				64.65	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ASSESSMENT OF TINNITUS	92625	CPT	outpatient			532		205.45 Horizon	Medicare Blue		178.65				64.65	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ASSESSMENT OF TINNITUS	92625	CPT	outpatient			532		205.45 Horizon	NJ Health		64.65				64.65	505.4	fee schedule	
ASSESSMENT OF TINNITUS	92625	CPT	outpatient			532		205.45 Managed Care Inc	Managed Care Inc		478.8	90			64.65	505.4	percent of total billed charges	
ASSESSMENT OF TINNITUS	92625	CPT	outpatient			532		205.45 Multiplan	Multiplan		425.6	80			64.65	505.4	percent of total billed charges	
ASSESSMENT OF TINNITUS	92625	CPT	outpatient			532		205.45 Qualcare	Qualcare		399	75			64.65	505.4	percent of total billed charges	
ASSESSMENT OF TINNITUS	92625	CPT	outpatient			532		205.45 Three Rivers	Three Rivers		505.4	95			64.65	505.4	percent of total billed charges	
ASSESSMENT OF TINNITUS	92625	CPT	outpatient			532		205.45 UHC	Medicare		178.65				64.65	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ASSESSMENT OF TINNITUS	92625	CPT	outpatient			532		205.45 UHC	Medicaid		167.85	31.55			64.65	505.4	percent of total billed charges	
ASSESSMENT OF TINNITUS	92625	CPT	outpatient			532		205.45 Wellcare	Medicare		178.65				64.65	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ASSESSMENT OF TINNITUS	92625	CPT	outpatient			532		205.45 Wellcare	Medicaid		167.85	31.55			64.65	505.4	percent of total billed charges	
ASSESSMENT OF TINNITUS	92625	CPT	outpatient			532		205.45 WellPoint	WellPoint		171.2	32.18			64.65	505.4	percent of total billed charges	
EVAL OF AUDITORY/REHAB	92626	CPT	outpatient			532		205.45 Aetna	Commercial		284.41				118	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EVAL OF AUDITORY/REHAB	92626	CPT	outpatient			532		205.45 Aetna	Medicare		178.65				118	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EVAL OF AUDITORY/REHAB	92626	CPT	outpatient			532		205.45 Aetna	Better Health		167.85	31.55			118	505.4	percent of total billed charges	
EVAL OF AUDITORY/REHAB	92626	CPT	outpatient			532		205.45 Americare	Americare		399	75			118	505.4	percent of total billed charges	
EVAL OF AUDITORY/REHAB	92626	CPT	outpatient			532		205.45 Amerihealth	HMO/PPO		345.8	65			118	505.4	percent of total billed charges	
EVAL OF AUDITORY/REHAB	92626	CPT	outpatient			532		205.45 Amerihealth	Medicare		178.65				118	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EVAL OF AUDITORY/REHAB	92626	CPT	outpatient			532		205.45 Consumer	Consumer		505.4	95			118	505.4	percent of total billed charges	
EVAL OF AUDITORY/REHAB	92626	CPT	outpatient			532		205.45 Corrections	Corrections		425.6	80			118	505.4	percent of total billed charges	
EVAL OF AUDITORY/REHAB	92626	CPT	outpatient			532		205.45 First Health	First Health		372.4	70			118	505.4	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
EVAL OF AUDITORY REHAB	92626	CPT	outpatient			532		205.45 First Trenton	First Trenton		478.8	90			118		505.4 percent of total billed charges	
EVAL OF AUDITORY REHAB	92626	CPT	outpatient			532		205.45 Horizon	PPO		332.47				118		505.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EVAL OF AUDITORY REHAB	92626	CPT	outpatient			532		205.45 Horizon	NJ Health		118				118		505.4 fee schedule	
EVAL OF AUDITORY REHAB	92626	CPT	outpatient			532		205.45 Horizon	Indemnity		332.47				118		505.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EVAL OF AUDITORY REHAB	92626	CPT	outpatient			532		205.45 Horizon	Medicare Blue		178.65				118		505.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EVAL OF AUDITORY REHAB	92626	CPT	outpatient			532		205.45 Horizon	MGD		332.47				118		505.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EVAL OF AUDITORY REHAB	92626	CPT	outpatient			532		205.45 Managed Care Inc	Managed Care Inc		478.8	90			118		505.4 percent of total billed charges	
EVAL OF AUDITORY REHAB	92626	CPT	outpatient			532		205.45 Multiplan	Multiplan		425.6	80			118		505.4 percent of total billed charges	
EVAL OF AUDITORY REHAB	92626	CPT	outpatient			532		205.45 Qualcare	Qualcare		399	75			118		505.4 percent of total billed charges	
EVAL OF AUDITORY REHAB	92626	CPT	outpatient			532		205.45 Three Rivers	Three Rivers		505.4	95			118		505.4 percent of total billed charges	
EVAL OF AUDITORY REHAB	92626	CPT	outpatient			532		205.45 UHC	Medicaid		167.85	31.55			118		505.4 percent of total billed charges	
EVAL OF AUDITORY REHAB	92626	CPT	outpatient			532		205.45 UHC	Medicare		178.65				118		505.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EVAL OF AUDITORY REHAB	92626	CPT	outpatient			532		205.45 Wellcare	Medicaid		167.85	31.55			118		505.4 percent of total billed charges	
EVAL OF AUDITORY REHAB	92626	CPT	outpatient			532		205.45 Wellcare	Medicare		178.65				118		505.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EVAL OF AUDITORY REHAB	92626	CPT	outpatient			532		205.45 WellPoint	WellPoint		171.2	32.18			118		505.4 percent of total billed charges	
AUDITORY BRAINSTEM IMPLANT	92640	CPT	outpatient			532		205.45 Aetna	Better Health		167.85	31.55			167.85		505.4 percent of total billed charges	
AUDITORY BRAINSTEM IMPLANT	92640	CPT	outpatient			532		205.45 Aetna	Medicare		178.65				167.85		505.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AUDITORY BRAINSTEM IMPLANT	92640	CPT	outpatient			532		205.45 Aetna	Commercial		284.41				167.85		505.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AUDITORY BRAINSTEM IMPLANT	92640	CPT	outpatient			532		205.45 Americare	Americare		399	75			167.85		505.4 percent of total billed charges	
AUDITORY BRAINSTEM IMPLANT	92640	CPT	outpatient			532		205.45 Amerihealth	Medicare		178.65				167.85		505.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AUDITORY BRAINSTEM IMPLANT	92640	CPT	outpatient			532		205.45 Amerihealth	HMO/PPO		345.8	65			167.85		505.4 percent of total billed charges	
AUDITORY BRAINSTEM IMPLANT	92640	CPT	outpatient			532		205.45 Consumer	Consumer		505.4	95			167.85		505.4 percent of total billed charges	
AUDITORY BRAINSTEM IMPLANT	92640	CPT	outpatient			532		205.45 Corrections	Corrections		425.6	80			167.85		505.4 percent of total billed charges	
AUDITORY BRAINSTEM IMPLANT	92640	CPT	outpatient			532		205.45 First Health	First Health		372.4	70			167.85		505.4 percent of total billed charges	
AUDITORY BRAINSTEM IMPLANT	92640	CPT	outpatient			532		205.45 First Trenton	First Trenton		478.8	90			167.85		505.4 percent of total billed charges	
AUDITORY BRAINSTEM IMPLANT	92640	CPT	outpatient			532		205.45 Horizon	Indemnity		332.47				167.85		505.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AUDITORY BRAINSTEM IMPLANT	92640	CPT	outpatient			532		205.45 Horizon	Medicare Blue		178.65				167.85		505.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AUDITORY BRAINSTEM IMPLANT	92640	CPT	outpatient			532		205.45 Horizon	PPO		332.47				167.85		505.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AUDITORY BRAINSTEM IMPLANT	92640	CPT	outpatient			532		205.45 Horizon	MGD		332.47				167.85		505.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AUDITORY BRAINSTEM IMPLANT	92640	CPT	outpatient			532		205.45 Managed Care Inc	Managed Care Inc		478.8	90			167.85		505.4 percent of total billed charges	
AUDITORY BRAINSTEM IMPLANT	92640	CPT	outpatient			532		205.45 Multiplan	Multiplan		425.6	80			167.85		505.4 percent of total billed charges	
AUDITORY BRAINSTEM IMPLANT	92640	CPT	outpatient			532		205.45 Qualcare	Qualcare		399	75			167.85		505.4 percent of total billed charges	
AUDITORY BRAINSTEM IMPLANT	92640	CPT	outpatient			532		205.45 Three Rivers	Three Rivers		505.4	95			167.85		505.4 percent of total billed charges	
AUDITORY BRAINSTEM IMPLANT	92640	CPT	outpatient			532		205.45 UHC	Medicare		178.65				167.85		505.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AUDITORY BRAINSTEM IMPLANT	92640	CPT	outpatient			532		205.45 UHC	Medicaid		167.85	31.55			167.85		505.4 percent of total billed charges	
AUDITORY BRAINSTEM IMPLANT	92640	CPT	outpatient			532		205.45 Wellcare	Medicare		178.65				167.85		505.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AUDITORY BRAINSTEM IMPLANT	92640	CPT	outpatient			532		205.45 Wellcare	Medicaid		167.85	31.55			167.85		505.4 percent of total billed charges	
AUDITORY BRAINSTEM IMPLANT	92640	CPT	outpatient			532		205.45 WellPoint	WellPoint		171.2	32.18			167.85		505.4 percent of total billed charges	
AUD EVOKE POT-AUTO SCREENING	92650	CPT	both					Horizon	NJ Health		40.51				40.51		505.4 fee schedule	
AUD EVOKE POT-THRESH CLICK	92651	CPT	both			532		412.82 Aetna	Better Health		167.85	31.55			127.03		668.04 percent of total billed charges	
AUD EVOKE POT-THRESH CLICK	92651	CPT	both			532		412.82 Aetna	Medicare		163.86	30.8			127.03		668.04 percent of total billed charges	
AUD EVOKE POT-THRESH CLICK	92651	CPT	both			532		412.82 Aetna	Commercial		571.48				127.03		668.04 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AUD EVOKE POT-THRESH CLICK	92651	CPT	both			532		412.82 Americare	Americare		399	75			127.03		668.04 percent of total billed charges	
AUD EVOKE POT-THRESH CLICK	92651	CPT	both			532		412.82 Amerihealth	HMO/PPO		345.8	65			127.03		668.04 percent of total billed charges	
AUD EVOKE POT-THRESH CLICK	92651	CPT	both			532		412.82 Amerihealth	Medicare		358.97				127.03		668.04 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AUD EVOKE POT-THRESH CLICK	92651	CPT	both			532		412.82 Consumer	Consumer		505.4	95			127.03		668.04 percent of total billed charges	
AUD EVOKE POT-THRESH CLICK	92651	CPT	both			532		412.82 Corrections	Corrections		425.6	80			127.03		668.04 percent of total billed charges	
AUD EVOKE POT-THRESH CLICK	92651	CPT	both			532		412.82 First Health	First Health		372.4	70			127.03		668.04 percent of total billed charges	
AUD EVOKE POT-THRESH CLICK	92651	CPT	both			532		412.82 First Trenton	First Trenton		478.8	90			127.03		668.04 percent of total billed charges	
AUD EVOKE POT-THRESH CLICK	92651	CPT	both			532		412.82 Horizon	NJ Health		127.03				127.03		668.04 fee schedule	
AUD EVOKE POT-THRESH CLICK	92651	CPT	both			532		412.82 Horizon	Indemnity		668.04				127.03		668.04 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AUD EVOKE POT-THRESH CLICK	92651	CPT	both			532		412.82 Horizon	MGD		668.04				127.03		668.04 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AUD EVOKE POT-THRESH CLICK	92651	CPT	both			532		412.82 Horizon	Medicare Blue		358.97				127.03		668.04 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AUD EVOKE POT-THRESH CLICK	92651	CPT	both			532		412.82 Horizon	PPO		668.04				127.03		668.04 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AUD EVOKE POT-THRESH CLICK	92651	CPT	both			532		412.82 Managed Care Inc	Managed Care Inc		478.8	90			127.03		668.04 percent of total billed charges	
AUD EVOKE POT-THRESH CLICK	92651	CPT	both			532		412.82 Multiplan	Multiplan		425.6	80			127.03		668.04 percent of total billed charges	
AUD EVOKE POT-THRESH CLICK	92651	CPT	both			532		412.82 Qualcare	Qualcare		399	75			127.03		668.04 percent of total billed charges	
AUD EVOKE POT-THRESH CLICK	92651	CPT	both			532		412.82 Three Rivers	Three Rivers		505.4	95			127.03		668.04 percent of total billed charges	
AUD EVOKE POT-THRESH CLICK	92651	CPT	both			532		412.82 UHC	Medicare		358.97				127.03		668.04 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AUD EVOKE POT-THRESH CLICK	92651	CPT	both			532		412.82 UHC	Medicaid		167.85	31.55			127.03		668.04 percent of total billed charges	
AUD EVOKE POT-THRESH CLICK	92651	CPT	both			532		412.82 Wellcare	Medicare		358.97				127.03		668.04 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AUD EVOKE POT-THRESH CLICK	92651	CPT	both			532		412.82 Wellcare	Medicaid		167.85	31.55			127.03		668.04 percent of total billed charges	
AUD EVOKE POT-THRESH CLICK	92651	CPT	both			532		412.82 WellPoint	WellPoint		171.2	32.18			127.03		668.04 percent of total billed charges	
AUDITORY EVOKED POTENTIAL	92652	CPT	both			1110		412.82 Aetna	Better Health		350.21	31.55			166.54		1054.5 percent of total billed charges	
AUDITORY EVOKED POTENTIAL	92652	CPT	both			1110		412.82 Aetna	Medicare		341.88	30.8			166.54		1054.5 percent of total billed charges	
AUDITORY EVOKED POTENTIAL	92652	CPT	both			1110		412.82 Aetna	Commercial		571.48				166.54		1054.5 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AUDITORY EVOKED POTENTIAL	92652	CPT	both			1110		412.82 Americare	Americare		832.5	75			166.54		1054.5 percent of total billed charges	
AUDITORY EVOKED POTENTIAL	92652	CPT	both			1110		412.82 Amerihealth	HMO/PPO		721.5	65			166.54		1054.5 percent of total billed charges	
AUDITORY EVOKED POTENTIAL	92652	CPT	both			1110		412.82 Amerihealth	Medicare		358.97				166.54		1054.5 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AUDITORY EVOKED POTENTIAL	92652	CPT	both			1110		412.82 Consumer	Consumer		1054.5	95			166.54		1054.5 percent of total billed charges	
AUDITORY EVOKED POTENTIAL	92652	CPT	both			1110		412.82 Corrections	Corrections		888	80			166.54		1054.5 percent of total billed charges	
AUDITORY EVOKED POTENTIAL	92652	CPT	both			1110		412.82 First Health	First Health		777	70			166.54		1054.5 percent of total billed charges	
AUDITORY EVOKED POTENTIAL	92652	CPT	both			1110		412.82 First Trenton	First Trenton		999	90			166.54		1054.5 percent of total billed charges	
AUDITORY EVOKED POTENTIAL	92652	CPT	both			1110		412.82 Horizon	MGD		668.04				166.54		1054.5 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AUDITORY EVOKED POTENTIAL	92652	CPT	both			1110		412.82 Horizon	Medicare Blue		358.97				166.54		1054.5 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AUDITORY EVOKED POTENTIAL	92652	CPT	both			1110		412.82 Horizon	NJ Health		166.54				166.54		1054.5 fee schedule	
AUDITORY EVOKED POTENTIAL	92652	CPT	both			1110		412.82 Horizon	Indemnity		668.04				166.54		1054.5 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AUDITORY EVOKED POTENTIAL	92652	CPT	both			1110		412.82 Horizon	PPO		668.04				166.54		1054.5 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AUDITORY EVOKED POTENTIAL	92652	CPT	both			1110		412.82 Managed Care Inc	Managed Care Inc		999	90			166.54		1054.5 percent of total billed charges	
AUDITORY EVOKED POTENTIAL	92652	CPT	both			1110		412.82 Multiplan	Multiplan		888	80			166.54		1054.5 percent of total billed charges	
AUDITORY EVOKED POTENTIAL	92652	CPT	both			1110		412.82 Qualcare	Qualcare		832.5	75			166.54		1054.5 percent of total billed charges	
AUDITORY EVOKED POTENTIAL	92652	CPT	both			1110		412.82 Three Rivers	Three Rivers		1054.5	95			166.54		1054.5 percent of total billed charges	
AUDITORY EVOKED POTENTIAL	92652	CPT	both			1110		412.82 UHC	Medicaid		350.21	31.55			166.54		1054.5 percent of total billed charges	
AUDITORY EVOKED POTENTIAL	92652	CPT	both			1110		412.82 UHC	Medicare		358.97				166.54		1054.5 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AUDITORY EVOKED POTENTIAL	92652	CPT	both			1110		412.82 Wellcare	Medicare		358.97				166.54		1054.5 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AUDITORY EVOKED POTENTIAL	92652	CPT	both			1110		412.82 Wellcare	Medicaid		350.21	31.55			166.54		1054.5 percent of total billed charges	
AUDITORY EVOKED POTENTIAL	92652	CPT	both			1110		412.82 WellPoint	WellPoint		357.2	32.18			166.54		1054.5 percent of total billed charges	
AUDITORY EVOKED POT-NEURODIAG	92653	CPT	both			1023		412.82 Aetna	Commercial		571.48				122.96		971.85 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AUDITORY EVOKED POT-NEURODIAG	92653	CPT	both			1023		412.82 Aetna	Better Health		322.76	31.55			122.96		971.85 percent of total billed charges	
AUDITORY EVOKED POT-NEURODIAG	92653	CPT	both			1023		412.82 Aetna	Medicare		358.97				122.96		971.85 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AUDITORY EVOKED POT-NEURODIAG	92653	CPT	both			1023		412.82 Americare	Americare		767.25	75			122.96		971.85 percent of total billed charges	
AUDITORY EVOKED POT-NEURODIAG	92653	CPT	both			1023		412.82 Amerihealth	HMO/PPO		664.95	65			122.96		971.85 percent of total billed charges	
AUDITORY EVOKED POT-NEURODIAG	92653	CPT	both			1023		412.82 Amerihealth	Medicare		358.97				122.96		971.85 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AUDITORY EVOKED POT-NEURODIAG	92653	CPT	both			1023		412.82 Consumer	Consumer		971.85	95			122.96		971.85 percent of total billed charges	
AUDITORY EVOKED POT-NEURODIAG	92653	CPT	both			1023		412.82 Corrections	Corrections		818.4	80			122.96		971.85 percent of total billed charges	
AUDITORY EVOKED POT-NEURODIAG	92653	CPT	both			1023		412.82 First Health	First Health		716.1	70			122.96		971.85 percent of total billed charges	
AUDITORY EVOKED POT-NEURODIAG	92653	CPT	both			1023		412.82 First Trenton	First Trenton		920.7	90			122.96		971.85 percent of total billed charges	
AUDITORY EVOKED POT-NEURODIAG	92653	CPT	both			1023		412.82 Horizon	MGD		668.04				122.96		971.85 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AUDITORY EVOKED POT-NEURODIAG	92653	CPT	both			1023		412.82 Horizon	Medicare Blue		358.97				122.96		971.85 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AUDITORY EVOKED POT-NEURODIAG	92653	CPT	both			1023		412.82 Horizon	PPO		668.04				122.96		971.85 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AUDITORY EVOKED POT-NEURODIAG	92653	CPT	both			1023		412.82 Horizon	Indemnity		668.04				122.96		971.85 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AUDITORY EVOKED POT-NEURODIAG	92653	CPT	both			1023		412.82 Horizon	NJ Health		122.96				122.96		971.85 fee schedule	
AUDITORY EVOKED POT-NEURODIAG	92653	CPT	both			1023		412.82 Managed Care Inc	Managed Care Inc		920.7	90			122.96		971.85 percent of total billed charges	
AUDITORY EVOKED POT-NEURODIAG	92653	CPT	both			1023		412.82 Multiplan	Multiplan		818.4	80			122.96		971.85 percent of total billed charges	
AUDITORY EVOKED POT-NEURODIAG	92653	CPT	both			1023		412.82 Qualcare	Qualcare		767.25	75			122.96		971.85 percent of total billed charges	
AUDITORY EVOKED POT-NEURODIAG	92653	CPT	both			1023		412.82 Three Rivers	Three Rivers		971.85	95			122.96		971.85 percent of total billed charges	
AUDITORY EVOKED POT-NEURODIAG	92653	CPT	both			1023		412.82 UHC	Medicare		358.97				122.96		971.85 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AUDITORY EVOKED POT-NEURODIAG	92653	CPT	both			1023		412.82 UHC	Medicaid		322.76	31.55			122.96		971.85 percent of total billed charges	
AUDITORY EVOKED POT-NEURODIAG	92653	CPT	both			1023		412.82 Wellcare	Medicare		358.97				122.96		971.85 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AUDITORY EVOKED POT-NEURODIAG	92653	CPT	both			1023		412.82 Wellcare	Medicaid		322.76	31.55			122.96		971.85 percent of total billed charges	
AUDITORY EVOKED POT-NEURODIAG	92653	CPT	both			1023		412.82 WellPoint	WellPoint		329.2	32.18			122.96		971.85 percent of total billed charges	
PRQ CARDIAC ANIOPLAST 1 ART	92920	CPT	both			19512		7517.39 Aetna	Better Health		6156.04	31.55			447.23		18536.4 percent of total billed charges	
PRQ CARDIAC ANIOPLAST 1 ART	92920	CPT	both			19512		7517.39 Aetna	Commercial		10406.68				447.23		18536.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ CARDIAC ANIOPLAST 1 ART	92920	CPT	both			19512		7517.39 Aetna	Medicare		6536.86				447.23		18536.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ CARDIAC ANIOPLAST 1 ART	92920	CPT	both			19512		7517.39 Americare	Americare		14634	75			447.23		18536.4 percent of total billed charges	
PRQ CARDIAC ANIOPLAST 1 ART	92920	CPT	both			19512		7517.39 Amerihealth	HMO/PPO		12682.8	65			447.23		18536.4 percent of total billed charges	
PRQ CARDIAC ANIOPLAST 1 ART	92920	CPT	both			19512		7517.39 Amerihealth	Medicare		6536.86				447.23		18536.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ CARDIAC ANIOPLAST 1 ART	92920	CPT	both			19512		7517.39 Consumer	Consumer		18536.4	95			447.23		18536.4 percent of total billed charges	
PRQ CARDIAC ANIOPLAST 1 ART	92920	CPT	both			19512		7517.39 Corrections	Corrections		15609.6	80			447.23		18536.4 percent of total billed charges	
PRQ CARDIAC ANIOPLAST 1 ART	92920	CPT	both			19512		7517.39 First Health	First Health		13658.4	70			447.23		18536.4 percent of total billed charges	
PRQ CARDIAC ANIOPLAST 1 ART	92920	CPT	both			19512		7517.39 First Trenton	First Trenton		17560.8	90			447.23		18536.4 percent of total billed charges	
PRQ CARDIAC ANIOPLAST 1 ART	92920	CPT	both			19512		7517.39 Horizon	PPO		12165.1				447.23		18536.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ CARDIAC ANIOPLAST 1 ART	92920	CPT	both			19512		7517.39 Horizon	Medicare Blue		6536.86				447.23		18536.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ CARDIAC ANIOPLAST 1 ART	92920	CPT	both			19512		7517.39 Horizon	MGD		12165.1				447.23		18536.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ CARDIAC ANIOPLAST 1 ART	92920	CPT	both			19512		7517.39 Horizon	Indemnity		12165.1				447.23		18536.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ CARDIAC ANIOPLAST 1 ART	92920	CPT	both			19512		7517.39 Horizon	NJ Health		447.23				447.23		18536.4 fee schedule	
PRQ CARDIAC ANIOPLAST 1 ART	92920	CPT	both			19512		7517.39 Managed Care Inc	Managed Care Inc		17560.8	90			447.23		18536.4 percent of total billed charges	
PRQ CARDIAC ANIOPLAST 1 ART	92920	CPT	both			19512		7517.39 Multiplan	Multiplan		15609.6	80			447.23		18536.4 percent of total billed charges	
PRQ CARDIAC ANIOPLAST 1 ART	92920	CPT	both			19512		7517.39 Qualcare	Qualcare		14634	75			447.23		18536.4 percent of total billed charges	
PRQ CARDIAC ANIOPLAST 1 ART	92920	CPT	both			19512		7517.39 Three Rivers	Three Rivers		18536.4	95			447.23		18536.4 percent of total billed charges	
PRQ CARDIAC ANIOPLAST 1 ART	92920	CPT	both			19512		7517.39 UHC	Medicaid		6156.04	31.55			447.23		18536.4 percent of total billed charges	
PRQ CARDIAC ANIOPLAST 1 ART	92920	CPT	both			19512		7517.39 UHC	Medicare		6536.86				447.23		18536.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ CARDIAC ANIOPLAST 1 ART	92920	CPT	both			19512		7517.39 United	Commercial|PPO		4702				447.23		18536.4 case rate	
PRQ CARDIAC ANIOPLAST 1 ART	92920	CPT	both			19512		7517.39 United	Oxford		4702				447.23		18536.4 case rate	
PRQ CARDIAC ANIOPLAST 1 ART	92920	CPT	both			19512		7517.39 Wellcare	Medicare		6536.86				447.23		18536.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ CARDIAC ANIOPLAST 1 ART	92920	CPT	both			19512		7517.39 Wellcare	Medicaid		6156.04	31.55			447.23		18536.4 percent of total billed charges	
PRQ CARDIAC ANIOPLAST 1 ART	92920	CPT	both			19512		7517.39 WellPoint	WellPoint		6278.96	32.18			447.23		18536.4 percent of total billed charges	
PRQ CARDIAC ANGIO ADDL ART	92921	CPT	both			19512		Aetna	Better Health		6156.04	31.55			4702		18536.4 percent of total billed charges	
PRQ CARDIAC ANGIO ADDL ART	92921	CPT	both			19512		Aetna	Commercial		7414.56	38			4702		18536.4 percent of total billed charges	
PRQ CARDIAC ANGIO ADDL ART	92921	CPT	both			19512		Aetna	Medicare		6009.7	30.8			4702		18536.4 percent of total billed charges	
PRQ CARDIAC ANGIO ADDL ART	92921	CPT	both			19512		Americare	Americare		14634	75			4702		18536.4 percent of total billed charges	
PRQ CARDIAC ANGIO ADDL ART	92921	CPT	both			19512		Amerihealth	HMO/PPO		12682.8	65			4702		18536.4 percent of total billed charges	
PRQ CARDIAC ANGIO ADDL ART	92921	CPT	both			19512		Consumer	Consumer		18536.4	95			4702		18536.4 percent of total billed charges	
PRQ CARDIAC ANGIO ADDL ART	92921	CPT	both			19512		Corrections	Corrections		15609.6	80			4702		18536.4 percent of total billed charges	
PRQ CARDIAC ANGIO ADDL ART	92921	CPT	both			19512		First Health	First Health		13658.4	70			4702		18536.4 percent of total billed charges	
PRQ CARDIAC ANGIO ADDL ART	92921	CPT	both			19512		First Trenton	First Trenton		17560.8	90			4702		18536.4 percent of total billed charges	
PRQ CARDIAC ANGIO ADDL ART	92921	CPT	both			19512		Horizon	Indemnity		7469.19	38.28			4702		18536.4 percent of total billed charges	
PRQ CARDIAC ANGIO ADDL ART	92921	CPT	both			19512		Horizon	MGD		7469.19	38.28			4702		18536.4 percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
PRQ CARDIAC ANGIO ADDL ART	92921	CPT	both			19512		Horizon	Medicare Blue		5863.6	30			4702	18536.4	percent of total billed charges	
PRQ CARDIAC ANGIO ADDL ART	92921	CPT	both			19512		Horizon	PPO		7469.19	38.28			4702	18536.4	percent of total billed charges	
PRQ CARDIAC ANGIO ADDL ART	92921	CPT	both			19512		Managed Care Inc	Managed Care Inc		17560.8	90			4702	18536.4	percent of total billed charges	
PRQ CARDIAC ANGIO ADDL ART	92921	CPT	both			19512		Multiplan	Multiplan		15609.6	80			4702	18536.4	percent of total billed charges	
PRQ CARDIAC ANGIO ADDL ART	92921	CPT	both			19512		Qualcare	Qualcare		14634	75			4702	18536.4	percent of total billed charges	
PRQ CARDIAC ANGIO ADDL ART	92921	CPT	both			19512		Three Rivers	Three Rivers		18536.4	95			4702	18536.4	percent of total billed charges	
PRQ CARDIAC ANGIO ADDL ART	92921	CPT	both			19512		UHC	Medicaid		6156.04	31.55			4702	18536.4	percent of total billed charges	
PRQ CARDIAC ANGIO ADDL ART	92921	CPT	both			19512		United	Oxford		4702				4702	18536.4	case rate	
PRQ CARDIAC ANGIO ADDL ART	92921	CPT	both			19512		United	CommercialPPO		4702				4702	18536.4	case rate	
PRQ CARDIAC ANGIO ADDL ART	92921	CPT	both			19512		Wellcare	Medicaid		6156.04	31.55			4702	18536.4	percent of total billed charges	
PRQ CARDIAC ANGIO ADDL ART	92921	CPT	both			19512		WellPoint	WellPoint		6278.96	32.18			4702	18536.4	percent of total billed charges	
PRQ CARD ANGIO/ATHRECT 1 ART	92924	CPT	both			37198		14469 Aetna	Commercial		20030.13				531.75	35338.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ CARD ANGIO/ATHRECT 1 ART	92924	CPT	both			37198		14469 Aetna	Better Health		11735.97	31.55			531.75	35338.1	percent of total billed charges	
PRQ CARD ANGIO/ATHRECT 1 ART	92924	CPT	both			37198		14469 Aetna	Medicare		12581.74				531.75	35338.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ CARD ANGIO/ATHRECT 1 ART	92924	CPT	both			37198		14469 Americare	Americare		27898.5	75			531.75	35338.1	percent of total billed charges	
PRQ CARD ANGIO/ATHRECT 1 ART	92924	CPT	both			37198		14469 Amerihealth	HMO/PPO		24178.7	65			531.75	35338.1	percent of total billed charges	
PRQ CARD ANGIO/ATHRECT 1 ART	92924	CPT	both			37198		14469 Amerihealth	Medicare		12581.74				531.75	35338.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ CARD ANGIO/ATHRECT 1 ART	92924	CPT	both			37198		14469 Consumer	Consumer		35338.1	95			531.75	35338.1	percent of total billed charges	
PRQ CARD ANGIO/ATHRECT 1 ART	92924	CPT	both			37198		14469 Corrections	Corrections		29758.4	80			531.75	35338.1	percent of total billed charges	
PRQ CARD ANGIO/ATHRECT 1 ART	92924	CPT	both			37198		14469 First Health	First Health		26038.6	70			531.75	35338.1	percent of total billed charges	
PRQ CARD ANGIO/ATHRECT 1 ART	92924	CPT	both			37198		14469 First Trenton	First Trenton		33478.2	90			531.75	35338.1	percent of total billed charges	
PRQ CARD ANGIO/ATHRECT 1 ART	92924	CPT	both			37198		14469 Horizon	NJ Health		531.75				531.75	35338.1	fee schedule	
PRQ CARD ANGIO/ATHRECT 1 ART	92924	CPT	both			37198		14469 Horizon	Indemnity		23414.62				531.75	35338.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ CARD ANGIO/ATHRECT 1 ART	92924	CPT	both			37198		14469 Horizon	Medicare Blue		12581.74				531.75	35338.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ CARD ANGIO/ATHRECT 1 ART	92924	CPT	both			37198		14469 Horizon	MGD		23414.62				531.75	35338.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ CARD ANGIO/ATHRECT 1 ART	92924	CPT	both			37198		14469 Horizon	PPO		23414.62				531.75	35338.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ CARD ANGIO/ATHRECT 1 ART	92924	CPT	both			37198		14469 Managed Care Inc	Managed Care Inc		33478.2	90			531.75	35338.1	percent of total billed charges	
PRQ CARD ANGIO/ATHRECT 1 ART	92924	CPT	both			37198		14469 Multiplan	Multiplan		29758.4	80			531.75	35338.1	percent of total billed charges	
PRQ CARD ANGIO/ATHRECT 1 ART	92924	CPT	both			37198		14469 Qualcare	Qualcare		27898.5	75			531.75	35338.1	percent of total billed charges	
PRQ CARD ANGIO/ATHRECT 1 ART	92924	CPT	both			37198		14469 Three Rivers	Three Rivers		35338.1	95			531.75	35338.1	percent of total billed charges	
PRQ CARD ANGIO/ATHRECT 1 ART	92924	CPT	both			37198		14469 UHC	Medicaid		11735.97	31.55			531.75	35338.1	percent of total billed charges	
PRQ CARD ANGIO/ATHRECT 1 ART	92924	CPT	both			37198		14469 UHC	Medicare		12581.74				531.75	35338.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ CARD ANGIO/ATHRECT 1 ART	92924	CPT	both			37198		14469 United	CommercialPPO		5843				531.75	35338.1	case rate	
PRQ CARD ANGIO/ATHRECT 1 ART	92924	CPT	both			37198		14469 United	Oxford		5843				531.75	35338.1	case rate	
PRQ CARD ANGIO/ATHRECT 1 ART	92924	CPT	both			37198		14469 Wellcare	Medicaid		11735.97	31.55			531.75	35338.1	percent of total billed charges	
PRQ CARD ANGIO/ATHRECT 1 ART	92924	CPT	both			37198		14469 Wellcare	Medicare		12581.74				531.75	35338.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ CARD ANGIO/ATHRECT 1 ART	92924	CPT	both			37198		14469 WellPoint	WellPoint		11970.32	32.18			531.75	35338.1	percent of total billed charges	
PRQ CARD ANGIO/ATHRECT ADDL	92925	CPT	outpatient			37198		Aetna	Commercial		14135.24	38			5843	35338.1	percent of total billed charges	
PRQ CARD ANGIO/ATHRECT ADDL	92925	CPT	outpatient			37198		Aetna	Better Health		11735.97	31.55			5843	35338.1	percent of total billed charges	
PRQ CARD ANGIO/ATHRECT ADDL	92925	CPT	outpatient			37198		Aetna	Medicare		11456.98	30.8			5843	35338.1	percent of total billed charges	
PRQ CARD ANGIO/ATHRECT ADDL	92925	CPT	outpatient			37198		Americare	Americare		27898.5	75			5843	35338.1	percent of total billed charges	
PRQ CARD ANGIO/ATHRECT ADDL	92925	CPT	outpatient			37198		Amerihealth	HMO/PPO		24178.7	65			5843	35338.1	percent of total billed charges	
PRQ CARD ANGIO/ATHRECT ADDL	92925	CPT	outpatient			37198		Consumer	Consumer		35338.1	95			5843	35338.1	percent of total billed charges	
PRQ CARD ANGIO/ATHRECT ADDL	92925	CPT	outpatient			37198		Corrections	Corrections		29758.4	80			5843	35338.1	percent of total billed charges	
PRQ CARD ANGIO/ATHRECT ADDL	92925	CPT	outpatient			37198		First Health	First Health		26038.6	70			5843	35338.1	percent of total billed charges	
PRQ CARD ANGIO/ATHRECT ADDL	92925	CPT	outpatient			37198		First Trenton	First Trenton		33478.2	90			5843	35338.1	percent of total billed charges	
PRQ CARD ANGIO/ATHRECT ADDL	92925	CPT	outpatient			37198		Horizon	MGD		14239.39	38.28			5843	35338.1	percent of total billed charges	
PRQ CARD ANGIO/ATHRECT ADDL	92925	CPT	outpatient			37198		Horizon	Medicare Blue		11159.4	30			5843	35338.1	percent of total billed charges	
PRQ CARD ANGIO/ATHRECT ADDL	92925	CPT	outpatient			37198		Horizon	Indemnity		14239.39	38.28			5843	35338.1	percent of total billed charges	
PRQ CARD ANGIO/ATHRECT ADDL	92925	CPT	outpatient			37198		Horizon	PPO		14239.39	38.28			5843	35338.1	percent of total billed charges	
PRQ CARD ANGIO/ATHRECT ADDL	92925	CPT	outpatient			37198		Managed Care Inc	Managed Care Inc		33478.2	90			5843	35338.1	percent of total billed charges	
PRQ CARD ANGIO/ATHRECT ADDL	92925	CPT	outpatient			37198		Multiplan	Multiplan		29758.4	80			5843	35338.1	percent of total billed charges	
PRQ CARD ANGIO/ATHRECT ADDL	92925	CPT	outpatient			37198		Qualcare	Qualcare		27898.5	75			5843	35338.1	percent of total billed charges	
PRQ CARD ANGIO/ATHRECT ADDL	92925	CPT	outpatient			37198		Three Rivers	Three Rivers		35338.1	95			5843	35338.1	percent of total billed charges	
PRQ CARD ANGIO/ATHRECT ADDL	92925	CPT	outpatient			37198		UHC	Medicaid		11735.97	31.55			5843	35338.1	percent of total billed charges	
PRQ CARD ANGIO/ATHRECT ADDL	92925	CPT	outpatient			37198		United	CommercialPPO		5843				5843	35338.1	case rate	
PRQ CARD ANGIO/ATHRECT ADDL	92925	CPT	outpatient			37198		United	Oxford		5843				5843	35338.1	case rate	
PRQ CARD ANGIO/ATHRECT ADDL	92925	CPT	outpatient			37198		Wellcare	Medicaid		11735.97	31.55			5843	35338.1	percent of total billed charges	
PRQ CARD ANGIO/ATHRECT ADDL	92925	CPT	outpatient			37198		WellPoint	WellPoint		11970.32	32.18			5843	35338.1	percent of total billed charges	
PRQ CARD STEND W/ANGIO 1 VSL	92928	CPT	both			29632		14469 Aetna	Better Health		9348.9	31.55			496.74	28150.4	percent of total billed charges	
PRQ CARD STEND W/ANGIO 1 VSL	92928	CPT	both			29632		14469 Aetna	Commercial		20030.13				496.74	28150.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ CARD STEND W/ANGIO 1 VSL	92928	CPT	both			29632		14469 Aetna	Medicare		12581.74				496.74	28150.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ CARD STEND W/ANGIO 1 VSL	92928	CPT	both			29632		14469 Americare	Americare		22224	75			496.74	28150.4	percent of total billed charges	
PRQ CARD STEND W/ANGIO 1 VSL	92928	CPT	both			29632		14469 Amerihealth	HMO/PPO		19260.8	65			496.74	28150.4	percent of total billed charges	
PRQ CARD STEND W/ANGIO 1 VSL	92928	CPT	both			29632		14469 Amerihealth	Medicare		12581.74				496.74	28150.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ CARD STEND W/ANGIO 1 VSL	92928	CPT	both			29632		14469 Consumer	Consumer		28150.4	95			496.74	28150.4	percent of total billed charges	
PRQ CARD STEND W/ANGIO 1 VSL	92928	CPT	both			29632		14469 Corrections	Corrections		23705.6	80			496.74	28150.4	percent of total billed charges	
PRQ CARD STEND W/ANGIO 1 VSL	92928	CPT	both			29632		14469 First Health	First Health		20742.4	70			496.74	28150.4	percent of total billed charges	
PRQ CARD STEND W/ANGIO 1 VSL	92928	CPT	both			29632		14469 First Trenton	First Trenton		26668.8	90			496.74	28150.4	percent of total billed charges	
PRQ CARD STEND W/ANGIO 1 VSL	92928	CPT	both			29632		14469 Horizon	MGD		23414.62				496.74	28150.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ CARD STEND W/ANGIO 1 VSL	92928	CPT	both			29632		14469 Horizon	Indemnity		23414.62				496.74	28150.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ CARD STEND W/ANGIO 1 VSL	92928	CPT	both			29632		14469 Horizon	NJ Health		496.74				496.74	28150.4	fee schedule	
PRQ CARD STEND W/ANGIO 1 VSL	92928	CPT	both			29632		14469 Horizon	Medicare Blue		12581.74				496.74	28150.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ CARD STEND W/ANGIO 1 VSL	92928	CPT	both			29632		14469 Horizon	PPO		23414.62				496.74	28150.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ CARD STEND W/ANGIO 1 VSL	92928	CPT	both			29632		14469 Managed Care Inc	Managed Care Inc		26668.8	90			496.74	28150.4	percent of total billed charges	
PRQ CARD STEND W/ANGIO 1 VSL	92928	CPT	both			29632		14469 Multiplan	Multiplan		23705.6	80			496.74	28150.4	percent of total billed charges	
PRQ CARD STEND W/ANGIO 1 VSL	92928	CPT	both			29632		14469 Qualcare	Qualcare		22224	75			496.74	28150.4	percent of total billed charges	
PRQ CARD STEND W/ANGIO 1 VSL	92928	CPT	both			29632		14469 Three Rivers	Three Rivers		28150.4	95			496.74	28150.4	percent of total billed charges	
PRQ CARD STEND W/ANGIO 1 VSL	92928	CPT	both			29632		14469 UHC	Medicaid		9348.9	31.55			496.74	28150.4	percent of total billed charges	
PRQ CARD STEND W/ANGIO 1 VSL	92928	CPT	both			29632		14469 UHC	Medicare		12581.74				496.74	28150.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ CARD STEND W/ANGIO 1 VSL	92928	CPT	both			29632		14469 United	CommercialPPO		4702				496.74	28150.4	case rate	
PRQ CARD STEND W/ANGIO 1 VSL	92928	CPT	both			29632		14469 United	Oxford		4702				496.74	28150.4	case rate	
PRQ CARD STEND W/ANGIO 1 VSL	92928	CPT	both			29632		14469 Wellcare	Medicaid		9348.9	31.55			496.74	28150.4	percent of total billed charges	
PRQ CARD STEND W/ANGIO 1 VSL	92928	CPT	both			29632		14469 Wellcare	Medicare		12581.74				496.74	28150.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ CARD STEND W/ANGIO 1 VSL	92928	CPT	both			29632		14469 WellPoint	WellPoint		9535.58	32.18			496.74	28150.4	percent of total billed charges	
PRQ CARD STENT W/ANGIO ADDL	92929	CPT	inpatient			29632		Aetna	Better Health		9348.9	31.55			4702	28150.4	percent of total billed charges	
PRQ CARD STENT W/ANGIO ADDL	92929	CPT	inpatient			29632		Aetna	Medicare		9126.66	30.8			4702	28150.4	percent of total billed charges	
PRQ CARD STENT W/ANGIO ADDL	92929	CPT	inpatient			29632		Aetna	Commercial		11260.16	38			4702	28150.4	percent of total billed charges	
PRQ CARD STENT W/ANGIO ADDL	92929	CPT	inpatient			29632		Americare	Americare		22224	75			4702	28150.4	percent of total billed charges	
PRQ CARD STENT W/ANGIO ADDL	92929	CPT	inpatient			29632		Amerihealth	HMO/PPO		19260.8	65			4702	28150.4	percent of total billed charges	
PRQ CARD STENT W/ANGIO ADDL	92929	CPT	inpatient			29632		Consumer	Consumer		28150.4	95			4702	28150.4	percent of total billed charges	
PRQ CARD STENT W/ANGIO ADDL	92929	CPT	inpatient			29632		Corrections	Corrections		23705.6	80			4702	28150.4	percent of total billed charges	
PRQ CARD STENT W/ANGIO ADDL	92929	CPT	inpatient			29632		First Health	First Health		20742.4	70			4702	28150.4	percent of total billed charges	
PRQ CARD STENT W/ANGIO ADDL	92929	CPT	inpatient			29632		First Trenton	First Trenton		26668.8	90			4702	28150.4	percent of total billed charges	
PRQ CARD STENT W/ANGIO ADDL	92929	CPT	inpatient			29632		Horizon	Medicare Blue		8889.6	30			4702	28150.4	percent of total billed charges	
PRQ CARD STENT W/ANGIO ADDL	92929	CPT	inpatient			29632		Horizon	Indemnity		11343.13	38.28			4702	28150.4	percent of total billed charges	
PRQ CARD STENT W/ANGIO ADDL	92929	CPT	inpatient			29632		Horizon	MGD		11343.13	38.28			4702	28150.4	percent of total billed charges	
PRQ CARD STENT W/ANGIO ADDL	92929	CPT	inpatient			29632		Horizon	PPO		11343.13	38.28			4702	28150.4	percent of total billed charges	
PRQ CARD STENT W/ANGIO ADDL	92929	CPT	inpatient			29632		Managed Care Inc	Managed Care Inc		26668.8	90			4702	28150.4	percent of total billed charges	
PRQ CARD STENT W/ANGIO ADDL	92929	CPT	inpatient			29632		Multiplan	Multiplan		23705.6	80			4702	28150.4	percent of total billed charges	
PRQ CARD STENT W/ANGIO ADDL	92929	CPT	inpatient			29632		Qualcare	Qualcare		22224	75			4702	28150.4	percent of total billed charges	
PRQ CARD STENT W/ANGIO ADDL	92929	CPT	inpatient			29632		Three Rivers	Three Rivers		28150.4	95			4702	28150.4	percent of total billed charges	
PRQ CARD STENT W/ANGIO ADDL	92929	CPT	inpatient			29632		UHC	Medicaid		9348.9	31.55			4702	28150.4	percent of total billed charges	
PRQ CARD STENT W/ANGIO ADDL	92929	CPT	inpatient			29632		United	CommercialPPO		4702				4702	28150.4	case rate	
PRQ CARD STENT W/ANGIO ADDL	92929	CPT	inpatient			29632		United	Oxford		4702				4702	28150.4	case rate	
PRQ CARD STENT W/ANGIO ADDL	92929	CPT	inpatient			29632		Wellcare	Medicaid		9348.9	31.55			4702	28150.4	percent of total billed charges	
PRQ CARD STENT W/ANGIO ADDL	92929	CPT	inpatient			29632		WellPoint	WellPoint		9535.58	32.18			4702	28150.4	percent of total billed charges	
PRQ CARD STENT/ATH/ANGIO	92933	CPT	both			29632	23062.62	Aetna	Commercial		31926.68				555.46	37321.33	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ CARD STENT/ATH/ANGIO	92933	CPT	both			29632	23062.62	Aetna	Better Health		9348.9	31.55			555.46	37321.33	percent of total billed charges	
PRQ CARD STENT/ATH/ANGIO	92933	CPT	both			29632	23062.62	Aetna	Medicare		20054.45				555.46	37321.33	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ CARD STENT/ATH/ANGIO	92933	CPT	both			29632	23062.62	Americare	Americare		22224	75			555.46	37321.33	percent of total billed charges	
PRQ CARD STENT/ATH/ANGIO	92933	CPT	both			29632	23062.62	Amerihealth	HMO/PPO		19260.8	65			555.46	37321.33	percent of total billed charges	
PRQ CARD STENT/ATH/ANGIO	92933	CPT	both			29632	23062.62	Amerihealth	Medicare		20054.45				555.46	37321.33	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ CARD STENT/ATH/ANGIO	92933	CPT	both			29632	23062.62	Consumer	Consumer		28150.4	95			555.46	37321.33	percent of total billed charges	
PRQ CARD STENT/ATH/ANGIO	92933	CPT	both			29632	23062.62	Corrections	Corrections		23705.6	80			555.46	37321.33	percent of total billed charges	
PRQ CARD STENT/ATH/ANGIO	92933	CPT	both			29632	23062.62	First Health	First Health		20742.4	70			555.46	37321.33	percent of total billed charges	
PRQ CARD STENT/ATH/ANGIO	92933	CPT	both			29632	23062.62	First Trenton	First Trenton		26668.8	90			555.46	37321.33	percent of total billed charges	
PRQ CARD STENT/ATH/ANGIO	92933	CPT	both			29632	23062.62	Horizon	Indemnity		37321.33				555.46	37321.33	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ CARD STENT/ATH/ANGIO	92933	CPT	both			29632	23062.62	Horizon	MGD		37321.33				555.46	37321.33	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ CARD STENT/ATH/ANGIO	92933	CPT	both			29632	23062.62	Horizon	Medicare Blue		20054.45				555.46	37321.33	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ CARD STENT/ATH/ANGIO	92933	CPT	both			29632	23062.62	Horizon	NJ Health		555.46				555.46	37321.33	fee schedule	
PRQ CARD STENT/ATH/ANGIO	92933	CPT	both			29632	23062.62	Horizon	PPO		37321.33				555.46	37321.33	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ CARD STENT/ATH/ANGIO	92933	CPT	both			29632	23062.62	Managed Care Inc	Managed Care Inc		26668.8	90			555.46	37321.33	percent of total billed charges	
PRQ CARD STENT/ATH/ANGIO	92933	CPT	both			29632	23062.62	Multiplan	Multiplan		23705.6	80			555.46	37321.33	percent of total billed charges	
PRQ CARD STENT/ATH/ANGIO	92933	CPT	both			29632	23062.62	Qualcare	Qualcare		22224	75			555.46	37321.33	percent of total billed charges	
PRQ CARD STENT/ATH/ANGIO	92933	CPT	both			29632	23062.62	Three Rivers	Three Rivers		28150.4	95			555.46	37321.33	percent of total billed charges	
PRQ CARD STENT/ATH/ANGIO	92933	CPT	both			29632	23062.62	UHC	Medicare		20054.45				555.46	37321.33	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ CARD STENT/ATH/ANGIO	92933	CPT	both			29632	23062.62	UHC	Medicaid		9348.9	31.55			555.46	37321.33	percent of total billed charges	
PRQ CARD STENT/ATH/ANGIO	92933	CPT	both			29632	23062.62	United	CommercialPPO		4702				555.46	37321.33	case rate	
PRQ CARD STENT/ATH/ANGIO	92933	CPT	both			29632	23062.62	United	Oxford		4702				555.46	37321.33	case rate	
PRQ CARD STENT/ATH/ANGIO	92933	CPT	both			29632	23062.62	Wellcare	Medicare		20054.45				555.46	37321.33	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ CARD STENT/ATH/ANGIO	92933	CPT	both			29632	23062.62	Wellcare	Medicaid		9348.9	31.55			555.46	37321.33	percent of total billed charges	
PRQ CARD STENT/ATH/ANGIO	92933	CPT	both			29632	23062.62	WellPoint	WellPoint		9535.58	32.18			555.46	37321.33	percent of total billed charges	
PRQ CARD STENT/ATH/ANGIO	92934	CPT	inpatient			29632		Aetna	Commercial		11260.16	38			4702	28150.4	percent of total billed charges	
PRQ CARD STENT/ATH/ANGIO	92934	CPT	inpatient			29632		Aetna	Better Health		9348.9	31.55			4702	28150.4	percent of total billed charges	
PRQ CARD STENT/ATH/ANGIO	92934	CPT	inpatient			29632		Aetna	Medicare		9126.66	30.8			4702	28150.4	percent of total billed charges	
PRQ CARD STENT/ATH/ANGIO	92934	CPT	inpatient			29632		Americare	Americare		22224	75			4702	28150.4	percent of total billed charges	
PRQ CARD STENT/ATH/ANGIO	92934	CPT	inpatient			29632		Amerihealth	HMO/PPO		19260.8	65			4702	28150.4	percent of total billed charges	
PRQ CARD STENT/ATH/ANGIO	92934	CPT	inpatient			29632		Consumer	Consumer		28150.4	95			4702	28150.4	percent of total billed charges	
PRQ CARD STENT/ATH/ANGIO	92934	CPT	inpatient			29632		Corrections	Corrections		23705.6	80			4702	28150.4	percent of total billed charges	
PRQ CARD STENT/ATH/ANGIO	92934	CPT	inpatient			29632		First Health	First Health		20742.4	70			4702	28150.4	percent of total billed charges	
PRQ CARD STENT/ATH/ANGIO	92934	CPT	inpatient			29632		First Trenton	First Trenton		26668.8	90			4702	28150.4	percent of total billed charges	
PRQ CARD STENT/ATH/ANGIO	92934	CPT	inpatient			29632		Horizon	Indemnity		11343.13	38.28			4702	28150.4	percent of total billed charges	
PRQ CARD STENT/ATH/ANGIO	92934	CPT	inpatient			29632		Horizon	Medicare Blue		8889.6	30			4702	28150.4	percent of total billed charges	
PRQ CARD STENT/ATH/ANGIO	92934	CPT	inpatient			29632		Horizon	MGD		11343.13	38.28			4702	28150.4	percent of total billed charges	
PRQ CARD STENT/ATH/ANGIO	92934	CPT	inpatient			29632		Horizon	PPO		11343.13	38.28			4702	28150.4	percent of total billed charges	
PRQ CARD STENT/ATH/ANGIO	92934	CPT	inpatient			29632		Managed Care Inc	Managed Care Inc		26668.8	90			4702	28150.4	percent of total billed charges	
PRQ CARD STENT/ATH/ANGIO	92934	CPT	inpatient			29632		Multiplan	Multiplan		23705.6	80			4702	28150.4	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
PRQ CARD STENT/ATH/ANGIO	92934	CPT	inpatient			29632		Qualcare	Qualcare		22224				4702	28150.4	percent of total billed charges	
PRQ CARD STENT/ATH/ANGIO	92934	CPT	inpatient			29632		Three Rivers	Three Rivers		28150.4				4702	28150.4	percent of total billed charges	
PRQ CARD STENT/ATH/ANGIO	92934	CPT	inpatient			29632		UHC	Medicaid		9348.9			31.55	4702	28150.4	percent of total billed charges	
PRQ CARD STENT/ATH/ANGIO	92934	CPT	inpatient			29632		United	CommercialPPO		4702				4702	28150.4	case rate	
PRQ CARD STENT/ATH/ANGIO	92934	CPT	inpatient			29632		United	Oxford		4702				4702	28150.4	case rate	
PRQ CARD STENT/ATH/ANGIO	92934	CPT	inpatient			29632		Wellcare	Medicaid		9348.9			31.55	4702	28150.4	percent of total billed charges	
PRQ CARD STENT/ATH/ANGIO	92934	CPT	inpatient			29632		WellPoint	WellPoint		9535.58			32.18	4702	28150.4	percent of total billed charges	
PRQ REVASC BYP GRAFT 1 VSL	92937	CPT	outpatient			29632		14469 Aetna	Commercial		20030.13				496.15	28150.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ REVASC BYP GRAFT 1 VSL	92937	CPT	outpatient			29632		14469 Aetna	Medicare		12581.74				496.15	28150.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ REVASC BYP GRAFT 1 VSL	92937	CPT	outpatient			29632		14469 Aetna	Better Health		9348.9			31.55	496.15	28150.4	percent of total billed charges	
PRQ REVASC BYP GRAFT 1 VSL	92937	CPT	outpatient			29632		14469 Americare	Americare		22224			75	496.15	28150.4	percent of total billed charges	
PRQ REVASC BYP GRAFT 1 VSL	92937	CPT	outpatient			29632		14469 Amerihealth	Medicare		12581.74				496.15	28150.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ REVASC BYP GRAFT 1 VSL	92937	CPT	outpatient			29632		14469 Amerihealth	HMO/PPO		19260.8			65	496.15	28150.4	percent of total billed charges	
PRQ REVASC BYP GRAFT 1 VSL	92937	CPT	outpatient			29632		14469 Consumer	Consumer		28150.4			95	496.15	28150.4	percent of total billed charges	
PRQ REVASC BYP GRAFT 1 VSL	92937	CPT	outpatient			29632		14469 Corrections	Corrections		23705.6			80	496.15	28150.4	percent of total billed charges	
PRQ REVASC BYP GRAFT 1 VSL	92937	CPT	outpatient			29632		14469 First Health	First Health		20742.4			70	496.15	28150.4	percent of total billed charges	
PRQ REVASC BYP GRAFT 1 VSL	92937	CPT	outpatient			29632		14469 First Trenton	First Trenton		26668.8			90	496.15	28150.4	percent of total billed charges	
PRQ REVASC BYP GRAFT 1 VSL	92937	CPT	outpatient			29632		14469 Horizon	Medicare Blue		12581.74				496.15	28150.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ REVASC BYP GRAFT 1 VSL	92937	CPT	outpatient			29632		14469 Horizon	NJ Health		496.15				496.15	28150.4	fee schedule	
PRQ REVASC BYP GRAFT 1 VSL	92937	CPT	outpatient			29632		14469 Horizon	MGD		23414.62				496.15	28150.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ REVASC BYP GRAFT 1 VSL	92937	CPT	outpatient			29632		14469 Horizon	Indemnity		23414.62				496.15	28150.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ REVASC BYP GRAFT 1 VSL	92937	CPT	outpatient			29632		14469 Horizon	PPO		23414.62				496.15	28150.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ REVASC BYP GRAFT 1 VSL	92937	CPT	outpatient			29632		14469 Managed Care Inc	Managed Care Inc		26668.8			90	496.15	28150.4	percent of total billed charges	
PRQ REVASC BYP GRAFT 1 VSL	92937	CPT	outpatient			29632		14469 Multiplan	Multiplan		23705.6			80	496.15	28150.4	percent of total billed charges	
PRQ REVASC BYP GRAFT 1 VSL	92937	CPT	outpatient			29632		14469 Qualcare	Qualcare		22224			75	496.15	28150.4	percent of total billed charges	
PRQ REVASC BYP GRAFT 1 VSL	92937	CPT	outpatient			29632		14469 Three Rivers	Three Rivers		28150.4			95	496.15	28150.4	percent of total billed charges	
PRQ REVASC BYP GRAFT 1 VSL	92937	CPT	outpatient			29632		14469 UHC	Medicaid		9348.9			31.55	496.15	28150.4	percent of total billed charges	
PRQ REVASC BYP GRAFT 1 VSL	92937	CPT	outpatient			29632		14469 UHC	Medicare		12581.74				496.15	28150.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ REVASC BYP GRAFT 1 VSL	92937	CPT	outpatient			29632		14469 United	Oxford		4702				496.15	28150.4	case rate	
PRQ REVASC BYP GRAFT 1 VSL	92937	CPT	outpatient			29632		14469 United	CommercialPPO		4702				496.15	28150.4	case rate	
PRQ REVASC BYP GRAFT 1 VSL	92937	CPT	outpatient			29632		14469 Wellcare	Medicare		12581.74				496.15	28150.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ REVASC BYP GRAFT 1 VSL	92937	CPT	outpatient			29632		14469 Wellcare	Medicaid		9348.9			31.55	496.15	28150.4	percent of total billed charges	
PRQ REVASC BYP GRAFT 1 VSL	92937	CPT	outpatient			29632		14469 WellPoint	WellPoint		9535.58			32.18	496.15	28150.4	percent of total billed charges	
PRQ REVASC BYP GRAFT ADDL	92938	CPT	outpatient			29632		Aetna	Better Health		9348.9			31.55	4702	28150.4	percent of total billed charges	
PRQ REVASC BYP GRAFT ADDL	92938	CPT	outpatient			29632		Aetna	Commercial		11260.16			38	4702	28150.4	percent of total billed charges	
PRQ REVASC BYP GRAFT ADDL	92938	CPT	outpatient			29632		Aetna	Medicare		9126.66			30.8	4702	28150.4	percent of total billed charges	
PRQ REVASC BYP GRAFT ADDL	92938	CPT	outpatient			29632		Americare	Americare		22224			75	4702	28150.4	percent of total billed charges	
PRQ REVASC BYP GRAFT ADDL	92938	CPT	outpatient			29632		Amerihealth	HMO/PPO		19260.8			65	4702	28150.4	percent of total billed charges	
PRQ REVASC BYP GRAFT ADDL	92938	CPT	outpatient			29632		Consumer	Consumer		28150.4			95	4702	28150.4	percent of total billed charges	
PRQ REVASC BYP GRAFT ADDL	92938	CPT	outpatient			29632		Corrections	Corrections		23705.6			80	4702	28150.4	percent of total billed charges	
PRQ REVASC BYP GRAFT ADDL	92938	CPT	outpatient			29632		First Health	First Health		20742.4			70	4702	28150.4	percent of total billed charges	
PRQ REVASC BYP GRAFT ADDL	92938	CPT	outpatient			29632		First Trenton	First Trenton		26668.8			90	4702	28150.4	percent of total billed charges	
PRQ REVASC BYP GRAFT ADDL	92938	CPT	outpatient			29632		Horizon	Indemnity		11343.13			38.28	4702	28150.4	percent of total billed charges	
PRQ REVASC BYP GRAFT ADDL	92938	CPT	outpatient			29632		Horizon	MGD		11343.13			38.28	4702	28150.4	percent of total billed charges	
PRQ REVASC BYP GRAFT ADDL	92938	CPT	outpatient			29632		Horizon	Medicare Blue		8889.6			30	4702	28150.4	percent of total billed charges	
PRQ REVASC BYP GRAFT ADDL	92938	CPT	outpatient			29632		Horizon	PPO		11343.13			38.28	4702	28150.4	percent of total billed charges	
PRQ REVASC BYP GRAFT ADDL	92938	CPT	outpatient			29632		Managed Care Inc	Managed Care Inc		26668.8			90	4702	28150.4	percent of total billed charges	
PRQ REVASC BYP GRAFT ADDL	92938	CPT	outpatient			29632		Multiplan	Multiplan		23705.6			80	4702	28150.4	percent of total billed charges	
PRQ REVASC BYP GRAFT ADDL	92938	CPT	outpatient			29632		Qualcare	Qualcare		22224			75	4702	28150.4	percent of total billed charges	
PRQ REVASC BYP GRAFT ADDL	92938	CPT	outpatient			29632		Three Rivers	Three Rivers		28150.4			95	4702	28150.4	percent of total billed charges	
PRQ REVASC BYP GRAFT ADDL	92938	CPT	outpatient			29632		UHC	Medicaid		9348.9			31.55	4702	28150.4	percent of total billed charges	
PRQ REVASC BYP GRAFT ADDL	92938	CPT	outpatient			29632		United	CommercialPPO		4702				4702	28150.4	case rate	
PRQ REVASC BYP GRAFT ADDL	92938	CPT	outpatient			29632		United	Oxford		4702				4702	28150.4	case rate	
PRQ REVASC BYP GRAFT ADDL	92938	CPT	outpatient			29632		Wellcare	Medicaid		9348.9			31.55	4702	28150.4	percent of total billed charges	
PRQ REVASC BYP GRAFT ADDL	92938	CPT	outpatient			29632		WellPoint	WellPoint		9535.58			32.18	4702	28150.4	percent of total billed charges	
PRQ CARD REVASC MI 1 VSL	92941	CPT	both			29632		Aetna	Better Health		9348.9			31.55	951.5	28150.4	percent of total billed charges	
PRQ CARD REVASC MI 1 VSL	92941	CPT	both			29632		Aetna	Medicare		9126.66			30.8	951.5	28150.4	percent of total billed charges	
PRQ CARD REVASC MI 1 VSL	92941	CPT	both			29632		Aetna	Commercial		11260.16			38	951.5	28150.4	percent of total billed charges	
PRQ CARD REVASC MI 1 VSL	92941	CPT	both			29632		Americare	Americare		22224			75	951.5	28150.4	percent of total billed charges	
PRQ CARD REVASC MI 1 VSL	92941	CPT	both			29632		Amerihealth	HMO/PPO		19260.8			65	951.5	28150.4	percent of total billed charges	
PRQ CARD REVASC MI 1 VSL	92941	CPT	both			29632		Consumer	Consumer		28150.4			95	951.5	28150.4	percent of total billed charges	
PRQ CARD REVASC MI 1 VSL	92941	CPT	both			29632		Corrections	Corrections		23705.6			80	951.5	28150.4	percent of total billed charges	
PRQ CARD REVASC MI 1 VSL	92941	CPT	both			29632		First Health	First Health		20742.4			70	951.5	28150.4	percent of total billed charges	
PRQ CARD REVASC MI 1 VSL	92941	CPT	both			29632		First Trenton	First Trenton		26668.8			90	951.5	28150.4	percent of total billed charges	
PRQ CARD REVASC MI 1 VSL	92941	CPT	both			29632		Horizon	Indemnity		11343.13			38.28	951.5	28150.4	percent of total billed charges	
PRQ CARD REVASC MI 1 VSL	92941	CPT	both			29632		Horizon	MGD		11343.13			38.28	951.5	28150.4	percent of total billed charges	
PRQ CARD REVASC MI 1 VSL	92941	CPT	both			29632		Horizon	PPO		11343.13			38.28	951.5	28150.4	percent of total billed charges	
PRQ CARD REVASC MI 1 VSL	92941	CPT	both			29632		Horizon	Medicare Blue		8889.6			30	951.5	28150.4	percent of total billed charges	
PRQ CARD REVASC MI 1 VSL	92941	CPT	both			29632		Horizon	NJ Health		951.5				951.5	28150.4	fee schedule	
PRQ CARD REVASC MI 1 VSL	92941	CPT	both			29632		Managed Care Inc	Managed Care Inc		26668.8			90	951.5	28150.4	percent of total billed charges	
PRQ CARD REVASC MI 1 VSL	92941	CPT	both			29632		Multiplan	Multiplan		23705.6			80	951.5	28150.4	percent of total billed charges	
PRQ CARD REVASC MI 1 VSL	92941	CPT	both			29632		Qualcare	Qualcare		22224			75	951.5	28150.4	percent of total billed charges	
PRQ CARD REVASC MI 1 VSL	92941	CPT	both			29632		Three Rivers	Three Rivers		28150.4			95	951.5	28150.4	percent of total billed charges	
PRQ CARD REVASC MI 1 VSL	92941	CPT	both			29632		UHC	Medicaid		9348.9			31.55	951.5	28150.4	percent of total billed charges	
PRQ CARD REVASC MI 1 VSL	92941	CPT	both			29632		United	CommercialPPO		4702				951.5	28150.4	case rate	
PRQ CARD REVASC MI 1 VSL	92941	CPT	both			29632		United	Oxford		4702				951.5	28150.4	case rate	
PRQ CARD REVASC MI 1 VSL	92941	CPT	both			29632		Wellcare	Medicaid		9348.9			31.55	951.5	28150.4	percent of total billed charges	
PRQ CARD REVASC MI 1 VSL	92941	CPT	both			29632		WellPoint	WellPoint		9535.58			32.18	951.5	28150.4	percent of total billed charges	
PRQ CARD REVASC CHRONIC 1VSL	92943	CPT	inpatient			29632		14469 Aetna	Better Health		9348.9			31.55	556.58	28150.4	percent of total billed charges	
PRQ CARD REVASC CHRONIC 1VSL	92943	CPT	inpatient			29632		14469 Aetna	Commercial		20030.13				556.58	28150.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ CARD REVASC CHRONIC 1VSL	92943	CPT	inpatient			29632		14469 Aetna	Medicare		12581.74				556.58	28150.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ CARD REVASC CHRONIC 1VSL	92943	CPT	inpatient			29632		14469 Americare	Americare		22224			75	556.58	28150.4	percent of total billed charges	
PRQ CARD REVASC CHRONIC 1VSL	92943	CPT	inpatient			29632		14469 Amerihealth	HMO/PPO		19260.8			65	556.58	28150.4	percent of total billed charges	
PRQ CARD REVASC CHRONIC 1VSL	92943	CPT	inpatient			29632		14469 Amerihealth	Medicare		12581.74				556.58	28150.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ CARD REVASC CHRONIC 1VSL	92943	CPT	inpatient			29632		14469 Consumer	Consumer		28150.4			95	556.58	28150.4	percent of total billed charges	
PRQ CARD REVASC CHRONIC 1VSL	92943	CPT	inpatient			29632		14469 Corrections	Corrections		23705.6			80	556.58	28150.4	percent of total billed charges	
PRQ CARD REVASC CHRONIC 1VSL	92943	CPT	inpatient			29632		14469 First Health	First Health		20742.4			70	556.58	28150.4	percent of total billed charges	
PRQ CARD REVASC CHRONIC 1VSL	92943	CPT	inpatient			29632		14469 First Trenton	First Trenton		26668.8			90	556.58	28150.4	percent of total billed charges	
PRQ CARD REVASC CHRONIC 1VSL	92943	CPT	inpatient			29632		14469 Horizon	MGD		23414.62				556.58	28150.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ CARD REVASC CHRONIC 1VSL	92943	CPT	inpatient			29632		14469 Horizon	Medicare Blue		12581.74				556.58	28150.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ CARD REVASC CHRONIC 1VSL	92943	CPT	inpatient			29632		14469 Horizon	NJ Health		556.58				556.58	28150.4	fee schedule	
PRQ CARD REVASC CHRONIC 1VSL	92943	CPT	inpatient			29632		14469 Horizon	Indemnity		23414.62				556.58	28150.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ CARD REVASC CHRONIC 1VSL	92943	CPT	inpatient			29632		14469 Horizon	PPO		23414.62				556.58	28150.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ CARD REVASC CHRONIC 1VSL	92943	CPT	inpatient			29632		14469 Managed Care Inc	Managed Care Inc		26668.8			90	556.58	28150.4	percent of total billed charges	
PRQ CARD REVASC CHRONIC 1VSL	92943	CPT	inpatient			29632		14469 Multiplan	Multiplan		23705.6			80	556.58	28150.4	percent of total billed charges	
PRQ CARD REVASC CHRONIC 1VSL	92943	CPT	inpatient			29632		14469 Qualcare	Qualcare		22224			75	556.58	28150.4	percent of total billed charges	
PRQ CARD REVASC CHRONIC 1VSL	92943	CPT	inpatient			29632		14469 Three Rivers	Three Rivers		28150.4			95	556.58	28150.4	percent of total billed charges	
PRQ CARD REVASC CHRONIC 1VSL	92943	CPT	inpatient			29632		14469 UHC	Medicaid		9348.9			31.55	556.58	28150.4	percent of total billed charges	
PRQ CARD REVASC CHRONIC 1VSL	92943	CPT	inpatient			29632		14469 UHC	Medicare		12581.74				556.58	28150.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ CARD REVASC CHRONIC 1VSL	92943	CPT	inpatient			29632		14469 United	Oxford		4702				556.58	28150.4	case rate	
PRQ CARD REVASC CHRONIC 1VSL	92943	CPT	inpatient			29632		14469 United	CommercialPPO		4702				556.58	28150.4	case rate	
PRQ CARD REVASC CHRONIC 1VSL	92943	CPT	inpatient			29632		14469 Wellcare	Medicaid		9348.9			31.55	556.58	28150.4	percent of total billed charges	
PRQ CARD REVASC CHRONIC 1VSL	92943	CPT	inpatient			29632		14469 Wellcare	Medicare		12581.74				556.58	28150.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ CARD REVASC CHRONIC 1VSL	92943	CPT	inpatient			29632		14469 WellPoint	WellPoint		9535.58			32.18	556.58	28150.4	percent of total billed charges	
PRQ CARD REVASC CHRONIC ADDL	92944	CPT	outpatient			29632		Aetna	Medicare		9126.66			30.8	4702	28150.4	percent of total billed charges	
PRQ CARD REVASC CHRONIC ADDL	92944	CPT	outpatient			29632		Aetna	Better Health		9348.9			31.55	4702	28150.4	percent of total billed charges	
PRQ CARD REVASC CHRONIC ADDL	92944	CPT	outpatient			29632		Aetna	Commercial		11260.16			38	4702	28150.4	percent of total billed charges	
PRQ CARD REVASC CHRONIC ADDL	92944	CPT	outpatient			29632		Americare	Americare		22224			75	4702	28150.4	percent of total billed charges	
PRQ CARD REVASC CHRONIC ADDL	92944	CPT	outpatient			29632		Amerihealth	HMO/PPO		19260.8			65	4702	28150.4	percent of total billed charges	
PRQ CARD REVASC CHRONIC ADDL	92944	CPT	outpatient			29632		Consumer	Consumer		28150.4			95	4702	28150.4	percent of total billed charges	
PRQ CARD REVASC CHRONIC ADDL	92944	CPT	outpatient			29632		Corrections	Corrections		23705.6			80	4702	28150.4	percent of total billed charges	
PRQ CARD REVASC CHRONIC ADDL	92944	CPT	outpatient			29632		First Health	First Health		20742.4			70	4702	28150.4	percent of total billed charges	
PRQ CARD REVASC CHRONIC ADDL	92944	CPT	outpatient			29632		First Trenton	First Trenton		26668.8			90	4702	28150.4	percent of total billed charges	
PRQ CARD REVASC CHRONIC ADDL	92944	CPT	outpatient			29632		Horizon	Indemnity		11343.13			38.28	4702	28150.4	percent of total billed charges	
PRQ CARD REVASC CHRONIC ADDL	92944	CPT	outpatient			29632		Horizon	PPO		11343.13			38.28	4702	28150.4	percent of total billed charges	
PRQ CARD REVASC CHRONIC ADDL	92944	CPT	outpatient			29632		Horizon	MGD		11343.13			38.28	4702	28150.4	percent of total billed charges	
PRQ CARD REVASC CHRONIC ADDL	92944	CPT	outpatient			29632		Horizon	Medicare Blue		8889.6			30	4702	28150.4	percent of total billed charges	
PRQ CARD REVASC CHRONIC ADDL	92944	CPT	outpatient			29632		Managed Care Inc	Managed Care Inc		26668.8			90	4702	28150.4	percent of total billed charges	
PRQ CARD REVASC CHRONIC ADDL	92944	CPT	outpatient			29632		Multiplan	Multiplan		23705.6			80	4702	28150.4	percent of total billed charges	
PRQ CARD REVASC CHRONIC ADDL	92944	CPT	outpatient			29632		Qualcare	Qualcare		22224			75	4702	28150.4	percent of total billed charges	
PRQ CARD REVASC CHRONIC ADDL	92944	CPT	outpatient			29632		Three Rivers	Three Rivers		28150.4			95	4702	28150.4	percent of total billed charges	
PRQ CARD REVASC CHRONIC ADDL	92944	CPT	outpatient			29632		UHC	Medicaid		9348.9			31.55	4702	28150.4	percent of total billed charges	
PRQ CARD REVASC CHRONIC ADDL	92944	CPT	outpatient			29632		United	Oxford		4702				4702	28150.4	case rate	
PRQ CARD REVASC CHRONIC ADDL	92944	CPT	outpatient			29632		United	CommercialPPO		4702				4702	28150.4	case rate	
PRQ CARD REVASC CHRONIC ADDL	92944	CPT	outpatient			29632		Wellcare	Medicaid		9348.9			31.55	4702	28150.4	percent of total billed charges	
PRQ CARD REVASC CHRONIC ADDL	92944	CPT	outpatient			29632		WellPoint	WellPoint		9535.58			32.18	4702	28150.4	percent of total billed charges	
PACEMKR/TRAUMA CALL 6 MIN INCREMENTS	92950	CPT	both			2905		412.82 Aetna	Better Health		916.53			31.55	135.2	2759.75	other	
PACEMKR/TRAUMA CALL 6 MIN INCREMENTS	92950	CPT	both			2905		412.82 Aetna	Commercial		571.48				135.2	2759.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PACEMKR/TRAUMA CALL 6 MIN INCREMENTS	92950	CPT	both			2905		412.82 Aetna	Medicare		358.97				135.2	2759.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PACEMKR/TRAUMA CALL 6 MIN INCREMENTS	92950	CPT	both			2905		412.82 Americare	Americare		2178.75			75	135.2	2759.75	percent of total billed charges	
PACEMKR/TRAUMA CALL 6 MIN INCREMENTS	92950	CPT	both			2905		412.82 Amerihealth	HMO/PPO		1886.25			65	135.2	2759.75	percent of total billed charges	
PACEMKR/TRAUMA CALL 6 MIN INCREMENTS	92950	CPT	both			2905		412.82 Amerihealth	Medicare		358.97				135.2	2759.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PACEMKR/TRAUMA CALL 6 MIN INCREMENTS	92950	CPT	both			2905		412.82 Consumer	Consumer		2759.75			95	135.2	2759.75	percent of total billed charges	
PACEMKR/TRAUMA CALL 6 MIN INCREMENTS	92950	CPT	both			2905		412.82 Corrections	Corrections		2324			80	135.2	2759.75	percent of total billed charges	
PACEMKR/TRAUMA CALL 6 MIN INCREMENTS	92950	CPT	both			2905		412.82 First Health	First Health		2033.5			70	135.2	2759.75	percent of total billed charges	
PACEMKR/TRAUMA CALL 6 MIN INCREMENTS	92950	CPT	both			2905		412.82 First Trenton	First Trenton		2614.5			90	135.2	2759.75	percent of total billed charges	
PACEMKR/TRAUMA CALL 6 MIN INCREMENTS	92950	CPT	both			2905		412.82 Horizon	MGD		668.04				135.2	2759.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PACEMKR/TRAUMA CALL 6 MIN INCREMENTS	92950	CPT	both			2905		412.82 Horizon	Indemnity		668.04				135.2	2759.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PACEMKR/TRAUMA CALL 6 MIN INCREMENTS	92950	CPT	both			2905		412.82 Horizon	NJ Health		135.2				135.2	2759.75	fee schedule	
PACEMKR/TRAUMA CALL 6 MIN INCREMENTS	92950	CPT	both			2905		412.82 Horizon	PPO		668.04				135.2	2759.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PACEMKR/TRAUMA CALL 6 MIN INCREMENTS	92950	CPT	both			2905		412.82 Horizon	Medicare Blue		358.97				135.2	2759.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PACEMKR/TRAUMA CALL 6 MIN INCREMENTS	92950	CPT	both			2905		412.82 Managed Care Inc	Managed Care Inc		2614.5			90	135.2	2759.75	percent of total billed charges	
PACEMKR/TRAUMA CALL 6 MIN INCREMENTS	92950	CPT	both			2905		412.82 Multiplan	Multiplan		2324			80	135.2	2759.75	percent of total billed charges	
PACEMKR/TRAUMA CALL 6 MIN INCREMENTS	92950	CPT	both			2905		412.82 Qualcare	Qualcare		2178.75			75	135.2	2759.75	percent of total billed charges	
PACEMKR/TRAUMA CALL 6 MIN INCREMENTS	92950	CPT	both			2905		412.82 Three Rivers	Three Rivers		2759.75			95	135.2	2759.75	percent of total billed charges	
PACEMKR/TRAUMA CALL 6 MIN INCREMENTS	92950	CPT	both			2905		412.82 UHC	Medicaid		916.53			31.55	135.2	2759.75	percent of total billed charges	
PACEMKR/TRAUMA CALL 6 MIN INCREMENTS	92950	CPT	both			2905		412.82 UHC	Medicare		358.97				135.2	2759.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PACEMKR/TRAUMA CALL 6 MIN INCREMENTS	92950	CPT	both			2905		412.82 United	CommercialPPO		1782				135.2	2759.75	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101139	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
PACEMKR/TRAUMA CALL 6 MIN INCREMENTS	92960	CPT	both			2905	412.82	United	Oxford		1782				135.2	2759.75	case rate	
PACEMKR/TRAUMA CALL 6 MIN INCREMENTS	92960	CPT	both			2905	412.82	Wellcare	Medicaid		916.53	31.55			135.2	2759.75	percent of total billed charges	
PACEMKR/TRAUMA CALL 6 MIN INCREMENTS	92960	CPT	both			2905	412.82	Wellcare	Medicare		358.97				135.2	2759.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PACEMKR/TRAUMA CALL 6 MIN INCREMENTS	92960	CPT	both			2905	412.82	WellPoint	WellPoint		934.83	32.18			135.2	2759.75	percent of total billed charges	
TEMPORARAY PERCUTANEOUS PACING	92953	CPT	outpatient			2082	855.98	Aetna	Commercial		1184.97				49.59	1977.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TEMPORARAY PERCUTANEOUS PACING	92953	CPT	outpatient			2082	855.98	Aetna	Better Health		656.87	31.55			49.59	1977.9	percent of total billed charges	
TEMPORARAY PERCUTANEOUS PACING	92953	CPT	outpatient			2082	855.98	Aetna	Medicare		641.26	30.8			49.59	1977.9	percent of total billed charges	
TEMPORARAY PERCUTANEOUS PACING	92953	CPT	outpatient			2082	855.98	Americare	Americare		1561.5	75			49.59	1977.9	percent of total billed charges	
TEMPORARAY PERCUTANEOUS PACING	92953	CPT	outpatient			2082	855.98	Amerihealth	HMO/PPO		1353.3	65			49.59	1977.9	percent of total billed charges	
TEMPORARAY PERCUTANEOUS PACING	92953	CPT	outpatient			2082	855.98	Amerihealth	Medicare		744.33				49.59	1977.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TEMPORARAY PERCUTANEOUS PACING	92953	CPT	outpatient			2082	855.98	Consumer	Consumer		1977.9	95			49.59	1977.9	percent of total billed charges	
TEMPORARAY PERCUTANEOUS PACING	92953	CPT	outpatient			2082	855.98	Corrections	Corrections		1665.6	80			49.59	1977.9	percent of total billed charges	
TEMPORARAY PERCUTANEOUS PACING	92953	CPT	outpatient			2082	855.98	First Health	First Health		1457.4	70			49.59	1977.9	percent of total billed charges	
TEMPORARAY PERCUTANEOUS PACING	92953	CPT	outpatient			2082	855.98	First Trenton	First Trenton		1873.8	90			49.59	1977.9	percent of total billed charges	
TEMPORARAY PERCUTANEOUS PACING	92953	CPT	outpatient			2082	855.98	Horizon	Indemnity		1385.2				49.59	1977.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TEMPORARAY PERCUTANEOUS PACING	92953	CPT	outpatient			2082	855.98	Horizon	MGD		1385.2				49.59	1977.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TEMPORARAY PERCUTANEOUS PACING	92953	CPT	outpatient			2082	855.98	Horizon	Medicare Blue		744.33				49.59	1977.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TEMPORARAY PERCUTANEOUS PACING	92953	CPT	outpatient			2082	855.98	Horizon	NJ Health		49.59				49.59	1977.9	fee schedule	
TEMPORARAY PERCUTANEOUS PACING	92953	CPT	outpatient			2082	855.98	Horizon	PPO		1385.2				49.59	1977.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TEMPORARAY PERCUTANEOUS PACING	92953	CPT	outpatient			2082	855.98	Managed Care Inc	Managed Care Inc		1873.8	90			49.59	1977.9	percent of total billed charges	
TEMPORARAY PERCUTANEOUS PACING	92953	CPT	outpatient			2082	855.98	Multiplan	Multiplan		1665.6	80			49.59	1977.9	percent of total billed charges	
TEMPORARAY PERCUTANEOUS PACING	92953	CPT	outpatient			2082	855.98	Qualcare	Qualcare		1561.5	75			49.59	1977.9	percent of total billed charges	
TEMPORARAY PERCUTANEOUS PACING	92953	CPT	outpatient			2082	855.98	Three Rivers	Three Rivers		1977.9	95			49.59	1977.9	percent of total billed charges	
TEMPORARAY PERCUTANEOUS PACING	92953	CPT	outpatient			2082	855.98	UHC	Medicaid		656.87	31.55			49.59	1977.9	percent of total billed charges	
TEMPORARAY PERCUTANEOUS PACING	92953	CPT	outpatient			2082	855.98	UHC	Medicare		744.33				49.59	1977.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TEMPORARAY PERCUTANEOUS PACING	92953	CPT	outpatient			2082	855.98	United	Oxford		1817				49.59	1977.9	case rate	
TEMPORARAY PERCUTANEOUS PACING	92953	CPT	outpatient			2082	855.98	United	CommercialPPO		1817				49.59	1977.9	case rate	
TEMPORARAY PERCUTANEOUS PACING	92953	CPT	outpatient			2082	855.98	Wellcare	Medicare		744.33				49.59	1977.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TEMPORARAY PERCUTANEOUS PACING	92953	CPT	outpatient			2082	855.98	Wellcare	Medicaid		656.87	31.55			49.59	1977.9	percent of total billed charges	
TEMPORARAY PERCUTANEOUS PACING	92953	CPT	outpatient			2082	855.98	WellPoint	WellPoint		669.99	32.18			49.59	1977.9	percent of total billed charges	
HEART ELECTROCONVERSION	92960	CPT	both			2353	855.98	Aetna	Commercial		1184.97				359.67	2235.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HEART ELECTROCONVERSION	92960	CPT	both			2353	855.98	Aetna	Better Health		742.37	31.55			359.67	2235.35	percent of total billed charges	
HEART ELECTROCONVERSION	92960	CPT	both			2353	855.98	Aetna	Medicare		744.33				359.67	2235.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HEART ELECTROCONVERSION	92960	CPT	both			2353	855.98	Americare	Americare		1764.75	75			359.67	2235.35	percent of total billed charges	
HEART ELECTROCONVERSION	92960	CPT	both			2353	855.98	Amerihealth	HMO/PPO		1529.45	65			359.67	2235.35	percent of total billed charges	
HEART ELECTROCONVERSION	92960	CPT	both			2353	855.98	Amerihealth	Medicare		744.33				359.67	2235.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HEART ELECTROCONVERSION	92960	CPT	both			2353	855.98	Consumer	Consumer		2235.35	95			359.67	2235.35	percent of total billed charges	
HEART ELECTROCONVERSION	92960	CPT	both			2353	855.98	Corrections	Corrections		1882.4	80			359.67	2235.35	percent of total billed charges	
HEART ELECTROCONVERSION	92960	CPT	both			2353	855.98	First Health	First Health		1647.1	70			359.67	2235.35	percent of total billed charges	
HEART ELECTROCONVERSION	92960	CPT	both			2353	855.98	First Trenton	First Trenton		2117.7	90			359.67	2235.35	percent of total billed charges	
HEART ELECTROCONVERSION	92960	CPT	both			2353	855.98	Horizon	Indemnity		1385.2				359.67	2235.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HEART ELECTROCONVERSION	92960	CPT	both			2353	855.98	Horizon	PPO		1385.2				359.67	2235.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HEART ELECTROCONVERSION	92960	CPT	both			2353	855.98	Horizon	Medicare Blue		744.33				359.67	2235.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HEART ELECTROCONVERSION	92960	CPT	both			2353	855.98	Horizon	MGD		1385.2				359.67	2235.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HEART ELECTROCONVERSION	92960	CPT	both			2353	855.98	Horizon	NJ Health		1351.98				359.67	2235.35	fee schedule	
HEART ELECTROCONVERSION	92960	CPT	both			2353	855.98	Managed Care Inc	Managed Care Inc		2117.7	90			359.67	2235.35	percent of total billed charges	
HEART ELECTROCONVERSION	92960	CPT	both			2353	855.98	Multiplan	Multiplan		1882.4	80			359.67	2235.35	percent of total billed charges	
HEART ELECTROCONVERSION	92960	CPT	both			2353	855.98	Qualcare	Qualcare		1764.75	75			359.67	2235.35	percent of total billed charges	
HEART ELECTROCONVERSION	92960	CPT	both			2353	855.98	Three Rivers	Three Rivers		2235.35	95			359.67	2235.35	percent of total billed charges	
HEART ELECTROCONVERSION	92960	CPT	both			2353	855.98	UHC	Medicare		744.33				359.67	2235.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HEART ELECTROCONVERSION	92960	CPT	both			2353	855.98	UHC	Medicaid		742.37	31.55			359.67	2235.35	percent of total billed charges	
HEART ELECTROCONVERSION	92960	CPT	both			2353	855.98	United	Oxford		1817				359.67	2235.35	case rate	
HEART ELECTROCONVERSION	92960	CPT	both			2353	855.98	United	CommercialPPO		1817				359.67	2235.35	case rate	
HEART ELECTROCONVERSION	92960	CPT	both			2353	855.98	Wellcare	Medicaid		742.37	31.55			359.67	2235.35	percent of total billed charges	
HEART ELECTROCONVERSION	92960	CPT	both			2353	855.98	Wellcare	Medicare		744.33				359.67	2235.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HEART ELECTROCONVERSION	92960	CPT	both			2353	855.98	WellPoint	WellPoint		757.2	32.18			359.67	2235.35	percent of total billed charges	
CARDIOVERSION ELECTIVE; INT	92961	CPT	outpatient			1741	855.98	Aetna	Medicare		536.23	30.8			298.64	1817	percent of total billed charges	
CARDIOVERSION ELECTIVE; INT	92961	CPT	outpatient			1741	855.98	Aetna	Commercial		1184.97				298.64	1817	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARDIOVERSION ELECTIVE; INT	92961	CPT	outpatient			1741	855.98	Aetna	Better Health		549.29	31.55			298.64	1817	percent of total billed charges	
CARDIOVERSION ELECTIVE; INT	92961	CPT	outpatient			1741	855.98	Americare	Americare		1305.75	75			298.64	1817	percent of total billed charges	
CARDIOVERSION ELECTIVE; INT	92961	CPT	outpatient			1741	855.98	Amerihealth	HMO/PPO		1131.65	65			298.64	1817	percent of total billed charges	
CARDIOVERSION ELECTIVE; INT	92961	CPT	outpatient			1741	855.98	Amerihealth	Medicare		744.33				298.64	1817	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARDIOVERSION ELECTIVE; INT	92961	CPT	outpatient			1741	855.98	Consumer	Consumer		1653.95	95			298.64	1817	percent of total billed charges	
CARDIOVERSION ELECTIVE; INT	92961	CPT	outpatient			1741	855.98	Corrections	Corrections		1392.8	80			298.64	1817	percent of total billed charges	
CARDIOVERSION ELECTIVE; INT	92961	CPT	outpatient			1741	855.98	First Health	First Health		1218.7	70			298.64	1817	percent of total billed charges	
CARDIOVERSION ELECTIVE; INT	92961	CPT	outpatient			1741	855.98	First Trenton	First Trenton		1566.9	90			298.64	1817	percent of total billed charges	
CARDIOVERSION ELECTIVE; INT	92961	CPT	outpatient			1741	855.98	Horizon	Indemnity		1385.2				298.64	1817	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARDIOVERSION ELECTIVE; INT	92961	CPT	outpatient			1741	855.98	Horizon	NJ Health		298.64				298.64	1817	fee schedule	
CARDIOVERSION ELECTIVE; INT	92961	CPT	outpatient			1741	855.98	Horizon	Medicare Blue		744.33				298.64	1817	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARDIOVERSION ELECTIVE; INT	92961	CPT	outpatient			1741	855.98	Horizon	MGD		1385.2				298.64	1817	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARDIOVERSION ELECTIVE; INT	92961	CPT	outpatient			1741	855.98	Horizon	PPO		1385.2				298.64	1817	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARDIOVERSION ELECTIVE; INT	92961	CPT	outpatient			1741	855.98	Managed Care Inc	Managed Care Inc		1566.9	90			298.64	1817	percent of total billed charges	
CARDIOVERSION ELECTIVE; INT	92961	CPT	outpatient			1741	855.98	Multiplan	Multiplan		1392.8	80			298.64	1817	percent of total billed charges	
CARDIOVERSION ELECTIVE; INT	92961	CPT	outpatient			1741	855.98	Qualcare	Qualcare		1305.75	75			298.64	1817	percent of total billed charges	
CARDIOVERSION ELECTIVE; INT	92961	CPT	outpatient			1741	855.98	Three Rivers	Three Rivers		1653.95	95			298.64	1817	percent of total billed charges	
CARDIOVERSION ELECTIVE; INT	92961	CPT	outpatient			1741	855.98	UHC	Medicaid		549.29	31.55			298.64	1817	percent of total billed charges	
CARDIOVERSION ELECTIVE; INT	92961	CPT	outpatient			1741	855.98	UHC	Medicare		744.33				298.64	1817	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARDIOVERSION ELECTIVE; INT	92961	CPT	outpatient			1741	855.98	United	CommercialPPO		1817				298.64	1817	case rate	
CARDIOVERSION ELECTIVE; INT	92961	CPT	outpatient			1741	855.98	United	Oxford		1817				298.64	1817	case rate	
CARDIOVERSION ELECTIVE; INT	92961	CPT	outpatient			1741	855.98	Wellcare	Medicare		744.33				298.64	1817	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARDIOVERSION ELECTIVE; INT	92961	CPT	outpatient			1741	855.98	Wellcare	Medicaid		549.29	31.55			298.64	1817	percent of total billed charges	
CARDIOVERSION ELECTIVE; INT	92961	CPT	outpatient			1741	855.98	WellPoint	WellPoint		560.25	32.18			298.64	1817	percent of total billed charges	
CARDIACASSIST METHOD OF CIRCULATORY AS	92970	CPT	outpatient			17243		Aetna	Better Health		5440.17	31.55			255.78	16380.85	percent of total billed charges	
CARDIACASSIST METHOD OF CIRCULATORY AS	92970	CPT	outpatient			17243		Aetna	Commercial		6552.34	38			255.78	16380.85	percent of total billed charges	
CARDIACASSIST METHOD OF CIRCULATORY AS	92970	CPT	outpatient			17243		Aetna	Medicare		5310.84	30.8			255.78	16380.85	percent of total billed charges	
CARDIACASSIST METHOD OF CIRCULATORY AS	92970	CPT	outpatient			17243		Americare	Americare		12932.25	75			255.78	16380.85	percent of total billed charges	
CARDIACASSIST METHOD OF CIRCULATORY AS	92970	CPT	outpatient			17243		Amerihealth	HMO/PPO		11207.95	65			255.78	16380.85	percent of total billed charges	
CARDIACASSIST METHOD OF CIRCULATORY AS	92970	CPT	outpatient			17243		Consumer	Consumer		16380.85	95			255.78	16380.85	percent of total billed charges	
CARDIACASSIST METHOD OF CIRCULATORY AS	92970	CPT	outpatient			17243		Corrections	Corrections		13794.4	80			255.78	16380.85	percent of total billed charges	
CARDIACASSIST METHOD OF CIRCULATORY AS	92970	CPT	outpatient			17243		First Health	First Health		12070.1	70			255.78	16380.85	percent of total billed charges	
CARDIACASSIST METHOD OF CIRCULATORY AS	92970	CPT	outpatient			17243		First Trenton	First Trenton		15518.7	90			255.78	16380.85	percent of total billed charges	
CARDIACASSIST METHOD OF CIRCULATORY AS	92970	CPT	outpatient			17243		Horizon	Medicare Blue		5172.9	30			255.78	16380.85	percent of total billed charges	
CARDIACASSIST METHOD OF CIRCULATORY AS	92970	CPT	outpatient			17243		Horizon	Indemnity		6600.62	38.28			255.78	16380.85	percent of total billed charges	
CARDIACASSIST METHOD OF CIRCULATORY AS	92970	CPT	outpatient			17243		Horizon	MGD		6600.62	38.28			255.78	16380.85	percent of total billed charges	
CARDIACASSIST METHOD OF CIRCULATORY AS	92970	CPT	outpatient			17243		Horizon	PPO		6600.62	38.28			255.78	16380.85	percent of total billed charges	
CARDIACASSIST METHOD OF CIRCULATORY AS	92970	CPT	outpatient			17243		Horizon	NJ Health		255.78				255.78	16380.85	fee schedule	
CARDIACASSIST METHOD OF CIRCULATORY AS	92970	CPT	outpatient			17243		Managed Care Inc	Managed Care Inc		15518.7	90			255.78	16380.85	percent of total billed charges	
CARDIACASSIST METHOD OF CIRCULATORY AS	92970	CPT	outpatient			17243		Multiplan	Multiplan		13794.4	80			255.78	16380.85	percent of total billed charges	
CARDIACASSIST METHOD OF CIRCULATORY AS	92970	CPT	outpatient			17243		Qualcare	Qualcare		12932.25	75			255.78	16380.85	percent of total billed charges	
CARDIACASSIST METHOD OF CIRCULATORY AS	92970	CPT	outpatient			17243		Three Rivers	Three Rivers		16380.85	95			255.78	16380.85	percent of total billed charges	
CARDIACASSIST METHOD OF CIRCULATORY AS	92970	CPT	outpatient			17243		UHC	Medicaid		5440.17	31.55			255.78	16380.85	percent of total billed charges	
CARDIACASSIST METHOD OF CIRCULATORY AS	92970	CPT	outpatient			17243		United	Oxford		1782				255.78	16380.85	case rate	
CARDIACASSIST METHOD OF CIRCULATORY AS	92970	CPT	outpatient			17243		United	CommercialPPO		1782				255.78	16380.85	case rate	
CARDIACASSIST METHOD OF CIRCULATORY AS	92970	CPT	outpatient			17243		Wellcare	Medicaid		5440.17	31.55			255.78	16380.85	percent of total billed charges	
CARDIACASSIST METHOD OF CIRCULATORY AS	92970	CPT	outpatient			17243		WellPoint	WellPoint		5548.8	32.18			255.78	16380.85	percent of total billed charges	
PERC THROMBECTOMY ANGIO/JET	92973	CPT	inpatient			15296		Aetna	Commercial		5812.48	38			214.02	14531.2	percent of total billed charges	
PERC THROMBECTOMY ANGIO/JET	92973	CPT	inpatient			15296		Aetna	Medicare		4711.17	30.8			214.02	14531.2	percent of total billed charges	
PERC THROMBECTOMY ANGIO/JET	92973	CPT	inpatient			15296		Aetna	Better Health		4825.89	31.55			214.02	14531.2	percent of total billed charges	
PERC THROMBECTOMY ANGIO/JET	92973	CPT	inpatient			15296		Americare	Americare		11472	75			214.02	14531.2	percent of total billed charges	
PERC THROMBECTOMY ANGIO/JET	92973	CPT	inpatient			15296		Amerihealth	HMO/PPO		9942.4	65			214.02	14531.2	percent of total billed charges	
PERC THROMBECTOMY ANGIO/JET	92973	CPT	inpatient			15296		Consumer	Consumer		14531.2	95			214.02	14531.2	percent of total billed charges	
PERC THROMBECTOMY ANGIO/JET	92973	CPT	inpatient			15296		Corrections	Corrections		12236.8	80			214.02	14531.2	percent of total billed charges	
PERC THROMBECTOMY ANGIO/JET	92973	CPT	inpatient			15296		First Health	First Health		10707.2	70			214.02	14531.2	percent of total billed charges	
PERC THROMBECTOMY ANGIO/JET	92973	CPT	inpatient			15296		First Trenton	First Trenton		13766.4	90			214.02	14531.2	percent of total billed charges	
PERC THROMBECTOMY ANGIO/JET	92973	CPT	inpatient			15296		Horizon	MGD		5855.31	38.28			214.02	14531.2	percent of total billed charges	
PERC THROMBECTOMY ANGIO/JET	92973	CPT	inpatient			15296		Horizon	Indemnity		5855.31	38.28			214.02	14531.2	percent of total billed charges	
PERC THROMBECTOMY ANGIO/JET	92973	CPT	inpatient			15296		Horizon	NJ Health		214.02				214.02	14531.2	fee schedule	
PERC THROMBECTOMY ANGIO/JET	92973	CPT	inpatient			15296		Horizon	Medicare Blue		4588.8	30			214.02	14531.2	percent of total billed charges	
PERC THROMBECTOMY ANGIO/JET	92973	CPT	inpatient			15296		Horizon	PPO		5855.31	38.28			214.02	14531.2	percent of total billed charges	
PERC THROMBECTOMY ANGIO/JET	92973	CPT	inpatient			15296		Managed Care Inc	Managed Care Inc		13766.4	90			214.02	14531.2	percent of total billed charges	
PERC THROMBECTOMY ANGIO/JET	92973	CPT	inpatient			15296		Multiplan	Multiplan		12236.8	80			214.02	14531.2	percent of total billed charges	
PERC THROMBECTOMY ANGIO/JET	92973	CPT	inpatient			15296		Qualcare	Qualcare		11472	75			214.02	14531.2	percent of total billed charges	
PERC THROMBECTOMY ANGIO/JET	92973	CPT	inpatient			15296		Three Rivers	Three Rivers		14531.2	95			214.02	14531.2	percent of total billed charges	
PERC THROMBECTOMY ANGIO/JET	92973	CPT	inpatient			15296		UHC	Medicaid		4825.89	31.55			214.02	14531.2	percent of total billed charges	
PERC THROMBECTOMY ANGIO/JET	92973	CPT	inpatient			15296		United	CommercialPPO		1782				214.02	14531.2	case rate	
PERC THROMBECTOMY ANGIO/JET	92973	CPT	inpatient			15296		United	Oxford		1782				214.02	14531.2	case rate	
PERC THROMBECTOMY ANGIO/JET	92973	CPT	inpatient			15296		Wellcare	Medicaid		4825.89	31.55			214.02	14531.2	percent of total billed charges	
PERC THROMBECTOMY ANGIO/JET	92973	CPT	inpatient			15296		WellPoint	WellPoint		4922.25	32.18			214.02	14531.2	percent of total billed charges	
THROMBOLYSIS INTRACORONARY	92975	CPT	outpatient			5248		Aetna	Better Health		1655.74	31.55			475.02	4985.6	percent of total billed charges	
THROMBOLYSIS INTRACORONARY	92975	CPT	outpatient			5248		Aetna	Commercial		1994.24	38			475.02	4985.6	percent of total billed charges	
THROMBOLYSIS INTRACORONARY	92975	CPT	outpatient			5248		Aetna	Medicare		1616.38	30.8			475.02	4985.6	percent of total billed charges	
THROMBOLYSIS INTRACORONARY	92975	CPT	outpatient			5248		Americare	Americare		3936	75			475.02	4985.6	percent of total billed charges	
THROMBOLYSIS INTRACORONARY	92975	CPT	outpatient			5248		Amerihealth	HMO/PPO		3411.2	65			475.02	4985.6	percent of total billed charges	
THROMBOLYSIS INTRACORONARY	92975	CPT	outpatient			5248		Consumer	Consumer		4985.6	95			475.02	4985.6	percent of total billed charges	
THROMBOLYSIS INTRACORONARY	92975	CPT	outpatient			5248		Corrections	Corrections		4198.4	80			475.02	4985.6	percent of total billed charges	
THROMBOLYSIS INTRACORONARY	92975	CPT	outpatient			5248		First Health	First Health		3673.6	70			475.02	4985.6	percent of total billed charges	
THROMBOLYSIS INTRACORONARY	92975	CPT	outpatient			5248		First Trenton	First Trenton		4723.2	90			475.02	4985.6	percent of total billed charges	
THROMBOLYSIS INTRACORONARY	92975	CPT	outpatient			5248		Horizon	MGD		2008.93	38.28			475.02	4985.6	percent of total billed charges	
THROMBOLYSIS INTRACORONARY	92975	CPT	outpatient			5248		Horizon	Medicare Blue		1574.4	30			475.02	4985.6	percent of total billed charges	
THROMBOLYSIS INTRACORONARY	92975	CPT	outpatient			5248		Horizon	NJ Health		475.02				475.02	4985.6	fee schedule	
THROMBOLYSIS INTRACORONARY	92975	CPT	outpatient			5248		Horizon	PPO		2008.93	38.28			475.02	4985.6	percent of total billed charges	
THROMBOLYSIS INTRACORONARY	92975	CPT	outpatient			5248		Horizon	Indemnity		2008.93	38.28			475.02	4985.6	percent of total billed charges	
THROMBOLYSIS INTRACORONARY	92975	CPT	outpatient			5248		Managed Care Inc	Managed Care Inc		4723.2	90			475.02	4985.6	percent of total billed charges	
THROMBOLYSIS INTRACORONARY	92975	CPT	outpatient			5248		Multiplan	Multiplan		4198.4	80			475.02	4985.6	percent of total billed charges	
THROMBOLYSIS INTRACORONARY	92975	CPT	outpatient			5248		Qualcare	Qualcare		3936	75			475.02	4985.6	percent of total billed charges	
THROMBOLYSIS INTRACORONARY	92975	CPT	outpatient			5248		Three Rivers	Three Rivers		4985.6	95			475.02	4985.6	percent of total billed charges	
THROMBOLYSIS INTRACORONARY	92975	CPT	outpatient			5248		UHC	Medicaid		1655.74	31.55			475.02	4985.6	percent of total billed charges	
THROMBOLYSIS INTRACORONARY	92975	CPT	outpatient			5248		United	Oxford		1782				475.02	4985.6	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
THROMBOLYSIS INTRACORONARY	92975	CPT	outpatient			5248		United	CommercialPPO		1782				475.02		4985.6 case rate	
THROMBOLYSIS INTRACORONARY	92975	CPT	outpatient			5248		Wellcare	Medicaid		1655.74	31.55			475.02		4985.6 percent of total billed charges	
THROMBOLYSIS INTRACORONARY	92975	CPT	outpatient			5248		WellPoint	WellPoint		1688.81	32.18			475.02		4985.6 percent of total billed charges	
THROMBOLYSIS, CORON,IV INFUS	92977	CPT	outpatient			3392	445.43	Aetna	Medicare		387.33				164.43		3222.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THROMBOLYSIS, CORON,IV INFUS	92977	CPT	outpatient			3392	445.43	Aetna	Commercial		616.63				164.43		3222.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THROMBOLYSIS, CORON,IV INFUS	92977	CPT	outpatient			3392	445.43	Aetna	Better Health		1070.18	31.55			164.43		3222.4 percent of total billed charges	
THROMBOLYSIS, CORON,IV INFUS	92977	CPT	outpatient			3392	445.43	Americare	Americare		2544	75			164.43		3222.4 percent of total billed charges	
THROMBOLYSIS, CORON,IV INFUS	92977	CPT	outpatient			3392	445.43	Amerihealth	Medicare		387.33				164.43		3222.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THROMBOLYSIS, CORON,IV INFUS	92977	CPT	outpatient			3392	445.43	Amerihealth	HMO/PPO		2204.8	65			164.43		3222.4 percent of total billed charges	
THROMBOLYSIS, CORON,IV INFUS	92977	CPT	outpatient			3392	445.43	Consumer	Consumer		3222.4	95			164.43		3222.4 percent of total billed charges	
THROMBOLYSIS, CORON,IV INFUS	92977	CPT	outpatient			3392	445.43	Corrections	Corrections		2713.6	80			164.43		3222.4 percent of total billed charges	
THROMBOLYSIS, CORON,IV INFUS	92977	CPT	outpatient			3392	445.43	First Health	First Health		2374.4	70			164.43		3222.4 percent of total billed charges	
THROMBOLYSIS, CORON,IV INFUS	92977	CPT	outpatient			3392	445.43	First Trenton	First Trenton		3052.8	90			164.43		3222.4 percent of total billed charges	
THROMBOLYSIS, CORON,IV INFUS	92977	CPT	outpatient			3392	445.43	Horizon	Indemnity		720.82				164.43		3222.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THROMBOLYSIS, CORON,IV INFUS	92977	CPT	outpatient			3392	445.43	Horizon	MGD		720.82				164.43		3222.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THROMBOLYSIS, CORON,IV INFUS	92977	CPT	outpatient			3392	445.43	Horizon	PPO		720.82				164.43		3222.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THROMBOLYSIS, CORON,IV INFUS	92977	CPT	outpatient			3392	445.43	Horizon	Medicare Blue		387.33				164.43		3222.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THROMBOLYSIS, CORON,IV INFUS	92977	CPT	outpatient			3392	445.43	Horizon	NJ Health		164.43				164.43		3222.4 fee schedule	
THROMBOLYSIS, CORON,IV INFUS	92977	CPT	outpatient			3392	445.43	Managed Care Inc	Managed Care Inc		3052.8	90			164.43		3222.4 percent of total billed charges	
THROMBOLYSIS, CORON,IV INFUS	92977	CPT	outpatient			3392	445.43	Multiplan	Multiplan		2713.6	80			164.43		3222.4 percent of total billed charges	
THROMBOLYSIS, CORON,IV INFUS	92977	CPT	outpatient			3392	445.43	Qualcare	Qualcare		2544	75			164.43		3222.4 percent of total billed charges	
THROMBOLYSIS, CORON,IV INFUS	92977	CPT	outpatient			3392	445.43	Three Rivers	Three Rivers		3222.4	95			164.43		3222.4 percent of total billed charges	
THROMBOLYSIS, CORON,IV INFUS	92977	CPT	outpatient			3392	445.43	UHC	Medicare		387.33				164.43		3222.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THROMBOLYSIS, CORON,IV INFUS	92977	CPT	outpatient			3392	445.43	UHC	Medicaid		1070.18	31.55			164.43		3222.4 percent of total billed charges	
THROMBOLYSIS, CORON,IV INFUS	92977	CPT	outpatient			3392	445.43	United	Oxford		1782				164.43		3222.4 case rate	
THROMBOLYSIS, CORON,IV INFUS	92977	CPT	outpatient			3392	445.43	United	CommercialPPO		1782				164.43		3222.4 case rate	
THROMBOLYSIS, CORON,IV INFUS	92977	CPT	outpatient			3392	445.43	Wellcare	Medicare		387.33				164.43		3222.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THROMBOLYSIS, CORON,IV INFUS	92977	CPT	outpatient			3392	445.43	Wellcare	Medicaid		1070.18	31.55			164.43		3222.4 percent of total billed charges	
THROMBOLYSIS, CORON,IV INFUS	92977	CPT	outpatient			3392	445.43	WellPoint	WellPoint		1091.55	32.18			164.43		3222.4 percent of total billed charges	
IVUS	92978	CPT	both			2372		Aetna	Better Health		748.37	31.55			711.6		6031.71 percent of total billed charges	
IVUS	92978	CPT	both			2372		Aetna	Commercial		901.36	38			711.6		6031.71 percent of total billed charges	
IVUS	92978	CPT	both			2372		Aetna	Medicare		730.58	30.8			711.6		6031.71 percent of total billed charges	
IVUS	92978	CPT	both			2372		Americare	Americare		1779	75			711.6		6031.71 percent of total billed charges	
IVUS	92978	CPT	both			2372		Amerihealth	HMO/PPO		1541.8	65			711.6		6031.71 percent of total billed charges	
IVUS	92978	CPT	both			2372		Consumer	Consumer		2253.4	95			711.6		6031.71 percent of total billed charges	
IVUS	92978	CPT	both			2372		Corrections	Corrections		1897.6	80			711.6		6031.71 percent of total billed charges	
IVUS	92978	CPT	both			2372		First Health	First Health		1660.4	70			711.6		6031.71 percent of total billed charges	
IVUS	92978	CPT	both			2372		First Trenton	First Trenton		2134.8	90			711.6		6031.71 percent of total billed charges	
IVUS	92978	CPT	both			2372		Horizon	NJ Health		6031.71				711.6		6031.71 fee schedule	
IVUS	92978	CPT	both			2372		Horizon	Indemnity		908	38.28			711.6		6031.71 percent of total billed charges	
IVUS	92978	CPT	both			2372		Horizon	Medicare Blue		711.6	30			711.6		6031.71 percent of total billed charges	
IVUS	92978	CPT	both			2372		Horizon	MGD		908	38.28			711.6		6031.71 percent of total billed charges	
IVUS	92978	CPT	both			2372		Horizon	PPO		908	38.28			711.6		6031.71 percent of total billed charges	
IVUS	92978	CPT	both			2372		Managed Care Inc	Managed Care Inc		2134.8	90			711.6		6031.71 percent of total billed charges	
IVUS	92978	CPT	both			2372		Multiplan	Multiplan		1897.6	80			711.6		6031.71 percent of total billed charges	
IVUS	92978	CPT	both			2372		Qualcare	Qualcare		1779	75			711.6		6031.71 percent of total billed charges	
IVUS	92978	CPT	both			2372		Three Rivers	Three Rivers		2253.4	95			711.6		6031.71 percent of total billed charges	
IVUS	92978	CPT	both			2372		UHC	Medicaid		748.37	31.55			711.6		6031.71 percent of total billed charges	
IVUS	92978	CPT	both			2372		United	CommercialPPO		1782				711.6		6031.71 case rate	
IVUS	92978	CPT	both			2372		United	Oxford		1782				711.6		6031.71 case rate	
IVUS	92978	CPT	both			2372		Wellcare	Medicaid		748.37	31.55			711.6		6031.71 percent of total billed charges	
IVUS	92978	CPT	both			2372		WellPoint	WellPoint		763.31	32.18			711.6		6031.71 percent of total billed charges	
IVUS ADDITIONAL VESSEL	92979	CPT	inpatient			975		Aetna	Better Health		307.61	31.55			292.5		1782 percent of total billed charges	
IVUS ADDITIONAL VESSEL	92979	CPT	inpatient			975		Aetna	Medicare		300.3	30.8			292.5		1782 percent of total billed charges	
IVUS ADDITIONAL VESSEL	92979	CPT	inpatient			975		Aetna	Commercial		370.5	38			292.5		1782 percent of total billed charges	
IVUS ADDITIONAL VESSEL	92979	CPT	inpatient			975		Americare	Americare		731.25	75			292.5		1782 percent of total billed charges	
IVUS ADDITIONAL VESSEL	92979	CPT	inpatient			975		Amerihealth	HMO/PPO		633.75	65			292.5		1782 percent of total billed charges	
IVUS ADDITIONAL VESSEL	92979	CPT	inpatient			975		Consumer	Consumer		926.25	95			292.5		1782 percent of total billed charges	
IVUS ADDITIONAL VESSEL	92979	CPT	inpatient			975		Corrections	Corrections		780	80			292.5		1782 percent of total billed charges	
IVUS ADDITIONAL VESSEL	92979	CPT	inpatient			975		First Health	First Health		682.5	70			292.5		1782 percent of total billed charges	
IVUS ADDITIONAL VESSEL	92979	CPT	inpatient			975		First Trenton	First Trenton		877.5	90			292.5		1782 percent of total billed charges	
IVUS ADDITIONAL VESSEL	92979	CPT	inpatient			975		Horizon	Medicare Blue		292.5	30			292.5		1782 percent of total billed charges	
IVUS ADDITIONAL VESSEL	92979	CPT	inpatient			975		Horizon	MGD		373.23	38.28			292.5		1782 percent of total billed charges	
IVUS ADDITIONAL VESSEL	92979	CPT	inpatient			975		Horizon	Indemnity		373.23	38.28			292.5		1782 percent of total billed charges	
IVUS ADDITIONAL VESSEL	92979	CPT	inpatient			975		Horizon	PPO		373.23	38.28			292.5		1782 percent of total billed charges	
IVUS ADDITIONAL VESSEL	92979	CPT	inpatient			975		Managed Care Inc	Managed Care Inc		877.5	90			292.5		1782 percent of total billed charges	
IVUS ADDITIONAL VESSEL	92979	CPT	inpatient			975		Multiplan	Multiplan		780	80			292.5		1782 percent of total billed charges	
IVUS ADDITIONAL VESSEL	92979	CPT	inpatient			975		Qualcare	Qualcare		731.25	75			292.5		1782 percent of total billed charges	
IVUS ADDITIONAL VESSEL	92979	CPT	inpatient			975		Three Rivers	Three Rivers		926.25	95			292.5		1782 percent of total billed charges	
IVUS ADDITIONAL VESSEL	92979	CPT	inpatient			975		UHC	Medicaid		307.61	31.55			292.5		1782 percent of total billed charges	
IVUS ADDITIONAL VESSEL	92979	CPT	inpatient			975		United	CommercialPPO		1782				292.5		1782 case rate	
IVUS ADDITIONAL VESSEL	92979	CPT	inpatient			975		United	Oxford		1782				292.5		1782 case rate	
IVUS ADDITIONAL VESSEL	92979	CPT	inpatient			975		Wellcare	Medicaid		307.61	31.55			292.5		1782 percent of total billed charges	
IVUS ADDITIONAL VESSEL	92979	CPT	inpatient			975		WellPoint	WellPoint		313.76	32.18			292.5		1782 percent of total billed charges	
VALVULOPLASTY AORTIC	92986	CPT	inpatient			19659	7517.39	Aetna	Commercial		10406.68				1135.25		18676.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VALVULOPLASTY AORTIC	92986	CPT	inpatient			19659	7517.39	Aetna	Better Health		6202.41	31.55			1135.25		18676.05 percent of total billed charges	
VALVULOPLASTY AORTIC	92986	CPT	inpatient			19659	7517.39	Aetna	Medicare		6536.86				1135.25		18676.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VALVULOPLASTY AORTIC	92986	CPT	inpatient			19659	7517.39	Americare	Americare		14744.25	75			1135.25		18676.05 percent of total billed charges	
VALVULOPLASTY AORTIC	92986	CPT	inpatient			19659	7517.39	Amerihealth	HMO/PPO		12778.35	65			1135.25		18676.05 percent of total billed charges	
VALVULOPLASTY AORTIC	92986	CPT	inpatient			19659	7517.39	Amerihealth	Medicare		6536.86				1135.25		18676.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VALVULOPLASTY AORTIC	92986	CPT	inpatient			19659	7517.39	Consumer	Consumer		18676.05	95			1135.25		18676.05 percent of total billed charges	
VALVULOPLASTY AORTIC	92986	CPT	inpatient			19659	7517.39	Corrections	Corrections		15727.2	80			1135.25		18676.05 percent of total billed charges	
VALVULOPLASTY AORTIC	92986	CPT	inpatient			19659	7517.39	First Health	First Health		13761.3	70			1135.25		18676.05 percent of total billed charges	
VALVULOPLASTY AORTIC	92986	CPT	inpatient			19659	7517.39	First Trenton	First Trenton		17693.1	90			1135.25		18676.05 percent of total billed charges	
VALVULOPLASTY AORTIC	92986	CPT	inpatient			19659	7517.39	Horizon	Medicare Blue		6536.86				1135.25		18676.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VALVULOPLASTY AORTIC	92986	CPT	inpatient			19659	7517.39	Horizon	PPO		12165.1				1135.25		18676.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VALVULOPLASTY AORTIC	92986	CPT	inpatient			19659	7517.39	Horizon	MGD		12165.1				1135.25		18676.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VALVULOPLASTY AORTIC	92986	CPT	inpatient			19659	7517.39	Horizon	Indemnity		12165.1				1135.25		18676.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VALVULOPLASTY AORTIC	92986	CPT	inpatient			19659	7517.39	Horizon	NJ Health		1135.25				1135.25		18676.05 fee schedule	
VALVULOPLASTY AORTIC	92986	CPT	inpatient			19659	7517.39	Managed Care Inc	Managed Care Inc		17693.1	90			1135.25		18676.05 percent of total billed charges	
VALVULOPLASTY AORTIC	92986	CPT	inpatient			19659	7517.39	Multiplan	Multiplan		15727.2	80			1135.25		18676.05 percent of total billed charges	
VALVULOPLASTY AORTIC	92986	CPT	inpatient			19659	7517.39	Qualcare	Qualcare		14744.25	75			1135.25		18676.05 percent of total billed charges	
VALVULOPLASTY AORTIC	92986	CPT	inpatient			19659	7517.39	Three Rivers	Three Rivers		18676.05	95			1135.25		18676.05 percent of total billed charges	
VALVULOPLASTY AORTIC	92986	CPT	inpatient			19659	7517.39	UHC	Medicaid		6202.41	31.55			1135.25		18676.05 percent of total billed charges	
VALVULOPLASTY AORTIC	92986	CPT	inpatient			19659	7517.39	UHC	Medicare		6536.86				1135.25		18676.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VALVULOPLASTY AORTIC	92986	CPT	inpatient			19659	7517.39	United	Oxford		4702				1135.25		18676.05 case rate	
VALVULOPLASTY AORTIC	92986	CPT	inpatient			19659	7517.39	United	CommercialPPO		4702				1135.25		18676.05 case rate	
VALVULOPLASTY AORTIC	92986	CPT	inpatient			19659	7517.39	Wellcare	Medicaid		6202.41	31.55			1135.25		18676.05 percent of total billed charges	
VALVULOPLASTY AORTIC	92986	CPT	inpatient			19659	7517.39	Wellcare	Medicare		6536.86				1135.25		18676.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VALVULOPLASTY AORTIC	92986	CPT	inpatient			19659	7517.39	WellPoint	WellPoint		6326.27	32.18			1135.25		18676.05 percent of total billed charges	
VALVULOPLASTY MITRAL	92987	CPT	outpatient			44053	14469	Aetna	Commercial		20030.13				4702		41850.35 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VALVULOPLASTY MITRAL	92987	CPT	outpatient			44053	14469	Aetna	Medicare		12581.74				4702		41850.35 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VALVULOPLASTY MITRAL	92987	CPT	outpatient			44053	14469	Aetna	Better Health		13898.72	31.55			4702		41850.35 percent of total billed charges	
VALVULOPLASTY MITRAL	92987	CPT	outpatient			44053	14469	Americare	Americare		33039.75	75			4702		41850.35 percent of total billed charges	
VALVULOPLASTY MITRAL	92987	CPT	outpatient			44053	14469	Amerihealth	HMO/PPO		28634.45	65			4702		41850.35 percent of total billed charges	
VALVULOPLASTY MITRAL	92987	CPT	outpatient			44053	14469	Amerihealth	Medicare		12581.74				4702		41850.35 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VALVULOPLASTY MITRAL	92987	CPT	outpatient			44053	14469	Consumer	Consumer		41850.35	95			4702		41850.35 percent of total billed charges	
VALVULOPLASTY MITRAL	92987	CPT	outpatient			44053	14469	Corrections	Corrections		35242.4	80			4702		41850.35 percent of total billed charges	
VALVULOPLASTY MITRAL	92987	CPT	outpatient			44053	14469	First Health	First Health		30837.1	70			4702		41850.35 percent of total billed charges	
VALVULOPLASTY MITRAL	92987	CPT	outpatient			44053	14469	First Trenton	First Trenton		39647.7	90			4702		41850.35 percent of total billed charges	
VALVULOPLASTY MITRAL	92987	CPT	outpatient			44053	14469	Horizon	Medicare Blue		12581.74				4702		41850.35 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VALVULOPLASTY MITRAL	92987	CPT	outpatient			44053	14469	Horizon	Indemnity		23414.62				4702		41850.35 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VALVULOPLASTY MITRAL	92987	CPT	outpatient			44053	14469	Horizon	MGD		23414.62				4702		41850.35 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VALVULOPLASTY MITRAL	92987	CPT	outpatient			44053	14469	Horizon	PPO		23414.62				4702		41850.35 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VALVULOPLASTY MITRAL	92987	CPT	outpatient			44053	14469	Managed Care Inc	Managed Care Inc		39647.7	90			4702		41850.35 percent of total billed charges	
VALVULOPLASTY MITRAL	92987	CPT	outpatient			44053	14469	Multiplan	Multiplan		35242.4	80			4702		41850.35 percent of total billed charges	
VALVULOPLASTY MITRAL	92987	CPT	outpatient			44053	14469	Qualcare	Qualcare		33039.75	75			4702		41850.35 percent of total billed charges	
VALVULOPLASTY MITRAL	92987	CPT	outpatient			44053	14469	Three Rivers	Three Rivers		41850.35	95			4702		41850.35 percent of total billed charges	
VALVULOPLASTY MITRAL	92987	CPT	outpatient			44053	14469	UHC	Medicare		12581.74				4702		41850.35 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VALVULOPLASTY MITRAL	92987	CPT	outpatient			44053	14469	UHC	Medicaid		13898.72	31.55			4702		41850.35 percent of total billed charges	
VALVULOPLASTY MITRAL	92987	CPT	outpatient			44053	14469	United	Oxford		4702				4702		41850.35 case rate	
VALVULOPLASTY MITRAL	92987	CPT	outpatient			44053	14469	United	CommercialPPO		4702				4702		41850.35 case rate	
VALVULOPLASTY MITRAL	92987	CPT	outpatient			44053	14469	Wellcare	Medicare		12581.74				4702		41850.35 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VALVULOPLASTY MITRAL	92987	CPT	outpatient			44053	14469	Wellcare	Medicaid		13898.72	31.55			4702		41850.35 percent of total billed charges	
VALVULOPLASTY MITRAL	92987	CPT	outpatient			44053	14469	WellPoint	WellPoint		14176.26	32.18			4702		41850.35 percent of total billed charges	
VALVULOPLASTY PULMONARY	92990	CPT	outpatient			44053	14469	Aetna	Commercial		20030.13				862.4		41850.35 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VALVULOPLASTY PULMONARY	92990	CPT	outpatient			44053	14469	Aetna	Medicare		13568.32	30.8			862.4		41850.35 percent of total billed charges	
VALVULOPLASTY PULMONARY	92990	CPT	outpatient			44053	14469	Aetna	Better Health		13898.72	31.55			862.4		41850.35 percent of total billed charges	
VALVULOPLASTY PULMONARY	92990	CPT	outpatient			44053	14469	Americare	Americare		33039.75	75			862.4		41850.35 percent of total billed charges	
VALVULOPLASTY PULMONARY	92990	CPT	outpatient			44053	14469	Amerihealth	HMO/PPO		28634.45	65			862.4		41850.35 percent of total billed charges	
VALVULOPLASTY PULMONARY	92990	CPT	outpatient			44053	14469	Amerihealth	Medicare		12581.74				862.4		41850.35 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VALVULOPLASTY PULMONARY	92990	CPT	outpatient			44053	14469	Consumer	Consumer		41850.35	95			862.4		41850.35 percent of total billed charges	
VALVULOPLASTY PULMONARY	92990	CPT	outpatient			44053	14469	Corrections	Corrections		35242.4	80			862.4		41850.35 percent of total billed charges	
VALVULOPLASTY PULMONARY	92990	CPT	outpatient			44053	14469	First Health	First Health		30837.1	70			862.4		41850.35 percent of total billed charges	
VALVULOPLASTY PULMONARY	92990	CPT	outpatient			44053	14469	First Trenton	First Trenton		39647.7	90			862.4		41850.35 percent of total billed charges	
VALVULOPLASTY PULMONARY	92990	CPT	outpatient			44053	14469	Horizon	MGD		23414.62				862.4		41850.35 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VALVULOPLASTY PULMONARY	92990	CPT	outpatient			44053	14469	Horizon	Indemnity		23414.62				862.4		41850.35 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VALVULOPLASTY PULMONARY	92990	CPT	outpatient			44053	14469	Horizon	PPO		23414.62				862.4		41850.35 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VALVULOPLASTY PULMONARY	92990	CPT	outpatient			44053	14469	Horizon	NJ Health		862.4				862.4		41850.35 fee schedule	
VALVULOPLASTY PULMONARY	92990	CPT	outpatient			44053	14469	Horizon	Medicare Blue		12581.74				862.4		41850.35 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VALVULOPLASTY PULMONARY	92990	CPT	outpatient			44053	14469	Managed Care Inc	Managed Care Inc		39647.7	90			862.4		41850.35 percent of total billed charges	
VALVULOPLASTY PULMONARY	92990	CPT	outpatient			44053	14469	Multiplan	Multiplan		35242.4	80			862.4		41850.35 percent of total billed charges	
VALVULOPLASTY PULMONARY	92990	CPT	outpatient			44053	14469	Qualcare	Qualcare		33039.75	75			862.4		41850.35 percent of total billed charges	
VALVULOPLASTY PULMONARY	92990	CPT	outpatient			44053	14469	Three Rivers	Three Rivers		41850.35	95			862.4		41850.35 percent of total billed charges	
VALVULOPLASTY PULMONARY	92990	CPT	outpatient			44053	14469	UHC	Medicaid		13898.72	31.55			862.4		41850.35 percent of total billed charges	
VALVULOPLASTY PULMONARY	92990	CPT	outpatient			44053	14469	UHC	Medicare		12581.74				862.4		41850.35 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VALVULOPLASTY PULMONARY	92990	CPT	outpatient			44053	14469	United	Oxford		4702				862.4		41850.35 case rate	
VALVULOPLASTY PULMONARY	92990	CPT	outpatient			44053	14469	United	CommercialPPO		4702				862.4		41850.35 case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.														
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true													
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
VALVULOPLASTY PULMONARY	92990	CPT	outpatient			44053		14469 Wellcare	Medicare		12581.74				862.4	41850.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VALVULOPLASTY PULMONARY	92990	CPT	outpatient			44053		14469 Wellcare	Medicaid		13898.72	31.55			862.4	41850.35	percent of total billed charges	
VALVULOPLASTY PULMONARY	92990	CPT	outpatient			44053		14469 WellPoint	WellPoint		14176.26	32.18			862.4	41850.35	percent of total billed charges	
PARK BLADE SEPTOSTOMY	92993	CPT	outpatient			17829		Aetna	Better Health		5625.05	31.55			5348.7	16937.55	percent of total billed charges	
PARK BLADE SEPTOSTOMY	92993	CPT	outpatient			17829		Aetna	Commercial		6775.02	38			5348.7	16937.55	percent of total billed charges	
PARK BLADE SEPTOSTOMY	92993	CPT	outpatient			17829		Aetna	Medicare		5491.33	30.8			5348.7	16937.55	percent of total billed charges	
PARK BLADE SEPTOSTOMY	92993	CPT	outpatient			17829		Americare	Americare		13371.75	75			5348.7	16937.55	percent of total billed charges	
PARK BLADE SEPTOSTOMY	92993	CPT	outpatient			17829		Amerihealth	HMO/PPO		11586.85	65			5348.7	16937.55	percent of total billed charges	
PARK BLADE SEPTOSTOMY	92993	CPT	outpatient			17829		Consumer	Consumer		16937.55	95			5348.7	16937.55	percent of total billed charges	
PARK BLADE SEPTOSTOMY	92993	CPT	outpatient			17829		Corrections	Corrections		14263.2	80			5348.7	16937.55	percent of total billed charges	
PARK BLADE SEPTOSTOMY	92993	CPT	outpatient			17829		First Health	First Health		12480.3	70			5348.7	16937.55	percent of total billed charges	
PARK BLADE SEPTOSTOMY	92993	CPT	outpatient			17829		First Trenton	First Trenton		16046.1	90			5348.7	16937.55	percent of total billed charges	
PARK BLADE SEPTOSTOMY	92993	CPT	outpatient			17829		Horizon	Medicare Blue		5348.7	30			5348.7	16937.55	percent of total billed charges	
PARK BLADE SEPTOSTOMY	92993	CPT	outpatient			17829		Horizon	Indemnity		6824.94	38.28			5348.7	16937.55	percent of total billed charges	
PARK BLADE SEPTOSTOMY	92993	CPT	outpatient			17829		Horizon	MGD		6824.94	38.28			5348.7	16937.55	percent of total billed charges	
PARK BLADE SEPTOSTOMY	92993	CPT	outpatient			17829		Horizon	PPO		6824.94	38.28			5348.7	16937.55	percent of total billed charges	
PARK BLADE SEPTOSTOMY	92993	CPT	outpatient			17829		Managed Care Inc	Managed Care Inc		16046.1	90			5348.7	16937.55	percent of total billed charges	
PARK BLADE SEPTOSTOMY	92993	CPT	outpatient			17829		Multiplan	Multiplan		14263.2	80			5348.7	16937.55	percent of total billed charges	
PARK BLADE SEPTOSTOMY	92993	CPT	outpatient			17829		Qualcare	Qualcare		13371.75	75			5348.7	16937.55	percent of total billed charges	
PARK BLADE SEPTOSTOMY	92993	CPT	outpatient			17829		Three Rivers	Three Rivers		16937.55	95			5348.7	16937.55	percent of total billed charges	
PARK BLADE SEPTOSTOMY	92993	CPT	outpatient			17829		UHC	Medicaid		5625.05	31.55			5348.7	16937.55	percent of total billed charges	
PARK BLADE SEPTOSTOMY	92993	CPT	outpatient			17829		Wellcare	Medicaid		5625.05	31.55			5348.7	16937.55	percent of total billed charges	
PARK BLADE SEPTOSTOMY	92993	CPT	outpatient			17829		WellPoint	WellPoint		5737.37	32.18			5348.7	16937.55	percent of total billed charges	
ELECTROCARDIOGRAM,TRACING	93005	CPT	both			217		80.45 Aetna	Better Health		68.46	31.55			45.75	206.15	percent of total billed charges	
ELECTROCARDIOGRAM,TRACING	93005	CPT	both			217		80.45 Aetna	Commercial		111.38				45.75	206.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECTROCARDIOGRAM,TRACING	93005	CPT	both			217		80.45 Aetna	Medicare		69.96				45.75	206.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECTROCARDIOGRAM,TRACING	93005	CPT	both			217		80.45 Americare	Americare		162.75	75			45.75	206.15	percent of total billed charges	
ELECTROCARDIOGRAM,TRACING	93005	CPT	both			217		80.45 Amerihealth	HMO/PPO		141.05	65			45.75	206.15	percent of total billed charges	
ELECTROCARDIOGRAM,TRACING	93005	CPT	both			217		80.45 Amerihealth	Medicare		69.96				45.75	206.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECTROCARDIOGRAM,TRACING	93005	CPT	both			217		80.45 Consumer	Consumer		206.15	95			45.75	206.15	percent of total billed charges	
ELECTROCARDIOGRAM,TRACING	93005	CPT	both			217		80.45 Corrections	Corrections		173.6	80			45.75	206.15	percent of total billed charges	
ELECTROCARDIOGRAM,TRACING	93005	CPT	both			217		80.45 First Health	First Health		151.9	70			45.75	206.15	percent of total billed charges	
ELECTROCARDIOGRAM,TRACING	93005	CPT	both			217		80.45 First Trenton	First Trenton		195.3	90			45.75	206.15	percent of total billed charges	
ELECTROCARDIOGRAM,TRACING	93005	CPT	both			217		80.45 Horizon	Indemnity		130.2				45.75	206.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECTROCARDIOGRAM,TRACING	93005	CPT	both			217		80.45 Horizon	MGD		130.2				45.75	206.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECTROCARDIOGRAM,TRACING	93005	CPT	both			217		80.45 Horizon	NJ Health		159.21				45.75	206.15	fee schedule	
ELECTROCARDIOGRAM,TRACING	93005	CPT	both			217		80.45 Horizon	Medicare Blue		69.96				45.75	206.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECTROCARDIOGRAM,TRACING	93005	CPT	both			217		80.45 Horizon	PPO		130.2				45.75	206.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECTROCARDIOGRAM,TRACING	93005	CPT	both			217		80.45 Managed Care Inc	Managed Care Inc		195.3	90			45.75	206.15	percent of total billed charges	
ELECTROCARDIOGRAM,TRACING	93005	CPT	both			217		80.45 Multiplan	Multiplan		173.6	80			45.75	206.15	percent of total billed charges	
ELECTROCARDIOGRAM,TRACING	93005	CPT	both			217		80.45 Qualcare	Qualcare		162.75	75			45.75	206.15	percent of total billed charges	
ELECTROCARDIOGRAM,TRACING	93005	CPT	both			217		80.45 Three Rivers	Three Rivers		206.15	95			45.75	206.15	percent of total billed charges	
ELECTROCARDIOGRAM,TRACING	93005	CPT	both			217		80.45 UHC	Medicaid		68.46	31.55			45.75	206.15	percent of total billed charges	
ELECTROCARDIOGRAM,TRACING	93005	CPT	both			217		80.45 UHC	Medicare		69.96				45.75	206.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECTROCARDIOGRAM,TRACING	93005	CPT	both			217		80.45 Wellcare	Medicaid		68.46	31.55			45.75	206.15	percent of total billed charges	
ELECTROCARDIOGRAM,TRACING	93005	CPT	both			217		80.45 Wellcare	Medicare		69.96				45.75	206.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECTROCARDIOGRAM,TRACING	93005	CPT	both			217		80.45 WellPoint	WellPoint		69.83	32.18			45.75	206.15	percent of total billed charges	
CARDIOVASCULAR STRESS TEST,GLOBAL	93015	CPT	outpatient			1081		Aetna	Commercial		410.78	38			237.6	1026.95	percent of total billed charges	
CARDIOVASCULAR STRESS TEST,GLOBAL	93015	CPT	outpatient			1081		Aetna	Better Health		341.06	31.55			237.6	1026.95	percent of total billed charges	
CARDIOVASCULAR STRESS TEST,GLOBAL	93015	CPT	outpatient			1081		Aetna	Medicare		332.95	30.8			237.6	1026.95	percent of total billed charges	
CARDIOVASCULAR STRESS TEST,GLOBAL	93015	CPT	outpatient			1081		Americare	Americare		810.75	75			237.6	1026.95	percent of total billed charges	
CARDIOVASCULAR STRESS TEST,GLOBAL	93015	CPT	outpatient			1081		Amerihealth	HMO/PPO		702.65	65			237.6	1026.95	percent of total billed charges	
CARDIOVASCULAR STRESS TEST,GLOBAL	93015	CPT	outpatient			1081		Consumer	Consumer		1026.95	95			237.6	1026.95	percent of total billed charges	
CARDIOVASCULAR STRESS TEST,GLOBAL	93015	CPT	outpatient			1081		Corrections	Corrections		864.8	80			237.6	1026.95	percent of total billed charges	
CARDIOVASCULAR STRESS TEST,GLOBAL	93015	CPT	outpatient			1081		First Health	First Health		756.7	70			237.6	1026.95	percent of total billed charges	
CARDIOVASCULAR STRESS TEST,GLOBAL	93015	CPT	outpatient			1081		First Trenton	First Trenton		972.9	90			237.6	1026.95	percent of total billed charges	
CARDIOVASCULAR STRESS TEST,GLOBAL	93015	CPT	outpatient			1081		Horizon	Indemnity		413.81	38.28			237.6	1026.95	percent of total billed charges	
CARDIOVASCULAR STRESS TEST,GLOBAL	93015	CPT	outpatient			1081		Horizon	MGD		413.81	38.28			237.6	1026.95	percent of total billed charges	
CARDIOVASCULAR STRESS TEST,GLOBAL	93015	CPT	outpatient			1081		Horizon	Medicare Blue		324.3	30			237.6	1026.95	percent of total billed charges	
CARDIOVASCULAR STRESS TEST,GLOBAL	93015	CPT	outpatient			1081		Horizon	NJ Health		895.23				237.6	1026.95	fee schedule	
CARDIOVASCULAR STRESS TEST,GLOBAL	93015	CPT	outpatient			1081		Horizon	PPO		413.81	38.28			237.6	1026.95	percent of total billed charges	
CARDIOVASCULAR STRESS TEST,GLOBAL	93015	CPT	outpatient			1081		Managed Care Inc	Managed Care Inc		972.9	90			237.6	1026.95	percent of total billed charges	
CARDIOVASCULAR STRESS TEST,GLOBAL	93015	CPT	outpatient			1081		Multiplan	Multiplan		864.8	80			237.6	1026.95	percent of total billed charges	
CARDIOVASCULAR STRESS TEST,GLOBAL	93015	CPT	outpatient			1081		Qualcare	Qualcare		810.75	75			237.6	1026.95	percent of total billed charges	
CARDIOVASCULAR STRESS TEST,GLOBAL	93015	CPT	outpatient			1081		Three Rivers	Three Rivers		1026.95	95			237.6	1026.95	percent of total billed charges	
CARDIOVASCULAR STRESS TEST,GLOBAL	93015	CPT	outpatient			1081		UHC	Medicaid		341.06	31.55			237.6	1026.95	percent of total billed charges	
CARDIOVASCULAR STRESS TEST,GLOBAL	93015	CPT	outpatient			1081		Wellcare	Medicaid		341.06	31.55			237.6	1026.95	percent of total billed charges	
CARDIOVASCULAR STRESS TEST,GLOBAL	93015	CPT	outpatient			1081		WellPoint	WellPoint		347.87	32.18			237.6	1026.95	percent of total billed charges	
NUCLEAR MEDICINE ECG STRESS TEST (NO IM	93017	CPT	both			1149		412.82 Aetna	Commercial		571.48				312.62	1091.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE ECG STRESS TEST (NO IM	93017	CPT	both			1149		412.82 Aetna	Medicare		353.89	30.8			312.62	1091.55	percent of total billed charges	
NUCLEAR MEDICINE ECG STRESS TEST (NO IM	93017	CPT	both			1149		412.82 Aetna	Better Health		362.51	31.55			312.62	1091.55	percent of total billed charges	
NUCLEAR MEDICINE ECG STRESS TEST (NO IM	93017	CPT	both			1149		412.82 Americare	Americare		861.75	75			312.62	1091.55	percent of total billed charges	
NUCLEAR MEDICINE ECG STRESS TEST (NO IM	93017	CPT	both			1149		412.82 Amerihealth	HMO/PPO		746.85	65			312.62	1091.55	percent of total billed charges	
NUCLEAR MEDICINE ECG STRESS TEST (NO IM	93017	CPT	both			1149		412.82 Amerihealth	Medicare		358.97				312.62	1091.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE ECG STRESS TEST (NO IM	93017	CPT	both			1149		412.82 Consumer	Consumer		1091.55	95			312.62	1091.55	percent of total billed charges	
NUCLEAR MEDICINE ECG STRESS TEST (NO IM	93017	CPT	both			1149		412.82 Corrections	Corrections		919.2	80			312.62	1091.55	percent of total billed charges	
NUCLEAR MEDICINE ECG STRESS TEST (NO IM	93017	CPT	both			1149		412.82 First Health	First Health		804.3	70			312.62	1091.55	percent of total billed charges	
NUCLEAR MEDICINE ECG STRESS TEST (NO IM	93017	CPT	both			1149		412.82 First Trenton	First Trenton		1034.1	90			312.62	1091.55	percent of total billed charges	
NUCLEAR MEDICINE ECG STRESS TEST (NO IM	93017	CPT	both			1149		412.82 Horizon	Indemnity		668.04				312.62	1091.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE ECG STRESS TEST (NO IM	93017	CPT	both			1149		412.82 Horizon	PPO		668.04				312.62	1091.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE ECG STRESS TEST (NO IM	93017	CPT	both			1149		412.82 Horizon	NJ Health		798.66				312.62	1091.55	fee schedule	
NUCLEAR MEDICINE ECG STRESS TEST (NO IM	93017	CPT	both			1149		412.82 Horizon	Medicare Blue		358.97				312.62	1091.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE ECG STRESS TEST (NO IM	93017	CPT	both			1149		412.82 Horizon	MGD		668.04				312.62	1091.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE ECG STRESS TEST (NO IM	93017	CPT	both			1149		412.82 Managed Care Inc	Managed Care Inc		1034.1	90			312.62	1091.55	percent of total billed charges	
NUCLEAR MEDICINE ECG STRESS TEST (NO IM	93017	CPT	both			1149		412.82 Multiplan	Multiplan		919.2	80			312.62	1091.55	percent of total billed charges	
NUCLEAR MEDICINE ECG STRESS TEST (NO IM	93017	CPT	both			1149		412.82 Qualcare	Qualcare		861.75	75			312.62	1091.55	percent of total billed charges	
NUCLEAR MEDICINE ECG STRESS TEST (NO IM	93017	CPT	both			1149		412.82 Three Rivers	Three Rivers		1091.55	95			312.62	1091.55	percent of total billed charges	
NUCLEAR MEDICINE ECG STRESS TEST (NO IM	93017	CPT	both			1149		412.82 UHC	Medicaid		362.51	31.55			312.62	1091.55	percent of total billed charges	
NUCLEAR MEDICINE ECG STRESS TEST (NO IM	93017	CPT	both			1149		412.82 UHC	Medicare		358.97				312.62	1091.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE ECG STRESS TEST (NO IM	93017	CPT	both			1149		412.82 Wellcare	Medicaid		362.51	31.55			312.62	1091.55	percent of total billed charges	
NUCLEAR MEDICINE ECG STRESS TEST (NO IM	93017	CPT	both			1149		412.82 Wellcare	Medicare		358.97				312.62	1091.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE ECG STRESS TEST (NO IM	93017	CPT	both			1149		412.82 WellPoint	WellPoint		369.75	32.18			312.62	1091.55	percent of total billed charges	
STRESS EKG (MUSE PRO FEE)	93018	CPT	both					Horizon	NJ Health		49.59				49.59	49.59	fee schedule	
EKG, TRACING ONLY	93041	CPT	outpatient			232		80.45 Aetna	Better Health		73.2	31.55			64.99	220.4	percent of total billed charges	
EKG, TRACING ONLY	93041	CPT	outpatient			232		80.45 Aetna	Medicare		71.46	30.8			64.99	220.4	percent of total billed charges	
EKG, TRACING ONLY	93041	CPT	outpatient			232		80.45 Aetna	Commercial		111.38				64.99	220.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EKG, TRACING ONLY	93041	CPT	outpatient			232		80.45 Americare	Americare		174	75			64.99	220.4	percent of total billed charges	
EKG, TRACING ONLY	93041	CPT	outpatient			232		80.45 Amerihealth	HMO/PPO		150.8	65			64.99	220.4	percent of total billed charges	
EKG, TRACING ONLY	93041	CPT	outpatient			232		80.45 Amerihealth	Medicare		69.96				64.99	220.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EKG, TRACING ONLY	93041	CPT	outpatient			232		80.45 Consumer	Consumer		220.4	95			64.99	220.4	percent of total billed charges	
EKG, TRACING ONLY	93041	CPT	outpatient			232		80.45 Corrections	Corrections		185.6	80			64.99	220.4	percent of total billed charges	
EKG, TRACING ONLY	93041	CPT	outpatient			232		80.45 First Health	First Health		162.4	70			64.99	220.4	percent of total billed charges	
EKG, TRACING ONLY	93041	CPT	outpatient			232		80.45 First Trenton	First Trenton		208.8	90			64.99	220.4	percent of total billed charges	
EKG, TRACING ONLY	93041	CPT	outpatient			232		80.45 Horizon	MGD		130.2				64.99	220.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EKG, TRACING ONLY	93041	CPT	outpatient			232		80.45 Horizon	Medicare Blue		69.96				64.99	220.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EKG, TRACING ONLY	93041	CPT	outpatient			232		80.45 Horizon	NJ Health		86.13				64.99	220.4	fee schedule	
EKG, TRACING ONLY	93041	CPT	outpatient			232		80.45 Horizon	Indemnity		130.2				64.99	220.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EKG, TRACING ONLY	93041	CPT	outpatient			232		80.45 Horizon	PPO		130.2				64.99	220.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EKG, TRACING ONLY	93041	CPT	outpatient			232		80.45 Managed Care Inc	Managed Care Inc		208.8	90			64.99	220.4	percent of total billed charges	
EKG, TRACING ONLY	93041	CPT	outpatient			232		80.45 Multiplan	Multiplan		185.6	80			64.99	220.4	percent of total billed charges	
EKG, TRACING ONLY	93041	CPT	outpatient			232		80.45 Qualcare	Qualcare		174	75			64.99	220.4	percent of total billed charges	
EKG, TRACING ONLY	93041	CPT	outpatient			232		80.45 Three Rivers	Three Rivers		220.4	95			64.99	220.4	percent of total billed charges	
EKG, TRACING ONLY	93041	CPT	outpatient			232		80.45 UHC	Medicaid		73.2	31.55			64.99	220.4	percent of total billed charges	
EKG, TRACING ONLY	93041	CPT	outpatient			232		80.45 UHC	Medicare		69.96				64.99	220.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EKG, TRACING ONLY	93041	CPT	outpatient			232		80.45 Wellcare	Medicaid		73.2	31.55			64.99	220.4	percent of total billed charges	
EKG, TRACING ONLY	93041	CPT	outpatient			232		80.45 Wellcare	Medicare		69.96				64.99	220.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EKG, TRACING ONLY	93041	CPT	outpatient			232		80.45 WellPoint	WellPoint		74.66	32.18			64.99	220.4	percent of total billed charges	
XTRNL ECG UP TO 48 HR RECORD	93225	CPT	outpatient			705		168 Aetna	Commercial		232.58				139.77	669.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XTRNL ECG UP TO 48 HR RECORD	93225	CPT	outpatient			705		168 Aetna	Better Health		222.43	31.55			139.77	669.75	percent of total billed charges	
XTRNL ECG UP TO 48 HR RECORD	93225	CPT	outpatient			705		168 Aetna	Medicare		146.09				139.77	669.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XTRNL ECG UP TO 48 HR RECORD	93225	CPT	outpatient			705		168 Americare	Americare		528.75	75			139.77	669.75	percent of total billed charges	
XTRNL ECG UP TO 48 HR RECORD	93225	CPT	outpatient			705		168 Amerihealth	HMO/PPO		458.25	65			139.77	669.75	percent of total billed charges	
XTRNL ECG UP TO 48 HR RECORD	93225	CPT	outpatient			705		168 Amerihealth	Medicare		146.09				139.77	669.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XTRNL ECG UP TO 48 HR RECORD	93225	CPT	outpatient			705		168 Consumer	Consumer		669.75	95			139.77	669.75	percent of total billed charges	
XTRNL ECG UP TO 48 HR RECORD	93225	CPT	outpatient			705		168 Corrections	Corrections		564	80			139.77	669.75	percent of total billed charges	
XTRNL ECG UP TO 48 HR RECORD	93225	CPT	outpatient			705		168 First Health	First Health		493.5	70			139.77	669.75	percent of total billed charges	
XTRNL ECG UP TO 48 HR RECORD	93225	CPT	outpatient			705		168 First Trenton	First Trenton		634.5	90			139.77	669.75	percent of total billed charges	
XTRNL ECG UP TO 48 HR RECORD	93225	CPT	outpatient			705		168 Horizon	NJ Health		436.48				139.77	669.75	fee schedule	
XTRNL ECG UP TO 48 HR RECORD	93225	CPT	outpatient			705		168 Horizon	Indemnity		271.87				139.77	669.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XTRNL ECG UP TO 48 HR RECORD	93225	CPT	outpatient			705		168 Horizon	MGD		271.87				139.77	669.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XTRNL ECG UP TO 48 HR RECORD	93225	CPT	outpatient			705		168 Horizon	PPO		271.87				139.77	669.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XTRNL ECG UP TO 48 HR RECORD	93225	CPT	outpatient			705		168 Horizon	Medicare Blue		146.09				139.77	669.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XTRNL ECG UP TO 48 HR RECORD	93225	CPT	outpatient			705		168 Managed Care Inc	Managed Care Inc		634.5	90			139.77	669.75	percent of total billed charges	
XTRNL ECG UP TO 48 HR RECORD	93225	CPT	outpatient			705		168 Multiplan	Multiplan		564	80			139.77	669.75	percent of total billed charges	
XTRNL ECG UP TO 48 HR RECORD	93225	CPT	outpatient			705		168 Qualcare	Qualcare		528.75	75			139.77	669.75	percent of total billed charges	
XTRNL ECG UP TO 48 HR RECORD	93225	CPT	outpatient			705		168 Three Rivers	Three Rivers		669.75	95			139.77	669.75	percent of total billed charges	
XTRNL ECG UP TO 48 HR RECORD	93225	CPT	outpatient			705		168 UHC	Medicaid		222.43	31.55			139.77	669.75	percent of total billed charges	
XTRNL ECG UP TO 48 HR RECORD	93225	CPT	outpatient			705		168 UHC	Medicare		146.09				139.77	669.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XTRNL ECG UP TO 48 HR RECORD	93225	CPT	outpatient			705		168 Wellcare	Medicare		146.09				139.77	669.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XTRNL ECG UP TO 48 HR RECORD	93225	CPT	outpatient			705		168 Wellcare	Medicaid		222.43	31.55			139.77	669.75	percent of total billed charges	
XTRNL ECG UP TO 48 HR RECORD	93225	CPT	outpatient			705		168 WellPoint	WellPoint		226.87	32.18			139.77	669.75	percent of total billed charges	
XTNL MOB CV TELE W/TECH SUP	93229	CPT	outpatient			547		412.82 Aetna	Better Health		172.58	31.55			167.85	668.04	percent of total billed charges	
XTNL MOB CV TELE W/TECH SUP	93229	CPT	outpatient			547		412.82 Aetna	Commercial		571.48				167.85	668.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XTNL MOB CV TELE W/TECH SUP	93229	CPT	outpatient			547		412.82 Aetna	Medicare		358.97				167.85	668.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XTNL MOB CV TELE W/TECH SUP	93229	CPT	outpatient			547		412.82 Americare	Americare		410.25	75			167.85	668.04	percent of total billed charges	
XTNL MOB CV TELE W/TECH SUP	93229	CPT	outpatient			547		412.82 Amerihealth	HMO/PPO		355.55	65			167.85	668.04	percent of total billed charges	
XTNL MOB CV TELE W/TECH SUP	93229	CPT	outpatient			547		412.82 Amerihealth	Medicare		358.97				167.85	668.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XTNL MOB CV TELE W/TECH SUP	93229	CPT	outpatient			547		412.82 Consumer	Consumer		519.65	95			167.85	668.04	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
XTNL MOB CV TELE W/TECH SUP	93229	CPT	outpatient			547		412.82 Corrections	Corrections		437.6	80			167.85	668.04	percent of total billed charges	
XTNL MOB CV TELE W/TECH SUP	93229	CPT	outpatient			547		412.82 First Health	First Health		382.9	70			167.85	668.04	percent of total billed charges	
XTNL MOB CV TELE W/TECH SUP	93229	CPT	outpatient			547		412.82 First Trenton	First Trenton		492.3	90			167.85	668.04	percent of total billed charges	
XTNL MOB CV TELE W/TECH SUP	93229	CPT	outpatient			547		412.82 Horizon	Indemnity		668.04				167.85	668.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XTNL MOB CV TELE W/TECH SUP	93229	CPT	outpatient			547		412.82 Horizon	MGD		668.04				167.85	668.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XTNL MOB CV TELE W/TECH SUP	93229	CPT	outpatient			547		412.82 Horizon	Medicare Blue		358.97				167.85	668.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XTNL MOB CV TELE W/TECH SUP	93229	CPT	outpatient			547		412.82 Horizon	PPO		668.04				167.85	668.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XTNL MOB CV TELE W/TECH SUP	93229	CPT	outpatient			547		412.82 Managed Care Inc	Managed Care Inc		492.3	90			167.85	668.04	percent of total billed charges	
XTNL MOB CV TELE W/TECH SUP	93229	CPT	outpatient			547		412.82 Multiplan	Multiplan		437.6	80			167.85	668.04	percent of total billed charges	
XTNL MOB CV TELE W/TECH SUP	93229	CPT	outpatient			547		412.82 Qualcare	Qualcare		410.25	75			167.85	668.04	percent of total billed charges	
XTNL MOB CV TELE W/TECH SUP	93229	CPT	outpatient			547		412.82 Three Rivers	Three Rivers		519.65	95			167.85	668.04	percent of total billed charges	
XTNL MOB CV TELE W/TECH SUP	93229	CPT	outpatient			547		412.82 UHC	Medicaid		172.58	31.55			167.85	668.04	percent of total billed charges	
XTNL MOB CV TELE W/TECH SUP	93229	CPT	outpatient			547		412.82 UHC	Medicare		358.97				167.85	668.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XTNL MOB CV TELE W/TECH SUP	93229	CPT	outpatient			547		412.82 Wellcare	Medicaid		172.58	31.55			167.85	668.04	percent of total billed charges	
XTNL MOB CV TELE W/TECH SUP	93229	CPT	outpatient			547		412.82 Wellcare	Medicare		358.97				167.85	668.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XTNL MOB CV TELE W/TECH SUP	93229	CPT	outpatient			547		412.82 WellPoint	WellPoint		176.02	32.18			167.85	668.04	percent of total billed charges	
EXT ECG>48HR<7D RECORDING	93242	CPT	outpatient			128		52.74 Aetna	Better Health		40.38	31.55			22.73	121.6	percent of total billed charges	
EXT ECG>48HR<7D RECORDING	93242	CPT	outpatient			128		52.74 Aetna	Commercial		73.01				22.73	121.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXT ECG>48HR<7D RECORDING	93242	CPT	outpatient			128		52.74 Aetna	Medicare		45.86				22.73	121.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXT ECG>48HR<7D RECORDING	93242	CPT	outpatient			128		52.74 Americare	Americare		96	75			22.73	121.6	percent of total billed charges	
EXT ECG>48HR<7D RECORDING	93242	CPT	outpatient			128		52.74 Amerihealth	Medicare		45.86				22.73	121.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXT ECG>48HR<7D RECORDING	93242	CPT	outpatient			128		52.74 Amerihealth	HMO/PPO		83.2	65			22.73	121.6	percent of total billed charges	
EXT ECG>48HR<7D RECORDING	93242	CPT	outpatient			128		52.74 Consumer	Consumer		121.6	95			22.73	121.6	percent of total billed charges	
EXT ECG>48HR<7D RECORDING	93242	CPT	outpatient			128		52.74 Corrections	Corrections		102.4	80			22.73	121.6	percent of total billed charges	
EXT ECG>48HR<7D RECORDING	93242	CPT	outpatient			128		52.74 First Health	First Health		89.6	70			22.73	121.6	percent of total billed charges	
EXT ECG>48HR<7D RECORDING	93242	CPT	outpatient			128		52.74 First Trenton	First Trenton		115.2	90			22.73	121.6	percent of total billed charges	
EXT ECG>48HR<7D RECORDING	93242	CPT	outpatient			128		52.74 Horizon	Indemnity		85.35				22.73	121.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXT ECG>48HR<7D RECORDING	93242	CPT	outpatient			128		52.74 Horizon	PPO		85.35				22.73	121.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXT ECG>48HR<7D RECORDING	93242	CPT	outpatient			128		52.74 Horizon	MGD		85.35				22.73	121.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXT ECG>48HR<7D RECORDING	93242	CPT	outpatient			128		52.74 Horizon	Medicare Blue		45.86				22.73	121.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXT ECG>48HR<7D RECORDING	93242	CPT	outpatient			128		52.74 Horizon	NJ Health		22.73				22.73	121.6	fee schedule	
EXT ECG>48HR<7D RECORDING	93242	CPT	outpatient			128		52.74 Managed Care Inc	Managed Care Inc		115.2	90			22.73	121.6	percent of total billed charges	
EXT ECG>48HR<7D RECORDING	93242	CPT	outpatient			128		52.74 Multiplan	Multiplan		102.4	80			22.73	121.6	percent of total billed charges	
EXT ECG>48HR<7D RECORDING	93242	CPT	outpatient			128		52.74 Qualcare	Qualcare		96	75			22.73	121.6	percent of total billed charges	
EXT ECG>48HR<7D RECORDING	93242	CPT	outpatient			128		52.74 Three Rivers	Three Rivers		121.6	95			22.73	121.6	percent of total billed charges	
EXT ECG>48HR<7D RECORDING	93242	CPT	outpatient			128		52.74 UHC	Medicaid		40.38	31.55			22.73	121.6	percent of total billed charges	
EXT ECG>48HR<7D RECORDING	93242	CPT	outpatient			128		52.74 UHC	Medicare		45.86				22.73	121.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXT ECG>48HR<7D RECORDING	93242	CPT	outpatient			128		52.74 Wellcare	Medicare		45.86				22.73	121.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXT ECG>48HR<7D RECORDING	93242	CPT	outpatient			128		52.74 Wellcare	Medicaid		40.38	31.55			22.73	121.6	percent of total billed charges	
EXT ECG>48HR<7D RECORDING	93242	CPT	outpatient			128		52.74 WellPoint	WellPoint		41.19	32.18			22.73	121.6	percent of total billed charges	
HOLTER MONITOR 3 TO 7 DAYS	93243	CPT	outpatient			437		168 Aetna	Better Health		137.87	31.55			137.87	415.15	percent of total billed charges	
HOLTER MONITOR 3 TO 7 DAYS	93243	CPT	outpatient			437		168 Aetna	Commercial		232.58				137.87	415.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HOLTER MONITOR 3 TO 7 DAYS	93243	CPT	outpatient			437		168 Aetna	Medicare		146.09				137.87	415.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HOLTER MONITOR 3 TO 7 DAYS	93243	CPT	outpatient			437		168 Americare	Americare		327.75	75			137.87	415.15	percent of total billed charges	
HOLTER MONITOR 3 TO 7 DAYS	93243	CPT	outpatient			437		168 Amerihealth	HMO/PPO		284.05	65			137.87	415.15	percent of total billed charges	
HOLTER MONITOR 3 TO 7 DAYS	93243	CPT	outpatient			437		168 Amerihealth	Medicare		146.09				137.87	415.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HOLTER MONITOR 3 TO 7 DAYS	93243	CPT	outpatient			437		168 Consumer	Consumer		415.15	95			137.87	415.15	percent of total billed charges	
HOLTER MONITOR 3 TO 7 DAYS	93243	CPT	outpatient			437		168 Corrections	Corrections		349.6	80			137.87	415.15	percent of total billed charges	
HOLTER MONITOR 3 TO 7 DAYS	93243	CPT	outpatient			437		168 First Health	First Health		305.9	70			137.87	415.15	percent of total billed charges	
HOLTER MONITOR 3 TO 7 DAYS	93243	CPT	outpatient			437		168 First Trenton	First Trenton		393.3	90			137.87	415.15	percent of total billed charges	
HOLTER MONITOR 3 TO 7 DAYS	93243	CPT	outpatient			437		168 Horizon	MGD		271.87				137.87	415.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HOLTER MONITOR 3 TO 7 DAYS	93243	CPT	outpatient			437		168 Horizon	Medicare Blue		146.09				137.87	415.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HOLTER MONITOR 3 TO 7 DAYS	93243	CPT	outpatient			437		168 Horizon	Indemnity		271.87				137.87	415.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HOLTER MONITOR 3 TO 7 DAYS	93243	CPT	outpatient			437		168 Horizon	PPO		271.87				137.87	415.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HOLTER MONITOR 3 TO 7 DAYS	93243	CPT	outpatient			437		168 Managed Care Inc	Managed Care Inc		393.3	90			137.87	415.15	percent of total billed charges	
HOLTER MONITOR 3 TO 7 DAYS	93243	CPT	outpatient			437		168 Multiplan	Multiplan		349.6	80			137.87	415.15	percent of total billed charges	
HOLTER MONITOR 3 TO 7 DAYS	93243	CPT	outpatient			437		168 Qualcare	Qualcare		327.75	75			137.87	415.15	percent of total billed charges	
HOLTER MONITOR 3 TO 7 DAYS	93243	CPT	outpatient			437		168 Three Rivers	Three Rivers		415.15	95			137.87	415.15	percent of total billed charges	
HOLTER MONITOR 3 TO 7 DAYS	93243	CPT	outpatient			437		168 UHC	Medicaid		137.87	31.55			137.87	415.15	percent of total billed charges	
HOLTER MONITOR 3 TO 7 DAYS	93243	CPT	outpatient			437		168 UHC	Medicare		146.09				137.87	415.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HOLTER MONITOR 3 TO 7 DAYS	93243	CPT	outpatient			437		168 Wellcare	Medicaid		137.87	31.55			137.87	415.15	percent of total billed charges	
HOLTER MONITOR 3 TO 7 DAYS	93243	CPT	outpatient			437		168 Wellcare	Medicare		146.09				137.87	415.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HOLTER MONITOR 3 TO 7 DAYS	93243	CPT	outpatient			437		168 WellPoint	WellPoint		140.63	32.18			137.87	415.15	percent of total billed charges	
EXT ECG>7D<15D PHYTHM RECORDING&STORAGE	93246	CPT	outpatient			218		52.74 Aetna	Better Health		68.78	31.55			22.73	207.1	percent of total billed charges	
EXT ECG>7D<15D PHYTHM RECORDING&STORAGE	93246	CPT	outpatient			218		52.74 Aetna	Commercial		73.01				22.73	207.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXT ECG>7D<15D PHYTHM RECORDING&STORAGE	93246	CPT	outpatient			218		52.74 Aetna	Medicare		67.14	30.8			22.73	207.1	percent of total billed charges	
EXT ECG>7D<15D PHYTHM RECORDING&STORAGE	93246	CPT	outpatient			218		52.74 Americare	Americare		163.5	75			22.73	207.1	percent of total billed charges	
EXT ECG>7D<15D PHYTHM RECORDING&STORAGE	93246	CPT	outpatient			218		52.74 Amerihealth	Medicare		45.86				22.73	207.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXT ECG>7D<15D PHYTHM RECORDING&STORAGE	93246	CPT	outpatient			218		52.74 Amerihealth	HMO/PPO		141.7	65			22.73	207.1	percent of total billed charges	
EXT ECG>7D<15D PHYTHM RECORDING&STORAGE	93246	CPT	outpatient			218		52.74 Consumer	Consumer		207.1	95			22.73	207.1	percent of total billed charges	
EXT ECG>7D<15D PHYTHM RECORDING&STORAGE	93246	CPT	outpatient			218		52.74 Corrections	Corrections		174.4	80			22.73	207.1	percent of total billed charges	
EXT ECG>7D<15D PHYTHM RECORDING&STORAGE	93246	CPT	outpatient			218		52.74 First Health	First Health		152.6	70			22.73	207.1	percent of total billed charges	
EXT ECG>7D<15D PHYTHM RECORDING&STORAGE	93246	CPT	outpatient			218		52.74 First Trenton	First Trenton		196.2	90			22.73	207.1	percent of total billed charges	
EXT ECG>7D<15D PHYTHM RECORDING&STORAGE	93246	CPT	outpatient			218		52.74 Horizon	Indemnity		85.35				22.73	207.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXT ECG>7D<15D PHYTHM RECORDING&STORAGE	93246	CPT	outpatient			218		52.74 Horizon	Medicare Blue		45.86				22.73	207.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXT ECG>7D<15D PHYTHM RECORDING&STORAGE	93246	CPT	outpatient			218		52.74 Horizon	PPO		85.35				22.73	207.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXT ECG>7D<15D PHYTHM RECORDING&STORAGE	93246	CPT	outpatient			218		52.74 Horizon	MGD		85.35				22.73	207.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXT ECG>7D<15D PHYTHM RECORDING&STORAGE	93246	CPT	outpatient			218		52.74 Horizon	NJ Health		22.73				22.73	207.1	fee schedule	
EXT ECG>7D<15D PHYTHM RECORDING&STORAGE	93246	CPT	outpatient			218		52.74 Managed Care Inc	Managed Care Inc		196.2	90			22.73	207.1	percent of total billed charges	
EXT ECG>7D<15D PHYTHM RECORDING&STORAGE	93246	CPT	outpatient			218		52.74 Multiplan	Multiplan		174.4	80			22.73	207.1	percent of total billed charges	
EXT ECG>7D<15D PHYTHM RECORDING&STORAGE	93246	CPT	outpatient			218		52.74 Qualcare	Qualcare		163.5	75			22.73	207.1	percent of total billed charges	
EXT ECG>7D<15D PHYTHM RECORDING&STORAGE	93246	CPT	outpatient			218		52.74 Three Rivers	Three Rivers		207.1	95			22.73	207.1	percent of total billed charges	
EXT ECG>7D<15D PHYTHM RECORDING&STORAGE	93246	CPT	outpatient			218		52.74 UHC	Medicare		45.86				22.73	207.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXT ECG>7D<15D PHYTHM RECORDING&STORAGE	93246	CPT	outpatient			218		52.74 UHC	Medicaid		68.78	31.55			22.73	207.1	percent of total billed charges	
EXT ECG>7D<15D PHYTHM RECORDING&STORAGE	93246	CPT	outpatient			218		52.74 Wellcare	Medicare		45.86				22.73	207.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXT ECG>7D<15D PHYTHM RECORDING&STORAGE	93246	CPT	outpatient			218		52.74 Wellcare	Medicaid		68.78	31.55			22.73	207.1	percent of total billed charges	
EXT ECG>7D<15D PHYTHM RECORDING&STORAGE	93246	CPT	outpatient			218		52.74 WellPoint	WellPoint		70.15	32.18			22.73	207.1	percent of total billed charges	
EXT ECG 8-15 DAYS W/SCAN ANALYSIS&REPORT	93247	CPT	outpatient			437		168 Aetna	Commercial		232.58				137.87	415.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXT ECG 8-15 DAYS W/SCAN ANALYSIS&REPORT	93247	CPT	outpatient			437		168 Aetna	Better Health		137.87	31.55			137.87	415.15	percent of total billed charges	
EXT ECG 8-15 DAYS W/SCAN ANALYSIS&REPORT	93247	CPT	outpatient			437		168 Aetna	Medicare		146.09				137.87	415.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXT ECG 8-15 DAYS W/SCAN ANALYSIS&REPORT	93247	CPT	outpatient			437		168 Americare	Americare		327.75	75			137.87	415.15	percent of total billed charges	
EXT ECG 8-15 DAYS W/SCAN ANALYSIS&REPORT	93247	CPT	outpatient			437		168 Amerihealth	HMO/PPO		284.05	65			137.87	415.15	percent of total billed charges	
EXT ECG 8-15 DAYS W/SCAN ANALYSIS&REPORT	93247	CPT	outpatient			437		168 Amerihealth	Medicare		146.09				137.87	415.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXT ECG 8-15 DAYS W/SCAN ANALYSIS&REPORT	93247	CPT	outpatient			437		168 Consumer	Consumer		415.15	95			137.87	415.15	percent of total billed charges	
EXT ECG 8-15 DAYS W/SCAN ANALYSIS&REPORT	93247	CPT	outpatient			437		168 Corrections	Corrections		349.6	80			137.87	415.15	percent of total billed charges	
EXT ECG 8-15 DAYS W/SCAN ANALYSIS&REPORT	93247	CPT	outpatient			437		168 First Health	First Health		305.9	70			137.87	415.15	percent of total billed charges	
EXT ECG 8-15 DAYS W/SCAN ANALYSIS&REPORT	93247	CPT	outpatient			437		168 First Trenton	First Trenton		393.3	90			137.87	415.15	percent of total billed charges	
EXT ECG 8-15 DAYS W/SCAN ANALYSIS&REPORT	93247	CPT	outpatient			437		168 Horizon	PPO		271.87				137.87	415.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXT ECG 8-15 DAYS W/SCAN ANALYSIS&REPORT	93247	CPT	outpatient			437		168 Horizon	Medicare Blue		146.09				137.87	415.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXT ECG 8-15 DAYS W/SCAN ANALYSIS&REPORT	93247	CPT	outpatient			437		168 Horizon	MGD		271.87				137.87	415.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXT ECG 8-15 DAYS W/SCAN ANALYSIS&REPORT	93247	CPT	outpatient			437		168 Horizon	Indemnity		271.87				137.87	415.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXT ECG 8-15 DAYS W/SCAN ANALYSIS&REPORT	93247	CPT	outpatient			437		168 Managed Care Inc	Managed Care Inc		393.3	90			137.87	415.15	percent of total billed charges	
EXT ECG 8-15 DAYS W/SCAN ANALYSIS&REPORT	93247	CPT	outpatient			437		168 Multiplan	Multiplan		349.6	80			137.87	415.15	percent of total billed charges	
EXT ECG 8-15 DAYS W/SCAN ANALYSIS&REPORT	93247	CPT	outpatient			437		168 Qualcare	Qualcare		327.75	75			137.87	415.15	percent of total billed charges	
EXT ECG 8-15 DAYS W/SCAN ANALYSIS&REPORT	93247	CPT	outpatient			437		168 Three Rivers	Three Rivers		415.15	95			137.87	415.15	percent of total billed charges	
EXT ECG 8-15 DAYS W/SCAN ANALYSIS&REPORT	93247	CPT	outpatient			437		168 UHC	Medicaid		137.87	31.55			137.87	415.15	percent of total billed charges	
EXT ECG 8-15 DAYS W/SCAN ANALYSIS&REPORT	93247	CPT	outpatient			437		168 UHC	Medicare		146.09				137.87	415.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXT ECG 8-15 DAYS W/SCAN ANALYSIS&REPORT	93247	CPT	outpatient			437		168 Wellcare	Medicare		146.09				137.87	415.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXT ECG 8-15 DAYS W/SCAN ANALYSIS&REPORT	93247	CPT	outpatient			437		168 Wellcare	Medicaid		137.87	31.55			137.87	415.15	percent of total billed charges	
EXT ECG 8-15 DAYS W/SCAN ANALYSIS&REPORT	93247	CPT	outpatient			437		168 WellPoint	WellPoint		140.63	32.18			137.87	415.15	percent of total billed charges	
INTERROGATION EVAL 2F/2 IMPLANT SUBQ LEA	93261	CPT	both			157		49.6 Aetna	Commercial		68.66				41.02	149.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERROGATION EVAL 2F/2 IMPLANT SUBQ LEA	93261	CPT	both			157		49.6 Aetna	Medicare		43.13				41.02	149.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERROGATION EVAL 2F/2 IMPLANT SUBQ LEA	93261	CPT	both			157		49.6 Aetna	Better Health		49.53	31.55			41.02	149.15	percent of total billed charges	
INTERROGATION EVAL 2F/2 IMPLANT SUBQ LEA	93261	CPT	both			157		49.6 Americare	Americare		117.75	75			41.02	149.15	percent of total billed charges	
INTERROGATION EVAL 2F/2 IMPLANT SUBQ LEA	93261	CPT	both			157		49.6 Amerihealth	HMO/PPO		102.05	65			41.02	149.15	percent of total billed charges	
INTERROGATION EVAL 2F/2 IMPLANT SUBQ LEA	93261	CPT	both			157		49.6 Amerihealth	Medicare		43.13				41.02	149.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERROGATION EVAL 2F/2 IMPLANT SUBQ LEA	93261	CPT	both			157		49.6 Consumer	Consumer		149.15	95			41.02	149.15	percent of total billed charges	
INTERROGATION EVAL 2F/2 IMPLANT SUBQ LEA	93261	CPT	both			157		49.6 Corrections	Corrections		125.6	80			41.02	149.15	percent of total billed charges	
INTERROGATION EVAL 2F/2 IMPLANT SUBQ LEA	93261	CPT	both			157		49.6 First Health	First Health		109.9	70			41.02	149.15	percent of total billed charges	
INTERROGATION EVAL 2F/2 IMPLANT SUBQ LEA	93261	CPT	both			157		49.6 First Trenton	First Trenton		141.3	90			41.02	149.15	percent of total billed charges	
INTERROGATION EVAL 2F/2 IMPLANT SUBQ LEA	93261	CPT	both			157		49.6 Horizon	NJ Health		90.33				41.02	149.15	fee schedule	
INTERROGATION EVAL 2F/2 IMPLANT SUBQ LEA	93261	CPT	both			157		49.6 Horizon	MGD		80.26				41.02	149.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERROGATION EVAL 2F/2 IMPLANT SUBQ LEA	93261	CPT	both			157		49.6 Horizon	Indemnity		80.26				41.02	149.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERROGATION EVAL 2F/2 IMPLANT SUBQ LEA	93261	CPT	both			157		49.6 Horizon	PPO		80.26				41.02	149.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERROGATION EVAL 2F/2 IMPLANT SUBQ LEA	93261	CPT	both			157		49.6 Horizon	Medicare Blue		43.13				41.02	149.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERROGATION EVAL 2F/2 IMPLANT SUBQ LEA	93261	CPT	both			157		49.6 Managed Care Inc	Managed Care Inc		141.3	90			41.02	149.15	percent of total billed charges	
INTERROGATION EVAL 2F/2 IMPLANT SUBQ LEA	93261	CPT	both			157		49.6 Multiplan	Multiplan		125.6	80			41.02	149.15	percent of total billed charges	
INTERROGATION EVAL 2F/2 IMPLANT SUBQ LEA	93261	CPT	both			157		49.6 Qualcare	Qualcare		117.75	75			41.02	149.15	percent of total billed charges	
INTERROGATION EVAL 2F/2 IMPLANT SUBQ LEA	93261	CPT	both			157		49.6 Three Rivers	Three Rivers		149.15	95			41.02	149.15	percent of total billed charges	
INTERROGATION EVAL 2F/2 IMPLANT SUBQ LEA	93261	CPT	both			157		49.6 UHC	Medicaid		49.53	31.55			41.02	149.15	percent of total billed charges	
INTERROGATION EVAL 2F/2 IMPLANT SUBQ LEA	93261	CPT	both			157		49.6 UHC	Medicare		43.13				41.02	149.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERROGATION EVAL 2F/2 IMPLANT SUBQ LEA	93261	CPT	both			157		49.6 Wellcare	Medicaid		49.53	31.55			41.02	149.15	percent of total billed charges	
INTERROGATION EVAL 2F/2 IMPLANT SUBQ LEA	93261	CPT	both			157		49.6 Wellcare	Medicare		43.13				41.02	149.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERROGATION EVAL 2F/2 IMPLANT SUBQ LEA	93261	CPT	both			157		49.6 WellPoint	WellPoint		50.52	32.18			41.02	149.15	percent of total billed charges	
XTL PT ACT ECG REC MON 30 DAYS	93270	CPT	outpatient			132		49.6 Aetna	Commercial		68.66				40.04	221.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XTL PT ACT ECG REC MON 30 DAYS	93270	CPT	outpatient			132		49.6 Aetna	Better Health		41.65	31.55			40.04	221.85	percent of total billed charges	
XTL PT ACT ECG REC MON 30 DAYS	93270	CPT	outpatient			132		49.6 Aetna	Medicare		40.66	30.8			40.04	221.85	percent of total billed charges	
XTL PT ACT ECG REC MON 30 DAYS	93270	CPT	outpatient			132		49.6 Americare	Americare		99	75			40.04	221.85	percent of total billed charges	
XTL PT ACT ECG REC MON 30 DAYS	93270	CPT	outpatient			132		49.6 Amerihealth	HMO/PPO		85.8	65			40.04	221.85	percent of total billed charges	
XTL PT ACT ECG REC MON 30 DAYS	93270	CPT	outpatient			132		49.6 Amerihealth	Medicare		43.13				40.04	221.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XTL PT ACT ECG REC MON 30 DAYS	93270	CPT	outpatient			132		49.6 Consumer	Consumer		125.4	95			40.04	221.85	percent of total billed charges	
XTL PT ACT ECG REC MON 30 DAYS	93270	CPT	outpatient			132		49.6 Corrections	Corrections		105.6	80			40.04	221.85	percent of total billed charges	
XTL PT ACT ECG REC MON 30 DAYS	93270	CPT	outpatient			132		49.6 First Health	First Health		92.4	70			40.04	221.85	percent of total billed charges	
XTL PT ACT ECG REC MON 30 DAYS	93270	CPT	outpatient			132		49.6 First Trenton	First Trenton		118.8	90			40.04	221.85	percent of total billed charges	
XTL PT ACT ECG REC MON 30 DAYS	93270	CPT	outpatient			132		49.6 Horizon	Medicare Blue		43.13				40.04	221.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XTL PT ACT ECG REC MON 30 DAYS	93270	CPT	outpatient			132		49.6 Horizon	NJ Health		221.85				40.04	221.85	fee schedule	
XTL PT ACT ECG REC MON 30 DAYS	93270	CPT	outpatient			132		49.6 Horizon	MGD		80.26				40.04	221.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XTL PT ACT ECG REC MON 30 DAYS	93270	CPT	outpatient			132		49.6 Horizon	Indemnity		80.26				40

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.															
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103		310119 true														
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
XTL PT ACT ECG REC MON 30 DAYS	93270	CPT	outpatient			132	49.6	Horizon	PPO		80.26				40.04	221.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XTL PT ACT ECG REC MON 30 DAYS	93270	CPT	outpatient			132	49.6	Managed Care Inc	Managed Care Inc		118.8	90			40.04	221.85	percent of total billed charges	
XTL PT ACT ECG REC MON 30 DAYS	93270	CPT	outpatient			132	49.6	Multiplan	Multiplan		105.6	80			40.04	221.85	percent of total billed charges	
XTL PT ACT ECG REC MON 30 DAYS	93270	CPT	outpatient			132	49.6	Qualcare	Qualcare		99	75			40.04	221.85	percent of total billed charges	
XTL PT ACT ECG REC MON 30 DAYS	93270	CPT	outpatient			132	49.6	Three Rivers	Three Rivers		125.4	95			40.04	221.85	percent of total billed charges	
XTL PT ACT ECG REC MON 30 DAYS	93270	CPT	outpatient			132	49.6	UHC	Medicaid		41.65	31.55			40.04	221.85	percent of total billed charges	
XTL PT ACT ECG REC MON 30 DAYS	93270	CPT	outpatient			132	49.6	UHC	Medicare		43.13				40.04	221.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XTL PT ACT ECG REC MON 30 DAYS	93270	CPT	outpatient			132	49.6	Wellcare	Medicaid		41.65	31.55			40.04	221.85	percent of total billed charges	
XTL PT ACT ECG REC MON 30 DAYS	93270	CPT	outpatient			132	49.6	Wellcare	Medicare		43.13				40.04	221.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XTL PT ACT ECG REC MON 30 DAYS	93270	CPT	outpatient			132	49.6	WellPoint	WellPoint		42.48	32.18			40.04	221.85	percent of total billed charges	
HOLTER HOOKUP W/ANALYSIS<=30DAYS	93271	CPT	outpatient			403	127.32	Aetna	Medicare		110.71				110.71	382.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HOLTER HOOKUP W/ANALYSIS<=30DAYS	93271	CPT	outpatient			403	127.32	Aetna	Better Health		127.15	31.55			110.71	382.85	percent of total billed charges	
HOLTER HOOKUP W/ANALYSIS<=30DAYS	93271	CPT	outpatient			403	127.32	Aetna	Commercial		176.25				110.71	382.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HOLTER HOOKUP W/ANALYSIS<=30DAYS	93271	CPT	outpatient			403	127.32	Americare	Americare		302.25	75			110.71	382.85	percent of total billed charges	
HOLTER HOOKUP W/ANALYSIS<=30DAYS	93271	CPT	outpatient			403	127.32	Amerihealth	HMO/PPO		261.95	65			110.71	382.85	percent of total billed charges	
HOLTER HOOKUP W/ANALYSIS<=30DAYS	93271	CPT	outpatient			403	127.32	Amerihealth	Medicare		110.71				110.71	382.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HOLTER HOOKUP W/ANALYSIS<=30DAYS	93271	CPT	outpatient			403	127.32	Consumer	Consumer		382.85	95			110.71	382.85	percent of total billed charges	
HOLTER HOOKUP W/ANALYSIS<=30DAYS	93271	CPT	outpatient			403	127.32	Corrections	Corrections		322.4	80			110.71	382.85	percent of total billed charges	
HOLTER HOOKUP W/ANALYSIS<=30DAYS	93271	CPT	outpatient			403	127.32	First Health	First Health		282.1	70			110.71	382.85	percent of total billed charges	
HOLTER HOOKUP W/ANALYSIS<=30DAYS	93271	CPT	outpatient			403	127.32	First Trenton	First Trenton		362.7	90			110.71	382.85	percent of total billed charges	
HOLTER HOOKUP W/ANALYSIS<=30DAYS	93271	CPT	outpatient			403	127.32	Horizon	Medicare Blue		110.71				110.71	382.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HOLTER HOOKUP W/ANALYSIS<=30DAYS	93271	CPT	outpatient			403	127.32	Horizon	MGD		206.03				110.71	382.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HOLTER HOOKUP W/ANALYSIS<=30DAYS	93271	CPT	outpatient			403	127.32	Horizon	Indemnity		206.03				110.71	382.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HOLTER HOOKUP W/ANALYSIS<=30DAYS	93271	CPT	outpatient			403	127.32	Horizon	PPO		206.03				110.71	382.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HOLTER HOOKUP W/ANALYSIS<=30DAYS	93271	CPT	outpatient			403	127.32	Horizon	NJ Health		329.88				110.71	382.85	fee schedule	
HOLTER HOOKUP W/ANALYSIS<=30DAYS	93271	CPT	outpatient			403	127.32	Managed Care Inc	Managed Care Inc		362.7	90			110.71	382.85	percent of total billed charges	
HOLTER HOOKUP W/ANALYSIS<=30DAYS	93271	CPT	outpatient			403	127.32	Multiplan	Multiplan		322.4	80			110.71	382.85	percent of total billed charges	
HOLTER HOOKUP W/ANALYSIS<=30DAYS	93271	CPT	outpatient			403	127.32	Qualcare	Qualcare		302.25	75			110.71	382.85	percent of total billed charges	
HOLTER HOOKUP W/ANALYSIS<=30DAYS	93271	CPT	outpatient			403	127.32	Three Rivers	Three Rivers		382.85	95			110.71	382.85	percent of total billed charges	
HOLTER HOOKUP W/ANALYSIS<=30DAYS	93271	CPT	outpatient			403	127.32	UHC	Medicaid		127.15	31.55			110.71	382.85	percent of total billed charges	
HOLTER HOOKUP W/ANALYSIS<=30DAYS	93271	CPT	outpatient			403	127.32	UHC	Medicare		110.71				110.71	382.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HOLTER HOOKUP W/ANALYSIS<=30DAYS	93271	CPT	outpatient			403	127.32	Wellcare	Medicare		110.71				110.71	382.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HOLTER HOOKUP W/ANALYSIS<=30DAYS	93271	CPT	outpatient			403	127.32	Wellcare	Medicaid		127.15	31.55			110.71	382.85	percent of total billed charges	
HOLTER HOOKUP W/ANALYSIS<=30DAYS	93271	CPT	outpatient			403	127.32	WellPoint	WellPoint		129.69	32.18			110.71	382.85	percent of total billed charges	
SA ECG W/WO ECG	93278	CPT	outpatient			627	80.45	Aetna	Commercial		111.38				46.06	595.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SA ECG W/WO ECG	93278	CPT	outpatient			627	80.45	Aetna	Better Health		197.82	31.55			46.06	595.65	percent of total billed charges	
SA ECG W/WO ECG	93278	CPT	outpatient			627	80.45	Aetna	Medicare		69.96				46.06	595.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SA ECG W/WO ECG	93278	CPT	outpatient			627	80.45	Americare	Americare		470.25	75			46.06	595.65	percent of total billed charges	
SA ECG W/WO ECG	93278	CPT	outpatient			627	80.45	Amerihealth	HMO/PPO		407.55	65			46.06	595.65	percent of total billed charges	
SA ECG W/WO ECG	93278	CPT	outpatient			627	80.45	Amerihealth	Medicare		69.96				46.06	595.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SA ECG W/WO ECG	93278	CPT	outpatient			627	80.45	Consumer	Consumer		595.65	95			46.06	595.65	percent of total billed charges	
SA ECG W/WO ECG	93278	CPT	outpatient			627	80.45	Corrections	Corrections		501.6	80			46.06	595.65	percent of total billed charges	
SA ECG W/WO ECG	93278	CPT	outpatient			627	80.45	First Health	First Health		438.9	70			46.06	595.65	percent of total billed charges	
SA ECG W/WO ECG	93278	CPT	outpatient			627	80.45	First Trenton	First Trenton		564.3	90			46.06	595.65	percent of total billed charges	
SA ECG W/WO ECG	93278	CPT	outpatient			627	80.45	Horizon	PPO		130.2				46.06	595.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SA ECG W/WO ECG	93278	CPT	outpatient			627	80.45	Horizon	MGD		130.2				46.06	595.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SA ECG W/WO ECG	93278	CPT	outpatient			627	80.45	Horizon	Indemnity		130.2				46.06	595.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SA ECG W/WO ECG	93278	CPT	outpatient			627	80.45	Horizon	NJ Health		310.59				46.06	595.65	fee schedule	
SA ECG W/WO ECG	93278	CPT	outpatient			627	80.45	Horizon	Medicare Blue		69.96				46.06	595.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SA ECG W/WO ECG	93278	CPT	outpatient			627	80.45	Managed Care Inc	Managed Care Inc		564.3	90			46.06	595.65	percent of total billed charges	
SA ECG W/WO ECG	93278	CPT	outpatient			627	80.45	Multiplan	Multiplan		501.6	80			46.06	595.65	percent of total billed charges	
SA ECG W/WO ECG	93278	CPT	outpatient			627	80.45	Qualcare	Qualcare		470.25	75			46.06	595.65	percent of total billed charges	
SA ECG W/WO ECG	93278	CPT	outpatient			627	80.45	Three Rivers	Three Rivers		595.65	95			46.06	595.65	percent of total billed charges	
SA ECG W/WO ECG	93278	CPT	outpatient			627	80.45	UHC	Medicare		69.96				46.06	595.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SA ECG W/WO ECG	93278	CPT	outpatient			627	80.45	UHC	Medicaid		197.82	31.55			46.06	595.65	percent of total billed charges	
SA ECG W/WO ECG	93278	CPT	outpatient			627	80.45	Wellcare	Medicare		69.96				46.06	595.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SA ECG W/WO ECG	93278	CPT	outpatient			627	80.45	Wellcare	Medicaid		197.82	31.55			46.06	595.65	percent of total billed charges	
SA ECG W/WO ECG	93278	CPT	outpatient			627	80.45	WellPoint	WellPoint		201.77	32.18			46.06	595.65	percent of total billed charges	
REPROGRAMMING SQL PPM	93279	CPT	outpatient			244	49.6	Aetna	Medicare		43.13				41.02	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPROGRAMMING SQL PPM	93279	CPT	outpatient			244	49.6	Aetna	Commercial		68.66				41.02	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPROGRAMMING SQL PPM	93279	CPT	outpatient			244	49.6	Aetna	Better Health		76.98	31.55			41.02	231.8	percent of total billed charges	
REPROGRAMMING SQL PPM	93279	CPT	outpatient			244	49.6	Americare	Americare		183	75			41.02	231.8	percent of total billed charges	
REPROGRAMMING SQL PPM	93279	CPT	outpatient			244	49.6	Amerihealth	Medicare		43.13				41.02	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPROGRAMMING SQL PPM	93279	CPT	outpatient			244	49.6	Amerihealth	HMO/PPO		158.6	65			41.02	231.8	percent of total billed charges	
REPROGRAMMING SQL PPM	93279	CPT	outpatient			244	49.6	Consumer	Consumer		231.8	95			41.02	231.8	percent of total billed charges	
REPROGRAMMING SQL PPM	93279	CPT	outpatient			244	49.6	Corrections	Corrections		195.2	80			41.02	231.8	percent of total billed charges	
REPROGRAMMING SQL PPM	93279	CPT	outpatient			244	49.6	First Health	First Health		170.8	70			41.02	231.8	percent of total billed charges	
REPROGRAMMING SQL PPM	93279	CPT	outpatient			244	49.6	First Trenton	First Trenton		219.6	90			41.02	231.8	percent of total billed charges	
REPROGRAMMING SQL PPM	93279	CPT	outpatient			244	49.6	Horizon	PPO		80.26				41.02	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPROGRAMMING SQL PPM	93279	CPT	outpatient			244	49.6	Horizon	Indemnity		80.26				41.02	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPROGRAMMING SQL PPM	93279	CPT	outpatient			244	49.6	Horizon	MGD		80.26				41.02	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPROGRAMMING SQL PPM	93279	CPT	outpatient			244	49.6	Horizon	Medicare Blue		43.13				41.02	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPROGRAMMING SQL PPM	93279	CPT	outpatient			244	49.6	Horizon	NJ Health		74.15				41.02	231.8	fee schedule	
REPROGRAMMING SQL PPM	93279	CPT	outpatient			244	49.6	Managed Care Inc	Managed Care Inc		219.6	90			41.02	231.8	percent of total billed charges	
REPROGRAMMING SQL PPM	93279	CPT	outpatient			244	49.6	Multiplan	Multiplan		195.2	80			41.02	231.8	percent of total billed charges	
REPROGRAMMING SQL PPM	93279	CPT	outpatient			244	49.6	Qualcare	Qualcare		183	75			41.02	231.8	percent of total billed charges	
REPROGRAMMING SQL PPM	93279	CPT	outpatient			244	49.6	Three Rivers	Three Rivers		231.8	95			41.02	231.8	percent of total billed charges	
REPROGRAMMING SQL PPM	93279	CPT	outpatient			244	49.6	UHC	Medicaid		76.98	31.55			41.02	231.8	percent of total billed charges	
REPROGRAMMING SQL PPM	93279	CPT	outpatient			244	49.6	UHC	Medicare		43.13				41.02	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPROGRAMMING SQL PPM	93279	CPT	outpatient			244	49.6	Wellcare	Medicare		43.13				41.02	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPROGRAMMING SQL PPM	93279	CPT	outpatient			244	49.6	Wellcare	Medicaid		76.98	31.55			41.02	231.8	percent of total billed charges	
REPROGRAMMING SQL PPM	93279	CPT	outpatient			244	49.6	WellPoint	WellPoint		78.52	32.18			41.02	231.8	percent of total billed charges	
REPROGRAMMING DUAL PPM	93280	CPT	outpatient			244	49.6	Aetna	Better Health		76.98	31.55			43.13	231.8	percent of total billed charges	
REPROGRAMMING DUAL PPM	93280	CPT	outpatient			244	49.6	Aetna	Medicare		43.13				43.13	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPROGRAMMING DUAL PPM	93280	CPT	outpatient			244	49.6	Aetna	Commercial		68.66				43.13	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPROGRAMMING DUAL PPM	93280	CPT	outpatient			244	49.6	Americare	Americare		183	75			43.13	231.8	percent of total billed charges	
REPROGRAMMING DUAL PPM	93280	CPT	outpatient			244	49.6	Amerihealth	HMO/PPO		158.6	65			43.13	231.8	percent of total billed charges	
REPROGRAMMING DUAL PPM	93280	CPT	outpatient			244	49.6	Amerihealth	Medicare		43.13				43.13	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPROGRAMMING DUAL PPM	93280	CPT	outpatient			244	49.6	Consumer	Consumer		231.8	95			43.13	231.8	percent of total billed charges	
REPROGRAMMING DUAL PPM	93280	CPT	outpatient			244	49.6	Corrections	Corrections		195.2	80			43.13	231.8	percent of total billed charges	
REPROGRAMMING DUAL PPM	93280	CPT	outpatient			244	49.6	First Health	First Health		170.8	70			43.13	231.8	percent of total billed charges	
REPROGRAMMING DUAL PPM	93280	CPT	outpatient			244	49.6	First Trenton	First Trenton		219.6	90			43.13	231.8	percent of total billed charges	
REPROGRAMMING DUAL PPM	93280	CPT	outpatient			244	49.6	Horizon	PPO		80.26				43.13	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPROGRAMMING DUAL PPM	93280	CPT	outpatient			244	49.6	Horizon	MGD		80.26				43.13	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPROGRAMMING DUAL PPM	93280	CPT	outpatient			244	49.6	Horizon	Medicare Blue		43.13				43.13	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPROGRAMMING DUAL PPM	93280	CPT	outpatient			244	49.6	Horizon	NJ Health		86.57				43.13	231.8	fee schedule	
REPROGRAMMING DUAL PPM	93280	CPT	outpatient			244	49.6	Horizon	Indemnity		80.26				43.13	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPROGRAMMING DUAL PPM	93280	CPT	outpatient			244	49.6	Managed Care Inc	Managed Care Inc		219.6	90			43.13	231.8	percent of total billed charges	
REPROGRAMMING DUAL PPM	93280	CPT	outpatient			244	49.6	Multiplan	Multiplan		195.2	80			43.13	231.8	percent of total billed charges	
REPROGRAMMING DUAL PPM	93280	CPT	outpatient			244	49.6	Qualcare	Qualcare		183	75			43.13	231.8	percent of total billed charges	
REPROGRAMMING DUAL PPM	93280	CPT	outpatient			244	49.6	Three Rivers	Three Rivers		231.8	95			43.13	231.8	percent of total billed charges	
REPROGRAMMING DUAL PPM	93280	CPT	outpatient			244	49.6	UHC	Medicare		43.13				43.13	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPROGRAMMING DUAL PPM	93280	CPT	outpatient			244	49.6	UHC	Medicaid		76.98	31.55			43.13	231.8	percent of total billed charges	
REPROGRAMMING DUAL PPM	93280	CPT	outpatient			244	49.6	Wellcare	Medicare		43.13				43.13	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPROGRAMMING DUAL PPM	93280	CPT	outpatient			244	49.6	Wellcare	Medicaid		76.98	31.55			43.13	231.8	percent of total billed charges	
REPROGRAMMING DUAL PPM	93280	CPT	outpatient			244	49.6	WellPoint	WellPoint		78.52	32.18			43.13	231.8	percent of total billed charges	
REPROGRAMMING BIV PPM	93281	CPT	outpatient			244	49.6	Aetna	Commercial		68.66				41.02	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPROGRAMMING BIV PPM	93281	CPT	outpatient			244	49.6	Aetna	Better Health		76.98	31.55			41.02	231.8	percent of total billed charges	
REPROGRAMMING BIV PPM	93281	CPT	outpatient			244	49.6	Aetna	Medicare		43.13				41.02	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPROGRAMMING BIV PPM	93281	CPT	outpatient			244	49.6	Americare	Americare		183	75			41.02	231.8	percent of total billed charges	
REPROGRAMMING BIV PPM	93281	CPT	outpatient			244	49.6	Amerihealth	Medicare		43.13				41.02	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPROGRAMMING BIV PPM	93281	CPT	outpatient			244	49.6	Amerihealth	HMO/PPO		158.6	65			41.02	231.8	percent of total billed charges	
REPROGRAMMING BIV PPM	93281	CPT	outpatient			244	49.6	Consumer	Consumer		231.8	95			41.02	231.8	percent of total billed charges	
REPROGRAMMING BIV PPM	93281	CPT	outpatient			244	49.6	Corrections	Corrections		195.2	80			41.02	231.8	percent of total billed charges	
REPROGRAMMING BIV PPM	93281	CPT	outpatient			244	49.6	First Health	First Health		170.8	70			41.02	231.8	percent of total billed charges	
REPROGRAMMING BIV PPM	93281	CPT	outpatient			244	49.6	First Trenton	First Trenton		219.6	90			41.02	231.8	percent of total billed charges	
REPROGRAMMING BIV PPM	93281	CPT	outpatient			244	49.6	Horizon	PPO		80.26				41.02	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPROGRAMMING BIV PPM	93281	CPT	outpatient			244	49.6	Horizon	MGD		80.26				41.02	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPROGRAMMING BIV PPM	93281	CPT	outpatient			244	49.6	Horizon	Medicare Blue		43.13				41.02	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPROGRAMMING BIV PPM	93281	CPT	outpatient			244	49.6	Horizon	NJ Health		99.96				41.02	231.8	fee schedule	
REPROGRAMMING BIV PPM	93281	CPT	outpatient			244	49.6	Horizon	Indemnity		80.26				41.02	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPROGRAMMING BIV PPM	93281	CPT	outpatient			244	49.6	Managed Care Inc	Managed Care Inc		219.6	90			41.02	231.8	percent of total billed charges	
REPROGRAMMING BIV PPM	93281	CPT	outpatient			244	49.6	Multiplan	Multiplan		195.2	80			41.02	231.8	percent of total billed charges	
REPROGRAMMING BIV PPM	93281	CPT	outpatient			244	49.6	Qualcare	Qualcare		183	75			41.02	231.8	percent of total billed charges	
REPROGRAMMING BIV PPM	93281	CPT	outpatient			244	49.6	Three Rivers	Three Rivers		231.8	95			41.02	231.8	percent of total billed charges	
REPROGRAMMING BIV PPM	93281	CPT	outpatient			244	49.6	UHC	Medicare		43.13				41.02	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPROGRAMMING BIV PPM	93281	CPT	outpatient			244	49.6	UHC	Medicaid		76.98	31.55			41.02	231.8	percent of total billed charges	
REPROGRAMMING BIV PPM	93281	CPT	outpatient			244	49.6	Wellcare	Medicare		43.13				41.02	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPROGRAMMING BIV PPM	93281	CPT	outpatient			244	49.6	Wellcare	Medicaid		76.98	31.55			41.02	231.8	percent of total billed charges	
REPROGRAMMING BIV PPM	93281	CPT	outpatient			244	49.6	WellPoint	WellPoint		78.52	32.18			41.02	231.8	percent of total billed charges	
REPROGRAMMING SQL ICD	93282	CPT	outpatient			244	49.6	Aetna	Better Health		76.98	31.55			43.13	231.8	percent of total billed charges	
REPROGRAMMING SQL ICD	93282	CPT	outpatient			244	49.6	Aetna	Commercial		68.66				43.13	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPROGRAMMING SQL ICD	93282	CPT	outpatient			244	49.6	Aetna	Medicare		43.13				43.13	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPROGRAMMING SQL ICD	93282	CPT	outpatient			244	49.6	Americare	Americare		183	75			43.13	231.8	percent of total billed charges	
REPROGRAMMING SQL ICD	93282	CPT	outpatient			244	49.6	Amerihealth	Medicare		43.13				43.13	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPROGRAMMING SQL ICD	93282	CPT	outpatient			244	49.6	Amerihealth	HMO/PPO		158.6	65			43.13	231.8	percent of total billed charges	
REPROGRAMMING SQL ICD	93282	CPT	outpatient			244	49.6	Consumer	Consumer		231.8	95			43.13	231.8	percent of total billed charges	
REPROGRAMMING SQL ICD	93282	CPT	outpatient			244	49.6	Corrections	Corrections		195.2	80			43.13	231.8	percent of total billed charges	
REPROGRAMMING SQL ICD	93282	CPT	outpatient			244	49.6	First Health	First Health		170.8	70			43.13	231.8	percent of total billed charges	
REPROGRAMMING SQL ICD	93282	CPT	outpatient			244	49.6	First Trenton	First Trenton		219.6	90			43.13	231.8	percent of total billed charges	
REPROGRAMMING SQL ICD	93282	CPT	outpatient			244	49.6	Horizon	MGD		80.26				43.13	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPROGRAMMING SQL ICD	93282	CPT	outpatient			244	49.6	Horizon	Medicare Blue		43.13				43.13	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPROGRAMMING SQL ICD	93282	CPT	outpatient			244	49.6	Horizon	Indemnity		80.26				43.13	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPROGRAMMING SQL ICD	93282	CPT	outpatient			244	49.6	Horizon	NJ Health		88.92				43.13	231.8	fee schedule	
REPROGRAMMING SQL ICD	93282	CPT	outpatient			244	49.6	Horizon	PPO		80.26				43.13	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPROGRAMMING SQL ICD	93282	CPT	outpatient			244	49.6	Managed Care Inc	Managed Care Inc		219.6	90			43.13	231.8	percent of total billed charges	
REPROGRAMMING SQL ICD	93282	CPT	outpatient			244	49.6	Multiplan	Multiplan		195.2	80			43.13	231.8	percent of total billed charges	
REPROGRAMMING SQL ICD	93282	CPT	outpatient			244	49.6	Qualcare	Qualcare		183	75			43.13	231.8	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.															
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true														
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
REPROGRAMMING SGL ICD	93282	CPT	outpatient			244		49.6 Three Rivers	Three Rivers		231.8	95			43.13	231.8	percent of total billed charges	
REPROGRAMMING SGL ICD	93282	CPT	outpatient			244		49.6 UHC	Medicare		43.13				43.13		231.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPROGRAMMING SGL ICD	93282	CPT	outpatient			244		49.6 UHC	Medicaid		76.98	31.55			43.13		231.8 percent of total billed charges	
REPROGRAMMING SGL ICD	93282	CPT	outpatient			244		49.6 Wellcare	Medicaid		76.98	31.55			43.13		231.8 percent of total billed charges	
REPROGRAMMING SGL ICD	93282	CPT	outpatient			244		49.6 Wellcare	Medicare		43.13				43.13		231.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPROGRAMMING SGL ICD	93282	CPT	outpatient			244		49.6 WellPoint	WellPoint		78.52	32.18			43.13		231.8 percent of total billed charges	
REPROGRAMMING DUAL ICD	93283	CPT	outpatient			244		49.6 Aetna	Better Health		76.98	31.55			43.13		231.8 percent of total billed charges	
REPROGRAMMING DUAL ICD	93283	CPT	outpatient			244		49.6 Aetna	Commercial		68.66				43.13		231.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPROGRAMMING DUAL ICD	93283	CPT	outpatient			244		49.6 Aetna	Medicare		43.13				43.13		231.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPROGRAMMING DUAL ICD	93283	CPT	outpatient			244		49.6 Americare	Americare		183	75			43.13		231.8 percent of total billed charges	
REPROGRAMMING DUAL ICD	93283	CPT	outpatient			244		49.6 Amerihealth	HMO/PPO		158.6	65			43.13		231.8 percent of total billed charges	
REPROGRAMMING DUAL ICD	93283	CPT	outpatient			244		49.6 Amerihealth	Medicare		43.13				43.13		231.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPROGRAMMING DUAL ICD	93283	CPT	outpatient			244		49.6 Consumer	Consumer		231.8	95			43.13		231.8 percent of total billed charges	
REPROGRAMMING DUAL ICD	93283	CPT	outpatient			244		49.6 Corrections	Corrections		195.2	80			43.13		231.8 percent of total billed charges	
REPROGRAMMING DUAL ICD	93283	CPT	outpatient			244		49.6 First Health	First Health		170.8	70			43.13		231.8 percent of total billed charges	
REPROGRAMMING DUAL ICD	93283	CPT	outpatient			244		49.6 First Trenton	First Trenton		219.6	90			43.13		231.8 percent of total billed charges	
REPROGRAMMING DUAL ICD	93283	CPT	outpatient			244		49.6 Horizon	PPO		80.26				43.13		231.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPROGRAMMING DUAL ICD	93283	CPT	outpatient			244		49.6 Horizon	MGD		80.26				43.13		231.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPROGRAMMING DUAL ICD	93283	CPT	outpatient			244		49.6 Horizon	Medicare Blue		43.13				43.13		231.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPROGRAMMING DUAL ICD	93283	CPT	outpatient			244		49.6 Horizon	NJ Health		122.7				43.13		231.8 fee schedule	
REPROGRAMMING DUAL ICD	93283	CPT	outpatient			244		49.6 Horizon	Indemnity		80.26				43.13		231.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPROGRAMMING DUAL ICD	93283	CPT	outpatient			244		49.6 Managed Care Inc	Managed Care Inc		219.6	90			43.13		231.8 percent of total billed charges	
REPROGRAMMING DUAL ICD	93283	CPT	outpatient			244		49.6 Multiplan	Multiplan		195.2	80			43.13		231.8 percent of total billed charges	
REPROGRAMMING DUAL ICD	93283	CPT	outpatient			244		49.6 Qualcare	Qualcare		183	75			43.13		231.8 percent of total billed charges	
REPROGRAMMING DUAL ICD	93283	CPT	outpatient			244		49.6 Three Rivers	Three Rivers		231.8	95			43.13		231.8 percent of total billed charges	
REPROGRAMMING DUAL ICD	93283	CPT	outpatient			244		49.6 UHC	Medicare		43.13				43.13		231.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPROGRAMMING DUAL ICD	93283	CPT	outpatient			244		49.6 UHC	Medicaid		76.98	31.55			43.13		231.8 percent of total billed charges	
REPROGRAMMING DUAL ICD	93283	CPT	outpatient			244		49.6 Wellcare	Medicare		43.13				43.13		231.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPROGRAMMING DUAL ICD	93283	CPT	outpatient			244		49.6 Wellcare	Medicaid		76.98	31.55			43.13		231.8 percent of total billed charges	
REPROGRAMMING DUAL ICD	93283	CPT	outpatient			244		49.6 WellPoint	WellPoint		78.52	32.18			43.13		231.8 percent of total billed charges	
REPROGRAMMING BIV ICD	93284	CPT	outpatient			244		49.6 Aetna	Better Health		76.98	31.55			43.13		231.8 percent of total billed charges	
REPROGRAMMING BIV ICD	93284	CPT	outpatient			244		49.6 Aetna	Medicare		43.13				43.13		231.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPROGRAMMING BIV ICD	93284	CPT	outpatient			244		49.6 Aetna	Commercial		68.66				43.13		231.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPROGRAMMING BIV ICD	93284	CPT	outpatient			244		49.6 Americare	Americare		183	75			43.13		231.8 percent of total billed charges	
REPROGRAMMING BIV ICD	93284	CPT	outpatient			244		49.6 Amerihealth	HMO/PPO		158.6	65			43.13		231.8 percent of total billed charges	
REPROGRAMMING BIV ICD	93284	CPT	outpatient			244		49.6 Amerihealth	Medicare		43.13				43.13		231.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPROGRAMMING BIV ICD	93284	CPT	outpatient			244		49.6 Consumer	Consumer		231.8	95			43.13		231.8 percent of total billed charges	
REPROGRAMMING BIV ICD	93284	CPT	outpatient			244		49.6 Corrections	Corrections		195.2	80			43.13		231.8 percent of total billed charges	
REPROGRAMMING BIV ICD	93284	CPT	outpatient			244		49.6 First Health	First Health		170.8	70			43.13		231.8 percent of total billed charges	
REPROGRAMMING BIV ICD	93284	CPT	outpatient			244		49.6 First Trenton	First Trenton		219.6	90			43.13		231.8 percent of total billed charges	
REPROGRAMMING BIV ICD	93284	CPT	outpatient			244		49.6 Horizon	MGD		80.26				43.13		231.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPROGRAMMING BIV ICD	93284	CPT	outpatient			244		49.6 Horizon	Medicare Blue		43.13				43.13		231.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPROGRAMMING BIV ICD	93284	CPT	outpatient			244		49.6 Horizon	PPO		80.26				43.13		231.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPROGRAMMING BIV ICD	93284	CPT	outpatient			244		49.6 Horizon	Indemnity		80.26				43.13		231.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPROGRAMMING BIV ICD	93284	CPT	outpatient			244		49.6 Horizon	NJ Health		138.2				43.13		231.8 fee schedule	
REPROGRAMMING BIV ICD	93284	CPT	outpatient			244		49.6 Managed Care Inc	Managed Care Inc		219.6	90			43.13		231.8 percent of total billed charges	
REPROGRAMMING BIV ICD	93284	CPT	outpatient			244		49.6 Multiplan	Multiplan		195.2	80			43.13		231.8 percent of total billed charges	
REPROGRAMMING BIV ICD	93284	CPT	outpatient			244		49.6 Qualcare	Qualcare		183	75			43.13		231.8 percent of total billed charges	
REPROGRAMMING BIV ICD	93284	CPT	outpatient			244		49.6 Three Rivers	Three Rivers		231.8	95			43.13		231.8 percent of total billed charges	
REPROGRAMMING BIV ICD	93284	CPT	outpatient			244		49.6 UHC	Medicaid		76.98	31.55			43.13		231.8 percent of total billed charges	
REPROGRAMMING BIV ICD	93284	CPT	outpatient			244		49.6 UHC	Medicare		43.13				43.13		231.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPROGRAMMING BIV ICD	93284	CPT	outpatient			244		49.6 Wellcare	Medicare		43.13				43.13		231.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPROGRAMMING BIV ICD	93284	CPT	outpatient			244		49.6 Wellcare	Medicaid		76.98	31.55			43.13		231.8 percent of total billed charges	
REPROGRAMMING BIV ICD	93284	CPT	outpatient			244		49.6 WellPoint	WellPoint		78.52	32.18			43.13		231.8 percent of total billed charges	
REGROGRAMMING LOOP RECORDER	93285	CPT	inpatient			244		49.6 Aetna	Medicare		43.13				43.13		231.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REGROGRAMMING LOOP RECORDER	93285	CPT	inpatient			244		49.6 Aetna	Commercial		68.66				43.13		231.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REGROGRAMMING LOOP RECORDER	93285	CPT	inpatient			244		49.6 Aetna	Better Health		76.98	31.55			43.13		231.8 percent of total billed charges	
REGROGRAMMING LOOP RECORDER	93285	CPT	inpatient			244		49.6 Americare	Americare		183	75			43.13		231.8 percent of total billed charges	
REGROGRAMMING LOOP RECORDER	93285	CPT	inpatient			244		49.6 Amerihealth	Medicare		43.13				43.13		231.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REGROGRAMMING LOOP RECORDER	93285	CPT	inpatient			244		49.6 Amerihealth	HMO/PPO		158.6	65			43.13		231.8 percent of total billed charges	
REGROGRAMMING LOOP RECORDER	93285	CPT	inpatient			244		49.6 Consumer	Consumer		231.8	95			43.13		231.8 percent of total billed charges	
REGROGRAMMING LOOP RECORDER	93285	CPT	inpatient			244		49.6 Corrections	Corrections		195.2	80			43.13		231.8 percent of total billed charges	
REGROGRAMMING LOOP RECORDER	93285	CPT	inpatient			244		49.6 First Health	First Health		170.8	70			43.13		231.8 percent of total billed charges	
REGROGRAMMING LOOP RECORDER	93285	CPT	inpatient			244		49.6 First Trenton	First Trenton		219.6	90			43.13		231.8 percent of total billed charges	
REGROGRAMMING LOOP RECORDER	93285	CPT	inpatient			244		49.6 Horizon	MGD		80.26				43.13		231.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REGROGRAMMING LOOP RECORDER	93285	CPT	inpatient			244		49.6 Horizon	Medicare Blue		43.13				43.13		231.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REGROGRAMMING LOOP RECORDER	93285	CPT	inpatient			244		49.6 Horizon	Indemnity		80.26				43.13		231.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REGROGRAMMING LOOP RECORDER	93285	CPT	inpatient			244		49.6 Horizon	PPO		80.26				43.13		231.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REGROGRAMMING LOOP RECORDER	93285	CPT	inpatient			244		49.6 Managed Care Inc	Managed Care Inc		219.6	90			43.13		231.8 percent of total billed charges	
REGROGRAMMING LOOP RECORDER	93285	CPT	inpatient			244		49.6 Multiplan	Multiplan		195.2	80			43.13		231.8 percent of total billed charges	
REGROGRAMMING LOOP RECORDER	93285	CPT	inpatient			244		49.6 Qualcare	Qualcare		183	75			43.13		231.8 percent of total billed charges	
REGROGRAMMING LOOP RECORDER	93285	CPT	inpatient			244		49.6 Three Rivers	Three Rivers		231.8	95			43.13		231.8 percent of total billed charges	
REGROGRAMMING LOOP RECORDER	93285	CPT	inpatient			244		49.6 UHC	Medicare		43.13				43.13		231.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REGROGRAMMING LOOP RECORDER	93285	CPT	inpatient			244		49.6 UHC	Medicaid		76.98	31.55			43.13		231.8 percent of total billed charges	
REGROGRAMMING LOOP RECORDER	93285	CPT	inpatient			244		49.6 Wellcare	Medicare		43.13				43.13		231.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REGROGRAMMING LOOP RECORDER	93285	CPT	inpatient			244		49.6 Wellcare	Medicaid		76.98	31.55			43.13		231.8 percent of total billed charges	
REGROGRAMMING LOOP RECORDER	93285	CPT	inpatient			244		49.6 WellPoint	WellPoint		78.52	32.18			43.13		231.8 percent of total billed charges	
REPROGRAMMING PER-PROCEDURE PPM	93286	CPT	outpatient			244		Aetna	Better Health		76.98	31.55			73.2		231.8 percent of total billed charges	
REPROGRAMMING PER-PROCEDURE PPM	93286	CPT	outpatient			244		Aetna	Medicare		75.15	30.8			73.2		231.8 percent of total billed charges	
REPROGRAMMING PER-PROCEDURE PPM	93286	CPT	outpatient			244		Aetna	Commercial		92.72	38			73.2		231.8 percent of total billed charges	
REPROGRAMMING PER-PROCEDURE PPM	93286	CPT	outpatient			244		Americare	Americare		183	75			73.2		231.8 percent of total billed charges	
REPROGRAMMING PER-PROCEDURE PPM	93286	CPT	outpatient			244		Amerihealth	HMO/PPO		158.6	65			73.2		231.8 percent of total billed charges	
REPROGRAMMING PER-PROCEDURE PPM	93286	CPT	outpatient			244		Consumer	Consumer		231.8	95			73.2		231.8 percent of total billed charges	
REPROGRAMMING PER-PROCEDURE PPM	93286	CPT	outpatient			244		Corrections	Corrections		195.2	80			73.2		231.8 percent of total billed charges	
REPROGRAMMING PER-PROCEDURE PPM	93286	CPT	outpatient			244		First Health	First Health		170.8	70			73.2		231.8 percent of total billed charges	
REPROGRAMMING PER-PROCEDURE PPM	93286	CPT	outpatient			244		First Trenton	First Trenton		219.6	90			73.2		231.8 percent of total billed charges	
REPROGRAMMING PER-PROCEDURE PPM	93286	CPT	outpatient			244		Horizon	MGD		93.4	38.28			73.2		231.8 percent of total billed charges	
REPROGRAMMING PER-PROCEDURE PPM	93286	CPT	outpatient			244		Horizon	Medicare Blue		73.2	30			73.2		231.8 percent of total billed charges	
REPROGRAMMING PER-PROCEDURE PPM	93286	CPT	outpatient			244		Horizon	Indemnity		93.4	38.28			73.2		231.8 percent of total billed charges	
REPROGRAMMING PER-PROCEDURE PPM	93286	CPT	outpatient			244		Horizon	PPO		93.4	38.28			73.2		231.8 percent of total billed charges	
REPROGRAMMING PER-PROCEDURE PPM	93286	CPT	outpatient			244		Managed Care Inc	Managed Care Inc		219.6	90			73.2		231.8 percent of total billed charges	
REPROGRAMMING PER-PROCEDURE PPM	93286	CPT	outpatient			244		Multiplan	Multiplan		195.2	80			73.2		231.8 percent of total billed charges	
REPROGRAMMING PER-PROCEDURE PPM	93286	CPT	outpatient			244		Qualcare	Qualcare		183	75			73.2		231.8 percent of total billed charges	
REPROGRAMMING PER-PROCEDURE PPM	93286	CPT	outpatient			244		Three Rivers	Three Rivers		231.8	95			73.2		231.8 percent of total billed charges	
REPROGRAMMING PER-PROCEDURE PPM	93286	CPT	outpatient			244		UHC	Medicaid		76.98	31.55			73.2		231.8 percent of total billed charges	
REPROGRAMMING PER-PROCEDURE PPM	93286	CPT	outpatient			244		Wellcare	Medicaid		76.98	31.55			73.2		231.8 percent of total billed charges	
REPROGRAMMING PER-PROCEDURE PPM	93286	CPT	outpatient			244		WellPoint	WellPoint		78.52	32.18			73.2		231.8 percent of total billed charges	
REPROGRAMMING PER-PROCEDURE ICD	93287	CPT	inpatient			244		Aetna	Better Health		76.98	31.55			51.34		231.8 percent of total billed charges	
REPROGRAMMING PER-PROCEDURE ICD	93287	CPT	inpatient			244		Aetna	Medicare		75.15	30.8			51.34		231.8 percent of total billed charges	
REPROGRAMMING PER-PROCEDURE ICD	93287	CPT	inpatient			244		Aetna	Commercial		92.72	38			51.34		231.8 percent of total billed charges	
REPROGRAMMING PER-PROCEDURE ICD	93287	CPT	inpatient			244		Americare	Americare		183	75			51.34		231.8 percent of total billed charges	
REPROGRAMMING PER-PROCEDURE ICD	93287	CPT	inpatient			244		Amerihealth	HMO/PPO		158.6	65			51.34		231.8 percent of total billed charges	
REPROGRAMMING PER-PROCEDURE ICD	93287	CPT	inpatient			244		Consumer	Consumer		231.8	95			51.34		231.8 percent of total billed charges	
REPROGRAMMING PER-PROCEDURE ICD	93287	CPT	inpatient			244		Corrections	Corrections		195.2	80			51.34		231.8 percent of total billed charges	
REPROGRAMMING PER-PROCEDURE ICD	93287	CPT	inpatient			244		First Health	First Health		170.8	70			51.34		231.8 percent of total billed charges	
REPROGRAMMING PER-PROCEDURE ICD	93287	CPT	inpatient			244		First Trenton	First Trenton		219.6	90			51.34		231.8 percent of total billed charges	
REPROGRAMMING PER-PROCEDURE ICD	93287	CPT	inpatient			244		Horizon	Medicare Blue		73.2	30			51.34		231.8 percent of total billed charges	
REPROGRAMMING PER-PROCEDURE ICD	93287	CPT	inpatient			244		Horizon	Indemnity		93.4	38.28			51.34		231.8 percent of total billed charges	
REPROGRAMMING PER-PROCEDURE ICD	93287	CPT	inpatient			244		Horizon	MGD		93.4	38.28			51.34		231.8 percent of total billed charges	
REPROGRAMMING PER-PROCEDURE ICD	93287	CPT	inpatient			244		Horizon	PPO		93.4	38.28			51.34		231.8 percent of total billed charges	
REPROGRAMMING PER-PROCEDURE ICD	93287	CPT	inpatient			244		Horizon	NJ Health		51.34				51.34		231.8 fee schedule	
REPROGRAMMING PER-PROCEDURE ICD	93287	CPT	inpatient			244		Managed Care Inc	Managed Care Inc		219.6	90			51.34		231.8 percent of total billed charges	
REPROGRAMMING PER-PROCEDURE ICD	93287	CPT	inpatient			244		Multiplan	Multiplan		195.2	80			51.34		231.8 percent of total billed charges	
REPROGRAMMING PER-PROCEDURE ICD	93287	CPT	inpatient			244		Qualcare	Qualcare		183	75			51.34		231.8 percent of total billed charges	
REPROGRAMMING PER-PROCEDURE ICD	93287	CPT	inpatient			244		Three Rivers	Three Rivers		231.8	95			51.34		231.8 percent of total billed charges	
REPROGRAMMING PER-PROCEDURE ICD	93287	CPT	inpatient			244		UHC	Medicaid		76.98	31.55			51.34		231.8 percent of total billed charges	
REPROGRAMMING PER-PROCEDURE ICD	93287	CPT	inpatient			244		Wellcare	Medicaid		76.98	31.55			51.34		231.8 percent of total billed charges	
REPROGRAMMING PER-PROCEDURE ICD	93287	CPT	inpatient			244		WellPoint	WellPoint		78.52	32.18			51.34		231.8 percent of total billed charges	
PM DEVICE EVAL IN PERSON	93288	CPT	both			151		49.6 Aetna	Commercial		68.66				41.02		143.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PM DEVICE EVAL IN PERSON	93288	CPT	both			151		49.6 Aetna	Medicare		43.13				41.02		143.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PM DEVICE EVAL IN PERSON	93288	CPT	both			151		49.6 Aetna	Better Health		47.64	31.55			41.02		143.45 percent of total billed charges	
PM DEVICE EVAL IN PERSON	93288	CPT	both			151		49.6 Americare	Americare		113.25	75			41.02		143.45 percent of total billed charges	
PM DEVICE EVAL IN PERSON	93288	CPT	both			151		49.6 Amerihealth	HMO/PPO		98.15	65			41.02		143.45 percent of total billed charges	
PM DEVICE EVAL IN PERSON	93288	CPT	both			151		49.6 Amerihealth	Medicare		43.13				41.02		143.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PM DEVICE EVAL IN PERSON	93288	CPT	both			151		49.6 Consumer	Consumer		143.45	95			41.02		143.45 percent of total billed charges	
PM DEVICE EVAL IN PERSON	93288	CPT	both			151		49.6 Corrections	Corrections		120.8	80			41.02		143.45 percent of total billed charges	
PM DEVICE EVAL IN PERSON	93288	CPT	both			151		49.6 First Health	First Health		105.7	70			41.02		143.45 percent of total billed charges	
PM DEVICE EVAL IN PERSON	93288	CPT	both			151		49.6 First Trenton	First Trenton		135.9	90			41.02		143.45 percent of total billed charges	
PM DEVICE EVAL IN PERSON	93288	CPT	both			151		49.6 Horizon	PPO		80.26				41.02		143.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PM DEVICE EVAL IN PERSON	93288	CPT	both			151		49.6 Horizon	Medicare Blue		43.13				41.02		143.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PM DEVICE EVAL IN PERSON	93288	CPT	both			151		49.6 Horizon	MGD		80.26				41.02		143.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PM DEVICE EVAL IN PERSON	93288	CPT	both			151		49.6 Horizon	Indemnity		80.26				41.02		143.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PM DEVICE EVAL IN PERSON	93288	CPT	both			151		49.6 Horizon	NJ Health		56.17				41.02		143.45 fee schedule	
PM DEVICE EVAL IN PERSON	93288	CPT	both			151		49.6 Managed Care Inc	Managed Care Inc		135.9	90			41.02		143.45 percent of total billed charges	
PM DEVICE EVAL IN PERSON	93288	CPT	both			151		49.6 Multiplan	Multiplan		120.8	80			41.02		143.45 percent of total billed charges	
PM DEVICE EVAL IN PERSON	93288	CPT	both			151		49.6 Qualcare	Qualcare		113.25	75			41.02		143.45 percent of total billed charges	
PM DEVICE EVAL IN PERSON	93288	CPT	both			151		49.6 Three Rivers	Three Rivers		143.45	95			41.02		143.45 percent of total billed charges	
PM DEVICE EVAL IN PERSON	93288	CPT	both			151		49.6 UHC	Medicaid		47.64	31.55			41.02		143.45 percent of total billed charges	
PM DEVICE EVAL IN PERSON	93288	CPT	both			151		49.6 UHC	Medicare		43.13				41.02		143.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PM DEVICE EVAL IN PERSON	93288	CPT	both			151		49.6 Wellcare	Medicaid		47.64	31.55			41.02		143.45 percent of total billed charges	
PM DEVICE EVAL IN PERSON	93288	CPT	both			151		49.6 Wellcare	Medicare		43.13				41.02		143.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PM DEVICE EVAL IN PERSON	93288	CPT	both			151		49.6 WellPoint	WellPoint		48.59	32.18			41.02		143.45 percent of total billed charges	
INTERROGATION OF ICD	93289	CPT	both			151		49.6 Aetna	Commercial		68.66				40.04		143.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERROGATION OF ICD	93289	CPT	both			151		49.6 Aetna	Medicare		46.51	30.8			40.04		143.45 percent of total billed charges	
INTERROGATION OF ICD	93289	CPT	both			151		49.6 Aetna	Better Health		47.64	31.55			40.04		143.45 percent of total billed charges	
INTERROGATION OF ICD	93289	CPT	both			151		49.6 Americare	Americare		113.25	75			40.04		143.45 percent of total billed charges	
INTERROGATION OF ICD	93289	CPT	both			151		49.6 Amerihealth	HMO/PPO		98.15	65			40.04		143.45 percent of total billed charges	
INTERROGATION OF ICD	93289	CPT	both			151		49.6 Amerihealth	Medicare		43.13				40.04		143.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
INTERROGATION OF ICD	93289	CPT	both			151		49.6 Consumer	Consumer		143.45	95			40.04	143.45	percent of total billed charges	
INTERROGATION OF ICD	93289	CPT	both			151		49.6 Corrections	Corrections		120.8	80			40.04	143.45	percent of total billed charges	
INTERROGATION OF ICD	93289	CPT	both			151		49.6 First Health	First Health		105.7	70			40.04	143.45	percent of total billed charges	
INTERROGATION OF ICD	93289	CPT	both			151		49.6 First Trenton	First Trenton		135.9	90			40.04	143.45	percent of total billed charges	
INTERROGATION OF ICD	93289	CPT	both			151		49.6 Horizon	PPO		80.26				40.04	143.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERROGATION OF ICD	93289	CPT	both			151		49.6 Horizon	Medicare Blue		43.13				40.04	143.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERROGATION OF ICD	93289	CPT	both			151		49.6 Horizon	MGD		80.26				40.04	143.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERROGATION OF ICD	93289	CPT	both			151		49.6 Horizon	Indemnity		80.26				40.04	143.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERROGATION OF ICD	93289	CPT	both			151		49.6 Horizon	NJ Health		97.64				40.04	143.45	fee schedule	
INTERROGATION OF ICD	93289	CPT	both			151		49.6 Managed Care Inc	Managed Care Inc		135.9	90			40.04	143.45	percent of total billed charges	
INTERROGATION OF ICD	93289	CPT	both			151		49.6 Multiplan	Multiplan		120.8	80			40.04	143.45	percent of total billed charges	
INTERROGATION OF ICD	93289	CPT	both			151		49.6 Qualcare	Qualcare		113.25	75			40.04	143.45	percent of total billed charges	
INTERROGATION OF ICD	93289	CPT	both			151		49.6 Three Rivers	Three Rivers		143.45	95			40.04	143.45	percent of total billed charges	
INTERROGATION OF ICD	93289	CPT	both			151		49.6 UHC	Medicare		43.13				40.04	143.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERROGATION OF ICD	93289	CPT	both			151		49.6 UHC	Medicaid		47.64	31.55			40.04	143.45	percent of total billed charges	
INTERROGATION OF ICD	93289	CPT	both			151		49.6 Wellcare	Medicare		43.13				40.04	143.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERROGATION OF ICD	93289	CPT	both			151		49.6 Wellcare	Medicaid		47.64	31.55			40.04	143.45	percent of total billed charges	
INTERROGATION OF ICD	93289	CPT	both			151		49.6 WellPoint	WellPoint		48.59	32.18			40.04	143.45	percent of total billed charges	
INTERROGATION OF ICD	93290	CPT	outpatient			244		49.6 Aetna	Medicare		43.13				31.55	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERROGATION OF ICD	93290	CPT	outpatient			244		49.6 Aetna	Better Health		76.98	31.55			31.55	231.8	percent of total billed charges	
INTERROGATION OF ICD	93290	CPT	outpatient			244		49.6 Aetna	Commercial		68.66				31.55	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERROGATION OF ICD	93290	CPT	outpatient			244		49.6 Americare	Americare		183	75			31.55	231.8	percent of total billed charges	
INTERROGATION OF ICD	93290	CPT	outpatient			244		49.6 Amerihealth	HMO/PPO		158.6	65			31.55	231.8	percent of total billed charges	
INTERROGATION OF ICD	93290	CPT	outpatient			244		49.6 Amerihealth	Medicare		43.13				31.55	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERROGATION OF ICD	93290	CPT	outpatient			244		49.6 Consumer	Consumer		231.8	95			31.55	231.8	percent of total billed charges	
INTERROGATION OF ICD	93290	CPT	outpatient			244		49.6 Corrections	Corrections		195.2	80			31.55	231.8	percent of total billed charges	
INTERROGATION OF ICD	93290	CPT	outpatient			244		49.6 First Health	First Health		170.8	70			31.55	231.8	percent of total billed charges	
INTERROGATION OF ICD	93290	CPT	outpatient			244		49.6 First Trenton	First Trenton		219.6	90			31.55	231.8	percent of total billed charges	
INTERROGATION OF ICD	93290	CPT	outpatient			244		49.6 Horizon	Indemnity		80.26				31.55	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERROGATION OF ICD	93290	CPT	outpatient			244		49.6 Horizon	NJ Health		44.66				31.55	231.8	fee schedule	
INTERROGATION OF ICD	93290	CPT	outpatient			244		49.6 Horizon	Medicare Blue		43.13				31.55	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERROGATION OF ICD	93290	CPT	outpatient			244		49.6 Horizon	MGD		80.26				31.55	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERROGATION OF ICD	93290	CPT	outpatient			244		49.6 Horizon	PPO		80.26				31.55	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERROGATION OF ICD	93290	CPT	outpatient			244		49.6 Managed Care Inc	Managed Care Inc		219.6	90			31.55	231.8	percent of total billed charges	
INTERROGATION OF ICD	93290	CPT	outpatient			244		49.6 Multiplan	Multiplan		195.2	80			31.55	231.8	percent of total billed charges	
INTERROGATION OF ICD	93290	CPT	outpatient			244		49.6 Qualcare	Qualcare		183	75			31.55	231.8	percent of total billed charges	
INTERROGATION OF ICD	93290	CPT	outpatient			244		49.6 Three Rivers	Three Rivers		231.8	95			31.55	231.8	percent of total billed charges	
INTERROGATION OF ICD	93290	CPT	outpatient			244		49.6 UHC	Medicaid		76.98	31.55			31.55	231.8	percent of total billed charges	
INTERROGATION OF ICD	93290	CPT	outpatient			244		49.6 UHC	Medicare		43.13				31.55	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERROGATION OF ICD	93290	CPT	outpatient			244		49.6 Wellcare	Medicare		43.13				31.55	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERROGATION OF ICD	93290	CPT	outpatient			244		49.6 Wellcare	Medicaid		76.98	31.55			31.55	231.8	percent of total billed charges	
INTERROGATION OF ICD	93290	CPT	outpatient			244		49.6 WellPoint	WellPoint		78.52	32.18			31.55	231.8	percent of total billed charges	
INTERROGATION OF LOOP RECORDER	93291	CPT	both			244		39.16 Aetna	Medicare		34.05				29.34	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERROGATION OF LOOP RECORDER	93291	CPT	both			244		39.16 Aetna	Better Health		76.98	31.55			29.34	231.8	percent of total billed charges	
INTERROGATION OF LOOP RECORDER	93291	CPT	both			244		39.16 Aetna	Commercial		54.21				29.34	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERROGATION OF LOOP RECORDER	93291	CPT	both			244		39.16 Americare	Americare		183	75			29.34	231.8	percent of total billed charges	
INTERROGATION OF LOOP RECORDER	93291	CPT	both			244		39.16 Amerihealth	HMO/PPO		158.6	65			29.34	231.8	percent of total billed charges	
INTERROGATION OF LOOP RECORDER	93291	CPT	both			244		39.16 Amerihealth	Medicare		34.05				29.34	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERROGATION OF LOOP RECORDER	93291	CPT	both			244		39.16 Consumer	Consumer		231.8	95			29.34	231.8	percent of total billed charges	
INTERROGATION OF LOOP RECORDER	93291	CPT	both			244		39.16 Corrections	Corrections		195.2	80			29.34	231.8	percent of total billed charges	
INTERROGATION OF LOOP RECORDER	93291	CPT	both			244		39.16 First Health	First Health		170.8	70			29.34	231.8	percent of total billed charges	
INTERROGATION OF LOOP RECORDER	93291	CPT	both			244		39.16 First Trenton	First Trenton		219.6	90			29.34	231.8	percent of total billed charges	
INTERROGATION OF LOOP RECORDER	93291	CPT	both			244		39.16 Horizon	NJ Health		52.96				29.34	231.8	fee schedule	
INTERROGATION OF LOOP RECORDER	93291	CPT	both			244		39.16 Horizon	Indemnity		63.37				29.34	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERROGATION OF LOOP RECORDER	93291	CPT	both			244		39.16 Horizon	MGD		63.37				29.34	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERROGATION OF LOOP RECORDER	93291	CPT	both			244		39.16 Horizon	PPO		63.37				29.34	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERROGATION OF LOOP RECORDER	93291	CPT	both			244		39.16 Horizon	Medicare Blue		34.05				29.34	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERROGATION OF LOOP RECORDER	93291	CPT	both			244		39.16 Managed Care Inc	Managed Care Inc		219.6	90			29.34	231.8	percent of total billed charges	
INTERROGATION OF LOOP RECORDER	93291	CPT	both			244		39.16 Multiplan	Multiplan		195.2	80			29.34	231.8	percent of total billed charges	
INTERROGATION OF LOOP RECORDER	93291	CPT	both			244		39.16 Qualcare	Qualcare		183	75			29.34	231.8	percent of total billed charges	
INTERROGATION OF LOOP RECORDER	93291	CPT	both			244		39.16 Three Rivers	Three Rivers		231.8	95			29.34	231.8	percent of total billed charges	
INTERROGATION OF LOOP RECORDER	93291	CPT	both			244		39.16 UHC	Medicare		34.05				29.34	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERROGATION OF LOOP RECORDER	93291	CPT	both			244		39.16 UHC	Medicaid		76.98	31.55			29.34	231.8	percent of total billed charges	
INTERROGATION OF LOOP RECORDER	93291	CPT	both			244		39.16 Wellcare	Medicare		34.05				29.34	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERROGATION OF LOOP RECORDER	93291	CPT	both			244		39.16 Wellcare	Medicaid		76.98	31.55			29.34	231.8	percent of total billed charges	
INTERROGATION OF LOOP RECORDER	93291	CPT	both			244		39.16 WellPoint	WellPoint		78.52	32.18			29.34	231.8	percent of total billed charges	
INTERROGATION OF WEARABLE ICD	93292	CPT	outpatient			244		49.6 Aetna	Commercial		68.66				43.13	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERROGATION OF WEARABLE ICD	93292	CPT	outpatient			244		49.6 Aetna	Better Health		76.98	31.55			43.13	231.8	percent of total billed charges	
INTERROGATION OF WEARABLE ICD	93292	CPT	outpatient			244		49.6 Aetna	Medicare		43.13				43.13	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERROGATION OF WEARABLE ICD	93292	CPT	outpatient			244		49.6 Americare	Americare		183	75			43.13	231.8	percent of total billed charges	
INTERROGATION OF WEARABLE ICD	93292	CPT	outpatient			244		49.6 Amerihealth	HMO/PPO		158.6	65			43.13	231.8	percent of total billed charges	
INTERROGATION OF WEARABLE ICD	93292	CPT	outpatient			244		49.6 Amerihealth	Medicare		43.13				43.13	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERROGATION OF WEARABLE ICD	93292	CPT	outpatient			244		49.6 Consumer	Consumer		231.8	95			43.13	231.8	percent of total billed charges	
INTERROGATION OF WEARABLE ICD	93292	CPT	outpatient			244		49.6 Corrections	Corrections		195.2	80			43.13	231.8	percent of total billed charges	
INTERROGATION OF WEARABLE ICD	93292	CPT	outpatient			244		49.6 First Health	First Health		170.8	70			43.13	231.8	percent of total billed charges	
INTERROGATION OF WEARABLE ICD	93292	CPT	outpatient			244		49.6 First Trenton	First Trenton		219.6	90			43.13	231.8	percent of total billed charges	
INTERROGATION OF WEARABLE ICD	93292	CPT	outpatient			244		49.6 Horizon	MGD		80.26				43.13	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERROGATION OF WEARABLE ICD	93292	CPT	outpatient			244		49.6 Horizon	Medicare Blue		43.13				43.13	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERROGATION OF WEARABLE ICD	93292	CPT	outpatient			244		49.6 Horizon	Indemnity		80.26				43.13	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERROGATION OF WEARABLE ICD	93292	CPT	outpatient			244		49.6 Horizon	PPO		80.26				43.13	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERROGATION OF WEARABLE ICD	93292	CPT	outpatient			244		49.6 Managed Care Inc	Managed Care Inc		219.6	90			43.13	231.8	percent of total billed charges	
INTERROGATION OF WEARABLE ICD	93292	CPT	outpatient			244		49.6 Multiplan	Multiplan		195.2	80			43.13	231.8	percent of total billed charges	
INTERROGATION OF WEARABLE ICD	93292	CPT	outpatient			244		49.6 Qualcare	Qualcare		183	75			43.13	231.8	percent of total billed charges	
INTERROGATION OF WEARABLE ICD	93292	CPT	outpatient			244		49.6 Three Rivers	Three Rivers		231.8	95			43.13	231.8	percent of total billed charges	
INTERROGATION OF WEARABLE ICD	93292	CPT	outpatient			244		49.6 UHC	Medicare		43.13				43.13	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERROGATION OF WEARABLE ICD	93292	CPT	outpatient			244		49.6 UHC	Medicaid		76.98	31.55			43.13	231.8	percent of total billed charges	
INTERROGATION OF WEARABLE ICD	93292	CPT	outpatient			244		49.6 Wellcare	Medicaid		76.98	31.55			43.13	231.8	percent of total billed charges	
INTERROGATION OF WEARABLE ICD	93292	CPT	outpatient			244		49.6 Wellcare	Medicare		43.13				43.13	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERROGATION OF WEARABLE ICD	93292	CPT	outpatient			244		49.6 WellPoint	WellPoint		78.52	32.18			43.13	231.8	percent of total billed charges	
PM PHONE RSTRIP DEVC EVL <=90DAY	93293	CPT	outpatient			244		49.6 Aetna	Better Health		76.98	31.55			43.13	231.8	percent of total billed charges	
PM PHONE RSTRIP DEVC EVL <=90DAY	93293	CPT	outpatient			244		49.6 Aetna	Medicare		43.13				43.13	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PM PHONE RSTRIP DEVC EVL <=90DAY	93293	CPT	outpatient			244		49.6 Aetna	Commercial		68.66				43.13	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PM PHONE RSTRIP DEVC EVL <=90DAY	93293	CPT	outpatient			244		49.6 Americare	Americare		183	75			43.13	231.8	percent of total billed charges	
PM PHONE RSTRIP DEVC EVL <=90DAY	93293	CPT	outpatient			244		49.6 Amerihealth	HMO/PPO		158.6	65			43.13	231.8	percent of total billed charges	
PM PHONE RSTRIP DEVC EVL <=90DAY	93293	CPT	outpatient			244		49.6 Amerihealth	Medicare		43.13				43.13	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PM PHONE RSTRIP DEVC EVL <=90DAY	93293	CPT	outpatient			244		49.6 Consumer	Consumer		231.8	95			43.13	231.8	percent of total billed charges	
PM PHONE RSTRIP DEVC EVL <=90DAY	93293	CPT	outpatient			244		49.6 Corrections	Corrections		195.2	80			43.13	231.8	percent of total billed charges	
PM PHONE RSTRIP DEVC EVL <=90DAY	93293	CPT	outpatient			244		49.6 First Health	First Health		170.8	70			43.13	231.8	percent of total billed charges	
PM PHONE RSTRIP DEVC EVL <=90DAY	93293	CPT	outpatient			244		49.6 First Trenton	First Trenton		219.6	90			43.13	231.8	percent of total billed charges	
PM PHONE RSTRIP DEVC EVL <=90DAY	93293	CPT	outpatient			244		49.6 Horizon	MGD		80.26				43.13	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PM PHONE RSTRIP DEVC EVL <=90DAY	93293	CPT	outpatient			244		49.6 Horizon	PPO		80.26				43.13	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PM PHONE RSTRIP DEVC EVL <=90DAY	93293	CPT	outpatient			244		49.6 Horizon	Indemnity		80.26				43.13	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PM PHONE RSTRIP DEVC EVL <=90DAY	93293	CPT	outpatient			244		49.6 Horizon	NJ Health		85.92				43.13	231.8	fee schedule	
PM PHONE RSTRIP DEVC EVL <=90DAY	93293	CPT	outpatient			244		49.6 Horizon	Medicare Blue		43.13				43.13	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PM PHONE RSTRIP DEVC EVL <=90DAY	93293	CPT	outpatient			244		49.6 Managed Care Inc	Managed Care Inc		219.6	90			43.13	231.8	percent of total billed charges	
PM PHONE RSTRIP DEVC EVL <=90DAY	93293	CPT	outpatient			244		49.6 Multiplan	Multiplan		195.2	80			43.13	231.8	percent of total billed charges	
PM PHONE RSTRIP DEVC EVL <=90DAY	93293	CPT	outpatient			244		49.6 Qualcare	Qualcare		183	75			43.13	231.8	percent of total billed charges	
PM PHONE RSTRIP DEVC EVL <=90DAY	93293	CPT	outpatient			244		49.6 Three Rivers	Three Rivers		231.8	95			43.13	231.8	percent of total billed charges	
PM PHONE RSTRIP DEVC EVL <=90DAY	93293	CPT	outpatient			244		49.6 UHC	Medicaid		76.98	31.55			43.13	231.8	percent of total billed charges	
PM PHONE RSTRIP DEVC EVL <=90DAY	93293	CPT	outpatient			244		49.6 UHC	Medicare		43.13				43.13	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PM PHONE RSTRIP DEVC EVL <=90DAY	93293	CPT	outpatient			244		49.6 Wellcare	Medicaid		76.98	31.55			43.13	231.8	percent of total billed charges	
PM PHONE RSTRIP DEVC EVL <=90DAY	93293	CPT	outpatient			244		49.6 Wellcare	Medicare		43.13				43.13	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PM PHONE RSTRIP DEVC EVL <=90DAY	93293	CPT	outpatient			244		49.6 WellPoint	WellPoint		78.52	32.18			43.13	231.8	percent of total billed charges	
PM DEVCE INTERROGT REMTE <=90DAY	93294	CPT	outpatient			244		Aetna	Better Health		76.98	31.55			73.2	231.8	percent of total billed charges	
PM DEVCE INTERROGT REMTE <=90DAY	93294	CPT	outpatient			244		Aetna	Commercial		92.72	38			73.2	231.8	percent of total billed charges	
PM DEVCE INTERROGT REMTE <=90DAY	93294	CPT	outpatient			244		Aetna	Medicare		75.15	30.8			73.2	231.8	percent of total billed charges	
PM DEVCE INTERROGT REMTE <=90DAY	93294	CPT	outpatient			244		Americare	Americare		183	75			73.2	231.8	percent of total billed charges	
PM DEVCE INTERROGT REMTE <=90DAY	93294	CPT	outpatient			244		Amerihealth	HMO/PPO		158.6	65			73.2	231.8	percent of total billed charges	
PM DEVCE INTERROGT REMTE <=90DAY	93294	CPT	outpatient			244		Consumer	Consumer		231.8	95			73.2	231.8	percent of total billed charges	
PM DEVCE INTERROGT REMTE <=90DAY	93294	CPT	outpatient			244		Corrections	Corrections		195.2	80			73.2	231.8	percent of total billed charges	
PM DEVCE INTERROGT REMTE <=90DAY	93294	CPT	outpatient			244		First Health	First Health		170.8	70			73.2	231.8	percent of total billed charges	
PM DEVCE INTERROGT REMTE <=90DAY	93294	CPT	outpatient			244		First Trenton	First Trenton		219.6	90			73.2	231.8	percent of total billed charges	
PM DEVCE INTERROGT REMTE <=90DAY	93294	CPT	outpatient			244		Horizon	Indemnity		93.4	38.28			73.2	231.8	percent of total billed charges	
PM DEVCE INTERROGT REMTE <=90DAY	93294	CPT	outpatient			244		Horizon	MGD		93.4	38.28			73.2	231.8	percent of total billed charges	
PM DEVCE INTERROGT REMTE <=90DAY	93294	CPT	outpatient			244		Horizon	Medicare Blue		73.2	30			73.2	231.8	percent of total billed charges	
PM DEVCE INTERROGT REMTE <=90DAY	93294	CPT	outpatient			244		Horizon	PPO		93.4	38.28			73.2	231.8	percent of total billed charges	
PM DEVCE INTERROGT REMTE <=90DAY	93294	CPT	outpatient			244		Managed Care Inc	Managed Care Inc		219.6	90			73.2	231.8	percent of total billed charges	
PM DEVCE INTERROGT REMTE <=90DAY	93294	CPT	outpatient			244		Multiplan	Multiplan		195.2	80			73.2	231.8	percent of total billed charges	
PM DEVCE INTERROGT REMTE <=90DAY	93294	CPT	outpatient			244		Qualcare	Qualcare		183	75			73.2	231.8	percent of total billed charges	
PM DEVCE INTERROGT REMTE <=90DAY	93294	CPT	outpatient			244		Three Rivers	Three Rivers		231.8	95			73.2	231.8	percent of total billed charges	
PM DEVCE INTERROGT REMTE <=90DAY	93294	CPT	outpatient			244		UHC	Medicaid		76.98	31.55			73.2	231.8	percent of total billed charges	
PM DEVCE INTERROGT REMTE <=90DAY	93294	CPT	outpatient			244		Wellcare	Medicaid		76.98	31.55			73.2	231.8	percent of total billed charges	
PM DEVCE INTERROGT REMTE <=90DAY	93294	CPT	outpatient			244		WellPoint	WellPoint		78.52	32.18			73.2	231.8	percent of total billed charges	
DEV INTERRG REMTE 1/2IMLT<=90DAY	93295	CPT	outpatient			244		Aetna	Better Health		76.98	31.55			73.2	231.8	percent of total billed charges	
DEV INTERRG REMTE 1/2IMLT<=90DAY	93295	CPT	outpatient			244		Aetna	Commercial		92.72	38			73.2	231.8	percent of total billed charges	
DEV INTERRG REMTE 1/2IMLT<=90DAY	93295	CPT	outpatient			244		Aetna	Medicare		75.15	30.8			73.2	231.8	percent of total billed charges	
DEV INTERRG REMTE 1/2IMLT<=90DAY	93295	CPT	outpatient			244		Americare	Americare		183	75			73.2	231.8	percent of total billed charges	
DEV INTERRG REMTE 1/2IMLT<=90DAY	93295	CPT	outpatient			244		Amerihealth	HMO/PPO		158.6	65			73.2	231.8	percent of total billed charges	
DEV INTERRG REMTE 1/2IMLT<=90DAY	93295	CPT	outpatient			244		Consumer	Consumer		231.8	95			73.2	231.8	percent of total billed charges	
DEV INTERRG REMTE 1/2IMLT<=90DAY	93295	CPT	outpatient			244		Corrections	Corrections		195.2	80			73.2	231.8	percent of total billed charges	
DEV INTERRG REMTE 1/2IMLT<=90DAY	93295	CPT	outpatient			244		First Health	First Health		170.8	70			73.2	231.8	percent of total billed charges	
DEV INTERRG REMTE 1/2IMLT<=90DAY	93295	CPT	outpatient			244		First Trenton	First Trenton		219.6	90			73.2	231.8	percent of total billed charges	
DEV INTERRG REMTE 1/2IMLT<=90DAY	93295	CPT	outpatient			244		Horizon	MGD		93.4	38.28			73.2	231.8	percent of total billed charges	
DEV INTERRG REMTE 1/2IMLT<=90DAY	93295	CPT	outpatient			244		Horizon	Indemnity		93.4	38.28			73.2	231.8	percent of total billed charges	
DEV INTERRG REMTE 1/2IMLT<=90DAY	93295	CPT	outpatient			244		Horizon	Medicare Blue		73.2	30			73.2	231.8	percent of total billed charges	
DEV INTERRG REMTE 1/2IMLT<=90DAY	93295	CPT	outpatient			244		Horizon	PPO		93.4	38.28			73.2	231.8	percent of total billed charges	
DEV INTERRG REMTE 1/2IMLT<=90DAY	93295	CPT	outpatient			244		Managed Care Inc	Managed Care Inc		219.6	90			73.2	231.8	percent of total billed charges	
DEV INTERRG REMTE 1/2IMLT<=90DAY	93295	CPT	outpatient			244		Multiplan	Multiplan		195.2	80			73.2	231.8	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
DEV INTERRG REMTE 1/2/MLT<=90DAY	93295	CPT	outpatient			244		Qualcare	Qualcare		183	75			73.2	231.8	percent of total billed charges	
DEV INTERRG REMTE 1/2/MLT<=90DAY	93295	CPT	outpatient			244		Three Rivers	Three Rivers		231.8	95			73.2	231.8	percent of total billed charges	
DEV INTERRG REMTE 1/2/MLT<=90DAY	93295	CPT	outpatient			244		UHC	Medicaid		76.98	31.55			73.2	231.8	percent of total billed charges	
DEV INTERRG REMTE 1/2/MLT<=90DAY	93295	CPT	outpatient			244		Wellcare	Medicaid		76.98	31.55			73.2	231.8	percent of total billed charges	
DEV INTERRG REMTE 1/2/MLT<=90DAY	93295	CPT	outpatient			244		WellPoint	WellPoint		78.52	32.18			73.2	231.8	percent of total billed charges	
PM/ICD REMOTE TECH SERV <=90DAY	93296	CPT	outpatient			244		49.6 Aetna	Better Health		76.98	31.55			41.02	231.8	percent of total billed charges	
PM/ICD REMOTE TECH SERV <=90DAY	93296	CPT	outpatient			244		49.6 Aetna	Commercial		68.66				41.02	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PM/ICD REMOTE TECH SERV <=90DAY	93296	CPT	outpatient			244		49.6 Aetna	Medicare		43.13				41.02	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PM/ICD REMOTE TECH SERV <=90DAY	93296	CPT	outpatient			244		49.6 Americare	Americare		183	75			41.02	231.8	percent of total billed charges	
PM/ICD REMOTE TECH SERV <=90DAY	93296	CPT	outpatient			244		49.6 Amerihealth	Medicare		43.13				41.02	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PM/ICD REMOTE TECH SERV <=90DAY	93296	CPT	outpatient			244		49.6 Amerihealth	HMO/PPO		158.6	65			41.02	231.8	percent of total billed charges	
PM/ICD REMOTE TECH SERV <=90DAY	93296	CPT	outpatient			244		49.6 Consumer	Consumer		231.8	95			41.02	231.8	percent of total billed charges	
PM/ICD REMOTE TECH SERV <=90DAY	93296	CPT	outpatient			244		49.6 Corrections	Corrections		195.2	80			41.02	231.8	percent of total billed charges	
PM/ICD REMOTE TECH SERV <=90DAY	93296	CPT	outpatient			244		49.6 First Health	First Health		170.8	70			41.02	231.8	percent of total billed charges	
PM/ICD REMOTE TECH SERV <=90DAY	93296	CPT	outpatient			244		49.6 First Trenton	First Trenton		219.6	90			41.02	231.8	percent of total billed charges	
PM/ICD REMOTE TECH SERV <=90DAY	93296	CPT	outpatient			244		49.6 Horizon	MGD		80.26				41.02	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PM/ICD REMOTE TECH SERV <=90DAY	93296	CPT	outpatient			244		49.6 Horizon	Indemnity		80.26				41.02	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PM/ICD REMOTE TECH SERV <=90DAY	93296	CPT	outpatient			244		49.6 Horizon	Medicare Blue		43.13				41.02	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PM/ICD REMOTE TECH SERV <=90DAY	93296	CPT	outpatient			244		49.6 Horizon	NJ Health		45.78				41.02	231.8	fee schedule	
PM/ICD REMOTE TECH SERV <=90DAY	93296	CPT	outpatient			244		49.6 Horizon	PPO		80.26				41.02	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PM/ICD REMOTE TECH SERV <=90DAY	93296	CPT	outpatient			244		49.6 Managed Care Inc	Managed Care Inc		219.6	90			41.02	231.8	percent of total billed charges	
PM/ICD REMOTE TECH SERV <=90DAY	93296	CPT	outpatient			244		49.6 Multiplan	Multiplan		195.2	80			41.02	231.8	percent of total billed charges	
PM/ICD REMOTE TECH SERV <=90DAY	93296	CPT	outpatient			244		49.6 Qualcare	Qualcare		183	75			41.02	231.8	percent of total billed charges	
PM/ICD REMOTE TECH SERV <=90DAY	93296	CPT	outpatient			244		49.6 Three Rivers	Three Rivers		231.8	95			41.02	231.8	percent of total billed charges	
PM/ICD REMOTE TECH SERV <=90DAY	93296	CPT	outpatient			244		49.6 UHC	Medicaid		76.98	31.55			41.02	231.8	percent of total billed charges	
PM/ICD REMOTE TECH SERV <=90DAY	93296	CPT	outpatient			244		49.6 UHC	Medicare		43.13				41.02	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PM/ICD REMOTE TECH SERV <=90DAY	93296	CPT	outpatient			244		49.6 Wellcare	Medicaid		76.98	31.55			41.02	231.8	percent of total billed charges	
PM/ICD REMOTE TECH SERV <=90DAY	93296	CPT	outpatient			244		49.6 Wellcare	Medicare		43.13				41.02	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PM/ICD REMOTE TECH SERV <=90DAY	93296	CPT	outpatient			244		49.6 WellPoint	WellPoint		78.52	32.18			41.02	231.8	percent of total billed charges	
ICM DEVIC INTERROGT REMTE<=30DAY	93297	CPT	outpatient			244		49.6 Aetna	Better Health		76.98	31.55			40.04	231.8	percent of total billed charges	
ICM DEVIC INTERROGT REMTE<=30DAY	93297	CPT	outpatient			244		49.6 Aetna	Commercial		68.66				40.04	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ICM DEVIC INTERROGT REMTE<=30DAY	93297	CPT	outpatient			244		49.6 Aetna	Medicare		75.15	30.8			40.04	231.8	percent of total billed charges	
ICM DEVIC INTERROGT REMTE<=30DAY	93297	CPT	outpatient			244		49.6 Americare	Americare		183	75			40.04	231.8	percent of total billed charges	
ICM DEVIC INTERROGT REMTE<=30DAY	93297	CPT	outpatient			244		49.6 Amerihealth	Medicare		43.13				40.04	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ICM DEVIC INTERROGT REMTE<=30DAY	93297	CPT	outpatient			244		49.6 Amerihealth	HMO/PPO		158.6	65			40.04	231.8	percent of total billed charges	
ICM DEVIC INTERROGT REMTE<=30DAY	93297	CPT	outpatient			244		49.6 Consumer	Consumer		231.8	95			40.04	231.8	percent of total billed charges	
ICM DEVIC INTERROGT REMTE<=30DAY	93297	CPT	outpatient			244		49.6 Corrections	Corrections		195.2	80			40.04	231.8	percent of total billed charges	
ICM DEVIC INTERROGT REMTE<=30DAY	93297	CPT	outpatient			244		49.6 First Health	First Health		170.8	70			40.04	231.8	percent of total billed charges	
ICM DEVIC INTERROGT REMTE<=30DAY	93297	CPT	outpatient			244		49.6 First Trenton	First Trenton		219.6	90			40.04	231.8	percent of total billed charges	
ICM DEVIC INTERROGT REMTE<=30DAY	93297	CPT	outpatient			244		49.6 Horizon	MGD		80.26				40.04	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ICM DEVIC INTERROGT REMTE<=30DAY	93297	CPT	outpatient			244		49.6 Horizon	Medicare Blue		43.13				40.04	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ICM DEVIC INTERROGT REMTE<=30DAY	93297	CPT	outpatient			244		49.6 Horizon	Indemnity		80.26				40.04	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ICM DEVIC INTERROGT REMTE<=30DAY	93297	CPT	outpatient			244		49.6 Horizon	PPO		80.26				40.04	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ICM DEVIC INTERROGT REMTE<=30DAY	93297	CPT	outpatient			244		49.6 Managed Care Inc	Managed Care Inc		219.6	90			40.04	231.8	percent of total billed charges	
ICM DEVIC INTERROGT REMTE<=30DAY	93297	CPT	outpatient			244		49.6 Multiplan	Multiplan		195.2	80			40.04	231.8	percent of total billed charges	
ICM DEVIC INTERROGT REMTE<=30DAY	93297	CPT	outpatient			244		49.6 Qualcare	Qualcare		183	75			40.04	231.8	percent of total billed charges	
ICM DEVIC INTERROGT REMTE<=30DAY	93297	CPT	outpatient			244		49.6 Three Rivers	Three Rivers		231.8	95			40.04	231.8	percent of total billed charges	
ICM DEVIC INTERROGT REMTE<=30DAY	93297	CPT	outpatient			244		49.6 UHC	Medicare		43.13				40.04	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ICM DEVIC INTERROGT REMTE<=30DAY	93297	CPT	outpatient			244		49.6 UHC	Medicaid		76.98	31.55			40.04	231.8	percent of total billed charges	
ICM DEVIC INTERROGT REMTE<=30DAY	93297	CPT	outpatient			244		49.6 Wellcare	Medicaid		76.98	31.55			40.04	231.8	percent of total billed charges	
ICM DEVIC INTERROGT REMTE<=30DAY	93297	CPT	outpatient			244		49.6 Wellcare	Medicare		43.13				40.04	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ICM DEVIC INTERROGT REMTE<=30DAY	93297	CPT	outpatient			244		49.6 WellPoint	WellPoint		78.52	32.18			40.04	231.8	percent of total billed charges	
INTERROGTN DEVICE EVAL-REMOTE	93298	CPT	outpatient			244		49.6 Aetna	Commercial		68.66				42.91	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERROGTN DEVICE EVAL-REMOTE	93298	CPT	outpatient			244		49.6 Aetna	Better Health		76.98	31.55			42.91	231.8	percent of total billed charges	
INTERROGTN DEVICE EVAL-REMOTE	93298	CPT	outpatient			244		49.6 Aetna	Medicare		43.13				42.91	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERROGTN DEVICE EVAL-REMOTE	93298	CPT	outpatient			244		49.6 Americare	Americare		183	75			42.91	231.8	percent of total billed charges	
INTERROGTN DEVICE EVAL-REMOTE	93298	CPT	outpatient			244		49.6 Amerihealth	HMO/PPO		158.6	65			42.91	231.8	percent of total billed charges	
INTERROGTN DEVICE EVAL-REMOTE	93298	CPT	outpatient			244		49.6 Amerihealth	Medicare		43.13				42.91	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERROGTN DEVICE EVAL-REMOTE	93298	CPT	outpatient			244		49.6 Consumer	Consumer		231.8	95			42.91	231.8	percent of total billed charges	
INTERROGTN DEVICE EVAL-REMOTE	93298	CPT	outpatient			244		49.6 Corrections	Corrections		195.2	80			42.91	231.8	percent of total billed charges	
INTERROGTN DEVICE EVAL-REMOTE	93298	CPT	outpatient			244		49.6 First Health	First Health		170.8	70			42.91	231.8	percent of total billed charges	
INTERROGTN DEVICE EVAL-REMOTE	93298	CPT	outpatient			244		49.6 First Trenton	First Trenton		219.6	90			42.91	231.8	percent of total billed charges	
INTERROGTN DEVICE EVAL-REMOTE	93298	CPT	outpatient			244		49.6 Horizon	Indemnity		80.26				42.91	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERROGTN DEVICE EVAL-REMOTE	93298	CPT	outpatient			244		49.6 Horizon	Medicare Blue		43.13				42.91	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERROGTN DEVICE EVAL-REMOTE	93298	CPT	outpatient			244		49.6 Horizon	PPO		80.26				42.91	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERROGTN DEVICE EVAL-REMOTE	93298	CPT	outpatient			244		49.6 Horizon	MGD		80.26				42.91	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERROGTN DEVICE EVAL-REMOTE	93298	CPT	outpatient			244		49.6 Managed Care Inc	Managed Care Inc		219.6	90			42.91	231.8	percent of total billed charges	
INTERROGTN DEVICE EVAL-REMOTE	93298	CPT	outpatient			244		49.6 Multiplan	Multiplan		195.2	80			42.91	231.8	percent of total billed charges	
INTERROGTN DEVICE EVAL-REMOTE	93298	CPT	outpatient			244		49.6 Qualcare	Qualcare		183	75			42.91	231.8	percent of total billed charges	
INTERROGTN DEVICE EVAL-REMOTE	93298	CPT	outpatient			244		49.6 Three Rivers	Three Rivers		231.8	95			42.91	231.8	percent of total billed charges	
INTERROGTN DEVICE EVAL-REMOTE	93298	CPT	outpatient			244		49.6 UHC	Medicaid		76.98	31.55			42.91	231.8	percent of total billed charges	
INTERROGTN DEVICE EVAL-REMOTE	93298	CPT	outpatient			244		49.6 UHC	Medicare		43.13				42.91	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERROGTN DEVICE EVAL-REMOTE	93298	CPT	outpatient			244		49.6 Wellcare	Medicaid		76.98	31.55			42.91	231.8	percent of total billed charges	
INTERROGTN DEVICE EVAL-REMOTE	93298	CPT	outpatient			244		49.6 Wellcare	Medicare		43.13				42.91	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERROGTN DEVICE EVAL-REMOTE	93298	CPT	outpatient			244		49.6 WellPoint	WellPoint		78.52	32.18			42.91	231.8	percent of total billed charges	
ICM/ILR REMOTE TECH SERV<=30 DAY	93299	CPT	outpatient			186		Aetna	Better Health		68.68	31.55			55.8	176.7	percent of total billed charges	
ICM/ILR REMOTE TECH SERV<=30 DAY	93299	CPT	outpatient			186		Aetna	Commercial		70.68	38			55.8	176.7	percent of total billed charges	
ICM/ILR REMOTE TECH SERV<=30 DAY	93299	CPT	outpatient			186		Aetna	Medicare		57.29	30.8			55.8	176.7	percent of total billed charges	
ICM/ILR REMOTE TECH SERV<=30 DAY	93299	CPT	outpatient			186		Americare	Americare		139.5	75			55.8	176.7	percent of total billed charges	
ICM/ILR REMOTE TECH SERV<=30 DAY	93299	CPT	outpatient			186		Amerihealth	HMO/PPO		120.9	65			55.8	176.7	percent of total billed charges	
ICM/ILR REMOTE TECH SERV<=30 DAY	93299	CPT	outpatient			186		Consumer	Consumer		176.7	95			55.8	176.7	percent of total billed charges	
ICM/ILR REMOTE TECH SERV<=30 DAY	93299	CPT	outpatient			186		Corrections	Corrections		148.8	80			55.8	176.7	percent of total billed charges	
ICM/ILR REMOTE TECH SERV<=30 DAY	93299	CPT	outpatient			186		First Health	First Health		130.2	70			55.8	176.7	percent of total billed charges	
ICM/ILR REMOTE TECH SERV<=30 DAY	93299	CPT	outpatient			186		First Trenton	First Trenton		167.4	90			55.8	176.7	percent of total billed charges	
ICM/ILR REMOTE TECH SERV<=30 DAY	93299	CPT	outpatient			186		Horizon	Medicare Blue		55.8	30			55.8	176.7	percent of total billed charges	
ICM/ILR REMOTE TECH SERV<=30 DAY	93299	CPT	outpatient			186		Horizon	Indemnity		71.2	38.28			55.8	176.7	percent of total billed charges	
ICM/ILR REMOTE TECH SERV<=30 DAY	93299	CPT	outpatient			186		Horizon	MGD		71.2	38.28			55.8	176.7	percent of total billed charges	
ICM/ILR REMOTE TECH SERV<=30 DAY	93299	CPT	outpatient			186		Horizon	PPO		71.2	38.28			55.8	176.7	percent of total billed charges	
ICM/ILR REMOTE TECH SERV<=30 DAY	93299	CPT	outpatient			186		Managed Care Inc	Managed Care Inc		167.4	90			55.8	176.7	percent of total billed charges	
ICM/ILR REMOTE TECH SERV<=30 DAY	93299	CPT	outpatient			186		Multiplan	Multiplan		148.8	80			55.8	176.7	percent of total billed charges	
ICM/ILR REMOTE TECH SERV<=30 DAY	93299	CPT	outpatient			186		Qualcare	Qualcare		139.5	75			55.8	176.7	percent of total billed charges	
ICM/ILR REMOTE TECH SERV<=30 DAY	93299	CPT	outpatient			186		Three Rivers	Three Rivers		176.7	95			55.8	176.7	percent of total billed charges	
ICM/ILR REMOTE TECH SERV<=30 DAY	93299	CPT	outpatient			186		UHC	Medicaid		58.68	31.55			55.8	176.7	percent of total billed charges	
ICM/ILR REMOTE TECH SERV<=30 DAY	93299	CPT	outpatient			186		Wellcare	Medicaid		58.68	31.55			55.8	176.7	percent of total billed charges	
ICM/ILR REMOTE TECH SERV<=30 DAY	93299	CPT	outpatient			186		WellPoint	WellPoint		59.85	32.18			55.8	176.7	percent of total billed charges	
TRANS ECHO.CONG.ANOMOLY COM.	93303	CPT	both			2792		725.57 Aetna	Better Health		880.88	31.55			630.93	2652.4	percent of total billed charges	
TRANS ECHO.CONG.ANOMOLY COM.	93303	CPT	both			2792		725.57 Aetna	Medicare		630.93				630.93	2652.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANS ECHO.CONG.ANOMOLY COM.	93303	CPT	both			2792		725.57 Aetna	Commercial		1004.44				630.93	2652.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANS ECHO.CONG.ANOMOLY COM.	93303	CPT	both			2792		725.57 Americare	Americare		2094	75			630.93	2652.4	percent of total billed charges	
TRANS ECHO.CONG.ANOMOLY COM.	93303	CPT	both			2792		725.57 Amerihealth	HMO/PPO		1814.8	65			630.93	2652.4	percent of total billed charges	
TRANS ECHO.CONG.ANOMOLY COM.	93303	CPT	both			2792		725.57 Amerihealth	Medicare		630.93				630.93	2652.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANS ECHO.CONG.ANOMOLY COM.	93303	CPT	both			2792		725.57 Consumer	Consumer		2652.4	95			630.93	2652.4	percent of total billed charges	
TRANS ECHO.CONG.ANOMOLY COM.	93303	CPT	both			2792		725.57 Corrections	Corrections		2233.6	80			630.93	2652.4	percent of total billed charges	
TRANS ECHO.CONG.ANOMOLY COM.	93303	CPT	both			2792		725.57 First Health	First Health		1954.4	70			630.93	2652.4	percent of total billed charges	
TRANS ECHO.CONG.ANOMOLY COM.	93303	CPT	both			2792		725.57 First Trenton	First Trenton		2512.8	90			630.93	2652.4	percent of total billed charges	
TRANS ECHO.CONG.ANOMOLY COM.	93303	CPT	both			2792		725.57 Horizon	MGD		1174.16				630.93	2652.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANS ECHO.CONG.ANOMOLY COM.	93303	CPT	both			2792		725.57 Horizon	Medicare Blue		630.93				630.93	2652.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANS ECHO.CONG.ANOMOLY COM.	93303	CPT	both			2792		725.57 Horizon	NJ Health		736.02				630.93	2652.4	fee schedule	
TRANS ECHO.CONG.ANOMOLY COM.	93303	CPT	both			2792		725.57 Horizon	Indemnity		1174.16				630.93	2652.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANS ECHO.CONG.ANOMOLY COM.	93303	CPT	both			2792		725.57 Horizon	PPO		1174.16				630.93	2652.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANS ECHO.CONG.ANOMOLY COM.	93303	CPT	both			2792		725.57 Managed Care Inc	Managed Care Inc		2512.8	90			630.93	2652.4	percent of total billed charges	
TRANS ECHO.CONG.ANOMOLY COM.	93303	CPT	both			2792		725.57 Multiplan	Multiplan		2233.6	80			630.93	2652.4	percent of total billed charges	
TRANS ECHO.CONG.ANOMOLY COM.	93303	CPT	both			2792		725.57 Qualcare	Qualcare		2094	75			630.93	2652.4	percent of total billed charges	
TRANS ECHO.CONG.ANOMOLY COM.	93303	CPT	both			2792		725.57 Three Rivers	Three Rivers		2652.4	95			630.93	2652.4	percent of total billed charges	
TRANS ECHO.CONG.ANOMOLY COM.	93303	CPT	both			2792		725.57 UHC	Medicaid		880.88	31.55			630.93	2652.4	percent of total billed charges	
TRANS ECHO.CONG.ANOMOLY COM.	93303	CPT	both			2792		725.57 UHC	Medicare		630.93				630.93	2652.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANS ECHO.CONG.ANOMOLY COM.	93303	CPT	both			2792		725.57 Wellcare	Medicaid		880.88	31.55			630.93	2652.4	percent of total billed charges	
TRANS ECHO.CONG.ANOMOLY COM.	93303	CPT	both			2792		725.57 Wellcare	Medicare		630.93				630.93	2652.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANS ECHO.CONG.ANOMOLY COM.	93303	CPT	both			2792		725.57 WellPoint	WellPoint		898.47	32.18			630.93	2652.4	percent of total billed charges	
TTE CONG.ANOM.F/U OR LIMITED	93304	CPT	both			2039		725.57 Aetna	Medicare		628.01	30.8			235.62	1937.05	percent of total billed charges	
TTE CONG.ANOM.F/U OR LIMITED	93304	CPT	both			2039		725.57 Aetna	Commercial		1004.44				235.62	1937.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TTE CONG.ANOM.F/U OR LIMITED	93304	CPT	both			2039		725.57 Aetna	Better Health		643.3	31.55			235.62	1937.05	percent of total billed charges	
TTE CONG.ANOM.F/U OR LIMITED	93304	CPT	both			2039		725.57 Americare	Americare		1529.25	75			235.62	1937.05	percent of total billed charges	
TTE CONG.ANOM.F/U OR LIMITED	93304	CPT	both			2039		725.57 Amerihealth	HMO/PPO		1325.35	65			235.62	1937.05	percent of total billed charges	
TTE CONG.ANOM.F/U OR LIMITED	93304	CPT	both			2039		725.57 Amerihealth	Medicare		630.93				235.62	1937.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TTE CONG.ANOM.F/U OR LIMITED	93304	CPT	both			2039		725.57 Consumer	Consumer		1937.05	95			235.62	1937.05	percent of total billed charges	
TTE CONG.ANOM.F/U OR LIMITED	93304	CPT	both			2039		725.57 Corrections	Corrections		1631.2	80			235.62	1937.05	percent of total billed charges	
TTE CONG.ANOM.F/U OR LIMITED	93304	CPT	both			2039		725.57 First Health	First Health		1427.3	70			235.62	1937.05	percent of total billed charges	
TTE CONG.ANOM.F/U OR LIMITED	93304	CPT	both			2039		725.57 First Trenton	First Trenton		1835.1	90			235.62	1937.05	percent of total billed charges	
TTE CONG.ANOM.F/U OR LIMITED	93304	CPT	both			2039		725.57 Horizon	MGD		1174.16				235.62	1937.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TTE CONG.ANOM.F/U OR LIMITED	93304	CPT	both			2039		725.57 Horizon	Indemnity		1174.16				235.62	1937.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TTE CONG.ANOM.F/U OR LIMITED	93304	CPT	both			2039		725.57 Horizon	PPO		1174.16				235.62	1937.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TTE CONG.ANOM.F/U OR LIMITED	93304	CPT	both			2039		725.57 Horizon	NJ Health		375.84				235.62	1937.05	fee schedule	
TTE CONG.ANOM.F/U OR LIMITED	93304	CPT	both			2039		725.57 Horizon	Medicare Blue		630.93				235.62	1937.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TTE CONG.ANOM.F/U OR LIMITED	93304	CPT	both			2039		725.57 Managed Care Inc	Managed Care Inc		1835.1	90			235.62	1937.05	percent of total billed charges	
TTE CONG.ANOM.F/U OR LIMITED	93304	CPT	both			2039		725.57 Multiplan	Multiplan		1631.2	80			235.62	1937.05	percent of total billed charges	
TTE CONG.ANOM.F/U OR LIMITED	93304	CPT	both			2039		725.57 Qualcare	Qualcare		1529.25	75			235.62	1937.05	percent of total billed charges	
TTE CONG.ANOM.F/U OR LIMITED	93304	CPT	both			2039		725.57 Three Rivers	Three Rivers		1937.05	95			235.62	1937.05	percent of total billed charges	
TTE CONG.ANOM.F/U OR LIMITED	93304	CPT	both			2039		725.57 UHC	Medicaid		643.3	31.55			235.62	1937.05	percent of total billed charges	
TTE CONG.ANOM.F/U OR LIMITED	93304	CPT	both			2039		725.57 UHC	Medicare		630.93				235.62	1937.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TTE CONG.ANOM.F/U OR LIMITED	93304	CPT	both			2039		725.57 Wellcare	Medicare		630.93				235.62	1937.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TTE CONG.ANOM.F/U OR LIMITED	93304	CPT	both			2039		725.57 Wellcare	Medicaid		643.3	31.55			235.62	1937.05	percent of total billed charges	
TTE CONG.ANOM.F/U OR LIMITED	93304	CPT	both			2039		725.57 WellPoint	WellPoint		656.15	32.18			235.62	1937.05	percent of total billed charges	
TRANS. ECHO. (TTE) COMPLETE	93306	CPT	both			1950		725.57 Aetna	Medicare		600.6	30.8			600.6	1852.5	percent of total billed charges	
TRANS. ECHO. (TTE) COMPLETE	93306	CPT	both			1950		725.57 Aetna	Commercial		1004.44				600.6	1852.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANS. ECHO. (TTE) COMPLETE	93306	CPT	both			1950		725.57 Aetna	Better Health		615.23	31.55			600.6	1852.5	percent of total billed charges	
TRANS. ECHO. (TTE) COMPLETE	93306	CPT	both			1950		725.57 Americare	Americare		1462.5	75			600.6	1852.5	percent of total billed charges	
TRANS. ECHO. (TTE) COMPLETE	93306	CPT	both			1950		725.57 Amerihealth	HMO/PPO		1267.5	65			600.6	1852.5	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101191	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
TRANS. ECHO. (TTE) COMPLETE	93306	CPT	both			1950		725.57 Amerihealth	Medicare		630.93				600.6	1852.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANS. ECHO. (TTE) COMPLETE	93306	CPT	both			1950		725.57 Consumer	Consumer		1852.5	95			600.6	1852.5	percent of total billed charges	
TRANS. ECHO. (TTE) COMPLETE	93306	CPT	both			1950		725.57 Corrections	Corrections		1560	80			600.6	1852.5	percent of total billed charges	
TRANS. ECHO. (TTE) COMPLETE	93306	CPT	both			1950		725.57 First Health	First Health		1365	70			600.6	1852.5	percent of total billed charges	
TRANS. ECHO. (TTE) COMPLETE	93306	CPT	both			1950		725.57 First Trenton	First Trenton		1755	90			600.6	1852.5	percent of total billed charges	
TRANS. ECHO. (TTE) COMPLETE	93306	CPT	both			1950		725.57 Horizon	NJ Health		1545.12				600.6	1852.5	fee schedule	
TRANS. ECHO. (TTE) COMPLETE	93306	CPT	both			1950		725.57 Horizon	Indemnity		1174.16				600.6	1852.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANS. ECHO. (TTE) COMPLETE	93306	CPT	both			1950		725.57 Horizon	MGD		1174.16				600.6	1852.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANS. ECHO. (TTE) COMPLETE	93306	CPT	both			1950		725.57 Horizon	PPO		1174.16				600.6	1852.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANS. ECHO. (TTE) COMPLETE	93306	CPT	both			1950		725.57 Horizon	Medicare Blue		630.93				600.6	1852.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANS. ECHO. (TTE) COMPLETE	93306	CPT	both			1950		725.57 Managed Care Inc	Managed Care Inc		1755	90			600.6	1852.5	percent of total billed charges	
TRANS. ECHO. (TTE) COMPLETE	93306	CPT	both			1950		725.57 Multiplan	Multiplan		1560	80			600.6	1852.5	percent of total billed charges	
TRANS. ECHO. (TTE) COMPLETE	93306	CPT	both			1950		725.57 Qualcare	Qualcare		1462.5	75			600.6	1852.5	percent of total billed charges	
TRANS. ECHO. (TTE) COMPLETE	93306	CPT	both			1950		725.57 Three Rivers	Three Rivers		1852.5	95			600.6	1852.5	percent of total billed charges	
TRANS. ECHO. (TTE) COMPLETE	93306	CPT	both			1950		725.57 UHC	Medicaid		615.23	31.55			600.6	1852.5	percent of total billed charges	
TRANS. ECHO. (TTE) COMPLETE	93306	CPT	both			1950		725.57 UHC	Medicare		630.93				600.6	1852.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANS. ECHO. (TTE) COMPLETE	93306	CPT	both			1950		725.57 Wellcare	Medicare		630.93				600.6	1852.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANS. ECHO. (TTE) COMPLETE	93306	CPT	both			1950		725.57 Wellcare	Medicaid		615.23	31.55			600.6	1852.5	percent of total billed charges	
TRANS. ECHO. (TTE) COMPLETE	93306	CPT	both			1950		725.57 WellPoint	WellPoint		627.51	32.18			600.6	1852.5	percent of total billed charges	
TTE W/O DOPPLER,COMPLETE	93307	CPT	outpatient			2118		322.28 Aetna	Better Health		668.23	31.55			269.12	2012.1	percent of total billed charges	
TTE W/O DOPPLER,COMPLETE	93307	CPT	outpatient			2118		322.28 Aetna	Commercial		446.14				269.12	2012.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TTE W/O DOPPLER,COMPLETE	93307	CPT	outpatient			2118		322.28 Aetna	Medicare		280.24				269.12	2012.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TTE W/O DOPPLER,COMPLETE	93307	CPT	outpatient			2118		322.28 Americare	Americare		1588.5	75			269.12	2012.1	percent of total billed charges	
TTE W/O DOPPLER,COMPLETE	93307	CPT	outpatient			2118		322.28 Amerihealth	HMO/PPO		1376.7	65			269.12	2012.1	percent of total billed charges	
TTE W/O DOPPLER,COMPLETE	93307	CPT	outpatient			2118		322.28 Amerihealth	Medicare		280.24				269.12	2012.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TTE W/O DOPPLER,COMPLETE	93307	CPT	outpatient			2118		322.28 Consumer	Consumer		2012.1	95			269.12	2012.1	percent of total billed charges	
TTE W/O DOPPLER,COMPLETE	93307	CPT	outpatient			2118		322.28 Corrections	Corrections		1694.4	80			269.12	2012.1	percent of total billed charges	
TTE W/O DOPPLER,COMPLETE	93307	CPT	outpatient			2118		322.28 First Health	First Health		1482.6	70			269.12	2012.1	percent of total billed charges	
TTE W/O DOPPLER,COMPLETE	93307	CPT	outpatient			2118		322.28 First Trenton	First Trenton		1906.2	90			269.12	2012.1	percent of total billed charges	
TTE W/O DOPPLER,COMPLETE	93307	CPT	outpatient			2118		322.28 Horizon	PPO		521.53				269.12	2012.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TTE W/O DOPPLER,COMPLETE	93307	CPT	outpatient			2118		322.28 Horizon	MGD		521.53				269.12	2012.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TTE W/O DOPPLER,COMPLETE	93307	CPT	outpatient			2118		322.28 Horizon	Medicare Blue		280.24				269.12	2012.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TTE W/O DOPPLER,COMPLETE	93307	CPT	outpatient			2118		322.28 Horizon	NJ Health		850.86				269.12	2012.1	fee schedule	
TTE W/O DOPPLER,COMPLETE	93307	CPT	outpatient			2118		322.28 Horizon	Indemnity		521.53				269.12	2012.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TTE W/O DOPPLER,COMPLETE	93307	CPT	outpatient			2118		322.28 Managed Care Inc	Managed Care Inc		1906.2	90			269.12	2012.1	percent of total billed charges	
TTE W/O DOPPLER,COMPLETE	93307	CPT	outpatient			2118		322.28 Multiplan	Multiplan		1694.4	80			269.12	2012.1	percent of total billed charges	
TTE W/O DOPPLER,COMPLETE	93307	CPT	outpatient			2118		322.28 Qualcare	Qualcare		1588.5	75			269.12	2012.1	percent of total billed charges	
TTE W/O DOPPLER,COMPLETE	93307	CPT	outpatient			2118		322.28 Three Rivers	Three Rivers		2012.1	95			269.12	2012.1	percent of total billed charges	
TTE W/O DOPPLER,COMPLETE	93307	CPT	outpatient			2118		322.28 UHC	Medicaid		668.23	31.55			269.12	2012.1	percent of total billed charges	
TTE W/O DOPPLER,COMPLETE	93307	CPT	outpatient			2118		322.28 UHC	Medicare		280.24				269.12	2012.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TTE W/O DOPPLER,COMPLETE	93307	CPT	outpatient			2118		322.28 Wellcare	Medicare		280.24				269.12	2012.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TTE W/O DOPPLER,COMPLETE	93307	CPT	outpatient			2118		322.28 Wellcare	Medicaid		668.23	31.55			269.12	2012.1	percent of total billed charges	
TTE W/O DOPPLER,COMPLETE	93307	CPT	outpatient			2118		322.28 WellPoint	WellPoint		681.57	32.18			269.12	2012.1	percent of total billed charges	
TRANS.ECHO.FOLLOW UP/LIMITED	93308	CPT	both			1561		322.28 Aetna	Commercial		446.14				274.17	1482.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANS.ECHO.FOLLOW UP/LIMITED	93308	CPT	both			1561		322.28 Aetna	Better Health		492.5	31.55			274.17	1482.95	percent of total billed charges	
TRANS.ECHO.FOLLOW UP/LIMITED	93308	CPT	both			1561		322.28 Aetna	Medicare		280.24				274.17	1482.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANS.ECHO.FOLLOW UP/LIMITED	93308	CPT	both			1561		322.28 Americare	Americare		1170.75	75			274.17	1482.95	percent of total billed charges	
TRANS.ECHO.FOLLOW UP/LIMITED	93308	CPT	both			1561		322.28 Amerihealth	Medicare		280.24				274.17	1482.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANS.ECHO.FOLLOW UP/LIMITED	93308	CPT	both			1561		322.28 Amerihealth	HMO/PPO		1014.65	65			274.17	1482.95	percent of total billed charges	
TRANS.ECHO.FOLLOW UP/LIMITED	93308	CPT	both			1561		322.28 Consumer	Consumer		1482.95	95			274.17	1482.95	percent of total billed charges	
TRANS.ECHO.FOLLOW UP/LIMITED	93308	CPT	both			1561		322.28 Corrections	Corrections		1248.8	80			274.17	1482.95	percent of total billed charges	
TRANS.ECHO.FOLLOW UP/LIMITED	93308	CPT	both			1561		322.28 First Health	First Health		1092.7	70			274.17	1482.95	percent of total billed charges	
TRANS.ECHO.FOLLOW UP/LIMITED	93308	CPT	both			1561		322.28 First Trenton	First Trenton		1404.9	90			274.17	1482.95	percent of total billed charges	
TRANS.ECHO.FOLLOW UP/LIMITED	93308	CPT	both			1561		322.28 Horizon	PPO		521.53				274.17	1482.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANS.ECHO.FOLLOW UP/LIMITED	93308	CPT	both			1561		322.28 Horizon	MGD		521.53				274.17	1482.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANS.ECHO.FOLLOW UP/LIMITED	93308	CPT	both			1561		322.28 Horizon	Indemnity		521.53				274.17	1482.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANS.ECHO.FOLLOW UP/LIMITED	93308	CPT	both			1561		322.28 Horizon	NJ Health		1177.11				274.17	1482.95	fee schedule	
TRANS.ECHO.FOLLOW UP/LIMITED	93308	CPT	both			1561		322.28 Horizon	Medicare Blue		280.24				274.17	1482.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANS.ECHO.FOLLOW UP/LIMITED	93308	CPT	both			1561		322.28 Managed Care Inc	Managed Care Inc		1404.9	90			274.17	1482.95	percent of total billed charges	
TRANS.ECHO.FOLLOW UP/LIMITED	93308	CPT	both			1561		322.28 Multiplan	Multiplan		1248.8	80			274.17	1482.95	percent of total billed charges	
TRANS.ECHO.FOLLOW UP/LIMITED	93308	CPT	both			1561		322.28 Qualcare	Qualcare		1170.75	75			274.17	1482.95	percent of total billed charges	
TRANS.ECHO.FOLLOW UP/LIMITED	93308	CPT	both			1561		322.28 Three Rivers	Three Rivers		1482.95	95			274.17	1482.95	percent of total billed charges	
TRANS.ECHO.FOLLOW UP/LIMITED	93308	CPT	both			1561		322.28 UHC	Medicare		280.24				274.17	1482.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANS.ECHO.FOLLOW UP/LIMITED	93308	CPT	both			1561		322.28 UHC	Medicaid		492.5	31.55			274.17	1482.95	percent of total billed charges	
TRANS.ECHO.FOLLOW UP/LIMITED	93308	CPT	both			1561		322.28 Wellcare	Medicare		280.24				274.17	1482.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANS.ECHO.FOLLOW UP/LIMITED	93308	CPT	both			1561		322.28 Wellcare	Medicaid		492.5	31.55			274.17	1482.95	percent of total billed charges	
TRANS.ECHO.FOLLOW UP/LIMITED	93308	CPT	both			1561		322.28 WellPoint	WellPoint		502.33	32.18			274.17	1482.95	percent of total billed charges	
TRANSESOPHAG.ECHO. (TEE)	93312	CPT	both			2715		725.57 Aetna	Better Health		856.58	31.55			615.23	2579.25	percent of total billed charges	
TRANSESOPHAG.ECHO. (TEE)	93312	CPT	both			2715		725.57 Aetna	Commercial		1004.44				615.23	2579.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSESOPHAG.ECHO. (TEE)	93312	CPT	both			2715		725.57 Aetna	Medicare		630.93				615.23	2579.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSESOPHAG.ECHO. (TEE)	93312	CPT	both			2715		725.57 Americare	Americare		2036.25	75			615.23	2579.25	percent of total billed charges	
TRANSESOPHAG.ECHO. (TEE)	93312	CPT	both			2715		725.57 Amerihealth	HMO/PPO		1764.75	65			615.23	2579.25	percent of total billed charges	
TRANSESOPHAG.ECHO. (TEE)	93312	CPT	both			2715		725.57 Amerihealth	Medicare		630.93				615.23	2579.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSESOPHAG.ECHO. (TEE)	93312	CPT	both			2715		725.57 Consumer	Consumer		2579.25	95			615.23	2579.25	percent of total billed charges	
TRANSESOPHAG.ECHO. (TEE)	93312	CPT	both			2715		725.57 Corrections	Corrections		2172	80			615.23	2579.25	percent of total billed charges	
TRANSESOPHAG.ECHO. (TEE)	93312	CPT	both			2715		725.57 First Health	First Health		1900.5	70			615.23	2579.25	percent of total billed charges	
TRANSESOPHAG.ECHO. (TEE)	93312	CPT	both			2715		725.57 First Trenton	First Trenton		2443.5	90			615.23	2579.25	percent of total billed charges	
TRANSESOPHAG.ECHO. (TEE)	93312	CPT	both			2715		725.57 Horizon	NJ Health		1477.26				615.23	2579.25	fee schedule	
TRANSESOPHAG.ECHO. (TEE)	93312	CPT	both			2715		725.57 Horizon	Indemnity		1174.16				615.23	2579.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSESOPHAG.ECHO. (TEE)	93312	CPT	both			2715		725.57 Horizon	MGD		1174.16				615.23	2579.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSESOPHAG.ECHO. (TEE)	93312	CPT	both			2715		725.57 Horizon	PPO		1174.16				615.23	2579.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSESOPHAG.ECHO. (TEE)	93312	CPT	both			2715		725.57 Horizon	Medicare Blue		630.93				615.23	2579.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSESOPHAG.ECHO. (TEE)	93312	CPT	both			2715		725.57 Managed Care Inc	Managed Care Inc		2443.5	90			615.23	2579.25	percent of total billed charges	
TRANSESOPHAG.ECHO. (TEE)	93312	CPT	both			2715		725.57 Multiplan	Multiplan		2172	80			615.23	2579.25	percent of total billed charges	
TRANSESOPHAG.ECHO. (TEE)	93312	CPT	both			2715		725.57 Qualcare	Qualcare		2036.25	75			615.23	2579.25	percent of total billed charges	
TRANSESOPHAG.ECHO. (TEE)	93312	CPT	both			2715		725.57 Three Rivers	Three Rivers		2579.25	95			615.23	2579.25	percent of total billed charges	
TRANSESOPHAG.ECHO. (TEE)	93312	CPT	both			2715		725.57 UHC	Medicaid		856.58	31.55			615.23	2579.25	percent of total billed charges	
TRANSESOPHAG.ECHO. (TEE)	93312	CPT	both			2715		725.57 UHC	Medicare		630.93				615.23	2579.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSESOPHAG.ECHO. (TEE)	93312	CPT	both			2715		725.57 Wellcare	Medicaid		856.58	31.55			615.23	2579.25	percent of total billed charges	
TRANSESOPHAG.ECHO. (TEE)	93312	CPT	both			2715		725.57 Wellcare	Medicare		630.93				615.23	2579.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSESOPHAG.ECHO. (TEE)	93312	CPT	both			2715		725.57 WellPoint	WellPoint		873.69	32.18			615.23	2579.25	percent of total billed charges	
TEE PROBE PLACEMENT (ONLY) REG.	93313	CPT	outpatient			2642		725.57 Aetna	Better Health		833.55	31.55			74.33	2509.9	percent of total billed charges	
TEE PROBE PLACEMENT (ONLY) REG.	93313	CPT	outpatient			2642		725.57 Aetna	Medicare		813.74	30.8			74.33	2509.9	percent of total billed charges	
TEE PROBE PLACEMENT (ONLY) REG.	93313	CPT	outpatient			2642		725.57 Aetna	Commercial		1004.44				74.33	2509.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TEE PROBE PLACEMENT (ONLY) REG.	93313	CPT	outpatient			2642		725.57 Americare	Americare		1981.5	75			74.33	2509.9	percent of total billed charges	
TEE PROBE PLACEMENT (ONLY) REG.	93313	CPT	outpatient			2642		725.57 Amerihealth	Medicare		630.93				74.33	2509.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TEE PROBE PLACEMENT (ONLY) REG.	93313	CPT	outpatient			2642		725.57 Amerihealth	HMO/PPO		1717.3	65			74.33	2509.9	percent of total billed charges	
TEE PROBE PLACEMENT (ONLY) REG.	93313	CPT	outpatient			2642		725.57 Consumer	Consumer		2509.9	95			74.33	2509.9	percent of total billed charges	
TEE PROBE PLACEMENT (ONLY) REG.	93313	CPT	outpatient			2642		725.57 Corrections	Corrections		2113.6	80			74.33	2509.9	percent of total billed charges	
TEE PROBE PLACEMENT (ONLY) REG.	93313	CPT	outpatient			2642		725.57 First Health	First Health		1849.4	70			74.33	2509.9	percent of total billed charges	
TEE PROBE PLACEMENT (ONLY) REG.	93313	CPT	outpatient			2642		725.57 First Trenton	First Trenton		2377.8	90			74.33	2509.9	percent of total billed charges	
TEE PROBE PLACEMENT (ONLY) REG.	93313	CPT	outpatient			2642		725.57 Horizon	Indemnity		1174.16				74.33	2509.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TEE PROBE PLACEMENT (ONLY) REG.	93313	CPT	outpatient			2642		725.57 Horizon	NJ Health		74.33				74.33	2509.9	fee schedule	
TEE PROBE PLACEMENT (ONLY) REG.	93313	CPT	outpatient			2642		725.57 Horizon	Medicare Blue		630.93				74.33	2509.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TEE PROBE PLACEMENT (ONLY) REG.	93313	CPT	outpatient			2642		725.57 Horizon	MGD		1174.16				74.33	2509.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TEE PROBE PLACEMENT (ONLY) REG.	93313	CPT	outpatient			2642		725.57 Horizon	PPO		1174.16				74.33	2509.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TEE PROBE PLACEMENT (ONLY) REG.	93313	CPT	outpatient			2642		725.57 Managed Care Inc	Managed Care Inc		2377.8	90			74.33	2509.9	percent of total billed charges	
TEE PROBE PLACEMENT (ONLY) REG.	93313	CPT	outpatient			2642		725.57 Multiplan	Multiplan		2113.6	80			74.33	2509.9	percent of total billed charges	
TEE PROBE PLACEMENT (ONLY) REG.	93313	CPT	outpatient			2642		725.57 Qualcare	Qualcare		1981.5	75			74.33	2509.9	percent of total billed charges	
TEE PROBE PLACEMENT (ONLY) REG.	93313	CPT	outpatient			2642		725.57 Three Rivers	Three Rivers		2509.9	95			74.33	2509.9	percent of total billed charges	
TEE PROBE PLACEMENT (ONLY) REG.	93313	CPT	outpatient			2642		725.57 UHC	Medicaid		833.55	31.55			74.33	2509.9	percent of total billed charges	
TEE PROBE PLACEMENT (ONLY) REG.	93313	CPT	outpatient			2642		725.57 UHC	Medicare		630.93				74.33	2509.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TEE PROBE PLACEMENT (ONLY) REG.	93313	CPT	outpatient			2642		725.57 Wellcare	Medicare		630.93				74.33	2509.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TEE PROBE PLACEMENT (ONLY) REG.	93313	CPT	outpatient			2642		725.57 Wellcare	Medicaid		833.55	31.55			74.33	2509.9	percent of total billed charges	
TEE PROBE PLACEMENT (ONLY) REG.	93313	CPT	outpatient			2642		725.57 WellPoint	WellPoint		850.2	32.18			74.33	2509.9	percent of total billed charges	
TEE CONGENITAL; GLOBAL	93315	CPT	outpatient			2011		725.57 Aetna	Better Health		634.47	31.55			318.42	1910.45	percent of total billed charges	
TEE CONGENITAL; GLOBAL	93315	CPT	outpatient			2011		725.57 Aetna	Commercial		1004.44				318.42	1910.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TEE CONGENITAL; GLOBAL	93315	CPT	outpatient			2011		725.57 Aetna	Medicare		630.93				318.42	1910.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TEE CONGENITAL; GLOBAL	93315	CPT	outpatient			2011		725.57 Americare	Americare		1508.25	75			318.42	1910.45	percent of total billed charges	
TEE CONGENITAL; GLOBAL	93315	CPT	outpatient			2011		725.57 Amerihealth	HMO/PPO		1307.15	65			318.42	1910.45	percent of total billed charges	
TEE CONGENITAL; GLOBAL	93315	CPT	outpatient			2011		725.57 Amerihealth	Medicare		630.93				318.42	1910.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TEE CONGENITAL; GLOBAL	93315	CPT	outpatient			2011		725.57 Consumer	Consumer		1910.45	95			318.42	1910.45	percent of total billed charges	
TEE CONGENITAL; GLOBAL	93315	CPT	outpatient			2011		725.57 Corrections	Corrections		1608.8	80			318.42	1910.45	percent of total billed charges	
TEE CONGENITAL; GLOBAL	93315	CPT	outpatient			2011		725.57 First Health	First Health		1407.7	70			318.42	1910.45	percent of total billed charges	
TEE CONGENITAL; GLOBAL	93315	CPT	outpatient			2011		725.57 First Trenton	First Trenton		1809.9	90			318.42	1910.45	percent of total billed charges	
TEE CONGENITAL; GLOBAL	93315	CPT	outpatient			2011		725.57 Horizon	NJ Health		318.42				318.42	1910.45	fee schedule	
TEE CONGENITAL; GLOBAL	93315	CPT	outpatient			2011		725.57 Horizon	Indemnity		1174.16				318.42	1910.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TEE CONGENITAL; GLOBAL	93315	CPT	outpatient			2011		725.57 Horizon	MGD		1174.16				318.42	1910.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TEE CONGENITAL; GLOBAL	93315	CPT	outpatient			2011		725.57 Horizon	Medicare Blue		630.93				318.42	1910.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TEE CONGENITAL; GLOBAL	93315	CPT	outpatient			2011		725.57 Horizon	PPO		1174.16				318.42	1910.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TEE CONGENITAL; GLOBAL	93315	CPT	outpatient			2011		725.57 Managed Care Inc	Managed Care Inc		1809.9	90			318.42	1910.45	percent of total billed charges	
TEE CONGENITAL; GLOBAL	93315	CPT	outpatient			2011		725.57 Multiplan	Multiplan		1608.8	80			318.42	1910.45	percent of total billed charges	
TEE CONGENITAL; GLOBAL	93315	CPT	outpatient			2011		725.57 Qualcare	Qualcare		1508.25	75			318.42	1910.45	percent of total billed charges	
TEE CONGENITAL; GLOBAL	93315	CPT	outpatient			2011		725.57 Three Rivers	Three Rivers		1910.45	95			318.42	1910.45	percent of total billed charges	
TEE CONGENITAL; GLOBAL	93315	CPT	outpatient			2011		725.57 UHC	Medicaid		634.47	31.55			318.42	1910.45	percent of total billed charges	
TEE CONGENITAL; GLOBAL	93315	CPT	outpatient			2011		725.57 UHC	Medicare		630.93				318.42	1910.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TEE CONGENITAL; GLOBAL	93315	CPT	outpatient			2011		725.57 Wellcare	Medicare		630.93				318.42	1910.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TEE CONGENITAL; GLOBAL	93315	CPT	outpatient			2011		725.57 Wellcare	Medicaid		634.47	31.55			318.42	1910.45	percent of total billed charges	
TEE CONGENITAL; GLOBAL	93315	CPT	outpatient			2011		725.57 WellPoint	WellPoint		647.14	32.18			318.42	1910.45	percent of total billed charges	
TEE FOR MONITORING	93318	CPT	outpatient			2840		725.57 Aetna	Better Health		896.02	31.55			630.93	2698.74	percent of total billed charges	
TEE FOR MONITORING	93318	CPT	outpatient			2840		725.57 Aetna	Commercial		1004.44				630.93	2698.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TEE FOR MONITORING	93318	CPT	outpatient			2840		725.57 Aetna	Medicare		630.93				630.93	2698.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TEE FOR MONITORING	93318	CPT	outpatient			2840		725.57 Americare	Americare		2130	75			630.93	2698.74	percent of total billed charges	
TEE FOR MONITORING	93318	CPT	outpatient			2840		725.57 Amerihealth	Medicare		630.93				630.93	2698.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TEE FOR MONITORING	93318	CPT	outpatient			2840		725.57 Amerihealth	HMO/PPO		1846	65			630.93	2698.74	percent of total billed charges	
TEE FOR MONITORING	93318	CPT	outpatient			2840		725.57 Consumer	Consumer		2698	95			630.93	2698.74	percent of total billed charges	
TEE FOR MONITORING	93318	CPT	outpatient			2840		725.57 Corrections	Corrections		2272	80			630.93	2698.74	percent of total billed charges	
TEE FOR MONITORING	93318	CPT	outpatient			2840		725.57 First Health	First Health		1988	70			630.93	2698.74	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.														
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true													
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
TEE FOR MONITORING	93318	CPT	outpatient			2840	725.57	First Trenton	First Trenton		2556	90			630.93	2698.74	percent of total billed charges	
TEE FOR MONITORING	93318	CPT	outpatient			2840	725.57	Horizon	PPO		1174.16				630.93	2698.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TEE FOR MONITORING	93318	CPT	outpatient			2840	725.57	Horizon	MGD		1174.16				630.93	2698.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TEE FOR MONITORING	93318	CPT	outpatient			2840	725.57	Horizon	Indemnity		1174.16				630.93	2698.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TEE FOR MONITORING	93318	CPT	outpatient			2840	725.57	Horizon	NJ Health		2698.74				630.93	2698.74	fee schedule	
TEE FOR MONITORING	93318	CPT	outpatient			2840	725.57	Horizon	Medicare Blue		630.93				630.93	2698.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TEE FOR MONITORING	93318	CPT	outpatient			2840	725.57	Managed Care Inc	Managed Care Inc		2556	90			630.93	2698.74	percent of total billed charges	
TEE FOR MONITORING	93318	CPT	outpatient			2840	725.57	Multiplan	Multiplan		2272	80			630.93	2698.74	percent of total billed charges	
TEE FOR MONITORING	93318	CPT	outpatient			2840	725.57	Qualcare	Qualcare		2130	75			630.93	2698.74	percent of total billed charges	
TEE FOR MONITORING	93318	CPT	outpatient			2840	725.57	Three Rivers	Three Rivers		2698	95			630.93	2698.74	percent of total billed charges	
TEE FOR MONITORING	93318	CPT	outpatient			2840	725.57	UHC	Medicare		630.93				630.93	2698.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TEE FOR MONITORING	93318	CPT	outpatient			2840	725.57	UHC	Medicaid		896.02	31.55			630.93	2698.74	percent of total billed charges	
TEE FOR MONITORING	93318	CPT	outpatient			2840	725.57	Wellcare	Medicare		630.93				630.93	2698.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TEE FOR MONITORING	93318	CPT	outpatient			2840	725.57	Wellcare	Medicaid		896.02	31.55			630.93	2698.74	percent of total billed charges	
TEE FOR MONITORING	93318	CPT	outpatient			2840	725.57	WellPoint	WellPoint		913.91	32.18			630.93	2698.74	percent of total billed charges	
DOPPLER CW/PW (SEPARATELY)	93320	CPT	inpatient			874		Aetna	Better Health		275.75	31.55			262.2	830.3	percent of total billed charges	
DOPPLER CW/PW (SEPARATELY)	93320	CPT	inpatient			874		Aetna	Medicare		269.19	30.8			262.2	830.3	percent of total billed charges	
DOPPLER CW/PW (SEPARATELY)	93320	CPT	inpatient			874		Aetna	Commercial		332.12	38			262.2	830.3	percent of total billed charges	
DOPPLER CW/PW (SEPARATELY)	93320	CPT	inpatient			874		Americare	Americare		655.5	75			262.2	830.3	percent of total billed charges	
DOPPLER CW/PW (SEPARATELY)	93320	CPT	inpatient			874		Amerihealth	HMO/PPO		568.1	65			262.2	830.3	percent of total billed charges	
DOPPLER CW/PW (SEPARATELY)	93320	CPT	inpatient			874		Consumer	Consumer		830.3	95			262.2	830.3	percent of total billed charges	
DOPPLER CW/PW (SEPARATELY)	93320	CPT	inpatient			874		Corrections	Corrections		699.2	80			262.2	830.3	percent of total billed charges	
DOPPLER CW/PW (SEPARATELY)	93320	CPT	inpatient			874		First Health	First Health		611.8	70			262.2	830.3	percent of total billed charges	
DOPPLER CW/PW (SEPARATELY)	93320	CPT	inpatient			874		First Trenton	First Trenton		786.6	90			262.2	830.3	percent of total billed charges	
DOPPLER CW/PW (SEPARATELY)	93320	CPT	inpatient			874		Horizon	NJ Health		631.62				262.2	830.3	fee schedule	
DOPPLER CW/PW (SEPARATELY)	93320	CPT	inpatient			874		Horizon	MGD		334.57	38.28			262.2	830.3	percent of total billed charges	
DOPPLER CW/PW (SEPARATELY)	93320	CPT	inpatient			874		Horizon	Medicare Blue		262.2	30			262.2	830.3	percent of total billed charges	
DOPPLER CW/PW (SEPARATELY)	93320	CPT	inpatient			874		Horizon	Indemnity		334.57	38.28			262.2	830.3	percent of total billed charges	
DOPPLER CW/PW (SEPARATELY)	93320	CPT	inpatient			874		Horizon	PPO		334.57	38.28			262.2	830.3	percent of total billed charges	
DOPPLER CW/PW (SEPARATELY)	93320	CPT	inpatient			874		Managed Care Inc	Managed Care Inc		786.6	90			262.2	830.3	percent of total billed charges	
DOPPLER CW/PW (SEPARATELY)	93320	CPT	inpatient			874		Multiplan	Multiplan		699.2	80			262.2	830.3	percent of total billed charges	
DOPPLER CW/PW (SEPARATELY)	93320	CPT	inpatient			874		Qualcare	Qualcare		655.5	75			262.2	830.3	percent of total billed charges	
DOPPLER CW/PW (SEPARATELY)	93320	CPT	inpatient			874		Three Rivers	Three Rivers		830.3	95			262.2	830.3	percent of total billed charges	
DOPPLER CW/PW (SEPARATELY)	93320	CPT	inpatient			874		UHC	Medicaid		275.75	31.55			262.2	830.3	percent of total billed charges	
DOPPLER CW/PW (SEPARATELY)	93320	CPT	inpatient			874		Wellcare	Medicaid		275.75	31.55			262.2	830.3	percent of total billed charges	
DOPPLER CW/PW (SEPARATELY)	93320	CPT	inpatient			874		WellPoint	WellPoint		281.25	32.18			262.2	830.3	percent of total billed charges	
DOPPLER ECHO EXAM HEART	93321	CPT	outpatient					Horizon	NJ Health		266.22				266.22	266.22	fee schedule	
DOPPLER ECHO COLOR FLOW	93325	CPT	outpatient			1341		Aetna	Medicare		413.03	30.8			391.2	1273.95	percent of total billed charges	
DOPPLER ECHO COLOR FLOW	93325	CPT	outpatient			1341		Aetna	Commercial		599.58	38			391.2	1273.95	percent of total billed charges	
DOPPLER ECHO COLOR FLOW	93325	CPT	outpatient			1341		Aetna	Better Health		423.09	31.55			391.2	1273.95	percent of total billed charges	
DOPPLER ECHO COLOR FLOW	93325	CPT	outpatient			1341		Americare	Americare		1005.75	75			391.2	1273.95	percent of total billed charges	
DOPPLER ECHO COLOR FLOW	93325	CPT	outpatient			1341		Amerihealth	HMO/PPO		871.65	65			391.2	1273.95	percent of total billed charges	
DOPPLER ECHO COLOR FLOW	93325	CPT	outpatient			1341		Consumer	Consumer		1273.95	95			391.2	1273.95	percent of total billed charges	
DOPPLER ECHO COLOR FLOW	93325	CPT	outpatient			1341		Corrections	Corrections		1072.8	80			391.2	1273.95	percent of total billed charges	
DOPPLER ECHO COLOR FLOW	93325	CPT	outpatient			1341		First Health	First Health		938.7	70			391.2	1273.95	percent of total billed charges	
DOPPLER ECHO COLOR FLOW	93325	CPT	outpatient			1341		First Trenton	First Trenton		1206.9	90			391.2	1273.95	percent of total billed charges	
DOPPLER ECHO COLOR FLOW	93325	CPT	outpatient			1341		Horizon	MGD		513.33	38.28			391.2	1273.95	percent of total billed charges	
DOPPLER ECHO COLOR FLOW	93325	CPT	outpatient			1341		Horizon	Medicare Blue		402.3	30			391.2	1273.95	percent of total billed charges	
DOPPLER ECHO COLOR FLOW	93325	CPT	outpatient			1341		Horizon	Indemnity		513.33	38.28			391.2	1273.95	percent of total billed charges	
DOPPLER ECHO COLOR FLOW	93325	CPT	outpatient			1341		Horizon	PPO		513.33	38.28			391.2	1273.95	percent of total billed charges	
DOPPLER ECHO COLOR FLOW	93325	CPT	outpatient			1341		Horizon	NJ Health		516.78				391.2	1273.95	fee schedule	
DOPPLER ECHO COLOR FLOW	93325	CPT	outpatient			1341		Managed Care Inc	Managed Care Inc		1206.9	90			391.2	1273.95	percent of total billed charges	
DOPPLER ECHO COLOR FLOW	93325	CPT	outpatient			1341		Multiplan	Multiplan		1072.8	80			391.2	1273.95	percent of total billed charges	
DOPPLER ECHO COLOR FLOW	93325	CPT	outpatient			1341		Qualcare	Qualcare		1005.75	75			391.2	1273.95	percent of total billed charges	
DOPPLER ECHO COLOR FLOW	93325	CPT	outpatient			1341		Three Rivers	Three Rivers		1273.95	95			391.2	1273.95	percent of total billed charges	
DOPPLER ECHO COLOR FLOW	93325	CPT	outpatient			1341		UHC	Medicaid		423.09	31.55			391.2	1273.95	percent of total billed charges	
DOPPLER ECHO COLOR FLOW	93325	CPT	outpatient			1341		Wellcare	Medicaid		423.09	31.55			391.2	1273.95	percent of total billed charges	
DOPPLER ECHO COLOR FLOW	93325	CPT	outpatient			1341		WellPoint	WellPoint		431.53	32.18			391.2	1273.95	percent of total billed charges	
STRESS TEST (WITH IMAGING)	93350	CPT	both			2642	725.57	Aetna	Better Health		833.55	31.55			630.93	2509.9	percent of total billed charges	
STRESS TEST (WITH IMAGING)	93350	CPT	both			2642	725.57	Aetna	Commercial		1004.44				630.93	2509.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRESS TEST (WITH IMAGING)	93350	CPT	both			2642	725.57	Aetna	Medicare		630.93				630.93	2509.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRESS TEST (WITH IMAGING)	93350	CPT	both			2642	725.57	Americare	Americare		1981.5	75			630.93	2509.9	percent of total billed charges	
STRESS TEST (WITH IMAGING)	93350	CPT	both			2642	725.57	Amerihealth	Medicare		630.93				630.93	2509.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRESS TEST (WITH IMAGING)	93350	CPT	both			2642	725.57	Amerihealth	HMO/PPO		1717.3	65			630.93	2509.9	percent of total billed charges	
STRESS TEST (WITH IMAGING)	93350	CPT	both			2642	725.57	Consumer	Consumer		2509.9	95			630.93	2509.9	percent of total billed charges	
STRESS TEST (WITH IMAGING)	93350	CPT	both			2642	725.57	Corrections	Corrections		2113.6	80			630.93	2509.9	percent of total billed charges	
STRESS TEST (WITH IMAGING)	93350	CPT	both			2642	725.57	First Health	First Health		1849.4	70			630.93	2509.9	percent of total billed charges	
STRESS TEST (WITH IMAGING)	93350	CPT	both			2642	725.57	First Trenton	First Trenton		2377.8	90			630.93	2509.9	percent of total billed charges	
STRESS TEST (WITH IMAGING)	93350	CPT	both			2642	725.57	Horizon	Indemnity		1174.16				630.93	2509.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRESS TEST (WITH IMAGING)	93350	CPT	both			2642	725.57	Horizon	MGD		1174.16				630.93	2509.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRESS TEST (WITH IMAGING)	93350	CPT	both			2642	725.57	Horizon	NJ Health		1296.78				630.93	2509.9	fee schedule	
STRESS TEST (WITH IMAGING)	93350	CPT	both			2642	725.57	Horizon	Medicare Blue		630.93				630.93	2509.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRESS TEST (WITH IMAGING)	93350	CPT	both			2642	725.57	Horizon	PPO		1174.16				630.93	2509.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRESS TEST (WITH IMAGING)	93350	CPT	both			2642	725.57	Managed Care Inc	Managed Care Inc		2377.8	90			630.93	2509.9	percent of total billed charges	
STRESS TEST (WITH IMAGING)	93350	CPT	both			2642	725.57	Multiplan	Multiplan		2113.6	80			630.93	2509.9	percent of total billed charges	
STRESS TEST (WITH IMAGING)	93350	CPT	both			2642	725.57	Qualcare	Qualcare		1981.5	75			630.93	2509.9	percent of total billed charges	
STRESS TEST (WITH IMAGING)	93350	CPT	both			2642	725.57	Three Rivers	Three Rivers		2509.9	95			630.93	2509.9	percent of total billed charges	
STRESS TEST (WITH IMAGING)	93350	CPT	both			2642	725.57	UHC	Medicaid		833.55	31.55			630.93	2509.9	percent of total billed charges	
STRESS TEST (WITH IMAGING)	93350	CPT	both			2642	725.57	UHC	Medicare		630.93				630.93	2509.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRESS TEST (WITH IMAGING)	93350	CPT	both			2642	725.57	Wellcare	Medicare		630.93				630.93	2509.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRESS TEST (WITH IMAGING)	93350	CPT	both			2642	725.57	Wellcare	Medicaid		833.55	31.55			630.93	2509.9	percent of total billed charges	
STRESS TEST (WITH IMAGING)	93350	CPT	both			2642	725.57	WellPoint	WellPoint		850.2	32.18			630.93	2509.9	percent of total billed charges	
STRESS TTE COMPLETE	93351	CPT	outpatient			2642	725.57	Aetna	Better Health		833.55	31.55			364.1	2509.9	percent of total billed charges	
STRESS TTE COMPLETE	93351	CPT	outpatient			2642	725.57	Aetna	Commercial		1004.44				364.1	2509.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRESS TTE COMPLETE	93351	CPT	outpatient			2642	725.57	Aetna	Medicare		630.93				364.1	2509.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRESS TTE COMPLETE	93351	CPT	outpatient			2642	725.57	Americare	Americare		1981.5	75			364.1	2509.9	percent of total billed charges	
STRESS TTE COMPLETE	93351	CPT	outpatient			2642	725.57	Amerihealth	Medicare		630.93				364.1	2509.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRESS TTE COMPLETE	93351	CPT	outpatient			2642	725.57	Amerihealth	HMO/PPO		1717.3	65			364.1	2509.9	percent of total billed charges	
STRESS TTE COMPLETE	93351	CPT	outpatient			2642	725.57	Consumer	Consumer		2509.9	95			364.1	2509.9	percent of total billed charges	
STRESS TTE COMPLETE	93351	CPT	outpatient			2642	725.57	Corrections	Corrections		2113.6	80			364.1	2509.9	percent of total billed charges	
STRESS TTE COMPLETE	93351	CPT	outpatient			2642	725.57	First Health	First Health		1849.4	70			364.1	2509.9	percent of total billed charges	
STRESS TTE COMPLETE	93351	CPT	outpatient			2642	725.57	First Trenton	First Trenton		2377.8	90			364.1	2509.9	percent of total billed charges	
STRESS TTE COMPLETE	93351	CPT	outpatient			2642	725.57	Horizon	Indemnity		1174.16				364.1	2509.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRESS TTE COMPLETE	93351	CPT	outpatient			2642	725.57	Horizon	MGD		1174.16				364.1	2509.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRESS TTE COMPLETE	93351	CPT	outpatient			2642	725.57	Horizon	Medicare Blue		630.93				364.1	2509.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRESS TTE COMPLETE	93351	CPT	outpatient			2642	725.57	Horizon	PPO		1174.16				364.1	2509.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRESS TTE COMPLETE	93351	CPT	outpatient			2642	725.57	Horizon	NJ Health		364.1				364.1	2509.9	fee schedule	
STRESS TTE COMPLETE	93351	CPT	outpatient			2642	725.57	Managed Care Inc	Managed Care Inc		2377.8	90			364.1	2509.9	percent of total billed charges	
STRESS TTE COMPLETE	93351	CPT	outpatient			2642	725.57	Multiplan	Multiplan		2113.6	80			364.1	2509.9	percent of total billed charges	
STRESS TTE COMPLETE	93351	CPT	outpatient			2642	725.57	Qualcare	Qualcare		1981.5	75			364.1	2509.9	percent of total billed charges	
STRESS TTE COMPLETE	93351	CPT	outpatient			2642	725.57	Three Rivers	Three Rivers		2509.9	95			364.1	2509.9	percent of total billed charges	
STRESS TTE COMPLETE	93351	CPT	outpatient			2642	725.57	UHC	Medicare		630.93				364.1	2509.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRESS TTE COMPLETE	93351	CPT	outpatient			2642	725.57	UHC	Medicaid		833.55	31.55			364.1	2509.9	percent of total billed charges	
STRESS TTE COMPLETE	93351	CPT	outpatient			2642	725.57	Wellcare	Medicare		630.93				364.1	2509.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRESS TTE COMPLETE	93351	CPT	outpatient			2642	725.57	Wellcare	Medicaid		833.55	31.55			364.1	2509.9	percent of total billed charges	
STRESS TTE COMPLETE	93351	CPT	outpatient			2642	725.57	WellPoint	WellPoint		850.2	32.18			364.1	2509.9	percent of total billed charges	
ECHO TEE GUID TCAT ICAR/VESSEL STRUCTURA	93355	CPT	both					Horizon	NJ Health		322.39				322.39	322.39	fee schedule	
RIGHT HEART CATH	93451	CPT	both			14402	4285.74	Aetna	Better Health		4543.83	31.55			1108.18	1368\.9	percent of total billed charges	
RIGHT HEART CATH	93451	CPT	both			14402	4285.74	Aetna	Commercial		5932.95				1108.18	1368\.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RIGHT HEART CATH	93451	CPT	both			14402	4285.74	Aetna	Medicare		3726.73				1108.18	1368\.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RIGHT HEART CATH	93451	CPT	both			14402	4285.74	Americare	Americare		10801.5	75			1108.18	1368\.9	percent of total billed charges	
RIGHT HEART CATH	93451	CPT	both			14402	4285.74	Amerihealth	HMO/PPO		9361.3	65			1108.18	1368\.9	percent of total billed charges	
RIGHT HEART CATH	93451	CPT	both			14402	4285.74	Amerihealth	Medicare		3726.73				1108.18	1368\.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RIGHT HEART CATH	93451	CPT	both			14402	4285.74	Consumer	Consumer		13681.9	95			1108.18	1368\.9	percent of total billed charges	
RIGHT HEART CATH	93451	CPT	both			14402	4285.74	Corrections	Corrections		11521.6	80			1108.18	1368\.9	percent of total billed charges	
RIGHT HEART CATH	93451	CPT	both			14402	4285.74	First Health	First Health		10081.4	70			1108.18	1368\.9	percent of total billed charges	
RIGHT HEART CATH	93451	CPT	both			14402	4285.74	First Trenton	First Trenton		12961.8	90			1108.18	1368\.9	percent of total billed charges	
RIGHT HEART CATH	93451	CPT	both			14402	4285.74	Horizon	Medicare Blue		3726.73				1108.18	1368\.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RIGHT HEART CATH	93451	CPT	both			14402	4285.74	Horizon	NJ Health		1108.18				1108.18	1368\.9	fee schedule	
RIGHT HEART CATH	93451	CPT	both			14402	4285.74	Horizon	Indemnity		6935.44				1108.18	1368\.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RIGHT HEART CATH	93451	CPT	both			14402	4285.74	Horizon	MGD		6935.44				1108.18	1368\.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RIGHT HEART CATH	93451	CPT	both			14402	4285.74	Horizon	PPO		6935.44				1108.18	1368\.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RIGHT HEART CATH	93451	CPT	both			14402	4285.74	Managed Care Inc	Managed Care Inc		12961.8	90			1108.18	1368\.9	percent of total billed charges	
RIGHT HEART CATH	93451	CPT	both			14402	4285.74	Multiplan	Multiplan		11521.6	80			1108.18	1368\.9	percent of total billed charges	
RIGHT HEART CATH	93451	CPT	both			14402	4285.74	Qualcare	Qualcare		10801.5	75			1108.18	1368\.9	percent of total billed charges	
RIGHT HEART CATH	93451	CPT	both			14402	4285.74	Three Rivers	Three Rivers		13681.9	95			1108.18	1368\.9	percent of total billed charges	
RIGHT HEART CATH	93451	CPT	both			14402	4285.74	UHC	Medicaid		4543.83	31.55			1108.18	1368\.9	percent of total billed charges	
RIGHT HEART CATH	93451	CPT	both			14402	4285.74	UHC	Medicare		3726.73				1108.18	1368\.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RIGHT HEART CATH	93451	CPT	both			14402	4285.74	United	Commercial/PPO		6362				1108.18	1368\.9	case rate	
RIGHT HEART CATH	93451	CPT	both			14402	4285.74	United	Oxford		6362				1108.18	1368\.9	case rate	
RIGHT HEART CATH	93451	CPT	both			14402	4285.74	Wellcare	Medicaid		4543.83	31.55			1108.18	1368\.9	percent of total billed charges	
RIGHT HEART CATH	93451	CPT	both			14402	4285.74	Wellcare	Medicare		3726.73				1108.18	1368\.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RIGHT HEART CATH	93451	CPT	both			14402	4285.74	WellPoint	WellPoint		4634.56	32.18			1108.18	1368\.9	percent of total billed charges	
LEFT HRT CATH W/VENTRCLGRPHY	93452	CPT	outpatient			14402	4285.74	Aetna	Medicare		3726.73				1222.42	1368\.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEFT HRT CATH W/VENTRCLGRPHY	93452	CPT	outpatient			14402	4285.74	Aetna	Better Health		4543.83	31.55			1222.42	1368\.9	percent of total billed charges	
LEFT HRT CATH W/VENTRCLGRPHY	93452	CPT	outpatient			14402	4285.74	Aetna	Commercial		5932.95				1222.42	1368\.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEFT HRT CATH W/VENTRCLGRPHY	93452	CPT	outpatient			14402	4285.74	Americare	Americare		10801.5	75			1222.42	1368\.9	percent of total billed charges	
LEFT HRT CATH W/VENTRCLGRPHY	93452	CPT	outpatient			14402	4285.74	Amerihealth	Medicare		3726.73				1222.42	1368\.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEFT HRT CATH W/VENTRCLGRPHY	93452	CPT	outpatient			14402	4285.74	Amerihealth	HMO/PPO		9361.3	65			1222.42	1368\.9	percent of total billed charges	
LEFT HRT CATH W/VENTRCLGRPHY	93452	CPT	outpatient			14402	4285.74	Consumer	Consumer		13681.9	95			1222.42	1368\.9	percent of total billed charges	
LEFT HRT CATH W/VENTRCLGRPHY	93452	CPT	outpatient			14402	4285.74	Corrections	Corrections		11521.6	80			1222.42	1368\.9	percent of total billed charges	
LEFT HRT CATH W/VENTRCLGRPHY	93452	CPT	outpatient			14402	4285.74	First Health	First Health		10081.4	70			1222.42	1368\.9	percent of total billed charges	
LEFT HRT CATH W/VENTRCLGRPHY	93452	CPT	outpatient			14402	4285.74	First Trenton	First Trenton		12961.8	90			1222.42	1368\.9	percent of total billed charges	
LEFT HRT CATH W/VENTRCLGRPHY	93452	CPT	outpatient			14402	4285.74	Horizon	Indemnity		6935.44				1222.42	1368\.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEFT HRT CATH W/VENTRCLGRPHY	93452	CPT	outpatient			14402	4285.74	Horizon	Medicare Blue		3726.73				1222.42	1368\.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEFT HRT CATH W/VENTRCLGRPHY	93452	CPT	outpatient			14402	4285.74	Horizon	PPO		6935.44				1222.42	1368\.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEFT HRT CATH W/VENTRCLGRPHY	93452	CPT	outpatient			14402	4285.74	Horizon	NJ Health		1222.42				1222.42	1368\.9	fee schedule	
LEFT HRT CATH W/VENTRCLGRPHY	93452	CPT	outpatient			14402	4285.74	Horizon	MGD		6935.44				1222.42	1368\.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
LEFT HRT CATH W/VENTRCLGRPHY	93452	CPT	outpatient			14402		4285.74	Managed Care Inc	Managed Care Inc	12961.8	90			1222.42	13681.9	percent of total billed charges	
LEFT HRT CATH W/VENTRCLGRPHY	93452	CPT	outpatient			14402		4285.74	Multiplan	Multiplan	11521.6	80			1222.42	13681.9	percent of total billed charges	
LEFT HRT CATH W/VENTRCLGRPHY	93452	CPT	outpatient			14402		4285.74	Qualcare	Qualcare	10801.5	75			1222.42	13681.9	percent of total billed charges	
LEFT HRT CATH W/VENTRCLGRPHY	93452	CPT	outpatient			14402		4285.74	Three Rivers	Three Rivers	13681.9	95			1222.42	13681.9	percent of total billed charges	
LEFT HRT CATH W/VENTRCLGRPHY	93452	CPT	outpatient			14402		4285.74	UHC	Medicare	3726.73				1222.42	13681.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEFT HRT CATH W/VENTRCLGRPHY	93452	CPT	outpatient			14402		4285.74	UHC	Medicaid	4543.83	31.55			1222.42	13681.9	percent of total billed charges	
LEFT HRT CATH W/VENTRCLGRPHY	93452	CPT	outpatient			14402		4285.74	United	CommercialPPO	6362				1222.42	13681.9	case rate	
LEFT HRT CATH W/VENTRCLGRPHY	93452	CPT	outpatient			14402		4285.74	United	Oxford	6362				1222.42	13681.9	case rate	
LEFT HRT CATH W/VENTRCLGRPHY	93452	CPT	outpatient			14402		4285.74	Wellcare	Medicare	3726.73				1222.42	13681.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEFT HRT CATH W/VENTRCLGRPHY	93452	CPT	outpatient			14402		4285.74	Wellcare	Medicaid	4543.83	31.55			1222.42	13681.9	percent of total billed charges	
LEFT HRT CATH W/VENTRCLGRPHY	93452	CPT	outpatient			14402		4285.74	WellPoint	WellPoint	4634.56	32.18			1222.42	13681.9	percent of total billed charges	
R&I HRT CATH W/VENTRICLGRPHY	93453	CPT	outpatient			14402		4285.74	Aetna	Commercial	5932.95				1599.62	13681.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
R&I HRT CATH W/VENTRICLGRPHY	93453	CPT	outpatient			14402		4285.74	Aetna	Better Health	4543.83	31.55			1599.62	13681.9	percent of total billed charges	
R&I HRT CATH W/VENTRICLGRPHY	93453	CPT	outpatient			14402		4285.74	Aetna	Medicare	3726.73				1599.62	13681.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
R&I HRT CATH W/VENTRICLGRPHY	93453	CPT	outpatient			14402		4285.74	Americare	Americare	10801.5	75			1599.62	13681.9	percent of total billed charges	
R&I HRT CATH W/VENTRICLGRPHY	93453	CPT	outpatient			14402		4285.74	Amerihealth	HMO/PPO	9361.3	65			1599.62	13681.9	percent of total billed charges	
R&I HRT CATH W/VENTRICLGRPHY	93453	CPT	outpatient			14402		4285.74	Amerihealth	Medicare	3726.73				1599.62	13681.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
R&I HRT CATH W/VENTRICLGRPHY	93453	CPT	outpatient			14402		4285.74	Consumer	Consumer	13681.9	95			1599.62	13681.9	percent of total billed charges	
R&I HRT CATH W/VENTRICLGRPHY	93453	CPT	outpatient			14402		4285.74	Corrections	Corrections	11521.6	80			1599.62	13681.9	percent of total billed charges	
R&I HRT CATH W/VENTRICLGRPHY	93453	CPT	outpatient			14402		4285.74	First Health	First Health	10081.4	70			1599.62	13681.9	percent of total billed charges	
R&I HRT CATH W/VENTRICLGRPHY	93453	CPT	outpatient			14402		4285.74	First Trenton	First Trenton	12961.8	90			1599.62	13681.9	percent of total billed charges	
R&I HRT CATH W/VENTRICLGRPHY	93453	CPT	outpatient			14402		4285.74	Horizon	PPO	6935.44				1599.62	13681.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
R&I HRT CATH W/VENTRICLGRPHY	93453	CPT	outpatient			14402		4285.74	Horizon	Medicare Blue	3726.73				1599.62	13681.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
R&I HRT CATH W/VENTRICLGRPHY	93453	CPT	outpatient			14402		4285.74	Horizon	MGD	6935.44				1599.62	13681.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
R&I HRT CATH W/VENTRICLGRPHY	93453	CPT	outpatient			14402		4285.74	Horizon	Indemnity	6935.44				1599.62	13681.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
R&I HRT CATH W/VENTRICLGRPHY	93453	CPT	outpatient			14402		4285.74	Horizon	NJ Health	1599.62				1599.62	13681.9	fee schedule	
R&I HRT CATH W/VENTRICLGRPHY	93453	CPT	outpatient			14402		4285.74	Managed Care Inc	Managed Care Inc	12961.8	90			1599.62	13681.9	percent of total billed charges	
R&I HRT CATH W/VENTRICLGRPHY	93453	CPT	outpatient			14402		4285.74	Multiplan	Multiplan	11521.6	80			1599.62	13681.9	percent of total billed charges	
R&I HRT CATH W/VENTRICLGRPHY	93453	CPT	outpatient			14402		4285.74	Qualcare	Qualcare	10801.5	75			1599.62	13681.9	percent of total billed charges	
R&I HRT CATH W/VENTRICLGRPHY	93453	CPT	outpatient			14402		4285.74	Three Rivers	Three Rivers	13681.9	95			1599.62	13681.9	percent of total billed charges	
R&I HRT CATH W/VENTRICLGRPHY	93453	CPT	outpatient			14402		4285.74	UHC	Medicaid	4543.83	31.55			1599.62	13681.9	percent of total billed charges	
R&I HRT CATH W/VENTRICLGRPHY	93453	CPT	outpatient			14402		4285.74	UHC	Medicare	3726.73				1599.62	13681.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
R&I HRT CATH W/VENTRICLGRPHY	93453	CPT	outpatient			14402		4285.74	United	CommercialPPO	6362				1599.62	13681.9	case rate	
R&I HRT CATH W/VENTRICLGRPHY	93453	CPT	outpatient			14402		4285.74	United	Oxford	6362				1599.62	13681.9	case rate	
R&I HRT CATH W/VENTRICLGRPHY	93453	CPT	outpatient			14402		4285.74	Wellcare	Medicaid	4543.83	31.55			1599.62	13681.9	percent of total billed charges	
R&I HRT CATH W/VENTRICLGRPHY	93453	CPT	outpatient			14402		4285.74	Wellcare	Medicare	3726.73				1599.62	13681.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
R&I HRT CATH W/VENTRICLGRPHY	93453	CPT	outpatient			14402		4285.74	WellPoint	WellPoint	4634.56	32.18			1599.62	13681.9	percent of total billed charges	
CORONARY ARTERY ANGIO S&I	93454	CPT	both			14402		4285.74	Aetna	Medicare	4435.82	30.8			1261.18	13681.9	percent of total billed charges	
CORONARY ARTERY ANGIO S&I	93454	CPT	both			14402		4285.74	Aetna	Better Health	4543.83	31.55			1261.18	13681.9	percent of total billed charges	
CORONARY ARTERY ANGIO S&I	93454	CPT	both			14402		4285.74	Aetna	Commercial	5932.95				1261.18	13681.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORONARY ARTERY ANGIO S&I	93454	CPT	both			14402		4285.74	Americare	Americare	10801.5	75			1261.18	13681.9	percent of total billed charges	
CORONARY ARTERY ANGIO S&I	93454	CPT	both			14402		4285.74	Amerihealth	HMO/PPO	9361.3	65			1261.18	13681.9	percent of total billed charges	
CORONARY ARTERY ANGIO S&I	93454	CPT	both			14402		4285.74	Amerihealth	Medicare	3726.73				1261.18	13681.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORONARY ARTERY ANGIO S&I	93454	CPT	both			14402		4285.74	Consumer	Consumer	13681.9	95			1261.18	13681.9	percent of total billed charges	
CORONARY ARTERY ANGIO S&I	93454	CPT	both			14402		4285.74	Corrections	Corrections	11521.6	80			1261.18	13681.9	percent of total billed charges	
CORONARY ARTERY ANGIO S&I	93454	CPT	both			14402		4285.74	First Health	First Health	10081.4	70			1261.18	13681.9	percent of total billed charges	
CORONARY ARTERY ANGIO S&I	93454	CPT	both			14402		4285.74	First Trenton	First Trenton	12961.8	90			1261.18	13681.9	percent of total billed charges	
CORONARY ARTERY ANGIO S&I	93454	CPT	both			14402		4285.74	Horizon	PPO	6935.44				1261.18	13681.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORONARY ARTERY ANGIO S&I	93454	CPT	both			14402		4285.74	Horizon	Medicare Blue	3726.73				1261.18	13681.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORONARY ARTERY ANGIO S&I	93454	CPT	both			14402		4285.74	Horizon	MGD	6935.44				1261.18	13681.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORONARY ARTERY ANGIO S&I	93454	CPT	both			14402		4285.74	Horizon	Indemnity	6935.44				1261.18	13681.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORONARY ARTERY ANGIO S&I	93454	CPT	both			14402		4285.74	Horizon	NJ Health	1261.18				1261.18	13681.9	fee schedule	
CORONARY ARTERY ANGIO S&I	93454	CPT	both			14402		4285.74	Managed Care Inc	Managed Care Inc	12961.8	90			1261.18	13681.9	percent of total billed charges	
CORONARY ARTERY ANGIO S&I	93454	CPT	both			14402		4285.74	Multiplan	Multiplan	11521.6	80			1261.18	13681.9	percent of total billed charges	
CORONARY ARTERY ANGIO S&I	93454	CPT	both			14402		4285.74	Qualcare	Qualcare	10801.5	75			1261.18	13681.9	percent of total billed charges	
CORONARY ARTERY ANGIO S&I	93454	CPT	both			14402		4285.74	Three Rivers	Three Rivers	13681.9	95			1261.18	13681.9	percent of total billed charges	
CORONARY ARTERY ANGIO S&I	93454	CPT	both			14402		4285.74	UHC	Medicaid	4543.83	31.55			1261.18	13681.9	percent of total billed charges	
CORONARY ARTERY ANGIO S&I	93454	CPT	both			14402		4285.74	UHC	Medicare	3726.73				1261.18	13681.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORONARY ARTERY ANGIO S&I	93454	CPT	both			14402		4285.74	United	CommercialPPO	6362				1261.18	13681.9	case rate	
CORONARY ARTERY ANGIO S&I	93454	CPT	both			14402		4285.74	United	Oxford	6362				1261.18	13681.9	case rate	
CORONARY ARTERY ANGIO S&I	93454	CPT	both			14402		4285.74	Wellcare	Medicare	3726.73				1261.18	13681.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORONARY ARTERY ANGIO S&I	93454	CPT	both			14402		4285.74	Wellcare	Medicaid	4543.83	31.55			1261.18	13681.9	percent of total billed charges	
CORONARY ARTERY ANGIO S&I	93454	CPT	both			14402		4285.74	WellPoint	WellPoint	4634.56	32.18			1261.18	13681.9	percent of total billed charges	
CORONARY ART/GRFT ANGIO S&I	93455	CPT	both			14402		4285.74	Aetna	Medicare	3726.73				1471.7	13681.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORONARY ART/GRFT ANGIO S&I	93455	CPT	both			14402		4285.74	Aetna	Commercial	5932.95				1471.7	13681.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORONARY ART/GRFT ANGIO S&I	93455	CPT	both			14402		4285.74	Aetna	Better Health	4543.83	31.55			1471.7	13681.9	percent of total billed charges	
CORONARY ART/GRFT ANGIO S&I	93455	CPT	both			14402		4285.74	Americare	Americare	10801.5	75			1471.7	13681.9	percent of total billed charges	
CORONARY ART/GRFT ANGIO S&I	93455	CPT	both			14402		4285.74	Amerihealth	HMO/PPO	9361.3	65			1471.7	13681.9	percent of total billed charges	
CORONARY ART/GRFT ANGIO S&I	93455	CPT	both			14402		4285.74	Amerihealth	Medicare	3726.73				1471.7	13681.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORONARY ART/GRFT ANGIO S&I	93455	CPT	both			14402		4285.74	Consumer	Consumer	13681.9	95			1471.7	13681.9	percent of total billed charges	
CORONARY ART/GRFT ANGIO S&I	93455	CPT	both			14402		4285.74	Corrections	Corrections	11521.6	80			1471.7	13681.9	percent of total billed charges	
CORONARY ART/GRFT ANGIO S&I	93455	CPT	both			14402		4285.74	First Health	First Health	10081.4	70			1471.7	13681.9	percent of total billed charges	
CORONARY ART/GRFT ANGIO S&I	93455	CPT	both			14402		4285.74	First Trenton	First Trenton	12961.8	90			1471.7	13681.9	percent of total billed charges	
CORONARY ART/GRFT ANGIO S&I	93455	CPT	both			14402		4285.74	Horizon	Medicare Blue	3726.73				1471.7	13681.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORONARY ART/GRFT ANGIO S&I	93455	CPT	both			14402		4285.74	Horizon	MGD	6935.44				1471.7	13681.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORONARY ART/GRFT ANGIO S&I	93455	CPT	both			14402		4285.74	Horizon	Indemnity	6935.44				1471.7	13681.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORONARY ART/GRFT ANGIO S&I	93455	CPT	both			14402		4285.74	Horizon	NJ Health	1471.7				1471.7	13681.9	fee schedule	
CORONARY ART/GRFT ANGIO S&I	93455	CPT	both			14402		4285.74	Horizon	PPO	6935.44				1471.7	13681.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORONARY ART/GRFT ANGIO S&I	93455	CPT	both			14402		4285.74	Managed Care Inc	Managed Care Inc	12961.8	90			1471.7	13681.9	percent of total billed charges	
CORONARY ART/GRFT ANGIO S&I	93455	CPT	both			14402		4285.74	Multiplan	Multiplan	11521.6	80			1471.7	13681.9	percent of total billed charges	
CORONARY ART/GRFT ANGIO S&I	93455	CPT	both			14402		4285.74	Qualcare	Qualcare	10801.5	75			1471.7	13681.9	percent of total billed charges	
CORONARY ART/GRFT ANGIO S&I	93455	CPT	both			14402		4285.74	Three Rivers	Three Rivers	13681.9	95			1471.7	13681.9	percent of total billed charges	
CORONARY ART/GRFT ANGIO S&I	93455	CPT	both			14402		4285.74	UHC	Medicaid	4543.83	31.55			1471.7	13681.9	percent of total billed charges	
CORONARY ART/GRFT ANGIO S&I	93455	CPT	both			14402		4285.74	UHC	Medicare	3726.73				1471.7	13681.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORONARY ART/GRFT ANGIO S&I	93455	CPT	both			14402		4285.74	United	CommercialPPO	6362				1471.7	13681.9	case rate	
CORONARY ART/GRFT ANGIO S&I	93455	CPT	both			14402		4285.74	United	Oxford	6362				1471.7	13681.9	case rate	
CORONARY ART/GRFT ANGIO S&I	93455	CPT	both			14402		4285.74	Wellcare	Medicare	3726.73				1471.7	13681.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORONARY ART/GRFT ANGIO S&I	93455	CPT	both			14402		4285.74	Wellcare	Medicaid	4543.83	31.55			1471.7	13681.9	percent of total billed charges	
CORONARY ART/GRFT ANGIO S&I	93455	CPT	both			14402		4285.74	WellPoint	WellPoint	4634.56	32.18			1471.7	13681.9	percent of total billed charges	
R HRT CORONARY ARTERY ANGIO	93456	CPT	both			14402		4285.74	Aetna	Better Health	4543.83	31.55			1577.64	13681.9	percent of total billed charges	
R HRT CORONARY ARTERY ANGIO	93456	CPT	both			14402		4285.74	Aetna	Commercial	5932.95				1577.64	13681.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
R HRT CORONARY ARTERY ANGIO	93456	CPT	both			14402		4285.74	Aetna	Medicare	3726.73				1577.64	13681.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
R HRT CORONARY ARTERY ANGIO	93456	CPT	both			14402		4285.74	Americare	Americare	10801.5	75			1577.64	13681.9	percent of total billed charges	
R HRT CORONARY ARTERY ANGIO	93456	CPT	both			14402		4285.74	Amerihealth	HMO/PPO	9361.3	65			1577.64	13681.9	percent of total billed charges	
R HRT CORONARY ARTERY ANGIO	93456	CPT	both			14402		4285.74	Amerihealth	Medicare	3726.73				1577.64	13681.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
R HRT CORONARY ARTERY ANGIO	93456	CPT	both			14402		4285.74	Consumer	Consumer	13681.9	95			1577.64	13681.9	percent of total billed charges	
R HRT CORONARY ARTERY ANGIO	93456	CPT	both			14402		4285.74	Corrections	Corrections	11521.6	80			1577.64	13681.9	percent of total billed charges	
R HRT CORONARY ARTERY ANGIO	93456	CPT	both			14402		4285.74	First Health	First Health	10081.4	70			1577.64	13681.9	percent of total billed charges	
R HRT CORONARY ARTERY ANGIO	93456	CPT	both			14402		4285.74	First Trenton	First Trenton	12961.8	90			1577.64	13681.9	percent of total billed charges	
R HRT CORONARY ARTERY ANGIO	93456	CPT	both			14402		4285.74	Horizon	Indemnity	6935.44				1577.64	13681.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
R HRT CORONARY ARTERY ANGIO	93456	CPT	both			14402		4285.74	Horizon	MGD	6935.44				1577.64	13681.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
R HRT CORONARY ARTERY ANGIO	93456	CPT	both			14402		4285.74	Horizon	NJ Health	1577.64				1577.64	13681.9	fee schedule	
R HRT CORONARY ARTERY ANGIO	93456	CPT	both			14402		4285.74	Horizon	Medicare Blue	3726.73				1577.64	13681.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
R HRT CORONARY ARTERY ANGIO	93456	CPT	both			14402		4285.74	Horizon	PPO	6935.44				1577.64	13681.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
R HRT CORONARY ARTERY ANGIO	93456	CPT	both			14402		4285.74	Managed Care Inc	Managed Care Inc	12961.8	90			1577.64	13681.9	percent of total billed charges	
R HRT CORONARY ARTERY ANGIO	93456	CPT	both			14402		4285.74	Multiplan	Multiplan	11521.6	80			1577.64	13681.9	percent of total billed charges	
R HRT CORONARY ARTERY ANGIO	93456	CPT	both			14402		4285.74	Qualcare	Qualcare	10801.5	75			1577.64	13681.9	percent of total billed charges	
R HRT CORONARY ARTERY ANGIO	93456	CPT	both			14402		4285.74	Three Rivers	Three Rivers	13681.9	95			1577.64	13681.9	percent of total billed charges	
R HRT CORONARY ARTERY ANGIO	93456	CPT	both			14402		4285.74	UHC	Medicare	3726.73				1577.64	13681.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
R HRT CORONARY ARTERY ANGIO	93456	CPT	both			14402		4285.74	UHC	Medicaid	4543.83	31.55			1577.64	13681.9	percent of total billed charges	
R HRT CORONARY ARTERY ANGIO	93456	CPT	both			14402		4285.74	United	Oxford	6362				1577.64	13681.9	case rate	
R HRT CORONARY ARTERY ANGIO	93456	CPT	both			14402		4285.74	United	CommercialPPO	6362				1577.64	13681.9	case rate	
R HRT CORONARY ARTERY ANGIO	93456	CPT	both			14402		4285.74	Wellcare	Medicare	3726.73				1577.64	13681.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
R HRT CORONARY ARTERY ANGIO	93456	CPT	both			14402		4285.74	Wellcare	Medicaid	4543.83	31.55			1577.64	13681.9	percent of total billed charges	
R HRT CORONARY ARTERY ANGIO	93456	CPT	both			14402		4285.74	WellPoint	WellPoint	4634.56	32.18			1577.64	13681.9	percent of total billed charges	
R HRT ART/GRFT ANGIO	93457	CPT	both			14402		4285.74	Aetna	Medicare	4435.82	30.8			1788.19	13681.9	percent of total billed charges	
R HRT ART/GRFT ANGIO	93457	CPT	both			14402		4285.74	Aetna	Better Health	4543.83	31.55			1788.19	13681.9	percent of total billed charges	
R HRT ART/GRFT ANGIO	93457	CPT	both			14402		4285.74	Aetna	Commercial	5932.95				1788.19	13681.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
R HRT ART/GRFT ANGIO	93457	CPT	both			14402		4285.74	Americare	Americare	10801.5	75			1788.19	13681.9	percent of total billed charges	
R HRT ART/GRFT ANGIO	93457	CPT	both			14402		4285.74	Amerihealth	HMO/PPO	9361.3	65			1788.19	13681.9	percent of total billed charges	
R HRT ART/GRFT ANGIO	93457	CPT	both			14402		4285.74	Amerihealth	Medicare	3726.73				1788.19	13681.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
R HRT ART/GRFT ANGIO	93457	CPT	both			14402		4285.74	Consumer	Consumer	13681.9	95			1788.19	13681.9	percent of total billed charges	
R HRT ART/GRFT ANGIO	93457	CPT	both			14402		4285.74	Corrections	Corrections	11521.6	80			1788.19	13681.9	percent of total billed charges	
R HRT ART/GRFT ANGIO	93457	CPT	both			14402		4285.74	First Health	First Health	10081.4	70			1788.19	13681.9	percent of total billed charges	
R HRT ART/GRFT ANGIO	93457	CPT	both			14402		4285.74	First Trenton	First Trenton	12961.8	90			1788.19	13681.9	percent of total billed charges	
R HRT ART/GRFT ANGIO	93457	CPT	both			14402		4285.74	Horizon	MGD	6935.44				1788.19	13681.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
R HRT ART/GRFT ANGIO	93457	CPT	both			14402		4285.74	Horizon	NJ Health	1788.19				1788.19	13681.9	fee schedule	
R HRT ART/GRFT ANGIO	93457	CPT	both			14402		4285.74	Horizon	Indemnity	6935.44				1788.19	13681.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
R HRT ART/GRFT ANGIO	93457	CPT	both			14402		4285.74	Horizon	Medicare Blue	3726.73				1788.19	13681.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
R HRT ART/GRFT ANGIO	93457	CPT	both			14402		4285.74	Horizon	PPO	6935.44				1788.19	13681.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
R HRT ART/GRFT ANGIO	93457	CPT	both			14402		4285.74	Managed Care Inc	Managed Care Inc	12961.8	90			1788.19	13681.9	percent of total billed charges	
R HRT ART/GRFT ANGIO	93457	CPT	both			14402		4285.74	Multiplan	Multiplan	11521.6	80			1788.19	13681.9	percent of total billed charges	
R HRT ART/GRFT ANGIO	93457	CPT	both			14402		4285.74	Qualcare	Qualcare	10801.5	75			1788.19	13681.9	percent of total billed charges	
R HRT ART/GRFT ANGIO	93457	CPT	both			14402		4285.74	Three Rivers	Three Rivers	13681.9	95			1788.19	13681.9	percent of total billed charges	
R HRT ART/GRFT ANGIO	93457	CPT	both			14402		4285.74	UHC	Medicaid	4543.83	31.55			1788.19	13681.9	percent of total billed charges	
R HRT ART/GRFT ANGIO	93457	CPT	both			14402		4285.74	UHC	Medicare	3726.73				1788.19	13681.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
R HRT ART/GRFT ANGIO	93457	CPT	both			14402		4285.74	United	Oxford	6362				1788.19	13681.9	case rate	
R HRT ART/GRFT ANGIO	93457	CPT	both			14402		4285.74	United	CommercialPPO	6362				1788.19	13681.9	case rate	
R HRT ART/GRFT ANGIO	93457	CPT	both			14402		4285.74	Wellcare	Medicaid	4543.83	31.55			1788.19	13681.9	percent of total billed charges	
R HRT ART/GRFT ANGIO	93457	CPT	both			14402		4285.74	Wellcare	Medicare	3726.73				1788.19	13681.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
R HRT ART/GRFT ANGIO	93457	CPT	both			14402		4285.74	WellPoint	WellPoint	4634.56	32.18			1788.19	13681.9	percent of total billed charges	
L HRT ARTERY/VENTRICLE ANGIO	93458	CPT	both			14402		4285.74	Aetna	Commercial	5932.95				1521.6	13681.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
L HRT ARTERY/VENTRICLE ANGIO	93458	CPT	both			14402		4285.74	Aetna	Better Health	4543.83	31.55			1521.6	13681.9	percent of total billed charges	
L HRT ARTERY/VENTRICLE ANGIO	93458	CPT	both			14402		4285.74	Aetna	Medicare	3726.73				1521.6	13681.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
L HRT ARTERY/VENTRICLE ANGIO	93458	CPT	both			14402		4285.74	Americare	Americare	10801.5	75			1521.6	13681.9	percent of total billed charges	
L HRT ARTERY/VENTRICLE ANGIO	93458	CPT	both			14402		4285.74	Amerihealth	Medicare	3726.73				1521.6	13681.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
L HRT ARTERY/VENTRICLE ANGIO	93458	CPT	both			14402		4285.74	Amerihealth	HMO/PPO	9361.3	65			1521.6	13681.9	percent of total billed charges	
L HRT ARTERY/VENTRICLE ANGIO	93458	CPT	both			14402		4285.74	Consumer	Consumer	13681.9	95			1521.6	13681.9	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
L HRT ARTERY/VENTRICLE ANGIO	93458	CPT	both			14402	4285.74	Corrections	Corrections		11521.6	80			1521.6	13681.9	percent of total billed charges	
L HRT ARTERY/VENTRICLE ANGIO	93458	CPT	both			14402	4285.74	First Health	First Health		10081.4	70			1521.6	13681.9	percent of total billed charges	
L HRT ARTERY/VENTRICLE ANGIO	93458	CPT	both			14402	4285.74	First Trenton	First Trenton		12961.8	90			1521.6	13681.9	percent of total billed charges	
L HRT ARTERY/VENTRICLE ANGIO	93458	CPT	both			14402	4285.74	Horizon	Indemnity		6935.44				1521.6	13681.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
L HRT ARTERY/VENTRICLE ANGIO	93458	CPT	both			14402	4285.74	Horizon	MGD		6935.44				1521.6	13681.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
L HRT ARTERY/VENTRICLE ANGIO	93458	CPT	both			14402	4285.74	Horizon	PPO		6935.44				1521.6	13681.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
L HRT ARTERY/VENTRICLE ANGIO	93458	CPT	both			14402	4285.74	Horizon	NJ Health		1521.6				1521.6	13681.9	fee schedule	
L HRT ARTERY/VENTRICLE ANGIO	93458	CPT	both			14402	4285.74	Horizon	Medicare Blue		3726.73				1521.6	13681.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
L HRT ARTERY/VENTRICLE ANGIO	93458	CPT	both			14402	4285.74	Managed Care Inc	Managed Care Inc		12961.8	90			1521.6	13681.9	percent of total billed charges	
L HRT ARTERY/VENTRICLE ANGIO	93458	CPT	both			14402	4285.74	Multiplan	Multiplan		11521.6	80			1521.6	13681.9	percent of total billed charges	
L HRT ARTERY/VENTRICLE ANGIO	93458	CPT	both			14402	4285.74	Qualcare	Qualcare		10801.5	75			1521.6	13681.9	percent of total billed charges	
L HRT ARTERY/VENTRICLE ANGIO	93458	CPT	both			14402	4285.74	Three Rivers	Three Rivers		13681.9	95			1521.6	13681.9	percent of total billed charges	
L HRT ARTERY/VENTRICLE ANGIO	93458	CPT	both			14402	4285.74	UHC	Medicare		3726.73				1521.6	13681.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
L HRT ARTERY/VENTRICLE ANGIO	93458	CPT	both			14402	4285.74	UHC	Medicaid		4543.83	31.55			1521.6	13681.9	percent of total billed charges	
L HRT ARTERY/VENTRICLE ANGIO	93458	CPT	both			14402	4285.74	United	Oxford		6362				1521.6	13681.9	case rate	
L HRT ARTERY/VENTRICLE ANGIO	93458	CPT	both			14402	4285.74	United	Commercial|PPO		6362				1521.6	13681.9	case rate	
L HRT ARTERY/VENTRICLE ANGIO	93458	CPT	both			14402	4285.74	Wellcare	Medicare		3726.73				1521.6	13681.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
L HRT ARTERY/VENTRICLE ANGIO	93458	CPT	both			14402	4285.74	Wellcare	Medicaid		4543.83	31.55			1521.6	13681.9	percent of total billed charges	
L HRT ARTERY/VENTRICLE ANGIO	93458	CPT	both			14402	4285.74	WellPoint	WellPoint		4634.56	32.18			1521.6	13681.9	percent of total billed charges	
L HRT ART/GRFT ANGIO	93459	CPT	both			14402	4285.74	Aetna	Better Health		4543.83	31.55			1679.8	13681.9	percent of total billed charges	
L HRT ART/GRFT ANGIO	93459	CPT	both			14402	4285.74	Aetna	Commercial		5932.95				1679.8	13681.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
L HRT ART/GRFT ANGIO	93459	CPT	both			14402	4285.74	Aetna	Medicare		3726.73				1679.8	13681.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
L HRT ART/GRFT ANGIO	93459	CPT	both			14402	4285.74	Americare	Americare		10801.5	75			1679.8	13681.9	percent of total billed charges	
L HRT ART/GRFT ANGIO	93459	CPT	both			14402	4285.74	Amerihealth	Medicare		3726.73				1679.8	13681.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
L HRT ART/GRFT ANGIO	93459	CPT	both			14402	4285.74	Amerihealth	HMO|PPO		9361.3	65			1679.8	13681.9	percent of total billed charges	
L HRT ART/GRFT ANGIO	93459	CPT	both			14402	4285.74	Consumer	Consumer		13681.9	95			1679.8	13681.9	percent of total billed charges	
L HRT ART/GRFT ANGIO	93459	CPT	both			14402	4285.74	Corrections	Corrections		11521.6	80			1679.8	13681.9	percent of total billed charges	
L HRT ART/GRFT ANGIO	93459	CPT	both			14402	4285.74	First Health	First Health		10081.4	70			1679.8	13681.9	percent of total billed charges	
L HRT ART/GRFT ANGIO	93459	CPT	both			14402	4285.74	First Trenton	First Trenton		12961.8	90			1679.8	13681.9	percent of total billed charges	
L HRT ART/GRFT ANGIO	93459	CPT	both			14402	4285.74	Horizon	Medicare Blue		3726.73				1679.8	13681.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
L HRT ART/GRFT ANGIO	93459	CPT	both			14402	4285.74	Horizon	MGD		6935.44				1679.8	13681.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
L HRT ART/GRFT ANGIO	93459	CPT	both			14402	4285.74	Horizon	Indemnity		6935.44				1679.8	13681.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
L HRT ART/GRFT ANGIO	93459	CPT	both			14402	4285.74	Horizon	NJ Health		1679.8				1679.8	13681.9	fee schedule	
L HRT ART/GRFT ANGIO	93459	CPT	both			14402	4285.74	Horizon	PPO		6935.44				1679.8	13681.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
L HRT ART/GRFT ANGIO	93459	CPT	both			14402	4285.74	Managed Care Inc	Managed Care Inc		12961.8	90			1679.8	13681.9	percent of total billed charges	
L HRT ART/GRFT ANGIO	93459	CPT	both			14402	4285.74	Multiplan	Multiplan		11521.6	80			1679.8	13681.9	percent of total billed charges	
L HRT ART/GRFT ANGIO	93459	CPT	both			14402	4285.74	Qualcare	Qualcare		10801.5	75			1679.8	13681.9	percent of total billed charges	
L HRT ART/GRFT ANGIO	93459	CPT	both			14402	4285.74	Three Rivers	Three Rivers		13681.9	95			1679.8	13681.9	percent of total billed charges	
L HRT ART/GRFT ANGIO	93459	CPT	both			14402	4285.74	UHC	Medicaid		4543.83	31.55			1679.8	13681.9	percent of total billed charges	
L HRT ART/GRFT ANGIO	93459	CPT	both			14402	4285.74	UHC	Medicare		3726.73				1679.8	13681.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
L HRT ART/GRFT ANGIO	93459	CPT	both			14402	4285.74	United	Commercial|PPO		6362				1679.8	13681.9	case rate	
L HRT ART/GRFT ANGIO	93459	CPT	both			14402	4285.74	United	Oxford		6362				1679.8	13681.9	case rate	
L HRT ART/GRFT ANGIO	93459	CPT	both			14402	4285.74	Wellcare	Medicaid		4543.83	31.55			1679.8	13681.9	percent of total billed charges	
L HRT ART/GRFT ANGIO	93459	CPT	both			14402	4285.74	Wellcare	Medicare		3726.73				1679.8	13681.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
L HRT ART/GRFT ANGIO	93459	CPT	both			14402	4285.74	WellPoint	WellPoint		4634.56	32.18			1679.8	13681.9	percent of total billed charges	
R&I HRT ART/VENTRICLE ANGIO	93460	CPT	both			14402	4285.74	Aetna	Commercial		5932.95				1902.64	13681.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
R&I HRT ART/VENTRICLE ANGIO	93460	CPT	both			14402	4285.74	Aetna	Better Health		4543.83	31.55			1902.64	13681.9	percent of total billed charges	
R&I HRT ART/VENTRICLE ANGIO	93460	CPT	both			14402	4285.74	Aetna	Medicare		3726.73				1902.64	13681.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
R&I HRT ART/VENTRICLE ANGIO	93460	CPT	both			14402	4285.74	Americare	Americare		10801.5	75			1902.64	13681.9	percent of total billed charges	
R&I HRT ART/VENTRICLE ANGIO	93460	CPT	both			14402	4285.74	Amerihealth	HMO|PPO		9361.3	65			1902.64	13681.9	percent of total billed charges	
R&I HRT ART/VENTRICLE ANGIO	93460	CPT	both			14402	4285.74	Amerihealth	Medicare		3726.73				1902.64	13681.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
R&I HRT ART/VENTRICLE ANGIO	93460	CPT	both			14402	4285.74	Consumer	Consumer		13681.9	95			1902.64	13681.9	percent of total billed charges	
R&I HRT ART/VENTRICLE ANGIO	93460	CPT	both			14402	4285.74	Corrections	Corrections		11521.6	80			1902.64	13681.9	percent of total billed charges	
R&I HRT ART/VENTRICLE ANGIO	93460	CPT	both			14402	4285.74	First Health	First Health		10081.4	70			1902.64	13681.9	percent of total billed charges	
R&I HRT ART/VENTRICLE ANGIO	93460	CPT	both			14402	4285.74	First Trenton	First Trenton		12961.8	90			1902.64	13681.9	percent of total billed charges	
R&I HRT ART/VENTRICLE ANGIO	93460	CPT	both			14402	4285.74	Horizon	NJ Health		1902.64				1902.64	13681.9	fee schedule	
R&I HRT ART/VENTRICLE ANGIO	93460	CPT	both			14402	4285.74	Horizon	Indemnity		6935.44				1902.64	13681.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
R&I HRT ART/VENTRICLE ANGIO	93460	CPT	both			14402	4285.74	Horizon	MGD		6935.44				1902.64	13681.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
R&I HRT ART/VENTRICLE ANGIO	93460	CPT	both			14402	4285.74	Horizon	Medicare Blue		3726.73				1902.64	13681.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
R&I HRT ART/VENTRICLE ANGIO	93460	CPT	both			14402	4285.74	Horizon	PPO		6935.44				1902.64	13681.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
R&I HRT ART/VENTRICLE ANGIO	93460	CPT	both			14402	4285.74	Managed Care Inc	Managed Care Inc		12961.8	90			1902.64	13681.9	percent of total billed charges	
R&I HRT ART/VENTRICLE ANGIO	93460	CPT	both			14402	4285.74	Multiplan	Multiplan		11521.6	80			1902.64	13681.9	percent of total billed charges	
R&I HRT ART/VENTRICLE ANGIO	93460	CPT	both			14402	4285.74	Qualcare	Qualcare		10801.5	75			1902.64	13681.9	percent of total billed charges	
R&I HRT ART/VENTRICLE ANGIO	93460	CPT	both			14402	4285.74	Three Rivers	Three Rivers		13681.9	95			1902.64	13681.9	percent of total billed charges	
R&I HRT ART/VENTRICLE ANGIO	93460	CPT	both			14402	4285.74	UHC	Medicare		3726.73				1902.64	13681.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
R&I HRT ART/VENTRICLE ANGIO	93460	CPT	both			14402	4285.74	UHC	Medicaid		4543.83	31.55			1902.64	13681.9	percent of total billed charges	
R&I HRT ART/VENTRICLE ANGIO	93460	CPT	both			14402	4285.74	United	Commercial|PPO		6362				1902.64	13681.9	case rate	
R&I HRT ART/VENTRICLE ANGIO	93460	CPT	both			14402	4285.74	United	Oxford		6362				1902.64	13681.9	case rate	
R&I HRT ART/VENTRICLE ANGIO	93460	CPT	both			14402	4285.74	Wellcare	Medicare		3726.73				1902.64	13681.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
R&I HRT ART/VENTRICLE ANGIO	93460	CPT	both			14402	4285.74	Wellcare	Medicaid		4543.83	31.55			1902.64	13681.9	percent of total billed charges	
R&I HRT ART/VENTRICLE ANGIO	93460	CPT	both			14402	4285.74	WellPoint	WellPoint		4634.56	32.18			1902.64	13681.9	percent of total billed charges	
R&I HRT ART/VENTRICLE ANGIO	93461	CPT	both			14402	4285.74	Aetna	Commercial		5932.95				2059.89	13681.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
R&I HRT ART/VENTRICLE ANGIO	93461	CPT	both			14402	4285.74	Aetna	Medicare		3726.73				2059.89	13681.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
R&I HRT ART/VENTRICLE ANGIO	93461	CPT	both			14402	4285.74	Aetna	Better Health		4543.83	31.55			2059.89	13681.9	percent of total billed charges	
R&I HRT ART/VENTRICLE ANGIO	93461	CPT	both			14402	4285.74	Americare	Americare		10801.5	75			2059.89	13681.9	percent of total billed charges	
R&I HRT ART/VENTRICLE ANGIO	93461	CPT	both			14402	4285.74	Amerihealth	Medicare		3726.73				2059.89	13681.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
R&I HRT ART/VENTRICLE ANGIO	93461	CPT	both			14402	4285.74	Amerihealth	HMO|PPO		9361.3	65			2059.89	13681.9	percent of total billed charges	
R&I HRT ART/VENTRICLE ANGIO	93461	CPT	both			14402	4285.74	Consumer	Consumer		13681.9	95			2059.89	13681.9	percent of total billed charges	
R&I HRT ART/VENTRICLE ANGIO	93461	CPT	both			14402	4285.74	Corrections	Corrections		11521.6	80			2059.89	13681.9	percent of total billed charges	
R&I HRT ART/VENTRICLE ANGIO	93461	CPT	both			14402	4285.74	First Health	First Health		10081.4	70			2059.89	13681.9	percent of total billed charges	
R&I HRT ART/VENTRICLE ANGIO	93461	CPT	both			14402	4285.74	First Trenton	First Trenton		12961.8	90			2059.89	13681.9	percent of total billed charges	
R&I HRT ART/VENTRICLE ANGIO	93461	CPT	both			14402	4285.74	Horizon	MGD		6935.44				2059.89	13681.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
R&I HRT ART/VENTRICLE ANGIO	93461	CPT	both			14402	4285.74	Horizon	Indemnity		6935.44				2059.89	13681.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
R&I HRT ART/VENTRICLE ANGIO	93461	CPT	both			14402	4285.74	Horizon	Medicare Blue		3726.73				2059.89	13681.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
R&I HRT ART/VENTRICLE ANGIO	93461	CPT	both			14402	4285.74	Horizon	NJ Health		2059.89				2059.89	13681.9	fee schedule	
R&I HRT ART/VENTRICLE ANGIO	93461	CPT	both			14402	4285.74	Horizon	PPO		6935.44				2059.89	13681.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
R&I HRT ART/VENTRICLE ANGIO	93461	CPT	both			14402	4285.74	Managed Care Inc	Managed Care Inc		12961.8	90			2059.89	13681.9	percent of total billed charges	
R&I HRT ART/VENTRICLE ANGIO	93461	CPT	both			14402	4285.74	Multiplan	Multiplan		11521.6	80			2059.89	13681.9	percent of total billed charges	
R&I HRT ART/VENTRICLE ANGIO	93461	CPT	both			14402	4285.74	Qualcare	Qualcare		10801.5	75			2059.89	13681.9	percent of total billed charges	
R&I HRT ART/VENTRICLE ANGIO	93461	CPT	both			14402	4285.74	Three Rivers	Three Rivers		13681.9	95			2059.89	13681.9	percent of total billed charges	
R&I HRT ART/VENTRICLE ANGIO	93461	CPT	both			14402	4285.74	UHC	Medicaid		4543.83	31.55			2059.89	13681.9	percent of total billed charges	
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R&I HRT ART/VENTRICLE ANGIO	93461	CPT	both			14402	4285.74	United	Commercial|PPO		6362				2059.89	13681.9	case rate	
R&I HRT ART/VENTRICLE ANGIO	93461	CPT	both			14402	4285.74	United	Oxford		6362				2059.89	13681.9	case rate	
R&I HRT ART/VENTRICLE ANGIO	93461	CPT	both			14402	4285.74	Wellcare	Medicare		3726.73				2059.89	13681.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
R&I HRT ART/VENTRICLE ANGIO	93461	CPT	both			14402	4285.74	Wellcare	Medicaid		4543.83	31.55			2059.89	13681.9	percent of total billed charges	
R&I HRT ART/VENTRICLE ANGIO	93461	CPT	both			14402	4285.74	WellPoint	WellPoint		4634.56	32.18			2059.89	13681.9	percent of total billed charges	
L HRT CATH TRNSPTL PUNCTURE	93462	CPT	outpatient			14402		Aetna	Commercial		5472.76	38			282.04	13681.9	percent of total billed charges	
L HRT CATH TRNSPTL PUNCTURE	93462	CPT	outpatient			14402		Aetna	Better Health		4543.83	31.55			282.04	13681.9	percent of total billed charges	
L HRT CATH TRNSPTL PUNCTURE	93462	CPT	outpatient			14402		Aetna	Medicare		4435.82	30.8			282.04	13681.9	percent of total billed charges	
L HRT CATH TRNSPTL PUNCTURE	93462	CPT	outpatient			14402		Americare	Americare		10801.5	75			282.04	13681.9	percent of total billed charges	
L HRT CATH TRNSPTL PUNCTURE	93462	CPT	outpatient			14402		Amerihealth	HMO|PPO		9361.3	65			282.04	13681.9	percent of total billed charges	
L HRT CATH TRNSPTL PUNCTURE	93462	CPT	outpatient			14402		Consumer	Consumer		13681.9	95			282.04	13681.9	percent of total billed charges	
L HRT CATH TRNSPTL PUNCTURE	93462	CPT	outpatient			14402		Corrections	Corrections		11521.6	80			282.04	13681.9	percent of total billed charges	
L HRT CATH TRNSPTL PUNCTURE	93462	CPT	outpatient			14402		First Health	First Health		10081.4	70			282.04	13681.9	percent of total billed charges	
L HRT CATH TRNSPTL PUNCTURE	93462	CPT	outpatient			14402		First Trenton	First Trenton		12961.8	90			282.04	13681.9	percent of total billed charges	
L HRT CATH TRNSPTL PUNCTURE	93462	CPT	outpatient			14402		Horizon	Indemnity		5513.09	38.28			282.04	13681.9	percent of total billed charges	
L HRT CATH TRNSPTL PUNCTURE	93462	CPT	outpatient			14402		Horizon	Medicare Blue		4320.6	30			282.04	13681.9	percent of total billed charges	
L HRT CATH TRNSPTL PUNCTURE	93462	CPT	outpatient			14402		Horizon	MGD		5513.09	38.28			282.04	13681.9	percent of total billed charges	
L HRT CATH TRNSPTL PUNCTURE	93462	CPT	outpatient			14402		Horizon	NJ Health		282.04				282.04	13681.9	fee schedule	
L HRT CATH TRNSPTL PUNCTURE	93462	CPT	outpatient			14402		Horizon	PPO		5513.09	38.28			282.04	13681.9	percent of total billed charges	
L HRT CATH TRNSPTL PUNCTURE	93462	CPT	outpatient			14402		Managed Care Inc	Managed Care Inc		12961.8	90			282.04	13681.9	percent of total billed charges	
L HRT CATH TRNSPTL PUNCTURE	93462	CPT	outpatient			14402		Multiplan	Multiplan		11521.6	80			282.04	13681.9	percent of total billed charges	
L HRT CATH TRNSPTL PUNCTURE	93462	CPT	outpatient			14402		Qualcare	Qualcare		10801.5	75			282.04	13681.9	percent of total billed charges	
L HRT CATH TRNSPTL PUNCTURE	93462	CPT	outpatient			14402		Three Rivers	Three Rivers		13681.9	95			282.04	13681.9	percent of total billed charges	
L HRT CATH TRNSPTL PUNCTURE	93462	CPT	outpatient			14402		UHC	Medicaid		4543.83	31.55			282.04	13681.9	percent of total billed charges	
L HRT CATH TRNSPTL PUNCTURE	93462	CPT	outpatient			14402		United	Commercial|PPO		1782				282.04	13681.9	case rate	
L HRT CATH TRNSPTL PUNCTURE	93462	CPT	outpatient			14402		United	Oxford		1782				282.04	13681.9	case rate	
L HRT CATH TRNSPTL PUNCTURE	93462	CPT	outpatient			14402		Wellcare	Medicaid		4543.83	31.55			282.04	13681.9	percent of total billed charges	
L HRT CATH TRNSPTL PUNCTURE	93462	CPT	outpatient			14402		WellPoint	WellPoint		4634.56	32.18			282.04	13681.9	percent of total billed charges	
MEDICATION ADMIN	93463	CPT	inpatient			1979		Aetna	Commercial		752.02	38			149.45	1880.05	percent of total billed charges	
MEDICATION ADMIN	93463	CPT	inpatient			1979		Aetna	Better Health		624.37	31.55			149.45	1880.05	percent of total billed charges	
MEDICATION ADMIN	93463	CPT	inpatient			1979		Aetna	Medicare		609.53	30.8			149.45	1880.05	percent of total billed charges	
MEDICATION ADMIN	93463	CPT	inpatient			1979		Americare	Americare		1484.25	75			149.45	1880.05	percent of total billed charges	
MEDICATION ADMIN	93463	CPT	inpatient			1979		Amerihealth	HMO|PPO		1286.35	65			149.45	1880.05	percent of total billed charges	
MEDICATION ADMIN	93463	CPT	inpatient			1979		Consumer	Consumer		1880.05	95			149.45	1880.05	percent of total billed charges	
MEDICATION ADMIN	93463	CPT	inpatient			1979		Corrections	Corrections		1583.2	80			149.45	1880.05	percent of total billed charges	
MEDICATION ADMIN	93463	CPT	inpatient			1979		First Health	First Health		1385.3	70			149.45	1880.05	percent of total billed charges	
MEDICATION ADMIN	93463	CPT	inpatient			1979		First Trenton	First Trenton		1781.1	90			149.45	1880.05	percent of total billed charges	
MEDICATION ADMIN	93463	CPT	inpatient			1979		Horizon	Indemnity		757.56	38.28			149.45	1880.05	percent of total billed charges	
MEDICATION ADMIN	93463	CPT	inpatient			1979		Horizon	MGD		757.56	38.28			149.45	1880.05	percent of total billed charges	
MEDICATION ADMIN	93463	CPT	inpatient			1979		Horizon	Medicare Blue		593.7	30			149.45	1880.05	percent of total billed charges	
MEDICATION ADMIN	93463	CPT	inpatient			1979		Horizon	PPO		757.56	38.28			149.45	1880.05	percent of total billed charges	
MEDICATION ADMIN	93463	CPT	inpatient			1979		Horizon	NJ Health		149.45				149.45	1880.05	fee schedule	
MEDICATION ADMIN	93463	CPT	inpatient			1979		Managed Care Inc	Managed Care Inc		1781.1	90			149.45	1880.05	percent of total billed charges	
MEDICATION ADMIN	93463	CPT	inpatient			1979		Multiplan	Multiplan		1583.2	80			149.45	1880.05	percent of total billed charges	
MEDICATION ADMIN	93463	CPT	inpatient			1979		Qualcare	Qualcare		1484.25	75			149.45	1880.05	percent of total billed charges	
MEDICATION ADMIN	93463	CPT	inpatient			1979		Three Rivers	Three Rivers		1880.05	95			149.45	1880.05	percent of total billed charges	
MEDICATION ADMIN	93463	CPT	inpatient			1979		UHC	Medicaid		624.37	31.55			149.45	1880.05	percent of total billed charges	
MEDICATION ADMIN	93463	CPT	inpatient			1979		United	Oxford		1782				149.45	1880.05	case rate	
MEDICATION ADMIN	93463	CPT	inpatient			1979		United	Commercial|PPO		1782				149.45	1880.05	case rate	
MEDICATION ADMIN	93463	CPT	inpatient			1979		Wellcare	Medicaid		624.37	31.55			149.45	1880.05	percent of total billed charges	
MEDICATION ADMIN	93463	CPT	inpatient			1979		WellPoint	WellPoint		636.84	32.18			149.45	1880.05	percent of total billed charges	
SWAN-GANZ INSERTION	93503	CPT	inpatient			5971	2106.37	Aetna	Commercial		2915.95				347.39	5672.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SWAN-GANZ INSERTION	93503	CPT	inpatient			5971	2106.37	Aetna	Medicare		1831.63				347.39	5672.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SWAN-GANZ INSERTION	93503	CPT	inpatient			5971	2106.37	Aetna	Better Health		1883.85	31.55			347.39	5672.45	percent of total billed charges	
SWAN-GANZ INSERTION	93503	CPT	inpatient			5971	2106.37	Americare	Americare		4478.25	75			347.39	5672.45	percent of total billed charges	
SWAN-GANZ INSERTION	93503	CPT	inpatient			5971	2106.37	Amerihealth	Medicare		1831.63				347.39	5672.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
SWAN-GANZ INSERTION	93503	CPT	inpatient			5971	2106.37	Amerihealth	HMO/PPO		3881.15				347.39	5672.45	percent of total billed charges	
SWAN-GANZ INSERTION	93503	CPT	inpatient			5971	2106.37	Consumer	Consumer		5672.45				347.39	5672.45	percent of total billed charges	
SWAN-GANZ INSERTION	93503	CPT	inpatient			5971	2106.37	Corrections	Corrections		4776.8				347.39	5672.45	percent of total billed charges	
SWAN-GANZ INSERTION	93503	CPT	inpatient			5971	2106.37	First Health	First Health		4179.7				347.39	5672.45	percent of total billed charges	
SWAN-GANZ INSERTION	93503	CPT	inpatient			5971	2106.37	First Trenton	First Trenton		5373.9				347.39	5672.45	percent of total billed charges	
SWAN-GANZ INSERTION	93503	CPT	inpatient			5971	2106.37	Horizon	Indemnity		3408.66				347.39	5672.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SWAN-GANZ INSERTION	93503	CPT	inpatient			5971	2106.37	Horizon	NJ Health		347.39				347.39	5672.45	fee schedule	
SWAN-GANZ INSERTION	93503	CPT	inpatient			5971	2106.37	Horizon	PPO		3408.66				347.39	5672.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SWAN-GANZ INSERTION	93503	CPT	inpatient			5971	2106.37	Horizon	Medicare Blue		1831.63				347.39	5672.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SWAN-GANZ INSERTION	93503	CPT	inpatient			5971	2106.37	Horizon	MGD		3408.66				347.39	5672.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SWAN-GANZ INSERTION	93503	CPT	inpatient			5971	2106.37	Managed Care Inc	Managed Care Inc		5373.9	90			347.39	5672.45	percent of total billed charges	
SWAN-GANZ INSERTION	93503	CPT	inpatient			5971	2106.37	Multiplan	Multiplan		4776.8	80			347.39	5672.45	percent of total billed charges	
SWAN-GANZ INSERTION	93503	CPT	inpatient			5971	2106.37	Qualcare	Qualcare		4478.25	75			347.39	5672.45	percent of total billed charges	
SWAN-GANZ INSERTION	93503	CPT	inpatient			5971	2106.37	Three Rivers	Three Rivers		5672.45	95			347.39	5672.45	percent of total billed charges	
SWAN-GANZ INSERTION	93503	CPT	inpatient			5971	2106.37	UHC	Medicare		1831.63				347.39	5672.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SWAN-GANZ INSERTION	93503	CPT	inpatient			5971	2106.37	UHC	Medicaid		1883.85	31.55			347.39	5672.45	percent of total billed charges	
SWAN-GANZ INSERTION	93503	CPT	inpatient			5971	2106.37	United	Commercial|PPO		1817				347.39	5672.45	case rate	
SWAN-GANZ INSERTION	93503	CPT	inpatient			5971	2106.37	United	Oxford		1817				347.39	5672.45	case rate	
SWAN-GANZ INSERTION	93503	CPT	inpatient			5971	2106.37	Wellcare	Medicare		1831.63				347.39	5672.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SWAN-GANZ INSERTION	93503	CPT	inpatient			5971	2106.37	Wellcare	Medicaid		1883.85	31.55			347.39	5672.45	percent of total billed charges	
SWAN-GANZ INSERTION	93503	CPT	inpatient			5971	2106.37	WellPoint	WellPoint		1921.47	32.18			347.39	5672.45	percent of total billed charges	
ENDOMYOCARDIAL BIOPSY	93505	CPT	both			5683	4192.26	Aetna	Medicare		1811.96	30.8			1811.96	6784.16	percent of total billed charges	
ENDOMYOCARDIAL BIOPSY	93505	CPT	both			5683	4192.26	Aetna	Commercial		5803.54				1811.96	6784.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOMYOCARDIAL BIOPSY	93505	CPT	both			5683	4192.26	Aetna	Better Health		1856.09	31.55			1811.96	6784.16	percent of total billed charges	
ENDOMYOCARDIAL BIOPSY	93505	CPT	both			5683	4192.26	Americare	Americare		4412.25	75			1811.96	6784.16	percent of total billed charges	
ENDOMYOCARDIAL BIOPSY	93505	CPT	both			5683	4192.26	Amerihealth	HMO/PPO		3823.95	65			1811.96	6784.16	percent of total billed charges	
ENDOMYOCARDIAL BIOPSY	93505	CPT	both			5683	4192.26	Amerihealth	Medicare		3645.44				1811.96	6784.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOMYOCARDIAL BIOPSY	93505	CPT	both			5683	4192.26	Consumer	Consumer		5588.85	95			1811.96	6784.16	percent of total billed charges	
ENDOMYOCARDIAL BIOPSY	93505	CPT	both			5683	4192.26	Corrections	Corrections		4706.4	80			1811.96	6784.16	percent of total billed charges	
ENDOMYOCARDIAL BIOPSY	93505	CPT	both			5683	4192.26	First Health	First Health		4118.1	70			1811.96	6784.16	percent of total billed charges	
ENDOMYOCARDIAL BIOPSY	93505	CPT	both			5683	4192.26	First Trenton	First Trenton		5294.7	90			1811.96	6784.16	percent of total billed charges	
ENDOMYOCARDIAL BIOPSY	93505	CPT	both			5683	4192.26	Horizon	MGD		6784.16				1811.96	6784.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOMYOCARDIAL BIOPSY	93505	CPT	both			5683	4192.26	Horizon	Indemnity		6784.16				1811.96	6784.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOMYOCARDIAL BIOPSY	93505	CPT	both			5683	4192.26	Horizon	Medicare Blue		3645.44				1811.96	6784.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOMYOCARDIAL BIOPSY	93505	CPT	both			5683	4192.26	Horizon	NJ Health		4266.91				1811.96	6784.16	fee schedule	
ENDOMYOCARDIAL BIOPSY	93505	CPT	both			5683	4192.26	Horizon	PPO		6784.16				1811.96	6784.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOMYOCARDIAL BIOPSY	93505	CPT	both			5683	4192.26	Managed Care Inc	Managed Care Inc		5294.7	90			1811.96	6784.16	percent of total billed charges	
ENDOMYOCARDIAL BIOPSY	93505	CPT	both			5683	4192.26	Multiplan	Multiplan		4706.4	80			1811.96	6784.16	percent of total billed charges	
ENDOMYOCARDIAL BIOPSY	93505	CPT	both			5683	4192.26	Qualcare	Qualcare		4412.25	75			1811.96	6784.16	percent of total billed charges	
ENDOMYOCARDIAL BIOPSY	93505	CPT	both			5683	4192.26	Three Rivers	Three Rivers		5588.85	95			1811.96	6784.16	percent of total billed charges	
ENDOMYOCARDIAL BIOPSY	93505	CPT	both			5683	4192.26	UHC	Medicare		3645.44				1811.96	6784.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOMYOCARDIAL BIOPSY	93505	CPT	both			5683	4192.26	UHC	Medicaid		1856.09	31.55			1811.96	6784.16	percent of total billed charges	
ENDOMYOCARDIAL BIOPSY	93505	CPT	both			5683	4192.26	United	Commercial|PPO		3492				1811.96	6784.16	case rate	
ENDOMYOCARDIAL BIOPSY	93505	CPT	both			5683	4192.26	United	Oxford		3492				1811.96	6784.16	case rate	
ENDOMYOCARDIAL BIOPSY	93505	CPT	both			5683	4192.26	Wellcare	Medicare		3645.44				1811.96	6784.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOMYOCARDIAL BIOPSY	93505	CPT	both			5683	4192.26	Wellcare	Medicaid		1856.09	31.55			1811.96	6784.16	percent of total billed charges	
ENDOMYOCARDIAL BIOPSY	93505	CPT	both			5683	4192.26	WellPoint	WellPoint		1893.15	32.18			1811.96	6784.16	percent of total billed charges	
RHC (CONGENITAL ANOMALIES)	93530	CPT	outpatient			7080		Aetna	Commercial		2690.4	38			2124	6726	percent of total billed charges	
RHC (CONGENITAL ANOMALIES)	93530	CPT	outpatient			7080		Aetna	Better Health		2233.74	31.55			2124	6726	percent of total billed charges	
RHC (CONGENITAL ANOMALIES)	93530	CPT	outpatient			7080		Aetna	Medicare		2180.64	30.8			2124	6726	percent of total billed charges	
RHC (CONGENITAL ANOMALIES)	93530	CPT	outpatient			7080		Americare	Americare		5310	75			2124	6726	percent of total billed charges	
RHC (CONGENITAL ANOMALIES)	93530	CPT	outpatient			7080		Amerihealth	HMO/PPO		4602	65			2124	6726	percent of total billed charges	
RHC (CONGENITAL ANOMALIES)	93530	CPT	outpatient			7080		Consumer	Consumer		6726	95			2124	6726	percent of total billed charges	
RHC (CONGENITAL ANOMALIES)	93530	CPT	outpatient			7080		Corrections	Corrections		5664	80			2124	6726	percent of total billed charges	
RHC (CONGENITAL ANOMALIES)	93530	CPT	outpatient			7080		First Health	First Health		4956	70			2124	6726	percent of total billed charges	
RHC (CONGENITAL ANOMALIES)	93530	CPT	outpatient			7080		First Trenton	First Trenton		6372	90			2124	6726	percent of total billed charges	
RHC (CONGENITAL ANOMALIES)	93530	CPT	outpatient			7080		Horizon	MGD		2710.22	38.28			2124	6726	percent of total billed charges	
RHC (CONGENITAL ANOMALIES)	93530	CPT	outpatient			7080		Horizon	PPO		2710.22	38.28			2124	6726	percent of total billed charges	
RHC (CONGENITAL ANOMALIES)	93530	CPT	outpatient			7080		Horizon	Indemnity		2710.22	38.28			2124	6726	percent of total billed charges	
RHC (CONGENITAL ANOMALIES)	93530	CPT	outpatient			7080		Horizon	Medicare Blue		2124	30			2124	6726	percent of total billed charges	
RHC (CONGENITAL ANOMALIES)	93530	CPT	outpatient			7080		Managed Care Inc	Managed Care Inc		6372	90			2124	6726	percent of total billed charges	
RHC (CONGENITAL ANOMALIES)	93530	CPT	outpatient			7080		Multiplan	Multiplan		5664	80			2124	6726	percent of total billed charges	
RHC (CONGENITAL ANOMALIES)	93530	CPT	outpatient			7080		Qualcare	Qualcare		5310	75			2124	6726	percent of total billed charges	
RHC (CONGENITAL ANOMALIES)	93530	CPT	outpatient			7080		Three Rivers	Three Rivers		6726	95			2124	6726	percent of total billed charges	
RHC (CONGENITAL ANOMALIES)	93530	CPT	outpatient			7080		UHC	Medicaid		2233.74	31.55			2124	6726	percent of total billed charges	
RHC (CONGENITAL ANOMALIES)	93530	CPT	outpatient			7080		Wellcare	Medicaid		2233.74	31.55			2124	6726	percent of total billed charges	
RHC (CONGENITAL ANOMALIES)	93530	CPT	outpatient			7080		WellPoint	WellPoint		2278.34	32.18			2124	6726	percent of total billed charges	
COMBINED RHC & RETROGRADE LHC(CONG.ANOM)	93531	CPT	outpatient			20206		Aetna	Commercial		7678.28	38			6061.8	19195.7	percent of total billed charges	
COMBINED RHC & RETROGRADE LHC(CONG.ANOM)	93531	CPT	outpatient			20206		Aetna	Better Health		6374.99	31.55			6061.8	19195.7	percent of total billed charges	
COMBINED RHC & RETROGRADE LHC(CONG.ANOM)	93531	CPT	outpatient			20206		Aetna	Medicare		6223.45	30.8			6061.8	19195.7	percent of total billed charges	
COMBINED RHC & RETROGRADE LHC(CONG.ANOM)	93531	CPT	outpatient			20206		Americare	Americare		15154.5	75			6061.8	19195.7	percent of total billed charges	
COMBINED RHC & RETROGRADE LHC(CONG.ANOM)	93531	CPT	outpatient			20206		Amerihealth	HMO/PPO		13133.9	65			6061.8	19195.7	percent of total billed charges	
COMBINED RHC & RETROGRADE LHC(CONG.ANOM)	93531	CPT	outpatient			20206		Consumer	Consumer		19195.7	95			6061.8	19195.7	percent of total billed charges	
COMBINED RHC & RETROGRADE LHC(CONG.ANOM)	93531	CPT	outpatient			20206		Corrections	Corrections		16164.8	80			6061.8	19195.7	percent of total billed charges	
COMBINED RHC & RETROGRADE LHC(CONG.ANOM)	93531	CPT	outpatient			20206		First Health	First Health		14144.2	70			6061.8	19195.7	percent of total billed charges	
COMBINED RHC & RETROGRADE LHC(CONG.ANOM)	93531	CPT	outpatient			20206		First Trenton	First Trenton		18185.4	90			6061.8	19195.7	percent of total billed charges	
COMBINED RHC & RETROGRADE LHC(CONG.ANOM)	93531	CPT	outpatient			20206		Horizon	MGD		7734.86	38.28			6061.8	19195.7	percent of total billed charges	
COMBINED RHC & RETROGRADE LHC(CONG.ANOM)	93531	CPT	outpatient			20206		Horizon	Indemnity		7734.86	38.28			6061.8	19195.7	percent of total billed charges	
COMBINED RHC & RETROGRADE LHC(CONG.ANOM)	93531	CPT	outpatient			20206		Horizon	PPO		7734.86	38.28			6061.8	19195.7	percent of total billed charges	
COMBINED RHC & RETROGRADE LHC(CONG.ANOM)	93531	CPT	outpatient			20206		Horizon	Medicare Blue		6061.8	30			6061.8	19195.7	percent of total billed charges	
COMBINED RHC & RETROGRADE LHC(CONG.ANOM)	93531	CPT	outpatient			20206		Managed Care Inc	Managed Care Inc		18185.4	90			6061.8	19195.7	percent of total billed charges	
COMBINED RHC & RETROGRADE LHC(CONG.ANOM)	93531	CPT	outpatient			20206		Multiplan	Multiplan		16164.8	80			6061.8	19195.7	percent of total billed charges	
COMBINED RHC & RETROGRADE LHC(CONG.ANOM)	93531	CPT	outpatient			20206		Qualcare	Qualcare		15154.5	75			6061.8	19195.7	percent of total billed charges	
COMBINED RHC & RETROGRADE LHC(CONG.ANOM)	93531	CPT	outpatient			20206		Three Rivers	Three Rivers		19195.7	95			6061.8	19195.7	percent of total billed charges	
COMBINED RHC & RETROGRADE LHC(CONG.ANOM)	93531	CPT	outpatient			20206		UHC	Medicaid		6374.99	31.55			6061.8	19195.7	percent of total billed charges	
COMBINED RHC & RETROGRADE LHC(CONG.ANOM)	93531	CPT	outpatient			20206		Wellcare	Medicaid		6374.99	31.55			6061.8	19195.7	percent of total billed charges	
COMBINED RHC & RETROGRADE LHC(CONG.ANOM)	93531	CPT	outpatient			20206		WellPoint	WellPoint		6502.29	32.18			6061.8	19195.7	percent of total billed charges	
INJ. OF SELECTED CORONARY ARTERIES	93563	CPT	outpatient			492		Aetna	Better Health		155.23	31.55			77.46	1782	percent of total billed charges	
INJ. OF SELECTED CORONARY ARTERIES	93563	CPT	outpatient			492		Aetna	Commercial		186.96	38			77.46	1782	percent of total billed charges	
INJ. OF SELECTED CORONARY ARTERIES	93563	CPT	outpatient			492		Aetna	Medicare		151.54	30.8			77.46	1782	percent of total billed charges	
INJ. OF SELECTED CORONARY ARTERIES	93563	CPT	outpatient			492		Americare	Americare		369	75			77.46	1782	percent of total billed charges	
INJ. OF SELECTED CORONARY ARTERIES	93563	CPT	outpatient			492		Amerihealth	HMO/PPO		319.8	65			77.46	1782	percent of total billed charges	
INJ. OF SELECTED CORONARY ARTERIES	93563	CPT	outpatient			492		Consumer	Consumer		467.4	95			77.46	1782	percent of total billed charges	
INJ. OF SELECTED CORONARY ARTERIES	93563	CPT	outpatient			492		Corrections	Corrections		393.6	80			77.46	1782	percent of total billed charges	
INJ. OF SELECTED CORONARY ARTERIES	93563	CPT	outpatient			492		First Health	First Health		344.4	70			77.46	1782	percent of total billed charges	
INJ. OF SELECTED CORONARY ARTERIES	93563	CPT	outpatient			492		First Trenton	First Trenton		442.8	90			77.46	1782	percent of total billed charges	
INJ. OF SELECTED CORONARY ARTERIES	93563	CPT	outpatient			492		Horizon	MGD		188.34	38.28			77.46	1782	percent of total billed charges	
INJ. OF SELECTED CORONARY ARTERIES	93563	CPT	outpatient			492		Horizon	Indemnity		188.34	38.28			77.46	1782	percent of total billed charges	
INJ. OF SELECTED CORONARY ARTERIES	93563	CPT	outpatient			492		Horizon	Medicare Blue		147.6	30			77.46	1782	percent of total billed charges	
INJECT CONGENITAL CARD CATH	93563	CPT	outpatient			492		Horizon	NJ Health		77.46				77.46	1782	fee schedule	
INJ. OF SELECTED CORONARY ARTERIES	93563	CPT	outpatient			492		Horizon	PPO		188.34	38.28			77.46	1782	percent of total billed charges	
INJ. OF SELECTED CORONARY ARTERIES	93563	CPT	outpatient			492		Managed Care Inc	Managed Care Inc		442.8	90			77.46	1782	percent of total billed charges	
INJ. OF SELECTED CORONARY ARTERIES	93563	CPT	outpatient			492		Multiplan	Multiplan		393.6	80			77.46	1782	percent of total billed charges	
INJ. OF SELECTED CORONARY ARTERIES	93563	CPT	outpatient			492		Qualcare	Qualcare		369	75			77.46	1782	percent of total billed charges	
INJ. OF SELECTED CORONARY ARTERIES	93563	CPT	outpatient			492		Three Rivers	Three Rivers		467.4	95			77.46	1782	percent of total billed charges	
INJ. OF SELECTED CORONARY ARTERIES	93563	CPT	outpatient			492		UHC	Medicaid		155.23	31.55			77.46	1782	percent of total billed charges	
INJECT CONGENITAL CARD CATH	93563	CPT	outpatient			492		United	Oxford		1782				77.46	1782	case rate	
INJECT CONGENITAL CARD CATH	93563	CPT	outpatient			492		United	Commercial|PPO		1782				77.46	1782	case rate	
INJ. OF SELECTED CORONARY ARTERIES	93563	CPT	outpatient			492		Wellcare	Medicaid		155.23	31.55			77.46	1782	percent of total billed charges	
INJ. OF SELECTED CORONARY ARTERIES	93563	CPT	outpatient			492		WellPoint	WellPoint		158.33	32.18			77.46	1782	percent of total billed charges	
INJECTION OF NATIVE OR BYPASS LIMA	93564	CPT	outpatient			5688		Aetna	Better Health		1794.56	31.55			78.85	5403.6	percent of total billed charges	
INJECTION OF NATIVE OR BYPASS LIMA	93564	CPT	outpatient			5688		Aetna	Medicare		1751.9	30.8			78.85	5403.6	percent of total billed charges	
INJECTION OF NATIVE OR BYPASS LIMA	93564	CPT	outpatient			5688		Aetna	Commercial		2161.44	38			78.85	5403.6	percent of total billed charges	
INJECTION OF NATIVE OR BYPASS LIMA	93564	CPT	outpatient			5688		Americare	Americare		4266	75			78.85	5403.6	percent of total billed charges	
INJECTION OF NATIVE OR BYPASS LIMA	93564	CPT	outpatient			5688		Amerihealth	HMO/PPO		3697.2	65			78.85	5403.6	percent of total billed charges	
INJECTION OF NATIVE OR BYPASS LIMA	93564	CPT	outpatient			5688		Consumer	Consumer		5403.6	95			78.85	5403.6	percent of total billed charges	
INJECTION OF NATIVE OR BYPASS LIMA	93564	CPT	outpatient			5688		Corrections	Corrections		4550.4	80			78.85	5403.6	percent of total billed charges	
INJECTION OF NATIVE OR BYPASS LIMA	93564	CPT	outpatient			5688		First Health	First Health		3981.6	70			78.85	5403.6	percent of total billed charges	
INJECTION OF NATIVE OR BYPASS LIMA	93564	CPT	outpatient			5688		First Trenton	First Trenton		5119.2	90			78.85	5403.6	percent of total billed charges	
INJECTION OF NATIVE OR BYPASS LIMA	93564	CPT	outpatient			5688		Horizon	Medicare Blue		1706.4	30			78.85	5403.6	percent of total billed charges	
INJECTION OF NATIVE OR BYPASS LIMA	93564	CPT	outpatient			5688		Horizon	Indemnity		2177.37	38.28			78.85	5403.6	percent of total billed charges	
INJECTION OF NATIVE OR BYPASS LIMA	93564	CPT	outpatient			5688		Horizon	MGD		2177.37	38.28			78.85	5403.6	percent of total billed charges	
INJECTION OF NATIVE OR BYPASS LIMA	93564	CPT	outpatient			5688		Horizon	PPO		2177.37	38.28			78.85	5403.6	percent of total billed charges	
INJECTION OF NATIVE OR BYPASS LIMA	93564	CPT	outpatient			5688		Horizon	NJ Health		78.85				78.85	5403.6	fee schedule	
INJECTION OF NATIVE OR BYPASS LIMA	93564	CPT	outpatient			5688		Managed Care Inc	Managed Care Inc		5119.2	90			78.85	5403.6	percent of total billed charges	
INJECTION OF NATIVE OR BYPASS LIMA	93564	CPT	outpatient			5688		Multiplan	Multiplan		4550.4	80			78.85	5403.6	percent of total billed charges	
INJECTION OF NATIVE OR BYPASS LIMA	93564	CPT	outpatient			5688		Qualcare	Qualcare		4266	75			78.85	5403.6	percent of total billed charges	
INJECTION OF NATIVE OR BYPASS LIMA	93564	CPT	outpatient			5688		Three Rivers	Three Rivers		5403.6	95			78.85	5403.6	percent of total billed charges	
INJECTION OF NATIVE OR BYPASS LIMA	93564	CPT	outpatient			5688		UHC	Medicaid		1794.56	31.55			78.85	5403.6	percent of total billed charges	
INJECTION OF NATIVE OR BYPASS LIMA	93564	CPT	outpatient			5688		United	Oxford		1782				78.85	5403.6	case rate	
INJECTION OF NATIVE OR BYPASS LIMA	93564	CPT	outpatient			5688		United	Commercial|PPO		1782				78.85	5403.6	case rate	
INJECTION OF NATIVE OR BYPASS LIMA	93564	CPT	outpatient			5688		Wellcare	Medicaid		1794.56	31.55			78.85	5403.6	percent of total billed charges	
INJECTION OF NATIVE OR BYPASS LIMA	93564	CPT	outpatient			5688		WellPoint	WellPoint		1830.4	32.18			78.85	5403.6	percent of total billed charges	
INJECTION OF LA OR LV	93565	CPT	outpatient			442		Aetna	Better Health		139.45	31.55			59.59	1782	percent of total billed charges	
INJECTION OF LA OR LV	93565	CPT	outpatient			442		Aetna	Commercial		167.96	38			59.59	1782	percent of total billed charges	
INJECTION OF LA OR LV	93565	CPT	outpatient			442		Aetna	Medicare		136.14	30.8			59.59	1782	percent of total billed charges	
INJECTION OF LA OR LV	93565	CPT	outpatient			442		Americare	Americare		331.5	75			59.59	1782	percent of total billed charges	
INJECTION OF LA OR LV	93565	CPT	outpatient			442		Amerihealth	HMO/PPO		287.3	65			59.59	1782	percent of total billed charges	
INJECTION OF LA OR LV	93565	CPT	outpatient			442		Consumer	Consumer		419.9	95			59.59	1782	percent of total billed charges	
INJECTION OF LA OR LV	93565	CPT	outpatient			442		Corrections	Corrections		353.6	80			59.59	1782	percent of total billed charges	
INJECTION OF LA OR LV	93565	CPT	outpatient			442		First Health	First Health		309.4	70			59.59	1782	percent of total billed charges	
INJECTION OF LA OR LV	93565	CPT	outpatient			442		First Trenton	First Trenton		397.8	90			59.59	1782	percent of total billed charges	
INJECTION OF LA OR LV	93565	CPT	outpatient			442		Horizon	MGD		169.2	38.28			59.59	1782	percent of total billed charges	
INJECTION OF LA OR LV	93565	CPT	outpatient			442		Horizon	Medicare Blue		132.6	30			59.59	1782	percent of total billed charges	
INJECTION OF LA OR LV	93565	CPT	outpatient			442		Horizon	Indemnity		169.2	38.28			59.59	1782	percent of total billed charges	
INJECTION OF LA OR LV	93565	CPT	outpatient			442		Horizon	PPO		169.2	38.28			59.59	1782	percent of total billed charges	
INJECTION OF LA OR LV	93565	CPT	outpatient			442		Horizon	NJ Health		59.59				59.59	1782	fee schedule	
INJECTION OF LA OR LV	93565	CPT	outpatient			442		Managed Care Inc	Managed Care Inc		397.8	90			59.59	1782	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
INJECTION OF LA OR LV	93565	CPT	outpatient			442		Multiplan	Multiplan		353.6	80			59.59	1782	percent of total billed charges	
INJECTION OF LA OR LV	93565	CPT	outpatient			442		Qualcare	Qualcare		331.5	75			59.59	1782	percent of total billed charges	
INJECTION OF LA OR LV	93565	CPT	outpatient			442		Three Rivers	Three Rivers		419.9	95			59.59	1782	percent of total billed charges	
INJECTION OF LA OR LV	93565	CPT	outpatient			442		UHC	Medicaid		139.45	31.55			59.59	1782	percent of total billed charges	
INJECTION OF LA OR LV	93565	CPT	outpatient			442		United	Commercial|PPO		1782				59.59	1782	case rate	
INJECTION OF LA OR LV	93565	CPT	outpatient			442		United	Oxford		1782				59.59	1782	case rate	
INJECTION OF LA OR LV	93565	CPT	outpatient			442		Wellcare	Medicaid		139.45	31.55			59.59	1782	percent of total billed charges	
INJECTION OF LA OR LV	93565	CPT	outpatient			442		WellPoint	WellPoint		142.24	32.18			59.59	1782	percent of total billed charges	
INJECTION OF RA OR RV	93566	CPT	both			254		Aetna	Better Health		80.14	31.55			76.2	1782	percent of total billed charges	
INJECTION OF RA OR RV	93566	CPT	both			254		Aetna	Medicare		78.23	30.8			76.2	1782	percent of total billed charges	
INJECTION OF RA OR RV	93566	CPT	both			254		Aetna	Commercial		96.52	38			76.2	1782	percent of total billed charges	
INJECTION OF RA OR RV	93566	CPT	both			254		Americare	Americare		190.5	75			76.2	1782	percent of total billed charges	
INJECTION OF RA OR RV	93566	CPT	both			254		Amerihealth	HMO|PPO		165.1	65			76.2	1782	percent of total billed charges	
INJECTION OF RA OR RV	93566	CPT	both			254		Consumer	Consumer		241.3	95			76.2	1782	percent of total billed charges	
INJECTION OF RA OR RV	93566	CPT	both			254		Corrections	Corrections		203.2	80			76.2	1782	percent of total billed charges	
INJECTION OF RA OR RV	93566	CPT	both			254		First Health	First Health		177.8	70			76.2	1782	percent of total billed charges	
INJECTION OF RA OR RV	93566	CPT	both			254		First Trenton	First Trenton		228.6	90			76.2	1782	percent of total billed charges	
INJECTION OF RA OR RV	93566	CPT	both			254		Horizon	NJ Health		244.66				76.2	1782	fee schedule	
INJECTION OF RA OR RV	93566	CPT	both			254		Horizon	MGD		97.23	38.28			76.2	1782	percent of total billed charges	
INJECTION OF RA OR RV	93566	CPT	both			254		Horizon	Indemnity		97.23	38.28			76.2	1782	percent of total billed charges	
INJECTION OF RA OR RV	93566	CPT	both			254		Horizon	PPO		97.23	38.28			76.2	1782	percent of total billed charges	
INJECTION OF RA OR RV	93566	CPT	both			254		Horizon	Medicare Blue		76.2	30			76.2	1782	percent of total billed charges	
INJECTION OF RA OR RV	93566	CPT	both			254		Managed Care Inc	Managed Care Inc		228.6	90			76.2	1782	percent of total billed charges	
INJECTION OF RA OR RV	93566	CPT	both			254		Multiplan	Multiplan		203.2	80			76.2	1782	percent of total billed charges	
INJECTION OF RA OR RV	93566	CPT	both			254		Qualcare	Qualcare		190.5	75			76.2	1782	percent of total billed charges	
INJECTION OF RA OR RV	93566	CPT	both			254		Three Rivers	Three Rivers		241.3	95			76.2	1782	percent of total billed charges	
INJECTION OF RA OR RV	93566	CPT	both			254		UHC	Medicaid		80.14	31.55			76.2	1782	percent of total billed charges	
INJECTION OF RA OR RV	93566	CPT	both			254		United	Commercial|PPO		1782				76.2	1782	case rate	
INJECTION OF RA OR RV	93566	CPT	both			254		United	Oxford		1782				76.2	1782	case rate	
INJECTION OF RA OR RV	93566	CPT	both			254		Wellcare	Medicaid		80.14	31.55			76.2	1782	percent of total billed charges	
INJECTION OF RA OR RV	93566	CPT	both			254		WellPoint	WellPoint		81.74	32.18			76.2	1782	percent of total billed charges	
INJECTION OF AORTA	93567	CPT	both			425		Aetna	Better Health		134.09	31.55			127.5	1782	percent of total billed charges	
INJECTION OF AORTA	93567	CPT	both			425		Aetna	Commercial		161.5	38			127.5	1782	percent of total billed charges	
INJECTION OF AORTA	93567	CPT	both			425		Aetna	Medicare		130.9	30.8			127.5	1782	percent of total billed charges	
INJECTION OF AORTA	93567	CPT	both			425		Americare	Americare		318.75	75			127.5	1782	percent of total billed charges	
INJECTION OF AORTA	93567	CPT	both			425		Amerihealth	HMO|PPO		276.25	65			127.5	1782	percent of total billed charges	
INJECTION OF AORTA	93567	CPT	both			425		Consumer	Consumer		403.75	95			127.5	1782	percent of total billed charges	
INJECTION OF AORTA	93567	CPT	both			425		Corrections	Corrections		340	80			127.5	1782	percent of total billed charges	
INJECTION OF AORTA	93567	CPT	both			425		First Health	First Health		297.5	70			127.5	1782	percent of total billed charges	
INJECTION OF AORTA	93567	CPT	both			425		First Trenton	First Trenton		382.5	90			127.5	1782	percent of total billed charges	
INJECTION OF AORTA	93567	CPT	both			425		Horizon	MGD		162.69	38.28			127.5	1782	percent of total billed charges	
INJECTION OF AORTA	93567	CPT	both			425		Horizon	Indemnity		162.69	38.28			127.5	1782	percent of total billed charges	
INJECTION OF AORTA	93567	CPT	both			425		Horizon	NJ Health		200.79				127.5	1782	fee schedule	
INJECTION OF AORTA	93567	CPT	both			425		Horizon	Medicare Blue		127.5	30			127.5	1782	percent of total billed charges	
INJECTION OF AORTA	93567	CPT	both			425		Horizon	PPO		162.69	38.28			127.5	1782	percent of total billed charges	
INJECTION OF AORTA	93567	CPT	both			425		Managed Care Inc	Managed Care Inc		382.5	90			127.5	1782	percent of total billed charges	
INJECTION OF AORTA	93567	CPT	both			425		Multiplan	Multiplan		340	80			127.5	1782	percent of total billed charges	
INJECTION OF AORTA	93567	CPT	both			425		Qualcare	Qualcare		318.75	75			127.5	1782	percent of total billed charges	
INJECTION OF AORTA	93567	CPT	both			425		Three Rivers	Three Rivers		403.75	95			127.5	1782	percent of total billed charges	
INJECTION OF AORTA	93567	CPT	both			425		UHC	Medicaid		134.09	31.55			127.5	1782	percent of total billed charges	
INJECTION OF AORTA	93567	CPT	both			425		United	Oxford		1782				127.5	1782	case rate	
INJECTION OF AORTA	93567	CPT	both			425		United	Commercial|PPO		1782				127.5	1782	case rate	
INJECTION OF AORTA	93567	CPT	both			425		Wellcare	Medicaid		134.09	31.55			127.5	1782	percent of total billed charges	
INJECTION OF AORTA	93567	CPT	both			425		WellPoint	WellPoint		136.77	32.18			127.5	1782	percent of total billed charges	
INJECTION OF PULMONARY ARTERY	93568	CPT	outpatient			334		Aetna	Medicare		102.87	30.8			100.2	1782	percent of total billed charges	
INJECTION OF PULMONARY ARTERY	93568	CPT	outpatient			334		Aetna	Better Health		105.38	31.55			100.2	1782	percent of total billed charges	
INJECTION OF PULMONARY ARTERY	93568	CPT	outpatient			334		Aetna	Commercial		126.92	38			100.2	1782	percent of total billed charges	
INJECTION OF PULMONARY ARTERY	93568	CPT	outpatient			334		Americare	Americare		250.5	75			100.2	1782	percent of total billed charges	
INJECTION OF PULMONARY ARTERY	93568	CPT	outpatient			334		Amerihealth	HMO|PPO		217.1	65			100.2	1782	percent of total billed charges	
INJECTION OF PULMONARY ARTERY	93568	CPT	outpatient			334		Consumer	Consumer		317.3	95			100.2	1782	percent of total billed charges	
INJECTION OF PULMONARY ARTERY	93568	CPT	outpatient			334		Corrections	Corrections		267.2	80			100.2	1782	percent of total billed charges	
INJECTION OF PULMONARY ARTERY	93568	CPT	outpatient			334		First Health	First Health		233.8	70			100.2	1782	percent of total billed charges	
INJECTION OF PULMONARY ARTERY	93568	CPT	outpatient			334		First Trenton	First Trenton		300.6	90			100.2	1782	percent of total billed charges	
INJECTION OF PULMONARY ARTERY	93568	CPT	outpatient			334		Horizon	Indemnity		127.86	38.28			100.2	1782	percent of total billed charges	
INJECTION OF PULMONARY ARTERY	93568	CPT	outpatient			334		Horizon	Medicare Blue		100.2	30			100.2	1782	percent of total billed charges	
INJECTION OF PULMONARY ARTERY	93568	CPT	outpatient			334		Horizon	NJ Health		220.62				100.2	1782	fee schedule	
INJECTION OF PULMONARY ARTERY	93568	CPT	outpatient			334		Horizon	MGD		127.86	38.28			100.2	1782	percent of total billed charges	
INJECTION OF PULMONARY ARTERY	93568	CPT	outpatient			334		Horizon	PPO		127.86	38.28			100.2	1782	percent of total billed charges	
INJECTION OF PULMONARY ARTERY	93568	CPT	outpatient			334		Managed Care Inc	Managed Care Inc		300.6	90			100.2	1782	percent of total billed charges	
INJECTION OF PULMONARY ARTERY	93568	CPT	outpatient			334		Multiplan	Multiplan		267.2	80			100.2	1782	percent of total billed charges	
INJECTION OF PULMONARY ARTERY	93568	CPT	outpatient			334		Qualcare	Qualcare		250.5	75			100.2	1782	percent of total billed charges	
INJECTION OF PULMONARY ARTERY	93568	CPT	outpatient			334		Three Rivers	Three Rivers		317.3	95			100.2	1782	percent of total billed charges	
INJECTION OF PULMONARY ARTERY	93568	CPT	outpatient			334		UHC	Medicaid		105.38	31.55			100.2	1782	percent of total billed charges	
INJECTION OF PULMONARY ARTERY	93568	CPT	outpatient			334		United	Commercial|PPO		1782				100.2	1782	case rate	
INJECTION OF PULMONARY ARTERY	93568	CPT	outpatient			334		United	Oxford		1782				100.2	1782	case rate	
INJECTION OF PULMONARY ARTERY	93568	CPT	outpatient			334		Wellcare	Medicaid		105.38	31.55			100.2	1782	percent of total billed charges	
INJECTION OF PULMONARY ARTERY	93568	CPT	outpatient			334		WellPoint	WellPoint		107.48	32.18			100.2	1782	percent of total billed charges	
INTRAVASCULAR DOPPLER	93571	CPT	both			2372		Aetna	Commercial		901.36	38			413.29	2253.4	percent of total billed charges	
INTRAVASCULAR DOPPLER	93571	CPT	both			2372		Aetna	Better Health		748.37	31.55			413.29	2253.4	percent of total billed charges	
INTRAVASCULAR DOPPLER	93571	CPT	both			2372		Aetna	Medicare		730.58	30.8			413.29	2253.4	percent of total billed charges	
INTRAVASCULAR DOPPLER	93571	CPT	both			2372		Americare	Americare		1779	75			413.29	2253.4	percent of total billed charges	
INTRAVASCULAR DOPPLER	93571	CPT	both			2372		Amerihealth	HMO|PPO		1541.8	65			413.29	2253.4	percent of total billed charges	
INTRAVASCULAR DOPPLER	93571	CPT	both			2372		Consumer	Consumer		2253.4	95			413.29	2253.4	percent of total billed charges	
INTRAVASCULAR DOPPLER	93571	CPT	both			2372		Corrections	Corrections		1897.6	80			413.29	2253.4	percent of total billed charges	
INTRAVASCULAR DOPPLER	93571	CPT	both			2372		First Health	First Health		1660.4	70			413.29	2253.4	percent of total billed charges	
INTRAVASCULAR DOPPLER	93571	CPT	both			2372		First Trenton	First Trenton		2134.8	90			413.29	2253.4	percent of total billed charges	
INTRAVASCULAR DOPPLER	93571	CPT	both			2372		Horizon	Medicare Blue		711.6	30			413.29	2253.4	percent of total billed charges	
INTRAVASCULAR DOPPLER	93571	CPT	both			2372		Horizon	MGD		908	38.28			413.29	2253.4	percent of total billed charges	
INTRAVASCULAR DOPPLER	93571	CPT	both			2372		Horizon	Indemnity		908	38.28			413.29	2253.4	percent of total billed charges	
INTRAVASCULAR DOPPLER	93571	CPT	both			2372		Horizon	NJ Health		413.29				413.29	2253.4	fee schedule	
INTRAVASCULAR DOPPLER	93571	CPT	both			2372		Horizon	PPO		908	38.28			413.29	2253.4	percent of total billed charges	
INTRAVASCULAR DOPPLER	93571	CPT	both			2372		Managed Care Inc	Managed Care Inc		2134.8	90			413.29	2253.4	percent of total billed charges	
INTRAVASCULAR DOPPLER	93571	CPT	both			2372		Multiplan	Multiplan		1897.6	80			413.29	2253.4	percent of total billed charges	
INTRAVASCULAR DOPPLER	93571	CPT	both			2372		Qualcare	Qualcare		1779	75			413.29	2253.4	percent of total billed charges	
INTRAVASCULAR DOPPLER	93571	CPT	both			2372		Three Rivers	Three Rivers		2253.4	95			413.29	2253.4	percent of total billed charges	
INTRAVASCULAR DOPPLER	93571	CPT	both			2372		UHC	Medicaid		748.37	31.55			413.29	2253.4	percent of total billed charges	
INTRAVASCULAR DOPPLER	93571	CPT	both			2372		United	Commercial|PPO		1782				413.29	2253.4	case rate	
INTRAVASCULAR DOPPLER	93571	CPT	both			2372		United	Oxford		1782				413.29	2253.4	case rate	
INTRAVASCULAR DOPPLER	93571	CPT	both			2372		Wellcare	Medicaid		748.37	31.55			413.29	2253.4	percent of total billed charges	
INTRAVASCULAR DOPPLER	93571	CPT	both			2372		WellPoint	WellPoint		763.31	32.18			413.29	2253.4	percent of total billed charges	
ADDITION VESSEL INTRAV. DOPPLE	93572	CPT	both			1900		Aetna	Better Health		599.45	31.55			570	1805	percent of total billed charges	
ADDITION VESSEL INTRAV. DOPPLE	93572	CPT	both			1900		Aetna	Commercial		722	38			570	1805	percent of total billed charges	
ADDITION VESSEL INTRAV. DOPPLE	93572	CPT	both			1900		Aetna	Medicare		585.2	30.8			570	1805	percent of total billed charges	
ADDITION VESSEL INTRAV. DOPPLE	93572	CPT	both			1900		Americare	Americare		1425	75			570	1805	percent of total billed charges	
ADDITION VESSEL INTRAV. DOPPLE	93572	CPT	both			1900		Amerihealth	HMO|PPO		1235	65			570	1805	percent of total billed charges	
ADDITION VESSEL INTRAV. DOPPLE	93572	CPT	both			1900		Consumer	Consumer		1805	95			570	1805	percent of total billed charges	
ADDITION VESSEL INTRAV. DOPPLE	93572	CPT	both			1900		Corrections	Corrections		1520	80			570	1805	percent of total billed charges	
ADDITION VESSEL INTRAV. DOPPLE	93572	CPT	both			1900		First Health	First Health		1330	70			570	1805	percent of total billed charges	
ADDITION VESSEL INTRAV. DOPPLE	93572	CPT	both			1900		First Trenton	First Trenton		1710	90			570	1805	percent of total billed charges	
ADDITION VESSEL INTRAV. DOPPLE	93572	CPT	both			1900		Horizon	MGD		727.32	38.28			570	1805	percent of total billed charges	
ADDITION VESSEL INTRAV. DOPPLE	93572	CPT	both			1900		Horizon	Medicare Blue		570	30			570	1805	percent of total billed charges	
ADDITION VESSEL INTRAV. DOPPLE	93572	CPT	both			1900		Horizon	Indemnity		727.32	38.28			570	1805	percent of total billed charges	
ADDITION VESSEL INTRAV. DOPPLE	93572	CPT	both			1900		Horizon	PPO		727.32	38.28			570	1805	percent of total billed charges	
ADDITION VESSEL INTRAV. DOPPLE	93572	CPT	both			1900		Managed Care Inc	Managed Care Inc		1710	90			570	1805	percent of total billed charges	
ADDITION VESSEL INTRAV. DOPPLE	93572	CPT	both			1900		Multiplan	Multiplan		1520	80			570	1805	percent of total billed charges	
ADDITION VESSEL INTRAV. DOPPLE	93572	CPT	both			1900		Qualcare	Qualcare		1425	75			570	1805	percent of total billed charges	
ADDITION VESSEL INTRAV. DOPPLE	93572	CPT	both			1900		Three Rivers	Three Rivers		1805	95			570	1805	percent of total billed charges	
ADDITION VESSEL INTRAV. DOPPLE	93572	CPT	both			1900		UHC	Medicaid		599.45	31.55			570	1805	percent of total billed charges	
ADDITION VESSEL INTRAV. DOPPLE	93572	CPT	both			1900		United	Oxford		1782				570	1805	case rate	
ADDITION VESSEL INTRAV. DOPPLE	93572	CPT	both			1900		United	Commercial|PPO		1782				570	1805	case rate	
ADDITION VESSEL INTRAV. DOPPLE	93572	CPT	both			1900		Wellcare	Medicaid		599.45	31.55			570	1805	percent of total billed charges	
ADDITION VESSEL INTRAV. DOPPLE	93572	CPT	both			1900		WellPoint	WellPoint		611.42	32.18			570	1805	percent of total billed charges	
CLOSURE OF ATRIAL DEFECT	93580	CPT	both			62519	23062.62	Aetna	Better Health		19724.74	31.55			1847.88	59393.05	percent of total billed charges	
CLOSURE OF ATRIAL DEFECT	93580	CPT	both			62519	23062.62	Aetna	Commercial		31926.68				1847.88	59393.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSURE OF ATRIAL DEFECT	93580	CPT	both			62519	23062.62	Aetna	Medicare		20054.45				1847.88	59393.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSURE OF ATRIAL DEFECT	93580	CPT	both			62519	23062.62	Americare	Americare		46889.25	75			1847.88	59393.05	percent of total billed charges	
CLOSURE OF ATRIAL DEFECT	93580	CPT	both			62519	23062.62	Amerihealth	Medicare		20054.45				1847.88	59393.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSURE OF ATRIAL DEFECT	93580	CPT	both			62519	23062.62	Amerihealth	HMO|PPO		49837.35	65			1847.88	59393.05	percent of total billed charges	
CLOSURE OF ATRIAL DEFECT	93580	CPT	both			62519	23062.62	Consumer	Consumer		59393.05	95			1847.88	59393.05	percent of total billed charges	
CLOSURE OF ATRIAL DEFECT	93580	CPT	both			62519	23062.62	Corrections	Corrections		50015.2	80			1847.88	59393.05	percent of total billed charges	
CLOSURE OF ATRIAL DEFECT	93580	CPT	both			62519	23062.62	First Health	First Health		43763.3	70			1847.88	59393.05	percent of total billed charges	
CLOSURE OF ATRIAL DEFECT	93580	CPT	both			62519	23062.62	First Trenton	First Trenton		56267.1	90			1847.88	59393.05	percent of total billed charges	
CLOSURE OF ATRIAL DEFECT	93580	CPT	both			62519	23062.62	Horizon	Indemnity		37321.33				1847.88	59393.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSURE OF ATRIAL DEFECT	93580	CPT	both			62519	23062.62	Horizon	PPO		37321.33				1847.88	59393.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSURE OF ATRIAL DEFECT	93580	CPT	both			62519	23062.62	Horizon	MGD		37321.33				1847.88	59393.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSURE OF ATRIAL DEFECT	93580	CPT	both			62519	23062.62	Horizon	Medicare Blue		20054.45				1847.88	59393.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSURE OF ATRIAL DEFECT	93580	CPT	both			62519	23062.62	Horizon	NJ Health		1847.88				1847.88	59393.05	fee schedule	
CLOSURE OF ATRIAL DEFECT	93580	CPT	both			62519	23062.62	Managed Care Inc	Managed Care Inc		56267.1	90			1847.88	59393.05	percent of total billed charges	
CLOSURE OF ATRIAL DEFECT	93580	CPT	both			62519	23062.62	Multiplan	Multiplan		50015.2	80			1847.88	59393.05	percent of total billed charges	
CLOSURE OF ATRIAL DEFECT	93580	CPT	both			62519	23062.62	Qualcare	Qualcare		46889.25	75			1847.88	59393.05	percent of total billed charges	
CLOSURE OF ATRIAL DEFECT	93580	CPT	both			62519	23062.62	Three Rivers	Three Rivers		59393.05	95			1847.88	59393.05	percent of total billed charges	
CLOSURE OF ATRIAL DEFECT	93580	CPT	both			62519	23062.62	UHC	Medicare		20054.45				1847.88	59393.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSURE OF ATRIAL DEFECT	93580	CPT	both			62519	23062.62	UHC	Medicaid		19724.74	31.55			1847.88	59393.05	percent of total billed charges	
CLOSURE OF ATRIAL DEFECT	93580	CPT	both			62519	23062.62	United	Oxford		6197				1847.88	59393.05	case rate	
CLOSURE OF ATRIAL DEFECT	93580	CPT	both			62519	23062.62	United	Commercial|PPO		6197				1847.88	59393.05	case rate	
CLOSURE OF ATRIAL DEFECT	93580	CPT	both			62519	23062.62	Wellcare	Medicare		20054.45				1847.88	59393.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSURE OF ATRIAL DEFECT	93580	CPT	both			62519	23062.62	Wellcare	Medicaid		19724.74	31.55			1847.88	59393.05	percent of total billed charges	
CLOSURE OF ATRIAL DEFECT	93580	CPT	both			62519	23062.62	WellPoint	WellPoint		20118.61	32.18			1847.88	59393.05	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.															
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103		310119 true														
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CLOSURE OF VENTRICULAR DEFECT	93581	CPT	outpatient			61443	23062.62	Aetna	Medicare		20054.45				2471.67	58370.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSURE OF VENTRICULAR DEFECT	93581	CPT	outpatient			61443	23062.62	Aetna	Better Health		19385.27	31.55			2471.67	58370.85	percent of total billed charges	
CLOSURE OF VENTRICULAR DEFECT	93581	CPT	outpatient			61443	23062.62	Aetna	Commercial		31926.68				2471.67	58370.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSURE OF VENTRICULAR DEFECT	93581	CPT	outpatient			61443	23062.62	Americare	Americare		46082.25	75			2471.67	58370.85	percent of total billed charges	
CLOSURE OF VENTRICULAR DEFECT	93581	CPT	outpatient			61443	23062.62	Amerihealth	HMO/PPO		39937.95	65			2471.67	58370.85	percent of total billed charges	
CLOSURE OF VENTRICULAR DEFECT	93581	CPT	outpatient			61443	23062.62	Amerihealth	Medicare		20054.45				2471.67	58370.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSURE OF VENTRICULAR DEFECT	93581	CPT	outpatient			61443	23062.62	Consumer	Consumer		58370.85	95			2471.67	58370.85	percent of total billed charges	
CLOSURE OF VENTRICULAR DEFECT	93581	CPT	outpatient			61443	23062.62	Corrections	Corrections		49154.4	80			2471.67	58370.85	percent of total billed charges	
CLOSURE OF VENTRICULAR DEFECT	93581	CPT	outpatient			61443	23062.62	First Health	First Health		43010.1	70			2471.67	58370.85	percent of total billed charges	
CLOSURE OF VENTRICULAR DEFECT	93581	CPT	outpatient			61443	23062.62	First Trenton	First Trenton		55298.7	90			2471.67	58370.85	percent of total billed charges	
CLOSURE OF VENTRICULAR DEFECT	93581	CPT	outpatient			61443	23062.62	Horizon	PPO		37321.33				2471.67	58370.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSURE OF VENTRICULAR DEFECT	93581	CPT	outpatient			61443	23062.62	Horizon	MGD		37321.33				2471.67	58370.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSURE OF VENTRICULAR DEFECT	93581	CPT	outpatient			61443	23062.62	Horizon	Indemnity		37321.33				2471.67	58370.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSURE OF VENTRICULAR DEFECT	93581	CPT	outpatient			61443	23062.62	Horizon	NJ Health		2471.67				2471.67	58370.85	fee schedule	
CLOSURE OF VENTRICULAR DEFECT	93581	CPT	outpatient			61443	23062.62	Horizon	Medicare Blue		20054.45				2471.67	58370.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSURE OF VENTRICULAR DEFECT	93581	CPT	outpatient			61443	23062.62	Managed Care Inc	Managed Care Inc		55298.7	90			2471.67	58370.85	percent of total billed charges	
CLOSURE OF VENTRICULAR DEFECT	93581	CPT	outpatient			61443	23062.62	Multiplan	Multiplan		49154.4	80			2471.67	58370.85	percent of total billed charges	
CLOSURE OF VENTRICULAR DEFECT	93581	CPT	outpatient			61443	23062.62	Qualcare	Qualcare		46082.25	75			2471.67	58370.85	percent of total billed charges	
CLOSURE OF VENTRICULAR DEFECT	93581	CPT	outpatient			61443	23062.62	Three Rivers	Three Rivers		58370.85	95			2471.67	58370.85	percent of total billed charges	
CLOSURE OF VENTRICULAR DEFECT	93581	CPT	outpatient			61443	23062.62	UHC	Medicaid		19385.27	31.55			2471.67	58370.85	percent of total billed charges	
CLOSURE OF VENTRICULAR DEFECT	93581	CPT	outpatient			61443	23062.62	UHC	Medicare		20054.45				2471.67	58370.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSURE OF VENTRICULAR DEFECT	93581	CPT	outpatient			61443	23062.62	United	Commercial|PPO		6197				2471.67	58370.85	case rate	
CLOSURE OF VENTRICULAR DEFECT	93581	CPT	outpatient			61443	23062.62	United	Oxford		6197				2471.67	58370.85	case rate	
CLOSURE OF VENTRICULAR DEFECT	93581	CPT	outpatient			61443	23062.62	Wellcare	Medicaid		19385.27	31.55			2471.67	58370.85	percent of total billed charges	
CLOSURE OF VENTRICULAR DEFECT	93581	CPT	outpatient			61443	23062.62	Wellcare	Medicare		20054.45				2471.67	58370.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSURE OF VENTRICULAR DEFECT	93581	CPT	outpatient			61443	23062.62	WellPoint	WellPoint		19772.36	32.18			2471.67	58370.85	percent of total billed charges	
RT HRT CATH W/MGNG GUID	93593	CPT	both			11103	4285.74	Aetna	Commercial		5932.95				159.34	10547.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RT HRT CATH W/MGNG GUID	93593	CPT	both			11103	4285.74	Aetna	Medicare		3726.73				159.34	10547.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RT HRT CATH W/MGNG GUID	93593	CPT	both			11103	4285.74	Aetna	Better Health		3503	31.55			159.34	10547.85	percent of total billed charges	
RT HRT CATH W/MGNG GUID	93593	CPT	both			11103	4285.74	Americare	Americare		8327.25	75			159.34	10547.85	percent of total billed charges	
RT HRT CATH W/MGNG GUID	93593	CPT	both			11103	4285.74	Amerihealth	HMO/PPO		7216.96	65			159.34	10547.85	percent of total billed charges	
RT HRT CATH W/MGNG GUID	93593	CPT	both			11103	4285.74	Amerihealth	Medicare		3726.73				159.34	10547.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RT HRT CATH W/MGNG GUID	93593	CPT	both			11103	4285.74	Consumer	Consumer		10547.85	95			159.34	10547.85	percent of total billed charges	
RT HRT CATH W/MGNG GUID	93593	CPT	both			11103	4285.74	Corrections	Corrections		8882.4	80			159.34	10547.85	percent of total billed charges	
RT HRT CATH W/MGNG GUID	93593	CPT	both			11103	4285.74	First Health	First Health		7772.1	70			159.34	10547.85	percent of total billed charges	
RT HRT CATH W/MGNG GUID	93593	CPT	both			11103	4285.74	First Trenton	First Trenton		9992.7	90			159.34	10547.85	percent of total billed charges	
RT HRT CATH W/MGNG GUID	93593	CPT	both			11103	4285.74	Horizon	NJ Health		159.34				159.34	10547.85	fee schedule	
RT HRT CATH W/MGNG GUID	93593	CPT	both			11103	4285.74	Horizon	Indemnity		6935.44				159.34	10547.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RT HRT CATH W/MGNG GUID	93593	CPT	both			11103	4285.74	Horizon	MGD		6935.44				159.34	10547.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RT HRT CATH W/MGNG GUID	93593	CPT	both			11103	4285.74	Horizon	Medicare Blue		3726.73				159.34	10547.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RT HRT CATH W/MGNG GUID	93593	CPT	both			11103	4285.74	Horizon	PPO		6935.44				159.34	10547.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RT HRT CATH W/MGNG GUID	93593	CPT	both			11103	4285.74	Managed Care Inc	Managed Care Inc		9992.7	90			159.34	10547.85	percent of total billed charges	
RT HRT CATH W/MGNG GUID	93593	CPT	both			11103	4285.74	Multiplan	Multiplan		8882.4	80			159.34	10547.85	percent of total billed charges	
RT HRT CATH W/MGNG GUID	93593	CPT	both			11103	4285.74	Qualcare	Qualcare		8327.25	75			159.34	10547.85	percent of total billed charges	
RT HRT CATH W/MGNG GUID	93593	CPT	both			11103	4285.74	Three Rivers	Three Rivers		10547.85	95			159.34	10547.85	percent of total billed charges	
RT HRT CATH W/MGNG GUID	93593	CPT	both			11103	4285.74	UHC	Medicare		3726.73				159.34	10547.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RT HRT CATH W/MGNG GUID	93593	CPT	both			11103	4285.74	UHC	Medicaid		3503	31.55			159.34	10547.85	percent of total billed charges	
RT HRT CATH W/MGNG GUID	93593	CPT	both			11103	4285.74	United	Oxford		6362				159.34	10547.85	case rate	
RT HRT CATH W/MGNG GUID	93593	CPT	both			11103	4285.74	United	Commercial|PPO		6362				159.34	10547.85	case rate	
RT HRT CATH W/MGNG GUID	93593	CPT	both			11103	4285.74	Wellcare	Medicare		3726.73				159.34	10547.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RT HRT CATH W/MGNG GUID	93593	CPT	both			11103	4285.74	Wellcare	Medicaid		3503	31.55			159.34	10547.85	percent of total billed charges	
RT HRT CATH W/MGNG GUID	93593	CPT	both			11103	4285.74	WellPoint	WellPoint		3572.95	32.18			159.34	10547.85	percent of total billed charges	
BUNDLE OF HIS RECORDING	93600	CPT	outpatient			22275	9822.33	Aetna	Commercial		13697.53				290	21161.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BUNDLE OF HIS RECORDING	93600	CPT	outpatient			22275	9822.33	Aetna	Better Health		7027.76	31.55			290	21161.25	percent of total billed charges	
BUNDLE OF HIS RECORDING	93600	CPT	outpatient			22275	9822.33	Aetna	Medicare		8541.16				290	21161.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BUNDLE OF HIS RECORDING	93600	CPT	outpatient			22275	9822.33	Americare	Americare		16706.25	75			290	21161.25	percent of total billed charges	
BUNDLE OF HIS RECORDING	93600	CPT	outpatient			22275	9822.33	Amerihealth	HMO/PPO		14478.75	65			290	21161.25	percent of total billed charges	
BUNDLE OF HIS RECORDING	93600	CPT	outpatient			22275	9822.33	Amerihealth	Medicare		8541.16				290	21161.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BUNDLE OF HIS RECORDING	93600	CPT	outpatient			22275	9822.33	Consumer	Consumer		21161.25	95			290	21161.25	percent of total billed charges	
BUNDLE OF HIS RECORDING	93600	CPT	outpatient			22275	9822.33	Corrections	Corrections		17820	80			290	21161.25	percent of total billed charges	
BUNDLE OF HIS RECORDING	93600	CPT	outpatient			22275	9822.33	First Health	First Health		15592.5	70			290	21161.25	percent of total billed charges	
BUNDLE OF HIS RECORDING	93600	CPT	outpatient			22275	9822.33	First Trenton	First Trenton		20047.5	90			290	21161.25	percent of total billed charges	
BUNDLE OF HIS RECORDING	93600	CPT	outpatient			22275	9822.33	Horizon	MGD		15895.1				290	21161.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BUNDLE OF HIS RECORDING	93600	CPT	outpatient			22275	9822.33	Horizon	Indemnity		15895.1				290	21161.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BUNDLE OF HIS RECORDING	93600	CPT	outpatient			22275	9822.33	Horizon	Medicare Blue		8541.16				290	21161.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BUNDLE OF HIS RECORDING	93600	CPT	outpatient			22275	9822.33	Horizon	NJ Health		290				290	21161.25	fee schedule	
BUNDLE OF HIS RECORDING	93600	CPT	outpatient			22275	9822.33	Horizon	PPO		15895.1				290	21161.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BUNDLE OF HIS RECORDING	93600	CPT	outpatient			22275	9822.33	Managed Care Inc	Managed Care Inc		20047.5	90			290	21161.25	percent of total billed charges	
BUNDLE OF HIS RECORDING	93600	CPT	outpatient			22275	9822.33	Multiplan	Multiplan		17820	80			290	21161.25	percent of total billed charges	
BUNDLE OF HIS RECORDING	93600	CPT	outpatient			22275	9822.33	Qualcare	Qualcare		16706.25	75			290	21161.25	percent of total billed charges	
BUNDLE OF HIS RECORDING	93600	CPT	outpatient			22275	9822.33	Three Rivers	Three Rivers		21161.25	95			290	21161.25	percent of total billed charges	
BUNDLE OF HIS RECORDING	93600	CPT	outpatient			22275	9822.33	UHC	Medicare		8541.16				290	21161.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BUNDLE OF HIS RECORDING	93600	CPT	outpatient			22275	9822.33	UHC	Medicaid		7027.76	31.55			290	21161.25	percent of total billed charges	
BUNDLE OF HIS RECORDING	93600	CPT	outpatient			22275	9822.33	United	Commercial|PPO		2493				290	21161.25	case rate	
BUNDLE OF HIS RECORDING	93600	CPT	outpatient			22275	9822.33	United	Oxford		2493				290	21161.25	case rate	
BUNDLE OF HIS RECORDING	93600	CPT	outpatient			22275	9822.33	Wellcare	Medicare		8541.16				290	21161.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BUNDLE OF HIS RECORDING	93600	CPT	outpatient			22275	9822.33	Wellcare	Medicaid		7027.76	31.55			290	21161.25	percent of total billed charges	
BUNDLE OF HIS RECORDING	93600	CPT	outpatient			22275	9822.33	WellPoint	WellPoint		7168.1	32.18			290	21161.25	percent of total billed charges	
INTRA-ATRIAL RECORDING	93602	CPT	outpatient			22275	9822.33	Aetna	Commercial		13697.53				2493	21161.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRA-ATRIAL RECORDING	93602	CPT	outpatient			22275	9822.33	Aetna	Better Health		7027.76	31.55			2493	21161.25	percent of total billed charges	
INTRA-ATRIAL RECORDING	93602	CPT	outpatient			22275	9822.33	Aetna	Medicare		8541.16				2493	21161.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRA-ATRIAL RECORDING	93602	CPT	outpatient			22275	9822.33	Americare	Americare		16706.25	75			2493	21161.25	percent of total billed charges	
INTRA-ATRIAL RECORDING	93602	CPT	outpatient			22275	9822.33	Amerihealth	HMO/PPO		14478.75	65			2493	21161.25	percent of total billed charges	
INTRA-ATRIAL RECORDING	93602	CPT	outpatient			22275	9822.33	Amerihealth	Medicare		8541.16				2493	21161.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRA-ATRIAL RECORDING	93602	CPT	outpatient			22275	9822.33	Consumer	Consumer		21161.25	95			2493	21161.25	percent of total billed charges	
INTRA-ATRIAL RECORDING	93602	CPT	outpatient			22275	9822.33	Corrections	Corrections		17820	80			2493	21161.25	percent of total billed charges	
INTRA-ATRIAL RECORDING	93602	CPT	outpatient			22275	9822.33	First Health	First Health		15592.5	70			2493	21161.25	percent of total billed charges	
INTRA-ATRIAL RECORDING	93602	CPT	outpatient			22275	9822.33	First Trenton	First Trenton		20047.5	90			2493	21161.25	percent of total billed charges	
INTRA-ATRIAL RECORDING	93602	CPT	outpatient			22275	9822.33	Horizon	NJ Health		6874.74				2493	21161.25	fee schedule	
INTRA-ATRIAL RECORDING	93602	CPT	outpatient			22275	9822.33	Horizon	Medicare Blue		8541.16				2493	21161.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRA-ATRIAL RECORDING	93602	CPT	outpatient			22275	9822.33	Horizon	MGD		15895.1				2493	21161.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRA-ATRIAL RECORDING	93602	CPT	outpatient			22275	9822.33	Horizon	Indemnity		15895.1				2493	21161.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRA-ATRIAL RECORDING	93602	CPT	outpatient			22275	9822.33	Horizon	PPO		15895.1				2493	21161.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRA-ATRIAL RECORDING	93602	CPT	outpatient			22275	9822.33	Managed Care Inc	Managed Care Inc		20047.5	90			2493	21161.25	percent of total billed charges	
INTRA-ATRIAL RECORDING	93602	CPT	outpatient			22275	9822.33	Multiplan	Multiplan		17820	80			2493	21161.25	percent of total billed charges	
INTRA-ATRIAL RECORDING	93602	CPT	outpatient			22275	9822.33	Qualcare	Qualcare		16706.25	75			2493	21161.25	percent of total billed charges	
INTRA-ATRIAL RECORDING	93602	CPT	outpatient			22275	9822.33	Three Rivers	Three Rivers		21161.25	95			2493	21161.25	percent of total billed charges	
INTRA-ATRIAL RECORDING	93602	CPT	outpatient			22275	9822.33	UHC	Medicare		8541.16				2493	21161.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRA-ATRIAL RECORDING	93602	CPT	outpatient			22275	9822.33	UHC	Medicaid		7027.76	31.55			2493	21161.25	percent of total billed charges	
INTRA-ATRIAL RECORDING	93602	CPT	outpatient			22275	9822.33	United	Commercial|PPO		2493				2493	21161.25	case rate	
INTRA-ATRIAL RECORDING	93602	CPT	outpatient			22275	9822.33	United	Oxford		2493				2493	21161.25	case rate	
INTRA-ATRIAL RECORDING	93602	CPT	outpatient			22275	9822.33	Wellcare	Medicaid		7027.76	31.55			2493	21161.25	percent of total billed charges	
INTRA-ATRIAL RECORDING	93602	CPT	outpatient			22275	9822.33	Wellcare	Medicare		8541.16				2493	21161.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRA-ATRIAL RECORDING	93602	CPT	outpatient			22275	9822.33	WellPoint	WellPoint		7168.1	32.18			2493	21161.25	percent of total billed charges	
RIGHT VENTRICULAR RECORDING	93603	CPT	outpatient			3569	1565.3	Aetna	Commercial		2166.92				287.57	3390.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RIGHT VENTRICULAR RECORDING	93603	CPT	outpatient			3569	1565.3	Aetna	Medicare		1361.13				287.57	3390.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RIGHT VENTRICULAR RECORDING	93603	CPT	outpatient			3569	1565.3	Aetna	Better Health		1126.02	31.55			287.57	3390.55	percent of total billed charges	
RIGHT VENTRICULAR RECORDING	93603	CPT	outpatient			3569	1565.3	Americare	Americare		2676.75	75			287.57	3390.55	percent of total billed charges	
RIGHT VENTRICULAR RECORDING	93603	CPT	outpatient			3569	1565.3	Amerihealth	Medicare		1361.13				287.57	3390.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RIGHT VENTRICULAR RECORDING	93603	CPT	outpatient			3569	1565.3	Amerihealth	HMO/PPO		2319.85	65			287.57	3390.55	percent of total billed charges	
RIGHT VENTRICULAR RECORDING	93603	CPT	outpatient			3569	1565.3	Consumer	Consumer		3390.55	95			287.57	3390.55	percent of total billed charges	
RIGHT VENTRICULAR RECORDING	93603	CPT	outpatient			3569	1565.3	Corrections	Corrections		2855.2	80			287.57	3390.55	percent of total billed charges	
RIGHT VENTRICULAR RECORDING	93603	CPT	outpatient			3569	1565.3	First Health	First Health		2498.3	70			287.57	3390.55	percent of total billed charges	
RIGHT VENTRICULAR RECORDING	93603	CPT	outpatient			3569	1565.3	First Trenton	First Trenton		3212.1	90			287.57	3390.55	percent of total billed charges	
RIGHT VENTRICULAR RECORDING	93603	CPT	outpatient			3569	1565.3	Horizon	MGD		2533.06				287.57	3390.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RIGHT VENTRICULAR RECORDING	93603	CPT	outpatient			3569	1565.3	Horizon	Indemnity		2533.06				287.57	3390.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RIGHT VENTRICULAR RECORDING	93603	CPT	outpatient			3569	1565.3	Horizon	NJ Health		287.57				287.57	3390.55	fee schedule	
RIGHT VENTRICULAR RECORDING	93603	CPT	outpatient			3569	1565.3	Horizon	Medicare Blue		1361.13				287.57	3390.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RIGHT VENTRICULAR RECORDING	93603	CPT	outpatient			3569	1565.3	Horizon	PPO		2533.06				287.57	3390.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RIGHT VENTRICULAR RECORDING	93603	CPT	outpatient			3569	1565.3	Managed Care Inc	Managed Care Inc		3212.1	90			287.57	3390.55	percent of total billed charges	
RIGHT VENTRICULAR RECORDING	93603	CPT	outpatient			3569	1565.3	Multiplan	Multiplan		2855.2	80			287.57	3390.55	percent of total billed charges	
RIGHT VENTRICULAR RECORDING	93603	CPT	outpatient			3569	1565.3	Qualcare	Qualcare		2676.75	75			287.57	3390.55	percent of total billed charges	
RIGHT VENTRICULAR RECORDING	93603	CPT	outpatient			3569	1565.3	Three Rivers	Three Rivers		3390.55	95			287.57	3390.55	percent of total billed charges	
RIGHT VENTRICULAR RECORDING	93603	CPT	outpatient			3569	1565.3	UHC	Medicare		1361.13				287.57	3390.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RIGHT VENTRICULAR RECORDING	93603	CPT	outpatient			3569	1565.3	UHC	Medicaid		1126.02	31.55			287.57	3390.55	percent of total billed charges	
RIGHT VENTRICULAR RECORDING	93603	CPT	outpatient			3569	1565.3	United	Commercial|PPO		2493				287.57	3390.55	case rate	
RIGHT VENTRICULAR RECORDING	93603	CPT	outpatient			3569	1565.3	United	Oxford		2493				287.57	3390.55	case rate	
RIGHT VENTRICULAR RECORDING	93603	CPT	outpatient			3569	1565.3	Wellcare	Medicare		1361.13				287.57	3390.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RIGHT VENTRICULAR RECORDING	93603	CPT	outpatient			3569	1565.3	Wellcare	Medicaid		1126.02	31.55			287.57	3390.55	percent of total billed charges	
RIGHT VENTRICULAR RECORDING	93603	CPT	outpatient			3569	1565.3	WellPoint	WellPoint		1148.5	32.18			287.57	3390.55	percent of total billed charges	
V OR A MAP OF TACHY SITE W/REC	93609	CPT	outpatient			2353		Aetna	Medicare		724.72	30.8			705.9	7425.45	percent of total billed charges	
V OR A MAP OF TACHY SITE W/REC	93609	CPT	outpatient			2353		Aetna	Better Health		742.37	31.55			705.9	7425.45	percent of total billed charges	
V OR A MAP OF TACHY SITE W/REC	93609	CPT	outpatient			2353		Aetna	Commercial		894.14	38			705.9	7425.45	percent of total billed charges	
V OR A MAP OF TACHY SITE W/REC	93609	CPT	outpatient			2353		Americare	Americare		1764.75	75			705.9	7425.45	percent of total billed charges	
V OR A MAP OF TACHY SITE W/REC	93609	CPT	outpatient			2353		Amerihealth	HMO/PPO		1529.45	65			705.9	7425.45	percent of total billed charges	
V OR A MAP OF TACHY SITE W/REC	93609	CPT	outpatient			2353		Consumer	Consumer		2235.35	95			705.9	7425.45	percent of total billed charges	
V OR A MAP OF TACHY SITE W/REC	93609	CPT	outpatient			2353		Corrections	Corrections		1882.4	80			705.9	7425.45	percent of total billed charges	
V OR A MAP OF TACHY SITE W/REC	93609	CPT	outpatient			2353		First Health	First Health		1647.1	70			705.9	7425.45	percent of total billed charges	
V OR A MAP OF TACHY SITE W/REC	93609	CPT	outpatient			2353		First Trenton	First Trenton		2117.7	90			705.9	7425.45	percent of total billed charges	
V OR A MAP OF TACHY SITE W/REC	93609	CPT	outpatient			2353		Horizon	MGD		900.73	38.28			705.9	7425.45	percent of total billed charges	
V OR A MAP OF TACHY SITE W/REC	93609	CPT	outpatient			2353		Horizon	NJ Health		7425.45				705.9	7425.45	fee schedule	
V OR A MAP OF TACHY SITE W/REC	93609	CPT	outpatient			2353		Horizon	Indemnity		900.73	38.28			705.9	7425.45	percent of total billed charges	
V OR A MAP OF TACHY SITE W/REC	93609	CPT	outpatient			2353		Horizon	PPO		900.73	38.28			705.9	7425.45	percent of total billed charges	
V OR A MAP OF TACHY SITE W/REC	93609	CPT	outpatient			2353		Horizon	Medicare Blue		705.9	30			705.9	7425.45	percent of total billed charges	
V OR A MAP OF TACHY SITE W/REC	93609	CPT	outpatient			2353		Managed Care Inc	Managed Care Inc		2117.7	90			705.9	7425.45	percent of total billed charges	
V OR A MAP OF TACHY SITE W/REC	93609	CPT	outpatient			2353		Multiplan	Multiplan		1882.4	80			705.9	7425.45	percent of total billed charges	
V OR A MAP OF TACHY SITE W/REC	93609	CPT	outpatient			2353		Qualcare	Qualcare		1764.75	75			705.9	7425.45	percent of total billed charges	
V OR A MAP OF TACHY SITE W/REC	93609	CPT	outpatient			2353		Three Rivers	Three Rivers		2235.35	95			705.9	7425.45	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
V OR A MAP OF TACHY SITE W/REC	93609	CPT	outpatient			2353		UHC	Medicaid		742.37	31.55			705.9	7425.45	percent of total billed charges	
V OR A MAP OF TACHY SITE W/REC	93609	CPT	outpatient			2353		United	CommercialPPO		1782				705.9	7425.45	case rate	
V OR A MAP OF TACHY SITE W/REC	93609	CPT	outpatient			2353		United	Oxford		1782				705.9	7425.45	case rate	
V OR A MAP OF TACHY SITE W/REC	93609	CPT	outpatient			2353		Wellcare	Medicaid		742.37	31.55			705.9	7425.45	percent of total billed charges	
V OR A MAP OF TACHY SITE W/REC	93609	CPT	outpatient			2353		WellPoint	WellPoint		757.2	32.18			705.9	7425.45	percent of total billed charges	
INTRA-ATRIAL PACING	93610	CPT	outpatient			22275		9822.33 Aetna	Commercial		13597.53				325.28	21161.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRA-ATRIAL PACING	93610	CPT	outpatient			22275		9822.33 Aetna	Medicare		6860.7	30.8			325.28	21161.25	percent of total billed charges	
INTRA-ATRIAL PACING	93610	CPT	outpatient			22275		9822.33 Aetna	Better Health		7027.76	31.55			325.28	21161.25	percent of total billed charges	
INTRA-ATRIAL PACING	93610	CPT	outpatient			22275		9822.33 Americare	Americare		16706.25	75			325.28	21161.25	percent of total billed charges	
INTRA-ATRIAL PACING	93610	CPT	outpatient			22275		9822.33 Amerihealth	HMO/PPO		14478.75	65			325.28	21161.25	percent of total billed charges	
INTRA-ATRIAL PACING	93610	CPT	outpatient			22275		9822.33 Amerihealth	Medicare		8541.16				325.28	21161.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRA-ATRIAL PACING	93610	CPT	outpatient			22275		9822.33 Consumer	Consumer		21161.25	95			325.28	21161.25	percent of total billed charges	
INTRA-ATRIAL PACING	93610	CPT	outpatient			22275		9822.33 Corrections	Corrections		17820	80			325.28	21161.25	percent of total billed charges	
INTRA-ATRIAL PACING	93610	CPT	outpatient			22275		9822.33 First Health	First Health		15592.5	70			325.28	21161.25	percent of total billed charges	
INTRA-ATRIAL PACING	93610	CPT	outpatient			22275		9822.33 First Trenton	First Trenton		20047.5	90			325.28	21161.25	percent of total billed charges	
INTRA-ATRIAL PACING	93610	CPT	outpatient			22275		9822.33 Horizon	Indemnity		15895.1				325.28	21161.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRA-ATRIAL PACING	93610	CPT	outpatient			22275		9822.33 Horizon	MGD		15895.1				325.28	21161.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRA-ATRIAL PACING	93610	CPT	outpatient			22275		9822.33 Horizon	NJ Health		325.28				325.28	21161.25	fee schedule	
INTRA-ATRIAL PACING	93610	CPT	outpatient			22275		9822.33 Horizon	PPO		15895.1				325.28	21161.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRA-ATRIAL PACING	93610	CPT	outpatient			22275		9822.33 Horizon	Medicare Blue		8541.16				325.28	21161.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRA-ATRIAL PACING	93610	CPT	outpatient			22275		9822.33 Managed Care Inc	Managed Care Inc		20047.5	90			325.28	21161.25	percent of total billed charges	
INTRA-ATRIAL PACING	93610	CPT	outpatient			22275		9822.33 Multiplan	Multiplan		17820	80			325.28	21161.25	percent of total billed charges	
INTRA-ATRIAL PACING	93610	CPT	outpatient			22275		9822.33 Qualcare	Qualcare		16706.25	75			325.28	21161.25	percent of total billed charges	
INTRA-ATRIAL PACING	93610	CPT	outpatient			22275		9822.33 Three Rivers	Three Rivers		21161.25	95			325.28	21161.25	percent of total billed charges	
INTRA-ATRIAL PACING	93610	CPT	outpatient			22275		9822.33 UHC	Medicaid		7027.76	31.55			325.28	21161.25	percent of total billed charges	
INTRA-ATRIAL PACING	93610	CPT	outpatient			22275		9822.33 UHC	Medicare		8541.16				325.28	21161.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRA-ATRIAL PACING	93610	CPT	outpatient			22275		9822.33 United	CommercialPPO		2493				325.28	21161.25	case rate	
INTRA-ATRIAL PACING	93610	CPT	outpatient			22275		9822.33 United	Oxford		2493				325.28	21161.25	case rate	
INTRA-ATRIAL PACING	93610	CPT	outpatient			22275		9822.33 Wellcare	Medicare		8541.16				325.28	21161.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRA-ATRIAL PACING	93610	CPT	outpatient			22275		9822.33 Wellcare	Medicaid		7027.76	31.55			325.28	21161.25	percent of total billed charges	
INTRA-ATRIAL PACING	93610	CPT	outpatient			22275		9822.33 WellPoint	WellPoint		7168.1	32.18			325.28	21161.25	percent of total billed charges	
INTRAVENTRICULAR PACING	93612	CPT	outpatient			22275		9822.33 Aetna	Medicare		6860.7	30.8			475.02	21161.25	percent of total billed charges	
INTRAVENTRICULAR PACING	93612	CPT	outpatient			22275		9822.33 Aetna	Better Health		7027.76	31.55			475.02	21161.25	percent of total billed charges	
INTRAVENTRICULAR PACING	93612	CPT	outpatient			22275		9822.33 Aetna	Commercial		13597.53				475.02	21161.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRAVENTRICULAR PACING	93612	CPT	outpatient			22275		9822.33 Americare	Americare		16706.25	75			475.02	21161.25	percent of total billed charges	
INTRAVENTRICULAR PACING	93612	CPT	outpatient			22275		9822.33 Amerihealth	Medicare		8541.16				475.02	21161.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRAVENTRICULAR PACING	93612	CPT	outpatient			22275		9822.33 Amerihealth	HMO/PPO		14478.75	65			475.02	21161.25	percent of total billed charges	
INTRAVENTRICULAR PACING	93612	CPT	outpatient			22275		9822.33 Consumer	Consumer		21161.25	95			475.02	21161.25	percent of total billed charges	
INTRAVENTRICULAR PACING	93612	CPT	outpatient			22275		9822.33 Corrections	Corrections		17820	80			475.02	21161.25	percent of total billed charges	
INTRAVENTRICULAR PACING	93612	CPT	outpatient			22275		9822.33 First Health	First Health		15592.5	70			475.02	21161.25	percent of total billed charges	
INTRAVENTRICULAR PACING	93612	CPT	outpatient			22275		9822.33 First Trenton	First Trenton		20047.5	90			475.02	21161.25	percent of total billed charges	
INTRAVENTRICULAR PACING	93612	CPT	outpatient			22275		9822.33 Horizon	MGD		15895.1				475.02	21161.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRAVENTRICULAR PACING	93612	CPT	outpatient			22275		9822.33 Horizon	Indemnity		15895.1				475.02	21161.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRAVENTRICULAR PACING	93612	CPT	outpatient			22275		9822.33 Horizon	Medicare Blue		8541.16				475.02	21161.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRAVENTRICULAR PACING	93612	CPT	outpatient			22275		9822.33 Horizon	NJ Health		475.02				475.02	21161.25	fee schedule	
INTRAVENTRICULAR PACING	93612	CPT	outpatient			22275		9822.33 Horizon	PPO		15895.1				475.02	21161.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRAVENTRICULAR PACING	93612	CPT	outpatient			22275		9822.33 Managed Care Inc	Managed Care Inc		20047.5	90			475.02	21161.25	percent of total billed charges	
INTRAVENTRICULAR PACING	93612	CPT	outpatient			22275		9822.33 Multiplan	Multiplan		17820	80			475.02	21161.25	percent of total billed charges	
INTRAVENTRICULAR PACING	93612	CPT	outpatient			22275		9822.33 Qualcare	Qualcare		16706.25	75			475.02	21161.25	percent of total billed charges	
INTRAVENTRICULAR PACING	93612	CPT	outpatient			22275		9822.33 Three Rivers	Three Rivers		21161.25	95			475.02	21161.25	percent of total billed charges	
INTRAVENTRICULAR PACING	93612	CPT	outpatient			22275		9822.33 UHC	Medicaid		7027.76	31.55			475.02	21161.25	percent of total billed charges	
INTRAVENTRICULAR PACING	93612	CPT	outpatient			22275		9822.33 UHC	Medicare		8541.16				475.02	21161.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRAVENTRICULAR PACING	93612	CPT	outpatient			22275		9822.33 United	CommercialPPO		2493				475.02	21161.25	case rate	
INTRAVENTRICULAR PACING	93612	CPT	outpatient			22275		9822.33 United	Oxford		2493				475.02	21161.25	case rate	
INTRAVENTRICULAR PACING	93612	CPT	outpatient			22275		9822.33 Wellcare	Medicaid		7027.76	31.55			475.02	21161.25	percent of total billed charges	
INTRAVENTRICULAR PACING	93612	CPT	outpatient			22275		9822.33 Wellcare	Medicare		8541.16				475.02	21161.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRAVENTRICULAR PACING	93612	CPT	outpatient			22275		9822.33 WellPoint	WellPoint		7168.1	32.18			475.02	21161.25	percent of total billed charges	
3D CARDIAC MAPPING	93613	CPT	both			16868		Aetna	Better Health		5321.85	31.55			1782	16024.6	percent of total billed charges	
3D CARDIAC MAPPING	93613	CPT	both			16868		Aetna	Medicare		5195.34	30.8			1782	16024.6	percent of total billed charges	
3D CARDIAC MAPPING	93613	CPT	both			16868		Aetna	Commercial		6409.84	38			1782	16024.6	percent of total billed charges	
3D CARDIAC MAPPING	93613	CPT	both			16868		Americare	Americare		12651	75			1782	16024.6	percent of total billed charges	
3D CARDIAC MAPPING	93613	CPT	both			16868		Amerihealth	HMO/PPO		10964.2	65			1782	16024.6	percent of total billed charges	
3D CARDIAC MAPPING	93613	CPT	both			16868		Consumer	Consumer		16024.6	95			1782	16024.6	percent of total billed charges	
3D CARDIAC MAPPING	93613	CPT	both			16868		Corrections	Corrections		13494.4	80			1782	16024.6	percent of total billed charges	
3D CARDIAC MAPPING	93613	CPT	both			16868		First Health	First Health		11807.6	70			1782	16024.6	percent of total billed charges	
3D CARDIAC MAPPING	93613	CPT	both			16868		First Trenton	First Trenton		15181.2	90			1782	16024.6	percent of total billed charges	
3D CARDIAC MAPPING	93613	CPT	both			16868		Horizon	NJ Health		5253.93				1782	16024.6	fee schedule	
3D CARDIAC MAPPING	93613	CPT	both			16868		Horizon	MGD		6457.07	38.28			1782	16024.6	percent of total billed charges	
3D CARDIAC MAPPING	93613	CPT	both			16868		Horizon	Medicare Blue		5060.4	30			1782	16024.6	percent of total billed charges	
3D CARDIAC MAPPING	93613	CPT	both			16868		Horizon	Indemnity		6457.07	38.28			1782	16024.6	percent of total billed charges	
3D CARDIAC MAPPING	93613	CPT	both			16868		Horizon	PPO		6457.07	38.28			1782	16024.6	percent of total billed charges	
3D CARDIAC MAPPING	93613	CPT	both			16868		Managed Care Inc	Managed Care Inc		15181.2	90			1782	16024.6	percent of total billed charges	
3D CARDIAC MAPPING	93613	CPT	both			16868		Multiplan	Multiplan		13494.4	80			1782	16024.6	percent of total billed charges	
3D CARDIAC MAPPING	93613	CPT	both			16868		Qualcare	Qualcare		12651	75			1782	16024.6	percent of total billed charges	
3D CARDIAC MAPPING	93613	CPT	both			16868		Three Rivers	Three Rivers		16024.6	95			1782	16024.6	percent of total billed charges	
3D CARDIAC MAPPING	93613	CPT	both			16868		UHC	Medicaid		5321.85	31.55			1782	16024.6	percent of total billed charges	
3D CARDIAC MAPPING	93613	CPT	both			16868		United	CommercialPPO		1782				1782	16024.6	case rate	
3D CARDIAC MAPPING	93613	CPT	both			16868		United	Oxford		1782				1782	16024.6	case rate	
3D CARDIAC MAPPING	93613	CPT	both			16868		Wellcare	Medicaid		5321.85	31.55			1782	16024.6	percent of total billed charges	
3D CARDIAC MAPPING	93613	CPT	both			16868		WellPoint	WellPoint		5428.12	32.18			1782	16024.6	percent of total billed charges	
INDUCTION OF ARRHYTHMIA BY ELECT.PACING	93618	CPT	outpatient			2821		1565.3 Aetna	Commercial		2166.92				726.36	2679.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INDUCTION OF ARRHYTHMIA BY ELECT.PACING	93618	CPT	outpatient			2821		1565.3 Aetna	Better Health		890.03	31.55			726.36	2679.95	percent of total billed charges	
INDUCTION OF ARRHYTHMIA BY ELECT.PACING	93618	CPT	outpatient			2821		1565.3 Aetna	Medicare		1361.13				726.36	2679.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INDUCTION OF ARRHYTHMIA BY ELECT.PACING	93618	CPT	outpatient			2821		1565.3 Americare	Americare		2115.75	75			726.36	2679.95	percent of total billed charges	
INDUCTION OF ARRHYTHMIA BY ELECT.PACING	93618	CPT	outpatient			2821		1565.3 Amerihealth	HMO/PPO		1833.65	65			726.36	2679.95	percent of total billed charges	
INDUCTION OF ARRHYTHMIA BY ELECT.PACING	93618	CPT	outpatient			2821		1565.3 Amerihealth	Medicare		1361.13				726.36	2679.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INDUCTION OF ARRHYTHMIA BY ELECT.PACING	93618	CPT	outpatient			2821		1565.3 Consumer	Consumer		2679.95	95			726.36	2679.95	percent of total billed charges	
INDUCTION OF ARRHYTHMIA BY ELECT.PACING	93618	CPT	outpatient			2821		1565.3 Corrections	Corrections		2256.8	80			726.36	2679.95	percent of total billed charges	
INDUCTION OF ARRHYTHMIA BY ELECT.PACING	93618	CPT	outpatient			2821		1565.3 First Health	First Health		1974.7	70			726.36	2679.95	percent of total billed charges	
INDUCTION OF ARRHYTHMIA BY ELECT.PACING	93618	CPT	outpatient			2821		1565.3 First Trenton	First Trenton		2538.9	90			726.36	2679.95	percent of total billed charges	
INDUCTION OF ARRHYTHMIA BY ELECT.PACING	93618	CPT	outpatient			2821		1565.3 Horizon	Medicare Blue		1361.13				726.36	2679.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INDUCTION OF ARRHYTHMIA BY ELECT.PACING	93618	CPT	outpatient			2821		1565.3 Horizon	MGD		2533.06				726.36	2679.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INDUCTION OF ARRHYTHMIA BY ELECT.PACING	93618	CPT	outpatient			2821		1565.3 Horizon	Indemnity		2533.06				726.36	2679.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INDUCTION OF ARRHYTHMIA BY ELECT.PACING	93618	CPT	outpatient			2821		1565.3 Horizon	NJ Health		726.36				726.36	2679.95	fee schedule	
INDUCTION OF ARRHYTHMIA BY ELECT.PACING	93618	CPT	outpatient			2821		1565.3 Horizon	PPO		2533.06				726.36	2679.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INDUCTION OF ARRHYTHMIA BY ELECT.PACING	93618	CPT	outpatient			2821		1565.3 Managed Care Inc	Managed Care Inc		2538.9	90			726.36	2679.95	percent of total billed charges	
INDUCTION OF ARRHYTHMIA BY ELECT.PACING	93618	CPT	outpatient			2821		1565.3 Multiplan	Multiplan		2256.8	80			726.36	2679.95	percent of total billed charges	
INDUCTION OF ARRHYTHMIA BY ELECT.PACING	93618	CPT	outpatient			2821		1565.3 Qualcare	Qualcare		2115.75	75			726.36	2679.95	percent of total billed charges	
INDUCTION OF ARRHYTHMIA BY ELECT.PACING	93618	CPT	outpatient			2821		1565.3 Three Rivers	Three Rivers		2679.95	95			726.36	2679.95	percent of total billed charges	
INDUCTION OF ARRHYTHMIA BY ELECT.PACING	93618	CPT	outpatient			2821		1565.3 UHC	Medicaid		890.03	31.55			726.36	2679.95	percent of total billed charges	
INDUCTION OF ARRHYTHMIA BY ELECT.PACING	93618	CPT	outpatient			2821		1565.3 UHC	Medicare		1361.13				726.36	2679.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INDUCTION OF ARRHYTHMIA BY ELECT.PACING	93618	CPT	outpatient			2821		1565.3 United	Oxford		2493				726.36	2679.95	case rate	
INDUCTION OF ARRHYTHMIA BY ELECT.PACING	93618	CPT	outpatient			2821		1565.3 United	CommercialPPO		2493				726.36	2679.95	case rate	
INDUCTION OF ARRHYTHMIA BY ELECT.PACING	93618	CPT	outpatient			2821		1565.3 Wellcare	Medicaid		890.03	31.55			726.36	2679.95	percent of total billed charges	
INDUCTION OF ARRHYTHMIA BY ELECT.PACING	93618	CPT	outpatient			2821		1565.3 Wellcare	Medicare		1361.13				726.36	2679.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INDUCTION OF ARRHYTHMIA BY ELECT.PACING	93618	CPT	outpatient			2821		1565.3 WellPoint	WellPoint		907.8	32.18			726.36	2679.95	percent of total billed charges	
COMPREH.ELECTROPHYSIOLOGHY EVALUATION	93619	CPT	outpatient			22275		9822.33 Aetna	Commercial		13597.53				1068.12	21161.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPREH.ELECTROPHYSIOLOGHY EVALUATION	93619	CPT	outpatient			22275		9822.33 Aetna	Better Health		7027.76	31.55			1068.12	21161.25	percent of total billed charges	
COMPREH.ELECTROPHYSIOLOGHY EVALUATION	93619	CPT	outpatient			22275		9822.33 Aetna	Medicare		8541.16				1068.12	21161.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPREH.ELECTROPHYSIOLOGHY EVALUATION	93619	CPT	outpatient			22275		9822.33 Americare	Americare		16706.25	75			1068.12	21161.25	percent of total billed charges	
COMPREH.ELECTROPHYSIOLOGHY EVALUATION	93619	CPT	outpatient			22275		9822.33 Amerihealth	HMO/PPO		14478.75	65			1068.12	21161.25	percent of total billed charges	
COMPREH.ELECTROPHYSIOLOGHY EVALUATION	93619	CPT	outpatient			22275		9822.33 Amerihealth	Medicare		8541.16				1068.12	21161.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPREH.ELECTROPHYSIOLOGHY EVALUATION	93619	CPT	outpatient			22275		9822.33 Consumer	Consumer		21161.25	95			1068.12	21161.25	percent of total billed charges	
COMPREH.ELECTROPHYSIOLOGHY EVALUATION	93619	CPT	outpatient			22275		9822.33 Corrections	Corrections		17820	80			1068.12	21161.25	percent of total billed charges	
COMPREH.ELECTROPHYSIOLOGHY EVALUATION	93619	CPT	outpatient			22275		9822.33 First Health	First Health		15592.5	70			1068.12	21161.25	percent of total billed charges	
COMPREH.ELECTROPHYSIOLOGHY EVALUATION	93619	CPT	outpatient			22275		9822.33 First Trenton	First Trenton		20047.5	90			1068.12	21161.25	percent of total billed charges	
COMPREH.ELECTROPHYSIOLOGHY EVALUATION	93619	CPT	outpatient			22275		9822.33 Horizon	MGD		15895.1				1068.12	21161.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPREH.ELECTROPHYSIOLOGHY EVALUATION	93619	CPT	outpatient			22275		9822.33 Horizon	Medicare Blue		8541.16				1068.12	21161.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPREH.ELECTROPHYSIOLOGHY EVALUATION	93619	CPT	outpatient			22275		9822.33 Horizon	PPO		15895.1				1068.12	21161.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPREH.ELECTROPHYSIOLOGHY EVALUATION	93619	CPT	outpatient			22275		9822.33 Horizon	NJ Health		1068.12				1068.12	21161.25	fee schedule	
COMPREH.ELECTROPHYSIOLOGHY EVALUATION	93619	CPT	outpatient			22275		9822.33 Horizon	Indemnity		15895.1				1068.12	21161.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPREH.ELECTROPHYSIOLOGHY EVALUATION	93619	CPT	outpatient			22275		9822.33 Managed Care Inc	Managed Care Inc		20047.5	90			1068.12	21161.25	percent of total billed charges	
COMPREH.ELECTROPHYSIOLOGHY EVALUATION	93619	CPT	outpatient			22275		9822.33 Multiplan	Multiplan		17820	80			1068.12	21161.25	percent of total billed charges	
COMPREH.ELECTROPHYSIOLOGHY EVALUATION	93619	CPT	outpatient			22275		9822.33 Qualcare	Qualcare		16706.25	75			1068.12	21161.25	percent of total billed charges	
COMPREH.ELECTROPHYSIOLOGHY EVALUATION	93619	CPT	outpatient			22275		9822.33 Three Rivers	Three Rivers		21161.25	95			1068.12	21161.25	percent of total billed charges	
COMPREH.ELECTROPHYSIOLOGHY EVALUATION	93619	CPT	outpatient			22275		9822.33 UHC	Medicaid		7027.76	31.55			1068.12	21161.25	percent of total billed charges	
COMPREH.ELECTROPHYSIOLOGHY EVALUATION	93619	CPT	outpatient			22275		9822.33 UHC	Medicare		8541.16				1068.12	21161.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPREH.ELECTROPHYSIOLOGHY EVALUATION	93619	CPT	outpatient			22275		9822.33 United	Oxford		4702				1068.12	21161.25	case rate	
COMPREH.ELECTROPHYSIOLOGHY EVALUATION	93619	CPT	outpatient			22275		9822.33 United	CommercialPPO		4702				1068.12	21161.25	case rate	
COMPREH.ELECTROPHYSIOLOGHY EVALUATION	93619	CPT	outpatient			22275		9822.33 Wellcare	Medicare		8541.16				1068.12	21161.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPREH.ELECTROPHYSIOLOGHY EVALUATION	93619	CPT	outpatient			22275		9822.33 Wellcare	Medicaid		7027.76	31.55			1068.12	21161.25	percent of total billed charges	
COMPREH.ELECTROPHYSIOLOGHY EVALUATION	93619	CPT	outpatient			22275		9822.33 WellPoint	WellPoint		7168.1	32.18			1068.12	21161.25	percent of total billed charges	
ADD.INDUCTION OR ATTEMP.INDUC.OF ARRTHY.	93620	CPT	both			8639		9822.33 Aetna	Better Health		2725.6	31.55			2725.6	15895.1	percent of total billed charges	
ADD.INDUCTION OR ATTEMP.INDUC.OF ARRTHY.	93620	CPT	both			8639		9822.33 Aetna	Medicare		8541.16				2725.6	15895.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADD.INDUCTION OR ATTEMP.INDUC.OF ARRTHY.	93620	CPT	both			8639		9822.33 Aetna	Commercial		13597.53				2725.6	15895.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADD.INDUCTION OR ATTEMP.INDUC.OF ARRTHY.	93620	CPT	both			8639		9822.33 Americare	Americare		6479.25	75			2725.6	15895.1	percent of total billed charges	
ADD.INDUCTION OR ATTEMP.INDUC.OF ARRTHY.	93620	CPT	both			8639		9822.33 Amerihealth	HMO/PPO		5615.35	65			2725.6	15895.1	percent of total billed charges	
ADD.INDUCTION OR ATTEMP.INDUC.OF ARRTHY.	93620	CPT	both			8639		9822.33 Amerihealth	Medicare		8541.16				2725.6	15895.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADD.INDUCTION OR ATTEMP.INDUC.OF ARRTHY.	93620	CPT	both			8639		9822.33 Consumer	Consumer		8207.05	95			2725.6	15895.1	percent of total billed charges	
ADD.INDUCTION OR ATTEMP.INDUC.OF ARRTHY.	93620	CPT	both			8639		9822.33 Corrections	Corrections		6911.2	80			2725.6	15895.1	percent of total billed charges	
ADD.INDUCTION OR ATTEMP.INDUC.OF ARRTHY.	93620	CPT	both			8639		9822.33 First Health	First Health		6047.3	70			2725.6	15895.1	percent of total billed charges	
ADD.INDUCTION OR ATTEMP.INDUC.OF ARRTHY.	93620	CPT	both			8639		9822.33 First Trenton	First Trenton		7775.1	90			2725.6	15895.1	percent of total billed charges	
ADD.INDUCTION OR ATTEMP.INDUC.OF ARRTHY.	93620	CPT	both			8639		9822.33 Horizon	MGD		15895.1				2725.6	15895.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADD.INDUCTION OR ATTEMP.INDUC.OF ARRTHY.	93620	CPT	both			8639		9822.33 Horizon	Medicare Blue		8541.16				2725.6	15895.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADD.INDUCTION OR ATTEMP.INDUC.OF ARRTHY.	93620	CPT	both			8639		9822.33 Horizon	Indemnity		15895.1				2725.6	15895.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADD.INDUCTION OR ATTEMP.INDUC.OF ARRTHY.	93620	CPT	both			8639		9822.33 Horizon	NJ Health		7190.55				2725.6	15895.1	fee schedule	
ADD.INDUCTION OR ATTEMP.INDUC.OF ARRTHY.	93620	CPT	both			8639		9822.33 Horizon	PPO		15895.1				2725.6	15895.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADD.INDUCTION OR ATTEMP.INDUC.OF ARRTHY.	93620	CPT	both			8639		9822.33 Managed Care Inc	Managed Care Inc		7775.1	90			2725.6	15895.1	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-09-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ADD.INDUCTION OR ATTEMP.INDUC.OF ARRTHY.	93620	CPT	both			8639	9822.33	Multiplan	Multiplan		6911.2	80			2725.6	15895.1	percent of total billed charges	
ADD.INDUCTION OR ATTEMP.INDUC.OF ARRTHY.	93620	CPT	both			8639	9822.33	Qualcare	Qualcare		6479.25	75			2725.6	15895.1	percent of total billed charges	
ADD.INDUCTION OR ATTEMP.INDUC.OF ARRTHY.	93620	CPT	both			8639	9822.33	Three Rivers	Three Rivers		8207.05	95			2725.6	15895.1	percent of total billed charges	
ADD.INDUCTION OR ATTEMP.INDUC.OF ARRTHY.	93620	CPT	both			8639	9822.33	UHC	Medicaid		2725.6	31.55			2725.6	15895.1	percent of total billed charges	
ADD.INDUCTION OR ATTEMP.INDUC.OF ARRTHY.	93620	CPT	both			8639	9822.33	UHC	Medicare		8541.16				2725.6	15895.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADD.INDUCTION OR ATTEMP.INDUC.OF ARRTHY.	93620	CPT	both			8639	9822.33	United	Commercial|PPO		4702				2725.6	15895.1	case rate	
ADD.INDUCTION OR ATTEMP.INDUC.OF ARRTHY.	93620	CPT	both			8639	9822.33	United	Oxford		4702				2725.6	15895.1	case rate	
ADD.INDUCTION OR ATTEMP.INDUC.OF ARRTHY.	93620	CPT	both			8639	9822.33	Wellcare	Medicaid		2725.6	31.55			2725.6	15895.1	percent of total billed charges	
ADD.INDUCTION OR ATTEMP.INDUC.OF ARRTHY.	93620	CPT	both			8639	9822.33	Wellcare	Medicare		8541.16				2725.6	15895.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADD.INDUCTION OR ATTEMP.INDUC.OF ARRTHY.	93620	CPT	both			8639	9822.33	WellPoint	WellPoint		2780.03	32.18			2725.6	15895.1	percent of total billed charges	
ADD.LF.ATR.RECORD.FROM COR SINUS OF LA	93621	CPT	both			11850		Aetna	Medicare		3649.8	30.8			1782	11257.5	percent of total billed charges	
ADD.LF.ATR.RECORD.FROM COR SINUS OF LA	93621	CPT	both			11850		Aetna	Better Health		3738.68	31.55			1782	11257.5	percent of total billed charges	
ADD.LF.ATR.RECORD.FROM COR SINUS OF LA	93621	CPT	both			11850		Aetna	Commercial		4503	38			1782	11257.5	percent of total billed charges	
ADD.LF.ATR.RECORD.FROM COR SINUS OF LA	93621	CPT	both			11850		Americare	Americare		8887.5	75			1782	11257.5	percent of total billed charges	
ADD.LF.ATR.RECORD.FROM COR SINUS OF LA	93621	CPT	both			11850		Amerihealth	HMO|PPO		7702.5	65			1782	11257.5	percent of total billed charges	
ADD.LF.ATR.RECORD.FROM COR SINUS OF LA	93621	CPT	both			11850		Consumer	Consumer		11257.5	95			1782	11257.5	percent of total billed charges	
ADD.LF.ATR.RECORD.FROM COR SINUS OF LA	93621	CPT	both			11850		Corrections	Corrections		9480	80			1782	11257.5	percent of total billed charges	
ADD.LF.ATR.RECORD.FROM COR SINUS OF LA	93621	CPT	both			11850		First Health	First Health		8295	70			1782	11257.5	percent of total billed charges	
ADD.LF.ATR.RECORD.FROM COR SINUS OF LA	93621	CPT	both			11850		First Trenton	First Trenton		10665	90			1782	11257.5	percent of total billed charges	
ADD.LF.ATR.RECORD.FROM COR SINUS OF LA	93621	CPT	both			11850		Horizon	MGD		4536.18	38.28			1782	11257.5	percent of total billed charges	
ADD.LF.ATR.RECORD.FROM COR SINUS OF LA	93621	CPT	both			11850		Horizon	Medicare Blue		3555	30			1782	11257.5	percent of total billed charges	
ADD.LF.ATR.RECORD.FROM COR SINUS OF LA	93621	CPT	both			11850		Horizon	Indemnity		4536.18	38.28			1782	11257.5	percent of total billed charges	
ADD.LF.ATR.RECORD.FROM COR SINUS OF LA	93621	CPT	both			11850		Horizon	NJ Health		6115.23				1782	11257.5	fee schedule	
ADD.LF.ATR.RECORD.FROM COR SINUS OF LA	93621	CPT	both			11850		Horizon	PPO		4536.18	38.28			1782	11257.5	percent of total billed charges	
ADD.LF.ATR.RECORD.FROM COR SINUS OF LA	93621	CPT	both			11850		Managed Care Inc	Managed Care Inc		10665	90			1782	11257.5	percent of total billed charges	
ADD.LF.ATR.RECORD.FROM COR SINUS OF LA	93621	CPT	both			11850		Multiplan	Multiplan		9480	80			1782	11257.5	percent of total billed charges	
ADD.LF.ATR.RECORD.FROM COR SINUS OF LA	93621	CPT	both			11850		Qualcare	Qualcare		8887.5	75			1782	11257.5	percent of total billed charges	
ADD.LF.ATR.RECORD.FROM COR SINUS OF LA	93621	CPT	both			11850		Three Rivers	Three Rivers		11257.5	95			1782	11257.5	percent of total billed charges	
ADD.LF.ATR.RECORD.FROM COR SINUS OF LA	93621	CPT	both			11850		UHC	Medicaid		3738.68	31.55			1782	11257.5	percent of total billed charges	
ADD.LF.ATR.RECORD.FROM COR SINUS OF LA	93621	CPT	both			11850		United	Oxford		1782				1782	11257.5	case rate	
ADD.LF.ATR.RECORD.FROM COR SINUS OF LA	93621	CPT	both			11850		United	Commercial|PPO		1782				1782	11257.5	case rate	
ADD.LF.ATR.RECORD.FROM COR SINUS OF LA	93621	CPT	both			11850		Wellcare	Medicaid		3738.68	31.55			1782	11257.5	percent of total billed charges	
ADD.LF.ATR.RECORD.FROM COR SINUS OF LA	93621	CPT	both			11850		WellPoint	WellPoint		3813.33	32.18			1782	11257.5	percent of total billed charges	
LV REC W\WO PAC\IDUCE ARRHY	93622	CPT	outpatient			18594		Aetna	Better Health		5866.41	31.55			332.91	17664.3	percent of total billed charges	
LV REC W\WO PAC\IDUCE ARRHY	93622	CPT	outpatient			18594		Aetna	Commercial		7095.72	38			332.91	17664.3	percent of total billed charges	
LV REC W\WO PAC\IDUCE ARRHY	93622	CPT	outpatient			18594		Aetna	Medicare		5726.95	30.8			332.91	17664.3	percent of total billed charges	
LV REC W\WO PAC\IDUCE ARRHY	93622	CPT	outpatient			18594		Americare	Americare		13945.5	75			332.91	17664.3	percent of total billed charges	
LV REC W\WO PAC\IDUCE ARRHY	93622	CPT	outpatient			18594		Amerihealth	HMO|PPO		12086.1	65			332.91	17664.3	percent of total billed charges	
LV REC W\WO PAC\IDUCE ARRHY	93622	CPT	outpatient			18594		Consumer	Consumer		17664.3	95			332.91	17664.3	percent of total billed charges	
LV REC W\WO PAC\IDUCE ARRHY	93622	CPT	outpatient			18594		Corrections	Corrections		14875.2	80			332.91	17664.3	percent of total billed charges	
LV REC W\WO PAC\IDUCE ARRHY	93622	CPT	outpatient			18594		First Health	First Health		13015.8	70			332.91	17664.3	percent of total billed charges	
LV REC W\WO PAC\IDUCE ARRHY	93622	CPT	outpatient			18594		First Trenton	First Trenton		16734.6	90			332.91	17664.3	percent of total billed charges	
LV REC W\WO PAC\IDUCE ARRHY	93622	CPT	outpatient			18594		Horizon	Indemnity		7117.78	38.28			332.91	17664.3	percent of total billed charges	
LV REC W\WO PAC\IDUCE ARRHY	93622	CPT	outpatient			18594		Horizon	MGD		7117.78	38.28			332.91	17664.3	percent of total billed charges	
LV REC W\WO PAC\IDUCE ARRHY	93622	CPT	outpatient			18594		Horizon	Medicare Blue		5578.2	30			332.91	17664.3	percent of total billed charges	
LV REC W\WO PAC\IDUCE ARRHY	93622	CPT	outpatient			18594		Horizon	PPO		7117.78	38.28			332.91	17664.3	percent of total billed charges	
LV REC W\WO PAC\IDUCE ARRHY	93622	CPT	outpatient			18594		Horizon	NJ Health		332.91				332.91	17664.3	fee schedule	
LV REC W\WO PAC\IDUCE ARRHY	93622	CPT	outpatient			18594		Managed Care Inc	Managed Care Inc		16734.6	90			332.91	17664.3	percent of total billed charges	
LV REC W\WO PAC\IDUCE ARRHY	93622	CPT	outpatient			18594		Multiplan	Multiplan		14875.2	80			332.91	17664.3	percent of total billed charges	
LV REC W\WO PAC\IDUCE ARRHY	93622	CPT	outpatient			18594		Qualcare	Qualcare		13945.5	75			332.91	17664.3	percent of total billed charges	
LV REC W\WO PAC\IDUCE ARRHY	93622	CPT	outpatient			18594		Three Rivers	Three Rivers		17664.3	95			332.91	17664.3	percent of total billed charges	
LV REC W\WO PAC\IDUCE ARRHY	93622	CPT	outpatient			18594		UHC	Medicaid		5866.41	31.55			332.91	17664.3	percent of total billed charges	
LV REC W\WO PAC\IDUCE ARRHY	93622	CPT	outpatient			18594		United	Oxford		1782				332.91	17664.3	case rate	
LV REC W\WO PAC\IDUCE ARRHY	93622	CPT	outpatient			18594		United	Commercial|PPO		1782				332.91	17664.3	case rate	
LV REC W\WO PAC\IDUCE ARRHY	93622	CPT	outpatient			18594		Wellcare	Medicaid		5866.41	31.55			332.91	17664.3	percent of total billed charges	
LV REC W\WO PAC\IDUCE ARRHY	93622	CPT	outpatient			18594		WellPoint	WellPoint		5983.55	32.18			332.91	17664.3	percent of total billed charges	
PROG.STIMU.AND PACING AFTER IV DRUG INF.	93623	CPT	both			3522		Aetna	Commercial		1338.36	38			1056.6	5948.19	percent of total billed charges	
PROG.STIMU.AND PACING AFTER IV DRUG INF.	93623	CPT	both			3522		Aetna	Better Health		1111.19	31.55			1056.6	5948.19	percent of total billed charges	
PROG.STIMU.AND PACING AFTER IV DRUG INF.	93623	CPT	both			3522		Aetna	Medicare		1084.78	30.8			1056.6	5948.19	percent of total billed charges	
PROG.STIMU.AND PACING AFTER IV DRUG INF.	93623	CPT	both			3522		Americare	Americare		2641.5	75			1056.6	5948.19	percent of total billed charges	
PROG.STIMU.AND PACING AFTER IV DRUG INF.	93623	CPT	both			3522		Amerihealth	HMO|PPO		2289.3	65			1056.6	5948.19	percent of total billed charges	
PROG.STIMU.AND PACING AFTER IV DRUG INF.	93623	CPT	both			3522		Consumer	Consumer		3345.9	95			1056.6	5948.19	percent of total billed charges	
PROG.STIMU.AND PACING AFTER IV DRUG INF.	93623	CPT	both			3522		Corrections	Corrections		2817.6	80			1056.6	5948.19	percent of total billed charges	
PROG.STIMU.AND PACING AFTER IV DRUG INF.	93623	CPT	both			3522		First Health	First Health		2465.4	70			1056.6	5948.19	percent of total billed charges	
PROG.STIMU.AND PACING AFTER IV DRUG INF.	93623	CPT	both			3522		First Trenton	First Trenton		3169.8	90			1056.6	5948.19	percent of total billed charges	
PROG.STIMU.AND PACING AFTER IV DRUG INF.	93623	CPT	both			3522		Horizon	Medicare Blue		1056.6	30			1056.6	5948.19	percent of total billed charges	
PROG.STIMU.AND PACING AFTER IV DRUG INF.	93623	CPT	both			3522		Horizon	MGD		1348.22	38.28			1056.6	5948.19	percent of total billed charges	
PROG.STIMU.AND PACING AFTER IV DRUG INF.	93623	CPT	both			3522		Horizon	Indemnity		1348.22	38.28			1056.6	5948.19	percent of total billed charges	
PROG.STIMU.AND PACING AFTER IV DRUG INF.	93623	CPT	both			3522		Horizon	PPO		1348.22	38.28			1056.6	5948.19	percent of total billed charges	
PROG.STIMU.AND PACING AFTER IV DRUG INF.	93623	CPT	both			3522		Horizon	NJ Health		5948.19				1056.6	5948.19	fee schedule	
PROG.STIMU.AND PACING AFTER IV DRUG INF.	93623	CPT	both			3522		Managed Care Inc	Managed Care Inc		3169.8	90			1056.6	5948.19	percent of total billed charges	
PROG.STIMU.AND PACING AFTER IV DRUG INF.	93623	CPT	both			3522		Multiplan	Multiplan		2817.6	80			1056.6	5948.19	percent of total billed charges	
PROG.STIMU.AND PACING AFTER IV DRUG INF.	93623	CPT	both			3522		Qualcare	Qualcare		2641.5	75			1056.6	5948.19	percent of total billed charges	
PROG.STIMU.AND PACING AFTER IV DRUG INF.	93623	CPT	both			3522		Three Rivers	Three Rivers		3345.9	95			1056.6	5948.19	percent of total billed charges	
PROG.STIMU.AND PACING AFTER IV DRUG INF.	93623	CPT	both			3522		UHC	Medicaid		1111.19	31.55			1056.6	5948.19	percent of total billed charges	
PROG.STIMU.AND PACING AFTER IV DRUG INF.	93623	CPT	both			3522		United	Commercial|PPO		1782				1056.6	5948.19	case rate	
PROG.STIMU.AND PACING AFTER IV DRUG INF.	93623	CPT	both			3522		United	Oxford		1782				1056.6	5948.19	case rate	
PROG.STIMU.AND PACING AFTER IV DRUG INF.	93623	CPT	both			3522		Wellcare	Medicaid		1111.19	31.55			1056.6	5948.19	percent of total billed charges	
PROG.STIMU.AND PACING AFTER IV DRUG INF.	93623	CPT	both			3522		WellPoint	WellPoint		1133.38	32.18			1056.6	5948.19	percent of total billed charges	
EP FOLLOW UP STUDY WITH PACING	93624	CPT	outpatient			19111	9822.33	Aetna	Commercial		13697.53				460.67	18155.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EP FOLLOW UP STUDY WITH PACING	93624	CPT	outpatient			19111	9822.33	Aetna	Better Health		6029.52	31.55			460.67	18155.45	percent of total billed charges	
EP FOLLOW UP STUDY WITH PACING	93624	CPT	outpatient			19111	9822.33	Aetna	Medicare		8541.16				460.67	18155.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EP FOLLOW UP STUDY WITH PACING	93624	CPT	outpatient			19111	9822.33	Americare	Americare		14333.25	75			460.67	18155.45	percent of total billed charges	
EP FOLLOW UP STUDY WITH PACING	93624	CPT	outpatient			19111	9822.33	Amerihealth	HMO|PPO		12422.15	65			460.67	18155.45	percent of total billed charges	
EP FOLLOW UP STUDY WITH PACING	93624	CPT	outpatient			19111	9822.33	Amerihealth	Medicare		8541.16				460.67	18155.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EP FOLLOW UP STUDY WITH PACING	93624	CPT	outpatient			19111	9822.33	Consumer	Consumer		18155.45	95			460.67	18155.45	percent of total billed charges	
EP FOLLOW UP STUDY WITH PACING	93624	CPT	outpatient			19111	9822.33	Corrections	Corrections		15288.8	80			460.67	18155.45	percent of total billed charges	
EP FOLLOW UP STUDY WITH PACING	93624	CPT	outpatient			19111	9822.33	First Health	First Health		13377.7	70			460.67	18155.45	percent of total billed charges	
EP FOLLOW UP STUDY WITH PACING	93624	CPT	outpatient			19111	9822.33	First Trenton	First Trenton		17199.9	90			460.67	18155.45	percent of total billed charges	
EP FOLLOW UP STUDY WITH PACING	93624	CPT	outpatient			19111	9822.33	Horizon	Medicare Blue		8541.16				460.67	18155.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EP FOLLOW UP STUDY WITH PACING	93624	CPT	outpatient			19111	9822.33	Horizon	Indemnity		15895.1				460.67	18155.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EP FOLLOW UP STUDY WITH PACING	93624	CPT	outpatient			19111	9822.33	Horizon	MGD		15895.1				460.67	18155.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EP FOLLOW UP STUDY WITH PACING	93624	CPT	outpatient			19111	9822.33	Horizon	PPO		15895.1				460.67	18155.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EP FOLLOW UP STUDY WITH PACING	93624	CPT	outpatient			19111	9822.33	Horizon	NJ Health		460.67				460.67	18155.45	fee schedule	
EP FOLLOW UP STUDY WITH PACING	93624	CPT	outpatient			19111	9822.33	Managed Care Inc	Managed Care Inc		17199.9	90			460.67	18155.45	percent of total billed charges	
EP FOLLOW UP STUDY WITH PACING	93624	CPT	outpatient			19111	9822.33	Multiplan	Multiplan		15288.8	80			460.67	18155.45	percent of total billed charges	
EP FOLLOW UP STUDY WITH PACING	93624	CPT	outpatient			19111	9822.33	Qualcare	Qualcare		14333.25	75			460.67	18155.45	percent of total billed charges	
EP FOLLOW UP STUDY WITH PACING	93624	CPT	outpatient			19111	9822.33	Three Rivers	Three Rivers		18155.45	95			460.67	18155.45	percent of total billed charges	
EP FOLLOW UP STUDY WITH PACING	93624	CPT	outpatient			19111	9822.33	UHC	Medicare		8541.16				460.67	18155.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EP FOLLOW UP STUDY WITH PACING	93624	CPT	outpatient			19111	9822.33	UHC	Medicaid		6029.52	31.55			460.67	18155.45	percent of total billed charges	
EP FOLLOW UP STUDY WITH PACING	93624	CPT	outpatient			19111	9822.33	United	Commercial|PPO		4702				460.67	18155.45	case rate	
EP FOLLOW UP STUDY WITH PACING	93624	CPT	outpatient			19111	9822.33	United	Oxford		4702				460.67	18155.45	case rate	
EP FOLLOW UP STUDY WITH PACING	93624	CPT	outpatient			19111	9822.33	Wellcare	Medicaid		6029.52	31.55			460.67	18155.45	percent of total billed charges	
EP FOLLOW UP STUDY WITH PACING	93624	CPT	outpatient			19111	9822.33	Wellcare	Medicare		8541.16				460.67	18155.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EP FOLLOW UP STUDY WITH PACING	93624	CPT	outpatient			19111	9822.33	WellPoint	WellPoint		6149.92	32.18			460.67	18155.45	percent of total billed charges	
EP EVALUCTION OF ACID	93640	CPT	outpatient			3807		Aetna	Commercial		1446.66	38			336.35	3616.65	percent of total billed charges	
EP EVALUCTION OF ACID	93640	CPT	outpatient			3807		Aetna	Better Health		1201.11	31.55			336.35	3616.65	percent of total billed charges	
EP EVALUCTION OF ACID	93640	CPT	outpatient			3807		Aetna	Medicare		1172.56	30.8			336.35	3616.65	percent of total billed charges	
EP EVALUCTION OF ACID	93640	CPT	outpatient			3807		Americare	Americare		2855.25	75			336.35	3616.65	percent of total billed charges	
EP EVALUCTION OF ACID	93640	CPT	outpatient			3807		Amerihealth	HMO|PPO		2474.55	65			336.35	3616.65	percent of total billed charges	
EP EVALUCTION OF ACID	93640	CPT	outpatient			3807		Consumer	Consumer		3616.65	95			336.35	3616.65	percent of total billed charges	
EP EVALUCTION OF ACID	93640	CPT	outpatient			3807		Corrections	Corrections		3045.6	80			336.35	3616.65	percent of total billed charges	
EP EVALUCTION OF ACID	93640	CPT	outpatient			3807		First Health	First Health		2664.9	70			336.35	3616.65	percent of total billed charges	
EP EVALUCTION OF ACID	93640	CPT	outpatient			3807		First Trenton	First Trenton		3426.3	90			336.35	3616.65	percent of total billed charges	
EP EVALUCTION OF ACID	93640	CPT	outpatient			3807		Horizon	Indemnity		1457.32	38.28			336.35	3616.65	percent of total billed charges	
EP EVALUCTION OF ACID	93640	CPT	outpatient			3807		Horizon	MGD		1457.32	38.28			336.35	3616.65	percent of total billed charges	
EP EVALUCTION OF ACID	93640	CPT	outpatient			3807		Horizon	Medicare Blue		1142.1	30			336.35	3616.65	percent of total billed charges	
EP EVALUCTION OF ACID	93640	CPT	outpatient			3807		Horizon	PPO		1457.32	38.28			336.35	3616.65	percent of total billed charges	
EP EVALUCTION OF ACID	93640	CPT	outpatient			3807		Horizon	NJ Health		336.35				336.35	3616.65	fee schedule	
EP EVALUCTION OF ACID	93640	CPT	outpatient			3807		Managed Care Inc	Managed Care Inc		3426.3	90			336.35	3616.65	percent of total billed charges	
EP EVALUCTION OF ACID	93640	CPT	outpatient			3807		Multiplan	Multiplan		3045.6	80			336.35	3616.65	percent of total billed charges	
EP EVALUCTION OF ACID	93640	CPT	outpatient			3807		Qualcare	Qualcare		2855.25	75			336.35	3616.65	percent of total billed charges	
EP EVALUCTION OF ACID	93640	CPT	outpatient			3807		Three Rivers	Three Rivers		3616.65	95			336.35	3616.65	percent of total billed charges	
EP EVALUCTION OF ACID	93640	CPT	outpatient			3807		UHC	Medicaid		1201.11	31.55			336.35	3616.65	percent of total billed charges	
EP EVALUCTION OF ACID	93640	CPT	outpatient			3807		United	Commercial|PPO		1782				336.35	3616.65	case rate	
EP EVALUCTION OF ACID	93640	CPT	outpatient			3807		United	Oxford		1782				336.35	3616.65	case rate	
EP EVALUCTION OF ACID	93640	CPT	outpatient			3807		Wellcare	Medicaid		1201.11	31.55			336.35	3616.65	percent of total billed charges	
EP EVALUCTION OF ACID	93640	CPT	outpatient			3807		WellPoint	WellPoint		1225.09	32.18			336.35	3616.65	percent of total billed charges	
WITH TESTING OF PULSE GENERATOR	93641	CPT	outpatient			4187		Aetna	Medicare		1289.6	30.8			1256.1	3977.65	percent of total billed charges	
WITH TESTING OF PULSE GENERATOR	93641	CPT	outpatient			4187		Aetna	Better Health		1321	31.55			1256.1	3977.65	percent of total billed charges	
WITH TESTING OF PULSE GENERATOR	93641	CPT	outpatient			4187		Aetna	Commercial		1591.06	38			1256.1	3977.65	percent of total billed charges	
WITH TESTING OF PULSE GENERATOR	93641	CPT	outpatient			4187		Americare	Americare		3140.25	75			1256.1	3977.65	percent of total billed charges	
WITH TESTING OF PULSE GENERATOR	93641	CPT	outpatient			4187		Amerihealth	HMO|PPO		2721.55	65			1256.1	3977.65	percent of total billed charges	
WITH TESTING OF PULSE GENERATOR	93641	CPT	outpatient			4187		Consumer	Consumer		3977.65	95			1256.1	3977.65	percent of total billed charges	
WITH TESTING OF PULSE GENERATOR	93641	CPT	outpatient			4187		Corrections	Corrections		3349.6	80			1256.1	3977.65	percent of total billed charges	
WITH TESTING OF PULSE GENERATOR	93641	CPT	outpatient			4187		First Health	First Health		2930.9	70			1256.1	3977.65	percent of total billed charges	
WITH TESTING OF PULSE GENERATOR	93641	CPT	outpatient			4187		First Trenton	First Trenton		3768.3	90			1256.1	3977.65	percent of total billed charges	
WITH TESTING OF PULSE GENERATOR	93641	CPT	outpatient			4187		Horizon	PPO		1602.78	38.28			1256.1	3977.65	percent of total billed charges	
WITH TESTING OF PULSE GENERATOR	93641	CPT	outpatient			4187		Horizon	MGD		1602.78	38.28			1256.1	3977.65	percent of total billed charges	
WITH TESTING OF PULSE GENERATOR	93641	CPT	outpatient			4187		Horizon	Indemnity		1602.78	38.28			1256.1	3977.65	percent of total billed charges	
WITH TESTING OF PULSE GENERATOR	93641	CPT	outpatient			4187		Horizon	NJ Health		1785.24				1256.1	3977.65	fee schedule	
WITH TESTING OF PULSE GENERATOR	93641	CPT	outpatient			4187		Horizon	Medicare Blue		1256.1	30			1256.1	3977.65	percent of total billed charges	
WITH TESTING OF PULSE GENERATOR	93641	CPT	outpatient			4187		Managed Care Inc	Managed Care Inc		3768.3	90			1256.1	3977.65	percent of total billed charges	
WITH TESTING OF PULSE GENERATOR	93641	CPT	outpatient			4187		Multiplan	Multiplan		3349.6	80			1256.1	3977.65	percent of total billed charges	
WITH TESTING OF PULSE GENERATOR	93641	CPT	outpatient			4187		Qualcare	Qualcare		3140.25	75			1256.1	3977.65	percent of total billed charges	
WITH TESTING OF PULSE GENERATOR	93641	CPT	outpatient			4187		Three Rivers	Three Rivers		3977.65	95			1256.1	3977.65	percent of total billed charges	
WITH TESTING OF PULSE GENERATOR	93641	CPT	outpatient			4187		UHC	Medicaid		1321	31.55			1256.1	3977.65	percent of total billed charges	
WITH TESTING OF PULSE GENERATOR	93641	CPT	outpatient			4187		United	Oxford		1782				1256.1	3977.65	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.																
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103		310119 true															
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
WITH TESTING OF PULSE GENERATOR	93641	CPT	outpatient			4187		United	CommercialPPO		1782				1256.1	3977.65	case rate	
WITH TESTING OF PULSE GENERATOR	93641	CPT	outpatient			4187		Wellcare	Medicaid		1321	31.55			1256.1	3977.65	percent of total billed charges	
WITH TESTING OF PULSE GENERATOR	93641	CPT	outpatient			4187		WellPoint	WellPoint		1347.38	32.18			1256.1	3977.65	percent of total billed charges	
NIPS NON-INVASIVE PHYSIOLOGY STUDY	93642	CPT	both			4690	1565.3	Aetna	Better Health		1479.7	31.55			1361.13	17048.52	percent of total billed charges	
NIPS NON-INVASIVE PHYSIOLOGY STUDY	93642	CPT	both			4690	1565.3	Aetna	Commercial		2166.92				1361.13	17048.52	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NIPS NON-INVASIVE PHYSIOLOGY STUDY	93642	CPT	both			4690	1565.3	Aetna	Medicare		1361.13				1361.13	17048.52	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NIPS NON-INVASIVE PHYSIOLOGY STUDY	93642	CPT	both			4690	1565.3	Americare	Americare		3517.5	75			1361.13	17048.52	percent of total billed charges	
NIPS NON-INVASIVE PHYSIOLOGY STUDY	93642	CPT	both			4690	1565.3	Amerihealth	HMO/PPO		3048.5	65			1361.13	17048.52	percent of total billed charges	
NIPS NON-INVASIVE PHYSIOLOGY STUDY	93642	CPT	both			4690	1565.3	Amerihealth	Medicare		1361.13				1361.13	17048.52	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NIPS NON-INVASIVE PHYSIOLOGY STUDY	93642	CPT	both			4690	1565.3	Consumer	Consumer		4455.5	95			1361.13	17048.52	percent of total billed charges	
NIPS NON-INVASIVE PHYSIOLOGY STUDY	93642	CPT	both			4690	1565.3	Corrections	Corrections		3752	80			1361.13	17048.52	percent of total billed charges	
NIPS NON-INVASIVE PHYSIOLOGY STUDY	93642	CPT	both			4690	1565.3	First Health	First Health		3283	70			1361.13	17048.52	percent of total billed charges	
NIPS NON-INVASIVE PHYSIOLOGY STUDY	93642	CPT	both			4690	1565.3	First Trenton	First Trenton		4221	90			1361.13	17048.52	percent of total billed charges	
NIPS NON-INVASIVE PHYSIOLOGY STUDY	93642	CPT	both			4690	1565.3	Horizon	MGD		2533.06				1361.13	17048.52	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NIPS NON-INVASIVE PHYSIOLOGY STUDY	93642	CPT	both			4690	1565.3	Horizon	Indemnity		2533.06				1361.13	17048.52	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NIPS NON-INVASIVE PHYSIOLOGY STUDY	93642	CPT	both			4690	1565.3	Horizon	Medicare Blue		1361.13				1361.13	17048.52	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NIPS NON-INVASIVE PHYSIOLOGY STUDY	93642	CPT	both			4690	1565.3	Horizon	NJ Health		17048.52				1361.13	17048.52	fee schedule	
NIPS NON-INVASIVE PHYSIOLOGY STUDY	93642	CPT	both			4690	1565.3	Horizon	PPO		2533.06				1361.13	17048.52	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NIPS NON-INVASIVE PHYSIOLOGY STUDY	93642	CPT	both			4690	1565.3	Managed Care Inc	Managed Care Inc		4221	90			1361.13	17048.52	percent of total billed charges	
NIPS NON-INVASIVE PHYSIOLOGY STUDY	93642	CPT	both			4690	1565.3	Multiplan	Multiplan		3752	80			1361.13	17048.52	percent of total billed charges	
NIPS NON-INVASIVE PHYSIOLOGY STUDY	93642	CPT	both			4690	1565.3	Qualcare	Qualcare		3517.5	75			1361.13	17048.52	percent of total billed charges	
NIPS NON-INVASIVE PHYSIOLOGY STUDY	93642	CPT	both			4690	1565.3	Three Rivers	Three Rivers		4455.5	95			1361.13	17048.52	percent of total billed charges	
NIPS NON-INVASIVE PHYSIOLOGY STUDY	93642	CPT	both			4690	1565.3	UHC	Medicaid		1479.7	31.55			1361.13	17048.52	percent of total billed charges	
NIPS NON-INVASIVE PHYSIOLOGY STUDY	93642	CPT	both			4690	1565.3	UHC	Medicare		1361.13				1361.13	17048.52	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NIPS NON-INVASIVE PHYSIOLOGY STUDY	93642	CPT	both			4690	1565.3	United	CommercialPPO		2493				1361.13	17048.52	case rate	
NIPS NON-INVASIVE PHYSIOLOGY STUDY	93642	CPT	both			4690	1565.3	United	Oxford		2493				1361.13	17048.52	case rate	
NIPS NON-INVASIVE PHYSIOLOGY STUDY	93642	CPT	both			4690	1565.3	Wellcare	Medicare		1361.13				1361.13	17048.52	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NIPS NON-INVASIVE PHYSIOLOGY STUDY	93642	CPT	both			4690	1565.3	Wellcare	Medicaid		1479.7	31.55			1361.13	17048.52	percent of total billed charges	
NIPS NON-INVASIVE PHYSIOLOGY STUDY	93642	CPT	both			4690	1565.3	WellPoint	WellPoint		1509.24	32.18			1361.13	17048.52	percent of total billed charges	
EPHYS EVAL SUBQ IMPLANTABLE DEFIBRILLATO	93644	CPT	outpatient			4100		Aetna	Better Health		1293.55	31.55			442.89	3895	percent of total billed charges	
EPHYS EVAL SUBQ IMPLANTABLE DEFIBRILLATO	93644	CPT	outpatient			4100		Aetna	Commercial		1558	38			442.89	3895	percent of total billed charges	
EPHYS EVAL SUBQ IMPLANTABLE DEFIBRILLATO	93644	CPT	outpatient			4100		Aetna	Medicare		1262.8	30.8			442.89	3895	percent of total billed charges	
EPHYS EVAL SUBQ IMPLANTABLE DEFIBRILLATO	93644	CPT	outpatient			4100		Americare	Americare		3075	75			442.89	3895	percent of total billed charges	
EPHYS EVAL SUBQ IMPLANTABLE DEFIBRILLATO	93644	CPT	outpatient			4100		Amerihealth	HMO/PPO		2665	65			442.89	3895	percent of total billed charges	
EPHYS EVAL SUBQ IMPLANTABLE DEFIBRILLATO	93644	CPT	outpatient			4100		Consumer	Consumer		3895	95			442.89	3895	percent of total billed charges	
EPHYS EVAL SUBQ IMPLANTABLE DEFIBRILLATO	93644	CPT	outpatient			4100		Corrections	Corrections		3280	80			442.89	3895	percent of total billed charges	
EPHYS EVAL SUBQ IMPLANTABLE DEFIBRILLATO	93644	CPT	outpatient			4100		First Health	First Health		2870	70			442.89	3895	percent of total billed charges	
EPHYS EVAL SUBQ IMPLANTABLE DEFIBRILLATO	93644	CPT	outpatient			4100		First Trenton	First Trenton		3690	90			442.89	3895	percent of total billed charges	
EPHYS EVAL SUBQ IMPLANTABLE DEFIBRILLATO	93644	CPT	outpatient			4100		Horizon	MGD		1569.48	38.28			442.89	3895	percent of total billed charges	
EPHYS EVAL SUBQ IMPLANTABLE DEFIBRILLATO	93644	CPT	outpatient			4100		Horizon	Indemnity		1569.48	38.28			442.89	3895	percent of total billed charges	
EPHYS EVAL SUBQ IMPLANTABLE DEFIBRILLATO	93644	CPT	outpatient			4100		Horizon	PPO		1569.48	38.28			442.89	3895	percent of total billed charges	
EPHYS EVAL SUBQ IMPLANTABLE DEFIBRILLATO	93644	CPT	outpatient			4100		Horizon	Medicare Blue		1230	30			442.89	3895	percent of total billed charges	
EPHYS EVAL SUBQ IMPLANTABLE DEFIBRILLATO	93644	CPT	outpatient			4100		Horizon	NJ Health		442.89				442.89	3895	fee schedule	
EPHYS EVAL SUBQ IMPLANTABLE DEFIBRILLATO	93644	CPT	outpatient			4100		Managed Care Inc	Managed Care Inc		3690	90			442.89	3895	percent of total billed charges	
EPHYS EVAL SUBQ IMPLANTABLE DEFIBRILLATO	93644	CPT	outpatient			4100		Multiplan	Multiplan		3280	80			442.89	3895	percent of total billed charges	
EPHYS EVAL SUBQ IMPLANTABLE DEFIBRILLATO	93644	CPT	outpatient			4100		Qualcare	Qualcare		3075	75			442.89	3895	percent of total billed charges	
EPHYS EVAL SUBQ IMPLANTABLE DEFIBRILLATO	93644	CPT	outpatient			4100		Three Rivers	Three Rivers		3895	95			442.89	3895	percent of total billed charges	
EPHYS EVAL SUBQ IMPLANTABLE DEFIBRILLATO	93644	CPT	outpatient			4100		UHC	Medicaid		1293.55	31.55			442.89	3895	percent of total billed charges	
EPHYS EVAL SUBQ IMPLANTABLE DEFIBRILLATO	93644	CPT	outpatient			4100		United	Oxford		1782				442.89	3895	case rate	
EPHYS EVAL SUBQ IMPLANTABLE DEFIBRILLATO	93644	CPT	outpatient			4100		United	CommercialPPO		1782				442.89	3895	case rate	
EPHYS EVAL SUBQ IMPLANTABLE DEFIBRILLATO	93644	CPT	outpatient			4100		Wellcare	Medicaid		1293.55	31.55			442.89	3895	percent of total billed charges	
EPHYS EVAL SUBQ IMPLANTABLE DEFIBRILLATO	93644	CPT	outpatient			4100		WellPoint	WellPoint		1319.38	32.18			442.89	3895	percent of total billed charges	
INTRA CARD.ABLA OF AV NODE FUNC.AV CONDU	93650	CPT	outpatient			14038	9822.33	Aetna	Better Health		4428.99	31.55			4428.99	15895.1	percent of total billed charges	
INTRA CARD.ABLA OF AV NODE FUNC.AV CONDU	93650	CPT	outpatient			14038	9822.33	Aetna	Commercial		13597.53				4428.99	15895.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRA CARD.ABLA OF AV NODE FUNC.AV CONDU	93650	CPT	outpatient			14038	9822.33	Aetna	Medicare		8541.16				4428.99	15895.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRA CARD.ABLA OF AV NODE FUNC.AV CONDU	93650	CPT	outpatient			14038	9822.33	Americare	Americare		10528.5	75			4428.99	15895.1	percent of total billed charges	
INTRA CARD.ABLA OF AV NODE FUNC.AV CONDU	93650	CPT	outpatient			14038	9822.33	Amerihealth	HMO/PPO		9124.7	65			4428.99	15895.1	percent of total billed charges	
INTRA CARD.ABLA OF AV NODE FUNC.AV CONDU	93650	CPT	outpatient			14038	9822.33	Amerihealth	Medicare		8541.16				4428.99	15895.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRA CARD.ABLA OF AV NODE FUNC.AV CONDU	93650	CPT	outpatient			14038	9822.33	Consumer	Consumer		13336.1	95			4428.99	15895.1	percent of total billed charges	
INTRA CARD.ABLA OF AV NODE FUNC.AV CONDU	93650	CPT	outpatient			14038	9822.33	Corrections	Corrections		11230.4	80			4428.99	15895.1	percent of total billed charges	
INTRA CARD.ABLA OF AV NODE FUNC.AV CONDU	93650	CPT	outpatient			14038	9822.33	First Health	First Health		9826.6	70			4428.99	15895.1	percent of total billed charges	
INTRA CARD.ABLA OF AV NODE FUNC.AV CONDU	93650	CPT	outpatient			14038	9822.33	First Trenton	First Trenton		12634.2	90			4428.99	15895.1	percent of total billed charges	
INTRA CARD.ABLA OF AV NODE FUNC.AV CONDU	93650	CPT	outpatient			14038	9822.33	Horizon	Indemnity		15895.1				4428.99	15895.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRA CARD.ABLA OF AV NODE FUNC.AV CONDU	93650	CPT	outpatient			14038	9822.33	Horizon	Medicare Blue		8541.16				4428.99	15895.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRA CARD.ABLA OF AV NODE FUNC.AV CONDU	93650	CPT	outpatient			14038	9822.33	Horizon	NJ Health		8714.79				4428.99	15895.1	fee schedule	
INTRA CARD.ABLA OF AV NODE FUNC.AV CONDU	93650	CPT	outpatient			14038	9822.33	Horizon	PPO		15895.1				4428.99	15895.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRA CARD.ABLA OF AV NODE FUNC.AV CONDU	93650	CPT	outpatient			14038	9822.33	Horizon	MGD		15895.1				4428.99	15895.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRA CARD.ABLA OF AV NODE FUNC.AV CONDU	93650	CPT	outpatient			14038	9822.33	Managed Care Inc	Managed Care Inc		12634.2	90			4428.99	15895.1	percent of total billed charges	
INTRA CARD.ABLA OF AV NODE FUNC.AV CONDU	93650	CPT	outpatient			14038	9822.33	Multiplan	Multiplan		11230.4	80			4428.99	15895.1	percent of total billed charges	
INTRA CARD.ABLA OF AV NODE FUNC.AV CONDU	93650	CPT	outpatient			14038	9822.33	Qualcare	Qualcare		10528.5	75			4428.99	15895.1	percent of total billed charges	
INTRA CARD.ABLA OF AV NODE FUNC.AV CONDU	93650	CPT	outpatient			14038	9822.33	Three Rivers	Three Rivers		13336.1	95			4428.99	15895.1	percent of total billed charges	
INTRA CARD.ABLA OF AV NODE FUNC.AV CONDU	93650	CPT	outpatient			14038	9822.33	UHC	Medicaid		4428.99	31.55			4428.99	15895.1	percent of total billed charges	
INTRA CARD.ABLA OF AV NODE FUNC.AV CONDU	93650	CPT	outpatient			14038	9822.33	UHC	Medicare		8541.16				4428.99	15895.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRA CARD.ABLA OF AV NODE FUNC.AV CONDU	93650	CPT	outpatient			14038	9822.33	United	CommercialPPO		4702				4428.99	15895.1	case rate	
INTRA CARD.ABLA OF AV NODE FUNC.AV CONDU	93650	CPT	outpatient			14038	9822.33	United	Oxford		4702				4428.99	15895.1	case rate	
INTRA CARD.ABLA OF AV NODE FUNC.AV CONDU	93650	CPT	outpatient			14038	9822.33	Wellcare	Medicare		8541.16				4428.99	15895.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRA CARD.ABLA OF AV NODE FUNC.AV CONDU	93650	CPT	outpatient			14038	9822.33	Wellcare	Medicaid		4428.99	31.55			4428.99	15895.1	percent of total billed charges	
INTRA CARD.ABLA OF AV NODE FUNC.AV CONDU	93650	CPT	outpatient			14038	9822.33	WellPoint	WellPoint		4517.43	32.18			4428.99	15895.1	percent of total billed charges	
EP & ABLATE SUPRA ARRHYT	93653	CPT	both			54043	31237.13	Aetna	Better Health		17050.57	31.55			1158.24	51340.85	percent of total billed charges	
EP & ABLATE SUPRA ARRHYT	93653	CPT	both			54043	31237.13	Aetna	Medicare		27162.72				1158.24	51340.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EP & ABLATE SUPRA ARRHYT	93653	CPT	both			54043	31237.13	Aetna	Commercial		43243.05				1158.24	51340.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EP & ABLATE SUPRA ARRHYT	93653	CPT	both			54043	31237.13	Americare	Americare		40532.25	75			1158.24	51340.85	percent of total billed charges	
EP & ABLATE SUPRA ARRHYT	93653	CPT	both			54043	31237.13	Amerihealth	HMO/PPO		35127.95	65			1158.24	51340.85	percent of total billed charges	
EP & ABLATE SUPRA ARRHYT	93653	CPT	both			54043	31237.13	Amerihealth	Medicare		27162.72				1158.24	51340.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EP & ABLATE SUPRA ARRHYT	93653	CPT	both			54043	31237.13	Consumer	Consumer		51340.85	95			1158.24	51340.85	percent of total billed charges	
EP & ABLATE SUPRA ARRHYT	93653	CPT	both			54043	31237.13	Corrections	Corrections		43234.4	80			1158.24	51340.85	percent of total billed charges	
EP & ABLATE SUPRA ARRHYT	93653	CPT	both			54043	31237.13	First Health	First Health		37930.1	70			1158.24	51340.85	percent of total billed charges	
EP & ABLATE SUPRA ARRHYT	93653	CPT	both			54043	31237.13	First Trenton	First Trenton		48638.7	90			1158.24	51340.85	percent of total billed charges	
EP & ABLATE SUPRA ARRHYT	93653	CPT	both			54043	31237.13	Horizon	MGD		50549.82				1158.24	51340.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EP & ABLATE SUPRA ARRHYT	93653	CPT	both			54043	31237.13	Horizon	Indemnity		50549.82				1158.24	51340.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EP & ABLATE SUPRA ARRHYT	93653	CPT	both			54043	31237.13	Horizon	PPO		50549.82				1158.24	51340.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EP & ABLATE SUPRA ARRHYT	93653	CPT	both			54043	31237.13	Horizon	Medicare Blue		27162.72				1158.24	51340.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EP & ABLATE SUPRA ARRHYT	93653	CPT	both			54043	31237.13	Horizon	NJ Health		1158.24				1158.24	51340.85	fee schedule	
EP & ABLATE SUPRA ARRHYT	93653	CPT	both			54043	31237.13	Managed Care Inc	Managed Care Inc		48638.7	90			1158.24	51340.85	percent of total billed charges	
EP & ABLATE SUPRA ARRHYT	93653	CPT	both			54043	31237.13	Multiplan	Multiplan		43234.4	80			1158.24	51340.85	percent of total billed charges	
EP & ABLATE SUPRA ARRHYT	93653	CPT	both			54043	31237.13	Qualcare	Qualcare		40532.25	75			1158.24	51340.85	percent of total billed charges	
EP & ABLATE SUPRA ARRHYT	93653	CPT	both			54043	31237.13	Three Rivers	Three Rivers		51340.85	95			1158.24	51340.85	percent of total billed charges	
EP & ABLATE SUPRA ARRHYT	93653	CPT	both			54043	31237.13	UHC	Medicare		27162.72				1158.24	51340.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EP & ABLATE SUPRA ARRHYT	93653	CPT	both			54043	31237.13	UHC	Medicaid		17050.57	31.55			1158.24	51340.85	percent of total billed charges	
EP & ABLATE SUPRA ARRHYT	93653	CPT	both			54043	31237.13	United	CommercialPPO		6197				1158.24	51340.85	case rate	
EP & ABLATE SUPRA ARRHYT	93653	CPT	both			54043	31237.13	United	Oxford		6197				1158.24	51340.85	case rate	
EP & ABLATE SUPRA ARRHYT	93653	CPT	both			54043	31237.13	Wellcare	Medicare		27162.72				1158.24	51340.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EP & ABLATE SUPRA ARRHYT	93653	CPT	both			54043	31237.13	Wellcare	Medicaid		17050.57	31.55			1158.24	51340.85	percent of total billed charges	
EP & ABLATE SUPRA ARRHYT	93653	CPT	both			54043	31237.13	WellPoint	WellPoint		17391.04	32.18			1158.24	51340.85	percent of total billed charges	
EP & ABLATE VENTRIC TACHY	93654	CPT	both			54043	31237.13	Aetna	Better Health		17050.57	31.55			1545.9	51340.85	percent of total billed charges	
EP & ABLATE VENTRIC TACHY	93654	CPT	both			54043	31237.13	Aetna	Commercial		43243.05				1545.9	51340.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EP & ABLATE VENTRIC TACHY	93654	CPT	both			54043	31237.13	Aetna	Medicare		27162.72				1545.9	51340.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EP & ABLATE VENTRIC TACHY	93654	CPT	both			54043	31237.13	Americare	Americare		40532.25	75			1545.9	51340.85	percent of total billed charges	
EP & ABLATE VENTRIC TACHY	93654	CPT	both			54043	31237.13	Amerihealth	Medicare		27162.72				1545.9	51340.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EP & ABLATE VENTRIC TACHY	93654	CPT	both			54043	31237.13	Amerihealth	HMO/PPO		35127.95	65			1545.9	51340.85	percent of total billed charges	
EP & ABLATE VENTRIC TACHY	93654	CPT	both			54043	31237.13	Consumer	Consumer		51340.85	95			1545.9	51340.85	percent of total billed charges	
EP & ABLATE VENTRIC TACHY	93654	CPT	both			54043	31237.13	Corrections	Corrections		43234.4	80			1545.9	51340.85	percent of total billed charges	
EP & ABLATE VENTRIC TACHY	93654	CPT	both			54043	31237.13	First Health	First Health		37930.1	70			1545.9	51340.85	percent of total billed charges	
EP & ABLATE VENTRIC TACHY	93654	CPT	both			54043	31237.13	First Trenton	First Trenton		48638.7	90			1545.9	51340.85	percent of total billed charges	
EP & ABLATE VENTRIC TACHY	93654	CPT	both			54043	31237.13	Horizon	Indemnity		50549.82				1545.9	51340.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EP & ABLATE VENTRIC TACHY	93654	CPT	both			54043	31237.13	Horizon	MGD		50549.82				1545.9	51340.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EP & ABLATE VENTRIC TACHY	93654	CPT	both			54043	31237.13	Horizon	Medicare Blue		27162.72				1545.9	51340.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EP & ABLATE VENTRIC TACHY	93654	CPT	both			54043	31237.13	Horizon	NJ Health		1545.9				1545.9	51340.85	fee schedule	
EP & ABLATE VENTRIC TACHY	93654	CPT	both			54043	31237.13	Horizon	PPO		50549.82				1545.9	51340.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EP & ABLATE VENTRIC TACHY	93654	CPT	both			54043	31237.13	Managed Care Inc	Managed Care Inc		48638.7	90			1545.9	51340.85	percent of total billed charges	
EP & ABLATE VENTRIC TACHY	93654	CPT	both			54043	31237.13	Multiplan	Multiplan		43234.4	80			1545.9	51340.85	percent of total billed charges	
EP & ABLATE VENTRIC TACHY	93654	CPT	both			54043	31237.13	Qualcare	Qualcare		40532.25	75			1545.9	51340.85	percent of total billed charges	
EP & ABLATE VENTRIC TACHY	93654	CPT	both			54043	31237.13	Three Rivers	Three Rivers		51340.85	95			1545.9	51340.85	percent of total billed charges	
EP & ABLATE VENTRIC TACHY	93654	CPT	both			54043	31237.13	UHC	Medicare		27162.72				1545.9	51340.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EP & ABLATE VENTRIC TACHY	93654	CPT	both			54043	31237.13	UHC	Medicaid		17050.57	31.55			1545.9	51340.85	percent of total billed charges	
EP & ABLATE VENTRIC TACHY	93654	CPT	both			54043	31237.13	United	Oxford		6197				1545.9	51340.85	case rate	
EP & ABLATE VENTRIC TACHY	93654	CPT	both			54043	31237.13	United	CommercialPPO		6197				1545.9	51340.85	case rate	
EP & ABLATE VENTRIC TACHY	93654	CPT	both			54043	31237.13	Wellcare	Medicare		27162.72				1545.9	51340.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EP & ABLATE VENTRIC TACHY	93654	CPT	both			54043	31237.13	Wellcare	Medicaid		17050.57	31.55			1545.9	51340.85	percent of total billed charges	
EP & ABLATE VENTRIC TACHY	93654	CPT	both			54043	31237.13	WellPoint	WellPoint		17391.04	32.18			1545.9	51340.85	percent of total billed charges	
INTRACARDIAC ABLATION DISCRETE MECHANISM	93655	CPT	both					Horizon	NJ Health		579.16				579.16	1782	fee schedule	
INTRACARDIAC ABLATION DISCRETE MECHANISM	93655	CPT	both					United	CommercialPPO		1782				579.16	1782	case rate	
INTRACARDIAC ABLATION DISCRETE MECHANISM	93655	CPT	both					United	Oxford		1782				579.16	1782	case rate	
TX ATRIAL FIB PULM VEIN ISOL	93656	CPT	both			52982	31237.13	Aetna	Medicare		16318.46	30.8			1546.29	50549.82	percent of total billed charges	
TX ATRIAL FIB PULM VEIN ISOL	93656	CPT	both			52982	31237.13	Aetna	Commercial		43243.05				1546.29	50549.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TX ATRIAL FIB PULM VEIN ISOL	93656	CPT	both			52982	31237.13	Aetna	Better Health		16715.82	31.55			1546.29	50549.82	percent of total billed charges	
TX ATRIAL FIB PULM VEIN ISOL	93656	CPT	both			52982	31237.13	Americare	Americare		39736.5	75			1546.29	50549.82	percent of total billed charges	
TX ATRIAL FIB PULM VEIN ISOL	93656	CPT	both			52982	31237.13	Amerihealth	HMO/PPO		34438.3	65			1546.29	50549.82	percent of total billed charges	
TX ATRIAL FIB PULM VEIN ISOL	93656	CPT	both			52982	31237.13	Amerihealth	Medicare		27162.72				1546.29	50549.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TX ATRIAL FIB PULM VEIN ISOL	93656	CPT	both			52982	31237.13	Consumer	Consumer		50332.9	95			1546.29	50549.82	percent of total billed charges	
TX ATRIAL FIB PULM VEIN ISOL	93656	CPT	both			52982	31237.13	Corrections	Corrections		42385.6	80			1546.29	50549.82	percent of total billed charges	
TX ATRIAL FIB PULM VEIN ISOL	93656	CPT	both			52982	31237.13	First Health	First Health		37087.4	70			1546.29	50549.82	percent of total billed charges	
TX ATRIAL FIB PULM VEIN ISOL	93656	CPT	both			52982	31237.13	First Trenton	First Trenton		47683.8	90			1546.29	50549.82	percent of total billed charges	
TX ATRIAL FIB PULM VEIN ISOL	93656	CPT	both			52982	31237.13	Horizon	Indemnity		50549.82				1546.29	50549.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TX ATRIAL FIB PULM VEIN ISOL	93656	CPT	both			52982	31237.13	Horizon	NJ Health		1546.29				1546.29	50549.82	fee schedule	
TX ATRIAL FIB PULM VEIN ISOL	93656	CPT	both			52982	31237.13	Horizon	Medicare Blue		27162.72				1546.29	50549.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TX ATRIAL FIB PULM VEIN ISOL	93656	CPT	both			52982	31237.13	Horizon	MGD		50549.82				1546.29	50549.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TX ATRIAL FIB PULM VEIN ISOL	93656	CPT	both			52982	31237.13	Horizon	PPO		50549.82				1546.29	50549.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
TX ATRIAL FIB PULM VEIN ISOL	93656	CPT	both			52982		31237.13	Managed Care Inc	Managed Care Inc	47683.8	90			1546.29	50549.82	percent of total billed charges	
TX ATRIAL FIB PULM VEIN ISOL	93656	CPT	both			52982		31237.13	Multiplan	Multiplan	42385.6	80			1546.29	50549.82	percent of total billed charges	
TX ATRIAL FIB PULM VEIN ISOL	93656	CPT	both			52982		31237.13	Qualcare	Qualcare	39736.5	75			1546.29	50549.82	percent of total billed charges	
TX ATRIAL FIB PULM VEIN ISOL	93656	CPT	both			52982		31237.13	Three Rivers	Three Rivers	50332.9	95			1546.29	50549.82	percent of total billed charges	
TX ATRIAL FIB PULM VEIN ISOL	93656	CPT	both			52982		31237.13	UHC	Medicaid	16715.82	31.55			1546.29	50549.82	percent of total billed charges	
TX ATRIAL FIB PULM VEIN ISOL	93656	CPT	both			52982		31237.13	UHC	Medicare	27162.72				1546.29	50549.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TX ATRIAL FIB PULM VEIN ISOL	93656	CPT	both			52982		31237.13	United	CommercialPPO	6197				1546.29	50549.82	case rate	
TX ATRIAL FIB PULM VEIN ISOL	93656	CPT	both			52982		31237.13	United	Oxford	6197				1546.29	50549.82	case rate	
TX ATRIAL FIB PULM VEIN ISOL	93656	CPT	both			52982		31237.13	Wellcare	Medicare	27162.72				1546.29	50549.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TX ATRIAL FIB PULM VEIN ISOL	93656	CPT	both			52982		31237.13	Wellcare	Medicaid	16715.82	31.55			1546.29	50549.82	percent of total billed charges	
TX ATRIAL FIB PULM VEIN ISOL	93656	CPT	both			52982		31237.13	WellPoint	WellPoint	17049.61	32.18			1546.29	50549.82	percent of total billed charges	
INTRACARDIAC CATHETER ABLATION OF AF	93657	CPT	both			47685			Aetna	Commercial	18120.3	38			579.63	45300.75	percent of total billed charges	
INTRACARDIAC CATHETER ABLATION OF AF	93657	CPT	both			47685			Aetna	Better Health	15044.62	31.55			579.63	45300.75	percent of total billed charges	
INTRACARDIAC CATHETER ABLATION OF AF	93657	CPT	both			47685			Aetna	Medicare	14686.98	30.8			579.63	45300.75	percent of total billed charges	
INTRACARDIAC CATHETER ABLATION OF AF	93657	CPT	both			47685			Americare	Americare	35763.75	75			579.63	45300.75	percent of total billed charges	
INTRACARDIAC CATHETER ABLATION OF AF	93657	CPT	both			47685			Amerihealth	HMO/PPO	30995.25	65			579.63	45300.75	percent of total billed charges	
INTRACARDIAC CATHETER ABLATION OF AF	93657	CPT	both			47685			Consumer	Consumer	45300.75	95			579.63	45300.75	percent of total billed charges	
INTRACARDIAC CATHETER ABLATION OF AF	93657	CPT	both			47685			Corrections	Corrections	38148	80			579.63	45300.75	percent of total billed charges	
INTRACARDIAC CATHETER ABLATION OF AF	93657	CPT	both			47685			First Health	First Health	33379.5	70			579.63	45300.75	percent of total billed charges	
INTRACARDIAC CATHETER ABLATION OF AF	93657	CPT	both			47685			First Trenton	First Trenton	42916.5	90			579.63	45300.75	percent of total billed charges	
INTRACARDIAC CATHETER ABLATION OF AF	93657	CPT	both			47685			Horizon	MGD	18253.82	38.28			579.63	45300.75	percent of total billed charges	
INTRACARDIAC CATHETER ABLATION OF AF	93657	CPT	both			47685			Horizon	Medicare Blue	14305.5	30			579.63	45300.75	percent of total billed charges	
INTRACARDIAC CATHETER ABLATION OF AF	93657	CPT	both			47685			Horizon	NJ Health	579.63				579.63	45300.75	fee schedule	
INTRACARDIAC CATHETER ABLATION OF AF	93657	CPT	both			47685			Horizon	PPO	18253.82	38.28			579.63	45300.75	percent of total billed charges	
INTRACARDIAC CATHETER ABLATION OF AF	93657	CPT	both			47685			Horizon	Indemnity	18253.82	38.28			579.63	45300.75	percent of total billed charges	
INTRACARDIAC CATHETER ABLATION OF AF	93657	CPT	both			47685			Managed Care Inc	Managed Care Inc	42916.5	90			579.63	45300.75	percent of total billed charges	
INTRACARDIAC CATHETER ABLATION OF AF	93657	CPT	both			47685			Multiplan	Multiplan	38148	80			579.63	45300.75	percent of total billed charges	
INTRACARDIAC CATHETER ABLATION OF AF	93657	CPT	both			47685			Qualcare	Qualcare	35763.75	75			579.63	45300.75	percent of total billed charges	
INTRACARDIAC CATHETER ABLATION OF AF	93657	CPT	both			47685			Three Rivers	Three Rivers	45300.75	95			579.63	45300.75	percent of total billed charges	
INTRACARDIAC CATHETER ABLATION OF AF	93657	CPT	both			47685			UHC	Medicaid	15044.62	31.55			579.63	45300.75	percent of total billed charges	
INTRACARDIAC CATHETER ABLATION OF AF	93657	CPT	both			47685			United	Oxford	1782				579.63	45300.75	case rate	
INTRACARDIAC CATHETER ABLATION OF AF	93657	CPT	both			47685			United	CommercialPPO	1782				579.63	45300.75	case rate	
INTRACARDIAC CATHETER ABLATION OF AF	93657	CPT	both			47685			Wellcare	Medicaid	15044.62	31.55			579.63	45300.75	percent of total billed charges	
INTRACARDIAC CATHETER ABLATION OF AF	93657	CPT	both			47685			WellPoint	WellPoint	15345.03	32.18			579.63	45300.75	percent of total billed charges	
TILT TABLE	93660	CPT	both			2353		704.94	Aetna	Better Health	742.37	31.55			612.99	2235.35	percent of total billed charges	
TILT TABLE	93660	CPT	both			2353		704.94	Aetna	Commercial	975.88				612.99	2235.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TILT TABLE	93660	CPT	both			2353		704.94	Aetna	Medicare	724.72	30.8			612.99	2235.35	percent of total billed charges	
TILT TABLE	93660	CPT	both			2353		704.94	Americare	Americare	1764.75	75			612.99	2235.35	percent of total billed charges	
TILT TABLE	93660	CPT	both			2353		704.94	Amerihealth	Medicare	612.99				612.99	2235.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TILT TABLE	93660	CPT	both			2353		704.94	Amerihealth	HMO/PPO	1529.45	65			612.99	2235.35	percent of total billed charges	
TILT TABLE	93660	CPT	both			2353		704.94	Consumer	Consumer	2235.35	95			612.99	2235.35	percent of total billed charges	
TILT TABLE	93660	CPT	both			2353		704.94	Corrections	Corrections	1882.4	80			612.99	2235.35	percent of total billed charges	
TILT TABLE	93660	CPT	both			2353		704.94	First Health	First Health	1647.1	70			612.99	2235.35	percent of total billed charges	
TILT TABLE	93660	CPT	both			2353		704.94	First Trenton	First Trenton	2117.7	90			612.99	2235.35	percent of total billed charges	
TILT TABLE	93660	CPT	both			2353		704.94	Horizon	Indemnity	1140.77				612.99	2235.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TILT TABLE	93660	CPT	both			2353		704.94	Horizon	Medicare Blue	612.99				612.99	2235.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TILT TABLE	93660	CPT	both			2353		704.94	Horizon	MGD	1140.77				612.99	2235.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TILT TABLE	93660	CPT	both			2353		704.94	Horizon	NJ Health	1498.14				612.99	2235.35	fee schedule	
TILT TABLE	93660	CPT	both			2353		704.94	Horizon	PPO	1140.77				612.99	2235.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TILT TABLE	93660	CPT	both			2353		704.94	Managed Care Inc	Managed Care Inc	2117.7	90			612.99	2235.35	percent of total billed charges	
TILT TABLE	93660	CPT	both			2353		704.94	Multiplan	Multiplan	1882.4	80			612.99	2235.35	percent of total billed charges	
TILT TABLE	93660	CPT	both			2353		704.94	Qualcare	Qualcare	1764.75	75			612.99	2235.35	percent of total billed charges	
TILT TABLE	93660	CPT	both			2353		704.94	Three Rivers	Three Rivers	2235.35	95			612.99	2235.35	percent of total billed charges	
TILT TABLE	93660	CPT	both			2353		704.94	UHC	Medicaid	742.37	31.55			612.99	2235.35	percent of total billed charges	
TILT TABLE	93660	CPT	both			2353		704.94	UHC	Medicare	612.99				612.99	2235.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TILT TABLE	93660	CPT	both			2353		704.94	United	Oxford	1782				612.99	2235.35	case rate	
TILT TABLE	93660	CPT	both			2353		704.94	United	CommercialPPO	1782				612.99	2235.35	case rate	
TILT TABLE	93660	CPT	both			2353		704.94	Wellcare	Medicare	612.99				612.99	2235.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TILT TABLE	93660	CPT	both			2353		704.94	Wellcare	Medicaid	742.37	31.55			612.99	2235.35	percent of total billed charges	
TILT TABLE	93660	CPT	both			2353		704.94	WellPoint	WellPoint	757.2	32.18			612.99	2235.35	percent of total billed charges	
INTRACARDIAC ECHOCARDIOGRAPHY(ICE)	93662	CPT	both			39646			Aetna	Better Health	12508.31	31.55			459.36	37663.7	percent of total billed charges	
INTRACARDIAC ECHOCARDIOGRAPHY(ICE)	93662	CPT	both			39646			Aetna	Commercial	15065.48	38			459.36	37663.7	percent of total billed charges	
INTRACARDIAC ECHOCARDIOGRAPHY(ICE)	93662	CPT	both			39646			Aetna	Medicare	12210.97	30.8			459.36	37663.7	percent of total billed charges	
INTRACARDIAC ECHOCARDIOGRAPHY(ICE)	93662	CPT	both			39646			Americare	Americare	29734.5	75			459.36	37663.7	percent of total billed charges	
INTRACARDIAC ECHOCARDIOGRAPHY(ICE)	93662	CPT	both			39646			Amerihealth	HMO/PPO	25769.9	65			459.36	37663.7	percent of total billed charges	
INTRACARDIAC ECHOCARDIOGRAPHY(ICE)	93662	CPT	both			39646			Consumer	Consumer	37663.7	95			459.36	37663.7	percent of total billed charges	
INTRACARDIAC ECHOCARDIOGRAPHY(ICE)	93662	CPT	both			39646			Corrections	Corrections	31716.8	80			459.36	37663.7	percent of total billed charges	
INTRACARDIAC ECHOCARDIOGRAPHY(ICE)	93662	CPT	both			39646			First Health	First Health	27752.2	70			459.36	37663.7	percent of total billed charges	
INTRACARDIAC ECHOCARDIOGRAPHY(ICE)	93662	CPT	both			39646			First Trenton	First Trenton	35681.4	90			459.36	37663.7	percent of total billed charges	
INTRACARDIAC ECHOCARDIOGRAPHY(ICE)	93662	CPT	both			39646			Horizon	Indemnity	15176.49	38.28			459.36	37663.7	percent of total billed charges	
INTRACARDIAC ECHOCARDIOGRAPHY(ICE)	93662	CPT	both			39646			Horizon	MGD	15176.49	38.28			459.36	37663.7	percent of total billed charges	
INTRACARDIAC ECHOCARDIOGRAPHY(ICE)	93662	CPT	both			39646			Horizon	Medicare Blue	11893.8	30			459.36	37663.7	percent of total billed charges	
INTRACARDIAC ECHOCARDIOGRAPHY(ICE)	93662	CPT	both			39646			Horizon	NJ Health	459.36				459.36	37663.7	fee schedule	
INTRACARDIAC ECHOCARDIOGRAPHY(ICE)	93662	CPT	both			39646			Horizon	PPO	15176.49	38.28			459.36	37663.7	percent of total billed charges	
INTRACARDIAC ECHOCARDIOGRAPHY(ICE)	93662	CPT	both			39646			Managed Care Inc	Managed Care Inc	35681.4	90			459.36	37663.7	percent of total billed charges	
INTRACARDIAC ECHOCARDIOGRAPHY(ICE)	93662	CPT	both			39646			Multiplan	Multiplan	31716.8	80			459.36	37663.7	percent of total billed charges	
INTRACARDIAC ECHOCARDIOGRAPHY(ICE)	93662	CPT	both			39646			Qualcare	Qualcare	29734.5	75			459.36	37663.7	percent of total billed charges	
INTRACARDIAC ECHOCARDIOGRAPHY(ICE)	93662	CPT	both			39646			Three Rivers	Three Rivers	37663.7	95			459.36	37663.7	percent of total billed charges	
INTRACARDIAC ECHOCARDIOGRAPHY(ICE)	93662	CPT	both			39646			UHC	Medicaid	12508.31	31.55			459.36	37663.7	percent of total billed charges	
INTRACARDIAC ECHOCARDIOGRAPHY(ICE)	93662	CPT	both			39646			United	Oxford	1782				459.36	37663.7	case rate	
INTRACARDIAC ECHOCARDIOGRAPHY(ICE)	93662	CPT	both			39646			United	CommercialPPO	1782				459.36	37663.7	case rate	
INTRACARDIAC ECHOCARDIOGRAPHY(ICE)	93662	CPT	both			39646			Wellcare	Medicaid	12508.31	31.55			459.36	37663.7	percent of total billed charges	
INTRACARDIAC ECHOCARDIOGRAPHY(ICE)	93662	CPT	both			39646			WellPoint	WellPoint	12758.08	32.18			459.36	37663.7	percent of total billed charges	
ANALYSIS ANTITACHY PPM	93724	CPT	outpatient			1102		392.84	Aetna	Better Health	347.68	31.55			341.6	1046.9	percent of total billed charges	
ANALYSIS ANTITACHY PPM	93724	CPT	outpatient			1102		392.84	Aetna	Commercial	543.83				341.6	1046.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANALYSIS ANTITACHY PPM	93724	CPT	outpatient			1102		392.84	Aetna	Medicare	341.6				341.6	1046.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANALYSIS ANTITACHY PPM	93724	CPT	outpatient			1102		392.84	Americare	Americare	826.5	75			341.6	1046.9	percent of total billed charges	
ANALYSIS ANTITACHY PPM	93724	CPT	outpatient			1102		392.84	Amerihealth	HMO/PPO	716.3	65			341.6	1046.9	percent of total billed charges	
ANALYSIS ANTITACHY PPM	93724	CPT	outpatient			1102		392.84	Amerihealth	Medicare	341.6				341.6	1046.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANALYSIS ANTITACHY PPM	93724	CPT	outpatient			1102		392.84	Consumer	Consumer	1046.9	95			341.6	1046.9	percent of total billed charges	
ANALYSIS ANTITACHY PPM	93724	CPT	outpatient			1102		392.84	Corrections	Corrections	881.6	80			341.6	1046.9	percent of total billed charges	
ANALYSIS ANTITACHY PPM	93724	CPT	outpatient			1102		392.84	First Health	First Health	771.4	70			341.6	1046.9	percent of total billed charges	
ANALYSIS ANTITACHY PPM	93724	CPT	outpatient			1102		392.84	First Trenton	First Trenton	991.8	90			341.6	1046.9	percent of total billed charges	
ANALYSIS ANTITACHY PPM	93724	CPT	outpatient			1102		392.84	Horizon	MGD	635.72				341.6	1046.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANALYSIS ANTITACHY PPM	93724	CPT	outpatient			1102		392.84	Horizon	Indemnity	635.72				341.6	1046.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANALYSIS ANTITACHY PPM	93724	CPT	outpatient			1102		392.84	Horizon	PPO	635.72				341.6	1046.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANALYSIS ANTITACHY PPM	93724	CPT	outpatient			1102		392.84	Horizon	Medicare Blue	341.6				341.6	1046.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANALYSIS ANTITACHY PPM	93724	CPT	outpatient			1102		392.84	Horizon	NJ Health	439.81				341.6	1046.9	fee schedule	
ANALYSIS ANTITACHY PPM	93724	CPT	outpatient			1102		392.84	Managed Care Inc	Managed Care Inc	991.8	90			341.6	1046.9	percent of total billed charges	
ANALYSIS ANTITACHY PPM	93724	CPT	outpatient			1102		392.84	Multiplan	Multiplan	881.6	80			341.6	1046.9	percent of total billed charges	
ANALYSIS ANTITACHY PPM	93724	CPT	outpatient			1102		392.84	Qualcare	Qualcare	826.5	75			341.6	1046.9	percent of total billed charges	
ANALYSIS ANTITACHY PPM	93724	CPT	outpatient			1102		392.84	Three Rivers	Three Rivers	1046.9	95			341.6	1046.9	percent of total billed charges	
ANALYSIS ANTITACHY PPM	93724	CPT	outpatient			1102		392.84	UHC	Medicaid	347.68	31.55			341.6	1046.9	percent of total billed charges	
ANALYSIS ANTITACHY PPM	93724	CPT	outpatient			1102		392.84	UHC	Medicare	341.6				341.6	1046.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANALYSIS ANTITACHY PPM	93724	CPT	outpatient			1102		392.84	Wellcare	Medicaid	347.68	31.55			341.6	1046.9	percent of total billed charges	
ANALYSIS ANTITACHY PPM	93724	CPT	outpatient			1102		392.84	Wellcare	Medicare	341.6				341.6	1046.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANALYSIS ANTITACHY PPM	93724	CPT	outpatient			1102		392.84	WellPoint	WellPoint	354.62	32.18			341.6	1046.9	percent of total billed charges	
INTER VAD IN PERSON	93750	CPT	outpatient			365		127.32	Aetna	Commercial	176.25				78.33	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTER VAD IN PERSON	93750	CPT	outpatient			365		127.32	Aetna	Better Health	115.16	31.55			78.33	1782	percent of total billed charges	
INTER VAD IN PERSON	93750	CPT	outpatient			365		127.32	Aetna	Medicare	110.71				78.33	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTER VAD IN PERSON	93750	CPT	outpatient			365		127.32	Americare	Americare	273.75	75			78.33	1782	percent of total billed charges	
INTER VAD IN PERSON	93750	CPT	outpatient			365		127.32	Amerihealth	HMO/PPO	237.25	65			78.33	1782	percent of total billed charges	
INTER VAD IN PERSON	93750	CPT	outpatient			365		127.32	Amerihealth	Medicare	110.71				78.33	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTER VAD IN PERSON	93750	CPT	outpatient			365		127.32	Consumer	Consumer	346.75	95			78.33	1782	percent of total billed charges	
INTER VAD IN PERSON	93750	CPT	outpatient			365		127.32	Corrections	Corrections	292	80			78.33	1782	percent of total billed charges	
INTER VAD IN PERSON	93750	CPT	outpatient			365		127.32	First Health	First Health	255.5	70			78.33	1782	percent of total billed charges	
INTER VAD IN PERSON	93750	CPT	outpatient			365		127.32	First Trenton	First Trenton	328.5	90			78.33	1782	percent of total billed charges	
INTER VAD IN PERSON	93750	CPT	outpatient			365		127.32	Horizon	Indemnity	206.03				78.33	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTER VAD IN PERSON	93750	CPT	outpatient			365		127.32	Horizon	Medicare Blue	110.71				78.33	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTER VAD IN PERSON	93750	CPT	outpatient			365		127.32	Horizon	NJ Health	78.33				78.33	1782	fee schedule	
INTER VAD IN PERSON	93750	CPT	outpatient			365		127.32	Horizon	MGD	206.03				78.33	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTER VAD IN PERSON	93750	CPT	outpatient			365		127.32	Horizon	PPO	206.03				78.33	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTER VAD IN PERSON	93750	CPT	outpatient			365		127.32	Managed Care Inc	Managed Care Inc	328.5	90			78.33	1782	percent of total billed charges	
INTER VAD IN PERSON	93750	CPT	outpatient			365		127.32	Multiplan	Multiplan	292	80			78.33	1782	percent of total billed charges	
INTER VAD IN PERSON	93750	CPT	outpatient			365		127.32	Qualcare	Qualcare	273.75	75			78.33	1782	percent of total billed charges	
INTER VAD IN PERSON	93750	CPT	outpatient			365		127.32	Three Rivers	Three Rivers	346.75	95			78.33	1782	percent of total billed charges	
INTER VAD IN PERSON	93750	CPT	outpatient			365		127.32	UHC	Medicaid	115.16	31.55			78.33	1782	percent of total billed charges	
INTER VAD IN PERSON	93750	CPT	outpatient			365		127.32	UHC	Medicare	110.71				78.33	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTER VAD IN PERSON	93750	CPT	outpatient			365		127.32	United	CommercialPPO	1782				78.33	1782	case rate	
INTER VAD IN PERSON	93750	CPT	outpatient			365		127.32	United	Oxford	1782				78.33	1782	case rate	
INTER VAD IN PERSON	93750	CPT	outpatient			365		127.32	Wellcare	Medicare	110.71				78.33	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTER VAD IN PERSON	93750	CPT	outpatient			365		127.32	Wellcare	Medicaid	115.16	31.55			78.33	1782	percent of total billed charges	
INTER VAD IN PERSON	93750	CPT	outpatient			365		127.32	WellPoint	WellPoint	117.46	32.18			78.33	1782	percent of total billed charges	
CARDIAC REHAB W/O ECG	93797	CPT	outpatient			462		173.79	Aetna	Better Health	145.76	31.55			145.76	438.9	percent of total billed charges	
CARDIAC REHAB W/O ECG	93797	CPT	outpatient			462		173.79	Aetna	Commercial	240.58				145.76	438.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARDIAC REHAB W/O ECG	93797	CPT	outpatient			462		173.79	Aetna	Medicare	151.12				145.76	438.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARDIAC REHAB W/O ECG	93797	CPT	outpatient			462		173.79	Americare	Americare	346.5	75			145.76	438.9	percent of total billed charges	
CARDIAC REHAB W/O ECG	93797	CPT	outpatient			462		173.79	Amerihealth	Medicare	151.12				145.76	438.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARDIAC REHAB W/O ECG	93797	CPT	outpatient			462		173.79	Amerihealth	HMO/PPO	300.3	65			145.76	438.9	percent of total billed charges	
CARDIAC REHAB W/O ECG	93797	CPT	outpatient			462		173.79	Consumer	Consumer	438.9	95			145.76	438.9	percent of total billed charges	
CARDIAC REHAB W/O ECG	93797	CPT	outpatient			462		173.79	Corrections	Corrections	369.6	80			145.76	438.9	percent of total billed charges	
CARDIAC REHAB W/O ECG	93797	CPT	outpatient			462		173.79	First Health	First Health	323.4	70			145.76	438.9	percent of total billed charges	
CARDIAC REHAB W/O ECG	93797	CPT	outpatient			462		173.79	First Trenton	First Trenton	415.8	90			145.76	438.9	percent of total billed charges	
CARDIAC REHAB W/O ECG	93797	CPT	outpatient			462		173.79	Horizon	Indemnity	281.23				145.76	438.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARDIAC REHAB W/O ECG	93797	CPT	outpatient			462		173.79	Horizon	MGD	281.23				145.76	438.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARDIAC REHAB W/O ECG	93797	CPT	outpatient			462		173.79	Horizon	PPO	281.23				145.76	438.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARDIAC REHAB W/O ECG	93797	CPT	outpatient			462		173.79	Horizon	NJ Health	219.24				145.76	438.9	fee schedule	
CARDIAC REHAB W/O ECG	93797	CPT	outpatient			462		173.79	Horizon	Medicare Blue	151.12				145.76	438.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CARDIAC REHAB W/O ECG	93797	CPT	outpatient			462	173.79	Managed Care Inc	Managed Care Inc		415.8	90			145.76	438.9	percent of total billed charges	
CARDIAC REHAB W/O ECG	93797	CPT	outpatient			462	173.79	Multiplan	Multiplan		369.6	80			145.76	438.9	percent of total billed charges	
CARDIAC REHAB W/O ECG	93797	CPT	outpatient			462	173.79	Qualcare	Qualcare		346.5	75			145.76	438.9	percent of total billed charges	
CARDIAC REHAB W/O ECG	93797	CPT	outpatient			462	173.79	Three Rivers	Three Rivers		438.9	95			145.76	438.9	percent of total billed charges	
CARDIAC REHAB W/O ECG	93797	CPT	outpatient			462	173.79	UHC	Medicare		151.12				145.76	438.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARDIAC REHAB W/O ECG	93797	CPT	outpatient			462	173.79	UHC	Medicaid		145.76	31.55			145.76	438.9	percent of total billed charges	
CARDIAC REHAB W/O ECG	93797	CPT	outpatient			462	173.79	Wellcare	Medicare		151.12				145.76	438.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARDIAC REHAB W/O ECG	93797	CPT	outpatient			462	173.79	Wellcare	Medicaid		145.76	31.55			145.76	438.9	percent of total billed charges	
CARDIAC REHAB W/O ECG	93797	CPT	outpatient			462	173.79	WellPoint	WellPoint		148.67	32.18			145.76	438.9	percent of total billed charges	
CARDIAC REHAB W/ECG	93798	CPT	outpatient			408	173.79	Aetna	Commercial		240.58				128.72	387.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARDIAC REHAB W/ECG	93798	CPT	outpatient			408	173.79	Aetna	Medicare		151.12				128.72	387.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARDIAC REHAB W/ECG	93798	CPT	outpatient			408	173.79	Aetna	Better Health		128.72	31.55			128.72	387.6	percent of total billed charges	
CARDIAC REHAB W/ECG	93798	CPT	outpatient			408	173.79	Americare	Americare		306	75			128.72	387.6	percent of total billed charges	
CARDIAC REHAB W/ECG	93798	CPT	outpatient			408	173.79	Amerihealth	HMO/PPO		265.2	65			128.72	387.6	percent of total billed charges	
CARDIAC REHAB W/ECG	93798	CPT	outpatient			408	173.79	Amerihealth	Medicare		151.12				128.72	387.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARDIAC REHAB W/ECG	93798	CPT	outpatient			408	173.79	Consumer	Consumer		387.6	95			128.72	387.6	percent of total billed charges	
CARDIAC REHAB W/ECG	93798	CPT	outpatient			408	173.79	Corrections	Corrections		326.4	80			128.72	387.6	percent of total billed charges	
CARDIAC REHAB W/ECG	93798	CPT	outpatient			408	173.79	First Health	First Health		285.6	70			128.72	387.6	percent of total billed charges	
CARDIAC REHAB W/ECG	93798	CPT	outpatient			408	173.79	First Trentonn	First Trenton		367.2	90			128.72	387.6	percent of total billed charges	
CARDIAC REHAB W/ECG	93798	CPT	outpatient			408	173.79	Horizon	MGD		281.23				128.72	387.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARDIAC REHAB W/ECG	93798	CPT	outpatient			408	173.79	Horizon	Indemnity		281.23				128.72	387.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARDIAC REHAB W/ECG	93798	CPT	outpatient			408	173.79	Horizon	PPO		281.23				128.72	387.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARDIAC REHAB W/ECG	93798	CPT	outpatient			406	173.79	Horizon	NJ Health		177.48				128.72	387.6	fee schedule	
CARDIAC REHAB W/ECG	93798	CPT	outpatient			408	173.79	Horizon	Medicare Blue		151.12				128.72	387.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARDIAC REHAB W/ECG	93798	CPT	outpatient			408	173.79	Managed Care Inc	Managed Care Inc		367.2	90			128.72	387.6	percent of total billed charges	
CARDIAC REHAB W/ECG	93798	CPT	outpatient			408	173.79	Multiplan	Multiplan		326.4	80			128.72	387.6	percent of total billed charges	
CARDIAC REHAB W/ECG	93798	CPT	outpatient			408	173.79	Qualcare	Qualcare		306	75			128.72	387.6	percent of total billed charges	
CARDIAC REHAB W/ECG	93798	CPT	outpatient			408	173.79	Three Rivers	Three Rivers		387.6	95			128.72	387.6	percent of total billed charges	
CARDIAC REHAB W/ECG	93798	CPT	outpatient			408	173.79	UHC	Medicaid		128.72	31.55			128.72	387.6	percent of total billed charges	
CARDIAC REHAB W/ECG	93798	CPT	outpatient			408	173.79	UHC	Medicare		151.12				128.72	387.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARDIAC REHAB W/ECG	93798	CPT	outpatient			408	173.79	Wellcare	Medicare		151.12				128.72	387.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARDIAC REHAB W/ECG	93798	CPT	outpatient			408	173.79	Wellcare	Medicaid		128.72	31.55			128.72	387.6	percent of total billed charges	
CARDIAC REHAB W/ECG	93798	CPT	outpatient			408	173.79	WellPoint	WellPoint		131.29	32.18			128.72	387.6	percent of total billed charges	
REP.OF IMPLACID PUL.GEN/OR LEADS	93799	CPT	both			6442	205.45	Aetna	Commercial		284.41				109.48	6119.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP.OF IMPLACID PUL.GEN/OR LEADS	93799	CPT	both			6442	205.45	Aetna	Better Health		2032.45	31.55			109.48	6119.9	percent of total billed charges	
REP.OF IMPLACID PUL.GEN/OR LEADS	93799	CPT	both			6442	205.45	Aetna	Medicare		178.65				109.48	6119.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP.OF IMPLACID PUL.GEN/OR LEADS	93799	CPT	both			6442	205.45	Americare	Americare		4831.5	75			109.48	6119.9	percent of total billed charges	
REP.OF IMPLACID PUL.GEN/OR LEADS	93799	CPT	both			6442	205.45	Amerihealth	HMO/PPO		4187.3	65			109.48	6119.9	percent of total billed charges	
REP.OF IMPLACID PUL.GEN/OR LEADS	93799	CPT	both			6442	205.45	Amerihealth	Medicare		178.65				109.48	6119.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP.OF IMPLACID PUL.GEN/OR LEADS	93799	CPT	both			6442	205.45	Consumer	Consumer		6119.9	95			109.48	6119.9	percent of total billed charges	
REP.OF IMPLACID PUL.GEN/OR LEADS	93799	CPT	both			6442	205.45	Corrections	Corrections		5153.6	80			109.48	6119.9	percent of total billed charges	
REP.OF IMPLACID PUL.GEN/OR LEADS	93799	CPT	both			6442	205.45	First Health	First Health		4509.4	70			109.48	6119.9	percent of total billed charges	
REP.OF IMPLACID PUL.GEN/OR LEADS	93799	CPT	both			6442	205.45	First Trentonn	First Trenton		5797.8	90			109.48	6119.9	percent of total billed charges	
REP.OF IMPLACID PUL.GEN/OR LEADS	93799	CPT	both			6442	205.45	Horizon	MGD		332.47				109.48	6119.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP.OF IMPLACID PUL.GEN/OR LEADS	93799	CPT	both			6442	205.45	Horizon	Medicare Blue		178.65				109.48	6119.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP.OF IMPLACID PUL.GEN/OR LEADS	93799	CPT	both			6442	205.45	Horizon	Indemnity		332.47				109.48	6119.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP.OF IMPLACID PUL.GEN/OR LEADS	93799	CPT	both			6442	205.45	Horizon	PPO		332.47				109.48	6119.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP.OF IMPLACID PUL.GEN/OR LEADS	93799	CPT	both			6442	205.45	Managed Care Inc	Managed Care Inc		5797.8	90			109.48	6119.9	percent of total billed charges	
REP.OF IMPLACID PUL.GEN/OR LEADS	93799	CPT	both			6442	205.45	Multiplan	Multiplan		5153.6	80			109.48	6119.9	percent of total billed charges	
REP.OF IMPLACID PUL.GEN/OR LEADS	93799	CPT	both			6442	205.45	Qualcare	Qualcare		4831.5	75			109.48	6119.9	percent of total billed charges	
REP.OF IMPLACID PUL.GEN/OR LEADS	93799	CPT	both			6442	205.45	Three Rivers	Three Rivers		6119.9	95			109.48	6119.9	percent of total billed charges	
REP.OF IMPLACID PUL.GEN/OR LEADS	93799	CPT	both			6442	205.45	UHC	Medicare		178.65				109.48	6119.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP.OF IMPLACID PUL.GEN/OR LEADS	93799	CPT	both			6442	205.45	UHC	Medicaid		2032.45	31.55			109.48	6119.9	percent of total billed charges	
REP.OF IMPLACID PUL.GEN/OR LEADS	93799	CPT	both			6442	205.45	United	Commercial|PPO		1782				109.48	6119.9	case rate	
REP.OF IMPLACID PUL.GEN/OR LEADS	93799	CPT	both			6442	205.45	United	Oxford		1782				109.48	6119.9	case rate	
REP.OF IMPLACID PUL.GEN/OR LEADS	93799	CPT	both			6442	205.45	Wellcare	Medicare		178.65				109.48	6119.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP.OF IMPLACID PUL.GEN/OR LEADS	93799	CPT	both			6442	205.45	Wellcare	Medicaid		2032.45	31.55			109.48	6119.9	percent of total billed charges	
REP.OF IMPLACID PUL.GEN/OR LEADS	93799	CPT	both			6442	205.45	WellPoint	WellPoint		2073.04	32.18			109.48	6119.9	percent of total billed charges	
US EXTRACRAN ART COMP BIL	93880	CPT	both			2427	322.28	Aetna	Medicare		280.24				269.12	2305.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US EXTRACRAN ART COMP BIL	93880	CPT	both			2427	322.28	Aetna	Commercial		446.14				269.12	2305.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US EXTRACRAN ART COMP BIL	93880	CPT	both			2427	322.28	Aetna	Better Health		765.72	31.55			269.12	2305.65	percent of total billed charges	
US EXTRACRAN ART COMP BIL	93880	CPT	both			2427	322.28	Americare	Americare		1820.25	75			269.12	2305.65	percent of total billed charges	
US EXTRACRAN ART COMP BIL	93880	CPT	both			2427	322.28	Amerihealth	Medicare		280.24				269.12	2305.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US EXTRACRAN ART COMP BIL	93880	CPT	both			2427	322.28	Amerihealth	HMO/PPO		1577.55	65			269.12	2305.65	percent of total billed charges	
US EXTRACRAN ART COMP BIL	93880	CPT	both			2427	322.28	Consumer	Consumer		2305.65	95			269.12	2305.65	percent of total billed charges	
US EXTRACRAN ART COMP BIL	93880	CPT	both			2427	322.28	Corrections	Corrections		1941.6	80			269.12	2305.65	percent of total billed charges	
US EXTRACRAN ART COMP BIL	93880	CPT	both			2427	322.28	First Health	First Health		1698.9	70			269.12	2305.65	percent of total billed charges	
US EXTRACRAN ART COMP BIL	93880	CPT	both			2427	322.28	First Trentonn	First Trenton		2184.3	90			269.12	2305.65	percent of total billed charges	
US EXTRACRAN ART COMP BIL	93880	CPT	both			2427	322.28	Horizon	PPO		521.53				269.12	2305.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US EXTRACRAN ART COMP BIL	93880	CPT	both			2427	322.28	Horizon	NJ Health		973.53				269.12	2305.65	fee schedule	
US EXTRACRAN ART COMP BIL	93880	CPT	both			2427	322.28	Horizon	Indemnity		521.53				269.12	2305.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US EXTRACRAN ART COMP BIL	93880	CPT	both			2427	322.28	Horizon	Medicare Blue		280.24				269.12	2305.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US EXTRACRAN ART COMP BIL	93880	CPT	both			2427	322.28	Horizon	MGD		521.53				269.12	2305.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US EXTRACRAN ART COMP BIL	93880	CPT	both			2427	322.28	Managed Care Inc	Managed Care Inc		2184.3	90			269.12	2305.65	percent of total billed charges	
US EXTRACRAN ART COMP BIL	93880	CPT	both			2427	322.28	Multiplan	Multiplan		1941.6	80			269.12	2305.65	percent of total billed charges	
US EXTRACRAN ART COMP BIL	93880	CPT	both			2427	322.28	Qualcare	Qualcare		1820.25	75			269.12	2305.65	percent of total billed charges	
US EXTRACRAN ART COMP BIL	93880	CPT	both			2427	322.28	Three Rivers	Three Rivers		2305.65	95			269.12	2305.65	percent of total billed charges	
US EXTRACRAN ART COMP BIL	93880	CPT	both			2427	322.28	UHC	Medicare		280.24				269.12	2305.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US EXTRACRAN ART COMP BIL	93880	CPT	both			2427	322.28	UHC	Medicaid		765.72	31.55			269.12	2305.65	percent of total billed charges	
US EXTRACRAN ART COMP BIL	93880	CPT	both			2427	322.28	Wellcare	Medicaid		765.72	31.55			269.12	2305.65	percent of total billed charges	
US EXTRACRAN ART COMP BIL	93880	CPT	both			2427	322.28	Wellcare	Medicare		280.24				269.12	2305.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US EXTRACRAN ART COMP BIL	93880	CPT	both			2427	322.28	WellPoint	WellPoint		781.01	32.18			269.12	2305.65	percent of total billed charges	
UNILATERAL OR LIMITED CAROTID DUPLEX	93882	CPT	inpatient			1622	144.6	Aetna	Commercial		200.18				123.05	1540.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNILATERAL OR LIMITED CAROTID DUPLEX	93882	CPT	inpatient			1622	144.6	Aetna	Better Health		511.74	31.55			123.05	1540.9	percent of total billed charges	
UNILATERAL OR LIMITED CAROTID DUPLEX	93882	CPT	inpatient			1622	144.6	Aetna	Medicare		125.74				123.05	1540.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNILATERAL OR LIMITED CAROTID DUPLEX	93882	CPT	inpatient			1622	144.6	Americare	Americare		1216.5	75			123.05	1540.9	percent of total billed charges	
UNILATERAL OR LIMITED CAROTID DUPLEX	93882	CPT	inpatient			1622	144.6	Amerihealth	Medicare		125.74				123.05	1540.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNILATERAL OR LIMITED CAROTID DUPLEX	93882	CPT	inpatient			1622	144.6	Amerihealth	HMO/PPO		1054.3	65			123.05	1540.9	percent of total billed charges	
UNILATERAL OR LIMITED CAROTID DUPLEX	93882	CPT	inpatient			1622	144.6	Consumer	Consumer		1540.9	95			123.05	1540.9	percent of total billed charges	
UNILATERAL OR LIMITED CAROTID DUPLEX	93882	CPT	inpatient			1622	144.6	Corrections	Corrections		1297.6	80			123.05	1540.9	percent of total billed charges	
UNILATERAL OR LIMITED CAROTID DUPLEX	93882	CPT	inpatient			1622	144.6	First Health	First Health		1135.4	70			123.05	1540.9	percent of total billed charges	
UNILATERAL OR LIMITED CAROTID DUPLEX	93882	CPT	inpatient			1622	144.6	First Trentonn	First Trenton		1459.8	90			123.05	1540.9	percent of total billed charges	
UNILATERAL OR LIMITED CAROTID DUPLEX	93882	CPT	inpatient			1622	144.6	Horizon	MGD		234				123.05	1540.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNILATERAL OR LIMITED CAROTID DUPLEX	93882	CPT	inpatient			1622	144.6	Horizon	Indemnity		234				123.05	1540.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNILATERAL OR LIMITED CAROTID DUPLEX	93882	CPT	inpatient			1622	144.6	Horizon	NJ Health		251.95				123.05	1540.9	fee schedule	
UNILATERAL OR LIMITED CAROTID DUPLEX	93882	CPT	inpatient			1622	144.6	Horizon	Medicare Blue		125.74				123.05	1540.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNILATERAL OR LIMITED CAROTID DUPLEX	93882	CPT	inpatient			1622	144.6	Horizon	PPO		234				123.05	1540.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNILATERAL OR LIMITED CAROTID DUPLEX	93882	CPT	inpatient			1622	144.6	Managed Care Inc	Managed Care Inc		1459.8	90			123.05	1540.9	percent of total billed charges	
UNILATERAL OR LIMITED CAROTID DUPLEX	93882	CPT	inpatient			1622	144.6	Multiplan	Multiplan		1297.6	80			123.05	1540.9	percent of total billed charges	
UNILATERAL OR LIMITED CAROTID DUPLEX	93882	CPT	inpatient			1622	144.6	Qualcare	Qualcare		1216.5	75			123.05	1540.9	percent of total billed charges	
UNILATERAL OR LIMITED CAROTID DUPLEX	93882	CPT	inpatient			1622	144.6	Three Rivers	Three Rivers		1540.9	95			123.05	1540.9	percent of total billed charges	
UNILATERAL OR LIMITED CAROTID DUPLEX	93882	CPT	inpatient			1622	144.6	UHC	Medicare		125.74				123.05	1540.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNILATERAL OR LIMITED CAROTID DUPLEX	93882	CPT	inpatient			1622	144.6	UHC	Medicaid		511.74	31.55			123.05	1540.9	percent of total billed charges	
UNILATERAL OR LIMITED CAROTID DUPLEX	93882	CPT	inpatient			1622	144.6	Wellcare	Medicare		125.74				123.05	1540.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNILATERAL OR LIMITED CAROTID DUPLEX	93882	CPT	inpatient			1622	144.6	Wellcare	Medicaid		511.74	31.55			123.05	1540.9	percent of total billed charges	
UNILATERAL OR LIMITED CAROTID DUPLEX	93882	CPT	inpatient			1622	144.6	WellPoint	WellPoint		521.96	32.18			123.05	1540.9	percent of total billed charges	
TRANSCRANIAL INTRACRANIAL ARTERIES	93886	CPT	inpatient			1905	322.28	Aetna	Better Health		601.03	31.55			280.24	1809.75	percent of total billed charges	
TRANSCRANIAL INTRACRANIAL ARTERIES	93886	CPT	inpatient			1905	322.28	Aetna	Commercial		446.14				280.24	1809.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSCRANIAL INTRACRANIAL ARTERIES	93886	CPT	inpatient			1905	322.28	Aetna	Medicare		280.24				280.24	1809.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSCRANIAL INTRACRANIAL ARTERIES	93886	CPT	inpatient			1905	322.28	Americare	Americare		1428.75	75			280.24	1809.75	percent of total billed charges	
TRANSCRANIAL INTRACRANIAL ARTERIES	93886	CPT	inpatient			1905	322.28	Amerihealth	Medicare		280.24				280.24	1809.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSCRANIAL INTRACRANIAL ARTERIES	93886	CPT	inpatient			1905	322.28	Amerihealth	HMO/PPO		1238.25	65			280.24	1809.75	percent of total billed charges	
TRANSCRANIAL INTRACRANIAL ARTERIES	93886	CPT	inpatient			1905	322.28	Consumer	Consumer		1809.75	95			280.24	1809.75	percent of total billed charges	
TRANSCRANIAL INTRACRANIAL ARTERIES	93886	CPT	inpatient			1905	322.28	Corrections	Corrections		1524	80			280.24	1809.75	percent of total billed charges	
TRANSCRANIAL INTRACRANIAL ARTERIES	93886	CPT	inpatient			1905	322.28	First Health	First Health		1333.5	70			280.24	1809.75	percent of total billed charges	
TRANSCRANIAL INTRACRANIAL ARTERIES	93886	CPT	inpatient			1905	322.28	First Trentonn	First Trenton		1714.5	90			280.24	1809.75	percent of total billed charges	
TRANSCRANIAL INTRACRANIAL ARTERIES	93886	CPT	inpatient			1905	322.28	Horizon	Indemnity		521.53				280.24	1809.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSCRANIAL INTRACRANIAL ARTERIES	93886	CPT	inpatient			1905	322.28	Horizon	NJ Health		767.34				280.24	1809.75	fee schedule	
TRANSCRANIAL INTRACRANIAL ARTERIES	93886	CPT	inpatient			1905	322.28	Horizon	MGD		521.53				280.24	1809.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSCRANIAL INTRACRANIAL ARTERIES	93886	CPT	inpatient			1905	322.28	Horizon	Medicare Blue		280.24				280.24	1809.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSCRANIAL INTRACRANIAL ARTERIES	93886	CPT	inpatient			1905	322.28	Horizon	PPO		521.53				280.24	1809.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSCRANIAL INTRACRANIAL ARTERIES	93886	CPT	inpatient			1905	322.28	Managed Care Inc	Managed Care Inc		1714.5	90			280.24	1809.75	percent of total billed charges	
TRANSCRANIAL INTRACRANIAL ARTERIES	93886	CPT	inpatient			1905	322.28	Multiplan	Multiplan		1524	80			280.24	1809.75	percent of total billed charges	
TRANSCRANIAL INTRACRANIAL ARTERIES	93886	CPT	inpatient			1905	322.28	Qualcare	Qualcare		1428.75	75			280.24	1809.75	percent of total billed charges	
TRANSCRANIAL INTRACRANIAL ARTERIES	93886	CPT	inpatient			1905	322.28	Three Rivers	Three Rivers		1809.75	95			280.24	1809.75	percent of total billed charges	
TRANSCRANIAL INTRACRANIAL ARTERIES	93886	CPT	inpatient			1905	322.28	UHC	Medicare		280.24				280.24	1809.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSCRANIAL INTRACRANIAL ARTERIES	93886	CPT	inpatient			1905	322.28	UHC	Medicaid		601.03	31.55			280.24	1809.75	percent of total billed charges	
TRANSCRANIAL INTRACRANIAL ARTERIES	93886	CPT	inpatient			1905	322.28	Wellcare	Medicaid		601.03	31.55			280.24	1809.75	percent of total billed charges	
TRANSCRANIAL INTRACRANIAL ARTERIES	93886	CPT	inpatient			1905	322.28	Wellcare	Medicare		280.24				280.24	1809.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSCRANIAL INTRACRANIAL ARTERIES	93886	CPT	inpatient			1905	322.28	WellPoint	WellPoint		613.03	32.18			280.24	1809.75	percent of total billed charges	
TRANSCRANIAL LIMITED	93888	CPT	inpatient			1283	144.6	Aetna	Better Health		404.79	31.55			123.05	1218.85	percent of total billed charges	
TRANSCRANIAL LIMITED	93888	CPT	inpatient			1283	144.6	Aetna	Commercial		200.18				123.05	1218.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSCRANIAL LIMITED	93888	CPT	inpatient			1283	144.6	Aetna	Medicare		125.74				123.05	1218.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSCRANIAL LIMITED	93888	CPT	inpatient			1283	144.6	Americare	Americare		962.25	75			123.05	1218.85	percent of total billed charges	
TRANSCRANIAL LIMITED	93888	CPT	inpatient			1283	144.6	Amerihealth	HMO/PPO		833.95	65			123.05	1218.85	percent of total billed charges	
TRANSCRANIAL LIMITED	93888	CPT	inpatient			1283	144.6	Amerihealth	Medicare		125.74				123.05	1218.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSCRANIAL LIMITED	93888	CPT	inpatient			1283	144.6	Consumer	Consumer		1218.85	95			123.05	1218.85	percent of total billed charges	
TRANSCRANIAL LIMITED	93888	CPT	inpatient			1283	144.6	Corrections	Corrections		1026.4	80			123.05	1218.85	percent of total billed charges	
TRANSCRANIAL LIMITED	93888	CPT	inpatient			1283	144.6	First Health	First Health		898.1	70			123.05	1218.85	percent of total billed charges	
TRANSCRANIAL LIMITED	93888	CPT	inpatient			1283	144.6	First Trentonn	First Trenton		1154.7	90			123.05	1218.85	percent of total billed charges	
TRANSCRANIAL LIMITED	93888	CPT	inpatient			1283	144.6	Horizon	Medicare Blue		125.74				123.05	1218.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSCRANIAL LIMITED	93888	CPT	inpatient			1283	144.6	Horizon	PPO		234				123.05	1218.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSCRANIAL LIMITED	93888	CPT	inpatient			1283	144.6	Horizon	MGD		234				123.05	1218.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSCRANIAL LIMITED	93888	CPT	inpatient			1283	144.6	Horizon	Indemnity		234				123.05	1218.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSCRANIAL LIMITED	93888	CPT	inpatient			1283	144.6	Horizon	NJ Health		357.57				123.05	1218.85	fee schedule	
TRANSCRANIAL LIMITED	93888	CPT	inpatient			1283	144.6	Managed Care Inc	Managed Care Inc		1154.7	90			123.05	1218.85	percent of total billed charges	
TRANSCRANIAL LIMITED	93888	CPT	inpatient			1283	144.6	Multiplan	Multiplan		1026.4	80			123.05	1218.85	percent of total billed charges	
TRANSCRANIAL LIMITED	93888	CPT	inpatient			1283	144.6	Qualcare	Qualcare		962.25	75			123.05	1218.85	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101191	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
TRANSCRANIAL LIMITED	93888	CPT	inpatient			1283		144.6 Three Rivers	Three Rivers		1218.85	95			123.05	1218.85	percent of total billed charges	
TRANSCRANIAL LIMITED	93888	CPT	inpatient			1283		144.6 UHC	Medicaid		404.79	31.55			123.05	1218.85	percent of total billed charges	
TRANSCRANIAL LIMITED	93888	CPT	inpatient			1283		144.6 UHC	Medicare		125.74				123.05	1218.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSCRANIAL LIMITED	93888	CPT	inpatient			1283		144.6 Wellcare	Medicaid		404.79	31.55			123.05	1218.85	percent of total billed charges	
TRANSCRANIAL LIMITED	93888	CPT	inpatient			1283		144.6 Wellcare	Medicare		125.74				123.05	1218.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSCRANIAL LIMITED	93888	CPT	inpatient			1283		144.6 WellPoint	WellPoint		412.87	32.18			123.05	1218.85	percent of total billed charges	
TRANSCRAN DOPPLER, VASOREACT	93890	CPT	inpatient			786		322.28 Aetna	Better Health		247.98	31.55			225.9	746.7	percent of total billed charges	
TRANSCRAN DOPPLER, VASOREACT	93890	CPT	inpatient			786		322.28 Aetna	Commercial		446.14				225.9	746.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSCRAN DOPPLER, VASOREACT	93890	CPT	inpatient			786		322.28 Aetna	Medicare		280.24				225.9	746.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSCRAN DOPPLER, VASOREACT	93890	CPT	inpatient			786		322.28 Americare	Americare		589.5	75			225.9	746.7	percent of total billed charges	
TRANSCRAN DOPPLER, VASOREACT	93890	CPT	inpatient			786		322.28 Amerihealth	Medicare		280.24				225.9	746.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSCRAN DOPPLER, VASOREACT	93890	CPT	inpatient			786		322.28 Amerihealth	HMO/PPO		510.9	65			225.9	746.7	percent of total billed charges	
TRANSCRAN DOPPLER, VASOREACT	93890	CPT	inpatient			786		322.28 Consumer	Consumer		746.7	95			225.9	746.7	percent of total billed charges	
TRANSCRAN DOPPLER, VASOREACT	93890	CPT	inpatient			786		322.28 Corrections	Corrections		628.8	80			225.9	746.7	percent of total billed charges	
TRANSCRAN DOPPLER, VASOREACT	93890	CPT	inpatient			786		322.28 First Health	First Health		550.2	70			225.9	746.7	percent of total billed charges	
TRANSCRAN DOPPLER, VASOREACT	93890	CPT	inpatient			786		322.28 First Trenton	First Trenton		707.4	90			225.9	746.7	percent of total billed charges	
TRANSCRAN DOPPLER, VASOREACT	93890	CPT	inpatient			786		322.28 Horizon	MGD		521.53				225.9	746.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSCRAN DOPPLER, VASOREACT	93890	CPT	inpatient			786		322.28 Horizon	Indemnity		521.53				225.9	746.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSCRAN DOPPLER, VASOREACT	93890	CPT	inpatient			786		322.28 Horizon	Medicare Blue		280.24				225.9	746.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSCRAN DOPPLER, VASOREACT	93890	CPT	inpatient			786		322.28 Horizon	NJ Health		378.45				225.9	746.7	fee schedule	
TRANSCRAN DOPPLER, VASOREACT	93890	CPT	inpatient			786		322.28 Horizon	PPO		521.53				225.9	746.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSCRAN DOPPLER, VASOREACT	93890	CPT	inpatient			786		322.28 Managed Care Inc	Managed Care Inc		707.4	90			225.9	746.7	percent of total billed charges	
TRANSCRAN DOPPLER, VASOREACT	93890	CPT	inpatient			786		322.28 Multiplan	Multiplan		628.8	80			225.9	746.7	percent of total billed charges	
TRANSCRAN DOPPLER, VASOREACT	93890	CPT	inpatient			786		322.28 Qualcare	Qualcare		589.5	75			225.9	746.7	percent of total billed charges	
TRANSCRAN DOPPLER, VASOREACT	93890	CPT	inpatient			786		322.28 Three Rivers	Three Rivers		746.7	95			225.9	746.7	percent of total billed charges	
TRANSCRAN DOPPLER, VASOREACT	93890	CPT	inpatient			786		322.28 UHC	Medicaid		247.98	31.55			225.9	746.7	percent of total billed charges	
TRANSCRAN DOPPLER, VASOREACT	93890	CPT	inpatient			786		322.28 UHC	Medicare		280.24				225.9	746.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSCRAN DOPPLER, VASOREACT	93890	CPT	inpatient			786		322.28 Wellcare	Medicare		280.24				225.9	746.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSCRAN DOPPLER, VASOREACT	93890	CPT	inpatient			786		322.28 Wellcare	Medicaid		247.98	31.55			225.9	746.7	percent of total billed charges	
TRANSCRAN DOPPLER, VASOREACT	93890	CPT	inpatient			786		322.28 WellPoint	WellPoint		252.93	32.18			225.9	746.7	percent of total billed charges	
EMBOLI WITH OUT INJECTION	93892	CPT	inpatient			650		144.6 Aetna	Better Health		205.08	31.55			125.74	617.5	percent of total billed charges	
EMBOLI WITH OUT INJECTION	93892	CPT	inpatient			650		144.6 Aetna	Medicare		200.2	30.8			125.74	617.5	percent of total billed charges	
EMBOLI WITH OUT INJECTION	93892	CPT	inpatient			650		144.6 Aetna	Commercial		200.18				125.74	617.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMBOLI WITH OUT INJECTION	93892	CPT	inpatient			650		144.6 Americare	Americare		487.5	75			125.74	617.5	percent of total billed charges	
EMBOLI WITH OUT INJECTION	93892	CPT	inpatient			650		144.6 Amerihealth	Medicare		125.74				125.74	617.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMBOLI WITH OUT INJECTION	93892	CPT	inpatient			650		144.6 Amerihealth	HMO/PPO		422.5	65			125.74	617.5	percent of total billed charges	
EMBOLI WITH OUT INJECTION	93892	CPT	inpatient			650		144.6 Consumer	Consumer		617.5	95			125.74	617.5	percent of total billed charges	
EMBOLI WITH OUT INJECTION	93892	CPT	inpatient			650		144.6 Corrections	Corrections		520	80			125.74	617.5	percent of total billed charges	
EMBOLI WITH OUT INJECTION	93892	CPT	inpatient			650		144.6 First Health	First Health		455	70			125.74	617.5	percent of total billed charges	
EMBOLI WITH OUT INJECTION	93892	CPT	inpatient			650		144.6 First Trenton	First Trenton		585	90			125.74	617.5	percent of total billed charges	
EMBOLI WITH OUT INJECTION	93892	CPT	inpatient			650		144.6 Horizon	MGD		234				125.74	617.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMBOLI WITH OUT INJECTION	93892	CPT	inpatient			650		144.6 Horizon	Indemnity		234				125.74	617.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMBOLI WITH OUT INJECTION	93892	CPT	inpatient			650		144.6 Horizon	Medicare Blue		125.74				125.74	617.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMBOLI WITH OUT INJECTION	93892	CPT	inpatient			650		144.6 Horizon	NJ Health		365.11				125.74	617.5	fee schedule	
EMBOLI WITH OUT INJECTION	93892	CPT	inpatient			650		144.6 Horizon	PPO		234				125.74	617.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMBOLI WITH OUT INJECTION	93892	CPT	inpatient			650		144.6 Managed Care Inc	Managed Care Inc		585	90			125.74	617.5	percent of total billed charges	
EMBOLI WITH OUT INJECTION	93892	CPT	inpatient			650		144.6 Multiplan	Multiplan		520	80			125.74	617.5	percent of total billed charges	
EMBOLI WITH OUT INJECTION	93892	CPT	inpatient			650		144.6 Qualcare	Qualcare		487.5	75			125.74	617.5	percent of total billed charges	
EMBOLI WITH OUT INJECTION	93892	CPT	inpatient			650		144.6 Three Rivers	Three Rivers		617.5	95			125.74	617.5	percent of total billed charges	
EMBOLI WITH OUT INJECTION	93892	CPT	inpatient			650		144.6 UHC	Medicaid		205.08	31.55			125.74	617.5	percent of total billed charges	
EMBOLI WITH OUT INJECTION	93892	CPT	inpatient			650		144.6 UHC	Medicare		125.74				125.74	617.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMBOLI WITH OUT INJECTION	93892	CPT	inpatient			650		144.6 Wellcare	Medicare		125.74				125.74	617.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMBOLI WITH OUT INJECTION	93892	CPT	inpatient			650		144.6 Wellcare	Medicaid		205.08	31.55			125.74	617.5	percent of total billed charges	
EMBOLI WITH OUT INJECTION	93892	CPT	inpatient			650		144.6 WellPoint	WellPoint		209.17	32.18			125.74	617.5	percent of total billed charges	
EMBOLI WITH INJECTION	93893	CPT	outpatient			650		144.6 Aetna	Commercial		200.18				125.74	617.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMBOLI WITH INJECTION	93893	CPT	outpatient			650		144.6 Aetna	Medicare		125.74				125.74	617.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMBOLI WITH INJECTION	93893	CPT	outpatient			650		144.6 Aetna	Better Health		205.08	31.55			125.74	617.5	percent of total billed charges	
EMBOLI WITH INJECTION	93893	CPT	outpatient			650		144.6 Americare	Americare		487.5	75			125.74	617.5	percent of total billed charges	
EMBOLI WITH INJECTION	93893	CPT	outpatient			650		144.6 Amerihealth	HMO/PPO		422.5	65			125.74	617.5	percent of total billed charges	
EMBOLI WITH INJECTION	93893	CPT	outpatient			650		144.6 Amerihealth	Medicare		125.74				125.74	617.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMBOLI WITH INJECTION	93893	CPT	outpatient			650		144.6 Consumer	Consumer		617.5	95			125.74	617.5	percent of total billed charges	
EMBOLI WITH INJECTION	93893	CPT	outpatient			650		144.6 Corrections	Corrections		520	80			125.74	617.5	percent of total billed charges	
EMBOLI WITH INJECTION	93893	CPT	outpatient			650		144.6 First Health	First Health		455	70			125.74	617.5	percent of total billed charges	
EMBOLI WITH INJECTION	93893	CPT	outpatient			650		144.6 First Trenton	First Trenton		585	90			125.74	617.5	percent of total billed charges	
EMBOLI WITH INJECTION	93893	CPT	outpatient			650		144.6 Horizon	NJ Health		357.96				125.74	617.5	fee schedule	
EMBOLI WITH INJECTION	93893	CPT	outpatient			650		144.6 Horizon	PPO		234				125.74	617.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMBOLI WITH INJECTION	93893	CPT	outpatient			650		144.6 Horizon	Indemnity		234				125.74	617.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMBOLI WITH INJECTION	93893	CPT	outpatient			650		144.6 Horizon	Medicare Blue		125.74				125.74	617.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMBOLI WITH INJECTION	93893	CPT	outpatient			650		144.6 Horizon	MGD		234				125.74	617.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMBOLI WITH INJECTION	93893	CPT	outpatient			650		144.6 Managed Care Inc	Managed Care Inc		585	90			125.74	617.5	percent of total billed charges	
EMBOLI WITH INJECTION	93893	CPT	outpatient			650		144.6 Multiplan	Multiplan		520	80			125.74	617.5	percent of total billed charges	
EMBOLI WITH INJECTION	93893	CPT	outpatient			650		144.6 Qualcare	Qualcare		487.5	75			125.74	617.5	percent of total billed charges	
EMBOLI WITH INJECTION	93893	CPT	outpatient			650		144.6 Three Rivers	Three Rivers		617.5	95			125.74	617.5	percent of total billed charges	
EMBOLI WITH INJECTION	93893	CPT	outpatient			650		144.6 UHC	Medicaid		205.08	31.55			125.74	617.5	percent of total billed charges	
EMBOLI WITH INJECTION	93893	CPT	outpatient			650		144.6 UHC	Medicare		125.74				125.74	617.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMBOLI WITH INJECTION	93893	CPT	outpatient			650		144.6 Wellcare	Medicaid		205.08	31.55			125.74	617.5	percent of total billed charges	
EMBOLI WITH INJECTION	93893	CPT	outpatient			650		144.6 Wellcare	Medicare		125.74				125.74	617.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMBOLI WITH INJECTION	93893	CPT	outpatient			650		144.6 WellPoint	WellPoint		209.17	32.18			125.74	617.5	percent of total billed charges	
UPER/LWEREXTREMARTSINGLE/LEV,BI	93922	CPT	both			536		168 Aetna	Better Health		169.11	31.55			133.77	574.2	percent of total billed charges	
UPER/LWEREXTREMARTSINGLE/LEV,BI	93922	CPT	both			536		168 Aetna	Commercial		232.58				133.77	574.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UPER/LWEREXTREMARTSINGLE/LEV,BI	93922	CPT	both			536		168 Aetna	Medicare		146.09				133.77	574.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UPER/LWEREXTREMARTSINGLE/LEV,BI	93922	CPT	both			536		168 Americare	Americare		402	75			133.77	574.2	percent of total billed charges	
UPER/LWEREXTREMARTSINGLE/LEV,BI	93922	CPT	both			536		168 Amerihealth	Medicare		146.09				133.77	574.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UPER/LWEREXTREMARTSINGLE/LEV,BI	93922	CPT	both			536		168 Amerihealth	HMO/PPO		348.4	65			133.77	574.2	percent of total billed charges	
UPER/LWEREXTREMARTSINGLE/LEV,BI	93922	CPT	both			536		168 Consumer	Consumer		509.2	95			133.77	574.2	percent of total billed charges	
UPER/LWEREXTREMARTSINGLE/LEV,BI	93922	CPT	both			536		168 Corrections	Corrections		428.8	80			133.77	574.2	percent of total billed charges	
UPER/LWEREXTREMARTSINGLE/LEV,BI	93922	CPT	both			536		168 First Health	First Health		375.2	70			133.77	574.2	percent of total billed charges	
UPER/LWEREXTREMARTSINGLE/LEV,BI	93922	CPT	both			536		168 First Trenton	First Trenton		482.4	90			133.77	574.2	percent of total billed charges	
UPER/LWEREXTREMARTSINGLE/LEV,BI	93922	CPT	both			536		168 Horizon	MGD		271.87				133.77	574.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UPER/LWEREXTREMARTSINGLE/LEV,BI	93922	CPT	both			536		168 Horizon	Indemnity		271.87				133.77	574.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UPER/LWEREXTREMARTSINGLE/LEV,BI	93922	CPT	both			536		168 Horizon	NJ Health		574.2				133.77	574.2	fee schedule	
UPER/LWEREXTREMARTSINGLE/LEV,BI	93922	CPT	both			536		168 Horizon	Medicare Blue		146.09				133.77	574.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UPER/LWEREXTREMARTSINGLE/LEV,BI	93922	CPT	both			536		168 Horizon	PPO		271.87				133.77	574.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UPER/LWEREXTREMARTSINGLE/LEV,BI	93922	CPT	both			536		168 Managed Care Inc	Managed Care Inc		482.4	90			133.77	574.2	percent of total billed charges	
UPER/LWEREXTREMARTSINGLE/LEV,BI	93922	CPT	both			536		168 Multiplan	Multiplan		428.8	80			133.77	574.2	percent of total billed charges	
UPER/LWEREXTREMARTSINGLE/LEV,BI	93922	CPT	both			536		168 Qualcare	Qualcare		402	75			133.77	574.2	percent of total billed charges	
UPER/LWEREXTREMARTSINGLE/LEV,BI	93922	CPT	both			536		168 Three Rivers	Three Rivers		509.2	95			133.77	574.2	percent of total billed charges	
UPER/LWEREXTREMARTSINGLE/LEV,BI	93922	CPT	both			536		168 UHC	Medicaid		169.11	31.55			133.77	574.2	percent of total billed charges	
UPER/LWEREXTREMARTSINGLE/LEV,BI	93922	CPT	both			536		168 UHC	Medicare		146.09				133.77	574.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UPER/LWEREXTREMARTSINGLE/LEV,BI	93922	CPT	both			536		168 Wellcare	Medicare		146.09				133.77	574.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UPER/LWEREXTREMARTSINGLE/LEV,BI	93922	CPT	both			536		168 Wellcare	Medicaid		169.11	31.55			133.77	574.2	percent of total billed charges	
UPER/LWEREXTREMARTSINGLE/LEV,BI	93922	CPT	both			536		168 WellPoint	WellPoint		172.48	32.18			133.77	574.2	percent of total billed charges	
VAS UE SEGMENTAL PRESSURE	93923	CPT	both			1005		205.45 Aetna	Commercial		284.41				163.86	954.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VAS UE SEGMENTAL PRESSURE	93923	CPT	both			1005		205.45 Aetna	Medicare		309.54	30.8			163.86	954.75	percent of total billed charges	
VAS UE SEGMENTAL PRESSURE	93923	CPT	both			1005		205.45 Aetna	Better Health		317.08	31.55			163.86	954.75	percent of total billed charges	
VAS UE SEGMENTAL PRESSURE	93923	CPT	both			1005		205.45 Americare	Americare		753.75	75			163.86	954.75	percent of total billed charges	
VAS UE SEGMENTAL PRESSURE	93923	CPT	both			1005		205.45 Amerihealth	Medicare		178.65				163.86	954.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VAS UE SEGMENTAL PRESSURE	93923	CPT	both			1005		205.45 Amerihealth	HMO/PPO		653.25	65			163.86	954.75	percent of total billed charges	
VAS UE SEGMENTAL PRESSURE	93923	CPT	both			1005		205.45 Consumer	Consumer		954.75	95			163.86	954.75	percent of total billed charges	
VAS UE SEGMENTAL PRESSURE	93923	CPT	both			1005		205.45 Corrections	Corrections		804	80			163.86	954.75	percent of total billed charges	
VAS UE SEGMENTAL PRESSURE	93923	CPT	both			1005		205.45 First Health	First Health		703.5	70			163.86	954.75	percent of total billed charges	
VAS UE SEGMENTAL PRESSURE	93923	CPT	both			1005		205.45 First Trenton	First Trenton		904.5	90			163.86	954.75	percent of total billed charges	
VAS UE SEGMENTAL PRESSURE	93923	CPT	both			1005		205.45 Horizon	Indemnity		332.47				163.86	954.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VAS UE SEGMENTAL PRESSURE	93923	CPT	both			1005		205.45 Horizon	MGD		332.47				163.86	954.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VAS UE SEGMENTAL PRESSURE	93923	CPT	both			1005		205.45 Horizon	Medicare Blue		178.65				163.86	954.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VAS UE SEGMENTAL PRESSURE	93923	CPT	both			1005		205.45 Horizon	PPO		332.47				163.86	954.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VAS UE SEGMENTAL PRESSURE	93923	CPT	both			1005		205.45 Horizon	NJ Health		715.14				163.86	954.75	fee schedule	
VAS UE SEGMENTAL PRESSURE	93923	CPT	both			1005		205.45 Managed Care Inc	Managed Care Inc		904.5	90			163.86	954.75	percent of total billed charges	
VAS UE SEGMENTAL PRESSURE	93923	CPT	both			1005		205.45 Multiplan	Multiplan		804	80			163.86	954.75	percent of total billed charges	
VAS UE SEGMENTAL PRESSURE	93923	CPT	both			1005		205.45 Qualcare	Qualcare		753.75	75			163.86	954.75	percent of total billed charges	
VAS UE SEGMENTAL PRESSURE	93923	CPT	both			1005		205.45 Three Rivers	Three Rivers		954.75	95			163.86	954.75	percent of total billed charges	
VAS UE SEGMENTAL PRESSURE	93923	CPT	both			1005		205.45 UHC	Medicare		178.65				163.86	954.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VAS UE SEGMENTAL PRESSURE	93923	CPT	both			1005		205.45 UHC	Medicaid		317.08	31.55			163.86	954.75	percent of total billed charges	
VAS UE SEGMENTAL PRESSURE	93923	CPT	both			1005		205.45 Wellcare	Medicare		178.65				163.86	954.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VAS UE SEGMENTAL PRESSURE	93923	CPT	both			1005		205.45 Wellcare	Medicaid		317.08	31.55			163.86	954.75	percent of total billed charges	
VAS UE SEGMENTAL PRESSURE	93923	CPT	both			1005		205.45 WellPoint	WellPoint		323.41	32.18			163.86	954.75	percent of total billed charges	
U/S LOWER EXT ART AT REST RT	93924	CPT	outpatient			1089		205.45 Aetna	Commercial		284.41				172.58	1034.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
U/S LOWER EXT ART AT REST RT	93924	CPT	outpatient			1089		205.45 Aetna	Better Health		343.58	31.55			172.58	1034.55	percent of total billed charges	
U/S LOWER EXT ART AT REST RT	93924	CPT	outpatient			1089		205.45 Aetna	Medicare		178.65				172.58	1034.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
U/S LOWER EXT ART AT REST RT	93924	CPT	outpatient			1089		205.45 Americare	Americare		816.75	75			172.58	1034.55	percent of total billed charges	
U/S LOWER EXT ART AT REST RT	93924	CPT	outpatient			1089		205.45 Amerihealth	HMO/PPO		707.85	65			172.58	1034.55	percent of total billed charges	
U/S LOWER EXT ART AT REST RT	93924	CPT	outpatient			1089		205.45 Amerihealth	Medicare		178.65				172.58	1034.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
U/S LOWER EXT ART AT REST RT	93924	CPT	outpatient			1089		205.45 Consumer	Consumer		1034.55	95			172.58	1034.55	percent of total billed charges	
U/S LOWER EXT ART AT REST RT	93924	CPT	outpatient			1089		205.45 Corrections	Corrections		871.2	80			172.58	1034.55	percent of total billed charges	
U/S LOWER EXT ART AT REST RT	93924	CPT	outpatient			1089		205.45 First Health	First Health		762.3	70			172.58	1034.55	percent of total billed charges	
U/S LOWER EXT ART AT REST RT	93924	CPT	outpatient			1089		205.45 First Trenton	First Trenton		980.1	90			172.58	1034.55	percent of total billed charges	
U/S LOWER EXT ART AT REST RT	93924	CPT	outpatient			1089		205.45 Horizon	NJ Health		856.08				172.58	1034.55	fee schedule	
U/S LOWER EXT ART AT REST RT	93924	CPT	outpatient			1089		205.45 Horizon	Indemnity		332.47				172.58	1034.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
U/S LOWER EXT ART AT REST RT	93924	CPT	outpatient			1089		205.45 Horizon	MGD		332.47				172.58	1034.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
U/S LOWER EXT ART AT REST RT	93924	CPT	outpatient			1089		205.45 Horizon	Medicare Blue		178.65				172.58	1034.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
U/S LOWER EXT ART AT REST RT	93924	CPT	outpatient			1089		205.45 Horizon	PPO		332.47				172.58	1034.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
U/S LOWER EXT ART AT REST RT	93924	CPT	outpatient			1089		205.45 Managed Care Inc	Managed Care Inc		980.1	90			172.58	1034.55	percent of total billed charges	
U/S LOWER EXT ART AT REST RT	93924	CPT	outpatient			1089		205.45 Multiplan	Multiplan		871.2	80			172.58	1034.55	percent of total billed charges	
U/S LOWER EXT ART AT REST RT	93924	CPT	outpatient			1089		205.45 Qualcare	Qualcare		816.75	75			172.58	1034.55	percent of total billed charges	
U/S LOWER EXT ART AT REST RT	93924	CPT	outpatient			1089		205.45 Three Rivers	Three Rivers		1034.55	95			172.58	1034.55	percent of total billed charges	
U/S LOWER EXT ART AT REST RT	93924	CPT	outpatient			1089		205.45 UHC	Medicaid		343.58	31.55			172.58	1034.55	percent of total billed charges	
U/S LOWER EXT ART AT REST RT	93924	CPT	outpatient			1089		205.45 UHC	Medicare		178.65				172.58	1034.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
U/S LOWER EXT ART AT REST RT	93924	CPT	outpatient			1089		205.45 Wellcare	Medicare		178.65				172.58	1034.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
U/S LOWER EXT ART AT REST RT	93924	CPT	outpatient			1089	205.45	Wellcare	Medicaid		343.58	31.55			172.58	1034.55	percent of total billed charges	
U/S LOWER EXT ART AT REST RT	93924	CPT	outpatient			1089	205.45	WellPoint	WellPoint		350.44	32.18			172.58	1034.55	percent of total billed charges	
U/S LOWER EXT ART COMP RT	93925	CPT	both			1695	322.28	Aetna	Better Health		534.77	31.55			258.39	1610.25	percent of total billed charges	
U/S LOWER EXT ART COMP RT	93925	CPT	both			1695	322.28	Aetna	Commercial		446.14				258.39	1610.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
U/S LOWER EXT ART COMP RT	93925	CPT	both			1695	322.28	Aetna	Medicare		280.24				258.39	1610.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
U/S LOWER EXT ART COMP RT	93925	CPT	both			1695	322.28	Americare	Americare		1271.25	75			258.39	1610.25	percent of total billed charges	
U/S LOWER EXT ART COMP RT	93925	CPT	both			1695	322.28	Amerihealth	HMO/PPO		1101.75	65			258.39	1610.25	percent of total billed charges	
U/S LOWER EXT ART COMP RT	93925	CPT	both			1695	322.28	Amerihealth	Medicare		280.24				258.39	1610.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
U/S LOWER EXT ART COMP RT	93925	CPT	both			1695	322.28	Consumer	Consumer		1610.25	95			258.39	1610.25	percent of total billed charges	
U/S LOWER EXT ART COMP RT	93925	CPT	both			1695	322.28	Corrections	Corrections		1356	80			258.39	1610.25	percent of total billed charges	
U/S LOWER EXT ART COMP RT	93925	CPT	both			1695	322.28	First Health	First Health		1186.5	70			258.39	1610.25	percent of total billed charges	
U/S LOWER EXT ART COMP RT	93925	CPT	both			1695	322.28	First Trenton	First Trenton		1525.5	90			258.39	1610.25	percent of total billed charges	
U/S LOWER EXT ART COMP RT	93925	CPT	both			1695	322.28	Horizon	MGD		521.53				258.39	1610.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
U/S LOWER EXT ART COMP RT	93925	CPT	both			1695	322.28	Horizon	Indemnity		521.53				258.39	1610.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
U/S LOWER EXT ART COMP RT	93925	CPT	both			1695	322.28	Horizon	NJ Health		936.99				258.39	1610.25	fee schedule	
U/S LOWER EXT ART COMP RT	93925	CPT	both			1695	322.28	Horizon	Medicare Blue		280.24				258.39	1610.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
U/S LOWER EXT ART COMP RT	93925	CPT	both			1695	322.28	Horizon	PPO		521.53				258.39	1610.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
U/S LOWER EXT ART COMP RT	93925	CPT	both			1695	322.28	Managed Care Inc	Managed Care Inc		1525.5	90			258.39	1610.25	percent of total billed charges	
U/S LOWER EXT ART COMP RT	93925	CPT	both			1695	322.28	Multiplan	Multiplan		1356	80			258.39	1610.25	percent of total billed charges	
U/S LOWER EXT ART COMP RT	93925	CPT	both			1695	322.28	Qualcare	Qualcare		1271.25	75			258.39	1610.25	percent of total billed charges	
U/S LOWER EXT ART COMP RT	93925	CPT	both			1695	322.28	Three Rivers	Three Rivers		1610.25	95			258.39	1610.25	percent of total billed charges	
U/S LOWER EXT ART COMP RT	93925	CPT	both			1695	322.28	UHC	Medicare		280.24				258.39	1610.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
U/S LOWER EXT ART COMP RT	93925	CPT	both			1695	322.28	UHC	Medicaid		534.77	31.55			258.39	1610.25	percent of total billed charges	
U/S LOWER EXT ART COMP RT	93925	CPT	both			1695	322.28	Wellcare	Medicare		280.24				258.39	1610.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
U/S LOWER EXT ART COMP RT	93925	CPT	both			1695	322.28	Wellcare	Medicaid		534.77	31.55			258.39	1610.25	percent of total billed charges	
U/S LOWER EXT ART COMP RT	93925	CPT	both			1695	322.28	WellPoint	WellPoint		545.45	32.18			258.39	1610.25	percent of total billed charges	
UNILATERAL OR LIMITED BYPASS GRAFT	93926	CPT	both			1398	144.6	Aetna	Medicare		430.58	30.8			120.12	1328.1	percent of total billed charges	
UNILATERAL OR LIMITED BYPASS GRAFT	93926	CPT	both			1398	144.6	Aetna	Commercial		200.18				120.12	1328.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNILATERAL OR LIMITED BYPASS GRAFT	93926	CPT	both			1398	144.6	Aetna	Better Health		441.07	31.55			120.12	1328.1	percent of total billed charges	
UNILATERAL OR LIMITED BYPASS GRAFT	93926	CPT	both			1398	144.6	Americare	Americare		1048.5	75			120.12	1328.1	percent of total billed charges	
UNILATERAL OR LIMITED BYPASS GRAFT	93926	CPT	both			1398	144.6	Amerihealth	Medicare		125.74				120.12	1328.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNILATERAL OR LIMITED BYPASS GRAFT	93926	CPT	both			1398	144.6	Amerihealth	HMO/PPO		908.7	65			120.12	1328.1	percent of total billed charges	
UNILATERAL OR LIMITED BYPASS GRAFT	93926	CPT	both			1398	144.6	Consumer	Consumer		1328.1	95			120.12	1328.1	percent of total billed charges	
UNILATERAL OR LIMITED BYPASS GRAFT	93926	CPT	both			1398	144.6	Corrections	Corrections		1118.4	80			120.12	1328.1	percent of total billed charges	
UNILATERAL OR LIMITED BYPASS GRAFT	93926	CPT	both			1398	144.6	First Health	First Health		978.6	70			120.12	1328.1	percent of total billed charges	
UNILATERAL OR LIMITED BYPASS GRAFT	93926	CPT	both			1398	144.6	First Trenton	First Trenton		1258.2	90			120.12	1328.1	percent of total billed charges	
UNILATERAL OR LIMITED BYPASS GRAFT	93926	CPT	both			1398	144.6	Horizon	Indemnity		234				120.12	1328.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNILATERAL OR LIMITED BYPASS GRAFT	93926	CPT	both			1398	144.6	Horizon	PPO		234				120.12	1328.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNILATERAL OR LIMITED BYPASS GRAFT	93926	CPT	both			1398	144.6	Horizon	Medicare Blue		125.74				120.12	1328.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNILATERAL OR LIMITED BYPASS GRAFT	93926	CPT	both			1398	144.6	Horizon	MGD		234				120.12	1328.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNILATERAL OR LIMITED BYPASS GRAFT	93926	CPT	both			1398	144.6	Horizon	NJ Health		571.59				120.12	1328.1	fee schedule	
UNILATERAL OR LIMITED BYPASS GRAFT	93926	CPT	both			1398	144.6	Managed Care Inc	Managed Care Inc		1258.2	90			120.12	1328.1	percent of total billed charges	
UNILATERAL OR LIMITED BYPASS GRAFT	93926	CPT	both			1398	144.6	Multiplan	Multiplan		1118.4	80			120.12	1328.1	percent of total billed charges	
UNILATERAL OR LIMITED BYPASS GRAFT	93926	CPT	both			1398	144.6	Qualcare	Qualcare		1048.5	75			120.12	1328.1	percent of total billed charges	
UNILATERAL OR LIMITED BYPASS GRAFT	93926	CPT	both			1398	144.6	Three Rivers	Three Rivers		1328.1	95			120.12	1328.1	percent of total billed charges	
UNILATERAL OR LIMITED BYPASS GRAFT	93926	CPT	both			1398	144.6	UHC	Medicare		125.74				120.12	1328.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNILATERAL OR LIMITED BYPASS GRAFT	93926	CPT	both			1398	144.6	UHC	Medicaid		441.07	31.55			120.12	1328.1	percent of total billed charges	
UNILATERAL OR LIMITED BYPASS GRAFT	93926	CPT	both			1398	144.6	Wellcare	Medicaid		441.07	31.55			120.12	1328.1	percent of total billed charges	
UNILATERAL OR LIMITED BYPASS GRAFT	93926	CPT	both			1398	144.6	Wellcare	Medicare		125.74				120.12	1328.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNILATERAL OR LIMITED BYPASS GRAFT	93926	CPT	both			1398	144.6	WellPoint	WellPoint		449.88	32.18			120.12	1328.1	percent of total billed charges	
UPPER EXTREMARTERIES COMP BILATERAL	93930	CPT	both			1798	322.28	Aetna	Better Health		567.27	31.55			258.39	2698.74	percent of total billed charges	
UPPER EXTREMARTERIES COMP BILATERAL	93930	CPT	both			1798	322.28	Aetna	Commercial		446.14				258.39	2698.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UPPER EXTREMARTERIES COMP BILATERAL	93930	CPT	both			1798	322.28	Aetna	Medicare		280.24				258.39	2698.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UPPER EXTREMARTERIES COMP BILATERAL	93930	CPT	both			1798	322.28	Americare	Americare		1348.5	75			258.39	2698.74	percent of total billed charges	
UPPER EXTREMARTERIES COMP BILATERAL	93930	CPT	both			1798	322.28	Amerihealth	HMO/PPO		1168.7	65			258.39	2698.74	percent of total billed charges	
UPPER EXTREMARTERIES COMP BILATERAL	93930	CPT	both			1798	322.28	Amerihealth	Medicare		280.24				258.39	2698.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UPPER EXTREMARTERIES COMP BILATERAL	93930	CPT	both			1798	322.28	Consumer	Consumer		1708.1	95			258.39	2698.74	percent of total billed charges	
UPPER EXTREMARTERIES COMP BILATERAL	93930	CPT	both			1798	322.28	Corrections	Corrections		1438.4	80			258.39	2698.74	percent of total billed charges	
UPPER EXTREMARTERIES COMP BILATERAL	93930	CPT	both			1798	322.28	First Health	First Health		1258.6	70			258.39	2698.74	percent of total billed charges	
UPPER EXTREMARTERIES COMP BILATERAL	93930	CPT	both			1798	322.28	First Trenton	First Trenton		1618.2	90			258.39	2698.74	percent of total billed charges	
UPPER EXTREMARTERIES COMP BILATERAL	93930	CPT	both			1798	322.28	Horizon	PPO		521.53				258.39	2698.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UPPER EXTREMARTERIES COMP BILATERAL	93930	CPT	both			1798	322.28	Horizon	MGD		521.53				258.39	2698.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UPPER EXTREMARTERIES COMP BILATERAL	93930	CPT	both			1798	322.28	Horizon	Indemnity		521.53				258.39	2698.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UPPER EXTREMARTERIES COMP BILATERAL	93930	CPT	both			1798	322.28	Horizon	NJ Health		2698.74				258.39	2698.74	fee schedule	
UPPER EXTREMARTERIES COMP BILATERAL	93930	CPT	both			1798	322.28	Horizon	Medicare Blue		280.24				258.39	2698.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UPPER EXTREMARTERIES COMP BILATERAL	93930	CPT	both			1798	322.28	Managed Care Inc	Managed Care Inc		1618.2	90			258.39	2698.74	percent of total billed charges	
UPPER EXTREMARTERIES COMP BILATERAL	93930	CPT	both			1798	322.28	Multiplan	Multiplan		1438.4	80			258.39	2698.74	percent of total billed charges	
UPPER EXTREMARTERIES COMP BILATERAL	93930	CPT	both			1798	322.28	Qualcare	Qualcare		1348.5	75			258.39	2698.74	percent of total billed charges	
UPPER EXTREMARTERIES COMP BILATERAL	93930	CPT	both			1798	322.28	Three Rivers	Three Rivers		1708.1	95			258.39	2698.74	percent of total billed charges	
UPPER EXTREMARTERIES COMP BILATERAL	93930	CPT	both			1798	322.28	UHC	Medicaid		567.27	31.55			258.39	2698.74	percent of total billed charges	
UPPER EXTREMARTERIES COMP BILATERAL	93930	CPT	both			1798	322.28	UHC	Medicare		280.24				258.39	2698.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UPPER EXTREMARTERIES COMP BILATERAL	93930	CPT	both			1798	322.28	Wellcare	Medicare		280.24				258.39	2698.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UPPER EXTREMARTERIES COMP BILATERAL	93930	CPT	both			1798	322.28	Wellcare	Medicaid		567.27	31.55			258.39	2698.74	percent of total billed charges	
UPPER EXTREMARTERIES COMP BILATERAL	93930	CPT	both			1798	322.28	WellPoint	WellPoint		578.6	32.18			258.39	2698.74	percent of total billed charges	
UPPER EXTREMITY ARTERIES LTD.	93931	CPT	both			1201	144.6	Aetna	Better Health		378.92	31.55			123.05	1140.95	percent of total billed charges	
UPPER EXTREMITY ARTERIES LTD.	93931	CPT	both			1201	144.6	Aetna	Commercial		200.18				123.05	1140.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UPPER EXTREMITY ARTERIES LTD.	93931	CPT	both			1201	144.6	Aetna	Medicare		125.74				123.05	1140.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UPPER EXTREMITY ARTERIES LTD.	93931	CPT	both			1201	144.6	Americare	Americare		900.75	75			123.05	1140.95	percent of total billed charges	
UPPER EXTREMITY ARTERIES LTD.	93931	CPT	both			1201	144.6	Amerihealth	HMO/PPO		780.65	65			123.05	1140.95	percent of total billed charges	
UPPER EXTREMITY ARTERIES LTD.	93931	CPT	both			1201	144.6	Amerihealth	Medicare		125.74				123.05	1140.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UPPER EXTREMITY ARTERIES LTD.	93931	CPT	both			1201	144.6	Consumer	Consumer		1140.95	95			123.05	1140.95	percent of total billed charges	
UPPER EXTREMITY ARTERIES LTD.	93931	CPT	both			1201	144.6	Corrections	Corrections		960.8	80			123.05	1140.95	percent of total billed charges	
UPPER EXTREMITY ARTERIES LTD.	93931	CPT	both			1201	144.6	First Health	First Health		840.7	70			123.05	1140.95	percent of total billed charges	
UPPER EXTREMITY ARTERIES LTD.	93931	CPT	both			1201	144.6	First Trenton	First Trenton		1080.9	90			123.05	1140.95	percent of total billed charges	
UPPER EXTREMITY ARTERIES LTD.	93931	CPT	both			1201	144.6	Horizon	MGD		234				123.05	1140.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UPPER EXTREMITY ARTERIES LTD.	93931	CPT	both			1201	144.6	Horizon	Indemnity		234				123.05	1140.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UPPER EXTREMITY ARTERIES LTD.	93931	CPT	both			1201	144.6	Horizon	PPO		234				123.05	1140.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UPPER EXTREMITY ARTERIES LTD.	93931	CPT	both			1201	144.6	Horizon	Medicare Blue		125.74				123.05	1140.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UPPER EXTREMITY ARTERIES LTD.	93931	CPT	both			1201	144.6	Horizon	NJ Health		657.72				123.05	1140.95	fee schedule	
UPPER EXTREMITY ARTERIES LTD.	93931	CPT	both			1201	144.6	Managed Care Inc	Managed Care Inc		1080.9	90			123.05	1140.95	percent of total billed charges	
UPPER EXTREMITY ARTERIES LTD.	93931	CPT	both			1201	144.6	Multiplan	Multiplan		960.8	80			123.05	1140.95	percent of total billed charges	
UPPER EXTREMITY ARTERIES LTD.	93931	CPT	both			1201	144.6	Qualcare	Qualcare		900.75	75			123.05	1140.95	percent of total billed charges	
UPPER EXTREMITY ARTERIES LTD.	93931	CPT	both			1201	144.6	Three Rivers	Three Rivers		1140.95	95			123.05	1140.95	percent of total billed charges	
UPPER EXTREMITY ARTERIES LTD.	93931	CPT	both			1201	144.6	UHC	Medicare		125.74				123.05	1140.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UPPER EXTREMITY ARTERIES LTD.	93931	CPT	both			1201	144.6	UHC	Medicaid		378.92	31.55			123.05	1140.95	percent of total billed charges	
UPPER EXTREMITY ARTERIES LTD.	93931	CPT	both			1201	144.6	Wellcare	Medicare		125.74				123.05	1140.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UPPER EXTREMITY ARTERIES LTD.	93931	CPT	both			1201	144.6	Wellcare	Medicaid		378.92	31.55			123.05	1140.95	percent of total billed charges	
UPPER EXTREMITY ARTERIES LTD.	93931	CPT	both			1201	144.6	WellPoint	WellPoint		386.48	32.18			123.05	1140.95	percent of total billed charges	
UP EXT VEIN MAPPING, BILATERAL	93970	CPT	both			2312	322.28	Aetna	Better Health		729.44	31.55			262.72	2196.4	percent of total billed charges	
UP EXT VEIN MAPPING, BILATERAL	93970	CPT	both			2312	322.28	Aetna	Medicare		712.1	30.8			262.72	2196.4	percent of total billed charges	
UP EXT VEIN MAPPING, BILATERAL	93970	CPT	both			2312	322.28	Aetna	Commercial		446.14				262.72	2196.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UP EXT VEIN MAPPING, BILATERAL	93970	CPT	both			2312	322.28	Americare	Americare		1734	75			262.72	2196.4	percent of total billed charges	
UP EXT VEIN MAPPING, BILATERAL	93970	CPT	both			2312	322.28	Amerihealth	HMO/PPO		1502.8	65			262.72	2196.4	percent of total billed charges	
UP EXT VEIN MAPPING, BILATERAL	93970	CPT	both			2312	322.28	Amerihealth	Medicare		280.24				262.72	2196.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UP EXT VEIN MAPPING, BILATERAL	93970	CPT	both			2312	322.28	Consumer	Consumer		2196.4	95			262.72	2196.4	percent of total billed charges	
UP EXT VEIN MAPPING, BILATERAL	93970	CPT	both			2312	322.28	Corrections	Corrections		1849.6	80			262.72	2196.4	percent of total billed charges	
UP EXT VEIN MAPPING, BILATERAL	93970	CPT	both			2312	322.28	First Health	First Health		1618.4	70			262.72	2196.4	percent of total billed charges	
UP EXT VEIN MAPPING, BILATERAL	93970	CPT	both			2312	322.28	First Trenton	First Trenton		2080.8	90			262.72	2196.4	percent of total billed charges	
UP EXT VEIN MAPPING, BILATERAL	93970	CPT	both			2312	322.28	Horizon	MGD		521.53				262.72	2196.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UP EXT VEIN MAPPING, BILATERAL	93970	CPT	both			2312	322.28	Horizon	Medicare Blue		280.24				262.72	2196.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UP EXT VEIN MAPPING, BILATERAL	93970	CPT	both			2312	322.28	Horizon	NJ Health		1177.11				262.72	2196.4	fee schedule	
UP EXT VEIN MAPPING, BILATERAL	93970	CPT	both			2312	322.28	Horizon	PPO		521.53				262.72	2196.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UP EXT VEIN MAPPING, BILATERAL	93970	CPT	both			2312	322.28	Horizon	Indemnity		521.53				262.72	2196.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UP EXT VEIN MAPPING, BILATERAL	93970	CPT	both			2312	322.28	Managed Care Inc	Managed Care Inc		2080.8	90			262.72	2196.4	percent of total billed charges	
UP EXT VEIN MAPPING, BILATERAL	93970	CPT	both			2312	322.28	Multiplan	Multiplan		1849.6	80			262.72	2196.4	percent of total billed charges	
UP EXT VEIN MAPPING, BILATERAL	93970	CPT	both			2312	322.28	Qualcare	Qualcare		1734	75			262.72	2196.4	percent of total billed charges	
UP EXT VEIN MAPPING, BILATERAL	93970	CPT	both			2312	322.28	Three Rivers	Three Rivers		2196.4	95			262.72	2196.4	percent of total billed charges	
UP EXT VEIN MAPPING, BILATERAL	93970	CPT	both			2312	322.28	UHC	Medicaid		729.44	31.55			262.72	2196.4	percent of total billed charges	
UP EXT VEIN MAPPING, BILATERAL	93970	CPT	both			2312	322.28	UHC	Medicare		280.24				262.72	2196.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UP EXT VEIN MAPPING, BILATERAL	93970	CPT	both			2312	322.28	Wellcare	Medicare		280.24				262.72	2196.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UP EXT VEIN MAPPING, BILATERAL	93970	CPT	both			2312	322.28	Wellcare	Medicaid		729.44	31.55			262.72	2196.4	percent of total billed charges	
UP EXT VEIN MAPPING, BILATERAL	93970	CPT	both			2312	322.28	WellPoint	WellPoint		744	32.18			262.72	2196.4	percent of total billed charges	
VENOUS DUPLEX UE UNILATERAL	93971	CPT	both			1547	144.6	Aetna	Better Health		488.08	31.55			120.12	1469.65	percent of total billed charges	
VENOUS DUPLEX UE UNILATERAL	93971	CPT	both			1547	144.6	Aetna	Commercial		200.18				120.12	1469.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOUS DUPLEX UE UNILATERAL	93971	CPT	both			1547	144.6	Aetna	Medicare		476.48	30.8			120.12	1469.65	percent of total billed charges	
VENOUS DUPLEX UE UNILATERAL	93971	CPT	both			1547	144.6	Americare	Americare		1160.25	75			120.12	1469.65	percent of total billed charges	
VENOUS DUPLEX UE UNILATERAL	93971	CPT	both			1547	144.6	Amerihealth	HMO/PPO		1005.55	65			120.12	1469.65	percent of total billed charges	
VENOUS DUPLEX UE UNILATERAL	93971	CPT	both			1547	144.6	Amerihealth	Medicare		125.74				120.12	1469.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOUS DUPLEX UE UNILATERAL	93971	CPT	both			1547	144.6	Consumer	Consumer		1469.65	95			120.12	1469.65	percent of total billed charges	
VENOUS DUPLEX UE UNILATERAL	93971	CPT	both			1547	144.6	Corrections	Corrections		1237.6	80			120.12	1469.65	percent of total billed charges	
VENOUS DUPLEX UE UNILATERAL	93971	CPT	both			1547	144.6	First Health	First Health		1082.9	70			120.12	1469.65	percent of total billed charges	
VENOUS DUPLEX UE UNILATERAL	93971	CPT	both			1547	144.6	First Trenton	First Trenton		1392.3	90			120.12	1469.65	percent of total billed charges	
VENOUS DUPLEX UE UNILATERAL	93971	CPT	both			1547	144.6	Horizon	Indemnity		234				120.12	1469.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOUS DUPLEX UE UNILATERAL	93971	CPT	both			1547	144.6	Horizon	MGD		234				120.12	1469.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOUS DUPLEX UE UNILATERAL	93971	CPT	both			1547	144.6	Horizon	PPO		234				120.12	1469.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOUS DUPLEX UE UNILATERAL	93971	CPT	both			1547	144.6	Horizon	NJ Health		1137.96				120.12	1469.65	fee schedule	
VENOUS DUPLEX UE UNILATERAL	93971	CPT	both			1547	144.6	Horizon	Medicare Blue		125.74				120.12	1469.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOUS DUPLEX UE UNILATERAL	93971	CPT	both			1547	144.6	Managed Care Inc	Managed Care Inc		1392.3	90			120.12	1469.65	percent of total billed charges	
VENOUS DUPLEX UE UNILATERAL	93971	CPT	both			1547	144.6	Multiplan	Multiplan		1237.6	80			120.12	1469.65	percent of total billed charges	
VENOUS DUPLEX UE UNILATERAL	93971	CPT	both			1547	144.6	Qualcare	Qualcare		1160.25	75			120.12	1469.65	percent of total billed charges	
VENOUS DUPLEX UE UNILATERAL	93971	CPT	both			1547	144.6	Three Rivers	Three Rivers		1469.65	95			120.12	1469.65	percent of total billed charges	
VENOUS DUPLEX UE UNILATERAL	93971	CPT	both			1547	144.6	UHC	Medicare		125.74				120.12	1469.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOUS DUPLEX UE UNILATERAL	93971	CPT	both			1547	144.6	UHC	Medicaid		488.08	31.55			120.12	1469.65	percent of total billed charges	
VENOUS DUPLEX UE UNILATERAL	93971	CPT	both			1547	144.6	Wellcare	Medicaid		488.08	31.55			120.12	1469.65	percent of total billed charges	
VENOUS DUPLEX UE UNILATERAL	93971	CPT	both			1547	144.6	Wellcare	Medicare		125.74				120.12	1469.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOUS DUPLEX UE UNILATERAL	93971	CPT	both			1547	144.6	WellPoint	WellPoint		497.82	32.18			120.12	1469.65	percent of total billed charges	
VISCERAL DUPLEX SCANS	93975	CPT	both			927	322.28	Aetna	Medicare		280.24				269.12	880.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VISCERAL DUPLEX SCANS	93975	CPT	both			927	322.28	Aetna	Better Health		292.47	31.55			269.12	880.65	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.													
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true												
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
VISCERAL DUPLEX SCANS	93975	CPT	both			927	322.28	Aetna	Commercial		446.14				269.12	880.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VISCERAL DUPLEX SCANS	93975	CPT	both			927	322.28	Americare	Americare		695.25	75			269.12	880.65	percent of total billed charges	
VISCERAL DUPLEX SCANS	93975	CPT	both			927	322.28	Amerihealth	HMO/PPO		602.55	65			269.12	880.65	percent of total billed charges	
VISCERAL DUPLEX SCANS	93975	CPT	both			927	322.28	Amerihealth	Medicare		280.24				269.12	880.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VISCERAL DUPLEX SCANS	93975	CPT	both			927	322.28	Consumer	Consumer		880.65	95			269.12	880.65	percent of total billed charges	
VISCERAL DUPLEX SCANS	93975	CPT	both			927	322.28	Corrections	Corrections		741.6	80			269.12	880.65	percent of total billed charges	
VISCERAL DUPLEX SCANS	93975	CPT	both			927	322.28	First Health	First Health		648.9	70			269.12	880.65	percent of total billed charges	
VISCERAL DUPLEX SCANS	93975	CPT	both			927	322.28	First Trenton	First Trenton		834.3	90			269.12	880.65	percent of total billed charges	
VISCERAL DUPLEX SCANS	93975	CPT	both			927	322.28	Horizon	MGD		521.53				269.12	880.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VISCERAL DUPLEX SCANS	93975	CPT	both			927	322.28	Horizon	Indemnity		521.53				269.12	880.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VISCERAL DUPLEX SCANS	93975	CPT	both			927	322.28	Horizon	NJ Health		845.64				269.12	880.65	fee schedule	
VISCERAL DUPLEX SCANS	93975	CPT	both			927	322.28	Horizon	PPO		521.53				269.12	880.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VISCERAL DUPLEX SCANS	93975	CPT	both			927	322.28	Horizon	Medicare Blue		280.24				269.12	880.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VISCERAL DUPLEX SCANS	93975	CPT	both			927	322.28	Managed Care Inc	Managed Care Inc		834.3	90			269.12	880.65	percent of total billed charges	
VISCERAL DUPLEX SCANS	93975	CPT	both			927	322.28	Multiplan	Multiplan		741.6	80			269.12	880.65	percent of total billed charges	
VISCERAL DUPLEX SCANS	93975	CPT	both			927	322.28	Qualcare	Qualcare		695.25	75			269.12	880.65	percent of total billed charges	
VISCERAL DUPLEX SCANS	93975	CPT	both			927	322.28	Three Rivers	Three Rivers		880.65	95			269.12	880.65	percent of total billed charges	
VISCERAL DUPLEX SCANS	93975	CPT	both			927	322.28	UHC	Medicaid		292.47	31.55			269.12	880.65	percent of total billed charges	
VISCERAL DUPLEX SCANS	93975	CPT	both			927	322.28	UHC	Medicare		280.24				269.12	880.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VISCERAL DUPLEX SCANS	93975	CPT	both			927	322.28	Wellcare	Medicare		280.24				269.12	880.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VISCERAL DUPLEX SCANS	93975	CPT	both			927	322.28	Wellcare	Medicaid		292.47	31.55			269.12	880.65	percent of total billed charges	
VISCERAL DUPLEX SCANS	93975	CPT	both			927	322.28	WellPoint	WellPoint		298.31	32.18			269.12	880.65	percent of total billed charges	
LIMITED STUDY DUPLEX SCAN OF ADDOMINAL	93976	CPT	outpatient			898	144.6	Aetna	Commercial		200.18				123.05	853.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIMITED STUDY DUPLEX SCAN OF ADDOMINAL	93976	CPT	outpatient			898	144.6	Aetna	Better Health		283.32	31.55			123.05	853.1	percent of total billed charges	
LIMITED STUDY DUPLEX SCAN OF ADDOMINAL	93976	CPT	outpatient			898	144.6	Aetna	Medicare		125.74				123.05	853.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIMITED STUDY DUPLEX SCAN OF ADDOMINAL	93976	CPT	outpatient			898	144.6	Americare	Americare		673.5	75			123.05	853.1	percent of total billed charges	
LIMITED STUDY DUPLEX SCAN OF ADDOMINAL	93976	CPT	outpatient			898	144.6	Amerihealth	HMO/PPO		583.7	65			123.05	853.1	percent of total billed charges	
LIMITED STUDY DUPLEX SCAN OF ADDOMINAL	93976	CPT	outpatient			898	144.6	Amerihealth	Medicare		125.74				123.05	853.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIMITED STUDY DUPLEX SCAN OF ADDOMINAL	93976	CPT	outpatient			898	144.6	Consumer	Consumer		853.1	95			123.05	853.1	percent of total billed charges	
LIMITED STUDY DUPLEX SCAN OF ADDOMINAL	93976	CPT	outpatient			898	144.6	Corrections	Corrections		718.4	80			123.05	853.1	percent of total billed charges	
LIMITED STUDY DUPLEX SCAN OF ADDOMINAL	93976	CPT	outpatient			898	144.6	First Health	First Health		628.6	70			123.05	853.1	percent of total billed charges	
LIMITED STUDY DUPLEX SCAN OF ADDOMINAL	93976	CPT	outpatient			898	144.6	First Trenton	First Trenton		808.2	90			123.05	853.1	percent of total billed charges	
LIMITED STUDY DUPLEX SCAN OF ADDOMINAL	93976	CPT	outpatient			898	144.6	Horizon	Medicare Blue		125.74				123.05	853.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIMITED STUDY DUPLEX SCAN OF ADDOMINAL	93976	CPT	outpatient			898	144.6	Horizon	MGD		234				123.05	853.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIMITED STUDY DUPLEX SCAN OF ADDOMINAL	93976	CPT	outpatient			898	144.6	Horizon	Indemnity		234				123.05	853.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIMITED STUDY DUPLEX SCAN OF ADDOMINAL	93976	CPT	outpatient			898	144.6	Horizon	NJ Health		743.85				123.05	853.1	fee schedule	
LIMITED STUDY DUPLEX SCAN OF ADDOMINAL	93976	CPT	outpatient			898	144.6	Horizon	PPO		234				123.05	853.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIMITED STUDY DUPLEX SCAN OF ADDOMINAL	93976	CPT	outpatient			898	144.6	Managed Care Inc	Managed Care Inc		808.2	90			123.05	853.1	percent of total billed charges	
LIMITED STUDY DUPLEX SCAN OF ADDOMINAL	93976	CPT	outpatient			898	144.6	Multiplan	Multiplan		718.4	80			123.05	853.1	percent of total billed charges	
LIMITED STUDY DUPLEX SCAN OF ADDOMINAL	93976	CPT	outpatient			898	144.6	Qualcare	Qualcare		673.5	75			123.05	853.1	percent of total billed charges	
LIMITED STUDY DUPLEX SCAN OF ADDOMINAL	93976	CPT	outpatient			898	144.6	Three Rivers	Three Rivers		853.1	95			123.05	853.1	percent of total billed charges	
LIMITED STUDY DUPLEX SCAN OF ADDOMINAL	93976	CPT	outpatient			898	144.6	UHC	Medicaid		283.32	31.55			123.05	853.1	percent of total billed charges	
LIMITED STUDY DUPLEX SCAN OF ADDOMINAL	93976	CPT	outpatient			898	144.6	UHC	Medicare		125.74				123.05	853.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIMITED STUDY DUPLEX SCAN OF ADDOMINAL	93976	CPT	outpatient			898	144.6	Wellcare	Medicare		125.74				123.05	853.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIMITED STUDY DUPLEX SCAN OF ADDOMINAL	93976	CPT	outpatient			898	144.6	Wellcare	Medicaid		283.32	31.55			123.05	853.1	percent of total billed charges	
LIMITED STUDY DUPLEX SCAN OF ADDOMINAL	93976	CPT	outpatient			898	144.6	WellPoint	WellPoint		288.98	32.18			123.05	853.1	percent of total billed charges	
IVC - ILIAC VEINS, BILATERAL	93978	CPT	both			898	322.28	Aetna	Medicare		276.58	30.8			262.72	1044	percent of total billed charges	
IVC - ILIAC VEINS, BILATERAL	93978	CPT	both			898	322.28	Aetna	Commercial		446.14				262.72	1044	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IVC - ILIAC VEINS, BILATERAL	93978	CPT	both			898	322.28	Aetna	Better Health		283.32	31.55			262.72	1044	percent of total billed charges	
IVC - ILIAC VEINS, BILATERAL	93978	CPT	both			898	322.28	Americare	Americare		673.5	75			262.72	1044	percent of total billed charges	
IVC - ILIAC VEINS, BILATERAL	93978	CPT	both			898	322.28	Amerihealth	HMO/PPO		583.7	65			262.72	1044	percent of total billed charges	
IVC - ILIAC VEINS, BILATERAL	93978	CPT	both			898	322.28	Amerihealth	Medicare		280.24				262.72	1044	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IVC - ILIAC VEINS, BILATERAL	93978	CPT	both			898	322.28	Consumer	Consumer		853.1	95			262.72	1044	percent of total billed charges	
IVC - ILIAC VEINS, BILATERAL	93978	CPT	both			898	322.28	Corrections	Corrections		718.4	80			262.72	1044	percent of total billed charges	
IVC - ILIAC VEINS, BILATERAL	93978	CPT	both			898	322.28	First Health	First Health		628.6	70			262.72	1044	percent of total billed charges	
IVC - ILIAC VEINS, BILATERAL	93978	CPT	both			898	322.28	First Trenton	First Trenton		808.2	90			262.72	1044	percent of total billed charges	
IVC - ILIAC VEINS, BILATERAL	93978	CPT	both			898	322.28	Horizon	Indemnity		521.53				262.72	1044	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IVC - ILIAC VEINS, BILATERAL	93978	CPT	both			898	322.28	Horizon	Medicare Blue		280.24				262.72	1044	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IVC - ILIAC VEINS, BILATERAL	93978	CPT	both			898	322.28	Horizon	NJ Health		1044				262.72	1044	fee schedule	
IVC - ILIAC VEINS, BILATERAL	93978	CPT	both			898	322.28	Horizon	MGD		521.53				262.72	1044	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IVC - ILIAC VEINS, BILATERAL	93978	CPT	both			898	322.28	Horizon	PPO		521.53				262.72	1044	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IVC - ILIAC VEINS, BILATERAL	93978	CPT	both			898	322.28	Managed Care Inc	Managed Care Inc		808.2	90			262.72	1044	percent of total billed charges	
IVC - ILIAC VEINS, BILATERAL	93978	CPT	both			898	322.28	Multiplan	Multiplan		718.4	80			262.72	1044	percent of total billed charges	
IVC - ILIAC VEINS, BILATERAL	93978	CPT	both			898	322.28	Qualcare	Qualcare		673.5	75			262.72	1044	percent of total billed charges	
IVC - ILIAC VEINS, BILATERAL	93978	CPT	both			898	322.28	Three Rivers	Three Rivers		853.1	95			262.72	1044	percent of total billed charges	
IVC - ILIAC VEINS, BILATERAL	93978	CPT	both			898	322.28	UHC	Medicaid		283.32	31.55			262.72	1044	percent of total billed charges	
IVC - ILIAC VEINS, BILATERAL	93978	CPT	both			898	322.28	UHC	Medicare		280.24				262.72	1044	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IVC - ILIAC VEINS, BILATERAL	93978	CPT	both			898	322.28	Wellcare	Medicaid		283.32	31.55			262.72	1044	percent of total billed charges	
IVC - ILIAC VEINS, BILATERAL	93978	CPT	both			898	322.28	Wellcare	Medicare		280.24				262.72	1044	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IVC - ILIAC VEINS, BILATERAL	93978	CPT	both			898	322.28	WellPoint	WellPoint		288.98	32.18			262.72	1044	percent of total billed charges	
IVC - ILIAC VEINS, RIGHT	93979	CPT	both			1167	144.6	Aetna	Better Health		368.19	31.55			123.05	1108.65	percent of total billed charges	
IVC - ILIAC VEINS, RIGHT	93979	CPT	both			1167	144.6	Aetna	Commercial		200.18				123.05	1108.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IVC - ILIAC VEINS, RIGHT	93979	CPT	both			1167	144.6	Aetna	Medicare		125.74				123.05	1108.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IVC - ILIAC VEINS, RIGHT	93979	CPT	both			1167	144.6	Americare	Americare		875.25	75			123.05	1108.65	percent of total billed charges	
IVC - ILIAC VEINS, RIGHT	93979	CPT	both			1167	144.6	Amerihealth	Medicare		125.74				123.05	1108.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IVC - ILIAC VEINS, RIGHT	93979	CPT	both			1167	144.6	Amerihealth	HMO/PPO		768.55	65			123.05	1108.65	percent of total billed charges	
IVC - ILIAC VEINS, RIGHT	93979	CPT	both			1167	144.6	Consumer	Consumer		1108.65	95			123.05	1108.65	percent of total billed charges	
IVC - ILIAC VEINS, RIGHT	93979	CPT	both			1167	144.6	Corrections	Corrections		933.6	80			123.05	1108.65	percent of total billed charges	
IVC - ILIAC VEINS, RIGHT	93979	CPT	both			1167	144.6	First Health	First Health		816.9	70			123.05	1108.65	percent of total billed charges	
IVC - ILIAC VEINS, RIGHT	93979	CPT	both			1167	144.6	First Trenton	First Trenton		1050.3	90			123.05	1108.65	percent of total billed charges	
IVC - ILIAC VEINS, RIGHT	93979	CPT	both			1167	144.6	Horizon	Indemnity		234				123.05	1108.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IVC - ILIAC VEINS, RIGHT	93979	CPT	both			1167	144.6	Horizon	MGD		234				123.05	1108.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IVC - ILIAC VEINS, RIGHT	93979	CPT	both			1167	144.6	Horizon	NJ Health		501.12				123.05	1108.65	fee schedule	
IVC - ILIAC VEINS, RIGHT	93979	CPT	both			1167	144.6	Horizon	Medicare Blue		125.74				123.05	1108.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IVC - ILIAC VEINS, RIGHT	93979	CPT	both			1167	144.6	Horizon	PPO		234				123.05	1108.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IVC - ILIAC VEINS, RIGHT	93979	CPT	both			1167	144.6	Managed Care Inc	Managed Care Inc		1050.3	90			123.05	1108.65	percent of total billed charges	
IVC - ILIAC VEINS, RIGHT	93979	CPT	both			1167	144.6	Multiplan	Multiplan		933.6	80			123.05	1108.65	percent of total billed charges	
IVC - ILIAC VEINS, RIGHT	93979	CPT	both			1167	144.6	Qualcare	Qualcare		875.25	75			123.05	1108.65	percent of total billed charges	
IVC - ILIAC VEINS, RIGHT	93979	CPT	both			1167	144.6	Three Rivers	Three Rivers		1108.65	95			123.05	1108.65	percent of total billed charges	
IVC - ILIAC VEINS, RIGHT	93979	CPT	both			1167	144.6	UHC	Medicare		125.74				123.05	1108.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IVC - ILIAC VEINS, RIGHT	93979	CPT	both			1167	144.6	UHC	Medicaid		368.19	31.55			123.05	1108.65	percent of total billed charges	
IVC - ILIAC VEINS, RIGHT	93979	CPT	both			1167	144.6	Wellcare	Medicare		125.74				123.05	1108.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IVC - ILIAC VEINS, RIGHT	93979	CPT	both			1167	144.6	Wellcare	Medicaid		368.19	31.55			123.05	1108.65	percent of total billed charges	
IVC - ILIAC VEINS, RIGHT	93979	CPT	both			1167	144.6	WellPoint	WellPoint		375.54	32.18			123.05	1108.65	percent of total billed charges	
PENILE VASCULAR STUDY	93980	CPT	outpatient			1591	144.6	Aetna	Commercial		200.18				123.05	1511.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PENILE VASCULAR STUDY	93980	CPT	outpatient			1591	144.6	Aetna	Better Health		501.96	31.55			123.05	1511.45	percent of total billed charges	
PENILE VASCULAR STUDY	93980	CPT	outpatient			1591	144.6	Aetna	Medicare		125.74				123.05	1511.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PENILE VASCULAR STUDY	93980	CPT	outpatient			1591	144.6	Americare	Americare		1193.25	75			123.05	1511.45	percent of total billed charges	
PENILE VASCULAR STUDY	93980	CPT	outpatient			1591	144.6	Amerihealth	HMO/PPO		1034.15	65			123.05	1511.45	percent of total billed charges	
PENILE VASCULAR STUDY	93980	CPT	outpatient			1591	144.6	Amerihealth	Medicare		125.74				123.05	1511.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PENILE VASCULAR STUDY	93980	CPT	outpatient			1591	144.6	Consumer	Consumer		1511.45	95			123.05	1511.45	percent of total billed charges	
PENILE VASCULAR STUDY	93980	CPT	outpatient			1591	144.6	Corrections	Corrections		1272.8	80			123.05	1511.45	percent of total billed charges	
PENILE VASCULAR STUDY	93980	CPT	outpatient			1591	144.6	First Health	First Health		1113.7	70			123.05	1511.45	percent of total billed charges	
PENILE VASCULAR STUDY	93980	CPT	outpatient			1591	144.6	First Trenton	First Trenton		1431.9	90			123.05	1511.45	percent of total billed charges	
PENILE VASCULAR STUDY	93980	CPT	outpatient			1591	144.6	Horizon	PPO		234				123.05	1511.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PENILE VASCULAR STUDY	93980	CPT	outpatient			1591	144.6	Horizon	MGD		234				123.05	1511.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PENILE VASCULAR STUDY	93980	CPT	outpatient			1591	144.6	Horizon	Indemnity		234				123.05	1511.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PENILE VASCULAR STUDY	93980	CPT	outpatient			1591	144.6	Horizon	NJ Health		245.97				123.05	1511.45	fee schedule	
PENILE VASCULAR STUDY	93980	CPT	outpatient			1591	144.6	Horizon	Medicare Blue		125.74				123.05	1511.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PENILE VASCULAR STUDY	93980	CPT	outpatient			1591	144.6	Managed Care Inc	Managed Care Inc		1431.9	90			123.05	1511.45	percent of total billed charges	
PENILE VASCULAR STUDY	93980	CPT	outpatient			1591	144.6	Multiplan	Multiplan		1272.8	80			123.05	1511.45	percent of total billed charges	
PENILE VASCULAR STUDY	93980	CPT	outpatient			1591	144.6	Qualcare	Qualcare		1193.25	75			123.05	1511.45	percent of total billed charges	
PENILE VASCULAR STUDY	93980	CPT	outpatient			1591	144.6	Three Rivers	Three Rivers		1511.45	95			123.05	1511.45	percent of total billed charges	
PENILE VASCULAR STUDY	93980	CPT	outpatient			1591	144.6	UHC	Medicare		125.74				123.05	1511.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PENILE VASCULAR STUDY	93980	CPT	outpatient			1591	144.6	UHC	Medicaid		501.96	31.55			123.05	1511.45	percent of total billed charges	
PENILE VASCULAR STUDY	93980	CPT	outpatient			1591	144.6	Wellcare	Medicare		125.74				123.05	1511.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PENILE VASCULAR STUDY	93980	CPT	outpatient			1591	144.6	Wellcare	Medicaid		501.96	31.55			123.05	1511.45	percent of total billed charges	
PENILE VASCULAR STUDY	93980	CPT	outpatient			1591	144.6	WellPoint	WellPoint		511.98	32.18			123.05	1511.45	percent of total billed charges	
DUPLEX, SHUNT	93990	CPT	both			390	144.6	Aetna	Better Health		123.05	31.55			123.05	819.54	percent of total billed charges	
DUPLEX, SHUNT	93990	CPT	both			390	144.6	Aetna	Commercial		200.18				123.05	819.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DUPLEX, SHUNT	93990	CPT	both			390	144.6	Aetna	Medicare		125.74				123.05	819.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DUPLEX, SHUNT	93990	CPT	both			390	144.6	Americare	Americare		292.5	75			123.05	819.54	percent of total billed charges	
DUPLEX, SHUNT	93990	CPT	both			390	144.6	Amerihealth	HMO/PPO		253.5	65			123.05	819.54	percent of total billed charges	
DUPLEX, SHUNT	93990	CPT	both			390	144.6	Amerihealth	Medicare		125.74				123.05	819.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DUPLEX, SHUNT	93990	CPT	both			390	144.6	Consumer	Consumer		370.5	95			123.05	819.54	percent of total billed charges	
DUPLEX, SHUNT	93990	CPT	both			390	144.6	Corrections	Corrections		312	80			123.05	819.54	percent of total billed charges	
DUPLEX, SHUNT	93990	CPT	both			390	144.6	First Health	First Health		273	70			123.05	819.54	percent of total billed charges	
DUPLEX, SHUNT	93990	CPT	both			390	144.6	First Trenton	First Trenton		351	90			123.05	819.54	percent of total billed charges	
DUPLEX, SHUNT	93990	CPT	both			390	144.6	Horizon	Indemnity		234				123.05	819.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DUPLEX, SHUNT	93990	CPT	both			390	144.6	Horizon	NJ Health		819.54				123.05	819.54	fee schedule	
DUPLEX, SHUNT	93990	CPT	both			390	144.6	Horizon	MGD		234				123.05	819.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DUPLEX, SHUNT	93990	CPT	both			390	144.6	Horizon	Medicare Blue		125.74				123.05	819.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DUPLEX, SHUNT	93990	CPT	both			390	144.6	Horizon	PPO		234				123.05	819.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DUPLEX, SHUNT	93990	CPT	both			390	144.6	Managed Care Inc	Managed Care Inc		351	90			123.05	819.54	percent of total billed charges	
DUPLEX, SHUNT	93990	CPT	both			390	144.6	Multiplan	Multiplan		312	80			123.05	819.54	percent of total billed charges	
DUPLEX, SHUNT	93990	CPT	both			390	144.6	Qualcare	Qualcare		292.5	75			123.05	819.54	percent of total billed charges	
DUPLEX, SHUNT	93990	CPT	both			390	144.6	Three Rivers	Three Rivers		370.5	95			123.05	819.54	percent of total billed charges	
DUPLEX, SHUNT	93990	CPT	both			390	144.6	UHC	Medicare		125.74				123.05	819.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DUPLEX, SHUNT	93990	CPT	both			390	144.6	UHC	Medicaid		123.05	31.55			123.05	819.54	percent of total billed charges	
DUPLEX, SHUNT	93990	CPT	both			390	144.6	Wellcare	Medicare		125.74				123.05	819.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DUPLEX, SHUNT	93990	CPT	both			390	144.6	Wellcare	Medicaid		123.05	31.55			123.05	819.54	percent of total billed charges	
DUPLEX, SHUNT	93990	CPT	both			390	144.6	WellPoint	WellPoint		125.5	32.18			123.05	819.54	percent of total billed charges	
VENTILATOR SET-UP	94002	CPT	both			2703	824.21	Aetna	Commercial		1140.99				128.18	2567.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENTILATOR SET-UP	94002	CPT	both			2703	824.21	Aetna	Medicare		832.52	30.8			128.18	2567.85	percent of total billed charges	
VENTILATOR SET-UP	94002	CPT	both			2703	824.21	Aetna	Better Health		852.8	31.55			128.18	2567.85	percent of total billed charges	
VENTILATOR SET-UP	94002	CPT	both			2703	824.21	Americare	Americare		2027.25	75			128.18	2567.85	percent of total billed charges	
VENTILATOR SET-UP	94002	CPT	both			2703	824.21	Amerihealth	HMO/PPO		1766.95	65			128.18	2567.85	percent of total billed charges	
VENTILATOR SET-UP	94002	CPT	both			2703	824.21	Amerihealth	Medicare		716.7				128.18	2567.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
VENTILATOR SET-UP	94002	CPT	both			2703	824.21	Consumer	Consumer		2567.85	95			128.18		2567.85 percent of total billed charges	
VENTILATOR SET-UP	94002	CPT	both			2703	824.21	Corrections	Corrections		2162.4	80			128.18		2567.85 percent of total billed charges	
VENTILATOR SET-UP	94002	CPT	both			2703	824.21	First Health	First Health		1892.1	70			128.18		2567.85 percent of total billed charges	
VENTILATOR SET-UP	94002	CPT	both			2703	824.21	First Trenton	First Trenton		2432.7	90			128.18		2567.85 percent of total billed charges	
VENTILATOR SET-UP	94002	CPT	both			2703	824.21	Horizon	Indemnity		1333.78				128.18		2567.85 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENTILATOR SET-UP	94002	CPT	both			2703	824.21	Horizon	Medicare Blue		716.7				128.18		2567.85 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENTILATOR SET-UP	94002	CPT	both			2703	824.21	Horizon	NJ Health		128.18				128.18		2567.85 fee schedule	
VENTILATOR SET-UP	94002	CPT	both			2703	824.21	Horizon	MGD		1333.78				128.18		2567.85 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENTILATOR SET-UP	94002	CPT	both			2703	824.21	Horizon	PPO		1333.78				128.18		2567.85 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENTILATOR SET-UP	94002	CPT	both			2703	824.21	Managed Care Inc	Managed Care Inc		2432.7	90			128.18		2567.85 percent of total billed charges	
VENTILATOR SET-UP	94002	CPT	both			2703	824.21	Multiplan	Multiplan		2162.4	80			128.18		2567.85 percent of total billed charges	
VENTILATOR SET-UP	94002	CPT	both			2703	824.21	Qualcare	Qualcare		2027.25	75			128.18		2567.85 percent of total billed charges	
VENTILATOR SET-UP	94002	CPT	both			2703	824.21	Three Rivers	Three Rivers		2567.85	95			128.18		2567.85 percent of total billed charges	
VENTILATOR SET-UP	94002	CPT	both			2703	824.21	UHC	Medicare		716.7				128.18		2567.85 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENTILATOR SET-UP	94002	CPT	both			2703	824.21	UHC	Medicaid		852.8	31.55			128.18		2567.85 percent of total billed charges	
VENTILATOR SET-UP	94002	CPT	both			2703	824.21	Wellcare	Medicare		716.7				128.18		2567.85 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENTILATOR SET-UP	94002	CPT	both			2703	824.21	Wellcare	Medicaid		852.8	31.55			128.18		2567.85 percent of total billed charges	
VENTILATOR SET-UP	94002	CPT	both			2703	824.21	WellPoint	WellPoint		869.83	32.18			128.18		2567.85 percent of total billed charges	
VENTILATOR-DAY,SUBSEQUENT X-	94003	CPT	both			999	824.21	Aetna	Commercial		1140.99				92.42		1333.78 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENTILATOR-DAY,SUBSEQUENT X-	94003	CPT	both			999	824.21	Aetna	Better Health		315.18	31.55			92.42		1333.78 percent of total billed charges	
VENTILATOR-DAY,SUBSEQUENT X-	94003	CPT	both			999	824.21	Aetna	Medicare		716.7				92.42		1333.78 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENTILATOR-DAY,SUBSEQUENT X-	94003	CPT	both			999	824.21	Americare	Americare		749.25	75			92.42		1333.78 percent of total billed charges	
VENTILATOR-DAY,SUBSEQUENT X-	94003	CPT	both			999	824.21	Amerihealth	HMO/PPO		649.35	65			92.42		1333.78 percent of total billed charges	
VENTILATOR-DAY,SUBSEQUENT X-	94003	CPT	both			999	824.21	Amerihealth	Medicare		716.7				92.42		1333.78 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENTILATOR-DAY,SUBSEQUENT X-	94003	CPT	both			999	824.21	Consumer	Consumer		949.05	95			92.42		1333.78 percent of total billed charges	
VENTILATOR-DAY,SUBSEQUENT X-	94003	CPT	both			999	824.21	Corrections	Corrections		799.2	80			92.42		1333.78 percent of total billed charges	
VENTILATOR-DAY,SUBSEQUENT X-	94003	CPT	both			999	824.21	First Health	First Health		699.3	70			92.42		1333.78 percent of total billed charges	
VENTILATOR-DAY,SUBSEQUENT X-	94003	CPT	both			999	824.21	First Trenton	First Trenton		899.1	90			92.42		1333.78 percent of total billed charges	
VENTILATOR-DAY,SUBSEQUENT X-	94003	CPT	both			999	824.21	Horizon	MGD		1333.78				92.42		1333.78 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENTILATOR-DAY,SUBSEQUENT X-	94003	CPT	both			999	824.21	Horizon	NJ Health		92.42				92.42		1333.78 fee schedule	
VENTILATOR-DAY,SUBSEQUENT X-	94003	CPT	both			999	824.21	Horizon	Indemnity		1333.78				92.42		1333.78 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENTILATOR-DAY,SUBSEQUENT X-	94003	CPT	both			999	824.21	Horizon	PPO		1333.78				92.42		1333.78 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENTILATOR-DAY,SUBSEQUENT X-	94003	CPT	both			999	824.21	Horizon	Medicare Blue		716.7				92.42		1333.78 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENTILATOR-DAY,SUBSEQUENT X-	94003	CPT	both			999	824.21	Managed Care Inc	Managed Care Inc		899.1	90			92.42		1333.78 percent of total billed charges	
VENTILATOR-DAY,SUBSEQUENT X-	94003	CPT	both			999	824.21	Multiplan	Multiplan		799.2	80			92.42		1333.78 percent of total billed charges	
VENTILATOR-DAY,SUBSEQUENT X-	94003	CPT	both			999	824.21	Qualcare	Qualcare		749.25	75			92.42		1333.78 percent of total billed charges	
VENTILATOR-DAY,SUBSEQUENT X-	94003	CPT	both			999	824.21	Three Rivers	Three Rivers		949.05	95			92.42		1333.78 percent of total billed charges	
VENTILATOR-DAY,SUBSEQUENT X-	94003	CPT	both			999	824.21	UHC	Medicaid		315.18	31.55			92.42		1333.78 percent of total billed charges	
VENTILATOR-DAY,SUBSEQUENT X-	94003	CPT	both			999	824.21	UHC	Medicare		716.7				92.42		1333.78 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENTILATOR-DAY,SUBSEQUENT X-	94003	CPT	both			999	824.21	Wellcare	Medicare		716.7				92.42		1333.78 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENTILATOR-DAY,SUBSEQUENT X-	94003	CPT	both			999	824.21	Wellcare	Medicaid		315.18	31.55			92.42		1333.78 percent of total billed charges	
VENTILATOR-DAY,SUBSEQUENT X-	94003	CPT	both			999	824.21	WellPoint	WellPoint		321.48	32.18			92.42		1333.78 percent of total billed charges	
SPIROMETRY	94010	CPT	both			566	205.45	Aetna	Commercial		284.41				96.23		537.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPIROMETRY	94010	CPT	both			566	205.45	Aetna	Better Health		178.57	31.55			96.23		537.7 percent of total billed charges	
SPIROMETRY	94010	CPT	both			566	205.45	Aetna	Medicare		178.65				96.23		537.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPIROMETRY	94010	CPT	both			566	205.45	Americare	Americare		424.5	75			96.23		537.7 percent of total billed charges	
SPIROMETRY	94010	CPT	both			566	205.45	Amerihealth	HMO/PPO		367.9	65			96.23		537.7 percent of total billed charges	
SPIROMETRY	94010	CPT	both			566	205.45	Amerihealth	Medicare		178.65				96.23		537.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPIROMETRY	94010	CPT	both			566	205.45	Consumer	Consumer		537.7	95			96.23		537.7 percent of total billed charges	
SPIROMETRY	94010	CPT	both			566	205.45	Corrections	Corrections		452.8	80			96.23		537.7 percent of total billed charges	
SPIROMETRY	94010	CPT	both			566	205.45	First Health	First Health		396.2	70			96.23		537.7 percent of total billed charges	
SPIROMETRY	94010	CPT	both			566	205.45	First Trenton	First Trenton		509.4	90			96.23		537.7 percent of total billed charges	
SPIROMETRY	94010	CPT	both			566	205.45	Horizon	MGD		332.47				96.23		537.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPIROMETRY	94010	CPT	both			566	205.45	Horizon	Medicare Blue		178.65				96.23		537.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPIROMETRY	94010	CPT	both			566	205.45	Horizon	NJ Health		414.99				96.23		537.7 fee schedule	
SPIROMETRY	94010	CPT	both			566	205.45	Horizon	Indemnity		332.47				96.23		537.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPIROMETRY	94010	CPT	both			566	205.45	Horizon	PPO		332.47				96.23		537.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPIROMETRY	94010	CPT	both			566	205.45	Managed Care Inc	Managed Care Inc		509.4	90			96.23		537.7 percent of total billed charges	
SPIROMETRY	94010	CPT	both			566	205.45	Multiplan	Multiplan		452.8	80			96.23		537.7 percent of total billed charges	
SPIROMETRY	94010	CPT	both			566	205.45	Qualcare	Qualcare		424.5	75			96.23		537.7 percent of total billed charges	
SPIROMETRY	94010	CPT	both			566	205.45	Three Rivers	Three Rivers		537.7	95			96.23		537.7 percent of total billed charges	
SPIROMETRY	94010	CPT	both			566	205.45	UHC	Medicare		178.65				96.23		537.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPIROMETRY	94010	CPT	both			566	205.45	UHC	Medicaid		178.57	31.55			96.23		537.7 percent of total billed charges	
SPIROMETRY	94010	CPT	both			566	205.45	Wellcare	Medicare		178.65				96.23		537.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPIROMETRY	94010	CPT	both			566	205.45	Wellcare	Medicaid		178.57	31.55			96.23		537.7 percent of total billed charges	
SPIROMETRY	94010	CPT	both			566	205.45	WellPoint	WellPoint		182.14	32.18			96.23		537.7 percent of total billed charges	
PATIENT RECORDED SPIROMETRY	94014	CPT	outpatient			750	524.04	Aetna	Medicare		231	30.8			231		848.04 percent of total billed charges	
PATIENT RECORDED SPIROMETRY	94014	CPT	outpatient			750	524.04	Aetna	Commercial		725.46				231		848.04 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PATIENT RECORDED SPIROMETRY	94014	CPT	outpatient			750	524.04	Aetna	Better Health		236.63	31.55			231		848.04 percent of total billed charges	
PATIENT RECORDED SPIROMETRY	94014	CPT	outpatient			750	524.04	Americare	Americare		562.5	75			231		848.04 percent of total billed charges	
PATIENT RECORDED SPIROMETRY	94014	CPT	outpatient			750	524.04	Amerihealth	HMO/PPO		487.5	65			231		848.04 percent of total billed charges	
PATIENT RECORDED SPIROMETRY	94014	CPT	outpatient			750	524.04	Amerihealth	Medicare		455.69				231		848.04 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PATIENT RECORDED SPIROMETRY	94014	CPT	outpatient			750	524.04	Consumer	Consumer		712.5	95			231		848.04 percent of total billed charges	
PATIENT RECORDED SPIROMETRY	94014	CPT	outpatient			750	524.04	Corrections	Corrections		600	80			231		848.04 percent of total billed charges	
PATIENT RECORDED SPIROMETRY	94014	CPT	outpatient			750	524.04	First Health	First Health		525	70			231		848.04 percent of total billed charges	
PATIENT RECORDED SPIROMETRY	94014	CPT	outpatient			750	524.04	First Trenton	First Trenton		675	90			231		848.04 percent of total billed charges	
PATIENT RECORDED SPIROMETRY	94014	CPT	outpatient			750	524.04	Horizon	Medicare Blue		455.69				231		848.04 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PATIENT RECORDED SPIROMETRY	94014	CPT	outpatient			750	524.04	Horizon	PPO		848.04				231		848.04 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PATIENT RECORDED SPIROMETRY	94014	CPT	outpatient			750	524.04	Horizon	MGD		848.04				231		848.04 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PATIENT RECORDED SPIROMETRY	94014	CPT	outpatient			750	524.04	Horizon	Indemnity		848.04				231		848.04 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PATIENT RECORDED SPIROMETRY	94014	CPT	outpatient			750	524.04	Horizon	NJ Health		318.42				231		848.04 fee schedule	
PATIENT RECORDED SPIROMETRY	94014	CPT	outpatient			750	524.04	Managed Care Inc	Managed Care Inc		675	90			231		848.04 percent of total billed charges	
PATIENT RECORDED SPIROMETRY	94014	CPT	outpatient			750	524.04	Multiplan	Multiplan		600	80			231		848.04 percent of total billed charges	
PATIENT RECORDED SPIROMETRY	94014	CPT	outpatient			750	524.04	Qualcare	Qualcare		562.5	75			231		848.04 percent of total billed charges	
PATIENT RECORDED SPIROMETRY	94014	CPT	outpatient			750	524.04	Three Rivers	Three Rivers		712.5	95			231		848.04 percent of total billed charges	
PATIENT RECORDED SPIROMETRY	94014	CPT	outpatient			750	524.04	UHC	Medicaid		236.63	31.55			231		848.04 percent of total billed charges	
PATIENT RECORDED SPIROMETRY	94014	CPT	outpatient			750	524.04	UHC	Medicare		455.69				231		848.04 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PATIENT RECORDED SPIROMETRY	94014	CPT	outpatient			750	524.04	Wellcare	Medicaid		236.63	31.55			231		848.04 percent of total billed charges	
PATIENT RECORDED SPIROMETRY	94014	CPT	outpatient			750	524.04	Wellcare	Medicare		455.69				231		848.04 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PATIENT RECORDED SPIROMETRY	94014	CPT	outpatient			750	524.04	WellPoint	WellPoint		241.35	32.18			231		848.04 percent of total billed charges	
SPIROMETRY W/BRONCH	94060	CPT	both			1023	412.82	Aetna	Better Health		322.76	31.55			153.65		971.85 percent of total billed charges	
SPIROMETRY W/BRONCH	94060	CPT	both			1023	412.82	Aetna	Commercial		571.48				153.65		971.85 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPIROMETRY W/BRONCH	94060	CPT	both			1023	412.82	Aetna	Medicare		358.97				153.65		971.85 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPIROMETRY W/BRONCH	94060	CPT	both			1023	412.82	Americare	Americare		767.25	75			153.65		971.85 percent of total billed charges	
SPIROMETRY W/BRONCH	94060	CPT	both			1023	412.82	Amerihealth	HMO/PPO		664.95	65			153.65		971.85 percent of total billed charges	
SPIROMETRY W/BRONCH	94060	CPT	both			1023	412.82	Amerihealth	Medicare		358.97				153.65		971.85 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPIROMETRY W/BRONCH	94060	CPT	both			1023	412.82	Consumer	Consumer		971.85	95			153.65		971.85 percent of total billed charges	
SPIROMETRY W/BRONCH	94060	CPT	both			1023	412.82	Corrections	Corrections		818.4	80			153.65		971.85 percent of total billed charges	
SPIROMETRY W/BRONCH	94060	CPT	both			1023	412.82	First Health	First Health		716.1	70			153.65		971.85 percent of total billed charges	
SPIROMETRY W/BRONCH	94060	CPT	both			1023	412.82	First Trenton	First Trenton		920.7	90			153.65		971.85 percent of total billed charges	
SPIROMETRY W/BRONCH	94060	CPT	both			1023	412.82	Horizon	Medicare Blue		358.97				153.65		971.85 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPIROMETRY W/BRONCH	94060	CPT	both			1023	412.82	Horizon	MGD		668.04				153.65		971.85 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPIROMETRY W/BRONCH	94060	CPT	both			1023	412.82	Horizon	PPO		668.04				153.65		971.85 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPIROMETRY W/BRONCH	94060	CPT	both			1023	412.82	Horizon	Indemnity		668.04				153.65		971.85 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPIROMETRY W/BRONCH	94060	CPT	both			1023	412.82	Horizon	NJ Health		566.37				153.65		971.85 fee schedule	
SPIROMETRY W/BRONCH	94060	CPT	both			1023	412.82	Managed Care Inc	Managed Care Inc		920.7	90			153.65		971.85 percent of total billed charges	
SPIROMETRY W/BRONCH	94060	CPT	both			1023	412.82	Multiplan	Multiplan		818.4	80			153.65		971.85 percent of total billed charges	
SPIROMETRY W/BRONCH	94060	CPT	both			1023	412.82	Qualcare	Qualcare		767.25	75			153.65		971.85 percent of total billed charges	
SPIROMETRY W/BRONCH	94060	CPT	both			1023	412.82	Three Rivers	Three Rivers		971.85	95			153.65		971.85 percent of total billed charges	
SPIROMETRY W/BRONCH	94060	CPT	both			1023	412.82	UHC	Medicaid		322.76	31.55			153.65		971.85 percent of total billed charges	
SPIROMETRY W/BRONCH	94060	CPT	both			1023	412.82	UHC	Medicare		358.97				153.65		971.85 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPIROMETRY W/BRONCH	94060	CPT	both			1023	412.82	Wellcare	Medicare		358.97				153.65		971.85 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPIROMETRY W/BRONCH	94060	CPT	both			1023	412.82	Wellcare	Medicaid		322.76	31.55			153.65		971.85 percent of total billed charges	
SPIROMETRY W/BRONCH	94060	CPT	both			1023	412.82	WellPoint	WellPoint		329.2	32.18			153.65		971.85 percent of total billed charges	
PROL.POST EXPO.EVAL(METHOLOCOLINE)	94070	CPT	outpatient			1007	412.82	Aetna	Commercial		571.48				275.75		1169.28 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROL.POST EXPO.EVAL(METHOLOCOLINE)	94070	CPT	outpatient			1007	412.82	Aetna	Better Health		317.71	31.55			275.75		1169.28 percent of total billed charges	
PROL.POST EXPO.EVAL(METHOLOCOLINE)	94070	CPT	outpatient			1007	412.82	Aetna	Medicare		358.97				275.75		1169.28 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROL.POST EXPO.EVAL(METHOLOCOLINE)	94070	CPT	outpatient			1007	412.82	Americare	Americare		755.25	75			275.75		1169.28 percent of total billed charges	
PROL.POST EXPO.EVAL(METHOLOCOLINE)	94070	CPT	outpatient			1007	412.82	Amerihealth	HMO/PPO		654.55	65			275.75		1169.28 percent of total billed charges	
PROL.POST EXPO.EVAL(METHOLOCOLINE)	94070	CPT	outpatient			1007	412.82	Amerihealth	Medicare		358.97				275.75		1169.28 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROL.POST EXPO.EVAL(METHOLOCOLINE)	94070	CPT	outpatient			1007	412.82	Consumer	Consumer		956.65	95			275.75		1169.28 percent of total billed charges	
PROL.POST EXPO.EVAL(METHOLOCOLINE)	94070	CPT	outpatient			1007	412.82	Corrections	Corrections		805.6	80			275.75		1169.28 percent of total billed charges	
PROL.POST EXPO.EVAL(METHOLOCOLINE)	94070	CPT	outpatient			1007	412.82	First Health	First Health		704.9	70			275.75		1169.28 percent of total billed charges	
PROL.POST EXPO.EVAL(METHOLOCOLINE)	94070	CPT	outpatient			1007	412.82	First Trenton	First Trenton		906.3	90			275.75		1169.28 percent of total billed charges	
PROL.POST EXPO.EVAL(METHOLOCOLINE)	94070	CPT	outpatient			1007	412.82	Horizon	MGD		668.04				275.75		1169.28 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROL.POST EXPO.EVAL(METHOLOCOLINE)	94070	CPT	outpatient			1007	412.82	Horizon	Medicare Blue		358.97				275.75		1169.28 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROL.POST EXPO.EVAL(METHOLOCOLINE)	94070	CPT	outpatient			1007	412.82	Horizon	PPO		668.04				275.75		1169.28 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROL.POST EXPO.EVAL(METHOLOCOLINE)	94070	CPT	outpatient			1007	412.82	Horizon	Indemnity		668.04				275.75		1169.28 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROL.POST EXPO.EVAL(METHOLOCOLINE)	94070	CPT	outpatient			1007	412.82	Horizon	NJ Health		1169.28				275.75		1169.28 fee schedule	
PROL.POST EXPO.EVAL(METHOLOCOLINE)	94070	CPT	outpatient			1007	412.82	Managed Care Inc	Managed Care Inc		906.3	90			275.75		1169.28 percent of total billed charges	
PROL.POST EXPO.EVAL(METHOLOCOLINE)	94070	CPT	outpatient			1007	412.82	Multiplan	Multiplan		805.6	80			275.75		1169.28 percent of total billed charges	
PROL.POST EXPO.EVAL(METHOLOCOLINE)	94070	CPT	outpatient			1007	412.82	Qualcare	Qualcare		755.25	75			275.75		1169.28 percent of total billed charges	
PROL.POST EXPO.EVAL(METHOLOCOLINE)	94070	CPT	outpatient			1007	412.82	Three Rivers	Three Rivers		956.65	95			275.75		1169.28 percent of total billed charges	
PROL.POST EXPO.EVAL(METHOLOCOLINE)	94070	CPT	outpatient			1007	412.82	UHC	Medicare		358.97				275.75		1169.28 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROL.POST EXPO.EVAL(METHOLOCOLINE)	94070	CPT	outpatient			1007	412.82	UHC	Medicaid		317.71	31.55			275.75		1169.28 percent of total billed charges	
PROL.POST EXPO.EVAL(METHOLOCOLINE)	94070	CPT	outpatient			1007	412.82	Wellcare	Medicaid		317.71	31.55			275.75		1169.28 percent of total billed charges	
PROL.POST EXPO.EVAL(METHOLOCOLINE)	94070	CPT	outpatient			1007	412.82	Wellcare	Medicare		358.97				275.75		1169.28 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROL.POST EXPO.EVAL(METHOLOCOLINE)	94070	CPT	outpatient			1007	412.82	WellPoint	WellPoint		324.05	32.18			275.75		1169.28 percent of total billed charges	
VITAL CAPACITY TOTAL	94150	CPT	both			566	205.45	Aetna	Better Health		178.57	31.55			85.82		537.7 percent of total billed charges	
VITAL CAPACITY TOTAL	94150	CPT	both			566	205.45	Aetna	Commercial		284.41				85.82		537.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VITAL CAPACITY TOTAL	94150	CPT	both			566	205.45	Aetna	Medicare		178.65				85.82		537.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VITAL CAPACITY TOTAL	94150	CPT	both			566	205.45	Americare	Americare		424.5	75			85.82		537.7 percent of total billed charges	
VITAL CAPACITY TOTAL	94150	CPT	both			566	205.45	Amerihealth	HMO/PPO		367.9	65			85.82		537.7 percent of total billed charges	
VITAL CAPACITY TOTAL	94150	CPT	both			566	205.45	Amerihealth	Medicare		178.65				85.82		537.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VITAL CAPACITY TOTAL	94150	CPT	both			566	205.45	Consumer	Consumer		537.7	95			85.82		537.7 percent of total billed charges	
VITAL CAPACITY TOTAL	94150	CPT	both			566	205.45	Corrections	Corrections		452.8	80			85.82		537.7 percent of total billed charges	
VITAL CAPACITY TOTAL	94150	CPT	both			566	205.45	First Health	First Health		396.2	70			85.82		537.7 percent of total billed charges	
VITAL CAPACITY TOTAL	94150	CPT	both			566	205.45	First Trenton	First Trenton		509.4	90			85.82		537.7 percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.															
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true														
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
VITAL CAPACITY TOTAL	94150	CPT	both			566		205.45 Horizon	Indemnity		332.47				85.82	537.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VITAL CAPACITY TOTAL	94150	CPT	both			566		205.45 Horizon	NJ Health		169.65				85.82	537.7	fee schedule	
VITAL CAPACITY TOTAL	94150	CPT	both			566		205.45 Horizon	MGD		332.47				85.82	537.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VITAL CAPACITY TOTAL	94150	CPT	both			566		205.45 Horizon	Medicare Blue		178.65				85.82	537.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VITAL CAPACITY TOTAL	94150	CPT	both			566		205.45 Horizon	PPO		332.47				85.82	537.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VITAL CAPACITY TOTAL	94150	CPT	both			566		205.45 Managed Care Inc	Managed Care Inc		509.4	90			85.82	537.7	percent of total billed charges	
VITAL CAPACITY TOTAL	94150	CPT	both			566		205.45 Multiplan	Multiplan		452.8	80			85.82	537.7	percent of total billed charges	
VITAL CAPACITY TOTAL	94150	CPT	both			566		205.45 Qualcare	Qualcare		424.5	75			85.82	537.7	percent of total billed charges	
VITAL CAPACITY TOTAL	94150	CPT	both			566		205.45 Three Rivers	Three Rivers		537.7	95			85.82	537.7	percent of total billed charges	
VITAL CAPACITY TOTAL	94150	CPT	both			566		205.45 UHC	Medicare		178.65				85.82	537.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VITAL CAPACITY TOTAL	94150	CPT	both			566		205.45 UHC	Medicaid		178.57	31.55			85.82	537.7	percent of total billed charges	
VITAL CAPACITY TOTAL	94150	CPT	both			566		205.45 Wellcare	Medicaid		178.57	31.55			85.82	537.7	percent of total billed charges	
VITAL CAPACITY TOTAL	94150	CPT	both			566		205.45 Wellcare	Medicare		178.65				85.82	537.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VITAL CAPACITY TOTAL	94150	CPT	both			566		205.45 WellPoint	WellPoint		182.14	32.18			85.82	537.7	percent of total billed charges	
VITAL TESTS, PEAK FLOW RATE	94200	CPT	outpatient			599		80.45 Aetna	Commercial		111.38				61.84	569.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VITAL TESTS, PEAK FLOW RATE	94200	CPT	outpatient			599		80.45 Aetna	Better Health		188.98	31.55			61.84	569.05	percent of total billed charges	
VITAL TESTS, PEAK FLOW RATE	94200	CPT	outpatient			599		80.45 Aetna	Medicare		69.96				61.84	569.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VITAL TESTS, PEAK FLOW RATE	94200	CPT	outpatient			599		80.45 Americare	Americare		449.25	75			61.84	569.05	percent of total billed charges	
VITAL TESTS, PEAK FLOW RATE	94200	CPT	outpatient			599		80.45 Amerihealth	HMO/PPO		389.35	65			61.84	569.05	percent of total billed charges	
VITAL TESTS, PEAK FLOW RATE	94200	CPT	outpatient			599		80.45 Amerihealth	Medicare		69.96				61.84	569.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VITAL TESTS, PEAK FLOW RATE	94200	CPT	outpatient			599		80.45 Consumer	Consumer		569.05	95			61.84	569.05	percent of total billed charges	
VITAL TESTS, PEAK FLOW RATE	94200	CPT	outpatient			599		80.45 Corrections	Corrections		479.2	80			61.84	569.05	percent of total billed charges	
VITAL TESTS, PEAK FLOW RATE	94200	CPT	outpatient			599		80.45 First Health	First Health		419.3	70			61.84	569.05	percent of total billed charges	
VITAL TESTS, PEAK FLOW RATE	94200	CPT	outpatient			599		80.45 First Trenton	First Trenton		539.1	90			61.84	569.05	percent of total billed charges	
VITAL TESTS, PEAK FLOW RATE	94200	CPT	outpatient			599		80.45 Horizon	Indemnity		130.2				61.84	569.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VITAL TESTS, PEAK FLOW RATE	94200	CPT	outpatient			599		80.45 Horizon	Medicare Blue		69.96				61.84	569.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VITAL TESTS, PEAK FLOW RATE	94200	CPT	outpatient			599		80.45 Horizon	NJ Health		167.04				61.84	569.05	fee schedule	
VITAL TESTS, PEAK FLOW RATE	94200	CPT	outpatient			599		80.45 Horizon	MGD		130.2				61.84	569.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VITAL TESTS, PEAK FLOW RATE	94200	CPT	outpatient			599		80.45 Horizon	PPO		130.2				61.84	569.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VITAL TESTS, PEAK FLOW RATE	94200	CPT	outpatient			599		80.45 Managed Care Inc	Managed Care Inc		539.1	90			61.84	569.05	percent of total billed charges	
VITAL TESTS, PEAK FLOW RATE	94200	CPT	outpatient			599		80.45 Multiplan	Multiplan		479.2	80			61.84	569.05	percent of total billed charges	
VITAL TESTS, PEAK FLOW RATE	94200	CPT	outpatient			599		80.45 Qualcare	Qualcare		449.25	75			61.84	569.05	percent of total billed charges	
VITAL TESTS, PEAK FLOW RATE	94200	CPT	outpatient			599		80.45 Three Rivers	Three Rivers		569.05	95			61.84	569.05	percent of total billed charges	
VITAL TESTS, PEAK FLOW RATE	94200	CPT	outpatient			599		80.45 UHC	Medicare		69.96				61.84	569.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VITAL TESTS, PEAK FLOW RATE	94200	CPT	outpatient			599		80.45 UHC	Medicaid		188.98	31.55			61.84	569.05	percent of total billed charges	
VITAL TESTS, PEAK FLOW RATE	94200	CPT	outpatient			599		80.45 Wellcare	Medicare		69.96				61.84	569.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VITAL TESTS, PEAK FLOW RATE	94200	CPT	outpatient			599		80.45 Wellcare	Medicaid		188.98	31.55			61.84	569.05	percent of total billed charges	
VITAL TESTS, PEAK FLOW RATE	94200	CPT	outpatient			599		80.45 WellPoint	WellPoint		192.76	32.18			61.84	569.05	percent of total billed charges	
RESPIRATORY FLOW VOLUME LOOP	94375	CPT	outpatient			1036		412.82 Aetna	Commercial		571.48				120.84	984.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESPIRATORY FLOW VOLUME LOOP	94375	CPT	outpatient			1036		412.82 Aetna	Better Health		326.86	31.55			120.84	984.2	percent of total billed charges	
RESPIRATORY FLOW VOLUME LOOP	94375	CPT	outpatient			1036		412.82 Aetna	Medicare		358.97				120.84	984.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESPIRATORY FLOW VOLUME LOOP	94375	CPT	outpatient			1036		412.82 Americare	Americare		777	75			120.84	984.2	percent of total billed charges	
RESPIRATORY FLOW VOLUME LOOP	94375	CPT	outpatient			1036		412.82 Amerihealth	HMO/PPO		673.4	65			120.84	984.2	percent of total billed charges	
RESPIRATORY FLOW VOLUME LOOP	94375	CPT	outpatient			1036		412.82 Amerihealth	Medicare		358.97				120.84	984.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESPIRATORY FLOW VOLUME LOOP	94375	CPT	outpatient			1036		412.82 Consumer	Consumer		984.2	95			120.84	984.2	percent of total billed charges	
RESPIRATORY FLOW VOLUME LOOP	94375	CPT	outpatient			1036		412.82 Corrections	Corrections		828.8	80			120.84	984.2	percent of total billed charges	
RESPIRATORY FLOW VOLUME LOOP	94375	CPT	outpatient			1036		412.82 First Health	First Health		725.2	70			120.84	984.2	percent of total billed charges	
RESPIRATORY FLOW VOLUME LOOP	94375	CPT	outpatient			1036		412.82 First Trenton	First Trenton		932.4	90			120.84	984.2	percent of total billed charges	
RESPIRATORY FLOW VOLUME LOOP	94375	CPT	outpatient			1036		412.82 Horizon	PPO		668.04				120.84	984.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESPIRATORY FLOW VOLUME LOOP	94375	CPT	outpatient			1036		412.82 Horizon	Medicare Blue		358.97				120.84	984.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESPIRATORY FLOW VOLUME LOOP	94375	CPT	outpatient			1036		412.82 Horizon	MGD		668.04				120.84	984.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESPIRATORY FLOW VOLUME LOOP	94375	CPT	outpatient			1036		412.82 Horizon	Indemnity		668.04				120.84	984.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESPIRATORY FLOW VOLUME LOOP	94375	CPT	outpatient			1036		412.82 Horizon	NJ Health		140.94				120.84	984.2	fee schedule	
RESPIRATORY FLOW VOLUME LOOP	94375	CPT	outpatient			1036		412.82 Managed Care Inc	Managed Care Inc		932.4	90			120.84	984.2	percent of total billed charges	
RESPIRATORY FLOW VOLUME LOOP	94375	CPT	outpatient			1036		412.82 Multiplan	Multiplan		828.8	80			120.84	984.2	percent of total billed charges	
RESPIRATORY FLOW VOLUME LOOP	94375	CPT	outpatient			1036		412.82 Qualcare	Qualcare		777	75			120.84	984.2	percent of total billed charges	
RESPIRATORY FLOW VOLUME LOOP	94375	CPT	outpatient			1036		412.82 Three Rivers	Three Rivers		984.2	95			120.84	984.2	percent of total billed charges	
RESPIRATORY FLOW VOLUME LOOP	94375	CPT	outpatient			1036		412.82 UHC	Medicaid		326.86	31.55			120.84	984.2	percent of total billed charges	
RESPIRATORY FLOW VOLUME LOOP	94375	CPT	outpatient			1036		412.82 UHC	Medicare		358.97				120.84	984.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESPIRATORY FLOW VOLUME LOOP	94375	CPT	outpatient			1036		412.82 Wellcare	Medicare		358.97				120.84	984.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESPIRATORY FLOW VOLUME LOOP	94375	CPT	outpatient			1036		412.82 Wellcare	Medicaid		326.86	31.55			120.84	984.2	percent of total billed charges	
RESPIRATORY FLOW VOLUME LOOP	94375	CPT	outpatient			1036		412.82 WellPoint	WellPoint		333.38	32.18			120.84	984.2	percent of total billed charges	
BREATHING RESP CO2	94400	CPT	outpatient			391		Aetna	Medicare		120.43	30.8			117.3	371.45	percent of total billed charges	
BREATHING RESP CO2	94400	CPT	outpatient			391		Aetna	Commercial		148.58	38			117.3	371.45	percent of total billed charges	
BREATHING RESP CO2	94400	CPT	outpatient			391		Aetna	Better Health		123.36	31.55			117.3	371.45	percent of total billed charges	
BREATHING RESP CO2	94400	CPT	outpatient			391		Americare	Americare		293.25	75			117.3	371.45	percent of total billed charges	
BREATHING RESP CO2	94400	CPT	outpatient			391		Amerihealth	HMO/PPO		254.15	65			117.3	371.45	percent of total billed charges	
BREATHING RESP CO2	94400	CPT	outpatient			391		Consumer	Consumer		371.45	95			117.3	371.45	percent of total billed charges	
BREATHING RESP CO2	94400	CPT	outpatient			391		Corrections	Corrections		312.8	80			117.3	371.45	percent of total billed charges	
BREATHING RESP CO2	94400	CPT	outpatient			391		First Health	First Health		273.7	70			117.3	371.45	percent of total billed charges	
BREATHING RESP CO2	94400	CPT	outpatient			391		First Trenton	First Trenton		351.9	90			117.3	371.45	percent of total billed charges	
BREATHING RESP CO2	94400	CPT	outpatient			391		Horizon	Indemnity		149.67	38.28			117.3	371.45	percent of total billed charges	
BREATHING RESP CO2	94400	CPT	outpatient			391		Horizon	Medicare Blue		117.3	30			117.3	371.45	percent of total billed charges	
BREATHING RESP CO2	94400	CPT	outpatient			391		Horizon	MGD		149.67	38.28			117.3	371.45	percent of total billed charges	
BREATHING RESP CO2	94400	CPT	outpatient			391		Horizon	PPO		149.67	38.28			117.3	371.45	percent of total billed charges	
BREATHING RESP CO2	94400	CPT	outpatient			391		Managed Care Inc	Managed Care Inc		351.9	90			117.3	371.45	percent of total billed charges	
BREATHING RESP CO2	94400	CPT	outpatient			391		Multiplan	Multiplan		312.8	80			117.3	371.45	percent of total billed charges	
BREATHING RESP CO2	94400	CPT	outpatient			391		Qualcare	Qualcare		293.25	75			117.3	371.45	percent of total billed charges	
BREATHING RESP CO2	94400	CPT	outpatient			391		Three Rivers	Three Rivers		371.45	95			117.3	371.45	percent of total billed charges	
BREATHING RESP CO2	94400	CPT	outpatient			391		UHC	Medicaid		123.36	31.55			117.3	371.45	percent of total billed charges	
BREATHING RESP CO2	94400	CPT	outpatient			391		Wellcare	Medicaid		123.36	31.55			117.3	371.45	percent of total billed charges	
BREATHING RESP CO2	94400	CPT	outpatient			391		WellPoint	WellPoint		125.82	32.18			117.3	371.45	percent of total billed charges	
PULMONARY STRESS TEST, SIMPLE	94618	CPT	outpatient			484		168 Aetna	Better Health		152.7	31.55			41.68	459.8	percent of total billed charges	
PULMONARY STRESS TEST, SIMPLE	94618	CPT	outpatient			484		168 Aetna	Commercial		232.58				41.68	459.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PULMONARY STRESS TEST, SIMPLE	94618	CPT	outpatient			484		168 Aetna	Medicare		146.09				41.68	459.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PULMONARY STRESS TEST, SIMPLE	94618	CPT	outpatient			484		168 Americare	Americare		363	75			41.68	459.8	percent of total billed charges	
PULMONARY STRESS TEST, SIMPLE	94618	CPT	outpatient			484		168 Amerihealth	HMO/PPO		314.6	65			41.68	459.8	percent of total billed charges	
PULMONARY STRESS TEST, SIMPLE	94618	CPT	outpatient			484		168 Amerihealth	Medicare		146.09				41.68	459.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PULMONARY STRESS TEST, SIMPLE	94618	CPT	outpatient			484		168 Consumer	Consumer		459.8	95			41.68	459.8	percent of total billed charges	
PULMONARY STRESS TEST, SIMPLE	94618	CPT	outpatient			484		168 Corrections	Corrections		387.2	80			41.68	459.8	percent of total billed charges	
PULMONARY STRESS TEST, SIMPLE	94618	CPT	outpatient			484		168 First Health	First Health		338.8	70			41.68	459.8	percent of total billed charges	
PULMONARY STRESS TEST, SIMPLE	94618	CPT	outpatient			484		168 First Trenton	First Trenton		435.6	90			41.68	459.8	percent of total billed charges	
PULMONARY STRESS TEST, SIMPLE	94618	CPT	outpatient			484		168 Horizon	Medicare Blue		146.09				41.68	459.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PULMONARY STRESS TEST, SIMPLE	94618	CPT	outpatient			484		168 Horizon	NJ Health		41.68				41.68	459.8	fee schedule	
PULMONARY STRESS TEST, SIMPLE	94618	CPT	outpatient			484		168 Horizon	Indemnity		271.87				41.68	459.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PULMONARY STRESS TEST, SIMPLE	94618	CPT	outpatient			484		168 Horizon	MGD		271.87				41.68	459.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PULMONARY STRESS TEST, SIMPLE	94618	CPT	outpatient			484		168 Horizon	PPO		271.87				41.68	459.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PULMONARY STRESS TEST, SIMPLE	94618	CPT	outpatient			484		168 Managed Care Inc	Managed Care Inc		435.6	90			41.68	459.8	percent of total billed charges	
PULMONARY STRESS TEST, SIMPLE	94618	CPT	outpatient			484		168 Multiplan	Multiplan		387.2	80			41.68	459.8	percent of total billed charges	
PULMONARY STRESS TEST, SIMPLE	94618	CPT	outpatient			484		168 Qualcare	Qualcare		363	75			41.68	459.8	percent of total billed charges	
PULMONARY STRESS TEST, SIMPLE	94618	CPT	outpatient			484		168 Three Rivers	Three Rivers		459.8	95			41.68	459.8	percent of total billed charges	
PULMONARY STRESS TEST, SIMPLE	94618	CPT	outpatient			484		168 UHC	Medicaid		152.7	31.55			41.68	459.8	percent of total billed charges	
PULMONARY STRESS TEST, SIMPLE	94618	CPT	outpatient			484		168 UHC	Medicare		146.09				41.68	459.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PULMONARY STRESS TEST, SIMPLE	94618	CPT	outpatient			484		168 Wellcare	Medicare		146.09				41.68	459.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PULMONARY STRESS TEST, SIMPLE	94618	CPT	outpatient			484		168 Wellcare	Medicaid		152.7	31.55			41.68	459.8	percent of total billed charges	
PULMONARY STRESS TEST, SIMPLE	94618	CPT	outpatient			484		168 WellPoint	WellPoint		155.75	32.18			41.68	459.8	percent of total billed charges	
PULMONARY STRESS TEST	94620	CPT	outpatient			1011		Aetna	Better Health		318.97	31.55			303.3	960.45	percent of total billed charges	
PULMONARY STRESS TEST	94620	CPT	outpatient			1011		Aetna	Medicare		311.39	30.8			303.3	960.45	percent of total billed charges	
PULMONARY STRESS TEST	94620	CPT	outpatient			1011		Aetna	Commercial		384.18	38			303.3	960.45	percent of total billed charges	
PULMONARY STRESS TEST	94620	CPT	outpatient			1011		Americare	Americare		758.25	75			303.3	960.45	percent of total billed charges	
PULMONARY STRESS TEST	94620	CPT	outpatient			1011		Amerihealth	HMO/PPO		657.15	65			303.3	960.45	percent of total billed charges	
PULMONARY STRESS TEST	94620	CPT	outpatient			1011		Consumer	Consumer		960.45	95			303.3	960.45	percent of total billed charges	
PULMONARY STRESS TEST	94620	CPT	outpatient			1011		Corrections	Corrections		808.8	80			303.3	960.45	percent of total billed charges	
PULMONARY STRESS TEST	94620	CPT	outpatient			1011		First Health	First Health		707.7	70			303.3	960.45	percent of total billed charges	
PULMONARY STRESS TEST	94620	CPT	outpatient			1011		First Trenton	First Trenton		909.9	90			303.3	960.45	percent of total billed charges	
PULMONARY STRESS TEST	94620	CPT	outpatient			1011		Horizon	Indemnity		387.01	38.28			303.3	960.45	percent of total billed charges	
PULMONARY STRESS TEST	94620	CPT	outpatient			1011		Horizon	MGD		387.01	38.28			303.3	960.45	percent of total billed charges	
PULMONARY STRESS TEST	94620	CPT	outpatient			1011		Horizon	PPO		387.01	38.28			303.3	960.45	percent of total billed charges	
PULMONARY STRESS TEST	94620	CPT	outpatient			1011		Horizon	Medicare Blue		303.3	30			303.3	960.45	percent of total billed charges	
PULMONARY STRESS TEST	94620	CPT	outpatient			1011		Managed Care Inc	Managed Care Inc		909.9	90			303.3	960.45	percent of total billed charges	
PULMONARY STRESS TEST	94620	CPT	outpatient			1011		Multiplan	Multiplan		808.8	80			303.3	960.45	percent of total billed charges	
PULMONARY STRESS TEST	94620	CPT	outpatient			1011		Qualcare	Qualcare		758.25	75			303.3	960.45	percent of total billed charges	
PULMONARY STRESS TEST	94620	CPT	outpatient			1011		Three Rivers	Three Rivers		960.45	95			303.3	960.45	percent of total billed charges	
PULMONARY STRESS TEST	94620	CPT	outpatient			1011		UHC	Medicaid		318.97	31.55			303.3	960.45	percent of total billed charges	
PULMONARY STRESS TEST	94620	CPT	outpatient			1011		Wellcare	Medicaid		318.97	31.55			303.3	960.45	percent of total billed charges	
PULMONARY STRESS TEST	94620	CPT	outpatient			1011		WellPoint	WellPoint		325.34	32.18			303.3	960.45	percent of total billed charges	
CARDIOPULMONARY EXERC.STRESSTEST	94621	CPT	outpatient			1074		412.82 Aetna	Medicare		358.97				338.85	1560.78	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARDIOPULMONARY EXERC.STRESSTEST	94621	CPT	outpatient			1074		412.82 Aetna	Better Health		338.85	31.55			338.85	1560.78	percent of total billed charges	
CARDIOPULMONARY EXERC.STRESSTEST	94621	CPT	outpatient			1074		412.82 Aetna	Commercial		571.48				338.85	1560.78	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARDIOPULMONARY EXERC.STRESSTEST	94621	CPT	outpatient			1074		412.82 Americare	Americare		805.5	75			338.85	1560.78	percent of total billed charges	
CARDIOPULMONARY EXERC.STRESSTEST	94621	CPT	outpatient			1074		412.82 Amerihealth	HMO/PPO		698.1	65			338.85	1560.78	percent of total billed charges	
CARDIOPULMONARY EXERC.STRESSTEST	94621	CPT	outpatient			1074		412.82 Amerihealth	Medicare		358.97				338.85	1560.78	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARDIOPULMONARY EXERC.STRESSTEST	94621	CPT	outpatient			1074		412.82 Consumer	Consumer		1020.3	95			338.85	1560.78	percent of total billed charges	
CARDIOPULMONARY EXERC.STRESSTEST	94621	CPT	outpatient			1074		412.82 Corrections	Corrections		859.2	80			338.85	1560.78	percent of total billed charges	
CARDIOPULMONARY EXERC.STRESSTEST	94621	CPT	outpatient			1074		412.82 First Health	First Health		751.8	70			338.85	1560.78	percent of total billed charges	
CARDIOPULMONARY EXERC.STRESSTEST	94621	CPT	outpatient			1074		412.82 First Trenton	First Trenton		966.6	90			338.85	1560.78	percent of total billed charges	
CARDIOPULMONARY EXERC.STRESSTEST	94621	CPT	outpatient			1074		412.82 Horizon	Medicare Blue		358.97				338.85	1560.78	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARDIOPULMONARY EXERC.STRESSTEST	94621	CPT	outpatient			1074		412.82 Horizon	MGD		668.04				338.85	1560.78	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARDIOPULMONARY EXERC.STRESSTEST	94621	CPT	outpatient			1074		412.82 Horizon	Indemnity		668.04				338.85	1560.78	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARDIOPULMONARY EXERC.STRESSTEST	94621	CPT	outpatient			1074		412.82 Horizon	NJ Health		1560.78				338.85	1560.78	fee schedule	
CARDIOPULMONARY EXERC.STRESSTEST	94621	CPT	outpatient			1074		412.82 Horizon	PPO		668.04				338.85	1560.78	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARDIOPULMONARY EXERC.STRESSTEST	94621	CPT	outpatient			1074		412.82 Managed Care Inc	Managed Care Inc		966.6	90			338.85	1560.78	percent of total billed charges	
CARDIOPULMONARY EXERC.STRESSTEST	94621	CPT	outpatient			1074		412.82 Multiplan	Multiplan		859.2	80			338.85	1560.78	percent of total billed charges	
CARDIOPULMONARY EXERC.STRESSTEST	94621	CPT	outpatient			1074		412.82 Qualcare	Qualcare		805.5	75			338.85	1560.78	percent of total billed charges	
CARDIOPULMONARY EXERC.STRESSTEST	94621	CPT	outpatient			1074		412.82 Three Rivers	Three Rivers		1020.3	95			338.85	1560.78	percent of total billed charges	
CARDIOPULMONARY EXERC.STRESSTEST	94621	CPT	outpatient			1074		412.82 UHC	Medicaid		338.85	31.55			338.85	1560.78	percent of total billed charges	
CARDIOPULMONARY EXERC.STRESSTEST	94621	CPT	outpatient			1074		412.82 UHC	Medicare		358.97				338.85	1560.78	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARDIOPULMONARY EXERC.STRESSTEST	94621	CPT	outpatient			1074		412.82 Wellcare	Medicare		358.97				338.85	1560.78	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.															
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103		310119 true														
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CARDIOPULMONARY EXERC.STRESSTEST	94621	CPT	outpatient			1074	412.82	Wellcare	Medicaid		338.85	31.55			338.85	1560.78	percent of total billed charges	
CARDIOPULMONARY EXERC.STRESSTEST	94621	CPT	outpatient			1074	412.82	WellPoint	WellPoint		345.61	32.18			338.85	1560.78	percent of total billed charges	
RIBAVIRIN, ADMINISTRATION	94640	CPT	both			750	280.52	Aetna	Better Health		236.63	31.55			96.57	712.5	percent of total billed charges	
RIBAVIRIN, ADMINISTRATION	94640	CPT	both			750	280.52	Aetna	Commercial		388.34				96.57	712.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RIBAVIRIN, ADMINISTRATION	94640	CPT	both			750	280.52	Aetna	Medicare		243.93				96.57	712.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RIBAVIRIN, ADMINISTRATION	94640	CPT	both			750	280.52	Americare	Americare		562.5	75			96.57	712.5	percent of total billed charges	
RIBAVIRIN, ADMINISTRATION	94640	CPT	both			750	280.52	Amerihealth	HMO/PPO		487.5	65			96.57	712.5	percent of total billed charges	
RIBAVIRIN, ADMINISTRATION	94640	CPT	both			750	280.52	Amerihealth	Medicare		243.93				96.57	712.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RIBAVIRIN, ADMINISTRATION	94640	CPT	both			750	280.52	Consumer	Consumer		712.5	95			96.57	712.5	percent of total billed charges	
RIBAVIRIN, ADMINISTRATION	94640	CPT	both			750	280.52	Corrections	Corrections		600	80			96.57	712.5	percent of total billed charges	
RIBAVIRIN, ADMINISTRATION	94640	CPT	both			750	280.52	First Health	First Health		525	70			96.57	712.5	percent of total billed charges	
RIBAVIRIN, ADMINISTRATION	94640	CPT	both			750	280.52	First Trenton	First Trenton		675	90			96.57	712.5	percent of total billed charges	
RIBAVIRIN, ADMINISTRATION	94640	CPT	both			750	280.52	Horizon	Indemnity		453.95				96.57	712.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RIBAVIRIN, ADMINISTRATION	94640	CPT	both			750	280.52	Horizon	NJ Health		96.57				96.57	712.5	fee schedule	
RIBAVIRIN, ADMINISTRATION	94640	CPT	both			750	280.52	Horizon	PPO		453.95				96.57	712.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RIBAVIRIN, ADMINISTRATION	94640	CPT	both			750	280.52	Horizon	Medicare Blue		243.93				96.57	712.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RIBAVIRIN, ADMINISTRATION	94640	CPT	both			750	280.52	Horizon	MGD		453.95				96.57	712.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RIBAVIRIN, ADMINISTRATION	94640	CPT	both			750	280.52	Managed Care Inc	Managed Care Inc		675	90			96.57	712.5	percent of total billed charges	
RIBAVIRIN, ADMINISTRATION	94640	CPT	both			750	280.52	Multiplan	Multiplan		600	80			96.57	712.5	percent of total billed charges	
RIBAVIRIN, ADMINISTRATION	94640	CPT	both			750	280.52	Qualcare	Qualcare		562.5	75			96.57	712.5	percent of total billed charges	
RIBAVIRIN, ADMINISTRATION	94640	CPT	both			750	280.52	Three Rivers	Three Rivers		712.5	95			96.57	712.5	percent of total billed charges	
RIBAVIRIN, ADMINISTRATION	94640	CPT	both			750	280.52	UHC	Medicare		243.93				96.57	712.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RIBAVIRIN, ADMINISTRATION	94640	CPT	both			750	280.52	UHC	Medicaid		236.63	31.55			96.57	712.5	percent of total billed charges	
RIBAVIRIN, ADMINISTRATION	94640	CPT	both			750	280.52	Wellcare	Medicare		243.93				96.57	712.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RIBAVIRIN, ADMINISTRATION	94640	CPT	both			750	280.52	Wellcare	Medicaid		236.63	31.55			96.57	712.5	percent of total billed charges	
RIBAVIRIN, ADMINISTRATION	94640	CPT	both			750	280.52	WellPoint	WellPoint		241.35	32.18			96.57	712.5	percent of total billed charges	
PENTAMADINE INHALATION THREATME	94642	CPT	outpatient			699	280.52	Aetna	Commercial		388.34				220.53	664.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PENTAMADINE INHALATION THREATME	94642	CPT	outpatient			699	280.52	Aetna	Better Health		220.53	31.55			220.53	664.05	percent of total billed charges	
PENTAMADINE INHALATION THREATME	94642	CPT	outpatient			699	280.52	Aetna	Medicare		243.93				220.53	664.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PENTAMADINE INHALATION THREATME	94642	CPT	outpatient			699	280.52	Americare	Americare		524.25	75			220.53	664.05	percent of total billed charges	
PENTAMADINE INHALATION THREATME	94642	CPT	outpatient			699	280.52	Amerihealth	HMO/PPO		454.35	65			220.53	664.05	percent of total billed charges	
PENTAMADINE INHALATION THREATME	94642	CPT	outpatient			699	280.52	Amerihealth	Medicare		243.93				220.53	664.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PENTAMADINE INHALATION THREATME	94642	CPT	outpatient			699	280.52	Consumer	Consumer		664.05	95			220.53	664.05	percent of total billed charges	
PENTAMADINE INHALATION THREATME	94642	CPT	outpatient			699	280.52	Corrections	Corrections		559.2	80			220.53	664.05	percent of total billed charges	
PENTAMADINE INHALATION THREATME	94642	CPT	outpatient			699	280.52	First Health	First Health		489.3	70			220.53	664.05	percent of total billed charges	
PENTAMADINE INHALATION THREATME	94642	CPT	outpatient			699	280.52	First Trenton	First Trenton		629.1	90			220.53	664.05	percent of total billed charges	
PENTAMADINE INHALATION THREATME	94642	CPT	outpatient			699	280.52	Horizon	NJ Health		258.39				220.53	664.05	fee schedule	
PENTAMADINE INHALATION THREATME	94642	CPT	outpatient			699	280.52	Horizon	Medicare Blue		243.93				220.53	664.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PENTAMADINE INHALATION THREATME	94642	CPT	outpatient			699	280.52	Horizon	MGD		453.95				220.53	664.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PENTAMADINE INHALATION THREATME	94642	CPT	outpatient			699	280.52	Horizon	PPO		453.95				220.53	664.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PENTAMADINE INHALATION THREATME	94642	CPT	outpatient			699	280.52	Horizon	Indemnity		453.95				220.53	664.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PENTAMADINE INHALATION THREATME	94642	CPT	outpatient			699	280.52	Managed Care Inc	Managed Care Inc		629.1	90			220.53	664.05	percent of total billed charges	
PENTAMADINE INHALATION THREATME	94642	CPT	outpatient			699	280.52	Multiplan	Multiplan		559.2	80			220.53	664.05	percent of total billed charges	
PENTAMADINE INHALATION THREATME	94642	CPT	outpatient			699	280.52	Qualcare	Qualcare		524.25	75			220.53	664.05	percent of total billed charges	
PENTAMADINE INHALATION THREATME	94642	CPT	outpatient			699	280.52	Three Rivers	Three Rivers		664.05	95			220.53	664.05	percent of total billed charges	
PENTAMADINE INHALATION THREATME	94642	CPT	outpatient			699	280.52	UHC	Medicaid		220.53	31.55			220.53	664.05	percent of total billed charges	
PENTAMADINE INHALATION THREATME	94642	CPT	outpatient			699	280.52	UHC	Medicare		243.93				220.53	664.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PENTAMADINE INHALATION THREATME	94642	CPT	outpatient			699	280.52	Wellcare	Medicare		243.93				220.53	664.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PENTAMADINE INHALATION THREATME	94642	CPT	outpatient			699	280.52	Wellcare	Medicaid		220.53	31.55			220.53	664.05	percent of total billed charges	
PENTAMADINE INHALATION THREATME	94642	CPT	outpatient			699	280.52	WellPoint	WellPoint		224.94	32.18			220.53	664.05	percent of total billed charges	
CONTINUOUS NEB	94644	CPT	both			467	168	Aetna	Better Health		147.34	31.55			39.15	443.65	percent of total billed charges	
CONTINUOUS NEB	94644	CPT	both			467	168	Aetna	Commercial		232.58				39.15	443.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONTINUOUS NEB	94644	CPT	both			467	168	Aetna	Medicare		146.09				39.15	443.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONTINUOUS NEB	94644	CPT	both			467	168	Americare	Americare		350.25	75			39.15	443.65	percent of total billed charges	
CONTINUOUS NEB	94644	CPT	both			467	168	Amerihealth	Medicare		146.09				39.15	443.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONTINUOUS NEB	94644	CPT	both			467	168	Amerihealth	HMO/PPO		303.55	65			39.15	443.65	percent of total billed charges	
CONTINUOUS NEB	94644	CPT	both			467	168	Consumer	Consumer		443.65	95			39.15	443.65	percent of total billed charges	
CONTINUOUS NEB	94644	CPT	both			467	168	Corrections	Corrections		373.6	80			39.15	443.65	percent of total billed charges	
CONTINUOUS NEB	94644	CPT	both			467	168	First Health	First Health		326.9	70			39.15	443.65	percent of total billed charges	
CONTINUOUS NEB	94644	CPT	both			467	168	First Trenton	First Trenton		420.3	90			39.15	443.65	percent of total billed charges	
CONTINUOUS NEB	94644	CPT	both			467	168	Horizon	Indemnity		271.87				39.15	443.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONTINUOUS NEB	94644	CPT	both			467	168	Horizon	NJ Health		39.15				39.15	443.65	fee schedule	
CONTINUOUS NEB	94644	CPT	both			467	168	Horizon	MGD		271.87				39.15	443.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONTINUOUS NEB	94644	CPT	both			467	168	Horizon	Medicare Blue		146.09				39.15	443.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONTINUOUS NEB	94644	CPT	both			467	168	Horizon	PPO		271.87				39.15	443.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONTINUOUS NEB	94644	CPT	both			467	168	Managed Care Inc	Managed Care Inc		420.3	90			39.15	443.65	percent of total billed charges	
CONTINUOUS NEB	94644	CPT	both			467	168	Multiplan	Multiplan		373.6	80			39.15	443.65	percent of total billed charges	
CONTINUOUS NEB	94644	CPT	both			467	168	Qualcare	Qualcare		350.25	75			39.15	443.65	percent of total billed charges	
CONTINUOUS NEB	94644	CPT	both			467	168	Three Rivers	Three Rivers		443.65	95			39.15	443.65	percent of total billed charges	
CONTINUOUS NEB	94644	CPT	both			467	168	UHC	Medicare		146.09				39.15	443.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONTINUOUS NEB	94644	CPT	both			467	168	UHC	Medicaid		147.34	31.55			39.15	443.65	percent of total billed charges	
CONTINUOUS NEB	94644	CPT	both			467	168	Wellcare	Medicaid		147.34	31.55			39.15	443.65	percent of total billed charges	
CONTINUOUS NEB	94644	CPT	both			467	168	Wellcare	Medicare		146.09				39.15	443.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONTINUOUS NEB	94644	CPT	both			467	168	WellPoint	WellPoint		150.28	32.18			39.15	443.65	percent of total billed charges	
CONT INHAL TRT W/AER EA ADD HR	94645	CPT	both			410	Aetna		Commercial		155.8	38			76.5	389.5	percent of total billed charges	
CONT INHAL TRT W/AER EA ADD HR	94645	CPT	both			410	Aetna		Better Health		129.36	31.55			76.5	389.5	percent of total billed charges	
CONT INHAL TRT W/AER EA ADD HR	94645	CPT	both			410	Aetna		Medicare		126.28	30.8			76.5	389.5	percent of total billed charges	
CONT INHAL TRT W/AER EA ADD HR	94645	CPT	both			410	Americare		Americare		307.5	75			76.5	389.5	percent of total billed charges	
CONT INHAL TRT W/AER EA ADD HR	94645	CPT	both			410	Amerihealth		HMO/PPO		266.5	65			76.5	389.5	percent of total billed charges	
CONT INHAL TRT W/AER EA ADD HR	94645	CPT	both			410	Consumer		Consumer		389.5	95			76.5	389.5	percent of total billed charges	
CONT INHAL TRT W/AER EA ADD HR	94645	CPT	both			410	Corrections		Corrections		328	80			76.5	389.5	percent of total billed charges	
CONT INHAL TRT W/AER EA ADD HR	94645	CPT	both			410	First Health		First Health		287	70			76.5	389.5	percent of total billed charges	
CONT INHAL TRT W/AER EA ADD HR	94645	CPT	both			410	First Trenton		First Trenton		369	90			76.5	389.5	percent of total billed charges	
CONT INHAL TRT W/AER EA ADD HR	94645	CPT	both			410	Horizon		Medicare Blue		123	30			76.5	389.5	percent of total billed charges	
CONT INHAL TRT W/AER EA ADD HR	94645	CPT	both			410	Horizon		MGD		156.95	38.28			76.5	389.5	percent of total billed charges	
CONT INHAL TRT W/AER EA ADD HR	94645	CPT	both			410	Horizon		Indemnity		156.95	38.28			76.5	389.5	percent of total billed charges	
CONT INHAL TRT W/AER EA ADD HR	94645	CPT	both			410	Horizon		PPO		156.95	38.28			76.5	389.5	percent of total billed charges	
CONT INHAL TRT W/AER EA ADD HR	94645	CPT	both			410	Managed Care Inc		Managed Care Inc		369	90			76.5	389.5	percent of total billed charges	
CONT INHAL TRT W/AER EA ADD HR	94645	CPT	both			410	Multiplan		Multiplan		328	80			76.5	389.5	percent of total billed charges	
CONT INHAL TRT W/AER EA ADD HR	94645	CPT	both			410	Qualcare		Qualcare		307.5	75			76.5	389.5	percent of total billed charges	
CONT INHAL TRT W/AER EA ADD HR	94645	CPT	both			410	Three Rivers		Three Rivers		389.5	95			76.5	389.5	percent of total billed charges	
CONT INHAL TRT W/AER EA ADD HR	94645	CPT	both			410	UHC		Medicaid		129.36	31.55			76.5	389.5	percent of total billed charges	
CONT INHAL TRT W/AER EA ADD HR	94645	CPT	both			410	Wellcare		Medicaid		129.36	31.55			76.5	389.5	percent of total billed charges	
CONT INHAL TRT W/AER EA ADD HR	94645	CPT	both			410	WellPoint		WellPoint		131.94	32.18			76.5	389.5	percent of total billed charges	
CPAP - DAY	94660	CPT	both			754	280.52	Aetna	Better Health		237.89	31.55			143.55	716.3	percent of total billed charges	
CPAP - DAY	94660	CPT	both			754	280.52	Aetna	Commercial		388.34				143.55	716.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CPAP - DAY	94660	CPT	both			754	280.52	Aetna	Medicare		232.23	30.8			143.55	716.3	percent of total billed charges	
CPAP - DAY	94660	CPT	both			754	280.52	Americare	Americare		585.5	75			143.55	716.3	percent of total billed charges	
CPAP - DAY	94660	CPT	both			754	280.52	Amerihealth	Medicare		243.93				143.55	716.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CPAP - DAY	94660	CPT	both			754	280.52	Amerihealth	HMO/PPO		490.1	65			143.55	716.3	percent of total billed charges	
CPAP - DAY	94660	CPT	both			754	280.52	Consumer	Consumer		716.3	95			143.55	716.3	percent of total billed charges	
CPAP - DAY	94660	CPT	both			754	280.52	Corrections	Corrections		603.2	80			143.55	716.3	percent of total billed charges	
CPAP - DAY	94660	CPT	both			754	280.52	First Health	First Health		527.8	70			143.55	716.3	percent of total billed charges	
CPAP - DAY	94660	CPT	both			754	280.52	First Trenton	First Trenton		678.6	90			143.55	716.3	percent of total billed charges	
CPAP - DAY	94660	CPT	both			754	280.52	Horizon	Medicare Blue		243.93				143.55	716.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CPAP - DAY	94660	CPT	both			754	280.52	Horizon	NJ Health		143.55				143.55	716.3	fee schedule	
CPAP - DAY	94660	CPT	both			754	280.52	Horizon	MGD		453.95				143.55	716.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CPAP - DAY	94660	CPT	both			754	280.52	Horizon	Indemnity		453.95				143.55	716.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CPAP - DAY	94660	CPT	both			754	280.52	Horizon	PPO		453.95				143.55	716.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CPAP - DAY	94660	CPT	both			754	280.52	Managed Care Inc	Managed Care Inc		678.6	90			143.55	716.3	percent of total billed charges	
CPAP - DAY	94660	CPT	both			754	280.52	Multiplan	Multiplan		603.2	80			143.55	716.3	percent of total billed charges	
CPAP - DAY	94660	CPT	both			754	280.52	Qualcare	Qualcare		565.5	75			143.55	716.3	percent of total billed charges	
CPAP - DAY	94660	CPT	both			754	280.52	Three Rivers	Three Rivers		716.3	95			143.55	716.3	percent of total billed charges	
CPAP - DAY	94660	CPT	both			754	280.52	UHC	Medicaid		237.89	31.55			143.55	716.3	percent of total billed charges	
CPAP - DAY	94660	CPT	both			754	280.52	UHC	Medicare		243.93				143.55	716.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CPAP - DAY	94660	CPT	both			754	280.52	Wellcare	Medicaid		237.89	31.55			143.55	716.3	percent of total billed charges	
CPAP - DAY	94660	CPT	both			754	280.52	Wellcare	Medicare		243.93				143.55	716.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CPAP - DAY	94660	CPT	both			754	280.52	WellPoint	WellPoint		242.64	32.18			143.55	716.3	percent of total billed charges	
NEBULIZER TREATMENT INITIAL	94664	CPT	both			788	280.52	Aetna	Commercial		388.34				167.04	748.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEBULIZER TREATMENT INITIAL	94664	CPT	both			788	280.52	Aetna	Better Health		248.61	31.55			167.04	748.6	percent of total billed charges	
NEBULIZER TREATMENT INITIAL	94664	CPT	both			788	280.52	Aetna	Medicare		243.93				167.04	748.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEBULIZER TREATMENT INITIAL	94664	CPT	both			788	280.52	Americare	Americare		591	75			167.04	748.6	percent of total billed charges	
NEBULIZER TREATMENT INITIAL	94664	CPT	both			788	280.52	Amerihealth	HMO/PPO		512.2	65			167.04	748.6	percent of total billed charges	
NEBULIZER TREATMENT INITIAL	94664	CPT	both			788	280.52	Amerihealth	Medicare		243.93				167.04	748.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEBULIZER TREATMENT INITIAL	94664	CPT	both			788	280.52	Consumer	Consumer		748.6	95			167.04	748.6	percent of total billed charges	
NEBULIZER TREATMENT INITIAL	94664	CPT	both			788	280.52	Corrections	Corrections		630.4	80			167.04	748.6	percent of total billed charges	
NEBULIZER TREATMENT INITIAL	94664	CPT	both			788	280.52	First Health	First Health		551.6	70			167.04	748.6	percent of total billed charges	
NEBULIZER TREATMENT INITIAL	94664	CPT	both			788	280.52	First Trenton	First Trenton		709.2	90			167.04	748.6	percent of total billed charges	
NEBULIZER TREATMENT INITIAL	94664	CPT	both			788	280.52	Horizon	MGD		453.95				167.04	748.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEBULIZER TREATMENT INITIAL	94664	CPT	both			788	280.52	Horizon	PPO		453.95				167.04	748.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEBULIZER TREATMENT INITIAL	94664	CPT	both			788	280.52	Horizon	NJ Health		167.04				167.04	748.6	fee schedule	
NEBULIZER TREATMENT INITIAL	94664	CPT	both			788	280.52	Horizon	Medicare Blue		243.93				167.04	748.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEBULIZER TREATMENT INITIAL	94664	CPT	both			788	280.52	Horizon	Indemnity		453.95				167.04	748.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEBULIZER TREATMENT INITIAL	94664	CPT	both			788	280.52	Managed Care Inc	Managed Care Inc		709.2	90			167.04	748.6	percent of total billed charges	
NEBULIZER TREATMENT INITIAL	94664	CPT	both			788	280.52	Multiplan	Multiplan		630.4	80			167.04	748.6	percent of total billed charges	
NEBULIZER TREATMENT INITIAL	94664	CPT	both			788	280.52	Qualcare	Qualcare		591	75			167.04	748.6	percent of total billed charges	
NEBULIZER TREATMENT INITIAL	94664	CPT	both			788	280.52	Three Rivers	Three Rivers		748.6	95			167.04	748.6	percent of total billed charges	
NEBULIZER TREATMENT INITIAL	94664	CPT	both			788	280.52	UHC	Medicaid		248.61	31.55			167.04	748.6	percent of total billed charges	
NEBULIZER TREATMENT INITIAL	94664	CPT	both			788	280.52	UHC	Medicare		243.93				167.04	748.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEBULIZER TREATMENT INITIAL	94664	CPT	both			788	280.52	Wellcare	Medicare		243.93				167.04	748.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEBULIZER TREATMENT INITIAL	94664	CPT	both			788	280.52	Wellcare	Medicaid		248.61	31.55			167.04	748.6	percent of total billed charges	
NEBULIZER TREATMENT INITIAL	94664	CPT	both			788	280.52	WellPoint	WellPoint		253.58	32.18			167.04	748.6	percent of total billed charges	
CHEST PT - INITIAL	94667	CPT	both			505	168	Aetna	Medicare		146.09				126.2	479.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEST PT - INITIAL	94667	CPT	both			505	168	Aetna	Better Health		159.33	31.55			126.2	479.75	percent of total billed charges	
CHEST PT - INITIAL	94667	CPT	both			505	168	Aetna	Commercial		232.58				126.2	479.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEST PT - INITIAL	94667	CPT	both			505	168	Americare	Americare		378.75	75			126.2	479.75	percent of total billed charges	
CHEST PT - INITIAL	94667	CPT	both			505	168	Amerihealth	HMO/PPO		328.25	65			126.2	479.75	percent of total billed charges	
CHEST PT - INITIAL	94667	CPT	both			505	168	Amerihealth	Medicare		146.09				126.2	479.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CHEST PT - INITIAL	94667	CPT	both			505		168 Consumer	Consumer		479.75	95			126.2	479.75	percent of total billed charges	
CHEST PT - INITIAL	94667	CPT	both			505		168 Corrections	Corrections		404	80			126.2	479.75	percent of total billed charges	
CHEST PT - INITIAL	94667	CPT	both			505		168 First Health	First Health		353.5	70			126.2	479.75	percent of total billed charges	
CHEST PT - INITIAL	94667	CPT	both			505		168 First Trenton	First Trenton		454.5	90			126.2	479.75	percent of total billed charges	
CHEST PT - INITIAL	94667	CPT	both			505		168 Horizon	NJ Health		203.58				126.2	479.75	fee schedule	
CHEST PT - INITIAL	94667	CPT	both			505		168 Horizon	Indemnity		271.87				126.2	479.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEST PT - INITIAL	94667	CPT	both			505		168 Horizon	Medicare Blue		146.09				126.2	479.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEST PT - INITIAL	94667	CPT	both			505		168 Horizon	MGD		271.87				126.2	479.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEST PT - INITIAL	94667	CPT	both			505		168 Horizon	PPO		271.87				126.2	479.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEST PT - INITIAL	94667	CPT	both			505		168 Managed Care Inc	Managed Care Inc		454.5	90			126.2	479.75	percent of total billed charges	
CHEST PT - INITIAL	94667	CPT	both			505		168 Multiplan	Multiplan		404	80			126.2	479.75	percent of total billed charges	
CHEST PT - INITIAL	94667	CPT	both			505		168 Qualcare	Qualcare		378.75	75			126.2	479.75	percent of total billed charges	
CHEST PT - INITIAL	94667	CPT	both			505		168 Three Rivers	Three Rivers		479.75	95			126.2	479.75	percent of total billed charges	
CHEST PT - INITIAL	94667	CPT	both			505		168 UHC	Medicare		146.09				126.2	479.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEST PT - INITIAL	94667	CPT	both			505		168 UHC	Medicaid		159.33	31.55			126.2	479.75	percent of total billed charges	
CHEST PT - INITIAL	94667	CPT	both			505		168 Wellcare	Medicare		146.09				126.2	479.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEST PT - INITIAL	94667	CPT	both			505		168 Wellcare	Medicaid		159.33	31.55			126.2	479.75	percent of total billed charges	
CHEST PT - INITIAL	94667	CPT	both			505		168 WellPoint	WellPoint		162.51	32.18			126.2	479.75	percent of total billed charges	
CHEST PT - FOLLOW-UP	94668	CPT	both			259		168 Aetna	Better Health		81.71	31.55			77.93	271.87	percent of total billed charges	
CHEST PT - FOLLOW-UP	94668	CPT	both			259		168 Aetna	Commercial		232.58				77.93	271.87	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEST PT - FOLLOW-UP	94668	CPT	both			259		168 Aetna	Medicare		146.09				77.93	271.87	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEST PT - FOLLOW-UP	94668	CPT	both			259		168 Americare	Americare		194.25	75			77.93	271.87	percent of total billed charges	
CHEST PT - FOLLOW-UP	94668	CPT	both			259		168 Amerihealth	HMO/PPO		168.35	65			77.93	271.87	percent of total billed charges	
CHEST PT - FOLLOW-UP	94668	CPT	both			259		168 Amerihealth	Medicare		146.09				77.93	271.87	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEST PT - FOLLOW-UP	94668	CPT	both			259		168 Consumer	Consumer		246.05	95			77.93	271.87	percent of total billed charges	
CHEST PT - FOLLOW-UP	94668	CPT	both			259		168 Corrections	Corrections		207.2	80			77.93	271.87	percent of total billed charges	
CHEST PT - FOLLOW-UP	94668	CPT	both			259		168 First Health	First Health		181.3	70			77.93	271.87	percent of total billed charges	
CHEST PT - FOLLOW-UP	94668	CPT	both			259		168 First Trenton	First Trenton		233.1	90			77.93	271.87	percent of total billed charges	
CHEST PT - FOLLOW-UP	94668	CPT	both			259		168 Horizon	NJ Health		109.62				77.93	271.87	fee schedule	
CHEST PT - FOLLOW-UP	94668	CPT	both			259		168 Horizon	MGD		271.87				77.93	271.87	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEST PT - FOLLOW-UP	94668	CPT	both			259		168 Horizon	Indemnity		271.87				77.93	271.87	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEST PT - FOLLOW-UP	94668	CPT	both			259		168 Horizon	Medicare Blue		146.09				77.93	271.87	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEST PT - FOLLOW-UP	94668	CPT	both			259		168 Horizon	PPO		271.87				77.93	271.87	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEST PT - FOLLOW-UP	94668	CPT	both			259		168 Managed Care Inc	Managed Care Inc		233.1	90			77.93	271.87	percent of total billed charges	
CHEST PT - FOLLOW-UP	94668	CPT	both			259		168 Multiplan	Multiplan		207.2	80			77.93	271.87	percent of total billed charges	
CHEST PT - FOLLOW-UP	94668	CPT	both			259		168 Qualcare	Qualcare		194.25	75			77.93	271.87	percent of total billed charges	
CHEST PT - FOLLOW-UP	94668	CPT	both			259		168 Three Rivers	Three Rivers		246.05	95			77.93	271.87	percent of total billed charges	
CHEST PT - FOLLOW-UP	94668	CPT	both			259		168 UHC	Medicare		146.09				77.93	271.87	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEST PT - FOLLOW-UP	94668	CPT	both			259		168 UHC	Medicaid		81.71	31.55			77.93	271.87	percent of total billed charges	
CHEST PT - FOLLOW-UP	94668	CPT	both			259		168 Wellcare	Medicare		146.09				77.93	271.87	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEST PT - FOLLOW-UP	94668	CPT	both			259		168 Wellcare	Medicaid		81.71	31.55			77.93	271.87	percent of total billed charges	
CHEST PT - FOLLOW-UP	94668	CPT	both			259		168 WellPoint	WellPoint		83.35	32.18			77.93	271.87	percent of total billed charges	
EXHALED AIR ANALYSIS 02/CO2	94681	CPT	inpatient			959		412.82 Aetna	Medicare		358.97				234.9	911.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXHALED AIR ANALYSIS 02/CO2	94681	CPT	inpatient			959		412.82 Aetna	Better Health		302.56	31.55			234.9	911.05	percent of total billed charges	
EXHALED AIR ANALYSIS 02/CO2	94681	CPT	inpatient			959		412.82 Aetna	Commercial		571.48				234.9	911.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXHALED AIR ANALYSIS 02/CO2	94681	CPT	inpatient			959		412.82 Americare	Americare		719.25	75			234.9	911.05	percent of total billed charges	
EXHALED AIR ANALYSIS 02/CO2	94681	CPT	inpatient			959		412.82 Amerihealth	HMO/PPO		623.35	65			234.9	911.05	percent of total billed charges	
EXHALED AIR ANALYSIS 02/CO2	94681	CPT	inpatient			959		412.82 Amerihealth	Medicare		358.97				234.9	911.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXHALED AIR ANALYSIS 02/CO2	94681	CPT	inpatient			959		412.82 Consumer	Consumer		911.05	95			234.9	911.05	percent of total billed charges	
EXHALED AIR ANALYSIS 02/CO2	94681	CPT	inpatient			959		412.82 Corrections	Corrections		767.2	80			234.9	911.05	percent of total billed charges	
EXHALED AIR ANALYSIS 02/CO2	94681	CPT	inpatient			959		412.82 First Health	First Health		671.3	70			234.9	911.05	percent of total billed charges	
EXHALED AIR ANALYSIS 02/CO2	94681	CPT	inpatient			959		412.82 First Trenton	First Trenton		863.1	90			234.9	911.05	percent of total billed charges	
EXHALED AIR ANALYSIS 02/CO2	94681	CPT	inpatient			959		412.82 Horizon	Indemnity		668.04				234.9	911.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXHALED AIR ANALYSIS 02/CO2	94681	CPT	inpatient			959		412.82 Horizon	MGD		668.04				234.9	911.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXHALED AIR ANALYSIS 02/CO2	94681	CPT	inpatient			959		412.82 Horizon	Medicare Blue		358.97				234.9	911.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXHALED AIR ANALYSIS 02/CO2	94681	CPT	inpatient			959		412.82 Horizon	NJ Health		234.9				234.9	911.05	fee schedule	
EXHALED AIR ANALYSIS 02/CO2	94681	CPT	inpatient			959		412.82 Horizon	PPO		668.04				234.9	911.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXHALED AIR ANALYSIS 02/CO2	94681	CPT	inpatient			959		412.82 Managed Care Inc	Managed Care Inc		863.1	90			234.9	911.05	percent of total billed charges	
EXHALED AIR ANALYSIS 02/CO2	94681	CPT	inpatient			959		412.82 Multiplan	Multiplan		767.2	80			234.9	911.05	percent of total billed charges	
EXHALED AIR ANALYSIS 02/CO2	94681	CPT	inpatient			959		412.82 Qualcare	Qualcare		719.25	75			234.9	911.05	percent of total billed charges	
EXHALED AIR ANALYSIS 02/CO2	94681	CPT	inpatient			959		412.82 Three Rivers	Three Rivers		911.05	95			234.9	911.05	percent of total billed charges	
EXHALED AIR ANALYSIS 02/CO2	94681	CPT	inpatient			959		412.82 UHC	Medicaid		302.56	31.55			234.9	911.05	percent of total billed charges	
EXHALED AIR ANALYSIS 02/CO2	94681	CPT	inpatient			959		412.82 UHC	Medicare		358.97				234.9	911.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXHALED AIR ANALYSIS 02/CO2	94681	CPT	inpatient			959		412.82 Wellcare	Medicare		358.97				234.9	911.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXHALED AIR ANALYSIS 02/CO2	94681	CPT	inpatient			959		412.82 Wellcare	Medicaid		302.56	31.55			234.9	911.05	percent of total billed charges	
EXHALED AIR ANALYSIS 02/CO2	94681	CPT	inpatient			959		412.82 WellPoint	WellPoint		308.61	32.18			234.9	911.05	percent of total billed charges	
RESIDUAL CAPACITY	94726	CPT	outpatient			1023		412.82 Aetna	Better Health		322.76	31.55			81.41	971.85	percent of total billed charges	
RESIDUAL CAPACITY	94726	CPT	outpatient			1023		412.82 Aetna	Medicare		315.08	30.8			81.41	971.85	percent of total billed charges	
RESIDUAL CAPACITY	94726	CPT	outpatient			1023		412.82 Aetna	Commercial		571.48				81.41	971.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESIDUAL CAPACITY	94726	CPT	outpatient			1023		412.82 Americare	Americare		767.25	75			81.41	971.85	percent of total billed charges	
RESIDUAL CAPACITY	94726	CPT	outpatient			1023		412.82 Amerihealth	HMO/PPO		664.95	65			81.41	971.85	percent of total billed charges	
RESIDUAL CAPACITY	94726	CPT	outpatient			1023		412.82 Amerihealth	Medicare		358.97				81.41	971.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESIDUAL CAPACITY	94726	CPT	outpatient			1023		412.82 Consumer	Consumer		971.85	95			81.41	971.85	percent of total billed charges	
RESIDUAL CAPACITY	94726	CPT	outpatient			1023		412.82 Corrections	Corrections		818.4	80			81.41	971.85	percent of total billed charges	
RESIDUAL CAPACITY	94726	CPT	outpatient			1023		412.82 First Health	First Health		716.1	70			81.41	971.85	percent of total billed charges	
RESIDUAL CAPACITY	94726	CPT	outpatient			1023		412.82 First Trenton	First Trenton		920.7	90			81.41	971.85	percent of total billed charges	
RESIDUAL CAPACITY	94726	CPT	outpatient			1023		412.82 Horizon	PPO		668.04				81.41	971.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESIDUAL CAPACITY	94726	CPT	outpatient			1023		412.82 Horizon	Medicare Blue		358.97				81.41	971.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESIDUAL CAPACITY	94726	CPT	outpatient			1023		412.82 Horizon	MGD		668.04				81.41	971.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESIDUAL CAPACITY	94726	CPT	outpatient			1023		412.82 Horizon	Indemnity		668.04				81.41	971.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESIDUAL CAPACITY	94726	CPT	outpatient			1023		412.82 Horizon	NJ Health		81.41				81.41	971.85	fee schedule	
RESIDUAL CAPACITY	94726	CPT	outpatient			1023		412.82 Managed Care Inc	Managed Care Inc		920.7	90			81.41	971.85	percent of total billed charges	
RESIDUAL CAPACITY	94726	CPT	outpatient			1023		412.82 Multiplan	Multiplan		818.4	80			81.41	971.85	percent of total billed charges	
RESIDUAL CAPACITY	94726	CPT	outpatient			1023		412.82 Qualcare	Qualcare		767.25	75			81.41	971.85	percent of total billed charges	
RESIDUAL CAPACITY	94726	CPT	outpatient			1023		412.82 Three Rivers	Three Rivers		971.85	95			81.41	971.85	percent of total billed charges	
RESIDUAL CAPACITY	94726	CPT	outpatient			1023		412.82 UHC	Medicaid		322.76	31.55			81.41	971.85	percent of total billed charges	
RESIDUAL CAPACITY	94726	CPT	outpatient			1023		412.82 UHC	Medicare		358.97				81.41	971.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESIDUAL CAPACITY	94726	CPT	outpatient			1023		412.82 Wellcare	Medicaid		322.76	31.55			81.41	971.85	percent of total billed charges	
RESIDUAL CAPACITY	94726	CPT	outpatient			1023		412.82 Wellcare	Medicare		358.97				81.41	971.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESIDUAL CAPACITY	94726	CPT	outpatient			1023		412.82 WellPoint	WellPoint		329.2	32.18			81.41	971.85	percent of total billed charges	
THORACIC GAS VOLUME	94727	CPT	both			566		205.45 Aetna	Better Health		178.57	31.55			63.55	537.7	percent of total billed charges	
THORACIC GAS VOLUME	94727	CPT	both			566		205.45 Aetna	Commercial		284.41				63.55	537.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THORACIC GAS VOLUME	94727	CPT	both			566		205.45 Aetna	Medicare		178.65				63.55	537.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THORACIC GAS VOLUME	94727	CPT	both			566		205.45 Americare	Americare		424.5	75			63.55	537.7	percent of total billed charges	
THORACIC GAS VOLUME	94727	CPT	both			566		205.45 Amerihealth	HMO/PPO		367.9	65			63.55	537.7	percent of total billed charges	
THORACIC GAS VOLUME	94727	CPT	both			566		205.45 Amerihealth	Medicare		178.65				63.55	537.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THORACIC GAS VOLUME	94727	CPT	both			566		205.45 Consumer	Consumer		537.7	95			63.55	537.7	percent of total billed charges	
THORACIC GAS VOLUME	94727	CPT	both			566		205.45 Corrections	Corrections		452.8	80			63.55	537.7	percent of total billed charges	
THORACIC GAS VOLUME	94727	CPT	both			566		205.45 First Health	First Health		396.2	70			63.55	537.7	percent of total billed charges	
THORACIC GAS VOLUME	94727	CPT	both			566		205.45 First Trenton	First Trenton		509.4	90			63.55	537.7	percent of total billed charges	
THORACIC GAS VOLUME	94727	CPT	both			566		205.45 Horizon	MGD		332.47				63.55	537.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THORACIC GAS VOLUME	94727	CPT	both			566		205.45 Horizon	Medicare Blue		178.65				63.55	537.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THORACIC GAS VOLUME	94727	CPT	both			566		205.45 Horizon	NJ Health		63.55				63.55	537.7	fee schedule	
THORACIC GAS VOLUME	94727	CPT	both			566		205.45 Horizon	Indemnity		332.47				63.55	537.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THORACIC GAS VOLUME	94727	CPT	both			566		205.45 Horizon	PPO		332.47				63.55	537.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THORACIC GAS VOLUME	94727	CPT	both			566		205.45 Managed Care Inc	Managed Care Inc		509.4	90			63.55	537.7	percent of total billed charges	
THORACIC GAS VOLUME	94727	CPT	both			566		205.45 Multiplan	Multiplan		452.8	80			63.55	537.7	percent of total billed charges	
THORACIC GAS VOLUME	94727	CPT	both			566		205.45 Qualcare	Qualcare		424.5	75			63.55	537.7	percent of total billed charges	
THORACIC GAS VOLUME	94727	CPT	both			566		205.45 Three Rivers	Three Rivers		537.7	95			63.55	537.7	percent of total billed charges	
THORACIC GAS VOLUME	94727	CPT	both			566		205.45 UHC	Medicaid		178.57	31.55			63.55	537.7	percent of total billed charges	
THORACIC GAS VOLUME	94727	CPT	both			566		205.45 UHC	Medicare		178.65				63.55	537.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THORACIC GAS VOLUME	94727	CPT	both			566		205.45 Wellcare	Medicaid		178.57	31.55			63.55	537.7	percent of total billed charges	
THORACIC GAS VOLUME	94727	CPT	both			566		205.45 Wellcare	Medicare		178.65				63.55	537.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THORACIC GAS VOLUME	94727	CPT	both			566		205.45 WellPoint	WellPoint		182.14	32.18			63.55	537.7	percent of total billed charges	
OSCILLATORY/AIRWAY RESISTANCE	94728	CPT	outpatient			1023		205.45 Aetna	Commercial		284.41				48.6	971.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OSCILLATORY/AIRWAY RESISTANCE	94728	CPT	outpatient			1023		205.45 Aetna	Better Health		322.76	31.55			48.6	971.85	percent of total billed charges	
OSCILLATORY/AIRWAY RESISTANCE	94728	CPT	outpatient			1023		205.45 Aetna	Medicare		315.08	30.8			48.6	971.85	percent of total billed charges	
OSCILLATORY/AIRWAY RESISTANCE	94728	CPT	outpatient			1023		205.45 Americare	Americare		767.25	75			48.6	971.85	percent of total billed charges	
OSCILLATORY/AIRWAY RESISTANCE	94728	CPT	outpatient			1023		205.45 Amerihealth	Medicare		178.65				48.6	971.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OSCILLATORY/AIRWAY RESISTANCE	94728	CPT	outpatient			1023		205.45 Amerihealth	HMO/PPO		664.95	65			48.6	971.85	percent of total billed charges	
OSCILLATORY/AIRWAY RESISTANCE	94728	CPT	outpatient			1023		205.45 Consumer	Consumer		971.85	95			48.6	971.85	percent of total billed charges	
OSCILLATORY/AIRWAY RESISTANCE	94728	CPT	outpatient			1023		205.45 Corrections	Corrections		818.4	80			48.6	971.85	percent of total billed charges	
OSCILLATORY/AIRWAY RESISTANCE	94728	CPT	outpatient			1023		205.45 First Health	First Health		716.1	70			48.6	971.85	percent of total billed charges	
OSCILLATORY/AIRWAY RESISTANCE	94728	CPT	outpatient			1023		205.45 First Trenton	First Trenton		920.7	90			48.6	971.85	percent of total billed charges	
OSCILLATORY/AIRWAY RESISTANCE	94728	CPT	outpatient			1023		205.45 Horizon	Indemnity		332.47				48.6	971.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OSCILLATORY/AIRWAY RESISTANCE	94728	CPT	outpatient			1023		205.45 Horizon	NJ Health		48.6				48.6	971.85	fee schedule	
OSCILLATORY/AIRWAY RESISTANCE	94728	CPT	outpatient			1023		205.45 Horizon	PPO		332.47				48.6	971.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OSCILLATORY/AIRWAY RESISTANCE	94728	CPT	outpatient			1023		205.45 Horizon	Medicare Blue		178.65				48.6	971.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OSCILLATORY/AIRWAY RESISTANCE	94728	CPT	outpatient			1023		205.45 Horizon	MGD		332.47				48.6	971.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OSCILLATORY/AIRWAY RESISTANCE	94728	CPT	outpatient			1023		205.45 Managed Care Inc	Managed Care Inc		920.7	90			48.6	971.85	percent of total billed charges	
OSCILLATORY/AIRWAY RESISTANCE	94728	CPT	outpatient			1023		205.45 Multiplan	Multiplan		818.4	80			48.6	971.85	percent of total billed charges	
OSCILLATORY/AIRWAY RESISTANCE	94728	CPT	outpatient			1023		205.45 Qualcare	Qualcare		767.25	75			48.6	971.85	percent of total billed charges	
OSCILLATORY/AIRWAY RESISTANCE	94728	CPT	outpatient			1023		205.45 Three Rivers	Three Rivers		971.85	95			48.6	971.85	percent of total billed charges	
OSCILLATORY/AIRWAY RESISTANCE	94728	CPT	outpatient			1023		205.45 UHC	Medicare		178.65				48.6	971.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OSCILLATORY/AIRWAY RESISTANCE	94728	CPT	outpatient			1023		205.45 UHC	Medicaid		322.76	31.55			48.6	971.85	percent of total billed charges	
OSCILLATORY/AIRWAY RESISTANCE	94728	CPT	outpatient			1023		205.45 Wellcare	Medicare		178.65				48.6	971.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OSCILLATORY/AIRWAY RESISTANCE	94728	CPT	outpatient			1023		205.45 Wellcare	Medicaid		322.76	31.55			48.6	971.85	percent of total billed charges	
OSCILLATORY/AIRWAY RESISTANCE	94728	CPT	outpatient			1023		205.45 WellPoint	WellPoint		329.2	32.18			48.6	971.85	percent of total billed charges	
CARBON MON DIFF CAP	94729	CPT	both			383		Aetna	Better Health		120.84	31.55			81.51	363.85	percent of total billed charges	
CARBON MON DIFF CAP	94729	CPT	both			383		Aetna	Medicare		117.96	30.8			81.51	363.85	percent of total billed charges	
CARBON MON DIFF CAP	94729	CPT	both			383		Aetna	Commercial		145.54	38			81.51	363.85	percent of total billed charges	
CARBON MON DIFF CAP	94729	CPT	both			383		Americare	Americare		287.25	75			81.51	363.85	percent of total billed charges	
CARBON MON DIFF CAP	94729	CPT	both			383		Amerihealth	HMO/PPO		248.95	65			81.51	363.85	percent of total billed charges	
CARBON MON DIFF CAP	94729	CPT	both			383		Consumer	Consumer		363.85	95			81.51	363.85	percent of total billed charges	
CARBON MON DIFF CAP	94729	CPT	both			383		Corrections	Corrections		306.4	80			81.51	363.85	percent of total billed charges	
CARBON MON DIFF CAP	94729	CPT	both			383		First Health	First Health		268.1	70			81.51	363.85	percent of total billed charges	
CARBON MON DIFF CAP	94729	CPT	both			383		First Trenton	First Trenton		344.7	90			81.51	363.85	percent of total billed charges	
CARBON MON DIFF CAP	94729	CPT	both			383		Horizon	MGD		146.61	38.28			81.51	363.85	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CARBON MON DIFF CAP	94729	CPT	both			383		Horizon	Indemnity		146.61	38.28			81.51	363.85	percent of total billed charges	
CARBON MON DIFF CAP	94729	CPT	both			383		Horizon	PPO		146.61	38.28			81.51	363.85	percent of total billed charges	
CO2 DIFFUSING CAP	94729	CPT	both			383		Horizon	NJ Health		81.51				81.51	363.85	fee schedule	
CARBON MON DIFF CAP	94729	CPT	both			383		Horizon	Medicare Blue		114.9	30			81.51	363.85	percent of total billed charges	
CARBON MON DIFF CAP	94729	CPT	both			383		Managed Care Inc	Managed Care Inc		344.7	90			81.51	363.85	percent of total billed charges	
CARBON MON DIFF CAP	94729	CPT	both			383		Multiplan	Multiplan		306.4	80			81.51	363.85	percent of total billed charges	
CARBON MON DIFF CAP	94729	CPT	both			383		Qualcare	Qualcare		287.25	75			81.51	363.85	percent of total billed charges	
CARBON MON DIFF CAP	94729	CPT	both			383		Three Rivers	Three Rivers		363.85	95			81.51	363.85	percent of total billed charges	
CARBON MON DIFF CAP	94729	CPT	both			383		UHC	Medicaid		120.84	31.55			81.51	363.85	percent of total billed charges	
CARBON MON DIFF CAP	94729	CPT	both			383		Wellcare	Medicaid		120.84	31.55			81.51	363.85	percent of total billed charges	
CARBON MON DIFF CAP	94729	CPT	both			383		WellPoint	WellPoint		123.25	32.18			81.51	363.85	percent of total billed charges	
PULM COMPLIANCE STDY	94750	CPT	outpatient			419		Aetna	Medicare		129.05	30.8			125.7	398.05	percent of total billed charges	
PULM COMPLIANCE STDY	94750	CPT	outpatient			419		Aetna	Better Health		132.19	31.55			125.7	398.05	percent of total billed charges	
PULM COMPLIANCE STDY	94750	CPT	outpatient			419		Aetna	Commercial		159.22	38			125.7	398.05	percent of total billed charges	
PULM COMPLIANCE STDY	94750	CPT	outpatient			419		Americare	Americare		314.25	75			125.7	398.05	percent of total billed charges	
PULM COMPLIANCE STDY	94750	CPT	outpatient			419		Amerihealth	HMO/PPO		272.35	65			125.7	398.05	percent of total billed charges	
PULM COMPLIANCE STDY	94750	CPT	outpatient			419		Consumer	Consumer		398.05	95			125.7	398.05	percent of total billed charges	
PULM COMPLIANCE STDY	94750	CPT	outpatient			419		Corrections	Corrections		335.2	80			125.7	398.05	percent of total billed charges	
PULM COMPLIANCE STDY	94750	CPT	outpatient			419		First Health	First Health		293.3	70			125.7	398.05	percent of total billed charges	
PULM COMPLIANCE STDY	94750	CPT	outpatient			419		First Trenton	First Trenton		377.1	90			125.7	398.05	percent of total billed charges	
PULM COMPLIANCE STDY	94750	CPT	outpatient			419		Horizon	Indemnity		160.39	38.28			125.7	398.05	percent of total billed charges	
PULM COMPLIANCE STDY	94750	CPT	outpatient			419		Horizon	MGD		160.39	38.28			125.7	398.05	percent of total billed charges	
PULM COMPLIANCE STDY	94750	CPT	outpatient			419		Horizon	PPO		160.39	38.28			125.7	398.05	percent of total billed charges	
PULM COMPLIANCE STDY	94750	CPT	outpatient			419		Horizon	Medicare Blue		125.7	30			125.7	398.05	percent of total billed charges	
PULM COMPLIANCE STDY	94750	CPT	outpatient			419		Managed Care Inc	Managed Care Inc		377.1	90			125.7	398.05	percent of total billed charges	
PULM COMPLIANCE STDY	94750	CPT	outpatient			419		Multiplan	Multiplan		335.2	80			125.7	398.05	percent of total billed charges	
PULM COMPLIANCE STDY	94750	CPT	outpatient			419		Qualcare	Qualcare		314.25	75			125.7	398.05	percent of total billed charges	
PULM COMPLIANCE STDY	94750	CPT	outpatient			419		Three Rivers	Three Rivers		398.05	95			125.7	398.05	percent of total billed charges	
PULM COMPLIANCE STDY	94750	CPT	outpatient			419		UHC	Medicaid		132.19	31.55			125.7	398.05	percent of total billed charges	
PULM COMPLIANCE STDY	94750	CPT	outpatient			419		Wellcare	Medicaid		132.19	31.55			125.7	398.05	percent of total billed charges	
PULM COMPLIANCE STDY	94750	CPT	outpatient			419		WellPoint	WellPoint		134.83	32.18			125.7	398.05	percent of total billed charges	
PULSE OXIMETRY, SINGLE	94760	CPT	both			285		Aetna	Commercial		108.3	38			39.9	270.75	percent of total billed charges	
PULSE OXIMETRY, SINGLE	94760	CPT	both			285		Aetna	Better Health		89.92	31.55			39.9	270.75	percent of total billed charges	
PULSE OXIMETRY, SINGLE	94760	CPT	both			285		Aetna	Medicare		87.78	30.8			39.9	270.75	percent of total billed charges	
PULSE OXIMETRY, SINGLE	94760	CPT	both			285		Americare	Americare		213.75	75			39.9	270.75	percent of total billed charges	
PULSE OXIMETRY, SINGLE	94760	CPT	both			285		Amerihealth	HMO/PPO		185.25	65			39.9	270.75	percent of total billed charges	
PULSE OXIMETRY, SINGLE	94760	CPT	both			285		Consumer	Consumer		270.75	95			39.9	270.75	percent of total billed charges	
PULSE OXIMETRY, SINGLE	94760	CPT	both			285		Corrections	Corrections		228	80			39.9	270.75	percent of total billed charges	
PULSE OXIMETRY, SINGLE	94760	CPT	both			285		First Health	First Health		199.5	70			39.9	270.75	percent of total billed charges	
PULSE OXIMETRY, SINGLE	94760	CPT	both			285		First Trenton	First Trenton		256.5	90			39.9	270.75	percent of total billed charges	
PULSE OXIMETRY, SINGLE	94760	CPT	both			285		Horizon	MGD		109.1	38.28			39.9	270.75	percent of total billed charges	
PULSE OXIMETRY, SINGLE	94760	CPT	both			285		Horizon	Indemnity		109.1	38.28			39.9	270.75	percent of total billed charges	
PULSE OXIMETRY, SINGLE	94760	CPT	both			285		Horizon	PPO		109.1	38.28			39.9	270.75	percent of total billed charges	
PULSE OXIMETRY, SINGLE	94760	CPT	both			285		Horizon	Medicare Blue		85.5	30			39.9	270.75	percent of total billed charges	
PULSE OXIMETRY, SINGLE	94760	CPT	both			285		Horizon	NJ Health		130.5				39.9	270.75	fee schedule	
PULSE OXIMETRY, SINGLE	94760	CPT	both			285		Managed Care Inc	Managed Care Inc		256.5	90			39.9	270.75	percent of total billed charges	
PULSE OXIMETRY, SINGLE	94760	CPT	both			285		Multiplan	Multiplan		228	80			39.9	270.75	percent of total billed charges	
PULSE OXIMETRY, SINGLE	94760	CPT	both			285		Qualcare	Qualcare		213.75	75			39.9	270.75	percent of total billed charges	
PULSE OXIMETRY, SINGLE	94760	CPT	both			285		Three Rivers	Three Rivers		270.75	95			39.9	270.75	percent of total billed charges	
PULSE OXIMETRY, SINGLE	94760	CPT	both			285		UHC	Medicaid		89.92	31.55			39.9	270.75	percent of total billed charges	
PULSE OXIMETRY, SINGLE	94760	CPT	both			285		Wellcare	Medicaid		89.92	31.55			39.9	270.75	percent of total billed charges	
PULSE OXIMETRY, SINGLE	94760	CPT	both			285		WellPoint	WellPoint		91.71	32.18			39.9	270.75	percent of total billed charges	
PULSE OXIMETRY-CONTIN.(PER DAY)	94761	CPT	both			383		Aetna	Medicare		117.96	30.8			73.08	363.85	percent of total billed charges	
PULSE OXIMETRY-CONTIN.(PER DAY)	94761	CPT	both			383		Aetna	Commercial		145.54	38			73.08	363.85	percent of total billed charges	
PULSE OXIMETRY-CONTIN.(PER DAY)	94761	CPT	both			383		Aetna	Better Health		120.84	31.55			73.08	363.85	percent of total billed charges	
PULSE OXIMETRY-CONTIN.(PER DAY)	94761	CPT	both			383		Americare	Americare		287.25	75			73.08	363.85	percent of total billed charges	
PULSE OXIMETRY-CONTIN.(PER DAY)	94761	CPT	both			383		Amerihealth	HMO/PPO		248.95	65			73.08	363.85	percent of total billed charges	
PULSE OXIMETRY-CONTIN.(PER DAY)	94761	CPT	both			383		Consumer	Consumer		363.85	95			73.08	363.85	percent of total billed charges	
PULSE OXIMETRY-CONTIN.(PER DAY)	94761	CPT	both			383		Corrections	Corrections		306.4	80			73.08	363.85	percent of total billed charges	
PULSE OXIMETRY-CONTIN.(PER DAY)	94761	CPT	both			383		First Health	First Health		268.1	70			73.08	363.85	percent of total billed charges	
PULSE OXIMETRY-CONTIN.(PER DAY)	94761	CPT	both			383		First Trenton	First Trenton		344.7	90			73.08	363.85	percent of total billed charges	
PULSE OXIMETRY-CONTIN.(PER DAY)	94761	CPT	both			383		Horizon	MGD		146.61	38.28			73.08	363.85	percent of total billed charges	
PULSE OXIMETRY-CONTIN.(PER DAY)	94761	CPT	both			383		Horizon	Medicare Blue		114.9	30			73.08	363.85	percent of total billed charges	
PULSE OXIMETRY-CONTIN.(PER DAY)	94761	CPT	both			383		Horizon	Indemnity		146.61	38.28			73.08	363.85	percent of total billed charges	
PULSE OXIMETRY-CONTIN.(PER DAY)	94761	CPT	both			383		Horizon	NJ Health		73.08				73.08	363.85	fee schedule	
PULSE OXIMETRY-CONTIN.(PER DAY)	94761	CPT	both			383		Horizon	PPO		146.61	38.28			73.08	363.85	percent of total billed charges	
PULSE OXIMETRY-CONTIN.(PER DAY)	94761	CPT	both			383		Managed Care Inc	Managed Care Inc		344.7	90			73.08	363.85	percent of total billed charges	
PULSE OXIMETRY-CONTIN.(PER DAY)	94761	CPT	both			383		Multiplan	Multiplan		306.4	80			73.08	363.85	percent of total billed charges	
PULSE OXIMETRY-CONTIN.(PER DAY)	94761	CPT	both			383		Qualcare	Qualcare		287.25	75			73.08	363.85	percent of total billed charges	
PULSE OXIMETRY-CONTIN.(PER DAY)	94761	CPT	both			383		Three Rivers	Three Rivers		363.85	95			73.08	363.85	percent of total billed charges	
PULSE OXIMETRY-CONTIN.(PER DAY)	94761	CPT	both			383		UHC	Medicaid		120.84	31.55			73.08	363.85	percent of total billed charges	
PULSE OXIMETRY-CONTIN.(PER DAY)	94761	CPT	both			383		Wellcare	Medicaid		120.84	31.55			73.08	363.85	percent of total billed charges	
PULSE OXIMETRY-CONTIN.(PER DAY)	94761	CPT	both			383		WellPoint	WellPoint		123.25	32.18			73.08	363.85	percent of total billed charges	
CO2 EXP GAS DETERM BRONCHOS	94770	CPT	outpatient			1046		Aetna	Medicare		322.17	30.8			313.8	993.7	percent of total billed charges	
CO2 EXP GAS DETERM BRONCHOS	94770	CPT	outpatient			1046		Aetna	Better Health		330.01	31.55			313.8	993.7	percent of total billed charges	
CO2 EXP GAS DETERM BRONCHOS	94770	CPT	outpatient			1046		Aetna	Commercial		397.48	38			313.8	993.7	percent of total billed charges	
CO2 EXP GAS DETERM BRONCHOS	94770	CPT	outpatient			1046		Americare	Americare		784.5	75			313.8	993.7	percent of total billed charges	
CO2 EXP GAS DETERM BRONCHOS	94770	CPT	outpatient			1046		Amerihealth	HMO/PPO		679.9	65			313.8	993.7	percent of total billed charges	
CO2 EXP GAS DETERM BRONCHOS	94770	CPT	outpatient			1046		Consumer	Consumer		993.7	95			313.8	993.7	percent of total billed charges	
CO2 EXP GAS DETERM BRONCHOS	94770	CPT	outpatient			1046		Corrections	Corrections		836.8	80			313.8	993.7	percent of total billed charges	
CO2 EXP GAS DETERM BRONCHOS	94770	CPT	outpatient			1046		First Health	First Health		732.2	70			313.8	993.7	percent of total billed charges	
CO2 EXP GAS DETERM BRONCHOS	94770	CPT	outpatient			1046		First Trenton	First Trenton		941.4	90			313.8	993.7	percent of total billed charges	
CO2 EXP GAS DETERM BRONCHOS	94770	CPT	outpatient			1046		Horizon	MGD		400.41	38.28			313.8	993.7	percent of total billed charges	
CO2 EXP GAS DETERM BRONCHOS	94770	CPT	outpatient			1046		Horizon	Medicare Blue		313.8	30			313.8	993.7	percent of total billed charges	
CO2 EXP GAS DETERM BRONCHOS	94770	CPT	outpatient			1046		Horizon	Indemnity		400.41	38.28			313.8	993.7	percent of total billed charges	
CO2 EXP GAS DETERM BRONCHOS	94770	CPT	outpatient			1046		Horizon	PPO		400.41	38.28			313.8	993.7	percent of total billed charges	
CO2 EXP GAS DETERM BRONCHOS	94770	CPT	outpatient			1046		Managed Care Inc	Managed Care Inc		941.4	90			313.8	993.7	percent of total billed charges	
CO2 EXP GAS DETERM BRONCHOS	94770	CPT	outpatient			1046		Multiplan	Multiplan		836.8	80			313.8	993.7	percent of total billed charges	
CO2 EXP GAS DETERM BRONCHOS	94770	CPT	outpatient			1046		Qualcare	Qualcare		784.5	75			313.8	993.7	percent of total billed charges	
CO2 EXP GAS DETERM BRONCHOS	94770	CPT	outpatient			1046		Three Rivers	Three Rivers		993.7	95			313.8	993.7	percent of total billed charges	
CO2 EXP GAS DETERM BRONCHOS	94770	CPT	outpatient			1046		UHC	Medicaid		330.01	31.55			313.8	993.7	percent of total billed charges	
CO2 EXP GAS DETERM BRONCHOS	94770	CPT	outpatient			1046		Wellcare	Medicaid		330.01	31.55			313.8	993.7	percent of total billed charges	
CO2 EXP GAS DETERM BRONCHOS	94770	CPT	outpatient			1046		WellPoint	WellPoint		336.6	32.18			313.8	993.7	percent of total billed charges	
PHEUMOGRAM	94772	CPT	outpatient			974	704.94	Aetna	Commercial		975.88				307.3	1140.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PHEUMOGRAM	94772	CPT	outpatient			974	704.94	Aetna	Better Health		307.3	31.55			307.3	1140.77	percent of total billed charges	
PHEUMOGRAM	94772	CPT	outpatient			974	704.94	Aetna	Medicare		612.99				307.3	1140.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PHEUMOGRAM	94772	CPT	outpatient			974	704.94	Americare	Americare		730.5	75			307.3	1140.77	percent of total billed charges	
PHEUMOGRAM	94772	CPT	outpatient			974	704.94	Amerihealth	Medicare		612.99				307.3	1140.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PHEUMOGRAM	94772	CPT	outpatient			974	704.94	Amerihealth	HMO/PPO		633.1	65			307.3	1140.77	percent of total billed charges	
PHEUMOGRAM	94772	CPT	outpatient			974	704.94	Consumer	Consumer		925.3	95			307.3	1140.77	percent of total billed charges	
PHEUMOGRAM	94772	CPT	outpatient			974	704.94	Corrections	Corrections		779.2	80			307.3	1140.77	percent of total billed charges	
PHEUMOGRAM	94772	CPT	outpatient			974	704.94	First Health	First Health		681.8	70			307.3	1140.77	percent of total billed charges	
PHEUMOGRAM	94772	CPT	outpatient			974	704.94	First Trenton	First Trenton		876.6	90			307.3	1140.77	percent of total billed charges	
PHEUMOGRAM	94772	CPT	outpatient			974	704.94	Horizon	NJ Health		313.2				307.3	1140.77	fee schedule	
PHEUMOGRAM	94772	CPT	outpatient			974	704.94	Horizon	Indemnity		1140.77				307.3	1140.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PHEUMOGRAM	94772	CPT	outpatient			974	704.94	Horizon	Medicare Blue		612.99				307.3	1140.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PHEUMOGRAM	94772	CPT	outpatient			974	704.94	Horizon	MGD		1140.77				307.3	1140.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PHEUMOGRAM	94772	CPT	outpatient			974	704.94	Horizon	PPO		1140.77				307.3	1140.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PHEUMOGRAM	94772	CPT	outpatient			974	704.94	Managed Care Inc	Managed Care Inc		876.6	90			307.3	1140.77	percent of total billed charges	
PHEUMOGRAM	94772	CPT	outpatient			974	704.94	Multiplan	Multiplan		779.2	80			307.3	1140.77	percent of total billed charges	
PHEUMOGRAM	94772	CPT	outpatient			974	704.94	Qualcare	Qualcare		730.5	75			307.3	1140.77	percent of total billed charges	
PHEUMOGRAM	94772	CPT	outpatient			974	704.94	Three Rivers	Three Rivers		925.3	95			307.3	1140.77	percent of total billed charges	
PHEUMOGRAM	94772	CPT	outpatient			974	704.94	UHC	Medicaid		307.3	31.55			307.3	1140.77	percent of total billed charges	
PHEUMOGRAM	94772	CPT	outpatient			974	704.94	UHC	Medicare		612.99				307.3	1140.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PHEUMOGRAM	94772	CPT	outpatient			974	704.94	Wellcare	Medicare		612.99				307.3	1140.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PHEUMOGRAM	94772	CPT	outpatient			974	704.94	Wellcare	Medicaid		307.3	31.55			307.3	1140.77	percent of total billed charges	
PHEUMOGRAM	94772	CPT	outpatient			974	704.94	WellPoint	WellPoint		313.43	32.18			307.3	1140.77	percent of total billed charges	
PULMONARY SCREENING	94799	CPT	both			554	205.45	Aetna	Better Health		174.79	31.55			174.79	526.3	percent of total billed charges	
PULMONARY SCREENING	94799	CPT	both			554	205.45	Aetna	Commercial		284.41				174.79	526.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PULMONARY SCREENING	94799	CPT	both			554	205.45	Aetna	Medicare		178.65				174.79	526.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PULMONARY SCREENING	94799	CPT	both			554	205.45	Americare	Americare		415.5	75			174.79	526.3	percent of total billed charges	
PULMONARY SCREENING	94799	CPT	both			554	205.45	Amerihealth	HMO/PPO		360.1	65			174.79	526.3	percent of total billed charges	
PULMONARY SCREENING	94799	CPT	both			554	205.45	Amerihealth	Medicare		178.65				174.79	526.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PULMONARY SCREENING	94799	CPT	both			554	205.45	Consumer	Consumer		526.3	95			174.79	526.3	percent of total billed charges	
PULMONARY SCREENING	94799	CPT	both			554	205.45	Corrections	Corrections		443.2	80			174.79	526.3	percent of total billed charges	
PULMONARY SCREENING	94799	CPT	both			554	205.45	First Health	First Health		387.8	70			174.79	526.3	percent of total billed charges	
PULMONARY SCREENING	94799	CPT	both			554	205.45	First Trenton	First Trenton		498.6	90			174.79	526.3	percent of total billed charges	
PULMONARY SCREENING	94799	CPT	both			554	205.45	Horizon	Medicare Blue		178.65				174.79	526.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PULMONARY SCREENING	94799	CPT	both			554	205.45	Horizon	MGD		332.47				174.79	526.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PULMONARY SCREENING	94799	CPT	both			554	205.45	Horizon	Indemnity		332.47				174.79	526.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PULMONARY SCREENING	94799	CPT	both			554	205.45	Horizon	PPO		332.47				174.79	526.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PULMONARY SCREENING	94799	CPT	both			554	205.45	Managed Care Inc	Managed Care Inc		498.6	90			174.79	526.3	percent of total billed charges	
PULMONARY SCREENING	94799	CPT	both			554	205.45	Multiplan	Multiplan		443.2	80			174.79	526.3	percent of total billed charges	
PULMONARY SCREENING	94799	CPT	both			554	205.45	Qualcare	Qualcare		415.5	75			174.79	526.3	percent of total billed charges	
PULMONARY SCREENING	94799	CPT	both			554	205.45	Three Rivers	Three Rivers		526.3	95			174.79	526.3	percent of total billed charges	
PULMONARY SCREENING	94799	CPT	both			554	205.45	UHC	Medicaid		174.79	31.55			174.79	526.3	percent of total billed charges	
PULMONARY SCREENING	94799	CPT	both			554	205.45	UHC	Medicare		178.65				174.79	526.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PULMONARY SCREENING	94799	CPT	both			554	205.45	Wellcare	Medicare		178.65				174.79	526.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PULMONARY SCREENING	94799	CPT	both			554	205.45	Wellcare	Medicaid		174.79	31.55			174.79	526.3	percent of total billed charges	
PULMONARY SCREENING	94799	CPT	both			554	205.45	WellPoint	WellPoint		178.28	32.18			174.79	526.3	percent of total billed charges	
PERCUTANEOUS TESTS	95004	CPT	outpatient			3406	1375.11	Aetna	Better Health		1074.59	31.55			13.05	3235.7	percent of total billed charges	
PERCUTANEOUS TESTS	95004	CPT	outpatient			3406	1375.11	Aetna	Commercial		1903.63				13.05	3235.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCUTANEOUS TESTS	95004	CPT	outpatient			3406	1375.11	Aetna	Medicare		1195.75				13.05	3235.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCUTANEOUS TESTS	95004	CPT	outpatient			3406	1375.11	Americare	Americare		2564.5	75			13.05	3235.7	percent of total billed charges	
PERCUTANEOUS TESTS	95004	CPT	outpatient			3406	1375.11	Amerihealth	Medicare		1195.75				13.05	3235.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCUTANEOUS TESTS	95004	CPT	outpatient			3406	1375.11	Amerihealth	HMO/PPO		2213.9	65			13.05	3235.7	percent of total billed charges	
PERCUTANEOUS TESTS	95004	CPT	outpatient			3406	1375.11	Consumer	Consumer		3235.7	95			13.05	3235.7	percent of total billed charges	
PERCUTANEOUS TESTS	95004	CPT	outpatient			3406	1375.11	Corrections	Corrections		2724.8	80			13.05	3235.7	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
PERCUTANEOUS TESTS	95004	CPT	outpatient			3406	1375.11	First Health	First Health		2384.2	70			13.05	3235.7	percent of total billed charges	
PERCUTANEOUS TESTS	95004	CPT	outpatient			3406	1375.11	First Trenton	First Trenton		3065.4	90			13.05	3235.7	percent of total billed charges	
PERCUTANEOUS TESTS	95004	CPT	outpatient			3406	1375.11	Horizon	PPO		2225.29				13.05	3235.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCUTANEOUS TESTS	95004	CPT	outpatient			3406	1375.11	Horizon	MGD		2225.29				13.05	3235.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCUTANEOUS TESTS	95004	CPT	outpatient			3406	1375.11	Horizon	Indemnity		2225.29				13.05	3235.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCUTANEOUS TESTS	95004	CPT	outpatient			3406	1375.11	Horizon	NJ Health		13.05				13.05	3235.7	fee schedule	
PERCUTANEOUS TESTS	95004	CPT	outpatient			3406	1375.11	Horizon	Medicare Blue		1195.75				13.05	3235.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCUTANEOUS TESTS	95004	CPT	outpatient			3406	1375.11	Managed Care Inc	Managed Care Inc		3065.4	90			13.05	3235.7	percent of total billed charges	
PERCUTANEOUS TESTS	95004	CPT	outpatient			3406	1375.11	Multiplan	Multiplan		2724.8	80			13.05	3235.7	percent of total billed charges	
PERCUTANEOUS TESTS	95004	CPT	outpatient			3406	1375.11	Qualcare	Qualcare		2554.5	75			13.05	3235.7	percent of total billed charges	
PERCUTANEOUS TESTS	95004	CPT	outpatient			3406	1375.11	Three Rivers	Three Rivers		3235.7	95			13.05	3235.7	percent of total billed charges	
PERCUTANEOUS TESTS	95004	CPT	outpatient			3406	1375.11	UHC	Medicare		1195.75				13.05	3235.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCUTANEOUS TESTS	95004	CPT	outpatient			3406	1375.11	UHC	Medicaid		1074.59	31.55			13.05	3235.7	percent of total billed charges	
PERCUTANEOUS TESTS	95004	CPT	outpatient			3406	1375.11	Wellcare	Medicare		1195.75				13.05	3235.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCUTANEOUS TESTS	95004	CPT	outpatient			3406	1375.11	Wellcare	Medicaid		1074.59	31.55			13.05	3235.7	percent of total billed charges	
PERCUTANEOUS TESTS	95004	CPT	outpatient			3406	1375.11	WellPoint	WellPoint		1096.05	32.18			13.05	3235.7	percent of total billed charges	
ALLG TEST PQ&IC DR IMM REACT I&R	95018	CPT	outpatient			124	52.74	Aetna	Medicare		45.86				25.06	117.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ALLG TEST PQ&IC DR IMM REACT I&R	95018	CPT	outpatient			124	52.74	Aetna	Commercial		73.01				25.06	117.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ALLG TEST PQ&IC DR IMM REACT I&R	95018	CPT	outpatient			124	52.74	Aetna	Better Health		39.12	31.55			25.06	117.8	percent of total billed charges	
ALLG TEST PQ&IC DR IMM REACT I&R	95018	CPT	outpatient			124	52.74	Americare	Americare		93	75			25.06	117.8	percent of total billed charges	
ALLG TEST PQ&IC DR IMM REACT I&R	95018	CPT	outpatient			124	52.74	Amerihealth	Medicare		45.86				25.06	117.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ALLG TEST PQ&IC DR IMM REACT I&R	95018	CPT	outpatient			124	52.74	Amerihealth	HMO/PPO		80.6	65			25.06	117.8	percent of total billed charges	
ALLG TEST PQ&IC DR IMM REACT I&R	95018	CPT	outpatient			124	52.74	Consumer	Consumer		117.8	95			25.06	117.8	percent of total billed charges	
ALLG TEST PQ&IC DR IMM REACT I&R	95018	CPT	outpatient			124	52.74	Corrections	Corrections		99.2	80			25.06	117.8	percent of total billed charges	
ALLG TEST PQ&IC DR IMM REACT I&R	95018	CPT	outpatient			124	52.74	First Health	First Health		86.8	70			25.06	117.8	percent of total billed charges	
ALLG TEST PQ&IC DR IMM REACT I&R	95018	CPT	outpatient			124	52.74	First Trenton	First Trenton		111.6	90			25.06	117.8	percent of total billed charges	
ALLG TEST PQ&IC DR IMM REACT I&R	95018	CPT	outpatient			124	52.74	Horizon	Indemnity		85.35				25.06	117.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ALLG TEST PQ&IC DR IMM REACT I&R	95018	CPT	outpatient			124	52.74	Horizon	MGD		85.35				25.06	117.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ALLG TEST PQ&IC DR IMM REACT I&R	95018	CPT	outpatient			124	52.74	Horizon	PPO		85.35				25.06	117.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ALLG TEST PQ&IC DR IMM REACT I&R	95018	CPT	outpatient			124	52.74	Horizon	Medicare Blue		45.86				25.06	117.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ALLG TEST PQ&IC DR IMM REACT I&R	95018	CPT	outpatient			124	52.74	Horizon	NJ Health		25.06				25.06	117.8	fee schedule	
ALLG TEST PQ&IC DR IMM REACT I&R	95018	CPT	outpatient			124	52.74	Managed Care Inc	Managed Care Inc		111.6	90			25.06	117.8	percent of total billed charges	
ALLG TEST PQ&IC DR IMM REACT I&R	95018	CPT	outpatient			124	52.74	Multiplan	Multiplan		99.2	80			25.06	117.8	percent of total billed charges	
ALLG TEST PQ&IC DR IMM REACT I&R	95018	CPT	outpatient			124	52.74	Qualcare	Qualcare		93	75			25.06	117.8	percent of total billed charges	
ALLG TEST PQ&IC DR IMM REACT I&R	95018	CPT	outpatient			124	52.74	Three Rivers	Three Rivers		117.8	95			25.06	117.8	percent of total billed charges	
ALLG TEST PQ&IC DR IMM REACT I&R	95018	CPT	outpatient			124	52.74	UHC	Medicaid		39.12	31.55			25.06	117.8	percent of total billed charges	
ALLG TEST PQ&IC DR IMM REACT I&R	95018	CPT	outpatient			124	52.74	UHC	Medicare		45.86				25.06	117.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ALLG TEST PQ&IC DR IMM REACT I&R	95018	CPT	outpatient			124	52.74	Wellcare	Medicaid		39.12	31.55			25.06	117.8	percent of total billed charges	
ALLG TEST PQ&IC DR IMM REACT I&R	95018	CPT	outpatient			124	52.74	Wellcare	Medicare		45.86				25.06	117.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ALLG TEST PQ&IC DR IMM REACT I&R	95018	CPT	outpatient			124	52.74	WellPoint	WellPoint		39.9	32.18			25.06	117.8	percent of total billed charges	
INTRACUT TESTS W/ALL EXTRACTS	95024	CPT	outpatient			211	80.45	Aetna	Commercial		111.38				13.05	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRACUT TESTS W/ALL EXTRACTS	95024	CPT	outpatient			211	80.45	Aetna	Better Health		66.57	31.55			13.05	200.45	percent of total billed charges	
INTRACUT TESTS W/ALL EXTRACTS	95024	CPT	outpatient			211	80.45	Aetna	Medicare		69.96				13.05	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRACUT TESTS W/ALL EXTRACTS	95024	CPT	outpatient			211	80.45	Americare	Americare		158.25	75			13.05	200.45	percent of total billed charges	
INTRACUT TESTS W/ALL EXTRACTS	95024	CPT	outpatient			211	80.45	Amerihealth	HMO/PPO		137.15	65			13.05	200.45	percent of total billed charges	
INTRACUT TESTS W/ALL EXTRACTS	95024	CPT	outpatient			211	80.45	Amerihealth	Medicare		69.96				13.05	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRACUT TESTS W/ALL EXTRACTS	95024	CPT	outpatient			211	80.45	Consumer	Consumer		200.45	95			13.05	200.45	percent of total billed charges	
INTRACUT TESTS W/ALL EXTRACTS	95024	CPT	outpatient			211	80.45	Corrections	Corrections		168.8	80			13.05	200.45	percent of total billed charges	
INTRACUT TESTS W/ALL EXTRACTS	95024	CPT	outpatient			211	80.45	First Health	First Health		147.7	70			13.05	200.45	percent of total billed charges	
INTRACUT TESTS W/ALL EXTRACTS	95024	CPT	outpatient			211	80.45	First Trenton	First Trenton		189.9	90			13.05	200.45	percent of total billed charges	
INTRACUT TESTS W/ALL EXTRACTS	95024	CPT	outpatient			211	80.45	Horizon	Indemnity		130.2				13.05	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRACUT TESTS W/ALL EXTRACTS	95024	CPT	outpatient			211	80.45	Horizon	MGD		130.2				13.05	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRACUT TESTS W/ALL EXTRACTS	95024	CPT	outpatient			211	80.45	Horizon	PPO		130.2				13.05	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRACUT TESTS W/ALL EXTRACTS	95024	CPT	outpatient			211	80.45	Horizon	Medicare Blue		69.96				13.05	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRACUT TESTS W/ALL EXTRACTS	95024	CPT	outpatient			211	80.45	Horizon	NJ Health		13.05				13.05	200.45	fee schedule	
INTRACUT TESTS W/ALL EXTRACTS	95024	CPT	outpatient			211	80.45	Managed Care Inc	Managed Care Inc		189.9	90			13.05	200.45	percent of total billed charges	
INTRACUT TESTS W/ALL EXTRACTS	95024	CPT	outpatient			211	80.45	Multiplan	Multiplan		168.8	80			13.05	200.45	percent of total billed charges	
INTRACUT TESTS W/ALL EXTRACTS	95024	CPT	outpatient			211	80.45	Qualcare	Qualcare		158.25	75			13.05	200.45	percent of total billed charges	
INTRACUT TESTS W/ALL EXTRACTS	95024	CPT	outpatient			211	80.45	Three Rivers	Three Rivers		200.45	95			13.05	200.45	percent of total billed charges	
INTRACUT TESTS W/ALL EXTRACTS	95024	CPT	outpatient			211	80.45	UHC	Medicare		69.96				13.05	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRACUT TESTS W/ALL EXTRACTS	95024	CPT	outpatient			211	80.45	UHC	Medicaid		66.57	31.55			13.05	200.45	percent of total billed charges	
INTRACUT TESTS W/ALL EXTRACTS	95024	CPT	outpatient			211	80.45	Wellcare	Medicare		69.96				13.05	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRACUT TESTS W/ALL EXTRACTS	95024	CPT	outpatient			211	80.45	Wellcare	Medicaid		66.57	31.55			13.05	200.45	percent of total billed charges	
INTRACUT TESTS W/ALL EXTRACTS	95024	CPT	outpatient			211	80.45	WellPoint	WellPoint		67.9	32.18			13.05	200.45	percent of total billed charges	
IC TSTS W ALLG XTRCS DLYD W READ	95028	CPT	outpatient			132	52.74	Aetna	Better Health		41.65	31.55			39.12	153.99	percent of total billed charges	
IC TSTS W ALLG XTRCS DLYD W READ	95028	CPT	outpatient			132	52.74	Aetna	Commercial		73.01				39.12	153.99	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IC TSTS W ALLG XTRCS DLYD W READ	95028	CPT	outpatient			132	52.74	Aetna	Medicare		45.86				39.12	153.99	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IC TSTS W ALLG XTRCS DLYD W READ	95028	CPT	outpatient			132	52.74	Americare	Americare		99	75			39.12	153.99	percent of total billed charges	
IC TSTS W ALLG XTRCS DLYD W READ	95028	CPT	outpatient			132	52.74	Amerihealth	HMO/PPO		85.8	65			39.12	153.99	percent of total billed charges	
IC TSTS W ALLG XTRCS DLYD W READ	95028	CPT	outpatient			132	52.74	Amerihealth	Medicare		45.86				39.12	153.99	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IC TSTS W ALLG XTRCS DLYD W READ	95028	CPT	outpatient			132	52.74	Consumer	Consumer		125.4	95			39.12	153.99	percent of total billed charges	
IC TSTS W ALLG XTRCS DLYD W READ	95028	CPT	outpatient			132	52.74	Corrections	Corrections		105.6	80			39.12	153.99	percent of total billed charges	
IC TSTS W ALLG XTRCS DLYD W READ	95028	CPT	outpatient			132	52.74	First Health	First Health		92.4	70			39.12	153.99	percent of total billed charges	
IC TSTS W ALLG XTRCS DLYD W READ	95028	CPT	outpatient			132	52.74	First Trenton	First Trenton		118.8	90			39.12	153.99	percent of total billed charges	
IC TSTS W ALLG XTRCS DLYD W READ	95028	CPT	outpatient			132	52.74	Horizon	MGD		85.35				39.12	153.99	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IC TSTS W ALLG XTRCS DLYD W READ	95028	CPT	outpatient			132	52.74	Horizon	Medicare Blue		45.86				39.12	153.99	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IC TSTS W ALLG XTRCS DLYD W READ	95028	CPT	outpatient			132	52.74	Horizon	Indemnity		85.35				39.12	153.99	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IC TSTS W ALLG XTRCS DLYD W READ	95028	CPT	outpatient			132	52.74	Horizon	NJ Health		153.99				39.12	153.99	fee schedule	
IC TSTS W ALLG XTRCS DLYD W READ	95028	CPT	outpatient			132	52.74	Horizon	PPO		85.35				39.12	153.99	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IC TSTS W ALLG XTRCS DLYD W READ	95028	CPT	outpatient			132	52.74	Managed Care Inc	Managed Care Inc		118.8	90			39.12	153.99	percent of total billed charges	
IC TSTS W ALLG XTRCS DLYD W READ	95028	CPT	outpatient			132	52.74	Multiplan	Multiplan		105.6	80			39.12	153.99	percent of total billed charges	
IC TSTS W ALLG XTRCS DLYD W READ	95028	CPT	outpatient			132	52.74	Qualcare	Qualcare		99	75			39.12	153.99	percent of total billed charges	
IC TSTS W ALLG XTRCS DLYD W READ	95028	CPT	outpatient			132	52.74	Three Rivers	Three Rivers		125.4	95			39.12	153.99	percent of total billed charges	
IC TSTS W ALLG XTRCS DLYD W READ	95028	CPT	outpatient			132	52.74	UHC	Medicare		45.86				39.12	153.99	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IC TSTS W ALLG XTRCS DLYD W READ	95028	CPT	outpatient			132	52.74	UHC	Medicaid		41.65	31.55			39.12	153.99	percent of total billed charges	
IC TSTS W ALLG XTRCS DLYD W READ	95028	CPT	outpatient			132	52.74	Wellcare	Medicaid		41.65	31.55			39.12	153.99	percent of total billed charges	
IC TSTS W ALLG XTRCS DLYD W READ	95028	CPT	outpatient			132	52.74	Wellcare	Medicare		45.86				39.12	153.99	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IC TSTS W ALLG XTRCS DLYD W READ	95028	CPT	outpatient			132	52.74	WellPoint	WellPoint		42.48	32.18			39.12	153.99	percent of total billed charges	
PATH/APP TEST(S)(SPECIFY NUM)	95044	CPT	outpatient			3406	1375.11	Aetna	Commercial		1903.63				8.43	3235.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PATH/APP TEST(S)(SPECIFY NUM)	95044	CPT	outpatient			3406	1375.11	Aetna	Medicare		1049.05	30.8			8.43	3235.7	percent of total billed charges	
PATH/APP TEST(S)(SPECIFY NUM)	95044	CPT	outpatient			3406	1375.11	Aetna	Better Health		1074.59	31.55			8.43	3235.7	percent of total billed charges	
PATH/APP TEST(S)(SPECIFY NUM)	95044	CPT	outpatient			3406	1375.11	Americare	Americare		2554.5	75			8.43	3235.7	percent of total billed charges	
PATH/APP TEST(S)(SPECIFY NUM)	95044	CPT	outpatient			3406	1375.11	Amerihealth	Medicare		1195.75				8.43	3235.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PATH/APP TEST(S)(SPECIFY NUM)	95044	CPT	outpatient			3406	1375.11	Amerihealth	HMO/PPO		2213.9	65			8.43	3235.7	percent of total billed charges	
PATH/APP TEST(S)(SPECIFY NUM)	95044	CPT	outpatient			3406	1375.11	Consumer	Consumer		3235.7	95			8.43	3235.7	percent of total billed charges	
PATH/APP TEST(S)(SPECIFY NUM)	95044	CPT	outpatient			3406	1375.11	Corrections	Corrections		2724.8	80			8.43	3235.7	percent of total billed charges	
PATH/APP TEST(S)(SPECIFY NUM)	95044	CPT	outpatient			3406	1375.11	First Health	First Health		2384.2	70			8.43	3235.7	percent of total billed charges	
PATH/APP TEST(S)(SPECIFY NUM)	95044	CPT	outpatient			3406	1375.11	First Trenton	First Trenton		3065.4	90			8.43	3235.7	percent of total billed charges	
PATH/APP TEST(S)(SPECIFY NUM)	95044	CPT	outpatient			3406	1375.11	Horizon	Indemnity		2225.29				8.43	3235.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PATH/APP TEST(S)(SPECIFY NUM)	95044	CPT	outpatient			3406	1375.11	Horizon	MGD		2225.29				8.43	3235.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PATH/APP TEST(S)(SPECIFY NUM)	95044	CPT	outpatient			3406	1375.11	Horizon	PPO		2225.29				8.43	3235.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PATH/APP TEST(S)(SPECIFY NUM)	95044	CPT	outpatient			3406	1375.11	Horizon	Medicare Blue		1195.75				8.43	3235.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PATH/APP TEST(S)(SPECIFY NUM)	95044	CPT	outpatient			3406	1375.11	Horizon	NJ Health		8.43				8.43	3235.7	fee schedule	
PATH/APP TEST(S)(SPECIFY NUM)	95044	CPT	outpatient			3406	1375.11	Managed Care Inc	Managed Care Inc		3065.4	90			8.43	3235.7	percent of total billed charges	
PATH/APP TEST(S)(SPECIFY NUM)	95044	CPT	outpatient			3406	1375.11	Multiplan	Multiplan		2724.8	80			8.43	3235.7	percent of total billed charges	
PATH/APP TEST(S)(SPECIFY NUM)	95044	CPT	outpatient			3406	1375.11	Qualcare	Qualcare		2554.5	75			8.43	3235.7	percent of total billed charges	
PATH/APP TEST(S)(SPECIFY NUM)	95044	CPT	outpatient			3406	1375.11	Three Rivers	Three Rivers		3235.7	95			8.43	3235.7	percent of total billed charges	
PATH/APP TEST(S)(SPECIFY NUM)	95044	CPT	outpatient			3406	1375.11	UHC	Medicare		1195.75				8.43	3235.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PATH/APP TEST(S)(SPECIFY NUM)	95044	CPT	outpatient			3406	1375.11	UHC	Medicaid		1074.59	31.55			8.43	3235.7	percent of total billed charges	
PATH/APP TEST(S)(SPECIFY NUM)	95044	CPT	outpatient			3406	1375.11	Wellcare	Medicare		1195.75				8.43	3235.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PATH/APP TEST(S)(SPECIFY NUM)	95044	CPT	outpatient			3406	1375.11	Wellcare	Medicaid		1074.59	31.55			8.43	3235.7	percent of total billed charges	
PATH/APP TEST(S)(SPECIFY NUM)	95044	CPT	outpatient			3406	1375.11	WellPoint	WellPoint		1096.05	32.18			8.43	3235.7	percent of total billed charges	
SCHIRMERS TEST	95060	CPT	outpatient			424	168	Aetna	Medicare		146.09				7.31	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCHIRMERS TEST	95060	CPT	outpatient			424	168	Aetna	Better Health		133.77	31.55			7.31	402.8	percent of total billed charges	
SCHIRMERS TEST	95060	CPT	outpatient			424	168	Aetna	Commercial		232.58				7.31	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCHIRMERS TEST	95060	CPT	outpatient			424	168	Americare	Americare		318	75			7.31	402.8	percent of total billed charges	
SCHIRMERS TEST	95060	CPT	outpatient			424	168	Amerihealth	HMO/PPO		275.6	65			7.31	402.8	percent of total billed charges	
SCHIRMERS TEST	95060	CPT	outpatient			424	168	Amerihealth	Medicare		146.09				7.31	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCHIRMERS TEST	95060	CPT	outpatient			424	168	Consumer	Consumer		402.8	95			7.31	402.8	percent of total billed charges	
SCHIRMERS TEST	95060	CPT	outpatient			424	168	Corrections	Corrections		339.2	80			7.31	402.8	percent of total billed charges	
SCHIRMERS TEST	95060	CPT	outpatient			424	168	First Health	First Health		296.8	70			7.31	402.8	percent of total billed charges	
SCHIRMERS TEST	95060	CPT	outpatient			424	168	First Trenton	First Trenton		381.6	90			7.31	402.8	percent of total billed charges	
SCHIRMERS TEST	95060	CPT	outpatient			424	168	Horizon	MGD		271.87				7.31	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCHIRMERS TEST	95060	CPT	outpatient			424	168	Horizon	NJ Health		7.31				7.31	402.8	fee schedule	
SCHIRMERS TEST	95060	CPT	outpatient			424	168	Horizon	Indemnity		271.87				7.31	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCHIRMERS TEST	95060	CPT	outpatient			424	168	Horizon	Medicare Blue		146.09				7.31	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCHIRMERS TEST	95060	CPT	outpatient			424	168	Horizon	PPO		271.87				7.31	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCHIRMERS TEST	95060	CPT	outpatient			424	168	Managed Care Inc	Managed Care Inc		381.6	90			7.31	402.8	percent of total billed charges	
SCHIRMERS TEST	95060	CPT	outpatient			424	168	Multiplan	Multiplan		339.2	80			7.31	402.8	percent of total billed charges	
SCHIRMERS TEST	95060	CPT	outpatient			424	168	Qualcare	Qualcare		318	75			7.31	402.8	percent of total billed charges	
SCHIRMERS TEST	95060	CPT	outpatient			424	168	Three Rivers	Three Rivers		402.8	95			7.31	402.8	percent of total billed charges	
SCHIRMERS TEST	95060	CPT	outpatient			424	168	UHC	Medicaid		133.77	31.55			7.31	402.8	percent of total billed charges	
SCHIRMERS TEST	95060	CPT	outpatient			424	168	UHC	Medicare		146.09				7.31	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCHIRMERS TEST	95060	CPT	outpatient			424	168	Wellcare	Medicaid		133.77	31.55			7.31	402.8	percent of total billed charges	
SCHIRMERS TEST	95060	CPT	outpatient			424	168	Wellcare	Medicare		146.09				7.31	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCHIRMERS TEST	95060	CPT	outpatient			424	168	WellPoint	WellPoint		136.44	32.18			7.31	402.8	percent of total billed charges	
INHALATION BRONCHIAL CHAL.TEST	95070	CPT	outpatient			1070	704.94	Aetna	Commercial		975.88				337.59	1140.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INHALATION BRONCHIAL CHAL.TEST	95070	CPT	outpatient			1070	704.94	Aetna	Better Health		337.59	31.55			337.59	1140.77	percent of total billed charges	
INHALATION BRONCHIAL CHAL.TEST	95070	CPT	outpatient			1070	704.94	Aetna	Medicare		612.99				337.59	1140.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INHALATION BRONCHIAL CHAL.TEST	95070	CPT	outpatient			1070	704.94	Americare	Americare		802.5	75			337.59	1140.77	percent of total billed charges	
INHALATION BRONCHIAL CHAL.TEST	95070	CPT	outpatient			1070	704.94	Amerihealth	HMO/PPO		695.5	65			337.59	1140.77	percent of total billed charges	
INHALATION BRONCHIAL CHAL.TEST	95070	CPT	outpatient			1070	704.94	Amerihealth	Medicare		612.99				337.59	1140.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INHALATION BRONCHIAL CHAL.TEST	95070	CPT	outpatient			1070	704.94	Consumer	Consumer		1016.5	95			337.59	1140.77	percent of total billed charges	
INHALATION BRONCHIAL CHAL.TEST	95070	CPT	outpatient			1070	704.94	Corrections	Corrections		856	80			337.59	1140.77	percent of total billed charges	
INHALATION BRONCHIAL CHAL.TEST	95070	CPT	outpatient			1070	704.94	First Health	First Health		749	70			337.59	1140.77	percent of total billed charges	
INHALATION BRONCHIAL CHAL.TEST	95070	CPT	outpatient			1070	704.94	First Trenton	First Trenton		963	90			337.59	1140.77	percent of total billed charges	
INHALATION BRONCHIAL CHAL.TEST	95070	CPT	outpatient			1070	704.94	Horizon	Indemnity		1140.77				337.59	1140.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INHALATION BRONCHIAL CHAL.TEST	95070	CPT	outpatient			1070	704.94	Horizon	PPO		1140.77				337.59	1140.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
INHALATION BRONCHIAL CHAL TEST	95070	CPT	outpatient			1070		704.94 Horizon	MGD		1140.77				337.59	1140.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INHALATION BRONCHIAL CHAL TEST	95070	CPT	outpatient			1070		704.94 Horizon	Medicare Blue		612.99				337.59	1140.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INHALATION BRONCHIAL CHAL TEST	95070	CPT	outpatient			1070		704.94 Horizon	NJ Health		394.11				337.59	1140.77	fee schedule	
INHALATION BRONCHIAL CHAL TEST	95070	CPT	outpatient			1070		704.94 Managed Care Inc	Managed Care Inc		963	90			337.59	1140.77	percent of total billed charges	
INHALATION BRONCHIAL CHAL TEST	95070	CPT	outpatient			1070		704.94 Multiplan	Multiplan		856	80			337.59	1140.77	percent of total billed charges	
INHALATION BRONCHIAL CHAL TEST	95070	CPT	outpatient			1070		704.94 Qualcare	Qualcare		802.5	75			337.59	1140.77	percent of total billed charges	
INHALATION BRONCHIAL CHAL TEST	95070	CPT	outpatient			1070		704.94 Three Rivers	Three Rivers		1016.5	95			337.59	1140.77	percent of total billed charges	
INHALATION BRONCHIAL CHAL TEST	95070	CPT	outpatient			1070		704.94 UHC	Medicare		612.99				337.59	1140.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INHALATION BRONCHIAL CHAL TEST	95070	CPT	outpatient			1070		704.94 UHC	Medicaid		337.59	31.55			337.59	1140.77	percent of total billed charges	
INHALATION BRONCHIAL CHAL TEST	95070	CPT	outpatient			1070		704.94 Wellcare	Medicare		612.99				337.59	1140.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INHALATION BRONCHIAL CHAL TEST	95070	CPT	outpatient			1070		704.94 Wellcare	Medicaid		337.59	31.55			337.59	1140.77	percent of total billed charges	
INHALATION BRONCHIAL CHAL TEST	95070	CPT	outpatient			1070		704.94 WellPoint	WellPoint		344.33	32.18			337.59	1140.77	percent of total billed charges	
INGEST CHALL TEST INITIAL 120 MIN	95076	CPT	outpatient			1762		704.94 Aetna	Medicare		612.99				171.37	1673.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INGEST CHALL TEST INITIAL 120 MIN	95076	CPT	outpatient			1762		704.94 Aetna	Better Health		555.91	31.55			171.37	1673.9	percent of total billed charges	
INGEST CHALL TEST INITIAL 120 MIN	95076	CPT	outpatient			1762		704.94 Aetna	Commercial		975.88				171.37	1673.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INGEST CHALL TEST INITIAL 120 MIN	95076	CPT	outpatient			1762		704.94 Americare	Americare		1321.5	75			171.37	1673.9	percent of total billed charges	
INGEST CHALL TEST INITIAL 120 MIN	95076	CPT	outpatient			1762		704.94 Amerihealth	HMO/PPO		1145.3	65			171.37	1673.9	percent of total billed charges	
INGEST CHALL TEST INITIAL 120 MIN	95076	CPT	outpatient			1762		704.94 Amerihealth	Medicare		612.99				171.37	1673.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INGEST CHALL TEST INITIAL 120 MIN	95076	CPT	outpatient			1762		704.94 Consumer	Consumer		1673.9	95			171.37	1673.9	percent of total billed charges	
INGEST CHALL TEST INITIAL 120 MIN	95076	CPT	outpatient			1762		704.94 Corrections	Corrections		1409.6	80			171.37	1673.9	percent of total billed charges	
INGEST CHALL TEST INITIAL 120 MIN	95076	CPT	outpatient			1762		704.94 First Health	First Health		1233.4	70			171.37	1673.9	percent of total billed charges	
INGEST CHALL TEST INITIAL 120 MIN	95076	CPT	outpatient			1762		704.94 First Trenton	First Trenton		1585.8	90			171.37	1673.9	percent of total billed charges	
INGEST CHALL TEST INITIAL 120 MIN	95076	CPT	outpatient			1762		704.94 Horizon	PPO		1140.77				171.37	1673.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INGEST CHALL TEST INITIAL 120 MIN	95076	CPT	outpatient			1762		704.94 Horizon	MGD		1140.77				171.37	1673.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INGEST CHALL TEST INITIAL 120 MIN	95076	CPT	outpatient			1762		704.94 Horizon	Medicare Blue		612.99				171.37	1673.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INGEST CHALL TEST INITIAL 120 MIN	95076	CPT	outpatient			1762		704.94 Horizon	NJ Health		171.37				171.37	1673.9	fee schedule	
INGEST CHALL TEST INITIAL 120 MIN	95076	CPT	outpatient			1762		704.94 Horizon	Indemnity		1140.77				171.37	1673.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INGEST CHALL TEST INITIAL 120 MIN	95076	CPT	outpatient			1762		704.94 Managed Care Inc	Managed Care Inc		1585.8	90			171.37	1673.9	percent of total billed charges	
INGEST CHALL TEST INITIAL 120 MIN	95076	CPT	outpatient			1762		704.94 Multiplan	Multiplan		1409.6	80			171.37	1673.9	percent of total billed charges	
INGEST CHALL TEST INITIAL 120 MIN	95076	CPT	outpatient			1762		704.94 Qualcare	Qualcare		1321.5	75			171.37	1673.9	percent of total billed charges	
INGEST CHALL TEST INITIAL 120 MIN	95076	CPT	outpatient			1762		704.94 Three Rivers	Three Rivers		1673.9	95			171.37	1673.9	percent of total billed charges	
INGEST CHALL TEST INITIAL 120 MIN	95076	CPT	outpatient			1762		704.94 UHC	Medicaid		555.91	31.55			171.37	1673.9	percent of total billed charges	
INGEST CHALL TEST INITIAL 120 MIN	95076	CPT	outpatient			1762		704.94 UHC	Medicare		612.99				171.37	1673.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INGEST CHALL TEST INITIAL 120 MIN	95076	CPT	outpatient			1762		704.94 Wellcare	Medicaid		555.91	31.55			171.37	1673.9	percent of total billed charges	
INGEST CHALL TEST INITIAL 120 MIN	95076	CPT	outpatient			1762		704.94 Wellcare	Medicare		612.99				171.37	1673.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INGEST CHALL TEST INITIAL 120 MIN	95076	CPT	outpatient			1762		704.94 WellPoint	WellPoint		567.01	32.18			171.37	1673.9	percent of total billed charges	
INGEST CHALL TEST EA ADD 60 MIN	95079	CPT	outpatient					Horizon	NJ Health		118.42				118.42	118.42	fee schedule	
IMMUNOTHERAPY INJECTIONS	95117	CPT	outpatient			155		62.48 Aetna	Better Health		48.9	31.55			48.9	147.25	percent of total billed charges	
IMMUNOTHERAPY INJECTIONS	95117	CPT	outpatient			155		62.48 Aetna	Medicare		54.33				48.9	147.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMMUNOTHERAPY INJECTIONS	95117	CPT	outpatient			155		62.48 Aetna	Commercial		86.49				48.9	147.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMMUNOTHERAPY INJECTIONS	95117	CPT	outpatient			155		62.48 Americare	Americare		116.25	75			48.9	147.25	percent of total billed charges	
IMMUNOTHERAPY INJECTIONS	95117	CPT	outpatient			155		62.48 Amerihealth	HMO/PPO		100.75	65			48.9	147.25	percent of total billed charges	
IMMUNOTHERAPY INJECTIONS	95117	CPT	outpatient			155		62.48 Amerihealth	Medicare		54.33				48.9	147.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMMUNOTHERAPY INJECTIONS	95117	CPT	outpatient			155		62.48 Consumer	Consumer		147.25	95			48.9	147.25	percent of total billed charges	
IMMUNOTHERAPY INJECTIONS	95117	CPT	outpatient			155		62.48 Corrections	Corrections		124	80			48.9	147.25	percent of total billed charges	
IMMUNOTHERAPY INJECTIONS	95117	CPT	outpatient			155		62.48 First Health	First Health		108.5	70			48.9	147.25	percent of total billed charges	
IMMUNOTHERAPY INJECTIONS	95117	CPT	outpatient			155		62.48 First Trenton	First Trenton		139.5	90			48.9	147.25	percent of total billed charges	
IMMUNOTHERAPY INJECTIONS	95117	CPT	outpatient			155		62.48 Horizon	MGD		101.11				48.9	147.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMMUNOTHERAPY INJECTIONS	95117	CPT	outpatient			155		62.48 Horizon	Medicare Blue		54.33				48.9	147.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMMUNOTHERAPY INJECTIONS	95117	CPT	outpatient			155		62.48 Horizon	Indemnity		101.11				48.9	147.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMMUNOTHERAPY INJECTIONS	95117	CPT	outpatient			155		62.48 Horizon	NJ Health		101.79				48.9	147.25	fee schedule	
IMMUNOTHERAPY INJECTIONS	95117	CPT	outpatient			155		62.48 Horizon	PPO		101.11				48.9	147.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMMUNOTHERAPY INJECTIONS	95117	CPT	outpatient			155		62.48 Managed Care Inc	Managed Care Inc		139.5	90			48.9	147.25	percent of total billed charges	
IMMUNOTHERAPY INJECTIONS	95117	CPT	outpatient			155		62.48 Multiplan	Multiplan		124	80			48.9	147.25	percent of total billed charges	
IMMUNOTHERAPY INJECTIONS	95117	CPT	outpatient			155		62.48 Qualcare	Qualcare		116.25	75			48.9	147.25	percent of total billed charges	
IMMUNOTHERAPY INJECTIONS	95117	CPT	outpatient			155		62.48 Three Rivers	Three Rivers		147.25	95			48.9	147.25	percent of total billed charges	
IMMUNOTHERAPY INJECTIONS	95117	CPT	outpatient			155		62.48 UHC	Medicaid		48.9	31.55			48.9	147.25	percent of total billed charges	
IMMUNOTHERAPY INJECTIONS	95117	CPT	outpatient			155		62.48 UHC	Medicare		54.33				48.9	147.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMMUNOTHERAPY INJECTIONS	95117	CPT	outpatient			155		62.48 Wellcare	Medicare		54.33				48.9	147.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMMUNOTHERAPY INJECTIONS	95117	CPT	outpatient			155		62.48 Wellcare	Medicaid		48.9	31.55			48.9	147.25	percent of total billed charges	
IMMUNOTHERAPY INJECTIONS	95117	CPT	outpatient			155		62.48 WellPoint	WellPoint		49.88	32.18			48.9	147.25	percent of total billed charges	
CONT GLUC MONITOR PT PROV EQPT	95249	CPT	outpatient			211		80.45 Aetna	Commercial		111.38				45.52	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONT GLUC MONITOR PT PROV EQPT	95249	CPT	outpatient			211		80.45 Aetna	Medicare		69.96				45.52	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONT GLUC MONITOR PT PROV EQPT	95249	CPT	outpatient			211		80.45 Aetna	Better Health		66.57	31.55			45.52	200.45	percent of total billed charges	
CONT GLUC MONITOR PT PROV EQPT	95249	CPT	outpatient			211		80.45 Americare	Americare		198.25	75			45.52	200.45	percent of total billed charges	
CONT GLUC MONITOR PT PROV EQPT	95249	CPT	outpatient			211		80.45 Amerihealth	HMO/PPO		137.15	65			45.52	200.45	percent of total billed charges	
CONT GLUC MONITOR PT PROV EQPT	95249	CPT	outpatient			211		80.45 Amerihealth	Medicare		69.96				45.52	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONT GLUC MONITOR PT PROV EQPT	95249	CPT	outpatient			211		80.45 Consumer	Consumer		200.45	95			45.52	200.45	percent of total billed charges	
CONT GLUC MONITOR PT PROV EQPT	95249	CPT	outpatient			211		80.45 Corrections	Corrections		168.8	80			45.52	200.45	percent of total billed charges	
CONT GLUC MONITOR PT PROV EQPT	95249	CPT	outpatient			211		80.45 First Health	First Health		147.7	70			45.52	200.45	percent of total billed charges	
CONT GLUC MONITOR PT PROV EQPT	95249	CPT	outpatient			211		80.45 First Trenton	First Trenton		189.9	90			45.52	200.45	percent of total billed charges	
CONT GLUC MONITOR PT PROV EQPT	95249	CPT	outpatient			211		80.45 Horizon	MGD		130.2				45.52	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONT GLUC MONITOR PT PROV EQPT	95249	CPT	outpatient			211		80.45 Horizon	Medicare Blue		69.96				45.52	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONT GLUC MONITOR PT PROV EQPT	95249	CPT	outpatient			211		80.45 Horizon	Indemnity		130.2				45.52	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONT GLUC MONITOR PT PROV EQPT	95249	CPT	outpatient			211		80.45 Horizon	NJ Health		45.52				45.52	200.45	fee schedule	
CONT GLUC MONITOR PT PROV EQPT	95249	CPT	outpatient			211		80.45 Horizon	PPO		130.2				45.52	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONT GLUC MONITOR PT PROV EQPT	95249	CPT	outpatient			211		80.45 Managed Care Inc	Managed Care Inc		189.9	90			45.52	200.45	percent of total billed charges	
CONT GLUC MONITOR PT PROV EQPT	95249	CPT	outpatient			211		80.45 Multiplan	Multiplan		168.8	80			45.52	200.45	percent of total billed charges	
CONT GLUC MONITOR PT PROV EQPT	95249	CPT	outpatient			211		80.45 Qualcare	Qualcare		158.25	75			45.52	200.45	percent of total billed charges	
CONT GLUC MONITOR PT PROV EQPT	95249	CPT	outpatient			211		80.45 Three Rivers	Three Rivers		200.45	95			45.52	200.45	percent of total billed charges	
CONT GLUC MONITOR PT PROV EQPT	95249	CPT	outpatient			211		80.45 UHC	Medicare		69.96				45.52	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONT GLUC MONITOR PT PROV EQPT	95249	CPT	outpatient			211		80.45 UHC	Medicaid		66.57	31.55			45.52	200.45	percent of total billed charges	
CONT GLUC MONITOR PT PROV EQPT	95249	CPT	outpatient			211		80.45 Wellcare	Medicaid		66.57	31.55			45.52	200.45	percent of total billed charges	
CONT GLUC MONITOR PT PROV EQPT	95249	CPT	outpatient			211		80.45 Wellcare	Medicare		69.96				45.52	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONT GLUC MONITOR PT PROV EQPT	95249	CPT	outpatient			211		80.45 WellPoint	WellPoint		67.9	32.18			45.52	200.45	percent of total billed charges	
CONT GLUC MONITOR PHY PROV EQPT	95250	CPT	outpatient			442		173.86 Aetna	Better Health		139.45	31.55			139.45	419.9	percent of total billed charges	
CONT GLUC MONITOR PHY PROV EQPT	95250	CPT	outpatient			442		173.86 Aetna	Commercial		240.68				139.45	419.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONT GLUC MONITOR PHY PROV EQPT	95250	CPT	outpatient			442		173.86 Aetna	Medicare		151.18				139.45	419.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONT GLUC MONITOR PHY PROV EQPT	95250	CPT	outpatient			442		173.86 Americare	Americare		331.5	75			139.45	419.9	percent of total billed charges	
CONT GLUC MONITOR PHY PROV EQPT	95250	CPT	outpatient			442		173.86 Amerihealth	HMO/PPO		267.3	65			139.45	419.9	percent of total billed charges	
CONT GLUC MONITOR PHY PROV EQPT	95250	CPT	outpatient			442		173.86 Amerihealth	Medicare		151.18				139.45	419.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONT GLUC MONITOR PHY PROV EQPT	95250	CPT	outpatient			442		173.86 Consumer	Consumer		419.9	95			139.45	419.9	percent of total billed charges	
CONT GLUC MONITOR PHY PROV EQPT	95250	CPT	outpatient			442		173.86 Corrections	Corrections		353.6	80			139.45	419.9	percent of total billed charges	
CONT GLUC MONITOR PHY PROV EQPT	95250	CPT	outpatient			442		173.86 First Health	First Health		309.4	70			139.45	419.9	percent of total billed charges	
CONT GLUC MONITOR PHY PROV EQPT	95250	CPT	outpatient			442		173.86 First Trenton	First Trenton		397.8	90			139.45	419.9	percent of total billed charges	
CONT GLUC MONITOR PHY PROV EQPT	95250	CPT	outpatient			442		173.86 Horizon	PPO		281.35				139.45	419.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONT GLUC MONITOR PHY PROV EQPT	95250	CPT	outpatient			442		173.86 Horizon	MGD		281.35				139.45	419.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONT GLUC MONITOR PHY PROV EQPT	95250	CPT	outpatient			442		173.86 Horizon	Indemnity		281.35				139.45	419.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONT GLUC MONITOR PHY PROV EQPT	95250	CPT	outpatient			442		173.86 Horizon	NJ Health		233.1				139.45	419.9	fee schedule	
CONT GLUC MONITOR PHY PROV EQPT	95250	CPT	outpatient			442		173.86 Horizon	Medicare Blue		151.18				139.45	419.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONT GLUC MONITOR PHY PROV EQPT	95250	CPT	outpatient			442		173.86 Managed Care Inc	Managed Care Inc		397.8	90			139.45	419.9	percent of total billed charges	
CONT GLUC MONITOR PHY PROV EQPT	95250	CPT	outpatient			442		173.86 Multiplan	Multiplan		353.6	80			139.45	419.9	percent of total billed charges	
CONT GLUC MONITOR PHY PROV EQPT	95250	CPT	outpatient			442		173.86 Qualcare	Qualcare		331.5	75			139.45	419.9	percent of total billed charges	
CONT GLUC MONITOR PHY PROV EQPT	95250	CPT	outpatient			442		173.86 Three Rivers	Three Rivers		419.9	95			139.45	419.9	percent of total billed charges	
CONT GLUC MONITOR PHY PROV EQPT	95250	CPT	outpatient			442		173.86 UHC	Medicaid		139.45	31.55			139.45	419.9	percent of total billed charges	
CONT GLUC MONITOR PHY PROV EQPT	95250	CPT	outpatient			442		173.86 UHC	Medicare		151.18				139.45	419.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONT GLUC MONITOR PHY PROV EQPT	95250	CPT	outpatient			442		173.86 Wellcare	Medicare		151.18				139.45	419.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONT GLUC MONITOR PHY PROV EQPT	95250	CPT	outpatient			442		173.86 Wellcare	Medicaid		139.45	31.55			139.45	419.9	percent of total billed charges	
CONT GLUC MONITOR PHY PROV EQPT	95250	CPT	outpatient			442		173.86 WellPoint	WellPoint		142.24	32.18			139.45	419.9	percent of total billed charges	
EEG CONT REC W/VID EEG TECH	95700	CPT	both			1016		205.45 Aetna	Medicare		178.65				178.65	965.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG CONT REC W/VID EEG TECH	95700	CPT	both			1016		205.45 Aetna	Commercial		284.41				178.65	965.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG CONT REC W/VID EEG TECH	95700	CPT	both			1016		205.45 Aetna	Better Health		320.55	31.55			178.65	965.2	percent of total billed charges	
EEG CONT REC W/VID EEG TECH	95700	CPT	both			1016		205.45 Americare	Americare		762	75			178.65	965.2	percent of total billed charges	
EEG CONT REC W/VID EEG TECH	95700	CPT	both			1016		205.45 Amerihealth	HMO/PPO		660.4	65			178.65	965.2	percent of total billed charges	
EEG CONT REC W/VID EEG TECH	95700	CPT	both			1016		205.45 Amerihealth	Medicare		178.65				178.65	965.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG CONT REC W/VID EEG TECH	95700	CPT	both			1016		205.45 Consumer	Consumer		965.2	95			178.65	965.2	percent of total billed charges	
EEG CONT REC W/VID EEG TECH	95700	CPT	both			1016		205.45 Corrections	Corrections		812.8	80			178.65	965.2	percent of total billed charges	
EEG CONT REC W/VID EEG TECH	95700	CPT	both			1016		205.45 First Health	First Health		711.2	70			178.65	965.2	percent of total billed charges	
EEG CONT REC W/VID EEG TECH	95700	CPT	both			1016		205.45 First Trenton	First Trenton		914.4	90			178.65	965.2	percent of total billed charges	
EEG CONT REC W/VID EEG TECH	95700	CPT	both			1016		205.45 Horizon	MGD		332.47				178.65	965.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG CONT REC W/VID EEG TECH	95700	CPT	both			1016		205.45 Horizon	Indemnity		332.47				178.65	965.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG CONT REC W/VID EEG TECH	95700	CPT	both			1016		205.45 Horizon	PPO		332.47				178.65	965.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG CONT REC W/VID EEG TECH	95700	CPT	both			1016		205.45 Horizon	Medicare Blue		178.65				178.65	965.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG CONT REC W/VID EEG TECH	95700	CPT	both			1016		205.45 Managed Care Inc	Managed Care Inc		914.4	90			178.65	965.2	percent of total billed charges	
EEG CONT REC W/VID EEG TECH	95700	CPT	both			1016		205.45 Multiplan	Multiplan		812.8	80			178.65	965.2	percent of total billed charges	
EEG CONT REC W/VID EEG TECH	95700	CPT	both			1016		205.45 Qualcare	Qualcare		762	75			178.65	965.2	percent of total billed charges	
EEG CONT REC W/VID EEG TECH	95700	CPT	both			1016		205.45 Three Rivers	Three Rivers		965.2	95			178.65	965.2	percent of total billed charges	
EEG CONT REC W/VID EEG TECH	95700	CPT	both			1016		205.45 UHC	Medicare		178.65				178.65	965.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG CONT REC W/VID EEG TECH	95700	CPT	both			1016		205.45 UHC	Medicaid		320.55	31.55			178.65	965.2	percent of total billed charges	
EEG CONT REC W/VID EEG TECH	95700	CPT	both			1016		205.45 Wellcare	Medicare		178.65				178.65	965.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG CONT REC W/VID EEG TECH	95700	CPT	both			1016		205.45 Wellcare	Medicaid		320.55	31.55			178.65	965.2	percent of total billed charges	
EEG CONT REC W/VID EEG TECH	95700	CPT	both			1016		205.45 WellPoint	WellPoint		326.95	32.18			178.65	965.2	percent of total billed charges	
EEG W/O VID 2-12 HR UNMNTR	95705	CPT	inpatient			1016		412.82 Aetna	Medicare		312.93	30.8			312.93	965.2	percent of total billed charges	
EEG W/O VID 2-12 HR UNMNTR	95705	CPT	inpatient			1016		412.82 Aetna	Better Health		320.55	31.55			312.93	965.2	percent of total billed charges	
EEG W/O VID 2-12 HR UNMNTR	95705	CPT	inpatient			1016		412.82 Aetna	Commercial		571.48				312.93	965.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG W/O VID 2-12 HR UNMNTR	95705	CPT	inpatient			1016		412.82 Americare	Americare		762	75			312.93	965.2	percent of total billed charges	
EEG W/O VID 2-12 HR UNMNTR	95705	CPT	inpatient			1016		412.82 Amerihealth	HMO/PPO		660.4	65			312.93	965.2	percent of total billed charges	
EEG W/O VID 2-12 HR UNMNTR	95705	CPT	inpatient			1016		412.82 Amerihealth	Medicare		358.97				312.93	965.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG W/O VID 2-12 HR UNMNTR	95705	CPT	inpatient			1016		412.82 Consumer	Consumer		965.2	95			312.93	965.2	percent of total billed charges	
EEG W/O VID 2-12 HR UNMNTR	95705	CPT	inpatient			1016		412.82 Corrections	Corrections		812.8	80			312.93	965.2	percent of total billed charges	
EEG W/O VID 2-12 HR UNMNTR	95705	CPT	inpatient			1016		412.82 First Health	First Health		711.2	70			312.93	965.2	percent of total billed charges	
EEG W/O VID 2-12 HR UNMNTR	95705	CPT	inpatient			1016		412.82 First Trenton	First Trenton		914.4	90			312.93	965.2	percent of total billed charges	
EEG W/O VID 2-12 HR UNMNTR	95705	CPT	inpatient			1016		412.82 Horizon	MGD		668.04				312.93	965.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG W/O VID 2-12 HR UNMNTR	95705	CPT	inpatient			1016		412.82 Horizon	Medicare Blue		358.97				312.93	965.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG W/O VID 2-12 HR UNMNTR	95705	CPT	inpatient			1016		412.82 Horizon	PPO		668.04				312.93	965.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG W/O VID 2-12 HR UNMNTR	95705	CPT	inpatient			1016		412.82 Horizon	Indemnity		668.04				312.93	965.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG W/O VID 2-12 HR UNMNTR	95705	CPT	inpatient			1016		412.82 Managed Care Inc	Managed Care Inc		914.4	90			312.93	965.2	percent of total billed charges	
EEG W/O VID 2-12 HR UNMNTR	95705	CPT	inpatient			1016		412.82 Multiplan	Multiplan		812.8	80			312.93	965.2	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101191	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
EEG W/O VID 2-12 HR UNMNTR	95705	CPT	inpatient			1016		412.82 Qualcare	Qualcare		762				312.93		965.2	percent of total billed charges	
EEG W/O VID 2-12 HR UNMNTR	95705	CPT	inpatient			1016		412.82 Three Rivers	Three Rivers		965.2				312.93		965.2	percent of total billed charges	
EEG W/O VID 2-12 HR UNMNTR	95705	CPT	inpatient			1016		412.82 UHC	Medicaid		320.55	31.55			312.93		965.2	percent of total billed charges	
EEG W/O VID 2-12 HR UNMNTR	95705	CPT	inpatient			1016		412.82 UHC	Medicare		358.97				312.93		965.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG W/O VID 2-12 HR UNMNTR	95705	CPT	inpatient			1016		412.82 Wellcare	Medicaid		320.55	31.55			312.93		965.2	percent of total billed charges	
EEG W/O VID 2-12 HR UNMNTR	95705	CPT	inpatient			1016		412.82 Wellcare	Medicare		358.97				312.93		965.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG W/O VID 2-12 HR UNMNTR	95705	CPT	inpatient			1016		412.82 WellPoint	WellPoint		326.95	32.18			312.93		965.2	percent of total billed charges	
EEG W/O VID 2-12HR INTMT MNTR	95706	CPT	outpatient			1016		412.82 Aetna	Commercial		571.48				312.93		965.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG W/O VID 2-12HR INTMT MNTR	95706	CPT	outpatient			1016		412.82 Aetna	Medicare		312.93	30.8			312.93		965.2	percent of total billed charges	
EEG W/O VID 2-12HR INTMT MNTR	95706	CPT	outpatient			1016		412.82 Aetna	Better Health		320.55	31.55			312.93		965.2	percent of total billed charges	
EEG W/O VID 2-12HR INTMT MNTR	95706	CPT	outpatient			1016		412.82 Americare	Americare		762	75			312.93		965.2	percent of total billed charges	
EEG W/O VID 2-12HR INTMT MNTR	95706	CPT	outpatient			1016		412.82 Amerihealth	HMO/PPO		660.4	65			312.93		965.2	percent of total billed charges	
EEG W/O VID 2-12HR INTMT MNTR	95706	CPT	outpatient			1016		412.82 Amerihealth	Medicare		358.97				312.93		965.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG W/O VID 2-12HR INTMT MNTR	95706	CPT	outpatient			1016		412.82 Consumer	Consumer		965.2	95			312.93		965.2	percent of total billed charges	
EEG W/O VID 2-12HR INTMT MNTR	95706	CPT	outpatient			1016		412.82 Corrections	Corrections		812.8	80			312.93		965.2	percent of total billed charges	
EEG W/O VID 2-12HR INTMT MNTR	95706	CPT	outpatient			1016		412.82 First Health	First Health		711.2	70			312.93		965.2	percent of total billed charges	
EEG W/O VID 2-12HR INTMT MNTR	95706	CPT	outpatient			1016		412.82 First Trenton	First Trenton		914.4	90			312.93		965.2	percent of total billed charges	
EEG W/O VID 2-12HR INTMT MNTR	95706	CPT	outpatient			1016		412.82 Horizon	MGD		668.04				312.93		965.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG W/O VID 2-12HR INTMT MNTR	95706	CPT	outpatient			1016		412.82 Horizon	PPO		668.04				312.93		965.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG W/O VID 2-12HR INTMT MNTR	95706	CPT	outpatient			1016		412.82 Horizon	Indemnity		668.04				312.93		965.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG W/O VID 2-12HR INTMT MNTR	95706	CPT	outpatient			1016		412.82 Horizon	Medicare Blue		358.97				312.93		965.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG W/O VID 2-12HR INTMT MNTR	95706	CPT	outpatient			1016		412.82 Managed Care Inc	Managed Care Inc		914.4	90			312.93		965.2	percent of total billed charges	
EEG W/O VID 2-12HR INTMT MNTR	95706	CPT	outpatient			1016		412.82 Multiplan	Multiplan		812.8	80			312.93		965.2	percent of total billed charges	
EEG W/O VID 2-12HR INTMT MNTR	95706	CPT	outpatient			1016		412.82 Qualcare	Qualcare		762	75			312.93		965.2	percent of total billed charges	
EEG W/O VID 2-12HR INTMT MNTR	95706	CPT	outpatient			1016		412.82 Three Rivers	Three Rivers		965.2	95			312.93		965.2	percent of total billed charges	
EEG W/O VID 2-12HR INTMT MNTR	95706	CPT	outpatient			1016		412.82 UHC	Medicare		358.97				312.93		965.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG W/O VID 2-12HR INTMT MNTR	95706	CPT	outpatient			1016		412.82 UHC	Medicaid		320.55	31.55			312.93		965.2	percent of total billed charges	
EEG W/O VID 2-12HR INTMT MNTR	95706	CPT	outpatient			1016		412.82 Wellcare	Medicare		358.97				312.93		965.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG W/O VID 2-12HR INTMT MNTR	95706	CPT	outpatient			1016		412.82 Wellcare	Medicaid		320.55	31.55			312.93		965.2	percent of total billed charges	
EEG W/O VID 2-12HR INTMT MNTR	95706	CPT	outpatient			1016		412.82 WellPoint	WellPoint		326.95	32.18			312.93		965.2	percent of total billed charges	
EEG W/O VID 2-12HR CONT MNTR	95707	CPT	outpatient			1016		412.82 Aetna	Better Health		320.55	31.55			320.55		965.2	percent of total billed charges	
EEG W/O VID 2-12HR CONT MNTR	95707	CPT	outpatient			1016		412.82 Aetna	Medicare		358.97				320.55		965.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG W/O VID 2-12HR CONT MNTR	95707	CPT	outpatient			1016		412.82 Aetna	Commercial		571.48				320.55		965.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG W/O VID 2-12HR CONT MNTR	95707	CPT	outpatient			1016		412.82 Americare	Americare		762	75			320.55		965.2	percent of total billed charges	
EEG W/O VID 2-12HR CONT MNTR	95707	CPT	outpatient			1016		412.82 Amerihealth	HMO/PPO		660.4	65			320.55		965.2	percent of total billed charges	
EEG W/O VID 2-12HR CONT MNTR	95707	CPT	outpatient			1016		412.82 Amerihealth	Medicare		358.97				320.55		965.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG W/O VID 2-12HR CONT MNTR	95707	CPT	outpatient			1016		412.82 Consumer	Consumer		965.2	95			320.55		965.2	percent of total billed charges	
EEG W/O VID 2-12HR CONT MNTR	95707	CPT	outpatient			1016		412.82 Corrections	Corrections		812.8	80			320.55		965.2	percent of total billed charges	
EEG W/O VID 2-12HR CONT MNTR	95707	CPT	outpatient			1016		412.82 First Health	First Health		711.2	70			320.55		965.2	percent of total billed charges	
EEG W/O VID 2-12HR CONT MNTR	95707	CPT	outpatient			1016		412.82 First Trenton	First Trenton		914.4	90			320.55		965.2	percent of total billed charges	
EEG W/O VID 2-12HR CONT MNTR	95707	CPT	outpatient			1016		412.82 Horizon	Medicare Blue		358.97				320.55		965.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG W/O VID 2-12HR CONT MNTR	95707	CPT	outpatient			1016		412.82 Horizon	Indemnity		668.04				320.55		965.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG W/O VID 2-12HR CONT MNTR	95707	CPT	outpatient			1016		412.82 Horizon	MGD		668.04				320.55		965.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG W/O VID 2-12HR CONT MNTR	95707	CPT	outpatient			1016		412.82 Horizon	PPO		668.04				320.55		965.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG W/O VID 2-12HR CONT MNTR	95707	CPT	outpatient			1016		412.82 Managed Care Inc	Managed Care Inc		914.4	90			320.55		965.2	percent of total billed charges	
EEG W/O VID 2-12HR CONT MNTR	95707	CPT	outpatient			1016		412.82 Multiplan	Multiplan		812.8	80			320.55		965.2	percent of total billed charges	
EEG W/O VID 2-12HR CONT MNTR	95707	CPT	outpatient			1016		412.82 Qualcare	Qualcare		762	75			320.55		965.2	percent of total billed charges	
EEG W/O VID 2-12HR CONT MNTR	95707	CPT	outpatient			1016		412.82 Three Rivers	Three Rivers		965.2	95			320.55		965.2	percent of total billed charges	
EEG W/O VID 2-12HR CONT MNTR	95707	CPT	outpatient			1016		412.82 UHC	Medicaid		320.55	31.55			320.55		965.2	percent of total billed charges	
EEG W/O VID 2-12HR CONT MNTR	95707	CPT	outpatient			1016		412.82 UHC	Medicare		358.97				320.55		965.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG W/O VID 2-12HR CONT MNTR	95707	CPT	outpatient			1016		412.82 Wellcare	Medicaid		320.55	31.55			320.55		965.2	percent of total billed charges	
EEG W/O VID 2-12HR CONT MNTR	95707	CPT	outpatient			1016		412.82 Wellcare	Medicare		358.97				320.55		965.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG W/O VID 2-12HR CONT MNTR	95707	CPT	outpatient			1016		412.82 WellPoint	WellPoint		326.95	32.18			320.55		965.2	percent of total billed charges	
EEG W/O VID EA 12-29HR UNMNTR	95708	CPT	both			1948		704.94 Aetna	Better Health		614.59	31.55			599.98		1850.6	percent of total billed charges	
EEG WO VID EA 12-29HR UNMNTR	95708	CPT	both			1948		704.94 Aetna	Medicare		599.98	30.8			599.98		1850.6	percent of total billed charges	
EEG W/O VID EA 12-29HR UNMNTR	95708	CPT	both			1948		704.94 Aetna	Commercial		975.88				599.98		1850.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG W/O VID EA 12-29HR UNMNTR	95708	CPT	both			1948		704.94 Americare	Americare		1461	75			599.98		1850.6	percent of total billed charges	
EEG WO VID EA 12-29HR UNMNTR	95708	CPT	both			1948		704.94 Amerihealth	Medicare		612.99				599.98		1850.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG W/O VID EA 12-29HR UNMNTR	95708	CPT	both			1948		704.94 Amerihealth	HMO/PPO		1266.2	65			599.98		1850.6	percent of total billed charges	
EEG WO VID EA 12-29HR UNMNTR	95708	CPT	both			1948		704.94 Consumer	Consumer		1850.6	95			599.98		1850.6	percent of total billed charges	
EEG W/O VID EA 12-29HR UNMNTR	95708	CPT	both			1948		704.94 Corrections	Corrections		1558.4	80			599.98		1850.6	percent of total billed charges	
EEG W/O VID EA 12-29HR UNMNTR	95708	CPT	both			1948		704.94 First Health	First Health		1363.6	70			599.98		1850.6	percent of total billed charges	
EEG WO VID EA 12-29HR UNMNTR	95708	CPT	both			1948		704.94 First Trenton	First Trenton		1753.2	90			599.98		1850.6	percent of total billed charges	
EEG WO VID EA 12-29HR UNMNTR	95708	CPT	both			1948		704.94 Horizon	Medicare Blue		612.99				599.98		1850.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG WO VID EA 12-29HR UNMNTR	95708	CPT	both			1948		704.94 Horizon	Indemnity		1140.77				599.98		1850.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG WO VID EA 12-29HR UNMNTR	95708	CPT	both			1948		704.94 Horizon	MGD		1140.77				599.98		1850.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG WO VID EA 12-29HR UNMNTR	95708	CPT	both			1948		704.94 Horizon	PPO		1140.77				599.98		1850.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG W/O VID EA 12-29HR UNMNTR	95708	CPT	both			1948		704.94 Managed Care Inc	Managed Care Inc		1753.2	90			599.98		1850.6	percent of total billed charges	
EEG WO VID EA 12-29HR UNMNTR	95708	CPT	both			1948		704.94 Multiplan	Multiplan		1558.4	80			599.98		1850.6	percent of total billed charges	
EEG W/O VID EA 12-29HR UNMNTR	95708	CPT	both			1948		704.94 Qualcare	Qualcare		1461	75			599.98		1850.6	percent of total billed charges	
EEG W/O VID EA 12-29HR UNMNTR	95708	CPT	both			1948		704.94 Three Rivers	Three Rivers		1850.6	95			599.98		1850.6	percent of total billed charges	
EEG W/O VID EA 12-29HR UNMNTR	95708	CPT	both			1948		704.94 UHC	Medicaid		614.59	31.55			599.98		1850.6	percent of total billed charges	
EEG W/O VID EA 12-29HR UNMNTR	95708	CPT	both			1948		704.94 UHC	Medicare		612.99				599.98		1850.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG WO VID EA 12-29HR UNMNTR	95708	CPT	both			1948		704.94 Wellcare	Medicare		612.99				599.98		1850.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG W/O VID EA 12-29HR UNMNTR	95708	CPT	both			1948		704.94 Wellcare	Medicaid		614.59	31.55			599.98		1850.6	percent of total billed charges	
EEG W/O VID EA 12-29HR UNMNTR	95708	CPT	both			1948		704.94 WellPoint	WellPoint		626.87	32.18			599.98		1850.6	percent of total billed charges	
EEG W/O VID EA 12-29HR INTMT	95709	CPT	outpatient			1948		704.94 Aetna	Commercial		975.88				612.99		1850.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG W/O VID EA 12-29HR INTMT	95709	CPT	outpatient			1948		704.94 Aetna	Better Health		614.59	31.55			612.99		1850.6	percent of total billed charges	
EEG W/O VID EA 12-29HR INTMT	95709	CPT	outpatient			1948		704.94 Aetna	Medicare		612.99				612.99		1850.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG W/O VID EA 12-29HR INTMT	95709	CPT	outpatient			1948		704.94 Americare	Americare		1461	75			612.99		1850.6	percent of total billed charges	
EEG W/O VID EA 12-29HR INTMT	95709	CPT	outpatient			1948		704.94 Amerihealth	HMO/PPO		1266.2	65			612.99		1850.6	percent of total billed charges	
EEG W/O VID EA 12-29HR INTMT	95709	CPT	outpatient			1948		704.94 Amerihealth	Medicare		612.99				612.99		1850.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG W/O VID EA 12-29HR INTMT	95709	CPT	outpatient			1948		704.94 Consumer	Consumer		1850.6	95			612.99		1850.6	percent of total billed charges	
EEG W/O VID EA 12-29HR INTMT	95709	CPT	outpatient			1948		704.94 Corrections	Corrections		1558.4	80			612.99		1850.6	percent of total billed charges	
EEG W/O VID EA 12-29HR INTMT	95709	CPT	outpatient			1948		704.94 First Health	First Health		1363.6	70			612.99		1850.6	percent of total billed charges	
EEG W/O VID EA 12-29HR INTMT	95709	CPT	outpatient			1948		704.94 First Trenton	First Trenton		1753.2	90			612.99		1850.6	percent of total billed charges	
EEG W/O VID EA 12-29HR INTMT	95709	CPT	outpatient			1948		704.94 Horizon	MGD		1140.77				612.99		1850.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG W/O VID EA 12-29HR INTMT	95709	CPT	outpatient			1948		704.94 Horizon	Medicare Blue		612.99				612.99		1850.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG W/O VID EA 12-29HR INTMT	95709	CPT	outpatient			1948		704.94 Horizon	Indemnity		1140.77				612.99		1850.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG W/O VID EA 12-29HR INTMT	95709	CPT	outpatient			1948		704.94 Horizon	PPO		1140.77				612.99		1850.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG W/O VID EA 12-29HR INTMT	95709	CPT	outpatient			1948		704.94 Managed Care Inc	Managed Care Inc		1753.2	90			612.99		1850.6	percent of total billed charges	
EEG W/O VID EA 12-29HR INTMT	95709	CPT	outpatient			1948		704.94 Multiplan	Multiplan		1558.4	80			612.99		1850.6	percent of total billed charges	
EEG W/O VID EA 12-29HR INTMT	95709	CPT	outpatient			1948		704.94 Qualcare	Qualcare		1461	75			612.99		1850.6	percent of total billed charges	
EEG W/O VID EA 12-29HR INTMT	95709	CPT	outpatient			1948		704.94 Three Rivers	Three Rivers		1850.6	95			612.99		1850.6	percent of total billed charges	
EEG W/O VID EA 12-29HR INTMT	95709	CPT	outpatient			1948		704.94 UHC	Medicare		612.99				612.99		1850.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG W/O VID EA 12-29HR INTMT	95709	CPT	outpatient			1948		704.94 UHC	Medicaid		614.59	31.55			612.99		1850.6	percent of total billed charges	
EEG W/O VID EA 12-29HR INTMT	95709	CPT	outpatient			1948		704.94 Wellcare	Medicaid		614.59	31.55			612.99		1850.6	percent of total billed charges	
EEG W/O VID EA 12-29HR INTMT	95709	CPT	outpatient			1948		704.94 Wellcare	Medicare		612.99				612.99		1850.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG W/O VID EA 12-29HR INTMT	95709	CPT	outpatient			1948		704.94 WellPoint	WellPoint		626.87	32.18			612.99		1850.6	percent of total billed charges	
EEG W/O VID EA 12-29HR CONT	95710	CPT	inpatient			1948		704.94 Aetna	Better Health		614.59	31.55			612.99		1850.6	percent of total billed charges	
EEG W/O VID EA 12-29HR CONT	95710	CPT	inpatient			1948		704.94 Aetna	Medicare		612.99				612.99		1850.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG W/O VID EA 12-29HR CONT	95710	CPT	inpatient			1948		704.94 Aetna	Commercial		975.88				612.99		1850.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG W/O VID EA 12-29HR CONT	95710	CPT	inpatient			1948		704.94 Americare	Americare		1461	75			612.99		1850.6	percent of total billed charges	
EEG W/O VID EA 12-29HR CONT	95710	CPT	inpatient			1948		704.94 Amerihealth	Medicare		612.99				612.99		1850.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG W/O VID EA 12-29HR CONT	95710	CPT	inpatient			1948		704.94 Amerihealth	HMO/PPO		1266.2	65			612.99		1850.6	percent of total billed charges	
EEG W/O VID EA 12-29HR CONT	95710	CPT	inpatient			1948		704.94 Consumer	Consumer		1850.6	95			612.99		1850.6	percent of total billed charges	
EEG W/O VID EA 12-29HR CONT	95710	CPT	inpatient			1948		704.94 Corrections	Corrections		1558.4	80			612.99		1850.6	percent of total billed charges	
EEG W/O VID EA 12-29HR CONT	95710	CPT	inpatient			1948		704.94 First Health	First Health		1363.6	70			612.99		1850.6	percent of total billed charges	
EEG W/O VID EA 12-29HR CONT	95710	CPT	inpatient			1948		704.94 First Trenton	First Trenton		1753.2	90			612.99		1850.6	percent of total billed charges	
EEG W/O VID EA 12-29HR CONT	95710	CPT	inpatient			1948		704.94 Horizon	Indemnity		1140.77				612.99		1850.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG W/O VID EA 12-29HR CONT	95710	CPT	inpatient			1948		704.94 Horizon	MGD		1140.77				612.99		1850.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG W/O VID EA 12-29HR CONT	95710	CPT	inpatient			1948		704.94 Horizon	Medicare Blue		612.99				612.99		1850.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG W/O VID EA 12-29HR CONT	95710	CPT	inpatient			1948		704.94 Horizon	PPO		1140.77				612.99		1850.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG W/O VID EA 12-29HR CONT	95710	CPT	inpatient			1948		704.94 Managed Care Inc	Managed Care Inc		1753.2	90			612.99		1850.6	percent of total billed charges	
EEG W/O VID EA 12-29HR CONT	95710	CPT	inpatient			1948		704.94 Multiplan	Multiplan		1558.4	80			612.99		1850.6	percent of total billed charges	
EEG W/O VID EA 12-29HR CONT	95710	CPT	inpatient			1948		704.94 Qualcare	Qualcare		1461	75			612.99		1850.6	percent of total billed charges	
EEG W/O VID EA 12-29HR CONT	95710	CPT	inpatient			1948		704.94 Three Rivers	Three Rivers		1850.6	95			612.99		1850.6	percent of total billed charges	
EEG W/O VID EA 12-29HR CONT	95710	CPT	inpatient			1948		704.94 UHC	Medicare		612.99				612.99		1850.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG W/O VID EA 12-29HR CONT	95710	CPT	inpatient			1948		704.94 UHC	Medicaid		614.59	31.55			612.99		1850.6	percent of total billed charges	
EEG W/O VID EA 12-29HR CONT	95710	CPT	inpatient			1948		704.94 Wellcare	Medicare		612.99				612.99		1850.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG W/O VID EA 12-29HR CONT	95710	CPT	inpatient			1948		704.94 Wellcare	Medicaid		614.59	31.55			612.99		1850.6	percent of total billed charges	
EEG W/O VID EA 12-29HR CONT	95710	CPT	inpatient			1948		704.94 WellPoint	WellPoint		626.87	32.18			612.99		1850.6	percent of total billed charges	
VEEG 2-12HR UNMONITORED	95711	CPT	both			1016		412.82 Aetna	Medicare		358.97				320.55		965.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VEEG 2-12HR UNMONITORED	95711	CPT	both			1016		412.82 Aetna	Commercial		571.48				320.55		965.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VEEG 2-12HR UNMONITORED	95711	CPT	both			1016		412.82 Aetna	Better Health		320.55	31.55			320.55		965.2	percent of total billed charges	
VEEG 2-12HR UNMONITORED	95711	CPT	both			1016		412.82 Americare	Americare		762	75			320.55		965.2	percent of total billed charges	
VEEG 2-12HR UNMONITORED	95711	CPT	both			1016		412.82 Amerihealth	Medicare		358.97				320.55		965.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VEEG 2-12HR UNMONITORED	95711	CPT	both			1016		412.82 Amerihealth	HMO/PPO		660.4	65			320.55		965.2	percent of total billed charges	
VEEG 2-12HR UNMONITORED	95711	CPT	both			1016		412.82 Consumer	Consumer		965.2	95			320.55		965.2	percent of total billed charges	
VEEG 2-12HR UNMONITORED	95711	CPT	both			1016		412.82 Corrections	Corrections		812.8	80			320.55		965.2	percent of total billed charges	
VEEG 2-12HR UNMONITORED	95711	CPT	both			1016		412.82 First Health	First Health		711.2	70			320.55		965.2	percent of total billed charges	
VEEG 2-12HR UNMONITORED	95711	CPT	both			1016		412.82 First Trenton	First Trenton		914.4	90			320.55		965.2	percent of total billed charges	
VEEG 2-12HR UNMONITORED	95711	CPT	both			1016		412.82 Horizon	MGD		668.04				320.55		965.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VEEG 2-12HR UNMONITORED	95711	CPT	both			1016		412.82 Horizon	Medicare Blue		358.97				320.55		965.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VEEG 2-12HR UNMONITORED	95711	CPT	both			1016		412.82 Horizon	Indemnity		668.04				320.55		965.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VEEG 2-12HR UNMONITORED	95711	CPT	both			1016		412.82 Horizon	PPO		668.04				320.55		965.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VEEG 2-12HR UNMONITORED	95711	CPT	both			1016		412.82 Managed Care Inc	Managed Care Inc		914.4	90			320.55		965.2	percent of total billed charges	
VEEG 2-12HR UNMONITORED	95711	CPT	both			1016		412.82 Multiplan	Multiplan		812.8	80			320.55		965.2	percent of total billed charges	
VEEG 2-12HR UNMONITORED	95711	CPT	both			1016		412.82 Qualcare	Qualcare		762	75			320.55		965.2	percent of total billed charges	
VEEG 2-12HR UNMONITORED	95711	CPT	both			1016		412.82 Three Rivers	Three Rivers		965.2	95			320.55		965.2	percent of total billed charges	
VEEG 2-12HR UNMONITORED	95711	CPT	both			1016		412.82 UHC	Medicaid		320.55	31.55			320.55		965.2	percent of total billed charges	
VEEG 2-12HR UNMONITORED	95711	CPT	both			1016		412.82 UHC	Medicare		358.97				320.55		965.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VEEG 2-12HR UNMONITORED	95711	CPT	both			1016		412.82 Wellcare	Medicaid		320.55	31.55			320.55		965.2	percent of total billed charges	
VEEG 2-12HR UNMONITORED	95711	CPT	both			1016		412.82 Wellcare	Medicare		358.97				320.55		965.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VEEG 2-12HR UNMONITORED	95711	CPT	both			1016		412.82 WellPoint	WellPoint		326.95	32.18			320.55		965.2	percent of total billed charges	
VEEG 2-12 HR INTMT MNTR	95712	CPT	both			1016		412.82 Aetna	Better Health		320.55	31.55			320.55		965.2	percent of total billed charges	
VEEG 2-12 HR INTMT MNTR	95712	CPT	both			1016		412.82 Aetna	Medicare		358.97				320.55		965.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VEEG 2-12 HR INTMT MNTR	95712	CPT	both			1016		412.82 Aetna	Commercial		571.48				320.55		965.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
VEEG 2-12 HR INTMT MNTR	95712	CPT	both			1016	412.82	Americare	Americare		762	75			320.55	965.2	percent of total billed charges	
VEEG 2-12 HR INTMT MNTR	95712	CPT	both			1016	412.82	Amerihealth	Medicare		358.97				320.55	965.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VEEG 2-12 HR INTMT MNTR	95712	CPT	both			1016	412.82	Amerihealth	HMO/PPO		660.4	65			320.55	965.2	percent of total billed charges	
VEEG 2-12 HR INTMT MNTR	95712	CPT	both			1016	412.82	Consumer	Consumer		965.2	95			320.55	965.2	percent of total billed charges	
VEEG 2-12 HR INTMT MNTR	95712	CPT	both			1016	412.82	Corrections	Corrections		812.8	80			320.55	965.2	percent of total billed charges	
VEEG 2-12 HR INTMT MNTR	95712	CPT	both			1016	412.82	First Health	First Health		711.2	70			320.55	965.2	percent of total billed charges	
VEEG 2-12 HR INTMT MNTR	95712	CPT	both			1016	412.82	First Trenton	First Trenton		914.4	90			320.55	965.2	percent of total billed charges	
VEEG 2-12 HR INTMT MNTR	95712	CPT	both			1016	412.82	Horizon	Indemnity		668.04				320.55	965.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VEEG 2-12 HR INTMT MNTR	95712	CPT	both			1016	412.82	Horizon	MGD		668.04				320.55	965.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VEEG 2-12 HR INTMT MNTR	95712	CPT	both			1016	412.82	Horizon	Medicare Blue		358.97				320.55	965.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VEEG 2-12 HR INTMT MNTR	95712	CPT	both			1016	412.82	Horizon	PPO		668.04				320.55	965.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VEEG 2-12 HR INTMT MNTR	95712	CPT	both			1016	412.82	Managed Care Inc	Managed Care Inc		914.4	90			320.55	965.2	percent of total billed charges	
VEEG 2-12 HR INTMT MNTR	95712	CPT	both			1016	412.82	Multiplan	Multiplan		812.8	80			320.55	965.2	percent of total billed charges	
VEEG 2-12 HR INTMT MNTR	95712	CPT	both			1016	412.82	Qualcare	Qualcare		762	75			320.55	965.2	percent of total billed charges	
VEEG 2-12 HR INTMT MNTR	95712	CPT	both			1016	412.82	Three Rivers	Three Rivers		965.2	95			320.55	965.2	percent of total billed charges	
VEEG 2-12 HR INTMT MNTR	95712	CPT	both			1016	412.82	UHC	Medicaid		320.55	31.55			320.55	965.2	percent of total billed charges	
VEEG 2-12 HR INTMT MNTR	95712	CPT	both			1016	412.82	UHC	Medicare		358.97				320.55	965.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VEEG 2-12 HR INTMT MNTR	95712	CPT	both			1016	412.82	Wellcare	Medicaid		320.55	31.55			320.55	965.2	percent of total billed charges	
VEEG 2-12 HR INTMT MNTR	95712	CPT	both			1016	412.82	Wellcare	Medicare		358.97				320.55	965.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VEEG 2-12 HR INTMT MNTR	95712	CPT	both			1016	412.82	WellPoint	WellPoint		326.95	32.18			320.55	965.2	percent of total billed charges	
VEEG 2-12 HR CONT MNTR	95713	CPT	both			1948	704.94	Aetna	Better Health		614.59	31.55			612.99	1850.6	percent of total billed charges	
VEEG 2-12 HR CONT MNTR	95713	CPT	both			1948	704.94	Aetna	Medicare		612.99				612.99	1850.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VEEG 2-12 HR CONT MNTR	95713	CPT	both			1948	704.94	Aetna	Commercial		975.88				612.99	1850.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VEEG 2-12 HR CONT MNTR	95713	CPT	both			1948	704.94	Americare	Americare		1461	75			612.99	1850.6	percent of total billed charges	
VEEG 2-12 HR CONT MNTR	95713	CPT	both			1948	704.94	Amerihealth	HMO/PPO		1266.2	65			612.99	1850.6	percent of total billed charges	
VEEG 2-12 HR CONT MNTR	95713	CPT	both			1948	704.94	Amerihealth	Medicare		612.99				612.99	1850.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VEEG 2-12 HR CONT MNTR	95713	CPT	both			1948	704.94	Consumer	Consumer		1850.6	95			612.99	1850.6	percent of total billed charges	
VEEG 2-12 HR CONT MNTR	95713	CPT	both			1948	704.94	Corrections	Corrections		1558.4	80			612.99	1850.6	percent of total billed charges	
VEEG 2-12 HR CONT MNTR	95713	CPT	both			1948	704.94	First Health	First Health		1363.6	70			612.99	1850.6	percent of total billed charges	
VEEG 2-12 HR CONT MNTR	95713	CPT	both			1948	704.94	First Trenton	First Trenton		1753.2	90			612.99	1850.6	percent of total billed charges	
VEEG 2-12 HR CONT MNTR	95713	CPT	both			1948	704.94	Horizon	Indemnity		1140.77				612.99	1850.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VEEG 2-12 HR CONT MNTR	95713	CPT	both			1948	704.94	Horizon	MGD		1140.77				612.99	1850.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VEEG 2-12 HR CONT MNTR	95713	CPT	both			1948	704.94	Horizon	Medicare Blue		612.99				612.99	1850.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VEEG 2-12 HR CONT MNTR	95713	CPT	both			1948	704.94	Horizon	PPO		1140.77				612.99	1850.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VEEG 2-12 HR CONT MNTR	95713	CPT	both			1948	704.94	Managed Care Inc	Managed Care Inc		1753.2	90			612.99	1850.6	percent of total billed charges	
VEEG 2-12 HR CONT MNTR	95713	CPT	both			1948	704.94	Multiplan	Multiplan		1558.4	80			612.99	1850.6	percent of total billed charges	
VEEG 2-12 HR CONT MNTR	95713	CPT	both			1948	704.94	Qualcare	Qualcare		1461	75			612.99	1850.6	percent of total billed charges	
VEEG 2-12 HR CONT MNTR	95713	CPT	both			1948	704.94	Three Rivers	Three Rivers		1850.6	95			612.99	1850.6	percent of total billed charges	
VEEG 2-12 HR CONT MNTR	95713	CPT	both			1948	704.94	UHC	Medicaid		614.59	31.55			612.99	1850.6	percent of total billed charges	
VEEG 2-12 HR CONT MNTR	95713	CPT	both			1948	704.94	UHC	Medicare		612.99				612.99	1850.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VEEG 2-12 HR CONT MNTR	95713	CPT	both			1948	704.94	Wellcare	Medicaid		614.59	31.55			612.99	1850.6	percent of total billed charges	
VEEG 2-12 HR CONT MNTR	95713	CPT	both			1948	704.94	Wellcare	Medicare		612.99				612.99	1850.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VEEG 2-12 HR CONT MNTR	95713	CPT	both			1948	704.94	WellPoint	WellPoint		626.87	32.18			612.99	1850.6	percent of total billed charges	
VEEG EA 12-26 HR UNMNTR	95714	CPT	both			1948	704.94	Aetna	Commercial		975.88				612.99	1850.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VEEG EA 12-26 HR UNMNTR	95714	CPT	both			1948	704.94	Aetna	Better Health		614.59	31.55			612.99	1850.6	percent of total billed charges	
VEEG EA 12-26 HR UNMNTR	95714	CPT	both			1948	704.94	Aetna	Medicare		612.99				612.99	1850.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VEEG EA 12-26 HR UNMNTR	95714	CPT	both			1948	704.94	Americare	Americare		1461	75			612.99	1850.6	percent of total billed charges	
VEEG EA 12-26 HR UNMNTR	95714	CPT	both			1948	704.94	Amerihealth	Medicare		612.99				612.99	1850.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VEEG EA 12-26 HR UNMNTR	95714	CPT	both			1948	704.94	Amerihealth	HMO/PPO		1266.2	65			612.99	1850.6	percent of total billed charges	
VEEG EA 12-26 HR UNMNTR	95714	CPT	both			1948	704.94	Consumer	Consumer		1850.6	95			612.99	1850.6	percent of total billed charges	
VEEG EA 12-26 HR UNMNTR	95714	CPT	both			1948	704.94	Corrections	Corrections		1558.4	80			612.99	1850.6	percent of total billed charges	
VEEG EA 12-26 HR UNMNTR	95714	CPT	both			1948	704.94	First Health	First Health		1363.6	70			612.99	1850.6	percent of total billed charges	
VEEG EA 12-26 HR UNMNTR	95714	CPT	both			1948	704.94	First Trenton	First Trenton		1753.2	90			612.99	1850.6	percent of total billed charges	
VEEG EA 12-26 HR UNMNTR	95714	CPT	both			1948	704.94	Horizon	Indemnity		1140.77				612.99	1850.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VEEG EA 12-26 HR UNMNTR	95714	CPT	both			1948	704.94	Horizon	Medicare Blue		612.99				612.99	1850.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VEEG EA 12-26 HR UNMNTR	95714	CPT	both			1948	704.94	Horizon	PPO		1140.77				612.99	1850.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VEEG EA 12-26 HR UNMNTR	95714	CPT	both			1948	704.94	Horizon	MGD		1140.77				612.99	1850.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VEEG EA 12-26 HR UNMNTR	95714	CPT	both			1948	704.94	Managed Care Inc	Managed Care Inc		1753.2	90			612.99	1850.6	percent of total billed charges	
VEEG EA 12-26 HR UNMNTR	95714	CPT	both			1948	704.94	Multiplan	Multiplan		1558.4	80			612.99	1850.6	percent of total billed charges	
VEEG EA 12-26 HR UNMNTR	95714	CPT	both			1948	704.94	Qualcare	Qualcare		1461	75			612.99	1850.6	percent of total billed charges	
VEEG EA 12-26 HR UNMNTR	95714	CPT	both			1948	704.94	Three Rivers	Three Rivers		1850.6	95			612.99	1850.6	percent of total billed charges	
VEEG EA 12-26 HR UNMNTR	95714	CPT	both			1948	704.94	UHC	Medicaid		614.59	31.55			612.99	1850.6	percent of total billed charges	
VEEG EA 12-26 HR UNMNTR	95714	CPT	both			1948	704.94	UHC	Medicare		612.99				612.99	1850.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VEEG EA 12-26 HR UNMNTR	95714	CPT	both			1948	704.94	Wellcare	Medicaid		614.59	31.55			612.99	1850.6	percent of total billed charges	
VEEG EA 12-26 HR UNMNTR	95714	CPT	both			1948	704.94	Wellcare	Medicare		612.99				612.99	1850.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VEEG EA 12-26 HR UNMNTR	95714	CPT	both			1948	704.94	WellPoint	WellPoint		626.87	32.18			612.99	1850.6	percent of total billed charges	
VEEG EA 12-26HR INTMT MNTR	95715	CPT	inpatient			1948	704.94	Aetna	Medicare		612.99				612.99	1850.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VEEG EA 12-26HR INTMT MNTR	95715	CPT	inpatient			1948	704.94	Aetna	Commercial		975.88				612.99	1850.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VEEG EA 12-26HR INTMT MNTR	95715	CPT	inpatient			1948	704.94	Aetna	Better Health		614.59	31.55			612.99	1850.6	percent of total billed charges	
VEEG EA 12-26HR INTMT MNTR	95715	CPT	inpatient			1948	704.94	Americare	Americare		1461	75			612.99	1850.6	percent of total billed charges	
VEEG EA 12-26HR INTMT MNTR	95715	CPT	inpatient			1948	704.94	Amerihealth	HMO/PPO		1266.2	65			612.99	1850.6	percent of total billed charges	
VEEG EA 12-26HR INTMT MNTR	95715	CPT	inpatient			1948	704.94	Amerihealth	Medicare		612.99				612.99	1850.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VEEG EA 12-26HR INTMT MNTR	95715	CPT	inpatient			1948	704.94	Consumer	Consumer		1850.6	95			612.99	1850.6	percent of total billed charges	
VEEG EA 12-26HR INTMT MNTR	95715	CPT	inpatient			1948	704.94	Corrections	Corrections		1558.4	80			612.99	1850.6	percent of total billed charges	
VEEG EA 12-26HR INTMT MNTR	95715	CPT	inpatient			1948	704.94	First Health	First Health		1363.6	70			612.99	1850.6	percent of total billed charges	
VEEG EA 12-26HR INTMT MNTR	95715	CPT	inpatient			1948	704.94	First Trenton	First Trenton		1753.2	90			612.99	1850.6	percent of total billed charges	
VEEG EA 12-26HR INTMT MNTR	95715	CPT	inpatient			1948	704.94	Horizon	MGD		1140.77				612.99	1850.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VEEG EA 12-26HR INTMT MNTR	95715	CPT	inpatient			1948	704.94	Horizon	Medicare Blue		612.99				612.99	1850.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VEEG EA 12-26HR INTMT MNTR	95715	CPT	inpatient			1948	704.94	Horizon	Indemnity		1140.77				612.99	1850.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VEEG EA 12-26HR INTMT MNTR	95715	CPT	inpatient			1948	704.94	Horizon	PPO		1140.77				612.99	1850.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VEEG EA 12-26HR INTMT MNTR	95715	CPT	inpatient			1948	704.94	Managed Care Inc	Managed Care Inc		1753.2	90			612.99	1850.6	percent of total billed charges	
VEEG EA 12-26HR INTMT MNTR	95715	CPT	inpatient			1948	704.94	Multiplan	Multiplan		1558.4	80			612.99	1850.6	percent of total billed charges	
VEEG EA 12-26HR INTMT MNTR	95715	CPT	inpatient			1948	704.94	Qualcare	Qualcare		1461	75			612.99	1850.6	percent of total billed charges	
VEEG EA 12-26HR INTMT MNTR	95715	CPT	inpatient			1948	704.94	Three Rivers	Three Rivers		1850.6	95			612.99	1850.6	percent of total billed charges	
VEEG EA 12-26HR INTMT MNTR	95715	CPT	inpatient			1948	704.94	UHC	Medicare		612.99				612.99	1850.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VEEG EA 12-26HR INTMT MNTR	95715	CPT	inpatient			1948	704.94	UHC	Medicaid		614.59	31.55			612.99	1850.6	percent of total billed charges	
VEEG EA 12-26HR INTMT MNTR	95715	CPT	inpatient			1948	704.94	Wellcare	Medicaid		614.59	31.55			612.99	1850.6	percent of total billed charges	
VEEG EA 12-26HR INTMT MNTR	95715	CPT	inpatient			1948	704.94	Wellcare	Medicare		612.99				612.99	1850.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VEEG EA 12-26HR INTMT MNTR	95715	CPT	inpatient			1948	704.94	WellPoint	WellPoint		626.87	32.18			612.99	1850.6	percent of total billed charges	
VEEG EA 12-26HR CONT MNTR	95716	CPT	inpatient			3646	1375.11	Aetna	Commercial		1903.63				1150.31	3463.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VEEG EA 12-26HR CONT MNTR	95716	CPT	inpatient			3646	1375.11	Aetna	Better Health		1150.31	31.55			1150.31	3463.7	percent of total billed charges	
VEEG EA 12-26HR CONT MNTR	95716	CPT	inpatient			3646	1375.11	Aetna	Medicare		1195.75				1150.31	3463.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VEEG EA 12-26HR CONT MNTR	95716	CPT	inpatient			3646	1375.11	Americare	Americare		2734.5	75			1150.31	3463.7	percent of total billed charges	
VEEG EA 12-26HR CONT MNTR	95716	CPT	inpatient			3646	1375.11	Amerihealth	HMO/PPO		2369.9	65			1150.31	3463.7	percent of total billed charges	
VEEG EA 12-26HR CONT MNTR	95716	CPT	inpatient			3646	1375.11	Amerihealth	Medicare		1195.75				1150.31	3463.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VEEG EA 12-26HR CONT MNTR	95716	CPT	inpatient			3646	1375.11	Consumer	Consumer		3463.7	95			1150.31	3463.7	percent of total billed charges	
VEEG EA 12-26HR CONT MNTR	95716	CPT	inpatient			3646	1375.11	Corrections	Corrections		2916.8	80			1150.31	3463.7	percent of total billed charges	
VEEG EA 12-26HR CONT MNTR	95716	CPT	inpatient			3646	1375.11	First Health	First Health		2552.2	70			1150.31	3463.7	percent of total billed charges	
VEEG EA 12-26HR CONT MNTR	95716	CPT	inpatient			3646	1375.11	First Trenton	First Trenton		3281.4	90			1150.31	3463.7	percent of total billed charges	
VEEG EA 12-26HR CONT MNTR	95716	CPT	inpatient			3646	1375.11	Horizon	Medicare Blue		1195.75				1150.31	3463.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VEEG EA 12-26HR CONT MNTR	95716	CPT	inpatient			3646	1375.11	Horizon	MGD		2225.29				1150.31	3463.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VEEG EA 12-26HR CONT MNTR	95716	CPT	inpatient			3646	1375.11	Horizon	Indemnity		2225.29				1150.31	3463.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VEEG EA 12-26HR CONT MNTR	95716	CPT	inpatient			3646	1375.11	Horizon	PPO		2225.29				1150.31	3463.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VEEG EA 12-26HR CONT MNTR	95716	CPT	inpatient			3646	1375.11	Managed Care Inc	Managed Care Inc		3281.4	90			1150.31	3463.7	percent of total billed charges	
VEEG EA 12-26HR CONT MNTR	95716	CPT	inpatient			3646	1375.11	Multiplan	Multiplan		2916.8	80			1150.31	3463.7	percent of total billed charges	
VEEG EA 12-26HR CONT MNTR	95716	CPT	inpatient			3646	1375.11	Qualcare	Qualcare		2734.5	75			1150.31	3463.7	percent of total billed charges	
VEEG EA 12-26HR CONT MNTR	95716	CPT	inpatient			3646	1375.11	Three Rivers	Three Rivers		3463.7	95			1150.31	3463.7	percent of total billed charges	
VEEG EA 12-26HR CONT MNTR	95716	CPT	inpatient			3646	1375.11	UHC	Medicaid		1150.31	31.55			1150.31	3463.7	percent of total billed charges	
VEEG EA 12-26HR CONT MNTR	95716	CPT	inpatient			3646	1375.11	UHC	Medicare		1195.75				1150.31	3463.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VEEG EA 12-26HR CONT MNTR	95716	CPT	inpatient			3646	1375.11	Wellcare	Medicare		1195.75				1150.31	3463.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VEEG EA 12-26HR CONT MNTR	95716	CPT	inpatient			3646	1375.11	Wellcare	Medicaid		1150.31	31.55			1150.31	3463.7	percent of total billed charges	
VEEG EA 12-26HR CONT MNTR	95716	CPT	inpatient			3646	1375.11	WellPoint	WellPoint		1173.28	32.18			1150.31	3463.7	percent of total billed charges	
HOME SLEEP STUDY UNATTENDED	95800	CPT	both			574	205.45	Aetna	Commercial		284.41				178.65	545.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HOME SLEEP STUDY UNATTENDED	95800	CPT	both			574	205.45	Aetna	Better Health		181.1	31.55			178.65	545.3	percent of total billed charges	
HOME SLEEP STUDY UNATTENDED	95800	CPT	both			574	205.45	Aetna	Medicare		178.65				178.65	545.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HOME SLEEP STUDY UNATTENDED	95800	CPT	both			574	205.45	Americare	Americare		430.5	75			178.65	545.3	percent of total billed charges	
HOME SLEEP STUDY UNATTENDED	95800	CPT	both			574	205.45	Amerihealth	HMO/PPO		373.1	65			178.65	545.3	percent of total billed charges	
HOME SLEEP STUDY UNATTENDED	95800	CPT	both			574	205.45	Amerihealth	Medicare		178.65				178.65	545.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HOME SLEEP STUDY UNATTENDED	95800	CPT	both			574	205.45	Consumer	Consumer		545.3	95			178.65	545.3	percent of total billed charges	
HOME SLEEP STUDY UNATTENDED	95800	CPT	both			574	205.45	Corrections	Corrections		459.2	80			178.65	545.3	percent of total billed charges	
HOME SLEEP STUDY UNATTENDED	95800	CPT	both			574	205.45	First Health	First Health		401.8	70			178.65	545.3	percent of total billed charges	
HOME SLEEP STUDY UNATTENDED	95800	CPT	both			574	205.45	First Trenton	First Trenton		516.6	90			178.65	545.3	percent of total billed charges	
HOME SLEEP STUDY UNATTENDED	95800	CPT	both			574	205.45	Horizon	PPO		332.47				178.65	545.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HOME SLEEP STUDY UNATTENDED	95800	CPT	both			574	205.45	Horizon	Medicare Blue		178.65				178.65	545.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HOME SLEEP STUDY UNATTENDED	95800	CPT	both			574	205.45	Horizon	MGD		332.47				178.65	545.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HOME SLEEP STUDY UNATTENDED	95800	CPT	both			574	205.45	Horizon	NJ Health		297.31				178.65	545.3	fee schedule	
HOME SLEEP STUDY UNATTENDED	95800	CPT	both			574	205.45	Horizon	Indemnity		332.47				178.65	545.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HOME SLEEP STUDY UNATTENDED	95800	CPT	both			574	205.45	Managed Care Inc	Managed Care Inc		516.6	90			178.65	545.3	percent of total billed charges	
HOME SLEEP STUDY UNATTENDED	95800	CPT	both			574	205.45	Multiplan	Multiplan		459.2	80			178.65	545.3	percent of total billed charges	
HOME SLEEP STUDY UNATTENDED	95800	CPT	both			574	205.45	Qualcare	Qualcare		430.5	75			178.65	545.3	percent of total billed charges	
HOME SLEEP STUDY UNATTENDED	95800	CPT	both			574	205.45	Three Rivers	Three Rivers		545.3	95			178.65	545.3	percent of total billed charges	
HOME SLEEP STUDY UNATTENDED	95800	CPT	both			574	205.45	UHC	Medicare		178.65				178.65	545.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HOME SLEEP STUDY UNATTENDED	95800	CPT	both			574	205.45	UHC	Medicaid		181.1	31.55			178.65	545.3	percent of total billed charges	
HOME SLEEP STUDY UNATTENDED	95800	CPT	both			574	205.45	Wellcare	Medicaid		181.1	31.55			178.65	545.3	percent of total billed charges	
HOME SLEEP STUDY UNATTENDED	95800	CPT	both			574	205.45	Wellcare	Medicare		178.65				178.65	545.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HOME SLEEP STUDY UNATTENDED	95800	CPT	both			574	205.45	WellPoint	WellPoint		184.71	32.18			178.65	545.3	percent of total billed charges	
SLEEP APNEA SCREENING	95806	CPT	outpatient			853	205.45	Aetna	Medicare		178.65				178.65	810.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLEEP APNEA SCREENING	95806	CPT	outpatient			853	205.45	Aetna	Better Health		269.12	31.55			178.65	810.35	percent of total billed charges	
SLEEP APNEA SCREENING	95806	CPT	outpatient			853	205.45	Aetna	Commercial		284.41				178.65	810.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLEEP APNEA SCREENING	95806	CPT	outpatient			853	205.45	Americare	Americare		639.75	75			178.65	810.35	percent of total billed charges	
SLEEP APNEA SCREENING	95806	CPT	outpatient			853	205.45	Amerihealth	HMO/PPO		554.45	65			178.65	810.35	percent of total billed charges	
SLEEP APNEA SCREENING	95806	CPT	outpatient			853	205.45	Amerihealth	Medicare		178.65				178.65	810.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLEEP APNEA SCREENING	95806	CPT	outpatient			853	205.45	Consumer	Consumer		810.35	95			178.65	810.35	percent of total billed charges	
SLEEP APNEA SCREENING	95806	CPT	outpatient			853	205.45	Corrections	Corrections		682.4	80			178.65	810.35	percent of total billed charges	
SLEEP APNEA SCREENING	95806	CPT	outpatient			853	205.45	First Health	First Health		597.1	70			178.65	810.35	percent of total billed charges	
SLEEP APNEA SCREENING	95806	CPT	outpatient			853	205.45	First Trenton	First Trenton		767.7	90			178.65	810.35	percent of total billed charges	
SLEEP APNEA SCREENING	95806	CPT	outpatient			853	205.45	Horizon	MGD		332.47				178.65	810.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLEEP APNEA SCREENING	95806	CPT	outpatient			853	205.45	Horizon	Indemnity		332.47				178.65	810.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101191	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
SLEEP APNEA SCREENING	95806	CPT	outpatient			853	205.45	Horizon	NJ Health		503.73				178.65	810.35	fee schedule	
SLEEP APNEA SCREENING	95806	CPT	outpatient			853	205.45	Horizon	PPO		332.47				178.65	810.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLEEP APNEA SCREENING	95806	CPT	outpatient			853	205.45	Horizon	Medicare Blue		178.65				178.65	810.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLEEP APNEA SCREENING	95806	CPT	outpatient			853	205.45	Managed Care Inc	Managed Care Inc		767.7	90			178.65	810.35	percent of total billed charges	
SLEEP APNEA SCREENING	95806	CPT	outpatient			853	205.45	Multiplan	Multiplan		682.4	80			178.65	810.35	percent of total billed charges	
SLEEP APNEA SCREENING	95806	CPT	outpatient			853	205.45	Qualcare	Qualcare		639.75	75			178.65	810.35	percent of total billed charges	
SLEEP APNEA SCREENING	95806	CPT	outpatient			853	205.45	Three Rivers	Three Rivers		810.35	95			178.65	810.35	percent of total billed charges	
SLEEP APNEA SCREENING	95806	CPT	outpatient			853	205.45	UHC	Medicaid		269.12	31.55			178.65	810.35	percent of total billed charges	
SLEEP APNEA SCREENING	95806	CPT	outpatient			853	205.45	UHC	Medicare		178.65				178.65	810.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLEEP APNEA SCREENING	95806	CPT	outpatient			853	205.45	Wellcare	Medicaid		269.12	31.55			178.65	810.35	percent of total billed charges	
SLEEP APNEA SCREENING	95806	CPT	outpatient			853	205.45	Wellcare	Medicare		178.65				178.65	810.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLEEP APNEA SCREENING	95806	CPT	outpatient			853	205.45	WellPoint	WellPoint		274.5	32.18			178.65	810.35	percent of total billed charges	
EEG,EXTND MONITORING 41-60 MIN	95812	CPT	both			819	412.82	Aetna	Better Health		258.39	31.55			258.39	778.05	percent of total billed charges	
EEG,EXTND MONTORING 41-60 MIN	95812	CPT	both			819	412.82	Aetna	Commercial		571.48				258.39	778.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG,EXTND MONTORING 41-60 MIN	95812	CPT	both			819	412.82	Aetna	Medicare		358.97				258.39	778.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG,EXTND MONTORING 41-60 MIN	95812	CPT	both			819	412.82	Americare	Americare		614.25	75			258.39	778.05	percent of total billed charges	
EEG,EXTND MONTORING 41-60 MIN	95812	CPT	both			819	412.82	Amerihealth	HMO/PPO		532.35	65			258.39	778.05	percent of total billed charges	
EEG,EXTND MONTORING 41-60 MIN	95812	CPT	both			819	412.82	Amerihealth	Medicare		358.97				258.39	778.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG,EXTND MONTORING 41-60 MIN	95812	CPT	both			819	412.82	Consumer	Consumer		778.05	95			258.39	778.05	percent of total billed charges	
EEG,EXTND MONTORING 41-60 MIN	95812	CPT	both			819	412.82	Corrections	Corrections		655.2	80			258.39	778.05	percent of total billed charges	
EEG,EXTND MONTORING 41-60 MIN	95812	CPT	both			819	412.82	First Health	First Health		573.3	70			258.39	778.05	percent of total billed charges	
EEG,EXTND MONTORING 41-60 MIN	95812	CPT	both			819	412.82	First Trenton	First Trenton		737.1	90			258.39	778.05	percent of total billed charges	
EEG,EXTND MONTORING 41-60 MIN	95812	CPT	both			819	412.82	Horizon	MGD		668.04				258.39	778.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG,EXTND MONTORING 41-60 MIN	95812	CPT	both			819	412.82	Horizon	Medicare Blue		358.97				258.39	778.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG,EXTND MONTORING 41-60 MIN	95812	CPT	both			819	412.82	Horizon	Indemnity		668.04				258.39	778.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG,EXTND MONTORING 41-60 MIN	95812	CPT	both			819	412.82	Horizon	PPO		668.04				258.39	778.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG,EXTND MONTORING 41-60 MIN	95812	CPT	both			819	412.82	Horizon	NJ Health		649.89				258.39	778.05	fee schedule	
EEG,EXTND MONTORING 41-60 MIN	95812	CPT	both			819	412.82	Managed Care Inc	Managed Care Inc		737.1	90			258.39	778.05	percent of total billed charges	
EEG,EXTND MONTORING 41-60 MIN	95812	CPT	both			819	412.82	Multiplan	Multiplan		655.2	80			258.39	778.05	percent of total billed charges	
EEG,EXTND MONTORING 41-60 MIN	95812	CPT	both			819	412.82	Qualcare	Qualcare		614.25	75			258.39	778.05	percent of total billed charges	
EEG,EXTND MONTORING 41-60 MIN	95812	CPT	both			819	412.82	Three Rivers	Three Rivers		778.05	95			258.39	778.05	percent of total billed charges	
EEG,EXTND MONTORING 41-60 MIN	95812	CPT	both			819	412.82	UHC	Medicare		358.97				258.39	778.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG,EXTND MONTORING 41-60 MIN	95812	CPT	both			819	412.82	UHC	Medicaid		258.39	31.55			258.39	778.05	percent of total billed charges	
EEG,EXTND MONTORING 41-60 MIN	95812	CPT	both			819	412.82	Wellcare	Medicare		358.97				258.39	778.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG,EXTND MONTORING 41-60 MIN	95812	CPT	both			819	412.82	Wellcare	Medicaid		258.39	31.55			258.39	778.05	percent of total billed charges	
EEG,EXTND MONTORING 41-60 MIN	95812	CPT	both			819	412.82	WellPoint	WellPoint		263.55	32.18			258.39	778.05	percent of total billed charges	
EEG,EXTENDED MONITORING>1HR	95813	CPT	both			819	412.82	Aetna	Medicare		358.97				258.39	778.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG,EXTENDED MONITORING>1HR	95813	CPT	both			819	412.82	Aetna	Better Health		258.39	31.55			258.39	778.05	percent of total billed charges	
EEG,EXTENDED MONITORING>1HR	95813	CPT	both			819	412.82	Aetna	Commercial		571.48				258.39	778.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG,EXTENDED MONITORING>1HR	95813	CPT	both			819	412.82	Americare	Americare		614.25	75			258.39	778.05	percent of total billed charges	
EEG,EXTENDED MONITORING>1HR	95813	CPT	both			819	412.82	Amerihealth	HMO/PPO		532.35	65			258.39	778.05	percent of total billed charges	
EEG,EXTENDED MONITORING>1HR	95813	CPT	both			819	412.82	Amerihealth	Medicare		358.97				258.39	778.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG,EXTENDED MONITORING>1HR	95813	CPT	both			819	412.82	Consumer	Consumer		778.05	95			258.39	778.05	percent of total billed charges	
EEG,EXTENDED MONITORING>1HR	95813	CPT	both			819	412.82	Corrections	Corrections		655.2	80			258.39	778.05	percent of total billed charges	
EEG,EXTENDED MONITORING>1HR	95813	CPT	both			819	412.82	First Health	First Health		573.3	70			258.39	778.05	percent of total billed charges	
EEG,EXTENDED MONITORING>1HR	95813	CPT	both			819	412.82	First Trenton	First Trenton		737.1	90			258.39	778.05	percent of total billed charges	
EEG,EXTENDED MONITORING>1HR	95813	CPT	both			819	412.82	Horizon	NJ Health		281.88				258.39	778.05	fee schedule	
EEG,EXTENDED MONITORING>1HR	95813	CPT	both			819	412.82	Horizon	Indemnity		668.04				258.39	778.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG,EXTENDED MONITORING>1HR	95813	CPT	both			819	412.82	Horizon	Medicare Blue		358.97				258.39	778.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG,EXTENDED MONITORING>1HR	95813	CPT	both			819	412.82	Horizon	MGD		668.04				258.39	778.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG,EXTENDED MONITORING>1HR	95813	CPT	both			819	412.82	Horizon	PPO		668.04				258.39	778.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG,EXTENDED MONITORING>1HR	95813	CPT	both			819	412.82	Managed Care Inc	Managed Care Inc		737.1	90			258.39	778.05	percent of total billed charges	
EEG,EXTENDED MONITORING>1HR	95813	CPT	both			819	412.82	Multiplan	Multiplan		655.2	80			258.39	778.05	percent of total billed charges	
EEG,EXTENDED MONITORING>1HR	95813	CPT	both			819	412.82	Qualcare	Qualcare		614.25	75			258.39	778.05	percent of total billed charges	
EEG,EXTENDED MONITORING>1HR	95813	CPT	both			819	412.82	Three Rivers	Three Rivers		778.05	95			258.39	778.05	percent of total billed charges	
EEG,EXTENDED MONITORING>1HR	95813	CPT	both			819	412.82	UHC	Medicare		358.97				258.39	778.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG,EXTENDED MONITORING>1HR	95813	CPT	both			819	412.82	UHC	Medicaid		258.39	31.55			258.39	778.05	percent of total billed charges	
EEG,EXTENDED MONITORING>1HR	95813	CPT	both			819	412.82	Wellcare	Medicare		358.97				258.39	778.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG,EXTENDED MONITORING>1HR	95813	CPT	both			819	412.82	Wellcare	Medicaid		258.39	31.55			258.39	778.05	percent of total billed charges	
EEG,EXTENDED MONITORING>1HR	95813	CPT	both			819	412.82	WellPoint	WellPoint		263.55	32.18			258.39	778.05	percent of total billed charges	
EEG,AWAKE/DROWSY	95816	CPT	both			1038	412.82	Aetna	Better Health		327.49	31.55			327.49	986.1	percent of total billed charges	
EEG,AWAKE/DROWSY	95816	CPT	both			1038	412.82	Aetna	Commercial		571.48				327.49	986.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG,AWAKE/DROWSY	95816	CPT	both			1038	412.82	Aetna	Medicare		358.97				327.49	986.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG,AWAKE/DROWSY	95816	CPT	both			1038	412.82	Americare	Americare		778.5	75			327.49	986.1	percent of total billed charges	
EEG,AWAKE/DROWSY	95816	CPT	both			1038	412.82	Amerihealth	Medicare		358.97				327.49	986.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG,AWAKE/DROWSY	95816	CPT	both			1038	412.82	Amerihealth	HMO/PPO		674.7	65			327.49	986.1	percent of total billed charges	
EEG,AWAKE/DROWSY	95816	CPT	both			1038	412.82	Consumer	Consumer		986.1	95			327.49	986.1	percent of total billed charges	
EEG,AWAKE/DROWSY	95816	CPT	both			1038	412.82	Corrections	Corrections		830.4	80			327.49	986.1	percent of total billed charges	
EEG,AWAKE/DROWSY	95816	CPT	both			1038	412.82	First Health	First Health		726.6	70			327.49	986.1	percent of total billed charges	
EEG,AWAKE/DROWSY	95816	CPT	both			1038	412.82	First Trenton	First Trenton		934.2	90			327.49	986.1	percent of total billed charges	
EEG,AWAKE/DROWSY	95816	CPT	both			1038	412.82	Horizon	MGD		668.04				327.49	986.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG,AWAKE/DROWSY	95816	CPT	both			1038	412.82	Horizon	Medicare Blue		358.97				327.49	986.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG,AWAKE/DROWSY	95816	CPT	both			1038	412.82	Horizon	NJ Health		668.16				327.49	986.1	fee schedule	
EEG,AWAKE/DROWSY	95816	CPT	both			1038	412.82	Horizon	Indemnity		668.04				327.49	986.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG,AWAKE/DROWSY	95816	CPT	both			1038	412.82	Horizon	PPO		668.04				327.49	986.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG,AWAKE/DROWSY	95816	CPT	both			1038	412.82	Managed Care Inc	Managed Care Inc		934.2	90			327.49	986.1	percent of total billed charges	
EEG,AWAKE/DROWSY	95816	CPT	both			1038	412.82	Multiplan	Multiplan		830.4	80			327.49	986.1	percent of total billed charges	
EEG,AWAKE/DROWSY	95816	CPT	both			1038	412.82	Qualcare	Qualcare		778.5	75			327.49	986.1	percent of total billed charges	
EEG,AWAKE/DROWSY	95816	CPT	both			1038	412.82	Three Rivers	Three Rivers		986.1	95			327.49	986.1	percent of total billed charges	
EEG,AWAKE/DROWSY	95816	CPT	both			1038	412.82	UHC	Medicare		358.97				327.49	986.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG,AWAKE/DROWSY	95816	CPT	both			1038	412.82	UHC	Medicaid		327.49	31.55			327.49	986.1	percent of total billed charges	
EEG,AWAKE/DROWSY	95816	CPT	both			1038	412.82	Wellcare	Medicare		358.97				327.49	986.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG,AWAKE/DROWSY	95816	CPT	both			1038	412.82	Wellcare	Medicaid		327.49	31.55			327.49	986.1	percent of total billed charges	
EEG,AWAKE/DROWSY	95816	CPT	both			1038	412.82	WellPoint	WellPoint		334.03	32.18			327.49	986.1	percent of total billed charges	
EEG,AWAKE/ASLEEP	95819	CPT	both			1038	412.82	Aetna	Better Health		327.49	31.55			327.49	986.1	percent of total billed charges	
EEG,AWAKE/ASLEEP	95819	CPT	both			1038	412.82	Aetna	Commercial		571.48				327.49	986.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG,AWAKE/ASLEEP	95819	CPT	both			1038	412.82	Aetna	Medicare		358.97				327.49	986.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG,AWAKE/ASLEEP	95819	CPT	both			1038	412.82	Americare	Americare		778.5	75			327.49	986.1	percent of total billed charges	
EEG,AWAKE/ASLEEP	95819	CPT	both			1038	412.82	Amerihealth	HMO/PPO		674.7	65			327.49	986.1	percent of total billed charges	
EEG,AWAKE/ASLEEP	95819	CPT	both			1038	412.82	Amerihealth	Medicare		358.97				327.49	986.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG,AWAKE/ASLEEP	95819	CPT	both			1038	412.82	Consumer	Consumer		986.1	95			327.49	986.1	percent of total billed charges	
EEG,AWAKE/ASLEEP	95819	CPT	both			1038	412.82	Corrections	Corrections		830.4	80			327.49	986.1	percent of total billed charges	
EEG,AWAKE/ASLEEP	95819	CPT	both			1038	412.82	First Health	First Health		726.6	70			327.49	986.1	percent of total billed charges	
EEG,AWAKE/ASLEEP	95819	CPT	both			1038	412.82	First Trenton	First Trenton		934.2	90			327.49	986.1	percent of total billed charges	
EEG,AWAKE/ASLEEP	95819	CPT	both			1038	412.82	Horizon	MGD		668.04				327.49	986.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG,AWAKE/ASLEEP	95819	CPT	both			1038	412.82	Horizon	Medicare Blue		358.97				327.49	986.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG,AWAKE/ASLEEP	95819	CPT	both			1038	412.82	Horizon	Indemnity		668.04				327.49	986.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG,AWAKE/ASLEEP	95819	CPT	both			1038	412.82	Horizon	NJ Health		629.01				327.49	986.1	fee schedule	
EEG,AWAKE/ASLEEP	95819	CPT	both			1038	412.82	Horizon	PPO		668.04				327.49	986.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG,AWAKE/ASLEEP	95819	CPT	both			1038	412.82	Managed Care Inc	Managed Care Inc		934.2	90			327.49	986.1	percent of total billed charges	
EEG,AWAKE/ASLEEP	95819	CPT	both			1038	412.82	Multiplan	Multiplan		830.4	80			327.49	986.1	percent of total billed charges	
EEG,AWAKE/ASLEEP	95819	CPT	both			1038	412.82	Qualcare	Qualcare		778.5	75			327.49	986.1	percent of total billed charges	
EEG,AWAKE/ASLEEP	95819	CPT	both			1038	412.82	Three Rivers	Three Rivers		986.1	95			327.49	986.1	percent of total billed charges	
EEG,AWAKE/ASLEEP	95819	CPT	both			1038	412.82	UHC	Medicare		358.97				327.49	986.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG,AWAKE/ASLEEP	95819	CPT	both			1038	412.82	UHC	Medicaid		327.49	31.55			327.49	986.1	percent of total billed charges	
EEG,AWAKE/ASLEEP	95819	CPT	both			1038	412.82	Wellcare	Medicaid		327.49	31.55			327.49	986.1	percent of total billed charges	
EEG,AWAKE/ASLEEP	95819	CPT	both			1038	412.82	Wellcare	Medicare		358.97				327.49	986.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG,AWAKE/ASLEEP	95819	CPT	both			1038	412.82	WellPoint	WellPoint		334.03	32.18			327.49	986.1	percent of total billed charges	
COMA OR SLEEP ONLY	95822	CPT	inpatient			1048	412.82	Aetna	Commercial		571.48				330.64	995.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMA OR SLEEP ONLY	95822	CPT	inpatient			1048	412.82	Aetna	Better Health		330.64	31.55			330.64	995.6	percent of total billed charges	
COMA OR SLEEP ONLY	95822	CPT	inpatient			1048	412.82	Aetna	Medicare		358.97				330.64	995.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMA OR SLEEP ONLY	95822	CPT	inpatient			1048	412.82	Americare	Americare		786	75			330.64	995.6	percent of total billed charges	
COMA OR SLEEP ONLY	95822	CPT	inpatient			1048	412.82	Amerihealth	HMO/PPO		681.2	65			330.64	995.6	percent of total billed charges	
COMA OR SLEEP ONLY	95822	CPT	inpatient			1048	412.82	Amerihealth	Medicare		358.97				330.64	995.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMA OR SLEEP ONLY	95822	CPT	inpatient			1048	412.82	Consumer	Consumer		995.6	95			330.64	995.6	percent of total billed charges	
COMA OR SLEEP ONLY	95822	CPT	inpatient			1048	412.82	Corrections	Corrections		838.4	80			330.64	995.6	percent of total billed charges	
COMA OR SLEEP ONLY	95822	CPT	inpatient			1048	412.82	First Health	First Health		733.6	70			330.64	995.6	percent of total billed charges	
COMA OR SLEEP ONLY	95822	CPT	inpatient			1048	412.82	First Trenton	First Trenton		943.2	90			330.64	995.6	percent of total billed charges	
COMA OR SLEEP ONLY	95822	CPT	inpatient			1048	412.82	Horizon	MGD		668.04				330.64	995.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMA OR SLEEP ONLY	95822	CPT	inpatient			1048	412.82	Horizon	Indemnity		668.04				330.64	995.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMA OR SLEEP ONLY	95822	CPT	inpatient			1048	412.82	Horizon	NJ Health		610.74				330.64	995.6	fee schedule	
COMA OR SLEEP ONLY	95822	CPT	inpatient			1048	412.82	Horizon	Medicare Blue		358.97				330.64	995.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMA OR SLEEP ONLY	95822	CPT	inpatient			1048	412.82	Horizon	PPO		668.04				330.64	995.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMA OR SLEEP ONLY	95822	CPT	inpatient			1048	412.82	Managed Care Inc	Managed Care Inc		943.2	90			330.64	995.6	percent of total billed charges	
COMA OR SLEEP ONLY	95822	CPT	inpatient			1048	412.82	Multiplan	Multiplan		838.4	80			330.64	995.6	percent of total billed charges	
COMA OR SLEEP ONLY	95822	CPT	inpatient			1048	412.82	Qualcare	Qualcare		786	75			330.64	995.6	percent of total billed charges	
COMA OR SLEEP ONLY	95822	CPT	inpatient			1048	412.82	Three Rivers	Three Rivers		995.6	95			330.64	995.6	percent of total billed charges	
COMA OR SLEEP ONLY	95822	CPT	inpatient			1048	412.82	UHC	Medicare		358.97				330.64	995.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMA OR SLEEP ONLY	95822	CPT	inpatient			1048	412.82	UHC	Medicaid		330.64	31.55			330.64	995.6	percent of total billed charges	
COMA OR SLEEP ONLY	95822	CPT	inpatient			1048	412.82	Wellcare	Medicare		358.97				330.64	995.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMA OR SLEEP ONLY	95822	CPT	inpatient			1048	412.82	Wellcare	Medicaid		330.64	31.55			330.64	995.6	percent of total billed charges	
COMA OR SLEEP ONLY	95822	CPT	inpatient			1048	412.82	WellPoint	WellPoint		337.25	32.18			330.64	995.6	percent of total billed charges	
ELECTROCORTICOGRAM AT SURGERY	95829	CPT	outpatient			2466		Aetna	Medicare		759.53	30.8			227.07	2342.7	percent of total billed charges	
ELECTROCORTICOGRAM AT SURGERY	95829	CPT	outpatient			2466		Aetna	Better Health		778.02	31.55			227.07	2342.7	percent of total billed charges	
ELECTROCORTICOGRAM AT SURGERY	95829	CPT	outpatient			2466		Aetna	Commercial		937.08	38			227.07	2342.7	percent of total billed charges	
ELECTROCORTICOGRAM AT SURGERY	95829	CPT	outpatient			2466		Americare	Americare		1849.5	75			227.07	2342.7	percent of total billed charges	
ELECTROCORTICOGRAM AT SURGERY	95829	CPT	outpatient			2466		Amerihealth	HMO/PPO		1602.9	65			227.07	2342.7	percent of total billed charges	
ELECTROCORTICOGRAM AT SURGERY	95829	CPT	outpatient			2466		Consumer	Consumer		2342.7	95			227.07	2342.7	percent of total billed charges	
ELECTROCORTICOGRAM AT SURGERY	95829	CPT	outpatient			2466		Corrections	Corrections		1972.8	80			227.07	2342.7	percent of total billed charges	
ELECTROCORTICOGRAM AT SURGERY	95829	CPT	outpatient			2466		First Health	First Health		1726.2	70			227.07	2342.7	percent of total billed charges	
ELECTROCORTICOGRAM AT SURGERY	95829	CPT	outpatient			2466		First Trenton	First Trenton		2219.4	90			227.07	2342.7	percent of total billed charges	
ELECTROCORTICOGRAM AT SURGERY	95829	CPT	outpatient			2466		Horizon	MGD		943.98	38.28			227.07	2342.7	percent of total billed charges	
ELECTROCORTICOGRAM AT SURGERY	95829	CPT	outpatient			2466		Horizon	Indemnity		943.98	38.28			227.07	2342.7	percent of total billed charges	
ELECTROCORTICOGRAM AT SURGERY	95829	CPT	outpatient			2466		Horizon	NJ Health		227.07				227.07	2342.7	fee schedule	
ELECTROCORTICOGRAM AT SURGERY	95829	CPT	outpatient			2466		Horizon	Medicare Blue		739.8	30			227.07	2342.7	percent of total billed charges	
ELECTROCORTICOGRAM AT SURGERY	95829	CPT	outpatient			2466		Horizon	PPO		943.98	38.28			227.07	2342.7	percent of total billed charges	
ELECTROCORTICOGRAM AT SURGERY	95829	CPT	outpatient			2466		Managed Care Inc	Managed Care Inc		2219.4	90			227.07	2342.7	percent of total billed charges	
ELECTROCORTICOGRAM AT SURGERY	95829	CPT	outpatient			2466		Multiplan	Multiplan		1972.8	80			227.07	2342.7	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ELECTROCORTICOGRAM AT SURGERY	95829	CPT	outpatient			2466		Qualcare	Qualcare		1849.5	75			227.07	2342.7	percent of total billed charges	
ELECTROCORTICOGRAM AT SURGERY	95829	CPT	outpatient			2466		Three Rivers	Three Rivers		2342.7	95			227.07	2342.7	percent of total billed charges	
ELECTROCORTICOGRAM AT SURGERY	95829	CPT	outpatient			2466		UHC	Medicaid		778.02	31.55			227.07	2342.7	percent of total billed charges	
ELECTROCORTICOGRAM AT SURGERY	95829	CPT	outpatient			2466		Wellcare	Medicaid		778.02	31.55			227.07	2342.7	percent of total billed charges	
ELECTROCORTICOGRAM AT SURGERY	95829	CPT	outpatient			2466		WellPoint	WellPoint		793.56	32.18			227.07	2342.7	percent of total billed charges	
ROM EACH EXT/EA TRUNK SEC.(EXLL HANDS)	95851	CPT	both			116		Aetna	Better Health		36.6	31.55			25.5	110.2	percent of total billed charges	
ROM EACH EXT/EA TRUNK SEC.(EXLL HANDS)	95851	CPT	both			116		Aetna	Medicare		35.73	30.8			25.5	110.2	percent of total billed charges	
ROM EACH EXT/EA TRUNK SEC.(EXLL HANDS)	95851	CPT	both			116		Aetna	Commercial		44.08	38			25.5	110.2	percent of total billed charges	
ROM EACH EXT/EA TRUNK SEC.(EXLL HANDS)	95851	CPT	both			116		Americare	Americare		87	75			25.5	110.2	percent of total billed charges	
ROM EACH EXT/EA TRUNK SEC.(EXLL HANDS)	95851	CPT	both			116		Amerihealth	HMO/PPO		75.4	65			25.5	110.2	percent of total billed charges	
ROM EACH EXT/EA TRUNK SEC.(EXLL HANDS)	95851	CPT	both			116		Consumer	Consumer		110.2	95			25.5	110.2	percent of total billed charges	
ROM EACH EXT/EA TRUNK SEC.(EXLL HANDS)	95851	CPT	both			116		Corrections	Corrections		92.8	80			25.5	110.2	percent of total billed charges	
ROM EACH EXT/EA TRUNK SEC.(EXLL HANDS)	95851	CPT	both			116		First Health	First Health		81.2	70			25.5	110.2	percent of total billed charges	
ROM EACH EXT/EA TRUNK SEC.(EXLL HANDS)	95851	CPT	both			116		First Trenton	First Trenton		104.4	90			25.5	110.2	percent of total billed charges	
ROM EACH EXT/EA TRUNK SEC.(EXLL HANDS)	95851	CPT	both			116		Horizon	NJ Health		86.74				25.5	110.2	fee schedule	
ROM EACH EXT/EA TRUNK SEC.(EXLL HANDS)	95851	CPT	both			116		Horizon	MGD		44.4	38.28			25.5	110.2	percent of total billed charges	
ROM EACH EXT/EA TRUNK SEC.(EXLL HANDS)	95851	CPT	both			116		Horizon	Medicare Blue		34.8	30			25.5	110.2	percent of total billed charges	
ROM EACH EXT/EA TRUNK SEC.(EXLL HANDS)	95851	CPT	both			116		Horizon	Indemnity		44.4	38.28			25.5	110.2	percent of total billed charges	
ROM EACH EXT/EA TRUNK SEC.(EXLL HANDS)	95851	CPT	both			116		Horizon	PPO		44.4	38.28			25.5	110.2	percent of total billed charges	
ROM EACH EXT/EA TRUNK SEC.(EXLL HANDS)	95851	CPT	both			116		Managed Care Inc	Managed Care Inc		104.4	90			25.5	110.2	percent of total billed charges	
ROM EACH EXT/EA TRUNK SEC.(EXLL HANDS)	95851	CPT	both			116		Multiplan	Multiplan		92.8	80			25.5	110.2	percent of total billed charges	
ROM EACH EXT/EA TRUNK SEC.(EXLL HANDS)	95851	CPT	both			116		Qualcare	Qualcare		87	75			25.5	110.2	percent of total billed charges	
ROM EACH EXT/EA TRUNK SEC.(EXLL HANDS)	95851	CPT	both			116		Three Rivers	Three Rivers		110.2	95			25.5	110.2	percent of total billed charges	
ROM EACH EXT/EA TRUNK SEC.(EXLL HANDS)	95851	CPT	both			116		UHC	Medicaid		36.6	31.55			25.5	110.2	percent of total billed charges	
ROM EACH EXT/EA TRUNK SEC.(EXLL HANDS)	95851	CPT	both			116		Wellcare	Medicaid		36.6	31.55			25.5	110.2	percent of total billed charges	
ROM EACH EXT/EA TRUNK SEC.(EXLL HANDS)	95851	CPT	both			116		WellPoint	WellPoint		37.33	32.18			25.5	110.2	percent of total billed charges	
ROM --HAND	95852	CPT	outpatient			162		Aetna	Better Health		51.11	31.55			26.1	153.9	percent of total billed charges	
ROM --HAND	95852	CPT	outpatient			162		Aetna	Medicare		49.9	30.8			26.1	153.9	percent of total billed charges	
ROM --HAND	95852	CPT	outpatient			162		Aetna	Commercial		61.56	38			26.1	153.9	percent of total billed charges	
ROM --HAND	95852	CPT	outpatient			162		Americare	Americare		121.5	75			26.1	153.9	percent of total billed charges	
ROM --HAND	95852	CPT	outpatient			162		Amerihealth	HMO/PPO		105.3	65			26.1	153.9	percent of total billed charges	
ROM --HAND	95852	CPT	outpatient			162		Consumer	Consumer		153.9	95			26.1	153.9	percent of total billed charges	
ROM --HAND	95852	CPT	outpatient			162		Corrections	Corrections		129.6	80			26.1	153.9	percent of total billed charges	
ROM --HAND	95852	CPT	outpatient			162		First Health	First Health		113.4	70			26.1	153.9	percent of total billed charges	
ROM --HAND	95852	CPT	outpatient			162		First Trenton	First Trenton		145.8	90			26.1	153.9	percent of total billed charges	
ROM --HAND	95852	CPT	outpatient			162		Horizon	Medicare Blue		48.6	30			26.1	153.9	percent of total billed charges	
ROM --HAND	95852	CPT	outpatient			162		Horizon	Indemnity		62.01	38.28			26.1	153.9	percent of total billed charges	
ROM --HAND	95852	CPT	outpatient			162		Horizon	MGD		62.01	38.28			26.1	153.9	percent of total billed charges	
ROM --HAND	95852	CPT	outpatient			162		Horizon	PPO		62.01	38.28			26.1	153.9	percent of total billed charges	
ROM --HAND	95852	CPT	outpatient			162		Horizon	NJ Health		26.1				26.1	153.9	fee schedule	
ROM --HAND	95852	CPT	outpatient			162		Managed Care Inc	Managed Care Inc		145.8	90			26.1	153.9	percent of total billed charges	
ROM --HAND	95852	CPT	outpatient			162		Multiplan	Multiplan		129.6	80			26.1	153.9	percent of total billed charges	
ROM --HAND	95852	CPT	outpatient			162		Qualcare	Qualcare		121.5	75			26.1	153.9	percent of total billed charges	
ROM --HAND	95852	CPT	outpatient			162		Three Rivers	Three Rivers		153.9	95			26.1	153.9	percent of total billed charges	
ROM --HAND	95852	CPT	outpatient			162		UHC	Medicaid		51.11	31.55			26.1	153.9	percent of total billed charges	
ROM --HAND	95852	CPT	outpatient			162		Wellcare	Medicaid		51.11	31.55			26.1	153.9	percent of total billed charges	
ROM --HAND	95852	CPT	outpatient			162		WellPoint	WellPoint		52.13	32.18			26.1	153.9	percent of total billed charges	
TENSILON TEST	95857	CPT	outpatient			1036	412.82	Aetna	Commercial		571.48				61.52	984.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENSILON TEST	95857	CPT	outpatient			1036	412.82	Aetna	Better Health		326.86	31.55			61.52	984.2	percent of total billed charges	
TENSILON TEST	95857	CPT	outpatient			1036	412.82	Aetna	Medicare		358.97				61.52	984.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENSILON TEST	95857	CPT	outpatient			1036	412.82	Americare	Americare		777	75			61.52	984.2	percent of total billed charges	
TENSILON TEST	95857	CPT	outpatient			1036	412.82	Amerihealth	Medicare		358.97				61.52	984.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENSILON TEST	95857	CPT	outpatient			1036	412.82	Amerihealth	HMO/PPO		673.4	65			61.52	984.2	percent of total billed charges	
TENSILON TEST	95857	CPT	outpatient			1036	412.82	Consumer	Consumer		984.2	95			61.52	984.2	percent of total billed charges	
TENSILON TEST	95857	CPT	outpatient			1036	412.82	Corrections	Corrections		828.8	80			61.52	984.2	percent of total billed charges	
TENSILON TEST	95857	CPT	outpatient			1036	412.82	First Health	First Health		725.2	70			61.52	984.2	percent of total billed charges	
TENSILON TEST	95857	CPT	outpatient			1036	412.82	First Trenton	First Trenton		932.4	90			61.52	984.2	percent of total billed charges	
TENSILON TEST	95857	CPT	outpatient			1036	412.82	Horizon	NJ Health		61.52				61.52	984.2	fee schedule	
TENSILON TEST	95857	CPT	outpatient			1036	412.82	Horizon	Indemnity		668.04				61.52	984.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENSILON TEST	95857	CPT	outpatient			1036	412.82	Horizon	MGD		668.04				61.52	984.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENSILON TEST	95857	CPT	outpatient			1036	412.82	Horizon	Medicare Blue		358.97				61.52	984.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENSILON TEST	95857	CPT	outpatient			1036	412.82	Horizon	PPO		668.04				61.52	984.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENSILON TEST	95857	CPT	outpatient			1036	412.82	Managed Care Inc	Managed Care Inc		932.4	90			61.52	984.2	percent of total billed charges	
TENSILON TEST	95857	CPT	outpatient			1036	412.82	Multiplan	Multiplan		828.8	80			61.52	984.2	percent of total billed charges	
TENSILON TEST	95857	CPT	outpatient			1036	412.82	Qualcare	Qualcare		777	75			61.52	984.2	percent of total billed charges	
TENSILON TEST	95857	CPT	outpatient			1036	412.82	Three Rivers	Three Rivers		984.2	95			61.52	984.2	percent of total billed charges	
TENSILON TEST	95857	CPT	outpatient			1036	412.82	UHC	Medicaid		326.86	31.55			61.52	984.2	percent of total billed charges	
TENSILON TEST	95857	CPT	outpatient			1036	412.82	UHC	Medicare		358.97				61.52	984.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENSILON TEST	95857	CPT	outpatient			1036	412.82	Wellcare	Medicare		358.97				61.52	984.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENSILON TEST	95857	CPT	outpatient			1036	412.82	Wellcare	Medicaid		326.86	31.55			61.52	984.2	percent of total billed charges	
TENSILON TEST	95857	CPT	outpatient			1036	412.82	WellPoint	WellPoint		333.38	32.18			61.52	984.2	percent of total billed charges	
NEEDLE EMG, ONE EXTREMITY	95860	CPT	both			438	168	Aetna	Better Health		138.19	31.55			73.2	482.85	percent of total billed charges	
NEEDLE EMG, ONE EXTREMITY	95860	CPT	both			438	168	Aetna	Commercial		232.58				73.2	482.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEEDLE EMG, ONE EXTREMITY	95860	CPT	both			438	168	Aetna	Medicare		146.09				73.2	482.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEEDLE EMG, ONE EXTREMITY	95860	CPT	both			438	168	Americare	Americare		328.5	75			73.2	482.85	percent of total billed charges	
NEEDLE EMG, ONE EXTREMITY	95860	CPT	both			438	168	Amerihealth	HMO/PPO		284.7	65			73.2	482.85	percent of total billed charges	
NEEDLE EMG, ONE EXTREMITY	95860	CPT	both			438	168	Amerihealth	Medicare		146.09				73.2	482.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEEDLE EMG, ONE EXTREMITY	95860	CPT	both			438	168	Consumer	Consumer		416.1	95			73.2	482.85	percent of total billed charges	
NEEDLE EMG, ONE EXTREMITY	95860	CPT	both			438	168	Corrections	Corrections		350.4	80			73.2	482.85	percent of total billed charges	
NEEDLE EMG, ONE EXTREMITY	95860	CPT	both			438	168	First Health	First Health		306.6	70			73.2	482.85	percent of total billed charges	
NEEDLE EMG, ONE EXTREMITY	95860	CPT	both			438	168	First Trenton	First Trenton		394.2	90			73.2	482.85	percent of total billed charges	
NEEDLE EMG, ONE EXTREMITY	95860	CPT	both			438	168	Horizon	Indemnity		271.87				73.2	482.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEEDLE EMG, ONE EXTREMITY	95860	CPT	both			438	168	Horizon	Medicare Blue		146.09				73.2	482.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEEDLE EMG, ONE EXTREMITY	95860	CPT	both			438	168	Horizon	NJ Health		482.85				73.2	482.85	fee schedule	
NEEDLE EMG, ONE EXTREMITY	95860	CPT	both			438	168	Horizon	MGD		271.87				73.2	482.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEEDLE EMG, ONE EXTREMITY	95860	CPT	both			438	168	Horizon	PPO		271.87				73.2	482.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEEDLE EMG, ONE EXTREMITY	95860	CPT	both			438	168	Managed Care Inc	Managed Care Inc		394.2	90			73.2	482.85	percent of total billed charges	
NEEDLE EMG, ONE EXTREMITY	95860	CPT	both			438	168	Multiplan	Multiplan		350.4	80			73.2	482.85	percent of total billed charges	
NEEDLE EMG, ONE EXTREMITY	95860	CPT	both			438	168	Qualcare	Qualcare		328.5	75			73.2	482.85	percent of total billed charges	
NEEDLE EMG, ONE EXTREMITY	95860	CPT	both			438	168	Three Rivers	Three Rivers		416.1	95			73.2	482.85	percent of total billed charges	
NEEDLE EMG, ONE EXTREMITY	95860	CPT	both			438	168	UHC	Medicare		146.09				73.2	482.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEEDLE EMG, ONE EXTREMITY	95860	CPT	both			438	168	UHC	Medicaid		138.19	31.55			73.2	482.85	percent of total billed charges	
NEEDLE EMG, ONE EXTREMITY	95860	CPT	both			438	168	Wellcare	Medicare		146.09				73.2	482.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEEDLE EMG, ONE EXTREMITY	95860	CPT	both			438	168	Wellcare	Medicaid		138.19	31.55			73.2	482.85	percent of total billed charges	
NEEDLE EMG, ONE EXTREMITY	95860	CPT	both			438	168	WellPoint	WellPoint		140.95	32.18			73.2	482.85	percent of total billed charges	
EMG-2 EXTREMITIES	95861	CPT	both			434	168	Aetna	Commercial		232.58				74.54	535.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMG-2 EXTREMITIES	95861	CPT	both			434	168	Aetna	Better Health		136.93	31.55			74.54	535.05	percent of total billed charges	
EMG-2 EXTREMITIES	95861	CPT	both			434	168	Aetna	Medicare		133.67	30.8			74.54	535.05	percent of total billed charges	
EMG-2 EXTREMITIES	95861	CPT	both			434	168	Americare	Americare		325.5	75			74.54	535.05	percent of total billed charges	
EMG-2 EXTREMITIES	95861	CPT	both			434	168	Amerihealth	HMO/PPO		282.1	65			74.54	535.05	percent of total billed charges	
EMG-2 EXTREMITIES	95861	CPT	both			434	168	Amerihealth	Medicare		146.09				74.54	535.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMG-2 EXTREMITIES	95861	CPT	both			434	168	Consumer	Consumer		412.3	95			74.54	535.05	percent of total billed charges	
EMG-2 EXTREMITIES	95861	CPT	both			434	168	Corrections	Corrections		347.2	80			74.54	535.05	percent of total billed charges	
EMG-2 EXTREMITIES	95861	CPT	both			434	168	First Health	First Health		303.8	70			74.54	535.05	percent of total billed charges	
EMG-2 EXTREMITIES	95861	CPT	both			434	168	First Trenton	First Trenton		390.6	90			74.54	535.05	percent of total billed charges	
EMG-2 EXTREMITIES	95861	CPT	both			434	168	Horizon	Indemnity		271.87				74.54	535.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMG-2 EXTREMITIES	95861	CPT	both			434	168	Horizon	MGD		271.87				74.54	535.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMG-2 EXTREMITIES	95861	CPT	both			434	168	Horizon	Medicare Blue		146.09				74.54	535.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMG-2 EXTREMITIES	95861	CPT	both			434	168	Horizon	NJ Health		535.05				74.54	535.05	fee schedule	
EMG-2 EXTREMITIES	95861	CPT	both			434	168	Horizon	PPO		271.87				74.54	535.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMG-2 EXTREMITIES	95861	CPT	both			434	168	Managed Care Inc	Managed Care Inc		390.6	90			74.54	535.05	percent of total billed charges	
EMG-2 EXTREMITIES	95861	CPT	both			434	168	Multiplan	Multiplan		347.2	80			74.54	535.05	percent of total billed charges	
EMG-2 EXTREMITIES	95861	CPT	both			434	168	Qualcare	Qualcare		325.5	75			74.54	535.05	percent of total billed charges	
EMG-2 EXTREMITIES	95861	CPT	both			434	168	Three Rivers	Three Rivers		412.3	95			74.54	535.05	percent of total billed charges	
EMG-2 EXTREMITIES	95861	CPT	both			434	168	UHC	Medicaid		136.93	31.55			74.54	535.05	percent of total billed charges	
EMG-2 EXTREMITIES	95861	CPT	both			434	168	UHC	Medicare		146.09				74.54	535.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMG-2 EXTREMITIES	95861	CPT	both			434	168	Wellcare	Medicaid		136.93	31.55			74.54	535.05	percent of total billed charges	
EMG-2 EXTREMITIES	95861	CPT	both			434	168	Wellcare	Medicare		146.09				74.54	535.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMG-2 EXTREMITIES	95861	CPT	both			434	168	WellPoint	WellPoint		139.66	32.18			74.54	535.05	percent of total billed charges	
NEEDLE EMG, THREE EXTREMITIES	95863	CPT	inpatient			545	205.45	Aetna	Commercial		284.41				151.84	517.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEEDLE EMG, THREE EXTREMITIES	95863	CPT	inpatient			545	205.45	Aetna	Better Health		171.95	31.55			151.84	517.75	percent of total billed charges	
NEEDLE EMG, THREE EXTREMITIES	95863	CPT	inpatient			545	205.45	Aetna	Medicare		167.86	30.8			151.84	517.75	percent of total billed charges	
NEEDLE EMG, THREE EXTREMITIES	95863	CPT	inpatient			545	205.45	Americare	Americare		408.75	75			151.84	517.75	percent of total billed charges	
NEEDLE EMG, THREE EXTREMITIES	95863	CPT	inpatient			545	205.45	Amerihealth	Medicare		178.65				151.84	517.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEEDLE EMG, THREE EXTREMITIES	95863	CPT	inpatient			545	205.45	Amerihealth	HMO/PPO		354.25	65			151.84	517.75	percent of total billed charges	
NEEDLE EMG, THREE EXTREMITIES	95863	CPT	inpatient			545	205.45	Consumer	Consumer		517.75	95			151.84	517.75	percent of total billed charges	
NEEDLE EMG, THREE EXTREMITIES	95863	CPT	inpatient			545	205.45	Corrections	Corrections		436	80			151.84	517.75	percent of total billed charges	
NEEDLE EMG, THREE EXTREMITIES	95863	CPT	inpatient			545	205.45	First Health	First Health		381.5	70			151.84	517.75	percent of total billed charges	
NEEDLE EMG, THREE EXTREMITIES	95863	CPT	inpatient			545	205.45	First Trenton	First Trenton		490.5	90			151.84	517.75	percent of total billed charges	
NEEDLE EMG, THREE EXTREMITIES	95863	CPT	inpatient			545	205.45	Horizon	Medicare Blue		178.65				151.84	517.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEEDLE EMG, THREE EXTREMITIES	95863	CPT	inpatient			545	205.45	Horizon	MGD		332.47				151.84	517.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEEDLE EMG, THREE EXTREMITIES	95863	CPT	inpatient			545	205.45	Horizon	Indemnity		332.47				151.84	517.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEEDLE EMG, THREE EXTREMITIES	95863	CPT	inpatient			545	205.45	Horizon	NJ Health		341.91				151.84	517.75	fee schedule	
NEEDLE EMG, THREE EXTREMITIES	95863	CPT	inpatient			545	205.45	Horizon	PPO		332.47				151.84	517.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEEDLE EMG, THREE EXTREMITIES	95863	CPT	inpatient			545	205.45	Managed Care Inc	Managed Care Inc		490.5	90			151.84	517.75	percent of total billed charges	
NEEDLE EMG, THREE EXTREMITIES	95863	CPT	inpatient			545	205.45	Multiplan	Multiplan		436	80			151.84	517.75	percent of total billed charges	
NEEDLE EMG, THREE EXTREMITIES	95863	CPT	inpatient			545	205.45	Qualcare	Qualcare		408.75	75			151.84	517.75	percent of total billed charges	
NEEDLE EMG, THREE EXTREMITIES	95863	CPT	inpatient			545	205.45	Three Rivers	Three Rivers		517.75	95			151.84	517.75	percent of total billed charges	
NEEDLE EMG, THREE EXTREMITIES	95863	CPT	inpatient			545	205.45	UHC	Medicaid		171.95	31.55			151.84	517.75	percent of total billed charges	
NEEDLE EMG, THREE EXTREMITIES	95863	CPT	inpatient			545	205.45	UHC	Medicare		178.65				151.84	517.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEEDLE EMG, THREE EXTREMITIES	95863	CPT	inpatient			545	205.45	Wellcare	Medicare		178.65				151.84	517.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEEDLE EMG, THREE EXTREMITIES	95863	CPT	inpatient			545	205.45	Wellcare	Medicaid		171.95	31.55			151.84	517.75	percent of total billed charges	
NEEDLE EMG, THREE EXTREMITIES	95863	CPT	inpatient			545	205.45	WellPoint	WellPoint		175.38	32.18			151.84	517.75	percent of total billed charges	
NEEDLE EMG 4 XTR W/WO	95864	CPT	inpatient			1032	205.45	Aetna	Better Health		325.6	31.55			167.85	980.4	percent of total billed charges	
NEEDLE EMG 4 XTR W/WO	95864	CPT	inpatient			1032	205.45	Aetna	Commercial		284.41				167.85	980.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEEDLE EMG 4 XTR W/WO	95864	CPT	inpatient			1032	205.45	Aetna	Medicare		178.65				167.85	980.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEEDLE EMG 4 XTR W/WO	95864	CPT	inpatient			1032	205.45	Americare	Americare		774	75			167.85	980.4	percent of total billed charges	
NEEDLE EMG 4 XTR W/WO	95864	CPT	inpatient			1032	205.45	Amerihealth	HMO/PPO		670.8	65			167.85	980.4	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.															
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true														
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
NEEDLE EMG 4 XTR W/WO	95864	CPT	inpatient			1032		205.45 Amerihealth	Medicare		178.65				167.85	980.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEEDLE EMG 4 XTR W/WO	95864	CPT	inpatient			1032		205.45 Consumer	Consumer		980.4	95			167.85	980.4	percent of total billed charges	
NEEDLE EMG 4 XTR W/WO	95864	CPT	inpatient			1032		205.45 Corrections	Corrections		825.6	80			167.85	980.4	percent of total billed charges	
NEEDLE EMG 4 XTR W/WO	95864	CPT	inpatient			1032		205.45 First Health	First Health		722.4	70			167.85	980.4	percent of total billed charges	
NEEDLE EMG 4 XTR W/WO	95864	CPT	inpatient			1032		205.45 First Trenton	First Trenton		928.8	90			167.85	980.4	percent of total billed charges	
NEEDLE EMG 4 XTR W/WO	95864	CPT	inpatient			1032		205.45 Horizon	Medicare Blue		178.65				167.85	980.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEEDLE EMG 4 XTR W/WO	95864	CPT	inpatient			1032		205.45 Horizon	Indemnity		332.47				167.85	980.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEEDLE EMG 4 XTR W/WO	95864	CPT	inpatient			1032		205.45 Horizon	MGD		332.47				167.85	980.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEEDLE EMG 4 XTR W/WO	95864	CPT	inpatient			1032		205.45 Horizon	NJ Health		548.1				167.85	980.4	fee schedule	
NEEDLE EMG 4 XTR W/WO	95864	CPT	inpatient			1032		205.45 Horizon	PPO		332.47				167.85	980.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEEDLE EMG 4 XTR W/WO	95864	CPT	inpatient			1032		205.45 Managed Care Inc	Managed Care Inc		928.8	90			167.85	980.4	percent of total billed charges	
NEEDLE EMG 4 XTR W/WO	95864	CPT	inpatient			1032		205.45 Multiplan	Multiplan		825.6	80			167.85	980.4	percent of total billed charges	
NEEDLE EMG 4 XTR W/WO	95864	CPT	inpatient			1032		205.45 Qualcare	Qualcare		774	75			167.85	980.4	percent of total billed charges	
NEEDLE EMG 4 XTR W/WO	95864	CPT	inpatient			1032		205.45 Three Rivers	Three Rivers		980.4	95			167.85	980.4	percent of total billed charges	
NEEDLE EMG 4 XTR W/WO	95864	CPT	inpatient			1032		205.45 UHC	Medicaid		325.6	31.55			167.85	980.4	percent of total billed charges	
NEEDLE EMG 4 XTR W/WO	95864	CPT	inpatient			1032		205.45 UHC	Medicare		178.65				167.85	980.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEEDLE EMG 4 XTR W/WO	95864	CPT	inpatient			1032		205.45 Wellcare	Medicare		178.65				167.85	980.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEEDLE EMG 4 XTR W/WO	95864	CPT	inpatient			1032		205.45 Wellcare	Medicaid		325.6	31.55			167.85	980.4	percent of total billed charges	
NEEDLE EMG 4 XTR W/WO	95864	CPT	inpatient			1032		205.45 WellPoint	WellPoint		332.1	32.18			167.85	980.4	percent of total billed charges	
EMG, NEEDLE; CRANIAL NERVE	95867	CPT	outpatient			1038		412.82 Aetna	Commercial		571.48				66.32	986.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMG, NEEDLE; CRANIAL NERVE	95867	CPT	outpatient			1038		412.82 Aetna	Better Health		327.49	31.55			66.32	986.1	percent of total billed charges	
EMG, NEEDLE; CRANIAL NERVE	95867	CPT	outpatient			1038		412.82 Aetna	Medicare		358.97				66.32	986.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMG, NEEDLE; CRANIAL NERVE	95867	CPT	outpatient			1038		412.82 Americare	Americare		778.5	75			66.32	986.1	percent of total billed charges	
EMG, NEEDLE; CRANIAL NERVE	95867	CPT	outpatient			1038		412.82 Amerihealth	Medicare		358.97				66.32	986.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMG, NEEDLE; CRANIAL NERVE	95867	CPT	outpatient			1038		412.82 Amerihealth	HMO/PPO		674.7	65			66.32	986.1	percent of total billed charges	
EMG, NEEDLE; CRANIAL NERVE	95867	CPT	outpatient			1038		412.82 Consumer	Consumer		986.1	95			66.32	986.1	percent of total billed charges	
EMG, NEEDLE; CRANIAL NERVE	95867	CPT	outpatient			1038		412.82 Corrections	Corrections		830.4	80			66.32	986.1	percent of total billed charges	
EMG, NEEDLE; CRANIAL NERVE	95867	CPT	outpatient			1038		412.82 First Health	First Health		726.6	70			66.32	986.1	percent of total billed charges	
EMG, NEEDLE; CRANIAL NERVE	95867	CPT	outpatient			1038		412.82 First Trenton	First Trenton		934.2	90			66.32	986.1	percent of total billed charges	
EMG, NEEDLE; CRANIAL NERVE	95867	CPT	outpatient			1038		412.82 Horizon	Indemnity		668.04				66.32	986.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMG, NEEDLE; CRANIAL NERVE	95867	CPT	outpatient			1038		412.82 Horizon	NJ Health		66.32				66.32	986.1	fee schedule	
EMG, NEEDLE; CRANIAL NERVE	95867	CPT	outpatient			1038		412.82 Horizon	MGD		668.04				66.32	986.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMG, NEEDLE; CRANIAL NERVE	95867	CPT	outpatient			1038		412.82 Horizon	Medicare Blue		358.97				66.32	986.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMG, NEEDLE; CRANIAL NERVE	95867	CPT	outpatient			1038		412.82 Horizon	PPO		668.04				66.32	986.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMG, NEEDLE; CRANIAL NERVE	95867	CPT	outpatient			1038		412.82 Managed Care Inc	Managed Care Inc		934.2	90			66.32	986.1	percent of total billed charges	
EMG, NEEDLE; CRANIAL NERVE	95867	CPT	outpatient			1038		412.82 Multiplan	Multiplan		830.4	80			66.32	986.1	percent of total billed charges	
EMG, NEEDLE; CRANIAL NERVE	95867	CPT	outpatient			1038		412.82 Qualcare	Qualcare		778.5	75			66.32	986.1	percent of total billed charges	
EMG, NEEDLE; CRANIAL NERVE	95867	CPT	outpatient			1038		412.82 Three Rivers	Three Rivers		986.1	95			66.32	986.1	percent of total billed charges	
EMG, NEEDLE; CRANIAL NERVE	95867	CPT	outpatient			1038		412.82 UHC	Medicare		358.97				66.32	986.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMG, NEEDLE; CRANIAL NERVE	95867	CPT	outpatient			1038		412.82 UHC	Medicaid		327.49	31.55			66.32	986.1	percent of total billed charges	
EMG, NEEDLE; CRANIAL NERVE	95867	CPT	outpatient			1038		412.82 Wellcare	Medicaid		327.49	31.55			66.32	986.1	percent of total billed charges	
EMG, NEEDLE; CRANIAL NERVE	95867	CPT	outpatient			1038		412.82 Wellcare	Medicare		358.97				66.32	986.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMG, NEEDLE; CRANIAL NERVE	95867	CPT	outpatient			1038		412.82 WellPoint	WellPoint		334.03	32.18			66.32	986.1	percent of total billed charges	
EMG-CRANIAL NERVES, BILATERAL	95868	CPT	outpatient			1038		412.82 Aetna	Better Health		327.49	31.55			125.66	986.1	percent of total billed charges	
EMG-CRANIAL NERVES, BILATERAL	95868	CPT	outpatient			1038		412.82 Aetna	Commercial		571.48				125.66	986.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMG-CRANIAL NERVES, BILATERAL	95868	CPT	outpatient			1038		412.82 Aetna	Medicare		319.7	30.8			125.66	986.1	percent of total billed charges	
EMG-CRANIAL NERVES, BILATERAL	95868	CPT	outpatient			1038		412.82 Americare	Americare		778.5	75			125.66	986.1	percent of total billed charges	
EMG-CRANIAL NERVES, BILATERAL	95868	CPT	outpatient			1038		412.82 Amerihealth	Medicare		358.97				125.66	986.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMG-CRANIAL NERVES, BILATERAL	95868	CPT	outpatient			1038		412.82 Amerihealth	HMO/PPO		674.7	65			125.66	986.1	percent of total billed charges	
EMG-CRANIAL NERVES, BILATERAL	95868	CPT	outpatient			1038		412.82 Consumer	Consumer		986.1	95			125.66	986.1	percent of total billed charges	
EMG-CRANIAL NERVES, BILATERAL	95868	CPT	outpatient			1038		412.82 Corrections	Corrections		830.4	80			125.66	986.1	percent of total billed charges	
EMG-CRANIAL NERVES, BILATERAL	95868	CPT	outpatient			1038		412.82 First Health	First Health		726.6	70			125.66	986.1	percent of total billed charges	
EMG-CRANIAL NERVES, BILATERAL	95868	CPT	outpatient			1038		412.82 First Trenton	First Trenton		934.2	90			125.66	986.1	percent of total billed charges	
EMG-CRANIAL NERVES, BILATERAL	95868	CPT	outpatient			1038		412.82 Horizon	Indemnity		668.04				125.66	986.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMG-CRANIAL NERVES, BILATERAL	95868	CPT	outpatient			1038		412.82 Horizon	PPO		668.04				125.66	986.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMG-CRANIAL NERVES, BILATERAL	95868	CPT	outpatient			1038		412.82 Horizon	MGD		668.04				125.66	986.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMG-CRANIAL NERVES, BILATERAL	95868	CPT	outpatient			1038		412.82 Horizon	Medicare Blue		358.97				125.66	986.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMG-CRANIAL NERVES, BILATERAL	95868	CPT	outpatient			1038		412.82 Horizon	NJ Health		334.08				125.66	986.1	fee schedule	
EMG-CRANIAL NERVES, BILATERAL	95868	CPT	outpatient			1038		412.82 Managed Care Inc	Managed Care Inc		934.2	90			125.66	986.1	percent of total billed charges	
EMG-CRANIAL NERVES, BILATERAL	95868	CPT	outpatient			1038		412.82 Multiplan	Multiplan		830.4	80			125.66	986.1	percent of total billed charges	
EMG-CRANIAL NERVES, BILATERAL	95868	CPT	outpatient			1038		412.82 Qualcare	Qualcare		778.5	75			125.66	986.1	percent of total billed charges	
EMG-CRANIAL NERVES, BILATERAL	95868	CPT	outpatient			1038		412.82 Three Rivers	Three Rivers		986.1	95			125.66	986.1	percent of total billed charges	
EMG-CRANIAL NERVES, BILATERAL	95868	CPT	outpatient			1038		412.82 UHC	Medicaid		327.49	31.55			125.66	986.1	percent of total billed charges	
EMG-CRANIAL NERVES, BILATERAL	95868	CPT	outpatient			1038		412.82 UHC	Medicare		358.97				125.66	986.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMG-CRANIAL NERVES, BILATERAL	95868	CPT	outpatient			1038		412.82 Wellcare	Medicare		358.97				125.66	986.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMG-CRANIAL NERVES, BILATERAL	95868	CPT	outpatient			1038		412.82 Wellcare	Medicaid		327.49	31.55			125.66	986.1	percent of total billed charges	
EMG-CRANIAL NERVES, BILATERAL	95868	CPT	outpatient			1038		412.82 WellPoint	WellPoint		334.03	32.18			125.66	986.1	percent of total billed charges	
THOR. PARASPINALS	95869	CPT	outpatient			559		412.82 Aetna	Better Health		176.36	31.55			63.73	668.04	percent of total billed charges	
THOR. PARASPINALS	95869	CPT	outpatient			559		412.82 Aetna	Commercial		571.48				63.73	668.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THOR. PARASPINALS	95869	CPT	outpatient			559		412.82 Aetna	Medicare		358.97				63.73	668.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THOR. PARASPINALS	95869	CPT	outpatient			559		412.82 Americare	Americare		419.25	75			63.73	668.04	percent of total billed charges	
THOR. PARASPINALS	95869	CPT	outpatient			559		412.82 Amerihealth	HMO/PPO		363.35	65			63.73	668.04	percent of total billed charges	
THOR. PARASPINALS	95869	CPT	outpatient			559		412.82 Amerihealth	Medicare		358.97				63.73	668.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THOR. PARASPINALS	95869	CPT	outpatient			559		412.82 Consumer	Consumer		531.05	95			63.73	668.04	percent of total billed charges	
THOR. PARASPINALS	95869	CPT	outpatient			559		412.82 Corrections	Corrections		447.2	80			63.73	668.04	percent of total billed charges	
THOR. PARASPINALS	95869	CPT	outpatient			559		412.82 First Health	First Health		391.3	70			63.73	668.04	percent of total billed charges	
THOR. PARASPINALS	95869	CPT	outpatient			559		412.82 First Trenton	First Trenton		503.1	90			63.73	668.04	percent of total billed charges	
THOR. PARASPINALS	95869	CPT	outpatient			559		412.82 Horizon	Indemnity		668.04				63.73	668.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THOR. PARASPINALS	95869	CPT	outpatient			559		412.82 Horizon	Medicare Blue		358.97				63.73	668.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THOR. PARASPINALS	95869	CPT	outpatient			559		412.82 Horizon	NJ Health		94.74				63.73	668.04	fee schedule	
THOR. PARASPINALS	95869	CPT	outpatient			559		412.82 Horizon	PPO		668.04				63.73	668.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THOR. PARASPINALS	95869	CPT	outpatient			559		412.82 Horizon	MGD		668.04				63.73	668.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THOR. PARASPINALS	95869	CPT	outpatient			559		412.82 Managed Care Inc	Managed Care Inc		503.1	90			63.73	668.04	percent of total billed charges	
THOR. PARASPINALS	95869	CPT	outpatient			559		412.82 Multiplan	Multiplan		447.2	80			63.73	668.04	percent of total billed charges	
THOR. PARASPINALS	95869	CPT	outpatient			559		412.82 Qualcare	Qualcare		419.25	75			63.73	668.04	percent of total billed charges	
THOR. PARASPINALS	95869	CPT	outpatient			559		412.82 Three Rivers	Three Rivers		531.05	95			63.73	668.04	percent of total billed charges	
THOR. PARASPINALS	95869	CPT	outpatient			559		412.82 UHC	Medicare		358.97				63.73	668.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THOR. PARASPINALS	95869	CPT	outpatient			559		412.82 UHC	Medicaid		176.36	31.55			63.73	668.04	percent of total billed charges	
THOR. PARASPINALS	95869	CPT	outpatient			559		412.82 Wellcare	Medicare		358.97				63.73	668.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THOR. PARASPINALS	95869	CPT	outpatient			559		412.82 Wellcare	Medicaid		176.36	31.55			63.73	668.04	percent of total billed charges	
THOR. PARASPINALS	95869	CPT	outpatient			559		412.82 WellPoint	WellPoint		179.89	32.18			63.73	668.04	percent of total billed charges	
OTHER PARASPINAL	95870	CPT	outpatient			442		168 Aetna	Commercial		232.58				133.77	419.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OTHER PARASPINAL	95870	CPT	outpatient			442		168 Aetna	Medicare		146.09				133.77	419.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OTHER PARASPINAL	95870	CPT	outpatient			442		168 Aetna	Better Health		139.45	31.55			133.77	419.9	percent of total billed charges	
OTHER PARASPINAL	95870	CPT	outpatient			442		168 Americare	Americare		331.5	75			133.77	419.9	percent of total billed charges	
OTHER PARASPINAL	95870	CPT	outpatient			442		168 Amerihealth	HMO/PPO		287.3	65			133.77	419.9	percent of total billed charges	
OTHER PARASPINAL	95870	CPT	outpatient			442		168 Amerihealth	Medicare		146.09				133.77	419.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OTHER PARASPINAL	95870	CPT	outpatient			442		168 Consumer	Consumer		419.9	95			133.77	419.9	percent of total billed charges	
OTHER PARASPINAL	95870	CPT	outpatient			442		168 Corrections	Corrections		353.6	80			133.77	419.9	percent of total billed charges	
OTHER PARASPINAL	95870	CPT	outpatient			442		168 First Health	First Health		309.4	70			133.77	419.9	percent of total billed charges	
OTHER PARASPINAL	95870	CPT	outpatient			442		168 First Trenton	First Trenton		397.8	90			133.77	419.9	percent of total billed charges	
OTHER PARASPINAL	95870	CPT	outpatient			442		168 Horizon	MGD		271.87				133.77	419.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OTHER PARASPINAL	95870	CPT	outpatient			442		168 Horizon	Medicare Blue		146.09				133.77	419.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OTHER PARASPINAL	95870	CPT	outpatient			442		168 Horizon	NJ Health		135.72				133.77	419.9	fee schedule	
OTHER PARASPINAL	95870	CPT	outpatient			442		168 Horizon	PPO		271.87				133.77	419.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OTHER PARASPINAL	95870	CPT	outpatient			442		168 Horizon	Indemnity		271.87				133.77	419.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OTHER PARASPINAL	95870	CPT	outpatient			442		168 Managed Care Inc	Managed Care Inc		397.8	90			133.77	419.9	percent of total billed charges	
OTHER PARASPINAL	95870	CPT	outpatient			442		168 Multiplan	Multiplan		353.6	80			133.77	419.9	percent of total billed charges	
OTHER PARASPINAL	95870	CPT	outpatient			442		168 Qualcare	Qualcare		331.5	75			133.77	419.9	percent of total billed charges	
OTHER PARASPINAL	95870	CPT	outpatient			442		168 Three Rivers	Three Rivers		419.9	95			133.77	419.9	percent of total billed charges	
OTHER PARASPINAL	95870	CPT	outpatient			442		168 UHC	Medicaid		139.45	31.55			133.77	419.9	percent of total billed charges	
OTHER PARASPINAL	95870	CPT	outpatient			442		168 UHC	Medicare		146.09				133.77	419.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OTHER PARASPINAL	95870	CPT	outpatient			442		168 Wellcare	Medicaid		139.45	31.55			133.77	419.9	percent of total billed charges	
OTHER PARASPINAL	95870	CPT	outpatient			442		168 Wellcare	Medicare		146.09				133.77	419.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OTHER PARASPINAL	95870	CPT	outpatient			442		168 WellPoint	WellPoint		142.24	32.18			133.77	419.9	percent of total billed charges	
EMG-SINGLE FIBER	95872	CPT	outpatient			211		205.45 Aetna	Better Health		66.57	31.55			66.57	332.47	percent of total billed charges	
EMG-SINGLE FIBER	95872	CPT	outpatient			211		205.45 Aetna	Commercial		284.41				66.57	332.47	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMG-SINGLE FIBER	95872	CPT	outpatient			211		205.45 Aetna	Medicare		178.65				66.57	332.47	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMG-SINGLE FIBER	95872	CPT	outpatient			211		205.45 Americare	Americare		158.25	75			66.57	332.47	percent of total billed charges	
EMG-SINGLE FIBER	95872	CPT	outpatient			211		205.45 Amerihealth	HMO/PPO		137.15	65			66.57	332.47	percent of total billed charges	
EMG-SINGLE FIBER	95872	CPT	outpatient			211		205.45 Amerihealth	Medicare		178.65				66.57	332.47	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMG-SINGLE FIBER	95872	CPT	outpatient			211		205.45 Consumer	Consumer		200.45	95			66.57	332.47	percent of total billed charges	
EMG-SINGLE FIBER	95872	CPT	outpatient			211		205.45 Corrections	Corrections		168.8	80			66.57	332.47	percent of total billed charges	
EMG-SINGLE FIBER	95872	CPT	outpatient			211		205.45 First Health	First Health		147.7	70			66.57	332.47	percent of total billed charges	
EMG-SINGLE FIBER	95872	CPT	outpatient			211		205.45 First Trenton	First Trenton		189.9	90			66.57	332.47	percent of total billed charges	
EMG-SINGLE FIBER	95872	CPT	outpatient			211		205.45 Horizon	PPO		332.47				66.57	332.47	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMG-SINGLE FIBER	95872	CPT	outpatient			211		205.45 Horizon	Indemnity		332.47				66.57	332.47	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMG-SINGLE FIBER	95872	CPT	outpatient			211		205.45 Horizon	Medicare Blue		178.65				66.57	332.47	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMG-SINGLE FIBER	95872	CPT	outpatient			211		205.45 Horizon	MGD		332.47				66.57	332.47	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMG-SINGLE FIBER	95872	CPT	outpatient			211		205.45 Horizon	NJ Health		259.2				66.57	332.47	fee schedule	
EMG-SINGLE FIBER	95872	CPT	outpatient			211		205.45 Managed Care Inc	Managed Care Inc		189.9	90			66.57	332.47	percent of total billed charges	
EMG-SINGLE FIBER	95872	CPT	outpatient			211		205.45 Multiplan	Multiplan		168.8	80			66.57	332.47	percent of total billed charges	
EMG-SINGLE FIBER	95872	CPT	outpatient			211		205.45 Qualcare	Qualcare		158.25	75			66.57	332.47	percent of total billed charges	
EMG-SINGLE FIBER	95872	CPT	outpatient			211		205.45 Three Rivers	Three Rivers		200.45	95			66.57	332.47	percent of total billed charges	
EMG-SINGLE FIBER	95872	CPT	outpatient			211		205.45 UHC	Medicare		178.65				66.57	332.47	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMG-SINGLE FIBER	95872	CPT	outpatient			211		205.45 UHC	Medicaid		66.57	31.55			66.57	332.47	percent of total billed charges	
EMG-SINGLE FIBER	95872	CPT	outpatient			211		205.45 Wellcare	Medicare		178.65				66.57	332.47	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMG-SINGLE FIBER	95872	CPT	outpatient			211		205.45 Wellcare	Medicaid		66.57	31.55			66.57	332.47	percent of total billed charges	
EMG-SINGLE FIBER	95872	CPT	outpatient			211		205.45 WellPoint	WellPoint		67.9	32.18			66.57	332.47	percent of total billed charges	
EMG GUIDANCE CHEMODENERVATION	95873	CPT	outpatient					Horizon	NJ Health		93.96				93.96	93.96	fee schedule	
NEEDLE EMG GUIDE W/CHEMODENERVATION	95874	CPT	outpatient					Horizon	NJ Health		96.57				96.57	96.57	fee schedule	
ISCHEMIC LIMB EXER EMG W/LACTIC ACID MUS	95875	CPT	outpatient			559		205.45 Aetna	Better Health		176.36	31.55			82.97	531.05	percent of total billed charges	
ISCHEMIC LIMB EXER EMG W/LACTIC ACID MUS	95875	CPT	outpatient			559		205.45 Aetna	Medicare		178.65				82.97	531.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ISCHEMIC LIMB EXER EMG W/LACTIC ACID MUS	95875	CPT	outpatient			559		205.45 Aetna	Commercial		284.41				82.97	531.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ISCHEMIC LIMB EXER EMG W/LACTIC ACID MUS	95875	CPT	outpatient			559		205.45 Americare	Americare		419.25	75			82.97	531.05	percent of total billed charges	
ISCHEMIC LIMB EXER EMG W/LACTIC ACID MUS	95875	CPT	outpatient			559		205.45 Amerihealth	HMO/PPO		363.35	65			82.97	531.05	percent of total billed charges	
ISCHEMIC LIMB EXER EMG W/LACTIC ACID MUS	95875	CPT	outpatient			559		205.45 Amerihealth	Medicare		178.65				82.97	531.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ISCHEMIC LIMB EXER EMG W/LACTIC ACID MUS	95875	CPT	outpatient			559		205.45 Consumer	Consumer		531.05	95			82.97	531.05	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101191	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ISCHEMIC LIMB EXER EMG W/LACTIC ACID MUS	95875	CPT	outpatient			559		205.45 Corrections	Corrections		447.2	80			82.97		531.05 percent of total billed charges	
ISCHEMIC LIMB EXER EMG W/LACTIC ACID MUS	95875	CPT	outpatient			559		205.45 First Health	First Health		391.3	70			82.97		531.05 percent of total billed charges	
ISCHEMIC LIMB EXER EMG W/LACTIC ACID MUS	95875	CPT	outpatient			559		205.45 First Trenton	First Trenton		503.1	90			82.97		531.05 percent of total billed charges	
ISCHEMIC LIMB EXER EMG W/LACTIC ACID MUS	95875	CPT	outpatient			559		205.45 Horizon	MGD		332.47				82.97		531.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ISCHEMIC LIMB EXER EMG W/LACTIC ACID MUS	95875	CPT	outpatient			559		205.45 Horizon	Medicare Blue		178.65				82.97		531.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ISCHEMIC LIMB EXER EMG W/LACTIC ACID MUS	95875	CPT	outpatient			559		205.45 Horizon	PPO		332.47				82.97		531.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ISCHEMIC LIMB EXER EMG W/LACTIC ACID MUS	95875	CPT	outpatient			559		205.45 Horizon	Indemnity		332.47				82.97		531.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ISCHEMIC LIMB EXER EMG W/LACTIC ACID MUS	95875	CPT	outpatient			559		205.45 Horizon	NJ Health		82.97				82.97		531.05 fee schedule	
ISCHEMIC LIMB EXER EMG W/LACTIC ACID MUS	95875	CPT	outpatient			559		205.45 Managed Care Inc	Managed Care Inc		503.1	90			82.97		531.05 percent of total billed charges	
ISCHEMIC LIMB EXER EMG W/LACTIC ACID MUS	95875	CPT	outpatient			559		205.45 Multiplan	Multiplan		447.2	80			82.97		531.05 percent of total billed charges	
ISCHEMIC LIMB EXER EMG W/LACTIC ACID MUS	95875	CPT	outpatient			559		205.45 Qualcare	Qualcare		419.25	75			82.97		531.05 percent of total billed charges	
ISCHEMIC LIMB EXER EMG W/LACTIC ACID MUS	95875	CPT	outpatient			559		205.45 Three Rivers	Three Rivers		531.05	95			82.97		531.05 percent of total billed charges	
ISCHEMIC LIMB EXER EMG W/LACTIC ACID MUS	95875	CPT	outpatient			559		205.45 UHC	Medicaid		176.36	31.55			82.97		531.05 percent of total billed charges	
ISCHEMIC LIMB EXER EMG W/LACTIC ACID MUS	95875	CPT	outpatient			559		205.45 UHC	Medicare		178.65				82.97		531.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ISCHEMIC LIMB EXER EMG W/LACTIC ACID MUS	95875	CPT	outpatient			559		205.45 Wellcare	Medicare		178.65				82.97		531.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ISCHEMIC LIMB EXER EMG W/LACTIC ACID MUS	95875	CPT	outpatient			559		205.45 Wellcare	Medicaid		176.36	31.55			82.97		531.05 percent of total billed charges	
ISCHEMIC LIMB EXER EMG W/LACTIC ACID MUS	95875	CPT	outpatient			559		205.45 WellPoint	WellPoint		179.89	32.18			82.97		531.05 percent of total billed charges	
NEEDLE EMG EA EXTREMITY DONE W/NCS	95885	CPT	outpatient			395		Aetna	Commercial		150.1	38			84.07		375.25 percent of total billed charges	
NEEDLE EMG EA EXTREMITY DONE W/NCS	95885	CPT	outpatient			395		Aetna	Better Health		124.62	31.55			84.07		375.25 percent of total billed charges	
NEEDLE EMG EA EXTREMITY DONE W/NCS	95885	CPT	outpatient			395		Aetna	Medicare		121.66	30.8			84.07		375.25 percent of total billed charges	
NEEDLE EMG EA EXTREMITY DONE W/NCS	95885	CPT	outpatient			395		Americare	Americare		296.25	75			84.07		375.25 percent of total billed charges	
NEEDLE EMG EA EXTREMITY DONE W/NCS	95885	CPT	outpatient			395		Amerihealth	HMO/PPO		256.75	65			84.07		375.25 percent of total billed charges	
NEEDLE EMG EA EXTREMITY DONE W/NCS	95885	CPT	outpatient			395		Consumer	Consumer		375.25	95			84.07		375.25 percent of total billed charges	
NEEDLE EMG EA EXTREMITY DONE W/NCS	95885	CPT	outpatient			395		Corrections	Corrections		316	80			84.07		375.25 percent of total billed charges	
NEEDLE EMG EA EXTREMITY DONE W/NCS	95885	CPT	outpatient			395		First Health	First Health		276.5	70			84.07		375.25 percent of total billed charges	
NEEDLE EMG EA EXTREMITY DONE W/NCS	95885	CPT	outpatient			395		First Trenton	First Trenton		355.5	90			84.07		375.25 percent of total billed charges	
NEEDLE EMG EA EXTREMITY DONE W/NCS	95885	CPT	outpatient			395		Horizon	MGD		151.21	38.28			84.07		375.25 percent of total billed charges	
NEEDLE EMG EA EXTREMITY DONE W/NCS	95885	CPT	outpatient			395		Horizon	NJ Health		84.07				84.07		375.25 fee schedule	
NEEDLE EMG EA EXTREMITY DONE W/NCS	95885	CPT	outpatient			395		Horizon	Indemnity		151.21	38.28			84.07		375.25 percent of total billed charges	
NEEDLE EMG EA EXTREMITY DONE W/NCS	95885	CPT	outpatient			395		Horizon	Medicare Blue		118.5	30			84.07		375.25 percent of total billed charges	
NEEDLE EMG EA EXTREMITY DONE W/NCS	95885	CPT	outpatient			395		Horizon	PPO		151.21	38.28			84.07		375.25 percent of total billed charges	
NEEDLE EMG EA EXTREMITY DONE W/NCS	95885	CPT	outpatient			395		Managed Care Inc	Managed Care Inc		355.5	90			84.07		375.25 percent of total billed charges	
NEEDLE EMG EA EXTREMITY DONE W/NCS	95885	CPT	outpatient			395		Multiplan	Multiplan		316	80			84.07		375.25 percent of total billed charges	
NEEDLE EMG EA EXTREMITY DONE W/NCS	95885	CPT	outpatient			395		Qualcare	Qualcare		296.25	75			84.07		375.25 percent of total billed charges	
NEEDLE EMG EA EXTREMITY DONE W/NCS	95885	CPT	outpatient			395		Three Rivers	Three Rivers		375.25	95			84.07		375.25 percent of total billed charges	
NEEDLE EMG EA EXTREMITY DONE W/NCS	95885	CPT	outpatient			395		UHC	Medicaid		124.62	31.55			84.07		375.25 percent of total billed charges	
NEEDLE EMG EA EXTREMITY DONE W/NCS	95885	CPT	outpatient			395		Wellcare	Medicaid		124.62	31.55			84.07		375.25 percent of total billed charges	
NEEDLE EMG EA EXTREMITY DONE W/NCS	95885	CPT	outpatient			395		WellPoint	WellPoint		127.11	32.18			84.07		375.25 percent of total billed charges	
NEEDLE EMG COMPLETE 5 OR MORE MUSCLES	95886	CPT	both			395		Aetna	Medicare		121.66	30.8			118.5		375.25 percent of total billed charges	
NEEDLE EMG COMPLETE 5 OR MORE MUSCLES	95886	CPT	both			395		Aetna	Commercial		150.1	38			118.5		375.25 percent of total billed charges	
NEEDLE EMG COMPLETE 5 OR MORE MUSCLES	95886	CPT	both			395		Aetna	Better Health		124.62	31.55			118.5		375.25 percent of total billed charges	
NEEDLE EMG COMPLETE 5 OR MORE MUSCLES	95886	CPT	both			395		Americare	Americare		296.25	75			118.5		375.25 percent of total billed charges	
NEEDLE EMG COMPLETE 5 OR MORE MUSCLES	95886	CPT	both			395		Amerihealth	HMO/PPO		256.75	65			118.5		375.25 percent of total billed charges	
NEEDLE EMG COMPLETE 5 OR MORE MUSCLES	95886	CPT	both			395		Consumer	Consumer		375.25	95			118.5		375.25 percent of total billed charges	
NEEDLE EMG COMPLETE 5 OR MORE MUSCLES	95886	CPT	both			395		Corrections	Corrections		316	80			118.5		375.25 percent of total billed charges	
NEEDLE EMG COMPLETE 5 OR MORE MUSCLES	95886	CPT	both			395		First Health	First Health		276.5	70			118.5		375.25 percent of total billed charges	
NEEDLE EMG COMPLETE 5 OR MORE MUSCLES	95886	CPT	both			395		First Trenton	First Trenton		355.5	90			118.5		375.25 percent of total billed charges	
NEEDLE EMG COMPLETE 5 OR MORE MUSCLES	95886	CPT	both			395		Horizon	NJ Health		129.35				118.5		375.25 fee schedule	
NEEDLE EMG COMPLETE 5 OR MORE MUSCLES	95886	CPT	both			395		Horizon	Indemnity		151.21	38.28			118.5		375.25 percent of total billed charges	
NEEDLE EMG COMPLETE 5 OR MORE MUSCLES	95886	CPT	both			395		Horizon	MGD		151.21	38.28			118.5		375.25 percent of total billed charges	
NEEDLE EMG COMPLETE 5 OR MORE MUSCLES	95886	CPT	both			395		Horizon	PPO		151.21	38.28			118.5		375.25 percent of total billed charges	
NEEDLE EMG COMPLETE 5 OR MORE MUSCLES	95886	CPT	both			395		Horizon	Medicare Blue		118.5	30			118.5		375.25 percent of total billed charges	
NEEDLE EMG COMPLETE 5 OR MORE MUSCLES	95886	CPT	both			395		Managed Care Inc	Managed Care Inc		355.5	90			118.5		375.25 percent of total billed charges	
NEEDLE EMG COMPLETE 5 OR MORE MUSCLES	95886	CPT	both			395		Multiplan	Multiplan		316	80			118.5		375.25 percent of total billed charges	
NEEDLE EMG COMPLETE 5 OR MORE MUSCLES	95886	CPT	both			395		Qualcare	Qualcare		296.25	75			118.5		375.25 percent of total billed charges	
NEEDLE EMG COMPLETE 5 OR MORE MUSCLES	95886	CPT	both			395		Three Rivers	Three Rivers		375.25	95			118.5		375.25 percent of total billed charges	
NEEDLE EMG COMPLETE 5 OR MORE MUSCLES	95886	CPT	both			395		UHC	Medicaid		124.62	31.55			118.5		375.25 percent of total billed charges	
NEEDLE EMG COMPLETE 5 OR MORE MUSCLES	95886	CPT	both			395		Wellcare	Medicaid		124.62	31.55			118.5		375.25 percent of total billed charges	
NEEDLE EMG COMPLETE 5 OR MORE MUSCLES	95886	CPT	both			395		WellPoint	WellPoint		127.11	32.18			118.5		375.25 percent of total billed charges	
EMG NON-EXTREMITY W/NCV	95887	CPT	outpatient					Horizon	NJ Health		88.82				88.82		88.82 fee schedule	
MOTOR &/SEN NRV CNDJ PRECON ELT	95905	CPT	outpatient			1379		524.04 Aetna	Commercial		725.46				435.07		1310.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MOTOR &/SEN NRV CNDJ PRECON ELT	95905	CPT	outpatient			1379		524.04 Aetna	Better Health		435.07	31.55			435.07		1310.05 percent of total billed charges	
MOTOR &/SEN NRV CNDJ PRECON ELT	95905	CPT	outpatient			1379		524.04 Aetna	Medicare		455.69				435.07		1310.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MOTOR &/SEN NRV CNDJ PRECON ELT	95905	CPT	outpatient			1379		524.04 Americare	Americare		1034.25	75			435.07		1310.05 percent of total billed charges	
MOTOR &/SEN NRV CNDJ PRECON ELT	95905	CPT	outpatient			1379		524.04 Amerihealth	HMO/PPO		896.35	65			435.07		1310.05 percent of total billed charges	
MOTOR &/SEN NRV CNDJ PRECON ELT	95905	CPT	outpatient			1379		524.04 Amerihealth	Medicare		455.69				435.07		1310.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MOTOR &/SEN NRV CNDJ PRECON ELT	95905	CPT	outpatient			1379		524.04 Consumer	Consumer		1310.05	95			435.07		1310.05 percent of total billed charges	
MOTOR &/SEN NRV CNDJ PRECON ELT	95905	CPT	outpatient			1379		524.04 Corrections	Corrections		1103.2	80			435.07		1310.05 percent of total billed charges	
MOTOR &/SEN NRV CNDJ PRECON ELT	95905	CPT	outpatient			1379		524.04 First Health	First Health		965.3	70			435.07		1310.05 percent of total billed charges	
MOTOR &/SEN NRV CNDJ PRECON ELT	95905	CPT	outpatient			1379		524.04 First Trenton	First Trenton		1241.1	90			435.07		1310.05 percent of total billed charges	
MOTOR &/SEN NRV CNDJ PRECON ELT	95905	CPT	outpatient			1379		524.04 Horizon	Indemnity		848.04				435.07		1310.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MOTOR &/SEN NRV CNDJ PRECON ELT	95905	CPT	outpatient			1379		524.04 Horizon	Medicare Blue		455.69				435.07		1310.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MOTOR &/SEN NRV CNDJ PRECON ELT	95905	CPT	outpatient			1379		524.04 Horizon	PPO		848.04				435.07		1310.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MOTOR &/SEN NRV CNDJ PRECON ELT	95905	CPT	outpatient			1379		524.04 Horizon	MGD		848.04				435.07		1310.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MOTOR &/SEN NRV CNDJ PRECON ELT	95905	CPT	outpatient			1379		524.04 Managed Care Inc	Managed Care Inc		1241.1	90			435.07		1310.05 percent of total billed charges	
MOTOR &/SEN NRV CNDJ PRECON ELT	95905	CPT	outpatient			1379		524.04 Multiplan	Multiplan		1103.2	80			435.07		1310.05 percent of total billed charges	
MOTOR &/SEN NRV CNDJ PRECON ELT	95905	CPT	outpatient			1379		524.04 Qualcare	Qualcare		1034.25	75			435.07		1310.05 percent of total billed charges	
MOTOR &/SEN NRV CNDJ PRECON ELT	95905	CPT	outpatient			1379		524.04 Three Rivers	Three Rivers		1310.05	95			435.07		1310.05 percent of total billed charges	
MOTOR &/SEN NRV CNDJ PRECON ELT	95905	CPT	outpatient			1379		524.04 UHC	Medicaid		435.07	31.55			435.07		1310.05 percent of total billed charges	
MOTOR &/SEN NRV CNDJ PRECON ELT	95905	CPT	outpatient			1379		524.04 UHC	Medicare		455.69				435.07		1310.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MOTOR &/SEN NRV CNDJ PRECON ELT	95905	CPT	outpatient			1379		524.04 Wellcare	Medicaid		435.07	31.55			435.07		1310.05 percent of total billed charges	
MOTOR &/SEN NRV CNDJ PRECON ELT	95905	CPT	outpatient			1379		524.04 Wellcare	Medicare		455.69				435.07		1310.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MOTOR &/SEN NRV CNDJ PRECON ELT	95905	CPT	outpatient			1379		524.04 WellPoint	WellPoint		443.76	32.18			435.07		1310.05 percent of total billed charges	
NVR CNDJ TST 1-2 STUDIES	95907	CPT	outpatient			532		205.45 Aetna	Better Health		167.85	31.55			68.46		505.4 percent of total billed charges	
NVR CNDJ TST 1-2 STUDIES	95907	CPT	outpatient			532		205.45 Aetna	Commercial		284.41				68.46		505.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NVR CNDJ TST 1-2 STUDIES	95907	CPT	outpatient			532		205.45 Aetna	Medicare		178.65				68.46		505.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NVR CNDJ TST 1-2 STUDIES	95907	CPT	outpatient			532		205.45 Americare	Americare		399	75			68.46		505.4 percent of total billed charges	
NVR CNDJ TST 1-2 STUDIES	95907	CPT	outpatient			532		205.45 Amerihealth	HMO/PPO		345.8	65			68.46		505.4 percent of total billed charges	
NVR CNDJ TST 1-2 STUDIES	95907	CPT	outpatient			532		205.45 Amerihealth	Medicare		178.65				68.46		505.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NVR CNDJ TST 1-2 STUDIES	95907	CPT	outpatient			532		205.45 Consumer	Consumer		505.4	95			68.46		505.4 percent of total billed charges	
NVR CNDJ TST 1-2 STUDIES	95907	CPT	outpatient			532		205.45 Corrections	Corrections		425.6	80			68.46		505.4 percent of total billed charges	
NVR CNDJ TST 1-2 STUDIES	95907	CPT	outpatient			532		205.45 First Health	First Health		372.4	70			68.46		505.4 percent of total billed charges	
NVR CNDJ TST 1-2 STUDIES	95907	CPT	outpatient			532		205.45 First Trenton	First Trenton		478.8	90			68.46		505.4 percent of total billed charges	
NVR CNDJ TST 1-2 STUDIES	95907	CPT	outpatient			532		205.45 Horizon	MGD		332.47				68.46		505.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NVR CNDJ TST 1-2 STUDIES	95907	CPT	outpatient			532		205.45 Horizon	Indemnity		332.47				68.46		505.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NVR CNDJ TST 1-2 STUDIES	95907	CPT	outpatient			532		205.45 Horizon	Medicare Blue		178.65				68.46		505.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NVR CNDJ TST 1-2 STUDIES	95907	CPT	outpatient			532		205.45 Horizon	NJ Health		139.71				68.46		505.4 fee schedule	
NVR CNDJ TST 1-2 STUDIES	95907	CPT	outpatient			532		205.45 Horizon	PPO		332.47				68.46		505.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NVR CNDJ TST 1-2 STUDIES	95907	CPT	outpatient			532		205.45 Managed Care Inc	Managed Care Inc		478.8	90			68.46		505.4 percent of total billed charges	
NVR CNDJ TST 1-2 STUDIES	95907	CPT	outpatient			532		205.45 Multiplan	Multiplan		425.6	80			68.46		505.4 percent of total billed charges	
NVR CNDJ TST 1-2 STUDIES	95907	CPT	outpatient			532		205.45 Qualcare	Qualcare		399	75			68.46		505.4 percent of total billed charges	
NVR CNDJ TST 1-2 STUDIES	95907	CPT	outpatient			532		205.45 Three Rivers	Three Rivers		505.4	95			68.46		505.4 percent of total billed charges	
NVR CNDJ TST 1-2 STUDIES	95907	CPT	outpatient			532		205.45 UHC	Medicaid		167.85	31.55			68.46		505.4 percent of total billed charges	
NVR CNDJ TST 1-2 STUDIES	95907	CPT	outpatient			532		205.45 UHC	Medicare		178.65				68.46		505.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NVR CNDJ TST 1-2 STUDIES	95907	CPT	outpatient			532		205.45 Wellcare	Medicaid		167.85	31.55			68.46		505.4 percent of total billed charges	
NVR CNDJ TST 1-2 STUDIES	95907	CPT	outpatient			532		205.45 Wellcare	Medicare		178.65				68.46		505.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NVR CNDJ TST 1-2 STUDIES	95907	CPT	outpatient			532		205.45 WellPoint	WellPoint		171.2	32.18			68.46		505.4 percent of total billed charges	
NVR CNDJ TST 3-4 STUDIES	95908	CPT	outpatient			1036		412.82 Aetna	Commercial		571.48				172.31		984.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NVR CNDJ TST 3-4 STUDIES	95908	CPT	outpatient			1036		412.82 Aetna	Better Health		326.86	31.55			172.31		984.2 percent of total billed charges	
NVR CNDJ TST 3-4 STUDIES	95908	CPT	outpatient			1036		412.82 Aetna	Medicare		358.97				172.31		984.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NVR CNDJ TST 3-4 STUDIES	95908	CPT	outpatient			1036		412.82 Americare	Americare		777	75			172.31		984.2 percent of total billed charges	
NVR CNDJ TST 3-4 STUDIES	95908	CPT	outpatient			1036		412.82 Amerihealth	HMO/PPO		673.4	65			172.31		984.2 percent of total billed charges	
NVR CNDJ TST 3-4 STUDIES	95908	CPT	outpatient			1036		412.82 Amerihealth	Medicare		358.97				172.31		984.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NVR CNDJ TST 3-4 STUDIES	95908	CPT	outpatient			1036		412.82 Consumer	Consumer		984.2	95			172.31		984.2 percent of total billed charges	
NVR CNDJ TST 3-4 STUDIES	95908	CPT	outpatient			1036		412.82 Corrections	Corrections		828.8	80			172.31		984.2 percent of total billed charges	
NVR CNDJ TST 3-4 STUDIES	95908	CPT	outpatient			1036		412.82 First Health	First Health		725.2	70			172.31		984.2 percent of total billed charges	
NVR CNDJ TST 3-4 STUDIES	95908	CPT	outpatient			1036		412.82 First Trenton	First Trenton		932.4	90			172.31		984.2 percent of total billed charges	
NVR CNDJ TST 3-4 STUDIES	95908	CPT	outpatient			1036		412.82 Horizon	MGD		668.04				172.31		984.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NVR CNDJ TST 3-4 STUDIES	95908	CPT	outpatient			1036		412.82 Horizon	Medicare Blue		358.97				172.31		984.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NVR CNDJ TST 3-4 STUDIES	95908	CPT	outpatient			1036		412.82 Horizon	Indemnity		668.04				172.31		984.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NVR CNDJ TST 3-4 STUDIES	95908	CPT	outpatient			1036		412.82 Horizon	NJ Health		172.31				172.31		984.2 fee schedule	
NVR CNDJ TST 3-4 STUDIES	95908	CPT	outpatient			1036		412.82 Horizon	PPO		668.04				172.31		984.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NVR CNDJ TST 3-4 STUDIES	95908	CPT	outpatient			1036		412.82 Managed Care Inc	Managed Care Inc		932.4	90			172.31		984.2 percent of total billed charges	
NVR CNDJ TST 3-4 STUDIES	95908	CPT	outpatient			1036		412.82 Multiplan	Multiplan		828.8	80			172.31		984.2 percent of total billed charges	
NVR CNDJ TST 3-4 STUDIES	95908	CPT	outpatient			1036		412.82 Qualcare	Qualcare		777	75			172.31		984.2 percent of total billed charges	
NVR CNDJ TST 3-4 STUDIES	95908	CPT	outpatient			1036		412.82 Three Rivers	Three Rivers		984.2	95			172.31		984.2 percent of total billed charges	
NVR CNDJ TST 3-4 STUDIES	95908	CPT	outpatient			1036		412.82 UHC	Medicaid		326.86	31.55			172.31		984.2 percent of total billed charges	
NVR CNDJ TST 3-4 STUDIES	95908	CPT	outpatient			1036		412.82 UHC	Medicare		358.97				172.31		984.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NVR CNDJ TST 3-4 STUDIES	95908	CPT	outpatient			1036		412.82 Wellcare	Medicaid		326.86	31.55			172.31		984.2 percent of total billed charges	
NVR CNDJ TST 3-4 STUDIES	95908	CPT	outpatient			1036		412.82 Wellcare	Medicare		358.97				172.31		984.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NVR CNDJ TST 3-4 STUDIES	95908	CPT	outpatient			1036		412.82 WellPoint	WellPoint		333.38	32.18			172.31		984.2 percent of total billed charges	
NVR CNDJ TST 5-6 STUDIES	95909	CPT	outpatient			1036		412.82 Aetna	Commercial		571.48				206.42		984.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NVR CNDJ TST 5-6 STUDIES	95909	CPT	outpatient			1036		412.82 Aetna	Better Health		326.86	31.55			206.42		984.2 percent of total billed charges	
NVR CNDJ TST 5-6 STUDIES	95909	CPT	outpatient			1036		412.82 Aetna	Medicare		358.97				206.42		984.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NVR CNDJ TST 5-6 STUDIES	95909	CPT	outpatient			1036		412.82 Americare	Americare		777	75			206.42		984.2 percent of total billed charges	
NVR CNDJ TST 5-6 STUDIES	95909	CPT	outpatient			1036		412.82 Amerihealth	Medicare		358.97				206.42		984.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NVR CNDJ TST 5-6 STUDIES	95909	CPT	outpatient			1036		412.82 Amerihealth	HMO/PPO		673.4	65			206.42		984.2 percent of total billed charges	
NVR CNDJ TST 5-6 STUDIES	95909	CPT	outpatient			1036		412.82 Consumer	Consumer		984.2	95			206.42		984.2 percent of total billed charges	
NVR CNDJ TST 5-6 STUDIES	95909	CPT	outpatient			1036		412.82 Corrections	Corrections		828.8	80			206.42		984.2 percent of total billed charges	
NVR CNDJ TST 5-6 STUDIES	95909	CPT	outpatient			1036		412.82 First Health	First Health		725.2	70			206.42		984.2 percent of total billed charges	
NVR CNDJ TST 5-6 STUDIES	95909	CPT	outpatient			1036		412.82 First Trenton	First Trenton		932.4	90			206.42		984.2 percent of total billed charges	
NVR CNDJ TST 5-6 STUDIES	95909	CPT	outpatient			1036		412.82 Horizon	PPO		668.04				206.42		984.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NVR CNDJ TST 5-6 STUDIES	95909	CPT	outpatient			1036		412.82 Horizon	MGD		668.04				206.42		984.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NVR CNDJ TST 5-6 STUDIES	95909	CPT	outpatient			1036		412.82 Horizon	Indemnity		668.04				206.42		984.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NVR CNDJ TST 5-6 STUDIES	95909	CPT	outpatient			1036		412.82 Horizon	NJ Health		206.42				206.42		984.2 fee schedule	
NVR CNDJ TST 5-6 STUDIES	95909	CPT	outpatient			1036		412.82 Horizon	Medicare Blue		358.97				206.42		984.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NVR CNDJ TST 5-6 STUDIES	95909	CPT	outpatient			1036		412.82 Managed Care Inc	Managed Care Inc		932.4	90			206.42		984.2 percent of total billed charges	
NVR CNDJ TST 5-6 STUDIES	95909	CPT	outpatient			1036		412.82 Multiplan	Multiplan		828.8	80			206.42		984.2 percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
NVR CNDJ TST 5-6 STUDIES	95909	CPT	outpatient			1036		412.82 Qualcare	Qualcare		777	75			206.42	984.2	percent of total billed charges	
NVR CNDJ TST 5-6 STUDIES	95909	CPT	outpatient			1036		412.82 Three Rivers	Three Rivers		984.2	95			206.42	984.2	percent of total billed charges	
NVR CNDJ TST 5-6 STUDIES	95909	CPT	outpatient			1036		412.82 UHC	Medicare		358.97				206.42	984.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NVR CNDJ TST 5-6 STUDIES	95909	CPT	outpatient			1036		412.82 UHC	Medicaid		326.86	31.55			206.42	984.2	percent of total billed charges	
NVR CNDJ TST 5-6 STUDIES	95909	CPT	outpatient			1036		412.82 Wellcare	Medicare		358.97				206.42	984.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NVR CNDJ TST 5-6 STUDIES	95909	CPT	outpatient			1036		412.82 Wellcare	Medicaid		326.86	31.55			206.42	984.2	percent of total billed charges	
NVR CNDJ TST 5-6 STUDIES	95909	CPT	outpatient			1036		412.82 WellPoint	WellPoint		333.38	32.18			206.42	984.2	percent of total billed charges	
NVR CNDJ TST 7-8 STUDIES	95910	CPT	both			1036		412.82 Aetna	Commercial		571.48				271.52	984.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NVR CNDJ TST 7-8 STUDIES	95910	CPT	both			1036		412.82 Aetna	Medicare		358.97				271.52	984.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NVR CNDJ TST 7-8 STUDIES	95910	CPT	both			1036		412.82 Aetna	Better Health		326.86	31.55			271.52	984.2	percent of total billed charges	
NVR CNDJ TST 7-8 STUDIES	95910	CPT	both			1036		412.82 Americare	Americare		777	75			271.52	984.2	percent of total billed charges	
NVR CNDJ TST 7-8 STUDIES	95910	CPT	both			1036		412.82 Amerihealth	HMO/PPO		673.4	65			271.52	984.2	percent of total billed charges	
NVR CNDJ TST 7-8 STUDIES	95910	CPT	both			1036		412.82 Amerihealth	Medicare		358.97				271.52	984.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NVR CNDJ TST 7-8 STUDIES	95910	CPT	both			1036		412.82 Consumer	Consumer		984.2	95			271.52	984.2	percent of total billed charges	
NVR CNDJ TST 7-8 STUDIES	95910	CPT	both			1036		412.82 Corrections	Corrections		828.8	80			271.52	984.2	percent of total billed charges	
NVR CNDJ TST 7-8 STUDIES	95910	CPT	both			1036		412.82 First Health	First Health		725.2	70			271.52	984.2	percent of total billed charges	
NVR CNDJ TST 7-8 STUDIES	95910	CPT	both			1036		412.82 First Trenton	First Trenton		932.4	90			271.52	984.2	percent of total billed charges	
NVR CNDJ TST 7-8 STUDIES	95910	CPT	both			1036		412.82 Horizon	MGD		668.04				271.52	984.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NVR CNDJ TST 7-8 STUDIES	95910	CPT	both			1036		412.82 Horizon	PPO		668.04				271.52	984.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NVR CNDJ TST 7-8 STUDIES	95910	CPT	both			1036		412.82 Horizon	NJ Health		271.52				271.52	984.2	fee schedule	
NVR CNDJ TST 7-8 STUDIES	95910	CPT	both			1036		412.82 Horizon	Medicare Blue		358.97				271.52	984.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NVR CNDJ TST 7-8 STUDIES	95910	CPT	both			1036		412.82 Horizon	Indemnity		668.04				271.52	984.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NVR CNDJ TST 7-8 STUDIES	95910	CPT	both			1036		412.82 Managed Care Inc	Managed Care Inc		932.4	90			271.52	984.2	percent of total billed charges	
NVR CNDJ TST 7-8 STUDIES	95910	CPT	both			1036		412.82 Multiplan	Multiplan		828.8	80			271.52	984.2	percent of total billed charges	
NVR CNDJ TST 7-8 STUDIES	95910	CPT	both			1036		412.82 Qualcare	Qualcare		777	75			271.52	984.2	percent of total billed charges	
NVR CNDJ TST 7-8 STUDIES	95910	CPT	both			1036		412.82 Three Rivers	Three Rivers		984.2	95			271.52	984.2	percent of total billed charges	
NVR CNDJ TST 7-8 STUDIES	95910	CPT	both			1036		412.82 UHC	Medicaid		326.86	31.55			271.52	984.2	percent of total billed charges	
NVR CNDJ TST 7-8 STUDIES	95910	CPT	both			1036		412.82 UHC	Medicare		358.97				271.52	984.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NVR CNDJ TST 7-8 STUDIES	95910	CPT	both			1036		412.82 Wellcare	Medicare		358.97				271.52	984.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NVR CNDJ TST 7-8 STUDIES	95910	CPT	both			1036		412.82 Wellcare	Medicaid		326.86	31.55			271.52	984.2	percent of total billed charges	
NVR CNDJ TST 7-8 STUDIES	95910	CPT	both			1036		412.82 WellPoint	WellPoint		333.38	32.18			271.52	984.2	percent of total billed charges	
NVR CNDJ TST 9-10 STUDIES	95911	CPT	both			1866		704.94 Aetna	Better Health		588.72	31.55			328.21	1772.7	percent of total billed charges	
NVR CNDJ TST 9-10 STUDIES	95911	CPT	both			1866		704.94 Aetna	Medicare		612.99				328.21	1772.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NVR CNDJ TST 9-10 STUDIES	95911	CPT	both			1866		704.94 Aetna	Commercial		975.88				328.21	1772.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NVR CNDJ TST 9-10 STUDIES	95911	CPT	both			1866		704.94 Americare	Americare		1399.5	75			328.21	1772.7	percent of total billed charges	
NVR CNDJ TST 9-10 STUDIES	95911	CPT	both			1866		704.94 Amerihealth	HMO/PPO		1212.9	65			328.21	1772.7	percent of total billed charges	
NVR CNDJ TST 9-10 STUDIES	95911	CPT	both			1866		704.94 Amerihealth	Medicare		612.99				328.21	1772.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NVR CNDJ TST 9-10 STUDIES	95911	CPT	both			1866		704.94 Consumer	Consumer		1772.7	95			328.21	1772.7	percent of total billed charges	
NVR CNDJ TST 9-10 STUDIES	95911	CPT	both			1866		704.94 Corrections	Corrections		1492.8	80			328.21	1772.7	percent of total billed charges	
NVR CNDJ TST 9-10 STUDIES	95911	CPT	both			1866		704.94 First Health	First Health		1306.2	70			328.21	1772.7	percent of total billed charges	
NVR CNDJ TST 9-10 STUDIES	95911	CPT	both			1866		704.94 First Trenton	First Trenton		1679.4	90			328.21	1772.7	percent of total billed charges	
NVR CNDJ TST 9-10 STUDIES	95911	CPT	both			1866		704.94 Horizon	Medicare Blue		612.99				328.21	1772.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NVR CNDJ TST 9-10 STUDIES	95911	CPT	both			1866		704.94 Horizon	PPO		1140.77				328.21	1772.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NVR CNDJ TST 9-10 STUDIES	95911	CPT	both			1866		704.94 Horizon	NJ Health		328.21				328.21	1772.7	fee schedule	
NVR CNDJ TST 9-10 STUDIES	95911	CPT	both			1866		704.94 Horizon	Indemnity		1140.77				328.21	1772.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NVR CNDJ TST 9-10 STUDIES	95911	CPT	both			1866		704.94 Horizon	MGD		1140.77				328.21	1772.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NVR CNDJ TST 9-10 STUDIES	95911	CPT	both			1866		704.94 Managed Care Inc	Managed Care Inc		1679.4	90			328.21	1772.7	percent of total billed charges	
NVR CNDJ TST 9-10 STUDIES	95911	CPT	both			1866		704.94 Multiplan	Multiplan		1492.8	80			328.21	1772.7	percent of total billed charges	
NVR CNDJ TST 9-10 STUDIES	95911	CPT	both			1866		704.94 Qualcare	Qualcare		1399.5	75			328.21	1772.7	percent of total billed charges	
NVR CNDJ TST 9-10 STUDIES	95911	CPT	both			1866		704.94 Three Rivers	Three Rivers		1772.7	95			328.21	1772.7	percent of total billed charges	
NVR CNDJ TST 9-10 STUDIES	95911	CPT	both			1866		704.94 UHC	Medicaid		588.72	31.55			328.21	1772.7	percent of total billed charges	
NVR CNDJ TST 9-10 STUDIES	95911	CPT	both			1866		704.94 UHC	Medicare		612.99				328.21	1772.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NVR CNDJ TST 9-10 STUDIES	95911	CPT	both			1866		704.94 Wellcare	Medicaid		588.72	31.55			328.21	1772.7	percent of total billed charges	
NVR CNDJ TST 9-10 STUDIES	95911	CPT	both			1866		704.94 Wellcare	Medicare		612.99				328.21	1772.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NVR CNDJ TST 9-10 STUDIES	95911	CPT	both			1866		704.94 WellPoint	WellPoint		600.48	32.18			328.21	1772.7	percent of total billed charges	
NVR CNDJ TST 11-12 STUDIES	95912	CPT	both			1866		704.94 Aetna	Medicare		612.99				383.85	1772.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NVR CNDJ TST 11-12 STUDIES	95912	CPT	both			1866		704.94 Aetna	Commercial		975.88				383.85	1772.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NVR CNDJ TST 11-12 STUDIES	95912	CPT	both			1866		704.94 Aetna	Better Health		588.72	31.55			383.85	1772.7	percent of total billed charges	
NVR CNDJ TST 11-12 STUDIES	95912	CPT	both			1866		704.94 Americare	Americare		1399.5	75			383.85	1772.7	percent of total billed charges	
NVR CNDJ TST 11-12 STUDIES	95912	CPT	both			1866		704.94 Amerihealth	Medicare		612.99				383.85	1772.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NVR CNDJ TST 11-12 STUDIES	95912	CPT	both			1866		704.94 Amerihealth	HMO/PPO		1212.9	65			383.85	1772.7	percent of total billed charges	
NVR CNDJ TST 11-12 STUDIES	95912	CPT	both			1866		704.94 Consumer	Consumer		1772.7	95			383.85	1772.7	percent of total billed charges	
NVR CNDJ TST 11-12 STUDIES	95912	CPT	both			1866		704.94 Corrections	Corrections		1492.8	80			383.85	1772.7	percent of total billed charges	
NVR CNDJ TST 11-12 STUDIES	95912	CPT	both			1866		704.94 First Health	First Health		1306.2	70			383.85	1772.7	percent of total billed charges	
NVR CNDJ TST 11-12 STUDIES	95912	CPT	both			1866		704.94 First Trenton	First Trenton		1679.4	90			383.85	1772.7	percent of total billed charges	
NVR CNDJ TST 11-12 STUDIES	95912	CPT	both			1866		704.94 Horizon	Indemnity		1140.77				383.85	1772.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NVR CNDJ TST 11-12 STUDIES	95912	CPT	both			1866		704.94 Horizon	MGD		1140.77				383.85	1772.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NVR CNDJ TST 11-12 STUDIES	95912	CPT	both			1866		704.94 Horizon	PPO		1140.77				383.85	1772.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NVR CNDJ TST 11-12 STUDIES	95912	CPT	both			1866		704.94 Horizon	NJ Health		383.85				383.85	1772.7	fee schedule	
NVR CNDJ TST 11-12 STUDIES	95912	CPT	both			1866		704.94 Horizon	Medicare Blue		612.99				383.85	1772.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NVR CNDJ TST 11-12 STUDIES	95912	CPT	both			1866		704.94 Managed Care Inc	Managed Care Inc		1679.4	90			383.85	1772.7	percent of total billed charges	
NVR CNDJ TST 11-12 STUDIES	95912	CPT	both			1866		704.94 Multiplan	Multiplan		1492.8	80			383.85	1772.7	percent of total billed charges	
NVR CNDJ TST 11-12 STUDIES	95912	CPT	both			1866		704.94 Qualcare	Qualcare		1399.5	75			383.85	1772.7	percent of total billed charges	
NVR CNDJ TST 11-12 STUDIES	95912	CPT	both			1866		704.94 Three Rivers	Three Rivers		1772.7	95			383.85	1772.7	percent of total billed charges	
NVR CNDJ TST 11-12 STUDIES	95912	CPT	both			1866		704.94 UHC	Medicare		612.99				383.85	1772.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NVR CNDJ TST 11-12 STUDIES	95912	CPT	both			1866		704.94 UHC	Medicaid		588.72	31.55			383.85	1772.7	percent of total billed charges	
NVR CNDJ TST 11-12 STUDIES	95912	CPT	both			1866		704.94 Wellcare	Medicare		612.99				383.85	1772.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NVR CNDJ TST 11-12 STUDIES	95912	CPT	both			1866		704.94 Wellcare	Medicaid		588.72	31.55			383.85	1772.7	percent of total billed charges	
NVR CNDJ TST 11-12 STUDIES	95912	CPT	both			1866		704.94 WellPoint	WellPoint		600.48	32.18			383.85	1772.7	percent of total billed charges	
NVR CNDJ TST 13/>STUDIES	95913	CPT	outpatient			1866		704.94 Aetna	Better Health		588.72	31.55			444.38	1772.7	percent of total billed charges	
NVR CNDJ TST 13/>STUDIES	95913	CPT	outpatient			1866		704.94 Aetna	Commercial		975.88				444.38	1772.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NVR CNDJ TST 13/>STUDIES	95913	CPT	outpatient			1866		704.94 Aetna	Medicare		574.73	30.8			444.38	1772.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NVR CNDJ TST 13/>STUDIES	95913	CPT	outpatient			1866		704.94 Americare	Americare		1399.5	75			444.38	1772.7	percent of total billed charges	
NVR CNDJ TST 13/>STUDIES	95913	CPT	outpatient			1866		704.94 Amerihealth	Medicare		612.99				444.38	1772.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NVR CNDJ TST 13/>STUDIES	95913	CPT	outpatient			1866		704.94 Amerihealth	HMO/PPO		1212.9	65			444.38	1772.7	percent of total billed charges	
NVR CNDJ TST 13/>STUDIES	95913	CPT	outpatient			1866		704.94 Consumer	Consumer		1772.7	95			444.38	1772.7	percent of total billed charges	
NVR CNDJ TST 13/>STUDIES	95913	CPT	outpatient			1866		704.94 Corrections	Corrections		1492.8	80			444.38	1772.7	percent of total billed charges	
NVR CNDJ TST 13/>STUDIES	95913	CPT	outpatient			1866		704.94 First Health	First Health		1306.2	70			444.38	1772.7	percent of total billed charges	
NVR CNDJ TST 13/>STUDIES	95913	CPT	outpatient			1866		704.94 First Trenton	First Trenton		1679.4	90			444.38	1772.7	percent of total billed charges	
NVR CNDJ TST 13/>STUDIES	95913	CPT	outpatient			1866		704.94 Horizon	MGD		1140.77				444.38	1772.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NVR CNDJ TST 13/>STUDIES	95913	CPT	outpatient			1866		704.94 Horizon	Indemnity		1140.77				444.38	1772.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NVR CNDJ TST 13/>STUDIES	95913	CPT	outpatient			1866		704.94 Horizon	Medicare Blue		612.99				444.38	1772.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NVR CNDJ TST 13/>STUDIES	95913	CPT	outpatient			1866		704.94 Horizon	NJ Health		444.38				444.38	1772.7	fee schedule	
NVR CNDJ TST 13/>STUDIES	95913	CPT	outpatient			1866		704.94 Horizon	PPO		1140.77				444.38	1772.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NVR CNDJ TST 13/>STUDIES	95913	CPT	outpatient			1866		704.94 Managed Care Inc	Managed Care Inc		1679.4	90			444.38	1772.7	percent of total billed charges	
NVR CNDJ TST 13/>STUDIES	95913	CPT	outpatient			1866		704.94 Multiplan	Multiplan		1492.8	80			444.38	1772.7	percent of total billed charges	
NVR CNDJ TST 13/>STUDIES	95913	CPT	outpatient			1866		704.94 Qualcare	Qualcare		1399.5	75			444.38	1772.7	percent of total billed charges	
NVR CNDJ TST 13/>STUDIES	95913	CPT	outpatient			1866		704.94 Three Rivers	Three Rivers		1772.7	95			444.38	1772.7	percent of total billed charges	
NVR CNDJ TST 13/>STUDIES	95913	CPT	outpatient			1866		704.94 UHC	Medicaid		588.72	31.55			444.38	1772.7	percent of total billed charges	
NVR CNDJ TST 13/>STUDIES	95913	CPT	outpatient			1866		704.94 UHC	Medicare		612.99				444.38	1772.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NVR CNDJ TST 13/>STUDIES	95913	CPT	outpatient			1866		704.94 Wellcare	Medicaid		586.72	31.55			444.38	1772.7	percent of total billed charges	
NVR CNDJ TST 13/>STUDIES	95913	CPT	outpatient			1866		704.94 Wellcare	Medicare		612.99				444.38	1772.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NVR CNDJ TST 13/>STUDIES	95913	CPT	outpatient			1866		704.94 WellPoint	WellPoint		600.48	32.18			444.38	1772.7	percent of total billed charges	
SOMATOSENSORY TEST NERVES MEDIAN/PERONEL	95925	CPT	outpatient			1036		412.82 Aetna	Medicare		358.97				253.98	1787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SOMATOSENSORY TEST NERVES MEDIAN/PERONEL	95925	CPT	outpatient			1036		412.82 Aetna	Commercial		571.48				253.98	1787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SOMATOSENSORY TEST NERVES MEDIAN/PERONEL	95925	CPT	outpatient			1036		412.82 Aetna	Better Health		326.86	31.55			253.98	1787.85	percent of total billed charges	
SOMATOSENSORY TEST NERVES MEDIAN/PERONEL	95925	CPT	outpatient			1036		412.82 Americare	Americare		777	75			253.98	1787.85	percent of total billed charges	
SOMATOSENSORY TEST NERVES MEDIAN/PERONEL	95925	CPT	outpatient			1036		412.82 Amerihealth	HMO/PPO		673.4	65			253.98	1787.85	percent of total billed charges	
SOMATOSENSORY TEST NERVES MEDIAN/PERONEL	95925	CPT	outpatient			1036		412.82 Amerihealth	Medicare		358.97				253.98	1787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SOMATOSENSORY TEST NERVES MEDIAN/PERONEL	95925	CPT	outpatient			1036		412.82 Consumer	Consumer		984.2	95			253.98	1787.85	percent of total billed charges	
SOMATOSENSORY TEST NERVES MEDIAN/PERONEL	95925	CPT	outpatient			1036		412.82 Corrections	Corrections		828.8	80			253.98	1787.85	percent of total billed charges	
SOMATOSENSORY TEST NERVES MEDIAN/PERONEL	95925	CPT	outpatient			1036		412.82 First Health	First Health		725.2	70			253.98	1787.85	percent of total billed charges	
SOMATOSENSORY TEST NERVES MEDIAN/PERONEL	95925	CPT	outpatient			1036		412.82 First Trenton	First Trenton		932.4	90			253.98	1787.85	percent of total billed charges	
SOMATOSENSORY TEST NERVES MEDIAN/PERONEL	95925	CPT	outpatient			1036		412.82 Horizon	Indemnity		668.04				253.98	1787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SOMATOSENSORY TEST NERVES MEDIAN/PERONEL	95925	CPT	outpatient			1036		412.82 Horizon	MGD		668.04				253.98	1787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SOMATOSENSORY TEST NERVES MEDIAN/PERONEL	95925	CPT	outpatient			1036		412.82 Horizon	Medicare Blue		358.97				253.98	1787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SOMATOSENSORY TEST NERVES MEDIAN/PERONEL	95925	CPT	outpatient			1036		412.82 Horizon	NJ Health		1787.85				253.98	1787.85	fee schedule	
SOMATOSENSORY TEST NERVES MEDIAN/PERONEL	95925	CPT	outpatient			1036		412.82 Horizon	PPO		668.04				253.98	1787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SOMATOSENSORY TEST NERVES MEDIAN/PERONEL	95925	CPT	outpatient			1036		412.82 Managed Care Inc	Managed Care Inc		932.4	90			253.98	1787.85	percent of total billed charges	
SOMATOSENSORY TEST NERVES MEDIAN/PERONEL	95925	CPT	outpatient			1036		412.82 Multiplan	Multiplan		828.8	80			253.98	1787.85	percent of total billed charges	
SOMATOSENSORY TEST NERVES MEDIAN/PERONEL	95925	CPT	outpatient			1036		412.82 Qualcare	Qualcare		777	75			253.98	1787.85	percent of total billed charges	
SOMATOSENSORY TEST NERVES MEDIAN/PERONEL	95925	CPT	outpatient			1036		412.82 Three Rivers	Three Rivers		984.2	95			253.98	1787.85	percent of total billed charges	
SOMATOSENSORY TEST NERVES MEDIAN/PERONEL	95925	CPT	outpatient			1036		412.82 UHC	Medicare		358.97				253.98	1787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SOMATOSENSORY TEST NERVES MEDIAN/PERONEL	95925	CPT	outpatient			1036		412.82 UHC	Medicaid		326.86	31.55			253.98	1787.85	percent of total billed charges	
SOMATOSENSORY TEST NERVES MEDIAN/PERONEL	95925	CPT	outpatient			1036		412.82 Wellcare	Medicare		358.97				253.98	1787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SOMATOSENSORY TEST NERVES MEDIAN/PERONEL	95925	CPT	outpatient			1036		412.82 Wellcare	Medicaid		326.86	31.55			253.98	1787.85	percent of total billed charges	
SOMATOSENSORY TEST NERVES MEDIAN/PERONEL	95925	CPT	outpatient			1036		412.82 WellPoint	WellPoint		333.38	32.18			253.98	1787.85	percent of total billed charges	
SOMATOSENSORY EPS, LOWER	95926	CPT	outpatient			517		412.82 Aetna	Commercial		571.48				163.11	1743.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SOMATOSENSORY EPS, LOWER	95926	CPT	outpatient			517		412.82 Aetna	Medicare		358.97				163.11	1743.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SOMATOSENSORY EPS, LOWER	95926	CPT	outpatient			517		412.82 Aetna	Better Health		163.11	31.55			163.11	1743.48	percent of total billed charges	
SOMATOSENSORY EPS, LOWER	95926	CPT	outpatient			517		412.82 Americare	Americare		387.75	75			163.11	1743.48	percent of total billed charges	
SOMATOSENSORY EPS, LOWER	95926	CPT	outpatient			517		412.82 Amerihealth	Medicare		358.97				163.11	1743.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SOMATOSENSORY EPS, LOWER	95926	CPT	outpatient			517		412.82 Amerihealth	HMO/PPO		336.05	65			163.11	1743.48	percent of total billed charges	
SOMATOSENSORY EPS, LOWER	95926	CPT	outpatient			517		412.82 Consumer	Consumer		491.15	95			163.11	1743.48	percent of total billed charges	
SOMATOSENSORY EPS, LOWER	95926	CPT	outpatient			517		412.82 Corrections	Corrections		413.6	80			163.11	1743.48	percent of total billed charges	
SOMATOSENSORY EPS, LOWER	95926	CPT	outpatient			517		412.82 First Health	First Health		361.9	70			163.11	1743.48	percent of total billed charges	
SOMATOSENSORY EPS, LOWER	95926	CPT	outpatient			517		412.82 First Trenton	First Trenton		465.3	90			163.11	1743.48	percent of total billed charges	
SOMATOSENSORY EPS, LOWER	95926	CPT	outpatient			517		412.82 Horizon	MGD		668.04				163.11	1743.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SOMATOSENSORY EPS, LOWER	95926	CPT	outpatient			517		412.82 Horizon	Indemnity		668.04				163.11	1743.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SOMATOSENSORY EPS, LOWER	95926	CPT	outpatient			517		412.82 Horizon	Medicare Blue		358.97				163.11	1743.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SOMATOSENSORY EPS, LOWER	95926	CPT	outpatient			517		412.82 Horizon	NJ Health		1743.48				163.11	1743.48	fee schedule	
SOMATOSENSORY EPS, LOWER	95926	CPT	outpatient			517		412.82 Horizon	PPO		668.04				163.11	1743.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SOMATOSENSORY EPS, LOWER	95926	CPT	outpatient			517		412.82 Managed Care Inc	Managed Care Inc		465.3	90			163.11	1743.48	percent of total billed charges	
SOMATOSENSORY EPS, LOWER	95926	CPT	outpatient			517		412.82 Multiplan	Multiplan		413.6	80			163.11	1743.48	percent of total billed charges	
SOMATOSENSORY EPS, LOWER	95926	CPT	outpatient			517		412.82 Qualcare	Qualcare		387.75	75			163.11	1743.48	percent of total billed charges	
SOMATOSENSORY EPS, LOWER	95926	CPT	outpatient			517		412.82 Three Rivers	Three Rivers		491.15	95			163.11	1743.48	percent of total billed charges	
SOMATOSENSORY EPS, LOWER	95926	CPT	outpatient			517		412.82 UHC	Medicaid		163.11	31.55			163.11	1743.48	percent of total billed charges	
SOMATOSENSORY EPS, LOWER	95926	CPT	outpatient			517		412.82 UHC	Medicare		358.97				163.11	1743.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.														
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true													
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
SOMATOSENSORY EPS, LOWER	95926	CPT	outpatient			517		412.82 Wellcare	Medicaid		163.11	31.55			163.11	1743.48	percent of total billed charges	
SOMATOSENSORY EPS, LOWER	95926	CPT	outpatient			517		412.82 Wellcare	Medicare		358.97				163.11		other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SOMATOSENSORY EPS, LOWER	95926	CPT	outpatient			517		412.82 WellPoint	WellPoint		166.37	32.18			163.11	1743.48	percent of total billed charges	
VISUAL EVOKED POTENTIAL	95930	CPT	inpatient			1023		412.82 Aetna	Better Health		322.76	31.55			321.49	971.85	percent of total billed charges	
VISUAL EVOKED POTENTIAL	95930	CPT	inpatient			1023		412.82 Aetna	Commercial		571.48				321.49		other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VISUAL EVOKED POTENTIAL	95930	CPT	inpatient			1023		412.82 Aetna	Medicare		358.97				321.49	971.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VISUAL EVOKED POTENTIAL	95930	CPT	inpatient			1023		412.82 Americare	Americare		767.25	75			321.49	971.85	percent of total billed charges	
VISUAL EVOKED POTENTIAL	95930	CPT	inpatient			1023		412.82 Amerihealth	HMO/PPO		664.95	65			321.49	971.85	percent of total billed charges	
VISUAL EVOKED POTENTIAL	95930	CPT	inpatient			1023		412.82 Amerihealth	Medicare		358.97				321.49	971.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VISUAL EVOKED POTENTIAL	95930	CPT	inpatient			1023		412.82 Consumer	Consumer		971.85	95			321.49	971.85	percent of total billed charges	
VISUAL EVOKED POTENTIAL	95930	CPT	inpatient			1023		412.82 Corrections	Corrections		818.4	80			321.49	971.85	percent of total billed charges	
VISUAL EVOKED POTENTIAL	95930	CPT	inpatient			1023		412.82 First Health	First Health		716.1	70			321.49	971.85	percent of total billed charges	
VISUAL EVOKED POTENTIAL	95930	CPT	inpatient			1023		412.82 First Trenton	First Trenton		920.7	90			321.49	971.85	percent of total billed charges	
VISUAL EVOKED POTENTIAL	95930	CPT	inpatient			1023		412.82 Horizon	Indemnity		668.04				321.49	971.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VISUAL EVOKED POTENTIAL	95930	CPT	inpatient			1023		412.82 Horizon	Medicare Blue		358.97				321.49	971.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VISUAL EVOKED POTENTIAL	95930	CPT	inpatient			1023		412.82 Horizon	NJ Health		448.92				321.49	971.85	fee schedule	
VISUAL EVOKED POTENTIAL	95930	CPT	inpatient			1023		412.82 Horizon	PPO		668.04				321.49	971.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VISUAL EVOKED POTENTIAL	95930	CPT	inpatient			1023		412.82 Horizon	MGD		668.04				321.49	971.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VISUAL EVOKED POTENTIAL	95930	CPT	inpatient			1023		412.82 Managed Care Inc	Managed Care Inc		920.7	90			321.49	971.85	percent of total billed charges	
VISUAL EVOKED POTENTIAL	95930	CPT	inpatient			1023		412.82 Multiplan	Multiplan		818.4	80			321.49	971.85	percent of total billed charges	
VISUAL EVOKED POTENTIAL	95930	CPT	inpatient			1023		412.82 Qualcare	Qualcare		767.25	75			321.49	971.85	percent of total billed charges	
VISUAL EVOKED POTENTIAL	95930	CPT	inpatient			1023		412.82 Three Rivers	Three Rivers		971.85	95			321.49	971.85	percent of total billed charges	
VISUAL EVOKED POTENTIAL	95930	CPT	inpatient			1023		412.82 UHC	Medicare		358.97				321.49	971.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VISUAL EVOKED POTENTIAL	95930	CPT	inpatient			1023		412.82 UHC	Medicaid		322.76	31.55			321.49	971.85	percent of total billed charges	
VISUAL EVOKED POTENTIAL	95930	CPT	inpatient			1023		412.82 Wellcare	Medicare		358.97				321.49	971.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VISUAL EVOKED POTENTIAL	95930	CPT	inpatient			1023		412.82 Wellcare	Medicaid		322.76	31.55			321.49	971.85	percent of total billed charges	
VISUAL EVOKED POTENTIAL	95930	CPT	inpatient			1023		412.82 WellPoint	WellPoint		329.2	32.18			321.49	971.85	percent of total billed charges	
NEUROMUSC JUNCT TEST EACH NERVE	95937	CPT	outpatient			204		205.45 Aetna	Commercial		284.41				64.36	332.47	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEUROMUSC JUNCT TEST EACH NERVE	95937	CPT	outpatient			204		205.45 Aetna	Better Health		64.36	31.55			64.36	332.47	percent of total billed charges	
NEUROMUSC JUNCT TEST EACH NERVE	95937	CPT	outpatient			204		205.45 Aetna	Medicare		178.65				64.36	332.47	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEUROMUSC JUNCT TEST EACH NERVE	95937	CPT	outpatient			204		205.45 Americare	Americare		153	75			64.36	332.47	percent of total billed charges	
NEUROMUSC JUNCT TEST EACH NERVE	95937	CPT	outpatient			204		205.45 Amerihealth	Medicare		178.65				64.36	332.47	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEUROMUSC JUNCT TEST EACH NERVE	95937	CPT	outpatient			204		205.45 Amerihealth	HMO/PPO		132.6	65			64.36	332.47	percent of total billed charges	
NEUROMUSC JUNCT TEST EACH NERVE	95937	CPT	outpatient			204		205.45 Consumer	Consumer		193.8	95			64.36	332.47	percent of total billed charges	
NEUROMUSC JUNCT TEST EACH NERVE	95937	CPT	outpatient			204		205.45 Corrections	Corrections		163.2	80			64.36	332.47	percent of total billed charges	
NEUROMUSC JUNCT TEST EACH NERVE	95937	CPT	outpatient			204		205.45 First Health	First Health		142.8	70			64.36	332.47	percent of total billed charges	
NEUROMUSC JUNCT TEST EACH NERVE	95937	CPT	outpatient			204		205.45 First Trenton	First Trenton		183.6	90			64.36	332.47	percent of total billed charges	
NEUROMUSC JUNCT TEST EACH NERVE	95937	CPT	outpatient			204		205.45 Horizon	Indemnity		332.47				64.36	332.47	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEUROMUSC JUNCT TEST EACH NERVE	95937	CPT	outpatient			204		205.45 Horizon	Medicare Blue		178.65				64.36	332.47	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEUROMUSC JUNCT TEST EACH NERVE	95937	CPT	outpatient			204		205.45 Horizon	NJ Health		91.35				64.36	332.47	fee schedule	
NEUROMUSC JUNCT TEST EACH NERVE	95937	CPT	outpatient			204		205.45 Horizon	MGD		332.47				64.36	332.47	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEUROMUSC JUNCT TEST EACH NERVE	95937	CPT	outpatient			204		205.45 Horizon	PPO		332.47				64.36	332.47	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEUROMUSC JUNCT TEST EACH NERVE	95937	CPT	outpatient			204		205.45 Managed Care Inc	Managed Care Inc		183.6	90			64.36	332.47	percent of total billed charges	
NEUROMUSC JUNCT TEST EACH NERVE	95937	CPT	outpatient			204		205.45 Multiplan	Multiplan		163.2	80			64.36	332.47	percent of total billed charges	
NEUROMUSC JUNCT TEST EACH NERVE	95937	CPT	outpatient			204		205.45 Qualcare	Qualcare		153	75			64.36	332.47	percent of total billed charges	
NEUROMUSC JUNCT TEST EACH NERVE	95937	CPT	outpatient			204		205.45 Three Rivers	Three Rivers		193.8	95			64.36	332.47	percent of total billed charges	
NEUROMUSC JUNCT TEST EACH NERVE	95937	CPT	outpatient			204		205.45 UHC	Medicaid		64.36	31.55			64.36	332.47	percent of total billed charges	
NEUROMUSC JUNCT TEST EACH NERVE	95937	CPT	outpatient			204		205.45 UHC	Medicare		178.65				64.36	332.47	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEUROMUSC JUNCT TEST EACH NERVE	95937	CPT	outpatient			204		205.45 Wellcare	Medicare		178.65				64.36	332.47	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEUROMUSC JUNCT TEST EACH NERVE	95937	CPT	outpatient			204		205.45 Wellcare	Medicaid		64.36	31.55			64.36	332.47	percent of total billed charges	
NEUROMUSC JUNCT TEST EACH NERVE	95937	CPT	outpatient			204		205.45 WellPoint	WellPoint		65.65	32.18			64.36	332.47	percent of total billed charges	
IONM IN OPERATING ROOM 15 MIN	95940	CPT	outpatient			217		Aetna	Commercial		82.46	38			65.1	206.15	percent of total billed charges	
IONM IN OPERATING ROOM 15 MIN	95940	CPT	outpatient			217		Aetna	Better Health		68.46	31.55			65.1	206.15	percent of total billed charges	
IONM IN OPERATING ROOM 15 MIN	95940	CPT	outpatient			217		Aetna	Medicare		66.84	30.8			65.1	206.15	percent of total billed charges	
IONM IN OPERATING ROOM 15 MIN	95940	CPT	outpatient			217		Americare	Americare		162.75	75			65.1	206.15	percent of total billed charges	
IONM IN OPERATING ROOM 15 MIN	95940	CPT	outpatient			217		Amerihealth	HMO/PPO		141.05	65			65.1	206.15	percent of total billed charges	
IONM IN OPERATING ROOM 15 MIN	95940	CPT	outpatient			217		Consumer	Consumer		206.15	95			65.1	206.15	percent of total billed charges	
IONM IN OPERATING ROOM 15 MIN	95940	CPT	outpatient			217		Corrections	Corrections		173.6	80			65.1	206.15	percent of total billed charges	
IONM IN OPERATING ROOM 15 MIN	95940	CPT	outpatient			217		First Health	First Health		151.9	70			65.1	206.15	percent of total billed charges	
IONM IN OPERATING ROOM 15 MIN	95940	CPT	outpatient			217		First Trenton	First Trenton		195.3	90			65.1	206.15	percent of total billed charges	
IONM IN OPERATING ROOM 15 MIN	95940	CPT	outpatient			217		Horizon	Indemnity		83.07	38.28			65.1	206.15	percent of total billed charges	
IONM IN OPERATING ROOM 15 MIN	95940	CPT	outpatient			217		Horizon	MGD		83.07	38.28			65.1	206.15	percent of total billed charges	
IONM IN OPERATING ROOM 15 MIN	95940	CPT	outpatient			217		Horizon	Medicare Blue		65.1	30			65.1	206.15	percent of total billed charges	
IONM IN OPERATING ROOM 15 MIN	95940	CPT	outpatient			217		Horizon	PPO		83.07	38.28			65.1	206.15	percent of total billed charges	
IONM IN OPERATING ROOM 15 MIN	95940	CPT	outpatient			217		Managed Care Inc	Managed Care Inc		195.3	90			65.1	206.15	percent of total billed charges	
IONM IN OPERATING ROOM 15 MIN	95940	CPT	outpatient			217		Multiplan	Multiplan		173.6	80			65.1	206.15	percent of total billed charges	
IONM IN OPERATING ROOM 15 MIN	95940	CPT	outpatient			217		Qualcare	Qualcare		162.75	75			65.1	206.15	percent of total billed charges	
IONM IN OPERATING ROOM 15 MIN	95940	CPT	outpatient			217		Three Rivers	Three Rivers		206.15	95			65.1	206.15	percent of total billed charges	
IONM IN OPERATING ROOM 15 MIN	95940	CPT	outpatient			217		UHC	Medicaid		68.46	31.55			65.1	206.15	percent of total billed charges	
IONM IN OPERATING ROOM 15 MIN	95940	CPT	outpatient			217		Wellcare	Medicaid		68.46	31.55			65.1	206.15	percent of total billed charges	
IONM IN OPERATING ROOM 15 MIN	95940	CPT	outpatient			217		WellPoint	WellPoint		69.83	32.18			65.1	206.15	percent of total billed charges	
IONM IN REMOTE>1 PT OR PER HR.	95941	CPT	outpatient			217		Aetna	Commercial		82.46	38			65.1	206.15	percent of total billed charges	
IONM IN REMOTE>1 PT OR PER HR.	95941	CPT	outpatient			217		Aetna	Better Health		68.46	31.55			65.1	206.15	percent of total billed charges	
IONM IN REMOTE>1 PT OR PER HR.	95941	CPT	outpatient			217		Aetna	Medicare		66.84	30.8			65.1	206.15	percent of total billed charges	
IONM IN REMOTE>1 PT OR PER HR.	95941	CPT	outpatient			217		Americare	Americare		162.75	75			65.1	206.15	percent of total billed charges	
IONM IN REMOTE>1 PT OR PER HR.	95941	CPT	outpatient			217		Amerihealth	HMO/PPO		141.05	65			65.1	206.15	percent of total billed charges	
IONM IN REMOTE>1 PT OR PER HR.	95941	CPT	outpatient			217		Consumer	Consumer		206.15	95			65.1	206.15	percent of total billed charges	
IONM IN REMOTE>1 PT OR PER HR.	95941	CPT	outpatient			217		Corrections	Corrections		173.6	80			65.1	206.15	percent of total billed charges	
IONM IN REMOTE>1 PT OR PER HR.	95941	CPT	outpatient			217		First Health	First Health		151.9	70			65.1	206.15	percent of total billed charges	
IONM IN REMOTE>1 PT OR PER HR.	95941	CPT	outpatient			217		First Trenton	First Trenton		195.3	90			65.1	206.15	percent of total billed charges	
IONM IN REMOTE>1 PT OR PER HR.	95941	CPT	outpatient			217		Horizon	MGD		83.07	38.28			65.1	206.15	percent of total billed charges	
IONM IN REMOTE>1 PT OR PER HR.	95941	CPT	outpatient			217		Horizon	Indemnity		83.07	38.28			65.1	206.15	percent of total billed charges	
IONM IN REMOTE>1 PT OR PER HR.	95941	CPT	outpatient			217		Horizon	PPO		83.07	38.28			65.1	206.15	percent of total billed charges	
IONM IN REMOTE>1 PT OR PER HR.	95941	CPT	outpatient			217		Horizon	Medicare Blue		65.1	30			65.1	206.15	percent of total billed charges	
IONM IN REMOTE>1 PT OR PER HR.	95941	CPT	outpatient			217		Managed Care Inc	Managed Care Inc		195.3	90			65.1	206.15	percent of total billed charges	
IONM IN REMOTE>1 PT OR PER HR.	95941	CPT	outpatient			217		Multiplan	Multiplan		173.6	80			65.1	206.15	percent of total billed charges	
IONM IN REMOTE>1 PT OR PER HR.	95941	CPT	outpatient			217		Qualcare	Qualcare		162.75	75			65.1	206.15	percent of total billed charges	
IONM IN REMOTE>1 PT OR PER HR.	95941	CPT	outpatient			217		Three Rivers	Three Rivers		206.15	95			65.1	206.15	percent of total billed charges	
IONM IN REMOTE>1 PT OR PER HR.	95941	CPT	outpatient			217		UHC	Medicaid		68.46	31.55			65.1	206.15	percent of total billed charges	
IONM IN REMOTE>1 PT OR PER HR.	95941	CPT	outpatient			217		Wellcare	Medicaid		68.46	31.55			65.1	206.15	percent of total billed charges	
IONM IN REMOTE>1 PT OR PER HR.	95941	CPT	outpatient			217		WellPoint	WellPoint		69.83	32.18			65.1	206.15	percent of total billed charges	
EEG MONITORNG/VIDEORECORD EA24HR	95951	CPT	outpatient			4401		Aetna	Better Health		1388.52	31.55			1320.3	4180.95	percent of total billed charges	
EEG MONITORNG/VIDEORECORD EA24HR	95951	CPT	outpatient			4401		Aetna	Medicare		1355.51	30.8			1320.3	4180.95	percent of total billed charges	
EEG MONITORNG/VIDEORECORD EA24HR	95951	CPT	outpatient			4401		Aetna	Commercial		1672.38	38			1320.3	4180.95	percent of total billed charges	
EEG MONITORNG/VIDEORECORD EA24HR	95951	CPT	outpatient			4401		Americare	Americare		3300.75	75			1320.3	4180.95	percent of total billed charges	
EEG MONITORNG/VIDEORECORD EA24HR	95951	CPT	outpatient			4401		Amerihealth	HMO/PPO		2860.65	65			1320.3	4180.95	percent of total billed charges	
EEG MONITORNG/VIDEORECORD EA24HR	95951	CPT	outpatient			4401		Consumer	Consumer		4180.95	95			1320.3	4180.95	percent of total billed charges	
EEG MONITORNG/VIDEORECORD EA24HR	95951	CPT	outpatient			4401		Corrections	Corrections		3520.8	80			1320.3	4180.95	percent of total billed charges	
EEG MONITORNG/VIDEORECORD EA24HR	95951	CPT	outpatient			4401		First Health	First Health		3080.7	70			1320.3	4180.95	percent of total billed charges	
EEG MONITORNG/VIDEORECORD EA24HR	95951	CPT	outpatient			4401		First Trenton	First Trenton		3960.9	90			1320.3	4180.95	percent of total billed charges	
EEG MONITORNG/VIDEORECORD EA24HR	95951	CPT	outpatient			4401		Horizon	Indemnity		1684.7	38.28			1320.3	4180.95	percent of total billed charges	
EEG MONITORNG/VIDEORECORD EA24HR	95951	CPT	outpatient			4401		Horizon	MGD		1684.7	38.28			1320.3	4180.95	percent of total billed charges	
EEG MONITORNG/VIDEORECORD EA24HR	95951	CPT	outpatient			4401		Horizon	Medicare Blue		1320.3	30			1320.3	4180.95	percent of total billed charges	
EEG MONITORNG/VIDEORECORD EA24HR	95951	CPT	outpatient			4401		Horizon	PPO		1684.7	38.28			1320.3	4180.95	percent of total billed charges	
EEG MONITORNG/VIDEORECORD EA24HR	95951	CPT	outpatient			4401		Managed Care Inc	Managed Care Inc		3960.9	90			1320.3	4180.95	percent of total billed charges	
EEG MONITORNG/VIDEORECORD EA24HR	95951	CPT	outpatient			4401		Multiplan	Multiplan		3520.8	80			1320.3	4180.95	percent of total billed charges	
EEG MONITORNG/VIDEORECORD EA24HR	95951	CPT	outpatient			4401		Qualcare	Qualcare		3300.75	75			1320.3	4180.95	percent of total billed charges	
EEG MONITORNG/VIDEORECORD EA24HR	95951	CPT	outpatient			4401		Three Rivers	Three Rivers		4180.95	95			1320.3	4180.95	percent of total billed charges	
EEG MONITORNG/VIDEORECORD EA24HR	95951	CPT	outpatient			4401		UHC	Medicaid		1388.52	31.55			1320.3	4180.95	percent of total billed charges	
EEG MONITORNG/VIDEORECORD EA24HR	95951	CPT	outpatient			4401		Wellcare	Medicaid		1388.52	31.55			1320.3	4180.95	percent of total billed charges	
EEG MONITORNG/VIDEORECORD EA24HR	95951	CPT	outpatient			4401		WellPoint	WellPoint		1416.24	32.18			1320.3	4180.95	percent of total billed charges	
EEG PHYSICAL OR PHARM ACTIVATION	95954	CPT	outpatient			1866	704.94	Aetna	Medicare		612.99				157.91	1772.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG PHYSICAL OR PHARM ACTIVATION	95954	CPT	outpatient			1866	704.94	Aetna	Commercial		975.88				157.91	1772.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG PHYSICAL OR PHARM ACTIVATION	95954	CPT	outpatient			1866	704.94	Aetna	Better Health		588.72	31.55			157.91	1772.7	percent of total billed charges	
EEG PHYSICAL OR PHARM ACTIVATION	95954	CPT	outpatient			1866	704.94	Americare	Americare		1399.5	75			157.91	1772.7	percent of total billed charges	
EEG PHYSICAL OR PHARM ACTIVATION	95954	CPT	outpatient			1866	704.94	Amerihealth	HMO/PPO		1212.9	65			157.91	1772.7	percent of total billed charges	
EEG PHYSICAL OR PHARM ACTIVATION	95954	CPT	outpatient			1866	704.94	Amerihealth	Medicare		612.99				157.91	1772.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG PHYSICAL OR PHARM ACTIVATION	95954	CPT	outpatient			1866	704.94	Consumer	Consumer		1772.7	95			157.91	1772.7	percent of total billed charges	
EEG PHYSICAL OR PHARM ACTIVATION	95954	CPT	outpatient			1866	704.94	Corrections	Corrections		1492.8	80			157.91	1772.7	percent of total billed charges	
EEG PHYSICAL OR PHARM ACTIVATION	95954	CPT	outpatient			1866	704.94	First Health	First Health		1306.2	70			157.91	1772.7	percent of total billed charges	
EEG PHYSICAL OR PHARM ACTIVATION	95954	CPT	outpatient			1866	704.94	First Trenton	First Trenton		1679.4	90			157.91	1772.7	percent of total billed charges	
EEG PHYSICAL OR PHARM ACTIVATION	95954	CPT	outpatient			1866	704.94	Horizon	MGD		1140.77				157.91	1772.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG PHYSICAL OR PHARM ACTIVATION	95954	CPT	outpatient			1866	704.94	Horizon	Indemnity		1140.77				157.91	1772.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG PHYSICAL OR PHARM ACTIVATION	95954	CPT	outpatient			1866	704.94	Horizon	PPO		1140.77				157.91	1772.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG PHYSICAL OR PHARM ACTIVATION	95954	CPT	outpatient			1866	704.94	Horizon	NJ Health		157.91				157.91	1772.7	fee schedule	
EEG PHYSICAL OR PHARM ACTIVATION	95954	CPT	outpatient			1866	704.94	Horizon	Medicare Blue		612.99				157.91	1772.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG PHYSICAL OR PHARM ACTIVATION	95954	CPT	outpatient			1866	704.94	Managed Care Inc	Managed Care Inc		1679.4	90			157.91	1772.7	percent of total billed charges	
EEG PHYSICAL OR PHARM ACTIVATION	95954	CPT	outpatient			1866	704.94	Multiplan	Multiplan		1492.8	80			157.91	1772.7	percent of total billed charges	
EEG PHYSICAL OR PHARM ACTIVATION	95954	CPT	outpatient			1866	704.94	Qualcare	Qualcare		1399.5	75			157.91	1772.7	percent of total billed charges	
EEG PHYSICAL OR PHARM ACTIVATION	95954	CPT	outpatient			1866	704.94	Three Rivers	Three Rivers		1772.7	95			157.91	1772.7	percent of total billed charges	
EEG PHYSICAL OR PHARM ACTIVATION	95954	CPT	outpatient			1866	704.94	UHC	Medicaid		588.72	31.55			157.91	1772.7	percent of total billed charges	
EEG PHYSICAL OR PHARM ACTIVATION	95954	CPT	outpatient			1866	704.94	UHC	Medicare		612.99				157.91	1772.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG PHYSICAL OR PHARM ACTIVATION	95954	CPT	outpatient			1866	704.94	Wellcare	Medicare		612.99				157.91	1772.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG PHYSICAL OR PHARM ACTIVATION	95954	CPT	outpatient			1866	704.94	Wellcare	Medicaid		588.72	31.55			157.91	1772.7	percent of total billed charges	
EEG PHYSICAL OR PHARM ACTIVATION	95954	CPT	outpatient			1866	704.94	WellPoint	WellPoint		600.48	32.18			157.91	1772.7	percent of total billed charges	
EEG MONITORING W/WADA ACTIV TEST	95958	CPT	outpatient			3738	1375.11	Aetna	Better Health		1179.34	31.55			1179.34	3551.1	percent of total billed charges	
EEG MONITORING W/WADA ACTIV TEST	95958	CPT	outpatient			3738	1375.11	Aetna	Medicare		1195.75				1179.34	3551.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG MONITORING W/WADA ACTIV TEST	95958	CPT	outpatient			3738	1375.11	Aetna	Commercial		1903.63				1179.34	3551.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG MONITORING W/WADA ACTIV TEST	95958	CPT	outpatient			3738	1375.11	Americare	Americare		2803.5	75			1179.34	3551.1	percent of total billed charges	
EEG MONITORING W/WADA ACTIV TEST	95958	CPT	outpatient			3738	1375.11	Amerihealth	HMO/PPO		2429.7	65			1179.34	3551.1	percent of total billed charges	
EEG MONITORING W/WADA ACTIV TEST	95958	CPT	outpatient			3738	1375.11	Amerihealth	Medicare		1195.75				1179.34	3551.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG MONITORING W/WADA ACTIV TEST	95958	CPT	outpatient			3738	1375.11	Consumer	Consumer		3551.1	95			1179.34	3551.1	percent of total billed charges	
EEG MONITORING W/WADA ACTIV TEST	95958	CPT	outpatient			3738	1375.11	Corrections	Corrections		2990.4	80			1179.34	3551.1	percent of total billed charges	
EEG MONITORING W/WADA ACTIV TEST	95958	CPT	outpatient			3738	1375.11	First Health	First Health		2616.6	70			1179.34	3551.1	percent of total billed charges	
EEG MONITORING W/WADA ACTIV TEST	95958	CPT	outpatient			3738	1375.11	First Trenton	First Trenton		3364.2	90			1179.34	3551.1	percent of total billed charges	
EEG MONITORING W/WADA ACTIV TEST	95958	CPT	outpatient			3738	1375.11	Horizon	PPO		2225.29				1179.34	3551.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG MONITORING W/WADA ACTIV TEST	95958	CPT	outpatient			3738	1375.11	Horizon	MGD		2225.29				1179.34	3551.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG MONITORING W/WADA ACTIV TEST	95958	CPT	outpatient			3738	1375.11	Horizon	Medicare Blue		1195.75				1179.34	3551.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
EEG MONITORING W/WADA ACTIV TEST	95958	CPT	outpatient			3738		1375.11 Horizon	NJ Health		1265.85				1179.34	3551.1	fee schedule	
EEG MONITORING W/WADA ACTIV TEST	95958	CPT	outpatient			3738		1375.11 Horizon	Indemnity		2225.29				1179.34	3551.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG MONITORING W/WADA ACTIV TEST	95958	CPT	outpatient			3738		1375.11 Managed Care Inc	Managed Care Inc		3364.2	90			1179.34	3551.1	percent of total billed charges	
EEG MONITORING W/WADA ACTIV TEST	95958	CPT	outpatient			3738		1375.11 Multiplan	Multiplan		2990.4	80			1179.34	3551.1	percent of total billed charges	
EEG MONITORING W/WADA ACTIV TEST	95958	CPT	outpatient			3738		1375.11 Qualcare	Qualcare		2803.5	75			1179.34	3551.1	percent of total billed charges	
EEG MONITORING W/WADA ACTIV TEST	95958	CPT	outpatient			3738		1375.11 Three Rivers	Three Rivers		3551.1	95			1179.34	3551.1	percent of total billed charges	
EEG MONITORING W/WADA ACTIV TEST	95958	CPT	outpatient			3738		1375.11 UHC	Medicaid		1179.34	31.55			1179.34	3551.1	percent of total billed charges	
EEG MONITORING W/WADA ACTIV TEST	95958	CPT	outpatient			3738		1375.11 UHC	Medicare		1195.75				1179.34	3551.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG MONITORING W/WADA ACTIV TEST	95958	CPT	outpatient			3738		1375.11 Wellcare	Medicare		1195.75				1179.34	3551.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG MONITORING W/WADA ACTIV TEST	95958	CPT	outpatient			3738		1375.11 Wellcare	Medicaid		1179.34	31.55			1179.34	3551.1	percent of total billed charges	
EEG MONITORING W/WADA ACTIV TEST	95958	CPT	outpatient			3738		1375.11 WellPoint	WellPoint		1202.89	32.18			1179.34	3551.1	percent of total billed charges	
VNS NO ADJUSTMENT	95970	CPT	outpatient			437		168 Aetna	Better Health		137.87	31.55			128.72	415.15	percent of total billed charges	
VNS NO ADJUSTMENT	95970	CPT	outpatient			437		168 Aetna	Medicare		146.09				128.72	415.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VNS NO ADJUSTMENT	95970	CPT	outpatient			437		168 Aetna	Commercial		232.58				128.72	415.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VNS NO ADJUSTMENT	95970	CPT	outpatient			437		168 Americare	Americare		327.75	75			128.72	415.15	percent of total billed charges	
VNS NO ADJUSTMENT	95970	CPT	outpatient			437		168 Amerihealth	HMO/PPO		284.05	65			128.72	415.15	percent of total billed charges	
VNS NO ADJUSTMENT	95970	CPT	outpatient			437		168 Amerihealth	Medicare		146.09				128.72	415.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VNS NO ADJUSTMENT	95970	CPT	outpatient			437		168 Consumer	Consumer		415.15	95			128.72	415.15	percent of total billed charges	
VNS NO ADJUSTMENT	95970	CPT	outpatient			437		168 Corrections	Corrections		349.6	80			128.72	415.15	percent of total billed charges	
VNS NO ADJUSTMENT	95970	CPT	outpatient			437		168 First Health	First Health		305.9	70			128.72	415.15	percent of total billed charges	
VNS NO ADJUSTMENT	95970	CPT	outpatient			437		168 First Trenton	First Trenton		393.3	90			128.72	415.15	percent of total billed charges	
VNS NO ADJUSTMENT	95970	CPT	outpatient			437		168 Horizon	Indemnity		271.87				128.72	415.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VNS NO ADJUSTMENT	95970	CPT	outpatient			437		168 Horizon	PPO		271.87				128.72	415.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VNS NO ADJUSTMENT	95970	CPT	outpatient			437		168 Horizon	MGD		271.87				128.72	415.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VNS NO ADJUSTMENT	95970	CPT	outpatient			437		168 Horizon	Medicare Blue		146.09				128.72	415.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VNS NO ADJUSTMENT	95970	CPT	outpatient			437		168 Managed Care Inc	Managed Care Inc		393.3	90			128.72	415.15	percent of total billed charges	
VNS NO ADJUSTMENT	95970	CPT	outpatient			437		168 Multiplan	Multiplan		349.6	80			128.72	415.15	percent of total billed charges	
VNS NO ADJUSTMENT	95970	CPT	outpatient			437		168 Qualcare	Qualcare		327.75	75			128.72	415.15	percent of total billed charges	
VNS NO ADJUSTMENT	95970	CPT	outpatient			437		168 Three Rivers	Three Rivers		415.15	95			128.72	415.15	percent of total billed charges	
VNS NO ADJUSTMENT	95970	CPT	outpatient			437		168 UHC	Medicaid		137.87	31.55			128.72	415.15	percent of total billed charges	
VNS NO ADJUSTMENT	95970	CPT	outpatient			437		168 UHC	Medicare		146.09				128.72	415.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VNS NO ADJUSTMENT	95970	CPT	outpatient			437		168 Wellcare	Medicaid		137.87	31.55			128.72	415.15	percent of total billed charges	
VNS NO ADJUSTMENT	95970	CPT	outpatient			437		168 Wellcare	Medicare		146.09				128.72	415.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VNS NO ADJUSTMENT	95970	CPT	outpatient			437		168 WellPoint	WellPoint		140.63	32.18			128.72	415.15	percent of total billed charges	
ELECTRODE ANALYSIS W/NO REPROG	95971	CPT	outpatient			487		127.32 Aetna	Commercial		176.25				110.71	462.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECTRODE ANALYSIS W/NO REPROG	95971	CPT	outpatient			487		127.32 Aetna	Better Health		153.65	31.55			110.71	462.65	percent of total billed charges	
ELECTRODE ANALYSIS W/NO REPROG	95971	CPT	outpatient			487		127.32 Aetna	Medicare		110.71				110.71	462.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECTRODE ANALYSIS W/NO REPROG	95971	CPT	outpatient			487		127.32 Americare	Americare		365.25	75			110.71	462.65	percent of total billed charges	
ELECTRODE ANALYSIS W/NO REPROG	95971	CPT	outpatient			487		127.32 Amerihealth	HMO/PPO		316.55	65			110.71	462.65	percent of total billed charges	
ELECTRODE ANALYSIS W/NO REPROG	95971	CPT	outpatient			487		127.32 Amerihealth	Medicare		110.71				110.71	462.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECTRODE ANALYSIS W/NO REPROG	95971	CPT	outpatient			487		127.32 Consumer	Consumer		462.65	95			110.71	462.65	percent of total billed charges	
ELECTRODE ANALYSIS W/NO REPROG	95971	CPT	outpatient			487		127.32 Corrections	Corrections		389.6	80			110.71	462.65	percent of total billed charges	
ELECTRODE ANALYSIS W/NO REPROG	95971	CPT	outpatient			487		127.32 First Health	First Health		340.9	70			110.71	462.65	percent of total billed charges	
ELECTRODE ANALYSIS W/NO REPROG	95971	CPT	outpatient			487		127.32 First Trenton	First Trenton		438.3	90			110.71	462.65	percent of total billed charges	
ELECTRODE ANALYSIS W/NO REPROG	95971	CPT	outpatient			487		127.32 Horizon	Medicare Blue		110.71				110.71	462.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECTRODE ANALYSIS W/NO REPROG	95971	CPT	outpatient			487		127.32 Horizon	Indemnity		206.03				110.71	462.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECTRODE ANALYSIS W/NO REPROG	95971	CPT	outpatient			487		127.32 Horizon	PPO		206.03				110.71	462.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECTRODE ANALYSIS W/NO REPROG	95971	CPT	outpatient			487		127.32 Horizon	MGD		206.03				110.71	462.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECTRODE ANALYSIS W/NO REPROG	95971	CPT	outpatient			487		127.32 Managed Care Inc	Managed Care Inc		438.3	90			110.71	462.65	percent of total billed charges	
ELECTRODE ANALYSIS W/NO REPROG	95971	CPT	outpatient			487		127.32 Multiplan	Multiplan		389.6	80			110.71	462.65	percent of total billed charges	
ELECTRODE ANALYSIS W/NO REPROG	95971	CPT	outpatient			487		127.32 Qualcare	Qualcare		365.25	75			110.71	462.65	percent of total billed charges	
ELECTRODE ANALYSIS W/NO REPROG	95971	CPT	outpatient			487		127.32 Three Rivers	Three Rivers		462.65	95			110.71	462.65	percent of total billed charges	
ELECTRODE ANALYSIS W/NO REPROG	95971	CPT	outpatient			487		127.32 UHC	Medicare		110.71				110.71	462.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECTRODE ANALYSIS W/NO REPROG	95971	CPT	outpatient			487		127.32 UHC	Medicaid		153.65	31.55			110.71	462.65	percent of total billed charges	
ELECTRODE ANALYSIS W/NO REPROG	95971	CPT	outpatient			487		127.32 Wellcare	Medicare		110.71				110.71	462.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECTRODE ANALYSIS W/NO REPROG	95971	CPT	outpatient			487		127.32 Wellcare	Medicaid		153.65	31.55			110.71	462.65	percent of total billed charges	
ELECTRODE ANALYSIS W/NO REPROG	95971	CPT	outpatient			487		127.32 WellPoint	WellPoint		156.72	32.18			110.71	462.65	percent of total billed charges	
ELEC ANALYSIS-IMPL NEUROSTIM PULSE GEN;	95972	CPT	outpatient			487		127.32 Aetna	Better Health		153.65	31.55			96.57	462.65	percent of total billed charges	
ELEC ANALYSIS-IMPL NEUROSTIM PULSE GEN;	95972	CPT	outpatient			487		127.32 Aetna	Commercial		176.25				96.57	462.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELEC ANALYSIS-IMPL NEUROSTIM PULSE GEN;	95972	CPT	outpatient			487		127.32 Aetna	Medicare		110.71				96.57	462.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELEC ANALYSIS-IMPL NEUROSTIM PULSE GEN;	95972	CPT	outpatient			487		127.32 Americare	Americare		365.25	75			96.57	462.65	percent of total billed charges	
ELEC ANALYSIS-IMPL NEUROSTIM PULSE GEN;	95972	CPT	outpatient			487		127.32 Amerihealth	HMO/PPO		316.55	65			96.57	462.65	percent of total billed charges	
ELEC ANALYSIS-IMPL NEUROSTIM PULSE GEN;	95972	CPT	outpatient			487		127.32 Amerihealth	Medicare		110.71				96.57	462.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELEC ANALYSIS-IMPL NEUROSTIM PULSE GEN;	95972	CPT	outpatient			487		127.32 Consumer	Consumer		462.65	95			96.57	462.65	percent of total billed charges	
ELEC ANALYSIS-IMPL NEUROSTIM PULSE GEN;	95972	CPT	outpatient			487		127.32 Corrections	Corrections		389.6	80			96.57	462.65	percent of total billed charges	
ELEC ANALYSIS-IMPL NEUROSTIM PULSE GEN;	95972	CPT	outpatient			487		127.32 First Health	First Health		340.9	70			96.57	462.65	percent of total billed charges	
ELEC ANALYSIS-IMPL NEUROSTIM PULSE GEN;	95972	CPT	outpatient			487		127.32 First Trenton	First Trenton		438.3	90			96.57	462.65	percent of total billed charges	
ELEC ANALYSIS-IMPL NEUROSTIM PULSE GEN;	95972	CPT	outpatient			487		127.32 Horizon	NJ Health		96.57				96.57	462.65	fee schedule	
ELEC ANALYSIS-IMPL NEUROSTIM PULSE GEN;	95972	CPT	outpatient			487		127.32 Horizon	Indemnity		206.03				96.57	462.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELEC ANALYSIS-IMPL NEUROSTIM PULSE GEN;	95972	CPT	outpatient			487		127.32 Horizon	Medicare Blue		110.71				96.57	462.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELEC ANALYSIS-IMPL NEUROSTIM PULSE GEN;	95972	CPT	outpatient			487		127.32 Horizon	MGD		206.03				96.57	462.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELEC ANALYSIS-IMPL NEUROSTIM PULSE GEN;	95972	CPT	outpatient			487		127.32 Horizon	PPO		206.03				96.57	462.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELEC ANALYSIS-IMPL NEUROSTIM PULSE GEN;	95972	CPT	outpatient			487		127.32 Managed Care Inc	Managed Care Inc		438.3	90			96.57	462.65	percent of total billed charges	
ELEC ANALYSIS-IMPL NEUROSTIM PULSE GEN;	95972	CPT	outpatient			487		127.32 Multiplan	Multiplan		389.6	80			96.57	462.65	percent of total billed charges	
ELEC ANALYSIS-IMPL NEUROSTIM PULSE GEN;	95972	CPT	outpatient			487		127.32 Qualcare	Qualcare		365.25	75			96.57	462.65	percent of total billed charges	
ELEC ANALYSIS-IMPL NEUROSTIM PULSE GEN;	95972	CPT	outpatient			487		127.32 Three Rivers	Three Rivers		462.65	95			96.57	462.65	percent of total billed charges	
ELEC ANALYSIS-IMPL NEUROSTIM PULSE GEN;	95972	CPT	outpatient			487		127.32 UHC	Medicaid		153.65	31.55			96.57	462.65	percent of total billed charges	
ELEC ANALYSIS-IMPL NEUROSTIM PULSE GEN;	95972	CPT	outpatient			487		127.32 UHC	Medicare		110.71				96.57	462.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELEC ANALYSIS-IMPL NEUROSTIM PULSE GEN;	95972	CPT	outpatient			487		127.32 Wellcare	Medicare		110.71				96.57	462.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELEC ANALYSIS-IMPL NEUROSTIM PULSE GEN;	95972	CPT	outpatient			487		127.32 Wellcare	Medicaid		153.65	31.55			96.57	462.65	percent of total billed charges	
ELEC ANALYSIS-IMPL NEUROSTIM PULSE GEN;	95972	CPT	outpatient			487		127.32 WellPoint	WellPoint		156.72	32.18			96.57	462.65	percent of total billed charges	
VNS ADJUSTMENT	95976	CPT	outpatient			130		49.6 Aetna	Medicare		43.13				41.02	123.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VNS ADJUSTMENT	95976	CPT	outpatient			130		49.6 Aetna	Better Health		41.02	31.55			41.02	123.5	percent of total billed charges	
VNS ADJUSTMENT	95976	CPT	outpatient			130		49.6 Aetna	Commercial		68.66				41.02	123.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VNS ADJUSTMENT	95976	CPT	outpatient			130		49.6 Americare	Americare		97.5	75			41.02	123.5	percent of total billed charges	
VNS ADJUSTMENT	95976	CPT	outpatient			130		49.6 Amerihealth	Medicare		43.13				41.02	123.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VNS ADJUSTMENT	95976	CPT	outpatient			130		49.6 Amerihealth	HMO/PPO		84.5	65			41.02	123.5	percent of total billed charges	
VNS ADJUSTMENT	95976	CPT	outpatient			130		49.6 Consumer	Consumer		123.5	95			41.02	123.5	percent of total billed charges	
VNS ADJUSTMENT	95976	CPT	outpatient			130		49.6 Corrections	Corrections		104	80			41.02	123.5	percent of total billed charges	
VNS ADJUSTMENT	95976	CPT	outpatient			130		49.6 First Health	First Health		91	70			41.02	123.5	percent of total billed charges	
VNS ADJUSTMENT	95976	CPT	outpatient			130		49.6 First Trenton	First Trenton		117	90			41.02	123.5	percent of total billed charges	
VNS ADJUSTMENT	95976	CPT	outpatient			130		49.6 Horizon	MGD		80.26				41.02	123.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VNS ADJUSTMENT	95976	CPT	outpatient			130		49.6 Horizon	Indemnity		80.26				41.02	123.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VNS ADJUSTMENT	95976	CPT	outpatient			130		49.6 Horizon	Medicare Blue		43.13				41.02	123.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VNS ADJUSTMENT	95976	CPT	outpatient			130		49.6 Horizon	NJ Health		58.8				41.02	123.5	fee schedule	
VNS ADJUSTMENT	95976	CPT	outpatient			130		49.6 Horizon	PPO		80.26				41.02	123.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VNS ADJUSTMENT	95976	CPT	outpatient			130		49.6 Managed Care Inc	Managed Care Inc		117	90			41.02	123.5	percent of total billed charges	
VNS ADJUSTMENT	95976	CPT	outpatient			130		49.6 Multiplan	Multiplan		104	80			41.02	123.5	percent of total billed charges	
VNS ADJUSTMENT	95976	CPT	outpatient			130		49.6 Qualcare	Qualcare		97.5	75			41.02	123.5	percent of total billed charges	
VNS ADJUSTMENT	95976	CPT	outpatient			130		49.6 Three Rivers	Three Rivers		123.5	95			41.02	123.5	percent of total billed charges	
VNS ADJUSTMENT	95976	CPT	outpatient			130		49.6 UHC	Medicare		43.13				41.02	123.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VNS ADJUSTMENT	95976	CPT	outpatient			130		49.6 UHC	Medicaid		41.02	31.55			41.02	123.5	percent of total billed charges	
VNS ADJUSTMENT	95976	CPT	outpatient			130		49.6 Wellcare	Medicaid		41.02	31.55			41.02	123.5	percent of total billed charges	
VNS ADJUSTMENT	95976	CPT	outpatient			130		49.6 Wellcare	Medicare		43.13				41.02	123.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VNS ADJUSTMENT	95976	CPT	outpatient			130		49.6 WellPoint	WellPoint		41.83	32.18			41.02	123.5	percent of total billed charges	
REFIL & MATNCE PUMP DRUP SPINAL	95990	CPT	outpatient			1183		445.43 Aetna	Commercial		616.63				75.69	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REFIL & MATNCE PUMP DRUP SPINAL	95990	CPT	outpatient			1183		445.43 Aetna	Better Health		373.24	31.55			75.69	1782	percent of total billed charges	
REFIL & MATNCE PUMP DRUP SPINAL	95990	CPT	outpatient			1183		445.43 Aetna	Medicare		387.33				75.69	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REFIL & MATNCE PUMP DRUP SPINAL	95990	CPT	outpatient			1183		445.43 Americare	Americare		887.25	75			75.69	1782	percent of total billed charges	
REFIL & MATNCE PUMP DRUP SPINAL	95990	CPT	outpatient			1183		445.43 Amerihealth	Medicare		387.33				75.69	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REFIL & MATNCE PUMP DRUP SPINAL	95990	CPT	outpatient			1183		445.43 Amerihealth	HMO/PPO		768.95	65			75.69	1782	percent of total billed charges	
REFIL & MATNCE PUMP DRUP SPINAL	95990	CPT	outpatient			1183		445.43 Consumer	Consumer		1123.85	95			75.69	1782	percent of total billed charges	
REFIL & MATNCE PUMP DRUP SPINAL	95990	CPT	outpatient			1183		445.43 Corrections	Corrections		946.4	80			75.69	1782	percent of total billed charges	
REFIL & MATNCE PUMP DRUP SPINAL	95990	CPT	outpatient			1183		445.43 First Health	First Health		828.1	70			75.69	1782	percent of total billed charges	
REFIL & MATNCE PUMP DRUP SPINAL	95990	CPT	outpatient			1183		445.43 First Trenton	First Trenton		1064.7	90			75.69	1782	percent of total billed charges	
REFIL & MATNCE PUMP DRUP SPINAL	95990	CPT	outpatient			1183		445.43 Horizon	MGD		720.82				75.69	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REFIL & MATNCE PUMP DRUP SPINAL	95990	CPT	outpatient			1183		445.43 Horizon	Indemnity		720.82				75.69	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REFIL & MATNCE PUMP DRUP SPINAL	95990	CPT	outpatient			1183		445.43 Horizon	Medicare Blue		387.33				75.69	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REFIL & MATNCE PUMP DRUP SPINAL	95990	CPT	outpatient			1183		445.43 Horizon	NJ Health		75.69				75.69	1782	fee schedule	
REFIL & MATNCE PUMP DRUP SPINAL	95990	CPT	outpatient			1183		445.43 Horizon	PPO		720.82				75.69	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REFIL & MATNCE PUMP DRUP SPINAL	95990	CPT	outpatient			1183		445.43 Managed Care Inc	Managed Care Inc		1064.7	90			75.69	1782	percent of total billed charges	
REFIL & MATNCE PUMP DRUP SPINAL	95990	CPT	outpatient			1183		445.43 Multiplan	Multiplan		946.4	80			75.69	1782	percent of total billed charges	
REFIL & MATNCE PUMP DRUP SPINAL	95990	CPT	outpatient			1183		445.43 Qualcare	Qualcare		887.25	75			75.69	1782	percent of total billed charges	
REFIL & MATNCE PUMP DRUP SPINAL	95990	CPT	outpatient			1183		445.43 Three Rivers	Three Rivers		1123.85	95			75.69	1782	percent of total billed charges	
REFIL & MATNCE PUMP DRUP SPINAL	95990	CPT	outpatient			1183		445.43 UHC	Medicare		387.33				75.69	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REFIL & MATNCE PUMP DRUP SPINAL	95990	CPT	outpatient			1183		445.43 UHC	Medicaid		373.24	31.55			75.69	1782	percent of total billed charges	
REFIL & MATNCE PUMP DRUP SPINAL	95990	CPT	outpatient			1183		445.43 United	Commercial/PPO		1782				75.69	1782	case rate	
REFIL & MATNCE PUMP DRUP SPINAL	95990	CPT	outpatient			1183		445.43 United	Oxford		1782				75.69	1782	case rate	
REFIL & MATNCE PUMP DRUP SPINAL	95990	CPT	outpatient			1183		445.43 Wellcare	Medicare		387.33				75.69	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REFIL & MATNCE PUMP DRUP SPINAL	95990	CPT	outpatient			1183		445.43 Wellcare	Medicaid		373.24	31.55			75.69	1782	percent of total billed charges	
REFIL & MATNCE PUMP DRUP SPINAL	95990	CPT	outpatient			1183		445.43 WellPoint	WellPoint		380.69	32.18			75.69	1782	percent of total billed charges	
SPIN/BRAIN PUMP REFIL & MAINT	95991	CPT	outpatient			1045		389.55 Aetna	Commercial		539.27				321.86	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPIN/BRAIN PUMP REFIL & MAINT	95991	CPT	outpatient			1045		389.55 Aetna	Medicare		321.86	30.8			321.86	1782	percent of total billed charges	
SPIN/BRAIN PUMP REFIL & MAINT	95991	CPT	outpatient			1045		389.55 Aetna	Better Health		329.7	31.55			321.86	1782	percent of total billed charges	
SPIN/BRAIN PUMP REFIL & MAINT	95991	CPT	outpatient			1045		389.55 Americare	Americare		783.75	75			321.86	1782	percent of total billed charges	
SPIN/BRAIN PUMP REFIL & MAINT	95991	CPT	outpatient			1045		389.55 Amerihealth	HMO/PPO		679.25	65			321.86	1782	percent of total billed charges	
SPIN/BRAIN PUMP REFIL & MAINT	95991	CPT	outpatient			1045		389.55 Amerihealth	Medicare		338.74				321.86	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPIN/BRAIN PUMP REFIL & MAINT	95991	CPT	outpatient			1045		389.55 Consumer	Consumer		992.75	95			321.86	1782	percent of total billed charges	
SPIN/BRAIN PUMP REFIL & MAINT	95991	CPT	outpatient			1045		389.55 Corrections	Corrections		836	80			321.86	1782	percent of total billed charges	
SPIN/BRAIN PUMP REFIL & MAINT	95991	CPT	outpatient			1045		389.55 First Health	First Health		731.5	70			321.86	1782	percent of total billed charges	
SPIN/BRAIN PUMP REFIL & MAINT	95991	CPT	outpatient			1045		389.55 First Trenton	First Trenton		940.5	90			321.86	1782	percent of total billed charges	
SPIN/BRAIN PUMP REFIL & MAINT	95991	CPT	outpatient			1045		389.55 Horizon	PPO		630.4				321.86	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPIN/BRAIN PUMP REFIL & MAINT	95991	CPT	outpatient			1045		389.55 Horizon	Indemnity		630.4				321.86	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPIN/BRAIN PUMP REFIL & MAINT	95991	CPT	outpatient			1045		389.55 Horizon	Medicare Blue		338.74				321.86	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPIN/BRAIN PUMP REFIL & MAINT	95991	CPT	outpatient			1045		389.55 Horizon	MGD		630.4				321.86	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPIN/BRAIN PUMP REFIL & MAINT	95991	CPT	outpatient			1045		389.55 Horizon	NJ Health		344.52				321.86	1782	fee schedule	
SPIN/BRAIN PUMP REFIL & MAINT	95991	CPT	outpatient			1045		389.55 Managed Care Inc	Managed Care Inc		940.5	90			321.86	1782	percent of total billed charges	
SPIN/BRAIN PUMP REFIL & MAINT	95991	CPT	outpatient			1045		389.55 Multiplan	Multiplan		836	80			321.86	1782	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
SPIN/BRAIN PUMP REFIL & MAINT	95991	CPT	outpatient			1045	389.55	Qualcare	Qualcare		783.75	75			321.86	1782	percent of total billed charges	
SPIN/BRAIN PUMP REFIL & MAINT	95991	CPT	outpatient			1045	389.55	Three Rivers	Three Rivers		992.75	95			321.86	1782	percent of total billed charges	
SPIN/BRAIN PUMP REFIL & MAINT	95991	CPT	outpatient			1045	389.55	UHC	Medicaid		329.7	31.55			321.86	1782	percent of total billed charges	
SPIN/BRAIN PUMP REFIL & MAINT	95991	CPT	outpatient			1045	389.55	UHC	Medicare		336.74				321.86	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPIN/BRAIN PUMP REFIL & MAINT	95991	CPT	outpatient			1045	389.55	United	Oxford		1782				321.86	1782	case rate	
SPIN/BRAIN PUMP REFIL & MAINT	95991	CPT	outpatient			1045	389.55	United	Commercial/PPO		1782				321.86	1782	case rate	
SPIN/BRAIN PUMP REFIL & MAINT	95991	CPT	outpatient			1045	389.55	Wellcare	Medicare		338.74				321.86	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPIN/BRAIN PUMP REFIL & MAINT	95991	CPT	outpatient			1045	389.55	Wellcare	Medicaid		329.7	31.55			321.86	1782	percent of total billed charges	
SPIN/BRAIN PUMP REFIL & MAINT	95991	CPT	outpatient			1045	389.55	WellPoint	WellPoint		336.28	32.18			321.86	1782	percent of total billed charges	
CANALITH REPOSIT PROC	95992	CPT	outpatient			159		Aetna	Commercial		60.42	38			47.7	151.05	percent of total billed charges	
CANALITH REPOSIT PROC	95992	CPT	outpatient			159		Aetna	Better Health		50.16	31.55			47.7	151.05	percent of total billed charges	
CANALITH REPOSIT PROC	95992	CPT	outpatient			159		Aetna	Medicare		48.97	30.8			47.7	151.05	percent of total billed charges	
CANALITH REPOSIT PROC	95992	CPT	outpatient			159		Americare	Americare		119.25	75			47.7	151.05	percent of total billed charges	
CANALITH REPOSIT PROC	95992	CPT	outpatient			159		Amerihealth	HMO/PPO		103.35	65			47.7	151.05	percent of total billed charges	
CANALITH REPOSIT PROC	95992	CPT	outpatient			159		Consumer	Consumer		151.05	95			47.7	151.05	percent of total billed charges	
CANALITH REPOSIT PROC	95992	CPT	outpatient			159		Corrections	Corrections		127.2	80			47.7	151.05	percent of total billed charges	
CANALITH REPOSIT PROC	95992	CPT	outpatient			159		First Health	First Health		111.3	70			47.7	151.05	percent of total billed charges	
CANALITH REPOSIT PROC	95992	CPT	outpatient			159		First Trenton	First Trenton		143.1	90			47.7	151.05	percent of total billed charges	
CANALITH REPOSIT PROC	95992	CPT	outpatient			159		Horizon	Medicare Blue		47.7	30			47.7	151.05	percent of total billed charges	
CANALITH REPOSIT PROC	95992	CPT	outpatient			159		Horizon	Indemnity		60.87	38.28			47.7	151.05	percent of total billed charges	
CANALITH REPOSIT PROC	95992	CPT	outpatient			159		Horizon	MGD		60.87	38.28			47.7	151.05	percent of total billed charges	
CANALITH REPOSIT PROC	95992	CPT	outpatient			159		Horizon	PPO		60.87	38.28			47.7	151.05	percent of total billed charges	
CANALITH REPOSIT PROC	95992	CPT	outpatient			159		Managed Care Inc	Managed Care Inc		143.1	90			47.7	151.05	percent of total billed charges	
CANALITH REPOSIT PROC	95992	CPT	outpatient			159		Multiplan	Multiplan		127.2	80			47.7	151.05	percent of total billed charges	
CANALITH REPOSIT PROC	95992	CPT	outpatient			159		Qualcare	Qualcare		119.25	75			47.7	151.05	percent of total billed charges	
CANALITH REPOSIT PROC	95992	CPT	outpatient			159		Three Rivers	Three Rivers		151.05	95			47.7	151.05	percent of total billed charges	
CANALITH REPOSIT PROC	95992	CPT	outpatient			159		UHC	Medicaid		50.16	31.55			47.7	151.05	percent of total billed charges	
CANALITH REPOSIT PROC	95992	CPT	outpatient			159		Wellcare	Medicaid		50.16	31.55			47.7	151.05	percent of total billed charges	
CANALITH REPOSIT PROC	95992	CPT	outpatient			159		WellPoint	WellPoint		51.17	32.18			47.7	151.05	percent of total billed charges	
UNLISTED NEUROLOGI/NEUROMUS DX PROC	95999	CPT	outpatient			557	205.45	Aetna	Commercial		284.41				174.79	529.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED NEUROLOGI/NEUROMUS DX PROC	95999	CPT	outpatient			557	205.45	Aetna	Better Health		175.73	31.55			174.79	529.15	percent of total billed charges	
UNLISTED NEUROLOGI/NEUROMUS DX PROC	95999	CPT	outpatient			557	205.45	Aetna	Medicare		178.65				174.79	529.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED NEUROLOGI/NEUROMUS DX PROC	95999	CPT	outpatient			557	205.45	Americare	Americare		417.75	75			174.79	529.15	percent of total billed charges	
UNLISTED NEUROLOGI/NEUROMUS DX PROC	95999	CPT	outpatient			557	205.45	Amerihealth	HMO/PPO		362.05	65			174.79	529.15	percent of total billed charges	
UNLISTED NEUROLOGI/NEUROMUS DX PROC	95999	CPT	outpatient			557	205.45	Amerihealth	Medicare		178.65				174.79	529.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED NEUROLOGI/NEUROMUS DX PROC	95999	CPT	outpatient			557	205.45	Consumer	Consumer		529.15	95			174.79	529.15	percent of total billed charges	
UNLISTED NEUROLOGI/NEUROMUS DX PROC	95999	CPT	outpatient			557	205.45	Corrections	Corrections		445.6	80			174.79	529.15	percent of total billed charges	
UNLISTED NEUROLOGI/NEUROMUS DX PROC	95999	CPT	outpatient			557	205.45	First Health	First Health		389.9	70			174.79	529.15	percent of total billed charges	
UNLISTED NEUROLOGI/NEUROMUS DX PROC	95999	CPT	outpatient			557	205.45	First Trenton	First Trenton		501.3	90			174.79	529.15	percent of total billed charges	
UNLISTED NEUROLOGI/NEUROMUS DX PROC	95999	CPT	outpatient			557	205.45	Horizon	MGD		332.47				174.79	529.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED NEUROLOGI/NEUROMUS DX PROC	95999	CPT	outpatient			557	205.45	Horizon	Medicare Blue		178.65				174.79	529.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED NEUROLOGI/NEUROMUS DX PROC	95999	CPT	outpatient			557	205.45	Horizon	Indemnity		332.47				174.79	529.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED NEUROLOGI/NEUROMUS DX PROC	95999	CPT	outpatient			557	205.45	Horizon	PPO		332.47				174.79	529.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED NEUROLOGI/NEUROMUS DX PROC	95999	CPT	outpatient			557	205.45	Managed Care Inc	Managed Care Inc		501.3	90			174.79	529.15	percent of total billed charges	
UNLISTED NEUROLOGI/NEUROMUS DX PROC	95999	CPT	outpatient			557	205.45	Multiplan	Multiplan		445.6	80			174.79	529.15	percent of total billed charges	
UNLISTED NEUROLOGI/NEUROMUS DX PROC	95999	CPT	outpatient			557	205.45	Qualcare	Qualcare		417.75	75			174.79	529.15	percent of total billed charges	
UNLISTED NEUROLOGI/NEUROMUS DX PROC	95999	CPT	outpatient			557	205.45	Three Rivers	Three Rivers		529.15	95			174.79	529.15	percent of total billed charges	
UNLISTED NEUROLOGI/NEUROMUS DX PROC	95999	CPT	outpatient			557	205.45	UHC	Medicaid		175.73	31.55			174.79	529.15	percent of total billed charges	
UNLISTED NEUROLOGI/NEUROMUS DX PROC	95999	CPT	outpatient			557	205.45	UHC	Medicare		178.65				174.79	529.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED NEUROLOGI/NEUROMUS DX PROC	95999	CPT	outpatient			557	205.45	Wellcare	Medicaid		175.73	31.55			174.79	529.15	percent of total billed charges	
UNLISTED NEUROLOGI/NEUROMUS DX PROC	95999	CPT	outpatient			557	205.45	Wellcare	Medicare		178.65				174.79	529.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED NEUROLOGI/NEUROMUS DX PROC	95999	CPT	outpatient			557	205.45	WellPoint	WellPoint		179.24	32.18			174.79	529.15	percent of total billed charges	
FUNCTIONAL BRAIN MAPPING	96020	CPT	outpatient			0.01		Americare	Americare		0.01	75			0.01	0.01	percent of total billed charges	
FUNCTIONAL BRAIN MAPPING	96020	CPT	outpatient			0.01		Amerihealth	HMO/PPO		0.01	65			0.01	0.01	percent of total billed charges	
FUNCTIONAL BRAIN MAPPING	96020	CPT	outpatient			0.01		Consumer	Consumer		0.01	95			0.01	0.01	percent of total billed charges	
FUNCTIONAL BRAIN MAPPING	96020	CPT	outpatient			0.01		Corrections	Corrections		0.01	80			0.01	0.01	percent of total billed charges	
FUNCTIONAL BRAIN MAPPING	96020	CPT	outpatient			0.01		First Health	First Health		0.01	70			0.01	0.01	percent of total billed charges	
FUNCTIONAL BRAIN MAPPING	96020	CPT	outpatient			0.01		First Trenton	First Trenton		0.01	90			0.01	0.01	percent of total billed charges	
FUNCTIONAL BRAIN MAPPING	96020	CPT	outpatient			0.01		Managed Care Inc	Managed Care Inc		0.01	90			0.01	0.01	percent of total billed charges	
FUNCTIONAL BRAIN MAPPING	96020	CPT	outpatient			0.01		Multiplan	Multiplan		0.01	80			0.01	0.01	percent of total billed charges	
FUNCTIONAL BRAIN MAPPING	96020	CPT	outpatient			0.01		Qualcare	Qualcare		0.01	75			0.01	0.01	percent of total billed charges	
FUNCTIONAL BRAIN MAPPING	96020	CPT	outpatient			0.01		Three Rivers	Three Rivers		0.01	95			0.01	0.01	percent of total billed charges	
GENETIC COUNSELING EA 30MIN:QT:_____	96040	CPT	outpatient			327		Aetna	Better Health		103.17	31.55			98.1	310.65	percent of total billed charges	
GENETIC COUNSELING EA 30MIN:QT:_____	96040	CPT	outpatient			327		Aetna	Medicare		100.72	30.8			98.1	310.65	percent of total billed charges	
GENETIC COUNSELING EA 30MIN:QT:_____	96040	CPT	outpatient			327		Aetna	Commercial		124.26	38			98.1	310.65	percent of total billed charges	
GENETIC COUNSELING EA 30MIN:QT:_____	96040	CPT	outpatient			327		Americare	Americare		245.25	75			98.1	310.65	percent of total billed charges	
GENETIC COUNSELING EA 30MIN:QT:_____	96040	CPT	outpatient			327		Amerihealth	HMO/PPO		212.55	65			98.1	310.65	percent of total billed charges	
GENETIC COUNSELING EA 30MIN:QT:_____	96040	CPT	outpatient			327		Consumer	Consumer		310.65	95			98.1	310.65	percent of total billed charges	
GENETIC COUNSELING EA 30MIN:QT:_____	96040	CPT	outpatient			327		Corrections	Corrections		261.6	80			98.1	310.65	percent of total billed charges	
GENETIC COUNSELING EA 30MIN:QT:_____	96040	CPT	outpatient			327		First Health	First Health		228.9	70			98.1	310.65	percent of total billed charges	
GENETIC COUNSELING EA 30MIN:QT:_____	96040	CPT	outpatient			327		First Trenton	First Trenton		294.3	90			98.1	310.65	percent of total billed charges	
GENETIC COUNSELING EA 30MIN:QT:_____	96040	CPT	outpatient			327		Horizon	Indemnity		125.18	38.28			98.1	310.65	percent of total billed charges	
GENETIC COUNSELING EA 30MIN:QT:_____	96040	CPT	outpatient			327		Horizon	Medicare Blue		98.1	30			98.1	310.65	percent of total billed charges	
GENETIC COUNSELING EA 30MIN:QT:_____	96040	CPT	outpatient			327		Horizon	NJ Health		120.06				98.1	310.65	fee schedule	
GENETIC COUNSELING EA 30MIN:QT:_____	96040	CPT	outpatient			327		Horizon	MGD		125.18	38.28			98.1	310.65	percent of total billed charges	
GENETIC COUNSELING EA 30MIN:QT:_____	96040	CPT	outpatient			327		Horizon	PPO		125.18	38.28			98.1	310.65	percent of total billed charges	
GENETIC COUNSELING EA 30MIN:QT:_____	96040	CPT	outpatient			327		Managed Care Inc	Managed Care Inc		294.3	90			98.1	310.65	percent of total billed charges	
GENETIC COUNSELING EA 30MIN:QT:_____	96040	CPT	outpatient			327		Multiplan	Multiplan		261.6	80			98.1	310.65	percent of total billed charges	
GENETIC COUNSELING EA 30MIN:QT:_____	96040	CPT	outpatient			327		Qualcare	Qualcare		245.25	75			98.1	310.65	percent of total billed charges	
GENETIC COUNSELING EA 30MIN:QT:_____	96040	CPT	outpatient			327		Three Rivers	Three Rivers		310.65	95			98.1	310.65	percent of total billed charges	
GENETIC COUNSELING EA 30MIN:QT:_____	96040	CPT	outpatient			327		UHC	Medicaid		103.17	31.55			98.1	310.65	percent of total billed charges	
GENETIC COUNSELING EA 30MIN:QT:_____	96040	CPT	outpatient			327		Wellcare	Medicaid		103.17	31.55			98.1	310.65	percent of total billed charges	
GENETIC COUNSELING EA 30MIN:QT:_____	96040	CPT	outpatient			327		WellPoint	WellPoint		105.23	32.18			98.1	310.65	percent of total billed charges	
DEVELOPMENTAL SCREEN	96110	CPT	both			938		Aetna	Medicare		288.9	30.8			7.28	891.1	percent of total billed charges	
DEVELOPMENTAL SCREEN	96110	CPT	both			938		Aetna	Better Health		295.94	31.55			7.28	891.1	percent of total billed charges	
DEVELOPMENTAL SCREEN	96110	CPT	both			938		Aetna	Commercial		356.44	38			7.28	891.1	percent of total billed charges	
DEVELOPMENTAL SCREEN	96110	CPT	both			938		Americare	Americare		703.5	75			7.28	891.1	percent of total billed charges	
DEVELOPMENTAL SCREEN	96110	CPT	both			938		Amerihealth	HMO/PPO		609.7	65			7.28	891.1	percent of total billed charges	
DEVELOPMENTAL SCREEN	96110	CPT	both			938		Consumer	Consumer		891.1	95			7.28	891.1	percent of total billed charges	
DEVELOPMENTAL SCREEN	96110	CPT	both			938		Corrections	Corrections		750.4	80			7.28	891.1	percent of total billed charges	
DEVELOPMENTAL SCREEN	96110	CPT	both			938		First Health	First Health		656.6	70			7.28	891.1	percent of total billed charges	
DEVELOPMENTAL SCREEN	96110	CPT	both			938		First Trenton	First Trenton		844.2	90			7.28	891.1	percent of total billed charges	
DEVELOPMENTAL SCREEN	96110	CPT	both			938		Horizon	NJ Health		7.28				7.28	891.1	fee schedule	
DEVELOPMENTAL SCREEN	96110	CPT	both			938		Horizon	MGD		359.07	38.28			7.28	891.1	percent of total billed charges	
DEVELOPMENTAL SCREEN	96110	CPT	both			938		Horizon	Medicare Blue		281.4	30			7.28	891.1	percent of total billed charges	
DEVELOPMENTAL SCREEN	96110	CPT	both			938		Horizon	Indemnity		359.07	38.28			7.28	891.1	percent of total billed charges	
DEVELOPMENTAL SCREEN	96110	CPT	both			938		Horizon	PPO		359.07	38.28			7.28	891.1	percent of total billed charges	
DEVELOPMENTAL SCREEN	96110	CPT	both			938		Managed Care Inc	Managed Care Inc		844.2	90			7.28	891.1	percent of total billed charges	
DEVELOPMENTAL SCREEN	96110	CPT	both			938		Multiplan	Multiplan		750.4	80			7.28	891.1	percent of total billed charges	
DEVELOPMENTAL SCREEN	96110	CPT	both			938		Qualcare	Qualcare		703.5	75			7.28	891.1	percent of total billed charges	
DEVELOPMENTAL SCREEN	96110	CPT	both			938		Three Rivers	Three Rivers		891.1	95			7.28	891.1	percent of total billed charges	
DEVELOPMENTAL SCREEN	96110	CPT	both			938		UHC	Medicaid		295.94	31.55			7.28	891.1	percent of total billed charges	
DEVELOPMENTAL SCREEN	96110	CPT	both			938		Wellcare	Medicaid		295.94	31.55			7.28	891.1	percent of total billed charges	
DEVELOPMENTAL SCREEN	96110	CPT	both			938		WellPoint	WellPoint		301.85	32.18			7.28	891.1	percent of total billed charges	
BRIEF EMOTIONAL/BEHAV ASSMT	96127	CPT	both			143	52.74	Aetna	Medicare		45.86				3.02	135.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRIEF EMOTIONAL/BEHAV ASSMT	96127	CPT	both			143	52.74	Aetna	Better Health		45.12	31.55			3.02	135.85	percent of total billed charges	
BRIEF EMOTIONAL/BEHAV ASSMT	96127	CPT	both			143	52.74	Aetna	Commercial		73.01				3.02	135.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRIEF EMOTIONAL/BEHAV ASSMT	96127	CPT	both			143	52.74	Americare	Americare		107.25	75			3.02	135.85	percent of total billed charges	
BRIEF EMOTIONAL/BEHAV ASSMT	96127	CPT	both			143	52.74	Amerihealth	HMO/PPO		92.95	65			3.02	135.85	percent of total billed charges	
BRIEF EMOTIONAL/BEHAV ASSMT	96127	CPT	both			143	52.74	Amerihealth	Medicare		45.86				3.02	135.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRIEF EMOTIONAL/BEHAV ASSMT	96127	CPT	both			143	52.74	Consumer	Consumer		135.85	95			3.02	135.85	percent of total billed charges	
BRIEF EMOTIONAL/BEHAV ASSMT	96127	CPT	both			143	52.74	Corrections	Corrections		114.4	80			3.02	135.85	percent of total billed charges	
BRIEF EMOTIONAL/BEHAV ASSMT	96127	CPT	both			143	52.74	First Health	First Health		100.1	70			3.02	135.85	percent of total billed charges	
BRIEF EMOTIONAL/BEHAV ASSMT	96127	CPT	both			143	52.74	First Trenton	First Trenton		128.7	90			3.02	135.85	percent of total billed charges	
BRIEF EMOTIONAL/BEHAV ASSMT	96127	CPT	both			143	52.74	Horizon	Medicare Blue		45.86				3.02	135.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRIEF EMOTIONAL/BEHAV ASSMT	96127	CPT	both			143	52.74	Horizon	MGD		85.35				3.02	135.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRIEF EMOTIONAL/BEHAV ASSMT	96127	CPT	both			143	52.74	Horizon	Indemnity		85.35				3.02	135.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRIEF EMOTIONAL/BEHAV ASSMT	96127	CPT	both			143	52.74	Horizon	NJ Health		3.02				3.02	135.85	fee schedule	
BRIEF EMOTIONAL/BEHAV ASSMT	96127	CPT	both			143	52.74	Horizon	PPO		85.35				3.02	135.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRIEF EMOTIONAL/BEHAV ASSMT	96127	CPT	both			143	52.74	Managed Care Inc	Managed Care Inc		128.7	90			3.02	135.85	percent of total billed charges	
BRIEF EMOTIONAL/BEHAV ASSMT	96127	CPT	both			143	52.74	Multiplan	Multiplan		114.4	80			3.02	135.85	percent of total billed charges	
BRIEF EMOTIONAL/BEHAV ASSMT	96127	CPT	both			143	52.74	Qualcare	Qualcare		107.25	75			3.02	135.85	percent of total billed charges	
BRIEF EMOTIONAL/BEHAV ASSMT	96127	CPT	both			143	52.74	Three Rivers	Three Rivers		135.85	95			3.02	135.85	percent of total billed charges	
BRIEF EMOTIONAL/BEHAV ASSMT	96127	CPT	both			143	52.74	UHC	Medicaid		45.12	31.55			3.02	135.85	percent of total billed charges	
BRIEF EMOTIONAL/BEHAV ASSMT	96127	CPT	both			143	52.74	UHC	Medicare		45.86				3.02	135.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRIEF EMOTIONAL/BEHAV ASSMT	96127	CPT	both			143	52.74	Wellcare	Medicare		45.86				3.02	135.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRIEF EMOTIONAL/BEHAV ASSMT	96127	CPT	both			143	52.74	Wellcare	Medicaid		45.12	31.55			3.02	135.85	percent of total billed charges	
BRIEF EMOTIONAL/BEHAV ASSMT	96127	CPT	both			143	52.74	WellPoint	WellPoint		46.02	32.18			3.02	135.85	percent of total billed charges	
PT-FOCUSED HLTH RISK ASSMT	96160	CPT	both			109	37.74	Aetna	Medicare		33.57	30.8			8.01	103.55	percent of total billed charges	
PT-FOCUSED HLTH RISK ASSMT	96160	CPT	both			109	37.74	Aetna	Better Health		34.39	31.55			8.01	103.55	percent of total billed charges	
PT-FOCUSED HLTH RISK ASSMT	96160	CPT	both			109	37.74	Aetna	Commercial		52.25				8.01	103.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PT-FOCUSED HLTH RISK ASSMT	96160	CPT	both			109	37.74	Americare	Americare		81.75	75			8.01	103.55	percent of total billed charges	
PT-FOCUSED HLTH RISK ASSMT	96160	CPT	both			109	37.74	Amerihealth	Medicare		32.82				8.01	103.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PT-FOCUSED HLTH RISK ASSMT	96160	CPT	both			109	37.74	Amerihealth	HMO/PPO		70.85	65			8.01	103.55	percent of total billed charges	
PT-FOCUSED HLTH RISK ASSMT	96160	CPT	both			109	37.74	Consumer	Consumer		103.55	95			8.01	103.55	percent of total billed charges	
PT-FOCUSED HLTH RISK ASSMT	96160	CPT	both			109	37.74	Corrections	Corrections		87.2	80			8.01	103.55	percent of total billed charges	
PT-FOCUSED HLTH RISK ASSMT	96160	CPT	both			109	37.74	First Health	First Health		76.3	70			8.01	103.55	percent of total billed charges	
PT-FOCUSED HLTH RISK ASSMT	96160	CPT	both			109	37.74	First Trenton	First Trenton		98.1	90			8.01	103.55	percent of total billed charges	
PT-FOCUSED HLTH RISK ASSMT	96160	CPT	both			109	37.74	Horizon	MGD		61.08				8.01	103.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PT-FOCUSED HLTH RISK ASSMT	96160	CPT	both			109	37.74	Horizon	Indemnity		61.08				8.01	103.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PT-FOCUSED HLTH RISK ASSMT	96160	CPT	both			109	37.74	Horizon	Medicare Blue		32.82				8.01	103.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PT-FOCUSED HLTH RISK ASSMT	96160	CPT	both			109	37.74	Horizon	NJ Health		8.01				8.01	103.55	fee schedule	
PT-FOCUSED HLTH RISK ASSMT	96160	CPT	both			109	37.74	Horizon	PPO		61.08				8.01	103.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PT-FOCUSED HLTH RISK ASSMT	96160	CPT	both			109	37.74	Managed Care Inc	Managed Care Inc		98.1	90			8.01	103.55	percent of total billed charges	
PT-FOCUSED HLTH RISK ASSMT	96160	CPT	both			109	37.74	Multiplan	Multiplan		87.2	80			8.01	103.55	percent of total billed charges	
PT-FOCUSED HLTH RISK ASSMT	96160	CPT	both			109	37.74	Qualcare	Qualcare		81.75	75			8.01	103.55	percent of total billed charges	
PT-FOCUSED HLTH RISK ASSMT	96160	CPT	both			109	37.74	Three Rivers	Three Rivers		103.55	95			8.01	103.55	percent of total billed charges	
PT-FOCUSED HLTH RISK ASSMT	96160	CPT	both			109	37.74	UHC	Medicare		32.82				8.01	103.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
PT-FOCUSED HLTH RISK ASSMT	96160	CPT	both			109		37.74 UHC	Medicaid		34.39	31.55			8.01	103.55	percent of total billed charges	
PT-FOCUSED HLTH RISK ASSMT	96160	CPT	both			109		37.74 Wellcare	Medicare		32.82				8.01	103.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PT-FOCUSED HLTH RISK ASSMT	96160	CPT	both			109		37.74 Wellcare	Medicaid		34.39	31.55			8.01	103.55	percent of total billed charges	
PT-FOCUSED HLTH RISK ASSMT	96160	CPT	both			109		37.74 WellPoint	WellPoint		35.08	32.18			8.01	103.55	percent of total billed charges	
IV HYDRATION 1ST HR	96360	CPT	both			754		281.9 Aetna	Better Health		237.89	31.55			119.89	716.3	percent of total billed charges	
IV HYDRATION 1ST HR	96360	CPT	both			754		281.9 Aetna	Commercial		390.25				119.89	716.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IV HYDRATION 1ST HR	96360	CPT	both			754		281.9 Aetna	Medicare		245.13				119.89	716.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IV HYDRATION 1ST HR	96360	CPT	both			754		281.9 Americare	Americare		565.5	75			119.89	716.3	percent of total billed charges	
IV HYDRATION 1ST HR	96360	CPT	both			754		281.9 Amerihealth	HMO/PPO		490.1	65			119.89	716.3	percent of total billed charges	
IV HYDRATION 1ST HR	96360	CPT	both			754		281.9 Amerihealth	Medicare		245.13				119.89	716.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IV HYDRATION 1ST HR	96360	CPT	both			754		281.9 Consumer	Consumer		716.3	95			119.89	716.3	percent of total billed charges	
IV HYDRATION 1ST HR	96360	CPT	both			754		281.9 Corrections	Corrections		603.2	80			119.89	716.3	percent of total billed charges	
IV HYDRATION 1ST HR	96360	CPT	both			754		281.9 First Health	First Health		527.8	70			119.89	716.3	percent of total billed charges	
IV HYDRATION 1ST HR	96360	CPT	both			754		281.9 First Trenton	First Trenton		678.6	90			119.89	716.3	percent of total billed charges	
IV HYDRATION 1ST HR	96360	CPT	both			754		281.9 Horizon	PPO		456.19				119.89	716.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IV HYDRATION 1ST HR	96360	CPT	both			754		281.9 Horizon	MGD		456.19				119.89	716.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IV HYDRATION 1ST HR	96360	CPT	both			754		281.9 Horizon	Indemnity		456.19				119.89	716.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IV HYDRATION 1ST HR	96360	CPT	both			754		281.9 Horizon	NJ Health		368.01				119.89	716.3	fee schedule	
IV HYDRATION 1ST HR	96360	CPT	both			754		281.9 Horizon	Medicare Blue		245.13				119.89	716.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IV HYDRATION 1ST HR	96360	CPT	both			754		281.9 Managed Care Inc	Managed Care Inc		678.6	90			119.89	716.3	percent of total billed charges	
IV HYDRATION 1ST HR	96360	CPT	both			754		281.9 Multiplan	Multiplan		603.2	80			119.89	716.3	percent of total billed charges	
IV HYDRATION 1ST HR	96360	CPT	both			754		281.9 Qualcare	Qualcare		565.5	75			119.89	716.3	percent of total billed charges	
IV HYDRATION 1ST HR	96360	CPT	both			754		281.9 Three Rivers	Three Rivers		716.3	95			119.89	716.3	percent of total billed charges	
IV HYDRATION 1ST HR	96360	CPT	both			754		281.9 UHC	Medicare		245.13				119.89	716.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IV HYDRATION 1ST HR	96360	CPT	both			754		281.9 UHC	Medicaid		237.89	31.55			119.89	716.3	percent of total billed charges	
IV HYDRATION 1ST HR	96360	CPT	both			754		281.9 Wellcare	Medicare		245.13				119.89	716.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IV HYDRATION 1ST HR	96360	CPT	both			754		281.9 Wellcare	Medicaid		237.89	31.55			119.89	716.3	percent of total billed charges	
IV HYDRATION 1ST HR	96360	CPT	both			754		281.9 WellPoint	WellPoint		242.64	32.18			119.89	716.3	percent of total billed charges	
IV HYDRATION EACH ADDITIONAL HR	96361	CPT	both			317		62.48 Aetna	Commercial		86.49				41.96	301.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IV HYDRATION EACH ADDITIONAL HR	96361	CPT	both			317		62.48 Aetna	Better Health		100.01	31.55			41.96	301.15	percent of total billed charges	
IV HYDRATION EACH ADDITIONAL HR	96361	CPT	both			317		62.48 Aetna	Medicare		54.33				41.96	301.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IV HYDRATION EACH ADDITIONAL HR	96361	CPT	both			317		62.48 Americare	Americare		237.75	75			41.96	301.15	percent of total billed charges	
IV HYDRATION EACH ADDITIONAL HR	96361	CPT	both			317		62.48 Amerihealth	HMO/PPO		206.05	65			41.96	301.15	percent of total billed charges	
IV HYDRATION EACH ADDITIONAL HR	96361	CPT	both			317		62.48 Amerihealth	Medicare		54.33				41.96	301.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IV HYDRATION EACH ADDITIONAL HR	96361	CPT	both			317		62.48 Consumer	Consumer		301.15	95			41.96	301.15	percent of total billed charges	
IV HYDRATION EACH ADDITIONAL HR	96361	CPT	both			317		62.48 Corrections	Corrections		253.6	80			41.96	301.15	percent of total billed charges	
IV HYDRATION EACH ADDITIONAL HR	96361	CPT	both			317		62.48 First Health	First Health		221.9	70			41.96	301.15	percent of total billed charges	
IV HYDRATION EACH ADDITIONAL HR	96361	CPT	both			317		62.48 First Trenton	First Trenton		285.3	90			41.96	301.15	percent of total billed charges	
IV HYDRATION EACH ADDITIONAL HR	96361	CPT	both			317		62.48 Horizon	PPO		101.11				41.96	301.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IV HYDRATION EACH ADDITIONAL HR	96361	CPT	both			317		62.48 Horizon	Medicare Blue		54.33				41.96	301.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IV HYDRATION EACH ADDITIONAL HR	96361	CPT	both			317		62.48 Horizon	MGD		101.11				41.96	301.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IV HYDRATION EACH ADDITIONAL HR	96361	CPT	both			317		62.48 Horizon	Indemnity		101.11				41.96	301.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IV HYDRATION EACH ADDITIONAL HR	96361	CPT	both			317		62.48 Horizon	NJ Health		151.38				41.96	301.15	fee schedule	
IV HYDRATION EACH ADDITIONAL HR	96361	CPT	both			317		62.48 Managed Care Inc	Managed Care Inc		285.3	90			41.96	301.15	percent of total billed charges	
IV HYDRATION EACH ADDITIONAL HR	96361	CPT	both			317		62.48 Multiplan	Multiplan		253.6	80			41.96	301.15	percent of total billed charges	
IV HYDRATION EACH ADDITIONAL HR	96361	CPT	both			317		62.48 Qualcare	Qualcare		237.75	75			41.96	301.15	percent of total billed charges	
IV HYDRATION EACH ADDITIONAL HR	96361	CPT	both			317		62.48 Three Rivers	Three Rivers		301.15	95			41.96	301.15	percent of total billed charges	
IV HYDRATION EACH ADDITIONAL HR	96361	CPT	both			317		62.48 UHC	Medicaid		100.01	31.55			41.96	301.15	percent of total billed charges	
IV HYDRATION EACH ADDITIONAL HR	96361	CPT	both			317		62.48 UHC	Medicare		54.33				41.96	301.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IV HYDRATION EACH ADDITIONAL HR	96361	CPT	both			317		62.48 Wellcare	Medicaid		100.01	31.55			41.96	301.15	percent of total billed charges	
IV HYDRATION EACH ADDITIONAL HR	96361	CPT	both			317		62.48 Wellcare	Medicare		54.33				41.96	301.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IV HYDRATION EACH ADDITIONAL HR	96361	CPT	both			317		62.48 WellPoint	WellPoint		102.01	32.18			41.96	301.15	percent of total billed charges	
THER/PROPH/DIAG IV INF.,INITIAL	96365	CPT	both			813		281.9 Aetna	Better Health		256.5	31.55			97.25	772.35	percent of total billed charges	
THER/PROPH/DIAG IV INF.,INITIAL	96365	CPT	both			813		281.9 Aetna	Commercial		390.25				97.25	772.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THER/PROPH/DIAG IV INF.,INITIAL	96365	CPT	both			813		281.9 Aetna	Medicare		250.4	30.8			97.25	772.35	percent of total billed charges	
THER/PROPH/DIAG IV INF.,INITIAL	96365	CPT	both			813		281.9 Americare	Americare		609.75	75			97.25	772.35	percent of total billed charges	
THER/PROPH/DIAG IV INF.,INITIAL	96365	CPT	both			813		281.9 Amerihealth	HMO/PPO		528.45	65			97.25	772.35	percent of total billed charges	
THER/PROPH/DIAG IV INF.,INITIAL	96365	CPT	both			813		281.9 Amerihealth	Medicare		245.13				97.25	772.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THER/PROPH/DIAG IV INF.,INITIAL	96365	CPT	both			813		281.9 Consumer	Consumer		772.35	95			97.25	772.35	percent of total billed charges	
THER/PROPH/DIAG IV INF.,INITIAL	96365	CPT	both			813		281.9 Corrections	Corrections		650.4	80			97.25	772.35	percent of total billed charges	
THER/PROPH/DIAG IV INF.,INITIAL	96365	CPT	both			813		281.9 First Health	First Health		569.1	70			97.25	772.35	percent of total billed charges	
THER/PROPH/DIAG IV INF.,INITIAL	96365	CPT	both			813		281.9 First Trenton	First Trenton		731.7	90			97.25	772.35	percent of total billed charges	
THER/PROPH/DIAG IV INF.,INITIAL	96365	CPT	both			813		281.9 Horizon	PPO		456.19				97.25	772.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THER/PROPH/DIAG IV INF.,INITIAL	96365	CPT	both			813		281.9 Horizon	MGD		456.19				97.25	772.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THER/PROPH/DIAG IV INF.,INITIAL	96365	CPT	both			813		281.9 Horizon	Indemnity		456.19				97.25	772.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THER/PROPH/DIAG IV INF.,INITIAL	96365	CPT	both			813		281.9 Horizon	Medicare Blue		245.13				97.25	772.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THER/PROPH/DIAG IV INF.,INITIAL	96365	CPT	both			813		281.9 Horizon	NJ Health		97.25				97.25	772.35	fee schedule	
THER/PROPH/DIAG IV INF.,INITIAL	96365	CPT	both			813		281.9 Managed Care Inc	Managed Care Inc		731.7	90			97.25	772.35	percent of total billed charges	
THER/PROPH/DIAG IV INF.,INITIAL	96365	CPT	both			813		281.9 Multiplan	Multiplan		650.4	80			97.25	772.35	percent of total billed charges	
THER/PROPH/DIAG IV INF.,INITIAL	96365	CPT	both			813		281.9 Qualcare	Qualcare		609.75	75			97.25	772.35	percent of total billed charges	
THER/PROPH/DIAG IV INF.,INITIAL	96365	CPT	both			813		281.9 Three Rivers	Three Rivers		772.35	95			97.25	772.35	percent of total billed charges	
THER/PROPH/DIAG IV INF.,INITIAL	96365	CPT	both			813		281.9 UHC	Medicaid		256.5	31.55			97.25	772.35	percent of total billed charges	
THER/PROPH/DIAG IV INF.,INITIAL	96365	CPT	both			813		281.9 UHC	Medicare		245.13				97.25	772.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THER/PROPH/DIAG IV INF.,INITIAL	96365	CPT	both			813		281.9 Wellcare	Medicaid		256.5	31.55			97.25	772.35	percent of total billed charges	
THER/PROPH/DIAG IV INF.,INITIAL	96365	CPT	both			813		281.9 Wellcare	Medicare		245.13				97.25	772.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THER/PROPH/DIAG IV INF.,INITIAL	96365	CPT	both			813		281.9 WellPoint	WellPoint		261.62	32.18			97.25	772.35	percent of total billed charges	
THER/PROPH/DIAG IV INF ADDON	96366	CPT	both			259		62.48 Aetna	Better Health		81.71	31.55			31.48	246.05	percent of total billed charges	
THER/PROPH/DIAG IV INF ADDON	96366	CPT	both			259		62.48 Aetna	Commercial		86.49				31.48	246.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THER/PROPH/DIAG IV INF ADDON	96366	CPT	both			259		62.48 Aetna	Medicare		54.33				31.48	246.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THER/PROPH/DIAG IV INF ADDON	96366	CPT	both			259		62.48 Americare	Americare		194.25	75			31.48	246.05	percent of total billed charges	
THER/PROPH/DIAG IV INF ADDON	96366	CPT	both			259		62.48 Amerihealth	HMO/PPO		168.35	65			31.48	246.05	percent of total billed charges	
THER/PROPH/DIAG IV INF ADDON	96366	CPT	both			259		62.48 Amerihealth	Medicare		54.33				31.48	246.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THER/PROPH/DIAG IV INF ADDON	96366	CPT	both			259		62.48 Consumer	Consumer		246.05	95			31.48	246.05	percent of total billed charges	
THER/PROPH/DIAG IV INF ADDON	96366	CPT	both			259		62.48 Corrections	Corrections		207.2	80			31.48	246.05	percent of total billed charges	
THER/PROPH/DIAG IV INF ADDON	96366	CPT	both			259		62.48 First Health	First Health		181.3	70			31.48	246.05	percent of total billed charges	
THER/PROPH/DIAG IV INF ADDON	96366	CPT	both			259		62.48 First Trenton	First Trenton		233.1	90			31.48	246.05	percent of total billed charges	
THER/PROPH/DIAG IV INF ADDON	96366	CPT	both			259		62.48 Horizon	Medicare Blue		54.33				31.48	246.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THER/PROPH/DIAG IV INF ADDON	96366	CPT	both			259		62.48 Horizon	Indemnity		101.11				31.48	246.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THER/PROPH/DIAG IV INF ADDON	96366	CPT	both			259		62.48 Horizon	PPO		101.11				31.48	246.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THER/PROPH/DIAG IV INF ADDON	96366	CPT	both			259		62.48 Horizon	MGD		101.11				31.48	246.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THER/PROPH/DIAG IV INF ADDON	96366	CPT	both			259		62.48 Horizon	NJ Health		31.48				31.48	246.05	fee schedule	
THER/PROPH/DIAG IV INF ADDON	96366	CPT	both			259		62.48 Managed Care Inc	Managed Care Inc		233.1	90			31.48	246.05	percent of total billed charges	
THER/PROPH/DIAG IV INF ADDON	96366	CPT	both			259		62.48 Multiplan	Multiplan		207.2	80			31.48	246.05	percent of total billed charges	
THER/PROPH/DIAG IV INF ADDON	96366	CPT	both			259		62.48 Qualcare	Qualcare		194.25	75			31.48	246.05	percent of total billed charges	
THER/PROPH/DIAG IV INF ADDON	96366	CPT	both			259		62.48 Three Rivers	Three Rivers		246.05	95			31.48	246.05	percent of total billed charges	
THER/PROPH/DIAG IV INF ADDON	96366	CPT	both			259		62.48 UHC	Medicare		54.33				31.48	246.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THER/PROPH/DIAG IV INF ADDON	96366	CPT	both			259		62.48 UHC	Medicaid		81.71	31.55			31.48	246.05	percent of total billed charges	
THER/PROPH/DIAG IV INF ADDON	96366	CPT	both			259		62.48 Wellcare	Medicare		54.33				31.48	246.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THER/PROPH/DIAG IV INF ADDON	96366	CPT	both			259		62.48 Wellcare	Medicaid		81.71	31.55			31.48	246.05	percent of total billed charges	
THER/PROPH/DIAG IV INF ADDON	96366	CPT	both			259		62.48 WellPoint	WellPoint		83.35	32.18			31.48	246.05	percent of total billed charges	
TX/PROPH/DG ADDL SEQ IV INF	96367	CPT	both			248		92.66 Aetna	Commercial		128.27				46.98	235.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TX/PROPH/DG ADDL SEQ IV INF	96367	CPT	both			248		92.66 Aetna	Better Health		78.24	31.55			46.98	235.6	percent of total billed charges	
TX/PROPH/DG ADDL SEQ IV INF	96367	CPT	both			248		92.66 Aetna	Medicare		80.57				46.98	235.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TX/PROPH/DG ADDL SEQ IV INF	96367	CPT	both			248		92.66 Americare	Americare		186	75			46.98	235.6	percent of total billed charges	
TX/PROPH/DG ADDL SEQ IV INF	96367	CPT	both			248		92.66 Amerihealth	HMO/PPO		161.2	65			46.98	235.6	percent of total billed charges	
TX/PROPH/DG ADDL SEQ IV INF	96367	CPT	both			248		92.66 Amerihealth	Medicare		80.57				46.98	235.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TX/PROPH/DG ADDL SEQ IV INF	96367	CPT	both			248		92.66 Consumer	Consumer		235.6	95			46.98	235.6	percent of total billed charges	
TX/PROPH/DG ADDL SEQ IV INF	96367	CPT	both			248		92.66 Corrections	Corrections		198.4	80			46.98	235.6	percent of total billed charges	
TX/PROPH/DG ADDL SEQ IV INF	96367	CPT	both			248		92.66 First Health	First Health		173.6	70			46.98	235.6	percent of total billed charges	
TX/PROPH/DG ADDL SEQ IV INF	96367	CPT	both			248		92.66 First Trenton	First Trenton		223.2	90			46.98	235.6	percent of total billed charges	
TX/PROPH/DG ADDL SEQ IV INF	96367	CPT	both			248		92.66 Horizon	MGD		149.94				46.98	235.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TX/PROPH/DG ADDL SEQ IV INF	96367	CPT	both			248		92.66 Horizon	Medicare Blue		80.57				46.98	235.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TX/PROPH/DG ADDL SEQ IV INF	96367	CPT	both			248		92.66 Horizon	PPO		149.94				46.98	235.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TX/PROPH/DG ADDL SEQ IV INF	96367	CPT	both			248		92.66 Horizon	NJ Health		46.98				46.98	235.6	fee schedule	
TX/PROPH/DG ADDL SEQ IV INF	96367	CPT	both			248		92.66 Horizon	Indemnity		149.94				46.98	235.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TX/PROPH/DG ADDL SEQ IV INF	96367	CPT	both			248		92.66 Managed Care Inc	Managed Care Inc		223.2	90			46.98	235.6	percent of total billed charges	
TX/PROPH/DG ADDL SEQ IV INF	96367	CPT	both			248		92.66 Multiplan	Multiplan		198.4	80			46.98	235.6	percent of total billed charges	
TX/PROPH/DG ADDL SEQ IV INF	96367	CPT	both			248		92.66 Qualcare	Qualcare		186	75			46.98	235.6	percent of total billed charges	
TX/PROPH/DG ADDL SEQ IV INF	96367	CPT	both			248		92.66 Three Rivers	Three Rivers		235.6	95			46.98	235.6	percent of total billed charges	
TX/PROPH/DG ADDL SEQ IV INF	96367	CPT	both			248		92.66 UHC	Medicare		80.57				46.98	235.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TX/PROPH/DG ADDL SEQ IV INF	96367	CPT	both			248		92.66 UHC	Medicaid		78.24	31.55			46.98	235.6	percent of total billed charges	
TX/PROPH/DG ADDL SEQ IV INF	96367	CPT	both			248		92.66 Wellcare	Medicaid		78.24	31.55			46.98	235.6	percent of total billed charges	
TX/PROPH/DG ADDL SEQ IV INF	96367	CPT	both			248		92.66 Wellcare	Medicare		80.57				46.98	235.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TX/PROPH/DG ADDL SEQ IV INF	96367	CPT	both			248		92.66 WellPoint	WellPoint		79.81	32.18			46.98	235.6	percent of total billed charges	
IV INFUSION FOR THERPAY CONCURRENT INFUS	96368	CPT	outpatient			152		Aetna	Medicare		46.82	30.8			7.5	144.4	percent of total billed charges	
IV INFUSION FOR THERPAY CONCURRENT INFUS	96368	CPT	outpatient			152		Aetna	Better Health		47.96	31.55			7.5	144.4	percent of total billed charges	
IV INFUSION FOR THERPAY CONCURRENT INFUS	96368	CPT	outpatient			152		Aetna	Commercial		57.76	38			7.5	144.4	percent of total billed charges	
IV INFUSION FOR THERPAY CONCURRENT INFUS	96368	CPT	outpatient			152		Americare	Americare		114	75			7.5	144.4	percent of total billed charges	
IV INFUSION FOR THERPAY CONCURRENT INFUS	96368	CPT	outpatient			152		Amerihealth	HMO/PPO		98.8	65			7.5	144.4	percent of total billed charges	
IV INFUSION FOR THERPAY CONCURRENT INFUS	96368	CPT	outpatient			152		Consumer	Consumer		144.4	95			7.5	144.4	percent of total billed charges	
IV INFUSION FOR THERPAY CONCURRENT INFUS	96368	CPT	outpatient			152		Corrections	Corrections		121.6	80			7.5	144.4	percent of total billed charges	
IV INFUSION FOR THERPAY CONCURRENT INFUS	96368	CPT	outpatient			152		First Health	First Health		106.4	70			7.5	144.4	percent of total billed charges	
IV INFUSION FOR THERPAY CONCURRENT INFUS	96368	CPT	outpatient			152		First Trenton	First Trenton		136.8	90			7.5	144.4	percent of total billed charges	
IV INFUSION FOR THERPAY CONCURRENT INFUS	96368	CPT	outpatient			152		Horizon	Medicare Blue		45.6	30			7.5	144.4	percent of total billed charges	
IV INFUSION FOR THERPAY CONCURRENT INFUS	96368	CPT	outpatient			152		Horizon	Indemnity		58.19	38.28			7.5	144.4	percent of total billed charges	
THER/DIAG CONCURRENT INF	96368	CPT	outpatient			152		Horizon	NJ Health		29.23				7.5	144.4	fee schedule	
IV INFUSION FOR THERPAY CONCURRENT INFUS	96368	CPT	outpatient			152		Horizon	MGD		58.19	38.28			7.5	144.4	percent of total billed charges	
IV INFUSION FOR THERPAY CONCURRENT INFUS	96368	CPT	outpatient			152		Horizon	PPO		58.19	38.28			7.5	144.4	percent of total billed charges	
IV INFUSION FOR THERPAY CONCURRENT INFUS	96368	CPT	outpatient			152		Managed Care Inc	Managed Care Inc		136.8	90			7.5	144.4	percent of total billed charges	
IV INFUSION FOR THERPAY CONCURRENT INFUS	96368	CPT	outpatient			152		Multiplan	Multiplan		121.6	80			7.5	144.4	percent of total billed charges	
IV INFUSION FOR THERPAY CONCURRENT INFUS	96368	CPT	outpatient			152		Qualcare	Qualcare		114	75			7.5	144.4	percent of total billed charges	
IV INFUSION FOR THERPAY CONCURRENT INFUS	96368	CPT	outpatient			152		Three Rivers	Three Rivers		144.4	95			7.5	144.4	percent of total billed charges	
IV INFUSION FOR THERPAY CONCURRENT INFUS	96368	CPT	outpatient			152		UHC	Medicaid		47.96	31.55			7.5	144.4	percent of total billed charges	
IV INFUSION FOR THERPAY CONCURRENT INFUS	96368	CPT	outpatient			152		Wellcare	Medicaid		47.96	31.55			7.5	144.4	percent of total billed charges	
IV INFUSION FOR THERPAY CONCURRENT INFUS	96368	CPT	outpatient			152		WellPoint	WellPoint		48.91	32.18			7.5	144.4	percent of total billed charges	
THERAUPETIC PROPH DX INJ	96372	CPT	both			251		92.66 Aetna	Better Health		79.19	31.55			7.97	238.45	percent of total billed charges	
THERAUPETIC PROPH DX INJ	96372	CPT	both			251		92.66 Aetna	Commercial		128.27				7.97	238.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THERAUPETIC PROPH DX INJ	96372	CPT	both			251		92.66 Aetna	Medicare		80.57				7.97	238.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.															
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true														
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
THERAUPETIC PROPH DX INJ	96372	CPT	both			251	92.66	Americare	Americare		188.25	75			7.97	238.45	percent of total billed charges	
THERAUPETIC PROPH DX INJ	96372	CPT	both			251	92.66	Amerihealth	Medicare		80.57				7.97	238.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THERAUPETIC PROPH DX INJ	96372	CPT	both			251	92.66	Amerihealth	HMO/PPO		163.15	65			7.97	238.45	percent of total billed charges	
THERAUPETIC PROPH DX INJ	96372	CPT	both			251	92.66	Consumer	Consumer		238.45	95			7.97	238.45	percent of total billed charges	
THERAUPETIC PROPH DX INJ	96372	CPT	both			251	92.66	Corrections	Corrections		200.8	80			7.97	238.45	percent of total billed charges	
THERAUPETIC PROPH DX INJ	96372	CPT	both			251	92.66	First Health	First Health		175.7	70			7.97	238.45	percent of total billed charges	
THERAUPETIC PROPH DX INJ	96372	CPT	both			251	92.66	First Trenton	First Trenton		225.9	90			7.97	238.45	percent of total billed charges	
THERAUPETIC PROPH DX INJ	96372	CPT	both			251	92.66	Horizon	MGD		149.94				7.97	238.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THERAUPETIC PROPH DX INJ	96372	CPT	both			251	92.66	Horizon	Medicare Blue		80.57				7.97	238.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THERAUPETIC PROPH DX INJ	96372	CPT	both			251	92.66	Horizon	Indemnity		149.94				7.97	238.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THERAUPETIC PROPH DX INJ	96372	CPT	both			251	92.66	Horizon	NJ Health		7.97				7.97	238.45	fee schedule	
THERAUPETIC PROPH DX INJ	96372	CPT	both			251	92.66	Horizon	PPO		149.94				7.97	238.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THERAUPETIC PROPH DX INJ	96372	CPT	both			251	92.66	Managed Care Inc	Managed Care Inc		225.9	90			7.97	238.45	percent of total billed charges	
THERAUPETIC PROPH DX INJ	96372	CPT	both			251	92.66	Multiplan	Multiplan		200.8	80			7.97	238.45	percent of total billed charges	
THERAUPETIC PROPH DX INJ	96372	CPT	both			251	92.66	Qualcare	Qualcare		188.25	75			7.97	238.45	percent of total billed charges	
THERAUPETIC PROPH DX INJ	96372	CPT	both			251	92.66	Three Rivers	Three Rivers		238.45	95			7.97	238.45	percent of total billed charges	
THERAUPETIC PROPH DX INJ	96372	CPT	both			251	92.66	UHC	Medicare		80.57				7.97	238.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THERAUPETIC PROPH DX INJ	96372	CPT	both			251	92.66	UHC	Medicaid		79.19	31.55			7.97	238.45	percent of total billed charges	
THERAUPETIC PROPH DX INJ	96372	CPT	both			251	92.66	Wellcare	Medicaid		79.19	31.55			7.97	238.45	percent of total billed charges	
THERAUPETIC PROPH DX INJ	96372	CPT	both			251	92.66	Wellcare	Medicare		80.57				7.97	238.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THERAUPETIC PROPH DX INJ	96372	CPT	both			251	92.66	WellPoint	WellPoint		80.77	32.18			7.97	238.45	percent of total billed charges	
THERAPUTIC, PROPHALYTIC, OR DIAG INJECT	96373	CPT	outpatient			781	281.9	Aetna	Commercial		390.25				8.28	741.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THERAPUTIC, PROPHALYTIC, OR DIAG INJECT	96373	CPT	outpatient			781	281.9	Aetna	Better Health		246.41	31.55			8.28	741.95	percent of total billed charges	
THERAPUTIC, PROPHALYTIC, OR DIAG INJECT	96373	CPT	outpatient			781	281.9	Aetna	Medicare		245.13				8.28	741.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THERAPUTIC, PROPHALYTIC, OR DIAG INJECT	96373	CPT	outpatient			781	281.9	Americare	Americare		585.75	75			8.28	741.95	percent of total billed charges	
THERAPUTIC, PROPHALYTIC, OR DIAG INJECT	96373	CPT	outpatient			781	281.9	Amerihealth	HMO/PPO		507.65	65			8.28	741.95	percent of total billed charges	
THERAPUTIC, PROPHALYTIC, OR DIAG INJECT	96373	CPT	outpatient			781	281.9	Amerihealth	Medicare		245.13				8.28	741.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THERAPUTIC, PROPHALYTIC, OR DIAG INJECT	96373	CPT	outpatient			781	281.9	Consumer	Consumer		741.95	95			8.28	741.95	percent of total billed charges	
THERAPUTIC, PROPHALYTIC, OR DIAG INJECT	96373	CPT	outpatient			781	281.9	Corrections	Corrections		624.8	80			8.28	741.95	percent of total billed charges	
THERAPUTIC, PROPHALYTIC, OR DIAG INJECT	96373	CPT	outpatient			781	281.9	First Health	First Health		546.7	70			8.28	741.95	percent of total billed charges	
THERAPUTIC, PROPHALYTIC, OR DIAG INJECT	96373	CPT	outpatient			781	281.9	First Trenton	First Trenton		702.9	90			8.28	741.95	percent of total billed charges	
THERAPUTIC, PROPHALYTIC, OR DIAG INJECT	96373	CPT	outpatient			781	281.9	Horizon	NJ Health		8.28				8.28	741.95	fee schedule	
THERAPUTIC, PROPHALYTIC, OR DIAG INJECT	96373	CPT	outpatient			781	281.9	Horizon	Medicare Blue		245.13				8.28	741.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THERAPUTIC, PROPHALYTIC, OR DIAG INJECT	96373	CPT	outpatient			781	281.9	Horizon	MGD		456.19				8.28	741.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THERAPUTIC, PROPHALYTIC, OR DIAG INJECT	96373	CPT	outpatient			781	281.9	Horizon	PPO		456.19				8.28	741.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THERAPUTIC, PROPHALYTIC, OR DIAG INJECT	96373	CPT	outpatient			781	281.9	Horizon	Indemnity		456.19				8.28	741.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THERAPUTIC, PROPHALYTIC, OR DIAG INJECT	96373	CPT	outpatient			781	281.9	Managed Care Inc	Managed Care Inc		702.9	90			8.28	741.95	percent of total billed charges	
THERAPUTIC, PROPHALYTIC, OR DIAG INJECT	96373	CPT	outpatient			781	281.9	Multiplan	Multiplan		624.8	80			8.28	741.95	percent of total billed charges	
THERAPUTIC, PROPHALYTIC, OR DIAG INJECT	96373	CPT	outpatient			781	281.9	Qualcare	Qualcare		585.75	75			8.28	741.95	percent of total billed charges	
THERAPUTIC, PROPHALYTIC, OR DIAG INJECT	96373	CPT	outpatient			781	281.9	Three Rivers	Three Rivers		741.95	95			8.28	741.95	percent of total billed charges	
THERAPUTIC, PROPHALYTIC, OR DIAG INJECT	96373	CPT	outpatient			781	281.9	UHC	Medicaid		246.41	31.55			8.28	741.95	percent of total billed charges	
THERAPUTIC, PROPHALYTIC, OR DIAG INJECT	96373	CPT	outpatient			781	281.9	UHC	Medicare		245.13				8.28	741.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THERAPUTIC, PROPHALYTIC, OR DIAG INJECT	96373	CPT	outpatient			781	281.9	Wellcare	Medicare		245.13				8.28	741.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THERAPUTIC, PROPHALYTIC, OR DIAG INJECT	96373	CPT	outpatient			781	281.9	Wellcare	Medicaid		246.41	31.55			8.28	741.95	percent of total billed charges	
THERAPUTIC, PROPHALYTIC, OR DIAG INJECT	96373	CPT	outpatient			781	281.9	WellPoint	WellPoint		251.33	32.18			8.28	741.95	percent of total billed charges	
THERAPY/DX NJ. IV	96374	CPT	both			770	281.9	Aetna	Better Health		242.94	31.55			25.3	731.5	percent of total billed charges	
THERAPY/DX NJ. IV	96374	CPT	both			770	281.9	Aetna	Commercial		390.25				25.3	731.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THERAPY/DX NJ. IV	96374	CPT	both			770	281.9	Aetna	Medicare		245.13				25.3	731.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THERAPY/DX NJ. IV	96374	CPT	both			770	281.9	Americare	Americare		577.5	75			25.3	731.5	percent of total billed charges	
THERAPY/DX NJ. IV	96374	CPT	both			770	281.9	Amerihealth	HMO/PPO		500.5	65			25.3	731.5	percent of total billed charges	
THERAPY/DX NJ. IV	96374	CPT	both			770	281.9	Amerihealth	Medicare		245.13				25.3	731.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THERAPY/DX NJ. IV	96374	CPT	both			770	281.9	Consumer	Consumer		731.5	95			25.3	731.5	percent of total billed charges	
THERAPY/DX NJ. IV	96374	CPT	both			770	281.9	Corrections	Corrections		616	80			25.3	731.5	percent of total billed charges	
THERAPY/DX NJ. IV	96374	CPT	both			770	281.9	First Health	First Health		539	70			25.3	731.5	percent of total billed charges	
THERAPY/DX NJ. IV	96374	CPT	both			770	281.9	First Trenton	First Trenton		693	90			25.3	731.5	percent of total billed charges	
THERAPY/DX NJ. IV	96374	CPT	both			770	281.9	Horizon	MGD		456.19				25.3	731.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THERAPY/DX NJ. IV	96374	CPT	both			770	281.9	Horizon	Indemnity		456.19				25.3	731.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THERAPY/DX NJ. IV	96374	CPT	both			770	281.9	Horizon	PPO		456.19				25.3	731.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THERAPY/DX NJ. IV	96374	CPT	both			770	281.9	Horizon	Medicare Blue		245.13				25.3	731.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THERAPY/DX NJ. IV	96374	CPT	both			770	281.9	Horizon	NJ Health		25.3				25.3	731.5	fee schedule	
THERAPY/DX NJ. IV	96374	CPT	both			770	281.9	Managed Care Inc	Managed Care Inc		693	90			25.3	731.5	percent of total billed charges	
THERAPY/DX NJ. IV	96374	CPT	both			770	281.9	Multiplan	Multiplan		616	80			25.3	731.5	percent of total billed charges	
THERAPY/DX NJ. IV	96374	CPT	both			770	281.9	Qualcare	Qualcare		577.5	75			25.3	731.5	percent of total billed charges	
THERAPY/DX NJ. IV	96374	CPT	both			770	281.9	Three Rivers	Three Rivers		731.5	95			25.3	731.5	percent of total billed charges	
THERAPY/DX NJ. IV	96374	CPT	both			770	281.9	UHC	Medicare		245.13				25.3	731.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THERAPY/DX NJ. IV	96374	CPT	both			770	281.9	UHC	Medicaid		242.94	31.55			25.3	731.5	percent of total billed charges	
THERAPY/DX NJ. IV	96374	CPT	both			770	281.9	Wellcare	Medicare		245.13				25.3	731.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THERAPY/DX NJ. IV	96374	CPT	both			770	281.9	Wellcare	Medicaid		242.94	31.55			25.3	731.5	percent of total billed charges	
THERAPY/DX NJ. IV	96374	CPT	both			770	281.9	WellPoint	WellPoint		247.79	32.18			25.3	731.5	percent of total billed charges	
THER INJ EACH ADD'L DRUG	96375	CPT	both			219	62.48	Aetna	Commercial		86.49				11.73	208.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THER INJ EACH ADD'L DRUG	96375	CPT	both			219	62.48	Aetna	Medicare		54.33				11.73	208.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THER INJ EACH ADD'L DRUG	96375	CPT	both			219	62.48	Aetna	Better Health		69.09	31.55			11.73	208.05	percent of total billed charges	
THER INJ EACH ADD'L DRUG	96375	CPT	both			219	62.48	Americare	Americare		164.25	75			11.73	208.05	percent of total billed charges	
THER INJ EACH ADD'L DRUG	96375	CPT	both			219	62.48	Amerihealth	HMO/PPO		142.35	65			11.73	208.05	percent of total billed charges	
THER INJ EACH ADD'L DRUG	96375	CPT	both			219	62.48	Amerihealth	Medicare		54.33				11.73	208.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THER INJ EACH ADD'L DRUG	96375	CPT	both			219	62.48	Consumer	Consumer		208.05	95			11.73	208.05	percent of total billed charges	
THER INJ EACH ADD'L DRUG	96375	CPT	both			219	62.48	Corrections	Corrections		175.2	80			11.73	208.05	percent of total billed charges	
THER INJ EACH ADD'L DRUG	96375	CPT	both			219	62.48	First Health	First Health		153.3	70			11.73	208.05	percent of total billed charges	
THER INJ EACH ADD'L DRUG	96375	CPT	both			219	62.48	First Trenton	First Trenton		197.1	90			11.73	208.05	percent of total billed charges	
THER INJ EACH ADD'L DRUG	96375	CPT	both			219	62.48	Horizon	MGD		101.11				11.73	208.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THER INJ EACH ADD'L DRUG	96375	CPT	both			219	62.48	Horizon	Medicare Blue		54.33				11.73	208.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THER INJ EACH ADD'L DRUG	96375	CPT	both			219	62.48	Horizon	NJ Health		11.73				11.73	208.05	fee schedule	
THER INJ EACH ADD'L DRUG	96375	CPT	both			219	62.48	Horizon	Indemnity		101.11				11.73	208.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THER INJ EACH ADD'L DRUG	96375	CPT	both			219	62.48	Horizon	PPO		101.11				11.73	208.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THER INJ EACH ADD'L DRUG	96375	CPT	both			219	62.48	Managed Care Inc	Managed Care Inc		197.1	90			11.73	208.05	percent of total billed charges	
THER INJ EACH ADD'L DRUG	96375	CPT	both			219	62.48	Multiplan	Multiplan		175.2	80			11.73	208.05	percent of total billed charges	
THER INJ EACH ADD'L DRUG	96375	CPT	both			219	62.48	Qualcare	Qualcare		164.25	75			11.73	208.05	percent of total billed charges	
THER INJ EACH ADD'L DRUG	96375	CPT	both			219	62.48	Three Rivers	Three Rivers		208.05	95			11.73	208.05	percent of total billed charges	
THER INJ EACH ADD'L DRUG	96375	CPT	both			219	62.48	UHC	Medicaid		69.09	31.55			11.73	208.05	percent of total billed charges	
THER INJ EACH ADD'L DRUG	96375	CPT	both			219	62.48	UHC	Medicare		54.33				11.73	208.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THER INJ EACH ADD'L DRUG	96375	CPT	both			219	62.48	Wellcare	Medicare		54.33				11.73	208.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THER INJ EACH ADD'L DRUG	96375	CPT	both			219	62.48	Wellcare	Medicaid		69.09	31.55			11.73	208.05	percent of total billed charges	
THER INJ EACH ADD'L DRUG	96375	CPT	both			219	62.48	WellPoint	WellPoint		70.47	32.18			11.73	208.05	percent of total billed charges	
IV PUSH EACH ADDITIONAL SAME DRUG	96376	CPT	both			219		Aetna	Better Health		69.09	31.55			6.04	208.05	percent of total billed charges	
IV PUSH EACH ADDITIONAL SAME DRUG	96376	CPT	both			219		Aetna	Medicare		67.45	30.8			6.04	208.05	percent of total billed charges	
IV PUSH EACH ADDITIONAL SAME DRUG	96376	CPT	both			219		Aetna	Commercial		83.22	38			6.04	208.05	percent of total billed charges	
IV PUSH EACH ADDITIONAL SAME DRUG	96376	CPT	both			219		Americare	Americare		164.25	75			6.04	208.05	percent of total billed charges	
IV PUSH EACH ADDITIONAL SAME DRUG	96376	CPT	both			219		Amerihealth	HMO/PPO		142.35	65			6.04	208.05	percent of total billed charges	
IV PUSH EACH ADDITIONAL SAME DRUG	96376	CPT	both			219		Consumer	Consumer		208.05	95			6.04	208.05	percent of total billed charges	
IV PUSH EACH ADDITIONAL SAME DRUG	96376	CPT	both			219		Corrections	Corrections		175.2	80			6.04	208.05	percent of total billed charges	
IV PUSH EACH ADDITIONAL SAME DRUG	96376	CPT	both			219		First Health	First Health		153.3	70			6.04	208.05	percent of total billed charges	
IV PUSH EACH ADDITIONAL SAME DRUG	96376	CPT	both			219		First Trenton	First Trenton		197.1	90			6.04	208.05	percent of total billed charges	
IV PUSH EACH ADDITIONAL SAME DRUG	96376	CPT	both			219		Horizon	MGD		83.83	38.28			6.04	208.05	percent of total billed charges	
IV PUSH SAME DRUG > 30 MINS	96376	CPT	both			219		Horizon	NJ Health		6.04				6.04	208.05	fee schedule	
IV PUSH EACH ADDITIONAL SAME DRUG	96376	CPT	both			219		Horizon	Indemnity		83.83	38.28			6.04	208.05	percent of total billed charges	
IV PUSH EACH ADDITIONAL SAME DRUG	96376	CPT	both			219		Horizon	PPO		83.83	38.28			6.04	208.05	percent of total billed charges	
IV PUSH EACH ADDITIONAL SAME DRUG	96376	CPT	both			219		Horizon	Medicare Blue		65.7	30			6.04	208.05	percent of total billed charges	
IV PUSH EACH ADDITIONAL SAME DRUG	96376	CPT	both			219		Managed Care Inc	Managed Care Inc		197.1	90			6.04	208.05	percent of total billed charges	
IV PUSH EACH ADDITIONAL SAME DRUG	96376	CPT	both			219		Multiplan	Multiplan		175.2	80			6.04	208.05	percent of total billed charges	
IV PUSH EACH ADDITIONAL SAME DRUG	96376	CPT	both			219		Qualcare	Qualcare		164.25	75			6.04	208.05	percent of total billed charges	
IV PUSH EACH ADDITIONAL SAME DRUG	96376	CPT	both			219		Three Rivers	Three Rivers		208.05	95			6.04	208.05	percent of total billed charges	
IV PUSH EACH ADDITIONAL SAME DRUG	96376	CPT	both			219		UHC	Medicaid		69.09	31.55			6.04	208.05	percent of total billed charges	
IV PUSH EACH ADDITIONAL SAME DRUG	96376	CPT	both			219		Wellcare	Medicaid		69.09	31.55			6.04	208.05	percent of total billed charges	
IV PUSH EACH ADDITIONAL SAME DRUG	96376	CPT	both			219		WellPoint	WellPoint		70.47	32.18			6.04	208.05	percent of total billed charges	
APPL ON-BODY INJECTOR	96377	CPT	both			155	62.48	Aetna	Better Health		48.9	31.55			7.97	147.25	percent of total billed charges	
APPL ON-BODY INJECTOR	96377	CPT	both			155	62.48	Aetna	Commercial		86.49				7.97	147.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPL ON-BODY INJECTOR	96377	CPT	both			155	62.48	Aetna	Medicare		54.33				7.97	147.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPL ON-BODY INJECTOR	96377	CPT	both			155	62.48	Americare	Americare		116.25	75			7.97	147.25	percent of total billed charges	
APPL ON-BODY INJECTOR	96377	CPT	both			155	62.48	Amerihealth	HMO/PPO		100.75	65			7.97	147.25	percent of total billed charges	
APPL ON-BODY INJECTOR	96377	CPT	both			155	62.48	Amerihealth	Medicare		54.33				7.97	147.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPL ON-BODY INJECTOR	96377	CPT	both			155	62.48	Consumer	Consumer		147.25	95			7.97	147.25	percent of total billed charges	
APPL ON-BODY INJECTOR	96377	CPT	both			155	62.48	Corrections	Corrections		124	80			7.97	147.25	percent of total billed charges	
APPL ON-BODY INJECTOR	96377	CPT	both			155	62.48	First Health	First Health		108.5	70			7.97	147.25	percent of total billed charges	
APPL ON-BODY INJECTOR	96377	CPT	both			155	62.48	First Trenton	First Trenton		139.5	90			7.97	147.25	percent of total billed charges	
APPL ON-BODY INJECTOR	96377	CPT	both			155	62.48	Horizon	Indemnity		101.11				7.97	147.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPL ON-BODY INJECTOR	96377	CPT	both			155	62.48	Horizon	MGD		101.11				7.97	147.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPL ON-BODY INJECTOR	96377	CPT	both			155	62.48	Horizon	NJ Health		7.97				7.97	147.25	fee schedule	
APPL ON-BODY INJECTOR	96377	CPT	both			155	62.48	Horizon	Medicare Blue		54.33				7.97	147.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPL ON-BODY INJECTOR	96377	CPT	both			155	62.48	Horizon	PPO		101.11				7.97	147.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPL ON-BODY INJECTOR	96377	CPT	both			155	62.48	Managed Care Inc	Managed Care Inc		139.5	90			7.97	147.25	percent of total billed charges	
APPL ON-BODY INJECTOR	96377	CPT	both			155	62.48	Multiplan	Multiplan		124	80			7.97	147.25	percent of total billed charges	
APPL ON-BODY INJECTOR	96377	CPT	both			155	62.48	Qualcare	Qualcare		116.25	75			7.97	147.25	percent of total billed charges	
APPL ON-BODY INJECTOR	96377	CPT	both			155	62.48	Three Rivers	Three Rivers		147.25	95			7.97	147.25	percent of total billed charges	
APPL ON-BODY INJECTOR	96377	CPT	both			155	62.48	UHC	Medicare		54.33				7.97	147.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPL ON-BODY INJECTOR	96377	CPT	both			155	62.48	UHC	Medicaid		48.9	31.55			7.97	147.25	percent of total billed charges	
APPL ON-BODY INJECTOR	96377	CPT	both			155	62.48	Wellcare	Medicare		54.33				7.97	147.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPL ON-BODY INJECTOR	96377	CPT	both			155	62.48	Wellcare	Medicaid		48.9	31.55			7.97	147.25	percent of total billed charges	
APPL ON-BODY INJECTOR	96377	CPT	both			155	62.48	WellPoint	WellPoint		49.86	32.18			7.97	147.25	percent of total billed charges	
UNLISTED THER/DIAG INJECT	96379	CPT	outpatient			155	62.48	Aetna	Commercial		86.49				46.82	147.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED THER/DIAG INJECT	96379	CPT	outpatient			155	62.48	Aetna	Better Health		48.9	31.55			46.82	147.25	percent of total billed charges	
UNLISTED THER/DIAG INJECT	96379	CPT	outpatient			155	62.48	Aetna	Medicare		47.74	30.8			46.82	147.25	percent of total billed charges	
UNLISTED THER/DIAG INJECT	96379	CPT	outpatient			155	62.48	Americare	Americare		116.25	75			46.82	147.25	percent of total billed charges	
UNLISTED THER/DIAG INJECT	96379	CPT	outpatient			155	62.48	Amerihealth	Medicare		54.33				46.82	147.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED THER/DIAG INJECT	96379	CPT	outpatient			155	62.48	Amerihealth	HMO/PPO		100.75	65			46.82	147.25	percent of total billed charges	
UNLISTED THER/DIAG INJECT	96379	CPT	outpatient			155	62.48	Consumer	Consumer		147.25	95			46.82	147.25	percent of total billed charges	
UNLISTED THER/DIAG INJECT	96379	CPT	outpatient			155	62.48	Corrections	Corrections		124	80			46.82	147.25	percent of total billed charges	
UNLISTED THER/DIAG INJECT	96379	CPT	outpatient			155	62.48	First Health	First Health		108.5	70			46.82	147.25	percent of total billed charges	
UNLISTED THER/DIAG INJECT	96379	CPT	outpatient			155	62.48	First Trenton	First Trenton		139.5	90			46.82	147.25	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101191	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
UNLISTED THER/DIAG INJECT	96379	CPT	outpatient			155	62.48	Horizon	PPO		101.11				46.82	147.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED THER/DIAG INJECT	96379	CPT	outpatient			155	62.48	Horizon	MGD		101.11				46.82	147.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED THER/DIAG INJECT	96379	CPT	outpatient			155	62.48	Horizon	Indemnity		101.11				46.82	147.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED THER/DIAG INJECT	96379	CPT	outpatient			155	62.48	Horizon	NJ Health		97.25				46.82	147.25	fee schedule	
UNLISTED THER/DIAG INJECT	96379	CPT	outpatient			155	62.48	Horizon	Medicare Blue		54.33				46.82	147.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED THER/DIAG INJECT	96379	CPT	outpatient			155	62.48	Managed Care Inc	Managed Care Inc		139.5	90			46.82	147.25	percent of total billed charges	
UNLISTED THER/DIAG INJECT	96379	CPT	outpatient			155	62.48	Multiplan	Multiplan		124	80			46.82	147.25	percent of total billed charges	
UNLISTED THER/DIAG INJECT	96379	CPT	outpatient			155	62.48	Qualcare	Qualcare		116.25	75			46.82	147.25	percent of total billed charges	
UNLISTED THER/DIAG INJECT	96379	CPT	outpatient			155	62.48	Three Rivers	Three Rivers		147.25	95			46.82	147.25	percent of total billed charges	
UNLISTED THER/DIAG INJECT	96379	CPT	outpatient			155	62.48	UHC	Medicare		54.33				46.82	147.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED THER/DIAG INJECT	96379	CPT	outpatient			155	62.48	UHC	Medicaid		48.9	31.55			46.82	147.25	percent of total billed charges	
UNLISTED THER/DIAG INJECT	96379	CPT	outpatient			155	62.48	Wellcare	Medicare		54.33				46.82	147.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED THER/DIAG INJECT	96379	CPT	outpatient			155	62.48	Wellcare	Medicaid		48.9	31.55			46.82	147.25	percent of total billed charges	
UNLISTED THER/DIAG INJECT	96379	CPT	outpatient			155	62.48	WellPoint	WellPoint		49.88	32.18			46.82	147.25	percent of total billed charges	
CHEMOTX ADMN SQ/IM NON-HORM	96401	CPT	both			492	92.66	Aetna	Medicare		80.57				59	467.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTX ADMN SQ/IM NON-HORM	96401	CPT	both			492	92.66	Aetna	Commercial		128.27				59	467.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTX ADMN SQ/IM NON-HORM	96401	CPT	both			492	92.66	Aetna	Better Health		155.23	31.55			59	467.4	percent of total billed charges	
CHEMOTX ADMN SQ/IM NON-HORM	96401	CPT	both			492	92.66	Americare	Americare		369	75			59	467.4	percent of total billed charges	
CHEMOTX ADMN SQ/IM NON-HORM	96401	CPT	both			492	92.66	Amerihealth	HMO/PPO		319.8	65			59	467.4	percent of total billed charges	
CHEMOTX ADMN SQ/IM NON-HORM	96401	CPT	both			492	92.66	Amerihealth	Medicare		80.57				59	467.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTX ADMN SQ/IM NON-HORM	96401	CPT	both			492	92.66	Consumer	Consumer		467.4	95			59	467.4	percent of total billed charges	
CHEMOTX ADMN SQ/IM NON-HORM	96401	CPT	both			492	92.66	Corrections	Corrections		393.6	80			59	467.4	percent of total billed charges	
CHEMOTX ADMN SQ/IM NON-HORM	96401	CPT	both			492	92.66	First Health	First Health		344.4	70			59	467.4	percent of total billed charges	
CHEMOTX ADMN SQ/IM NON-HORM	96401	CPT	both			492	92.66	First Trenton	First Trenton		442.8	90			59	467.4	percent of total billed charges	
CHEMOTX ADMN SQ/IM NON-HORM	96401	CPT	both			492	92.66	Horizon	Indemnity		149.94				59	467.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTX ADMN SQ/IM NON-HORM	96401	CPT	both			492	92.66	Horizon	MGD		149.94				59	467.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTX ADMN SQ/IM NON-HORM	96401	CPT	both			492	92.66	Horizon	NJ Health		200.97				59	467.4	fee schedule	
CHEMOTX ADMN SQ/IM NON-HORM	96401	CPT	both			492	92.66	Horizon	PPO		149.94				59	467.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTX ADMN SQ/IM NON-HORM	96401	CPT	both			492	92.66	Horizon	Medicare Blue		80.57				59	467.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTX ADMN SQ/IM NON-HORM	96401	CPT	both			492	92.66	Managed Care Inc	Managed Care Inc		442.8	90			59	467.4	percent of total billed charges	
CHEMOTX ADMN SQ/IM NON-HORM	96401	CPT	both			492	92.66	Multiplan	Multiplan		393.6	80			59	467.4	percent of total billed charges	
CHEMOTX ADMN SQ/IM NON-HORM	96401	CPT	both			492	92.66	Qualcare	Qualcare		369	75			59	467.4	percent of total billed charges	
CHEMOTX ADMN SQ/IM NON-HORM	96401	CPT	both			492	92.66	Three Rivers	Three Rivers		467.4	95			59	467.4	percent of total billed charges	
CHEMOTX ADMN SQ/IM NON-HORM	96401	CPT	both			492	92.66	UHC	Medicare		80.57				59	467.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTX ADMN SQ/IM NON-HORM	96401	CPT	both			492	92.66	UHC	Medicaid		155.23	31.55			59	467.4	percent of total billed charges	
CHEMOTX ADMN SQ/IM NON-HORM	96401	CPT	both			492	92.66	Wellcare	Medicaid		155.23	31.55			59	467.4	percent of total billed charges	
CHEMOTX ADMN SQ/IM NON-HORM	96401	CPT	both			492	92.66	Wellcare	Medicare		80.57				59	467.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTX ADMN SQ/IM NON-HORM	96401	CPT	both			492	92.66	WellPoint	WellPoint		158.33	32.18			59	467.4	percent of total billed charges	
IM CHEMO ADMIN HORMONAL	96402	CPT	outpatient			309	92.66	Aetna	Medicare		80.57				59	293.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IM CHEMO ADMIN HORMONAL	96402	CPT	outpatient			309	92.66	Aetna	Better Health		97.49	31.55			59	293.55	percent of total billed charges	
IM CHEMO ADMIN HORMONAL	96402	CPT	outpatient			309	92.66	Aetna	Commercial		128.27				59	293.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IM CHEMO ADMIN HORMONAL	96402	CPT	outpatient			309	92.66	Americare	Americare		231.75	75			59	293.55	percent of total billed charges	
IM CHEMO ADMIN HORMONAL	96402	CPT	outpatient			309	92.66	Amerihealth	HMO/PPO		200.85	65			59	293.55	percent of total billed charges	
IM CHEMO ADMIN HORMONAL	96402	CPT	outpatient			309	92.66	Amerihealth	Medicare		80.57				59	293.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IM CHEMO ADMIN HORMONAL	96402	CPT	outpatient			309	92.66	Consumer	Consumer		293.55	95			59	293.55	percent of total billed charges	
IM CHEMO ADMIN HORMONAL	96402	CPT	outpatient			309	92.66	Corrections	Corrections		247.2	80			59	293.55	percent of total billed charges	
IM CHEMO ADMIN HORMONAL	96402	CPT	outpatient			309	92.66	First Health	First Health		216.3	70			59	293.55	percent of total billed charges	
IM CHEMO ADMIN HORMONAL	96402	CPT	outpatient			309	92.66	First Trenton	First Trenton		278.1	90			59	293.55	percent of total billed charges	
IM CHEMO ADMIN HORMONAL	96402	CPT	outpatient			309	92.66	Horizon	MGD		149.94				59	293.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IM CHEMO ADMIN HORMONAL	96402	CPT	outpatient			309	92.66	Horizon	Medicare Blue		80.57				59	293.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IM CHEMO ADMIN HORMONAL	96402	CPT	outpatient			309	92.66	Horizon	Indemnity		149.94				59	293.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IM CHEMO ADMIN HORMONAL	96402	CPT	outpatient			309	92.66	Horizon	NJ Health		164.43				59	293.55	fee schedule	
IM CHEMO ADMIN HORMONAL	96402	CPT	outpatient			309	92.66	Horizon	PPO		149.94				59	293.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IM CHEMO ADMIN HORMONAL	96402	CPT	outpatient			309	92.66	Managed Care Inc	Managed Care Inc		278.1	90			59	293.55	percent of total billed charges	
IM CHEMO ADMIN HORMONAL	96402	CPT	outpatient			309	92.66	Multiplan	Multiplan		247.2	80			59	293.55	percent of total billed charges	
IM CHEMO ADMIN HORMONAL	96402	CPT	outpatient			309	92.66	Qualcare	Qualcare		231.75	75			59	293.55	percent of total billed charges	
IM CHEMO ADMIN HORMONAL	96402	CPT	outpatient			309	92.66	Three Rivers	Three Rivers		293.55	95			59	293.55	percent of total billed charges	
IM CHEMO ADMIN HORMONAL	96402	CPT	outpatient			309	92.66	UHC	Medicaid		97.49	31.55			59	293.55	percent of total billed charges	
IM CHEMO ADMIN HORMONAL	96402	CPT	outpatient			309	92.66	UHC	Medicare		80.57				59	293.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IM CHEMO ADMIN HORMONAL	96402	CPT	outpatient			309	92.66	Wellcare	Medicaid		97.49	31.55			59	293.55	percent of total billed charges	
IM CHEMO ADMIN HORMONAL	96402	CPT	outpatient			309	92.66	Wellcare	Medicare		80.57				59	293.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IM CHEMO ADMIN HORMONAL	96402	CPT	outpatient			309	92.66	WellPoint	WellPoint		99.44	32.18			59	293.55	percent of total billed charges	
CHEMO IV PUSH	96409	CPT	outpatient			754	445.43	Aetna	Better Health		237.89	31.55			207.28	720.82	percent of total billed charges	
CHEMO IV PUSH	96409	CPT	outpatient			754	445.43	Aetna	Commercial		616.63				207.28	720.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMO IV PUSH	96409	CPT	outpatient			754	445.43	Aetna	Medicare		387.33				207.28	720.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMO IV PUSH	96409	CPT	outpatient			754	445.43	Americare	Americare		565.5	75			207.28	720.82	percent of total billed charges	
CHEMO IV PUSH	96409	CPT	outpatient			754	445.43	Amerihealth	HMO/PPO		490.1	65			207.28	720.82	percent of total billed charges	
CHEMO IV PUSH	96409	CPT	outpatient			754	445.43	Amerihealth	Medicare		387.33				207.28	720.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMO IV PUSH	96409	CPT	outpatient			754	445.43	Consumer	Consumer		716.3	95			207.28	720.82	percent of total billed charges	
CHEMO IV PUSH	96409	CPT	outpatient			754	445.43	Corrections	Corrections		603.2	80			207.28	720.82	percent of total billed charges	
CHEMO IV PUSH	96409	CPT	outpatient			754	445.43	First Health	First Health		527.8	70			207.28	720.82	percent of total billed charges	
CHEMO IV PUSH	96409	CPT	outpatient			754	445.43	First Trenton	First Trenton		678.6	90			207.28	720.82	percent of total billed charges	
CHEMO IV PUSH	96409	CPT	outpatient			754	445.43	Horizon	Indemnity		720.82				207.28	720.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMO IV PUSH	96409	CPT	outpatient			754	445.43	Horizon	MGD		720.82				207.28	720.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMO IV PUSH	96409	CPT	outpatient			754	445.43	Horizon	NJ Health		524.61				207.28	720.82	fee schedule	
CHEMO IV PUSH	96409	CPT	outpatient			754	445.43	Horizon	Medicare Blue		387.33				207.28	720.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMO IV PUSH	96409	CPT	outpatient			754	445.43	Horizon	PPO		720.82				207.28	720.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMO IV PUSH	96409	CPT	outpatient			754	445.43	Managed Care Inc	Managed Care Inc		678.6	90			207.28	720.82	percent of total billed charges	
CHEMO IV PUSH	96409	CPT	outpatient			754	445.43	Multiplan	Multiplan		603.2	80			207.28	720.82	percent of total billed charges	
CHEMO IV PUSH	96409	CPT	outpatient			754	445.43	Qualcare	Qualcare		565.5	75			207.28	720.82	percent of total billed charges	
CHEMO IV PUSH	96409	CPT	outpatient			754	445.43	Three Rivers	Three Rivers		716.3	95			207.28	720.82	percent of total billed charges	
CHEMO IV PUSH	96409	CPT	outpatient			754	445.43	UHC	Medicare		387.33				207.28	720.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMO IV PUSH	96409	CPT	outpatient			754	445.43	UHC	Medicaid		237.89	31.55			207.28	720.82	percent of total billed charges	
CHEMO IV PUSH	96409	CPT	outpatient			754	445.43	Wellcare	Medicare		387.33				207.28	720.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMO IV PUSH	96409	CPT	outpatient			754	445.43	Wellcare	Medicaid		237.89	31.55			207.28	720.82	percent of total billed charges	
CHEMO IV PUSH	96409	CPT	outpatient			754	445.43	WellPoint	WellPoint		242.64	32.18			207.28	720.82	percent of total billed charges	
IV PUSH SAME DRUG> 30 MINS	96411	CPT	outpatient			380	92.66	Aetna	Medicare		117.04	30.8			76.38	850.86	percent of total billed charges	
IV PUSH SAME DRUG> 30 MINS	96411	CPT	outpatient			380	92.66	Aetna	Better Health		119.89	31.55			76.38	850.86	percent of total billed charges	
IV PUSH SAME DRUG> 30 MINS	96411	CPT	outpatient			380	92.66	Aetna	Commercial		128.27				76.38	850.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IV PUSH SAME DRUG> 30 MINS	96411	CPT	outpatient			380	92.66	Americare	Americare		285	75			76.38	850.86	percent of total billed charges	
IV PUSH SAME DRUG> 30 MINS	96411	CPT	outpatient			380	92.66	Amerihealth	Medicare		80.57				76.38	850.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IV PUSH SAME DRUG> 30 MINS	96411	CPT	outpatient			380	92.66	Amerihealth	HMO/PPO		247	65			76.38	850.86	percent of total billed charges	
IV PUSH SAME DRUG> 30 MINS	96411	CPT	outpatient			380	92.66	Consumer	Consumer		361	95			76.38	850.86	percent of total billed charges	
IV PUSH SAME DRUG> 30 MINS	96411	CPT	outpatient			380	92.66	Corrections	Corrections		304	80			76.38	850.86	percent of total billed charges	
IV PUSH SAME DRUG> 30 MINS	96411	CPT	outpatient			380	92.66	First Health	First Health		266	70			76.38	850.86	percent of total billed charges	
IV PUSH SAME DRUG> 30 MINS	96411	CPT	outpatient			380	92.66	First Trenton	First Trenton		342	90			76.38	850.86	percent of total billed charges	
IV PUSH SAME DRUG> 30 MINS	96411	CPT	outpatient			380	92.66	Horizon	Indemnity		149.94				76.38	850.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IV PUSH SAME DRUG> 30 MINS	96411	CPT	outpatient			380	92.66	Horizon	MGD		149.94				76.38	850.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IV PUSH SAME DRUG> 30 MINS	96411	CPT	outpatient			380	92.66	Horizon	NJ Health		850.86				76.38	850.86	fee schedule	
IV PUSH SAME DRUG> 30 MINS	96411	CPT	outpatient			380	92.66	Horizon	Medicare Blue		80.57				76.38	850.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IV PUSH SAME DRUG> 30 MINS	96411	CPT	outpatient			380	92.66	Horizon	PPO		149.94				76.38	850.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IV PUSH SAME DRUG> 30 MINS	96411	CPT	outpatient			380	92.66	Managed Care Inc	Managed Care Inc		342	90			76.38	850.86	percent of total billed charges	
IV PUSH SAME DRUG> 30 MINS	96411	CPT	outpatient			380	92.66	Multiplan	Multiplan		304	80			76.38	850.86	percent of total billed charges	
IV PUSH SAME DRUG> 30 MINS	96411	CPT	outpatient			380	92.66	Qualcare	Qualcare		285	75			76.38	850.86	percent of total billed charges	
IV PUSH SAME DRUG> 30 MINS	96411	CPT	outpatient			380	92.66	Three Rivers	Three Rivers		361	95			76.38	850.86	percent of total billed charges	
IV PUSH SAME DRUG> 30 MINS	96411	CPT	outpatient			380	92.66	UHC	Medicaid		119.89	31.55			76.38	850.86	percent of total billed charges	
IV PUSH SAME DRUG> 30 MINS	96411	CPT	outpatient			380	92.66	UHC	Medicare		80.57				76.38	850.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IV PUSH SAME DRUG> 30 MINS	96411	CPT	outpatient			380	92.66	Wellcare	Medicare		80.57				76.38	850.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IV PUSH SAME DRUG> 30 MINS	96411	CPT	outpatient			380	92.66	Wellcare	Medicaid		119.89	31.55			76.38	850.86	percent of total billed charges	
IV PUSH SAME DRUG> 30 MINS	96411	CPT	outpatient			380	92.66	WellPoint	WellPoint		122.28	32.18			76.38	850.86	percent of total billed charges	
CHEMO IV INF TECH 1ST HR	96413	CPT	both			1267	445.43	Aetna	Commercial		616.63				330.48	1203.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMO IV INF TECH 1ST HR	96413	CPT	both			1267	445.43	Aetna	Medicare		390.24	30.8			330.48	1203.65	percent of total billed charges	
CHEMO IV INF TECH 1ST HR	96413	CPT	both			1267	445.43	Aetna	Better Health		399.74	31.55			330.48	1203.65	percent of total billed charges	
CHEMO IV INF TECH 1ST HR	96413	CPT	both			1267	445.43	Americare	Americare		950.25	75			330.48	1203.65	percent of total billed charges	
CHEMO IV INF TECH 1ST HR	96413	CPT	both			1267	445.43	Amerihealth	HMO/PPO		823.55	65			330.48	1203.65	percent of total billed charges	
CHEMO IV INF TECH 1ST HR	96413	CPT	both			1267	445.43	Amerihealth	Medicare		387.33				330.48	1203.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMO IV INF TECH 1ST HR	96413	CPT	both			1267	445.43	Consumer	Consumer		1203.65	95			330.48	1203.65	percent of total billed charges	
CHEMO IV INF TECH 1ST HR	96413	CPT	both			1267	445.43	Corrections	Corrections		1013.6	80			330.48	1203.65	percent of total billed charges	
CHEMO IV INF TECH 1ST HR	96413	CPT	both			1267	445.43	First Health	First Health		886.9	70			330.48	1203.65	percent of total billed charges	
CHEMO IV INF TECH 1ST HR	96413	CPT	both			1267	445.43	First Trenton	First Trenton		1140.3	90			330.48	1203.65	percent of total billed charges	
CHEMO IV INF TECH 1ST HR	96413	CPT	both			1267	445.43	Horizon	Indemnity		720.82				330.48	1203.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMO IV INF TECH 1ST HR	96413	CPT	both			1267	445.43	Horizon	NJ Health		571.59				330.48	1203.65	fee schedule	
CHEMO IV INF TECH 1ST HR	96413	CPT	both			1267	445.43	Horizon	Medicare Blue		387.33				330.48	1203.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMO IV INF TECH 1ST HR	96413	CPT	both			1267	445.43	Horizon	MGD		720.82				330.48	1203.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMO IV INF TECH 1ST HR	96413	CPT	both			1267	445.43	Horizon	PPO		720.82				330.48	1203.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMO IV INF TECH 1ST HR	96413	CPT	both			1267	445.43	Managed Care Inc	Managed Care Inc		1140.3	90			330.48	1203.65	percent of total billed charges	
CHEMO IV INF TECH 1ST HR	96413	CPT	both			1267	445.43	Multiplan	Multiplan		1013.6	80			330.48	1203.65	percent of total billed charges	
CHEMO IV INF TECH 1ST HR	96413	CPT	both			1267	445.43	Qualcare	Qualcare		950.25	75			330.48	1203.65	percent of total billed charges	
CHEMO IV INF TECH 1ST HR	96413	CPT	both			1267	445.43	Three Rivers	Three Rivers		1203.65	95			330.48	1203.65	percent of total billed charges	
CHEMO IV INF TECH 1ST HR	96413	CPT	both			1267	445.43	UHC	Medicaid		399.74	31.55			330.48	1203.65	percent of total billed charges	
CHEMO IV INF TECH 1ST HR	96413	CPT	both			1267	445.43	UHC	Medicare		387.33				330.48	1203.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMO IV INF TECH 1ST HR	96413	CPT	both			1267	445.43	Wellcare	Medicare		387.33				330.48	1203.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMO IV INF TECH 1ST HR	96413	CPT	both			1267	445.43	Wellcare	Medicaid		399.74	31.55			330.48	1203.65	percent of total billed charges	
CHEMO IV INF TECH 1ST HR	96413	CPT	both			1267	445.43	WellPoint	WellPoint		407.72	32.18			330.48	1203.65	percent of total billed charges	
CHEMO IV INFUSION EA ADDL HR	96415	CPT	both			248	92.66	Aetna	Better Health		78.24	31.55			59	362.79	percent of total billed charges	
CHEMO IV INFUSION EA ADDL HR	96415	CPT	both			248	92.66	Aetna	Commercial		128.27				59	362.79	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMO IV INFUSION EA ADDL HR	96415	CPT	both			248	92.66	Aetna	Medicare		80.57				59	362.79	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMO IV INFUSION EA ADDL HR	96415	CPT	both			248	92.66	Americare	Americare		186	75			59	362.79	percent of total billed charges	
CHEMO IV INFUSION EA ADDL HR	96415	CPT	both			248	92.66	Amerihealth	HMO/PPO		161.2	65			59	362.79	percent of total billed charges	
CHEMO IV INFUSION EA ADDL HR	96415	CPT	both			248	92.66	Amerihealth	Medicare		80.57				59	362.79	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMO IV INFUSION EA ADDL HR	96415	CPT	both			248	92.66	Consumer	Consumer		235.6	95			59	362.79	percent of total billed charges	
CHEMO IV INFUSION EA ADDL HR	96415	CPT	both			248	92.66	Corrections	Corrections		198.4	80			59	362.79	percent of total billed charges	
CHEMO IV INFUSION EA ADDL HR	96415	CPT	both			248	92.66	First Health	First Health		173.6	70			59	362.79	percent of total billed charges	
CHEMO IV INFUSION EA ADDL HR	96415	CPT	both			248	92.66	First Trenton	First Trenton		223.2	90			59	362.79	percent of total billed charges	
CHEMO IV INFUSION EA ADDL HR	96415	CPT	both			248	92.66	Horizon	NJ Health		362.79				59	362.79	fee schedule	
CHEMO IV INFUSION EA ADDL HR	96415	CPT	both			248	92.66	Horizon	Indemnity		149.94				59	362.79	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMO IV INFUSION EA ADDL HR	96415	CPT	both			248	92.66	Horizon	Medicare Blue		80.57				59	362.79	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMO IV INFUSION EA ADDL HR	96415	CPT	both			248	92.66	Horizon	MGD		149.94				59	362.79	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CHEMO IV INFUSION EA ADDL HR	96415	CPT	both			248		92.66 Horizon	PPO		149.94				59	362.79	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMO IV INFUSION EA ADDL HR	96415	CPT	both			248		92.66 Managed Care Inc	Managed Care Inc		223.2	90			59	362.79	percent of total billed charges	
CHEMO IV INFUSION EA ADDL HR	96415	CPT	both			248		92.66 Multiplan	Multiplan		198.4	80			59	362.79	percent of total billed charges	
CHEMO IV INFUSION EA ADDL HR	96415	CPT	both			248		92.66 Qualcare	Qualcare		186	75			59	362.79	percent of total billed charges	
CHEMO IV INFUSION EA ADDL HR	96415	CPT	both			248		92.66 Three Rivers	Three Rivers		235.6	95			59	362.79	percent of total billed charges	
CHEMO IV INFUSION EA ADDL HR	96415	CPT	both			248		92.66 UHC	Medicare		80.57				59	362.79	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMO IV INFUSION EA ADDL HR	96415	CPT	both			248		92.66 UHC	Medicaid		78.24	31.55			59	362.79	percent of total billed charges	
CHEMO IV INFUSION EA ADDL HR	96415	CPT	both			248		92.66 Wellcare	Medicare		80.57				59	362.79	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMO IV INFUSION EA ADDL HR	96415	CPT	both			248		92.66 Wellcare	Medicaid		78.24	31.55			59	362.79	percent of total billed charges	
CHEMO IV INFUSION EA ADDL HR	96415	CPT	both			248		92.66 WellPoint	WellPoint		79.81	32.18			59	362.79	percent of total billed charges	
CHEMO PROLONG INFUSE W/PUMP >8HR	96416	CPT	outpatient			1290		445.43 Aetna	Commercial		616.63			387.33		1225.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMO PROLONG INFUSE W/PUMP >8HR	96416	CPT	outpatient			1290		445.43 Aetna	Better Health		407	31.55		387.33		1225.5	percent of total billed charges	
CHEMO PROLONG INFUSE W/PUMP >8HR	96416	CPT	outpatient			1290		445.43 Aetna	Medicare		387.33			387.33		1225.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMO PROLONG INFUSE W/PUMP >8HR	96416	CPT	outpatient			1290		445.43 Americare	Americare		967.5	75		387.33		1225.5	percent of total billed charges	
CHEMO PROLONG INFUSE W/PUMP >8HR	96416	CPT	outpatient			1290		445.43 Amerihealth	HMO/PPO		838.5	65		387.33		1225.5	percent of total billed charges	
CHEMO PROLONG INFUSE W/PUMP >8HR	96416	CPT	outpatient			1290		445.43 Amerihealth	Medicare		387.33			387.33		1225.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMO PROLONG INFUSE W/PUMP >8HR	96416	CPT	outpatient			1290		445.43 Consumer	Consumer		1225.5	95		387.33		1225.5	percent of total billed charges	
CHEMO PROLONG INFUSE W/PUMP >8HR	96416	CPT	outpatient			1290		445.43 Corrections	Corrections		1032	80		387.33		1225.5	percent of total billed charges	
CHEMO PROLONG INFUSE W/PUMP >8HR	96416	CPT	outpatient			1290		445.43 First Health	First Health		903	70		387.33		1225.5	percent of total billed charges	
CHEMO PROLONG INFUSE W/PUMP >8HR	96416	CPT	outpatient			1290		445.43 First Trenton	First Trenton		1161	90		387.33		1225.5	percent of total billed charges	
CHEMO PROLONG INFUSE W/PUMP >8HR	96416	CPT	outpatient			1290		445.43 Horizon	MGD		720.82			387.33		1225.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMO PROLONG INFUSE W/PUMP >8HR	96416	CPT	outpatient			1290		445.43 Horizon	Medicare Blue		387.33			387.33		1225.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMO PROLONG INFUSE W/PUMP >8HR	96416	CPT	outpatient			1290		445.43 Horizon	NJ Health		448.92			387.33		1225.5	fee schedule	
CHEMO PROLONG INFUSE W/PUMP >8HR	96416	CPT	outpatient			1290		445.43 Horizon	Indemnity		720.82			387.33		1225.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMO PROLONG INFUSE W/PUMP >8HR	96416	CPT	outpatient			1290		445.43 Horizon	PPO		720.82			387.33		1225.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMO PROLONG INFUSE W/PUMP >8HR	96416	CPT	outpatient			1290		445.43 Managed Care Inc	Managed Care Inc		1161	90		387.33		1225.5	percent of total billed charges	
CHEMO PROLONG INFUSE W/PUMP >8HR	96416	CPT	outpatient			1290		445.43 Multiplan	Multiplan		1032	80		387.33		1225.5	percent of total billed charges	
CHEMO PROLONG INFUSE W/PUMP >8HR	96416	CPT	outpatient			1290		445.43 Qualcare	Qualcare		967.5	75		387.33		1225.5	percent of total billed charges	
CHEMO PROLONG INFUSE W/PUMP >8HR	96416	CPT	outpatient			1290		445.43 Three Rivers	Three Rivers		1225.5	95		387.33		1225.5	percent of total billed charges	
CHEMO PROLONG INFUSE W/PUMP >8HR	96416	CPT	outpatient			1290		445.43 UHC	Medicaid		407	31.55		387.33		1225.5	percent of total billed charges	
CHEMO PROLONG INFUSE W/PUMP >8HR	96416	CPT	outpatient			1290		445.43 UHC	Medicare		387.33			387.33		1225.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMO PROLONG INFUSE W/PUMP >8HR	96416	CPT	outpatient			1290		445.43 Wellcare	Medicaid		407	31.55		387.33		1225.5	percent of total billed charges	
CHEMO PROLONG INFUSE W/PUMP >8HR	96416	CPT	outpatient			1290		445.43 Wellcare	Medicare		387.33			387.33		1225.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMO PROLONG INFUSE W/PUMP >8HR	96416	CPT	outpatient			1290		445.43 WellPoint	WellPoint		415.12	32.18		387.33		1225.5	percent of total billed charges	
CHEMO IV EA ADD DRUG	96417	CPT	both			380		92.66 Aetna	Commercial		128.27			78.24		589.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMO IV EA ADD DRUG	96417	CPT	both			380		92.66 Aetna	Better Health		119.89	31.55		78.24		589.86	percent of total billed charges	
CHEMO IV EA ADD DRUG	96417	CPT	both			380		92.66 Aetna	Medicare		80.57			78.24		589.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMO IV EA ADD DRUG	96417	CPT	both			380		92.66 Americare	Americare		285	75		78.24		589.86	percent of total billed charges	
CHEMO IV EA ADD DRUG	96417	CPT	both			380		92.66 Amerihealth	Medicare		80.57			78.24		589.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMO IV EA ADD DRUG	96417	CPT	both			380		92.66 Amerihealth	HMO/PPO		247	65		78.24		589.86	percent of total billed charges	
CHEMO IV EA ADD DRUG	96417	CPT	both			380		92.66 Consumer	Consumer		361	95		78.24		589.86	percent of total billed charges	
CHEMO IV EA ADD DRUG	96417	CPT	both			380		92.66 Corrections	Corrections		304	80		78.24		589.86	percent of total billed charges	
CHEMO IV EA ADD DRUG	96417	CPT	both			380		92.66 First Health	First Health		266	70		78.24		589.86	percent of total billed charges	
CHEMO IV EA ADD DRUG	96417	CPT	both			380		92.66 First Trenton	First Trenton		342	90		78.24		589.86	percent of total billed charges	
CHEMO IV EA ADD DRUG	96417	CPT	both			380		92.66 Horizon	MGD		149.94			78.24		589.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMO IV EA ADD DRUG	96417	CPT	both			380		92.66 Horizon	Medicare Blue		80.57			78.24		589.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMO IV EA ADD DRUG	96417	CPT	both			380		92.66 Horizon	Indemnity		149.94			78.24		589.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMO IV EA ADD DRUG	96417	CPT	both			380		92.66 Horizon	NJ Health		589.86			78.24		589.86	fee schedule	
CHEMO IV EA ADD DRUG	96417	CPT	both			380		92.66 Horizon	PPO		149.94			78.24		589.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMO IV EA ADD DRUG	96417	CPT	both			380		92.66 Managed Care Inc	Managed Care Inc		342	90		78.24		589.86	percent of total billed charges	
CHEMO IV EA ADD DRUG	96417	CPT	both			380		92.66 Multiplan	Multiplan		304	80		78.24		589.86	percent of total billed charges	
CHEMO IV EA ADD DRUG	96417	CPT	both			380		92.66 Qualcare	Qualcare		285	75		78.24		589.86	percent of total billed charges	
CHEMO IV EA ADD DRUG	96417	CPT	both			380		92.66 Three Rivers	Three Rivers		361	95		78.24		589.86	percent of total billed charges	
CHEMO IV EA ADD DRUG	96417	CPT	both			380		92.66 UHC	Medicare		80.57			78.24		589.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMO IV EA ADD DRUG	96417	CPT	both			380		92.66 UHC	Medicaid		119.89	31.55		78.24		589.86	percent of total billed charges	
CHEMO IV EA ADD DRUG	96417	CPT	both			380		92.66 Wellcare	Medicaid		119.89	31.55		78.24		589.86	percent of total billed charges	
CHEMO IV EA ADD DRUG	96417	CPT	both			380		92.66 Wellcare	Medicare		80.57			78.24		589.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMO IV EA ADD DRUG	96417	CPT	both			380		92.66 WellPoint	WellPoint		122.28	32.18		78.24		589.86	percent of total billed charges	
CHEMOTHERAPY ADMINISTRATION INTRA-ARTERI	96420	CPT	outpatient			1266		445.43 Aetna	Better Health		399.42	31.55			180.8	1202.7	percent of total billed charges	
CHEMOTHERAPY ADMINISTRATION INTRA-ARTERI	96420	CPT	outpatient			1266		445.43 Aetna	Medicare		389.93	30.8			180.8	1202.7	percent of total billed charges	
CHEMOTHERAPY ADMINISTRATION INTRA-ARTERI	96420	CPT	outpatient			1266		445.43 Aetna	Commercial		616.63				180.8	1202.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTHERAPY ADMINISTRATION INTRA-ARTERI	96420	CPT	outpatient			1266		445.43 Americare	Americare		949.5	75			180.8	1202.7	percent of total billed charges	
CHEMOTHERAPY ADMINISTRATION INTRA-ARTERI	96420	CPT	outpatient			1266		445.43 Amerihealth	HMO/PPO		822.9	65			180.8	1202.7	percent of total billed charges	
CHEMOTHERAPY ADMINISTRATION INTRA-ARTERI	96420	CPT	outpatient			1266		445.43 Amerihealth	Medicare		387.33				180.8	1202.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTHERAPY ADMINISTRATION INTRA-ARTERI	96420	CPT	outpatient			1266		445.43 Consumer	Consumer		1202.7	95			180.8	1202.7	percent of total billed charges	
CHEMOTHERAPY ADMINISTRATION INTRA-ARTERI	96420	CPT	outpatient			1266		445.43 Corrections	Corrections		1012.8	80			180.8	1202.7	percent of total billed charges	
CHEMOTHERAPY ADMINISTRATION INTRA-ARTERI	96420	CPT	outpatient			1266		445.43 First Health	First Health		886.2	70			180.8	1202.7	percent of total billed charges	
CHEMOTHERAPY ADMINISTRATION INTRA-ARTERI	96420	CPT	outpatient			1266		445.43 First Trenton	First Trenton		1139.4	90			180.8	1202.7	percent of total billed charges	
CHEMOTHERAPY ADMINISTRATION INTRA-ARTERI	96420	CPT	outpatient			1266		445.43 Horizon	Indemnity		720.82				180.8	1202.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTHERAPY ADMINISTRATION INTRA-ARTERI	96420	CPT	outpatient			1266		445.43 Horizon	Medicare Blue		387.33				180.8	1202.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTHERAPY ADMINISTRATION INTRA-ARTERI	96420	CPT	outpatient			1266		445.43 Horizon	NJ Health		300.15				180.8	1202.7	fee schedule	
CHEMOTHERAPY ADMINISTRATION INTRA-ARTERI	96420	CPT	outpatient			1266		445.43 Horizon	MGD		720.82				180.8	1202.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTHERAPY ADMINISTRATION INTRA-ARTERI	96420	CPT	outpatient			1266		445.43 Horizon	PPO		720.82				180.8	1202.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTHERAPY ADMINISTRATION INTRA-ARTERI	96420	CPT	outpatient			1266		445.43 Managed Care Inc	Managed Care Inc		1139.4	90			180.8	1202.7	percent of total billed charges	
CHEMOTHERAPY ADMINISTRATION INTRA-ARTERI	96420	CPT	outpatient			1266		445.43 Multiplan	Multiplan		1012.8	80			180.8	1202.7	percent of total billed charges	
CHEMOTHERAPY ADMINISTRATION INTRA-ARTERI	96420	CPT	outpatient			1266		445.43 Qualcare	Qualcare		949.5	75			180.8	1202.7	percent of total billed charges	
CHEMOTHERAPY ADMINISTRATION INTRA-ARTERI	96420	CPT	outpatient			1266		445.43 Three Rivers	Three Rivers		1202.7	95			180.8	1202.7	percent of total billed charges	
CHEMOTHERAPY ADMINISTRATION INTRA-ARTERI	96420	CPT	outpatient			1266		445.43 UHC	Medicare		387.33				180.8	1202.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTHERAPY ADMINISTRATION INTRA-ARTERI	96420	CPT	outpatient			1266		445.43 UHC	Medicaid		399.42	31.55			180.8	1202.7	percent of total billed charges	
CHEMOTHERAPY ADMINISTRATION INTRA-ARTERI	96420	CPT	outpatient			1266		445.43 Wellcare	Medicare		387.33				180.8	1202.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTHERAPY ADMINISTRATION INTRA-ARTERI	96420	CPT	outpatient			1266		445.43 Wellcare	Medicaid		399.42	31.55			180.8	1202.7	percent of total billed charges	
CHEMOTHERAPY ADMINISTRATION INTRA-ARTERI	96420	CPT	outpatient			1266		445.43 WellPoint	WellPoint		407.4	32.18			180.8	1202.7	percent of total billed charges	
CHEMO ADM, INTR-ARTRL 1H	96422	CPT	outpatient			788		445.43 Aetna	Better Health		248.61	31.55			248.61	748.6	percent of total billed charges	
CHEMO ADM, INTR-ARTRL 1H	96422	CPT	outpatient			788		445.43 Aetna	Commercial		616.63				248.61	748.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMO ADM, INTR-ARTRL 1H	96422	CPT	outpatient			788		445.43 Aetna	Medicare		387.33				248.61	748.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMO ADM, INTR-ARTRL 1H	96422	CPT	outpatient			788		445.43 Americare	Americare		591	75			248.61	748.6	percent of total billed charges	
CHEMO ADM, INTR-ARTRL 1H	96422	CPT	outpatient			788		445.43 Amerihealth	HMO/PPO		512.2	65			248.61	748.6	percent of total billed charges	
CHEMO ADM, INTR-ARTRL 1H	96422	CPT	outpatient			788		445.43 Amerihealth	Medicare		387.33				248.61	748.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMO ADM, INTR-ARTRL 1H	96422	CPT	outpatient			788		445.43 Consumer	Consumer		748.6	95			248.61	748.6	percent of total billed charges	
CHEMO ADM, INTR-ARTRL 1H	96422	CPT	outpatient			788		445.43 Corrections	Corrections		630.4	80			248.61	748.6	percent of total billed charges	
CHEMO ADM, INTR-ARTRL 1H	96422	CPT	outpatient			788		445.43 First Health	First Health		551.6	70			248.61	748.6	percent of total billed charges	
CHEMO ADM, INTR-ARTRL 1H	96422	CPT	outpatient			788		445.43 First Trenton	First Trenton		709.2	90			248.61	748.6	percent of total billed charges	
CHEMO ADM, INTR-ARTRL 1H	96422	CPT	outpatient			788		445.43 Horizon	Indemnity		720.82				248.61	748.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMO ADM, INTR-ARTRL 1H	96422	CPT	outpatient			788		445.43 Horizon	NJ Health		265.49				248.61	748.6	fee schedule	
CHEMO ADM, INTR-ARTRL 1H	96422	CPT	outpatient			788		445.43 Horizon	MGD		720.82				248.61	748.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMO ADM, INTR-ARTRL 1H	96422	CPT	outpatient			788		445.43 Horizon	PPO		720.82				248.61	748.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMO ADM, INTR-ARTRL 1H	96422	CPT	outpatient			788		445.43 Horizon	Medicare Blue		387.33				248.61	748.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMO ADM, INTR-ARTRL 1H	96422	CPT	outpatient			788		445.43 Managed Care Inc	Managed Care Inc		709.2	90			248.61	748.6	percent of total billed charges	
CHEMO ADM, INTR-ARTRL 1H	96422	CPT	outpatient			788		445.43 Multiplan	Multiplan		630.4	80			248.61	748.6	percent of total billed charges	
CHEMO ADM, INTR-ARTRL 1H	96422	CPT	outpatient			788		445.43 Qualcare	Qualcare		591	75			248.61	748.6	percent of total billed charges	
CHEMO ADM, INTR-ARTRL 1H	96422	CPT	outpatient			788		445.43 Three Rivers	Three Rivers		748.6	95			248.61	748.6	percent of total billed charges	
CHEMO ADM, INTR-ARTRL 1H	96422	CPT	outpatient			788		445.43 UHC	Medicaid		248.61	31.55			248.61	748.6	percent of total billed charges	
CHEMO ADM, INTR-ARTRL 1H	96422	CPT	outpatient			788		445.43 UHC	Medicare		387.33				248.61	748.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMO ADM, INTR-ARTRL 1H	96422	CPT	outpatient			788		445.43 Wellcare	Medicaid		248.61	31.55			248.61	748.6	percent of total billed charges	
CHEMO ADM, INTR-ARTRL 1H	96422	CPT	outpatient			788		445.43 Wellcare	Medicare		387.33				248.61	748.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMO ADM, INTR-ARTRL 1H	96422	CPT	outpatient			788		445.43 WellPoint	WellPoint		253.58	32.18			248.61	748.6	percent of total billed charges	
CHEMO IA; INFUSION; > 8 HRS	96425	CPT	outpatient			1215		445.43 Aetna	Better Health		383.33	31.55			267.16	1154.25	percent of total billed charges	
CHEMO IA; INFUSION; > 8 HRS	96425	CPT	outpatient			1215		445.43 Aetna	Commercial		616.63				267.16	1154.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMO IA; INFUSION; > 8 HRS	96425	CPT	outpatient			1215		445.43 Aetna	Medicare		387.33				267.16	1154.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMO IA; INFUSION; > 8 HRS	96425	CPT	outpatient			1215		445.43 Americare	Americare		911.25	75			267.16	1154.25	percent of total billed charges	
CHEMO IA; INFUSION; > 8 HRS	96425	CPT	outpatient			1215		445.43 Amerihealth	HMO/PPO		789.75	65			267.16	1154.25	percent of total billed charges	
CHEMO IA; INFUSION; > 8 HRS	96425	CPT	outpatient			1215		445.43 Amerihealth	Medicare		387.33				267.16	1154.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMO IA; INFUSION; > 8 HRS	96425	CPT	outpatient			1215		445.43 Consumer	Consumer		1154.25	95			267.16	1154.25	percent of total billed charges	
CHEMO IA; INFUSION; > 8 HRS	96425	CPT	outpatient			1215		445.43 Corrections	Corrections		972	80			267.16	1154.25	percent of total billed charges	
CHEMO IA; INFUSION; > 8 HRS	96425	CPT	outpatient			1215		445.43 First Health	First Health		850.5	70			267.16	1154.25	percent of total billed charges	
CHEMO IA; INFUSION; > 8 HRS	96425	CPT	outpatient			1215		445.43 First Trenton	First Trenton		1093.5	90			267.16	1154.25	percent of total billed charges	
CHEMO IA; INFUSION; > 8 HRS	96425	CPT	outpatient			1215		445.43 Horizon	MGD		720.82				267.16	1154.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMO IA; INFUSION; > 8 HRS	96425	CPT	outpatient			1215		445.43 Horizon	Medicare Blue		387.33				267.16	1154.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMO IA; INFUSION; > 8 HRS	96425	CPT	outpatient			1215		445.43 Horizon	PPO		720.82				267.16	1154.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMO IA; INFUSION; > 8 HRS	96425	CPT	outpatient			1215		445.43 Horizon	Indemnity		720.82				267.16	1154.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMO IA; INFUSION; > 8 HRS	96425	CPT	outpatient			1215		445.43 Horizon	NJ Health		267.16				267.16	1154.25	fee schedule	
CHEMO IA; INFUSION; > 8 HRS	96425	CPT	outpatient			1215		445.43 Managed Care Inc	Managed Care Inc		1093.5	90			267.16	1154.25	percent of total billed charges	
CHEMO IA; INFUSION; > 8 HRS	96425	CPT	outpatient			1215		445.43 Multiplan	Multiplan		972	80			267.16	1154.25	percent of total billed charges	
CHEMO IA; INFUSION; > 8 HRS	96425	CPT	outpatient			1215		445.43 Qualcare	Qualcare		911.25	75			267.16	1154.25	percent of total billed charges	
CHEMO IA; INFUSION; > 8 HRS	96425	CPT	outpatient			1215		445.43 Three Rivers	Three Rivers		1154.25	95			267.16	1154.25	percent of total billed charges	
CHEMO IA; INFUSION; > 8 HRS	96425	CPT	outpatient			1215		445.43 UHC	Medicaid		383.33	31.55			267.16	1154.25	percent of total billed charges	
CHEMO IA; INFUSION; > 8 HRS	96425	CPT	outpatient			1215		445.43 UHC	Medicare		387.33				267.16	1154.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMO IA; INFUSION; > 8 HRS	96425	CPT	outpatient			1215		445.43 Wellcare	Medicare		387.33				267.16	1154.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMO IA; INFUSION; > 8 HRS	96425	CPT	outpatient			1215		445.43 Wellcare	Medicaid		383.33	31.55			267.16	1154.25	percent of total billed charges	
CHEMO IA; INFUSION; > 8 HRS	96425	CPT	outpatient			1215		445.43 WellPoint	WellPoint		390.99	32.18			267.16	1154.25	percent of total billed charges	
CHEMOTX ADMIN PRTL CAVITY PORT/CATH	96446	CPT	outpatient			1215		445.43 Aetna	Commercial		616.63				207.28	1154.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTX ADMIN PRTL CAVITY PORT/CATH	96446	CPT	outpatient			1215		445.43 Aetna	Better Health		383.33	31.55			207.28	1154.25	percent of total billed charges	
CHEMOTX ADMIN PRTL CAVITY PORT/CATH	96446	CPT	outpatient			1215		445.43 Aetna	Medicare		387.33				207.28	1154.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTX ADMIN PRTL CAVITY PORT/CATH	96446	CPT	outpatient			1215		445.43 Americare	Americare		911.25	75			207.28	1154.25	percent of total billed charges	
CHEMOTX ADMIN PRTL CAVITY PORT/CATH	96446	CPT	outpatient			1215		445.43 Amerihealth	Medicare		387.33				207.28	1154.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTX ADMIN PRTL CAVITY PORT/CATH	96446	CPT	outpatient			1215		445.43 Amerihealth	HMO/PPO		789.75	65			207.28	1154.25	percent of total billed charges	
CHEMOTX ADMIN PRTL CAVITY PORT/CATH	96446	CPT	outpatient			1215		445.43 Consumer	Consumer		1154.25	95			207.28	1154.25	percent of total billed charges	
CHEMOTX ADMIN PRTL CAVITY PORT/CATH	96446	CPT	outpatient			1215		445.43 Corrections	Corrections		972	80			207.28	1154.25	percent of total billed charges	
CHEMOTX ADMIN PRTL CAVITY PORT/CATH	96446	CPT	outpatient			1215		445.43 First Health	First Health		850.5	70			207.28	1154.25	percent of total billed charges	
CHEMOTX ADMIN PRTL CAVITY PORT/CATH	96446	CPT	outpatient			1215		445.43 First Trenton	First Trenton		1093.5	90			207.28	1154.25	percent of total billed charges	
CHEMOTX ADMIN PRTL CAVITY PORT/CATH	96446	CPT	outpatient			1215		445.43 Horizon	MGD		720.82				207.28	1154.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTX ADMIN PRTL CAVITY PORT/CATH	96446	CPT	outpatient			1215		445.43 Horizon	Indemnity		720.82				207.28	1154.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTX ADMIN PRTL CAVITY PORT/CATH	96446	CPT	outpatient			1215		445.43 Horizon	Medicare Blue		387.33				207.28	1154.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTX ADMIN PRTL CAVITY PORT/CATH	96446	CPT	outpatient			1215		445.43 Horizon	NJ Health		258.18				207.28	1154.25	fee schedule	
CHEMOTX ADMIN PRTL CAVITY PORT/CATH	96446	CPT	outpatient			1215		445.43 Horizon	PPO		720.82				207.28	1154.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTX ADMIN PRTL CAVITY PORT/CATH	96446	CPT	outpatient			1215		445.43 Managed Care Inc	Managed Care Inc		1093.5	90			207.28	1154.25	percent of total billed charges	
CHEMOTX ADMIN PRTL CAVITY PORT/CATH	96446	CPT	outpatient			1215		445.43 Multiplan	Multiplan		972	80			207.28	1154.25	percent of total billed charges	
CHEMOTX ADMIN PRTL CAVITY PORT/CATH	96446	CPT	outpatient			1215		445.43 Qualcare	Qualcare		911.25	75			207.28	1154.25	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CHEMOTX ADMIN PRTL CAVITY PORT/CATH	96446	CPT	outpatient			1215	445.43	Three Rivers	Three Rivers		95				207.28	1154.25	percent of total billed charges	
CHEMOTX ADMIN PRTL CAVITY PORT/CATH	96446	CPT	outpatient			1215	445.43	UHC	Medicare		387.33				207.28	1154.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTX ADMIN PRTL CAVITY PORT/CATH	96446	CPT	outpatient			1215	445.43	UHC	Medicaid		383.33	31.55			207.28	1154.25	percent of total billed charges	
CHEMOTX ADMIN PRTL CAVITY PORT/CATH	96446	CPT	outpatient			1215	445.43	Wellcare	Medicaid		383.33	31.55			207.28	1154.25	percent of total billed charges	
CHEMOTX ADMIN PRTL CAVITY PORT/CATH	96446	CPT	outpatient			1215	445.43	Wellcare	Medicare		387.33				207.28	1154.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTX ADMIN PRTL CAVITY PORT/CATH	96446	CPT	outpatient			1215	445.43	WellPoint	WellPoint		390.99	32.18			207.28	1154.25	percent of total billed charges	
INTRATHECAL ADM-CNS+SPINAL PUNCTURE	96450	CPT	outpatient			1244	445.43	Aetna	Better Health		392.48	31.55			250.1	1181.8	percent of total billed charges	
INTRATHECAL ADM-CNS+SPINAL PUNCTURE	96450	CPT	outpatient			1244	445.43	Aetna	Commercial		616.63				250.1	1181.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRATHECAL ADM-CNS+SPINAL PUNCTURE	96450	CPT	outpatient			1244	445.43	Aetna	Medicare		383.15	30.8			250.1	1181.8	percent of total billed charges	
INTRATHECAL ADM-CNS+SPINAL PUNCTURE	96450	CPT	outpatient			1244	445.43	Americare	Americare		933	75			250.1	1181.8	percent of total billed charges	
INTRATHECAL ADM-CNS+SPINAL PUNCTURE	96450	CPT	outpatient			1244	445.43	Amerihealth	HMO/PPO		809.6	65			250.1	1181.8	percent of total billed charges	
INTRATHECAL ADM-CNS+SPINAL PUNCTURE	96450	CPT	outpatient			1244	445.43	Amerihealth	Medicare		387.33				250.1	1181.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRATHECAL ADM-CNS+SPINAL PUNCTURE	96450	CPT	outpatient			1244	445.43	Consumer	Consumer		1181.8	95			250.1	1181.8	percent of total billed charges	
INTRATHECAL ADM-CNS+SPINAL PUNCTURE	96450	CPT	outpatient			1244	445.43	Corrections	Corrections		995.2	80			250.1	1181.8	percent of total billed charges	
INTRATHECAL ADM-CNS+SPINAL PUNCTURE	96450	CPT	outpatient			1244	445.43	First Health	First Health		870.8	70			250.1	1181.8	percent of total billed charges	
INTRATHECAL ADM-CNS+SPINAL PUNCTURE	96450	CPT	outpatient			1244	445.43	First Trenton	First Trenton		1119.6	90			250.1	1181.8	percent of total billed charges	
INTRATHECAL ADM-CNS+SPINAL PUNCTURE	96450	CPT	outpatient			1244	445.43	Horizon	MGD		720.82				250.1	1181.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRATHECAL ADM-CNS+SPINAL PUNCTURE	96450	CPT	outpatient			1244	445.43	Horizon	Indemnity		720.82				250.1	1181.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRATHECAL ADM-CNS+SPINAL PUNCTURE	96450	CPT	outpatient			1244	445.43	Horizon	PPO		720.82				250.1	1181.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRATHECAL ADM-CNS+SPINAL PUNCTURE	96450	CPT	outpatient			1244	445.43	Horizon	Medicare Blue		387.33				250.1	1181.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRATHECAL ADM-CNS+SPINAL PUNCTURE	96450	CPT	outpatient			1244	445.43	Horizon	NJ Health		1030.95				250.1	1181.8	fee schedule	
INTRATHECAL ADM-CNS+SPINAL PUNCTURE	96450	CPT	outpatient			1244	445.43	Managed Care Inc	Managed Care Inc		1119.6	90			250.1	1181.8	percent of total billed charges	
INTRATHECAL ADM-CNS+SPINAL PUNCTURE	96450	CPT	outpatient			1244	445.43	Multiplan	Multiplan		995.2	80			250.1	1181.8	percent of total billed charges	
INTRATHECAL ADM-CNS+SPINAL PUNCTURE	96450	CPT	outpatient			1244	445.43	Qualcare	Qualcare		933	75			250.1	1181.8	percent of total billed charges	
INTRATHECAL ADM-CNS+SPINAL PUNCTURE	96450	CPT	outpatient			1244	445.43	Three Rivers	Three Rivers		1181.8	95			250.1	1181.8	percent of total billed charges	
INTRATHECAL ADM-CNS+SPINAL PUNCTURE	96450	CPT	outpatient			1244	445.43	UHC	Medicare		387.33				250.1	1181.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRATHECAL ADM-CNS+SPINAL PUNCTURE	96450	CPT	outpatient			1244	445.43	UHC	Medicaid		392.48	31.55			250.1	1181.8	percent of total billed charges	
INTRATHECAL ADM-CNS+SPINAL PUNCTURE	96450	CPT	outpatient			1244	445.43	Wellcare	Medicare		387.33				250.1	1181.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRATHECAL ADM-CNS+SPINAL PUNCTURE	96450	CPT	outpatient			1244	445.43	Wellcare	Medicaid		392.48	31.55			250.1	1181.8	percent of total billed charges	
INTRATHECAL ADM-CNS+SPINAL PUNCTURE	96450	CPT	outpatient			1244	445.43	WellPoint	WellPoint		400.32	32.18			250.1	1181.8	percent of total billed charges	
REFILL/MAINTENANCE PORTABLE PUMP	96521	CPT	outpatient			754	281.9	Aetna	Better Health		237.89	31.55			207.28	716.3	percent of total billed charges	
REFILL/MAINTENANCE PORTABLE PUMP	96521	CPT	outpatient			754	281.9	Aetna	Medicare		245.13				207.28	716.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REFILL/MAINTENANCE PORTABLE PUMP	96521	CPT	outpatient			754	281.9	Aetna	Commercial		390.25				207.28	716.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REFILL/MAINTENANCE PORTABLE PUMP	96521	CPT	outpatient			754	281.9	Americare	Americare		565.5	75			207.28	716.3	percent of total billed charges	
REFILL/MAINTENANCE PORTABLE PUMP	96521	CPT	outpatient			754	281.9	Amerihealth	HMO/PPO		490.1	65			207.28	716.3	percent of total billed charges	
REFILL/MAINTENANCE PORTABLE PUMP	96521	CPT	outpatient			754	281.9	Amerihealth	Medicare		245.13				207.28	716.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REFILL/MAINTENANCE PORTABLE PUMP	96521	CPT	outpatient			754	281.9	Consumer	Consumer		716.3	95			207.28	716.3	percent of total billed charges	
REFILL/MAINTENANCE PORTABLE PUMP	96521	CPT	outpatient			754	281.9	Corrections	Corrections		603.2	80			207.28	716.3	percent of total billed charges	
REFILL/MAINTENANCE PORTABLE PUMP	96521	CPT	outpatient			754	281.9	First Health	First Health		527.8	70			207.28	716.3	percent of total billed charges	
REFILL/MAINTENANCE PORTABLE PUMP	96521	CPT	outpatient			754	281.9	First Trenton	First Trenton		678.6	90			207.28	716.3	percent of total billed charges	
REFILL/MAINTENANCE PORTABLE PUMP	96521	CPT	outpatient			754	281.9	Horizon	Medicare Blue		245.13				207.28	716.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REFILL/MAINTENANCE PORTABLE PUMP	96521	CPT	outpatient			754	281.9	Horizon	MGD		456.19				207.28	716.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REFILL/MAINTENANCE PORTABLE PUMP	96521	CPT	outpatient			754	281.9	Horizon	Indemnity		456.19				207.28	716.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REFILL/MAINTENANCE PORTABLE PUMP	96521	CPT	outpatient			754	281.9	Horizon	NJ Health		480.24				207.28	716.3	fee schedule	
REFILL/MAINTENANCE PORTABLE PUMP	96521	CPT	outpatient			754	281.9	Horizon	PPO		456.19				207.28	716.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REFILL/MAINTENANCE PORTABLE PUMP	96521	CPT	outpatient			754	281.9	Managed Care Inc	Managed Care Inc		678.6	90			207.28	716.3	percent of total billed charges	
REFILL/MAINTENANCE PORTABLE PUMP	96521	CPT	outpatient			754	281.9	Multiplan	Multiplan		603.2	80			207.28	716.3	percent of total billed charges	
REFILL/MAINTENANCE PORTABLE PUMP	96521	CPT	outpatient			754	281.9	Qualcare	Qualcare		565.5	75			207.28	716.3	percent of total billed charges	
REFILL/MAINTENANCE PORTABLE PUMP	96521	CPT	outpatient			754	281.9	Three Rivers	Three Rivers		716.3	95			207.28	716.3	percent of total billed charges	
REFILL/MAINTENANCE PORTABLE PUMP	96521	CPT	outpatient			754	281.9	UHC	Medicaid		237.89	31.55			207.28	716.3	percent of total billed charges	
REFILL/MAINTENANCE PORTABLE PUMP	96521	CPT	outpatient			754	281.9	UHC	Medicare		245.13				207.28	716.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REFILL/MAINTENANCE PORTABLE PUMP	96521	CPT	outpatient			754	281.9	Wellcare	Medicare		245.13				207.28	716.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REFILL/MAINTENANCE PORTABLE PUMP	96521	CPT	outpatient			754	281.9	Wellcare	Medicaid		237.89	31.55			207.28	716.3	percent of total billed charges	
REFILL/MAINTENANCE PORTABLE PUMP	96521	CPT	outpatient			754	281.9	WellPoint	WellPoint		242.64	32.18			207.28	716.3	percent of total billed charges	
REFILL/MAINTAIN IMPLANT PUMP/RESERVOIR	96522	CPT	outpatient			754	281.9	Aetna	Commercial		390.25				207.28	716.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REFILL/MAINTAIN IMPLANT PUMP/RESERVOIR	96522	CPT	outpatient			754	281.9	Aetna	Medicare		245.13				207.28	716.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REFILL/MAINTAIN IMPLANT PUMP/RESERVOIR	96522	CPT	outpatient			754	281.9	Aetna	Better Health		237.89	31.55			207.28	716.3	percent of total billed charges	
REFILL/MAINTAIN IMPLANT PUMP/RESERVOIR	96522	CPT	outpatient			754	281.9	Americare	Americare		565.5	75			207.28	716.3	percent of total billed charges	
REFILL/MAINTAIN IMPLANT PUMP/RESERVOIR	96522	CPT	outpatient			754	281.9	Amerihealth	HMO/PPO		490.1	65			207.28	716.3	percent of total billed charges	
REFILL/MAINTAIN IMPLANT PUMP/RESERVOIR	96522	CPT	outpatient			754	281.9	Amerihealth	Medicare		245.13				207.28	716.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REFILL/MAINTAIN IMPLANT PUMP/RESERVOIR	96522	CPT	outpatient			754	281.9	Consumer	Consumer		716.3	95			207.28	716.3	percent of total billed charges	
REFILL/MAINTAIN IMPLANT PUMP/RESERVOIR	96522	CPT	outpatient			754	281.9	Corrections	Corrections		603.2	80			207.28	716.3	percent of total billed charges	
REFILL/MAINTAIN IMPLANT PUMP/RESERVOIR	96522	CPT	outpatient			754	281.9	First Health	First Health		527.8	70			207.28	716.3	percent of total billed charges	
REFILL/MAINTAIN IMPLANT PUMP/RESERVOIR	96522	CPT	outpatient			754	281.9	First Trenton	First Trenton		678.6	90			207.28	716.3	percent of total billed charges	
REFILL/MAINTAIN IMPLANT PUMP/RESERVOIR	96522	CPT	outpatient			754	281.9	Horizon	MGD		456.19				207.28	716.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REFILL/MAINTAIN IMPLANT PUMP/RESERVOIR	96522	CPT	outpatient			754	281.9	Horizon	Medicare Blue		245.13				207.28	716.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REFILL/MAINTAIN IMPLANT PUMP/RESERVOIR	96522	CPT	outpatient			754	281.9	Horizon	Indemnity		456.19				207.28	716.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REFILL/MAINTAIN IMPLANT PUMP/RESERVOIR	96522	CPT	outpatient			754	281.9	Horizon	NJ Health		438.48				207.28	716.3	fee schedule	
REFILL/MAINTAIN IMPLANT PUMP/RESERVOIR	96522	CPT	outpatient			754	281.9	Horizon	PPO		456.19				207.28	716.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REFILL/MAINTAIN IMPLANT PUMP/RESERVOIR	96522	CPT	outpatient			754	281.9	Managed Care Inc	Managed Care Inc		678.6	90			207.28	716.3	percent of total billed charges	
REFILL/MAINTAIN IMPLANT PUMP/RESERVOIR	96522	CPT	outpatient			754	281.9	Multiplan	Multiplan		603.2	80			207.28	716.3	percent of total billed charges	
REFILL/MAINTAIN IMPLANT PUMP/RESERVOIR	96522	CPT	outpatient			754	281.9	Qualcare	Qualcare		565.5	75			207.28	716.3	percent of total billed charges	
REFILL/MAINTAIN IMPLANT PUMP/RESERVOIR	96522	CPT	outpatient			754	281.9	Three Rivers	Three Rivers		716.3	95			207.28	716.3	percent of total billed charges	
REFILL/MAINTAIN IMPLANT PUMP/RESERVOIR	96522	CPT	outpatient			754	281.9	UHC	Medicaid		237.89	31.55			207.28	716.3	percent of total billed charges	
REFILL/MAINTAIN IMPLANT PUMP/RESERVOIR	96522	CPT	outpatient			754	281.9	UHC	Medicare		245.13				207.28	716.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REFILL/MAINTAIN IMPLANT PUMP/RESERVOIR	96522	CPT	outpatient			754	281.9	Wellcare	Medicaid		237.89	31.55			207.28	716.3	percent of total billed charges	
REFILL/MAINTAIN IMPLANT PUMP/RESERVOIR	96522	CPT	outpatient			754	281.9	Wellcare	Medicare		245.13				207.28	716.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REFILL/MAINTAIN IMPLANT PUMP/RESERVOIR	96522	CPT	outpatient			754	281.9	WellPoint	WellPoint		242.64	32.18			207.28	716.3	percent of total billed charges	
VENOUS ACCESS FOR DRUG DELIVER	96523	CPT	outpatient			227	80.45	Aetna	Better Health		71.62	31.55			60.89	215.65	percent of total billed charges	
VENOUS ACCESS FOR DRUG DELIVER	96523	CPT	outpatient			227	80.45	Aetna	Medicare		69.96				60.89	215.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOUS ACCESS FOR DRUG DELIVER	96523	CPT	outpatient			227	80.45	Aetna	Commercial		111.38				60.89	215.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOUS ACCESS FOR DRUG DELIVER	96523	CPT	outpatient			227	80.45	Americare	Americare		170.25	75			60.89	215.65	percent of total billed charges	
VENOUS ACCESS FOR DRUG DELIVER	96523	CPT	outpatient			227	80.45	Amerihealth	HMO/PPO		147.55	65			60.89	215.65	percent of total billed charges	
VENOUS ACCESS FOR DRUG DELIVER	96523	CPT	outpatient			227	80.45	Amerihealth	Medicare		69.96				60.89	215.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOUS ACCESS FOR DRUG DELIVER	96523	CPT	outpatient			227	80.45	Consumer	Consumer		215.65	95			60.89	215.65	percent of total billed charges	
VENOUS ACCESS FOR DRUG DELIVER	96523	CPT	outpatient			227	80.45	Corrections	Corrections		181.6	80			60.89	215.65	percent of total billed charges	
VENOUS ACCESS FOR DRUG DELIVER	96523	CPT	outpatient			227	80.45	First Health	First Health		158.9	70			60.89	215.65	percent of total billed charges	
VENOUS ACCESS FOR DRUG DELIVER	96523	CPT	outpatient			227	80.45	First Trenton	First Trenton		204.3	90			60.89	215.65	percent of total billed charges	
VENOUS ACCESS FOR DRUG DELIVER	96523	CPT	outpatient			227	80.45	Horizon	PPO		130.2				60.89	215.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOUS ACCESS FOR DRUG DELIVER	96523	CPT	outpatient			227	80.45	Horizon	MGD		130.2				60.89	215.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOUS ACCESS FOR DRUG DELIVER	96523	CPT	outpatient			227	80.45	Horizon	Indemnity		130.2				60.89	215.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOUS ACCESS FOR DRUG DELIVER	96523	CPT	outpatient			227	80.45	Horizon	NJ Health		180.09				60.89	215.65	fee schedule	
VENOUS ACCESS FOR DRUG DELIVER	96523	CPT	outpatient			227	80.45	Horizon	Medicare Blue		69.96				60.89	215.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOUS ACCESS FOR DRUG DELIVER	96523	CPT	outpatient			227	80.45	Managed Care Inc	Managed Care Inc		204.3	90			60.89	215.65	percent of total billed charges	
VENOUS ACCESS FOR DRUG DELIVER	96523	CPT	outpatient			227	80.45	Multiplan	Multiplan		181.6	80			60.89	215.65	percent of total billed charges	
VENOUS ACCESS FOR DRUG DELIVER	96523	CPT	outpatient			227	80.45	Qualcare	Qualcare		170.25	75			60.89	215.65	percent of total billed charges	
VENOUS ACCESS FOR DRUG DELIVER	96523	CPT	outpatient			227	80.45	Three Rivers	Three Rivers		215.65	95			60.89	215.65	percent of total billed charges	
VENOUS ACCESS FOR DRUG DELIVER	96523	CPT	outpatient			227	80.45	UHC	Medicare		69.96				60.89	215.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOUS ACCESS FOR DRUG DELIVER	96523	CPT	outpatient			227	80.45	UHC	Medicaid		71.62	31.55			60.89	215.65	percent of total billed charges	
VENOUS ACCESS FOR DRUG DELIVER	96523	CPT	outpatient			227	80.45	Wellcare	Medicare		69.96				60.89	215.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOUS ACCESS FOR DRUG DELIVER	96523	CPT	outpatient			227	80.45	Wellcare	Medicaid		71.62	31.55			60.89	215.65	percent of total billed charges	
VENOUS ACCESS FOR DRUG DELIVER	96523	CPT	outpatient			227	80.45	WellPoint	WellPoint		73.05	32.18			60.89	215.65	percent of total billed charges	
CHEMOTHERAPY INJECTION	96542	CPT	outpatient			754	445.43	Aetna	Better Health		237.89	31.55			182.67	720.82	percent of total billed charges	
CHEMOTHERAPY INJECTION	96542	CPT	outpatient			754	445.43	Aetna	Medicare		387.33				182.67	720.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTHERAPY INJECTION	96542	CPT	outpatient			754	445.43	Aetna	Commercial		616.63				182.67	720.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTHERAPY INJECTION	96542	CPT	outpatient			754	445.43	Americare	Americare		565.5	75			182.67	720.82	percent of total billed charges	
CHEMOTHERAPY INJECTION	96542	CPT	outpatient			754	445.43	Amerihealth	HMO/PPO		490.1	65			182.67	720.82	percent of total billed charges	
CHEMOTHERAPY INJECTION	96542	CPT	outpatient			754	445.43	Amerihealth	Medicare		387.33				182.67	720.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTHERAPY INJECTION	96542	CPT	outpatient			754	445.43	Consumer	Consumer		716.3	95			182.67	720.82	percent of total billed charges	
CHEMOTHERAPY INJECTION	96542	CPT	outpatient			754	445.43	Corrections	Corrections		603.2	80			182.67	720.82	percent of total billed charges	
CHEMOTHERAPY INJECTION	96542	CPT	outpatient			754	445.43	First Health	First Health		527.8	70			182.67	720.82	percent of total billed charges	
CHEMOTHERAPY INJECTION	96542	CPT	outpatient			754	445.43	First Trenton	First Trenton		678.6	90			182.67	720.82	percent of total billed charges	
CHEMOTHERAPY INJECTION	96542	CPT	outpatient			754	445.43	Horizon	PPO		720.82				182.67	720.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTHERAPY INJECTION	96542	CPT	outpatient			754	445.43	Horizon	Indemnity		720.82				182.67	720.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTHERAPY INJECTION	96542	CPT	outpatient			754	445.43	Horizon	MGD		720.82				182.67	720.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTHERAPY INJECTION	96542	CPT	outpatient			754	445.43	Horizon	Medicare Blue		387.33				182.67	720.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTHERAPY INJECTION	96542	CPT	outpatient			754	445.43	Horizon	NJ Health		196.19				182.67	720.82	fee schedule	
CHEMOTHERAPY INJECTION	96542	CPT	outpatient			754	445.43	Managed Care Inc	Managed Care Inc		678.6	90			182.67	720.82	percent of total billed charges	
CHEMOTHERAPY INJECTION	96542	CPT	outpatient			754	445.43	Multiplan	Multiplan		603.2	80			182.67	720.82	percent of total billed charges	
CHEMOTHERAPY INJECTION	96542	CPT	outpatient			754	445.43	Qualcare	Qualcare		565.5	75			182.67	720.82	percent of total billed charges	
CHEMOTHERAPY INJECTION	96542	CPT	outpatient			754	445.43	Three Rivers	Three Rivers		716.3	95			182.67	720.82	percent of total billed charges	
CHEMOTHERAPY INJECTION	96542	CPT	outpatient			754	445.43	UHC	Medicare		387.33				182.67	720.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTHERAPY INJECTION	96542	CPT	outpatient			754	445.43	UHC	Medicaid		237.89	31.55			182.67	720.82	percent of total billed charges	
CHEMOTHERAPY INJECTION	96542	CPT	outpatient			754	445.43	Wellcare	Medicare		387.33				182.67	720.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTHERAPY INJECTION	96542	CPT	outpatient			754	445.43	Wellcare	Medicaid		237.89	31.55			182.67	720.82	percent of total billed charges	
CHEMOTHERAPY INJECTION	96542	CPT	outpatient			754	445.43	WellPoint	WellPoint		242.64	32.18			182.67	720.82	percent of total billed charges	
UNLTD CHEMO PROCED	96549	CPT	outpatient			155	62.48	Aetna	Commercial		86.49				48.9	147.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLTD CHEMO PROCED	96549	CPT	outpatient			155	62.48	Aetna	Better Health		48.9	31.55			48.9	147.25	percent of total billed charges	
UNLTD CHEMO PROCED	96549	CPT	outpatient			155	62.48	Aetna	Medicare		54.33				48.9	147.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLTD CHEMO PROCED	96549	CPT	outpatient			155	62.48	Americare	Americare		116.25	75			48.9	147.25	percent of total billed charges	
UNLTD CHEMO PROCED	96549	CPT	outpatient			155	62.48	Amerihealth	Medicare		54.33				48.9	147.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLTD CHEMO PROCED	96549	CPT	outpatient			155	62.48	Amerihealth	HMO/PPO		100.75	65			48.9	147.25	percent of total billed charges	
UNLTD CHEMO PROCED	96549	CPT	outpatient			155	62.48	Consumer	Consumer		147.25	95			48.9	147.25	percent of total billed charges	
UNLTD CHEMO PROCED	96549	CPT	outpatient			155	62.48	Corrections	Corrections		124	80			48.9	147.25	percent of total billed charges	
UNLTD CHEMO PROCED	96549	CPT	outpatient			155	62.48	First Health	First Health		108.5	70			48.9	147.25	percent of total billed charges	
UNLTD CHEMO PROCED	96549	CPT	outpatient			155	62.48	First Trenton	First Trenton		139.5	90			48.9	147.25	percent of total billed charges	
UNLTD CHEMO PROCED	96549	CPT	outpatient			155	62.48	Horizon	MGD		101.11				48.9	147.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLTD CHEMO PROCED	96549	CPT	outpatient			155	62.48	Horizon	Medicare Blue		54.33				48.9	147.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLTD CHEMO PROCED	96549	CPT	outpatient			155	62.48	Horizon	Indemnity		101.11				48.9	147.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLTD CHEMO PROCED	96549	CPT	outpatient			155	62.48	Horizon	PPO		101.11				48.9	147.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLTD CHEMO PROCED	96549	CPT	outpatient			155	62.48	Managed Care Inc	Managed Care Inc		139.5	90			48.9	147.25	percent of total billed charges	
UNLTD CHEMO PROCED	96549	CPT	outpatient			155	62.48	Multiplan	Multiplan		124	80			48.9	147.25	percent of total billed charges	
UNLTD CHEMO PROCED	96549	CPT	outpatient			155	62.48	Qualcare	Qualcare		116.25	75			48.9	147.25	percent of total billed charges	
UNLTD CHEMO PROCED	96549	CPT	outpatient			155	62.48	Three Rivers	Three Rivers		147.25	95			48.9	147.25	percent of total billed charges	
UNLTD CHEMO PROCED	96549	CPT	outpatient			155	62.48	UHC	Medicare		54.33				48.9	147.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLTD CHEMO PROCED	96549	CPT	outpatient			155	62.48	UHC	Medicaid		48.9	31.55			48.9	147.25	percent of total billed charges	
UNLTD CHEMO PROCED	96549	CPT	outpatient			155	62.48	Wellcare	Medicare		54.33				48.9	147.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLTD CHEMO PROCED	96549	CPT	outpatient			155	62.48	Wellcare	Medicaid		48.9	31.55			48.9	147.25	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101191	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
UNLTD CHEMO PROCED	96549	CPT	outpatient			155	62.48	WellPoint	WellPoint		49.88	32.18			48.9	147.25	percent of total billed charges	
ACTINOTHERAPHY (ULTRAVIOLET LIGHT)	96900	CPT	outpatient			142	52.74	Aetna	Better Health		44.8	31.55			18.58	134.9	percent of total billed charges	
ACTINOTHERAPHY (ULTRAVIOLET LIGHT)	96900	CPT	outpatient			142	52.74	Aetna	Medicare		45.86				18.58	134.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ACTINOTHERAPHY (ULTRAVIOLET LIGHT)	96900	CPT	outpatient			142	52.74	Aetna	Commercial		73.01				18.58	134.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ACTINOTHERAPHY (ULTRAVIOLET LIGHT)	96900	CPT	outpatient			142	52.74	Americare	Americare		106.5	75			18.58	134.9	percent of total billed charges	
ACTINOTHERAPHY (ULTRAVIOLET LIGHT)	96900	CPT	outpatient			142	52.74	Amerihealth	HMO/PPO		92.3	65			18.58	134.9	percent of total billed charges	
ACTINOTHERAPHY (ULTRAVIOLET LIGHT)	96900	CPT	outpatient			142	52.74	Amerihealth	Medicare		45.86				18.58	134.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ACTINOTHERAPHY (ULTRAVIOLET LIGHT)	96900	CPT	outpatient			142	52.74	Consumer	Consumer		134.9	95			18.58	134.9	percent of total billed charges	
ACTINOTHERAPHY (ULTRAVIOLET LIGHT)	96900	CPT	outpatient			142	52.74	Corrections	Corrections		113.6	80			18.58	134.9	percent of total billed charges	
ACTINOTHERAPHY (ULTRAVIOLET LIGHT)	96900	CPT	outpatient			142	52.74	First Health	First Health		99.4	70			18.58	134.9	percent of total billed charges	
ACTINOTHERAPHY (ULTRAVIOLET LIGHT)	96900	CPT	outpatient			142	52.74	First Trenton	First Trenton		127.8	90			18.58	134.9	percent of total billed charges	
ACTINOTHERAPHY (ULTRAVIOLET LIGHT)	96900	CPT	outpatient			142	52.74	Horizon	Medicare Blue		45.86				18.58	134.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ACTINOTHERAPHY (ULTRAVIOLET LIGHT)	96900	CPT	outpatient			142	52.74	Horizon	PPO		85.35				18.58	134.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ACTINOTHERAPHY (ULTRAVIOLET LIGHT)	96900	CPT	outpatient			142	52.74	Horizon	NJ Health		18.58				18.58	134.9	fee schedule	
ACTINOTHERAPHY (ULTRAVIOLET LIGHT)	96900	CPT	outpatient			142	52.74	Horizon	Indemnity		85.35				18.58	134.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ACTINOTHERAPHY (ULTRAVIOLET LIGHT)	96900	CPT	outpatient			142	52.74	Horizon	MGD		85.35				18.58	134.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ACTINOTHERAPHY (ULTRAVIOLET LIGHT)	96900	CPT	outpatient			142	52.74	Managed Care Inc	Managed Care Inc		127.8	90			18.58	134.9	percent of total billed charges	
ACTINOTHERAPHY (ULTRAVIOLET LIGHT)	96900	CPT	outpatient			142	52.74	Multiplan	Multiplan		113.6	80			18.58	134.9	percent of total billed charges	
ACTINOTHERAPHY (ULTRAVIOLET LIGHT)	96900	CPT	outpatient			142	52.74	Qualcare	Qualcare		106.5	75			18.58	134.9	percent of total billed charges	
ACTINOTHERAPHY (ULTRAVIOLET LIGHT)	96900	CPT	outpatient			142	52.74	Three Rivers	Three Rivers		134.9	95			18.58	134.9	percent of total billed charges	
ACTINOTHERAPHY (ULTRAVIOLET LIGHT)	96900	CPT	outpatient			142	52.74	UHC	Medicaid		44.8	31.55			18.58	134.9	percent of total billed charges	
ACTINOTHERAPHY (ULTRAVIOLET LIGHT)	96900	CPT	outpatient			142	52.74	UHC	Medicare		45.86				18.58	134.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ACTINOTHERAPHY (ULTRAVIOLET LIGHT)	96900	CPT	outpatient			142	52.74	Wellcare	Medicaid		44.8	31.55			18.58	134.9	percent of total billed charges	
ACTINOTHERAPHY (ULTRAVIOLET LIGHT)	96900	CPT	outpatient			142	52.74	Wellcare	Medicare		45.86				18.58	134.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ACTINOTHERAPHY (ULTRAVIOLET LIGHT)	96900	CPT	outpatient			142	52.74	WellPoint	WellPoint		45.7	32.18			18.58	134.9	percent of total billed charges	
PHOTOTHERAPHY, TAR & UVB/PETROLATUM&UVB	96910	CPT	outpatient			240	80.45	Aetna	Commercial		111.38				45.94	228	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PHOTOTHERAPHY, TAR & UVB/PETROLATUM&UVB	96910	CPT	outpatient			240	80.45	Aetna	Medicare		69.96				45.94	228	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PHOTOTHERAPHY, TAR & UVB/PETROLATUM&UVB	96910	CPT	outpatient			240	80.45	Aetna	Better Health		75.72	31.55			45.94	228	percent of total billed charges	
PHOTOTHERAPHY, TAR & UVB/PETROLATUM&UVB	96910	CPT	outpatient			240	80.45	Americare	Americare		180	75			45.94	228	percent of total billed charges	
PHOTOTHERAPHY, TAR & UVB/PETROLATUM&UVB	96910	CPT	outpatient			240	80.45	Amerihealth	HMO/PPO		156	65			45.94	228	percent of total billed charges	
PHOTOTHERAPHY, TAR & UVB/PETROLATUM&UVB	96910	CPT	outpatient			240	80.45	Amerihealth	Medicare		69.96				45.94	228	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PHOTOTHERAPHY, TAR & UVB/PETROLATUM&UVB	96910	CPT	outpatient			240	80.45	Consumer	Consumer		228	95			45.94	228	percent of total billed charges	
PHOTOTHERAPHY, TAR & UVB/PETROLATUM&UVB	96910	CPT	outpatient			240	80.45	Corrections	Corrections		192	80			45.94	228	percent of total billed charges	
PHOTOTHERAPHY, TAR & UVB/PETROLATUM&UVB	96910	CPT	outpatient			240	80.45	First Health	First Health		168	70			45.94	228	percent of total billed charges	
PHOTOTHERAPHY, TAR & UVB/PETROLATUM&UVB	96910	CPT	outpatient			240	80.45	First Trenton	First Trenton		216	90			45.94	228	percent of total billed charges	
PHOTOTHERAPHY, TAR & UVB/PETROLATUM&UVB	96910	CPT	outpatient			240	80.45	Horizon	Indemnity		130.2				45.94	228	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PHOTOTHERAPHY, TAR & UVB/PETROLATUM&UVB	96910	CPT	outpatient			240	80.45	Horizon	PPO		130.2				45.94	228	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PHOTOTHERAPHY, TAR & UVB/PETROLATUM&UVB	96910	CPT	outpatient			240	80.45	Horizon	MGD		130.2				45.94	228	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PHOTOTHERAPHY, TAR & UVB/PETROLATUM&UVB	96910	CPT	outpatient			240	80.45	Horizon	Medicare Blue		69.96				45.94	228	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PHOTOTHERAPHY, TAR & UVB/PETROLATUM&UVB	96910	CPT	outpatient			240	80.45	Horizon	NJ Health		45.94				45.94	228	fee schedule	
PHOTOTHERAPHY, TAR & UVB/PETROLATUM&UVB	96910	CPT	outpatient			240	80.45	Managed Care Inc	Managed Care Inc		216	90			45.94	228	percent of total billed charges	
PHOTOTHERAPHY, TAR & UVB/PETROLATUM&UVB	96910	CPT	outpatient			240	80.45	Multiplan	Multiplan		192	80			45.94	228	percent of total billed charges	
PHOTOTHERAPHY, TAR & UVB/PETROLATUM&UVB	96910	CPT	outpatient			240	80.45	Qualcare	Qualcare		180	75			45.94	228	percent of total billed charges	
PHOTOTHERAPHY, TAR & UVB/PETROLATUM&UVB	96910	CPT	outpatient			240	80.45	Three Rivers	Three Rivers		228	95			45.94	228	percent of total billed charges	
PHOTOTHERAPHY, TAR & UVB/PETROLATUM&UVB	96910	CPT	outpatient			240	80.45	UHC	Medicare		69.96				45.94	228	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PHOTOTHERAPHY, TAR & UVB/PETROLATUM&UVB	96910	CPT	outpatient			240	80.45	UHC	Medicaid		75.72	31.55			45.94	228	percent of total billed charges	
PHOTOTHERAPHY, TAR & UVB/PETROLATUM&UVB	96910	CPT	outpatient			240	80.45	Wellcare	Medicare		69.96				45.94	228	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PHOTOTHERAPHY, TAR & UVB/PETROLATUM&UVB	96910	CPT	outpatient			240	80.45	Wellcare	Medicaid		75.72	31.55			45.94	228	percent of total billed charges	
PHOTOTHERAPHY, TAR & UVB/PETROLATUM&UVB	96910	CPT	outpatient			240	80.45	WellPoint	WellPoint		77.23	32.18			45.94	228	percent of total billed charges	
PHOTOCHEM; PSORALENS & UV	96912	CPT	outpatient			211	80.45	Aetna	Better Health		66.57	31.55			60.24	200.45	percent of total billed charges	
PHOTOCHEM; PSORALENS & UV	96912	CPT	outpatient			211	80.45	Aetna	Medicare		64.99	30.8			60.24	200.45	percent of total billed charges	
PHOTOCHEM; PSORALENS & UV	96912	CPT	outpatient			211	80.45	Aetna	Commercial		111.38				60.24	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PHOTOCHEM; PSORALENS & UV	96912	CPT	outpatient			211	80.45	Americare	Americare		158.25	75			60.24	200.45	percent of total billed charges	
PHOTOCHEM; PSORALENS & UV	96912	CPT	outpatient			211	80.45	Amerihealth	Medicare		69.96				60.24	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PHOTOCHEM; PSORALENS & UV	96912	CPT	outpatient			211	80.45	Amerihealth	HMO/PPO		137.15	65			60.24	200.45	percent of total billed charges	
PHOTOCHEM; PSORALENS & UV	96912	CPT	outpatient			211	80.45	Consumer	Consumer		200.45	95			60.24	200.45	percent of total billed charges	
PHOTOCHEM; PSORALENS & UV	96912	CPT	outpatient			211	80.45	Corrections	Corrections		168.8	80			60.24	200.45	percent of total billed charges	
PHOTOCHEM; PSORALENS & UV	96912	CPT	outpatient			211	80.45	First Health	First Health		147.7	70			60.24	200.45	percent of total billed charges	
PHOTOCHEM; PSORALENS & UV	96912	CPT	outpatient			211	80.45	First Trenton	First Trenton		189.9	90			60.24	200.45	percent of total billed charges	
PHOTOCHEM; PSORALENS & UV	96912	CPT	outpatient			211	80.45	Horizon	Indemnity		130.2				60.24	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PHOTOCHEM; PSORALENS & UV	96912	CPT	outpatient			211	80.45	Horizon	Medicare Blue		69.96				60.24	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PHOTOCHEM; PSORALENS & UV	96912	CPT	outpatient			211	80.45	Horizon	PPO		130.2				60.24	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PHOTOCHEM; PSORALENS & UV	96912	CPT	outpatient			211	80.45	Horizon	NJ Health		60.24				60.24	200.45	fee schedule	
PHOTOCHEM; PSORALENS & UV	96912	CPT	outpatient			211	80.45	Horizon	MGD		130.2				60.24	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PHOTOCHEM; PSORALENS & UV	96912	CPT	outpatient			211	80.45	Managed Care Inc	Managed Care Inc		189.9	90			60.24	200.45	percent of total billed charges	
PHOTOCHEM; PSORALENS & UV	96912	CPT	outpatient			211	80.45	Multiplan	Multiplan		168.8	80			60.24	200.45	percent of total billed charges	
PHOTOCHEM; PSORALENS & UV	96912	CPT	outpatient			211	80.45	Qualcare	Qualcare		158.25	75			60.24	200.45	percent of total billed charges	
PHOTOCHEM; PSORALENS & UV	96912	CPT	outpatient			211	80.45	Three Rivers	Three Rivers		200.45	95			60.24	200.45	percent of total billed charges	
PHOTOCHEM; PSORALENS & UV	96912	CPT	outpatient			211	80.45	UHC	Medicare		69.96				60.24	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PHOTOCHEM; PSORALENS & UV	96912	CPT	outpatient			211	80.45	UHC	Medicaid		66.57	31.55			60.24	200.45	percent of total billed charges	
PHOTOCHEM; PSORALENS & UV	96912	CPT	outpatient			211	80.45	Wellcare	Medicaid		66.57	31.55			60.24	200.45	percent of total billed charges	
PHOTOCHEM; PSORALENS & UV	96912	CPT	outpatient			211	80.45	Wellcare	Medicare		69.96				60.24	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PHOTOCHEM; PSORALENS & UV	96912	CPT	outpatient			211	80.45	WellPoint	WellPoint		67.9	32.18			60.24	200.45	percent of total billed charges	
HOT/COLD PACK	97010	CPT	outpatient			260		Aetna	Medicare		80.08	30.8			13.49	247	percent of total billed charges	
HOT/COLD PACK	97010	CPT	outpatient			260		Aetna	Better Health		82.03	31.55			13.49	247	percent of total billed charges	
HOT/COLD PACK	97010	CPT	outpatient			260		Aetna	Commercial		98.8	38			13.49	247	percent of total billed charges	
HOT/COLD PACK	97010	CPT	outpatient			260		Americare	Americare		195	75			13.49	247	percent of total billed charges	
HOT/COLD PACK	97010	CPT	outpatient			260		Amerihealth	HMO/PPO		169	65			13.49	247	percent of total billed charges	
HOT/COLD PACK	97010	CPT	outpatient			260		Consumer	Consumer		247	95			13.49	247	percent of total billed charges	
HOT/COLD PACK	97010	CPT	outpatient			260		Corrections	Corrections		208	80			13.49	247	percent of total billed charges	
HOT/COLD PACK	97010	CPT	outpatient			260		First Health	First Health		182	70			13.49	247	percent of total billed charges	
HOT/COLD PACK	97010	CPT	outpatient			260		First Trenton	First Trenton		234	90			13.49	247	percent of total billed charges	
HOT/COLD PACK	97010	CPT	outpatient			260		Horizon	Indemnity		99.53	38.28			13.49	247	percent of total billed charges	
HOT/COLD PACK	97010	CPT	outpatient			260		Horizon	PPO		99.53	38.28			13.49	247	percent of total billed charges	
HOT/COLD PACK	97010	CPT	outpatient			260		Horizon	MGD		99.53	38.28			13.49	247	percent of total billed charges	
HOT/COLD PACK	97010	CPT	outpatient			260		Horizon	NJ Health		13.49				13.49	247	fee schedule	
HOT/COLD PACK	97010	CPT	outpatient			260		Horizon	Medicare Blue		78	30			13.49	247	percent of total billed charges	
HOT/COLD PACK	97010	CPT	outpatient			260		Managed Care Inc	Managed Care Inc		234	90			13.49	247	percent of total billed charges	
HOT/COLD PACK	97010	CPT	outpatient			260		Multiplan	Multiplan		208	80			13.49	247	percent of total billed charges	
HOT/COLD PACK	97010	CPT	outpatient			260		Qualcare	Qualcare		195	75			13.49	247	percent of total billed charges	
HOT/COLD PACK	97010	CPT	outpatient			260		Three Rivers	Three Rivers		247	95			13.49	247	percent of total billed charges	
HOT/COLD PACK	97010	CPT	outpatient			260		UHC	Medicaid		82.03	31.55			13.49	247	percent of total billed charges	
HOT/COLD PACK	97010	CPT	outpatient			260		Wellcare	Medicaid		82.03	31.55			13.49	247	percent of total billed charges	
HOT/COLD PACK	97010	CPT	outpatient			260		WellPoint	WellPoint		83.67	32.18			13.49	247	percent of total billed charges	
TRACTION, MECHANICAL	97012	CPT	both			103		Aetna	Better Health		32.5	31.55			30.9	97.85	percent of total billed charges	
TRACTION, MECHANICAL	97012	CPT	both			103		Aetna	Commercial		39.14	38			30.9	97.85	percent of total billed charges	
TRACTION, MECHANICAL	97012	CPT	both			103		Aetna	Medicare		31.72	30.8			30.9	97.85	percent of total billed charges	
TRACTION, MECHANICAL	97012	CPT	both			103		Americare	Americare		77.25	75			30.9	97.85	percent of total billed charges	
TRACTION, MECHANICAL	97012	CPT	both			103		Amerihealth	HMO/PPO		66.95	65			30.9	97.85	percent of total billed charges	
TRACTION, MECHANICAL	97012	CPT	both			103		Consumer	Consumer		97.85	95			30.9	97.85	percent of total billed charges	
TRACTION, MECHANICAL	97012	CPT	both			103		Corrections	Corrections		82.4	80			30.9	97.85	percent of total billed charges	
TRACTION, MECHANICAL	97012	CPT	both			103		First Health	First Health		72.1	70			30.9	97.85	percent of total billed charges	
TRACTION, MECHANICAL	97012	CPT	both			103		First Trenton	First Trenton		92.7	90			30.9	97.85	percent of total billed charges	
TRACTION, MECHANICAL	97012	CPT	both			103		Horizon	Indemnity		39.43	38.28			30.9	97.85	percent of total billed charges	
TRACTION, MECHANICAL	97012	CPT	both			103		Horizon	Medicare Blue		30.9	30			30.9	97.85	percent of total billed charges	
TRACTION, MECHANICAL	97012	CPT	both			103		Horizon	PPO		39.43	38.28			30.9	97.85	percent of total billed charges	
TRACTION, MECHANICAL	97012	CPT	both			103		Horizon	MGD		39.43	38.28			30.9	97.85	percent of total billed charges	
TRACTION, MECHANICAL	97012	CPT	both			103		Managed Care Inc	Managed Care Inc		92.7	90			30.9	97.85	percent of total billed charges	
TRACTION, MECHANICAL	97012	CPT	both			103		Multiplan	Multiplan		82.4	80			30.9	97.85	percent of total billed charges	
TRACTION, MECHANICAL	97012	CPT	both			103		Qualcare	Qualcare		77.25	75			30.9	97.85	percent of total billed charges	
TRACTION, MECHANICAL	97012	CPT	both			103		Three Rivers	Three Rivers		97.85	95			30.9	97.85	percent of total billed charges	
TRACTION, MECHANICAL	97012	CPT	both			103		UHC	Medicaid		32.5	31.55			30.9	97.85	percent of total billed charges	
TRACTION, MECHANICAL	97012	CPT	both			103		Wellcare	Medicaid		32.5	31.55			30.9	97.85	percent of total billed charges	
TRACTION, MECHANICAL	97012	CPT	both			103		WellPoint	WellPoint		33.15	32.18			30.9	97.85	percent of total billed charges	
VASOPNEUMATIC DEVICE	97016	CPT	inpatient			133		Aetna	Medicare		40.96	30.8			39.9	126.35	percent of total billed charges	
VASOPNEUMATIC DEVICE	97016	CPT	inpatient			133		Aetna	Better Health		41.96	31.55			39.9	126.35	percent of total billed charges	
VASOPNEUMATIC DEVICE	97016	CPT	inpatient			133		Aetna	Commercial		50.54	38			39.9	126.35	percent of total billed charges	
VASOPNEUMATIC DEVICE	97016	CPT	inpatient			133		Americare	Americare		99.75	75			39.9	126.35	percent of total billed charges	
VASOPNEUMATIC DEVICE	97016	CPT	inpatient			133		Amerihealth	HMO/PPO		86.45	65			39.9	126.35	percent of total billed charges	
VASOPNEUMATIC DEVICE	97016	CPT	inpatient			133		Consumer	Consumer		126.35	95			39.9	126.35	percent of total billed charges	
VASOPNEUMATIC DEVICE	97016	CPT	inpatient			133		Corrections	Corrections		106.4	80			39.9	126.35	percent of total billed charges	
VASOPNEUMATIC DEVICE	97016	CPT	inpatient			133		First Health	First Health		93.1	70			39.9	126.35	percent of total billed charges	
VASOPNEUMATIC DEVICE	97016	CPT	inpatient			133		First Trenton	First Trenton		119.7	90			39.9	126.35	percent of total billed charges	
VASOPNEUMATIC DEVICE	97016	CPT	inpatient			133		Horizon	MGD		50.91	38.28			39.9	126.35	percent of total billed charges	
VASOPNEUMATIC DEVICE	97016	CPT	inpatient			133		Horizon	Medicare Blue		39.9	30			39.9	126.35	percent of total billed charges	
VASOPNEUMATIC DEVICE	97016	CPT	inpatient			133		Horizon	Indemnity		50.91	38.28			39.9	126.35	percent of total billed charges	
VASOPNEUMATIC DEVICE	97016	CPT	inpatient			133		Horizon	PPO		50.91	38.28			39.9	126.35	percent of total billed charges	
VASOPNEUMATIC DEVICE	97016	CPT	inpatient			133		Managed Care Inc	Managed Care Inc		119.7	90			39.9	126.35	percent of total billed charges	
VASOPNEUMATIC DEVICE	97016	CPT	inpatient			133		Multiplan	Multiplan		106.4	80			39.9	126.35	percent of total billed charges	
VASOPNEUMATIC DEVICE	97016	CPT	inpatient			133		Qualcare	Qualcare		99.75	75			39.9	126.35	percent of total billed charges	
VASOPNEUMATIC DEVICE	97016	CPT	inpatient			133		Three Rivers	Three Rivers		126.35	95			39.9	126.35	percent of total billed charges	
VASOPNEUMATIC DEVICE	97016	CPT	inpatient			133		UHC	Medicaid		41.96	31.55			39.9	126.35	percent of total billed charges	
VASOPNEUMATIC DEVICE	97016	CPT	inpatient			133		Wellcare	Medicaid		41.96	31.55			39.9	126.35	percent of total billed charges	
VASOPNEUMATIC DEVICE	97016	CPT	inpatient			133		WellPoint	WellPoint		42.8	32.18			39.9	126.35	percent of total billed charges	
PARAFIN	97018	CPT	outpatient			116		Aetna	Medicare		35.73	30.8			34.8	110.2	percent of total billed charges	
PARAFIN	97018	CPT	outpatient			116		Aetna	Better Health		36.6	31.55			34.8	110.2	percent of total billed charges	
PARAFIN	97018	CPT	outpatient			116		Aetna	Commercial		44.08	38			34.8	110.2	percent of total billed charges	
PARAFIN	97018	CPT	outpatient			116		Americare	Americare		87	75			34.8	110.2	percent of total billed charges	
PARAFIN	97018	CPT	outpatient			116		Amerihealth	HMO/PPO		75.4	65			34.8	110.2	percent of total billed charges	
PARAFIN	97018	CPT	outpatient			116		Consumer	Consumer		110.2	95			34.8	110.2	percent of total billed charges	
PARAFIN	97018	CPT	outpatient			116		Corrections	Corrections		92.8	80			34.8	110.2	percent of total billed charges	
PARAFIN	97018	CPT	outpatient			116		First Health	First Health		81.2	70			34.8	110.2	percent of total billed charges	
PARAFIN	97018	CPT	outpatient			116		First Trenton	First Trenton		104.4	90			34.8	110.2	percent of total billed charges	
PARAFIN	97018	CPT	outpatient			116		Horizon	Indemnity		44.4	38.28			34.8	110.2	percent of total billed charges	
PARAFIN	97018	CPT	outpatient			116		Horizon	Medicare Blue		34.8	30			34.8	110.2	percent of total billed charges	
PARAFIN	97018	CPT	outpatient			116		Horizon	MGD		44.4	38.28			34.8	110.2	percent of total billed charges	
PARAFIN	97018	CPT	outpatient			116		Horizon	PPO		44.4	38.28			34.8	110.2	percent of total billed charges	
PARAFIN	97018	CPT	outpatient			116		Managed Care Inc	Managed Care Inc		104.4	90			34.8	110.2	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
PARAFIN	97018	CPT	outpatient			116		Multiplan	Multiplan		92.8	80			34.8	110.2	percent of total billed charges	
PARAFIN	97018	CPT	outpatient			116		Qualcare	Qualcare		87	75			34.8	110.2	percent of total billed charges	
PARAFIN	97018	CPT	outpatient			116		Three Rivers	Three Rivers		110.2	95			34.8	110.2	percent of total billed charges	
PARAFIN	97018	CPT	outpatient			116		UHC	Medicaid		36.6	31.55			34.8	110.2	percent of total billed charges	
PARAFIN	97018	CPT	outpatient			116		Wellcare	Medicaid		36.6	31.55			34.8	110.2	percent of total billed charges	
PARAFIN	97018	CPT	outpatient			116		WellPoint	WellPoint		37.33	32.18			34.8	110.2	percent of total billed charges	
ELEC.STIM(ATTENDED)EA.15MIN.	97032	CPT	outpatient			162		Aetna	Medicare		49.9	30.8			17.3	153.9	percent of total billed charges	
ELEC.STIM(ATTENDED)EA.15MIN.	97032	CPT	outpatient			162		Aetna	Better Health		51.11	31.55			17.3	153.9	percent of total billed charges	
ELEC.STIM(ATTENDED)EA.15MIN.	97032	CPT	outpatient			162		Aetna	Commercial		61.56	38			17.3	153.9	percent of total billed charges	
ELEC.STIM(ATTENDED)EA.15MIN.	97032	CPT	outpatient			162		Americare	Americare		121.5	75			17.3	153.9	percent of total billed charges	
ELEC.STIM(ATTENDED)EA.15MIN.	97032	CPT	outpatient			162		Amerihealth	HMO/PPO		105.3	65			17.3	153.9	percent of total billed charges	
ELEC.STIM(ATTENDED)EA.15MIN.	97032	CPT	outpatient			162		Consumer	Consumer		153.9	95			17.3	153.9	percent of total billed charges	
ELEC.STIM(ATTENDED)EA.15MIN.	97032	CPT	outpatient			162		Corrections	Corrections		129.6	80			17.3	153.9	percent of total billed charges	
ELEC.STIM(ATTENDED)EA.15MIN.	97032	CPT	outpatient			162		First Health	First Health		113.4	70			17.3	153.9	percent of total billed charges	
ELEC.STIM(ATTENDED)EA.15MIN.	97032	CPT	outpatient			162		First Trenton	First Trenton		145.8	90			17.3	153.9	percent of total billed charges	
ELEC.STIM(ATTENDED)EA.15MIN.	97032	CPT	outpatient			162		Horizon	Medicare Blue		48.6	30			17.3	153.9	percent of total billed charges	
ELEC.STIM(ATTENDED)EA.15MIN.	97032	CPT	outpatient			162		Horizon	Indemnity		62.01	38.28			17.3	153.9	percent of total billed charges	
ELEC.STIM(ATTENDED)EA.15MIN.	97032	CPT	outpatient			162		Horizon	MGD		62.01	38.28			17.3	153.9	percent of total billed charges	
ELEC.STIM(ATTENDED)EA.15MIN.	97032	CPT	outpatient			162		Horizon	NJ Health		17.3				17.3	153.9	fee schedule	
ELEC.STIM(ATTENDED)EA.15MIN.	97032	CPT	outpatient			162		Horizon	PPO		62.01	38.28			17.3	153.9	percent of total billed charges	
ELEC.STIM(ATTENDED)EA.15MIN.	97032	CPT	outpatient			162		Managed Care Inc	Managed Care Inc		145.8	90			17.3	153.9	percent of total billed charges	
ELEC.STIM(ATTENDED)EA.15MIN.	97032	CPT	outpatient			162		Multiplan	Multiplan		129.6	80			17.3	153.9	percent of total billed charges	
ELEC.STIM(ATTENDED)EA.15MIN.	97032	CPT	outpatient			162		Qualcare	Qualcare		121.5	75			17.3	153.9	percent of total billed charges	
ELEC.STIM(ATTENDED)EA.15MIN.	97032	CPT	outpatient			162		Three Rivers	Three Rivers		153.9	95			17.3	153.9	percent of total billed charges	
ELEC.STIM(ATTENDED)EA.15MIN.	97032	CPT	outpatient			162		UHC	Medicaid		51.11	31.55			17.3	153.9	percent of total billed charges	
ELEC.STIM(ATTENDED)EA.15MIN.	97032	CPT	outpatient			162		Wellcare	Medicaid		51.11	31.55			17.3	153.9	percent of total billed charges	
ELEC.STIM(ATTENDED)EA.15MIN.	97032	CPT	outpatient			162		WellPoint	WellPoint		52.13	32.18			17.3	153.9	percent of total billed charges	
IONTOPHORESIS, EACH 15	97033	CPT	outpatient			162		Aetna	Medicare		49.9	30.8			39.9	153.9	percent of total billed charges	
IONTOPHORESIS, EACH 15	97033	CPT	outpatient			162		Aetna	Better Health		51.11	31.55			39.9	153.9	percent of total billed charges	
IONTOPHORESIS, EACH 15	97033	CPT	outpatient			162		Aetna	Commercial		61.56	38			39.9	153.9	percent of total billed charges	
IONTOPHORESIS, EACH 15	97033	CPT	outpatient			162		Americare	Americare		121.5	75			39.9	153.9	percent of total billed charges	
IONTOPHORESIS, EACH 15	97033	CPT	outpatient			162		Amerihealth	HMO/PPO		105.3	65			39.9	153.9	percent of total billed charges	
IONTOPHORESIS, EACH 15	97033	CPT	outpatient			162		Consumer	Consumer		153.9	95			39.9	153.9	percent of total billed charges	
IONTOPHORESIS, EACH 15	97033	CPT	outpatient			162		Corrections	Corrections		129.6	80			39.9	153.9	percent of total billed charges	
IONTOPHORESIS, EACH 15	97033	CPT	outpatient			162		First Health	First Health		113.4	70			39.9	153.9	percent of total billed charges	
IONTOPHORESIS, EACH 15	97033	CPT	outpatient			162		First Trenton	First Trenton		145.8	90			39.9	153.9	percent of total billed charges	
IONTOPHORESIS, EACH 15	97033	CPT	outpatient			162		Horizon	Medicare Blue		48.6	30			39.9	153.9	percent of total billed charges	
IONTOPHORESIS, EACH 15	97033	CPT	outpatient			162		Horizon	Indemnity		62.01	38.28			39.9	153.9	percent of total billed charges	
IONTOPHORESIS, EACH 15	97033	CPT	outpatient			162		Horizon	MGD		62.01	38.28			39.9	153.9	percent of total billed charges	
IONTOPHORESIS, EACH 15	97033	CPT	outpatient			162		Horizon	PPO		62.01	38.28			39.9	153.9	percent of total billed charges	
IONTOPHORESIS, EACH 15	97033	CPT	outpatient			162		Managed Care Inc	Managed Care Inc		145.8	90			39.9	153.9	percent of total billed charges	
IONTOPHORESIS, EACH 15	97033	CPT	outpatient			162		Multiplan	Multiplan		129.6	80			39.9	153.9	percent of total billed charges	
IONTOPHORESIS, EACH 15	97033	CPT	outpatient			162		Qualcare	Qualcare		121.5	75			39.9	153.9	percent of total billed charges	
IONTOPHORESIS, EACH 15	97033	CPT	outpatient			162		Three Rivers	Three Rivers		153.9	95			39.9	153.9	percent of total billed charges	
IONTOPHORESIS, EACH 15	97033	CPT	outpatient			162		UHC	Medicaid		51.11	31.55			39.9	153.9	percent of total billed charges	
IONTOPHORESIS, EACH 15	97033	CPT	outpatient			162		Wellcare	Medicaid		51.11	31.55			39.9	153.9	percent of total billed charges	
IONTOPHORESIS, EACH 15	97033	CPT	outpatient			162		WellPoint	WellPoint		52.13	32.18			39.9	153.9	percent of total billed charges	
CONTRAST BATH; EACH 15MIN.	97034	CPT	outpatient			116		Aetna	Better Health		36.6	31.55			23.7	110.2	percent of total billed charges	
CONTRAST BATH; EACH 15MIN.	97034	CPT	outpatient			116		Aetna	Medicare		35.73	30.8			23.7	110.2	percent of total billed charges	
CONTRAST BATH; EACH 15MIN.	97034	CPT	outpatient			116		Aetna	Commercial		44.08	38			23.7	110.2	percent of total billed charges	
CONTRAST BATH; EACH 15MIN.	97034	CPT	outpatient			116		Americare	Americare		87	75			23.7	110.2	percent of total billed charges	
CONTRAST BATH; EACH 15MIN.	97034	CPT	outpatient			116		Amerihealth	HMO/PPO		75.4	65			23.7	110.2	percent of total billed charges	
CONTRAST BATH; EACH 15MIN.	97034	CPT	outpatient			116		Consumer	Consumer		110.2	95			23.7	110.2	percent of total billed charges	
CONTRAST BATH; EACH 15MIN.	97034	CPT	outpatient			116		Corrections	Corrections		92.8	80			23.7	110.2	percent of total billed charges	
CONTRAST BATH; EACH 15MIN.	97034	CPT	outpatient			116		First Health	First Health		81.2	70			23.7	110.2	percent of total billed charges	
CONTRAST BATH; EACH 15MIN.	97034	CPT	outpatient			116		First Trenton	First Trenton		104.4	90			23.7	110.2	percent of total billed charges	
CONTRAST BATH; EACH 15MIN.	97034	CPT	outpatient			116		Horizon	Indemnity		44.4	38.28			23.7	110.2	percent of total billed charges	
CONTRAST BATH; EACH 15MIN.	97034	CPT	outpatient			116		Horizon	MGD		44.4	38.28			23.7	110.2	percent of total billed charges	
CONTRAST BATH; EACH 15MIN.	97034	CPT	outpatient			116		Horizon	Medicare Blue		34.8	30			23.7	110.2	percent of total billed charges	
CONTRAST BATH; EACH 15MIN.	97034	CPT	outpatient			116		Horizon	PPO		44.4	38.28			23.7	110.2	percent of total billed charges	
CONTRAST BATH; EACH 15MIN.	97034	CPT	outpatient			116		Managed Care Inc	Managed Care Inc		104.4	90			23.7	110.2	percent of total billed charges	
CONTRAST BATH; EACH 15MIN.	97034	CPT	outpatient			116		Multiplan	Multiplan		92.8	80			23.7	110.2	percent of total billed charges	
CONTRAST BATH; EACH 15MIN.	97034	CPT	outpatient			116		Qualcare	Qualcare		87	75			23.7	110.2	percent of total billed charges	
CONTRAST BATH; EACH 15MIN.	97034	CPT	outpatient			116		Three Rivers	Three Rivers		110.2	95			23.7	110.2	percent of total billed charges	
CONTRAST BATH; EACH 15MIN.	97034	CPT	outpatient			116		UHC	Medicaid		36.6	31.55			23.7	110.2	percent of total billed charges	
CONTRAST BATH; EACH 15MIN.	97034	CPT	outpatient			116		Wellcare	Medicaid		36.6	31.55			23.7	110.2	percent of total billed charges	
CONTRAST BATH; EACH 15MIN.	97034	CPT	outpatient			116		WellPoint	WellPoint		37.33	32.18			23.7	110.2	percent of total billed charges	
ULTRASOUND, EACH 15 MIN.	97035	CPT	outpatient			116		Aetna	Commercial		44.08	38			13.73	110.2	percent of total billed charges	
ULTRASOUND, EACH 15 MIN.	97035	CPT	outpatient			116		Aetna	Better Health		36.6	31.55			13.73	110.2	percent of total billed charges	
ULTRASOUND, EACH 15 MIN.	97035	CPT	outpatient			116		Aetna	Medicare		35.73	30.8			13.73	110.2	percent of total billed charges	
ULTRASOUND, EACH 15 MIN.	97035	CPT	outpatient			116		Americare	Americare		87	75			13.73	110.2	percent of total billed charges	
ULTRASOUND, EACH 15 MIN.	97035	CPT	outpatient			116		Amerihealth	HMO/PPO		75.4	65			13.73	110.2	percent of total billed charges	
ULTRASOUND, EACH 15 MIN.	97035	CPT	outpatient			116		Consumer	Consumer		110.2	95			13.73	110.2	percent of total billed charges	
ULTRASOUND, EACH 15 MIN.	97035	CPT	outpatient			116		Corrections	Corrections		92.8	80			13.73	110.2	percent of total billed charges	
ULTRASOUND, EACH 15 MIN.	97035	CPT	outpatient			116		First Health	First Health		81.2	70			13.73	110.2	percent of total billed charges	
ULTRASOUND, EACH 15 MIN.	97035	CPT	outpatient			116		First Trenton	First Trenton		104.4	90			13.73	110.2	percent of total billed charges	
ULTRASOUND, EACH 15 MIN.	97035	CPT	outpatient			116		Horizon	Medicare Blue		34.8	30			13.73	110.2	percent of total billed charges	
ULTRASOUND, EACH 15 MIN.	97035	CPT	outpatient			116		Horizon	MGD		44.4	38.28			13.73	110.2	percent of total billed charges	
ULTRASOUND, EACH 15 MIN.	97035	CPT	outpatient			116		Horizon	Indemnity		44.4	38.28			13.73	110.2	percent of total billed charges	
ULTRASOUND, EACH 15 MIN.	97035	CPT	outpatient			116		Horizon	PPO		44.4	38.28			13.73	110.2	percent of total billed charges	
ULTRASOUND, EACH 15 MIN.	97035	CPT	outpatient			116		Horizon	NJ Health		13.73				13.73	110.2	fee schedule	
ULTRASOUND, EACH 15 MIN.	97035	CPT	outpatient			116		Managed Care Inc	Managed Care Inc		104.4	90			13.73	110.2	percent of total billed charges	
ULTRASOUND, EACH 15 MIN.	97035	CPT	outpatient			116		Multiplan	Multiplan		92.8	80			13.73	110.2	percent of total billed charges	
ULTRASOUND, EACH 15 MIN.	97035	CPT	outpatient			116		Qualcare	Qualcare		87	75			13.73	110.2	percent of total billed charges	
ULTRASOUND, EACH 15 MIN.	97035	CPT	outpatient			116		Three Rivers	Three Rivers		110.2	95			13.73	110.2	percent of total billed charges	
ULTRASOUND, EACH 15 MIN.	97035	CPT	outpatient			116		UHC	Medicaid		36.6	31.55			13.73	110.2	percent of total billed charges	
ULTRASOUND, EACH 15 MIN.	97035	CPT	outpatient			116		Wellcare	Medicaid		36.6	31.55			13.73	110.2	percent of total billed charges	
ULTRASOUND, EACH 15 MIN.	97035	CPT	outpatient			116		WellPoint	WellPoint		37.33	32.18			13.73	110.2	percent of total billed charges	
PHONOPHORESIS	97039	CPT	both			285		Aetna	Medicare		87.78	30.8			14.98	270.75	percent of total billed charges	
PHONOPHORESIS	97039	CPT	both			285		Aetna	Better Health		89.92	31.55			14.98	270.75	percent of total billed charges	
PHONOPHORESIS	97039	CPT	both			285		Aetna	Commercial		108.3	38			14.98	270.75	percent of total billed charges	
PHONOPHORESIS	97039	CPT	both			285		Americare	Americare		213.75	75			14.98	270.75	percent of total billed charges	
PHONOPHORESIS	97039	CPT	both			285		Amerihealth	HMO/PPO		185.25	65			14.98	270.75	percent of total billed charges	
PHONOPHORESIS	97039	CPT	both			285		Consumer	Consumer		270.75	95			14.98	270.75	percent of total billed charges	
PHONOPHORESIS	97039	CPT	both			285		Corrections	Corrections		228	80			14.98	270.75	percent of total billed charges	
PHONOPHORESIS	97039	CPT	both			285		First Health	First Health		199.5	70			14.98	270.75	percent of total billed charges	
PHONOPHORESIS	97039	CPT	both			285		First Trenton	First Trenton		256.5	90			14.98	270.75	percent of total billed charges	
PHONOPHORESIS	97039	CPT	both			285		Horizon	Indemnity		109.1	38.28			14.98	270.75	percent of total billed charges	
PHONOPHORESIS	97039	CPT	both			285		Horizon	Medicare Blue		85.5	30			14.98	270.75	percent of total billed charges	
PHONOPHORESIS	97039	CPT	both			285		Horizon	MGD		109.1	38.28			14.98	270.75	percent of total billed charges	
PHONOPHORESIS	97039	CPT	both			285		Horizon	NJ Health		14.98				14.98	270.75	fee schedule	
PHONOPHORESIS	97039	CPT	both			285		Horizon	PPO		109.1	38.28			14.98	270.75	percent of total billed charges	
PHONOPHORESIS	97039	CPT	both			285		Managed Care Inc	Managed Care Inc		256.5	90			14.98	270.75	percent of total billed charges	
PHONOPHORESIS	97039	CPT	both			285		Multiplan	Multiplan		228	80			14.98	270.75	percent of total billed charges	
PHONOPHORESIS	97039	CPT	both			285		Qualcare	Qualcare		213.75	75			14.98	270.75	percent of total billed charges	
PHONOPHORESIS	97039	CPT	both			285		Three Rivers	Three Rivers		270.75	95			14.98	270.75	percent of total billed charges	
PHONOPHORESIS	97039	CPT	both			285		UHC	Medicaid		89.92	31.55			14.98	270.75	percent of total billed charges	
PHONOPHORESIS	97039	CPT	both			285		Wellcare	Medicaid		89.92	31.55			14.98	270.75	percent of total billed charges	
PHONOPHORESIS	97039	CPT	both			285		WellPoint	WellPoint		91.71	32.18			14.98	270.75	percent of total billed charges	
THERAPEUTIC EXERCISE, EA 15	97110	CPT	both			162		Aetna	Better Health		51.11	31.55			15.5	153.9	percent of total billed charges	
THERAPEUTIC EXERCISE, EA 15	97110	CPT	both			162		Aetna	Medicare		49.9	30.8			15.5	153.9	percent of total billed charges	
THERAPEUTIC EXERCISE, EA 15	97110	CPT	both			162		Aetna	Commercial		61.56	38			15.5	153.9	percent of total billed charges	
THERAPEUTIC EXERCISE, EA 15	97110	CPT	both			162		Americare	Americare		121.5	75			15.5	153.9	percent of total billed charges	
THERAPEUTIC EXERCISE, EA 15	97110	CPT	both			162		Amerihealth	HMO/PPO		105.3	65			15.5	153.9	percent of total billed charges	
THERAPEUTIC EXERCISE, EA 15	97110	CPT	both			162		Consumer	Consumer		153.9	95			15.5	153.9	percent of total billed charges	
THERAPEUTIC EXERCISE, EA 15	97110	CPT	both			162		Corrections	Corrections		129.6	80			15.5	153.9	percent of total billed charges	
THERAPEUTIC EXERCISE, EA 15	97110	CPT	both			162		First Health	First Health		113.4	70			15.5	153.9	percent of total billed charges	
THERAPEUTIC EXERCISE, EA 15	97110	CPT	both			162		First Trenton	First Trenton		145.8	90			15.5	153.9	percent of total billed charges	
THERAPEUTIC EXERCISE, EA 15	97110	CPT	both			162		Horizon	NJ Health		15.5				15.5	153.9	fee schedule	
THERAPEUTIC EXERCISE, EA 15	97110	CPT	both			162		Horizon	MGD		62.01	38.28			15.5	153.9	percent of total billed charges	
THERAPEUTIC EXERCISE, EA 15	97110	CPT	both			162		Horizon	Indemnity		62.01	38.28			15.5	153.9	percent of total billed charges	
THERAPEUTIC EXERCISE, EA 15	97110	CPT	both			162		Horizon	Medicare Blue		48.6	30			15.5	153.9	percent of total billed charges	
THERAPEUTIC EXERCISE, EA 15	97110	CPT	both			162		Horizon	PPO		62.01	38.28			15.5	153.9	percent of total billed charges	
THERAPEUTIC EXERCISE, EA 15	97110	CPT	both			162		Managed Care Inc	Managed Care Inc		145.8	90			15.5	153.9	percent of total billed charges	
THERAPEUTIC EXERCISE, EA 15	97110	CPT	both			162		Multiplan	Multiplan		129.6	80			15.5	153.9	percent of total billed charges	
THERAPEUTIC EXERCISE, EA 15	97110	CPT	both			162		Qualcare	Qualcare		121.5	75			15.5	153.9	percent of total billed charges	
THERAPEUTIC EXERCISE, EA 15	97110	CPT	both			162		Three Rivers	Three Rivers		153.9	95			15.5	153.9	percent of total billed charges	
THERAPEUTIC EXERCISE, EA 15	97110	CPT	both			162		UHC	Medicaid		51.11	31.55			15.5	153.9	percent of total billed charges	
THERAPEUTIC EXERCISE, EA 15	97110	CPT	both			162		Wellcare	Medicaid		51.11	31.55			15.5	153.9	percent of total billed charges	
THERAPEUTIC EXERCISE, EA 15	97110	CPT	both			162		WellPoint	WellPoint		52.13	32.18			15.5	153.9	percent of total billed charges	
NEUROMS. RE-ED, EA. 15 MIN.	97112	CPT	both			211		Aetna	Commercial		80.18	38			14.64	200.45	percent of total billed charges	
NEUROMS. RE-ED, EA. 15 MIN.	97112	CPT	both			211		Aetna	Better Health		66.57	31.55			14.64	200.45	percent of total billed charges	
NEUROMS. RE-ED, EA. 15 MIN.	97112	CPT	both			211		Aetna	Medicare		64.99	30.8			14.64	200.45	percent of total billed charges	
NEUROMS. RE-ED, EA. 15 MIN.	97112	CPT	both			211		Americare	Americare		158.25	75			14.64	200.45	percent of total billed charges	
NEUROMS. RE-ED, EA. 15 MIN.	97112	CPT	both			211		Amerihealth	HMO/PPO		137.15	65			14.64	200.45	percent of total billed charges	
NEUROMS. RE-ED, EA. 15 MIN.	97112	CPT	both			211		Consumer	Consumer		200.45	95			14.64	200.45	percent of total billed charges	
NEUROMS. RE-ED, EA. 15 MIN.	97112	CPT	both			211		Corrections	Corrections		168.8	80			14.64	200.45	percent of total billed charges	
NEUROMS. RE-ED, EA. 15 MIN.	97112	CPT	both			211		First Health	First Health		147.7	70			14.64	200.45	percent of total billed charges	
NEUROMS. RE-ED, EA. 15 MIN.	97112	CPT	both			211		First Trenton	First Trenton		189.9	90			14.64	200.45	percent of total billed charges	
NEUROMS. RE-ED, EA. 15 MIN.	97112	CPT	both			211		Horizon	MGD		80.77	38.28			14.64	200.45	percent of total billed charges	
NEUROMS. RE-ED, EA. 15 MIN.	97112	CPT	both			211		Horizon	Indemnity		80.77	38.28			14.64	200.45	percent of total billed charges	
NEUROMS. RE-ED, EA. 15 MIN.	97112	CPT	both			211		Horizon	PPO		80.77	38.28			14.64	200.45	percent of total billed charges	
NEUROMS. RE-ED, EA. 15 MIN.	97112	CPT	both			211		Horizon	NJ Health		14.64				14.64	200.45	fee schedule	
NEUROMS. RE-ED, EA. 15 MIN.	97112	CPT	both			211		Horizon	Medicare Blue		63.3	30			14.64	200.45	percent of total billed charges	
NEUROMS. RE-ED, EA. 15 MIN.	97112	CPT	both			211		Managed Care Inc	Managed Care Inc		189.9	90			14.64	200.45	percent of total billed charges	
NEUROMS. RE-ED, EA. 15 MIN.	97112	CPT	both			211		Multiplan	Multiplan		168.8	80			14.64	200.45	percent of total billed charges	
NEUROMS. RE-ED, EA. 15 MIN.	97112	CPT	both			211		Qualcare	Qualcare		158.25	75			14.64	200.45	percent of total billed charges	
NEUROMS. RE-ED, EA. 15 MIN.	97112	CPT	both			211		Three Rivers	Three Rivers		200.45	95			14.64	200.45	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101191	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
NEUROMS. RE-ED, EA. 15 MIN.	97112	CPT	both			211		UHC	Medicaid		66.57	31.55			14.64	200.45	percent of total billed charges	
NEUROMS. RE-ED, EA. 15 MIN.	97112	CPT	both			211		Wellcare	Medicaid		66.57	31.55			14.64	200.45	percent of total billed charges	
NEUROMS. RE-ED, EA. 15 MIN.	97112	CPT	both			211		WellPoint	WellPoint		67.9	32.18			14.64	200.45	percent of total billed charges	
GAIT TRAINING, EA. 15 MIN	97116	CPT	both			313		Aetna	Commercial		118.94	38			78	297.35	percent of total billed charges	
GAIT TRAINING, EA. 15 MIN	97116	CPT	both			313		Aetna	Medicare		96.4	30.8			78	297.35	percent of total billed charges	
GAIT TRAINING, EA. 15 MIN	97116	CPT	both			313		Aetna	Better Health		98.75	31.55			78	297.35	percent of total billed charges	
GAIT TRAINING, EA. 15 MIN	97116	CPT	both			313		Americare	Americare		234.75	75			78	297.35	percent of total billed charges	
GAIT TRAINING, EA. 15 MIN	97116	CPT	both			313		Amerihealth	HMO/PPO		203.45	65			78	297.35	percent of total billed charges	
GAIT TRAINING, EA. 15 MIN	97116	CPT	both			313		Consumer	Consumer		297.35	95			78	297.35	percent of total billed charges	
GAIT TRAINING, EA. 15 MIN	97116	CPT	both			313		Corrections	Corrections		250.4	80			78	297.35	percent of total billed charges	
GAIT TRAINING, EA. 15 MIN	97116	CPT	both			313		First Health	First Health		219.1	70			78	297.35	percent of total billed charges	
GAIT TRAINING, EA. 15 MIN	97116	CPT	both			313		First Trenton	First Trenton		281.7	90			78	297.35	percent of total billed charges	
GAIT TRAINING, EA. 15 MIN	97116	CPT	both			313		Horizon	Medicare Blue		93.9	30			78	297.35	percent of total billed charges	
GAIT TRAINING, EA. 15 MIN	97116	CPT	both			313		Horizon	Indemnity		119.82	38.28			78	297.35	percent of total billed charges	
GAIT TRAINING, EA. 15 MIN	97116	CPT	both			313		Horizon	MGD		119.82	38.28			78	297.35	percent of total billed charges	
GAIT TRAINING, EA. 15 MIN	97116	CPT	both			313		Horizon	PPO		119.82	38.28			78	297.35	percent of total billed charges	
GAIT TRAINING, EA. 15 MIN	97116	CPT	both			313		Managed Care Inc	Managed Care Inc		281.7	90			78	297.35	percent of total billed charges	
GAIT TRAINING, EA. 15 MIN	97116	CPT	both			313		Multiplan	Multiplan		250.4	80			78	297.35	percent of total billed charges	
GAIT TRAINING, EA. 15 MIN	97116	CPT	both			313		Qualcare	Qualcare		234.75	75			78	297.35	percent of total billed charges	
GAIT TRAINING, EA. 15 MIN	97116	CPT	both			313		Three Rivers	Three Rivers		297.35	95			78	297.35	percent of total billed charges	
GAIT TRAINING, EA. 15 MIN	97116	CPT	both			313		UHC	Medicaid		98.75	31.55			78	297.35	percent of total billed charges	
GAIT TRAINING, EA. 15 MIN	97116	CPT	both			313		Wellcare	Medicaid		98.75	31.55			78	297.35	percent of total billed charges	
GAIT TRAINING, EA. 15 MIN	97116	CPT	both			313		WellPoint	WellPoint		100.72	32.18			78	297.35	percent of total billed charges	
MASSAGE, EACH. 15 MIN	97124	CPT	both			211		Aetna	Commercial		80.18	38			12.35	200.45	percent of total billed charges	
MASSAGE, EACH. 15 MIN	97124	CPT	both			211		Aetna	Better Health		66.57	31.55			12.35	200.45	percent of total billed charges	
MASSAGE, EACH. 15 MIN	97124	CPT	both			211		Aetna	Medicare		64.99	30.8			12.35	200.45	percent of total billed charges	
MASSAGE, EACH. 15 MIN	97124	CPT	both			211		Americare	Americare		158.25	75			12.35	200.45	percent of total billed charges	
MASSAGE, EACH. 15 MIN	97124	CPT	both			211		Amerihealth	HMO/PPO		137.15	65			12.35	200.45	percent of total billed charges	
MASSAGE, EACH. 15 MIN	97124	CPT	both			211		Consumer	Consumer		200.45	95			12.35	200.45	percent of total billed charges	
MASSAGE, EACH. 15 MIN	97124	CPT	both			211		Corrections	Corrections		168.8	80			12.35	200.45	percent of total billed charges	
MASSAGE, EACH. 15 MIN	97124	CPT	both			211		First Health	First Health		147.7	70			12.35	200.45	percent of total billed charges	
MASSAGE, EACH. 15 MIN	97124	CPT	both			211		First Trenton	First Trenton		189.9	90			12.35	200.45	percent of total billed charges	
MASSAGE, EACH. 15 MIN	97124	CPT	both			211		Horizon	MGD		80.77	38.28			12.35	200.45	percent of total billed charges	
MASSAGE, EACH. 15 MIN	97124	CPT	both			211		Horizon	Indemnity		80.77	38.28			12.35	200.45	percent of total billed charges	
MASSAGE, EACH. 15 MIN	97124	CPT	both			211		Horizon	PPO		80.77	38.28			12.35	200.45	percent of total billed charges	
MASSAGE, EACH. 15 MIN	97124	CPT	both			211		Horizon	NJ Health		12.35				12.35	200.45	fee schedule	
MASSAGE, EACH. 15 MIN	97124	CPT	both			211		Horizon	Medicare Blue		63.3	30			12.35	200.45	percent of total billed charges	
MASSAGE, EACH. 15 MIN	97124	CPT	both			211		Managed Care Inc	Managed Care Inc		189.9	90			12.35	200.45	percent of total billed charges	
MASSAGE, EACH. 15 MIN	97124	CPT	both			211		Multiplan	Multiplan		168.8	80			12.35	200.45	percent of total billed charges	
MASSAGE, EACH. 15 MIN	97124	CPT	both			211		Qualcare	Qualcare		158.25	75			12.35	200.45	percent of total billed charges	
MASSAGE, EACH. 15 MIN	97124	CPT	both			211		Three Rivers	Three Rivers		200.45	95			12.35	200.45	percent of total billed charges	
MASSAGE, EACH. 15 MIN	97124	CPT	both			211		UHC	Medicaid		66.57	31.55			12.35	200.45	percent of total billed charges	
MASSAGE, EACH. 15 MIN	97124	CPT	both			211		Wellcare	Medicaid		66.57	31.55			12.35	200.45	percent of total billed charges	
MASSAGE, EACH. 15 MIN	97124	CPT	both			211		WellPoint	WellPoint		67.9	32.18			12.35	200.45	percent of total billed charges	
COGNITIVE TRAINING,EA. 15 MIN	97129	CPT	both			190		Aetna	Commercial		72.2	38			34.48	180.5	percent of total billed charges	
COGNITIVE TRAINING,EA. 15 MIN	97129	CPT	both			190		Aetna	Better Health		59.95	31.55			34.48	180.5	percent of total billed charges	
COGNITIVE TRAINING,EA. 15 MIN	97129	CPT	both			190		Aetna	Medicare		58.52	30.8			34.48	180.5	percent of total billed charges	
COGNITIVE TRAINING,EA. 15 MIN	97129	CPT	both			190		Americare	Americare		142.5	75			34.48	180.5	percent of total billed charges	
COGNITIVE TRAINING,EA. 15 MIN	97129	CPT	both			190		Amerihealth	HMO/PPO		123.5	65			34.48	180.5	percent of total billed charges	
COGNITIVE TRAINING,EA. 15 MIN	97129	CPT	both			190		Consumer	Consumer		180.5	95			34.48	180.5	percent of total billed charges	
COGNITIVE TRAINING,EA. 15 MIN	97129	CPT	both			190		Corrections	Corrections		152	80			34.48	180.5	percent of total billed charges	
COGNITIVE TRAINING,EA. 15 MIN	97129	CPT	both			190		First Health	First Health		133	70			34.48	180.5	percent of total billed charges	
COGNITIVE TRAINING,EA. 15 MIN	97129	CPT	both			190		First Trenton	First Trenton		171	90			34.48	180.5	percent of total billed charges	
COGNITIVE TRAINING,EA. 15 MIN	97129	CPT	both			190		Horizon	Indemnity		72.73	38.28			34.48	180.5	percent of total billed charges	
COGNITIVE TRAINING,EA. 15 MIN	97129	CPT	both			190		Horizon	PPO		72.73	38.28			34.48	180.5	percent of total billed charges	
COGNITIVE TRAINING,EA. 15 MIN	97129	CPT	both			190		Horizon	MGD		72.73	38.28			34.48	180.5	percent of total billed charges	
COGNITIVE TRAINING,EA. 15 MIN	97129	CPT	both			190		Horizon	Medicare Blue		57	30			34.48	180.5	percent of total billed charges	
COGNITIVE TRAINING,EA. 15 MIN	97129	CPT	both			190		Horizon	NJ Health		34.48				34.48	180.5	fee schedule	
COGNITIVE TRAINING,EA. 15 MIN	97129	CPT	both			190		Managed Care Inc	Managed Care Inc		171	90			34.48	180.5	percent of total billed charges	
COGNITIVE TRAINING,EA. 15 MIN	97129	CPT	both			190		Multiplan	Multiplan		152	80			34.48	180.5	percent of total billed charges	
COGNITIVE TRAINING,EA. 15 MIN	97129	CPT	both			190		Qualcare	Qualcare		142.5	75			34.48	180.5	percent of total billed charges	
COGNITIVE TRAINING,EA. 15 MIN	97129	CPT	both			190		Three Rivers	Three Rivers		180.5	95			34.48	180.5	percent of total billed charges	
COGNITIVE TRAINING,EA. 15 MIN	97129	CPT	both			190		UHC	Medicaid		59.95	31.55			34.48	180.5	percent of total billed charges	
COGNITIVE TRAINING,EA. 15 MIN	97129	CPT	both			190		Wellcare	Medicaid		59.95	31.55			34.48	180.5	percent of total billed charges	
COGNITIVE TRAINING,EA. 15 MIN	97129	CPT	both			190		WellPoint	WellPoint		61.14	32.18			34.48	180.5	percent of total billed charges	
MANUAL THERAPY.EA.15 MIN.	97140	CPT	both			211		Aetna	Commercial		80.18	38			12.06	200.45	percent of total billed charges	
MANUAL THERAPY.EA.15 MIN.	97140	CPT	both			211		Aetna	Better Health		66.57	31.55			12.06	200.45	percent of total billed charges	
MANUAL THERAPY.EA.15 MIN.	97140	CPT	both			211		Aetna	Medicare		64.99	30.8			12.06	200.45	percent of total billed charges	
MANUAL THERAPY.EA.15 MIN.	97140	CPT	both			211		Americare	Americare		158.25	75			12.06	200.45	percent of total billed charges	
MANUAL THERAPY.EA.15 MIN.	97140	CPT	both			211		Amerihealth	HMO/PPO		137.15	65			12.06	200.45	percent of total billed charges	
MANUAL THERAPY.EA.15 MIN.	97140	CPT	both			211		Consumer	Consumer		200.45	95			12.06	200.45	percent of total billed charges	
MANUAL THERAPY.EA.15 MIN.	97140	CPT	both			211		Corrections	Corrections		168.8	80			12.06	200.45	percent of total billed charges	
MANUAL THERAPY.EA.15 MIN.	97140	CPT	both			211		First Health	First Health		147.7	70			12.06	200.45	percent of total billed charges	
MANUAL THERAPY.EA.15 MIN.	97140	CPT	both			211		First Trenton	First Trenton		189.9	90			12.06	200.45	percent of total billed charges	
MANUAL THERAPY.EA.15 MIN.	97140	CPT	both			211		Horizon	MGD		80.77	38.28			12.06	200.45	percent of total billed charges	
MANUAL THERAPY.EA.15 MIN.	97140	CPT	both			211		Horizon	PPO		80.77	38.28			12.06	200.45	percent of total billed charges	
MANUAL THERAPY.EA.15 MIN.	97140	CPT	both			211		Horizon	Indemnity		80.77	38.28			12.06	200.45	percent of total billed charges	
MANUAL THERAPY.EA.15 MIN.	97140	CPT	both			211		Horizon	Medicare Blue		63.3	30			12.06	200.45	percent of total billed charges	
MANUAL THERAPY.EA.15 MIN.	97140	CPT	both			211		Horizon	NJ Health		12.06				12.06	200.45	fee schedule	
MANUAL THERAPY.EA.15 MIN.	97140	CPT	both			211		Managed Care Inc	Managed Care Inc		189.9	90			12.06	200.45	percent of total billed charges	
MANUAL THERAPY.EA.15 MIN.	97140	CPT	both			211		Multiplan	Multiplan		168.8	80			12.06	200.45	percent of total billed charges	
MANUAL THERAPY.EA.15 MIN.	97140	CPT	both			211		Qualcare	Qualcare		158.25	75			12.06	200.45	percent of total billed charges	
MANUAL THERAPY.EA.15 MIN.	97140	CPT	both			211		Three Rivers	Three Rivers		200.45	95			12.06	200.45	percent of total billed charges	
MANUAL THERAPY.EA.15 MIN.	97140	CPT	both			211		UHC	Medicaid		66.57	31.55			12.06	200.45	percent of total billed charges	
MANUAL THERAPY.EA.15 MIN.	97140	CPT	both			211		Wellcare	Medicaid		66.57	31.55			12.06	200.45	percent of total billed charges	
MANUAL THERAPY.EA.15 MIN.	97140	CPT	both			211		WellPoint	WellPoint		67.9	32.18			12.06	200.45	percent of total billed charges	
GROUP THERAPY PROCEDURE	97150	CPT	both			211		Aetna	Commercial		80.18	38			57.6	200.45	percent of total billed charges	
GROUP THERAPY PROCEDURE	97150	CPT	both			211		Aetna	Better Health		66.57	31.55			57.6	200.45	percent of total billed charges	
GROUP THERAPY PROCEDURE	97150	CPT	both			211		Aetna	Medicare		64.99	30.8			57.6	200.45	percent of total billed charges	
GROUP THERAPY PROCEDURE	97150	CPT	both			211		Americare	Americare		158.25	75			57.6	200.45	percent of total billed charges	
GROUP THERAPY PROCEDURE	97150	CPT	both			211		Amerihealth	HMO/PPO		137.15	65			57.6	200.45	percent of total billed charges	
GROUP THERAPY PROCEDURE	97150	CPT	both			211		Consumer	Consumer		200.45	95			57.6	200.45	percent of total billed charges	
GROUP THERAPY PROCEDURE	97150	CPT	both			211		Corrections	Corrections		168.8	80			57.6	200.45	percent of total billed charges	
GROUP THERAPY PROCEDURE	97150	CPT	both			211		First Health	First Health		147.7	70			57.6	200.45	percent of total billed charges	
GROUP THERAPY PROCEDURE	97150	CPT	both			211		First Trenton	First Trenton		189.9	90			57.6	200.45	percent of total billed charges	
GROUP THERAPY PROCEDURE	97150	CPT	both			211		Horizon	Medicare Blue		63.3	30			57.6	200.45	percent of total billed charges	
GROUP THERAPY PROCEDURE	97150	CPT	both			211		Horizon	MGD		80.77	38.28			57.6	200.45	percent of total billed charges	
GROUP THERAPY PROCEDURE	97150	CPT	both			211		Horizon	Indemnity		80.77	38.28			57.6	200.45	percent of total billed charges	
GROUP THERAPY PROCEDURE	97150	CPT	both			211		Horizon	PPO		80.77	38.28			57.6	200.45	percent of total billed charges	
GROUP THERAPY PROCEDURE	97150	CPT	both			211		Managed Care Inc	Managed Care Inc		189.9	90			57.6	200.45	percent of total billed charges	
GROUP THERAPY PROCEDURE	97150	CPT	both			211		Multiplan	Multiplan		168.8	80			57.6	200.45	percent of total billed charges	
GROUP THERAPY PROCEDURE	97150	CPT	both			211		Qualcare	Qualcare		158.25	75			57.6	200.45	percent of total billed charges	
GROUP THERAPY PROCEDURE	97150	CPT	both			211		Three Rivers	Three Rivers		200.45	95			57.6	200.45	percent of total billed charges	
GROUP THERAPY PROCEDURE	97150	CPT	both			211		UHC	Medicaid		66.57	31.55			57.6	200.45	percent of total billed charges	
GROUP THERAPY PROCEDURE	97150	CPT	both			211		Wellcare	Medicaid		66.57	31.55			57.6	200.45	percent of total billed charges	
GROUP THERAPY PROCEDURE	97150	CPT	both			211		WellPoint	WellPoint		67.9	32.18			57.6	200.45	percent of total billed charges	
NEW PATIENT IE-LOW COMPLEXITY	97161	CPT	both			211		Aetna	Better Health		66.57	31.55			32.34	200.45	percent of total billed charges	
NEW PATIENT IE-LOW COMPLEXITY	97161	CPT	both			211		Aetna	Medicare		64.99	30.8			32.34	200.45	percent of total billed charges	
NEW PATIENT IE-LOW COMPLEXITY	97161	CPT	both			211		Aetna	Commercial		80.18	38			32.34	200.45	percent of total billed charges	
NEW PATIENT IE-LOW COMPLEXITY	97161	CPT	both			211		Americare	Americare		158.25	75			32.34	200.45	percent of total billed charges	
NEW PATIENT IE-LOW COMPLEXITY	97161	CPT	both			211		Amerihealth	HMO/PPO		137.15	65			32.34	200.45	percent of total billed charges	
NEW PATIENT IE-LOW COMPLEXITY	97161	CPT	both			211		Consumer	Consumer		200.45	95			32.34	200.45	percent of total billed charges	
NEW PATIENT IE-LOW COMPLEXITY	97161	CPT	both			211		Corrections	Corrections		168.8	80			32.34	200.45	percent of total billed charges	
NEW PATIENT IE-LOW COMPLEXITY	97161	CPT	both			211		First Health	First Health		147.7	70			32.34	200.45	percent of total billed charges	
NEW PATIENT IE-LOW COMPLEXITY	97161	CPT	both			211		First Trenton	First Trenton		189.9	90			32.34	200.45	percent of total billed charges	
NEW PATIENT IE-LOW COMPLEXITY	97161	CPT	both			211		Horizon	Medicare Blue		63.3	30			32.34	200.45	percent of total billed charges	
NEW PATIENT IE-LOW COMPLEXITY	97161	CPT	both			211		Horizon	Indemnity		80.77	38.28			32.34	200.45	percent of total billed charges	
NEW PATIENT IE-LOW COMPLEXITY	97161	CPT	both			211		Horizon	MGD		80.77	38.28			32.34	200.45	percent of total billed charges	
NEW PATIENT IE-LOW COMPLEXITY	97161	CPT	both			211		Horizon	NJ Health		32.34				32.34	200.45	fee schedule	
NEW PATIENT IE-LOW COMPLEXITY	97161	CPT	both			211		Horizon	PPO		80.77	38.28			32.34	200.45	percent of total billed charges	
NEW PATIENT IE-LOW COMPLEXITY	97161	CPT	both			211		Managed Care Inc	Managed Care Inc		189.9	90			32.34	200.45	percent of total billed charges	
NEW PATIENT IE-LOW COMPLEXITY	97161	CPT	both			211		Multiplan	Multiplan		168.8	80			32.34	200.45	percent of total billed charges	
NEW PATIENT IE-LOW COMPLEXITY	97161	CPT	both			211		Qualcare	Qualcare		158.25	75			32.34	200.45	percent of total billed charges	
NEW PATIENT IE-LOW COMPLEXITY	97161	CPT	both			211		Three Rivers	Three Rivers		200.45	95			32.34	200.45	percent of total billed charges	
NEW PATIENT IE-LOW COMPLEXITY	97161	CPT	both			211		UHC	Medicaid		66.57	31.55			32.34	200.45	percent of total billed charges	
NEW PATIENT IE-LOW COMPLEXITY	97161	CPT	both			211		Wellcare	Medicaid		66.57	31.55			32.34	200.45	percent of total billed charges	
NEW PATIENT IE-LOW COMPLEXITY	97161	CPT	both			211		WellPoint	WellPoint		67.9	32.18			32.34	200.45	percent of total billed charges	
NEW PATIENT IE-MOD COMPLEXITY	97162	CPT	both			383		Aetna	Better Health		120.84	31.55			32.34	363.85	percent of total billed charges	
NEW PATIENT IE-MOD COMPLEXITY	97162	CPT	both			383		Aetna	Commercial		145.54	38			32.34	363.85	percent of total billed charges	
NEW PATIENT IE-MOD COMPLEXITY	97162	CPT	both			383		Aetna	Medicare		117.96	30.8			32.34	363.85	percent of total billed charges	
NEW PATIENT IE-MOD COMPLEXITY	97162	CPT	both			383		Americare	Americare		287.25	75			32.34	363.85	percent of total billed charges	
NEW PATIENT IE-MOD COMPLEXITY	97162	CPT	both			383		Amerihealth	HMO/PPO		248.95	65			32.34	363.85	percent of total billed charges	
NEW PATIENT IE-MOD COMPLEXITY	97162	CPT	both			383		Consumer	Consumer		363.85	95			32.34	363.85	percent of total billed charges	
NEW PATIENT IE-MOD COMPLEXITY	97162	CPT	both			383		Corrections	Corrections		306.4	80			32.34	363.85	percent of total billed charges	
NEW PATIENT IE-MOD COMPLEXITY	97162	CPT	both			383		First Health	First Health		268.1	70			32.34	363.85	percent of total billed charges	
NEW PATIENT IE-MOD COMPLEXITY	97162	CPT	both			383		First Trenton	First Trenton		344.7	90			32.34	363.85	percent of total billed charges	
NEW PATIENT IE-MOD COMPLEXITY	97162	CPT	both			383		Horizon	Medicare Blue		114.9	30			32.34	363.85	percent of total billed charges	
NEW PATIENT IE-MOD COMPLEXITY	97162	CPT	both			383		Horizon	Indemnity		146.61	38.28			32.34	363.85	percent of total billed charges	
NEW PATIENT IE-MOD COMPLEXITY	97162	CPT	both			383		Horizon	MGD		146.61	38.28			32.34	363.85	percent of total billed charges	
NEW PATIENT IE-MOD COMPLEXITY	97162	CPT	both			383		Horizon	NJ Health		32.34				32.34	363.85	fee schedule	
NEW PATIENT IE-MOD COMPLEXITY	97162	CPT	both			383		Horizon	PPO		146.61	38.28			32.34	363.85	percent of total billed charges	
NEW PATIENT IE-MOD COMPLEXITY	97162	CPT	both			383		Managed Care Inc	Managed Care Inc		344.7	90			32.34	363.85	percent of total billed charges	
NEW PATIENT IE-MOD COMPLEXITY	97162	CPT	both			383		Multiplan	Multiplan		306.4	80			32.34	363.85	percent of total billed charges	
NEW PATIENT IE-MOD COMPLEXITY	97162	CPT	both			383		Qualcare	Qualcare		287.25	75			32.34	363.85	percent of total billed charges	
NEW PATIENT IE-MOD COMPLEXITY	97162	CPT	both			383		Three Rivers	Three Rivers		363.85	95			32.34	363.85	percent of total billed charges	
NEW PATIENT IE-MOD COMPLEXITY	97162	CPT	both			383		UHC	Medicaid		120.84	31.55			32.34	363.85	percent of total billed charges	
NEW PATIENT IE-MOD COMPLEXITY	97162	CPT	both			383		Wellcare	Medicaid		120.84	31.55			32.34	363.85	percent of total billed charges	
NEW PATIENT IE-MOD COMPLEXITY	97162	CPT	both			383		WellPoint	WellPoint		123.25	32.18			32.34	363.85	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101191	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
NEW PATIENT IE-HIGH COMPLEXITY	97163	CPT	both			750		Aetna	Better Health		236.63	31.55			32.34	712.5	percent of total billed charges	
NEW PATIENT IE-HIGH COMPLEXITY	97163	CPT	both			750		Aetna	Medicare		231	30.8			32.34	712.5	percent of total billed charges	
NEW PATIENT IE-HIGH COMPLEXITY	97163	CPT	both			750		Aetna	Commercial		285	38			32.34	712.5	percent of total billed charges	
NEW PATIENT IE-HIGH COMPLEXITY	97163	CPT	both			750		Americare	Americare		562.5	75			32.34	712.5	percent of total billed charges	
NEW PATIENT IE-HIGH COMPLEXITY	97163	CPT	both			750		Amerihealth	HMO/PPO		487.5	65			32.34	712.5	percent of total billed charges	
NEW PATIENT IE-HIGH COMPLEXITY	97163	CPT	both			750		Consumer	Consumer		712.5	95			32.34	712.5	percent of total billed charges	
NEW PATIENT IE-HIGH COMPLEXITY	97163	CPT	both			750		Corrections	Corrections		600	80			32.34	712.5	percent of total billed charges	
NEW PATIENT IE-HIGH COMPLEXITY	97163	CPT	both			750		First Health	First Health		525	70			32.34	712.5	percent of total billed charges	
NEW PATIENT IE-HIGH COMPLEXITY	97163	CPT	both			750		First Trenton	First Trenton		675	90			32.34	712.5	percent of total billed charges	
NEW PATIENT IE-HIGH COMPLEXITY	97163	CPT	both			750		Horizon	MGD		287.1	38.28			32.34	712.5	percent of total billed charges	
NEW PATIENT IE-HIGH COMPLEXITY	97163	CPT	both			750		Horizon	PPO		287.1	38.28			32.34	712.5	percent of total billed charges	
NEW PATIENT IE-HIGH COMPLEXITY	97163	CPT	both			750		Horizon	Medicare Blue		225	30			32.34	712.5	percent of total billed charges	
NEW PATIENT IE-HIGH COMPLEXITY	97163	CPT	both			750		Horizon	Indemnity		287.1	38.28			32.34	712.5	percent of total billed charges	
NEW PATIENT IE-HIGH COMPLEXITY	97163	CPT	both			750		Horizon	NJ Health		32.34				32.34	712.5	fee schedule	
NEW PATIENT IE-HIGH COMPLEXITY	97163	CPT	both			750		Managed Care Inc	Managed Care Inc		675	90			32.34	712.5	percent of total billed charges	
NEW PATIENT IE-HIGH COMPLEXITY	97163	CPT	both			750		Multiplan	Multiplan		600	80			32.34	712.5	percent of total billed charges	
NEW PATIENT IE-HIGH COMPLEXITY	97163	CPT	both			750		Qualcare	Qualcare		562.5	75			32.34	712.5	percent of total billed charges	
NEW PATIENT IE-HIGH COMPLEXITY	97163	CPT	both			750		Three Rivers	Three Rivers		712.5	95			32.34	712.5	percent of total billed charges	
NEW PATIENT IE-HIGH COMPLEXITY	97163	CPT	both			750		UHC	Medicaid		236.63	31.55			32.34	712.5	percent of total billed charges	
NEW PATIENT IE-HIGH COMPLEXITY	97163	CPT	both			750		Wellcare	Medicaid		236.63	31.55			32.34	712.5	percent of total billed charges	
NEW PATIENT IE-HIGH COMPLEXITY	97163	CPT	both			750		WellPoint	WellPoint		241.35	32.18			32.34	712.5	percent of total billed charges	
PT RE-EVALUATION	97164	CPT	both			211		Aetna	Better Health		66.57	31.55			21.98	200.45	percent of total billed charges	
PT RE-EVALUATION	97164	CPT	both			211		Aetna	Medicare		64.99	30.8			21.98	200.45	percent of total billed charges	
PT RE-EVALUATION	97164	CPT	both			211		Aetna	Commercial		80.18	38			21.98	200.45	percent of total billed charges	
PT RE-EVALUATION	97164	CPT	both			211		Americare	Americare		158.25	75			21.98	200.45	percent of total billed charges	
PT RE-EVALUATION	97164	CPT	both			211		Amerihealth	HMO/PPO		137.15	65			21.98	200.45	percent of total billed charges	
PT RE-EVALUATION	97164	CPT	both			211		Consumer	Consumer		200.45	95			21.98	200.45	percent of total billed charges	
PT RE-EVALUATION	97164	CPT	both			211		Corrections	Corrections		168.8	80			21.98	200.45	percent of total billed charges	
PT RE-EVALUATION	97164	CPT	both			211		First Health	First Health		147.7	70			21.98	200.45	percent of total billed charges	
PT RE-EVALUATION	97164	CPT	both			211		First Trenton	First Trenton		189.9	90			21.98	200.45	percent of total billed charges	
PT RE-EVALUATION	97164	CPT	both			211		Horizon	MGD		80.77	38.28			21.98	200.45	percent of total billed charges	
PT RE-EVALUATION	97164	CPT	both			211		Horizon	PPO		80.77	38.28			21.98	200.45	percent of total billed charges	
PT RE-EVALUATION	97164	CPT	both			211		Horizon	Indemnity		80.77	38.28			21.98	200.45	percent of total billed charges	
PT RE-EVALUATION	97164	CPT	both			211		Horizon	Medicare Blue		63.3	30			21.98	200.45	percent of total billed charges	
PT RE-EVALUATION	97164	CPT	both			211		Horizon	NJ Health		21.98				21.98	200.45	fee schedule	
PT RE-EVALUATION	97164	CPT	both			211		Managed Care Inc	Managed Care Inc		189.9	90			21.98	200.45	percent of total billed charges	
PT RE-EVALUATION	97164	CPT	both			211		Multiplan	Multiplan		168.8	80			21.98	200.45	percent of total billed charges	
PT RE-EVALUATION	97164	CPT	both			211		Qualcare	Qualcare		158.25	75			21.98	200.45	percent of total billed charges	
PT RE-EVALUATION	97164	CPT	both			211		Three Rivers	Three Rivers		200.45	95			21.98	200.45	percent of total billed charges	
PT RE-EVALUATION	97164	CPT	both			211		UHC	Medicaid		66.57	31.55			21.98	200.45	percent of total billed charges	
PT RE-EVALUATION	97164	CPT	both			211		Wellcare	Medicaid		66.57	31.55			21.98	200.45	percent of total billed charges	
PT RE-EVALUATION	97164	CPT	both			211		WellPoint	WellPoint		67.9	32.18			21.98	200.45	percent of total billed charges	
OT EVAL LOW COMPLEX 30 MIN	97165	CPT	both			425		Aetna	Commercial		161.5	38			31.35	403.75	percent of total billed charges	
OT EVAL LOW COMPLEX 30 MIN	97165	CPT	both			425		Aetna	Better Health		134.09	31.55			31.35	403.75	percent of total billed charges	
OT EVAL LOW COMPLEX 30 MIN	97165	CPT	both			425		Aetna	Medicare		130.9	30.8			31.35	403.75	percent of total billed charges	
OT EVAL LOW COMPLEX 30 MIN	97165	CPT	both			425		Americare	Americare		318.75	75			31.35	403.75	percent of total billed charges	
OT EVAL LOW COMPLEX 30 MIN	97165	CPT	both			425		Amerihealth	HMO/PPO		276.25	65			31.35	403.75	percent of total billed charges	
OT EVAL LOW COMPLEX 30 MIN	97165	CPT	both			425		Consumer	Consumer		403.75	95			31.35	403.75	percent of total billed charges	
OT EVAL LOW COMPLEX 30 MIN	97165	CPT	both			425		Corrections	Corrections		340	80			31.35	403.75	percent of total billed charges	
OT EVAL LOW COMPLEX 30 MIN	97165	CPT	both			425		First Health	First Health		297.5	70			31.35	403.75	percent of total billed charges	
OT EVAL LOW COMPLEX 30 MIN	97165	CPT	both			425		First Trenton	First Trenton		382.5	90			31.35	403.75	percent of total billed charges	
OT EVAL LOW COMPLEX 30 MIN	97165	CPT	both			425		Horizon	MGD		162.69	38.28			31.35	403.75	percent of total billed charges	
OT EVAL LOW COMPLEX 30 MIN	97165	CPT	both			425		Horizon	Medicare Blue		127.5	30			31.35	403.75	percent of total billed charges	
OT EVAL LOW COMPLEX 30 MIN	97165	CPT	both			425		Horizon	Indemnity		162.69	38.28			31.35	403.75	percent of total billed charges	
OT EVAL LOW COMPLEX 30 MIN	97165	CPT	both			425		Horizon	PPO		162.69	38.28			31.35	403.75	percent of total billed charges	
OT EVAL LOW COMPLEX 30 MIN	97165	CPT	both			425		Horizon	NJ Health		31.35				31.35	403.75	fee schedule	
OT EVAL LOW COMPLEX 30 MIN	97165	CPT	both			425		Managed Care Inc	Managed Care Inc		382.5	90			31.35	403.75	percent of total billed charges	
OT EVAL LOW COMPLEX 30 MIN	97165	CPT	both			425		Multiplan	Multiplan		340	80			31.35	403.75	percent of total billed charges	
OT EVAL LOW COMPLEX 30 MIN	97165	CPT	both			425		Qualcare	Qualcare		318.75	75			31.35	403.75	percent of total billed charges	
OT EVAL LOW COMPLEX 30 MIN	97165	CPT	both			425		Three Rivers	Three Rivers		403.75	95			31.35	403.75	percent of total billed charges	
OT EVAL LOW COMPLEX 30 MIN	97165	CPT	both			425		UHC	Medicaid		134.09	31.55			31.35	403.75	percent of total billed charges	
OT EVAL LOW COMPLEX 30 MIN	97165	CPT	both			425		Wellcare	Medicaid		134.09	31.55			31.35	403.75	percent of total billed charges	
OT EVAL LOW COMPLEX 30 MIN	97165	CPT	both			425		WellPoint	WellPoint		136.77	32.18			31.35	403.75	percent of total billed charges	
OT EVAL MOD COMPLEX 45 MIN	97166	CPT	both			425		Aetna	Better Health		134.09	31.55			31.35	403.75	percent of total billed charges	
OT EVAL MOD COMPLEX 45 MIN	97166	CPT	both			425		Aetna	Medicare		130.9	30.8			31.35	403.75	percent of total billed charges	
OT EVAL MOD COMPLEX 45 MIN	97166	CPT	both			425		Aetna	Commercial		161.5	38			31.35	403.75	percent of total billed charges	
OT EVAL MOD COMPLEX 45 MIN	97166	CPT	both			425		Americare	Americare		318.75	75			31.35	403.75	percent of total billed charges	
OT EVAL MOD COMPLEX 45 MIN	97166	CPT	both			425		Amerihealth	HMO/PPO		276.25	65			31.35	403.75	percent of total billed charges	
OT EVAL MOD COMPLEX 45 MIN	97166	CPT	both			425		Consumer	Consumer		403.75	95			31.35	403.75	percent of total billed charges	
OT EVAL MOD COMPLEX 45 MIN	97166	CPT	both			425		Corrections	Corrections		340	80			31.35	403.75	percent of total billed charges	
OT EVAL MOD COMPLEX 45 MIN	97166	CPT	both			425		First Health	First Health		297.5	70			31.35	403.75	percent of total billed charges	
OT EVAL MOD COMPLEX 45 MIN	97166	CPT	both			425		First Trenton	First Trenton		382.5	90			31.35	403.75	percent of total billed charges	
OT EVAL MOD COMPLEX 45 MIN	97166	CPT	both			425		Horizon	Medicare Blue		127.5	30			31.35	403.75	percent of total billed charges	
OT EVAL MOD COMPLEX 45 MIN	97166	CPT	both			425		Horizon	PPO		162.69	38.28			31.35	403.75	percent of total billed charges	
OT EVAL MOD COMPLEX 45 MIN	97166	CPT	both			425		Horizon	MGD		162.69	38.28			31.35	403.75	percent of total billed charges	
OT EVAL MOD COMPLEX 45 MIN	97166	CPT	both			425		Horizon	NJ Health		31.35				31.35	403.75	fee schedule	
OT EVAL MOD COMPLEX 45 MIN	97166	CPT	both			425		Horizon	Indemnity		162.69	38.28			31.35	403.75	percent of total billed charges	
OT EVAL MOD COMPLEX 45 MIN	97166	CPT	both			425		Managed Care Inc	Managed Care Inc		382.5	90			31.35	403.75	percent of total billed charges	
OT EVAL MOD COMPLEX 45 MIN	97166	CPT	both			425		Multiplan	Multiplan		340	80			31.35	403.75	percent of total billed charges	
OT EVAL MOD COMPLEX 45 MIN	97166	CPT	both			425		Qualcare	Qualcare		318.75	75			31.35	403.75	percent of total billed charges	
OT EVAL MOD COMPLEX 45 MIN	97166	CPT	both			425		Three Rivers	Three Rivers		403.75	95			31.35	403.75	percent of total billed charges	
OT EVAL MOD COMPLEX 45 MIN	97166	CPT	both			425		UHC	Medicaid		134.09	31.55			31.35	403.75	percent of total billed charges	
OT EVAL MOD COMPLEX 45 MIN	97166	CPT	both			425		Wellcare	Medicaid		134.09	31.55			31.35	403.75	percent of total billed charges	
OT EVAL MOD COMPLEX 45 MIN	97166	CPT	both			425		WellPoint	WellPoint		136.77	32.18			31.35	403.75	percent of total billed charges	
OT EVAL HIGH COMPLEX 60 MIN	97167	CPT	both			750		Aetna	Better Health		236.63	31.55			31.35	712.5	percent of total billed charges	
OT EVAL HIGH COMPLEX 60 MIN	97167	CPT	both			750		Aetna	Medicare		231	30.8			31.35	712.5	percent of total billed charges	
OT EVAL HIGH COMPLEX 60 MIN	97167	CPT	both			750		Aetna	Commercial		285	38			31.35	712.5	percent of total billed charges	
OT EVAL HIGH COMPLEX 60 MIN	97167	CPT	both			750		Americare	Americare		562.5	75			31.35	712.5	percent of total billed charges	
OT EVAL HIGH COMPLEX 60 MIN	97167	CPT	both			750		Amerihealth	HMO/PPO		487.5	65			31.35	712.5	percent of total billed charges	
OT EVAL HIGH COMPLEX 60 MIN	97167	CPT	both			750		Consumer	Consumer		712.5	95			31.35	712.5	percent of total billed charges	
OT EVAL HIGH COMPLEX 60 MIN	97167	CPT	both			750		Corrections	Corrections		600	80			31.35	712.5	percent of total billed charges	
OT EVAL HIGH COMPLEX 60 MIN	97167	CPT	both			750		First Health	First Health		525	70			31.35	712.5	percent of total billed charges	
OT EVAL HIGH COMPLEX 60 MIN	97167	CPT	both			750		First Trenton	First Trenton		675	90			31.35	712.5	percent of total billed charges	
OT EVAL HIGH COMPLEX 60 MIN	97167	CPT	both			750		Horizon	NJ Health		31.35				31.35	712.5	fee schedule	
OT EVAL HIGH COMPLEX 60 MIN	97167	CPT	both			750		Horizon	MGD		287.1	38.28			31.35	712.5	percent of total billed charges	
OT EVAL HIGH COMPLEX 60 MIN	97167	CPT	both			750		Horizon	Medicare Blue		225	30			31.35	712.5	percent of total billed charges	
OT EVAL HIGH COMPLEX 60 MIN	97167	CPT	both			750		Horizon	Indemnity		287.1	38.28			31.35	712.5	percent of total billed charges	
OT EVAL HIGH COMPLEX 60 MIN	97167	CPT	both			750		Horizon	PPO		287.1	38.28			31.35	712.5	percent of total billed charges	
OT EVAL HIGH COMPLEX 60 MIN	97167	CPT	both			750		Managed Care Inc	Managed Care Inc		675	90			31.35	712.5	percent of total billed charges	
OT EVAL HIGH COMPLEX 60 MIN	97167	CPT	both			750		Multiplan	Multiplan		600	80			31.35	712.5	percent of total billed charges	
OT EVAL HIGH COMPLEX 60 MIN	97167	CPT	both			750		Qualcare	Qualcare		562.5	75			31.35	712.5	percent of total billed charges	
OT EVAL HIGH COMPLEX 60 MIN	97167	CPT	both			750		Three Rivers	Three Rivers		712.5	95			31.35	712.5	percent of total billed charges	
OT EVAL HIGH COMPLEX 60 MIN	97167	CPT	both			750		UHC	Medicaid		236.63	31.55			31.35	712.5	percent of total billed charges	
OT EVAL HIGH COMPLEX 60 MIN	97167	CPT	both			750		Wellcare	Medicaid		236.63	31.55			31.35	712.5	percent of total billed charges	
OT EVAL HIGH COMPLEX 60 MIN	97167	CPT	both			750		WellPoint	WellPoint		241.35	32.18			31.35	712.5	percent of total billed charges	
OT RE-EVALUATION	97168	CPT	both			211		Aetna	Commercial		80.18	38			20.72	200.45	percent of total billed charges	
OT RE-EVALUATION	97168	CPT	both			211		Aetna	Better Health		66.57	31.55			20.72	200.45	percent of total billed charges	
OT RE-EVALUATION	97168	CPT	both			211		Aetna	Medicare		64.99	30.8			20.72	200.45	percent of total billed charges	
OT RE-EVALUATION	97168	CPT	both			211		Americare	Americare		158.25	75			20.72	200.45	percent of total billed charges	
OT RE-EVALUATION	97168	CPT	both			211		Amerihealth	HMO/PPO		137.15	65			20.72	200.45	percent of total billed charges	
OT RE-EVALUATION	97168	CPT	both			211		Consumer	Consumer		200.45	95			20.72	200.45	percent of total billed charges	
OT RE-EVALUATION	97168	CPT	both			211		Corrections	Corrections		168.8	80			20.72	200.45	percent of total billed charges	
OT RE-EVALUATION	97168	CPT	both			211		First Health	First Health		147.7	70			20.72	200.45	percent of total billed charges	
OT RE-EVALUATION	97168	CPT	both			211		First Trenton	First Trenton		189.9	90			20.72	200.45	percent of total billed charges	
OT RE-EVALUATION	97168	CPT	both			211		Horizon	MGD		80.77	38.28			20.72	200.45	percent of total billed charges	
OT RE-EVALUATION	97168	CPT	both			211		Horizon	Indemnity		80.77	38.28			20.72	200.45	percent of total billed charges	
OT RE-EVALUATION	97168	CPT	both			211		Horizon	PPO		80.77	38.28			20.72	200.45	percent of total billed charges	
OT RE-EVALUATION	97168	CPT	both			211		Horizon	NJ Health		20.72				20.72	200.45	fee schedule	
OT RE-EVALUATION	97168	CPT	both			211		Horizon	Medicare Blue		63.3	30			20.72	200.45	percent of total billed charges	
OT RE-EVALUATION	97168	CPT	both			211		Managed Care Inc	Managed Care Inc		189.9	90			20.72	200.45	percent of total billed charges	
OT RE-EVALUATION	97168	CPT	both			211		Multiplan	Multiplan		168.8	80			20.72	200.45	percent of total billed charges	
OT RE-EVALUATION	97168	CPT	both			211		Qualcare	Qualcare		158.25	75			20.72	200.45	percent of total billed charges	
OT RE-EVALUATION	97168	CPT	both			211		Three Rivers	Three Rivers		200.45	95			20.72	200.45	percent of total billed charges	
OT RE-EVALUATION	97168	CPT	both			211		UHC	Medicaid		66.57	31.55			20.72	200.45	percent of total billed charges	
OT RE-EVALUATION	97168	CPT	both			211		Wellcare	Medicaid		66.57	31.55			20.72	200.45	percent of total billed charges	
OT RE-EVALUATION	97168	CPT	both			211		WellPoint	WellPoint		67.9	32.18			20.72	200.45	percent of total billed charges	
THER.ACTIVITIES(INDIV)EA 15MIN	97530	CPT	both			211		Aetna	Medicare		64.99	30.8			36.1	200.45	percent of total billed charges	
THER.ACTIVITIES(INDIV)EA 15MIN	97530	CPT	both			211		Aetna	Better Health		66.57	31.55			36.1	200.45	percent of total billed charges	
THER.ACTIVITIES(INDIV)EA 15MIN	97530	CPT	both			211		Aetna	Commercial		80.18	38			36.1	200.45	percent of total billed charges	
THER.ACTIVITIES(INDIV)EA 15MIN	97530	CPT	both			211		Americare	Americare		158.25	75			36.1	200.45	percent of total billed charges	
THER.ACTIVITIES(INDIV)EA 15MIN	97530	CPT	both			211		Amerihealth	HMO/PPO		137.15	65			36.1	200.45	percent of total billed charges	
THER.ACTIVITIES(INDIV)EA 15MIN	97530	CPT	both			211		Consumer	Consumer		200.45	95			36.1	200.45	percent of total billed charges	
THER.ACTIVITIES(INDIV)EA 15MIN	97530	CPT	both			211		Corrections	Corrections		168.8	80			36.1	200.45	percent of total billed charges	
THER.ACTIVITIES(INDIV)EA 15MIN	97530	CPT	both			211		First Health	First Health		147.7	70			36.1	200.45	percent of total billed charges	
THER.ACTIVITIES(INDIV)EA 15MIN	97530	CPT	both			211		First Trenton	First Trenton		189.9	90			36.1	200.45	percent of total billed charges	
THER.ACTIVITIES(INDIV)EA 15MIN	97530	CPT	both			211		Horizon	Medicare Blue		63.3	30			36.1	200.45	percent of total billed charges	
THER.ACTIVITIES(INDIV)EA 15MIN	97530	CPT	both			211		Horizon	NJ Health		36.1				36.1	200.45	fee schedule	
THER.ACTIVITIES(INDIV)EA 15MIN	97530	CPT	both			211		Horizon	MGD		80.77	38.28			36.1	200.45	percent of total billed charges	
THER.ACTIVITIES(INDIV)EA 15MIN	97530	CPT	both			211		Horizon	Indemnity		80.77	38.28			36.1	200.45	percent of total billed charges	
THER.ACTIVITIES(INDIV)EA 15MIN	97530	CPT	both			211		Horizon	PPO		80.77	38.28			36.1	200.45	percent of total billed charges	
THER.ACTIVITIES(INDIV)EA 15MIN	97530	CPT	both			211		Managed Care Inc	Managed Care Inc		189.9	90			36.1	200.45	percent of total billed charges	
THER.ACTIVITIES(INDIV)EA 15MIN	97530	CPT	both			211		Multiplan	Multiplan		168.8	80			36.1	200.45	percent of total billed charges	
THER.ACTIVITIES(INDIV)EA 15MIN	97530	CPT	both			211		Qualcare	Qualcare		158.25	75			36.1	200.45	percent of total billed charges	
THER.ACTIVITIES(INDIV)EA 15MIN	97530	CPT	both			211		Three Rivers	Three Rivers		200.45	95			36.1	200.45	percent of total billed charges	
THER.ACTIVITIES(INDIV)EA 15MIN	97530	CPT	both			211		UHC	Medicaid		66.57	31.55			36.1	200.45	percent of total billed charges	
THER.ACTIVITIES(INDIV)EA 15MIN	97530	CPT	both			211		Wellcare	Medicaid		66.57	31.55			36.1	200.45	percent of total billed charges	
THER.ACTIVITIES(INDIV)EA 15MIN	97530	CPT	both			211		WellPoint	WellPoint		67.9	32.18			36.1	200.45	percent of total billed charges	
SELF CARE/ADL; EACH 15 MIN	97535	CPT	both			211		Aetna	Better Health		66.57	31.55			48.6	200.45	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.																	
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103		310119 true																
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
SELF CARE/ADL, EACH 15 MIN	97535	CPT	both			211		Aetna	Medicare		64.99				48.6	200.45	percent of total billed charges	
SELF CARE/ADL, EACH 15 MIN	97535	CPT	both			211		Aetna	Commercial		80.18				48.6	200.45	percent of total billed charges	
SELF CARE/ADL, EACH 15 MIN	97535	CPT	both			211		Americare	Americare		158.25				48.6	200.45	percent of total billed charges	
SELF CARE/ADL, EACH 15 MIN	97535	CPT	both			211		Amerihealth	HMO/PPO		137.15				48.6	200.45	percent of total billed charges	
SELF CARE/ADL, EACH 15 MIN	97535	CPT	both			211		Consumer	Consumer		200.45				48.6	200.45	percent of total billed charges	
SELF CARE/ADL, EACH 15 MIN	97535	CPT	both			211		Corrections	Corrections		168.8				48.6	200.45	percent of total billed charges	
SELF CARE/ADL, EACH 15 MIN	97535	CPT	both			211		First Health	First Health		147.7				48.6	200.45	percent of total billed charges	
SELF CARE/ADL, EACH 15 MIN	97535	CPT	both			211		First Trenton	First Trenton		189.9				48.6	200.45	percent of total billed charges	
SELF CARE/ADL, EACH 15 MIN	97535	CPT	both			211		Horizon	Indemnity		80.77	38.28			48.6	200.45	percent of total billed charges	
SELF CARE/ADL, EACH 15 MIN	97535	CPT	both			211		Horizon	Medicare Blue		63.3	30			48.6	200.45	percent of total billed charges	
SELF CARE/ADL, EACH 15 MIN	97535	CPT	both			211		Horizon	MGD		80.77	38.28			48.6	200.45	percent of total billed charges	
SELF CARE/ADL, EACH 15 MIN	97535	CPT	both			211		Horizon	PPO		80.77	38.28			48.6	200.45	percent of total billed charges	
SELF CARE/ADL, EACH 15 MIN	97535	CPT	both			211		Managed Care Inc	Managed Care Inc		189.9	90			48.6	200.45	percent of total billed charges	
SELF CARE/ADL, EACH 15 MIN	97535	CPT	both			211		Multiplan	Multiplan		168.8	80			48.6	200.45	percent of total billed charges	
SELF CARE/ADL, EACH 15 MIN	97535	CPT	both			211		Qualcare	Qualcare		158.25	75			48.6	200.45	percent of total billed charges	
SELF CARE/ADL, EACH 15 MIN	97535	CPT	both			211		Three Rivers	Three Rivers		200.45	95			48.6	200.45	percent of total billed charges	
SELF CARE/ADL, EACH 15 MIN	97535	CPT	both			211		UHC	Medicaid		66.57	31.55			48.6	200.45	percent of total billed charges	
SELF CARE/ADL, EACH 15 MIN	97535	CPT	both			211		Wellcare	Medicaid		66.57	31.55			48.6	200.45	percent of total billed charges	
SELF CARE/ADL, EACH 15 MIN	97535	CPT	both			211		WellPoint	WellPoint		67.9	32.18			48.6	200.45	percent of total billed charges	
JOB SITE ANALYSIS, EA. HOUR	97537	CPT	outpatient			364		Aetna	Medicare		112.11	30.8			48.6	345.8	percent of total billed charges	
JOB SITE ANALYSIS, EA. HOUR	97537	CPT	outpatient			364		Aetna	Better Health		114.84	31.55			48.6	345.8	percent of total billed charges	
JOB SITE ANALYSIS, EA. HOUR	97537	CPT	outpatient			364		Aetna	Commercial		138.32	38			48.6	345.8	percent of total billed charges	
JOB SITE ANALYSIS, EA. HOUR	97537	CPT	outpatient			364		Americare	Americare		273	75			48.6	345.8	percent of total billed charges	
JOB SITE ANALYSIS, EA. HOUR	97537	CPT	outpatient			364		Amerihealth	HMO/PPO		236.6	65			48.6	345.8	percent of total billed charges	
JOB SITE ANALYSIS, EA. HOUR	97537	CPT	outpatient			364		Consumer	Consumer		345.8	95			48.6	345.8	percent of total billed charges	
JOB SITE ANALYSIS, EA. HOUR	97537	CPT	outpatient			364		Corrections	Corrections		291.2	80			48.6	345.8	percent of total billed charges	
JOB SITE ANALYSIS, EA. HOUR	97537	CPT	outpatient			364		First Health	First Health		254.8	70			48.6	345.8	percent of total billed charges	
JOB SITE ANALYSIS, EA. HOUR	97537	CPT	outpatient			364		First Trenton	First Trenton		327.6	90			48.6	345.8	percent of total billed charges	
JOB SITE ANALYSIS, EA. HOUR	97537	CPT	outpatient			364		Horizon	MGD		139.34	38.28			48.6	345.8	percent of total billed charges	
JOB SITE ANALYSIS, EA. HOUR	97537	CPT	outpatient			364		Horizon	Medicare Blue		109.2	30			48.6	345.8	percent of total billed charges	
JOB SITE ANALYSIS, EA. HOUR	97537	CPT	outpatient			364		Horizon	Indemnity		139.34	38.28			48.6	345.8	percent of total billed charges	
JOB SITE ANALYSIS, EA. HOUR	97537	CPT	outpatient			364		Horizon	PPO		139.34	38.28			48.6	345.8	percent of total billed charges	
JOB SITE ANALYSIS, EA. HOUR	97537	CPT	outpatient			364		Managed Care Inc	Managed Care Inc		327.6	90			48.6	345.8	percent of total billed charges	
JOB SITE ANALYSIS, EA. HOUR	97537	CPT	outpatient			364		Multiplan	Multiplan		291.2	80			48.6	345.8	percent of total billed charges	
JOB SITE ANALYSIS, EA. HOUR	97537	CPT	outpatient			364		Qualcare	Qualcare		273	75			48.6	345.8	percent of total billed charges	
JOB SITE ANALYSIS, EA. HOUR	97537	CPT	outpatient			364		Three Rivers	Three Rivers		345.8	95			48.6	345.8	percent of total billed charges	
JOB SITE ANALYSIS, EA. HOUR	97537	CPT	outpatient			364		UHC	Medicaid		114.84	31.55			48.6	345.8	percent of total billed charges	
JOB SITE ANALYSIS, EA. HOUR	97537	CPT	outpatient			364		Wellcare	Medicaid		114.84	31.55			48.6	345.8	percent of total billed charges	
JOB SITE ANALYSIS, EA. HOUR	97537	CPT	outpatient			364		WellPoint	WellPoint		117.14	32.18			48.6	345.8	percent of total billed charges	
W/C MGMT; EACH 15 MIN.	97542	CPT	both			162		Aetna	Commercial		61.56	38			45.3	153.9	percent of total billed charges	
W/C MGMT; EACH 15 MIN.	97542	CPT	both			162		Aetna	Better Health		51.11	31.55			45.3	153.9	percent of total billed charges	
W/C MGMT; EACH 15 MIN.	97542	CPT	both			162		Aetna	Medicare		49.9	30.8			45.3	153.9	percent of total billed charges	
W/C MGMT; EACH 15 MIN.	97542	CPT	both			162		Americare	Americare		121.5	75			45.3	153.9	percent of total billed charges	
W/C MGMT; EACH 15 MIN.	97542	CPT	both			162		Amerihealth	HMO/PPO		105.3	65			45.3	153.9	percent of total billed charges	
W/C MGMT; EACH 15 MIN.	97542	CPT	both			162		Consumer	Consumer		153.9	95			45.3	153.9	percent of total billed charges	
W/C MGMT; EACH 15 MIN.	97542	CPT	both			162		Corrections	Corrections		129.6	80			45.3	153.9	percent of total billed charges	
W/C MGMT; EACH 15 MIN.	97542	CPT	both			162		First Health	First Health		113.4	70			45.3	153.9	percent of total billed charges	
W/C MGMT; EACH 15 MIN.	97542	CPT	both			162		First Trenton	First Trenton		145.8	90			45.3	153.9	percent of total billed charges	
W/C MGMT; EACH 15 MIN.	97542	CPT	both			162		Horizon	MGD		62.01	38.28			45.3	153.9	percent of total billed charges	
W/C MGMT; EACH 15 MIN.	97542	CPT	both			162		Horizon	Indemnity		62.01	38.28			45.3	153.9	percent of total billed charges	
W/C MGMT; EACH 15 MIN.	97542	CPT	both			162		Horizon	PPO		62.01	38.28			45.3	153.9	percent of total billed charges	
W/C MGMT; EACH 15 MIN.	97542	CPT	both			162		Horizon	Medicare Blue		48.6	30			45.3	153.9	percent of total billed charges	
W/C MGMT; EACH 15 MIN.	97542	CPT	both			162		Managed Care Inc	Managed Care Inc		145.8	90			45.3	153.9	percent of total billed charges	
W/C MGMT; EACH 15 MIN.	97542	CPT	both			162		Multiplan	Multiplan		129.6	80			45.3	153.9	percent of total billed charges	
W/C MGMT; EACH 15 MIN.	97542	CPT	both			162		Qualcare	Qualcare		121.5	75			45.3	153.9	percent of total billed charges	
W/C MGMT; EACH 15 MIN.	97542	CPT	both			162		Three Rivers	Three Rivers		153.9	95			45.3	153.9	percent of total billed charges	
W/C MGMT; EACH 15 MIN.	97542	CPT	both			162		UHC	Medicaid		51.11	31.55			45.3	153.9	percent of total billed charges	
W/C MGMT; EACH 15 MIN.	97542	CPT	both			162		Wellcare	Medicaid		51.11	31.55			45.3	153.9	percent of total billed charges	
W/C MGMT; EACH 15 MIN.	97542	CPT	both			162		WellPoint	WellPoint		52.13	32.18			45.3	153.9	percent of total billed charges	
WORK CONDITIONING, INITAL 2HRS	97545	CPT	outpatient			409		Aetna	Medicare		125.97	30.8			122.7	388.55	percent of total billed charges	
WORK CONDITIONING, INITAL 2HRS	97545	CPT	outpatient			409		Aetna	Commercial		155.42	38			122.7	388.55	percent of total billed charges	
WORK CONDITIONING, INITAL 2HRS	97545	CPT	outpatient			409		Aetna	Better Health		129.04	31.55			122.7	388.55	percent of total billed charges	
WORK CONDITIONING, INITAL 2HRS	97545	CPT	outpatient			409		Americare	Americare		306.75	75			122.7	388.55	percent of total billed charges	
WORK CONDITIONING, INITAL 2HRS	97545	CPT	outpatient			409		Amerihealth	HMO/PPO		265.85	65			122.7	388.55	percent of total billed charges	
WORK CONDITIONING, INITAL 2HRS	97545	CPT	outpatient			409		Consumer	Consumer		388.55	95			122.7	388.55	percent of total billed charges	
WORK CONDITIONING, INITAL 2HRS	97545	CPT	outpatient			409		Corrections	Corrections		327.2	80			122.7	388.55	percent of total billed charges	
WORK CONDITIONING, INITAL 2HRS	97545	CPT	outpatient			409		First Health	First Health		286.3	70			122.7	388.55	percent of total billed charges	
WORK CONDITIONING, INITAL 2HRS	97545	CPT	outpatient			409		First Trenton	First Trenton		368.1	90			122.7	388.55	percent of total billed charges	
WORK CONDITIONING, INITAL 2HRS	97545	CPT	outpatient			409		Horizon	Indemnity		156.57	38.28			122.7	388.55	percent of total billed charges	
WORK CONDITIONING, INITAL 2HRS	97545	CPT	outpatient			409		Horizon	Medicare Blue		122.7	30			122.7	388.55	percent of total billed charges	
WORK CONDITIONING, INITAL 2HRS	97545	CPT	outpatient			409		Horizon	MGD		156.57	38.28			122.7	388.55	percent of total billed charges	
WORK CONDITIONING, INITAL 2HRS	97545	CPT	outpatient			409		Horizon	PPO		156.57	38.28			122.7	388.55	percent of total billed charges	
WORK CONDITIONING, INITAL 2HRS	97545	CPT	outpatient			409		Managed Care Inc	Managed Care Inc		368.1	90			122.7	388.55	percent of total billed charges	
WORK CONDITIONING, INITAL 2HRS	97545	CPT	outpatient			409		Multiplan	Multiplan		327.2	80			122.7	388.55	percent of total billed charges	
WORK CONDITIONING, INITAL 2HRS	97545	CPT	outpatient			409		Qualcare	Qualcare		306.75	75			122.7	388.55	percent of total billed charges	
WORK CONDITIONING, INITAL 2HRS	97545	CPT	outpatient			409		Three Rivers	Three Rivers		388.55	95			122.7	388.55	percent of total billed charges	
WORK CONDITIONING, INITAL 2HRS	97545	CPT	outpatient			409		UHC	Medicaid		129.04	31.55			122.7	388.55	percent of total billed charges	
WORK CONDITIONING, INITAL 2HRS	97545	CPT	outpatient			409		Wellcare	Medicaid		129.04	31.55			122.7	388.55	percent of total billed charges	
WORK CONDITIONING, INITAL 2HRS	97545	CPT	outpatient			409		WellPoint	WellPoint		131.62	32.18			122.7	388.55	percent of total billed charges	
WORK CONDITIONING;EACH ADDL HR	97546	CPT	inpatient			175		Aetna	Commercial		66.5	38			46.2	166.25	percent of total billed charges	
WORK CONDITIONING;EACH ADDL HR	97546	CPT	inpatient			175		Aetna	Better Health		55.21	31.55			46.2	166.25	percent of total billed charges	
WORK CONDITIONING;EACH ADDL HR	97546	CPT	inpatient			175		Aetna	Medicare		53.9	30.8			46.2	166.25	percent of total billed charges	
WORK CONDITIONING;EACH ADDL HR	97546	CPT	inpatient			175		Americare	Americare		131.25	75			46.2	166.25	percent of total billed charges	
WORK CONDITIONING;EACH ADDL HR	97546	CPT	inpatient			175		Amerihealth	HMO/PPO		113.75	65			46.2	166.25	percent of total billed charges	
WORK CONDITIONING;EACH ADDL HR	97546	CPT	inpatient			175		Consumer	Consumer		166.25	95			46.2	166.25	percent of total billed charges	
WORK CONDITIONING;EACH ADDL HR	97546	CPT	inpatient			175		Corrections	Corrections		140	80			46.2	166.25	percent of total billed charges	
WORK CONDITIONING;EACH ADDL HR	97546	CPT	inpatient			175		First Health	First Health		122.5	70			46.2	166.25	percent of total billed charges	
WORK CONDITIONING;EACH ADDL HR	97546	CPT	inpatient			175		First Trenton	First Trenton		157.5	90			46.2	166.25	percent of total billed charges	
WORK CONDITIONING;EACH ADDL HR	97546	CPT	inpatient			175		Horizon	Indemnity		66.99	38.28			46.2	166.25	percent of total billed charges	
WORK CONDITIONING;EACH ADDL HR	97546	CPT	inpatient			175		Horizon	Medicare Blue		52.5	30			46.2	166.25	percent of total billed charges	
WORK CONDITIONING;EACH ADDL HR	97546	CPT	inpatient			175		Horizon	MGD		66.99	38.28			46.2	166.25	percent of total billed charges	
WORK CONDITIONING;EACH ADDL HR	97546	CPT	inpatient			175		Horizon	PPO		66.99	38.28			46.2	166.25	percent of total billed charges	
WORK CONDITIONING;EACH ADDL HR	97546	CPT	inpatient			175		Managed Care Inc	Managed Care Inc		157.5	90			46.2	166.25	percent of total billed charges	
WORK CONDITIONING;EACH ADDL HR	97546	CPT	inpatient			175		Multiplan	Multiplan		140	80			46.2	166.25	percent of total billed charges	
WORK CONDITIONING;EACH ADDL HR	97546	CPT	inpatient			175		Qualcare	Qualcare		131.25	75			46.2	166.25	percent of total billed charges	
WORK CONDITIONING;EACH ADDL HR	97546	CPT	inpatient			175		Three Rivers	Three Rivers		166.25	95			46.2	166.25	percent of total billed charges	
WORK CONDITIONING;EACH ADDL HR	97546	CPT	inpatient			175		UHC	Medicaid		55.21	31.55			46.2	166.25	percent of total billed charges	
WORK CONDITIONING;EACH ADDL HR	97546	CPT	inpatient			175		Wellcare	Medicaid		55.21	31.55			46.2	166.25	percent of total billed charges	
WORK CONDITIONING;EACH ADDL HR	97546	CPT	inpatient			175		WellPoint	WellPoint		56.32	32.18			46.2	166.25	percent of total billed charges	
SLEECTIVE DEBRIDEMENT <20 CM	97597	CPT	both			712	263.3	Aetna	Commercial		364.5				91.81	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLEECTIVE DEBRIDEMENT <20 CM	97597	CPT	both			712	263.3	Aetna	Better Health		224.64	31.55			91.81	1782	percent of total billed charges	
SLEECTIVE DEBRIDEMENT <20 CM	97597	CPT	both			712	263.3	Aetna	Medicare		228.96				91.81	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLEECTIVE DEBRIDEMENT <20 CM	97597	CPT	both			712	263.3	Americare	Americare		534	75			91.81	1782	percent of total billed charges	
SLEECTIVE DEBRIDEMENT <20 CM	97597	CPT	both			712	263.3	Amerihealth	HMO/PPO		462.8	65			91.81	1782	percent of total billed charges	
SLEECTIVE DEBRIDEMENT <20 CM	97597	CPT	both			712	263.3	Amerihealth	Medicare		228.96				91.81	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLEECTIVE DEBRIDEMENT <20 CM	97597	CPT	both			712	263.3	Consumer	Consumer		676.4	95			91.81	1782	percent of total billed charges	
SLEECTIVE DEBRIDEMENT <20 CM	97597	CPT	both			712	263.3	Corrections	Corrections		569.6	80			91.81	1782	percent of total billed charges	
SLEECTIVE DEBRIDEMENT <20 CM	97597	CPT	both			712	263.3	First Health	First Health		498.4	70			91.81	1782	percent of total billed charges	
SLEECTIVE DEBRIDEMENT <20 CM	97597	CPT	both			712	263.3	First Trenton	First Trenton		640.8	90			91.81	1782	percent of total billed charges	
SLEECTIVE DEBRIDEMENT <20 CM	97597	CPT	both			712	263.3	Horizon	PPO		426.09				91.81	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLEECTIVE DEBRIDEMENT <20 CM	97597	CPT	both			712	263.3	Horizon	Indemnity		426.09				91.81	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLEECTIVE DEBRIDEMENT <20 CM	97597	CPT	both			712	263.3	Horizon	MGD		426.09				91.81	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLEECTIVE DEBRIDEMENT <20 CM	97597	CPT	both			712	263.3	Horizon	NJ Health		846.25				91.81	1782	fee schedule	
SLEECTIVE DEBRIDEMENT <20 CM	97597	CPT	both			712	263.3	Horizon	Medicare Blue		228.96				91.81	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLEECTIVE DEBRIDEMENT <20 CM	97597	CPT	both			712	263.3	Managed Care Inc	Managed Care Inc		640.8	90			91.81	1782	percent of total billed charges	
SLEECTIVE DEBRIDEMENT <20 CM	97597	CPT	both			712	263.3	Multiplan	Multiplan		569.6	80			91.81	1782	percent of total billed charges	
SLEECTIVE DEBRIDEMENT <20 CM	97597	CPT	both			712	263.3	Qualcare	Qualcare		534	75			91.81	1782	percent of total billed charges	
SLEECTIVE DEBRIDEMENT <20 CM	97597	CPT	both			712	263.3	Three Rivers	Three Rivers		676.4	95			91.81	1782	percent of total billed charges	
SLEECTIVE DEBRIDEMENT <20 CM	97597	CPT	both			712	263.3	UHC	Medicaid		224.64	31.55			91.81	1782	percent of total billed charges	
SLEECTIVE DEBRIDEMENT <20 CM	97597	CPT	both			712	263.3	UHC	Medicare		228.96				91.81	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLEECTIVE DEBRIDEMENT <20 CM	97597	CPT	both			712	263.3	United	Commercial|PPO		1782				91.81	1782	case rate	
SLEECTIVE DEBRIDEMENT <20 CM	97597	CPT	both			712	263.3	United	Oxford		1782				91.81	1782	case rate	
SLEECTIVE DEBRIDEMENT <20 CM	97597	CPT	both			712	263.3	Wellcare	Medicare		228.96				91.81	1782	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLEECTIVE DEBRIDEMENT <20 CM	97597	CPT	both			712	263.3	Wellcare	Medicaid		224.64	31.55			91.81	1782	percent of total billed charges	
SLEECTIVE DEBRIDEMENT <20 CM	97597	CPT	both			712	263.3	WellPoint	WellPoint		229.12	32.18			91.81	1782	percent of total billed charges	
SKIN FULL THICK DEBR ADDL<=20CM	97598	CPT	both			493		Aetna	Medicare		151.84	30.8			119.7	1782	percent of total billed charges	
SKIN FULL THICK DEBR ADDL<=20CM	97598	CPT	both			493		Aetna	Better Health		155.54	31.55			119.7	1782	percent of total billed charges	
SKIN FULL THICK DEBR ADDL<=20CM	97598	CPT	both			493		Aetna	Commercial		187.34	38			119.7	1782	percent of total billed charges	
SKIN FULL THICK DEBR ADDL<=20CM	97598	CPT	both			493		Americare	Americare		369.75	75			119.7	1782	percent of total billed charges	
SKIN FULL THICK DEBR ADDL<=20CM	97598	CPT	both			493		Amerihealth	HMO/PPO		320.45	65			119.7	1782	percent of total billed charges	
SKIN FULL THICK DEBR ADDL<=20CM	97598	CPT	both			493		Consumer	Consumer		468.35	95			119.7	1782	percent of total billed charges	
SKIN FULL THICK DEBR ADDL<=20CM	97598	CPT	both			493		Corrections	Corrections		394.4	80			119.7	1782	percent of total billed charges	
SKIN FULL THICK DEBR ADDL<=20CM	97598	CPT	both			493		First Health	First Health		345.1	70			119.7	1782	percent of total billed charges	
SKIN FULL THICK DEBR ADDL<=20CM	97598	CPT	both			493		First Trenton	First Trenton		443.7	90			119.7	1782	percent of total billed charges	
SKIN FULL THICK DEBR ADDL<=20CM	97598	CPT	both			493		Horizon	Medicare Blue		147.9	30			119.7	1782	percent of total billed charges	
SKIN FULL THICK DEBR ADDL<=20CM	97598	CPT	both			493		Horizon	MGD		188.72	38.28			119.7	1782	percent of total billed charges	
SKIN FULL THICK DEBR ADDL<=20CM	97598	CPT	both			493		Horizon	Indemnity		188.72	38.28			119.7	1782	percent of total billed charges	
SKIN FULL THICK DEBR ADDL<=20CM	97598	CPT	both			493		Horizon	NJ Health		1044				119.7	1782	fee schedule	
SKIN FULL THICK DEBR ADDL<=20CM	97598	CPT	both			493		Horizon	PPO		188.72	38.28			119.7	1782	percent of total billed charges	
SKIN FULL THICK DEBR ADDL<=20CM	97598	CPT	both			493		Managed Care Inc	Managed Care Inc		443.7	90			119.7	1782	percent of total billed charges	
SKIN FULL THICK DEBR ADDL<=20CM	97598	CPT	both			493		Multiplan	Multiplan		394.4	80			119.7	1782	percent of total billed charges	
SKIN FULL THICK DEBR ADDL<=20CM	97598	CPT	both			493		Qualcare	Qualcare		369.75	75			119.7	1782	percent of total billed charges	
SKIN FULL THICK DEBR ADDL<=20CM	97598	CPT	both			493		Three Rivers	Three Rivers		468.35	95			119.7	1782	percent of total billed charges	
SKIN FULL THICK DEBR ADDL<=20CM	97598	CPT	both			493		UHC	Medicaid		155.54	31.55			119.7	1782	percent of total billed charges	
SKIN FULL THICK DEBR ADDL<=20CM	97598	CPT	both			493		United	Oxford		1782				119.7	1782	case rate	
SKIN FULL THICK DEBR ADDL<=20CM	97598	CPT	both			493		United	Commercial|PPO		1782				119.7	1782	case rate	
SKIN FULL THICK DEBR ADDL<=20CM	97598	CPT	both			493		Wellcare	Medicaid		155.54	31.55			119.7	1782	percent of total billed charges	
SKIN FULL THICK DEBR ADDL<=20CM	97598	CPT	both			493		WellPoint	WellPoint		158.65	32.18			119.7	1782	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
WOUND CARE NONSELECTIVE /SESSION	97602	CPT	outpatient			725		263.3 Aetna	Better Health		228.74	31.55			95.6	688.75	percent of total billed charges	
WOUND CARE NONSELECTIVE /SESSION	97602	CPT	outpatient			725		263.3 Aetna	Commercial		364.5				95.6	688.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WOUND CARE NONSELECTIVE /SESSION	97602	CPT	outpatient			725		263.3 Aetna	Medicare		228.96				95.6	688.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WOUND CARE NONSELECTIVE /SESSION	97602	CPT	outpatient			725		263.3 Americare	Americare		543.75	75			95.6	688.75	percent of total billed charges	
WOUND CARE NONSELECTIVE /SESSION	97602	CPT	outpatient			725		263.3 Amerihealth	HMO/PPO		471.25	65			95.6	688.75	percent of total billed charges	
WOUND CARE NONSELECTIVE /SESSION	97602	CPT	outpatient			725		263.3 Amerihealth	Medicare		228.96				95.6	688.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WOUND CARE NONSELECTIVE /SESSION	97602	CPT	outpatient			725		263.3 Consumer	Consumer		688.75	95			95.6	688.75	percent of total billed charges	
WOUND CARE NONSELECTIVE /SESSION	97602	CPT	outpatient			725		263.3 Corrections	Corrections		580	80			95.6	688.75	percent of total billed charges	
WOUND CARE NONSELECTIVE /SESSION	97602	CPT	outpatient			725		263.3 First Health	First Health		507.5	70			95.6	688.75	percent of total billed charges	
WOUND CARE NONSELECTIVE /SESSION	97602	CPT	outpatient			725		263.3 First Trenton	First Trenton		652.5	90			95.6	688.75	percent of total billed charges	
WOUND CARE NONSELECTIVE /SESSION	97602	CPT	outpatient			725		263.3 Horizon	Medicare Blue		228.96				95.6	688.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WOUND CARE NONSELECTIVE /SESSION	97602	CPT	outpatient			725		263.3 Horizon	MGD		426.09				95.6	688.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WOUND CARE NONSELECTIVE /SESSION	97602	CPT	outpatient			725		263.3 Horizon	Indemnity		426.09				95.6	688.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WOUND CARE NONSELECTIVE /SESSION	97602	CPT	outpatient			725		263.3 Horizon	PPO		426.09				95.6	688.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WOUND CARE NONSELECTIVE /SESSION	97602	CPT	outpatient			725		263.3 Horizon	NJ Health		200.97				95.6	688.75	fee schedule	
WOUND CARE NONSELECTIVE /SESSION	97602	CPT	outpatient			725		263.3 Managed Care Inc	Managed Care Inc		652.5	90			95.6	688.75	percent of total billed charges	
WOUND CARE NONSELECTIVE /SESSION	97602	CPT	outpatient			725		263.3 Multiplan	Multiplan		580	80			95.6	688.75	percent of total billed charges	
WOUND CARE NONSELECTIVE /SESSION	97602	CPT	outpatient			725		263.3 Qualcare	Qualcare		543.75	75			95.6	688.75	percent of total billed charges	
WOUND CARE NONSELECTIVE /SESSION	97602	CPT	outpatient			725		263.3 Three Rivers	Three Rivers		686.75	95			95.6	688.75	percent of total billed charges	
WOUND CARE NONSELECTIVE /SESSION	97602	CPT	outpatient			725		263.3 UHC	Medicare		228.96				95.6	688.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WOUND CARE NONSELECTIVE /SESSION	97602	CPT	outpatient			725		263.3 UHC	Medicaid		228.74	31.55			95.6	688.75	percent of total billed charges	
WOUND CARE NONSELECTIVE /SESSION	97602	CPT	outpatient			725		263.3 Wellcare	Medicare		228.96				95.6	688.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WOUND CARE NONSELECTIVE /SESSION	97602	CPT	outpatient			725		263.3 Wellcare	Medicaid		228.74	31.55			95.6	688.75	percent of total billed charges	
WOUND CARE NONSELECTIVE /SESSION	97602	CPT	outpatient			725		263.3 WellPoint	WellPoint		233.31	32.18			95.6	688.75	percent of total billed charges	
WOUND VAC<50SQ CM	97605	CPT	outpatient			718		263.3 Aetna	Better Health		226.53	31.55			122.89	682.1	percent of total billed charges	
WOUND VAC<50SQ CM	97605	CPT	outpatient			718		263.3 Aetna	Medicare		221.14	30.8			122.89	682.1	percent of total billed charges	
WOUND VAC<50SQ CM	97605	CPT	outpatient			718		263.3 Aetna	Commercial		364.5				122.89	682.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WOUND VAC<50SQ CM	97605	CPT	outpatient			718		263.3 Americare	Americare		538.5	75			122.89	682.1	percent of total billed charges	
WOUND VAC<50SQ CM	97605	CPT	outpatient			718		263.3 Amerihealth	HMO/PPO		466.7	65			122.89	682.1	percent of total billed charges	
WOUND VAC<50SQ CM	97605	CPT	outpatient			718		263.3 Amerihealth	Medicare		228.96				122.89	682.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WOUND VAC<50SQ CM	97605	CPT	outpatient			718		263.3 Consumer	Consumer		682.1	95			122.89	682.1	percent of total billed charges	
WOUND VAC<50SQ CM	97605	CPT	outpatient			718		263.3 Corrections	Corrections		574.4	80			122.89	682.1	percent of total billed charges	
WOUND VAC<50SQ CM	97605	CPT	outpatient			718		263.3 First Health	First Health		502.6	70			122.89	682.1	percent of total billed charges	
WOUND VAC<50SQ CM	97605	CPT	outpatient			718		263.3 First Trenton	First Trenton		646.2	90			122.89	682.1	percent of total billed charges	
WOUND VAC<50SQ CM	97605	CPT	outpatient			718		263.3 Horizon	MGD		426.09				122.89	682.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WOUND VAC<50SQ CM	97605	CPT	outpatient			718		263.3 Horizon	Medicare Blue		228.96				122.89	682.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WOUND VAC<50SQ CM	97605	CPT	outpatient			718		263.3 Horizon	PPO		426.09				122.89	682.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WOUND VAC<50SQ CM	97605	CPT	outpatient			718		263.3 Horizon	Indemnity		426.09				122.89	682.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WOUND VAC<50SQ CM	97605	CPT	outpatient			718		263.3 Horizon	NJ Health		571.59				122.89	682.1	fee schedule	
WOUND VAC<50SQ CM	97605	CPT	outpatient			718		263.3 Managed Care Inc	Managed Care Inc		646.2	90			122.89	682.1	percent of total billed charges	
WOUND VAC<50SQ CM	97605	CPT	outpatient			718		263.3 Multiplan	Multiplan		574.4	80			122.89	682.1	percent of total billed charges	
WOUND VAC<50SQ CM	97605	CPT	outpatient			718		263.3 Qualcare	Qualcare		538.5	75			122.89	682.1	percent of total billed charges	
WOUND VAC<50SQ CM	97605	CPT	outpatient			718		263.3 Three Rivers	Three Rivers		682.1	95			122.89	682.1	percent of total billed charges	
WOUND VAC<50SQ CM	97605	CPT	outpatient			718		263.3 UHC	Medicaid		226.53	31.55			122.89	682.1	percent of total billed charges	
WOUND VAC<50SQ CM	97605	CPT	outpatient			718		263.3 UHC	Medicare		226.96				122.89	682.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WOUND VAC<50SQ CM	97605	CPT	outpatient			718		263.3 Wellcare	Medicaid		226.53	31.55			122.89	682.1	percent of total billed charges	
WOUND VAC<50SQ CM	97605	CPT	outpatient			718		263.3 Wellcare	Medicare		228.96				122.89	682.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WOUND VAC<50SQ CM	97605	CPT	outpatient			718		263.3 WellPoint	WellPoint		231.05	32.18			122.89	682.1	percent of total billed charges	
NEGATIVE PRESSURE WOUND	97606	CPT	outpatient			1360		524.43 Aetna	Medicare		418.88	30.8			401.94	1292	percent of total billed charges	
NEGATIVE PRESSURE WOUND	97606	CPT	outpatient			1360		524.43 Aetna	Commercial		726				401.94	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEGATIVE PRESSURE WOUND	97606	CPT	outpatient			1360		524.43 Aetna	Better Health		429.08	31.55			401.94	1292	percent of total billed charges	
NEGATIVE PRESSURE WOUND	97606	CPT	outpatient			1360		524.43 Americare	Americare		1020	75			401.94	1292	percent of total billed charges	
NEGATIVE PRESSURE WOUND	97606	CPT	outpatient			1360		524.43 Amerihealth	HMO/PPO		884	65			401.94	1292	percent of total billed charges	
NEGATIVE PRESSURE WOUND	97606	CPT	outpatient			1360		524.43 Amerihealth	Medicare		456.03				401.94	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEGATIVE PRESSURE WOUND	97606	CPT	outpatient			1360		524.43 Consumer	Consumer		1292	95			401.94	1292	percent of total billed charges	
NEGATIVE PRESSURE WOUND	97606	CPT	outpatient			1360		524.43 Corrections	Corrections		1088	80			401.94	1292	percent of total billed charges	
NEGATIVE PRESSURE WOUND	97606	CPT	outpatient			1360		524.43 First Health	First Health		952	70			401.94	1292	percent of total billed charges	
NEGATIVE PRESSURE WOUND	97606	CPT	outpatient			1360		524.43 First Trenton	First Trenton		1224	90			401.94	1292	percent of total billed charges	
NEGATIVE PRESSURE WOUND	97606	CPT	outpatient			1360		524.43 Horizon	Indemnity		848.67				401.94	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEGATIVE PRESSURE WOUND	97606	CPT	outpatient			1360		524.43 Horizon	NJ Health		401.94				401.94	1292	fee schedule	
NEGATIVE PRESSURE WOUND	97606	CPT	outpatient			1360		524.43 Horizon	MGD		848.67				401.94	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEGATIVE PRESSURE WOUND	97606	CPT	outpatient			1360		524.43 Horizon	Medicare Blue		456.03				401.94	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEGATIVE PRESSURE WOUND	97606	CPT	outpatient			1360		524.43 Horizon	PPO		848.67				401.94	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEGATIVE PRESSURE WOUND	97606	CPT	outpatient			1360		524.43 Managed Care Inc	Managed Care Inc		1224	90			401.94	1292	percent of total billed charges	
NEGATIVE PRESSURE WOUND	97606	CPT	outpatient			1360		524.43 Multiplan	Multiplan		1088	80			401.94	1292	percent of total billed charges	
NEGATIVE PRESSURE WOUND	97606	CPT	outpatient			1360		524.43 Qualcare	Qualcare		1020	75			401.94	1292	percent of total billed charges	
NEGATIVE PRESSURE WOUND	97606	CPT	outpatient			1360		524.43 Three Rivers	Three Rivers		1292	95			401.94	1292	percent of total billed charges	
NEGATIVE PRESSURE WOUND	97606	CPT	outpatient			1360		524.43 UHC	Medicaid		429.08	31.55			401.94	1292	percent of total billed charges	
NEGATIVE PRESSURE WOUND	97606	CPT	outpatient			1360		524.43 UHC	Medicare		456.03				401.94	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEGATIVE PRESSURE WOUND	97606	CPT	outpatient			1360		524.43 Wellcare	Medicare		456.03				401.94	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEGATIVE PRESSURE WOUND	97606	CPT	outpatient			1360		524.43 Wellcare	Medicaid		429.08	31.55			401.94	1292	percent of total billed charges	
NEGATIVE PRESSURE WOUND	97606	CPT	outpatient			1360		524.43 WellPoint	WellPoint		437.65	32.18			401.94	1292	percent of total billed charges	
NEG PRESS WOUNDTX <=50SQCM NODME	97607	CPT	outpatient			1360		524.43 Aetna	Medicare		418.88	30.8			64.13	1292	other	
NEG PRESS WOUNDTX <=50SQCM NODME	97607	CPT	outpatient			1360		524.43 Aetna	Commercial		726				64.13	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEG PRESS WOUNDTX <=50SQCM NODME	97607	CPT	outpatient			1360		524.43 Aetna	Better Health		429.08	31.55			64.13	1292	percent of total billed charges	
NEG PRESS WOUNDTX <=50SQCM NODME	97607	CPT	outpatient			1360		524.43 Americare	Americare		1020	75			64.13	1292	percent of total billed charges	
NEG PRESS WOUNDTX <=50SQCM NODME	97607	CPT	outpatient			1360		524.43 Amerihealth	Medicare		456.03				64.13	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEG PRESS WOUNDTX <=50SQCM NODME	97607	CPT	outpatient			1360		524.43 Amerihealth	HMO/PPO		884	65			64.13	1292	percent of total billed charges	
NEG PRESS WOUNDTX <=50SQCM NODME	97607	CPT	outpatient			1360		524.43 Consumer	Consumer		1292	95			64.13	1292	percent of total billed charges	
NEG PRESS WOUNDTX <=50SQCM NODME	97607	CPT	outpatient			1360		524.43 Corrections	Corrections		1088	80			64.13	1292	percent of total billed charges	
NEG PRESS WOUNDTX <=50SQCM NODME	97607	CPT	outpatient			1360		524.43 First Health	First Health		952	70			64.13	1292	percent of total billed charges	
NEG PRESS WOUNDTX <=50SQCM NODME	97607	CPT	outpatient			1360		524.43 First Trenton	First Trenton		1224	90			64.13	1292	percent of total billed charges	
NEG PRESS WOUNDTX <=50SQCM NODME	97607	CPT	outpatient			1360		524.43 Horizon	Indemnity		848.67				64.13	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEG PRESS WOUNDTX <=50SQCM NODME	97607	CPT	outpatient			1360		524.43 Horizon	NJ Health		64.13				64.13	1292	fee schedule	
NEG PRESS WOUNDTX <=50SQCM NODME	97607	CPT	outpatient			1360		524.43 Horizon	MGD		848.67				64.13	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEG PRESS WOUNDTX <=50SQCM NODME	97607	CPT	outpatient			1360		524.43 Horizon	PPO		848.67				64.13	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEG PRESS WOUNDTX <=50SQCM NODME	97607	CPT	outpatient			1360		524.43 Horizon	Medicare Blue		456.03				64.13	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEG PRESS WOUNDTX <=50SQCM NODME	97607	CPT	outpatient			1360		524.43 Managed Care Inc	Managed Care Inc		1224	90			64.13	1292	percent of total billed charges	
NEG PRESS WOUNDTX <=50SQCM NODME	97607	CPT	outpatient			1360		524.43 Multiplan	Multiplan		1088	80			64.13	1292	percent of total billed charges	
NEG PRESS WOUNDTX <=50SQCM NODME	97607	CPT	outpatient			1360		524.43 Qualcare	Qualcare		1020	75			64.13	1292	percent of total billed charges	
NEG PRESS WOUNDTX <=50SQCM NODME	97607	CPT	outpatient			1360		524.43 Three Rivers	Three Rivers		1292	95			64.13	1292	percent of total billed charges	
NEG PRESS WOUNDTX <=50SQCM NODME	97607	CPT	outpatient			1360		524.43 UHC	Medicaid		429.08	31.55			64.13	1292	percent of total billed charges	
NEG PRESS WOUNDTX <=50SQCM NODME	97607	CPT	outpatient			1360		524.43 UHC	Medicare		456.03				64.13	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEG PRESS WOUNDTX <=50SQCM NODME	97607	CPT	outpatient			1360		524.43 Wellcare	Medicaid		429.08	31.55			64.13	1292	percent of total billed charges	
NEG PRESS WOUNDTX <=50SQCM NODME	97607	CPT	outpatient			1360		524.43 Wellcare	Medicare		456.03				64.13	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEG PRESS WOUNDTX <=50SQCM NODME	97607	CPT	outpatient			1360		524.43 WellPoint	WellPoint		437.65	32.18			64.13	1292	percent of total billed charges	
ASSISTIVE TECHNOLOGY ASSESSMENT,EA 15	97755	CPT	outpatient			200		Aetna	Better Health		63.1	31.55			39.49	190	percent of total billed charges	
ASSISTIVE TECHNOLOGY ASSESSMENT,EA 15	97755	CPT	outpatient			200		Aetna	Medicare		61.6	30.8			39.49	190	percent of total billed charges	
ASSISTIVE TECHNOLOGY ASSESSMENT,EA 15	97755	CPT	outpatient			200		Aetna	Commercial		76	38			39.49	190	percent of total billed charges	
ASSISTIVE TECHNOLOGY ASSESSMENT,EA 15	97755	CPT	outpatient			200		Americare	Americare		150	75			39.49	190	percent of total billed charges	
ASSISTIVE TECHNOLOGY ASSESSMENT,EA 15	97755	CPT	outpatient			200		Amerihealth	HMO/PPO		130	65			39.49	190	percent of total billed charges	
ASSISTIVE TECHNOLOGY ASSESSMENT,EA 15	97755	CPT	outpatient			200		Consumer	Consumer		190	95			39.49	190	percent of total billed charges	
ASSISTIVE TECHNOLOGY ASSESSMENT,EA 15	97755	CPT	outpatient			200		Corrections	Corrections		160	80			39.49	190	percent of total billed charges	
ASSISTIVE TECHNOLOGY ASSESSMENT,EA 15	97755	CPT	outpatient			200		First Health	First Health		140	70			39.49	190	percent of total billed charges	
ASSISTIVE TECHNOLOGY ASSESSMENT,EA 15	97755	CPT	outpatient			200		First Trenton	First Trenton		180	90			39.49	190	percent of total billed charges	
ASSISTIVE TECHNOLOGY ASSESSMENT,EA 15	97755	CPT	outpatient			200		Horizon	PPO		76.56	38.28			39.49	190	percent of total billed charges	
ASSISTIVE TECHNOLOGY ASSESSMENT,EA 15	97755	CPT	outpatient			200		Horizon	MGD		76.56	38.28			39.49	190	percent of total billed charges	
ASSISTIVE TECHNOLOGY ASSESSMENT,EA 15	97755	CPT	outpatient			200		Horizon	Indemnity		76.56	38.28			39.49	190	percent of total billed charges	
ASSISTIVE TECHNOLOGY ASSESSMENT,EA 15	97755	CPT	outpatient			200		Horizon	NJ Health		39.49				39.49	190	fee schedule	
ASSISTIVE TECHNOLOGY ASSESSMENT,EA 15	97755	CPT	outpatient			200		Horizon	Medicare Blue		60	30			39.49	190	percent of total billed charges	
ASSISTIVE TECHNOLOGY ASSESSMENT,EA 15	97755	CPT	outpatient			200		Managed Care Inc	Managed Care Inc		180	90			39.49	190	percent of total billed charges	
ASSISTIVE TECHNOLOGY ASSESSMENT,EA 15	97755	CPT	outpatient			200		Multiplan	Multiplan		160	80			39.49	190	percent of total billed charges	
ASSISTIVE TECHNOLOGY ASSESSMENT,EA 15	97755	CPT	outpatient			200		Qualcare	Qualcare		150	75			39.49	190	percent of total billed charges	
ASSISTIVE TECHNOLOGY ASSESSMENT,EA 15	97755	CPT	outpatient			200		Three Rivers	Three Rivers		190	95			39.49	190	percent of total billed charges	
ASSISTIVE TECHNOLOGY ASSESSMENT,EA 15	97755	CPT	outpatient			200		UHC	Medicaid		63.1	31.55			39.49	190	percent of total billed charges	
ASSISTIVE TECHNOLOGY ASSESSMENT,EA 15	97755	CPT	outpatient			200		Wellcare	Medicaid		63.1	31.55			39.49	190	percent of total billed charges	
ASSISTIVE TECHNOLOGY ASSESSMENT,EA 15	97755	CPT	outpatient			200		WellPoint	WellPoint		64.36	32.18			39.49	190	percent of total billed charges	
ORTHOTIC FIT/TRAINING,EA 15MIN.	97760	CPT	both			162		Aetna	Medicare		49.9	30.8			33.98	153.9	percent of total billed charges	
ORTHOTIC FIT/TRAINING,EA 15MIN.	97760	CPT	both			162		Aetna	Commercial		61.56	38			33.98	153.9	percent of total billed charges	
ORTHOTIC FIT/TRAINING,EA 15MIN.	97760	CPT	both			162		Aetna	Better Health		51.11	31.55			33.98	153.9	percent of total billed charges	
ORTHOTIC FIT/TRAINING,EA 15MIN.	97760	CPT	both			162		Americare	Americare		121.5	75			33.98	153.9	percent of total billed charges	
ORTHOTIC FIT/TRAINING,EA 15MIN.	97760	CPT	both			162		Amerihealth	HMO/PPO		105.3	65			33.98	153.9	percent of total billed charges	
ORTHOTIC FIT/TRAINING,EA 15MIN.	97760	CPT	both			162		Consumer	Consumer		153.9	95			33.98	153.9	percent of total billed charges	
ORTHOTIC FIT/TRAINING,EA 15MIN.	97760	CPT	both			162		Corrections	Corrections		129.6	80			33.98	153.9	percent of total billed charges	
ORTHOTIC FIT/TRAINING,EA 15MIN.	97760	CPT	both			162		First Health	First Health		113.4	70			33.98	153.9	percent of total billed charges	
ORTHOTIC FIT/TRAINING,EA 15MIN.	97760	CPT	both			162		First Trenton	First Trenton		145.8	90			33.98	153.9	percent of total billed charges	
ORTHOTIC FIT/TRAINING,EA 15MIN.	97760	CPT	both			162		Horizon	Indemnity		62.01	38.28			33.98	153.9	percent of total billed charges	
ORTHOTIC FIT/TRAINING,EA 15MIN.	97760	CPT	both			162		Horizon	MGD		62.01	38.28			33.98	153.9	percent of total billed charges	
ORTHOTIC FIT/TRAINING,EA 15MIN.	97760	CPT	both			162		Horizon	Medicare Blue		48.6	30			33.98	153.9	percent of total billed charges	
ORTHOTIC FIT/TRAINING,EA 15MIN.	97760	CPT	both			162		Horizon	PPO		62.01	38.28			33.98	153.9	percent of total billed charges	
ORTHOTIC FIT/TRAINING,EA 15MIN.	97760	CPT	both			162		Horizon	NJ Health		33.98				33.98	153.9	fee schedule	
ORTHOTIC FIT/TRAINING,EA 15MIN.	97760	CPT	both			162		Managed Care Inc	Managed Care Inc		145.8	90			33.98	153.9	percent of total billed charges	
ORTHOTIC FIT/TRAINING,EA 15MIN.	97760	CPT	both			162		Multiplan	Multiplan		129.6	80			33.98	153.9	percent of total billed charges	
ORTHOTIC FIT/TRAINING,EA 15MIN.	97760	CPT	both			162		Qualcare	Qualcare		121.5	75			33.98	153.9	percent of total billed charges	
ORTHOTIC FIT/TRAINING,EA 15MIN.	97760	CPT	both			162		Three Rivers	Three Rivers		153.9	95			33.98	153.9	percent of total billed charges	
ORTHOTIC FIT/TRAINING,EA 15MIN.	97760	CPT	both			162		UHC	Medicaid		51.11	31.55			33.98	153.9	percent of total billed charges	
ORTHOTIC FIT/TRAINING,EA 15MIN.	97760	CPT	both			162		Wellcare	Medicaid		51.11	31.55			33.98	153.9	percent of total billed charges	
ORTHOTIC FIT/TRAINING,EA 15MIN.	97760	CPT	both			162		WellPoint	WellPoint		52.13	32.18			33.98	153.9	percent of total billed charges	
PROSTHETIC TRAINING,EACH 15MIN	97761	CPT	inpatient			211		Aetna	Better Health		66.57	31.55			30.95	200.45	percent of total billed charges	
PROSTHETIC TRAINING,EACH 15MIN	97761	CPT	inpatient			211		Aetna	Commercial		80.18	38			30.95	200.45	percent of total billed charges	
PROSTHETIC TRAINING,EACH 15MIN	97761	CPT	inpatient			211		Aetna	Medicare		64.99	30.8			30.95	200.45	percent of total billed charges	
PROSTHETIC TRAINING,EACH 15MIN	97761	CPT	inpatient			211		Americare	Americare		158.25	75			30.95	200.45	percent of total billed charges	
PROSTHETIC TRAINING,EACH 15MIN	97761	CPT	inpatient			211		Amerihealth	HMO/PPO		137.15	65			30.95	200.45	percent of total billed charges	
PROSTHETIC TRAINING,EACH 15MIN	97761	CPT	inpatient			211		Consumer	Consumer		200.45	95			30.95	200.45	percent of total billed charges	
PROSTHETIC TRAINING,EACH 15MIN	97761	CPT	inpatient			211		Corrections	Corrections		168.8	80			30.95	200.45	percent of total billed charges	
PROSTHETIC TRAINING,EACH 15MIN	97761	CPT	inpatient			211		First Health	First Health		147.7	70			30.95	200.45	percent of total billed charges	
PROSTHETIC TRAINING,EACH 15MIN	97761	CPT	inpatient			211		First Trenton	First Trenton		189.9	90			30.95	200.45	percent of total billed charges	
PROSTHETIC TRAINING,EACH 15MIN	97761	CPT	inpatient			211		Horizon	MGD		80.77	38.28			30.95	200.45	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
PROSTHETIC TRAINING,EACH 15MIN	97761	CPT	inpatient			211		Horizon	NJ Health		30.95				30.95	30.95	200.45 fee schedule	
PROSTHETIC TRAINING,EACH 15MIN	97761	CPT	inpatient			211		Horizon	PPO		80.77	38.28			30.95	30.95	200.45 percent of total billed charges	
PROSTHETIC TRAINING,EACH 15MIN	97761	CPT	inpatient			211		Horizon	Indemnity		80.77	38.28			30.95	30.95	200.45 percent of total billed charges	
PROSTHETIC TRAINING,EACH 15MIN	97761	CPT	inpatient			211		Horizon	Medicare Blue		63.3	30			30.95	30.95	200.45 percent of total billed charges	
PROSTHETIC TRAINING,EACH 15MIN	97761	CPT	inpatient			211		Managed Care Inc	Managed Care Inc		189.9	90			30.95	30.95	200.45 percent of total billed charges	
PROSTHETIC TRAINING,EACH 15MIN	97761	CPT	inpatient			211		Multiplan	Multiplan		168.8	80			30.95	30.95	200.45 percent of total billed charges	
PROSTHETIC TRAINING,EACH 15MIN	97761	CPT	inpatient			211		Qualcare	Qualcare		158.25	75			30.95	30.95	200.45 percent of total billed charges	
PROSTHETIC TRAINING,EACH 15MIN	97761	CPT	inpatient			211		Three Rivers	Three Rivers		200.45	95			30.95	30.95	200.45 percent of total billed charges	
PROSTHETIC TRAINING,EACH 15MIN	97761	CPT	inpatient			211		UHC	Medicaid		66.57	31.55			30.95	30.95	200.45 percent of total billed charges	
PROSTHETIC TRAINING,EACH 15MIN	97761	CPT	inpatient			211		Wellcare	Medicaid		66.57	31.55			30.95	30.95	200.45 percent of total billed charges	
PROSTHETIC TRAINING,EACH 15MIN	97761	CPT	inpatient			211		WellPoint	WellPoint		67.9	32.18			30.95	30.95	200.45 percent of total billed charges	
P&O CHECKOUT, EA. 15MIN.	97763	CPT	both			162		Aetna	Commercial		61.56	38			29.41	29.41	153.9 percent of total billed charges	
P&O CHECKOUT, EA. 15MIN.	97763	CPT	both			162		Aetna	Better Health		51.11	31.55			29.41	29.41	153.9 percent of total billed charges	
P&O CHECKOUT, EA. 15MIN.	97763	CPT	both			162		Aetna	Medicare		49.9	30.8			29.41	29.41	153.9 percent of total billed charges	
P&O CHECKOUT, EA. 15MIN.	97763	CPT	both			162		Americare	Americare		121.5	75			29.41	29.41	153.9 percent of total billed charges	
P&O CHECKOUT, EA. 15MIN.	97763	CPT	both			162		Amerihealth	HMO/PPO		105.3	65			29.41	29.41	153.9 percent of total billed charges	
P&O CHECKOUT, EA. 15MIN.	97763	CPT	both			162		Consumer	Consumer		153.9	95			29.41	29.41	153.9 percent of total billed charges	
P&O CHECKOUT, EA. 15MIN.	97763	CPT	both			162		Corrections	Corrections		129.6	80			29.41	29.41	153.9 percent of total billed charges	
P&O CHECKOUT, EA. 15MIN.	97763	CPT	both			162		First Health	First Health		113.4	70			29.41	29.41	153.9 percent of total billed charges	
P&O CHECKOUT, EA. 15MIN.	97763	CPT	both			162		First Trenton	First Trenton		145.8	90			29.41	29.41	153.9 percent of total billed charges	
P&O CHECKOUT, EA. 15MIN.	97763	CPT	both			162		Horizon	Indemnity		62.01	38.28			29.41	29.41	153.9 percent of total billed charges	
P&O CHECKOUT, EA. 15MIN.	97763	CPT	both			162		Horizon	MGD		62.01	38.28			29.41	29.41	153.9 percent of total billed charges	
P&O CHECKOUT, EA. 15MIN.	97763	CPT	both			162		Horizon	Medicare Blue		48.6	30			29.41	29.41	153.9 percent of total billed charges	
P&O CHECKOUT, EA. 15MIN.	97763	CPT	both			162		Horizon	NJ Health		29.41				29.41	29.41	153.9 fee schedule	
P&O CHECKOUT, EA. 15MIN.	97763	CPT	both			162		Horizon	PPO		62.01	38.28			29.41	29.41	153.9 percent of total billed charges	
P&O CHECKOUT, EA. 15MIN.	97763	CPT	both			162		Managed Care Inc	Managed Care Inc		145.8	90			29.41	29.41	153.9 percent of total billed charges	
P&O CHECKOUT, EA. 15MIN.	97763	CPT	both			162		Multiplan	Multiplan		129.6	80			29.41	29.41	153.9 percent of total billed charges	
P&O CHECKOUT, EA. 15MIN.	97763	CPT	both			162		Qualcare	Qualcare		121.5	75			29.41	29.41	153.9 percent of total billed charges	
P&O CHECKOUT, EA. 15MIN.	97763	CPT	both			162		Three Rivers	Three Rivers		153.9	95			29.41	29.41	153.9 percent of total billed charges	
P&O CHECKOUT, EA. 15MIN.	97763	CPT	both			162		UHC	Medicaid		51.11	31.55			29.41	29.41	153.9 percent of total billed charges	
P&O CHECKOUT, EA. 15MIN.	97763	CPT	both			162		Wellcare	Medicaid		51.11	31.55			29.41	29.41	153.9 percent of total billed charges	
P&O CHECKOUT, EA. 15MIN.	97763	CPT	both			162		WellPoint	WellPoint		52.13	32.18			29.41	29.41	153.9 percent of total billed charges	
MED NUTRITION INDIV EACH 15 MIN	97802	CPT	outpatient			475		Aetna	Medicare		146.3	30.8			57.42	57.42	451.25 percent of total billed charges	
MED NUTRITION INDIV EACH 15 MIN	97802	CPT	outpatient			475		Aetna	Better Health		149.86	31.55			57.42	57.42	451.25 percent of total billed charges	
MED NUTRITION INDIV EACH 15 MIN	97802	CPT	outpatient			475		Aetna	Commercial		180.5	38			57.42	57.42	451.25 percent of total billed charges	
MED NUTRITION INDIV EACH 15 MIN	97802	CPT	outpatient			475		Americare	Americare		356.25	75			57.42	57.42	451.25 percent of total billed charges	
MED NUTRITION INDIV EACH 15 MIN	97802	CPT	outpatient			475		Amerihealth	HMO/PPO		308.75	65			57.42	57.42	451.25 percent of total billed charges	
MED NUTRITION INDIV EACH 15 MIN	97802	CPT	outpatient			475		Consumer	Consumer		451.25	95			57.42	57.42	451.25 percent of total billed charges	
MED NUTRITION INDIV EACH 15 MIN	97802	CPT	outpatient			475		Corrections	Corrections		380	80			57.42	57.42	451.25 percent of total billed charges	
MED NUTRITION INDIV EACH 15 MIN	97802	CPT	outpatient			475		First Health	First Health		332.5	70			57.42	57.42	451.25 percent of total billed charges	
MED NUTRITION INDIV EACH 15 MIN	97802	CPT	outpatient			475		First Trenton	First Trenton		427.5	90			57.42	57.42	451.25 percent of total billed charges	
MED NUTRITION INDIV EACH 15 MIN	97802	CPT	outpatient			475		Horizon	MGD		181.83	38.28			57.42	57.42	451.25 percent of total billed charges	
MED NUTRITION INDIV EACH 15 MIN	97802	CPT	outpatient			475		Horizon	NJ Health		57.42				57.42	57.42	451.25 fee schedule	
MED NUTRITION INDIV EACH 15 MIN	97802	CPT	outpatient			475		Horizon	Medicare Blue		142.5	30			57.42	57.42	451.25 percent of total billed charges	
MED NUTRITION INDIV EACH 15 MIN	97802	CPT	outpatient			475		Horizon	Indemnity		181.83	38.28			57.42	57.42	451.25 percent of total billed charges	
MED NUTRITION INDIV EACH 15 MIN	97802	CPT	outpatient			475		Horizon	PPO		181.83	38.28			57.42	57.42	451.25 percent of total billed charges	
MED NUTRITION INDIV EACH 15 MIN	97802	CPT	outpatient			475		Managed Care Inc	Managed Care Inc		427.5	90			57.42	57.42	451.25 percent of total billed charges	
MED NUTRITION INDIV EACH 15 MIN	97802	CPT	outpatient			475		Multiplan	Multiplan		380	80			57.42	57.42	451.25 percent of total billed charges	
MED NUTRITION INDIV EACH 15 MIN	97802	CPT	outpatient			475		Qualcare	Qualcare		356.25	75			57.42	57.42	451.25 percent of total billed charges	
MED NUTRITION INDIV EACH 15 MIN	97802	CPT	outpatient			475		Three Rivers	Three Rivers		451.25	95			57.42	57.42	451.25 percent of total billed charges	
MED NUTRITION INDIV EACH 15 MIN	97802	CPT	outpatient			475		UHC	Medicaid		149.86	31.55			57.42	57.42	451.25 percent of total billed charges	
MED NUTRITION INDIV EACH 15 MIN	97802	CPT	outpatient			475		Wellcare	Medicaid		149.86	31.55			57.42	57.42	451.25 percent of total billed charges	
MED NUTRITION INDIV EACH 15 MIN	97802	CPT	outpatient			475		WellPoint	WellPoint		152.86	32.18			57.42	57.42	451.25 percent of total billed charges	
MED NUTRITION INDIV SUBSEQ	97803	CPT	both			360		Aetna	Commercial		136.8	38			46.98	46.98	342 percent of total billed charges	
MED NUTRITION INDIV SUBSEQ	97803	CPT	both			360		Aetna	Medicare		110.88	30.8			46.98	46.98	342 percent of total billed charges	
MED NUTRITION INDIV SUBSEQ	97803	CPT	both			360		Aetna	Better Health		113.58	31.55			46.98	46.98	342 percent of total billed charges	
MED NUTRITION INDIV SUBSEQ	97803	CPT	both			360		Americare	Americare		270	75			46.98	46.98	342 percent of total billed charges	
MED NUTRITION INDIV SUBSEQ	97803	CPT	both			360		Amerihealth	HMO/PPO		234	65			46.98	46.98	342 percent of total billed charges	
MED NUTRITION INDIV SUBSEQ	97803	CPT	both			360		Consumer	Consumer		342	95			46.98	46.98	342 percent of total billed charges	
MED NUTRITION INDIV SUBSEQ	97803	CPT	both			360		Corrections	Corrections		288	80			46.98	46.98	342 percent of total billed charges	
MED NUTRITION INDIV SUBSEQ	97803	CPT	both			360		First Health	First Health		252	70			46.98	46.98	342 percent of total billed charges	
MED NUTRITION INDIV SUBSEQ	97803	CPT	both			360		First Trenton	First Trenton		324	90			46.98	46.98	342 percent of total billed charges	
MED NUTRITION INDIV SUBSEQ	97803	CPT	both			360		Horizon	Medicare Blue		108	30			46.98	46.98	342 percent of total billed charges	
MED NUTRITION INDIV SUBSEQ	97803	CPT	both			360		Horizon	NJ Health		46.98				46.98	46.98	342 fee schedule	
MED NUTRITION INDIV SUBSEQ	97803	CPT	both			360		Horizon	MGD		137.81	38.28			46.98	46.98	342 percent of total billed charges	
MED NUTRITION INDIV SUBSEQ	97803	CPT	both			360		Horizon	PPO		137.81	38.28			46.98	46.98	342 percent of total billed charges	
MED NUTRITION INDIV SUBSEQ	97803	CPT	both			360		Horizon	Indemnity		137.81	38.28			46.98	46.98	342 percent of total billed charges	
MED NUTRITION INDIV SUBSEQ	97803	CPT	both			360		Managed Care Inc	Managed Care Inc		324	90			46.98	46.98	342 percent of total billed charges	
MED NUTRITION INDIV SUBSEQ	97803	CPT	both			360		Multiplan	Multiplan		288	80			46.98	46.98	342 percent of total billed charges	
MED NUTRITION INDIV SUBSEQ	97803	CPT	both			360		Qualcare	Qualcare		270	75			46.98	46.98	342 percent of total billed charges	
MED NUTRITION INDIV SUBSEQ	97803	CPT	both			360		Three Rivers	Three Rivers		342	95			46.98	46.98	342 percent of total billed charges	
MED NUTRITION INDIV SUBSEQ	97803	CPT	both			360		UHC	Medicaid		113.58	31.55			46.98	46.98	342 percent of total billed charges	
MED NUTRITION INDIV SUBSEQ	97803	CPT	both			360		Wellcare	Medicaid		113.58	31.55			46.98	46.98	342 percent of total billed charges	
MED NUTRITION INDIV SUBSEQ	97803	CPT	both			360		WellPoint	WellPoint		115.85	32.18			46.98	46.98	342 percent of total billed charges	
GROUP NUTR COUNSELING	97804	CPT	outpatient			193		Aetna	Medicare		59.44	30.8			57.9	57.9	183.35 percent of total billed charges	
GROUP NUTR COUNSELING	97804	CPT	outpatient			193		Aetna	Better Health		60.89	31.55			57.9	57.9	183.35 percent of total billed charges	
GROUP NUTR COUNSELING	97804	CPT	outpatient			193		Aetna	Commercial		73.34	38			57.9	57.9	183.35 percent of total billed charges	
GROUP NUTR COUNSELING	97804	CPT	outpatient			193		Americare	Americare		144.75	75			57.9	57.9	183.35 percent of total billed charges	
GROUP NUTR COUNSELING	97804	CPT	outpatient			193		Amerihealth	HMO/PPO		125.45	65			57.9	57.9	183.35 percent of total billed charges	
GROUP NUTR COUNSELING	97804	CPT	outpatient			193		Consumer	Consumer		183.35	95			57.9	57.9	183.35 percent of total billed charges	
GROUP NUTR COUNSELING	97804	CPT	outpatient			193		Corrections	Corrections		154.4	80			57.9	57.9	183.35 percent of total billed charges	
GROUP NUTR COUNSELING	97804	CPT	outpatient			193		First Health	First Health		135.1	70			57.9	57.9	183.35 percent of total billed charges	
GROUP NUTR COUNSELING	97804	CPT	outpatient			193		First Trenton	First Trenton		173.7	90			57.9	57.9	183.35 percent of total billed charges	
GROUP NUTR COUNSELING	97804	CPT	outpatient			193		Horizon	MGD		73.88	38.28			57.9	57.9	183.35 percent of total billed charges	
GROUP NUTR COUNSELING	97804	CPT	outpatient			193		Horizon	Medicare Blue		57.9	30			57.9	57.9	183.35 percent of total billed charges	
GROUP NUTR COUNSELING	97804	CPT	outpatient			193		Horizon	NJ Health		112.23				57.9	57.9	183.35 fee schedule	
GROUP NUTR COUNSELING	97804	CPT	outpatient			193		Horizon	Indemnity		73.88	38.28			57.9	57.9	183.35 percent of total billed charges	
GROUP NUTR COUNSELING	97804	CPT	outpatient			193		Horizon	PPO		73.88	38.28			57.9	57.9	183.35 percent of total billed charges	
GROUP NUTR COUNSELING	97804	CPT	outpatient			193		Managed Care Inc	Managed Care Inc		173.7	90			57.9	57.9	183.35 percent of total billed charges	
GROUP NUTR COUNSELING	97804	CPT	outpatient			193		Multiplan	Multiplan		154.4	80			57.9	57.9	183.35 percent of total billed charges	
GROUP NUTR COUNSELING	97804	CPT	outpatient			193		Qualcare	Qualcare		144.75	75			57.9	57.9	183.35 percent of total billed charges	
GROUP NUTR COUNSELING	97804	CPT	outpatient			193		Three Rivers	Three Rivers		183.35	95			57.9	57.9	183.35 percent of total billed charges	
GROUP NUTR COUNSELING	97804	CPT	outpatient			193		UHC	Medicaid		60.89	31.55			57.9	57.9	183.35 percent of total billed charges	
GROUP NUTR COUNSELING	97804	CPT	outpatient			193		Wellcare	Medicaid		60.89	31.55			57.9	57.9	183.35 percent of total billed charges	
GROUP NUTR COUNSELING	97804	CPT	outpatient			193		WellPoint	WellPoint		62.11	32.18			57.9	57.9	183.35 percent of total billed charges	
HANDLING/CONVEYANCE OF SPECIMEN	99000	CPT	outpatient			190		Aetna	Better Health		59.95	31.55			4.66	4.66	180.5 percent of total billed charges	
HANDLING/CONVEYANCE OF SPECIMEN	99000	CPT	outpatient			190		Aetna	Medicare		58.52	30.8			4.66	4.66	180.5 percent of total billed charges	
HANDLING/CONVEYANCE OF SPECIMEN	99000	CPT	outpatient			190		Aetna	Commercial		72.2	38			4.66	4.66	180.5 percent of total billed charges	
HANDLING/CONVEYANCE OF SPECIMEN	99000	CPT	outpatient			190		Americare	Americare		142.5	75			4.66	4.66	180.5 percent of total billed charges	
HANDLING/CONVEYANCE OF SPECIMEN	99000	CPT	outpatient			190		Amerihealth	HMO/PPO		123.5	65			4.66	4.66	180.5 percent of total billed charges	
HANDLING/CONVEYANCE OF SPECIMEN	99000	CPT	outpatient			190		Consumer	Consumer		180.5	95			4.66	4.66	180.5 percent of total billed charges	
HANDLING/CONVEYANCE OF SPECIMEN	99000	CPT	outpatient			190		Corrections	Corrections		152	80			4.66	4.66	180.5 percent of total billed charges	
HANDLING/CONVEYANCE OF SPECIMEN	99000	CPT	outpatient			190		First Health	First Health		133	70			4.66	4.66	180.5 percent of total billed charges	
HANDLING/CONVEYANCE OF SPECIMEN	99000	CPT	outpatient			190		First Trenton	First Trenton		171	90			4.66	4.66	180.5 percent of total billed charges	
HANDLING/CONVEYANCE OF SPECIMEN	99000	CPT	outpatient			190		Horizon	Medicare Blue		57	30			4.66	4.66	180.5 percent of total billed charges	
HANDLING/CONVEYANCE OF SPECIMEN	99000	CPT	outpatient			190		Horizon	MGD		72.73	38.28			4.66	4.66	180.5 percent of total billed charges	
HANDLING/CONVEYANCE OF SPECIMEN	99000	CPT	outpatient			190		Horizon	Indemnity		72.73	38.28			4.66	4.66	180.5 percent of total billed charges	
HANDLING/CONVEYANCE OF SPECIMEN	99000	CPT	outpatient			190		Horizon	NJ Health		4.66				4.66	4.66	180.5 fee schedule	
HANDLING/CONVEYANCE OF SPECIMEN	99000	CPT	outpatient			190		Horizon	PPO		72.73	38.28			4.66	4.66	180.5 percent of total billed charges	
HANDLING/CONVEYANCE OF SPECIMEN	99000	CPT	outpatient			190		Managed Care Inc	Managed Care Inc		171	90			4.66	4.66	180.5 percent of total billed charges	
HANDLING/CONVEYANCE OF SPECIMEN	99000	CPT	outpatient			190		Multiplan	Multiplan		152	80			4.66	4.66	180.5 percent of total billed charges	
HANDLING/CONVEYANCE OF SPECIMEN	99000	CPT	outpatient			190		Qualcare	Qualcare		142.5	75			4.66	4.66	180.5 percent of total billed charges	
HANDLING/CONVEYANCE OF SPECIMEN	99000	CPT	outpatient			190		Three Rivers	Three Rivers		180.5	95			4.66	4.66	180.5 percent of total billed charges	
HANDLING/CONVEYANCE OF SPECIMEN	99000	CPT	outpatient			190		UHC	Medicaid		59.95	31.55			4.66	4.66	180.5 percent of total billed charges	
HANDLING/CONVEYANCE OF SPECIMEN	99000	CPT	outpatient			190		Wellcare	Medicaid		59.95	31.55			4.66	4.66	180.5 percent of total billed charges	
HANDLING/CONVEYANCE OF SPECIMEN	99000	CPT	outpatient			190		WellPoint	WellPoint		61.14	32.18			4.66	4.66	180.5 percent of total billed charges	
HANDLING/COVEYANCE SPECIMEN	99001	CPT	inpatient			175		Aetna	Medicare		53.9	30.8			17.1	17.1	166.25 percent of total billed charges	
HANDLING/COVEYANCE SPECIMEN	99001	CPT	inpatient			175		Aetna	Better Health		55.21	31.55			17.1	17.1	166.25 percent of total billed charges	
HANDLING/COVEYANCE SPECIMEN	99001	CPT	inpatient			175		Aetna	Commercial		66.5	38			17.1	17.1	166.25 percent of total billed charges	
HANDLING/COVEYANCE SPECIMEN	99001	CPT	inpatient			175		Americare	Americare		131.25	75			17.1	17.1	166.25 percent of total billed charges	
HANDLING/COVEYANCE SPECIMEN	99001	CPT	inpatient			175		Amerihealth	HMO/PPO		113.75	65			17.1	17.1	166.25 percent of total billed charges	
HANDLING/COVEYANCE SPECIMEN	99001	CPT	inpatient			175		Consumer	Consumer		166.25	95			17.1	17.1	166.25 percent of total billed charges	
HANDLING/COVEYANCE SPECIMEN	99001	CPT	inpatient			175		Corrections	Corrections		140	80			17.1	17.1	166.25 percent of total billed charges	
HANDLING/COVEYANCE SPECIMEN	99001	CPT	inpatient			175		First Health	First Health		122.5	70			17.1	17.1	166.25 percent of total billed charges	
HANDLING/COVEYANCE SPECIMEN	99001	CPT	inpatient			175		First Trenton	First Trenton		157.5	90			17.1	17.1	166.25 percent of total billed charges	
HANDLING/COVEYANCE SPECIMEN	99001	CPT	inpatient			175		Horizon	Medicare Blue		52.5	30			17.1	17.1	166.25 percent of total billed charges	
HANDLING/COVEYANCE SPECIMEN	99001	CPT	inpatient			175		Horizon	Indemnity		66.99	38.28			17.1	17.1	166.25 percent of total billed charges	
HANDLING/COVEYANCE SPECIMEN	99001	CPT	inpatient			175		Horizon	MGD		66.99	38.28			17.1	17.1	166.25 percent of total billed charges	
HANDLING/COVEYANCE SPECIMEN	99001	CPT	inpatient			175		Horizon	NJ Health		68.6				17.1	17.1	166.25 fee schedule	
HANDLING/COVEYANCE SPECIMEN	99001	CPT	inpatient			175		Horizon	PPO		66.99	38.28			17.1	17.1	166.25 percent of total billed charges	
HANDLING/COVEYANCE SPECIMEN	99001	CPT	inpatient			175		Managed Care Inc	Managed Care Inc		157.5	90			17.1	17.1	166.25 percent of total billed charges	
HANDLING/COVEYANCE SPECIMEN	99001	CPT	inpatient			175		Multiplan	Multiplan		140	80			17.1	17.1	166.25 percent of total billed charges	
HANDLING/COVEYANCE SPECIMEN	99001	CPT	inpatient			175		Qualcare	Qualcare		131.25	75			17.1	17.1	166.25 percent of total billed charges	
HANDLING/COVEYANCE SPECIMEN	99001	CPT	inpatient			175		Three Rivers	Three Rivers		166.25	95			17.1	17.1	166.25 percent of total billed charges	
HANDLING/COVEYANCE SPECIMEN	99001	CPT	inpatient			175		UHC	Medicaid		55.21	31.55			17.1	17.1	166.25 percent of total billed charges	
HANDLING/COVEYANCE SPECIMEN	99001	CPT	inpatient			175		Wellcare	Medicaid		55.21	31.55			17.1	17.1	166.25 percent of total billed charges	
HANDLING/COVEYANCE SPECIMEN	99001	CPT	inpatient			175		WellPoint	WellPoint		56.32	32.18			17.1	17.1	166.25 percent of total billed charges	
VAGINAL DILATORS	99070	CPT	outpatient			419		Aetna	Commercial		159.22	38			8.4	8.4	398.05 percent of total billed charges	
VAGINAL DILATORS	99070	CPT	outpatient			419		Aetna	Better Health		132.19	31.55			8.4	8.4	398.05 percent of total billed charges	
VAGINAL DILATORS	99070	CPT	outpatient			419		Aetna	Medicare		129.05	30.8			8.4	8.4	398.05 percent of total billed charges	
VAGINAL DILATORS	99070	CPT	outpatient			419		Americare	Americare		314.25	75			8.4	8.4	398.05 percent of total billed charges	
VAGINAL DILATORS	99070	CPT	outpatient			419		Amerihealth	HMO/PPO		272.35	65			8.4	8.4	398.05 percent of total billed charges	
VAGINAL DILATORS	99070	CPT	outpatient			419		Consumer	Consumer		398.05	95			8.4	8.4	398.05 percent of total billed charges	
VAGINAL DILATORS	99070	CPT	outpatient			419		Corrections	Corrections		335.2	80			8.4	8.4	398.05 percent of total billed charges	
VAGINAL DILATORS	99070	CPT	outpatient			419		First Health	First Health		293.3	70			8.4	8.4	398.05 percent of total billed charges	
VAGINAL DILATORS	99070	CPT	outpatient			419		First Trenton	First Trenton		377.1	90			8.4	8.4	398.05 percent of total billed charges	
VAGINAL DILATORS	99070	CPT	outpatient			419		Horizon	Indemnity		160.39	38.28			8.4	8.4	398.05 percent of total billed charges	
VAGINAL DILATORS	99070	CPT	outpatient			419		Horizon	Medicare Blue		125.7	30			8.4	8.4	398.05 percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
VAGINAL DILATORS	99070	CPT	outpatient			419		Horizon	MGD		160.39	38.28			8.4	398.05	percent of total billed charges	
VAGINAL DILATORS	99070	CPT	outpatient			419		Horizon	NJ Health		281.88				8.4	398.05	fee schedule	
VAGINAL DILATORS	99070	CPT	outpatient			419		Horizon	PPO		160.39	38.28			8.4	398.05	percent of total billed charges	
VAGINAL DILATORS	99070	CPT	outpatient			419		Managed Care Inc	Managed Care Inc		377.1	90			8.4	398.05	percent of total billed charges	
VAGINAL DILATORS	99070	CPT	outpatient			419		Multiplan	Multiplan		335.2	80			8.4	398.05	percent of total billed charges	
VAGINAL DILATORS	99070	CPT	outpatient			419		Qualcare	Qualcare		314.25	75			8.4	398.05	percent of total billed charges	
VAGINAL DILATORS	99070	CPT	outpatient			419		Three Rivers	Three Rivers		398.05	95			8.4	398.05	percent of total billed charges	
VAGINAL DILATORS	99070	CPT	outpatient			419		UHC	Medicaid		132.19	31.55			8.4	398.05	percent of total billed charges	
VAGINAL DILATORS	99070	CPT	outpatient			419		Wellcare	Medicaid		132.19	31.55			8.4	398.05	percent of total billed charges	
VAGINAL DILATORS	99070	CPT	outpatient			419		WellPoint	WellPoint		134.83	32.18			8.4	398.05	percent of total billed charges	
MODSED SAME MD/QHP<5YR 1ST15MIN	99151	CPT	outpatient			834		Aetna	Commercial		316.92	38			105	792.3	percent of total billed charges	
MODSED SAME MD/QHP<5YR 1ST15MIN	99151	CPT	outpatient			834		Aetna	Better Health		263.13	31.55			105	792.3	percent of total billed charges	
MODSED SAME MD/QHP<5YR 1ST15MIN	99151	CPT	outpatient			834		Aetna	Medicare		266.87	30.8			105	792.3	percent of total billed charges	
MODSED SAME MD/QHP<5YR 1ST15MIN	99151	CPT	outpatient			834		Americare	Americare		625.5	75			105	792.3	percent of total billed charges	
MODSED SAME MD/QHP<5YR 1ST15MIN	99151	CPT	outpatient			834		Amerihealth	HMO/PPO		542.1	65			105	792.3	percent of total billed charges	
MODSED SAME MD/QHP<5YR 1ST15MIN	99151	CPT	outpatient			834		Consumer	Consumer		792.3	95			105	792.3	percent of total billed charges	
MODSED SAME MD/QHP<5YR 1ST15MIN	99151	CPT	outpatient			834		Corrections	Corrections		667.2	80			105	792.3	percent of total billed charges	
MODSED SAME MD/QHP<5YR 1ST15MIN	99151	CPT	outpatient			834		First Health	First Health		583.8	70			105	792.3	percent of total billed charges	
MODSED SAME MD/QHP<5YR 1ST15MIN	99151	CPT	outpatient			834		First Trenton	First Trenton		750.6	90			105	792.3	percent of total billed charges	
MODSED SAME MD/QHP<5YR 1ST15MIN	99151	CPT	outpatient			834		Horizon	MGD		319.26	38.28			105	792.3	percent of total billed charges	
MODSED SAME MD/QHP<5YR 1ST15MIN	99151	CPT	outpatient			834		Horizon	Indemnity		319.26	38.28			105	792.3	percent of total billed charges	
MODSED SAME MD/QHP<5YR 1ST15MIN	99151	CPT	outpatient			834		Horizon	NJ Health		118.47				105	792.3	fee schedule	
MODSED SAME MD/QHP<5YR 1ST15MIN	99151	CPT	outpatient			834		Horizon	Medicare Blue		250.2	30			105	792.3	percent of total billed charges	
MODSED SAME MD/QHP<5YR 1ST15MIN	99151	CPT	outpatient			834		Horizon	PPO		319.26	38.28			105	792.3	percent of total billed charges	
MODSED SAME MD/QHP<5YR 1ST15MIN	99151	CPT	outpatient			834		Managed Care Inc	Managed Care Inc		750.6	90			105	792.3	percent of total billed charges	
MODSED SAME MD/QHP<5YR 1ST15MIN	99151	CPT	outpatient			834		Multiplan	Multiplan		667.2	80			105	792.3	percent of total billed charges	
MODSED SAME MD/QHP<5YR 1ST15MIN	99151	CPT	outpatient			834		Qualcare	Qualcare		625.5	75			105	792.3	percent of total billed charges	
MODSED SAME MD/QHP<5YR 1ST15MIN	99151	CPT	outpatient			834		Three Rivers	Three Rivers		792.3	95			105	792.3	percent of total billed charges	
MODSED SAME MD/QHP<5YR 1ST15MIN	99151	CPT	outpatient			834		UHC	Medicaid		263.13	31.55			105	792.3	percent of total billed charges	
MODSED SAME MD/QHP<5YR 1ST15MIN	99151	CPT	outpatient			834		Wellcare	Medicaid		263.13	31.55			105	792.3	percent of total billed charges	
MODSED SAME MD/QHP<5YR 1ST15MIN	99151	CPT	outpatient			834		WellPoint	WellPoint		268.38	32.18			105	792.3	percent of total billed charges	
MODSED SAMEMD/QHP>=5YR 1ST 15MIN	99152	CPT	outpatient			299		Aetna	Better Health		94.33	31.55			78.8	284.05	percent of total billed charges	
MODSED SAMEMD/QHP>=5YR 1ST 15MIN	99152	CPT	outpatient			299		Aetna	Commercial		113.62	38			78.8	284.05	percent of total billed charges	
MODSED SAMEMD/QHP>=5YR 1ST 15MIN	99152	CPT	outpatient			299		Aetna	Medicare		92.09	30.8			78.8	284.05	percent of total billed charges	
MODSED SAMEMD/QHP>=5YR 1ST 15MIN	99152	CPT	outpatient			299		Americare	Americare		224.25	75			78.8	284.05	percent of total billed charges	
MODSED SAMEMD/QHP>=5YR 1ST 15MIN	99152	CPT	outpatient			299		Amerihealth	HMO/PPO		194.35	65			78.8	284.05	percent of total billed charges	
MODSED SAMEMD/QHP>=5YR 1ST 15MIN	99152	CPT	outpatient			299		Consumer	Consumer		284.05	95			78.8	284.05	percent of total billed charges	
MODSED SAMEMD/QHP>=5YR 1ST 15MIN	99152	CPT	outpatient			299		Corrections	Corrections		239.2	80			78.8	284.05	percent of total billed charges	
MODSED SAMEMD/QHP>=5YR 1ST 15MIN	99152	CPT	outpatient			299		First Health	First Health		209.3	70			78.8	284.05	percent of total billed charges	
MODSED SAMEMD/QHP>=5YR 1ST 15MIN	99152	CPT	outpatient			299		First Trenton	First Trenton		269.1	90			78.8	284.05	percent of total billed charges	
MODSED SAMEMD/QHP>=5YR 1ST 15MIN	99152	CPT	outpatient			299		Horizon	Medicare Blue		89.7	30			78.8	284.05	percent of total billed charges	
MODSED SAMEMD/QHP>=5YR 1ST 15MIN	99152	CPT	outpatient			299		Horizon	Indemnity		114.46	38.28			78.8	284.05	percent of total billed charges	
MODSED SAMEMD/QHP>=5YR 1ST 15MIN	99152	CPT	outpatient			299		Horizon	MGD		114.46	38.28			78.8	284.05	percent of total billed charges	
MODSED SAMEMD/QHP>=5YR 1ST 15MIN	99152	CPT	outpatient			299		Horizon	NJ Health		78.8				78.8	284.05	fee schedule	
MODSED SAMEMD/QHP>=5YR 1ST 15MIN	99152	CPT	outpatient			299		Horizon	PPO		114.46	38.28			78.8	284.05	percent of total billed charges	
MODSED SAMEMD/QHP>=5YR 1ST 15MIN	99152	CPT	outpatient			299		Managed Care Inc	Managed Care Inc		269.1	90			78.8	284.05	percent of total billed charges	
MODSED SAMEMD/QHP>=5YR 1ST 15MIN	99152	CPT	outpatient			299		Multiplan	Multiplan		239.2	80			78.8	284.05	percent of total billed charges	
MODSED SAMEMD/QHP>=5YR 1ST 15MIN	99152	CPT	outpatient			299		Qualcare	Qualcare		224.25	75			78.8	284.05	percent of total billed charges	
MODSED SAMEMD/QHP>=5YR 1ST 15MIN	99152	CPT	outpatient			299		Three Rivers	Three Rivers		284.05	95			78.8	284.05	percent of total billed charges	
MODSED SAMEMD/QHP>=5YR 1ST 15MIN	99152	CPT	outpatient			299		UHC	Medicaid		94.33	31.55			78.8	284.05	percent of total billed charges	
MODSED SAMEMD/QHP>=5YR 1ST 15MIN	99152	CPT	outpatient			299		Wellcare	Medicaid		94.33	31.55			78.8	284.05	percent of total billed charges	
MODSED SAMEMD/QHP>=5YR 1ST 15MIN	99152	CPT	outpatient			299		WellPoint	WellPoint		96.22	32.18			78.8	284.05	percent of total billed charges	
MOD SED SAMEPHYS/QHP EA ADD15MIN	99153	CPT	outpatient			362		Aetna	Commercial		137.56	38			16.83	343.9	percent of total billed charges	
MOD SED SAMEPHYS/QHP EA ADD15MIN	99153	CPT	outpatient			362		Aetna	Better Health		114.21	31.55			16.83	343.9	percent of total billed charges	
MOD SED SAMEPHYS/QHP EA ADD15MIN	99153	CPT	outpatient			362		Aetna	Medicare		111.5	30.8			16.83	343.9	percent of total billed charges	
MOD SED SAMEPHYS/QHP EA ADD15MIN	99153	CPT	outpatient			362		Americare	Americare		271.5	75			16.83	343.9	percent of total billed charges	
MOD SED SAMEPHYS/QHP EA ADD15MIN	99153	CPT	outpatient			362		Amerihealth	HMO/PPO		235.3	65			16.83	343.9	percent of total billed charges	
MOD SED SAMEPHYS/QHP EA ADD15MIN	99153	CPT	outpatient			362		Consumer	Consumer		343.9	95			16.83	343.9	percent of total billed charges	
MOD SED SAMEPHYS/QHP EA ADD15MIN	99153	CPT	outpatient			362		Corrections	Corrections		289.6	80			16.83	343.9	percent of total billed charges	
MOD SED SAMEPHYS/QHP EA ADD15MIN	99153	CPT	outpatient			362		First Health	First Health		253.4	70			16.83	343.9	percent of total billed charges	
MOD SED SAMEPHYS/QHP EA ADD15MIN	99153	CPT	outpatient			362		First Trenton	First Trenton		325.8	90			16.83	343.9	percent of total billed charges	
MOD SED SAMEPHYS/QHP EA ADD15MIN	99153	CPT	outpatient			362		Horizon	Indemnity		138.57	38.28			16.83	343.9	percent of total billed charges	
MOD SED SAMEPHYS/QHP EA ADD15MIN	99153	CPT	outpatient			362		Horizon	MGD		138.57	38.28			16.83	343.9	percent of total billed charges	
MOD SED SAMEPHYS/QHP EA ADD15MIN	99153	CPT	outpatient			362		Horizon	Medicare Blue		108.6	30			16.83	343.9	percent of total billed charges	
MOD SED SAMEPHYS/QHP EA ADD15MIN	99153	CPT	outpatient			362		Horizon	NJ Health		16.83				16.83	343.9	fee schedule	
MOD SED SAMEPHYS/QHP EA ADD15MIN	99153	CPT	outpatient			362		Horizon	PPO		138.57	38.28			16.83	343.9	percent of total billed charges	
MOD SED SAMEPHYS/QHP EA ADD15MIN	99153	CPT	outpatient			362		Managed Care Inc	Managed Care Inc		325.8	90			16.83	343.9	percent of total billed charges	
MOD SED SAMEPHYS/QHP EA ADD15MIN	99153	CPT	outpatient			362		Multiplan	Multiplan		289.6	80			16.83	343.9	percent of total billed charges	
MOD SED SAMEPHYS/QHP EA ADD15MIN	99153	CPT	outpatient			362		Qualcare	Qualcare		271.5	75			16.83	343.9	percent of total billed charges	
MOD SED SAMEPHYS/QHP EA ADD15MIN	99153	CPT	outpatient			362		Three Rivers	Three Rivers		343.9	95			16.83	343.9	percent of total billed charges	
MOD SED SAMEPHYS/QHP EA ADD15MIN	99153	CPT	outpatient			362		UHC	Medicaid		114.21	31.55			16.83	343.9	percent of total billed charges	
MOD SED SAMEPHYS/QHP EA ADD15MIN	99153	CPT	outpatient			362		Wellcare	Medicaid		114.21	31.55			16.83	343.9	percent of total billed charges	
MOD SED SAMEPHYS/QHP EA ADD15MIN	99153	CPT	outpatient			362		WellPoint	WellPoint		116.49	32.18			16.83	343.9	percent of total billed charges	
MOD SED OTHPHYS/QHP<5YR 1ST15MIN	99155	CPT	outpatient			299		Aetna	Better Health		94.33	31.55			89.7	284.05	percent of total billed charges	
MOD SED OTHPHYS/QHP<5YR 1ST15MIN	99155	CPT	outpatient			299		Aetna	Medicare		92.09	30.8			89.7	284.05	percent of total billed charges	
MOD SED OTHPHYS/QHP<5YR 1ST15MIN	99155	CPT	outpatient			299		Aetna	Commercial		113.62	38			89.7	284.05	percent of total billed charges	
MOD SED OTHPHYS/QHP<5YR 1ST15MIN	99155	CPT	outpatient			299		Americare	Americare		224.25	75			89.7	284.05	percent of total billed charges	
MOD SED OTHPHYS/QHP<5YR 1ST15MIN	99155	CPT	outpatient			299		Amerihealth	HMO/PPO		194.35	65			89.7	284.05	percent of total billed charges	
MOD SED OTHPHYS/QHP<5YR 1ST15MIN	99155	CPT	outpatient			299		Consumer	Consumer		284.05	95			89.7	284.05	percent of total billed charges	
MOD SED OTHPHYS/QHP<5YR 1ST15MIN	99155	CPT	outpatient			299		Corrections	Corrections		239.2	80			89.7	284.05	percent of total billed charges	
MOD SED OTHPHYS/QHP<5YR 1ST15MIN	99155	CPT	outpatient			299		First Health	First Health		209.3	70			89.7	284.05	percent of total billed charges	
MOD SED OTHPHYS/QHP<5YR 1ST15MIN	99155	CPT	outpatient			299		First Trenton	First Trenton		269.1	90			89.7	284.05	percent of total billed charges	
MOD SED OTHPHYS/QHP<5YR 1ST15MIN	99155	CPT	outpatient			299		Horizon	NJ Health		142.92				89.7	284.05	fee schedule	
MOD SED OTHPHYS/QHP<5YR 1ST15MIN	99155	CPT	outpatient			299		Horizon	Indemnity		114.46	38.28			89.7	284.05	percent of total billed charges	
MOD SED OTHPHYS/QHP<5YR 1ST15MIN	99155	CPT	outpatient			299		Horizon	Medicare Blue		89.7	30			89.7	284.05	percent of total billed charges	
MOD SED OTHPHYS/QHP<5YR 1ST15MIN	99155	CPT	outpatient			299		Horizon	MGD		114.46	38.28			89.7	284.05	percent of total billed charges	
MOD SED OTHPHYS/QHP<5YR 1ST15MIN	99155	CPT	outpatient			299		Horizon	PPO		114.46	38.28			89.7	284.05	percent of total billed charges	
MOD SED OTHPHYS/QHP<5YR 1ST15MIN	99155	CPT	outpatient			299		Managed Care Inc	Managed Care Inc		269.1	90			89.7	284.05	percent of total billed charges	
MOD SED OTHPHYS/QHP<5YR 1ST15MIN	99155	CPT	outpatient			299		Multiplan	Multiplan		239.2	80			89.7	284.05	percent of total billed charges	
MOD SED OTHPHYS/QHP<5YR 1ST15MIN	99155	CPT	outpatient			299		Qualcare	Qualcare		224.25	75			89.7	284.05	percent of total billed charges	
MOD SED OTHPHYS/QHP<5YR 1ST15MIN	99155	CPT	outpatient			299		Three Rivers	Three Rivers		284.05	95			89.7	284.05	percent of total billed charges	
MOD SED OTHPHYS/QHP<5YR 1ST15MIN	99155	CPT	outpatient			299		UHC	Medicaid		94.33	31.55			89.7	284.05	percent of total billed charges	
MOD SED OTHPHYS/QHP<5YR 1ST15MIN	99155	CPT	outpatient			299		Wellcare	Medicaid		94.33	31.55			89.7	284.05	percent of total billed charges	
MOD SED OTHPHYS/QHP<5YR 1ST15MIN	99155	CPT	outpatient			299		WellPoint	WellPoint		96.22	32.18			89.7	284.05	percent of total billed charges	
MOD SED OTHPHYS/QHP>=5YR1ST15MIN	99156	CPT	outpatient			287		Aetna	Better Health		90.55	31.55			86.1	272.65	percent of total billed charges	
MOD SED OTHPHYS/QHP>=5YR1ST15MIN	99156	CPT	outpatient			287		Aetna	Commercial		109.06	38			86.1	272.65	percent of total billed charges	
MOD SED OTHPHYS/QHP>=5YR1ST15MIN	99156	CPT	outpatient			287		Aetna	Medicare		88.4	30.8			86.1	272.65	percent of total billed charges	
MOD SED OTHPHYS/QHP>=5YR1ST15MIN	99156	CPT	outpatient			287		Americare	Americare		215.25	75			86.1	272.65	percent of total billed charges	
MOD SED OTHPHYS/QHP>=5YR1ST15MIN	99156	CPT	outpatient			287		Amerihealth	HMO/PPO		186.55	65			86.1	272.65	percent of total billed charges	
MOD SED OTHPHYS/QHP>=5YR1ST15MIN	99156	CPT	outpatient			287		Consumer	Consumer		272.65	95			86.1	272.65	percent of total billed charges	
MOD SED OTHPHYS/QHP>=5YR1ST15MIN	99156	CPT	outpatient			287		Corrections	Corrections		229.6	80			86.1	272.65	percent of total billed charges	
MOD SED OTHPHYS/QHP>=5YR1ST15MIN	99156	CPT	outpatient			287		First Health	First Health		200.9	70			86.1	272.65	percent of total billed charges	
MOD SED OTHPHYS/QHP>=5YR1ST15MIN	99156	CPT	outpatient			287		First Trenton	First Trenton		258.3	90			86.1	272.65	percent of total billed charges	
MOD SED OTHPHYS/QHP>=5YR1ST15MIN	99156	CPT	outpatient			287		Horizon	Medicare Blue		86.1	30			86.1	272.65	percent of total billed charges	
MOD SED OTHPHYS/QHP>=5YR1ST15MIN	99156	CPT	outpatient			287		Horizon	MGD		109.86	38.28			86.1	272.65	percent of total billed charges	
MOD SED OTHPHYS/QHP>=5YR1ST15MIN	99156	CPT	outpatient			287		Horizon	Indemnity		109.86	38.28			86.1	272.65	percent of total billed charges	
MOD SED OTHPHYS/QHP>=5YR1ST15MIN	99156	CPT	outpatient			287		Horizon	NJ Health		116.85				86.1	272.65	fee schedule	
MOD SED OTHPHYS/QHP>=5YR1ST15MIN	99156	CPT	outpatient			287		Horizon	PPO		109.86	38.28			86.1	272.65	percent of total billed charges	
MOD SED OTHPHYS/QHP>=5YR1ST15MIN	99156	CPT	outpatient			287		Managed Care Inc	Managed Care Inc		258.3	90			86.1	272.65	percent of total billed charges	
MOD SED OTHPHYS/QHP>=5YR1ST15MIN	99156	CPT	outpatient			287		Multiplan	Multiplan		229.6	80			86.1	272.65	percent of total billed charges	
MOD SED OTHPHYS/QHP>=5YR1ST15MIN	99156	CPT	outpatient			287		Qualcare	Qualcare		215.25	75			86.1	272.65	percent of total billed charges	
MOD SED OTHPHYS/QHP>=5YR1ST15MIN	99156	CPT	outpatient			287		Three Rivers	Three Rivers		272.65	95			86.1	272.65	percent of total billed charges	
MOD SED OTHPHYS/QHP>=5YR1ST15MIN	99156	CPT	outpatient			287		UHC	Medicaid		90.55	31.55			86.1	272.65	percent of total billed charges	
MOD SED OTHPHYS/QHP>=5YR1ST15MIN	99156	CPT	outpatient			287		Wellcare	Medicaid		90.55	31.55			86.1	272.65	percent of total billed charges	
MOD SED OTHPHYS/QHP>=5YR1ST15MIN	99156	CPT	outpatient			287		WellPoint	WellPoint		92.36	32.18			86.1	272.65	percent of total billed charges	
MOD SED OTHER PHYS/PHP EA 15MIN	99157	CPT	outpatient			287		Aetna	Medicare		88.4	30.8			86.1	272.65	percent of total billed charges	
MOD SED OTHER PHYS/PHP EA 15MIN	99157	CPT	outpatient			287		Aetna	Better Health		90.55	31.55			86.1	272.65	percent of total billed charges	
MOD SED OTHER PHYS/PHP EA 15MIN	99157	CPT	outpatient			287		Aetna	Commercial		109.06	38			86.1	272.65	percent of total billed charges	
MOD SED OTHER PHYS/PHP EA 15MIN	99157	CPT	outpatient			287		Americare	Americare		215.25	75			86.1	272.65	percent of total billed charges	
MOD SED OTHER PHYS/PHP EA 15MIN	99157	CPT	outpatient			287		Amerihealth	HMO/PPO		186.55	65			86.1	272.65	percent of total billed charges	
MOD SED OTHER PHYS/PHP EA 15MIN	99157	CPT	outpatient			287		Consumer	Consumer		272.65	95			86.1	272.65	percent of total billed charges	
MOD SED OTHER PHYS/PHP EA 15MIN	99157	CPT	outpatient			287		Corrections	Corrections		229.6	80			86.1	272.65	percent of total billed charges	
MOD SED OTHER PHYS/PHP EA 15MIN	99157	CPT	outpatient			287		First Health	First Health		200.9	70			86.1	272.65	percent of total billed charges	
MOD SED OTHER PHYS/PHP EA 15MIN	99157	CPT	outpatient			287		First Trenton	First Trenton		258.3	90			86.1	272.65	percent of total billed charges	
MOD SED OTHER PHYS/PHP EA 15MIN	99157	CPT	outpatient			287		Horizon	MGD		109.86	38.28			86.1	272.65	percent of total billed charges	
MOD SED OTHER PHYS/PHP EA 15MIN	99157	CPT	outpatient			287		Horizon	Indemnity		109.86	38.28			86.1	272.65	percent of total billed charges	
MOD SED OTHER PHYS/PHP EA 15MIN	99157	CPT	outpatient			287		Horizon	NJ Health		88.58				86.1	272.65	fee schedule	
MOD SED OTHER PHYS/PHP EA 15MIN	99157	CPT	outpatient			287		Horizon	Medicare Blue		86.1	30			86.1	272.65	percent of total billed charges	
MOD SED OTHER PHYS/PHP EA 15MIN	99157	CPT	outpatient			287		Horizon	PPO		109.86	38.28			86.1	272.65	percent of total billed charges	
MOD SED OTHER PHYS/PHP EA 15MIN	99157	CPT	outpatient			287		Managed Care Inc	Managed Care Inc		258.3	90			86.1	272.65	percent of total billed charges	
MOD SED OTHER PHYS/PHP EA 15MIN	99157	CPT	outpatient			287		Multiplan	Multiplan		229.6	80			86.1	272.65	percent of total billed charges	
MOD SED OTHER PHYS/PHP EA 15MIN	99157	CPT	outpatient			287		Qualcare	Qualcare		215.25	75			86.1	272.65	percent of total billed charges	
MOD SED OTHER PHYS/PHP EA 15MIN	99157	CPT	outpatient			287		Three Rivers	Three Rivers		272.65	95			86.1	272.65	percent of total billed charges	
MOD SED OTHER PHYS/PHP EA 15MIN	99157	CPT	outpatient			287		UHC	Medicaid		90.55	31.55			86.1	272.65	percent of total billed charges	
MOD SED OTHER PHYS/PHP EA 15MIN	99157	CPT	outpatient			287		Wellcare	Medicaid		90.55	31.55			86.1	272.65	percent of total billed charges	
MOD SED OTHER PHYS/PHP EA 15MIN	99157	CPT	outpatient			287		WellPoint	WellPoint		92.36	32.18			86.1	272.65	percent of total billed charges	
PHLEBOTOMY THERAPEUTIC	99195	CPT	outpatient			424		168 Aetna	Medicare		146.09				133.77	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PHLEBOTOMY THERAPEUTIC	99195	CPT	outpatient			424		168 Aetna	Better Health		133.77	31.55			133.77	402.8	percent of total billed charges	
PHLEBOTOMY THERAPEUTIC	99195	CPT	outpatient			424		168 Aetna	Commercial		232.58				133.77	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PHLEBOTOMY THERAPEUTIC	99195	CPT	outpatient			424		168 Americare	Americare		318	75			133.77	402.8	percent of total billed charges	
PHLEBOTOMY THERAPEUTIC	99195	CPT	outpatient			424		168 Amerihealth	HMO/PPO		275.6	65			133.77	402.8	percent of total billed charges	
PHLEBOTOMY THERAPEUTIC	99195	CPT	outpatient			424		168 Amerihealth	Medicare		146.09				133.77	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PHLEBOTOMY THERAPEUTIC	99195	CPT	outpatient			424		168 Consumer	Consumer		402.8	95			133.77	402.8	percent of total billed charges	
PHLEBOTOMY THERAPEUTIC	99195	CPT	outpatient			424		168 Corrections	Corrections		339.2	80			133.77	402.8	percent of total billed charges	
PHLEBOTOMY THERAPEUTIC	99195	CPT	outpatient			424		168 First Health	First Health		296.8	70			133.77	402.8	percent of total billed charges	
PHLEBOTOMY THERAPEUTIC	99195	CPT	outpatient			424		168 First Trenton	First Trenton		381.6	90			133.77	402.8	percent of total billed charges	
PHLEBOTOMY THERAPEUTIC	99195	CPT	outpatient			424		168 Horizon	MGD		271.87				133.77	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PHLEBOTOMY THERAPEUTIC	99195	CPT	outpatient			424		168 Horizon	Medicare Blue		146.09				133.77	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.																
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true															
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
PHLEBOTOMY THERAPEUTIC	99195	CPT	outpatient			424		168 Horizon	PPO		271.87				133.77	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PHLEBOTOMY THERAPEUTIC	99195	CPT	outpatient			424		168 Horizon	Indemnity		271.87				133.77	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PHLEBOTOMY THERAPEUTIC	99195	CPT	outpatient			424		168 Horizon	NJ Health		135.72				133.77	402.8	fee schedule	
PHLEBOTOMY THERAPEUTIC	99195	CPT	outpatient			424		168 Managed Care Inc	Managed Care Inc		381.6	90			133.77	402.8	percent of total billed charges	
PHLEBOTOMY THERAPEUTIC	99195	CPT	outpatient			424		168 Multiplan	Multiplan		339.2	80			133.77	402.8	percent of total billed charges	
PHLEBOTOMY THERAPEUTIC	99195	CPT	outpatient			424		168 Qualcare	Qualcare		318	75			133.77	402.8	percent of total billed charges	
PHLEBOTOMY THERAPEUTIC	99195	CPT	outpatient			424		168 Three Rivers	Three Rivers		402.8	95			133.77	402.8	percent of total billed charges	
PHLEBOTOMY THERAPEUTIC	99195	CPT	outpatient			424		168 UHC	Medicaid		133.77	31.55			133.77	402.8	percent of total billed charges	
PHLEBOTOMY THERAPEUTIC	99195	CPT	outpatient			424		168 UHC	Medicare		146.09				133.77	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PHLEBOTOMY THERAPEUTIC	99195	CPT	outpatient			424		168 Wellcare	Medicare		146.09				133.77	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PHLEBOTOMY THERAPEUTIC	99195	CPT	outpatient			424		168 Wellcare	Medicaid		133.77	31.55			133.77	402.8	percent of total billed charges	
PHLEBOTOMY THERAPEUTIC	99195	CPT	outpatient			424		168 WellPoint	WellPoint		136.44	32.18			133.77	402.8	percent of total billed charges	
OFC/OUTPT E/M LOW MDM	99213	CPT	outpatient					Horizon	NJ Health		81.6				81.6	81.6	fee schedule	
OBSERVATION LOW	99234	CPT	outpatient			1738		Aetna	Better Health		548.34	31.55			72.8	1651.1	percent of total billed charges	
OBSERVATION LOW	99234	CPT	outpatient			1738		Aetna	Medicare		535.3	30.8			72.8	1651.1	percent of total billed charges	
OBSERVATION LOW	99234	CPT	outpatient			1738		Aetna	Commercial		660.44	38			72.8	1651.1	percent of total billed charges	
OBSERVATION LOW	99234	CPT	outpatient			1738		Americare	Americare		1303.5	75			72.8	1651.1	percent of total billed charges	
OBSERVATION LOW	99234	CPT	outpatient			1738		Amerihealth	HMO/PPO		1129.7	65			72.8	1651.1	percent of total billed charges	
OBSERVATION LOW	99234	CPT	outpatient			1738		Consumer	Consumer		1651.1	95			72.8	1651.1	percent of total billed charges	
OBSERVATION LOW	99234	CPT	outpatient			1738		Corrections	Corrections		1390.4	80			72.8	1651.1	percent of total billed charges	
OBSERVATION LOW	99234	CPT	outpatient			1738		First Health	First Health		1216.6	70			72.8	1651.1	percent of total billed charges	
OBSERVATION LOW	99234	CPT	outpatient			1738		First Trenton	First Trenton		1564.2	90			72.8	1651.1	percent of total billed charges	
OBSERVATION LOW	99234	CPT	outpatient			1738		Horizon	Medicare Blue		521.4	30			72.8	1651.1	percent of total billed charges	
OBSERVATION LOW	99234	CPT	outpatient			1738		Horizon	Indemnity		665.31	38.28			72.8	1651.1	percent of total billed charges	
OBSERVATION LOW	99234	CPT	outpatient			1738		Horizon	MGD		665.31	38.28			72.8	1651.1	percent of total billed charges	
OBSERVATION LOW	99234	CPT	outpatient			1738		Horizon	PPO		665.31	38.28			72.8	1651.1	percent of total billed charges	
OBSERVATION LOW	99234	CPT	outpatient			1738		Horizon	NJ Health		72.8				72.8	1651.1	fee schedule	
OBSERVATION LOW	99234	CPT	outpatient			1738		Managed Care Inc	Managed Care Inc		1564.2	90			72.8	1651.1	percent of total billed charges	
OBSERVATION LOW	99234	CPT	outpatient			1738		Multiplan	Multiplan		1390.4	80			72.8	1651.1	percent of total billed charges	
OBSERVATION LOW	99234	CPT	outpatient			1738		Qualcare	Qualcare		1303.5	75			72.8	1651.1	percent of total billed charges	
OBSERVATION LOW	99234	CPT	outpatient			1738		Three Rivers	Three Rivers		1651.1	95			72.8	1651.1	percent of total billed charges	
OBSERVATION LOW	99234	CPT	outpatient			1738		UHC	Medicaid		548.34	31.55			72.8	1651.1	percent of total billed charges	
OBSERVATION LOW	99234	CPT	outpatient			1738		Wellcare	Medicaid		548.34	31.55			72.8	1651.1	percent of total billed charges	
OBSERVATION LOW	99234	CPT	outpatient			1738		WellPoint	WellPoint		559.29	32.18			72.8	1651.1	percent of total billed charges	
OBSERVATION HIGH	99236	CPT	outpatient			3464		Aetna	Commercial		1316.32	38			119.49	3290.8	percent of total billed charges	
OBSERVATION HIGH	99236	CPT	outpatient			3464		Aetna	Medicare		1066.91	30.8			119.49	3290.8	percent of total billed charges	
OBSERVATION HIGH	99236	CPT	outpatient			3464		Aetna	Better Health		1092.89	31.55			119.49	3290.8	percent of total billed charges	
OBSERVATION HIGH	99236	CPT	outpatient			3464		Americare	Americare		2598	75			119.49	3290.8	percent of total billed charges	
OBSERVATION HIGH	99236	CPT	outpatient			3464		Amerihealth	HMO/PPO		2251.6	65			119.49	3290.8	percent of total billed charges	
OBSERVATION HIGH	99236	CPT	outpatient			3464		Consumer	Consumer		3290.8	95			119.49	3290.8	percent of total billed charges	
OBSERVATION HIGH	99236	CPT	outpatient			3464		Corrections	Corrections		2771.2	80			119.49	3290.8	percent of total billed charges	
OBSERVATION HIGH	99236	CPT	outpatient			3464		First Health	First Health		2424.8	70			119.49	3290.8	percent of total billed charges	
OBSERVATION HIGH	99236	CPT	outpatient			3464		First Trenton	First Trenton		3117.6	90			119.49	3290.8	percent of total billed charges	
OBSERVATION HIGH	99236	CPT	outpatient			3464		Horizon	Medicare Blue		1039.2	30			119.49	3290.8	percent of total billed charges	
OBSERVATION HIGH	99236	CPT	outpatient			3464		Horizon	Indemnity		1326.02	38.28			119.49	3290.8	percent of total billed charges	
OBSERVATION HIGH	99236	CPT	outpatient			3464		Horizon	NJ Health		119.49				119.49	3290.8	fee schedule	
OBSERVATION HIGH	99236	CPT	outpatient			3464		Horizon	MGD		1326.02	38.28			119.49	3290.8	percent of total billed charges	
OBSERVATION HIGH	99236	CPT	outpatient			3464		Horizon	PPO		1326.02	38.28			119.49	3290.8	percent of total billed charges	
OBSERVATION HIGH	99236	CPT	outpatient			3464		Managed Care Inc	Managed Care Inc		3117.6	90			119.49	3290.8	percent of total billed charges	
OBSERVATION HIGH	99236	CPT	outpatient			3464		Multiplan	Multiplan		2771.2	80			119.49	3290.8	percent of total billed charges	
OBSERVATION HIGH	99236	CPT	outpatient			3464		Qualcare	Qualcare		2598	75			119.49	3290.8	percent of total billed charges	
OBSERVATION HIGH	99236	CPT	outpatient			3464		Three Rivers	Three Rivers		3290.8	95			119.49	3290.8	percent of total billed charges	
OBSERVATION HIGH	99236	CPT	outpatient			3464		UHC	Medicaid		1092.89	31.55			119.49	3290.8	percent of total billed charges	
OBSERVATION HIGH	99236	CPT	outpatient			3464		Wellcare	Medicaid		1092.89	31.55			119.49	3290.8	percent of total billed charges	
OBSERVATION HIGH	99236	CPT	outpatient			3464		WellPoint	WellPoint		1114.72	32.18			119.49	3290.8	percent of total billed charges	
ED VISIT LEVEL I	99281	CPT	both			748	116.77	Aetna	Medicare		101.54				41.76	710.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED VISIT LEVEL I	99281	CPT	both			748	116.77	Aetna	Better Health		235.99	31.55			41.76	710.6	percent of total billed charges	
ED VISIT LEVEL I	99281	CPT	both			748	116.77	Aetna	Commercial		161.65				41.76	710.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED VISIT LEVEL I	99281	CPT	both			748	116.77	Americare	Americare		561	75			41.76	710.6	percent of total billed charges	
ED VISIT LEVEL I	99281	CPT	both			748	116.77	Amerihealth	Medicare		101.54				41.76	710.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED VISIT LEVEL I	99281	CPT	both			748	116.77	Amerihealth	HMO/PPO		372				41.76	710.6	case rate	
ED VISIT LEVEL I	99281	CPT	both			748	116.77	Consumer	Consumer		710.6	95			41.76	710.6	percent of total billed charges	
ED VISIT LEVEL I	99281	CPT	both			748	116.77	Corrections	Corrections		598.4	80			41.76	710.6	percent of total billed charges	
ED VISIT LEVEL I	99281	CPT	both			748	116.77	First Health	First Health		523.6	70			41.76	710.6	percent of total billed charges	
ED VISIT LEVEL I	99281	CPT	both			748	116.77	First Trenton	First Trenton		673.2	90			41.76	710.6	percent of total billed charges	
ED VISIT LEVEL I	99281	CPT	both			748	116.77	Horizon	PPO		188.97				41.76	710.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED VISIT LEVEL I	99281	CPT	both			748	116.77	Horizon	NJ Health		41.76				41.76	710.6	fee schedule	
ED VISIT LEVEL I	99281	CPT	both			748	116.77	Horizon	Indemnity		188.97				41.76	710.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED VISIT LEVEL I	99281	CPT	both			748	116.77	Horizon	Medicare Blue		101.54				41.76	710.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED VISIT LEVEL I	99281	CPT	both			748	116.77	Horizon	MGD		188.97				41.76	710.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED VISIT LEVEL I	99281	CPT	both			748	116.77	Managed Care Inc	Managed Care Inc		673.2	90			41.76	710.6	percent of total billed charges	
ED VISIT LEVEL I	99281	CPT	both			748	116.77	Multiplan	Multiplan		598.4	80			41.76	710.6	percent of total billed charges	
ED VISIT LEVEL I	99281	CPT	both			748	116.77	Qualcare	Qualcare		561	75			41.76	710.6	percent of total billed charges	
ED VISIT LEVEL I	99281	CPT	both			748	116.77	Three Rivers	Three Rivers		710.6	95			41.76	710.6	percent of total billed charges	
ED VISIT LEVEL I	99281	CPT	both			748	116.77	UHC	Medicare		101.54				41.76	710.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED VISIT LEVEL I	99281	CPT	both			748	116.77	UHC	Medicaid		235.99	31.55			41.76	710.6	percent of total billed charges	
ED VISIT LEVEL I	99281	CPT	both			748	116.77	Wellcare	Medicaid		235.99	31.55			41.76	710.6	percent of total billed charges	
ED VISIT LEVEL I	99281	CPT	both			748	116.77	Wellcare	Medicare		101.54				41.76	710.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED VISIT LEVEL I	99281	CPT	both			748	116.77	WellPoint	WellPoint		240.71	32.18			41.76	710.6	percent of total billed charges	
ED VISIT LEVEL II	99282	CPT	outpatient			961	215.11	Aetna	Better Health		303.2	31.55			61.34	912.95	percent of total billed charges	
ED VISIT LEVEL II	99282	CPT	outpatient			961	215.11	Aetna	Commercial		297.78				61.34	912.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED VISIT LEVEL II	99282	CPT	outpatient			961	215.11	Aetna	Medicare		187.05				61.34	912.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED VISIT LEVEL II	99282	CPT	outpatient			961	215.11	Americare	Americare		720.75	75			61.34	912.95	percent of total billed charges	
ED VISIT LEVEL II	99282	CPT	outpatient			961	215.11	Amerihealth	HMO/PPO		372				61.34	912.95	case rate	
ED VISIT LEVEL II	99282	CPT	outpatient			961	215.11	Amerihealth	Medicare		187.05				61.34	912.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED VISIT LEVEL II	99282	CPT	outpatient			961	215.11	Consumer	Consumer		912.95	95			61.34	912.95	percent of total billed charges	
ED VISIT LEVEL II	99282	CPT	outpatient			961	215.11	Corrections	Corrections		768.8	80			61.34	912.95	percent of total billed charges	
ED VISIT LEVEL II	99282	CPT	outpatient			961	215.11	First Health	First Health		672.7	70			61.34	912.95	percent of total billed charges	
ED VISIT LEVEL II	99282	CPT	outpatient			961	215.11	First Trenton	First Trenton		864.9	90			61.34	912.95	percent of total billed charges	
ED VISIT LEVEL II	99282	CPT	outpatient			961	215.11	Horizon	Indemnity		348.1				61.34	912.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED VISIT LEVEL II	99282	CPT	outpatient			961	215.11	Horizon	Medicare Blue		187.05				61.34	912.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED VISIT LEVEL II	99282	CPT	outpatient			961	215.11	Horizon	MGD		348.1				61.34	912.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED VISIT LEVEL II	99282	CPT	outpatient			961	215.11	Horizon	NJ Health		61.34				61.34	912.95	fee schedule	
ED VISIT LEVEL II	99282	CPT	outpatient			961	215.11	Horizon	PPO		348.1				61.34	912.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED VISIT LEVEL II	99282	CPT	outpatient			961	215.11	Managed Care Inc	Managed Care Inc		864.9	90			61.34	912.95	percent of total billed charges	
ED VISIT LEVEL II	99282	CPT	outpatient			961	215.11	Multiplan	Multiplan		768.8	80			61.34	912.95	percent of total billed charges	
ED VISIT LEVEL II	99282	CPT	outpatient			961	215.11	Qualcare	Qualcare		720.75	75			61.34	912.95	percent of total billed charges	
ED VISIT LEVEL II	99282	CPT	outpatient			961	215.11	Three Rivers	Three Rivers		912.95	95			61.34	912.95	percent of total billed charges	
ED VISIT LEVEL II	99282	CPT	outpatient			961	215.11	UHC	Medicaid		303.2	31.55			61.34	912.95	percent of total billed charges	
ED VISIT LEVEL II	99282	CPT	outpatient			961	215.11	UHC	Medicare		187.05				61.34	912.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED VISIT LEVEL II	99282	CPT	outpatient			961	215.11	Wellcare	Medicaid		303.2	31.55			61.34	912.95	percent of total billed charges	
ED VISIT LEVEL II	99282	CPT	outpatient			961	215.11	Wellcare	Medicare		187.05				61.34	912.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED VISIT LEVEL II	99282	CPT	outpatient			961	215.11	WellPoint	WellPoint		309.25	32.18			61.34	912.95	percent of total billed charges	
ED VISIT LEVEL III	99283	CPT	both			1398	375.26	Aetna	Commercial		519.49				61.34	1328.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED VISIT LEVEL III	99283	CPT	both			1398	375.26	Aetna	Medicare		430.58	30.8			61.34	1328.1	percent of total billed charges	
ED VISIT LEVEL III	99283	CPT	both			1398	375.26	Aetna	Better Health		441.07	31.55			61.34	1328.1	percent of total billed charges	
ED VISIT LEVEL III	99283	CPT	both			1398	375.26	Americare	Americare		1048.5	75			61.34	1328.1	percent of total billed charges	
ED VISIT LEVEL III	99283	CPT	both			1398	375.26	Amerihealth	Medicare		326.31				61.34	1328.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED VISIT LEVEL III	99283	CPT	both			1398	375.26	Amerihealth	HMO/PPO		584				61.34	1328.1	case rate	
ED VISIT LEVEL III	99283	CPT	both			1398	375.26	Consumer	Consumer		1328.1	95			61.34	1328.1	percent of total billed charges	
ED VISIT LEVEL III	99283	CPT	both			1398	375.26	Corrections	Corrections		1118.4	80			61.34	1328.1	percent of total billed charges	
ED VISIT LEVEL III	99283	CPT	both			1398	375.26	First Health	First Health		978.6	70			61.34	1328.1	percent of total billed charges	
ED VISIT LEVEL III	99283	CPT	both			1398	375.26	First Trenton	First Trenton		1258.2	90			61.34	1328.1	percent of total billed charges	
ED VISIT LEVEL III	99283	CPT	both			1398	375.26	Horizon	PPO		607.26				61.34	1328.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED VISIT LEVEL III	99283	CPT	both			1398	375.26	Horizon	Medicare Blue		326.31				61.34	1328.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED VISIT LEVEL III	99283	CPT	both			1398	375.26	Horizon	MGD		607.26				61.34	1328.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED VISIT LEVEL III	99283	CPT	both			1398	375.26	Horizon	Indemnity		607.26				61.34	1328.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED VISIT LEVEL III	99283	CPT	both			1398	375.26	Horizon	NJ Health		61.34				61.34	1328.1	fee schedule	
ED VISIT LEVEL III	99283	CPT	both			1398	375.26	Managed Care Inc	Managed Care Inc		1258.2	90			61.34	1328.1	percent of total billed charges	
ED VISIT LEVEL III	99283	CPT	both			1398	375.26	Multiplan	Multiplan		1118.4	80			61.34	1328.1	percent of total billed charges	
ED VISIT LEVEL III	99283	CPT	both			1398	375.26	Qualcare	Qualcare		1048.5	75			61.34	1328.1	percent of total billed charges	
ED VISIT LEVEL III	99283	CPT	both			1398	375.26	Three Rivers	Three Rivers		1328.1	95			61.34	1328.1	percent of total billed charges	
ED VISIT LEVEL III	99283	CPT	both			1398	375.26	UHC	Medicaid		441.07	31.55			61.34	1328.1	percent of total billed charges	
ED VISIT LEVEL III	99283	CPT	both			1398	375.26	UHC	Medicare		326.31				61.34	1328.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED VISIT LEVEL III	99283	CPT	both			1398	375.26	Wellcare	Medicare		326.31				61.34	1328.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED VISIT LEVEL III	99283	CPT	both			1398	375.26	Wellcare	Medicaid		441.07	31.55			61.34	1328.1	percent of total billed charges	
ED VISIT LEVEL III	99283	CPT	both			1398	375.26	WellPoint	WellPoint		449.88	32.18			61.34	1328.1	percent of total billed charges	
ED VISIT LEVEL IV	99284	CPT	both			2255	582.52	Aetna	Commercial		806.41				84.3	2142.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED VISIT LEVEL IV	99284	CPT	both			2255	582.52	Aetna	Better Health		711.45	31.55			84.3	2142.25	percent of total billed charges	
ED VISIT LEVEL IV	99284	CPT	both			2255	582.52	Aetna	Medicare		506.54				84.3	2142.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED VISIT LEVEL IV	99284	CPT	both			2255	582.52	Americare	Americare		1691.25	75			84.3	2142.25	percent of total billed charges	
ED VISIT LEVEL IV	99284	CPT	both			2255	582.52	Amerihealth	Medicare		506.54				84.3	2142.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED VISIT LEVEL IV	99284	CPT	both			2255	582.52	Amerihealth	HMO/PPO		584				84.3	2142.25	case rate	
ED VISIT LEVEL IV	99284	CPT	both			2255	582.52	Consumer	Consumer		2142.25	95			84.3	2142.25	percent of total billed charges	
ED VISIT LEVEL IV	99284	CPT	both			2255	582.52	Corrections	Corrections		1804	80			84.3	2142.25	percent of total billed charges	
ED VISIT LEVEL IV	99284	CPT	both			2255	582.52	First Health	First Health		1578.5	70			84.3	2142.25	percent of total billed charges	
ED VISIT LEVEL IV	99284	CPT	both			2255	582.52	First Trenton	First Trenton		2029.5	90			84.3	2142.25	percent of total billed charges	
ED VISIT LEVEL IV	99284	CPT	both			2255	582.52	Horizon	NJ Health		84.3				84.3	2142.25	fee schedule	
ED VISIT LEVEL IV	99284	CPT	both			2255	582.52	Horizon	Indemnity		942.67				84.3	2142.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED VISIT LEVEL IV	99284	CPT	both			2255	582.52	Horizon	Medicare Blue		506.54				84.3	2142.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED VISIT LEVEL IV	99284	CPT	both			2255	582.52	Horizon	MGD		942.67				84.3	2142.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED VISIT LEVEL IV	99284	CPT	both			2255	582.52	Horizon	PPO		942.67				84.3	2142.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED VISIT LEVEL IV	99284	CPT	both			2255	582.52	Managed Care Inc	Managed Care Inc		2029.5	90			84.3	2142.25	percent of total billed charges	
ED VISIT LEVEL IV	99284	CPT	both			2255	582.52	Multiplan	Multiplan		1804	80			84.3	2142.25	percent of total billed charges	
ED VISIT LEVEL IV	99284	CPT	both			2255	582.52	Qualcare	Qualcare		1691.25	75			84.3	2142.25	percent of total billed charges	
ED VISIT LEVEL IV	99284	CPT	both			2255	582.52	Three Rivers	Three Rivers		2142.25	95			84.3	2142.25	percent of total billed charges	
ED VISIT LEVEL IV	99284	CPT	both			2255	582.52	UHC	Medicaid		711.45	31.55			84.3	2142.25	percent of total billed charges	
ED VISIT LEVEL IV	99284	CPT	both			2255	582.52	UHC	Medicare		506.54				84.3	2142.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.														
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true													
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ED VISIT LEVEL IV	99284	CPT	both			2255	582.52	Wellcare	Medicare		506.54				84.3	2142.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED VISIT LEVEL IV	99284	CPT	both			2255	582.52	Wellcare	Medicaid		582.52			711.45	84.3	2142.25	percent of total billed charges	
ED VISIT LEVEL IV	99284	CPT	both			2255	582.52	WellPoint	WellPoint		725.66			32.18	84.3	2142.25	percent of total billed charges	
ED VISIT LEVEL V	99285	CPT	both			5394	844.79	Aetna	Commercial		1169.48				84.3	5124.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED VISIT LEVEL V	99285	CPT	both			5394	844.79	Aetna	Better Health		1701.81			31.55	84.3	5124.3	percent of total billed charges	
ED VISIT LEVEL V	99285	CPT	both			5394	844.79	Aetna	Medicare		734.6				84.3	5124.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED VISIT LEVEL V	99285	CPT	both			5394	844.79	Americare	Americare		4045.5			75	84.3	5124.3	percent of total billed charges	
ED VISIT LEVEL V	99285	CPT	both			5394	844.79	Amerihealth	HMO/PPO		902				84.3	5124.3	case rate	
ED VISIT LEVEL V	99285	CPT	both			5394	844.79	Amerihealth	Medicare		734.6				84.3	5124.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED VISIT LEVEL V	99285	CPT	both			5394	844.79	Consumer	Consumer		5124.3			95	84.3	5124.3	percent of total billed charges	
ED VISIT LEVEL V	99285	CPT	both			5394	844.79	Corrections	Corrections		4315.2			80	84.3	5124.3	percent of total billed charges	
ED VISIT LEVEL V	99285	CPT	both			5394	844.79	First Health	First Health		3775.8			70	84.3	5124.3	percent of total billed charges	
ED VISIT LEVEL V	99285	CPT	both			5394	844.79	First Trenton	First Trenton		4854.6			90	84.3	5124.3	percent of total billed charges	
ED VISIT LEVEL V	99285	CPT	both			5394	844.79	Horizon	Indemnity		1367.09				84.3	5124.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED VISIT LEVEL V	99285	CPT	both			5394	844.79	Horizon	PPO		1367.09				84.3	5124.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED VISIT LEVEL V	99285	CPT	both			5394	844.79	Horizon	MGD		1367.09				84.3	5124.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED VISIT LEVEL V	99285	CPT	both			5394	844.79	Horizon	Medicare Blue		734.6				84.3	5124.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED VISIT LEVEL V	99285	CPT	both			5394	844.79	Horizon	NJ Health		84.3				84.3	5124.3	fee schedule	
ED VISIT LEVEL V	99285	CPT	both			5394	844.79	Managed Care Inc	Managed Care Inc		4854.6			90	84.3	5124.3	percent of total billed charges	
ED VISIT LEVEL V	99285	CPT	both			5394	844.79	Multiplan	Multiplan		4315.2			80	84.3	5124.3	percent of total billed charges	
ED VISIT LEVEL V	99285	CPT	both			5394	844.79	Qualcare	Qualcare		4045.5			75	84.3	5124.3	percent of total billed charges	
ED VISIT LEVEL V	99285	CPT	both			5394	844.79	Three Rivers	Three Rivers		5124.3			95	84.3	5124.3	percent of total billed charges	
ED VISIT LEVEL V	99285	CPT	both			5394	844.79	UHC	Medicaid		1701.81			31.55	84.3	5124.3	percent of total billed charges	
ED VISIT LEVEL V	99285	CPT	both			5394	844.79	UHC	Medicare		734.6				84.3	5124.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED VISIT LEVEL V	99285	CPT	both			5394	844.79	Wellcare	Medicaid		1701.81			31.55	84.3	5124.3	percent of total billed charges	
ED VISIT LEVEL V	99285	CPT	both			5394	844.79	Wellcare	Medicare		734.6				84.3	5124.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED VISIT LEVEL V	99285	CPT	both			5394	844.79	WellPoint	WellPoint		1735.79			32.18	84.3	5124.3	percent of total billed charges	
ED CRITICAL CARE 30-74MIN	99291	CPT	both			6141	1167.09	Aetna	Better Health		1937.49			31.55	313.2	5833.95	percent of total billed charges	
ED CRITICAL CARE 30-74MIN	99291	CPT	both			6141	1167.09	Aetna	Medicare		1014.86				313.2	5833.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED CRITICAL CARE 30-74MIN	99291	CPT	both			6141	1167.09	Aetna	Commercial		1615.66				313.2	5833.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED CRITICAL CARE 30-74MIN	99291	CPT	both			6141	1167.09	Americare	Americare		4605.75			75	313.2	5833.95	percent of total billed charges	
ED CRITICAL CARE 30-74MIN	99291	CPT	both			6141	1167.09	Amerihealth	HMO/PPO		902				313.2	5833.95	case rate	
ED CRITICAL CARE 30-74MIN	99291	CPT	both			6141	1167.09	Amerihealth	Medicare		1014.86				313.2	5833.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED CRITICAL CARE 30-74MIN	99291	CPT	both			6141	1167.09	Consumer	Consumer		5833.95			95	313.2	5833.95	percent of total billed charges	
ED CRITICAL CARE 30-74MIN	99291	CPT	both			6141	1167.09	Corrections	Corrections		4912.8			80	313.2	5833.95	percent of total billed charges	
ED CRITICAL CARE 30-74MIN	99291	CPT	both			6141	1167.09	First Health	First Health		4298.7			70	313.2	5833.95	percent of total billed charges	
ED CRITICAL CARE 30-74MIN	99291	CPT	both			6141	1167.09	First Trenton	First Trenton		5526.9			90	313.2	5833.95	percent of total billed charges	
ED CRITICAL CARE 30-74MIN	99291	CPT	both			6141	1167.09	Horizon	Medicare Blue		1014.86				313.2	5833.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED CRITICAL CARE 30-74MIN	99291	CPT	both			6141	1167.09	Horizon	PPO		1888.65				313.2	5833.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED CRITICAL CARE 30-74MIN	99291	CPT	both			6141	1167.09	Horizon	MGD		1888.65				313.2	5833.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED CRITICAL CARE 30-74MIN	99291	CPT	both			6141	1167.09	Horizon	Indemnity		1888.65				313.2	5833.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED CRITICAL CARE 30-74MIN	99291	CPT	both			6141	1167.09	Horizon	NJ Health		313.2				313.2	5833.95	fee schedule	
ED CRITICAL CARE 30-74MIN	99291	CPT	both			6141	1167.09	Managed Care Inc	Managed Care Inc		5526.9			90	313.2	5833.95	percent of total billed charges	
ED CRITICAL CARE 30-74MIN	99291	CPT	both			6141	1167.09	Multiplan	Multiplan		4912.8			80	313.2	5833.95	percent of total billed charges	
ED CRITICAL CARE 30-74MIN	99291	CPT	both			6141	1167.09	Qualcare	Qualcare		4605.75			75	313.2	5833.95	percent of total billed charges	
ED CRITICAL CARE 30-74MIN	99291	CPT	both			6141	1167.09	Three Rivers	Three Rivers		5833.95			95	313.2	5833.95	percent of total billed charges	
ED CRITICAL CARE 30-74MIN	99291	CPT	both			6141	1167.09	UHC	Medicaid		1937.49			31.55	313.2	5833.95	percent of total billed charges	
ED CRITICAL CARE 30-74MIN	99291	CPT	both			6141	1167.09	UHC	Medicare		1014.86				313.2	5833.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED CRITICAL CARE 30-74MIN	99291	CPT	both			6141	1167.09	Wellcare	Medicaid		1937.49			31.55	313.2	5833.95	percent of total billed charges	
ED CRITICAL CARE 30-74MIN	99291	CPT	both			6141	1167.09	Wellcare	Medicare		1014.86				313.2	5833.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED CRITICAL CARE 30-74MIN	99291	CPT	both			6141	1167.09	WellPoint	WellPoint		1976.17			32.18	313.2	5833.95	percent of total billed charges	
CRITICAL CARE ILL/INJ PT ADD 30 MIN	99292	CPT	outpatient			869		Aetna	Commercial		330.22			38	86.39	825.55	percent of total billed charges	
CRITICAL CARE ILL/INJ PT ADD 30 MIN	99292	CPT	outpatient			869		Aetna	Better Health		274.17			31.55	86.39	825.55	percent of total billed charges	
CRITICAL CARE ILL/INJ PT ADD 30 MIN	99292	CPT	outpatient			869		Aetna	Medicare		267.65			30.8	86.39	825.55	percent of total billed charges	
CRITICAL CARE ILL/INJ PT ADD 30 MIN	99292	CPT	outpatient			869		Americare	Americare		651.75			75	86.39	825.55	percent of total billed charges	
CRITICAL CARE ILL/INJ PT ADD 30 MIN	99292	CPT	outpatient			869		Amerihealth	HMO/PPO		564.85			65	86.39	825.55	percent of total billed charges	
CRITICAL CARE ILL/INJ PT ADD 30 MIN	99292	CPT	outpatient			869		Consumer	Consumer		825.55			95	86.39	825.55	percent of total billed charges	
CRITICAL CARE ILL/INJ PT ADD 30 MIN	99292	CPT	outpatient			869		Corrections	Corrections		695.2			80	86.39	825.55	percent of total billed charges	
CRITICAL CARE ILL/INJ PT ADD 30 MIN	99292	CPT	outpatient			869		First Health	First Health		608.3			70	86.39	825.55	percent of total billed charges	
CRITICAL CARE ILL/INJ PT ADD 30 MIN	99292	CPT	outpatient			869		First Trenton	First Trenton		782.1			90	86.39	825.55	percent of total billed charges	
CRITICAL CARE ILL/INJ PT ADD 30 MIN	99292	CPT	outpatient			869		Horizon	Medicare Blue		260.7			30	86.39	825.55	percent of total billed charges	
CRITICAL CARE ILL/INJ PT ADD 30 MIN	99292	CPT	outpatient			869		Horizon	Indemnity		332.65			38.28	86.39	825.55	percent of total billed charges	
CRITICAL CARE ILL/INJ PT ADD 30 MIN	99292	CPT	outpatient			869		Horizon	MGD		332.65			38.28	86.39	825.55	percent of total billed charges	
CRITICAL CARE ILL/INJ PT ADD 30 MIN	99292	CPT	outpatient			869		Horizon	NJ Health		86.39				86.39	825.55	fee schedule	
CRITICAL CARE ILL/INJ PT ADD 30 MIN	99292	CPT	outpatient			869		Horizon	PPO		332.65			38.28	86.39	825.55	percent of total billed charges	
CRITICAL CARE ILL/INJ PT ADD 30 MIN	99292	CPT	outpatient			869		Managed Care Inc	Managed Care Inc		782.1			90	86.39	825.55	percent of total billed charges	
CRITICAL CARE ILL/INJ PT ADD 30 MIN	99292	CPT	outpatient			869		Multiplan	Multiplan		695.2			80	86.39	825.55	percent of total billed charges	
CRITICAL CARE ILL/INJ PT ADD 30 MIN	99292	CPT	outpatient			869		Qualcare	Qualcare		651.75			75	86.39	825.55	percent of total billed charges	
CRITICAL CARE ILL/INJ PT ADD 30 MIN	99292	CPT	outpatient			869		Three Rivers	Three Rivers		825.55			95	86.39	825.55	percent of total billed charges	
CRITICAL CARE ILL/INJ PT ADD 30 MIN	99292	CPT	outpatient			869		UHC	Medicaid		274.17			31.55	86.39	825.55	percent of total billed charges	
CRITICAL CARE ILL/INJ PT ADD 30 MIN	99292	CPT	outpatient			869		Wellcare	Medicaid		274.17			31.55	86.39	825.55	percent of total billed charges	
CRITICAL CARE ILL/INJ PT ADD 30 MIN	99292	CPT	outpatient			869		WellPoint	WellPoint		279.64			32.18	86.39	825.55	percent of total billed charges	
BEHAV CHNG SMOKING 3-10 MIN	99406	CPT	outpatient			109	37.74	Aetna	Commercial		52.25				8.12	103.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BEHAV CHNG SMOKING 3-10 MIN	99406	CPT	outpatient			109	37.74	Aetna	Better Health		34.39			31.55	8.12	103.55	percent of total billed charges	
BEHAV CHNG SMOKING 3-10 MIN	99406	CPT	outpatient			109	37.74	Aetna	Medicare		32.82				8.12	103.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BEHAV CHNG SMOKING 3-10 MIN	99406	CPT	outpatient			109	37.74	Americare	Americare		81.75			75	8.12	103.55	percent of total billed charges	
BEHAV CHNG SMOKING 3-10 MIN	99406	CPT	outpatient			109	37.74	Amerihealth	HMO/PPO		70.85			65	8.12	103.55	percent of total billed charges	
BEHAV CHNG SMOKING 3-10 MIN	99406	CPT	outpatient			109	37.74	Amerihealth	Medicare		32.82				8.12	103.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BEHAV CHNG SMOKING 3-10 MIN	99406	CPT	outpatient			109	37.74	Consumer	Consumer		103.55			95	8.12	103.55	percent of total billed charges	
BEHAV CHNG SMOKING 3-10 MIN	99406	CPT	outpatient			109	37.74	Corrections	Corrections		87.2			80	8.12	103.55	percent of total billed charges	
BEHAV CHNG SMOKING 3-10 MIN	99406	CPT	outpatient			109	37.74	First Health	First Health		76.3			70	8.12	103.55	percent of total billed charges	
BEHAV CHNG SMOKING 3-10 MIN	99406	CPT	outpatient			109	37.74	First Trenton	First Trenton		98.1			90	8.12	103.55	percent of total billed charges	
BEHAV CHNG SMOKING 3-10 MIN	99406	CPT	outpatient			109	37.74	Horizon	MGD		61.08				8.12	103.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BEHAV CHNG SMOKING 3-10 MIN	99406	CPT	outpatient			109	37.74	Horizon	Indemnity		61.08				8.12	103.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BEHAV CHNG SMOKING 3-10 MIN	99406	CPT	outpatient			109	37.74	Horizon	NJ Health		8.12				8.12	103.55	fee schedule	
BEHAV CHNG SMOKING 3-10 MIN	99406	CPT	outpatient			109	37.74	Horizon	Medicare Blue		32.82				8.12	103.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BEHAV CHNG SMOKING 3-10 MIN	99406	CPT	outpatient			109	37.74	Horizon	PPO		61.08				8.12	103.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BEHAV CHNG SMOKING 3-10 MIN	99406	CPT	outpatient			109	37.74	Managed Care Inc	Managed Care Inc		98.1			90	8.12	103.55	percent of total billed charges	
BEHAV CHNG SMOKING 3-10 MIN	99406	CPT	outpatient			109	37.74	Multiplan	Multiplan		87.2			80	8.12	103.55	percent of total billed charges	
BEHAV CHNG SMOKING 3-10 MIN	99406	CPT	outpatient			109	37.74	Qualcare	Qualcare		81.75			75	8.12	103.55	percent of total billed charges	
BEHAV CHNG SMOKING 3-10 MIN	99406	CPT	outpatient			109	37.74	Three Rivers	Three Rivers		103.55			95	8.12	103.55	percent of total billed charges	
BEHAV CHNG SMOKING 3-10 MIN	99406	CPT	outpatient			109	37.74	UHC	Medicare		32.82				8.12	103.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BEHAV CHNG SMOKING 3-10 MIN	99406	CPT	outpatient			109	37.74	UHC	Medicaid		34.39			31.55	8.12	103.55	percent of total billed charges	
BEHAV CHNG SMOKING 3-10 MIN	99406	CPT	outpatient			109	37.74	Wellcare	Medicare		32.82				8.12	103.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BEHAV CHNG SMOKING 3-10 MIN	99406	CPT	outpatient			109	37.74	Wellcare	Medicaid		34.39			31.55	8.12	103.55	percent of total billed charges	
BEHAV CHNG SMOKING 3-10 MIN	99406	CPT	outpatient			109	37.74	WellPoint	WellPoint		35.08			32.18	8.12	103.55	percent of total billed charges	
BEHAV CHNG SMOKING>10 MIN	99407	CPT	outpatient			109	37.74	Aetna	Better Health		34.39			31.55	15.56	103.55	percent of total billed charges	
BEHAV CHNG SMOKING>10 MIN	99407	CPT	outpatient			109	37.74	Aetna	Commercial		52.25				15.56	103.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BEHAV CHNG SMOKING>10 MIN	99407	CPT	outpatient			109	37.74	Aetna	Medicare		32.82				15.56	103.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BEHAV CHNG SMOKING>10 MIN	99407	CPT	outpatient			109	37.74	Americare	Americare		81.75			75	15.56	103.55	percent of total billed charges	
BEHAV CHNG SMOKING>10 MIN	99407	CPT	outpatient			109	37.74	Amerihealth	HMO/PPO		70.85			65	15.56	103.55	percent of total billed charges	
BEHAV CHNG SMOKING>10 MIN	99407	CPT	outpatient			109	37.74	Amerihealth	Medicare		32.82				15.56	103.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BEHAV CHNG SMOKING>10 MIN	99407	CPT	outpatient			109	37.74	Consumer	Consumer		103.55			95	15.56	103.55	percent of total billed charges	
BEHAV CHNG SMOKING>10 MIN	99407	CPT	outpatient			109	37.74	Corrections	Corrections		87.2			80	15.56	103.55	percent of total billed charges	
BEHAV CHNG SMOKING>10 MIN	99407	CPT	outpatient			109	37.74	First Health	First Health		76.3			70	15.56	103.55	percent of total billed charges	
BEHAV CHNG SMOKING>10 MIN	99407	CPT	outpatient			109	37.74	First Trenton	First Trenton		98.1			90	15.56	103.55	percent of total billed charges	
BEHAV CHNG SMOKING>10 MIN	99407	CPT	outpatient			109	37.74	Horizon	MGD		61.08				15.56	103.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BEHAV CHNG SMOKING>10 MIN	99407	CPT	outpatient			109	37.74	Horizon	Medicare Blue		32.82				15.56	103.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BEHAV CHNG SMOKING>10 MIN	99407	CPT	outpatient			109	37.74	Horizon	NJ Health		15.56				15.56	103.55	fee schedule	
BEHAV CHNG SMOKING>10 MIN	99407	CPT	outpatient			109	37.74	Horizon	Indemnity		61.08				15.56	103.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BEHAV CHNG SMOKING>10 MIN	99407	CPT	outpatient			109	37.74	Horizon	PPO		61.08				15.56	103.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BEHAV CHNG SMOKING>10 MIN	99407	CPT	outpatient			109	37.74	Managed Care Inc	Managed Care Inc		98.1			90	15.56	103.55	percent of total billed charges	
BEHAV CHNG SMOKING>10 MIN	99407	CPT	outpatient			109	37.74	Multiplan	Multiplan		87.2			80	15.56	103.55	percent of total billed charges	
BEHAV CHNG SMOKING>10 MIN	99407	CPT	outpatient			109	37.74	Qualcare	Qualcare		81.75			75	15.56	103.55	percent of total billed charges	
BEHAV CHNG SMOKING>10 MIN	99407	CPT	outpatient			109	37.74	Three Rivers	Three Rivers		103.55			95	15.56	103.55	percent of total billed charges	
BEHAV CHNG SMOKING>10 MIN	99407	CPT	outpatient			109	37.74	UHC	Medicaid		34.39			31.55	15.56	103.55	percent of total billed charges	
BEHAV CHNG SMOKING>10 MIN	99407	CPT	outpatient			109	37.74	UHC	Medicare		32.82				15.56	103.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BEHAV CHNG SMOKING>10 MIN	99407	CPT	outpatient			109	37.74	Wellcare	Medicaid		34.39			31.55	15.56	103.55	percent of total billed charges	
BEHAV CHNG SMOKING>10 MIN	99407	CPT	outpatient			109	37.74	Wellcare	Medicare		32.82				15.56	103.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BEHAV CHNG SMOKING>10 MIN	99407	CPT	outpatient			109	37.74	WellPoint	WellPoint		35.08			32.18	15.56	103.55	percent of total billed charges	
ADVANCED CARE PLAN 30 MIN	99497	CPT	outpatient			301	117.23	Aetna	Better Health		94.97			31.55	94.97	285.95	percent of total billed charges	
ADVANCED CARE PLAN 30 MIN	99497	CPT	outpatient			301	117.23	Aetna	Commercial		162.29				94.97	285.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADVANCED CARE PLAN 30 MIN	99497	CPT	outpatient			301	117.23	Aetna	Medicare		101.94				94.97	285.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADVANCED CARE PLAN 30 MIN	99497	CPT	outpatient			301	117.23	Americare	Americare		225.75			75	94.97	285.95	percent of total billed charges	
ADVANCED CARE PLAN 30 MIN	99497	CPT	outpatient			301	117.23	Amerihealth	HMO/PPO		195.65			65	94.97	285.95	percent of total billed charges	
ADVANCED CARE PLAN 30 MIN	99497	CPT	outpatient			301	117.23	Amerihealth	Medicare		101.94				94.97	285.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADVANCED CARE PLAN 30 MIN	99497	CPT	outpatient			301	117.23	Consumer	Consumer		285.95			95	94.97	285.95	percent of total billed charges	
ADVANCED CARE PLAN 30 MIN	99497	CPT	outpatient			301	117.23	Corrections	Corrections		240.8			80	94.97	285.95	percent of total billed charges	
ADVANCED CARE PLAN 30 MIN	99497	CPT	outpatient			301	117.23	First Health	First Health		210.7			70	94.97	285.95	percent of total billed charges	
ADVANCED CARE PLAN 30 MIN	99497	CPT	outpatient			301	117.23	First Trenton	First Trenton		270.9			90	94.97	285.95	percent of total billed charges	
ADVANCED CARE PLAN 30 MIN	99497	CPT	outpatient			301	117.23	Horizon	PPO		189.71				94.97	285.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADVANCED CARE PLAN 30 MIN	99497	CPT	outpatient			301	117.23	Horizon	MGD		189.71				94.97	285.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADVANCED CARE PLAN 30 MIN	99497	CPT	outpatient			301	117.23	Horizon	Indemnity		189.71				94.97	285.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADVANCED CARE PLAN 30 MIN	99497	CPT	outpatient			301	117.23	Horizon	Medicare Blue		101.94				94.97	285.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADVANCED CARE PLAN 30 MIN	99497	CPT	outpatient			301	117.23	Managed Care Inc	Managed Care Inc		270.9			90	94.97	285.95	percent of total billed charges	
ADVANCED CARE PLAN 30 MIN	99497	CPT	outpatient			301	117.23	Multiplan	Multiplan		240.8			80	94.97	285.95	percent of total billed charges	
ADVANCED CARE PLAN 30 MIN	99497	CPT	outpatient			301	117.23	Qualcare	Qualcare		225.75			75	94.97	285.95	percent of total billed charges	
ADVANCED CARE PLAN 30 MIN	99497	CPT	outpatient			301	117.23	Three Rivers	Three Rivers		285.95			95	94.97	285.95	percent of total billed charges	
ADVANCED CARE PLAN 30 MIN	99497	CPT	outpatient			301	117.23	UHC	Medicaid		94.97			31.55	94.97	285.95	percent of total billed charges	
ADVANCED CARE PLAN 30 MIN	99497	CPT	outpatient			301	117.23	UHC	Medicare		101.94				94.97	285.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADVANCED CARE PLAN 30 MIN	99497	CPT	outpatient			301	117.23	Wellcare	Medicaid		94.97			31.55	94.97	285.95	percent of total billed charges	
ADVANCED CARE PLAN 30 MIN	99497	CPT	outpatient			301	117.23	Wellcare	Medicare		101.94				94.97	285.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADVANCED CARE PLAN 30 MIN	99497	CPT	outpatient			301	117.23	WellPoint	WellPoint		96.86			32.18	94.97	285.95	percent of total billed charges	
NEONATAL TRANSPORT	A0225	HCPCS	outpatient			1779		Aetna	Medicare		547.93			30.8	533.7	1690.05	percent of total billed charges	
NEONATAL TRANSPORT	A0225	HCPCS	outpatient			1779		Aetna	Better Health		561.27			31.55	533.7	1690.05	percent of total billed charges	
NEONATAL TRANSPORT	A0225	HCPCS	outpatient			1779		Aetna	Commercial		676.02			38	533.7	1690.05	percent of total billed charges	
NEONATAL TRANSPORT	A0225	HCPCS	outpatient			1779		Americare	Americare		1334.25			75	533.7	1690.05	percent of total billed charges	
NEONATAL TRANSPORT	A0225	HCPCS	outpatient			1779		Amerihealth	HMO/PPO		1156.35			65	533.7	1690.05	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.															
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true														
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
NEONATAL TRANSPORT	A0225	HCPCS	outpatient			1779		Consumer	Consumer		1690.05	95			533.7	1690.05	percent of total billed charges	
NEONATAL TRANSPORT	A0225	HCPCS	outpatient			1779		Corrections	Corrections		1423.2	80			533.7	1690.05	percent of total billed charges	
NEONATAL TRANSPORT	A0225	HCPCS	outpatient			1779		First Health	First Health		1245.3	70			533.7	1690.05	percent of total billed charges	
NEONATAL TRANSPORT	A0225	HCPCS	outpatient			1779		First Trenton	First Trenton		1601.1	90			533.7	1690.05	percent of total billed charges	
NEONATAL TRANSPORT	A0225	HCPCS	outpatient			1779		Horizon	MGD		681	38.28			533.7	1690.05	percent of total billed charges	
NEONATAL TRANSPORT	A0225	HCPCS	outpatient			1779		Horizon	Medicare Blue		533.7	30			533.7	1690.05	percent of total billed charges	
NEONATAL TRANSPORT	A0225	HCPCS	outpatient			1779		Horizon	Indemnity		681	38.28			533.7	1690.05	percent of total billed charges	
NEONATAL TRANSPORT	A0225	HCPCS	outpatient			1779		Horizon	PPO		681	38.28			533.7	1690.05	percent of total billed charges	
NEONATAL TRANSPORT	A0225	HCPCS	outpatient			1779		Managed Care Inc	Managed Care Inc		1601.1	90			533.7	1690.05	percent of total billed charges	
NEONATAL TRANSPORT	A0225	HCPCS	outpatient			1779		Multiplan	Multiplan		1423.2	80			533.7	1690.05	percent of total billed charges	
NEONATAL TRANSPORT	A0225	HCPCS	outpatient			1779		Qualcare	Qualcare		1334.25	75			533.7	1690.05	percent of total billed charges	
NEONATAL TRANSPORT	A0225	HCPCS	outpatient			1779		Three Rivers	Three Rivers		1690.05	95			533.7	1690.05	percent of total billed charges	
NEONATAL TRANSPORT	A0225	HCPCS	outpatient			1779		UHC	Medicaid		561.27	31.55			533.7	1690.05	percent of total billed charges	
NEONATAL TRANSPORT	A0225	HCPCS	outpatient			1779		Wellcare	Medicaid		561.27	31.55			533.7	1690.05	percent of total billed charges	
NEONATAL TRANSPORT	A0225	HCPCS	outpatient			1779		WellPoint	WellPoint		572.48	32.18			533.7	1690.05	percent of total billed charges	
1/10TH MILE BLS	A0425	HCPCS	outpatient			28		10.28 Aetna	Medicare		8.94				4	26.6	fee schedule	
1/10TH MILE BLS	A0425	HCPCS	outpatient			28		10.28 Aetna	Commercial		10.64	38			4	26.6	percent of total billed charges	
1/10TH MILE BLS	A0425	HCPCS	outpatient			28		10.28 Aetna	Better Health		8.83	31.55			4	26.6	percent of total billed charges	
1/10TH MILE BLS	A0425	HCPCS	outpatient			28		10.28 Americare	Americare		21	75			4	26.6	percent of total billed charges	
1/10TH MILE BLS	A0425	HCPCS	outpatient			28		10.28 Amerihealth	Medicare		8.94				4	26.6	fee schedule	
1/10TH MILE BLS	A0425	HCPCS	outpatient			28		10.28 Consumer	Consumer		26.6	95			4	26.6	percent of total billed charges	
1/10TH MILE BLS	A0425	HCPCS	outpatient			28		10.28 Corrections	Corrections		22.4	80			4	26.6	percent of total billed charges	
1/10TH MILE BLS	A0425	HCPCS	outpatient			28		10.28 First Health	First Health		19.6	70			4	26.6	percent of total billed charges	
1/10TH MILE BLS	A0425	HCPCS	outpatient			28		10.28 First Trenton	First Trenton		25.2	90			4	26.6	percent of total billed charges	
1/10TH MILE BLS	A0425	HCPCS	outpatient			28		10.28 Horizon	MGD		10.72	38.28			4	26.6	percent of total billed charges	
1/10TH MILE BLS	A0425	HCPCS	outpatient			28		10.28 Horizon	Medicare Blue		8.4	30			4	26.6	percent of total billed charges	
1/10TH MILE BLS	A0425	HCPCS	outpatient			28		10.28 Horizon	Indemnity		10.72	38.28			4	26.6	percent of total billed charges	
1/10TH MILE BLS	A0425	HCPCS	outpatient			28		10.28 Horizon	PPO		10.72	38.28			4	26.6	percent of total billed charges	
1/10TH MILE BLS	A0425	HCPCS	outpatient			28		10.28 Horizon	NJ Health		4				4	26.6	fee schedule	
1/10TH MILE BLS	A0425	HCPCS	outpatient			28		10.28 Managed Care Inc	Managed Care Inc		25.2	90			4	26.6	percent of total billed charges	
1/10TH MILE BLS	A0425	HCPCS	outpatient			28		10.28 Multiplan	Multiplan		22.4	80			4	26.6	percent of total billed charges	
1/10TH MILE BLS	A0425	HCPCS	outpatient			28		10.28 Qualcare	Qualcare		21	75			4	26.6	percent of total billed charges	
1/10TH MILE BLS	A0425	HCPCS	outpatient			28		10.28 Three Rivers	Three Rivers		26.6	95			4	26.6	percent of total billed charges	
1/10TH MILE BLS	A0425	HCPCS	outpatient			28		10.28 UHC	Medicare		8.94				4	26.6	fee schedule	
1/10TH MILE BLS	A0425	HCPCS	outpatient			28		10.28 UHC	Medicaid		8.83	31.55			4	26.6	percent of total billed charges	
1/10TH MILE BLS	A0425	HCPCS	outpatient			28		10.28 Wellcare	Medicaid		8.83	31.55			4	26.6	percent of total billed charges	
1/10TH MILE BLS	A0425	HCPCS	outpatient			28		10.28 Wellcare	Medicare		8.94				4	26.6	fee schedule	
1/10TH MILE BLS	A0425	HCPCS	outpatient			28		10.28 WellPoint	WellPoint		9.01	32.18			4	26.6	percent of total billed charges	
ALS NON-EMERGENCY TRANSPORT	A0426	HCPCS	outpatient			1090		429.66 Aetna	Commercial		414.2	38			210	1035.5	percent of total billed charges	
ALS NON-EMERGENCY TRANSPORT	A0426	HCPCS	outpatient			1090		429.66 Aetna	Better Health		343.9	31.55			210	1035.5	percent of total billed charges	
ALS NON-EMERGENCY TRANSPORT	A0426	HCPCS	outpatient			1090		429.66 Aetna	Medicare		373.62				210	1035.5	fee schedule	
ALS NON-EMERGENCY TRANSPORT	A0426	HCPCS	outpatient			1090		429.66 Americare	Americare		817.5	75			210	1035.5	percent of total billed charges	
ALS NON-EMERGENCY TRANSPORT	A0426	HCPCS	outpatient			1090		429.66 Amerihealth	Medicare		373.62				210	1035.5	fee schedule	
ALS NON-EMERGENCY TRANSPORT	A0426	HCPCS	outpatient			1090		429.66 Consumer	Consumer		1035.5	95			210	1035.5	percent of total billed charges	
ALS NON-EMERGENCY TRANSPORT	A0426	HCPCS	outpatient			1090		429.66 Corrections	Corrections		872	80			210	1035.5	percent of total billed charges	
ALS NON-EMERGENCY TRANSPORT	A0426	HCPCS	outpatient			1090		429.66 First Health	First Health		763	70			210	1035.5	percent of total billed charges	
ALS NON-EMERGENCY TRANSPORT	A0426	HCPCS	outpatient			1090		429.66 First Trenton	First Trenton		981	90			210	1035.5	percent of total billed charges	
ALS NON-EMERGENCY TRANSPORT	A0426	HCPCS	outpatient			1090		429.66 Horizon	Medicare Blue		327	30			210	1035.5	percent of total billed charges	
ALS NON-EMERGENCY TRANSPORT	A0426	HCPCS	outpatient			1090		429.66 Horizon	Indemnity		417.25	38.28			210	1035.5	percent of total billed charges	
ALS NON-EMERGENCY TRANSPORT	A0426	HCPCS	outpatient			1090		429.66 Horizon	MGD		417.25	38.28			210	1035.5	percent of total billed charges	
ALS NON-EMERGENCY TRANSPORT	A0426	HCPCS	outpatient			1090		429.66 Horizon	PPO		417.25	38.28			210	1035.5	percent of total billed charges	
ALS NON-EMERGENCY TRANSPORT	A0426	HCPCS	outpatient			1090		429.66 Horizon	NJ Health		210				210	1035.5	fee schedule	
ALS NON-EMERGENCY TRANSPORT	A0426	HCPCS	outpatient			1090		429.66 Managed Care Inc	Managed Care Inc		981	90			210	1035.5	percent of total billed charges	
ALS NON-EMERGENCY TRANSPORT	A0426	HCPCS	outpatient			1090		429.66 Multiplan	Multiplan		872	80			210	1035.5	percent of total billed charges	
ALS NON-EMERGENCY TRANSPORT	A0426	HCPCS	outpatient			1090		429.66 Qualcare	Qualcare		817.5	75			210	1035.5	percent of total billed charges	
ALS NON-EMERGENCY TRANSPORT	A0426	HCPCS	outpatient			1090		429.66 Three Rivers	Three Rivers		1035.5	95			210	1035.5	percent of total billed charges	
ALS NON-EMERGENCY TRANSPORT	A0426	HCPCS	outpatient			1090		429.66 UHC	Medicare		373.62				210	1035.5	fee schedule	
ALS NON-EMERGENCY TRANSPORT	A0426	HCPCS	outpatient			1090		429.66 UHC	Medicaid		343.9	31.55			210	1035.5	percent of total billed charges	
ALS NON-EMERGENCY TRANSPORT	A0426	HCPCS	outpatient			1090		429.66 Wellcare	Medicare		373.62				210	1035.5	fee schedule	
ALS NON-EMERGENCY TRANSPORT	A0426	HCPCS	outpatient			1090		429.66 Wellcare	Medicaid		343.9	31.55			210	1035.5	percent of total billed charges	
ALS NON-EMERGENCY TRANSPORT	A0426	HCPCS	outpatient			1090		429.66 WellPoint	WellPoint		350.76	32.18			210	1035.5	percent of total billed charges	
ALS TREATMENT	A0427	HCPCS	outpatient			2733		680.29 Aetna	Medicare		591.56				335	2596.35	fee schedule	
ALS TREATMENT	A0427	HCPCS	outpatient			2733		680.29 Aetna	Better Health		862.26	31.55			335	2596.35	percent of total billed charges	
ALS TREATMENT	A0427	HCPCS	outpatient			2733		680.29 Aetna	Commercial		1038.54	38			335	2596.35	percent of total billed charges	
ALS TREATMENT	A0427	HCPCS	outpatient			2733		680.29 Americare	Americare		2049.75	75			335	2596.35	percent of total billed charges	
ALS TREATMENT	A0427	HCPCS	outpatient			2733		680.29 Amerihealth	Medicare		591.56				335	2596.35	fee schedule	
ALS TREATMENT	A0427	HCPCS	outpatient			2733		680.29 Consumer	Consumer		2596.35	95			335	2596.35	percent of total billed charges	
ALS TREATMENT	A0427	HCPCS	outpatient			2733		680.29 Corrections	Corrections		2186.4	80			335	2596.35	percent of total billed charges	
ALS TREATMENT	A0427	HCPCS	outpatient			2733		680.29 First Health	First Health		1913.1	70			335	2596.35	percent of total billed charges	
ALS TREATMENT	A0427	HCPCS	outpatient			2733		680.29 First Trenton	First Trenton		2459.7	90			335	2596.35	percent of total billed charges	
ALS TREATMENT	A0427	HCPCS	outpatient			2733		680.29 Horizon	PPO		1046.19	38.28			335	2596.35	percent of total billed charges	
ALS TREATMENT	A0427	HCPCS	outpatient			2733		680.29 Horizon	MGD		1046.19	38.28			335	2596.35	percent of total billed charges	
ALS TREATMENT	A0427	HCPCS	outpatient			2733		680.29 Horizon	Indemnity		1046.19	38.28			335	2596.35	percent of total billed charges	
ALS TREATMENT	A0427	HCPCS	outpatient			2733		680.29 Horizon	NJ Health		335				335	2596.35	fee schedule	
ALS TREATMENT	A0427	HCPCS	outpatient			2733		680.29 Horizon	Medicare Blue		819.9	30			335	2596.35	percent of total billed charges	
ALS TREATMENT	A0427	HCPCS	outpatient			2733		680.29 Managed Care Inc	Managed Care Inc		2459.7	90			335	2596.35	percent of total billed charges	
ALS TREATMENT	A0427	HCPCS	outpatient			2733		680.29 Multiplan	Multiplan		2186.4	80			335	2596.35	percent of total billed charges	
ALS TREATMENT	A0427	HCPCS	outpatient			2733		680.29 Qualcare	Qualcare		2049.75	75			335	2596.35	percent of total billed charges	
ALS TREATMENT	A0427	HCPCS	outpatient			2733		680.29 Three Rivers	Three Rivers		2596.35	95			335	2596.35	percent of total billed charges	
ALS TREATMENT	A0427	HCPCS	outpatient			2733		680.29 UHC	Medicaid		862.26	31.55			335	2596.35	percent of total billed charges	
ALS TREATMENT	A0427	HCPCS	outpatient			2733		680.29 UHC	Medicare		591.56				335	2596.35	fee schedule	
ALS TREATMENT	A0427	HCPCS	outpatient			2733		680.29 Wellcare	Medicare		591.56				335	2596.35	fee schedule	
ALS TREATMENT	A0427	HCPCS	outpatient			2733		680.29 Wellcare	Medicaid		862.26	31.55			335	2596.35	percent of total billed charges	
ALS TREATMENT	A0427	HCPCS	outpatient			2733		680.29 WellPoint	WellPoint		879.48	32.18			335	2596.35	percent of total billed charges	
BLS-NON EMERGENT TRANSPORT	A0428	HCPCS	outpatient			1040		358.05 Aetna	Commercial		395.2	38			175	988	percent of total billed charges	
BLS-NON EMERGENT TRANSPORT	A0428	HCPCS	outpatient			1040		358.05 Aetna	Better Health		328.12	31.55			175	988	percent of total billed charges	
BLS-NON EMERGENT TRANSPORT	A0428	HCPCS	outpatient			1040		358.05 Aetna	Medicare		311.35				175	988	fee schedule	
BLS-NON EMERGENT TRANSPORT	A0428	HCPCS	outpatient			1040		358.05 Americare	Americare		780	75			175	988	percent of total billed charges	
BLS-NON EMERGENT TRANSPORT	A0428	HCPCS	outpatient			1040		358.05 Amerihealth	Medicare		311.35				175	988	fee schedule	
BLS-NON EMERGENT TRANSPORT	A0428	HCPCS	outpatient			1040		358.05 Consumer	Consumer		988	95			175	988	percent of total billed charges	
BLS-NON EMERGENT TRANSPORT	A0428	HCPCS	outpatient			1040		358.05 Corrections	Corrections		832	80			175	988	percent of total billed charges	
BLS-NON EMERGENT TRANSPORT	A0428	HCPCS	outpatient			1040		358.05 First Health	First Health		728	70			175	988	percent of total billed charges	
BLS-NON EMERGENT TRANSPORT	A0428	HCPCS	outpatient			1040		358.05 First Trenton	First Trenton		936	90			175	988	percent of total billed charges	
BLS-NON EMERGENT TRANSPORT	A0428	HCPCS	outpatient			1040		358.05 Horizon	Indemnity		398.11	38.28			175	988	percent of total billed charges	
BLS-NON EMERGENT TRANSPORT	A0428	HCPCS	outpatient			1040		358.05 Horizon	MGD		398.11	38.28			175	988	percent of total billed charges	
BLS-NON EMERGENT TRANSPORT	A0428	HCPCS	outpatient			1040		358.05 Horizon	Medicare Blue		312	30			175	988	percent of total billed charges	
BLS-NON EMERGENT TRANSPORT	A0428	HCPCS	outpatient			1040		358.05 Horizon	NJ Health		175				175	988	fee schedule	
BLS-NON EMERGENT TRANSPORT	A0428	HCPCS	outpatient			1040		358.05 Horizon	PPO		398.11	38.28			175	988	percent of total billed charges	
BLS-NON EMERGENT TRANSPORT	A0428	HCPCS	outpatient			1040		358.05 Managed Care Inc	Managed Care Inc		936	90			175	988	percent of total billed charges	
BLS-NON EMERGENT TRANSPORT	A0428	HCPCS	outpatient			1040		358.05 Multiplan	Multiplan		832	80			175	988	percent of total billed charges	
BLS-NON EMERGENT TRANSPORT	A0428	HCPCS	outpatient			1040		358.05 Qualcare	Qualcare		780	75			175	988	percent of total billed charges	
BLS-NON EMERGENT TRANSPORT	A0428	HCPCS	outpatient			1040		358.05 Three Rivers	Three Rivers		988	95			175	988	percent of total billed charges	
BLS-NON EMERGENT TRANSPORT	A0428	HCPCS	outpatient			1040		358.05 UHC	Medicaid		328.12	31.55			175	988	percent of total billed charges	
BLS-NON EMERGENT TRANSPORT	A0428	HCPCS	outpatient			1040		358.05 UHC	Medicare		311.35				175	988	fee schedule	
BLS-NON EMERGENT TRANSPORT	A0428	HCPCS	outpatient			1040		358.05 Wellcare	Medicaid		328.12	31.55			175	988	percent of total billed charges	
BLS-NON EMERGENT TRANSPORT	A0428	HCPCS	outpatient			1040		358.05 Wellcare	Medicare		311.35				175	988	fee schedule	
BLS-NON EMERGENT TRANSPORT	A0428	HCPCS	outpatient			1040		358.05 WellPoint	WellPoint		334.67	32.18			175	988	percent of total billed charges	
BLS EMERGENCY	A0429	HCPCS	outpatient			1040		572.87 Aetna	Medicare		498.15				280	988	fee schedule	
BLS EMERGENCY	A0429	HCPCS	outpatient			1040		572.87 Aetna	Commercial		395.2	38			280	988	percent of total billed charges	
BLS EMERGENCY	A0429	HCPCS	outpatient			1040		572.87 Aetna	Better Health		328.12	31.55			280	988	percent of total billed charges	
BLS EMERGENCY	A0429	HCPCS	outpatient			1040		572.87 Americare	Americare		780	75			280	988	percent of total billed charges	
BLS EMERGENCY	A0429	HCPCS	outpatient			1040		572.87 Amerihealth	Medicare		498.15				280	988	fee schedule	
BLS EMERGENCY	A0429	HCPCS	outpatient			1040		572.87 Consumer	Consumer		988	95			280	988	percent of total billed charges	
BLS EMERGENCY	A0429	HCPCS	outpatient			1040		572.87 Corrections	Corrections		832	80			280	988	percent of total billed charges	
BLS EMERGENCY	A0429	HCPCS	outpatient			1040		572.87 First Health	First Health		728	70			280	988	percent of total billed charges	
BLS EMERGENCY	A0429	HCPCS	outpatient			1040		572.87 First Trenton	First Trenton		936	90			280	988	percent of total billed charges	
BLS EMERGENCY	A0429	HCPCS	outpatient			1040		572.87 Horizon	Medicare Blue		312	30			280	988	percent of total billed charges	
BLS EMERGENCY	A0429	HCPCS	outpatient			1040		572.87 Horizon	Indemnity		398.11	38.28			280	988	percent of total billed charges	
BLS EMERGENCY	A0429	HCPCS	outpatient			1040		572.87 Horizon	MGD		398.11	38.28			280	988	percent of total billed charges	
BLS EMERGENCY	A0429	HCPCS	outpatient			1040		572.87 Horizon	PPO		398.11	38.28			280	988	percent of total billed charges	
BLS EMERGENCY	A0429	HCPCS	outpatient			1040		572.87 Horizon	NJ Health		280				280	988	fee schedule	
BLS EMERGENCY	A0429	HCPCS	outpatient			1040		572.87 Managed Care Inc	Managed Care Inc		936	90			280	988	percent of total billed charges	
BLS EMERGENCY	A0429	HCPCS	outpatient			1040		572.87 Multiplan	Multiplan		832	80			280	988	percent of total billed charges	
BLS EMERGENCY	A0429	HCPCS	outpatient			1040		572.87 Qualcare	Qualcare		780	75			280	988	percent of total billed charges	
BLS EMERGENCY	A0429	HCPCS	outpatient			1040		572.87 Three Rivers	Three Rivers		988	95			280	988	percent of total billed charges	
BLS EMERGENCY	A0429	HCPCS	outpatient			1040		572.87 UHC	Medicaid		328.12	31.55			280	988	percent of total billed charges	
BLS EMERGENCY	A0429	HCPCS	outpatient			1040		572.87 UHC	Medicare		498.15				280	988	fee schedule	
BLS EMERGENCY	A0429	HCPCS	outpatient			1040		572.87 Wellcare	Medicaid		328.12	31.55			280	988	percent of total billed charges	
BLS EMERGENCY	A0429	HCPCS	outpatient			1040		572.87 Wellcare	Medicare		498.15				280	988	fee schedule	
BLS EMERGENCY	A0429	HCPCS	outpatient			1040		572.87 WellPoint	WellPoint		334.67	32.18			280	988	percent of total billed charges	
ALS LEVEL 2 UMD TREAT&TRANSP	A0433	HCPCS	outpatient			3717		984.63 Aetna	Medicare		856.2				395	3531.15	fee schedule	
ALS LEVEL 2 UMD TREAT&TRANSP	A0433	HCPCS	outpatient			3717		984.63 Aetna	Better Health		1172.71	31.55			395	3531.15	percent of total billed charges	
ALS LEVEL 2 UMD TREAT&TRANSP	A0433	HCPCS	outpatient			3717		984.63 Aetna	Commercial		1412.46	38			395	3531.15	percent of total billed charges	
ALS LEVEL 2 UMD TREAT&TRANSP	A0433	HCPCS	outpatient			3717		984.63 Americare	Americare		2787.75	75			395	3531.15	percent of total billed charges	
ALS LEVEL 2 UMD TREAT&TRANSP	A0433	HCPCS	outpatient			3717		984.63 Amerihealth	Medicare		856.2				395	3531.15	fee schedule	
ALS LEVEL 2 UMD TREAT&TRANSP	A0433	HCPCS	outpatient			3717		984.63 Consumer	Consumer		3531.15	95			395	3531.15	percent of total billed charges	
ALS LEVEL 2 UMD TREAT&TRANSP	A0433	HCPCS	outpatient			3717		984.63 Corrections	Corrections		2973.6	80			395	3531.15	percent of total billed charges	
ALS LEVEL 2 UMD TREAT&TRANSP	A0433	HCPCS	outpatient			3717		984.63 First Health	First Health		2601.9	70			395	3531.15	percent of total billed charges	
ALS LEVEL 2 UMD TREAT&TRANSP	A0433	HCPCS	outpatient			3717		984.63 First Trenton	First Trenton		3345.3	90			395	3531.15	percent of total billed charges	
ALS LEVEL 2 UMD TREAT&TRANSP	A0433	HCPCS	outpatient			3717		984.63 Horizon	MGD		1422.87	38.28			395	3531.15	percent of total billed charges	
ALS LEVEL 2 UMD TREAT&TRANSP	A0433	HCPCS	outpatient			3717		984.63 Horizon	Medicare Blue		1115.1	30			395	3531.15	percent of total billed charges	
ALS LEVEL 2 UMD TREAT&TRANSP	A0433	HCPCS	outpatient			3717		984.63 Horizon	Indemnity		1422.87	38.28			395	3531.15	percent of total billed charges	
ALS LEVEL 2 UMD TREAT&TRANSP	A0433	HCPCS	outpatient			3717		984.63 Horizon	NJ Health		395				395	3531.15	fee schedule	
ALS LEVEL 2 UMD TREAT&TRANSP	A0433	HCPCS	outpatient			3717		984.63 Horizon	PPO		1422.87	38.28			395	3531.15	percent of total billed charges	
ALS LEVEL 2 UMD TREAT&TRANSP	A0433	HCPCS	outpatient			3717		984.63 Managed Care Inc	Managed Care Inc		3345.3	90			395	3531.15	percent of total billed charges	
ALS LEVEL 2 UMD TREAT&TRANSP	A0433	HCPCS	outpatient			3717		984.63 Multiplan	Multiplan		2973.6	80			395	3531.15	percent of total billed charges	
ALS LEVEL 2 UMD TREAT&TRANSP	A0433	HCPCS	outpatient			3717		984.63 Qualcare	Qualcare		2787.75	75			395	3531.15	percent of total billed charges	
ALS LEVEL 2 UMD TREAT&TRANSP	A0433	HCPCS	outpatient			3717		984.63 Three Rivers	Three Rivers		3531.15	95			395	3531.15	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.													
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true												
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ALS LEVEL 2 UMD TREAT&TRANSP	A0433	HCPCS	outpatient			3717	984.63	UHC	Medicaid		1172.71	31.55			395	3531.15	percent of total billed charges	
ALS LEVEL 2 UMD TREAT&TRANSP	A0433	HCPCS	outpatient			3717	984.63	UHC	Medicare		856.2				395	3531.15	fee schedule	
ALS LEVEL 2 UMD TREAT&TRANSP	A0433	HCPCS	outpatient			3717	984.63	Wellcare	Medicare		856.2				395	3531.15	fee schedule	
ALS LEVEL 2 UMD TREAT&TRANSP	A0433	HCPCS	outpatient			3717	984.63	Wellcare	Medicaid		1172.71	31.55			395	3531.15	percent of total billed charges	
ALS LEVEL 2 UMD TREAT&TRANSP	A0433	HCPCS	outpatient			3717	984.63	WellPoint	WellPoint		1196.13	32.18			395	3531.15	percent of total billed charges	
SPECIALTY CARE TRANSPORT	A0434	HCPCS	outpatient			3826	1163.66	Aetna	Better Health		1207.1	31.55			575	3634.7	percent of total billed charges	
SPECIALTY CARE TRANSPORT	A0434	HCPCS	outpatient			3826	1163.66	Aetna	Medicare		1011.88				575	3634.7	fee schedule	
SPECIALTY CARE TRANSPORT	A0434	HCPCS	outpatient			3826	1163.66	Aetna	Commercial		1453.88	38			575	3634.7	percent of total billed charges	
SPECIALTY CARE TRANSPORT	A0434	HCPCS	outpatient			3826	1163.66	Americare	Americare		2869.5	75			575	3634.7	percent of total billed charges	
SPECIALTY CARE TRANSPORT	A0434	HCPCS	outpatient			3826	1163.66	Amerihealth	Medicare		1011.88				575	3634.7	fee schedule	
SPECIALTY CARE TRANSPORT	A0434	HCPCS	outpatient			3826	1163.66	Consumer	Consumer		3634.7	95			575	3634.7	percent of total billed charges	
SPECIALTY CARE TRANSPORT	A0434	HCPCS	outpatient			3826	1163.66	Corrections	Corrections		3060.8	80			575	3634.7	percent of total billed charges	
SPECIALTY CARE TRANSPORT	A0434	HCPCS	outpatient			3826	1163.66	First Health	First Health		2678.2	70			575	3634.7	percent of total billed charges	
SPECIALTY CARE TRANSPORT	A0434	HCPCS	outpatient			3826	1163.66	First Trenton	First Trenton		3443.4	90			575	3634.7	percent of total billed charges	
SPECIALTY CARE TRANSPORT	A0434	HCPCS	outpatient			3826	1163.66	Horizon	MGD		1464.59	38.28			575	3634.7	percent of total billed charges	
SPECIALTY CARE TRANSPORT	A0434	HCPCS	outpatient			3826	1163.66	Horizon	NJ Health		575				575	3634.7	fee schedule	
SPECIALTY CARE TRANSPORT	A0434	HCPCS	outpatient			3826	1163.66	Horizon	Medicare Blue		1147.8	30			575	3634.7	percent of total billed charges	
SPECIALTY CARE TRANSPORT	A0434	HCPCS	outpatient			3826	1163.66	Horizon	Indemnity		1464.59	38.28			575	3634.7	percent of total billed charges	
SPECIALTY CARE TRANSPORT	A0434	HCPCS	outpatient			3826	1163.66	Horizon	PPO		1464.59	38.28			575	3634.7	percent of total billed charges	
SPECIALTY CARE TRANSPORT	A0434	HCPCS	outpatient			3826	1163.66	Managed Care Inc	Managed Care Inc		3443.4	90			575	3634.7	percent of total billed charges	
SPECIALTY CARE TRANSPORT	A0434	HCPCS	outpatient			3826	1163.66	Multiplan	Multiplan		3060.8	80			575	3634.7	percent of total billed charges	
SPECIALTY CARE TRANSPORT	A0434	HCPCS	outpatient			3826	1163.66	Qualcare	Qualcare		2869.5	75			575	3634.7	percent of total billed charges	
SPECIALTY CARE TRANSPORT	A0434	HCPCS	outpatient			3826	1163.66	Three Rivers	Three Rivers		3634.7	95			575	3634.7	percent of total billed charges	
SPECIALTY CARE TRANSPORT	A0434	HCPCS	outpatient			3826	1163.66	UHC	Medicare		1011.88				575	3634.7	fee schedule	
SPECIALTY CARE TRANSPORT	A0434	HCPCS	outpatient			3826	1163.66	UHC	Medicaid		1207.1	31.55			575	3634.7	percent of total billed charges	
SPECIALTY CARE TRANSPORT	A0434	HCPCS	outpatient			3826	1163.66	Wellcare	Medicare		1011.88				575	3634.7	fee schedule	
SPECIALTY CARE TRANSPORT	A0434	HCPCS	outpatient			3826	1163.66	Wellcare	Medicaid		1207.1	31.55			575	3634.7	percent of total billed charges	
SPECIALTY CARE TRANSPORT	A0434	HCPCS	outpatient			3826	1163.66	WellPoint	WellPoint		1231.21	32.18			575	3634.7	percent of total billed charges	
RESCUE & VEHICLE EXTRICATION	A0999	HCPCS	outpatient			1968		Aetna	Medicare		606.14	30.8			590.4	1869.6	percent of total billed charges	
RESCUE & VEHICLE EXTRICATION	A0999	HCPCS	outpatient			1968		Aetna	Better Health		620.9	31.55			590.4	1869.6	percent of total billed charges	
RESCUE & VEHICLE EXTRICATION	A0999	HCPCS	outpatient			1968		Aetna	Commercial		747.84	38			590.4	1869.6	percent of total billed charges	
RESCUE & VEHICLE EXTRICATION	A0999	HCPCS	outpatient			1968		Americare	Americare		1476	75			590.4	1869.6	percent of total billed charges	
RESCUE & VEHICLE EXTRICATION	A0999	HCPCS	outpatient			1968		Amerihealth	HMO/PPO		1279.2	65			590.4	1869.6	percent of total billed charges	
RESCUE & VEHICLE EXTRICATION	A0999	HCPCS	outpatient			1968		Consumer	Consumer		1869.6	95			590.4	1869.6	percent of total billed charges	
RESCUE & VEHICLE EXTRICATION	A0999	HCPCS	outpatient			1968		Corrections	Corrections		1574.4	80			590.4	1869.6	percent of total billed charges	
RESCUE & VEHICLE EXTRICATION	A0999	HCPCS	outpatient			1968		First Health	First Health		1377.6	70			590.4	1869.6	percent of total billed charges	
RESCUE & VEHICLE EXTRICATION	A0999	HCPCS	outpatient			1968		First Trenton	First Trenton		1771.2	90			590.4	1869.6	percent of total billed charges	
RESCUE & VEHICLE EXTRICATION	A0999	HCPCS	outpatient			1968		Horizon	MGD		753.35	38.28			590.4	1869.6	percent of total billed charges	
RESCUE & VEHICLE EXTRICATION	A0999	HCPCS	outpatient			1968		Horizon	Indemnity		753.35	38.28			590.4	1869.6	percent of total billed charges	
RESCUE & VEHICLE EXTRICATION	A0999	HCPCS	outpatient			1968		Horizon	PPO		753.35	38.28			590.4	1869.6	percent of total billed charges	
RESCUE & VEHICLE EXTRICATION	A0999	HCPCS	outpatient			1968		Horizon	Medicare Blue		590.4	30			590.4	1869.6	percent of total billed charges	
RESCUE & VEHICLE EXTRICATION	A0999	HCPCS	outpatient			1968		Managed Care Inc	Managed Care Inc		1771.2	90			590.4	1869.6	percent of total billed charges	
RESCUE & VEHICLE EXTRICATION	A0999	HCPCS	outpatient			1968		Multiplan	Multiplan		1574.4	80			590.4	1869.6	percent of total billed charges	
RESCUE & VEHICLE EXTRICATION	A0999	HCPCS	outpatient			1968		Qualcare	Qualcare		1476	75			590.4	1869.6	percent of total billed charges	
RESCUE & VEHICLE EXTRICATION	A0999	HCPCS	outpatient			1968		Three Rivers	Three Rivers		1869.6	95			590.4	1869.6	percent of total billed charges	
RESCUE & VEHICLE EXTRICATION	A0999	HCPCS	outpatient			1968		UHC	Medicaid		620.9	31.55			590.4	1869.6	percent of total billed charges	
RESCUE & VEHICLE EXTRICATION	A0999	HCPCS	outpatient			1968		Wellcare	Medicaid		620.9	31.55			590.4	1869.6	percent of total billed charges	
RESCUE & VEHICLE EXTRICATION	A0999	HCPCS	outpatient			1968		WellPoint	WellPoint		633.3	32.18			590.4	1869.6	percent of total billed charges	
STERILE WATER IRRIG.	A4216	HCPCS	outpatient			96	0.69	Aetna	Medicare		0.6				0.6	91.2	fee schedule	
STERILE WATER IRRIG.	A4216	HCPCS	outpatient			96	0.69	Aetna	Better Health		30.29	31.55			0.6	91.2	percent of total billed charges	
STERILE WATER IRRIG.	A4216	HCPCS	outpatient			96	0.69	Aetna	Commercial		36.48	38			0.6	91.2	percent of total billed charges	
STERILE WATER IRRIG.	A4216	HCPCS	outpatient			96	0.69	Americare	Americare		72	75			0.6	91.2	percent of total billed charges	
STERILE WATER IRRIG.	A4216	HCPCS	outpatient			96	0.69	Amerihealth	Medicare		0.6				0.6	91.2	fee schedule	
STERILE WATER IRRIG.	A4216	HCPCS	outpatient			96	0.69	Amerihealth	HMO/PPO		62.4	65			0.6	91.2	percent of total billed charges	
STERILE WATER IRRIG.	A4216	HCPCS	outpatient			96	0.69	Consumer	Consumer		91.2	95			0.6	91.2	percent of total billed charges	
STERILE WATER IRRIG.	A4216	HCPCS	outpatient			96	0.69	Corrections	Corrections		76.8	80			0.6	91.2	percent of total billed charges	
STERILE WATER IRRIG.	A4216	HCPCS	outpatient			96	0.69	First Health	First Health		67.2	70			0.6	91.2	percent of total billed charges	
STERILE WATER IRRIG.	A4216	HCPCS	outpatient			96	0.69	First Trenton	First Trenton		86.4	90			0.6	91.2	percent of total billed charges	
STERILE WATER IRRIG.	A4216	HCPCS	outpatient			96	0.69	Horizon	MGD		36.75	38.28			0.6	91.2	percent of total billed charges	
STERILE WATER IRRIG.	A4216	HCPCS	outpatient			96	0.69	Horizon	Medicare Blue		28.8	30			0.6	91.2	percent of total billed charges	
STERILE WATER IRRIG.	A4216	HCPCS	outpatient			96	0.69	Horizon	PPO		36.75	38.28			0.6	91.2	percent of total billed charges	
STERILE WATER IRRIG.	A4216	HCPCS	outpatient			96	0.69	Horizon	Indemnity		36.75	38.28			0.6	91.2	percent of total billed charges	
STERILE WATER IRRIG.	A4216	HCPCS	outpatient			96	0.69	Managed Care Inc	Managed Care Inc		86.4	90			0.6	91.2	percent of total billed charges	
STERILE WATER IRRIG.	A4216	HCPCS	outpatient			96	0.69	Multiplan	Multiplan		76.8	80			0.6	91.2	percent of total billed charges	
STERILE WATER IRRIG.	A4216	HCPCS	outpatient			96	0.69	Qualcare	Qualcare		72	75			0.6	91.2	percent of total billed charges	
STERILE WATER IRRIG.	A4216	HCPCS	outpatient			96	0.69	Three Rivers	Three Rivers		91.2	95			0.6	91.2	percent of total billed charges	
STERILE WATER IRRIG.	A4216	HCPCS	outpatient			96	0.69	UHC	Medicare		0.6				0.6	91.2	fee schedule	
STERILE WATER IRRIG.	A4216	HCPCS	outpatient			96	0.69	UHC	Medicaid		30.29	31.55			0.6	91.2	percent of total billed charges	
STERILE WATER IRRIG.	A4216	HCPCS	outpatient			96	0.69	Wellcare	Medicaid		30.29	31.55			0.6	91.2	percent of total billed charges	
STERILE WATER IRRIG.	A4216	HCPCS	outpatient			96	0.69	Wellcare	Medicare		0.6				0.6	91.2	fee schedule	
STERILE WATER IRRIG.	A4216	HCPCS	outpatient			96	0.69	WellPoint	WellPoint		30.89	32.18			0.6	91.2	percent of total billed charges	
GENINFUSION SUPPLIES EXT DRUG INFUSION	A4222	HCPCS	outpatient			259	53.35	Aetna	Better Health		81.71	31.55			46.39	246.05	percent of total billed charges	
GENINFUSION SUPPLIES EXT DRUG INFUSION	A4222	HCPCS	outpatient			259	53.35	Aetna	Commercial		98.42	38			46.39	246.05	percent of total billed charges	
GENINFUSION SUPPLIES EXT DRUG INFUSION	A4222	HCPCS	outpatient			259	53.35	Aetna	Medicare		46.39				46.39	246.05	fee schedule	
GENINFUSION SUPPLIES EXT DRUG INFUSION	A4222	HCPCS	outpatient			259	53.35	Americare	Americare		194.25	75			46.39	246.05	percent of total billed charges	
GENINFUSION SUPPLIES EXT DRUG INFUSION	A4222	HCPCS	outpatient			259	53.35	Amerihealth	HMO/PPO		168.35	65			46.39	246.05	percent of total billed charges	
GENINFUSION SUPPLIES EXT DRUG INFUSION	A4222	HCPCS	outpatient			259	53.35	Amerihealth	Medicare		46.39				46.39	246.05	fee schedule	
GENINFUSION SUPPLIES EXT DRUG INFUSION	A4222	HCPCS	outpatient			259	53.35	Consumer	Consumer		246.05	95			46.39	246.05	percent of total billed charges	
GENINFUSION SUPPLIES EXT DRUG INFUSION	A4222	HCPCS	outpatient			259	53.35	Corrections	Corrections		207.2	80			46.39	246.05	percent of total billed charges	
GENINFUSION SUPPLIES EXT DRUG INFUSION	A4222	HCPCS	outpatient			259	53.35	First Health	First Health		181.3	70			46.39	246.05	percent of total billed charges	
GENINFUSION SUPPLIES EXT DRUG INFUSION	A4222	HCPCS	outpatient			259	53.35	First Trenton	First Trenton		233.1	90			46.39	246.05	percent of total billed charges	
GENINFUSION SUPPLIES EXT DRUG INFUSION	A4222	HCPCS	outpatient			259	53.35	Horizon	Indemnity		99.15	38.28			46.39	246.05	percent of total billed charges	
GENINFUSION SUPPLIES EXT DRUG INFUSION	A4222	HCPCS	outpatient			259	53.35	Horizon	MGD		99.15	38.28			46.39	246.05	percent of total billed charges	
GENINFUSION SUPPLIES EXT DRUG INFUSION	A4222	HCPCS	outpatient			259	53.35	Horizon	Medicare Blue		77.7	30			46.39	246.05	percent of total billed charges	
GENINFUSION SUPPLIES EXT DRUG INFUSION	A4222	HCPCS	outpatient			259	53.35	Horizon	PPO		99.15	38.28			46.39	246.05	percent of total billed charges	
GENINFUSION SUPPLIES EXT DRUG INFUSION	A4222	HCPCS	outpatient			259	53.35	Managed Care Inc	Managed Care Inc		233.1	90			46.39	246.05	percent of total billed charges	
GENINFUSION SUPPLIES EXT DRUG INFUSION	A4222	HCPCS	outpatient			259	53.35	Multiplan	Multiplan		207.2	80			46.39	246.05	percent of total billed charges	
GENINFUSION SUPPLIES EXT DRUG INFUSION	A4222	HCPCS	outpatient			259	53.35	Qualcare	Qualcare		194.25	75			46.39	246.05	percent of total billed charges	
GENINFUSION SUPPLIES EXT DRUG INFUSION	A4222	HCPCS	outpatient			259	53.35	Three Rivers	Three Rivers		246.05	95			46.39	246.05	percent of total billed charges	
GENINFUSION SUPPLIES EXT DRUG INFUSION	A4222	HCPCS	outpatient			259	53.35	UHC	Medicare		46.39				46.39	246.05	fee schedule	
GENINFUSION SUPPLIES EXT DRUG INFUSION	A4222	HCPCS	outpatient			259	53.35	UHC	Medicaid		81.71	31.55			46.39	246.05	percent of total billed charges	
GENINFUSION SUPPLIES EXT DRUG INFUSION	A4222	HCPCS	outpatient			259	53.35	Wellcare	Medicaid		81.71	31.55			46.39	246.05	percent of total billed charges	
GENINFUSION SUPPLIES EXT DRUG INFUSION	A4222	HCPCS	outpatient			259	53.35	Wellcare	Medicare		46.39				46.39	246.05	fee schedule	
GENINFUSION SUPPLIES EXT DRUG INFUSION	A4222	HCPCS	outpatient			259	53.35	WellPoint	WellPoint		83.35	32.18			46.39	246.05	percent of total billed charges	
ALCOHOL ISOPROPYLE PINT	A4244	HCPCS	outpatient			20		Aetna	Commercial		7.6	38			6	19	percent of total billed charges	
ALCOHOL ISOPROPYLE PINT	A4244	HCPCS	outpatient			20		Aetna	Better Health		6.31	31.55			6	19	percent of total billed charges	
ALCOHOL ISOPROPYLE PINT	A4244	HCPCS	outpatient			20		Aetna	Medicare		6.16	30.8			6	19	percent of total billed charges	
ALCOHOL ISOPROPYLE PINT	A4244	HCPCS	outpatient			20		Americare	Americare		15	75			6	19	percent of total billed charges	
ALCOHOL ISOPROPYLE PINT	A4244	HCPCS	outpatient			20		Amerihealth	HMO/PPO		13	65			6	19	percent of total billed charges	
ALCOHOL ISOPROPYLE PINT	A4244	HCPCS	outpatient			20		Consumer	Consumer		19	95			6	19	percent of total billed charges	
ALCOHOL ISOPROPYLE PINT	A4244	HCPCS	outpatient			20		Corrections	Corrections		16	80			6	19	percent of total billed charges	
ALCOHOL ISOPROPYLE PINT	A4244	HCPCS	outpatient			20		First Health	First Health		14	70			6	19	percent of total billed charges	
ALCOHOL ISOPROPYLE PINT	A4244	HCPCS	outpatient			20		First Trenton	First Trenton		18	90			6	19	percent of total billed charges	
ALCOHOL ISOPROPYLE PINT	A4244	HCPCS	outpatient			20		Horizon	MGD		7.66	38.28			6	19	percent of total billed charges	
ALCOHOL ISOPROPYLE PINT	A4244	HCPCS	outpatient			20		Horizon	PPO		7.66	38.28			6	19	percent of total billed charges	
ALCOHOL ISOPROPYLE PINT	A4244	HCPCS	outpatient			20		Horizon	Indemnity		7.66	38.28			6	19	percent of total billed charges	
ALCOHOL ISOPROPYLE PINT	A4244	HCPCS	outpatient			20		Horizon	Medicare Blue		6	30			6	19	percent of total billed charges	
ALCOHOL ISOPROPYLE PINT	A4244	HCPCS	outpatient			20		Managed Care Inc	Managed Care Inc		18	90			6	19	percent of total billed charges	
ALCOHOL ISOPROPYLE PINT	A4244	HCPCS	outpatient			20		Multiplan	Multiplan		16	80			6	19	percent of total billed charges	
ALCOHOL ISOPROPYLE PINT	A4244	HCPCS	outpatient			20		Qualcare	Qualcare		15	75			6	19	percent of total billed charges	
ALCOHOL ISOPROPYLE PINT	A4244	HCPCS	outpatient			20		Three Rivers	Three Rivers		19	95			6	19	percent of total billed charges	
ALCOHOL ISOPROPYLE PINT	A4244	HCPCS	outpatient			20		UHC	Medicaid		6.31	31.55			6	19	percent of total billed charges	
ALCOHOL ISOPROPYLE PINT	A4244	HCPCS	outpatient			20		Wellcare	Medicaid		6.31	31.55			6	19	percent of total billed charges	
ALCOHOL ISOPROPYLE PINT	A4244	HCPCS	outpatient			20		WellPoint	WellPoint		6.44	32.18			6	19	percent of total billed charges	
BETADINE SOLUTION	A4246	HCPCS	outpatient			28		Aetna	Commercial		10.64	38			8.4	26.6	percent of total billed charges	
BETADINE SOLUTION	A4246	HCPCS	outpatient			28		Aetna	Better Health		8.83	31.55			8.4	26.6	percent of total billed charges	
BETADINE SOLUTION	A4246	HCPCS	outpatient			28		Aetna	Medicare		8.62	30.8			8.4	26.6	percent of total billed charges	
BETADINE SOLUTION	A4246	HCPCS	outpatient			28		Americare	Americare		21	75			8.4	26.6	percent of total billed charges	
BETADINE SOLUTION	A4246	HCPCS	outpatient			28		Amerihealth	HMO/PPO		18.2	65			8.4	26.6	percent of total billed charges	
BETADINE SOLUTION	A4246	HCPCS	outpatient			28		Consumer	Consumer		26.6	95			8.4	26.6	percent of total billed charges	
BETADINE SOLUTION	A4246	HCPCS	outpatient			28		Corrections	Corrections		22.4	80			8.4	26.6	percent of total billed charges	
BETADINE SOLUTION	A4246	HCPCS	outpatient			28		First Health	First Health		19.6	70			8.4	26.6	percent of total billed charges	
BETADINE SOLUTION	A4246	HCPCS	outpatient			28		First Trenton	First Trenton		25.2	90			8.4	26.6	percent of total billed charges	
BETADINE SOLUTION	A4246	HCPCS	outpatient			28		Horizon	MGD		10.72	38.28			8.4	26.6	percent of total billed charges	
BETADINE SOLUTION	A4246	HCPCS	outpatient			28		Horizon	Medicare Blue		8.4	30			8.4	26.6	percent of total billed charges	
BETADINE SOLUTION	A4246	HCPCS	outpatient			28		Horizon	PPO		10.72	38.28			8.4	26.6	percent of total billed charges	
BETADINE SOLUTION	A4246	HCPCS	outpatient			28		Horizon	Indemnity		10.72	38.28			8.4	26.6	percent of total billed charges	
BETADINE SOLUTION	A4246	HCPCS	outpatient			28		Managed Care Inc	Managed Care Inc		25.2	90			8.4	26.6	percent of total billed charges	
BETADINE SOLUTION	A4246	HCPCS	outpatient			28		Multiplan	Multiplan		22.4	80			8.4	26.6	percent of total billed charges	
BETADINE SOLUTION	A4246	HCPCS	outpatient			28		Qualcare	Qualcare		21	75			8.4	26.6	percent of total billed charges	
BETADINE SOLUTION	A4246	HCPCS	outpatient			28		Three Rivers	Three Rivers		26.6	95			8.4	26.6	percent of total billed charges	
BETADINE SOLUTION	A4246	HCPCS	outpatient			28		UHC	Medicaid		8.83	31.55			8.4	26.6	percent of total billed charges	
BETADINE SOLUTION	A4246	HCPCS	outpatient			28		Wellcare	Medicaid		8.83	31.55			8.4	26.6	percent of total billed charges	
BETADINE SOLUTION	A4246	HCPCS	outpatient			28		WellPoint	WellPoint		9.01	32.18			8.4	26.6	percent of total billed charges	
CATHETER KIT	A4300	HCPCS	outpatient			415		Aetna	Better Health		130.93	31.55			124.5	394.25	percent of total billed charges	
CATHETER KIT	A4300	HCPCS	outpatient			415		Aetna	Medicare		127.82	30.8			124.5	394.25	percent of total billed charges	
CATHETER KIT	A4300	HCPCS	outpatient			415		Aetna	Commercial		157.7	38			124.5	394.25	percent of total billed charges	
CATHETER KIT	A4300	HCPCS	outpatient			415		Americare	Americare		311.25	75			124.5	394.25	percent of total billed charges	
CATHETER KIT	A4300	HCPCS	outpatient			415		Amerihealth	HMO/PPO		269.75	65			124.5	394.25	percent of total billed charges	
CATHETER KIT	A4300	HCPCS	outpatient			415		Consumer	Consumer		394.25	95			124.5	394.25	percent of total billed charges	
CATHETER KIT	A4300	HCPCS	outpatient			415		Corrections	Corrections		332	80			124.5	394.25	percent of total billed charges	
CATHETER KIT	A4300	HCPCS	outpatient			415		First Health	First Health		290.5	70			124.5	394.25	percent of total billed charges	
CATHETER KIT	A4300	HCPCS	outpatient			415		First Trenton	First Trenton		373.5	90			124.5	394.25	percent of total billed charges	
CATHETER KIT	A4300	HCPCS	outpatient			415		Horizon	MGD		158.86	38.28			124.5	394.25	percent of total billed charges	
CATHETER KIT	A4300	HCPCS	outpatient			415		Horizon	Indemnity		158.86	38.28			124.5	394.25	percent of total billed charges	
CATHETER KIT	A4300	HCPCS	outpatient			415		Horizon	PPO		158.86	38.28			124.5	394.25	percent of total billed charges	
CATHETER KIT	A4300	HCPCS	outpatient			415		Horizon	Medicare Blue		124.5	30			124.5	394.25	percent of total billed charges	
CATHETER KIT	A4300	HCPCS	outpatient			415		Managed Care Inc	Managed Care Inc		373.5	90			124.5	394.25	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.														
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true													
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CATHETER KIT	A4300	HCPCS	outpatient			415		Multiplan	Multiplan		332	80			124.5	394.25	percent of total billed charges	
CATHETER KIT	A4300	HCPCS	outpatient			415		Qualcare	Qualcare		311.25	75			124.5	394.25	percent of total billed charges	
CATHETER KIT	A4300	HCPCS	outpatient			415		Three Rivers	Three Rivers		394.25	95			124.5	394.25	percent of total billed charges	
CATHETER KIT	A4300	HCPCS	outpatient			415		UHC	Medicaid		130.93	31.55			124.5	394.25	percent of total billed charges	
CATHETER KIT	A4300	HCPCS	outpatient			415		Wellcare	Medicaid		130.93	31.55			124.5	394.25	percent of total billed charges	
CATHETER KIT	A4300	HCPCS	outpatient			415		WellPoint	WellPoint		133.55	32.18			124.5	394.25	percent of total billed charges	
CONNECTING TUBE FOR DRAINAGE BAG	A4331	HCPCS	outpatient			105	4.99	Aetna	Better Health		33.13	31.55			4.34	99.75	percent of total billed charges	
CONNECTING TUBE FOR DRAINAGE BAG	A4331	HCPCS	outpatient			105	4.99	Aetna	Commercial		39.9	38			4.34	99.75	percent of total billed charges	
CONNECTING TUBE FOR DRAINAGE BAG	A4331	HCPCS	outpatient			105	4.99	Aetna	Medicare		4.34				4.34	99.75	fee schedule	
CONNECTING TUBE FOR DRAINAGE BAG	A4331	HCPCS	outpatient			105	4.99	Americare	Americare		78.75	75			4.34	99.75	percent of total billed charges	
CONNECTING TUBE FOR DRAINAGE BAG	A4331	HCPCS	outpatient			105	4.99	Amerihealth	HMO/PPO		68.25	65			4.34	99.75	percent of total billed charges	
CONNECTING TUBE FOR DRAINAGE BAG	A4331	HCPCS	outpatient			105	4.99	Amerihealth	Medicare		4.34				4.34	99.75	fee schedule	
CONNECTING TUBE FOR DRAINAGE BAG	A4331	HCPCS	outpatient			105	4.99	Consumer	Consumer		99.75	95			4.34	99.75	percent of total billed charges	
CONNECTING TUBE FOR DRAINAGE BAG	A4331	HCPCS	outpatient			105	4.99	Corrections	Corrections		84	80			4.34	99.75	percent of total billed charges	
CONNECTING TUBE FOR DRAINAGE BAG	A4331	HCPCS	outpatient			105	4.99	First Health	First Health		73.5	70			4.34	99.75	percent of total billed charges	
CONNECTING TUBE FOR DRAINAGE BAG	A4331	HCPCS	outpatient			105	4.99	First Trenton	First Trenton		94.5	90			4.34	99.75	percent of total billed charges	
CONNECTING TUBE FOR DRAINAGE BAG	A4331	HCPCS	outpatient			105	4.99	Horizon	Indemnity		40.19	38.28			4.34	99.75	percent of total billed charges	
CONNECTING TUBE FOR DRAINAGE BAG	A4331	HCPCS	outpatient			105	4.99	Horizon	MGD		40.19	38.28			4.34	99.75	percent of total billed charges	
CONNECTING TUBE FOR DRAINAGE BAG	A4331	HCPCS	outpatient			105	4.99	Horizon	Medicare Blue		31.5	30			4.34	99.75	percent of total billed charges	
CONNECTING TUBE FOR DRAINAGE BAG	A4331	HCPCS	outpatient			105	4.99	Horizon	PPO		40.19	38.28			4.34	99.75	percent of total billed charges	
CONNECTING TUBE FOR DRAINAGE BAG	A4331	HCPCS	outpatient			105	4.99	Managed Care Inc	Managed Care Inc		94.5	90			4.34	99.75	percent of total billed charges	
CONNECTING TUBE FOR DRAINAGE BAG	A4331	HCPCS	outpatient			105	4.99	Multiplan	Multiplan		84	80			4.34	99.75	percent of total billed charges	
CONNECTING TUBE FOR DRAINAGE BAG	A4331	HCPCS	outpatient			105	4.99	Qualcare	Qualcare		78.75	75			4.34	99.75	percent of total billed charges	
CONNECTING TUBE FOR DRAINAGE BAG	A4331	HCPCS	outpatient			105	4.99	Three Rivers	Three Rivers		99.75	95			4.34	99.75	percent of total billed charges	
CONNECTING TUBE FOR DRAINAGE BAG	A4331	HCPCS	outpatient			105	4.99	UHC	Medicare		4.34				4.34	99.75	fee schedule	
CONNECTING TUBE FOR DRAINAGE BAG	A4331	HCPCS	outpatient			105	4.99	UHC	Medicaid		33.13	31.55			4.34	99.75	percent of total billed charges	
CONNECTING TUBE FOR DRAINAGE BAG	A4331	HCPCS	outpatient			105	4.99	Wellcare	Medicaid		33.13	31.55			4.34	99.75	percent of total billed charges	
CONNECTING TUBE FOR DRAINAGE BAG	A4331	HCPCS	outpatient			105	4.99	Wellcare	Medicare		4.34				4.34	99.75	fee schedule	
CONNECTING TUBE FOR DRAINAGE BAG	A4331	HCPCS	outpatient			105	4.99	WellPoint	WellPoint		33.79	32.18			4.34	99.75	percent of total billed charges	
FOLEY INSERT	A4338	HCPCS	outpatient			141	19.25	Aetna	Commercial		53.58	38			16.74	133.95	percent of total billed charges	
FOLEY INSERT	A4338	HCPCS	outpatient			141	19.25	Aetna	Better Health		44.49	31.55			16.74	133.95	percent of total billed charges	
FOLEY INSERT	A4338	HCPCS	outpatient			141	19.25	Aetna	Medicare		16.74				16.74	133.95	fee schedule	
FOLEY INSERT	A4338	HCPCS	outpatient			141	19.25	Americare	Americare		105.75	75			16.74	133.95	percent of total billed charges	
FOLEY INSERT	A4338	HCPCS	outpatient			141	19.25	Amerihealth	Medicare		16.74				16.74	133.95	fee schedule	
FOLEY INSERT	A4338	HCPCS	outpatient			141	19.25	Amerihealth	HMO/PPO		91.65	65			16.74	133.95	percent of total billed charges	
FOLEY INSERT	A4338	HCPCS	outpatient			141	19.25	Consumer	Consumer		133.95	95			16.74	133.95	percent of total billed charges	
FOLEY INSERT	A4338	HCPCS	outpatient			141	19.25	Corrections	Corrections		112.8	80			16.74	133.95	percent of total billed charges	
FOLEY INSERT	A4338	HCPCS	outpatient			141	19.25	First Health	First Health		98.7	70			16.74	133.95	percent of total billed charges	
FOLEY INSERT	A4338	HCPCS	outpatient			141	19.25	First Trenton	First Trenton		126.9	90			16.74	133.95	percent of total billed charges	
FOLEY INSERT	A4338	HCPCS	outpatient			141	19.25	Horizon	Indemnity		53.97	38.28			16.74	133.95	percent of total billed charges	
FOLEY INSERT	A4338	HCPCS	outpatient			141	19.25	Horizon	Medicare Blue		42.3	30			16.74	133.95	percent of total billed charges	
FOLEY INSERT	A4338	HCPCS	outpatient			141	19.25	Horizon	MGD		53.97	38.28			16.74	133.95	percent of total billed charges	
FOLEY INSERT	A4338	HCPCS	outpatient			141	19.25	Horizon	PPO		53.97	38.28			16.74	133.95	percent of total billed charges	
FOLEY INSERT	A4338	HCPCS	outpatient			141	19.25	Managed Care Inc	Managed Care Inc		126.9	90			16.74	133.95	percent of total billed charges	
FOLEY INSERT	A4338	HCPCS	outpatient			141	19.25	Multiplan	Multiplan		112.8	80			16.74	133.95	percent of total billed charges	
FOLEY INSERT	A4338	HCPCS	outpatient			141	19.25	Qualcare	Qualcare		105.75	75			16.74	133.95	percent of total billed charges	
FOLEY INSERT	A4338	HCPCS	outpatient			141	19.25	Three Rivers	Three Rivers		133.95	95			16.74	133.95	percent of total billed charges	
FOLEY INSERT	A4338	HCPCS	outpatient			141	19.25	UHC	Medicaid		44.49	31.55			16.74	133.95	percent of total billed charges	
FOLEY INSERT	A4338	HCPCS	outpatient			141	19.25	UHC	Medicare		16.74				16.74	133.95	fee schedule	
FOLEY INSERT	A4338	HCPCS	outpatient			141	19.25	Wellcare	Medicare		16.74				16.74	133.95	fee schedule	
FOLEY INSERT	A4338	HCPCS	outpatient			141	19.25	Wellcare	Medicaid		44.49	31.55			16.74	133.95	percent of total billed charges	
FOLEY INSERT	A4338	HCPCS	outpatient			141	19.25	WellPoint	WellPoint		45.37	32.18			16.74	133.95	percent of total billed charges	
STRAIGHT CATH KIT	A4351	HCPCS	outpatient			27	2.84	Aetna	Better Health		8.52	31.55			2.47	25.65	percent of total billed charges	
STRAIGHT CATH KIT	A4351	HCPCS	outpatient			27	2.84	Aetna	Medicare		2.47				2.47	25.65	fee schedule	
STRAIGHT CATH KIT	A4351	HCPCS	outpatient			27	2.84	Aetna	Commercial		10.26	38			2.47	25.65	percent of total billed charges	
STRAIGHT CATH KIT	A4351	HCPCS	outpatient			27	2.84	Americare	Americare		20.25	75			2.47	25.65	percent of total billed charges	
STRAIGHT CATH KIT	A4351	HCPCS	outpatient			27	2.84	Amerihealth	HMO/PPO		17.55	65			2.47	25.65	percent of total billed charges	
STRAIGHT CATH KIT	A4351	HCPCS	outpatient			27	2.84	Amerihealth	Medicare		2.47				2.47	25.65	fee schedule	
STRAIGHT CATH KIT	A4351	HCPCS	outpatient			27	2.84	Consumer	Consumer		25.65	95			2.47	25.65	percent of total billed charges	
STRAIGHT CATH KIT	A4351	HCPCS	outpatient			27	2.84	Corrections	Corrections		21.6	80			2.47	25.65	percent of total billed charges	
STRAIGHT CATH KIT	A4351	HCPCS	outpatient			27	2.84	First Health	First Health		18.9	70			2.47	25.65	percent of total billed charges	
STRAIGHT CATH KIT	A4351	HCPCS	outpatient			27	2.84	First Trenton	First Trenton		24.3	90			2.47	25.65	percent of total billed charges	
STRAIGHT CATH KIT	A4351	HCPCS	outpatient			27	2.84	Horizon	Medicare Blue		8.1	30			2.47	25.65	percent of total billed charges	
STRAIGHT CATH KIT	A4351	HCPCS	outpatient			27	2.84	Horizon	Indemnity		10.34	38.28			2.47	25.65	percent of total billed charges	
STRAIGHT CATH KIT	A4351	HCPCS	outpatient			27	2.84	Horizon	MGD		10.34	38.28			2.47	25.65	percent of total billed charges	
STRAIGHT CATH KIT	A4351	HCPCS	outpatient			27	2.84	Horizon	PPO		10.34	38.28			2.47	25.65	percent of total billed charges	
STRAIGHT CATH KIT	A4351	HCPCS	outpatient			27	2.84	Managed Care Inc	Managed Care Inc		24.3	90			2.47	25.65	percent of total billed charges	
STRAIGHT CATH KIT	A4351	HCPCS	outpatient			27	2.84	Multiplan	Multiplan		21.6	80			2.47	25.65	percent of total billed charges	
STRAIGHT CATH KIT	A4351	HCPCS	outpatient			27	2.84	Qualcare	Qualcare		20.25	75			2.47	25.65	percent of total billed charges	
STRAIGHT CATH KIT	A4351	HCPCS	outpatient			27	2.84	Three Rivers	Three Rivers		25.65	95			2.47	25.65	percent of total billed charges	
STRAIGHT CATH KIT	A4351	HCPCS	outpatient			27	2.84	UHC	Medicare		2.47				2.47	25.65	fee schedule	
STRAIGHT CATH KIT	A4351	HCPCS	outpatient			27	2.84	UHC	Medicaid		8.52	31.55			2.47	25.65	percent of total billed charges	
STRAIGHT CATH KIT	A4351	HCPCS	outpatient			27	2.84	Wellcare	Medicare		2.47				2.47	25.65	fee schedule	
STRAIGHT CATH KIT	A4351	HCPCS	outpatient			27	2.84	Wellcare	Medicaid		8.52	31.55			2.47	25.65	percent of total billed charges	
STRAIGHT CATH KIT	A4351	HCPCS	outpatient			27	2.84	WellPoint	WellPoint		8.69	32.18			2.47	25.65	percent of total billed charges	
FREEVENT CLOTHING SCARF, WHITE (1410A3T	A4481	HCPCS	outpatient			79	0.58	Aetna	Medicare		0.5				0.5	75.05	fee schedule	
FREEVENT CLOTHING SCARF, WHITE (1410A3T	A4481	HCPCS	outpatient			79	0.58	Aetna	Commercial		30.02	38			0.5	75.05	percent of total billed charges	
FREEVENT CLOTHING SCARF, WHITE (1410A3T	A4481	HCPCS	outpatient			79	0.58	Aetna	Better Health		24.92	31.55			0.5	75.05	percent of total billed charges	
FREEVENT CLOTHING SCARF, WHITE (1410A3T	A4481	HCPCS	outpatient			79	0.58	Americare	Americare		59.25	75			0.5	75.05	percent of total billed charges	
FREEVENT CLOTHING SCARF, WHITE (1410A3T	A4481	HCPCS	outpatient			79	0.58	Amerihealth	Medicare		0.5				0.5	75.05	fee schedule	
FREEVENT CLOTHING SCARF, WHITE (1410A3T	A4481	HCPCS	outpatient			79	0.58	Amerihealth	HMO/PPO		51.35	65			0.5	75.05	percent of total billed charges	
FREEVENT CLOTHING SCARF, WHITE (1410A3T	A4481	HCPCS	outpatient			79	0.58	Consumer	Consumer		75.05	95			0.5	75.05	percent of total billed charges	
FREEVENT CLOTHING SCARF, WHITE (1410A3T	A4481	HCPCS	outpatient			79	0.58	Corrections	Corrections		63.2	80			0.5	75.05	percent of total billed charges	
FREEVENT CLOTHING SCARF, WHITE (1410A3T	A4481	HCPCS	outpatient			79	0.58	First Health	First Health		55.3	70			0.5	75.05	percent of total billed charges	
FREEVENT CLOTHING SCARF, WHITE (1410A3T	A4481	HCPCS	outpatient			79	0.58	First Trenton	First Trenton		71.1	90			0.5	75.05	percent of total billed charges	
FREEVENT CLOTHING SCARF, WHITE (1410A3T	A4481	HCPCS	outpatient			79	0.58	Horizon	Medicare Blue		23.7	30			0.5	75.05	percent of total billed charges	
FREEVENT CLOTHING SCARF, WHITE (1410A3T	A4481	HCPCS	outpatient			79	0.58	Horizon	MGD		30.24	38.28			0.5	75.05	percent of total billed charges	
FREEVENT CLOTHING SCARF, WHITE (1410A3T	A4481	HCPCS	outpatient			79	0.58	Horizon	Indemnity		30.24	38.28			0.5	75.05	percent of total billed charges	
FREEVENT CLOTHING SCARF, WHITE (1410A3T	A4481	HCPCS	outpatient			79	0.58	Horizon	PPO		30.24	38.28			0.5	75.05	percent of total billed charges	
FREEVENT CLOTHING SCARF, WHITE (1410A3T	A4481	HCPCS	outpatient			79	0.58	Managed Care Inc	Managed Care Inc		71.1	90			0.5	75.05	percent of total billed charges	
FREEVENT CLOTHING SCARF, WHITE (1410A3T	A4481	HCPCS	outpatient			79	0.58	Multiplan	Multiplan		63.2	80			0.5	75.05	percent of total billed charges	
FREEVENT CLOTHING SCARF, WHITE (1410A3T	A4481	HCPCS	outpatient			79	0.58	Qualcare	Qualcare		59.25	75			0.5	75.05	percent of total billed charges	
FREEVENT CLOTHING SCARF, WHITE (1410A3T	A4481	HCPCS	outpatient			79	0.58	Three Rivers	Three Rivers		75.05	95			0.5	75.05	percent of total billed charges	
FREEVENT CLOTHING SCARF, WHITE (1410A3T	A4481	HCPCS	outpatient			79	0.58	UHC	Medicaid		24.92	31.55			0.5	75.05	percent of total billed charges	
FREEVENT CLOTHING SCARF, WHITE (1410A3T	A4481	HCPCS	outpatient			79	0.58	UHC	Medicare		0.5				0.5	75.05	fee schedule	
FREEVENT CLOTHING SCARF, WHITE (1410A3T	A4481	HCPCS	outpatient			79	0.58	Wellcare	Medicare		0.5				0.5	75.05	fee schedule	
FREEVENT CLOTHING SCARF, WHITE (1410A3T	A4481	HCPCS	outpatient			79	0.58	Wellcare	Medicaid		24.92	31.55			0.5	75.05	percent of total billed charges	
FREEVENT CLOTHING SCARF, WHITE (1410A3T	A4481	HCPCS	outpatient			79	0.58	WellPoint	WellPoint		25.42	32.18			0.5	75.05	percent of total billed charges	
SUTURE	A4550	HCPCS	outpatient			3011		Aetna	Commercial		1144.18	38			16.2	2860.45	percent of total billed charges	
SUTURE	A4550	HCPCS	outpatient			3011		Aetna	Medicare		927.39	30.8			16.2	2860.45	percent of total billed charges	
SUTURE	A4550	HCPCS	outpatient			3011		Aetna	Better Health		949.97	31.55			16.2	2860.45	percent of total billed charges	
SUTURE	A4550	HCPCS	outpatient			3011		Americare	Americare		2298.25	75			16.2	2860.45	percent of total billed charges	
SUTURE	A4550	HCPCS	outpatient			3011		Amerihealth	HMO/PPO		1957.15	65			16.2	2860.45	percent of total billed charges	
SUTURE	A4550	HCPCS	outpatient			3011		Consumer	Consumer		2860.45	95			16.2	2860.45	percent of total billed charges	
SUTURE	A4550	HCPCS	outpatient			3011		Corrections	Corrections		2408.8	80			16.2	2860.45	percent of total billed charges	
SUTURE	A4550	HCPCS	outpatient			3011		First Health	First Health		2107.7	70			16.2	2860.45	percent of total billed charges	
SUTURE	A4550	HCPCS	outpatient			3011		First Trenton	First Trenton		2709.9	90			16.2	2860.45	percent of total billed charges	
SUTURE	A4550	HCPCS	outpatient			3011		Horizon	Medicare Blue		903.3	30			16.2	2860.45	percent of total billed charges	
SUTURE	A4550	HCPCS	outpatient			3011		Horizon	MGD		1152.61	38.28			16.2	2860.45	percent of total billed charges	
SUTURE	A4550	HCPCS	outpatient			3011		Horizon	Indemnity		1152.61	38.28			16.2	2860.45	percent of total billed charges	
SUTURE	A4550	HCPCS	outpatient			3011		Horizon	NJ Health		31.92				16.2	2860.45	fee schedule	
SUTURE	A4550	HCPCS	outpatient			3011		Horizon	PPO		1152.61	38.28			16.2	2860.45	percent of total billed charges	
SUTURE	A4550	HCPCS	outpatient			3011		Managed Care Inc	Managed Care Inc		2709.9	90			16.2	2860.45	percent of total billed charges	
SUTURE	A4550	HCPCS	outpatient			3011		Multiplan	Multiplan		2408.8	80			16.2	2860.45	percent of total billed charges	
SUTURE	A4550	HCPCS	outpatient			3011		Qualcare	Qualcare		2258.25	75			16.2	2860.45	percent of total billed charges	
SUTURE	A4550	HCPCS	outpatient			3011		Three Rivers	Three Rivers		2860.45	95			16.2	2860.45	percent of total billed charges	
SUTURE	A4550	HCPCS	outpatient			3011		UHC	Medicaid		949.97	31.55			16.2	2860.45	percent of total billed charges	
SUTURE	A4550	HCPCS	outpatient			3011		Wellcare	Medicaid		949.97	31.55			16.2	2860.45	percent of total billed charges	
SUTURE	A4550	HCPCS	outpatient			3011		WellPoint	WellPoint		968.94	32.18			16.2	2860.45	percent of total billed charges	
PESSARY	A4562	HCPCS	outpatient			159	79.47	Aetna	Better Health		50.16	31.55			47.7	151.05	percent of total billed charges	
PESSARY	A4562	HCPCS	outpatient			159	79.47	Aetna	Commercial		60.42	38			47.7	151.05	percent of total billed charges	
PESSARY	A4562	HCPCS	outpatient			159	79.47	Aetna	Medicare		69.1				47.7	151.05	fee schedule	
PESSARY	A4562	HCPCS	outpatient			159	79.47	Americare	Americare		119.25	75			47.7	151.05	percent of total billed charges	
PESSARY	A4562	HCPCS	outpatient			159	79.47	Amerihealth	HMO/PPO		103.35	65			47.7	151.05	percent of total billed charges	
PESSARY	A4562	HCPCS	outpatient			159	79.47	Amerihealth	Medicare		69.1				47.7	151.05	fee schedule	
PESSARY	A4562	HCPCS	outpatient			159	79.47	Consumer	Consumer		151.05	95			47.7	151.05	percent of total billed charges	
PESSARY	A4562	HCPCS	outpatient			159	79.47	Corrections	Corrections		127.2	80			47.7	151.05	percent of total billed charges	
PESSARY	A4562	HCPCS	outpatient			159	79.47	First Health	First Health		111.3	70			47.7	151.05	percent of total billed charges	
PESSARY	A4562	HCPCS	outpatient			159	79.47	First Trenton	First Trenton		143.1	90			47.7	151.05	percent of total billed charges	
PESSARY	A4562	HCPCS	outpatient			159	79.47	Horizon	Medicare Blue		47.7	30			47.7	151.05	percent of total billed charges	
PESSARY	A4562	HCPCS	outpatient			159	79.47	Horizon	Indemnity		60.87	38.28			47.7	151.05	percent of total billed charges	
PESSARY	A4562	HCPCS	outpatient			159	79.47	Horizon	MGD		60.87	38.28			47.7	151.05	percent of total billed charges	
PESSARY	A4562	HCPCS	outpatient			159	79.47	Horizon	PPO		60.87	38.28			47.7	151.05	percent of total billed charges	
PESSARY	A4562	HCPCS	outpatient			159	79.47	Managed Care Inc	Managed Care Inc		143.1	90			47.7	151.05	percent of total billed charges	
PESSARY	A4562	HCPCS	outpatient			159	79.47	Multiplan	Multiplan		127.2	80			47.7	151.05	percent of total billed charges	
PESSARY	A4562	HCPCS	outpatient			159	79.47	Qualcare	Qualcare		119.25	75			47.7	151.05	percent of total billed charges	
PESSARY	A4562	HCPCS	outpatient			159	79.47	Three Rivers	Three Rivers		151.05	95			47.7	151.05	percent of total billed charges	
PESSARY	A4562	HCPCS	outpatient			159	79.47	UHC	Medicaid		50.16	31.55			47.7	151.05	percent of total billed charges	
PESSARY	A4562	HCPCS	outpatient			159	79.47	UHC	Medicare		69.1				47.7	151.05	fee schedule	
PESSARY	A4562	HCPCS	outpatient			159	79.47	Wellcare	Medicaid		50.16	31.55			47.7	151.05	percent of total billed charges	
PESSARY	A4562	HCPCS	outpatient			159	79.47	Wellcare	Medicare		69.1				47.7	151.05	fee schedule	
PESSARY	A4562	HCPCS	outpatient			159	79.47	WellPoint	WellPoint		51.17	32.18			47.7	151.05	percent of total billed charges	
SLING	A4565	HCPCS	both			854	12.09	Aetna	Better Health		269.44	31.55			4.2	811.3	percent of total billed charges	
SLING	A4565	HCPCS	both			854	12.09	Aetna	Medicare		10.51				4.2	811.3	fee schedule	
SLING	A4565	HCPCS	both			854	12.09	Aetna	Commercial		324.52	38			4.2	811.3	percent of total billed charges	
SLING	A4565	HCPCS	both			854	12.09	Americare	Americare		640.5	75			4.2	811.3	percent of total billed charges	
SLING	A4565	HCPCS	both			854	12.09	Amerihealth	Medicare		10.51				4.2	811.3	fee schedule	
SLING	A4565	HCPCS	both			854	12.09	Amerihealth	HMO/PPO		555.1	65			4.2	811.3	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.														
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119 true														
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
SLING	A4565	HCPCS	both			854	12.09	Consumer	Consumer		811.3	95			4.2	811.3	percent of total billed charges	
SLING	A4565	HCPCS	both			854	12.09	Corrections	Corrections		683.2	80			4.2	811.3	percent of total billed charges	
SLING	A4565	HCPCS	both			854	12.09	First Health	First Health		597.8	70			4.2	811.3	percent of total billed charges	
SLING	A4565	HCPCS	both			854	12.09	First Trenton	First Trenton		768.6	90			4.2	811.3	percent of total billed charges	
SLING	A4565	HCPCS	both			854	12.09	Horizon	Medicare Blue		256.2	30			4.2	811.3	percent of total billed charges	
SLING	A4565	HCPCS	both			854	12.09	Horizon	MGD		326.91	38.28			4.2	811.3	percent of total billed charges	
SLING	A4565	HCPCS	both			854	12.09	Horizon	Indemnity		326.91	38.28			4.2	811.3	percent of total billed charges	
SLING	A4565	HCPCS	both			854	12.09	Horizon	PPO		326.91	38.28			4.2	811.3	percent of total billed charges	
SLING	A4565	HCPCS	both			854	12.09	Managed Care Inc	Managed Care Inc		768.6	90			4.2	811.3	percent of total billed charges	
SLING	A4565	HCPCS	both			854	12.09	Multiplan	Multiplan		683.2	80			4.2	811.3	percent of total billed charges	
SLING	A4565	HCPCS	both			854	12.09	Qualcare	Qualcare		640.5	75			4.2	811.3	percent of total billed charges	
SLING	A4565	HCPCS	both			854	12.09	Three Rivers	Three Rivers		811.3	95			4.2	811.3	percent of total billed charges	
SLING	A4565	HCPCS	both			854	12.09	UHC	Medicaid		269.44	31.55			4.2	811.3	percent of total billed charges	
SLING	A4565	HCPCS	both			854	12.09	UHC	Medicare		10.51				4.2	811.3	fee schedule	
SLING	A4565	HCPCS	both			854	12.09	Wellcare	Medicare		10.51				4.2	811.3	fee schedule	
SLING	A4565	HCPCS	both			854	12.09	Wellcare	Medicaid		269.44	31.55			4.2	811.3	percent of total billed charges	
SLING	A4565	HCPCS	both			854	12.09	WellPoint	WellPoint		274.82	32.18			4.2	811.3	percent of total billed charges	
SPLINT MATERIAL-EACH UNIT	A4570	HCPCS	both			162		Aetna	Better Health		51.11	31.55			13.8	153.9	percent of total billed charges	
SPLINT MATERIAL-EACH UNIT	A4570	HCPCS	both			162		Aetna	Medicare		49.9	30.8			13.8	153.9	percent of total billed charges	
SPLINT MATERIAL-EACH UNIT	A4570	HCPCS	both			162		Aetna	Commercial		61.56	38			13.8	153.9	percent of total billed charges	
SPLINT MATERIAL-EACH UNIT	A4570	HCPCS	both			162		Americare	Americare		121.5	75			13.8	153.9	percent of total billed charges	
SPLINT MATERIAL-EACH UNIT	A4570	HCPCS	both			162		Amerihealth	HMO/PPO		105.3	65			13.8	153.9	percent of total billed charges	
SPLINT MATERIAL-EACH UNIT	A4570	HCPCS	both			162		Consumer	Consumer		153.9	95			13.8	153.9	percent of total billed charges	
SPLINT MATERIAL-EACH UNIT	A4570	HCPCS	both			162		Corrections	Corrections		129.6	80			13.8	153.9	percent of total billed charges	
SPLINT MATERIAL-EACH UNIT	A4570	HCPCS	both			162		First Health	First Health		113.4	70			13.8	153.9	percent of total billed charges	
SPLINT MATERIAL-EACH UNIT	A4570	HCPCS	both			162		First Trenton	First Trenton		145.8	90			13.8	153.9	percent of total billed charges	
SPLINT MATERIAL-EACH UNIT	A4570	HCPCS	both			162		Horizon	MGD		62.01	38.28			13.8	153.9	percent of total billed charges	
SPLINT MATERIAL-EACH UNIT	A4570	HCPCS	both			162		Horizon	Medicare Blue		48.6	30			13.8	153.9	percent of total billed charges	
SPLINT MATERIAL-EACH UNIT	A4570	HCPCS	both			162		Horizon	Indemnity		62.01	38.28			13.8	153.9	percent of total billed charges	
SPLINT MATERIAL-EACH UNIT	A4570	HCPCS	both			162		Horizon	PPO		62.01	38.28			13.8	153.9	percent of total billed charges	
SPLINT MATERIAL-EACH UNIT	A4570	HCPCS	both			162		Managed Care Inc	Managed Care Inc		145.8	90			13.8	153.9	percent of total billed charges	
SPLINT MATERIAL-EACH UNIT	A4570	HCPCS	both			162		Multiplan	Multiplan		129.6	80			13.8	153.9	percent of total billed charges	
SPLINT MATERIAL-EACH UNIT	A4570	HCPCS	both			162		Qualcare	Qualcare		121.5	75			13.8	153.9	percent of total billed charges	
SPLINT MATERIAL-EACH UNIT	A4570	HCPCS	both			162		Three Rivers	Three Rivers		153.9	95			13.8	153.9	percent of total billed charges	
SPLINT MATERIAL-EACH UNIT	A4570	HCPCS	both			162		UHC	Medicaid		51.11	31.55			13.8	153.9	percent of total billed charges	
SPLINT MATERIAL-EACH UNIT	A4570	HCPCS	both			162		Wellcare	Medicaid		51.11	31.55			13.8	153.9	percent of total billed charges	
SPLINT MATERIAL-EACH UNIT	A4570	HCPCS	both			162		WellPoint	WellPoint		52.13	32.18			13.8	153.9	percent of total billed charges	
CAST MISC.	A4580	HCPCS	outpatient			131		Aetna	Medicare		40.35	30.8			39.3	124.45	percent of total billed charges	
CAST MISC.	A4580	HCPCS	outpatient			131		Aetna	Better Health		41.33	31.55			39.3	124.45	percent of total billed charges	
CAST MISC.	A4580	HCPCS	outpatient			131		Aetna	Commercial		49.78	38			39.3	124.45	percent of total billed charges	
CAST MISC.	A4580	HCPCS	outpatient			131		Americare	Americare		98.25	75			39.3	124.45	percent of total billed charges	
CAST MISC.	A4580	HCPCS	outpatient			131		Amerihealth	HMO/PPO		85.15	65			39.3	124.45	percent of total billed charges	
CAST MISC.	A4580	HCPCS	outpatient			131		Consumer	Consumer		124.45	95			39.3	124.45	percent of total billed charges	
CAST MISC.	A4580	HCPCS	outpatient			131		Corrections	Corrections		104.8	80			39.3	124.45	percent of total billed charges	
CAST MISC.	A4580	HCPCS	outpatient			131		First Health	First Health		91.7	70			39.3	124.45	percent of total billed charges	
CAST MISC.	A4580	HCPCS	outpatient			131		First Trenton	First Trenton		117.9	90			39.3	124.45	percent of total billed charges	
CAST MISC.	A4580	HCPCS	outpatient			131		Horizon	MGD		50.15	38.28			39.3	124.45	percent of total billed charges	
CAST MISC.	A4580	HCPCS	outpatient			131		Horizon	Indemnity		50.15	38.28			39.3	124.45	percent of total billed charges	
CAST MISC.	A4580	HCPCS	outpatient			131		Horizon	Medicare Blue		39.3	30			39.3	124.45	percent of total billed charges	
CAST MISC.	A4580	HCPCS	outpatient			131		Horizon	PPO		50.15	38.28			39.3	124.45	percent of total billed charges	
CAST MISC.	A4580	HCPCS	outpatient			131		Managed Care Inc	Managed Care Inc		117.9	90			39.3	124.45	percent of total billed charges	
CAST MISC.	A4580	HCPCS	outpatient			131		Multiplan	Multiplan		104.8	80			39.3	124.45	percent of total billed charges	
CAST MISC.	A4580	HCPCS	outpatient			131		Qualcare	Qualcare		98.25	75			39.3	124.45	percent of total billed charges	
CAST MISC.	A4580	HCPCS	outpatient			131		Three Rivers	Three Rivers		124.45	95			39.3	124.45	percent of total billed charges	
CAST MISC.	A4580	HCPCS	outpatient			131		UHC	Medicaid		41.33	31.55			39.3	124.45	percent of total billed charges	
CAST MISC.	A4580	HCPCS	outpatient			131		Wellcare	Medicaid		41.33	31.55			39.3	124.45	percent of total billed charges	
CAST MISC.	A4580	HCPCS	outpatient			131		WellPoint	WellPoint		42.16	32.18			39.3	124.45	percent of total billed charges	
SUCTION - CATHETER	A4605	HCPCS	outpatient			51		Aetna	Medicare		15.71	30.8			6.3	48.45	percent of total billed charges	
SUCTION - CATHETER	A4605	HCPCS	outpatient			51		Aetna	Better Health		16.09	31.55			6.3	48.45	percent of total billed charges	
SUCTION - CATHETER	A4605	HCPCS	outpatient			51		Aetna	Commercial		19.38	38			6.3	48.45	percent of total billed charges	
SUCTION - CATHETER	A4605	HCPCS	outpatient			51		Americare	Americare		38.25	75			6.3	48.45	percent of total billed charges	
SUCTION - CATHETER	A4605	HCPCS	outpatient			51		Amerihealth	HMO/PPO		33.15	65			6.3	48.45	percent of total billed charges	
SUCTION - CATHETER	A4605	HCPCS	outpatient			51		Consumer	Consumer		48.45	95			6.3	48.45	percent of total billed charges	
SUCTION - CATHETER	A4605	HCPCS	outpatient			51		Corrections	Corrections		40.8	80			6.3	48.45	percent of total billed charges	
SUCTION - CATHETER	A4605	HCPCS	outpatient			51		First Health	First Health		35.7	70			6.3	48.45	percent of total billed charges	
SUCTION - CATHETER	A4605	HCPCS	outpatient			51		First Trenton	First Trenton		45.9	90			6.3	48.45	percent of total billed charges	
SUCTION - CATHETER	A4605	HCPCS	outpatient			51		Horizon	Medicare Blue		15.3	30			6.3	48.45	percent of total billed charges	
SUCTION - CATHETER	A4605	HCPCS	outpatient			51		Horizon	Indemnity		19.52	38.28			6.3	48.45	percent of total billed charges	
SUCTION - CATHETER	A4605	HCPCS	outpatient			51		Horizon	MGD		19.52	38.28			6.3	48.45	percent of total billed charges	
SUCTION - CATHETER	A4605	HCPCS	outpatient			51		Horizon	PPO		19.52	38.28			6.3	48.45	percent of total billed charges	
SUCTION - CATHETER	A4605	HCPCS	outpatient			51		Managed Care Inc	Managed Care Inc		45.9	90			6.3	48.45	percent of total billed charges	
SUCTION - CATHETER	A4605	HCPCS	outpatient			51		Multiplan	Multiplan		40.8	80			6.3	48.45	percent of total billed charges	
SUCTION - CATHETER	A4605	HCPCS	outpatient			51		Qualcare	Qualcare		38.25	75			6.3	48.45	percent of total billed charges	
SUCTION - CATHETER	A4605	HCPCS	outpatient			51		Three Rivers	Three Rivers		48.45	95			6.3	48.45	percent of total billed charges	
SUCTION - CATHETER	A4605	HCPCS	outpatient			51		UHC	Medicaid		16.09	31.55			6.3	48.45	percent of total billed charges	
SUCTION - CATHETER	A4605	HCPCS	outpatient			51		Wellcare	Medicaid		16.09	31.55			6.3	48.45	percent of total billed charges	
SUCTION - CATHETER	A4605	HCPCS	outpatient			51		WellPoint	WellPoint		16.41	32.18			6.3	48.45	percent of total billed charges	
0.9% NORMAL SALINE INJECT 500ML	A4617	HCPCS	outpatient			20	4.86	Aetna	Medicare		4.23				4.23	19	fee schedule	
0.9% NORMAL SALINE INJECT 500ML	A4617	HCPCS	outpatient			20	4.86	Aetna	Commercial		7.6	38			4.23	19	percent of total billed charges	
0.9% NORMAL SALINE INJECT 500ML	A4617	HCPCS	outpatient			20	4.86	Aetna	Better Health		6.31	31.55			4.23	19	percent of total billed charges	
0.9% NORMAL SALINE INJECT 500ML	A4617	HCPCS	outpatient			20	4.86	Americare	Americare		15	75			4.23	19	percent of total billed charges	
0.9% NORMAL SALINE INJECT 500ML	A4617	HCPCS	outpatient			20	4.86	Amerihealth	HMO/PPO		13	65			4.23	19	percent of total billed charges	
0.9% NORMAL SALINE INJECT 500ML	A4617	HCPCS	outpatient			20	4.86	Amerihealth	Medicare		4.23				4.23	19	fee schedule	
0.9% NORMAL SALINE INJECT 500ML	A4617	HCPCS	outpatient			20	4.86	Consumer	Consumer		19	95			4.23	19	percent of total billed charges	
0.9% NORMAL SALINE INJECT 500ML	A4617	HCPCS	outpatient			20	4.86	Corrections	Corrections		16	80			4.23	19	percent of total billed charges	
0.9% NORMAL SALINE INJECT 500ML	A4617	HCPCS	outpatient			20	4.86	First Health	First Health		14	70			4.23	19	percent of total billed charges	
0.9% NORMAL SALINE INJECT 500ML	A4617	HCPCS	outpatient			20	4.86	First Trenton	First Trenton		18	90			4.23	19	percent of total billed charges	
0.9% NORMAL SALINE INJECT 500ML	A4617	HCPCS	outpatient			20	4.86	Horizon	MGD		7.66	38.28			4.23	19	percent of total billed charges	
0.9% NORMAL SALINE INJECT 500ML	A4617	HCPCS	outpatient			20	4.86	Horizon	Indemnity		7.66	38.28			4.23	19	percent of total billed charges	
0.9% NORMAL SALINE INJECT 500ML	A4617	HCPCS	outpatient			20	4.86	Horizon	Medicare Blue		6	30			4.23	19	percent of total billed charges	
0.9% NORMAL SALINE INJECT 500ML	A4617	HCPCS	outpatient			20	4.86	Horizon	PPO		7.66	38.28			4.23	19	percent of total billed charges	
0.9% NORMAL SALINE INJECT 500ML	A4617	HCPCS	outpatient			20	4.86	Managed Care Inc	Managed Care Inc		18	90			4.23	19	percent of total billed charges	
0.9% NORMAL SALINE INJECT 500ML	A4617	HCPCS	outpatient			20	4.86	Multiplan	Multiplan		16	80			4.23	19	percent of total billed charges	
0.9% NORMAL SALINE INJECT 500ML	A4617	HCPCS	outpatient			20	4.86	Qualcare	Qualcare		15	75			4.23	19	percent of total billed charges	
0.9% NORMAL SALINE INJECT 500ML	A4617	HCPCS	outpatient			20	4.86	Three Rivers	Three Rivers		19	95			4.23	19	percent of total billed charges	
0.9% NORMAL SALINE INJECT 500ML	A4617	HCPCS	outpatient			20	4.86	UHC	Medicare		4.23				4.23	19	fee schedule	
0.9% NORMAL SALINE INJECT 500ML	A4617	HCPCS	outpatient			20	4.86	UHC	Medicaid		6.31	31.55			4.23	19	percent of total billed charges	
0.9% NORMAL SALINE INJECT 500ML	A4617	HCPCS	outpatient			20	4.86	Wellcare	Medicare		4.23				4.23	19	fee schedule	
0.9% NORMAL SALINE INJECT 500ML	A4617	HCPCS	outpatient			20	4.86	Wellcare	Medicaid		6.31	31.55			4.23	19	percent of total billed charges	
0.9% NORMAL SALINE INJECT 500ML	A4617	HCPCS	outpatient			20	4.86	WellPoint	WellPoint		6.44	32.18			4.23	19	percent of total billed charges	
PROVOX TUBE BRUSH, 12MM (7661)	A4626	HCPCS	outpatient			155	4.26	Aetna	Commercial		58.9	38			3.7	147.25	percent of total billed charges	
PROVOX TUBE BRUSH, 12MM (7661)	A4626	HCPCS	outpatient			155	4.26	Aetna	Medicare		3.7				3.7	147.25	fee schedule	
PROVOX TUBE BRUSH, 12MM (7661)	A4626	HCPCS	outpatient			155	4.26	Aetna	Better Health		48.9	31.55			3.7	147.25	percent of total billed charges	
PROVOX TUBE BRUSH, 12MM (7661)	A4626	HCPCS	outpatient			155	4.26	Americare	Americare		116.25	75			3.7	147.25	percent of total billed charges	
PROVOX TUBE BRUSH, 12MM (7661)	A4626	HCPCS	outpatient			155	4.26	Amerihealth	Medicare		3.7				3.7	147.25	fee schedule	
PROVOX TUBE BRUSH, 12MM (7661)	A4626	HCPCS	outpatient			155	4.26	Amerihealth	HMO/PPO		100.75	65			3.7	147.25	percent of total billed charges	
PROVOX TUBE BRUSH, 12MM (7661)	A4626	HCPCS	outpatient			155	4.26	Consumer	Consumer		147.25	95			3.7	147.25	percent of total billed charges	
PROVOX TUBE BRUSH, 12MM (7661)	A4626	HCPCS	outpatient			155	4.26	Corrections	Corrections		124	80			3.7	147.25	percent of total billed charges	
PROVOX TUBE BRUSH, 12MM (7661)	A4626	HCPCS	outpatient			155	4.26	First Health	First Health		108.5	70			3.7	147.25	percent of total billed charges	
PROVOX TUBE BRUSH, 12MM (7661)	A4626	HCPCS	outpatient			155	4.26	First Trenton	First Trenton		139.5	90			3.7	147.25	percent of total billed charges	
PROVOX TUBE BRUSH, 12MM (7661)	A4626	HCPCS	outpatient			155	4.26	Horizon	Medicare Blue		46.5	30			3.7	147.25	percent of total billed charges	
PROVOX TUBE BRUSH, 12MM (7661)	A4626	HCPCS	outpatient			155	4.26	Horizon	Indemnity		59.33	38.28			3.7	147.25	percent of total billed charges	
PROVOX TUBE BRUSH, 12MM (7661)	A4626	HCPCS	outpatient			155	4.26	Horizon	MGD		59.33	38.28			3.7	147.25	percent of total billed charges	
PROVOX TUBE BRUSH, 12MM (7661)	A4626	HCPCS	outpatient			155	4.26	Horizon	PPO		59.33	38.28			3.7	147.25	percent of total billed charges	
PROVOX TUBE BRUSH, 12MM (7661)	A4626	HCPCS	outpatient			155	4.26	Managed Care Inc	Managed Care Inc		139.5	90			3.7	147.25	percent of total billed charges	
PROVOX TUBE BRUSH, 12MM (7661)	A4626	HCPCS	outpatient			155	4.26	Multiplan	Multiplan		124	80			3.7	147.25	percent of total billed charges	
PROVOX TUBE BRUSH, 12MM (7661)	A4626	HCPCS	outpatient			155	4.26	Qualcare	Qualcare		116.25	75			3.7	147.25	percent of total billed charges	
PROVOX TUBE BRUSH, 12MM (7661)	A4626	HCPCS	outpatient			155	4.26	Three Rivers	Three Rivers		147.25	95			3.7	147.25	percent of total billed charges	
PROVOX TUBE BRUSH, 12MM (7661)	A4626	HCPCS	outpatient			155	4.26	UHC	Medicare		3.7				3.7	147.25	fee schedule	
PROVOX TUBE BRUSH, 12MM (7661)	A4626	HCPCS	outpatient			155	4.26	UHC	Medicaid		48.9	31.55			3.7	147.25	percent of total billed charges	
PROVOX TUBE BRUSH, 12MM (7661)	A4626	HCPCS	outpatient			155	4.26	Wellcare	Medicare		3.7				3.7	147.25	fee schedule	
PROVOX TUBE BRUSH, 12MM (7661)	A4626	HCPCS	outpatient			155	4.26	Wellcare	Medicaid		48.9	31.55			3.7	147.25	percent of total billed charges	
PROVOX TUBE BRUSH, 12MM (7661)	A4626	HCPCS	outpatient			155	4.26	WellPoint	WellPoint		49.88	32.18			3.7	147.25	percent of total billed charges	
PLATFORM WALKER ATTACHMENT,EA	A4637	HCPCS	both			327		Aetna	Medicare		100.72	30.8			98.1	310.65	percent of total billed charges	
PLATFORM WALKER ATTACHMENT,EA	A4637	HCPCS	both			327		Aetna	Commercial		124.26	38			98.1	310.65	percent of total billed charges	
PLATFORM WALKER ATTACHMENT,EA	A4637	HCPCS	both			327		Aetna	Better Health		103.17	31.55			98.1	310.65	percent of total billed charges	
PLATFORM WALKER ATTACHMENT,EA	A4637	HCPCS	both			327		Americare	Americare		245.25	75			98.1	310.65	percent of total billed charges	
PLATFORM WALKER ATTACHMENT,EA	A4637	HCPCS	both			327		Amerihealth	HMO/PPO		212.55	65			98.1	310.65	percent of total billed charges	
PLATFORM WALKER ATTACHMENT,EA	A4637	HCPCS	both			327		Consumer	Consumer		310.65	95			98.1	310.65	percent of total billed charges	
PLATFORM WALKER ATTACHMENT,EA	A4637	HCPCS	both			327		Corrections	Corrections		261.6	80			98.1	310.65	percent of total billed charges	
PLATFORM WALKER ATTACHMENT,EA	A4637	HCPCS	both			327		First Health	First Health		228.9	70			98.1	310.65	percent of total billed charges	
PLATFORM WALKER ATTACHMENT,EA	A4637	HCPCS	both			327		First Trenton	First Trenton		294.3	90			98.1	310.65	percent of total billed charges	
PLATFORM WALKER ATTACHMENT,EA	A4637	HCPCS	both			327		Horizon	Medicare Blue		98.1	30			98.1	310.65	percent of total billed charges	
PLATFORM WALKER ATTACHMENT,EA	A4637	HCPCS	both			327		Horizon	Indemnity		125.18	38.28			98.1	310.65	percent of total billed charges	
PLATFORM WALKER ATTACHMENT,EA	A4637	HCPCS	both			327		Horizon	MGD		125.18	38.28			98.1	310.65	percent of total billed charges	
PLATFORM WALKER ATTACHMENT,EA	A4637	HCPCS	both			327		Horizon	PPO		125.18	38.28			98.1	310.65	percent of total billed charges	
PLATFORM WALKER ATTACHMENT,EA	A4637	HCPCS	both			327		Managed Care Inc	Managed Care Inc		294.3	90			98.1	310.65	percent of total billed charges	
PLATFORM WALKER ATTACHMENT,EA	A4637	HCPCS	both			327		Multiplan	Multiplan		261.6	80			98.1	310.65	percent of total billed charges	
PLATFORM WALKER ATTACHMENT,EA	A4637	HCPCS	both			327		Qualcare	Qualcare		245.25	75			98.1	310.65	percent of total billed charges	
PLATFORM WALKER ATTACHMENT,EA	A4637	HCPCS	both			327		Three Rivers	Three Rivers		310.65	95			98.1	310.65	percent of total billed charges	
PLATFORM WALKER ATTACHMENT,EA	A4637	HCPCS	both			327		UHC	Medicaid		103.17	31.55			98.1	310.65	percent of total billed charges	
PLATFORM WALKER ATTACHMENT,EA	A4637	HCPCS	both			327		Wellcare	Medicaid		103.17	31.55			98.1	310.65	percent of total billed charges	
PLATFORM WALKER ATTACHMENT,EA	A4637	HCPCS	both			327		WellPoint	WellPoint		105.23	32.18			98.1	310.65	percent of total billed charges	
SUPPLY OF RADIOISOTOPE	A4641	HCPCS	outpatient			9397		Aetna	Better Health		2964.75	31.55			62	8927.15	percent of total billed charges	
SUPPLY OF RADIOISOTOPE	A4641	HCPCS	outpatient			9397		Aetna	Medicare		2894.28	30.8			62	8927.15	percent of total billed charges	
SUPPLY OF RADIOISOTOPE	A4641	HCPCS	outpatient			9397		Aetna	Commercial		3570.86	38			62	8927.15	percent of total billed charges	
SUPPLY OF RADIOISOTOPE	A4641	HCPCS	outpatient			9397		Americare	Americare		7047.75	75			62	8927.15	percent of total billed charges	
SUPPLY OF RADIOISOTOPE	A4641	HCPCS	outpatient			9397		Amerihealth	HMO/PPO		62				62	8927.15	fee schedule	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.															
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101191	true														
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
SUPPLY OF RADIOISOTOPE	A4641	HCPCS	outpatient			9397		Consumer	Consumer		8927.15	95			62	8927.15	percent of total billed charges	
SUPPLY OF RADIOISOTOPE	A4641	HCPCS	outpatient			9397		Corrections	Corrections		7517.6	80			62	8927.15	percent of total billed charges	
SUPPLY OF RADIOISOTOPE	A4641	HCPCS	outpatient			9397		First Health	First Health		6577.9	70			62	8927.15	percent of total billed charges	
SUPPLY OF RADIOISOTOPE	A4641	HCPCS	outpatient			9397		First Trenton	First Trenton		8457.3	90			62	8927.15	percent of total billed charges	
SUPPLY OF RADIOISOTOPE	A4641	HCPCS	outpatient			9397		Horizon	PPO		3597.17	38.28			62	8927.15	percent of total billed charges	
SUPPLY OF RADIOISOTOPE	A4641	HCPCS	outpatient			9397		Horizon	MGD		3597.17	38.28			62	8927.15	percent of total billed charges	
SUPPLY OF RADIOISOTOPE	A4641	HCPCS	outpatient			9397		Horizon	Medicare Blue		2819.1	30			62	8927.15	percent of total billed charges	
SUPPLY OF RADIOISOTOPE	A4641	HCPCS	outpatient			9397		Horizon	Indemnity		3597.17	38.28			62	8927.15	percent of total billed charges	
SUPPLY OF RADIOISOTOPE	A4641	HCPCS	outpatient			9397		Managed Care Inc	Managed Care Inc		8457.3	90			62	8927.15	percent of total billed charges	
SUPPLY OF RADIOISOTOPE	A4641	HCPCS	outpatient			9397		Multiplan	Multiplan		7517.6	80			62	8927.15	percent of total billed charges	
SUPPLY OF RADIOISOTOPE	A4641	HCPCS	outpatient			9397		Qualcare	Qualcare		7047.75	75			62	8927.15	percent of total billed charges	
SUPPLY OF RADIOISOTOPE	A4641	HCPCS	outpatient			9397		Three Rivers	Three Rivers		8927.15	95			62	8927.15	percent of total billed charges	
SUPPLY OF RADIOISOTOPE	A4641	HCPCS	outpatient			9397		UHC	Medicaid		2964.75	31.55			62	8927.15	percent of total billed charges	
SUPPLY OF RADIOISOTOPE	A4641	HCPCS	outpatient			9397		Wellcare	Medicaid		2964.75	31.55			62	8927.15	percent of total billed charges	
SUPPLY OF RADIOISOTOPE	A4641	HCPCS	outpatient			9397		WellPoint	WellPoint		3023.95	32.18			62	8927.15	percent of total billed charges	
RP ONCOSCINT CR/OV	A4642	HCPCS	outpatient			4514		Aetna	Commercial		1715.32	38			1210.4	4288.3	percent of total billed charges	
RP ONCOSCINT CR/OV	A4642	HCPCS	outpatient			4514		Aetna	Better Health		1424.17	31.55			1210.4	4288.3	percent of total billed charges	
RP ONCOSCINT CR/OV	A4642	HCPCS	outpatient			4514		Aetna	Medicare		1390.31	30.8			1210.4	4288.3	percent of total billed charges	
RP ONCOSCINT CR/OV	A4642	HCPCS	outpatient			4514		Americare	Americare		3385.5	75			1210.4	4288.3	percent of total billed charges	
RP ONCOSCINT CR/OV	A4642	HCPCS	outpatient			4514		Amerihealth	HMO/PPO		1210.4				1210.4	4288.3	fee schedule	
RP ONCOSCINT CR/OV	A4642	HCPCS	outpatient			4514		Consumer	Consumer		4288.3	95			1210.4	4288.3	percent of total billed charges	
RP ONCOSCINT CR/OV	A4642	HCPCS	outpatient			4514		Corrections	Corrections		3611.2	80			1210.4	4288.3	percent of total billed charges	
RP ONCOSCINT CR/OV	A4642	HCPCS	outpatient			4514		First Health	First Health		3159.8	70			1210.4	4288.3	percent of total billed charges	
RP ONCOSCINT CR/OV	A4642	HCPCS	outpatient			4514		First Trenton	First Trenton		4062.6	90			1210.4	4288.3	percent of total billed charges	
RP ONCOSCINT CR/OV	A4642	HCPCS	outpatient			4514		Horizon	Medicare Blue		1354.2	30			1210.4	4288.3	percent of total billed charges	
RP ONCOSCINT CR/OV	A4642	HCPCS	outpatient			4514		Horizon	Indemnity		1727.96	38.28			1210.4	4288.3	percent of total billed charges	
RP ONCOSCINT CR/OV	A4642	HCPCS	outpatient			4514		Horizon	MGD		1727.96	38.28			1210.4	4288.3	percent of total billed charges	
RP ONCOSCINT CR/OV	A4642	HCPCS	outpatient			4514		Horizon	PPO		1727.96	38.28			1210.4	4288.3	percent of total billed charges	
RP ONCOSCINT CR/OV	A4642	HCPCS	outpatient			4514		Managed Care Inc	Managed Care Inc		4062.6	90			1210.4	4288.3	percent of total billed charges	
RP ONCOSCINT CR/OV	A4642	HCPCS	outpatient			4514		Multiplan	Multiplan		3611.2	80			1210.4	4288.3	percent of total billed charges	
RP ONCOSCINT CR/OV	A4642	HCPCS	outpatient			4514		Qualcare	Qualcare		3385.5	75			1210.4	4288.3	percent of total billed charges	
RP ONCOSCINT CR/OV	A4642	HCPCS	outpatient			4514		Three Rivers	Three Rivers		4288.3	95			1210.4	4288.3	percent of total billed charges	
RP ONCOSCINT CR/OV	A4642	HCPCS	outpatient			4514		UHC	Medicaid		1424.17	31.55			1210.4	4288.3	percent of total billed charges	
RP ONCOSCINT CR/OV	A4642	HCPCS	outpatient			4514		Wellcare	Medicaid		1424.17	31.55			1210.4	4288.3	percent of total billed charges	
RP ONCOSCINT CR/OV	A4642	HCPCS	outpatient			4514		WellPoint	WellPoint		1452.61	32.18			1210.4	4288.3	percent of total billed charges	
GOLD SEED FIDUCIALS	A4648	HCPCS	outpatient			652		Aetna	Better Health		205.71	31.55			195.6	619.4	percent of total billed charges	
GOLD SEED FIDUCIALS	A4648	HCPCS	outpatient			652		Aetna	Medicare		200.82	30.8			195.6	619.4	percent of total billed charges	
GOLD SEED FIDUCIALS	A4648	HCPCS	outpatient			652		Aetna	Commercial		247.76	38			195.6	619.4	percent of total billed charges	
GOLD SEED FIDUCIALS	A4648	HCPCS	outpatient			652		Americare	Americare		489	75			195.6	619.4	percent of total billed charges	
GOLD SEED FIDUCIALS	A4648	HCPCS	outpatient			652		Amerihealth	HMO/PPO		423.8	65			195.6	619.4	percent of total billed charges	
GOLD SEED FIDUCIALS	A4648	HCPCS	outpatient			652		Consumer	Consumer		619.4	95			195.6	619.4	percent of total billed charges	
GOLD SEED FIDUCIALS	A4648	HCPCS	outpatient			652		Corrections	Corrections		521.6	80			195.6	619.4	percent of total billed charges	
GOLD SEED FIDUCIALS	A4648	HCPCS	outpatient			652		First Health	First Health		456.4	70			195.6	619.4	percent of total billed charges	
GOLD SEED FIDUCIALS	A4648	HCPCS	outpatient			652		First Trenton	First Trenton		586.8	90			195.6	619.4	percent of total billed charges	
GOLD SEED FIDUCIALS	A4648	HCPCS	outpatient			652		Horizon	Medicare Blue		195.6	30			195.6	619.4	percent of total billed charges	
GOLD SEED FIDUCIALS	A4648	HCPCS	outpatient			652		Horizon	Indemnity		249.59	38.28			195.6	619.4	percent of total billed charges	
GOLD SEED FIDUCIALS	A4648	HCPCS	outpatient			652		Horizon	MGD		249.59	38.28			195.6	619.4	percent of total billed charges	
GOLD SEED FIDUCIALS	A4648	HCPCS	outpatient			652		Horizon	PPO		249.59	38.28			195.6	619.4	percent of total billed charges	
GOLD SEED FIDUCIALS	A4648	HCPCS	outpatient			652		Managed Care Inc	Managed Care Inc		586.8	90			195.6	619.4	percent of total billed charges	
GOLD SEED FIDUCIALS	A4648	HCPCS	outpatient			652		Multiplan	Multiplan		521.6	80			195.6	619.4	percent of total billed charges	
GOLD SEED FIDUCIALS	A4648	HCPCS	outpatient			652		Qualcare	Qualcare		489	75			195.6	619.4	percent of total billed charges	
GOLD SEED FIDUCIALS	A4648	HCPCS	outpatient			652		Three Rivers	Three Rivers		619.4	95			195.6	619.4	percent of total billed charges	
GOLD SEED FIDUCIALS	A4648	HCPCS	outpatient			652		UHC	Medicaid		205.71	31.55			195.6	619.4	percent of total billed charges	
GOLD SEED FIDUCIALS	A4648	HCPCS	outpatient			652		Wellcare	Medicaid		205.71	31.55			195.6	619.4	percent of total billed charges	
GOLD SEED FIDUCIALS	A4648	HCPCS	outpatient			652		WellPoint	WellPoint		209.81	32.18			195.6	619.4	percent of total billed charges	
URINE COLLECTION LEG BAG	A5112	HCPCS	outpatient			63	49.78	Aetna	Medicare		43.29				18.9	59.85	fee schedule	
URINE COLLECTION LEG BAG	A5112	HCPCS	outpatient			63	49.78	Aetna	Commercial		23.94	38			18.9	59.85	percent of total billed charges	
URINE COLLECTION LEG BAG	A5112	HCPCS	outpatient			63	49.78	Aetna	Better Health		19.88	31.55			18.9	59.85	percent of total billed charges	
URINE COLLECTION LEG BAG	A5112	HCPCS	outpatient			63	49.78	Americare	Americare		47.25	75			18.9	59.85	percent of total billed charges	
URINE COLLECTION LEG BAG	A5112	HCPCS	outpatient			63	49.78	Amerihealth	Medicare		43.29				18.9	59.85	fee schedule	
URINE COLLECTION LEG BAG	A5112	HCPCS	outpatient			63	49.78	Amerihealth	HMO/PPO		40.95	65			18.9	59.85	percent of total billed charges	
URINE COLLECTION LEG BAG	A5112	HCPCS	outpatient			63	49.78	Consumer	Consumer		59.85	95			18.9	59.85	percent of total billed charges	
URINE COLLECTION LEG BAG	A5112	HCPCS	outpatient			63	49.78	Corrections	Corrections		50.4	80			18.9	59.85	percent of total billed charges	
URINE COLLECTION LEG BAG	A5112	HCPCS	outpatient			63	49.78	First Health	First Health		44.1	70			18.9	59.85	percent of total billed charges	
URINE COLLECTION LEG BAG	A5112	HCPCS	outpatient			63	49.78	First Trenton	First Trenton		56.7	90			18.9	59.85	percent of total billed charges	
URINE COLLECTION LEG BAG	A5112	HCPCS	outpatient			63	49.78	Horizon	MGD		24.12	38.28			18.9	59.85	percent of total billed charges	
URINE COLLECTION LEG BAG	A5112	HCPCS	outpatient			63	49.78	Horizon	Medicare Blue		18.9	30			18.9	59.85	percent of total billed charges	
URINE COLLECTION LEG BAG	A5112	HCPCS	outpatient			63	49.78	Horizon	PPO		24.12	38.28			18.9	59.85	percent of total billed charges	
URINE COLLECTION LEG BAG	A5112	HCPCS	outpatient			63	49.78	Horizon	Indemnity		24.12	38.28			18.9	59.85	percent of total billed charges	
URINE COLLECTION LEG BAG	A5112	HCPCS	outpatient			63	49.78	Managed Care Inc	Managed Care Inc		56.7	90			18.9	59.85	percent of total billed charges	
URINE COLLECTION LEG BAG	A5112	HCPCS	outpatient			63	49.78	Multiplan	Multiplan		50.4	80			18.9	59.85	percent of total billed charges	
URINE COLLECTION LEG BAG	A5112	HCPCS	outpatient			63	49.78	Qualcare	Qualcare		47.25	75			18.9	59.85	percent of total billed charges	
URINE COLLECTION LEG BAG	A5112	HCPCS	outpatient			63	49.78	Three Rivers	Three Rivers		59.85	95			18.9	59.85	percent of total billed charges	
URINE COLLECTION LEG BAG	A5112	HCPCS	outpatient			63	49.78	UHC	Medicare		43.29				18.9	59.85	fee schedule	
URINE COLLECTION LEG BAG	A5112	HCPCS	outpatient			63	49.78	UHC	Medicaid		19.88	31.55			18.9	59.85	percent of total billed charges	
URINE COLLECTION LEG BAG	A5112	HCPCS	outpatient			63	49.78	Wellcare	Medicaid		19.88	31.55			18.9	59.85	percent of total billed charges	
URINE COLLECTION LEG BAG	A5112	HCPCS	outpatient			63	49.78	Wellcare	Medicare		43.29				18.9	59.85	fee schedule	
URINE COLLECTION LEG BAG	A5112	HCPCS	outpatient			63	49.78	WellPoint	WellPoint		20.27	32.18			18.9	59.85	percent of total billed charges	
SORBSCAN WOUND DRESSING	A6251	HCPCS	outpatient			97	3.12	Aetna	Better Health		30.6	31.55			2.71	92.15	percent of total billed charges	
SORBSCAN WOUND DRESSING	A6251	HCPCS	outpatient			97	3.12	Aetna	Commercial		36.86	38			2.71	92.15	percent of total billed charges	
SORBSCAN WOUND DRESSING	A6251	HCPCS	outpatient			97	3.12	Aetna	Medicare		2.71				2.71	92.15	fee schedule	
SORBSCAN WOUND DRESSING	A6251	HCPCS	outpatient			97	3.12	Americare	Americare		72.75	75			2.71	92.15	percent of total billed charges	
SORBSCAN WOUND DRESSING	A6251	HCPCS	outpatient			97	3.12	Amerihealth	Medicare		2.71				2.71	92.15	fee schedule	
SORBSCAN WOUND DRESSING	A6251	HCPCS	outpatient			97	3.12	Amerihealth	HMO/PPO		63.05	65			2.71	92.15	percent of total billed charges	
SORBSCAN WOUND DRESSING	A6251	HCPCS	outpatient			97	3.12	Consumer	Consumer		92.15	95			2.71	92.15	percent of total billed charges	
SORBSCAN WOUND DRESSING	A6251	HCPCS	outpatient			97	3.12	Corrections	Corrections		77.6	80			2.71	92.15	percent of total billed charges	
SORBSCAN WOUND DRESSING	A6251	HCPCS	outpatient			97	3.12	First Health	First Health		67.9	70			2.71	92.15	percent of total billed charges	
SORBSCAN WOUND DRESSING	A6251	HCPCS	outpatient			97	3.12	First Trenton	First Trenton		87.3	90			2.71	92.15	percent of total billed charges	
SORBSCAN WOUND DRESSING	A6251	HCPCS	outpatient			97	3.12	Horizon	Indemnity		37.13	38.28			2.71	92.15	percent of total billed charges	
SORBSCAN WOUND DRESSING	A6251	HCPCS	outpatient			97	3.12	Horizon	Medicare Blue		29.1	30			2.71	92.15	percent of total billed charges	
SORBSCAN WOUND DRESSING	A6251	HCPCS	outpatient			97	3.12	Horizon	MGD		37.13	38.28			2.71	92.15	percent of total billed charges	
SORBSCAN WOUND DRESSING	A6251	HCPCS	outpatient			97	3.12	Horizon	PPO		37.13	38.28			2.71	92.15	percent of total billed charges	
SORBSCAN WOUND DRESSING	A6251	HCPCS	outpatient			97	3.12	Managed Care Inc	Managed Care Inc		87.3	90			2.71	92.15	percent of total billed charges	
SORBSCAN WOUND DRESSING	A6251	HCPCS	outpatient			97	3.12	Multiplan	Multiplan		77.6	80			2.71	92.15	percent of total billed charges	
SORBSCAN WOUND DRESSING	A6251	HCPCS	outpatient			97	3.12	Qualcare	Qualcare		72.75	75			2.71	92.15	percent of total billed charges	
SORBSCAN WOUND DRESSING	A6251	HCPCS	outpatient			97	3.12	Three Rivers	Three Rivers		92.15	95			2.71	92.15	percent of total billed charges	
SORBSCAN WOUND DRESSING	A6251	HCPCS	outpatient			97	3.12	UHC	Medicare		2.71				2.71	92.15	fee schedule	
SORBSCAN WOUND DRESSING	A6251	HCPCS	outpatient			97	3.12	UHC	Medicaid		30.6	31.55			2.71	92.15	percent of total billed charges	
SORBSCAN WOUND DRESSING	A6251	HCPCS	outpatient			97	3.12	Wellcare	Medicaid		30.6	31.55			2.71	92.15	percent of total billed charges	
SORBSCAN WOUND DRESSING	A6251	HCPCS	outpatient			97	3.12	Wellcare	Medicare		2.71				2.71	92.15	fee schedule	
SORBSCAN WOUND DRESSING	A6251	HCPCS	outpatient			97	3.12	WellPoint	WellPoint		31.21	32.18			2.71	92.15	percent of total billed charges	
ACE BANDAGE 2 INCH	A6448	HCPCS	outpatient			19	1.81	Aetna	Medicare		1.57				1.57	18.05	fee schedule	
ACE BANDAGE 2 INCH	A6448	HCPCS	outpatient			19	1.81	Aetna	Better Health		5.99	31.55			1.57	18.05	percent of total billed charges	
ACE BANDAGE 2 INCH	A6448	HCPCS	outpatient			19	1.81	Aetna	Commercial		7.22	38			1.57	18.05	percent of total billed charges	
ACE BANDAGE 2 INCH	A6448	HCPCS	outpatient			19	1.81	Americare	Americare		14.25	75			1.57	18.05	percent of total billed charges	
ACE BANDAGE 2 INCH	A6448	HCPCS	outpatient			19	1.81	Amerihealth	Medicare		1.57				1.57	18.05	fee schedule	
ACE BANDAGE 2 INCH	A6448	HCPCS	outpatient			19	1.81	Amerihealth	HMO/PPO		12.35	65			1.57	18.05	percent of total billed charges	
ACE BANDAGE 2 INCH	A6448	HCPCS	outpatient			19	1.81	Consumer	Consumer		18.05	95			1.57	18.05	percent of total billed charges	
ACE BANDAGE 2 INCH	A6448	HCPCS	outpatient			19	1.81	Corrections	Corrections		15.2	80			1.57	18.05	percent of total billed charges	
ACE BANDAGE 2 INCH	A6448	HCPCS	outpatient			19	1.81	First Health	First Health		13.3	70			1.57	18.05	percent of total billed charges	
ACE BANDAGE 2 INCH	A6448	HCPCS	outpatient			19	1.81	First Trenton	First Trenton		17.1	90			1.57	18.05	percent of total billed charges	
ACE BANDAGE 2 INCH	A6448	HCPCS	outpatient			19	1.81	Horizon	Medicare Blue		5.7	30			1.57	18.05	percent of total billed charges	
ACE BANDAGE 2 INCH	A6448	HCPCS	outpatient			19	1.81	Horizon	MGD		7.27	38.28			1.57	18.05	percent of total billed charges	
ACE BANDAGE 2 INCH	A6448	HCPCS	outpatient			19	1.81	Horizon	Indemnity		7.27	38.28			1.57	18.05	percent of total billed charges	
ACE BANDAGE 2 INCH	A6448	HCPCS	outpatient			19	1.81	Horizon	PPO		7.27	38.28			1.57	18.05	percent of total billed charges	
ACE BANDAGE 2 INCH	A6448	HCPCS	outpatient			19	1.81	Managed Care Inc	Managed Care Inc		17.1	90			1.57	18.05	percent of total billed charges	
ACE BANDAGE 2 INCH	A6448	HCPCS	outpatient			19	1.81	Multiplan	Multiplan		15.2	80			1.57	18.05	percent of total billed charges	
ACE BANDAGE 2 INCH	A6448	HCPCS	outpatient			19	1.81	Qualcare	Qualcare		14.25	75			1.57	18.05	percent of total billed charges	
ACE BANDAGE 2 INCH	A6448	HCPCS	outpatient			19	1.81	Three Rivers	Three Rivers		18.05	95			1.57	18.05	percent of total billed charges	
ACE BANDAGE 2 INCH	A6448	HCPCS	outpatient			19	1.81	UHC	Medicaid		5.99	31.55			1.57	18.05	percent of total billed charges	
ACE BANDAGE 2 INCH	A6448	HCPCS	outpatient			19	1.81	UHC	Medicare		1.57				1.57	18.05	fee schedule	
ACE BANDAGE 2 INCH	A6448	HCPCS	outpatient			19	1.81	Wellcare	Medicare		1.57				1.57	18.05	fee schedule	
ACE BANDAGE 2 INCH	A6448	HCPCS	outpatient			19	1.81	Wellcare	Medicaid		5.99	31.55			1.57	18.05	percent of total billed charges	
ACE BANDAGE 2 INCH	A6448	HCPCS	outpatient			19	1.81	WellPoint	WellPoint		6.11	32.18			1.57	18.05	percent of total billed charges	
ACE BANDAGE 4 INCH	A6449	HCPCS	outpatient			21	2.75	Aetna	Better Health		6.63	31.55			2.39	19.95	percent of total billed charges	
ACE BANDAGE 4 INCH	A6449	HCPCS	outpatient			21	2.75	Aetna	Commercial		7.98	38			2.39	19.95	percent of total billed charges	
ACE BANDAGE 4 INCH	A6449	HCPCS	outpatient			21	2.75	Aetna	Medicare		2.39				2.39	19.95	fee schedule	
ACE BANDAGE 4 INCH	A6449	HCPCS	outpatient			21	2.75	Americare	Americare		15.75	75			2.39	19.95	percent of total billed charges	
ACE BANDAGE 4 INCH	A6449	HCPCS	outpatient			21	2.75	Amerihealth	HMO/PPO		13.65	65			2.39	19.95	percent of total billed charges	
ACE BANDAGE 4 INCH	A6449	HCPCS	outpatient			21	2.75	Amerihealth	Medicare		2.39				2.39	19.95	fee schedule	
ACE BANDAGE 4 INCH	A6449	HCPCS	outpatient			21	2.75	Consumer	Consumer		19.95	95			2.39	19.95	percent of total billed charges	
ACE BANDAGE 4 INCH	A6449	HCPCS	outpatient			21	2.75	Corrections	Corrections		16.8	80			2.39	19.95	percent of total billed charges	
ACE BANDAGE 4 INCH	A6449	HCPCS	outpatient			21	2.75	First Health	First Health		14.7	70			2.39	19.95	percent of total billed charges	
ACE BANDAGE 4 INCH	A6449	HCPCS	outpatient			21	2.75	First Trenton	First Trenton		18.9	90			2.39	19.95	percent of total billed charges	
ACE BANDAGE 4 INCH	A6449	HCPCS	outpatient			21	2.75	Horizon	MGD		8.04	38.28			2.39	19.95	percent of total billed charges	
ACE BANDAGE 4 INCH	A6449	HCPCS	outpatient			21	2.75	Horizon	Indemnity		8.04	38.28			2.39	19.95	percent of total billed charges	
ACE BANDAGE 4 INCH	A6449	HCPCS	outpatient			21	2.75	Horizon	Medicare Blue		6.3	30			2.39	19.95	percent of total billed charges	
ACE BANDAGE 4 INCH	A6449	HCPCS	outpatient			21	2.75	Horizon	PPO		8.04	38.28			2.39	19.95	percent of total billed charges	
ACE BANDAGE 4 INCH	A6449	HCPCS	outpatient			21	2.75	Managed Care Inc	Managed Care Inc		18.9	90			2.39	19.95	percent of total billed charges	
ACE BANDAGE 4 INCH	A6449	HCPCS	outpatient			21	2.75	Multiplan	Multiplan		16.8	80			2.39	19.95	percent of total billed charges	
ACE BANDAGE 4 INCH	A6449	HCPCS	outpatient			21	2.75	Qualcare	Qualcare		15.75	75			2.39	19.95	percent of total billed charges	
ACE BANDAGE 4 INCH	A6449	HCPCS	outpatient			21	2.75	Three Rivers	Three Rivers		19.95	95			2.39	19.95	percent of total billed charges	
ACE BANDAGE 4 INCH	A6449	HCPCS	outpatient			21	2.75	UHC	Medicaid		6.63	31.55			2.39	19.95	percent of total billed charges	
ACE BANDAGE 4 INCH	A6449	HCPCS	outpatient			21	2.75	UHC	Medicare		2.39				2.39	19.95	fee schedule	
ACE BANDAGE 4 INCH	A6449	HCPCS	outpatient			21	2.75	Wellcare	Medicaid		6.63	31.55			2.39	19.95	percent of total billed charges	
ACE BANDAGE 4 INCH	A6449	HCPCS	outpatient			21	2.75	Wellcare	Medicare		2.39				2.39	19.95	fee schedule	
ACE BANDAGE 4 INCH	A6449	HCPCS	outpatient			21	2.75	WellPoint	WellPoint		6.76	32.18			2.39	19.95	percent of total billed charges	
EDEMA GLOVE	A6549	HCPCS	both			25		Aetna	Better Health		7.89	31.55			4.8	23.75	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.														
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true													
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
EDEMA GLOVE	A6549	HCPCS	both			25		Aetna	Medicare		7.7	30.8			4.8	23.75	percent of total billed charges	
EDEMA GLOVE	A6549	HCPCS	both			25		Aetna	Commercial		9.5	38			4.8	23.75	percent of total billed charges	
EDEMA GLOVE	A6549	HCPCS	both			25		Americare	Americare		18.75	75			4.8	23.75	percent of total billed charges	
EDEMA GLOVE	A6549	HCPCS	both			25		Amerihealth	HMO/PPO		16.25	65			4.8	23.75	percent of total billed charges	
EDEMA GLOVE	A6549	HCPCS	both			25		Consumer	Consumer		23.75	95			4.8	23.75	percent of total billed charges	
EDEMA GLOVE	A6549	HCPCS	both			25		Corrections	Corrections		20	80			4.8	23.75	percent of total billed charges	
EDEMA GLOVE	A6549	HCPCS	both			25		First Health	First Health		17.5	70			4.8	23.75	percent of total billed charges	
EDEMA GLOVE	A6549	HCPCS	both			25		First Trenton	First Trenton		22.5	90			4.8	23.75	percent of total billed charges	
EDEMA GLOVE	A6549	HCPCS	both			25		Horizon	Indemnity		9.57	38.28			4.8	23.75	percent of total billed charges	
EDEMA GLOVE	A6549	HCPCS	both			25		Horizon	MGD		9.57	38.28			4.8	23.75	percent of total billed charges	
EDEMA GLOVE	A6549	HCPCS	both			25		Horizon	Medicare Blue		7.5	30			4.8	23.75	percent of total billed charges	
EDEMA GLOVE	A6549	HCPCS	both			25		Horizon	PPO		9.57	38.28			4.8	23.75	percent of total billed charges	
EDEMA GLOVE	A6549	HCPCS	both			25		Managed Care Inc	Managed Care Inc		22.5	90			4.8	23.75	percent of total billed charges	
EDEMA GLOVE	A6549	HCPCS	both			25		Multiplan	Multiplan		20	80			4.8	23.75	percent of total billed charges	
EDEMA GLOVE	A6549	HCPCS	both			25		Qualcare	Qualcare		18.75	75			4.8	23.75	percent of total billed charges	
EDEMA GLOVE	A6549	HCPCS	both			25		Three Rivers	Three Rivers		23.75	95			4.8	23.75	percent of total billed charges	
EDEMA GLOVE	A6549	HCPCS	both			25		UHC	Medicaid		7.89	31.55			4.8	23.75	percent of total billed charges	
EDEMA GLOVE	A6549	HCPCS	both			25		Wellcare	Medicaid		7.89	31.55			4.8	23.75	percent of total billed charges	
EDEMA GLOVE	A6549	HCPCS	both			25		WellPoint	WellPoint		8.05	32.18			4.8	23.75	percent of total billed charges	
ASPIRATION TUBING	A7002	HCPCS	both			1735		Aetna	Commercial		659.3	38			520.5	1648.25	percent of total billed charges	
ASPIRATION TUBING	A7002	HCPCS	both			1735		Aetna	Better Health		547.39	31.55			520.5	1648.25	percent of total billed charges	
ASPIRATION TUBING	A7002	HCPCS	both			1735		Aetna	Medicare		534.38	30.8			520.5	1648.25	percent of total billed charges	
ASPIRATION TUBING	A7002	HCPCS	both			1735		Americare	Americare		1301.25	75			520.5	1648.25	percent of total billed charges	
ASPIRATION TUBING	A7002	HCPCS	both			1735		Amerihealth	HMO/PPO		1127.75	65			520.5	1648.25	percent of total billed charges	
ASPIRATION TUBING	A7002	HCPCS	both			1735		Consumer	Consumer		1648.25	95			520.5	1648.25	percent of total billed charges	
ASPIRATION TUBING	A7002	HCPCS	both			1735		Corrections	Corrections		1388	80			520.5	1648.25	percent of total billed charges	
ASPIRATION TUBING	A7002	HCPCS	both			1735		First Health	First Health		1214.5	70			520.5	1648.25	percent of total billed charges	
ASPIRATION TUBING	A7002	HCPCS	both			1735		First Trenton	First Trenton		1561.5	90			520.5	1648.25	percent of total billed charges	
ASPIRATION TUBING	A7002	HCPCS	both			1735		Horizon	Medicare Blue		520.5	30			520.5	1648.25	percent of total billed charges	
ASPIRATION TUBING	A7002	HCPCS	both			1735		Horizon	Indemnity		664.16	38.28			520.5	1648.25	percent of total billed charges	
ASPIRATION TUBING	A7002	HCPCS	both			1735		Horizon	MGD		664.16	38.28			520.5	1648.25	percent of total billed charges	
ASPIRATION TUBING	A7002	HCPCS	both			1735		Horizon	PPO		664.16	38.28			520.5	1648.25	percent of total billed charges	
ASPIRATION TUBING	A7002	HCPCS	both			1735		Managed Care Inc	Managed Care Inc		1561.5	90			520.5	1648.25	percent of total billed charges	
ASPIRATION TUBING	A7002	HCPCS	both			1735		Multiplan	Multiplan		1388	80			520.5	1648.25	percent of total billed charges	
ASPIRATION TUBING	A7002	HCPCS	both			1735		Qualcare	Qualcare		1301.25	75			520.5	1648.25	percent of total billed charges	
ASPIRATION TUBING	A7002	HCPCS	both			1735		Three Rivers	Three Rivers		1648.25	95			520.5	1648.25	percent of total billed charges	
ASPIRATION TUBING	A7002	HCPCS	both			1735		UHC	Medicaid		547.39	31.55			520.5	1648.25	percent of total billed charges	
ASPIRATION TUBING	A7002	HCPCS	both			1735		Wellcare	Medicaid		547.39	31.55			520.5	1648.25	percent of total billed charges	
ASPIRATION TUBING	A7002	HCPCS	both			1735		WellPoint	WellPoint		558.32	32.18			520.5	1648.25	percent of total billed charges	
PROVOX XTRAMOIST HME (7290)	A7507	HCPCS	outpatient			559	3.92	Aetna	Commercial		212.42	38			3.41	531.05	percent of total billed charges	
PROVOX XTRAMOIST HME (7290)	A7507	HCPCS	outpatient			559	3.92	Aetna	Better Health		176.36	31.55			3.41	531.05	percent of total billed charges	
PROVOX XTRAMOIST HME (7290)	A7507	HCPCS	outpatient			559	3.92	Aetna	Medicare		3.41				3.41	531.05	fee schedule	
PROVOX XTRAMOIST HME (7290)	A7507	HCPCS	outpatient			559	3.92	Americare	Americare		419.25	75			3.41	531.05	percent of total billed charges	
PROVOX XTRAMOIST HME (7290)	A7507	HCPCS	outpatient			559	3.92	Amerihealth	HMO/PPO		363.35	65			3.41	531.05	percent of total billed charges	
PROVOX XTRAMOIST HME (7290)	A7507	HCPCS	outpatient			559	3.92	Amerihealth	Medicare		3.41				3.41	531.05	fee schedule	
PROVOX XTRAMOIST HME (7290)	A7507	HCPCS	outpatient			559	3.92	Consumer	Consumer		531.05	95			3.41	531.05	percent of total billed charges	
PROVOX XTRAMOIST HME (7290)	A7507	HCPCS	outpatient			559	3.92	Corrections	Corrections		447.2	80			3.41	531.05	percent of total billed charges	
PROVOX XTRAMOIST HME (7290)	A7507	HCPCS	outpatient			559	3.92	First Health	First Health		391.3	70			3.41	531.05	percent of total billed charges	
PROVOX XTRAMOIST HME (7290)	A7507	HCPCS	outpatient			559	3.92	First Trenton	First Trenton		503.1	90			3.41	531.05	percent of total billed charges	
PROVOX XTRAMOIST HME (7290)	A7507	HCPCS	outpatient			559	3.92	Horizon	Indemnity		213.99	38.28			3.41	531.05	percent of total billed charges	
PROVOX XTRAMOIST HME (7290)	A7507	HCPCS	outpatient			559	3.92	Horizon	Medicare Blue		167.7	30			3.41	531.05	percent of total billed charges	
PROVOX XTRAMOIST HME (7290)	A7507	HCPCS	outpatient			559	3.92	Horizon	MGD		213.99	38.28			3.41	531.05	percent of total billed charges	
PROVOX XTRAMOIST HME (7290)	A7507	HCPCS	outpatient			559	3.92	Horizon	PPO		213.99	38.28			3.41	531.05	percent of total billed charges	
PROVOX XTRAMOIST HME (7290)	A7507	HCPCS	outpatient			559	3.92	Managed Care Inc	Managed Care Inc		503.1	90			3.41	531.05	percent of total billed charges	
PROVOX XTRAMOIST HME (7290)	A7507	HCPCS	outpatient			559	3.92	Multiplan	Multiplan		447.2	80			3.41	531.05	percent of total billed charges	
PROVOX XTRAMOIST HME (7290)	A7507	HCPCS	outpatient			559	3.92	Qualcare	Qualcare		419.25	75			3.41	531.05	percent of total billed charges	
PROVOX XTRAMOIST HME (7290)	A7507	HCPCS	outpatient			559	3.92	Three Rivers	Three Rivers		531.05	95			3.41	531.05	percent of total billed charges	
PROVOX XTRAMOIST HME (7290)	A7507	HCPCS	outpatient			559	3.92	UHC	Medicare		3.41				3.41	531.05	fee schedule	
PROVOX XTRAMOIST HME (7290)	A7507	HCPCS	outpatient			559	3.92	UHC	Medicaid		176.36	31.55			3.41	531.05	percent of total billed charges	
PROVOX XTRAMOIST HME (7290)	A7507	HCPCS	outpatient			559	3.92	Wellcare	Medicare		3.41				3.41	531.05	fee schedule	
PROVOX XTRAMOIST HME (7290)	A7507	HCPCS	outpatient			559	3.92	Wellcare	Medicaid		176.36	31.55			3.41	531.05	percent of total billed charges	
PROVOX XTRAMOIST HME (7290)	A7507	HCPCS	outpatient			559	3.92	WellPoint	WellPoint		179.89	32.18			3.41	531.05	percent of total billed charges	
PROVOX LARYTUBE 8/55 (7603)	A7520	HCPCS	outpatient			433	74.5	Aetna	Better Health		136.61	31.55			64.78	411.35	percent of total billed charges	
PROVOX LARYTUBE 8/55 (7603)	A7520	HCPCS	outpatient			433	74.5	Aetna	Medicare		64.78				64.78	411.35	fee schedule	
PROVOX LARYTUBE 8/55 (7603)	A7520	HCPCS	outpatient			433	74.5	Aetna	Commercial		164.54	38			64.78	411.35	percent of total billed charges	
PROVOX LARYTUBE 8/55 (7603)	A7520	HCPCS	outpatient			433	74.5	Americare	Americare		324.75	75			64.78	411.35	percent of total billed charges	
PROVOX LARYTUBE 8/55 (7603)	A7520	HCPCS	outpatient			433	74.5	Amerihealth	HMO/PPO		281.45	65			64.78	411.35	percent of total billed charges	
PROVOX LARYTUBE 8/55 (7603)	A7520	HCPCS	outpatient			433	74.5	Amerihealth	Medicare		64.78				64.78	411.35	fee schedule	
PROVOX LARYTUBE 8/55 (7603)	A7520	HCPCS	outpatient			433	74.5	Consumer	Consumer		411.35	95			64.78	411.35	percent of total billed charges	
PROVOX LARYTUBE 8/55 (7603)	A7520	HCPCS	outpatient			433	74.5	Corrections	Corrections		346.4	80			64.78	411.35	percent of total billed charges	
PROVOX LARYTUBE 8/55 (7603)	A7520	HCPCS	outpatient			433	74.5	First Health	First Health		303.1	70			64.78	411.35	percent of total billed charges	
PROVOX LARYTUBE 8/55 (7603)	A7520	HCPCS	outpatient			433	74.5	First Trenton	First Trenton		389.7	90			64.78	411.35	percent of total billed charges	
PROVOX LARYTUBE 8/55 (7603)	A7520	HCPCS	outpatient			433	74.5	Horizon	MGD		165.75	38.28			64.78	411.35	percent of total billed charges	
PROVOX LARYTUBE 8/55 (7603)	A7520	HCPCS	outpatient			433	74.5	Horizon	Medicare Blue		129.9	30			64.78	411.35	percent of total billed charges	
PROVOX LARYTUBE 8/55 (7603)	A7520	HCPCS	outpatient			433	74.5	Horizon	Indemnity		165.75	38.28			64.78	411.35	percent of total billed charges	
PROVOX LARYTUBE 8/55 (7603)	A7520	HCPCS	outpatient			433	74.5	Horizon	PPO		165.75	38.28			64.78	411.35	percent of total billed charges	
PROVOX LARYTUBE 8/55 (7603)	A7520	HCPCS	outpatient			433	74.5	Managed Care Inc	Managed Care Inc		389.7	90			64.78	411.35	percent of total billed charges	
PROVOX LARYTUBE 8/55 (7603)	A7520	HCPCS	outpatient			433	74.5	Multiplan	Multiplan		346.4	80			64.78	411.35	percent of total billed charges	
PROVOX LARYTUBE 8/55 (7603)	A7520	HCPCS	outpatient			433	74.5	Qualcare	Qualcare		324.75	75			64.78	411.35	percent of total billed charges	
PROVOX LARYTUBE 8/55 (7603)	A7520	HCPCS	outpatient			433	74.5	Three Rivers	Three Rivers		411.35	95			64.78	411.35	percent of total billed charges	
PROVOX LARYTUBE 8/55 (7603)	A7520	HCPCS	outpatient			433	74.5	UHC	Medicaid		136.61	31.55			64.78	411.35	percent of total billed charges	
PROVOX LARYTUBE 8/55 (7603)	A7520	HCPCS	outpatient			433	74.5	UHC	Medicare		64.78				64.78	411.35	fee schedule	
PROVOX LARYTUBE 8/55 (7603)	A7520	HCPCS	outpatient			433	74.5	Wellcare	Medicare		64.78				64.78	411.35	fee schedule	
PROVOX LARYTUBE 8/55 (7603)	A7520	HCPCS	outpatient			433	74.5	Wellcare	Medicaid		136.61	31.55			64.78	411.35	percent of total billed charges	
PROVOX LARYTUBE 8/55 (7603)	A7520	HCPCS	outpatient			433	74.5	WellPoint	WellPoint		139.34	32.18			64.78	411.35	percent of total billed charges	
TRACTION PIN KIT	A9270	HCPCS	outpatient			1979		Aetna	Better Health		624.37	31.55			593.7	1880.05	percent of total billed charges	
TRACTION PIN KIT	A9270	HCPCS	outpatient			1979		Aetna	Medicare		609.53	30.8			593.7	1880.05	percent of total billed charges	
TRACTION PIN KIT	A9270	HCPCS	outpatient			1979		Aetna	Commercial		752.02	38			593.7	1880.05	percent of total billed charges	
TRACTION PIN KIT	A9270	HCPCS	outpatient			1979		Americare	Americare		1484.25	75			593.7	1880.05	percent of total billed charges	
TRACTION PIN KIT	A9270	HCPCS	outpatient			1979		Amerihealth	HMO/PPO		1286.35	65			593.7	1880.05	percent of total billed charges	
TRACTION PIN KIT	A9270	HCPCS	outpatient			1979		Consumer	Consumer		1880.05	95			593.7	1880.05	percent of total billed charges	
TRACTION PIN KIT	A9270	HCPCS	outpatient			1979		Corrections	Corrections		1583.2	80			593.7	1880.05	percent of total billed charges	
TRACTION PIN KIT	A9270	HCPCS	outpatient			1979		First Health	First Health		1385.3	70			593.7	1880.05	percent of total billed charges	
TRACTION PIN KIT	A9270	HCPCS	outpatient			1979		First Trenton	First Trenton		1781.1	90			593.7	1880.05	percent of total billed charges	
TRACTION PIN KIT	A9270	HCPCS	outpatient			1979		Horizon	Medicare Blue		593.7	30			593.7	1880.05	percent of total billed charges	
TRACTION PIN KIT	A9270	HCPCS	outpatient			1979		Horizon	Indemnity		757.56	38.28			593.7	1880.05	percent of total billed charges	
TRACTION PIN KIT	A9270	HCPCS	outpatient			1979		Horizon	MGD		757.56	38.28			593.7	1880.05	percent of total billed charges	
TRACTION PIN KIT	A9270	HCPCS	outpatient			1979		Horizon	PPO		757.56	38.28			593.7	1880.05	percent of total billed charges	
TRACTION PIN KIT	A9270	HCPCS	outpatient			1979		Managed Care Inc	Managed Care Inc		1781.1	90			593.7	1880.05	percent of total billed charges	
TRACTION PIN KIT	A9270	HCPCS	outpatient			1979		Multiplan	Multiplan		1583.2	80			593.7	1880.05	percent of total billed charges	
TRACTION PIN KIT	A9270	HCPCS	outpatient			1979		Qualcare	Qualcare		1484.25	75			593.7	1880.05	percent of total billed charges	
TRACTION PIN KIT	A9270	HCPCS	outpatient			1979		Three Rivers	Three Rivers		1880.05	95			593.7	1880.05	percent of total billed charges	
TRACTION PIN KIT	A9270	HCPCS	outpatient			1979		UHC	Medicaid		624.37	31.55			593.7	1880.05	percent of total billed charges	
TRACTION PIN KIT	A9270	HCPCS	outpatient			1979		Wellcare	Medicaid		624.37	31.55			593.7	1880.05	percent of total billed charges	
TRACTION PIN KIT	A9270	HCPCS	outpatient			1979		WellPoint	WellPoint		636.84	32.18			593.7	1880.05	percent of total billed charges	
RP SESTAMIBI	A9500	HCPCS	both			938		Aetna	Commercial		356.44	38			108.89	891.1	percent of total billed charges	
RP SESTAMIBI	A9500	HCPCS	both			938		Aetna	Medicare		288.9	30.8			108.89	891.1	percent of total billed charges	
RP SESTAMIBI	A9500	HCPCS	both			938		Aetna	Better Health		295.94	31.55			108.89	891.1	percent of total billed charges	
RP SESTAMIBI	A9500	HCPCS	both			938		Americare	Americare		703.5	75			108.89	891.1	percent of total billed charges	
RP SESTAMIBI	A9500	HCPCS	both			938		Amerihealth	HMO/PPO		108.89				108.89	891.1	fee schedule	
RP SESTAMIBI	A9500	HCPCS	both			938		Consumer	Consumer		891.1	95			108.89	891.1	percent of total billed charges	
RP SESTAMIBI	A9500	HCPCS	both			938		Corrections	Corrections		750.4	80			108.89	891.1	percent of total billed charges	
RP SESTAMIBI	A9500	HCPCS	both			938		First Health	First Health		656.6	70			108.89	891.1	percent of total billed charges	
RP SESTAMIBI	A9500	HCPCS	both			938		First Trenton	First Trenton		844.2	90			108.89	891.1	percent of total billed charges	
RP SESTAMIBI	A9500	HCPCS	both			938		Horizon	Indemnity		359.07	38.28			108.89	891.1	percent of total billed charges	
RP SESTAMIBI	A9500	HCPCS	both			938		Horizon	Medicare Blue		281.4	30			108.89	891.1	percent of total billed charges	
RP SESTAMIBI	A9500	HCPCS	both			938		Horizon	NJ Health		448.92				108.89	891.1	fee schedule	
RP SESTAMIBI	A9500	HCPCS	both			938		Horizon	MGD		359.07	38.28			108.89	891.1	percent of total billed charges	
RP SESTAMIBI	A9500	HCPCS	both			938		Horizon	PPO		359.07	38.28			108.89	891.1	percent of total billed charges	
RP SESTAMIBI	A9500	HCPCS	both			938		Managed Care Inc	Managed Care Inc		844.2	90			108.89	891.1	percent of total billed charges	
RP SESTAMIBI	A9500	HCPCS	both			938		Multiplan	Multiplan		750.4	80			108.89	891.1	percent of total billed charges	
RP SESTAMIBI	A9500	HCPCS	both			938		Qualcare	Qualcare		703.5	75			108.89	891.1	percent of total billed charges	
RP SESTAMIBI	A9500	HCPCS	both			938		Three Rivers	Three Rivers		891.1	95			108.89	891.1	percent of total billed charges	
RP SESTAMIBI	A9500	HCPCS	both			938		UHC	Medicaid		295.94	31.55			108.89	891.1	percent of total billed charges	
RP SESTAMIBI	A9500	HCPCS	both			938		Wellcare	Medicaid		295.94	31.55			108.89	891.1	percent of total billed charges	
RP SESTAMIBI	A9500	HCPCS	both			938		WellPoint	WellPoint		301.85	32.18			108.89	891.1	percent of total billed charges	
RP - TETROFOSMIN (MYOVIEW) PER UNIT DOS	A9502	HCPCS	both			336		Aetna	Better Health		106.01	31.55			99.41	495.9	percent of total billed charges	
RP - TETROFOSMIN (MYOVIEW) PER UNIT DOS	A9502	HCPCS	both			336		Aetna	Commercial		127.68	38			99.41	495.9	percent of total billed charges	
RP - TETROFOSMIN (MYOVIEW) PER UNIT DOS	A9502	HCPCS	both			336		Aetna	Medicare		103.49	30.8			99.41	495.9	percent of total billed charges	
RP - TETROFOSMIN (MYOVIEW) PER UNIT DOS	A9502	HCPCS	both			336		Americare	Americare		252	75			99.41	495.9	percent of total billed charges	
RP - TETROFOSMIN (MYOVIEW) PER UNIT DOS	A9502	HCPCS	both			336		Amerihealth	HMO/PPO		99.41				99.41	495.9	fee schedule	
RP - TETROFOSMIN (MYOVIEW) PER UNIT DOS	A9502	HCPCS	both			336		Consumer	Consumer		319.2	95			99.41	495.9	percent of total billed charges	
RP - TETROFOSMIN (MYOVIEW) PER UNIT DOS	A9502	HCPCS	both			336		Corrections	Corrections		268.8	80			99.41	495.9	percent of total billed charges	
RP - TETROFOSMIN (MYOVIEW) PER UNIT DOS	A9502	HCPCS	both			336		First Health	First Health		235.2	70			99.41	495.9	percent of total billed charges	
RP - TETROFOSMIN (MYOVIEW) PER UNIT DOS	A9502	HCPCS	both			336		First Trenton	First Trenton		302.4	90			99.41	495.9	percent of total billed charges	
RP - TETROFOSMIN (MYOVIEW) PER UNIT DOS	A9502	HCPCS	both			336		Horizon	Indemnity		128.62	38.28			99.41	495.9	percent of total billed charges	
RP - TETROFOSMIN (MYOVIEW) PER UNIT DOS	A9502	HCPCS	both			336		Horizon	MGD		128.62	38.28			99.41	495.9	percent of total billed charges	
RP - TETROFOSMIN (MYOVIEW) PER UNIT DOS	A9502	HCPCS	both			336		Horizon	NJ Health		495.9				99.41	495.9	fee schedule	
RP - TETROFOSMIN (MYOVIEW) PER UNIT DOS	A9502	HCPCS	both			336		Horizon	Medicare Blue		100.8	30			99.41	495.9	percent of total billed charges	
RP - TETROFOSMIN (MYOVIEW) PER UNIT DOS	A9502	HCPCS	both			336		Horizon	PPO		128.62	38.28			99.41	495.9	percent of total billed charges	
RP - TETROFOSMIN (MYOVIEW) PER UNIT DOS	A9502	HCPCS	both			336		Managed Care Inc	Managed Care Inc		302.4	90			99.41	495.9	percent of total billed charges	
RP - TETROFOSMIN (MYOVIEW) PER UNIT DOS	A9502	HCPCS	both			336		Multiplan	Multiplan		268.8	80			99.41	495.9	percent of total billed charges	
RP - TETROFOSMIN (MYOVIEW) PER UNIT DOS	A9502	HCPCS	both			336		Qualcare	Qualcare		252	75			99.41	495.9	percent of total billed charges	
RP - TETROFOSMIN (MYOVIEW) PER UNIT DOS	A9502	HCPCS	both			336		Three Rivers	Three Rivers		319.2	95			99.41	495.9	percent of total billed charges	
RP - TETROFOSMIN (MYOVIEW) PER UNIT DOS	A9502	HCPCS	both			336		UHC	Medicaid		106.01	31.55			99.41	495.9	percent of total billed charges	
RP - TETROFOSMIN (MYOVIEW) PER UNIT DOS	A9502	HCPCS	both			336		Wellcare	Medicaid		106.01	31.55			99.41	495.9	percent of total billed charges	
RP - TETROFOSMIN (MYOVIEW) PER UNIT DOS	A9502	HCPCS	both			336		WellPoint	WellPoint		108.12	32.18			99.41	495.9	percent of total billed charges	
RP TC-MDP	A9503	HCPCS	both			659		Aetna	Commercial		250.42	38			167.04	626.05	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
RP TC-MDP	A9503	HCPCS	both			659		Aetna	Better Health		207.91	31.55			167.04	626.05	percent of total billed charges	
RP TC-MDP	A9503	HCPCS	both			659		Aetna	Medicare		202.97	30.8			167.04	626.05	percent of total billed charges	
RP TC-MDP	A9503	HCPCS	both			659		Americare	Americare		494.25	75			167.04	626.05	percent of total billed charges	
RP TC-MDP	A9503	HCPCS	both			659		Amerihealth	HMO/PPO		426.35	65			167.04	626.05	percent of total billed charges	
RP TC-MDP	A9503	HCPCS	both			659		Consumer	Consumer		626.05	95			167.04	626.05	percent of total billed charges	
RP TC-MDP	A9503	HCPCS	both			659		Corrections	Corrections		527.2	80			167.04	626.05	percent of total billed charges	
RP TC-MDP	A9503	HCPCS	both			659		First Health	First Health		461.3	70			167.04	626.05	percent of total billed charges	
RP TC-MDP	A9503	HCPCS	both			659		First Trenton	First Trenton		593.1	90			167.04	626.05	percent of total billed charges	
RP TC-MDP	A9503	HCPCS	both			659		Horizon	Medicare Blue		197.7	30			167.04	626.05	percent of total billed charges	
RP TC-MDP	A9503	HCPCS	both			659		Horizon	Indemnity		252.27	38.28			167.04	626.05	percent of total billed charges	
RP TC-MDP	A9503	HCPCS	both			659		Horizon	MGD		252.27	38.28			167.04	626.05	percent of total billed charges	
RP TC-MDP	A9503	HCPCS	both			659		Horizon	PPO		252.27	38.28			167.04	626.05	percent of total billed charges	
RP TC-MDP	A9503	HCPCS	both			659		Horizon	NJ Health		167.04				167.04	626.05	fee schedule	
RP TC-MDP	A9503	HCPCS	both			659		Managed Care Inc	Managed Care Inc		593.1	90			167.04	626.05	percent of total billed charges	
RP TC-MDP	A9503	HCPCS	both			659		Multiplan	Multiplan		527.2	80			167.04	626.05	percent of total billed charges	
RP TC-MDP	A9503	HCPCS	both			659		Qualcare	Qualcare		494.25	75			167.04	626.05	percent of total billed charges	
RP TC-MDP	A9503	HCPCS	both			659		Three Rivers	Three Rivers		626.05	95			167.04	626.05	percent of total billed charges	
RP TC-MDP	A9503	HCPCS	both			659		UHC	Medicaid		207.91	31.55			167.04	626.05	percent of total billed charges	
RP TC-MDP	A9503	HCPCS	both			659		Wellcare	Medicaid		207.91	31.55			167.04	626.05	percent of total billed charges	
RP TC-MDP	A9503	HCPCS	both			659		WellPoint	WellPoint		212.07	32.18			167.04	626.05	percent of total billed charges	
RP THALLIUM PER MCI	A9505	HCPCS	both			250		Aetna	Better Health		78.88	31.55			29.73	237.5	percent of total billed charges	
RP THALLIUM PER MCI	A9505	HCPCS	both			250		Aetna	Medicare		77	30.8			29.73	237.5	percent of total billed charges	
RP THALLIUM PER MCI	A9505	HCPCS	both			250		Aetna	Commercial		95	38			29.73	237.5	percent of total billed charges	
RP THALLIUM PER MCI	A9505	HCPCS	both			250		Americare	Americare		187.5	75			29.73	237.5	percent of total billed charges	
RP THALLIUM PER MCI	A9505	HCPCS	both			250		Amerihealth	HMO/PPO		29.73				29.73	237.5	fee schedule	
RP THALLIUM PER MCI	A9505	HCPCS	both			250		Consumer	Consumer		237.5	95			29.73	237.5	percent of total billed charges	
RP THALLIUM PER MCI	A9505	HCPCS	both			250		Corrections	Corrections		200	80			29.73	237.5	percent of total billed charges	
RP THALLIUM PER MCI	A9505	HCPCS	both			250		First Health	First Health		175	70			29.73	237.5	percent of total billed charges	
RP THALLIUM PER MCI	A9505	HCPCS	both			250		First Trenton	First Trenton		225	90			29.73	237.5	percent of total billed charges	
RP THALLIUM PER MCI	A9505	HCPCS	both			250		Horizon	MGD		95.7	38.28			29.73	237.5	percent of total billed charges	
RP THALLIUM PER MCI	A9505	HCPCS	both			250		Horizon	Medicare Blue		75	30			29.73	237.5	percent of total billed charges	
RP THALLIUM PER MCI	A9505	HCPCS	both			250		Horizon	Indemnity		95.7	38.28			29.73	237.5	percent of total billed charges	
RP THALLIUM PER MCI	A9505	HCPCS	both			250		Horizon	NJ Health		122.67				29.73	237.5	fee schedule	
RP THALLIUM PER MCI	A9505	HCPCS	both			250		Horizon	PPO		95.7	38.28			29.73	237.5	percent of total billed charges	
RP THALLIUM PER MCI	A9505	HCPCS	both			250		Managed Care Inc	Managed Care Inc		225	90			29.73	237.5	percent of total billed charges	
RP THALLIUM PER MCI	A9505	HCPCS	both			250		Multiplan	Multiplan		200	80			29.73	237.5	percent of total billed charges	
RP THALLIUM PER MCI	A9505	HCPCS	both			250		Qualcare	Qualcare		187.5	75			29.73	237.5	percent of total billed charges	
RP THALLIUM PER MCI	A9505	HCPCS	both			250		Three Rivers	Three Rivers		237.5	95			29.73	237.5	percent of total billed charges	
RP THALLIUM PER MCI	A9505	HCPCS	both			250		UHC	Medicaid		78.88	31.55			29.73	237.5	percent of total billed charges	
RP THALLIUM PER MCI	A9505	HCPCS	both			250		Wellcare	Medicaid		78.88	31.55			29.73	237.5	percent of total billed charges	
RP THALLIUM PER MCI	A9505	HCPCS	both			250		WellPoint	WellPoint		80.45	32.18			29.73	237.5	percent of total billed charges	
RP PROSTASCINT	A9507	HCPCS	outpatient			8672		Aetna	Medicare		2670.98	30.8			605.74	8334.04	percent of total billed charges	
RP PROSTASCINT	A9507	HCPCS	outpatient			8672		Aetna	Better Health		2736.02	31.55			605.74	8334.04	percent of total billed charges	
RP PROSTASCINT	A9507	HCPCS	outpatient			8672		Aetna	Commercial		3295.36	38			605.74	8334.04	percent of total billed charges	
RP PROSTASCINT	A9507	HCPCS	outpatient			8672		Americare	Americare		6504	75			605.74	8334.04	percent of total billed charges	
RP PROSTASCINT	A9507	HCPCS	outpatient			8672		Amerihealth	HMO/PPO		605.74				605.74	8334.04	fee schedule	
RP PROSTASCINT	A9507	HCPCS	outpatient			8672		Consumer	Consumer		8238.4	95			605.74	8334.04	percent of total billed charges	
RP PROSTASCINT	A9507	HCPCS	outpatient			8672		Corrections	Corrections		6937.6	80			605.74	8334.04	percent of total billed charges	
RP PROSTASCINT	A9507	HCPCS	outpatient			8672		First Health	First Health		6070.4	70			605.74	8334.04	percent of total billed charges	
RP PROSTASCINT	A9507	HCPCS	outpatient			8672		First Trenton	First Trenton		7804.8	90			605.74	8334.04	percent of total billed charges	
RP PROSTASCINT	A9507	HCPCS	outpatient			8672		Horizon	Indemnity		3319.64	38.28			605.74	8334.04	percent of total billed charges	
RP PROSTASCINT	A9507	HCPCS	outpatient			8672		Horizon	MGD		3319.64	38.28			605.74	8334.04	percent of total billed charges	
RP PROSTASCINT	A9507	HCPCS	outpatient			8672		Horizon	PPO		3319.64	38.28			605.74	8334.04	percent of total billed charges	
RP PROSTASCINT	A9507	HCPCS	outpatient			8672		Horizon	Medicare Blue		2601.6	30			605.74	8334.04	percent of total billed charges	
RP PROSTASCINT	A9507	HCPCS	outpatient			8672		Horizon	NJ Health		8334.04				605.74	8334.04	fee schedule	
RP PROSTASCINT	A9507	HCPCS	outpatient			8672		Managed Care Inc	Managed Care Inc		7804.8	90			605.74	8334.04	percent of total billed charges	
RP PROSTASCINT	A9507	HCPCS	outpatient			8672		Multiplan	Multiplan		6937.6	80			605.74	8334.04	percent of total billed charges	
RP PROSTASCINT	A9507	HCPCS	outpatient			8672		Qualcare	Qualcare		6504	75			605.74	8334.04	percent of total billed charges	
RP PROSTASCINT	A9507	HCPCS	outpatient			8672		Three Rivers	Three Rivers		8238.4	95			605.74	8334.04	percent of total billed charges	
RP PROSTASCINT	A9507	HCPCS	outpatient			8672		UHC	Medicaid		2736.02	31.55			605.74	8334.04	percent of total billed charges	
RP PROSTASCINT	A9507	HCPCS	outpatient			8672		Wellcare	Medicaid		2736.02	31.55			605.74	8334.04	percent of total billed charges	
RP PROSTASCINT	A9507	HCPCS	outpatient			8672		WellPoint	WellPoint		2790.65	32.18			605.74	8334.04	percent of total billed charges	
RP 1-123 WB PER MCI	A9509	HCPCS	outpatient			897		Aetna	Medicare		276.28	30.8			241.63	1844.67	percent of total billed charges	
RP 1-123 WB PER MCI	A9509	HCPCS	outpatient			897		Aetna	Better Health		283	31.55			241.63	1844.67	percent of total billed charges	
RP 1-123 WB PER MCI	A9509	HCPCS	outpatient			897		Aetna	Commercial		340.86	38			241.63	1844.67	percent of total billed charges	
RP 1-123 WB PER MCI	A9509	HCPCS	outpatient			897		Americare	Americare		672.75	75			241.63	1844.67	percent of total billed charges	
RP 1-123 WB PER MCI	A9509	HCPCS	outpatient			897		Amerihealth	HMO/PPO		1844.67				241.63	1844.67	fee schedule	
RP 1-123 WB PER MCI	A9509	HCPCS	outpatient			897		Consumer	Consumer		852.15	95			241.63	1844.67	percent of total billed charges	
RP 1-123 WB PER MCI	A9509	HCPCS	outpatient			897		Corrections	Corrections		717.6	80			241.63	1844.67	percent of total billed charges	
RP 1-123 WB PER MCI	A9509	HCPCS	outpatient			897		First Health	First Health		627.9	70			241.63	1844.67	percent of total billed charges	
RP 1-123 WB PER MCI	A9509	HCPCS	outpatient			897		First Trenton	First Trenton		807.3	90			241.63	1844.67	percent of total billed charges	
RP 1-123 WB PER MCI	A9509	HCPCS	outpatient			897		Horizon	MGD		343.37	38.28			241.63	1844.67	percent of total billed charges	
RP 1-123 WB PER MCI	A9509	HCPCS	outpatient			897		Horizon	Medicare Blue		269.1	30			241.63	1844.67	percent of total billed charges	
RP 1-123 WB PER MCI	A9509	HCPCS	outpatient			897		Horizon	Indemnity		343.37	38.28			241.63	1844.67	percent of total billed charges	
RP 1-123 WB PER MCI	A9509	HCPCS	outpatient			897		Horizon	NJ Health		241.63				241.63	1844.67	fee schedule	
RP 1-123 WB PER MCI	A9509	HCPCS	outpatient			897		Horizon	PPO		343.37	38.28			241.63	1844.67	percent of total billed charges	
RP 1-123 WB PER MCI	A9509	HCPCS	outpatient			897		Managed Care Inc	Managed Care Inc		807.3	90			241.63	1844.67	percent of total billed charges	
RP 1-123 WB PER MCI	A9509	HCPCS	outpatient			897		Multiplan	Multiplan		717.6	80			241.63	1844.67	percent of total billed charges	
RP 1-123 WB PER MCI	A9509	HCPCS	outpatient			897		Qualcare	Qualcare		672.75	75			241.63	1844.67	percent of total billed charges	
RP 1-123 WB PER MCI	A9509	HCPCS	outpatient			897		Three Rivers	Three Rivers		852.15	95			241.63	1844.67	percent of total billed charges	
RP 1-123 WB PER MCI	A9509	HCPCS	outpatient			897		UHC	Medicaid		283	31.55			241.63	1844.67	percent of total billed charges	
RP 1-123 WB PER MCI	A9509	HCPCS	outpatient			897		Wellcare	Medicaid		283	31.55			241.63	1844.67	percent of total billed charges	
RP 1-123 WB PER MCI	A9509	HCPCS	outpatient			897		WellPoint	WellPoint		288.65	32.18			241.63	1844.67	percent of total billed charges	
RP TC-PERTECHNETATE PER MCI	A9512	HCPCS	both			68		Aetna	Commercial		25.84	38			2.61	64.6	percent of total billed charges	
RP TC-PERTECHNETATE PER MCI	A9512	HCPCS	both			68		Aetna	Better Health		21.45	31.55			2.61	64.6	percent of total billed charges	
RP TC-PERTECHNETATE PER MCI	A9512	HCPCS	both			68		Aetna	Medicare		20.94	30.8			2.61	64.6	percent of total billed charges	
RP TC-PERTECHNETATE PER MCI	A9512	HCPCS	both			68		Americare	Americare		51	75			2.61	64.6	percent of total billed charges	
RP TC-PERTECHNETATE PER MCI	A9512	HCPCS	both			68		Amerihealth	HMO/PPO		25.07				2.61	64.6	fee schedule	
RP TC-PERTECHNETATE PER MCI	A9512	HCPCS	both			68		Consumer	Consumer		64.6	95			2.61	64.6	percent of total billed charges	
RP TC-PERTECHNETATE PER MCI	A9512	HCPCS	both			68		Corrections	Corrections		54.4	80			2.61	64.6	percent of total billed charges	
RP TC-PERTECHNETATE PER MCI	A9512	HCPCS	both			68		First Health	First Health		47.6	70			2.61	64.6	percent of total billed charges	
RP TC-PERTECHNETATE PER MCI	A9512	HCPCS	both			68		First Trenton	First Trenton		61.2	90			2.61	64.6	percent of total billed charges	
RP TC-PERTECHNETATE PER MCI	A9512	HCPCS	both			68		Horizon	MGD		26.03	38.28			2.61	64.6	percent of total billed charges	
RP TC-PERTECHNETATE PER MCI	A9512	HCPCS	both			68		Horizon	Indemnity		26.03	38.28			2.61	64.6	percent of total billed charges	
RP TC-PERTECHNETATE PER MCI	A9512	HCPCS	both			68		Horizon	NJ Health		2.61				2.61	64.6	fee schedule	
RP TC-PERTECHNETATE PER MCI	A9512	HCPCS	both			68		Horizon	Medicare Blue		20.4	30			2.61	64.6	percent of total billed charges	
RP TC-PERTECHNETATE PER MCI	A9512	HCPCS	both			68		Horizon	PPO		26.03	38.28			2.61	64.6	percent of total billed charges	
RP TC-PERTECHNETATE PER MCI	A9512	HCPCS	both			68		Managed Care Inc	Managed Care Inc		61.2	90			2.61	64.6	percent of total billed charges	
RP TC-PERTECHNETATE PER MCI	A9512	HCPCS	both			68		Multiplan	Multiplan		54.4	80			2.61	64.6	percent of total billed charges	
RP TC-PERTECHNETATE PER MCI	A9512	HCPCS	both			68		Qualcare	Qualcare		51	75			2.61	64.6	percent of total billed charges	
RP TC-PERTECHNETATE PER MCI	A9512	HCPCS	both			68		Three Rivers	Three Rivers		64.6	95			2.61	64.6	percent of total billed charges	
RP TC-PERTECHNETATE PER MCI	A9512	HCPCS	both			68		UHC	Medicaid		21.45	31.55			2.61	64.6	percent of total billed charges	
RP TC-PERTECHNETATE PER MCI	A9512	HCPCS	both			68		Wellcare	Medicaid		21.45	31.55			2.61	64.6	percent of total billed charges	
RP TC-PERTECHNETATE PER MCI	A9512	HCPCS	both			68		WellPoint	WellPoint		21.88	32.18			2.61	64.6	percent of total billed charges	
RP I-123	A9516	HCPCS	outpatient			425		Aetna	Medicare		130.9	30.8			2.61	403.75	percent of total billed charges	
RP I-123	A9516	HCPCS	outpatient			425		Aetna	Better Health		134.09	31.55			2.61	403.75	percent of total billed charges	
RP I-123	A9516	HCPCS	outpatient			425		Aetna	Commercial		161.5	38			2.61	403.75	percent of total billed charges	
RP I-123	A9516	HCPCS	outpatient			425		Americare	Americare		318.75	75			2.61	403.75	percent of total billed charges	
RP I-123	A9516	HCPCS	outpatient			425		Amerihealth	HMO/PPO		184.47				2.61	403.75	fee schedule	
RP I-123	A9516	HCPCS	outpatient			425		Consumer	Consumer		403.75	95			2.61	403.75	percent of total billed charges	
RP I-123	A9516	HCPCS	outpatient			425		Corrections	Corrections		340	80			2.61	403.75	percent of total billed charges	
RP I-123	A9516	HCPCS	outpatient			425		First Health	First Health		297.5	70			2.61	403.75	percent of total billed charges	
RP I-123	A9516	HCPCS	outpatient			425		First Trenton	First Trenton		382.5	90			2.61	403.75	percent of total billed charges	
RP I-123	A9516	HCPCS	outpatient			425		Horizon	Indemnity		162.69	38.28			2.61	403.75	percent of total billed charges	
RP I-123	A9516	HCPCS	outpatient			425		Horizon	PPO		162.69	38.28			2.61	403.75	percent of total billed charges	
RP I-123	A9516	HCPCS	outpatient			425		Horizon	MGD		162.69	38.28			2.61	403.75	percent of total billed charges	
RP I-123	A9516	HCPCS	outpatient			425		Horizon	Medicare Blue		127.5	30			2.61	403.75	percent of total billed charges	
RP I-123	A9516	HCPCS	outpatient			425		Horizon	NJ Health		2.61				2.61	403.75	fee schedule	
RP I-123	A9516	HCPCS	outpatient			425		Managed Care Inc	Managed Care Inc		382.5	90			2.61	403.75	percent of total billed charges	
RP I-123	A9516	HCPCS	outpatient			425		Multiplan	Multiplan		340	80			2.61	403.75	percent of total billed charges	
RP I-123	A9516	HCPCS	outpatient			425		Qualcare	Qualcare		318.75	75			2.61	403.75	percent of total billed charges	
RP I-123	A9516	HCPCS	outpatient			425		Three Rivers	Three Rivers		403.75	95			2.61	403.75	percent of total billed charges	
RP I-123	A9516	HCPCS	outpatient			425		UHC	Medicaid		134.09	31.55			2.61	403.75	percent of total billed charges	
RP I-123	A9516	HCPCS	outpatient			425		Wellcare	Medicaid		134.09	31.55			2.61	403.75	percent of total billed charges	
RP I-123	A9516	HCPCS	outpatient			425		WellPoint	WellPoint		136.77	32.18			2.61	403.75	percent of total billed charges	
RP I-131 THERA,EA ADD'L MCCI	A9517	HCPCS	outpatient			480	29.46	Aetna	Commercial		40.79				19.88	456	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP I-131 THERA,EA ADD'L MCCI	A9517	HCPCS	outpatient			480	29.46	Aetna	Better Health		151.44	31.55			19.88	456	percent of total billed charges	
RP I-131 THERA,EA ADD'L MCCI	A9517	HCPCS	outpatient			480	29.46	Aetna	Medicare		25.62				19.88	456	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP I-131 THERA,EA ADD'L MCCI	A9517	HCPCS	outpatient			480	29.46	Americare	Americare		360	75			19.88	456	percent of total billed charges	
RP I-131 THERA,EA ADD'L MCCI	A9517	HCPCS	outpatient			480	29.46	Amerihealth	Medicare		25.62				19.88	456	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP I-131 THERA,EA ADD'L MCCI	A9517	HCPCS	outpatient			480	29.46	Amerihealth	HMO/PPO		36.41				19.88	456	fee schedule	
RP I-131 THERA,EA ADD'L MCCI	A9517	HCPCS	outpatient			480	29.46	Consumer	Consumer		456	95			19.88	456	percent of total billed charges	
RP I-131 THERA,EA ADD'L MCCI	A9517	HCPCS	outpatient			480	29.46	Corrections	Corrections		384	80			19.88	456	percent of total billed charges	
RP I-131 THERA,EA ADD'L MCCI	A9517	HCPCS	outpatient			480	29.46	First Health	First Health		336	70			19.88	456	percent of total billed charges	
RP I-131 THERA,EA ADD'L MCCI	A9517	HCPCS	outpatient			480	29.46	First Trenton	First Trenton		432	90			19.88	456	percent of total billed charges	
RP I-131 THERA,EA ADD'L MCCI	A9517	HCPCS	outpatient			480	29.46	Horizon	NJ Health		54.81				19.88	456	fee schedule	
RP I-131 THERA,EA ADD'L MCCI	A9517	HCPCS	outpatient			480	29.46	Horizon	Indemnity		47.68				19.88	456	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP I-131 THERA,EA ADD'L MCCI	A9517	HCPCS	outpatient			480	29.46	Horizon	MGD		47.68				19.88	456	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP I-131 THERA,EA ADD'L MCCI	A9517	HCPCS	outpatient			480	29.46	Horizon	PPO		47.68				19.88	456	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP I-131 THERA,EA ADD'L MCCI	A9517	HCPCS	outpatient			480	29.46	Horizon	Medicare Blue		25.62				19.88	456	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP I-131 THERA,EA ADD'L MCCI	A9517	HCPCS	outpatient			480	29.46	Managed Care Inc	Managed Care Inc		432	90			19.88	456	percent of total billed charges	
RP I-131 THERA,EA ADD'L MCCI	A9517	HCPCS	outpatient			480	29.46	Multiplan	Multiplan		384	80			19.88	456	percent of total billed charges	
RP I-131 THERA,EA ADD'L MCCI	A9517	HCPCS	outpatient			480	29.46	Qualcare	Qualcare		360	75			19.88	456	percent of total billed charges	
RP I-131 THERA,EA ADD'L MCCI	A9517	HCPCS	outpatient			480	29.46	Three Rivers	Three Rivers		456	95			19.88	456	percent of total billed charges	
RP I-131 THERA,EA ADD'L MCCI	A9517	HCPCS	outpatient			480	29.46	UHC	Medicare		25.62				19.88	456	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP I-131 THERA,EA ADD'L MCCI	A9517	HCPCS	outpatient			480	29.46	UHC	Medicaid		151.44	31.55			19.88	456	percent of total billed charges	
RP I-131 THERA,EA ADD'L MCCI	A9517	HCPCS	outpatient			480	29.46	United	Oxford		53.35				19.88	456	fee schedule	
RP I-131 THERA,EA ADD'L MCCI	A9517	HCPCS	outpatient			480	29.46	United	Commercial/PPO		53.35				19.88	456	fee schedule	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.														
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true													
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
RP I-131 THERA_EA ADD'L MCCI	A9517	HCPCS	outpatient			480	29.46	Wellcare	Medicare		25.62				19.88	456	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP I-131 THERA_EA ADD'L MCCI	A9517	HCPCS	outpatient			480	29.46	Wellcare	Medicaid		151.44				19.88	456	percent of total billed charges	
RP I-131 THERA_EA ADD'L MCCI	A9517	HCPCS	outpatient			480	29.46	WellPoint	WellPoint		154.46				19.88	456	percent of total billed charges	
RP TC-CERETECH	A9521	HCPCS	both			2796		Aetna	Commercial		1092.48				838.8	2656.2	percent of total billed charges	
RP TC-CERETECH	A9521	HCPCS	both			2796		Aetna	Medicare		861.17				838.8	2656.2	percent of total billed charges	
RP TC-CERETECH	A9521	HCPCS	both			2796		Aetna	Better Health		882.14				838.8	2656.2	percent of total billed charges	
RP TC-CERETECH	A9521	HCPCS	both			2796		Americare	Americare		2097				838.8	2656.2	percent of total billed charges	
RP TC-CERETECH	A9521	HCPCS	both			2796		Amerihealth	HMO/PPO		1485.09				838.8	2656.2	fee schedule	
RP TC-CERETECH	A9521	HCPCS	both			2796		Consumer	Consumer		2656.2	95			838.8	2656.2	percent of total billed charges	
RP TC-CERETECH	A9521	HCPCS	both			2796		Corrections	Corrections		2236.8	80			838.8	2656.2	percent of total billed charges	
RP TC-CERETECH	A9521	HCPCS	both			2796		First Health	First Health		1957.2	70			838.8	2656.2	percent of total billed charges	
RP TC-CERETECH	A9521	HCPCS	both			2796		First Trenton	First Trenton		2516.4	90			838.8	2656.2	percent of total billed charges	
RP TC-CERETECH	A9521	HCPCS	both			2796		Horizon	Indemnity		1070.31	38.28			838.8	2656.2	percent of total billed charges	
RP TC-CERETECH	A9521	HCPCS	both			2796		Horizon	Medicare Blue		838.8	30			838.8	2656.2	percent of total billed charges	
RP TC-CERETECH	A9521	HCPCS	both			2796		Horizon	NJ Health		2095.83				838.8	2656.2	fee schedule	
RP TC-CERETECH	A9521	HCPCS	both			2796		Horizon	MGD		1070.31	38.28			838.8	2656.2	percent of total billed charges	
RP TC-CERETECH	A9521	HCPCS	both			2796		Horizon	PPO		1070.31	38.28			838.8	2656.2	percent of total billed charges	
RP TC-CERETECH	A9521	HCPCS	both			2796		Managed Care Inc	Managed Care Inc		2516.4	90			838.8	2656.2	percent of total billed charges	
RP TC-CERETECH	A9521	HCPCS	both			2796		Multiplan	Multiplan		2236.8	80			838.8	2656.2	percent of total billed charges	
RP TC-CERETECH	A9521	HCPCS	both			2796		Qualcare	Qualcare		2097	75			838.8	2656.2	percent of total billed charges	
RP TC-CERETECH	A9521	HCPCS	both			2796		Three Rivers	Three Rivers		2656.2	95			838.8	2656.2	percent of total billed charges	
RP TC-CERETECH	A9521	HCPCS	both			2796		UHC	Medicaid		882.14	31.55			838.8	2656.2	percent of total billed charges	
RP TC-CERETECH	A9521	HCPCS	both			2796		Wellcare	Medicaid		882.14	31.55			838.8	2656.2	percent of total billed charges	
RP TC-CERETECH	A9521	HCPCS	both			2796		WellPoint	WellPoint		899.75	32.18			838.8	2656.2	percent of total billed charges	
1-131 ALBUMIN RP PER SUCI	A9524	HCPCS	outpatient			2220		Aetna	Medicare		683.76	30.8			80.75	2109	percent of total billed charges	
1-131 ALBUMIN RP PER SUCI	A9524	HCPCS	outpatient			2220		Aetna	Better Health		700.41	31.55			80.75	2109	percent of total billed charges	
1-131 ALBUMIN RP PER SUCI	A9524	HCPCS	outpatient			2220		Aetna	Commercial		843.6	38			80.75	2109	percent of total billed charges	
1-131 ALBUMIN RP PER SUCI	A9524	HCPCS	outpatient			2220		Americare	Americare		1665	75			80.75	2109	percent of total billed charges	
1-131 ALBUMIN RP PER SUCI	A9524	HCPCS	outpatient			2220		Amerihealth	HMO/PPO		80.75				80.75	2109	fee schedule	
1-131 ALBUMIN RP PER SUCI	A9524	HCPCS	outpatient			2220		Consumer	Consumer		2109	95			80.75	2109	percent of total billed charges	
1-131 ALBUMIN RP PER SUCI	A9524	HCPCS	outpatient			2220		Corrections	Corrections		1776	80			80.75	2109	percent of total billed charges	
1-131 ALBUMIN RP PER SUCI	A9524	HCPCS	outpatient			2220		First Health	First Health		1554	70			80.75	2109	percent of total billed charges	
1-131 ALBUMIN RP PER SUCI	A9524	HCPCS	outpatient			2220		First Trenton	First Trenton		1998	90			80.75	2109	percent of total billed charges	
1-131 ALBUMIN RP PER SUCI	A9524	HCPCS	outpatient			2220		Horizon	Medicare Blue		666	30			80.75	2109	percent of total billed charges	
1-131 ALBUMIN RP PER SUCI	A9524	HCPCS	outpatient			2220		Horizon	Indemnity		849.82	38.28			80.75	2109	percent of total billed charges	
1-131 ALBUMIN RP PER SUCI	A9524	HCPCS	outpatient			2220		Horizon	NJ Health		144.2				80.75	2109	fee schedule	
1-131 ALBUMIN RP PER SUCI	A9524	HCPCS	outpatient			2220		Horizon	MGD		849.82	38.28			80.75	2109	percent of total billed charges	
1-131 ALBUMIN RP PER SUCI	A9524	HCPCS	outpatient			2220		Horizon	PPO		849.82	38.28			80.75	2109	percent of total billed charges	
1-131 ALBUMIN RP PER SUCI	A9524	HCPCS	outpatient			2220		Managed Care Inc	Managed Care Inc		1998	90			80.75	2109	percent of total billed charges	
1-131 ALBUMIN RP PER SUCI	A9524	HCPCS	outpatient			2220		Multiplan	Multiplan		1776	80			80.75	2109	percent of total billed charges	
1-131 ALBUMIN RP PER SUCI	A9524	HCPCS	outpatient			2220		Qualcare	Qualcare		1665	75			80.75	2109	percent of total billed charges	
1-131 ALBUMIN RP PER SUCI	A9524	HCPCS	outpatient			2220		Three Rivers	Three Rivers		2109	95			80.75	2109	percent of total billed charges	
1-131 ALBUMIN RP PER SUCI	A9524	HCPCS	outpatient			2220		UHC	Medicaid		700.41	31.55			80.75	2109	percent of total billed charges	
1-131 ALBUMIN RP PER SUCI	A9524	HCPCS	outpatient			2220		Wellcare	Medicaid		700.41	31.55			80.75	2109	percent of total billed charges	
1-131 ALBUMIN RP PER SUCI	A9524	HCPCS	outpatient			2220		WellPoint	WellPoint		714.4	32.18			80.75	2109	percent of total billed charges	
RP I-131 DIAGNOSTIC PER MCI	A9528	HCPCS	outpatient			309		Aetna	Commercial		117.42	38			5.5	293.55	percent of total billed charges	
RP I-131 DIAGNOSTIC PER MCI	A9528	HCPCS	outpatient			309		Aetna	Better Health		97.49	31.55			5.5	293.55	percent of total billed charges	
RP I-131 DIAGNOSTIC PER MCI	A9528	HCPCS	outpatient			309		Aetna	Medicare		95.17	30.8			5.5	293.55	percent of total billed charges	
RP I-131 DIAGNOSTIC PER MCI	A9528	HCPCS	outpatient			309		Americare	Americare		231.75	75			5.5	293.55	percent of total billed charges	
RP I-131 DIAGNOSTIC PER MCI	A9528	HCPCS	outpatient			309		Amerihealth	HMO/PPO		5.5				5.5	293.55	fee schedule	
RP I-131 DIAGNOSTIC PER MCI	A9528	HCPCS	outpatient			309		Consumer	Consumer		293.55	95			5.5	293.55	percent of total billed charges	
RP I-131 DIAGNOSTIC PER MCI	A9528	HCPCS	outpatient			309		Corrections	Corrections		247.2	80			5.5	293.55	percent of total billed charges	
RP I-131 DIAGNOSTIC PER MCI	A9528	HCPCS	outpatient			309		First Health	First Health		216.3	70			5.5	293.55	percent of total billed charges	
RP I-131 DIAGNOSTIC PER MCI	A9528	HCPCS	outpatient			309		First Trenton	First Trenton		278.1	90			5.5	293.55	percent of total billed charges	
RP I-131 DIAGNOSTIC PER MCI	A9528	HCPCS	outpatient			309		Horizon	Indemnity		118.29	38.28			5.5	293.55	percent of total billed charges	
RP I-131 DIAGNOSTIC PER MCI	A9528	HCPCS	outpatient			309		Horizon	MGD		118.29	38.28			5.5	293.55	percent of total billed charges	
RP I-131 DIAGNOSTIC PER MCI	A9528	HCPCS	outpatient			309		Horizon	Medicare Blue		92.7	30			5.5	293.55	percent of total billed charges	
RP I-131 DIAGNOSTIC PER MCI	A9528	HCPCS	outpatient			309		Horizon	NJ Health		39.15				5.5	293.55	fee schedule	
RP I-131 DIAGNOSTIC PER MCI	A9528	HCPCS	outpatient			309		Horizon	PPO		118.29	38.28			5.5	293.55	percent of total billed charges	
RP I-131 DIAGNOSTIC PER MCI	A9528	HCPCS	outpatient			309		Managed Care Inc	Managed Care Inc		278.1	90			5.5	293.55	percent of total billed charges	
RP I-131 DIAGNOSTIC PER MCI	A9528	HCPCS	outpatient			309		Multiplan	Multiplan		247.2	80			5.5	293.55	percent of total billed charges	
RP I-131 DIAGNOSTIC PER MCI	A9528	HCPCS	outpatient			309		Qualcare	Qualcare		231.75	75			5.5	293.55	percent of total billed charges	
RP I-131 DIAGNOSTIC PER MCI	A9528	HCPCS	outpatient			309		Three Rivers	Three Rivers		293.55	95			5.5	293.55	percent of total billed charges	
RP I-131 DIAGNOSTIC PER MCI	A9528	HCPCS	outpatient			309		UHC	Medicaid		97.49	31.55			5.5	293.55	percent of total billed charges	
RP I-131 DIAGNOSTIC PER MCI	A9528	HCPCS	outpatient			309		Wellcare	Medicaid		97.49	31.55			5.5	293.55	percent of total billed charges	
RP I-131 DIAGNOSTIC PER MCI	A9528	HCPCS	outpatient			309		WellPoint	WellPoint		99.44	32.18			5.5	293.55	percent of total billed charges	
RP-NEOTECH	A9536	HCPCS	outpatient			1121		Aetna	Medicare		345.27	30.8			336.3	1064.95	percent of total billed charges	
RP-NEOTECH	A9536	HCPCS	outpatient			1121		Aetna	Better Health		353.68	31.55			336.3	1064.95	percent of total billed charges	
RP-NEOTECH	A9536	HCPCS	outpatient			1121		Aetna	Commercial		425.98	38			336.3	1064.95	percent of total billed charges	
RP-NEOTECH	A9536	HCPCS	outpatient			1121		Americare	Americare		840.75	75			336.3	1064.95	percent of total billed charges	
RP-NEOTECH	A9536	HCPCS	outpatient			1121		Amerihealth	HMO/PPO		726.65	65			336.3	1064.95	percent of total billed charges	
RP-NEOTECH	A9536	HCPCS	outpatient			1121		Consumer	Consumer		1064.95	95			336.3	1064.95	percent of total billed charges	
RP-NEOTECH	A9536	HCPCS	outpatient			1121		Corrections	Corrections		896.8	80			336.3	1064.95	percent of total billed charges	
RP-NEOTECH	A9536	HCPCS	outpatient			1121		First Health	First Health		784.7	70			336.3	1064.95	percent of total billed charges	
RP-NEOTECH	A9536	HCPCS	outpatient			1121		First Trenton	First Trenton		1008.9	90			336.3	1064.95	percent of total billed charges	
RP-NEOTECH	A9536	HCPCS	outpatient			1121		Horizon	MGD		429.12	38.28			336.3	1064.95	percent of total billed charges	
RP-NEOTECH	A9536	HCPCS	outpatient			1121		Horizon	Indemnity		429.12	38.28			336.3	1064.95	percent of total billed charges	
RP-NEOTECH	A9536	HCPCS	outpatient			1121		Horizon	PPO		429.12	38.28			336.3	1064.95	percent of total billed charges	
RP-NEOTECH	A9536	HCPCS	outpatient			1121		Horizon	Medicare Blue		336.3	30			336.3	1064.95	percent of total billed charges	
RP-NEOTECH	A9536	HCPCS	outpatient			1121		Managed Care Inc	Managed Care Inc		1008.9	90			336.3	1064.95	percent of total billed charges	
RP-NEOTECH	A9536	HCPCS	outpatient			1121		Multiplan	Multiplan		896.8	80			336.3	1064.95	percent of total billed charges	
RP-NEOTECH	A9536	HCPCS	outpatient			1121		Qualcare	Qualcare		840.75	75			336.3	1064.95	percent of total billed charges	
RP-NEOTECH	A9536	HCPCS	outpatient			1121		Three Rivers	Three Rivers		1064.95	95			336.3	1064.95	percent of total billed charges	
RP-NEOTECH	A9536	HCPCS	outpatient			1121		UHC	Medicaid		353.68	31.55			336.3	1064.95	percent of total billed charges	
RP-NEOTECH	A9536	HCPCS	outpatient			1121		Wellcare	Medicaid		353.68	31.55			336.3	1064.95	percent of total billed charges	
RP-NEOTECH	A9536	HCPCS	outpatient			1121		WellPoint	WellPoint		360.74	32.18			336.3	1064.95	percent of total billed charges	
RP TC-MEBROFENIN	A9537	HCPCS	both			158		Aetna	Medicare		48.66	30.8			47.4	150.1	percent of total billed charges	
RP TC-MEBROFENIN	A9537	HCPCS	both			158		Aetna	Better Health		49.85	31.55			47.4	150.1	percent of total billed charges	
RP TC-MEBROFENIN	A9537	HCPCS	both			158		Aetna	Commercial		60.04	38			47.4	150.1	percent of total billed charges	
RP TC-MEBROFENIN	A9537	HCPCS	both			158		Americare	Americare		118.5	75			47.4	150.1	percent of total billed charges	
RP TC-MEBROFENIN	A9537	HCPCS	both			158		Amerihealth	HMO/PPO		102.7	65			47.4	150.1	percent of total billed charges	
RP TC-MEBROFENIN	A9537	HCPCS	both			158		Consumer	Consumer		150.1	95			47.4	150.1	percent of total billed charges	
RP TC-MEBROFENIN	A9537	HCPCS	both			158		Corrections	Corrections		126.4	80			47.4	150.1	percent of total billed charges	
RP TC-MEBROFENIN	A9537	HCPCS	both			158		First Health	First Health		110.6	70			47.4	150.1	percent of total billed charges	
RP TC-MEBROFENIN	A9537	HCPCS	both			158		First Trenton	First Trenton		142.2	90			47.4	150.1	percent of total billed charges	
RP TC-MEBROFENIN	A9537	HCPCS	both			158		Horizon	NJ Health		125.28				47.4	150.1	fee schedule	
RP TC-MEBROFENIN	A9537	HCPCS	both			158		Horizon	Indemnity		60.48	38.28			47.4	150.1	percent of total billed charges	
RP TC-MEBROFENIN	A9537	HCPCS	both			158		Horizon	Medicare Blue		47.4	30			47.4	150.1	percent of total billed charges	
RP TC-MEBROFENIN	A9537	HCPCS	both			158		Horizon	MGD		60.48	38.28			47.4	150.1	percent of total billed charges	
RP TC-MEBROFENIN	A9537	HCPCS	both			158		Horizon	PPO		60.48	38.28			47.4	150.1	percent of total billed charges	
RP TC-MEBROFENIN	A9537	HCPCS	both			158		Managed Care Inc	Managed Care Inc		142.2	90			47.4	150.1	percent of total billed charges	
RP TC-MEBROFENIN	A9537	HCPCS	both			158		Multiplan	Multiplan		126.4	80			47.4	150.1	percent of total billed charges	
RP TC-MEBROFENIN	A9537	HCPCS	both			158		Qualcare	Qualcare		118.5	75			47.4	150.1	percent of total billed charges	
RP TC-MEBROFENIN	A9537	HCPCS	both			158		Three Rivers	Three Rivers		150.1	95			47.4	150.1	percent of total billed charges	
RP TC-MEBROFENIN	A9537	HCPCS	both			158		UHC	Medicaid		49.85	31.55			47.4	150.1	percent of total billed charges	
RP TC-MEBROFENIN	A9537	HCPCS	both			158		Wellcare	Medicaid		49.85	31.55			47.4	150.1	percent of total billed charges	
RP TC-MEBROFENIN	A9537	HCPCS	both			158		WellPoint	WellPoint		50.84	32.18			47.4	150.1	percent of total billed charges	
RP - TC-PYP	A9538	HCPCS	both			100		Aetna	Better Health		31.55	31.55			30	95	percent of total billed charges	
RP - TC-PYP	A9538	HCPCS	both			100		Aetna	Commercial		38				30	95	percent of total billed charges	
RP - TC-PYP	A9538	HCPCS	both			100		Aetna	Medicare		30.8	30.8			30	95	percent of total billed charges	
RP - TC-PYP	A9538	HCPCS	both			100		Americare	Americare		75				30	95	percent of total billed charges	
RP - TC-PYP	A9538	HCPCS	both			100		Amerihealth	HMO/PPO		65	65			30	95	percent of total billed charges	
RP - TC-PYP	A9538	HCPCS	both			100		Consumer	Consumer		95	95			30	95	percent of total billed charges	
RP - TC-PYP	A9538	HCPCS	both			100		Corrections	Corrections		80	80			30	95	percent of total billed charges	
RP - TC-PYP	A9538	HCPCS	both			100		First Health	First Health		70	70			30	95	percent of total billed charges	
RP - TC-PYP	A9538	HCPCS	both			100		First Trenton	First Trenton		90	90			30	95	percent of total billed charges	
RP - TC-PYP	A9538	HCPCS	both			100		Horizon	MGD		38.28	38.28			30	95	percent of total billed charges	
RP - TC-PYP	A9538	HCPCS	both			100		Horizon	Indemnity		38.28	38.28			30	95	percent of total billed charges	
RP - TC-PYP	A9538	HCPCS	both			100		Horizon	PPO		38.28	38.28			30	95	percent of total billed charges	
RP - TC-PYP	A9538	HCPCS	both			100		Horizon	Medicare Blue		30	30			30	95	percent of total billed charges	
RP - TC-PYP	A9538	HCPCS	both			100		Horizon	NJ Health		60.03				30	95	fee schedule	
RP - TC-PYP	A9538	HCPCS	both			100		Managed Care Inc	Managed Care Inc		90	90			30	95	percent of total billed charges	
RP - TC-PYP	A9538	HCPCS	both			100		Multiplan	Multiplan		80	80			30	95	percent of total billed charges	
RP - TC-PYP	A9538	HCPCS	both			100		Qualcare	Qualcare		75	75			30	95	percent of total billed charges	
RP - TC-PYP	A9538	HCPCS	both			100		Three Rivers	Three Rivers		95	95			30	95	percent of total billed charges	
RP - TC-PYP	A9538	HCPCS	both			100		UHC	Medicaid		31.55	31.55			30	95	percent of total billed charges	
RP - TC-PYP	A9538	HCPCS	both			100		Wellcare	Medicaid		31.55	31.55			30	95	percent of total billed charges	
RP - TC-PYP	A9538	HCPCS	both			100		WellPoint	WellPoint		32.18	32.18			30	95	percent of total billed charges	
RP TC-DTPA	A9539	HCPCS	both			331		Aetna	Better Health		104.43	31.55			46.98	314.45	percent of total billed charges	
RP TC-DTPA	A9539	HCPCS	both			331		Aetna	Commercial		125.78	38			46.98	314.45	percent of total billed charges	
RP TC-DTPA	A9539	HCPCS	both			331		Aetna	Medicare		101.95	30.8			46.98	314.45	percent of total billed charges	
RP TC-DTPA	A9539	HCPCS	both			331		Americare	Americare		248.25	75			46.98	314.45	percent of total billed charges	
RP TC-DTPA	A9539	HCPCS	both			331		Amerihealth	HMO/PPO		215.15	65			46.98	314.45	percent of total billed charges	
RP TC-DTPA	A9539	HCPCS	both			331		Consumer	Consumer		314.45	95			46.98	314.45	percent of total billed charges	
RP TC-DTPA	A9539	HCPCS	both			331		Corrections	Corrections		264.8	80			46.98	314.45	percent of total billed charges	
RP TC-DTPA	A9539	HCPCS	both			331		First Health	First Health		231.7	70			46.98	314.45	percent of total billed charges	
RP TC-DTPA	A9539	HCPCS	both			331		First Trenton	First Trenton		297.9	90			46.98	314.45	percent of total billed charges	
RP TC-DTPA	A9539	HCPCS	both			331		Horizon	MGD		126.71	38.28			46.98	314.45	percent of total billed charges	
RP TC-DTPA	A9539	HCPCS	both			331		Horizon	NJ Health		46.98				46.98	314.45	fee schedule	
RP TC-DTPA	A9539	HCPCS	both			331		Horizon	Indemnity		126.71	38.28			46.98	314.45	percent of total billed charges	
RP TC-DTPA	A9539	HCPCS	both			331		Horizon	PPO		126.71	38.28			46.98	314.45	percent of total billed charges	
RP TC-DTPA	A9539	HCPCS	both			331		Horizon	Medicare Blue		99.3	30			46.98	314.45	percent of total billed charges	
RP TC-DTPA	A9539	HCPCS	both			331		Managed Care Inc	Managed Care Inc		297.9	90			46.98	314.45	percent of total billed charges	
RP TC-DTPA	A9539	HCPCS	both			331		Multiplan	Multiplan		264.8	80			46.98	314.45	percent of total billed charges	
RP TC-DTPA	A9539	HCPCS	both			331		Qualcare	Qualcare		248.25	75			46.98	314.45	percent of total billed charges	
RP TC-DTPA	A9539	HCPCS	both			331		Three Rivers	Three Rivers		314.45	95			46.98	314.45	percent of total billed charges	
RP TC-DTPA	A9539	HCPCS	both			331		UHC	Medicaid		104.43	31.55			46.98	314.45	percent of total billed charges	
RP TC-DTPA	A9539	HCPCS	both			331		Wellcare	Medicaid		104.43	31.55			46.98	314.45	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.														
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true													
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
RP TC-DTPA	A9539	HCPCS	both			331		WellPoint	WellPoint		106.52	32.18			46.98	314.45	percent of total billed charges	
RP TC-MAA	A9540	HCPCS	both			454		Aetna	Commercial		172.52	38			52.2	431.3	percent of total billed charges	
RP TC-MAA	A9540	HCPCS	both			454		Aetna	Better Health		143.24	31.55			52.2	431.3	percent of total billed charges	
RP TC-MAA	A9540	HCPCS	both			454		Aetna	Medicare		139.83	30.8			52.2	431.3	percent of total billed charges	
RP TC-MAA	A9540	HCPCS	both			454		Americare	Americare		340.5	75			52.2	431.3	percent of total billed charges	
RP TC-MAA	A9540	HCPCS	both			454		Amerihealth	HMO/PPO		295.1	65			52.2	431.3	percent of total billed charges	
RP TC-MAA	A9540	HCPCS	both			454		Consumer	Consumer		431.3	95			52.2	431.3	percent of total billed charges	
RP TC-MAA	A9540	HCPCS	both			454		Corrections	Corrections		363.2	80			52.2	431.3	percent of total billed charges	
RP TC-MAA	A9540	HCPCS	both			454		First Health	First Health		317.8	70			52.2	431.3	percent of total billed charges	
RP TC-MAA	A9540	HCPCS	both			454		First Trenton	First Trenton		408.6	90			52.2	431.3	percent of total billed charges	
RP TC-MAA	A9540	HCPCS	both			454		Horizon	MGD		173.79	38.28			52.2	431.3	percent of total billed charges	
RP TC-MAA	A9540	HCPCS	both			454		Horizon	PPO		173.79	38.28			52.2	431.3	percent of total billed charges	
RP TC-MAA	A9540	HCPCS	both			454		Horizon	Medicare Blue		136.2	30			52.2	431.3	percent of total billed charges	
RP TC-MAA	A9540	HCPCS	both			454		Horizon	Indemnity		173.79	38.28			52.2	431.3	percent of total billed charges	
RP TC-MAA	A9540	HCPCS	both			454		Horizon	NJ Health		52.2				52.2	431.3	fee schedule	
RP TC-MAA	A9540	HCPCS	both			454		Managed Care Inc	Managed Care Inc		408.6	90			52.2	431.3	percent of total billed charges	
RP TC-MAA	A9540	HCPCS	both			454		Multiplan	Multiplan		363.2	80			52.2	431.3	percent of total billed charges	
RP TC-MAA	A9540	HCPCS	both			454		Qualcare	Qualcare		340.5	75			52.2	431.3	percent of total billed charges	
RP TC-MAA	A9540	HCPCS	both			454		Three Rivers	Three Rivers		431.3	95			52.2	431.3	percent of total billed charges	
RP TC-MAA	A9540	HCPCS	both			454		UHC	Medicaid		143.24	31.55			52.2	431.3	percent of total billed charges	
RP TC-MAA	A9540	HCPCS	both			454		Wellcare	Medicaid		143.24	31.55			52.2	431.3	percent of total billed charges	
RP TC-MAA	A9540	HCPCS	both			454		WellPoint	WellPoint		146.1	32.18			52.2	431.3	percent of total billed charges	
RP TC-SULFER COLLOID	A9541	HCPCS	both			201		Aetna	Commercial		76.38	38			60.3	232.29	percent of total billed charges	
RP TC-SULFER COLLOID	A9541	HCPCS	both			201		Aetna	Medicare		61.91	30.8			60.3	232.29	percent of total billed charges	
RP TC-SULFER COLLOID	A9541	HCPCS	both			201		Aetna	Better Health		63.42	31.55			60.3	232.29	percent of total billed charges	
RP TC-SULFER COLLOID	A9541	HCPCS	both			201		Americare	Americare		150.75	75			60.3	232.29	percent of total billed charges	
RP TC-SULFER COLLOID	A9541	HCPCS	both			201		Amerihealth	HMO/PPO		130.65	65			60.3	232.29	percent of total billed charges	
RP TC-SULFER COLLOID	A9541	HCPCS	both			201		Consumer	Consumer		190.95	95			60.3	232.29	percent of total billed charges	
RP TC-SULFER COLLOID	A9541	HCPCS	both			201		Corrections	Corrections		160.8	80			60.3	232.29	percent of total billed charges	
RP TC-SULFER COLLOID	A9541	HCPCS	both			201		First Health	First Health		140.7	70			60.3	232.29	percent of total billed charges	
RP TC-SULFER COLLOID	A9541	HCPCS	both			201		First Trenton	First Trenton		180.9	90			60.3	232.29	percent of total billed charges	
RP TC-SULFER COLLOID	A9541	HCPCS	both			201		Horizon	Indemnity		76.94	38.28			60.3	232.29	percent of total billed charges	
RP TC-SULFER COLLOID	A9541	HCPCS	both			201		Horizon	MGD		76.94	38.28			60.3	232.29	percent of total billed charges	
RP TC-SULFER COLLOID	A9541	HCPCS	both			201		Horizon	Medicare Blue		60.3	30			60.3	232.29	percent of total billed charges	
RP TC-SULFER COLLOID	A9541	HCPCS	both			201		Horizon	NJ Health		232.29				60.3	232.29	fee schedule	
RP TC-SULFER COLLOID	A9541	HCPCS	both			201		Horizon	PPO		76.94	38.28			60.3	232.29	percent of total billed charges	
RP TC-SULFER COLLOID	A9541	HCPCS	both			201		Managed Care Inc	Managed Care Inc		180.9	90			60.3	232.29	percent of total billed charges	
RP TC-SULFER COLLOID	A9541	HCPCS	both			201		Multiplan	Multiplan		160.8	80			60.3	232.29	percent of total billed charges	
RP TC-SULFER COLLOID	A9541	HCPCS	both			201		Qualcare	Qualcare		150.75	75			60.3	232.29	percent of total billed charges	
RP TC-SULFER COLLOID	A9541	HCPCS	both			201		Three Rivers	Three Rivers		190.95	95			60.3	232.29	percent of total billed charges	
RP TC-SULFER COLLOID	A9541	HCPCS	both			201		UHC	Medicaid		63.42	31.55			60.3	232.29	percent of total billed charges	
RP TC-SULFER COLLOID	A9541	HCPCS	both			201		Wellcare	Medicaid		63.42	31.55			60.3	232.29	percent of total billed charges	
RP TC-SULFER COLLOID	A9541	HCPCS	both			201		WellPoint	WellPoint		64.68	32.18			60.3	232.29	percent of total billed charges	
YTTRIUM-90 ZEVALIN PER DOSE	A9543	HCPCS	outpatient			184515	90383.28	Aetna	Better Health		58214.48	31.55			58214.48	175289.25	percent of total billed charges	
YTTRIUM-90 ZEVALIN PER DOSE	A9543	HCPCS	outpatient			184515	90383.28	Aetna	Commercial		125121.9				58214.48	175289.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
YTTRIUM-90 ZEVALIN PER DOSE	A9543	HCPCS	outpatient			184515	90383.28	Aetna	Medicare		78594.16				58214.48	175289.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
YTTRIUM-90 ZEVALIN PER DOSE	A9543	HCPCS	outpatient			184515	90383.28	Americare	Americare		138386.25	75			58214.48	175289.25	percent of total billed charges	
YTTRIUM-90 ZEVALIN PER DOSE	A9543	HCPCS	outpatient			184515	90383.28	Amerihealth	HMO/PPO		119934.75	65			58214.48	175289.25	percent of total billed charges	
YTTRIUM-90 ZEVALIN PER DOSE	A9543	HCPCS	outpatient			184515	90383.28	Amerihealth	Medicare		78594.16				58214.48	175289.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
YTTRIUM-90 ZEVALIN PER DOSE	A9543	HCPCS	outpatient			184515	90383.28	Consumer	Consumer		175289.25	95			58214.48	175289.25	percent of total billed charges	
YTTRIUM-90 ZEVALIN PER DOSE	A9543	HCPCS	outpatient			184515	90383.28	Corrections	Corrections		147612	80			58214.48	175289.25	percent of total billed charges	
YTTRIUM-90 ZEVALIN PER DOSE	A9543	HCPCS	outpatient			184515	90383.28	First Health	First Health		129160.5	70			58214.48	175289.25	percent of total billed charges	
YTTRIUM-90 ZEVALIN PER DOSE	A9543	HCPCS	outpatient			184515	90383.28	First Trenton	First Trenton		166063.5	90			58214.48	175289.25	percent of total billed charges	
YTTRIUM-90 ZEVALIN PER DOSE	A9543	HCPCS	outpatient			184515	90383.28	Horizon	MGD		146263.73				58214.48	175289.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
YTTRIUM-90 ZEVALIN PER DOSE	A9543	HCPCS	outpatient			184515	90383.28	Horizon	Medicare Blue		78594.16				58214.48	175289.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
YTTRIUM-90 ZEVALIN PER DOSE	A9543	HCPCS	outpatient			184515	90383.28	Horizon	PPO		146263.73				58214.48	175289.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
YTTRIUM-90 ZEVALIN PER DOSE	A9543	HCPCS	outpatient			184515	90383.28	Horizon	Indemnity		146263.73				58214.48	175289.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
YTTRIUM-90 ZEVALIN PER DOSE	A9543	HCPCS	outpatient			184515	90383.28	Managed Care Inc	Managed Care Inc		166063.5	90			58214.48	175289.25	percent of total billed charges	
YTTRIUM-90 ZEVALIN PER DOSE	A9543	HCPCS	outpatient			184515	90383.28	Multiplan	Multiplan		147612	80			58214.48	175289.25	percent of total billed charges	
YTTRIUM-90 ZEVALIN PER DOSE	A9543	HCPCS	outpatient			184515	90383.28	Qualcare	Qualcare		138386.25	75			58214.48	175289.25	percent of total billed charges	
YTTRIUM-90 ZEVALIN PER DOSE	A9543	HCPCS	outpatient			184515	90383.28	Three Rivers	Three Rivers		175289.25	95			58214.48	175289.25	percent of total billed charges	
YTTRIUM-90 ZEVALIN PER DOSE	A9543	HCPCS	outpatient			184515	90383.28	UHC	Medicare		78594.16				58214.48	175289.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
YTTRIUM-90 ZEVALIN PER DOSE	A9543	HCPCS	outpatient			184515	90383.28	UHC	Medicaid		58214.48	31.55			58214.48	175289.25	percent of total billed charges	
YTTRIUM-90 ZEVALIN PER DOSE	A9543	HCPCS	outpatient			184515	90383.28	United	Oxford		163691.45				58214.48	175289.25	fee schedule	
YTTRIUM-90 ZEVALIN PER DOSE	A9543	HCPCS	outpatient			184515	90383.28	United	Commercial|PPO		163691.45				58214.48	175289.25	fee schedule	
YTTRIUM-90 ZEVALIN PER DOSE	A9543	HCPCS	outpatient			184515	90383.28	Wellcare	Medicare		78594.16				58214.48	175289.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
YTTRIUM-90 ZEVALIN PER DOSE	A9543	HCPCS	outpatient			184515	90383.28	Wellcare	Medicaid		58214.48	31.55			58214.48	175289.25	percent of total billed charges	
YTTRIUM-90 ZEVALIN PER DOSE	A9543	HCPCS	outpatient			184515	90383.28	WellPoint	WellPoint		59976.93	32.18			58214.48	175289.25	percent of total billed charges	
RP IN-DTPA (PER 0.5 MCI)	A9548	HCPCS	inpatient			5325		Aetna	Commercial		2023.5	38			1597.5	5058.75	percent of total billed charges	
RP IN-DTPA (PER 0.5 MCI)	A9548	HCPCS	inpatient			5325		Aetna	Medicare		1640.1	30.8			1597.5	5058.75	percent of total billed charges	
RP IN-DTPA (PER 0.5 MCI)	A9548	HCPCS	inpatient			5325		Aetna	Better Health		1680.04	31.55			1597.5	5058.75	percent of total billed charges	
RP IN-DTPA (PER 0.5 MCI)	A9548	HCPCS	inpatient			5325		Americare	Americare		3993.75	75			1597.5	5058.75	percent of total billed charges	
RP IN-DTPA (PER 0.5 MCI)	A9548	HCPCS	inpatient			5325		Amerihealth	HMO/PPO		3461.25	65			1597.5	5058.75	percent of total billed charges	
RP IN-DTPA (PER 0.5 MCI)	A9548	HCPCS	inpatient			5325		Consumer	Consumer		5058.75	95			1597.5	5058.75	percent of total billed charges	
RP IN-DTPA (PER 0.5 MCI)	A9548	HCPCS	inpatient			5325		Corrections	Corrections		4260	80			1597.5	5058.75	percent of total billed charges	
RP IN-DTPA (PER 0.5 MCI)	A9548	HCPCS	inpatient			5325		First Health	First Health		3727.5	70			1597.5	5058.75	percent of total billed charges	
RP IN-DTPA (PER 0.5 MCI)	A9548	HCPCS	inpatient			5325		First Trenton	First Trenton		4792.5	90			1597.5	5058.75	percent of total billed charges	
RP IN-DTPA (PER 0.5 MCI)	A9548	HCPCS	inpatient			5325		Horizon	NJ Health		1873.98				1597.5	5058.75	fee schedule	
RP IN-DTPA (PER 0.5 MCI)	A9548	HCPCS	inpatient			5325		Horizon	Indemnity		2038.41	38.28			1597.5	5058.75	percent of total billed charges	
RP IN-DTPA (PER 0.5 MCI)	A9548	HCPCS	inpatient			5325		Horizon	MGD		2038.41	38.28			1597.5	5058.75	percent of total billed charges	
RP IN-DTPA (PER 0.5 MCI)	A9548	HCPCS	inpatient			5325		Horizon	Medicare Blue		1597.5	30			1597.5	5058.75	percent of total billed charges	
RP IN-DTPA (PER 0.5 MCI)	A9548	HCPCS	inpatient			5325		Horizon	PPO		2038.41	38.28			1597.5	5058.75	percent of total billed charges	
RP IN-DTPA (PER 0.5 MCI)	A9548	HCPCS	inpatient			5325		Managed Care Inc	Managed Care Inc		4792.5	90			1597.5	5058.75	percent of total billed charges	
RP IN-DTPA (PER 0.5 MCI)	A9548	HCPCS	inpatient			5325		Multiplan	Multiplan		4260	80			1597.5	5058.75	percent of total billed charges	
RP IN-DTPA (PER 0.5 MCI)	A9548	HCPCS	inpatient			5325		Qualcare	Qualcare		3993.75	75			1597.5	5058.75	percent of total billed charges	
RP IN-DTPA (PER 0.5 MCI)	A9548	HCPCS	inpatient			5325		Three Rivers	Three Rivers		5058.75	95			1597.5	5058.75	percent of total billed charges	
RP IN-DTPA (PER 0.5 MCI)	A9548	HCPCS	inpatient			5325		UHC	Medicaid		1680.04	31.55			1597.5	5058.75	percent of total billed charges	
RP IN-DTPA (PER 0.5 MCI)	A9548	HCPCS	inpatient			5325		Wellcare	Medicaid		1680.04	31.55			1597.5	5058.75	percent of total billed charges	
RP IN-DTPA (PER 0.5 MCI)	A9548	HCPCS	inpatient			5325		WellPoint	WellPoint		1713.59	32.18			1597.5	5058.75	percent of total billed charges	
RP TC-DMSA	A9551	HCPCS	outpatient			1248		Aetna	Better Health		393.74	31.55			374.4	1185.6	percent of total billed charges	
RP TC-DMSA	A9551	HCPCS	outpatient			1248		Aetna	Medicare		384.38	30.8			374.4	1185.6	percent of total billed charges	
RP TC-DMSA	A9551	HCPCS	outpatient			1248		Aetna	Commercial		474.24	38			374.4	1185.6	percent of total billed charges	
RP TC-DMSA	A9551	HCPCS	outpatient			1248		Americare	Americare		936	75			374.4	1185.6	percent of total billed charges	
RP TC-DMSA	A9551	HCPCS	outpatient			1248		Amerihealth	HMO/PPO		811.2	65			374.4	1185.6	percent of total billed charges	
RP TC-DMSA	A9551	HCPCS	outpatient			1248		Consumer	Consumer		1185.6	95			374.4	1185.6	percent of total billed charges	
RP TC-DMSA	A9551	HCPCS	outpatient			1248		Corrections	Corrections		998.4	80			374.4	1185.6	percent of total billed charges	
RP TC-DMSA	A9551	HCPCS	outpatient			1248		First Health	First Health		873.6	70			374.4	1185.6	percent of total billed charges	
RP TC-DMSA	A9551	HCPCS	outpatient			1248		First Trenton	First Trenton		1123.2	90			374.4	1185.6	percent of total billed charges	
RP TC-DMSA	A9551	HCPCS	outpatient			1248		Horizon	Medicare Blue		374.4	30			374.4	1185.6	percent of total billed charges	
RP TC-DMSA	A9551	HCPCS	outpatient			1248		Horizon	Indemnity		477.73	38.28			374.4	1185.6	percent of total billed charges	
RP TC-DMSA	A9551	HCPCS	outpatient			1248		Horizon	MGD		477.73	38.28			374.4	1185.6	percent of total billed charges	
RP TC-DMSA	A9551	HCPCS	outpatient			1248		Horizon	PPO		477.73	38.28			374.4	1185.6	percent of total billed charges	
RP TC-DMSA	A9551	HCPCS	outpatient			1248		Horizon	NJ Health		482.85				374.4	1185.6	fee schedule	
RP TC-DMSA	A9551	HCPCS	outpatient			1248		Managed Care Inc	Managed Care Inc		1123.2	90			374.4	1185.6	percent of total billed charges	
RP TC-DMSA	A9551	HCPCS	outpatient			1248		Multiplan	Multiplan		998.4	80			374.4	1185.6	percent of total billed charges	
RP TC-DMSA	A9551	HCPCS	outpatient			1248		Qualcare	Qualcare		936	75			374.4	1185.6	percent of total billed charges	
RP TC-DMSA	A9551	HCPCS	outpatient			1248		Three Rivers	Three Rivers		1185.6	95			374.4	1185.6	percent of total billed charges	
RP TC-DMSA	A9551	HCPCS	outpatient			1248		UHC	Medicaid		393.74	31.55			374.4	1185.6	percent of total billed charges	
RP TC-DMSA	A9551	HCPCS	outpatient			1248		Wellcare	Medicaid		393.74	31.55			374.4	1185.6	percent of total billed charges	
RP TC-DMSA	A9551	HCPCS	outpatient			1248		WellPoint	WellPoint		401.61	32.18			374.4	1185.6	percent of total billed charges	
ADMINISTRATION OF FDG	A9552	HCPCS	outpatient			1714		Aetna	Better Health		540.77	31.55			514.2	1628.3	percent of total billed charges	
ADMINISTRATION OF FDG	A9552	HCPCS	outpatient			1714		Aetna	Commercial		651.32	38			514.2	1628.3	percent of total billed charges	
ADMINISTRATION OF FDG	A9552	HCPCS	outpatient			1714		Aetna	Medicare		527.91	30.8			514.2	1628.3	percent of total billed charges	
ADMINISTRATION OF FDG	A9552	HCPCS	outpatient			1714		Americare	Americare		1285.5	75			514.2	1628.3	percent of total billed charges	
ADMINISTRATION OF FDG	A9552	HCPCS	outpatient			1714		Amerihealth	HMO/PPO		1114.1	65			514.2	1628.3	percent of total billed charges	
ADMINISTRATION OF FDG	A9552	HCPCS	outpatient			1714		Consumer	Consumer		1628.3	95			514.2	1628.3	percent of total billed charges	
ADMINISTRATION OF FDG	A9552	HCPCS	outpatient			1714		Corrections	Corrections		1371.2	80			514.2	1628.3	percent of total billed charges	
ADMINISTRATION OF FDG	A9552	HCPCS	outpatient			1714		First Health	First Health		1199.8	70			514.2	1628.3	percent of total billed charges	
ADMINISTRATION OF FDG	A9552	HCPCS	outpatient			1714		First Trenton	First Trenton		1542.6	90			514.2	1628.3	percent of total billed charges	
ADMINISTRATION OF FDG	A9552	HCPCS	outpatient			1714		Horizon	MGD		656.12	38.28			514.2	1628.3	percent of total billed charges	
ADMINISTRATION OF FDG	A9552	HCPCS	outpatient			1714		Horizon	Indemnity		656.12	38.28			514.2	1628.3	percent of total billed charges	
ADMINISTRATION OF FDG	A9552	HCPCS	outpatient			1714		Horizon	NJ Health		1255.41				514.2	1628.3	fee schedule	
ADMINISTRATION OF FDG	A9552	HCPCS	outpatient			1714		Horizon	Medicare Blue		514.2	30			514.2	1628.3	percent of total billed charges	
ADMINISTRATION OF FDG	A9552	HCPCS	outpatient			1714		Horizon	PPO		656.12	38.28			514.2	1628.3	percent of total billed charges	
ADMINISTRATION OF FDG	A9552	HCPCS	outpatient			1714		Managed Care Inc	Managed Care Inc		1542.6	90			514.2	1628.3	percent of total billed charges	
ADMINISTRATION OF FDG	A9552	HCPCS	outpatient			1714		Multiplan	Multiplan		1371.2	80			514.2	1628.3	percent of total billed charges	
ADMINISTRATION OF FDG	A9552	HCPCS	outpatient			1714		Qualcare	Qualcare		1285.5	75			514.2	1628.3	percent of total billed charges	
ADMINISTRATION OF FDG	A9552	HCPCS	outpatient			1714		Three Rivers	Three Rivers		1628.3	95			514.2	1628.3	percent of total billed charges	
ADMINISTRATION OF FDG	A9552	HCPCS	outpatient			1714		UHC	Medicaid		540.77	31.55			514.2	1628.3	percent of total billed charges	
ADMINISTRATION OF FDG	A9552	HCPCS	outpatient			1714		Wellcare	Medicaid		540.77	31.55			514.2	1628.3	percent of total billed charges	
ADMINISTRATION OF FDG	A9552	HCPCS	outpatient			1714		WellPoint	WellPoint		551.57	32.18			514.2	1628.3	percent of total billed charges	
RP CHROMIUM 51 (20-30MCG)	A9553	HCPCS	outpatient			2739		Aetna	Better Health		864.15	31.55			821.7	2602.05	percent of total billed charges	
RP CHROMIUM 51 (20-30MCG)	A9553	HCPCS	outpatient			2739		Aetna	Commercial		1040.82	38			821.7	2602.05	percent of total billed charges	
RP CHROMIUM 51 (20-30MCG)	A9553	HCPCS	outpatient			2739		Aetna	Medicare		843.61	30.8			821.7	2602.05	percent of total billed charges	
RP CHROMIUM 51 (20-30MCG)	A9553	HCPCS	outpatient			2739		Americare	Americare		2054.25	75			821.7	2602.05	percent of total billed charges	
RP CHROMIUM 51 (20-30MCG)	A9553	HCPCS	outpatient			2739		Amerihealth	HMO/PPO		1780.35	65			821.7	2602.05	percent of total billed charges	
RP CHROMIUM 51 (20-30MCG)	A9553	HCPCS	outpatient			2739		Consumer	Consumer		2602.05	95			821.7	2602.05	percent of total billed charges	
RP CHROMIUM 51 (20-30MCG)	A9553	HCPCS	outpatient			2739		Corrections	Corrections		2191.2	80			821.7	2602.05	percent of total billed charges	
RP CHROMIUM 51 (20-30MCG)	A9553	HCPCS	outpatient			2739		First Health	First Health		1917.3	70			821.7	2602.05	percent of total billed charges	
RP CHROMIUM 51 (20-30MCG)	A9553	HCPCS	outpatient			2739		First Trenton	First Trenton		2465.1	90			821.7	2602.05	percent of total billed charges	
RP CHROMIUM 51 (20-30MCG)	A9553	HCPCS	outpatient			2739		Horizon	Indemnity		1048.49	38.28			821.7	2602.05	percent of total billed charges	
RP CHROMIUM 51 (20-30MCG)	A9553	HCPCS	outpatient			2739		Horizon	MGD		1048.49	38.28			821.7	2602.05	percent of total billed charges	
RP CHROMIUM 51 (20-30MCG)	A9553	HCPCS	outpatient			2739		Horizon	Medicare Blue		821.7	30			821.7	2602.05	percent of total billed charges	
RP CHROMIUM 51 (20-30MCG)	A9553	HCPCS	outpatient			2739		Horizon	PPO		1048.49	38.28			821.7	2602.05	percent of total billed charges	
RP CHROMIUM 51 (20-30MCG)	A9553	HCPCS	outpatient			2739		Managed Care Inc	Managed Care Inc		2465.1	90			821.7	2602.05	percent of total billed charges	
RP CHROMIUM 51 (20-30MCG)	A9553	HCPCS	outpatient			2739		Multiplan	Multiplan		2191.2	80			821.7	2602.05	percent of total billed charges	
RP CHROMIUM 51 (20-30MCG)	A9553	HCPCS	outpatient			2739		Qualcare	Qualcare		2054.25	75			821.7	2602.05	percent of total billed charges	
RP CHROMIUM 51 (20-30MCG)	A9553	HCPCS	outpatient			2739		Three Rivers	Three Rivers		2602.05	95			821.7	2602.05	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.																	
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true																
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
RP CHROMIUM 51 (20-30MCG)	A9553	HCPCS	outpatient			2739		UHC	Medicaid		864.15	31.55			821.7	2602.05	percent of total billed charges	
RP CHROMIUM 51 (20-30MCG)	A9553	HCPCS	outpatient			2739		Wellcare	Medicaid		864.15	31.55			821.7	2602.05	percent of total billed charges	
RP CHROMIUM 51 (20-30MCG)	A9553	HCPCS	outpatient			2739		WellPoint	WellPoint		881.41	32.18			821.7	2602.05	percent of total billed charges	
RP GALLIUM TUMOR (PER MCI)	A9556	HCPCS	both			1565		Aetna	Better Health		493.76	31.55			96.9	1486.75	percent of total billed charges	
RP GALLIUM TUMOR (PER MCI)	A9556	HCPCS	both			1565		Aetna	Medicare		482.02	30.8			96.9	1486.75	percent of total billed charges	
RP GALLIUM TUMOR (PER MCI)	A9556	HCPCS	both			1565		Aetna	Commercial		594.7	38			96.9	1486.75	percent of total billed charges	
RP GALLIUM TUMOR (PER MCI)	A9556	HCPCS	both			1565		Americare	Americare		1173.75	75			96.9	1486.75	percent of total billed charges	
RP GALLIUM TUMOR (PER MCI)	A9556	HCPCS	both			1565		Amerihealth	HMO/PPO		1017.25	65			96.9	1486.75	percent of total billed charges	
RP GALLIUM TUMOR (PER MCI)	A9556	HCPCS	both			1565		Consumer	Consumer		1486.75	95			96.9	1486.75	percent of total billed charges	
RP GALLIUM TUMOR (PER MCI)	A9556	HCPCS	both			1565		Corrections	Corrections		1252	80			96.9	1486.75	percent of total billed charges	
RP GALLIUM TUMOR (PER MCI)	A9556	HCPCS	both			1565		First Health	First Health		1095.5	70			96.9	1486.75	percent of total billed charges	
RP GALLIUM TUMOR (PER MCI)	A9556	HCPCS	both			1565		First Trenton	First Trenton		1408.5	90			96.9	1486.75	percent of total billed charges	
RP GALLIUM TUMOR (PER MCI)	A9556	HCPCS	both			1565		Horizon	Medicare Blue		469.5	30			96.9	1486.75	percent of total billed charges	
RP GALLIUM TUMOR (PER MCI)	A9556	HCPCS	both			1565		Horizon	MGD		599.08	38.28			96.9	1486.75	percent of total billed charges	
RP GALLIUM TUMOR (PER MCI)	A9556	HCPCS	both			1565		Horizon	Indemnity		599.08	38.28			96.9	1486.75	percent of total billed charges	
RP GALLIUM TUMOR (PER MCI)	A9556	HCPCS	both			1565		Horizon	NJ Health		200.97				96.9	1486.75	fee schedule	
RP GALLIUM TUMOR (PER MCI)	A9556	HCPCS	both			1565		Horizon	PPO		599.08	38.28			96.9	1486.75	percent of total billed charges	
RP GALLIUM TUMOR (PER MCI)	A9556	HCPCS	both			1565		Managed Care Inc	Managed Care Inc		1408.5	90			96.9	1486.75	percent of total billed charges	
RP GALLIUM TUMOR (PER MCI)	A9556	HCPCS	both			1565		Multiplan	Multiplan		1252	80			96.9	1486.75	percent of total billed charges	
RP GALLIUM TUMOR (PER MCI)	A9556	HCPCS	both			1565		Qualcare	Qualcare		1173.75	75			96.9	1486.75	percent of total billed charges	
RP GALLIUM TUMOR (PER MCI)	A9556	HCPCS	both			1565		Three Rivers	Three Rivers		1486.75	95			96.9	1486.75	percent of total billed charges	
RP GALLIUM TUMOR (PER MCI)	A9556	HCPCS	both			1565		UHC	Medicaid		493.76	31.55			96.9	1486.75	percent of total billed charges	
RP GALLIUM TUMOR (PER MCI)	A9556	HCPCS	both			1565		Wellcare	Medicaid		493.76	31.55			96.9	1486.75	percent of total billed charges	
RP GALLIUM TUMOR (PER MCI)	A9556	HCPCS	both			1565		WellPoint	WellPoint		503.62	32.18			96.9	1486.75	percent of total billed charges	
RP TC-ED	A9557	HCPCS	inpatient			3591		Aetna	Better Health		1132.96	31.55			428.7	3411.45	percent of total billed charges	
RP TC-ED	A9557	HCPCS	inpatient			3591		Aetna	Commercial		1364.58	38			428.7	3411.45	percent of total billed charges	
RP TC-ED	A9557	HCPCS	inpatient			3591		Aetna	Medicare		1106.03	30.8			428.7	3411.45	percent of total billed charges	
RP TC-ED	A9557	HCPCS	inpatient			3591		Americare	Americare		2693.25	75			428.7	3411.45	percent of total billed charges	
RP TC-ED	A9557	HCPCS	inpatient			3591		Amerihealth	HMO/PPO		2334.15	65			428.7	3411.45	percent of total billed charges	
RP TC-ED	A9557	HCPCS	inpatient			3591		Consumer	Consumer		3411.45	95			428.7	3411.45	percent of total billed charges	
RP TC-ED	A9557	HCPCS	inpatient			3591		Corrections	Corrections		2872.8	80			428.7	3411.45	percent of total billed charges	
RP TC-ED	A9557	HCPCS	inpatient			3591		First Health	First Health		2513.7	70			428.7	3411.45	percent of total billed charges	
RP TC-ED	A9557	HCPCS	inpatient			3591		First Trenton	First Trenton		3231.9	90			428.7	3411.45	percent of total billed charges	
RP TC-ED	A9557	HCPCS	inpatient			3591		Horizon	Medicare Blue		1077.3	30			428.7	3411.45	percent of total billed charges	
RP TC-ED	A9557	HCPCS	inpatient			3591		Horizon	Indemnity		1374.63	38.28			428.7	3411.45	percent of total billed charges	
RP TC-ED	A9557	HCPCS	inpatient			3591		Horizon	MGD		1374.63	38.28			428.7	3411.45	percent of total billed charges	
RP TC-ED	A9557	HCPCS	inpatient			3591		Horizon	PPO		1374.63	38.28			428.7	3411.45	percent of total billed charges	
RP TC-ED	A9557	HCPCS	inpatient			3591		Managed Care Inc	Managed Care Inc		3231.9	90			428.7	3411.45	percent of total billed charges	
RP TC-ED	A9557	HCPCS	inpatient			3591		Multiplan	Multiplan		2872.8	80			428.7	3411.45	percent of total billed charges	
RP TC-ED	A9557	HCPCS	inpatient			3591		Qualcare	Qualcare		2693.25	75			428.7	3411.45	percent of total billed charges	
RP TC-ED	A9557	HCPCS	inpatient			3591		Three Rivers	Three Rivers		3411.45	95			428.7	3411.45	percent of total billed charges	
RP TC-ED	A9557	HCPCS	inpatient			3591		UHC	Medicaid		1132.96	31.55			428.7	3411.45	percent of total billed charges	
RP TC-ED	A9557	HCPCS	inpatient			3591		Wellcare	Medicaid		1132.96	31.55			428.7	3411.45	percent of total billed charges	
RP TC-ED	A9557	HCPCS	inpatient			3591		WellPoint	WellPoint		1155.58	32.18			428.7	3411.45	percent of total billed charges	
RP SCHILLING'S DUAL	A9559	HCPCS	outpatient			1001		Aetna	Commercial		380.38	38			300.3	950.95	percent of total billed charges	
RP SCHILLING'S DUAL	A9559	HCPCS	outpatient			1001		Aetna	Better Health		315.82	31.55			300.3	950.95	percent of total billed charges	
RP SCHILLING'S DUAL	A9559	HCPCS	outpatient			1001		Aetna	Medicare		308.31	30.8			300.3	950.95	percent of total billed charges	
RP SCHILLING'S DUAL	A9559	HCPCS	outpatient			1001		Americare	Americare		750.75	75			300.3	950.95	percent of total billed charges	
RP SCHILLING'S DUAL	A9559	HCPCS	outpatient			1001		Amerihealth	HMO/PPO		650.65	65			300.3	950.95	percent of total billed charges	
RP SCHILLING'S DUAL	A9559	HCPCS	outpatient			1001		Consumer	Consumer		950.95	95			300.3	950.95	percent of total billed charges	
RP SCHILLING'S DUAL	A9559	HCPCS	outpatient			1001		Corrections	Corrections		800.8	80			300.3	950.95	percent of total billed charges	
RP SCHILLING'S DUAL	A9559	HCPCS	outpatient			1001		First Health	First Health		700.7	70			300.3	950.95	percent of total billed charges	
RP SCHILLING'S DUAL	A9559	HCPCS	outpatient			1001		First Trenton	First Trenton		900.9	90			300.3	950.95	percent of total billed charges	
RP SCHILLING'S DUAL	A9559	HCPCS	outpatient			1001		Horizon	Indemnity		383.18	38.28			300.3	950.95	percent of total billed charges	
RP SCHILLING'S DUAL	A9559	HCPCS	outpatient			1001		Horizon	PPO		383.18	38.28			300.3	950.95	percent of total billed charges	
RP SCHILLING'S DUAL	A9559	HCPCS	outpatient			1001		Horizon	MGD		383.18	38.28			300.3	950.95	percent of total billed charges	
RP SCHILLING'S DUAL	A9559	HCPCS	outpatient			1001		Horizon	Medicare Blue		300.3	30			300.3	950.95	percent of total billed charges	
RP SCHILLING'S DUAL	A9559	HCPCS	outpatient			1001		Managed Care Inc	Managed Care Inc		900.9	90			300.3	950.95	percent of total billed charges	
RP SCHILLING'S DUAL	A9559	HCPCS	outpatient			1001		Multiplan	Multiplan		800.8	80			300.3	950.95	percent of total billed charges	
RP SCHILLING'S DUAL	A9559	HCPCS	outpatient			1001		Qualcare	Qualcare		750.75	75			300.3	950.95	percent of total billed charges	
RP SCHILLING'S DUAL	A9559	HCPCS	outpatient			1001		Three Rivers	Three Rivers		950.95	95			300.3	950.95	percent of total billed charges	
RP SCHILLING'S DUAL	A9559	HCPCS	outpatient			1001		UHC	Medicaid		315.82	31.55			300.3	950.95	percent of total billed charges	
RP SCHILLING'S DUAL	A9559	HCPCS	outpatient			1001		Wellcare	Medicaid		315.82	31.55			300.3	950.95	percent of total billed charges	
RP SCHILLING'S DUAL	A9559	HCPCS	outpatient			1001		WellPoint	WellPoint		322.12	32.18			300.3	950.95	percent of total billed charges	
RP TC-RBC IN-VIVO	A9560	HCPCS	both			365		Aetna	Commercial		138.7	38			109.5	346.75	percent of total billed charges	
RP TC-RBC IN-VIVO	A9560	HCPCS	both			365		Aetna	Better Health		115.16	31.55			109.5	346.75	percent of total billed charges	
RP TC-RBC IN-VIVO	A9560	HCPCS	both			365		Aetna	Medicare		112.42	30.8			109.5	346.75	percent of total billed charges	
RP TC-RBC IN-VIVO	A9560	HCPCS	both			365		Americare	Americare		273.75	75			109.5	346.75	percent of total billed charges	
RP TC-RBC IN-VIVO	A9560	HCPCS	both			365		Amerihealth	HMO/PPO		237.25	65			109.5	346.75	percent of total billed charges	
RP TC-RBC IN-VIVO	A9560	HCPCS	both			365		Consumer	Consumer		346.75	95			109.5	346.75	percent of total billed charges	
RP TC-RBC IN-VIVO	A9560	HCPCS	both			365		Corrections	Corrections		292	80			109.5	346.75	percent of total billed charges	
RP TC-RBC IN-VIVO	A9560	HCPCS	both			365		First Health	First Health		255.5	70			109.5	346.75	percent of total billed charges	
RP TC-RBC IN-VIVO	A9560	HCPCS	both			365		First Trenton	First Trenton		328.5	90			109.5	346.75	percent of total billed charges	
RP TC-RBC IN-VIVO	A9560	HCPCS	both			365		Horizon	Indemnity		139.72	38.28			109.5	346.75	percent of total billed charges	
RP TC-RBC IN-VIVO	A9560	HCPCS	both			365		Horizon	MGD		139.72	38.28			109.5	346.75	percent of total billed charges	
RP TC-RBC IN-VIVO	A9560	HCPCS	both			365		Horizon	Medicare Blue		109.5	30			109.5	346.75	percent of total billed charges	
RP TC-RBC IN-VIVO	A9560	HCPCS	both			365		Horizon	NJ Health		289.71				109.5	346.75	fee schedule	
RP TC-RBC IN-VIVO	A9560	HCPCS	both			365		Horizon	PPO		139.72	38.28			109.5	346.75	percent of total billed charges	
RP TC-RBC IN-VIVO	A9560	HCPCS	both			365		Managed Care Inc	Managed Care Inc		328.5	90			109.5	346.75	percent of total billed charges	
RP TC-RBC IN-VIVO	A9560	HCPCS	both			365		Multiplan	Multiplan		292	80			109.5	346.75	percent of total billed charges	
RP TC-RBC IN-VIVO	A9560	HCPCS	both			365		Qualcare	Qualcare		273.75	75			109.5	346.75	percent of total billed charges	
RP TC-RBC IN-VIVO	A9560	HCPCS	both			365		Three Rivers	Three Rivers		346.75	95			109.5	346.75	percent of total billed charges	
RP TC-RBC IN-VIVO	A9560	HCPCS	both			365		UHC	Medicaid		115.16	31.55			109.5	346.75	percent of total billed charges	
RP TC-RBC IN-VIVO	A9560	HCPCS	both			365		Wellcare	Medicaid		115.16	31.55			109.5	346.75	percent of total billed charges	
RP TC-RBC IN-VIVO	A9560	HCPCS	both			365		WellPoint	WellPoint		117.46	32.18			109.5	346.75	percent of total billed charges	
RP TC-HDP	A9561	HCPCS	both			232		Aetna	Commercial		88.16	38			24.6	220.4	percent of total billed charges	
RP TC-HDP	A9561	HCPCS	both			232		Aetna	Better Health		73.2	31.55			24.6	220.4	percent of total billed charges	
RP TC-HDP	A9561	HCPCS	both			232		Aetna	Medicare		71.46	30.8			24.6	220.4	percent of total billed charges	
RP TC-HDP	A9561	HCPCS	both			232		Americare	Americare		174	75			24.6	220.4	percent of total billed charges	
RP TC-HDP	A9561	HCPCS	both			232		Amerihealth	HMO/PPO		150.8	65			24.6	220.4	percent of total billed charges	
RP TC-HDP	A9561	HCPCS	both			232		Consumer	Consumer		220.4	95			24.6	220.4	percent of total billed charges	
RP TC-HDP	A9561	HCPCS	both			232		Corrections	Corrections		185.6	80			24.6	220.4	percent of total billed charges	
RP TC-HDP	A9561	HCPCS	both			232		First Health	First Health		162.4	70			24.6	220.4	percent of total billed charges	
RP TC-HDP	A9561	HCPCS	both			232		First Trenton	First Trenton		208.8	90			24.6	220.4	percent of total billed charges	
RP TC-HDP	A9561	HCPCS	both			232		Horizon	MGD		88.81	38.28			24.6	220.4	percent of total billed charges	
RP TC-HDP	A9561	HCPCS	both			232		Horizon	Indemnity		88.81	38.28			24.6	220.4	percent of total billed charges	
RP TC-HDP	A9561	HCPCS	both			232		Horizon	NJ Health		114.84				24.6	220.4	fee schedule	
RP TC-HDP	A9561	HCPCS	both			232		Horizon	Medicare Blue		69.6	30			24.6	220.4	percent of total billed charges	
RP TC-HDP	A9561	HCPCS	both			232		Horizon	PPO		88.81	38.28			24.6	220.4	percent of total billed charges	
RP TC-HDP	A9561	HCPCS	both			232		Managed Care Inc	Managed Care Inc		208.8	90			24.6	220.4	percent of total billed charges	
RP TC-HDP	A9561	HCPCS	both			232		Multiplan	Multiplan		185.6	80			24.6	220.4	percent of total billed charges	
RP TC-HDP	A9561	HCPCS	both			232		Qualcare	Qualcare		174	75			24.6	220.4	percent of total billed charges	
RP TC-HDP	A9561	HCPCS	both			232		Three Rivers	Three Rivers		220.4	95			24.6	220.4	percent of total billed charges	
RP TC-HDP	A9561	HCPCS	both			232		UHC	Medicaid		73.2	31.55			24.6	220.4	percent of total billed charges	
RP TC-HDP	A9561	HCPCS	both			232		Wellcare	Medicaid		73.2	31.55			24.6	220.4	percent of total billed charges	
RP TC-HDP	A9561	HCPCS	both			232		WellPoint	WellPoint		74.66	32.18			24.6	220.4	percent of total billed charges	
RP TC-MAG3	A9562	HCPCS	both			787		Aetna	Better Health		248.3	31.55			236.1	747.65	percent of total billed charges	
RP TC-MAG3	A9562	HCPCS	both			787		Aetna	Commercial		299.06	38			236.1	747.65	percent of total billed charges	
RP TC-MAG3	A9562	HCPCS	both			787		Aetna	Medicare		242.4	30.8			236.1	747.65	percent of total billed charges	
RP TC-MAG3	A9562	HCPCS	both			787		Americare	Americare		590.25	75			236.1	747.65	percent of total billed charges	
RP TC-MAG3	A9562	HCPCS	both			787		Amerihealth	HMO/PPO		511.55	65			236.1	747.65	percent of total billed charges	
RP TC-MAG3	A9562	HCPCS	both			787		Consumer	Consumer		747.65	95			236.1	747.65	percent of total billed charges	
RP TC-MAG3	A9562	HCPCS	both			787		Corrections	Corrections		629.6	80			236.1	747.65	percent of total billed charges	
RP TC-MAG3	A9562	HCPCS	both			787		First Health	First Health		550.9	70			236.1	747.65	percent of total billed charges	
RP TC-MAG3	A9562	HCPCS	both			787		First Trenton	First Trenton		708.3	90			236.1	747.65	percent of total billed charges	
RP TC-MAG3	A9562	HCPCS	both			787		Horizon	MGD		301.26	38.28			236.1	747.65	percent of total billed charges	
RP TC-MAG3	A9562	HCPCS	both			787		Horizon	Medicare Blue		236.1	30			236.1	747.65	percent of total billed charges	
RP TC-MAG3	A9562	HCPCS	both			787		Horizon	Indemnity		301.26	38.28			236.1	747.65	percent of total billed charges	
RP TC-MAG3	A9562	HCPCS	both			787		Horizon	NJ Health		357.57				236.1	747.65	fee schedule	
RP TC-MAG3	A9562	HCPCS	both			787		Horizon	PPO		301.26	38.28			236.1	747.65	percent of total billed charges	
RP TC-MAG3	A9562	HCPCS	both			787		Managed Care Inc	Managed Care Inc		708.3	90			236.1	747.65	percent of total billed charges	
RP TC-MAG3	A9562	HCPCS	both			787		Multiplan	Multiplan		629.6	80			236.1	747.65	percent of total billed charges	
RP TC-MAG3	A9562	HCPCS	both			787		Qualcare	Qualcare		590.25	75			236.1	747.65	percent of total billed charges	
RP TC-MAG3	A9562	HCPCS	both			787		Three Rivers	Three Rivers		747.65	95			236.1	747.65	percent of total billed charges	
RP TC-MAG3	A9562	HCPCS	both			787		UHC	Medicaid		248.3	31.55			236.1	747.65	percent of total billed charges	
RP TC-MAG3	A9562	HCPCS	both			787		Wellcare	Medicaid		248.3	31.55			236.1	747.65	percent of total billed charges	
RP TC-MAG3	A9562	HCPCS	both			787		WellPoint	WellPoint		253.26	32.18			236.1	747.65	percent of total billed charges	
RP TC-DTPA AEROSOL	A9567	HCPCS	both			331		Aetna	Commercial		125.78	38			57.42	314.45	percent of total billed charges	
RP TC-DTPA AEROSOL	A9567	HCPCS	both			331		Aetna	Better Health		104.43	31.55			57.42	314.45	percent of total billed charges	
RP TC-DTPA AEROSOL	A9567	HCPCS	both			331		Aetna	Medicare		101.95	30.8			57.42	314.45	percent of total billed charges	
RP TC-DTPA AEROSOL	A9567	HCPCS	both			331		Americare	Americare		248.25	75			57.42	314.45	percent of total billed charges	
RP TC-DTPA AEROSOL	A9567	HCPCS	both			331		Amerihealth	HMO/PPO		215.15	65			57.42	314.45	percent of total billed charges	
RP TC-DTPA AEROSOL	A9567	HCPCS	both			331		Consumer	Consumer		314.45	95			57.42	314.45	percent of total billed charges	
RP TC-DTPA AEROSOL	A9567	HCPCS	both			331		Corrections	Corrections		264.8	80			57.42	314.45	percent of total billed charges	
RP TC-DTPA AEROSOL	A9567	HCPCS	both			331		First Health	First Health		231.7	70			57.42	314.45	percent of total billed charges	
RP TC-DTPA AEROSOL	A9567	HCPCS	both			331		First Trenton	First Trenton		297.9	90			57.42	314.45	percent of total billed charges	
RP TC-DTPA AEROSOL	A9567	HCPCS	both			331		Horizon	Medicare Blue		99.3	30			57.42	314.45	percent of total billed charges	
RP TC-DTPA AEROSOL	A9567	HCPCS	both			331		Horizon	Indemnity		126.71	38.28			57.42	314.45	percent of total billed charges	
RP TC-DTPA AEROSOL	A9567	HCPCS	both			331		Horizon	MGD		126.71	38.28			57.42	314.45	percent of total billed charges	
RP TC-DTPA AEROSOL	A9567	HCPCS	both			331		Horizon	NJ Health		57.42				57.42	314.45	fee schedule	
RP TC-DTPA AEROSOL	A9567	HCPCS	both			331		Horizon	PPO		126.71	38.28			57.42	314.45	percent of total billed charges	
RP TC-DTPA AEROSOL	A9567	HCPCS	both			331		Managed Care Inc	Managed Care Inc		297.9	90			57.42	314.45	percent of total billed charges	
RP TC-DTPA AEROSOL	A9567	HCPCS	both			331		Multiplan	Multiplan		264.8	80			57.42	314.45	percent of total billed charges	
RP TC-DTPA AEROSOL	A9567	HCPCS	both			331		Qualcare	Qualcare		248.25	75			57.42	314.45	percent of total billed charges	
RP TC-DTPA AEROSOL	A9567	HCPCS	both			331		Three Rivers	Three Rivers		314.45	95			57.42	314.45	percent of total billed charges	
RP TC-DTPA AEROSOL	A9567	HCPCS	both			331		UHC	Medicaid		104.43	31.55			57.42	314.45	percent of total billed charges	
RP TC-DTPA AEROSOL	A9567	HCPCS	both			331		Wellcare	Medicaid		104.43	31.55			57.42	314.45	percent of total billed charges	
RP TC-DTPA AEROSOL	A9567	HCPCS	both			331		WellPoint	WellPoint		106.52	32.18			57.42	314.45	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.																	
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true																
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
RP TC-WBC	A9569	HCPCS	outpatient			4450		Aetna	Commercial		1691	38			1335	4227.5	percent of total billed charges	
RP TC-WBC	A9569	HCPCS	outpatient			4450		Aetna	Medicare		1370.6	30.8			1335	4227.5	percent of total billed charges	
RP TC-WBC	A9569	HCPCS	outpatient			4450		Aetna	Better Health		1403.98	31.55			1335	4227.5	percent of total billed charges	
RP TC-WBC	A9569	HCPCS	outpatient			4450		Americare	Americare		3337.5	75			1335	4227.5	percent of total billed charges	
RP TC-WBC	A9569	HCPCS	outpatient			4450		Amerihealth	HMO/PPO		1485.09				1335	4227.5	fee schedule	
RP TC-WBC	A9569	HCPCS	outpatient			4450		Consumer	Consumer		4227.5	95			1335	4227.5	percent of total billed charges	
RP TC-WBC	A9569	HCPCS	outpatient			4450		Corrections	Corrections		3560	80			1335	4227.5	percent of total billed charges	
RP TC-WBC	A9569	HCPCS	outpatient			4450		First Health	First Health		3115	70			1335	4227.5	percent of total billed charges	
RP TC-WBC	A9569	HCPCS	outpatient			4450		First Trenton	First Trenton		4005	90			1335	4227.5	percent of total billed charges	
RP TC-WBC	A9569	HCPCS	outpatient			4450		Horizon	MGD		1703.46	38.28			1335	4227.5	percent of total billed charges	
RP TC-WBC	A9569	HCPCS	outpatient			4450		Horizon	Indemnity		1703.46	38.28			1335	4227.5	percent of total billed charges	
RP TC-WBC	A9569	HCPCS	outpatient			4450		Horizon	PPO		1703.46	38.28			1335	4227.5	percent of total billed charges	
RP TC-WBC	A9569	HCPCS	outpatient			4450		Horizon	Medicare Blue		1335	30			1335	4227.5	percent of total billed charges	
RP TC-WBC	A9569	HCPCS	outpatient			4450		Managed Care Inc	Managed Care Inc		4005	90			1335	4227.5	percent of total billed charges	
RP TC-WBC	A9569	HCPCS	outpatient			4450		Multiplan	Multiplan		3560	80			1335	4227.5	percent of total billed charges	
RP TC-WBC	A9569	HCPCS	outpatient			4450		Qualcare	Qualcare		3337.5	75			1335	4227.5	percent of total billed charges	
RP TC-WBC	A9569	HCPCS	outpatient			4450		Three Rivers	Three Rivers		4227.5	95			1335	4227.5	percent of total billed charges	
RP TC-WBC	A9569	HCPCS	outpatient			4450		UHC	Medicaid		1403.98	31.55			1335	4227.5	percent of total billed charges	
RP TC-WBC	A9569	HCPCS	outpatient			4450		Wellcare	Medicaid		1403.98	31.55			1335	4227.5	percent of total billed charges	
RP TC-WBC	A9569	HCPCS	outpatient			4450		WellPoint	WellPoint		1432.01	32.18			1335	4227.5	percent of total billed charges	
RP WBC IN-111	A9570	HCPCS	both			5802		Aetna	Commercial		2204.76	38			1740.6	5511.9	percent of total billed charges	
RP WBC IN-111	A9570	HCPCS	both			5802		Aetna	Better Health		1830.53	31.55			1740.6	5511.9	percent of total billed charges	
RP WBC IN-111	A9570	HCPCS	both			5802		Aetna	Medicare		1797.02	30.8			1740.6	5511.9	percent of total billed charges	
RP WBC IN-111	A9570	HCPCS	both			5802		Americare	Americare		4351.5	75			1740.6	5511.9	percent of total billed charges	
RP WBC IN-111	A9570	HCPCS	both			5802		Amerihealth	HMO/PPO		3647.78				1740.6	5511.9	fee schedule	
RP WBC IN-111	A9570	HCPCS	both			5802		Consumer	Consumer		5511.9	95			1740.6	5511.9	percent of total billed charges	
RP WBC IN-111	A9570	HCPCS	both			5802		Corrections	Corrections		4641.6	80			1740.6	5511.9	percent of total billed charges	
RP WBC IN-111	A9570	HCPCS	both			5802		First Health	First Health		4061.4	70			1740.6	5511.9	percent of total billed charges	
RP WBC IN-111	A9570	HCPCS	both			5802		First Trenton	First Trenton		5221.8	90			1740.6	5511.9	percent of total billed charges	
RP WBC IN-111	A9570	HCPCS	both			5802		Horizon	Medicare Blue		1740.6	30			1740.6	5511.9	percent of total billed charges	
RP WBC IN-111	A9570	HCPCS	both			5802		Horizon	Indemnity		2221.01	38.28			1740.6	5511.9	percent of total billed charges	
RP WBC IN-111	A9570	HCPCS	both			5802		Horizon	MGD		2221.01	38.28			1740.6	5511.9	percent of total billed charges	
RP WBC IN-111	A9570	HCPCS	both			5802		Horizon	PPO		2221.01	38.28			1740.6	5511.9	percent of total billed charges	
RP WBC IN-111	A9570	HCPCS	both			5802		Managed Care Inc	Managed Care Inc		5221.8	90			1740.6	5511.9	percent of total billed charges	
RP WBC IN-111	A9570	HCPCS	both			5802		Multiplan	Multiplan		4641.6	80			1740.6	5511.9	percent of total billed charges	
RP WBC IN-111	A9570	HCPCS	both			5802		Qualcare	Qualcare		4351.5	75			1740.6	5511.9	percent of total billed charges	
RP WBC IN-111	A9570	HCPCS	both			5802		Three Rivers	Three Rivers		5511.9	95			1740.6	5511.9	percent of total billed charges	
RP WBC IN-111	A9570	HCPCS	both			5802		UHC	Medicaid		1830.53	31.55			1740.6	5511.9	percent of total billed charges	
RP WBC IN-111	A9570	HCPCS	both			5802		Wellcare	Medicaid		1830.53	31.55			1740.6	5511.9	percent of total billed charges	
RP WBC IN-111	A9570	HCPCS	both			5802		WellPoint	WellPoint		1867.08	32.18			1740.6	5511.9	percent of total billed charges	
RP OCTEOTIDE	A9572	HCPCS	outpatient			9397		Aetna	Medicare		2894.28	30.8			2819.1	8927.15	percent of total billed charges	
RP OCTEOTIDE	A9572	HCPCS	outpatient			9397		Aetna	Better Health		2964.75	31.55			2819.1	8927.15	percent of total billed charges	
RP OCTEOTIDE	A9572	HCPCS	outpatient			9397		Aetna	Commercial		3570.86	38			2819.1	8927.15	percent of total billed charges	
RP OCTEOTIDE	A9572	HCPCS	outpatient			9397		Americare	Americare		7047.75	75			2819.1	8927.15	percent of total billed charges	
RP OCTEOTIDE	A9572	HCPCS	outpatient			9397		Amerihealth	HMO/PPO		5789.52				2819.1	8927.15	fee schedule	
RP OCTEOTIDE	A9572	HCPCS	outpatient			9397		Consumer	Consumer		8927.15	95			2819.1	8927.15	percent of total billed charges	
RP OCTEOTIDE	A9572	HCPCS	outpatient			9397		Corrections	Corrections		7517.6	80			2819.1	8927.15	percent of total billed charges	
RP OCTEOTIDE	A9572	HCPCS	outpatient			9397		First Health	First Health		6577.9	70			2819.1	8927.15	percent of total billed charges	
RP OCTEOTIDE	A9572	HCPCS	outpatient			9397		First Trenton	First Trenton		8457.3	90			2819.1	8927.15	percent of total billed charges	
RP OCTEOTIDE	A9572	HCPCS	outpatient			9397		Horizon	Medicare Blue		2819.1	30			2819.1	8927.15	percent of total billed charges	
RP OCTEOTIDE	A9572	HCPCS	outpatient			9397		Horizon	Indemnity		3597.17	38.28			2819.1	8927.15	percent of total billed charges	
RP OCTEOTIDE	A9572	HCPCS	outpatient			9397		Horizon	MGD		3597.17	38.28			2819.1	8927.15	percent of total billed charges	
RP OCTEOTIDE	A9572	HCPCS	outpatient			9397		Horizon	PPO		3597.17	38.28			2819.1	8927.15	percent of total billed charges	
RP OCTEOTIDE	A9572	HCPCS	outpatient			9397		Managed Care Inc	Managed Care Inc		8457.3	90			2819.1	8927.15	percent of total billed charges	
RP OCTEOTIDE	A9572	HCPCS	outpatient			9397		Multiplan	Multiplan		7517.6	80			2819.1	8927.15	percent of total billed charges	
RP OCTEOTIDE	A9572	HCPCS	outpatient			9397		Qualcare	Qualcare		7047.75	75			2819.1	8927.15	percent of total billed charges	
RP OCTEOTIDE	A9572	HCPCS	outpatient			9397		Three Rivers	Three Rivers		8927.15	95			2819.1	8927.15	percent of total billed charges	
RP OCTEOTIDE	A9572	HCPCS	outpatient			9397		UHC	Medicaid		2964.75	31.55			2819.1	8927.15	percent of total billed charges	
RP OCTEOTIDE	A9572	HCPCS	outpatient			9397		Wellcare	Medicaid		2964.75	31.55			2819.1	8927.15	percent of total billed charges	
RP OCTEOTIDE	A9572	HCPCS	outpatient			9397		WellPoint	WellPoint		3023.95	32.18			2819.1	8927.15	percent of total billed charges	
GAD INJECTION, PROHANCE (PER M	A9576	HCPCS	both					1.75 Aetna	Medicare		1.53				1.53	7.41	fee schedule	
GAD INJECTION, PROHANCE (PER M	A9576	HCPCS	both					1.75 Amerihealth	Medicare		1.53				1.53	7.41	fee schedule	
GAD INJECTION, PROHANCE (PER M	A9576	HCPCS	both					1.75 Horizon	NJ Health		7.41				1.53	7.41	fee schedule	
GAD INJECTION, PROHANCE (PER M	A9576	HCPCS	both					1.75 UHC	Medicare		1.53				1.53	7.41	fee schedule	
GAD INJECTION, PROHANCE (PER M	A9576	HCPCS	both					1.75 Wellcare	Medicare		1.53				1.53	7.41	fee schedule	
GADOTERIDOL 1ML INJ	A9579	HCPCS	outpatient			29.5		1.75 Aetna	Better Health		9.31	31.55			1.52	28.03	percent of total billed charges	
GADOTERIDOL 1ML INJ	A9579	HCPCS	outpatient			29.5		1.75 Aetna	Medicare		1.52				1.52	28.03	fee schedule	
GADOTERIDOL 1ML INJ	A9579	HCPCS	outpatient			29.5		1.75 Aetna	Commercial		11.21	38			1.52	28.03	percent of total billed charges	
GADOTERIDOL 1ML INJ	A9579	HCPCS	outpatient			29.5		1.75 Americare	Americare		22.13	75			1.52	28.03	percent of total billed charges	
GADOTERIDOL 1ML INJ	A9579	HCPCS	outpatient			29.5		1.75 Amerihealth	Medicare		1.52				1.52	28.03	fee schedule	
GADOTERIDOL 1ML INJ	A9579	HCPCS	outpatient			29.5		1.75 Amerihealth	HMO/PPO		19.18	65			1.52	28.03	percent of total billed charges	
GADOTERIDOL 1ML INJ	A9579	HCPCS	outpatient			29.5		1.75 Consumer	Consumer		28.03	95			1.52	28.03	percent of total billed charges	
GADOTERIDOL 1ML INJ	A9579	HCPCS	outpatient			29.5		1.75 Corrections	Corrections		23.6	80			1.52	28.03	percent of total billed charges	
GADOTERIDOL 1ML INJ	A9579	HCPCS	outpatient			29.5		1.75 First Health	First Health		20.65	70			1.52	28.03	percent of total billed charges	
GADOTERIDOL 1ML INJ	A9579	HCPCS	outpatient			29.5		1.75 First Trenton	First Trenton		26.55	90			1.52	28.03	percent of total billed charges	
GADOTERIDOL 1ML INJ	A9579	HCPCS	outpatient			29.5		1.75 Horizon	Medicare Blue		8.85	30			1.52	28.03	percent of total billed charges	
GADOTERIDOL 1ML INJ	A9579	HCPCS	outpatient			29.5		1.75 Horizon	Indemnity		11.29	38.28			1.52	28.03	percent of total billed charges	
GADOTERIDOL 1ML INJ	A9579	HCPCS	outpatient			29.5		1.75 Horizon	MGD		11.29	38.28			1.52	28.03	percent of total billed charges	
GADOTERIDOL 1ML INJ	A9579	HCPCS	outpatient			29.5		1.75 Horizon	PPO		11.29	38.28			1.52	28.03	percent of total billed charges	
GADOTERIDOL 1ML INJ	A9579	HCPCS	outpatient			29.5		1.75 Horizon	NJ Health		5.48				1.52	28.03	fee schedule	
GADOTERIDOL 1ML INJ	A9579	HCPCS	outpatient			29.5		1.75 Managed Care Inc	Managed Care Inc		26.55	90			1.52	28.03	percent of total billed charges	
GADOTERIDOL 1ML INJ	A9579	HCPCS	outpatient			29.5		1.75 Multiplan	Multiplan		23.6	80			1.52	28.03	percent of total billed charges	
GADOTERIDOL 1ML INJ	A9579	HCPCS	outpatient			29.5		1.75 Qualcare	Qualcare		22.13	75			1.52	28.03	percent of total billed charges	
GADOTERIDOL 1ML INJ	A9579	HCPCS	outpatient			29.5		1.75 Three Rivers	Three Rivers		28.03	95			1.52	28.03	percent of total billed charges	
GADOTERIDOL 1ML INJ	A9579	HCPCS	outpatient			29.5		1.75 UHC	Medicare		1.52				1.52	28.03	fee schedule	
GADOTERIDOL 1ML INJ	A9579	HCPCS	outpatient			29.5		1.75 UHC	Medicaid		9.31	31.55			1.52	28.03	percent of total billed charges	
GADOTERIDOL 1ML INJ	A9579	HCPCS	outpatient			29.5		1.75 Wellcare	Medicare		1.52				1.52	28.03	fee schedule	
GADOTERIDOL 1ML INJ	A9579	HCPCS	outpatient			29.5		1.75 Wellcare	Medicaid		9.31	31.55			1.52	28.03	percent of total billed charges	
GADOTERIDOL 1ML INJ	A9579	HCPCS	outpatient			29.5		1.75 WellPoint	WellPoint		9.49	32.18			1.52	28.03	percent of total billed charges	
RP SODIUM FLUOR F-18 <30MCI)	A9580	HCPCS	outpatient			5127		Aetna	Commercial		1948.26	38			1538.1	4870.65	percent of total billed charges	
RP SODIUM FLUOR F-18 <30MCI)	A9580	HCPCS	outpatient			5127		Aetna	Better Health		1617.57	31.55			1538.1	4870.65	percent of total billed charges	
RP SODIUM FLUOR F-18 <30MCI)	A9580	HCPCS	outpatient			5127		Aetna	Medicare		1579.12	30.8			1538.1	4870.65	percent of total billed charges	
RP SODIUM FLUOR F-18 <30MCI)	A9580	HCPCS	outpatient			5127		Americare	Americare		3845.25	75			1538.1	4870.65	percent of total billed charges	
RP SODIUM FLUOR F-18 <30MCI)	A9580	HCPCS	outpatient			5127		Amerihealth	HMO/PPO		3332.55	65			1538.1	4870.65	percent of total billed charges	
RP SODIUM FLUOR F-18 <30MCI)	A9580	HCPCS	outpatient			5127		Consumer	Consumer		4870.65	95			1538.1	4870.65	percent of total billed charges	
RP SODIUM FLUOR F-18 <30MCI)	A9580	HCPCS	outpatient			5127		Corrections	Corrections		4101.6	80			1538.1	4870.65	percent of total billed charges	
RP SODIUM FLUOR F-18 <30MCI)	A9580	HCPCS	outpatient			5127		First Health	First Health		3588.9	70			1538.1	4870.65	percent of total billed charges	
RP SODIUM FLUOR F-18 <30MCI)	A9580	HCPCS	outpatient			5127		First Trenton	First Trenton		4614.3	90			1538.1	4870.65	percent of total billed charges	
RP SODIUM FLUOR F-18 <30MCI)	A9580	HCPCS	outpatient			5127		Horizon	Medicare Blue		1538.1	30			1538.1	4870.65	percent of total billed charges	
RP SODIUM FLUOR F-18 <30MCI)	A9580	HCPCS	outpatient			5127		Horizon	Indemnity		1962.62	38.28			1538.1	4870.65	percent of total billed charges	
RP SODIUM FLUOR F-18 <30MCI)	A9580	HCPCS	outpatient			5127		Horizon	MGD		1962.62	38.28			1538.1	4870.65	percent of total billed charges	
RP SODIUM FLUOR F-18 <30MCI)	A9580	HCPCS	outpatient			5127		Horizon	PPO		1962.62	38.28			1538.1	4870.65	percent of total billed charges	
RP SODIUM FLUOR F-18 <30MCI)	A9580	HCPCS	outpatient			5127		Managed Care Inc	Managed Care Inc		4614.3	90			1538.1	4870.65	percent of total billed charges	
RP SODIUM FLUOR F-18 <30MCI)	A9580	HCPCS	outpatient			5127		Multiplan	Multiplan		4101.6	80			1538.1	4870.65	percent of total billed charges	
RP SODIUM FLUOR F-18 <30MCI)	A9580	HCPCS	outpatient			5127		Qualcare	Qualcare		3845.25	75			1538.1	4870.65	percent of total billed charges	
RP SODIUM FLUOR F-18 <30MCI)	A9580	HCPCS	outpatient			5127		Three Rivers	Three Rivers		4870.65	95			1538.1	4870.65	percent of total billed charges	
RP SODIUM FLUOR F-18 <30MCI)	A9580	HCPCS	outpatient			5127		UHC	Medicaid		1617.57	31.55			1538.1	4870.65	percent of total billed charges	
RP SODIUM FLUOR F-18 <30MCI)	A9580	HCPCS	outpatient			5127		Wellcare	Medicaid		1617.57	31.55			1538.1	4870.65	percent of total billed charges	
RP SODIUM FLUOR F-18 <30MCI)	A9580	HCPCS	outpatient			5127		WellPoint	WellPoint		1649.87	32.18			1538.1	4870.65	percent of total billed charges	
EOVIST	A9581	HCPCS	outpatient			82		16.95 Aetna	Better Health		25.87	31.55			14.74	77.9	percent of total billed charges	
EOVIST	A9581	HCPCS	outpatient			82		16.95 Aetna	Commercial		31.16	38			14.74	77.9	percent of total billed charges	
GAD INJECTION, EOVIST 1 ML	A9581	HCPCS	outpatient			82		16.95 Aetna	Medicare		14.74				14.74	77.9	fee schedule	
EOVIST	A9581	HCPCS	outpatient			82		16.95 Americare	Americare		61.5	75			14.74	77.9	percent of total billed charges	
GAD INJECTION, EOVIST 1 ML	A9581	HCPCS	outpatient			82		16.95 Amerihealth	Medicare		14.74				14.74	77.9	fee schedule	
EOVIST	A9581	HCPCS	outpatient			82		16.95 Amerihealth	HMO/PPO		53.3	65			14.74	77.9	percent of total billed charges	
EOVIST	A9581	HCPCS	outpatient			82		16.95 Consumer	Consumer		77.9	95			14.74	77.9	percent of total billed charges	
EOVIST	A9581	HCPCS	outpatient			82		16.95 Corrections	Corrections		65.6	80			14.74	77.9	percent of total billed charges	
EOVIST	A9581	HCPCS	outpatient			82		16.95 First Health	First Health		57.4	70			14.74	77.9	percent of total billed charges	
EOVIST	A9581	HCPCS	outpatient			82		16.95 First Trenton	First Trenton		73.8	90			14.74	77.9	percent of total billed charges	
EOVIST	A9581	HCPCS	outpatient			82		16.95 Horizon	Medicare Blue		24.6	30			14.74	77.9	percent of total billed charges	
EOVIST	A9581	HCPCS	outpatient			82		16.95 Horizon	Indemnity		31.39	38.28			14.74	77.9	percent of total billed charges	
EOVIST	A9581	HCPCS	outpatient			82		16.95 Horizon	MGD		31.39	38.28			14.74	77.9	percent of total billed charges	
EOVIST	A9581	HCPCS	outpatient			82		16.95 Horizon	PPO		31.39	38.28			14.74	77.9	percent of total billed charges	
EOVIST	A9581	HCPCS	outpatient			82		16.95 Managed Care Inc	Managed Care Inc		73.8	90			14.74	77.9	percent of total billed charges	
EOVIST	A9581	HCPCS	outpatient			82		16.95 Multiplan	Multiplan		65.6	80			14.74	77.9	percent of total billed charges	
EOVIST	A9581	HCPCS	outpatient			82		16.95 Qualcare	Qualcare		61.5	75			14.74	77.9	percent of total billed charges	
EOVIST	A9581	HCPCS	outpatient			82		16.95 Three Rivers	Three Rivers		77.9	95			14.74	77.9	percent of total billed charges	
GAD INJECTION, EOVIST 1 ML	A9581	HCPCS	outpatient			82		16.95 UHC	Medicare		14.74				14.74	77.9	fee schedule	
EOVIST	A9581	HCPCS	outpatient			82		16.95 UHC	Medicaid		25.87	31.55			14.74	77.9	percent of total billed charges	
GAD INJECTION, EOVIST 1 ML	A9581	HCPCS	outpatient			82		16.95 Wellcare	Medicare		14.74				14.74	77.9	fee schedule	
EOVIST	A9581	HCPCS	outpatient			82		16.95 Wellcare	Medicaid		25.87	31.55			14.74	77.9	percent of total billed charges	
EOVIST	A9581	HCPCS	outpatient			82		16.95 WellPoint	WellPoint		26.39	32.18			14.74	77.9	percent of total billed charges	
RP I-123 MIBG	A9582	HCPCS	outpatient			16421		Aetna	Better Health		5180.83	31.55			4926.3	15599.95	percent of total billed charges	
RP I-123 MIBG	A9582	HCPCS	outpatient			16421		Aetna	Commercial		6239.98	38			4926.3	15599.95	percent of total billed charges	
RP I-123 MIBG	A9582	HCPCS	outpatient			16421		Aetna	Medicare		5057.67	30.8			4926.3	15599.95	percent of total billed charges	
RP I-123 MIBG	A9582	HCPCS	outpatient			16421		Americare	Americare		12315.75	75			4926.3	15599.95	percent of total billed charges	
RP I-123 MIBG	A9582	HCPCS	outpatient			16421		Amerihealth	HMO/PPO		6022.26				4926.3	15599.95	fee schedule	
RP I-123 MIBG	A9582	HCPCS	outpatient			16421		Consumer	Consumer		15599.95	95			4926.3	15599.95	percent of total billed charges	
RP I-123 MIBG	A9582	HCPCS	outpatient			16421		Corrections	Corrections		13136.8	80			4926.3	15599.95	percent of total billed charges	
RP I-123 MIBG	A9582	HCPCS	outpatient			16421		First Health	First Health		11494.7	70			4926.3	15599.95	percent of total billed charges	
RP I-123 MIBG	A9582	HCPCS	outpatient			16421		First Trenton	First Trenton		14778.9	90			4926.3	15599.95	percent of total billed charges	
RP I-123 MIBG	A9582	HCPCS	outpatient			16421		Horizon	Medicare Blue		4926.3	30			4926.3	15599.95	percent of total billed charges	
RP I-123 MIBG	A9582	HCPCS	outpatient			16421		Horizon	MGD		6285.96	38.28			4926.3	15599.95	percent of total billed charges	
RP I-123 MIBG	A9582	HCPCS	outpatient			16421		Horizon	Indemnity		6285.96	38.28			4926.3	15599.95	percent of total billed charges	
RP I-123 MIBG	A9582	HCPCS	outpatient			16421		Horizon	PPO		6285.96	38.28			4926.3	15599.95	percent of total billed charges	
RP I-123 MIBG	A9582	HCPCS	outpatient			16421		Managed Care Inc	Managed Care Inc		14778.9	90			4926.3	15599.95	percent of total billed charges	
RP I-123 MIBG	A9582	HCPCS	outpatient			16421		Multiplan	Multiplan		13136.8	80			4926.3	15599.95	percent of total billed charges	
RP I-123 MIBG	A9582	HCPCS	outpatient			16421		Qualcare	Qualcare		12315.75	75			4926.3	15599.95	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.															
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true														
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
RP I-123 MIBG	A9582	HCPCS	outpatient			16421		Three Rivers	Three Rivers		15599.95	95			4926.3	15599.95	percent of total billed charges	
RP I-123 MIBG	A9582	HCPCS	outpatient			16421		UHC	Medicaid		5180.83	31.55			4926.3	15599.95	percent of total billed charges	
RP I-123 MIBG	A9582	HCPCS	outpatient			16421		Wellcare	Medicaid		5180.83	31.55			4926.3	15599.95	percent of total billed charges	
RP I-123 MIBG	A9582	HCPCS	outpatient			16421		WellPoint	WellPoint		5284.28	32.18			4926.3	15599.95	percent of total billed charges	
DIAG 123 LODINE LOFLUPANE<=5.00MCI	A9584	HCPCS	outpatient			16421		Aetna	Commercial		6239.98	38			2302.14	15599.95	percent of total billed charges	
DIAG 123 LODINE LOFLUPANE<=5.00MCI	A9584	HCPCS	outpatient			16421		Aetna	Better Health		5180.83	31.55			2302.14	15599.95	percent of total billed charges	
DIAG 123 LODINE LOFLUPANE<=5.00MCI	A9584	HCPCS	outpatient			16421		Aetna	Medicare		5057.67	30.8			2302.14	15599.95	percent of total billed charges	
DIAG 123 LODINE LOFLUPANE<=5.00MCI	A9584	HCPCS	outpatient			16421		Americare	Americare		12315.75	75			2302.14	15599.95	percent of total billed charges	
DIAG 123 LODINE LOFLUPANE<=5.00MCI	A9584	HCPCS	outpatient			16421		Amerihealth	HMO/PPO		2302.14				2302.14	15599.95	fee schedule	
DIAG 123 LODINE LOFLUPANE<=5.00MCI	A9584	HCPCS	outpatient			16421		Consumer	Consumer		15599.95	95			2302.14	15599.95	percent of total billed charges	
DIAG 123 LODINE LOFLUPANE<=5.00MCI	A9584	HCPCS	outpatient			16421		Corrections	Corrections		13136.8	80			2302.14	15599.95	percent of total billed charges	
DIAG 123 LODINE LOFLUPANE<=5.00MCI	A9584	HCPCS	outpatient			16421		First Health	First Health		11494.7	70			2302.14	15599.95	percent of total billed charges	
DIAG 123 LODINE LOFLUPANE<=5.00MCI	A9584	HCPCS	outpatient			16421		First Trenton	First Trenton		14778.9	90			2302.14	15599.95	percent of total billed charges	
DIAG 123 LODINE LOFLUPANE<=5.00MCI	A9584	HCPCS	outpatient			16421		Horizon	Medicare Blue		4926.3	30			2302.14	15599.95	percent of total billed charges	
DIAG 123 LODINE LOFLUPANE<=5.00MCI	A9584	HCPCS	outpatient			16421		Horizon	Indemnity		6285.96	38.28			2302.14	15599.95	percent of total billed charges	
DIAG 123 LODINE LOFLUPANE<=5.00MCI	A9584	HCPCS	outpatient			16421		Horizon	MGD		6285.96	38.28			2302.14	15599.95	percent of total billed charges	
DIAG 123 LODINE LOFLUPANE<=5.00MCI	A9584	HCPCS	outpatient			16421		Horizon	PPO		6285.96	38.28			2302.14	15599.95	percent of total billed charges	
DIAG 123 LODINE LOFLUPANE<=5.00MCI	A9584	HCPCS	outpatient			16421		Managed Care Inc	Managed Care Inc		14778.9	90			2302.14	15599.95	percent of total billed charges	
DIAG 123 LODINE LOFLUPANE<=5.00MCI	A9584	HCPCS	outpatient			16421		Multiplan	Multiplan		13136.8	80			2302.14	15599.95	percent of total billed charges	
DIAG 123 LODINE LOFLUPANE<=5.00MCI	A9584	HCPCS	outpatient			16421		Qualcare	Qualcare		12315.75	75			2302.14	15599.95	percent of total billed charges	
DIAG 123 LODINE LOFLUPANE<=5.00MCI	A9584	HCPCS	outpatient			16421		Three Rivers	Three Rivers		15599.95	95			2302.14	15599.95	percent of total billed charges	
DIAG 123 LODINE LOFLUPANE<=5.00MCI	A9584	HCPCS	outpatient			16421		UHC	Medicaid		5180.83	31.55			2302.14	15599.95	percent of total billed charges	
DIAG 123 LODINE LOFLUPANE<=5.00MCI	A9584	HCPCS	outpatient			16421		Wellcare	Medicaid		5180.83	31.55			2302.14	15599.95	percent of total billed charges	
DIAG 123 LODINE LOFLUPANE<=5.00MCI	A9584	HCPCS	outpatient			16421		WellPoint	WellPoint		5284.28	32.18			2302.14	15599.95	percent of total billed charges	
RP FLORBETAPIR F 18, UP TO 10 MC PER D	A9586	HCPCS	outpatient			8353		Aetna	Better Health		2635.37	31.55			2505.9	7935.35	percent of total billed charges	
RP FLORBETAPIR F 18, UP TO 10 MC PER D	A9586	HCPCS	outpatient			8353		Aetna	Medicare		2572.72	30.8			2505.9	7935.35	percent of total billed charges	
RP FLORBETAPIR F 18, UP TO 10 MC PER D	A9586	HCPCS	outpatient			8353		Aetna	Commercial		3174.14	38			2505.9	7935.35	percent of total billed charges	
RP FLORBETAPIR F 18, UP TO 10 MC PER D	A9586	HCPCS	outpatient			8353		Americare	Americare		6264.75	75			2505.9	7935.35	percent of total billed charges	
RP FLORBETAPIR F 18, UP TO 10 MC PER D	A9586	HCPCS	outpatient			8353		Amerihealth	HMO/PPO		5429.45	65			2505.9	7935.35	percent of total billed charges	
RP FLORBETAPIR F 18, UP TO 10 MC PER D	A9586	HCPCS	outpatient			8353		Consumer	Consumer		7935.35	95			2505.9	7935.35	percent of total billed charges	
RP FLORBETAPIR F 18, UP TO 10 MC PER D	A9586	HCPCS	outpatient			8353		Corrections	Corrections		6682.4	80			2505.9	7935.35	percent of total billed charges	
RP FLORBETAPIR F 18, UP TO 10 MC PER D	A9586	HCPCS	outpatient			8353		First Health	First Health		5847.1	70			2505.9	7935.35	percent of total billed charges	
RP FLORBETAPIR F 18, UP TO 10 MC PER D	A9586	HCPCS	outpatient			8353		First Trenton	First Trenton		7517.7	90			2505.9	7935.35	percent of total billed charges	
RP FLORBETAPIR F 18, UP TO 10 MC PER D	A9586	HCPCS	outpatient			8353		Horizon	Medicare Blue		2505.9	30			2505.9	7935.35	percent of total billed charges	
RP FLORBETAPIR F 18, UP TO 10 MC PER D	A9586	HCPCS	outpatient			8353		Horizon	Indemnity		3197.53	38.28			2505.9	7935.35	percent of total billed charges	
RP FLORBETAPIR F 18, UP TO 10 MC PER D	A9586	HCPCS	outpatient			8353		Horizon	MGD		3197.53	38.28			2505.9	7935.35	percent of total billed charges	
RP FLORBETAPIR F 18, UP TO 10 MC PER D	A9586	HCPCS	outpatient			8353		Horizon	NJ Health		4259.52				2505.9	7935.35	fee schedule	
RP FLORBETAPIR F 18, UP TO 10 MC PER D	A9586	HCPCS	outpatient			8353		Horizon	PPO		3197.53	38.28			2505.9	7935.35	percent of total billed charges	
RP FLORBETAPIR F 18, UP TO 10 MC PER D	A9586	HCPCS	outpatient			8353		Managed Care Inc	Managed Care Inc		7517.7	90			2505.9	7935.35	percent of total billed charges	
RP FLORBETAPIR F 18, UP TO 10 MC PER D	A9586	HCPCS	outpatient			8353		Multiplan	Multiplan		6682.4	80			2505.9	7935.35	percent of total billed charges	
RP FLORBETAPIR F 18, UP TO 10 MC PER D	A9586	HCPCS	outpatient			8353		Qualcare	Qualcare		6264.75	75			2505.9	7935.35	percent of total billed charges	
RP FLORBETAPIR F 18, UP TO 10 MC PER D	A9586	HCPCS	outpatient			8353		Three Rivers	Three Rivers		7935.35	95			2505.9	7935.35	percent of total billed charges	
RP FLORBETAPIR F 18, UP TO 10 MC PER D	A9586	HCPCS	outpatient			8353		UHC	Medicaid		2635.37	31.55			2505.9	7935.35	percent of total billed charges	
RP FLORBETAPIR F 18, UP TO 10 MC PER D	A9586	HCPCS	outpatient			8353		Wellcare	Medicaid		2635.37	31.55			2505.9	7935.35	percent of total billed charges	
RP FLORBETAPIR F 18, UP TO 10 MC PER D	A9586	HCPCS	outpatient			8353		WellPoint	WellPoint		2688	32.18			2505.9	7935.35	percent of total billed charges	
GALLIUM 68 DOTATATE PER 0.1 MCI	A9587	HCPCS	outpatient			12056		Aetna	Better Health		3803.67	31.55			3616.8	11453.2	percent of total billed charges	
GALLIUM 68 DOTATATE PER 0.1 MCI	A9587	HCPCS	outpatient			12056		Aetna	Commercial		4581.28	38			3616.8	11453.2	percent of total billed charges	
GALLIUM 68 DOTATATE PER 0.1 MCI	A9587	HCPCS	outpatient			12056		Aetna	Medicare		3713.25	30.8			3616.8	11453.2	percent of total billed charges	
GALLIUM 68 DOTATATE PER 0.1 MCI	A9587	HCPCS	outpatient			12056		Americare	Americare		9042	75			3616.8	11453.2	percent of total billed charges	
GALLIUM 68 DOTATATE PER 0.1 MCI	A9587	HCPCS	outpatient			12056		Amerihealth	HMO/PPO		7836.4	65			3616.8	11453.2	percent of total billed charges	
GALLIUM 68 DOTATATE PER 0.1 MCI	A9587	HCPCS	outpatient			12056		Consumer	Consumer		11453.2	95			3616.8	11453.2	percent of total billed charges	
GALLIUM 68 DOTATATE PER 0.1 MCI	A9587	HCPCS	outpatient			12056		Corrections	Corrections		9644.8	80			3616.8	11453.2	percent of total billed charges	
GALLIUM 68 DOTATATE PER 0.1 MCI	A9587	HCPCS	outpatient			12056		First Health	First Health		8439.2	70			3616.8	11453.2	percent of total billed charges	
GALLIUM 68 DOTATATE PER 0.1 MCI	A9587	HCPCS	outpatient			12056		First Trenton	First Trenton		10850.4	90			3616.8	11453.2	percent of total billed charges	
GALLIUM 68 DOTATATE PER 0.1 MCI	A9587	HCPCS	outpatient			12056		Horizon	MGD		4615.04	38.28			3616.8	11453.2	percent of total billed charges	
GALLIUM 68 DOTATATE PER 0.1 MCI	A9587	HCPCS	outpatient			12056		Horizon	Indemnity		4615.04	38.28			3616.8	11453.2	percent of total billed charges	
GALLIUM 68 DOTATATE PER 0.1 MCI	A9587	HCPCS	outpatient			12056		Horizon	PPO		4615.04	38.28			3616.8	11453.2	percent of total billed charges	
GALLIUM 68 DOTATATE PER 0.1 MCI	A9587	HCPCS	outpatient			12056		Horizon	Medicare Blue		3616.8	30			3616.8	11453.2	percent of total billed charges	
GALLIUM 68 DOTATATE PER 0.1 MCI	A9587	HCPCS	outpatient			12056		Managed Care Inc	Managed Care Inc		10850.4	90			3616.8	11453.2	percent of total billed charges	
GALLIUM 68 DOTATATE PER 0.1 MCI	A9587	HCPCS	outpatient			12056		Multiplan	Multiplan		9644.8	80			3616.8	11453.2	percent of total billed charges	
GALLIUM 68 DOTATATE PER 0.1 MCI	A9587	HCPCS	outpatient			12056		Qualcare	Qualcare		9042	75			3616.8	11453.2	percent of total billed charges	
GALLIUM 68 DOTATATE PER 0.1 MCI	A9587	HCPCS	outpatient			12056		Three Rivers	Three Rivers		11453.2	95			3616.8	11453.2	percent of total billed charges	
GALLIUM 68 DOTATATE PER 0.1 MCI	A9587	HCPCS	outpatient			12056		UHC	Medicaid		3803.67	31.55			3616.8	11453.2	percent of total billed charges	
GALLIUM 68 DOTATATE PER 0.1 MCI	A9587	HCPCS	outpatient			12056		Wellcare	Medicaid		3803.67	31.55			3616.8	11453.2	percent of total billed charges	
GALLIUM 68 DOTATATE PER 0.1 MCI	A9587	HCPCS	outpatient			12056		WellPoint	WellPoint		3879.62	32.18			3616.8	11453.2	percent of total billed charges	
F-18 AXUMIN PER MCI	A9588	HCPCS	outpatient			14630		Aetna	Better Health		4615.77	31.55			4389	13898.5	percent of total billed charges	
F-18 AXUMIN PER MCI	A9588	HCPCS	outpatient			14630		Aetna	Medicare		4506.04	30.8			4389	13898.5	percent of total billed charges	
F-18 AXUMIN PER MCI	A9588	HCPCS	outpatient			14630		Aetna	Commercial		5559.4	38			4389	13898.5	percent of total billed charges	
F-18 AXUMIN PER MCI	A9588	HCPCS	outpatient			14630		Americare	Americare		10972.5	75			4389	13898.5	percent of total billed charges	
F-18 AXUMIN PER MCI	A9588	HCPCS	outpatient			14630		Amerihealth	HMO/PPO		9509.5	65			4389	13898.5	percent of total billed charges	
F-18 AXUMIN PER MCI	A9588	HCPCS	outpatient			14630		Consumer	Consumer		13898.5	95			4389	13898.5	percent of total billed charges	
F-18 AXUMIN PER MCI	A9588	HCPCS	outpatient			14630		Corrections	Corrections		11704	80			4389	13898.5	percent of total billed charges	
F-18 AXUMIN PER MCI	A9588	HCPCS	outpatient			14630		First Health	First Health		10241	70			4389	13898.5	percent of total billed charges	
F-18 AXUMIN PER MCI	A9588	HCPCS	outpatient			14630		First Trenton	First Trenton		13167	90			4389	13898.5	percent of total billed charges	
F-18 AXUMIN PER MCI	A9588	HCPCS	outpatient			14630		Horizon	Medicare Blue		4389	30			4389	13898.5	percent of total billed charges	
F-18 AXUMIN PER MCI	A9588	HCPCS	outpatient			14630		Horizon	Indemnity		5600.36	38.28			4389	13898.5	percent of total billed charges	
F-18 AXUMIN PER MCI	A9588	HCPCS	outpatient			14630		Horizon	MGD		5600.36	38.28			4389	13898.5	percent of total billed charges	
F-18 AXUMIN PER MCI	A9588	HCPCS	outpatient			14630		Horizon	PPO		5600.36	38.28			4389	13898.5	percent of total billed charges	
F-18 AXUMIN PER MCI	A9588	HCPCS	outpatient			14630		Managed Care Inc	Managed Care Inc		13167	90			4389	13898.5	percent of total billed charges	
F-18 AXUMIN PER MCI	A9588	HCPCS	outpatient			14630		Multiplan	Multiplan		11704	80			4389	13898.5	percent of total billed charges	
F-18 AXUMIN PER MCI	A9588	HCPCS	outpatient			14630		Qualcare	Qualcare		10972.5	75			4389	13898.5	percent of total billed charges	
F-18 AXUMIN PER MCI	A9588	HCPCS	outpatient			14630		Three Rivers	Three Rivers		13898.5	95			4389	13898.5	percent of total billed charges	
F-18 AXUMIN PER MCI	A9588	HCPCS	outpatient			14630		UHC	Medicaid		4615.77	31.55			4389	13898.5	percent of total billed charges	
F-18 AXUMIN PER MCI	A9588	HCPCS	outpatient			14630		Wellcare	Medicaid		4615.77	31.55			4389	13898.5	percent of total billed charges	
F-18 AXUMIN PER MCI	A9588	HCPCS	outpatient			14630		WellPoint	WellPoint		4707.93	32.18			4389	13898.5	percent of total billed charges	
CERIANNA F18 FLUORESTRADIOL PER MCI	A9591	HCPCS	outpatient			12939		Aetna	Better Health		4082.25	31.55			3881.7	12292.05	percent of total billed charges	
CERIANNA F18 FLUORESTRADIOL PER MCI	A9591	HCPCS	outpatient			12939		Aetna	Commercial		4916.82	38			3881.7	12292.05	percent of total billed charges	
CERIANNA F18 FLUORESTRADIOL PER MCI	A9591	HCPCS	outpatient			12939		Aetna	Medicare		3985.21	30.8			3881.7	12292.05	percent of total billed charges	
CERIANNA F18 FLUORESTRADIOL PER MCI	A9591	HCPCS	outpatient			12939		Americare	Americare		9704.25	75			3881.7	12292.05	percent of total billed charges	
CERIANNA F18 FLUORESTRADIOL PER MCI	A9591	HCPCS	outpatient			12939		Amerihealth	HMO/PPO		8410.35	65			3881.7	12292.05	percent of total billed charges	
CERIANNA F18 FLUORESTRADIOL PER MCI	A9591	HCPCS	outpatient			12939		Consumer	Consumer		12292.05	95			3881.7	12292.05	percent of total billed charges	
CERIANNA F18 FLUORESTRADIOL PER MCI	A9591	HCPCS	outpatient			12939		Corrections	Corrections		10351.2	80			3881.7	12292.05	percent of total billed charges	
CERIANNA F18 FLUORESTRADIOL PER MCI	A9591	HCPCS	outpatient			12939		First Health	First Health		9057.3	70			3881.7	12292.05	percent of total billed charges	
CERIANNA F18 FLUORESTRADIOL PER MCI	A9591	HCPCS	outpatient			12939		First Trenton	First Trenton		11645.1	90			3881.7	12292.05	percent of total billed charges	
CERIANNA F18 FLUORESTRADIOL PER MCI	A9591	HCPCS	outpatient			12939		Horizon	MGD		4953.05	38.28			3881.7	12292.05	percent of total billed charges	
CERIANNA F18 FLUORESTRADIOL PER MCI	A9591	HCPCS	outpatient			12939		Horizon	Indemnity		4953.05	38.28			3881.7	12292.05	percent of total billed charges	
CERIANNA F18 FLUORESTRADIOL PER MCI	A9591	HCPCS	outpatient			12939		Horizon	Medicare Blue		3881.7	30			3881.7	12292.05	percent of total billed charges	
CERIANNA F18 FLUORESTRADIOL PER MCI	A9591	HCPCS	outpatient			12939		Horizon	PPO		4953.05	38.28			3881.7	12292.05	percent of total billed charges	
CERIANNA F18 FLUORESTRADIOL PER MCI	A9591	HCPCS	outpatient			12939		Managed Care Inc	Managed Care Inc		11645.1	90			3881.7	12292.05	percent of total billed charges	
CERIANNA F18 FLUORESTRADIOL PER MCI	A9591	HCPCS	outpatient			12939		Multiplan	Multiplan		10351.2	80			3881.7	12292.05	percent of total billed charges	
CERIANNA F18 FLUORESTRADIOL PER MCI	A9591	HCPCS	outpatient			12939		Qualcare	Qualcare		9704.25	75			3881.7	12292.05	percent of total billed charges	
CERIANNA F18 FLUORESTRADIOL PER MCI	A9591	HCPCS	outpatient			12939		Three Rivers	Three Rivers		12292.05	95			3881.7	12292.05	percent of total billed charges	
CERIANNA F18 FLUORESTRADIOL PER MCI	A9591	HCPCS	outpatient			12939		UHC	Medicaid		4082.25	31.55			3881.7	12292.05	percent of total billed charges	
CERIANNA F18 FLUORESTRADIOL PER MCI	A9591	HCPCS	outpatient			12939		Wellcare	Medicaid		4082.25	31.55			3881.7	12292.05	percent of total billed charges	
CERIANNA F18 FLUORESTRADIOL PER MCI	A9591	HCPCS	outpatient			12939		WellPoint	WellPoint		4163.77	32.18			3881.7	12292.05	percent of total billed charges	
COPPER 64 DOTATATE PER 1 MCI	A9592	HCPCS	inpatient			3545		Aetna	Better Health		1118.45	31.55			1063.5	3367.75	percent of total billed charges	
COPPER 64 DOTATATE PER 1 MCI	A9592	HCPCS	inpatient			3545		Aetna	Commercial		1347.1	38			1063.5	3367.75	percent of total billed charges	
COPPER 64 DOTATATE PER 1 MCI	A9592	HCPCS	inpatient			3545		Aetna	Medicare		1091.86	30.8			1063.5	3367.75	percent of total billed charges	
COPPER 64 DOTATATE PER 1 MCI	A9592	HCPCS	inpatient			3545		Americare	Americare		2658.75	75			1063.5	3367.75	percent of total billed charges	
COPPER 64 DOTATATE PER 1 MCI	A9592	HCPCS	inpatient			3545		Amerihealth	HMO/PPO		2304.25	65			1063.5	3367.75	percent of total billed charges	
COPPER 64 DOTATATE PER 1 MCI	A9592	HCPCS	inpatient			3545		Consumer	Consumer		3367.75	95			1063.5	3367.75	percent of total billed charges	
COPPER 64 DOTATATE PER 1 MCI	A9592	HCPCS	inpatient			3545		Corrections	Corrections		2836	80			1063.5	3367.75	percent of total billed charges	
COPPER 64 DOTATATE PER 1 MCI	A9592	HCPCS	inpatient			3545		First Health	First Health		2481.5	70			1063.5	3367.75	percent of total billed charges	
COPPER 64 DOTATATE PER 1 MCI	A9592	HCPCS	inpatient			3545		First Trenton	First Trenton		3190.5	90			1063.5	3367.75	percent of total billed charges	
COPPER 64 DOTATATE PER 1 MCI	A9592	HCPCS	inpatient			3545		Horizon	MGD		1357.03	38.28			1063.5	3367.75	percent of total billed charges	
COPPER 64 DOTATATE PER 1 MCI	A9592	HCPCS	inpatient			3545		Horizon	Indemnity		1357.03	38.28			1063.5	3367.75	percent of total billed charges	
COPPER 64 DOTATATE PER 1 MCI	A9592	HCPCS	inpatient			3545		Horizon	Medicare Blue		1063.5	30			1063.5	3367.75	percent of total billed charges	
COPPER 64 DOTATATE PER 1 MCI	A9592	HCPCS	inpatient			3545		Horizon	PPO		1357.03	38.28			1063.5	3367.75	percent of total billed charges	
COPPER 64 DOTATATE PER 1 MCI	A9592	HCPCS	inpatient			3545		Managed Care Inc	Managed Care Inc		3190.5	90			1063.5	3367.75	percent of total billed charges	
COPPER 64 DOTATATE PER 1 MCI	A9592	HCPCS	inpatient			3545		Multiplan	Multiplan		2836	80			1063.5	3367.75	percent of total billed charges	
COPPER 64 DOTATATE PER 1 MCI	A9592	HCPCS	inpatient			3545		Qualcare	Qualcare		2658.75	75			1063.5	3367.75	percent of total billed charges	
COPPER 64 DOTATATE PER 1 MCI	A9592	HCPCS	inpatient			3545		Three Rivers	Three Rivers		3367.75	95			1063.5	3367.75	percent of total billed charges	
COPPER 64 DOTATATE PER 1 MCI	A9592	HCPCS	inpatient			3545		UHC	Medicaid		1118.45	31.55			1063.5	3367.75	percent of total billed charges	
COPPER 64 DOTATATE PER 1 MCI	A9592	HCPCS	inpatient			3545		Wellcare	Medicaid		1118.45	31.55			1063.5	3367.75	percent of total billed charges	
COPPER 64 DOTATATE PER 1 MCI	A9592	HCPCS	inpatient			3545		WellPoint	WellPoint		1140.78	32.18			1063.5	3367.75	percent of total billed charges	
CHG F18 PSMA (PYLARIFY) PER MCI	A9595	HCPCS	outpatient			1728	849.1	Aetna	Commercial		1175.45				545.18	1641.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHG F18 PSMA (PYLARIFY) PER MCI	A9595	HCPCS	outpatient			1728	849.1	Aetna	Better Health		545.18	31.55			545.18	1641.6	percent of total billed charges	
CHG F18 PSMA (PYLARIFY) PER MCI	A9595	HCPCS	outpatient			1728	849.1	Aetna	Medicare		738.35				545.18	1641.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHG F18 PSMA (PYLARIFY) PER MCI	A9595	HCPCS	outpatient			1728	849.1	Americare	Americare		1296	75			545.18	1641.6	percent of total billed charges	
CHG F18 PSMA (PYLARIFY) PER MCI	A9595	HCPCS	outpatient			1728	849.1	Amerihealth	HMO/PPO		1123.2	65			545.18	1641.6	percent of total billed charges	
CHG F18 PSMA (PYLARIFY) PER MCI	A9595	HCPCS	outpatient			1728	849.1	Amerihealth	Medicare		738.35				545.18	1641.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHG F18 PSMA (PYLARIFY) PER MCI	A9595	HCPCS	outpatient			1728	849.1	Consumer	Consumer		1641.6	95			545.18	1641.6	percent of total billed charges	
CHG F18 PSMA (PYLARIFY) PER MCI	A9595	HCPCS	outpatient			1728	849.1	Corrections	Corrections		1382.4	80			545.18	1641.6	percent of total billed charges	
CHG F18 PSMA (PYLARIFY) PER MCI	A9595	HCPCS	outpatient			1728	849.1	First Health	First Health		1209.6	70			545.18	1641.6	percent of total billed charges	
CHG F18 PSMA (PYLARIFY) PER MCI	A9595	HCPCS	outpatient			1728	849.1	First Trenton	First Trenton		1555.2	90			545.18	1641.6	percent of total billed charges	
CHG F18 PSMA (PYLARIFY) PER MCI	A9595	HCPCS	outpatient			1728	849.1	Horizon	MGD		1374.07				545.18	1641.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHG F18 PSMA (PYLARIFY) PER MCI	A9595	HCPCS	outpatient			1728	849.1	Horizon	Medicare Blue		738.35				545.18	1641.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHG F18 PSMA (PYLARIFY) PER MCI	A9595	HCPCS	outpatient			1728	849.1	Horizon	Indemnity		1374.07				545.18	1641.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHG F18 PSMA (PYLARIFY) PER MCI	A9595	HCPCS	outpatient			1728	849.1	Horizon	PPO		1374.07				545.18	1641.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHG F18 PSMA (PYLARIFY) PER MCI	A9595	HCPCS	outpatient			1728	849.1	Managed Care Inc	Managed Care Inc		1555.2	90			545.18	1641.6	percent of total billed charges	
CHG F18 PSMA (PYLARIFY) PER MCI	A9595	HCPCS	outpatient			1728	849.1	Multiplan	Multiplan		1382.4	80			545.18	1641.6	percent of total billed charges	
CHG F18 PSMA (PYLARIFY) PER MCI	A9595	HCPCS	outpatient			1728	849.1	Qualcare	Qualcare		1296	75			545.18	1641.6	percent of total billed charges	
CHG F18 PSMA (PYLARIFY) PER MCI	A9595	HCPCS	outpatient			1728	849.1	Three Rivers	Three Rivers		1641.6	95			545.18	1641.6	percent of total billed charges	
CHG F18 PSMA (PYLARIFY) PER MCI	A9595	HCPCS	outpatient			1728	849.1	UHC	Medicaid		545.18	31.55			545.18	1641.6	percent of total billed charges	
CHG F18 PSMA (PYLARIFY) PER MCI	A9595	HCPCS	outpatient			1728	849.1	UHC	Medicare		738.35				545.18	1641.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHG F18 PSMA (PYLARIFY) PER MCI	A9595	HCPCS	outpatient			1728	849.1	United	Oxford		1450.88				545.18	1641.6	fee schedule	
CHG F18 PSMA (PYLARIFY) PER MCI	A9595	HCPCS	outpatient			1728	849.1	United	Commercial|PPO		1450.88				545.18	1641.6	fee schedule	
CHG F18 PSMA (PYLARIFY) PER MCI	A9595	HCPCS	outpatient			1728	849.1	Wellcare	Medicare		738.35				545.18	1641.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.													
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true												
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CHG F18 PSMA (PYLARIFY) PER MCI	A9595	HCPCS	outpatient			1728	849.1	Medicaid	Medicaid		545.18	31.55			545.18	1641.6	percent of total billed charges	
CHG F18 PSMA (PYLARIFY) PER MCI	A9595	HCPCS	outpatient			1728	849.1	WellPoint	WellPoint		556.07	32.18			545.18	1641.6	percent of total billed charges	
RP CHG GALLIUM 68 PSMA GOZETOTIDE (ILLUC	A9596	HCPCS	outpatient			3631	1346.55	Aetna	Better Health		1145.58	31.55			1145.58	3449.45	percent of total billed charges	
RP CHG GALLIUM 68 PSMA GOZETOTIDE (ILLUC	A9596	HCPCS	outpatient			3631	1346.55	Aetna	Medicare		1170.91				1145.58	3449.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP CHG GALLIUM 68 PSMA GOZETOTIDE (ILLUC	A9596	HCPCS	outpatient			3631	1346.55	Aetna	Commercial		1864.09				1145.58	3449.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP CHG GALLIUM 68 PSMA GOZETOTIDE (ILLUC	A9596	HCPCS	outpatient			3631	1346.55	Americare	Americare		2723.25	75			1145.58	3449.45	percent of total billed charges	
RP CHG GALLIUM 68 PSMA GOZETOTIDE (ILLUC	A9596	HCPCS	outpatient			3631	1346.55	Amerihealth	HMO/PPO		2360.15	65			1145.58	3449.45	percent of total billed charges	
RP CHG GALLIUM 68 PSMA GOZETOTIDE (ILLUC	A9596	HCPCS	outpatient			3631	1346.55	Amerihealth	Medicare		1170.91				1145.58	3449.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP CHG GALLIUM 68 PSMA GOZETOTIDE (ILLUC	A9596	HCPCS	outpatient			3631	1346.55	Consumer	Consumer		3449.45	95			1145.58	3449.45	percent of total billed charges	
RP CHG GALLIUM 68 PSMA GOZETOTIDE (ILLUC	A9596	HCPCS	outpatient			3631	1346.55	Corrections	Corrections		2904.8	80			1145.58	3449.45	percent of total billed charges	
RP CHG GALLIUM 68 PSMA GOZETOTIDE (ILLUC	A9596	HCPCS	outpatient			3631	1346.55	First Health	First Health		2541.7	70			1145.58	3449.45	percent of total billed charges	
RP CHG GALLIUM 68 PSMA GOZETOTIDE (ILLUC	A9596	HCPCS	outpatient			3631	1346.55	First Trenton	First Trenton		3267.9	90			1145.58	3449.45	percent of total billed charges	
RP CHG GALLIUM 68 PSMA GOZETOTIDE (ILLUC	A9596	HCPCS	outpatient			3631	1346.55	Horizon	PPO		2179.06				1145.58	3449.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP CHG GALLIUM 68 PSMA GOZETOTIDE (ILLUC	A9596	HCPCS	outpatient			3631	1346.55	Horizon	Medicare Blue		1170.91				1145.58	3449.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP CHG GALLIUM 68 PSMA GOZETOTIDE (ILLUC	A9596	HCPCS	outpatient			3631	1346.55	Horizon	MGD		2179.06				1145.58	3449.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP CHG GALLIUM 68 PSMA GOZETOTIDE (ILLUC	A9596	HCPCS	outpatient			3631	1346.55	Horizon	Indemnity		2179.06				1145.58	3449.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP CHG GALLIUM 68 PSMA GOZETOTIDE (ILLUC	A9596	HCPCS	outpatient			3631	1346.55	Managed Care Inc	Managed Care Inc		3267.9	90			1145.58	3449.45	percent of total billed charges	
RP CHG GALLIUM 68 PSMA GOZETOTIDE (ILLUC	A9596	HCPCS	outpatient			3631	1346.55	Multiplan	Multiplan		2904.8	80			1145.58	3449.45	percent of total billed charges	
RP CHG GALLIUM 68 PSMA GOZETOTIDE (ILLUC	A9596	HCPCS	outpatient			3631	1346.55	Qualcare	Qualcare		2723.25	75			1145.58	3449.45	percent of total billed charges	
RP CHG GALLIUM 68 PSMA GOZETOTIDE (ILLUC	A9596	HCPCS	outpatient			3631	1346.55	Three Rivers	Three Rivers		3449.45	95			1145.58	3449.45	percent of total billed charges	
RP CHG GALLIUM 68 PSMA GOZETOTIDE (ILLUC	A9596	HCPCS	outpatient			3631	1346.55	UHC	Medicaid		1145.58	31.55			1145.58	3449.45	percent of total billed charges	
RP CHG GALLIUM 68 PSMA GOZETOTIDE (ILLUC	A9596	HCPCS	outpatient			3631	1346.55	UHC	Medicare		1170.91				1145.58	3449.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP CHG GALLIUM 68 PSMA GOZETOTIDE (ILLUC	A9596	HCPCS	outpatient			3631	1346.55	United	Oxford		2479.2				1145.58	3449.45	fee schedule	
RP CHG GALLIUM 68 PSMA GOZETOTIDE (ILLUC	A9596	HCPCS	outpatient			3631	1346.55	United	Commercial|PPO		2479.2				1145.58	3449.45	fee schedule	
RP CHG GALLIUM 68 PSMA GOZETOTIDE (ILLUC	A9596	HCPCS	outpatient			3631	1346.55	Wellcare	Medicaid		1145.58	31.55			1145.58	3449.45	percent of total billed charges	
RP CHG GALLIUM 68 PSMA GOZETOTIDE (ILLUC	A9596	HCPCS	outpatient			3631	1346.55	Wellcare	Medicare		1170.91				1145.58	3449.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP CHG GALLIUM 68 PSMA GOZETOTIDE (ILLUC	A9596	HCPCS	outpatient			3631	1346.55	WellPoint	WellPoint		1168.46	32.18			1145.58	3449.45	percent of total billed charges	
RP POSLUMA F18 FLOTUFOLASTAT PER DOSE	A9597	HCPCS	outpatient			15198		Aetna	Commercial		5775.24	38			87.3	1443.8	percent of total billed charges	
RP POSLUMA F18 FLOTUFOLASTAT PER DOSE	A9597	HCPCS	outpatient			15198		Aetna	Better Health		4794.97	31.55			87.3	1443.8	percent of total billed charges	
RP POSLUMA F18 FLOTUFOLASTAT PER DOSE	A9597	HCPCS	outpatient			15198		Aetna	Medicare		4680.98	30.8			87.3	1443.8	percent of total billed charges	
RP POSLUMA F18 FLOTUFOLASTAT PER DOSE	A9597	HCPCS	outpatient			15198		Americare	Americare		11398.5	75			87.3	1443.8	percent of total billed charges	
RP POSLUMA F18 FLOTUFOLASTAT PER DOSE	A9597	HCPCS	outpatient			15198		Amerihealth	HMO/PPO		9878.7	65			87.3	1443.8	percent of total billed charges	
RP POSLUMA F18 FLOTUFOLASTAT PER DOSE	A9597	HCPCS	outpatient			15198		Consumer	Consumer		14438.1	95			87.3	1443.8	percent of total billed charges	
RP POSLUMA F18 FLOTUFOLASTAT PER DOSE	A9597	HCPCS	outpatient			15198		Corrections	Corrections		12158.4	80			87.3	1443.8	percent of total billed charges	
RP POSLUMA F18 FLOTUFOLASTAT PER DOSE	A9597	HCPCS	outpatient			15198		First Health	First Health		10638.6	70			87.3	1443.8	percent of total billed charges	
RP POSLUMA F18 FLOTUFOLASTAT PER DOSE	A9597	HCPCS	outpatient			15198		First Trenton	First Trenton		13678.2	90			87.3	1443.8	percent of total billed charges	
RP POSLUMA F18 FLOTUFOLASTAT PER DOSE	A9597	HCPCS	outpatient			15198		Horizon	Medicare Blue		4559.4	30			87.3	1443.8	percent of total billed charges	
RP POSLUMA F18 FLOTUFOLASTAT PER DOSE	A9597	HCPCS	outpatient			15198		Horizon	MGD		5817.79	38.28			87.3	1443.8	percent of total billed charges	
RP POSLUMA F18 FLOTUFOLASTAT PER DOSE	A9597	HCPCS	outpatient			15198		Horizon	Indemnity		5817.79	38.28			87.3	1443.8	percent of total billed charges	
RP POSLUMA F18 FLOTUFOLASTAT PER DOSE	A9597	HCPCS	outpatient			15198		Horizon	PPO		5817.79	38.28			87.3	1443.8	percent of total billed charges	
RP POSLUMA F18 FLOTUFOLASTAT PER DOSE	A9597	HCPCS	outpatient			15198		Managed Care Inc	Managed Care Inc		13678.2	90			87.3	1443.8	percent of total billed charges	
RP POSLUMA F18 FLOTUFOLASTAT PER DOSE	A9597	HCPCS	outpatient			15198		Multiplan	Multiplan		12158.4	80			87.3	1443.8	percent of total billed charges	
RP POSLUMA F18 FLOTUFOLASTAT PER DOSE	A9597	HCPCS	outpatient			15198		Qualcare	Qualcare		11398.5	75			87.3	1443.8	percent of total billed charges	
RP POSLUMA F18 FLOTUFOLASTAT PER DOSE	A9597	HCPCS	outpatient			15198		Three Rivers	Three Rivers		14438.1	95			87.3	1443.8	percent of total billed charges	
RP POSLUMA F18 FLOTUFOLASTAT PER DOSE	A9597	HCPCS	outpatient			15198		UHC	Medicaid		4794.97	31.55			87.3	1443.8	percent of total billed charges	
RP POSLUMA F18 FLOTUFOLASTAT PER DOSE	A9597	HCPCS	outpatient			15198		Wellcare	Medicaid		4794.97	31.55			87.3	1443.8	percent of total billed charges	
RP POSLUMA F18 FLOTUFOLASTAT PER DOSE	A9597	HCPCS	outpatient			15198		WellPoint	WellPoint		4890.72	32.18			87.3	1443.8	percent of total billed charges	
RP STRONTIUM PER MCI	A9600	HCPCS	outpatient			17107	5737.7	Aetna	Commercial		7942.97				614.86	16251.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP STRONTIUM PER MCI	A9600	HCPCS	outpatient			17107	5737.7	Aetna	Better Health		5397.26	31.55			614.86	16251.65	percent of total billed charges	
RP STRONTIUM PER MCI	A9600	HCPCS	outpatient			17107	5737.7	Aetna	Medicare		4989.3				614.86	16251.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP STRONTIUM PER MCI	A9600	HCPCS	outpatient			17107	5737.7	Americare	Americare		12830.25	75			614.86	16251.65	percent of total billed charges	
RP STRONTIUM PER MCI	A9600	HCPCS	outpatient			17107	5737.7	Amerihealth	Medicare		4989.3				614.86	16251.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP STRONTIUM PER MCI	A9600	HCPCS	outpatient			17107	5737.7	Amerihealth	HMO/PPO		3291.59				614.86	16251.65	fee schedule	
RP STRONTIUM PER MCI	A9600	HCPCS	outpatient			17107	5737.7	Consumer	Consumer		16251.65	95			614.86	16251.65	percent of total billed charges	
RP STRONTIUM PER MCI	A9600	HCPCS	outpatient			17107	5737.7	Corrections	Corrections		13685.6	80			614.86	16251.65	percent of total billed charges	
RP STRONTIUM PER MCI	A9600	HCPCS	outpatient			17107	5737.7	First Health	First Health		11974.9	70			614.86	16251.65	percent of total billed charges	
RP STRONTIUM PER MCI	A9600	HCPCS	outpatient			17107	5737.7	First Trenton	First Trenton		15396.3	90			614.86	16251.65	percent of total billed charges	
RP STRONTIUM PER MCI	A9600	HCPCS	outpatient			17107	5737.7	Horizon	PPO		9285.09				614.86	16251.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP STRONTIUM PER MCI	A9600	HCPCS	outpatient			17107	5737.7	Horizon	NJ Health		614.86				614.86	16251.65	fee schedule	
RP STRONTIUM PER MCI	A9600	HCPCS	outpatient			17107	5737.7	Horizon	Indemnity		9285.09				614.86	16251.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP STRONTIUM PER MCI	A9600	HCPCS	outpatient			17107	5737.7	Horizon	Medicare Blue		4989.3				614.86	16251.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP STRONTIUM PER MCI	A9600	HCPCS	outpatient			17107	5737.7	Horizon	MGD		9285.09				614.86	16251.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP STRONTIUM PER MCI	A9600	HCPCS	outpatient			17107	5737.7	Managed Care Inc	Managed Care Inc		15396.3	90			614.86	16251.65	percent of total billed charges	
RP STRONTIUM PER MCI	A9600	HCPCS	outpatient			17107	5737.7	Multiplan	Multiplan		13685.6	80			614.86	16251.65	percent of total billed charges	
RP STRONTIUM PER MCI	A9600	HCPCS	outpatient			17107	5737.7	Qualcare	Qualcare		12830.25	75			614.86	16251.65	percent of total billed charges	
RP STRONTIUM PER MCI	A9600	HCPCS	outpatient			17107	5737.7	Three Rivers	Three Rivers		16251.65	95			614.86	16251.65	percent of total billed charges	
RP STRONTIUM PER MCI	A9600	HCPCS	outpatient			17107	5737.7	UHC	Medicaid		5397.26	31.55			614.86	16251.65	percent of total billed charges	
RP STRONTIUM PER MCI	A9600	HCPCS	outpatient			17107	5737.7	UHC	Medicare		4989.3				614.86	16251.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP STRONTIUM PER MCI	A9600	HCPCS	outpatient			17107	5737.7	United	Commercial|PPO		10391.43				614.86	16251.65	fee schedule	
RP STRONTIUM PER MCI	A9600	HCPCS	outpatient			17107	5737.7	United	Oxford		10391.43				614.86	16251.65	fee schedule	
RP STRONTIUM PER MCI	A9600	HCPCS	outpatient			17107	5737.7	Wellcare	Medicaid		5397.26	31.55			614.86	16251.65	percent of total billed charges	
RP STRONTIUM PER MCI	A9600	HCPCS	outpatient			17107	5737.7	Wellcare	Medicare		4989.3				614.86	16251.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP STRONTIUM PER MCI	A9600	HCPCS	outpatient			17107	5737.7	WellPoint	WellPoint		5505.03	32.18			614.86	16251.65	percent of total billed charges	
CHG RP TAUVID (FLORTAUCIPIR F-18) PER MC	A9601	HCPCS	outpatient				5121.25	Aetna	Medicare		4453.26				4453.26	9275	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHG RP TAUVID (FLORTAUCIPIR F-18) PER MC	A9601	HCPCS	outpatient				5121.25	Aetna	Commercial		7089.59				4453.26	9275	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHG RP TAUVID (FLORTAUCIPIR F-18) PER MC	A9601	HCPCS	outpatient				5121.25	Amerihealth	Medicare		4453.26				4453.26	9275	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHG RP TAUVID (FLORTAUCIPIR F-18) PER MC	A9601	HCPCS	outpatient				5121.25	Horizon	MGD		8287.52				4453.26	9275	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHG RP TAUVID (FLORTAUCIPIR F-18) PER MC	A9601	HCPCS	outpatient				5121.25	Horizon	Medicare Blue		4453.26				4453.26	9275	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHG RP TAUVID (FLORTAUCIPIR F-18) PER MC	A9601	HCPCS	outpatient				5121.25	Horizon	Indemnity		8287.52				4453.26	9275	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHG RP TAUVID (FLORTAUCIPIR F-18) PER MC	A9601	HCPCS	outpatient				5121.25	Horizon	PPO		8287.52				4453.26	9275	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHG RP TAUVID (FLORTAUCIPIR F-18) PER MC	A9601	HCPCS	outpatient				5121.25	UHC	Medicare		4453.26				4453.26	9275	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHG RP TAUVID (FLORTAUCIPIR F-18) PER MC	A9601	HCPCS	outpatient				5121.25	United	Commercial|PPO		9275				4453.26	9275	fee schedule	
CHG RP TAUVID (FLORTAUCIPIR F-18) PER MC	A9601	HCPCS	outpatient				5121.25	United	Oxford		9275				4453.26	9275	fee schedule	
CHG RP TAUVID (FLORTAUCIPIR F-18) PER MC	A9601	HCPCS	outpatient				5121.25	Wellcare	Medicare		4453.26				4453.26	9275	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP SAMARIUM 153 UP TO 150 MCI	A9604	HCPCS	outpatient			59985	23825.34	Aetna	Commercial		32982.56				11662.09	56985.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP SAMARIUM 153 UP TO 150 MCI	A9604	HCPCS	outpatient			59985	23825.34	Aetna	Better Health		18925.27	31.55			11662.09	56985.75	percent of total billed charges	
RP SAMARIUM 153 UP TO 150 MCI	A9604	HCPCS	outpatient			59985	23825.34	Aetna	Medicare		20717.69				11662.09	56985.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP SAMARIUM 153 UP TO 150 MCI	A9604	HCPCS	outpatient			59985	23825.34	Americare	Americare		44988.75	75			11662.09	56985.75	percent of total billed charges	
RP SAMARIUM 153 UP TO 150 MCI	A9604	HCPCS	outpatient			59985	23825.34	Amerihealth	Medicare		20717.69				11662.09	56985.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP SAMARIUM 153 UP TO 150 MCI	A9604	HCPCS	outpatient			59985	23825.34	Amerihealth	HMO/PPO		11692.09				11662.09	56985.75	fee schedule	
RP SAMARIUM 153 UP TO 150 MCI	A9604	HCPCS	outpatient			59985	23825.34	Consumer	Consumer		56985.75	95			11662.09	56985.75	percent of total billed charges	
RP SAMARIUM 153 UP TO 150 MCI	A9604	HCPCS	outpatient			59985	23825.34	Corrections	Corrections		47988	80			11662.09	56985.75	percent of total billed charges	
RP SAMARIUM 153 UP TO 150 MCI	A9604	HCPCS	outpatient			59985	23825.34	First Health	First Health		41989.5	70			11662.09	56985.75	percent of total billed charges	
RP SAMARIUM 153 UP TO 150 MCI	A9604	HCPCS	outpatient			59985	23825.34	First Trenton	First Trenton		53986.5	90			11662.09	56985.75	percent of total billed charges	
RP SAMARIUM 153 UP TO 150 MCI	A9604	HCPCS	outpatient			59985	23825.34	Horizon	MGD		38655.62				11662.09	56985.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP SAMARIUM 153 UP TO 150 MCI	A9604	HCPCS	outpatient			59985	23825.34	Horizon	Medicare Blue		20717.69				11662.09	56985.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP SAMARIUM 153 UP TO 150 MCI	A9604	HCPCS	outpatient			59985	23825.34	Horizon	Indemnity		38655.62				11662.09	56985.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP SAMARIUM 153 UP TO 150 MCI	A9604	HCPCS	outpatient			59985	23825.34	Horizon	PPO		38655.62				11662.09	56985.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP SAMARIUM 153 UP TO 150 MCI	A9604	HCPCS	outpatient			59985	23825.34	Managed Care Inc	Managed Care Inc		53986.5	90			11662.09	56985.75	percent of total billed charges	
RP SAMARIUM 153 UP TO 150 MCI	A9604	HCPCS	outpatient			59985	23825.34	Multiplan	Multiplan		47988	80			11662.09	56985.75	percent of total billed charges	
RP SAMARIUM 153 UP TO 150 MCI	A9604	HCPCS	outpatient			59985	23825.34	Qualcare	Qualcare		44988.75	75			11662.09	56985.75	percent of total billed charges	
RP SAMARIUM 153 UP TO 150 MCI	A9604	HCPCS	outpatient			59985	23825.34	Three Rivers	Three Rivers		56985.75	95			11662.09	56985.75	percent of total billed charges	
RP SAMARIUM 153 UP TO 150 MCI	A9604	HCPCS	outpatient			59985	23825.34	UHC	Medicare		20717.69				11662.09	56985.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP SAMARIUM 153 UP TO 150 MCI	A9604	HCPCS	outpatient			59985	23825.34	UHC	Medicaid		18925.27	31.55			11662.09	56985.75	percent of total billed charges	
RP SAMARIUM 153 UP TO 150 MCI	A9604	HCPCS	outpatient			59985	23825.34	United	Oxford		43149.63				11662.09	56985.75	fee schedule	
RP SAMARIUM 153 UP TO 150 MCI	A9604	HCPCS	outpatient			59985	23825.34	United	Commercial|PPO		43149.63				11662.09	56985.75	fee schedule	
RP SAMARIUM 153 UP TO 150 MCI	A9604	HCPCS	outpatient			59985	23825.34	Wellcare	Medicaid		18925.27	31.55			11662.09	56985.75	percent of total billed charges	
RP SAMARIUM 153 UP TO 150 MCI	A9604	HCPCS	outpatient			59985	23825.34	Wellcare	Medicare		20717.69				11662.09	56985.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP SAMARIUM 153 UP TO 150 MCI	A9604	HCPCS	outpatient			59985	23825.34	WellPoint	WellPoint		19003.17	32.18			11662.09	56985.75	percent of total billed charges	
RP RADIUM RA 223 DICHLORIDE-XOFIGO PER	A9606	HCPCS	outpatient			493	223.32	Aetna	Medicare		194.19				126.36	468.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP RADIUM RA 223 DICHLORIDE-XOFIGO PER	A9606	HCPCS	outpatient			493	223.32	Aetna	Better Health		155.54	31.55			126.36	468.35	percent of total billed charges	
RP RADIUM RA 223 DICHLORIDE-XOFIGO PER	A9606	HCPCS	outpatient			493	223.32	Aetna	Commercial		309.15				126.36	468.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP RADIUM RA 223 DICHLORIDE-XOFIGO PER	A9606	HCPCS	outpatient			493	223.32	Americare	Americare		369.75	75			126.36	468.35	percent of total billed charges	
RP RADIUM RA 223 DICHLORIDE-XOFIGO PER	A9606	HCPCS	outpatient			493	223.32	Amerihealth	HMO/PPO		126.36				126.36	468.35	fee schedule	
RP RADIUM RA 223 DICHLORIDE-XOFIGO PER	A9606	HCPCS	outpatient			493	223.32	Amerihealth	Medicare		194.19				126.36	468.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP RADIUM RA 223 DICHLORIDE-XOFIGO PER	A9606	HCPCS	outpatient			493	223.32	Consumer	Consumer		468.35	95			126.36	468.35	percent of total billed charges	
RP RADIUM RA 223 DICHLORIDE-XOFIGO PER	A9606	HCPCS	outpatient			493	223.32	Corrections	Corrections		394.4	80			126.36	468.35	percent of total billed charges	
RP RADIUM RA 223 DICHLORIDE-XOFIGO PER	A9606	HCPCS	outpatient			493	223.32	First Health	First Health		345.1	70			126.36	468.35	percent of total billed charges	
RP RADIUM RA 223 DICHLORIDE-XOFIGO PER	A9606	HCPCS	outpatient			493	223.32	First Trenton	First Trenton		443.7	90			126.36	468.35	percent of total billed charges	
RP RADIUM RA 223 DICHLORIDE-XOFIGO PER	A9606	HCPCS	outpatient			493	223.32	Horizon	Indemnity		361.39				126.36	468.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP RADIUM RA 223 DICHLORIDE-XOFIGO PER	A9606	HCPCS	outpatient			493	223.32	Horizon	Medicare Blue		194.19				126.36	468.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP RADIUM RA 223 DICHLORIDE-XOFIGO PER	A9606	HCPCS	outpatient			493	223.32	Horizon	PPO		361.39				126.36	468.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP RADIUM RA 223 DICHLORIDE-XOFIGO PER	A9606	HCPCS	outpatient			493	223.32	Horizon	MGD		361.39				126.36	468.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP RADIUM RA 223 DICHLORIDE-XOFIGO PER	A9606	HCPCS	outpatient			493	223.32	Managed Care Inc	Managed Care Inc		443.7	90			126.36	468.35	percent of total billed charges	
RP RADIUM RA 223 DICHLORIDE-XOFIGO PER	A9606	HCPCS	outpatient			493	223.32	Multiplan	Multiplan		394.4	80			126.36	468.35	percent of total billed charges	
RP RADIUM RA 223 DICHLORIDE-XOFIGO PER	A9606	HCPCS	outpatient			493	223.32	Qualcare	Qualcare		369.75	75			126.36	468.35	percent of total billed charges	
RP RADIUM RA 223 DICHLORIDE-XOFIGO PER	A9606	HCPCS	outpatient			493	223.32	Three Rivers	Three Rivers		468.35	95			126.36	468.35	percent of total billed charges	
RP RADIUM RA 223 DICHLORIDE-XOFIGO PER	A9606	HCPCS	outpatient			493	223.32	UHC	Medicare		194.19				126.36	468.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP RADIUM RA 223 DICHLORIDE-XOFIGO PER	A9606	HCPCS	outpatient			493	223.32	UHC	Medicaid		155.54	31.55			126.36	468.35	percent of total billed charges	
RP RADIUM RA 223 DICHLORIDE-XOFIGO PER	A9606	HCPCS	outpatient			493	223.32	United	Oxford		402.9				126.36	468.35	fee schedule	
RP RADIUM RA 223 DICHLORIDE-XOFIGO PER	A9606	HCPCS	outpatient			493	223.32	United	Commercial|PPO		402.9				126.36	468.35	fee schedule	
RP RADIUM RA 223 DICHLORIDE-XOFIGO PER	A9606	HCPCS	outpatient			493	223.32	Wellcare	Medicaid		155.54	31.55			126.36	468.35	percent of total billed charges	
RP RADIUM RA 223 DICHLORIDE-XOFIGO PER	A9606	HCPCS	outpatient			493	223.32	Wellcare	Medicare		194.19				126.36	468.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP RADIUM RA 223 DICHLORIDE-XOFIGO PER	A9606	HCPCS	outpatient			493	223.32	WellPoint	WellPoint		158.65	32.18			126.36	468.35	percent of total billed charges	
RP CHG LUTETIUM 177 PLUVICTO PER MCI	A9607	HCPCS	outpatient			677	317.16	Aetna	Commercial		439.06				213.59	643.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP CHG LUTETIUM 177 PLUVICTO PER MCI	A9607	HCPCS	outpatient			677	317.16	Aetna	Better Health		213.59	31.55			213.59	643.15	percent of total billed charges	
RP CHG LUTETIUM 177 PLUVICTO PER MCI	A9607	HCPCS	outpatient			677	317.16	Aetna	Medicare		275.79				213.59	643.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP CHG LUTETIUM 177 PLUVICTO PER MCI	A9607	HCPCS	outpatient			677	317.16	Americare	Americare		507.75	75			213.59	643.15	percent of total billed charges	
RP CHG LUTETIUM 177 PLUVICTO PER MCI	A9607	HCPCS	outpatient			677	317.16	Amerihealth	HMO/PPO		440.05	65			213.59	643.15	percent of total billed charges	
RP CHG LUTETIUM 177 PLUVICTO PER MCI	A9607	HCPCS	outpatient			677	317.16	Amerihealth	Medicare		275.79				213.59	643.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP CHG LUTETIUM 177 PLUVICTO PER MCI	A9607	HCPCS	outpatient			677	317.16	Consumer	Consumer		643.15	95			213.59	643.15	percent of total billed charges	
RP CHG LUTETIUM 177 PLUVICTO PER MCI	A9607	HCPCS	outpatient			677	317.16	Corrections	Corrections		541

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.															
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true														
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
RP CHG LUTETIUM 177 PLUVICTO PER MCI	A9607	HCPCS	outpatient			677	317.16	Managed Care Inc	Managed Care Inc		609.3	90			213.59	643.15	percent of total billed charges	
RP CHG LUTETIUM 177 PLUVICTO PER MCI	A9607	HCPCS	outpatient			677	317.16	Multiplan	Multiplan		541.6	80			213.59	643.15	percent of total billed charges	
RP CHG LUTETIUM 177 PLUVICTO PER MCI	A9607	HCPCS	outpatient			677	317.16	Qualcare	Qualcare		507.75	75			213.59	643.15	percent of total billed charges	
RP CHG LUTETIUM 177 PLUVICTO PER MCI	A9607	HCPCS	outpatient			677	317.16	Three Rivers	Three Rivers		643.15	95			213.59	643.15	percent of total billed charges	
RP CHG LUTETIUM 177 PLUVICTO PER MCI	A9607	HCPCS	outpatient			677	317.16	UHC	Medicaid		213.59	31.55			213.59	643.15	percent of total billed charges	
RP CHG LUTETIUM 177 PLUVICTO PER MCI	A9607	HCPCS	outpatient			677	317.16	UHC	Medicare		275.79				213.59	643.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP CHG LUTETIUM 177 PLUVICTO PER MCI	A9607	HCPCS	outpatient			677	317.16	United	Commercial|PPO		574.4				213.59	643.15	fee schedule	
RP CHG LUTETIUM 177 PLUVICTO PER MCI	A9607	HCPCS	outpatient			677	317.16	United	Oxford		574.4				213.59	643.15	fee schedule	
RP CHG LUTETIUM 177 PLUVICTO PER MCI	A9607	HCPCS	outpatient			677	317.16	Wellcare	Medicaid		213.59	31.55			213.59	643.15	percent of total billed charges	
RP CHG LUTETIUM 177 PLUVICTO PER MCI	A9607	HCPCS	outpatient			677	317.16	Wellcare	Medicare		275.79				213.59	643.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP CHG LUTETIUM 177 PLUVICTO PER MCI	A9607	HCPCS	outpatient			677	317.16	WellPoint	WellPoint		217.86	32.18			213.59	643.15	percent of total billed charges	
RP MAGTRACER INJECTION	A9697	HCPCS	outpatient			2163		Aetna	Better Health		682.43	31.55			648.9	2054.85	percent of total billed charges	
RP MAGTRACER INJECTION	A9697	HCPCS	outpatient			2163		Aetna	Commercial		821.94	38			648.9	2054.85	percent of total billed charges	
RP MAGTRACER INJECTION	A9697	HCPCS	outpatient			2163		Aetna	Medicare		666.2	30.8			648.9	2054.85	percent of total billed charges	
RP MAGTRACER INJECTION	A9697	HCPCS	outpatient			2163		Americare	Americare		1622.25	75			648.9	2054.85	percent of total billed charges	
RP MAGTRACER INJECTION	A9697	HCPCS	outpatient			2163		Amerihealth	HMO/PPO		1405.95	65			648.9	2054.85	percent of total billed charges	
RP MAGTRACER INJECTION	A9697	HCPCS	outpatient			2163		Consumer	Consumer		2054.85	95			648.9	2054.85	percent of total billed charges	
RP MAGTRACER INJECTION	A9697	HCPCS	outpatient			2163		Corrections	Corrections		1730.4	80			648.9	2054.85	percent of total billed charges	
RP MAGTRACER INJECTION	A9697	HCPCS	outpatient			2163		First Health	First Health		1514.1	70			648.9	2054.85	percent of total billed charges	
RP MAGTRACER INJECTION	A9697	HCPCS	outpatient			2163		First Trenton	First Trenton		1946.7	90			648.9	2054.85	percent of total billed charges	
RP MAGTRACER INJECTION	A9697	HCPCS	outpatient			2163		Horizon	MGD		828	38.28			648.9	2054.85	percent of total billed charges	
RP MAGTRACER INJECTION	A9697	HCPCS	outpatient			2163		Horizon	PPO		828	38.28			648.9	2054.85	percent of total billed charges	
RP MAGTRACER INJECTION	A9697	HCPCS	outpatient			2163		Horizon	Indemnity		828	38.28			648.9	2054.85	percent of total billed charges	
RP MAGTRACER INJECTION	A9697	HCPCS	outpatient			2163		Horizon	Medicare Blue		648.9	30			648.9	2054.85	percent of total billed charges	
RP MAGTRACER INJECTION	A9697	HCPCS	outpatient			2163		Managed Care Inc	Managed Care Inc		1946.7	90			648.9	2054.85	percent of total billed charges	
RP MAGTRACER INJECTION	A9697	HCPCS	outpatient			2163		Multiplan	Multiplan		1730.4	80			648.9	2054.85	percent of total billed charges	
RP MAGTRACER INJECTION	A9697	HCPCS	outpatient			2163		Qualcare	Qualcare		1622.25	75			648.9	2054.85	percent of total billed charges	
RP MAGTRACER INJECTION	A9697	HCPCS	outpatient			2163		Three Rivers	Three Rivers		2054.85	95			648.9	2054.85	percent of total billed charges	
RP MAGTRACER INJECTION	A9697	HCPCS	outpatient			2163		UHC	Medicaid		682.43	31.55			648.9	2054.85	percent of total billed charges	
RP MAGTRACER INJECTION	A9697	HCPCS	outpatient			2163		Wellcare	Medicaid		682.43	31.55			648.9	2054.85	percent of total billed charges	
RP MAGTRACER INJECTION	A9697	HCPCS	outpatient			2163		WellPoint	WellPoint		696.05	32.18			648.9	2054.85	percent of total billed charges	
Y90 THERASPHERE (A9699)	A9699	HCPCS	outpatient			135265		Aetna	Commercial		51400.7	38			21659.7	128501.75	percent of total billed charges	
Y90 THERASPHERE (A9699)	A9699	HCPCS	outpatient			135265		Aetna	Better Health		42676.11	31.55			21659.7	128501.75	percent of total billed charges	
Y90 THERASPHERE (A9699)	A9699	HCPCS	outpatient			135265		Aetna	Medicare		41661.62	30.8			21659.7	128501.75	percent of total billed charges	
Y90 THERASPHERE (A9699)	A9699	HCPCS	outpatient			135265		Americare	Americare		101448.75	75			21659.7	128501.75	percent of total billed charges	
Y90 THERASPHERE (A9699)	A9699	HCPCS	outpatient			135265		Amerihealth	HMO/PPO		87922.25	65			21659.7	128501.75	percent of total billed charges	
Y90 THERASPHERE (A9699)	A9699	HCPCS	outpatient			135265		Consumer	Consumer		128501.75	95			21659.7	128501.75	percent of total billed charges	
Y90 THERASPHERE (A9699)	A9699	HCPCS	outpatient			135265		Corrections	Corrections		108212	80			21659.7	128501.75	percent of total billed charges	
Y90 THERASPHERE (A9699)	A9699	HCPCS	outpatient			135265		First Health	First Health		94985.5	70			21659.7	128501.75	percent of total billed charges	
Y90 THERASPHERE (A9699)	A9699	HCPCS	outpatient			135265		First Trenton	First Trenton		121738.5	90			21659.7	128501.75	percent of total billed charges	
Y90 THERASPHERE (A9699)	A9699	HCPCS	outpatient			135265		Horizon	MGD		51779.44	38.28			21659.7	128501.75	percent of total billed charges	
Y90 THERASPHERE (A9699)	A9699	HCPCS	outpatient			135265		Horizon	Indemnity		51779.44	38.28			21659.7	128501.75	percent of total billed charges	
Y90 THERASPHERE (A9699)	A9699	HCPCS	outpatient			135265		Horizon	PPO		51779.44	38.28			21659.7	128501.75	percent of total billed charges	
Y90 THERASPHERE (A9699)	A9699	HCPCS	outpatient			135265		Horizon	Medicare Blue		40579.5	30			21659.7	128501.75	percent of total billed charges	
Y90 THERASPHERE (A9699)	A9699	HCPCS	outpatient			135265		Managed Care Inc	Managed Care Inc		121738.5	90			21659.7	128501.75	percent of total billed charges	
Y90 THERASPHERE (A9699)	A9699	HCPCS	outpatient			135265		Multiplan	Multiplan		108212	80			21659.7	128501.75	percent of total billed charges	
Y90 THERASPHERE (A9699)	A9699	HCPCS	outpatient			135265		Qualcare	Qualcare		101448.75	75			21659.7	128501.75	percent of total billed charges	
Y90 THERASPHERE (A9699)	A9699	HCPCS	outpatient			135265		Three Rivers	Three Rivers		128501.75	95			21659.7	128501.75	percent of total billed charges	
Y90 THERASPHERE (A9699)	A9699	HCPCS	outpatient			135265		UHC	Medicaid		42676.11	31.55			21659.7	128501.75	percent of total billed charges	
Y90 THERASPHERE (A9699)	A9699	HCPCS	outpatient			135265		Wellcare	Medicaid		42676.11	31.55			21659.7	128501.75	percent of total billed charges	
Y90 THERASPHERE (A9699)	A9699	HCPCS	outpatient			135265		WellPoint	WellPoint		43528.28	32.18			21659.7	128501.75	percent of total billed charges	
RP LOCAMETZ GA68 PSMA GOZETOTIDE PER MCI	A9800	HCPCS	outpatient			2547	1205.68	Aetna	Better Health		803.58	31.55			803.58	2419.65	percent of total billed charges	
RP LOCAMETZ GA68 PSMA GOZETOTIDE PER MCI	A9800	HCPCS	outpatient			2547	1205.68	Aetna	Commercial		1669.08				803.58	2419.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP LOCAMETZ GA68 PSMA GOZETOTIDE PER MCI	A9800	HCPCS	outpatient			2547	1205.68	Aetna	Medicare		1048.42				803.58	2419.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP LOCAMETZ GA68 PSMA GOZETOTIDE PER MCI	A9800	HCPCS	outpatient			2547	1205.68	Americare	Americare		1910.25	75			803.58	2419.65	percent of total billed charges	
RP LOCAMETZ GA68 PSMA GOZETOTIDE PER MCI	A9800	HCPCS	outpatient			2547	1205.68	Amerihealth	HMO/PPO		1655.55	65			803.58	2419.65	percent of total billed charges	
RP LOCAMETZ GA68 PSMA GOZETOTIDE PER MCI	A9800	HCPCS	outpatient			2547	1205.68	Amerihealth	Medicare		1048.42				803.58	2419.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP LOCAMETZ GA68 PSMA GOZETOTIDE PER MCI	A9800	HCPCS	outpatient			2547	1205.68	Consumer	Consumer		2419.65	95			803.58	2419.65	percent of total billed charges	
RP LOCAMETZ GA68 PSMA GOZETOTIDE PER MCI	A9800	HCPCS	outpatient			2547	1205.68	Corrections	Corrections		2037.6	80			803.58	2419.65	percent of total billed charges	
RP LOCAMETZ GA68 PSMA GOZETOTIDE PER MCI	A9800	HCPCS	outpatient			2547	1205.68	First Health	First Health		1782.9	70			803.58	2419.65	percent of total billed charges	
RP LOCAMETZ GA68 PSMA GOZETOTIDE PER MCI	A9800	HCPCS	outpatient			2547	1205.68	First Trenton	First Trenton		2292.3	90			803.58	2419.65	percent of total billed charges	
RP LOCAMETZ GA68 PSMA GOZETOTIDE PER MCI	A9800	HCPCS	outpatient			2547	1205.68	Horizon	Medicare Blue		1048.42				803.58	2419.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP LOCAMETZ GA68 PSMA GOZETOTIDE PER MCI	A9800	HCPCS	outpatient			2547	1205.68	Horizon	Indemnity		1951.11				803.58	2419.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP LOCAMETZ GA68 PSMA GOZETOTIDE PER MCI	A9800	HCPCS	outpatient			2547	1205.68	Horizon	MGD		1951.11				803.58	2419.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP LOCAMETZ GA68 PSMA GOZETOTIDE PER MCI	A9800	HCPCS	outpatient			2547	1205.68	Horizon	PPO		1951.11				803.58	2419.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP LOCAMETZ GA68 PSMA GOZETOTIDE PER MCI	A9800	HCPCS	outpatient			2547	1205.68	Managed Care Inc	Managed Care Inc		2292.3	90			803.58	2419.65	percent of total billed charges	
RP LOCAMETZ GA68 PSMA GOZETOTIDE PER MCI	A9800	HCPCS	outpatient			2547	1205.68	Multiplan	Multiplan		2037.6	80			803.58	2419.65	percent of total billed charges	
RP LOCAMETZ GA68 PSMA GOZETOTIDE PER MCI	A9800	HCPCS	outpatient			2547	1205.68	Qualcare	Qualcare		1910.25	75			803.58	2419.65	percent of total billed charges	
RP LOCAMETZ GA68 PSMA GOZETOTIDE PER MCI	A9800	HCPCS	outpatient			2547	1205.68	Three Rivers	Three Rivers		2419.65	95			803.58	2419.65	percent of total billed charges	
RP LOCAMETZ GA68 PSMA GOZETOTIDE PER MCI	A9800	HCPCS	outpatient			2547	1205.68	UHC	Medicaid		803.58	31.55			803.58	2419.65	percent of total billed charges	
RP LOCAMETZ GA68 PSMA GOZETOTIDE PER MCI	A9800	HCPCS	outpatient			2547	1205.68	UHC	Medicare		1048.42				803.58	2419.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP LOCAMETZ GA68 PSMA GOZETOTIDE PER MCI	A9800	HCPCS	outpatient			2547	1205.68	United	Oxford		2183.6				803.58	2419.65	fee schedule	
RP LOCAMETZ GA68 PSMA GOZETOTIDE PER MCI	A9800	HCPCS	outpatient			2547	1205.68	United	Commercial|PPO		2183.6				803.58	2419.65	fee schedule	
RP LOCAMETZ GA68 PSMA GOZETOTIDE PER MCI	A9800	HCPCS	outpatient			2547	1205.68	Wellcare	Medicare		1048.42				803.58	2419.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP LOCAMETZ GA68 PSMA GOZETOTIDE PER MCI	A9800	HCPCS	outpatient			2547	1205.68	Wellcare	Medicaid		803.58	31.55			803.58	2419.65	percent of total billed charges	
RP LOCAMETZ GA68 PSMA GOZETOTIDE PER MCI	A9800	HCPCS	outpatient			2547	1205.68	WellPoint	WellPoint		819.62	32.18			803.58	2419.65	percent of total billed charges	
MIC-KEY L/P TRANSGASTRIC-JEJ FEED TUBE	B4087	HCPCS	inpatient			1251		Aetna	Commercial		475.38	38			375.3	1188.45	percent of total billed charges	
MIC-KEY L/P TRANSGASTRIC-JEJ FEED TUBE	B4087	HCPCS	inpatient			1251		Aetna	Medicare		385.31	30.8			375.3	1188.45	percent of total billed charges	
MIC-KEY L/P TRANSGASTRIC-JEJ FEED TUBE	B4087	HCPCS	inpatient			1251		Aetna	Better Health		394.69	31.55			375.3	1188.45	percent of total billed charges	
MIC-KEY L/P TRANSGASTRIC-JEJ FEED TUBE	B4087	HCPCS	inpatient			1251		Americare	Americare		938.25	75			375.3	1188.45	percent of total billed charges	
MIC-KEY L/P TRANSGASTRIC-JEJ FEED TUBE	B4087	HCPCS	inpatient			1251		Amerihealth	HMO/PPO		813.15	65			375.3	1188.45	percent of total billed charges	
MIC-KEY L/P TRANSGASTRIC-JEJ FEED TUBE	B4087	HCPCS	inpatient			1251		Consumer	Consumer		1188.45	95			375.3	1188.45	percent of total billed charges	
MIC-KEY L/P TRANSGASTRIC-JEJ FEED TUBE	B4087	HCPCS	inpatient			1251		Corrections	Corrections		1000.8	80			375.3	1188.45	percent of total billed charges	
MIC-KEY L/P TRANSGASTRIC-JEJ FEED TUBE	B4087	HCPCS	inpatient			1251		First Health	First Health		875.7	70			375.3	1188.45	percent of total billed charges	
MIC-KEY L/P TRANSGASTRIC-JEJ FEED TUBE	B4087	HCPCS	inpatient			1251		First Trenton	First Trenton		1125.9	90			375.3	1188.45	percent of total billed charges	
MIC-KEY L/P TRANSGASTRIC-JEJ FEED TUBE	B4087	HCPCS	inpatient			1251		Horizon	Medicare Blue		375.3	30			375.3	1188.45	percent of total billed charges	
MIC-KEY L/P TRANSGASTRIC-JEJ FEED TUBE	B4087	HCPCS	inpatient			1251		Horizon	Indemnity		478.88	38.28			375.3	1188.45	percent of total billed charges	
MIC-KEY L/P TRANSGASTRIC-JEJ FEED TUBE	B4087	HCPCS	inpatient			1251		Horizon	PPO		478.88	38.28			375.3	1188.45	percent of total billed charges	
MIC-KEY L/P TRANSGASTRIC-JEJ FEED TUBE	B4087	HCPCS	inpatient			1251		Horizon	MGD		478.88	38.28			375.3	1188.45	percent of total billed charges	
MIC-KEY L/P TRANSGASTRIC-JEJ FEED TUBE	B4087	HCPCS	inpatient			1251		Managed Care Inc	Managed Care Inc		1125.9	90			375.3	1188.45	percent of total billed charges	
MIC-KEY L/P TRANSGASTRIC-JEJ FEED TUBE	B4087	HCPCS	inpatient			1251		Multiplan	Multiplan		1000.8	80			375.3	1188.45	percent of total billed charges	
MIC-KEY L/P TRANSGASTRIC-JEJ FEED TUBE	B4087	HCPCS	inpatient			1251		Qualcare	Qualcare		938.25	75			375.3	1188.45	percent of total billed charges	
MIC-KEY L/P TRANSGASTRIC-JEJ FEED TUBE	B4087	HCPCS	inpatient			1251		Three Rivers	Three Rivers		1188.45	95			375.3	1188.45	percent of total billed charges	
MIC-KEY L/P TRANSGASTRIC-JEJ FEED TUBE	B4087	HCPCS	inpatient			1251		UHC	Medicaid		394.69	31.55			375.3	1188.45	percent of total billed charges	
MIC-KEY L/P TRANSGASTRIC-JEJ FEED TUBE	B4087	HCPCS	inpatient			1251		Wellcare	Medicaid		394.69	31.55			375.3	1188.45	percent of total billed charges	
MIC-KEY L/P TRANSGASTRIC-JEJ FEED TUBE	B4087	HCPCS	inpatient			1251		WellPoint	WellPoint		402.57	32.18			375.3	1188.45	percent of total billed charges	
MIC-KEY L/P GASTROSTOMY FEEDING TUBE	B4088	HCPCS	both			347		Aetna	Better Health		109.48	31.55			104.1	329.65	percent of total billed charges	
MIC-KEY L/P GASTROSTOMY FEEDING TUBE	B4088	HCPCS	both			347		Aetna	Medicare		106.88	30.8			104.1	329.65	percent of total billed charges	
MIC-KEY L/P GASTROSTOMY FEEDING TUBE	B4088	HCPCS	both			347		Aetna	Commercial		131.86	38			104.1	329.65	percent of total billed charges	
MIC-KEY L/P GASTROSTOMY FEEDING TUBE	B4088	HCPCS	both			347		Americare	Americare		260.25	75			104.1	329.65	percent of total billed charges	
MIC-KEY L/P GASTROSTOMY FEEDING TUBE	B4088	HCPCS	both			347		Amerihealth	HMO/PPO		225.55	65			104.1	329.65	percent of total billed charges	
MIC-KEY L/P GASTROSTOMY FEEDING TUBE	B4088	HCPCS	both			347		Consumer	Consumer		329.65	95			104.1	329.65	percent of total billed charges	
MIC-KEY L/P GASTROSTOMY FEEDING TUBE	B4088	HCPCS	both			347		Corrections	Corrections		277.6	80			104.1	329.65	percent of total billed charges	
MIC-KEY L/P GASTROSTOMY FEEDING TUBE	B4088	HCPCS	both			347		First Health	First Health		242.9	70			104.1	329.65	percent of total billed charges	
MIC-KEY L/P GASTROSTOMY FEEDING TUBE	B4088	HCPCS	both			347		First Trenton	First Trenton		312.3	90			104.1	329.65	percent of total billed charges	
MIC-KEY L/P GASTROSTOMY FEEDING TUBE	B4088	HCPCS	both			347		Horizon	Indemnity		132.83	38.28			104.1	329.65	percent of total billed charges	
MIC-KEY L/P GASTROSTOMY FEEDING TUBE	B4088	HCPCS	both			347		Horizon	MGD		132.83	38.28			104.1	329.65	percent of total billed charges	
MIC-KEY L/P GASTROSTOMY FEEDING TUBE	B4088	HCPCS	both			347		Horizon	Medicare Blue		104.1	30			104.1	329.65	percent of total billed charges	
MIC-KEY L/P GASTROSTOMY FEEDING TUBE	B4088	HCPCS	both			347		Horizon	PPO		132.83	38.28			104.1	329.65	percent of total billed charges	
MIC-KEY L/P GASTROSTOMY FEEDING TUBE	B4088	HCPCS	both			347		Managed Care Inc	Managed Care Inc		312.3	90			104.1	329.65	percent of total billed charges	
MIC-KEY L/P GASTROSTOMY FEEDING TUBE	B4088	HCPCS	both			347		Multiplan	Multiplan		277.6	80			104.1	329.65	percent of total billed charges	
MIC-KEY L/P GASTROSTOMY FEEDING TUBE	B4088	HCPCS	both			347		Qualcare	Qualcare		260.25	75			104.1	329.65	percent of total billed charges	
MIC-KEY L/P GASTROSTOMY FEEDING TUBE	B4088	HCPCS	both			347		Three Rivers	Three Rivers		329.65	95			104.1	329.65	percent of total billed charges	
MIC-KEY L/P GASTROSTOMY FEEDING TUBE	B4088	HCPCS	both			347		UHC	Medicaid		109.48	31.55			104.1	329.65	percent of total billed charges	
MIC-KEY L/P GASTROSTOMY FEEDING TUBE	B4088	HCPCS	both			347		Wellcare	Medicaid		109.48	31.55			104.1	329.65	percent of total billed charges	
MIC-KEY L/P GASTROSTOMY FEEDING TUBE	B4088	HCPCS	both			347		WellPoint	WellPoint		111.66	32.18			104.1	329.65	percent of total billed charges	
FIBERSOURCE	B4150	HCPCS	both			19		Aetna	Commercial		7.22	38			5.7	18.05	percent of total billed charges	
FIBERSOURCE	B4150	HCPCS	both			19		Aetna	Better Health		5.99	31.55			5.7	18.05	percent of total billed charges	
FIBERSOURCE	B4150	HCPCS	both			19		Aetna	Medicare		5.85	30.8			5.7	18.05	percent of total billed charges	
FIBERSOURCE	B4150	HCPCS	both			19		Americare	Americare		14.25	75			5.7	18.05	percent of total billed charges	
FIBERSOURCE	B4150	HCPCS	both			19		Amerihealth	HMO/PPO		12.35	65			5.7	18.05	percent of total billed charges	
FIBERSOURCE	B4150	HCPCS	both			19		Consumer	Consumer		18.05	95			5.7	18.05	percent of total billed charges	
FIBERSOURCE	B4150	HCPCS	both			19		Corrections	Corrections		15.2	80			5.7	18.05	percent of total billed charges	
FIBERSOURCE	B4150	HCPCS	both			19		First Health	First Health		13.3	70			5.7	18.05	percent of total billed charges	
FIBERSOURCE	B4150	HCPCS	both			19		First Trenton	First Trenton		17.1	90			5.7	18.05	percent of total billed charges	
FIBERSOURCE	B4150	HCPCS	both			19		Horizon	Medicare Blue		5.7	30			5.7	18.05	percent of total billed charges	
FIBERSOURCE	B4150	HCPCS	both			19		Horizon	MGD		7.27	38.28			5.7	18.05	percent of total billed charges	
FIBERSOURCE	B4150	HCPCS	both			19		Horizon	Indemnity		7.27	38.28			5.7	18.05	percent of total billed charges	
FIBERSOURCE	B4150	HCPCS	both			19		Horizon	PPO		7.27	38.28			5.7	18.05	percent of total billed charges	
FIBERSOURCE	B4150	HCPCS	both			19		Managed Care Inc	Managed Care Inc		17.1	90			5.7	18.05	percent of total billed charges	
FIBERSOURCE	B4150	HCPCS	both			19		Multiplan	Multiplan		15.2	80			5.7	18.05	percent of total billed charges	
FIBERSOURCE	B4150	HCPCS	both			19		Qualcare	Qualcare		14.25	75			5.7	18.05	percent of total billed charges	
FIBERSOURCE	B4150	HCPCS	both			19		Three Rivers	Three Rivers		18.05	95			5.7	18.05	percent of total billed charges	
FIBERSOURCE	B4150	HCPCS	both			19		UHC	Medicaid		5.99	31.55			5.7	18.05	percent of total billed charges	
FIBERSOURCE	B4150	HCPCS	both			19		Wellcare	Medicaid		5.99	31.55			5.7	18.05	percent of total billed charges	
FIBERSOURCE	B4150	HCPCS	both			19		WellPoint	WellPoint		6.11	32.18			5.7	18.05	percent of total billed charges	
PERATIVE 8OZ CAN	B4152	HCPCS	both			23		Aetna	Medicare		7.08	30.8			5.7	21.85	percent of total billed charges	
PERATIVE 8OZ CAN	B4152	HCPCS	both			23		Aetna	Commercial		8.74	38			5.7	21.85	percent of total billed charges	
PERATIVE 8OZ CAN	B4152	HCPCS	both			23		Aetna	Better Health		7.26	31.55			5.7	21.85	percent of total billed charges	
PERATIVE 8OZ CAN	B4152	HCPCS	both			23		Americare	Americare		17.25	75			5.7	21.85	percent of total billed charges	
PERATIVE 8OZ CAN	B4152	HCPCS	both			23		Amerihealth	HMO/PPO		14.95	65			5.7	21.85	percent of total billed charges	
PERATIVE 8OZ CAN	B4152	HCPCS	both			23		Consumer	Consumer		21.85	95			5.7	21.85	percent of total billed charges	
PERATIVE 8OZ CAN	B4152	HCPCS	both			23		Corrections	Corrections		18.4	80			5.7	21.85	percent of total billed charges	
PERATIVE 8OZ CAN	B4152	HCPCS	both			23		First Health	First Health		16.1	70			5.7	21.85	percent of total billed charges	
PERATIVE 8OZ CAN	B4152	HCPCS	both			23		First Trenton	First Trenton		20.7	90			5.7	21.85	percent of total billed charges	
PERATIVE 8OZ CAN	B4152	HCPCS	both			23		Horizon	Indemnity		8.8	38.28			5.7	21.85	percent of total billed charges	
PERATIVE 8OZ CAN	B4152	HCPCS	both			23		Horizon	Medicare Blue		6.9	30			5.7	21.85	percent of total billed charges	
PERATIVE 8OZ CAN	B4152	HCPCS	both			23		Horizon	MGD		8.8	38.28			5.7	21.85	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.														
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true													
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
PERATIVE 80Z CAN	B4152	HCPCS	both			23		Horizon	PPO		38.28	8.8			5.7	21.85	percent of total billed charges	
PERATIVE 80Z CAN	B4152	HCPCS	both			23		Managed Care Inc	Managed Care Inc		20.7	90			5.7	21.85	percent of total billed charges	
PERATIVE 80Z CAN	B4152	HCPCS	both			23		Multiplan	Multiplan		18.4	80			5.7	21.85	percent of total billed charges	
PERATIVE 80Z CAN	B4152	HCPCS	both			23		Qualcare	Qualcare		17.25	75			5.7	21.85	percent of total billed charges	
PERATIVE 80Z CAN	B4152	HCPCS	both			23		Three Rivers	Three Rivers		21.85	95			5.7	21.85	percent of total billed charges	
PERATIVE 80Z CAN	B4152	HCPCS	both			23		UHC	Medicaid		7.26	31.55			5.7	21.85	percent of total billed charges	
PERATIVE 80Z CAN	B4152	HCPCS	both			23		Wellcare	Medicaid		7.26	31.55			5.7	21.85	percent of total billed charges	
PERATIVE 80Z CAN	B4152	HCPCS	both			23		WellPoint	WellPoint		7.4	32.18			5.7	21.85	percent of total billed charges	
PEPTAMEN 1.5	B4153	HCPCS	both			97		Aetna	Commercial		36.86	38			16.8	92.15	percent of total billed charges	
PEPTAMEN 1.5	B4153	HCPCS	both			97		Aetna	Medicare		29.88	30.8			16.8	92.15	percent of total billed charges	
PEPTAMEN 1.5	B4153	HCPCS	both			97		Aetna	Better Health		30.6	31.55			16.8	92.15	percent of total billed charges	
PEPTAMEN 1.5	B4153	HCPCS	both			97		Americare	Americare		72.75	75			16.8	92.15	percent of total billed charges	
PEPTAMEN 1.5	B4153	HCPCS	both			97		Amerihealth	HMO/PPO		63.05	65			16.8	92.15	percent of total billed charges	
PEPTAMEN 1.5	B4153	HCPCS	both			97		Consumer	Consumer		92.15	95			16.8	92.15	percent of total billed charges	
PEPTAMEN 1.5	B4153	HCPCS	both			97		Corrections	Corrections		77.6	80			16.8	92.15	percent of total billed charges	
PEPTAMEN 1.5	B4153	HCPCS	both			97		First Health	First Health		67.9	70			16.8	92.15	percent of total billed charges	
PEPTAMEN 1.5	B4153	HCPCS	both			97		First Trenton	First Trenton		87.3	90			16.8	92.15	percent of total billed charges	
PEPTAMEN 1.5	B4153	HCPCS	both			97		Horizon	Indemnity		37.13	38.28			16.8	92.15	percent of total billed charges	
PEPTAMEN 1.5	B4153	HCPCS	both			97		Horizon	MGD		37.13	38.28			16.8	92.15	percent of total billed charges	
PEPTAMEN 1.5	B4153	HCPCS	both			97		Horizon	PPO		37.13	38.28			16.8	92.15	percent of total billed charges	
PEPTAMEN 1.5	B4153	HCPCS	both			97		Horizon	Medicare Blue		29.1	30			16.8	92.15	percent of total billed charges	
PEPTAMEN 1.5	B4153	HCPCS	both			97		Managed Care Inc	Managed Care Inc		87.3	90			16.8	92.15	percent of total billed charges	
PEPTAMEN 1.5	B4153	HCPCS	both			97		Multiplan	Multiplan		77.6	80			16.8	92.15	percent of total billed charges	
PEPTAMEN 1.5	B4153	HCPCS	both			97		Qualcare	Qualcare		72.75	75			16.8	92.15	percent of total billed charges	
PEPTAMEN 1.5	B4153	HCPCS	both			97		Three Rivers	Three Rivers		92.15	95			16.8	92.15	percent of total billed charges	
PEPTAMEN 1.5	B4153	HCPCS	both			97		UHC	Medicaid		30.6	31.55			16.8	92.15	percent of total billed charges	
PEPTAMEN 1.5	B4153	HCPCS	both			97		Wellcare	Medicaid		30.6	31.55			16.8	92.15	percent of total billed charges	
PEPTAMEN 1.5	B4153	HCPCS	both			97		WellPoint	WellPoint		31.21	32.18			16.8	92.15	percent of total billed charges	
NOVOSOURCE RENAL, 250ML TETRA	B4154	HCPCS	outpatient			17		Aetna	Commercial		6.46	38			2.1	16.15	percent of total billed charges	
NOVOSOURCE RENAL, 250ML TETRA	B4154	HCPCS	outpatient			17		Aetna	Better Health		5.36	31.55			2.1	16.15	percent of total billed charges	
NOVOSOURCE RENAL, 250ML TETRA	B4154	HCPCS	outpatient			17		Aetna	Medicare		5.24	30.8			2.1	16.15	percent of total billed charges	
NOVOSOURCE RENAL, 250ML TETRA	B4154	HCPCS	outpatient			17		Americare	Americare		12.75	75			2.1	16.15	percent of total billed charges	
NOVOSOURCE RENAL, 250ML TETRA	B4154	HCPCS	outpatient			17		Amerihealth	HMO/PPO		11.05	65			2.1	16.15	percent of total billed charges	
NOVOSOURCE RENAL, 250ML TETRA	B4154	HCPCS	outpatient			17		Consumer	Consumer		16.15	95			2.1	16.15	percent of total billed charges	
NOVOSOURCE RENAL, 250ML TETRA	B4154	HCPCS	outpatient			17		Corrections	Corrections		13.6	80			2.1	16.15	percent of total billed charges	
NOVOSOURCE RENAL, 250ML TETRA	B4154	HCPCS	outpatient			17		First Health	First Health		11.9	70			2.1	16.15	percent of total billed charges	
NOVOSOURCE RENAL, 250ML TETRA	B4154	HCPCS	outpatient			17		First Trenton	First Trenton		15.3	90			2.1	16.15	percent of total billed charges	
NOVOSOURCE RENAL, 250ML TETRA	B4154	HCPCS	outpatient			17		Horizon	Indemnity		6.51	38.28			2.1	16.15	percent of total billed charges	
NOVOSOURCE RENAL, 250ML TETRA	B4154	HCPCS	outpatient			17		Horizon	MGD		6.51	38.28			2.1	16.15	percent of total billed charges	
NOVOSOURCE RENAL, 250ML TETRA	B4154	HCPCS	outpatient			17		Horizon	Medicare Blue		5.1	30			2.1	16.15	percent of total billed charges	
NOVOSOURCE RENAL, 250ML TETRA	B4154	HCPCS	outpatient			17		Horizon	PPO		6.51	38.28			2.1	16.15	percent of total billed charges	
NOVOSOURCE RENAL, 250ML TETRA	B4154	HCPCS	outpatient			17		Managed Care Inc	Managed Care Inc		15.3	90			2.1	16.15	percent of total billed charges	
NOVOSOURCE RENAL, 250ML TETRA	B4154	HCPCS	outpatient			17		Multiplan	Multiplan		13.6	80			2.1	16.15	percent of total billed charges	
NOVOSOURCE RENAL, 250ML TETRA	B4154	HCPCS	outpatient			17		Qualcare	Qualcare		12.75	75			2.1	16.15	percent of total billed charges	
NOVOSOURCE RENAL, 250ML TETRA	B4154	HCPCS	outpatient			17		Three Rivers	Three Rivers		16.15	95			2.1	16.15	percent of total billed charges	
NOVOSOURCE RENAL, 250ML TETRA	B4154	HCPCS	outpatient			17		UHC	Medicaid		5.36	31.55			2.1	16.15	percent of total billed charges	
NOVOSOURCE RENAL, 250ML TETRA	B4154	HCPCS	outpatient			17		Wellcare	Medicaid		5.36	31.55			2.1	16.15	percent of total billed charges	
NOVOSOURCE RENAL, 250ML TETRA	B4154	HCPCS	outpatient			17		WellPoint	WellPoint		5.47	32.18			2.1	16.15	percent of total billed charges	
BENEPROTEIN, PER SCOOP	B4155	HCPCS	both			9		Aetna	Medicare		2.77	30.8			2.7	8.55	percent of total billed charges	
BENEPROTEIN, PER SCOOP	B4155	HCPCS	both			9		Aetna	Better Health		2.84	31.55			2.7	8.55	percent of total billed charges	
BENEPROTEIN, PER SCOOP	B4155	HCPCS	both			9		Aetna	Commercial		3.42	38			2.7	8.55	percent of total billed charges	
BENEPROTEIN, PER SCOOP	B4155	HCPCS	both			9		Americare	Americare		6.75	75			2.7	8.55	percent of total billed charges	
BENEPROTEIN, PER SCOOP	B4155	HCPCS	both			9		Amerihealth	HMO/PPO		5.85	65			2.7	8.55	percent of total billed charges	
BENEPROTEIN, PER SCOOP	B4155	HCPCS	both			9		Consumer	Consumer		8.55	95			2.7	8.55	percent of total billed charges	
BENEPROTEIN, PER SCOOP	B4155	HCPCS	both			9		Corrections	Corrections		7.2	80			2.7	8.55	percent of total billed charges	
BENEPROTEIN, PER SCOOP	B4155	HCPCS	both			9		First Health	First Health		6.3	70			2.7	8.55	percent of total billed charges	
BENEPROTEIN, PER SCOOP	B4155	HCPCS	both			9		First Trenton	First Trenton		8.1	90			2.7	8.55	percent of total billed charges	
BENEPROTEIN, PER SCOOP	B4155	HCPCS	both			9		Horizon	MGD		3.45	38.28			2.7	8.55	percent of total billed charges	
BENEPROTEIN, PER SCOOP	B4155	HCPCS	both			9		Horizon	Indemnity		3.45	38.28			2.7	8.55	percent of total billed charges	
BENEPROTEIN, PER SCOOP	B4155	HCPCS	both			9		Horizon	Medicare Blue		2.7	30			2.7	8.55	percent of total billed charges	
BENEPROTEIN, PER SCOOP	B4155	HCPCS	both			9		Horizon	PPO		3.45	38.28			2.7	8.55	percent of total billed charges	
BENEPROTEIN, PER SCOOP	B4155	HCPCS	both			9		Managed Care Inc	Managed Care Inc		8.1	90			2.7	8.55	percent of total billed charges	
BENEPROTEIN, PER SCOOP	B4155	HCPCS	both			9		Multiplan	Multiplan		7.2	80			2.7	8.55	percent of total billed charges	
BENEPROTEIN, PER SCOOP	B4155	HCPCS	both			9		Qualcare	Qualcare		6.75	75			2.7	8.55	percent of total billed charges	
BENEPROTEIN, PER SCOOP	B4155	HCPCS	both			9		Three Rivers	Three Rivers		8.55	95			2.7	8.55	percent of total billed charges	
BENEPROTEIN, PER SCOOP	B4155	HCPCS	both			9		UHC	Medicaid		2.84	31.55			2.7	8.55	percent of total billed charges	
BENEPROTEIN, PER SCOOP	B4155	HCPCS	both			9		Wellcare	Medicaid		2.84	31.55			2.7	8.55	percent of total billed charges	
BENEPROTEIN, PER SCOOP	B4155	HCPCS	both			9		WellPoint	WellPoint		2.9	32.18			2.7	8.55	percent of total billed charges	
PEDIASURE WITH FIBER	B4158	HCPCS	both			19		Aetna	Better Health		5.99	31.55			5.7	18.05	percent of total billed charges	
PEDIASURE WITH FIBER	B4158	HCPCS	both			19		Aetna	Commercial		7.22	38			5.7	18.05	percent of total billed charges	
PEDIASURE WITH FIBER	B4158	HCPCS	both			19		Aetna	Medicare		5.85	30.8			5.7	18.05	percent of total billed charges	
PEDIASURE WITH FIBER	B4158	HCPCS	both			19		Americare	Americare		14.25	75			5.7	18.05	percent of total billed charges	
PEDIASURE WITH FIBER	B4158	HCPCS	both			19		Amerihealth	HMO/PPO		12.35	65			5.7	18.05	percent of total billed charges	
PEDIASURE WITH FIBER	B4158	HCPCS	both			19		Consumer	Consumer		18.05	95			5.7	18.05	percent of total billed charges	
PEDIASURE WITH FIBER	B4158	HCPCS	both			19		Corrections	Corrections		15.2	80			5.7	18.05	percent of total billed charges	
PEDIASURE WITH FIBER	B4158	HCPCS	both			19		First Health	First Health		13.3	70			5.7	18.05	percent of total billed charges	
PEDIASURE WITH FIBER	B4158	HCPCS	both			19		First Trenton	First Trenton		17.1	90			5.7	18.05	percent of total billed charges	
PEDIASURE WITH FIBER	B4158	HCPCS	both			19		Horizon	MGD		7.27	38.28			5.7	18.05	percent of total billed charges	
PEDIASURE WITH FIBER	B4158	HCPCS	both			19		Horizon	Indemnity		7.27	38.28			5.7	18.05	percent of total billed charges	
PEDIASURE WITH FIBER	B4158	HCPCS	both			19		Horizon	Medicare Blue		5.7	30			5.7	18.05	percent of total billed charges	
PEDIASURE WITH FIBER	B4158	HCPCS	both			19		Horizon	PPO		7.27	38.28			5.7	18.05	percent of total billed charges	
PEDIASURE WITH FIBER	B4158	HCPCS	both			19		Managed Care Inc	Managed Care Inc		17.1	90			5.7	18.05	percent of total billed charges	
PEDIASURE WITH FIBER	B4158	HCPCS	both			19		Multiplan	Multiplan		15.2	80			5.7	18.05	percent of total billed charges	
PEDIASURE WITH FIBER	B4158	HCPCS	both			19		Qualcare	Qualcare		14.25	75			5.7	18.05	percent of total billed charges	
PEDIASURE WITH FIBER	B4158	HCPCS	both			19		Three Rivers	Three Rivers		18.05	95			5.7	18.05	percent of total billed charges	
PEDIASURE WITH FIBER	B4158	HCPCS	both			19		UHC	Medicaid		5.99	31.55			5.7	18.05	percent of total billed charges	
PEDIASURE WITH FIBER	B4158	HCPCS	both			19		Wellcare	Medicaid		5.99	31.55			5.7	18.05	percent of total billed charges	
PEDIASURE WITH FIBER	B4158	HCPCS	both			19		WellPoint	WellPoint		6.11	32.18			5.7	18.05	percent of total billed charges	
PEPTAMIN JR.	B4161	HCPCS	inpatient			66		Aetna	Better Health		20.82	31.55			7.5	62.7	percent of total billed charges	
PEPTAMIN JR.	B4161	HCPCS	inpatient			66		Aetna	Commercial		25.08	38			7.5	62.7	percent of total billed charges	
PEPTAMIN JR.	B4161	HCPCS	inpatient			66		Aetna	Medicare		20.33	30.8			7.5	62.7	percent of total billed charges	
PEPTAMIN JR.	B4161	HCPCS	inpatient			66		Americare	Americare		49.5	75			7.5	62.7	percent of total billed charges	
PEPTAMIN JR.	B4161	HCPCS	inpatient			66		Amerihealth	HMO/PPO		42.9	65			7.5	62.7	percent of total billed charges	
PEPTAMIN JR.	B4161	HCPCS	inpatient			66		Consumer	Consumer		62.7	95			7.5	62.7	percent of total billed charges	
PEPTAMIN JR.	B4161	HCPCS	inpatient			66		Corrections	Corrections		52.8	80			7.5	62.7	percent of total billed charges	
PEPTAMIN JR.	B4161	HCPCS	inpatient			66		First Health	First Health		46.2	70			7.5	62.7	percent of total billed charges	
PEPTAMIN JR.	B4161	HCPCS	inpatient			66		First Trenton	First Trenton		59.4	90			7.5	62.7	percent of total billed charges	
PEPTAMIN JR.	B4161	HCPCS	inpatient			66		Horizon	MGD		25.26	38.28			7.5	62.7	percent of total billed charges	
PEPTAMIN JR.	B4161	HCPCS	inpatient			66		Horizon	Indemnity		25.26	38.28			7.5	62.7	percent of total billed charges	
PEPTAMIN JR.	B4161	HCPCS	inpatient			66		Horizon	PPO		25.26	38.28			7.5	62.7	percent of total billed charges	
PEPTAMIN JR.	B4161	HCPCS	inpatient			66		Horizon	Medicare Blue		19.8	30			7.5	62.7	percent of total billed charges	
PEPTAMIN JR.	B4161	HCPCS	inpatient			66		Managed Care Inc	Managed Care Inc		59.4	90			7.5	62.7	percent of total billed charges	
PEPTAMIN JR.	B4161	HCPCS	inpatient			66		Multiplan	Multiplan		52.8	80			7.5	62.7	percent of total billed charges	
PEPTAMIN JR.	B4161	HCPCS	inpatient			66		Qualcare	Qualcare		49.5	75			7.5	62.7	percent of total billed charges	
PEPTAMIN JR.	B4161	HCPCS	inpatient			66		Three Rivers	Three Rivers		62.7	95			7.5	62.7	percent of total billed charges	
PEPTAMIN JR.	B4161	HCPCS	inpatient			66		UHC	Medicaid		20.82	31.55			7.5	62.7	percent of total billed charges	
PEPTAMIN JR.	B4161	HCPCS	inpatient			66		Wellcare	Medicaid		20.82	31.55			7.5	62.7	percent of total billed charges	
PEPTAMIN JR.	B4161	HCPCS	inpatient			66		WellPoint	WellPoint		21.24	32.18			7.5	62.7	percent of total billed charges	
RCF (ROSS CARB FREE)	B4162	HCPCS	both			376		Aetna	Better Health		118.63	31.55			8.1	357.2	percent of total billed charges	
RCF (ROSS CARB FREE)	B4162	HCPCS	both			376		Aetna	Commercial		142.88	38			8.1	357.2	percent of total billed charges	
RCF (ROSS CARB FREE)	B4162	HCPCS	both			376		Aetna	Medicare		115.81	30.8			8.1	357.2	percent of total billed charges	
RCF (ROSS CARB FREE)	B4162	HCPCS	both			376		Americare	Americare		282	75			8.1	357.2	percent of total billed charges	
RCF (ROSS CARB FREE)	B4162	HCPCS	both			376		Amerihealth	HMO/PPO		244.4	65			8.1	357.2	percent of total billed charges	
RCF (ROSS CARB FREE)	B4162	HCPCS	both			376		Consumer	Consumer		357.2	95			8.1	357.2	percent of total billed charges	
RCF (ROSS CARB FREE)	B4162	HCPCS	both			376		Corrections	Corrections		300.8	80			8.1	357.2	percent of total billed charges	
RCF (ROSS CARB FREE)	B4162	HCPCS	both			376		First Health	First Health		263.2	70			8.1	357.2	percent of total billed charges	
RCF (ROSS CARB FREE)	B4162	HCPCS	both			376		First Trenton	First Trenton		338.4	90			8.1	357.2	percent of total billed charges	
RCF (ROSS CARB FREE)	B4162	HCPCS	both			376		Horizon	Indemnity		143.93	38.28			8.1	357.2	percent of total billed charges	
RCF (ROSS CARB FREE)	B4162	HCPCS	both			376		Horizon	Medicare Blue		112.8	30			8.1	357.2	percent of total billed charges	
RCF (ROSS CARB FREE)	B4162	HCPCS	both			376		Horizon	MGD		143.93	38.28			8.1	357.2	percent of total billed charges	
RCF (ROSS CARB FREE)	B4162	HCPCS	both			376		Horizon	PPO		143.93	38.28			8.1	357.2	percent of total billed charges	
RCF (ROSS CARB FREE)	B4162	HCPCS	both			376		Managed Care Inc	Managed Care Inc		338.4	90			8.1	357.2	percent of total billed charges	
RCF (ROSS CARB FREE)	B4162	HCPCS	both			376		Multiplan	Multiplan		300.8	80			8.1	357.2	percent of total billed charges	
RCF (ROSS CARB FREE)	B4162	HCPCS	both			376		Qualcare	Qualcare		282	75			8.1	357.2	percent of total billed charges	
RCF (ROSS CARB FREE)	B4162	HCPCS	both			376		Three Rivers	Three Rivers		357.2	95			8.1	357.2	percent of total billed charges	
RCF (ROSS CARB FREE)	B4162	HCPCS	both			376		UHC	Medicaid		118.63	31.55			8.1	357.2	percent of total billed charges	
RCF (ROSS CARB FREE)	B4162	HCPCS	both			376		Wellcare	Medicaid		118.63	31.55			8.1	357.2	percent of total billed charges	
RCF (ROSS CARB FREE)	B4162	HCPCS	both			376		WellPoint	WellPoint		121	32.18			8.1	357.2	percent of total billed charges	
SCREW XIA CANN CORT 4.5X30MM	C1317	HCPCS	both			7980.87		Aetna	Better Health		2517.96	31.55			97.2	7581.83	percent of total billed charges	
SCREW XIA CANN CORT 4.5X30MM	C1317	HCPCS	both			7980.87		Aetna	Commercial		3032.73	38			97.2	7581.83	percent of total billed charges	
SCREW XIA CANN CORT 4.5X30MM	C1317	HCPCS	both			7980.87		Aetna	Medicare		2458.11	30.8			97.2	7581.83	percent of total billed charges	
SCREW XIA CANN CORT 4.5X30MM	C1317	HCPCS	both			7980.87		Americare	Americare		5985.65	75			97.2	7581.83	percent of total billed charges	
SCREW XIA CANN CORT 4.5X30MM	C1317	HCPCS	both			7980.87		Amerihealth	HMO/PPO		5187.57	65			97.2	7581.83	percent of total billed charges	
SCREW XIA CANN CORT 4.5X30MM	C1317	HCPCS	both			7980.87		Consumer	Consumer		7581.83	95			97.2	7581.83	percent of total billed charges	
SCREW XIA CANN CORT 4.5X30MM	C1317	HCPCS	both			7980.87		Corrections	Corrections		6384.7	80			97.2	7581.83	percent of total billed charges	
SCREW XIA CANN CORT 4.5X30MM	C1317	HCPCS	both			7980.87		First Health	First Health		5586.61	70			97.2	7581.83	percent of total billed charges	
SCREW XIA CANN CORT 4.5X30MM	C1317	HCPCS	both			7980.87		First Trenton	First Trenton		7182.78	90			97.2	7581.83	percent of total billed charges	
SCREW XIA CANN CORT 4.5X30MM	C1317	HCPCS	both			7980.87		Horizon	Medicare Blue		2394.26	30			97.2	7581.83	percent of total billed charges	
SCREW XIA CANN CORT 4.5X30MM	C1317	HCPCS	both			7980.87		Horizon	MGD		3055.08	38.28			97.2	7581.83	percent of total billed charges	
SCREW XIA CANN CORT 4.5X30MM	C1317	HCPCS	both			7980.87		Horizon	Indemnity		3055.08	38.28			97.2	7581.83	percent of total billed charges	
SCREW XIA CANN CORT 4.5X30MM	C1317	HCPCS	both			7980.87		Horizon	PPO		3055.08	38.28			97.2	7581.83	percent of total billed charges	
SCREW XIA CANN CORT 4.5X30MM	C1317	HCPCS	both			7980.87		Managed Care Inc	Managed Care Inc		7182.78	90			97.2	7581.83	percent of total billed charges	
SCREW XIA CANN CORT 4.5X30MM	C1317	HCPCS	both			7980.87		Multiplan	Multiplan		6384.7	80			97.2	7581.83	percent of total billed charges	
SCREW XIA CANN CORT 4.5X30MM	C1317	HCPCS	both			7980.87		Qualcare	Qualcare		5985.65	75			97.2	7581.83	percent of total billed charges	
SCREW XIA CANN CORT 4.5X30MM	C1317	HCPCS	both			7980.87		Three Rivers	Three Rivers		7581.83	95			97.2	7581.83	percent of total billed charges	
SCREW XIA CANN CORT 4.5X30MM	C1317	HCPCS	both			7980.87		UHC	Medicaid		2517.96	31.55			97.2	7581.83	percent of total billed charges	
SCREW XIA CANN CORT 4.5X30MM	C1317	HCPCS	both			7980.87		Wellcare	Medicaid		2517.96	31.55			97.2	7581.83	percent of total billed charges	
SCREW XIA CANN CORT 4.5X30MM	C1317	HCPCS	both			7980.87		WellPoint	WellPoint		2568.24	32.18			97.2	7581.83	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
Y W/8MM BAR MDFC LOC SH	C1713	HCPCS	both			8458089		Aetna	Commercial		3214073.82	38			0.9	8035184.55	percent of total billed charges	
Y W/8MM BAR MDFC LOC SH	C1713	HCPCS	both			8458089		Aetna	Better Health		2668527.08	31.55			0.9	8035184.55	percent of total billed charges	
Y W/8MM BAR MDFC LOC SH	C1713	HCPCS	both			8458089		Aetna	Medicare		2605091.41	30.8			0.9	8035184.55	percent of total billed charges	
Y W/8MM BAR MDFC LOC SH	C1713	HCPCS	both			8458089		Americare	Americare		6343566.75	75			0.9	8035184.55	percent of total billed charges	
Y W/8MM BAR MDFC LOC SH	C1713	HCPCS	both			8458089		Amerihealth	HMO/PPO		5457757.85	65			0.9	8035184.55	percent of total billed charges	
Y W/8MM BAR MDFC LOC SH	C1713	HCPCS	both			8458089		Consumer	Consumer		8035184.55	95			0.9	8035184.55	percent of total billed charges	
Y W/8MM BAR MDFC LOC SH	C1713	HCPCS	both			8458089		Corrections	Corrections		6766471.2	80			0.9	8035184.55	percent of total billed charges	
Y W/8MM BAR MDFC LOC SH	C1713	HCPCS	both			8458089		First Health	First Health		5920662.3	70			0.9	8035184.55	percent of total billed charges	
Y W/8MM BAR MDFC LOC SH	C1713	HCPCS	both			8458089		First Trenton	First Trenton		7612280.1	90			0.9	8035184.55	percent of total billed charges	
Y W/8MM BAR MDFC LOC SH	C1713	HCPCS	both			8458089		Horizon	Medicare Blue		2537426.7	30			0.9	8035184.55	percent of total billed charges	
Y W/8MM BAR MDFC LOC SH	C1713	HCPCS	both			8458089		Horizon	MGD		3237756.47	38.28			0.9	8035184.55	percent of total billed charges	
Y W/8MM BAR MDFC LOC SH	C1713	HCPCS	both			8458089		Horizon	Indemnity		3237756.47	38.28			0.9	8035184.55	percent of total billed charges	
Y W/8MM BAR MDFC LOC SH	C1713	HCPCS	both			8458089		Horizon	PPO		3237756.47	38.28			0.9	8035184.55	percent of total billed charges	
Y W/8MM BAR MDFC LOC SH	C1713	HCPCS	both			8458089		Horizon	NJ Health		3383235.6	40			0.9	8035184.55	percent of total billed charges	
Y W/8MM BAR MDFC LOC SH	C1713	HCPCS	both			8458089		Managed Care Inc	Managed Care Inc		7612280.1	90			0.9	8035184.55	percent of total billed charges	
Y W/8MM BAR MDFC LOC SH	C1713	HCPCS	both			8458089		Multiplan	Multiplan		6766471.2	80			0.9	8035184.55	percent of total billed charges	
Y W/8MM BAR MDFC LOC SH	C1713	HCPCS	both			8458089		Qualcare	Qualcare		3383235.6	40			0.9	8035184.55	percent of total billed charges	
Y W/8MM BAR MDFC LOC SH	C1713	HCPCS	both			8458089		Three Rivers	Three Rivers		8035184.55	95			0.9	8035184.55	percent of total billed charges	
Y W/8MM BAR MDFC LOC SH	C1713	HCPCS	both			8458089		UHC	Medicaid		2668527.08	31.55			0.9	8035184.55	percent of total billed charges	
Y W/8MM BAR MDFC LOC SH	C1713	HCPCS	both			8458089		Wellcare	Medicaid		2668527.08	31.55			0.9	8035184.55	percent of total billed charges	
Y W/8MM BAR MDFC LOC SH	C1713	HCPCS	both			8458089		WellPoint	WellPoint		2721813.04	32.18			0.9	8035184.55	percent of total billed charges	
SCREW CAL CANN 5 X 45MM	C1714	HCPCS	both			22145		Aetna	Commercial		8415.1	38			239.4	21037.75	percent of total billed charges	
SCREW CAL CANN 5 X 45MM	C1714	HCPCS	both			22145		Aetna	Medicare		6820.66	30.8			239.4	21037.75	percent of total billed charges	
SCREW CAL CANN 5 X 45MM	C1714	HCPCS	both			22145		Aetna	Better Health		6986.75	31.55			239.4	21037.75	percent of total billed charges	
SCREW CAL CANN 5 X 45MM	C1714	HCPCS	both			22145		Americare	Americare		16608.75	75			239.4	21037.75	percent of total billed charges	
SCREW CAL CANN 5 X 45MM	C1714	HCPCS	both			22145		Amerihealth	HMO/PPO		14394.25	65			239.4	21037.75	percent of total billed charges	
SCREW CAL CANN 5 X 45MM	C1714	HCPCS	both			22145		Consumer	Consumer		21037.75	95			239.4	21037.75	percent of total billed charges	
SCREW CAL CANN 5 X 45MM	C1714	HCPCS	both			22145		Corrections	Corrections		17716	80			239.4	21037.75	percent of total billed charges	
SCREW CAL CANN 5 X 45MM	C1714	HCPCS	both			22145		First Health	First Health		15501.5	70			239.4	21037.75	percent of total billed charges	
SCREW CAL CANN 5 X 45MM	C1714	HCPCS	both			22145		First Trenton	First Trenton		19930.5	90			239.4	21037.75	percent of total billed charges	
SCREW CAL CANN 5 X 45MM	C1714	HCPCS	both			22145		Horizon	Indemnity		8477.11	38.28			239.4	21037.75	percent of total billed charges	
SCREW CAL CANN 5 X 45MM	C1714	HCPCS	both			22145		Horizon	Medicare Blue		6643.5	30			239.4	21037.75	percent of total billed charges	
SCREW CAL CANN 5 X 45MM	C1714	HCPCS	both			22145		Horizon	MGD		8477.11	38.28			239.4	21037.75	percent of total billed charges	
SCREW CAL CANN 5 X 45MM	C1714	HCPCS	both			22145		Horizon	NJ Health		8858	40			239.4	21037.75	percent of total billed charges	
SCREW CAL CANN 5 X 45MM	C1714	HCPCS	both			22145		Horizon	PPO		8477.11	38.28			239.4	21037.75	percent of total billed charges	
SCREW CAL CANN 5 X 45MM	C1714	HCPCS	both			22145		Managed Care Inc	Managed Care Inc		19930.5	90			239.4	21037.75	percent of total billed charges	
SCREW CAL CANN 5 X 45MM	C1714	HCPCS	both			22145		Multiplan	Multiplan		17716	80			239.4	21037.75	percent of total billed charges	
SCREW CAL CANN 5 X 45MM	C1714	HCPCS	both			22145		Qualcare	Qualcare		8858	40			239.4	21037.75	percent of total billed charges	
SCREW CAL CANN 5 X 45MM	C1714	HCPCS	both			22145		Three Rivers	Three Rivers		21037.75	95			239.4	21037.75	percent of total billed charges	
SCREW CAL CANN 5 X 45MM	C1714	HCPCS	both			22145		UHC	Medicaid		6986.75	31.55			239.4	21037.75	percent of total billed charges	
SCREW CAL CANN 5 X 45MM	C1714	HCPCS	both			22145		Wellcare	Medicaid		6986.75	31.55			239.4	21037.75	percent of total billed charges	
SCREW CAL CANN 5 X 45MM	C1714	HCPCS	both			22145		WellPoint	WellPoint		7126.26	32.18			239.4	21037.75	percent of total billed charges	
SCREW CAL CANN 5 X 40MM	C1715	HCPCS	both			798		Aetna	Better Health		251.77	31.55			20.1	758.1	percent of total billed charges	
SCREW CAL CANN 5 X 40MM	C1715	HCPCS	both			798		Aetna	Commercial		303.24	38			20.1	758.1	percent of total billed charges	
SCREW CAL CANN 5 X 40MM	C1715	HCPCS	both			798		Aetna	Medicare		245.78	30.8			20.1	758.1	percent of total billed charges	
SCREW CAL CANN 5 X 40MM	C1715	HCPCS	both			798		Americare	Americare		598.5	75			20.1	758.1	percent of total billed charges	
SCREW CAL CANN 5 X 40MM	C1715	HCPCS	both			798		Amerihealth	HMO/PPO		518.7	65			20.1	758.1	percent of total billed charges	
SCREW CAL CANN 5 X 40MM	C1715	HCPCS	both			798		Consumer	Consumer		758.1	95			20.1	758.1	percent of total billed charges	
SCREW CAL CANN 5 X 40MM	C1715	HCPCS	both			798		Corrections	Corrections		638.4	80			20.1	758.1	percent of total billed charges	
SCREW CAL CANN 5 X 40MM	C1715	HCPCS	both			798		First Health	First Health		558.6	70			20.1	758.1	percent of total billed charges	
SCREW CAL CANN 5 X 40MM	C1715	HCPCS	both			798		First Trenton	First Trenton		718.2	90			20.1	758.1	percent of total billed charges	
SCREW CAL CANN 5 X 40MM	C1715	HCPCS	both			798		Horizon	NJ Health		319.2	40			20.1	758.1	percent of total billed charges	
SCREW CAL CANN 5 X 40MM	C1715	HCPCS	both			798		Horizon	Indemnity		305.47	38.28			20.1	758.1	percent of total billed charges	
SCREW CAL CANN 5 X 40MM	C1715	HCPCS	both			798		Horizon	MGD		305.47	38.28			20.1	758.1	percent of total billed charges	
SCREW CAL CANN 5 X 40MM	C1715	HCPCS	both			798		Horizon	PPO		305.47	38.28			20.1	758.1	percent of total billed charges	
SCREW CAL CANN 5 X 40MM	C1715	HCPCS	both			798		Horizon	Medicare Blue		239.4	30			20.1	758.1	percent of total billed charges	
SCREW CAL CANN 5 X 40MM	C1715	HCPCS	both			798		Managed Care Inc	Managed Care Inc		718.2	90			20.1	758.1	percent of total billed charges	
SCREW CAL CANN 5 X 40MM	C1715	HCPCS	both			798		Multiplan	Multiplan		638.4	80			20.1	758.1	percent of total billed charges	
SCREW CAL CANN 5 X 40MM	C1715	HCPCS	both			798		Qualcare	Qualcare		319.2	40			20.1	758.1	percent of total billed charges	
SCREW CAL CANN 5 X 40MM	C1715	HCPCS	both			798		Three Rivers	Three Rivers		758.1	95			20.1	758.1	percent of total billed charges	
SCREW CAL CANN 5 X 40MM	C1715	HCPCS	both			798		UHC	Medicaid		251.77	31.55			20.1	758.1	percent of total billed charges	
SCREW CAL CANN 5 X 40MM	C1715	HCPCS	both			798		Wellcare	Medicaid		251.77	31.55			20.1	758.1	percent of total billed charges	
SCREW CAL CANN 5 X 40MM	C1715	HCPCS	both			798		WellPoint	WellPoint		256.8	32.18			20.1	758.1	percent of total billed charges	
SCREW CAL CANN 5 X 50MM	C1716	HCPCS	outpatient			6351	373.96	Aetna	Commercial		517.69				325.18	6033.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCREW CAL CANN 5 X 50MM	C1716	HCPCS	outpatient			6351	373.96	Aetna	Better Health		2003.74	31.55			325.18	6033.45	percent of total billed charges	
SCREW CAL CANN 5 X 50MM	C1716	HCPCS	outpatient			6351	373.96	Aetna	Medicare		325.18				325.18	6033.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCREW CAL CANN 5 X 50MM	C1716	HCPCS	outpatient			6351	373.96	Americare	Americare		4763.25	75			325.18	6033.45	percent of total billed charges	
SCREW CAL CANN 5 X 50MM	C1716	HCPCS	outpatient			6351	373.96	Amerihealth	HMO/PPO		4128.15	65			325.18	6033.45	percent of total billed charges	
SCREW CAL CANN 5 X 50MM	C1716	HCPCS	outpatient			6351	373.96	Amerihealth	Medicare		325.18				325.18	6033.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCREW CAL CANN 5 X 50MM	C1716	HCPCS	outpatient			6351	373.96	Consumer	Consumer		6033.45	95			325.18	6033.45	percent of total billed charges	
SCREW CAL CANN 5 X 50MM	C1716	HCPCS	outpatient			6351	373.96	Corrections	Corrections		5080.8	80			325.18	6033.45	percent of total billed charges	
SCREW CAL CANN 5 X 50MM	C1716	HCPCS	outpatient			6351	373.96	First Health	First Health		4445.7	70			325.18	6033.45	percent of total billed charges	
SCREW CAL CANN 5 X 50MM	C1716	HCPCS	outpatient			6351	373.96	First Trenton	First Trenton		5715.9	90			325.18	6033.45	percent of total billed charges	
SCREW CAL CANN 5 X 50MM	C1716	HCPCS	outpatient			6351	373.96	Horizon	MGD		605.16				325.18	6033.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCREW CAL CANN 5 X 50MM	C1716	HCPCS	outpatient			6351	373.96	Horizon	Medicare Blue		325.18				325.18	6033.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCREW CAL CANN 5 X 50MM	C1716	HCPCS	outpatient			6351	373.96	Horizon	Indemnity		605.16				325.18	6033.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCREW CAL CANN 5 X 50MM	C1716	HCPCS	outpatient			6351	373.96	Horizon	NJ Health		2540.4	40			325.18	6033.45	percent of total billed charges	
SCREW CAL CANN 5 X 50MM	C1716	HCPCS	outpatient			6351	373.96	Horizon	PPO		605.16				325.18	6033.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCREW CAL CANN 5 X 50MM	C1716	HCPCS	outpatient			6351	373.96	Managed Care Inc	Managed Care Inc		5715.9	90			325.18	6033.45	percent of total billed charges	
SCREW CAL CANN 5 X 50MM	C1716	HCPCS	outpatient			6351	373.96	Multiplan	Multiplan		5080.8	80			325.18	6033.45	percent of total billed charges	
SCREW CAL CANN 5 X 50MM	C1716	HCPCS	outpatient			6351	373.96	Qualcare	Qualcare		2540.4	40			325.18	6033.45	percent of total billed charges	
SCREW CAL CANN 5 X 50MM	C1716	HCPCS	outpatient			6351	373.96	Three Rivers	Three Rivers		6033.45	95			325.18	6033.45	percent of total billed charges	
SCREW CAL CANN 5 X 50MM	C1716	HCPCS	outpatient			6351	373.96	UHC	Medicare		325.18				325.18	6033.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCREW CAL CANN 5 X 50MM	C1716	HCPCS	outpatient			6351	373.96	UHC	Medicaid		2003.74	31.55			325.18	6033.45	percent of total billed charges	
SCREW CAL CANN 5 X 50MM	C1716	HCPCS	outpatient			6351	373.96	Wellcare	Medicare		325.18				325.18	6033.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCREW CAL CANN 5 X 50MM	C1716	HCPCS	outpatient			6351	373.96	Wellcare	Medicaid		2003.74	31.55			325.18	6033.45	percent of total billed charges	
SCREW CAL CANN 5 X 50MM	C1716	HCPCS	outpatient			6351	373.96	WellPoint	WellPoint		2043.75	32.18			325.18	6033.45	percent of total billed charges	
BRACHYTX SEED HDR 192 PER SOURCE	C1717	HCPCS	both			2559	478.96	Aetna	Better Health		807.36	31.55			416.49	2431.05	percent of total billed charges	
BRACHYTX SEED HDR 192 PER SOURCE	C1717	HCPCS	both			2559	478.96	Aetna	Commercial		663.05				416.49	2431.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRACHYTX SEED HDR 192 PER SOURCE	C1717	HCPCS	both			2559	478.96	Aetna	Medicare		416.49				416.49	2431.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRACHYTX SEED HDR 192 PER SOURCE	C1717	HCPCS	both			2559	478.96	Americare	Americare		1919.25	75			416.49	2431.05	percent of total billed charges	
BRACHYTX SEED HDR 192 PER SOURCE	C1717	HCPCS	both			2559	478.96	Amerihealth	HMO/PPO		1663.35	65			416.49	2431.05	percent of total billed charges	
BRACHYTX SEED HDR 192 PER SOURCE	C1717	HCPCS	both			2559	478.96	Amerihealth	Medicare		416.49				416.49	2431.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRACHYTX SEED HDR 192 PER SOURCE	C1717	HCPCS	both			2559	478.96	Consumer	Consumer		2431.05	95			416.49	2431.05	percent of total billed charges	
BRACHYTX SEED HDR 192 PER SOURCE	C1717	HCPCS	both			2559	478.96	Corrections	Corrections		2047.2	80			416.49	2431.05	percent of total billed charges	
BRACHYTX SEED HDR 192 PER SOURCE	C1717	HCPCS	both			2559	478.96	First Health	First Health		1791.3	70			416.49	2431.05	percent of total billed charges	
BRACHYTX SEED HDR 192 PER SOURCE	C1717	HCPCS	both			2559	478.96	First Trenton	First Trenton		2303.1	90			416.49	2431.05	percent of total billed charges	
BRACHYTX SEED HDR 192 PER SOURCE	C1717	HCPCS	both			2559	478.96	Horizon	MGD		775.09				416.49	2431.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRACHYTX SEED HDR 192 PER SOURCE	C1717	HCPCS	both			2559	478.96	Horizon	Indemnity		775.09				416.49	2431.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRACHYTX SEED HDR 192 PER SOURCE	C1717	HCPCS	both			2559	478.96	Horizon	Medicare Blue		416.49				416.49	2431.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRACHYTX SEED HDR 192 PER SOURCE	C1717	HCPCS	both			2559	478.96	Horizon	NJ Health		1023.6	40			416.49	2431.05	percent of total billed charges	
BRACHYTX SEED HDR 192 PER SOURCE	C1717	HCPCS	both			2559	478.96	Horizon	PPO		775.09				416.49	2431.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRACHYTX SEED HDR 192 PER SOURCE	C1717	HCPCS	both			2559	478.96	Managed Care Inc	Managed Care Inc		2303.1	90			416.49	2431.05	percent of total billed charges	
BRACHYTX SEED HDR 192 PER SOURCE	C1717	HCPCS	both			2559	478.96	Multiplan	Multiplan		2047.2	80			416.49	2431.05	percent of total billed charges	
BRACHYTX SEED HDR 192 PER SOURCE	C1717	HCPCS	both			2559	478.96	Qualcare	Qualcare		1023.6	40			416.49	2431.05	percent of total billed charges	
BRACHYTX SEED HDR 192 PER SOURCE	C1717	HCPCS	both			2559	478.96	Three Rivers	Three Rivers		2431.05	95			416.49	2431.05	percent of total billed charges	
BRACHYTX SEED HDR 192 PER SOURCE	C1717	HCPCS	both			2559	478.96	UHC	Medicaid		807.36	31.55			416.49	2431.05	percent of total billed charges	
BRACHYTX SEED HDR 192 PER SOURCE	C1717	HCPCS	both			2559	478.96	UHC	Medicare		416.49				416.49	2431.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRACHYTX SEED HDR 192 PER SOURCE	C1717	HCPCS	both			2559	478.96	Wellcare	Medicaid		807.36	31.55			416.49	2431.05	percent of total billed charges	
BRACHYTX SEED HDR 192 PER SOURCE	C1717	HCPCS	both			2559	478.96	Wellcare	Medicare		416.49				416.49	2431.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRACHYTX SEED HDR 192 PER SOURCE	C1717	HCPCS	both			2559	478.96	WellPoint	WellPoint		823.49	32.18			416.49	2431.05	percent of total billed charges	
BRACHY SEED NON-HIGH DOSE IRIDIUM 192	C1719	HCPCS	outpatient			233.5	480.95	Aetna	Better Health		73.67	31.55			73.67	778.31	percent of total billed charges	
BRACHY SEED NON-HIGH DOSE IRIDIUM 192	C1719	HCPCS	outpatient			233.5	480.95	Aetna	Medicare		418.22				73.67	778.31	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRACHY SEED NON-HIGH DOSE IRIDIUM 192	C1719	HCPCS	outpatient			233.5	480.95	Aetna	Commercial		665.81				73.67	778.31	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRACHY SEED NON-HIGH DOSE IRIDIUM 192	C1719	HCPCS	outpatient			233.5	480.95	Americare	Americare		175.13	75			73.67	778.31	percent of total billed charges	
BRACHY SEED NON-HIGH DOSE IRIDIUM 192	C1719	HCPCS	outpatient			233.5	480.95	Amerihealth	HMO/PPO		151.78	65			73.67	778.31	percent of total billed charges	
BRACHY SEED NON-HIGH DOSE IRIDIUM 192	C1719	HCPCS	outpatient			233.5	480.95	Amerihealth	Medicare		418.22				73.67	778.31	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRACHY SEED NON-HIGH DOSE IRIDIUM 192	C1719	HCPCS	outpatient			233.5	480.95	Consumer	Consumer		221.83	95			73.67	778.31	percent of total billed charges	
BRACHY SEED NON-HIGH DOSE IRIDIUM 192	C1719	HCPCS	outpatient			233.5	480.95	Corrections	Corrections		186.8	80			73.67	778.31	percent of total billed charges	
BRACHY SEED NON-HIGH DOSE IRIDIUM 192	C1719	HCPCS	outpatient			233.5	480.95	First Health	First Health		163.45	70			73.67	778.31	percent of total billed charges	
BRACHY SEED NON-HIGH DOSE IRIDIUM 192	C1719	HCPCS	outpatient			233.5	480.95	First Trenton	First Trenton		210.15	90			73.67	778.31	percent of total billed charges	
BRACHY SEED NON-HIGH DOSE IRIDIUM 192	C1719	HCPCS	outpatient			233.5	480.95	Horizon	Medicare Blue		418.22				73.67	778.31	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRACHY SEED NON-HIGH DOSE IRIDIUM 192	C1719	HCPCS	outpatient			233.5	480.95	Horizon	MGD		778.31				73.67	778.31	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRACHY SEED NON-HIGH DOSE IRIDIUM 192	C1719	HCPCS	outpatient			233.5	480.95	Horizon	Indemnity		778.31				73.67	778.31	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRACHY SEED NON-HIGH DOSE IRIDIUM 192	C1719	HCPCS	outpatient			233.5	480.95	Horizon	PPO		778.31				73.67	778.31	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRACHY SEED NON-HIGH DOSE IRIDIUM 192	C1719	HCPCS	outpatient			233.5	480.95	Managed Care Inc	Managed Care Inc		210.15	90			73.67	778.31	percent of total billed charges	
BRACHY SEED NON-HIGH DOSE IRIDIUM 192	C1719	HCPCS	outpatient			233.5	480.95	Multiplan	Multiplan		186.8	80			73.67	778.31	percent of total billed charges	
BRACHY SEED NON-HIGH DOSE IRIDIUM 192	C1719	HCPCS	outpatient			233.5	480.95	Qualcare	Qualcare		175.13	75			73.67	778.31	percent of total billed charges	
BRACHY SEED NON-HIGH DOSE IRIDIUM 192	C1719	HCPCS	outpatient			233.5	480.95	Three Rivers	Three Rivers		221.83	95			73.67	778.31	percent of total billed charges	
BRACHY SEED NON-HIGH DOSE IRIDIUM 192	C1719	HCPCS	outpatient			233.5	480.95	UHC	Medicare		418.22				73.67	778.31	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRACHY SEED NON-HIGH DOSE IRIDIUM 192	C1719	HCPCS	outpatient			233.5	480.95	UHC	Medicaid		73.67	31.55			73.67	778.31	percent of total billed charges	
BRACHY SEED NON-HIGH DOSE IRIDIUM 192	C1719	HCPCS	outpatient			233.5	480.95	Wellcare	Medicare		418.22				73.67	778.31	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRACHY SEED NON-HIGH DOSE IRIDIUM 192	C1719	HCPCS	outpatient			233.5	480.95	Wellcare	Medicaid		73.67	31.55			73.67	778.31	percent of total billed charges	
BRACHY SEED NON-HIGH DOSE IRIDIUM 192	C1719	HCPCS	outpatient			233.5	480.95	WellPoint	WellPoint		75.14	32.18			73.67	778.31	percent of total billed charges	
RIVACOR 7 DR-T DUAL ICD GENERATOR (BIOTR	C1721	HCPCS	both			69300		Aetna	Better Health		21864.15	31.55			15820.41	65835	percent of total billed charges	
RIVACOR 7 DR-T DUAL ICD GENERATOR (BIOTR	C1721	HCPCS	both			69300		Aetna	Medicare		21344.4	30.8			15820.41	65835	percent of total billed charges	
RIVACOR 7 DR-T DUAL ICD GENERATOR (BIOTR	C1721	HCPCS	both			69300		Aetna	Commercial		26334	38			15820.41	65835	percent of total billed charges	
RIVACOR 7 DR-T DUAL ICD GENERATOR (BIOTR	C1721	HCPCS	both			69300		Americare	Americare		51975	75			15820.41	65835	percent of total billed charges	
RIVACOR 7 DR-T DUAL ICD GENERATOR (BIOTR	C1721	HCPCS	both			69300		Amerihealth	HMO/PPO		45045	65			15820.41	65835	percent of total billed charges	
RIVACOR 7 DR-T DUAL ICD GENERATOR (BIOTR	C1721	HCPCS	both			69300		Consumer	Consumer		65835	95			15820.41	65835	percent of total billed charges	
RIVACOR 7 DR-T DUAL ICD GENERATOR (BIOTR	C1721	HCPCS	both			69300		Corrections	Corrections		55440	80			15820.41	65835	percent of total billed charges	
RIVACOR 7 DR-T DUAL ICD GENERATOR (BIOTR	C1721	HCPCS	both			69300		First Health	First Health		48510	70			15820.41	65835	percent of total billed charges	
RIVACOR 7 DR-T DUAL ICD GENERATOR (BIOTR	C1721	HCPCS	both			69300		First Trenton	First Trenton		62370	90			15820.41	65835	percent of total billed charges	
RIVACOR 7 DR-T DUAL ICD GENERATOR (BIOTR	C1721	HCPCS	both			69300		Horizon	MGD		26528.04	38.28			15820.41	65835	percent of total billed charges	
RIVACOR 7 DR-T DUAL ICD GENERATOR (BIOTR	C1721	HCPCS	both			69300		Horizon	Indemnity		26528.04	38.28			15820.41	65835	percent of total billed charges	
RIVACOR 7 DR-T DUAL ICD GENERATOR (BIOTR	C1721	HCPCS	both			69300		Horizon	PPO		26528.04	38.28			15820.41	65835	percent of total billed charges	
RIVACOR 7 DR-T DUAL ICD GENERATOR (BIOTR	C1721	HCPCS	both			69300		Horizon	Medicare Blue		20790	30			15820.41	65835	percent of total billed charges	
RIVACOR 7 DR-T DUAL ICD GENERATOR (BIOTR	C1721	HCPCS	both			69300		Horizon	NJ Health		27720	40			15820.41	65835	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.																
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true															
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
RIVACOR 7 DR-T DUAL ICD GENERATOR (BIOTR	C1721	HCPCS	both			69300		Managed Care Inc	Managed Care Inc		62370	90			15820.41	65835	percent of total billed charges	
RIVACOR 7 DR-T DUAL ICD GENERATOR (BIOTR	C1721	HCPCS	both			69300		Multiplan	Multiplan		55440	80			15820.41	65835	percent of total billed charges	
RIVACOR 7 DR-T DUAL ICD GENERATOR (BIOTR	C1721	HCPCS	both			69300		Qualcare	Qualcare		27720	40			15820.41	65835	percent of total billed charges	
RIVACOR 7 DR-T DUAL ICD GENERATOR (BIOTR	C1721	HCPCS	both			69300		Three Rivers	Three Rivers		65835	95			15820.41	65835	percent of total billed charges	
RIVACOR 7 DR-T DUAL ICD GENERATOR (BIOTR	C1721	HCPCS	both			69300		UHC	Medicaid		21864.15	31.55			15820.41	65835	percent of total billed charges	
RIVACOR 7 DR-T DUAL ICD GENERATOR (BIOTR	C1721	HCPCS	both			69300		Wellcare	Medicaid		21864.15	31.55			15820.41	65835	percent of total billed charges	
RIVACOR 7 DR-T DUAL ICD GENERATOR (BIOTR	C1721	HCPCS	both			69300		WellPoint	WellPoint		22300.74	32.18			15820.41	65835	percent of total billed charges	
MOMENTUM EL ICD VR SGL ICD GENERATOR (BS	C1722	HCPCS	both			78000		Aetna	Commercial		29640	38			14718.37	74100	percent of total billed charges	
MOMENTUM EL ICD VR SGL ICD GENERATOR (BS	C1722	HCPCS	both			78000		Aetna	Better Health		24609	31.55			14718.37	74100	percent of total billed charges	
MOMENTUM EL ICD VR SGL ICD GENERATOR (BS	C1722	HCPCS	both			78000		Aetna	Medicare		24024	30.8			14718.37	74100	percent of total billed charges	
MOMENTUM EL ICD VR SGL ICD GENERATOR (BS	C1722	HCPCS	both			78000		Americare	Americare		58500	75			14718.37	74100	percent of total billed charges	
MOMENTUM EL ICD VR SGL ICD GENERATOR (BS	C1722	HCPCS	both			78000		Amerihealth	HMO/PPO		50700	65			14718.37	74100	percent of total billed charges	
MOMENTUM EL ICD VR SGL ICD GENERATOR (BS	C1722	HCPCS	both			78000		Consumer	Consumer		74100	95			14718.37	74100	percent of total billed charges	
MOMENTUM EL ICD VR SGL ICD GENERATOR (BS	C1722	HCPCS	both			78000		Corrections	Corrections		62400	80			14718.37	74100	percent of total billed charges	
MOMENTUM EL ICD VR SGL ICD GENERATOR (BS	C1722	HCPCS	both			78000		First Health	First Health		54600	70			14718.37	74100	percent of total billed charges	
MOMENTUM EL ICD VR SGL ICD GENERATOR (BS	C1722	HCPCS	both			78000		First Trenton	First Trenton		70200	90			14718.37	74100	percent of total billed charges	
MOMENTUM EL ICD VR SGL ICD GENERATOR (BS	C1722	HCPCS	both			78000		Horizon	Indemnity		29858.4	38.28			14718.37	74100	percent of total billed charges	
MOMENTUM EL ICD VR SGL ICD GENERATOR (BS	C1722	HCPCS	both			78000		Horizon	Medicare Blue		23400	30			14718.37	74100	percent of total billed charges	
MOMENTUM EL ICD VR SGL ICD GENERATOR (BS	C1722	HCPCS	both			78000		Horizon	MGD		29858.4	38.28			14718.37	74100	percent of total billed charges	
MOMENTUM EL ICD VR SGL ICD GENERATOR (BS	C1722	HCPCS	both			78000		Horizon	NJ Health		31200	40			14718.37	74100	percent of total billed charges	
MOMENTUM EL ICD VR SGL ICD GENERATOR (BS	C1722	HCPCS	both			78000		Horizon	PPO		29858.4	38.28			14718.37	74100	percent of total billed charges	
MOMENTUM EL ICD VR SGL ICD GENERATOR (BS	C1722	HCPCS	both			78000		Managed Care Inc	Managed Care Inc		70200	90			14718.37	74100	percent of total billed charges	
MOMENTUM EL ICD VR SGL ICD GENERATOR (BS	C1722	HCPCS	both			78000		Multiplan	Multiplan		62400	80			14718.37	74100	percent of total billed charges	
MOMENTUM EL ICD VR SGL ICD GENERATOR (BS	C1722	HCPCS	both			78000		Qualcare	Qualcare		31200	40			14718.37	74100	percent of total billed charges	
MOMENTUM EL ICD VR SGL ICD GENERATOR (BS	C1722	HCPCS	both			78000		Three Rivers	Three Rivers		74100	95			14718.37	74100	percent of total billed charges	
MOMENTUM EL ICD VR SGL ICD GENERATOR (BS	C1722	HCPCS	both			78000		UHC	Medicaid		24609	31.55			14718.37	74100	percent of total billed charges	
MOMENTUM EL ICD VR SGL ICD GENERATOR (BS	C1722	HCPCS	both			78000		Wellcare	Medicaid		24609	31.55			14718.37	74100	percent of total billed charges	
MOMENTUM EL ICD VR SGL ICD GENERATOR (BS	C1722	HCPCS	both			78000		WellPoint	WellPoint		25100.4	32.18			14718.37	74100	percent of total billed charges	
ROTAPRO ATHERECTOMY CATHETER	C1724	HCPCS	both			22800		Aetna	Commercial		8664	38			560.7	21660	percent of total billed charges	
ROTAPRO ATHERECTOMY CATHETER	C1724	HCPCS	both			22800		Aetna	Better Health		7193.4	31.55			560.7	21660	percent of total billed charges	
ROTAPRO ATHERECTOMY CATHETER	C1724	HCPCS	both			22800		Aetna	Medicare		7022.4	30.8			560.7	21660	percent of total billed charges	
ROTAPRO ATHERECTOMY CATHETER	C1724	HCPCS	both			22800		Americare	Americare		17100	75			560.7	21660	percent of total billed charges	
ROTAPRO ATHERECTOMY CATHETER	C1724	HCPCS	both			22800		Amerihealth	HMO/PPO		14820	65			560.7	21660	percent of total billed charges	
ROTAPRO ATHERECTOMY CATHETER	C1724	HCPCS	both			22800		Consumer	Consumer		21660	95			560.7	21660	percent of total billed charges	
ROTAPRO ATHERECTOMY CATHETER	C1724	HCPCS	both			22800		Corrections	Corrections		18240	80			560.7	21660	percent of total billed charges	
ROTAPRO ATHERECTOMY CATHETER	C1724	HCPCS	both			22800		First Health	First Health		15960	70			560.7	21660	percent of total billed charges	
ROTAPRO ATHERECTOMY CATHETER	C1724	HCPCS	both			22800		First Trenton	First Trenton		20520	90			560.7	21660	percent of total billed charges	
ROTAPRO ATHERECTOMY CATHETER	C1724	HCPCS	both			22800		Horizon	PPO		8727.84	38.28			560.7	21660	percent of total billed charges	
ROTAPRO ATHERECTOMY CATHETER	C1724	HCPCS	both			22800		Horizon	MGD		8727.84	38.28			560.7	21660	percent of total billed charges	
ROTAPRO ATHERECTOMY CATHETER	C1724	HCPCS	both			22800		Horizon	Medicare Blue		6840	30			560.7	21660	percent of total billed charges	
ROTAPRO ATHERECTOMY CATHETER	C1724	HCPCS	both			22800		Horizon	Indemnity		8727.84	38.28			560.7	21660	percent of total billed charges	
ROTAPRO ATHERECTOMY CATHETER	C1724	HCPCS	both			22800		Managed Care Inc	Managed Care Inc		20520	90			560.7	21660	percent of total billed charges	
ROTAPRO ATHERECTOMY CATHETER	C1724	HCPCS	both			22800		Multiplan	Multiplan		18240	80			560.7	21660	percent of total billed charges	
ROTAPRO ATHERECTOMY CATHETER	C1724	HCPCS	both			22800		Qualcare	Qualcare		17100	75			560.7	21660	percent of total billed charges	
ROTAPRO ATHERECTOMY CATHETER	C1724	HCPCS	both			22800		Three Rivers	Three Rivers		21660	95			560.7	21660	percent of total billed charges	
ROTAPRO ATHERECTOMY CATHETER	C1724	HCPCS	both			22800		UHC	Medicaid		7193.4	31.55			560.7	21660	percent of total billed charges	
ROTAPRO ATHERECTOMY CATHETER	C1724	HCPCS	both			22800		Wellcare	Medicaid		7193.4	31.55			560.7	21660	percent of total billed charges	
ROTAPRO ATHERECTOMY CATHETER	C1724	HCPCS	both			22800		WellPoint	WellPoint		7337.04	32.18			560.7	21660	percent of total billed charges	
XXL ESOPHAGEAL/VASC BALLOON	C1725	HCPCS	both			11393		Aetna	Better Health		3594.49	31.55			23.4	10823.35	percent of total billed charges	
XXL ESOPHAGEAL/VASC BALLOON	C1725	HCPCS	both			11393		Aetna	Commercial		4329.34	38			23.4	10823.35	percent of total billed charges	
XXL ESOPHAGEAL/VASC BALLOON	C1725	HCPCS	both			11393		Aetna	Medicare		3509.04	30.8			23.4	10823.35	percent of total billed charges	
XXL ESOPHAGEAL/VASC BALLOON	C1725	HCPCS	both			11393		Americare	Americare		8544.75	75			23.4	10823.35	percent of total billed charges	
XXL ESOPHAGEAL/VASC BALLOON	C1725	HCPCS	both			11393		Amerihealth	HMO/PPO		7405.45	65			23.4	10823.35	percent of total billed charges	
XXL ESOPHAGEAL/VASC BALLOON	C1725	HCPCS	both			11393		Consumer	Consumer		10823.35	95			23.4	10823.35	percent of total billed charges	
XXL ESOPHAGEAL/VASC BALLOON	C1725	HCPCS	both			11393		Corrections	Corrections		9114.4	80			23.4	10823.35	percent of total billed charges	
XXL ESOPHAGEAL/VASC BALLOON	C1725	HCPCS	both			11393		First Health	First Health		7975.1	70			23.4	10823.35	percent of total billed charges	
XXL ESOPHAGEAL/VASC BALLOON	C1725	HCPCS	both			11393		First Trenton	First Trenton		10253.7	90			23.4	10823.35	percent of total billed charges	
XXL ESOPHAGEAL/VASC BALLOON	C1725	HCPCS	both			11393		Horizon	Indemnity		4361.24	38.28			23.4	10823.35	percent of total billed charges	
XXL ESOPHAGEAL/VASC BALLOON	C1725	HCPCS	both			11393		Horizon	Medicare Blue		3417.9	30			23.4	10823.35	percent of total billed charges	
XXL ESOPHAGEAL/VASC BALLOON	C1725	HCPCS	both			11393		Horizon	NJ Health		4557.2	40			23.4	10823.35	percent of total billed charges	
XXL ESOPHAGEAL/VASC BALLOON	C1725	HCPCS	both			11393		Horizon	MGD		4361.24	38.28			23.4	10823.35	percent of total billed charges	
XXL ESOPHAGEAL/VASC BALLOON	C1725	HCPCS	both			11393		Horizon	PPO		4361.24	38.28			23.4	10823.35	percent of total billed charges	
XXL ESOPHAGEAL/VASC BALLOON	C1725	HCPCS	both			11393		Managed Care Inc	Managed Care Inc		10253.7	90			23.4	10823.35	percent of total billed charges	
XXL ESOPHAGEAL/VASC BALLOON	C1725	HCPCS	both			11393		Multiplan	Multiplan		9114.4	80			23.4	10823.35	percent of total billed charges	
XXL ESOPHAGEAL/VASC BALLOON	C1725	HCPCS	both			11393		Qualcare	Qualcare		4557.2	40			23.4	10823.35	percent of total billed charges	
XXL ESOPHAGEAL/VASC BALLOON	C1725	HCPCS	both			11393		Three Rivers	Three Rivers		10823.35	95			23.4	10823.35	percent of total billed charges	
XXL ESOPHAGEAL/VASC BALLOON	C1725	HCPCS	both			11393		UHC	Medicaid		3594.49	31.55			23.4	10823.35	percent of total billed charges	
XXL ESOPHAGEAL/VASC BALLOON	C1725	HCPCS	both			11393		Wellcare	Medicaid		3594.49	31.55			23.4	10823.35	percent of total billed charges	
XXL ESOPHAGEAL/VASC BALLOON	C1725	HCPCS	both			11393		WellPoint	WellPoint		3666.27	32.18			23.4	10823.35	percent of total billed charges	
WIRE ELATN ESO DIL 8-10MMX180CM	C1726	HCPCS	both			15163		Aetna	Better Health		4783.93	31.55			135	14404.85	percent of total billed charges	
WIRE ELATN ESO DIL 8-10MMX180CM	C1726	HCPCS	both			15163		Aetna	Commercial		5761.94	38			135	14404.85	percent of total billed charges	
WIRE ELATN ESO DIL 8-10MMX180CM	C1726	HCPCS	both			15163		Aetna	Medicare		4670.2	30.8			135	14404.85	percent of total billed charges	
WIRE ELATN ESO DIL 8-10MMX180CM	C1726	HCPCS	both			15163		Americare	Americare		11372.25	75			135	14404.85	percent of total billed charges	
WIRE ELATN ESO DIL 8-10MMX180CM	C1726	HCPCS	both			15163		Amerihealth	HMO/PPO		9855.95	65			135	14404.85	percent of total billed charges	
WIRE ELATN ESO DIL 8-10MMX180CM	C1726	HCPCS	both			15163		Consumer	Consumer		14404.85	95			135	14404.85	percent of total billed charges	
WIRE ELATN ESO DIL 8-10MMX180CM	C1726	HCPCS	both			15163		Corrections	Corrections		12130.4	80			135	14404.85	percent of total billed charges	
WIRE ELATN ESO DIL 8-10MMX180CM	C1726	HCPCS	both			15163		First Health	First Health		10614.1	70			135	14404.85	percent of total billed charges	
WIRE ELATN ESO DIL 8-10MMX180CM	C1726	HCPCS	both			15163		First Trenton	First Trenton		13646.7	90			135	14404.85	percent of total billed charges	
WIRE ELATN ESO DIL 8-10MMX180CM	C1726	HCPCS	both			15163		Horizon	Indemnity		5804.4	38.28			135	14404.85	percent of total billed charges	
WIRE ELATN ESO DIL 8-10MMX180CM	C1726	HCPCS	both			15163		Horizon	Medicare Blue		4548.9	30			135	14404.85	percent of total billed charges	
WIRE ELATN ESO DIL 8-10MMX180CM	C1726	HCPCS	both			15163		Horizon	NJ Health		6065.2	40			135	14404.85	percent of total billed charges	
WIRE ELATN ESO DIL 8-10MMX180CM	C1726	HCPCS	both			15163		Horizon	MGD		5804.4	38.28			135	14404.85	percent of total billed charges	
WIRE ELATN ESO DIL 8-10MMX180CM	C1726	HCPCS	both			15163		Horizon	PPO		5804.4	38.28			135	14404.85	percent of total billed charges	
WIRE ELATN ESO DIL 8-10MMX180CM	C1726	HCPCS	both			15163		Managed Care Inc	Managed Care Inc		13646.7	90			135	14404.85	percent of total billed charges	
WIRE ELATN ESO DIL 8-10MMX180CM	C1726	HCPCS	both			15163		Multiplan	Multiplan		12130.4	80			135	14404.85	percent of total billed charges	
WIRE ELATN ESO DIL 8-10MMX180CM	C1726	HCPCS	both			15163		Qualcare	Qualcare		6065.2	40			135	14404.85	percent of total billed charges	
WIRE ELATN ESO DIL 8-10MMX180CM	C1726	HCPCS	both			15163		Three Rivers	Three Rivers		14404.85	95			135	14404.85	percent of total billed charges	
WIRE ELATN ESO DIL 8-10MMX180CM	C1726	HCPCS	both			15163		UHC	Medicaid		4783.93	31.55			135	14404.85	percent of total billed charges	
WIRE ELATN ESO DIL 8-10MMX180CM	C1726	HCPCS	both			15163		Wellcare	Medicaid		4783.93	31.55			135	14404.85	percent of total billed charges	
WIRE ELATN ESO DIL 8-10MMX180CM	C1726	HCPCS	both			15163		WellPoint	WellPoint		4879.45	32.18			135	14404.85	percent of total billed charges	
CATHETER BRACHY SEED ADMIN	C1728	HCPCS	outpatient			3455		Aetna	Medicare		1064.14	30.8			1036.5	3282.25	percent of total billed charges	
CATHETER BRACHY SEED ADMIN	C1728	HCPCS	outpatient			3455		Aetna	Better Health		1090.05	31.55			1036.5	3282.25	percent of total billed charges	
CATHETER BRACHY SEED ADMIN	C1728	HCPCS	outpatient			3455		Aetna	Commercial		1312.9	38			1036.5	3282.25	percent of total billed charges	
CATHETER BRACHY SEED ADMIN	C1728	HCPCS	outpatient			3455		Americare	Americare		2591.25	75			1036.5	3282.25	percent of total billed charges	
CATHETER BRACHY SEED ADMIN	C1728	HCPCS	outpatient			3455		Amerihealth	HMO/PPO		2245.75	65			1036.5	3282.25	percent of total billed charges	
CATHETER BRACHY SEED ADMIN	C1728	HCPCS	outpatient			3455		Consumer	Consumer		3282.25	95			1036.5	3282.25	percent of total billed charges	
CATHETER BRACHY SEED ADMIN	C1728	HCPCS	outpatient			3455		Corrections	Corrections		2764	80			1036.5	3282.25	percent of total billed charges	
CATHETER BRACHY SEED ADMIN	C1728	HCPCS	outpatient			3455		First Health	First Health		2418.5	70			1036.5	3282.25	percent of total billed charges	
CATHETER BRACHY SEED ADMIN	C1728	HCPCS	outpatient			3455		First Trenton	First Trenton		3109.5	90			1036.5	3282.25	percent of total billed charges	
CATHETER BRACHY SEED ADMIN	C1728	HCPCS	outpatient			3455		Horizon	Medicare Blue		1036.5	30			1036.5	3282.25	percent of total billed charges	
CATHETER BRACHY SEED ADMIN	C1728	HCPCS	outpatient			3455		Horizon	Indemnity		1322.57	38.28			1036.5	3282.25	percent of total billed charges	
CATHETER BRACHY SEED ADMIN	C1728	HCPCS	outpatient			3455		Horizon	MGD		1322.57	38.28			1036.5	3282.25	percent of total billed charges	
CATHETER BRACHY SEED ADMIN	C1728	HCPCS	outpatient			3455		Horizon	PPO		1322.57	38.28			1036.5	3282.25	percent of total billed charges	
CATHETER BRACHY SEED ADMIN	C1728	HCPCS	outpatient			3455		Managed Care Inc	Managed Care Inc		3109.5	90			1036.5	3282.25	percent of total billed charges	
CATHETER BRACHY SEED ADMIN	C1728	HCPCS	outpatient			3455		Multiplan	Multiplan		2764	80			1036.5	3282.25	percent of total billed charges	
CATHETER BRACHY SEED ADMIN	C1728	HCPCS	outpatient			3455		Qualcare	Qualcare		2591.25	75			1036.5	3282.25	percent of total billed charges	
CATHETER BRACHY SEED ADMIN	C1728	HCPCS	outpatient			3455		Three Rivers	Three Rivers		3282.25	95			1036.5	3282.25	percent of total billed charges	
CATHETER BRACHY SEED ADMIN	C1728	HCPCS	outpatient			3455		UHC	Medicaid		1090.05	31.55			1036.5	3282.25	percent of total billed charges	
CATHETER BRACHY SEED ADMIN	C1728	HCPCS	outpatient			3455		Wellcare	Medicaid		1090.05	31.55			1036.5	3282.25	percent of total billed charges	
CATHETER BRACHY SEED ADMIN	C1728	HCPCS	outpatient			3455		WellPoint	WellPoint		1111.82	32.18			1036.5	3282.25	percent of total billed charges	
YEUH CENTESIS NEEDLE	C1729	HCPCS	both			11829.3		Aetna	Medicare		3643.42	30.8			5.1	11237.84	percent of total billed charges	
YEUH CENTESIS NEEDLE	C1729	HCPCS	both			11829.3		Aetna	Better Health		3732.14	31.55			5.1	11237.84	percent of total billed charges	
YEUH CENTESIS NEEDLE	C1729	HCPCS	both			11829.3		Aetna	Commercial		4495.13	38			5.1	11237.84	percent of total billed charges	
YEUH CENTESIS NEEDLE	C1729	HCPCS	both			11829.3		Americare	Americare		8871.98	75			5.1	11237.84	percent of total billed charges	
YEUH CENTESIS NEEDLE	C1729	HCPCS	both			11829.3		Amerihealth	HMO/PPO		7689.05	65			5.1	11237.84	percent of total billed charges	
YEUH CENTESIS NEEDLE	C1729	HCPCS	both			11829.3		Consumer	Consumer		11237.84	95			5.1	11237.84	percent of total billed charges	
YEUH CENTESIS NEEDLE	C1729	HCPCS	both			11829.3		Corrections	Corrections		9463.44	80			5.1	11237.84	percent of total billed charges	
YEUH CENTESIS NEEDLE	C1729	HCPCS	both			11829.3		First Health	First Health		8280.51	70			5.1	11237.84	percent of total billed charges	
YEUH CENTESIS NEEDLE	C1729	HCPCS	both			11829.3		First Trenton	First Trenton		10646.37	90			5.1	11237.84	percent of total billed charges	
YEUH CENTESIS NEEDLE	C1729	HCPCS	both			11829.3		Horizon	MGD		4528.26	38.28			5.1	11237.84	percent of total billed charges	
YEUH CENTESIS NEEDLE	C1729	HCPCS	both			11829.3		Horizon	PPO		4528.26	38.28			5.1	11237.84	percent of total billed charges	
YEUH CENTESIS NEEDLE	C1729	HCPCS	both			11829.3		Horizon	Indemnity		4528.26	38.28			5.1	11237.84	percent of total billed charges	
YEUH CENTESIS NEEDLE	C1729	HCPCS	both			11829.3		Horizon	Medicare Blue		3548.79	30			5.1	11237.84	percent of total billed charges	
YEUH CENTESIS NEEDLE	C1729	HCPCS	both			11829.3		Horizon	NJ Health		4731.72	40			5.1	11237.84	percent of total billed charges	
YEUH CENTESIS NEEDLE	C1729	HCPCS	both			11829.3		Managed Care Inc	Managed Care Inc		10646.37	90			5.1	11237.84	percent of total billed charges	
YEUH CENTESIS NEEDLE	C1729	HCPCS	both			11829.3		Multiplan	Multiplan		9463.44	80			5.1	11237.84	percent of total billed charges	
YEUH CENTESIS NEEDLE	C1729	HCPCS	both			11829.3		Qualcare	Qualcare		4731.72	40			5.1	11237.84	percent of total billed charges	
YEUH CENTESIS NEEDLE	C1729	HCPCS	both			11829.3		Three Rivers	Three Rivers		11237.84	95			5.1	11237.84	percent of total billed charges	
YEUH CENTESIS NEEDLE	C1729	HCPCS	both			11829.3		UHC	Medicaid		3732.14	31.55			5.1	11237.84	percent of total billed charges	
YEUH CENTESIS NEEDLE	C1729	HCPCS	both			11829.3		Wellcare	Medicaid		3732.14	31.55			5.1	11237.84	percent of total billed charges	
YEUH CENTESIS NEEDLE	C1729	HCPCS	both			11829.3		WellPoint	WellPoint		3806.67	32.18			5.1	11237.84	percent of total billed charges	
WEBSTER CS-STRYKER	C1730	HCPCS	both			4236		Aetna	Better Health		1336.46	31.55			37.5	4024.2	percent of total billed charges	
WEBSTER CS-STRYKER	C1730	HCPCS	both			4236		Aetna	Commercial		1609.68	38			37.5	4024.2	percent of total billed charges	
WEBSTER CS-STRYKER	C1730	HCPCS	both			4236		Aetna	Medicare		1304.69	30.8			37.5	4024.2	percent of total billed charges	
WEBSTER CS-STRYKER	C1730	HCPCS	both			4236		Americare	Americare		3177	75			37.5	4024.2	percent of total billed charges	
WEBSTER CS-STRYKER	C1730	HCPCS	both			4236		Amerihealth	HMO/PPO		2753.4	65			37.5	4024.2	percent of total billed charges	
WEBSTER CS-STRYKER	C1730	HCPCS	both			4236		Consumer	Consumer		4024.2	95			37.5	4024.2	percent of total billed charges	
WEBSTER CS-STRYKER	C1730	HCPCS	both			4236		Corrections	Corrections		3388.8	80			37.5	4024.2	percent of total billed charges	
WEBSTER CS-STRYKER	C1730	HCPCS	both			4236		First Health	First Health		2965.2	70			37.5	4024.2	percent of total billed charges	
WEBSTER CS-STRYKER	C1730	HCPCS	both			4236		First Trenton	First Trenton		3812.4	90			37.5	4024.2	percent of total billed charges	
WEBSTER CS-STRYKER	C1730	HCPCS	both			4236		Horizon	MGD		1621.54	38.28			37.5	4024.2	percent of total billed charges	
WEBSTER CS-STRYKER	C1730	HCPCS	both			4236		Horizon	PPO		1621.54	38.28			37.5	4024.2	percent of total billed charges	
WEBSTER CS-STRYKER	C1730	HCPCS	both			4236		Horizon	Indemnity		1621.54	38.28			37.5	4024.2	percent of total billed charges	
WEBSTER CS-STRYKER	C1730	HCPCS	both			4236		Horizon	Medicare Blue		1270.8	30			37.5	4024.2	percent of total billed charges	
WEBSTER CS-STRYKER	C1730	HCPCS	both			4236		Managed Care Inc	Managed Care Inc		3812.4	90			37.5	4024.2	percent of total billed charges	
WEBSTER CS-STRYKER	C1730	HCPCS	both			4236		Multiplan	Multiplan		3388.8	80			37.5	4024.2	percent of total billed charges	
WEBSTER CS-STRYKER	C1730	HCPCS	both			4236		Qualcare	Qualcare		3177	75			37.5	4024.2	percent of total billed charges	
WEBSTER CS-STRYKER	C1730	HCPCS	both			4236		Three Rivers	Three Rivers		4024.2	95			37.5	4024.2	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.													
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true												
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
WEBSTER CS-STRYKER	C1730	HCPCS	both			4236		UHC	Medicaid		1336.46	31.55			37.5	4024.2	percent of total billed charges	
WEBSTER CS-STRYKER	C1730	HCPCS	both			4236		Wellcare	Medicaid		1336.46	31.55			37.5	4024.2	percent of total billed charges	
WEBSTER CS-STRYKER	C1730	HCPCS	both			4236		WellPoint	WellPoint		1363.14	32.18			37.5	4024.2	percent of total billed charges	
LASSO 2515 NAV ECO VAR CATHETER	C1731	HCPCS	both			6613		Aetna	Medicare		2036.8	30.8			1184.1	6282.35	percent of total billed charges	
LASSO 2515 NAV ECO VAR CATHETER	C1731	HCPCS	both			6613		Aetna	Commercial		2512.94	38			1184.1	6282.35	percent of total billed charges	
LASSO 2515 NAV ECO VAR CATHETER	C1731	HCPCS	both			6613		Aetna	Better Health		2086.4	31.55			1184.1	6282.35	percent of total billed charges	
LASSO 2515 NAV ECO VAR CATHETER	C1731	HCPCS	both			6613		Americare	Americare		4959.75	75			1184.1	6282.35	percent of total billed charges	
LASSO 2515 NAV ECO VAR CATHETER	C1731	HCPCS	both			6613		Amerihealth	HMO/PPO		4298.45	65			1184.1	6282.35	percent of total billed charges	
LASSO 2515 NAV ECO VAR CATHETER	C1731	HCPCS	both			6613		Consumer	Consumer		6282.35	95			1184.1	6282.35	percent of total billed charges	
LASSO 2515 NAV ECO VAR CATHETER	C1731	HCPCS	both			6613		Corrections	Corrections		5290.4	80			1184.1	6282.35	percent of total billed charges	
LASSO 2515 NAV ECO VAR CATHETER	C1731	HCPCS	both			6613		First Health	First Health		4629.1	70			1184.1	6282.35	percent of total billed charges	
LASSO 2515 NAV ECO VAR CATHETER	C1731	HCPCS	both			6613		First Trenton	First Trenton		5951.7	90			1184.1	6282.35	percent of total billed charges	
LASSO 2515 NAV ECO VAR CATHETER	C1731	HCPCS	both			6613		Horizon	Indemnity		2531.46	38.28			1184.1	6282.35	percent of total billed charges	
LASSO 2515 NAV ECO VAR CATHETER	C1731	HCPCS	both			6613		Horizon	MGD		2531.46	38.28			1184.1	6282.35	percent of total billed charges	
LASSO 2515 NAV ECO VAR CATHETER	C1731	HCPCS	both			6613		Horizon	PPO		2531.46	38.28			1184.1	6282.35	percent of total billed charges	
LASSO 2515 NAV ECO VAR CATHETER	C1731	HCPCS	both			6613		Horizon	Medicare Blue		1983.9	30			1184.1	6282.35	percent of total billed charges	
LASSO 2515 NAV ECO VAR CATHETER	C1731	HCPCS	both			6613		Managed Care Inc	Managed Care Inc		5951.7	90			1184.1	6282.35	percent of total billed charges	
LASSO 2515 NAV ECO VAR CATHETER	C1731	HCPCS	both			6613		Multiplan	Multiplan		5290.4	80			1184.1	6282.35	percent of total billed charges	
LASSO 2515 NAV ECO VAR CATHETER	C1731	HCPCS	both			6613		Qualcare	Qualcare		4959.75	75			1184.1	6282.35	percent of total billed charges	
LASSO 2515 NAV ECO VAR CATHETER	C1731	HCPCS	both			6613		Three Rivers	Three Rivers		6282.35	95			1184.1	6282.35	percent of total billed charges	
LASSO 2515 NAV ECO VAR CATHETER	C1731	HCPCS	both			6613		UHC	Medicaid		2086.4	31.55			1184.1	6282.35	percent of total billed charges	
LASSO 2515 NAV ECO VAR CATHETER	C1731	HCPCS	both			6613		Wellcare	Medicaid		2086.4	31.55			1184.1	6282.35	percent of total billed charges	
LASSO 2515 NAV ECO VAR CATHETER	C1731	HCPCS	both			6613		WellPoint	WellPoint		2126.66	32.18			1184.1	6282.35	percent of total billed charges	
OCTARAY HD MAPPING CATHETER	C1732	HCPCS	both			18764		Aetna	Commercial		7130.32	38			1203.21	17825.8	percent of total billed charges	
OCTARAY HD MAPPING CATHETER	C1732	HCPCS	both			18764		Aetna	Better Health		5920.04	31.55			1203.21	17825.8	percent of total billed charges	
OCTARAY HD MAPPING CATHETER	C1732	HCPCS	both			18764		Aetna	Medicare		5779.31	30.8			1203.21	17825.8	percent of total billed charges	
OCTARAY HD MAPPING CATHETER	C1732	HCPCS	both			18764		Americare	Americare		14073	75			1203.21	17825.8	percent of total billed charges	
OCTARAY HD MAPPING CATHETER	C1732	HCPCS	both			18764		Amerihealth	HMO/PPO		12196.6	65			1203.21	17825.8	percent of total billed charges	
OCTARAY HD MAPPING CATHETER	C1732	HCPCS	both			18764		Consumer	Consumer		17825.8	95			1203.21	17825.8	percent of total billed charges	
OCTARAY HD MAPPING CATHETER	C1732	HCPCS	both			18764		Corrections	Corrections		15011.2	80			1203.21	17825.8	percent of total billed charges	
OCTARAY HD MAPPING CATHETER	C1732	HCPCS	both			18764		First Health	First Health		13134.8	70			1203.21	17825.8	percent of total billed charges	
OCTARAY HD MAPPING CATHETER	C1732	HCPCS	both			18764		First Trenton	First Trenton		16887.6	90			1203.21	17825.8	percent of total billed charges	
OCTARAY HD MAPPING CATHETER	C1732	HCPCS	both			18764		Horizon	NJ Health		1203.21				1203.21	17825.8	fee schedule	
OCTARAY HD MAPPING CATHETER	C1732	HCPCS	both			18764		Horizon	MGD		7182.86	38.28			1203.21	17825.8	percent of total billed charges	
OCTARAY HD MAPPING CATHETER	C1732	HCPCS	both			18764		Horizon	Indemnity		7182.86	38.28			1203.21	17825.8	percent of total billed charges	
OCTARAY HD MAPPING CATHETER	C1732	HCPCS	both			18764		Horizon	Medicare Blue		5629.2	30			1203.21	17825.8	percent of total billed charges	
OCTARAY HD MAPPING CATHETER	C1732	HCPCS	both			18764		Horizon	PPO		7182.86	38.28			1203.21	17825.8	percent of total billed charges	
OCTARAY HD MAPPING CATHETER	C1732	HCPCS	both			18764		Managed Care Inc	Managed Care Inc		16887.6	90			1203.21	17825.8	percent of total billed charges	
OCTARAY HD MAPPING CATHETER	C1732	HCPCS	both			18764		Multiplan	Multiplan		15011.2	80			1203.21	17825.8	percent of total billed charges	
OCTARAY HD MAPPING CATHETER	C1732	HCPCS	both			18764		Qualcare	Qualcare		14073	75			1203.21	17825.8	percent of total billed charges	
OCTARAY HD MAPPING CATHETER	C1732	HCPCS	both			18764		Three Rivers	Three Rivers		17825.8	95			1203.21	17825.8	percent of total billed charges	
OCTARAY HD MAPPING CATHETER	C1732	HCPCS	both			18764		UHC	Medicaid		5920.04	31.55			1203.21	17825.8	percent of total billed charges	
OCTARAY HD MAPPING CATHETER	C1732	HCPCS	both			18764		Wellcare	Medicaid		5920.04	31.55			1203.21	17825.8	percent of total billed charges	
OCTARAY HD MAPPING CATHETER	C1732	HCPCS	both			18764		WellPoint	WellPoint		6038.26	32.18			1203.21	17825.8	percent of total billed charges	
LEADLESSVR RETRIEVAL CATHETER	C1733	HCPCS	both			9549		Aetna	Medicare		2941.09	30.8			1581.6	9071.55	percent of total billed charges	
LEADLESSVR RETRIEVAL CATHETER	C1733	HCPCS	both			9549		Aetna	Better Health		3012.71	31.55			1581.6	9071.55	percent of total billed charges	
LEADLESSVR RETRIEVAL CATHETER	C1733	HCPCS	both			9549		Aetna	Commercial		3628.62	38			1581.6	9071.55	percent of total billed charges	
LEADLESSVR RETRIEVAL CATHETER	C1733	HCPCS	both			9549		Americare	Americare		7161.75	75			1581.6	9071.55	percent of total billed charges	
LEADLESSVR RETRIEVAL CATHETER	C1733	HCPCS	both			9549		Amerihealth	HMO/PPO		6206.85	65			1581.6	9071.55	percent of total billed charges	
LEADLESSVR RETRIEVAL CATHETER	C1733	HCPCS	both			9549		Consumer	Consumer		9071.55	95			1581.6	9071.55	percent of total billed charges	
LEADLESSVR RETRIEVAL CATHETER	C1733	HCPCS	both			9549		Corrections	Corrections		7639.2	80			1581.6	9071.55	percent of total billed charges	
LEADLESSVR RETRIEVAL CATHETER	C1733	HCPCS	both			9549		First Health	First Health		6684.3	70			1581.6	9071.55	percent of total billed charges	
LEADLESSVR RETRIEVAL CATHETER	C1733	HCPCS	both			9549		First Trenton	First Trenton		8594.1	90			1581.6	9071.55	percent of total billed charges	
LEADLESSVR RETRIEVAL CATHETER	C1733	HCPCS	both			9549		Horizon	Medicare Blue		2864.7	30			1581.6	9071.55	percent of total billed charges	
LEADLESSVR RETRIEVAL CATHETER	C1733	HCPCS	both			9549		Horizon	Indemnity		3655.36	38.28			1581.6	9071.55	percent of total billed charges	
LEADLESSVR RETRIEVAL CATHETER	C1733	HCPCS	both			9549		Horizon	MGD		3655.36	38.28			1581.6	9071.55	percent of total billed charges	
LEADLESSVR RETRIEVAL CATHETER	C1733	HCPCS	both			9549		Horizon	PPO		3655.36	38.28			1581.6	9071.55	percent of total billed charges	
LEADLESSVR RETRIEVAL CATHETER	C1733	HCPCS	both			9549		Managed Care Inc	Managed Care Inc		8594.1	90			1581.6	9071.55	percent of total billed charges	
LEADLESSVR RETRIEVAL CATHETER	C1733	HCPCS	both			9549		Multiplan	Multiplan		7639.2	80			1581.6	9071.55	percent of total billed charges	
LEADLESSVR RETRIEVAL CATHETER	C1733	HCPCS	both			9549		Qualcare	Qualcare		7161.75	75			1581.6	9071.55	percent of total billed charges	
LEADLESSVR RETRIEVAL CATHETER	C1733	HCPCS	both			9549		Three Rivers	Three Rivers		9071.55	95			1581.6	9071.55	percent of total billed charges	
LEADLESSVR RETRIEVAL CATHETER	C1733	HCPCS	both			9549		UHC	Medicaid		3012.71	31.55			1581.6	9071.55	percent of total billed charges	
LEADLESSVR RETRIEVAL CATHETER	C1733	HCPCS	both			9549		Wellcare	Medicaid		3012.71	31.55			1581.6	9071.55	percent of total billed charges	
LEADLESSVR RETRIEVAL CATHETER	C1733	HCPCS	both			9549		WellPoint	WellPoint		3072.87	32.18			1581.6	9071.55	percent of total billed charges	
GRAFT,BONE INFUSE XXS 7510050	C1734	HCPCS	both			18240		Aetna	Better Health		5754.72	31.55			225	17328	percent of total billed charges	
GRAFT,BONE INFUSE XXS 7510050	C1734	HCPCS	both			18240		Aetna	Medicare		5617.92	30.8			225	17328	percent of total billed charges	
GRAFT,BONE INFUSE XXS 7510050	C1734	HCPCS	both			18240		Aetna	Commercial		6931.2	38			225	17328	percent of total billed charges	
GRAFT,BONE INFUSE XXS 7510050	C1734	HCPCS	both			18240		Americare	Americare		13680	75			225	17328	percent of total billed charges	
GRAFT,BONE INFUSE XXS 7510050	C1734	HCPCS	both			18240		Amerihealth	HMO/PPO		11856	65			225	17328	percent of total billed charges	
GRAFT,BONE INFUSE XXS 7510050	C1734	HCPCS	both			18240		Consumer	Consumer		17328	95			225	17328	percent of total billed charges	
GRAFT,BONE INFUSE XXS 7510050	C1734	HCPCS	both			18240		Corrections	Corrections		14592	80			225	17328	percent of total billed charges	
GRAFT,BONE INFUSE XXS 7510050	C1734	HCPCS	both			18240		First Health	First Health		12768	70			225	17328	percent of total billed charges	
GRAFT,BONE INFUSE XXS 7510050	C1734	HCPCS	both			18240		First Trenton	First Trenton		16416	90			225	17328	percent of total billed charges	
GRAFT,BONE INFUSE XXS 7510050	C1734	HCPCS	both			18240		Horizon	Medicare Blue		5472	30			225	17328	percent of total billed charges	
GRAFT,BONE INFUSE XXS 7510050	C1734	HCPCS	both			18240		Horizon	Indemnity		6982.27	38.28			225	17328	percent of total billed charges	
GRAFT,BONE INFUSE XXS 7510050	C1734	HCPCS	both			18240		Horizon	MGD		6982.27	38.28			225	17328	percent of total billed charges	
GRAFT,BONE INFUSE XXS 7510050	C1734	HCPCS	both			18240		Horizon	PPO		6982.27	38.28			225	17328	percent of total billed charges	
GRAFT,BONE INFUSE XXS 7510050	C1734	HCPCS	both			18240		Managed Care Inc	Managed Care Inc		16416	90			225	17328	percent of total billed charges	
GRAFT,BONE INFUSE XXS 7510050	C1734	HCPCS	both			18240		Multiplan	Multiplan		14592	80			225	17328	percent of total billed charges	
GRAFT,BONE INFUSE XXS 7510050	C1734	HCPCS	both			18240		Qualcare	Qualcare		13680	75			225	17328	percent of total billed charges	
GRAFT,BONE INFUSE XXS 7510050	C1734	HCPCS	both			18240		Three Rivers	Three Rivers		17328	95			225	17328	percent of total billed charges	
GRAFT,BONE INFUSE XXS 7510050	C1734	HCPCS	both			18240		UHC	Medicaid		5754.72	31.55			225	17328	percent of total billed charges	
GRAFT,BONE INFUSE XXS 7510050	C1734	HCPCS	both			18240		Wellcare	Medicaid		5754.72	31.55			225	17328	percent of total billed charges	
GRAFT,BONE INFUSE XXS 7510050	C1734	HCPCS	both			18240		WellPoint	WellPoint		5869.63	32.18			225	17328	percent of total billed charges	
LITHOVUE URETEROSCOPE DIG FLEX	C1747	HCPCS	both			4919		Aetna	Medicare		1515.05	30.8			1475.7	4673.05	percent of total billed charges	
LITHOVUE URETEROSCOPE DIG FLEX	C1747	HCPCS	both			4919		Aetna	Better Health		1551.94	31.55			1475.7	4673.05	percent of total billed charges	
LITHOVUE URETEROSCOPE DIG FLEX	C1747	HCPCS	both			4919		Aetna	Commercial		1869.22	38			1475.7	4673.05	percent of total billed charges	
LITHOVUE URETEROSCOPE DIG FLEX	C1747	HCPCS	both			4919		Americare	Americare		3689.25	75			1475.7	4673.05	percent of total billed charges	
LITHOVUE URETEROSCOPE DIG FLEX	C1747	HCPCS	both			4919		Amerihealth	HMO/PPO		3197.35	65			1475.7	4673.05	percent of total billed charges	
LITHOVUE URETEROSCOPE DIG FLEX	C1747	HCPCS	both			4919		Consumer	Consumer		4673.05	95			1475.7	4673.05	percent of total billed charges	
LITHOVUE URETEROSCOPE DIG FLEX	C1747	HCPCS	both			4919		Corrections	Corrections		3935.2	80			1475.7	4673.05	percent of total billed charges	
LITHOVUE URETEROSCOPE DIG FLEX	C1747	HCPCS	both			4919		First Health	First Health		3443.3	70			1475.7	4673.05	percent of total billed charges	
LITHOVUE URETEROSCOPE DIG FLEX	C1747	HCPCS	both			4919		First Trenton	First Trenton		4427.1	90			1475.7	4673.05	percent of total billed charges	
LITHOVUE URETEROSCOPE DIG FLEX	C1747	HCPCS	both			4919		Horizon	MGD		1882.99	38.28			1475.7	4673.05	percent of total billed charges	
LITHOVUE URETEROSCOPE DIG FLEX	C1747	HCPCS	both			4919		Horizon	Indemnity		1882.99	38.28			1475.7	4673.05	percent of total billed charges	
LITHOVUE URETEROSCOPE DIG FLEX	C1747	HCPCS	both			4919		Horizon	PPO		1882.99	38.28			1475.7	4673.05	percent of total billed charges	
LITHOVUE URETEROSCOPE DIG FLEX	C1747	HCPCS	both			4919		Horizon	Medicare Blue		1475.7	30			1475.7	4673.05	percent of total billed charges	
LITHOVUE URETEROSCOPE DIG FLEX	C1747	HCPCS	both			4919		Managed Care Inc	Managed Care Inc		4427.1	90			1475.7	4673.05	percent of total billed charges	
LITHOVUE URETEROSCOPE DIG FLEX	C1747	HCPCS	both			4919		Multiplan	Multiplan		3935.2	80			1475.7	4673.05	percent of total billed charges	
LITHOVUE URETEROSCOPE DIG FLEX	C1747	HCPCS	both			4919		Qualcare	Qualcare		3689.25	75			1475.7	4673.05	percent of total billed charges	
LITHOVUE URETEROSCOPE DIG FLEX	C1747	HCPCS	both			4919		Three Rivers	Three Rivers		4673.05	95			1475.7	4673.05	percent of total billed charges	
LITHOVUE URETEROSCOPE DIG FLEX	C1747	HCPCS	both			4919		UHC	Medicaid		1551.94	31.55			1475.7	4673.05	percent of total billed charges	
LITHOVUE URETEROSCOPE DIG FLEX	C1747	HCPCS	both			4919		Wellcare	Medicaid		1551.94	31.55			1475.7	4673.05	percent of total billed charges	
LITHOVUE URETEROSCOPE DIG FLEX	C1747	HCPCS	both			4919		WellPoint	WellPoint		1582.93	32.18			1475.7	4673.05	percent of total billed charges	
TENCKHOFF PERITONEAL	C1750	HCPCS	both			12000		Aetna	Commercial		4560	38			71.7	11400	percent of total billed charges	
TENCKHOFF PERITONEAL	C1750	HCPCS	both			12000		Aetna	Better Health		3786	31.55			71.7	11400	percent of total billed charges	
TENCKHOFF PERITONEAL	C1750	HCPCS	both			12000		Aetna	Medicare		3696	30.8			71.7	11400	percent of total billed charges	
TENCKHOFF PERITONEAL	C1750	HCPCS	both			12000		Americare	Americare		9000	75			71.7	11400	percent of total billed charges	
TENCKHOFF PERITONEAL	C1750	HCPCS	both			12000		Amerihealth	HMO/PPO		7800	65			71.7	11400	percent of total billed charges	
TENCKHOFF PERITONEAL	C1750	HCPCS	both			12000		Consumer	Consumer		11400	95			71.7	11400	percent of total billed charges	
TENCKHOFF PERITONEAL	C1750	HCPCS	both			12000		Corrections	Corrections		9600	80			71.7	11400	percent of total billed charges	
TENCKHOFF PERITONEAL	C1750	HCPCS	both			12000		First Health	First Health		8400	70			71.7	11400	percent of total billed charges	
TENCKHOFF PERITONEAL	C1750	HCPCS	both			12000		First Trenton	First Trenton		10800	90			71.7	11400	percent of total billed charges	
TENCKHOFF PERITONEAL	C1750	HCPCS	both			12000		Horizon	MGD		4593.6	38.28			71.7	11400	percent of total billed charges	
TENCKHOFF PERITONEAL	C1750	HCPCS	both			12000		Horizon	PPO		4593.6	38.28			71.7	11400	percent of total billed charges	
TENCKHOFF PERITONEAL	C1750	HCPCS	both			12000		Horizon	NJ Health		4800	40			71.7	11400	percent of total billed charges	
TENCKHOFF PERITONEAL	C1750	HCPCS	both			12000		Horizon	Indemnity		4593.6	38.28			71.7	11400	percent of total billed charges	
TENCKHOFF PERITONEAL	C1750	HCPCS	both			12000		Horizon	Medicare Blue		3600	30			71.7	11400	percent of total billed charges	
TENCKHOFF PERITONEAL	C1750	HCPCS	both			12000		Managed Care Inc	Managed Care Inc		10800	90			71.7	11400	percent of total billed charges	
TENCKHOFF PERITONEAL	C1750	HCPCS	both			12000		Multiplan	Multiplan		9600	80			71.7	11400	percent of total billed charges	
TENCKHOFF PERITONEAL	C1750	HCPCS	both			12000		Qualcare	Qualcare		4800	40			71.7	11400	percent of total billed charges	
TENCKHOFF PERITONEAL	C1750	HCPCS	both			12000		Three Rivers	Three Rivers		11400	95			71.7	11400	percent of total billed charges	
TENCKHOFF PERITONEAL	C1750	HCPCS	both			12000		UHC	Medicaid		3786	31.55			71.7	11400	percent of total billed charges	
TENCKHOFF PERITONEAL	C1750	HCPCS	both			12000		Wellcare	Medicaid		3786	31.55			71.7	11400	percent of total billed charges	
TENCKHOFF PERITONEAL	C1750	HCPCS	both			12000		WellPoint	WellPoint		3861.6	32.18			71.7	11400	percent of total billed charges	
SET CATH INFUSION MULTI SIDEPORT SFRX	C1751	HCPCS	both			9533		Aetna	Commercial		3622.54	38			53.1	9056.35	percent of total billed charges	
SET CATH INFUSION MULTI SIDEPORT SFRX	C1751	HCPCS	both			9533		Aetna	Medicare		2936.16	30.8			53.1	9056.35	percent of total billed charges	
SET CATH INFUSION MULTI SIDEPORT SFRX	C1751	HCPCS	both			9533		Aetna	Better Health		3007.66	31.55			53.1	9056.35	percent of total billed charges	
SET CATH INFUSION MULTI SIDEPORT SFRX	C1751	HCPCS	both			9533		Americare	Americare		7149.75	75			53.1	9056.35	percent of total billed charges	
SET CATH INFUSION MULTI SIDEPORT SFRX	C1751	HCPCS	both			9533		Amerihealth	HMO/PPO		6196.45	65			53.1	9056.35	percent of total billed charges	
SET CATH INFUSION MULTI SIDEPORT SFRX	C1751	HCPCS	both			9533		Consumer	Consumer		9056.35	95			53.1	9056.35	percent of total billed charges	
SET CATH INFUSION MULTI SIDEPORT SFRX	C1751	HCPCS	both			9533		Corrections	Corrections		7626.4	80			53.1	9056.35	percent of total billed charges	
SET CATH INFUSION MULTI SIDEPORT SFRX	C1751	HCPCS	both			9533		First Health	First Health		6673.1	70			53.1	9056.35	percent of total billed charges	
SET CATH INFUSION MULTI SIDEPORT SFRX	C1751	HCPCS	both			9533		First Trenton	First Trenton		8579.7	90			53.1	9056.35	percent of total billed charges	
SET CATH INFUSION MULTI SIDEPORT SFRX	C1751	HCPCS	both			9533		Horizon	NJ Health		3813.2	40			53.1	9056.35	percent of total billed charges	
SET CATH INFUSION MULTI SIDEPORT SFRX	C1751	HCPCS	both			9533		Horizon	MGD		3649.23	38.28			53.1	9056.35	percent of total billed charges	
SET CATH INFUSION MULTI SIDEPORT SFRX	C1751	HCPCS	both			9533		Horizon	Indemnity		3649.23	38.28			53.1	9056.35	percent of total billed charges	
SET CATH INFUSION MULTI SIDEPORT SFRX	C1751	HCPCS	both			9533		Horizon	Medicare Blue		2859.9	30			53.1	9056.35	percent of total billed charges	
SET CATH INFUSION MULTI SIDEPORT SFRX	C1751	HCPCS	both			9533		Horizon	PPO		3649.23	38.28			53.1	9056.35	percent of total billed charges	
SET CATH INFUSION MULTI SIDEPORT SFRX	C1751	HCPCS	both			9533		Managed Care Inc	Managed Care Inc		8579.7	90			53.1	9056.35	percent of total billed charges	
SET CATH INFUSION MULTI SIDEPORT SFRX	C1751	HCPCS	both			9533		Multiplan	Multiplan		7626.4	80			53.1	9056.35	percent of total billed charges	
SET CATH INFUSION MULTI SIDEPORT SFRX	C1751	HCPCS	both			9533		Qualcare	Qualcare		3813.2	40			53.1	9056.35	percent of total billed charges	
SET CATH INFUSION MULTI SIDEPORT SFRX	C1751	HCPCS	both			9533		Three Rivers	Three Rivers		9056.35	95			53.1	9056.35	percent of total billed charges	
SET CATH INFUSION MULTI SIDEPORT SFRX	C1751	HCPCS	both			9533		UHC	Medicaid		3007.66	31.55			53.1	9056.35	percent of total billed charges	
SET CATH INFUSION MULTI SIDEPORT SFRX	C1751	HCPCS	both			9533		Wellcare	Medicaid		3007.66	31.55			53.1	9056.35	percent of total billed charges	
SET CATH INFUSION MULTI SIDEPORT SFRX	C1751	HCPCS	both			9533		WellPoint	WellPoint		3067.72	32.18			53.1	9056.35	percent of total billed charges	
KIT ACUTE DUAL LUMEN 11.5FR	C1752	HCPCS	both			4666.5		Aetna	Better Health		1472.28	31.55			71.69	4433.18	percent of total billed charges	
KIT ACUTE DUAL LUMEN 11.5FR	C1752	HCPCS	both			4666.5		Aetna	Medicare		1437.28	30.8			71.69	4433.18	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.														
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103		310119 true													
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
KIT ACUTE DUAL LUMEN 11.5FR	C1752	HCPCS	both			4666.5		Aetna	Commercial		1773.27	38			71.69	4433.18	percent of total billed charges	
KIT ACUTE DUAL LUMEN 11.5FR	C1752	HCPCS	both			4666.5		Americare	Americare		3499.88	75			71.69	4433.18	percent of total billed charges	
KIT ACUTE DUAL LUMEN 11.5FR	C1752	HCPCS	both			4666.5		Amerihealth	HMO/PPO		3033.23	65			71.69	4433.18	percent of total billed charges	
KIT ACUTE DUAL LUMEN 11.5FR	C1752	HCPCS	both			4666.5		Consumer	Consumer		4433.18	95			71.69	4433.18	percent of total billed charges	
KIT ACUTE DUAL LUMEN 11.5FR	C1752	HCPCS	both			4666.5		Corrections	Corrections		3733.2	80			71.69	4433.18	percent of total billed charges	
KIT ACUTE DUAL LUMEN 11.5FR	C1752	HCPCS	both			4666.5		First Health	First Health		3266.55	70			71.69	4433.18	percent of total billed charges	
KIT ACUTE DUAL LUMEN 11.5FR	C1752	HCPCS	both			4666.5		First Trenton	First Trenton		4199.85	90			71.69	4433.18	percent of total billed charges	
KIT ACUTE DUAL LUMEN 11.5FR	C1752	HCPCS	both			4666.5		Horizon	NJ Health		1866.6	40			71.69	4433.18	percent of total billed charges	
KIT ACUTE DUAL LUMEN 11.5FR	C1752	HCPCS	both			4666.5		Horizon	Indemnity		1786.34	38.28			71.69	4433.18	percent of total billed charges	
KIT ACUTE DUAL LUMEN 11.5FR	C1752	HCPCS	both			4666.5		Horizon	MGD		1786.34	38.28			71.69	4433.18	percent of total billed charges	
KIT ACUTE DUAL LUMEN 11.5FR	C1752	HCPCS	both			4666.5		Horizon	PPO		1786.34	38.28			71.69	4433.18	percent of total billed charges	
KIT ACUTE DUAL LUMEN 11.5FR	C1752	HCPCS	both			4666.5		Horizon	Medicare Blue		1399.95	30			71.69	4433.18	percent of total billed charges	
KIT ACUTE DUAL LUMEN 11.5FR	C1752	HCPCS	both			4666.5		Managed Care Inc	Managed Care Inc		4199.85	90			71.69	4433.18	percent of total billed charges	
KIT ACUTE DUAL LUMEN 11.5FR	C1752	HCPCS	both			4666.5		Multiplan	Multiplan		3733.2	80			71.69	4433.18	percent of total billed charges	
KIT ACUTE DUAL LUMEN 11.5FR	C1752	HCPCS	both			4666.5		Qualcare	Qualcare		1866.6	40			71.69	4433.18	percent of total billed charges	
KIT ACUTE DUAL LUMEN 11.5FR	C1752	HCPCS	both			4666.5		Three Rivers	Three Rivers		4433.18	95			71.69	4433.18	percent of total billed charges	
KIT ACUTE DUAL LUMEN 11.5FR	C1752	HCPCS	both			4666.5		UHC	Medicaid		1472.28	31.55			71.69	4433.18	percent of total billed charges	
KIT ACUTE DUAL LUMEN 11.5FR	C1752	HCPCS	both			4666.5		Wellcare	Medicaid		1472.28	31.55			71.69	4433.18	percent of total billed charges	
KIT ACUTE DUAL LUMEN 11.5FR	C1752	HCPCS	both			4666.5		WellPoint	WellPoint		1501.68	32.18			71.69	4433.18	percent of total billed charges	
US VIEWFLEX XTRA ICE 9FR CATHETER	C1753	HCPCS	both			8034		Aetna	Better Health		2534.73	31.55			927	7632.3	percent of total billed charges	
US VIEWFLEX XTRA ICE 9FR CATHETER	C1753	HCPCS	both			8034		Aetna	Medicare		2474.47	30.8			927	7632.3	percent of total billed charges	
US VIEWFLEX XTRA ICE 9FR CATHETER	C1753	HCPCS	both			8034		Aetna	Commercial		3052.92	38			927	7632.3	percent of total billed charges	
US VIEWFLEX XTRA ICE 9FR CATHETER	C1753	HCPCS	both			8034		Americare	Americare		6025.5	75			927	7632.3	percent of total billed charges	
US VIEWFLEX XTRA ICE 9FR CATHETER	C1753	HCPCS	both			8034		Amerihealth	HMO/PPO		5222.1	65			927	7632.3	percent of total billed charges	
US VIEWFLEX XTRA ICE 9FR CATHETER	C1753	HCPCS	both			8034		Consumer	Consumer		7632.3	95			927	7632.3	percent of total billed charges	
US VIEWFLEX XTRA ICE 9FR CATHETER	C1753	HCPCS	both			8034		Corrections	Corrections		6427.2	80			927	7632.3	percent of total billed charges	
US VIEWFLEX XTRA ICE 9FR CATHETER	C1753	HCPCS	both			8034		First Health	First Health		5623.8	70			927	7632.3	percent of total billed charges	
US VIEWFLEX XTRA ICE 9FR CATHETER	C1753	HCPCS	both			8034		First Trenton	First Trenton		7230.6	90			927	7632.3	percent of total billed charges	
US VIEWFLEX XTRA ICE 9FR CATHETER	C1753	HCPCS	both			8034		Horizon	MGD		3075.42	38.28			927	7632.3	percent of total billed charges	
US VIEWFLEX XTRA ICE 9FR CATHETER	C1753	HCPCS	both			8034		Horizon	Medicare Blue		2410.2	30			927	7632.3	percent of total billed charges	
US VIEWFLEX XTRA ICE 9FR CATHETER	C1753	HCPCS	both			8034		Horizon	Indemnity		3075.42	38.28			927	7632.3	percent of total billed charges	
US VIEWFLEX XTRA ICE 9FR CATHETER	C1753	HCPCS	both			8034		Horizon	PPO		3075.42	38.28			927	7632.3	percent of total billed charges	
US VIEWFLEX XTRA ICE 9FR CATHETER	C1753	HCPCS	both			8034		Managed Care Inc	Managed Care Inc		7230.6	90			927	7632.3	percent of total billed charges	
US VIEWFLEX XTRA ICE 9FR CATHETER	C1753	HCPCS	both			8034		Multiplan	Multiplan		6427.2	80			927	7632.3	percent of total billed charges	
US VIEWFLEX XTRA ICE 9FR CATHETER	C1753	HCPCS	both			8034		Qualcare	Qualcare		6025.5	75			927	7632.3	percent of total billed charges	
US VIEWFLEX XTRA ICE 9FR CATHETER	C1753	HCPCS	both			8034		Three Rivers	Three Rivers		7632.3	95			927	7632.3	percent of total billed charges	
US VIEWFLEX XTRA ICE 9FR CATHETER	C1753	HCPCS	both			8034		UHC	Medicaid		2534.73	31.55			927	7632.3	percent of total billed charges	
US VIEWFLEX XTRA ICE 9FR CATHETER	C1753	HCPCS	both			8034		Wellcare	Medicaid		2534.73	31.55			927	7632.3	percent of total billed charges	
US VIEWFLEX XTRA ICE 9FR CATHETER	C1753	HCPCS	both			8034		WellPoint	WellPoint		2585.34	32.18			927	7632.3	percent of total billed charges	
SYNCHROMED PUMP FOR BACLOFEN	C1755	HCPCS	inpatient			3300		Aetna	Better Health		1041.15	31.55			5.1	3135	percent of total billed charges	
SYNCHROMED PUMP FOR BACLOFEN	C1755	HCPCS	inpatient			3300		Aetna	Commercial		1254	38			5.1	3135	percent of total billed charges	
SYNCHROMED PUMP FOR BACLOFEN	C1755	HCPCS	inpatient			3300		Aetna	Medicare		1016.4	30.8			5.1	3135	percent of total billed charges	
SYNCHROMED PUMP FOR BACLOFEN	C1755	HCPCS	inpatient			3300		Americare	Americare		2475	75			5.1	3135	percent of total billed charges	
SYNCHROMED PUMP FOR BACLOFEN	C1755	HCPCS	inpatient			3300		Amerihealth	HMO/PPO		2145	65			5.1	3135	percent of total billed charges	
SYNCHROMED PUMP FOR BACLOFEN	C1755	HCPCS	inpatient			3300		Consumer	Consumer		3135	95			5.1	3135	percent of total billed charges	
SYNCHROMED PUMP FOR BACLOFEN	C1755	HCPCS	inpatient			3300		Corrections	Corrections		2640	80			5.1	3135	percent of total billed charges	
SYNCHROMED PUMP FOR BACLOFEN	C1755	HCPCS	inpatient			3300		First Health	First Health		2310	70			5.1	3135	percent of total billed charges	
SYNCHROMED PUMP FOR BACLOFEN	C1755	HCPCS	inpatient			3300		First Trenton	First Trenton		2970	90			5.1	3135	percent of total billed charges	
SYNCHROMED PUMP FOR BACLOFEN	C1755	HCPCS	inpatient			3300		Horizon	MGD		1263.24	38.28			5.1	3135	percent of total billed charges	
SYNCHROMED PUMP FOR BACLOFEN	C1755	HCPCS	inpatient			3300		Horizon	Indemnity		1263.24	38.28			5.1	3135	percent of total billed charges	
SYNCHROMED PUMP FOR BACLOFEN	C1755	HCPCS	inpatient			3300		Horizon	NJ Health		1320	40			5.1	3135	percent of total billed charges	
SYNCHROMED PUMP FOR BACLOFEN	C1755	HCPCS	inpatient			3300		Horizon	Medicare Blue		990	30			5.1	3135	percent of total billed charges	
SYNCHROMED PUMP FOR BACLOFEN	C1755	HCPCS	inpatient			3300		Horizon	PPO		1263.24	38.28			5.1	3135	percent of total billed charges	
SYNCHROMED PUMP FOR BACLOFEN	C1755	HCPCS	inpatient			3300		Managed Care Inc	Managed Care Inc		2970	90			5.1	3135	percent of total billed charges	
SYNCHROMED PUMP FOR BACLOFEN	C1755	HCPCS	inpatient			3300		Multiplan	Multiplan		2640	80			5.1	3135	percent of total billed charges	
SYNCHROMED PUMP FOR BACLOFEN	C1755	HCPCS	inpatient			3300		Qualcare	Qualcare		1320	40			5.1	3135	percent of total billed charges	
SYNCHROMED PUMP FOR BACLOFEN	C1755	HCPCS	inpatient			3300		Three Rivers	Three Rivers		3135	95			5.1	3135	percent of total billed charges	
SYNCHROMED PUMP FOR BACLOFEN	C1755	HCPCS	inpatient			3300		UHC	Medicaid		1041.15	31.55			5.1	3135	percent of total billed charges	
SYNCHROMED PUMP FOR BACLOFEN	C1755	HCPCS	inpatient			3300		Wellcare	Medicaid		1041.15	31.55			5.1	3135	percent of total billed charges	
SYNCHROMED PUMP FOR BACLOFEN	C1755	HCPCS	inpatient			3300		WellPoint	WellPoint		1061.94	32.18			5.1	3135	percent of total billed charges	
TREROTOLA ACCESS	C1757	HCPCS	both			30468		Aetna	Better Health		9612.65	31.55			33	28944.6	percent of total billed charges	
TREROTOLA ACCESS	C1757	HCPCS	both			30468		Aetna	Commercial		11577.84	38			33	28944.6	percent of total billed charges	
TREROTOLA ACCESS	C1757	HCPCS	both			30468		Aetna	Medicare		9384.14	30.8			33	28944.6	percent of total billed charges	
TREROTOLA ACCESS	C1757	HCPCS	both			30468		Americare	Americare		22851	75			33	28944.6	percent of total billed charges	
TREROTOLA ACCESS	C1757	HCPCS	both			30468		Amerihealth	HMO/PPO		19804.2	65			33	28944.6	percent of total billed charges	
TREROTOLA ACCESS	C1757	HCPCS	both			30468		Consumer	Consumer		28944.6	95			33	28944.6	percent of total billed charges	
TREROTOLA ACCESS	C1757	HCPCS	both			30468		Corrections	Corrections		24374.4	80			33	28944.6	percent of total billed charges	
TREROTOLA ACCESS	C1757	HCPCS	both			30468		First Health	First Health		21327.6	70			33	28944.6	percent of total billed charges	
TREROTOLA ACCESS	C1757	HCPCS	both			30468		First Trenton	First Trenton		27421.2	90			33	28944.6	percent of total billed charges	
TREROTOLA ACCESS	C1757	HCPCS	both			30468		Horizon	Medicare Blue		9140.4	30			33	28944.6	percent of total billed charges	
TREROTOLA ACCESS	C1757	HCPCS	both			30468		Horizon	Indemnity		11663.15	38.28			33	28944.6	percent of total billed charges	
TREROTOLA ACCESS	C1757	HCPCS	both			30468		Horizon	NJ Health		12187.2	40			33	28944.6	percent of total billed charges	
TREROTOLA ACCESS	C1757	HCPCS	both			30468		Horizon	MGD		11663.15	38.28			33	28944.6	percent of total billed charges	
TREROTOLA ACCESS	C1757	HCPCS	both			30468		Horizon	PPO		11663.15	38.28			33	28944.6	percent of total billed charges	
TREROTOLA ACCESS	C1757	HCPCS	both			30468		Managed Care Inc	Managed Care Inc		27421.2	90			33	28944.6	percent of total billed charges	
TREROTOLA ACCESS	C1757	HCPCS	both			30468		Multiplan	Multiplan		24374.4	80			33	28944.6	percent of total billed charges	
TREROTOLA ACCESS	C1757	HCPCS	both			30468		Qualcare	Qualcare		12187.2	40			33	28944.6	percent of total billed charges	
TREROTOLA ACCESS	C1757	HCPCS	both			30468		Three Rivers	Three Rivers		28944.6	95			33	28944.6	percent of total billed charges	
TREROTOLA ACCESS	C1757	HCPCS	both			30468		UHC	Medicaid		9612.65	31.55			33	28944.6	percent of total billed charges	
TREROTOLA ACCESS	C1757	HCPCS	both			30468		Wellcare	Medicaid		9612.65	31.55			33	28944.6	percent of total billed charges	
TREROTOLA ACCESS	C1757	HCPCS	both			30468		WellPoint	WellPoint		9804.6	32.18			33	28944.6	percent of total billed charges	
URETERAL OPEN END PVC 6FR 70CM	C1758	HCPCS	both			760		Aetna	Better Health		239.78	31.55			15.3	722	percent of total billed charges	
URETERAL OPEN END PVC 6FR 70CM	C1758	HCPCS	both			760		Aetna	Medicare		234.08	30.8			15.3	722	percent of total billed charges	
URETERAL OPEN END PVC 6FR 70CM	C1758	HCPCS	both			760		Aetna	Commercial		288.8	38			15.3	722	percent of total billed charges	
URETERAL OPEN END PVC 6FR 70CM	C1758	HCPCS	both			760		Americare	Americare		570	75			15.3	722	percent of total billed charges	
URETERAL OPEN END PVC 6FR 70CM	C1758	HCPCS	both			760		Amerihealth	HMO/PPO		494	65			15.3	722	percent of total billed charges	
URETERAL OPEN END PVC 6FR 70CM	C1758	HCPCS	both			760		Consumer	Consumer		722	95			15.3	722	percent of total billed charges	
URETERAL OPEN END PVC 6FR 70CM	C1758	HCPCS	both			760		Corrections	Corrections		608	80			15.3	722	percent of total billed charges	
URETERAL OPEN END PVC 6FR 70CM	C1758	HCPCS	both			760		First Health	First Health		532	70			15.3	722	percent of total billed charges	
URETERAL OPEN END PVC 6FR 70CM	C1758	HCPCS	both			760		First Trenton	First Trenton		684	90			15.3	722	percent of total billed charges	
URETERAL OPEN END PVC 6FR 70CM	C1758	HCPCS	both			760		Horizon	Medicare Blue		228	30			15.3	722	percent of total billed charges	
URETERAL OPEN END PVC 6FR 70CM	C1758	HCPCS	both			760		Horizon	Indemnity		290.93	38.28			15.3	722	percent of total billed charges	
URETERAL OPEN END PVC 6FR 70CM	C1758	HCPCS	both			760		Horizon	NJ Health		304	40			15.3	722	percent of total billed charges	
URETERAL OPEN END PVC 6FR 70CM	C1758	HCPCS	both			760		Horizon	MGD		290.93	38.28			15.3	722	percent of total billed charges	
URETERAL OPEN END PVC 6FR 70CM	C1758	HCPCS	both			760		Horizon	PPO		290.93	38.28			15.3	722	percent of total billed charges	
URETERAL OPEN END PVC 6FR 70CM	C1758	HCPCS	both			760		Managed Care Inc	Managed Care Inc		684	90			15.3	722	percent of total billed charges	
URETERAL OPEN END PVC 6FR 70CM	C1758	HCPCS	both			760		Multiplan	Multiplan		608	80			15.3	722	percent of total billed charges	
URETERAL OPEN END PVC 6FR 70CM	C1758	HCPCS	both			760		Qualcare	Qualcare		304	40			15.3	722	percent of total billed charges	
URETERAL OPEN END PVC 6FR 70CM	C1758	HCPCS	both			760		Three Rivers	Three Rivers		722	95			15.3	722	percent of total billed charges	
URETERAL OPEN END PVC 6FR 70CM	C1758	HCPCS	both			760		UHC	Medicaid		239.78	31.55			15.3	722	percent of total billed charges	
URETERAL OPEN END PVC 6FR 70CM	C1758	HCPCS	both			760		Wellcare	Medicaid		239.78	31.55			15.3	722	percent of total billed charges	
URETERAL OPEN END PVC 6FR 70CM	C1758	HCPCS	both			760		WellPoint	WellPoint		244.57	32.18			15.3	722	percent of total billed charges	
VIEWFLEX ICE CATHETER	C1759	HCPCS	both			10804		Aetna	Better Health		3408.66	31.55			550.5	10263.8	percent of total billed charges	
VIEWFLEX ICE CATHETER	C1759	HCPCS	both			10804		Aetna	Medicare		3327.63	30.8			550.5	10263.8	percent of total billed charges	
VIEWFLEX ICE CATHETER	C1759	HCPCS	both			10804		Aetna	Commercial		4105.52	38			550.5	10263.8	percent of total billed charges	
VIEWFLEX ICE CATHETER	C1759	HCPCS	both			10804		Americare	Americare		8103	75			550.5	10263.8	percent of total billed charges	
VIEWFLEX ICE CATHETER	C1759	HCPCS	both			10804		Amerihealth	HMO/PPO		7022.6	65			550.5	10263.8	percent of total billed charges	
VIEWFLEX ICE CATHETER	C1759	HCPCS	both			10804		Consumer	Consumer		10263.8	95			550.5	10263.8	percent of total billed charges	
VIEWFLEX ICE CATHETER	C1759	HCPCS	both			10804		Corrections	Corrections		8643.2	80			550.5	10263.8	percent of total billed charges	
VIEWFLEX ICE CATHETER	C1759	HCPCS	both			10804		First Health	First Health		7562.8	70			550.5	10263.8	percent of total billed charges	
VIEWFLEX ICE CATHETER	C1759	HCPCS	both			10804		First Trenton	First Trenton		9723.6	90			550.5	10263.8	percent of total billed charges	
VIEWFLEX ICE CATHETER	C1759	HCPCS	both			10804		Horizon	Medicare Blue		3241.2	30			550.5	10263.8	percent of total billed charges	
VIEWFLEX ICE CATHETER	C1759	HCPCS	both			10804		Horizon	Indemnity		4135.77	38.28			550.5	10263.8	percent of total billed charges	
VIEWFLEX ICE CATHETER	C1759	HCPCS	both			10804		Horizon	MGD		4135.77	38.28			550.5	10263.8	percent of total billed charges	
VIEWFLEX ICE CATHETER	C1759	HCPCS	both			10804		Horizon	PPO		4135.77	38.28			550.5	10263.8	percent of total billed charges	
VIEWFLEX ICE CATHETER	C1759	HCPCS	both			10804		Managed Care Inc	Managed Care Inc		9723.6	90			550.5	10263.8	percent of total billed charges	
VIEWFLEX ICE CATHETER	C1759	HCPCS	both			10804		Multiplan	Multiplan		8643.2	80			550.5	10263.8	percent of total billed charges	
VIEWFLEX ICE CATHETER	C1759	HCPCS	both			10804		Qualcare	Qualcare		8103	75			550.5	10263.8	percent of total billed charges	
VIEWFLEX ICE CATHETER	C1759	HCPCS	both			10804		Three Rivers	Three Rivers		10263.8	95			550.5	10263.8	percent of total billed charges	
VIEWFLEX ICE CATHETER	C1759	HCPCS	both			10804		UHC	Medicaid		3408.66	31.55			550.5	10263.8	percent of total billed charges	
VIEWFLEX ICE CATHETER	C1759	HCPCS	both			10804		Wellcare	Medicaid		3408.66	31.55			550.5	10263.8	percent of total billed charges	
VIEWFLEX ICE CATHETER	C1759	HCPCS	both			10804		WellPoint	WellPoint		3476.73	32.18			550.5	10263.8	percent of total billed charges	
PRELUDESYNC EZ RADIAL COMPRESS DEVICE	C1760	HCPCS	both			1790		Aetna	Better Health		564.75	31.55			32.7	1700.5	percent of total billed charges	
PRELUDESYNC EZ RADIAL COMPRESS DEVICE	C1760	HCPCS	both			1790		Aetna	Commercial		680.2	38			32.7	1700.5	percent of total billed charges	
PRELUDESYNC EZ RADIAL COMPRESS DEVICE	C1760	HCPCS	both			1790		Aetna	Medicare		551.32	30.8			32.7	1700.5	percent of total billed charges	
PRELUDESYNC EZ RADIAL COMPRESS DEVICE	C1760	HCPCS	both			1790		Americare	Americare		1342.5	75			32.7	1700.5	percent of total billed charges	
PRELUDESYNC EZ RADIAL COMPRESS DEVICE	C1760	HCPCS	both			1790		Amerihealth	HMO/PPO		1163.5	65			32.7	1700.5	percent of total billed charges	
PRELUDESYNC EZ RADIAL COMPRESS DEVICE	C1760	HCPCS	both			1790		Consumer	Consumer		1700.5	95			32.7	1700.5	percent of total billed charges	
PRELUDESYNC EZ RADIAL COMPRESS DEVICE	C1760	HCPCS	both			1790		Corrections	Corrections		1432	80			32.7	1700.5	percent of total billed charges	
PRELUDESYNC EZ RADIAL COMPRESS DEVICE	C1760	HCPCS	both			1790		First Health	First Health		1253	70			32.7	1700.5	percent of total billed charges	
PRELUDESYNC EZ RADIAL COMPRESS DEVICE	C1760	HCPCS	both			1790		First Trenton	First Trenton		1611	90			32.7	1700.5	percent of total billed charges	
PRELUDESYNC EZ RADIAL COMPRESS DEVICE	C1760	HCPCS	both			1790		Horizon	MGD		685.21	38.28			32.7	1700.5	percent of total billed charges	
PRELUDESYNC EZ RADIAL COMPRESS DEVICE	C1760	HCPCS	both			1790		Horizon	Indemnity		685.21	38.28			32.7	1700.5	percent of total billed charges	
PRELUDESYNC EZ RADIAL COMPRESS DEVICE	C1760	HCPCS	both			1790		Horizon	NJ Health		716	40			32.7	1700.5	percent of total billed charges	
PRELUDESYNC EZ RADIAL COMPRESS DEVICE	C1760	HCPCS	both			1790		Horizon	Medicare Blue		537	30			32.7	1700.5	percent of total billed charges	
PRELUDESYNC EZ RADIAL COMPRESS DEVICE	C1760	HCPCS	both			1790		Horizon	PPO		685.21	38.28			32.7	1700.5	percent of total billed charges	
PRELUDESYNC EZ RADIAL COMPRESS DEVICE	C1760	HCPCS	both			1790		Managed Care Inc	Managed Care Inc		1611	90			32.7	1700.5	percent of total billed charges	
PRELUDESYNC EZ RADIAL COMPRESS DEVICE	C1760	HCPCS	both			1790		Multiplan	Multiplan		1432	80			32.7	1700.5	percent of total billed charges	
PRELUDESYNC EZ RADIAL COMPRESS DEVICE	C1760	HCPCS	both			1790		Qualcare	Qualcare		716	40			32.7	1700.5	percent of total billed charges	
PRELUDESYNC EZ RADIAL COMPRESS DEVICE	C1760	HCPCS	both			1790		Three Rivers	Three Rivers		1700.5	95			32.7	1700.5	percent of total billed charges	
PRELUDESYNC EZ RADIAL COMPRESS DEVICE	C1760	HCPCS	both			1790		UHC	Medicaid		564.75	31.55			32.7	1700.5	percent of total billed charges	
PRELUDESYNC EZ RADIAL COMPRESS DEVICE	C1760	HCPCS	both			1790		Wellcare	Medicaid		564.75	31.55			32.7	1700.5	percent of total billed charges	
PRELUDESYNC EZ RADIAL COMPRESS DEVICE	C1760	HCPCS	both			1790		WellPoint	WellPoint		576.02	32.18			32.7	1700.5	percent of total billed charges	
SHOCKWAVE IVL CATHETER	C1761	HCPCS	both			14523		Aetna	Medicare		4473.08	30.8			3198.3	13796.85	percent of total billed charges	
SHOCKWAVE IVL CATHETER	C1761	HCPCS	both			14523		Aetna	Better Health		4582.01	31.55			3198.3	13796.85	percent of total billed charges	
SHOCKWAVE IVL CATHETER	C1761	HCPCS	both			14523		Aetna	Commercial		5516.74	38			3198.3	13796.85	percent of total billed charges	
SHOCKWAVE IVL CATHETER	C1761	HCPCS	both			14523		Americare	Americare		10892.25	75			3198.3	13796.85	percent of total billed charges	
SHOCKWAVE IVL CATHETER	C1761	HCPCS	both			14523		Amerihealth	HMO/PPO		9439.95	65			3198.3	13796.85	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.														
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true													
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
SHOCKWAVE IVL CATHETER	C1761	HCPCS	both			14523		Consumer	Consumer		13796.85	95			3198.3	13796.85	percent of total billed charges	
SHOCKWAVE IVL CATHETER	C1761	HCPCS	both			14523		Corrections	Corrections		11618.4	80			3198.3	13796.85	percent of total billed charges	
SHOCKWAVE IVL CATHETER	C1761	HCPCS	both			14523		First Health	First Health		10166.1	70			3198.3	13796.85	percent of total billed charges	
SHOCKWAVE IVL CATHETER	C1761	HCPCS	both			14523		First Trenton	First Trenton		13070.7	90			3198.3	13796.85	percent of total billed charges	
SHOCKWAVE IVL CATHETER	C1761	HCPCS	both			14523		Horizon	Indemnity		5559.4	38.28			3198.3	13796.85	percent of total billed charges	
SHOCKWAVE IVL CATHETER	C1761	HCPCS	both			14523		Horizon	MGD		5559.4	38.28			3198.3	13796.85	percent of total billed charges	
SHOCKWAVE IVL CATHETER	C1761	HCPCS	both			14523		Horizon	Medicare Blue		4356.9	30			3198.3	13796.85	percent of total billed charges	
SHOCKWAVE IVL CATHETER	C1761	HCPCS	both			14523		Horizon	PPO		5559.4	38.28			3198.3	13796.85	percent of total billed charges	
SHOCKWAVE IVL CATHETER	C1761	HCPCS	both			14523		Managed Care Inc	Managed Care Inc		13070.7	90			3198.3	13796.85	percent of total billed charges	
SHOCKWAVE IVL CATHETER	C1761	HCPCS	both			14523		Multiplan	Multiplan		11618.4	80			3198.3	13796.85	percent of total billed charges	
SHOCKWAVE IVL CATHETER	C1761	HCPCS	both			14523		Qualcare	Qualcare		10892.25	75			3198.3	13796.85	percent of total billed charges	
SHOCKWAVE IVL CATHETER	C1761	HCPCS	both			14523		Three Rivers	Three Rivers		13796.85	95			3198.3	13796.85	percent of total billed charges	
SHOCKWAVE IVL CATHETER	C1761	HCPCS	both			14523		UHC	Medicaid		4582.01	31.55			3198.3	13796.85	percent of total billed charges	
SHOCKWAVE IVL CATHETER	C1761	HCPCS	both			14523		Wellcare	Medicaid		4582.01	31.55			3198.3	13796.85	percent of total billed charges	
SHOCKWAVE IVL CATHETER	C1761	HCPCS	both			14523		WellPoint	WellPoint		4673.5	32.18			3198.3	13796.85	percent of total billed charges	
TISSUE REGENERATION 5 X 10CM	C1762	HCPCS	both			70500		Aetna	Commercial		26790	38			0.9	66975	percent of total billed charges	
TISSUE REGENERATION 5 X 10CM	C1762	HCPCS	both			70500		Aetna	Better Health		22242.75	31.55			0.9	66975	percent of total billed charges	
TISSUE REGENERATION 5 X 10CM	C1762	HCPCS	both			70500		Aetna	Medicare		21714	30.8			0.9	66975	percent of total billed charges	
TISSUE REGENERATION 5 X 10CM	C1762	HCPCS	both			70500		Americare	Americare		52875	75			0.9	66975	percent of total billed charges	
TISSUE REGENERATION 5 X 10CM	C1762	HCPCS	both			70500		Amerihealth	HMO/PPO		45825	65			0.9	66975	percent of total billed charges	
TISSUE REGENERATION 5 X 10CM	C1762	HCPCS	both			70500		Consumer	Consumer		66975	95			0.9	66975	percent of total billed charges	
TISSUE REGENERATION 5 X 10CM	C1762	HCPCS	both			70500		Corrections	Corrections		56400	80			0.9	66975	percent of total billed charges	
TISSUE REGENERATION 5 X 10CM	C1762	HCPCS	both			70500		First Health	First Health		49350	70			0.9	66975	percent of total billed charges	
TISSUE REGENERATION 5 X 10CM	C1762	HCPCS	both			70500		First Trenton	First Trenton		63450	90			0.9	66975	percent of total billed charges	
TISSUE REGENERATION 5 X 10CM	C1762	HCPCS	both			70500		Horizon	MGD		26987.4	38.28			0.9	66975	percent of total billed charges	
TISSUE REGENERATION 5 X 10CM	C1762	HCPCS	both			70500		Horizon	Medicare Blue		21150	30			0.9	66975	percent of total billed charges	
TISSUE REGENERATION 5 X 10CM	C1762	HCPCS	both			70500		Horizon	NJ Health		28200	40			0.9	66975	percent of total billed charges	
TISSUE REGENERATION 5 X 10CM	C1762	HCPCS	both			70500		Horizon	Indemnity		26987.4	38.28			0.9	66975	percent of total billed charges	
TISSUE REGENERATION 5 X 10CM	C1762	HCPCS	both			70500		Horizon	PPO		26987.4	38.28			0.9	66975	percent of total billed charges	
TISSUE REGENERATION 5 X 10CM	C1762	HCPCS	both			70500		Managed Care Inc	Managed Care Inc		63450	90			0.9	66975	percent of total billed charges	
TISSUE REGENERATION 5 X 10CM	C1762	HCPCS	both			70500		Multiplan	Multiplan		56400	80			0.9	66975	percent of total billed charges	
TISSUE REGENERATION 5 X 10CM	C1762	HCPCS	both			70500		Qualcare	Qualcare		28200	40			0.9	66975	percent of total billed charges	
TISSUE REGENERATION 5 X 10CM	C1762	HCPCS	both			70500		Three Rivers	Three Rivers		66975	95			0.9	66975	percent of total billed charges	
TISSUE REGENERATION 5 X 10CM	C1762	HCPCS	both			70500		UHC	Medicaid		22242.75	31.55			0.9	66975	percent of total billed charges	
TISSUE REGENERATION 5 X 10CM	C1762	HCPCS	both			70500		Wellcare	Medicaid		22242.75	31.55			0.9	66975	percent of total billed charges	
TISSUE REGENERATION 5 X 10CM	C1762	HCPCS	both			70500		WellPoint	WellPoint		22686.9	32.18			0.9	66975	percent of total billed charges	
REPAIR SUPPLE PERI-GUARD 8 X 14CM	C1763	HCPCS	both			89586		Aetna	Medicare		27592.49	30.8			90.9	85106.7	percent of total billed charges	
REPAIR SUPPLE PERI-GUARD 8 X 14CM	C1763	HCPCS	both			89586		Aetna	Better Health		28264.38	31.55			90.9	85106.7	percent of total billed charges	
REPAIR SUPPLE PERI-GUARD 8 X 14CM	C1763	HCPCS	both			89586		Aetna	Commercial		34042.68	38			90.9	85106.7	percent of total billed charges	
REPAIR SUPPLE PERI-GUARD 8 X 14CM	C1763	HCPCS	both			89586		Americare	Americare		67189.5	75			90.9	85106.7	percent of total billed charges	
REPAIR SUPPLE PERI-GUARD 8 X 14CM	C1763	HCPCS	both			89586		Amerihealth	HMO/PPO		58230.9	65			90.9	85106.7	percent of total billed charges	
REPAIR SUPPLE PERI-GUARD 8 X 14CM	C1763	HCPCS	both			89586		Consumer	Consumer		85106.7	95			90.9	85106.7	percent of total billed charges	
REPAIR SUPPLE PERI-GUARD 8 X 14CM	C1763	HCPCS	both			89586		Corrections	Corrections		71668.8	80			90.9	85106.7	percent of total billed charges	
REPAIR SUPPLE PERI-GUARD 8 X 14CM	C1763	HCPCS	both			89586		First Health	First Health		62710.2	70			90.9	85106.7	percent of total billed charges	
REPAIR SUPPLE PERI-GUARD 8 X 14CM	C1763	HCPCS	both			89586		First Trenton	First Trenton		80627.4	90			90.9	85106.7	percent of total billed charges	
REPAIR SUPPLE PERI-GUARD 8 X 14CM	C1763	HCPCS	both			89586		Horizon	Medicare Blue		26875.8	30			90.9	85106.7	percent of total billed charges	
REPAIR SUPPLE PERI-GUARD 8 X 14CM	C1763	HCPCS	both			89586		Horizon	MGD		34293.52	38.28			90.9	85106.7	percent of total billed charges	
REPAIR SUPPLE PERI-GUARD 8 X 14CM	C1763	HCPCS	both			89586		Horizon	Indemnity		34293.52	38.28			90.9	85106.7	percent of total billed charges	
REPAIR SUPPLE PERI-GUARD 8 X 14CM	C1763	HCPCS	both			89586		Horizon	NJ Health		35834.4	40			90.9	85106.7	percent of total billed charges	
REPAIR SUPPLE PERI-GUARD 8 X 14CM	C1763	HCPCS	both			89586		Horizon	PPO		34293.52	38.28			90.9	85106.7	percent of total billed charges	
REPAIR SUPPLE PERI-GUARD 8 X 14CM	C1763	HCPCS	both			89586		Managed Care Inc	Managed Care Inc		80627.4	90			90.9	85106.7	percent of total billed charges	
REPAIR SUPPLE PERI-GUARD 8 X 14CM	C1763	HCPCS	both			89586		Multiplan	Multiplan		71668.8	80			90.9	85106.7	percent of total billed charges	
REPAIR SUPPLE PERI-GUARD 8 X 14CM	C1763	HCPCS	both			89586		Qualcare	Qualcare		35834.4	40			90.9	85106.7	percent of total billed charges	
REPAIR SUPPLE PERI-GUARD 8 X 14CM	C1763	HCPCS	both			89586		Three Rivers	Three Rivers		85106.7	95			90.9	85106.7	percent of total billed charges	
REPAIR SUPPLE PERI-GUARD 8 X 14CM	C1763	HCPCS	both			89586		UHC	Medicaid		28264.38	31.55			90.9	85106.7	percent of total billed charges	
REPAIR SUPPLE PERI-GUARD 8 X 14CM	C1763	HCPCS	both			89586		Wellcare	Medicaid		28264.38	31.55			90.9	85106.7	percent of total billed charges	
REPAIR SUPPLE PERI-GUARD 8 X 14CM	C1763	HCPCS	both			89586		WellPoint	WellPoint		28828.77	32.18			90.9	85106.7	percent of total billed charges	
LOOP DEVICE	C1764	HCPCS	both			10485		Aetna	Better Health		3308.02	31.55			3145.5	9960.75	percent of total billed charges	
LOOP DEVICE	C1764	HCPCS	both			10485		Aetna	Medicare		3229.38	30.8			3145.5	9960.75	percent of total billed charges	
LOOP DEVICE	C1764	HCPCS	both			10485		Aetna	Commercial		3984.3	38			3145.5	9960.75	percent of total billed charges	
LOOP DEVICE	C1764	HCPCS	both			10485		Americare	Americare		7863.75	75			3145.5	9960.75	percent of total billed charges	
LOOP DEVICE	C1764	HCPCS	both			10485		Amerihealth	HMO/PPO		6815.25	65			3145.5	9960.75	percent of total billed charges	
LOOP DEVICE	C1764	HCPCS	both			10485		Consumer	Consumer		9960.75	95			3145.5	9960.75	percent of total billed charges	
LOOP DEVICE	C1764	HCPCS	both			10485		Corrections	Corrections		8388	80			3145.5	9960.75	percent of total billed charges	
LOOP DEVICE	C1764	HCPCS	both			10485		First Health	First Health		7339.5	70			3145.5	9960.75	percent of total billed charges	
LOOP DEVICE	C1764	HCPCS	both			10485		First Trenton	First Trenton		9436.5	90			3145.5	9960.75	percent of total billed charges	
LOOP DEVICE	C1764	HCPCS	both			10485		Horizon	Medicare Blue		3145.5	30			3145.5	9960.75	percent of total billed charges	
LOOP DEVICE	C1764	HCPCS	both			10485		Horizon	Indemnity		4013.66	38.28			3145.5	9960.75	percent of total billed charges	
LOOP DEVICE	C1764	HCPCS	both			10485		Horizon	MGD		4013.66	38.28			3145.5	9960.75	percent of total billed charges	
LOOP DEVICE	C1764	HCPCS	both			10485		Horizon	NJ Health		4194	40			3145.5	9960.75	percent of total billed charges	
LOOP DEVICE	C1764	HCPCS	both			10485		Horizon	PPO		4013.66	38.28			3145.5	9960.75	percent of total billed charges	
LOOP DEVICE	C1764	HCPCS	both			10485		Managed Care Inc	Managed Care Inc		9436.5	90			3145.5	9960.75	percent of total billed charges	
LOOP DEVICE	C1764	HCPCS	both			10485		Multiplan	Multiplan		8388	80			3145.5	9960.75	percent of total billed charges	
LOOP DEVICE	C1764	HCPCS	both			10485		Qualcare	Qualcare		4194	40			3145.5	9960.75	percent of total billed charges	
LOOP DEVICE	C1764	HCPCS	both			10485		Three Rivers	Three Rivers		9960.75	95			3145.5	9960.75	percent of total billed charges	
LOOP DEVICE	C1764	HCPCS	both			10485		UHC	Medicaid		3308.02	31.55			3145.5	9960.75	percent of total billed charges	
LOOP DEVICE	C1764	HCPCS	both			10485		Wellcare	Medicaid		3308.02	31.55			3145.5	9960.75	percent of total billed charges	
LOOP DEVICE	C1764	HCPCS	both			10485		WellPoint	WellPoint		3374.07	32.18			3145.5	9960.75	percent of total billed charges	
TER 4465CM COBRA 1 GLIDECATH	C1765	HCPCS	both			11688		Aetna	Commercial		4441.44	38			52.2	11103.6	percent of total billed charges	
TER 4465CM COBRA 1 GLIDECATH	C1765	HCPCS	both			11688		Aetna	Better Health		3687.56	31.55			52.2	11103.6	percent of total billed charges	
TER 4465CM COBRA 1 GLIDECATH	C1765	HCPCS	both			11688		Aetna	Medicare		3599.9	30.8			52.2	11103.6	percent of total billed charges	
TER 4465CM COBRA 1 GLIDECATH	C1765	HCPCS	both			11688		Americare	Americare		8766	75			52.2	11103.6	percent of total billed charges	
TER 4465CM COBRA 1 GLIDECATH	C1765	HCPCS	both			11688		Amerihealth	HMO/PPO		7597.2	65			52.2	11103.6	percent of total billed charges	
TER 4465CM COBRA 1 GLIDECATH	C1765	HCPCS	both			11688		Consumer	Consumer		11103.6	95			52.2	11103.6	percent of total billed charges	
TER 4465CM COBRA 1 GLIDECATH	C1765	HCPCS	both			11688		Corrections	Corrections		9350.4	80			52.2	11103.6	percent of total billed charges	
TER 4465CM COBRA 1 GLIDECATH	C1765	HCPCS	both			11688		First Health	First Health		8181.6	70			52.2	11103.6	percent of total billed charges	
TER 4465CM COBRA 1 GLIDECATH	C1765	HCPCS	both			11688		First Trenton	First Trenton		10519.2	90			52.2	11103.6	percent of total billed charges	
TER 4465CM COBRA 1 GLIDECATH	C1765	HCPCS	both			11688		Horizon	Medicare Blue		3506.4	30			52.2	11103.6	percent of total billed charges	
TER 4465CM COBRA 1 GLIDECATH	C1765	HCPCS	both			11688		Horizon	Indemnity		4474.17	38.28			52.2	11103.6	percent of total billed charges	
TER 4465CM COBRA 1 GLIDECATH	C1765	HCPCS	both			11688		Horizon	NJ Health		4675.2	40			52.2	11103.6	percent of total billed charges	
TER 4465CM COBRA 1 GLIDECATH	C1765	HCPCS	both			11688		Horizon	MGD		4474.17	38.28			52.2	11103.6	percent of total billed charges	
TER 4465CM COBRA 1 GLIDECATH	C1765	HCPCS	both			11688		Horizon	PPO		4474.17	38.28			52.2	11103.6	percent of total billed charges	
TER 4465CM COBRA 1 GLIDECATH	C1765	HCPCS	both			11688		Managed Care Inc	Managed Care Inc		10519.2	90			52.2	11103.6	percent of total billed charges	
TER 4465CM COBRA 1 GLIDECATH	C1765	HCPCS	both			11688		Multiplan	Multiplan		9350.4	80			52.2	11103.6	percent of total billed charges	
TER 4465CM COBRA 1 GLIDECATH	C1765	HCPCS	both			11688		Qualcare	Qualcare		4675.2	40			52.2	11103.6	percent of total billed charges	
TER 4465CM COBRA 1 GLIDECATH	C1765	HCPCS	both			11688		Three Rivers	Three Rivers		11103.6	95			52.2	11103.6	percent of total billed charges	
TER 4465CM COBRA 1 GLIDECATH	C1765	HCPCS	both			11688		UHC	Medicaid		3687.56	31.55			52.2	11103.6	percent of total billed charges	
TER 4465CM COBRA 1 GLIDECATH	C1765	HCPCS	both			11688		Wellcare	Medicaid		3687.56	31.55			52.2	11103.6	percent of total billed charges	
TER 4465CM COBRA 1 GLIDECATH	C1765	HCPCS	both			11688		WellPoint	WellPoint		3761.2	32.18			52.2	11103.6	percent of total billed charges	
TOURGUIDE STEERABLE SHEATH	C1766	HCPCS	both			3455		Aetna	Commercial		1312.9	38			12	3282.25	percent of total billed charges	
TOURGUIDE STEERABLE SHEATH	C1766	HCPCS	both			3455		Aetna	Better Health		1090.05	31.55			12	3282.25	percent of total billed charges	
TOURGUIDE STEERABLE SHEATH	C1766	HCPCS	both			3455		Aetna	Medicare		1064.14	30.8			12	3282.25	percent of total billed charges	
TOURGUIDE STEERABLE SHEATH	C1766	HCPCS	both			3455		Americare	Americare		2591.25	75			12	3282.25	percent of total billed charges	
TOURGUIDE STEERABLE SHEATH	C1766	HCPCS	both			3455		Amerihealth	HMO/PPO		2245.75	65			12	3282.25	percent of total billed charges	
TOURGUIDE STEERABLE SHEATH	C1766	HCPCS	both			3455		Consumer	Consumer		3282.25	95			12	3282.25	percent of total billed charges	
TOURGUIDE STEERABLE SHEATH	C1766	HCPCS	both			3455		Corrections	Corrections		2764	80			12	3282.25	percent of total billed charges	
TOURGUIDE STEERABLE SHEATH	C1766	HCPCS	both			3455		First Health	First Health		2418.5	70			12	3282.25	percent of total billed charges	
TOURGUIDE STEERABLE SHEATH	C1766	HCPCS	both			3455		First Trenton	First Trenton		3109.5	90			12	3282.25	percent of total billed charges	
TOURGUIDE STEERABLE SHEATH	C1766	HCPCS	both			3455		Horizon	PPO		1322.57	38.28			12	3282.25	percent of total billed charges	
TOURGUIDE STEERABLE SHEATH	C1766	HCPCS	both			3455		Horizon	Indemnity		1322.57	38.28			12	3282.25	percent of total billed charges	
TOURGUIDE STEERABLE SHEATH	C1766	HCPCS	both			3455		Horizon	MGD		1322.57	38.28			12	3282.25	percent of total billed charges	
TOURGUIDE STEERABLE SHEATH	C1766	HCPCS	both			3455		Horizon	Medicare Blue		1036.5	30			12	3282.25	percent of total billed charges	
TOURGUIDE STEERABLE SHEATH	C1766	HCPCS	both			3455		Managed Care Inc	Managed Care Inc		3109.5	90			12	3282.25	percent of total billed charges	
TOURGUIDE STEERABLE SHEATH	C1766	HCPCS	both			3455		Multiplan	Multiplan		2764	80			12	3282.25	percent of total billed charges	
TOURGUIDE STEERABLE SHEATH	C1766	HCPCS	both			3455		Qualcare	Qualcare		2591.25	75			12	3282.25	percent of total billed charges	
TOURGUIDE STEERABLE SHEATH	C1766	HCPCS	both			3455		Three Rivers	Three Rivers		3282.25	95			12	3282.25	percent of total billed charges	
TOURGUIDE STEERABLE SHEATH	C1766	HCPCS	both			3455		UHC	Medicaid		1090.05	31.55			12	3282.25	percent of total billed charges	
TOURGUIDE STEERABLE SHEATH	C1766	HCPCS	both			3455		Wellcare	Medicaid		1090.05	31.55			12	3282.25	percent of total billed charges	
TOURGUIDE STEERABLE SHEATH	C1766	HCPCS	both			3455		WellPoint	WellPoint		1111.82	32.18			12	3282.25	percent of total billed charges	
STM EXTERNAL PULSE GENERATOR	C1767	HCPCS	both			79024.8		Aetna	Medicare		24339.64	30.8			63	75073.56	percent of total billed charges	
STM EXTERNAL PULSE GENERATOR	C1767	HCPCS	both			79024.8		Aetna	Better Health		24932.32	31.55			63	75073.56	percent of total billed charges	
STM EXTERNAL PULSE GENERATOR	C1767	HCPCS	both			79024.8		Aetna	Commercial		30029.42	38			63	75073.56	percent of total billed charges	
STM EXTERNAL PULSE GENERATOR	C1767	HCPCS	both			79024.8		Americare	Americare		59268.6	75			63	75073.56	percent of total billed charges	
STM EXTERNAL PULSE GENERATOR	C1767	HCPCS	both			79024.8		Amerihealth	HMO/PPO		51366.12	65			63	75073.56	percent of total billed charges	
STM EXTERNAL PULSE GENERATOR	C1767	HCPCS	both			79024.8		Consumer	Consumer		75073.56	95			63	75073.56	percent of total billed charges	
STM EXTERNAL PULSE GENERATOR	C1767	HCPCS	both			79024.8		Corrections	Corrections		63219.84	80			63	75073.56	percent of total billed charges	
STM EXTERNAL PULSE GENERATOR	C1767	HCPCS	both			79024.8		First Health	First Health		55317.36	70			63	75073.56	percent of total billed charges	
STM EXTERNAL PULSE GENERATOR	C1767	HCPCS	both			79024.8		First Trenton	First Trenton		71122.32	90			63	75073.56	percent of total billed charges	
STM EXTERNAL PULSE GENERATOR	C1767	HCPCS	both			79024.8		Horizon	Medicare Blue		23707.44	30			63	75073.56	percent of total billed charges	
STM EXTERNAL PULSE GENERATOR	C1767	HCPCS	both			79024.8		Horizon	Indemnity		30250.69	38.28			63	75073.56	percent of total billed charges	
STM EXTERNAL PULSE GENERATOR	C1767	HCPCS	both			79024.8		Horizon	MGD		30250.69	38.28			63	75073.56	percent of total billed charges	
STM EXTERNAL PULSE GENERATOR	C1767	HCPCS	both			79024.8		Horizon	NJ Health		31609.92	40			63	75073.56	percent of total billed charges	
STM EXTERNAL PULSE GENERATOR	C1767	HCPCS	both			79024.8		Horizon	PPO		30250.69	38.28			63	75073.56	percent of total billed charges	
STM EXTERNAL PULSE GENERATOR	C1767	HCPCS	both			79024.8		Managed Care Inc	Managed Care Inc		71122.32	90			63	75073.56	percent of total billed charges	
STM EXTERNAL PULSE GENERATOR	C1767	HCPCS	both			79024.8		Multiplan	Multiplan		63219.84	80			63	75073.56	percent of total billed charges	
STM EXTERNAL PULSE GENERATOR	C1767	HCPCS	both			79024.8		Qualcare	Qualcare		31609.92	40			63	75073.56	percent of total billed charges	
STM EXTERNAL PULSE GENERATOR	C1767	HCPCS	both			79024.8		Three Rivers	Three Rivers		75073.56	95			63	75073.56	percent of total billed charges	
STM EXTERNAL PULSE GENERATOR	C1767	HCPCS	both			79024.8		UHC	Medicaid		24932.32	31.55			63	75073.56	percent of total billed charges	
STM EXTERNAL PULSE GENERATOR	C1767	HCPCS	both			79024.8		Wellcare	Medicaid		24932.32	31.55			63	75073.56	percent of total billed charges	
STM EXTERNAL PULSE GENERATOR	C1767	HCPCS	both			79024.8		WellPoint	WellPoint		25430.18	32.18			63	75073.56	percent of total billed charges	
VASCULAR THIN WALL RINGED 8MM ID 80CM L	C1768	HCPCS	both			60435		Aetna	Better Health		19067.24	31.55			0.9	57413.25	percent of total billed charges	
VASCULAR THIN WALL RINGED 8MM ID 80CM L	C1768	HCPCS	both			60435		Aetna	Commercial		22965.3	38			0.9	57413.25	percent of total billed charges	
VASCULAR THIN WALL RINGED 8MM ID 80CM L	C1768	HCPCS	both			60435		Aetna	Medicare		18613.98	30.8			0.9	57413.25	percent of total billed charges	
VASCULAR THIN WALL RINGED 8MM ID 80CM L	C1768	HCPCS	both			60435		Americare	Americare		45326.25	75			0.9	57413.25	percent of total billed charges	
VASCULAR THIN WALL RINGED 8MM ID 80CM L	C1768	HCPCS	both			60435		Amerihealth	HMO/PPO		39282.75	65			0.9	57413.25	percent of total billed charges	
VASCULAR THIN WALL RINGED 8MM ID 80CM L	C1768	HCPCS	both			60435		Consumer	Consumer		57413.25	95			0.9	57413.25	percent of total billed charges	
VASCULAR THIN WALL RINGED 8MM ID 80CM L	C1768	HCPCS	both			60435		Corrections	Corrections		48348	80			0.9	57413.25	percent of total billed charges	
VASCULAR THIN WALL RINGED 8MM ID 80CM L	C1768	HCPCS	both			60435		First Health	First Health		42304.5	70			0.9	57413.25	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.													
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true												
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
VASCULAR THIN WALL RINGED 8MM ID 80CM L	C1768	HCPCS	both			60435		First Trenton	First Trenton		54391.5	90			0.9	57413.25	percent of total billed charges	
VASCULAR THIN WALL RINGED 8MM ID 80CM L	C1768	HCPCS	both			60435		Horizon	MGD		23134.52	38.28			0.9	57413.25	percent of total billed charges	
VASCULAR THIN WALL RINGED 8MM ID 80CM L	C1768	HCPCS	both			60435		Horizon	NJ Health		24174	40			0.9	57413.25	percent of total billed charges	
VASCULAR THIN WALL RINGED 8MM ID 80CM L	C1768	HCPCS	both			60435		Horizon	Indemnity		23134.52	38.28			0.9	57413.25	percent of total billed charges	
VASCULAR THIN WALL RINGED 8MM ID 80CM L	C1768	HCPCS	both			60435		Horizon	PPO		23134.52	38.28			0.9	57413.25	percent of total billed charges	
VASCULAR THIN WALL RINGED 8MM ID 80CM L	C1768	HCPCS	both			60435		Horizon	Medicare Blue		18130.5	30			0.9	57413.25	percent of total billed charges	
VASCULAR THIN WALL RINGED 8MM ID 80CM L	C1768	HCPCS	both			60435		Managed Care Inc	Managed Care Inc		54391.5	90			0.9	57413.25	percent of total billed charges	
VASCULAR THIN WALL RINGED 8MM ID 80CM L	C1768	HCPCS	both			60435		Multiplan	Multiplan		48348	80			0.9	57413.25	percent of total billed charges	
VASCULAR THIN WALL RINGED 8MM ID 80CM L	C1768	HCPCS	both			60435		Qualcare	Qualcare		24174	40			0.9	57413.25	percent of total billed charges	
VASCULAR THIN WALL RINGED 8MM ID 80CM L	C1768	HCPCS	both			60435		Three Rivers	Three Rivers		57413.25	95			0.9	57413.25	percent of total billed charges	
VASCULAR THIN WALL RINGED 8MM ID 80CM L	C1768	HCPCS	both			60435		UHC	Medicaid		19067.24	31.55			0.9	57413.25	percent of total billed charges	
VASCULAR THIN WALL RINGED 8MM ID 80CM L	C1768	HCPCS	both			60435		Wellcare	Medicaid		19067.24	31.55			0.9	57413.25	percent of total billed charges	
VASCULAR THIN WALL RINGED 8MM ID 80CM L	C1768	HCPCS	both			60435		WellPoint	WellPoint		19447.98	32.18			0.9	57413.25	percent of total billed charges	
ZIPWIRE .035"X180CM	C1769	HCPCS	both			16500		Aetna	Commercial		6270	38			8.4	15675	percent of total billed charges	
ZIPWIRE .035"X180CM	C1769	HCPCS	both			16500		Aetna	Better Health		5205.75	31.55			8.4	15675	percent of total billed charges	
ZIPWIRE .035"X180CM	C1769	HCPCS	both			16500		Aetna	Medicare		5082	30.8			8.4	15675	percent of total billed charges	
ZIPWIRE .035"X180CM	C1769	HCPCS	both			16500		Americare	Americare		12375	75			8.4	15675	percent of total billed charges	
ZIPWIRE .035"X180CM	C1769	HCPCS	both			16500		Amerihealth	HMO/PPO		10725	65			8.4	15675	percent of total billed charges	
ZIPWIRE .035"X180CM	C1769	HCPCS	both			16500		Consumer	Consumer		15675	95			8.4	15675	percent of total billed charges	
ZIPWIRE .035"X180CM	C1769	HCPCS	both			16500		Corrections	Corrections		13200	80			8.4	15675	percent of total billed charges	
ZIPWIRE .035"X180CM	C1769	HCPCS	both			16500		First Health	First Health		11550	70			8.4	15675	percent of total billed charges	
ZIPWIRE .035"X180CM	C1769	HCPCS	both			16500		First Trenton	First Trenton		14850	90			8.4	15675	percent of total billed charges	
ZIPWIRE .035"X180CM	C1769	HCPCS	both			16500		Horizon	Medicare Blue		4950	30			8.4	15675	percent of total billed charges	
ZIPWIRE .035"X180CM	C1769	HCPCS	both			16500		Horizon	Indemnity		6316.2	38.28			8.4	15675	percent of total billed charges	
ZIPWIRE .035"X180CM	C1769	HCPCS	both			16500		Horizon	MGD		6316.2	38.28			8.4	15675	percent of total billed charges	
ZIPWIRE .035"X180CM	C1769	HCPCS	both			16500		Horizon	NJ Health		6600	40			8.4	15675	percent of total billed charges	
ZIPWIRE .035"X180CM	C1769	HCPCS	both			16500		Horizon	PPO		6316.2	38.28			8.4	15675	percent of total billed charges	
ZIPWIRE .035"X180CM	C1769	HCPCS	both			16500		Managed Care Inc	Managed Care Inc		14850	90			8.4	15675	percent of total billed charges	
ZIPWIRE .035"X180CM	C1769	HCPCS	both			16500		Multiplan	Multiplan		13200	80			8.4	15675	percent of total billed charges	
ZIPWIRE .035"X180CM	C1769	HCPCS	both			16500		Qualcare	Qualcare		6600	40			8.4	15675	percent of total billed charges	
ZIPWIRE .035"X180CM	C1769	HCPCS	both			16500		Three Rivers	Three Rivers		15675	95			8.4	15675	percent of total billed charges	
ZIPWIRE .035"X180CM	C1769	HCPCS	both			16500		UHC	Medicaid		5205.75	31.55			8.4	15675	percent of total billed charges	
ZIPWIRE .035"X180CM	C1769	HCPCS	both			16500		Wellcare	Medicaid		5205.75	31.55			8.4	15675	percent of total billed charges	
ZIPWIRE .035"X180CM	C1769	HCPCS	both			16500		WellPoint	WellPoint		5309.7	32.18			8.4	15675	percent of total billed charges	
TVT OBTURATOR	C1771	HCPCS	both			21585		Aetna	Medicare		6648.18	30.8			751.5	20505.75	percent of total billed charges	
TVT OBTURATOR	C1771	HCPCS	both			21585		Aetna	Better Health		6810.07	31.55			751.5	20505.75	percent of total billed charges	
TVT OBTURATOR	C1771	HCPCS	both			21585		Aetna	Commercial		8202.3	38			751.5	20505.75	percent of total billed charges	
TVT OBTURATOR	C1771	HCPCS	both			21585		Americare	Americare		16186.75	75			751.5	20505.75	percent of total billed charges	
TVT OBTURATOR	C1771	HCPCS	both			21585		Amerihealth	HMO/PPO		14030.25	65			751.5	20505.75	percent of total billed charges	
TVT OBTURATOR	C1771	HCPCS	both			21585		Consumer	Consumer		20505.75	95			751.5	20505.75	percent of total billed charges	
TVT OBTURATOR	C1771	HCPCS	both			21585		Corrections	Corrections		17268	80			751.5	20505.75	percent of total billed charges	
TVT OBTURATOR	C1771	HCPCS	both			21585		First Health	First Health		15109.5	70			751.5	20505.75	percent of total billed charges	
TVT OBTURATOR	C1771	HCPCS	both			21585		First Trenton	First Trenton		19426.5	90			751.5	20505.75	percent of total billed charges	
TVT OBTURATOR	C1771	HCPCS	both			21585		Horizon	Medicare Blue		6475.5	30			751.5	20505.75	percent of total billed charges	
TVT OBTURATOR	C1771	HCPCS	both			21585		Horizon	Indemnity		8262.74	38.28			751.5	20505.75	percent of total billed charges	
TVT OBTURATOR	C1771	HCPCS	both			21585		Horizon	MGD		8262.74	38.28			751.5	20505.75	percent of total billed charges	
TVT OBTURATOR	C1771	HCPCS	both			21585		Horizon	NJ Health		8634	40			751.5	20505.75	percent of total billed charges	
TVT OBTURATOR	C1771	HCPCS	both			21585		Horizon	PPO		8262.74	38.28			751.5	20505.75	percent of total billed charges	
TVT OBTURATOR	C1771	HCPCS	both			21585		Managed Care Inc	Managed Care Inc		19426.5	90			751.5	20505.75	percent of total billed charges	
TVT OBTURATOR	C1771	HCPCS	both			21585		Multiplan	Multiplan		17268	80			751.5	20505.75	percent of total billed charges	
TVT OBTURATOR	C1771	HCPCS	both			21585		Qualcare	Qualcare		8634	40			751.5	20505.75	percent of total billed charges	
TVT OBTURATOR	C1771	HCPCS	both			21585		Three Rivers	Three Rivers		20505.75	95			751.5	20505.75	percent of total billed charges	
TVT OBTURATOR	C1771	HCPCS	both			21585		UHC	Medicaid		6810.07	31.55			751.5	20505.75	percent of total billed charges	
TVT OBTURATOR	C1771	HCPCS	both			21585		Wellcare	Medicaid		6810.07	31.55			751.5	20505.75	percent of total billed charges	
TVT OBTURATOR	C1771	HCPCS	both			21585		WellPoint	WellPoint		6946.05	32.18			751.5	20505.75	percent of total billed charges	
SYNCHROMED 11-40ML	C1772	HCPCS	both			45952		Aetna	Better Health		14497.86	31.55			10080	43654.4	percent of total billed charges	
SYNCHROMED 11-40ML	C1772	HCPCS	both			45952		Aetna	Medicare		14153.22	30.8			10080	43654.4	percent of total billed charges	
SYNCHROMED 11-40ML	C1772	HCPCS	both			45952		Aetna	Commercial		17461.76	38			10080	43654.4	percent of total billed charges	
SYNCHROMED 11-40ML	C1772	HCPCS	both			45952		Americare	Americare		34464	75			10080	43654.4	percent of total billed charges	
SYNCHROMED 11-40ML	C1772	HCPCS	both			45952		Amerihealth	HMO/PPO		29868.8	65			10080	43654.4	percent of total billed charges	
SYNCHROMED 11-40ML	C1772	HCPCS	both			45952		Consumer	Consumer		43654.4	95			10080	43654.4	percent of total billed charges	
SYNCHROMED 11-40ML	C1772	HCPCS	both			45952		Corrections	Corrections		36761.6	80			10080	43654.4	percent of total billed charges	
SYNCHROMED 11-40ML	C1772	HCPCS	both			45952		First Health	First Health		32166.4	70			10080	43654.4	percent of total billed charges	
SYNCHROMED 11-40ML	C1772	HCPCS	both			45952		First Trenton	First Trenton		41356.8	90			10080	43654.4	percent of total billed charges	
SYNCHROMED 11-40ML	C1772	HCPCS	both			45952		Horizon	MGD		17590.43	38.28			10080	43654.4	percent of total billed charges	
SYNCHROMED 11-40ML	C1772	HCPCS	both			45952		Horizon	Medicare Blue		13785.6	30			10080	43654.4	percent of total billed charges	
SYNCHROMED 11-40ML	C1772	HCPCS	both			45952		Horizon	NJ Health		18380.8	40			10080	43654.4	percent of total billed charges	
SYNCHROMED 11-40ML	C1772	HCPCS	both			45952		Horizon	PPO		17590.43	38.28			10080	43654.4	percent of total billed charges	
SYNCHROMED 11-40ML	C1772	HCPCS	both			45952		Horizon	Indemnity		17590.43	38.28			10080	43654.4	percent of total billed charges	
SYNCHROMED 11-40ML	C1772	HCPCS	both			45952		Managed Care Inc	Managed Care Inc		41356.8	90			10080	43654.4	percent of total billed charges	
SYNCHROMED 11-40ML	C1772	HCPCS	both			45952		Multiplan	Multiplan		36761.6	80			10080	43654.4	percent of total billed charges	
SYNCHROMED 11-40ML	C1772	HCPCS	both			45952		Qualcare	Qualcare		18380.8	40			10080	43654.4	percent of total billed charges	
SYNCHROMED 11-40ML	C1772	HCPCS	both			45952		Three Rivers	Three Rivers		43654.4	95			10080	43654.4	percent of total billed charges	
SYNCHROMED 11-40ML	C1772	HCPCS	both			45952		UHC	Medicaid		14497.86	31.55			10080	43654.4	percent of total billed charges	
SYNCHROMED 11-40ML	C1772	HCPCS	both			45952		Wellcare	Medicaid		14497.86	31.55			10080	43654.4	percent of total billed charges	
SYNCHROMED 11-40ML	C1772	HCPCS	both			45952		WellPoint	WellPoint		14787.35	32.18			10080	43654.4	percent of total billed charges	
TR COMPRESSION RADIAL BAND	C1773	HCPCS	both			12318		Aetna	Commercial		4680.84	38			35.1	11702.1	percent of total billed charges	
TR COMPRESSION RADIAL BAND	C1773	HCPCS	both			12318		Aetna	Better Health		3886.33	31.55			35.1	11702.1	percent of total billed charges	
TR COMPRESSION RADIAL BAND	C1773	HCPCS	both			12318		Aetna	Medicare		3793.94	30.8			35.1	11702.1	percent of total billed charges	
TR COMPRESSION RADIAL BAND	C1773	HCPCS	both			12318		Americare	Americare		9238.5	75			35.1	11702.1	percent of total billed charges	
TR COMPRESSION RADIAL BAND	C1773	HCPCS	both			12318		Amerihealth	HMO/PPO		8006.7	65			35.1	11702.1	percent of total billed charges	
TR COMPRESSION RADIAL BAND	C1773	HCPCS	both			12318		Consumer	Consumer		11702.1	95			35.1	11702.1	percent of total billed charges	
TR COMPRESSION RADIAL BAND	C1773	HCPCS	both			12318		Corrections	Corrections		9854.4	80			35.1	11702.1	percent of total billed charges	
TR COMPRESSION RADIAL BAND	C1773	HCPCS	both			12318		First Health	First Health		8622.6	70			35.1	11702.1	percent of total billed charges	
TR COMPRESSION RADIAL BAND	C1773	HCPCS	both			12318		First Trenton	First Trenton		11086.2	90			35.1	11702.1	percent of total billed charges	
TR COMPRESSION RADIAL BAND	C1773	HCPCS	both			12318		Horizon	Indemnity		4715.33	38.28			35.1	11702.1	percent of total billed charges	
TR COMPRESSION RADIAL BAND	C1773	HCPCS	both			12318		Horizon	MGD		4715.33	38.28			35.1	11702.1	percent of total billed charges	
TR COMPRESSION RADIAL BAND	C1773	HCPCS	both			12318		Horizon	Medicare Blue		3695.4	30			35.1	11702.1	percent of total billed charges	
TR COMPRESSION RADIAL BAND	C1773	HCPCS	both			12318		Horizon	NJ Health		4927.2	40			35.1	11702.1	percent of total billed charges	
TR COMPRESSION RADIAL BAND	C1773	HCPCS	both			12318		Horizon	PPO		4715.33	38.28			35.1	11702.1	percent of total billed charges	
TR COMPRESSION RADIAL BAND	C1773	HCPCS	both			12318		Managed Care Inc	Managed Care Inc		11086.2	90			35.1	11702.1	percent of total billed charges	
TR COMPRESSION RADIAL BAND	C1773	HCPCS	both			12318		Multiplan	Multiplan		9854.4	80			35.1	11702.1	percent of total billed charges	
TR COMPRESSION RADIAL BAND	C1773	HCPCS	both			12318		Qualcare	Qualcare		4927.2	40			35.1	11702.1	percent of total billed charges	
TR COMPRESSION RADIAL BAND	C1773	HCPCS	both			12318		Three Rivers	Three Rivers		11702.1	95			35.1	11702.1	percent of total billed charges	
TR COMPRESSION RADIAL BAND	C1773	HCPCS	both			12318		UHC	Medicaid		3886.33	31.55			35.1	11702.1	percent of total billed charges	
TR COMPRESSION RADIAL BAND	C1773	HCPCS	both			12318		Wellcare	Medicaid		3886.33	31.55			35.1	11702.1	percent of total billed charges	
TR COMPRESSION RADIAL BAND	C1773	HCPCS	both			12318		WellPoint	WellPoint		3963.93	32.18			35.1	11702.1	percent of total billed charges	
ZYGOMA NOBEL 45MM 45D	C1776	HCPCS	both			183894		Aetna	Medicare		59639.35	30.8			0.01	174699.3	percent of total billed charges	
ZYGOMA NOBEL 45MM 45D	C1776	HCPCS	both			183894		Aetna	Better Health		58818.56	31.55			0.01	174699.3	percent of total billed charges	
ZYGOMA NOBEL 45MM 45D	C1776	HCPCS	both			183894		Aetna	Commercial		69879.72	38			0.01	174699.3	percent of total billed charges	
ZYGOMA NOBEL 45MM 45D	C1776	HCPCS	both			183894		Americare	Americare		137920.5	75			0.01	174699.3	percent of total billed charges	
ZYGOMA NOBEL 45MM 45D	C1776	HCPCS	both			183894		Amerihealth	HMO/PPO		119531.1	65			0.01	174699.3	percent of total billed charges	
ZYGOMA NOBEL 45MM 45D	C1776	HCPCS	both			183894		Consumer	Consumer		174699.3	95			0.01	174699.3	percent of total billed charges	
ZYGOMA NOBEL 45MM 45D	C1776	HCPCS	both			183894		Corrections	Corrections		147115.2	80			0.01	174699.3	percent of total billed charges	
ZYGOMA NOBEL 45MM 45D	C1776	HCPCS	both			183894		First Health	First Health		128725.8	70			0.01	174699.3	percent of total billed charges	
ZYGOMA NOBEL 45MM 45D	C1776	HCPCS	both			183894		First Trenton	First Trenton		165604.6	90			0.01	174699.3	percent of total billed charges	
ZYGOMA NOBEL 45MM 45D	C1776	HCPCS	both			183894		Horizon	Medicare Blue		55168.2	30			0.01	174699.3	percent of total billed charges	
ZYGOMA NOBEL 45MM 45D	C1776	HCPCS	both			183894		Horizon	Indemnity		70394.62	38.28			0.01	174699.3	percent of total billed charges	
ZYGOMA NOBEL 45MM 45D	C1776	HCPCS	both			183894		Horizon	MGD		70394.62	38.28			0.01	174699.3	percent of total billed charges	
ZYGOMA NOBEL 45MM 45D	C1776	HCPCS	both			183894		Horizon	NJ Health		73557.6	40			0.01	174699.3	percent of total billed charges	
ZYGOMA NOBEL 45MM 45D	C1776	HCPCS	both			183894		Horizon	PPO		70394.62	38.28			0.01	174699.3	percent of total billed charges	
ZYGOMA NOBEL 45MM 45D	C1776	HCPCS	both			183894		Managed Care Inc	Managed Care Inc		165504.6	90			0.01	174699.3	percent of total billed charges	
ZYGOMA NOBEL 45MM 45D	C1776	HCPCS	both			183894		Multiplan	Multiplan		147115.2	80			0.01	174699.3	percent of total billed charges	
ZYGOMA NOBEL 45MM 45D	C1776	HCPCS	both			183894		Qualcare	Qualcare		73557.6	40			0.01	174699.3	percent of total billed charges	
ZYGOMA NOBEL 45MM 45D	C1776	HCPCS	both			183894		Three Rivers	Three Rivers		174699.3	95			0.01	174699.3	percent of total billed charges	
ZYGOMA NOBEL 45MM 45D	C1776	HCPCS	both			183894		UHC	Medicaid		58018.56	31.55			0.01	174699.3	percent of total billed charges	
ZYGOMA NOBEL 45MM 45D	C1776	HCPCS	both			183894		Wellcare	Medicaid		58018.56	31.55			0.01	174699.3	percent of total billed charges	
ZYGOMA NOBEL 45MM 45D	C1776	HCPCS	both			183894		WellPoint	WellPoint		59177.09	32.18			0.01	174699.3	percent of total billed charges	
SPRINT QUATTRO 6935M-62CM RV ICD LEAD (M	C1777	HCPCS	both			20307		Aetna	Medicare		6254.56	30.8			2925	19291.65	percent of total billed charges	
SPRINT QUATTRO 6935M-62CM RV ICD LEAD (M	C1777	HCPCS	both			20307		Aetna	Better Health		6406.86	31.55			2925	19291.65	percent of total billed charges	
SPRINT QUATTRO 6935M-62CM RV ICD LEAD (M	C1777	HCPCS	both			20307		Aetna	Commercial		7716.66	38			2925	19291.65	percent of total billed charges	
SPRINT QUATTRO 6935M-62CM RV ICD LEAD (M	C1777	HCPCS	both			20307		Americare	Americare		15230.25	75			2925	19291.65	percent of total billed charges	
SPRINT QUATTRO 6935M-62CM RV ICD LEAD (M	C1777	HCPCS	both			20307		Amerihealth	HMO/PPO		13199.55	65			2925	19291.65	percent of total billed charges	
SPRINT QUATTRO 6935M-62CM RV ICD LEAD (M	C1777	HCPCS	both			20307		Consumer	Consumer		19291.65	95			2925	19291.65	percent of total billed charges	
SPRINT QUATTRO 6935M-62CM RV ICD LEAD (M	C1777	HCPCS	both			20307		Corrections	Corrections		16245.6	80			2925	19291.65	percent of total billed charges	
SPRINT QUATTRO 6935M-62CM RV ICD LEAD (M	C1777	HCPCS	both			20307		First Health	First Health		14214.9	70			2925	19291.65	percent of total billed charges	
SPRINT QUATTRO 6935M-62CM RV ICD LEAD (M	C1777	HCPCS	both			20307		First Trenton	First Trenton		18276.3	90			2925	19291.65	percent of total billed charges	
SPRINT QUATTRO 6935M-62CM RV ICD LEAD (M	C1777	HCPCS	both			20307		Horizon	Indemnity		7773.52	38.28			2925	19291.65	percent of total billed charges	
SPRINT QUATTRO 6935M-62CM RV ICD LEAD (M	C1777	HCPCS	both			20307		Horizon	Medicare Blue		6092.1	30			2925	19291.65	percent of total billed charges	
SPRINT QUATTRO 6935M-62CM RV ICD LEAD (M	C1777	HCPCS	both			20307		Horizon	NJ Health		8122.8	40			2925	19291.65	percent of total billed charges	
SPRINT QUATTRO 6935M-62CM RV ICD LEAD (M	C1777	HCPCS	both			20307		Horizon	MGD		7773.52	38.28			2925	19291.65	percent of total billed charges	
SPRINT QUATTRO 6935M-62CM RV ICD LEAD (M	C1777	HCPCS	both			20307		Horizon	PPO		7773.52	38.28			2925	19291.65	percent of total billed charges	
SPRINT QUATTRO 6935M-62CM RV ICD LEAD (M	C1777	HCPCS	both			20307		Managed Care Inc	Managed Care Inc		18276.3	90			2925	19291.65	percent of total billed charges	
SPRINT QUATTRO 6935M-62CM RV ICD LEAD (M	C1777	HCPCS	both			20307		Multiplan	Multiplan		16245.6	80			2925	19291.65	percent of total billed charges	
SPRINT QUATTRO 6935M-62CM RV ICD LEAD (M	C1777	HCPCS	both			20307		Qualcare	Qualcare		8122.8	40			2925	19291.65	percent of total billed charges	
SPRINT QUATTRO 6935M-62CM RV ICD LEAD (M	C1777	HCPCS	both			20307		Three Rivers	Three Rivers		19291.65	95			2925	19291.65	percent of total billed charges	
SPRINT QUATTRO 6935M-62CM RV ICD LEAD (M	C1777	HCPCS	both			20307		UHC	Medicaid		6406.86	31.55			2925	19291.65	percent of total billed charges	
SPRINT QUATTRO 6935M-62CM RV ICD LEAD (M	C1777	HCPCS	both			20307		Wellcare	Medicaid		6406.86	31.55			2925	19291.65	percent of total billed charges	
SPRINT QUATTRO 6935M-62CM RV ICD LEAD (M	C1777	HCPCS	both			20307		WellPoint	WellPoint		6534.79	32.18			2925	19291.65	percent of total billed charges	
THERAPY PERENNIA FLEX MOD 304	C1778	HCPCS	both			56850		Aetna	Better Health		17936.18	31.55			28.8	54007.5	percent of total billed charges	
THERAPY PERENNIA FLEX MOD 304	C1778	HCPCS	both			56850		Aetna	Medicare		17509.8	30.8			28.8	54007.5	percent of total billed charges	
THERAPY PERENNIA FLEX MOD 304	C1778	HCPCS	both			56850		Aetna	Commercial		21603	38			28.8	54007.5	percent of total billed charges	
THERAPY PERENNIA FLEX MOD 304	C1778	HCPCS	both			56850		Americare	Americare		42637.5	75			28.8	54007.5	percent of total billed charges	
THERAPY PERENNIA FLEX MOD 304	C1778	HCPCS	both			56850		Amerihealth	HMO/PPO		36952.5	65			28.8	54007.5	percent of total billed charges	
THERAPY PERENNIA FLEX MOD 304	C1778	HCPCS	both			56850		Consumer	Consumer		54007.5	95			28.8	54007.5	percent of total billed charges	
THERAPY PERENNIA FLEX MOD 304	C1778	HCPCS	both			56850		Corrections	Corrections		45480	80			28.8	54007.5	percent of total billed charges	
THERAPY PERENNIA FLEX MOD 304	C1778	HCPCS	both			56850		First Health	First Health		39795	70			28.8	54007.5	percent of total billed charges	
THERAPY PERENNIA FLEX MOD 304	C1778	HCPCS	both			56850		First Trenton	First Trenton		51165	90			28.8	54007.5	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.															
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103		310119 true														
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
THERAPY PERENNIA FLEX MOD 304	C1778	HCPCS	both			56850		Horizon	MGD		21762.18	38.28			28.8	54007.5	percent of total billed charges	
THERAPY PERENNIA FLEX MOD 304	C1778	HCPCS	both			56850		Horizon	Indemnity		21762.18	38.28			28.8	54007.5	percent of total billed charges	
THERAPY PERENNIA FLEX MOD 304	C1778	HCPCS	both			56850		Horizon	NJ Health		22740	40			28.8	54007.5	percent of total billed charges	
THERAPY PERENNIA FLEX MOD 304	C1778	HCPCS	both			56850		Horizon	PPO		21762.18	38.28			28.8	54007.5	percent of total billed charges	
THERAPY PERENNIA FLEX MOD 304	C1778	HCPCS	both			56850		Horizon	Medicare Blue		17055	30			28.8	54007.5	percent of total billed charges	
THERAPY PERENNIA FLEX MOD 304	C1778	HCPCS	both			56850		Managed Care Inc	Managed Care Inc		51165	90			28.8	54007.5	percent of total billed charges	
THERAPY PERENNIA FLEX MOD 304	C1778	HCPCS	both			56850		Multiplan	Multiplan		45480	80			28.8	54007.5	percent of total billed charges	
THERAPY PERENNIA FLEX MOD 304	C1778	HCPCS	both			56850		Qualcare	Qualcare		22740	40			28.8	54007.5	percent of total billed charges	
THERAPY PERENNIA FLEX MOD 304	C1778	HCPCS	both			56850		Three Rivers	Three Rivers		54007.5	95			28.8	54007.5	percent of total billed charges	
THERAPY PERENNIA FLEX MOD 304	C1778	HCPCS	both			56850		UHC	Medicaid		17936.18	31.55			28.8	54007.5	percent of total billed charges	
THERAPY PERENNIA FLEX MOD 304	C1778	HCPCS	both			56850		Wellcare	Medicaid		17936.18	31.55			28.8	54007.5	percent of total billed charges	
THERAPY PERENNIA FLEX MOD 304	C1778	HCPCS	both			56850		WellPoint	WellPoint		18294.33	32.18			28.8	54007.5	percent of total billed charges	
PLATE TIBIA DISTAL AXSOS 12H	C1779	HCPCS	both			8877		Aetna	Commercial		3373.26	38			132	8433.15	percent of total billed charges	
PLATE TIBIA DISTAL AXSOS 12H	C1779	HCPCS	both			8877		Aetna	Better Health		2800.69	31.55			132	8433.15	percent of total billed charges	
PLATE TIBIA DISTAL AXSOS 12H	C1779	HCPCS	both			8877		Aetna	Medicare		2734.12	30.8			132	8433.15	percent of total billed charges	
PLATE TIBIA DISTAL AXSOS 12H	C1779	HCPCS	both			8877		Americare	Americare		6657.75	75			132	8433.15	percent of total billed charges	
PLATE TIBIA DISTAL AXSOS 12H	C1779	HCPCS	both			8877		Amerihealth	HMO/PPO		5770.05	65			132	8433.15	percent of total billed charges	
PLATE TIBIA DISTAL AXSOS 12H	C1779	HCPCS	both			8877		Consumer	Consumer		8433.15	95			132	8433.15	percent of total billed charges	
PLATE TIBIA DISTAL AXSOS 12H	C1779	HCPCS	both			8877		Corrections	Corrections		7101.6	80			132	8433.15	percent of total billed charges	
PLATE TIBIA DISTAL AXSOS 12H	C1779	HCPCS	both			8877		First Health	First Health		6213.9	70			132	8433.15	percent of total billed charges	
PLATE TIBIA DISTAL AXSOS 12H	C1779	HCPCS	both			8877		First Trenton	First Trenton		7989.3	90			132	8433.15	percent of total billed charges	
PLATE TIBIA DISTAL AXSOS 12H	C1779	HCPCS	both			8877		Horizon	MGD		3398.12	38.28			132	8433.15	percent of total billed charges	
PLATE TIBIA DISTAL AXSOS 12H	C1779	HCPCS	both			8877		Horizon	Indemnity		3398.12	38.28			132	8433.15	percent of total billed charges	
PLATE TIBIA DISTAL AXSOS 12H	C1779	HCPCS	both			8877		Horizon	Medicare Blue		2663.1	30			132	8433.15	percent of total billed charges	
PLATE TIBIA DISTAL AXSOS 12H	C1779	HCPCS	both			8877		Horizon	PPO		3398.12	38.28			132	8433.15	percent of total billed charges	
PLATE TIBIA DISTAL AXSOS 12H	C1779	HCPCS	both			8877		Horizon	NJ Health		3550.8	40			132	8433.15	percent of total billed charges	
PLATE TIBIA DISTAL AXSOS 12H	C1779	HCPCS	both			8877		Managed Care Inc	Managed Care Inc		7989.3	90			132	8433.15	percent of total billed charges	
PLATE TIBIA DISTAL AXSOS 12H	C1779	HCPCS	both			8877		Multiplan	Multiplan		7101.6	80			132	8433.15	percent of total billed charges	
PLATE TIBIA DISTAL AXSOS 12H	C1779	HCPCS	both			8877		Qualcare	Qualcare		3550.8	40			132	8433.15	percent of total billed charges	
PLATE TIBIA DISTAL AXSOS 12H	C1779	HCPCS	both			8877		Three Rivers	Three Rivers		8433.15	95			132	8433.15	percent of total billed charges	
PLATE TIBIA DISTAL AXSOS 12H	C1779	HCPCS	both			8877		UHC	Medicaid		2800.69	31.55			132	8433.15	percent of total billed charges	
PLATE TIBIA DISTAL AXSOS 12H	C1779	HCPCS	both			8877		Wellcare	Medicaid		2800.69	31.55			132	8433.15	percent of total billed charges	
PLATE TIBIA DISTAL AXSOS 12H	C1779	HCPCS	both			8877		WellPoint	WellPoint		2856.62	32.18			132	8433.15	percent of total billed charges	
IOL TECNIS 19.0D ZXROO	C1780	HCPCS	outpatient			2685		Aetna	Better Health		847.12	31.55			805.5	2550.75	percent of total billed charges	
IOL TECNIS 19.0D ZXROO	C1780	HCPCS	outpatient			2685		Aetna	Medicare		826.98	30.8			805.5	2550.75	percent of total billed charges	
IOL TECNIS 19.0D ZXROO	C1780	HCPCS	outpatient			2685		Aetna	Commercial		1020.3	38			805.5	2550.75	percent of total billed charges	
IOL TECNIS 19.0D ZXROO	C1780	HCPCS	outpatient			2685		Americare	Americare		2013.75	75			805.5	2550.75	percent of total billed charges	
IOL TECNIS 19.0D ZXROO	C1780	HCPCS	outpatient			2685		Amerihealth	HMO/PPO		1745.25	65			805.5	2550.75	percent of total billed charges	
IOL TECNIS 19.0D ZXROO	C1780	HCPCS	outpatient			2685		Consumer	Consumer		2550.75	95			805.5	2550.75	percent of total billed charges	
IOL TECNIS 19.0D ZXROO	C1780	HCPCS	outpatient			2685		Corrections	Corrections		2148	80			805.5	2550.75	percent of total billed charges	
IOL TECNIS 19.0D ZXROO	C1780	HCPCS	outpatient			2685		First Health	First Health		1879.5	70			805.5	2550.75	percent of total billed charges	
IOL TECNIS 19.0D ZXROO	C1780	HCPCS	outpatient			2685		First Trenton	First Trenton		2416.5	90			805.5	2550.75	percent of total billed charges	
IOL TECNIS 19.0D ZXROO	C1780	HCPCS	outpatient			2685		Horizon	Medicare Blue		805.5	30			805.5	2550.75	percent of total billed charges	
IOL TECNIS 19.0D ZXROO	C1780	HCPCS	outpatient			2685		Horizon	NJ Health		1074	40			805.5	2550.75	percent of total billed charges	
IOL TECNIS 19.0D ZXROO	C1780	HCPCS	outpatient			2685		Horizon	MGD		1027.82	38.28			805.5	2550.75	percent of total billed charges	
IOL TECNIS 19.0D ZXROO	C1780	HCPCS	outpatient			2685		Horizon	PPO		1027.82	38.28			805.5	2550.75	percent of total billed charges	
IOL TECNIS 19.0D ZXROO	C1780	HCPCS	outpatient			2685		Horizon	Indemnity		1027.82	38.28			805.5	2550.75	percent of total billed charges	
IOL TECNIS 19.0D ZXROO	C1780	HCPCS	outpatient			2685		Managed Care Inc	Managed Care Inc		2416.5	90			805.5	2550.75	percent of total billed charges	
IOL TECNIS 19.0D ZXROO	C1780	HCPCS	outpatient			2685		Multiplan	Multiplan		2148	80			805.5	2550.75	percent of total billed charges	
IOL TECNIS 19.0D ZXROO	C1780	HCPCS	outpatient			2685		Qualcare	Qualcare		1074	40			805.5	2550.75	percent of total billed charges	
IOL TECNIS 19.0D ZXROO	C1780	HCPCS	outpatient			2685		Three Rivers	Three Rivers		2550.75	95			805.5	2550.75	percent of total billed charges	
IOL TECNIS 19.0D ZXROO	C1780	HCPCS	outpatient			2685		UHC	Medicaid		847.12	31.55			805.5	2550.75	percent of total billed charges	
IOL TECNIS 19.0D ZXROO	C1780	HCPCS	outpatient			2685		Wellcare	Medicaid		847.12	31.55			805.5	2550.75	percent of total billed charges	
IOL TECNIS 19.0D ZXROO	C1780	HCPCS	outpatient			2685		WellPoint	WellPoint		864.03	32.18			805.5	2550.75	percent of total billed charges	
TISSUE REINF ARTELON 0.7X8 CM	C1781	HCPCS	both			47874		Aetna	Commercial		18192.12	38			12.9	45480.3	percent of total billed charges	
TISSUE REINF ARTELON 0.7X8 CM	C1781	HCPCS	both			47874		Aetna	Better Health		15104.25	31.55			12.9	45480.3	percent of total billed charges	
TISSUE REINF ARTELON 0.7X8 CM	C1781	HCPCS	both			47874		Aetna	Medicare		14745.19	30.8			12.9	45480.3	percent of total billed charges	
TISSUE REINF ARTELON 0.7X8 CM	C1781	HCPCS	both			47874		Americare	Americare		35905.5	75			12.9	45480.3	percent of total billed charges	
TISSUE REINF ARTELON 0.7X8 CM	C1781	HCPCS	both			47874		Amerihealth	HMO/PPO		31118.1	65			12.9	45480.3	percent of total billed charges	
TISSUE REINF ARTELON 0.7X8 CM	C1781	HCPCS	both			47874		Consumer	Consumer		45480.3	95			12.9	45480.3	percent of total billed charges	
TISSUE REINF ARTELON 0.7X8 CM	C1781	HCPCS	both			47874		Corrections	Corrections		38299.2	80			12.9	45480.3	percent of total billed charges	
TISSUE REINF ARTELON 0.7X8 CM	C1781	HCPCS	both			47874		First Health	First Health		33511.8	70			12.9	45480.3	percent of total billed charges	
TISSUE REINF ARTELON 0.7X8 CM	C1781	HCPCS	both			47874		First Trenton	First Trenton		43086.6	90			12.9	45480.3	percent of total billed charges	
TISSUE REINF ARTELON 0.7X8 CM	C1781	HCPCS	both			47874		Horizon	Indemnity		18326.17	38.28			12.9	45480.3	percent of total billed charges	
TISSUE REINF ARTELON 0.7X8 CM	C1781	HCPCS	both			47874		Horizon	Medicare Blue		14362.2	30			12.9	45480.3	percent of total billed charges	
TISSUE REINF ARTELON 0.7X8 CM	C1781	HCPCS	both			47874		Horizon	MGD		18326.17	38.28			12.9	45480.3	percent of total billed charges	
TISSUE REINF ARTELON 0.7X8 CM	C1781	HCPCS	both			47874		Horizon	NJ Health		19149.6	40			12.9	45480.3	percent of total billed charges	
TISSUE REINF ARTELON 0.7X8 CM	C1781	HCPCS	both			47874		Horizon	PPO		18326.17	38.28			12.9	45480.3	percent of total billed charges	
TISSUE REINF ARTELON 0.7X8 CM	C1781	HCPCS	both			47874		Managed Care Inc	Managed Care Inc		43086.6	90			12.9	45480.3	percent of total billed charges	
TISSUE REINF ARTELON 0.7X8 CM	C1781	HCPCS	both			47874		Multiplan	Multiplan		38299.2	80			12.9	45480.3	percent of total billed charges	
TISSUE REINF ARTELON 0.7X8 CM	C1781	HCPCS	both			47874		Qualcare	Qualcare		19149.6	40			12.9	45480.3	percent of total billed charges	
TISSUE REINF ARTELON 0.7X8 CM	C1781	HCPCS	both			47874		Three Rivers	Three Rivers		45480.3	95			12.9	45480.3	percent of total billed charges	
TISSUE REINF ARTELON 0.7X8 CM	C1781	HCPCS	both			47874		UHC	Medicaid		15104.25	31.55			12.9	45480.3	percent of total billed charges	
TISSUE REINF ARTELON 0.7X8 CM	C1781	HCPCS	both			47874		Wellcare	Medicaid		15104.25	31.55			12.9	45480.3	percent of total billed charges	
TISSUE REINF ARTELON 0.7X8 CM	C1781	HCPCS	both			47874		WellPoint	WellPoint		15405.85	32.18			12.9	45480.3	percent of total billed charges	
TISSUE	C1782	HCPCS	outpatient			12564		Aetna	Medicare		3869.71	30.8			383.7	11935.8	percent of total billed charges	
TISSUE	C1782	HCPCS	outpatient			12564		Aetna	Better Health		3963.94	31.55			383.7	11935.8	percent of total billed charges	
TISSUE	C1782	HCPCS	outpatient			12564		Aetna	Commercial		4774.32	38			383.7	11935.8	percent of total billed charges	
TISSUE	C1782	HCPCS	outpatient			12564		Americare	Americare		9423	75			383.7	11935.8	percent of total billed charges	
TISSUE	C1782	HCPCS	outpatient			12564		Amerihealth	HMO/PPO		8166.6	65			383.7	11935.8	percent of total billed charges	
TISSUE	C1782	HCPCS	outpatient			12564		Consumer	Consumer		11935.8	95			383.7	11935.8	percent of total billed charges	
TISSUE	C1782	HCPCS	outpatient			12564		Corrections	Corrections		10051.2	80			383.7	11935.8	percent of total billed charges	
TISSUE	C1782	HCPCS	outpatient			12564		First Health	First Health		8794.8	70			383.7	11935.8	percent of total billed charges	
TISSUE	C1782	HCPCS	outpatient			12564		First Trenton	First Trenton		11307.6	90			383.7	11935.8	percent of total billed charges	
TISSUE	C1782	HCPCS	outpatient			12564		Horizon	Indemnity		4809.5	38.28			383.7	11935.8	percent of total billed charges	
TISSUE	C1782	HCPCS	outpatient			12564		Horizon	MGD		4809.5	38.28			383.7	11935.8	percent of total billed charges	
TISSUE	C1782	HCPCS	outpatient			12564		Horizon	PPO		4809.5	38.28			383.7	11935.8	percent of total billed charges	
TISSUE	C1782	HCPCS	outpatient			12564		Horizon	Medicare Blue		3769.2	30			383.7	11935.8	percent of total billed charges	
TISSUE	C1782	HCPCS	outpatient			12564		Managed Care Inc	Managed Care Inc		11307.6	90			383.7	11935.8	percent of total billed charges	
TISSUE	C1782	HCPCS	outpatient			12564		Multiplan	Multiplan		10051.2	80			383.7	11935.8	percent of total billed charges	
TISSUE	C1782	HCPCS	outpatient			12564		Qualcare	Qualcare		9423	75			383.7	11935.8	percent of total billed charges	
TISSUE	C1782	HCPCS	outpatient			12564		Three Rivers	Three Rivers		11935.8	95			383.7	11935.8	percent of total billed charges	
TISSUE	C1782	HCPCS	outpatient			12564		UHC	Medicaid		3963.94	31.55			383.7	11935.8	percent of total billed charges	
TISSUE	C1782	HCPCS	outpatient			12564		Wellcare	Medicaid		3963.94	31.55			383.7	11935.8	percent of total billed charges	
TISSUE	C1782	HCPCS	outpatient			12564		WellPoint	WellPoint		4043.1	32.18			383.7	11935.8	percent of total billed charges	
XEN GEL STENT	C1783	HCPCS	outpatient			6600		Aetna	Commercial		2508	38			715.5	6270	percent of total billed charges	
XEN GEL STENT	C1783	HCPCS	outpatient			6600		Aetna	Better Health		2082.3	31.55			715.5	6270	percent of total billed charges	
XEN GEL STENT	C1783	HCPCS	outpatient			6600		Aetna	Medicare		2032.8	30.8			715.5	6270	percent of total billed charges	
XEN GEL STENT	C1783	HCPCS	outpatient			6600		Americare	Americare		4950	75			715.5	6270	percent of total billed charges	
XEN GEL STENT	C1783	HCPCS	outpatient			6600		Amerihealth	HMO/PPO		4290	65			715.5	6270	percent of total billed charges	
XEN GEL STENT	C1783	HCPCS	outpatient			6600		Consumer	Consumer		6270	95			715.5	6270	percent of total billed charges	
XEN GEL STENT	C1783	HCPCS	outpatient			6600		Corrections	Corrections		5280	80			715.5	6270	percent of total billed charges	
XEN GEL STENT	C1783	HCPCS	outpatient			6600		First Health	First Health		4620	70			715.5	6270	percent of total billed charges	
XEN GEL STENT	C1783	HCPCS	outpatient			6600		First Trenton	First Trenton		5940	90			715.5	6270	percent of total billed charges	
XEN GEL STENT	C1783	HCPCS	outpatient			6600		Horizon	Medicare Blue		1980	30			715.5	6270	percent of total billed charges	
XEN GEL STENT	C1783	HCPCS	outpatient			6600		Horizon	Indemnity		2526.48	38.28			715.5	6270	percent of total billed charges	
XEN GEL STENT	C1783	HCPCS	outpatient			6600		Horizon	NJ Health		2640	40			715.5	6270	percent of total billed charges	
XEN GEL STENT	C1783	HCPCS	outpatient			6600		Horizon	PPO		2526.48	38.28			715.5	6270	percent of total billed charges	
XEN GEL STENT	C1783	HCPCS	outpatient			6600		Horizon	MGD		2526.48	38.28			715.5	6270	percent of total billed charges	
XEN GEL STENT	C1783	HCPCS	outpatient			6600		Managed Care Inc	Managed Care Inc		5940	90			715.5	6270	percent of total billed charges	
XEN GEL STENT	C1783	HCPCS	outpatient			6600		Multiplan	Multiplan		5280	80			715.5	6270	percent of total billed charges	
XEN GEL STENT	C1783	HCPCS	outpatient			6600		Qualcare	Qualcare		2640	40			715.5	6270	percent of total billed charges	
XEN GEL STENT	C1783	HCPCS	outpatient			6600		Three Rivers	Three Rivers		6270	95			715.5	6270	percent of total billed charges	
XEN GEL STENT	C1783	HCPCS	outpatient			6600		UHC	Medicaid		2082.3	31.55			715.5	6270	percent of total billed charges	
XEN GEL STENT	C1783	HCPCS	outpatient			6600		Wellcare	Medicaid		2082.3	31.55			715.5	6270	percent of total billed charges	
XEN GEL STENT	C1783	HCPCS	outpatient			6600		WellPoint	WellPoint		2123.88	32.18			715.5	6270	percent of total billed charges	
PPM DUAL	C1785	HCPCS	both			21798		Aetna	Commercial		8283.24	38			4284	20708.1	percent of total billed charges	
PPM DUAL	C1785	HCPCS	both			21798		Aetna	Better Health		6877.27	31.55			4284	20708.1	percent of total billed charges	
PPM DUAL	C1785	HCPCS	both			21798		Aetna	Medicare		6713.78	30.8			4284	20708.1	percent of total billed charges	
PPM DUAL	C1785	HCPCS	both			21798		Americare	Americare		16348.5	75			4284	20708.1	percent of total billed charges	
PPM DUAL	C1785	HCPCS	both			21798		Amerihealth	HMO/PPO		14168.7	65			4284	20708.1	percent of total billed charges	
PPM DUAL	C1785	HCPCS	both			21798		Consumer	Consumer		20708.1	95			4284	20708.1	percent of total billed charges	
PPM DUAL	C1785	HCPCS	both			21798		Corrections	Corrections		17438.4	80			4284	20708.1	percent of total billed charges	
PPM DUAL	C1785	HCPCS	both			21798		First Health	First Health		15258.6	70			4284	20708.1	percent of total billed charges	
PPM DUAL	C1785	HCPCS	both			21798		First Trenton	First Trenton		19618.2	90			4284	20708.1	percent of total billed charges	
PPM DUAL	C1785	HCPCS	both			21798		Horizon	Medicare Blue		6539.4	30			4284	20708.1	percent of total billed charges	
PPM DUAL	C1785	HCPCS	both			21798		Horizon	Indemnity		8344.27	38.28			4284	20708.1	percent of total billed charges	
PPM DUAL	C1785	HCPCS	both			21798		Horizon	MGD		8344.27	38.28			4284	20708.1	percent of total billed charges	
PPM DUAL	C1785	HCPCS	both			21798		Horizon	NJ Health		8719.2	40			4284	20708.1	percent of total billed charges	
PPM DUAL	C1785	HCPCS	both			21798		Horizon	PPO		8344.27	38.28			4284	20708.1	percent of total billed charges	
PPM DUAL	C1785	HCPCS	both			21798		Managed Care Inc	Managed Care Inc		19618.2	90			4284	20708.1	percent of total billed charges	
PPM DUAL	C1785	HCPCS	both			21798		Multiplan	Multiplan		17438.4	80			4284	20708.1	percent of total billed charges	
PPM DUAL	C1785	HCPCS	both			21798		Qualcare	Qualcare		8719.2	40			4284	20708.1	percent of total billed charges	
PPM DUAL	C1785	HCPCS	both			21798		Three Rivers	Three Rivers		20708.1	95			4284	20708.1	percent of total billed charges	
PPM DUAL	C1785	HCPCS	both			21798		UHC	Medicaid		6877.27	31.55			4284	20708.1	percent of total billed charges	
PPM DUAL	C1785	HCPCS	both			21798		Wellcare	Medicaid		6877.27	31.55			4284	20708.1	percent of total billed charges	
PPM DUAL	C1785	HCPCS	both			21798		WellPoint	WellPoint		7014.6	32.18			4284	20708.1	percent of total billed charges	
PPM SINGLE	C1786	HCPCS	both			39750		Aetna	Commercial		15105	38			3798	37762.5	percent of total billed charges	
PPM SINGLE	C1786	HCPCS	both			39750		Aetna	Medicare		12243	30.8			3798	37762.5	percent of total billed charges	
PPM SINGLE	C1786	HCPCS	both			39750		Aetna	Better Health		12541.13	31.55			3798	37762.5	percent of total billed charges	
PPM SINGLE	C1786	HCPCS	both			39750		Americare	Americare		29812.5	75			3798	37762.5	percent of total billed charges	
PPM SINGLE	C1786	HCPCS	both			39750		Amerihealth	HMO/PPO		25837.5	65			3798	37762.5	percent of total billed charges	
PPM SINGLE	C1786	HCPCS	both			39750		Consumer	Consumer		37762.5	95			3798	37762.5	percent of total billed charges	
PPM SINGLE	C1786	HCPCS	both			39750		Corrections	Corrections		31800	80			3798	37762.5	percent of total billed charges	
PPM SINGLE	C1786	HCPCS	both			39750		First Health	First Health		27825	70			3798	37762.5	percent of total billed charges	
PPM SINGLE	C1786	HCPCS	both			39750		First Trenton	First Trenton		35775	90			3798	37762.5	percent of total billed charges	
PPM SINGLE	C1786	HCPCS	both			39750		Horizon	Medicare Blue		11925	30			3798	37762.5	percent of total billed charges	
PPM SINGLE	C1786	HCPCS	both			39750		Horizon	MGD		15216.3	38.28			3798	37762.5	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.														
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true													
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
PPM SINGLE	C1786	HCPCS	both			39750		Horizon	Indemnity		15216.3	38.28			3798	37762.5	percent of total billed charges	
PPM SINGLE	C1786	HCPCS	both			39750		Horizon	PPO		15216.3	38.28			3798	37762.5	percent of total billed charges	
PPM SINGLE	C1786	HCPCS	both			39750		Horizon	NJ Health		15900	40			3798	37762.5	percent of total billed charges	
PPM SINGLE	C1786	HCPCS	both			39750		Managed Care Inc	Managed Care Inc		35775	90			3798	37762.5	percent of total billed charges	
PPM SINGLE	C1786	HCPCS	both			39750		Multiplan	Multiplan		31800	80			3798	37762.5	percent of total billed charges	
PPM SINGLE	C1786	HCPCS	both			39750		Qualcare	Qualcare		15900	40			3798	37762.5	percent of total billed charges	
PPM SINGLE	C1786	HCPCS	both			39750		Three Rivers	Three Rivers		37762.5	95			3798	37762.5	percent of total billed charges	
PPM SINGLE	C1786	HCPCS	both			39750		UHC	Medicaid		12541.13	31.55			3798	37762.5	percent of total billed charges	
PPM SINGLE	C1786	HCPCS	both			39750		Wellcare	Medicaid		12541.13	31.55			3798	37762.5	percent of total billed charges	
PPM SINGLE	C1786	HCPCS	both			39750		WellPoint	WellPoint		12791.55	32.18			3798	37762.5	percent of total billed charges	
PROGRAMMER PATIENT RESTORE ULTRA	C1787	HCPCS	both			5870		Aetna	Commercial		2230.6	38			326.7	5576.5	percent of total billed charges	
PROGRAMMER PATIENT RESTORE ULTRA	C1787	HCPCS	both			5870		Aetna	Better Health		1851.99	31.55			326.7	5576.5	percent of total billed charges	
PROGRAMMER PATIENT RESTORE ULTRA	C1787	HCPCS	both			5870		Aetna	Medicare		1807.96	30.8			326.7	5576.5	percent of total billed charges	
PROGRAMMER PATIENT RESTORE ULTRA	C1787	HCPCS	both			5870		Americare	Americare		4402.5	75			326.7	5576.5	percent of total billed charges	
PROGRAMMER PATIENT RESTORE ULTRA	C1787	HCPCS	both			5870		Amerihealth	HMO/PPO		3815.5	65			326.7	5576.5	percent of total billed charges	
PROGRAMMER PATIENT RESTORE ULTRA	C1787	HCPCS	both			5870		Consumer	Consumer		5576.5	95			326.7	5576.5	percent of total billed charges	
PROGRAMMER PATIENT RESTORE ULTRA	C1787	HCPCS	both			5870		Corrections	Corrections		4696	80			326.7	5576.5	percent of total billed charges	
PROGRAMMER PATIENT RESTORE ULTRA	C1787	HCPCS	both			5870		First Health	First Health		4109	70			326.7	5576.5	percent of total billed charges	
PROGRAMMER PATIENT RESTORE ULTRA	C1787	HCPCS	both			5870		First Trenton	First Trenton		5283	90			326.7	5576.5	percent of total billed charges	
PROGRAMMER PATIENT RESTORE ULTRA	C1787	HCPCS	both			5870		Horizon	Indemnity		2247.04	38.28			326.7	5576.5	percent of total billed charges	
PROGRAMMER PATIENT RESTORE ULTRA	C1787	HCPCS	both			5870		Horizon	NJ Health		2348	40			326.7	5576.5	percent of total billed charges	
PROGRAMMER PATIENT RESTORE ULTRA	C1787	HCPCS	both			5870		Horizon	MGD		2247.04	38.28			326.7	5576.5	percent of total billed charges	
PROGRAMMER PATIENT RESTORE ULTRA	C1787	HCPCS	both			5870		Horizon	PPO		2247.04	38.28			326.7	5576.5	percent of total billed charges	
PROGRAMMER PATIENT RESTORE ULTRA	C1787	HCPCS	both			5870		Horizon	Medicare Blue		1761	30			326.7	5576.5	percent of total billed charges	
PROGRAMMER PATIENT RESTORE ULTRA	C1787	HCPCS	both			5870		Managed Care Inc	Managed Care Inc		5283	90			326.7	5576.5	percent of total billed charges	
PROGRAMMER PATIENT RESTORE ULTRA	C1787	HCPCS	both			5870		Multiplan	Multiplan		4696	80			326.7	5576.5	percent of total billed charges	
PROGRAMMER PATIENT RESTORE ULTRA	C1787	HCPCS	both			5870		Qualcare	Qualcare		2348	40			326.7	5576.5	percent of total billed charges	
PROGRAMMER PATIENT RESTORE ULTRA	C1787	HCPCS	both			5870		Three Rivers	Three Rivers		5576.5	95			326.7	5576.5	percent of total billed charges	
PROGRAMMER PATIENT RESTORE ULTRA	C1787	HCPCS	both			5870		UHC	Medicaid		1851.99	31.55			326.7	5576.5	percent of total billed charges	
PROGRAMMER PATIENT RESTORE ULTRA	C1787	HCPCS	both			5870		Wellcare	Medicaid		1851.99	31.55			326.7	5576.5	percent of total billed charges	
PROGRAMMER PATIENT RESTORE ULTRA	C1787	HCPCS	both			5870		WellPoint	WellPoint		1888.87	32.18			326.7	5576.5	percent of total billed charges	
XCELA POWER INJECT PORT	C1788	HCPCS	both			2616		Aetna	Better Health		825.35	31.55			224.7	2485.2	percent of total billed charges	
XCELA POWER INJECT PORT	C1788	HCPCS	both			2616		Aetna	Commercial		994.08	38			224.7	2485.2	percent of total billed charges	
XCELA POWER INJECT PORT	C1788	HCPCS	both			2616		Aetna	Medicare		805.73	30.8			224.7	2485.2	percent of total billed charges	
XCELA POWER INJECT PORT	C1788	HCPCS	both			2616		Americare	Americare		1962	75			224.7	2485.2	percent of total billed charges	
XCELA POWER INJECT PORT	C1788	HCPCS	both			2616		Amerihealth	HMO/PPO		1700.4	65			224.7	2485.2	percent of total billed charges	
XCELA POWER INJECT PORT	C1788	HCPCS	both			2616		Consumer	Consumer		2485.2	95			224.7	2485.2	percent of total billed charges	
XCELA POWER INJECT PORT	C1788	HCPCS	both			2616		Corrections	Corrections		2092.8	80			224.7	2485.2	percent of total billed charges	
XCELA POWER INJECT PORT	C1788	HCPCS	both			2616		First Health	First Health		1831.2	70			224.7	2485.2	percent of total billed charges	
XCELA POWER INJECT PORT	C1788	HCPCS	both			2616		First Trenton	First Trenton		2354.4	90			224.7	2485.2	percent of total billed charges	
XCELA POWER INJECT PORT	C1788	HCPCS	both			2616		Horizon	Medicare Blue		784.8	30			224.7	2485.2	percent of total billed charges	
XCELA POWER INJECT PORT	C1788	HCPCS	both			2616		Horizon	Indemnity		1001.4	38.28			224.7	2485.2	percent of total billed charges	
XCELA POWER INJECT PORT	C1788	HCPCS	both			2616		Horizon	NJ Health		1046.4	40			224.7	2485.2	percent of total billed charges	
XCELA POWER INJECT PORT	C1788	HCPCS	both			2616		Horizon	PPO		1001.4	38.28			224.7	2485.2	percent of total billed charges	
XCELA POWER INJECT PORT	C1788	HCPCS	both			2616		Horizon	MGD		1001.4	38.28			224.7	2485.2	percent of total billed charges	
XCELA POWER INJECT PORT	C1788	HCPCS	both			2616		Managed Care Inc	Managed Care Inc		2354.4	90			224.7	2485.2	percent of total billed charges	
XCELA POWER INJECT PORT	C1788	HCPCS	both			2616		Multiplan	Multiplan		2092.8	80			224.7	2485.2	percent of total billed charges	
XCELA POWER INJECT PORT	C1788	HCPCS	both			2616		Qualcare	Qualcare		1046.4	40			224.7	2485.2	percent of total billed charges	
XCELA POWER INJECT PORT	C1788	HCPCS	both			2616		Three Rivers	Three Rivers		2485.2	95			224.7	2485.2	percent of total billed charges	
XCELA POWER INJECT PORT	C1788	HCPCS	both			2616		UHC	Medicaid		825.35	31.55			224.7	2485.2	percent of total billed charges	
XCELA POWER INJECT PORT	C1788	HCPCS	both			2616		Wellcare	Medicaid		825.35	31.55			224.7	2485.2	percent of total billed charges	
XCELA POWER INJECT PORT	C1788	HCPCS	both			2616		WellPoint	WellPoint		841.83	32.18			224.7	2485.2	percent of total billed charges	
TISSUE EXPANDER W/SUTURE TABS 300CC	C1789	HCPCS	both			4785		Aetna	Medicare		1473.78	30.8			0.9	4545.75	percent of total billed charges	
TISSUE EXPANDER W/SUTURE TABS 300CC	C1789	HCPCS	both			4785		Aetna	Commercial		1818.3	38			0.9	4545.75	percent of total billed charges	
TISSUE EXPANDER W/SUTURE TABS 300CC	C1789	HCPCS	both			4785		Aetna	Better Health		1509.67	31.55			0.9	4545.75	percent of total billed charges	
TISSUE EXPANDER W/SUTURE TABS 300CC	C1789	HCPCS	both			4785		Americare	Americare		3588.75	75			0.9	4545.75	percent of total billed charges	
TISSUE EXPANDER W/SUTURE TABS 300CC	C1789	HCPCS	both			4785		Amerihealth	HMO/PPO		3110.25	65			0.9	4545.75	percent of total billed charges	
TISSUE EXPANDER W/SUTURE TABS 300CC	C1789	HCPCS	both			4785		Consumer	Consumer		4545.75	95			0.9	4545.75	percent of total billed charges	
TISSUE EXPANDER W/SUTURE TABS 300CC	C1789	HCPCS	both			4785		Corrections	Corrections		3828	80			0.9	4545.75	percent of total billed charges	
TISSUE EXPANDER W/SUTURE TABS 300CC	C1789	HCPCS	both			4785		First Health	First Health		3349.5	70			0.9	4545.75	percent of total billed charges	
TISSUE EXPANDER W/SUTURE TABS 300CC	C1789	HCPCS	both			4785		First Trenton	First Trenton		4306.5	90			0.9	4545.75	percent of total billed charges	
TISSUE EXPANDER W/SUTURE TABS 300CC	C1789	HCPCS	both			4785		Horizon	Indemnity		1831.7	38.28			0.9	4545.75	percent of total billed charges	
TISSUE EXPANDER W/SUTURE TABS 300CC	C1789	HCPCS	both			4785		Horizon	MGD		1831.7	38.28			0.9	4545.75	percent of total billed charges	
TISSUE EXPANDER W/SUTURE TABS 300CC	C1789	HCPCS	both			4785		Horizon	NJ Health		1914	40			0.9	4545.75	percent of total billed charges	
TISSUE EXPANDER W/SUTURE TABS 300CC	C1789	HCPCS	both			4785		Horizon	Medicare Blue		1435.5	30			0.9	4545.75	percent of total billed charges	
TISSUE EXPANDER W/SUTURE TABS 300CC	C1789	HCPCS	both			4785		Horizon	PPO		1831.7	38.28			0.9	4545.75	percent of total billed charges	
TISSUE EXPANDER W/SUTURE TABS 300CC	C1789	HCPCS	both			4785		Managed Care Inc	Managed Care Inc		4306.5	90			0.9	4545.75	percent of total billed charges	
TISSUE EXPANDER W/SUTURE TABS 300CC	C1789	HCPCS	both			4785		Multiplan	Multiplan		3828	80			0.9	4545.75	percent of total billed charges	
TISSUE EXPANDER W/SUTURE TABS 300CC	C1789	HCPCS	both			4785		Qualcare	Qualcare		1914	40			0.9	4545.75	percent of total billed charges	
TISSUE EXPANDER W/SUTURE TABS 300CC	C1789	HCPCS	both			4785		Three Rivers	Three Rivers		4545.75	95			0.9	4545.75	percent of total billed charges	
TISSUE EXPANDER W/SUTURE TABS 300CC	C1789	HCPCS	both			4785		UHC	Medicaid		1509.67	31.55			0.9	4545.75	percent of total billed charges	
TISSUE EXPANDER W/SUTURE TABS 300CC	C1789	HCPCS	both			4785		Wellcare	Medicaid		1509.67	31.55			0.9	4545.75	percent of total billed charges	
TISSUE EXPANDER W/SUTURE TABS 300CC	C1789	HCPCS	both			4785		WellPoint	WellPoint		1539.81	32.18			0.9	4545.75	percent of total billed charges	
TITAN RESERVOIR 75CC	C1813	HCPCS	both		28241.55			Aetna	Medicare		8698.4	30.8			555	26829.47	percent of total billed charges	
TITAN RESERVOIR 75CC	C1813	HCPCS	both		28241.55			Aetna	Better Health		8910.21	31.55			555	26829.47	percent of total billed charges	
TITAN RESERVOIR 75CC	C1813	HCPCS	both		28241.55			Aetna	Commercial		10731.79	38			555	26829.47	percent of total billed charges	
TITAN RESERVOIR 75CC	C1813	HCPCS	both		28241.55			Americare	Americare		21181.16	75			555	26829.47	percent of total billed charges	
TITAN RESERVOIR 75CC	C1813	HCPCS	both		28241.55			Amerihealth	HMO/PPO		18357.01	65			555	26829.47	percent of total billed charges	
TITAN RESERVOIR 75CC	C1813	HCPCS	both		28241.55			Consumer	Consumer		26829.47	95			555	26829.47	percent of total billed charges	
TITAN RESERVOIR 75CC	C1813	HCPCS	both		28241.55			Corrections	Corrections		22593.24	80			555	26829.47	percent of total billed charges	
TITAN RESERVOIR 75CC	C1813	HCPCS	both		28241.55			First Health	First Health		19769.09	70			555	26829.47	percent of total billed charges	
TITAN RESERVOIR 75CC	C1813	HCPCS	both		28241.55			First Trenton	First Trenton		25417.4	90			555	26829.47	percent of total billed charges	
TITAN RESERVOIR 75CC	C1813	HCPCS	both		28241.55			Horizon	Medicare Blue		8472.47	30			555	26829.47	percent of total billed charges	
TITAN RESERVOIR 75CC	C1813	HCPCS	both		28241.55			Horizon	NJ Health		11296.62	40			555	26829.47	percent of total billed charges	
TITAN RESERVOIR 75CC	C1813	HCPCS	both		28241.55			Horizon	MGD		10810.87	38.28			555	26829.47	percent of total billed charges	
TITAN RESERVOIR 75CC	C1813	HCPCS	both		28241.55			Horizon	Indemnity		10810.87	38.28			555	26829.47	percent of total billed charges	
TITAN RESERVOIR 75CC	C1813	HCPCS	both		28241.55			Horizon	PPO		10810.87	38.28			555	26829.47	percent of total billed charges	
TITAN RESERVOIR 75CC	C1813	HCPCS	both		28241.55			Managed Care Inc	Managed Care Inc		25417.4	90			555	26829.47	percent of total billed charges	
TITAN RESERVOIR 75CC	C1813	HCPCS	both		28241.55			Multiplan	Multiplan		22593.24	80			555	26829.47	percent of total billed charges	
TITAN RESERVOIR 75CC	C1813	HCPCS	both		28241.55			Qualcare	Qualcare		11296.62	40			555	26829.47	percent of total billed charges	
TITAN RESERVOIR 75CC	C1813	HCPCS	both		28241.55			Three Rivers	Three Rivers		26829.47	95			555	26829.47	percent of total billed charges	
TITAN RESERVOIR 75CC	C1813	HCPCS	both		28241.55			UHC	Medicaid		8910.21	31.55			555	26829.47	percent of total billed charges	
TITAN RESERVOIR 75CC	C1813	HCPCS	both		28241.55			Wellcare	Medicaid		8910.21	31.55			555	26829.47	percent of total billed charges	
TITAN RESERVOIR 75CC	C1813	HCPCS	both		28241.55			WellPoint	WellPoint		9088.13	32.18			555	26829.47	percent of total billed charges	
SILICONE OIL,ADATO SIL-OL 5000	C1814	HCPCS	both			1536		Aetna	Better Health		484.61	31.55			377.06	1459.2	percent of total billed charges	
SILICONE OIL,ADATO SIL-OL 5000	C1814	HCPCS	both			1536		Aetna	Medicare		473.09	30.8			377.06	1459.2	percent of total billed charges	
SILICONE OIL,ADATO SIL-OL 5000	C1814	HCPCS	both			1536		Aetna	Commercial		583.68	38			377.06	1459.2	percent of total billed charges	
SILICONE OIL,ADATO SIL-OL 5000	C1814	HCPCS	both			1536		Americare	Americare		1152	75			377.06	1459.2	percent of total billed charges	
SILICONE OIL,ADATO SIL-OL 5000	C1814	HCPCS	both			1536		Amerihealth	HMO/PPO		998.4	65			377.06	1459.2	percent of total billed charges	
SILICONE OIL,ADATO SIL-OL 5000	C1814	HCPCS	both			1536		Consumer	Consumer		1459.2	95			377.06	1459.2	percent of total billed charges	
SILICONE OIL,ADATO SIL-OL 5000	C1814	HCPCS	both			1536		Corrections	Corrections		1228.8	80			377.06	1459.2	percent of total billed charges	
SILICONE OIL,ADATO SIL-OL 5000	C1814	HCPCS	both			1536		First Health	First Health		1075.2	70			377.06	1459.2	percent of total billed charges	
SILICONE OIL,ADATO SIL-OL 5000	C1814	HCPCS	both			1536		First Trenton	First Trenton		1382.4	90			377.06	1459.2	percent of total billed charges	
SILICONE OIL,ADATO SIL-OL 5000	C1814	HCPCS	both			1536		Horizon	NJ Health		614.4	40			377.06	1459.2	percent of total billed charges	
SILICONE OIL,ADATO SIL-OL 5000	C1814	HCPCS	both			1536		Horizon	MGD		587.98	38.28			377.06	1459.2	percent of total billed charges	
SILICONE OIL,ADATO SIL-OL 5000	C1814	HCPCS	both			1536		Horizon	Medicare Blue		460.8	30			377.06	1459.2	percent of total billed charges	
SILICONE OIL,ADATO SIL-OL 5000	C1814	HCPCS	both			1536		Horizon	Indemnity		587.98	38.28			377.06	1459.2	percent of total billed charges	
SILICONE OIL,ADATO SIL-OL 5000	C1814	HCPCS	both			1536		Horizon	PPO		587.98	38.28			377.06	1459.2	percent of total billed charges	
SILICONE OIL,ADATO SIL-OL 5000	C1814	HCPCS	both			1536		Managed Care Inc	Managed Care Inc		1382.4	90			377.06	1459.2	percent of total billed charges	
SILICONE OIL,ADATO SIL-OL 5000	C1814	HCPCS	both			1536		Multiplan	Multiplan		1228.8	80			377.06	1459.2	percent of total billed charges	
SILICONE OIL,ADATO SIL-OL 5000	C1814	HCPCS	both			1536		Qualcare	Qualcare		614.4	40			377.06	1459.2	percent of total billed charges	
SILICONE OIL,ADATO SIL-OL 5000	C1814	HCPCS	both			1536		Three Rivers	Three Rivers		1459.2	95			377.06	1459.2	percent of total billed charges	
SILICONE OIL,ADATO SIL-OL 5000	C1814	HCPCS	both			1536		UHC	Medicaid		484.61	31.55			377.06	1459.2	percent of total billed charges	
SILICONE OIL,ADATO SIL-OL 5000	C1814	HCPCS	both			1536		Wellcare	Medicaid		484.61	31.55			377.06	1459.2	percent of total billed charges	
SILICONE OIL,ADATO SIL-OL 5000	C1814	HCPCS	both			1536		WellPoint	WellPoint		494.28	32.18			377.06	1459.2	percent of total billed charges	
REGULATOR,BALL PRESS 61-70	C1815	HCPCS	both			16341		Aetna	Medicare		5033.03	30.8			1468.53	15523.95	percent of total billed charges	
REGULATOR,BALL PRESS 61-70	C1815	HCPCS	both			16341		Aetna	Commercial		6209.58	38			1468.53	15523.95	percent of total billed charges	
REGULATOR,BALL PRESS 61-70	C1815	HCPCS	both			16341		Aetna	Better Health		5155.59	31.55			1468.53	15523.95	percent of total billed charges	
REGULATOR,BALL PRESS 61-70	C1815	HCPCS	both			16341		Americare	Americare		12255.75	75			1468.53	15523.95	percent of total billed charges	
REGULATOR,BALL PRESS 61-70	C1815	HCPCS	both			16341		Amerihealth	HMO/PPO		10621.65	65			1468.53	15523.95	percent of total billed charges	
REGULATOR,BALL PRESS 61-70	C1815	HCPCS	both			16341		Consumer	Consumer		15523.95	95			1468.53	15523.95	percent of total billed charges	
REGULATOR,BALL PRESS 61-70	C1815	HCPCS	both			16341		Corrections	Corrections		13072.8	80			1468.53	15523.95	percent of total billed charges	
REGULATOR,BALL PRESS 61-70	C1815	HCPCS	both			16341		First Health	First Health		11438.7	70			1468.53	15523.95	percent of total billed charges	
REGULATOR,BALL PRESS 61-70	C1815	HCPCS	both			16341		First Trenton	First Trenton		14706.9	90			1468.53	15523.95	percent of total billed charges	
REGULATOR,BALL PRESS 61-70	C1815	HCPCS	both			16341		Horizon	Indemnity		6255.33	38.28			1468.53	15523.95	percent of total billed charges	
REGULATOR,BALL PRESS 61-70	C1815	HCPCS	both			16341		Horizon	MGD		6255.33	38.28			1468.53	15523.95	percent of total billed charges	
REGULATOR,BALL PRESS 61-70	C1815	HCPCS	both			16341		Horizon	NJ Health		6536.4	40			1468.53	15523.95	percent of total billed charges	
REGULATOR,BALL PRESS 61-70	C1815	HCPCS	both			16341		Horizon	Medicare Blue		4902.3	30			1468.53	15523.95	percent of total billed charges	
REGULATOR,BALL PRESS 61-70	C1815	HCPCS	both			16341		Horizon	PPO		6255.33	38.28			1468.53	15523.95	percent of total billed charges	
REGULATOR,BALL PRESS 61-70	C1815	HCPCS	both			16341		Managed Care Inc	Managed Care Inc		14706.9	90			1468.53	15523.95	percent of total billed charges	
REGULATOR,BALL PRESS 61-70	C1815	HCPCS	both			16341		Multiplan	Multiplan		13072.8	80			1468.53	15523.95	percent of total billed charges	
REGULATOR,BALL PRESS 61-70	C1815	HCPCS	both			16341		Qualcare	Qualcare		6536.4	40			1468.53	15523.95	percent of total billed charges	
REGULATOR,BALL PRESS 61-70	C1815	HCPCS	both			16341		Three Rivers	Three Rivers		15523.95	95			1468.53	15523.95	percent of total billed charges	
REGULATOR,BALL PRESS 61-70	C1815	HCPCS	both			16341		UHC	Medicaid		5155.59	31.55			1468.53	15523.95	percent of total billed charges	
REGULATOR,BALL PRESS 61-70	C1815	HCPCS	both			16341		Wellcare	Medicaid		5155.59	31.55			1468.53	15523.95	percent of total billed charges	
REGULATOR,BALL PRESS 61-70	C1815	HCPCS	both			16341		WellPoint	WellPoint		5258.53	32.18			1468.53	15523.95	percent of total billed charges	
VENTRICULAR CLOSURE DEVICE	C1817	HCPCS	both			29985		Aetna	Medicare		9235.38	30.8			244.8	28485.75	percent of total billed charges	
VENTRICULAR CLOSURE DEVICE	C1817	HCPCS	both			29985		Aetna	Commercial		11394.3	38			244.8	28485.75	percent of total billed charges	
VENTRICULAR CLOSURE DEVICE	C1817	HCPCS	both			29985		Aetna	Better Health		9460.27	31.55			244.8	28485.75	percent of total billed charges	
VENTRICULAR CLOSURE DEVICE	C1817	HCPCS	both			29985		Americare	Americare		22488.75	75			244.8	28485.75	percent of total billed charges	
VENTRICULAR CLOSURE DEVICE	C1817	HCPCS	both			29985		Amerihealth	HMO/PPO		19490.25	65			244.8	28485.75	percent of total billed charges	
VENTRICULAR CLOSURE DEVICE	C1817	HCPCS	both			29985		Consumer	Consumer		28485.75	95			244.8	28485.75	percent of total billed charges	
VENTRICULAR CLOSURE DEVICE	C1817	HCPCS	both			29985		Corrections	Corrections		23988	80			244.8	28485.75	percent of total billed charges	
VENTRICULAR CLOSURE DEVICE	C1817	HCPCS	both			29985		First Health	First Health		20989.5	70			244.8	28485.75	percent of total billed charges	
VENTRICULAR CLOSURE DEVICE	C1817	HCPCS	both			29985		First Trenton	First Trenton		26986.5	90			244.8	28485.75	percent of total billed charges	
VENTRICULAR CLOSURE DEVICE	C1817	HCPCS	both			29985		Horizon	NJ Health		11994	40			244.8	28485.75	percent of total billed charges	
VENTRICULAR CLOSURE DEVICE	C1817	HCPCS	both			29985		Horizon	Indemnity		11478.26	38.28			244.8	28485.75	percent of total billed charges	
VENTRICULAR CLOSURE DEVICE	C1817	HCPCS	both			29985		Horizon	MGD		11478.26	38.28			244.8	28485.75	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.													
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true												
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
VENTRICULAR CLOSURE DEVICE	C1817	HCPCS	both			29985		Horizon	Medicare Blue		8995.5				244.8	28485.75	percent of total billed charges	
VENTRICULAR CLOSURE DEVICE	C1817	HCPCS	both			29985		Horizon	PPO		11478.26	38.28			244.8	28485.75	percent of total billed charges	
VENTRICULAR CLOSURE DEVICE	C1817	HCPCS	both			29985		Managed Care Inc	Managed Care Inc		26986.5	90			244.8	28485.75	percent of total billed charges	
VENTRICULAR CLOSURE DEVICE	C1817	HCPCS	both			29985		Multiplan	Multiplan		23988	80			244.8	28485.75	percent of total billed charges	
VENTRICULAR CLOSURE DEVICE	C1817	HCPCS	both			29985		Qualcare	Qualcare		11994	40			244.8	28485.75	percent of total billed charges	
VENTRICULAR CLOSURE DEVICE	C1817	HCPCS	both			29985		Three Rivers	Three Rivers		28485.75	95			244.8	28485.75	percent of total billed charges	
VENTRICULAR CLOSURE DEVICE	C1817	HCPCS	both			29985		UHC	Medicaid		9460.27	31.55			244.8	28485.75	percent of total billed charges	
VENTRICULAR CLOSURE DEVICE	C1817	HCPCS	both			29985		Wellcare	Medicaid		9460.27	31.55			244.8	28485.75	percent of total billed charges	
VENTRICULAR CLOSURE DEVICE	C1817	HCPCS	both			29985		WellPoint	WellPoint		9649.17	32.18			244.8	28485.75	percent of total billed charges	
KOPAN NEEDLE/CLIPS/PELLETS DEVICE	C1819	HCPCS	outpatient			62		Aetna	Better Health		19.56	31.55			18.6	58.9	percent of total billed charges	
KOPAN NEEDLE/CLIPS/PELLETS DEVICE	C1819	HCPCS	outpatient			62		Aetna	Medicare		19.1	30.8			18.6	58.9	percent of total billed charges	
KOPAN NEEDLE/CLIPS/PELLETS DEVICE	C1819	HCPCS	outpatient			62		Aetna	Commercial		23.56	38			18.6	58.9	percent of total billed charges	
KOPAN NEEDLE/CLIPS/PELLETS DEVICE	C1819	HCPCS	outpatient			62		Americare	Americare		46.5	75			18.6	58.9	percent of total billed charges	
KOPAN NEEDLE/CLIPS/PELLETS DEVICE	C1819	HCPCS	outpatient			62		Amerihealth	HMO/PPO		40.3	65			18.6	58.9	percent of total billed charges	
KOPAN NEEDLE/CLIPS/PELLETS DEVICE	C1819	HCPCS	outpatient			62		Consumer	Consumer		58.9	95			18.6	58.9	percent of total billed charges	
KOPAN NEEDLE/CLIPS/PELLETS DEVICE	C1819	HCPCS	outpatient			62		Corrections	Corrections		49.6	80			18.6	58.9	percent of total billed charges	
KOPAN NEEDLE/CLIPS/PELLETS DEVICE	C1819	HCPCS	outpatient			62		First Health	First Health		43.4	70			18.6	58.9	percent of total billed charges	
KOPAN NEEDLE/CLIPS/PELLETS DEVICE	C1819	HCPCS	outpatient			62		First Trenton	First Trenton		55.8	90			18.6	58.9	percent of total billed charges	
KOPAN NEEDLE/CLIPS/PELLETS DEVICE	C1819	HCPCS	outpatient			62		Horizon	Indemnity		23.73	38.28			18.6	58.9	percent of total billed charges	
KOPAN NEEDLE/CLIPS/PELLETS DEVICE	C1819	HCPCS	outpatient			62		Horizon	MGD		23.73	38.28			18.6	58.9	percent of total billed charges	
KOPAN NEEDLE/CLIPS/PELLETS DEVICE	C1819	HCPCS	outpatient			62		Horizon	Medicare Blue		18.6	30			18.6	58.9	percent of total billed charges	
KOPAN NEEDLE/CLIPS/PELLETS DEVICE	C1819	HCPCS	outpatient			62		Horizon	PPO		23.73	38.28			18.6	58.9	percent of total billed charges	
KOPAN NEEDLE/CLIPS/PELLETS DEVICE	C1819	HCPCS	outpatient			62		Managed Care Inc	Managed Care Inc		55.8	90			18.6	58.9	percent of total billed charges	
KOPAN NEEDLE/CLIPS/PELLETS DEVICE	C1819	HCPCS	outpatient			62		Multiplan	Multiplan		49.6	80			18.6	58.9	percent of total billed charges	
KOPAN NEEDLE/CLIPS/PELLETS DEVICE	C1819	HCPCS	outpatient			62		Qualcare	Qualcare		46.5	75			18.6	58.9	percent of total billed charges	
KOPAN NEEDLE/CLIPS/PELLETS DEVICE	C1819	HCPCS	outpatient			62		Three Rivers	Three Rivers		58.9	95			18.6	58.9	percent of total billed charges	
KOPAN NEEDLE/CLIPS/PELLETS DEVICE	C1819	HCPCS	outpatient			62		UHC	Medicaid		19.56	31.55			18.6	58.9	percent of total billed charges	
KOPAN NEEDLE/CLIPS/PELLETS DEVICE	C1819	HCPCS	outpatient			62		Wellcare	Medicaid		19.56	31.55			18.6	58.9	percent of total billed charges	
KOPAN NEEDLE/CLIPS/PELLETS DEVICE	C1819	HCPCS	outpatient			62		WellPoint	WellPoint		19.95	32.18			18.6	58.9	percent of total billed charges	
STIMULATOR DORSAL RESTORE SENSOR	C1820	HCPCS	both			86985		Aetna	Better Health		27443.77	31.55			1120.8	82635.75	percent of total billed charges	
STIMULATOR DORSAL RESTORE SENSOR	C1820	HCPCS	both			86985		Aetna	Commercial		33054.3	38			1120.8	82635.75	percent of total billed charges	
STIMULATOR DORSAL RESTORE SENSOR	C1820	HCPCS	both			86985		Aetna	Medicare		26791.38	30.8			1120.8	82635.75	percent of total billed charges	
STIMULATOR DORSAL RESTORE SENSOR	C1820	HCPCS	both			86985		Americare	Americare		65238.75	75			1120.8	82635.75	percent of total billed charges	
STIMULATOR DORSAL RESTORE SENSOR	C1820	HCPCS	both			86985		Amerihealth	HMO/PPO		56540.25	65			1120.8	82635.75	percent of total billed charges	
STIMULATOR DORSAL RESTORE SENSOR	C1820	HCPCS	both			86985		Consumer	Consumer		82635.75	95			1120.8	82635.75	percent of total billed charges	
STIMULATOR DORSAL RESTORE SENSOR	C1820	HCPCS	both			86985		Corrections	Corrections		69588	80			1120.8	82635.75	percent of total billed charges	
STIMULATOR DORSAL RESTORE SENSOR	C1820	HCPCS	both			86985		First Health	First Health		60889.5	70			1120.8	82635.75	percent of total billed charges	
STIMULATOR DORSAL RESTORE SENSOR	C1820	HCPCS	both			86985		First Trenton	First Trenton		78286.5	90			1120.8	82635.75	percent of total billed charges	
STIMULATOR DORSAL RESTORE SENSOR	C1820	HCPCS	both			86985		Horizon	MGD		33297.86	38.28			1120.8	82635.75	percent of total billed charges	
STIMULATOR DORSAL RESTORE SENSOR	C1820	HCPCS	both			86985		Horizon	Indemnity		33297.86	38.28			1120.8	82635.75	percent of total billed charges	
STIMULATOR DORSAL RESTORE SENSOR	C1820	HCPCS	both			86985		Horizon	PPO		33297.86	38.28			1120.8	82635.75	percent of total billed charges	
STIMULATOR DORSAL RESTORE SENSOR	C1820	HCPCS	both			86985		Horizon	NJ Health		34794	40			1120.8	82635.75	percent of total billed charges	
STIMULATOR DORSAL RESTORE SENSOR	C1820	HCPCS	both			86985		Horizon	Medicare Blue		26095.5	30			1120.8	82635.75	percent of total billed charges	
STIMULATOR DORSAL RESTORE SENSOR	C1820	HCPCS	both			86985		Managed Care Inc	Managed Care Inc		78286.5	90			1120.8	82635.75	percent of total billed charges	
STIMULATOR DORSAL RESTORE SENSOR	C1820	HCPCS	both			86985		Multiplan	Multiplan		69588	80			1120.8	82635.75	percent of total billed charges	
STIMULATOR DORSAL RESTORE SENSOR	C1820	HCPCS	both			86985		Qualcare	Qualcare		34794	40			1120.8	82635.75	percent of total billed charges	
STIMULATOR DORSAL RESTORE SENSOR	C1820	HCPCS	both			86985		Three Rivers	Three Rivers		82635.75	95			1120.8	82635.75	percent of total billed charges	
STIMULATOR DORSAL RESTORE SENSOR	C1820	HCPCS	both			86985		UHC	Medicaid		27443.77	31.55			1120.8	82635.75	percent of total billed charges	
STIMULATOR DORSAL RESTORE SENSOR	C1820	HCPCS	both			86985		Wellcare	Medicaid		27443.77	31.55			1120.8	82635.75	percent of total billed charges	
STIMULATOR DORSAL RESTORE SENSOR	C1820	HCPCS	both			86985		WellPoint	WellPoint		27991.77	32.18			1120.8	82635.75	percent of total billed charges	
PROSTHESIS, X-STOP TI 14MM	C1821	HCPCS	outpatient			20850		Aetna	Better Health		6578.18	31.55			4225.5	19807.5	percent of total billed charges	
PROSTHESIS, X-STOP TI 14MM	C1821	HCPCS	outpatient			20850		Aetna	Commercial		7923	38			4225.5	19807.5	percent of total billed charges	
PROSTHESIS, X-STOP TI 14MM	C1821	HCPCS	outpatient			20850		Aetna	Medicare		6421.8	30.8			4225.5	19807.5	percent of total billed charges	
PROSTHESIS, X-STOP TI 14MM	C1821	HCPCS	outpatient			20850		Americare	Americare		15637.5	75			4225.5	19807.5	percent of total billed charges	
PROSTHESIS, X-STOP TI 14MM	C1821	HCPCS	outpatient			20850		Amerihealth	HMO/PPO		13552.5	65			4225.5	19807.5	percent of total billed charges	
PROSTHESIS, X-STOP TI 14MM	C1821	HCPCS	outpatient			20850		Consumer	Consumer		19807.5	95			4225.5	19807.5	percent of total billed charges	
PROSTHESIS, X-STOP TI 14MM	C1821	HCPCS	outpatient			20850		Corrections	Corrections		16680	80			4225.5	19807.5	percent of total billed charges	
PROSTHESIS, X-STOP TI 14MM	C1821	HCPCS	outpatient			20850		First Health	First Health		14595	70			4225.5	19807.5	percent of total billed charges	
PROSTHESIS, X-STOP TI 14MM	C1821	HCPCS	outpatient			20850		First Trenton	First Trenton		18765	90			4225.5	19807.5	percent of total billed charges	
PROSTHESIS, X-STOP TI 14MM	C1821	HCPCS	outpatient			20850		Horizon	Medicare Blue		6255	30			4225.5	19807.5	percent of total billed charges	
PROSTHESIS, X-STOP TI 14MM	C1821	HCPCS	outpatient			20850		Horizon	Indemnity		7981.38	38.28			4225.5	19807.5	percent of total billed charges	
PROSTHESIS, X-STOP TI 14MM	C1821	HCPCS	outpatient			20850		Horizon	MGD		7981.38	38.28			4225.5	19807.5	percent of total billed charges	
PROSTHESIS, X-STOP TI 14MM	C1821	HCPCS	outpatient			20850		Horizon	PPO		7981.38	38.28			4225.5	19807.5	percent of total billed charges	
PROSTHESIS, X-STOP TI 14MM	C1821	HCPCS	outpatient			20850		Horizon	NJ Health		8340	40			4225.5	19807.5	percent of total billed charges	
PROSTHESIS, X-STOP TI 14MM	C1821	HCPCS	outpatient			20850		Managed Care Inc	Managed Care Inc		18765	90			4225.5	19807.5	percent of total billed charges	
PROSTHESIS, X-STOP TI 14MM	C1821	HCPCS	outpatient			20850		Multiplan	Multiplan		16680	80			4225.5	19807.5	percent of total billed charges	
PROSTHESIS, X-STOP TI 14MM	C1821	HCPCS	outpatient			20850		Qualcare	Qualcare		8340	40			4225.5	19807.5	percent of total billed charges	
PROSTHESIS, X-STOP TI 14MM	C1821	HCPCS	outpatient			20850		Three Rivers	Three Rivers		19807.5	95			4225.5	19807.5	percent of total billed charges	
PROSTHESIS, X-STOP TI 14MM	C1821	HCPCS	outpatient			20850		UHC	Medicaid		6578.18	31.55			4225.5	19807.5	percent of total billed charges	
PROSTHESIS, X-STOP TI 14MM	C1821	HCPCS	outpatient			20850		Wellcare	Medicaid		6578.18	31.55			4225.5	19807.5	percent of total billed charges	
PROSTHESIS, X-STOP TI 14MM	C1821	HCPCS	outpatient			20850		WellPoint	WellPoint		6709.53	32.18			4225.5	19807.5	percent of total billed charges	
STIMULATR,SC SENZA II,NPG2000	C1822	HCPCS	outpatient			91500		Aetna	Better Health		28868.25	31.55			900	86925	percent of total billed charges	
STIMULATR,SC SENZA II,NPG2000	C1822	HCPCS	outpatient			91500		Aetna	Commercial		34770	38			900	86925	percent of total billed charges	
STIMULATR,SC SENZA II,NPG2000	C1822	HCPCS	outpatient			91500		Aetna	Medicare		28182	30.8			900	86925	percent of total billed charges	
STIMULATR,SC SENZA II,NPG2000	C1822	HCPCS	outpatient			91500		Americare	Americare		68625	75			900	86925	percent of total billed charges	
STIMULATR,SC SENZA II,NPG2000	C1822	HCPCS	outpatient			91500		Amerihealth	HMO/PPO		59475	65			900	86925	percent of total billed charges	
STIMULATR,SC SENZA II,NPG2000	C1822	HCPCS	outpatient			91500		Consumer	Consumer		86925	95			900	86925	percent of total billed charges	
STIMULATR,SC SENZA II,NPG2000	C1822	HCPCS	outpatient			91500		Corrections	Corrections		73200	80			900	86925	percent of total billed charges	
STIMULATR,SC SENZA II,NPG2000	C1822	HCPCS	outpatient			91500		First Health	First Health		64050	70			900	86925	percent of total billed charges	
STIMULATR,SC SENZA II,NPG2000	C1822	HCPCS	outpatient			91500		First Trenton	First Trenton		82350	90			900	86925	percent of total billed charges	
STIMULATR,SC SENZA II,NPG2000	C1822	HCPCS	outpatient			91500		Horizon	MGD		35026.2	38.28			900	86925	percent of total billed charges	
STIMULATR,SC SENZA II,NPG2000	C1822	HCPCS	outpatient			91500		Horizon	NJ Health		36600	40			900	86925	percent of total billed charges	
STIMULATR,SC SENZA II,NPG2000	C1822	HCPCS	outpatient			91500		Horizon	Indemnity		35026.2	38.28			900	86925	percent of total billed charges	
STIMULATR,SC SENZA II,NPG2000	C1822	HCPCS	outpatient			91500		Horizon	Medicare Blue		27450	30			900	86925	percent of total billed charges	
STIMULATR,SC SENZA II,NPG2000	C1822	HCPCS	outpatient			91500		Horizon	PPO		35026.2	38.28			900	86925	percent of total billed charges	
STIMULATR,SC SENZA II,NPG2000	C1822	HCPCS	outpatient			91500		Managed Care Inc	Managed Care Inc		82350	90			900	86925	percent of total billed charges	
STIMULATR,SC SENZA II,NPG2000	C1822	HCPCS	outpatient			91500		Multiplan	Multiplan		73200	80			900	86925	percent of total billed charges	
STIMULATR,SC SENZA II,NPG2000	C1822	HCPCS	outpatient			91500		Qualcare	Qualcare		36600	40			900	86925	percent of total billed charges	
STIMULATR,SC SENZA II,NPG2000	C1822	HCPCS	outpatient			91500		Three Rivers	Three Rivers		86925	95			900	86925	percent of total billed charges	
STIMULATR,SC SENZA II,NPG2000	C1822	HCPCS	outpatient			91500		UHC	Medicaid		28868.25	31.55			900	86925	percent of total billed charges	
STIMULATR,SC SENZA II,NPG2000	C1822	HCPCS	outpatient			91500		Wellcare	Medicaid		28868.25	31.55			900	86925	percent of total billed charges	
STIMULATR,SC SENZA II,NPG2000	C1822	HCPCS	outpatient			91500		WellPoint	WellPoint		29444.7	32.18			900	86925	percent of total billed charges	
RESPISTIM RIGHT STIM LEAD	C1823	HCPCS	outpatient			76500		Aetna	Medicare		23562	30.8			8100	72675	percent of total billed charges	
RESPISTIM RIGHT STIM LEAD	C1823	HCPCS	outpatient			76500		Aetna	Better Health		24135.75	31.55			8100	72675	percent of total billed charges	
RESPISTIM RIGHT STIM LEAD	C1823	HCPCS	outpatient			76500		Aetna	Commercial		29070	38			8100	72675	percent of total billed charges	
RESPISTIM RIGHT STIM LEAD	C1823	HCPCS	outpatient			76500		Americare	Americare		57375	75			8100	72675	percent of total billed charges	
RESPISTIM RIGHT STIM LEAD	C1823	HCPCS	outpatient			76500		Amerihealth	HMO/PPO		49725	65			8100	72675	percent of total billed charges	
RESPISTIM RIGHT STIM LEAD	C1823	HCPCS	outpatient			76500		Consumer	Consumer		72675	95			8100	72675	percent of total billed charges	
RESPISTIM RIGHT STIM LEAD	C1823	HCPCS	outpatient			76500		Corrections	Corrections		61200	80			8100	72675	percent of total billed charges	
RESPISTIM RIGHT STIM LEAD	C1823	HCPCS	outpatient			76500		First Health	First Health		53550	70			8100	72675	percent of total billed charges	
RESPISTIM RIGHT STIM LEAD	C1823	HCPCS	outpatient			76500		First Trenton	First Trenton		68850	90			8100	72675	percent of total billed charges	
RESPISTIM RIGHT STIM LEAD	C1823	HCPCS	outpatient			76500		Horizon	Medicare Blue		22950	30			8100	72675	percent of total billed charges	
RESPISTIM RIGHT STIM LEAD	C1823	HCPCS	outpatient			76500		Horizon	MGD		29284.2	38.28			8100	72675	percent of total billed charges	
RESPISTIM RIGHT STIM LEAD	C1823	HCPCS	outpatient			76500		Horizon	Indemnity		29284.2	38.28			8100	72675	percent of total billed charges	
RESPISTIM RIGHT STIM LEAD	C1823	HCPCS	outpatient			76500		Horizon	NJ Health		30600	40			8100	72675	percent of total billed charges	
RESPISTIM RIGHT STIM LEAD	C1823	HCPCS	outpatient			76500		Horizon	PPO		29284.2	38.28			8100	72675	percent of total billed charges	
RESPISTIM RIGHT STIM LEAD	C1823	HCPCS	outpatient			76500		Managed Care Inc	Managed Care Inc		68850	90			8100	72675	percent of total billed charges	
RESPISTIM RIGHT STIM LEAD	C1823	HCPCS	outpatient			76500		Multiplan	Multiplan		61200	80			8100	72675	percent of total billed charges	
RESPISTIM RIGHT STIM LEAD	C1823	HCPCS	outpatient			76500		Qualcare	Qualcare		30600	40			8100	72675	percent of total billed charges	
RESPISTIM RIGHT STIM LEAD	C1823	HCPCS	outpatient			76500		Three Rivers	Three Rivers		72675	95			8100	72675	percent of total billed charges	
RESPISTIM RIGHT STIM LEAD	C1823	HCPCS	outpatient			76500		UHC	Medicaid		24135.75	31.55			8100	72675	percent of total billed charges	
RESPISTIM RIGHT STIM LEAD	C1823	HCPCS	outpatient			76500		Wellcare	Medicaid		24135.75	31.55			8100	72675	percent of total billed charges	
RESPISTIM RIGHT STIM LEAD	C1823	HCPCS	outpatient			76500		WellPoint	WellPoint		24617.7	32.18			8100	72675	percent of total billed charges	
IMPULSE OPTIMIZER CCM DEVICE	C1824	HCPCS	both			72492		Aetna	Commercial		27546.96	38			21747.6	68867.4	percent of total billed charges	
IMPULSE OPTIMIZER CCM DEVICE	C1824	HCPCS	both			72492		Aetna	Better Health		22871.23	31.55			21747.6	68867.4	percent of total billed charges	
IMPULSE OPTIMIZER CCM DEVICE	C1824	HCPCS	both			72492		Aetna	Medicare		22327.54	30.8			21747.6	68867.4	percent of total billed charges	
IMPULSE OPTIMIZER CCM DEVICE	C1824	HCPCS	both			72492		Americare	Americare		54369	75			21747.6	68867.4	percent of total billed charges	
IMPULSE OPTIMIZER CCM DEVICE	C1824	HCPCS	both			72492		Amerihealth	HMO/PPO		47119.8	65			21747.6	68867.4	percent of total billed charges	
IMPULSE OPTIMIZER CCM DEVICE	C1824	HCPCS	both			72492		Consumer	Consumer		68867.4	95			21747.6	68867.4	percent of total billed charges	
IMPULSE OPTIMIZER CCM DEVICE	C1824	HCPCS	both			72492		Corrections	Corrections		57903.6	80			21747.6	68867.4	percent of total billed charges	
IMPULSE OPTIMIZER CCM DEVICE	C1824	HCPCS	both			72492		First Health	First Health		50744.4	70			21747.6	68867.4	percent of total billed charges	
IMPULSE OPTIMIZER CCM DEVICE	C1824	HCPCS	both			72492		First Trenton	First Trenton		65242.8	90			21747.6	68867.4	percent of total billed charges	
IMPULSE OPTIMIZER CCM DEVICE	C1824	HCPCS	both			72492		Horizon	MGD		27749.94	38.28			21747.6	68867.4	percent of total billed charges	
IMPULSE OPTIMIZER CCM DEVICE	C1824	HCPCS	both			72492		Horizon	Medicare Blue		21747.6	30			21747.6	68867.4	percent of total billed charges	
IMPULSE OPTIMIZER CCM DEVICE	C1824	HCPCS	both			72492		Horizon	PPO		27749.94	38.28			21747.6	68867.4	percent of total billed charges	
IMPULSE OPTIMIZER CCM DEVICE	C1824	HCPCS	both			72492		Horizon	Indemnity		27749.94	38.28			21747.6	68867.4	percent of total billed charges	
IMPULSE OPTIMIZER CCM DEVICE	C1824	HCPCS	both			72492		Managed Care Inc	Managed Care Inc		65242.8	90			21747.6	68867.4	percent of total billed charges	
IMPULSE OPTIMIZER CCM DEVICE	C1824	HCPCS	both			72492		Multiplan	Multiplan		57903.6	80			21747.6	68867.4	percent of total billed charges	
IMPULSE OPTIMIZER CCM DEVICE	C1824	HCPCS	both			72492		Qualcare	Qualcare		54369	75			21747.6	68867.4	percent of total billed charges	
IMPULSE OPTIMIZER CCM DEVICE	C1824	HCPCS	both			72492		Three Rivers	Three Rivers		68867.4	95			21747.6	68867.4	percent of total billed charges	
IMPULSE OPTIMIZER CCM DEVICE	C1824	HCPCS	both			72492		UHC	Medicaid		22871.23	31.55			21747.6	68867.4	percent of total billed charges	
IMPULSE OPTIMIZER CCM DEVICE	C1824	HCPCS	both			72492		Wellcare	Medicaid		22871.23	31.55			21747.6	68867.4	percent of total billed charges	
IMPULSE OPTIMIZER CCM DEVICE	C1824	HCPCS	both			72492		WellPoint	WellPoint		23327.93	32.18			21747.6	68867.4	percent of total billed charges	
BONE MARROW PROCEDURE-SUPPLIES	C1830	HCPCS	outpatient			448		Aetna	Better Health		141.34	31.55			134.4	425.6	percent of total billed charges	
BONE MARROW PROCEDURE-SUPPLIES	C1830	HCPCS	outpatient			448		Aetna	Commercial		170.24	38			134.4	425.6	percent of total billed charges	
BONE MARROW PROCEDURE-SUPPLIES	C1830	HCPCS	outpatient			448		Aetna	Medicare		137.98	30.8			134.4	425.6	percent of total billed charges	
BONE MARROW PROCEDURE-SUPPLIES	C1830	HCPCS	outpatient			448		Americare	Americare		336	75			134.4	425.6	percent of total billed charges	
BONE MARROW PROCEDURE-SUPPLIES	C1830	HCPCS	outpatient			448		Amerihealth	HMO/PPO		291.2	65			134.4	425.6	percent of total billed charges	
BONE MARROW PROCEDURE-SUPPLIES	C1830	HCPCS	outpatient			448		Consumer	Consumer		425.6	95			134.4	425.6	percent of total billed charges	
BONE MARROW PROCEDURE-SUPPLIES	C1830	HCPCS	outpatient			448		Corrections	Corrections		358.4	80			134.4	425.6	percent of total billed charges	
BONE MARROW PROCEDURE-SUPPLIES	C1830	HCPCS	outpatient			448		First Health	First Health		313.6	70			134.4	425.6	percent of total billed charges	
BONE MARROW PROCEDURE-SUPPLIES	C1830	HCPCS	outpatient			448		First Trenton	First Trenton		403.2	90			134.4	425.6	percent of total billed charges	
BONE MARROW PROCEDURE-SUPPLIES	C1830	HCPCS	outpatient			448		Horizon	Medicare Blue		134.4	30			134.4	425.6	percent of total billed charges	
BONE MARROW PROCEDURE-SUPPLIES	C1830	HCPCS	outpatient			448		Horizon	MGD		171.49	38.28			134.4	425.6	percent of total billed charges	
BONE MARROW PROCEDURE-SUPPLIES	C1830	HCPCS	outpatient			448		Horizon	Indemnity		171.49	38.28			134.4	425.6	percent of total billed charges	
BONE MARROW PROCEDURE-SUPPLIES	C1830	HCPCS	outpatient			448		Horizon	PPO		171.49	38.28			134.4	425.6	percent of total billed charges	
BONE MARROW PROCEDURE-SUPPLIES	C1830	HCPCS	outpatient			448		Managed Care Inc	Managed Care Inc		403.2	90			134.4	425.6	percent of total billed charges	
BONE MARROW PROCEDURE-SUPPLIES	C1830	HCPCS	outpatient			448		Multiplan	Multiplan		358.4	80			134.4	425.6	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.													
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true												
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
BONE MARROW PROCEDURE-SUPPLIES	C1830	HCPCS	outpatient			448		Qualcare	Qualcare		336	75			134.4	425.6	percent of total billed charges	
BONE MARROW PROCEDURE-SUPPLIES	C1830	HCPCS	outpatient			448		Three Rivers	Three Rivers		425.6	95			134.4	425.6	percent of total billed charges	
BONE MARROW PROCEDURE-SUPPLIES	C1830	HCPCS	outpatient			448		UHC	Medicaid		141.34	31.55			134.4	425.6	percent of total billed charges	
BONE MARROW PROCEDURE-SUPPLIES	C1830	HCPCS	outpatient			448		Wellcare	Medicaid		141.34	31.55			134.4	425.6	percent of total billed charges	
BONE MARROW PROCEDURE-SUPPLIES	C1830	HCPCS	outpatient			448		WellPoint	WellPoint		144.17	32.18			134.4	425.6	percent of total billed charges	
XIENCE SIERRA DRUG ELUTING STENT	C1874	HCPCS	both			49464		Aetna	Medicare		15234.91	30.8			895.8	46990.8	percent of total billed charges	
XIENCE SIERRA DRUG ELUTING STENT	C1874	HCPCS	both			49464		Aetna	Better Health		15605.89	31.55			895.8	46990.8	percent of total billed charges	
XIENCE SIERRA DRUG ELUTING STENT	C1874	HCPCS	both			49464		Aetna	Commercial		18796.32	38			895.8	46990.8	percent of total billed charges	
XIENCE SIERRA DRUG ELUTING STENT	C1874	HCPCS	both			49464		Americare	Americare		37098	75			895.8	46990.8	percent of total billed charges	
XIENCE SIERRA DRUG ELUTING STENT	C1874	HCPCS	both			49464		Amerihealth	HMO/PPO		32151.6	65			895.8	46990.8	percent of total billed charges	
XIENCE SIERRA DRUG ELUTING STENT	C1874	HCPCS	both			49464		Consumer	Consumer		46990.8	95			895.8	46990.8	percent of total billed charges	
XIENCE SIERRA DRUG ELUTING STENT	C1874	HCPCS	both			49464		Corrections	Corrections		39571.2	80			895.8	46990.8	percent of total billed charges	
XIENCE SIERRA DRUG ELUTING STENT	C1874	HCPCS	both			49464		First Health	First Health		34624.8	70			895.8	46990.8	percent of total billed charges	
XIENCE SIERRA DRUG ELUTING STENT	C1874	HCPCS	both			49464		First Trenton	First Trenton		44517.6	90			895.8	46990.8	percent of total billed charges	
XIENCE SIERRA DRUG ELUTING STENT	C1874	HCPCS	both			49464		Horizon	MGD		18934.82	38.28			895.8	46990.8	percent of total billed charges	
XIENCE SIERRA DRUG ELUTING STENT	C1874	HCPCS	both			49464		Horizon	Indemnity		18934.82	38.28			895.8	46990.8	percent of total billed charges	
XIENCE SIERRA DRUG ELUTING STENT	C1874	HCPCS	both			49464		Horizon	Medicare Blue		14839.2	30			895.8	46990.8	percent of total billed charges	
XIENCE SIERRA DRUG ELUTING STENT	C1874	HCPCS	both			49464		Horizon	PPO		18934.82	38.28			895.8	46990.8	percent of total billed charges	
XIENCE SIERRA DRUG ELUTING STENT	C1874	HCPCS	both			49464		Horizon	NJ Health		19785.6	40			895.8	46990.8	percent of total billed charges	
XIENCE SIERRA DRUG ELUTING STENT	C1874	HCPCS	both			49464		Managed Care Inc	Managed Care Inc		44517.6	90			895.8	46990.8	percent of total billed charges	
XIENCE SIERRA DRUG ELUTING STENT	C1874	HCPCS	both			49464		Multiplan	Multiplan		39571.2	80			895.8	46990.8	percent of total billed charges	
XIENCE SIERRA DRUG ELUTING STENT	C1874	HCPCS	both			49464		Qualcare	Qualcare		19785.6	40			895.8	46990.8	percent of total billed charges	
XIENCE SIERRA DRUG ELUTING STENT	C1874	HCPCS	both			49464		Three Rivers	Three Rivers		46990.8	95			895.8	46990.8	percent of total billed charges	
XIENCE SIERRA DRUG ELUTING STENT	C1874	HCPCS	both			49464		UHC	Medicaid		15605.89	31.55			895.8	46990.8	percent of total billed charges	
XIENCE SIERRA DRUG ELUTING STENT	C1874	HCPCS	both			49464		Wellcare	Medicaid		15605.89	31.55			895.8	46990.8	percent of total billed charges	
XIENCE SIERRA DRUG ELUTING STENT	C1874	HCPCS	both			49464		WellPoint	WellPoint		15917.52	32.18			895.8	46990.8	percent of total billed charges	
STENT COATED/COVERED W/O DEL	C1875	HCPCS	outpatient			4738		Aetna	Commercial		1800.44	38			1353.45	4501.1	percent of total billed charges	
STENT COATED/COVERED W/O DEL	C1875	HCPCS	outpatient			4738		Aetna	Better Health		1494.84	31.55			1353.45	4501.1	percent of total billed charges	
STENT COATED/COVERED W/O DEL	C1875	HCPCS	outpatient			4738		Aetna	Medicare		1459.3	30.8			1353.45	4501.1	percent of total billed charges	
STENT COATED/COVERED W/O DEL	C1875	HCPCS	outpatient			4738		Americare	Americare		3553.5	75			1353.45	4501.1	percent of total billed charges	
STENT COATED/COVERED W/O DEL	C1875	HCPCS	outpatient			4738		Amerihealth	HMO/PPO		3079.7	65			1353.45	4501.1	percent of total billed charges	
STENT COATED/COVERED W/O DEL	C1875	HCPCS	outpatient			4738		Consumer	Consumer		4501.1	95			1353.45	4501.1	percent of total billed charges	
STENT COATED/COVERED W/O DEL	C1875	HCPCS	outpatient			4738		Corrections	Corrections		3790.4	80			1353.45	4501.1	percent of total billed charges	
STENT COATED/COVERED W/O DEL	C1875	HCPCS	outpatient			4738		First Health	First Health		3316.6	70			1353.45	4501.1	percent of total billed charges	
STENT COATED/COVERED W/O DEL	C1875	HCPCS	outpatient			4738		First Trenton	First Trenton		4264.2	90			1353.45	4501.1	percent of total billed charges	
STENT COATED/COVERED W/O DEL	C1875	HCPCS	outpatient			4738		Horizon	Medicare Blue		1421.4	30			1353.45	4501.1	percent of total billed charges	
STENT COATED/COVERED W/O DEL	C1875	HCPCS	outpatient			4738		Horizon	Indemnity		1813.71	38.28			1353.45	4501.1	percent of total billed charges	
STENT COATED/COVERED W/O DEL	C1875	HCPCS	outpatient			4738		Horizon	MGD		1813.71	38.28			1353.45	4501.1	percent of total billed charges	
STENT COATED/COVERED W/O DEL	C1875	HCPCS	outpatient			4738		Horizon	PPO		1813.71	38.28			1353.45	4501.1	percent of total billed charges	
STENT COATED/COVERED W/O DEL	C1875	HCPCS	outpatient			4738		Managed Care Inc	Managed Care Inc		4264.2	90			1353.45	4501.1	percent of total billed charges	
STENT COATED/COVERED W/O DEL	C1875	HCPCS	outpatient			4738		Multiplan	Multiplan		3790.4	80			1353.45	4501.1	percent of total billed charges	
STENT COATED/COVERED W/O DEL	C1875	HCPCS	outpatient			4738		Qualcare	Qualcare		3553.5	75			1353.45	4501.1	percent of total billed charges	
STENT COATED/COVERED W/O DEL	C1875	HCPCS	outpatient			4738		Three Rivers	Three Rivers		4501.1	95			1353.45	4501.1	percent of total billed charges	
STENT COATED/COVERED W/O DEL	C1875	HCPCS	outpatient			4738		UHC	Medicaid		1494.84	31.55			1353.45	4501.1	percent of total billed charges	
STENT COATED/COVERED W/O DEL	C1875	HCPCS	outpatient			4738		Wellcare	Medicaid		1494.84	31.55			1353.45	4501.1	percent of total billed charges	
STENT COATED/COVERED W/O DEL	C1875	HCPCS	outpatient			4738		WellPoint	WellPoint		1524.69	32.18			1353.45	4501.1	percent of total billed charges	
ZILVER 518 STENT	C1876	HCPCS	both			17985		Aetna	Commercial		6834.3	38			3	17085.75	percent of total billed charges	
ZILVER 518 STENT	C1876	HCPCS	both			17985		Aetna	Better Health		5674.27	31.55			3	17085.75	percent of total billed charges	
ZILVER 518 STENT	C1876	HCPCS	both			17985		Aetna	Medicare		5539.38	30.8			3	17085.75	percent of total billed charges	
ZILVER 518 STENT	C1876	HCPCS	both			17985		Americare	Americare		13488.75	75			3	17085.75	percent of total billed charges	
ZILVER 518 STENT	C1876	HCPCS	both			17985		Amerihealth	HMO/PPO		11690.25	65			3	17085.75	percent of total billed charges	
ZILVER 518 STENT	C1876	HCPCS	both			17985		Consumer	Consumer		17085.75	95			3	17085.75	percent of total billed charges	
ZILVER 518 STENT	C1876	HCPCS	both			17985		Corrections	Corrections		14388	80			3	17085.75	percent of total billed charges	
ZILVER 518 STENT	C1876	HCPCS	both			17985		First Health	First Health		12589.5	70			3	17085.75	percent of total billed charges	
ZILVER 518 STENT	C1876	HCPCS	both			17985		First Trenton	First Trenton		16186.5	90			3	17085.75	percent of total billed charges	
ZILVER 518 STENT	C1876	HCPCS	both			17985		Horizon	Indemnity		6884.66	38.28			3	17085.75	percent of total billed charges	
ZILVER 518 STENT	C1876	HCPCS	both			17985		Horizon	PPO		6884.66	38.28			3	17085.75	percent of total billed charges	
ZILVER 518 STENT	C1876	HCPCS	both			17985		Horizon	MGD		6884.66	38.28			3	17085.75	percent of total billed charges	
ZILVER 518 STENT	C1876	HCPCS	both			17985		Horizon	NJ Health		7194	40			3	17085.75	percent of total billed charges	
ZILVER 518 STENT	C1876	HCPCS	both			17985		Horizon	Medicare Blue		5395.5	30			3	17085.75	percent of total billed charges	
ZILVER 518 STENT	C1876	HCPCS	both			17985		Managed Care Inc	Managed Care Inc		16186.5	90			3	17085.75	percent of total billed charges	
ZILVER 518 STENT	C1876	HCPCS	both			17985		Multiplan	Multiplan		14388	80			3	17085.75	percent of total billed charges	
ZILVER 518 STENT	C1876	HCPCS	both			17985		Qualcare	Qualcare		7194	40			3	17085.75	percent of total billed charges	
ZILVER 518 STENT	C1876	HCPCS	both			17985		Three Rivers	Three Rivers		17085.75	95			3	17085.75	percent of total billed charges	
ZILVER 518 STENT	C1876	HCPCS	both			17985		UHC	Medicaid		5674.27	31.55			3	17085.75	percent of total billed charges	
ZILVER 518 STENT	C1876	HCPCS	both			17985		Wellcare	Medicaid		5674.27	31.55			3	17085.75	percent of total billed charges	
ZILVER 518 STENT	C1876	HCPCS	both			17985		WellPoint	WellPoint		5787.57	32.18			3	17085.75	percent of total billed charges	
STINT NON-COAT/NON-COVER W/OUT D	C1877	HCPCS	both			5277		Aetna	Better Health		1664.89	31.55			670.05	5013.15	percent of total billed charges	
STINT NON-COAT/NON-COVER W/OUT D	C1877	HCPCS	both			5277		Aetna	Commercial		2005.26	38			670.05	5013.15	percent of total billed charges	
STINT NON-COAT/NON-COVER W/OUT D	C1877	HCPCS	both			5277		Aetna	Medicare		1625.32	30.8			670.05	5013.15	percent of total billed charges	
STINT NON-COAT/NON-COVER W/OUT D	C1877	HCPCS	both			5277		Americare	Americare		3957.75	75			670.05	5013.15	percent of total billed charges	
STINT NON-COAT/NON-COVER W/OUT D	C1877	HCPCS	both			5277		Amerihealth	HMO/PPO		3430.05	65			670.05	5013.15	percent of total billed charges	
STINT NON-COAT/NON-COVER W/OUT D	C1877	HCPCS	both			5277		Consumer	Consumer		5013.15	95			670.05	5013.15	percent of total billed charges	
STINT NON-COAT/NON-COVER W/OUT D	C1877	HCPCS	both			5277		Corrections	Corrections		4221.6	80			670.05	5013.15	percent of total billed charges	
STINT NON-COAT/NON-COVER W/OUT D	C1877	HCPCS	both			5277		First Health	First Health		3693.9	70			670.05	5013.15	percent of total billed charges	
STINT NON-COAT/NON-COVER W/OUT D	C1877	HCPCS	both			5277		First Trenton	First Trenton		4749.3	90			670.05	5013.15	percent of total billed charges	
STINT NON-COAT/NON-COVER W/OUT D	C1877	HCPCS	both			5277		Horizon	Medicare Blue		1583.1	30			670.05	5013.15	percent of total billed charges	
STINT NON-COAT/NON-COVER W/OUT D	C1877	HCPCS	both			5277		Horizon	NJ Health		2110.8	40			670.05	5013.15	percent of total billed charges	
STINT NON-COAT/NON-COVER W/OUT D	C1877	HCPCS	both			5277		Horizon	MGD		2020.04	38.28			670.05	5013.15	percent of total billed charges	
STINT NON-COAT/NON-COVER W/OUT D	C1877	HCPCS	both			5277		Horizon	Indemnity		2020.04	38.28			670.05	5013.15	percent of total billed charges	
STINT NON-COAT/NON-COVER W/OUT D	C1877	HCPCS	both			5277		Horizon	PPO		2020.04	38.28			670.05	5013.15	percent of total billed charges	
STINT NON-COAT/NON-COVER W/OUT D	C1877	HCPCS	both			5277		Managed Care Inc	Managed Care Inc		4749.3	90			670.05	5013.15	percent of total billed charges	
STINT NON-COAT/NON-COVER W/OUT D	C1877	HCPCS	both			5277		Multiplan	Multiplan		4221.6	80			670.05	5013.15	percent of total billed charges	
STINT NON-COAT/NON-COVER W/OUT D	C1877	HCPCS	both			5277		Qualcare	Qualcare		2110.8	40			670.05	5013.15	percent of total billed charges	
STINT NON-COAT/NON-COVER W/OUT D	C1877	HCPCS	both			5277		Three Rivers	Three Rivers		5013.15	95			670.05	5013.15	percent of total billed charges	
STINT NON-COAT/NON-COVER W/OUT D	C1877	HCPCS	both			5277		UHC	Medicaid		1664.89	31.55			670.05	5013.15	percent of total billed charges	
STINT NON-COAT/NON-COVER W/OUT D	C1877	HCPCS	both			5277		Wellcare	Medicaid		1664.89	31.55			670.05	5013.15	percent of total billed charges	
STINT NON-COAT/NON-COVER W/OUT D	C1877	HCPCS	both			5277		WellPoint	WellPoint		1698.14	32.18			670.05	5013.15	percent of total billed charges	
IMPLANT,RADIESSE VOICE INJECT	C1878	HCPCS	outpatient			1725		Aetna	Commercial		655.5	38			234	1638.75	percent of total billed charges	
IMPLANT,RADIESSE VOICE INJECT	C1878	HCPCS	outpatient			1725		Aetna	Better Health		544.24	31.55			234	1638.75	percent of total billed charges	
IMPLANT,RADIESSE VOICE INJECT	C1878	HCPCS	outpatient			1725		Aetna	Medicare		531.3	30.8			234	1638.75	percent of total billed charges	
IMPLANT,RADIESSE VOICE INJECT	C1878	HCPCS	outpatient			1725		Americare	Americare		1293.75	75			234	1638.75	percent of total billed charges	
IMPLANT,RADIESSE VOICE INJECT	C1878	HCPCS	outpatient			1725		Amerihealth	HMO/PPO		1121.25	65			234	1638.75	percent of total billed charges	
IMPLANT,RADIESSE VOICE INJECT	C1878	HCPCS	outpatient			1725		Consumer	Consumer		1638.75	95			234	1638.75	percent of total billed charges	
IMPLANT,RADIESSE VOICE INJECT	C1878	HCPCS	outpatient			1725		Corrections	Corrections		1380	80			234	1638.75	percent of total billed charges	
IMPLANT,RADIESSE VOICE INJECT	C1878	HCPCS	outpatient			1725		First Health	First Health		1207.5	70			234	1638.75	percent of total billed charges	
IMPLANT,RADIESSE VOICE INJECT	C1878	HCPCS	outpatient			1725		First Trenton	First Trenton		1552.5	90			234	1638.75	percent of total billed charges	
IMPLANT,RADIESSE VOICE INJECT	C1878	HCPCS	outpatient			1725		Horizon	Medicare Blue		517.5	30			234	1638.75	percent of total billed charges	
IMPLANT,RADIESSE VOICE INJECT	C1878	HCPCS	outpatient			1725		Horizon	Indemnity		660.33	38.28			234	1638.75	percent of total billed charges	
IMPLANT,RADIESSE VOICE INJECT	C1878	HCPCS	outpatient			1725		Horizon	MGD		660.33	38.28			234	1638.75	percent of total billed charges	
IMPLANT,RADIESSE VOICE INJECT	C1878	HCPCS	outpatient			1725		Horizon	NJ Health		690	40			234	1638.75	percent of total billed charges	
IMPLANT,RADIESSE VOICE INJECT	C1878	HCPCS	outpatient			1725		Horizon	PPO		660.33	38.28			234	1638.75	percent of total billed charges	
IMPLANT,RADIESSE VOICE INJECT	C1878	HCPCS	outpatient			1725		Managed Care Inc	Managed Care Inc		1552.5	90			234	1638.75	percent of total billed charges	
IMPLANT,RADIESSE VOICE INJECT	C1878	HCPCS	outpatient			1725		Multiplan	Multiplan		1380	80			234	1638.75	percent of total billed charges	
IMPLANT,RADIESSE VOICE INJECT	C1878	HCPCS	outpatient			1725		Qualcare	Qualcare		690	40			234	1638.75	percent of total billed charges	
IMPLANT,RADIESSE VOICE INJECT	C1878	HCPCS	outpatient			1725		Three Rivers	Three Rivers		1638.75	95			234	1638.75	percent of total billed charges	
IMPLANT,RADIESSE VOICE INJECT	C1878	HCPCS	outpatient			1725		UHC	Medicaid		544.24	31.55			234	1638.75	percent of total billed charges	
IMPLANT,RADIESSE VOICE INJECT	C1878	HCPCS	outpatient			1725		Wellcare	Medicaid		544.24	31.55			234	1638.75	percent of total billed charges	
IMPLANT,RADIESSE VOICE INJECT	C1878	HCPCS	outpatient			1725		WellPoint	WellPoint		555.11	32.18			234	1638.75	percent of total billed charges	
VENA CAVAL FILTER	C1880	HCPCS	both			5727		Aetna	Medicare		1763.92	30.8			189	5440.65	percent of total billed charges	
VENA CAVAL FILTER	C1880	HCPCS	both			5727		Aetna	Better Health		1806.87	31.55			189	5440.65	percent of total billed charges	
VENA CAVAL FILTER	C1880	HCPCS	both			5727		Aetna	Commercial		2176.26	38			189	5440.65	percent of total billed charges	
VENA CAVAL FILTER	C1880	HCPCS	both			5727		Americare	Americare		4295.25	75			189	5440.65	percent of total billed charges	
VENA CAVAL FILTER	C1880	HCPCS	both			5727		Amerihealth	HMO/PPO		3722.55	65			189	5440.65	percent of total billed charges	
VENA CAVAL FILTER	C1880	HCPCS	both			5727		Consumer	Consumer		5440.65	95			189	5440.65	percent of total billed charges	
VENA CAVAL FILTER	C1880	HCPCS	both			5727		Corrections	Corrections		4581.6	80			189	5440.65	percent of total billed charges	
VENA CAVAL FILTER	C1880	HCPCS	both			5727		First Health	First Health		4008.9	70			189	5440.65	percent of total billed charges	
VENA CAVAL FILTER	C1880	HCPCS	both			5727		First Trenton	First Trenton		5154.3	90			189	5440.65	percent of total billed charges	
VENA CAVAL FILTER	C1880	HCPCS	both			5727		Horizon	MGD		2192.3	38.28			189	5440.65	percent of total billed charges	
VENA CAVAL FILTER	C1880	HCPCS	both			5727		Horizon	Medicare Blue		1718.1	30			189	5440.65	percent of total billed charges	
VENA CAVAL FILTER	C1880	HCPCS	both			5727		Horizon	Indemnity		2192.3	38.28			189	5440.65	percent of total billed charges	
VENA CAVAL FILTER	C1880	HCPCS	both			5727		Horizon	PPO		2192.3	38.28			189	5440.65	percent of total billed charges	
VENA CAVAL FILTER	C1880	HCPCS	both			5727		Horizon	NJ Health		2290.8	40			189	5440.65	percent of total billed charges	
VENA CAVAL FILTER	C1880	HCPCS	both			5727		Managed Care Inc	Managed Care Inc		5154.3	90			189	5440.65	percent of total billed charges	
VENA CAVAL FILTER	C1880	HCPCS	both			5727		Multiplan	Multiplan		4581.6	80			189	5440.65	percent of total billed charges	
VENA CAVAL FILTER	C1880	HCPCS	both			5727		Qualcare	Qualcare		2290.8	40			189	5440.65	percent of total billed charges	
VENA CAVAL FILTER	C1880	HCPCS	both			5727		Three Rivers	Three Rivers		5440.65	95			189	5440.65	percent of total billed charges	
VENA CAVAL FILTER	C1880	HCPCS	both			5727		UHC	Medicaid		1806.87	31.55			189	5440.65	percent of total billed charges	
VENA CAVAL FILTER	C1880	HCPCS	both			5727		Wellcare	Medicaid		1806.87	31.55			189	5440.65	percent of total billed charges	
VENA CAVAL FILTER	C1880	HCPCS	both			5727		WellPoint	WellPoint		1842.95	32.18			189	5440.65	percent of total billed charges	
IMPLANT CATH DURAMAX VP CHRONIC HEMODIA	C1881	HCPCS	outpatient			3825		Aetna	Better Health		1206.79	31.55			261.6	3633.75	percent of total billed charges	
IMPLANT CATH DURAMAX VP CHRONIC HEMODIA	C1881	HCPCS	outpatient			3825		Aetna	Commercial		1453.5	38			261.6	3633.75	percent of total billed charges	
IMPLANT CATH DURAMAX VP CHRONIC HEMODIA	C1881	HCPCS	outpatient			3825		Aetna	Medicare		1178.1	30.8			261.6	3633.75	percent of total billed charges	
IMPLANT CATH DURAMAX VP CHRONIC HEMODIA	C1881	HCPCS	outpatient			3825		Americare	Americare		2868.75	75			261.6	3633.75	percent of total billed charges	
IMPLANT CATH DURAMAX VP CHRONIC HEMODIA	C1881	HCPCS	outpatient			3825		Amerihealth	HMO/PPO		2486.25	65			261.6	3633.75	percent of total billed charges	
IMPLANT CATH DURAMAX VP CHRONIC HEMODIA	C1881	HCPCS	outpatient			3825		Consumer	Consumer		3633.75	95			261.6	3633.75	percent of total billed charges	
IMPLANT CATH DURAMAX VP CHRONIC HEMODIA	C1881	HCPCS	outpatient			3825		Corrections	Corrections		3060	80			261.6	3633.75	percent of total billed charges	
IMPLANT CATH DURAMAX VP CHRONIC HEMODIA	C1881	HCPCS	outpatient			3825		First Health	First Health		2677.5	70			261.6	3633.75	percent of total billed charges	
IMPLANT CATH DURAMAX VP CHRONIC HEMODIA	C1881	HCPCS	outpatient			3825		First Trenton	First Trenton		3442.5	90			261.6	3633.75	percent of total billed charges	
IMPLANT CATH DURAMAX VP CHRONIC HEMODIA	C1881	HCPCS	outpatient			3825		Horizon	Medicare Blue		1147.5	30			261.6	3633.75	percent of total billed charges	
IMPLANT CATH DURAMAX VP CHRONIC HEMODIA	C1881	HCPCS	outpatient			3825		Horizon	PPO		1464.21	38.28			261.6	3633.75	percent of total billed charges	
IMPLANT CATH DURAMAX VP CHRONIC HEMODIA	C1881	HCPCS	outpatient			3825		Horizon	MGD		1464.21	38.28			261.6	3633.75	percent of total billed charges	
IMPLANT CATH DURAMAX VP CHRONIC HEMODIA	C1881	HCPCS	outpatient			3825		Horizon	Indemnity		1464.21	38.28			261.6	3633.75	percent of total billed charges	
IMPLANT CATH DURAMAX VP CHRONIC HEMODIA	C1881	HCPCS	outpatient			3825		Managed Care Inc	Managed Care Inc		3442.5	90			261.6	3633.75	percent of total billed charges	
IMPLANT CATH DURAMAX VP CHRONIC HEMODIA	C1881	HCPCS	outpatient			3825		Multiplan	Multiplan		3060	80			261.6	3633.75	percent of total billed charges	
IMPLANT CATH DURAMAX VP CHRONIC HEMODIA	C1881	HCPCS	outpatient			3825		Qualcare	Qualcare		2866.75	75			261.6	3633.75	percent of total billed charges	
IMPLANT CATH DURAMAX VP CHRONIC HEMODIA	C1881	HCPCS	outpatient			3825		Three Rivers	Three Rivers		3633.75	95			261.6	3633.75	percent of total billed charges	
IMPLANT CATH DURAMAX VP CHRONIC HEMODIA	C1881	HCPCS	outpatient			3825		UHC	Medicaid		1206.79	31.55			261.6	3633.75	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.													
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101191	true												
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
IMPLANT CATH DURAMAX VP CHRONIC HEMODIA	C1881	HCPCS	outpatient			3825		Wellcare	Medicaid		1206.79	31.55			261.6	3633.75	percent of total billed charges	
IMPLANT CATH DURAMAX VP CHRONIC HEMODIA	C1881	HCPCS	outpatient			3825		WellPoint	WellPoint		1230.89	32.18			261.6	3633.75	percent of total billed charges	
UNIFY ASSURA CD3357-40Q CRT-D GENERATOR	C1882	HCPCS	both			94482		Aetna	Commercial		35903.16	38			18686.7	89757.9	percent of total billed charges	
UNIFY ASSURA CD3357-40Q CRT-D GENERATOR	C1882	HCPCS	both			94482		Aetna	Better Health		29809.07	31.55			18686.7	89757.9	percent of total billed charges	
UNIFY ASSURA CD3357-40Q CRT-D GENERATOR	C1882	HCPCS	both			94482		Aetna	Medicare		29100.46	30.8			18686.7	89757.9	percent of total billed charges	
UNIFY ASSURA CD3357-40Q CRT-D GENERATOR	C1882	HCPCS	both			94482		Americare	Americare		70861.5	75			18686.7	89757.9	percent of total billed charges	
UNIFY ASSURA CD3357-40Q CRT-D GENERATOR	C1882	HCPCS	both			94482		Amerihealth	HMO/PPO		61413.3	65			18686.7	89757.9	percent of total billed charges	
UNIFY ASSURA CD3357-40Q CRT-D GENERATOR	C1882	HCPCS	both			94482		Consumer	Consumer		89757.9	95			18686.7	89757.9	percent of total billed charges	
UNIFY ASSURA CD3357-40Q CRT-D GENERATOR	C1882	HCPCS	both			94482		Corrections	Corrections		75985.6	80			18686.7	89757.9	percent of total billed charges	
UNIFY ASSURA CD3357-40Q CRT-D GENERATOR	C1882	HCPCS	both			94482		First Health	First Health		66137.4	70			18686.7	89757.9	percent of total billed charges	
UNIFY ASSURA CD3357-40Q CRT-D GENERATOR	C1882	HCPCS	both			94482		First Trenton	First Trenton		85033.8	90			18686.7	89757.9	percent of total billed charges	
UNIFY ASSURA CD3357-40Q CRT-D GENERATOR	C1882	HCPCS	both			94482		Horizon	MGD		36167.71	38.28			18686.7	89757.9	percent of total billed charges	
UNIFY ASSURA CD3357-40Q CRT-D GENERATOR	C1882	HCPCS	both			94482		Horizon	Indemnity		36167.71	38.28			18686.7	89757.9	percent of total billed charges	
UNIFY ASSURA CD3357-40Q CRT-D GENERATOR	C1882	HCPCS	both			94482		Horizon	NJ Health		37792.8	40			18686.7	89757.9	percent of total billed charges	
UNIFY ASSURA CD3357-40Q CRT-D GENERATOR	C1882	HCPCS	both			94482		Horizon	PPO		36167.71	38.28			18686.7	89757.9	percent of total billed charges	
UNIFY ASSURA CD3357-40Q CRT-D GENERATOR	C1882	HCPCS	both			94482		Horizon	Medicare Blue		28344.6	30			18686.7	89757.9	percent of total billed charges	
UNIFY ASSURA CD3357-40Q CRT-D GENERATOR	C1882	HCPCS	both			94482		Managed Care Inc	Managed Care Inc		85033.8	90			18686.7	89757.9	percent of total billed charges	
UNIFY ASSURA CD3357-40Q CRT-D GENERATOR	C1882	HCPCS	both			94482		Multiplan	Multiplan		75585.6	80			18686.7	89757.9	percent of total billed charges	
UNIFY ASSURA CD3357-40Q CRT-D GENERATOR	C1882	HCPCS	both			94482		Qualcare	Qualcare		37792.8	40			18686.7	89757.9	percent of total billed charges	
UNIFY ASSURA CD3357-40Q CRT-D GENERATOR	C1882	HCPCS	both			94482		Three Rivers	Three Rivers		89757.9	95			18686.7	89757.9	percent of total billed charges	
UNIFY ASSURA CD3357-40Q CRT-D GENERATOR	C1882	HCPCS	both			94482		UHC	Medicaid		29809.07	31.55			18686.7	89757.9	percent of total billed charges	
UNIFY ASSURA CD3357-40Q CRT-D GENERATOR	C1882	HCPCS	both			94482		Wellcare	Medicaid		29809.07	31.55			18686.7	89757.9	percent of total billed charges	
UNIFY ASSURA CD3357-40Q CRT-D GENERATOR	C1882	HCPCS	both			94482		WellPoint	WellPoint		30404.31	32.18			18686.7	89757.9	percent of total billed charges	
LEAD,INFINITY 8CH FLX EXT:6371	C1883	HCPCS	outpatient			6529		Aetna	Better Health		2059.9	31.55			90	6202.55	percent of total billed charges	
LEAD,INFINITY 8CH FLX EXT:6371	C1883	HCPCS	outpatient			6529		Aetna	Medicare		2010.93	30.8			90	6202.55	percent of total billed charges	
LEAD,INFINITY 8CH FLX EXT:6371	C1883	HCPCS	outpatient			6529		Aetna	Commercial		2481.02	38			90	6202.55	percent of total billed charges	
LEAD,INFINITY 8CH FLX EXT:6371	C1883	HCPCS	outpatient			6529		Americare	Americare		4896.75	75			90	6202.55	percent of total billed charges	
LEAD,INFINITY 8CH FLX EXT:6371	C1883	HCPCS	outpatient			6529		Amerihealth	HMO/PPO		4243.85	65			90	6202.55	percent of total billed charges	
LEAD,INFINITY 8CH FLX EXT:6371	C1883	HCPCS	outpatient			6529		Consumer	Consumer		6202.55	95			90	6202.55	percent of total billed charges	
LEAD,INFINITY 8CH FLX EXT:6371	C1883	HCPCS	outpatient			6529		Corrections	Corrections		5223.2	80			90	6202.55	percent of total billed charges	
LEAD,INFINITY 8CH FLX EXT:6371	C1883	HCPCS	outpatient			6529		First Health	First Health		4570.3	70			90	6202.55	percent of total billed charges	
LEAD,INFINITY 8CH FLX EXT:6371	C1883	HCPCS	outpatient			6529		First Trenton	First Trenton		5876.1	90			90	6202.55	percent of total billed charges	
LEAD,INFINITY 8CH FLX EXT:6371	C1883	HCPCS	outpatient			6529		Horizon	MGD		2499.3	38.28			90	6202.55	percent of total billed charges	
LEAD,INFINITY 8CH FLX EXT:6371	C1883	HCPCS	outpatient			6529		Horizon	Medicare Blue		1958.7	30			90	6202.55	percent of total billed charges	
LEAD,INFINITY 8CH FLX EXT:6371	C1883	HCPCS	outpatient			6529		Horizon	NJ Health		2611.6	40			90	6202.55	percent of total billed charges	
LEAD,INFINITY 8CH FLX EXT:6371	C1883	HCPCS	outpatient			6529		Horizon	Indemnity		2499.3	38.28			90	6202.55	percent of total billed charges	
LEAD,INFINITY 8CH FLX EXT:6371	C1883	HCPCS	outpatient			6529		Horizon	PPO		2499.3	38.28			90	6202.55	percent of total billed charges	
LEAD,INFINITY 8CH FLX EXT:6371	C1883	HCPCS	outpatient			6529		Managed Care Inc	Managed Care Inc		5876.1	90			90	6202.55	percent of total billed charges	
LEAD,INFINITY 8CH FLX EXT:6371	C1883	HCPCS	outpatient			6529		Multiplan	Multiplan		5223.2	80			90	6202.55	percent of total billed charges	
LEAD,INFINITY 8CH FLX EXT:6371	C1883	HCPCS	outpatient			6529		Qualcare	Qualcare		2611.6	40			90	6202.55	percent of total billed charges	
LEAD,INFINITY 8CH FLX EXT:6371	C1883	HCPCS	outpatient			6529		Three Rivers	Three Rivers		6202.55	95			90	6202.55	percent of total billed charges	
LEAD,INFINITY 8CH FLX EXT:6371	C1883	HCPCS	outpatient			6529		UHC	Medicaid		2059.9	31.55			90	6202.55	percent of total billed charges	
LEAD,INFINITY 8CH FLX EXT:6371	C1883	HCPCS	outpatient			6529		Wellcare	Medicaid		2059.9	31.55			90	6202.55	percent of total billed charges	
LEAD,INFINITY 8CH FLX EXT:6371	C1883	HCPCS	outpatient			6529		WellPoint	WellPoint		2101.03	32.18			90	6202.55	percent of total billed charges	
WIRE, FILTER	C1884	HCPCS	both			12731		Aetna	Medicare		3921.15	30.8			252	12094.45	percent of total billed charges	
WIRE, FILTER	C1884	HCPCS	both			12731		Aetna	Better Health		4016.63	31.55			252	12094.45	percent of total billed charges	
WIRE, FILTER	C1884	HCPCS	both			12731		Aetna	Commercial		4837.78	38			252	12094.45	percent of total billed charges	
WIRE, FILTER	C1884	HCPCS	both			12731		Americare	Americare		9548.25	75			252	12094.45	percent of total billed charges	
WIRE, FILTER	C1884	HCPCS	both			12731		Amerihealth	HMO/PPO		8275.15	65			252	12094.45	percent of total billed charges	
WIRE, FILTER	C1884	HCPCS	both			12731		Consumer	Consumer		12094.45	95			252	12094.45	percent of total billed charges	
WIRE, FILTER	C1884	HCPCS	both			12731		Corrections	Corrections		10184.8	80			252	12094.45	percent of total billed charges	
WIRE, FILTER	C1884	HCPCS	both			12731		First Health	First Health		8911.7	70			252	12094.45	percent of total billed charges	
WIRE, FILTER	C1884	HCPCS	both			12731		First Trenton	First Trenton		11457.9	90			252	12094.45	percent of total billed charges	
WIRE, FILTER	C1884	HCPCS	both			12731		Horizon	Indemnity		4873.43	38.28			252	12094.45	percent of total billed charges	
WIRE, FILTER	C1884	HCPCS	both			12731		Horizon	MGD		4873.43	38.28			252	12094.45	percent of total billed charges	
WIRE, FILTER	C1884	HCPCS	both			12731		Horizon	NJ Health		5092.4	40			252	12094.45	percent of total billed charges	
WIRE, FILTER	C1884	HCPCS	both			12731		Horizon	Medicare Blue		3819.3	30			252	12094.45	percent of total billed charges	
WIRE, FILTER	C1884	HCPCS	both			12731		Horizon	PPO		4873.43	38.28			252	12094.45	percent of total billed charges	
WIRE, FILTER	C1884	HCPCS	both			12731		Managed Care Inc	Managed Care Inc		11457.9	90			252	12094.45	percent of total billed charges	
WIRE, FILTER	C1884	HCPCS	both			12731		Multiplan	Multiplan		10184.8	80			252	12094.45	percent of total billed charges	
WIRE, FILTER	C1884	HCPCS	both			12731		Qualcare	Qualcare		5092.4	40			252	12094.45	percent of total billed charges	
WIRE, FILTER	C1884	HCPCS	both			12731		Three Rivers	Three Rivers		12094.45	95			252	12094.45	percent of total billed charges	
WIRE, FILTER	C1884	HCPCS	both			12731		UHC	Medicaid		4016.63	31.55			252	12094.45	percent of total billed charges	
WIRE, FILTER	C1884	HCPCS	both			12731		Wellcare	Medicaid		4016.63	31.55			252	12094.45	percent of total billed charges	
WIRE, FILTER	C1884	HCPCS	both			12731		WellPoint	WellPoint		4096.84	32.18			252	12094.45	percent of total billed charges	
PTCA GUIDE CATHETER (MEDTRONIC)	C1885	HCPCS	both			1835		Aetna	Commercial		697.3	38			52.5	1743.25	percent of total billed charges	
PTCA GUIDE CATHETER (MEDTRONIC)	C1885	HCPCS	both			1835		Aetna	Better Health		578.94	31.55			52.5	1743.25	percent of total billed charges	
PTCA GUIDE CATHETER (MEDTRONIC)	C1885	HCPCS	both			1835		Aetna	Medicare		565.18	30.8			52.5	1743.25	percent of total billed charges	
PTCA GUIDE CATHETER (MEDTRONIC)	C1885	HCPCS	both			1835		Americare	Americare		1376.25	75			52.5	1743.25	percent of total billed charges	
PTCA GUIDE CATHETER (MEDTRONIC)	C1885	HCPCS	both			1835		Amerihealth	HMO/PPO		1192.75	65			52.5	1743.25	percent of total billed charges	
PTCA GUIDE CATHETER (MEDTRONIC)	C1885	HCPCS	both			1835		Consumer	Consumer		1743.25	95			52.5	1743.25	percent of total billed charges	
PTCA GUIDE CATHETER (MEDTRONIC)	C1885	HCPCS	both			1835		Corrections	Corrections		1466	80			52.5	1743.25	percent of total billed charges	
PTCA GUIDE CATHETER (MEDTRONIC)	C1885	HCPCS	both			1835		First Health	First Health		1284.5	70			52.5	1743.25	percent of total billed charges	
PTCA GUIDE CATHETER (MEDTRONIC)	C1885	HCPCS	both			1835		First Trenton	First Trenton		1651.5	90			52.5	1743.25	percent of total billed charges	
PTCA GUIDE CATHETER (MEDTRONIC)	C1885	HCPCS	both			1835		Horizon	Indemnity		702.44	38.28			52.5	1743.25	percent of total billed charges	
PTCA GUIDE CATHETER (MEDTRONIC)	C1885	HCPCS	both			1835		Horizon	MGD		702.44	38.28			52.5	1743.25	percent of total billed charges	
PTCA GUIDE CATHETER (MEDTRONIC)	C1885	HCPCS	both			1835		Horizon	Medicare Blue		550.5	30			52.5	1743.25	percent of total billed charges	
PTCA GUIDE CATHETER (MEDTRONIC)	C1885	HCPCS	both			1835		Horizon	PPO		702.44	38.28			52.5	1743.25	percent of total billed charges	
PTCA GUIDE CATHETER (MEDTRONIC)	C1885	HCPCS	both			1835		Managed Care Inc	Managed Care Inc		1651.5	90			52.5	1743.25	percent of total billed charges	
PTCA GUIDE CATHETER (MEDTRONIC)	C1885	HCPCS	both			1835		Multiplan	Multiplan		1468	80			52.5	1743.25	percent of total billed charges	
PTCA GUIDE CATHETER (MEDTRONIC)	C1885	HCPCS	both			1835		Qualcare	Qualcare		1376.25	75			52.5	1743.25	percent of total billed charges	
PTCA GUIDE CATHETER (MEDTRONIC)	C1885	HCPCS	both			1835		Three Rivers	Three Rivers		1743.25	95			52.5	1743.25	percent of total billed charges	
PTCA GUIDE CATHETER (MEDTRONIC)	C1885	HCPCS	both			1835		UHC	Medicaid		578.94	31.55			52.5	1743.25	percent of total billed charges	
PTCA GUIDE CATHETER (MEDTRONIC)	C1885	HCPCS	both			1835		Wellcare	Medicaid		578.94	31.55			52.5	1743.25	percent of total billed charges	
PTCA GUIDE CATHETER (MEDTRONIC)	C1885	HCPCS	both			1835		WellPoint	WellPoint		590.5	32.18			52.5	1743.25	percent of total billed charges	
VTK CATHETER	C1887	HCPCS	both			13905		Aetna	Commercial		5263.9	38			17.4	13209.75	percent of total billed charges	
VTK CATHETER	C1887	HCPCS	both			13905		Aetna	Better Health		4387.03	31.55			17.4	13209.75	percent of total billed charges	
VTK CATHETER	C1887	HCPCS	both			13905		Aetna	Medicare		4282.74	30.8			17.4	13209.75	percent of total billed charges	
VTK CATHETER	C1887	HCPCS	both			13905		Americare	Americare		10428.75	75			17.4	13209.75	percent of total billed charges	
VTK CATHETER	C1887	HCPCS	both			13905		Amerihealth	HMO/PPO		9036.25	65			17.4	13209.75	percent of total billed charges	
VTK CATHETER	C1887	HCPCS	both			13905		Consumer	Consumer		13209.75	95			17.4	13209.75	percent of total billed charges	
VTK CATHETER	C1887	HCPCS	both			13905		Corrections	Corrections		11124	80			17.4	13209.75	percent of total billed charges	
VTK CATHETER	C1887	HCPCS	both			13905		First Health	First Health		9733.5	70			17.4	13209.75	percent of total billed charges	
VTK CATHETER	C1887	HCPCS	both			13905		First Trenton	First Trenton		12514.5	90			17.4	13209.75	percent of total billed charges	
VTK CATHETER	C1887	HCPCS	both			13905		Horizon	MGD		5322.83	38.28			17.4	13209.75	percent of total billed charges	
VTK CATHETER	C1887	HCPCS	both			13905		Horizon	Indemnity		5322.83	38.28			17.4	13209.75	percent of total billed charges	
VTK CATHETER	C1887	HCPCS	both			13905		Horizon	PPO		5322.83	38.28			17.4	13209.75	percent of total billed charges	
VTK CATHETER	C1887	HCPCS	both			13905		Horizon	Medicare Blue		4171.5	30			17.4	13209.75	percent of total billed charges	
VTK CATHETER	C1887	HCPCS	both			13905		Horizon	NJ Health		5562	40			17.4	13209.75	percent of total billed charges	
VTK CATHETER	C1887	HCPCS	both			13905		Managed Care Inc	Managed Care Inc		12514.5	90			17.4	13209.75	percent of total billed charges	
VTK CATHETER	C1887	HCPCS	both			13905		Multiplan	Multiplan		11124	80			17.4	13209.75	percent of total billed charges	
VTK CATHETER	C1887	HCPCS	both			13905		Qualcare	Qualcare		5562	40			17.4	13209.75	percent of total billed charges	
VTK CATHETER	C1887	HCPCS	both			13905		Three Rivers	Three Rivers		13209.75	95			17.4	13209.75	percent of total billed charges	
VTK CATHETER	C1887	HCPCS	both			13905		UHC	Medicaid		4387.03	31.55			17.4	13209.75	percent of total billed charges	
VTK CATHETER	C1887	HCPCS	both			13905		Wellcare	Medicaid		4387.03	31.55			17.4	13209.75	percent of total billed charges	
VTK CATHETER	C1887	HCPCS	both			13905		WellPoint	WellPoint		4474.63	32.18			17.4	13209.75	percent of total billed charges	
PROCEDURE LASER VARICOSE VEIN 65CM	C1888	HCPCS	outpatient			5783		Aetna	Better Health		1824.54	31.55			520.5	5493.85	percent of total billed charges	
PROCEDURE LASER VARICOSE VEIN 65CM	C1888	HCPCS	outpatient			5783		Aetna	Medicare		1781.16	30.8			520.5	5493.85	percent of total billed charges	
PROCEDURE LASER VARICOSE VEIN 65CM	C1888	HCPCS	outpatient			5783		Aetna	Commercial		2197.54	38			520.5	5493.85	percent of total billed charges	
PROCEDURE LASER VARICOSE VEIN 65CM	C1888	HCPCS	outpatient			5783		Americare	Americare		4337.25	75			520.5	5493.85	percent of total billed charges	
PROCEDURE LASER VARICOSE VEIN 65CM	C1888	HCPCS	outpatient			5783		Amerihealth	HMO/PPO		3758.95	65			520.5	5493.85	percent of total billed charges	
PROCEDURE LASER VARICOSE VEIN 65CM	C1888	HCPCS	outpatient			5783		Consumer	Consumer		5493.85	95			520.5	5493.85	percent of total billed charges	
PROCEDURE LASER VARICOSE VEIN 65CM	C1888	HCPCS	outpatient			5783		Corrections	Corrections		4626.4	80			520.5	5493.85	percent of total billed charges	
PROCEDURE LASER VARICOSE VEIN 65CM	C1888	HCPCS	outpatient			5783		First Health	First Health		4048.1	70			520.5	5493.85	percent of total billed charges	
PROCEDURE LASER VARICOSE VEIN 65CM	C1888	HCPCS	outpatient			5783		First Trenton	First Trenton		5204.7	90			520.5	5493.85	percent of total billed charges	
PROCEDURE LASER VARICOSE VEIN 65CM	C1888	HCPCS	outpatient			5783		Horizon	MGD		2213.73	38.28			520.5	5493.85	percent of total billed charges	
PROCEDURE LASER VARICOSE VEIN 65CM	C1888	HCPCS	outpatient			5783		Horizon	Indemnity		2213.73	38.28			520.5	5493.85	percent of total billed charges	
PROCEDURE LASER VARICOSE VEIN 65CM	C1888	HCPCS	outpatient			5783		Horizon	NJ Health		2313.2	40			520.5	5493.85	percent of total billed charges	
PROCEDURE LASER VARICOSE VEIN 65CM	C1888	HCPCS	outpatient			5783		Horizon	Medicare Blue		1734.9	30			520.5	5493.85	percent of total billed charges	
PROCEDURE LASER VARICOSE VEIN 65CM	C1888	HCPCS	outpatient			5783		Horizon	PPO		2213.73	38.28			520.5	5493.85	percent of total billed charges	
PROCEDURE LASER VARICOSE VEIN 65CM	C1888	HCPCS	outpatient			5783		Managed Care Inc	Managed Care Inc		5204.7	90			520.5	5493.85	percent of total billed charges	
PROCEDURE LASER VARICOSE VEIN 65CM	C1888	HCPCS	outpatient			5783		Multiplan	Multiplan		4626.4	80			520.5	5493.85	percent of total billed charges	
PROCEDURE LASER VARICOSE VEIN 65CM	C1888	HCPCS	outpatient			5783		Qualcare	Qualcare		2313.2	40			520.5	5493.85	percent of total billed charges	
PROCEDURE LASER VARICOSE VEIN 65CM	C1888	HCPCS	outpatient			5783		Three Rivers	Three Rivers		5493.85	95			520.5	5493.85	percent of total billed charges	
PROCEDURE LASER VARICOSE VEIN 65CM	C1888	HCPCS	outpatient			5783		UHC	Medicaid		1824.54	31.55			520.5	5493.85	percent of total billed charges	
PROCEDURE LASER VARICOSE VEIN 65CM	C1888	HCPCS	outpatient			5783		Wellcare	Medicaid		1824.54	31.55			520.5	5493.85	percent of total billed charges	
PROCEDURE LASER VARICOSE VEIN 65CM	C1888	HCPCS	outpatient			5783		WellPoint	WellPoint		1860.97	32.18			520.5	5493.85	percent of total billed charges	
ZERO RETRIEVAL BASKET 16MM	C1889	HCPCS	both			77250		Aetna	Better Health		24372.38	31.55			7.81	73387.5	percent of total billed charges	
ZERO RETRIEVAL BASKET 16MM	C1889	HCPCS	both			77250		Aetna	Medicare		23793	30.8			7.81	73387.5	percent of total billed charges	
ZERO RETRIEVAL BASKET 16MM	C1889	HCPCS	both			77250		Aetna	Commercial		29355	38			7.81	73387.5	percent of total billed charges	
ZERO RETRIEVAL BASKET 16MM	C1889	HCPCS	both			77250		Americare	Americare		57937.5	75			7.81	73387.5	percent of total billed charges	
ZERO RETRIEVAL BASKET 16MM	C1889	HCPCS	both			77250		Amerihealth	HMO/PPO		50212.5	65			7.81	73387.5	percent of total billed charges	
ZERO RETRIEVAL BASKET 16MM	C1889	HCPCS	both			77250		Consumer	Consumer		73387.5	95			7.81	73387.5	percent of total billed charges	
ZERO RETRIEVAL BASKET 16MM	C1889	HCPCS	both			77250		Corrections	Corrections		61800	80			7.81	73387.5	percent of total billed charges	
ZERO RETRIEVAL BASKET 16MM	C1889	HCPCS	both			77250		First Health	First Health		54075	70			7.81	73387.5	percent of total billed charges	
ZERO RETRIEVAL BASKET 16MM	C1889	HCPCS	both			77250		First Trenton	First Trenton		69525	90			7.81	73387.5	percent of total billed charges	
ZERO RETRIEVAL BASKET 16MM	C1889	HCPCS	both			77250		Horizon	NJ Health		30900	40			7.81	73387.5	percent of total billed charges	
ZERO RETRIEVAL BASKET 16MM	C1889	HCPCS	both			77250		Horizon	Medicare Blue		23175	30			7.81	73387.5	percent of total billed charges	
ZERO RETRIEVAL BASKET 16MM	C1889	HCPCS	both			77250		Horizon	MGD		29571.3	38.28			7.81	73387.5	percent of total billed charges	
ZERO RETRIEVAL BASKET 16MM	C1889	HCPCS	both			77250		Horizon	Indemnity		29571.3	38.28			7.81	73387.5	percent of total billed charges	
ZERO RETRIEVAL BASKET 16MM	C1889	HCPCS	both			77250		Horizon	PPO		29571.3	38.28			7.81	73387.5	percent of total billed charges	
ZERO RETRIEVAL BASKET 16MM	C1889	HCPCS	both			77250		Managed Care Inc	Managed Care Inc		69525	90			7.81	73387.5	percent of total billed charges	
ZERO RETRIEVAL BASKET 16MM	C1889	HCPCS	both			77250		Multiplan	Multiplan		61800	80			7.81	73387.5	percent of total billed charges	
ZERO RETRIEVAL BASKET 16MM	C1889	HCPCS	both			77250		Qualcare	Qualcare		30900	40			7.81	73387.5	percent of total billed charges	
ZERO RETRIEVAL BASKET 16MM	C1889	HCPCS	both			77250		Three Rivers	Three Rivers		73387.5	95			7.81	73387.5	percent of total billed charges	
ZERO RETRIEVAL BASKET 16MM	C1889	HCPCS	both			77250		UHC	Medicaid		24372.38	31.55			7.81	73387.5	percent of total billed charges	
ZERO RETRIEVAL BASKET 16MM	C1889	HCPCS	both			77250		Wellcare	Medicaid		24372.38	31.55			7.81	73387.5	percent of total billed charges	
ZERO RETRIEVAL BASKET 16MM	C1889	HCPCS	both			77250		WellPoint	WellPoint		24859.05	32.18			7.81	73387.5	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.														
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true													
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
WORLEY CORONARY SINUS GUIDE	C1892	HCPCS	both			2123		Aetna	Better Health		669.81	31.55			54	2016.85	percent of total billed charges	
WORLEY CORONARY SINUS GUIDE	C1892	HCPCS	both			2123		Aetna	Commercial		806.74	38			54	2016.85	percent of total billed charges	
WORLEY CORONARY SINUS GUIDE	C1892	HCPCS	both			2123		Aetna	Medicare		653.88	30.8			54	2016.85	percent of total billed charges	
WORLEY CORONARY SINUS GUIDE	C1892	HCPCS	both			2123		Americare	Americare		1592.25	75			54	2016.85	percent of total billed charges	
WORLEY CORONARY SINUS GUIDE	C1892	HCPCS	both			2123		Amerihealth	HMO/PPO		1379.95	65			54	2016.85	percent of total billed charges	
WORLEY CORONARY SINUS GUIDE	C1892	HCPCS	both			2123		Consumer	Consumer		2016.85	95			54	2016.85	percent of total billed charges	
WORLEY CORONARY SINUS GUIDE	C1892	HCPCS	both			2123		Corrections	Corrections		1698.4	80			54	2016.85	percent of total billed charges	
WORLEY CORONARY SINUS GUIDE	C1892	HCPCS	both			2123		First Health	First Health		1486.1	70			54	2016.85	percent of total billed charges	
WORLEY CORONARY SINUS GUIDE	C1892	HCPCS	both			2123		First Trenton	First Trenton		1910.7	90			54	2016.85	percent of total billed charges	
WORLEY CORONARY SINUS GUIDE	C1892	HCPCS	both			2123		Horizon	MGD		812.68	38.28			54	2016.85	percent of total billed charges	
WORLEY CORONARY SINUS GUIDE	C1892	HCPCS	both			2123		Horizon	Indemnity		812.68	38.28			54	2016.85	percent of total billed charges	
WORLEY CORONARY SINUS GUIDE	C1892	HCPCS	both			2123		Horizon	PPO		812.68	38.28			54	2016.85	percent of total billed charges	
WORLEY CORONARY SINUS GUIDE	C1892	HCPCS	both			2123		Horizon	Medicare Blue		636.9	30			54	2016.85	percent of total billed charges	
WORLEY CORONARY SINUS GUIDE	C1892	HCPCS	both			2123		Managed Care Inc	Managed Care Inc		1910.7	90			54	2016.85	percent of total billed charges	
WORLEY CORONARY SINUS GUIDE	C1892	HCPCS	both			2123		Multiplan	Multiplan		1698.4	80			54	2016.85	percent of total billed charges	
WORLEY CORONARY SINUS GUIDE	C1892	HCPCS	both			2123		Qualcare	Qualcare		1592.25	75			54	2016.85	percent of total billed charges	
WORLEY CORONARY SINUS GUIDE	C1892	HCPCS	both			2123		Three Rivers	Three Rivers		2016.85	95			54	2016.85	percent of total billed charges	
WORLEY CORONARY SINUS GUIDE	C1892	HCPCS	both			2123		UHC	Medicaid		669.81	31.55			54	2016.85	percent of total billed charges	
WORLEY CORONARY SINUS GUIDE	C1892	HCPCS	both			2123		Wellcare	Medicaid		669.81	31.55			54	2016.85	percent of total billed charges	
WORLEY CORONARY SINUS GUIDE	C1892	HCPCS	both			2123		WellPoint	WellPoint		683.18	32.18			54	2016.85	percent of total billed charges	
WORLEY LATERAL VEIN INTRODUCER	C1893	HCPCS	both			1732		Aetna	Medicare		533.46	30.8			77.7	1645.4	percent of total billed charges	
WORLEY LATERAL VEIN INTRODUCER	C1893	HCPCS	both			1732		Aetna	Better Health		546.45	31.55			77.7	1645.4	percent of total billed charges	
WORLEY LATERAL VEIN INTRODUCER	C1893	HCPCS	both			1732		Aetna	Commercial		658.16	38			77.7	1645.4	percent of total billed charges	
WORLEY LATERAL VEIN INTRODUCER	C1893	HCPCS	both			1732		Americare	Americare		1299	75			77.7	1645.4	percent of total billed charges	
WORLEY LATERAL VEIN INTRODUCER	C1893	HCPCS	both			1732		Amerihealth	HMO/PPO		1125.8	65			77.7	1645.4	percent of total billed charges	
WORLEY LATERAL VEIN INTRODUCER	C1893	HCPCS	both			1732		Consumer	Consumer		1645.4	95			77.7	1645.4	percent of total billed charges	
WORLEY LATERAL VEIN INTRODUCER	C1893	HCPCS	both			1732		Corrections	Corrections		1385.6	80			77.7	1645.4	percent of total billed charges	
WORLEY LATERAL VEIN INTRODUCER	C1893	HCPCS	both			1732		First Health	First Health		1212.4	70			77.7	1645.4	percent of total billed charges	
WORLEY LATERAL VEIN INTRODUCER	C1893	HCPCS	both			1732		First Trenton	First Trenton		1558.8	90			77.7	1645.4	percent of total billed charges	
WORLEY LATERAL VEIN INTRODUCER	C1893	HCPCS	both			1732		Horizon	MGD		663.01	38.28			77.7	1645.4	percent of total billed charges	
WORLEY LATERAL VEIN INTRODUCER	C1893	HCPCS	both			1732		Horizon	Medicare Blue		519.6	30			77.7	1645.4	percent of total billed charges	
WORLEY LATERAL VEIN INTRODUCER	C1893	HCPCS	both			1732		Horizon	Indemnity		663.01	38.28			77.7	1645.4	percent of total billed charges	
WORLEY LATERAL VEIN INTRODUCER	C1893	HCPCS	both			1732		Horizon	PPO		663.01	38.28			77.7	1645.4	percent of total billed charges	
WORLEY LATERAL VEIN INTRODUCER	C1893	HCPCS	both			1732		Managed Care Inc	Managed Care Inc		1558.8	90			77.7	1645.4	percent of total billed charges	
WORLEY LATERAL VEIN INTRODUCER	C1893	HCPCS	both			1732		Multiplan	Multiplan		1385.6	80			77.7	1645.4	percent of total billed charges	
WORLEY LATERAL VEIN INTRODUCER	C1893	HCPCS	both			1732		Qualcare	Qualcare		1299	75			77.7	1645.4	percent of total billed charges	
WORLEY LATERAL VEIN INTRODUCER	C1893	HCPCS	both			1732		Three Rivers	Three Rivers		1645.4	95			77.7	1645.4	percent of total billed charges	
WORLEY LATERAL VEIN INTRODUCER	C1893	HCPCS	both			1732		UHC	Medicaid		546.45	31.55			77.7	1645.4	percent of total billed charges	
WORLEY LATERAL VEIN INTRODUCER	C1893	HCPCS	both			1732		Wellcare	Medicaid		546.45	31.55			77.7	1645.4	percent of total billed charges	
WORLEY LATERAL VEIN INTRODUCER	C1893	HCPCS	both			1732		WellPoint	WellPoint		557.36	32.18			77.7	1645.4	percent of total billed charges	
VSI 4FX7CM MICRO-INTRODUCER KIT	C1894	HCPCS	both			5168		Aetna	Commercial		1963.84	38			7.8	4909.6	percent of total billed charges	
VSI 4FX7CM MICRO-INTRODUCER KIT	C1894	HCPCS	both			5168		Aetna	Better Health		1630.5	31.55			7.8	4909.6	percent of total billed charges	
VSI 4FX7CM MICRO-INTRODUCER KIT	C1894	HCPCS	both			5168		Aetna	Medicare		1591.74	30.8			7.8	4909.6	percent of total billed charges	
VSI 4FX7CM MICRO-INTRODUCER KIT	C1894	HCPCS	both			5168		Americare	Americare		3876	75			7.8	4909.6	percent of total billed charges	
VSI 4FX7CM MICRO-INTRODUCER KIT	C1894	HCPCS	both			5168		Amerihealth	HMO/PPO		3359.2	65			7.8	4909.6	percent of total billed charges	
VSI 4FX7CM MICRO-INTRODUCER KIT	C1894	HCPCS	both			5168		Consumer	Consumer		4909.6	95			7.8	4909.6	percent of total billed charges	
VSI 4FX7CM MICRO-INTRODUCER KIT	C1894	HCPCS	both			5168		Corrections	Corrections		4134.4	80			7.8	4909.6	percent of total billed charges	
VSI 4FX7CM MICRO-INTRODUCER KIT	C1894	HCPCS	both			5168		First Health	First Health		3617.6	70			7.8	4909.6	percent of total billed charges	
VSI 4FX7CM MICRO-INTRODUCER KIT	C1894	HCPCS	both			5168		First Trenton	First Trenton		4651.2	90			7.8	4909.6	percent of total billed charges	
VSI 4FX7CM MICRO-INTRODUCER KIT	C1894	HCPCS	both			5168		Horizon	Indemnity		1978.31	38.28			7.8	4909.6	percent of total billed charges	
VSI 4FX7CM MICRO-INTRODUCER KIT	C1894	HCPCS	both			5168		Horizon	Medicare Blue		1550.4	30			7.8	4909.6	percent of total billed charges	
VSI 4FX7CM MICRO-INTRODUCER KIT	C1894	HCPCS	both			5168		Horizon	NJ Health		2067.2	40			7.8	4909.6	percent of total billed charges	
VSI 4FX7CM MICRO-INTRODUCER KIT	C1894	HCPCS	both			5168		Horizon	MGD		1978.31	38.28			7.8	4909.6	percent of total billed charges	
VSI 4FX7CM MICRO-INTRODUCER KIT	C1894	HCPCS	both			5168		Horizon	PPO		1978.31	38.28			7.8	4909.6	percent of total billed charges	
VSI 4FX7CM MICRO-INTRODUCER KIT	C1894	HCPCS	both			5168		Managed Care Inc	Managed Care Inc		4651.2	90			7.8	4909.6	percent of total billed charges	
VSI 4FX7CM MICRO-INTRODUCER KIT	C1894	HCPCS	both			5168		Multiplan	Multiplan		4134.4	80			7.8	4909.6	percent of total billed charges	
VSI 4FX7CM MICRO-INTRODUCER KIT	C1894	HCPCS	both			5168		Qualcare	Qualcare		2067.2	40			7.8	4909.6	percent of total billed charges	
VSI 4FX7CM MICRO-INTRODUCER KIT	C1894	HCPCS	both			5168		Three Rivers	Three Rivers		4909.6	95			7.8	4909.6	percent of total billed charges	
VSI 4FX7CM MICRO-INTRODUCER KIT	C1894	HCPCS	both			5168		UHC	Medicaid		1630.5	31.55			7.8	4909.6	percent of total billed charges	
VSI 4FX7CM MICRO-INTRODUCER KIT	C1894	HCPCS	both			5168		Wellcare	Medicaid		1630.5	31.55			7.8	4909.6	percent of total billed charges	
VSI 4FX7CM MICRO-INTRODUCER KIT	C1894	HCPCS	both			5168		WellPoint	WellPoint		1663.06	32.18			7.8	4909.6	percent of total billed charges	
LEAD RV	C1895	HCPCS	inpatient			19485		Aetna	Better Health		6147.52	31.55			5845.5	18510.75	percent of total billed charges	
LEAD RV	C1895	HCPCS	inpatient			19485		Aetna	Medicare		6001.38	30.8			5845.5	18510.75	percent of total billed charges	
LEAD RV	C1895	HCPCS	inpatient			19485		Aetna	Commercial		7404.3	38			5845.5	18510.75	percent of total billed charges	
LEAD RV	C1895	HCPCS	inpatient			19485		Americare	Americare		14613.75	75			5845.5	18510.75	percent of total billed charges	
LEAD RV	C1895	HCPCS	inpatient			19485		Amerihealth	HMO/PPO		12665.25	65			5845.5	18510.75	percent of total billed charges	
LEAD RV	C1895	HCPCS	inpatient			19485		Consumer	Consumer		18510.75	95			5845.5	18510.75	percent of total billed charges	
LEAD RV	C1895	HCPCS	inpatient			19485		Corrections	Corrections		15588	80			5845.5	18510.75	percent of total billed charges	
LEAD RV	C1895	HCPCS	inpatient			19485		First Health	First Health		13639.5	70			5845.5	18510.75	percent of total billed charges	
LEAD RV	C1895	HCPCS	inpatient			19485		First Trenton	First Trenton		17536.5	90			5845.5	18510.75	percent of total billed charges	
LEAD RV	C1895	HCPCS	inpatient			19485		Horizon	Medicare Blue		5845.5	30			5845.5	18510.75	percent of total billed charges	
LEAD RV	C1895	HCPCS	inpatient			19485		Horizon	MGD		7458.86	38.28			5845.5	18510.75	percent of total billed charges	
LEAD RV	C1895	HCPCS	inpatient			19485		Horizon	Indemnity		7458.86	38.28			5845.5	18510.75	percent of total billed charges	
LEAD RV	C1895	HCPCS	inpatient			19485		Horizon	NJ Health		7794	40			5845.5	18510.75	percent of total billed charges	
LEAD RV	C1895	HCPCS	inpatient			19485		Horizon	PPO		7458.86	38.28			5845.5	18510.75	percent of total billed charges	
LEAD RV	C1895	HCPCS	inpatient			19485		Managed Care Inc	Managed Care Inc		17536.5	90			5845.5	18510.75	percent of total billed charges	
LEAD RV	C1895	HCPCS	inpatient			19485		Multiplan	Multiplan		15588	80			5845.5	18510.75	percent of total billed charges	
LEAD RV	C1895	HCPCS	inpatient			19485		Qualcare	Qualcare		7794	40			5845.5	18510.75	percent of total billed charges	
LEAD RV	C1895	HCPCS	inpatient			19485		Three Rivers	Three Rivers		18510.75	95			5845.5	18510.75	percent of total billed charges	
LEAD RV	C1895	HCPCS	inpatient			19485		UHC	Medicaid		6147.52	31.55			5845.5	18510.75	percent of total billed charges	
LEAD RV	C1895	HCPCS	inpatient			19485		Wellcare	Medicaid		6147.52	31.55			5845.5	18510.75	percent of total billed charges	
LEAD RV	C1895	HCPCS	inpatient			19485		WellPoint	WellPoint		6270.27	32.18			5845.5	18510.75	percent of total billed charges	
IMPLANT LEAD UNIPOLAR W/DEFIB COIL ELE	C1896	HCPCS	outpatient			4548		Aetna	Commercial		1728.24	38			1364.4	4320.6	percent of total billed charges	
IMPLANT LEAD UNIPOLAR W/DEFIB COIL ELE	C1896	HCPCS	outpatient			4548		Aetna	Medicare		1400.78	30.8			1364.4	4320.6	percent of total billed charges	
IMPLANT LEAD UNIPOLAR W/DEFIB COIL ELE	C1896	HCPCS	outpatient			4548		Aetna	Better Health		1434.89	31.55			1364.4	4320.6	percent of total billed charges	
IMPLANT LEAD UNIPOLAR W/DEFIB COIL ELE	C1896	HCPCS	outpatient			4548		Americare	Americare		3411	75			1364.4	4320.6	percent of total billed charges	
IMPLANT LEAD UNIPOLAR W/DEFIB COIL ELE	C1896	HCPCS	outpatient			4548		Amerihealth	HMO/PPO		2956.2	65			1364.4	4320.6	percent of total billed charges	
IMPLANT LEAD UNIPOLAR W/DEFIB COIL ELE	C1896	HCPCS	outpatient			4548		Consumer	Consumer		4320.6	95			1364.4	4320.6	percent of total billed charges	
IMPLANT LEAD UNIPOLAR W/DEFIB COIL ELE	C1896	HCPCS	outpatient			4548		Corrections	Corrections		3638.4	80			1364.4	4320.6	percent of total billed charges	
IMPLANT LEAD UNIPOLAR W/DEFIB COIL ELE	C1896	HCPCS	outpatient			4548		First Health	First Health		3183.6	70			1364.4	4320.6	percent of total billed charges	
IMPLANT LEAD UNIPOLAR W/DEFIB COIL ELE	C1896	HCPCS	outpatient			4548		First Trenton	First Trenton		4093.2	90			1364.4	4320.6	percent of total billed charges	
IMPLANT LEAD UNIPOLAR W/DEFIB COIL ELE	C1896	HCPCS	outpatient			4548		Horizon	Indemnity		1740.97	38.28			1364.4	4320.6	percent of total billed charges	
IMPLANT LEAD UNIPOLAR W/DEFIB COIL ELE	C1896	HCPCS	outpatient			4548		Horizon	Medicare Blue		1364.4	30			1364.4	4320.6	percent of total billed charges	
IMPLANT LEAD UNIPOLAR W/DEFIB COIL ELE	C1896	HCPCS	outpatient			4548		Horizon	PPO		1740.97	38.28			1364.4	4320.6	percent of total billed charges	
IMPLANT LEAD UNIPOLAR W/DEFIB COIL ELE	C1896	HCPCS	outpatient			4548		Horizon	MGD		1740.97	38.28			1364.4	4320.6	percent of total billed charges	
IMPLANT LEAD UNIPOLAR W/DEFIB COIL ELE	C1896	HCPCS	outpatient			4548		Managed Care Inc	Managed Care Inc		4093.2	90			1364.4	4320.6	percent of total billed charges	
IMPLANT LEAD UNIPOLAR W/DEFIB COIL ELE	C1896	HCPCS	outpatient			4548		Multiplan	Multiplan		3638.4	80			1364.4	4320.6	percent of total billed charges	
IMPLANT LEAD UNIPOLAR W/DEFIB COIL ELE	C1896	HCPCS	outpatient			4548		Qualcare	Qualcare		3411	75			1364.4	4320.6	percent of total billed charges	
IMPLANT LEAD UNIPOLAR W/DEFIB COIL ELE	C1896	HCPCS	outpatient			4548		Three Rivers	Three Rivers		4320.6	95			1364.4	4320.6	percent of total billed charges	
IMPLANT LEAD UNIPOLAR W/DEFIB COIL ELE	C1896	HCPCS	outpatient			4548		UHC	Medicaid		1434.89	31.55			1364.4	4320.6	percent of total billed charges	
IMPLANT LEAD UNIPOLAR W/DEFIB COIL ELE	C1896	HCPCS	outpatient			4548		Wellcare	Medicaid		1434.89	31.55			1364.4	4320.6	percent of total billed charges	
IMPLANT LEAD UNIPOLAR W/DEFIB COIL ELE	C1896	HCPCS	outpatient			4548		WellPoint	WellPoint		1463.55	32.18			1364.4	4320.6	percent of total billed charges	
STIMROUTER IMPLANTABLE AND LEAD KITS ST1	C1897	HCPCS	outpatient			4500		Aetna	Commercial		1710	38			630	4275	percent of total billed charges	
STIMROUTER IMPLANTABLE AND LEAD KITS ST1	C1897	HCPCS	outpatient			4500		Aetna	Better Health		1419.75	31.55			630	4275	percent of total billed charges	
STIMROUTER IMPLANTABLE AND LEAD KITS ST1	C1897	HCPCS	outpatient			4500		Aetna	Medicare		1386	30.8			630	4275	percent of total billed charges	
STIMROUTER IMPLANTABLE AND LEAD KITS ST1	C1897	HCPCS	outpatient			4500		Americare	Americare		3375	75			630	4275	percent of total billed charges	
STIMROUTER IMPLANTABLE AND LEAD KITS ST1	C1897	HCPCS	outpatient			4500		Amerihealth	HMO/PPO		2925	65			630	4275	percent of total billed charges	
STIMROUTER IMPLANTABLE AND LEAD KITS ST1	C1897	HCPCS	outpatient			4500		Consumer	Consumer		4275	95			630	4275	percent of total billed charges	
STIMROUTER IMPLANTABLE AND LEAD KITS ST1	C1897	HCPCS	outpatient			4500		Corrections	Corrections		3600	80			630	4275	percent of total billed charges	
STIMROUTER IMPLANTABLE AND LEAD KITS ST1	C1897	HCPCS	outpatient			4500		First Health	First Health		3150	70			630	4275	percent of total billed charges	
STIMROUTER IMPLANTABLE AND LEAD KITS ST1	C1897	HCPCS	outpatient			4500		First Trenton	First Trenton		4050	90			630	4275	percent of total billed charges	
STIMROUTER IMPLANTABLE AND LEAD KITS ST1	C1897	HCPCS	outpatient			4500		Horizon	MGD		1722.6	38.28			630	4275	percent of total billed charges	
STIMROUTER IMPLANTABLE AND LEAD KITS ST1	C1897	HCPCS	outpatient			4500		Horizon	Medicare Blue		1350	30			630	4275	percent of total billed charges	
STIMROUTER IMPLANTABLE AND LEAD KITS ST1	C1897	HCPCS	outpatient			4500		Horizon	PPO		1722.6	38.28			630	4275	percent of total billed charges	
STIMROUTER IMPLANTABLE AND LEAD KITS ST1	C1897	HCPCS	outpatient			4500		Horizon	Indemnity		1722.6	38.28			630	4275	percent of total billed charges	
STIMROUTER IMPLANTABLE AND LEAD KITS ST1	C1897	HCPCS	outpatient			4500		Horizon	NJ Health		1800	40			630	4275	percent of total billed charges	
STIMROUTER IMPLANTABLE AND LEAD KITS ST1	C1897	HCPCS	outpatient			4500		Managed Care Inc	Managed Care Inc		4050	90			630	4275	percent of total billed charges	
STIMROUTER IMPLANTABLE AND LEAD KITS ST1	C1897	HCPCS	outpatient			4500		Multiplan	Multiplan		3600	80			630	4275	percent of total billed charges	
STIMROUTER IMPLANTABLE AND LEAD KITS ST1	C1897	HCPCS	outpatient			4500		Qualcare	Qualcare		1800	40			630	4275	percent of total billed charges	
STIMROUTER IMPLANTABLE AND LEAD KITS ST1	C1897	HCPCS	outpatient			4500		Three Rivers	Three Rivers		4275	95			630	4275	percent of total billed charges	
STIMROUTER IMPLANTABLE AND LEAD KITS ST1	C1897	HCPCS	outpatient			4500		UHC	Medicaid		1419.75	31.55			630	4275	percent of total billed charges	
STIMROUTER IMPLANTABLE AND LEAD KITS ST1	C1897	HCPCS	outpatient			4500		Wellcare	Medicaid		1419.75	31.55			630	4275	percent of total billed charges	
STIMROUTER IMPLANTABLE AND LEAD KITS ST1	C1897	HCPCS	outpatient			4500		WellPoint	WellPoint		1448.1	32.18			630	4275	percent of total billed charges	
TENDRIL STS PM LEAD (ABBOTT)	C1898	HCPCS	both			4810.5		Aetna	Medicare		1481.63	30.8			465.75	4569.98	percent of total billed charges	
TENDRIL STS PM LEAD (ABBOTT)	C1898	HCPCS	both			4810.5		Aetna	Better Health		1517.71	31.55			465.75	4569.98	percent of total billed charges	
TENDRIL STS PM LEAD (ABBOTT)	C1898	HCPCS	both			4810.5		Aetna	Commercial		1827.99	38			465.75	4569.98	percent of total billed charges	
TENDRIL STS PM LEAD (ABBOTT)	C1898	HCPCS	both			4810.5		Americare	Americare		3607.88	75			465.75	4569.98	percent of total billed charges	
TENDRIL STS PM LEAD (ABBOTT)	C1898	HCPCS	both			4810.5		Amerihealth	HMO/PPO		3126.83	65			465.75	4569.98	percent of total billed charges	
TENDRIL STS PM LEAD (ABBOTT)	C1898	HCPCS	both			4810.5		Consumer	Consumer		4569.98	95			465.75	4569.98	percent of total billed charges	
TENDRIL STS PM LEAD (ABBOTT)	C1898	HCPCS	both			4810.5		Corrections	Corrections		3848.4	80			465.75	4569.98	percent of total billed charges	
TENDRIL STS PM LEAD (ABBOTT)	C1898	HCPCS	both			4810.5		First Health	First Health		3367.35	70			465.75	4569.98	percent of total billed charges	
TENDRIL STS PM LEAD (ABBOTT)	C1898	HCPCS	both			4810.5		First Trenton	First Trenton		4329.45	90			465.75	4569.98	percent of total billed charges	
TENDRIL STS PM LEAD (ABBOTT)	C1898	HCPCS	both			4810.5		Horizon	Medicare Blue		1443.15	30			465.75	4569.98	percent of total billed charges	
TENDRIL STS PM LEAD (ABBOTT)	C1898	HCPCS	both			4810.5		Horizon	Indemnity		1841.46	38.28			465.75	4569.98	percent of total billed charges	
TENDRIL STS PM LEAD (ABBOTT)	C1898	HCPCS	both			4810.5		Horizon	MGD		1841.46	38.28			465.75	4569.98	percent of total billed charges	
TENDRIL STS PM LEAD (ABBOTT)	C1898	HCPCS	both			4810.5		Horizon	PPO		1841.46	38.28			465.75	4569.98	percent of total billed charges	
TENDRIL STS PM LEAD (ABBOTT)	C1898	HCPCS	both			4810.5		Horizon	NJ Health		1924.2	40			465.75	4569.98	percent of total billed charges	
TENDRIL STS PM LEAD (ABBOTT)	C1898	HCPCS	both			4810.5		Managed Care Inc	Managed Care Inc		4329.45	90			465.75	4569.98	percent of total billed charges	
TENDRIL STS PM LEAD (ABBOTT)	C1898	HCPCS	both			4810.5		Multiplan	Multiplan		3848.4	80			465.75	4569.98	percent of total billed charges	
TENDRIL STS PM LEAD (ABBOTT)	C1898	HCPCS	both			4810.5		Qualcare	Qualcare		1924.2	40			465.75	4569.98	percent of total billed charges	
TENDRIL STS PM LEAD (ABBOTT)	C1898	HCPCS	both			4810.5		Three Rivers	Three Rivers		4569.98	95			465.75	4569.98	percent of total billed charges	
TENDRIL STS PM LEAD (ABBOTT)	C1898	HCPCS	both			4810.5		UHC	Medicaid		1517.71	31.55			465.75	4569.98	percent of total billed charges	
TENDRIL STS PM LEAD (ABBOTT)	C1898	HCPCS	both			4810.5		Wellcare	Medicaid		1517.71	31.55			465.75	4569.98	percent of total billed charges	
TENDRIL STS PM LEAD (ABBOTT)	C1898	HCPCS	both			4810.5		WellPoint	WellPoint		1548.02	32.18			465.75	4569.98	percent of total billed charges	
SENTUS PROMRI OTW QP L-85/49 LV LEAD (BI	C1900	HCPCS	both			12272.13		Aetna	Commercial		4663.41	38			1800	11658.52	percent of total billed charges	
SENTUS PROMRI OTW QP L-85/49 LV LEAD (BI	C1900	HCPCS	both			12272.13		Aetna	Better Health		3871.86	31.55			1800	11658.52	percent of total billed charges	
SENTUS PROMRI OTW QP L-85/49 LV LEAD (BI	C1900	HCPCS	both			12272.13		Aetna	Medicare		3779.82	30.8			1800	11658.52	percent of total billed charges	
SENTUS PROMRI OTW QP L-85/49 LV LEAD (BI	C1900	HCPCS	both			12272.13		Americare	Americare		9204.1	75			1800	11658.52	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.														
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true													
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
SENTUS PROMRI OTW QP L-85/49 LV LEAD (BI	C1900	HCPCS	both			12272.13		Amerihealth	HMO/PPO		7976.88	65			1800	11658.52	percent of total billed charges	
SENTUS PROMRI OTW QP L-85/49 LV LEAD (BI	C1900	HCPCS	both			12272.13		Consumer	Consumer		11658.52	95			1800	11658.52	percent of total billed charges	
SENTUS PROMRI OTW QP L-85/49 LV LEAD (BI	C1900	HCPCS	both			12272.13		Corrections	Corrections		9817.7	80			1800	11658.52	percent of total billed charges	
SENTUS PROMRI OTW QP L-85/49 LV LEAD (BI	C1900	HCPCS	both			12272.13		First Health	First Health		8590.49	70			1800	11658.52	percent of total billed charges	
SENTUS PROMRI OTW QP L-85/49 LV LEAD (BI	C1900	HCPCS	both			12272.13		First Trenton	First Trenton		11044.92	90			1800	11658.52	percent of total billed charges	
SENTUS PROMRI OTW QP L-85/49 LV LEAD (BI	C1900	HCPCS	both			12272.13		Horizon	Medicare Blue		3681.64	30			1800	11658.52	percent of total billed charges	
SENTUS PROMRI OTW QP L-85/49 LV LEAD (BI	C1900	HCPCS	both			12272.13		Horizon	Indemnity		4697.77	38.28			1800	11658.52	percent of total billed charges	
SENTUS PROMRI OTW QP L-85/49 LV LEAD (BI	C1900	HCPCS	both			12272.13		Horizon	MGD		4697.77	38.28			1800	11658.52	percent of total billed charges	
SENTUS PROMRI OTW QP L-85/49 LV LEAD (BI	C1900	HCPCS	both			12272.13		Horizon	NJ Health		4908.85	40			1800	11658.52	percent of total billed charges	
SENTUS PROMRI OTW QP L-85/49 LV LEAD (BI	C1900	HCPCS	both			12272.13		Horizon	PPO		4697.77	38.28			1800	11658.52	percent of total billed charges	
SENTUS PROMRI OTW QP L-85/49 LV LEAD (BI	C1900	HCPCS	both			12272.13		Managed Care Inc	Managed Care Inc		11044.92	90			1800	11658.52	percent of total billed charges	
SENTUS PROMRI OTW QP L-85/49 LV LEAD (BI	C1900	HCPCS	both			12272.13		Multiplan	Multiplan		9817.7	80			1800	11658.52	percent of total billed charges	
SENTUS PROMRI OTW QP L-85/49 LV LEAD (BI	C1900	HCPCS	both			12272.13		Qualcare	Qualcare		4908.85	40			1800	11658.52	percent of total billed charges	
SENTUS PROMRI OTW QP L-85/49 LV LEAD (BI	C1900	HCPCS	both			12272.13		Three Rivers	Three Rivers		11658.52	95			1800	11658.52	percent of total billed charges	
SENTUS PROMRI OTW QP L-85/49 LV LEAD (BI	C1900	HCPCS	both			12272.13		UHC	Medicaid		3871.86	31.55			1800	11658.52	percent of total billed charges	
SENTUS PROMRI OTW QP L-85/49 LV LEAD (BI	C1900	HCPCS	both			12272.13		Wellcare	Medicaid		3871.86	31.55			1800	11658.52	percent of total billed charges	
SENTUS PROMRI OTW QP L-85/49 LV LEAD (BI	C1900	HCPCS	both			12272.13		WellPoint	WellPoint		3949.17	32.18			1800	11658.52	percent of total billed charges	
STENT GRAFT VAL THORACIC 28MM	C2525	HCPCS	outpatient			55485		Aetna	Medicare		17089.38	30.8			16645.5	52710.75	percent of total billed charges	
STENT GRAFT VAL THORACIC 28MM	C2525	HCPCS	outpatient			55485		Aetna	Better Health		17505.52	31.55			16645.5	52710.75	percent of total billed charges	
STENT GRAFT VAL THORACIC 28MM	C2525	HCPCS	outpatient			55485		Aetna	Commercial		21084.3	38			16645.5	52710.75	percent of total billed charges	
STENT GRAFT VAL THORACIC 28MM	C2525	HCPCS	outpatient			55485		Americare	Americare		41613.75	75			16645.5	52710.75	percent of total billed charges	
STENT GRAFT VAL THORACIC 28MM	C2525	HCPCS	outpatient			55485		Amerihealth	HMO/PPO		36065.25	65			16645.5	52710.75	percent of total billed charges	
STENT GRAFT VAL THORACIC 28MM	C2525	HCPCS	outpatient			55485		Consumer	Consumer		52710.75	95			16645.5	52710.75	percent of total billed charges	
STENT GRAFT VAL THORACIC 28MM	C2525	HCPCS	outpatient			55485		Corrections	Corrections		44388	80			16645.5	52710.75	percent of total billed charges	
STENT GRAFT VAL THORACIC 28MM	C2525	HCPCS	outpatient			55485		First Health	First Health		38839.5	70			16645.5	52710.75	percent of total billed charges	
STENT GRAFT VAL THORACIC 28MM	C2525	HCPCS	outpatient			55485		First Trenton	First Trenton		49936.5	90			16645.5	52710.75	percent of total billed charges	
STENT GRAFT VAL THORACIC 28MM	C2525	HCPCS	outpatient			55485		Horizon	MGD		21239.66	38.28			16645.5	52710.75	percent of total billed charges	
STENT GRAFT VAL THORACIC 28MM	C2525	HCPCS	outpatient			55485		Horizon	Indemnity		21239.66	38.28			16645.5	52710.75	percent of total billed charges	
STENT GRAFT VAL THORACIC 28MM	C2525	HCPCS	outpatient			55485		Horizon	Medicare Blue		16645.5	30			16645.5	52710.75	percent of total billed charges	
STENT GRAFT VAL THORACIC 28MM	C2525	HCPCS	outpatient			55485		Horizon	PPO		21239.66	38.28			16645.5	52710.75	percent of total billed charges	
STENT GRAFT VAL THORACIC 28MM	C2525	HCPCS	outpatient			55485		Managed Care Inc	Managed Care Inc		49936.5	90			16645.5	52710.75	percent of total billed charges	
STENT GRAFT VAL THORACIC 28MM	C2525	HCPCS	outpatient			55485		Multiplan	Multiplan		44388	80			16645.5	52710.75	percent of total billed charges	
STENT GRAFT VAL THORACIC 28MM	C2525	HCPCS	outpatient			55485		Qualcare	Qualcare		41613.75	75			16645.5	52710.75	percent of total billed charges	
STENT GRAFT VAL THORACIC 28MM	C2525	HCPCS	outpatient			55485		Three Rivers	Three Rivers		52710.75	95			16645.5	52710.75	percent of total billed charges	
STENT GRAFT VAL THORACIC 28MM	C2525	HCPCS	outpatient			55485		UHC	Medicaid		17505.52	31.55			16645.5	52710.75	percent of total billed charges	
STENT GRAFT VAL THORACIC 28MM	C2525	HCPCS	outpatient			55485		Wellcare	Medicaid		17505.52	31.55			16645.5	52710.75	percent of total billed charges	
STENT GRAFT VAL THORACIC 28MM	C2525	HCPCS	outpatient			55485		WellPoint	WellPoint		17855.07	32.18			16645.5	52710.75	percent of total billed charges	
Y-90 THERASPHERES PER UNIT DOSE	C2616	HCPCS	outpatient			62888	23710.99	Aetna	Commercial		32824.25				19841.16	59743.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
Y-90 THERASPHERES PER UNIT DOSE	C2616	HCPCS	outpatient			62888	23710.99	Aetna	Better Health		19841.16	31.55			19841.16	59743.6	percent of total billed charges	
Y-90 THERASPHERES PER UNIT DOSE	C2616	HCPCS	outpatient			62888	23710.99	Aetna	Medicare		20618.25				19841.16	59743.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
Y-90 THERASPHERES PER UNIT DOSE	C2616	HCPCS	outpatient			62888	23710.99	Americare	Americare		47166	75			19841.16	59743.6	percent of total billed charges	
Y-90 THERASPHERES PER UNIT DOSE	C2616	HCPCS	outpatient			62888	23710.99	Amerihealth	Medicare		20618.25				19841.16	59743.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
Y-90 THERASPHERES PER UNIT DOSE	C2616	HCPCS	outpatient			62888	23710.99	Amerihealth	HMO/PPO		40877.2	65			19841.16	59743.6	percent of total billed charges	
Y-90 THERASPHERES PER UNIT DOSE	C2616	HCPCS	outpatient			62888	23710.99	Consumer	Consumer		59743.6	95			19841.16	59743.6	percent of total billed charges	
Y-90 THERASPHERES PER UNIT DOSE	C2616	HCPCS	outpatient			62888	23710.99	Corrections	Corrections		50310.4	80			19841.16	59743.6	percent of total billed charges	
Y-90 THERASPHERES PER UNIT DOSE	C2616	HCPCS	outpatient			62888	23710.99	First Health	First Health		44021.6	70			19841.16	59743.6	percent of total billed charges	
Y-90 THERASPHERES PER UNIT DOSE	C2616	HCPCS	outpatient			62888	23710.99	First Trenton	First Trenton		56599.2	90			19841.16	59743.6	percent of total billed charges	
Y-90 THERASPHERES PER UNIT DOSE	C2616	HCPCS	outpatient			62888	23710.99	Horizon	MGD		38370.56				19841.16	59743.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
Y-90 THERASPHERES PER UNIT DOSE	C2616	HCPCS	outpatient			62888	23710.99	Horizon	Indemnity		38370.56				19841.16	59743.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
Y-90 THERASPHERES PER UNIT DOSE	C2616	HCPCS	outpatient			62888	23710.99	Horizon	Medicare Blue		20618.25				19841.16	59743.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
Y-90 THERASPHERES PER UNIT DOSE	C2616	HCPCS	outpatient			62888	23710.99	Horizon	NJ Health		25155.2	40			19841.16	59743.6	percent of total billed charges	
Y-90 THERASPHERES PER UNIT DOSE	C2616	HCPCS	outpatient			62888	23710.99	Horizon	PPO		38370.56				19841.16	59743.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
Y-90 THERASPHERES PER UNIT DOSE	C2616	HCPCS	outpatient			62888	23710.99	Managed Care Inc	Managed Care Inc		56599.2	90			19841.16	59743.6	percent of total billed charges	
Y-90 THERASPHERES PER UNIT DOSE	C2616	HCPCS	outpatient			62888	23710.99	Multiplan	Multiplan		50310.4	80			19841.16	59743.6	percent of total billed charges	
Y-90 THERASPHERES PER UNIT DOSE	C2616	HCPCS	outpatient			62888	23710.99	Qualcare	Qualcare		25155.2	40			19841.16	59743.6	percent of total billed charges	
Y-90 THERASPHERES PER UNIT DOSE	C2616	HCPCS	outpatient			62888	23710.99	Three Rivers	Three Rivers		59743.6	95			19841.16	59743.6	percent of total billed charges	
Y-90 THERASPHERES PER UNIT DOSE	C2616	HCPCS	outpatient			62888	23710.99	UHC	Medicaid		19841.16	31.55			19841.16	59743.6	percent of total billed charges	
Y-90 THERASPHERES PER UNIT DOSE	C2616	HCPCS	outpatient			62888	23710.99	UHC	Medicare		20618.25				19841.16	59743.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
Y-90 THERASPHERES PER UNIT DOSE	C2616	HCPCS	outpatient			62888	23710.99	Wellcare	Medicaid		19841.16	31.55			19841.16	59743.6	percent of total billed charges	
Y-90 THERASPHERES PER UNIT DOSE	C2616	HCPCS	outpatient			62888	23710.99	Wellcare	Medicare		20618.25				19841.16	59743.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
Y-90 THERASPHERES PER UNIT DOSE	C2616	HCPCS	outpatient			62888	23710.99	WellPoint	WellPoint		20237.36	32.18			19841.16	59743.6	percent of total billed charges	
ZIMMON PANCREA STENT 7FR X 9CM	C2617	HCPCS	both			2130		Aetna	Commercial		809.4	38			19.31	2023.5	percent of total billed charges	
ZIMMON PANCREA STENT 7FR X 9CM	C2617	HCPCS	both			2130		Aetna	Medicare		656.04	30.8			19.31	2023.5	percent of total billed charges	
ZIMMON PANCREA STENT 7FR X 9CM	C2617	HCPCS	both			2130		Aetna	Better Health		672.02	31.55			19.31	2023.5	percent of total billed charges	
ZIMMON PANCREA STENT 7FR X 9CM	C2617	HCPCS	both			2130		Americare	Americare		1597.5	75			19.31	2023.5	percent of total billed charges	
ZIMMON PANCREA STENT 7FR X 9CM	C2617	HCPCS	both			2130		Amerihealth	HMO/PPO		1384.5	65			19.31	2023.5	percent of total billed charges	
ZIMMON PANCREA STENT 7FR X 9CM	C2617	HCPCS	both			2130		Consumer	Consumer		2023.5	95			19.31	2023.5	percent of total billed charges	
ZIMMON PANCREA STENT 7FR X 9CM	C2617	HCPCS	both			2130		Corrections	Corrections		1704	80			19.31	2023.5	percent of total billed charges	
ZIMMON PANCREA STENT 7FR X 9CM	C2617	HCPCS	both			2130		First Health	First Health		1491	70			19.31	2023.5	percent of total billed charges	
ZIMMON PANCREA STENT 7FR X 9CM	C2617	HCPCS	both			2130		First Trenton	First Trenton		1917	90			19.31	2023.5	percent of total billed charges	
ZIMMON PANCREA STENT 7FR X 9CM	C2617	HCPCS	both			2130		Horizon	MGD		815.36	38.28			19.31	2023.5	percent of total billed charges	
ZIMMON PANCREA STENT 7FR X 9CM	C2617	HCPCS	both			2130		Horizon	Indemnity		815.36	38.28			19.31	2023.5	percent of total billed charges	
ZIMMON PANCREA STENT 7FR X 9CM	C2617	HCPCS	both			2130		Horizon	NJ Health		852	40			19.31	2023.5	percent of total billed charges	
ZIMMON PANCREA STENT 7FR X 9CM	C2617	HCPCS	both			2130		Horizon	Medicare Blue		639	30			19.31	2023.5	percent of total billed charges	
ZIMMON PANCREA STENT 7FR X 9CM	C2617	HCPCS	both			2130		Horizon	PPO		815.36	38.28			19.31	2023.5	percent of total billed charges	
ZIMMON PANCREA STENT 7FR X 9CM	C2617	HCPCS	both			2130		Managed Care Inc	Managed Care Inc		1917	90			19.31	2023.5	percent of total billed charges	
ZIMMON PANCREA STENT 7FR X 9CM	C2617	HCPCS	both			2130		Multiplan	Multiplan		1704	80			19.31	2023.5	percent of total billed charges	
ZIMMON PANCREA STENT 7FR X 9CM	C2617	HCPCS	both			2130		Qualcare	Qualcare		852	40			19.31	2023.5	percent of total billed charges	
ZIMMON PANCREA STENT 7FR X 9CM	C2617	HCPCS	both			2130		Three Rivers	Three Rivers		2023.5	95			19.31	2023.5	percent of total billed charges	
ZIMMON PANCREA STENT 7FR X 9CM	C2617	HCPCS	both			2130		UHC	Medicaid		672.02	31.55			19.31	2023.5	percent of total billed charges	
ZIMMON PANCREA STENT 7FR X 9CM	C2617	HCPCS	both			2130		Wellcare	Medicaid		672.02	31.55			19.31	2023.5	percent of total billed charges	
ZIMMON PANCREA STENT 7FR X 9CM	C2617	HCPCS	both			2130		WellPoint	WellPoint		686.43	32.18			19.31	2023.5	percent of total billed charges	
ICEROD; SPHERE:OEARL.FORCE CRYOABLATION	C2618	HCPCS	both			4997		Aetna	Better Health		1576.55	31.55			584.4	4747.15	percent of total billed charges	
ICEROD; SPHERE:OEARL.FORCE CRYOABLATION	C2618	HCPCS	both			4997		Aetna	Commercial		1898.86	38			584.4	4747.15	percent of total billed charges	
ICEROD; SPHERE:OEARL.FORCE CRYOABLATION	C2618	HCPCS	both			4997		Aetna	Medicare		1539.08	30.8			584.4	4747.15	percent of total billed charges	
ICEROD; SPHERE:OEARL.FORCE CRYOABLATION	C2618	HCPCS	both			4997		Americare	Americare		3747.75	75			584.4	4747.15	percent of total billed charges	
ICEROD; SPHERE:OEARL.FORCE CRYOABLATION	C2618	HCPCS	both			4997		Amerihealth	HMO/PPO		3248.05	65			584.4	4747.15	percent of total billed charges	
ICEROD; SPHERE:OEARL.FORCE CRYOABLATION	C2618	HCPCS	both			4997		Consumer	Consumer		4747.15	95			584.4	4747.15	percent of total billed charges	
ICEROD; SPHERE:OEARL.FORCE CRYOABLATION	C2618	HCPCS	both			4997		Corrections	Corrections		3997.6	80			584.4	4747.15	percent of total billed charges	
ICEROD; SPHERE:OEARL.FORCE CRYOABLATION	C2618	HCPCS	both			4997		First Health	First Health		3497.9	70			584.4	4747.15	percent of total billed charges	
ICEROD; SPHERE:OEARL.FORCE CRYOABLATION	C2618	HCPCS	both			4997		First Trenton	First Trenton		4497.3	90			584.4	4747.15	percent of total billed charges	
ICEROD; SPHERE:OEARL.FORCE CRYOABLATION	C2618	HCPCS	both			4997		Horizon	MGD		1912.85	38.28			584.4	4747.15	percent of total billed charges	
ICEROD; SPHERE:OEARL.FORCE CRYOABLATION	C2618	HCPCS	both			4997		Horizon	PPO		1912.85	38.28			584.4	4747.15	percent of total billed charges	
ICEROD; SPHERE:OEARL.FORCE CRYOABLATION	C2618	HCPCS	both			4997		Horizon	Indemnity		1912.85	38.28			584.4	4747.15	percent of total billed charges	
ICEROD; SPHERE:OEARL.FORCE CRYOABLATION	C2618	HCPCS	both			4997		Horizon	Medicare Blue		1499.1	30			584.4	4747.15	percent of total billed charges	
ICEROD; SPHERE:OEARL.FORCE CRYOABLATION	C2618	HCPCS	both			4997		Managed Care Inc	Managed Care Inc		4497.3	90			584.4	4747.15	percent of total billed charges	
ICEROD; SPHERE:OEARL.FORCE CRYOABLATION	C2618	HCPCS	both			4997		Multiplan	Multiplan		3997.6	80			584.4	4747.15	percent of total billed charges	
ICEROD; SPHERE:OEARL.FORCE CRYOABLATION	C2618	HCPCS	both			4997		Qualcare	Qualcare		3747.75	75			584.4	4747.15	percent of total billed charges	
ICEROD; SPHERE:OEARL.FORCE CRYOABLATION	C2618	HCPCS	both			4997		Three Rivers	Three Rivers		4747.15	95			584.4	4747.15	percent of total billed charges	
ICEROD; SPHERE:OEARL.FORCE CRYOABLATION	C2618	HCPCS	both			4997		UHC	Medicaid		1576.55	31.55			584.4	4747.15	percent of total billed charges	
ICEROD; SPHERE:OEARL.FORCE CRYOABLATION	C2618	HCPCS	both			4997		Wellcare	Medicaid		1576.55	31.55			584.4	4747.15	percent of total billed charges	
ICEROD; SPHERE:OEARL.FORCE CRYOABLATION	C2618	HCPCS	both			4997		WellPoint	WellPoint		1608.03	32.18			584.4	4747.15	percent of total billed charges	
WISE CRT SYSTEM	C2621	HCPCS	both			75000		Aetna	Commercial		28500	38			0.01	71250	percent of total billed charges	
WISE CRT SYSTEM	C2621	HCPCS	both			75000		Aetna	Better Health		23662.5	31.55			0.01	71250	percent of total billed charges	
WISE CRT SYSTEM	C2621	HCPCS	both			75000		Aetna	Medicare		23100	30.8			0.01	71250	percent of total billed charges	
WISE CRT SYSTEM	C2621	HCPCS	both			75000		Americare	Americare		56250	75			0.01	71250	percent of total billed charges	
WISE CRT SYSTEM	C2621	HCPCS	both			75000		Amerihealth	HMO/PPO		48750	65			0.01	71250	percent of total billed charges	
WISE CRT SYSTEM	C2621	HCPCS	both			75000		Consumer	Consumer		71250	95			0.01	71250	percent of total billed charges	
WISE CRT SYSTEM	C2621	HCPCS	both			75000		Corrections	Corrections		60000	80			0.01	71250	percent of total billed charges	
WISE CRT SYSTEM	C2621	HCPCS	both			75000		First Health	First Health		52500	70			0.01	71250	percent of total billed charges	
WISE CRT SYSTEM	C2621	HCPCS	both			75000		First Trenton	First Trenton		67500	90			0.01	71250	percent of total billed charges	
WISE CRT SYSTEM	C2621	HCPCS	both			75000		Horizon	PPO		28710	38.28			0.01	71250	percent of total billed charges	
WISE CRT SYSTEM	C2621	HCPCS	both			75000		Horizon	MGD		28710	38.28			0.01	71250	percent of total billed charges	
WISE CRT SYSTEM	C2621	HCPCS	both			75000		Horizon	Indemnity		28710	38.28			0.01	71250	percent of total billed charges	
WISE CRT SYSTEM	C2621	HCPCS	both			75000		Horizon	Medicare Blue		22500	30			0.01	71250	percent of total billed charges	
WISE CRT SYSTEM	C2621	HCPCS	both			75000		Horizon	NJ Health		30000	40			0.01	71250	percent of total billed charges	
WISE CRT SYSTEM	C2621	HCPCS	both			75000		Managed Care Inc	Managed Care Inc		67500	90			0.01	71250	percent of total billed charges	
WISE CRT SYSTEM	C2621	HCPCS	both			75000		Multiplan	Multiplan		60000	80			0.01	71250	percent of total billed charges	
WISE CRT SYSTEM	C2621	HCPCS	both			75000		Qualcare	Qualcare		30000	40			0.01	71250	percent of total billed charges	
WISE CRT SYSTEM	C2621	HCPCS	both			75000		Three Rivers	Three Rivers		71250	95			0.01	71250	percent of total billed charges	
WISE CRT SYSTEM	C2621	HCPCS	both			75000		UHC	Medicaid		23662.5	31.55			0.01	71250	percent of total billed charges	
WISE CRT SYSTEM	C2621	HCPCS	both			75000		Wellcare	Medicaid		23662.5	31.55			0.01	71250	percent of total billed charges	
WISE CRT SYSTEM	C2621	HCPCS	both			75000		WellPoint	WellPoint		24135	32.18			0.01	71250	percent of total billed charges	
TIP,EXTENDER REAR	C2622	HCPCS	both			34485		Aetna	Commercial		13104.3	38			99	32760.75	percent of total billed charges	
TIP,EXTENDER REAR	C2622	HCPCS	both			34485		Aetna	Medicare		10621.38	30.8			99	32760.75	percent of total billed charges	
TIP,EXTENDER REAR	C2622	HCPCS	both			34485		Aetna	Better Health		10880.02	31.55			99	32760.75	percent of total billed charges	
TIP,EXTENDER REAR	C2622	HCPCS	both			34485		Americare	Americare		25863.75	75			99	32760.75	percent of total billed charges	
TIP,EXTENDER REAR	C2622	HCPCS	both			34485		Amerihealth	HMO/PPO		22415.25	65			99	32760.75	percent of total billed charges	
TIP,EXTENDER REAR	C2622	HCPCS	both			34485		Consumer	Consumer		32760.75	95			99	32760.75	percent of total billed charges	
TIP,EXTENDER REAR	C2622	HCPCS	both			34485		Corrections	Corrections		27588	80			99	32760.75	percent of total billed charges	
TIP,EXTENDER REAR	C2622	HCPCS	both			34485		First Health	First Health		24139.5	70			99	32760.75	percent of total billed charges	
TIP,EXTENDER REAR	C2622	HCPCS	both			34485		First Trenton	First Trenton		31036.5	90			99	32760.75	percent of total billed charges	
TIP,EXTENDER REAR	C2622	HCPCS	both			34485		Horizon	MGD		13200.86	38.28			99	32760.75	percent of total billed charges	
TIP,EXTENDER REAR	C2622	HCPCS	both			34485		Horizon	Indemnity		13200.86	38.28			99	32760.75	percent of total billed charges	
TIP,EXTENDER REAR	C2622	HCPCS	both			34485		Horizon	Medicare Blue		10345.5	30			99	32760.75	percent of total billed charges	
TIP,EXTENDER REAR	C2622	HCPCS	both			34485		Horizon	PPO		13200.86	38.28			99	32760.75	percent of total billed charges	
TIP,EXTENDER REAR	C2622	HCPCS	both			34485		Horizon	NJ Health		13794	40			99	32760.75	percent of total billed charges	
TIP,EXTENDER REAR	C2622	HCPCS	both			34485		Managed Care Inc	Managed Care Inc		31036.5	90			99	32760.75	percent of total billed charges	
TIP,EXTENDER REAR	C2622	HCPCS	both			34485		Multiplan	Multiplan		27588	80			99	32760.75	percent of total billed charges	
TIP,EXTENDER REAR	C2622	HCPCS	both			34485		Qualcare	Qualcare		13794	40			99	32760.75	percent of total billed charges	
TIP,EXTENDER REAR	C2622	HCPCS	both			34485		Three Rivers	Three Rivers		32760.75	95			99	32760.75	percent of total billed charges	
TIP,EXTENDER REAR	C2622	HCPCS	both			34485		UHC	Medicaid		10880.02	31.55			99	32760.75	percent of total billed charges	
TIP,EXTENDER REAR	C2622	HCPCS	both			34485		Wellcare	Medicaid		10880.02	31.55			99	32760.75	percent of total billed charges	
TIP,EXTENDER REAR	C2622	HCPCS	both			34485		WellPoint	WellPoint		11097.27	32.18			99	32760.75	percent of total billed charges	
LUTONIX035 DRUG COATED BALLOON-40-100MMX	C2623	HCPCS	both			11263		Aetna	Commercial		4279.94	38			1447.2	10699.85	percent of total billed charges	
LUTONIX035 DRUG COATED BALLOON-40-100MMX	C2623	HCPCS	both			11263		Aetna	Better Health		3553.48	31.55			1447.2	10699.85	percent of total billed charges	
LUTONIX035 DRUG COATED BALLOON-40-100MMX	C2623	HCPCS	both			11263		Aetna	Medicare		3469	30.8			1447.2	10699.85	percent of total billed charges	
LUTONIX035 DRUG COATED BALLOON-40-100MMX	C2623	HCPCS	both			11263		Americare	Americare		8447.25	75			1447.2	10699.85	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.																
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true															
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
LUTONIX035 DRUG COATED BALLOON-40-100MMX	C2623	HCPCS	both			11263		Amerihealth	HMO/PPO		7320.95	65			1447.2	10699.85	percent of total billed charges	
LUTONIX035 DRUG COATED BALLOON-40-100MMX	C2623	HCPCS	both			11263		Consumer	Consumer		10699.85	95			1447.2	10699.85	percent of total billed charges	
LUTONIX035 DRUG COATED BALLOON-40-100MMX	C2623	HCPCS	both			11263		Corrections	Corrections		9010.4	80			1447.2	10699.85	percent of total billed charges	
LUTONIX035 DRUG COATED BALLOON-40-100MMX	C2623	HCPCS	both			11263		First Health	First Health		7884.1	70			1447.2	10699.85	percent of total billed charges	
LUTONIX035 DRUG COATED BALLOON-40-100MMX	C2623	HCPCS	both			11263		First Trenton	First Trenton		10136.7	90			1447.2	10699.85	percent of total billed charges	
LUTONIX035 DRUG COATED BALLOON-40-100MMX	C2623	HCPCS	both			11263		Horizon	Medicare Blue		3378.9	30			1447.2	10699.85	percent of total billed charges	
LUTONIX035 DRUG COATED BALLOON-40-100MMX	C2623	HCPCS	both			11263		Horizon	Indemnity		4311.48	38.28			1447.2	10699.85	percent of total billed charges	
LUTONIX035 DRUG COATED BALLOON-40-100MMX	C2623	HCPCS	both			11263		Horizon	NJ Health		4505.2	40			1447.2	10699.85	percent of total billed charges	
LUTONIX035 DRUG COATED BALLOON-40-100MMX	C2623	HCPCS	both			11263		Horizon	MGD		4311.48	38.28			1447.2	10699.85	percent of total billed charges	
LUTONIX035 DRUG COATED BALLOON-40-100MMX	C2623	HCPCS	both			11263		Horizon	PPO		4311.48	38.28			1447.2	10699.85	percent of total billed charges	
LUTONIX035 DRUG COATED BALLOON-40-100MMX	C2623	HCPCS	both			11263		Managed Care Inc	Managed Care Inc		10136.7	90			1447.2	10699.85	percent of total billed charges	
LUTONIX035 DRUG COATED BALLOON-40-100MMX	C2623	HCPCS	both			11263		Multiplan	Multiplan		9010.4	80			1447.2	10699.85	percent of total billed charges	
LUTONIX035 DRUG COATED BALLOON-40-100MMX	C2623	HCPCS	both			11263		Qualcare	Qualcare		4505.2	40			1447.2	10699.85	percent of total billed charges	
LUTONIX035 DRUG COATED BALLOON-40-100MMX	C2623	HCPCS	both			11263		Three Rivers	Three Rivers		10699.85	95			1447.2	10699.85	percent of total billed charges	
LUTONIX035 DRUG COATED BALLOON-40-100MMX	C2623	HCPCS	both			11263		UHC	Medicaid		3553.48	31.55			1447.2	10699.85	percent of total billed charges	
LUTONIX035 DRUG COATED BALLOON-40-100MMX	C2623	HCPCS	both			11263		Wellcare	Medicaid		3553.48	31.55			1447.2	10699.85	percent of total billed charges	
LUTONIX035 DRUG COATED BALLOON-40-100MMX	C2623	HCPCS	both			11263		WellPoint	WellPoint		3624.43	32.18			1447.2	10699.85	percent of total billed charges	
URETERAL W/WG 7FR 26CM	C2625	HCPCS	both			61644		Aetna	Better Health		19448.68	31.55			77.22	58561.8	percent of total billed charges	
URETERAL W/WG 7FR 26CM	C2625	HCPCS	both			61644		Aetna	Commercial		23424.72	38			77.22	58561.8	percent of total billed charges	
URETERAL W/WG 7FR 26CM	C2625	HCPCS	both			61644		Aetna	Medicare		18986.35	30.8			77.22	58561.8	percent of total billed charges	
URETERAL W/WG 7FR 26CM	C2625	HCPCS	both			61644		Americare	Americare		46233	75			77.22	58561.8	percent of total billed charges	
URETERAL W/WG 7FR 26CM	C2625	HCPCS	both			61644		Amerihealth	HMO/PPO		40068.6	65			77.22	58561.8	percent of total billed charges	
URETERAL W/WG 7FR 26CM	C2625	HCPCS	both			61644		Consumer	Consumer		58561.8	95			77.22	58561.8	percent of total billed charges	
URETERAL W/WG 7FR 26CM	C2625	HCPCS	both			61644		Corrections	Corrections		49315.2	80			77.22	58561.8	percent of total billed charges	
URETERAL W/WG 7FR 26CM	C2625	HCPCS	both			61644		First Health	First Health		43150.8	70			77.22	58561.8	percent of total billed charges	
URETERAL W/WG 7FR 26CM	C2625	HCPCS	both			61644		First Trenton	First Trenton		55479.6	90			77.22	58561.8	percent of total billed charges	
URETERAL W/WG 7FR 26CM	C2625	HCPCS	both			61644		Horizon	Indemnity		23597.32	38.28			77.22	58561.8	percent of total billed charges	
URETERAL W/WG 7FR 26CM	C2625	HCPCS	both			61644		Horizon	NJ Health		24657.6	40			77.22	58561.8	percent of total billed charges	
URETERAL W/WG 7FR 26CM	C2625	HCPCS	both			61644		Horizon	Medicare Blue		18493.2	30			77.22	58561.8	percent of total billed charges	
URETERAL W/WG 7FR 26CM	C2625	HCPCS	both			61644		Horizon	MGD		23597.32	38.28			77.22	58561.8	percent of total billed charges	
URETERAL W/WG 7FR 26CM	C2625	HCPCS	both			61644		Horizon	PPO		23597.32	38.28			77.22	58561.8	percent of total billed charges	
URETERAL W/WG 7FR 26CM	C2625	HCPCS	both			61644		Managed Care Inc	Managed Care Inc		55479.6	90			77.22	58561.8	percent of total billed charges	
URETERAL W/WG 7FR 26CM	C2625	HCPCS	both			61644		Multiplan	Multiplan		49315.2	80			77.22	58561.8	percent of total billed charges	
URETERAL W/WG 7FR 26CM	C2625	HCPCS	both			61644		Qualcare	Qualcare		24657.6	40			77.22	58561.8	percent of total billed charges	
URETERAL W/WG 7FR 26CM	C2625	HCPCS	both			61644		Three Rivers	Three Rivers		58561.8	95			77.22	58561.8	percent of total billed charges	
URETERAL W/WG 7FR 26CM	C2625	HCPCS	both			61644		UHC	Medicaid		19448.68	31.55			77.22	58561.8	percent of total billed charges	
URETERAL W/WG 7FR 26CM	C2625	HCPCS	both			61644		Wellcare	Medicaid		19448.68	31.55			77.22	58561.8	percent of total billed charges	
URETERAL W/WG 7FR 26CM	C2625	HCPCS	both			61644		WellPoint	WellPoint		19837.04	32.18			77.22	58561.8	percent of total billed charges	
SET ULTRA SUPRAPUBIC W/MAC-LOC	C2627	HCPCS	both			193.59		Aetna	Commercial		73.56	38			37.2	183.91	percent of total billed charges	
SET ULTRA SUPRAPUBIC W/MAC-LOC	C2627	HCPCS	both			193.59		Aetna	Better Health		61.08	31.55			37.2	183.91	percent of total billed charges	
SET ULTRA SUPRAPUBIC W/MAC-LOC	C2627	HCPCS	both			193.59		Aetna	Medicare		59.63	30.8			37.2	183.91	percent of total billed charges	
SET ULTRA SUPRAPUBIC W/MAC-LOC	C2627	HCPCS	both			193.59		Americare	Americare		145.19	75			37.2	183.91	percent of total billed charges	
SET ULTRA SUPRAPUBIC W/MAC-LOC	C2627	HCPCS	both			193.59		Amerihealth	HMO/PPO		125.83	65			37.2	183.91	percent of total billed charges	
SET ULTRA SUPRAPUBIC W/MAC-LOC	C2627	HCPCS	both			193.59		Consumer	Consumer		183.91	95			37.2	183.91	percent of total billed charges	
SET ULTRA SUPRAPUBIC W/MAC-LOC	C2627	HCPCS	both			193.59		Corrections	Corrections		154.87	80			37.2	183.91	percent of total billed charges	
SET ULTRA SUPRAPUBIC W/MAC-LOC	C2627	HCPCS	both			193.59		First Health	First Health		135.51	70			37.2	183.91	percent of total billed charges	
SET ULTRA SUPRAPUBIC W/MAC-LOC	C2627	HCPCS	both			193.59		First Trenton	First Trenton		174.23	90			37.2	183.91	percent of total billed charges	
SET ULTRA SUPRAPUBIC W/MAC-LOC	C2627	HCPCS	both			193.59		Horizon	Indemnity		74.11	38.28			37.2	183.91	percent of total billed charges	
SET ULTRA SUPRAPUBIC W/MAC-LOC	C2627	HCPCS	both			193.59		Horizon	MGD		74.11	38.28			37.2	183.91	percent of total billed charges	
SET ULTRA SUPRAPUBIC W/MAC-LOC	C2627	HCPCS	both			193.59		Horizon	Medicare Blue		58.08	30			37.2	183.91	percent of total billed charges	
SET ULTRA SUPRAPUBIC W/MAC-LOC	C2627	HCPCS	both			193.59		Horizon	NJ Health		77.44	40			37.2	183.91	percent of total billed charges	
SET ULTRA SUPRAPUBIC W/MAC-LOC	C2627	HCPCS	both			193.59		Horizon	PPO		74.11	38.28			37.2	183.91	percent of total billed charges	
SET ULTRA SUPRAPUBIC W/MAC-LOC	C2627	HCPCS	both			193.59		Managed Care Inc	Managed Care Inc		174.23	90			37.2	183.91	percent of total billed charges	
SET ULTRA SUPRAPUBIC W/MAC-LOC	C2627	HCPCS	both			193.59		Multiplan	Multiplan		154.87	80			37.2	183.91	percent of total billed charges	
SET ULTRA SUPRAPUBIC W/MAC-LOC	C2627	HCPCS	both			193.59		Qualcare	Qualcare		77.44	40			37.2	183.91	percent of total billed charges	
SET ULTRA SUPRAPUBIC W/MAC-LOC	C2627	HCPCS	both			193.59		Three Rivers	Three Rivers		183.91	95			37.2	183.91	percent of total billed charges	
SET ULTRA SUPRAPUBIC W/MAC-LOC	C2627	HCPCS	both			193.59		UHC	Medicaid		61.08	31.55			37.2	183.91	percent of total billed charges	
SET ULTRA SUPRAPUBIC W/MAC-LOC	C2627	HCPCS	both			193.59		Wellcare	Medicaid		61.08	31.55			37.2	183.91	percent of total billed charges	
SET ULTRA SUPRAPUBIC W/MAC-LOC	C2627	HCPCS	both			193.59		WellPoint	WellPoint		62.3	32.18			37.2	183.91	percent of total billed charges	
CORDIS COMMODORE OCCL BALL	C2628	HCPCS	both			4408		Aetna	Commercial		1675.04	38			211.5	4187.6	percent of total billed charges	
CORDIS COMMODORE OCCL BALL	C2628	HCPCS	both			4408		Aetna	Better Health		1390.72	31.55			211.5	4187.6	percent of total billed charges	
CORDIS COMMODORE OCCL BALL	C2628	HCPCS	both			4408		Aetna	Medicare		1357.66	30.8			211.5	4187.6	percent of total billed charges	
CORDIS COMMODORE OCCL BALL	C2628	HCPCS	both			4408		Americare	Americare		3306	75			211.5	4187.6	percent of total billed charges	
CORDIS COMMODORE OCCL BALL	C2628	HCPCS	both			4406		Amerihealth	HMO/PPO		2865.2	65			211.5	4187.6	percent of total billed charges	
CORDIS COMMODORE OCCL BALL	C2628	HCPCS	both			4408		Consumer	Consumer		4187.6	95			211.5	4187.6	percent of total billed charges	
CORDIS COMMODORE OCCL BALL	C2628	HCPCS	both			4408		Corrections	Corrections		3526.4	80			211.5	4187.6	percent of total billed charges	
CORDIS COMMODORE OCCL BALL	C2628	HCPCS	both			4408		First Health	First Health		3085.6	70			211.5	4187.6	percent of total billed charges	
CORDIS COMMODORE OCCL BALL	C2628	HCPCS	both			4408		First Trenton	First Trenton		3967.2	90			211.5	4187.6	percent of total billed charges	
CORDIS COMMODORE OCCL BALL	C2628	HCPCS	both			4408		Horizon	Indemnity		1687.38	38.28			211.5	4187.6	percent of total billed charges	
CORDIS COMMODORE OCCL BALL	C2628	HCPCS	both			4408		Horizon	Medicare Blue		1322.4	30			211.5	4187.6	percent of total billed charges	
CORDIS COMMODORE OCCL BALL	C2628	HCPCS	both			4406		Horizon	NJ Health		1763.2	40			211.5	4187.6	percent of total billed charges	
CORDIS COMMODORE OCCL BALL	C2628	HCPCS	both			4408		Horizon	MGD		1687.38	38.28			211.5	4187.6	percent of total billed charges	
CORDIS COMMODORE OCCL BALL	C2628	HCPCS	both			4408		Horizon	PPO		1687.38	38.28			211.5	4187.6	percent of total billed charges	
CORDIS COMMODORE OCCL BALL	C2628	HCPCS	both			4408		Managed Care Inc	Managed Care Inc		3967.2	90			211.5	4187.6	percent of total billed charges	
CORDIS COMMODORE OCCL BALL	C2628	HCPCS	both			4406		Multiplan	Multiplan		3526.4	80			211.5	4187.6	percent of total billed charges	
CORDIS COMMODORE OCCL BALL	C2628	HCPCS	both			4408		Qualcare	Qualcare		1763.2	40			211.5	4187.6	percent of total billed charges	
CORDIS COMMODORE OCCL BALL	C2628	HCPCS	both			4408		Three Rivers	Three Rivers		4187.6	95			211.5	4187.6	percent of total billed charges	
CORDIS COMMODORE OCCL BALL	C2628	HCPCS	both			4408		UHC	Medicaid		1390.72	31.55			211.5	4187.6	percent of total billed charges	
CORDIS COMMODORE OCCL BALL	C2628	HCPCS	both			4408		Wellcare	Medicaid		1390.72	31.55			211.5	4187.6	percent of total billed charges	
CORDIS COMMODORE OCCL BALL	C2628	HCPCS	both			4408		WellPoint	WellPoint		1418.49	32.18			211.5	4187.6	percent of total billed charges	
GLIDELIGHT LASER SHEATH KIT 16F	C2629	HCPCS	outpatient			10318		Aetna	Medicare		3177.94	30.8			3095.4	9802.1	percent of total billed charges	
GLIDELIGHT LASER SHEATH KIT 16F	C2629	HCPCS	outpatient			10318		Aetna	Better Health		3255.33	31.55			3095.4	9802.1	percent of total billed charges	
GLIDELIGHT LASER SHEATH KIT 16F	C2629	HCPCS	outpatient			10318		Aetna	Commercial		3920.84	38			3095.4	9802.1	percent of total billed charges	
GLIDELIGHT LASER SHEATH KIT 16F	C2629	HCPCS	outpatient			10318		Americare	Americare		7738.5	75			3095.4	9802.1	percent of total billed charges	
GLIDELIGHT LASER SHEATH KIT 16F	C2629	HCPCS	outpatient			10318		Amerihealth	HMO/PPO		6706.7	65			3095.4	9802.1	percent of total billed charges	
GLIDELIGHT LASER SHEATH KIT 16F	C2629	HCPCS	outpatient			10318		Consumer	Consumer		9802.1	95			3095.4	9802.1	percent of total billed charges	
GLIDELIGHT LASER SHEATH KIT 16F	C2629	HCPCS	outpatient			10318		Corrections	Corrections		8254.4	80			3095.4	9802.1	percent of total billed charges	
GLIDELIGHT LASER SHEATH KIT 16F	C2629	HCPCS	outpatient			10318		First Health	First Health		7222.6	70			3095.4	9802.1	percent of total billed charges	
GLIDELIGHT LASER SHEATH KIT 16F	C2629	HCPCS	outpatient			10318		First Trenton	First Trenton		9286.2	90			3095.4	9802.1	percent of total billed charges	
GLIDELIGHT LASER SHEATH KIT 16F	C2629	HCPCS	outpatient			10318		Horizon	MGD		3949.73	38.28			3095.4	9802.1	percent of total billed charges	
GLIDELIGHT LASER SHEATH KIT 16F	C2629	HCPCS	outpatient			10318		Horizon	PPO		3949.73	38.28			3095.4	9802.1	percent of total billed charges	
GLIDELIGHT LASER SHEATH KIT 16F	C2629	HCPCS	outpatient			10318		Horizon	Indemnity		3949.73	38.28			3095.4	9802.1	percent of total billed charges	
GLIDELIGHT LASER SHEATH KIT 16F	C2629	HCPCS	outpatient			10318		Horizon	Medicare Blue		3095.4	30			3095.4	9802.1	percent of total billed charges	
GLIDELIGHT LASER SHEATH KIT 16F	C2629	HCPCS	outpatient			10318		Managed Care Inc	Managed Care Inc		9286.2	90			3095.4	9802.1	percent of total billed charges	
GLIDELIGHT LASER SHEATH KIT 16F	C2629	HCPCS	outpatient			10318		Multiplan	Multiplan		8254.4	80			3095.4	9802.1	percent of total billed charges	
GLIDELIGHT LASER SHEATH KIT 16F	C2629	HCPCS	outpatient			10318		Qualcare	Qualcare		7738.5	75			3095.4	9802.1	percent of total billed charges	
GLIDELIGHT LASER SHEATH KIT 16F	C2629	HCPCS	outpatient			10318		Three Rivers	Three Rivers		9802.1	95			3095.4	9802.1	percent of total billed charges	
GLIDELIGHT LASER SHEATH KIT 16F	C2629	HCPCS	outpatient			10318		UHC	Medicaid		3255.33	31.55			3095.4	9802.1	percent of total billed charges	
GLIDELIGHT LASER SHEATH KIT 16F	C2629	HCPCS	outpatient			10318		Wellcare	Medicaid		3255.33	31.55			3095.4	9802.1	percent of total billed charges	
GLIDELIGHT LASER SHEATH KIT 16F	C2629	HCPCS	outpatient			10318		WellPoint	WellPoint		3320.33	32.18			3095.4	9802.1	percent of total billed charges	
THERMOCOOL STSF ABLATION CATHETER	C2630	HCPCS	both			13658		Aetna	Better Health		4309.1	31.55			3943.2	12975.1	percent of total billed charges	
THERMOCOOL STSF ABLATION CATHETER	C2630	HCPCS	both			13658		Aetna	Commercial		5190.04	38			3943.2	12975.1	percent of total billed charges	
THERMOCOOL STSF ABLATION CATHETER	C2630	HCPCS	both			13658		Aetna	Medicare		4206.66	30.8			3943.2	12975.1	percent of total billed charges	
THERMOCOOL STSF ABLATION CATHETER	C2630	HCPCS	both			13658		Americare	Americare		10243.5	75			3943.2	12975.1	percent of total billed charges	
THERMOCOOL STSF ABLATION CATHETER	C2630	HCPCS	both			13658		Amerihealth	HMO/PPO		8877.7	65			3943.2	12975.1	percent of total billed charges	
THERMOCOOL STSF ABLATION CATHETER	C2630	HCPCS	both			13658		Consumer	Consumer		12975.1	95			3943.2	12975.1	percent of total billed charges	
THERMOCOOL STSF ABLATION CATHETER	C2630	HCPCS	both			13658		Corrections	Corrections		10926.4	80			3943.2	12975.1	percent of total billed charges	
THERMOCOOL STSF ABLATION CATHETER	C2630	HCPCS	both			13658		First Health	First Health		9560.6	70			3943.2	12975.1	percent of total billed charges	
THERMOCOOL STSF ABLATION CATHETER	C2630	HCPCS	both			13658		First Trenton	First Trenton		12292.2	90			3943.2	12975.1	percent of total billed charges	
THERMOCOOL STSF ABLATION CATHETER	C2630	HCPCS	both			13658		Horizon	MGD		5228.28	38.28			3943.2	12975.1	percent of total billed charges	
THERMOCOOL STSF ABLATION CATHETER	C2630	HCPCS	both			13658		Horizon	Medicare Blue		4097.4	30			3943.2	12975.1	percent of total billed charges	
THERMOCOOL STSF ABLATION CATHETER	C2630	HCPCS	both			13658		Horizon	Indemnity		5226.28	38.28			3943.2	12975.1	percent of total billed charges	
THERMOCOOL STSF ABLATION CATHETER	C2630	HCPCS	both			13658		Horizon	PPO		5228.28	38.28			3943.2	12975.1	percent of total billed charges	
THERMOCOOL STSF ABLATION CATHETER	C2630	HCPCS	both			13658		Managed Care Inc	Managed Care Inc		12292.2	90			3943.2	12975.1	percent of total billed charges	
THERMOCOOL STSF ABLATION CATHETER	C2630	HCPCS	both			13658		Multiplan	Multiplan		10926.4	80			3943.2	12975.1	percent of total billed charges	
THERMOCOOL STSF ABLATION CATHETER	C2630	HCPCS	both			13658		Qualcare	Qualcare		10243.5	75			3943.2	12975.1	percent of total billed charges	
THERMOCOOL STSF ABLATION CATHETER	C2630	HCPCS	both			13658		Three Rivers	Three Rivers		12975.1	95			3943.2	12975.1	percent of total billed charges	
THERMOCOOL STSF ABLATION CATHETER	C2630	HCPCS	both			13658		UHC	Medicaid		4309.1	31.55			3943.2	12975.1	percent of total billed charges	
THERMOCOOL STSF ABLATION CATHETER	C2630	HCPCS	both			13658		Wellcare	Medicaid		4309.1	31.55			3943.2	12975.1	percent of total billed charges	
THERMOCOOL STSF ABLATION CATHETER	C2630	HCPCS	both			13658		WellPoint	WellPoint		4395.14	32.18			3943.2	12975.1	percent of total billed charges	
DEVICE CAPIO OPEN ACCESS SUTURE CAPTUR	C2631	HCPCS	both			267		Aetna	Better Health		84.24	31.55			80.1	253.65	percent of total billed charges	
DEVICE CAPIO OPEN ACCESS SUTURE CAPTUR	C2631	HCPCS	both			267		Aetna	Commercial		101.46	38			80.1	253.65	percent of total billed charges	
DEVICE CAPIO OPEN ACCESS SUTURE CAPTUR	C2631	HCPCS	both			267		Aetna	Medicare		82.24	30.8			80.1	253.65	percent of total billed charges	
DEVICE CAPIO OPEN ACCESS SUTURE CAPTUR	C2631	HCPCS	both			267		Americare	Americare		200.25	75			80.1	253.65	percent of total billed charges	
DEVICE CAPIO OPEN ACCESS SUTURE CAPTUR	C2631	HCPCS	both			267		Amerihealth	HMO/PPO		173.55	65			80.1	253.65	percent of total billed charges	
DEVICE CAPIO OPEN ACCESS SUTURE CAPTUR	C2631	HCPCS	both			267		Consumer	Consumer		253.65	95			80.1	253.65	percent of total billed charges	
DEVICE CAPIO OPEN ACCESS SUTURE CAPTUR	C2631	HCPCS	both			267		Corrections	Corrections		213.6	80			80.1	253.65	percent of total billed charges	
DEVICE CAPIO OPEN ACCESS SUTURE CAPTUR	C2631	HCPCS	both			267		First Health	First Health		186.9	70			80.1	253.65	percent of total billed charges	
DEVICE CAPIO OPEN ACCESS SUTURE CAPTUR	C2631	HCPCS	both			267		First Trenton	First Trenton		240.3	90			80.1	253.65	percent of total billed charges	
DEVICE CAPIO OPEN ACCESS SUTURE CAPTUR	C2631	HCPCS	both			267		Horizon	PPO		102.21	38.28			80.1	253.65	percent of total billed charges	
DEVICE CAPIO OPEN ACCESS SUTURE CAPTUR	C2631	HCPCS	both			267		Horizon	MGD		102.21	38.28			80.1	253.65	percent of total billed charges	
DEVICE CAPIO OPEN ACCESS SUTURE CAPTUR	C2631	HCPCS	both			267		Horizon	Medicare Blue		80.1	30			80.1	253.65	percent of total billed charges	
DEVICE CAPIO OPEN ACCESS SUTURE CAPTUR	C2631	HCPCS	both			267		Horizon	Indemnity		102.21	38.28			80.1	253.65	percent of total billed charges	
DEVICE CAPIO OPEN ACCESS SUTURE CAPTUR	C2631	HCPCS	both			267		Managed Care Inc	Managed Care Inc		240.3	90			80.1	253.65	percent of total billed charges	
DEVICE CAPIO OPEN ACCESS SUTURE CAPTUR	C2631	HCPCS	both			267		Multiplan	Multiplan		213.6	80			80.1	253.65	percent of total billed charges	
DEVICE CAPIO OPEN ACCESS SUTURE CAPTUR	C2631	HCPCS	both			267		Qualcare	Qualcare		200.25	75			80.1	253.65	percent of total billed charges	
DEVICE CAPIO OPEN ACCESS SUTURE CAPTUR	C2631	HCPCS	both			267		Three Rivers	Three Rivers		253.65	95			80.1	253.65	percent of total billed charges	
DEVICE CAPIO OPEN ACCESS SUTURE CAPTUR	C2631	HCPCS	both			267		UHC	Medicaid		84.24	31.55			80.1	253.65	percent of total billed charges	
DEVICE CAPIO OPEN ACCESS SUTURE CAPTUR	C2631	HCPCS	both			267		Wellcare	Medicaid		84.24	31.55			80.1	253.65	percent of total billed charges	
DEVICE CAPIO OPEN ACCESS SUTURE CAPTUR	C2631	HCPCS	both			267		WellPoint	WellPoint		85.92	32.18			80.1	253.65	percent of total billed charges	
BRACHY TX, STRANDED, C-131	C2642	HCPCS	inpatient			220		134.61 Aetna	Medicare		117.05				69.41	217.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRACHY TX, STRANDED, C-131	C2642	HCPCS	inpatient			220		134.61 Aetna	Better Health		69.41	31.55			69.41	217.83	percent of total billed charges	
BRACHY TX, STRANDED, C-131	C2642	HCPCS	inpatient			220		134.61 Aetna	Commercial		186.34				69.41	217.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRACHY TX, STRANDED, C-131	C2642	HCPCS	inpatient			220		134.61 Americare	Americare		165	75			69.41	217.83	percent of total billed charges	
BRACHY TX, STRANDED, C-131	C2642	HCPCS	inpatient			220		134.61 Amerihealth	HMO/PPO		143	65			69.41	217.83	percent of total billed charges	
BRACHY TX, STRANDED, C-131	C2642	HCPCS	inpatient			220		134.61 Amerihealth	Medicare		117.05				69.41	217.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRACHY TX, STRANDED, C-131	C2642	HCPCS	inpatient			220		134.61 Consumer	Consumer		209	95			69.41	217.83	percent of total billed charges	
BRACHY TX, STRANDED, C-131	C2642	HCPCS	inpatient			220		134.61 Corrections	Corrections		176	80			69.41	217.83	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.														
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103		310119 true													
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
BRACHY TX, STRANDED, C-131	C2642	HCPCS	inpatient			220		134.61 First Health	First Health		154	70			69.41	217.83	percent of total billed charges	
BRACHY TX, STRANDED, C-131	C2642	HCPCS	inpatient			220		134.61 First Trenton	First Trenton		198	90			69.41	217.83	percent of total billed charges	
BRACHY TX, STRANDED, C-131	C2642	HCPCS	inpatient			220		134.61 Horizon	PPO		217.83				69.41	217.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRACHY TX, STRANDED, C-131	C2642	HCPCS	inpatient			220		134.61 Horizon	MGD		217.83				69.41	217.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRACHY TX, STRANDED, C-131	C2642	HCPCS	inpatient			220		134.61 Horizon	Indemnity		217.83				69.41	217.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRACHY TX, STRANDED, C-131	C2642	HCPCS	inpatient			220		134.61 Horizon	Medicare Blue		117.05				69.41	217.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRACHY TX, STRANDED, C-131	C2642	HCPCS	inpatient			220		134.61 Managed Care Inc	Managed Care Inc		198	90			69.41	217.83	percent of total billed charges	
BRACHY TX, STRANDED, C-131	C2642	HCPCS	inpatient			220		134.61 Multiplan	Multiplan		176	80			69.41	217.83	percent of total billed charges	
BRACHY TX, STRANDED, C-131	C2642	HCPCS	inpatient			220		134.61 Qualcare	Qualcare		165	75			69.41	217.83	percent of total billed charges	
BRACHY TX, STRANDED, C-131	C2642	HCPCS	inpatient			220		134.61 Three Rivers	Three Rivers		209	95			69.41	217.83	percent of total billed charges	
BRACHY TX, STRANDED, C-131	C2642	HCPCS	inpatient			220		134.61 UHC	Medicare		117.05				69.41	217.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRACHY TX, STRANDED, C-131	C2642	HCPCS	inpatient			220		134.61 UHC	Medicaid		69.41	31.55			69.41	217.83	percent of total billed charges	
BRACHY TX, STRANDED, C-131	C2642	HCPCS	inpatient			220		134.61 Wellcare	Medicare		117.05				69.41	217.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRACHY TX, STRANDED, C-131	C2642	HCPCS	inpatient			220		134.61 Wellcare	Medicaid		69.41	31.55			69.41	217.83	percent of total billed charges	
BRACHY TX, STRANDED, C-131	C2642	HCPCS	inpatient			220		134.61 WellPoint	WellPoint		70.8	32.18			69.41	217.83	percent of total billed charges	
BRACHY TX, NON-STRANDED, C-131	C2643	HCPCS	outpatient			246		110.88 Aetna	Better Health		77.61	31.55			77.61	233.7	percent of total billed charges	
BRACHY TX, NON-STRANDED, C-131	C2643	HCPCS	outpatient			246		110.88 Aetna	Commercial		153.5				77.61	233.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRACHY TX, NON-STRANDED, C-131	C2643	HCPCS	outpatient			246		110.88 Aetna	Medicare		96.42				77.61	233.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRACHY TX, NON-STRANDED, C-131	C2643	HCPCS	outpatient			246		110.88 Americare	Americare		184.5	75			77.61	233.7	percent of total billed charges	
BRACHY TX, NON-STRANDED, C-131	C2643	HCPCS	outpatient			246		110.88 Amerihealth	Medicare		96.42				77.61	233.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRACHY TX, NON-STRANDED, C-131	C2643	HCPCS	outpatient			246		110.88 Amerihealth	HMO/PPO		159.9	65			77.61	233.7	percent of total billed charges	
BRACHY TX, NON-STRANDED, C-131	C2643	HCPCS	outpatient			246		110.88 Consumer	Consumer		233.7	95			77.61	233.7	percent of total billed charges	
BRACHY TX, NON-STRANDED, C-131	C2643	HCPCS	outpatient			246		110.88 Corrections	Corrections		196.8	80			77.61	233.7	percent of total billed charges	
BRACHY TX, NON-STRANDED, C-131	C2643	HCPCS	outpatient			246		110.88 First Health	First Health		172.2	70			77.61	233.7	percent of total billed charges	
BRACHY TX, NON-STRANDED, C-131	C2643	HCPCS	outpatient			246		110.88 First Trenton	First Trenton		221.4	90			77.61	233.7	percent of total billed charges	
BRACHY TX, NON-STRANDED, C-131	C2643	HCPCS	outpatient			246		110.88 Horizon	Indemnity		179.44				77.61	233.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRACHY TX, NON-STRANDED, C-131	C2643	HCPCS	outpatient			246		110.88 Horizon	MGD		179.44				77.61	233.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRACHY TX, NON-STRANDED, C-131	C2643	HCPCS	outpatient			246		110.88 Horizon	Medicare Blue		96.42				77.61	233.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRACHY TX, NON-STRANDED, C-131	C2643	HCPCS	outpatient			246		110.88 Horizon	PPO		179.44				77.61	233.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRACHY TX, NON-STRANDED, C-131	C2643	HCPCS	outpatient			246		110.88 Managed Care Inc	Managed Care Inc		221.4	90			77.61	233.7	percent of total billed charges	
BRACHY TX, NON-STRANDED, C-131	C2643	HCPCS	outpatient			246		110.88 Multiplan	Multiplan		196.8	80			77.61	233.7	percent of total billed charges	
BRACHY TX, NON-STRANDED, C-131	C2643	HCPCS	outpatient			246		110.88 Qualcare	Qualcare		184.5	75			77.61	233.7	percent of total billed charges	
BRACHY TX, NON-STRANDED, C-131	C2643	HCPCS	outpatient			246		110.88 Three Rivers	Three Rivers		233.7	95			77.61	233.7	percent of total billed charges	
BRACHY TX, NON-STRANDED, C-131	C2643	HCPCS	outpatient			246		110.88 UHC	Medicare		96.42				77.61	233.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRACHY TX, NON-STRANDED, C-131	C2643	HCPCS	outpatient			246		110.88 UHC	Medicaid		77.61	31.55			77.61	233.7	percent of total billed charges	
BRACHY TX, NON-STRANDED, C-131	C2643	HCPCS	outpatient			246		110.88 Wellcare	Medicare		96.42				77.61	233.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRACHY TX, NON-STRANDED, C-131	C2643	HCPCS	outpatient			246		110.88 Wellcare	Medicaid		77.61	31.55			77.61	233.7	percent of total billed charges	
BRACHY TX, NON-STRANDED, C-131	C2643	HCPCS	outpatient			246		110.88 WellPoint	WellPoint		79.16	32.18			77.61	233.7	percent of total billed charges	
MAGSEED BREAST LOCA DEVICE CLIP/PELLET	C7501	HCPCS	outpatient			1563		Aetna	Medicare		481.4	30.8			468.9	1782	percent of total billed charges	
MAGSEED BREAST LOCA DEVICE CLIP/PELLET	C7501	HCPCS	outpatient			1563		Aetna	Better Health		493.13	31.55			468.9	1782	percent of total billed charges	
MAGSEED BREAST LOCA DEVICE CLIP/PELLET	C7501	HCPCS	outpatient			1563		Aetna	Commercial		593.94	38			468.9	1782	percent of total billed charges	
MAGSEED BREAST LOCA DEVICE CLIP/PELLET	C7501	HCPCS	outpatient			1563		Americare	Americare		1172.25	75			468.9	1782	percent of total billed charges	
MAGSEED BREAST LOCA DEVICE CLIP/PELLET	C7501	HCPCS	outpatient			1563		Amerihealth	HMO/PPO		1015.95	65			468.9	1782	percent of total billed charges	
MAGSEED BREAST LOCA DEVICE CLIP/PELLET	C7501	HCPCS	outpatient			1563		Consumer	Consumer		1484.85	95			468.9	1782	percent of total billed charges	
MAGSEED BREAST LOCA DEVICE CLIP/PELLET	C7501	HCPCS	outpatient			1563		Corrections	Corrections		1250.4	80			468.9	1782	percent of total billed charges	
MAGSEED BREAST LOCA DEVICE CLIP/PELLET	C7501	HCPCS	outpatient			1563		First Health	First Health		1094.1	70			468.9	1782	percent of total billed charges	
MAGSEED BREAST LOCA DEVICE CLIP/PELLET	C7501	HCPCS	outpatient			1563		First Trenton	First Trenton		1406.7	90			468.9	1782	percent of total billed charges	
MAGSEED BREAST LOCA DEVICE CLIP/PELLET	C7501	HCPCS	outpatient			1563		Horizon	Medicare Blue		468.9	30			468.9	1782	percent of total billed charges	
MAGSEED BREAST LOCA DEVICE CLIP/PELLET	C7501	HCPCS	outpatient			1563		Horizon	Indemnity		598.32	38.28			468.9	1782	percent of total billed charges	
MAGSEED BREAST LOCA DEVICE CLIP/PELLET	C7501	HCPCS	outpatient			1563		Horizon	MGD		598.32	38.28			468.9	1782	percent of total billed charges	
MAGSEED BREAST LOCA DEVICE CLIP/PELLET	C7501	HCPCS	outpatient			1563		Horizon	PPO		598.32	38.28			468.9	1782	percent of total billed charges	
MAGSEED BREAST LOCA DEVICE CLIP/PELLET	C7501	HCPCS	outpatient			1563		Managed Care Inc	Managed Care Inc		1406.7	90			468.9	1782	percent of total billed charges	
MAGSEED BREAST LOCA DEVICE CLIP/PELLET	C7501	HCPCS	outpatient			1563		Multiplan	Multiplan		1250.4	80			468.9	1782	percent of total billed charges	
MAGSEED BREAST LOCA DEVICE CLIP/PELLET	C7501	HCPCS	outpatient			1563		Qualcare	Qualcare		1172.25	75			468.9	1782	percent of total billed charges	
MAGSEED BREAST LOCA DEVICE CLIP/PELLET	C7501	HCPCS	outpatient			1563		Three Rivers	Three Rivers		1484.85	95			468.9	1782	percent of total billed charges	
MAGSEED BREAST LOCA DEVICE CLIP/PELLET	C7501	HCPCS	outpatient			1563		UHC	Medicaid		493.13	31.55			468.9	1782	percent of total billed charges	
MAGSEED BREAST LOCA DEVICE CLIP/PELLET	C7501	HCPCS	outpatient			1563		United	Oxford		1782				468.9	1782	case rate	
MAGSEED BREAST LOCA DEVICE CLIP/PELLET	C7501	HCPCS	outpatient			1563		United	Commercial|PPO		1782				468.9	1782	case rate	
MAGSEED BREAST LOCA DEVICE CLIP/PELLET	C7501	HCPCS	outpatient			1563		Wellcare	Medicaid		493.13	31.55			468.9	1782	percent of total billed charges	
MAGSEED BREAST LOCA DEVICE CLIP/PELLET	C7501	HCPCS	outpatient			1563		WellPoint	WellPoint		502.97	32.18			468.9	1782	percent of total billed charges	
MRI ANGIOGRAPHY ABDOMEN WITH CONTRAST	C8900	HCPCS	outpatient			4796		505.8 Aetna	Better Health		1513.14	31.55			341	4556.2	percent of total billed charges	
MRI ANGIOGRAPHY ABDOMEN WITH CONTRAST	C8900	HCPCS	outpatient			4796		505.8 Aetna	Commercial		700.21				341	4556.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ANGIOGRAPHY ABDOMEN WITH CONTRAST	C8900	HCPCS	outpatient			4796		505.8 Aetna	Medicare		439.83				341	4556.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ANGIOGRAPHY ABDOMEN WITH CONTRAST	C8900	HCPCS	outpatient			4796		505.8 Americare	Americare		3597	75			341	4556.2	percent of total billed charges	
MRI ANGIOGRAPHY ABDOMEN WITH CONTRAST	C8900	HCPCS	outpatient			4796		505.8 Amerihealth	Medicare		439.83				341	4556.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ANGIOGRAPHY ABDOMEN WITH CONTRAST	C8900	HCPCS	outpatient			4796		505.8 Amerihealth	HMO/PPO		341				341	4556.2	fee schedule	
MRI ANGIOGRAPHY ABDOMEN WITH CONTRAST	C8900	HCPCS	outpatient			4796		505.8 Consumer	Consumer		4556.2	95			341	4556.2	percent of total billed charges	
MRI ANGIOGRAPHY ABDOMEN WITH CONTRAST	C8900	HCPCS	outpatient			4796		505.8 Corrections	Corrections		3836.8	80			341	4556.2	percent of total billed charges	
MRI ANGIOGRAPHY ABDOMEN WITH CONTRAST	C8900	HCPCS	outpatient			4796		505.8 First Health	First Health		3357.2	70			341	4556.2	percent of total billed charges	
MRI ANGIOGRAPHY ABDOMEN WITH CONTRAST	C8900	HCPCS	outpatient			4796		505.8 First Trenton	First Trenton		4316.4	90			341	4556.2	percent of total billed charges	
MRI ANGIOGRAPHY ABDOMEN WITH CONTRAST	C8900	HCPCS	outpatient			4796		505.8 Horizon	PPO		818.52				341	4556.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ANGIOGRAPHY ABDOMEN WITH CONTRAST	C8900	HCPCS	outpatient			4796		505.8 Horizon	MGD		818.52				341	4556.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ANGIOGRAPHY ABDOMEN WITH CONTRAST	C8900	HCPCS	outpatient			4796		505.8 Horizon	Indemnity		818.52				341	4556.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ANGIOGRAPHY ABDOMEN WITH CONTRAST	C8900	HCPCS	outpatient			4796		505.8 Horizon	Medicare Blue		439.83				341	4556.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ANGIOGRAPHY ABDOMEN WITH CONTRAST	C8900	HCPCS	outpatient			4796		505.8 Managed Care Inc	Managed Care Inc		4316.4	90			341	4556.2	percent of total billed charges	
MRI ANGIOGRAPHY ABDOMEN WITH CONTRAST	C8900	HCPCS	outpatient			4796		505.8 Multiplan	Multiplan		3836.8	80			341	4556.2	percent of total billed charges	
MRI ANGIOGRAPHY ABDOMEN WITH CONTRAST	C8900	HCPCS	outpatient			4796		505.8 Qualcare	Qualcare		3597	75			341	4556.2	percent of total billed charges	
MRI ANGIOGRAPHY ABDOMEN WITH CONTRAST	C8900	HCPCS	outpatient			4796		505.8 Three Rivers	Three Rivers		4556.2	95			341	4556.2	percent of total billed charges	
MRI ANGIOGRAPHY ABDOMEN WITH CONTRAST	C8900	HCPCS	outpatient			4796		505.8 UHC	Medicaid		1513.14	31.55			341	4556.2	percent of total billed charges	
MRI ANGIOGRAPHY ABDOMEN WITH CONTRAST	C8900	HCPCS	outpatient			4796		505.8 UHC	Medicare		439.83				341	4556.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ANGIOGRAPHY ABDOMEN WITH CONTRAST	C8900	HCPCS	outpatient			4796		505.8 Wellcare	Medicare		439.83				341	4556.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ANGIOGRAPHY ABDOMEN WITH CONTRAST	C8900	HCPCS	outpatient			4796		505.8 Wellcare	Medicaid		1513.14	31.55			341	4556.2	percent of total billed charges	
MRI ANGIOGRAPHY ABDOMEN WITH CONTRAST	C8900	HCPCS	outpatient			4796		505.8 WellPoint	WellPoint		1543.35	32.18			341	4556.2	percent of total billed charges	
MRI ANGIOGRAPHY ABDOMEN W/O WITH CONTRAST	C8902	HCPCS	outpatient			4709		505.8 Aetna	Medicare		439.83				341	4473.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ANGIOGRAPHY ABDOMEN W/O WITH CONTRAST	C8902	HCPCS	outpatient			4709		505.8 Aetna	Better Health		1485.69	31.55			341	4473.55	percent of total billed charges	
MRI ANGIOGRAPHY ABDOMEN W/O WITH CONTRAST	C8902	HCPCS	outpatient			4709		505.8 Aetna	Commercial		700.21				341	4473.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ANGIOGRAPHY ABDOMEN W/O WITH CONTRAST	C8902	HCPCS	outpatient			4709		505.8 Americare	Americare		3531.75	75			341	4473.55	percent of total billed charges	
MRI ANGIOGRAPHY ABDOMEN W/O WITH CONTRAST	C8902	HCPCS	outpatient			4709		505.8 Amerihealth	Medicare		439.83				341	4473.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ANGIOGRAPHY ABDOMEN W/O WITH CONTRAST	C8902	HCPCS	outpatient			4709		505.8 Amerihealth	HMO/PPO		341				341	4473.55	fee schedule	
MRI ANGIOGRAPHY ABDOMEN W/O WITH CONTRAST	C8902	HCPCS	outpatient			4709		505.8 Consumer	Consumer		4473.55	95			341	4473.55	percent of total billed charges	
MRI ANGIOGRAPHY ABDOMEN W/O WITH CONTRAST	C8902	HCPCS	outpatient			4709		505.8 Corrections	Corrections		3767.2	80			341	4473.55	percent of total billed charges	
MRI ANGIOGRAPHY ABDOMEN W/O WITH CONTRAST	C8902	HCPCS	outpatient			4709		505.8 First Health	First Health		3296.3	70			341	4473.55	percent of total billed charges	
MRI ANGIOGRAPHY ABDOMEN W/O WITH CONTRAST	C8902	HCPCS	outpatient			4709		505.8 First Trenton	First Trenton		4238.1	90			341	4473.55	percent of total billed charges	
MRI ANGIOGRAPHY ABDOMEN W/O WITH CONTRAST	C8902	HCPCS	outpatient			4709		505.8 Horizon	Indemnity		818.52				341	4473.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ANGIOGRAPHY ABDOMEN W/O WITH CONTRAST	C8902	HCPCS	outpatient			4709		505.8 Horizon	MGD		818.52				341	4473.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ANGIOGRAPHY ABDOMEN W/O WITH CONTRAST	C8902	HCPCS	outpatient			4709		505.8 Horizon	PPO		818.52				341	4473.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ANGIOGRAPHY ABDOMEN W/O WITH CONTRAST	C8902	HCPCS	outpatient			4709		505.8 Horizon	Medicare Blue		439.83				341	4473.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ANGIOGRAPHY ABDOMEN W/O WITH CONTRAST	C8902	HCPCS	outpatient			4709		505.8 Horizon	NJ Health		448.84				341	4473.55	fee schedule	
MRI ANGIOGRAPHY ABDOMEN W/O WITH CONTRAST	C8902	HCPCS	outpatient			4709		505.8 Managed Care Inc	Managed Care Inc		4238.1	90			341	4473.55	percent of total billed charges	
MRI ANGIOGRAPHY ABDOMEN W/O WITH CONTRAST	C8902	HCPCS	outpatient			4709		505.8 Multiplan	Multiplan		3767.2	80			341	4473.55	percent of total billed charges	
MRI ANGIOGRAPHY ABDOMEN W/O WITH CONTRAST	C8902	HCPCS	outpatient			4709		505.8 Qualcare	Qualcare		3531.75	75			341	4473.55	percent of total billed charges	
MRI ANGIOGRAPHY ABDOMEN W/O WITH CONTRAST	C8902	HCPCS	outpatient			4709		505.8 Three Rivers	Three Rivers		4473.55	95			341	4473.55	percent of total billed charges	
MRI ANGIOGRAPHY ABDOMEN W/O WITH CONTRAST	C8902	HCPCS	outpatient			4709		505.8 UHC	Medicaid		1485.69	31.55			341	4473.55	percent of total billed charges	
MRI ANGIOGRAPHY ABDOMEN W/O WITH CONTRAST	C8902	HCPCS	outpatient			4709		505.8 UHC	Medicare		439.83				341	4473.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ANGIOGRAPHY ABDOMEN W/O WITH CONTRAST	C8902	HCPCS	outpatient			4709		505.8 Wellcare	Medicaid		1485.69	31.55			341	4473.55	percent of total billed charges	
MRI ANGIOGRAPHY ABDOMEN W/O WITH CONTRAST	C8902	HCPCS	outpatient			4709		505.8 Wellcare	Medicare		439.83				341	4473.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ANGIOGRAPHY ABDOMEN W/O WITH CONTRAST	C8902	HCPCS	outpatient			4709		505.8 WellPoint	WellPoint		1515.36	32.18			341	4473.55	percent of total billed charges	
MRI ANGIOGRAPHY CHEST WO/W CONTRAST	C8909	HCPCS	outpatient			2250		505.8 Aetna	Better Health		709.88	31.55			341	2137.5	percent of total billed charges	
MRI ANGIOGRAPHY CHEST WO/W CONTRAST	C8909	HCPCS	outpatient			2250		505.8 Aetna	Commercial		700.21				341	2137.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ANGIOGRAPHY CHEST WO/W CONTRAST	C8909	HCPCS	outpatient			2250		505.8 Aetna	Medicare		439.83				341	2137.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ANGIOGRAPHY CHEST WO/W CONTRAST	C8909	HCPCS	outpatient			2250		505.8 Americare	Americare		1687.5	75			341	2137.5	percent of total billed charges	
MRI ANGIOGRAPHY CHEST WO/W CONTRAST	C8909	HCPCS	outpatient			2250		505.8 Amerihealth	HMO/PPO		341				341	2137.5	fee schedule	
MRI ANGIOGRAPHY CHEST WO/W CONTRAST	C8909	HCPCS	outpatient			2250		505.8 Amerihealth	Medicare		439.83				341	2137.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ANGIOGRAPHY CHEST WO/W CONTRAST	C8909	HCPCS	outpatient			2250		505.8 Consumer	Consumer		2137.5	95			341	2137.5	percent of total billed charges	
MRI ANGIOGRAPHY CHEST WO/W CONTRAST	C8909	HCPCS	outpatient			2250		505.8 Corrections	Corrections		1800	80			341	2137.5	percent of total billed charges	
MRI ANGIOGRAPHY CHEST WO/W CONTRAST	C8909	HCPCS	outpatient			2250		505.8 First Health	First Health		1575	70			341	2137.5	percent of total billed charges	
MRI ANGIOGRAPHY CHEST WO/W CONTRAST	C8909	HCPCS	outpatient			2250		505.8 First Trenton	First Trenton		2025	90			341	2137.5	percent of total billed charges	
MRI ANGIOGRAPHY CHEST WO/W CONTRAST	C8909	HCPCS	outpatient			2250		505.8 Horizon	MGD		818.52				341	2137.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ANGIOGRAPHY CHEST WO/W CONTRAST	C8909	HCPCS	outpatient			2250		505.8 Horizon	Medicare Blue		439.83				341	2137.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ANGIOGRAPHY CHEST WO/W CONTRAST	C8909	HCPCS	outpatient			2250		505.8 Horizon	Indemnity		818.52				341	2137.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ANGIOGRAPHY CHEST WO/W CONTRAST	C8909	HCPCS	outpatient			2250		505.8 Horizon	PPO		818.52				341	2137.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ANGIOGRAPHY CHEST WO/W CONTRAST	C8909	HCPCS	outpatient			2250		505.8 Managed Care Inc	Managed Care Inc		2025	90			341	2137.5	percent of total billed charges	
MRI ANGIOGRAPHY CHEST WO/W CONTRAST	C8909	HCPCS	outpatient			2250		505.8 Multiplan	Multiplan		1800	80			341	2137.5	percent of total billed charges	
MRI ANGIOGRAPHY CHEST WO/W CONTRAST	C8909	HCPCS	outpatient			2250		505.8 Qualcare	Qualcare		1687.5	75			341	2137.5	percent of total billed charges	
MRI ANGIOGRAPHY CHEST WO/W CONTRAST	C8909	HCPCS	outpatient			2250		505.8 Three Rivers	Three Rivers		2137.5	95			341	2137.5	percent of total billed charges	
MRI ANGIOGRAPHY CHEST WO/W CONTRAST	C8909	HCPCS	outpatient			2250		505.8 UHC	Medicaid		709.88	31.55			341	2137.5	percent of total billed charges	
MRI ANGIOGRAPHY CHEST WO/W CONTRAST	C8909	HCPCS	outpatient			2250		505.8 UHC	Medicare		439.83				341	2137.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ANGIOGRAPHY CHEST WO/W CONTRAST	C8909	HCPCS	outpatient			2250		505.8 Wellcare	Medicaid		709.88	31.55			341	2137.5	percent of total billed charges	
MRI ANGIOGRAPHY CHEST WO/W CONTRAST	C8909	HCPCS	outpatient			2250		505.8 Wellcare	Medicare		439.83				341	2137.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ANGIOGRAPHY CHEST WO/W CONTRAST	C8909	HCPCS	outpatient			2250		505.8 WellPoint	WellPoint		724.05	32.18			341	2137.5	percent of total billed charges	
MRI ANGIO CHEST WO CONTRAST	C8910	HCPCS	outpatient			1768		322.28 Aetna	Commercial		446.14				280.24	1679.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ANGIO CHEST WO CONTRAST	C8910	HCPCS	outpatient			1768		322.28 Aetna	Better Health		557.8	31.55			280.24	1679.6	percent of total billed charges	
MRI ANGIO CHEST WO CONTRAST	C8910	HCPCS	outpatient			1768		322.28 Aetna	Medicare		280.24				280.24	1679.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ANGIO CHEST WO CONTRAST	C8910	HCPCS	outpatient			1768		322.28 Americare	Americare		1326	75			280.24	1679.6	percent of total billed charges	
MRI ANGIO CHEST WO CONTRAST	C8910	HCPCS	outpatient			1768		322.28 Amerihealth	HMO/PPO		341				280.24	1679.6	fee schedule	
MRI ANGIO CHEST WO CONTRAST	C8910	HCPCS	outpatient			1768		322.28 Amerihealth	Medicare		280.24				280.24	1679.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ANGIO CHEST WO CONTRAST	C8910	HCPCS	outpatient			1768		322.28 Consumer	Consumer		1679.6	95			280.24	1679.6	percent of total billed charges	
MRI ANGIO CHEST WO CONTRAST	C8910	HCPCS	outpatient			1768		322.28 Corrections	Corrections		1414.4	80			280.24	1679.6	percent of total billed charges	
MRI ANGIO CHEST WO CONTRAST	C8910	HCPCS	outpatient			1768		322.28 First Health	First Health		1237.6	70			280.24	1679.6	percent of total billed charges	
MRI ANGIO CHEST WO CONTRAST	C8910	HCPCS	outpatient			1768		322.28 First Trenton	First Trenton		1591.2	90			280.24	1679.6	percent of total billed charges	
MRI ANGIO CHEST WO CONTRAST	C8910	HCPCS	outpatient			1768		322.28 Horizon	PPO		521.53				280.24	1679.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ANGIO CHEST WO CONTRAST	C8910	HCPCS	outpatient			1768		322.28 Horizon	Indemnity		521.53				280.24	1679.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ANGIO CHEST WO CONTRAST	C8910	HCPCS	outpatient			1768		322.28 Horizon	MGD		521.53				280.24	1679.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ANGIO CHEST WO CONTRAST	C8910	HCPCS	outpatient			1768		322.28 Horizon	Medicare Blue		280.24				280.24	1679

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.													
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true												
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
MRI ANGIO CHEST W/O CONTRAST	C8910	HCPCS	outpatient			1768	322.28	UHC	Medicaid		557.8	31.55		280.24			1679.6 percent of total billed charges	
MRI ANGIO CHEST WO CONTRAST	C8910	HCPCS	outpatient			1768	322.28	UHC	Medicare		280.24			280.24			1679.6 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ANGIO CHEST WO CONTRAST	C8910	HCPCS	outpatient			1768	322.28	Wellcare	Medicare		280.24			280.24			1679.6 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ANGIO CHEST WO CONTRAST	C8910	HCPCS	outpatient			1768	322.28	Wellcare	Medicaid		557.8	31.55		280.24			1679.6 percent of total billed charges	
MRI ANGIO CHEST WO CONTRAST	C8910	HCPCS	outpatient			1768	322.28	WellPoint	WellPoint		568.94	32.18		280.24			1679.6 percent of total billed charges	
MRI ANGIO CHEST WO/W CONTRAST	C8911	HCPCS	outpatient			2749	505.8	Aetna	Medicare		439.83			341			2611.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ANGIO CHEST WO/W CONTRAST	C8911	HCPCS	outpatient			2749	505.8	Aetna	Commercial		700.21			341			2611.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ANGIO CHEST WO/W CONTRAST	C8911	HCPCS	outpatient			2749	505.8	Aetna	Better Health		897.31	31.55		341			2611.55 percent of total billed charges	
MRI ANGIO CHEST WO/W CONTRAST	C8911	HCPCS	outpatient			2749	505.8	Americare	Americare		2061.75	75		341			2611.55 percent of total billed charges	
MRI ANGIO CHEST WO/W CONTRAST	C8911	HCPCS	outpatient			2749	505.8	Amerihealth	HMO/PPO		341			341			2611.55 fee schedule	
MRI ANGIO CHEST WO/W CONTRAST	C8911	HCPCS	outpatient			2749	505.8	Amerihealth	Medicare		439.83			341			2611.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ANGIO CHEST WO/W CONTRAST	C8911	HCPCS	outpatient			2749	505.8	Consumer	Consumer		2611.55	95		341			2611.55 percent of total billed charges	
MRI ANGIO CHEST WO/W CONTRAST	C8911	HCPCS	outpatient			2749	505.8	Corrections	Corrections		2199.2	80		341			2611.55 percent of total billed charges	
MRI ANGIO CHEST WO/W CONTRAST	C8911	HCPCS	outpatient			2749	505.8	First Health	First Health		1924.3	70		341			2611.55 percent of total billed charges	
MRI ANGIO CHEST WO/W CONTRAST	C8911	HCPCS	outpatient			2749	505.8	First Trenton	First Trenton		2474.1	90		341			2611.55 percent of total billed charges	
MRI ANGIO CHEST WO/W CONTRAST	C8911	HCPCS	outpatient			2749	505.8	Horizon	Medicare Blue		439.83			341			2611.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ANGIO CHEST WO/W CONTRAST	C8911	HCPCS	outpatient			2749	505.8	Horizon	MGD		818.52			341			2611.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ANGIO CHEST WO/W CONTRAST	C8911	HCPCS	outpatient			2749	505.8	Horizon	Indemnity		818.52			341			2611.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ANGIO CHEST WO/W CONTRAST	C8911	HCPCS	outpatient			2749	505.8	Horizon	PPO		818.52			341			2611.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ANGIO CHEST WO/W CONTRAST	C8911	HCPCS	outpatient			2749	505.8	Managed Care Inc	Managed Care Inc		2474.1	90		341			2611.55 percent of total billed charges	
MRI ANGIO CHEST WO/W CONTRAST	C8911	HCPCS	outpatient			2749	505.8	Multiplan	Multiplan		2199.2	80		341			2611.55 percent of total billed charges	
MRI ANGIO CHEST WO/W CONTRAST	C8911	HCPCS	outpatient			2749	505.8	Qualcare	Qualcare		2061.75	75		341			2611.55 percent of total billed charges	
MRI ANGIO CHEST WO/W CONTRAST	C8911	HCPCS	outpatient			2749	505.8	Three Rivers	Three Rivers		2611.55	95		341			2611.55 percent of total billed charges	
MRI ANGIO CHEST WO/W CONTRAST	C8911	HCPCS	outpatient			2749	505.8	UHC	Medicaid		867.31	31.55		341			2611.55 percent of total billed charges	
MRI ANGIO CHEST WO/W CONTRAST	C8911	HCPCS	outpatient			2749	505.8	UHC	Medicare		439.83			341			2611.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ANGIO CHEST WO/W CONTRAST	C8911	HCPCS	outpatient			2749	505.8	Wellcare	Medicaid		867.31	31.55		341			2611.55 percent of total billed charges	
MRI ANGIO CHEST WO/W CONTRAST	C8911	HCPCS	outpatient			2749	505.8	Wellcare	Medicare		439.83			341			2611.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ANGIO CHEST WO/W CONTRAST	C8911	HCPCS	outpatient			2749	505.8	WellPoint	WellPoint		884.83	32.18		341			2611.55 percent of total billed charges	
MRI-ANGIOGRPHY LOWER EXTREM WITH CONTRST	C8912	HCPCS	outpatient			4796	505.8	Aetna	Commercial		700.21			341			4556.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-ANGIOGRPHY LOWER EXTREM WITH CONTRST	C8912	HCPCS	outpatient			4796	505.8	Aetna	Better Health		1513.14	31.55		341			4556.2 percent of total billed charges	
MRI-ANGIOGRPHY LOWER EXTREM WITH CONTRST	C8912	HCPCS	outpatient			4796	505.8	Aetna	Medicare		439.83			341			4556.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-ANGIOGRPHY LOWER EXTREM WITH CONTRST	C8912	HCPCS	outpatient			4796	505.8	Americare	Americare		3597	75		341			4556.2 percent of total billed charges	
MRI-ANGIOGRPHY LOWER EXTREM WITH CONTRST	C8912	HCPCS	outpatient			4796	505.8	Amerihealth	HMO/PPO		341			341			4556.2 fee schedule	
MRI-ANGIOGRPHY LOWER EXTREM WITH CONTRST	C8912	HCPCS	outpatient			4796	505.8	Amerihealth	Medicare		439.83			341			4556.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-ANGIOGRPHY LOWER EXTREM WITH CONTRST	C8912	HCPCS	outpatient			4796	505.8	Consumer	Consumer		4556.2	95		341			4556.2 percent of total billed charges	
MRI-ANGIOGRPHY LOWER EXTREM WITH CONTRST	C8912	HCPCS	outpatient			4796	505.8	Corrections	Corrections		3836.8	80		341			4556.2 percent of total billed charges	
MRI-ANGIOGRPHY LOWER EXTREM WITH CONTRST	C8912	HCPCS	outpatient			4796	505.8	First Health	First Health		3357.2	70		341			4556.2 percent of total billed charges	
MRI-ANGIOGRPHY LOWER EXTREM WITH CONTRST	C8912	HCPCS	outpatient			4796	505.8	First Trenton	First Trenton		4316.4	90		341			4556.2 percent of total billed charges	
MRI-ANGIOGRPHY LOWER EXTREM WITH CONTRST	C8912	HCPCS	outpatient			4796	505.8	Horizon	Indemnity		818.52			341			4556.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-ANGIOGRPHY LOWER EXTREM WITH CONTRST	C8912	HCPCS	outpatient			4796	505.8	Horizon	MGD		818.52			341			4556.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-ANGIOGRPHY LOWER EXTREM WITH CONTRST	C8912	HCPCS	outpatient			4796	505.8	Horizon	Medicare Blue		439.83			341			4556.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-ANGIOGRPHY LOWER EXTREM WITH CONTRST	C8912	HCPCS	outpatient			4796	505.8	Horizon	PPO		818.52			341			4556.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-ANGIOGRPHY LOWER EXTREM WITH CONTRST	C8912	HCPCS	outpatient			4796	505.8	Managed Care Inc	Managed Care Inc		4316.4	90		341			4556.2 percent of total billed charges	
MRI-ANGIOGRPHY LOWER EXTREM WITH CONTRST	C8912	HCPCS	outpatient			4796	505.8	Multiplan	Multiplan		3836.8	80		341			4556.2 percent of total billed charges	
MRI-ANGIOGRPHY LOWER EXTREM WITH CONTRST	C8912	HCPCS	outpatient			4796	505.8	Qualcare	Qualcare		3597	75		341			4556.2 percent of total billed charges	
MRI-ANGIOGRPHY LOWER EXTREM WITH CONTRST	C8912	HCPCS	outpatient			4796	505.8	Three Rivers	Three Rivers		4556.2	95		341			4556.2 percent of total billed charges	
MRI-ANGIOGRPHY LOWER EXTREM WITH CONTRST	C8912	HCPCS	outpatient			4796	505.8	UHC	Medicaid		1513.14	31.55		341			4556.2 percent of total billed charges	
MRI-ANGIOGRPHY LOWER EXTREM WITH CONTRST	C8912	HCPCS	outpatient			4796	505.8	UHC	Medicare		439.83			341			4556.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-ANGIOGRPHY LOWER EXTREM WITH CONTRST	C8912	HCPCS	outpatient			4796	505.8	Wellcare	Medicare		439.83			341			4556.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-ANGIOGRPHY LOWER EXTREM WITH CONTRST	C8912	HCPCS	outpatient			4796	505.8	Wellcare	Medicaid		1513.14	31.55		341			4556.2 percent of total billed charges	
MRI-ANGIOGRPHY LOWER EXTREM WITH CONTRST	C8912	HCPCS	outpatient			4796	505.8	WellPoint	WellPoint		1543.35	32.18		341			4556.2 percent of total billed charges	
MRI-ANGIOGRAPHY LOWER EXTREMITY WO/WCONTR	C8913	HCPCS	outpatient			3822	322.28	Aetna	Better Health		1205.84	31.55		280.24			3630.9 percent of total billed charges	
MRI-ANGIOGRAPHY LOWER EXTREMITY WO/WCONTR	C8913	HCPCS	outpatient			3822	322.28	Aetna	Commercial		446.14			280.24			3630.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-ANGIOGRAPHY LOWER EXTREMITY WO/WCONTR	C8913	HCPCS	outpatient			3822	322.28	Aetna	Medicare		280.24			280.24			3630.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-ANGIOGRAPHY LOWER EXTREMITY WO/WCONTR	C8913	HCPCS	outpatient			3822	322.28	Americare	Americare		2866.5	75		280.24			3630.9 percent of total billed charges	
MRI-ANGIOGRAPHY LOWER EXTREMITY WO/WCONTR	C8913	HCPCS	outpatient			3822	322.28	Amerihealth	HMO/PPO		341			280.24			3630.9 fee schedule	
MRI-ANGIOGRAPHY LOWER EXTREMITY WO/WCONTR	C8913	HCPCS	outpatient			3822	322.28	Amerihealth	Medicare		280.24			280.24			3630.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-ANGIOGRAPHY LOWER EXTREMITY WO/WCONTR	C8913	HCPCS	outpatient			3822	322.28	Consumer	Consumer		3630.9	95		280.24			3630.9 percent of total billed charges	
MRI-ANGIOGRAPHY LOWER EXTREMITY WO/WCONTR	C8913	HCPCS	outpatient			3822	322.28	Corrections	Corrections		3057.6	80		280.24			3630.9 percent of total billed charges	
MRI-ANGIOGRAPHY LOWER EXTREMITY WO/WCONTR	C8913	HCPCS	outpatient			3822	322.28	First Health	First Health		2675.4	70		280.24			3630.9 percent of total billed charges	
MRI-ANGIOGRAPHY LOWER EXTREMITY WO/WCONTR	C8913	HCPCS	outpatient			3822	322.28	First Trenton	First Trenton		3439.8	90		280.24			3630.9 percent of total billed charges	
MRI-ANGIOGRAPHY LOWER EXTREMITY WO/WCONTR	C8913	HCPCS	outpatient			3822	322.28	Horizon	Medicare Blue		280.24			280.24			3630.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-ANGIOGRAPHY LOWER EXTREMITY WO/WCONTR	C8913	HCPCS	outpatient			3822	322.28	Horizon	MGD		521.53			280.24			3630.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-ANGIOGRAPHY LOWER EXTREMITY WO/WCONTR	C8913	HCPCS	outpatient			3822	322.28	Horizon	Indemnity		521.53			280.24			3630.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-ANGIOGRAPHY LOWER EXTREMITY WO/WCONTR	C8913	HCPCS	outpatient			3822	322.28	Horizon	PPO		521.53			280.24			3630.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-ANGIOGRAPHY LOWER EXTREMITY WO/WCONTR	C8913	HCPCS	outpatient			3822	322.28	Managed Care Inc	Managed Care Inc		3439.8	90		280.24			3630.9 percent of total billed charges	
MRI-ANGIOGRAPHY LOWER EXTREMITY WO/WCONTR	C8913	HCPCS	outpatient			3822	322.28	Multiplan	Multiplan		3057.6	80		280.24			3630.9 percent of total billed charges	
MRI-ANGIOGRAPHY LOWER EXTREMITY WO/WCONTR	C8913	HCPCS	outpatient			3822	322.28	Qualcare	Qualcare		2866.5	75		280.24			3630.9 percent of total billed charges	
MRI-ANGIOGRAPHY LOWER EXTREMITY WO/WCONTR	C8913	HCPCS	outpatient			3822	322.28	Three Rivers	Three Rivers		3630.9	95		280.24			3630.9 percent of total billed charges	
MRI-ANGIOGRAPHY LOWER EXTREMITY WO/WCONTR	C8913	HCPCS	outpatient			3822	322.28	UHC	Medicaid		1205.84	31.55		280.24			3630.9 percent of total billed charges	
MRI-ANGIOGRAPHY LOWER EXTREMITY WO/WCONTR	C8913	HCPCS	outpatient			3822	322.28	UHC	Medicare		280.24			280.24			3630.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-ANGIOGRAPHY LOWER EXTREMITY WO/WCONTR	C8913	HCPCS	outpatient			3822	322.28	Wellcare	Medicaid		1205.84	31.55		280.24			3630.9 percent of total billed charges	
MRI-ANGIOGRAPHY LOWER EXTREMITY WO/WCONTR	C8913	HCPCS	outpatient			3822	322.28	Wellcare	Medicare		280.24			280.24			3630.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-ANGIOGRAPHY LOWER EXTREMITY WO/WCONTR	C8913	HCPCS	outpatient			3822	322.28	WellPoint	WellPoint		1229.92	32.18		280.24			3630.9 percent of total billed charges	
MRA TIN/FIB W-W/O CONTRAST B/L	C8914	HCPCS	outpatient			5626	505.8	Aetna	Better Health		1775	31.55		341			5344.7 percent of total billed charges	
MRA TIN/FIB W-W/O CONTRAST B/L	C8914	HCPCS	outpatient			5626	505.8	Aetna	Commercial		700.21			341			5344.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA TIN/FIB W-W/O CONTRAST B/L	C8914	HCPCS	outpatient			5626	505.8	Aetna	Medicare		439.83			341			5344.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA TIN/FIB W-W/O CONTRAST B/L	C8914	HCPCS	outpatient			5626	505.8	Americare	Americare		4219.5	75		341			5344.7 percent of total billed charges	
MRA TIN/FIB W-W/O CONTRAST B/L	C8914	HCPCS	outpatient			5626	505.8	Amerihealth	Medicare		439.83			341			5344.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA TIN/FIB W-W/O CONTRAST B/L	C8914	HCPCS	outpatient			5626	505.8	Amerihealth	HMO/PPO		341			341			5344.7 fee schedule	
MRA TIN/FIB W-W/O CONTRAST B/L	C8914	HCPCS	outpatient			5626	505.8	Consumer	Consumer		5344.7	95		341			5344.7 percent of total billed charges	
MRA TIN/FIB W-W/O CONTRAST B/L	C8914	HCPCS	outpatient			5626	505.8	Corrections	Corrections		4500.8	80		341			5344.7 percent of total billed charges	
MRA TIN/FIB W-W/O CONTRAST B/L	C8914	HCPCS	outpatient			5626	505.8	First Health	First Health		3938.2	70		341			5344.7 percent of total billed charges	
MRA TIN/FIB W-W/O CONTRAST B/L	C8914	HCPCS	outpatient			5626	505.8	First Trenton	First Trenton		5063.4	90		341			5344.7 percent of total billed charges	
MRA TIN/FIB W-W/O CONTRAST B/L	C8914	HCPCS	outpatient			5626	505.8	Horizon	MGD		818.52			341			5344.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA TIN/FIB W-W/O CONTRAST B/L	C8914	HCPCS	outpatient			5626	505.8	Horizon	Indemnity		818.52			341			5344.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA TIN/FIB W-W/O CONTRAST B/L	C8914	HCPCS	outpatient			5626	505.8	Horizon	Medicare Blue		439.83			341			5344.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA TIN/FIB W-W/O CONTRAST B/L	C8914	HCPCS	outpatient			5626	505.8	Horizon	NJ Health		448.84			341			5344.7 fee schedule	
MRA TIN/FIB W-W/O CONTRAST B/L	C8914	HCPCS	outpatient			5626	505.8	Horizon	PPO		818.52			341			5344.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA TIN/FIB W-W/O CONTRAST B/L	C8914	HCPCS	outpatient			5626	505.8	Managed Care Inc	Managed Care Inc		5063.4	90		341			5344.7 percent of total billed charges	
MRA TIN/FIB W-W/O CONTRAST B/L	C8914	HCPCS	outpatient			5626	505.8	Multiplan	Multiplan		4500.8	80		341			5344.7 percent of total billed charges	
MRA TIN/FIB W-W/O CONTRAST B/L	C8914	HCPCS	outpatient			5626	505.8	Qualcare	Qualcare		4219.5	75		341			5344.7 percent of total billed charges	
MRA TIN/FIB W-W/O CONTRAST B/L	C8914	HCPCS	outpatient			5626	505.8	Three Rivers	Three Rivers		5344.7	95		341			5344.7 percent of total billed charges	
MRA TIN/FIB W-W/O CONTRAST B/L	C8914	HCPCS	outpatient			5626	505.8	UHC	Medicare		439.83			341			5344.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA TIN/FIB W-W/O CONTRAST B/L	C8914	HCPCS	outpatient			5626	505.8	UHC	Medicaid		1775	31.55		341			5344.7 percent of total billed charges	
MRA TIN/FIB W-W/O CONTRAST B/L	C8914	HCPCS	outpatient			5626	505.8	Wellcare	Medicaid		1775	31.55		341			5344.7 percent of total billed charges	
MRA TIN/FIB W-W/O CONTRAST B/L	C8914	HCPCS	outpatient			5626	505.8	Wellcare	Medicare		439.83			341			5344.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA TIN/FIB W-W/O CONTRAST B/L	C8914	HCPCS	outpatient			5626	505.8	WellPoint	WellPoint		1810.45	32.18		341			5344.7 percent of total billed charges	
MR/PELVIS/(MRA ONLY)WCONTRAST	C8918	HCPCS	outpatient			4223	505.8	Aetna	Medicare		439.83			341			4011.85 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MR/PELVIS/(MRA ONLY)WCONTRAST	C8918	HCPCS	outpatient			4223	505.8	Aetna	Better Health		1332.36	31.55		341			4011.85 percent of total billed charges	
MR/PELVIS/(MRA ONLY)WCONTRAST	C8918	HCPCS	outpatient			4223	505.8	Aetna	Commercial		700.21			341			4011.85 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MR/PELVIS/(MRA ONLY)WCONTRAST	C8918	HCPCS	outpatient			4223	505.8	Americare	Americare		3167.25	75		341			4011.85 percent of total billed charges	
MR/PELVIS/(MRA ONLY)WCONTRAST	C8918	HCPCS	outpatient			4223	505.8	Amerihealth	HMO/PPO		341			341			4011.85 fee schedule	
MR/PELVIS/(MRA ONLY)WCONTRAST	C8918	HCPCS	outpatient			4223	505.8	Amerihealth	Medicare		439.83			341			4011.85 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MR/PELVIS/(MRA ONLY)WCONTRAST	C8918	HCPCS	outpatient			4223	505.8	Consumer	Consumer		4011.85	95		341			4011.85 percent of total billed charges	
MR/PELVIS/(MRA ONLY)WCONTRAST	C8918	HCPCS	outpatient			4223	505.8	Corrections	Corrections		3378.4	80		341			4011.85 percent of total billed charges	
MR/PELVIS/(MRA ONLY)WCONTRAST	C8918	HCPCS	outpatient			4223	505.8	First Health	First Health		2956.1	70		341			4011.85 percent of total billed charges	
MR/PELVIS/(MRA ONLY)WCONTRAST	C8918	HCPCS	outpatient			4223	505.8	First Trenton	First Trenton		3800.7	90		341			4011.85 percent of total billed charges	
MR/PELVIS/(MRA ONLY)WCONTRAST	C8918	HCPCS	outpatient			4223	505.8	Horizon	Medicare Blue		439.83			341			4011.85 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MR/PELVIS/(MRA ONLY)WCONTRAST	C8918	HCPCS	outpatient			4223	505.8	Horizon	PPO		818.52			341			4011.85 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MR/PELVIS/(MRA ONLY)WCONTRAST	C8918	HCPCS	outpatient			4223	505.8	Horizon	MGD		818.52			341			4011.85 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MR/PELVIS/(MRA ONLY)WCONTRAST	C8918	HCPCS	outpatient			4223	505.8	Horizon	Indemnity		818.52			341			4011.85 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MR/PELVIS/(MRA ONLY)WCONTRAST	C8918	HCPCS	outpatient			4223	505.8	Managed Care Inc	Managed Care Inc		3800.7	90		341			4011.85 percent of total billed charges	
MR/PELVIS/(MRA ONLY)WCONTRAST	C8918	HCPCS	outpatient			4223	505.8	Multiplan	Multiplan		3378.4	80		341			4011.85 percent of total billed charges	
MR/PELVIS/(MRA ONLY)WCONTRAST	C8918	HCPCS	outpatient			4223	505.8	Qualcare	Qualcare		3167.25	75		341			4011.85 percent of total billed charges	
MR/PELVIS/(MRA ONLY)WCONTRAST	C8918	HCPCS	outpatient			4223	505.8	Three Rivers	Three Rivers		4011.85	95		341			4011.85 percent of total billed charges	
MR/PELVIS/(MRA ONLY)WCONTRAST	C8918	HCPCS	outpatient			4223	505.8	UHC	Medicaid		1332.36	31.55		341			4011.85 percent of total billed charges	
MR/PELVIS/(MRA ONLY)WCONTRAST	C8918	HCPCS	outpatient			4223	505.8	UHC	Medicare		439.83			341			4011.85 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MR/PELVIS/(MRA ONLY)WCONTRAST	C8918	HCPCS	outpatient			4223	505.8	Wellcare	Medicaid		1332.36	31.55		341			4011.85 percent of total billed charges	
MR/PELVIS/(MRA ONLY)WCONTRAST	C8918	HCPCS	outpatient			4223	505.8	Wellcare	Medicare		439.83			341			4011.85 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MR/PELVIS/(MRA ONLY)WCONTRAST	C8918	HCPCS	outpatient			4223	505.8	WellPoint	WellPoint		1358.96	32.18		341			4011.85 percent of total billed charges	
MR/PELVIS/(MRA ONLY)W/O CONTR	C8919	HCPCS	outpatient			5272	322.28	Aetna	Medicare		280.24			280.24			5008.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MR/PELVIS/(MRA ONLY)W/O CONTR	C8919	HCPCS	outpatient			5272	322.28	Aetna	Commercial		446.14			280.24			5008.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MR/PELVIS/(MRA ONLY)W/O CONTR	C8919	HCPCS	outpatient			5272	322.28	Aetna	Better Health		1663.32	31.55		280.24			5008.4 percent of total billed charges	
MR/PELVIS/(MRA ONLY)W/O CONTR	C8919	HCPCS	outpatient			5272	322.28	Americare	Americare		3954	75		280.24			5008.4 percent of total billed charges	
MR/PELVIS/(MRA ONLY)W/O CONTR	C8919	HCPCS	outpatient			5272	322.28	Amerihealth	Medicare		280.24			280.24			5008.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MR/PELVIS/(MRA ONLY)W/O CONTR	C8919	HCPCS	outpatient			5272	322.28	Amerihealth	HMO/PPO		341			280.24			5008.4 fee schedule	
MR/PELVIS/(MRA ONLY)W/O CONTR	C8919	HCPCS	outpatient			5272	322.28	Consumer	Consumer		5008.4	95		280.24			5008.4 percent of total billed charges	
MR/PELVIS/(MRA ONLY)W/O CONTR	C8919	HCPCS	outpatient			5272	322.28	Corrections	Corrections		4217.6	80		280.24			5008.4 percent of total billed charges	
MR/PELVIS/(MRA ONLY)W/O CONTR	C8919	HCPCS	outpatient			5272	322.28	First Health	First Health		3690.4	70		280.24			5008.4 percent of total billed charges	
MR/PELVIS/(MRA ONLY)W/O CONTR	C8919	HCPCS	outpatient			5272	322.28	First Trenton	First Trenton		4744.8	90		280.24			5008.4 percent of total billed charges	
MR/PELVIS/(MRA ONLY)W/O CONTR	C8919	HCPCS	outpatient			5272	322.28	Horizon	Indemnity		521.53			280.24			5008.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MR/PELVIS/(MRA ONLY)W/O CONTR	C8919	HCPCS	outpatient			5272	322.28	Horizon	MGD		521.53			280.24			5008.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MR/PELVIS/(MRA ONLY)W/O CONTR	C8919	HCPCS	outpatient			5272	322.28	Horizon	PPO		521.53			280.24			5008.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MR/PELVIS/(MRA ONLY)W/O CONTR	C8919	HCPCS	outpatient			5272	322.28	Horizon	Medicare Blue		280.24			280.24			5008.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MR/PELVIS/(MRA ONLY)W/O CONTR	C8919	HCPCS	outpatient			5272	322.28	Managed Care Inc	Managed Care Inc		4744.8	90		280.24			5008.4 percent of total billed charges	
MR/PELVIS/(MRA ONLY)W/O CONTR	C8919	HCPCS	outpatient			5272	322.28	Multiplan	Multiplan		4217.6	80		280.24			5008.4 percent of total billed charges	
MR/PELVIS/(MRA ONLY)W/O CONTR	C8919	HCPCS	outpatient			5272	322.28	Qualcare	Qualcare		3954	75		280.24			5008.4 percent of total billed charges	
MR/PELVIS/(MRA ONLY)W/O CONTR	C8919	HCPCS	outpatient			5272	322.28	Three Rivers	Three Rivers		5008.4	95		280.24			5008.4 percent of total billed charges	
MR/PELVIS/(MRA ONLY)W/O CONTR	C8919	HCPCS	outpatient			5272	322.28	UHC	Medicare		280.24			280.24			5008.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MR/PELVIS/(MRA ONLY)W

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.														
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103		310119 true													
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
TTE W OR W/O CONTR,CONT ECG	C8930	HCPCS	outpatient			3523	1053.08	Amerihealth	HMO/PPO		116.46				116.46	3346.85	fee schedule	
TTE W OR W/O CONTR,CONT ECG	C8930	HCPCS	outpatient			3523	1053.08	Amerihealth	Medicare		915.72				116.46	3346.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TTE W OR W/O CONTR,CONT ECG	C8930	HCPCS	outpatient			3523	1053.08	Consumer	Consumer		3346.85	95			116.46	3346.85	percent of total billed charges	
TTE W OR W/O CONTR,CONT ECG	C8930	HCPCS	outpatient			3523	1053.08	Corrections	Corrections		2818.4	80			116.46	3346.85	percent of total billed charges	
TTE W OR W/O CONTR,CONT ECG	C8930	HCPCS	outpatient			3523	1053.08	First Health	First Health		2466.1	70			116.46	3346.85	percent of total billed charges	
TTE W OR W/O CONTR,CONT ECG	C8930	HCPCS	outpatient			3523	1053.08	First Trenton	First Trenton		3170.7	90			116.46	3346.85	percent of total billed charges	
TTE W OR W/O CONTR,CONT ECG	C8930	HCPCS	outpatient			3523	1053.08	Horizon	Indemnity		1704.15				116.46	3346.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TTE W OR W/O CONTR,CONT ECG	C8930	HCPCS	outpatient			3523	1053.08	Horizon	PPO		1704.15				116.46	3346.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TTE W OR W/O CONTR,CONT ECG	C8930	HCPCS	outpatient			3523	1053.08	Horizon	MGD		1704.15				116.46	3346.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TTE W OR W/O CONTR,CONT ECG	C8930	HCPCS	outpatient			3523	1053.08	Horizon	Medicare Blue		915.72				116.46	3346.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TTE W OR W/O CONTR,CONT ECG	C8930	HCPCS	outpatient			3523	1053.08	Managed Care Inc	Managed Care Inc		3170.7	90			116.46	3346.85	percent of total billed charges	
TTE W OR W/O CONTR,CONT ECG	C8930	HCPCS	outpatient			3523	1053.08	Multiplan	Multiplan		2818.4	80			116.46	3346.85	percent of total billed charges	
TTE W OR W/O CONTR,CONT ECG	C8930	HCPCS	outpatient			3523	1053.08	Qualcare	Qualcare		2642.25	75			116.46	3346.85	percent of total billed charges	
TTE W OR W/O CONTR,CONT ECG	C8930	HCPCS	outpatient			3523	1053.08	Three Rivers	Three Rivers		3346.85	95			116.46	3346.85	percent of total billed charges	
TTE W OR W/O CONTR,CONT ECG	C8930	HCPCS	outpatient			3523	1053.08	UHC	Medicare		915.72				116.46	3346.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TTE W OR W/O CONTR,CONT ECG	C8930	HCPCS	outpatient			3523	1053.08	UHC	Medicaid		1111.51	31.55			116.46	3346.85	percent of total billed charges	
TTE W OR W/O CONTR,CONT ECG	C8930	HCPCS	outpatient			3523	1053.08	Wellcare	Medicare		915.72				116.46	3346.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TTE W OR W/O CONTR,CONT ECG	C8930	HCPCS	outpatient			3523	1053.08	Wellcare	Medicaid		1111.51	31.55			116.46	3346.85	percent of total billed charges	
TTE W OR W/O CONTR,CONT ECG	C8930	HCPCS	outpatient			3523	1053.08	WellPoint	WellPoint		1133.7	32.18			116.46	3346.85	percent of total billed charges	
MRA HUMERUS W/O CONTRAST B/L	C8935	HCPCS	outpatient			1768	322.28	Aetna	Medicare		280.24				280.24	1679.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA HUMERUS W/O CONTRAST B/L	C8935	HCPCS	outpatient			1768	322.28	Aetna	Better Health		557.8	31.55			280.24	1679.6	percent of total billed charges	
MRA HUMERUS W/O CONTRAST B/L	C8935	HCPCS	outpatient			1768	322.28	Aetna	Commercial		446.14				280.24	1679.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA HUMERUS W/O CONTRAST B/L	C8935	HCPCS	outpatient			1768	322.28	Americare	Americare		1326	75			280.24	1679.6	percent of total billed charges	
MRA HUMERUS W/O CONTRAST B/L	C8935	HCPCS	outpatient			1768	322.28	Amerihealth	HMO/PPO		341				280.24	1679.6	fee schedule	
MRA HUMERUS W/O CONTRAST B/L	C8935	HCPCS	outpatient			1768	322.28	Amerihealth	Medicare		280.24				280.24	1679.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA HUMERUS W/O CONTRAST B/L	C8935	HCPCS	outpatient			1768	322.28	Consumer	Consumer		1679.6	95			280.24	1679.6	percent of total billed charges	
MRA HUMERUS W/O CONTRAST B/L	C8935	HCPCS	outpatient			1768	322.28	Corrections	Corrections		1414.4	80			280.24	1679.6	percent of total billed charges	
MRA HUMERUS W/O CONTRAST B/L	C8935	HCPCS	outpatient			1768	322.28	First Health	First Health		1237.6	70			280.24	1679.6	percent of total billed charges	
MRA HUMERUS W/O CONTRAST B/L	C8935	HCPCS	outpatient			1768	322.28	First Trenton	First Trenton		1591.2	90			280.24	1679.6	percent of total billed charges	
MRA HUMERUS W/O CONTRAST B/L	C8935	HCPCS	outpatient			1768	322.28	Horizon	MGD		521.53				280.24	1679.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA HUMERUS W/O CONTRAST B/L	C8935	HCPCS	outpatient			1768	322.28	Horizon	Medicare Blue		280.24				280.24	1679.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA HUMERUS W/O CONTRAST B/L	C8935	HCPCS	outpatient			1768	322.28	Horizon	Indemnity		521.53				280.24	1679.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA HUMERUS W/O CONTRAST B/L	C8935	HCPCS	outpatient			1768	322.28	Horizon	PPO		521.53				280.24	1679.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA HUMERUS W/O CONTRAST B/L	C8935	HCPCS	outpatient			1768	322.28	Managed Care Inc	Managed Care Inc		1591.2	90			280.24	1679.6	percent of total billed charges	
MRA HUMERUS W/O CONTRAST B/L	C8935	HCPCS	outpatient			1768	322.28	Multiplan	Multiplan		1414.4	80			280.24	1679.6	percent of total billed charges	
MRA HUMERUS W/O CONTRAST B/L	C8935	HCPCS	outpatient			1768	322.28	Qualcare	Qualcare		1326	75			280.24	1679.6	percent of total billed charges	
MRA HUMERUS W/O CONTRAST B/L	C8935	HCPCS	outpatient			1768	322.28	Three Rivers	Three Rivers		1679.6	95			280.24	1679.6	percent of total billed charges	
MRA HUMERUS W/O CONTRAST B/L	C8935	HCPCS	outpatient			1768	322.28	UHC	Medicaid		557.8	31.55			280.24	1679.6	percent of total billed charges	
MRA HUMERUS W/O CONTRAST B/L	C8935	HCPCS	outpatient			1768	322.28	UHC	Medicare		280.24				280.24	1679.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA HUMERUS W/O CONTRAST B/L	C8935	HCPCS	outpatient			1768	322.28	Wellcare	Medicaid		557.8	31.55			280.24	1679.6	percent of total billed charges	
MRA HUMERUS W/O CONTRAST B/L	C8935	HCPCS	outpatient			1768	322.28	Wellcare	Medicare		280.24				280.24	1679.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA HUMERUS W/O CONTRAST B/L	C8935	HCPCS	outpatient			1768	322.28	WellPoint	WellPoint		568.94	32.18			280.24	1679.6	percent of total billed charges	
MRA HUMERUS W-W/O CONTRAST B/L	C8936	HCPCS	outpatient			2749	505.8	Aetna	Commercial		700.21				341	2611.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA HUMERUS W-W/O CONTRAST B/L	C8936	HCPCS	outpatient			2749	505.8	Aetna	Better Health		867.31	31.55			341	2611.55	percent of total billed charges	
MRA HUMERUS W-W/O CONTRAST B/L	C8936	HCPCS	outpatient			2749	505.8	Aetna	Medicare		439.83				341	2611.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA HUMERUS W-W/O CONTRAST B/L	C8936	HCPCS	outpatient			2749	505.8	Americare	Americare		2061.75	75			341	2611.55	percent of total billed charges	
MRA HUMERUS W-W/O CONTRAST B/L	C8936	HCPCS	outpatient			2749	505.8	Amerihealth	HMO/PPO		341				341	2611.55	fee schedule	
MRA HUMERUS W-W/O CONTRAST B/L	C8936	HCPCS	outpatient			2749	505.8	Amerihealth	Medicare		439.83				341	2611.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA HUMERUS W-W/O CONTRAST B/L	C8936	HCPCS	outpatient			2749	505.8	Consumer	Consumer		2611.55	95			341	2611.55	percent of total billed charges	
MRA HUMERUS W-W/O CONTRAST B/L	C8936	HCPCS	outpatient			2749	505.8	Corrections	Corrections		2199.2	80			341	2611.55	percent of total billed charges	
MRA HUMERUS W-W/O CONTRAST B/L	C8936	HCPCS	outpatient			2749	505.8	First Health	First Health		1924.3	70			341	2611.55	percent of total billed charges	
MRA HUMERUS W-W/O CONTRAST B/L	C8936	HCPCS	outpatient			2749	505.8	First Trenton	First Trenton		2474.1	90			341	2611.55	percent of total billed charges	
MRA HUMERUS W-W/O CONTRAST B/L	C8936	HCPCS	outpatient			2749	505.8	Horizon	MGD		818.52				341	2611.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA HUMERUS W-W/O CONTRAST B/L	C8936	HCPCS	outpatient			2749	505.8	Horizon	Indemnity		818.52				341	2611.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA HUMERUS W-W/O CONTRAST B/L	C8936	HCPCS	outpatient			2749	505.8	Horizon	Medicare Blue		439.83				341	2611.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA HUMERUS W-W/O CONTRAST B/L	C8936	HCPCS	outpatient			2749	505.8	Horizon	PPO		818.52				341	2611.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA HUMERUS W-W/O CONTRAST B/L	C8936	HCPCS	outpatient			2749	505.8	Managed Care Inc	Managed Care Inc		2474.1	90			341	2611.55	percent of total billed charges	
MRA HUMERUS W-W/O CONTRAST B/L	C8936	HCPCS	outpatient			2749	505.8	Multiplan	Multiplan		2199.2	80			341	2611.55	percent of total billed charges	
MRA HUMERUS W-W/O CONTRAST B/L	C8936	HCPCS	outpatient			2749	505.8	Qualcare	Qualcare		2061.75	75			341	2611.55	percent of total billed charges	
MRA HUMERUS W-W/O CONTRAST B/L	C8936	HCPCS	outpatient			2749	505.8	Three Rivers	Three Rivers		2611.55	95			341	2611.55	percent of total billed charges	
MRA HUMERUS W-W/O CONTRAST B/L	C8936	HCPCS	outpatient			2749	505.8	UHC	Medicaid		867.31	31.55			341	2611.55	percent of total billed charges	
MRA HUMERUS W-W/O CONTRAST B/L	C8936	HCPCS	outpatient			2749	505.8	UHC	Medicare		439.83				341	2611.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA HUMERUS W-W/O CONTRAST B/L	C8936	HCPCS	outpatient			2749	505.8	Wellcare	Medicaid		867.31	31.55			341	2611.55	percent of total billed charges	
MRA HUMERUS W-W/O CONTRAST B/L	C8936	HCPCS	outpatient			2749	505.8	Wellcare	Medicare		439.83				341	2611.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA HUMERUS W-W/O CONTRAST B/L	C8936	HCPCS	outpatient			2749	505.8	WellPoint	WellPoint		884.63	32.18			341	2611.55	percent of total billed charges	
IV INF>8 HRS, PUMP	C8957	HCPCS	outpatient			1073	445.43	Aetna	Better Health		338.53	31.55			51	1019.35	percent of total billed charges	
IV INF>8 HRS, PUMP	C8957	HCPCS	outpatient			1073	445.43	Aetna	Commercial		616.63				51	1019.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IV INF>8 HRS, PUMP	C8957	HCPCS	outpatient			1073	445.43	Aetna	Medicare		387.33				51	1019.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IV INF>8 HRS, PUMP	C8957	HCPCS	outpatient			1073	445.43	Americare	Americare		804.75	75			51	1019.35	percent of total billed charges	
IV INF>8 HRS, PUMP	C8957	HCPCS	outpatient			1073	445.43	Amerihealth	Medicare		387.33				51	1019.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IV INF>8 HRS, PUMP	C8957	HCPCS	outpatient			1073	445.43	Amerihealth	HMO/PPO		51				51	1019.35	fee schedule	
IV INF>8 HRS, PUMP	C8957	HCPCS	outpatient			1073	445.43	Consumer	Consumer		1019.35	95			51	1019.35	percent of total billed charges	
IV INF>8 HRS, PUMP	C8957	HCPCS	outpatient			1073	445.43	Corrections	Corrections		858.4	80			51	1019.35	percent of total billed charges	
IV INF>8 HRS, PUMP	C8957	HCPCS	outpatient			1073	445.43	First Health	First Health		751.1	70			51	1019.35	percent of total billed charges	
IV INF>8 HRS, PUMP	C8957	HCPCS	outpatient			1073	445.43	First Trenton	First Trenton		965.7	90			51	1019.35	percent of total billed charges	
IV INF>8 HRS, PUMP	C8957	HCPCS	outpatient			1073	445.43	Horizon	PPO		720.82				51	1019.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IV INF>8 HRS, PUMP	C8957	HCPCS	outpatient			1073	445.43	Horizon	MGD		720.82				51	1019.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IV INF>8 HRS, PUMP	C8957	HCPCS	outpatient			1073	445.43	Horizon	Indemnity		720.82				51	1019.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IV INF>8 HRS, PUMP	C8957	HCPCS	outpatient			1073	445.43	Horizon	Medicare Blue		387.33				51	1019.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IV INF>8 HRS, PUMP	C8957	HCPCS	outpatient			1073	445.43	Managed Care Inc	Managed Care Inc		965.7	90			51	1019.35	percent of total billed charges	
IV INF>8 HRS, PUMP	C8957	HCPCS	outpatient			1073	445.43	Multiplan	Multiplan		858.4	80			51	1019.35	percent of total billed charges	
IV INF>8 HRS, PUMP	C8957	HCPCS	outpatient			1073	445.43	Qualcare	Qualcare		804.75	75			51	1019.35	percent of total billed charges	
IV INF>8 HRS, PUMP	C8957	HCPCS	outpatient			1073	445.43	Three Rivers	Three Rivers		1019.35	95			51	1019.35	percent of total billed charges	
IV INF>8 HRS, PUMP	C8957	HCPCS	outpatient			1073	445.43	UHC	Medicare		387.33				51	1019.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IV INF>8 HRS, PUMP	C8957	HCPCS	outpatient			1073	445.43	UHC	Medicaid		338.53	31.55			51	1019.35	percent of total billed charges	
IV INF>8 HRS, PUMP	C8957	HCPCS	outpatient			1073	445.43	Wellcare	Medicare		387.33				51	1019.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IV INF>8 HRS, PUMP	C8957	HCPCS	outpatient			1073	445.43	Wellcare	Medicaid		338.53	31.55			51	1019.35	percent of total billed charges	
IV INF>8 HRS, PUMP	C8957	HCPCS	outpatient			1073	445.43	WellPoint	WellPoint		345.29	32.18			51	1019.35	percent of total billed charges	
BUPIV-MELOXICAM(ZYNRELEF)1MG INJ	C9088	HCPCS	outpatient			2.5	1.01	Aetna	Commercial		1.4				0.79	2.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BUPIV-MELOXICAM(ZYNRELEF)1MG INJ	C9088	HCPCS	outpatient			2.5	1.01	Aetna	Better Health		0.79	31.55			0.79	2.38	percent of total billed charges	
BUPIV-MELOXICAM(ZYNRELEF)1MG INJ	C9088	HCPCS	outpatient			2.5	1.01	Aetna	Medicare		0.88				0.79	2.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BUPIV-MELOXICAM(ZYNRELEF)1MG INJ	C9088	HCPCS	outpatient			2.5	1.01	Americare	Americare		1.88	75			0.79	2.38	percent of total billed charges	
BUPIV-MELOXICAM(ZYNRELEF)1MG INJ	C9088	HCPCS	outpatient			2.5	1.01	Amerihealth	HMO/PPO		1.63	65			0.79	2.38	percent of total billed charges	
BUPIV-MELOXICAM(ZYNRELEF)1MG INJ	C9088	HCPCS	outpatient			2.5	1.01	Amerihealth	Medicare		0.88				0.79	2.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BUPIV-MELOXICAM(ZYNRELEF)1MG INJ	C9088	HCPCS	outpatient			2.5	1.01	Consumer	Consumer		2.38	95			0.79	2.38	percent of total billed charges	
BUPIV-MELOXICAM(ZYNRELEF)1MG INJ	C9088	HCPCS	outpatient			2.5	1.01	Corrections	Corrections		2	80			0.79	2.38	percent of total billed charges	
BUPIV-MELOXICAM(ZYNRELEF)1MG INJ	C9088	HCPCS	outpatient			2.5	1.01	First Health	First Health		1.75	70			0.79	2.38	percent of total billed charges	
BUPIV-MELOXICAM(ZYNRELEF)1MG INJ	C9088	HCPCS	outpatient			2.5	1.01	First Trenton	First Trenton		2.25	90			0.79	2.38	percent of total billed charges	
BUPIV-MELOXICAM(ZYNRELEF)1MG INJ	C9088	HCPCS	outpatient			2.5	1.01	Horizon	Indemnity		1.64				0.79	2.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BUPIV-MELOXICAM(ZYNRELEF)1MG INJ	C9088	HCPCS	outpatient			2.5	1.01	Horizon	Medicare Blue		0.88				0.79	2.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BUPIV-MELOXICAM(ZYNRELEF)1MG INJ	C9088	HCPCS	outpatient			2.5	1.01	Horizon	MGD		1.64				0.79	2.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BUPIV-MELOXICAM(ZYNRELEF)1MG INJ	C9088	HCPCS	outpatient			2.5	1.01	Horizon	PPO		1.64				0.79	2.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BUPIV-MELOXICAM(ZYNRELEF)1MG INJ	C9088	HCPCS	outpatient			2.5	1.01	Managed Care Inc	Managed Care Inc		2.25	90			0.79	2.38	percent of total billed charges	
BUPIV-MELOXICAM(ZYNRELEF)1MG INJ	C9088	HCPCS	outpatient			2.5	1.01	Multiplan	Multiplan		2	80			0.79	2.38	percent of total billed charges	
BUPIV-MELOXICAM(ZYNRELEF)1MG INJ	C9088	HCPCS	outpatient			2.5	1.01	Qualcare	Qualcare		1.88	75			0.79	2.38	percent of total billed charges	
BUPIV-MELOXICAM(ZYNRELEF)1MG INJ	C9088	HCPCS	outpatient			2.5	1.01	Three Rivers	Three Rivers		2.38	95			0.79	2.38	percent of total billed charges	
BUPIV-MELOXICAM(ZYNRELEF)1MG INJ	C9088	HCPCS	outpatient			2.5	1.01	UHC	Medicaid		0.79	31.55			0.79	2.38	percent of total billed charges	
BUPIV-MELOXICAM(ZYNRELEF)1MG INJ	C9088	HCPCS	outpatient			2.5	1.01	UHC	Medicare		0.88				0.79	2.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BUPIV-MELOXICAM(ZYNRELEF)1MG INJ	C9088	HCPCS	outpatient			2.5	1.01	United	Oxford		1.83				0.79	2.38	fee schedule	
BUPIV-MELOXICAM(ZYNRELEF)1MG INJ	C9088	HCPCS	outpatient			2.5	1.01	United	Commercial|PPO		1.83				0.79	2.38	fee schedule	
BUPIV-MELOXICAM(ZYNRELEF)1MG INJ	C9088	HCPCS	outpatient			2.5	1.01	Wellcare	Medicare		0.88				0.79	2.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BUPIV-MELOXICAM(ZYNRELEF)1MG INJ	C9088	HCPCS	outpatient			2.5	1.01	Wellcare	Medicaid		0.79	31.55			0.79	2.38	percent of total billed charges	
BUPIV-MELOXICAM(ZYNRELEF)1MG INJ	C9088	HCPCS	outpatient			2.5	1.01	WellPoint	WellPoint		0.8	32.18			0.79	2.38	percent of total billed charges	
PANTOPRAZOLE 40MG INJ	C9113	HCPCS	both			27.5		Aetna	Commercial		10.45	38			5.1	26.13	percent of total billed charges	
PANTOPRAZOLE 40MG INJ	C9113	HCPCS	both			27.5		Aetna	Better Health		8.68	31.55			5.1	26.13	percent of total billed charges	
PANTOPRAZOLE 40MG INJ	C9113	HCPCS	both			27.5		Aetna	Medicare		8.47	30.8			5.1	26.13	percent of total billed charges	
PANTOPRAZOLE 40MG INJ	C9113	HCPCS	both			27.5		Americare	Americare		20.63	75			5.1	26.13	percent of total billed charges	
PANTOPRAZOLE 40MG INJ	C9113	HCPCS	both			27.5		Amerihealth	HMO/PPO		5.1				5.1	26.13	fee schedule	
PANTOPRAZOLE 40MG INJ	C9113	HCPCS	both			27.5		Consumer	Consumer		26.13	95			5.1	26.13	percent of total billed charges	
PANTOPRAZOLE 40MG INJ	C9113	HCPCS	both			27.5		Corrections	Corrections		22	80			5.1	26.13	percent of total billed charges	
PANTOPRAZOLE 40MG INJ	C9113	HCPCS	both			27.5		First Health	First Health		19.25	70			5.1	26.13	percent of total billed charges	
PANTOPRAZOLE 40MG INJ	C9113	HCPCS	both			27.5		First Trenton	First Trenton		24.75	90			5.1	26.13	percent of total billed charges	
PANTOPRAZOLE 40MG INJ	C9113	HCPCS	both			27.5		Horizon	MGD		10.53	38.28			5.1	26.13	percent of total billed charges	
PANTOPRAZOLE 40MG INJ	C9113	HCPCS	both			27.5		Horizon	Indemnity		10.53	38.28			5.1	26.13	percent of total billed charges	
PANTOPRAZOLE 40MG INJ	C9113	HCPCS	both			27.5		Horizon	PPO		10.53	38.28			5.1	26.13	percent of total billed charges	
PANTOPRAZOLE 40MG INJ	C9113	HCPCS	both			27.5		Horizon	Medicare Blue		8.25	30			5.1	26.13	percent of total billed charges	
PANTOPRAZOLE 40MG INJ	C9113	HCPCS	both			27.5		Managed Care Inc	Managed Care Inc		24.75	90			5.1	26.13	percent of total billed charges	
PANTOPRAZOLE 40MG INJ	C9113	HCPCS	both			27.5		Multiplan	Multiplan		22	80			5.1	26.13	percent of total billed charges	
PANTOPRAZOLE 40MG INJ	C9113	HCPCS	both			27.5		Qualcare	Qualcare		20.63	75			5.1	26.13	percent of total billed charges	
PANTOPRAZOLE 40MG INJ	C9113	HCPCS	both			27.5		Three Rivers	Three Rivers		26.13	95			5.1	26.13	percent of total billed charges	
PANTOPRAZOLE 40MG INJ	C9113	HCPCS	both			27.5		UHC	Medicaid		8.68	31.55			5.1	26.13	percent of total billed charges	
PANTOPRAZOLE 40MG INJ	C9113	HCPCS	both			27.5		Wellcare	Medicaid		8.68	31.55			5.1	26.13	percent of total billed charges	
PANTOPRAZOLE 40MG INJ	C9113	HCPCS	both			27.5		WellPoint	WellPoint		8.85	32.18			5.1	26.13	percent of total billed charges	
CLEVIDIPINE 1MG INJ	C9248	HCPCS	outpatient			20.5		Aetna	Medicare		6.31	30.8			2.7	19.48	percent of total billed charges	
CLEVIDIPINE 1MG INJ	C9248	HCPCS	outpatient			20.5		Aetna	Better Health		6.47	31.55			2.7	19.48	percent of total billed charges	
CLEVIDIPINE 1MG INJ	C9248	HCPCS	outpatient			20.5		Aetna	Commercial		7.79	38			2.7	19.48	percent of total billed charges	
CLEVIDIPINE 1MG INJ	C9248	HCPCS	outpatient			20.5		Americare	Americare		15.38	75			2.7	19.48	percent of total billed charges	
CLEVIDIPINE 1MG INJ	C9248	HCPCS	outpatient			20.5		Amerihealth	HMO/PPO		2.7				2.7	19.48	fee schedule	
CLEVIDIPINE 1MG INJ	C9248	HCPCS	outpatient			20.5		Consumer	Consumer		19.48	95			2.7	19.48	percent of total billed charges	
CLEVIDIPINE 1MG INJ	C9248	HCPCS	outpatient			20.5		Corrections	Corrections		16.4	80			2.7	19.48	percent of total billed charges	
CLEVIDIPINE 1MG INJ	C9248	HCPCS	outpatient			20.5		First Health	First Health		14.35	70			2.7	19.48	percent of total billed charges	
CLEVIDIPINE 1MG INJ	C9248	HCPCS	outpatient			20.5		First Trenton	First Trenton		18.45	90			2.7	19.48	percent of total billed charges	
CLEVIDIPINE 1MG INJ	C9248	HCPCS	outpatient			20.5		Horizon	MGD		7.85	38.28			2.7	19.48	percent of total billed charges	
CLEVIDIPINE 1MG INJ	C9248	HCPCS	outpatient			20.5		Horizon	Medicare Blue		6.15	30			2.7	19.48	percent of total billed charges	
CLEVIDIPINE 1MG INJ	C9248	HCPCS	outpatient			20.5		Horizon	Indemnity		7.85	38.28			2.7	19.48	percent of total billed charges	
CLEVIDIPINE 1MG INJ	C9248	HCPCS	outpatient			20.5		Horizon	PPO		7.85	38.28			2.7	19.48	percent of total billed charges	
CLEVIDIPINE 1MG INJ	C9248	HCPCS	outpatient			20.5		Managed Care Inc	Managed Care Inc		18.45	90			2.7	19.48	percent of total billed charges	
CLEVIDIPINE 1MG INJ	C9248	HCPCS	outpatient			20.5		Multiplan	Multiplan		16.4	80			2.7	19.48	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.													
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true												
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CLEVIDIPINE 1MG INJ	C9248	HCPCS	outpatient			20.5		Qualcare	Qualcare		15.38				2.7	19.48	percent of total billed charges	
CLEVIDIPINE 1MG INJ	C9248	HCPCS	outpatient			20.5		Three Rivers	Three Rivers		19.48				2.7	19.48	percent of total billed charges	
CLEVIDIPINE 1MG INJ	C9248	HCPCS	outpatient			20.5		UHC	Medicaid		6.47	31.55			2.7	19.48	percent of total billed charges	
CLEVIDIPINE 1MG INJ	C9248	HCPCS	outpatient			20.5		Wellcare	Medicaid		6.47	31.55			2.7	19.48	percent of total billed charges	
CLEVIDIPINE 1MG INJ	C9248	HCPCS	outpatient			20.5		WellPoint	WellPoint		6.6	32.18			2.7	19.48	percent of total billed charges	
LACOSAMIDE(VIMPAT) 1MG INJ	C9254	HCPCS	both			1		Aetna	Medicare		0.31	30.8			0.3	0.95	percent of total billed charges	
LACOSAMIDE(VIMPAT) 1MG INJ	C9254	HCPCS	both			1		Aetna	Better Health		0.32	31.55			0.3	0.95	percent of total billed charges	
LACOSAMIDE(VIMPAT) 1MG INJ	C9254	HCPCS	both			1		Aetna	Commercial		0.38	38			0.3	0.95	percent of total billed charges	
LACOSAMIDE(VIMPAT) 1MG INJ	C9254	HCPCS	both			1		Americare	Americare		0.75	75			0.3	0.95	percent of total billed charges	
LACOSAMIDE(VIMPAT) 1MG INJ	C9254	HCPCS	both			1		Amerihealth	HMO/PPO		0.31				0.3	0.95	fee schedule	
LACOSAMIDE(VIMPAT) 1MG INJ	C9254	HCPCS	both			1		Consumer	Consumer		0.95	95			0.3	0.95	percent of total billed charges	
LACOSAMIDE(VIMPAT) 1MG INJ	C9254	HCPCS	both			1		Corrections	Corrections		0.8	80			0.3	0.95	percent of total billed charges	
LACOSAMIDE(VIMPAT) 1MG INJ	C9254	HCPCS	both			1		First Health	First Health		0.7	70			0.3	0.95	percent of total billed charges	
LACOSAMIDE(VIMPAT) 1MG INJ	C9254	HCPCS	both			1		First Trenton	First Trenton		0.9	90			0.3	0.95	percent of total billed charges	
LACOSAMIDE(VIMPAT) 1MG INJ	C9254	HCPCS	both			1		Horizon	Medicare Blue		0.3	30			0.3	0.95	percent of total billed charges	
LACOSAMIDE(VIMPAT) 1MG INJ	C9254	HCPCS	both			1		Horizon	MGD		0.38	38.28			0.3	0.95	percent of total billed charges	
LACOSAMIDE(VIMPAT) 1MG INJ	C9254	HCPCS	both			1		Horizon	Indemnity		0.38	38.28			0.3	0.95	percent of total billed charges	
LACOSAMIDE(VIMPAT) 1MG INJ	C9254	HCPCS	both			1		Horizon	PPO		0.38	38.28			0.3	0.95	percent of total billed charges	
LACOSAMIDE(VIMPAT) 1MG INJ	C9254	HCPCS	both			1		Managed Care Inc	Managed Care Inc		0.9	90			0.3	0.95	percent of total billed charges	
LACOSAMIDE(VIMPAT) 1MG INJ	C9254	HCPCS	both			1		Multiplan	Multiplan		0.8	80			0.3	0.95	percent of total billed charges	
LACOSAMIDE(VIMPAT) 1MG INJ	C9254	HCPCS	both			1		Qualcare	Qualcare		0.75	75			0.3	0.95	percent of total billed charges	
LACOSAMIDE(VIMPAT) 1MG INJ	C9254	HCPCS	both			1		Three Rivers	Three Rivers		0.95	95			0.3	0.95	percent of total billed charges	
LACOSAMIDE(VIMPAT) 1MG INJ	C9254	HCPCS	both			1		UHC	Medicaid		0.32	31.55			0.3	0.95	percent of total billed charges	
LACOSAMIDE(VIMPAT) 1MG INJ	C9254	HCPCS	both			1		Wellcare	Medicaid		0.32	31.55			0.3	0.95	percent of total billed charges	
LACOSAMIDE(VIMPAT) 1MG INJ	C9254	HCPCS	both			1		WellPoint	WellPoint		0.32	32.18			0.3	0.95	percent of total billed charges	
BUPIVACAINE LIPOSOME 1MG INJ	C9290	HCPCS	both			4		Aetna	Better Health		1.26	31.55			1.2	3.8	percent of total billed charges	
BUPIVACAINE LIPOSOME 1MG INJ	C9290	HCPCS	both			4		Aetna	Medicare		1.23	30.8			1.2	3.8	percent of total billed charges	
BUPIVACAINE LIPOSOME 1MG INJ	C9290	HCPCS	both			4		Aetna	Commercial		1.52	38			1.2	3.8	percent of total billed charges	
BUPIVACAINE LIPOSOME 1MG INJ	C9290	HCPCS	both			4		Americare	Americare		3	75			1.2	3.8	percent of total billed charges	
BUPIVACAINE LIPOSOME 1MG INJ	C9290	HCPCS	both			4		Amerihealth	HMO/PPO		1.21				1.2	3.8	fee schedule	
BUPIVACAINE LIPOSOME 1MG INJ	C9290	HCPCS	both			4		Consumer	Consumer		3.8	95			1.2	3.8	percent of total billed charges	
BUPIVACAINE LIPOSOME 1MG INJ	C9290	HCPCS	both			4		Corrections	Corrections		3.2	80			1.2	3.8	percent of total billed charges	
BUPIVACAINE LIPOSOME 1MG INJ	C9290	HCPCS	both			4		First Health	First Health		2.8	70			1.2	3.8	percent of total billed charges	
BUPIVACAINE LIPOSOME 1MG INJ	C9290	HCPCS	both			4		First Trenton	First Trenton		3.6	90			1.2	3.8	percent of total billed charges	
BUPIVACAINE LIPOSOME 1MG INJ	C9290	HCPCS	both			4		Horizon	MGD		1.53	38.28			1.2	3.8	percent of total billed charges	
BUPIVACAINE LIPOSOME 1MG INJ	C9290	HCPCS	both			4		Horizon	Indemnity		1.53	38.28			1.2	3.8	percent of total billed charges	
BUPIVACAINE LIPOSOME 1MG INJ	C9290	HCPCS	both			4		Horizon	Medicare Blue		1.2	30			1.2	3.8	percent of total billed charges	
BUPIVACAINE LIPOSOME 1MG INJ	C9290	HCPCS	both			4		Horizon	PPO		1.53	38.28			1.2	3.8	percent of total billed charges	
BUPIVACAINE LIPOSOME 1MG INJ	C9290	HCPCS	both			4		Managed Care Inc	Managed Care Inc		3.6	90			1.2	3.8	percent of total billed charges	
BUPIVACAINE LIPOSOME 1MG INJ	C9290	HCPCS	both			4		Multiplan	Multiplan		3.2	80			1.2	3.8	percent of total billed charges	
BUPIVACAINE LIPOSOME 1MG INJ	C9290	HCPCS	both			4		Qualcare	Qualcare		3	75			1.2	3.8	percent of total billed charges	
BUPIVACAINE LIPOSOME 1MG INJ	C9290	HCPCS	both			4		Three Rivers	Three Rivers		3.8	95			1.2	3.8	percent of total billed charges	
BUPIVACAINE LIPOSOME 1MG INJ	C9290	HCPCS	both			4		UHC	Medicaid		1.26	31.55			1.2	3.8	percent of total billed charges	
BUPIVACAINE LIPOSOME 1MG INJ	C9290	HCPCS	both			4		Wellcare	Medicaid		1.26	31.55			1.2	3.8	percent of total billed charges	
BUPIVACAINE LIPOSOME 1MG INJ	C9290	HCPCS	both			4		WellPoint	WellPoint		1.29	32.18			1.2	3.8	percent of total billed charges	
NEURAGEN NERVE GUIDE 5MM ID/3CM	C9352	HCPCS	both			5996		Aetna	Medicare		1846.77	30.8			1230.9	5696.2	percent of total billed charges	
NEURAGEN NERVE GUIDE 5MM ID/3CM	C9352	HCPCS	both			5996		Aetna	Better Health		1891.74	31.55			1230.9	5696.2	percent of total billed charges	
NEURAGEN NERVE GUIDE 5MM ID/3CM	C9352	HCPCS	both			5996		Aetna	Commercial		2278.48	38			1230.9	5696.2	percent of total billed charges	
NEURAGEN NERVE GUIDE 5MM ID/3CM	C9352	HCPCS	both			5996		Americare	Americare		4497	75			1230.9	5696.2	percent of total billed charges	
NEURAGEN NERVE GUIDE 5MM ID/3CM	C9352	HCPCS	both			5996		Amerihealth	HMO/PPO		3897.4	65			1230.9	5696.2	percent of total billed charges	
NEURAGEN NERVE GUIDE 5MM ID/3CM	C9352	HCPCS	both			5996		Consumer	Consumer		5696.2	95			1230.9	5696.2	percent of total billed charges	
NEURAGEN NERVE GUIDE 5MM ID/3CM	C9352	HCPCS	both			5996		Corrections	Corrections		4796.8	80			1230.9	5696.2	percent of total billed charges	
NEURAGEN NERVE GUIDE 5MM ID/3CM	C9352	HCPCS	both			5996		First Health	First Health		4197.2	70			1230.9	5696.2	percent of total billed charges	
NEURAGEN NERVE GUIDE 5MM ID/3CM	C9352	HCPCS	both			5996		First Trenton	First Trenton		5396.4	90			1230.9	5696.2	percent of total billed charges	
NEURAGEN NERVE GUIDE 5MM ID/3CM	C9352	HCPCS	both			5996		Horizon	Medicare Blue		1798.8	30			1230.9	5696.2	percent of total billed charges	
NEURAGEN NERVE GUIDE 5MM ID/3CM	C9352	HCPCS	both			5996		Horizon	Indemnity		2295.27	38.28			1230.9	5696.2	percent of total billed charges	
NEURAGEN NERVE GUIDE 5MM ID/3CM	C9352	HCPCS	both			5996		Horizon	NJ Health		2398.4	40			1230.9	5696.2	percent of total billed charges	
NEURAGEN NERVE GUIDE 5MM ID/3CM	C9352	HCPCS	both			5996		Horizon	PPO		2295.27	38.28			1230.9	5696.2	percent of total billed charges	
NEURAGEN NERVE GUIDE 5MM ID/3CM	C9352	HCPCS	both			5996		Horizon	MGD		2295.27	38.28			1230.9	5696.2	percent of total billed charges	
NEURAGEN NERVE GUIDE 5MM ID/3CM	C9352	HCPCS	both			5996		Managed Care Inc	Managed Care Inc		5396.4	90			1230.9	5696.2	percent of total billed charges	
NEURAGEN NERVE GUIDE 5MM ID/3CM	C9352	HCPCS	both			5996		Multiplan	Multiplan		4796.8	80			1230.9	5696.2	percent of total billed charges	
NEURAGEN NERVE GUIDE 5MM ID/3CM	C9352	HCPCS	both			5996		Qualcare	Qualcare		2398.4	40			1230.9	5696.2	percent of total billed charges	
NEURAGEN NERVE GUIDE 5MM ID/3CM	C9352	HCPCS	both			5996		Three Rivers	Three Rivers		5696.2	95			1230.9	5696.2	percent of total billed charges	
NEURAGEN NERVE GUIDE 5MM ID/3CM	C9352	HCPCS	both			5996		UHC	Medicaid		1891.74	31.55			1230.9	5696.2	percent of total billed charges	
NEURAGEN NERVE GUIDE 5MM ID/3CM	C9352	HCPCS	both			5996		Wellcare	Medicaid		1891.74	31.55			1230.9	5696.2	percent of total billed charges	
NEURAGEN NERVE GUIDE 5MM ID/3CM	C9352	HCPCS	both			5996		WellPoint	WellPoint		1929.51	32.18			1230.9	5696.2	percent of total billed charges	
PROTECTOR NERVE NEURAWRAP	C9353	HCPCS	outpatient			5852.43		Aetna	Commercial		2223.92	38			1570.5	5559.81	percent of total billed charges	
PROTECTOR NERVE NEURAWRAP	C9353	HCPCS	outpatient			5852.43		Aetna	Better Health		1846.44	31.55			1570.5	5559.81	percent of total billed charges	
PROTECTOR NERVE NEURAWRAP	C9353	HCPCS	outpatient			5852.43		Aetna	Medicare		1802.55	30.8			1570.5	5559.81	percent of total billed charges	
PROTECTOR NERVE NEURAWRAP	C9353	HCPCS	outpatient			5852.43		Americare	Americare		4389.32	75			1570.5	5559.81	percent of total billed charges	
PROTECTOR NERVE NEURAWRAP	C9353	HCPCS	outpatient			5852.43		Amerihealth	HMO/PPO		3804.08	65			1570.5	5559.81	percent of total billed charges	
PROTECTOR NERVE NEURAWRAP	C9353	HCPCS	outpatient			5852.43		Consumer	Consumer		5559.81	95			1570.5	5559.81	percent of total billed charges	
PROTECTOR NERVE NEURAWRAP	C9353	HCPCS	outpatient			5852.43		Corrections	Corrections		4681.94	80			1570.5	5559.81	percent of total billed charges	
PROTECTOR NERVE NEURAWRAP	C9353	HCPCS	outpatient			5852.43		First Health	First Health		4096.7	70			1570.5	5559.81	percent of total billed charges	
PROTECTOR NERVE NEURAWRAP	C9353	HCPCS	outpatient			5852.43		First Trenton	First Trenton		5267.19	90			1570.5	5559.81	percent of total billed charges	
PROTECTOR NERVE NEURAWRAP	C9353	HCPCS	outpatient			5852.43		Horizon	MGD		2240.31	38.28			1570.5	5559.81	percent of total billed charges	
PROTECTOR NERVE NEURAWRAP	C9353	HCPCS	outpatient			5852.43		Horizon	Indemnity		2240.31	38.28			1570.5	5559.81	percent of total billed charges	
PROTECTOR NERVE NEURAWRAP	C9353	HCPCS	outpatient			5852.43		Horizon	NJ Health		2340.97	40			1570.5	5559.81	percent of total billed charges	
PROTECTOR NERVE NEURAWRAP	C9353	HCPCS	outpatient			5852.43		Horizon	Medicare Blue		1755.73	30			1570.5	5559.81	percent of total billed charges	
PROTECTOR NERVE NEURAWRAP	C9353	HCPCS	outpatient			5852.43		Horizon	PPO		2240.31	38.28			1570.5	5559.81	percent of total billed charges	
PROTECTOR NERVE NEURAWRAP	C9353	HCPCS	outpatient			5852.43		Managed Care Inc	Managed Care Inc		5267.19	90			1570.5	5559.81	percent of total billed charges	
PROTECTOR NERVE NEURAWRAP	C9353	HCPCS	outpatient			5852.43		Multiplan	Multiplan		4681.94	80			1570.5	5559.81	percent of total billed charges	
PROTECTOR NERVE NEURAWRAP	C9353	HCPCS	outpatient			5852.43		Qualcare	Qualcare		2340.97	40			1570.5	5559.81	percent of total billed charges	
PROTECTOR NERVE NEURAWRAP	C9353	HCPCS	outpatient			5852.43		Three Rivers	Three Rivers		5559.81	95			1570.5	5559.81	percent of total billed charges	
PROTECTOR NERVE NEURAWRAP	C9353	HCPCS	outpatient			5852.43		UHC	Medicaid		1846.44	31.55			1570.5	5559.81	percent of total billed charges	
PROTECTOR NERVE NEURAWRAP	C9353	HCPCS	outpatient			5852.43		Wellcare	Medicaid		1846.44	31.55			1570.5	5559.81	percent of total billed charges	
PROTECTOR NERVE NEURAWRAP	C9353	HCPCS	outpatient			5852.43		WellPoint	WellPoint		1883.31	32.18			1570.5	5559.81	percent of total billed charges	
NEUROFLEX,3.0MM X 2.5CM	C9355	HCPCS	outpatient			5273.1		Aetna	Better Health		1663.66	31.55			1247.13	5009.45	percent of total billed charges	
NEUROFLEX,3.0MM X 2.5CM	C9355	HCPCS	outpatient			5273.1		Aetna	Commercial		2003.78	38			1247.13	5009.45	percent of total billed charges	
NEUROFLEX,3.0MM X 2.5CM	C9355	HCPCS	outpatient			5273.1		Aetna	Medicare		1624.11	30.8			1247.13	5009.45	percent of total billed charges	
NEUROFLEX,3.0MM X 2.5CM	C9355	HCPCS	outpatient			5273.1		Americare	Americare		3954.83	75			1247.13	5009.45	percent of total billed charges	
NEUROFLEX,3.0MM X 2.5CM	C9355	HCPCS	outpatient			5273.1		Amerihealth	HMO/PPO		3427.52	65			1247.13	5009.45	percent of total billed charges	
NEUROFLEX,3.0MM X 2.5CM	C9355	HCPCS	outpatient			5273.1		Consumer	Consumer		5009.45	95			1247.13	5009.45	percent of total billed charges	
NEUROFLEX,3.0MM X 2.5CM	C9355	HCPCS	outpatient			5273.1		Corrections	Corrections		4218.48	80			1247.13	5009.45	percent of total billed charges	
NEUROFLEX,3.0MM X 2.5CM	C9355	HCPCS	outpatient			5273.1		First Health	First Health		3691.17	70			1247.13	5009.45	percent of total billed charges	
NEUROFLEX,3.0MM X 2.5CM	C9355	HCPCS	outpatient			5273.1		First Trenton	First Trenton		4745.79	90			1247.13	5009.45	percent of total billed charges	
NEUROFLEX,3.0MM X 2.5CM	C9355	HCPCS	outpatient			5273.1		Horizon	NJ Health		2109.24	40			1247.13	5009.45	percent of total billed charges	
NEUROFLEX,3.0MM X 2.5CM	C9355	HCPCS	outpatient			5273.1		Horizon	Indemnity		2018.54	38.28			1247.13	5009.45	percent of total billed charges	
NEUROFLEX,3.0MM X 2.5CM	C9355	HCPCS	outpatient			5273.1		Horizon	PPO		2018.54	38.28			1247.13	5009.45	percent of total billed charges	
NEUROFLEX,3.0MM X 2.5CM	C9355	HCPCS	outpatient			5273.1		Horizon	Medicare Blue		1581.93	30			1247.13	5009.45	percent of total billed charges	
NEUROFLEX,3.0MM X 2.5CM	C9355	HCPCS	outpatient			5273.1		Horizon	MGD		2018.54	38.28			1247.13	5009.45	percent of total billed charges	
NEUROFLEX,3.0MM X 2.5CM	C9355	HCPCS	outpatient			5273.1		Managed Care Inc	Managed Care Inc		4745.79	90			1247.13	5009.45	percent of total billed charges	
NEUROFLEX,3.0MM X 2.5CM	C9355	HCPCS	outpatient			5273.1		Multiplan	Multiplan		4218.48	80			1247.13	5009.45	percent of total billed charges	
NEUROFLEX,3.0MM X 2.5CM	C9355	HCPCS	outpatient			5273.1		Qualcare	Qualcare		2109.24	40			1247.13	5009.45	percent of total billed charges	
NEUROFLEX,3.0MM X 2.5CM	C9355	HCPCS	outpatient			5273.1		Three Rivers	Three Rivers		5009.45	95			1247.13	5009.45	percent of total billed charges	
NEUROFLEX,3.0MM X 2.5CM	C9355	HCPCS	outpatient			5273.1		UHC	Medicaid		1663.66	31.55			1247.13	5009.45	percent of total billed charges	
NEUROFLEX,3.0MM X 2.5CM	C9355	HCPCS	outpatient			5273.1		Wellcare	Medicaid		1663.66	31.55			1247.13	5009.45	percent of total billed charges	
NEUROFLEX,3.0MM X 2.5CM	C9355	HCPCS	outpatient			5273.1		WellPoint	WellPoint		1696.88	32.18			1247.13	5009.45	percent of total billed charges	
SHEATH TENOGLIDE 2 INCH X 2 INCH	C9356	HCPCS	outpatient			4863		Aetna	Medicare		1497.8	30.8			1458.9	4619.85	percent of total billed charges	
SHEATH TENOGLIDE 2 INCH X 2 INCH	C9356	HCPCS	outpatient			4863		Aetna	Better Health		1534.28	31.55			1458.9	4619.85	percent of total billed charges	
SHEATH TENOGLIDE 2 INCH X 2 INCH	C9356	HCPCS	outpatient			4863		Aetna	Commercial		1847.94	38			1458.9	4619.85	percent of total billed charges	
SHEATH TENOGLIDE 2 INCH X 2 INCH	C9356	HCPCS	outpatient			4863		Americare	Americare		3647.25	75			1458.9	4619.85	percent of total billed charges	
SHEATH TENOGLIDE 2 INCH X 2 INCH	C9356	HCPCS	outpatient			4863		Amerihealth	HMO/PPO		3160.95	65			1458.9	4619.85	percent of total billed charges	
SHEATH TENOGLIDE 2 INCH X 2 INCH	C9356	HCPCS	outpatient			4863		Consumer	Consumer		4619.85	95			1458.9	4619.85	percent of total billed charges	
SHEATH TENOGLIDE 2 INCH X 2 INCH	C9356	HCPCS	outpatient			4863		Corrections	Corrections		3890.4	80			1458.9	4619.85	percent of total billed charges	
SHEATH TENOGLIDE 2 INCH X 2 INCH	C9356	HCPCS	outpatient			4863		First Health	First Health		3404.1	70			1458.9	4619.85	percent of total billed charges	
SHEATH TENOGLIDE 2 INCH X 2 INCH	C9356	HCPCS	outpatient			4863		First Trenton	First Trenton		4376.7	90			1458.9	4619.85	percent of total billed charges	
SHEATH TENOGLIDE 2 INCH X 2 INCH	C9356	HCPCS	outpatient			4863		Horizon	MGD		1861.56	38.28			1458.9	4619.85	percent of total billed charges	
SHEATH TENOGLIDE 2 INCH X 2 INCH	C9356	HCPCS	outpatient			4863		Horizon	Medicare Blue		1458.9	30			1458.9	4619.85	percent of total billed charges	
SHEATH TENOGLIDE 2 INCH X 2 INCH	C9356	HCPCS	outpatient			4863		Horizon	PPO		1861.56	38.28			1458.9	4619.85	percent of total billed charges	
SHEATH TENOGLIDE 2 INCH X 2 INCH	C9356	HCPCS	outpatient			4863		Horizon	Indemnity		1861.56	38.28			1458.9	4619.85	percent of total billed charges	
SHEATH TENOGLIDE 2 INCH X 2 INCH	C9356	HCPCS	outpatient			4863		Managed Care Inc	Managed Care Inc		4376.7	90			1458.9	4619.85	percent of total billed charges	
SHEATH TENOGLIDE 2 INCH X 2 INCH	C9356	HCPCS	outpatient			4863		Multiplan	Multiplan		3890.4	80			1458.9	4619.85	percent of total billed charges	
SHEATH TENOGLIDE 2 INCH X 2 INCH	C9356	HCPCS	outpatient			4863		Qualcare	Qualcare		3647.25	75			1458.9	4619.85	percent of total billed charges	
SHEATH TENOGLIDE 2 INCH X 2 INCH	C9356	HCPCS	outpatient			4863		Three Rivers	Three Rivers		4619.85	95			1458.9	4619.85	percent of total billed charges	
SHEATH TENOGLIDE 2 INCH X 2 INCH	C9356	HCPCS	outpatient			4863		UHC	Medicaid		1534.28	31.55			1458.9	4619.85	percent of total billed charges	
SHEATH TENOGLIDE 2 INCH X 2 INCH	C9356	HCPCS	outpatient			4863		Wellcare	Medicaid		1534.28	31.55			1458.9	4619.85	percent of total billed charges	
SHEATH TENOGLIDE 2 INCH X 2 INCH	C9356	HCPCS	outpatient			4863		WellPoint	WellPoint		1564.91	32.18			1458.9	4619.85	percent of total billed charges	
NEUROMEND,6MM ID X 5.0CM	C9361	HCPCS	outpatient			5085		Aetna	Medicare		1566.18	30.8			177.26	4830.75	percent of total billed charges	
NEUROMEND,6MM ID X 5.0CM	C9361	HCPCS	outpatient			5085		Aetna	Better Health		1604.32	31.55			177.26	4830.75	percent of total billed charges	
NEUROMEND,6MM ID X 5.0CM	C9361	HCPCS	outpatient			5085		Aetna	Commercial		1932.3	38			177.26	4830.75	percent of total billed charges	
NEUROMEND,6MM ID X 5.0CM	C9361	HCPCS	outpatient			5085		Americare	Americare		3813.75	75			177.26	4830.75	percent of total billed charges	
NEUROMEND,6MM ID X 5.0CM	C9361	HCPCS	outpatient			5085		Amerihealth	HMO/PPO		177.26				177.26	4830.75	fee schedule	
NEUROMEND,6MM ID X 5.0CM	C9361	HCPCS	outpatient			5085		Consumer	Consumer		4830.75	95			177.26	4830.75	percent of total billed charges	
NEUROMEND,6MM ID X 5.0CM	C9361	HCPCS	outpatient			5085		Corrections	Corrections		4068	80			177.26	4830.75	percent of total billed charges	
NEUROMEND,6MM ID X 5.0CM	C9361	HCPCS	outpatient			5085		First Health	First Health		3559.5	70			177.26	4830.75	percent of total billed charges	
NEUROMEND,6MM ID X 5.0CM	C9361	HCPCS	outpatient			5085		First Trenton	First Trenton		4576.5	90			177.26	4830.75	percent of total billed charges	
NEUROMEND,6MM ID X 5.0CM	C9361	HCPCS	outpatient			5085		Horizon	Medicare Blue		1525.5	30			177.26	4830.75	percent of total billed charges	
NEUROMEND,6MM ID X 5.0CM	C9361	HCPCS	outpatient			5085		Horizon	MGD		1946.54	38.28			177.26	4830.75	percent of total billed charges	
NEUROMEND,6MM ID X 5.0CM	C9361	HCPCS	outpatient			5085		Horizon	Indemnity		1946.54	38.28			177.26	4830.75	percent of total billed charges	
NEUROMEND,6MM ID X 5.0CM	C9361	HCPCS	outpatient			5085		Horizon	PPO		1946.54	38.28			177.26	4830.75	percent of total billed charges	
NEUROMEND,6MM ID X 5.0CM	C9361	HCPCS	outpatient			5085		Managed Care Inc	Managed Care Inc		4576.5	90			177.26	4830.75	percent of total billed charges	
NEUROMEND,6MM ID X 5.0CM	C9361	HCPCS	outpatient			5085		Multiplan	Multiplan		4068	80			177.26	4830.75	percent of total billed charges	
NEUROMEND,6MM ID X 5.0CM	C9361	HCPCS	outpatient			5085		Qualcare	Qualcare		3813.75	75			177.26	4830.75	percent of total billed charges	
NEUROMEND,6MM ID X 5.0CM	C9361	HCPCS	outpatient			5085		Three Rivers	Three Rivers		4830.75	95			177.26	4830.75	percent of total billed charges	
NEUROMEND,6MM ID X 5.0CM	C9361	HCPCS	outpatient			5085		UHC	Medicaid		1604.32	31.55			177.26	4830.75	percent of total billed charges	
NEUROMEND,6MM ID X 5.0CM	C9361	HCPCS	outpatient			5085		Wellcare	Medicaid		1604.32	31.55			177.26	4830.75	percent of total billed charges	
NEUROMEND,6MM ID X 5.0CM	C9361	HCPCS	outpatient			5085		WellPoint	WellPoint		1636.35	32.18			177.26	4830.75	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.													
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true												
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
PERMACOL 5X10X1CM	C9364	HCPCS	outpatient			82771		Aetna	Better Health		26114.25	31.55			18.39	78632.45	percent of total billed charges	
PERMACOL 5X10X1CM	C9364	HCPCS	outpatient			82771		Aetna	Medicare		25493.47	30.8			18.39	78632.45	percent of total billed charges	
PERMACOL 5X10X1CM	C9364	HCPCS	outpatient			82771		Aetna	Commercial		31452.98	38			18.39	78632.45	percent of total billed charges	
PERMACOL 5X10X1CM	C9364	HCPCS	outpatient			82771		Americare	Americare		62078.25	75			18.39	78632.45	percent of total billed charges	
PERMACOL 5X10X1CM	C9364	HCPCS	outpatient			82771		Amerihealth	HMO/PPO		18.39				18.39	78632.45	fee schedule	
PERMACOL 5X10X1CM	C9364	HCPCS	outpatient			82771		Consumer	Consumer		78632.45	95			18.39	78632.45	percent of total billed charges	
PERMACOL 5X10X1CM	C9364	HCPCS	outpatient			82771		Corrections	Corrections		66216.8	80			18.39	78632.45	percent of total billed charges	
PERMACOL 5X10X1CM	C9364	HCPCS	outpatient			82771		First Health	First Health		57939.7	70			18.39	78632.45	percent of total billed charges	
PERMACOL 5X10X1CM	C9364	HCPCS	outpatient			82771		First Trenton	First Trenton		74493.9	90			18.39	78632.45	percent of total billed charges	
PERMACOL 5X10X1CM	C9364	HCPCS	outpatient			82771		Horizon	MGD		31684.74	38.28			18.39	78632.45	percent of total billed charges	
PERMACOL 5X10X1CM	C9364	HCPCS	outpatient			82771		Horizon	Indemnity		31684.74	38.28			18.39	78632.45	percent of total billed charges	
PERMACOL 5X10X1CM	C9364	HCPCS	outpatient			82771		Horizon	Medicare Blue		24831.3	30			18.39	78632.45	percent of total billed charges	
PERMACOL 5X10X1CM	C9364	HCPCS	outpatient			82771		Horizon	PPO		31684.74	38.28			18.39	78632.45	percent of total billed charges	
PERMACOL 5X10X1CM	C9364	HCPCS	outpatient			82771		Managed Care Inc	Managed Care Inc		74493.9	90			18.39	78632.45	percent of total billed charges	
PERMACOL 5X10X1CM	C9364	HCPCS	outpatient			82771		Multiplan	Multiplan		66216.8	80			18.39	78632.45	percent of total billed charges	
PERMACOL 5X10X1CM	C9364	HCPCS	outpatient			82771		Qualcare	Qualcare		62078.25	75			18.39	78632.45	percent of total billed charges	
PERMACOL 5X10X1CM	C9364	HCPCS	outpatient			82771		Three Rivers	Three Rivers		78632.45	95			18.39	78632.45	percent of total billed charges	
PERMACOL 5X10X1CM	C9364	HCPCS	outpatient			82771		UHC	Medicaid		26114.25	31.55			18.39	78632.45	percent of total billed charges	
PERMACOL 5X10X1CM	C9364	HCPCS	outpatient			82771		Wellcare	Medicaid		26114.25	31.55			18.39	78632.45	percent of total billed charges	
PERMACOL 5X10X1CM	C9364	HCPCS	outpatient			82771		WellPoint	WellPoint		26635.71	32.18			18.39	78632.45	percent of total billed charges	
TORIPALIMAB-TPZI 40 MG (1ML) INJ	C9399	HCPCS	inpatient			18852		Aetna	Better Health		5947.81	31.55			668.4	17909.4	percent of total billed charges	
TORIPALIMAB-TPZI 40 MG (1ML) INJ	C9399	HCPCS	inpatient			18852		Aetna	Commercial		7163.76	38			668.4	17909.4	percent of total billed charges	
TORIPALIMAB-TPZI 40 MG (1ML) INJ	C9399	HCPCS	inpatient			18852		Aetna	Medicare		5806.42	30.8			668.4	17909.4	percent of total billed charges	
TORIPALIMAB-TPZI 40 MG (1ML) INJ	C9399	HCPCS	inpatient			18852		Americare	Americare		14139	75			668.4	17909.4	percent of total billed charges	
TORIPALIMAB-TPZI 40 MG (1ML) INJ	C9399	HCPCS	inpatient			18852		Amerihealth	HMO/PPO		12253.8	65			668.4	17909.4	percent of total billed charges	
TORIPALIMAB-TPZI 40 MG (1ML) INJ	C9399	HCPCS	inpatient			18852		Consumer	Consumer		17909.4	95			668.4	17909.4	percent of total billed charges	
TORIPALIMAB-TPZI 40 MG (1ML) INJ	C9399	HCPCS	inpatient			18852		Corrections	Corrections		15081.6	80			668.4	17909.4	percent of total billed charges	
TORIPALIMAB-TPZI 40 MG (1ML) INJ	C9399	HCPCS	inpatient			18852		First Health	First Health		13186.4	70			668.4	17909.4	percent of total billed charges	
TORIPALIMAB-TPZI 40 MG (1ML) INJ	C9399	HCPCS	inpatient			18852		First Trenton	First Trenton		16966.8	90			668.4	17909.4	percent of total billed charges	
TORIPALIMAB-TPZI 40 MG (1ML) INJ	C9399	HCPCS	inpatient			18852		Horizon	MGD		7216.55	38.28			668.4	17909.4	percent of total billed charges	
TORIPALIMAB-TPZI 40 MG (1ML) INJ	C9399	HCPCS	inpatient			18852		Horizon	Indemnity		7216.55	38.28			668.4	17909.4	percent of total billed charges	
TORIPALIMAB-TPZI 40 MG (1ML) INJ	C9399	HCPCS	inpatient			18852		Horizon	Medicare Blue		5655.6	30			668.4	17909.4	percent of total billed charges	
TORIPALIMAB-TPZI 40 MG (1ML) INJ	C9399	HCPCS	inpatient			18852		Horizon	PPO		7216.55	38.28			668.4	17909.4	percent of total billed charges	
TORIPALIMAB-TPZI 40 MG (1ML) INJ	C9399	HCPCS	inpatient			18852		Managed Care Inc	Managed Care Inc		16966.8	90			668.4	17909.4	percent of total billed charges	
TORIPALIMAB-TPZI 40 MG (1ML) INJ	C9399	HCPCS	inpatient			18852		Multiplan	Multiplan		15081.6	80			668.4	17909.4	percent of total billed charges	
TORIPALIMAB-TPZI 40 MG (1ML) INJ	C9399	HCPCS	inpatient			18852		Qualcare	Qualcare		14139	75			668.4	17909.4	percent of total billed charges	
TORIPALIMAB-TPZI 40 MG (1ML) INJ	C9399	HCPCS	inpatient			18852		Three Rivers	Three Rivers		17909.4	95			668.4	17909.4	percent of total billed charges	
TORIPALIMAB-TPZI 40 MG (1ML) INJ	C9399	HCPCS	inpatient			18852		UHC	Medicaid		5947.81	31.55			668.4	17909.4	percent of total billed charges	
TORIPALIMAB-TPZI 40 MG (1ML) INJ	C9399	HCPCS	inpatient			18852		Wellcare	Medicaid		5947.81	31.55			668.4	17909.4	percent of total billed charges	
TORIPALIMAB-TPZI 40 MG (1ML) INJ	C9399	HCPCS	inpatient			18852		WellPoint	WellPoint		6066.57	32.18			668.4	17909.4	percent of total billed charges	
SOTALOL 1MG INJ	C9482	HCPCS	outpatient			43	28.59	Aetna	Commercial		39.58				9.6	51.78	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SOTALOL 1MG INJ	C9482	HCPCS	outpatient			43	28.59	Aetna	Medicare		24.86				9.6	51.78	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SOTALOL 1MG INJ	C9482	HCPCS	outpatient			43	28.59	Aetna	Better Health		13.57	31.55			9.6	51.78	percent of total billed charges	
SOTALOL 1MG INJ	C9482	HCPCS	outpatient			43	28.59	Americare	Americare		32.25	75			9.6	51.78	percent of total billed charges	
SOTALOL 1MG INJ	C9482	HCPCS	outpatient			43	28.59	Amerihealth	Medicare		24.86				9.6	51.78	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SOTALOL 1MG INJ	C9482	HCPCS	outpatient			43	28.59	Amerihealth	HMO/PPO		9.6				9.6	51.78	fee schedule	
SOTALOL 1MG INJ	C9482	HCPCS	outpatient			43	28.59	Consumer	Consumer		40.85	95			9.6	51.78	percent of total billed charges	
SOTALOL 1MG INJ	C9482	HCPCS	outpatient			43	28.59	Corrections	Corrections		34.4	80			9.6	51.78	percent of total billed charges	
SOTALOL 1MG INJ	C9482	HCPCS	outpatient			43	28.59	First Health	First Health		30.1	70			9.6	51.78	percent of total billed charges	
SOTALOL 1MG INJ	C9482	HCPCS	outpatient			43	28.59	First Trenton	First Trenton		38.7	90			9.6	51.78	percent of total billed charges	
SOTALOL 1MG INJ	C9482	HCPCS	outpatient			43	28.59	Horizon	Indemnity		46.26				9.6	51.78	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SOTALOL 1MG INJ	C9482	HCPCS	outpatient			43	28.59	Horizon	Medicare Blue		24.86				9.6	51.78	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SOTALOL 1MG INJ	C9482	HCPCS	outpatient			43	28.59	Horizon	MGD		46.26				9.6	51.78	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SOTALOL 1MG INJ	C9482	HCPCS	outpatient			43	28.59	Horizon	PPO		46.26				9.6	51.78	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SOTALOL 1MG INJ	C9482	HCPCS	outpatient			43	28.59	Managed Care Inc	Managed Care Inc		38.7	90			9.6	51.78	percent of total billed charges	
SOTALOL 1MG INJ	C9482	HCPCS	outpatient			43	28.59	Multiplan	Multiplan		34.4	80			9.6	51.78	percent of total billed charges	
SOTALOL 1MG INJ	C9482	HCPCS	outpatient			43	28.59	Qualcare	Qualcare		32.25	75			9.6	51.78	percent of total billed charges	
SOTALOL 1MG INJ	C9482	HCPCS	outpatient			43	28.59	Three Rivers	Three Rivers		40.85	95			9.6	51.78	percent of total billed charges	
SOTALOL 1MG INJ	C9482	HCPCS	outpatient			43	28.59	UHC	Medicaid		13.57	31.55			9.6	51.78	percent of total billed charges	
SOTALOL 1MG INJ	C9482	HCPCS	outpatient			43	28.59	UHC	Medicare		24.86				9.6	51.78	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SOTALOL 1MG INJ	C9482	HCPCS	outpatient			43	28.59	United	Oxford		51.78				9.6	51.78	fee schedule	
SOTALOL 1MG INJ	C9482	HCPCS	outpatient			43	28.59	United	Commercial|PPO		51.78				9.6	51.78	fee schedule	
SOTALOL 1MG INJ	C9482	HCPCS	outpatient			43	28.59	Wellcare	Medicare		24.86				9.6	51.78	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SOTALOL 1MG INJ	C9482	HCPCS	outpatient			43	28.59	Wellcare	Medicaid		13.57	31.55			9.6	51.78	percent of total billed charges	
SOTALOL 1MG INJ	C9482	HCPCS	outpatient			43	28.59	WellPoint	WellPoint		13.84	32.18			9.6	51.78	percent of total billed charges	
CONIVAPTAN 1 MG INJ	C9488	HCPCS	outpatient			141.5	65.21	Aetna	Commercial		90.27				44.64	134.43	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONIVAPTAN 1 MG INJ	C9488	HCPCS	outpatient			141.5	65.21	Aetna	Better Health		44.64	31.55			44.64	134.43	percent of total billed charges	
CONIVAPTAN 1 MG INJ	C9488	HCPCS	outpatient			141.5	65.21	Aetna	Medicare		56.7				44.64	134.43	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONIVAPTAN 1 MG INJ	C9488	HCPCS	outpatient			141.5	65.21	Americare	Americare		106.13	75			44.64	134.43	percent of total billed charges	
CONIVAPTAN 1 MG INJ	C9488	HCPCS	outpatient			141.5	65.21	Amerihealth	HMO/PPO		91.98	65			44.64	134.43	percent of total billed charges	
CONIVAPTAN 1 MG INJ	C9488	HCPCS	outpatient			141.5	65.21	Amerihealth	Medicare		56.7				44.64	134.43	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONIVAPTAN 1 MG INJ	C9488	HCPCS	outpatient			141.5	65.21	Consumer	Consumer		134.43	95			44.64	134.43	percent of total billed charges	
CONIVAPTAN 1 MG INJ	C9488	HCPCS	outpatient			141.5	65.21	Corrections	Corrections		113.2	80			44.64	134.43	percent of total billed charges	
CONIVAPTAN 1 MG INJ	C9488	HCPCS	outpatient			141.5	65.21	First Health	First Health		99.05	70			44.64	134.43	percent of total billed charges	
CONIVAPTAN 1 MG INJ	C9488	HCPCS	outpatient			141.5	65.21	First Trenton	First Trenton		127.35	90			44.64	134.43	percent of total billed charges	
CONIVAPTAN 1 MG INJ	C9488	HCPCS	outpatient			141.5	65.21	Horizon	Indemnity		105.52				44.64	134.43	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONIVAPTAN 1 MG INJ	C9488	HCPCS	outpatient			141.5	65.21	Horizon	MGD		105.52				44.64	134.43	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONIVAPTAN 1 MG INJ	C9488	HCPCS	outpatient			141.5	65.21	Horizon	PPO		105.52				44.64	134.43	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONIVAPTAN 1 MG INJ	C9488	HCPCS	outpatient			141.5	65.21	Horizon	Medicare Blue		56.7				44.64	134.43	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONIVAPTAN 1 MG INJ	C9488	HCPCS	outpatient			141.5	65.21	Managed Care Inc	Managed Care Inc		127.35	90			44.64	134.43	percent of total billed charges	
CONIVAPTAN 1 MG INJ	C9488	HCPCS	outpatient			141.5	65.21	Multiplan	Multiplan		113.2	80			44.64	134.43	percent of total billed charges	
CONIVAPTAN 1 MG INJ	C9488	HCPCS	outpatient			141.5	65.21	Qualcare	Qualcare		106.13	75			44.64	134.43	percent of total billed charges	
CONIVAPTAN 1 MG INJ	C9488	HCPCS	outpatient			141.5	65.21	Three Rivers	Three Rivers		134.43	95			44.64	134.43	percent of total billed charges	
CONIVAPTAN 1 MG INJ	C9488	HCPCS	outpatient			141.5	65.21	UHC	Medicaid		44.64	31.55			44.64	134.43	percent of total billed charges	
CONIVAPTAN 1 MG INJ	C9488	HCPCS	outpatient			141.5	65.21	UHC	Medicare		56.7				44.64	134.43	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONIVAPTAN 1 MG INJ	C9488	HCPCS	outpatient			141.5	65.21	United	Oxford		118.1				44.64	134.43	fee schedule	
CONIVAPTAN 1 MG INJ	C9488	HCPCS	outpatient			141.5	65.21	United	Commercial|PPO		118.1				44.64	134.43	fee schedule	
CONIVAPTAN 1 MG INJ	C9488	HCPCS	outpatient			141.5	65.21	Wellcare	Medicaid		44.64	31.55			44.64	134.43	percent of total billed charges	
CONIVAPTAN 1 MG INJ	C9488	HCPCS	outpatient			141.5	65.21	Wellcare	Medicare		56.7				44.64	134.43	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONIVAPTAN 1 MG INJ	C9488	HCPCS	outpatient			141.5	65.21	WellPoint	WellPoint		45.53	32.18			44.64	134.43	percent of total billed charges	
PERC DRUG-EL COR STENT SING	C9600	HCPCS	both			36905	14469	Aetna	Commercial		20030.13				2000	35059.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERC DRUG-EL COR STENT SING	C9600	HCPCS	both			36905	14469	Aetna	Better Health		11643.53	31.55			2000	35059.75	percent of total billed charges	
PERC DRUG-EL COR STENT SING	C9600	HCPCS	both			36905	14469	Aetna	Medicare		12581.74				2000	35059.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERC DRUG-EL COR STENT SING	C9600	HCPCS	both			36905	14469	Americare	Americare		27678.75	75			2000	35059.75	percent of total billed charges	
PERC DRUG-EL COR STENT SING	C9600	HCPCS	both			36905	14469	Amerihealth	HMO/PPO		2000				2000	35059.75	fee schedule	
PERC DRUG-EL COR STENT SING	C9600	HCPCS	both			36905	14469	Amerihealth	Medicare		12581.74				2000	35059.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERC DRUG-EL COR STENT SING	C9600	HCPCS	both			36905	14469	Consumer	Consumer		35059.75	95			2000	35059.75	percent of total billed charges	
PERC DRUG-EL COR STENT SING	C9600	HCPCS	both			36905	14469	Corrections	Corrections		29524	80			2000	35059.75	percent of total billed charges	
PERC DRUG-EL COR STENT SING	C9600	HCPCS	both			36905	14469	First Health	First Health		25833.5	70			2000	35059.75	percent of total billed charges	
PERC DRUG-EL COR STENT SING	C9600	HCPCS	both			36905	14469	First Trenton	First Trenton		33214.5	90			2000	35059.75	percent of total billed charges	
PERC DRUG-EL COR STENT SING	C9600	HCPCS	both			36905	14469	Horizon	MGD		23414.62				2000	35059.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERC DRUG-EL COR STENT SING	C9600	HCPCS	both			36905	14469	Horizon	Medicare Blue		12581.74				2000	35059.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERC DRUG-EL COR STENT SING	C9600	HCPCS	both			36905	14469	Horizon	Indemnity		23414.62				2000	35059.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERC DRUG-EL COR STENT SING	C9600	HCPCS	both			36905	14469	Horizon	PPO		23414.62				2000	35059.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERC DRUG-EL COR STENT SING	C9600	HCPCS	both			36905	14469	Managed Care Inc	Managed Care Inc		33214.5	90			2000	35059.75	percent of total billed charges	
PERC DRUG-EL COR STENT SING	C9600	HCPCS	both			36905	14469	Multiplan	Multiplan		29524	80			2000	35059.75	percent of total billed charges	
PERC DRUG-EL COR STENT SING	C9600	HCPCS	both			36905	14469	Qualcare	Qualcare		27678.75	75			2000	35059.75	percent of total billed charges	
PERC DRUG-EL COR STENT SING	C9600	HCPCS	both			36905	14469	Three Rivers	Three Rivers		35059.75	95			2000	35059.75	percent of total billed charges	
PERC DRUG-EL COR STENT SING	C9600	HCPCS	both			36905	14469	UHC	Medicaid		11643.53	31.55			2000	35059.75	percent of total billed charges	
PERC DRUG-EL COR STENT SING	C9600	HCPCS	both			36905	14469	UHC	Medicare		12581.74				2000	35059.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERC DRUG-EL COR STENT SING	C9600	HCPCS	both			36905	14469	United	Oxford		5843				2000	35059.75	case rate	
PERC DRUG-EL COR STENT SING	C9600	HCPCS	both			36905	14469	United	Commercial|PPO		5843				2000	35059.75	case rate	
PERC DRUG-EL COR STENT SING	C9600	HCPCS	both			36905	14469	Wellcare	Medicaid		11643.53	31.55			2000	35059.75	percent of total billed charges	
PERC DRUG-EL COR STENT SING	C9600	HCPCS	both			36905	14469	Wellcare	Medicare		12581.74				2000	35059.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERC DRUG-EL COR STENT SING	C9600	HCPCS	both			36905	14469	WellPoint	WellPoint		11876.03	32.18			2000	35059.75	percent of total billed charges	
PERC TRNSCTH PLC DRUG-ELUT INTRACOR STE	C9601	HCPCS	both			36164		Aetna	Commercial		13742.32	38			1782	34355.8	percent of total billed charges	
PERC TRNSCTH PLC DRUG-ELUT INTRACOR STE	C9601	HCPCS	both			36164		Aetna	Medicare		11138.51	30.8			1782	34355.8	percent of total billed charges	
PERC TRNSCTH PLC DRUG-ELUT INTRACOR STE	C9601	HCPCS	both			36164		Aetna	Better Health		11409.74	31.55			1782	34355.8	percent of total billed charges	
PERC TRNSCTH PLC DRUG-ELUT INTRACOR STE	C9601	HCPCS	both			36164		Americare	Americare		27123	75			1782	34355.8	percent of total billed charges	
PERC TRNSCTH PLC DRUG-ELUT INTRACOR STE	C9601	HCPCS	both			36164		Amerihealth	HMO/PPO		2000				1782	34355.8	fee schedule	
PERC TRNSCTH PLC DRUG-ELUT INTRACOR STE	C9601	HCPCS	both			36164		Consumer	Consumer		34355.8	95			1782	34355.8	percent of total billed charges	
PERC TRNSCTH PLC DRUG-ELUT INTRACOR STE	C9601	HCPCS	both			36164		Corrections	Corrections		28931.2	80			1782	34355.8	percent of total billed charges	
PERC TRNSCTH PLC DRUG-ELUT INTRACOR STE	C9601	HCPCS	both			36164		First Health	First Health		25314.8	70			1782	34355.8	percent of total billed charges	
PERC TRNSCTH PLC DRUG-ELUT INTRACOR STE	C9601	HCPCS	both			36164		First Trenton	First Trenton		32547.6	90			1782	34355.8	percent of total billed charges	
PERC TRNSCTH PLC DRUG-ELUT INTRACOR STE	C9601	HCPCS	both			36164		Horizon	Indemnity		13843.58	38.28			1782	34355.8	percent of total billed charges	
PERC TRNSCTH PLC DRUG-ELUT INTRACOR STE	C9601	HCPCS	both			36164		Horizon	Medicare Blue		10849.2	30			1782	34355.8	percent of total billed charges	
PERC TRNSCTH PLC DRUG-ELUT INTRACOR STE	C9601	HCPCS	both			36164		Horizon	MGD		13843.58	38.28			1782	34355.8	percent of total billed charges	
PERC TRNSCTH PLC DRUG-ELUT INTRACOR STE	C9601	HCPCS	both			36164		Horizon	PPO		13843.58	38.28			1782	34355.8	percent of total billed charges	
PERC TRNSCTH PLC DRUG-ELUT INTRACOR STE	C9601	HCPCS	both			36164		Managed Care Inc	Managed Care Inc		32547.6	90			1782	34355.8	percent of total billed charges	
PERC TRNSCTH PLC DRUG-ELUT INTRACOR STE	C9601	HCPCS	both			36164		Multiplan	Multiplan		28931.2	80			1782	34355.8	percent of total billed charges	
PERC TRNSCTH PLC DRUG-ELUT INTRACOR STE	C9601	HCPCS	both			36164		Qualcare	Qualcare		27123	75			1782	34355.8	percent of total billed charges	
PERC TRNSCTH PLC DRUG-ELUT INTRACOR STE	C9601	HCPCS	both			36164		Three Rivers	Three Rivers		34355.8	95			1782	34355.8	percent of total billed charges	
PERC TRNSCTH PLC DRUG-ELUT INTRACOR STE	C9601	HCPCS	both			36164		UHC	Medicaid		11409.74	31.55			1782	34355.8	percent of total billed charges	
PERC TRNSCTH PLC DRUG-ELUT INTRACOR STE	C9601	HCPCS	both			36164		United	Oxford		1782				1782	34355.8	case rate	
PERC TRNSCTH PLC DRUG-ELUT INTRACOR STE	C9601	HCPCS	both			36164		United	Commercial|PPO		1782				1782	34355.8	case rate	
PERC TRNSCTH PLC DRUG-ELUT INTRACOR STE	C9601	HCPCS	both			36164		Wellcare	Medicaid		11409.74	31.55			1782	34355.8	percent of total billed charges	
PERC TRNSCTH PLC DRUG-ELUT INTRACOR STE	C9601	HCPCS	both			36164		WellPoint	WellPoint		11637.58	32.18			1782	34355.8	percent of total billed charges	
PERC D-E COR STENT ATHER S	C9602	HCPCS	both			36905	23062.62	Aetna	Medicare		20054.45				2000	37321.33	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERC D-E COR STENT ATHER S	C9602	HCPCS	both			36905	23062.62	Aetna	Commercial		31926.68				2000	37321.33	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERC D-E COR STENT ATHER S	C9602	HCPCS	both			36905	23062.62	Aetna	Better Health		11643.53	31.55			2000	37321.33	percent of total billed charges	
PERC D-E COR STENT ATHER S	C9602	HCPCS	both			36905	23062.62	Americare	Americare		27678.75	75			2000	37321.33	percent of total billed charges	
PERC D-E COR STENT ATHER S	C9602	HCPCS	both			36905	23062.62	Amerihealth	HMO/PPO		2000				2000	37321.33	fee schedule	
PERC D-E COR STENT ATHER S	C9602	HCPCS	both			36905	23062.62	Amerihealth	Medicare		20054.45				2000	37321.33	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERC D-E COR STENT ATHER S	C9602	HCPCS	both			36905	23062.62	Consumer	Consumer		35059.75	95			2000	37321.33	percent of total billed charges	
PERC D-E COR STENT ATHER S	C9602	HCPCS	both			36905	23062.62	Corrections	Corrections		29524	80			2000	37321.33	percent of total billed charges	
PERC D-E COR STENT ATHER S	C9602	HCPCS	both			36905	23062.62	First Health	First Health		25833.5	70			2000	37321.33	percent of total billed charges	
PERC D-E COR STENT ATHER S	C9602	HCPCS	both			36905	23062.62	First Trenton	First Trenton		33214.5	90			2000	37321.33	percent of total billed charges	
PERC D-E COR STENT ATHER S	C9602	HCPCS	both			36905	23062.62	Horizon	Medicare Blue		20054.45				2000	37321.33	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.															
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119 true															
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
PERC D-E COR STENT ATHER S	C9602	HCPCS	both			36905	23062.62	Horizon	MGD		37321.33				2000	37321.33	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERC D-E COR STENT ATHER S	C9602	HCPCS	both			36905	23062.62	Horizon	PPO		37321.33				2000	37321.33	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERC D-E COR STENT ATHER S	C9602	HCPCS	both			36905	23062.62	Horizon	Indemnity		37321.33				2000	37321.33	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERC D-E COR STENT ATHER S	C9602	HCPCS	both			36905	23062.62	Managed Care Inc	Managed Care Inc		33214.5	90			2000	37321.33	percent of total billed charges	
PERC D-E COR STENT ATHER S	C9602	HCPCS	both			36905	23062.62	Multiplan	Multiplan		29524	80			2000	37321.33	percent of total billed charges	
PERC D-E COR STENT ATHER S	C9602	HCPCS	both			36905	23062.62	Qualcare	Qualcare		27678.75	75			2000	37321.33	percent of total billed charges	
PERC D-E COR STENT ATHER S	C9602	HCPCS	both			36905	23062.62	Three Rivers	Three Rivers		35059.75	95			2000	37321.33	percent of total billed charges	
PERC D-E COR STENT ATHER S	C9602	HCPCS	both			36905	23062.62	UHC	Medicaid		11643.53	31.55			2000	37321.33	percent of total billed charges	
PERC D-E COR STENT ATHER S	C9602	HCPCS	both			36905	23062.62	UHC	Medicare		20054.45				2000	37321.33	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERC D-E COR STENT ATHER S	C9602	HCPCS	both			36905	23062.62	United	Commercial|PPO		5843				2000	37321.33	case rate	
PERC D-E COR STENT ATHER S	C9602	HCPCS	both			36905	23062.62	United	Oxford		5843				2000	37321.33	case rate	
PERC D-E COR STENT ATHER S	C9602	HCPCS	both			36905	23062.62	Wellcare	Medicaid		11643.53	31.55			2000	37321.33	percent of total billed charges	
PERC D-E COR STENT ATHER S	C9602	HCPCS	both			36905	23062.62	Wellcare	Medicare		20054.45				2000	37321.33	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERC D-E COR STENT ATHER S	C9602	HCPCS	both			36905	23062.62	WellPoint	WellPoint		11876.03	32.18			2000	37321.33	percent of total billed charges	
PERC ATHERECTOMY W DRUG ELUTING STENT	C9603	HCPCS	outpatient			67143		Aetna	Medicare		20680.04	30.8			1782	63785.85	percent of total billed charges	
PERC ATHERECTOMY W DRUG ELUTING STENT	C9603	HCPCS	outpatient			67143		Aetna	Commercial		25514.34	38			1782	63785.85	percent of total billed charges	
PERC ATHERECTOMY W DRUG ELUTING STENT	C9603	HCPCS	outpatient			67143		Aetna	Better Health		21183.62	31.55			1782	63785.85	percent of total billed charges	
PERC ATHERECTOMY W DRUG ELUTING STENT	C9603	HCPCS	outpatient			67143		Americare	Americare		50357.25	75			1782	63785.85	percent of total billed charges	
PERC ATHERECTOMY W DRUG ELUTING STENT	C9603	HCPCS	outpatient			67143		Amerihealth	HMO/PPO		2000				1782	63785.85	fee schedule	
PERC ATHERECTOMY W DRUG ELUTING STENT	C9603	HCPCS	outpatient			67143		Consumer	Consumer		63785.85	95			1782	63785.85	percent of total billed charges	
PERC ATHERECTOMY W DRUG ELUTING STENT	C9603	HCPCS	outpatient			67143		Corrections	Corrections		53714.4	80			1782	63785.85	percent of total billed charges	
PERC ATHERECTOMY W DRUG ELUTING STENT	C9603	HCPCS	outpatient			67143		First Health	First Health		47000.1	70			1782	63785.85	percent of total billed charges	
PERC ATHERECTOMY W DRUG ELUTING STENT	C9603	HCPCS	outpatient			67143		First Trenton	First Trenton		60428.7	90			1782	63785.85	percent of total billed charges	
PERC ATHERECTOMY W DRUG ELUTING STENT	C9603	HCPCS	outpatient			67143		Horizon	Indemnity		25702.34	38.28			1782	63785.85	percent of total billed charges	
PERC ATHERECTOMY W DRUG ELUTING STENT	C9603	HCPCS	outpatient			67143		Horizon	Medicare Blue		20142.9	30			1782	63785.85	percent of total billed charges	
PERC ATHERECTOMY W DRUG ELUTING STENT	C9603	HCPCS	outpatient			67143		Horizon	MGD		25702.34	38.28			1782	63785.85	percent of total billed charges	
PERC ATHERECTOMY W DRUG ELUTING STENT	C9603	HCPCS	outpatient			67143		Horizon	PPO		25702.34	38.28			1782	63785.85	percent of total billed charges	
PERC ATHERECTOMY W DRUG ELUTING STENT	C9603	HCPCS	outpatient			67143		Managed Care Inc	Managed Care Inc		60428.7	90			1782	63785.85	percent of total billed charges	
PERC ATHERECTOMY W DRUG ELUTING STENT	C9603	HCPCS	outpatient			67143		Multiplan	Multiplan		53714.4	80			1782	63785.85	percent of total billed charges	
PERC ATHERECTOMY W DRUG ELUTING STENT	C9603	HCPCS	outpatient			67143		Qualcare	Qualcare		50357.25	75			1782	63785.85	percent of total billed charges	
PERC ATHERECTOMY W DRUG ELUTING STENT	C9603	HCPCS	outpatient			67143		Three Rivers	Three Rivers		63785.85	95			1782	63785.85	percent of total billed charges	
PERC ATHERECTOMY W DRUG ELUTING STENT	C9603	HCPCS	outpatient			67143		UHC	Medicaid		21183.62	31.55			1782	63785.85	percent of total billed charges	
PERC ATHERECTOMY W DRUG ELUTING STENT	C9603	HCPCS	outpatient			67143		United	Oxford		1782				1782	63785.85	case rate	
PERC ATHERECTOMY W DRUG ELUTING STENT	C9603	HCPCS	outpatient			67143		United	Commercial|PPO		1782				1782	63785.85	case rate	
PERC ATHERECTOMY W DRUG ELUTING STENT	C9603	HCPCS	outpatient			67143		Wellcare	Medicaid		21183.62	31.55			1782	63785.85	percent of total billed charges	
PERC ATHERECTOMY W DRUG ELUTING STENT	C9603	HCPCS	outpatient			67143		WellPoint	WellPoint		21606.62	32.18			1782	63785.85	percent of total billed charges	
PERC TRANSLUM REVASC COR ART BYPASS GRAF	C9604	HCPCS	both			36905	14469	Aetna	Better Health		11643.53	31.55			2000	35059.75	percent of total billed charges	
PERC TRANSLUM REVASC COR ART BYPASS GRAF	C9604	HCPCS	both			36905	14469	Aetna	Commercial		20030.13				2000	35059.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERC TRANSLUM REVASC COR ART BYPASS GRAF	C9604	HCPCS	both			36905	14469	Aetna	Medicare		12581.74				2000	35059.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERC TRANSLUM REVASC COR ART BYPASS GRAF	C9604	HCPCS	both			36905	14469	Americare	Americare		27678.75	75			2000	35059.75	percent of total billed charges	
PERC TRANSLUM REVASC COR ART BYPASS GRAF	C9604	HCPCS	both			36905	14469	Amerihealth	Medicare		12581.74				2000	35059.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERC TRANSLUM REVASC COR ART BYPASS GRAF	C9604	HCPCS	both			36905	14469	Amerihealth	HMO/PPO		2000				2000	35059.75	fee schedule	
PERC TRANSLUM REVASC COR ART BYPASS GRAF	C9604	HCPCS	both			36905	14469	Consumer	Consumer		35059.75	95			2000	35059.75	percent of total billed charges	
PERC TRANSLUM REVASC COR ART BYPASS GRAF	C9604	HCPCS	both			36905	14469	Corrections	Corrections		29524	80			2000	35059.75	percent of total billed charges	
PERC TRANSLUM REVASC COR ART BYPASS GRAF	C9604	HCPCS	both			36905	14469	First Health	First Health		25833.5	70			2000	35059.75	percent of total billed charges	
PERC TRANSLUM REVASC COR ART BYPASS GRAF	C9604	HCPCS	both			36905	14469	First Trenton	First Trenton		33214.5	90			2000	35059.75	percent of total billed charges	
PERC TRANSLUM REVASC COR ART BYPASS GRAF	C9604	HCPCS	both			36905	14469	Horizon	Indemnity		23414.62				2000	35059.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERC TRANSLUM REVASC COR ART BYPASS GRAF	C9604	HCPCS	both			36905	14469	Horizon	Medicare Blue		12581.74				2000	35059.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERC TRANSLUM REVASC COR ART BYPASS GRAF	C9604	HCPCS	both			36905	14469	Horizon	MGD		23414.62				2000	35059.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERC TRANSLUM REVASC COR ART BYPASS GRAF	C9604	HCPCS	both			36905	14469	Horizon	PPO		23414.62				2000	35059.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERC TRANSLUM REVASC COR ART BYPASS GRAF	C9604	HCPCS	both			36905	14469	Managed Care Inc	Managed Care Inc		33214.5	90			2000	35059.75	percent of total billed charges	
PERC TRANSLUM REVASC COR ART BYPASS GRAF	C9604	HCPCS	both			36905	14469	Multiplan	Multiplan		29524	80			2000	35059.75	percent of total billed charges	
PERC TRANSLUM REVASC COR ART BYPASS GRAF	C9604	HCPCS	both			36905	14469	Qualcare	Qualcare		27678.75	75			2000	35059.75	percent of total billed charges	
PERC TRANSLUM REVASC COR ART BYPASS GRAF	C9604	HCPCS	both			36905	14469	Three Rivers	Three Rivers		35059.75	95			2000	35059.75	percent of total billed charges	
PERC TRANSLUM REVASC COR ART BYPASS GRAF	C9604	HCPCS	both			36905	14469	UHC	Medicaid		11643.53	31.55			2000	35059.75	percent of total billed charges	
PERC TRANSLUM REVASC COR ART BYPASS GRAF	C9604	HCPCS	both			36905	14469	UHC	Medicare		12581.74				2000	35059.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERC TRANSLUM REVASC COR ART BYPASS GRAF	C9604	HCPCS	both			36905	14469	United	Commercial|PPO		5843				2000	35059.75	case rate	
PERC TRANSLUM REVASC COR ART BYPASS GRAF	C9604	HCPCS	both			36905	14469	United	Oxford		5843				2000	35059.75	case rate	
PERC TRANSLUM REVASC COR ART BYPASS GRAF	C9604	HCPCS	both			36905	14469	Wellcare	Medicare		12581.74				2000	35059.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERC TRANSLUM REVASC COR ART BYPASS GRAF	C9604	HCPCS	both			36905	14469	Wellcare	Medicaid		11643.53	31.55			2000	35059.75	percent of total billed charges	
PERC TRANSLUM REVASC COR ART BYPASS GRAF	C9604	HCPCS	both			36905	14469	WellPoint	WellPoint		11876.03	32.18			2000	35059.75	percent of total billed charges	
PERQ TRANSL REVASC ACUTE TOTAL OCCL MY	C9606	HCPCS	outpatient			67143		Aetna	Medicare		20680.04	30.8			1782	63785.85	percent of total billed charges	
PERQ TRANSL REVASC ACUTE TOTAL OCCL MY	C9606	HCPCS	outpatient			67143		Aetna	Commercial		25514.34	38			1782	63785.85	percent of total billed charges	
PERQ TRANSL REVASC ACUTE TOTAL OCCL MY	C9606	HCPCS	outpatient			67143		Aetna	Better Health		21183.62	31.55			1782	63785.85	percent of total billed charges	
PERQ TRANSL REVASC ACUTE TOTAL OCCL MY	C9606	HCPCS	outpatient			67143		Americare	Americare		50357.25	75			1782	63785.85	percent of total billed charges	
PERQ TRANSL REVASC ACUTE TOTAL OCCL MY	C9606	HCPCS	outpatient			67143		Amerihealth	HMO/PPO		2000				1782	63785.85	fee schedule	
PERQ TRANSL REVASC ACUTE TOTAL OCCL MY	C9606	HCPCS	outpatient			67143		Consumer	Consumer		63785.85	95			1782	63785.85	percent of total billed charges	
PERQ TRANSL REVASC ACUTE TOTAL OCCL MY	C9606	HCPCS	outpatient			67143		Corrections	Corrections		53714.4	80			1782	63785.85	percent of total billed charges	
PERQ TRANSL REVASC ACUTE TOTAL OCCL MY	C9606	HCPCS	outpatient			67143		First Health	First Health		47000.1	70			1782	63785.85	percent of total billed charges	
PERQ TRANSL REVASC ACUTE TOTAL OCCL MY	C9606	HCPCS	outpatient			67143		First Trenton	First Trenton		60428.7	90			1782	63785.85	percent of total billed charges	
PERQ TRANSL REVASC ACUTE TOTAL OCCL MY	C9606	HCPCS	outpatient			67143		Horizon	Indemnity		25702.34	38.28			1782	63785.85	percent of total billed charges	
PERQ TRANSL REVASC ACUTE TOTAL OCCL MY	C9606	HCPCS	outpatient			67143		Horizon	MGD		25702.34	38.28			1782	63785.85	percent of total billed charges	
PERQ TRANSL REVASC ACUTE TOTAL OCCL MY	C9606	HCPCS	outpatient			67143		Horizon	PPO		25702.34	38.28			1782	63785.85	percent of total billed charges	
PERQ TRANSL REVASC ACUTE TOTAL OCCL MY	C9606	HCPCS	outpatient			67143		Horizon	Medicare Blue		20142.9	30			1782	63785.85	percent of total billed charges	
PERQ TRANSL REVASC ACUTE TOTAL OCCL MY	C9606	HCPCS	outpatient			67143		Managed Care Inc	Managed Care Inc		60428.7	90			1782	63785.85	percent of total billed charges	
PERQ TRANSL REVASC ACUTE TOTAL OCCL MY	C9606	HCPCS	outpatient			67143		Multiplan	Multiplan		53714.4	80			1782	63785.85	percent of total billed charges	
PERQ TRANSL REVASC ACUTE TOTAL OCCL MY	C9606	HCPCS	outpatient			67143		Qualcare	Qualcare		50357.25	75			1782	63785.85	percent of total billed charges	
PERQ TRANSL REVASC ACUTE TOTAL OCCL MY	C9606	HCPCS	outpatient			67143		Three Rivers	Three Rivers		63785.85	95			1782	63785.85	percent of total billed charges	
PERQ TRANSL REVASC ACUTE TOTAL OCCL MY	C9606	HCPCS	outpatient			67143		UHC	Medicaid		21183.62	31.55			1782	63785.85	percent of total billed charges	
PERQ TRANSL REVASC ACUTE TOTAL OCCL MY	C9606	HCPCS	outpatient			67143		United	Oxford		1782				1782	63785.85	case rate	
PERQ TRANSL REVASC ACUTE TOTAL OCCL MY	C9606	HCPCS	outpatient			67143		United	Commercial|PPO		1782				1782	63785.85	case rate	
PERQ TRANSL REVASC ACUTE TOTAL OCCL MY	C9606	HCPCS	outpatient			67143		Wellcare	Medicaid		21183.62	31.55			1782	63785.85	percent of total billed charges	
PERQ TRANSL REVASC ACUTE TOTAL OCCL MY	C9606	HCPCS	outpatient			67143		WellPoint	WellPoint		21606.62	32.18			1782	63785.85	percent of total billed charges	
RVSCLR,ENDO,OPN/PERC LOW EXT	C9764	HCPCS	both			38919	14469	Aetna	Better Health		12278.94	31.55			4702	36973.05	percent of total billed charges	
RVSCLR,ENDO,OPN/PERC LOW EXT	C9764	HCPCS	both			38919	14469	Aetna	Commercial		20030.13				4702	36973.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RVSCLR,ENDO,OPN/PERC LOW EXT	C9764	HCPCS	both			38919	14469	Aetna	Medicare		12581.74				4702	36973.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RVSCLR,ENDO,OPN/PERC LOW EXT	C9764	HCPCS	both			38919	14469	Americare	Americare		29189.25	75			4702	36973.05	percent of total billed charges	
RVSCLR,ENDO,OPN/PERC LOW EXT	C9764	HCPCS	both			38919	14469	Amerihealth	Medicare		12581.74				4702	36973.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RVSCLR,ENDO,OPN/PERC LOW EXT	C9764	HCPCS	both			38919	14469	Amerihealth	HMO/PPO		25297.35	65			4702	36973.05	percent of total billed charges	
RVSCLR,ENDO,OPN/PERC LOW EXT	C9764	HCPCS	both			38919	14469	Consumer	Consumer		36973.05	95			4702	36973.05	percent of total billed charges	
RVSCLR,ENDO,OPN/PERC LOW EXT	C9764	HCPCS	both			38919	14469	Corrections	Corrections		31135.2	80			4702	36973.05	percent of total billed charges	
RVSCLR,ENDO,OPN/PERC LOW EXT	C9764	HCPCS	both			38919	14469	First Health	First Health		27243.3	70			4702	36973.05	percent of total billed charges	
RVSCLR,ENDO,OPN/PERC LOW EXT	C9764	HCPCS	both			38919	14469	First Trenton	First Trenton		35027.1	90			4702	36973.05	percent of total billed charges	
RVSCLR,ENDO,OPN/PERC LOW EXT	C9764	HCPCS	both			38919	14469	Horizon	MGD		23414.62				4702	36973.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RVSCLR,ENDO,OPN/PERC LOW EXT	C9764	HCPCS	both			38919	14469	Horizon	Indemnity		23414.62				4702	36973.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RVSCLR,ENDO,OPN/PERC LOW EXT	C9764	HCPCS	both			38919	14469	Horizon	Medicare Blue		12581.74				4702	36973.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RVSCLR,ENDO,OPN/PERC LOW EXT	C9764	HCPCS	both			38919	14469	Horizon	PPO		23414.62				4702	36973.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RVSCLR,ENDO,OPN/PERC LOW EXT	C9764	HCPCS	both			38919	14469	Managed Care Inc	Managed Care Inc		35027.1	90			4702	36973.05	percent of total billed charges	
RVSCLR,ENDO,OPN/PERC LOW EXT	C9764	HCPCS	both			38919	14469	Multiplan	Multiplan		31135.2	80			4702	36973.05	percent of total billed charges	
RVSCLR,ENDO,OPN/PERC LOW EXT	C9764	HCPCS	both			38919	14469	Qualcare	Qualcare		29189.25	75			4702	36973.05	percent of total billed charges	
RVSCLR,ENDO,OPN/PERC LOW EXT	C9764	HCPCS	both			38919	14469	Three Rivers	Three Rivers		36973.05	95			4702	36973.05	percent of total billed charges	
RVSCLR,ENDO,OPN/PERC LOW EXT	C9764	HCPCS	both			38919	14469	UHC	Medicaid		12278.94	31.55			4702	36973.05	percent of total billed charges	
RVSCLR,ENDO,OPN/PERC LOW EXT	C9764	HCPCS	both			38919	14469	UHC	Medicare		12581.74				4702	36973.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RVSCLR,ENDO,OPN/PERC LOW EXT	C9764	HCPCS	both			38919	14469	United	Commercial|PPO		4702				4702	36973.05	case rate	
RVSCLR,ENDO,OPN/PERC LOW EXT	C9764	HCPCS	both			38919	14469	United	Oxford		4702				4702	36973.05	case rate	
RVSCLR,ENDO,OPN/PERC LOW EXT	C9764	HCPCS	both			38919	14469	Wellcare	Medicare		12581.74				4702	36973.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RVSCLR,ENDO,OPN/PERC LOW EXT	C9764	HCPCS	both			38919	14469	Wellcare	Medicaid		12278.94	31.55			4702	36973.05	percent of total billed charges	
RVSCLR,ENDO,OPN/PERC LOW EXT	C9764	HCPCS	both			38919	14469	WellPoint	WellPoint		12524.13	32.18			4702	36973.05	percent of total billed charges	
REVASCULAR ENDOVASC LITHOTRIP STENT/PTA	C9765	HCPCS	outpatient			62033	23062.62	Aetna	Better Health		19571.41	31.55			5843	58931.35	percent of total billed charges	
REVASCULAR ENDOVASC LITHOTRIP STENT/PTA	C9765	HCPCS	outpatient			62033	23062.62	Aetna	Commercial		31926.68				5843	58931.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVASCULAR ENDOVASC LITHOTRIP STENT/PTA	C9765	HCPCS	outpatient			62033	23062.62	Aetna	Medicare		20054.45				5843	58931.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVASCULAR ENDOVASC LITHOTRIP STENT/PTA	C9765	HCPCS	outpatient			62033	23062.62	Americare	Americare		46524.75	75			5843	58931.35	percent of total billed charges	
REVASCULAR ENDOVASC LITHOTRIP STENT/PTA	C9765	HCPCS	outpatient			62033	23062.62	Amerihealth	HMO/PPO		40321.45	65			5843	58931.35	percent of total billed charges	
REVASCULAR ENDOVASC LITHOTRIP STENT/PTA	C9765	HCPCS	outpatient			62033	23062.62	Amerihealth	Medicare		20054.45				5843	58931.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVASCULAR ENDOVASC LITHOTRIP STENT/PTA	C9765	HCPCS	outpatient			62033	23062.62	Consumer	Consumer		58931.35	95			5843	58931.35	percent of total billed charges	
REVASCULAR ENDOVASC LITHOTRIP STENT/PTA	C9765	HCPCS	outpatient			62033	23062.62	Corrections	Corrections		49626.4	80			5843	58931.35	percent of total billed charges	
REVASCULAR ENDOVASC LITHOTRIP STENT/PTA	C9765	HCPCS	outpatient			62033	23062.62	First Health	First Health		43423.1	70			5843	58931.35	percent of total billed charges	
REVASCULAR ENDOVASC LITHOTRIP STENT/PTA	C9765	HCPCS	outpatient			62033	23062.62	First Trenton	First Trenton		55829.7	90			5843	58931.35	percent of total billed charges	
REVASCULAR ENDOVASC LITHOTRIP STENT/PTA	C9765	HCPCS	outpatient			62033	23062.62	Horizon	PPO		37321.33				5843	58931.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVASCULAR ENDOVASC LITHOTRIP STENT/PTA	C9765	HCPCS	outpatient			62033	23062.62	Horizon	MGD		37321.33				5843	58931.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVASCULAR ENDOVASC LITHOTRIP STENT/PTA	C9765	HCPCS	outpatient			62033	23062.62	Horizon	Indemnity		37321.33				5843	58931.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVASCULAR ENDOVASC LITHOTRIP STENT/PTA	C9765	HCPCS	outpatient			62033	23062.62	Horizon	Medicare Blue		20054.45				5843	58931.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVASCULAR ENDOVASC LITHOTRIP STENT/PTA	C9765	HCPCS	outpatient			62033	23062.62	Managed Care Inc	Managed Care Inc		55829.7	90			5843	58931.35	percent of total billed charges	
REVASCULAR ENDOVASC LITHOTRIP STENT/PTA	C9765	HCPCS	outpatient			62033	23062.62	Multiplan	Multiplan		49626.4	80			5843	58931.35	percent of total billed charges	
REVASCULAR ENDOVASC LITHOTRIP STENT/PTA	C9765	HCPCS	outpatient			62033	23062.62	Qualcare	Qualcare		46524.75	75			5843	58931.35	percent of total billed charges	
REVASCULAR ENDOVASC LITHOTRIP STENT/PTA	C9765	HCPCS	outpatient			62033	23062.62	Three Rivers	Three Rivers		58931.35	95			5843	58931.35	percent of total billed charges	
REVASCULAR ENDOVASC LITHOTRIP STENT/PTA	C9765	HCPCS	outpatient			62033	23062.62	UHC	Medicare		20054.45				5843	58931.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVASCULAR ENDOVASC LITHOTRIP STENT/PTA	C9765	HCPCS	outpatient			62033	23062.62	UHC	Medicaid		19571.41	31.55			5843	58931.35	percent of total billed charges	
REVASCULAR ENDOVASC LITHOTRIP STENT/PTA	C9765	HCPCS	outpatient			62033	23062.62	United	Oxford		5843				5843	58931.35	case rate	
REVASCULAR ENDOVASC LITHOTRIP STENT/PTA	C9765	HCPCS	outpatient			62033	23062.62	United	Commercial|PPO		5843				5843	58931.35	case rate	
REVASCULAR ENDOVASC LITHOTRIP STENT/PTA	C9765	HCPCS	outpatient			62033	23062.62	Wellcare	Medicare		20054.45				5843	58931.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVASCULAR ENDOVASC LITHOTRIP STENT/PTA	C9765	HCPCS	outpatient			62033	23062.62	Wellcare	Medicaid		19571.41	31.55			5843	58931.35	percent of total billed charges	
REVASCULAR ENDOVASC LITHOTRIP STENT/PTA	C9765	HCPCS	outpatient			62033	23062.62	WellPoint	WellPoint		19962.22	32.18			5843	58931.35	percent of total billed charges	
REVASCULAR ENDOVASC LITHOTRIP ATHEREC PT	C9766	HCPCS	outpatient			62033	23062.62	Aetna	Commercial		31926.68				5843	58931.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVASCULAR ENDOVASC LITHOTRIP ATHEREC PT	C9766	HCPCS	outpatient			62033	23062.62	Aetna	Better Health		19571.41	31.55			5843	58931.35	percent of total billed charges	
REVASCULAR ENDOVASC LITHOTRIP ATHEREC PT	C9766	HCPCS	outpatient			62033	23062.62	Aetna	Medicare		20054.45				5843	58931.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVASCULAR ENDOVASC LITHOTRIP ATHEREC PT	C9766	HCPCS	outpatient			62033	23062.62	Americare	Americare		46524.75	75			5843	58931.35	percent of total billed charges	
REVASCULAR ENDOVASC LITHOTRIP ATHEREC PT	C9766	HCPCS	outpatient			62033	23062.62	Amerihealth	HMO/PPO		40321.45	65			5843	58931.35	percent of total billed charges	
REVASCULAR ENDOVASC LITHOTRIP ATHEREC PT	C9766	HCPCS	outpatient			62033	23062.62	Amerihealth	Medicare		20054.45				5843	58931.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVASCULAR ENDOVASC LITHOTRIP ATHEREC PT	C9766	HCPCS	outpatient			62033	23062.62	Consumer	Consumer		58931.35	95			5843	58931.35	percent of total billed charges	
REVASCULAR ENDOVASC LITHOTRIP ATHEREC PT	C9766	HCPCS	outpatient			62033	23062.62	Corrections	Corrections		49626.4	80			5843	58931.35	percent of total billed charges	
REVASCULAR ENDOVASC LITHOTRIP ATHEREC PT	C9766	HCPCS	outpatient			62033	23062.62	First Health	First Health		43423.1	70			5843	58931.35	percent of total billed charges	
REVASCULAR ENDOVASC LITHOTRIP ATHEREC PT	C9766	HCPCS	outpatient			62033	23062.62	First Trenton	First Trenton		55829.7	90			5843	58931.35	percent of total billed charges	
REVASCULAR ENDOVASC LITHOTRIP ATHEREC PT	C9766	HCPCS	outpatient			62033	23062.62	Horizon	PPO		37321.33				5843	58931.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVASCULAR ENDOVASC LITHOTRIP ATHEREC PT	C9766	HCPCS	outpatient			62033	23062.62	Horizon	Indemnity		37321.33				5843	58931.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVASCULAR ENDOVASC LITHOTRIP ATHEREC PT	C9766	HCPCS	outpatient			62033	23062.62	Horizon	MGD		37321.33				5843	58931.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVASCULAR ENDOVASC LITHOTRIP ATHEREC PT	C9766	HCPCS	outpatient			62033	23062.62	Horizon	Medicare Blue		20054.45				5843

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.															
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true														
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
REVASCULAR ENDOVASC LITHOTRIP ATHEREC PT	C9766	HCPCS	outpatient			62033	23062.62	Multiplan	Multiplan		49626.4	80			5843	58931.35	percent of total billed charges	
REVASCULAR ENDOVASC LITHOTRIP ATHEREC PT	C9766	HCPCS	outpatient			62033	23062.62	Qualcare	Qualcare		46524.75	75			5843	58931.35	percent of total billed charges	
REVASCULAR ENDOVASC LITHOTRIP ATHEREC PT	C9766	HCPCS	outpatient			62033	23062.62	Three Rivers	Three Rivers		58931.35	95			5843	58931.35	percent of total billed charges	
REVASCULAR ENDOVASC LITHOTRIP ATHEREC PT	C9766	HCPCS	outpatient			62033	23062.62	UHC	Medicare		20054.45				5843	58931.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVASCULAR ENDOVASC LITHOTRIP ATHEREC PT	C9766	HCPCS	outpatient			62033	23062.62	UHC	Medicaid		19571.41	31.55			5843	58931.35	percent of total billed charges	
REVASCULAR ENDOVASC LITHOTRIP ATHEREC PT	C9766	HCPCS	outpatient			62033	23062.62	United	Oxford		5843				5843	58931.35	case rate	
REVASCULAR ENDOVASC LITHOTRIP ATHEREC PT	C9766	HCPCS	outpatient			62033	23062.62	United	CommercialPPO		5843				5843	58931.35	case rate	
REVASCULAR ENDOVASC LITHOTRIP ATHEREC PT	C9766	HCPCS	outpatient			62033	23062.62	Wellcare	Medicare		20054.45				5843	58931.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVASCULAR ENDOVASC LITHOTRIP ATHEREC PT	C9766	HCPCS	outpatient			62033	23062.62	Wellcare	Medicaid		19571.41	31.55			5843	58931.35	percent of total billed charges	
REVASCULAR ENDOVASC LITHOTRIP ATHEREC PT	C9766	HCPCS	outpatient			62033	23062.62	WellPoint	WellPoint		19962.22	32.18			5843	58931.35	percent of total billed charges	
REVASCULAR ENDOVASC LITHOTRIP ATHER PTA/	C9767	HCPCS	outpatient			62033	23062.62	Aetna	Better Health		19571.41	31.55			5843	58931.35	percent of total billed charges	
REVASCULAR ENDOVASC LITHOTRIP ATHER PTA/	C9767	HCPCS	outpatient			62033	23062.62	Aetna	Commercial		31926.68				5843	58931.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVASCULAR ENDOVASC LITHOTRIP ATHER PTA/	C9767	HCPCS	outpatient			62033	23062.62	Aetna	Medicare		20054.45				5843	58931.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVASCULAR ENDOVASC LITHOTRIP ATHER PTA/	C9767	HCPCS	outpatient			62033	23062.62	Americare	Americare		46524.75	75			5843	58931.35	percent of total billed charges	
REVASCULAR ENDOVASC LITHOTRIP ATHER PTA/	C9767	HCPCS	outpatient			62033	23062.62	Amerihealth	Medicare		20054.45				5843	58931.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVASCULAR ENDOVASC LITHOTRIP ATHER PTA/	C9767	HCPCS	outpatient			62033	23062.62	Amerihealth	HMO/PPO		40321.45	65			5843	58931.35	percent of total billed charges	
REVASCULAR ENDOVASC LITHOTRIP ATHER PTA/	C9767	HCPCS	outpatient			62033	23062.62	Consumer	Consumer		58931.35	95			5843	58931.35	percent of total billed charges	
REVASCULAR ENDOVASC LITHOTRIP ATHER PTA/	C9767	HCPCS	outpatient			62033	23062.62	Corrections	Corrections		49626.4	80			5843	58931.35	percent of total billed charges	
REVASCULAR ENDOVASC LITHOTRIP ATHER PTA/	C9767	HCPCS	outpatient			62033	23062.62	First Health	First Health		43423.1	70			5843	58931.35	percent of total billed charges	
REVASCULAR ENDOVASC LITHOTRIP ATHER PTA/	C9767	HCPCS	outpatient			62033	23062.62	First Trenton	First Trenton		55829.7	90			5843	58931.35	percent of total billed charges	
REVASCULAR ENDOVASC LITHOTRIP ATHER PTA/	C9767	HCPCS	outpatient			62033	23062.62	Horizon	Medicare Blue		20054.45				5843	58931.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVASCULAR ENDOVASC LITHOTRIP ATHER PTA/	C9767	HCPCS	outpatient			62033	23062.62	Horizon	Indemnity		37321.33				5843	58931.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVASCULAR ENDOVASC LITHOTRIP ATHER PTA/	C9767	HCPCS	outpatient			62033	23062.62	Horizon	MGD		37321.33				5843	58931.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVASCULAR ENDOVASC LITHOTRIP ATHER PTA/	C9767	HCPCS	outpatient			62033	23062.62	Horizon	PPO		37321.33				5843	58931.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVASCULAR ENDOVASC LITHOTRIP ATHER PTA/	C9767	HCPCS	outpatient			62033	23062.62	Managed Care Inc	Managed Care Inc		55829.7	90			5843	58931.35	percent of total billed charges	
REVASCULAR ENDOVASC LITHOTRIP ATHER PTA/	C9767	HCPCS	outpatient			62033	23062.62	Multiplan	Multiplan		49626.4	80			5843	58931.35	percent of total billed charges	
REVASCULAR ENDOVASC LITHOTRIP ATHER PTA/	C9767	HCPCS	outpatient			62033	23062.62	Qualcare	Qualcare		46524.75	75			5843	58931.35	percent of total billed charges	
REVASCULAR ENDOVASC LITHOTRIP ATHER PTA/	C9767	HCPCS	outpatient			62033	23062.62	Three Rivers	Three Rivers		58931.35	95			5843	58931.35	percent of total billed charges	
REVASCULAR ENDOVASC LITHOTRIP ATHER PTA/	C9767	HCPCS	outpatient			62033	23062.62	UHC	Medicare		20054.45				5843	58931.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVASCULAR ENDOVASC LITHOTRIP ATHER PTA/	C9767	HCPCS	outpatient			62033	23062.62	UHC	Medicaid		19571.41	31.55			5843	58931.35	percent of total billed charges	
REVASCULAR ENDOVASC LITHOTRIP ATHER PTA/	C9767	HCPCS	outpatient			62033	23062.62	United	CommercialPPO		5843				5843	58931.35	case rate	
REVASCULAR ENDOVASC LITHOTRIP ATHER PTA/	C9767	HCPCS	outpatient			62033	23062.62	United	Oxford		5843				5843	58931.35	case rate	
REVASCULAR ENDOVASC LITHOTRIP ATHER PTA/	C9767	HCPCS	outpatient			62033	23062.62	Wellcare	Medicare		20054.45				5843	58931.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVASCULAR ENDOVASC LITHOTRIP ATHER PTA/	C9767	HCPCS	outpatient			62033	23062.62	Wellcare	Medicaid		19571.41	31.55			5843	58931.35	percent of total billed charges	
REVASCULAR ENDOVASC LITHOTRIP ATHER PTA/	C9767	HCPCS	outpatient			62033	23062.62	WellPoint	WellPoint		19962.22	32.18			5843	58931.35	percent of total billed charges	
ENDO SLV GASTROPLASTY W/EGD	C9784	HCPCS	outpatient			33108	13538.55	Aetna	Medicare		11772.65				4702	31452.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDO SLV GASTROPLASTY W/EGD	C9784	HCPCS	outpatient			33108	13538.55	Aetna	Commercial		18742.06				4702	31452.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDO SLV GASTROPLASTY W/EGD	C9784	HCPCS	outpatient			33108	13538.55	Aetna	Better Health		10445.57	31.55			4702	31452.6	percent of total billed charges	
ENDO SLV GASTROPLASTY W/EGD	C9784	HCPCS	outpatient			33108	13538.55	Americare	Americare		24831	75			4702	31452.6	percent of total billed charges	
ENDO SLV GASTROPLASTY W/EGD	C9784	HCPCS	outpatient			33108	13538.55	Amerihealth	Medicare		11772.65				4702	31452.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDO SLV GASTROPLASTY W/EGD	C9784	HCPCS	outpatient			33108	13538.55	Amerihealth	HMO/PPO		21520.2	65			4702	31452.6	percent of total billed charges	
ENDO SLV GASTROPLASTY W/EGD	C9784	HCPCS	outpatient			33108	13538.55	Consumer	Consumer		31452.6	95			4702	31452.6	percent of total billed charges	
ENDO SLV GASTROPLASTY W/EGD	C9784	HCPCS	outpatient			33108	13538.55	Corrections	Corrections		26486.4	80			4702	31452.6	percent of total billed charges	
ENDO SLV GASTROPLASTY W/EGD	C9784	HCPCS	outpatient			33108	13538.55	First Health	First Health		23175.6	70			4702	31452.6	percent of total billed charges	
ENDO SLV GASTROPLASTY W/EGD	C9784	HCPCS	outpatient			33108	13538.55	First Trenton	First Trenton		29797.2	90			4702	31452.6	percent of total billed charges	
ENDO SLV GASTROPLASTY W/EGD	C9784	HCPCS	outpatient			33108	13538.55	Horizon	Indemnity		21908.9				4702	31452.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDO SLV GASTROPLASTY W/EGD	C9784	HCPCS	outpatient			33108	13538.55	Horizon	Medicare Blue		11772.65				4702	31452.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDO SLV GASTROPLASTY W/EGD	C9784	HCPCS	outpatient			33108	13538.55	Horizon	PPO		21908.9				4702	31452.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDO SLV GASTROPLASTY W/EGD	C9784	HCPCS	outpatient			33108	13538.55	Horizon	MGD		21908.9				4702	31452.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDO SLV GASTROPLASTY W/EGD	C9784	HCPCS	outpatient			33108	13538.55	Managed Care Inc	Managed Care Inc		29797.2	90			4702	31452.6	percent of total billed charges	
ENDO SLV GASTROPLASTY W/EGD	C9784	HCPCS	outpatient			33108	13538.55	Multiplan	Multiplan		26486.4	80			4702	31452.6	percent of total billed charges	
ENDO SLV GASTROPLASTY W/EGD	C9784	HCPCS	outpatient			33108	13538.55	Qualcare	Qualcare		24831	75			4702	31452.6	percent of total billed charges	
ENDO SLV GASTROPLASTY W/EGD	C9784	HCPCS	outpatient			33108	13538.55	Three Rivers	Three Rivers		31452.6	95			4702	31452.6	percent of total billed charges	
ENDO SLV GASTROPLASTY W/EGD	C9784	HCPCS	outpatient			33108	13538.55	UHC	Medicare		11772.65				4702	31452.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDO SLV GASTROPLASTY W/EGD	C9784	HCPCS	outpatient			33108	13538.55	UHC	Medicaid		10445.57	31.55			4702	31452.6	percent of total billed charges	
ENDO SLV GASTROPLASTY W/EGD	C9784	HCPCS	outpatient			33108	13538.55	United	Oxford		4702				4702	31452.6	case rate	
ENDO SLV GASTROPLASTY W/EGD	C9784	HCPCS	outpatient			33108	13538.55	United	CommercialPPO		4702				4702	31452.6	case rate	
ENDO SLV GASTROPLASTY W/EGD	C9784	HCPCS	outpatient			33108	13538.55	Wellcare	Medicare		11772.65				4702	31452.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDO SLV GASTROPLASTY W/EGD	C9784	HCPCS	outpatient			33108	13538.55	Wellcare	Medicaid		10445.57	31.55			4702	31452.6	percent of total billed charges	
ENDO SLV GASTROPLASTY W/EGD	C9784	HCPCS	outpatient			33108	13538.55	WellPoint	WellPoint		10654.15	32.18			4702	31452.6	percent of total billed charges	
ENDO OUT REDUC/GSTRC POUCH APP	C9785	HCPCS	outpatient			36416	13538.55	Aetna	Commercial		18742.06				4702	34595.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDO OUT REDUC/GSTRC POUCH APP	C9785	HCPCS	outpatient			36416	13538.55	Aetna	Better Health		11489.25	31.55			4702	34595.2	percent of total billed charges	
ENDO OUT REDUC/GSTRC POUCH APP	C9785	HCPCS	outpatient			36416	13538.55	Aetna	Medicare		11772.65				4702	34595.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDO OUT REDUC/GSTRC POUCH APP	C9785	HCPCS	outpatient			36416	13538.55	Americare	Americare		27312	75			4702	34595.2	percent of total billed charges	
ENDO OUT REDUC/GSTRC POUCH APP	C9785	HCPCS	outpatient			36416	13538.55	Amerihealth	HMO/PPO		23670.4	65			4702	34595.2	percent of total billed charges	
ENDO OUT REDUC/GSTRC POUCH APP	C9785	HCPCS	outpatient			36416	13538.55	Amerihealth	Medicare		11772.65				4702	34595.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDO OUT REDUC/GSTRC POUCH APP	C9785	HCPCS	outpatient			36416	13538.55	Consumer	Consumer		34595.2	95			4702	34595.2	percent of total billed charges	
ENDO OUT REDUC/GSTRC POUCH APP	C9785	HCPCS	outpatient			36416	13538.55	Corrections	Corrections		29132.8	80			4702	34595.2	percent of total billed charges	
ENDO OUT REDUC/GSTRC POUCH APP	C9785	HCPCS	outpatient			36416	13538.55	First Health	First Health		25491.2	70			4702	34595.2	percent of total billed charges	
ENDO OUT REDUC/GSTRC POUCH APP	C9785	HCPCS	outpatient			36416	13538.55	First Trenton	First Trenton		32774.4	90			4702	34595.2	percent of total billed charges	
ENDO OUT REDUC/GSTRC POUCH APP	C9785	HCPCS	outpatient			36416	13538.55	Horizon	PPO		21908.9				4702	34595.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDO OUT REDUC/GSTRC POUCH APP	C9785	HCPCS	outpatient			36416	13538.55	Horizon	MGD		21908.9				4702	34595.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDO OUT REDUC/GSTRC POUCH APP	C9785	HCPCS	outpatient			36416	13538.55	Horizon	Indemnity		21908.9				4702	34595.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDO OUT REDUC/GSTRC POUCH APP	C9785	HCPCS	outpatient			36416	13538.55	Horizon	Medicare Blue		11772.65				4702	34595.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDO OUT REDUC/GSTRC POUCH APP	C9785	HCPCS	outpatient			36416	13538.55	Managed Care Inc	Managed Care Inc		32774.4	90			4702	34595.2	percent of total billed charges	
ENDO OUT REDUC/GSTRC POUCH APP	C9785	HCPCS	outpatient			36416	13538.55	Multiplan	Multiplan		29132.8	80			4702	34595.2	percent of total billed charges	
ENDO OUT REDUC/GSTRC POUCH APP	C9785	HCPCS	outpatient			36416	13538.55	Qualcare	Qualcare		27312	75			4702	34595.2	percent of total billed charges	
ENDO OUT REDUC/GSTRC POUCH APP	C9785	HCPCS	outpatient			36416	13538.55	Three Rivers	Three Rivers		34595.2	95			4702	34595.2	percent of total billed charges	
ENDO OUT REDUC/GSTRC POUCH APP	C9785	HCPCS	outpatient			36416	13538.55	UHC	Medicaid		11489.25	31.55			4702	34595.2	percent of total billed charges	
ENDO OUT REDUC/GSTRC POUCH APP	C9785	HCPCS	outpatient			36416	13538.55	UHC	Medicare		11772.65				4702	34595.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDO OUT REDUC/GSTRC POUCH APP	C9785	HCPCS	outpatient			36416	13538.55	United	Oxford		4702				4702	34595.2	case rate	
ENDO OUT REDUC/GSTRC POUCH APP	C9785	HCPCS	outpatient			36416	13538.55	United	CommercialPPO		4702				4702	34595.2	case rate	
ENDO OUT REDUC/GSTRC POUCH APP	C9785	HCPCS	outpatient			36416	13538.55	Wellcare	Medicare		11772.65				4702	34595.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDO OUT REDUC/GSTRC POUCH APP	C9785	HCPCS	outpatient			36416	13538.55	Wellcare	Medicaid		11489.25	31.55			4702	34595.2	percent of total billed charges	
ENDO OUT REDUC/GSTRC POUCH APP	C9785	HCPCS	outpatient			36416	13538.55	WellPoint	WellPoint		11718.67	32.18			4702	34595.2	percent of total billed charges	
PERIODIC ORAL EXAMINATION	D0120	HCPCS	outpatient			110	173.86	Aetna	Better Health		34.71	31.55			34.71	281.35	percent of total billed charges	
PERIODIC ORAL EXAMINATION	D0120	HCPCS	outpatient			110	173.86	Aetna	Medicare		151.18				34.71	281.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERIODIC ORAL EXAMINATION	D0120	HCPCS	outpatient			110	173.86	Aetna	Commercial		240.68				34.71	281.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERIODIC ORAL EXAMINATION	D0120	HCPCS	outpatient			110	173.86	Americare	Americare		82.5	75			34.71	281.35	percent of total billed charges	
PERIODIC ORAL EXAMINATION	D0120	HCPCS	outpatient			110	173.86	Amerihealth	HMO/PPO		71.5	65			34.71	281.35	percent of total billed charges	
PERIODIC ORAL EXAMINATION	D0120	HCPCS	outpatient			110	173.86	Amerihealth	Medicare		151.18				34.71	281.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERIODIC ORAL EXAMINATION	D0120	HCPCS	outpatient			110	173.86	Consumer	Consumer		104.5	95			34.71	281.35	percent of total billed charges	
PERIODIC ORAL EXAMINATION	D0120	HCPCS	outpatient			110	173.86	Corrections	Corrections		88	80			34.71	281.35	percent of total billed charges	
PERIODIC ORAL EXAMINATION	D0120	HCPCS	outpatient			110	173.86	First Health	First Health		77	70			34.71	281.35	percent of total billed charges	
PERIODIC ORAL EXAMINATION	D0120	HCPCS	outpatient			110	173.86	First Trenton	First Trenton		99	90			34.71	281.35	percent of total billed charges	
PERIODIC ORAL EXAMINATION	D0120	HCPCS	outpatient			110	173.86	Horizon	Medicare Blue		151.18				34.71	281.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERIODIC ORAL EXAMINATION	D0120	HCPCS	outpatient			110	173.86	Horizon	MGD		281.35				34.71	281.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERIODIC ORAL EXAMINATION	D0120	HCPCS	outpatient			110	173.86	Horizon	Indemnity		281.35				34.71	281.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERIODIC ORAL EXAMINATION	D0120	HCPCS	outpatient			110	173.86	Horizon	PPO		281.35				34.71	281.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERIODIC ORAL EXAMINATION	D0120	HCPCS	outpatient			110	173.86	Managed Care Inc	Managed Care Inc		99	90			34.71	281.35	percent of total billed charges	
PERIODIC ORAL EXAMINATION	D0120	HCPCS	outpatient			110	173.86	Multiplan	Multiplan		88	80			34.71	281.35	percent of total billed charges	
PERIODIC ORAL EXAMINATION	D0120	HCPCS	outpatient			110	173.86	Qualcare	Qualcare		82.5	75			34.71	281.35	percent of total billed charges	
PERIODIC ORAL EXAMINATION	D0120	HCPCS	outpatient			110	173.86	Three Rivers	Three Rivers		104.5	95			34.71	281.35	percent of total billed charges	
PERIODIC ORAL EXAMINATION	D0120	HCPCS	outpatient			110	173.86	UHC	Medicaid		34.71	31.55			34.71	281.35	percent of total billed charges	
PERIODIC ORAL EXAMINATION	D0120	HCPCS	outpatient			110	173.86	UHC	Medicare		151.18				34.71	281.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERIODIC ORAL EXAMINATION	D0120	HCPCS	outpatient			110	173.86	Wellcare	Medicaid		34.71	31.55			34.71	281.35	percent of total billed charges	
PERIODIC ORAL EXAMINATION	D0120	HCPCS	outpatient			110	173.86	Wellcare	Medicare		151.18				34.71	281.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERIODIC ORAL EXAMINATION	D0120	HCPCS	outpatient			110	173.86	WellPoint	WellPoint		35.4	32.18			34.71	281.35	percent of total billed charges	
LIMITED ORAL EVAL/PROB FOCUS	D0140	HCPCS	outpatient			161	173.86	Aetna	Better Health		50.8	31.55			38.18	281.35	percent of total billed charges	
LIMITED ORAL EVAL/PROB FOCUS	D0140	HCPCS	outpatient			161	173.86	Aetna	Commercial		240.68				38.18	281.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIMITED ORAL EVAL/PROB FOCUS	D0140	HCPCS	outpatient			161	173.86	Aetna	Medicare		151.18				38.18	281.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIMITED ORAL EVAL/PROB FOCUS	D0140	HCPCS	outpatient			161	173.86	Americare	Americare		120.75	75			38.18	281.35	percent of total billed charges	
LIMITED ORAL EVAL/PROB FOCUS	D0140	HCPCS	outpatient			161	173.86	Amerihealth	HMO/PPO		104.65	65			38.18	281.35	percent of total billed charges	
LIMITED ORAL EVAL/PROB FOCUS	D0140	HCPCS	outpatient			161	173.86	Amerihealth	Medicare		151.18				38.18	281.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIMITED ORAL EVAL/PROB FOCUS	D0140	HCPCS	outpatient			161	173.86	Consumer	Consumer		152.95	95			38.18	281.35	percent of total billed charges	
LIMITED ORAL EVAL/PROB FOCUS	D0140	HCPCS	outpatient			161	173.86	Corrections	Corrections		128.8	80			38.18	281.35	percent of total billed charges	
LIMITED ORAL EVAL/PROB FOCUS	D0140	HCPCS	outpatient			161	173.86	First Health	First Health		112.7	70			38.18	281.35	percent of total billed charges	
LIMITED ORAL EVAL/PROB FOCUS	D0140	HCPCS	outpatient			161	173.86	First Trenton	First Trenton		144.9	90			38.18	281.35	percent of total billed charges	
LIMITED ORAL EVAL/PROB FOCUS	D0140	HCPCS	outpatient			161	173.86	Horizon	MGD		281.35				38.18	281.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIMITED ORAL EVAL/PROB FOCUS	D0140	HCPCS	outpatient			161	173.86	Horizon	Medicare Blue		151.18				38.18	281.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIMITED ORAL EVAL/PROB FOCUS	D0140	HCPCS	outpatient			161	173.86	Horizon	Indemnity		281.35				38.18	281.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIMITED ORAL EVAL/PROB FOCUS	D0140	HCPCS	outpatient			161	173.86	Horizon	PPO		281.35				38.18	281.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIMITED ORAL EVAL/PROB FOCUS	D0140	HCPCS	outpatient			161	173.86	Managed Care Inc	Managed Care Inc		144.9	90			38.18	281.35	percent of total billed charges	
LIMITED ORAL EVAL/PROB FOCUS	D0140	HCPCS	outpatient			161	173.86	Multiplan	Multiplan		128.8	80			38.18	281.35	percent of total billed charges	
LIMITED ORAL EVAL/PROB FOCUS	D0140	HCPCS	outpatient			161	173.86	Qualcare	Qualcare		120.75	75			38.18	281.35	percent of total billed charges	
LIMITED ORAL EVAL/PROB FOCUS	D0140	HCPCS	outpatient			161	173.86	Three Rivers	Three Rivers		152.95	95			38.18	281.35	percent of total billed charges	
LIMITED ORAL EVAL/PROB FOCUS	D0140	HCPCS	outpatient			161	173.86	UHC	Medicare		151.18				38.18	281.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIMITED ORAL EVAL/PROB FOCUS	D0140	HCPCS	outpatient			161	173.86	UHC	Medicaid		50.8	31.55			38.18	281.35	percent of total billed charges	
LIMITED ORAL EVAL/PROB FOCUS	D0140	HCPCS	outpatient			161	173.86	Wellcare	Medicaid		50.8	31.55			38.18	281.35	percent of total billed charges	
LIMITED ORAL EVAL/PROB FOCUS	D0140	HCPCS	outpatient			161	173.86	Wellcare	Medicare		151.18				38.18	281.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIMITED ORAL EVAL/PROB FOCUS	D0140	HCPCS	outpatient			161	173.86	WellPoint	WellPoint		51.81	32.18			38.18	281.35	percent of total billed charges	
ORAL EVAL<3 YEARS	D0145	HCPCS	outpatient			153		Aetna	Better Health		48.27	31.55			45.9	145.35	percent of total billed charges	
ORAL EVAL<3 YEARS	D0145	HCPCS	outpatient			153		Aetna	Commercial		58.14	38			45.9	145.35	percent of total billed charges	
ORAL EVAL<3 YEARS	D0145	HCPCS	outpatient			153		Aetna	Medicare		47.12	30.8			45.9	145.35	percent of total billed charges	
ORAL EVAL<3 YEARS	D0145	HCPCS	outpatient			153		Americare	Americare		114.75	75			45.9	145.35	percent of total billed charges	
ORAL EVAL<3 YEARS	D0145	HCPCS	outpatient			153		Amerihealth	HMO/PPO		99.45	65			45.9	145.35	percent of total billed charges	
ORAL EVAL<3 YEARS	D0145	HCPCS	outpatient			153		Consumer	Consumer		145.35	95			45.9	145.35	percent of total billed charges	
ORAL EVAL<3 YEARS	D0145	HCPCS	outpatient			153		Corrections	Corrections		122.4	80			45.9	145.35	percent of total billed charges	
ORAL EVAL<3 YEARS	D0145	HCPCS	outpatient			153		First Health	First Health		107.1	70			45.9	145.35	percent of total billed charges	
ORAL EVAL<3 YEARS	D0145	HCPCS	outpatient			153		First Trenton	First Trenton		137.7	90			45.9	145.35	percent of total billed charges	
ORAL EVAL<3 YEARS	D0145	HCPCS	outpatient			153		Horizon	MGD		58.57	38.28			45.9	145.35	percent of total billed charges	
ORAL EVAL<3 YEARS	D0145	HCPCS	outpatient			153		Horizon	PPO		58.57	38.28			45.9	145.35	percent of total billed charges	
ORAL EVAL<3 YEARS	D0145	HCPCS	outpatient			153		Horizon	Indemnity		58.57	38.28			45.9	145.35	percent of total billed charges	
ORAL EVAL<3 YEARS	D0145	HCPCS	outpatient			153		Horizon	Medicare Blue		45.9	30			45.9	145.35	percent of total billed charges	
ORAL EVAL<3 YEARS	D0145	HCPCS	outpatient			153		Managed Care Inc	Managed Care Inc		137.7	90			45.9	145.35	percent of total billed charges	
ORAL EVAL<3 YEARS	D0145	HCPCS	outpatient			153		Multiplan	Multiplan		122.4	80			45.9	145.35	percent of total billed charges	
ORAL EVAL<3 YEARS	D0145	HCPCS	outpatient			153		Qualcare	Qualcare		114.75	75			45.9	145.35	percent of total billed charges	
ORAL EVAL<3 YEARS	D0145	HCPCS	outpatient			153		Three Rivers

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.														
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101119	true													
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ORAL EVAL<3 YEARS	D0145	HCPCS	outpatient			153		UHC	Medicaid		48.27	31.55			45.9	145.35	percent of total billed charges	
ORAL EVAL<3 YEARS	D0145	HCPCS	outpatient			153		Wellcare	Medicaid		48.27	31.55			45.9	145.35	percent of total billed charges	
ORAL EVAL<3 YEARS	D0145	HCPCS	outpatient			153		WellPoint	WellPoint		49.24	32.18			45.9	145.35	percent of total billed charges	
COMPREHENS ORAL EVALUATION	D0150	HCPCS	outpatient			5458		173.86 Aetna	Medicare		151.18				151.18	5185.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPREHENS ORAL EVALUATION	D0150	HCPCS	outpatient			5458		173.86 Aetna	Commercial		240.68				151.18	5185.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPREHENS ORAL EVALUATION	D0150	HCPCS	outpatient			5458		173.86 Aetna	Better Health		1722	31.55			151.18	5185.1	percent of total billed charges	
COMPREHENS ORAL EVALUATION	D0150	HCPCS	outpatient			5458		173.86 Americare	Americare		4093.5	75			151.18	5185.1	percent of total billed charges	
COMPREHENS ORAL EVALUATION	D0150	HCPCS	outpatient			5458		173.86 Amerihealth	Medicare		151.18				151.18	5185.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPREHENS ORAL EVALUATION	D0150	HCPCS	outpatient			5458		173.86 Amerihealth	HMO/PPO		3547.7	65			151.18	5185.1	percent of total billed charges	
COMPREHENS ORAL EVALUATION	D0150	HCPCS	outpatient			5458		173.86 Consumer	Consumer		5185.1	95			151.18	5185.1	percent of total billed charges	
COMPREHENS ORAL EVALUATION	D0150	HCPCS	outpatient			5458		173.86 Corrections	Corrections		4366.4	80			151.18	5185.1	percent of total billed charges	
COMPREHENS ORAL EVALUATION	D0150	HCPCS	outpatient			5458		173.86 First Health	First Health		3820.6	70			151.18	5185.1	percent of total billed charges	
COMPREHENS ORAL EVALUATION	D0150	HCPCS	outpatient			5458		173.86 First Trenton	First Trenton		4912.2	90			151.18	5185.1	percent of total billed charges	
COMPREHENS ORAL EVALUATION	D0150	HCPCS	outpatient			5458		173.86 Horizon	PPO		281.35				151.18	5185.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPREHENS ORAL EVALUATION	D0150	HCPCS	outpatient			5458		173.86 Horizon	Medicare Blue		151.18				151.18	5185.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPREHENS ORAL EVALUATION	D0150	HCPCS	outpatient			5458		173.86 Horizon	Indemnity		281.35				151.18	5185.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPREHENS ORAL EVALUATION	D0150	HCPCS	outpatient			5458		173.86 Horizon	MGD		281.35				151.18	5185.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPREHENS ORAL EVALUATION	D0150	HCPCS	outpatient			5458		173.86 Managed Care Inc	Managed Care Inc		4912.2	90			151.18	5185.1	percent of total billed charges	
COMPREHENS ORAL EVALUATION	D0150	HCPCS	outpatient			5458		173.86 Multiplan	Multiplan		4366.4	80			151.18	5185.1	percent of total billed charges	
COMPREHENS ORAL EVALUATION	D0150	HCPCS	outpatient			5458		173.86 Qualcare	Qualcare		4093.5	75			151.18	5185.1	percent of total billed charges	
COMPREHENS ORAL EVALUATION	D0150	HCPCS	outpatient			5458		173.86 Three Rivers	Three Rivers		5185.1	95			151.18	5185.1	percent of total billed charges	
COMPREHENS ORAL EVALUATION	D0150	HCPCS	outpatient			5458		173.86 UHC	Medicare		151.18				151.18	5185.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPREHENS ORAL EVALUATION	D0150	HCPCS	outpatient			5458		173.86 UHC	Medicaid		1722	31.55			151.18	5185.1	percent of total billed charges	
COMPREHENS ORAL EVALUATION	D0150	HCPCS	outpatient			5458		173.86 Wellcare	Medicaid		1722	31.55			151.18	5185.1	percent of total billed charges	
COMPREHENS ORAL EVALUATION	D0150	HCPCS	outpatient			5458		173.86 Wellcare	Medicare		151.18				151.18	5185.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPREHENS ORAL EVALUATION	D0150	HCPCS	outpatient			5458		173.86 WellPoint	WellPoint		1756.38	32.18			151.18	5185.1	percent of total billed charges	
ORAL EVAL,DETAILED AND EXTENSIVE	D0160	HCPCS	outpatient			346		173.86 Aetna	Commercial		240.68				109.16	328.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORAL EVAL,DETAILED AND EXTENSIVE	D0160	HCPCS	outpatient			346		173.86 Aetna	Better Health		109.16	31.55			109.16	328.7	percent of total billed charges	
ORAL EVAL,DETAILED AND EXTENSIVE	D0160	HCPCS	outpatient			346		173.86 Aetna	Medicare		151.18				109.16	328.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORAL EVAL,DETAILED AND EXTENSIVE	D0160	HCPCS	outpatient			346		173.86 Americare	Americare		259.5	75			109.16	328.7	percent of total billed charges	
ORAL EVAL,DETAILED AND EXTENSIVE	D0160	HCPCS	outpatient			346		173.86 Amerihealth	HMO/PPO		224.9	65			109.16	328.7	percent of total billed charges	
ORAL EVAL,DETAILED AND EXTENSIVE	D0160	HCPCS	outpatient			346		173.86 Amerihealth	Medicare		151.18				109.16	328.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORAL EVAL,DETAILED AND EXTENSIVE	D0160	HCPCS	outpatient			346		173.86 Consumer	Consumer		328.7	95			109.16	328.7	percent of total billed charges	
ORAL EVAL,DETAILED AND EXTENSIVE	D0160	HCPCS	outpatient			346		173.86 Corrections	Corrections		276.8	80			109.16	328.7	percent of total billed charges	
ORAL EVAL,DETAILED AND EXTENSIVE	D0160	HCPCS	outpatient			346		173.86 First Health	First Health		242.2	70			109.16	328.7	percent of total billed charges	
ORAL EVAL,DETAILED AND EXTENSIVE	D0160	HCPCS	outpatient			346		173.86 First Trenton	First Trenton		311.4	90			109.16	328.7	percent of total billed charges	
ORAL EVAL,DETAILED AND EXTENSIVE	D0160	HCPCS	outpatient			346		173.86 Horizon	Indemnity		281.35				109.16	328.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORAL EVAL,DETAILED AND EXTENSIVE	D0160	HCPCS	outpatient			346		173.86 Horizon	Medicare Blue		151.18				109.16	328.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORAL EVAL,DETAILED AND EXTENSIVE	D0160	HCPCS	outpatient			346		173.86 Horizon	PPO		281.35				109.16	328.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORAL EVAL,DETAILED AND EXTENSIVE	D0160	HCPCS	outpatient			346		173.86 Horizon	MGD		281.35				109.16	328.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORAL EVAL,DETAILED AND EXTENSIVE	D0160	HCPCS	outpatient			346		173.86 Managed Care Inc	Managed Care Inc		311.4	90			109.16	328.7	percent of total billed charges	
ORAL EVAL,DETAILED AND EXTENSIVE	D0160	HCPCS	outpatient			346		173.86 Multiplan	Multiplan		276.8	80			109.16	328.7	percent of total billed charges	
ORAL EVAL,DETAILED AND EXTENSIVE	D0160	HCPCS	outpatient			346		173.86 Qualcare	Qualcare		259.5	75			109.16	328.7	percent of total billed charges	
ORAL EVAL,DETAILED AND EXTENSIVE	D0160	HCPCS	outpatient			346		173.86 Three Rivers	Three Rivers		328.7	95			109.16	328.7	percent of total billed charges	
ORAL EVAL,DETAILED AND EXTENSIVE	D0160	HCPCS	outpatient			346		173.86 UHC	Medicaid		109.16	31.55			109.16	328.7	percent of total billed charges	
ORAL EVAL,DETAILED AND EXTENSIVE	D0160	HCPCS	outpatient			346		173.86 UHC	Medicare		151.18				109.16	328.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORAL EVAL,DETAILED AND EXTENSIVE	D0160	HCPCS	outpatient			346		173.86 Wellcare	Medicaid		109.16	31.55			109.16	328.7	percent of total billed charges	
ORAL EVAL,DETAILED AND EXTENSIVE	D0160	HCPCS	outpatient			346		173.86 Wellcare	Medicare		151.18				109.16	328.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORAL EVAL,DETAILED AND EXTENSIVE	D0160	HCPCS	outpatient			346		173.86 WellPoint	WellPoint		111.34	32.18			109.16	328.7	percent of total billed charges	
RE-EVAL LIMITD, PROBLEM FOCUSED	D0170	HCPCS	outpatient			157		173.86 Aetna	Better Health		49.53	31.55			49.53	281.35	percent of total billed charges	
RE-EVAL LIMITD, PROBLEM FOCUSED	D0170	HCPCS	outpatient			157		173.86 Aetna	Commercial		240.68				49.53	281.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RE-EVAL LIMITD, PROBLEM FOCUSED	D0170	HCPCS	outpatient			157		173.86 Aetna	Medicare		151.18				49.53	281.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RE-EVAL LIMITD, PROBLEM FOCUSED	D0170	HCPCS	outpatient			157		173.86 Americare	Americare		117.75	75			49.53	281.35	percent of total billed charges	
RE-EVAL LIMITD, PROBLEM FOCUSED	D0170	HCPCS	outpatient			157		173.86 Amerihealth	HMO/PPO		102.05	65			49.53	281.35	percent of total billed charges	
RE-EVAL LIMITD, PROBLEM FOCUSED	D0170	HCPCS	outpatient			157		173.86 Amerihealth	Medicare		151.18				49.53	281.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RE-EVAL LIMITD, PROBLEM FOCUSED	D0170	HCPCS	outpatient			157		173.86 Consumer	Consumer		149.15	95			49.53	281.35	percent of total billed charges	
RE-EVAL LIMITD, PROBLEM FOCUSED	D0170	HCPCS	outpatient			157		173.86 Corrections	Corrections		125.6	80			49.53	281.35	percent of total billed charges	
RE-EVAL LIMITD, PROBLEM FOCUSED	D0170	HCPCS	outpatient			157		173.86 First Health	First Health		109.9	70			49.53	281.35	percent of total billed charges	
RE-EVAL LIMITD, PROBLEM FOCUSED	D0170	HCPCS	outpatient			157		173.86 First Trenton	First Trenton		141.3	90			49.53	281.35	percent of total billed charges	
RE-EVAL LIMITD, PROBLEM FOCUSED	D0170	HCPCS	outpatient			157		173.86 Horizon	MGD		281.35				49.53	281.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RE-EVAL LIMITD, PROBLEM FOCUSED	D0170	HCPCS	outpatient			157		173.86 Horizon	Medicare Blue		151.18				49.53	281.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RE-EVAL LIMITD, PROBLEM FOCUSED	D0170	HCPCS	outpatient			157		173.86 Horizon	Indemnity		281.35				49.53	281.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RE-EVAL LIMITD, PROBLEM FOCUSED	D0170	HCPCS	outpatient			157		173.86 Horizon	PPO		281.35				49.53	281.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RE-EVAL LIMITD, PROBLEM FOCUSED	D0170	HCPCS	outpatient			157		173.86 Managed Care Inc	Managed Care Inc		141.3	90			49.53	281.35	percent of total billed charges	
RE-EVAL LIMITD, PROBLEM FOCUSED	D0170	HCPCS	outpatient			157		173.86 Multiplan	Multiplan		125.6	80			49.53	281.35	percent of total billed charges	
RE-EVAL LIMITD, PROBLEM FOCUSED	D0170	HCPCS	outpatient			157		173.86 Qualcare	Qualcare		117.75	75			49.53	281.35	percent of total billed charges	
RE-EVAL LIMITD, PROBLEM FOCUSED	D0170	HCPCS	outpatient			157		173.86 Three Rivers	Three Rivers		149.15	95			49.53	281.35	percent of total billed charges	
RE-EVAL LIMITD, PROBLEM FOCUSED	D0170	HCPCS	outpatient			157		173.86 UHC	Medicaid		49.53	31.55			49.53	281.35	percent of total billed charges	
RE-EVAL LIMITD, PROBLEM FOCUSED	D0170	HCPCS	outpatient			157		173.86 UHC	Medicare		151.18				49.53	281.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RE-EVAL LIMITD, PROBLEM FOCUSED	D0170	HCPCS	outpatient			157		173.86 Wellcare	Medicaid		49.53	31.55			49.53	281.35	percent of total billed charges	
RE-EVAL LIMITD, PROBLEM FOCUSED	D0170	HCPCS	outpatient			157		173.86 Wellcare	Medicare		151.18				49.53	281.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RE-EVAL LIMITD, PROBLEM FOCUSED	D0170	HCPCS	outpatient			157		173.86 WellPoint	WellPoint		50.52	32.18			49.53	281.35	percent of total billed charges	
INTRAORAL-COMP XRAY SERIES	D0210	HCPCS	outpatient			261		322.28 Aetna	Better Health		82.35	31.55			82.35	521.53	percent of total billed charges	
INTRAORAL-COMP XRAY SERIES	D0210	HCPCS	outpatient			261		322.28 Aetna	Medicare		280.24				82.35	521.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRAORAL-COMP XRAY SERIES	D0210	HCPCS	outpatient			261		322.28 Aetna	Commercial		446.14				82.35	521.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRAORAL-COMP XRAY SERIES	D0210	HCPCS	outpatient			261		322.28 Americare	Americare		195.75	75			82.35	521.53	percent of total billed charges	
INTRAORAL-COMP XRAY SERIES	D0210	HCPCS	outpatient			261		322.28 Amerihealth	HMO/PPO		169.65	65			82.35	521.53	percent of total billed charges	
INTRAORAL-COMP XRAY SERIES	D0210	HCPCS	outpatient			261		322.28 Amerihealth	Medicare		280.24				82.35	521.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRAORAL-COMP XRAY SERIES	D0210	HCPCS	outpatient			261		322.28 Consumer	Consumer		247.95	95			82.35	521.53	percent of total billed charges	
INTRAORAL-COMP XRAY SERIES	D0210	HCPCS	outpatient			261		322.28 Corrections	Corrections		208.8	80			82.35	521.53	percent of total billed charges	
INTRAORAL-COMP XRAY SERIES	D0210	HCPCS	outpatient			261		322.28 First Health	First Health		182.7	70			82.35	521.53	percent of total billed charges	
INTRAORAL-COMP XRAY SERIES	D0210	HCPCS	outpatient			261		322.28 First Trenton	First Trenton		234.9	90			82.35	521.53	percent of total billed charges	
INTRAORAL-COMP XRAY SERIES	D0210	HCPCS	outpatient			261		322.28 Horizon	Indemnity		521.53				82.35	521.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRAORAL-COMP XRAY SERIES	D0210	HCPCS	outpatient			261		322.28 Horizon	PPO		521.53				82.35	521.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRAORAL-COMP XRAY SERIES	D0210	HCPCS	outpatient			261		322.28 Horizon	Medicare Blue		280.24				82.35	521.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRAORAL-COMP XRAY SERIES	D0210	HCPCS	outpatient			261		322.28 Horizon	MGD		521.53				82.35	521.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRAORAL-COMP XRAY SERIES	D0210	HCPCS	outpatient			261		322.28 Managed Care Inc	Managed Care Inc		234.9	90			82.35	521.53	percent of total billed charges	
INTRAORAL-COMP XRAY SERIES	D0210	HCPCS	outpatient			261		322.28 Multiplan	Multiplan		208.8	80			82.35	521.53	percent of total billed charges	
INTRAORAL-COMP XRAY SERIES	D0210	HCPCS	outpatient			261		322.28 Qualcare	Qualcare		195.75	75			82.35	521.53	percent of total billed charges	
INTRAORAL-COMP XRAY SERIES	D0210	HCPCS	outpatient			261		322.28 Three Rivers	Three Rivers		247.95	95			82.35	521.53	percent of total billed charges	
INTRAORAL-COMP XRAY SERIES	D0210	HCPCS	outpatient			261		322.28 UHC	Medicaid		82.35	31.55			82.35	521.53	percent of total billed charges	
INTRAORAL-COMP XRAY SERIES	D0210	HCPCS	outpatient			261		322.28 UHC	Medicare		280.24				82.35	521.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRAORAL-COMP XRAY SERIES	D0210	HCPCS	outpatient			261		322.28 Wellcare	Medicaid		82.35	31.55			82.35	521.53	percent of total billed charges	
INTRAORAL-COMP XRAY SERIES	D0210	HCPCS	outpatient			261		322.28 Wellcare	Medicare		280.24				82.35	521.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRAORAL-COMP XRAY SERIES	D0210	HCPCS	outpatient			261		322.28 WellPoint	WellPoint		83.99	32.18			82.35	521.53	percent of total billed charges	
PERIAPICAL INITIAL	D0220	HCPCS	outpatient			117		119.52 Aetna	Medicare		103.93				20.19	193.41	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERIAPICAL INITIAL	D0220	HCPCS	outpatient			117		119.52 Aetna	Better Health		36.91	31.55			20.19	193.41	percent of total billed charges	
PERIAPICAL INITIAL	D0220	HCPCS	outpatient			117		119.52 Aetna	Commercial		165.46				20.19	193.41	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERIAPICAL INITIAL	D0220	HCPCS	outpatient			117		119.52 Americare	Americare		87.75	75			20.19	193.41	percent of total billed charges	
PERIAPICAL INITIAL	D0220	HCPCS	outpatient			117		119.52 Amerihealth	Medicare		103.93				20.19	193.41	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERIAPICAL INITIAL	D0220	HCPCS	outpatient			117		119.52 Amerihealth	HMO/PPO		76.05	65			20.19	193.41	percent of total billed charges	
PERIAPICAL INITIAL	D0220	HCPCS	outpatient			117		119.52 Consumer	Consumer		111.15	95			20.19	193.41	percent of total billed charges	
PERIAPICAL INITIAL	D0220	HCPCS	outpatient			117		119.52 Corrections	Corrections		93.6	80			20.19	193.41	percent of total billed charges	
PERIAPICAL INITIAL	D0220	HCPCS	outpatient			117		119.52 First Health	First Health		81.9	70			20.19	193.41	percent of total billed charges	
PERIAPICAL INITIAL	D0220	HCPCS	outpatient			117		119.52 First Trenton	First Trenton		105.3	90			20.19	193.41	percent of total billed charges	
PERIAPICAL INITIAL	D0220	HCPCS	outpatient			117		119.52 Horizon	Indemnity		193.41				20.19	193.41	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERIAPICAL INITIAL	D0220	HCPCS	outpatient			117		119.52 Horizon	Medicare Blue		103.93				20.19	193.41	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERIAPICAL INITIAL	D0220	HCPCS	outpatient			117		119.52 Horizon	PPO		193.41				20.19	193.41	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERIAPICAL INITIAL	D0220	HCPCS	outpatient			117		119.52 Horizon	MGD		193.41				20.19	193.41	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERIAPICAL INITIAL	D0220	HCPCS	outpatient			117		119.52 Managed Care Inc	Managed Care Inc		105.3	90			20.19	193.41	percent of total billed charges	
PERIAPICAL INITIAL	D0220	HCPCS	outpatient			117		119.52 Multiplan	Multiplan		93.6	80			20.19	193.41	percent of total billed charges	
PERIAPICAL INITIAL	D0220	HCPCS	outpatient			117		119.52 Qualcare	Qualcare		87.75	75			20.19	193.41	percent of total billed charges	
PERIAPICAL INITIAL	D0220	HCPCS	outpatient			117		119.52 Three Rivers	Three Rivers		111.15	95			20.19	193.41	percent of total billed charges	
PERIAPICAL INITIAL	D0220	HCPCS	outpatient			117		119.52 UHC	Medicare		103.93				20.19	193.41	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERIAPICAL INITIAL	D0220	HCPCS	outpatient			117		119.52 UHC	Medicaid		36.91	31.55			20.19	193.41	percent of total billed charges	
PERIAPICAL INITIAL	D0220	HCPCS	outpatient			117		119.52 Wellcare	Medicare		103.93				20.19	193.41	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERIAPICAL INITIAL	D0220	HCPCS	outpatient			117		119.52 Wellcare	Medicaid		36.91	31.55			20.19	193.41	percent of total billed charges	
PERIAPICAL INITIAL	D0220	HCPCS	outpatient			117		119.52 WellPoint	WellPoint		37.65	32.18			20.19	193.41	percent of total billed charges	
PERIAPICAL-EACH ADD'L	D0230	HCPCS	outpatient			56		Aetna	Medicare		17.25	30.8			13.5	53.2	percent of total billed charges	
PERIAPICAL-EACH ADD'L	D0230	HCPCS	outpatient			56		Aetna	Better Health		17.67	31.55			13.5	53.2	percent of total billed charges	
PERIAPICAL-EACH ADD'L	D0230	HCPCS	outpatient			56		Aetna	Commercial		21.28	38			13.5	53.2	percent of total billed charges	
PERIAPICAL-EACH ADD'L	D0230	HCPCS	outpatient			56		Americare	Americare		42	75			13.5	53.2	percent of total billed charges	
PERIAPICAL-EACH ADD'L	D0230	HCPCS	outpatient			56		Amerihealth	HMO/PPO		36.4	65			13.5	53.2	percent of total billed charges	
PERIAPICAL-EACH ADD'L	D0230	HCPCS	outpatient			56		Consumer	Consumer		53.2	95			13.5	53.2	percent of total billed charges	
PERIAPICAL-EACH ADD'L	D0230	HCPCS	outpatient			56		Corrections	Corrections		44.8	80			13.5	53.2	percent of total billed charges	
PERIAPICAL-EACH ADD'L	D0230	HCPCS	outpatient			56		First Health	First Health		39.2	70			13.5	53.2	percent of total billed charges	
PERIAPICAL-EACH ADD'L	D0230	HCPCS	outpatient			56		First Trenton	First Trenton		50.4	90			13.5	53.2	percent of total billed charges	
PERIAPICAL-EACH ADD'L	D0230	HCPCS	outpatient			56		Horizon	Medicare Blue		16.8	30			13.5	53.2	percent of total billed charges	
PERIAPICAL-EACH ADD'L	D0230	HCPCS	outpatient			56		Horizon	Indemnity		21.44	38.28			13.5	53.2	percent of total billed charges	
PERIAPICAL-EACH ADD'L	D0230	HCPCS	outpatient			56		Horizon	MGD		21.44	38.28			13.5	53.2	percent of total billed charges	
PERIAPICAL-EACH ADD'L	D0230	HCPCS	outpatient			56		Horizon	PPO		21.44	38.28			13.5	53.2	percent of total billed charges	
PERIAPICAL-EACH ADD'L	D0230	HCPCS	outpatient			56		Managed Care Inc	Managed Care Inc		50.4	90			13.5	53.2	percent of total billed charges	
PERIAPICAL-EACH ADD'L	D0230	HCPCS	outpatient			56		Multiplan	Multiplan		44.8	80			13.5	53.2	percent of total billed charges	
PERIAPICAL-EACH ADD'L	D0230	HCPCS	outpatient			56		Qualcare	Qualcare		42	75			13.5	53.2	percent of total billed charges	
PERIAPICAL-EACH ADD'L	D0230	HCPCS	outpatient			56		Three Rivers	Three Rivers		53.2	95			13.5	53.2	percent of total billed charges	
PERIAPICAL-EACH ADD'L	D0230	HCPCS	outpatient			56		UHC	Medicaid		17.67	31.55			13.5	53.2	percent of total billed charges	
PERIAPICAL-EACH ADD'L	D0230	HCPCS	outpatient			56		Wellcare	Medicaid		17.67	31.55			13.5	53.2	percent of total billed charges	
PERIAPICAL-EACH ADD'L	D0230	HCPCS	outpatient			56		WellPoint	WellPoint		18.02	32.18			13.5	53.2	percent of total billed charges	
OCCLUSAL FILM	D0240	HCPCS	outpatient			2217		119.52 Aetna	Commercial		165.46				103.93	2106.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCCLUSAL FILM	D0240	HCPCS	outpatient			2217		119.52 Aetna	Medicare		103.93				103.93	2106.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCCLUSAL FILM	D0240	HCPCS	outpatient			2217		119.52 Aetna	Better Health		699.46	31.55			103.93	2106.15	percent of total billed charges	
OCCLUSAL FILM	D0240	HCPCS	outpatient			2217		119.52 Americare	Americare		1662.75	75			103.93	2106.15	percent of total billed charges	
OCCLUSAL FILM	D0240	HCPCS	outpatient			2217		119.52 Amerihealth	HMO/PPO		1441.05	65			103.93	2106.15	percent of total billed charges	
OCCLUSAL FILM	D0240	HCPCS	outpatient			2217		119.52 Amerihealth	Medicare		103.93				103.93	2106.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCCLUSAL FILM	D0240	HCPCS	outpatient			2217		119.52 Consumer	Consumer		2106.15	95			103.93	2106.15	percent of total billed charges	
OCCLUSAL FILM	D0240	HCPCS	outpatient			2217		119.52 Corrections	Corrections		1773.6	80			103.93	2106.15	percent of total billed charges	
OCCLUSAL FILM	D0240	HCPCS	outpatient			2217		119.52 First Health	First Health		1551.9	70			103.93	2106.15	percent of total billed charges	
OCCLUSAL FILM	D0240	HCPCS	outpatient			2217		119.52 First Trenton	First Trenton		1995.3	90			103.93	2106.15	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.															
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true														
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
OCCLUSAL FILM	D0240	HCPCS	outpatient			2217	119.52	Horizon	Indemnity		193.41				103.93	2106.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCCLUSAL FILM	D0240	HCPCS	outpatient			2217	119.52	Horizon	Medicare Blue		103.93				103.93	2106.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCCLUSAL FILM	D0240	HCPCS	outpatient			2217	119.52	Horizon	MGD		193.41				103.93	2106.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCCLUSAL FILM	D0240	HCPCS	outpatient			2217	119.52	Horizon	PPO		193.41				103.93	2106.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCCLUSAL FILM	D0240	HCPCS	outpatient			2217	119.52	Managed Care Inc	Managed Care Inc		1995.3	90			103.93	2106.15	percent of total billed charges	
OCCLUSAL FILM	D0240	HCPCS	outpatient			2217	119.52	Multiplan	Multiplan		1773.6	80			103.93	2106.15	percent of total billed charges	
OCCLUSAL FILM	D0240	HCPCS	outpatient			2217	119.52	Qualcare	Qualcare		1662.75	75			103.93	2106.15	percent of total billed charges	
OCCLUSAL FILM	D0240	HCPCS	outpatient			2217	119.52	Three Rivers	Three Rivers		2106.15	95			103.93	2106.15	percent of total billed charges	
OCCLUSAL FILM	D0240	HCPCS	outpatient			2217	119.52	UHC	Medicare		103.93				103.93	2106.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCCLUSAL FILM	D0240	HCPCS	outpatient			2217	119.52	UHC	Medicaid		699.46	31.55			103.93	2106.15	percent of total billed charges	
OCCLUSAL FILM	D0240	HCPCS	outpatient			2217	119.52	Wellcare	Medicare		103.93				103.93	2106.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCCLUSAL FILM	D0240	HCPCS	outpatient			2217	119.52	Wellcare	Medicaid		699.46	31.55			103.93	2106.15	percent of total billed charges	
OCCLUSAL FILM	D0240	HCPCS	outpatient			2217	119.52	WellPoint	WellPoint		713.43	32.18			103.93	2106.15	percent of total billed charges	
EXTRAORAL FIRST FILM	D0250	HCPCS	outpatient			2542	119.52	Aetna	Medicare		103.93				103.93	2414.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXTRAORAL FIRST FILM	D0250	HCPCS	outpatient			2542	119.52	Aetna	Better Health		802	31.55			103.93	2414.9	percent of total billed charges	
EXTRAORAL FIRST FILM	D0250	HCPCS	outpatient			2542	119.52	Aetna	Commercial		165.46				103.93	2414.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXTRAORAL FIRST FILM	D0250	HCPCS	outpatient			2542	119.52	Americare	Americare		1906.5	75			103.93	2414.9	percent of total billed charges	
EXTRAORAL FIRST FILM	D0250	HCPCS	outpatient			2542	119.52	Amerihealth	Medicare		103.93				103.93	2414.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXTRAORAL FIRST FILM	D0250	HCPCS	outpatient			2542	119.52	Amerihealth	HMO/PPO		1652.3	65			103.93	2414.9	percent of total billed charges	
EXTRAORAL FIRST FILM	D0250	HCPCS	outpatient			2542	119.52	Consumer	Consumer		2414.9	95			103.93	2414.9	percent of total billed charges	
EXTRAORAL FIRST FILM	D0250	HCPCS	outpatient			2542	119.52	Corrections	Corrections		2033.6	80			103.93	2414.9	percent of total billed charges	
EXTRAORAL FIRST FILM	D0250	HCPCS	outpatient			2542	119.52	First Health	First Health		1779.4	70			103.93	2414.9	percent of total billed charges	
EXTRAORAL FIRST FILM	D0250	HCPCS	outpatient			2542	119.52	First Trenton	First Trenton		2287.8	90			103.93	2414.9	percent of total billed charges	
EXTRAORAL FIRST FILM	D0250	HCPCS	outpatient			2542	119.52	Horizon	Indemnity		193.41				103.93	2414.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXTRAORAL FIRST FILM	D0250	HCPCS	outpatient			2542	119.52	Horizon	MGD		193.41				103.93	2414.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXTRAORAL FIRST FILM	D0250	HCPCS	outpatient			2542	119.52	Horizon	PPO		193.41				103.93	2414.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXTRAORAL FIRST FILM	D0250	HCPCS	outpatient			2542	119.52	Horizon	Medicare Blue		103.93				103.93	2414.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXTRAORAL FIRST FILM	D0250	HCPCS	outpatient			2542	119.52	Managed Care Inc	Managed Care Inc		2287.8	90			103.93	2414.9	percent of total billed charges	
EXTRAORAL FIRST FILM	D0250	HCPCS	outpatient			2542	119.52	Multiplan	Multiplan		2033.6	80			103.93	2414.9	percent of total billed charges	
EXTRAORAL FIRST FILM	D0250	HCPCS	outpatient			2542	119.52	Qualcare	Qualcare		1906.5	75			103.93	2414.9	percent of total billed charges	
EXTRAORAL FIRST FILM	D0250	HCPCS	outpatient			2542	119.52	Three Rivers	Three Rivers		2414.9	95			103.93	2414.9	percent of total billed charges	
EXTRAORAL FIRST FILM	D0250	HCPCS	outpatient			2542	119.52	UHC	Medicaid		802	31.55			103.93	2414.9	percent of total billed charges	
EXTRAORAL FIRST FILM	D0250	HCPCS	outpatient			2542	119.52	UHC	Medicare		103.93				103.93	2414.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXTRAORAL FIRST FILM	D0250	HCPCS	outpatient			2542	119.52	Wellcare	Medicaid		802	31.55			103.93	2414.9	percent of total billed charges	
EXTRAORAL FIRST FILM	D0250	HCPCS	outpatient			2542	119.52	Wellcare	Medicare		103.93				103.93	2414.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXTRAORAL FIRST FILM	D0250	HCPCS	outpatient			2542	119.52	WellPoint	WellPoint		818.02	32.18			103.93	2414.9	percent of total billed charges	
BITEWING SINGLE FILM	D0270	HCPCS	outpatient			2217	119.52	Aetna	Commercial		165.46				103.93	2106.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BITEWING SINGLE FILM	D0270	HCPCS	outpatient			2217	119.52	Aetna	Medicare		103.93				103.93	2106.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BITEWING SINGLE FILM	D0270	HCPCS	outpatient			2217	119.52	Aetna	Better Health		699.46	31.55			103.93	2106.15	percent of total billed charges	
BITEWING SINGLE FILM	D0270	HCPCS	outpatient			2217	119.52	Americare	Americare		1662.75	75			103.93	2106.15	percent of total billed charges	
BITEWING SINGLE FILM	D0270	HCPCS	outpatient			2217	119.52	Amerihealth	HMO/PPO		1441.05	65			103.93	2106.15	percent of total billed charges	
BITEWING SINGLE FILM	D0270	HCPCS	outpatient			2217	119.52	Amerihealth	Medicare		103.93				103.93	2106.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BITEWING SINGLE FILM	D0270	HCPCS	outpatient			2217	119.52	Consumer	Consumer		2106.15	95			103.93	2106.15	percent of total billed charges	
BITEWING SINGLE FILM	D0270	HCPCS	outpatient			2217	119.52	Corrections	Corrections		1773.6	80			103.93	2106.15	percent of total billed charges	
BITEWING SINGLE FILM	D0270	HCPCS	outpatient			2217	119.52	First Health	First Health		1551.9	70			103.93	2106.15	percent of total billed charges	
BITEWING SINGLE FILM	D0270	HCPCS	outpatient			2217	119.52	First Trenton	First Trenton		1995.3	90			103.93	2106.15	percent of total billed charges	
BITEWING SINGLE FILM	D0270	HCPCS	outpatient			2217	119.52	Horizon	Indemnity		193.41				103.93	2106.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BITEWING SINGLE FILM	D0270	HCPCS	outpatient			2217	119.52	Horizon	Medicare Blue		103.93				103.93	2106.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BITEWING SINGLE FILM	D0270	HCPCS	outpatient			2217	119.52	Horizon	MGD		193.41				103.93	2106.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BITEWING SINGLE FILM	D0270	HCPCS	outpatient			2217	119.52	Horizon	PPO		193.41				103.93	2106.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BITEWING SINGLE FILM	D0270	HCPCS	outpatient			2217	119.52	Managed Care Inc	Managed Care Inc		1995.3	90			103.93	2106.15	percent of total billed charges	
BITEWING SINGLE FILM	D0270	HCPCS	outpatient			2217	119.52	Multiplan	Multiplan		1773.6	80			103.93	2106.15	percent of total billed charges	
BITEWING SINGLE FILM	D0270	HCPCS	outpatient			2217	119.52	Qualcare	Qualcare		1662.75	75			103.93	2106.15	percent of total billed charges	
BITEWING SINGLE FILM	D0270	HCPCS	outpatient			2217	119.52	Three Rivers	Three Rivers		2106.15	95			103.93	2106.15	percent of total billed charges	
BITEWING SINGLE FILM	D0270	HCPCS	outpatient			2217	119.52	UHC	Medicaid		699.46	31.55			103.93	2106.15	percent of total billed charges	
BITEWING SINGLE FILM	D0270	HCPCS	outpatient			2217	119.52	UHC	Medicare		103.93				103.93	2106.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BITEWING SINGLE FILM	D0270	HCPCS	outpatient			2217	119.52	Wellcare	Medicaid		699.46	31.55			103.93	2106.15	percent of total billed charges	
BITEWING SINGLE FILM	D0270	HCPCS	outpatient			2217	119.52	Wellcare	Medicare		103.93				103.93	2106.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BITEWING SINGLE FILM	D0270	HCPCS	outpatient			2217	119.52	WellPoint	WellPoint		713.43	32.18			103.93	2106.15	percent of total billed charges	
BITEWING TWO FILMS	D0272	HCPCS	outpatient			2217	119.52	Aetna	Commercial		165.46				103.93	2106.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BITEWING TWO FILMS	D0272	HCPCS	outpatient			2217	119.52	Aetna	Better Health		699.46	31.55			103.93	2106.15	percent of total billed charges	
BITEWING TWO FILMS	D0272	HCPCS	outpatient			2217	119.52	Aetna	Medicare		103.93				103.93	2106.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BITEWING TWO FILMS	D0272	HCPCS	outpatient			2217	119.52	Americare	Americare		1662.75	75			103.93	2106.15	percent of total billed charges	
BITEWING TWO FILMS	D0272	HCPCS	outpatient			2217	119.52	Amerihealth	HMO/PPO		1441.05	65			103.93	2106.15	percent of total billed charges	
BITEWING TWO FILMS	D0272	HCPCS	outpatient			2217	119.52	Amerihealth	Medicare		103.93				103.93	2106.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BITEWING TWO FILMS	D0272	HCPCS	outpatient			2217	119.52	Consumer	Consumer		2106.15	95			103.93	2106.15	percent of total billed charges	
BITEWING TWO FILMS	D0272	HCPCS	outpatient			2217	119.52	Corrections	Corrections		1773.6	80			103.93	2106.15	percent of total billed charges	
BITEWING TWO FILMS	D0272	HCPCS	outpatient			2217	119.52	First Health	First Health		1551.9	70			103.93	2106.15	percent of total billed charges	
BITEWING TWO FILMS	D0272	HCPCS	outpatient			2217	119.52	First Trenton	First Trenton		1995.3	90			103.93	2106.15	percent of total billed charges	
BITEWING TWO FILMS	D0272	HCPCS	outpatient			2217	119.52	Horizon	Indemnity		193.41				103.93	2106.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BITEWING TWO FILMS	D0272	HCPCS	outpatient			2217	119.52	Horizon	MGD		193.41				103.93	2106.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BITEWING TWO FILMS	D0272	HCPCS	outpatient			2217	119.52	Horizon	Medicare Blue		103.93				103.93	2106.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BITEWING TWO FILMS	D0272	HCPCS	outpatient			2217	119.52	Horizon	PPO		193.41				103.93	2106.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BITEWING TWO FILMS	D0272	HCPCS	outpatient			2217	119.52	Managed Care Inc	Managed Care Inc		1995.3	90			103.93	2106.15	percent of total billed charges	
BITEWING TWO FILMS	D0272	HCPCS	outpatient			2217	119.52	Multiplan	Multiplan		1773.6	80			103.93	2106.15	percent of total billed charges	
BITEWING TWO FILMS	D0272	HCPCS	outpatient			2217	119.52	Qualcare	Qualcare		1662.75	75			103.93	2106.15	percent of total billed charges	
BITEWING TWO FILMS	D0272	HCPCS	outpatient			2217	119.52	Three Rivers	Three Rivers		2106.15	95			103.93	2106.15	percent of total billed charges	
BITEWING TWO FILMS	D0272	HCPCS	outpatient			2217	119.52	UHC	Medicare		103.93				103.93	2106.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BITEWING TWO FILMS	D0272	HCPCS	outpatient			2217	119.52	UHC	Medicaid		699.46	31.55			103.93	2106.15	percent of total billed charges	
BITEWING TWO FILMS	D0272	HCPCS	outpatient			2217	119.52	Wellcare	Medicare		103.93				103.93	2106.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BITEWING TWO FILMS	D0272	HCPCS	outpatient			2217	119.52	Wellcare	Medicaid		699.46	31.55			103.93	2106.15	percent of total billed charges	
BITEWING TWO FILMS	D0272	HCPCS	outpatient			2217	119.52	WellPoint	WellPoint		713.43	32.18			103.93	2106.15	percent of total billed charges	
BITEWING THREE FILMS	D0273	HCPCS	outpatient			118	322.28	Aetna	Better Health		37.23	31.55			37.23	521.53	percent of total billed charges	
BITEWING THREE FILMS	D0273	HCPCS	outpatient			118	322.28	Aetna	Commercial		446.14				37.23	521.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BITEWING THREE FILMS	D0273	HCPCS	outpatient			118	322.28	Aetna	Medicare		280.24				37.23	521.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BITEWING THREE FILMS	D0273	HCPCS	outpatient			118	322.28	Americare	Americare		88.5	75			37.23	521.53	percent of total billed charges	
BITEWING THREE FILMS	D0273	HCPCS	outpatient			118	322.28	Amerihealth	HMO/PPO		76.7	65			37.23	521.53	percent of total billed charges	
BITEWING THREE FILMS	D0273	HCPCS	outpatient			118	322.28	Amerihealth	Medicare		280.24				37.23	521.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BITEWING THREE FILMS	D0273	HCPCS	outpatient			118	322.28	Consumer	Consumer		112.1	95			37.23	521.53	percent of total billed charges	
BITEWING THREE FILMS	D0273	HCPCS	outpatient			118	322.28	Corrections	Corrections		94.4	80			37.23	521.53	percent of total billed charges	
BITEWING THREE FILMS	D0273	HCPCS	outpatient			118	322.28	First Health	First Health		82.6	70			37.23	521.53	percent of total billed charges	
BITEWING THREE FILMS	D0273	HCPCS	outpatient			118	322.28	First Trenton	First Trenton		106.2	90			37.23	521.53	percent of total billed charges	
BITEWING THREE FILMS	D0273	HCPCS	outpatient			118	322.28	Horizon	MGD		521.53				37.23	521.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BITEWING THREE FILMS	D0273	HCPCS	outpatient			118	322.28	Horizon	Medicare Blue		280.24				37.23	521.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BITEWING THREE FILMS	D0273	HCPCS	outpatient			118	322.28	Horizon	PPO		521.53				37.23	521.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BITEWING THREE FILMS	D0273	HCPCS	outpatient			118	322.28	Horizon	Indemnity		521.53				37.23	521.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BITEWING THREE FILMS	D0273	HCPCS	outpatient			118	322.28	Managed Care Inc	Managed Care Inc		106.2	90			37.23	521.53	percent of total billed charges	
BITEWING THREE FILMS	D0273	HCPCS	outpatient			118	322.28	Multiplan	Multiplan		94.4	80			37.23	521.53	percent of total billed charges	
BITEWING THREE FILMS	D0273	HCPCS	outpatient			118	322.28	Qualcare	Qualcare		88.5	75			37.23	521.53	percent of total billed charges	
BITEWING THREE FILMS	D0273	HCPCS	outpatient			118	322.28	Three Rivers	Three Rivers		112.1	95			37.23	521.53	percent of total billed charges	
BITEWING THREE FILMS	D0273	HCPCS	outpatient			118	322.28	UHC	Medicaid		37.23	31.55			37.23	521.53	percent of total billed charges	
BITEWING THREE FILMS	D0273	HCPCS	outpatient			118	322.28	UHC	Medicare		280.24				37.23	521.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BITEWING THREE FILMS	D0273	HCPCS	outpatient			118	322.28	Wellcare	Medicaid		37.23	31.55			37.23	521.53	percent of total billed charges	
BITEWING THREE FILMS	D0273	HCPCS	outpatient			118	322.28	Wellcare	Medicare		280.24				37.23	521.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BITEWING THREE FILMS	D0273	HCPCS	outpatient			118	322.28	WellPoint	WellPoint		37.97	32.18			37.23	521.53	percent of total billed charges	
BITEWING FOUR FILMS	D0274	HCPCS	outpatient			2217	322.28	Aetna	Better Health		699.46	31.55			280.24	2106.15	percent of total billed charges	
BITEWING FOUR FILMS	D0274	HCPCS	outpatient			2217	322.28	Aetna	Commercial		446.14				280.24	2106.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BITEWING FOUR FILMS	D0274	HCPCS	outpatient			2217	322.28	Aetna	Medicare		280.24				280.24	2106.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BITEWING FOUR FILMS	D0274	HCPCS	outpatient			2217	322.28	Americare	Americare		1662.75	75			280.24	2106.15	percent of total billed charges	
BITEWING FOUR FILMS	D0274	HCPCS	outpatient			2217	322.28	Amerihealth	Medicare		280.24				280.24	2106.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BITEWING FOUR FILMS	D0274	HCPCS	outpatient			2217	322.28	Amerihealth	HMO/PPO		1441.05	65			280.24	2106.15	percent of total billed charges	
BITEWING FOUR FILMS	D0274	HCPCS	outpatient			2217	322.28	Consumer	Consumer		2106.15	95			280.24	2106.15	percent of total billed charges	
BITEWING FOUR FILMS	D0274	HCPCS	outpatient			2217	322.28	Corrections	Corrections		1773.6	80			280.24	2106.15	percent of total billed charges	
BITEWING FOUR FILMS	D0274	HCPCS	outpatient			2217	322.28	First Health	First Health		1551.9	70			280.24	2106.15	percent of total billed charges	
BITEWING FOUR FILMS	D0274	HCPCS	outpatient			2217	322.28	First Trenton	First Trenton		1995.3	90			280.24	2106.15	percent of total billed charges	
BITEWING FOUR FILMS	D0274	HCPCS	outpatient			2217	322.28	Horizon	Medicare Blue		280.24				280.24	2106.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BITEWING FOUR FILMS	D0274	HCPCS	outpatient			2217	322.28	Horizon	Indemnity		521.53				280.24	2106.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BITEWING FOUR FILMS	D0274	HCPCS	outpatient			2217	322.28	Horizon	MGD		521.53				280.24	2106.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BITEWING FOUR FILMS	D0274	HCPCS	outpatient			2217	322.28	Horizon	PPO		521.53				280.24	2106.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BITEWING FOUR FILMS	D0274	HCPCS	outpatient			2217	322.28	Managed Care Inc	Managed Care Inc		1995.3	90			280.24	2106.15	percent of total billed charges	
BITEWING FOUR FILMS	D0274	HCPCS	outpatient			2217	322.28	Multiplan	Multiplan		1773.6	80			280.24	2106.15	percent of total billed charges	
BITEWING FOUR FILMS	D0274	HCPCS	outpatient			2217	322.28	Qualcare	Qualcare		1662.75	75			280.24	2106.15	percent of total billed charges	
BITEWING FOUR FILMS	D0274	HCPCS	outpatient			2217	322.28	Three Rivers	Three Rivers		2106.15	95			280.24	2106.15	percent of total billed charges	
BITEWING FOUR FILMS	D0274	HCPCS	outpatient			2217	322.28	UHC	Medicare		280.24				280.24	2106.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BITEWING FOUR FILMS	D0274	HCPCS	outpatient			2217	322.28	UHC	Medicaid		699.46	31.55			280.24	2106.15	percent of total billed charges	
BITEWING FOUR FILMS	D0274	HCPCS	outpatient			2217	322.28	Wellcare	Medicaid		699.46	31.55			280.24	2106.15	percent of total billed charges	
BITEWING FOUR FILMS	D0274	HCPCS	outpatient			2217	322.28	Wellcare	Medicare		280.24				280.24	2106.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BITEWING FOUR FILMS	D0274	HCPCS	outpatient			2217	322.28	WellPoint	WellPoint		713.43	32.18			280.24	2106.15	percent of total billed charges	
VERTICAL BITEWINGS 7-8 FILMS	D0277	HCPCS	outpatient			2217	322.28	Aetna	Medicare		280.24				280.24	2106.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VERTICAL BITEWINGS 7-8 FILMS	D0277	HCPCS	outpatient			2217	322.28	Aetna	Better Health		699.46	31.55			280.24	2106.15	percent of total billed charges	
VERTICAL BITEWINGS 7-8 FILMS	D0277	HCPCS	outpatient			2217	322.28	Aetna	Commercial		446.14				280.24	2106.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VERTICAL BITEWINGS 7-8 FILMS	D0277	HCPCS	outpatient			2217	322.28	Americare	Americare		1662.75	75			280.24	2106.15	percent of total billed charges	
VERTICAL BITEWINGS 7-8 FILMS	D0277	HCPCS	outpatient			2217	322.28	Amerihealth	HMO/PPO		1441.05	65			280.24	2106.15	percent of total billed charges	
VERTICAL BITEWINGS 7-8 FILMS	D0277	HCPCS	outpatient			2217	322.28	Amerihealth	Medicare		280.24				280.24	2106.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VERTICAL BITEWINGS 7-8 FILMS	D0277	HCPCS	outpatient			2217	322.28	Consumer	Consumer		2106.15	95			280.24	2106.15	percent of total billed charges	
VERTICAL BITEWINGS 7-8 FILMS	D0277	HCPCS	outpatient			2217	322.28	Corrections	Corrections		1773.6	80			280.24	2106.15	percent of total billed charges	
VERTICAL BITEWINGS 7-8 FILMS	D0277	HCPCS	outpatient			2217	322.28	First Health	First Health		1551.9	70			280.24	2106.15	percent of total billed charges	
VERTICAL BITEWINGS 7-8 FILMS	D0277	HCPCS	outpatient			2217	322.28	First Trenton	First Trenton		1995.3	90			280.24	2106.15	percent of total billed charges	
VERTICAL BITEWINGS 7-8 FILMS	D0277	HCPCS	outpatient			2217	322.28	Horizon	MGD		521.53				280.24	2106.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VERTICAL BITEWINGS 7-8 FILMS	D0277	HCPCS	outpatient			2217	322.28	Horizon	PPO		521.53				280.24	2106.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VERTICAL BITEWINGS 7-8 FILMS	D0277	HCPCS	outpatient			2217	322.28	Horizon	Indemnity		521.53				280.24	2106.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VERTICAL BITEWINGS 7-8 FILMS	D0277	HCPCS	outpatient			2217	322.28	Horizon	Medicare Blue		280.24				280.24	2106.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VERTICAL BITEWINGS 7-8 FILMS	D0277	HCPCS	outpatient			2217	322.28	Managed Care Inc	Managed Care Inc		1995.3	90			280.24	2106.15	percent of total billed charges	
VERTICAL BITEWINGS 7-8 FILMS	D0277	HCPCS	outpatient			2217	322.28	Multiplan	Multiplan		1773.6	80			280.24	2106.15	percent of total billed charges	
VERTICAL BITEWINGS 7-8 FILMS	D0277	HCPCS	outpatient			2217	322.28	Qualcare	Qualcare		1662.75	75			280.24	2106.15	percent of total billed charges	
VERTICAL BITEWINGS 7-8 FILMS	D0277	HCPCS	outpatient			2217	322.28	Three Rivers	Three Rivers		2106.15	95			280.24	2106.15	percent of total billed charges	
VERTICAL BITEWINGS 7-8 FILMS	D0277	HCPCS	outpatient			2217	322.28	UHC	Medicaid		699.46	31.55			280.24	2106.15	percent of total billed charges	
VERTICAL BITEWINGS 7-8 FILMS	D0277	HCPCS	outpatient			2217	322.28	UHC	Medicare		280.24				280.24	2106.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.															
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true														
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
VERTICAL BITEWINGS 7-8 FILMS	D0277	HCPCS	outpatient			2217	322.28	Wellcare	Medicare		280.24				280.24	2106.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VERTICAL BITEWINGS 7-8 FILMS	D0277	HCPCS	outpatient			2217	322.28	Wellcare	Medicaid		699.46	31.55			280.24	2106.15	percent of total billed charges	
VERTICAL BITEWINGS 7-8 FILMS	D0277	HCPCS	outpatient			2217	322.28	WellPoint	WellPoint		713.43	32.18			280.24	2106.15	percent of total billed charges	
PANORAMIC IMAGE	D0330	HCPCS	outpatient			376	322.28	Aetna	Commercial		446.14				70.67	521.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PANORAMIC IMAGE	D0330	HCPCS	outpatient			376	322.28	Aetna	Better Health		118.63	31.55			70.67	521.53	percent of total billed charges	
PANORAMIC IMAGE	D0330	HCPCS	outpatient			376	322.28	Aetna	Medicare		280.24				70.67	521.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PANORAMIC IMAGE	D0330	HCPCS	outpatient			376	322.28	Americare	Americare		282	75			70.67	521.53	percent of total billed charges	
PANORAMIC IMAGE	D0330	HCPCS	outpatient			376	322.28	Amerihealth	HMO/PPO		244.4	65			70.67	521.53	percent of total billed charges	
PANORAMIC IMAGE	D0330	HCPCS	outpatient			376	322.28	Amerihealth	Medicare		280.24				70.67	521.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PANORAMIC IMAGE	D0330	HCPCS	outpatient			376	322.28	Consumer	Consumer		357.2	95			70.67	521.53	percent of total billed charges	
PANORAMIC IMAGE	D0330	HCPCS	outpatient			376	322.28	Corrections	Corrections		300.8	80			70.67	521.53	percent of total billed charges	
PANORAMIC IMAGE	D0330	HCPCS	outpatient			376	322.28	First Health	First Health		263.2	70			70.67	521.53	percent of total billed charges	
PANORAMIC IMAGE	D0330	HCPCS	outpatient			376	322.28	First Trenton	First Trenton		338.4	90			70.67	521.53	percent of total billed charges	
PANORAMIC IMAGE	D0330	HCPCS	outpatient			376	322.28	Horizon	PPO		521.53				70.67	521.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PANORAMIC IMAGE	D0330	HCPCS	outpatient			376	322.28	Horizon	MGD		521.53				70.67	521.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PANORAMIC IMAGE	D0330	HCPCS	outpatient			376	322.28	Horizon	Medicare Blue		280.24				70.67	521.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PANORAMIC IMAGE	D0330	HCPCS	outpatient			376	322.28	Horizon	Indemnity		521.53				70.67	521.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PANORAMIC IMAGE	D0330	HCPCS	outpatient			376	322.28	Managed Care Inc	Managed Care Inc		338.4	90			70.67	521.53	percent of total billed charges	
PANORAMIC IMAGE	D0330	HCPCS	outpatient			376	322.28	Multiplan	Multiplan		300.8	80			70.67	521.53	percent of total billed charges	
PANORAMIC IMAGE	D0330	HCPCS	outpatient			376	322.28	Qualcare	Qualcare		282	75			70.67	521.53	percent of total billed charges	
PANORAMIC IMAGE	D0330	HCPCS	outpatient			376	322.28	Three Rivers	Three Rivers		357.2	95			70.67	521.53	percent of total billed charges	
PANORAMIC IMAGE	D0330	HCPCS	outpatient			376	322.28	UHC	Medicaid		118.63	31.55			70.67	521.53	percent of total billed charges	
PANORAMIC IMAGE	D0330	HCPCS	outpatient			376	322.28	UHC	Medicare		280.24				70.67	521.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PANORAMIC IMAGE	D0330	HCPCS	outpatient			376	322.28	Wellcare	Medicare		280.24				70.67	521.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PANORAMIC IMAGE	D0330	HCPCS	outpatient			376	322.28	Wellcare	Medicaid		118.63	31.55			70.67	521.53	percent of total billed charges	
PANORAMIC IMAGE	D0330	HCPCS	outpatient			376	322.28	WellPoint	WellPoint		121	32.18			70.67	521.53	percent of total billed charges	
DENTAL IMAGING PAN CEPHALO	D0340	HCPCS	outpatient			317	119.52	Aetna	Medicare		103.93				80.45	301.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DENTAL IMAGING PAN CEPHALO	D0340	HCPCS	outpatient			317	119.52	Aetna	Better Health		100.01	31.55			80.45	301.15	percent of total billed charges	
DENTAL IMAGING PAN CEPHALO	D0340	HCPCS	outpatient			317	119.52	Aetna	Commercial		165.46				80.45	301.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DENTAL IMAGING PAN CEPHALO	D0340	HCPCS	outpatient			317	119.52	Americare	Americare		237.75	75			80.45	301.15	percent of total billed charges	
DENTAL IMAGING PAN CEPHALO	D0340	HCPCS	outpatient			317	119.52	Amerihealth	HMO/PPO		206.05	65			80.45	301.15	percent of total billed charges	
DENTAL IMAGING PAN CEPHALO	D0340	HCPCS	outpatient			317	119.52	Amerihealth	Medicare		103.93				80.45	301.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DENTAL IMAGING PAN CEPHALO	D0340	HCPCS	outpatient			317	119.52	Consumer	Consumer		301.15	95			80.45	301.15	percent of total billed charges	
DENTAL IMAGING PAN CEPHALO	D0340	HCPCS	outpatient			317	119.52	Corrections	Corrections		253.6	80			80.45	301.15	percent of total billed charges	
DENTAL IMAGING PAN CEPHALO	D0340	HCPCS	outpatient			317	119.52	First Health	First Health		221.9	70			80.45	301.15	percent of total billed charges	
DENTAL IMAGING PAN CEPHALO	D0340	HCPCS	outpatient			317	119.52	First Trenton	First Trenton		285.3	90			80.45	301.15	percent of total billed charges	
DENTAL IMAGING PAN CEPHALO	D0340	HCPCS	outpatient			317	119.52	Horizon	MGD		193.41				80.45	301.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DENTAL IMAGING PAN CEPHALO	D0340	HCPCS	outpatient			317	119.52	Horizon	Medicare Blue		103.93				80.45	301.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DENTAL IMAGING PAN CEPHALO	D0340	HCPCS	outpatient			317	119.52	Horizon	PPO		193.41				80.45	301.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DENTAL IMAGING PAN CEPHALO	D0340	HCPCS	outpatient			317	119.52	Horizon	Indemnity		193.41				80.45	301.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DENTAL IMAGING PAN CEPHALO	D0340	HCPCS	outpatient			317	119.52	Managed Care Inc	Managed Care Inc		285.3	90			80.45	301.15	percent of total billed charges	
DENTAL IMAGING PAN CEPHALO	D0340	HCPCS	outpatient			317	119.52	Multiplan	Multiplan		253.6	80			80.45	301.15	percent of total billed charges	
DENTAL IMAGING PAN CEPHALO	D0340	HCPCS	outpatient			317	119.52	Qualcare	Qualcare		237.75	75			80.45	301.15	percent of total billed charges	
DENTAL IMAGING PAN CEPHALO	D0340	HCPCS	outpatient			317	119.52	Three Rivers	Three Rivers		301.15	95			80.45	301.15	percent of total billed charges	
DENTAL IMAGING PAN CEPHALO	D0340	HCPCS	outpatient			317	119.52	UHC	Medicaid		100.01	31.55			80.45	301.15	percent of total billed charges	
DENTAL IMAGING PAN CEPHALO	D0340	HCPCS	outpatient			317	119.52	UHC	Medicare		103.93				80.45	301.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DENTAL IMAGING PAN CEPHALO	D0340	HCPCS	outpatient			317	119.52	Wellcare	Medicare		103.93				80.45	301.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DENTAL IMAGING PAN CEPHALO	D0340	HCPCS	outpatient			317	119.52	Wellcare	Medicaid		100.01	31.55			80.45	301.15	percent of total billed charges	
DENTAL IMAGING PAN CEPHALO	D0340	HCPCS	outpatient			317	119.52	WellPoint	WellPoint		102.01	32.18			80.45	301.15	percent of total billed charges	
CONE BEAM CT FOR MANDIBLE	D0365	HCPCS	outpatient			851	144.6	Aetna	Commercial		200.18				125.74	808.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONE BEAM CT FOR MANDIBLE	D0365	HCPCS	outpatient			851	144.6	Aetna	Better Health		268.49	31.55			125.74	808.45	percent of total billed charges	
CONE BEAM CT FOR MANDIBLE	D0365	HCPCS	outpatient			851	144.6	Aetna	Medicare		125.74				125.74	808.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONE BEAM CT FOR MANDIBLE	D0365	HCPCS	outpatient			851	144.6	Americare	Americare		636.25	75			125.74	808.45	percent of total billed charges	
CONE BEAM CT FOR MANDIBLE	D0365	HCPCS	outpatient			851	144.6	Amerihealth	Medicare		125.74				125.74	808.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONE BEAM CT FOR MANDIBLE	D0365	HCPCS	outpatient			851	144.6	Amerihealth	HMO/PPO		553.15	65			125.74	808.45	percent of total billed charges	
CONE BEAM CT FOR MANDIBLE	D0365	HCPCS	outpatient			851	144.6	Consumer	Consumer		808.45	95			125.74	808.45	percent of total billed charges	
CONE BEAM CT FOR MANDIBLE	D0365	HCPCS	outpatient			851	144.6	Corrections	Corrections		680.8	80			125.74	808.45	percent of total billed charges	
CONE BEAM CT FOR MANDIBLE	D0365	HCPCS	outpatient			851	144.6	First Health	First Health		595.7	70			125.74	808.45	percent of total billed charges	
CONE BEAM CT FOR MANDIBLE	D0365	HCPCS	outpatient			851	144.6	First Trenton	First Trenton		765.9	90			125.74	808.45	percent of total billed charges	
CONE BEAM CT FOR MANDIBLE	D0365	HCPCS	outpatient			851	144.6	Horizon	Indemnity		234				125.74	808.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONE BEAM CT FOR MANDIBLE	D0365	HCPCS	outpatient			851	144.6	Horizon	MGD		234				125.74	808.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONE BEAM CT FOR MANDIBLE	D0365	HCPCS	outpatient			851	144.6	Horizon	PPO		234				125.74	808.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONE BEAM CT FOR MANDIBLE	D0365	HCPCS	outpatient			851	144.6	Horizon	Medicare Blue		125.74				125.74	808.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONE BEAM CT FOR MANDIBLE	D0365	HCPCS	outpatient			851	144.6	Managed Care Inc	Managed Care Inc		765.9	90			125.74	808.45	percent of total billed charges	
CONE BEAM CT FOR MANDIBLE	D0365	HCPCS	outpatient			851	144.6	Multiplan	Multiplan		680.8	80			125.74	808.45	percent of total billed charges	
CONE BEAM CT FOR MANDIBLE	D0365	HCPCS	outpatient			851	144.6	Qualcare	Qualcare		638.25	75			125.74	808.45	percent of total billed charges	
CONE BEAM CT FOR MANDIBLE	D0365	HCPCS	outpatient			851	144.6	Three Rivers	Three Rivers		808.45	95			125.74	808.45	percent of total billed charges	
CONE BEAM CT FOR MANDIBLE	D0365	HCPCS	outpatient			851	144.6	UHC	Medicare		125.74				125.74	808.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONE BEAM CT FOR MANDIBLE	D0365	HCPCS	outpatient			851	144.6	UHC	Medicaid		268.49	31.55			125.74	808.45	percent of total billed charges	
CONE BEAM CT FOR MANDIBLE	D0365	HCPCS	outpatient			851	144.6	Wellcare	Medicaid		268.49	31.55			125.74	808.45	percent of total billed charges	
CONE BEAM CT FOR MANDIBLE	D0365	HCPCS	outpatient			851	144.6	Wellcare	Medicare		125.74				125.74	808.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONE BEAM CT FOR MANDIBLE	D0365	HCPCS	outpatient			851	144.6	WellPoint	WellPoint		273.85	32.18			125.74	808.45	percent of total billed charges	
CONE BEAM CT FOR MAXILLA	D0366	HCPCS	outpatient			317	144.6	Aetna	Better Health		100.01	31.55			100.01	301.15	percent of total billed charges	
CONE BEAM CT FOR MAXILLA	D0366	HCPCS	outpatient			317	144.6	Aetna	Medicare		125.74				100.01	301.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONE BEAM CT FOR MAXILLA	D0366	HCPCS	outpatient			317	144.6	Aetna	Commercial		200.18				100.01	301.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONE BEAM CT FOR MAXILLA	D0366	HCPCS	outpatient			317	144.6	Americare	Americare		237.75	75			100.01	301.15	percent of total billed charges	
CONE BEAM CT FOR MAXILLA	D0366	HCPCS	outpatient			317	144.6	Amerihealth	Medicare		125.74				100.01	301.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONE BEAM CT FOR MAXILLA	D0366	HCPCS	outpatient			317	144.6	Amerihealth	HMO/PPO		206.05	65			100.01	301.15	percent of total billed charges	
CONE BEAM CT FOR MAXILLA	D0366	HCPCS	outpatient			317	144.6	Consumer	Consumer		301.15	95			100.01	301.15	percent of total billed charges	
CONE BEAM CT FOR MAXILLA	D0366	HCPCS	outpatient			317	144.6	Corrections	Corrections		253.6	80			100.01	301.15	percent of total billed charges	
CONE BEAM CT FOR MAXILLA	D0366	HCPCS	outpatient			317	144.6	First Health	First Health		221.9	70			100.01	301.15	percent of total billed charges	
CONE BEAM CT FOR MAXILLA	D0366	HCPCS	outpatient			317	144.6	First Trenton	First Trenton		285.3	90			100.01	301.15	percent of total billed charges	
CONE BEAM CT FOR MAXILLA	D0366	HCPCS	outpatient			317	144.6	Horizon	Indemnity		234				100.01	301.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONE BEAM CT FOR MAXILLA	D0366	HCPCS	outpatient			317	144.6	Horizon	MGD		234				100.01	301.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONE BEAM CT FOR MAXILLA	D0366	HCPCS	outpatient			317	144.6	Horizon	Medicare Blue		125.74				100.01	301.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONE BEAM CT FOR MAXILLA	D0366	HCPCS	outpatient			317	144.6	Horizon	PPO		234				100.01	301.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONE BEAM CT FOR MAXILLA	D0366	HCPCS	outpatient			317	144.6	Managed Care Inc	Managed Care Inc		285.3	90			100.01	301.15	percent of total billed charges	
CONE BEAM CT FOR MAXILLA	D0366	HCPCS	outpatient			317	144.6	Multiplan	Multiplan		253.6	80			100.01	301.15	percent of total billed charges	
CONE BEAM CT FOR MAXILLA	D0366	HCPCS	outpatient			317	144.6	Qualcare	Qualcare		237.75	75			100.01	301.15	percent of total billed charges	
CONE BEAM CT FOR MAXILLA	D0366	HCPCS	outpatient			317	144.6	Three Rivers	Three Rivers		301.15	95			100.01	301.15	percent of total billed charges	
CONE BEAM CT FOR MAXILLA	D0366	HCPCS	outpatient			317	144.6	UHC	Medicare		125.74				100.01	301.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONE BEAM CT FOR MAXILLA	D0366	HCPCS	outpatient			317	144.6	UHC	Medicaid		100.01	31.55			100.01	301.15	percent of total billed charges	
CONE BEAM CT FOR MAXILLA	D0366	HCPCS	outpatient			317	144.6	Wellcare	Medicare		125.74				100.01	301.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONE BEAM CT FOR MAXILLA	D0366	HCPCS	outpatient			317	144.6	Wellcare	Medicaid		100.01	31.55			100.01	301.15	percent of total billed charges	
CONE BEAM CT FOR MAXILLA	D0366	HCPCS	outpatient			317	144.6	WellPoint	WellPoint		102.01	32.18			100.01	301.15	percent of total billed charges	
CONE BEAM CT BOTH JAWS	D0367	HCPCS	outpatient			317	144.6	Aetna	Better Health		100.01	31.55			100.01	301.15	percent of total billed charges	
CONE BEAM CT BOTH JAWS	D0367	HCPCS	outpatient			317	144.6	Aetna	Commercial		200.18				100.01	301.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONE BEAM CT BOTH JAWS	D0367	HCPCS	outpatient			317	144.6	Aetna	Medicare		125.74				100.01	301.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONE BEAM CT BOTH JAWS	D0367	HCPCS	outpatient			317	144.6	Americare	Americare		237.75	75			100.01	301.15	percent of total billed charges	
CONE BEAM CT BOTH JAWS	D0367	HCPCS	outpatient			317	144.6	Amerihealth	HMO/PPO		206.05	65			100.01	301.15	percent of total billed charges	
CONE BEAM CT BOTH JAWS	D0367	HCPCS	outpatient			317	144.6	Amerihealth	Medicare		125.74				100.01	301.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONE BEAM CT BOTH JAWS	D0367	HCPCS	outpatient			317	144.6	Consumer	Consumer		301.15	95			100.01	301.15	percent of total billed charges	
CONE BEAM CT BOTH JAWS	D0367	HCPCS	outpatient			317	144.6	Corrections	Corrections		253.6	80			100.01	301.15	percent of total billed charges	
CONE BEAM CT BOTH JAWS	D0367	HCPCS	outpatient			317	144.6	First Health	First Health		221.9	70			100.01	301.15	percent of total billed charges	
CONE BEAM CT BOTH JAWS	D0367	HCPCS	outpatient			317	144.6	First Trenton	First Trenton		285.3	90			100.01	301.15	percent of total billed charges	
CONE BEAM CT BOTH JAWS	D0367	HCPCS	outpatient			317	144.6	Horizon	MGD		234				100.01	301.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONE BEAM CT BOTH JAWS	D0367	HCPCS	outpatient			317	144.6	Horizon	Medicare Blue		125.74				100.01	301.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONE BEAM CT BOTH JAWS	D0367	HCPCS	outpatient			317	144.6	Horizon	PPO		234				100.01	301.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONE BEAM CT BOTH JAWS	D0367	HCPCS	outpatient			317	144.6	Horizon	Indemnity		234				100.01	301.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONE BEAM CT BOTH JAWS	D0367	HCPCS	outpatient			317	144.6	Managed Care Inc	Managed Care Inc		285.3	90			100.01	301.15	percent of total billed charges	
CONE BEAM CT BOTH JAWS	D0367	HCPCS	outpatient			317	144.6	Multiplan	Multiplan		253.6	80			100.01	301.15	percent of total billed charges	
CONE BEAM CT BOTH JAWS	D0367	HCPCS	outpatient			317	144.6	Qualcare	Qualcare		237.75	75			100.01	301.15	percent of total billed charges	
CONE BEAM CT BOTH JAWS	D0367	HCPCS	outpatient			317	144.6	Three Rivers	Three Rivers		301.15	95			100.01	301.15	percent of total billed charges	
CONE BEAM CT BOTH JAWS	D0367	HCPCS	outpatient			317	144.6	UHC	Medicare		125.74				100.01	301.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONE BEAM CT BOTH JAWS	D0367	HCPCS	outpatient			317	144.6	UHC	Medicaid		100.01	31.55			100.01	301.15	percent of total billed charges	
CONE BEAM CT BOTH JAWS	D0367	HCPCS	outpatient			317	144.6	Wellcare	Medicaid		100.01	31.55			100.01	301.15	percent of total billed charges	
CONE BEAM CT BOTH JAWS	D0367	HCPCS	outpatient			317	144.6	Wellcare	Medicare		125.74				100.01	301.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONE BEAM CT BOTH JAWS	D0367	HCPCS	outpatient			317	144.6	WellPoint	WellPoint		102.01	32.18			100.01	301.15	percent of total billed charges	
COLLECT FOR C&S	D0415	HCPCS	outpatient			146		Aetna	Better Health		46.06	31.55			43.8	138.7	percent of total billed charges	
COLLECT FOR C&S	D0415	HCPCS	outpatient			146		Aetna	Commercial		55.48	38			43.8	138.7	percent of total billed charges	
COLLECT FOR C&S	D0415	HCPCS	outpatient			146		Aetna	Medicare		44.97	30.8			43.8	138.7	percent of total billed charges	
COLLECT FOR C&S	D0415	HCPCS	outpatient			146		Americare	Americare		109.5	75			43.8	138.7	percent of total billed charges	
COLLECT FOR C&S	D0415	HCPCS	outpatient			146		Amerihealth	HMO/PPO		94.9	65			43.8	138.7	percent of total billed charges	
COLLECT FOR C&S	D0415	HCPCS	outpatient			146		Consumer	Consumer		138.7	95			43.8	138.7	percent of total billed charges	
COLLECT FOR C&S	D0415	HCPCS	outpatient			146		Corrections	Corrections		116.8	80			43.8	138.7	percent of total billed charges	
COLLECT FOR C&S	D0415	HCPCS	outpatient			146		First Health	First Health		102.2	70			43.8	138.7	percent of total billed charges	
COLLECT FOR C&S	D0415	HCPCS	outpatient			146		First Trenton	First Trenton		131.4	90			43.8	138.7	percent of total billed charges	
COLLECT FOR C&S	D0415	HCPCS	outpatient			146		Horizon	Medicare Blue		43.8	30			43.8	138.7	percent of total billed charges	
COLLECT FOR C&S	D0415	HCPCS	outpatient			146		Horizon	Indemnity		55.89	38.28			43.8	138.7	percent of total billed charges	
COLLECT FOR C&S	D0415	HCPCS	outpatient			146		Horizon	MGD		55.89	38.28			43.8	138.7	percent of total billed charges	
COLLECT FOR C&S	D0415	HCPCS	outpatient			146		Horizon	PPO		55.89	38.28			43.8	138.7	percent of total billed charges	
COLLECT FOR C&S	D0415	HCPCS	outpatient			146		Managed Care Inc	Managed Care Inc		131.4	90			43.8	138.7	percent of total billed charges	
COLLECT FOR C&S	D0415	HCPCS	outpatient			146		Multiplan	Multiplan		116.8	80			43.8	138.7	percent of total billed charges	
COLLECT FOR C&S	D0415	HCPCS	outpatient			146		Qualcare	Qualcare		109.5	75			43.8	138.7	percent of total billed charges	
COLLECT FOR C&S	D0415	HCPCS	outpatient			146		Three Rivers	Three Rivers		138.7	95			43.8	138.7	percent of total billed charges	
COLLECT FOR C&S	D0415	HCPCS	outpatient			146		UHC	Medicaid		46.06	31.55			43.8	138.7	percent of total billed charges	
COLLECT FOR C&S	D0415	HCPCS	outpatient			146		Wellcare	Medicaid		46.06	31.55			43.8	138.7	percent of total billed charges	
COLLECT FOR C&S	D0415	HCPCS	outpatient			146		WellPoint	WellPoint		46.98	32.18			43.8	138.7	percent of total billed charges	
PULP VITALITY	D0460	HCPCS	outpatient			2217	1158.02	Aetna	Commercial		1603.1				699.46	2106.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PULP VITALITY	D0460	HCPCS	outpatient			2217	1158.02	Aetna	Better Health		699.46	31.55			699.46	2106.15	percent of total billed charges	
PULP VITALITY	D0460	HCPCS	outpatient			2217	1158.02	Aetna	Medicare		1006.97				699.46	2106.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PULP VITALITY	D0460	HCPCS	outpatient			2217	1158.02	Americare	Americare		1662.75	75			699.46	2106.15	percent of total billed charges	
PULP VITALITY	D0460	HCPCS	outpatient			2217	1158.02	Amerihealth	HMO/PPO		1441.05	65			699.46	2106.15	percent of total billed charges	
PULP VITALITY	D0460	HCPCS	outpatient			2217	1158.02	Amerihealth	Medicare		1006.97				699.46	2106.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PULP VITALITY	D0460	HCPCS	outpatient			2217	1158.02	Consumer	Consumer		2106.15	95			699.46	2106.15	percent of total billed charges	
PULP VITALITY	D0460	HCPCS	outpatient			2217	1158.02	Corrections	Corrections		1773.6	80			699.46	2106.15	percent of total billed charges	
PULP VITALITY	D0460	HCPCS	outpatient			2217	1158.02	First Health	First Health		1551.9	70			699.46	2106.15	percent of total billed charges	
PULP VITALITY	D0460	HCPCS	outpatient			2217	1158.02	First Trenton	First Trenton		1995.3	90			699.46	2106.15	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.															
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101191	true														
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
PULP VITALITY	D0460	HCPCS	outpatient			2217	1158.02	Horizon	MGD		1873.97				699.46	2106.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PULP VITALITY	D0460	HCPCS	outpatient			2217	1158.02	Horizon	Indemnity		1873.97				699.46	2106.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PULP VITALITY	D0460	HCPCS	outpatient			2217	1158.02	Horizon	Medicare Blue		1006.97				699.46	2106.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PULP VITALITY	D0460	HCPCS	outpatient			2217	1158.02	Horizon	PPO		1873.97				699.46	2106.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PULP VITALITY	D0460	HCPCS	outpatient			2217	1158.02	Managed Care Inc	Managed Care Inc		1866.3	90			699.46	2106.15	percent of total billed charges	
PULP VITALITY	D0460	HCPCS	outpatient			2217	1158.02	Multiplan	Multiplan		1773.6	80			699.46	2106.15	percent of total billed charges	
PULP VITALITY	D0460	HCPCS	outpatient			2217	1158.02	Qualcare	Qualcare		1662.75	75			699.46	2106.15	percent of total billed charges	
PULP VITALITY	D0460	HCPCS	outpatient			2217	1158.02	Three Rivers	Three Rivers		2106.15	95			699.46	2106.15	percent of total billed charges	
PULP VITALITY	D0460	HCPCS	outpatient			2217	1158.02	UHC	Medicare		1006.97				699.46	2106.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PULP VITALITY	D0460	HCPCS	outpatient			2217	1158.02	UHC	Medicaid		699.46	31.55			699.46	2106.15	percent of total billed charges	
PULP VITALITY	D0460	HCPCS	outpatient			2217	1158.02	Wellcare	Medicare		1006.97				699.46	2106.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PULP VITALITY	D0460	HCPCS	outpatient			2217	1158.02	Wellcare	Medicaid		699.46	31.55			699.46	2106.15	percent of total billed charges	
PULP VITALITY	D0460	HCPCS	outpatient			2217	1158.02	WellPoint	WellPoint		713.43	32.18			699.46	2106.15	percent of total billed charges	
DIAGNOSTIC CASTS	D0470	HCPCS	outpatient			237		Aetna	Medicare		73	30.8			71.1	225.15	percent of total billed charges	
DIAGNOSTIC CASTS	D0470	HCPCS	outpatient			237		Aetna	Better Health		74.77	31.55			71.1	225.15	percent of total billed charges	
DIAGNOSTIC CASTS	D0470	HCPCS	outpatient			237		Aetna	Commercial		90.06	38			71.1	225.15	percent of total billed charges	
DIAGNOSTIC CASTS	D0470	HCPCS	outpatient			237		Americare	Americare		177.75	75			71.1	225.15	percent of total billed charges	
DIAGNOSTIC CASTS	D0470	HCPCS	outpatient			237		Amerihealth	HMO/PPO		154.05	65			71.1	225.15	percent of total billed charges	
DIAGNOSTIC CASTS	D0470	HCPCS	outpatient			237		Consumer	Consumer		225.15	95			71.1	225.15	percent of total billed charges	
DIAGNOSTIC CASTS	D0470	HCPCS	outpatient			237		Corrections	Corrections		189.6	80			71.1	225.15	percent of total billed charges	
DIAGNOSTIC CASTS	D0470	HCPCS	outpatient			237		First Health	First Health		165.9	70			71.1	225.15	percent of total billed charges	
DIAGNOSTIC CASTS	D0470	HCPCS	outpatient			237		First Trenton	First Trenton		213.3	90			71.1	225.15	percent of total billed charges	
DIAGNOSTIC CASTS	D0470	HCPCS	outpatient			237		Horizon	PPO		90.72	38.28			71.1	225.15	percent of total billed charges	
DIAGNOSTIC CASTS	D0470	HCPCS	outpatient			237		Horizon	MGD		90.72	38.28			71.1	225.15	percent of total billed charges	
DIAGNOSTIC CASTS	D0470	HCPCS	outpatient			237		Horizon	Medicare Blue		71.1	30			71.1	225.15	percent of total billed charges	
DIAGNOSTIC CASTS	D0470	HCPCS	outpatient			237		Horizon	Indemnity		90.72	38.28			71.1	225.15	percent of total billed charges	
DIAGNOSTIC CASTS	D0470	HCPCS	outpatient			237		Managed Care Inc	Managed Care Inc		213.3	90			71.1	225.15	percent of total billed charges	
DIAGNOSTIC CASTS	D0470	HCPCS	outpatient			237		Multiplan	Multiplan		189.6	80			71.1	225.15	percent of total billed charges	
DIAGNOSTIC CASTS	D0470	HCPCS	outpatient			237		Qualcare	Qualcare		177.75	75			71.1	225.15	percent of total billed charges	
DIAGNOSTIC CASTS	D0470	HCPCS	outpatient			237		Three Rivers	Three Rivers		225.15	95			71.1	225.15	percent of total billed charges	
DIAGNOSTIC CASTS	D0470	HCPCS	outpatient			237		UHC	Medicaid		74.77	31.55			71.1	225.15	percent of total billed charges	
DIAGNOSTIC CASTS	D0470	HCPCS	outpatient			237		Wellcare	Medicaid		74.77	31.55			71.1	225.15	percent of total billed charges	
DIAGNOSTIC CASTS	D0470	HCPCS	outpatient			237		WellPoint	WellPoint		76.27	32.18			71.1	225.15	percent of total billed charges	
PROPHYLAXIS-ADULT	D1110	HCPCS	outpatient			192	173.86	Aetna	Commercial		240.68				60.58	281.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROPHYLAXIS-ADULT	D1110	HCPCS	outpatient			192	173.86	Aetna	Better Health		60.58	31.55			60.58	281.35	percent of total billed charges	
PROPHYLAXIS-ADULT	D1110	HCPCS	outpatient			192	173.86	Aetna	Medicare		151.18				60.58	281.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROPHYLAXIS-ADULT	D1110	HCPCS	outpatient			192	173.86	Americare	Americare		144	75			60.58	281.35	percent of total billed charges	
PROPHYLAXIS-ADULT	D1110	HCPCS	outpatient			192	173.86	Amerihealth	HMO/PPO		125				60.58	281.35	fee schedule	
PROPHYLAXIS-ADULT	D1110	HCPCS	outpatient			192	173.86	Amerihealth	Medicare		151.18				60.58	281.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROPHYLAXIS-ADULT	D1110	HCPCS	outpatient			192	173.86	Consumer	Consumer		182.4	95			60.58	281.35	percent of total billed charges	
PROPHYLAXIS-ADULT	D1110	HCPCS	outpatient			192	173.86	Corrections	Corrections		153.6	80			60.58	281.35	percent of total billed charges	
PROPHYLAXIS-ADULT	D1110	HCPCS	outpatient			192	173.86	First Health	First Health		134.4	70			60.58	281.35	percent of total billed charges	
PROPHYLAXIS-ADULT	D1110	HCPCS	outpatient			192	173.86	First Trenton	First Trenton		172.8	90			60.58	281.35	percent of total billed charges	
PROPHYLAXIS-ADULT	D1110	HCPCS	outpatient			192	173.86	Horizon	Indemnity		281.35				60.58	281.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROPHYLAXIS-ADULT	D1110	HCPCS	outpatient			192	173.86	Horizon	Medicare Blue		151.18				60.58	281.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROPHYLAXIS-ADULT	D1110	HCPCS	outpatient			192	173.86	Horizon	MGD		281.35				60.58	281.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROPHYLAXIS-ADULT	D1110	HCPCS	outpatient			192	173.86	Horizon	PPO		281.35				60.58	281.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROPHYLAXIS-ADULT	D1110	HCPCS	outpatient			192	173.86	Managed Care Inc	Managed Care Inc		172.8	90			60.58	281.35	percent of total billed charges	
PROPHYLAXIS-ADULT	D1110	HCPCS	outpatient			192	173.86	Multiplan	Multiplan		153.6	80			60.58	281.35	percent of total billed charges	
PROPHYLAXIS-ADULT	D1110	HCPCS	outpatient			192	173.86	Qualcare	Qualcare		144	75			60.58	281.35	percent of total billed charges	
PROPHYLAXIS-ADULT	D1110	HCPCS	outpatient			192	173.86	Three Rivers	Three Rivers		182.4	95			60.58	281.35	percent of total billed charges	
PROPHYLAXIS-ADULT	D1110	HCPCS	outpatient			192	173.86	UHC	Medicaid		60.58	31.55			60.58	281.35	percent of total billed charges	
PROPHYLAXIS-ADULT	D1110	HCPCS	outpatient			192	173.86	UHC	Medicare		151.18				60.58	281.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROPHYLAXIS-ADULT	D1110	HCPCS	outpatient			192	173.86	Wellcare	Medicaid		60.58	31.55			60.58	281.35	percent of total billed charges	
PROPHYLAXIS-ADULT	D1110	HCPCS	outpatient			192	173.86	Wellcare	Medicare		151.18				60.58	281.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROPHYLAXIS-ADULT	D1110	HCPCS	outpatient			192	173.86	WellPoint	WellPoint		61.79	32.18			60.58	281.35	percent of total billed charges	
PROPHYLAXIS-CHILD	D1120	HCPCS	outpatient			145		Aetna	Better Health		45.75	31.55			43.5	137.75	percent of total billed charges	
PROPHYLAXIS-CHILD	D1120	HCPCS	outpatient			145		Aetna	Commercial		55.1	38			43.5	137.75	percent of total billed charges	
PROPHYLAXIS-CHILD	D1120	HCPCS	outpatient			145		Aetna	Medicare		44.66	30.8			43.5	137.75	percent of total billed charges	
PROPHYLAXIS-CHILD	D1120	HCPCS	outpatient			145		Americare	Americare		108.75	75			43.5	137.75	percent of total billed charges	
PROPHYLAXIS-CHILD	D1120	HCPCS	outpatient			145		Amerihealth	HMO/PPO		125				43.5	137.75	fee schedule	
PROPHYLAXIS-CHILD	D1120	HCPCS	outpatient			145		Consumer	Consumer		137.75	95			43.5	137.75	percent of total billed charges	
PROPHYLAXIS-CHILD	D1120	HCPCS	outpatient			145		Corrections	Corrections		116	80			43.5	137.75	percent of total billed charges	
PROPHYLAXIS-CHILD	D1120	HCPCS	outpatient			145		First Health	First Health		101.5	70			43.5	137.75	percent of total billed charges	
PROPHYLAXIS-CHILD	D1120	HCPCS	outpatient			145		First Trenton	First Trenton		130.5	90			43.5	137.75	percent of total billed charges	
PROPHYLAXIS-CHILD	D1120	HCPCS	outpatient			145		Horizon	Indemnity		55.51	38.28			43.5	137.75	percent of total billed charges	
PROPHYLAXIS-CHILD	D1120	HCPCS	outpatient			145		Horizon	MGD		55.51	38.28			43.5	137.75	percent of total billed charges	
PROPHYLAXIS-CHILD	D1120	HCPCS	outpatient			145		Horizon	Medicare Blue		43.5	30			43.5	137.75	percent of total billed charges	
PROPHYLAXIS-CHILD	D1120	HCPCS	outpatient			145		Horizon	PPO		55.51	38.28			43.5	137.75	percent of total billed charges	
PROPHYLAXIS-CHILD	D1120	HCPCS	outpatient			145		Managed Care Inc	Managed Care Inc		130.5	90			43.5	137.75	percent of total billed charges	
PROPHYLAXIS-CHILD	D1120	HCPCS	outpatient			145		Multiplan	Multiplan		116	80			43.5	137.75	percent of total billed charges	
PROPHYLAXIS-CHILD	D1120	HCPCS	outpatient			145		Qualcare	Qualcare		108.75	75			43.5	137.75	percent of total billed charges	
PROPHYLAXIS-CHILD	D1120	HCPCS	outpatient			145		Three Rivers	Three Rivers		137.75	95			43.5	137.75	percent of total billed charges	
PROPHYLAXIS-CHILD	D1120	HCPCS	outpatient			145		UHC	Medicaid		45.75	31.55			43.5	137.75	percent of total billed charges	
PROPHYLAXIS-CHILD	D1120	HCPCS	outpatient			145		Wellcare	Medicaid		45.75	31.55			43.5	137.75	percent of total billed charges	
PROPHYLAXIS-CHILD	D1120	HCPCS	outpatient			145		WellPoint	WellPoint		46.66	32.18			43.5	137.75	percent of total billed charges	
FLUORIDE W/PROPHYLAXIS	D1208	HCPCS	outpatient			91		Aetna	Commercial		34.58	38			27.3	125	percent of total billed charges	
FLUORIDE W/PROPHYLAXIS	D1208	HCPCS	outpatient			91		Aetna	Medicare		28.03	30.8			27.3	125	percent of total billed charges	
FLUORIDE W/PROPHYLAXIS	D1208	HCPCS	outpatient			91		Aetna	Better Health		28.71	31.55			27.3	125	percent of total billed charges	
FLUORIDE W/PROPHYLAXIS	D1208	HCPCS	outpatient			91		Americare	Americare		68.25	75			27.3	125	percent of total billed charges	
FLUORIDE W/PROPHYLAXIS	D1208	HCPCS	outpatient			91		Amerihealth	HMO/PPO		125				27.3	125	fee schedule	
FLUORIDE W/PROPHYLAXIS	D1208	HCPCS	outpatient			91		Consumer	Consumer		86.45	95			27.3	125	percent of total billed charges	
FLUORIDE W/PROPHYLAXIS	D1208	HCPCS	outpatient			91		Corrections	Corrections		72.8	80			27.3	125	percent of total billed charges	
FLUORIDE W/PROPHYLAXIS	D1208	HCPCS	outpatient			91		First Health	First Health		63.7	70			27.3	125	percent of total billed charges	
FLUORIDE W/PROPHYLAXIS	D1208	HCPCS	outpatient			91		First Trenton	First Trenton		81.9	90			27.3	125	percent of total billed charges	
FLUORIDE W/PROPHYLAXIS	D1208	HCPCS	outpatient			91		Horizon	MGD		34.83	38.28			27.3	125	percent of total billed charges	
FLUORIDE W/PROPHYLAXIS	D1208	HCPCS	outpatient			91		Horizon	Medicare Blue		27.3	30			27.3	125	percent of total billed charges	
FLUORIDE W/PROPHYLAXIS	D1208	HCPCS	outpatient			91		Horizon	Indemnity		34.83	38.28			27.3	125	percent of total billed charges	
FLUORIDE W/PROPHYLAXIS	D1208	HCPCS	outpatient			91		Horizon	PPO		34.83	38.28			27.3	125	percent of total billed charges	
FLUORIDE W/PROPHYLAXIS	D1208	HCPCS	outpatient			91		Managed Care Inc	Managed Care Inc		81.9	90			27.3	125	percent of total billed charges	
FLUORIDE W/PROPHYLAXIS	D1208	HCPCS	outpatient			91		Multiplan	Multiplan		72.8	80			27.3	125	percent of total billed charges	
FLUORIDE W/PROPHYLAXIS	D1208	HCPCS	outpatient			91		Qualcare	Qualcare		68.25	75			27.3	125	percent of total billed charges	
FLUORIDE W/PROPHYLAXIS	D1208	HCPCS	outpatient			91		Three Rivers	Three Rivers		86.45	95			27.3	125	percent of total billed charges	
FLUORIDE W/PROPHYLAXIS	D1208	HCPCS	outpatient			91		UHC	Medicaid		28.71	31.55			27.3	125	percent of total billed charges	
FLUORIDE W/PROPHYLAXIS	D1208	HCPCS	outpatient			91		Wellcare	Medicaid		28.71	31.55			27.3	125	percent of total billed charges	
FLUORIDE W/PROPHYLAXIS	D1208	HCPCS	outpatient			91		WellPoint	WellPoint		29.28	32.18			27.3	125	percent of total billed charges	
ORAL HYGIENE INSTRUCTION	D1330	HCPCS	outpatient			123		Aetna	Better Health		38.81	31.55			36.9	116.85	percent of total billed charges	
ORAL HYGIENE INSTRUCTION	D1330	HCPCS	outpatient			123		Aetna	Commercial		46.74	38			36.9	116.85	percent of total billed charges	
ORAL HYGIENE INSTRUCTION	D1330	HCPCS	outpatient			123		Aetna	Medicare		37.88	30.8			36.9	116.85	percent of total billed charges	
ORAL HYGIENE INSTRUCTION	D1330	HCPCS	outpatient			123		Americare	Americare		92.25	75			36.9	116.85	percent of total billed charges	
ORAL HYGIENE INSTRUCTION	D1330	HCPCS	outpatient			123		Amerihealth	HMO/PPO		79.95	65			36.9	116.85	percent of total billed charges	
ORAL HYGIENE INSTRUCTION	D1330	HCPCS	outpatient			123		Consumer	Consumer		116.85	95			36.9	116.85	percent of total billed charges	
ORAL HYGIENE INSTRUCTION	D1330	HCPCS	outpatient			123		Corrections	Corrections		98.4	80			36.9	116.85	percent of total billed charges	
ORAL HYGIENE INSTRUCTION	D1330	HCPCS	outpatient			123		First Health	First Health		86.1	70			36.9	116.85	percent of total billed charges	
ORAL HYGIENE INSTRUCTION	D1330	HCPCS	outpatient			123		First Trenton	First Trenton		110.7	90			36.9	116.85	percent of total billed charges	
ORAL HYGIENE INSTRUCTION	D1330	HCPCS	outpatient			123		Horizon	MGD		47.08	38.28			36.9	116.85	percent of total billed charges	
ORAL HYGIENE INSTRUCTION	D1330	HCPCS	outpatient			123		Horizon	Indemnity		47.08	38.28			36.9	116.85	percent of total billed charges	
ORAL HYGIENE INSTRUCTION	D1330	HCPCS	outpatient			123		Horizon	Medicare Blue		36.9	30			36.9	116.85	percent of total billed charges	
ORAL HYGIENE INSTRUCTION	D1330	HCPCS	outpatient			123		Horizon	PPO		47.08	38.28			36.9	116.85	percent of total billed charges	
ORAL HYGIENE INSTRUCTION	D1330	HCPCS	outpatient			123		Managed Care Inc	Managed Care Inc		110.7	90			36.9	116.85	percent of total billed charges	
ORAL HYGIENE INSTRUCTION	D1330	HCPCS	outpatient			123		Multiplan	Multiplan		98.4	80			36.9	116.85	percent of total billed charges	
ORAL HYGIENE INSTRUCTION	D1330	HCPCS	outpatient			123		Qualcare	Qualcare		92.25	75			36.9	116.85	percent of total billed charges	
ORAL HYGIENE INSTRUCTION	D1330	HCPCS	outpatient			123		Three Rivers	Three Rivers		116.85	95			36.9	116.85	percent of total billed charges	
ORAL HYGIENE INSTRUCTION	D1330	HCPCS	outpatient			123		UHC	Medicaid		38.81	31.55			36.9	116.85	percent of total billed charges	
ORAL HYGIENE INSTRUCTION	D1330	HCPCS	outpatient			123		Wellcare	Medicaid		38.81	31.55			36.9	116.85	percent of total billed charges	
ORAL HYGIENE INSTRUCTION	D1330	HCPCS	outpatient			123		WellPoint	WellPoint		39.58	32.18			36.9	116.85	percent of total billed charges	
DENTAL SEALANT PER TOOTH	D1351	HCPCS	outpatient			123		Aetna	Medicare		37.88	30.8			36.9	125	percent of total billed charges	
DENTAL SEALANT PER TOOTH	D1351	HCPCS	outpatient			123		Aetna	Better Health		38.81	31.55			36.9	125	percent of total billed charges	
DENTAL SEALANT PER TOOTH	D1351	HCPCS	outpatient			123		Aetna	Commercial		46.74	38			36.9	125	percent of total billed charges	
DENTAL SEALANT PER TOOTH	D1351	HCPCS	outpatient			123		Americare	Americare		92.25	75			36.9	125	percent of total billed charges	
DENTAL SEALANT PER TOOTH	D1351	HCPCS	outpatient			123		Amerihealth	HMO/PPO		125				36.9	125	fee schedule	
DENTAL SEALANT PER TOOTH	D1351	HCPCS	outpatient			123		Consumer	Consumer		116.85	95			36.9	125	percent of total billed charges	
DENTAL SEALANT PER TOOTH	D1351	HCPCS	outpatient			123		Corrections	Corrections		98.4	80			36.9	125	percent of total billed charges	
DENTAL SEALANT PER TOOTH	D1351	HCPCS	outpatient			123		First Health	First Health		86.1	70			36.9	125	percent of total billed charges	
DENTAL SEALANT PER TOOTH	D1351	HCPCS	outpatient			123		First Trenton	First Trenton		110.7	90			36.9	125	percent of total billed charges	
DENTAL SEALANT PER TOOTH	D1351	HCPCS	outpatient			123		Horizon	MGD		47.08	38.28			36.9	125	percent of total billed charges	
DENTAL SEALANT PER TOOTH	D1351	HCPCS	outpatient			123		Horizon	Medicare Blue		36.9	30			36.9	125	percent of total billed charges	
DENTAL SEALANT PER TOOTH	D1351	HCPCS	outpatient			123		Horizon	Indemnity		47.08	38.28			36.9	125	percent of total billed charges	
DENTAL SEALANT PER TOOTH	D1351	HCPCS	outpatient			123		Horizon	PPO		47.08	38.28			36.9	125	percent of total billed charges	
DENTAL SEALANT PER TOOTH	D1351	HCPCS	outpatient			123		Managed Care Inc	Managed Care Inc		110.7	90			36.9	125	percent of total billed charges	
DENTAL SEALANT PER TOOTH	D1351	HCPCS	outpatient			123		Multiplan	Multiplan		98.4	80			36.9	125	percent of total billed charges	
DENTAL SEALANT PER TOOTH	D1351	HCPCS	outpatient			123		Qualcare	Qualcare		92.25	75			36.9	125	percent of total billed charges	
DENTAL SEALANT PER TOOTH	D1351	HCPCS	outpatient			123		Three Rivers	Three Rivers		116.85	95			36.9	125	percent of total billed charges	
DENTAL SEALANT PER TOOTH	D1351	HCPCS	outpatient			123		UHC	Medicaid		38.81	31.55			36.9	125	percent of total billed charges	
DENTAL SEALANT PER TOOTH	D1351	HCPCS	outpatient			123		Wellcare	Medicaid		38.81	31.55			36.9	125	percent of total billed charges	
DENTAL SEALANT PER TOOTH	D1351	HCPCS	outpatient			123		WellPoint	WellPoint		39.58	32.18			36.9	125	percent of total billed charges	
AMALGAM - 1 SURFACE PERMANENT	D2140	HCPCS	outpatient			282	1158.02	Aetna	Better Health		88.97	31.55			86.97	1873.97	percent of total billed charges	
AMALGAM,ONE; PRIM/PERM	D2140	HCPCS	outpatient			282	1158.02	Aetna	Commercial		1603.1				86.97	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMALGAM,ONE; PRIM/PERM	D2140	HCPCS	outpatient			282	1158.02	Aetna	Medicare		1006.97				86.97	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMALGAM - 1 SURFACE PERMANENT	D2140	HCPCS	outpatient			282	1158.02	Americare	Americare		211.5	75			86.97	1873.97	percent of total billed charges	
AMALGAM,ONE; PRIM/PERM	D2140	HCPCS	outpatient			282	1158.02	Amerihealth	HMO/PPO		300				86.97	1873.97	fee schedule	
AMALGAM,ONE; PRIM/PERM	D2140	HCPCS	outpatient			282	1158.02	Amerihealth	Medicare		1006.97				86.97	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMALGAM - 1 SURFACE PERMANENT	D2140	HCPCS	outpatient			282	1158.02	Consumer	Consumer		267.9	95			86.97	1873.97	percent of total billed charges	
AMALGAM - 1 SURFACE PERMANENT	D2140	HCPCS	outpatient			282	1158.02	Corrections	Corrections		225.6	80			86.97	1873.97	percent of total billed charges	
AMALGAM - 1 SURFACE PERMANENT	D2140	HCPCS	outpatient			282	1158.02	First Health	First Health		197.4	70			86.97	1873.97	percent of total billed charges	
AMALGAM - 1 SURFACE PERMANENT	D2140	HCPCS	outpatient			282	1158.02	First Trenton	First Trenton		253.8	90			86.97	1873.97	percent of total billed charges	
AMALGAM,ONE; PRIM/PERM	D2140	HCPCS	outpatient			282	1158.02	Horizon	PPO		1873.97				86.97	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMALGAM,ONE; PRIM/PERM	D2140	HCPCS	outpatient			282	1158.02	Horizon	MGD		1873.97				86.97	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.															
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true														
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
AMALGAM,ONE; PRIM/PERM	D2140	HCPCS	outpatient			282		1158.02 Horizon	Medicare Blue		1006.97				86.97	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMALGAM,ONE; PRIM/PERM	D2140	HCPCS	outpatient			282		1158.02 Horizon	Indemnity		1873.97				86.97	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMALGAM - 1 SURFACE PERMANENT	D2140	HCPCS	outpatient			282		1158.02 Managed Care Inc	Managed Care Inc		253.8	90			86.97	1873.97	percent of total billed charges	
AMALGAM - 1 SURFACE PERMANENT	D2140	HCPCS	outpatient			282		1158.02 Multiplan	Multiplan		225.6	80			86.97	1873.97	percent of total billed charges	
AMALGAM - 1 SURFACE PERMANENT	D2140	HCPCS	outpatient			282		1158.02 Qualcare	Qualcare		211.5	75			86.97	1873.97	percent of total billed charges	
AMALGAM - 1 SURFACE PERMANENT	D2140	HCPCS	outpatient			282		1158.02 Three Rivers	Three Rivers		267.9	95			86.97	1873.97	percent of total billed charges	
AMALGAM - 1 SURFACE PERMANENT	D2140	HCPCS	outpatient			282		1158.02 UHC	Medicaid		88.97	31.55			86.97	1873.97	percent of total billed charges	
AMALGAM,ONE; PRIM/PERM	D2140	HCPCS	outpatient			282		1158.02 UHC	Medicare		1006.97				86.97	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMALGAM,ONE; PRIM/PERM	D2140	HCPCS	outpatient			282		1158.02 Wellcare	Medicare		1006.97				86.97	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMALGAM - 1 SURFACE PERMANENT	D2140	HCPCS	outpatient			282		1158.02 Wellcare	Medicaid		88.97	31.55			86.97	1873.97	percent of total billed charges	
AMALGAM - 1 SURFACE PERMANENT	D2140	HCPCS	outpatient			282		1158.02 WellPoint	WellPoint		90.75	32.18			86.97	1873.97	percent of total billed charges	
AMALGAM-2 SURFACES,PERMANENT	D2150	HCPCS	outpatient			364		1158.02 Aetna	Commercial		1603.1				114.84	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMALGAM-2 SURFACES,PERMANENT	D2150	HCPCS	outpatient			364		1158.02 Aetna	Better Health		114.84	31.55			114.84	1873.97	percent of total billed charges	
AMALGAM-2 SURFACES,PERMANENT	D2150	HCPCS	outpatient			364		1158.02 Aetna	Medicare		1006.97				114.84	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMALGAM-2 SURFACES,PERMANENT	D2150	HCPCS	outpatient			364		1158.02 Americare	Americare		273	75			114.84	1873.97	percent of total billed charges	
AMALGAM-2 SURFACES,PERMANENT	D2150	HCPCS	outpatient			364		1158.02 Amerihealth	HMO/PPO		300				114.84	1873.97	fee schedule	
AMALGAM-2 SURFACES,PERMANENT	D2150	HCPCS	outpatient			364		1158.02 Amerihealth	Medicare		1006.97				114.84	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMALGAM-2 SURFACES,PERMANENT	D2150	HCPCS	outpatient			364		1158.02 Consumer	Consumer		345.8	95			114.84	1873.97	percent of total billed charges	
AMALGAM-2 SURFACES,PERMANENT	D2150	HCPCS	outpatient			364		1158.02 Corrections	Corrections		291.2	80			114.84	1873.97	percent of total billed charges	
AMALGAM-2 SURFACES,PERMANENT	D2150	HCPCS	outpatient			364		1158.02 First Health	First Health		254.8	70			114.84	1873.97	percent of total billed charges	
AMALGAM-2 SURFACES,PERMANENT	D2150	HCPCS	outpatient			364		1158.02 First Trenton	First Trenton		327.6	90			114.84	1873.97	percent of total billed charges	
AMALGAM-2 SURFACES,PERMANENT	D2150	HCPCS	outpatient			364		1158.02 Horizon	MGD		1873.97				114.84	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMALGAM-2 SURFACES,PERMANENT	D2150	HCPCS	outpatient			364		1158.02 Horizon	Indemnity		1873.97				114.84	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMALGAM-2 SURFACES,PERMANENT	D2150	HCPCS	outpatient			364		1158.02 Horizon	PPO		1873.97				114.84	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMALGAM-2 SURFACES,PERMANENT	D2150	HCPCS	outpatient			364		1158.02 Horizon	Medicare Blue		1006.97				114.84	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMALGAM-2 SURFACES,PERMANENT	D2150	HCPCS	outpatient			364		1158.02 Managed Care Inc	Managed Care Inc		327.6	90			114.84	1873.97	percent of total billed charges	
AMALGAM-2 SURFACES,PERMANENT	D2150	HCPCS	outpatient			364		1158.02 Multiplan	Multiplan		291.2	80			114.84	1873.97	percent of total billed charges	
AMALGAM-2 SURFACES,PERMANENT	D2150	HCPCS	outpatient			364		1158.02 Qualcare	Qualcare		273	75			114.84	1873.97	percent of total billed charges	
AMALGAM-2 SURFACES,PERMANENT	D2150	HCPCS	outpatient			364		1158.02 Three Rivers	Three Rivers		345.8	95			114.84	1873.97	percent of total billed charges	
AMALGAM-2 SURFACES,PERMANENT	D2150	HCPCS	outpatient			364		1158.02 UHC	Medicare		1006.97				114.84	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMALGAM-2 SURFACES,PERMANENT	D2150	HCPCS	outpatient			364		1158.02 UHC	Medicaid		114.84	31.55			114.84	1873.97	percent of total billed charges	
AMALGAM-2 SURFACES,PERMANENT	D2150	HCPCS	outpatient			364		1158.02 Wellcare	Medicare		1006.97				114.84	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMALGAM-2 SURFACES,PERMANENT	D2150	HCPCS	outpatient			364		1158.02 Wellcare	Medicaid		114.84	31.55			114.84	1873.97	percent of total billed charges	
AMALGAM-2 SURFACES,PERMANENT	D2150	HCPCS	outpatient			364		1158.02 WellPoint	WellPoint		117.14	32.18			114.84	1873.97	percent of total billed charges	
AMALGAM-3 SURFACES,PERMANENT	D2160	HCPCS	outpatient			442		1158.02 Aetna	Commercial		1603.1				139.45	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMALGAM-3 SURFACES,PERMANENT	D2160	HCPCS	outpatient			442		1158.02 Aetna	Better Health		139.45	31.55			139.45	1873.97	percent of total billed charges	
AMALGAM-3 SURFACES,PERMANENT	D2160	HCPCS	outpatient			442		1158.02 Aetna	Medicare		1006.97				139.45	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMALGAM-3 SURFACES,PERMANENT	D2160	HCPCS	outpatient			442		1158.02 Americare	Americare		331.5	75			139.45	1873.97	percent of total billed charges	
AMALGAM-3 SURFACES,PERMANENT	D2160	HCPCS	outpatient			442		1158.02 Amerihealth	HMO/PPO		300				139.45	1873.97	fee schedule	
AMALGAM-3 SURFACES,PERMANENT	D2160	HCPCS	outpatient			442		1158.02 Amerihealth	Medicare		1006.97				139.45	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMALGAM-3 SURFACES,PERMANENT	D2160	HCPCS	outpatient			442		1158.02 Consumer	Consumer		419.9	95			139.45	1873.97	percent of total billed charges	
AMALGAM-3 SURFACES,PERMANENT	D2160	HCPCS	outpatient			442		1158.02 Corrections	Corrections		353.6	80			139.45	1873.97	percent of total billed charges	
AMALGAM-3 SURFACES,PERMANENT	D2160	HCPCS	outpatient			442		1158.02 First Health	First Health		309.4	70			139.45	1873.97	percent of total billed charges	
AMALGAM-3 SURFACES,PERMANENT	D2160	HCPCS	outpatient			442		1158.02 First Trenton	First Trenton		397.8	90			139.45	1873.97	percent of total billed charges	
AMALGAM-3 SURFACES,PERMANENT	D2160	HCPCS	outpatient			442		1158.02 Horizon	MGD		1873.97				139.45	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMALGAM-3 SURFACES,PERMANENT	D2160	HCPCS	outpatient			442		1158.02 Horizon	Indemnity		1873.97				139.45	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMALGAM-3 SURFACES,PERMANENT	D2160	HCPCS	outpatient			442		1158.02 Horizon	PPO		1873.97				139.45	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMALGAM-3 SURFACES,PERMANENT	D2160	HCPCS	outpatient			442		1158.02 Horizon	Medicare Blue		1006.97				139.45	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMALGAM-3 SURFACES,PERMANENT	D2160	HCPCS	outpatient			442		1158.02 Managed Care Inc	Managed Care Inc		397.8	90			139.45	1873.97	percent of total billed charges	
AMALGAM-3 SURFACES,PERMANENT	D2160	HCPCS	outpatient			442		1158.02 Multiplan	Multiplan		353.6	80			139.45	1873.97	percent of total billed charges	
AMALGAM-3 SURFACES,PERMANENT	D2160	HCPCS	outpatient			442		1158.02 Qualcare	Qualcare		331.5	75			139.45	1873.97	percent of total billed charges	
AMALGAM-3 SURFACES,PERMANENT	D2160	HCPCS	outpatient			442		1158.02 Three Rivers	Three Rivers		419.9	95			139.45	1873.97	percent of total billed charges	
AMALGAM-3 SURFACES,PERMANENT	D2160	HCPCS	outpatient			442		1158.02 UHC	Medicare		1006.97				139.45	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMALGAM-3 SURFACES,PERMANENT	D2160	HCPCS	outpatient			442		1158.02 UHC	Medicaid		139.45	31.55			139.45	1873.97	percent of total billed charges	
AMALGAM-3 SURFACES,PERMANENT	D2160	HCPCS	outpatient			442		1158.02 Wellcare	Medicare		1006.97				139.45	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMALGAM-3 SURFACES,PERMANENT	D2160	HCPCS	outpatient			442		1158.02 Wellcare	Medicaid		139.45	31.55			139.45	1873.97	percent of total billed charges	
AMALGAM-3 SURFACES,PERMANENT	D2160	HCPCS	outpatient			442		1158.02 WellPoint	WellPoint		142.24	32.18			139.45	1873.97	percent of total billed charges	
AMALGAM-4 OR >SURFACES,PERMAN.	D2161	HCPCS	outpatient			495		1158.02 Aetna	Commercial		1603.1				156.17	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMALGAM-4 OR >SURFACES,PERMAN.	D2161	HCPCS	outpatient			495		1158.02 Aetna	Better Health		156.17	31.55			156.17	1873.97	percent of total billed charges	
AMALGAM-4 OR >SURFACES,PERMAN.	D2161	HCPCS	outpatient			495		1158.02 Aetna	Medicare		1006.97				156.17	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMALGAM-4 OR >SURFACES,PERMAN.	D2161	HCPCS	outpatient			495		1158.02 Americare	Americare		371.25	75			156.17	1873.97	percent of total billed charges	
AMALGAM-4 OR >SURFACES,PERMAN.	D2161	HCPCS	outpatient			495		1158.02 Amerihealth	Medicare		1006.97				156.17	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMALGAM-4 OR >SURFACES,PERMAN.	D2161	HCPCS	outpatient			495		1158.02 Amerihealth	HMO/PPO		300				156.17	1873.97	fee schedule	
AMALGAM-4 OR >SURFACES,PERMAN.	D2161	HCPCS	outpatient			495		1158.02 Consumer	Consumer		470.25	95			156.17	1873.97	percent of total billed charges	
AMALGAM-4 OR >SURFACES,PERMAN.	D2161	HCPCS	outpatient			495		1158.02 Corrections	Corrections		396	80			156.17	1873.97	percent of total billed charges	
AMALGAM-4 OR >SURFACES,PERMAN.	D2161	HCPCS	outpatient			495		1158.02 First Health	First Health		346.5	70			156.17	1873.97	percent of total billed charges	
AMALGAM-4 OR >SURFACES,PERMAN.	D2161	HCPCS	outpatient			495		1158.02 First Trenton	First Trenton		445.5	90			156.17	1873.97	percent of total billed charges	
AMALGAM-4 OR >SURFACES,PERMAN.	D2161	HCPCS	outpatient			495		1158.02 Horizon	Indemnity		1873.97				156.17	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMALGAM-4 OR >SURFACES,PERMAN.	D2161	HCPCS	outpatient			495		1158.02 Horizon	Medicare Blue		1006.97				156.17	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMALGAM-4 OR >SURFACES,PERMAN.	D2161	HCPCS	outpatient			495		1158.02 Horizon	PPO		1873.97				156.17	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMALGAM-4 OR >SURFACES,PERMAN.	D2161	HCPCS	outpatient			495		1158.02 Horizon	MGD		1873.97				156.17	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMALGAM-4 OR >SURFACES,PERMAN.	D2161	HCPCS	outpatient			495		1158.02 Managed Care Inc	Managed Care Inc		445.5	90			156.17	1873.97	percent of total billed charges	
AMALGAM-4 OR >SURFACES,PERMAN.	D2161	HCPCS	outpatient			495		1158.02 Multiplan	Multiplan		396	80			156.17	1873.97	percent of total billed charges	
AMALGAM-4 OR >SURFACES,PERMAN.	D2161	HCPCS	outpatient			495		1158.02 Qualcare	Qualcare		371.25	75			156.17	1873.97	percent of total billed charges	
AMALGAM-4 OR >SURFACES,PERMAN.	D2161	HCPCS	outpatient			495		1158.02 Three Rivers	Three Rivers		470.25	95			156.17	1873.97	percent of total billed charges	
AMALGAM-4 OR >SURFACES,PERMAN.	D2161	HCPCS	outpatient			495		1158.02 UHC	Medicare		1006.97				156.17	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMALGAM-4 OR >SURFACES,PERMAN.	D2161	HCPCS	outpatient			495		1158.02 UHC	Medicaid		156.17	31.55			156.17	1873.97	percent of total billed charges	
AMALGAM-4 OR >SURFACES,PERMAN.	D2161	HCPCS	outpatient			495		1158.02 Wellcare	Medicare		1006.97				156.17	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMALGAM-4 OR >SURFACES,PERMAN.	D2161	HCPCS	outpatient			495		1158.02 Wellcare	Medicaid		156.17	31.55			156.17	1873.97	percent of total billed charges	
AMALGAM-4 OR >SURFACES,PERMAN.	D2161	HCPCS	outpatient			495		1158.02 WellPoint	WellPoint		159.29	32.18			156.17	1873.97	percent of total billed charges	
RESIN ONE SURFACE-ANTERIOR	D2330	HCPCS	outpatient			323		1158.02 Aetna	Medicare		1006.97				79.19	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESIN ONE SURFACE-ANTERIOR	D2330	HCPCS	outpatient			323		1158.02 Aetna	Commercial		1603.1				79.19	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESIN ONE SURFACE-ANTERIOR	D2330	HCPCS	outpatient			323		1158.02 Aetna	Better Health		101.91	31.55			79.19	1873.97	percent of total billed charges	
RESIN ONE SURFACE-ANTERIOR	D2330	HCPCS	outpatient			323		1158.02 Americare	Americare		242.25	75			79.19	1873.97	percent of total billed charges	
RESIN ONE SURFACE-ANTERIOR	D2330	HCPCS	outpatient			323		1158.02 Amerihealth	HMO/PPO		300				79.19	1873.97	fee schedule	
RESIN ONE SURFACE-ANTERIOR	D2330	HCPCS	outpatient			323		1158.02 Amerihealth	Medicare		1006.97				79.19	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESIN ONE SURFACE-ANTERIOR	D2330	HCPCS	outpatient			323		1158.02 Consumer	Consumer		306.85	95			79.19	1873.97	percent of total billed charges	
RESIN ONE SURFACE-ANTERIOR	D2330	HCPCS	outpatient			323		1158.02 Corrections	Corrections		258.4	80			79.19	1873.97	percent of total billed charges	
RESIN ONE SURFACE-ANTERIOR	D2330	HCPCS	outpatient			323		1158.02 First Health	First Health		226.1	70			79.19	1873.97	percent of total billed charges	
RESIN ONE SURFACE-ANTERIOR	D2330	HCPCS	outpatient			323		1158.02 First Trenton	First Trenton		290.7	90			79.19	1873.97	percent of total billed charges	
RESIN ONE SURFACE-ANTERIOR	D2330	HCPCS	outpatient			323		1158.02 Horizon	Indemnity		1873.97				79.19	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESIN ONE SURFACE-ANTERIOR	D2330	HCPCS	outpatient			323		1158.02 Horizon	MGD		1873.97				79.19	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESIN ONE SURFACE-ANTERIOR	D2330	HCPCS	outpatient			323		1158.02 Horizon	Medicare Blue		1006.97				79.19	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESIN ONE SURFACE-ANTERIOR	D2330	HCPCS	outpatient			323		1158.02 Horizon	PPO		1873.97				79.19	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESIN ONE SURFACE-ANTERIOR	D2330	HCPCS	outpatient			323		1158.02 Managed Care Inc	Managed Care Inc		290.7	90			79.19	1873.97	percent of total billed charges	
RESIN ONE SURFACE-ANTERIOR	D2330	HCPCS	outpatient			323		1158.02 Multiplan	Multiplan		258.4	80			79.19	1873.97	percent of total billed charges	
RESIN ONE SURFACE-ANTERIOR	D2330	HCPCS	outpatient			323		1158.02 Qualcare	Qualcare		242.25	75			79.19	1873.97	percent of total billed charges	
RESIN ONE SURFACE-ANTERIOR	D2330	HCPCS	outpatient			323		1158.02 Three Rivers	Three Rivers		306.85	95			79.19	1873.97	percent of total billed charges	
RESIN ONE SURFACE-ANTERIOR	D2330	HCPCS	outpatient			323		1158.02 UHC	Medicaid		101.91	31.55			79.19	1873.97	percent of total billed charges	
RESIN ONE SURFACE-ANTERIOR	D2330	HCPCS	outpatient			323		1158.02 UHC	Medicare		1006.97				79.19	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESIN ONE SURFACE-ANTERIOR	D2330	HCPCS	outpatient			323		1158.02 Wellcare	Medicaid		101.91	31.55			79.19	1873.97	percent of total billed charges	
RESIN ONE SURFACE-ANTERIOR	D2330	HCPCS	outpatient			323		1158.02 Wellcare	Medicare		1006.97				79.19	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESIN ONE SURFACE-ANTERIOR	D2330	HCPCS	outpatient			323		1158.02 WellPoint	WellPoint		103.94	32.18			79.19	1873.97	percent of total billed charges	
RESIN TWO SURFACES-ANTERIOR	D2331	HCPCS	outpatient			458		1158.02 Aetna	Commercial		1603.1				128.72	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESIN TWO SURFACES-ANTERIOR	D2331	HCPCS	outpatient			458		1158.02 Aetna	Better Health		144.5	31.55			128.72	1873.97	percent of total billed charges	
RESIN TWO SURFACES-ANTERIOR	D2331	HCPCS	outpatient			458		1158.02 Aetna	Medicare		1006.97				128.72	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESIN TWO SURFACES-ANTERIOR	D2331	HCPCS	outpatient			458		1158.02 Americare	Americare		343.5	75			128.72	1873.97	percent of total billed charges	
RESIN TWO SURFACES-ANTERIOR	D2331	HCPCS	outpatient			458		1158.02 Amerihealth	HMO/PPO		300				128.72	1873.97	fee schedule	
RESIN TWO SURFACES-ANTERIOR	D2331	HCPCS	outpatient			458		1158.02 Amerihealth	Medicare		1006.97				128.72	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESIN TWO SURFACES-ANTERIOR	D2331	HCPCS	outpatient			458		1158.02 Consumer	Consumer		435.1	95			128.72	1873.97	percent of total billed charges	
RESIN TWO SURFACES-ANTERIOR	D2331	HCPCS	outpatient			458		1158.02 Corrections	Corrections		366.4	80			128.72	1873.97	percent of total billed charges	
RESIN TWO SURFACES-ANTERIOR	D2331	HCPCS	outpatient			458		1158.02 First Health	First Health		320.6	70			128.72	1873.97	percent of total billed charges	
RESIN TWO SURFACES-ANTERIOR	D2331	HCPCS	outpatient			458		1158.02 First Trenton	First Trenton		412.2	90			128.72	1873.97	percent of total billed charges	
RESIN TWO SURFACES-ANTERIOR	D2331	HCPCS	outpatient			458		1158.02 Horizon	Indemnity		1873.97				128.72	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESIN TWO SURFACES-ANTERIOR	D2331	HCPCS	outpatient			458		1158.02 Horizon	Medicare Blue		1006.97				128.72	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESIN TWO SURFACES-ANTERIOR	D2331	HCPCS	outpatient			458		1158.02 Horizon	MGD		1873.97				128.72	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESIN TWO SURFACES-ANTERIOR	D2331	HCPCS	outpatient			458		1158.02 Horizon	PPO		1873.97				128.72	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESIN TWO SURFACES-ANTERIOR	D2331	HCPCS	outpatient			458		1158.02 Managed Care Inc	Managed Care Inc		412.2	90			128.72	1873.97	percent of total billed charges	
RESIN TWO SURFACES-ANTERIOR	D2331	HCPCS	outpatient			458		1158.02 Multiplan	Multiplan		366.4	80			128.72	1873.97	percent of total billed charges	
RESIN TWO SURFACES-ANTERIOR	D2331	HCPCS	outpatient			458		1158.02 Qualcare	Qualcare		343.5	75			128.72	1873.97	percent of total billed charges	
RESIN TWO SURFACES-ANTERIOR	D2331	HCPCS	outpatient			458		1158.02 Three Rivers	Three Rivers		435.1	95			128.72	1873.97	percent of total billed charges	
RESIN TWO SURFACES-ANTERIOR	D2331	HCPCS	outpatient			458		1158.02 UHC	Medicaid		144.5	31.55			128.72	1873.97	percent of total billed charges	
RESIN TWO SURFACES-ANTERIOR	D2331	HCPCS	outpatient			458		1158.02 UHC	Medicare		1006.97				128.72	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESIN TWO SURFACES-ANTERIOR	D2331	HCPCS	outpatient			458		1158.02 Wellcare	Medicaid		144.5	31.55			128.72	1873.97	percent of total billed charges	
RESIN TWO SURFACES-ANTERIOR	D2331	HCPCS	outpatient			458		1158.02 Wellcare	Medicare		1006.97				128.72	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESIN TWO SURFACES-ANTERIOR	D2331	HCPCS	outpatient			458		1158.02 WellPoint	WellPoint		147.38	32.18			128.72	1873.97	percent of total billed charges	
RESIN THREE SURFACES-ANTERIOR	D2332	HCPCS	outpatient			501		1158.02 Aetna	Better Health		158.07	31.55			158.07	1873.97	percent of total billed charges	
RESIN THREE SURFACES-ANTERIOR	D2332	HCPCS	outpatient			501		1158.02 Aetna	Commercial		1603.1				158.07	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESIN THREE SURFACES-ANTERIOR	D2332	HCPCS	outpatient			501		1158.02 Aetna	Medicare		1006.97				158.07	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESIN THREE SURFACES-ANTERIOR	D2332	HCPCS	outpatient			501		1158.02 Americare	Americare		375.75	75			158.07	1873.97	percent of total billed charges	
RESIN THREE SURFACES-ANTERIOR	D2332	HCPCS	outpatient			501		1158.02 Amerihealth	HMO/PPO		300				158.07	1873.97	fee schedule	
RESIN THREE SURFACES-ANTERIOR	D2332	HCPCS	outpatient			501		1158.02 Amerihealth	Medicare		1006.97				158.07	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESIN THREE SURFACES-ANTERIOR	D2332	HCPCS	outpatient			501		1158.02 Consumer	Consumer		475.95	95			158.07	1873.97	percent of total billed charges	
RESIN THREE SURFACES-ANTERIOR	D2332	HCPCS	outpatient			501		1158.02 Corrections	Corrections		400.8	80			158.07	1873.97	percent of total billed charges	
RESIN THREE SURFACES-ANTERIOR	D2332	HCPCS	outpatient			501		1158.02 First Health	First Health		350.7	70			158.07	1873.97	percent of total billed charges	
RESIN THREE SURFACES-ANTERIOR	D2332	HCPCS	outpatient			501		1158.02 First Trenton	First Trenton		450.9	90			158.07	1873.97	percent of total billed charges	
RESIN THREE SURFACES-ANTERIOR	D2332	HCPCS	outpatient			501		1158.02 Horizon	Indemnity		1873.97				158.07	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESIN THREE SURFACES-ANTERIOR	D2332	HCPCS	outpatient			501		1158.02 Horizon	Medicare Blue		1006.97				158.07	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESIN THREE SURFACES-ANTERIOR	D2332	HCPCS	outpatient			501		1158.02 Horizon	PPO		1873.97				158.07	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESIN THREE SURFACES-ANTERIOR	D2332	HCPCS	outpatient			501		1158.02 Horizon	MGD		1873.97				158.07	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESIN THREE SURFACES-ANTERIOR	D2332	HCPCS	outpatient			501		1158.02 Managed Care Inc	Managed Care Inc		450.9	90			158.07	1873.97	percent of total billed charges	
RESIN THREE SURFACES-ANTERIOR	D2332	HCPCS	outpatient			501		1158.02 Multiplan	Multiplan		400.8	80			158.07	1873.97	percent of total billed charges	
RESIN THREE SURFACES-ANTERIOR	D2332	HCPCS	outpatient			501		1158.02 Qualcare	Qualcare		375.75	75			158.07	1873.97	percent of total billed charges	
RESIN THREE SURFACES-ANTERIOR	D2332	HCPCS	outpatient			501		1158.02 Three Rivers	Three Rivers		475.95	95			158.07	1873.97	percent of total billed charges	
RESIN THREE SURFACES-ANTERIOR	D2332	HCPCS	outpatient			501		1158.02 UHC	Medicaid		158.07	31.55			158.07	1873.97	percent of total billed charges	
RESIN THREE SURFACES-ANTERIOR	D2332	HCPCS	outpatient			501		1158.02 UHC	Medicare		1006.97				158.07	1873.97	other	Pay

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.																
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true															
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
RESIN THREE SURFACES-ANTERIOR	D2332	HCPCS	outpatient			501	1158.02	WellPoint	WellPoint		161.22	32.18			158.07	1873.97	percent of total billed charges	
RESIN 4/> SURF OR W INCIS ANT	D2335	HCPCS	outpatient			617	1158.02	Aetna	Better Health		194.66	31.55			194.66	1873.97	percent of total billed charges	
RESIN 4/> SURF OR W INCIS ANT	D2335	HCPCS	outpatient			617	1158.02	Aetna	Commercial		1603.1				194.66	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESIN 4/> SURF OR W INCIS ANT	D2335	HCPCS	outpatient			617	1158.02	Aetna	Medicare		1006.97				194.66	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESIN 4/> SURF OR W INCIS ANT	D2335	HCPCS	outpatient			617	1158.02	Americare	Americare		462.75	75			194.66	1873.97	percent of total billed charges	
RESIN 4/> SURF OR W INCIS ANT	D2335	HCPCS	outpatient			617	1158.02	Amerihealth	HMO/PPO		300				194.66	1873.97	fee schedule	
RESIN 4/> SURF OR W INCIS ANT	D2335	HCPCS	outpatient			617	1158.02	Amerihealth	Medicare		1006.97				194.66	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESIN 4/> SURF OR W INCIS ANT	D2335	HCPCS	outpatient			617	1158.02	Consumer	Consumer		586.15	95			194.66	1873.97	percent of total billed charges	
RESIN 4/> SURF OR W INCIS ANT	D2335	HCPCS	outpatient			617	1158.02	Corrections	Corrections		493.6	80			194.66	1873.97	percent of total billed charges	
RESIN 4/> SURF OR W INCIS ANT	D2335	HCPCS	outpatient			617	1158.02	First Health	First Health		431.9	70			194.66	1873.97	percent of total billed charges	
RESIN 4/> SURF OR W INCIS ANT	D2335	HCPCS	outpatient			617	1158.02	First Trenton	First Trenton		555.3	90			194.66	1873.97	percent of total billed charges	
RESIN 4/> SURF OR W INCIS ANT	D2335	HCPCS	outpatient			617	1158.02	Horizon	Indemnity		1873.97				194.66	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESIN 4/> SURF OR W INCIS ANT	D2335	HCPCS	outpatient			617	1158.02	Horizon	MGD		1873.97				194.66	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESIN 4/> SURF OR W INCIS ANT	D2335	HCPCS	outpatient			617	1158.02	Horizon	Medicare Blue		1006.97				194.66	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESIN 4/> SURF OR W INCIS ANT	D2335	HCPCS	outpatient			617	1158.02	Horizon	PPO		1873.97				194.66	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESIN 4/> SURF OR W INCIS ANT	D2335	HCPCS	outpatient			617	1158.02	Managed Care Inc	Managed Care Inc		555.3	90			194.66	1873.97	percent of total billed charges	
RESIN 4/> SURF OR W INCIS ANT	D2335	HCPCS	outpatient			617	1158.02	Multiplan	Multiplan		493.6	80			194.66	1873.97	percent of total billed charges	
RESIN 4/> SURF OR W INCIS ANT	D2335	HCPCS	outpatient			617	1158.02	Qualcare	Qualcare		462.75	75			194.66	1873.97	percent of total billed charges	
RESIN 4/> SURF OR W INCIS ANT	D2335	HCPCS	outpatient			617	1158.02	Three Rivers	Three Rivers		586.15	95			194.66	1873.97	percent of total billed charges	
RESIN 4/> SURF OR W INCIS ANT	D2335	HCPCS	outpatient			617	1158.02	UHC	Medicaid		194.66	31.55			194.66	1873.97	percent of total billed charges	
RESIN 4/> SURF OR W INCIS ANT	D2335	HCPCS	outpatient			617	1158.02	UHC	Medicare		1006.97				194.66	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESIN 4/> SURF OR W INCIS ANT	D2335	HCPCS	outpatient			617	1158.02	Wellcare	Medicaid		194.66	31.55			194.66	1873.97	percent of total billed charges	
RESIN 4/> SURF OR W INCIS ANT	D2335	HCPCS	outpatient			617	1158.02	Wellcare	Medicare		1006.97				194.66	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESIN 4/> SURF OR W INCIS ANT	D2335	HCPCS	outpatient			617	1158.02	WellPoint	WellPoint		198.55	32.18			194.66	1873.97	percent of total billed charges	
RESIN COMPOSITE,1 SURFACE, POSTERIOR	D2391	HCPCS	outpatient			362	1158.02	Aetna	Commercial		1603.1				114.21	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESIN COMPOSITE,1 SURFACE, POSTERIOR	D2391	HCPCS	outpatient			362	1158.02	Aetna	Better Health		114.21	31.55			114.21	1873.97	percent of total billed charges	
RESIN COMPOSITE,1 SURFACE, POSTERIOR	D2391	HCPCS	outpatient			362	1158.02	Aetna	Medicare		1006.97				114.21	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESIN COMPOSITE,1 SURFACE, POSTERIOR	D2391	HCPCS	outpatient			362	1158.02	Americare	Americare		271.5	75			114.21	1873.97	percent of total billed charges	
RESIN COMPOSITE,1 SURFACE, POSTERIOR	D2391	HCPCS	outpatient			362	1158.02	Amerihealth	HMO/PPO		300				114.21	1873.97	fee schedule	
RESIN COMPOSITE,1 SURFACE, POSTERIOR	D2391	HCPCS	outpatient			362	1158.02	Amerihealth	Medicare		1006.97				114.21	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESIN COMPOSITE,1 SURFACE, POSTERIOR	D2391	HCPCS	outpatient			362	1158.02	Consumer	Consumer		343.9	95			114.21	1873.97	percent of total billed charges	
RESIN COMPOSITE,1 SURFACE, POSTERIOR	D2391	HCPCS	outpatient			362	1158.02	Corrections	Corrections		289.6	80			114.21	1873.97	percent of total billed charges	
RESIN COMPOSITE,1 SURFACE, POSTERIOR	D2391	HCPCS	outpatient			362	1158.02	First Health	First Health		253.4	70			114.21	1873.97	percent of total billed charges	
RESIN COMPOSITE,1 SURFACE, POSTERIOR	D2391	HCPCS	outpatient			362	1158.02	First Trenton	First Trenton		325.8	90			114.21	1873.97	percent of total billed charges	
RESIN COMPOSITE,1 SURFACE, POSTERIOR	D2391	HCPCS	outpatient			362	1158.02	Horizon	Medicare Blue		1006.97				114.21	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESIN COMPOSITE,1 SURFACE, POSTERIOR	D2391	HCPCS	outpatient			362	1158.02	Horizon	MGD		1873.97				114.21	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESIN COMPOSITE,1 SURFACE, POSTERIOR	D2391	HCPCS	outpatient			362	1158.02	Horizon	Indemnity		1873.97				114.21	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESIN COMPOSITE,1 SURFACE, POSTERIOR	D2391	HCPCS	outpatient			362	1158.02	Horizon	PPO		1873.97				114.21	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESIN COMPOSITE,1 SURFACE, POSTERIOR	D2391	HCPCS	outpatient			362	1158.02	Managed Care Inc	Managed Care Inc		325.8	90			114.21	1873.97	percent of total billed charges	
RESIN COMPOSITE,1 SURFACE, POSTERIOR	D2391	HCPCS	outpatient			362	1158.02	Multiplan	Multiplan		289.6	80			114.21	1873.97	percent of total billed charges	
RESIN COMPOSITE,1 SURFACE, POSTERIOR	D2391	HCPCS	outpatient			362	1158.02	Qualcare	Qualcare		271.5	75			114.21	1873.97	percent of total billed charges	
RESIN COMPOSITE,1 SURFACE, POSTERIOR	D2391	HCPCS	outpatient			362	1158.02	Three Rivers	Three Rivers		343.9	95			114.21	1873.97	percent of total billed charges	
RESIN COMPOSITE,1 SURFACE, POSTERIOR	D2391	HCPCS	outpatient			362	1158.02	UHC	Medicaid		114.21	31.55			114.21	1873.97	percent of total billed charges	
RESIN COMPOSITE,1 SURFACE, POSTERIOR	D2391	HCPCS	outpatient			362	1158.02	UHC	Medicare		1006.97				114.21	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESIN COMPOSITE,1 SURFACE, POSTERIOR	D2391	HCPCS	outpatient			362	1158.02	Wellcare	Medicaid		114.21	31.55			114.21	1873.97	percent of total billed charges	
RESIN COMPOSITE,1 SURFACE, POSTERIOR	D2391	HCPCS	outpatient			362	1158.02	Wellcare	Medicare		1006.97				114.21	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESIN COMPOSITE,1 SURFACE, POSTERIOR	D2391	HCPCS	outpatient			362	1158.02	WellPoint	WellPoint		116.49	32.18			114.21	1873.97	percent of total billed charges	
RESIN COMPOSITE,2 SURFACE, POS	D2392	HCPCS	outpatient			466	1158.02	Aetna	Commercial		1603.1				147.02	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESIN COMPOSITE,2 SURFACE, POS	D2392	HCPCS	outpatient			466	1158.02	Aetna	Better Health		147.02	31.55			147.02	1873.97	percent of total billed charges	
RESIN COMPOSITE,2 SURFACE, POS	D2392	HCPCS	outpatient			466	1158.02	Aetna	Medicare		1006.97				147.02	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESIN COMPOSITE,2 SURFACE, POS	D2392	HCPCS	outpatient			466	1158.02	Americare	Americare		349.5	75			147.02	1873.97	percent of total billed charges	
RESIN COMPOSITE,2 SURFACE, POS	D2392	HCPCS	outpatient			466	1158.02	Amerihealth	Medicare		1006.97				147.02	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESIN COMPOSITE,2 SURFACE, POS	D2392	HCPCS	outpatient			466	1158.02	Amerihealth	HMO/PPO		300				147.02	1873.97	fee schedule	
RESIN COMPOSITE,2 SURFACE, POS	D2392	HCPCS	outpatient			466	1158.02	Consumer	Consumer		442.7	95			147.02	1873.97	percent of total billed charges	
RESIN COMPOSITE,2 SURFACE, POS	D2392	HCPCS	outpatient			466	1158.02	Corrections	Corrections		372.8	80			147.02	1873.97	percent of total billed charges	
RESIN COMPOSITE,2 SURFACE, POS	D2392	HCPCS	outpatient			466	1158.02	First Health	First Health		326.2	70			147.02	1873.97	percent of total billed charges	
RESIN COMPOSITE,2 SURFACE, POS	D2392	HCPCS	outpatient			466	1158.02	First Trenton	First Trenton		419.4	90			147.02	1873.97	percent of total billed charges	
RESIN COMPOSITE,2 SURFACE, POS	D2392	HCPCS	outpatient			466	1158.02	Horizon	MGD		1873.97				147.02	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESIN COMPOSITE,2 SURFACE, POS	D2392	HCPCS	outpatient			466	1158.02	Horizon	Indemnity		1873.97				147.02	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESIN COMPOSITE,2 SURFACE, POS	D2392	HCPCS	outpatient			466	1158.02	Horizon	Medicare Blue		1006.97				147.02	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESIN COMPOSITE,2 SURFACE, POS	D2392	HCPCS	outpatient			466	1158.02	Horizon	PPO		1873.97				147.02	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESIN COMPOSITE,2 SURFACE, POS	D2392	HCPCS	outpatient			466	1158.02	Managed Care Inc	Managed Care Inc		419.4	90			147.02	1873.97	percent of total billed charges	
RESIN COMPOSITE,2 SURFACE, POS	D2392	HCPCS	outpatient			466	1158.02	Multiplan	Multiplan		372.8	80			147.02	1873.97	percent of total billed charges	
RESIN COMPOSITE,2 SURFACE, POS	D2392	HCPCS	outpatient			466	1158.02	Qualcare	Qualcare		349.5	75			147.02	1873.97	percent of total billed charges	
RESIN COMPOSITE,2 SURFACE, POS	D2392	HCPCS	outpatient			466	1158.02	Three Rivers	Three Rivers		442.7	95			147.02	1873.97	percent of total billed charges	
RESIN COMPOSITE,2 SURFACE, POS	D2392	HCPCS	outpatient			466	1158.02	UHC	Medicaid		147.02	31.55			147.02	1873.97	percent of total billed charges	
RESIN COMPOSITE,2 SURFACE, POS	D2392	HCPCS	outpatient			466	1158.02	UHC	Medicare		1006.97				147.02	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESIN COMPOSITE,2 SURFACE, POS	D2392	HCPCS	outpatient			466	1158.02	Wellcare	Medicare		1006.97				147.02	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESIN COMPOSITE,2 SURFACE, POS	D2392	HCPCS	outpatient			466	1158.02	Wellcare	Medicaid		147.02	31.55			147.02	1873.97	percent of total billed charges	
RESIN COMPOSITE,2 SURFACE, POS	D2392	HCPCS	outpatient			466	1158.02	WellPoint	WellPoint		149.96	32.18			147.02	1873.97	percent of total billed charges	
RESIN COMPOSITE,3 SURFACE,POST	D2393	HCPCS	outpatient			588	1158.02	Aetna	Better Health		185.51	31.55			185.51	1873.97	percent of total billed charges	
RESIN COMPOSITE,3 SURFACE,POST	D2393	HCPCS	outpatient			588	1158.02	Aetna	Commercial		1603.1				185.51	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESIN COMPOSITE,3 SURFACE,POST	D2393	HCPCS	outpatient			588	1158.02	Aetna	Medicare		1006.97				185.51	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESIN COMPOSITE,3 SURFACE,POST	D2393	HCPCS	outpatient			588	1158.02	Americare	Americare		441	75			185.51	1873.97	percent of total billed charges	
RESIN COMPOSITE,3 SURFACE,POST	D2393	HCPCS	outpatient			588	1158.02	Amerihealth	HMO/PPO		300				185.51	1873.97	fee schedule	
RESIN COMPOSITE,3 SURFACE,POST	D2393	HCPCS	outpatient			588	1158.02	Amerihealth	Medicare		1006.97				185.51	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESIN COMPOSITE,3 SURFACE,POST	D2393	HCPCS	outpatient			588	1158.02	Consumer	Consumer		558.6	95			185.51	1873.97	percent of total billed charges	
RESIN COMPOSITE,3 SURFACE,POST	D2393	HCPCS	outpatient			588	1158.02	Corrections	Corrections		470.4	80			185.51	1873.97	percent of total billed charges	
RESIN COMPOSITE,3 SURFACE,POST	D2393	HCPCS	outpatient			588	1158.02	First Health	First Health		411.6	70			185.51	1873.97	percent of total billed charges	
RESIN COMPOSITE,3 SURFACE,POST	D2393	HCPCS	outpatient			588	1158.02	First Trenton	First Trenton		529.2	90			185.51	1873.97	percent of total billed charges	
RESIN COMPOSITE,3 SURFACE,POST	D2393	HCPCS	outpatient			588	1158.02	Horizon	MGD		1873.97				185.51	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESIN COMPOSITE,3 SURFACE,POST	D2393	HCPCS	outpatient			588	1158.02	Horizon	Indemnity		1873.97				185.51	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESIN COMPOSITE,3 SURFACE,POST	D2393	HCPCS	outpatient			588	1158.02	Horizon	Medicare Blue		1006.97				185.51	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESIN COMPOSITE,3 SURFACE,POST	D2393	HCPCS	outpatient			588	1158.02	Horizon	PPO		1873.97				185.51	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESIN COMPOSITE,3 SURFACE,POST	D2393	HCPCS	outpatient			588	1158.02	Managed Care Inc	Managed Care Inc		529.2	90			185.51	1873.97	percent of total billed charges	
RESIN COMPOSITE,3 SURFACE,POST	D2393	HCPCS	outpatient			588	1158.02	Multiplan	Multiplan		470.4	80			185.51	1873.97	percent of total billed charges	
RESIN COMPOSITE,3 SURFACE,POST	D2393	HCPCS	outpatient			588	1158.02	Qualcare	Qualcare		441	75			185.51	1873.97	percent of total billed charges	
RESIN COMPOSITE,3 SURFACE,POST	D2393	HCPCS	outpatient			588	1158.02	Three Rivers	Three Rivers		558.6	95			185.51	1873.97	percent of total billed charges	
RESIN COMPOSITE,3 SURFACE,POST	D2393	HCPCS	outpatient			588	1158.02	UHC	Medicaid		185.51	31.55			185.51	1873.97	percent of total billed charges	
RESIN COMPOSITE,3 SURFACE,POST	D2393	HCPCS	outpatient			588	1158.02	UHC	Medicare		1006.97				185.51	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESIN COMPOSITE,3 SURFACE,POST	D2393	HCPCS	outpatient			588	1158.02	Wellcare	Medicaid		185.51	31.55			185.51	1873.97	percent of total billed charges	
RESIN COMPOSITE,3 SURFACE,POST	D2393	HCPCS	outpatient			588	1158.02	Wellcare	Medicare		1006.97				185.51	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESIN COMPOSITE,3 SURFACE,POST	D2393	HCPCS	outpatient			588	1158.02	WellPoint	WellPoint		189.22	32.18			185.51	1873.97	percent of total billed charges	
RESIN COMPOSITE,>4 SURFACE, POSTERIOR	D2394	HCPCS	outpatient			691	1158.02	Aetna	Better Health		218.01	31.55			218.01	1873.97	percent of total billed charges	
RESIN COMPOSITE,>4 SURFACE, POSTERIOR	D2394	HCPCS	outpatient			691	1158.02	Aetna	Commercial		1603.1				218.01	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESIN COMPOSITE,>4 SURFACE, POSTERIOR	D2394	HCPCS	outpatient			691	1158.02	Aetna	Medicare		1006.97				218.01	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESIN COMPOSITE,>4 SURFACE, POSTERIOR	D2394	HCPCS	outpatient			691	1158.02	Americare	Americare		518.25	75			218.01	1873.97	percent of total billed charges	
RESIN COMPOSITE,>4 SURFACE, POSTERIOR	D2394	HCPCS	outpatient			691	1158.02	Amerihealth	Medicare		1006.97				218.01	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESIN COMPOSITE,>4 SURFACE, POSTERIOR	D2394	HCPCS	outpatient			691	1158.02	Amerihealth	HMO/PPO		300				218.01	1873.97	fee schedule	
RESIN COMPOSITE,>4 SURFACE, POSTERIOR	D2394	HCPCS	outpatient			691	1158.02	Consumer	Consumer		656.45	95			218.01	1873.97	percent of total billed charges	
RESIN COMPOSITE,>4 SURFACE, POSTERIOR	D2394	HCPCS	outpatient			691	1158.02	Corrections	Corrections		552.8	80			218.01	1873.97	percent of total billed charges	
RESIN COMPOSITE,>4 SURFACE, POSTERIOR	D2394	HCPCS	outpatient			691	1158.02	First Health	First Health		483.7	70			218.01	1873.97	percent of total billed charges	
RESIN COMPOSITE,>4 SURFACE, POSTERIOR	D2394	HCPCS	outpatient			691	1158.02	First Trenton	First Trenton		621.9	90			218.01	1873.97	percent of total billed charges	
RESIN COMPOSITE,>4 SURFACE, POSTERIOR	D2394	HCPCS	outpatient			691	1158.02	Horizon	MGD		1873.97				218.01	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESIN COMPOSITE,>4 SURFACE, POSTERIOR	D2394	HCPCS	outpatient			691	1158.02	Horizon	PPO		1873.97				218.01	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESIN COMPOSITE,>4 SURFACE, POSTERIOR	D2394	HCPCS	outpatient			691	1158.02	Horizon	Medicare Blue		1006.97				218.01	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESIN COMPOSITE,>4 SURFACE, POSTERIOR	D2394	HCPCS	outpatient			691	1158.02	Horizon	Indemnity		1873.97				218.01	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESIN COMPOSITE,>4 SURFACE, POSTERIOR	D2394	HCPCS	outpatient			691	1158.02	Managed Care Inc	Managed Care Inc		621.9	90			218.01	1873.97	percent of total billed charges	
RESIN COMPOSITE,>4 SURFACE, POSTERIOR	D2394	HCPCS	outpatient			691	1158.02	Multiplan	Multiplan		552.8	80			218.01	1873.97	percent of total billed charges	
RESIN COMPOSITE,>4 SURFACE, POSTERIOR	D2394	HCPCS	outpatient			691	1158.02	Qualcare	Qualcare		518.25	75			218.01	1873.97	percent of total billed charges	
RESIN COMPOSITE,>4 SURFACE, POSTERIOR	D2394	HCPCS	outpatient			691	1158.02	Three Rivers	Three Rivers		656.45	95			218.01	1873.97	percent of total billed charges	
RESIN COMPOSITE,>4 SURFACE, POSTERIOR	D2394	HCPCS	outpatient			691	1158.02	UHC	Medicare		1006.97				218.01	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESIN COMPOSITE,>4 SURFACE, POSTERIOR	D2394	HCPCS	outpatient			691	1158.02	UHC	Medicaid		218.01	31.55			218.01	1873.97	percent of total billed charges	
RESIN COMPOSITE,>4 SURFACE, POSTERIOR	D2394	HCPCS	outpatient			691	1158.02	Wellcare	Medicaid		218.01	31.55			218.01	1873.97	percent of total billed charges	
RESIN COMPOSITE,>4 SURFACE, POSTERIOR	D2394	HCPCS	outpatient			691	1158.02	Wellcare	Medicare		1006.97				218.01	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESIN COMPOSITE,>4 SURFACE, POSTERIOR	D2394	HCPCS	outpatient			691	1158.02	WellPoint	WellPoint		222.36	32.18			218.01	1873.97	percent of total billed charges	
INLAY COMPOSITE/RESIN ONE SU	D2650	HCPCS	outpatient			1793	1158.02	Aetna	Commercial		1603.1				565.69	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INLAY COMPOSITE/RESIN ONE SU	D2650	HCPCS	outpatient			1793	1158.02	Aetna	Better Health		565.69	31.55			565.69	1873.97	percent of total billed charges	
INLAY COMPOSITE/RESIN ONE SU	D2650	HCPCS	outpatient			1793	1158.02	Aetna	Medicare		1006.97				565.69	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INLAY COMPOSITE/RESIN ONE SU	D2650	HCPCS	outpatient			1793	1158.02	Americare	Americare		1344.75	75			565.69	1873.97	percent of total billed charges	
INLAY COMPOSITE/RESIN ONE SU	D2650	HCPCS	outpatient			1793	1158.02	Amerihealth	HMO/PPO		1165.45	65			565.69	1873.97	percent of total billed charges	
INLAY COMPOSITE/RESIN ONE SU	D2650	HCPCS	outpatient			1793	1158.02	Amerihealth	Medicare		1006.97				565.69	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INLAY COMPOSITE/RESIN ONE SU	D2650	HCPCS	outpatient			1793	1158.02	Consumer	Consumer		1703.35	95			565.69	1873.97	percent of total billed charges	
INLAY COMPOSITE/RESIN ONE SU	D2650	HCPCS	outpatient			1793	1158.02	Corrections	Corrections		1434.4	80			565.69	1873.97	percent of total billed charges	
INLAY COMPOSITE/RESIN ONE SU	D2650	HCPCS	outpatient			1793	1158.02	First Health	First Health		1255.1	70			565.69	1873.97	percent of total billed charges	
INLAY COMPOSITE/RESIN ONE SU	D2650	HCPCS	outpatient			1793	1158.02	First Trenton	First Trenton		1613.7	90			565.69	1873.97	percent of total billed charges	
INLAY COMPOSITE/RESIN ONE SU	D2650	HCPCS	outpatient			1793	1158.02	Horizon	MGD		1873.97				565.69	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INLAY COMPOSITE/RESIN ONE SU	D2650	HCPCS	outpatient			1793	1158.02	Horizon	Medicare Blue		1006.97				565.69	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INLAY COMPOSITE/RESIN ONE SU	D2650	HCPCS	outpatient			1793	1158.02	Horizon	Indemnity		1873.97				565.69	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INLAY COMPOSITE/RESIN ONE SU	D2650	HCPCS	outpatient			1793	1158.02	Horizon	PPO		1873.97				565.69	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INLAY COMPOSITE/RESIN ONE SU	D2650	HCPCS	outpatient			1793	1158.02	Managed Care Inc	Managed Care Inc		1613.7	90			565.69	1873.97	percent of total billed charges	
INLAY COMPOSITE/RESIN ONE SU	D2650	HCPCS	outpatient			1793	1158.02	Multiplan	Multiplan		1434.4	80			565.69	1873.97	percent of total billed charges	
INLAY COMPOSITE/RESIN ONE SU	D2650	HCPCS	outpatient			1793	1158.02	Qualcare	Qualcare		1344.75	75			565.69	1873.97	percent of total billed charges	
INLAY COMPOSITE/RESIN ONE SU	D2650	HCPCS	outpatient			1793	1158.02	Three Rivers	Three Rivers		1703.35	95			565.69	1873.97	percent of total billed charges	
INLAY COMPOSITE/RESIN ONE SU	D2650	HCPCS	outpatient			1793	1158.02	UHC	Medicaid		565.69	31.55			565.69	1873.97	percent of total billed charges	
INLAY COMPOSITE/RESIN ONE SU	D2650	HCPCS	outpatient			1793	1158.02	UHC	Medicare		1006.97				565.69	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INLAY COMPOSITE/RESIN ONE SU	D2650	HCPCS	outpatient			1793	1158.02	Wellcare	Medicaid		565.69	31.55			565.69	1873.97	percent of total billed charges	
INLAY COMPOSITE/RESIN ONE SU	D2650	HCPCS	outpatient			1793	1158.02	Wellcare	Medicare		1006.97				565.69	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INLAY COMPOSITE/RESIN ONE SU	D2650	HCPCS	outpatient			1793	1158.02	WellPoint	WellPoint		576.99	32.18			565.69	1873.97	percent of total billed charges	
ONLAY-RESIN-BASED COMPOSITE-TWO SURFACE	D2662	HCPCS	outpatient			1481	1158.02	Aetna	Medicare		1006.97				467.26	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ONLAY-RESIN-BASED COMPOSITE-TWO SURFACE	D2662	HCPCS	outpatient			1481	1158.02	Aetna	Better Health		467.26	31.55			467.26	1873.97	percent of total billed charges	
ONLAY-RESIN-BASED COMPOSITE-TWO SURFACE	D2662	HCPCS	outpatient			1481	1158.02	Aetna	Commercial		1603.1				467.26	1873.97	other	Pay

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ONLAY-RESIN-BASED COMPOSITE-TWO SURFACE	D2662	HCPCS	outpatient			1481	1158.02	First Trenton	First Trenton		1332.9	90			467.26	1873.97	percent of total billed charges	
ONLAY-RESIN-BASED COMPOSITE-TWO SURFACE	D2662	HCPCS	outpatient			1481	1158.02	Horizon	PPO		1873.97				467.26	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ONLAY-RESIN-BASED COMPOSITE-TWO SURFACE	D2662	HCPCS	outpatient			1481	1158.02	Horizon	MGD		1873.97				467.26	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ONLAY-RESIN-BASED COMPOSITE-TWO SURFACE	D2662	HCPCS	outpatient			1481	1158.02	Horizon	Indemnity		1873.97				467.26	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ONLAY-RESIN-BASED COMPOSITE-TWO SURFACE	D2662	HCPCS	outpatient			1481	1158.02	Horizon	Medicare Blue		1006.97				467.26	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ONLAY-RESIN-BASED COMPOSITE-TWO SURFACE	D2662	HCPCS	outpatient			1481	1158.02	Managed Care Inc	Managed Care Inc		1332.9	90			467.26	1873.97	percent of total billed charges	
ONLAY-RESIN-BASED COMPOSITE-TWO SURFACE	D2662	HCPCS	outpatient			1481	1158.02	Multiplan	Multiplan		1184.8	80			467.26	1873.97	percent of total billed charges	
ONLAY-RESIN-BASED COMPOSITE-TWO SURFACE	D2662	HCPCS	outpatient			1481	1158.02	Qualcare	Qualcare		1110.75	75			467.26	1873.97	percent of total billed charges	
ONLAY-RESIN-BASED COMPOSITE-TWO SURFACE	D2662	HCPCS	outpatient			1481	1158.02	Three Rivers	Three Rivers		1406.95	95			467.26	1873.97	percent of total billed charges	
ONLAY-RESIN-BASED COMPOSITE-TWO SURFACE	D2662	HCPCS	outpatient			1481	1158.02	UHC	Medicare		1006.97				467.26	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ONLAY-RESIN-BASED COMPOSITE-TWO SURFACE	D2662	HCPCS	outpatient			1481	1158.02	UHC	Medicaid		467.26	31.55			467.26	1873.97	percent of total billed charges	
ONLAY-RESIN-BASED COMPOSITE-TWO SURFACE	D2662	HCPCS	outpatient			1481	1158.02	Wellcare	Medicare		1006.97				467.26	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ONLAY-RESIN-BASED COMPOSITE-TWO SURFACE	D2662	HCPCS	outpatient			1481	1158.02	Wellcare	Medicaid		467.26	31.55			467.26	1873.97	percent of total billed charges	
ONLAY-RESIN-BASED COMPOSITE-TWO SURFACE	D2662	HCPCS	outpatient			1481	1158.02	WellPoint	WellPoint		476.59	32.18			467.26	1873.97	percent of total billed charges	
DENT ONLAY RES 4/MRE SUR	D2664	HCPCS	outpatient			1602	1158.02	Aetna	Medicare		1006.97				505.43	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DENT ONLAY RES 4/MRE SUR	D2664	HCPCS	outpatient			1602	1158.02	Aetna	Better Health		505.43	31.55			505.43	1873.97	percent of total billed charges	
DENT ONLAY RES 4/MRE SUR	D2664	HCPCS	outpatient			1602	1158.02	Aetna	Commercial		1603.1				505.43	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DENT ONLAY RES 4/MRE SUR	D2664	HCPCS	outpatient			1602	1158.02	Americare	Americare		1201.5	75			505.43	1873.97	percent of total billed charges	
DENT ONLAY RES 4/MRE SUR	D2664	HCPCS	outpatient			1602	1158.02	Amerihealth	Medicare		1006.97				505.43	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DENT ONLAY RES 4/MRE SUR	D2664	HCPCS	outpatient			1602	1158.02	Amerihealth	HMO/PPO		1041.3	65			505.43	1873.97	percent of total billed charges	
DENT ONLAY RES 4/MRE SUR	D2664	HCPCS	outpatient			1602	1158.02	Consumer	Consumer		1521.9	95			505.43	1873.97	percent of total billed charges	
DENT ONLAY RES 4/MRE SUR	D2664	HCPCS	outpatient			1602	1158.02	Corrections	Corrections		1281.6	80			505.43	1873.97	percent of total billed charges	
DENT ONLAY RES 4/MRE SUR	D2664	HCPCS	outpatient			1602	1158.02	First Health	First Health		1121.4	70			505.43	1873.97	percent of total billed charges	
DENT ONLAY RES 4/MRE SUR	D2664	HCPCS	outpatient			1602	1158.02	First Trenton	First Trenton		1441.8	90			505.43	1873.97	percent of total billed charges	
DENT ONLAY RES 4/MRE SUR	D2664	HCPCS	outpatient			1602	1158.02	Horizon	Indemnity		1873.97				505.43	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DENT ONLAY RES 4/MRE SUR	D2664	HCPCS	outpatient			1602	1158.02	Horizon	MGD		1873.97				505.43	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DENT ONLAY RES 4/MRE SUR	D2664	HCPCS	outpatient			1602	1158.02	Horizon	Medicare Blue		1006.97				505.43	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DENT ONLAY RES 4/MRE SUR	D2664	HCPCS	outpatient			1602	1158.02	Horizon	PPO		1873.97				505.43	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DENT ONLAY RES 4/MRE SUR	D2664	HCPCS	outpatient			1602	1158.02	Managed Care Inc	Managed Care Inc		1441.8	90			505.43	1873.97	percent of total billed charges	
DENT ONLAY RES 4/MRE SUR	D2664	HCPCS	outpatient			1602	1158.02	Multiplan	Multiplan		1281.6	80			505.43	1873.97	percent of total billed charges	
DENT ONLAY RES 4/MRE SUR	D2664	HCPCS	outpatient			1602	1158.02	Qualcare	Qualcare		1201.5	75			505.43	1873.97	percent of total billed charges	
DENT ONLAY RES 4/MRE SUR	D2664	HCPCS	outpatient			1602	1158.02	Three Rivers	Three Rivers		1521.9	95			505.43	1873.97	percent of total billed charges	
DENT ONLAY RES 4/MRE SUR	D2664	HCPCS	outpatient			1602	1158.02	UHC	Medicaid		505.43	31.55			505.43	1873.97	percent of total billed charges	
DENT ONLAY RES 4/MRE SUR	D2664	HCPCS	outpatient			1602	1158.02	UHC	Medicare		1006.97				505.43	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DENT ONLAY RES 4/MRE SUR	D2664	HCPCS	outpatient			1602	1158.02	Wellcare	Medicaid		505.43	31.55			505.43	1873.97	percent of total billed charges	
DENT ONLAY RES 4/MRE SUR	D2664	HCPCS	outpatient			1602	1158.02	Wellcare	Medicare		1006.97				505.43	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DENT ONLAY RES 4/MRE SUR	D2664	HCPCS	outpatient			1602	1158.02	WellPoint	WellPoint		515.52	32.18			505.43	1873.97	percent of total billed charges	
RECEMENTATION	D2920	HCPCS	outpatient			229	1158.02	Aetna	Medicare		1006.97				72.25	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RECEMENTATION	D2920	HCPCS	outpatient			229	1158.02	Aetna	Commercial		1603.1				72.25	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RECEMENTATION	D2920	HCPCS	outpatient			229	1158.02	Aetna	Better Health		72.25	31.55			72.25	1873.97	percent of total billed charges	
RECEMENTATION	D2920	HCPCS	outpatient			229	1158.02	Americare	Americare		171.75	75			72.25	1873.97	percent of total billed charges	
RECEMENTATION	D2920	HCPCS	outpatient			229	1158.02	Amerihealth	Medicare		1006.97				72.25	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RECEMENTATION	D2920	HCPCS	outpatient			229	1158.02	Amerihealth	HMO/PPO		148.85	65			72.25	1873.97	percent of total billed charges	
RECEMENTATION	D2920	HCPCS	outpatient			229	1158.02	Consumer	Consumer		217.55	95			72.25	1873.97	percent of total billed charges	
RECEMENTATION	D2920	HCPCS	outpatient			229	1158.02	Corrections	Corrections		183.2	80			72.25	1873.97	percent of total billed charges	
RECEMENTATION	D2920	HCPCS	outpatient			229	1158.02	First Health	First Health		160.3	70			72.25	1873.97	percent of total billed charges	
RECEMENTATION	D2920	HCPCS	outpatient			229	1158.02	First Trenton	First Trenton		206.1	90			72.25	1873.97	percent of total billed charges	
RECEMENTATION	D2920	HCPCS	outpatient			229	1158.02	Horizon	PPO		1873.97				72.25	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RECEMENTATION	D2920	HCPCS	outpatient			229	1158.02	Horizon	Indemnity		1873.97				72.25	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RECEMENTATION	D2920	HCPCS	outpatient			229	1158.02	Horizon	MGD		1873.97				72.25	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RECEMENTATION	D2920	HCPCS	outpatient			229	1158.02	Horizon	Medicare Blue		1006.97				72.25	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RECEMENTATION	D2920	HCPCS	outpatient			229	1158.02	Managed Care Inc	Managed Care Inc		206.1	90			72.25	1873.97	percent of total billed charges	
RECEMENTATION	D2920	HCPCS	outpatient			229	1158.02	Multiplan	Multiplan		183.2	80			72.25	1873.97	percent of total billed charges	
RECEMENTATION	D2920	HCPCS	outpatient			229	1158.02	Qualcare	Qualcare		171.75	75			72.25	1873.97	percent of total billed charges	
RECEMENTATION	D2920	HCPCS	outpatient			229	1158.02	Three Rivers	Three Rivers		217.55	95			72.25	1873.97	percent of total billed charges	
RECEMENTATION	D2920	HCPCS	outpatient			229	1158.02	UHC	Medicare		1006.97				72.25	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RECEMENTATION	D2920	HCPCS	outpatient			229	1158.02	UHC	Medicaid		72.25	31.55			72.25	1873.97	percent of total billed charges	
RECEMENTATION	D2920	HCPCS	outpatient			229	1158.02	Wellcare	Medicare		1006.97				72.25	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RECEMENTATION	D2920	HCPCS	outpatient			229	1158.02	Wellcare	Medicaid		72.25	31.55			72.25	1873.97	percent of total billed charges	
RECEMENTATION	D2920	HCPCS	outpatient			229	1158.02	WellPoint	WellPoint		73.69	32.18			72.25	1873.97	percent of total billed charges	
PREFABRICATED RESIN CROWN	D2932	HCPCS	outpatient			794	1158.02	Aetna	Commercial		1603.1				250.51	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PREFABRICATED RESIN CROWN	D2932	HCPCS	outpatient			794	1158.02	Aetna	Better Health		250.51	31.55			250.51	1873.97	percent of total billed charges	
PREFABRICATED RESIN CROWN	D2932	HCPCS	outpatient			794	1158.02	Aetna	Medicare		1006.97				250.51	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PREFABRICATED RESIN CROWN	D2932	HCPCS	outpatient			794	1158.02	Americare	Americare		595.5	75			250.51	1873.97	percent of total billed charges	
PREFABRICATED RESIN CROWN	D2932	HCPCS	outpatient			794	1158.02	Amerihealth	Medicare		1006.97				250.51	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PREFABRICATED RESIN CROWN	D2932	HCPCS	outpatient			794	1158.02	Amerihealth	HMO/PPO		300				250.51	1873.97	fee schedule	
PREFABRICATED RESIN CROWN	D2932	HCPCS	outpatient			794	1158.02	Consumer	Consumer		754.3	95			250.51	1873.97	percent of total billed charges	
PREFABRICATED RESIN CROWN	D2932	HCPCS	outpatient			794	1158.02	Corrections	Corrections		635.2	80			250.51	1873.97	percent of total billed charges	
PREFABRICATED RESIN CROWN	D2932	HCPCS	outpatient			794	1158.02	First Health	First Health		555.8	70			250.51	1873.97	percent of total billed charges	
PREFABRICATED RESIN CROWN	D2932	HCPCS	outpatient			794	1158.02	First Trenton	First Trenton		714.6	90			250.51	1873.97	percent of total billed charges	
PREFABRICATED RESIN CROWN	D2932	HCPCS	outpatient			794	1158.02	Horizon	Medicare Blue		1006.97				250.51	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PREFABRICATED RESIN CROWN	D2932	HCPCS	outpatient			794	1158.02	Horizon	MGD		1873.97				250.51	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PREFABRICATED RESIN CROWN	D2932	HCPCS	outpatient			794	1158.02	Horizon	Indemnity		1873.97				250.51	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PREFABRICATED RESIN CROWN	D2932	HCPCS	outpatient			794	1158.02	Horizon	PPO		1873.97				250.51	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PREFABRICATED RESIN CROWN	D2932	HCPCS	outpatient			794	1158.02	Managed Care Inc	Managed Care Inc		714.6	90			250.51	1873.97	percent of total billed charges	
PREFABRICATED RESIN CROWN	D2932	HCPCS	outpatient			794	1158.02	Multiplan	Multiplan		635.2	80			250.51	1873.97	percent of total billed charges	
PREFABRICATED RESIN CROWN	D2932	HCPCS	outpatient			794	1158.02	Qualcare	Qualcare		595.5	75			250.51	1873.97	percent of total billed charges	
PREFABRICATED RESIN CROWN	D2932	HCPCS	outpatient			794	1158.02	Three Rivers	Three Rivers		754.3	95			250.51	1873.97	percent of total billed charges	
PREFABRICATED RESIN CROWN	D2932	HCPCS	outpatient			794	1158.02	UHC	Medicaid		250.51	31.55			250.51	1873.97	percent of total billed charges	
PREFABRICATED RESIN CROWN	D2932	HCPCS	outpatient			794	1158.02	UHC	Medicare		1006.97				250.51	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PREFABRICATED RESIN CROWN	D2932	HCPCS	outpatient			794	1158.02	Wellcare	Medicare		1006.97				250.51	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PREFABRICATED RESIN CROWN	D2932	HCPCS	outpatient			794	1158.02	Wellcare	Medicaid		250.51	31.55			250.51	1873.97	percent of total billed charges	
PREFABRICATED RESIN CROWN	D2932	HCPCS	outpatient			794	1158.02	WellPoint	WellPoint		255.51	32.18			250.51	1873.97	percent of total billed charges	
SEDATIVE FILLING	D2940	HCPCS	outpatient			237	1158.02	Aetna	Better Health		74.77	31.55			59	1873.97	percent of total billed charges	
SEDATIVE FILLING	D2940	HCPCS	outpatient			237	1158.02	Aetna	Commercial		1603.1				59	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SEDATIVE FILLING	D2940	HCPCS	outpatient			237	1158.02	Aetna	Medicare		1006.97				59	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SEDATIVE FILLING	D2940	HCPCS	outpatient			237	1158.02	Americare	Americare		177.75	75			59	1873.97	percent of total billed charges	
SEDATIVE FILLING	D2940	HCPCS	outpatient			237	1158.02	Amerihealth	Medicare		1006.97				59	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SEDATIVE FILLING	D2940	HCPCS	outpatient			237	1158.02	Amerihealth	HMO/PPO		154.05	65			59	1873.97	percent of total billed charges	
SEDATIVE FILLING	D2940	HCPCS	outpatient			237	1158.02	Consumer	Consumer		225.15	95			59	1873.97	percent of total billed charges	
SEDATIVE FILLING	D2940	HCPCS	outpatient			237	1158.02	Corrections	Corrections		189.6	80			59	1873.97	percent of total billed charges	
SEDATIVE FILLING	D2940	HCPCS	outpatient			237	1158.02	First Health	First Health		165.9	70			59	1873.97	percent of total billed charges	
SEDATIVE FILLING	D2940	HCPCS	outpatient			237	1158.02	First Trenton	First Trenton		213.3	90			59	1873.97	percent of total billed charges	
SEDATIVE FILLING	D2940	HCPCS	outpatient			237	1158.02	Horizon	Indemnity		1873.97				59	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SEDATIVE FILLING	D2940	HCPCS	outpatient			237	1158.02	Horizon	Medicare Blue		1006.97				59	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SEDATIVE FILLING	D2940	HCPCS	outpatient			237	1158.02	Horizon	MGD		1873.97				59	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SEDATIVE FILLING	D2940	HCPCS	outpatient			237	1158.02	Horizon	PPO		1873.97				59	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SEDATIVE FILLING	D2940	HCPCS	outpatient			237	1158.02	Managed Care Inc	Managed Care Inc		213.3	90			59	1873.97	percent of total billed charges	
SEDATIVE FILLING	D2940	HCPCS	outpatient			237	1158.02	Multiplan	Multiplan		189.6	80			59	1873.97	percent of total billed charges	
SEDATIVE FILLING	D2940	HCPCS	outpatient			237	1158.02	Qualcare	Qualcare		177.75	75			59	1873.97	percent of total billed charges	
SEDATIVE FILLING	D2940	HCPCS	outpatient			237	1158.02	Three Rivers	Three Rivers		225.15	95			59	1873.97	percent of total billed charges	
SEDATIVE FILLING	D2940	HCPCS	outpatient			237	1158.02	UHC	Medicare		1006.97				59	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SEDATIVE FILLING	D2940	HCPCS	outpatient			237	1158.02	UHC	Medicaid		74.77	31.55			59	1873.97	percent of total billed charges	
SEDATIVE FILLING	D2940	HCPCS	outpatient			237	1158.02	Wellcare	Medicare		1006.97				59	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SEDATIVE FILLING	D2940	HCPCS	outpatient			237	1158.02	Wellcare	Medicaid		74.77	31.55			59	1873.97	percent of total billed charges	
SEDATIVE FILLING	D2940	HCPCS	outpatient			237	1158.02	WellPoint	WellPoint		76.27	32.18			59	1873.97	percent of total billed charges	
PIN RETENTION - EXCL. AMAL.	D2951	HCPCS	outpatient			167	1158.02	Aetna	Better Health		52.69	31.55			52.69	1873.97	percent of total billed charges	
PIN RETENTION - EXCL. AMAL.	D2951	HCPCS	outpatient			167	1158.02	Aetna	Commercial		1603.1				52.69	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PIN RETENTION - EXCL. AMAL.	D2951	HCPCS	outpatient			167	1158.02	Aetna	Medicare		1006.97				52.69	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PIN RETENTION - EXCL. AMAL.	D2951	HCPCS	outpatient			167	1158.02	Americare	Americare		125.25	75			52.69	1873.97	percent of total billed charges	
PIN RETENTION - EXCL. AMAL.	D2951	HCPCS	outpatient			167	1158.02	Amerihealth	HMO/PPO		108.55	65			52.69	1873.97	percent of total billed charges	
PIN RETENTION - EXCL. AMAL.	D2951	HCPCS	outpatient			167	1158.02	Amerihealth	Medicare		1006.97				52.69	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PIN RETENTION - EXCL. AMAL.	D2951	HCPCS	outpatient			167	1158.02	Consumer	Consumer		158.65	95			52.69	1873.97	percent of total billed charges	
PIN RETENTION - EXCL. AMAL.	D2951	HCPCS	outpatient			167	1158.02	Corrections	Corrections		133.6	80			52.69	1873.97	percent of total billed charges	
PIN RETENTION - EXCL. AMAL.	D2951	HCPCS	outpatient			167	1158.02	First Health	First Health		116.9	70			52.69	1873.97	percent of total billed charges	
PIN RETENTION - EXCL. AMAL.	D2951	HCPCS	outpatient			167	1158.02	First Trenton	First Trenton		150.3	90			52.69	1873.97	percent of total billed charges	
PIN RETENTION - EXCL. AMAL.	D2951	HCPCS	outpatient			167	1158.02	Horizon	Indemnity		1873.97				52.69	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PIN RETENTION - EXCL. AMAL.	D2951	HCPCS	outpatient			167	1158.02	Horizon	MGD		1873.97				52.69	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PIN RETENTION - EXCL. AMAL.	D2951	HCPCS	outpatient			167	1158.02	Horizon	Medicare Blue		1006.97				52.69	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PIN RETENTION - EXCL. AMAL.	D2951	HCPCS	outpatient			167	1158.02	Horizon	PPO		1873.97				52.69	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PIN RETENTION - EXCL. AMAL.	D2951	HCPCS	outpatient			167	1158.02	Managed Care Inc	Managed Care Inc		150.3	90			52.69	1873.97	percent of total billed charges	
PIN RETENTION - EXCL. AMAL.	D2951	HCPCS	outpatient			167	1158.02	Multiplan	Multiplan		133.6	80			52.69	1873.97	percent of total billed charges	
PIN RETENTION - EXCL. AMAL.	D2951	HCPCS	outpatient			167	1158.02	Qualcare	Qualcare		125.25	75			52.69	1873.97	percent of total billed charges	
PIN RETENTION - EXCL. AMAL.	D2951	HCPCS	outpatient			167	1158.02	Three Rivers	Three Rivers		158.65	95			52.69	1873.97	percent of total billed charges	
PIN RETENTION - EXCL. AMAL.	D2951	HCPCS	outpatient			167	1158.02	UHC	Medicaid		52.69	31.55			52.69	1873.97	percent of total billed charges	
PIN RETENTION - EXCL. AMAL.	D2951	HCPCS	outpatient			167	1158.02	UHC	Medicare		1006.97				52.69	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PIN RETENTION - EXCL. AMAL.	D2951	HCPCS	outpatient			167	1158.02	Wellcare	Medicare		1006.97				52.69	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PIN RETENTION - EXCL. AMAL.	D2951	HCPCS	outpatient			167	1158.02	Wellcare	Medicaid		52.69	31.55			52.69	1873.97	percent of total billed charges	
PIN RETENTION - EXCL. AMAL.	D2951	HCPCS	outpatient			167	1158.02	WellPoint	WellPoint		53.74	32.18			52.69	1873.97	percent of total billed charges	
PULP CAP-DIRECT	D3110	HCPCS	outpatient			3112	1158.02	Aetna	Commercial		1603.1				57.11	2956.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PULP CAP-DIRECT	D3110	HCPCS	outpatient			3112	1158.02	Aetna	Better Health		981.84	31.55			57.11	2956.4	percent of total billed charges	
PULP CAP-DIRECT	D3110	HCPCS	outpatient			3112	1158.02	Aetna	Medicare		1006.97				57.11	2956.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PULP CAP-DIRECT	D3110	HCPCS	outpatient			3112	1158.02	Americare	Americare		2334	75			57.11	2956.4	percent of total billed charges	
PULP CAP-DIRECT	D3110	HCPCS	outpatient			3112	1158.02	Amerihealth	HMO/PPO		300				57.11	2956.4	fee schedule	
PULP CAP-DIRECT	D3110	HCPCS	outpatient			3112	1158.02	Amerihealth	Medicare		1006.97				57.11	2956.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PULP CAP-DIRECT	D3110	HCPCS	outpatient			3112	1158.02	Consumer	Consumer		2956.4	95			57.11	2956.4	percent of total billed charges	
PULP CAP-DIRECT	D3110	HCPCS	outpatient			3112	1158.02	Corrections	Corrections		2489.6	80			57.11	2956.4	percent of total billed charges	
PULP CAP-DIRECT	D3110	HCPCS	outpatient			3112	1158.02	First Health	First Health		2178.4	70			57.11	2956.4	percent of total billed charges	
PULP CAP-DIRECT	D3110	HCPCS	outpatient			3112	1158.02	First Trenton	First Trenton		2800.8	90			57.11	2956.4	percent of total billed charges	
PULP CAP-DIRECT	D3110	HCPCS	outpatient			3112	1158.02	Horizon	MGD		1873.97				57.11	2956.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PULP CAP-DIRECT	D3110	HCPCS	outpatient			3112	1158.02	Horizon	PPO		1873.97				57.11	2956.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PULP CAP-DIRECT	D3110	HCPCS	outpatient			3112	1158.02	Horizon	Indemnity		1873.97				57.11	2956.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PULP CAP-DIRECT	D3110	HCPCS	outpatient			3112	1158.02	Horizon	Medicare Blue		1006.97				57.11	2956.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PULP CAP-DIRECT	D3110	HCPCS	outpatient			3112	1158.02	Managed Care Inc	Managed Care Inc		2800.8	90			57.11	2956.4	percent of total billed charges	
PULP CAP-DIRECT	D3110	HCPCS	outpatient			3112	1158.02	Multiplan	Multiplan		2489.6	80			57.11	2956.4	percent of total billed charges	
PULP CAP-DIRECT	D3110	HCPCS	outpatient			3112	1158.02	Qualcare	Qualcare		2334	75			57.11	2956.4	percent of total billed charges	
PULP CAP-DIRECT	D3110	HCPCS	outpatient			3112	1158.02	Three Rivers	Three Rivers		2956.4	95			57.11	2956.4	percent of total billed charges	
PULP CAP-DIRECT	D3110	HCPCS	outpatient			3112	1158.02	UHC	Medicaid		981.84	31.55			57.11	2956.4	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.														
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true													
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
PULP CAP-DIRECT	D3110	HCPCS	outpatient			3112	1158.02	UHC	Medicare		1006.97				57.11	2956.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PULP CAP-DIRECT	D3110	HCPCS	outpatient			3112	1158.02	Wellcare	Medicare		1006.97				57.11	2956.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PULP CAP-DIRECT	D3110	HCPCS	outpatient			3112	1158.02	Wellcare	Medicaid		981.84	31.55			57.11	2956.4	percent of total billed charges	
PULP CAP-DIRECT	D3110	HCPCS	outpatient			3112	1158.02	WellPoint	WellPoint		1001.44	32.18			57.11	2956.4	percent of total billed charges	
PULP CAP INDIRECT	D3120	HCPCS	outpatient			190	1158.02	Aetna	Commercial		1603.1				59.95	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PULP CAP INDIRECT	D3120	HCPCS	outpatient			190	1158.02	Aetna	Better Health		59.95	31.55			59.95	1873.97	percent of total billed charges	
PULP CAP INDIRECT	D3120	HCPCS	outpatient			190	1158.02	Aetna	Medicare		1006.97				59.95	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PULP CAP INDIRECT	D3120	HCPCS	outpatient			190	1158.02	Americare	Americare		142.5	75			59.95	1873.97	percent of total billed charges	
PULP CAP INDIRECT	D3120	HCPCS	outpatient			190	1158.02	Amerihealth	HMO/PPO		300				59.95	1873.97	fee schedule	
PULP CAP INDIRECT	D3120	HCPCS	outpatient			190	1158.02	Amerihealth	Medicare		1006.97				59.95	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PULP CAP INDIRECT	D3120	HCPCS	outpatient			190	1158.02	Consumer	Consumer		180.5	95			59.95	1873.97	percent of total billed charges	
PULP CAP INDIRECT	D3120	HCPCS	outpatient			190	1158.02	Corrections	Corrections		152	80			59.95	1873.97	percent of total billed charges	
PULP CAP INDIRECT	D3120	HCPCS	outpatient			190	1158.02	First Health	First Health		133	70			59.95	1873.97	percent of total billed charges	
PULP CAP INDIRECT	D3120	HCPCS	outpatient			190	1158.02	First Trenton	First Trenton		171	90			59.95	1873.97	percent of total billed charges	
PULP CAP INDIRECT	D3120	HCPCS	outpatient			190	1158.02	Horizon	PPO		1873.97				59.95	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PULP CAP INDIRECT	D3120	HCPCS	outpatient			190	1158.02	Horizon	Indemnity		1873.97				59.95	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PULP CAP INDIRECT	D3120	HCPCS	outpatient			190	1158.02	Horizon	MGD		1873.97				59.95	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PULP CAP INDIRECT	D3120	HCPCS	outpatient			190	1158.02	Horizon	Medicare Blue		1006.97				59.95	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PULP CAP INDIRECT	D3120	HCPCS	outpatient			190	1158.02	Managed Care Inc	Managed Care Inc		171	90			59.95	1873.97	percent of total billed charges	
PULP CAP INDIRECT	D3120	HCPCS	outpatient			190	1158.02	Multiplan	Multiplan		152	80			59.95	1873.97	percent of total billed charges	
PULP CAP INDIRECT	D3120	HCPCS	outpatient			190	1158.02	Qualcare	Qualcare		142.5	75			59.95	1873.97	percent of total billed charges	
PULP CAP INDIRECT	D3120	HCPCS	outpatient			190	1158.02	Three Rivers	Three Rivers		180.5	95			59.95	1873.97	percent of total billed charges	
PULP CAP INDIRECT	D3120	HCPCS	outpatient			190	1158.02	UHC	Medicare		1006.97				59.95	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PULP CAP INDIRECT	D3120	HCPCS	outpatient			190	1158.02	UHC	Medicaid		59.95	31.55			59.95	1873.97	percent of total billed charges	
PULP CAP INDIRECT	D3120	HCPCS	outpatient			190	1158.02	Wellcare	Medicare		1006.97				59.95	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PULP CAP INDIRECT	D3120	HCPCS	outpatient			190	1158.02	Wellcare	Medicaid		59.95	31.55			59.95	1873.97	percent of total billed charges	
PULP CAP INDIRECT	D3120	HCPCS	outpatient			190	1158.02	WellPoint	WellPoint		61.14	32.18			59.95	1873.97	percent of total billed charges	
PULPOTOMY	D3220	HCPCS	outpatient			420	1158.02	Aetna	Better Health		132.51	31.55			132.51	1873.97	percent of total billed charges	
PULPOTOMY	D3220	HCPCS	outpatient			420	1158.02	Aetna	Commercial		1603.1				132.51	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PULPOTOMY	D3220	HCPCS	outpatient			420	1158.02	Aetna	Medicare		1006.97				132.51	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PULPOTOMY	D3220	HCPCS	outpatient			420	1158.02	Americare	Americare		315	75			132.51	1873.97	percent of total billed charges	
PULPOTOMY	D3220	HCPCS	outpatient			420	1158.02	Amerihealth	Medicare		1006.97				132.51	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PULPOTOMY	D3220	HCPCS	outpatient			420	1158.02	Amerihealth	HMO/PPO		300				132.51	1873.97	fee schedule	
PULPOTOMY	D3220	HCPCS	outpatient			420	1158.02	Consumer	Consumer		399	95			132.51	1873.97	percent of total billed charges	
PULPOTOMY	D3220	HCPCS	outpatient			420	1158.02	Corrections	Corrections		336	80			132.51	1873.97	percent of total billed charges	
PULPOTOMY	D3220	HCPCS	outpatient			420	1158.02	First Health	First Health		294	70			132.51	1873.97	percent of total billed charges	
PULPOTOMY	D3220	HCPCS	outpatient			420	1158.02	First Trenton	First Trenton		378	90			132.51	1873.97	percent of total billed charges	
PULPOTOMY	D3220	HCPCS	outpatient			420	1158.02	Horizon	Indemnity		1873.97				132.51	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PULPOTOMY	D3220	HCPCS	outpatient			420	1158.02	Horizon	Medicare Blue		1006.97				132.51	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PULPOTOMY	D3220	HCPCS	outpatient			420	1158.02	Horizon	PPO		1873.97				132.51	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PULPOTOMY	D3220	HCPCS	outpatient			420	1158.02	Horizon	MGD		1873.97				132.51	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PULPOTOMY	D3220	HCPCS	outpatient			420	1158.02	Managed Care Inc	Managed Care Inc		378	90			132.51	1873.97	percent of total billed charges	
PULPOTOMY	D3220	HCPCS	outpatient			420	1158.02	Multiplan	Multiplan		336	80			132.51	1873.97	percent of total billed charges	
PULPOTOMY	D3220	HCPCS	outpatient			420	1158.02	Qualcare	Qualcare		315	75			132.51	1873.97	percent of total billed charges	
PULPOTOMY	D3220	HCPCS	outpatient			420	1158.02	Three Rivers	Three Rivers		399	95			132.51	1873.97	percent of total billed charges	
PULPOTOMY	D3220	HCPCS	outpatient			420	1158.02	UHC	Medicare		1006.97				132.51	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PULPOTOMY	D3220	HCPCS	outpatient			420	1158.02	UHC	Medicaid		132.51	31.55			132.51	1873.97	percent of total billed charges	
PULPOTOMY	D3220	HCPCS	outpatient			420	1158.02	Wellcare	Medicare		1006.97				132.51	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PULPOTOMY	D3220	HCPCS	outpatient			420	1158.02	Wellcare	Medicaid		132.51	31.55			132.51	1873.97	percent of total billed charges	
PULPOTOMY	D3220	HCPCS	outpatient			420	1158.02	WellPoint	WellPoint		135.16	32.18			132.51	1873.97	percent of total billed charges	
GROSS PULPAL DEBRIDEMENT	D3221	HCPCS	outpatient			492	1158.02	Aetna	Commercial		1603.1				114.84	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GROSS PULPAL DEBRIDEMENT	D3221	HCPCS	outpatient			492	1158.02	Aetna	Medicare		1006.97				114.84	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GROSS PULPAL DEBRIDEMENT	D3221	HCPCS	outpatient			492	1158.02	Aetna	Better Health		155.23	31.55			114.84	1873.97	percent of total billed charges	
GROSS PULPAL DEBRIDEMENT	D3221	HCPCS	outpatient			492	1158.02	Americare	Americare		369	75			114.84	1873.97	percent of total billed charges	
GROSS PULPAL DEBRIDEMENT	D3221	HCPCS	outpatient			492	1158.02	Amerihealth	HMO/PPO		319.8	65			114.84	1873.97	percent of total billed charges	
GROSS PULPAL DEBRIDEMENT	D3221	HCPCS	outpatient			492	1158.02	Amerihealth	Medicare		1006.97				114.84	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GROSS PULPAL DEBRIDEMENT	D3221	HCPCS	outpatient			492	1158.02	Consumer	Consumer		467.4	95			114.84	1873.97	percent of total billed charges	
GROSS PULPAL DEBRIDEMENT	D3221	HCPCS	outpatient			492	1158.02	Corrections	Corrections		393.6	80			114.84	1873.97	percent of total billed charges	
GROSS PULPAL DEBRIDEMENT	D3221	HCPCS	outpatient			492	1158.02	First Health	First Health		344.4	70			114.84	1873.97	percent of total billed charges	
GROSS PULPAL DEBRIDEMENT	D3221	HCPCS	outpatient			492	1158.02	First Trenton	First Trenton		442.8	90			114.84	1873.97	percent of total billed charges	
GROSS PULPAL DEBRIDEMENT	D3221	HCPCS	outpatient			492	1158.02	Horizon	MGD		1873.97				114.84	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GROSS PULPAL DEBRIDEMENT	D3221	HCPCS	outpatient			492	1158.02	Horizon	Medicare Blue		1006.97				114.84	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GROSS PULPAL DEBRIDEMENT	D3221	HCPCS	outpatient			492	1158.02	Horizon	Indemnity		1873.97				114.84	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GROSS PULPAL DEBRIDEMENT	D3221	HCPCS	outpatient			492	1158.02	Horizon	PPO		1873.97				114.84	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GROSS PULPAL DEBRIDEMENT	D3221	HCPCS	outpatient			492	1158.02	Managed Care Inc	Managed Care Inc		442.8	90			114.84	1873.97	percent of total billed charges	
GROSS PULPAL DEBRIDEMENT	D3221	HCPCS	outpatient			492	1158.02	Multiplan	Multiplan		393.6	80			114.84	1873.97	percent of total billed charges	
GROSS PULPAL DEBRIDEMENT	D3221	HCPCS	outpatient			492	1158.02	Qualcare	Qualcare		369	75			114.84	1873.97	percent of total billed charges	
GROSS PULPAL DEBRIDEMENT	D3221	HCPCS	outpatient			492	1158.02	Three Rivers	Three Rivers		467.4	95			114.84	1873.97	percent of total billed charges	
GROSS PULPAL DEBRIDEMENT	D3221	HCPCS	outpatient			492	1158.02	UHC	Medicaid		155.23	31.55			114.84	1873.97	percent of total billed charges	
GROSS PULPAL DEBRIDEMENT	D3221	HCPCS	outpatient			492	1158.02	UHC	Medicare		1006.97				114.84	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GROSS PULPAL DEBRIDEMENT	D3221	HCPCS	outpatient			492	1158.02	Wellcare	Medicare		1006.97				114.84	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GROSS PULPAL DEBRIDEMENT	D3221	HCPCS	outpatient			492	1158.02	Wellcare	Medicaid		155.23	31.55			114.84	1873.97	percent of total billed charges	
GROSS PULPAL DEBRIDEMENT	D3221	HCPCS	outpatient			492	1158.02	WellPoint	WellPoint		158.33	32.18			114.84	1873.97	percent of total billed charges	
ROOT CANAL TREATMENT, 1 CANAL	D3310	HCPCS	outpatient			1413	1158.02	Aetna	Better Health		445.8	31.55			361.88	1873.97	percent of total billed charges	
ROOT CANAL TREATMENT, 1 CANAL	D3310	HCPCS	outpatient			1413	1158.02	Aetna	Commercial		1603.1				361.88	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ROOT CANAL TREATMENT, 1 CANAL	D3310	HCPCS	outpatient			1413	1158.02	Aetna	Medicare		1006.97				361.88	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ROOT CANAL TREATMENT, 1 CANAL	D3310	HCPCS	outpatient			1413	1158.02	Americare	Americare		1059.75	75			361.88	1873.97	percent of total billed charges	
ROOT CANAL TREATMENT, 1 CANAL	D3310	HCPCS	outpatient			1413	1158.02	Amerihealth	HMO/PPO		550				361.88	1873.97	fee schedule	
ROOT CANAL TREATMENT, 1 CANAL	D3310	HCPCS	outpatient			1413	1158.02	Amerihealth	Medicare		1006.97				361.88	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ROOT CANAL TREATMENT, 1 CANAL	D3310	HCPCS	outpatient			1413	1158.02	Consumer	Consumer		1342.35	95			361.88	1873.97	percent of total billed charges	
ROOT CANAL TREATMENT, 1 CANAL	D3310	HCPCS	outpatient			1413	1158.02	Corrections	Corrections		1130.4	80			361.88	1873.97	percent of total billed charges	
ROOT CANAL TREATMENT, 1 CANAL	D3310	HCPCS	outpatient			1413	1158.02	First Health	First Health		989.1	70			361.88	1873.97	percent of total billed charges	
ROOT CANAL TREATMENT, 1 CANAL	D3310	HCPCS	outpatient			1413	1158.02	First Trenton	First Trenton		1271.7	90			361.88	1873.97	percent of total billed charges	
ROOT CANAL TREATMENT, 1 CANAL	D3310	HCPCS	outpatient			1413	1158.02	Horizon	Indemnity		1873.97				361.88	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ROOT CANAL TREATMENT, 1 CANAL	D3310	HCPCS	outpatient			1413	1158.02	Horizon	MGD		1873.97				361.88	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ROOT CANAL TREATMENT, 1 CANAL	D3310	HCPCS	outpatient			1413	1158.02	Horizon	PPO		1873.97				361.88	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ROOT CANAL TREATMENT, 1 CANAL	D3310	HCPCS	outpatient			1413	1158.02	Horizon	Medicare Blue		1006.97				361.88	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ROOT CANAL TREATMENT, 1 CANAL	D3310	HCPCS	outpatient			1413	1158.02	Managed Care Inc	Managed Care Inc		1271.7	90			361.88	1873.97	percent of total billed charges	
ROOT CANAL TREATMENT, 1 CANAL	D3310	HCPCS	outpatient			1413	1158.02	Multiplan	Multiplan		1130.4	80			361.88	1873.97	percent of total billed charges	
ROOT CANAL TREATMENT, 1 CANAL	D3310	HCPCS	outpatient			1413	1158.02	Qualcare	Qualcare		1059.75	75			361.88	1873.97	percent of total billed charges	
ROOT CANAL TREATMENT, 1 CANAL	D3310	HCPCS	outpatient			1413	1158.02	Three Rivers	Three Rivers		1342.35	95			361.88	1873.97	percent of total billed charges	
ROOT CANAL TREATMENT, 1 CANAL	D3310	HCPCS	outpatient			1413	1158.02	UHC	Medicare		1006.97				361.88	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ROOT CANAL TREATMENT, 1 CANAL	D3310	HCPCS	outpatient			1413	1158.02	UHC	Medicaid		445.8	31.55			361.88	1873.97	percent of total billed charges	
ROOT CANAL TREATMENT, 1 CANAL	D3310	HCPCS	outpatient			1413	1158.02	Wellcare	Medicare		1006.97				361.88	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ROOT CANAL TREATMENT, 1 CANAL	D3310	HCPCS	outpatient			1413	1158.02	Wellcare	Medicaid		445.8	31.55			361.88	1873.97	percent of total billed charges	
ROOT CANAL TREATMENT, 1 CANAL	D3310	HCPCS	outpatient			1413	1158.02	WellPoint	WellPoint		454.7	32.18			361.88	1873.97	percent of total billed charges	
ROOT CANAL TREATMENT, 2 CANALS	D3320	HCPCS	outpatient			1634	1158.02	Aetna	Commercial		1603.1				515.53	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ROOT CANAL TREATMENT, 2 CANALS	D3320	HCPCS	outpatient			1634	1158.02	Aetna	Better Health		515.53	31.55			515.53	1873.97	percent of total billed charges	
ROOT CANAL TREATMENT, 2 CANALS	D3320	HCPCS	outpatient			1634	1158.02	Aetna	Medicare		1006.97				515.53	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ROOT CANAL TREATMENT, 2 CANALS	D3320	HCPCS	outpatient			1634	1158.02	Americare	Americare		1225.5	75			515.53	1873.97	percent of total billed charges	
ROOT CANAL TREATMENT, 2 CANALS	D3320	HCPCS	outpatient			1634	1158.02	Amerihealth	Medicare		1006.97				515.53	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ROOT CANAL TREATMENT, 2 CANALS	D3320	HCPCS	outpatient			1634	1158.02	Amerihealth	HMO/PPO		550				515.53	1873.97	fee schedule	
ROOT CANAL TREATMENT, 2 CANALS	D3320	HCPCS	outpatient			1634	1158.02	Consumer	Consumer		1552.3	95			515.53	1873.97	percent of total billed charges	
ROOT CANAL TREATMENT, 2 CANALS	D3320	HCPCS	outpatient			1634	1158.02	Corrections	Corrections		1307.2	80			515.53	1873.97	percent of total billed charges	
ROOT CANAL TREATMENT, 2 CANALS	D3320	HCPCS	outpatient			1634	1158.02	First Health	First Health		1143.8	70			515.53	1873.97	percent of total billed charges	
ROOT CANAL TREATMENT, 2 CANALS	D3320	HCPCS	outpatient			1634	1158.02	First Trenton	First Trenton		1470.6	90			515.53	1873.97	percent of total billed charges	
ROOT CANAL TREATMENT, 2 CANALS	D3320	HCPCS	outpatient			1634	1158.02	Horizon	MGD		1873.97				515.53	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ROOT CANAL TREATMENT, 2 CANALS	D3320	HCPCS	outpatient			1634	1158.02	Horizon	Medicare Blue		1006.97				515.53	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ROOT CANAL TREATMENT, 2 CANALS	D3320	HCPCS	outpatient			1634	1158.02	Horizon	Indemnity		1873.97				515.53	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ROOT CANAL TREATMENT, 2 CANALS	D3320	HCPCS	outpatient			1634	1158.02	Horizon	PPO		1873.97				515.53	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ROOT CANAL TREATMENT, 2 CANALS	D3320	HCPCS	outpatient			1634	1158.02	Managed Care Inc	Managed Care Inc		1470.6	90			515.53	1873.97	percent of total billed charges	
ROOT CANAL TREATMENT, 2 CANALS	D3320	HCPCS	outpatient			1634	1158.02	Multiplan	Multiplan		1307.2	80			515.53	1873.97	percent of total billed charges	
ROOT CANAL TREATMENT, 2 CANALS	D3320	HCPCS	outpatient			1634	1158.02	Qualcare	Qualcare		1225.5	75			515.53	1873.97	percent of total billed charges	
ROOT CANAL TREATMENT, 2 CANALS	D3320	HCPCS	outpatient			1634	1158.02	Three Rivers	Three Rivers		1552.3	95			515.53	1873.97	percent of total billed charges	
ROOT CANAL TREATMENT, 2 CANALS	D3320	HCPCS	outpatient			1634	1158.02	UHC	Medicare		1006.97				515.53	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ROOT CANAL TREATMENT, 2 CANALS	D3320	HCPCS	outpatient			1634	1158.02	UHC	Medicaid		515.53	31.55			515.53	1873.97	percent of total billed charges	
ROOT CANAL TREATMENT, 2 CANALS	D3320	HCPCS	outpatient			1634	1158.02	Wellcare	Medicaid		515.53	31.55			515.53	1873.97	percent of total billed charges	
ROOT CANAL TREATMENT, 2 CANALS	D3320	HCPCS	outpatient			1634	1158.02	Wellcare	Medicare		1006.97				515.53	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ROOT CANAL TREATMENT, 2 CANALS	D3320	HCPCS	outpatient			1634	1158.02	WellPoint	WellPoint		525.82	32.18			515.53	1873.97	percent of total billed charges	
ROOT CANAL TREATMENT, 3 CANALS	D3330	HCPCS	outpatient			1960	1158.02	Aetna	Medicare		1006.97				550	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ROOT CANAL TREATMENT, 3 CANALS	D3330	HCPCS	outpatient			1960	1158.02	Aetna	Better Health		618.38	31.55			550	1873.97	percent of total billed charges	
ROOT CANAL TREATMENT, 3 CANALS	D3330	HCPCS	outpatient			1960	1158.02	Aetna	Commercial		1603.1				550	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ROOT CANAL TREATMENT, 3 CANALS	D3330	HCPCS	outpatient			1960	1158.02	Americare	Americare		1470	75			550	1873.97	percent of total billed charges	
ROOT CANAL TREATMENT, 3 CANALS	D3330	HCPCS	outpatient			1960	1158.02	Amerihealth	HMO/PPO		550				550	1873.97	fee schedule	
ROOT CANAL TREATMENT, 3 CANALS	D3330	HCPCS	outpatient			1960	1158.02	Amerihealth	Medicare		1006.97				550	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ROOT CANAL TREATMENT, 3 CANALS	D3330	HCPCS	outpatient			1960	1158.02	Consumer	Consumer		1862	95			550	1873.97	percent of total billed charges	
ROOT CANAL TREATMENT, 3 CANALS	D3330	HCPCS	outpatient			1960	1158.02	Corrections	Corrections		1568	80			550	1873.97	percent of total billed charges	
ROOT CANAL TREATMENT, 3 CANALS	D3330	HCPCS	outpatient			1960	1158.02	First Health	First Health		1372	70			550	1873.97	percent of total billed charges	
ROOT CANAL TREATMENT, 3 CANALS	D3330	HCPCS	outpatient			1960	1158.02	First Trenton	First Trenton		1764	90			550	1873.97	percent of total billed charges	
ROOT CANAL TREATMENT, 3 CANALS	D3330	HCPCS	outpatient			1960	1158.02	Horizon	Medicare Blue		1006.97				550	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ROOT CANAL TREATMENT, 3 CANALS	D3330	HCPCS	outpatient			1960	1158.02	Horizon	MGD		1873.97				550	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ROOT CANAL TREATMENT, 3 CANALS	D3330	HCPCS	outpatient			1960	1158.02	Horizon	Indemnity		1873.97				550	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ROOT CANAL TREATMENT, 3 CANALS	D3330	HCPCS	outpatient			1960	1158.02	Horizon	PPO		1873.97				550	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ROOT CANAL TREATMENT, 3 CANALS	D3330	HCPCS	outpatient			1960	1158.02	Managed Care Inc	Managed Care Inc		1764	90			550	1873.97	percent of total billed charges	
ROOT CANAL TREATMENT, 3 CANALS	D3330	HCPCS	outpatient			1960	1158.02	Multiplan	Multiplan		1568	80			550	1873.97	percent of total billed charges	
ROOT CANAL TREATMENT, 3 CANALS	D3330	HCPCS	outpatient			1960	1158.02	Qualcare	Qualcare		1470	75			550	1873.97	percent of total billed charges	
ROOT CANAL TREATMENT, 3 CANALS	D3330	HCPCS	outpatient			1960	1158.02	Three Rivers	Three Rivers		1862	95			550	1873.97	percent of total billed charges	
ROOT CANAL TREATMENT, 3 CANALS	D3330	HCPCS	outpatient			1960	1158.02	UHC	Medicare		1006.97				550	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ROOT CANAL TREATMENT, 3 CANALS	D3330	HCPCS	outpatient			1960	1158.02	UHC	Medicaid		618.38	31.55			550	1873.97	percent of total billed charges	
ROOT CANAL TREATMENT, 3 CANALS	D3330	HCPCS	outpatient			1960	1158.02	Wellcare	Medicare		1006.97				550	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ROOT CANAL TREATMENT, 3 CANALS	D3330	HCPCS	outpatient			1960	1158.02	Wellcare	Medicaid		618.38	31.55			550	1873.97	percent of total billed charges	
ROOT CANAL TREATMENT, 3 CANALS	D3330	HCPCS	outpatient			1960	1158.02	WellPoint	WellPoint		630.73	32.18			550	1873.97	percent of total billed charges	
APICOECTOMY-ANTERIOR	D3410	HCPCS	outpatient			1410	1158.02	Aetna	Better Health		444.86	31.55			300	1873.97	percent of total billed charges	
APICOECTOMY-ANTERIOR	D3410	HCPCS	outpatient			1410	1158.02	Aetna	Commercial		1603.1				300	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APICOECTOMY-ANTERIOR	D3410	HCPCS	outpatient			1410	1158.02	Aetna	Medicare		1006.97				300	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APICOECTOMY-ANTERIOR	D3410	HCPCS	outpatient			1410	1158.02	Americare	Americare		1057.5	75			300	1873.97	percent of total billed charges	
APICOECTOMY-ANTERIOR	D3410	HCPCS	outpatient			1410	1158.02	Amerihealth	Medicare		1006.97				300	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APICOECTOMY-ANTERIOR	D3410	HCPCS	outpatient			1410	1158.02	Amerihealth	HMO/PPO		300				300	1873.97	fee schedule	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.														
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true													
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
APICOECTOMY-ANTERIOR	D3410	HCPCS	outpatient			1410	1158.02	Consumer	Consumer		1339.5	95			300	1873.97	percent of total billed charges	
APICOECTOMY-ANTERIOR	D3410	HCPCS	outpatient			1410	1158.02	Corrections	Corrections		1128	80			300	1873.97	percent of total billed charges	
APICOECTOMY-ANTERIOR	D3410	HCPCS	outpatient			1410	1158.02	First Health	First Health		987	70			300	1873.97	percent of total billed charges	
APICOECTOMY-ANTERIOR	D3410	HCPCS	outpatient			1410	1158.02	First Trenton	First Trenton		1269	90			300	1873.97	percent of total billed charges	
APICOECTOMY-ANTERIOR	D3410	HCPCS	outpatient			1410	1158.02	Horizon	Indemnity		1873.97				300	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APICOECTOMY-ANTERIOR	D3410	HCPCS	outpatient			1410	1158.02	Horizon	MGD		1873.97				300	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APICOECTOMY-ANTERIOR	D3410	HCPCS	outpatient			1410	1158.02	Horizon	Medicare Blue		1006.97				300	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APICOECTOMY-ANTERIOR	D3410	HCPCS	outpatient			1410	1158.02	Horizon	PPO		1873.97				300	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APICOECTOMY-ANTERIOR	D3410	HCPCS	outpatient			1410	1158.02	Managed Care Inc	Managed Care Inc		1269	90			300	1873.97	percent of total billed charges	
APICOECTOMY-ANTERIOR	D3410	HCPCS	outpatient			1410	1158.02	Multiplan	Multiplan		1128	80			300	1873.97	percent of total billed charges	
APICOECTOMY-ANTERIOR	D3410	HCPCS	outpatient			1410	1158.02	Qualcare	Qualcare		1057.5	75			300	1873.97	percent of total billed charges	
APICOECTOMY-ANTERIOR	D3410	HCPCS	outpatient			1410	1158.02	Three Rivers	Three Rivers		1339.5	95			300	1873.97	percent of total billed charges	
APICOECTOMY-ANTERIOR	D3410	HCPCS	outpatient			1410	1158.02	UHC	Medicaid		444.86	31.55			300	1873.97	percent of total billed charges	
APICOECTOMY-ANTERIOR	D3410	HCPCS	outpatient			1410	1158.02	UHC	Medicare		1006.97				300	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APICOECTOMY-ANTERIOR	D3410	HCPCS	outpatient			1410	1158.02	Wellcare	Medicare		1006.97				300	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APICOECTOMY-ANTERIOR	D3410	HCPCS	outpatient			1410	1158.02	Wellcare	Medicaid		444.86	31.55			300	1873.97	percent of total billed charges	
APICOECTOMY-ANTERIOR	D3410	HCPCS	outpatient			1410	1158.02	WellPoint	WellPoint		453.74	32.18			300	1873.97	percent of total billed charges	
ROOT SURGERY BICUSPID	D3421	HCPCS	outpatient			1543	1158.02	Aetna	Better Health		486.82	31.55			300	1873.97	percent of total billed charges	
ROOT SURGERY BICUSPID	D3421	HCPCS	outpatient			1543	1158.02	Aetna	Commercial		1603.1				300	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ROOT SURGERY BICUSPID	D3421	HCPCS	outpatient			1543	1158.02	Aetna	Medicare		1006.97				300	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ROOT SURGERY BICUSPID	D3421	HCPCS	outpatient			1543	1158.02	Americare	Americare		1157.25	75			300	1873.97	percent of total billed charges	
ROOT SURGERY BICUSPID	D3421	HCPCS	outpatient			1543	1158.02	Amerihealth	Medicare		1006.97				300	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ROOT SURGERY BICUSPID	D3421	HCPCS	outpatient			1543	1158.02	Amerihealth	HMO/PPO		300				300	1873.97	fee schedule	
ROOT SURGERY BICUSPID	D3421	HCPCS	outpatient			1543	1158.02	Consumer	Consumer		1465.85	95			300	1873.97	percent of total billed charges	
ROOT SURGERY BICUSPID	D3421	HCPCS	outpatient			1543	1158.02	Corrections	Corrections		1234.4	80			300	1873.97	percent of total billed charges	
ROOT SURGERY BICUSPID	D3421	HCPCS	outpatient			1543	1158.02	First Health	First Health		1080.1	70			300	1873.97	percent of total billed charges	
ROOT SURGERY BICUSPID	D3421	HCPCS	outpatient			1543	1158.02	First Trenton	First Trenton		1388.7	90			300	1873.97	percent of total billed charges	
ROOT SURGERY BICUSPID	D3421	HCPCS	outpatient			1543	1158.02	Horizon	Indemnity		1873.97				300	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ROOT SURGERY BICUSPID	D3421	HCPCS	outpatient			1543	1158.02	Horizon	PPO		1873.97				300	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ROOT SURGERY BICUSPID	D3421	HCPCS	outpatient			1543	1158.02	Horizon	MGD		1873.97				300	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ROOT SURGERY BICUSPID	D3421	HCPCS	outpatient			1543	1158.02	Horizon	Medicare Blue		1006.97				300	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ROOT SURGERY BICUSPID	D3421	HCPCS	outpatient			1543	1158.02	Managed Care Inc	Managed Care Inc		1388.7	90			300	1873.97	percent of total billed charges	
ROOT SURGERY BICUSPID	D3421	HCPCS	outpatient			1543	1158.02	Multiplan	Multiplan		1234.4	80			300	1873.97	percent of total billed charges	
ROOT SURGERY BICUSPID	D3421	HCPCS	outpatient			1543	1158.02	Qualcare	Qualcare		1157.25	75			300	1873.97	percent of total billed charges	
ROOT SURGERY BICUSPID	D3421	HCPCS	outpatient			1543	1158.02	Three Rivers	Three Rivers		1465.85	95			300	1873.97	percent of total billed charges	
ROOT SURGERY BICUSPID	D3421	HCPCS	outpatient			1543	1158.02	UHC	Medicaid		486.82	31.55			300	1873.97	percent of total billed charges	
ROOT SURGERY BICUSPID	D3421	HCPCS	outpatient			1543	1158.02	UHC	Medicare		1006.97				300	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ROOT SURGERY BICUSPID	D3421	HCPCS	outpatient			1543	1158.02	Wellcare	Medicare		1006.97				300	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ROOT SURGERY BICUSPID	D3421	HCPCS	outpatient			1543	1158.02	Wellcare	Medicaid		486.82	31.55			300	1873.97	percent of total billed charges	
ROOT SURGERY BICUSPID	D3421	HCPCS	outpatient			1543	1158.02	WellPoint	WellPoint		496.54	32.18			300	1873.97	percent of total billed charges	
ROOT SURGERY MOLAR	D3425	HCPCS	outpatient			1810	1158.02	Aetna	Commercial		1603.1				300	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ROOT SURGERY MOLAR	D3425	HCPCS	outpatient			1810	1158.02	Aetna	Medicare		1006.97				300	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ROOT SURGERY MOLAR	D3425	HCPCS	outpatient			1810	1158.02	Aetna	Better Health		571.06	31.55			300	1873.97	percent of total billed charges	
ROOT SURGERY MOLAR	D3425	HCPCS	outpatient			1810	1158.02	Americare	Americare		1357.5	75			300	1873.97	percent of total billed charges	
ROOT SURGERY MOLAR	D3425	HCPCS	outpatient			1810	1158.02	Amerihealth	Medicare		1006.97				300	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ROOT SURGERY MOLAR	D3425	HCPCS	outpatient			1810	1158.02	Amerihealth	HMO/PPO		300				300	1873.97	fee schedule	
ROOT SURGERY MOLAR	D3425	HCPCS	outpatient			1810	1158.02	Consumer	Consumer		1719.5	95			300	1873.97	percent of total billed charges	
ROOT SURGERY MOLAR	D3425	HCPCS	outpatient			1810	1158.02	Corrections	Corrections		1448	80			300	1873.97	percent of total billed charges	
ROOT SURGERY MOLAR	D3425	HCPCS	outpatient			1810	1158.02	First Health	First Health		1267	70			300	1873.97	percent of total billed charges	
ROOT SURGERY MOLAR	D3425	HCPCS	outpatient			1810	1158.02	First Trenton	First Trenton		1629	90			300	1873.97	percent of total billed charges	
ROOT SURGERY MOLAR	D3425	HCPCS	outpatient			1810	1158.02	Horizon	Indemnity		1873.97				300	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ROOT SURGERY MOLAR	D3425	HCPCS	outpatient			1810	1158.02	Horizon	MGD		1873.97				300	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ROOT SURGERY MOLAR	D3425	HCPCS	outpatient			1810	1158.02	Horizon	PPO		1873.97				300	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ROOT SURGERY MOLAR	D3425	HCPCS	outpatient			1810	1158.02	Horizon	Medicare Blue		1006.97				300	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ROOT SURGERY MOLAR	D3425	HCPCS	outpatient			1810	1158.02	Managed Care Inc	Managed Care Inc		1629	90			300	1873.97	percent of total billed charges	
ROOT SURGERY MOLAR	D3425	HCPCS	outpatient			1810	1158.02	Multiplan	Multiplan		1448	80			300	1873.97	percent of total billed charges	
ROOT SURGERY MOLAR	D3425	HCPCS	outpatient			1810	1158.02	Qualcare	Qualcare		1357.5	75			300	1873.97	percent of total billed charges	
ROOT SURGERY MOLAR	D3425	HCPCS	outpatient			1810	1158.02	Three Rivers	Three Rivers		1719.5	95			300	1873.97	percent of total billed charges	
ROOT SURGERY MOLAR	D3425	HCPCS	outpatient			1810	1158.02	UHC	Medicaid		571.06	31.55			300	1873.97	percent of total billed charges	
ROOT SURGERY MOLAR	D3425	HCPCS	outpatient			1810	1158.02	UHC	Medicare		1006.97				300	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ROOT SURGERY MOLAR	D3425	HCPCS	outpatient			1810	1158.02	Wellcare	Medicaid		571.06	31.55			300	1873.97	percent of total billed charges	
ROOT SURGERY MOLAR	D3425	HCPCS	outpatient			1810	1158.02	Wellcare	Medicare		1006.97				300	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ROOT SURGERY MOLAR	D3425	HCPCS	outpatient			1810	1158.02	WellPoint	WellPoint		582.46	32.18			300	1873.97	percent of total billed charges	
ROOT SURGERY EA ADD ROOT	D3426	HCPCS	outpatient			855		Aetna	Medicare		263.34	30.8			255.3	812.25	percent of total billed charges	
ROOT SURGERY EA ADD ROOT	D3426	HCPCS	outpatient			855		Aetna	Better Health		269.75	31.55			255.3	812.25	percent of total billed charges	
ROOT SURGERY EA ADD ROOT	D3426	HCPCS	outpatient			855		Aetna	Commercial		324.9	38			255.3	812.25	percent of total billed charges	
ROOT SURGERY EA ADD ROOT	D3426	HCPCS	outpatient			855		Americare	Americare		641.25	75			255.3	812.25	percent of total billed charges	
ROOT SURGERY EA ADD ROOT	D3426	HCPCS	outpatient			855		Amerihealth	HMO/PPO		300				255.3	812.25	fee schedule	
ROOT SURGERY EA ADD ROOT	D3426	HCPCS	outpatient			855		Consumer	Consumer		812.25	95			255.3	812.25	percent of total billed charges	
ROOT SURGERY EA ADD ROOT	D3426	HCPCS	outpatient			855		Corrections	Corrections		684	80			255.3	812.25	percent of total billed charges	
ROOT SURGERY EA ADD ROOT	D3426	HCPCS	outpatient			855		First Health	First Health		598.5	70			255.3	812.25	percent of total billed charges	
ROOT SURGERY EA ADD ROOT	D3426	HCPCS	outpatient			855		First Trenton	First Trenton		769.5	90			255.3	812.25	percent of total billed charges	
ROOT SURGERY EA ADD ROOT	D3426	HCPCS	outpatient			855		Horizon	MGD		327.29	38.28			255.3	812.25	percent of total billed charges	
ROOT SURGERY EA ADD ROOT	D3426	HCPCS	outpatient			855		Horizon	Indemnity		327.29	38.28			255.3	812.25	percent of total billed charges	
ROOT SURGERY EA ADD ROOT	D3426	HCPCS	outpatient			855		Horizon	Medicare Blue		256.5	30			255.3	812.25	percent of total billed charges	
ROOT SURGERY EA ADD ROOT	D3426	HCPCS	outpatient			855		Horizon	PPO		327.29	38.28			255.3	812.25	percent of total billed charges	
ROOT SURGERY EA ADD ROOT	D3426	HCPCS	outpatient			855		Managed Care Inc	Managed Care Inc		769.5	90			255.3	812.25	percent of total billed charges	
ROOT SURGERY EA ADD ROOT	D3426	HCPCS	outpatient			855		Multiplan	Multiplan		684	80			255.3	812.25	percent of total billed charges	
ROOT SURGERY EA ADD ROOT	D3426	HCPCS	outpatient			855		Qualcare	Qualcare		641.25	75			255.3	812.25	percent of total billed charges	
ROOT SURGERY EA ADD ROOT	D3426	HCPCS	outpatient			855		Three Rivers	Three Rivers		812.25	95			255.3	812.25	percent of total billed charges	
ROOT SURGERY EA ADD ROOT	D3426	HCPCS	outpatient			855		UHC	Medicaid		269.75	31.55			255.3	812.25	percent of total billed charges	
ROOT SURGERY EA ADD ROOT	D3426	HCPCS	outpatient			855		Wellcare	Medicaid		269.75	31.55			255.3	812.25	percent of total billed charges	
ROOT SURGERY EA ADD ROOT	D3426	HCPCS	outpatient			855		WellPoint	WellPoint		275.14	32.18			255.3	812.25	percent of total billed charges	
RETROGRADE FILLING-PER ROOT	D3430	HCPCS	outpatient			622	1158.02	Aetna	Medicare		1006.97				194.66	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RETROGRADE FILLING-PER ROOT	D3430	HCPCS	outpatient			622	1158.02	Aetna	Commercial		1603.1				194.66	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RETROGRADE FILLING-PER ROOT	D3430	HCPCS	outpatient			622	1158.02	Aetna	Better Health		196.24	31.55			194.66	1873.97	percent of total billed charges	
RETROGRADE FILLING-PER ROOT	D3430	HCPCS	outpatient			622	1158.02	Americare	Americare		466.5	75			194.66	1873.97	percent of total billed charges	
RETROGRADE FILLING-PER ROOT	D3430	HCPCS	outpatient			622	1158.02	Amerihealth	Medicare		1006.97				194.66	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RETROGRADE FILLING-PER ROOT	D3430	HCPCS	outpatient			622	1158.02	Amerihealth	HMO/PPO		404.3	65			194.66	1873.97	percent of total billed charges	
RETROGRADE FILLING-PER ROOT	D3430	HCPCS	outpatient			622	1158.02	Consumer	Consumer		590.9	95			194.66	1873.97	percent of total billed charges	
RETROGRADE FILLING-PER ROOT	D3430	HCPCS	outpatient			622	1158.02	Corrections	Corrections		497.6	80			194.66	1873.97	percent of total billed charges	
RETROGRADE FILLING-PER ROOT	D3430	HCPCS	outpatient			622	1158.02	First Health	First Health		435.4	70			194.66	1873.97	percent of total billed charges	
RETROGRADE FILLING-PER ROOT	D3430	HCPCS	outpatient			622	1158.02	First Trenton	First Trenton		559.8	90			194.66	1873.97	percent of total billed charges	
RETROGRADE FILLING-PER ROOT	D3430	HCPCS	outpatient			622	1158.02	Horizon	Indemnity		1873.97				194.66	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RETROGRADE FILLING-PER ROOT	D3430	HCPCS	outpatient			622	1158.02	Horizon	MGD		1873.97				194.66	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RETROGRADE FILLING-PER ROOT	D3430	HCPCS	outpatient			622	1158.02	Horizon	Medicare Blue		1006.97				194.66	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RETROGRADE FILLING-PER ROOT	D3430	HCPCS	outpatient			622	1158.02	Horizon	PPO		1873.97				194.66	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RETROGRADE FILLING-PER ROOT	D3430	HCPCS	outpatient			622	1158.02	Managed Care Inc	Managed Care Inc		559.8	90			194.66	1873.97	percent of total billed charges	
RETROGRADE FILLING-PER ROOT	D3430	HCPCS	outpatient			622	1158.02	Multiplan	Multiplan		497.6	80			194.66	1873.97	percent of total billed charges	
RETROGRADE FILLING-PER ROOT	D3430	HCPCS	outpatient			622	1158.02	Qualcare	Qualcare		466.5	75			194.66	1873.97	percent of total billed charges	
RETROGRADE FILLING-PER ROOT	D3430	HCPCS	outpatient			622	1158.02	Three Rivers	Three Rivers		590.9	95			194.66	1873.97	percent of total billed charges	
RETROGRADE FILLING-PER ROOT	D3430	HCPCS	outpatient			622	1158.02	UHC	Medicaid		196.24	31.55			194.66	1873.97	percent of total billed charges	
RETROGRADE FILLING-PER ROOT	D3430	HCPCS	outpatient			622	1158.02	UHC	Medicare		1006.97				194.66	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RETROGRADE FILLING-PER ROOT	D3430	HCPCS	outpatient			622	1158.02	Wellcare	Medicaid		196.24	31.55			194.66	1873.97	percent of total billed charges	
RETROGRADE FILLING-PER ROOT	D3430	HCPCS	outpatient			622	1158.02	Wellcare	Medicare		1006.97				194.66	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RETROGRADE FILLING-PER ROOT	D3430	HCPCS	outpatient			622	1158.02	WellPoint	WellPoint		200.16	32.18			194.66	1873.97	percent of total billed charges	
GINGIVECTMY/PLASTY >=4 CONTIG	D4210	HCPCS	outpatient			11379	4234.52	Aetna	Commercial		5862.05				3590.07	10810.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GINGIVECTMY/PLASTY >=4 CONTIG	D4210	HCPCS	outpatient			11379	4234.52	Aetna	Medicare		3682.19				3590.07	10810.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GINGIVECTMY/PLASTY >=4 CONTIG	D4210	HCPCS	outpatient			11379	4234.52	Aetna	Better Health		3590.07	31.55			3590.07	10810.05	percent of total billed charges	
GINGIVECTMY/PLASTY >=4 CONTIG	D4210	HCPCS	outpatient			11379	4234.52	Americare	Americare		8534.25	75			3590.07	10810.05	percent of total billed charges	
GINGIVECTMY/PLASTY >=4 CONTIG	D4210	HCPCS	outpatient			11379	4234.52	Amerihealth	HMO/PPO		7396.35	65			3590.07	10810.05	percent of total billed charges	
GINGIVECTMY/PLASTY >=4 CONTIG	D4210	HCPCS	outpatient			11379	4234.52	Amerihealth	Medicare		3682.19				3590.07	10810.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GINGIVECTMY/PLASTY >=4 CONTIG	D4210	HCPCS	outpatient			11379	4234.52	Consumer	Consumer		10810.05	95			3590.07	10810.05	percent of total billed charges	
GINGIVECTMY/PLASTY >=4 CONTIG	D4210	HCPCS	outpatient			11379	4234.52	Corrections	Corrections		9103.2	80			3590.07	10810.05	percent of total billed charges	
GINGIVECTMY/PLASTY >=4 CONTIG	D4210	HCPCS	outpatient			11379	4234.52	First Health	First Health		7965.3	70			3590.07	10810.05	percent of total billed charges	
GINGIVECTMY/PLASTY >=4 CONTIG	D4210	HCPCS	outpatient			11379	4234.52	First Trenton	First Trenton		10241.1	90			3590.07	10810.05	percent of total billed charges	
GINGIVECTMY/PLASTY >=4 CONTIG	D4210	HCPCS	outpatient			11379	4234.52	Horizon	MGD		6852.56				3590.07	10810.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GINGIVECTMY/PLASTY >=4 CONTIG	D4210	HCPCS	outpatient			11379	4234.52	Horizon	Medicare Blue		3682.19				3590.07	10810.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GINGIVECTMY/PLASTY >=4 CONTIG	D4210	HCPCS	outpatient			11379	4234.52	Horizon	Indemnity		6852.56				3590.07	10810.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GINGIVECTMY/PLASTY >=4 CONTIG	D4210	HCPCS	outpatient			11379	4234.52	Horizon	PPO		6852.56				3590.07	10810.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GINGIVECTMY/PLASTY >=4 CONTIG	D4210	HCPCS	outpatient			11379	4234.52	Managed Care Inc	Managed Care Inc		10241.1	90			3590.07	10810.05	percent of total billed charges	
GINGIVECTMY/PLASTY >=4 CONTIG	D4210	HCPCS	outpatient			11379	4234.52	Multiplan	Multiplan		9103.2	80			3590.07	10810.05	percent of total billed charges	
GINGIVECTMY/PLASTY >=4 CONTIG	D4210	HCPCS	outpatient			11379	4234.52	Qualcare	Qualcare		8534.25	75			3590.07	10810.05	percent of total billed charges	
GINGIVECTMY/PLASTY >=4 CONTIG	D4210	HCPCS	outpatient			11379	4234.52	Three Rivers	Three Rivers		10810.05	95			3590.07	10810.05	percent of total billed charges	
GINGIVECTMY/PLASTY >=4 CONTIG	D4210	HCPCS	outpatient			11379	4234.52	UHC	Medicaid		3590.07	31.55			3590.07	10810.05	percent of total billed charges	
GINGIVECTMY/PLASTY >=4 CONTIG	D4210	HCPCS	outpatient			11379	4234.52	UHC	Medicare		3682.19				3590.07	10810.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GINGIVECTMY/PLASTY >=4 CONTIG	D4210	HCPCS	outpatient			11379	4234.52	Wellcare	Medicare		3682.19				3590.07	10810.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GINGIVECTMY/PLASTY >=4 CONTIG	D4210	HCPCS	outpatient			11379	4234.52	Wellcare	Medicaid		3590.07	31.55			3590.07	10810.05	percent of total billed charges	
GINGIVECTMY/PLASTY >=4 CONTIG	D4210	HCPCS	outpatient			11379	4234.52	WellPoint	WellPoint		3661.76	32.18			3590.07	10810.05	percent of total billed charges	
GINGIVECTOMY/PLASTY 1 TO 3	D4211	HCPCS	outpatient			612	4234.52	Aetna	Commercial		5862.05				192.77	6852.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GINGIVECTOMY/PLASTY 1 TO 3	D4211	HCPCS	outpatient			612	4234.52	Aetna	Better Health		193.09	31.55			192.77	6852.56	percent of total billed charges	
GINGIVECTOMY/PLASTY 1 TO 3	D4211	HCPCS	outpatient			612	4234.52	Aetna	Medicare		3682.19				192.77	6852.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GINGIVECTOMY/PLASTY 1 TO 3	D4211	HCPCS	outpatient			612	4234.52	Americare	Americare		459	75			192.77	6852.56	percent of total billed charges	
GINGIVECTOMY/PLASTY 1 TO 3	D4211	HCPCS	outpatient			612	4234.52	Amerihealth	HMO/PPO		397.8	65			192.77	6852.56	percent of total billed charges	
GINGIVECTOMY/PLASTY 1 TO 3	D4211	HCPCS	outpatient			612	4234.52	Amerihealth	Medicare		3682.19				192.77	6852.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GINGIVECTOMY/PLASTY 1 TO 3	D4211	HCPCS	outpatient			612	4234.52	Consumer	Consumer		581.4	95			192.77	6852.56	percent of total billed charges	
GINGIVECTOMY/PLASTY 1 TO 3	D4211	HCPCS	outpatient			612	4234.52	Corrections	Corrections		489.6	80			192.77	6852.56	percent of total billed charges	
GINGIVECTOMY/PLASTY 1 TO 3	D4211	HCPCS	outpatient			612	4234.52	First Health	First Health		428.4	70			192.77	6852.56	percent of total billed charges	
GINGIVECTOMY/PLASTY 1 TO 3	D4211	HCPCS	outpatient			612	4234.52	First Trenton	First Trenton		550.8	90			192.77	6852.56	percent of total billed charges	
GINGIVECTOMY/PLASTY 1 TO 3	D4211	HCPCS	outpatient			612	4234.52	Horizon	Medicare Blue		3682.19				192.77	6852.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GINGIVECTOMY/PLASTY 1 TO 3	D4211	HCPCS	outpatient			612	4234.52	Horizon	Indemnity		6852.56				192.77	6852.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GINGIVECTOMY/PLASTY 1 TO 3	D4211	HCPCS	outpatient			612	4234.52	Horizon	PPO		6852.56				192.77	6852.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GINGIVECTOMY/PLASTY 1 TO 3	D4211	HCPCS	outpatient			612	4234.52	Horizon	MGD		6852.56				192.77	6852.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GINGIVECTOMY/PLASTY 1 TO 3	D4211	HCPCS	outpatient			612	4234.52	Managed Care Inc	Managed Care Inc		550.8	90			192.77	6852.56	percent of total billed charges	
GINGIVECTOMY/PLASTY 1 TO 3	D4211	HCPCS	outpatient			612	4234.52	Multiplan	Multiplan		489.6	80			192.77	6852.56	percent of total billed charges	
GINGIVECTOMY/PLASTY 1 TO 3	D4211	HCPCS	outpatient			612	4234.52	Qualcare	Qualcare		459	75			192.77	6852.56	percent of total billed charges	
GINGIVECTOMY/PLASTY 1 TO 3	D4211	HCPCS	outpatient			612	4234.52	Three Rivers	Three Rivers		581.4	95			192.77	6852.56	percent of total billed charges	
GINGIVECTOMY/PLASTY 1 TO 3	D4211	HCPCS	outpatient			612	4234.52	UHC	Medicare		3682.19				192.77	6852.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.															
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true														
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
GINGIVECTOMY/PLASTY 1 TO 3	D4211	HCPCS	outpatient			612		4234.52 UHC	Medicaid		193.09	31.55			192.77	6852.56	percent of total billed charges	
GINGIVECTOMY/PLASTY 1 TO 3	D4211	HCPCS	outpatient			612		4234.52 Wellcare	Medicare		3682.19				192.77	6852.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GINGIVECTOMY/PLASTY 1 TO 3	D4211	HCPCS	outpatient			612		4234.52 Wellcare	Medicaid		193.09	31.55			192.77	6852.56	percent of total billed charges	
GINGIVECTOMY/PLASTY 1 TO 3	D4211	HCPCS	outpatient			612		4234.52 WellPoint	WellPoint		196.94	32.18			192.77	6852.56	percent of total billed charges	
GINGIVA FLAP W/ROOT PLANING/Q	D4240	HCPCS	outpatient			1565		4234.52 Aetna	Better Health		493.76	31.55			493.76	6852.56	percent of total billed charges	
GINGIVA FLAP W/ROOT PLANING/Q	D4240	HCPCS	outpatient			1565		4234.52 Aetna	Commercial		5862.05				493.76	6852.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GINGIVA FLAP W/ROOT PLANING/Q	D4240	HCPCS	outpatient			1565		4234.52 Aetna	Medicare		3682.19				493.76	6852.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GINGIVA FLAP W/ROOT PLANING/Q	D4240	HCPCS	outpatient			1565		4234.52 Americare	Americare		1173.75	75			493.76	6852.56	percent of total billed charges	
GINGIVA FLAP W/ROOT PLANING/Q	D4240	HCPCS	outpatient			1565		4234.52 Amerihealth	HMO/PPO		1017.25	65			493.76	6852.56	percent of total billed charges	
GINGIVA FLAP W/ROOT PLANING/Q	D4240	HCPCS	outpatient			1565		4234.52 Amerihealth	Medicare		3682.19				493.76	6852.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GINGIVA FLAP W/ROOT PLANING/Q	D4240	HCPCS	outpatient			1565		4234.52 Consumer	Consumer		1486.75	95			493.76	6852.56	percent of total billed charges	
GINGIVA FLAP W/ROOT PLANING/Q	D4240	HCPCS	outpatient			1565		4234.52 Corrections	Corrections		1252	80			493.76	6852.56	percent of total billed charges	
GINGIVA FLAP W/ROOT PLANING/Q	D4240	HCPCS	outpatient			1565		4234.52 First Health	First Health		1095.5	70			493.76	6852.56	percent of total billed charges	
GINGIVA FLAP W/ROOT PLANING/Q	D4240	HCPCS	outpatient			1565		4234.52 First Trenton	First Trenton		1408.5	90			493.76	6852.56	percent of total billed charges	
GINGIVA FLAP W/ROOT PLANING/Q	D4240	HCPCS	outpatient			1565		4234.52 Horizon	PPO		6852.56				493.76	6852.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GINGIVA FLAP W/ROOT PLANING/Q	D4240	HCPCS	outpatient			1565		4234.52 Horizon	MGD		6852.56				493.76	6852.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GINGIVA FLAP W/ROOT PLANING/Q	D4240	HCPCS	outpatient			1565		4234.52 Horizon	Indemnity		6852.56				493.76	6852.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GINGIVA FLAP W/ROOT PLANING/Q	D4240	HCPCS	outpatient			1565		4234.52 Horizon	Medicare Blue		3682.19				493.76	6852.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GINGIVA FLAP W/ROOT PLANING/Q	D4240	HCPCS	outpatient			1565		4234.52 Managed Care Inc	Managed Care Inc		1408.5	90			493.76	6852.56	percent of total billed charges	
GINGIVA FLAP W/ROOT PLANING/Q	D4240	HCPCS	outpatient			1565		4234.52 Multiplan	Multiplan		1252	80			493.76	6852.56	percent of total billed charges	
GINGIVA FLAP W/ROOT PLANING/Q	D4240	HCPCS	outpatient			1565		4234.52 Qualcare	Qualcare		1173.75	75			493.76	6852.56	percent of total billed charges	
GINGIVA FLAP W/ROOT PLANING/Q	D4240	HCPCS	outpatient			1565		4234.52 Three Rivers	Three Rivers		1486.75	95			493.76	6852.56	percent of total billed charges	
GINGIVA FLAP W/ROOT PLANING/Q	D4240	HCPCS	outpatient			1565		4234.52 UHC	Medicaid		493.76	31.55			493.76	6852.56	percent of total billed charges	
GINGIVA FLAP W/ROOT PLANING/Q	D4240	HCPCS	outpatient			1565		4234.52 UHC	Medicare		3682.19				493.76	6852.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GINGIVA FLAP W/ROOT PLANING/Q	D4240	HCPCS	outpatient			1565		4234.52 Wellcare	Medicaid		493.76	31.55			493.76	6852.56	percent of total billed charges	
GINGIVA FLAP W/ROOT PLANING/Q	D4240	HCPCS	outpatient			1565		4234.52 Wellcare	Medicare		3682.19				493.76	6852.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GINGIVA FLAP W/ROOT PLANING/Q	D4240	HCPCS	outpatient			1565		4234.52 WellPoint	WellPoint		503.62	32.18			493.76	6852.56	percent of total billed charges	
GNGVL FLAP W ROOTPLAN	D4241	HCPCS	outpatient			1210		2005.77 Aetna	Better Health		381.76	31.55			381.76	3245.86	percent of total billed charges	
GNGVL FLAP W ROOTPLAN	D4241	HCPCS	outpatient			1210		2005.77 Aetna	Commercial		2776.69				381.76	3245.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GNGVL FLAP W ROOTPLAN	D4241	HCPCS	outpatient			1210		2005.77 Aetna	Medicare		1744.15				381.76	3245.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GNGVL FLAP W ROOTPLAN	D4241	HCPCS	outpatient			1210		2005.77 Americare	Americare		907.5	75			381.76	3245.86	percent of total billed charges	
GNGVL FLAP W ROOTPLAN	D4241	HCPCS	outpatient			1210		2005.77 Amerihealth	HMO/PPO		650				381.76	3245.86	fee schedule	
GNGVL FLAP W ROOTPLAN	D4241	HCPCS	outpatient			1210		2005.77 Amerihealth	Medicare		1744.15				381.76	3245.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GNGVL FLAP W ROOTPLAN	D4241	HCPCS	outpatient			1210		2005.77 Consumer	Consumer		1149.5	95			381.76	3245.86	percent of total billed charges	
GNGVL FLAP W ROOTPLAN	D4241	HCPCS	outpatient			1210		2005.77 Corrections	Corrections		968	80			381.76	3245.86	percent of total billed charges	
GNGVL FLAP W ROOTPLAN	D4241	HCPCS	outpatient			1210		2005.77 First Health	First Health		847	70			381.76	3245.86	percent of total billed charges	
GNGVL FLAP W ROOTPLAN	D4241	HCPCS	outpatient			1210		2005.77 First Trenton	First Trenton		1089	90			381.76	3245.86	percent of total billed charges	
GNGVL FLAP W ROOTPLAN	D4241	HCPCS	outpatient			1210		2005.77 Horizon	Indemnity		3245.86				381.76	3245.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GNGVL FLAP W ROOTPLAN	D4241	HCPCS	outpatient			1210		2005.77 Horizon	Medicare Blue		1744.15				381.76	3245.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GNGVL FLAP W ROOTPLAN	D4241	HCPCS	outpatient			1210		2005.77 Horizon	MGD		3245.86				381.76	3245.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GNGVL FLAP W ROOTPLAN	D4241	HCPCS	outpatient			1210		2005.77 Horizon	PPO		3245.86				381.76	3245.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GNGVL FLAP W ROOTPLAN	D4241	HCPCS	outpatient			1210		2005.77 Managed Care Inc	Managed Care Inc		1089	90			381.76	3245.86	percent of total billed charges	
GNGVL FLAP W ROOTPLAN	D4241	HCPCS	outpatient			1210		2005.77 Multiplan	Multiplan		968	80			381.76	3245.86	percent of total billed charges	
GNGVL FLAP W ROOTPLAN	D4241	HCPCS	outpatient			1210		2005.77 Qualcare	Qualcare		907.5	75			381.76	3245.86	percent of total billed charges	
GNGVL FLAP W ROOTPLAN	D4241	HCPCS	outpatient			1210		2005.77 Three Rivers	Three Rivers		1149.5	95			381.76	3245.86	percent of total billed charges	
GNGVL FLAP W ROOTPLAN	D4241	HCPCS	outpatient			1210		2005.77 UHC	Medicaid		381.76	31.55			381.76	3245.86	percent of total billed charges	
GNGVL FLAP W ROOTPLAN	D4241	HCPCS	outpatient			1210		2005.77 UHC	Medicare		1744.15				381.76	3245.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GNGVL FLAP W ROOTPLAN	D4241	HCPCS	outpatient			1210		2005.77 Wellcare	Medicaid		381.76	31.55			381.76	3245.86	percent of total billed charges	
GNGVL FLAP W ROOTPLAN	D4241	HCPCS	outpatient			1210		2005.77 Wellcare	Medicare		1744.15				381.76	3245.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GNGVL FLAP W ROOTPLAN	D4241	HCPCS	outpatient			1210		2005.77 WellPoint	WellPoint		389.38	32.18			381.76	3245.86	percent of total billed charges	
CROWN LENGTHENING	D4249	HCPCS	outpatient			1528		1158.02 Aetna	Better Health		482.08	31.55			482.08	1873.97	percent of total billed charges	
CROWN LENGTHENING	D4249	HCPCS	outpatient			1528		1158.02 Aetna	Commercial		1603.1				482.08	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CROWN LENGTHENING	D4249	HCPCS	outpatient			1528		1158.02 Aetna	Medicare		1006.97				482.08	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CROWN LENGTHENING	D4249	HCPCS	outpatient			1528		1158.02 Americare	Americare		1146	75			482.08	1873.97	percent of total billed charges	
CROWN LENGTHENING	D4249	HCPCS	outpatient			1528		1158.02 Amerihealth	HMO/PPO		993.2	65			482.08	1873.97	percent of total billed charges	
CROWN LENGTHENING	D4249	HCPCS	outpatient			1528		1158.02 Amerihealth	Medicare		1006.97				482.08	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CROWN LENGTHENING	D4249	HCPCS	outpatient			1528		1158.02 Consumer	Consumer		1451.6	95			482.08	1873.97	percent of total billed charges	
CROWN LENGTHENING	D4249	HCPCS	outpatient			1528		1158.02 Corrections	Corrections		1222.4	80			482.08	1873.97	percent of total billed charges	
CROWN LENGTHENING	D4249	HCPCS	outpatient			1528		1158.02 First Health	First Health		1069.6	70			482.08	1873.97	percent of total billed charges	
CROWN LENGTHENING	D4249	HCPCS	outpatient			1528		1158.02 First Trenton	First Trenton		1375.2	90			482.08	1873.97	percent of total billed charges	
CROWN LENGTHENING	D4249	HCPCS	outpatient			1528		1158.02 Horizon	PPO		1873.97				482.08	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CROWN LENGTHENING	D4249	HCPCS	outpatient			1528		1158.02 Horizon	MGD		1873.97				482.08	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CROWN LENGTHENING	D4249	HCPCS	outpatient			1528		1158.02 Horizon	Medicare Blue		1006.97				482.08	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CROWN LENGTHENING	D4249	HCPCS	outpatient			1528		1158.02 Horizon	Indemnity		1873.97				482.08	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CROWN LENGTHENING	D4249	HCPCS	outpatient			1528		1158.02 Managed Care Inc	Managed Care Inc		1375.2	90			482.08	1873.97	percent of total billed charges	
CROWN LENGTHENING	D4249	HCPCS	outpatient			1528		1158.02 Multiplan	Multiplan		1222.4	80			482.08	1873.97	percent of total billed charges	
CROWN LENGTHENING	D4249	HCPCS	outpatient			1528		1158.02 Qualcare	Qualcare		1146	75			482.08	1873.97	percent of total billed charges	
CROWN LENGTHENING	D4249	HCPCS	outpatient			1528		1158.02 Three Rivers	Three Rivers		1451.6	95			482.08	1873.97	percent of total billed charges	
CROWN LENGTHENING	D4249	HCPCS	outpatient			1528		1158.02 UHC	Medicaid		482.08	31.55			482.08	1873.97	percent of total billed charges	
CROWN LENGTHENING	D4249	HCPCS	outpatient			1528		1158.02 UHC	Medicare		1006.97				482.08	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CROWN LENGTHENING	D4249	HCPCS	outpatient			1528		1158.02 Wellcare	Medicare		1006.97				482.08	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CROWN LENGTHENING	D4249	HCPCS	outpatient			1528		1158.02 Wellcare	Medicaid		482.08	31.55			482.08	1873.97	percent of total billed charges	
CROWN LENGTHENING	D4249	HCPCS	outpatient			1528		1158.02 WellPoint	WellPoint		491.71	32.18			482.08	1873.97	percent of total billed charges	
SURG REVSN PROC,PER TOOTH	D4268	HCPCS	outpatient			3112		1158.02 Aetna	Commercial		1603.1				981.84	2956.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG REVSN PROC,PER TOOTH	D4268	HCPCS	outpatient			3112		1158.02 Aetna	Better Health		981.84	31.55			981.84	2956.4	percent of total billed charges	
SURG REVSN PROC,PER TOOTH	D4268	HCPCS	outpatient			3112		1158.02 Aetna	Medicare		1006.97				981.84	2956.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG REVSN PROC,PER TOOTH	D4268	HCPCS	outpatient			3112		1158.02 Americare	Americare		2334	75			981.84	2956.4	percent of total billed charges	
SURG REVSN PROC,PER TOOTH	D4268	HCPCS	outpatient			3112		1158.02 Amerihealth	HMO/PPO		2022.8	65			981.84	2956.4	percent of total billed charges	
SURG REVSN PROC,PER TOOTH	D4268	HCPCS	outpatient			3112		1158.02 Amerihealth	Medicare		1006.97				981.84	2956.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG REVSN PROC,PER TOOTH	D4268	HCPCS	outpatient			3112		1158.02 Consumer	Consumer		2956.4	95			981.84	2956.4	percent of total billed charges	
SURG REVSN PROC,PER TOOTH	D4268	HCPCS	outpatient			3112		1158.02 Corrections	Corrections		2489.6	80			981.84	2956.4	percent of total billed charges	
SURG REVSN PROC,PER TOOTH	D4268	HCPCS	outpatient			3112		1158.02 First Health	First Health		2178.4	70			981.84	2956.4	percent of total billed charges	
SURG REVSN PROC,PER TOOTH	D4268	HCPCS	outpatient			3112		1158.02 First Trenton	First Trenton		2800.8	90			981.84	2956.4	percent of total billed charges	
SURG REVSN PROC,PER TOOTH	D4268	HCPCS	outpatient			3112		1158.02 Horizon	Medicare Blue		1006.97				981.84	2956.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG REVSN PROC,PER TOOTH	D4268	HCPCS	outpatient			3112		1158.02 Horizon	Indemnity		1873.97				981.84	2956.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG REVSN PROC,PER TOOTH	D4268	HCPCS	outpatient			3112		1158.02 Horizon	MGD		1873.97				981.84	2956.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG REVSN PROC,PER TOOTH	D4268	HCPCS	outpatient			3112		1158.02 Horizon	PPO		1873.97				981.84	2956.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG REVSN PROC,PER TOOTH	D4268	HCPCS	outpatient			3112		1158.02 Managed Care Inc	Managed Care Inc		2800.8	90			981.84	2956.4	percent of total billed charges	
SURG REVSN PROC,PER TOOTH	D4268	HCPCS	outpatient			3112		1158.02 Multiplan	Multiplan		2489.6	80			981.84	2956.4	percent of total billed charges	
SURG REVSN PROC,PER TOOTH	D4268	HCPCS	outpatient			3112		1158.02 Qualcare	Qualcare		2334	75			981.84	2956.4	percent of total billed charges	
SURG REVSN PROC,PER TOOTH	D4268	HCPCS	outpatient			3112		1158.02 Three Rivers	Three Rivers		2956.4	95			981.84	2956.4	percent of total billed charges	
SURG REVSN PROC,PER TOOTH	D4268	HCPCS	outpatient			3112		1158.02 UHC	Medicaid		981.84	31.55			981.84	2956.4	percent of total billed charges	
SURG REVSN PROC,PER TOOTH	D4268	HCPCS	outpatient			3112		1158.02 UHC	Medicare		1006.97				981.84	2956.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG REVSN PROC,PER TOOTH	D4268	HCPCS	outpatient			3112		1158.02 Wellcare	Medicare		1006.97				981.84	2956.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG REVSN PROC,PER TOOTH	D4268	HCPCS	outpatient			3112		1158.02 Wellcare	Medicaid		981.84	31.55			981.84	2956.4	percent of total billed charges	
SURG REVSN PROC,PER TOOTH	D4268	HCPCS	outpatient			3112		1158.02 WellPoint	WellPoint		1001.44	32.18			981.84	2956.4	percent of total billed charges	
PROVIS SPLNT INTRACORNAL	D4322	HCPCS	outpatient			1240		1158.02 Aetna	Better Health		391.22	31.55			265.97	1873.97	percent of total billed charges	
PROVIS SPLNT INTRACORNAL	D4322	HCPCS	outpatient			1240		1158.02 Aetna	Medicare		1006.97				265.97	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROVIS SPLNT INTRACORNAL	D4322	HCPCS	outpatient			1240		1158.02 Aetna	Commercial		1603.1				265.97	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROVIS SPLNT INTRACORNAL	D4322	HCPCS	outpatient			1240		1158.02 Americare	Americare		930	75			265.97	1873.97	percent of total billed charges	
PROVIS SPLNT INTRACORNAL	D4322	HCPCS	outpatient			1240		1158.02 Amerihealth	Medicare		1006.97				265.97	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROVIS SPLNT INTRACORNAL	D4322	HCPCS	outpatient			1240		1158.02 Amerihealth	HMO/PPO		806	65			265.97	1873.97	percent of total billed charges	
PROVIS SPLNT INTRACORNAL	D4322	HCPCS	outpatient			1240		1158.02 Consumer	Consumer		1178	95			265.97	1873.97	percent of total billed charges	
PROVIS SPLNT INTRACORNAL	D4322	HCPCS	outpatient			1240		1158.02 Corrections	Corrections		992	80			265.97	1873.97	percent of total billed charges	
PROVIS SPLNT INTRACORNAL	D4322	HCPCS	outpatient			1240		1158.02 First Health	First Health		868	70			265.97	1873.97	percent of total billed charges	
PROVIS SPLNT INTRACORNAL	D4322	HCPCS	outpatient			1240		1158.02 First Trenton	First Trenton		1116	90			265.97	1873.97	percent of total billed charges	
PROVIS SPLNT INTRACORNAL	D4322	HCPCS	outpatient			1240		1158.02 Horizon	Indemnity		1873.97				265.97	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROVIS SPLNT INTRACORNAL	D4322	HCPCS	outpatient			1240		1158.02 Horizon	MGD		1873.97				265.97	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROVIS SPLNT INTRACORNAL	D4322	HCPCS	outpatient			1240		1158.02 Horizon	Medicare Blue		1006.97				265.97	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROVIS SPLNT INTRACORNAL	D4322	HCPCS	outpatient			1240		1158.02 Horizon	PPO		1873.97				265.97	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROVIS SPLNT INTRACORNAL	D4322	HCPCS	outpatient			1240		1158.02 Managed Care Inc	Managed Care Inc		1116	90			265.97	1873.97	percent of total billed charges	
PROVIS SPLNT INTRACORNAL	D4322	HCPCS	outpatient			1240		1158.02 Multiplan	Multiplan		992	80			265.97	1873.97	percent of total billed charges	
PROVIS SPLNT INTRACORNAL	D4322	HCPCS	outpatient			1240		1158.02 Qualcare	Qualcare		930	75			265.97	1873.97	percent of total billed charges	
PROVIS SPLNT INTRACORNAL	D4322	HCPCS	outpatient			1240		1158.02 Three Rivers	Three Rivers		1178	95			265.97	1873.97	percent of total billed charges	
PROVIS SPLNT INTRACORNAL	D4322	HCPCS	outpatient			1240		1158.02 UHC	Medicaid		391.22	31.55			265.97	1873.97	percent of total billed charges	
PROVIS SPLNT INTRACORNAL	D4322	HCPCS	outpatient			1240		1158.02 UHC	Medicare		1006.97				265.97	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROVIS SPLNT INTRACORNAL	D4322	HCPCS	outpatient			1240		1158.02 Wellcare	Medicare		1006.97				265.97	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROVIS SPLNT INTRACORNAL	D4322	HCPCS	outpatient			1240		1158.02 Wellcare	Medicaid		391.22	31.55			265.97	1873.97	percent of total billed charges	
PROVIS SPLNT INTRACORNAL	D4322	HCPCS	outpatient			1240		1158.02 WellPoint	WellPoint		399.03	32.18			265.97	1873.97	percent of total billed charges	
PROVISIONAL SPLINTING	D4323	HCPCS	outpatient			1160		1158.02 Aetna	Commercial		1603.1				318.97	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROVISIONAL SPLINTING	D4323	HCPCS	outpatient			1160		1158.02 Aetna	Better Health		365.98	31.55			318.97	1873.97	percent of total billed charges	
PROVISIONAL SPLINTING	D4323	HCPCS	outpatient			1160		1158.02 Aetna	Medicare		1006.97				318.97	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROVISIONAL SPLINTING	D4323	HCPCS	outpatient			1160		1158.02 Americare	Americare		870	75			318.97	1873.97	percent of total billed charges	
PROVISIONAL SPLINTING	D4323	HCPCS	outpatient			1160		1158.02 Amerihealth	HMO/PPO		754	65			318.97	1873.97	percent of total billed charges	
PROVISIONAL SPLINTING	D4323	HCPCS	outpatient			1160		1158.02 Amerihealth	Medicare		1006.97				318.97	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROVISIONAL SPLINTING	D4323	HCPCS	outpatient			1160		1158.02 Consumer	Consumer		1102	95			318.97	1873.97	percent of total billed charges	
PROVISIONAL SPLINTING	D4323	HCPCS	outpatient			1160		1158.02 Corrections	Corrections		928	80			318.97	1873.97	percent of total billed charges	
PROVISIONAL SPLINTING	D4323	HCPCS	outpatient			1160		1158.02 First Health	First Health		812	70			318.97	1873.97	percent of total billed charges	
PROVISIONAL SPLINTING	D4323	HCPCS	outpatient			1160		1158.02 First Trenton	First Trenton		1044	90			318.97	1873.97	percent of total billed charges	
PROVISIONAL SPLINTING	D4323	HCPCS	outpatient			1160		1158.02 Horizon	MGD		1873.97				318.97	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROVISIONAL SPLINTING	D4323	HCPCS	outpatient			1160		1158.02 Horizon	Indemnity		1873.97				318.97	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROVISIONAL SPLINTING	D4323	HCPCS	outpatient			1160		1158.02 Horizon	PPO		1873.97				318.97	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROVISIONAL SPLINTING	D4323	HCPCS	outpatient			1160		1158.02 Horizon	Medicare Blue		1006.97				318.97	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROVISIONAL SPLINTING	D4323	HCPCS	outpatient			1160		1158.02 Managed Care Inc	Managed Care Inc		1044	90			318.97	1873.97	percent of total billed charges	
PROVISIONAL SPLINTING	D4323	HCPCS	outpatient			1160		1158.02 Multiplan	Multiplan		928	80			318.97	1873.97	percent of total billed charges	
PROVISIONAL SPLINTING	D4323	HCPCS	outpatient			1160		1158.02 Qualcare	Qualcare		870	75			318.97	1873.97	percent of total billed charges	
PROVISIONAL SPLINTING	D4323	HCPCS	outpatient			1160		1158.02 Three Rivers	Three Rivers		1102	95			318.97	1873.97	percent of total billed charges	
PROVISIONAL SPLINTING	D4323	HCPCS	outpatient			1160		1158.02 UHC	Medicare		1006.97				318.97	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROVISIONAL SPLINTING	D4323	HCPCS	outpatient			1160		1158.02 UHC	Medicaid		365.98	31.55			318.97	1873.97	percent of total billed charges	
PROVISIONAL SPLINTING	D4323	HCPCS	outpatient			1160		1158.02 Wellcare	Medicare		1006.97				318.97	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROVISIONAL SPLINTING	D4323	HCPCS	outpatient			1160		1158.02 Wellcare	Medicaid		365.98	31.55			318.97	1873.97	percent of total billed charges	
PROVISIONAL SPLINTING	D4323	HCPCS	outpatient			1160		1158.02 WellPoint	WellPoint		373.29	32.18			318.97	1873.97	percent of total billed charges	
PERIODONTAL SCALING & ROOT PLA	D4341	HCPCS	outpatient			513		1158.02 Aetna	Better Health		161.85	31.55			154.28	1873.97	percent of total billed charges	
PERIODONTAL SCALING & ROOT PLA	D4341	HCPCS	outpatient			513		1158.02 Aetna	Commercial		1603.1				154.28	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERIODONTAL SCALING & ROOT PLA	D4341	HCPCS	outpatient			513		1158.02 Aetna	Medicare		1006.97				154.28	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERIODONTAL SCALING & ROOT PLA	D4341	HCPCS	outpatient			513		1158.02 Americare	Americare		384.75	75			154.28	1873.97	percent of total billed charges	
PERIODONTAL SCALING & ROOT PLA	D4341	HCPCS	outpatient			513		1158.02 Amerihealth	HMO/PPO		300				154.28	1873.97	fee schedule	
PERIODONTAL SCALING & ROOT PLA	D4341	HCPCS	outpatient			513		1158.02 Amerihealth	Medicare		1006.97				154.28	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
PERIODONTAL SCALING & ROOT PLA	D4341	HCPCS	outpatient			513	1158.02	Consumer	Consumer		487.35	95			154.28	1873.97	percent of total billed charges	
PERIODONTAL SCALING & ROOT PLA	D4341	HCPCS	outpatient			513	1158.02	Corrections	Corrections		410.4	80			154.28	1873.97	percent of total billed charges	
PERIODONTAL SCALING & ROOT PLA	D4341	HCPCS	outpatient			513	1158.02	First Health	First Health		359.1	70			154.28	1873.97	percent of total billed charges	
PERIODONTAL SCALING & ROOT PLA	D4341	HCPCS	outpatient			513	1158.02	First Trenton	First Trenton		461.7	90			154.28	1873.97	percent of total billed charges	
PERIODONTAL SCALING & ROOT PLA	D4341	HCPCS	outpatient			513	1158.02	Horizon	MGD		1873.97				154.28	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERIODONTAL SCALING & ROOT PLA	D4341	HCPCS	outpatient			513	1158.02	Horizon	Medicare Blue		1006.97				154.28	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERIODONTAL SCALING & ROOT PLA	D4341	HCPCS	outpatient			513	1158.02	Horizon	Indemnity		1873.97				154.28	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERIODONTAL SCALING & ROOT PLA	D4341	HCPCS	outpatient			513	1158.02	Horizon	PPO		1873.97				154.28	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERIODONTAL SCALING & ROOT PLA	D4341	HCPCS	outpatient			513	1158.02	Managed Care Inc	Managed Care Inc		461.7	90			154.28	1873.97	percent of total billed charges	
PERIODONTAL SCALING & ROOT PLA	D4341	HCPCS	outpatient			513	1158.02	Multiplan	Multiplan		410.4	80			154.28	1873.97	percent of total billed charges	
PERIODONTAL SCALING & ROOT PLA	D4341	HCPCS	outpatient			513	1158.02	Qualcare	Qualcare		384.75	75			154.28	1873.97	percent of total billed charges	
PERIODONTAL SCALING & ROOT PLA	D4341	HCPCS	outpatient			513	1158.02	Three Rivers	Three Rivers		487.35	95			154.28	1873.97	percent of total billed charges	
PERIODONTAL SCALING & ROOT PLA	D4341	HCPCS	outpatient			513	1158.02	UHC	Medicaid		161.85	31.55			154.28	1873.97	percent of total billed charges	
PERIODONTAL SCALING & ROOT PLA	D4341	HCPCS	outpatient			513	1158.02	UHC	Medicare		1006.97				154.28	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERIODONTAL SCALING & ROOT PLA	D4341	HCPCS	outpatient			513	1158.02	Wellcare	Medicaid		161.85	31.55			154.28	1873.97	percent of total billed charges	
PERIODONTAL SCALING & ROOT PLA	D4341	HCPCS	outpatient			513	1158.02	Wellcare	Medicare		1006.97				154.28	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERIODONTAL SCALING & ROOT PLA	D4341	HCPCS	outpatient			513	1158.02	WellPoint	WellPoint		165.08	32.18			154.28	1873.97	percent of total billed charges	
PERIODONTAL SCALING 1-3 TEETH	D4342	HCPCS	outpatient			322	1158.02	Aetna	Better Health		101.59	31.55			101.59	1873.97	percent of total billed charges	
PERIODONTAL SCALING 1-3 TEETH	D4342	HCPCS	outpatient			322	1158.02	Aetna	Commercial		1603.1				101.59	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERIODONTAL SCALING 1-3 TEETH	D4342	HCPCS	outpatient			322	1158.02	Aetna	Medicare		1006.97				101.59	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERIODONTAL SCALING 1-3 TEETH	D4342	HCPCS	outpatient			322	1158.02	Americare	Americare		241.5	75			101.59	1873.97	percent of total billed charges	
PERIODONTAL SCALING 1-3 TEETH	D4342	HCPCS	outpatient			322	1158.02	Amerihealth	HMO/PPO		209.3	65			101.59	1873.97	percent of total billed charges	
PERIODONTAL SCALING 1-3 TEETH	D4342	HCPCS	outpatient			322	1158.02	Amerihealth	Medicare		1006.97				101.59	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERIODONTAL SCALING 1-3 TEETH	D4342	HCPCS	outpatient			322	1158.02	Consumer	Consumer		305.9	95			101.59	1873.97	percent of total billed charges	
PERIODONTAL SCALING 1-3 TEETH	D4342	HCPCS	outpatient			322	1158.02	Corrections	Corrections		257.6	80			101.59	1873.97	percent of total billed charges	
PERIODONTAL SCALING 1-3 TEETH	D4342	HCPCS	outpatient			322	1158.02	First Health	First Health		225.4	70			101.59	1873.97	percent of total billed charges	
PERIODONTAL SCALING 1-3 TEETH	D4342	HCPCS	outpatient			322	1158.02	First Trenton	First Trenton		289.8	90			101.59	1873.97	percent of total billed charges	
PERIODONTAL SCALING 1-3 TEETH	D4342	HCPCS	outpatient			322	1158.02	Horizon	PPO		1873.97				101.59	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERIODONTAL SCALING 1-3 TEETH	D4342	HCPCS	outpatient			322	1158.02	Horizon	MGD		1873.97				101.59	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERIODONTAL SCALING 1-3 TEETH	D4342	HCPCS	outpatient			322	1158.02	Horizon	Indemnity		1873.97				101.59	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERIODONTAL SCALING 1-3 TEETH	D4342	HCPCS	outpatient			322	1158.02	Horizon	Medicare Blue		1006.97				101.59	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERIODONTAL SCALING 1-3 TEETH	D4342	HCPCS	outpatient			322	1158.02	Managed Care Inc	Managed Care Inc		289.8	90			101.59	1873.97	percent of total billed charges	
PERIODONTAL SCALING 1-3 TEETH	D4342	HCPCS	outpatient			322	1158.02	Multiplan	Multiplan		257.6	80			101.59	1873.97	percent of total billed charges	
PERIODONTAL SCALING 1-3 TEETH	D4342	HCPCS	outpatient			322	1158.02	Qualcare	Qualcare		241.5	75			101.59	1873.97	percent of total billed charges	
PERIODONTAL SCALING 1-3 TEETH	D4342	HCPCS	outpatient			322	1158.02	Three Rivers	Three Rivers		305.9	95			101.59	1873.97	percent of total billed charges	
PERIODONTAL SCALING 1-3 TEETH	D4342	HCPCS	outpatient			322	1158.02	UHC	Medicare		1006.97				101.59	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERIODONTAL SCALING 1-3 TEETH	D4342	HCPCS	outpatient			322	1158.02	UHC	Medicaid		101.59	31.55			101.59	1873.97	percent of total billed charges	
PERIODONTAL SCALING 1-3 TEETH	D4342	HCPCS	outpatient			322	1158.02	Wellcare	Medicare		1006.97				101.59	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERIODONTAL SCALING 1-3 TEETH	D4342	HCPCS	outpatient			322	1158.02	Wellcare	Medicaid		101.59	31.55			101.59	1873.97	percent of total billed charges	
PERIODONTAL SCALING 1-3 TEETH	D4342	HCPCS	outpatient			322	1158.02	WellPoint	WellPoint		103.62	32.18			101.59	1873.97	percent of total billed charges	
FULL MTH DEBRID-ENBLPERIODEVAL	D4355	HCPCS	outpatient			2217	1158.02	Aetna	Better Health		699.46	31.55			699.46	2106.15	percent of total billed charges	
FULL MTH DEBRID-ENBLPERIODEVAL	D4355	HCPCS	outpatient			2217	1158.02	Aetna	Medicare		1006.97				699.46	2106.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FULL MTH DEBRID-ENBLPERIODEVAL	D4355	HCPCS	outpatient			2217	1158.02	Aetna	Commercial		1603.1				699.46	2106.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FULL MTH DEBRID-ENBLPERIODEVAL	D4355	HCPCS	outpatient			2217	1158.02	Americare	Americare		1662.75	75			699.46	2106.15	percent of total billed charges	
FULL MTH DEBRID-ENBLPERIODEVAL	D4355	HCPCS	outpatient			2217	1158.02	Amerihealth	HMO/PPO		1441.05	65			699.46	2106.15	percent of total billed charges	
FULL MTH DEBRID-ENBLPERIODEVAL	D4355	HCPCS	outpatient			2217	1158.02	Amerihealth	Medicare		1006.97				699.46	2106.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FULL MTH DEBRID-ENBLPERIODEVAL	D4355	HCPCS	outpatient			2217	1158.02	Consumer	Consumer		2106.15	95			699.46	2106.15	percent of total billed charges	
FULL MTH DEBRID-ENBLPERIODEVAL	D4355	HCPCS	outpatient			2217	1158.02	Corrections	Corrections		1773.6	80			699.46	2106.15	percent of total billed charges	
FULL MTH DEBRID-ENBLPERIODEVAL	D4355	HCPCS	outpatient			2217	1158.02	First Health	First Health		1551.9	70			699.46	2106.15	percent of total billed charges	
FULL MTH DEBRID-ENBLPERIODEVAL	D4355	HCPCS	outpatient			2217	1158.02	First Trenton	First Trenton		1995.3	90			699.46	2106.15	percent of total billed charges	
FULL MTH DEBRID-ENBLPERIODEVAL	D4355	HCPCS	outpatient			2217	1158.02	Horizon	Medicare Blue		1006.97				699.46	2106.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FULL MTH DEBRID-ENBLPERIODEVAL	D4355	HCPCS	outpatient			2217	1158.02	Horizon	MGD		1873.97				699.46	2106.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FULL MTH DEBRID-ENBLPERIODEVAL	D4355	HCPCS	outpatient			2217	1158.02	Horizon	Indemnity		1873.97				699.46	2106.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FULL MTH DEBRID-ENBLPERIODEVAL	D4355	HCPCS	outpatient			2217	1158.02	Horizon	PPO		1873.97				699.46	2106.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FULL MTH DEBRID-ENBLPERIODEVAL	D4355	HCPCS	outpatient			2217	1158.02	Managed Care Inc	Managed Care Inc		1995.3	90			699.46	2106.15	percent of total billed charges	
FULL MTH DEBRID-ENBLPERIODEVAL	D4355	HCPCS	outpatient			2217	1158.02	Multiplan	Multiplan		1773.6	80			699.46	2106.15	percent of total billed charges	
FULL MTH DEBRID-ENBLPERIODEVAL	D4355	HCPCS	outpatient			2217	1158.02	Qualcare	Qualcare		1662.75	75			699.46	2106.15	percent of total billed charges	
FULL MTH DEBRID-ENBLPERIODEVAL	D4355	HCPCS	outpatient			2217	1158.02	Three Rivers	Three Rivers		2106.15	95			699.46	2106.15	percent of total billed charges	
FULL MTH DEBRID-ENBLPERIODEVAL	D4355	HCPCS	outpatient			2217	1158.02	UHC	Medicaid		699.46	31.55			699.46	2106.15	percent of total billed charges	
FULL MTH DEBRID-ENBLPERIODEVAL	D4355	HCPCS	outpatient			2217	1158.02	UHC	Medicare		1006.97				699.46	2106.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FULL MTH DEBRID-ENBLPERIODEVAL	D4355	HCPCS	outpatient			2217	1158.02	Wellcare	Medicare		1006.97				699.46	2106.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FULL MTH DEBRID-ENBLPERIODEVAL	D4355	HCPCS	outpatient			2217	1158.02	Wellcare	Medicaid		699.46	31.55			699.46	2106.15	percent of total billed charges	
FULL MTH DEBRID-ENBLPERIODEVAL	D4355	HCPCS	outpatient			2217	1158.02	WellPoint	WellPoint		713.43	32.18			699.46	2106.15	percent of total billed charges	
ADJUST COMPLETE MAX.	D5410	HCPCS	outpatient			188		Aetna	Better Health		59.31	31.55			56.4	178.6	percent of total billed charges	
ADJUST COMPLETE MAX.	D5410	HCPCS	outpatient			188		Aetna	Medicare		57.9	30.8			56.4	178.6	percent of total billed charges	
ADJUST COMPLETE MAX.	D5410	HCPCS	outpatient			188		Aetna	Commercial		71.44	38			56.4	178.6	percent of total billed charges	
ADJUST COMPLETE MAX.	D5410	HCPCS	outpatient			188		Americare	Americare		141	75			56.4	178.6	percent of total billed charges	
ADJUST COMPLETE MAX.	D5410	HCPCS	outpatient			188		Amerihealth	HMO/PPO		122.2	65			56.4	178.6	percent of total billed charges	
ADJUST COMPLETE MAX.	D5410	HCPCS	outpatient			188		Consumer	Consumer		178.6	95			56.4	178.6	percent of total billed charges	
ADJUST COMPLETE MAX.	D5410	HCPCS	outpatient			188		Corrections	Corrections		150.4	80			56.4	178.6	percent of total billed charges	
ADJUST COMPLETE MAX.	D5410	HCPCS	outpatient			188		First Health	First Health		131.6	70			56.4	178.6	percent of total billed charges	
ADJUST COMPLETE MAX.	D5410	HCPCS	outpatient			188		First Trenton	First Trenton		169.2	90			56.4	178.6	percent of total billed charges	
ADJUST COMPLETE MAX.	D5410	HCPCS	outpatient			188		Horizon	MGD		71.97	38.28			56.4	178.6	percent of total billed charges	
ADJUST COMPLETE MAX.	D5410	HCPCS	outpatient			188		Horizon	Indemnity		71.97	38.28			56.4	178.6	percent of total billed charges	
ADJUST COMPLETE MAX.	D5410	HCPCS	outpatient			188		Horizon	PPO		71.97	38.28			56.4	178.6	percent of total billed charges	
ADJUST COMPLETE MAX.	D5410	HCPCS	outpatient			188		Horizon	Medicare Blue		56.4	30			56.4	178.6	percent of total billed charges	
ADJUST COMPLETE MAX.	D5410	HCPCS	outpatient			188		Managed Care Inc	Managed Care Inc		169.2	90			56.4	178.6	percent of total billed charges	
ADJUST COMPLETE MAX.	D5410	HCPCS	outpatient			188		Multiplan	Multiplan		150.4	80			56.4	178.6	percent of total billed charges	
ADJUST COMPLETE MAX.	D5410	HCPCS	outpatient			188		Qualcare	Qualcare		141	75			56.4	178.6	percent of total billed charges	
ADJUST COMPLETE MAX.	D5410	HCPCS	outpatient			188		Three Rivers	Three Rivers		178.6	95			56.4	178.6	percent of total billed charges	
ADJUST COMPLETE MAX.	D5410	HCPCS	outpatient			188		UHC	Medicaid		59.31	31.55			56.4	178.6	percent of total billed charges	
ADJUST COMPLETE MAX.	D5410	HCPCS	outpatient			188		Wellcare	Medicaid		59.31	31.55			56.4	178.6	percent of total billed charges	
ADJUST COMPLETE MAX.	D5410	HCPCS	outpatient			188		WellPoint	WellPoint		60.5	32.18			56.4	178.6	percent of total billed charges	
ADJUST COMPLETE MAND.	D5411	HCPCS	outpatient			188		Aetna	Better Health		59.31	31.55			56.4	178.6	percent of total billed charges	
ADJUST COMPLETE MAND.	D5411	HCPCS	outpatient			188		Aetna	Medicare		57.9	30.8			56.4	178.6	percent of total billed charges	
ADJUST COMPLETE MAND.	D5411	HCPCS	outpatient			188		Aetna	Commercial		71.44	38			56.4	178.6	percent of total billed charges	
ADJUST COMPLETE MAND.	D5411	HCPCS	outpatient			188		Americare	Americare		141	75			56.4	178.6	percent of total billed charges	
ADJUST COMPLETE MAND.	D5411	HCPCS	outpatient			188		Amerihealth	HMO/PPO		122.2	65			56.4	178.6	percent of total billed charges	
ADJUST COMPLETE MAND.	D5411	HCPCS	outpatient			188		Consumer	Consumer		178.6	95			56.4	178.6	percent of total billed charges	
ADJUST COMPLETE MAND.	D5411	HCPCS	outpatient			188		Corrections	Corrections		150.4	80			56.4	178.6	percent of total billed charges	
ADJUST COMPLETE MAND.	D5411	HCPCS	outpatient			188		First Health	First Health		131.6	70			56.4	178.6	percent of total billed charges	
ADJUST COMPLETE MAND.	D5411	HCPCS	outpatient			188		First Trenton	First Trenton		169.2	90			56.4	178.6	percent of total billed charges	
ADJUST COMPLETE MAND.	D5411	HCPCS	outpatient			188		Horizon	Medicare Blue		56.4	30			56.4	178.6	percent of total billed charges	
ADJUST COMPLETE MAND.	D5411	HCPCS	outpatient			188		Horizon	Indemnity		71.97	38.28			56.4	178.6	percent of total billed charges	
ADJUST COMPLETE MAND.	D5411	HCPCS	outpatient			188		Horizon	PPO		71.97	38.28			56.4	178.6	percent of total billed charges	
ADJUST COMPLETE MAND.	D5411	HCPCS	outpatient			188		Horizon	MGD		71.97	38.28			56.4	178.6	percent of total billed charges	
ADJUST COMPLETE MAND.	D5411	HCPCS	outpatient			188		Managed Care Inc	Managed Care Inc		169.2	90			56.4	178.6	percent of total billed charges	
ADJUST COMPLETE MAND.	D5411	HCPCS	outpatient			188		Multiplan	Multiplan		150.4	80			56.4	178.6	percent of total billed charges	
ADJUST COMPLETE MAND.	D5411	HCPCS	outpatient			188		Qualcare	Qualcare		141	75			56.4	178.6	percent of total billed charges	
ADJUST COMPLETE MAND.	D5411	HCPCS	outpatient			188		Three Rivers	Three Rivers		178.6	95			56.4	178.6	percent of total billed charges	
ADJUST COMPLETE MAND.	D5411	HCPCS	outpatient			188		UHC	Medicaid		59.31	31.55			56.4	178.6	percent of total billed charges	
ADJUST COMPLETE MAND.	D5411	HCPCS	outpatient			188		Wellcare	Medicaid		59.31	31.55			56.4	178.6	percent of total billed charges	
ADJUST COMPLETE MAND.	D5411	HCPCS	outpatient			188		WellPoint	WellPoint		60.5	32.18			56.4	178.6	percent of total billed charges	
ADJUST PARTIAL MAX.	D5421	HCPCS	outpatient			188		Aetna	Medicare		57.9	30.8			56.4	178.6	percent of total billed charges	
ADJUST PARTIAL MAX.	D5421	HCPCS	outpatient			188		Aetna	Better Health		59.31	31.55			56.4	178.6	percent of total billed charges	
ADJUST PARTIAL MAX.	D5421	HCPCS	outpatient			188		Aetna	Commercial		71.44	38			56.4	178.6	percent of total billed charges	
ADJUST PARTIAL MAX.	D5421	HCPCS	outpatient			188		Americare	Americare		141	75			56.4	178.6	percent of total billed charges	
ADJUST PARTIAL MAX.	D5421	HCPCS	outpatient			188		Amerihealth	HMO/PPO		122.2	65			56.4	178.6	percent of total billed charges	
ADJUST PARTIAL MAX.	D5421	HCPCS	outpatient			188		Consumer	Consumer		178.6	95			56.4	178.6	percent of total billed charges	
ADJUST PARTIAL MAX.	D5421	HCPCS	outpatient			188		Corrections	Corrections		150.4	80			56.4	178.6	percent of total billed charges	
ADJUST PARTIAL MAX.	D5421	HCPCS	outpatient			188		First Health	First Health		131.6	70			56.4	178.6	percent of total billed charges	
ADJUST PARTIAL MAX.	D5421	HCPCS	outpatient			188		First Trenton	First Trenton		169.2	90			56.4	178.6	percent of total billed charges	
ADJUST PARTIAL MAX.	D5421	HCPCS	outpatient			188		Horizon	MGD		71.97	38.28			56.4	178.6	percent of total billed charges	
ADJUST PARTIAL MAX.	D5421	HCPCS	outpatient			188		Horizon	Indemnity		71.97	38.28			56.4	178.6	percent of total billed charges	
ADJUST PARTIAL MAX.	D5421	HCPCS	outpatient			188		Horizon	Medicare Blue		56.4	30			56.4	178.6	percent of total billed charges	
ADJUST PARTIAL MAX.	D5421	HCPCS	outpatient			188		Horizon	PPO		71.97	38.28			56.4	178.6	percent of total billed charges	
ADJUST PARTIAL MAX.	D5421	HCPCS	outpatient			188		Managed Care Inc	Managed Care Inc		169.2	90			56.4	178.6	percent of total billed charges	
ADJUST PARTIAL MAX.	D5421	HCPCS	outpatient			188		Multiplan	Multiplan		150.4	80			56.4	178.6	percent of total billed charges	
ADJUST PARTIAL MAX.	D5421	HCPCS	outpatient			188		Qualcare	Qualcare		141	75			56.4	178.6	percent of total billed charges	
ADJUST PARTIAL MAX.	D5421	HCPCS	outpatient			188		Three Rivers	Three Rivers		178.6	95			56.4	178.6	percent of total billed charges	
ADJUST PARTIAL MAX.	D5421	HCPCS	outpatient			188		UHC	Medicaid		59.31	31.55			56.4	178.6	percent of total billed charges	
ADJUST PARTIAL MAX.	D5421	HCPCS	outpatient			188		Wellcare	Medicaid		59.31	31.55			56.4	178.6	percent of total billed charges	
ADJUST PARTIAL MAX.	D5421	HCPCS	outpatient			188		WellPoint	WellPoint		60.5	32.18			56.4	178.6	percent of total billed charges	
ADJUST PARTIAL MAND.	D5422	HCPCS	outpatient			188		Aetna	Medicare		57.9	30.8			56.4	178.6	percent of total billed charges	
ADJUST PARTIAL MAND.	D5422	HCPCS	outpatient			188		Aetna	Better Health		59.31	31.55			56.4	178.6	percent of total billed charges	
ADJUST PARTIAL MAND.	D5422	HCPCS	outpatient			188		Aetna	Commercial		71.44	38			56.4	178.6	percent of total billed charges	
ADJUST PARTIAL MAND.	D5422	HCPCS	outpatient			188		Americare	Americare		141	75			56.4	178.6	percent of total billed charges	
ADJUST PARTIAL MAND.	D5422	HCPCS	outpatient			188		Amerihealth	HMO/PPO		122.2	65			56.4	178.6	percent of total billed charges	
ADJUST PARTIAL MAND.	D5422	HCPCS	outpatient			188		Consumer	Consumer		178.6	95			56.4	178.6	percent of total billed charges	
ADJUST PARTIAL MAND.	D5422	HCPCS	outpatient			188		Corrections	Corrections		150.4	80			56.4	178.6	percent of total billed charges	
ADJUST PARTIAL MAND.	D5422	HCPCS	outpatient			188		First Health	First Health		131.6	70			56.4	178.6	percent of total billed charges	
ADJUST PARTIAL MAND.	D5422	HCPCS	outpatient			188		First Trenton	First Trenton		169.2	90			56.4	178.6	percent of total billed charges	
ADJUST PARTIAL MAND.	D5422	HCPCS	outpatient			188		Horizon	MGD		71.97	38.28			56.4	178.6	percent of total billed charges	
ADJUST PARTIAL MAND.	D5422	HCPCS	outpatient			188		Horizon	Medicare Blue		56.4	30			56.4	178.6	percent of total billed charges	
ADJUST PARTIAL MAND.	D5422	HCPCS	outpatient			188		Horizon	Indemnity		71.97	38.28			56.4	178.6	percent of total billed charges	
ADJUST PARTIAL MAND.	D5422	HCPCS	outpatient			188		Horizon	PPO		71.97	38.28			56.4	178.6	percent of total billed charges	
ADJUST PARTIAL MAND.	D5422	HCPCS	outpatient			188		Managed Care Inc	Managed Care Inc		169.2	90			56.4	178.6	percent of total billed charges	
ADJUST PARTIAL MAND.	D5422	HCPCS	outpatient			188		Multiplan	Multiplan		150.4	80			56.4	178.6	percent of total billed charges	
ADJUST PARTIAL MAND.	D5422	HCPCS	outpatient			188		Qualcare	Qualcare		141	75			56.4	178.6	percent of total billed charges	
ADJUST PARTIAL MAND.	D5422	HCPCS	outpatient			188		Three Rivers	Three Rivers		178.6	95			56.4	178.6	percent of total billed charges	
ADJUST PARTIAL MAND.	D5422	HCPCS	outpatient			188		UHC	Medicaid		59.31	31.55			56.4	178.6	percent of total billed charges	
ADJUST PARTIAL MAND.	D5422	HCPCS	outpatient			188		Wellcare	Medicaid		59.31	31.55			56.4	178.6	percent of total billed charges	
ADJUST PARTIAL MAND.	D5422	HCPCS	outpatient			188		WellPoint	WellPoint		60.5	32.18			56.4	178.6	percent of total billed charges	
REPLACE DENTURE COMPLT	D5520	HCPCS	outpatient			443		Aetna	Better Health		139.77	31.55			132.9	420.85	percent of total billed charges	
REPLACE DENTURE COMPLT	D5520	HCPCS	outpatient			443		Aetna	Medicare		136.44	30.8			132.9	420.85	percent of total billed charges	
REPLACE DENTURE COMPLT	D5520	HCPCS	outpatient			443		Aetna	Commercial		168.34	38			132.9	420.85	percent of total billed charges	
REPLACE DENTURE COMPLT	D5520	HCPCS	outpatient			443		Americare	Americare		332.25	75			132.9	420.85	percent of total billed charges	
REPLACE DENTURE COMPLT	D5520	HCPCS	outpatient			443		Amerihealth	HMO/PPO		287.95	65			132.9	420.85	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.															
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true														
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
REPLACE DENTURE COMPLT	D5520	HCPCS	outpatient			443		Consumer	Consumer		420.85	95			132.9	420.85	percent of total billed charges	
REPLACE DENTURE COMPLT	D5520	HCPCS	outpatient			443		Corrections	Corrections		354.4	80			132.9	420.85	percent of total billed charges	
REPLACE DENTURE COMPLT	D5520	HCPCS	outpatient			443		First Health	First Health		310.1	70			132.9	420.85	percent of total billed charges	
REPLACE DENTURE COMPLT	D5520	HCPCS	outpatient			443		First Trenton	First Trenton		398.7	90			132.9	420.85	percent of total billed charges	
REPLACE DENTURE COMPLT	D5520	HCPCS	outpatient			443		Horizon	MGD		169.58	38.28			132.9	420.85	percent of total billed charges	
REPLACE DENTURE COMPLT	D5520	HCPCS	outpatient			443		Horizon	Medicare Blue		132.9	30			132.9	420.85	percent of total billed charges	
REPLACE DENTURE COMPLT	D5520	HCPCS	outpatient			443		Horizon	Indemnity		169.58	38.28			132.9	420.85	percent of total billed charges	
REPLACE DENTURE COMPLT	D5520	HCPCS	outpatient			443		Horizon	PPO		169.58	38.28			132.9	420.85	percent of total billed charges	
REPLACE DENTURE COMPLT	D5520	HCPCS	outpatient			443		Managed Care Inc	Managed Care Inc		398.7	90			132.9	420.85	percent of total billed charges	
REPLACE DENTURE COMPLT	D5520	HCPCS	outpatient			443		Multiplan	Multiplan		354.4	80			132.9	420.85	percent of total billed charges	
REPLACE DENTURE COMPLT	D5520	HCPCS	outpatient			443		Qualcare	Qualcare		332.25	75			132.9	420.85	percent of total billed charges	
REPLACE DENTURE COMPLT	D5520	HCPCS	outpatient			443		Three Rivers	Three Rivers		420.85	95			132.9	420.85	percent of total billed charges	
REPLACE DENTURE COMPLT	D5520	HCPCS	outpatient			443		UHC	Medicaid		139.77	31.55			132.9	420.85	percent of total billed charges	
REPLACE DENTURE COMPLT	D5520	HCPCS	outpatient			443		Wellcare	Medicaid		139.77	31.55			132.9	420.85	percent of total billed charges	
REPLACE DENTURE COMPLT	D5520	HCPCS	outpatient			443		WellPoint	WellPoint		142.56	32.18			132.9	420.85	percent of total billed charges	
DRAINAGE DENT STRUCT	D5711	HCPCS	outpatient			804		Aetna	Better Health		253.66	31.55			241.2	763.8	percent of total billed charges	
DRAINAGE DENT STRUCT	D5711	HCPCS	outpatient			804		Aetna	Medicare		247.63	30.8			241.2	763.8	percent of total billed charges	
DRAINAGE DENT STRUCT	D5711	HCPCS	outpatient			804		Aetna	Commercial		305.52	38			241.2	763.8	percent of total billed charges	
DRAINAGE DENT STRUCT	D5711	HCPCS	outpatient			804		Americare	Americare		603	75			241.2	763.8	percent of total billed charges	
DRAINAGE DENT STRUCT	D5711	HCPCS	outpatient			804		Amerihealth	HMO/PPO		522.6	65			241.2	763.8	percent of total billed charges	
DRAINAGE DENT STRUCT	D5711	HCPCS	outpatient			804		Consumer	Consumer		763.8	95			241.2	763.8	percent of total billed charges	
DRAINAGE DENT STRUCT	D5711	HCPCS	outpatient			804		Corrections	Corrections		643.2	80			241.2	763.8	percent of total billed charges	
DRAINAGE DENT STRUCT	D5711	HCPCS	outpatient			804		First Health	First Health		562.8	70			241.2	763.8	percent of total billed charges	
DRAINAGE DENT STRUCT	D5711	HCPCS	outpatient			804		First Trenton	First Trenton		723.6	90			241.2	763.8	percent of total billed charges	
DRAINAGE DENT STRUCT	D5711	HCPCS	outpatient			804		Horizon	MGD		307.77	38.28			241.2	763.8	percent of total billed charges	
DRAINAGE DENT STRUCT	D5711	HCPCS	outpatient			804		Horizon	Medicare Blue		241.2	30			241.2	763.8	percent of total billed charges	
DRAINAGE DENT STRUCT	D5711	HCPCS	outpatient			804		Horizon	Indemnity		307.77	38.28			241.2	763.8	percent of total billed charges	
DRAINAGE DENT STRUCT	D5711	HCPCS	outpatient			804		Horizon	PPO		307.77	38.28			241.2	763.8	percent of total billed charges	
DRAINAGE DENT STRUCT	D5711	HCPCS	outpatient			804		Managed Care Inc	Managed Care Inc		723.6	90			241.2	763.8	percent of total billed charges	
DRAINAGE DENT STRUCT	D5711	HCPCS	outpatient			804		Multiplan	Multiplan		643.2	80			241.2	763.8	percent of total billed charges	
DRAINAGE DENT STRUCT	D5711	HCPCS	outpatient			804		Qualcare	Qualcare		603	75			241.2	763.8	percent of total billed charges	
DRAINAGE DENT STRUCT	D5711	HCPCS	outpatient			804		Three Rivers	Three Rivers		763.8	95			241.2	763.8	percent of total billed charges	
DRAINAGE DENT STRUCT	D5711	HCPCS	outpatient			804		UHC	Medicaid		253.66	31.55			241.2	763.8	percent of total billed charges	
DRAINAGE DENT STRUCT	D5711	HCPCS	outpatient			804		Wellcare	Medicaid		253.66	31.55			241.2	763.8	percent of total billed charges	
DRAINAGE DENT STRUCT	D5711	HCPCS	outpatient			804		WellPoint	WellPoint		258.73	32.18			241.2	763.8	percent of total billed charges	
RADIATION SHIELD	D5984	HCPCS	outpatient			2137	1158.02	Aetna	Medicare		1006.97				674.22	2030.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIATION SHIELD	D5984	HCPCS	outpatient			2137	1158.02	Aetna	Commercial		1603.1				674.22	2030.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIATION SHIELD	D5984	HCPCS	outpatient			2137	1158.02	Aetna	Better Health		674.22	31.55			674.22	2030.15	percent of total billed charges	
RADIATION SHIELD	D5984	HCPCS	outpatient			2137	1158.02	Americare	Americare		1602.75	75			674.22	2030.15	percent of total billed charges	
RADIATION SHIELD	D5984	HCPCS	outpatient			2137	1158.02	Amerihealth	Medicare		1006.97				674.22	2030.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIATION SHIELD	D5984	HCPCS	outpatient			2137	1158.02	Amerihealth	HMO/PPO		1389.05	65			674.22	2030.15	percent of total billed charges	
RADIATION SHIELD	D5984	HCPCS	outpatient			2137	1158.02	Consumer	Consumer		2030.15	95			674.22	2030.15	percent of total billed charges	
RADIATION SHIELD	D5984	HCPCS	outpatient			2137	1158.02	Corrections	Corrections		1709.6	80			674.22	2030.15	percent of total billed charges	
RADIATION SHIELD	D5984	HCPCS	outpatient			2137	1158.02	First Health	First Health		1495.9	70			674.22	2030.15	percent of total billed charges	
RADIATION SHIELD	D5984	HCPCS	outpatient			2137	1158.02	First Trenton	First Trenton		1923.3	90			674.22	2030.15	percent of total billed charges	
RADIATION SHIELD	D5984	HCPCS	outpatient			2137	1158.02	Horizon	Indemnity		1873.97				674.22	2030.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIATION SHIELD	D5984	HCPCS	outpatient			2137	1158.02	Horizon	Medicare Blue		1006.97				674.22	2030.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIATION SHIELD	D5984	HCPCS	outpatient			2137	1158.02	Horizon	MGD		1873.97				674.22	2030.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIATION SHIELD	D5984	HCPCS	outpatient			2137	1158.02	Horizon	PPO		1873.97				674.22	2030.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIATION SHIELD	D5984	HCPCS	outpatient			2137	1158.02	Managed Care Inc	Managed Care Inc		1923.3	90			674.22	2030.15	percent of total billed charges	
RADIATION SHIELD	D5984	HCPCS	outpatient			2137	1158.02	Multiplan	Multiplan		1709.6	80			674.22	2030.15	percent of total billed charges	
RADIATION SHIELD	D5984	HCPCS	outpatient			2137	1158.02	Qualcare	Qualcare		1602.75	75			674.22	2030.15	percent of total billed charges	
RADIATION SHIELD	D5984	HCPCS	outpatient			2137	1158.02	Three Rivers	Three Rivers		2030.15	95			674.22	2030.15	percent of total billed charges	
RADIATION SHIELD	D5984	HCPCS	outpatient			2137	1158.02	UHC	Medicaid		674.22	31.55			674.22	2030.15	percent of total billed charges	
RADIATION SHIELD	D5984	HCPCS	outpatient			2137	1158.02	UHC	Medicare		1006.97				674.22	2030.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIATION SHIELD	D5984	HCPCS	outpatient			2137	1158.02	Wellcare	Medicaid		674.22	31.55			674.22	2030.15	percent of total billed charges	
RADIATION SHIELD	D5984	HCPCS	outpatient			2137	1158.02	Wellcare	Medicare		1006.97				674.22	2030.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIATION SHIELD	D5984	HCPCS	outpatient			2137	1158.02	WellPoint	WellPoint		687.69	32.18			674.22	2030.15	percent of total billed charges	
CUSTOM FLUORIDE TRAY	D5986	HCPCS	outpatient			482		Aetna	Better Health		152.07	31.55			144.6	457.9	percent of total billed charges	
CUSTOM FLUORIDE TRAY	D5986	HCPCS	outpatient			482		Aetna	Commercial		183.16	38			144.6	457.9	percent of total billed charges	
CUSTOM FLUORIDE TRAY	D5986	HCPCS	outpatient			482		Aetna	Medicare		148.46	30.8			144.6	457.9	percent of total billed charges	
CUSTOM FLUORIDE TRAY	D5986	HCPCS	outpatient			482		Americare	Americare		361.5	75			144.6	457.9	percent of total billed charges	
CUSTOM FLUORIDE TRAY	D5986	HCPCS	outpatient			482		Amerihealth	HMO/PPO		313.3	65			144.6	457.9	percent of total billed charges	
CUSTOM FLUORIDE TRAY	D5986	HCPCS	outpatient			482		Consumer	Consumer		457.9	95			144.6	457.9	percent of total billed charges	
CUSTOM FLUORIDE TRAY	D5986	HCPCS	outpatient			482		Corrections	Corrections		385.6	80			144.6	457.9	percent of total billed charges	
CUSTOM FLUORIDE TRAY	D5986	HCPCS	outpatient			482		First Health	First Health		337.4	70			144.6	457.9	percent of total billed charges	
CUSTOM FLUORIDE TRAY	D5986	HCPCS	outpatient			482		First Trenton	First Trenton		433.8	90			144.6	457.9	percent of total billed charges	
CUSTOM FLUORIDE TRAY	D5986	HCPCS	outpatient			482		Horizon	Medicare Blue		144.6	30			144.6	457.9	percent of total billed charges	
CUSTOM FLUORIDE TRAY	D5986	HCPCS	outpatient			482		Horizon	Indemnity		184.51	38.28			144.6	457.9	percent of total billed charges	
CUSTOM FLUORIDE TRAY	D5986	HCPCS	outpatient			482		Horizon	MGD		184.51	38.28			144.6	457.9	percent of total billed charges	
CUSTOM FLUORIDE TRAY	D5986	HCPCS	outpatient			482		Horizon	PPO		184.51	38.28			144.6	457.9	percent of total billed charges	
CUSTOM FLUORIDE TRAY	D5986	HCPCS	outpatient			482		Managed Care Inc	Managed Care Inc		433.8	90			144.6	457.9	percent of total billed charges	
CUSTOM FLUORIDE TRAY	D5986	HCPCS	outpatient			482		Multiplan	Multiplan		385.6	80			144.6	457.9	percent of total billed charges	
CUSTOM FLUORIDE TRAY	D5986	HCPCS	outpatient			482		Qualcare	Qualcare		361.5	75			144.6	457.9	percent of total billed charges	
CUSTOM FLUORIDE TRAY	D5986	HCPCS	outpatient			482		Three Rivers	Three Rivers		457.9	95			144.6	457.9	percent of total billed charges	
CUSTOM FLUORIDE TRAY	D5986	HCPCS	outpatient			482		UHC	Medicaid		152.07	31.55			144.6	457.9	percent of total billed charges	
CUSTOM FLUORIDE TRAY	D5986	HCPCS	outpatient			482		Wellcare	Medicaid		152.07	31.55			144.6	457.9	percent of total billed charges	
CUSTOM FLUORIDE TRAY	D5986	HCPCS	outpatient			482		WellPoint	WellPoint		155.11	32.18			144.6	457.9	percent of total billed charges	
SURGICAL SPLINT	D5988	HCPCS	outpatient			1599	1158.02	Aetna	Commercial		1603.1				219.59	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURGICAL SPLINT	D5988	HCPCS	outpatient			1599	1158.02	Aetna	Better Health		504.48	31.55			219.59	1873.97	percent of total billed charges	
SURGICAL SPLINT	D5988	HCPCS	outpatient			1599	1158.02	Aetna	Medicare		1006.97				219.59	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURGICAL SPLINT	D5988	HCPCS	outpatient			1599	1158.02	Americare	Americare		1199.25	75			219.59	1873.97	percent of total billed charges	
SURGICAL SPLINT	D5988	HCPCS	outpatient			1599	1158.02	Amerihealth	HMO/PPO		1039.35	65			219.59	1873.97	percent of total billed charges	
SURGICAL SPLINT	D5988	HCPCS	outpatient			1599	1158.02	Amerihealth	Medicare		1006.97				219.59	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURGICAL SPLINT	D5988	HCPCS	outpatient			1599	1158.02	Consumer	Consumer		1519.05	95			219.59	1873.97	percent of total billed charges	
SURGICAL SPLINT	D5988	HCPCS	outpatient			1599	1158.02	Corrections	Corrections		1279.2	80			219.59	1873.97	percent of total billed charges	
SURGICAL SPLINT	D5988	HCPCS	outpatient			1599	1158.02	First Health	First Health		1119.3	70			219.59	1873.97	percent of total billed charges	
SURGICAL SPLINT	D5988	HCPCS	outpatient			1599	1158.02	First Trenton	First Trenton		1439.1	90			219.59	1873.97	percent of total billed charges	
SURGICAL SPLINT	D5988	HCPCS	outpatient			1599	1158.02	Horizon	Medicare Blue		1006.97				219.59	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURGICAL SPLINT	D5988	HCPCS	outpatient			1599	1158.02	Horizon	MGD		1873.97				219.59	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURGICAL SPLINT	D5988	HCPCS	outpatient			1599	1158.02	Horizon	Indemnity		1873.97				219.59	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURGICAL SPLINT	D5988	HCPCS	outpatient			1599	1158.02	Horizon	PPO		1873.97				219.59	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURGICAL SPLINT	D5988	HCPCS	outpatient			1599	1158.02	Managed Care Inc	Managed Care Inc		1439.1	90			219.59	1873.97	percent of total billed charges	
SURGICAL SPLINT	D5988	HCPCS	outpatient			1599	1158.02	Multiplan	Multiplan		1279.2	80			219.59	1873.97	percent of total billed charges	
SURGICAL SPLINT	D5988	HCPCS	outpatient			1599	1158.02	Qualcare	Qualcare		1199.25	75			219.59	1873.97	percent of total billed charges	
SURGICAL SPLINT	D5988	HCPCS	outpatient			1599	1158.02	Three Rivers	Three Rivers		1519.05	95			219.59	1873.97	percent of total billed charges	
SURGICAL SPLINT	D5988	HCPCS	outpatient			1599	1158.02	UHC	Medicaid		504.48	31.55			219.59	1873.97	percent of total billed charges	
SURGICAL SPLINT	D5988	HCPCS	outpatient			1599	1158.02	UHC	Medicare		1006.97				219.59	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURGICAL SPLINT	D5988	HCPCS	outpatient			1599	1158.02	Wellcare	Medicaid		504.48	31.55			219.59	1873.97	percent of total billed charges	
SURGICAL SPLINT	D5988	HCPCS	outpatient			1599	1158.02	Wellcare	Medicare		1006.97				219.59	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURGICAL SPLINT	D5988	HCPCS	outpatient			1599	1158.02	WellPoint	WellPoint		514.56	32.18			219.59	1873.97	percent of total billed charges	
ADJ MAXILLOFACIAL PROSETH	D5992	HCPCS	outpatient			227		Aetna	Commercial		86.26	38			68.1	215.65	percent of total billed charges	
ADJ MAXILLOFACIAL PROSETH	D5992	HCPCS	outpatient			227		Aetna	Medicare		69.92	30.8			68.1	215.65	percent of total billed charges	
ADJ MAXILLOFACIAL PROSETH	D5992	HCPCS	outpatient			227		Aetna	Better Health		71.62	31.55			68.1	215.65	percent of total billed charges	
ADJ MAXILLOFACIAL PROSETH	D5992	HCPCS	outpatient			227		Americare	Americare		170.25	75			68.1	215.65	percent of total billed charges	
ADJ MAXILLOFACIAL PROSETH	D5992	HCPCS	outpatient			227		Amerihealth	HMO/PPO		147.55	65			68.1	215.65	percent of total billed charges	
ADJ MAXILLOFACIAL PROSETH	D5992	HCPCS	outpatient			227		Consumer	Consumer		215.65	95			68.1	215.65	percent of total billed charges	
ADJ MAXILLOFACIAL PROSETH	D5992	HCPCS	outpatient			227		Corrections	Corrections		181.6	80			68.1	215.65	percent of total billed charges	
ADJ MAXILLOFACIAL PROSETH	D5992	HCPCS	outpatient			227		First Health	First Health		158.9	70			68.1	215.65	percent of total billed charges	
ADJ MAXILLOFACIAL PROSETH	D5992	HCPCS	outpatient			227		First Trenton	First Trenton		204.3	90			68.1	215.65	percent of total billed charges	
ADJ MAXILLOFACIAL PROSETH	D5992	HCPCS	outpatient			227		Horizon	Indemnity		86.9	38.28			68.1	215.65	percent of total billed charges	
ADJ MAXILLOFACIAL PROSETH	D5992	HCPCS	outpatient			227		Horizon	Medicare Blue		68.1	30			68.1	215.65	percent of total billed charges	
ADJ MAXILLOFACIAL PROSETH	D5992	HCPCS	outpatient			227		Horizon	MGD		86.9	38.28			68.1	215.65	percent of total billed charges	
ADJ MAXILLOFACIAL PROSETH	D5992	HCPCS	outpatient			227		Horizon	PPO		86.9	38.28			68.1	215.65	percent of total billed charges	
ADJ MAXILLOFACIAL PROSETH	D5992	HCPCS	outpatient			227		Managed Care Inc	Managed Care Inc		204.3	90			68.1	215.65	percent of total billed charges	
ADJ MAXILLOFACIAL PROSETH	D5992	HCPCS	outpatient			227		Multiplan	Multiplan		181.6	80			68.1	215.65	percent of total billed charges	
ADJ MAXILLOFACIAL PROSETH	D5992	HCPCS	outpatient			227		Qualcare	Qualcare		170.25	75			68.1	215.65	percent of total billed charges	
ADJ MAXILLOFACIAL PROSETH	D5992	HCPCS	outpatient			227		Three Rivers	Three Rivers		215.65	95			68.1	215.65	percent of total billed charges	
ADJ MAXILLOFACIAL PROSETH	D5992	HCPCS	outpatient			227		UHC	Medicaid		71.62	31.55			68.1	215.65	percent of total billed charges	
ADJ MAXILLOFACIAL PROSETH	D5992	HCPCS	outpatient			227		Wellcare	Medicaid		71.62	31.55			68.1	215.65	percent of total billed charges	
ADJ MAXILLOFACIAL PROSETH	D5992	HCPCS	outpatient			227		WellPoint	WellPoint		73.05	32.18			68.1	215.65	percent of total billed charges	
RECEMENT SUP CROWN	D6092	HCPCS	outpatient			405		Aetna	Medicare		124.74	30.8			121.5	384.75	percent of total billed charges	
RECEMENT SUP CROWN	D6092	HCPCS	outpatient			405		Aetna	Better Health		127.78	31.55			121.5	384.75	percent of total billed charges	
RECEMENT SUP CROWN	D6092	HCPCS	outpatient			405		Aetna	Commercial		153.9	38			121.5	384.75	percent of total billed charges	
RECEMENT SUP CROWN	D6092	HCPCS	outpatient			405		Americare	Americare		303.75	75			121.5	384.75	percent of total billed charges	
RECEMENT SUP CROWN	D6092	HCPCS	outpatient			405		Amerihealth	HMO/PPO		263.25	65			121.5	384.75	percent of total billed charges	
RECEMENT SUP CROWN	D6092	HCPCS	outpatient			405		Consumer	Consumer		384.75	95			121.5	384.75	percent of total billed charges	
RECEMENT SUP CROWN	D6092	HCPCS	outpatient			405		Corrections	Corrections		324	80			121.5	384.75	percent of total billed charges	
RECEMENT SUP CROWN	D6092	HCPCS	outpatient			405		First Health	First Health		283.5	70			121.5	384.75	percent of total billed charges	
RECEMENT SUP CROWN	D6092	HCPCS	outpatient			405		First Trenton	First Trenton		364.5	90			121.5	384.75	percent of total billed charges	
RECEMENT SUP CROWN	D6092	HCPCS	outpatient			405		Horizon	Medicare Blue		121.5	30			121.5	384.75	percent of total billed charges	
RECEMENT SUP CROWN	D6092	HCPCS	outpatient			405		Horizon	MGD		155.03	38.28			121.5	384.75	percent of total billed charges	
RECEMENT SUP CROWN	D6092	HCPCS	outpatient			405		Horizon	Indemnity		155.03	38.28			121.5	384.75	percent of total billed charges	
RECEMENT SUP CROWN	D6092	HCPCS	outpatient			405		Horizon	PPO		155.03	38.28			121.5	384.75	percent of total billed charges	
RECEMENT SUP CROWN	D6092	HCPCS	outpatient			405		Managed Care Inc	Managed Care Inc		364.5	90			121.5	384.75	percent of total billed charges	
RECEMENT SUP CROWN	D6092	HCPCS	outpatient			405		Multiplan	Multiplan		324	80			121.5	384.75	percent of total billed charges	
RECEMENT SUP CROWN	D6092	HCPCS	outpatient			405		Qualcare	Qualcare		303.75	75			121.5	384.75	percent of total billed charges	
RECEMENT SUP CROWN	D6092	HCPCS	outpatient			405		Three Rivers	Three Rivers		384.75	95			121.5	384.75	percent of total billed charges	
RECEMENT SUP CROWN	D6092	HCPCS	outpatient			405		UHC	Medicaid		127.78	31.55			121.5	384.75	percent of total billed charges	
RECEMENT SUP CROWN	D6092	HCPCS	outpatient			405		Wellcare	Medicaid		127.78	31.55			121.5	384.75	percent of total billed charges	
RECEMENT SUP CROWN	D6092	HCPCS	outpatient			405		WellPoint	WellPoint		130.33	32.18			121.5	384.75	percent of total billed charges	
REMOVAL OF IMPLANT	D6100	HCPCS	outpatient			1584		Aetna	Medicare		487.87	30.8			377.1	1504.8	percent of total billed charges	
REMOVAL OF IMPLANT	D6100	HCPCS	outpatient			1584		Aetna	Better Health		496.75	31.55			377.1	1504.8	percent of total billed charges	
REMOVAL OF IMPLANT	D6100	HCPCS	outpatient			1584		Aetna	Commercial		601.92	38			377.1	1504.8	percent of total billed charges	
REMOVAL OF IMPLANT	D6100	HCPCS	outpatient			1584		Americare	Americare		1188	75			377.1	1504.8	percent of total billed charges	
REMOVAL OF IMPLANT	D6100	HCPCS	outpatient			1584		Amerihealth	HMO/PPO		1029.6	65			377.1	1504.8	percent of total billed charges	
REMOVAL OF IMPLANT	D6100	HCPCS	outpatient			1584		Consumer	Consumer		1504.8	95			377.1	1504.8	percent of total billed charges	
REMOVAL OF IMPLANT	D6100	HCPCS	outpatient			1584		Corrections	Corrections		1267.2	80			377.1	1504.8	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.														
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101119	true													
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
REMOVAL OF IMPLANT	D6100	HCPCS	outpatient			1584		First Health	First Health		1108.8	70			377.1	1504.8	percent of total billed charges	
REMOVAL OF IMPLANT	D6100	HCPCS	outpatient			1584		First Trenton	First Trenton		1425.6	90			377.1	1504.8	percent of total billed charges	
REMOVAL OF IMPLANT	D6100	HCPCS	outpatient			1584		Horizon	PPO		606.36	38.28			377.1	1504.8	percent of total billed charges	
REMOVAL OF IMPLANT	D6100	HCPCS	outpatient			1584		Horizon	MGD		606.36	38.28			377.1	1504.8	percent of total billed charges	
REMOVAL OF IMPLANT	D6100	HCPCS	outpatient			1584		Horizon	Indemnity		606.36	38.28			377.1	1504.8	percent of total billed charges	
REMOVAL OF IMPLANT	D6100	HCPCS	outpatient			1584		Horizon	Medicare Blue		475.2	30			377.1	1504.8	percent of total billed charges	
REMOVAL OF IMPLANT	D6100	HCPCS	outpatient			1584		Managed Care Inc	Managed Care Inc		1425.6	90			377.1	1504.8	percent of total billed charges	
REMOVAL OF IMPLANT	D6100	HCPCS	outpatient			1584		Multiplan	Multiplan		1267.2	80			377.1	1504.8	percent of total billed charges	
REMOVAL OF IMPLANT	D6100	HCPCS	outpatient			1584		Qualcare	Qualcare		1188	75			377.1	1504.8	percent of total billed charges	
REMOVAL OF IMPLANT	D6100	HCPCS	outpatient			1584		Three Rivers	Three Rivers		1504.8	95			377.1	1504.8	percent of total billed charges	
REMOVAL OF IMPLANT	D6100	HCPCS	outpatient			1584		UHC	Medicaid		499.75	31.55			377.1	1504.8	percent of total billed charges	
REMOVAL OF IMPLANT	D6100	HCPCS	outpatient			1584		Wellcare	Medicaid		499.75	31.55			377.1	1504.8	percent of total billed charges	
REMOVAL OF IMPLANT	D6100	HCPCS	outpatient			1584		WellPoint	WellPoint		509.73	32.18			377.1	1504.8	percent of total billed charges	
RE-CEMENT OR RE-BOND FIXED PARTIAL DEN	D6930	HCPCS	outpatient			280		Aetna	Medicare		86.24	30.8			84	266	percent of total billed charges	
RE-CEMENT OR RE-BOND FIXED PARTIAL DEN	D6930	HCPCS	outpatient			280		Aetna	Commercial		106.4	38			84	266	percent of total billed charges	
RE-CEMENT OR RE-BOND FIXED PARTIAL DEN	D6930	HCPCS	outpatient			280		Aetna	Better Health		88.34	31.55			84	266	percent of total billed charges	
RE-CEMENT OR RE-BOND FIXED PARTIAL DEN	D6930	HCPCS	outpatient			280		Americare	Americare		210	75			84	266	percent of total billed charges	
RE-CEMENT OR RE-BOND FIXED PARTIAL DEN	D6930	HCPCS	outpatient			280		Amerihealth	HMO/PPO		182	65			84	266	percent of total billed charges	
RE-CEMENT OR RE-BOND FIXED PARTIAL DEN	D6930	HCPCS	outpatient			280		Consumer	Consumer		266	95			84	266	percent of total billed charges	
RE-CEMENT OR RE-BOND FIXED PARTIAL DEN	D6930	HCPCS	outpatient			280		Corrections	Corrections		224	80			84	266	percent of total billed charges	
RE-CEMENT OR RE-BOND FIXED PARTIAL DEN	D6930	HCPCS	outpatient			280		First Health	First Health		196	70			84	266	percent of total billed charges	
RE-CEMENT OR RE-BOND FIXED PARTIAL DEN	D6930	HCPCS	outpatient			280		First Trenton	First Trenton		252	90			84	266	percent of total billed charges	
RE-CEMENT OR RE-BOND FIXED PARTIAL DEN	D6930	HCPCS	outpatient			280		Horizon	Indemnity		107.18	38.28			84	266	percent of total billed charges	
RE-CEMENT OR RE-BOND FIXED PARTIAL DEN	D6930	HCPCS	outpatient			280		Horizon	Medicare Blue		84	30			84	266	percent of total billed charges	
RE-CEMENT OR RE-BOND FIXED PARTIAL DEN	D6930	HCPCS	outpatient			280		Horizon	PPO		107.18	38.28			84	266	percent of total billed charges	
RE-CEMENT OR RE-BOND FIXED PARTIAL DEN	D6930	HCPCS	outpatient			280		Horizon	MGD		107.18	38.28			84	266	percent of total billed charges	
RE-CEMENT OR RE-BOND FIXED PARTIAL DEN	D6930	HCPCS	outpatient			280		Managed Care Inc	Managed Care Inc		252	90			84	266	percent of total billed charges	
RE-CEMENT OR RE-BOND FIXED PARTIAL DEN	D6930	HCPCS	outpatient			280		Multiplan	Multiplan		224	80			84	266	percent of total billed charges	
RE-CEMENT OR RE-BOND FIXED PARTIAL DEN	D6930	HCPCS	outpatient			280		Qualcare	Qualcare		210	75			84	266	percent of total billed charges	
RE-CEMENT OR RE-BOND FIXED PARTIAL DEN	D6930	HCPCS	outpatient			280		Three Rivers	Three Rivers		266	95			84	266	percent of total billed charges	
RE-CEMENT OR RE-BOND FIXED PARTIAL DEN	D6930	HCPCS	outpatient			280		UHC	Medicaid		88.34	31.55			84	266	percent of total billed charges	
RE-CEMENT OR RE-BOND FIXED PARTIAL DEN	D6930	HCPCS	outpatient			280		Wellcare	Medicaid		88.34	31.55			84	266	percent of total billed charges	
RE-CEMENT OR RE-BOND FIXED PARTIAL DEN	D6930	HCPCS	outpatient			280		WellPoint	WellPoint		90.1	32.18			84	266	percent of total billed charges	
EXTRACTION,CORONAL REMAINS,PRIM	D7111	HCPCS	outpatient			5458	1158.02	Aetna	Commercial		1603.1				300	5185.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXTRACTION,CORONAL REMAINS,PRIM	D7111	HCPCS	outpatient			5458	1158.02	Aetna	Better Health		1722	31.55			300	5185.1	percent of total billed charges	
EXTRACTION,CORONAL REMAINS,PRIM	D7111	HCPCS	outpatient			5458	1158.02	Aetna	Medicare		1006.97				300	5185.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXTRACTION,CORONAL REMAINS,PRIM	D7111	HCPCS	outpatient			5458	1158.02	Americare	Americare		4093.5	75			300	5185.1	percent of total billed charges	
EXTRACTION,CORONAL REMAINS,PRIM	D7111	HCPCS	outpatient			5458	1158.02	Amerihealth	Medicare		1006.97				300	5185.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXTRACTION,CORONAL REMAINS,PRIM	D7111	HCPCS	outpatient			5458	1158.02	Amerihealth	HMO/PPO		300				300	5185.1	fee schedule	
EXTRACTION,CORONAL REMAINS,PRIM	D7111	HCPCS	outpatient			5458	1158.02	Consumer	Consumer		5185.1	95			300	5185.1	percent of total billed charges	
EXTRACTION,CORONAL REMAINS,PRIM	D7111	HCPCS	outpatient			5458	1158.02	Corrections	Corrections		4366.4	80			300	5185.1	percent of total billed charges	
EXTRACTION,CORONAL REMAINS,PRIM	D7111	HCPCS	outpatient			5458	1158.02	First Health	First Health		3820.6	70			300	5185.1	percent of total billed charges	
EXTRACTION,CORONAL REMAINS,PRIM	D7111	HCPCS	outpatient			5458	1158.02	First Trenton	First Trenton		4912.2	90			300	5185.1	percent of total billed charges	
EXTRACTION,CORONAL REMAINS,PRIM	D7111	HCPCS	outpatient			5458	1158.02	Horizon	MGD		1873.97				300	5185.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXTRACTION,CORONAL REMAINS,PRIM	D7111	HCPCS	outpatient			5458	1158.02	Horizon	Medicare Blue		1006.97				300	5185.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXTRACTION,CORONAL REMAINS,PRIM	D7111	HCPCS	outpatient			5458	1158.02	Horizon	Indemnity		1873.97				300	5185.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXTRACTION,CORONAL REMAINS,PRIM	D7111	HCPCS	outpatient			5458	1158.02	Horizon	PPO		1873.97				300	5185.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXTRACTION,CORONAL REMAINS,PRIM	D7111	HCPCS	outpatient			5458	1158.02	Managed Care Inc	Managed Care Inc		4912.2	90			300	5185.1	percent of total billed charges	
EXTRACTION,CORONAL REMAINS,PRIM	D7111	HCPCS	outpatient			5458	1158.02	Multiplan	Multiplan		4366.4	80			300	5185.1	percent of total billed charges	
EXTRACTION,CORONAL REMAINS,PRIM	D7111	HCPCS	outpatient			5458	1158.02	Qualcare	Qualcare		4093.5	75			300	5185.1	percent of total billed charges	
EXTRACTION,CORONAL REMAINS,PRIM	D7111	HCPCS	outpatient			5458	1158.02	Three Rivers	Three Rivers		5185.1	95			300	5185.1	percent of total billed charges	
EXTRACTION,CORONAL REMAINS,PRIM	D7111	HCPCS	outpatient			5458	1158.02	UHC	Medicaid		1722	31.55			300	5185.1	percent of total billed charges	
EXTRACTION,CORONAL REMAINS,PRIM	D7111	HCPCS	outpatient			5458	1158.02	UHC	Medicare		1006.97				300	5185.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXTRACTION,CORONAL REMAINS,PRIM	D7111	HCPCS	outpatient			5458	1158.02	Wellcare	Medicaid		1722	31.55			300	5185.1	percent of total billed charges	
EXTRACTION,CORONAL REMAINS,PRIM	D7111	HCPCS	outpatient			5458	1158.02	Wellcare	Medicare		1006.97				300	5185.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXTRACTION,CORONAL REMAINS,PRIM	D7111	HCPCS	outpatient			5458	1158.02	WellPoint	WellPoint		1756.38	32.18			300	5185.1	percent of total billed charges	
EXTRACTION, ERUPTED/EXPOSED TOOTH	D7140	HCPCS	outpatient			5458	1158.02	Aetna	Better Health		1722	31.55			300	5185.1	percent of total billed charges	
EXTRACTION, ERUPTED/EXPOSED TOOTH	D7140	HCPCS	outpatient			5458	1158.02	Aetna	Commercial		1603.1				300	5185.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXTRACTION, ERUPTED/EXPOSED TOOTH	D7140	HCPCS	outpatient			5458	1158.02	Aetna	Medicare		1006.97				300	5185.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXTRACTION, ERUPTED/EXPOSED TOOTH	D7140	HCPCS	outpatient			5458	1158.02	Americare	Americare		4093.5	75			300	5185.1	percent of total billed charges	
EXTRACTION, ERUPTED/EXPOSED TOOTH	D7140	HCPCS	outpatient			5458	1158.02	Amerihealth	HMO/PPO		300				300	5185.1	fee schedule	
EXTRACTION, ERUPTED/EXPOSED TOOTH	D7140	HCPCS	outpatient			5458	1158.02	Amerihealth	Medicare		1006.97				300	5185.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXTRACTION, ERUPTED/EXPOSED TOOTH	D7140	HCPCS	outpatient			5458	1158.02	Consumer	Consumer		5185.1	95			300	5185.1	percent of total billed charges	
EXTRACTION, ERUPTED/EXPOSED TOOTH	D7140	HCPCS	outpatient			5458	1158.02	Corrections	Corrections		4366.4	80			300	5185.1	percent of total billed charges	
EXTRACTION, ERUPTED/EXPOSED TOOTH	D7140	HCPCS	outpatient			5458	1158.02	First Health	First Health		3820.6	70			300	5185.1	percent of total billed charges	
EXTRACTION, ERUPTED/EXPOSED TOOTH	D7140	HCPCS	outpatient			5458	1158.02	First Trenton	First Trenton		4912.2	90			300	5185.1	percent of total billed charges	
EXTRACTION, ERUPTED/EXPOSED TOOTH	D7140	HCPCS	outpatient			5458	1158.02	Horizon	Medicare Blue		1006.97				300	5185.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXTRACTION, ERUPTED/EXPOSED TOOTH	D7140	HCPCS	outpatient			5458	1158.02	Horizon	Indemnity		1873.97				300	5185.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXTRACTION, ERUPTED/EXPOSED TOOTH	D7140	HCPCS	outpatient			5458	1158.02	Horizon	MGD		1873.97				300	5185.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXTRACTION, ERUPTED/EXPOSED TOOTH	D7140	HCPCS	outpatient			5458	1158.02	Horizon	PPO		1873.97				300	5185.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXTRACTION, ERUPTED/EXPOSED TOOTH	D7140	HCPCS	outpatient			5458	1158.02	Managed Care Inc	Managed Care Inc		4912.2	90			300	5185.1	percent of total billed charges	
EXTRACTION, ERUPTED/EXPOSED TOOTH	D7140	HCPCS	outpatient			5458	1158.02	Multiplan	Multiplan		4366.4	80			300	5185.1	percent of total billed charges	
EXTRACTION, ERUPTED/EXPOSED TOOTH	D7140	HCPCS	outpatient			5458	1158.02	Qualcare	Qualcare		4093.5	75			300	5185.1	percent of total billed charges	
EXTRACTION, ERUPTED/EXPOSED TOOTH	D7140	HCPCS	outpatient			5458	1158.02	Three Rivers	Three Rivers		5185.1	95			300	5185.1	percent of total billed charges	
EXTRACTION, ERUPTED/EXPOSED TOOTH	D7140	HCPCS	outpatient			5458	1158.02	UHC	Medicare		1006.97				300	5185.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXTRACTION, ERUPTED/EXPOSED TOOTH	D7140	HCPCS	outpatient			5458	1158.02	UHC	Medicaid		1722	31.55			300	5185.1	percent of total billed charges	
EXTRACTION, ERUPTED/EXPOSED TOOTH	D7140	HCPCS	outpatient			5458	1158.02	Wellcare	Medicare		1006.97				300	5185.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXTRACTION, ERUPTED/EXPOSED TOOTH	D7140	HCPCS	outpatient			5458	1158.02	Wellcare	Medicaid		1722	31.55			300	5185.1	percent of total billed charges	
EXTRACTION, ERUPTED/EXPOSED TOOTH	D7140	HCPCS	outpatient			5458	1158.02	WellPoint	WellPoint		1756.38	32.18			300	5185.1	percent of total billed charges	
SURGICAL REMOVE-ERUPTED TOOTH	D7210	HCPCS	outpatient			6465	2005.77	Aetna	Commercial		2776.69				300	6141.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURGICAL REMOVE-ERUPTED TOOTH	D7210	HCPCS	outpatient			6465	2005.77	Aetna	Better Health		2039.71	31.55			300	6141.75	percent of total billed charges	
SURGICAL REMOVE-ERUPTED TOOTH	D7210	HCPCS	outpatient			6465	2005.77	Aetna	Medicare		1744.15				300	6141.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURGICAL REMOVE-ERUPTED TOOTH	D7210	HCPCS	outpatient			6465	2005.77	Americare	Americare		4848.75	75			300	6141.75	percent of total billed charges	
SURGICAL REMOVE-ERUPTED TOOTH	D7210	HCPCS	outpatient			6465	2005.77	Amerihealth	HMO/PPO		300				300	6141.75	fee schedule	
SURGICAL REMOVE-ERUPTED TOOTH	D7210	HCPCS	outpatient			6465	2005.77	Amerihealth	Medicare		1744.15				300	6141.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURGICAL REMOVE-ERUPTED TOOTH	D7210	HCPCS	outpatient			6465	2005.77	Consumer	Consumer		6141.75	95			300	6141.75	percent of total billed charges	
SURGICAL REMOVE-ERUPTED TOOTH	D7210	HCPCS	outpatient			6465	2005.77	Corrections	Corrections		5172	80			300	6141.75	percent of total billed charges	
SURGICAL REMOVE-ERUPTED TOOTH	D7210	HCPCS	outpatient			6465	2005.77	First Health	First Health		4525.5	70			300	6141.75	percent of total billed charges	
SURGICAL REMOVE-ERUPTED TOOTH	D7210	HCPCS	outpatient			6465	2005.77	First Trenton	First Trenton		5818.5	90			300	6141.75	percent of total billed charges	
SURGICAL REMOVE-ERUPTED TOOTH	D7210	HCPCS	outpatient			6465	2005.77	Horizon	Indemnity		3245.86				300	6141.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURGICAL REMOVE-ERUPTED TOOTH	D7210	HCPCS	outpatient			6465	2005.77	Horizon	MGD		3245.86				300	6141.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURGICAL REMOVE-ERUPTED TOOTH	D7210	HCPCS	outpatient			6465	2005.77	Horizon	PPO		3245.86				300	6141.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURGICAL REMOVE-ERUPTED TOOTH	D7210	HCPCS	outpatient			6465	2005.77	Horizon	Medicare Blue		1744.15				300	6141.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURGICAL REMOVE-ERUPTED TOOTH	D7210	HCPCS	outpatient			6465	2005.77	Managed Care Inc	Managed Care Inc		5818.5	90			300	6141.75	percent of total billed charges	
SURGICAL REMOVE-ERUPTED TOOTH	D7210	HCPCS	outpatient			6465	2005.77	Multiplan	Multiplan		5172	80			300	6141.75	percent of total billed charges	
SURGICAL REMOVE-ERUPTED TOOTH	D7210	HCPCS	outpatient			6465	2005.77	Qualcare	Qualcare		4848.75	75			300	6141.75	percent of total billed charges	
SURGICAL REMOVE-ERUPTED TOOTH	D7210	HCPCS	outpatient			6465	2005.77	Three Rivers	Three Rivers		6141.75	95			300	6141.75	percent of total billed charges	
SURGICAL REMOVE-ERUPTED TOOTH	D7210	HCPCS	outpatient			6465	2005.77	UHC	Medicare		1744.15				300	6141.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURGICAL REMOVE-ERUPTED TOOTH	D7210	HCPCS	outpatient			6465	2005.77	UHC	Medicaid		2039.71	31.55			300	6141.75	percent of total billed charges	
SURGICAL REMOVE-ERUPTED TOOTH	D7210	HCPCS	outpatient			6465	2005.77	Wellcare	Medicare		1744.15				300	6141.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURGICAL REMOVE-ERUPTED TOOTH	D7210	HCPCS	outpatient			6465	2005.77	Wellcare	Medicaid		2039.71	31.55			300	6141.75	percent of total billed charges	
SURGICAL REMOVE-ERUPTED TOOTH	D7210	HCPCS	outpatient			6465	2005.77	WellPoint	WellPoint		2080.44	32.18			300	6141.75	percent of total billed charges	
REMOVAL OF IMPACTED TOOTH SOFT	D7220	HCPCS	outpatient			5458	1158.02	Aetna	Better Health		1722	31.55			300	5185.1	percent of total billed charges	
REMOVAL OF IMPACTED TOOTH SOFT	D7220	HCPCS	outpatient			5458	1158.02	Aetna	Commercial		1603.1				300	5185.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF IMPACTED TOOTH SOFT	D7220	HCPCS	outpatient			5458	1158.02	Aetna	Medicare		1006.97				300	5185.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF IMPACTED TOOTH SOFT	D7220	HCPCS	outpatient			5458	1158.02	Americare	Americare		4093.5	75			300	5185.1	percent of total billed charges	
REMOVAL OF IMPACTED TOOTH SOFT	D7220	HCPCS	outpatient			5458	1158.02	Amerihealth	HMO/PPO		300				300	5185.1	fee schedule	
REMOVAL OF IMPACTED TOOTH SOFT	D7220	HCPCS	outpatient			5458	1158.02	Amerihealth	Medicare		1006.97				300	5185.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF IMPACTED TOOTH SOFT	D7220	HCPCS	outpatient			5458	1158.02	Consumer	Consumer		5185.1	95			300	5185.1	percent of total billed charges	
REMOVAL OF IMPACTED TOOTH SOFT	D7220	HCPCS	outpatient			5458	1158.02	Corrections	Corrections		4366.4	80			300	5185.1	percent of total billed charges	
REMOVAL OF IMPACTED TOOTH SOFT	D7220	HCPCS	outpatient			5458	1158.02	First Health	First Health		3820.6	70			300	5185.1	percent of total billed charges	
REMOVAL OF IMPACTED TOOTH SOFT	D7220	HCPCS	outpatient			5458	1158.02	First Trenton	First Trenton		4912.2	90			300	5185.1	percent of total billed charges	
REMOVAL OF IMPACTED TOOTH SOFT	D7220	HCPCS	outpatient			5458	1158.02	Horizon	Medicare Blue		1006.97				300	5185.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF IMPACTED TOOTH SOFT	D7220	HCPCS	outpatient			5458	1158.02	Horizon	MGD		1873.97				300	5185.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF IMPACTED TOOTH SOFT	D7220	HCPCS	outpatient			5458	1158.02	Horizon	Indemnity		1873.97				300	5185.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF IMPACTED TOOTH SOFT	D7220	HCPCS	outpatient			5458	1158.02	Horizon	PPO		1873.97				300	5185.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF IMPACTED TOOTH SOFT	D7220	HCPCS	outpatient			5458	1158.02	Managed Care Inc	Managed Care Inc		4912.2	90			300	5185.1	percent of total billed charges	
REMOVAL OF IMPACTED TOOTH SOFT	D7220	HCPCS	outpatient			5458	1158.02	Multiplan	Multiplan		4366.4	80			300	5185.1	percent of total billed charges	
REMOVAL OF IMPACTED TOOTH SOFT	D7220	HCPCS	outpatient			5458	1158.02	Qualcare	Qualcare		4093.5	75			300	5185.1	percent of total billed charges	
REMOVAL OF IMPACTED TOOTH SOFT	D7220	HCPCS	outpatient			5458	1158.02	Three Rivers	Three Rivers		5185.1	95			300	5185.1	percent of total billed charges	
REMOVAL OF IMPACTED TOOTH SOFT	D7220	HCPCS	outpatient			5458	1158.02	UHC	Medicaid		1722	31.55			300	5185.1	percent of total billed charges	
REMOVAL OF IMPACTED TOOTH SOFT	D7220	HCPCS	outpatient			5458	1158.02	UHC	Medicare		1006.97				300	5185.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF IMPACTED TOOTH SOFT	D7220	HCPCS	outpatient			5458	1158.02	Wellcare	Medicare		1006.97				300	5185.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF IMPACTED TOOTH SOFT	D7220	HCPCS	outpatient			5458	1158.02	Wellcare	Medicaid		1722	31.55			300	5185.1	percent of total billed charges	
REMOVAL OF IMPACTED TOOTH SOFT	D7220	HCPCS	outpatient			5458	1158.02	WellPoint	WellPoint		1756.38	32.18			300	5185.1	percent of total billed charges	
RMVL IMPCTED TOOTH	D7230	HCPCS	outpatient			6465	1158.02	Aetna	Better Health		2039.71	31.55			300	6141.75	percent of total billed charges	
RMVL IMPCTED TOOTH	D7230	HCPCS	outpatient			6465	1158.02	Aetna	Commercial		1603.1				300	6141.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL IMPCTED TOOTH	D7230	HCPCS	outpatient			6465	1158.02	Aetna	Medicare		1006.97				300	6141.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL IMPCTED TOOTH	D7230	HCPCS	outpatient			6465	1158.02	Americare	Americare		4848.75	75			300	6141.75	percent of total billed charges	
RMVL IMPCTED TOOTH	D7230	HCPCS	outpatient			6465	1158.02	Amerihealth	HMO/PPO		300				300	6141.75	fee schedule	
RMVL IMPCTED TOOTH	D7230	HCPCS	outpatient			6465	1158.02	Amerihealth	Medicare		1006.97				300	6141.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL IMPCTED TOOTH	D7230	HCPCS	outpatient			6465	1158.02	Consumer	Consumer		6141.75	95			300	6141.75	percent of total billed charges	
RMVL IMPCTED TOOTH	D7230	HCPCS	outpatient			6465	1158.02	Corrections	Corrections		5172	80			300	6141.75	percent of total billed charges	
RMVL IMPCTED TOOTH	D7230	HCPCS	outpatient			6465	1158.02	First Health	First Health		4525.5	70			300	6141.75	percent of total billed charges	
RMVL IMPCTED TOOTH	D7230	HCPCS	outpatient			6465	1158.02	First Trenton	First Trenton		5818.5	90			300	6141.75	percent of total billed charges	
RMVL IMPCTED TOOTH	D7230	HCPCS	outpatient			6465	1158.02	Horizon	Medicare Blue		1006.97				300	6141.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL IMPCTED TOOTH	D7230	HCPCS	outpatient			6465	1158.02	Horizon	MGD		1873.97				300	6141.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL IMPCTED TOOTH	D7230	HCPCS	outpatient			6465	1158.02	Horizon	Indemnity		1873.97				300	6141.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL IMPCTED TOOTH	D7230	HCPCS	outpatient			6465	1158.02	Horizon	PPO		1873.97				300	6141.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL IMPCTED TOOTH	D7230	HCPCS	outpatient			6465	1158.02	Managed Care Inc	Managed Care Inc		5818.5	90			300	6141.75	percent of total billed charges	
RMVL IMPCTED TOOTH	D7230	HCPCS	outpatient			6465	1158.02	Multiplan	Multiplan		5172	80			300	6141.75	percent of total billed charges	
RMVL IMPCTED TOOTH	D7230	HCPCS	outpatient			6465	1158.02	Qualcare	Qualcare		4848.75	75			300	6141.75	percent of total billed charges	
RMVL IMPCTED TOOTH	D7230	HCPCS	outpatient			6465	1158.02	Three Rivers	Three Rivers		6141.75	95			300	6141.75	percent of total billed charges	
RMVL IMPCTED TOOTH	D7230	HCPCS	outpatient			6465	1158.02	UHC	Medicaid		2039.71	31.55			300	6141.75	percent of total billed charges	
RMVL IMPCTED TOOTH	D7230	HCPCS	outpatient			6465	1158.02	UHC	Medicare		1006.97				300	6141.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL IMPCTED TOOTH	D7230	HCPCS	outpatient			6465	1158.02	Wellcare	Medicaid		2039.71	31.55			300	6141.75	percent of total billed charges	
RMVL IMPCTED TOOTH	D7230	HCPCS	outpatient			6465	1158.02	Wellcare	Medicare		1006.97				300	6141.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL IMPCTED TOOTH	D7230	HCPCS	outpatient			6465	1158.02	WellPoint	WellPoint		2080.44	32.18			300	6141.75	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.														
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true													
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
REM.IMPACT TOOTH-COMPLT BONY	D7240	HCPCS	outpatient			5458	1158.02	Aetna	Better Health		1722	31.55			300		5185.1 percent of total billed charges	
REM.IMPACT TOOTH-COMPLT BONY	D7240	HCPCS	outpatient			5458	1158.02	Aetna	Commercial		1603.1				300		5185.1 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM.IMPACT TOOTH-COMPLT BONY	D7240	HCPCS	outpatient			5458	1158.02	Aetna	Medicare		1006.97				300		5185.1 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM.IMPACT TOOTH-COMPLT BONY	D7240	HCPCS	outpatient			5458	1158.02	Americare	Americare		4093.5	75			300		5185.1 percent of total billed charges	
REM.IMPACT TOOTH-COMPLT BONY	D7240	HCPCS	outpatient			5458	1158.02	Amerihealth	HMO/PPO		300				300		5185.1 fee schedule	
REM.IMPACT TOOTH-COMPLT BONY	D7240	HCPCS	outpatient			5458	1158.02	Amerihealth	Medicare		1006.97				300		5185.1 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM.IMPACT TOOTH-COMPLT BONY	D7240	HCPCS	outpatient			5458	1158.02	Consumer	Consumer		5185.1	95			300		5185.1 percent of total billed charges	
REM.IMPACT TOOTH-COMPLT BONY	D7240	HCPCS	outpatient			5458	1158.02	Corrections	Corrections		4366.4	80			300		5185.1 percent of total billed charges	
REM.IMPACT TOOTH-COMPLT BONY	D7240	HCPCS	outpatient			5458	1158.02	First Health	First Health		3820.6	70			300		5185.1 percent of total billed charges	
REM.IMPACT TOOTH-COMPLT BONY	D7240	HCPCS	outpatient			5458	1158.02	First Trenton	First Trenton		4912.2	90			300		5185.1 percent of total billed charges	
REM.IMPACT TOOTH-COMPLT BONY	D7240	HCPCS	outpatient			5458	1158.02	Horizon	MGD		1873.97				300		5185.1 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM.IMPACT TOOTH-COMPLT BONY	D7240	HCPCS	outpatient			5458	1158.02	Horizon	Medicare Blue		1006.97				300		5185.1 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM.IMPACT TOOTH-COMPLT BONY	D7240	HCPCS	outpatient			5458	1158.02	Horizon	Indemnity		1873.97				300		5185.1 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM.IMPACT TOOTH-COMPLT BONY	D7240	HCPCS	outpatient			5458	1158.02	Horizon	PPO		1873.97				300		5185.1 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM.IMPACT TOOTH-COMPLT BONY	D7240	HCPCS	outpatient			5458	1158.02	Managed Care Inc	Managed Care Inc		4912.2	90			300		5185.1 percent of total billed charges	
REM.IMPACT TOOTH-COMPLT BONY	D7240	HCPCS	outpatient			5458	1158.02	Multiplan	Multiplan		4366.4	80			300		5185.1 percent of total billed charges	
REM.IMPACT TOOTH-COMPLT BONY	D7240	HCPCS	outpatient			5458	1158.02	Qualcare	Qualcare		4093.5	75			300		5185.1 percent of total billed charges	
REM.IMPACT TOOTH-COMPLT BONY	D7240	HCPCS	outpatient			5458	1158.02	Three Rivers	Three Rivers		5185.1	95			300		5185.1 percent of total billed charges	
REM.IMPACT TOOTH-COMPLT BONY	D7240	HCPCS	outpatient			5458	1158.02	UHC	Medicare		1006.97				300		5185.1 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM.IMPACT TOOTH-COMPLT BONY	D7240	HCPCS	outpatient			5458	1158.02	UHC	Medicaid		1722	31.55			300		5185.1 percent of total billed charges	
REM.IMPACT TOOTH-COMPLT BONY	D7240	HCPCS	outpatient			5458	1158.02	Wellcare	Medicare		1006.97				300		5185.1 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM.IMPACT TOOTH-COMPLT BONY	D7240	HCPCS	outpatient			5458	1158.02	Wellcare	Medicaid		1722	31.55			300		5185.1 percent of total billed charges	
REM.IMPACT TOOTH-COMPLT BONY	D7240	HCPCS	outpatient			5458	1158.02	WellPoint	WellPoint		1756.38	32.18			300		5185.1 percent of total billed charges	
REM.IMPACT TOOTH-COMPLEX	D7241	HCPCS	outpatient			3685	1158.02	Aetna	Better Health		1162.62	31.55			300		3500.75 percent of total billed charges	
REM.IMPACT TOOTH-COMPLEX	D7241	HCPCS	outpatient			3685	1158.02	Aetna	Commercial		1603.1				300		3500.75 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM.IMPACT TOOTH-COMPLEX	D7241	HCPCS	outpatient			3685	1158.02	Aetna	Medicare		1006.97				300		3500.75 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM.IMPACT TOOTH-COMPLEX	D7241	HCPCS	outpatient			3685	1158.02	Americare	Americare		2763.75	75			300		3500.75 percent of total billed charges	
REM.IMPACT TOOTH-COMPLEX	D7241	HCPCS	outpatient			3685	1158.02	Amerihealth	HMO/PPO		300				300		3500.75 fee schedule	
REM.IMPACT TOOTH-COMPLEX	D7241	HCPCS	outpatient			3685	1158.02	Amerihealth	Medicare		1006.97				300		3500.75 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM.IMPACT TOOTH-COMPLEX	D7241	HCPCS	outpatient			3685	1158.02	Consumer	Consumer		3500.75	95			300		3500.75 percent of total billed charges	
REM.IMPACT TOOTH-COMPLEX	D7241	HCPCS	outpatient			3685	1158.02	Corrections	Corrections		2948	80			300		3500.75 percent of total billed charges	
REM.IMPACT TOOTH-COMPLEX	D7241	HCPCS	outpatient			3685	1158.02	First Health	First Health		2579.5	70			300		3500.75 percent of total billed charges	
REM.IMPACT TOOTH-COMPLEX	D7241	HCPCS	outpatient			3685	1158.02	First Trenton	First Trenton		3316.5	90			300		3500.75 percent of total billed charges	
REM.IMPACT TOOTH-COMPLEX	D7241	HCPCS	outpatient			3685	1158.02	Horizon	Medicare Blue		1006.97				300		3500.75 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM.IMPACT TOOTH-COMPLEX	D7241	HCPCS	outpatient			3685	1158.02	Horizon	MGD		1873.97				300		3500.75 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM.IMPACT TOOTH-COMPLEX	D7241	HCPCS	outpatient			3685	1158.02	Horizon	Indemnity		1873.97				300		3500.75 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM.IMPACT TOOTH-COMPLEX	D7241	HCPCS	outpatient			3685	1158.02	Horizon	PPO		1873.97				300		3500.75 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM.IMPACT TOOTH-COMPLEX	D7241	HCPCS	outpatient			3685	1158.02	Managed Care Inc	Managed Care Inc		3316.5	90			300		3500.75 percent of total billed charges	
REM.IMPACT TOOTH-COMPLEX	D7241	HCPCS	outpatient			3685	1158.02	Multiplan	Multiplan		2948	80			300		3500.75 percent of total billed charges	
REM.IMPACT TOOTH-COMPLEX	D7241	HCPCS	outpatient			3685	1158.02	Qualcare	Qualcare		2763.75	75			300		3500.75 percent of total billed charges	
REM.IMPACT TOOTH-COMPLEX	D7241	HCPCS	outpatient			3685	1158.02	Three Rivers	Three Rivers		3500.75	95			300		3500.75 percent of total billed charges	
REM.IMPACT TOOTH-COMPLEX	D7241	HCPCS	outpatient			3685	1158.02	UHC	Medicaid		1162.62	31.55			300		3500.75 percent of total billed charges	
REM.IMPACT TOOTH-COMPLEX	D7241	HCPCS	outpatient			3685	1158.02	UHC	Medicare		1006.97				300		3500.75 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM.IMPACT TOOTH-COMPLEX	D7241	HCPCS	outpatient			3685	1158.02	Wellcare	Medicaid		1162.62	31.55			300		3500.75 percent of total billed charges	
REM.IMPACT TOOTH-COMPLEX	D7241	HCPCS	outpatient			3685	1158.02	Wellcare	Medicare		1006.97				300		3500.75 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM.IMPACT TOOTH-COMPLEX	D7241	HCPCS	outpatient			3685	1158.02	WellPoint	WellPoint		1185.83	32.18			300		3500.75 percent of total billed charges	
TOOTH ROOT REMOVAL	D7250	HCPCS	outpatient			2217	1158.02	Aetna	Better Health		699.46	31.55			300		2106.15 percent of total billed charges	
TOOTH ROOT REMOVAL	D7250	HCPCS	outpatient			2217	1158.02	Aetna	Commercial		1603.1				300		2106.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TOOTH ROOT REMOVAL	D7250	HCPCS	outpatient			2217	1158.02	Aetna	Medicare		1006.97				300		2106.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TOOTH ROOT REMOVAL	D7250	HCPCS	outpatient			2217	1158.02	Americare	Americare		1662.75	75			300		2106.15 percent of total billed charges	
TOOTH ROOT REMOVAL	D7250	HCPCS	outpatient			2217	1158.02	Amerihealth	Medicare		1006.97				300		2106.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TOOTH ROOT REMOVAL	D7250	HCPCS	outpatient			2217	1158.02	Amerihealth	HMO/PPO		300				300		2106.15 fee schedule	
TOOTH ROOT REMOVAL	D7250	HCPCS	outpatient			2217	1158.02	Consumer	Consumer		2106.15	95			300		2106.15 percent of total billed charges	
TOOTH ROOT REMOVAL	D7250	HCPCS	outpatient			2217	1158.02	Corrections	Corrections		1773.6	80			300		2106.15 percent of total billed charges	
TOOTH ROOT REMOVAL	D7250	HCPCS	outpatient			2217	1158.02	First Health	First Health		1551.9	70			300		2106.15 percent of total billed charges	
TOOTH ROOT REMOVAL	D7250	HCPCS	outpatient			2217	1158.02	First Trenton	First Trenton		1995.3	90			300		2106.15 percent of total billed charges	
TOOTH ROOT REMOVAL	D7250	HCPCS	outpatient			2217	1158.02	Horizon	Medicare Blue		1006.97				300		2106.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TOOTH ROOT REMOVAL	D7250	HCPCS	outpatient			2217	1158.02	Horizon	MGD		1873.97				300		2106.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TOOTH ROOT REMOVAL	D7250	HCPCS	outpatient			2217	1158.02	Horizon	Indemnity		1873.97				300		2106.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TOOTH ROOT REMOVAL	D7250	HCPCS	outpatient			2217	1158.02	Horizon	PPO		1873.97				300		2106.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TOOTH ROOT REMOVAL	D7250	HCPCS	outpatient			2217	1158.02	Managed Care Inc	Managed Care Inc		1995.3	90			300		2106.15 percent of total billed charges	
TOOTH ROOT REMOVAL	D7250	HCPCS	outpatient			2217	1158.02	Multiplan	Multiplan		1773.6	80			300		2106.15 percent of total billed charges	
TOOTH ROOT REMOVAL	D7250	HCPCS	outpatient			2217	1158.02	Qualcare	Qualcare		1662.75	75			300		2106.15 percent of total billed charges	
TOOTH ROOT REMOVAL	D7250	HCPCS	outpatient			2217	1158.02	Three Rivers	Three Rivers		2106.15	95			300		2106.15 percent of total billed charges	
TOOTH ROOT REMOVAL	D7250	HCPCS	outpatient			2217	1158.02	UHC	Medicare		1006.97				300		2106.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TOOTH ROOT REMOVAL	D7250	HCPCS	outpatient			2217	1158.02	UHC	Medicaid		699.46	31.55			300		2106.15 percent of total billed charges	
TOOTH ROOT REMOVAL	D7250	HCPCS	outpatient			2217	1158.02	Wellcare	Medicare		1006.97				300		2106.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TOOTH ROOT REMOVAL	D7250	HCPCS	outpatient			2217	1158.02	Wellcare	Medicaid		699.46	31.55			300		2106.15 percent of total billed charges	
TOOTH ROOT REMOVAL	D7250	HCPCS	outpatient			2217	1158.02	WellPoint	WellPoint		713.43	32.18			300		2106.15 percent of total billed charges	
CORONECTOMY INT PARTIAL TOOTH	D7251	HCPCS	outpatient			582	2005.77	Aetna	Better Health		183.62	31.55			164.38		3245.86 percent of total billed charges	
CORONECTOMY INT PARTIAL TOOTH	D7251	HCPCS	outpatient			582	2005.77	Aetna	Commercial		2776.69				164.38		3245.86 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORONECTOMY INT PARTIAL TOOTH	D7251	HCPCS	outpatient			582	2005.77	Aetna	Medicare		1744.15				164.38		3245.86 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORONECTOMY INT PARTIAL TOOTH	D7251	HCPCS	outpatient			582	2005.77	Americare	Americare		436.5	75			164.38		3245.86 percent of total billed charges	
CORONECTOMY INT PARTIAL TOOTH	D7251	HCPCS	outpatient			582	2005.77	Amerihealth	HMO/PPO		378.3	65			164.38		3245.86 percent of total billed charges	
CORONECTOMY INT PARTIAL TOOTH	D7251	HCPCS	outpatient			582	2005.77	Amerihealth	Medicare		1744.15				164.38		3245.86 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORONECTOMY INT PARTIAL TOOTH	D7251	HCPCS	outpatient			582	2005.77	Consumer	Consumer		552.9	95			164.38		3245.86 percent of total billed charges	
CORONECTOMY INT PARTIAL TOOTH	D7251	HCPCS	outpatient			582	2005.77	Corrections	Corrections		465.6	80			164.38		3245.86 percent of total billed charges	
CORONECTOMY INT PARTIAL TOOTH	D7251	HCPCS	outpatient			582	2005.77	First Health	First Health		407.4	70			164.38		3245.86 percent of total billed charges	
CORONECTOMY INT PARTIAL TOOTH	D7251	HCPCS	outpatient			582	2005.77	First Trenton	First Trenton		523.8	90			164.38		3245.86 percent of total billed charges	
CORONECTOMY INT PARTIAL TOOTH	D7251	HCPCS	outpatient			582	2005.77	Horizon	Medicare Blue		1744.15				164.38		3245.86 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORONECTOMY INT PARTIAL TOOTH	D7251	HCPCS	outpatient			582	2005.77	Horizon	PPO		3245.86				164.38		3245.86 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORONECTOMY INT PARTIAL TOOTH	D7251	HCPCS	outpatient			582	2005.77	Horizon	MGD		3245.86				164.38		3245.86 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORONECTOMY INT PARTIAL TOOTH	D7251	HCPCS	outpatient			582	2005.77	Horizon	Indemnity		3245.86				164.38		3245.86 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORONECTOMY INT PARTIAL TOOTH	D7251	HCPCS	outpatient			582	2005.77	Managed Care Inc	Managed Care Inc		523.8	90			164.38		3245.86 percent of total billed charges	
CORONECTOMY INT PARTIAL TOOTH	D7251	HCPCS	outpatient			582	2005.77	Multiplan	Multiplan		465.6	80			164.38		3245.86 percent of total billed charges	
CORONECTOMY INT PARTIAL TOOTH	D7251	HCPCS	outpatient			582	2005.77	Qualcare	Qualcare		436.5	75			164.38		3245.86 percent of total billed charges	
CORONECTOMY INT PARTIAL TOOTH	D7251	HCPCS	outpatient			582	2005.77	Three Rivers	Three Rivers		552.9	95			164.38		3245.86 percent of total billed charges	
CORONECTOMY INT PARTIAL TOOTH	D7251	HCPCS	outpatient			582	2005.77	UHC	Medicaid		183.62	31.55			164.38		3245.86 percent of total billed charges	
CORONECTOMY INT PARTIAL TOOTH	D7251	HCPCS	outpatient			582	2005.77	UHC	Medicare		1744.15				164.38		3245.86 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORONECTOMY INT PARTIAL TOOTH	D7251	HCPCS	outpatient			582	2005.77	Wellcare	Medicare		1744.15				164.38		3245.86 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORONECTOMY INT PARTIAL TOOTH	D7251	HCPCS	outpatient			582	2005.77	Wellcare	Medicaid		183.62	31.55			164.38		3245.86 percent of total billed charges	
CORONECTOMY INT PARTIAL TOOTH	D7251	HCPCS	outpatient			582	2005.77	WellPoint	WellPoint		187.29	32.18			164.38		3245.86 percent of total billed charges	
PRIMARY CLOSURE OF SINUS PERFORATION	D7261	HCPCS	outpatient			5458	1158.02	Aetna	Commercial		1603.1				300		5185.1 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRIMARY CLOSURE OF SINUS PERFORATION	D7261	HCPCS	outpatient			5458	1158.02	Aetna	Better Health		1722	31.55			300		5185.1 percent of total billed charges	
PRIMARY CLOSURE OF SINUS PERFORATION	D7261	HCPCS	outpatient			5458	1158.02	Aetna	Medicare		1006.97				300		5185.1 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRIMARY CLOSURE OF SINUS PERFORATION	D7261	HCPCS	outpatient			5458	1158.02	Americare	Americare		4093.5	75			300		5185.1 percent of total billed charges	
PRIMARY CLOSURE OF SINUS PERFORATION	D7261	HCPCS	outpatient			5458	1158.02	Amerihealth	HMO/PPO		300				300		5185.1 fee schedule	
PRIMARY CLOSURE OF SINUS PERFORATION	D7261	HCPCS	outpatient			5458	1158.02	Amerihealth	Medicare		1006.97				300		5185.1 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRIMARY CLOSURE OF SINUS PERFORATION	D7261	HCPCS	outpatient			5458	1158.02	Consumer	Consumer		5185.1	95			300		5185.1 percent of total billed charges	
PRIMARY CLOSURE OF SINUS PERFORATION	D7261	HCPCS	outpatient			5458	1158.02	Corrections	Corrections		4366.4	80			300		5185.1 percent of total billed charges	
PRIMARY CLOSURE OF SINUS PERFORATION	D7261	HCPCS	outpatient			5458	1158.02	First Health	First Health		3820.6	70			300		5185.1 percent of total billed charges	
PRIMARY CLOSURE OF SINUS PERFORATION	D7261	HCPCS	outpatient			5458	1158.02	First Trenton	First Trenton		4912.2	90			300		5185.1 percent of total billed charges	
PRIMARY CLOSURE OF SINUS PERFORATION	D7261	HCPCS	outpatient			5458	1158.02	Horizon	Indemnity		1873.97				300		5185.1 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRIMARY CLOSURE OF SINUS PERFORATION	D7261	HCPCS	outpatient			5458	1158.02	Horizon	MGD		1873.97				300		5185.1 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRIMARY CLOSURE OF SINUS PERFORATION	D7261	HCPCS	outpatient			5458	1158.02	Horizon	Medicare Blue		1006.97				300		5185.1 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRIMARY CLOSURE OF SINUS PERFORATION	D7261	HCPCS	outpatient			5458	1158.02	Horizon	PPO		1873.97				300		5185.1 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRIMARY CLOSURE OF SINUS PERFORATION	D7261	HCPCS	outpatient			5458	1158.02	Managed Care Inc	Managed Care Inc		4912.2	90			300		5185.1 percent of total billed charges	
PRIMARY CLOSURE OF SINUS PERFORATION	D7261	HCPCS	outpatient			5458	1158.02	Multiplan	Multiplan		4366.4	80			300		5185.1 percent of total billed charges	
PRIMARY CLOSURE OF SINUS PERFORATION	D7261	HCPCS	outpatient			5458	1158.02	Qualcare	Qualcare		4093.5	75			300		5185.1 percent of total billed charges	
PRIMARY CLOSURE OF SINUS PERFORATION	D7261	HCPCS	outpatient			5458	1158.02	Three Rivers	Three Rivers		5185.1	95			300		5185.1 percent of total billed charges	
PRIMARY CLOSURE OF SINUS PERFORATION	D7261	HCPCS	outpatient			5458	1158.02	UHC	Medicare		1006.97				300		5185.1 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRIMARY CLOSURE OF SINUS PERFORATION	D7261	HCPCS	outpatient			5458	1158.02	UHC	Medicaid		1722	31.55			300		5185.1 percent of total billed charges	
PRIMARY CLOSURE OF SINUS PERFORATION	D7261	HCPCS	outpatient			5458	1158.02	Wellcare	Medicare		1006.97				300		5185.1 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRIMARY CLOSURE OF SINUS PERFORATION	D7261	HCPCS	outpatient			5458	1158.02	Wellcare	Medicaid		1722	31.55			300		5185.1 percent of total billed charges	
PRIMARY CLOSURE OF SINUS PERFORATION	D7261	HCPCS	outpatient			5458	1158.02	WellPoint	WellPoint		1756.38	32.18			300		5185.1 percent of total billed charges	
TOOTH REIMPLANTATION	D7270	HCPCS	outpatient			1171	1158.02	Aetna	Medicare		1006.97				277.01		1873.97 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TOOTH REIMPLANTATION	D7270	HCPCS	outpatient			1171	1158.02	Aetna	Better Health		369.45	31.55			277.01		1873.97 percent of total billed charges	
TOOTH REIMPLANTATION	D7270	HCPCS	outpatient			1171	1158.02	Aetna	Commercial		1603.1				277.01		1873.97 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TOOTH REIMPLANTATION	D7270	HCPCS	outpatient			1171	1158.02	Americare	Americare		878.25	75			277.01		1873.97 percent of total billed charges	
TOOTH REIMPLANTATION	D7270	HCPCS	outpatient			1171	1158.02	Amerihealth	HMO/PPO		761.15	65			277.01		1873.97 percent of total billed charges	
TOOTH REIMPLANTATION	D7270	HCPCS	outpatient			1171	1158.02	Amerihealth	Medicare		1006.97				277.01		1873.97 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TOOTH REIMPLANTATION	D7270	HCPCS	outpatient			1171	1158.02	Consumer	Consumer		1112.45	95			277.01		1873.97 percent of total billed charges	
TOOTH REIMPLANTATION	D7270	HCPCS	outpatient			1171	1158.02	Corrections	Corrections		936.8	80			277.01		1873.97 percent of total billed charges	
TOOTH REIMPLANTATION	D7270	HCPCS	outpatient			1171	1158.02	First Health	First Health		819.7	70			277.01		1873.97 percent of total billed charges	
TOOTH REIMPLANTATION	D7270	HCPCS	outpatient			1171	1158.02	First Trenton	First Trenton		1053.9	90			277.01		1873.97 percent of total billed charges	
TOOTH REIMPLANTATION	D7270	HCPCS	outpatient			1171	1158.02	Horizon	MGD		1873.97				277.01		1873.97 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TOOTH REIMPLANTATION	D7270	HCPCS	outpatient			1171	1158.02	Horizon	Indemnity		1873.97				277.01		1873.97 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TOOTH REIMPLANTATION	D7270	HCPCS	outpatient			1171	1158.02	Horizon	PPO		1873.97				277.01		1873.97 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TOOTH REIMPLANTATION	D7270	HCPCS	outpatient			1171	1158.02	Horizon	Medicare Blue		1006.97				277.01		1873.97 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TOOTH REIMPLANTATION	D7270	HCPCS	outpatient			1171	1158.02	Managed Care Inc	Managed Care Inc		1053.9	90			277.01		1873.97 percent of total billed charges	
TOOTH REIMPLANTATION	D7270	HCPCS	outpatient			1171	1158.02	Multiplan	Multiplan		936.8	80			277.01		1873.97 percent of total billed charges	
TOOTH REIMPLANTATION	D7270	HCPCS	outpatient			1171	1158.02	Qualcare	Qualcare		878.25	75			277.01		1873.97 percent of total billed charges	
TOOTH REIMPLANTATION	D7270	HCPCS	outpatient			1171	1158.02	Three Rivers	Three Rivers		1112.45	95			277.01		1873.97 percent of total billed charges	
TOOTH REIMPLANTATION	D7270	HCPCS	outpatient			1171	1158.02	UHC	Medicaid		369.45	31.55			277.01		1873.97 percent of total billed charges	
TOOTH REIMPLANTATION	D7270	HCPCS	outpatient			1171	1158.02	UHC	Medicare		1006.97				277.01		1873.97 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TOOTH REIMPLANTATION	D7270	HCPCS	outpatient			1171	1158.02	Wellcare	Medicaid		369.45	31.55			277.01		1873.97 percent of total billed charges	
TOOTH REIMPLANTATION	D7270	HCPCS	outpatient			1171	1158.02	Wellcare	Medicare		1006.97				277.01		1873.97 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TOOTH REIMPLANTATION	D7270	HCPCS	outpatient			1171	1158.02	WellPoint	WellPoint		376.83	32.18			277.01		1873.97 percent of total billed charges	
TOOTH TRANSPLANTATION	D7272	HCPCS	outpatient			1579	1158.02	Aetna	Better Health		498.17	31.55			498.17		1873.97 percent of total billed charges	
TOOTH TRANSPLANTATION	D7272	HCPCS	outpatient			1579	1158.02	Aetna	Medicare		1006.97				498.17		1873.97 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TOOTH TRANSPLANTATION	D7272	HCPCS	outpatient			1579	1158.02	Aetna	Commercial		1603.1				498.17		1873.97 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TOOTH TRANSPLANTATION	D7272	HCPCS	outpatient			1579	1158.02	Americare	Americare		1184.25	75			498.17		1873.97 percent of total billed charges	
TOOTH TRANSPLANTATION	D7272	HCPCS	outpatient			1579	1158.02	Amerihealth	Medicare		1006.97				498.17		1873.97 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TOOTH TRANSPLANTATION	D7272	HCPCS	outpatient			1579	1158.02	Amerihealth	HMO/PPO		1026.35	65			498.17		1873.97 percent of total billed charges	
TOOTH TRANSPLANTATION	D7272	HCPCS	outpatient			1579	1158.02	Consumer	Consumer		1500.05	95			498.17		1873.97 percent of total billed charges	
TOOTH TRANSPLANTATION	D7272	HCPCS	outpatient			1579	1158.02	Corrections	Corrections		1263.2	80			498.17		1873.97 percent of total billed charges	
TOOTH TRANSPLANTATION	D7272	HCPCS	outpatient			1579	1158.02	First Health	First Health		1105.3	70			498.17		1873.97 percent of total billed charges	
TOOTH TRANSPLANTATION	D7272	HCPCS	outpatient			1579	1158.02	First Trenton	First Trenton		1421.1	90			498.17		1873.97 percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.													
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true												
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
TOOTH TRANSPLANTATION	D7272	HCPCS	outpatient			1579	1158.02	Horizon	Indemnity		1873.97				498.17	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TOOTH TRANSPLANTATION	D7272	HCPCS	outpatient			1579	1158.02	Horizon	MGD		1873.97				498.17	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TOOTH TRANSPLANTATION	D7272	HCPCS	outpatient			1579	1158.02	Horizon	PPO		1873.97				498.17	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TOOTH TRANSPLANTATION	D7272	HCPCS	outpatient			1579	1158.02	Horizon	Medicare Blue		1006.97				498.17	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TOOTH TRANSPLANTATION	D7272	HCPCS	outpatient			1579	1158.02	Managed Care Inc	Managed Care Inc		1421.1	90			498.17	1873.97	percent of total billed charges	
TOOTH TRANSPLANTATION	D7272	HCPCS	outpatient			1579	1158.02	Multiplan	Multiplan		1263.2	80			498.17	1873.97	percent of total billed charges	
TOOTH TRANSPLANTATION	D7272	HCPCS	outpatient			1579	1158.02	Qualcare	Qualcare		1184.25	75			498.17	1873.97	percent of total billed charges	
TOOTH TRANSPLANTATION	D7272	HCPCS	outpatient			1579	1158.02	Three Rivers	Three Rivers		1500.05	95			498.17	1873.97	percent of total billed charges	
TOOTH TRANSPLANTATION	D7272	HCPCS	outpatient			1579	1158.02	UHC	Medicare		1006.97				498.17	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TOOTH TRANSPLANTATION	D7272	HCPCS	outpatient			1579	1158.02	UHC	Medicaid		498.17	31.55			498.17	1873.97	percent of total billed charges	
TOOTH TRANSPLANTATION	D7272	HCPCS	outpatient			1579	1158.02	Wellcare	Medicare		1006.97				498.17	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TOOTH TRANSPLANTATION	D7272	HCPCS	outpatient			1579	1158.02	Wellcare	Medicaid		498.17	31.55			498.17	1873.97	percent of total billed charges	
TOOTH TRANSPLANTATION	D7272	HCPCS	outpatient			1579	1158.02	WellPoint	WellPoint		598.12	32.18			498.17	1873.97	percent of total billed charges	
SURG ACCESS UNERUPT TOOTH	D7280	HCPCS	outpatient			1803	1158.02	Aetna	Commercial		1603.1				300	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG ACCESS UNERUPT TOOTH	D7280	HCPCS	outpatient			1803	1158.02	Aetna	Better Health		568.85	31.55			300	1873.97	percent of total billed charges	
SURG ACCESS UNERUPT TOOTH	D7280	HCPCS	outpatient			1803	1158.02	Aetna	Medicare		1006.97				300	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG ACCESS UNERUPT TOOTH	D7280	HCPCS	outpatient			1803	1158.02	Americare	Americare		1352.25	75			300	1873.97	percent of total billed charges	
SURG ACCESS UNERUPT TOOTH	D7280	HCPCS	outpatient			1803	1158.02	Amerihealth	Medicare		1006.97				300	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG ACCESS UNERUPT TOOTH	D7280	HCPCS	outpatient			1803	1158.02	Amerihealth	HMO/PPO		300				300	1873.97	fee schedule	
SURG ACCESS UNERUPT TOOTH	D7280	HCPCS	outpatient			1803	1158.02	Consumer	Consumer		1712.85	95			300	1873.97	percent of total billed charges	
SURG ACCESS UNERUPT TOOTH	D7280	HCPCS	outpatient			1803	1158.02	Corrections	Corrections		1442.4	80			300	1873.97	percent of total billed charges	
SURG ACCESS UNERUPT TOOTH	D7280	HCPCS	outpatient			1803	1158.02	First Health	First Health		1262.1	70			300	1873.97	percent of total billed charges	
SURG ACCESS UNERUPT TOOTH	D7280	HCPCS	outpatient			1803	1158.02	First Trenton	First Trenton		1622.7	90			300	1873.97	percent of total billed charges	
SURG ACCESS UNERUPT TOOTH	D7280	HCPCS	outpatient			1803	1158.02	Horizon	Medicare Blue		1006.97				300	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG ACCESS UNERUPT TOOTH	D7280	HCPCS	outpatient			1803	1158.02	Horizon	Indemnity		1873.97				300	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG ACCESS UNERUPT TOOTH	D7280	HCPCS	outpatient			1803	1158.02	Horizon	MGD		1873.97				300	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG ACCESS UNERUPT TOOTH	D7280	HCPCS	outpatient			1803	1158.02	Horizon	PPO		1873.97				300	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG ACCESS UNERUPT TOOTH	D7280	HCPCS	outpatient			1803	1158.02	Managed Care Inc	Managed Care Inc		1622.7	90			300	1873.97	percent of total billed charges	
SURG ACCESS UNERUPT TOOTH	D7280	HCPCS	outpatient			1803	1158.02	Multiplan	Multiplan		1442.4	80			300	1873.97	percent of total billed charges	
SURG ACCESS UNERUPT TOOTH	D7280	HCPCS	outpatient			1803	1158.02	Qualcare	Qualcare		1352.25	75			300	1873.97	percent of total billed charges	
SURG ACCESS UNERUPT TOOTH	D7280	HCPCS	outpatient			1803	1158.02	Three Rivers	Three Rivers		1712.85	95			300	1873.97	percent of total billed charges	
SURG ACCESS UNERUPT TOOTH	D7280	HCPCS	outpatient			1803	1158.02	UHC	Medicaid		568.85	31.55			300	1873.97	percent of total billed charges	
SURG ACCESS UNERUPT TOOTH	D7280	HCPCS	outpatient			1803	1158.02	UHC	Medicare		1006.97				300	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG ACCESS UNERUPT TOOTH	D7280	HCPCS	outpatient			1803	1158.02	Wellcare	Medicare		1006.97				300	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG ACCESS UNERUPT TOOTH	D7280	HCPCS	outpatient			1803	1158.02	Wellcare	Medicaid		568.85	31.55			300	1873.97	percent of total billed charges	
SURG ACCESS UNERUPT TOOTH	D7280	HCPCS	outpatient			1803	1158.02	WellPoint	WellPoint		580.21	32.18			300	1873.97	percent of total billed charges	
BIOPSY SOFT TISSUE	D7286	HCPCS	outpatient			662		Aetna	Commercial		251.56	38			198.6	628.9	percent of total billed charges	
BIOPSY SOFT TISSUE	D7286	HCPCS	outpatient			662		Aetna	Better Health		208.86	31.55			198.6	628.9	percent of total billed charges	
BIOPSY SOFT TISSUE	D7286	HCPCS	outpatient			662		Aetna	Medicare		203.9	30.8			198.6	628.9	percent of total billed charges	
BIOPSY SOFT TISSUE	D7286	HCPCS	outpatient			662		Americare	Americare		496.5	75			198.6	628.9	percent of total billed charges	
BIOPSY SOFT TISSUE	D7286	HCPCS	outpatient			662		Amerihealth	HMO/PPO		300				198.6	628.9	fee schedule	
BIOPSY SOFT TISSUE	D7286	HCPCS	outpatient			662		Consumer	Consumer		628.9	95			198.6	628.9	percent of total billed charges	
BIOPSY SOFT TISSUE	D7286	HCPCS	outpatient			662		Corrections	Corrections		529.6	80			198.6	628.9	percent of total billed charges	
BIOPSY SOFT TISSUE	D7286	HCPCS	outpatient			662		First Health	First Health		463.4	70			198.6	628.9	percent of total billed charges	
BIOPSY SOFT TISSUE	D7286	HCPCS	outpatient			662		First Trenton	First Trenton		595.8	90			198.6	628.9	percent of total billed charges	
BIOPSY SOFT TISSUE	D7286	HCPCS	outpatient			662		Horizon	MGD		253.41	38.28			198.6	628.9	percent of total billed charges	
BIOPSY SOFT TISSUE	D7286	HCPCS	outpatient			662		Horizon	PPO		253.41	38.28			198.6	628.9	percent of total billed charges	
BIOPSY SOFT TISSUE	D7286	HCPCS	outpatient			662		Horizon	Indemnity		253.41	38.28			198.6	628.9	percent of total billed charges	
BIOPSY SOFT TISSUE	D7286	HCPCS	outpatient			662		Horizon	Medicare Blue		198.6	30			198.6	628.9	percent of total billed charges	
BIOPSY SOFT TISSUE	D7286	HCPCS	outpatient			662		Managed Care Inc	Managed Care Inc		595.8	90			198.6	628.9	percent of total billed charges	
BIOPSY SOFT TISSUE	D7286	HCPCS	outpatient			662		Multiplan	Multiplan		529.6	80			198.6	628.9	percent of total billed charges	
BIOPSY SOFT TISSUE	D7286	HCPCS	outpatient			662		Qualcare	Qualcare		496.5	75			198.6	628.9	percent of total billed charges	
BIOPSY SOFT TISSUE	D7286	HCPCS	outpatient			662		Three Rivers	Three Rivers		628.9	95			198.6	628.9	percent of total billed charges	
BIOPSY SOFT TISSUE	D7286	HCPCS	outpatient			662		UHC	Medicaid		208.86	31.55			198.6	628.9	percent of total billed charges	
BIOPSY SOFT TISSUE	D7286	HCPCS	outpatient			662		Wellcare	Medicaid		208.86	31.55			198.6	628.9	percent of total billed charges	
BIOPSY SOFT TISSUE	D7286	HCPCS	outpatient			662		WellPoint	WellPoint		213.03	32.18			198.6	628.9	percent of total billed charges	
BRUSH BIOPSY	D7288	HCPCS	outpatient			451		Aetna	Better Health		142.29	31.55			135.3	428.45	percent of total billed charges	
BRUSH BIOPSY	D7288	HCPCS	outpatient			451		Aetna	Commercial		171.38	38			135.3	428.45	percent of total billed charges	
BRUSH BIOPSY	D7288	HCPCS	outpatient			451		Aetna	Medicare		138.91	30.8			135.3	428.45	percent of total billed charges	
BRUSH BIOPSY	D7288	HCPCS	outpatient			451		Americare	Americare		338.25	75			135.3	428.45	percent of total billed charges	
BRUSH BIOPSY	D7288	HCPCS	outpatient			451		Amerihealth	HMO/PPO		300				135.3	428.45	fee schedule	
BRUSH BIOPSY	D7288	HCPCS	outpatient			451		Consumer	Consumer		428.45	95			135.3	428.45	percent of total billed charges	
BRUSH BIOPSY	D7288	HCPCS	outpatient			451		Corrections	Corrections		360.8	80			135.3	428.45	percent of total billed charges	
BRUSH BIOPSY	D7288	HCPCS	outpatient			451		First Health	First Health		315.7	70			135.3	428.45	percent of total billed charges	
BRUSH BIOPSY	D7288	HCPCS	outpatient			451		First Trenton	First Trenton		405.9	90			135.3	428.45	percent of total billed charges	
BRUSH BIOPSY	D7288	HCPCS	outpatient			451		Horizon	MGD		172.64	38.28			135.3	428.45	percent of total billed charges	
BRUSH BIOPSY	D7288	HCPCS	outpatient			451		Horizon	Medicare Blue		135.3	30			135.3	428.45	percent of total billed charges	
BRUSH BIOPSY	D7288	HCPCS	outpatient			451		Horizon	Indemnity		172.64	38.28			135.3	428.45	percent of total billed charges	
BRUSH BIOPSY	D7288	HCPCS	outpatient			451		Horizon	PPO		172.64	38.28			135.3	428.45	percent of total billed charges	
BRUSH BIOPSY	D7288	HCPCS	outpatient			451		Managed Care Inc	Managed Care Inc		405.9	90			135.3	428.45	percent of total billed charges	
BRUSH BIOPSY	D7288	HCPCS	outpatient			451		Multiplan	Multiplan		360.8	80			135.3	428.45	percent of total billed charges	
BRUSH BIOPSY	D7288	HCPCS	outpatient			451		Qualcare	Qualcare		338.25	75			135.3	428.45	percent of total billed charges	
BRUSH BIOPSY	D7288	HCPCS	outpatient			451		Three Rivers	Three Rivers		428.45	95			135.3	428.45	percent of total billed charges	
BRUSH BIOPSY	D7288	HCPCS	outpatient			451		UHC	Medicaid		142.29	31.55			135.3	428.45	percent of total billed charges	
BRUSH BIOPSY	D7288	HCPCS	outpatient			451		Wellcare	Medicaid		142.29	31.55			135.3	428.45	percent of total billed charges	
BRUSH BIOPSY	D7288	HCPCS	outpatient			451		WellPoint	WellPoint		145.13	32.18			135.3	428.45	percent of total billed charges	
REPOSITIONING OF TEETH	D7290	HCPCS	outpatient			1092		Aetna	Commercial		414.96	38			327.6	1037.4	percent of total billed charges	
REPOSITIONING OF TEETH	D7290	HCPCS	outpatient			1092		Aetna	Better Health		344.53	31.55			327.6	1037.4	percent of total billed charges	
REPOSITIONING OF TEETH	D7290	HCPCS	outpatient			1092		Aetna	Medicare		336.34	30.8			327.6	1037.4	percent of total billed charges	
REPOSITIONING OF TEETH	D7290	HCPCS	outpatient			1092		Americare	Americare		819	75			327.6	1037.4	percent of total billed charges	
REPOSITIONING OF TEETH	D7290	HCPCS	outpatient			1092		Amerihealth	HMO/PPO		709.8	65			327.6	1037.4	percent of total billed charges	
REPOSITIONING OF TEETH	D7290	HCPCS	outpatient			1092		Consumer	Consumer		1037.4	95			327.6	1037.4	percent of total billed charges	
REPOSITIONING OF TEETH	D7290	HCPCS	outpatient			1092		Corrections	Corrections		873.6	80			327.6	1037.4	percent of total billed charges	
REPOSITIONING OF TEETH	D7290	HCPCS	outpatient			1092		First Health	First Health		764.4	70			327.6	1037.4	percent of total billed charges	
REPOSITIONING OF TEETH	D7290	HCPCS	outpatient			1092		First Trenton	First Trenton		982.8	90			327.6	1037.4	percent of total billed charges	
REPOSITIONING OF TEETH	D7290	HCPCS	outpatient			1092		Horizon	Medicare Blue		327.6	30			327.6	1037.4	percent of total billed charges	
REPOSITIONING OF TEETH	D7290	HCPCS	outpatient			1092		Horizon	Indemnity		418.02	38.28			327.6	1037.4	percent of total billed charges	
REPOSITIONING OF TEETH	D7290	HCPCS	outpatient			1092		Horizon	MGD		418.02	38.28			327.6	1037.4	percent of total billed charges	
REPOSITIONING OF TEETH	D7290	HCPCS	outpatient			1092		Horizon	PPO		418.02	38.28			327.6	1037.4	percent of total billed charges	
REPOSITIONING OF TEETH	D7290	HCPCS	outpatient			1092		Managed Care Inc	Managed Care Inc		982.8	90			327.6	1037.4	percent of total billed charges	
REPOSITIONING OF TEETH	D7290	HCPCS	outpatient			1092		Multiplan	Multiplan		873.6	80			327.6	1037.4	percent of total billed charges	
REPOSITIONING OF TEETH	D7290	HCPCS	outpatient			1092		Qualcare	Qualcare		819	75			327.6	1037.4	percent of total billed charges	
REPOSITIONING OF TEETH	D7290	HCPCS	outpatient			1092		Three Rivers	Three Rivers		1037.4	95			327.6	1037.4	percent of total billed charges	
REPOSITIONING OF TEETH	D7290	HCPCS	outpatient			1092		UHC	Medicaid		344.53	31.55			327.6	1037.4	percent of total billed charges	
REPOSITIONING OF TEETH	D7290	HCPCS	outpatient			1092		Wellcare	Medicaid		344.53	31.55			327.6	1037.4	percent of total billed charges	
REPOSITIONING OF TEETH	D7290	HCPCS	outpatient			1092		WellPoint	WellPoint		351.41	32.18			327.6	1037.4	percent of total billed charges	
ALVEOPLASTY W/ EXTRACTION	D7310	HCPCS	outpatient			605	2005.77	Aetna	Commercial		2776.69				155.23	3245.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ALVEOPLASTY W/ EXTRACTION	D7310	HCPCS	outpatient			605	2005.77	Aetna	Better Health		190.88	31.55			155.23	3245.86	percent of total billed charges	
ALVEOPLASTY W/ EXTRACTION	D7310	HCPCS	outpatient			605	2005.77	Aetna	Medicare		1744.15				155.23	3245.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ALVEOPLASTY W/ EXTRACTION	D7310	HCPCS	outpatient			605	2005.77	Americare	Americare		453.75	75			155.23	3245.86	percent of total billed charges	
ALVEOPLASTY W/ EXTRACTION	D7310	HCPCS	outpatient			605	2005.77	Amerihealth	Medicare		1744.15				155.23	3245.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ALVEOPLASTY W/ EXTRACTION	D7310	HCPCS	outpatient			605	2005.77	Amerihealth	HMO/PPO		300				155.23	3245.86	fee schedule	
ALVEOPLASTY W/ EXTRACTION	D7310	HCPCS	outpatient			605	2005.77	Consumer	Consumer		574.75	95			155.23	3245.86	percent of total billed charges	
ALVEOPLASTY W/ EXTRACTION	D7310	HCPCS	outpatient			605	2005.77	Corrections	Corrections		484	80			155.23	3245.86	percent of total billed charges	
ALVEOPLASTY W/ EXTRACTION	D7310	HCPCS	outpatient			605	2005.77	First Health	First Health		423.5	70			155.23	3245.86	percent of total billed charges	
ALVEOPLASTY W/ EXTRACTION	D7310	HCPCS	outpatient			605	2005.77	First Trenton	First Trenton		544.5	90			155.23	3245.86	percent of total billed charges	
ALVEOPLASTY W/ EXTRACTION	D7310	HCPCS	outpatient			605	2005.77	Horizon	MGD		3245.86				155.23	3245.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ALVEOPLASTY W/ EXTRACTION	D7310	HCPCS	outpatient			605	2005.77	Horizon	Indemnity		3245.86				155.23	3245.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ALVEOPLASTY W/ EXTRACTION	D7310	HCPCS	outpatient			605	2005.77	Horizon	Medicare Blue		1744.15				155.23	3245.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ALVEOPLASTY W/ EXTRACTION	D7310	HCPCS	outpatient			605	2005.77	Horizon	PPO		3245.86				155.23	3245.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ALVEOPLASTY W/ EXTRACTION	D7310	HCPCS	outpatient			605	2005.77	Managed Care Inc	Managed Care Inc		544.5	90			155.23	3245.86	percent of total billed charges	
ALVEOPLASTY W/ EXTRACTION	D7310	HCPCS	outpatient			605	2005.77	Multiplan	Multiplan		484	80			155.23	3245.86	percent of total billed charges	
ALVEOPLASTY W/ EXTRACTION	D7310	HCPCS	outpatient			605	2005.77	Qualcare	Qualcare		453.75	75			155.23	3245.86	percent of total billed charges	
ALVEOPLASTY W/ EXTRACTION	D7310	HCPCS	outpatient			605	2005.77	Three Rivers	Three Rivers		574.75	95			155.23	3245.86	percent of total billed charges	
ALVEOPLASTY W/ EXTRACTION	D7310	HCPCS	outpatient			605	2005.77	UHC	Medicaid		190.88	31.55			155.23	3245.86	percent of total billed charges	
ALVEOPLASTY W/ EXTRACTION	D7310	HCPCS	outpatient			605	2005.77	UHC	Medicare		1744.15				155.23	3245.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ALVEOPLASTY W/ EXTRACTION	D7310	HCPCS	outpatient			605	2005.77	Wellcare	Medicare		1744.15				155.23	3245.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ALVEOPLASTY W/ EXTRACTION	D7310	HCPCS	outpatient			605	2005.77	Wellcare	Medicaid		190.88	31.55			155.23	3245.86	percent of total billed charges	
ALVEOPLASTY W/ EXTRACTION	D7310	HCPCS	outpatient			605	2005.77	WellPoint	WellPoint		194.69	32.18			155.23	3245.86	percent of total billed charges	
ALVEOPLASTY W/EXTRACT 1-3	D7311	HCPCS	outpatient			669	2005.77	Aetna	Better Health		211.07	31.55			172.26	3245.86	percent of total billed charges	
ALVEOPLASTY W/EXTRACT 1-3	D7311	HCPCS	outpatient			669	2005.77	Aetna	Commercial		2776.69				172.26	3245.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ALVEOPLASTY W/EXTRACT 1-3	D7311	HCPCS	outpatient			669	2005.77	Aetna	Medicare		1744.15				172.26	3245.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ALVEOPLASTY W/EXTRACT 1-3	D7311	HCPCS	outpatient			669	2005.77	Americare	Americare		501.75	75			172.26	3245.86	percent of total billed charges	
ALVEOPLASTY W/EXTRACT 1-3	D7311	HCPCS	outpatient			669	2005.77	Amerihealth	Medicare		1744.15				172.26	3245.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ALVEOPLASTY W/EXTRACT 1-3	D7311	HCPCS	outpatient			669	2005.77	Amerihealth	HMO/PPO		300				172.26	3245.86	fee schedule	
ALVEOPLASTY W/EXTRACT 1-3	D7311	HCPCS	outpatient			669	2005.77	Consumer	Consumer		635.55	95			172.26	3245.86	percent of total billed charges	
ALVEOPLASTY W/EXTRACT 1-3	D7311	HCPCS	outpatient			669	2005.77	Corrections	Corrections		535.2	80			172.26	3245.86	percent of total billed charges	
ALVEOPLASTY W/EXTRACT 1-3	D7311	HCPCS	outpatient			669	2005.77	First Health	First Health		468.3	70			172.26	3245.86	percent of total billed charges	
ALVEOPLASTY W/EXTRACT 1-3	D7311	HCPCS	outpatient			669	2005.77	First Trenton	First Trenton		602.1	90			172.26	3245.86	percent of total billed charges	
ALVEOPLASTY W/EXTRACT 1-3	D7311	HCPCS	outpatient			669	2005.77	Horizon	Medicare Blue		1744.15				172.26	3245.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ALVEOPLASTY W/EXTRACT 1-3	D7311	HCPCS	outpatient			669	2005.77	Horizon	Indemnity		3245.86				172.26	3245.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ALVEOPLASTY W/EXTRACT 1-3	D7311	HCPCS	outpatient			669	2005.77	Horizon	MGD		3245.86				172.26	3245.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ALVEOPLASTY W/EXTRACT 1-3	D7311	HCPCS	outpatient			669	2005.77	Horizon	PPO		3245.86				172.26	3245.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ALVEOPLASTY W/EXTRACT 1-3	D7311	HCPCS	outpatient			669	2005.77	Managed Care Inc	Managed Care Inc		602.1	90			172.26	3245.86	percent of total billed charges	
ALVEOPLASTY W/EXTRACT 1-3	D7311	HCPCS	outpatient			669	2005.77	Multiplan	Multiplan		535.2	80			172.26	3245.86	percent of total billed charges	
ALVEOPLASTY W/EXTRACT 1-3	D7311	HCPCS	outpatient			669	2005.77	Qualcare	Qualcare		501.75	75			172.26	3245.86	percent of total billed charges	
ALVEOPLASTY W/EXTRACT 1-3	D7311	HCPCS	outpatient			669	2005.77	Three Rivers	Three Rivers		635.55	95			172.26	3245.86	percent of total billed charges	
ALVEOPLASTY W/EXTRACT 1-3	D7311	HCPCS	outpatient			669	2005.77	UHC	Medicaid		211.07	31.55			172.26	3245.86	percent of total billed charges	
ALVEOPLASTY W/EXTRACT 1-3	D7311	HCPCS	outpatient			669	2005.77	UHC	Medicare		1744.15				172.26	3245.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ALVEOPLASTY W/EXTRACT 1-3	D7311	HCPCS	outpatient			669	2005.77	Wellcare	Medicaid		211.07	31.55			172.26	3245.86	percent of total billed charges	
ALVEOPLASTY W/EXTRACT 1-3	D7311	HCPCS	outpatient			669	2005.77	Wellcare	Medicare		1744.15				172.26	3245.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ALVEOPLASTY W/EXTRACT 1-3	D7311	HCPCS	outpatient			669	2005.77	WellPoint	WellPoint		215.28	32.18			172.26	3245.86	percent of total billed charges	
ALVEOPLASTY W/O EXTRACTION	D7320	HCPCS	outpatient			988		Aetna	Medicare		304.3	30.8			225.3	938.6	percent of total billed charges	
ALVEOPLASTY W/O EXTRACTION	D7320	HCPCS	outpatient			988		Aetna	Better Health		311.71	31.55			225.3	938.6	percent of total billed charges	
ALVEOPLASTY W/O EXTRACTION	D7320	HCPCS	outpatient			988		Aetna	Commercial		375.44	38			225.3	938.6	percent of total billed charges	
ALVEOPLASTY W/O EXTRACTION	D7320	HCPCS	outpatient			988		Americare	Americare		741	75			225.3	938.6	percent of total billed charges	
ALVEOPLASTY W/O EXTRACTION	D7320	HCPCS	outpatient			988		Amerihealth	HMO/PPO		642.2	65			225.3	938.6	percent of total billed charges	
ALVEOPLASTY W/O EXTRACTION	D7320	HCPCS	outpatient			988		Consumer	Consumer		938.6	95			225.3	938.6	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.															
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true														
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ALVEOPLASTY W/O EXTRACTION	D7320	HCPCS	outpatient			988		Corrections	Corrections		790.4	80			225.3	938.6	percent of total billed charges	
ALVEOPLASTY W/O EXTRACTION	D7320	HCPCS	outpatient			988		First Health	First Health		691.6	70			225.3	938.6	percent of total billed charges	
ALVEOPLASTY W/O EXTRACTION	D7320	HCPCS	outpatient			988		First Trenton	First Trenton		889.2	90			225.3	938.6	percent of total billed charges	
ALVEOPLASTY W/O EXTRACTION	D7320	HCPCS	outpatient			988		Horizon	Medicare Blue		296.4	30			225.3	938.6	percent of total billed charges	
ALVEOPLASTY W/O EXTRACTION	D7320	HCPCS	outpatient			988		Horizon	Indemnity		378.21	38.28			225.3	938.6	percent of total billed charges	
ALVEOPLASTY W/O EXTRACTION	D7320	HCPCS	outpatient			988		Horizon	MGD		378.21	38.28			225.3	938.6	percent of total billed charges	
ALVEOPLASTY W/O EXTRACTION	D7320	HCPCS	outpatient			988		Horizon	PPO		378.21	38.28			225.3	938.6	percent of total billed charges	
ALVEOPLASTY W/O EXTRACTION	D7320	HCPCS	outpatient			988		Managed Care Inc	Managed Care Inc		889.2	90			225.3	938.6	percent of total billed charges	
ALVEOPLASTY W/O EXTRACTION	D7320	HCPCS	outpatient			988		Multiplan	Multiplan		750.4	80			225.3	938.6	percent of total billed charges	
ALVEOPLASTY W/O EXTRACTION	D7320	HCPCS	outpatient			988		Qualcare	Qualcare		741	75			225.3	938.6	percent of total billed charges	
ALVEOPLASTY W/O EXTRACTION	D7320	HCPCS	outpatient			988		Three Rivers	Three Rivers		938.6	95			225.3	938.6	percent of total billed charges	
ALVEOPLASTY W/O EXTRACTION	D7320	HCPCS	outpatient			988		UHC	Medicaid		311.71	31.55			225.3	938.6	percent of total billed charges	
ALVEOPLASTY W/O EXTRACTION	D7320	HCPCS	outpatient			988		Wellcare	Medicaid		311.71	31.55			225.3	938.6	percent of total billed charges	
ALVEOPLASTY W/O EXTRACTION	D7320	HCPCS	outpatient			988		WellPoint	WellPoint		317.94	32.18			225.3	938.6	percent of total billed charges	
ALVEOPLASTY NOT W/EXTRACTS	D7321	HCPCS	outpatient			938		Aetna	Medicare		288.9	30.8			236.7	891.1	percent of total billed charges	
ALVEOPLASTY NOT W/EXTRACTS	D7321	HCPCS	outpatient			938		Aetna	Better Health		295.94	31.55			236.7	891.1	percent of total billed charges	
ALVEOPLASTY NOT W/EXTRACTS	D7321	HCPCS	outpatient			938		Aetna	Commercial		356.44	38			236.7	891.1	percent of total billed charges	
ALVEOPLASTY NOT W/EXTRACTS	D7321	HCPCS	outpatient			938		Americare	Americare		703.5	75			236.7	891.1	percent of total billed charges	
ALVEOPLASTY NOT W/EXTRACTS	D7321	HCPCS	outpatient			938		Amerihealth	HMO/PPO		300				236.7	891.1	fee schedule	
ALVEOPLASTY NOT W/EXTRACTS	D7321	HCPCS	outpatient			938		Consumer	Consumer		891.1	95			236.7	891.1	percent of total billed charges	
ALVEOPLASTY NOT W/EXTRACTS	D7321	HCPCS	outpatient			938		Corrections	Corrections		750.4	80			236.7	891.1	percent of total billed charges	
ALVEOPLASTY NOT W/EXTRACTS	D7321	HCPCS	outpatient			938		First Health	First Health		656.6	70			236.7	891.1	percent of total billed charges	
ALVEOPLASTY NOT W/EXTRACTS	D7321	HCPCS	outpatient			938		First Trenton	First Trenton		844.2	90			236.7	891.1	percent of total billed charges	
ALVEOPLASTY NOT W/EXTRACTS	D7321	HCPCS	outpatient			938		Horizon	MGD		359.07	38.28			236.7	891.1	percent of total billed charges	
ALVEOPLASTY NOT W/EXTRACTS	D7321	HCPCS	outpatient			938		Horizon	Indemnity		359.07	38.28			236.7	891.1	percent of total billed charges	
ALVEOPLASTY NOT W/EXTRACTS	D7321	HCPCS	outpatient			938		Horizon	PPO		359.07	38.28			236.7	891.1	percent of total billed charges	
ALVEOPLASTY NOT W/EXTRACTS	D7321	HCPCS	outpatient			938		Horizon	Medicare Blue		281.4	30			236.7	891.1	percent of total billed charges	
ALVEOPLASTY NOT W/EXTRACTS	D7321	HCPCS	outpatient			938		Managed Care Inc	Managed Care Inc		844.2	90			236.7	891.1	percent of total billed charges	
ALVEOPLASTY NOT W/EXTRACTS	D7321	HCPCS	outpatient			938		Multiplan	Multiplan		750.4	80			236.7	891.1	percent of total billed charges	
ALVEOPLASTY NOT W/EXTRACTS	D7321	HCPCS	outpatient			938		Qualcare	Qualcare		703.5	75			236.7	891.1	percent of total billed charges	
ALVEOPLASTY NOT W/EXTRACTS	D7321	HCPCS	outpatient			938		Three Rivers	Three Rivers		891.1	95			236.7	891.1	percent of total billed charges	
ALVEOPLASTY NOT W/EXTRACTS	D7321	HCPCS	outpatient			938		UHC	Medicaid		295.94	31.55			236.7	891.1	percent of total billed charges	
ALVEOPLASTY NOT W/EXTRACTS	D7321	HCPCS	outpatient			938		Wellcare	Medicaid		295.94	31.55			236.7	891.1	percent of total billed charges	
ALVEOPLASTY NOT W/EXTRACTS	D7321	HCPCS	outpatient			938		WellPoint	WellPoint		301.85	32.18			236.7	891.1	percent of total billed charges	
RAD EXC LES UP TO 1.25CM	D7410	HCPCS	outpatient			935	2005.77	Aetna	Commercial		2776.69				294.99	3245.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RAD EXC LES UP TO 1.25CM	D7410	HCPCS	outpatient			935	2005.77	Aetna	Better Health		294.99	31.55			294.99	3245.86	percent of total billed charges	
RAD EXC LES UP TO 1.25CM	D7410	HCPCS	outpatient			935	2005.77	Aetna	Medicare		1744.15				294.99	3245.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RAD EXC LES UP TO 1.25CM	D7410	HCPCS	outpatient			935	2005.77	Americare	Americare		701.25	75			294.99	3245.86	percent of total billed charges	
RAD EXC LES UP TO 1.25CM	D7410	HCPCS	outpatient			935	2005.77	Amerihealth	HMO/PPO		607.75	65			294.99	3245.86	percent of total billed charges	
RAD EXC LES UP TO 1.25CM	D7410	HCPCS	outpatient			935	2005.77	Amerihealth	Medicare		1744.15				294.99	3245.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RAD EXC LES UP TO 1.25CM	D7410	HCPCS	outpatient			935	2005.77	Consumer	Consumer		888.25	95			294.99	3245.86	percent of total billed charges	
RAD EXC LES UP TO 1.25CM	D7410	HCPCS	outpatient			935	2005.77	Corrections	Corrections		748	80			294.99	3245.86	percent of total billed charges	
RAD EXC LES UP TO 1.25CM	D7410	HCPCS	outpatient			935	2005.77	First Health	First Health		654.5	70			294.99	3245.86	percent of total billed charges	
RAD EXC LES UP TO 1.25CM	D7410	HCPCS	outpatient			935	2005.77	First Trenton	First Trenton		841.5	90			294.99	3245.86	percent of total billed charges	
RAD EXC LES UP TO 1.25CM	D7410	HCPCS	outpatient			935	2005.77	Horizon	MGD		3245.86				294.99	3245.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RAD EXC LES UP TO 1.25CM	D7410	HCPCS	outpatient			935	2005.77	Horizon	Medicare Blue		1744.15				294.99	3245.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RAD EXC LES UP TO 1.25CM	D7410	HCPCS	outpatient			935	2005.77	Horizon	PPO		3245.86				294.99	3245.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RAD EXC LES UP TO 1.25CM	D7410	HCPCS	outpatient			935	2005.77	Horizon	Indemnity		3245.86				294.99	3245.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RAD EXC LES UP TO 1.25CM	D7410	HCPCS	outpatient			935	2005.77	Managed Care Inc	Managed Care Inc		841.5	90			294.99	3245.86	percent of total billed charges	
RAD EXC LES UP TO 1.25CM	D7410	HCPCS	outpatient			935	2005.77	Multiplan	Multiplan		748	80			294.99	3245.86	percent of total billed charges	
RAD EXC LES UP TO 1.25CM	D7410	HCPCS	outpatient			935	2005.77	Qualcare	Qualcare		701.25	75			294.99	3245.86	percent of total billed charges	
RAD EXC LES UP TO 1.25CM	D7410	HCPCS	outpatient			935	2005.77	Three Rivers	Three Rivers		888.25	95			294.99	3245.86	percent of total billed charges	
RAD EXC LES UP TO 1.25CM	D7410	HCPCS	outpatient			935	2005.77	UHC	Medicare		1744.15				294.99	3245.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RAD EXC LES UP TO 1.25CM	D7410	HCPCS	outpatient			935	2005.77	UHC	Medicaid		294.99	31.55			294.99	3245.86	percent of total billed charges	
RAD EXC LES UP TO 1.25CM	D7410	HCPCS	outpatient			935	2005.77	Wellcare	Medicaid		294.99	31.55			294.99	3245.86	percent of total billed charges	
RAD EXC LES UP TO 1.25CM	D7410	HCPCS	outpatient			935	2005.77	Wellcare	Medicare		1744.15				294.99	3245.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RAD EXC LES UP TO 1.25CM	D7410	HCPCS	outpatient			935	2005.77	WellPoint	WellPoint		300.88	32.18			294.99	3245.86	percent of total billed charges	
EXCISION BENIGN LESION>1.25C	D7411	HCPCS	outpatient			1341	2005.77	Aetna	Better Health		423.09	31.55			125	3245.86	percent of total billed charges	
EXCISION BENIGN LESION>1.25C	D7411	HCPCS	outpatient			1341	2005.77	Aetna	Commercial		2776.69				125	3245.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION BENIGN LESION>1.25C	D7411	HCPCS	outpatient			1341	2005.77	Aetna	Medicare		1744.15				125	3245.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION BENIGN LESION>1.25C	D7411	HCPCS	outpatient			1341	2005.77	Americare	Americare		1005.75	75			125	3245.86	percent of total billed charges	
EXCISION BENIGN LESION>1.25C	D7411	HCPCS	outpatient			1341	2005.77	Amerihealth	HMO/PPO		125				125	3245.86	fee schedule	
EXCISION BENIGN LESION>1.25C	D7411	HCPCS	outpatient			1341	2005.77	Amerihealth	Medicare		1744.15				125	3245.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION BENIGN LESION>1.25C	D7411	HCPCS	outpatient			1341	2005.77	Consumer	Consumer		1273.95	95			125	3245.86	percent of total billed charges	
EXCISION BENIGN LESION>1.25C	D7411	HCPCS	outpatient			1341	2005.77	Corrections	Corrections		1072.8	80			125	3245.86	percent of total billed charges	
EXCISION BENIGN LESION>1.25C	D7411	HCPCS	outpatient			1341	2005.77	First Health	First Health		938.7	70			125	3245.86	percent of total billed charges	
EXCISION BENIGN LESION>1.25C	D7411	HCPCS	outpatient			1341	2005.77	First Trenton	First Trenton		1206.9	90			125	3245.86	percent of total billed charges	
EXCISION BENIGN LESION>1.25C	D7411	HCPCS	outpatient			1341	2005.77	Horizon	MGD		3245.86				125	3245.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION BENIGN LESION>1.25C	D7411	HCPCS	outpatient			1341	2005.77	Horizon	Indemnity		3245.86				125	3245.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION BENIGN LESION>1.25C	D7411	HCPCS	outpatient			1341	2005.77	Horizon	Medicare Blue		1744.15				125	3245.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION BENIGN LESION>1.25C	D7411	HCPCS	outpatient			1341	2005.77	Horizon	PPO		3245.86				125	3245.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION BENIGN LESION>1.25C	D7411	HCPCS	outpatient			1341	2005.77	Managed Care Inc	Managed Care Inc		1206.9	90			125	3245.86	percent of total billed charges	
EXCISION BENIGN LESION>1.25C	D7411	HCPCS	outpatient			1341	2005.77	Multiplan	Multiplan		1072.8	80			125	3245.86	percent of total billed charges	
EXCISION BENIGN LESION>1.25C	D7411	HCPCS	outpatient			1341	2005.77	Qualcare	Qualcare		1005.75	75			125	3245.86	percent of total billed charges	
EXCISION BENIGN LESION>1.25C	D7411	HCPCS	outpatient			1341	2005.77	Three Rivers	Three Rivers		1273.95	95			125	3245.86	percent of total billed charges	
EXCISION BENIGN LESION>1.25C	D7411	HCPCS	outpatient			1341	2005.77	UHC	Medicaid		423.09	31.55			125	3245.86	percent of total billed charges	
EXCISION BENIGN LESION>1.25C	D7411	HCPCS	outpatient			1341	2005.77	UHC	Medicare		1744.15				125	3245.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION BENIGN LESION>1.25C	D7411	HCPCS	outpatient			1341	2005.77	Wellcare	Medicaid		423.09	31.55			125	3245.86	percent of total billed charges	
EXCISION BENIGN LESION>1.25C	D7411	HCPCS	outpatient			1341	2005.77	Wellcare	Medicare		1744.15				125	3245.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION BENIGN LESION>1.25C	D7411	HCPCS	outpatient			1341	2005.77	WellPoint	WellPoint		431.53	32.18			125	3245.86	percent of total billed charges	
REM ODONT CYST TO 1.25 CM	D7450	HCPCS	outpatient			1047	4234.52	Aetna	Better Health		330.33	31.55			300	6852.56	percent of total billed charges	
REM ODONT CYST TO 1.25 CM	D7450	HCPCS	outpatient			1047	4234.52	Aetna	Commercial		5862.05				300	6852.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM ODONT CYST TO 1.25 CM	D7450	HCPCS	outpatient			1047	4234.52	Aetna	Medicare		3682.19				300	6852.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM ODONT CYST TO 1.25 CM	D7450	HCPCS	outpatient			1047	4234.52	Americare	Americare		785.25	75			300	6852.56	percent of total billed charges	
REM ODONT CYST TO 1.25 CM	D7450	HCPCS	outpatient			1047	4234.52	Amerihealth	HMO/PPO		300				300	6852.56	fee schedule	
REM ODONT CYST TO 1.25 CM	D7450	HCPCS	outpatient			1047	4234.52	Amerihealth	Medicare		3682.19				300	6852.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM ODONT CYST TO 1.25 CM	D7450	HCPCS	outpatient			1047	4234.52	Consumer	Consumer		994.65	95			300	6852.56	percent of total billed charges	
REM ODONT CYST TO 1.25 CM	D7450	HCPCS	outpatient			1047	4234.52	Corrections	Corrections		837.6	80			300	6852.56	percent of total billed charges	
REM ODONT CYST TO 1.25 CM	D7450	HCPCS	outpatient			1047	4234.52	First Health	First Health		732.9	70			300	6852.56	percent of total billed charges	
REM ODONT CYST TO 1.25 CM	D7450	HCPCS	outpatient			1047	4234.52	First Trenton	First Trenton		942.3	90			300	6852.56	percent of total billed charges	
REM ODONT CYST TO 1.25 CM	D7450	HCPCS	outpatient			1047	4234.52	Horizon	Indemnity		6852.56				300	6852.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM ODONT CYST TO 1.25 CM	D7450	HCPCS	outpatient			1047	4234.52	Horizon	MGD		6852.56				300	6852.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM ODONT CYST TO 1.25 CM	D7450	HCPCS	outpatient			1047	4234.52	Horizon	PPO		6852.56				300	6852.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM ODONT CYST TO 1.25 CM	D7450	HCPCS	outpatient			1047	4234.52	Horizon	Medicare Blue		3682.19				300	6852.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM ODONT CYST TO 1.25 CM	D7450	HCPCS	outpatient			1047	4234.52	Managed Care Inc	Managed Care Inc		942.3	90			300	6852.56	percent of total billed charges	
REM ODONT CYST TO 1.25 CM	D7450	HCPCS	outpatient			1047	4234.52	Multiplan	Multiplan		837.6	80			300	6852.56	percent of total billed charges	
REM ODONT CYST TO 1.25 CM	D7450	HCPCS	outpatient			1047	4234.52	Qualcare	Qualcare		785.25	75			300	6852.56	percent of total billed charges	
REM ODONT CYST TO 1.25 CM	D7450	HCPCS	outpatient			1047	4234.52	Three Rivers	Three Rivers		994.65	95			300	6852.56	percent of total billed charges	
REM ODONT CYST TO 1.25 CM	D7450	HCPCS	outpatient			1047	4234.52	UHC	Medicare		3682.19				300	6852.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM ODONT CYST TO 1.25 CM	D7450	HCPCS	outpatient			1047	4234.52	UHC	Medicaid		330.33	31.55			300	6852.56	percent of total billed charges	
REM ODONT CYST TO 1.25 CM	D7450	HCPCS	outpatient			1047	4234.52	Wellcare	Medicare		3682.19				300	6852.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM ODONT CYST TO 1.25 CM	D7450	HCPCS	outpatient			1047	4234.52	Wellcare	Medicaid		330.33	31.55			300	6852.56	percent of total billed charges	
REM ODONT CYST TO 1.25 CM	D7450	HCPCS	outpatient			1047	4234.52	WellPoint	WellPoint		336.92	32.18			300	6852.56	percent of total billed charges	
REM NONODO CYST TO 1.25CM	D7460	HCPCS	outpatient			897	1158.02	Aetna	Commercial		1603.1				283	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM NONODO CYST TO 1.25CM	D7460	HCPCS	outpatient			897	1158.02	Aetna	Better Health		283	31.55			283	1873.97	percent of total billed charges	
REM NONODO CYST TO 1.25CM	D7460	HCPCS	outpatient			897	1158.02	Aetna	Medicare		1006.97				283	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM NONODO CYST TO 1.25CM	D7460	HCPCS	outpatient			897	1158.02	Americare	Americare		672.75	75			283	1873.97	percent of total billed charges	
REM NONODO CYST TO 1.25CM	D7460	HCPCS	outpatient			897	1158.02	Amerihealth	HMO/PPO		300				283	1873.97	fee schedule	
REM NONODO CYST TO 1.25CM	D7460	HCPCS	outpatient			897	1158.02	Amerihealth	Medicare		1006.97				283	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM NONODO CYST TO 1.25CM	D7460	HCPCS	outpatient			897	1158.02	Consumer	Consumer		852.15	95			283	1873.97	percent of total billed charges	
REM NONODO CYST TO 1.25CM	D7460	HCPCS	outpatient			897	1158.02	Corrections	Corrections		717.6	80			283	1873.97	percent of total billed charges	
REM NONODO CYST TO 1.25CM	D7460	HCPCS	outpatient			897	1158.02	First Health	First Health		627.9	70			283	1873.97	percent of total billed charges	
REM NONODO CYST TO 1.25CM	D7460	HCPCS	outpatient			897	1158.02	First Trenton	First Trenton		807.3	90			283	1873.97	percent of total billed charges	
REM NONODO CYST TO 1.25CM	D7460	HCPCS	outpatient			897	1158.02	Horizon	MGD		1873.97				283	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM NONODO CYST TO 1.25CM	D7460	HCPCS	outpatient			897	1158.02	Horizon	Indemnity		1873.97				283	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM NONODO CYST TO 1.25CM	D7460	HCPCS	outpatient			897	1158.02	Horizon	PPO		1873.97				283	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM NONODO CYST TO 1.25CM	D7460	HCPCS	outpatient			897	1158.02	Horizon	Medicare Blue		1006.97				283	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM NONODO CYST TO 1.25CM	D7460	HCPCS	outpatient			897	1158.02	Managed Care Inc	Managed Care Inc		807.3	90			283	1873.97	percent of total billed charges	
REM NONODO CYST TO 1.25CM	D7460	HCPCS	outpatient			897	1158.02	Multiplan	Multiplan		717.6	80			283	1873.97	percent of total billed charges	
REM NONODO CYST TO 1.25CM	D7460	HCPCS	outpatient			897	1158.02	Qualcare	Qualcare		672.75	75			283	1873.97	percent of total billed charges	
REM NONODO CYST TO 1.25CM	D7460	HCPCS	outpatient			897	1158.02	Three Rivers	Three Rivers		852.15	95			283	1873.97	percent of total billed charges	
REM NONODO CYST TO 1.25CM	D7460	HCPCS	outpatient			897	1158.02	UHC	Medicare		1006.97				283	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM NONODO CYST TO 1.25CM	D7460	HCPCS	outpatient			897	1158.02	UHC	Medicaid		283	31.55			283	1873.97	percent of total billed charges	
REM NONODO CYST TO 1.25CM	D7460	HCPCS	outpatient			897	1158.02	Wellcare	Medicare		1006.97				283	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM NONODO CYST TO 1.25CM	D7460	HCPCS	outpatient			897	1158.02	Wellcare	Medicaid		283	31.55			283	1873.97	percent of total billed charges	
REM NONODO CYST TO 1.25CM	D7460	HCPCS	outpatient			897	1158.02	WellPoint	WellPoint		288.65	32.18			283	1873.97	percent of total billed charges	
REM EXOSTOSIS ANY SITE	D7471	HCPCS	outpatient			1395		Aetna	Better Health		440.12	31.55			418.5	1325.25	percent of total billed charges	
REM EXOSTOSIS ANY SITE	D7471	HCPCS	outpatient			1395		Aetna	Medicare		429.66	30.8			418.5	1325.25	percent of total billed charges	
REM EXOSTOSIS ANY SITE	D7471	HCPCS	outpatient			1395		Aetna	Commercial		530.1	38			418.5	1325.25	percent of total billed charges	
REM EXOSTOSIS ANY SITE	D7471	HCPCS	outpatient			1395		Americare	Americare		1046.25	75			418.5	1325.25	percent of total billed charges	
REM EXOSTOSIS ANY SITE	D7471	HCPCS	outpatient			1395		Amerihealth	HMO/PPO		906.75	65			418.5	1325.25	percent of total billed charges	
REM EXOSTOSIS ANY SITE	D7471	HCPCS	outpatient			1395		Consumer	Consumer		1325.25	95			418.5	1325.25	percent of total billed charges	
REM EXOSTOSIS ANY SITE	D7471	HCPCS	outpatient			1395		Corrections	Corrections		1116	80			418.5	1325.25	percent of total billed charges	
REM EXOSTOSIS ANY SITE	D7471	HCPCS	outpatient			1395		First Health	First Health		976.5	70			418.5	1325.25	percent of total billed charges	
REM EXOSTOSIS ANY SITE	D7471	HCPCS	outpatient			1395		First Trenton	First Trenton		1255.5	90			418.5	1325.25	percent of total billed charges	
REM EXOSTOSIS ANY SITE	D7471	HCPCS	outpatient			1395		Horizon	MGD		534.01	38.28			418.5	1325.25	percent of total billed charges	
REM EXOSTOSIS ANY SITE	D7471	HCPCS	outpatient			1395		Horizon	Medicare Blue		418.5	30			418.5	1325.25	percent of total billed charges	
REM EXOSTOSIS ANY SITE	D7471	HCPCS	outpatient			1395		Horizon	Indemnity		534.01	38.28			418.5	1325.25	percent of total billed charges	
REM EXOSTOSIS ANY SITE	D7471	HCPCS	outpatient			1395		Horizon	PPO		534.01	38.28			418.5	1325.25	percent of total billed charges	
REM EXOSTOSIS ANY SITE	D7471	HCPCS	outpatient			1395		Managed Care Inc	Managed Care Inc		1255.5	90			418.5	1325.25	percent of total billed charges	
REM EXOSTOSIS ANY SITE	D7471	HCPCS	outpatient			1395		Multiplan	Multiplan		1116	80			418.5	1325.25	percent of total billed charges	
REM EXOSTOSIS ANY SITE	D7471	HCPCS	outpatient			1395		Qualcare	Qualcare		1046.25	75			418.5	1325.25	percent of total billed charges	
REM EXOSTOSIS ANY SITE	D7471	HCPCS	outpatient			1395		Three Rivers	Three Rivers		1325.25	95			418.5	1325.25	percent of total billed charges	
REM EXOSTOSIS ANY SITE	D7471	HCPCS	outpatient			1395		UHC	Medicaid		440.12	31.55			418.5	1325.25	percent of total billed charges	
REM EXOSTOSIS ANY SITE	D7471	HCPCS	outpatient			1395		Wellcare	Medicaid		440.12	31.55			418.5	1325.25	percent of total billed charges	
REM EXOSTOSIS ANY SITE	D7471	HCPCS	outpatient			1395		WellPoint	WellPoint		448.91	32.18			418.5	1325.25	percent of total billed charges	
REMOVAL PALATAL	D7472	HCPCS	outpatient			1480	1158.02	Aetna	Commercial		1603.1				125	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL PALATAL	D7472	HCPCS	outpatient			1480	1158.02	Aetna	Better Health		466.94	31.55			125	1873.97	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.														
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true													
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
REMOVAL PALATAL	D7472	HCPCS	outpatient			1480	1158.02	Aetna	Medicare		1006.97				125	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
REMOVAL PALATAL	D7472	HCPCS	outpatient			1480	1158.02	Americare	Americare		1110	75			125	1873.97	percent of total billed charges		
REMOVAL PALATAL	D7472	HCPCS	outpatient			1480	1158.02	Amerihealth	HMO/PPO		125				125	1873.97	fee schedule		
REMOVAL PALATAL	D7472	HCPCS	outpatient			1480	1158.02	Amerihealth	Medicare		1006.97				125	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
REMOVAL PALATAL	D7472	HCPCS	outpatient			1480	1158.02	Consumer	Consumer		1406	95			125	1873.97	percent of total billed charges		
REMOVAL PALATAL	D7472	HCPCS	outpatient			1480	1158.02	Corrections	Corrections		1184	80			125	1873.97	percent of total billed charges		
REMOVAL PALATAL	D7472	HCPCS	outpatient			1480	1158.02	First Health	First Health		1036	70			125	1873.97	percent of total billed charges		
REMOVAL PALATAL	D7472	HCPCS	outpatient			1480	1158.02	First Trenton	First Trenton		1332	90			125	1873.97	percent of total billed charges		
REMOVAL PALATAL	D7472	HCPCS	outpatient			1480	1158.02	Horizon	PPO		1873.97				125	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
REMOVAL PALATAL	D7472	HCPCS	outpatient			1480	1158.02	Horizon	MGD		1873.97				125	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
REMOVAL PALATAL	D7472	HCPCS	outpatient			1480	1158.02	Horizon	Indemnity		1873.97				125	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
REMOVAL PALATAL	D7472	HCPCS	outpatient			1480	1158.02	Horizon	Medicare Blue		1006.97				125	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
REMOVAL PALATAL	D7472	HCPCS	outpatient			1480	1158.02	Managed Care Inc	Managed Care Inc		1332	90			125	1873.97	percent of total billed charges		
REMOVAL PALATAL	D7472	HCPCS	outpatient			1480	1158.02	Multiplan	Multiplan		1184	80			125	1873.97	percent of total billed charges		
REMOVAL PALATAL	D7472	HCPCS	outpatient			1480	1158.02	Qualcare	Qualcare		1110	75			125	1873.97	percent of total billed charges		
REMOVAL PALATAL	D7472	HCPCS	outpatient			1480	1158.02	Three Rivers	Three Rivers		1406	95			125	1873.97	percent of total billed charges		
REMOVAL PALATAL	D7472	HCPCS	outpatient			1480	1158.02	UHC	Medicare		1006.97				125	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
REMOVAL PALATAL	D7472	HCPCS	outpatient			1480	1158.02	UHC	Medicaid		466.94	31.55			125	1873.97	percent of total billed charges		
REMOVAL PALATAL	D7472	HCPCS	outpatient			1480	1158.02	Wellcare	Medicare		1006.97				125	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
REMOVAL PALATAL	D7472	HCPCS	outpatient			1480	1158.02	Wellcare	Medicaid		466.94	31.55			125	1873.97	percent of total billed charges		
REMOVAL PALATAL	D7472	HCPCS	outpatient			1480	1158.02	WellPoint	WellPoint		476.26	32.18			125	1873.97	percent of total billed charges		
REMOVE TORUS MANDIBULARIS	D7473	HCPCS	outpatient			1594	1158.02	Aetna	Better Health		502.91	31.55			125	1873.97	percent of total billed charges		
REMOVE TORUS MANDIBULARIS	D7473	HCPCS	outpatient			1594	1158.02	Aetna	Commercial		1603.1				125	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
REMOVE TORUS MANDIBULARIS	D7473	HCPCS	outpatient			1594	1158.02	Aetna	Medicare		1006.97				125	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
REMOVE TORUS MANDIBULARIS	D7473	HCPCS	outpatient			1594	1158.02	Americare	Americare		1195.5	75			125	1873.97	percent of total billed charges		
REMOVE TORUS MANDIBULARIS	D7473	HCPCS	outpatient			1594	1158.02	Amerihealth	Medicare		1006.97				125	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
REMOVE TORUS MANDIBULARIS	D7473	HCPCS	outpatient			1594	1158.02	Amerihealth	HMO/PPO		125				125	1873.97	fee schedule		
REMOVE TORUS MANDIBULARIS	D7473	HCPCS	outpatient			1594	1158.02	Consumer	Consumer		1514.3	95			125	1873.97	percent of total billed charges		
REMOVE TORUS MANDIBULARIS	D7473	HCPCS	outpatient			1594	1158.02	Corrections	Corrections		1275.2	80			125	1873.97	percent of total billed charges		
REMOVE TORUS MANDIBULARIS	D7473	HCPCS	outpatient			1594	1158.02	First Health	First Health		1115.8	70			125	1873.97	percent of total billed charges		
REMOVE TORUS MANDIBULARIS	D7473	HCPCS	outpatient			1594	1158.02	First Trenton	First Trenton		1434.6	90			125	1873.97	percent of total billed charges		
REMOVE TORUS MANDIBULARIS	D7473	HCPCS	outpatient			1594	1158.02	Horizon	MGD		1873.97				125	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
REMOVE TORUS MANDIBULARIS	D7473	HCPCS	outpatient			1594	1158.02	Horizon	Indemnity		1873.97				125	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
REMOVE TORUS MANDIBULARIS	D7473	HCPCS	outpatient			1594	1158.02	Horizon	Medicare Blue		1006.97				125	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
REMOVE TORUS MANDIBULARIS	D7473	HCPCS	outpatient			1594	1158.02	Horizon	PPO		1873.97				125	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
REMOVE TORUS MANDIBULARIS	D7473	HCPCS	outpatient			1594	1158.02	Managed Care Inc	Managed Care Inc		1434.6	90			125	1873.97	percent of total billed charges		
REMOVE TORUS MANDIBULARIS	D7473	HCPCS	outpatient			1594	1158.02	Multiplan	Multiplan		1275.2	80			125	1873.97	percent of total billed charges		
REMOVE TORUS MANDIBULARIS	D7473	HCPCS	outpatient			1594	1158.02	Qualcare	Qualcare		1195.5	75			125	1873.97	percent of total billed charges		
REMOVE TORUS MANDIBULARIS	D7473	HCPCS	outpatient			1594	1158.02	Three Rivers	Three Rivers		1514.3	95			125	1873.97	percent of total billed charges		
REMOVE TORUS MANDIBULARIS	D7473	HCPCS	outpatient			1594	1158.02	UHC	Medicare		1006.97				125	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
REMOVE TORUS MANDIBULARIS	D7473	HCPCS	outpatient			1594	1158.02	UHC	Medicaid		502.91	31.55			125	1873.97	percent of total billed charges		
REMOVE TORUS MANDIBULARIS	D7473	HCPCS	outpatient			1594	1158.02	Wellcare	Medicaid		502.91	31.55			125	1873.97	percent of total billed charges		
REMOVE TORUS MANDIBULARIS	D7473	HCPCS	outpatient			1594	1158.02	Wellcare	Medicare		1006.97				125	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
REMOVE TORUS MANDIBULARIS	D7473	HCPCS	outpatient			1594	1158.02	WellPoint	WellPoint		512.95	32.18			125	1873.97	percent of total billed charges		
INCISE AND DRAIN	D7510	HCPCS	outpatient			1369	925.36	Aetna	Better Health		431.92	31.55			154.6	1497.47	percent of total billed charges		
INCISE AND DRAIN	D7510	HCPCS	outpatient			1369	925.36	Aetna	Commercial		1281.02				154.6	1497.47	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
INCISE AND DRAIN	D7510	HCPCS	outpatient			1369	925.36	Aetna	Medicare		804.66				154.6	1497.47	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
INCISE AND DRAIN	D7510	HCPCS	outpatient			1369	925.36	Americare	Americare		1026.75	75			154.6	1497.47	percent of total billed charges		
INCISE AND DRAIN	D7510	HCPCS	outpatient			1369	925.36	Amerihealth	HMO/PPO		300				154.6	1497.47	fee schedule		
INCISE AND DRAIN	D7510	HCPCS	outpatient			1369	925.36	Amerihealth	Medicare		804.66				154.6	1497.47	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
INCISE AND DRAIN	D7510	HCPCS	outpatient			1369	925.36	Consumer	Consumer		1300.55	95			154.6	1497.47	percent of total billed charges		
INCISE AND DRAIN	D7510	HCPCS	outpatient			1369	925.36	Corrections	Corrections		1095.2	80			154.6	1497.47	percent of total billed charges		
INCISE AND DRAIN	D7510	HCPCS	outpatient			1369	925.36	First Health	First Health		958.3	70			154.6	1497.47	percent of total billed charges		
INCISE AND DRAIN	D7510	HCPCS	outpatient			1369	925.36	First Trenton	First Trenton		1232.1	90			154.6	1497.47	percent of total billed charges		
INCISE AND DRAIN	D7510	HCPCS	outpatient			1369	925.36	Horizon	MGD		1497.47				154.6	1497.47	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
INCISE AND DRAIN	D7510	HCPCS	outpatient			1369	925.36	Horizon	Medicare Blue		804.66				154.6	1497.47	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
INCISE AND DRAIN	D7510	HCPCS	outpatient			1369	925.36	Horizon	PPO		1497.47				154.6	1497.47	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
INCISE AND DRAIN	D7510	HCPCS	outpatient			1369	925.36	Horizon	Indemnity		1497.47				154.6	1497.47	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
INCISE AND DRAIN	D7510	HCPCS	outpatient			1369	925.36	Managed Care Inc	Managed Care Inc		1232.1	90			154.6	1497.47	percent of total billed charges		
INCISE AND DRAIN	D7510	HCPCS	outpatient			1369	925.36	Multiplan	Multiplan		1095.2	80			154.6	1497.47	percent of total billed charges		
INCISE AND DRAIN	D7510	HCPCS	outpatient			1369	925.36	Qualcare	Qualcare		1026.75	75			154.6	1497.47	percent of total billed charges		
INCISE AND DRAIN	D7510	HCPCS	outpatient			1369	925.36	Three Rivers	Three Rivers		1300.55	95			154.6	1497.47	percent of total billed charges		
INCISE AND DRAIN	D7510	HCPCS	outpatient			1369	925.36	UHC	Medicare		804.66				154.6	1497.47	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
INCISE AND DRAIN	D7510	HCPCS	outpatient			1369	925.36	UHC	Medicaid		431.92	31.55			154.6	1497.47	percent of total billed charges		
INCISE AND DRAIN	D7510	HCPCS	outpatient			1369	925.36	Wellcare	Medicaid		431.92	31.55			154.6	1497.47	percent of total billed charges		
INCISE AND DRAIN	D7510	HCPCS	outpatient			1369	925.36	Wellcare	Medicare		804.66				154.6	1497.47	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
INCISE AND DRAIN	D7510	HCPCS	outpatient			1369	925.36	WellPoint	WellPoint		440.54	32.18			154.6	1497.47	percent of total billed charges		
I&D ABCESS-INTRORAL-COMP.	D7511	HCPCS	outpatient			709	925.36	Aetna	Better Health		223.69	31.55			223.69	1497.47	percent of total billed charges		
I&D ABCESS-INTRORAL-COMP.	D7511	HCPCS	outpatient			709	925.36	Aetna	Commercial		1281.02				223.69	1497.47	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
I&D ABCESS-INTRORAL-COMP.	D7511	HCPCS	outpatient			709	925.36	Aetna	Medicare		804.66				223.69	1497.47	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
I&D ABCESS-INTRORAL-COMP.	D7511	HCPCS	outpatient			709	925.36	Americare	Americare		531.75	75			223.69	1497.47	percent of total billed charges		
I&D ABCESS-INTRORAL-COMP.	D7511	HCPCS	outpatient			709	925.36	Amerihealth	HMO/PPO		300				223.69	1497.47	fee schedule		
I&D ABCESS-INTRORAL-COMP.	D7511	HCPCS	outpatient			709	925.36	Amerihealth	Medicare		804.66				223.69	1497.47	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
I&D ABCESS-INTRORAL-COMP.	D7511	HCPCS	outpatient			709	925.36	Consumer	Consumer		673.55	95			223.69	1497.47	percent of total billed charges		
I&D ABCESS-INTRORAL-COMP.	D7511	HCPCS	outpatient			709	925.36	Corrections	Corrections		567.2	80			223.69	1497.47	percent of total billed charges		
I&D ABCESS-INTRORAL-COMP.	D7511	HCPCS	outpatient			709	925.36	First Health	First Health		496.3	70			223.69	1497.47	percent of total billed charges		
I&D ABCESS-INTRORAL-COMP.	D7511	HCPCS	outpatient			709	925.36	First Trenton	First Trenton		638.1	90			223.69	1497.47	percent of total billed charges		
I&D ABCESS-INTRORAL-COMP.	D7511	HCPCS	outpatient			709	925.36	Horizon	Indemnity		1497.47				223.69	1497.47	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
I&D ABCESS-INTRORAL-COMP.	D7511	HCPCS	outpatient			709	925.36	Horizon	MGD		1497.47				223.69	1497.47	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
I&D ABCESS-INTRORAL-COMP.	D7511	HCPCS	outpatient			709	925.36	Horizon	Medicare Blue		804.66				223.69	1497.47	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
I&D ABCESS-INTRORAL-COMP.	D7511	HCPCS	outpatient			709	925.36	Horizon	PPO		1497.47				223.69	1497.47	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
I&D ABCESS-INTRORAL-COMP.	D7511	HCPCS	outpatient			709	925.36	Managed Care Inc	Managed Care Inc		638.1	90			223.69	1497.47	percent of total billed charges		
I&D ABCESS-INTRORAL-COMP.	D7511	HCPCS	outpatient			709	925.36	Multiplan	Multiplan		567.2	80			223.69	1497.47	percent of total billed charges		
I&D ABCESS-INTRORAL-COMP.	D7511	HCPCS	outpatient			709	925.36	Qualcare	Qualcare		531.75	75			223.69	1497.47	percent of total billed charges		
I&D ABCESS-INTRORAL-COMP.	D7511	HCPCS	outpatient			709	925.36	Three Rivers	Three Rivers		673.55	95			223.69	1497.47	percent of total billed charges		
I&D ABCESS-INTRORAL-COMP.	D7511	HCPCS	outpatient			709	925.36	UHC	Medicare		804.66				223.69	1497.47	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
I&D ABCESS-INTRORAL-COMP.	D7511	HCPCS	outpatient			709	925.36	UHC	Medicaid		223.69	31.55			223.69	1497.47	percent of total billed charges		
I&D ABCESS-INTRORAL-COMP.	D7511	HCPCS	outpatient			709	925.36	Wellcare	Medicare		804.66				223.69	1497.47	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
I&D ABCESS-INTRORAL-COMP.	D7511	HCPCS	outpatient			709	925.36	Wellcare	Medicaid		223.69	31.55			223.69	1497.47	percent of total billed charges		
I&D ABCESS-INTRORAL-COMP.	D7511	HCPCS	outpatient			709	925.36	WellPoint	WellPoint		226.16	32.18			223.69	1497.47	percent of total billed charges		
I&D ABSCESS EXTRAORAL	D7520	HCPCS	outpatient			1014	925.36	Aetna	Commercial		1281.02				319.92	1497.47	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
I&D ABSCESS EXTRAORAL	D7520	HCPCS	outpatient			1014	925.36	Aetna	Better Health		319.92	31.55			319.92	1497.47	percent of total billed charges		
I&D ABSCESS EXTRAORAL	D7520	HCPCS	outpatient			1014	925.36	Aetna	Medicare		804.66				319.92	1497.47	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
I&D ABSCESS EXTRAORAL	D7520	HCPCS	outpatient			1014	925.36	Americare	Americare		760.5	75			319.92	1497.47	percent of total billed charges		
I&D ABSCESS EXTRAORAL	D7520	HCPCS	outpatient			1014	925.36	Amerihealth	HMO/PPO		659.1	65			319.92	1497.47	percent of total billed charges		
I&D ABSCESS EXTRAORAL	D7520	HCPCS	outpatient			1014	925.36	Amerihealth	Medicare		804.66				319.92	1497.47	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
I&D ABSCESS EXTRAORAL	D7520	HCPCS	outpatient			1014	925.36	Consumer	Consumer		963.3	95			319.92	1497.47	percent of total billed charges		
I&D ABSCESS EXTRAORAL	D7520	HCPCS	outpatient			1014	925.36	Corrections	Corrections		811.2	80			319.92	1497.47	percent of total billed charges		
I&D ABSCESS EXTRAORAL	D7520	HCPCS	outpatient			1014	925.36	First Health	First Health		709.8	70			319.92	1497.47	percent of total billed charges		
I&D ABSCESS EXTRAORAL	D7520	HCPCS	outpatient			1014	925.36	First Trenton	First Trenton		912.6	90			319.92	1497.47	percent of total billed charges		
I&D ABSCESS EXTRAORAL	D7520	HCPCS	outpatient			1014	925.36	Horizon	PPO		1497.47				319.92	1497.47	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
I&D ABSCESS EXTRAORAL	D7520	HCPCS	outpatient			1014	925.36	Horizon	Medicare Blue		804.66				319.92	1497.47	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
I&D ABSCESS EXTRAORAL	D7520	HCPCS	outpatient			1014	925.36	Horizon	Indemnity		1497.47				319.92	1497.47	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
I&D ABSCESS EXTRAORAL	D7520	HCPCS	outpatient			1014	925.36	Horizon	MGD		1497.47				319.92	1497.47	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
I&D ABSCESS EXTRAORAL	D7520	HCPCS	outpatient			1014	925.36	Managed Care Inc	Managed Care Inc		912.6	90			319.92	1497.47	percent of total billed charges		
I&D ABSCESS EXTRAORAL	D7520	HCPCS	outpatient			1014	925.36	Multiplan	Multiplan		811.2	80			319.92	1497.47	percent of total billed charges		
I&D ABSCESS EXTRAORAL	D7520	HCPCS	outpatient			1014	925.36	Qualcare	Qualcare		760.5	75			319.92	1497.47	percent of total billed charges		
I&D ABSCESS EXTRAORAL	D7520	HCPCS	outpatient			1014	925.36	Three Rivers	Three Rivers		963.3	95			319.92	1497.47	percent of total billed charges		
I&D ABSCESS EXTRAORAL	D7520	HCPCS	outpatient			1014	925.36	UHC	Medicare		804.66				319.92	1497.47	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
I&D ABSCESS EXTRAORAL	D7520	HCPCS	outpatient			1014	925.36	UHC	Medicaid		319.92	31.55			319.92	1497.47	percent of total billed charges		
I&D ABSCESS EXTRAORAL	D7520	HCPCS	outpatient			1014	925.36	Wellcare	Medicare		804.66				319.92	1497.47	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
I&D ABSCESS EXTRAORAL	D7520	HCPCS	outpatient			1014	925.36	Wellcare	Medicaid		319.92	31.55			319.92	1497.47	percent of total billed charges		
I&D ABSCESS EXTRAORAL	D7520	HCPCS	outpatient			1014	925.36	WellPoint	WellPoint		326.31	32.18			319.92	1497.47	percent of total billed charges		
REMOVAL OF FB MUCOSA, SKIN	D7530	HCPCS	outpatient			791	1158.02	Aetna	Medicare		1006.97				201.92	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
REMOVAL OF FB MUCOSA, SKIN	D7530	HCPCS	outpatient			791	1158.02	Aetna	Commercial		1603.1				201.92	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
REMOVAL OF FB MUCOSA, SKIN	D7530	HCPCS	outpatient			791	1158.02	Aetna	Better Health		249.56	31.55			201.92	1873.97	percent of total billed charges		
REMOVAL OF FB MUCOSA, SKIN	D7530	HCPCS	outpatient			791	1158.02	Americare	Americare		593.25	75			201.92	1873.97	percent of total billed charges		
REMOVAL OF FB MUCOSA, SKIN	D7530	HCPCS	outpatient			791	1158.02	Amerihealth	Medicare		1006.97				201.92	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
REMOVAL OF FB MUCOSA, SKIN	D7530	HCPCS	outpatient			791	1158.02	Amerihealth	HMO/PPO		514.15	65			201.92	1873.97	percent of total billed charges		
REMOVAL OF FB MUCOSA, SKIN	D7530	HCPCS	outpatient			791	1158.02	Consumer	Consumer		751.45	95			201.92	1873.97	percent of total billed charges		
REMOVAL OF FB MUCOSA, SKIN	D7530	HCPCS	outpatient			791	1158.02	Corrections	Corrections		632.8	80			201.92	1873.97	percent of total billed charges		
REMOVAL OF FB MUCOSA, SKIN	D7530	HCPCS	outpatient			791	1158.02	First Health	First Health		553.7	70			201.92	1873.97	percent of total billed charges		
REMOVAL OF FB MUCOSA, SKIN	D7530	HCPCS	outpatient			791	1158.02	First Trenton	First Trenton		711.9	90			201.92	1873.97	percent of total billed charges		
REMOVAL OF FB MUCOSA, SKIN	D7530	HCPCS	outpatient			791	1158.02	Horizon	MGD		1873.97				201.92	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
REMOVAL OF FB MUCOSA, SKIN	D7530	HCPCS	outpatient			791	1158.02	Horizon	Indemnity		1873.97				201.92	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
REMOVAL OF FB MUCOSA, SKIN	D7530	HCPCS	outpatient			791	1158.02	Horizon	Medicare Blue		1006.97				201.92	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
REMOVAL OF FB MUCOSA, SKIN	D7530	HCPCS	outpatient			791	1158.02	Horizon	PPO		1873.97				201.92	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
REMOVAL OF FB MUCOSA, SKIN	D7530	HCPCS	outpatient			791	1158.02	Managed Care Inc	Managed Care Inc		711.9	90			201.92	1873.97	percent of total billed charges		
REMOVAL OF FB MUCOSA, SKIN	D7530	HCPCS	outpatient			791	1158.02	Multiplan	Multiplan		632.8	80			201.92	1873.97	percent of total billed charges		
REMOVAL OF FB MUCOSA, SKIN	D7530	HCPCS	outpatient			791	1158.02	Qualcare	Qualcare		593.25	75			201.92	1873.97	percent of total billed charges		
REMOVAL OF FB MUCOSA, SKIN	D7530	HCPCS	outpatient			791	1158.02	Three Rivers	Three Rivers		751.45	95			201.92	1873.97	percent of total billed charges		
REMOVAL OF FB MUCOSA, SKIN	D7530	HCPCS	outpatient			791	1158.02	UHC	Medicaid		249.56	31.55			201.92	1873.97	percent of total billed charges		
REMOVAL OF FB MUCOSA, SKIN	D7530	HCPCS	outpatient			791	1158.02	UHC	Medicare		1006.97				201.92	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
REMOVAL OF FB MUCOSA, SKIN	D7530	HCPCS	outpatient			791	1158.02	Wellcare	Medicare		1006.97				201.92	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
REMOVAL OF FB MUCOSA, SKIN	D7530	HCPCS	outpatient			791	1158.02	Wellcare	Medicaid		249.56	31.55			201.92	1873.97	percent of total billed charges		
REMOVAL OF FB MUCOSA, SKIN	D7530	HCPCS	outpatient			791	1158.02	WellPoint	WellPoint		254.54	32.18			201.92	1873.97	percent of total billed charges		
REMVL OF REACTIONPROD FB	D7540	HCPCS	outpatient			1547	1158.02	Aetna	Better Health		488.08	31.55			488.08	1873.97	percent of total billed charges		
REMVL OF REACTIONPROD FB	D7540	HCPCS	outpatient			1547	1158.02	Aetna	Commercial		1603.1				488.08	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
REMVL OF REACTIONPROD FB	D7540	HCPCS	outpatient			1547	1158.02	Aetna	Medicare		1006.97				488.08	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
REMVL OF REACTIONPROD FB	D7540	HCPCS	outpatient			1547	1158.02	Americare	Americare		1160.25	75			488.08	1873.97	percent of total billed charges		
REMVL OF REACTIONPROD FB	D7540	HCPCS	outpatient			1547	1158.02	Amerihealth	HMO/PPO		1005.55	65			488.08	1873.97	percent of total billed charges		
REMVL OF REACTIONPROD FB	D7540	HCPCS	outpatient			1547	1158.02	Amerihealth	Medicare		1006.97				488.08	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
REMVL OF REACTIONPROD FB	D7540	HCPCS	outpatient			1547	1158.02	Consumer	Consumer		1469.65	95			488.08	1873.97	percent of total billed charges		
REMVL OF REACTIONPROD FB	D7540	HCPCS	outpatient			1547	1158.02	Corrections	Corrections		1237.6	80			488.08	1873.97	percent of total billed charges		
REMVL OF REACTIONPROD FB	D7540	HCPCS	outpatient			1547	1158.02	First Health	First Health		1082.9	70			488.08	1873.97	percent of total billed charges		
REMVL OF REACTIONPROD FB	D7540	HCPCS	outpatient			1547	1158.02	First Trenton	First Trenton		1392.3	90			488.08	1873.97	percent of total billed charges		
REMVL OF REACTIONPROD FB	D7540	HCPCS	outpatient			1547	1158.02	Horizon	PPO		1873.97				488.08	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
REMVL OF REACTIONPROD FB	D7540	HCPCS	outpatient			1547	1158.02	Horizon	MGD		1873.97				488.08	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.															
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true														
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
REMVL OF REACTIONPROD FB	D7540	HCPCS	outpatient			1547		1158.02 Horizon	Medicare Blue		1006.97				488.08	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMVL OF REACTIONPROD FB	D7540	HCPCS	outpatient			1547		1158.02 Horizon	Indemnity		1873.97				488.08	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMVL OF REACTIONPROD FB	D7540	HCPCS	outpatient			1547		1158.02 Managed Care Inc	Managed Care Inc		1392.3	90			488.08	1873.97	percent of total billed charges	
REMVL OF REACTIONPROD FB	D7540	HCPCS	outpatient			1547		1158.02 Multiplan	Multiplan		1237.6	80			488.08	1873.97	percent of total billed charges	
REMVL OF REACTIONPROD FB	D7540	HCPCS	outpatient			1547		1158.02 Qualcare	Qualcare		1160.25	75			488.08	1873.97	percent of total billed charges	
REMVL OF REACTIONPROD FB	D7540	HCPCS	outpatient			1547		1158.02 Three Rivers	Three Rivers		1469.65	95			488.08	1873.97	percent of total billed charges	
REMVL OF REACTIONPROD FB	D7540	HCPCS	outpatient			1547		1158.02 UHC	Medicaid		488.08	31.55			488.08	1873.97	percent of total billed charges	
REMVL OF REACTIONPROD FB	D7540	HCPCS	outpatient			1547		1158.02 UHC	Medicare		1006.97				488.08	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMVL OF REACTIONPROD FB	D7540	HCPCS	outpatient			1547		1158.02 Medicare	Medicare		1006.97				488.08	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMVL OF REACTIONPROD FB	D7540	HCPCS	outpatient			1547		1158.02 Wellcare	Medicaid		488.08	31.55			488.08	1873.97	percent of total billed charges	
REMVL OF REACTIONPROD FB	D7540	HCPCS	outpatient			1547		1158.02 WellPoint	WellPoint		497.82	32.18			488.08	1873.97	percent of total billed charges	
SEQUESTECTOMY	D7550	HCPCS	outpatient			1247		1158.02 Aetna	Medicare		1006.97				377.34	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SEQUESTECTOMY	D7550	HCPCS	outpatient			1247		1158.02 Aetna	Better Health		393.43	31.55			377.34	1873.97	percent of total billed charges	
SEQUESTECTOMY	D7550	HCPCS	outpatient			1247		1158.02 Aetna	Commercial		1603.1				377.34	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SEQUESTECTOMY	D7550	HCPCS	outpatient			1247		1158.02 Americare	Americare		935.25	75			377.34	1873.97	percent of total billed charges	
SEQUESTECTOMY	D7550	HCPCS	outpatient			1247		1158.02 Amerihealth	HMO/PPO		810.55	65			377.34	1873.97	percent of total billed charges	
SEQUESTECTOMY	D7550	HCPCS	outpatient			1247		1158.02 Amerihealth	Medicare		1006.97				377.34	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SEQUESTECTOMY	D7550	HCPCS	outpatient			1247		1158.02 Consumer	Consumer		1184.65	95			377.34	1873.97	percent of total billed charges	
SEQUESTECTOMY	D7550	HCPCS	outpatient			1247		1158.02 Corrections	Corrections		997.6	80			377.34	1873.97	percent of total billed charges	
SEQUESTECTOMY	D7550	HCPCS	outpatient			1247		1158.02 First Health	First Health		872.9	70			377.34	1873.97	percent of total billed charges	
SEQUESTECTOMY	D7550	HCPCS	outpatient			1247		1158.02 First Trenton	First Trenton		1122.3	90			377.34	1873.97	percent of total billed charges	
SEQUESTECTOMY	D7550	HCPCS	outpatient			1247		1158.02 Horizon	Medicare Blue		1006.97				377.34	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SEQUESTECTOMY	D7550	HCPCS	outpatient			1247		1158.02 Horizon	MGD		1873.97				377.34	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SEQUESTECTOMY	D7550	HCPCS	outpatient			1247		1158.02 Horizon	Indemnity		1873.97				377.34	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SEQUESTECTOMY	D7550	HCPCS	outpatient			1247		1158.02 Horizon	PPO		1873.97				377.34	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SEQUESTECTOMY	D7550	HCPCS	outpatient			1247		1158.02 Managed Care Inc	Managed Care Inc		1122.3	90			377.34	1873.97	percent of total billed charges	
SEQUESTECTOMY	D7550	HCPCS	outpatient			1247		1158.02 Multiplan	Multiplan		997.6	80			377.34	1873.97	percent of total billed charges	
SEQUESTECTOMY	D7550	HCPCS	outpatient			1247		1158.02 Qualcare	Qualcare		935.25	75			377.34	1873.97	percent of total billed charges	
SEQUESTECTOMY	D7550	HCPCS	outpatient			1247		1158.02 Three Rivers	Three Rivers		1184.65	95			377.34	1873.97	percent of total billed charges	
SEQUESTECTOMY	D7550	HCPCS	outpatient			1247		1158.02 UHC	Medicaid		393.43	31.55			377.34	1873.97	percent of total billed charges	
SEQUESTECTOMY	D7550	HCPCS	outpatient			1247		1158.02 UHC	Medicare		1006.97				377.34	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SEQUESTECTOMY	D7550	HCPCS	outpatient			1247		1158.02 Wellcare	Medicare		1006.97				377.34	1873.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SEQUESTECTOMY	D7550	HCPCS	outpatient			1247		1158.02 Wellcare	Medicaid		393.43	31.55			377.34	1873.97	percent of total billed charges	
SEQUESTECTOMY	D7550	HCPCS	outpatient			1247		1158.02 WellPoint	WellPoint		401.28	32.18			377.34	1873.97	percent of total billed charges	
CLSD REDUCT SIMPL MAXILLA FX	D7620	HCPCS	outpatient			6341		Aetna	Better Health		2000.59	31.55			1902.3	6023.95	percent of total billed charges	
CLSD REDUCT SIMPL MAXILLA FX	D7620	HCPCS	outpatient			6341		Aetna	Medicare		1953.03	30.8			1902.3	6023.95	percent of total billed charges	
CLSD REDUCT SIMPL MAXILLA FX	D7620	HCPCS	outpatient			6341		Aetna	Commercial		2409.58	38			1902.3	6023.95	percent of total billed charges	
CLSD REDUCT SIMPL MAXILLA FX	D7620	HCPCS	outpatient			6341		Americare	Americare		4755.75	75			1902.3	6023.95	percent of total billed charges	
CLSD REDUCT SIMPL MAXILLA FX	D7620	HCPCS	outpatient			6341		Amerihealth	HMO/PPO		4121.65	65			1902.3	6023.95	percent of total billed charges	
CLSD REDUCT SIMPL MAXILLA FX	D7620	HCPCS	outpatient			6341		Consumer	Consumer		6023.95	95			1902.3	6023.95	percent of total billed charges	
CLSD REDUCT SIMPL MAXILLA FX	D7620	HCPCS	outpatient			6341		Corrections	Corrections		5072.8	80			1902.3	6023.95	percent of total billed charges	
CLSD REDUCT SIMPL MAXILLA FX	D7620	HCPCS	outpatient			6341		First Health	First Health		4438.7	70			1902.3	6023.95	percent of total billed charges	
CLSD REDUCT SIMPL MAXILLA FX	D7620	HCPCS	outpatient			6341		First Trenton	First Trenton		5706.9	90			1902.3	6023.95	percent of total billed charges	
CLSD REDUCT SIMPL MAXILLA FX	D7620	HCPCS	outpatient			6341		Horizon	Medicare Blue		1902.3	30			1902.3	6023.95	percent of total billed charges	
CLSD REDUCT SIMPL MAXILLA FX	D7620	HCPCS	outpatient			6341		Horizon	Indemnity		2427.33	38.28			1902.3	6023.95	percent of total billed charges	
CLSD REDUCT SIMPL MAXILLA FX	D7620	HCPCS	outpatient			6341		Horizon	MGD		2427.33	38.28			1902.3	6023.95	percent of total billed charges	
CLSD REDUCT SIMPL MAXILLA FX	D7620	HCPCS	outpatient			6341		Horizon	PPO		2427.33	38.28			1902.3	6023.95	percent of total billed charges	
CLSD REDUCT SIMPL MAXILLA FX	D7620	HCPCS	outpatient			6341		Managed Care Inc	Managed Care Inc		5706.9	90			1902.3	6023.95	percent of total billed charges	
CLSD REDUCT SIMPL MAXILLA FX	D7620	HCPCS	outpatient			6341		Multiplan	Multiplan		5072.8	80			1902.3	6023.95	percent of total billed charges	
CLSD REDUCT SIMPL MAXILLA FX	D7620	HCPCS	outpatient			6341		Qualcare	Qualcare		4755.75	75			1902.3	6023.95	percent of total billed charges	
CLSD REDUCT SIMPL MAXILLA FX	D7620	HCPCS	outpatient			6341		Three Rivers	Three Rivers		6023.95	95			1902.3	6023.95	percent of total billed charges	
CLSD REDUCT SIMPL MAXILLA FX	D7620	HCPCS	outpatient			6341		UHC	Medicaid		2000.59	31.55			1902.3	6023.95	percent of total billed charges	
CLSD REDUCT SIMPL MAXILLA FX	D7620	HCPCS	outpatient			6341		Wellcare	Medicaid		2000.59	31.55			1902.3	6023.95	percent of total billed charges	
CLSD REDUCT SIMPL MAXILLA FX	D7620	HCPCS	outpatient			6341		WellPoint	WellPoint		2040.53	32.18			1902.3	6023.95	percent of total billed charges	
CLSD RED SIMPL MANDIBLE FX	D7640	HCPCS	outpatient			6751		Aetna	Better Health		2129.94	31.55			2025.3	6413.45	percent of total billed charges	
CLSD RED SIMPL MANDIBLE FX	D7640	HCPCS	outpatient			6751		Aetna	Medicare		2079.31	30.8			2025.3	6413.45	percent of total billed charges	
CLSD RED SIMPL MANDIBLE FX	D7640	HCPCS	outpatient			6751		Aetna	Commercial		2565.38	38			2025.3	6413.45	percent of total billed charges	
CLSD RED SIMPL MANDIBLE FX	D7640	HCPCS	outpatient			6751		Americare	Americare		5063.25	75			2025.3	6413.45	percent of total billed charges	
CLSD RED SIMPL MANDIBLE FX	D7640	HCPCS	outpatient			6751		Amerihealth	HMO/PPO		4388.15	65			2025.3	6413.45	percent of total billed charges	
CLSD RED SIMPL MANDIBLE FX	D7640	HCPCS	outpatient			6751		Consumer	Consumer		6413.45	95			2025.3	6413.45	percent of total billed charges	
CLSD RED SIMPL MANDIBLE FX	D7640	HCPCS	outpatient			6751		Corrections	Corrections		5400.8	80			2025.3	6413.45	percent of total billed charges	
CLSD RED SIMPL MANDIBLE FX	D7640	HCPCS	outpatient			6751		First Health	First Health		4725.7	70			2025.3	6413.45	percent of total billed charges	
CLSD RED SIMPL MANDIBLE FX	D7640	HCPCS	outpatient			6751		First Trenton	First Trenton		6075.9	90			2025.3	6413.45	percent of total billed charges	
CLSD RED SIMPL MANDIBLE FX	D7640	HCPCS	outpatient			6751		Horizon	MGD		2584.28	38.28			2025.3	6413.45	percent of total billed charges	
CLSD RED SIMPL MANDIBLE FX	D7640	HCPCS	outpatient			6751		Horizon	Indemnity		2584.28	38.28			2025.3	6413.45	percent of total billed charges	
CLSD RED SIMPL MANDIBLE FX	D7640	HCPCS	outpatient			6751		Horizon	Medicare Blue		2025.3	30			2025.3	6413.45	percent of total billed charges	
CLSD RED SIMPL MANDIBLE FX	D7640	HCPCS	outpatient			6751		Horizon	PPO		2584.28	38.28			2025.3	6413.45	percent of total billed charges	
CLSD RED SIMPL MANDIBLE FX	D7640	HCPCS	outpatient			6751		Managed Care Inc	Managed Care Inc		6075.9	90			2025.3	6413.45	percent of total billed charges	
CLSD RED SIMPL MANDIBLE FX	D7640	HCPCS	outpatient			6751		Multiplan	Multiplan		5400.8	80			2025.3	6413.45	percent of total billed charges	
CLSD RED SIMPL MANDIBLE FX	D7640	HCPCS	outpatient			6751		Qualcare	Qualcare		5063.25	75			2025.3	6413.45	percent of total billed charges	
CLSD RED SIMPL MANDIBLE FX	D7640	HCPCS	outpatient			6751		Three Rivers	Three Rivers		6413.45	95			2025.3	6413.45	percent of total billed charges	
CLSD RED SIMPL MANDIBLE FX	D7640	HCPCS	outpatient			6751		UHC	Medicaid		2129.94	31.55			2025.3	6413.45	percent of total billed charges	
CLSD RED SIMPL MANDIBLE FX	D7640	HCPCS	outpatient			6751		Wellcare	Medicaid		2129.94	31.55			2025.3	6413.45	percent of total billed charges	
CLSD RED SIMPL MANDIBLE FX	D7640	HCPCS	outpatient			6751		WellPoint	WellPoint		2172.47	32.18			2025.3	6413.45	percent of total billed charges	
ALVEOULS STABIL TEETH/CI RED	D7670	HCPCS	outpatient			3967		4234.52 Aetna	Better Health		1251.59	31.55			1251.59	6852.56	percent of total billed charges	
ALVEOULS STABIL TEETH/CI RED	D7670	HCPCS	outpatient			3967		4234.52 Aetna	Commercial		5862.05				1251.59	6852.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ALVEOULS STABIL TEETH/CI RED	D7670	HCPCS	outpatient			3967		4234.52 Aetna	Medicare		3682.19				1251.59	6852.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ALVEOULS STABIL TEETH/CI RED	D7670	HCPCS	outpatient			3967		4234.52 Americare	Americare		2975.25	75			1251.59	6852.56	percent of total billed charges	
ALVEOULS STABIL TEETH/CI RED	D7670	HCPCS	outpatient			3967		4234.52 Amerihealth	HMO/PPO		2578.55	65			1251.59	6852.56	percent of total billed charges	
ALVEOULS STABIL TEETH/CI RED	D7670	HCPCS	outpatient			3967		4234.52 Amerihealth	Medicare		3682.19				1251.59	6852.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ALVEOULS STABIL TEETH/CI RED	D7670	HCPCS	outpatient			3967		4234.52 Consumer	Consumer		3768.65	95			1251.59	6852.56	percent of total billed charges	
ALVEOULS STABIL TEETH/CI RED	D7670	HCPCS	outpatient			3967		4234.52 Corrections	Corrections		3173.6	80			1251.59	6852.56	percent of total billed charges	
ALVEOULS STABIL TEETH/CI RED	D7670	HCPCS	outpatient			3967		4234.52 First Health	First Health		2776.9	70			1251.59	6852.56	percent of total billed charges	
ALVEOULS STABIL TEETH/CI RED	D7670	HCPCS	outpatient			3967		4234.52 First Trenton	First Trenton		3570.3	90			1251.59	6852.56	percent of total billed charges	
ALVEOULS STABIL TEETH/CI RED	D7670	HCPCS	outpatient			3967		4234.52 Horizon	MGD		6852.56				1251.59	6852.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ALVEOULS STABIL TEETH/CI RED	D7670	HCPCS	outpatient			3967		4234.52 Horizon	Indemnity		6852.56				1251.59	6852.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ALVEOULS STABIL TEETH/CI RED	D7670	HCPCS	outpatient			3967		4234.52 Horizon	Medicare Blue		3682.19				1251.59	6852.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ALVEOULS STABIL TEETH/CI RED	D7670	HCPCS	outpatient			3967		4234.52 Horizon	PPO		6852.56				1251.59	6852.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ALVEOULS STABIL TEETH/CI RED	D7670	HCPCS	outpatient			3967		4234.52 Managed Care Inc	Managed Care Inc		3570.3	90			1251.59	6852.56	percent of total billed charges	
ALVEOULS STABIL TEETH/CI RED	D7670	HCPCS	outpatient			3967		4234.52 Multiplan	Multiplan		3173.6	80			1251.59	6852.56	percent of total billed charges	
ALVEOULS STABIL TEETH/CI RED	D7670	HCPCS	outpatient			3967		4234.52 Qualcare	Qualcare		2975.25	75			1251.59	6852.56	percent of total billed charges	
ALVEOULS STABIL TEETH/CI RED	D7670	HCPCS	outpatient			3967		4234.52 Three Rivers	Three Rivers		3768.65	95			1251.59	6852.56	percent of total billed charges	
ALVEOULS STABIL TEETH/CI RED	D7670	HCPCS	outpatient			3967		4234.52 UHC	Medicare		3682.19				1251.59	6852.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ALVEOULS STABIL TEETH/CI RED	D7670	HCPCS	outpatient			3967		4234.52 UHC	Medicaid		1251.59	31.55			1251.59	6852.56	percent of total billed charges	
ALVEOULS STABIL TEETH/CI RED	D7670	HCPCS	outpatient			3967		4234.52 Wellcare	Medicare		3682.19				1251.59	6852.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ALVEOULS STABIL TEETH/CI RED	D7670	HCPCS	outpatient			3967		4234.52 Wellcare	Medicaid		1251.59	31.55			1251.59	6852.56	percent of total billed charges	
ALVEOULS STABIL TEETH/CI RED	D7670	HCPCS	outpatient			3967		4234.52 WellPoint	WellPoint		1276.58	32.18			1251.59	6852.56	percent of total billed charges	
CLSD RED COMPD MAX FX	D7720	HCPCS	outpatient			5733		Aetna	Better Health		1808.76	31.55			1719.9	5446.35	percent of total billed charges	
CLSD RED COMPD MAX FX	D7720	HCPCS	outpatient			5733		Aetna	Commercial		2178.54	38			1719.9	5446.35	percent of total billed charges	
CLSD RED COMPD MAX FX	D7720	HCPCS	outpatient			5733		Aetna	Medicare		1765.76	30.8			1719.9	5446.35	percent of total billed charges	
CLSD RED COMPD MAX FX	D7720	HCPCS	outpatient			5733		Americare	Americare		4299.75	75			1719.9	5446.35	percent of total billed charges	
CLSD RED COMPD MAX FX	D7720	HCPCS	outpatient			5733		Amerihealth	HMO/PPO		3726.45	65			1719.9	5446.35	percent of total billed charges	
CLSD RED COMPD MAX FX	D7720	HCPCS	outpatient			5733		Consumer	Consumer		5446.35	95			1719.9	5446.35	percent of total billed charges	
CLSD RED COMPD MAX FX	D7720	HCPCS	outpatient			5733		Corrections	Corrections		4586.4	80			1719.9	5446.35	percent of total billed charges	
CLSD RED COMPD MAX FX	D7720	HCPCS	outpatient			5733		First Health	First Health		4013.1	70			1719.9	5446.35	percent of total billed charges	
CLSD RED COMPD MAX FX	D7720	HCPCS	outpatient			5733		First Trenton	First Trenton		5159.7	90			1719.9	5446.35	percent of total billed charges	
CLSD RED COMPD MAX FX	D7720	HCPCS	outpatient			5733		Horizon	MGD		2194.59	38.28			1719.9	5446.35	percent of total billed charges	
CLSD RED COMPD MAX FX	D7720	HCPCS	outpatient			5733		Horizon	Medicare Blue		1719.9	30			1719.9	5446.35	percent of total billed charges	
CLSD RED COMPD MAX FX	D7720	HCPCS	outpatient			5733		Horizon	Indemnity		2194.59	38.28			1719.9	5446.35	percent of total billed charges	
CLSD RED COMPD MAX FX	D7720	HCPCS	outpatient			5733		Horizon	PPO		2194.59	38.28			1719.9	5446.35	percent of total billed charges	
CLSD RED COMPD MAX FX	D7720	HCPCS	outpatient			5733		Managed Care Inc	Managed Care Inc		5159.7	90			1719.9	5446.35	percent of total billed charges	
CLSD RED COMPD MAX FX	D7720	HCPCS	outpatient			5733		Multiplan	Multiplan		4586.4	80			1719.9	5446.35	percent of total billed charges	
CLSD RED COMPD MAX FX	D7720	HCPCS	outpatient			5733		Qualcare	Qualcare		4299.75	75			1719.9	5446.35	percent of total billed charges	
CLSD RED COMPD MAX FX	D7720	HCPCS	outpatient			5733		Three Rivers	Three Rivers		5446.35	95			1719.9	5446.35	percent of total billed charges	
CLSD RED COMPD MAX FX	D7720	HCPCS	outpatient			5733		UHC	Medicaid		1808.76	31.55			1719.9	5446.35	percent of total billed charges	
CLSD RED COMPD MAX FX	D7720	HCPCS	outpatient			5733		Wellcare	Medicaid		1808.76	31.55			1719.9	5446.35	percent of total billed charges	
CLSD RED COMPD MAX FX	D7720	HCPCS	outpatient			5733		WellPoint	WellPoint		1844.88	32.18			1719.9	5446.35	percent of total billed charges	
CLSD REDUCT MANDBLE FX	D7740	HCPCS	outpatient			7403		Aetna	Better Health		2335.65	31.55			2220.9	7032.85	percent of total billed charges	
CLSD REDUCT MANDBLE FX	D7740	HCPCS	outpatient			7403		Aetna	Commercial		2813.14	38			2220.9	7032.85	percent of total billed charges	
CLSD REDUCT MANDBLE FX	D7740	HCPCS	outpatient			7403		Aetna	Medicare		2280.12	30.8			2220.9	7032.85	percent of total billed charges	
CLSD REDUCT MANDBLE FX	D7740	HCPCS	outpatient			7403		Americare	Americare		5552.25	75			2220.9	7032.85	percent of total billed charges	
CLSD REDUCT MANDBLE FX	D7740	HCPCS	outpatient			7403		Amerihealth	HMO/PPO		4811.95	65			2220.9	7032.85	percent of total billed charges	
CLSD REDUCT MANDBLE FX	D7740	HCPCS	outpatient			7403		Consumer	Consumer		7032.85	95			2220.9	7032.85	percent of total billed charges	
CLSD REDUCT MANDBLE FX	D7740	HCPCS	outpatient			7403		Corrections	Corrections		5922.4	80			2220.9	7032.85	percent of total billed charges	
CLSD REDUCT MANDBLE FX	D7740	HCPCS	outpatient			7403		First Health	First Health		5182.1	70			2220.9	7032.85	percent of total billed charges	
CLSD REDUCT MANDBLE FX	D7740	HCPCS	outpatient			7403		First Trenton	First Trenton		6662.7	90			2220.9	7032.85	percent of total billed charges	
CLSD REDUCT MANDBLE FX	D7740	HCPCS	outpatient			7403		Horizon	Indemnity		2833.87	38.28			2220.9	7032.85	percent of total billed charges	
CLSD REDUCT MANDBLE FX	D7740	HCPCS	outpatient			7403		Horizon	PPO		2833.87	38.28			2220.9	7032.85	percent of total billed charges	
CLSD REDUCT MANDBLE FX	D7740	HCPCS	outpatient			7403		Horizon	MGD		2833.87	38.28			2220.9	7032.85	percent of total billed charges	
CLSD REDUCT MANDBLE FX	D7740	HCPCS	outpatient			7403		Horizon	Medicare Blue		2220.9	30			2220.9	7032.85	percent of total billed charges	
CLSD REDUCT MANDBLE FX	D7740	HCPCS	outpatient			7403		Managed Care Inc	Managed Care Inc		6662.7	90			2220.9	7032.85	percent of total billed charges	
CLSD REDUCT MANDBLE FX	D7740	HCPCS	outpatient			7403		Multiplan	Multiplan		5922.4	80			2220.9	7032.85	percent of total billed charges	
CLSD REDUCT MANDBLE FX	D7740	HCPCS	outpatient			7403		Qualcare	Qualcare		5552.25	75			2220.9	7032.85	percent of total billed charges	
CLSD REDUCT MANDBLE FX	D7740	HCPCS	outpatient			7403		Three Rivers	Three Rivers		7032.85	95			2220.9	7032.85	percent of total billed charges	
CLSD REDUCT MANDBLE FX	D7740	HCPCS	outpatient			7403		UHC	Medicaid		2335.65	31.55			2220.9	7032.85	percent of total billed charges	
CLSD REDUCT MANDBLE FX	D7740	HCPCS	outpatient			7403		Wellcare	Medicaid		2335.65	31.55			2220.9	7032.85	percent of total billed charges	
CLSD REDUCT MANDBLE FX	D7740	HCPCS	outpatient			7403		WellPoint	WellPoint		2382.29	32.18			2220.9	7032.85	percent of total billed charges	
CLOSE REDUCTION OF ALVEOLOUS	D7771	HCPCS	outpatient			3729		4234.52 Aetna	Commercial		5862.05				125	6852.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSE REDUCTION OF ALVEOLOUS	D7771	HCPCS	outpatient			3729		4234.52 Aetna	Better Health		1176.5	31.55			125	6852.56	percent of total billed charges	
CLOSE REDUCTION OF ALVEOLOUS	D7771	HCPCS	outpatient			3729		4234.52 Aetna	Medicare		3682.19				125	6852.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSE REDUCTION OF ALVEOLOUS	D7771	HCPCS	outpatient			3729		4234.52 Americare	Americare		2796.75	75			125	6852.56	percent of total billed charges	
CLOSE REDUCTION OF ALVEOLOUS	D7771	HCPCS	outpatient			3729		4234.52 Amerihealth	Medicare		3682.19				125	6852.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSE REDUCTION OF ALVEOLOUS	D7771	HCPCS	outpatient			3729		4234.52 Amerihealth	HMO/PPO		125				125	6852.56	fee schedule	
CLOSE REDUCTION OF ALVEOLOUS	D7771	HCPCS	outpatient			3729		4234.52 Consumer	Consumer		3542.55	95			125	6852.56	percent of total billed charges	
CLOSE REDUCTION OF ALVEOLOUS	D7771	HCPCS	outpatient			3729		4234.52 Corrections	Corrections		2983.2	80			125	6852.56	percent of total billed charges	
CLOSE REDUCTION OF ALVEOLOUS	D7771	HCPCS	outpatient			3729		4234.52 First Health	First Health		2610.3	70			125	6852.56	percent of total billed charges	
CLOSE REDUCTION OF ALVEOLOUS	D7771	HCPCS	outpatient			3729		4234.52 First Trenton	First Trenton		3356.1	90			125	6852.56	percent of total billed charges	
CLOSE REDUCTION OF ALVEOLOUS	D7771	HCPCS	outpatient			3729		4234.52 Horizon	Indemnity		6852.56				125	6852.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.															
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103		310119 true														
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CLOSE REDUCTION OF ALVELOUS	D7771	HCPCS	outpatient			3729	4234.52	Horizon	Medicare Blue		3682.19				125	6852.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSE REDUCTION OF ALVELOUS	D7771	HCPCS	outpatient			3729	4234.52	Horizon	PPO		6852.56				125	6852.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSE REDUCTION OF ALVELOUS	D7771	HCPCS	outpatient			3729	4234.52	Horizon	MGD		6852.56				125	6852.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSE REDUCTION OF ALVELOUS	D7771	HCPCS	outpatient			3729	4234.52	Managed Care Inc	Managed Care Inc		3356.1	90			125	6852.56	percent of total billed charges	
CLOSE REDUCTION OF ALVELOUS	D7771	HCPCS	outpatient			3729	4234.52	Multiplan	Multiplan		2983.2	80			125	6852.56	percent of total billed charges	
CLOSE REDUCTION OF ALVELOUS	D7771	HCPCS	outpatient			3729	4234.52	Qualcare	Qualcare		2796.75	75			125	6852.56	percent of total billed charges	
CLOSE REDUCTION OF ALVELOUS	D7771	HCPCS	outpatient			3729	4234.52	Three Rivers	Three Rivers		3542.55	95			125	6852.56	percent of total billed charges	
CLOSE REDUCTION OF ALVELOUS	D7771	HCPCS	outpatient			3729	4234.52	UHC	Medicaid		1176.5	31.55			125	6852.56	percent of total billed charges	
CLOSE REDUCTION OF ALVELOUS	D7771	HCPCS	outpatient			3729	4234.52	UHC	Medicare		3682.19				125	6852.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSE REDUCTION OF ALVELOUS	D7771	HCPCS	outpatient			3729	4234.52	Wellcare	Medicare		3682.19				125	6852.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSE REDUCTION OF ALVELOUS	D7771	HCPCS	outpatient			3729	4234.52	Wellcare	Medicaid		1176.5	31.55			125	6852.56	percent of total billed charges	
CLOSE REDUCTION OF ALVELOUS	D7771	HCPCS	outpatient			3729	4234.52	WellPoint	WellPoint		1199.99	32.18			125	6852.56	percent of total billed charges	
FACIAL BONE CLSD RED DISLOC	D7820	HCPCS	outpatient			1353		Aetna	Commercial		514.14	38			405.9	1285.35	percent of total billed charges	
FACIAL BONE CLSD RED DISLOC	D7820	HCPCS	outpatient			1353		Aetna	Better Health		426.87	31.55			405.9	1285.35	percent of total billed charges	
FACIAL BONE CLSD RED DISLOC	D7820	HCPCS	outpatient			1353		Aetna	Medicare		416.72	30.8			405.9	1285.35	percent of total billed charges	
FACIAL BONE CLSD RED DISLOC	D7820	HCPCS	outpatient			1353		Americare	Americare		1014.75	75			405.9	1285.35	percent of total billed charges	
FACIAL BONE CLSD RED DISLOC	D7820	HCPCS	outpatient			1353		Amerihealth	HMO/PPO		879.45	65			405.9	1285.35	percent of total billed charges	
FACIAL BONE CLSD RED DISLOC	D7820	HCPCS	outpatient			1353		Consumer	Consumer		1285.35	95			405.9	1285.35	percent of total billed charges	
FACIAL BONE CLSD RED DISLOC	D7820	HCPCS	outpatient			1353		Corrections	Corrections		1082.4	80			405.9	1285.35	percent of total billed charges	
FACIAL BONE CLSD RED DISLOC	D7820	HCPCS	outpatient			1353		First Health	First Health		947.1	70			405.9	1285.35	percent of total billed charges	
FACIAL BONE CLSD RED DISLOC	D7820	HCPCS	outpatient			1353		First Trenton	First Trenton		1217.7	90			405.9	1285.35	percent of total billed charges	
FACIAL BONE CLSD RED DISLOC	D7820	HCPCS	outpatient			1353		Horizon	Indemnity		517.93	38.28			405.9	1285.35	percent of total billed charges	
FACIAL BONE CLSD RED DISLOC	D7820	HCPCS	outpatient			1353		Horizon	PPO		517.93	38.28			405.9	1285.35	percent of total billed charges	
FACIAL BONE CLSD RED DISLOC	D7820	HCPCS	outpatient			1353		Horizon	MGD		517.93	38.28			405.9	1285.35	percent of total billed charges	
FACIAL BONE CLSD RED DISLOC	D7820	HCPCS	outpatient			1353		Horizon	Medicare Blue		405.9	30			405.9	1285.35	percent of total billed charges	
FACIAL BONE CLSD RED DISLOC	D7820	HCPCS	outpatient			1353		Managed Care Inc	Managed Care Inc		1217.7	90			405.9	1285.35	percent of total billed charges	
FACIAL BONE CLSD RED DISLOC	D7820	HCPCS	outpatient			1353		Multiplan	Multiplan		1082.4	80			405.9	1285.35	percent of total billed charges	
FACIAL BONE CLSD RED DISLOC	D7820	HCPCS	outpatient			1353		Qualcare	Qualcare		1014.75	75			405.9	1285.35	percent of total billed charges	
FACIAL BONE CLSD RED DISLOC	D7820	HCPCS	outpatient			1353		Three Rivers	Three Rivers		1285.35	95			405.9	1285.35	percent of total billed charges	
FACIAL BONE CLSD RED DISLOC	D7820	HCPCS	outpatient			1353		UHC	Medicaid		426.87	31.55			405.9	1285.35	percent of total billed charges	
FACIAL BONE CLSD RED DISLOC	D7820	HCPCS	outpatient			1353		Wellcare	Medicaid		426.87	31.55			405.9	1285.35	percent of total billed charges	
FACIAL BONE CLSD RED DISLOC	D7820	HCPCS	outpatient			1353		WellPoint	WellPoint		435.4	32.18			405.9	1285.35	percent of total billed charges	
TMJ ASPIRATION JOINT FLUID	D7870	HCPCS	outpatient			1248		Aetna	Medicare		384.38	30.8			374.4	1185.6	percent of total billed charges	
TMJ ASPIRATION JOINT FLUID	D7870	HCPCS	outpatient			1248		Aetna	Better Health		393.74	31.55			374.4	1185.6	percent of total billed charges	
TMJ ASPIRATION JOINT FLUID	D7870	HCPCS	outpatient			1248		Aetna	Commercial		474.24	38			374.4	1185.6	percent of total billed charges	
TMJ ASPIRATION JOINT FLUID	D7870	HCPCS	outpatient			1248		Americare	Americare		936	75			374.4	1185.6	percent of total billed charges	
TMJ ASPIRATION JOINT FLUID	D7870	HCPCS	outpatient			1248		Amerihealth	HMO/PPO		811.2	65			374.4	1185.6	percent of total billed charges	
TMJ ASPIRATION JOINT FLUID	D7870	HCPCS	outpatient			1248		Consumer	Consumer		1185.6	95			374.4	1185.6	percent of total billed charges	
TMJ ASPIRATION JOINT FLUID	D7870	HCPCS	outpatient			1248		Corrections	Corrections		998.4	80			374.4	1185.6	percent of total billed charges	
TMJ ASPIRATION JOINT FLUID	D7870	HCPCS	outpatient			1248		First Health	First Health		873.6	70			374.4	1185.6	percent of total billed charges	
TMJ ASPIRATION JOINT FLUID	D7870	HCPCS	outpatient			1248		First Trenton	First Trenton		1123.2	90			374.4	1185.6	percent of total billed charges	
TMJ ASPIRATION JOINT FLUID	D7870	HCPCS	outpatient			1248		Horizon	MGD		477.73	38.28			374.4	1185.6	percent of total billed charges	
TMJ ASPIRATION JOINT FLUID	D7870	HCPCS	outpatient			1248		Horizon	Indemnity		477.73	38.28			374.4	1185.6	percent of total billed charges	
TMJ ASPIRATION JOINT FLUID	D7870	HCPCS	outpatient			1248		Horizon	Medicare Blue		374.4	30			374.4	1185.6	percent of total billed charges	
TMJ ASPIRATION JOINT FLUID	D7870	HCPCS	outpatient			1248		Horizon	PPO		477.73	38.28			374.4	1185.6	percent of total billed charges	
TMJ ASPIRATION JOINT FLUID	D7870	HCPCS	outpatient			1248		Managed Care Inc	Managed Care Inc		1123.2	90			374.4	1185.6	percent of total billed charges	
TMJ ASPIRATION JOINT FLUID	D7870	HCPCS	outpatient			1248		Multiplan	Multiplan		998.4	80			374.4	1185.6	percent of total billed charges	
TMJ ASPIRATION JOINT FLUID	D7870	HCPCS	outpatient			1248		Qualcare	Qualcare		936	75			374.4	1185.6	percent of total billed charges	
TMJ ASPIRATION JOINT FLUID	D7870	HCPCS	outpatient			1248		Three Rivers	Three Rivers		1185.6	95			374.4	1185.6	percent of total billed charges	
TMJ ASPIRATION JOINT FLUID	D7870	HCPCS	outpatient			1248		UHC	Medicaid		393.74	31.55			374.4	1185.6	percent of total billed charges	
TMJ ASPIRATION JOINT FLUID	D7870	HCPCS	outpatient			1248		Wellcare	Medicaid		393.74	31.55			374.4	1185.6	percent of total billed charges	
TMJ ASPIRATION JOINT FLUID	D7870	HCPCS	outpatient			1248		WellPoint	WellPoint		401.61	32.18			374.4	1185.6	percent of total billed charges	
SUTURING SMALL LIP LACERATIONS<5CM	D7910	HCPCS	outpatient			662		Aetna	Medicare		203.9	30.8			198.6	628.9	percent of total billed charges	
SUTURING SMALL LIP LACERATIONS<5CM	D7910	HCPCS	outpatient			662		Aetna	Better Health		208.86	31.55			198.6	628.9	percent of total billed charges	
SUTURING SMALL LIP LACERATIONS<5CM	D7910	HCPCS	outpatient			662		Aetna	Commercial		251.56	38			198.6	628.9	percent of total billed charges	
SUTURING SMALL LIP LACERATIONS<5CM	D7910	HCPCS	outpatient			662		Americare	Americare		496.5	75			198.6	628.9	percent of total billed charges	
SUTURING SMALL LIP LACERATIONS<5CM	D7910	HCPCS	outpatient			662		Amerihealth	HMO/PPO		430.3	65			198.6	628.9	percent of total billed charges	
SUTURING SMALL LIP LACERATIONS<5CM	D7910	HCPCS	outpatient			662		Consumer	Consumer		628.9	95			198.6	628.9	percent of total billed charges	
SUTURING SMALL LIP LACERATIONS<5CM	D7910	HCPCS	outpatient			662		Corrections	Corrections		529.6	80			198.6	628.9	percent of total billed charges	
SUTURING SMALL LIP LACERATIONS<5CM	D7910	HCPCS	outpatient			662		First Health	First Health		463.4	70			198.6	628.9	percent of total billed charges	
SUTURING SMALL LIP LACERATIONS<5CM	D7910	HCPCS	outpatient			662		First Trenton	First Trenton		595.8	90			198.6	628.9	percent of total billed charges	
SUTURING SMALL LIP LACERATIONS<5CM	D7910	HCPCS	outpatient			662		Horizon	MGD		253.41	38.28			198.6	628.9	percent of total billed charges	
SUTURING SMALL LIP LACERATIONS<5CM	D7910	HCPCS	outpatient			662		Horizon	Indemnity		253.41	38.28			198.6	628.9	percent of total billed charges	
SUTURING SMALL LIP LACERATIONS<5CM	D7910	HCPCS	outpatient			662		Horizon	PPO		253.41	38.28			198.6	628.9	percent of total billed charges	
SUTURING SMALL LIP LACERATIONS<5CM	D7910	HCPCS	outpatient			662		Horizon	Medicare Blue		198.6	30			198.6	628.9	percent of total billed charges	
SUTURING SMALL LIP LACERATIONS<5CM	D7910	HCPCS	outpatient			662		Managed Care Inc	Managed Care Inc		595.8	90			198.6	628.9	percent of total billed charges	
SUTURING SMALL LIP LACERATIONS<5CM	D7910	HCPCS	outpatient			662		Multiplan	Multiplan		529.6	80			198.6	628.9	percent of total billed charges	
SUTURING SMALL LIP LACERATIONS<5CM	D7910	HCPCS	outpatient			662		Qualcare	Qualcare		496.5	75			198.6	628.9	percent of total billed charges	
SUTURING SMALL LIP LACERATIONS<5CM	D7910	HCPCS	outpatient			662		Three Rivers	Three Rivers		628.9	95			198.6	628.9	percent of total billed charges	
SUTURING SMALL LIP LACERATIONS<5CM	D7910	HCPCS	outpatient			662		UHC	Medicaid		208.86	31.55			198.6	628.9	percent of total billed charges	
SUTURING SMALL LIP LACERATIONS<5CM	D7910	HCPCS	outpatient			662		Wellcare	Medicaid		208.86	31.55			198.6	628.9	percent of total billed charges	
SUTURING SMALL LIP LACERATIONS<5CM	D7910	HCPCS	outpatient			662		WellPoint	WellPoint		213.03	32.18			198.6	628.9	percent of total billed charges	
OSTEOPLASTY;ORTHOGNTC DEFORM	D7940	HCPCS	outpatient			3112	1158.02	Aetna	Better Health		981.84	31.55			981.84	2956.4	percent of total billed charges	
OSTEOPLASTY;ORTHOGNTC DEFORM	D7940	HCPCS	outpatient			3112	1158.02	Aetna	Commercial		1603.1				981.84	2956.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OSTEOPLASTY;ORTHOGNTC DEFORM	D7940	HCPCS	outpatient			3112	1158.02	Aetna	Medicare		1006.97				981.84	2956.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OSTEOPLASTY;ORTHOGNTC DEFORM	D7940	HCPCS	outpatient			3112	1158.02	Americare	Americare		2334	75			981.84	2956.4	percent of total billed charges	
OSTEOPLASTY;ORTHOGNTC DEFORM	D7940	HCPCS	outpatient			3112	1158.02	Amerihealth	HMO/PPO		2022.8	65			981.84	2956.4	percent of total billed charges	
OSTEOPLASTY;ORTHOGNTC DEFORM	D7940	HCPCS	outpatient			3112	1158.02	Amerihealth	Medicare		1006.97				981.84	2956.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OSTEOPLASTY;ORTHOGNTC DEFORM	D7940	HCPCS	outpatient			3112	1158.02	Consumer	Consumer		2956.4	95			981.84	2956.4	percent of total billed charges	
OSTEOPLASTY;ORTHOGNTC DEFORM	D7940	HCPCS	outpatient			3112	1158.02	Corrections	Corrections		2489.6	80			981.84	2956.4	percent of total billed charges	
OSTEOPLASTY;ORTHOGNTC DEFORM	D7940	HCPCS	outpatient			3112	1158.02	First Health	First Health		2178.4	70			981.84	2956.4	percent of total billed charges	
OSTEOPLASTY;ORTHOGNTC DEFORM	D7940	HCPCS	outpatient			3112	1158.02	First Trenton	First Trenton		2800.8	90			981.84	2956.4	percent of total billed charges	
OSTEOPLASTY;ORTHOGNTC DEFORM	D7940	HCPCS	outpatient			3112	1158.02	Horizon	Indemnity		1873.97				981.84	2956.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OSTEOPLASTY;ORTHOGNTC DEFORM	D7940	HCPCS	outpatient			3112	1158.02	Horizon	MGD		1873.97				981.84	2956.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OSTEOPLASTY;ORTHOGNTC DEFORM	D7940	HCPCS	outpatient			3112	1158.02	Horizon	Medicare Blue		1006.97				981.84	2956.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OSTEOPLASTY;ORTHOGNTC DEFORM	D7940	HCPCS	outpatient			3112	1158.02	Horizon	PPO		1873.97				981.84	2956.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OSTEOPLASTY;ORTHOGNTC DEFORM	D7940	HCPCS	outpatient			3112	1158.02	Managed Care Inc	Managed Care Inc		2800.8	90			981.84	2956.4	percent of total billed charges	
OSTEOPLASTY;ORTHOGNTC DEFORM	D7940	HCPCS	outpatient			3112	1158.02	Multiplan	Multiplan		2489.6	80			981.84	2956.4	percent of total billed charges	
OSTEOPLASTY;ORTHOGNTC DEFORM	D7940	HCPCS	outpatient			3112	1158.02	Qualcare	Qualcare		2334	75			981.84	2956.4	percent of total billed charges	
OSTEOPLASTY;ORTHOGNTC DEFORM	D7940	HCPCS	outpatient			3112	1158.02	Three Rivers	Three Rivers		2956.4	95			981.84	2956.4	percent of total billed charges	
OSTEOPLASTY;ORTHOGNTC DEFORM	D7940	HCPCS	outpatient			3112	1158.02	UHC	Medicare		1006.97				981.84	2956.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OSTEOPLASTY;ORTHOGNTC DEFORM	D7940	HCPCS	outpatient			3112	1158.02	UHC	Medicaid		981.84	31.55			981.84	2956.4	percent of total billed charges	
OSTEOPLASTY;ORTHOGNTC DEFORM	D7940	HCPCS	outpatient			3112	1158.02	Wellcare	Medicare		1006.97				981.84	2956.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OSTEOPLASTY;ORTHOGNTC DEFORM	D7940	HCPCS	outpatient			3112	1158.02	Wellcare	Medicaid		981.84	31.55			981.84	2956.4	percent of total billed charges	
OSTEOPLASTY;ORTHOGNTC DEFORM	D7940	HCPCS	outpatient			3112	1158.02	WellPoint	WellPoint		1001.44	32.18			981.84	2956.4	percent of total billed charges	
FRENULECTOMY SEP PRC	D7961	HCPCS	outpatient			782		Aetna	Better Health		246.72	31.55			234.6	1782	percent of total billed charges	
FRENULECTOMY SEP PRC	D7961	HCPCS	outpatient			782		Aetna	Commercial		297.16	38			234.6	1782	percent of total billed charges	
FRENULECTOMY SEP PRC	D7961	HCPCS	outpatient			782		Aetna	Medicare		240.86	30.8			234.6	1782	percent of total billed charges	
FRENULECTOMY SEP PRC	D7961	HCPCS	outpatient			782		Americare	Americare		586.5	75			234.6	1782	percent of total billed charges	
FRENULECTOMY SEP PRC	D7961	HCPCS	outpatient			782		Amerihealth	HMO/PPO		508.3	65			234.6	1782	percent of total billed charges	
FRENULECTOMY SEP PRC	D7961	HCPCS	outpatient			782		Consumer	Consumer		742.9	95			234.6	1782	percent of total billed charges	
FRENULECTOMY SEP PRC	D7961	HCPCS	outpatient			782		Corrections	Corrections		625.6	80			234.6	1782	percent of total billed charges	
FRENULECTOMY SEP PRC	D7961	HCPCS	outpatient			782		First Health	First Health		547.4	70			234.6	1782	percent of total billed charges	
FRENULECTOMY SEP PRC	D7961	HCPCS	outpatient			782		First Trenton	First Trenton		703.8	90			234.6	1782	percent of total billed charges	
FRENULECTOMY SEP PRC	D7961	HCPCS	outpatient			782		Horizon	Indemnity		299.35	38.28			234.6	1782	percent of total billed charges	
FRENULECTOMY SEP PRC	D7961	HCPCS	outpatient			782		Horizon	Medicare Blue		234.6	30			234.6	1782	percent of total billed charges	
FRENULECTOMY SEP PRC	D7961	HCPCS	outpatient			782		Horizon	PPO		299.35	38.28			234.6	1782	percent of total billed charges	
FRENULECTOMY SEP PRC	D7961	HCPCS	outpatient			782		Horizon	MGD		299.35	38.28			234.6	1782	percent of total billed charges	
FRENULECTOMY SEP PRC	D7961	HCPCS	outpatient			782		Managed Care Inc	Managed Care Inc		703.8	90			234.6	1782	percent of total billed charges	
FRENULECTOMY SEP PRC	D7961	HCPCS	outpatient			782		Multiplan	Multiplan		625.6	80			234.6	1782	percent of total billed charges	
FRENULECTOMY SEP PRC	D7961	HCPCS	outpatient			782		Qualcare	Qualcare		586.5	75			234.6	1782	percent of total billed charges	
FRENULECTOMY SEP PRC	D7961	HCPCS	outpatient			782		Three Rivers	Three Rivers		742.9	95			234.6	1782	percent of total billed charges	
FRENULECTOMY SEP PRC	D7961	HCPCS	outpatient			782		UHC	Medicaid		246.72	31.55			234.6	1782	percent of total billed charges	
FRENULECTOMY SEP PRC	D7961	HCPCS	outpatient			782		United	Oxford		1782				234.6	1782	case rate	
FRENULECTOMY SEP PRC	D7961	HCPCS	outpatient			782		United	Commercial|PPO		1782				234.6	1782	case rate	
FRENULECTOMY SEP PRC	D7961	HCPCS	outpatient			782		Wellcare	Medicaid		246.72	31.55			234.6	1782	percent of total billed charges	
FRENULECTOMY SEP PRC	D7961	HCPCS	outpatient			782		WellPoint	WellPoint		251.65	32.18			234.6	1782	percent of total billed charges	
EXCIS HYPERPLAST TISSUE	D7970	HCPCS	outpatient			855		Aetna	Commercial		324.9	38			256.5	812.25	percent of total billed charges	
EXCIS HYPERPLAST TISSUE	D7970	HCPCS	outpatient			855		Aetna	Medicare		263.34	30.8			256.5	812.25	percent of total billed charges	
EXCIS HYPERPLAST TISSUE	D7970	HCPCS	outpatient			855		Aetna	Better Health		269.75	31.55			256.5	812.25	percent of total billed charges	
EXCIS HYPERPLAST TISSUE	D7970	HCPCS	outpatient			855		Americare	Americare		641.25	75			256.5	812.25	percent of total billed charges	
EXCIS HYPERPLAST TISSUE	D7970	HCPCS	outpatient			855		Amerihealth	HMO/PPO		555.75	65			256.5	812.25	percent of total billed charges	
EXCIS HYPERPLAST TISSUE	D7970	HCPCS	outpatient			855		Consumer	Consumer		812.25	95			256.5	812.25	percent of total billed charges	
EXCIS HYPERPLAST TISSUE	D7970	HCPCS	outpatient			855		Corrections	Corrections		684	80			256.5	812.25	percent of total billed charges	
EXCIS HYPERPLAST TISSUE	D7970	HCPCS	outpatient			855		First Health	First Health		598.5	70			256.5	812.25	percent of total billed charges	
EXCIS HYPERPLAST TISSUE	D7970	HCPCS	outpatient			855		First Trenton	First Trenton		769.5	90			256.5	812.25	percent of total billed charges	
EXCIS HYPERPLAST TISSUE	D7970	HCPCS	outpatient			855		Horizon	Medicare Blue		256.5	30			256.5	812.25	percent of total billed charges	
EXCIS HYPERPLAST TISSUE	D7970	HCPCS	outpatient			855		Horizon	PPO		327.29	38.28			256.5	812.25	percent of total billed charges	
EXCIS HYPERPLAST TISSUE	D7970	HCPCS	outpatient			855		Horizon	MGD		327.29	38.28			256.5	812.25	percent of total billed charges	
EXCIS HYPERPLAST TISSUE	D7970	HCPCS	outpatient			855		Horizon	Indemnity		327.29	38.28			256.5	812.25	percent of total billed charges	
EXCIS HYPERPLAST TISSUE	D7970	HCPCS	outpatient			855		Managed Care Inc	Managed Care Inc		769.5	90			256.5	812.25	percent of total billed charges	
EXCIS HYPERPLAST TISSUE	D7970	HCPCS	outpatient			855		Multiplan	Multiplan		684	80			256.5	812.25	percent of total billed charges	
EXCIS HYPERPLAST TISSUE	D7970	HCPCS	outpatient			855		Qualcare	Qualcare		641.25	75			256.5	812.25	percent of total billed charges	
EXCIS HYPERPLAST TISSUE	D7970	HCPCS	outpatient			855		Three Rivers	Three Rivers		812.25	95			256.5	812.25	percent of total billed charges	
EXCIS HYPERPLAST TISSUE	D7970	HCPCS	outpatient			855		UHC	Medicaid		269.75	31.55			256.5	812.25	percent of total billed charges	
EXCIS HYPERPLAST TISSUE	D7970	HCPCS	outpatient			855		Wellcare	Medicaid		269.75	31.55			256.5	812.25	percent of total billed charges	
EXCIS HYPERPLAST TISSUE	D7970	HCPCS	outpatient			855		WellPoint	WellPoint		275.14	32.18			256.5	812.25	percent of total billed charges	
EXCISION PERICOR GINGIVA	D7971	HCPCS	outpatient			676		Aetna	Commercial		256.88	38			202.8	642.2	percent of total billed charges	
EXCISION PERICOR GINGIVA	D7971	HCPCS	outpatient			676		Aetna	Better Health		213.28	31.55			202.8	642.2	percent of total billed charges	
EXCISION PERICOR GINGIVA	D7971	HCPCS	outpatient			676		Aetna	Medicare		208.21	30.8			202.8	642.2	percent of total billed charges	
EXCISION PERICOR GINGIVA	D7971	HCPCS	outpatient			676		Americare	Americare		507	75			202.8	642.2	percent of total billed charges	
EXCISION PERICOR GINGIVA	D7971	HCPCS	outpatient			676		Amerihealth	HMO/PPO		439.4	65			202.8	642.2	percent of total billed charges	
EXCISION PERICOR GINGIVA	D7971	HCPCS	outpatient			676		Consumer	Consumer		642.2	95			202.8	642.2	percent of total billed charges	
EXCISION PERICOR GINGIVA	D7971	HCPCS	outpatient			676		Corrections	Corrections		540.8	80			202.8	642.2	percent of total billed charges	
EXCISION PERICOR GINGIVA	D7971	HCPCS	outpatient			676		First Health	First Health		473.2	70			202.8	642.2	percent of total billed charges	
EXCISION PERICOR GINGIVA	D7971	HCPCS	outpatient			676		First Trenton	First Trenton		608.4	90			202.8	642.2	percent of total billed charges	
EXCISION PERICOR GINGIVA	D7971	HCPCS	outpatient			676		Horizon	MGD		258.77	38.28			202.8	642.2	percent of total billed charges	
EXCISION PERICOR GINGIVA	D7971	HCPCS	outpatient			676		Horizon	Indemnity		258.77	38.28			202.8	642.2	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.													
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true												
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
EXCISION PERICOR GINGIVA	D7971	HCPCS	outpatient			676		Horizon	Medicare Blue		202.8	30			202.8	642.2	percent of total billed charges	
EXCISION PERICOR GINGIVA	D7971	HCPCS	outpatient			676		Horizon	PPO		258.77	38.28			202.8	642.2	percent of total billed charges	
EXCISION PERICOR GINGIVA	D7971	HCPCS	outpatient			676		Managed Care Inc	Managed Care Inc		608.4	90			202.8	642.2	percent of total billed charges	
EXCISION PERICOR GINGIVA	D7971	HCPCS	outpatient			676		Multiplan	Multiplan		540.8	80			202.8	642.2	percent of total billed charges	
EXCISION PERICOR GINGIVA	D7971	HCPCS	outpatient			676		Qualcare	Qualcare		507	75			202.8	642.2	percent of total billed charges	
EXCISION PERICOR GINGIVA	D7971	HCPCS	outpatient			676		Three Rivers	Three Rivers		642.2	95			202.8	642.2	percent of total billed charges	
EXCISION PERICOR GINGIVA	D7971	HCPCS	outpatient			676		UHC	Medicaid		213.28	31.55			202.8	642.2	percent of total billed charges	
EXCISION PERICOR GINGIVA	D7971	HCPCS	outpatient			676		Wellcare	Medicaid		213.28	31.55			202.8	642.2	percent of total billed charges	
EXCISION PERICOR GINGIVA	D7971	HCPCS	outpatient			676		WellPoint	WellPoint		217.54	32.18			202.8	642.2	percent of total billed charges	
SIALOLITOTOMY	D7980	HCPCS	outpatient			1552		Aetna	Better Health		489.66	31.55			465.6	1474.4	percent of total billed charges	
SIALOLITOTOMY	D7980	HCPCS	outpatient			1552		Aetna	Medicare		478.02	30.8			465.6	1474.4	percent of total billed charges	
SIALOLITOTOMY	D7980	HCPCS	outpatient			1552		Aetna	Commercial		589.76	38			465.6	1474.4	percent of total billed charges	
SIALOLITOTOMY	D7980	HCPCS	outpatient			1552		Americare	Americare		1164	75			465.6	1474.4	percent of total billed charges	
SIALOLITOTOMY	D7980	HCPCS	outpatient			1552		Amerihealth	HMO/PPO		1008.8	65			465.6	1474.4	percent of total billed charges	
SIALOLITOTOMY	D7980	HCPCS	outpatient			1552		Consumer	Consumer		1474.4	95			465.6	1474.4	percent of total billed charges	
SIALOLITOTOMY	D7980	HCPCS	outpatient			1552		Corrections	Corrections		1241.6	80			465.6	1474.4	percent of total billed charges	
SIALOLITOTOMY	D7980	HCPCS	outpatient			1552		First Health	First Health		1086.4	70			465.6	1474.4	percent of total billed charges	
SIALOLITOTOMY	D7980	HCPCS	outpatient			1552		First Trenton	First Trenton		1396.8	90			465.6	1474.4	percent of total billed charges	
SIALOLITOTOMY	D7980	HCPCS	outpatient			1552		Horizon	MGD		594.11	38.28			465.6	1474.4	percent of total billed charges	
SIALOLITOTOMY	D7980	HCPCS	outpatient			1552		Horizon	PPO		594.11	38.28			465.6	1474.4	percent of total billed charges	
SIALOLITOTOMY	D7980	HCPCS	outpatient			1552		Horizon	Indemnity		594.11	38.28			465.6	1474.4	percent of total billed charges	
SIALOLITOTOMY	D7980	HCPCS	outpatient			1552		Horizon	Medicare Blue		465.6	30			465.6	1474.4	percent of total billed charges	
SIALOLITOTOMY	D7980	HCPCS	outpatient			1552		Managed Care Inc	Managed Care Inc		1396.8	90			465.6	1474.4	percent of total billed charges	
SIALOLITOTOMY	D7980	HCPCS	outpatient			1552		Multiplan	Multiplan		1241.6	80			465.6	1474.4	percent of total billed charges	
SIALOLITOTOMY	D7980	HCPCS	outpatient			1552		Qualcare	Qualcare		1164	75			465.6	1474.4	percent of total billed charges	
SIALOLITOTOMY	D7980	HCPCS	outpatient			1552		Three Rivers	Three Rivers		1474.4	95			465.6	1474.4	percent of total billed charges	
SIALOLITOTOMY	D7980	HCPCS	outpatient			1552		UHC	Medicaid		489.66	31.55			465.6	1474.4	percent of total billed charges	
SIALOLITOTOMY	D7980	HCPCS	outpatient			1552		Wellcare	Medicaid		489.66	31.55			465.6	1474.4	percent of total billed charges	
SIALOLITOTOMY	D7980	HCPCS	outpatient			1552		WellPoint	WellPoint		499.43	32.18			465.6	1474.4	percent of total billed charges	
APPLIANCE REMOVAL INC ARCHBARS	D7997	HCPCS	outpatient			749		Aetna	Commercial		284.62	38			224.7	711.55	percent of total billed charges	
APPLIANCE REMOVAL INC ARCHBARS	D7997	HCPCS	outpatient			749		Aetna	Better Health		236.31	31.55			224.7	711.55	percent of total billed charges	
APPLIANCE REMOVAL INC ARCHBARS	D7997	HCPCS	outpatient			749		Aetna	Medicare		230.69	30.8			224.7	711.55	percent of total billed charges	
APPLIANCE REMOVAL INC ARCHBARS	D7997	HCPCS	outpatient			749		Americare	Americare		561.75	75			224.7	711.55	percent of total billed charges	
APPLIANCE REMOVAL INC ARCHBARS	D7997	HCPCS	outpatient			749		Amerihealth	HMO/PPO		486.85	65			224.7	711.55	percent of total billed charges	
APPLIANCE REMOVAL INC ARCHBARS	D7997	HCPCS	outpatient			749		Consumer	Consumer		711.55	95			224.7	711.55	percent of total billed charges	
APPLIANCE REMOVAL INC ARCHBARS	D7997	HCPCS	outpatient			749		Corrections	Corrections		599.2	80			224.7	711.55	percent of total billed charges	
APPLIANCE REMOVAL INC ARCHBARS	D7997	HCPCS	outpatient			749		First Health	First Health		524.3	70			224.7	711.55	percent of total billed charges	
APPLIANCE REMOVAL INC ARCHBARS	D7997	HCPCS	outpatient			749		First Trenton	First Trenton		674.1	90			224.7	711.55	percent of total billed charges	
APPLIANCE REMOVAL INC ARCHBARS	D7997	HCPCS	outpatient			749		Horizon	Indemnity		286.72	38.28			224.7	711.55	percent of total billed charges	
APPLIANCE REMOVAL INC ARCHBARS	D7997	HCPCS	outpatient			749		Horizon	MGD		286.72	38.28			224.7	711.55	percent of total billed charges	
APPLIANCE REMOVAL INC ARCHBARS	D7997	HCPCS	outpatient			749		Horizon	Medicare Blue		224.7	30			224.7	711.55	percent of total billed charges	
APPLIANCE REMOVAL INC ARCHBARS	D7997	HCPCS	outpatient			749		Horizon	PPO		286.72	38.28			224.7	711.55	percent of total billed charges	
APPLIANCE REMOVAL INC ARCHBARS	D7997	HCPCS	outpatient			749		Managed Care Inc	Managed Care Inc		674.1	90			224.7	711.55	percent of total billed charges	
APPLIANCE REMOVAL INC ARCHBARS	D7997	HCPCS	outpatient			749		Multiplan	Multiplan		599.2	80			224.7	711.55	percent of total billed charges	
APPLIANCE REMOVAL INC ARCHBARS	D7997	HCPCS	outpatient			749		Qualcare	Qualcare		561.75	75			224.7	711.55	percent of total billed charges	
APPLIANCE REMOVAL INC ARCHBARS	D7997	HCPCS	outpatient			749		Three Rivers	Three Rivers		711.55	95			224.7	711.55	percent of total billed charges	
APPLIANCE REMOVAL INC ARCHBARS	D7997	HCPCS	outpatient			749		UHC	Medicaid		236.31	31.55			224.7	711.55	percent of total billed charges	
APPLIANCE REMOVAL INC ARCHBARS	D7997	HCPCS	outpatient			749		Wellcare	Medicaid		236.31	31.55			224.7	711.55	percent of total billed charges	
APPLIANCE REMOVAL INC ARCHBARS	D7997	HCPCS	outpatient			749		WellPoint	WellPoint		241.03	32.18			224.7	711.55	percent of total billed charges	
ORTHODONTIC REM APPL	D8210	HCPCS	outpatient			2237		Aetna	Better Health		705.77	31.55			671.1	2125.15	percent of total billed charges	
ORTHODONTIC REM APPL	D8210	HCPCS	outpatient			2237		Aetna	Medicare		689	30.8			671.1	2125.15	percent of total billed charges	
ORTHODONTIC REM APPL	D8210	HCPCS	outpatient			2237		Aetna	Commercial		850.06	38			671.1	2125.15	percent of total billed charges	
ORTHODONTIC REM APPL	D8210	HCPCS	outpatient			2237		Americare	Americare		1677.75	75			671.1	2125.15	percent of total billed charges	
ORTHODONTIC REM APPL	D8210	HCPCS	outpatient			2237		Amerihealth	HMO/PPO		1454.05	65			671.1	2125.15	percent of total billed charges	
ORTHODONTIC REM APPL	D8210	HCPCS	outpatient			2237		Consumer	Consumer		2125.15	95			671.1	2125.15	percent of total billed charges	
ORTHODONTIC REM APPL	D8210	HCPCS	outpatient			2237		Corrections	Corrections		1789.6	80			671.1	2125.15	percent of total billed charges	
ORTHODONTIC REM APPL	D8210	HCPCS	outpatient			2237		First Health	First Health		1565.9	70			671.1	2125.15	percent of total billed charges	
ORTHODONTIC REM APPL	D8210	HCPCS	outpatient			2237		First Trenton	First Trenton		2013.3	90			671.1	2125.15	percent of total billed charges	
ORTHODONTIC REM APPL	D8210	HCPCS	outpatient			2237		Horizon	Indemnity		856.32	38.28			671.1	2125.15	percent of total billed charges	
ORTHODONTIC REM APPL	D8210	HCPCS	outpatient			2237		Horizon	MGD		856.32	38.28			671.1	2125.15	percent of total billed charges	
ORTHODONTIC REM APPL	D8210	HCPCS	outpatient			2237		Horizon	Medicare Blue		671.1	30			671.1	2125.15	percent of total billed charges	
ORTHODONTIC REM APPL	D8210	HCPCS	outpatient			2237		Horizon	PPO		856.32	38.28			671.1	2125.15	percent of total billed charges	
ORTHODONTIC REM APPL	D8210	HCPCS	outpatient			2237		Managed Care Inc	Managed Care Inc		2013.3	90			671.1	2125.15	percent of total billed charges	
ORTHODONTIC REM APPL	D8210	HCPCS	outpatient			2237		Multiplan	Multiplan		1789.6	80			671.1	2125.15	percent of total billed charges	
ORTHODONTIC REM APPL	D8210	HCPCS	outpatient			2237		Qualcare	Qualcare		1677.75	75			671.1	2125.15	percent of total billed charges	
ORTHODONTIC REM APPL	D8210	HCPCS	outpatient			2237		Three Rivers	Three Rivers		2125.15	95			671.1	2125.15	percent of total billed charges	
ORTHODONTIC REM APPL	D8210	HCPCS	outpatient			2237		UHC	Medicaid		705.77	31.55			671.1	2125.15	percent of total billed charges	
ORTHODONTIC REM APPL	D8210	HCPCS	outpatient			2237		Wellcare	Medicaid		705.77	31.55			671.1	2125.15	percent of total billed charges	
ORTHODONTIC REM APPL	D8210	HCPCS	outpatient			2237		WellPoint	WellPoint		719.87	32.18			671.1	2125.15	percent of total billed charges	
FIXED APPLIANCE THERAPY	D8220	HCPCS	outpatient			2589		Aetna	Medicare		797.41	30.8			776.7	2459.55	percent of total billed charges	
FIXED APPLIANCE THERAPY	D8220	HCPCS	outpatient			2589		Aetna	Better Health		816.83	31.55			776.7	2459.55	percent of total billed charges	
FIXED APPLIANCE THERAPY	D8220	HCPCS	outpatient			2589		Aetna	Commercial		983.82	38			776.7	2459.55	percent of total billed charges	
FIXED APPLIANCE THERAPY	D8220	HCPCS	outpatient			2589		Americare	Americare		1941.75	75			776.7	2459.55	percent of total billed charges	
FIXED APPLIANCE THERAPY	D8220	HCPCS	outpatient			2589		Amerihealth	HMO/PPO		1682.85	65			776.7	2459.55	percent of total billed charges	
FIXED APPLIANCE THERAPY	D8220	HCPCS	outpatient			2589		Consumer	Consumer		2459.55	95			776.7	2459.55	percent of total billed charges	
FIXED APPLIANCE THERAPY	D8220	HCPCS	outpatient			2589		Corrections	Corrections		2071.2	80			776.7	2459.55	percent of total billed charges	
FIXED APPLIANCE THERAPY	D8220	HCPCS	outpatient			2589		First Health	First Health		1812.3	70			776.7	2459.55	percent of total billed charges	
FIXED APPLIANCE THERAPY	D8220	HCPCS	outpatient			2589		First Trenton	First Trenton		2330.1	90			776.7	2459.55	percent of total billed charges	
FIXED APPLIANCE THERAPY	D8220	HCPCS	outpatient			2589		Horizon	MGD		991.07	38.28			776.7	2459.55	percent of total billed charges	
FIXED APPLIANCE THERAPY	D8220	HCPCS	outpatient			2589		Horizon	Indemnity		991.07	38.28			776.7	2459.55	percent of total billed charges	
FIXED APPLIANCE THERAPY	D8220	HCPCS	outpatient			2589		Horizon	PPO		991.07	38.28			776.7	2459.55	percent of total billed charges	
FIXED APPLIANCE THERAPY	D8220	HCPCS	outpatient			2589		Horizon	Medicare Blue		776.7	30			776.7	2459.55	percent of total billed charges	
FIXED APPLIANCE THERAPY	D8220	HCPCS	outpatient			2589		Managed Care Inc	Managed Care Inc		2330.1	90			776.7	2459.55	percent of total billed charges	
FIXED APPLIANCE THERAPY	D8220	HCPCS	outpatient			2589		Multiplan	Multiplan		2071.2	80			776.7	2459.55	percent of total billed charges	
FIXED APPLIANCE THERAPY	D8220	HCPCS	outpatient			2589		Qualcare	Qualcare		1941.75	75			776.7	2459.55	percent of total billed charges	
FIXED APPLIANCE THERAPY	D8220	HCPCS	outpatient			2589		Three Rivers	Three Rivers		2459.55	95			776.7	2459.55	percent of total billed charges	
FIXED APPLIANCE THERAPY	D8220	HCPCS	outpatient			2589		UHC	Medicaid		816.83	31.55			776.7	2459.55	percent of total billed charges	
FIXED APPLIANCE THERAPY	D8220	HCPCS	outpatient			2589		Wellcare	Medicaid		816.83	31.55			776.7	2459.55	percent of total billed charges	
FIXED APPLIANCE THERAPY	D8220	HCPCS	outpatient			2589		WellPoint	WellPoint		833.14	32.18			776.7	2459.55	percent of total billed charges	
RMV FIXED DNTL APPL W/O COMP TX	D8695	HCPCS	outpatient			958		Aetna	Better Health		302.25	31.55			287.4	910.1	percent of total billed charges	
RMV FIXED DNTL APPL W/O COMP TX	D8695	HCPCS	outpatient			958		Aetna	Medicare		295.06	30.8			287.4	910.1	percent of total billed charges	
RMV FIXED DNTL APPL W/O COMP TX	D8695	HCPCS	outpatient			958		Aetna	Commercial		364.04	38			287.4	910.1	percent of total billed charges	
RMV FIXED DNTL APPL W/O COMP TX	D8695	HCPCS	outpatient			958		Americare	Americare		718.5	75			287.4	910.1	percent of total billed charges	
RMV FIXED DNTL APPL W/O COMP TX	D8695	HCPCS	outpatient			958		Amerihealth	HMO/PPO		622.7	65			287.4	910.1	percent of total billed charges	
RMV FIXED DNTL APPL W/O COMP TX	D8695	HCPCS	outpatient			958		Consumer	Consumer		910.1	95			287.4	910.1	percent of total billed charges	
RMV FIXED DNTL APPL W/O COMP TX	D8695	HCPCS	outpatient			958		Corrections	Corrections		766.4	80			287.4	910.1	percent of total billed charges	
RMV FIXED DNTL APPL W/O COMP TX	D8695	HCPCS	outpatient			958		First Health	First Health		670.6	70			287.4	910.1	percent of total billed charges	
RMV FIXED DNTL APPL W/O COMP TX	D8695	HCPCS	outpatient			958		First Trenton	First Trenton		862.2	90			287.4	910.1	percent of total billed charges	
RMV FIXED DNTL APPL W/O COMP TX	D8695	HCPCS	outpatient			958		Horizon	Medicare Blue		287.4	30			287.4	910.1	percent of total billed charges	
RMV FIXED DNTL APPL W/O COMP TX	D8695	HCPCS	outpatient			958		Horizon	MGD		366.72	38.28			287.4	910.1	percent of total billed charges	
RMV FIXED DNTL APPL W/O COMP TX	D8695	HCPCS	outpatient			958		Horizon	Indemnity		366.72	38.28			287.4	910.1	percent of total billed charges	
RMV FIXED DNTL APPL W/O COMP TX	D8695	HCPCS	outpatient			958		Horizon	PPO		366.72	38.28			287.4	910.1	percent of total billed charges	
RMV FIXED DNTL APPL W/O COMP TX	D8695	HCPCS	outpatient			958		Managed Care Inc	Managed Care Inc		862.2	90			287.4	910.1	percent of total billed charges	
RMV FIXED DNTL APPL W/O COMP TX	D8695	HCPCS	outpatient			958		Multiplan	Multiplan		766.4	80			287.4	910.1	percent of total billed charges	
RMV FIXED DNTL APPL W/O COMP TX	D8695	HCPCS	outpatient			958		Qualcare	Qualcare		718.5	75			287.4	910.1	percent of total billed charges	
RMV FIXED DNTL APPL W/O COMP TX	D8695	HCPCS	outpatient			958		Three Rivers	Three Rivers		910.1	95			287.4	910.1	percent of total billed charges	
RMV FIXED DNTL APPL W/O COMP TX	D8695	HCPCS	outpatient			958		UHC	Medicaid		302.25	31.55			287.4	910.1	percent of total billed charges	
RMV FIXED DNTL APPL W/O COMP TX	D8695	HCPCS	outpatient			958		Wellcare	Medicaid		302.25	31.55			287.4	910.1	percent of total billed charges	
RMV FIXED DNTL APPL W/O COMP TX	D8695	HCPCS	outpatient			958		WellPoint	WellPoint		308.28	32.18			287.4	910.1	percent of total billed charges	
REPAIR ORTHO APPLIANCE	D8696	HCPCS	outpatient			469		Aetna	Commercial		178.22	38			140.7	445.55	percent of total billed charges	
REPAIR ORTHO APPLIANCE	D8696	HCPCS	outpatient			469		Aetna	Better Health		147.97	31.55			140.7	445.55	percent of total billed charges	
REPAIR ORTHO APPLIANCE	D8696	HCPCS	outpatient			469		Aetna	Medicare		144.45	30.8			140.7	445.55	percent of total billed charges	
REPAIR ORTHO APPLIANCE	D8696	HCPCS	outpatient			469		Americare	Americare		351.75	75			140.7	445.55	percent of total billed charges	
REPAIR ORTHO APPLIANCE	D8696	HCPCS	outpatient			469		Amerihealth	HMO/PPO		304.85	65			140.7	445.55	percent of total billed charges	
REPAIR ORTHO APPLIANCE	D8696	HCPCS	outpatient			469		Consumer	Consumer		445.55	95			140.7	445.55	percent of total billed charges	
REPAIR ORTHO APPLIANCE	D8696	HCPCS	outpatient			469		Corrections	Corrections		375.2	80			140.7	445.55	percent of total billed charges	
REPAIR ORTHO APPLIANCE	D8696	HCPCS	outpatient			469		First Health	First Health		328.3	70			140.7	445.55	percent of total billed charges	
REPAIR ORTHO APPLIANCE	D8696	HCPCS	outpatient			469		First Trenton	First Trenton		422.1	90			140.7	445.55	percent of total billed charges	
REPAIR ORTHO APPLIANCE	D8696	HCPCS	outpatient			469		Horizon	Medicare Blue		140.7	30			140.7	445.55	percent of total billed charges	
REPAIR ORTHO APPLIANCE	D8696	HCPCS	outpatient			469		Horizon	Indemnity		179.53	38.28			140.7	445.55	percent of total billed charges	
REPAIR ORTHO APPLIANCE	D8696	HCPCS	outpatient			469		Horizon	MGD		179.53	38.28			140.7	445.55	percent of total billed charges	
REPAIR ORTHO APPLIANCE	D8696	HCPCS	outpatient			469		Horizon	PPO		179.53	38.28			140.7	445.55	percent of total billed charges	
REPAIR ORTHO APPLIANCE	D8696	HCPCS	outpatient			469		Managed Care Inc	Managed Care Inc		422.1	90			140.7	445.55	percent of total billed charges	
REPAIR ORTHO APPLIANCE	D8696	HCPCS	outpatient			469		Multiplan	Multiplan		375.2	80			140.7	445.55	percent of total billed charges	
REPAIR ORTHO APPLIANCE	D8696	HCPCS	outpatient			469		Qualcare	Qualcare		351.75	75			140.7	445.55	percent of total billed charges	
REPAIR ORTHO APPLIANCE	D8696	HCPCS	outpatient			469		Three Rivers	Three Rivers		445.55	95			140.7	445.55	percent of total billed charges	
REPAIR ORTHO APPLIANCE	D8696	HCPCS	outpatient			469		UHC	Medicaid		147.97	31.55			140.7	445.55	percent of total billed charges	
REPAIR ORTHO APPLIANCE	D8696	HCPCS	outpatient			469		Wellcare	Medicaid		147.97	31.55			140.7	445.55	percent of total billed charges	
REPAIR ORTHO APPLIANCE	D8696	HCPCS	outpatient			469		WellPoint	WellPoint		150.92	32.18			140.7	445.55	percent of total billed charges	
PALLIATIVE(EMERGENCY)TREATMNT	D9110	HCPCS	outpatient			268		Aetna	Commercial		101.84	38			77.4	254.6	percent of total billed charges	
PALLIATIVE(EMERGENCY)TREATMNT	D9110	HCPCS	outpatient			268		Aetna	Better Health		84.55	31.55			77.4	254.6	percent of total billed charges	
PALLIATIVE(EMERGENCY)TREATMNT	D9110	HCPCS	outpatient			268		Aetna	Medicare		82.54	30.8			77.4	254.6	percent of total billed charges	
PALLIATIVE(EMERGENCY)TREATMNT	D9110	HCPCS	outpatient			268		Americare	Americare		201	75			77.4	254.6	percent of total billed charges	
PALLIATIVE(EMERGENCY)TREATMNT	D9110	HCPCS	outpatient			268		Amerihealth	HMO/PPO		174.2	65			77.4	254.6	percent of total billed charges	
PALLIATIVE(EMERGENCY)TREATMNT	D9110	HCPCS	outpatient			268		Consumer	Consumer		254.6	95			77.4	254.6	percent of total billed charges	
PALLIATIVE(EMERGENCY)TREATMNT	D9110	HCPCS	outpatient			268		Corrections	Corrections		214.4	80			77.4	254.6	percent of total billed charges	
PALLIATIVE(EMERGENCY)TREATMNT	D9110	HCPCS	outpatient			268		First Health	First Health		187.6	70			77.4	254.6	percent of total billed charges	
PALLIATIVE(EMERGENCY)TREATMNT	D9110	HCPCS	outpatient			268		First Trenton	First Trenton		241.2	90			77.4	254.6	percent of total billed charges	
PALLIATIVE(EMERGENCY)TREATMNT	D9110	HCPCS	outpatient			268		Horizon	MGD		102.59	38.28			77.4	254.6	percent of total billed charges	
PALLIATIVE(EMERGENCY)TREATMNT	D9110	HCPCS	outpatient			268		Horizon	Indemnity		102.59	38.28			77.4	254.6	percent of total billed charges	
PALLIATIVE(EMERGENCY)TREATMNT	D9110	HCPCS	outpatient			268		Horizon	PPO		102.59	38.28			77.4	254.6	percent of total billed charges	
PALLIATIVE(EMERGENCY)TREATMNT	D9110	HCPCS	outpatient			268		Horizon	Medicare Blue		80.4	30			77.4	254.6	percent of total billed charges	
PALLIATIVE(EMERGENCY)TREATMNT	D9110	HCPCS	outpatient			268		Managed Care Inc	Managed Care Inc		241.2	90			77.4	254.6	percent of total billed charges	
PALLIATIVE(EMERGENCY)TREATMNT	D9110	HCPCS	outpatient			268		Multiplan	Multiplan		214.4	80			77.4	254.6	percent of total billed charges	
PALLIATIVE(EMERGENCY)TREATMNT	D9110	HCPCS	outpatient			268		Qualcare	Qualcare		201	75			77.4	254.6	percent of total billed charges	
PALLIATIVE(EMERGENCY)TREATMNT	D9110	HCPCS	outpatient			268		Three Rivers	Three Rivers		254.6	95			77.4	254.6	percent of total billed charges	
PALLIATIVE(EMERGENCY)TREATMNT	D9110	HCPCS	outpatient			268		UHC	Medicaid		84.55	31.55			77.4	254.6	percent of total billed charges	
PALLIATIVE(EMERGENCY)TREATMNT	D9110	HCPCS	outpatient			268		Wellcare	Medicaid		84.55	31.55			77.4	254.6	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.															
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101119	true														
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
PALLIATIVE(EMERGENCY)TREATMNT	D9110	HCPCS	outpatient			268		WellPoint	WellPoint		86.24	32.18			77.4	154.8	percent of total billed charges	
FIX PARTIAL DENTURE SECTION	D9120	HCPCS	outpatient			513		Aetna	Better Health		161.85	31.55			153.9	487.35	percent of total billed charges	
FIX PARTIAL DENTURE SECTION	D9120	HCPCS	outpatient			513		Aetna	Medicare		158	30.8			153.9	487.35	percent of total billed charges	
FIX PARTIAL DENTURE SECTION	D9120	HCPCS	outpatient			513		Aetna	Commercial		194.94	38			153.9	487.35	percent of total billed charges	
FIX PARTIAL DENTURE SECTION	D9120	HCPCS	outpatient			513		Americare	Americare		384.75	75			153.9	487.35	percent of total billed charges	
FIX PARTIAL DENTURE SECTION	D9120	HCPCS	outpatient			513		Amerihealth	HMO/PPO		333.45	65			153.9	487.35	percent of total billed charges	
FIX PARTIAL DENTURE SECTION	D9120	HCPCS	outpatient			513		Consumer	Consumer		487.35	95			153.9	487.35	percent of total billed charges	
FIX PARTIAL DENTURE SECTION	D9120	HCPCS	outpatient			513		Corrections	Corrections		410.4	80			153.9	487.35	percent of total billed charges	
FIX PARTIAL DENTURE SECTION	D9120	HCPCS	outpatient			513		First Health	First Health		359.1	70			153.9	487.35	percent of total billed charges	
FIX PARTIAL DENTURE SECTION	D9120	HCPCS	outpatient			513		First Trenton	First Trenton		461.7	90			153.9	487.35	percent of total billed charges	
FIX PARTIAL DENTURE SECTION	D9120	HCPCS	outpatient			513		Horizon	MGD		196.38	38.28			153.9	487.35	percent of total billed charges	
FIX PARTIAL DENTURE SECTION	D9120	HCPCS	outpatient			513		Horizon	Indemnity		196.38	38.28			153.9	487.35	percent of total billed charges	
FIX PARTIAL DENTURE SECTION	D9120	HCPCS	outpatient			513		Horizon	PPO		196.38	38.28			153.9	487.35	percent of total billed charges	
FIX PARTIAL DENTURE SECTION	D9120	HCPCS	outpatient			513		Horizon	Medicare Blue		153.9	30			153.9	487.35	percent of total billed charges	
FIX PARTIAL DENTURE SECTION	D9120	HCPCS	outpatient			513		Managed Care Inc	Managed Care Inc		461.7	90			153.9	487.35	percent of total billed charges	
FIX PARTIAL DENTURE SECTION	D9120	HCPCS	outpatient			513		Multiplan	Multiplan		410.4	80			153.9	487.35	percent of total billed charges	
FIX PARTIAL DENTURE SECTION	D9120	HCPCS	outpatient			513		Qualcare	Qualcare		384.75	75			153.9	487.35	percent of total billed charges	
FIX PARTIAL DENTURE SECTION	D9120	HCPCS	outpatient			513		Three Rivers	Three Rivers		487.35	95			153.9	487.35	percent of total billed charges	
FIX PARTIAL DENTURE SECTION	D9120	HCPCS	outpatient			513		UHC	Medicaid		161.85	31.55			153.9	487.35	percent of total billed charges	
FIX PARTIAL DENTURE SECTION	D9120	HCPCS	outpatient			513		Wellcare	Medicaid		161.85	31.55			153.9	487.35	percent of total billed charges	
FIX PARTIAL DENTURE SECTION	D9120	HCPCS	outpatient			513		WellPoint	WellPoint		165.08	32.18			153.9	487.35	percent of total billed charges	
LOCAL ANESTHESIA W/O OP PROC	D9210	HCPCS	outpatient			464		Aetna	Medicare		142.91	30.8			50.1	440.8	percent of total billed charges	
LOCAL ANESTHESIA W/O OP PROC	D9210	HCPCS	outpatient			464		Aetna	Better Health		146.39	31.55			50.1	440.8	percent of total billed charges	
LOCAL ANESTHESIA W/O OP PROC	D9210	HCPCS	outpatient			464		Aetna	Commercial		176.32	38			50.1	440.8	percent of total billed charges	
LOCAL ANESTHESIA W/O OP PROC	D9210	HCPCS	outpatient			464		Americare	Americare		348	75			50.1	440.8	percent of total billed charges	
LOCAL ANESTHESIA W/O OP PROC	D9210	HCPCS	outpatient			464		Amerihealth	HMO/PPO		301.6	65			50.1	440.8	percent of total billed charges	
LOCAL ANESTHESIA W/O OP PROC	D9210	HCPCS	outpatient			464		Consumer	Consumer		440.8	95			50.1	440.8	percent of total billed charges	
LOCAL ANESTHESIA W/O OP PROC	D9210	HCPCS	outpatient			464		Corrections	Corrections		371.2	80			50.1	440.8	percent of total billed charges	
LOCAL ANESTHESIA W/O OP PROC	D9210	HCPCS	outpatient			464		First Health	First Health		324.8	70			50.1	440.8	percent of total billed charges	
LOCAL ANESTHESIA W/O OP PROC	D9210	HCPCS	outpatient			464		First Trenton	First Trenton		417.6	90			50.1	440.8	percent of total billed charges	
LOCAL ANESTHESIA W/O OP PROC	D9210	HCPCS	outpatient			464		Horizon	Medicare Blue		139.2	30			50.1	440.8	percent of total billed charges	
LOCAL ANESTHESIA W/O OP PROC	D9210	HCPCS	outpatient			464		Horizon	PPO		177.62	38.28			50.1	440.8	percent of total billed charges	
LOCAL ANESTHESIA W/O OP PROC	D9210	HCPCS	outpatient			464		Horizon	MGD		177.62	38.28			50.1	440.8	percent of total billed charges	
LOCAL ANESTHESIA W/O OP PROC	D9210	HCPCS	outpatient			464		Horizon	Indemnity		177.62	38.28			50.1	440.8	percent of total billed charges	
LOCAL ANESTHESIA W/O OP PROC	D9210	HCPCS	outpatient			464		Managed Care Inc	Managed Care Inc		417.6	90			50.1	440.8	percent of total billed charges	
LOCAL ANESTHESIA W/O OP PROC	D9210	HCPCS	outpatient			464		Multiplan	Multiplan		371.2	80			50.1	440.8	percent of total billed charges	
LOCAL ANESTHESIA W/O OP PROC	D9210	HCPCS	outpatient			464		Qualcare	Qualcare		348	75			50.1	440.8	percent of total billed charges	
LOCAL ANESTHESIA W/O OP PROC	D9210	HCPCS	outpatient			464		Three Rivers	Three Rivers		440.8	95			50.1	440.8	percent of total billed charges	
LOCAL ANESTHESIA W/O OP PROC	D9210	HCPCS	outpatient			464		UHC	Medicaid		146.39	31.55			50.1	440.8	percent of total billed charges	
LOCAL ANESTHESIA W/O OP PROC	D9210	HCPCS	outpatient			464		Wellcare	Medicaid		146.39	31.55			50.1	440.8	percent of total billed charges	
LOCAL ANESTHESIA W/O OP PROC	D9210	HCPCS	outpatient			464		WellPoint	WellPoint		149.32	32.18			50.1	440.8	percent of total billed charges	
REGIONAL BLOCK ANESTHESIA	D9211	HCPCS	outpatient			155		Aetna	Better Health		48.9	31.55			46.5	147.25	percent of total billed charges	
REGIONAL BLOCK ANESTHESIA	D9211	HCPCS	outpatient			155		Aetna	Commercial		58.9	38			46.5	147.25	percent of total billed charges	
REGIONAL BLOCK ANESTHESIA	D9211	HCPCS	outpatient			155		Aetna	Medicare		47.74	30.8			46.5	147.25	percent of total billed charges	
REGIONAL BLOCK ANESTHESIA	D9211	HCPCS	outpatient			155		Americare	Americare		116.25	75			46.5	147.25	percent of total billed charges	
REGIONAL BLOCK ANESTHESIA	D9211	HCPCS	outpatient			155		Amerihealth	HMO/PPO		100.75	65			46.5	147.25	percent of total billed charges	
REGIONAL BLOCK ANESTHESIA	D9211	HCPCS	outpatient			155		Consumer	Consumer		147.25	95			46.5	147.25	percent of total billed charges	
REGIONAL BLOCK ANESTHESIA	D9211	HCPCS	outpatient			155		Corrections	Corrections		124	80			46.5	147.25	percent of total billed charges	
REGIONAL BLOCK ANESTHESIA	D9211	HCPCS	outpatient			155		First Health	First Health		108.5	70			46.5	147.25	percent of total billed charges	
REGIONAL BLOCK ANESTHESIA	D9211	HCPCS	outpatient			155		First Trenton	First Trenton		139.5	90			46.5	147.25	percent of total billed charges	
REGIONAL BLOCK ANESTHESIA	D9211	HCPCS	outpatient			155		Horizon	Indemnity		59.33	38.28			46.5	147.25	percent of total billed charges	
REGIONAL BLOCK ANESTHESIA	D9211	HCPCS	outpatient			155		Horizon	Medicare Blue		46.5	30			46.5	147.25	percent of total billed charges	
REGIONAL BLOCK ANESTHESIA	D9211	HCPCS	outpatient			155		Horizon	MGD		59.33	38.28			46.5	147.25	percent of total billed charges	
REGIONAL BLOCK ANESTHESIA	D9211	HCPCS	outpatient			155		Horizon	PPO		59.33	38.28			46.5	147.25	percent of total billed charges	
REGIONAL BLOCK ANESTHESIA	D9211	HCPCS	outpatient			155		Managed Care Inc	Managed Care Inc		139.5	90			46.5	147.25	percent of total billed charges	
REGIONAL BLOCK ANESTHESIA	D9211	HCPCS	outpatient			155		Multiplan	Multiplan		124	80			46.5	147.25	percent of total billed charges	
REGIONAL BLOCK ANESTHESIA	D9211	HCPCS	outpatient			155		Qualcare	Qualcare		116.25	75			46.5	147.25	percent of total billed charges	
REGIONAL BLOCK ANESTHESIA	D9211	HCPCS	outpatient			155		Three Rivers	Three Rivers		147.25	95			46.5	147.25	percent of total billed charges	
REGIONAL BLOCK ANESTHESIA	D9211	HCPCS	outpatient			155		UHC	Medicaid		48.9	31.55			46.5	147.25	percent of total billed charges	
REGIONAL BLOCK ANESTHESIA	D9211	HCPCS	outpatient			155		Wellcare	Medicaid		48.9	31.55			46.5	147.25	percent of total billed charges	
REGIONAL BLOCK ANESTHESIA	D9211	HCPCS	outpatient			155		WellPoint	WellPoint		49.88	32.18			46.5	147.25	percent of total billed charges	
TRIGEMINAL BLOCK ANESTHESIA	D9212	HCPCS	outpatient			574		Aetna	Better Health		181.1	31.55			161.7	545.3	percent of total billed charges	
TRIGEMINAL BLOCK ANESTHESIA	D9212	HCPCS	outpatient			574		Aetna	Commercial		218.12	38			161.7	545.3	percent of total billed charges	
TRIGEMINAL BLOCK ANESTHESIA	D9212	HCPCS	outpatient			574		Aetna	Medicare		176.79	30.8			161.7	545.3	percent of total billed charges	
TRIGEMINAL BLOCK ANESTHESIA	D9212	HCPCS	outpatient			574		Americare	Americare		430.5	75			161.7	545.3	percent of total billed charges	
TRIGEMINAL BLOCK ANESTHESIA	D9212	HCPCS	outpatient			574		Amerihealth	HMO/PPO		373.1	65			161.7	545.3	percent of total billed charges	
TRIGEMINAL BLOCK ANESTHESIA	D9212	HCPCS	outpatient			574		Consumer	Consumer		545.3	95			161.7	545.3	percent of total billed charges	
TRIGEMINAL BLOCK ANESTHESIA	D9212	HCPCS	outpatient			574		Corrections	Corrections		459.2	80			161.7	545.3	percent of total billed charges	
TRIGEMINAL BLOCK ANESTHESIA	D9212	HCPCS	outpatient			574		First Health	First Health		401.8	70			161.7	545.3	percent of total billed charges	
TRIGEMINAL BLOCK ANESTHESIA	D9212	HCPCS	outpatient			574		First Trenton	First Trenton		516.6	90			161.7	545.3	percent of total billed charges	
TRIGEMINAL BLOCK ANESTHESIA	D9212	HCPCS	outpatient			574		Horizon	Medicare Blue		172.2	30			161.7	545.3	percent of total billed charges	
TRIGEMINAL BLOCK ANESTHESIA	D9212	HCPCS	outpatient			574		Horizon	Indemnity		219.73	38.28			161.7	545.3	percent of total billed charges	
TRIGEMINAL BLOCK ANESTHESIA	D9212	HCPCS	outpatient			574		Horizon	MGD		219.73	38.28			161.7	545.3	percent of total billed charges	
TRIGEMINAL BLOCK ANESTHESIA	D9212	HCPCS	outpatient			574		Horizon	PPO		219.73	38.28			161.7	545.3	percent of total billed charges	
TRIGEMINAL BLOCK ANESTHESIA	D9212	HCPCS	outpatient			574		Managed Care Inc	Managed Care Inc		516.6	90			161.7	545.3	percent of total billed charges	
TRIGEMINAL BLOCK ANESTHESIA	D9212	HCPCS	outpatient			574		Multiplan	Multiplan		459.2	80			161.7	545.3	percent of total billed charges	
TRIGEMINAL BLOCK ANESTHESIA	D9212	HCPCS	outpatient			574		Qualcare	Qualcare		430.5	75			161.7	545.3	percent of total billed charges	
TRIGEMINAL BLOCK ANESTHESIA	D9212	HCPCS	outpatient			574		Three Rivers	Three Rivers		545.3	95			161.7	545.3	percent of total billed charges	
TRIGEMINAL BLOCK ANESTHESIA	D9212	HCPCS	outpatient			574		UHC	Medicaid		181.1	31.55			161.7	545.3	percent of total billed charges	
TRIGEMINAL BLOCK ANESTHESIA	D9212	HCPCS	outpatient			574		Wellcare	Medicaid		181.1	31.55			161.7	545.3	percent of total billed charges	
TRIGEMINAL BLOCK ANESTHESIA	D9212	HCPCS	outpatient			574		WellPoint	WellPoint		184.71	32.18			161.7	545.3	percent of total billed charges	
DEEP SEDATION/GENERAL ANESTH. 1ST 15 MI	D9222	HCPCS	outpatient			304		Aetna	Better Health		96.91	31.55			87.3	288.8	percent of total billed charges	
DEEP SEDATION/GENERAL ANESTH. 1ST 15 MI	D9222	HCPCS	outpatient			304		Aetna	Commercial		115.52	38			87.3	288.8	percent of total billed charges	
DEEP SEDATION/GENERAL ANESTH. 1ST 15 MI	D9222	HCPCS	outpatient			304		Aetna	Medicare		93.63	30.8			87.3	288.8	percent of total billed charges	
DEEP SEDATION/GENERAL ANESTH. 1ST 15 MI	D9222	HCPCS	outpatient			304		Americare	Americare		228	75			87.3	288.8	percent of total billed charges	
DEEP SEDATION/GENERAL ANESTH. 1ST 15 MI	D9222	HCPCS	outpatient			304		Amerihealth	HMO/PPO		197.6	65			87.3	288.8	percent of total billed charges	
DEEP SEDATION/GENERAL ANESTH. 1ST 15 MI	D9222	HCPCS	outpatient			304		Consumer	Consumer		288.8	95			87.3	288.8	percent of total billed charges	
DEEP SEDATION/GENERAL ANESTH. 1ST 15 MI	D9222	HCPCS	outpatient			304		Corrections	Corrections		243.2	80			87.3	288.8	percent of total billed charges	
DEEP SEDATION/GENERAL ANESTH. 1ST 15 MI	D9222	HCPCS	outpatient			304		First Health	First Health		212.8	70			87.3	288.8	percent of total billed charges	
DEEP SEDATION/GENERAL ANESTH. 1ST 15 MI	D9222	HCPCS	outpatient			304		First Trenton	First Trenton		273.6	90			87.3	288.8	percent of total billed charges	
DEEP SEDATION/GENERAL ANESTH. 1ST 15 MI	D9222	HCPCS	outpatient			304		Horizon	Indemnity		116.37	38.28			87.3	288.8	percent of total billed charges	
DEEP SEDATION/GENERAL ANESTH. 1ST 15 MI	D9222	HCPCS	outpatient			304		Horizon	MGD		116.37	38.28			87.3	288.8	percent of total billed charges	
DEEP SEDATION/GENERAL ANESTH. 1ST 15 MI	D9222	HCPCS	outpatient			304		Horizon	Medicare Blue		91.2	30			87.3	288.8	percent of total billed charges	
DEEP SEDATION/GENERAL ANESTH. 1ST 15 MI	D9222	HCPCS	outpatient			304		Horizon	PPO		116.37	38.28			87.3	288.8	percent of total billed charges	
DEEP SEDATION/GENERAL ANESTH. 1ST 15 MI	D9222	HCPCS	outpatient			304		Managed Care Inc	Managed Care Inc		273.6	90			87.3	288.8	percent of total billed charges	
DEEP SEDATION/GENERAL ANESTH. 1ST 15 MI	D9222	HCPCS	outpatient			304		Multiplan	Multiplan		243.2	80			87.3	288.8	percent of total billed charges	
DEEP SEDATION/GENERAL ANESTH. 1ST 15 MI	D9222	HCPCS	outpatient			304		Qualcare	Qualcare		228	75			87.3	288.8	percent of total billed charges	
DEEP SEDATION/GENERAL ANESTH. 1ST 15 MI	D9222	HCPCS	outpatient			304		Three Rivers	Three Rivers		288.8	95			87.3	288.8	percent of total billed charges	
DEEP SEDATION/GENERAL ANESTH. 1ST 15 MI	D9222	HCPCS	outpatient			304		UHC	Medicaid		95.91	31.55			87.3	288.8	percent of total billed charges	
DEEP SEDATION/GENERAL ANESTH. 1ST 15 MI	D9222	HCPCS	outpatient			304		Wellcare	Medicaid		95.91	31.55			87.3	288.8	percent of total billed charges	
DEEP SEDATION/GENERAL ANESTH. 1ST 15 MI	D9222	HCPCS	outpatient			304		WellPoint	WellPoint		97.83	32.18			87.3	288.8	percent of total billed charges	
GENERAL ANESTHESIA FIRST 30 MIN	D9223	HCPCS	outpatient			766		Aetna	Commercial		291.08	38			87.3	727.7	percent of total billed charges	
GENERAL ANESTHESIA FIRST 30 MIN	D9223	HCPCS	outpatient			766		Aetna	Better Health		241.67	31.55			87.3	727.7	percent of total billed charges	
GENERAL ANESTHESIA FIRST 30 MIN	D9223	HCPCS	outpatient			766		Aetna	Medicare		235.93	30.8			87.3	727.7	percent of total billed charges	
GENERAL ANESTHESIA FIRST 30 MIN	D9223	HCPCS	outpatient			766		Americare	Americare		574.5	75			87.3	727.7	percent of total billed charges	
GENERAL ANESTHESIA FIRST 30 MIN	D9223	HCPCS	outpatient			766		Amerihealth	HMO/PPO		497.9	65			87.3	727.7	percent of total billed charges	
GENERAL ANESTHESIA FIRST 30 MIN	D9223	HCPCS	outpatient			766		Consumer	Consumer		727.7	95			87.3	727.7	percent of total billed charges	
GENERAL ANESTHESIA FIRST 30 MIN	D9223	HCPCS	outpatient			766		Corrections	Corrections		612.8	80			87.3	727.7	percent of total billed charges	
GENERAL ANESTHESIA FIRST 30 MIN	D9223	HCPCS	outpatient			766		First Health	First Health		536.2	70			87.3	727.7	percent of total billed charges	
GENERAL ANESTHESIA FIRST 30 MIN	D9223	HCPCS	outpatient			766		First Trenton	First Trenton		689.4	90			87.3	727.7	percent of total billed charges	
GENERAL ANESTHESIA FIRST 30 MIN	D9223	HCPCS	outpatient			766		Horizon	MGD		293.22	38.28			87.3	727.7	percent of total billed charges	
GENERAL ANESTHESIA FIRST 30 MIN	D9223	HCPCS	outpatient			766		Horizon	Indemnity		293.22	38.28			87.3	727.7	percent of total billed charges	
GENERAL ANESTHESIA FIRST 30 MIN	D9223	HCPCS	outpatient			766		Horizon	PPO		293.22	38.28			87.3	727.7	percent of total billed charges	
GENERAL ANESTHESIA FIRST 30 MIN	D9223	HCPCS	outpatient			766		Horizon	Medicare Blue		229.8	30			87.3	727.7	percent of total billed charges	
GENERAL ANESTHESIA FIRST 30 MIN	D9223	HCPCS	outpatient			766		Managed Care Inc	Managed Care Inc		689.4	90			87.3	727.7	percent of total billed charges	
GENERAL ANESTHESIA FIRST 30 MIN	D9223	HCPCS	outpatient			766		Multiplan	Multiplan		612.8	80			87.3	727.7	percent of total billed charges	
GENERAL ANESTHESIA FIRST 30 MIN	D9223	HCPCS	outpatient			766		Qualcare	Qualcare		574.5	75			87.3	727.7	percent of total billed charges	
GENERAL ANESTHESIA FIRST 30 MIN	D9223	HCPCS	outpatient			766		Three Rivers	Three Rivers		727.7	95			87.3	727.7	percent of total billed charges	
GENERAL ANESTHESIA FIRST 30 MIN	D9223	HCPCS	outpatient			766		UHC	Medicaid		241.67	31.55			87.3	727.7	percent of total billed charges	
GENERAL ANESTHESIA FIRST 30 MIN	D9223	HCPCS	outpatient			766		Wellcare	Medicaid		241.67	31.55			87.3	727.7	percent of total billed charges	
GENERAL ANESTHESIA FIRST 30 MIN	D9223	HCPCS	outpatient			766		WellPoint	WellPoint		246.5	32.18			87.3	727.7	percent of total billed charges	
ANALGESIA, ANXIOLYSIS, INHAL	D9230	HCPCS	outpatient			208		Aetna	Better Health		65.62	31.55			54.9	197.6	percent of total billed charges	
ANALGESIA, ANXIOLYSIS, INHAL	D9230	HCPCS	outpatient			208		Aetna	Medicare		64.06	30.8			54.9	197.6	percent of total billed charges	
ANALGESIA, ANXIOLYSIS, INHAL	D9230	HCPCS	outpatient			208		Aetna	Commercial		79.04	38			54.9	197.6	percent of total billed charges	
ANALGESIA, ANXIOLYSIS, INHAL	D9230	HCPCS	outpatient			208		Americare	Americare		156	75			54.9	197.6	percent of total billed charges	
ANALGESIA, ANXIOLYSIS, INHAL	D9230	HCPCS	outpatient			208		Amerihealth	HMO/PPO		135.2	65			54.9	197.6	percent of total billed charges	
ANALGESIA, ANXIOLYSIS, INHAL	D9230	HCPCS	outpatient			208		Consumer	Consumer		197.6	95			54.9	197.6	percent of total billed charges	
ANALGESIA, ANXIOLYSIS, INHAL	D9230	HCPCS	outpatient			208		Corrections	Corrections		166.4	80			54.9	197.6	percent of total billed charges	
ANALGESIA, ANXIOLYSIS, INHAL	D9230	HCPCS	outpatient			208		First Health	First Health		145.6	70			54.9	197.6	percent of total billed charges	
ANALGESIA, ANXIOLYSIS, INHAL	D9230	HCPCS	outpatient			208		First Trenton	First Trenton		187.2	90			54.9	197.6	percent of total billed charges	
ANALGESIA, ANXIOLYSIS, INHAL	D9230	HCPCS	outpatient			208		Horizon	Indemnity		79.62	38.28			54.9	197.6	percent of total billed charges	
ANALGESIA, ANXIOLYSIS, INHAL	D9230	HCPCS	outpatient			208		Horizon	Medicare Blue		62.4	30			54.9	197.6	percent of total billed charges	
ANALGESIA, ANXIOLYSIS, INHAL	D9230	HCPCS	outpatient			208		Horizon	MGD		79.62	38.28			54.9	197.6	percent of total billed charges	
ANALGESIA, ANXIOLYSIS, INHAL	D9230	HCPCS	outpatient			208		Horizon	PPO		79.62	38.28			54.9	197.6	percent of total billed charges	
ANALGESIA, ANXIOLYSIS, INHAL	D9230	HCPCS	outpatient			208		Managed Care Inc	Managed Care Inc		167.2	90			54.9	197.6	percent of total billed charges	
ANALGESIA, ANXIOLYSIS, INHAL	D9230	HCPCS	outpatient			208		Multiplan	Multiplan		166.4	80			54.9	197.6	percent of total billed charges	
ANALGESIA, ANXIOLYSIS, INHAL	D9230	HCPCS	outpatient			208		Qualcare	Qualcare		156	75			54.9	197.6	percent of total billed charges	
ANALGESIA, ANXIOLYSIS, INHAL	D9230	HCPCS	outpatient			208		Three Rivers	Three Rivers		197.6	95			54.9	197.6	percent of total billed charges	
ANALGESIA, ANXIOLYSIS, INHAL	D9230	HCPCS	outpatient			208		UHC	Medicaid		65.62	31.55			54.9	197.6	percent of total billed charges	
ANALGESIA, ANXIOLYSIS, INHAL	D9230	HCPCS	outpatient			208		Wellcare	Medicaid		65.62	31.55			54.9	197.6	percent of total billed charges	
ANALGESIA, ANXIOLYSIS, INHAL	D9230	HCPCS	outpatient			208		WellPoint	WellPoint		66.93	32.18			54.9	197.6	percent of total billed charges	
IV MOD(CON) SEDIAN-1ST 15 M	D9239	HCPCS	outpatient			362		Aetna	Medicare		111.5	30.8			108.6	343.9	percent of total billed charges	
IV MOD(CON) SEDIAN-1ST 15 M	D9239	HCPCS	outpatient			362		Aetna	Better Health		114.21	31.55			108.6	343.9	percent of total billed charges	
IV MOD(CON) SEDIAN-1ST 15 M	D9239	HCPCS	outpatient			362		Aetna	Commercial		137.56	38			108.6	343.9	percent of total billed charges	
IV MOD(CON) SEDIAN-1ST 15 M	D9239	HCPCS	outpatient			362		Americare	Americare		271.5	75			108.6	343.9	percent of total billed charges	
IV MOD(CON) SEDIAN-1ST 15 M	D9239	HCPCS	outpatient			362		Amerihealth	HMO/PPO		235.3	65			108.6	343.9	percent of total billed charges	
IV MOD(CON) SEDIAN-1ST 15 M	D9239	HCPCS	outpatient			362		Consumer	Consumer		343.9	95			108.6	343.9	percent of total billed charges	
IV MOD(CON) SEDIAN-1ST 15 M	D9239	HCPCS	outpatient			362		Corrections	Corrections		289.6	80			108.6	343.9	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.															
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101119	true														
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
IV MOD(CON) SED/AN-1ST 15 M	D9239	HCPCS	outpatient			362		First Health	First Health		253.4	70			108.6	343.9	percent of total billed charges	
IV MOD(CON) SED/AN-1ST 15 M	D9239	HCPCS	outpatient			362		First Trenton	First Trenton		325.8	90			108.6	343.9	percent of total billed charges	
IV MOD(CON) SED/AN-1ST 15 M	D9239	HCPCS	outpatient			362		Horizon	Medicare Blue		108.6	30			108.6	343.9	percent of total billed charges	
IV MOD(CON) SED/AN-1ST 15 M	D9239	HCPCS	outpatient			362		Horizon	Indemnity		138.57	38.28			108.6	343.9	percent of total billed charges	
IV MOD(CON) SED/AN-1ST 15 M	D9239	HCPCS	outpatient			362		Horizon	MGD		138.57	38.28			108.6	343.9	percent of total billed charges	
IV MOD(CON) SED/AN-1ST 15 M	D9239	HCPCS	outpatient			362		Horizon	PPO		138.57	38.28			108.6	343.9	percent of total billed charges	
IV MOD(CON) SED/AN-1ST 15 M	D9239	HCPCS	outpatient			362		Managed Care Inc	Managed Care Inc		325.8	90			108.6	343.9	percent of total billed charges	
IV MOD(CON) SED/AN-1ST 15 M	D9239	HCPCS	outpatient			362		Multiplan	Multiplan		289.6	80			108.6	343.9	percent of total billed charges	
IV MOD(CON) SED/AN-1ST 15 M	D9239	HCPCS	outpatient			362		Qualcare	Qualcare		271.5	75			108.6	343.9	percent of total billed charges	
IV MOD(CON) SED/AN-1ST 15 M	D9239	HCPCS	outpatient			362		Three Rivers	Three Rivers		343.9	95			108.6	343.9	percent of total billed charges	
IV MOD(CON) SED/AN-1ST 15 M	D9239	HCPCS	outpatient			362		UHC	Medicaid		114.21	31.55			108.6	343.9	percent of total billed charges	
IV MOD(CON) SED/AN-1ST 15 M	D9239	HCPCS	outpatient			362		Wellcare	Medicaid		114.21	31.55			108.6	343.9	percent of total billed charges	
IV MOD(CON) SED/AN-1ST 15 M	D9239	HCPCS	outpatient			362		WellPoint	WellPoint		116.49	32.18			108.6	343.9	percent of total billed charges	
IV MODERATE SEDATION EA 15MIN	D9243	HCPCS	outpatient			279		Aetna	Commercial		106.02	38			83.7	265.05	percent of total billed charges	
IV MODERATE SEDATION EA 15MIN	D9243	HCPCS	outpatient			279		Aetna	Better Health		88.02	31.55			83.7	265.05	percent of total billed charges	
IV MODERATE SEDATION EA 15MIN	D9243	HCPCS	outpatient			279		Aetna	Medicare		85.93	30.8			83.7	265.05	percent of total billed charges	
IV MODERATE SEDATION EA 15MIN	D9243	HCPCS	outpatient			279		Americare	Americare		209.25	75			83.7	265.05	percent of total billed charges	
IV MODERATE SEDATION EA 15MIN	D9243	HCPCS	outpatient			279		Amerihealth	HMO/PPO		181.35	65			83.7	265.05	percent of total billed charges	
IV MODERATE SEDATION EA 15MIN	D9243	HCPCS	outpatient			279		Consumer	Consumer		265.05	95			83.7	265.05	percent of total billed charges	
IV MODERATE SEDATION EA 15MIN	D9243	HCPCS	outpatient			279		Corrections	Corrections		223.2	80			83.7	265.05	percent of total billed charges	
IV MODERATE SEDATION EA 15MIN	D9243	HCPCS	outpatient			279		First Health	First Health		195.3	70			83.7	265.05	percent of total billed charges	
IV MODERATE SEDATION EA 15MIN	D9243	HCPCS	outpatient			279		First Trenton	First Trenton		251.1	90			83.7	265.05	percent of total billed charges	
IV MODERATE SEDATION EA 15MIN	D9243	HCPCS	outpatient			279		Horizon	Medicare Blue		83.7	30			83.7	265.05	percent of total billed charges	
IV MODERATE SEDATION EA 15MIN	D9243	HCPCS	outpatient			279		Horizon	Indemnity		106.8	38.28			83.7	265.05	percent of total billed charges	
IV MODERATE SEDATION EA 15MIN	D9243	HCPCS	outpatient			279		Horizon	MGD		106.8	38.28			83.7	265.05	percent of total billed charges	
IV MODERATE SEDATION EA 15MIN	D9243	HCPCS	outpatient			279		Horizon	PPO		106.8	38.28			83.7	265.05	percent of total billed charges	
IV MODERATE SEDATION EA 15MIN	D9243	HCPCS	outpatient			279		Managed Care Inc	Managed Care Inc		251.1	90			83.7	265.05	percent of total billed charges	
IV MODERATE SEDATION EA 15MIN	D9243	HCPCS	outpatient			279		Multiplan	Multiplan		223.2	80			83.7	265.05	percent of total billed charges	
IV MODERATE SEDATION EA 15MIN	D9243	HCPCS	outpatient			279		Qualcare	Qualcare		209.25	75			83.7	265.05	percent of total billed charges	
IV MODERATE SEDATION EA 15MIN	D9243	HCPCS	outpatient			279		Three Rivers	Three Rivers		265.05	95			83.7	265.05	percent of total billed charges	
IV MODERATE SEDATION EA 15MIN	D9243	HCPCS	outpatient			279		UHC	Medicaid		88.02	31.55			83.7	265.05	percent of total billed charges	
IV MODERATE SEDATION EA 15MIN	D9243	HCPCS	outpatient			279		Wellcare	Medicaid		88.02	31.55			83.7	265.05	percent of total billed charges	
IV MODERATE SEDATION EA 15MIN	D9243	HCPCS	outpatient			279		WellPoint	WellPoint		89.78	32.18			83.7	265.05	percent of total billed charges	
OFFICE VISIT-OBSERVATION	D9430	HCPCS	outpatient			167		Aetna	Better Health		52.69	31.55			50.1	158.65	percent of total billed charges	
OFFICE VISIT-OBSERVATION	D9430	HCPCS	outpatient			167		Aetna	Commercial		63.46	38			50.1	158.65	percent of total billed charges	
OFFICE VISIT-OBSERVATION	D9430	HCPCS	outpatient			167		Aetna	Medicare		51.44	30.8			50.1	158.65	percent of total billed charges	
OFFICE VISIT-OBSERVATION	D9430	HCPCS	outpatient			167		Americare	Americare		125.25	75			50.1	158.65	percent of total billed charges	
OFFICE VISIT-OBSERVATION	D9430	HCPCS	outpatient			167		Amerihealth	HMO/PPO		108.55	65			50.1	158.65	percent of total billed charges	
OFFICE VISIT-OBSERVATION	D9430	HCPCS	outpatient			167		Consumer	Consumer		158.65	95			50.1	158.65	percent of total billed charges	
OFFICE VISIT-OBSERVATION	D9430	HCPCS	outpatient			167		Corrections	Corrections		133.6	80			50.1	158.65	percent of total billed charges	
OFFICE VISIT-OBSERVATION	D9430	HCPCS	outpatient			167		First Health	First Health		116.9	70			50.1	158.65	percent of total billed charges	
OFFICE VISIT-OBSERVATION	D9430	HCPCS	outpatient			167		First Trenton	First Trenton		150.3	90			50.1	158.65	percent of total billed charges	
OFFICE VISIT-OBSERVATION	D9430	HCPCS	outpatient			167		Horizon	Medicare Blue		50.1	30			50.1	158.65	percent of total billed charges	
OFFICE VISIT-OBSERVATION	D9430	HCPCS	outpatient			167		Horizon	MGD		63.93	38.28			50.1	158.65	percent of total billed charges	
OFFICE VISIT-OBSERVATION	D9430	HCPCS	outpatient			167		Horizon	Indemnity		63.93	38.28			50.1	158.65	percent of total billed charges	
OFFICE VISIT-OBSERVATION	D9430	HCPCS	outpatient			167		Horizon	PPO		63.93	38.28			50.1	158.65	percent of total billed charges	
OFFICE VISIT-OBSERVATION	D9430	HCPCS	outpatient			167		Managed Care Inc	Managed Care Inc		150.3	90			50.1	158.65	percent of total billed charges	
OFFICE VISIT-OBSERVATION	D9430	HCPCS	outpatient			167		Multiplan	Multiplan		133.6	80			50.1	158.65	percent of total billed charges	
OFFICE VISIT-OBSERVATION	D9430	HCPCS	outpatient			167		Qualcare	Qualcare		125.25	75			50.1	158.65	percent of total billed charges	
OFFICE VISIT-OBSERVATION	D9430	HCPCS	outpatient			167		Three Rivers	Three Rivers		158.65	95			50.1	158.65	percent of total billed charges	
OFFICE VISIT-OBSERVATION	D9430	HCPCS	outpatient			167		UHC	Medicaid		52.69	31.55			50.1	158.65	percent of total billed charges	
OFFICE VISIT-OBSERVATION	D9430	HCPCS	outpatient			167		Wellcare	Medicaid		52.69	31.55			50.1	158.65	percent of total billed charges	
OFFICE VISIT-OBSERVATION	D9430	HCPCS	outpatient			167		WellPoint	WellPoint		53.74	32.18			50.1	158.65	percent of total billed charges	
THERAPEUTIC DRUG INJECTION	D9610	HCPCS	outpatient			254		Aetna	Better Health		80.14	31.55			64.8	241.3	percent of total billed charges	
THERAPEUTIC DRUG INJECTION	D9610	HCPCS	outpatient			254		Aetna	Medicare		78.23	30.8			64.8	241.3	percent of total billed charges	
THERAPEUTIC DRUG INJECTION	D9610	HCPCS	outpatient			254		Aetna	Commercial		96.52	38			64.8	241.3	percent of total billed charges	
THERAPEUTIC DRUG INJECTION	D9610	HCPCS	outpatient			254		Americare	Americare		190.5	75			64.8	241.3	percent of total billed charges	
THERAPEUTIC DRUG INJECTION	D9610	HCPCS	outpatient			254		Amerihealth	HMO/PPO		165.1	65			64.8	241.3	percent of total billed charges	
THERAPEUTIC DRUG INJECTION	D9610	HCPCS	outpatient			254		Consumer	Consumer		241.3	95			64.8	241.3	percent of total billed charges	
THERAPEUTIC DRUG INJECTION	D9610	HCPCS	outpatient			254		Corrections	Corrections		203.2	80			64.8	241.3	percent of total billed charges	
THERAPEUTIC DRUG INJECTION	D9610	HCPCS	outpatient			254		First Health	First Health		177.8	70			64.8	241.3	percent of total billed charges	
THERAPEUTIC DRUG INJECTION	D9610	HCPCS	outpatient			254		First Trenton	First Trenton		228.6	90			64.8	241.3	percent of total billed charges	
THERAPEUTIC DRUG INJECTION	D9610	HCPCS	outpatient			254		Horizon	Medicare Blue		76.2	30			64.8	241.3	percent of total billed charges	
THERAPEUTIC DRUG INJECTION	D9610	HCPCS	outpatient			254		Horizon	Indemnity		97.23	38.28			64.8	241.3	percent of total billed charges	
THERAPEUTIC DRUG INJECTION	D9610	HCPCS	outpatient			254		Horizon	MGD		97.23	38.28			64.8	241.3	percent of total billed charges	
THERAPEUTIC DRUG INJECTION	D9610	HCPCS	outpatient			254		Horizon	PPO		97.23	38.28			64.8	241.3	percent of total billed charges	
THERAPEUTIC DRUG INJECTION	D9610	HCPCS	outpatient			254		Managed Care Inc	Managed Care Inc		228.6	90			64.8	241.3	percent of total billed charges	
THERAPEUTIC DRUG INJECTION	D9610	HCPCS	outpatient			254		Multiplan	Multiplan		203.2	80			64.8	241.3	percent of total billed charges	
THERAPEUTIC DRUG INJECTION	D9610	HCPCS	outpatient			254		Qualcare	Qualcare		190.5	75			64.8	241.3	percent of total billed charges	
THERAPEUTIC DRUG INJECTION	D9610	HCPCS	outpatient			254		Three Rivers	Three Rivers		241.3	95			64.8	241.3	percent of total billed charges	
THERAPEUTIC DRUG INJECTION	D9610	HCPCS	outpatient			254		UHC	Medicaid		80.14	31.55			64.8	241.3	percent of total billed charges	
THERAPEUTIC DRUG INJECTION	D9610	HCPCS	outpatient			254		Wellcare	Medicaid		80.14	31.55			64.8	241.3	percent of total billed charges	
THERAPEUTIC DRUG INJECTION	D9610	HCPCS	outpatient			254		WellPoint	WellPoint		81.74	32.18			64.8	241.3	percent of total billed charges	
THERAPEUTIC PARENTERAL DRUGS>1	D9612	HCPCS	outpatient			405		Aetna	Medicare		124.74	30.8			121.5	384.75	percent of total billed charges	
THERAPEUTIC PARENTERAL DRUGS>1	D9612	HCPCS	outpatient			405		Aetna	Better Health		127.78	31.55			121.5	384.75	percent of total billed charges	
THERAPEUTIC PARENTERAL DRUGS>1	D9612	HCPCS	outpatient			405		Aetna	Commercial		153.9	38			121.5	384.75	percent of total billed charges	
THERAPEUTIC PARENTERAL DRUGS>1	D9612	HCPCS	outpatient			405		Americare	Americare		303.75	75			121.5	384.75	percent of total billed charges	
THERAPEUTIC PARENTERAL DRUGS>1	D9612	HCPCS	outpatient			405		Amerihealth	HMO/PPO		263.25	65			121.5	384.75	percent of total billed charges	
THERAPEUTIC PARENTERAL DRUGS>1	D9612	HCPCS	outpatient			405		Consumer	Consumer		384.75	95			121.5	384.75	percent of total billed charges	
THERAPEUTIC PARENTERAL DRUGS>1	D9612	HCPCS	outpatient			405		Corrections	Corrections		324	80			121.5	384.75	percent of total billed charges	
THERAPEUTIC PARENTERAL DRUGS>1	D9612	HCPCS	outpatient			405		First Health	First Health		283.5	70			121.5	384.75	percent of total billed charges	
THERAPEUTIC PARENTERAL DRUGS>1	D9612	HCPCS	outpatient			405		First Trenton	First Trenton		364.5	90			121.5	384.75	percent of total billed charges	
THERAPEUTIC PARENTERAL DRUGS>1	D9612	HCPCS	outpatient			405		Horizon	Indemnity		155.03	38.28			121.5	384.75	percent of total billed charges	
THERAPEUTIC PARENTERAL DRUGS>1	D9612	HCPCS	outpatient			405		Horizon	MGD		155.03	38.28			121.5	384.75	percent of total billed charges	
THERAPEUTIC PARENTERAL DRUGS>1	D9612	HCPCS	outpatient			405		Horizon	Medicare Blue		121.5	30			121.5	384.75	percent of total billed charges	
THERAPEUTIC PARENTERAL DRUGS>1	D9612	HCPCS	outpatient			405		Horizon	PPO		155.03	38.28			121.5	384.75	percent of total billed charges	
THERAPEUTIC PARENTERAL DRUGS>1	D9612	HCPCS	outpatient			405		Managed Care Inc	Managed Care Inc		364.5	90			121.5	384.75	percent of total billed charges	
THERAPEUTIC PARENTERAL DRUGS>1	D9612	HCPCS	outpatient			405		Multiplan	Multiplan		324	80			121.5	384.75	percent of total billed charges	
THERAPEUTIC PARENTERAL DRUGS>1	D9612	HCPCS	outpatient			405		Qualcare	Qualcare		303.75	75			121.5	384.75	percent of total billed charges	
THERAPEUTIC PARENTERAL DRUGS>1	D9612	HCPCS	outpatient			405		Three Rivers	Three Rivers		384.75	95			121.5	384.75	percent of total billed charges	
THERAPEUTIC PARENTERAL DRUGS>1	D9612	HCPCS	outpatient			405		UHC	Medicaid		127.78	31.55			121.5	384.75	percent of total billed charges	
THERAPEUTIC PARENTERAL DRUGS>1	D9612	HCPCS	outpatient			405		Wellcare	Medicaid		127.78	31.55			121.5	384.75	percent of total billed charges	
THERAPEUTIC PARENTERAL DRUGS>1	D9612	HCPCS	outpatient			405		WellPoint	WellPoint		130.33	32.18			121.5	384.75	percent of total billed charges	
TX COMPLICATION POST SURGICAL	D9930	HCPCS	outpatient			6266	1158.02	Aetna	Better Health		1976.92	31.55			918.74	5952.7	percent of total billed charges	
TX COMPLICATION POST SURGICAL	D9930	HCPCS	outpatient			6266	1158.02	Aetna	Commercial		1603.1				918.74	5952.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TX COMPLICATION POST SURGICAL	D9930	HCPCS	outpatient			6266	1158.02	Aetna	Medicare		1006.97				918.74	5952.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TX COMPLICATION POST SURGICAL	D9930	HCPCS	outpatient			6266	1158.02	Americare	Americare		4699.5	75			918.74	5952.7	percent of total billed charges	
TX COMPLICATION POST SURGICAL	D9930	HCPCS	outpatient			6266	1158.02	Amerihealth	Medicare		1006.97				918.74	5952.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TX COMPLICATION POST SURGICAL	D9930	HCPCS	outpatient			6266	1158.02	Amerihealth	HMO/PPO		4072.9	65			918.74	5952.7	percent of total billed charges	
TX COMPLICATION POST SURGICAL	D9930	HCPCS	outpatient			6266	1158.02	Consumer	Consumer		5952.7	95			918.74	5952.7	percent of total billed charges	
TX COMPLICATION POST SURGICAL	D9930	HCPCS	outpatient			6266	1158.02	Corrections	Corrections		5012.8	80			918.74	5952.7	percent of total billed charges	
TX COMPLICATION POST SURGICAL	D9930	HCPCS	outpatient			6266	1158.02	First Health	First Health		4386.2	70			918.74	5952.7	percent of total billed charges	
TX COMPLICATION POST SURGICAL	D9930	HCPCS	outpatient			6266	1158.02	First Trenton	First Trenton		5639.4	90			918.74	5952.7	percent of total billed charges	
TX COMPLICATION POST SURGICAL	D9930	HCPCS	outpatient			6266	1158.02	Horizon	Indemnity		1873.97				918.74	5952.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TX COMPLICATION POST SURGICAL	D9930	HCPCS	outpatient			6266	1158.02	Horizon	MGD		1873.97				918.74	5952.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TX COMPLICATION POST SURGICAL	D9930	HCPCS	outpatient			6266	1158.02	Horizon	Medicare Blue		1006.97				918.74	5952.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TX COMPLICATION POST SURGICAL	D9930	HCPCS	outpatient			6266	1158.02	Horizon	PPO		1873.97				918.74	5952.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TX COMPLICATION POST SURGICAL	D9930	HCPCS	outpatient			6266	1158.02	Managed Care Inc	Managed Care Inc		5639.4	90			918.74	5952.7	percent of total billed charges	
TX COMPLICATION POST SURGICAL	D9930	HCPCS	outpatient			6266	1158.02	Multiplan	Multiplan		5012.8	80			918.74	5952.7	percent of total billed charges	
TX COMPLICATION POST SURGICAL	D9930	HCPCS	outpatient			6266	1158.02	Qualcare	Qualcare		4699.5	75			918.74	5952.7	percent of total billed charges	
TX COMPLICATION POST SURGICAL	D9930	HCPCS	outpatient			6266	1158.02	Three Rivers	Three Rivers		5952.7	95			918.74	5952.7	percent of total billed charges	
TX COMPLICATION POST SURGICAL	D9930	HCPCS	outpatient			6266	1158.02	UHC	Medicare		1006.97				918.74	5952.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TX COMPLICATION POST SURGICAL	D9930	HCPCS	outpatient			6266	1158.02	UHC	Medicaid		1976.92	31.55			918.74	5952.7	percent of total billed charges	
TX COMPLICATION POST SURGICAL	D9930	HCPCS	outpatient			6266	1158.02	Wellcare	Medicaid		1976.92	31.55			918.74	5952.7	percent of total billed charges	
TX COMPLICATION POST SURGICAL	D9930	HCPCS	outpatient			6266	1158.02	Wellcare	Medicare		1006.97				918.74	5952.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TX COMPLICATION POST SURGICAL	D9930	HCPCS	outpatient			6266	1158.02	WellPoint	WellPoint		2016.4	32.18			918.74	5952.7	percent of total billed charges	
OCCLUSAL ADJUSTMENT,LMTD	D9951	HCPCS	outpatient			5458	1158.02	Aetna	Better Health		1722	31.55			699.46	5185.1	percent of total billed charges	
OCCLUSAL ADJUSTMENT,LMTD	D9951	HCPCS	outpatient			5458	1158.02	Aetna	Commercial		1603.1				699.46	5185.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCCLUSAL ADJUSTMENT,LMTD	D9951	HCPCS	outpatient			5458	1158.02	Aetna	Medicare		1006.97				699.46	5185.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCCLUSAL ADJUSTMENT,LMTD	D9951	HCPCS	outpatient			5458	1158.02	Americare	Americare		4093.5	75			699.46	5185.1	percent of total billed charges	
OCCLUSAL ADJUSTMENT,LMTD	D9951	HCPCS	outpatient			5458	1158.02	Amerihealth	Medicare		1006.97				699.46	5185.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCCLUSAL ADJUSTMENT,LMTD	D9951	HCPCS	outpatient			5458	1158.02	Amerihealth	HMO/PPO		3547.7	65			699.46	5185.1	percent of total billed charges	
OCCLUSAL ADJUSTMENT,LMTD	D9951	HCPCS	outpatient			5458	1158.02	Consumer	Consumer		5185.1	95			699.46	5185.1	percent of total billed charges	
OCCLUSAL ADJUSTMENT,LMTD	D9951	HCPCS	outpatient			5458	1158.02	Corrections	Corrections		4366.4	80			699.46	5185.1	percent of total billed charges	
OCCLUSAL ADJUSTMENT,LMTD	D9951	HCPCS	outpatient			5458	1158.02	First Health	First Health		3820.6	70			699.46	5185.1	percent of total billed charges	
OCCLUSAL ADJUSTMENT,LMTD	D9951	HCPCS	outpatient			5458	1158.02	First Trenton	First Trenton		4912.2	90			699.46	5185.1	percent of total billed charges	
OCCLUSAL ADJUSTMENT,LMTD	D9951	HCPCS	outpatient			5458	1158.02	Horizon	MGD		1873.97				699.46	5185.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCCLUSAL ADJUSTMENT,LMTD	D9951	HCPCS	outpatient			5458	1158.02	Horizon	Indemnity		1873.97				699.46	5185.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCCLUSAL ADJUSTMENT,LMTD	D9951	HCPCS	outpatient			5458	1158.02	Horizon	Medicare Blue		1006.97				699.46	5185.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCCLUSAL ADJUSTMENT,LMTD	D9951	HCPCS	outpatient			5458	1158.02	Horizon	PPO		1873.97				699.46	5185.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCCLUSAL ADJUSTMENT,LMTD	D9951	HCPCS	outpatient			5458	1158.02	Managed Care Inc	Managed Care Inc		4912.2	90			699.46	5185.1	percent of total billed charges	
OCCLUSAL ADJUSTMENT,LMTD	D9951	HCPCS	outpatient			5458	1158.02	Multiplan	Multiplan		4366.4	80			699.46	5185.1	percent of total billed charges	
OCCLUSAL ADJUSTMENT,LMTD	D9951	HCPCS	outpatient			5458	1158.02	Qualcare	Qualcare		4093.5	75			699.46	5185.1	percent of total billed charges	
OCCLUSAL ADJUSTMENT,LMTD	D9951	HCPCS	outpatient			5458	1158.02	Three Rivers	Three Rivers		5185.1	95			699.46	5185.1	percent of total billed charges	
OCCLUSAL ADJUSTMENT,LMTD	D9951	HCPCS	outpatient			5458	1158.02	UHC	Medicaid		1722	31.55			699.46	5185.1	percent of total billed charges	
OCCLUSAL ADJUSTMENT,LMTD	D9951	HCPCS	outpatient			5458	1158.02	UHC	Medicare		1006.97				699.46	5185.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCCLUSAL ADJUSTMENT,LMTD	D9951	HCPCS	outpatient			5458	1158.02	Wellcare	Medicare		1006.97				699.46	5185.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCCLUSAL ADJUSTMENT,LMTD	D9951	HCPCS	outpatient			5458	1158.02	Wellcare	Medicaid		1722	31.55			699.46	5185.1	percent of total billed charges	
OCCLUSAL ADJUSTMENT,LMTD	D9951	HCPCS	outpatient			5458	1158.02	WellPoint	WellPoint		1756.38	32.18			699.46	5185.1	percent of total billed charges	
COMPLETE OCCLUSAL ADJUST	D9952	HCPCS	outpatient			5458	1158.02	Aetna	Medicare		1006.97				1006.97	5185.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPLETE OCCLUSAL ADJUST	D9952	HCPCS	outpatient			5458	1158.02	Aetna	Commercial		1603.1				1006.97	5185.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPLETE OCCLUSAL ADJUST	D9952	HCPCS	outpatient			5458	1158.02	Aetna	Better Health		1722	31.55			1006.97	5185.1	percent of total billed charges	
COMPLETE OCCLUSAL ADJUST	D9952	HCPCS	outpatient			5458	1158.02	Americare	Americare		4093.5	75			1006.97	5185.1	percent of total billed charges	
COMPLETE OCCLUSAL ADJUST	D9952	HCPCS	outpatient			5458	1158.02	Amerihealth	Medicare		1006.97				1006.97	5185.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPLETE OCCLUSAL ADJUST	D9952	HCPCS	outpatient			5458	1158.02	Amerihealth	HMO/PPO		3547.7	65			1006.97	5185.1	percent of total billed charges	
COMPLETE OCCLUSAL ADJUST	D9952	HCPCS	outpatient			5458	1158.02	Consumer	Consumer		5185.1	95			1006.97	5185.1	percent of total billed charges	
COMPLETE OCCLUSAL ADJUST	D9952	HCPCS	outpatient			5458	1158.02	Corrections	Corrections		4366.4	80			1006.97	5185.1	percent of total billed charges	
COMPLETE OCCLUSAL ADJUST	D9952	HCPCS	outpatient			5458	1158.02	First Health	First Health		3820.6	70			1006.97	5185.1	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.														
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103		310119 true													
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
COMPLETE OCCLUSAL ADJUST	D9952	HCPCS	outpatient			5458	1158.02	First Trenton	First Trenton		4912.2	90			1006.97		5185.1 percent of total billed charges	
COMPLETE OCCLUSAL ADJUST	D9952	HCPCS	outpatient			5458	1158.02	Horizon	MGD		1873.97				1006.97		5185.1 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPLETE OCCLUSAL ADJUST	D9952	HCPCS	outpatient			5458	1158.02	Horizon	Indemnity		1873.97				1006.97		5185.1 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPLETE OCCLUSAL ADJUST	D9952	HCPCS	outpatient			5458	1158.02	Horizon	Medicare Blue		1006.97				1006.97		5185.1 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPLETE OCCLUSAL ADJUST	D9952	HCPCS	outpatient			5458	1158.02	Horizon	PPO		1873.97				1006.97		5185.1 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPLETE OCCLUSAL ADJUST	D9952	HCPCS	outpatient			5458	1158.02	Managed Care Inc	Managed Care Inc		4912.2	90			1006.97		5185.1 percent of total billed charges	
COMPLETE OCCLUSAL ADJUST	D9952	HCPCS	outpatient			5458	1158.02	Multiplan	Multiplan		4366.4	80			1006.97		5185.1 percent of total billed charges	
COMPLETE OCCLUSAL ADJUST	D9952	HCPCS	outpatient			5458	1158.02	Qualcare	Qualcare		4093.5	75			1006.97		5185.1 percent of total billed charges	
COMPLETE OCCLUSAL ADJUST	D9952	HCPCS	outpatient			5458	1158.02	Three Rivers	Three Rivers		5185.1	95			1006.97		5185.1 percent of total billed charges	
COMPLETE OCCLUSAL ADJUST	D9952	HCPCS	outpatient			5458	1158.02	UHC	Medicare		1006.97				1006.97		5185.1 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPLETE OCCLUSAL ADJUST	D9952	HCPCS	outpatient			5458	1158.02	UHC	Medicaid		1722	31.55			1006.97		5185.1 percent of total billed charges	
COMPLETE OCCLUSAL ADJUST	D9952	HCPCS	outpatient			5458	1158.02	Wellcare	Medicare		1006.97				1006.97		5185.1 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPLETE OCCLUSAL ADJUST	D9952	HCPCS	outpatient			5458	1158.02	Wellcare	Medicaid		1722	31.55			1006.97		5185.1 percent of total billed charges	
COMPLETE OCCLUSAL ADJUST	D9952	HCPCS	outpatient			5458	1158.02	WellPoint	WellPoint		1756.38	32.18			1006.97		5185.1 percent of total billed charges	
ODONTOPLASTY 1-2 TEETH	D9971	HCPCS	outpatient			425		Aetna	Medicare		130.9	30.8			127.5		403.75 percent of total billed charges	
ODONTOPLASTY 1-2 TEETH	D9971	HCPCS	outpatient			425		Aetna	Better Health		134.09	31.55			127.5		403.75 percent of total billed charges	
ODONTOPLASTY 1-2 TEETH	D9971	HCPCS	outpatient			425		Aetna	Commercial		161.5	38			127.5		403.75 percent of total billed charges	
ODONTOPLASTY 1-2 TEETH	D9971	HCPCS	outpatient			425		Americare	Americare		318.75	75			127.5		403.75 percent of total billed charges	
ODONTOPLASTY 1-2 TEETH	D9971	HCPCS	outpatient			425		Amerihealth	HMO/PPO		276.25	65			127.5		403.75 percent of total billed charges	
ODONTOPLASTY 1-2 TEETH	D9971	HCPCS	outpatient			425		Consumer	Consumer		403.75	95			127.5		403.75 percent of total billed charges	
ODONTOPLASTY 1-2 TEETH	D9971	HCPCS	outpatient			425		Corrections	Corrections		340	80			127.5		403.75 percent of total billed charges	
ODONTOPLASTY 1-2 TEETH	D9971	HCPCS	outpatient			425		First Health	First Health		297.5	70			127.5		403.75 percent of total billed charges	
ODONTOPLASTY 1-2 TEETH	D9971	HCPCS	outpatient			425		First Trenton	First Trenton		382.5	90			127.5		403.75 percent of total billed charges	
ODONTOPLASTY 1-2 TEETH	D9971	HCPCS	outpatient			425		Horizon	MGD		162.69	38.28			127.5		403.75 percent of total billed charges	
ODONTOPLASTY 1-2 TEETH	D9971	HCPCS	outpatient			425		Horizon	Indemnity		162.69	38.28			127.5		403.75 percent of total billed charges	
ODONTOPLASTY 1-2 TEETH	D9971	HCPCS	outpatient			425		Horizon	Medicare Blue		127.5	30			127.5		403.75 percent of total billed charges	
ODONTOPLASTY 1-2 TEETH	D9971	HCPCS	outpatient			425		Horizon	PPO		162.69	38.28			127.5		403.75 percent of total billed charges	
ODONTOPLASTY 1-2 TEETH	D9971	HCPCS	outpatient			425		Managed Care Inc	Managed Care Inc		382.5	90			127.5		403.75 percent of total billed charges	
ODONTOPLASTY 1-2 TEETH	D9971	HCPCS	outpatient			425		Multiplan	Multiplan		340	80			127.5		403.75 percent of total billed charges	
ODONTOPLASTY 1-2 TEETH	D9971	HCPCS	outpatient			425		Qualcare	Qualcare		318.75	75			127.5		403.75 percent of total billed charges	
ODONTOPLASTY 1-2 TEETH	D9971	HCPCS	outpatient			425		Three Rivers	Three Rivers		403.75	95			127.5		403.75 percent of total billed charges	
ODONTOPLASTY 1-2 TEETH	D9971	HCPCS	outpatient			425		UHC	Medicaid		134.09	31.55			127.5		403.75 percent of total billed charges	
ODONTOPLASTY 1-2 TEETH	D9971	HCPCS	outpatient			425		Wellcare	Medicaid		134.09	31.55			127.5		403.75 percent of total billed charges	
ODONTOPLASTY 1-2 TEETH	D9971	HCPCS	outpatient			425		WellPoint	WellPoint		136.77	32.18			127.5		403.75 percent of total billed charges	
CRUTCHES	E0114	HCPCS	outpatient			68		Aetna	Commercial		25.84	38			20.4		178.94 percent of total billed charges	
CRUTCHES	E0114	HCPCS	outpatient			68		Aetna	Better Health		21.45	31.55			20.4		178.94 percent of total billed charges	
CRUTCHES	E0114	HCPCS	outpatient			68		Aetna	Medicare		20.94	30.8			20.4		178.94 percent of total billed charges	
CRUTCHES	E0114	HCPCS	outpatient			68		Americare	Americare		51	75			20.4		178.94 percent of total billed charges	
CRUTCHES	E0114	HCPCS	outpatient			68		Amerihealth	HMO/PPO		44.2	65			20.4		178.94 percent of total billed charges	
CRUTCHES	E0114	HCPCS	outpatient			68		Consumer	Consumer		64.6	95			20.4		178.94 percent of total billed charges	
CRUTCHES	E0114	HCPCS	outpatient			68		Corrections	Corrections		54.4	80			20.4		178.94 percent of total billed charges	
CRUTCHES	E0114	HCPCS	outpatient			68		First Health	First Health		47.6	70			20.4		178.94 percent of total billed charges	
CRUTCHES	E0114	HCPCS	outpatient			68		First Trenton	First Trenton		61.2	90			20.4		178.94 percent of total billed charges	
CRUTCHES	E0114	HCPCS	outpatient			68		Horizon	Indemnity		26.03	38.28			20.4		178.94 percent of total billed charges	
CRUTCHES	E0114	HCPCS	outpatient			68		Horizon	MGD		26.03	38.28			20.4		178.94 percent of total billed charges	
CRUTCHES	E0114	HCPCS	outpatient			68		Horizon	NJ Health		178.94				20.4		178.94 fee schedule	
CRUTCHES	E0114	HCPCS	outpatient			68		Horizon	Medicare Blue		20.4	30			20.4		178.94 percent of total billed charges	
CRUTCHES	E0114	HCPCS	outpatient			68		Horizon	PPO		26.03	38.28			20.4		178.94 percent of total billed charges	
CRUTCHES	E0114	HCPCS	outpatient			68		Managed Care Inc	Managed Care Inc		61.2	90			20.4		178.94 percent of total billed charges	
CRUTCHES	E0114	HCPCS	outpatient			68		Multiplan	Multiplan		54.4	80			20.4		178.94 percent of total billed charges	
CRUTCHES	E0114	HCPCS	outpatient			68		Qualcare	Qualcare		51	75			20.4		178.94 percent of total billed charges	
CRUTCHES	E0114	HCPCS	outpatient			68		Three Rivers	Three Rivers		64.6	95			20.4		178.94 percent of total billed charges	
CRUTCHES	E0114	HCPCS	outpatient			68		UHC	Medicaid		21.45	31.55			20.4		178.94 percent of total billed charges	
CRUTCHES	E0114	HCPCS	outpatient			68		Wellcare	Medicaid		21.45	31.55			20.4		178.94 percent of total billed charges	
CRUTCHES	E0114	HCPCS	outpatient			68		WellPoint	WellPoint		21.88	32.18			20.4		178.94 percent of total billed charges	
POSEY LEATHER CUFF	E0700	HCPCS	outpatient			73		Aetna	Medicare		22.48	30.8			21.9		69.35 percent of total billed charges	
POSEY LEATHER CUFF	E0700	HCPCS	outpatient			73		Aetna	Better Health		23.03	31.55			21.9		69.35 percent of total billed charges	
POSEY LEATHER CUFF	E0700	HCPCS	outpatient			73		Aetna	Commercial		27.74	38			21.9		69.35 percent of total billed charges	
POSEY LEATHER CUFF	E0700	HCPCS	outpatient			73		Americare	Americare		54.75	75			21.9		69.35 percent of total billed charges	
POSEY LEATHER CUFF	E0700	HCPCS	outpatient			73		Amerihealth	HMO/PPO		47.45	65			21.9		69.35 percent of total billed charges	
POSEY LEATHER CUFF	E0700	HCPCS	outpatient			73		Consumer	Consumer		69.35	95			21.9		69.35 percent of total billed charges	
POSEY LEATHER CUFF	E0700	HCPCS	outpatient			73		Corrections	Corrections		58.4	80			21.9		69.35 percent of total billed charges	
POSEY LEATHER CUFF	E0700	HCPCS	outpatient			73		First Health	First Health		51.1	70			21.9		69.35 percent of total billed charges	
POSEY LEATHER CUFF	E0700	HCPCS	outpatient			73		First Trenton	First Trenton		65.7	90			21.9		69.35 percent of total billed charges	
POSEY LEATHER CUFF	E0700	HCPCS	outpatient			73		Horizon	MGD		27.94	38.28			21.9		69.35 percent of total billed charges	
POSEY LEATHER CUFF	E0700	HCPCS	outpatient			73		Horizon	Indemnity		27.94	38.28			21.9		69.35 percent of total billed charges	
POSEY LEATHER CUFF	E0700	HCPCS	outpatient			73		Horizon	PPO		27.94	38.28			21.9		69.35 percent of total billed charges	
POSEY LEATHER CUFF	E0700	HCPCS	outpatient			73		Horizon	Medicare Blue		21.9	30			21.9		69.35 percent of total billed charges	
POSEY LEATHER CUFF	E0700	HCPCS	outpatient			73		Managed Care Inc	Managed Care Inc		65.7	90			21.9		69.35 percent of total billed charges	
POSEY LEATHER CUFF	E0700	HCPCS	outpatient			73		Multiplan	Multiplan		58.4	80			21.9		69.35 percent of total billed charges	
POSEY LEATHER CUFF	E0700	HCPCS	outpatient			73		Qualcare	Qualcare		54.75	75			21.9		69.35 percent of total billed charges	
POSEY LEATHER CUFF	E0700	HCPCS	outpatient			73		Three Rivers	Three Rivers		69.35	95			21.9		69.35 percent of total billed charges	
POSEY LEATHER CUFF	E0700	HCPCS	outpatient			73		UHC	Medicaid		23.03	31.55			21.9		69.35 percent of total billed charges	
POSEY LEATHER CUFF	E0700	HCPCS	outpatient			73		Wellcare	Medicaid		23.03	31.55			21.9		69.35 percent of total billed charges	
POSEY LEATHER CUFF	E0700	HCPCS	outpatient			73		WellPoint	WellPoint		23.49	32.18			21.9		69.35 percent of total billed charges	
IMMUNIZATION ADMIN 1 VACCINE	G0008	HCPCS	outpatient			244	62.48	Aetna	Commercial		86.49				41.96		231.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMMUNIZATION ADMIN 1 VACCINE	G0008	HCPCS	outpatient			244	62.48	Aetna	Better Health		76.98	31.55			41.96		231.8 percent of total billed charges	
IMMUNIZATION ADMIN 1 VACCINE	G0008	HCPCS	outpatient			244	62.48	Aetna	Medicare		54.33				41.96		231.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMMUNIZATION ADMIN 1 VACCINE	G0008	HCPCS	outpatient			244	62.48	Americare	Americare		183	75			41.96		231.8 percent of total billed charges	
IMMUNIZATION ADMIN 1 VACCINE	G0008	HCPCS	outpatient			244	62.48	Amerihealth	HMO/PPO		158.6	65			41.96		231.8 percent of total billed charges	
IMMUNIZATION ADMIN 1 VACCINE	G0008	HCPCS	outpatient			244	62.48	Amerihealth	Medicare		54.33				41.96		231.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMMUNIZATION ADMIN 1 VACCINE	G0008	HCPCS	outpatient			244	62.48	Consumer	Consumer		231.8	95			41.96		231.8 percent of total billed charges	
IMMUNIZATION ADMIN 1 VACCINE	G0008	HCPCS	outpatient			244	62.48	Corrections	Corrections		195.2	80			41.96		231.8 percent of total billed charges	
IMMUNIZATION ADMIN 1 VACCINE	G0008	HCPCS	outpatient			244	62.48	First Health	First Health		170.8	70			41.96		231.8 percent of total billed charges	
IMMUNIZATION ADMIN 1 VACCINE	G0008	HCPCS	outpatient			244	62.48	First Trenton	First Trenton		219.6	90			41.96		231.8 percent of total billed charges	
IMMUNIZATION ADMIN 1 VACCINE	G0008	HCPCS	outpatient			244	62.48	Horizon	Indemnity		101.11				41.96		231.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMMUNIZATION ADMIN 1 VACCINE	G0008	HCPCS	outpatient			244	62.48	Horizon	PPO		101.11				41.96		231.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMMUNIZATION ADMIN 1 VACCINE	G0008	HCPCS	outpatient			244	62.48	Horizon	MGD		101.11				41.96		231.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMMUNIZATION ADMIN 1 VACCINE	G0008	HCPCS	outpatient			244	62.48	Horizon	Medicare Blue		54.33				41.96		231.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMMUNIZATION ADMIN 1 VACCINE	G0008	HCPCS	outpatient			244	62.48	Managed Care Inc	Managed Care Inc		219.6	90			41.96		231.8 percent of total billed charges	
IMMUNIZATION ADMIN 1 VACCINE	G0008	HCPCS	outpatient			244	62.48	Multiplan	Multiplan		195.2	80			41.96		231.8 percent of total billed charges	
IMMUNIZATION ADMIN 1 VACCINE	G0008	HCPCS	outpatient			244	62.48	Qualcare	Qualcare		183	75			41.96		231.8 percent of total billed charges	
IMMUNIZATION ADMIN 1 VACCINE	G0008	HCPCS	outpatient			244	62.48	Three Rivers	Three Rivers		231.8	95			41.96		231.8 percent of total billed charges	
IMMUNIZATION ADMIN 1 VACCINE	G0008	HCPCS	outpatient			244	62.48	UHC	Medicare		54.33				41.96		231.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMMUNIZATION ADMIN 1 VACCINE	G0008	HCPCS	outpatient			244	62.48	UHC	Medicaid		76.98	31.55			41.96		231.8 percent of total billed charges	
IMMUNIZATION ADMIN 1 VACCINE	G0008	HCPCS	outpatient			244	62.48	Wellcare	Medicare		54.33				41.96		231.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMMUNIZATION ADMIN 1 VACCINE	G0008	HCPCS	outpatient			244	62.48	Wellcare	Medicaid		76.98	31.55			41.96		231.8 percent of total billed charges	
IMMUNIZATION ADMIN 1 VACCINE	G0008	HCPCS	outpatient			244	62.48	WellPoint	WellPoint		78.52	32.18			41.96		231.8 percent of total billed charges	
ADMIN PNUE MC	G0009	HCPCS	outpatient			160	62.48	Aetna	Medicare		54.33				35.13		152 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADMIN PNUE MC	G0009	HCPCS	outpatient			160	62.48	Aetna	Commercial		86.49				35.13		152 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADMIN PNUE MC	G0009	HCPCS	outpatient			160	62.48	Aetna	Better Health		50.48	31.55			35.13		152 percent of total billed charges	
ADMIN PNUE MC	G0009	HCPCS	outpatient			160	62.48	Americare	Americare		120	75			35.13		152 percent of total billed charges	
ADMIN PNUE MC	G0009	HCPCS	outpatient			160	62.48	Amerihealth	HMO/PPO		104	65			35.13		152 percent of total billed charges	
ADMIN PNUE MC	G0009	HCPCS	outpatient			160	62.48	Amerihealth	Medicare		54.33				35.13		152 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADMIN PNUE MC	G0009	HCPCS	outpatient			160	62.48	Consumer	Consumer		152	95			35.13		152 percent of total billed charges	
ADMIN PNUE MC	G0009	HCPCS	outpatient			160	62.48	Corrections	Corrections		128	80			35.13		152 percent of total billed charges	
ADMIN PNUE MC	G0009	HCPCS	outpatient			160	62.48	First Health	First Health		112	70			35.13		152 percent of total billed charges	
ADMIN PNUE MC	G0009	HCPCS	outpatient			160	62.48	First Trenton	First Trenton		144	90			35.13		152 percent of total billed charges	
ADMIN PNUE MC	G0009	HCPCS	outpatient			160	62.48	Horizon	MGD		101.11				35.13		152 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADMIN PNUE MC	G0009	HCPCS	outpatient			160	62.48	Horizon	Medicare Blue		54.33				35.13		152 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADMIN PNUE MC	G0009	HCPCS	outpatient			160	62.48	Horizon	PPO		101.11				35.13		152 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADMIN PNUE MC	G0009	HCPCS	outpatient			160	62.48	Horizon	Indemnity		101.11				35.13		152 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADMIN PNUE MC	G0009	HCPCS	outpatient			160	62.48	Horizon	NJ Health		35.13				35.13		152 fee schedule	
ADMIN PNUE MC	G0009	HCPCS	outpatient			160	62.48	Managed Care Inc	Managed Care Inc		144	90			35.13		152 percent of total billed charges	
ADMIN PNUE MC	G0009	HCPCS	outpatient			160	62.48	Multiplan	Multiplan		128	80			35.13		152 percent of total billed charges	
ADMIN PNUE MC	G0009	HCPCS	outpatient			160	62.48	Qualcare	Qualcare		120	75			35.13		152 percent of total billed charges	
ADMIN PNUE MC	G0009	HCPCS	outpatient			160	62.48	Three Rivers	Three Rivers		152	95			35.13		152 percent of total billed charges	
ADMIN PNUE MC	G0009	HCPCS	outpatient			160	62.48	UHC	Medicaid		50.48	31.55			35.13		152 percent of total billed charges	
ADMIN PNUE MC	G0009	HCPCS	outpatient			160	62.48	UHC	Medicare		54.33				35.13		152 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADMIN PNUE MC	G0009	HCPCS	outpatient			160	62.48	Wellcare	Medicare		54.33				35.13		152 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADMIN PNUE MC	G0009	HCPCS	outpatient			160	62.48	Wellcare	Medicaid		50.48	31.55			35.13		152 percent of total billed charges	
ADMIN PNUE MC	G0009	HCPCS	outpatient			160	62.48	WellPoint	WellPoint		51.49	32.18			35.13		152 percent of total billed charges	
ADMIN HEP B VACCINE	G0010	HCPCS	outpatient			160	62.48	Aetna	Commercial		86.49				48.9		152 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADMIN HEP B VACCINE	G0010	HCPCS	outpatient			160	62.48	Aetna	Better Health		50.48	31.55			48.9		152 percent of total billed charges	
ADMIN HEP B VACCINE	G0010	HCPCS	outpatient			160	62.48	Aetna	Medicare		54.33				48.9		152 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADMIN HEP B VACCINE	G0010	HCPCS	outpatient			160	62.48	Americare	Americare		120	75			48.9		152 percent of total billed charges	
ADMIN HEP B VACCINE	G0010	HCPCS	outpatient			160	62.48	Amerihealth	HMO/PPO		104	65			48.9		152 percent of total billed charges	
ADMIN HEP B VACCINE	G0010	HCPCS	outpatient			160	62.48	Amerihealth	Medicare		54.33				48.9		152 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADMIN HEP B VACCINE	G0010	HCPCS	outpatient			160	62.48	Consumer	Consumer		152	95			48.9		152 percent of total billed charges	
ADMIN HEP B VACCINE	G0010	HCPCS	outpatient			160	62.48	Corrections	Corrections		128	80			48.9		152 percent of total billed charges	
ADMIN HEP B VACCINE	G0010	HCPCS	outpatient			160	62.48	First Health	First Health		112	70			48.9		152 percent of total billed charges	
ADMIN HEP B VACCINE	G0010	HCPCS	outpatient			160	62.48	First Trenton	First Trenton		144	90			48.9		152 percent of total billed charges	
ADMIN HEP B VACCINE	G0010	HCPCS	outpatient			160	62.48	Horizon	PPO		101.11				48.9		152 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADMIN HEP B VACCINE	G0010	HCPCS	outpatient			160	62.48	Horizon	Medicare Blue		54.33				48.9		152 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADMIN HEP B VACCINE	G0010	HCPCS	outpatient			160	62.48	Horizon	MGD		101.11				48.9		152 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADMIN HEP B VACCINE	G0010	HCPCS	outpatient			160	62.48	Horizon	Indemnity		101.11				48.9		152 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADMIN HEP B VACCINE	G0010	HCPCS	outpatient			160	62.48	Managed Care Inc	Managed Care Inc		144	90			48.9		152 percent of total billed charges	
ADMIN HEP B VACCINE	G0010	HCPCS	outpatient			160	62.48	Multiplan	Multiplan		128	80			48.9		152 percent of total billed charges	
ADMIN HEP B VACCINE	G0010	HCPCS	outpatient			160	62.48	Qualcare	Qualcare		120	75			48.9		152 percent of total billed charges	
ADMIN HEP B VACCINE	G0010	HCPCS	outpatient			160	62.48	Three Rivers	Three Rivers		152	95			48.9		152 percent of total billed charges	
ADMIN HEP B VACCINE	G0010	HCPCS	outpatient			160	62.48	UHC	Medicaid		50.48	31.55			48.9		152 percent of total billed charges	
ADMIN HEP B VACCINE	G0010	HCPCS	outpatient			160	62.48	UHC	Medicare		54.33				48.9		152 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADMIN HEP B VACCINE	G0010	HCPCS	outpatient			160	62.48	Wellcare	Medicare		54.33				48.9		152 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADMIN HEP B VACCINE	G0010	HCPCS	outpatient			160	62.48	Wellcare	Medicaid		50.48	31.55			48.9		152 percent of total billed charges	
ADMIN HEP B VACCINE	G0010	HCPCS	outpatient			160	62.48	WellPoint	WellPoint		51.49	32.18			48.9		152 percent of total billed charges	
VALVE STRATAMR II REGULAR	G0043	HCPCS	inpatient			13500		Aetna	Commercial		5130	38			4050		12825 percent of total billed charges	
VALVE STRATAMR II REGULAR	G0043	HCPCS	inpatient			13500		Aetna	Better Health		4259.25	31.55			4050		12825 percent of total billed charges	
VALVE STRATAMR II REGULAR	G0043	HCPCS	inpatient			13500		Aetna	Medicare		4158	30.8			4050		12825 percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
VALVE STRATAMR II REGULAR	G0043	HCPCS	inpatient			13500		Americare	Americare		75	10125			4050	12825	percent of total billed charges	
VALVE STRATAMR II REGULAR	G0043	HCPCS	inpatient			13500		Amerihealth	HMO/PPO		65	8775			4050	12825	percent of total billed charges	
VALVE STRATAMR II REGULAR	G0043	HCPCS	inpatient			13500		Consumer	Consumer		95	12825			4050	12825	percent of total billed charges	
VALVE STRATAMR II REGULAR	G0043	HCPCS	inpatient			13500		Corrections	Corrections		80	10800			4050	12825	percent of total billed charges	
VALVE STRATAMR II REGULAR	G0043	HCPCS	inpatient			13500		First Health	First Health		70	9450			4050	12825	percent of total billed charges	
VALVE STRATAMR II REGULAR	G0043	HCPCS	inpatient			13500		First Trenton	First Trenton		90	12150			4050	12825	percent of total billed charges	
VALVE STRATAMR II REGULAR	G0043	HCPCS	inpatient			13500		Horizon	Medicare Blue		30	4050			4050	12825	percent of total billed charges	
VALVE STRATAMR II REGULAR	G0043	HCPCS	inpatient			13500		Horizon	Indemnity		38.28	5167.8			4050	12825	percent of total billed charges	
VALVE STRATAMR II REGULAR	G0043	HCPCS	inpatient			13500		Horizon	MGD		38.28	5167.8			4050	12825	percent of total billed charges	
VALVE STRATAMR II REGULAR	G0043	HCPCS	inpatient			13500		Horizon	PPO		38.28	5167.8			4050	12825	percent of total billed charges	
VALVE STRATAMR II REGULAR	G0043	HCPCS	inpatient			13500		Managed Care Inc	Managed Care Inc		90	12150			4050	12825	percent of total billed charges	
VALVE STRATAMR II REGULAR	G0043	HCPCS	inpatient			13500		Multiplan	Multiplan		80	10800			4050	12825	percent of total billed charges	
VALVE STRATAMR II REGULAR	G0043	HCPCS	inpatient			13500		Qualcare	Qualcare		75	10125			4050	12825	percent of total billed charges	
VALVE STRATAMR II REGULAR	G0043	HCPCS	inpatient			13500		Three Rivers	Three Rivers		95	12825			4050	12825	percent of total billed charges	
VALVE STRATAMR II REGULAR	G0043	HCPCS	inpatient			13500		UHC	Medicaid		31.55	4259.25			4050	12825	percent of total billed charges	
VALVE STRATAMR II REGULAR	G0043	HCPCS	inpatient			13500		Wellcare	Medicaid		31.55	4259.25			4050	12825	percent of total billed charges	
VALVE STRATAMR II REGULAR	G0043	HCPCS	inpatient			13500		WellPoint	WellPoint		32.18	4344.3			4050	12825	percent of total billed charges	
CANCER SCREEN: CERVIVAG	G0101	HCPCS	outpatient			309	117.23	Aetna	Commercial			162.29			89.29	293.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CANCER SCREEN: CERVIVAG	G0101	HCPCS	outpatient			309	117.23	Aetna	Medicare			101.94			89.29	293.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CANCER SCREEN: CERVIVAG	G0101	HCPCS	outpatient			309	117.23	Aetna	Better Health		31.55	97.49			89.29	293.55	percent of total billed charges	
CANCER SCREEN: CERVIVAG	G0101	HCPCS	outpatient			309	117.23	Americare	Americare		75	231.75			89.29	293.55	percent of total billed charges	
CANCER SCREEN: CERVIVAG	G0101	HCPCS	outpatient			309	117.23	Amerihealth	Medicare			101.94			89.29	293.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CANCER SCREEN: CERVIVAG	G0101	HCPCS	outpatient			309	117.23	Amerihealth	HMO/PPO		65	200.85			89.29	293.55	percent of total billed charges	
CANCER SCREEN: CERVIVAG	G0101	HCPCS	outpatient			309	117.23	Consumer	Consumer		95	293.55			89.29	293.55	percent of total billed charges	
CANCER SCREEN: CERVIVAG	G0101	HCPCS	outpatient			309	117.23	Corrections	Corrections		80	247.2			89.29	293.55	percent of total billed charges	
CANCER SCREEN: CERVIVAG	G0101	HCPCS	outpatient			309	117.23	First Health	First Health		70	216.3			89.29	293.55	percent of total billed charges	
CANCER SCREEN: CERVIVAG	G0101	HCPCS	outpatient			309	117.23	First Trenton	First Trenton		90	278.1			89.29	293.55	percent of total billed charges	
CANCER SCREEN: CERVIVAG	G0101	HCPCS	outpatient			309	117.23	Horizon	Indemnity			189.71			89.29	293.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CANCER SCREEN: CERVIVAG	G0101	HCPCS	outpatient			309	117.23	Horizon	Medicare Blue			101.94			89.29	293.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CANCER SCREEN: CERVIVAG	G0101	HCPCS	outpatient			309	117.23	Horizon	NJ Health			133.11			89.29	293.55	fee schedule	
CANCER SCREEN: CERVIVAG	G0101	HCPCS	outpatient			309	117.23	Horizon	MGD			189.71			89.29	293.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CANCER SCREEN: CERVIVAG	G0101	HCPCS	outpatient			309	117.23	Horizon	PPO			189.71			89.29	293.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CANCER SCREEN: CERVIVAG	G0101	HCPCS	outpatient			309	117.23	Managed Care Inc	Managed Care Inc		90	278.1			89.29	293.55	percent of total billed charges	
CANCER SCREEN: CERVIVAG	G0101	HCPCS	outpatient			309	117.23	Multiplan	Multiplan		80	247.2			89.29	293.55	percent of total billed charges	
CANCER SCREEN: CERVIVAG	G0101	HCPCS	outpatient			309	117.23	Qualcare	Qualcare		75	231.75			89.29	293.55	percent of total billed charges	
CANCER SCREEN: CERVIVAG	G0101	HCPCS	outpatient			309	117.23	Three Rivers	Three Rivers		95	293.55			89.29	293.55	percent of total billed charges	
CANCER SCREEN: CERVIVAG	G0101	HCPCS	outpatient			309	117.23	UHC	Medicaid		31.55	97.49			89.29	293.55	percent of total billed charges	
CANCER SCREEN: CERVIVAG	G0101	HCPCS	outpatient			309	117.23	UHC	Medicare			101.94			89.29	293.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CANCER SCREEN: CERVIVAG	G0101	HCPCS	outpatient			309	117.23	Wellcare	Medicaid		31.55	97.49			89.29	293.55	percent of total billed charges	
CANCER SCREEN: CERVIVAG	G0101	HCPCS	outpatient			309	117.23	Wellcare	Medicare			101.94			89.29	293.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CANCER SCREEN: CERVIVAG	G0101	HCPCS	outpatient			309	117.23	WellPoint	WellPoint		32.18	99.44			89.29	293.55	percent of total billed charges	
FLEX SIGM CANCER SCREENING	G0104	HCPCS	outpatient			1279	1202.06	Aetna	Better Health		31.55	403.52			168.56	1945.25	percent of total billed charges	
FLEX SIGM CANCER SCREENING	G0104	HCPCS	outpatient			1279	1202.06	Aetna	Commercial			1664.07			168.56	1945.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLEX SIGM CANCER SCREENING	G0104	HCPCS	outpatient			1279	1202.06	Aetna	Medicare			1045.27			168.56	1945.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLEX SIGM CANCER SCREENING	G0104	HCPCS	outpatient			1279	1202.06	Americare	Americare		75	959.25			168.56	1945.25	percent of total billed charges	
FLEX SIGM CANCER SCREENING	G0104	HCPCS	outpatient			1279	1202.06	Amerihealth	Medicare			1045.27			168.56	1945.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLEX SIGM CANCER SCREENING	G0104	HCPCS	outpatient			1279	1202.06	Amerihealth	HMO/PPO			300			168.56	1945.25	fee schedule	
FLEX SIGM CANCER SCREENING	G0104	HCPCS	outpatient			1279	1202.06	Consumer	Consumer		95	1215.05			168.56	1945.25	percent of total billed charges	
FLEX SIGM CANCER SCREENING	G0104	HCPCS	outpatient			1279	1202.06	Corrections	Corrections		80	1023.2			168.56	1945.25	percent of total billed charges	
FLEX SIGM CANCER SCREENING	G0104	HCPCS	outpatient			1279	1202.06	First Health	First Health		70	895.3			168.56	1945.25	percent of total billed charges	
FLEX SIGM CANCER SCREENING	G0104	HCPCS	outpatient			1279	1202.06	First Trenton	First Trenton		90	1151.1			168.56	1945.25	percent of total billed charges	
FLEX SIGM CANCER SCREENING	G0104	HCPCS	outpatient			1279	1202.06	Horizon	NJ Health			168.56			168.56	1945.25	fee schedule	
FLEX SIGM CANCER SCREENING	G0104	HCPCS	outpatient			1279	1202.06	Horizon	Indemnity			1945.25			168.56	1945.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLEX SIGM CANCER SCREENING	G0104	HCPCS	outpatient			1279	1202.06	Horizon	MGD			1945.25			168.56	1945.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLEX SIGM CANCER SCREENING	G0104	HCPCS	outpatient			1279	1202.06	Horizon	Medicare Blue			1045.27			168.56	1945.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLEX SIGM CANCER SCREENING	G0104	HCPCS	outpatient			1279	1202.06	Horizon	PPO			1945.25			168.56	1945.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLEX SIGM CANCER SCREENING	G0104	HCPCS	outpatient			1279	1202.06	Managed Care Inc	Managed Care Inc		90	1151.1			168.56	1945.25	percent of total billed charges	
FLEX SIGM CANCER SCREENING	G0104	HCPCS	outpatient			1279	1202.06	Multiplan	Multiplan		80	1023.2			168.56	1945.25	percent of total billed charges	
FLEX SIGM CANCER SCREENING	G0104	HCPCS	outpatient			1279	1202.06	Qualcare	Qualcare		75	959.25			168.56	1945.25	percent of total billed charges	
FLEX SIGM CANCER SCREENING	G0104	HCPCS	outpatient			1279	1202.06	Three Rivers	Three Rivers		95	1215.05			168.56	1945.25	percent of total billed charges	
FLEX SIGM CANCER SCREENING	G0104	HCPCS	outpatient			1279	1202.06	UHC	Medicaid		31.55	403.52			168.56	1945.25	percent of total billed charges	
FLEX SIGM CANCER SCREENING	G0104	HCPCS	outpatient			1279	1202.06	UHC	Medicare			1045.27			168.56	1945.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLEX SIGM CANCER SCREENING	G0104	HCPCS	outpatient			1279	1202.06	United	Commercial|PPO			1817			168.56	1945.25	case rate	
FLEX SIGM CANCER SCREENING	G0104	HCPCS	outpatient			1279	1202.06	United	Oxford			1817			168.56	1945.25	case rate	
FLEX SIGM CANCER SCREENING	G0104	HCPCS	outpatient			1279	1202.06	Wellcare	Medicaid		31.55	403.52			168.56	1945.25	percent of total billed charges	
FLEX SIGM CANCER SCREENING	G0104	HCPCS	outpatient			1279	1202.06	Wellcare	Medicare			1045.27			168.56	1945.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLEX SIGM CANCER SCREENING	G0104	HCPCS	outpatient			1279	1202.06	WellPoint	WellPoint		32.18	411.58			168.56	1945.25	percent of total billed charges	
SCRN COLONOSCOPY ON HI RISK PT	G0105	HCPCS	outpatient			2648	1202.06	Aetna	Better Health		31.55	835.44			481.98	2515.6	percent of total billed charges	
SCRN COLONOSCOPY ON HI RISK PT	G0105	HCPCS	outpatient			2648	1202.06	Aetna	Commercial			1664.07			481.98	2515.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCRN COLONOSCOPY ON HI RISK PT	G0105	HCPCS	outpatient			2648	1202.06	Aetna	Medicare			1045.27			481.98	2515.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCRN COLONOSCOPY ON HI RISK PT	G0105	HCPCS	outpatient			2648	1202.06	Americare	Americare		75	1986			481.98	2515.6	percent of total billed charges	
SCRN COLONOSCOPY ON HI RISK PT	G0105	HCPCS	outpatient			2648	1202.06	Amerihealth	HMO/PPO			550			481.98	2515.6	fee schedule	
SCRN COLONOSCOPY ON HI RISK PT	G0105	HCPCS	outpatient			2648	1202.06	Amerihealth	Medicare			1045.27			481.98	2515.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCRN COLONOSCOPY ON HI RISK PT	G0105	HCPCS	outpatient			2648	1202.06	Consumer	Consumer		95	2515.6			481.98	2515.6	percent of total billed charges	
SCRN COLONOSCOPY ON HI RISK PT	G0105	HCPCS	outpatient			2648	1202.06	Corrections	Corrections		80	2118.4			481.98	2515.6	percent of total billed charges	
SCRN COLONOSCOPY ON HI RISK PT	G0105	HCPCS	outpatient			2648	1202.06	First Health	First Health		70	1853.6			481.98	2515.6	percent of total billed charges	
SCRN COLONOSCOPY ON HI RISK PT	G0105	HCPCS	outpatient			2648	1202.06	First Trenton	First Trenton		90	2383.2			481.98	2515.6	percent of total billed charges	
SCRN COLONOSCOPY ON HI RISK PT	G0105	HCPCS	outpatient			2648	1202.06	Horizon	Medicare Blue			1045.27			481.98	2515.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCRN COLONOSCOPY ON HI RISK PT	G0105	HCPCS	outpatient			2648	1202.06	Horizon	MGD			1945.25			481.98	2515.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCRN COLONOSCOPY ON HI RISK PT	G0105	HCPCS	outpatient			2648	1202.06	Horizon	Indemnity			1945.25			481.98	2515.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCRN COLONOSCOPY ON HI RISK PT	G0105	HCPCS	outpatient			2648	1202.06	Horizon	NJ Health			481.98			481.98	2515.6	fee schedule	
SCRN COLONOSCOPY ON HI RISK PT	G0105	HCPCS	outpatient			2648	1202.06	Horizon	PPO			1945.25			481.98	2515.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCRN COLONOSCOPY ON HI RISK PT	G0105	HCPCS	outpatient			2648	1202.06	Managed Care Inc	Managed Care Inc		90	2383.2			481.98	2515.6	percent of total billed charges	
SCRN COLONOSCOPY ON HI RISK PT	G0105	HCPCS	outpatient			2648	1202.06	Multiplan	Multiplan		80	2118.4			481.98	2515.6	percent of total billed charges	
SCRN COLONOSCOPY ON HI RISK PT	G0105	HCPCS	outpatient			2648	1202.06	Qualcare	Qualcare		75	1986			481.98	2515.6	percent of total billed charges	
SCRN COLONOSCOPY ON HI RISK PT	G0105	HCPCS	outpatient			2648	1202.06	Three Rivers	Three Rivers		95	2515.6			481.98	2515.6	percent of total billed charges	
SCRN COLONOSCOPY ON HI RISK PT	G0105	HCPCS	outpatient			2648	1202.06	UHC	Medicaid		31.55	835.44			481.98	2515.6	percent of total billed charges	
SCRN COLONOSCOPY ON HI RISK PT	G0105	HCPCS	outpatient			2648	1202.06	UHC	Medicare			1045.27			481.98	2515.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCRN COLONOSCOPY ON HI RISK PT	G0105	HCPCS	outpatient			2648	1202.06	United	Commercial|PPO			1817			481.98	2515.6	case rate	
SCRN COLONOSCOPY ON HI RISK PT	G0105	HCPCS	outpatient			2648	1202.06	United	Oxford			1817			481.98	2515.6	case rate	
SCRN COLONOSCOPY ON HI RISK PT	G0105	HCPCS	outpatient			2648	1202.06	Wellcare	Medicaid		31.55	835.44			481.98	2515.6	percent of total billed charges	
SCRN COLONOSCOPY ON HI RISK PT	G0105	HCPCS	outpatient			2648	1202.06	Wellcare	Medicare			1045.27			481.98	2515.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCRN COLONOSCOPY ON HI RISK PT	G0105	HCPCS	outpatient			2648	1202.06	WellPoint	WellPoint		32.18	852.13			481.98	2515.6	percent of total billed charges	
ENEMA	G0106	HCPCS	outpatient			459	241.65	Aetna	Better Health		31.55	144.81			62	436.05	percent of total billed charges	
ENEMA	G0106	HCPCS	outpatient			459	241.65	Aetna	Medicare			210.13			62	436.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENEMA	G0106	HCPCS	outpatient			459	241.65	Aetna	Commercial			334.53			62	436.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENEMA	G0106	HCPCS	outpatient			459	241.65	Americare	Americare		75	344.25			62	436.05	percent of total billed charges	
ENEMA	G0106	HCPCS	outpatient			459	241.65	Amerihealth	HMO/PPO			62			62	436.05	fee schedule	
ENEMA	G0106	HCPCS	outpatient			459	241.65	Amerihealth	Medicare			210.13			62	436.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENEMA	G0106	HCPCS	outpatient			459	241.65	Consumer	Consumer		95	436.05			62	436.05	percent of total billed charges	
ENEMA	G0106	HCPCS	outpatient			459	241.65	Corrections	Corrections		80	367.2			62	436.05	percent of total billed charges	
ENEMA	G0106	HCPCS	outpatient			459	241.65	First Health	First Health		70	321.3			62	436.05	percent of total billed charges	
ENEMA	G0106	HCPCS	outpatient			459	241.65	First Trenton	First Trenton		90	413.1			62	436.05	percent of total billed charges	
ENEMA	G0106	HCPCS	outpatient			459	241.65	Horizon	MGD			391.05			62	436.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENEMA	G0106	HCPCS	outpatient			459	241.65	Horizon	Indemnity			391.05			62	436.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENEMA	G0106	HCPCS	outpatient			459	241.65	Horizon	Medicare Blue			210.13			62	436.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENEMA	G0106	HCPCS	outpatient			459	241.65	Horizon	NJ Health			168.56			62	436.05	fee schedule	
ENEMA	G0106	HCPCS	outpatient			459	241.65	Horizon	PPO			391.05			62	436.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENEMA	G0106	HCPCS	outpatient			459	241.65	Managed Care Inc	Managed Care Inc		90	413.1			62	436.05	percent of total billed charges	
ENEMA	G0106	HCPCS	outpatient			459	241.65	Multiplan	Multiplan		80	367.2			62	436.05	percent of total billed charges	
ENEMA	G0106	HCPCS	outpatient			459	241.65	Qualcare	Qualcare		75	344.25			62	436.05	percent of total billed charges	
ENEMA	G0106	HCPCS	outpatient			459	241.65	Three Rivers	Three Rivers		95	436.05			62	436.05	percent of total billed charges	
ENEMA	G0106	HCPCS	outpatient			459	241.65	UHC	Medicaid		31.55	144.81			62	436.05	percent of total billed charges	
ENEMA	G0106	HCPCS	outpatient			459	241.65	UHC	Medicare			210.13			62	436.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENEMA	G0106	HCPCS	outpatient			459	241.65	Wellcare	Medicaid		31.55	144.81			62	436.05	percent of total billed charges	
ENEMA	G0106	HCPCS	outpatient			459	241.65	Wellcare	Medicare			210.13			62	436.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENEMA	G0106	HCPCS	outpatient			459	241.65	WellPoint	WellPoint		32.18	147.71			62	436.05	percent of total billed charges	
SCRN COLONOSCOPY PT NOT HI RISK	G0121	HCPCS	outpatient			2648	1202.06	Aetna	Commercial			1664.07			550	2515.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCRN COLONOSCOPY PT NOT HI RISK	G0121	HCPCS	outpatient			2648	1202.06	Aetna	Better Health		31.55	835.44			550	2515.6	percent of total billed charges	
SCRN COLONOSCOPY PT NOT HI RISK	G0121	HCPCS	outpatient			2648	1202.06	Aetna	Medicare			1045.27			550	2515.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCRN COLONOSCOPY PT NOT HI RISK	G0121	HCPCS	outpatient			2648	1202.06	Americare	Americare		75	1986			550	2515.6	percent of total billed charges	
SCRN COLONOSCOPY PT NOT HI RISK	G0121	HCPCS	outpatient			2648	1202.06	Amerihealth	HMO/PPO			550			550	2515.6	fee schedule	
SCRN COLONOSCOPY PT NOT HI RISK	G0121	HCPCS	outpatient			2648	1202.06	Amerihealth	Medicare			1045.27			550	2515.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCRN COLONOSCOPY PT NOT HI RISK	G0121	HCPCS	outpatient			2648	1202.06	Consumer	Consumer		95	2515.6			550	2515.6	percent of total billed charges	
SCRN COLONOSCOPY PT NOT HI RISK	G0121	HCPCS	outpatient			2648	1202.06	Corrections	Corrections		80	2118.4			550	2515.6	percent of total billed charges	
SCRN COLONOSCOPY PT NOT HI RISK	G0121	HCPCS	outpatient			2648	1202.06	First Health	First Health		70	1853.6			550	2515.6	percent of total billed charges	
SCRN COLONOSCOPY PT NOT HI RISK	G0121	HCPCS	outpatient			2648	1202.06	First Trenton	First Trenton		90	2383.2			550	2515.6	percent of total billed charges	
SCRN COLONOSCOPY PT NOT HI RISK	G0121	HCPCS	outpatient			2648	1202.06	Horizon	Medicare Blue			1045.27			550	2515.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCRN COLONOSCOPY PT NOT HI RISK	G0121	HCPCS	outpatient			2648	1202.06	Horizon	Indemnity			1945.25			550	2515.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCRN COLONOSCOPY PT NOT HI RISK	G0121	HCPCS	outpatient			2648	1202.06	Horizon	PPO			1945.25			550	2515.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCRN COLONOSCOPY PT NOT HI RISK	G0121	HCPCS	outpatient			2648	1202.06	Horizon	MGD			1945.25			550	2515.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCRN COLONOSCOPY PT NOT HI RISK	G0121	HCPCS	outpatient			2648	1202.06	Horizon	NJ Health			2500.38			550	2515.6	fee schedule	
SCRN COLONOSCOPY PT NOT HI RISK	G0121	HCPCS	outpatient			2648	1202.06	Managed Care Inc	Managed Care Inc		90	2383.2			550	2515.6	percent of total billed charges	
SCRN COLONOSCOPY PT NOT HI RISK	G0121	HCPCS	outpatient			2648	1202.06	Multiplan	Multiplan		80	2118.4			550	2515.6	percent of total billed charges	
SCRN COLONOSCOPY PT NOT HI RISK	G0121	HCPCS	outpatient			2648	1202.06	Qualcare	Qualcare		75	1986			550	2515.6	percent of total billed charges	
SCRN COLONOSCOPY PT NOT HI RISK	G0121	HCPCS	outpatient			2648	1202.06	Three Rivers	Three Rivers		95	2515.6			550	2515.6	percent of total billed charges	
SCRN COLONOSCOPY PT NOT HI RISK	G0121	HCPCS	outpatient			2648	1202.06	UHC	Medicare			1045.27			550	2515.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCRN COLONOSCOPY PT NOT HI RISK	G0121	HCPCS	outpatient			2648	1202.06	UHC	Medicaid		31.55	835.44			550	2515.6	percent of total billed charges	
SCRN COLONOSCOPY PT NOT HI RISK	G0121	HCPCS	outpatient			2648	1202.06	United	Commercial|PPO			1817			550	2515.6	case rate	
SCRN COLONOSCOPY PT NOT HI RISK	G0121	HCPCS	outpatient			2648	1202.06	United	Oxford			1817			550	2515.6	case rate	
SCRN COLONOSCOPY PT NOT HI RISK	G0121	HCPCS	outpatient			2648	1202.06	Wellcare	Medicare			1045.27			550	2515.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCRN COLONOSCOPY PT NOT HI RISK	G0121	HCPCS	outpatient			2648	1202.06	Wellcare	Medicaid		31.55	835.44			550	2515.6	percent of total billed charges	
SCRN COLONOSCOPY PT NOT HI RISK	G0121	HCPCS	outpatient			2648	1202.06	WellPoint	WellPoint		32.18	852.13			550	2515.6	percent of total billed charges	
SCREEN PAP THIN LAYER BY TECH MD SUPV	G0123	HCPCS	both			256	23.3	Aetna	Better Health		31.55	80.77			20.26	243.2	percent of total billed charges	
SCREEN PAP THIN LAYER BY TECH MD SUPV	G0123	HCPCS	both			256	23.3	Aetna	Medicare			20.26			20.26	243.2	fee schedule	
SCREEN PAP THIN LAYER BY TECH MD SUPV	G0123	HCPCS	both			256	23.3	Aetna	Commercial			97.28			20.26	243.2	percent of total billed charges	
SCREEN PAP THIN LAYER BY TECH MD SUPV	G0123	HCPCS	both			256	23.3	Americare	Americare		75	192			20.26	243.2	percent of total billed charges	
SCREEN PAP THIN LAYER BY TECH MD SUPV	G0123	HCPCS	both			256	23.3	Amerihealth	Medicare			20.26			20.26	243.2	fee schedule	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.															
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true														
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
SCREEN PAP THIN LAYER BY TECH MD SUPV	G0123	HCPCS	both			256		23.3 Amerihealth	HMO/PPO		32.5				20.26		243.2 fee schedule	
SCREEN PAP THIN LAYER BY TECH MD SUPV	G0123	HCPCS	both			256		23.3 Consumer	Consumer		243.2	95			20.26		243.2 percent of total billed charges	
SCREEN PAP THIN LAYER BY TECH MD SUPV	G0123	HCPCS	both			256		23.3 Corrections	Corrections		204.8	80			20.26		243.2 percent of total billed charges	
SCREEN PAP THIN LAYER BY TECH MD SUPV	G0123	HCPCS	both			256		23.3 First Health	First Health		179.2	70			20.26		243.2 percent of total billed charges	
SCREEN PAP THIN LAYER BY TECH MD SUPV	G0123	HCPCS	both			256		23.3 First Trenton	First Trenton		230.4	90			20.26		243.2 percent of total billed charges	
SCREEN PAP THIN LAYER BY TECH MD SUPV	G0123	HCPCS	both			256		23.3 Horizon	MGD		98	38.28			20.26		243.2 percent of total billed charges	
SCREEN PAP THIN LAYER BY TECH MD SUPV	G0123	HCPCS	both			256		23.3 Horizon	Medicare Blue		76.8	30			20.26		243.2 percent of total billed charges	
SCREEN PAP THIN LAYER BY TECH MD SUPV	G0123	HCPCS	both			256		23.3 Horizon	NJ Health		38.12				20.26		243.2 fee schedule	
SCREEN PAP THIN LAYER BY TECH MD SUPV	G0123	HCPCS	both			256		23.3 Horizon	Indemnity		98	38.28			20.26		243.2 percent of total billed charges	
SCREEN PAP THIN LAYER BY TECH MD SUPV	G0123	HCPCS	both			256		23.3 Horizon	PPO		98	38.28			20.26		243.2 percent of total billed charges	
SCREEN PAP THIN LAYER BY TECH MD SUPV	G0123	HCPCS	both			256		23.3 Managed Care Inc	Managed Care Inc		230.4	90			20.26		243.2 percent of total billed charges	
SCREEN PAP THIN LAYER BY TECH MD SUPV	G0123	HCPCS	both			256		23.3 Multiplan	Multiplan		204.8	80			20.26		243.2 percent of total billed charges	
SCREEN PAP THIN LAYER BY TECH MD SUPV	G0123	HCPCS	both			256		23.3 Qualcare	Qualcare		192	75			20.26		243.2 percent of total billed charges	
SCREEN PAP THIN LAYER BY TECH MD SUPV	G0123	HCPCS	both			256		23.3 Three Rivers	Three Rivers		243.2	95			20.26		243.2 percent of total billed charges	
SCREEN PAP THIN LAYER BY TECH MD SUPV	G0123	HCPCS	both			256		23.3 UHC	Medicaid		23.5				20.26		243.2 fee schedule	
SCREEN PAP THIN LAYER BY TECH MD SUPV	G0123	HCPCS	both			256		23.3 UHC	Medicare		20.26				20.26		243.2 fee schedule	
SCREEN PAP THIN LAYER BY TECH MD SUPV	G0123	HCPCS	both			256		23.3 Wellcare	Medicaid		23.5				20.26		243.2 fee schedule	
SCREEN PAP THIN LAYER BY TECH MD SUPV	G0123	HCPCS	both			256		23.3 Wellcare	Medicare		20.26				20.26		243.2 fee schedule	
SCREEN PAP THIN LAYER BY TECH MD SUPV	G0123	HCPCS	both			256		23.3 WellPoint	WellPoint		92.38	32.18			20.26		243.2 percent of total billed charges	
TRIM DYSTROPHIC NAILS, ANY #	G0127	HCPCS	outpatient			218		80.45 Aetna	Commercial		111.38				18.27		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRIM DYSTROPHIC NAILS, ANY #	G0127	HCPCS	outpatient			218		80.45 Aetna	Better Health		68.78	31.55			18.27		1782 percent of total billed charges	
TRIM DYSTROPHIC NAILS, ANY #	G0127	HCPCS	outpatient			218		80.45 Aetna	Medicare		69.96				18.27		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRIM DYSTROPHIC NAILS, ANY #	G0127	HCPCS	outpatient			218		80.45 Americare	Americare		163.5	75			18.27		1782 percent of total billed charges	
TRIM DYSTROPHIC NAILS, ANY #	G0127	HCPCS	outpatient			218		80.45 Amerihealth	HMO/PPO		141.7	65			18.27		1782 percent of total billed charges	
TRIM DYSTROPHIC NAILS, ANY #	G0127	HCPCS	outpatient			218		80.45 Amerihealth	Medicare		69.96				18.27		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRIM DYSTROPHIC NAILS, ANY #	G0127	HCPCS	outpatient			218		80.45 Consumer	Consumer		207.1	95			18.27		1782 percent of total billed charges	
TRIM DYSTROPHIC NAILS, ANY #	G0127	HCPCS	outpatient			218		80.45 Corrections	Corrections		174.4	80			18.27		1782 percent of total billed charges	
TRIM DYSTROPHIC NAILS, ANY #	G0127	HCPCS	outpatient			218		80.45 First Health	First Health		152.6	70			18.27		1782 percent of total billed charges	
TRIM DYSTROPHIC NAILS, ANY #	G0127	HCPCS	outpatient			218		80.45 First Trenton	First Trenton		196.2	90			18.27		1782 percent of total billed charges	
TRIM DYSTROPHIC NAILS, ANY #	G0127	HCPCS	outpatient			218		80.45 Horizon	Medicare Blue		69.96				18.27		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRIM DYSTROPHIC NAILS, ANY #	G0127	HCPCS	outpatient			218		80.45 Horizon	Indemnity		130.2				18.27		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRIM DYSTROPHIC NAILS, ANY #	G0127	HCPCS	outpatient			218		80.45 Horizon	NJ Health		18.27				18.27		1782 fee schedule	
TRIM DYSTROPHIC NAILS, ANY #	G0127	HCPCS	outpatient			218		80.45 Horizon	PPO		130.2				18.27		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRIM DYSTROPHIC NAILS, ANY #	G0127	HCPCS	outpatient			218		80.45 Horizon	MGD		130.2				18.27		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRIM DYSTROPHIC NAILS, ANY #	G0127	HCPCS	outpatient			218		80.45 Managed Care Inc	Managed Care Inc		196.2	90			18.27		1782 percent of total billed charges	
TRIM DYSTROPHIC NAILS, ANY #	G0127	HCPCS	outpatient			218		80.45 Multiplan	Multiplan		174.4	80			18.27		1782 percent of total billed charges	
TRIM DYSTROPHIC NAILS, ANY #	G0127	HCPCS	outpatient			218		80.45 Qualcare	Qualcare		163.5	75			18.27		1782 percent of total billed charges	
TRIM DYSTROPHIC NAILS, ANY #	G0127	HCPCS	outpatient			218		80.45 Three Rivers	Three Rivers		207.1	95			18.27		1782 percent of total billed charges	
TRIM DYSTROPHIC NAILS, ANY #	G0127	HCPCS	outpatient			218		80.45 UHC	Medicare		69.96				18.27		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRIM DYSTROPHIC NAILS, ANY #	G0127	HCPCS	outpatient			218		80.45 UHC	Medicaid		68.78	31.55			18.27		1782 percent of total billed charges	
TRIM DYSTROPHIC NAILS, ANY #	G0127	HCPCS	outpatient			218		80.45 United	Commercial/PPO		1782				18.27		1782 case rate	
TRIM DYSTROPHIC NAILS, ANY #	G0127	HCPCS	outpatient			218		80.45 United	Oxford		1782				18.27		1782 case rate	
TRIM DYSTROPHIC NAILS, ANY #	G0127	HCPCS	outpatient			218		80.45 Wellcare	Medicare		69.96				18.27		1782 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRIM DYSTROPHIC NAILS, ANY #	G0127	HCPCS	outpatient			218		80.45 Wellcare	Medicaid		68.78	31.55			18.27		1782 percent of total billed charges	
TRIM DYSTROPHIC NAILS, ANY #	G0127	HCPCS	outpatient			218		80.45 WellPoint	WellPoint		70.15	32.18			18.27		1782 percent of total billed charges	
WOUND CLOSURE BY ADHESIVE	G0168	HCPCS	outpatient			251		Aetna	Commercial		95.38	38			75.3		1782 percent of total billed charges	
WOUND CLOSURE BY ADHESIVE	G0168	HCPCS	outpatient			251		Aetna	Better Health		79.19	31.55			75.3		1782 percent of total billed charges	
WOUND CLOSURE BY ADHESIVE	G0168	HCPCS	outpatient			251		Aetna	Medicare		77.31	30.8			75.3		1782 percent of total billed charges	
WOUND CLOSURE BY ADHESIVE	G0168	HCPCS	outpatient			251		Americare	Americare		186.25	75			75.3		1782 percent of total billed charges	
WOUND CLOSURE BY ADHESIVE	G0168	HCPCS	outpatient			251		Amerihealth	HMO/PPO		163.15	65			75.3		1782 percent of total billed charges	
WOUND CLOSURE BY ADHESIVE	G0168	HCPCS	outpatient			251		Consumer	Consumer		238.45	95			75.3		1782 percent of total billed charges	
WOUND CLOSURE BY ADHESIVE	G0168	HCPCS	outpatient			251		Corrections	Corrections		200.8	80			75.3		1782 percent of total billed charges	
WOUND CLOSURE BY ADHESIVE	G0168	HCPCS	outpatient			251		First Health	First Health		175.7	70			75.3		1782 percent of total billed charges	
WOUND CLOSURE BY ADHESIVE	G0168	HCPCS	outpatient			251		First Trenton	First Trenton		225.9	90			75.3		1782 percent of total billed charges	
WOUND CLOSURE BY ADHESIVE	G0168	HCPCS	outpatient			251		Horizon	Medicare Blue		75.3	30			75.3		1782 percent of total billed charges	
WOUND CLOSURE BY ADHESIVE	G0168	HCPCS	outpatient			251		Horizon	MGD		96.08	38.28			75.3		1782 percent of total billed charges	
WOUND CLOSURE BY ADHESIVE	G0168	HCPCS	outpatient			251		Horizon	Indemnity		96.08	38.28			75.3		1782 percent of total billed charges	
WOUND CLOSURE BY ADHESIVE	G0168	HCPCS	outpatient			251		Horizon	PPO		96.08	38.28			75.3		1782 percent of total billed charges	
WOUND CLOSURE BY ADHESIVE	G0168	HCPCS	outpatient			251		Managed Care Inc	Managed Care Inc		225.9	90			75.3		1782 percent of total billed charges	
WOUND CLOSURE BY ADHESIVE	G0168	HCPCS	outpatient			251		Multiplan	Multiplan		200.8	80			75.3		1782 percent of total billed charges	
WOUND CLOSURE BY ADHESIVE	G0168	HCPCS	outpatient			251		Qualcare	Qualcare		188.25	75			75.3		1782 percent of total billed charges	
WOUND CLOSURE BY ADHESIVE	G0168	HCPCS	outpatient			251		Three Rivers	Three Rivers		238.45	95			75.3		1782 percent of total billed charges	
WOUND CLOSURE BY ADHESIVE	G0168	HCPCS	outpatient			251		UHC	Medicaid		79.19	31.55			75.3		1782 percent of total billed charges	
WOUND CLOSURE BY ADHESIVE	G0168	HCPCS	outpatient			251		United	Oxford		1782				75.3		1782 case rate	
WOUND CLOSURE BY ADHESIVE	G0168	HCPCS	outpatient			251		United	Commercial/PPO		1782				75.3		1782 case rate	
WOUND CLOSURE BY ADHESIVE	G0168	HCPCS	outpatient			251		Wellcare	Medicaid		79.19	31.55			75.3		1782 percent of total billed charges	
WOUND CLOSURE BY ADHESIVE	G0168	HCPCS	outpatient			251		WellPoint	WellPoint		80.77	32.18			75.3		1782 percent of total billed charges	
INTERDISCIPLINARY TEAM CONF W/PT	G0175	HCPCS	outpatient			627		582.52 Aetna	Medicare		506.54				197.82		942.67 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERDISCIPLINARY TEAM CONF W/PT	G0175	HCPCS	outpatient			627		582.52 Aetna	Better Health		197.82	31.55			197.82		942.67 percent of total billed charges	
INTERDISCIPLINARY TEAM CONF W/PT	G0175	HCPCS	outpatient			627		582.52 Aetna	Commercial		806.41				197.82		942.67 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERDISCIPLINARY TEAM CONF W/PT	G0175	HCPCS	outpatient			627		582.52 Americare	Americare		470.25	75			197.82		942.67 percent of total billed charges	
INTERDISCIPLINARY TEAM CONF W/PT	G0175	HCPCS	outpatient			627		582.52 Amerihealth	Medicare		506.54				197.82		942.67 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERDISCIPLINARY TEAM CONF W/PT	G0175	HCPCS	outpatient			627		582.52 Amerihealth	HMO/PPO		407.55	65			197.82		942.67 percent of total billed charges	
INTERDISCIPLINARY TEAM CONF W/PT	G0175	HCPCS	outpatient			627		582.52 Consumer	Consumer		595.65	95			197.82		942.67 percent of total billed charges	
INTERDISCIPLINARY TEAM CONF W/PT	G0175	HCPCS	outpatient			627		582.52 Corrections	Corrections		501.6	80			197.82		942.67 percent of total billed charges	
INTERDISCIPLINARY TEAM CONF W/PT	G0175	HCPCS	outpatient			627		582.52 First Health	First Health		438.9	70			197.82		942.67 percent of total billed charges	
INTERDISCIPLINARY TEAM CONF W/PT	G0175	HCPCS	outpatient			627		582.52 First Trenton	First Trenton		564.3	90			197.82		942.67 percent of total billed charges	
INTERDISCIPLINARY TEAM CONF W/PT	G0175	HCPCS	outpatient			627		582.52 Horizon	MGD		942.67				197.82		942.67 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERDISCIPLINARY TEAM CONF W/PT	G0175	HCPCS	outpatient			627		582.52 Horizon	Medicare Blue		506.54				197.82		942.67 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERDISCIPLINARY TEAM CONF W/PT	G0175	HCPCS	outpatient			627		582.52 Horizon	Indemnity		942.67				197.82		942.67 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERDISCIPLINARY TEAM CONF W/PT	G0175	HCPCS	outpatient			627		582.52 Horizon	PPO		942.67				197.82		942.67 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERDISCIPLINARY TEAM CONF W/PT	G0175	HCPCS	outpatient			627		582.52 Managed Care Inc	Managed Care Inc		564.3	90			197.82		942.67 percent of total billed charges	
INTERDISCIPLINARY TEAM CONF W/PT	G0175	HCPCS	outpatient			627		582.52 Multiplan	Multiplan		501.6	80			197.82		942.67 percent of total billed charges	
INTERDISCIPLINARY TEAM CONF W/PT	G0175	HCPCS	outpatient			627		582.52 Qualcare	Qualcare		470.25	75			197.82		942.67 percent of total billed charges	
INTERDISCIPLINARY TEAM CONF W/PT	G0175	HCPCS	outpatient			627		582.52 Three Rivers	Three Rivers		595.65	95			197.82		942.67 percent of total billed charges	
INTERDISCIPLINARY TEAM CONF W/PT	G0175	HCPCS	outpatient			627		582.52 UHC	Medicare		506.54				197.82		942.67 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERDISCIPLINARY TEAM CONF W/PT	G0175	HCPCS	outpatient			627		582.52 UHC	Medicaid		197.82	31.55			197.82		942.67 percent of total billed charges	
INTERDISCIPLINARY TEAM CONF W/PT	G0175	HCPCS	outpatient			627		582.52 Wellcare	Medicaid		197.82	31.55			197.82		942.67 percent of total billed charges	
INTERDISCIPLINARY TEAM CONF W/PT	G0175	HCPCS	outpatient			627		582.52 Wellcare	Medicare		506.54				197.82		942.67 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERDISCIPLINARY TEAM CONF W/PT	G0175	HCPCS	outpatient			627		582.52 WellPoint	WellPoint		201.77	32.18			197.82		942.67 percent of total billed charges	
INIT EVAL DM NEURO (LOPS)	G0245	HCPCS	outpatient			467		173.86 Aetna	Commercial		240.68				69.24		443.65 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INIT EVAL DM NEURO (LOPS)	G0245	HCPCS	outpatient			467		173.86 Aetna	Medicare		151.18				69.24		443.65 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INIT EVAL DM NEURO (LOPS)	G0245	HCPCS	outpatient			467		173.86 Aetna	Better Health		147.34	31.55			69.24		443.65 percent of total billed charges	
INIT EVAL DM NEURO (LOPS)	G0245	HCPCS	outpatient			467		173.86 Americare	Americare		350.25	75			69.24		443.65 percent of total billed charges	
INIT EVAL DM NEURO (LOPS)	G0245	HCPCS	outpatient			467		173.86 Amerihealth	HMO/PPO		303.55	65			69.24		443.65 percent of total billed charges	
INIT EVAL DM NEURO (LOPS)	G0245	HCPCS	outpatient			467		173.86 Amerihealth	Medicare		151.18				69.24		443.65 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INIT EVAL DM NEURO (LOPS)	G0245	HCPCS	outpatient			467		173.86 Consumer	Consumer		443.65	95			69.24		443.65 percent of total billed charges	
INIT EVAL DM NEURO (LOPS)	G0245	HCPCS	outpatient			467		173.86 Corrections	Corrections		373.6	80			69.24		443.65 percent of total billed charges	
INIT EVAL DM NEURO (LOPS)	G0245	HCPCS	outpatient			467		173.86 First Health	First Health		326.9	70			69.24		443.65 percent of total billed charges	
INIT EVAL DM NEURO (LOPS)	G0245	HCPCS	outpatient			467		173.86 First Trenton	First Trenton		420.3	90			69.24		443.65 percent of total billed charges	
INIT EVAL DM NEURO (LOPS)	G0245	HCPCS	outpatient			467		173.86 Horizon	Medicare Blue		151.18				69.24		443.65 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INIT EVAL DM NEURO (LOPS)	G0245	HCPCS	outpatient			467		173.86 Horizon	MGD		281.35				69.24		443.65 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INIT EVAL DM NEURO (LOPS)	G0245	HCPCS	outpatient			467		173.86 Horizon	Indemnity		281.35				69.24		443.65 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INIT EVAL DM NEURO (LOPS)	G0245	HCPCS	outpatient			467		173.86 Horizon	NJ Health		69.24				69.24		443.65 fee schedule	
INIT EVAL DM NEURO (LOPS)	G0245	HCPCS	outpatient			467		173.86 Horizon	PPO		281.35				69.24		443.65 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INIT EVAL DM NEURO (LOPS)	G0245	HCPCS	outpatient			467		173.86 Managed Care Inc	Managed Care Inc		420.3	90			69.24		443.65 percent of total billed charges	
INIT EVAL DM NEURO (LOPS)	G0245	HCPCS	outpatient			467		173.86 Multiplan	Multiplan		373.6	80			69.24		443.65 percent of total billed charges	
INIT EVAL DM NEURO (LOPS)	G0245	HCPCS	outpatient			467		173.86 Qualcare	Qualcare		350.25	75			69.24		443.65 percent of total billed charges	
INIT EVAL DM NEURO (LOPS)	G0245	HCPCS	outpatient			467		173.86 Three Rivers	Three Rivers		443.65	95			69.24		443.65 percent of total billed charges	
INIT EVAL DM NEURO (LOPS)	G0245	HCPCS	outpatient			467		173.86 UHC	Medicaid		147.34	31.55			69.24		443.65 percent of total billed charges	
INIT EVAL DM NEURO (LOPS)	G0245	HCPCS	outpatient			467		173.86 UHC	Medicare		151.18				69.24		443.65 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INIT EVAL DM NEURO (LOPS)	G0245	HCPCS	outpatient			467		173.86 Wellcare	Medicare		151.18				69.24		443.65 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INIT EVAL DM NEURO (LOPS)	G0245	HCPCS	outpatient			467		173.86 Wellcare	Medicaid		147.34	31.55			69.24		443.65 percent of total billed charges	
INIT EVAL DM NEURO (LOPS)	G0245	HCPCS	outpatient			467		173.86 WellPoint	WellPoint		150.28	32.18			69.24		443.65 percent of total billed charges	
FU EVAL DM NEURO (LOPS)	G0246	HCPCS	outpatient			467		173.86 Aetna	Better Health		147.34	31.55			40.61		443.65 percent of total billed charges	
FU EVAL DM NEURO (LOPS)	G0246	HCPCS	outpatient			467		173.86 Aetna	Commercial		240.68				40.61		443.65 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FU EVAL DM NEURO (LOPS)	G0246	HCPCS	outpatient			467		173.86 Aetna	Medicare		151.18				40.61		443.65 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FU EVAL DM NEURO (LOPS)	G0246	HCPCS	outpatient			467		173.86 Americare	Americare		350.25	75			40.61		443.65 percent of total billed charges	
FU EVAL DM NEURO (LOPS)	G0246	HCPCS	outpatient			467		173.86 Amerihealth	HMO/PPO		303.55	65			40.61		443.65 percent of total billed charges	
FU EVAL DM NEURO (LOPS)	G0246	HCPCS	outpatient			467		173.86 Amerihealth	Medicare		151.18				40.61		443.65 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FU EVAL DM NEURO (LOPS)	G0246	HCPCS	outpatient			467		173.86 Consumer	Consumer		443.65	95			40.61		443.65 percent of total billed charges	
FU EVAL DM NEURO (LOPS)	G0246	HCPCS	outpatient			467		173.86 Corrections	Corrections		373.6	80			40.61		443.65 percent of total billed charges	
FU EVAL DM NEURO (LOPS)	G0246	HCPCS	outpatient			467		173.86 First Health	First Health		326.9	70			40.61		443.65 percent of total billed charges	
FU EVAL DM NEURO (LOPS)	G0246	HCPCS	outpatient			467		173.86 First Trenton	First Trenton		420.3	90			40.61		443.65 percent of total billed charges	
FU EVAL DM NEURO (LOPS)	G0246	HCPCS	outpatient			467		173.86 Horizon	Medicare Blue		151.18				40.61		443.65 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FU EVAL DM NEURO (LOPS)	G0246	HCPCS	outpatient			467		173.86 Horizon	PPO		281.35				40.61		443.65 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FU EVAL DM NEURO (LOPS)	G0246	HCPCS	outpatient			467		173.86 Horizon	MGD		281.35				40.61		443.65 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FU EVAL DM NEURO (LOPS)	G0246	HCPCS	outpatient			467		173.86 Horizon	Indemnity		281.35				40.61		443.65 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FU EVAL DM NEURO (LOPS)	G0246	HCPCS	outpatient			467		173.86 Horizon	NJ Health		40.61				40.61		443.65 fee schedule	
FU EVAL DM NEURO (LOPS)	G0246	HCPCS	outpatient			467		173.86 Managed Care Inc	Managed Care Inc		420.3	90			40.61		443.65 percent of total billed charges	
FU EVAL DM NEURO (LOPS)	G0246	HCPCS	outpatient			467		173.86 Multiplan	Multiplan		373.6	80			40.61		443.65 percent of total billed charges	
FU EVAL DM NEURO (LOPS)	G0246	HCPCS	outpatient			467		173.86 Qualcare	Qualcare		350.25	75			40.61		443.65 percent of total billed charges	
FU EVAL DM NEURO (LOPS)	G0246	HCPCS	outpatient			467		173.86 Three Rivers	Three Rivers		443.65	95			40.61		443.65 percent of total billed charges	
FU EVAL DM NEURO (LOPS)	G0246	HCPCS	outpatient			467		173.86 UHC	Medicare		151.18				40.61		443.65 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FU EVAL DM NEURO (LOPS)	G0246	HCPCS	outpatient			467		173.86 UHC	Medicaid		147.34	31.55			40.61		443.65 percent of total billed charges	
FU EVAL DM NEURO (LOPS)	G0246	HCPCS	outpatient			467		173.86 Wellcare	Medicaid		147.34	31.55			40.61		443.65 percent of total billed charges	
FU EVAL DM NEURO (LOPS)	G0246	HCPCS	outpatient			467		173.86 Wellcare	Medicare		151.18				40.61		443.65 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FU EVAL DM NEURO (LOPS)	G0246	HCPCS	outpatient			467		173.86 WellPoint	WellPoint		150.28	32.18			40.61		443.65 percent of total billed charges	
ROUTINE FOOT CARE DM NEURO (LOPS)	G0247	HCPCS	outpatient			704		263.3 Aetna	Commercial		364.5				43.59		668.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ROUTINE FOOT CARE DM NEURO (LOPS)	G0247	HCPCS	outpatient			704		263.3 Aetna	Better Health		222.11	31.55			43.59		668.8 percent of total billed charges	
ROUTINE FOOT CARE DM NEURO (LOPS)	G0247	HCPCS	outpatient			704		263.3 Aetna	Medicare		228.96				43.59		668.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ROUTINE FOOT CARE DM NEURO (LOPS)	G0247	HCPCS	outpatient			704		263.3 Americare	Americare		528	75			43.59		668.8 percent of total billed charges	
ROUTINE FOOT CARE DM NEURO (LOPS)	G0247	HCPCS	outpatient			704		263.3 Amerihealth	HMO/PPO		457.6	65			43.59		668.8 percent of total billed charges	
ROUTINE FOOT CARE DM NEURO (LOPS)	G0247	HCPCS	outpatient			704		263.3 Amerihealth	Medicare		228.96				43.59		668.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ROUTINE FOOT CARE DM NEURO (LOPS)	G0247	HCPCS	outpatient			704		263.3 Consumer	Consumer		668.8	95			43.59		668.8 percent of total billed charges	
ROUTINE FOOT CARE DM NEURO (LOPS)	G0247	HCPCS	outpatient			704		263.3 Corrections	Corrections		563.2	80			43.59		668.8 percent of total billed charges	
ROUTINE FOOT CARE DM NEURO (LOPS)	G0247	HCPCS	outpatient			704		263.3 First Health	First Health		492.8	70			43.59		668.8 percent of total billed charges	
ROUTINE FOOT CARE DM NEURO (LOPS)	G0247	HCPCS	outpatient			704		263.3 First Trenton	First Trenton		633.6	90			43.59		668.8 percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.														
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true													
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ROUTINE FOOT CARE DM NEURO (LOPS)	G0247	HCPCS	outpatient			704	263.3	Horizon	PPO		426.09				43.59	668.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
ROUTINE FOOT CARE DM NEURO (LOPS)	G0247	HCPCS	outpatient			704	263.3	Horizon	MGD		426.09				43.59	668.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
ROUTINE FOOT CARE DM NEURO (LOPS)	G0247	HCPCS	outpatient			704	263.3	Horizon	Indemnity		426.09				43.59	668.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
ROUTINE FOOT CARE DM NEURO (LOPS)	G0247	HCPCS	outpatient			704	263.3	Horizon	NJ Health		43.59				43.59	668.8	fee schedule		
ROUTINE FOOT CARE DM NEURO (LOPS)	G0247	HCPCS	outpatient			704	263.3	Horizon	Medicare Blue		228.96				43.59	668.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
ROUTINE FOOT CARE DM NEURO (LOPS)	G0247	HCPCS	outpatient			704	263.3	Managed Care Inc	Managed Care Inc		633.6	90			43.59	668.8	percent of total billed charges		
ROUTINE FOOT CARE DM NEURO (LOPS)	G0247	HCPCS	outpatient			704	263.3	Multiplan	Multiplan		563.2	80			43.59	668.8	percent of total billed charges		
ROUTINE FOOT CARE DM NEURO (LOPS)	G0247	HCPCS	outpatient			704	263.3	Qualcare	Qualcare		528	75			43.59	668.8	percent of total billed charges		
ROUTINE FOOT CARE DM NEURO (LOPS)	G0247	HCPCS	outpatient			704	263.3	Three Rivers	Three Rivers		668.8	95			43.59	668.8	percent of total billed charges		
ROUTINE FOOT CARE DM NEURO (LOPS)	G0247	HCPCS	outpatient			704	263.3	UHC	Medicare		228.96				43.59	668.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
ROUTINE FOOT CARE DM NEURO (LOPS)	G0247	HCPCS	outpatient			704	263.3	UHC	Medicaid		222.11	31.55			43.59	668.8	percent of total billed charges		
ROUTINE FOOT CARE DM NEURO (LOPS)	G0247	HCPCS	outpatient			704	263.3	Wellcare	Medicare		228.96				43.59	668.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
ROUTINE FOOT CARE DM NEURO (LOPS)	G0247	HCPCS	outpatient			704	263.3	Wellcare	Medicaid		222.11	31.55			43.59	668.8	percent of total billed charges		
ROUTINE FOOT CARE DM NEURO (LOPS)	G0247	HCPCS	outpatient			704	263.3	WellPoint	WellPoint		226.55	32.18			43.59	668.8	percent of total billed charges		
HEMODIALYSIS OUTPATIENT	G0257	HCPCS	outpatient			2298	919.08	Aetna	Better Health		725.02	31.55			135	2183.1	percent of total billed charges		
HEMODIALYSIS OUTPATIENT	G0257	HCPCS	outpatient			2298	919.08	Aetna	Commercial		1272.33				135	2183.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
HEMODIALYSIS OUTPATIENT	G0257	HCPCS	outpatient			2298	919.08	Aetna	Medicare		799.2				135	2183.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
HEMODIALYSIS OUTPATIENT	G0257	HCPCS	outpatient			2298	919.08	Americare	Americare		1723.5	75			135	2183.1	percent of total billed charges		
HEMODIALYSIS OUTPATIENT	G0257	HCPCS	outpatient			2298	919.08	Amerihealth	Medicare		799.2				135	2183.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
HEMODIALYSIS OUTPATIENT	G0257	HCPCS	outpatient			2298	919.08	Amerihealth	HMO/PPO		135				135	2183.1	fee schedule		
HEMODIALYSIS OUTPATIENT	G0257	HCPCS	outpatient			2298	919.08	Consumer	Consumer		2183.1	95			135	2183.1	percent of total billed charges		
HEMODIALYSIS OUTPATIENT	G0257	HCPCS	outpatient			2298	919.08	Corrections	Corrections		1838.4	80			135	2183.1	percent of total billed charges		
HEMODIALYSIS OUTPATIENT	G0257	HCPCS	outpatient			2298	919.08	First Health	First Health		1608.6	70			135	2183.1	percent of total billed charges		
HEMODIALYSIS OUTPATIENT	G0257	HCPCS	outpatient			2298	919.08	First Trenton	First Trenton		2068.2	90			135	2183.1	percent of total billed charges		
HEMODIALYSIS OUTPATIENT	G0257	HCPCS	outpatient			2298	919.08	Horizon	PPO		1487.31				135	2183.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
HEMODIALYSIS OUTPATIENT	G0257	HCPCS	outpatient			2298	919.08	Horizon	Medicare Blue		799.2				135	2183.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
HEMODIALYSIS OUTPATIENT	G0257	HCPCS	outpatient			2298	919.08	Horizon	Indemnity		1487.31				135	2183.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
HEMODIALYSIS OUTPATIENT	G0257	HCPCS	outpatient			2298	919.08	Horizon	MGD		1487.31				135	2183.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
HEMODIALYSIS OUTPATIENT	G0257	HCPCS	outpatient			2298	919.08	Managed Care Inc	Managed Care Inc		2068.2	90			135	2183.1	percent of total billed charges		
HEMODIALYSIS OUTPATIENT	G0257	HCPCS	outpatient			2298	919.08	Multiplan	Multiplan		1838.4	80			135	2183.1	percent of total billed charges		
HEMODIALYSIS OUTPATIENT	G0257	HCPCS	outpatient			2298	919.08	Qualcare	Qualcare		1723.5	75			135	2183.1	percent of total billed charges		
HEMODIALYSIS OUTPATIENT	G0257	HCPCS	outpatient			2298	919.08	Three Rivers	Three Rivers		2183.1	95			135	2183.1	percent of total billed charges		
HEMODIALYSIS OUTPATIENT	G0257	HCPCS	outpatient			2298	919.08	UHC	Medicare		799.2				135	2183.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
HEMODIALYSIS OUTPATIENT	G0257	HCPCS	outpatient			2298	919.08	UHC	Medicaid		725.02	31.55			135	2183.1	percent of total billed charges		
HEMODIALYSIS OUTPATIENT	G0257	HCPCS	outpatient			2298	919.08	Wellcare	Medicaid		725.02	31.55			135	2183.1	percent of total billed charges		
HEMODIALYSIS OUTPATIENT	G0257	HCPCS	outpatient			2298	919.08	Wellcare	Medicare		799.2				135	2183.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
HEMODIALYSIS OUTPATIENT	G0257	HCPCS	outpatient			2298	919.08	WellPoint	WellPoint		739.5	32.18			135	2183.1	percent of total billed charges		
SL JT INJ FOR ARTHROG &/OR STER	G0260	HCPCS	outpatient			2729	909.54	Aetna	Better Health		861	31.55			366.93	2592.55	percent of total billed charges		
SL JT INJ FOR ARTHROG &/OR STER	G0260	HCPCS	outpatient			2729	909.54	Aetna	Commercial		1259.11				366.93	2592.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
SL JT INJ FOR ARTHROG &/OR STER	G0260	HCPCS	outpatient			2729	909.54	Aetna	Medicare		790.9				366.93	2592.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
SL JT INJ FOR ARTHROG &/OR STER	G0260	HCPCS	outpatient			2729	909.54	Americare	Americare		2046.75	75			366.93	2592.55	percent of total billed charges		
SL JT INJ FOR ARTHROG &/OR STER	G0260	HCPCS	outpatient			2729	909.54	Amerihealth	Medicare		790.9				366.93	2592.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
SL JT INJ FOR ARTHROG &/OR STER	G0260	HCPCS	outpatient			2729	909.54	Amerihealth	HMO/PPO		550				366.93	2592.55	fee schedule		
SL JT INJ FOR ARTHROG &/OR STER	G0260	HCPCS	outpatient			2729	909.54	Consumer	Consumer		2592.55	95			366.93	2592.55	percent of total billed charges		
SL JT INJ FOR ARTHROG &/OR STER	G0260	HCPCS	outpatient			2729	909.54	Corrections	Corrections		2183.2	80			366.93	2592.55	percent of total billed charges		
SL JT INJ FOR ARTHROG &/OR STER	G0260	HCPCS	outpatient			2729	909.54	First Health	First Health		1910.3	70			366.93	2592.55	percent of total billed charges		
SL JT INJ FOR ARTHROG &/OR STER	G0260	HCPCS	outpatient			2729	909.54	First Trenton	First Trenton		2456.1	90			366.93	2592.55	percent of total billed charges		
SL JT INJ FOR ARTHROG &/OR STER	G0260	HCPCS	outpatient			2729	909.54	Horizon	Medicare Blue		790.9				366.93	2592.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
SL JT INJ FOR ARTHROG &/OR STER	G0260	HCPCS	outpatient			2729	909.54	Horizon	Indemnity		1471.86				366.93	2592.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
SL JT INJ FOR ARTHROG &/OR STER	G0260	HCPCS	outpatient			2729	909.54	Horizon	MGD		1471.86				366.93	2592.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
SL JT INJ FOR ARTHROG &/OR STER	G0260	HCPCS	outpatient			2729	909.54	Horizon	PPO		1471.86				366.93	2592.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
SL JT INJ FOR ARTHROG &/OR STER	G0260	HCPCS	outpatient			2729	909.54	Managed Care Inc	Managed Care Inc		2456.1	90			366.93	2592.55	percent of total billed charges		
SL JT INJ FOR ARTHROG &/OR STER	G0260	HCPCS	outpatient			2729	909.54	Multiplan	Multiplan		2183.2	80			366.93	2592.55	percent of total billed charges		
SL JT INJ FOR ARTHROG &/OR STER	G0260	HCPCS	outpatient			2729	909.54	Qualcare	Qualcare		2046.75	75			366.93	2592.55	percent of total billed charges		
SL JT INJ FOR ARTHROG &/OR STER	G0260	HCPCS	outpatient			2729	909.54	Three Rivers	Three Rivers		2592.55	95			366.93	2592.55	percent of total billed charges		
SL JT INJ FOR ARTHROG &/OR STER	G0260	HCPCS	outpatient			2729	909.54	UHC	Medicaid		861	31.55			366.93	2592.55	percent of total billed charges		
SL JT INJ FOR ARTHROG &/OR STER	G0260	HCPCS	outpatient			2729	909.54	UHC	Medicare		790.9				366.93	2592.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
SL JT INJ FOR ARTHROG &/OR STER	G0260	HCPCS	outpatient			2729	909.54	United	Commercial|PPO		1817				366.93	2592.55	case rate		
SL JT INJ FOR ARTHROG &/OR STER	G0260	HCPCS	outpatient			2729	909.54	United	Oxford		1817				366.93	2592.55	case rate		
SL JT INJ FOR ARTHROG &/OR STER	G0260	HCPCS	outpatient			2729	909.54	Wellcare	Medicaid		861	31.55			366.93	2592.55	percent of total billed charges		
SL JT INJ FOR ARTHROG &/OR STER	G0260	HCPCS	outpatient			2729	909.54	Wellcare	Medicare		790.9				366.93	2592.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
SL JT INJ FOR ARTHROG &/OR STER	G0260	HCPCS	outpatient			2729	909.54	WellPoint	WellPoint		878.19	32.18			366.93	2592.55	percent of total billed charges		
PLACEMENT OF OCCLUSIVE DEVICE	G0269	HCPCS	both			994		Aetna	Better Health		313.61	31.55			298.2	1782	percent of total billed charges		
PLACEMENT OF OCCLUSIVE DEVICE	G0269	HCPCS	both			994		Aetna	Commercial		377.72	38			298.2	1782	percent of total billed charges		
PLACEMENT OF OCCLUSIVE DEVICE	G0269	HCPCS	both			994		Aetna	Medicare		306.15	30.8			298.2	1782	percent of total billed charges		
PLACEMENT OF OCCLUSIVE DEVICE	G0269	HCPCS	both			994		Americare	Americare		745.5	75			298.2	1782	percent of total billed charges		
PLACEMENT OF OCCLUSIVE DEVICE	G0269	HCPCS	both			994		Amerihealth	HMO/PPO		300				298.2	1782	fee schedule		
PLACEMENT OF OCCLUSIVE DEVICE	G0269	HCPCS	both			994		Consumer	Consumer		944.3	95			298.2	1782	percent of total billed charges		
PLACEMENT OF OCCLUSIVE DEVICE	G0269	HCPCS	both			994		Corrections	Corrections		795.2	80			298.2	1782	percent of total billed charges		
PLACEMENT OF OCCLUSIVE DEVICE	G0269	HCPCS	both			994		First Health	First Health		695.8	70			298.2	1782	percent of total billed charges		
PLACEMENT OF OCCLUSIVE DEVICE	G0269	HCPCS	both			994		First Trenton	First Trenton		894.6	90			298.2	1782	percent of total billed charges		
PLACEMENT OF OCCLUSIVE DEVICE	G0269	HCPCS	both			994		Horizon	MGD		380.5	38.28			298.2	1782	percent of total billed charges		
PLACEMENT OF OCCLUSIVE DEVICE	G0269	HCPCS	both			994		Horizon	NJ Health		758.52				298.2	1782	fee schedule		
PLACEMENT OF OCCLUSIVE DEVICE	G0269	HCPCS	both			994		Horizon	Medicare Blue		298.2	30			298.2	1782	percent of total billed charges		
PLACEMENT OF OCCLUSIVE DEVICE	G0269	HCPCS	both			994		Horizon	Indemnity		380.5	38.28			298.2	1782	percent of total billed charges		
PLACEMENT OF OCCLUSIVE DEVICE	G0269	HCPCS	both			994		Horizon	PPO		380.5	38.28			298.2	1782	percent of total billed charges		
PLACEMENT OF OCCLUSIVE DEVICE	G0269	HCPCS	both			994		Managed Care Inc	Managed Care Inc		894.6	90			298.2	1782	percent of total billed charges		
PLACEMENT OF OCCLUSIVE DEVICE	G0269	HCPCS	both			994		Multiplan	Multiplan		795.2	80			298.2	1782	percent of total billed charges		
PLACEMENT OF OCCLUSIVE DEVICE	G0269	HCPCS	both			994		Qualcare	Qualcare		745.5	75			298.2	1782	percent of total billed charges		
PLACEMENT OF OCCLUSIVE DEVICE	G0269	HCPCS	both			994		Three Rivers	Three Rivers		944.3	95			298.2	1782	percent of total billed charges		
PLACEMENT OF OCCLUSIVE DEVICE	G0269	HCPCS	both			994		UHC	Medicaid		313.61	31.55			298.2	1782	percent of total billed charges		
PLACEMENT OF OCCLUSIVE DEVICE	G0269	HCPCS	both			994		United	Commercial|PPO		1782				298.2	1782	case rate		
PLACEMENT OF OCCLUSIVE DEVICE	G0269	HCPCS	both			994		United	Oxford		1782				298.2	1782	case rate		
PLACEMENT OF OCCLUSIVE DEVICE	G0269	HCPCS	both			994		Wellcare	Medicaid		313.61	31.55			298.2	1782	percent of total billed charges		
PLACEMENT OF OCCLUSIVE DEVICE	G0269	HCPCS	both			994		WellPoint	WellPoint		319.87	32.18			298.2	1782	percent of total billed charges		
LLIAC ANGIOGRAM WITH CATH	G0278	HCPCS	outpatient			1574		Aetna	Better Health		496.6	31.55			10.86	1495.3	percent of total billed charges		
LLIAC ANGIOGRAM WITH CATH	G0278	HCPCS	outpatient			1574		Aetna	Commercial		598.12	38			10.86	1495.3	percent of total billed charges		
LLIAC ANGIOGRAM WITH CATH	G0278	HCPCS	outpatient			1574		Aetna	Medicare		484.79	30.8			10.86	1495.3	percent of total billed charges		
LLIAC ANGIOGRAM WITH CATH	G0278	HCPCS	outpatient			1574		Americare	Americare		1180.5	75			10.86	1495.3	percent of total billed charges		
LLIAC ANGIOGRAM WITH CATH	G0278	HCPCS	outpatient			1574		Amerihealth	HMO/PPO		1023.1	65			10.86	1495.3	percent of total billed charges		
LLIAC ANGIOGRAM WITH CATH	G0278	HCPCS	outpatient			1574		Consumer	Consumer		1495.3	95			10.86	1495.3	percent of total billed charges		
LLIAC ANGIOGRAM WITH CATH	G0278	HCPCS	outpatient			1574		Corrections	Corrections		1259.2	80			10.86	1495.3	percent of total billed charges		
LLIAC ANGIOGRAM WITH CATH	G0278	HCPCS	outpatient			1574		First Health	First Health		1101.8	70			10.86	1495.3	percent of total billed charges		
LLIAC ANGIOGRAM WITH CATH	G0278	HCPCS	outpatient			1574		First Trenton	First Trenton		1416.6	90			10.86	1495.3	percent of total billed charges		
LLIAC ANGIOGRAM WITH CATH	G0278	HCPCS	outpatient			1574		Horizon	Medicare Blue		472.2	30			10.86	1495.3	percent of total billed charges		
LLIAC ANGIOGRAM WITH CATH	G0278	HCPCS	outpatient			1574		Horizon	Indemnity		602.53	38.28			10.86	1495.3	percent of total billed charges		
LLIAC ANGIOGRAM WITH CATH	G0278	HCPCS	outpatient			1574		Horizon	MGD		602.53	38.28			10.86	1495.3	percent of total billed charges		
LLIAC ANGIOGRAM WITH CATH	G0278	HCPCS	outpatient			1574		Horizon	NJ Health		10.86				10.86	1495.3	fee schedule		
LLIAC ANGIOGRAM WITH CATH	G0278	HCPCS	outpatient			1574		Horizon	PPO		602.53	38.28			10.86	1495.3	percent of total billed charges		
LLIAC ANGIOGRAM WITH CATH	G0278	HCPCS	outpatient			1574		Managed Care Inc	Managed Care Inc		1416.6	90			10.86	1495.3	percent of total billed charges		
LLIAC ANGIOGRAM WITH CATH	G0278	HCPCS	outpatient			1574		Multiplan	Multiplan		1259.2	80			10.86	1495.3	percent of total billed charges		
LLIAC ANGIOGRAM WITH CATH	G0278	HCPCS	outpatient			1574		Qualcare	Qualcare		1180.5	75			10.86	1495.3	percent of total billed charges		
LLIAC ANGIOGRAM WITH CATH	G0278	HCPCS	outpatient			1574		Three Rivers	Three Rivers		1495.3	95			10.86	1495.3	percent of total billed charges		
LLIAC ANGIOGRAM WITH CATH	G0278	HCPCS	outpatient			1574		UHC	Medicaid		496.6	31.55			10.86	1495.3	percent of total billed charges		
LLIAC ANGIOGRAM WITH CATH	G0278	HCPCS	outpatient			1574		Wellcare	Medicaid		496.6	31.55			10.86	1495.3	percent of total billed charges		
LLIAC ANGIOGRAM WITH CATH	G0278	HCPCS	outpatient			1574		WellPoint	WellPoint		506.51	32.18			10.86	1495.3	percent of total billed charges		
DIGITAL BREAST TOMOSYNTHESIS	G0279	HCPCS	outpatient			531		Aetna	Commercial		201.78	38			6.2	504.45	percent of total billed charges		
DIGITAL BREAST TOMOSYNTHESIS	G0279	HCPCS	outpatient			531		Aetna	Better Health		167.53	31.55			6.2	504.45	percent of total billed charges		
DIGITAL BREAST TOMOSYNTHESIS	G0279	HCPCS	outpatient			531		Aetna	Medicare		163.55	30.8			6.2	504.45	percent of total billed charges		
DIGITAL BREAST TOMOSYNTHESIS	G0279	HCPCS	outpatient			531		Americare	Americare		398.25	75			6.2	504.45	percent of total billed charges		
DIGITAL BREAST TOMOSYNTHESIS	G0279	HCPCS	outpatient			531		Amerihealth	HMO/PPO		6.2				6.2	504.45	fee schedule		
DIGITAL BREAST TOMOSYNTHESIS	G0279	HCPCS	outpatient			531		Consumer	Consumer		504.45	95			6.2	504.45	percent of total billed charges		
DIGITAL BREAST TOMOSYNTHESIS	G0279	HCPCS	outpatient			531		Corrections	Corrections		424.8	80			6.2	504.45	percent of total billed charges		
DIGITAL BREAST TOMOSYNTHESIS	G0279	HCPCS	outpatient			531		First Health	First Health		371.7	70			6.2	504.45	percent of total billed charges		
DIGITAL BREAST TOMOSYNTHESIS	G0279	HCPCS	outpatient			531		First Trenton	First Trenton		477.9	90			6.2	504.45	percent of total billed charges		
DIGITAL BREAST TOMOSYNTHESIS	G0279	HCPCS	outpatient			531		Horizon	MGD		203.27	38.28			6.2	504.45	percent of total billed charges		
DIGITAL BREAST TOMOSYNTHESIS	G0279	HCPCS	outpatient			531		Horizon	Indemnity		203.27	38.28			6.2	504.45	percent of total billed charges		
DIGITAL BREAST TOMOSYNTHESIS	G0279	HCPCS	outpatient			531		Horizon	Medicare Blue		159.3	30			6.2	504.45	percent of total billed charges		
DIGITAL BREAST TOMOSYNTHESIS	G0279	HCPCS	outpatient			531		Horizon	PPO		203.27	38.28			6.2	504.45	percent of total billed charges		
DIGITAL BREAST TOMOSYNTHESIS	G0279	HCPCS	outpatient			531		Horizon	NJ Health		59.45				6.2	504.45	fee schedule		
DIGITAL BREAST TOMOSYNTHESIS	G0279	HCPCS	outpatient			531		Managed Care Inc	Managed Care Inc		477.9	90			6.2	504.45	percent of total billed charges		
DIGITAL BREAST TOMOSYNTHESIS	G0279	HCPCS	outpatient			531		Multiplan	Multiplan		424.8	80			6.2	504.45	percent of total billed charges		
DIGITAL BREAST TOMOSYNTHESIS	G0279	HCPCS	outpatient			531		Qualcare	Qualcare		398.25	75			6.2	504.45	percent of total billed charges		
DIGITAL BREAST TOMOSYNTHESIS	G0279	HCPCS	outpatient			531		Three Rivers	Three Rivers		504.45	95			6.2	504.45	percent of total billed charges		
DIGITAL BREAST TOMOSYNTHESIS	G0279	HCPCS	outpatient			531		UHC	Medicaid		167.53	31.55			6.2	504.45	percent of total billed charges		
DIGITAL BREAST TOMOSYNTHESIS	G0279	HCPCS	outpatient			531		Wellcare	Medicaid		167.53	31.55			6.2	504.45	percent of total billed charges		
DIGITAL BREAST TOMOSYNTHESIS	G0279	HCPCS	outpatient			531		WellPoint	WellPoint		170.88	32.18			6.2	504.45	percent of total billed charges		
ELEC.STIM (UNATTENDED)	G0283	HCPCS	both			116		Aetna	Commercial		44.08	38			12.97	110.2	percent of total billed charges		
ELEC.STIM (UNATTENDED)	G0283	HCPCS	both			116		Aetna	Better Health		36.6	31.55			12.97	110.2	percent of total billed charges		
ELEC.STIM (UNATTENDED)	G0283	HCPCS	both			116		Aetna	Medicare		35.73	30.8			12.97	110.2	percent of total billed charges		
ELEC.STIM (UNATTENDED)	G0283	HCPCS	both			116		Americare	Americare		87	75			12.97	110.2	percent of total billed charges		
ELEC.STIM (UNATTENDED)	G0283	HCPCS	both			116		Amerihealth	HMO/PPO		15				12.97	110.2	fee schedule		
ELEC.STIM (UNATTENDED)	G0283	HCPCS	both			116		Consumer	Consumer		110.2	95			12.97	110.2	percent of total billed charges		
ELEC.STIM (UNATTENDED)	G0283	HCPCS	both			116		Corrections	Corrections		92.8	80			12.97	110.2	percent of total billed charges		
ELEC.STIM (UNATTENDED)	G0283	HCPCS	both			116		First Health	First Health		81.2	70			12.97	110.2	percent of total billed charges		
ELEC.STIM (UNATTENDED)	G0283	HCPCS	both			116		First Trenton	First Trenton		104.4	90			12.97	110.2	percent of total billed charges		
ELEC.STIM (UNATTENDED)	G0283	HCPCS	both			116		Horizon	MGD		44.4	38.28			12.97	110.2	percent of total billed charges		
ELEC.STIM (UNATTENDED)	G0283	HCPCS	both			116		Horizon	Indemnity		44.4	38.28			12.97	110.2	percent of total billed charges		
ELEC.STIM (UNATTENDED)	G0283	HCPCS	both			116		Horizon	PPO		44.4	38.28			12.97	110.2	percent of total billed charges		
ELEC.STIM (UNATTENDED)	G0283	HCPCS	both			116		Horizon	Medicare Blue		34.8	30			12.97	110.2	percent of total billed charges		
ELEC.STIM (UNATTENDED)	G0283	HCPCS	both			116		Horizon	NJ Health		12.97				12.97	110.2	fee schedule		
ELEC.STIM (UNATTENDED)	G0283	HCPCS	both			116		Managed Care Inc	Managed Care Inc		104.4	90			12.97	110.2	percent of total billed charges		
ELEC.STIM (UNATTENDED)	G0283	HCPCS	both			116		Multiplan	Multiplan		92.8	80			12.97	110.2	percent of total billed charges		
ELEC.STIM (UNATTENDED)	G0283	HCPCS	both			116		Qualcare	Qualcare		87	75			12.97	110.2	percent of total billed charges		
ELEC.STIM (UNATTENDED)	G0283	HCPCS	both			116		Three Rivers	Three Rivers		110.2	95			12.97	110.2	percent of total billed charges		
ELEC.STIM (UNATTENDED)	G0283	HCPCS	both			116		UHC	Medicaid		36.6	31.55			12.97	110.2	percent of total billed charges		
ELEC.STIM (UNATTENDED)	G0283	HCPCS	both			116		Wellcare	Medicaid		36.6	31.55			12.97	110.2	percent of total billed charges		
ELEC.STIM (UNATTENDED)	G0283	HCPCS	both			116		WellPoint	WellPoint		37.33	32.18			12.97	110.2	percent of total billed charges		

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
PT. OBSERVATION - 8 HRS	G0378	HCPCS	both			9364		Aetna	Commercial		3598.32				76.8	8895.8	percent of total billed charges	
PT. OBSERVATION - 8 HRS	G0378	HCPCS	both			9364		Aetna	Better Health		2954.34	31.55			76.8	8895.8	percent of total billed charges	
PT. OBSERVATION - 8 HRS	G0378	HCPCS	both			9364		Aetna	Medicare		2884.11	30.8			76.8	8895.8	percent of total billed charges	
PT. OBSERVATION - 8 HRS	G0378	HCPCS	both			9364		Americare	Americare		7023	75			76.8	8895.8	percent of total billed charges	
PT. OBSERVATION - 8 HRS	G0378	HCPCS	both			9364		Amerihealth	HMO/PPO		6086.6	65			76.8	8895.8	percent of total billed charges	
PT. OBSERVATION - 8 HRS	G0378	HCPCS	both			9364		Consumer	Consumer		8895.8	95			76.8	8895.8	percent of total billed charges	
PT. OBSERVATION - 8 HRS	G0378	HCPCS	both			9364		Corrections	Corrections		7491.2	80			76.8	8895.8	percent of total billed charges	
PT. OBSERVATION - 8 HRS	G0378	HCPCS	both			9364		First Health	First Health		6554.8	70			76.8	8895.8	percent of total billed charges	
PT. OBSERVATION - 8 HRS	G0378	HCPCS	both			9364		First Trenton	First Trenton		8427.6	90			76.8	8895.8	percent of total billed charges	
PT. OBSERVATION - 8 HRS	G0378	HCPCS	both			9364		Horizon	Indemnity		3584.54	38.28			76.8	8895.8	percent of total billed charges	
PT. OBSERVATION - 8 HRS	G0378	HCPCS	both			9364		Horizon	MGD		3584.54	38.28			76.8	8895.8	percent of total billed charges	
PT. OBSERVATION - 8 HRS	G0378	HCPCS	both			9364		Horizon	Medicare Blue		2809.2	30			76.8	8895.8	percent of total billed charges	
PT. OBSERVATION - 8 HRS	G0378	HCPCS	both			9364		Horizon	PPO		3584.54	38.28			76.8	8895.8	percent of total billed charges	
PT. OBSERVATION - 8 HRS	G0378	HCPCS	both			9364		Managed Care Inc	Managed Care Inc		8427.6	90			76.8	8895.8	percent of total billed charges	
PT. OBSERVATION - 8 HRS	G0378	HCPCS	both			9364		Multiplan	Multiplan		7491.2	80			76.8	8895.8	percent of total billed charges	
PT. OBSERVATION - 8 HRS	G0378	HCPCS	both			9364		Qualcare	Qualcare		7023	75			76.8	8895.8	percent of total billed charges	
PT. OBSERVATION - 8 HRS	G0378	HCPCS	both			9364		Three Rivers	Three Rivers		8895.8	95			76.8	8895.8	percent of total billed charges	
PT. OBSERVATION - 8 HRS	G0378	HCPCS	both			9364		UHC	Medicaid		2954.34	31.55			76.8	8895.8	percent of total billed charges	
PT. OBSERVATION - 8 HRS	G0378	HCPCS	both			9364		Wellcare	Medicaid		2954.34	31.55			76.8	8895.8	percent of total billed charges	
PT. OBSERVATION - 8 HRS	G0378	HCPCS	both			9364		WellPoint	WellPoint		3013.34	32.18			76.8	8895.8	percent of total billed charges	
DIRECT REFER HOSPITAL OBSERV	G0379	HCPCS	outpatient			4369	844.79	Aetna	Commercial		1169.48				734.6	4150.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIRECT REFER HOSPITAL OBSERV	G0379	HCPCS	outpatient			4369	844.79	Aetna	Better Health		1378.42	31.55			734.6	4150.55	percent of total billed charges	
DIRECT REFER HOSPITAL OBSERV	G0379	HCPCS	outpatient			4369	844.79	Aetna	Medicare		734.6				734.6	4150.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIRECT REFER HOSPITAL OBSERV	G0379	HCPCS	outpatient			4369	844.79	Americare	Americare		3276.75	75			734.6	4150.55	percent of total billed charges	
DIRECT REFER HOSPITAL OBSERV	G0379	HCPCS	outpatient			4369	844.79	Amerihealth	HMO/PPO		2839.85	65			734.6	4150.55	percent of total billed charges	
DIRECT REFER HOSPITAL OBSERV	G0379	HCPCS	outpatient			4369	844.79	Amerihealth	Medicare		734.6				734.6	4150.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIRECT REFER HOSPITAL OBSERV	G0379	HCPCS	outpatient			4369	844.79	Consumer	Consumer		4150.55	95			734.6	4150.55	percent of total billed charges	
DIRECT REFER HOSPITAL OBSERV	G0379	HCPCS	outpatient			4369	844.79	Corrections	Corrections		3495.2	80			734.6	4150.55	percent of total billed charges	
DIRECT REFER HOSPITAL OBSERV	G0379	HCPCS	outpatient			4369	844.79	First Health	First Health		3058.3	70			734.6	4150.55	percent of total billed charges	
DIRECT REFER HOSPITAL OBSERV	G0379	HCPCS	outpatient			4369	844.79	First Trenton	First Trenton		3932.1	90			734.6	4150.55	percent of total billed charges	
DIRECT REFER HOSPITAL OBSERV	G0379	HCPCS	outpatient			4369	844.79	Horizon	Medicare Blue		734.6				734.6	4150.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIRECT REFER HOSPITAL OBSERV	G0379	HCPCS	outpatient			4369	844.79	Horizon	Indemnity		1367.09				734.6	4150.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIRECT REFER HOSPITAL OBSERV	G0379	HCPCS	outpatient			4369	844.79	Horizon	MGD		1367.09				734.6	4150.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIRECT REFER HOSPITAL OBSERV	G0379	HCPCS	outpatient			4369	844.79	Horizon	PPO		1367.09				734.6	4150.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIRECT REFER HOSPITAL OBSERV	G0379	HCPCS	outpatient			4369	844.79	Managed Care Inc	Managed Care Inc		3932.1	90			734.6	4150.55	percent of total billed charges	
DIRECT REFER HOSPITAL OBSERV	G0379	HCPCS	outpatient			4369	844.79	Multiplan	Multiplan		3495.2	80			734.6	4150.55	percent of total billed charges	
DIRECT REFER HOSPITAL OBSERV	G0379	HCPCS	outpatient			4369	844.79	Qualcare	Qualcare		3276.75	75			734.6	4150.55	percent of total billed charges	
DIRECT REFER HOSPITAL OBSERV	G0379	HCPCS	outpatient			4369	844.79	Three Rivers	Three Rivers		4150.55	95			734.6	4150.55	percent of total billed charges	
DIRECT REFER HOSPITAL OBSERV	G0379	HCPCS	outpatient			4369	844.79	UHC	Medicaid		1378.42	31.55			734.6	4150.55	percent of total billed charges	
DIRECT REFER HOSPITAL OBSERV	G0379	HCPCS	outpatient			4369	844.79	UHC	Medicare		734.6				734.6	4150.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIRECT REFER HOSPITAL OBSERV	G0379	HCPCS	outpatient			4369	844.79	Wellcare	Medicare		734.6				734.6	4150.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIRECT REFER HOSPITAL OBSERV	G0379	HCPCS	outpatient			4369	844.79	Wellcare	Medicaid		1378.42	31.55			734.6	4150.55	percent of total billed charges	
DIRECT REFER HOSPITAL OBSERV	G0379	HCPCS	outpatient			4369	844.79	WellPoint	WellPoint		1405.94	32.18			734.6	4150.55	percent of total billed charges	
LEVEL I HOSP TYPE BEDVISIT	G0380	HCPCS	both			319	98.66	Aetna	Commercial		136.58				70	303.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL I HOSP TYPE BEDVISIT	G0380	HCPCS	both			319	98.66	Aetna	Better Health		100.64	31.55			70	303.05	percent of total billed charges	
LEVEL I HOSP TYPE BEDVISIT	G0380	HCPCS	both			319	98.66	Aetna	Medicare		85.79				70	303.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL I HOSP TYPE BEDVISIT	G0380	HCPCS	both			319	98.66	Americare	Americare		239.25	75			70	303.05	percent of total billed charges	
LEVEL I HOSP TYPE BEDVISIT	G0380	HCPCS	both			319	98.66	Amerihealth	HMO/PPO		70				70	303.05	fee schedule	
LEVEL I HOSP TYPE BEDVISIT	G0380	HCPCS	both			319	98.66	Amerihealth	Medicare		85.79				70	303.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL I HOSP TYPE BEDVISIT	G0380	HCPCS	both			319	98.66	Consumer	Consumer		303.05	95			70	303.05	percent of total billed charges	
LEVEL I HOSP TYPE BEDVISIT	G0380	HCPCS	both			319	98.66	Corrections	Corrections		255.2	80			70	303.05	percent of total billed charges	
LEVEL I HOSP TYPE BEDVISIT	G0380	HCPCS	both			319	98.66	First Health	First Health		223.3	70			70	303.05	percent of total billed charges	
LEVEL I HOSP TYPE BEDVISIT	G0380	HCPCS	both			319	98.66	First Trenton	First Trenton		287.1	90			70	303.05	percent of total billed charges	
LEVEL I HOSP TYPE BEDVISIT	G0380	HCPCS	both			319	98.66	Horizon	Medicare Blue		85.79				70	303.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL I HOSP TYPE BEDVISIT	G0380	HCPCS	both			319	98.66	Horizon	Indemnity		159.66				70	303.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL I HOSP TYPE BEDVISIT	G0380	HCPCS	both			319	98.66	Horizon	MGD		159.66				70	303.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL I HOSP TYPE BEDVISIT	G0380	HCPCS	both			319	98.66	Horizon	PPO		159.66				70	303.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL I HOSP TYPE BEDVISIT	G0380	HCPCS	both			319	98.66	Managed Care Inc	Managed Care Inc		287.1	90			70	303.05	percent of total billed charges	
LEVEL I HOSP TYPE BEDVISIT	G0380	HCPCS	both			319	98.66	Multiplan	Multiplan		255.2	80			70	303.05	percent of total billed charges	
LEVEL I HOSP TYPE BEDVISIT	G0380	HCPCS	both			319	98.66	Qualcare	Qualcare		239.25	75			70	303.05	percent of total billed charges	
LEVEL I HOSP TYPE BEDVISIT	G0380	HCPCS	both			319	98.66	Three Rivers	Three Rivers		303.05	95			70	303.05	percent of total billed charges	
LEVEL I HOSP TYPE BEDVISIT	G0380	HCPCS	both			319	98.66	UHC	Medicaid		100.64	31.55			70	303.05	percent of total billed charges	
LEVEL I HOSP TYPE BEDVISIT	G0380	HCPCS	both			319	98.66	UHC	Medicare		85.79				70	303.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL I HOSP TYPE BEDVISIT	G0380	HCPCS	both			319	98.66	Wellcare	Medicaid		100.64	31.55			70	303.05	percent of total billed charges	
LEVEL I HOSP TYPE BEDVISIT	G0380	HCPCS	both			319	98.66	Wellcare	Medicare		85.79				70	303.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL I HOSP TYPE BEDVISIT	G0380	HCPCS	both			319	98.66	WellPoint	WellPoint		102.65	32.18			70	303.05	percent of total billed charges	
LEVEL II HOSP TYPE BED VISIT	G0381	HCPCS	outpatient			380	160.2	Aetna	Commercial		221.77				100	361	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL II HOSP TYPE BED VISIT	G0381	HCPCS	outpatient			380	160.2	Aetna	Better Health		119.89	31.55			100	361	percent of total billed charges	
LEVEL II HOSP TYPE BED VISIT	G0381	HCPCS	outpatient			380	160.2	Aetna	Medicare		139.3				100	361	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL II HOSP TYPE BED VISIT	G0381	HCPCS	outpatient			380	160.2	Americare	Americare		285	75			100	361	percent of total billed charges	
LEVEL II HOSP TYPE BED VISIT	G0381	HCPCS	outpatient			380	160.2	Amerihealth	Medicare		139.3				100	361	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL II HOSP TYPE BED VISIT	G0381	HCPCS	outpatient			380	160.2	Amerihealth	HMO/PPO		100				100	361	fee schedule	
LEVEL II HOSP TYPE BED VISIT	G0381	HCPCS	outpatient			380	160.2	Consumer	Consumer		361	95			100	361	percent of total billed charges	
LEVEL II HOSP TYPE BED VISIT	G0381	HCPCS	outpatient			380	160.2	Corrections	Corrections		304	80			100	361	percent of total billed charges	
LEVEL II HOSP TYPE BED VISIT	G0381	HCPCS	outpatient			380	160.2	First Health	First Health		266	70			100	361	percent of total billed charges	
LEVEL II HOSP TYPE BED VISIT	G0381	HCPCS	outpatient			380	160.2	First Trenton	First Trenton		342	90			100	361	percent of total billed charges	
LEVEL II HOSP TYPE BED VISIT	G0381	HCPCS	outpatient			380	160.2	Horizon	Indemnity		259.24				100	361	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL II HOSP TYPE BED VISIT	G0381	HCPCS	outpatient			380	160.2	Horizon	MGD		259.24				100	361	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL II HOSP TYPE BED VISIT	G0381	HCPCS	outpatient			380	160.2	Horizon	PPO		259.24				100	361	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL II HOSP TYPE BED VISIT	G0381	HCPCS	outpatient			380	160.2	Horizon	Medicare Blue		139.3				100	361	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL II HOSP TYPE BED VISIT	G0381	HCPCS	outpatient			380	160.2	Managed Care Inc	Managed Care Inc		342	90			100	361	percent of total billed charges	
LEVEL II HOSP TYPE BED VISIT	G0381	HCPCS	outpatient			380	160.2	Multiplan	Multiplan		304	80			100	361	percent of total billed charges	
LEVEL II HOSP TYPE BED VISIT	G0381	HCPCS	outpatient			380	160.2	Qualcare	Qualcare		285	75			100	361	percent of total billed charges	
LEVEL II HOSP TYPE BED VISIT	G0381	HCPCS	outpatient			380	160.2	Three Rivers	Three Rivers		361	95			100	361	percent of total billed charges	
LEVEL II HOSP TYPE BED VISIT	G0381	HCPCS	outpatient			380	160.2	UHC	Medicare		139.3				100	361	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL II HOSP TYPE BED VISIT	G0381	HCPCS	outpatient			380	160.2	UHC	Medicaid		119.89	31.55			100	361	percent of total billed charges	
LEVEL II HOSP TYPE BED VISIT	G0381	HCPCS	outpatient			380	160.2	Wellcare	Medicaid		119.89	31.55			100	361	percent of total billed charges	
LEVEL II HOSP TYPE BED VISIT	G0381	HCPCS	outpatient			380	160.2	Wellcare	Medicare		139.3				100	361	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL II HOSP TYPE BED VISIT	G0381	HCPCS	outpatient			380	160.2	WellPoint	WellPoint		122.28	32.18			100	361	percent of total billed charges	
LEVEL III HOSP BED VISIT	G0382	HCPCS	both			498	263.07	Aetna	Medicare		226.76				150	473.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL III HOSP BED VISIT	G0382	HCPCS	both			498	263.07	Aetna	Better Health		157.12	31.55			150	473.1	percent of total billed charges	
LEVEL III HOSP BED VISIT	G0382	HCPCS	both			498	263.07	Aetna	Commercial		364.19				150	473.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL III HOSP BED VISIT	G0382	HCPCS	both			498	263.07	Americare	Americare		373.5	75			150	473.1	percent of total billed charges	
LEVEL III HOSP BED VISIT	G0382	HCPCS	both			498	263.07	Amerihealth	HMO/PPO		150				150	473.1	fee schedule	
LEVEL III HOSP BED VISIT	G0382	HCPCS	both			498	263.07	Amerihealth	Medicare		226.76				150	473.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL III HOSP BED VISIT	G0382	HCPCS	both			498	263.07	Consumer	Consumer		473.1	95			150	473.1	percent of total billed charges	
LEVEL III HOSP BED VISIT	G0382	HCPCS	both			498	263.07	Corrections	Corrections		398.4	80			150	473.1	percent of total billed charges	
LEVEL III HOSP BED VISIT	G0382	HCPCS	both			498	263.07	First Health	First Health		348.6	70			150	473.1	percent of total billed charges	
LEVEL III HOSP BED VISIT	G0382	HCPCS	both			498	263.07	First Trenton	First Trenton		448.2	90			150	473.1	percent of total billed charges	
LEVEL III HOSP BED VISIT	G0382	HCPCS	both			498	263.07	Horizon	Medicare Blue		228.76				150	473.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL III HOSP BED VISIT	G0382	HCPCS	both			498	263.07	Horizon	Indemnity		425.72				150	473.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL III HOSP BED VISIT	G0382	HCPCS	both			498	263.07	Horizon	MGD		425.72				150	473.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL III HOSP BED VISIT	G0382	HCPCS	both			498	263.07	Horizon	PPO		425.72				150	473.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL III HOSP BED VISIT	G0382	HCPCS	both			498	263.07	Managed Care Inc	Managed Care Inc		448.2	90			150	473.1	percent of total billed charges	
LEVEL III HOSP BED VISIT	G0382	HCPCS	both			498	263.07	Multiplan	Multiplan		398.4	80			150	473.1	percent of total billed charges	
LEVEL III HOSP BED VISIT	G0382	HCPCS	both			498	263.07	Qualcare	Qualcare		373.5	75			150	473.1	percent of total billed charges	
LEVEL III HOSP BED VISIT	G0382	HCPCS	both			498	263.07	Three Rivers	Three Rivers		473.1	95			150	473.1	percent of total billed charges	
LEVEL III HOSP BED VISIT	G0382	HCPCS	both			498	263.07	UHC	Medicare		228.76				150	473.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL III HOSP BED VISIT	G0382	HCPCS	both			498	263.07	UHC	Medicaid		157.12	31.55			150	473.1	percent of total billed charges	
LEVEL III HOSP BED VISIT	G0382	HCPCS	both			498	263.07	Wellcare	Medicare		228.76				150	473.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL III HOSP BED VISIT	G0382	HCPCS	both			498	263.07	Wellcare	Medicaid		157.12	31.55			150	473.1	percent of total billed charges	
LEVEL III HOSP BED VISIT	G0382	HCPCS	both			498	263.07	WellPoint	WellPoint		160.26	32.18			150	473.1	percent of total billed charges	
LEVEL IV HOSP TYPE BED VISIT	G0383	HCPCS	both			625	387.42	Aetna	Better Health		197.19	31.55			197.19	626.95	percent of total billed charges	
LEVEL IV HOSP TYPE BED VISIT	G0383	HCPCS	both			625	387.42	Aetna	Commercial		536.33				197.19	626.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL IV HOSP TYPE BED VISIT	G0383	HCPCS	both			625	387.42	Aetna	Medicare		336.89				197.19	626.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL IV HOSP TYPE BED VISIT	G0383	HCPCS	both			625	387.42	Americare	Americare		468.75	75			197.19	626.95	percent of total billed charges	
LEVEL IV HOSP TYPE BED VISIT	G0383	HCPCS	both			625	387.42	Amerihealth	HMO/PPO		225				197.19	626.95	fee schedule	
LEVEL IV HOSP TYPE BED VISIT	G0383	HCPCS	both			625	387.42	Amerihealth	Medicare		336.89				197.19	626.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL IV HOSP TYPE BED VISIT	G0383	HCPCS	both			625	387.42	Consumer	Consumer		593.75	95			197.19	626.95	percent of total billed charges	
LEVEL IV HOSP TYPE BED VISIT	G0383	HCPCS	both			625	387.42	Corrections	Corrections		500	80			197.19	626.95	percent of total billed charges	
LEVEL IV HOSP TYPE BED VISIT	G0383	HCPCS	both			625	387.42	First Health	First Health		437.5	70			197.19	626.95	percent of total billed charges	
LEVEL IV HOSP TYPE BED VISIT	G0383	HCPCS	both			625	387.42	First Trenton	First Trenton		562.5	90			197.19	626.95	percent of total billed charges	
LEVEL IV HOSP TYPE BED VISIT	G0383	HCPCS	both			625	387.42	Horizon	MGD		626.95				197.19	626.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL IV HOSP TYPE BED VISIT	G0383	HCPCS	both			625	387.42	Horizon	Indemnity		626.95				197.19	626.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL IV HOSP TYPE BED VISIT	G0383	HCPCS	both			625	387.42	Horizon	PPO		626.95				197.19	626.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL IV HOSP TYPE BED VISIT	G0383	HCPCS	both			625	387.42	Horizon	Medicare Blue		336.89				197.19	626.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL IV HOSP TYPE BED VISIT	G0383	HCPCS	both			625	387.42	Managed Care Inc	Managed Care Inc		562.5	90			197.19	626.95	percent of total billed charges	
LEVEL IV HOSP TYPE BED VISIT	G0383	HCPCS	both			625	387.42	Multiplan	Multiplan		500	80			197.19	626.95	percent of total billed charges	
LEVEL IV HOSP TYPE BED VISIT	G0383	HCPCS	both			625	387.42	Qualcare	Qualcare		468.75	75			197.19	626.95	percent of total billed charges	
LEVEL IV HOSP TYPE BED VISIT	G0383	HCPCS	both			625	387.42	Three Rivers	Three Rivers		593.75	95			197.19	626.95	percent of total billed charges	
LEVEL IV HOSP TYPE BED VISIT	G0383	HCPCS	both			625	387.42	UHC	Medicare		336.89				197.19	626.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL IV HOSP TYPE BED VISIT	G0383	HCPCS	both			625	387.42	UHC	Medicaid		197.19	31.55			197.19	626.95	percent of total billed charges	
LEVEL IV HOSP TYPE BED VISIT	G0383	HCPCS	both			625	387.42	Wellcare	Medicare		336.89				197.19	626.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL IV HOSP TYPE BED VISIT	G0383	HCPCS	both			625	387.42	Wellcare	Medicaid		197.19	31.55			197.19	626.95	percent of total billed charges	
LEVEL IV HOSP TYPE BED VISIT	G0383	HCPCS	both			625	387.42	WellPoint	WellPoint		201.13	32.18			197.19	626.95	percent of total billed charges	
LEVEL V HOSP TYPE BED VISIT	G0384	HCPCS	both			813	501.32	Aetna	Commercial		694				256.5	811.27	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL V HOSP TYPE BED VISIT	G0384	HCPCS	both			813	501.32	Aetna	Better Health		256.5	31.55			256.5	811.27	percent of total billed charges	
LEVEL V HOSP TYPE BED VISIT	G0384	HCPCS	both			813	501.32	Aetna	Medicare		435.93				256.5	811.27	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL V HOSP TYPE BED VISIT	G0384	HCPCS	both			813	501.32	Americare	Americare		609.75	75			256.5	811.27	percent of total billed charges	
LEVEL V HOSP TYPE BED VISIT	G0384	HCPCS	both			813	501.32	Amerihealth	Medicare		435.93				256.5	811.27	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL V HOSP TYPE BED VISIT	G0384	HCPCS	both			813	501.32	Amerihealth	HMO/PPO		300				256.5	811.27	fee schedule	
LEVEL V HOSP TYPE BED VISIT	G0384	HCPCS	both			813	501.32	Consumer	Consumer		772.35	95			256.5	811.27	percent of total billed charges	
LEVEL V HOSP TYPE BED VISIT	G0384	HCPCS	both			813	501.32	Corrections	Corrections		650.4	80			256.5	811.27	percent of total billed charges	
LEVEL V HOSP TYPE BED VISIT	G0384	HCPCS	both			813	501.32	First Health	First Health		569.1	70			256.5	811.27	percent of total billed charges	
LEVEL V HOSP TYPE BED VISIT	G0384	HCPCS	both			813	501.32	First Trenton	First Trenton		731.7	90			256.5	811.27	percent of total billed charges	
LEVEL V HOSP TYPE BED VISIT	G0384	HCPCS	both			813	501.32	Horizon	MGD		811.27				256.5	811.27	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL V HOSP TYPE BED VISIT	G0384	HCPCS	both			813	501.32	Horizon	Indemnity		811.27				256.5	811.27	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL V HOSP TYPE BED VISIT	G0384	HCPCS	both			813	501.32	Horizon	Medicare Blue		435.93				256.5	811.27	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.														
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true													
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
LEVEL V HOSP TYPE BED VISIT	G0384	HCPCS	both			813	501.32	Horizon	PPO		811.27				256.5	811.27	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
LEVEL V HOSP TYPE BED VISIT	G0384	HCPCS	both			813	501.32	Managed Care Inc	Managed Care Inc		731.7	90			256.5	811.27	percent of total billed charges		
LEVEL V HOSP TYPE BED VISIT	G0384	HCPCS	both			813	501.32	Multiplan	Multiplan		650.4	80			256.5	811.27	percent of total billed charges		
LEVEL V HOSP TYPE BED VISIT	G0384	HCPCS	both			813	501.32	Qualcare	Qualcare		609.75	75			256.5	811.27	percent of total billed charges		
LEVEL V HOSP TYPE BED VISIT	G0384	HCPCS	both			813	501.32	Three Rivers	Three Rivers		772.35	95			256.5	811.27	percent of total billed charges		
LEVEL V HOSP TYPE BED VISIT	G0384	HCPCS	both			813	501.32	UHC	Medicare		435.93				256.5	811.27	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
LEVEL V HOSP TYPE BED VISIT	G0384	HCPCS	both			813	501.32	UHC	Medicaid		256.5	31.55			256.5	811.27	percent of total billed charges		
LEVEL V HOSP TYPE BED VISIT	G0384	HCPCS	both			813	501.32	Wellcare	Medicaid		256.5	31.55			256.5	811.27	percent of total billed charges		
LEVEL V HOSP TYPE BED VISIT	G0384	HCPCS	both			813	501.32	Wellcare	Medicare		435.93				256.5	811.27	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
LEVEL V HOSP TYPE BED VISIT	G0384	HCPCS	both			813	501.32	WellPoint	WellPoint		261.62	32.18			256.5	811.27	percent of total billed charges		
LEVEL 3 TRAUMA ACTIVATION>30MINS	G0390	HCPCS	both			24076	1800.68	Aetna	Commercial		2492.77				1565.81	22872.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
LEVEL 3 TRAUMA ACTIVATION>30MINS	G0390	HCPCS	both			24076	1800.68	Aetna	Better Health		7595.98	31.55			1565.81	22872.2	percent of total billed charges		
LEVEL 3 TRAUMA ACTIVATION>30MINS	G0390	HCPCS	both			24076	1800.68	Aetna	Medicare		1565.81				1565.81	22872.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
LEVEL 3 TRAUMA ACTIVATION>30MINS	G0390	HCPCS	both			24076	1800.68	Americare	Americare		18057	75			1565.81	22872.2	percent of total billed charges		
LEVEL 3 TRAUMA ACTIVATION>30MINS	G0390	HCPCS	both			24076	1800.68	Amerihealth	Medicare		1565.81				1565.81	22872.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
LEVEL 3 TRAUMA ACTIVATION>30MINS	G0390	HCPCS	both			24076	1800.68	Amerihealth	HMO/PPO		15649.4	65			1565.81	22872.2	percent of total billed charges		
LEVEL 3 TRAUMA ACTIVATION>30MINS	G0390	HCPCS	both			24076	1800.68	Consumer	Consumer		22872.2	95			1565.81	22872.2	percent of total billed charges		
LEVEL 3 TRAUMA ACTIVATION>30MINS	G0390	HCPCS	both			24076	1800.68	Corrections	Corrections		19260.8	80			1565.81	22872.2	percent of total billed charges		
LEVEL 3 TRAUMA ACTIVATION>30MINS	G0390	HCPCS	both			24076	1800.68	First Health	First Health		16853.2	70			1565.81	22872.2	percent of total billed charges		
LEVEL 3 TRAUMA ACTIVATION>30MINS	G0390	HCPCS	both			24076	1800.68	First Trenton	First Trenton		21668.4	90			1565.81	22872.2	percent of total billed charges		
LEVEL 3 TRAUMA ACTIVATION>30MINS	G0390	HCPCS	both			24076	1800.68	Horizon	MGD		2913.97				1565.81	22872.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
LEVEL 3 TRAUMA ACTIVATION>30MINS	G0390	HCPCS	both			24076	1800.68	Horizon	Indemnity		2913.97				1565.81	22872.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
LEVEL 3 TRAUMA ACTIVATION>30MINS	G0390	HCPCS	both			24076	1800.68	Horizon	PPO		2913.97				1565.81	22872.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
LEVEL 3 TRAUMA ACTIVATION>30MINS	G0390	HCPCS	both			24076	1800.68	Horizon	Medicare Blue		1565.81				1565.81	22872.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
LEVEL 3 TRAUMA ACTIVATION>30MINS	G0390	HCPCS	both			24076	1800.68	Managed Care Inc	Managed Care Inc		21668.4	90			1565.81	22872.2	percent of total billed charges		
LEVEL 3 TRAUMA ACTIVATION>30MINS	G0390	HCPCS	both			24076	1800.68	Multiplan	Multiplan		19260.8	80			1565.81	22872.2	percent of total billed charges		
LEVEL 3 TRAUMA ACTIVATION>30MINS	G0390	HCPCS	both			24076	1800.68	Qualcare	Qualcare		18057	75			1565.81	22872.2	percent of total billed charges		
LEVEL 3 TRAUMA ACTIVATION>30MINS	G0390	HCPCS	both			24076	1800.68	Three Rivers	Three Rivers		22872.2	95			1565.81	22872.2	percent of total billed charges		
LEVEL 3 TRAUMA ACTIVATION>30MINS	G0390	HCPCS	both			24076	1800.68	UHC	Medicaid		7595.98	31.55			1565.81	22872.2	percent of total billed charges		
LEVEL 3 TRAUMA ACTIVATION>30MINS	G0390	HCPCS	both			24076	1800.68	UHC	Medicare		1565.81				1565.81	22872.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
LEVEL 3 TRAUMA ACTIVATION>30MINS	G0390	HCPCS	both			24076	1800.68	Wellcare	Medicare		1565.81				1565.81	22872.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
LEVEL 3 TRAUMA ACTIVATION>30MINS	G0390	HCPCS	both			24076	1800.68	Wellcare	Medicaid		7595.98	31.55			1565.81	22872.2	percent of total billed charges		
LEVEL 3 TRAUMA ACTIVATION>30MINS	G0390	HCPCS	both			24076	1800.68	WellPoint	WellPoint		7747.66	32.18			1565.81	22872.2	percent of total billed charges		
PTA-BRACHIOCEPH/BRANCH EA VES RT	G0392	HCPCS	outpatient			6890		Aetna	Better Health		2173.8	31.55			2067	6545.5	percent of total billed charges		
PTA-BRACHIOCEPH/BRANCH EA VES RT	G0392	HCPCS	outpatient			6890		Aetna	Commercial		2618.2	38			2067	6545.5	percent of total billed charges		
PTA-BRACHIOCEPH/BRANCH EA VES RT	G0392	HCPCS	outpatient			6890		Aetna	Medicare		2122.12	30.8			2067	6545.5	percent of total billed charges		
PTA-BRACHIOCEPH/BRANCH EA VES RT	G0392	HCPCS	outpatient			6890		Americare	Americare		5167.5	75			2067	6545.5	percent of total billed charges		
PTA-BRACHIOCEPH/BRANCH EA VES RT	G0392	HCPCS	outpatient			6890		Amerihealth	HMO/PPO		4478.5	65			2067	6545.5	percent of total billed charges		
PTA-BRACHIOCEPH/BRANCH EA VES RT	G0392	HCPCS	outpatient			6890		Consumer	Consumer		6545.5	95			2067	6545.5	percent of total billed charges		
PTA-BRACHIOCEPH/BRANCH EA VES RT	G0392	HCPCS	outpatient			6890		Corrections	Corrections		5512	80			2067	6545.5	percent of total billed charges		
PTA-BRACHIOCEPH/BRANCH EA VES RT	G0392	HCPCS	outpatient			6890		First Health	First Health		4823	70			2067	6545.5	percent of total billed charges		
PTA-BRACHIOCEPH/BRANCH EA VES RT	G0392	HCPCS	outpatient			6890		First Trenton	First Trenton		6201	90			2067	6545.5	percent of total billed charges		
PTA-BRACHIOCEPH/BRANCH EA VES RT	G0392	HCPCS	outpatient			6890		Horizon	Medicare Blue		2067	30			2067	6545.5	percent of total billed charges		
PTA-BRACHIOCEPH/BRANCH EA VES RT	G0392	HCPCS	outpatient			6890		Horizon	Indemnity		2637.49	38.28			2067	6545.5	percent of total billed charges		
PTA-BRACHIOCEPH/BRANCH EA VES RT	G0392	HCPCS	outpatient			6890		Horizon	PPO		2637.49	38.28			2067	6545.5	percent of total billed charges		
PTA-BRACHIOCEPH/BRANCH EA VES RT	G0392	HCPCS	outpatient			6890		Horizon	MGD		2637.49	38.28			2067	6545.5	percent of total billed charges		
PTA-BRACHIOCEPH/BRANCH EA VES RT	G0392	HCPCS	outpatient			6890		Managed Care Inc	Managed Care Inc		6201	90			2067	6545.5	percent of total billed charges		
PTA-BRACHIOCEPH/BRANCH EA VES RT	G0392	HCPCS	outpatient			6890		Multiplan	Multiplan		5512	80			2067	6545.5	percent of total billed charges		
PTA-BRACHIOCEPH/BRANCH EA VES RT	G0392	HCPCS	outpatient			6890		Qualcare	Qualcare		5167.5	75			2067	6545.5	percent of total billed charges		
PTA-BRACHIOCEPH/BRANCH EA VES RT	G0392	HCPCS	outpatient			6890		Three Rivers	Three Rivers		6545.5	95			2067	6545.5	percent of total billed charges		
PTA-BRACHIOCEPH/BRANCH EA VES RT	G0392	HCPCS	outpatient			6890		UHC	Medicaid		2173.8	31.55			2067	6545.5	percent of total billed charges		
PTA-BRACHIOCEPH/BRANCH EA VES RT	G0392	HCPCS	outpatient			6890		Wellcare	Medicaid		2173.8	31.55			2067	6545.5	percent of total billed charges		
PTA-BRACHIOCEPH/BRANCH EA VES RT	G0392	HCPCS	outpatient			6890		WellPoint	WellPoint		2217.2	32.18			2067	6545.5	percent of total billed charges		
NEW PATIETN LEVEL V	G0463	HCPCS	both			478	173.86	Aetna	Commercial		240.68				138.19	454.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
NEW PATIETN LEVEL V	G0463	HCPCS	both			478	173.86	Aetna	Better Health		150.81	31.55			138.19	454.1	percent of total billed charges		
NEW PATIETN LEVEL V	G0463	HCPCS	both			478	173.86	Aetna	Medicare		151.18				138.19	454.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
NEW PATIETN LEVEL V	G0463	HCPCS	both			478	173.86	Americare	Americare		358.5	75			138.19	454.1	percent of total billed charges		
NEW PATIETN LEVEL V	G0463	HCPCS	both			478	173.86	Amerihealth	HMO/PPO		310.7	65			138.19	454.1	percent of total billed charges		
NEW PATIETN LEVEL V	G0463	HCPCS	both			478	173.86	Amerihealth	Medicare		151.18				138.19	454.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
NEW PATIETN LEVEL V	G0463	HCPCS	both			478	173.86	Consumer	Consumer		454.1	95			138.19	454.1	percent of total billed charges		
NEW PATIETN LEVEL V	G0463	HCPCS	both			478	173.86	Corrections	Corrections		382.4	80			138.19	454.1	percent of total billed charges		
NEW PATIETN LEVEL V	G0463	HCPCS	both			478	173.86	First Health	First Health		334.6	70			138.19	454.1	percent of total billed charges		
NEW PATIETN LEVEL V	G0463	HCPCS	both			478	173.86	First Trenton	First Trenton		430.2	90			138.19	454.1	percent of total billed charges		
NEW PATIETN LEVEL V	G0463	HCPCS	both			478	173.86	Horizon	PPO		281.35				138.19	454.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
NEW PATIETN LEVEL V	G0463	HCPCS	both			478	173.86	Horizon	Indemnity		281.35				138.19	454.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
NEW PATIETN LEVEL V	G0463	HCPCS	both			478	173.86	Horizon	MGD		281.35				138.19	454.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
NEW PATIETN LEVEL V	G0463	HCPCS	both			478	173.86	Horizon	Medicare Blue		151.18				138.19	454.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
NEW PATIETN LEVEL V	G0463	HCPCS	both			478	173.86	Managed Care Inc	Managed Care Inc		430.2	90			138.19	454.1	percent of total billed charges		
NEW PATIETN LEVEL V	G0463	HCPCS	both			478	173.86	Multiplan	Multiplan		382.4	80			138.19	454.1	percent of total billed charges		
NEW PATIETN LEVEL V	G0463	HCPCS	both			478	173.86	Qualcare	Qualcare		358.5	75			138.19	454.1	percent of total billed charges		
NEW PATIETN LEVEL V	G0463	HCPCS	both			478	173.86	Three Rivers	Three Rivers		454.1	95			138.19	454.1	percent of total billed charges		
NEW PATIETN LEVEL V	G0463	HCPCS	both			478	173.86	UHC	Medicare		151.18				138.19	454.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
NEW PATIETN LEVEL V	G0463	HCPCS	both			478	173.86	UHC	Medicaid		150.81	31.55			138.19	454.1	percent of total billed charges		
NEW PATIETN LEVEL V	G0463	HCPCS	both			478	173.86	Wellcare	Medicare		151.18				138.19	454.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
NEW PATIETN LEVEL V	G0463	HCPCS	both			478	173.86	Wellcare	Medicaid		150.81	31.55			138.19	454.1	percent of total billed charges		
NEW PATIETN LEVEL V	G0463	HCPCS	both			478	173.86	WellPoint	WellPoint		153.82	32.18			138.19	454.1	percent of total billed charges		
TRICYCLIC ANTIDEPRESS SERUM\PL	G0480	HCPCS	both			4229	131.59	Aetna	Better Health		1334.25	31.55			9	4017.55	percent of total billed charges		
TRICYCLIC ANTIDEPRESS SERUM\PL	G0480	HCPCS	both			4229	131.59	Aetna	Medicare		114.43				9	4017.55	fee schedule		
TRICYCLIC ANTIDEPRESS SERUM\PL	G0480	HCPCS	both			4229	131.59	Aetna	Commercial		1607.02	38			9	4017.55	percent of total billed charges		
TRICYCLIC ANTIDEPRESS SERUM\PL	G0480	HCPCS	both			4229	131.59	Americare	Americare		3171.75	75			9	4017.55	percent of total billed charges		
TRICYCLIC ANTIDEPRESS SERUM\PL	G0480	HCPCS	both			4229	131.59	Amerihealth	HMO/PPO		34.14				9	4017.55	fee schedule		
TRICYCLIC ANTIDEPRESS SERUM\PL	G0480	HCPCS	both			4229	131.59	Amerihealth	Medicare		114.43				9	4017.55	fee schedule		
TRICYCLIC ANTIDEPRESS SERUM\PL	G0480	HCPCS	both			4229	131.59	Consumer	Consumer		4017.55	95			9	4017.55	percent of total billed charges		
TRICYCLIC ANTIDEPRESS SERUM\PL	G0480	HCPCS	both			4229	131.59	Corrections	Corrections		3383.2	80			9	4017.55	percent of total billed charges		
TRICYCLIC ANTIDEPRESS SERUM\PL	G0480	HCPCS	both			4229	131.59	First Health	First Health		2960.3	70			9	4017.55	percent of total billed charges		
TRICYCLIC ANTIDEPRESS SERUM\PL	G0480	HCPCS	both			4229	131.59	First Trenton	First Trenton		3806.1	90			9	4017.55	percent of total billed charges		
TRICYCLIC ANTIDEPRESS SERUM\PL	G0480	HCPCS	both			4229	131.59	Horizon	Medicare Blue		1268.7	30			9	4017.55	percent of total billed charges		
TRICYCLIC ANTIDEPRESS SERUM\PL	G0480	HCPCS	both			4229	131.59	Horizon	Indemnity		1618.86	38.28			9	4017.55	percent of total billed charges		
TRICYCLIC ANTIDEPRESS SERUM\PL	G0480	HCPCS	both			4229	131.59	Horizon	MGD		1618.86	38.28			9	4017.55	percent of total billed charges		
TRICYCLIC ANTIDEPRESS SERUM\PL	G0480	HCPCS	both			4229	131.59	Horizon	PPO		1618.86	38.28			9	4017.55	percent of total billed charges		
TRICYCLIC ANTIDEPRESS SERUM\PL	G0480	HCPCS	both			4229	131.59	Horizon	NJ Health		125.34				9	4017.55	fee schedule		
TRICYCLIC ANTIDEPRESS SERUM\PL	G0480	HCPCS	both			4229	131.59	Managed Care Inc	Managed Care Inc		3806.1	90			9	4017.55	percent of total billed charges		
TRICYCLIC ANTIDEPRESS SERUM\PL	G0480	HCPCS	both			4229	131.59	Multiplan	Multiplan		3383.2	80			9	4017.55	percent of total billed charges		
TRICYCLIC ANTIDEPRESS SERUM\PL	G0480	HCPCS	both			4229	131.59	Qualcare	Qualcare		3171.75	75			9	4017.55	percent of total billed charges		
TRICYCLIC ANTIDEPRESS SERUM\PL	G0480	HCPCS	both			4229	131.59	Three Rivers	Three Rivers		4017.55	95			9	4017.55	percent of total billed charges		
TRICYCLIC ANTIDEPRESS SERUM\PL	G0480	HCPCS	both			4229	131.59	UHC	Medicaid		91.54				9	4017.55	fee schedule		
TRICYCLIC ANTIDEPRESS SERUM\PL	G0480	HCPCS	both			4229	131.59	UHC	Medicare		114.43				9	4017.55	fee schedule		
TRICYCLIC ANTIDEPRESS SERUM\PL	G0480	HCPCS	both			4229	131.59	Wellcare	Medicare		114.43				9	4017.55	fee schedule		
TRICYCLIC ANTIDEPRESS SERUM\PL	G0480	HCPCS	both			4229	131.59	Wellcare	Medicaid		91.54				9	4017.55	fee schedule		
TRICYCLIC ANTIDEPRESS SERUM\PL	G0480	HCPCS	both			4229	131.59	WellPoint	WellPoint		1360.89	32.18			9	4017.55	percent of total billed charges		
PENTAZOCINE LEV EL	G0481	HCPCS	outpatient			89	180.08	Aetna	Better Health		28.08	31.55			26.7	192.84	percent of total billed charges		
PENTAZOCINE LEV EL	G0481	HCPCS	outpatient			89	180.08	Aetna	Commercial		33.82	38			26.7	192.84	percent of total billed charges		
PENTAZOCINE LEV EL	G0481	HCPCS	outpatient			89	180.08	Aetna	Medicare		156.59				26.7	192.84	fee schedule		
PENTAZOCINE LEV EL	G0481	HCPCS	outpatient			89	180.08	Americare	Americare		66.75	75			26.7	192.84	percent of total billed charges		
PENTAZOCINE LEV EL	G0481	HCPCS	outpatient			89	180.08	Amerihealth	HMO/PPO		52.53				26.7	192.84	fee schedule		
PENTAZOCINE LEV EL	G0481	HCPCS	outpatient			89	180.08	Amerihealth	Medicare		156.59				26.7	192.84	fee schedule		
PENTAZOCINE LEV EL	G0481	HCPCS	outpatient			89	180.08	Consumer	Consumer		84.55	95			26.7	192.84	percent of total billed charges		
PENTAZOCINE LEV EL	G0481	HCPCS	outpatient			89	180.08	Corrections	Corrections		71.2	80			26.7	192.84	percent of total billed charges		
PENTAZOCINE LEV EL	G0481	HCPCS	outpatient			89	180.08	First Health	First Health		62.3	70			26.7	192.84	percent of total billed charges		
PENTAZOCINE LEV EL	G0481	HCPCS	outpatient			89	180.08	First Trenton	First Trenton		80.1	90			26.7	192.84	percent of total billed charges		
PENTAZOCINE LEV EL	G0481	HCPCS	outpatient			89	180.08	Horizon	MGD		34.07	38.28			26.7	192.84	percent of total billed charges		
PENTAZOCINE LEV EL	G0481	HCPCS	outpatient			89	180.08	Horizon	Indemnity		34.07	38.28			26.7	192.84	percent of total billed charges		
PENTAZOCINE LEV EL	G0481	HCPCS	outpatient			89	180.08	Horizon	PPO		34.07	38.28			26.7	192.84	percent of total billed charges		
PENTAZOCINE LEV EL	G0481	HCPCS	outpatient			89	180.08	Horizon	Medicare Blue		26.7	30			26.7	192.84	percent of total billed charges		
PENTAZOCINE LEV EL	G0481	HCPCS	outpatient			89	180.08	Horizon	NJ Health		192.84				26.7	192.84	fee schedule		
PENTAZOCINE LEV EL	G0481	HCPCS	outpatient			89	180.08	Managed Care Inc	Managed Care Inc		80.1	90			26.7	192.84	percent of total billed charges		
PENTAZOCINE LEV EL	G0481	HCPCS	outpatient			89	180.08	Multiplan	Multiplan		71.2	80			26.7	192.84	percent of total billed charges		
PENTAZOCINE LEV EL	G0481	HCPCS	outpatient			89	180.08	Qualcare	Qualcare		66.75	75			26.7	192.84	percent of total billed charges		
PENTAZOCINE LEV EL	G0481	HCPCS	outpatient			89	180.08	Three Rivers	Three Rivers		84.55	95			26.7	192.84	percent of total billed charges		
PENTAZOCINE LEV EL	G0481	HCPCS	outpatient			89	180.08	UHC	Medicaid		125.27				26.7	192.84	fee schedule		
PENTAZOCINE LEV EL	G0481	HCPCS	outpatient			89	180.08	UHC	Medicare		156.59				26.7	192.84	fee schedule		
PENTAZOCINE LEV EL	G0481	HCPCS	outpatient			89	180.08	Wellcare	Medicare		156.59				26.7	192.84	fee schedule		
PENTAZOCINE LEV EL	G0481	HCPCS	outpatient			89	180.08	Wellcare	Medicaid		125.27				26.7	192.84	fee schedule		
PENTAZOCINE LEV EL	G0481	HCPCS	outpatient			89	180.08	WellPoint	WellPoint		28.64	32.18			26.7	192.84	percent of total billed charges		
CDSM APPLIED PATHWAYS	G1000	HCPCS	outpatient			0.01		Americare	Americare		0.01	75			0.01	0.01	percent of total billed charges		
CDSM APPLIED PATHWAYS	G1000	HCPCS	outpatient			0.01		Amerihealth	HMO/PPO		0.01	65			0.01	0.01	percent of total billed charges		
CDSM APPLIED PATHWAYS	G1000	HCPCS	outpatient			0.01		Consumer	Consumer		0.01	95			0.01	0.01	percent of total billed charges		
CDSM APPLIED PATHWAYS	G1000	HCPCS	outpatient			0.01		Corrections	Corrections		0.01	80			0.01	0.01	percent of total billed charges		
CDSM APPLIED PATHWAYS	G1000	HCPCS	outpatient			0.01		First Health	First Health		0.01	70			0.01	0.01	percent of total billed charges		
CDSM APPLIED PATHWAYS	G1000	HCPCS	outpatient			0.01		First Trenton	First Trenton		0.01	90			0.01	0.01	percent of total billed charges		
CDSM APPLIED PATHWAYS	G1000	HCPCS	outpatient			0.01		Managed Care Inc	Managed Care Inc		0.01	90			0.01	0.01	percent of total billed charges		
CDSM APPLIED PATHWAYS	G1000	HCPCS	outpatient			0.01		Multiplan	Multiplan		0.01	80			0.01	0.01	percent of total billed charges		
CDSM APPLIED PATHWAYS	G1000	HCPCS	outpatient			0.01		Qualcare	Qualcare		0.01	75			0.01	0.01	percent of total billed charges		
CDSM APPLIED PATHWAYS	G1000	HCPCS	outpatient			0.01		Three Rivers	Three Rivers		0.01	95			0.01	0.01	percent of total billed charges		
CDSM EVICORE	G1001	HCPCS	outpatient			0.01		Americare	Americare		0.01	75			0.01	0.01	percent of total billed charges		
CDSM EVICORE	G1001	HCPCS	outpatient			0.01		Amerihealth	HMO/PPO		0.01	65			0.01	0.01	percent of total billed charges		
CDSM EVICORE	G1001	HCPCS	outpatient			0.01		Consumer	Consumer		0.01	95			0.01	0.01	percent of total billed charges		
CDSM EVICORE	G1001	HCPCS	outpatient			0.01		Corrections	Corrections		0.01	80			0.01	0.01	percent of total billed charges		
CDSM EVICORE	G1001	HCPCS	outpatient			0.01		First Health	First Health		0.01	70			0.01	0.01	percent of total billed charges		
CDSM EVICORE	G1001	HCPCS	outpatient			0.01		First Trenton	First Trenton		0.01	90			0.01	0.01	percent of total billed charges		
CDSM EVICORE	G1001	HCPCS	outpatient			0.01		Managed Care Inc	Managed Care Inc		0.01	90			0.01	0.01	percent of total billed charges		
CDSM EVICORE	G1001	HCPCS	outpatient			0.01		Multiplan	Multiplan		0.01	80			0.01	0.01	percent of total billed charges		
CDSM EVICORE	G1001	HCPCS	outpatient			0.01		Qualcare	Qualcare		0.01	75			0.01	0.01	percent of total billed charges		
CDSM EVICORE	G1001	HCPCS	outpatient			0.01		Three Rivers	Three Rivers		0.01	95			0.01	0.01	percent of total billed charges		
CDSM MEDCURRENT	G1002	HCPCS	outpatient			0.01		Americare	Americare		0.01	75			0.01	0.01	percent of total billed charges		
CDSM MEDCURRENT	G1002	HCPCS	outpatient			0.01		Amerihealth	HMO/PPO		0.01	65			0.01	0.01	percent of total billed charges		
CDSM MEDCURRENT	G1002	HCPCS	outpatient			0.01		Consumer	Consumer		0.01	95			0.01	0.01	percent of total billed charges		
CDSM MEDCURRENT	G1002	HCPCS	outpatient			0.01		Corrections	Corrections		0.01	80			0.01	0.01	percent of total billed charges		

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number(NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CDSM MEDCURRENT	G1002	HCPCS	outpatient			0.01		First Health	First Health		0.01	70			0.01	0.01	percent of total billed charges	
CDSM MEDCURRENT	G1002	HCPCS	outpatient			0.01		First Trenton	First Trenton		0.01	90			0.01	0.01	percent of total billed charges	
CDSM MEDCURRENT	G1002	HCPCS	outpatient			0.01		Managed Care Inc	Managed Care Inc		0.01	90			0.01	0.01	percent of total billed charges	
CDSM MEDCURRENT	G1002	HCPCS	outpatient			0.01		Multiplan	Multiplan		0.01	80			0.01	0.01	percent of total billed charges	
CDSM MEDCURRENT	G1002	HCPCS	outpatient			0.01		Qualcare	Qualcare		0.01	75			0.01	0.01	percent of total billed charges	
CDSM MEDCURRENT	G1002	HCPCS	outpatient			0.01		Three Rivers	Three Rivers		0.01	95			0.01	0.01	percent of total billed charges	
CDSM MEDICALIS	G1003	HCPCS	outpatient			0.01		Americare	Americare		0.01	75			0.01	0.01	percent of total billed charges	
CDSM MEDICALIS	G1003	HCPCS	outpatient			0.01		Amerihealth	HMO/PPO		0.01	65			0.01	0.01	percent of total billed charges	
CDSM MEDICALIS	G1003	HCPCS	outpatient			0.01		Consumer	Consumer		0.01	95			0.01	0.01	percent of total billed charges	
CDSM MEDICALIS	G1003	HCPCS	outpatient			0.01		Corrections	Corrections		0.01	80			0.01	0.01	percent of total billed charges	
CDSM MEDICALIS	G1003	HCPCS	outpatient			0.01		First Health	First Health		0.01	70			0.01	0.01	percent of total billed charges	
CDSM MEDICALIS	G1003	HCPCS	outpatient			0.01		First Trenton	First Trenton		0.01	90			0.01	0.01	percent of total billed charges	
CDSM MEDICALIS	G1003	HCPCS	outpatient			0.01		Managed Care Inc	Managed Care Inc		0.01	90			0.01	0.01	percent of total billed charges	
CDSM MEDICALIS	G1003	HCPCS	outpatient			0.01		Multiplan	Multiplan		0.01	80			0.01	0.01	percent of total billed charges	
CDSM MEDICALIS	G1003	HCPCS	outpatient			0.01		Qualcare	Qualcare		0.01	75			0.01	0.01	percent of total billed charges	
CDSM MEDICALIS	G1003	HCPCS	outpatient			0.01		Three Rivers	Three Rivers		0.01	95			0.01	0.01	percent of total billed charges	
CDSM IMAGING ASSOC	G1005	HCPCS	outpatient			0.01		Americare	Americare		0.01	75			0.01	0.01	percent of total billed charges	
CDSM IMAGING ASSOC	G1005	HCPCS	outpatient			0.01		Amerihealth	HMO/PPO		0.01	65			0.01	0.01	percent of total billed charges	
CDSM IMAGING ASSOC	G1005	HCPCS	outpatient			0.01		Consumer	Consumer		0.01	95			0.01	0.01	percent of total billed charges	
CDSM IMAGING ASSOC	G1005	HCPCS	outpatient			0.01		Corrections	Corrections		0.01	80			0.01	0.01	percent of total billed charges	
CDSM IMAGING ASSOC	G1005	HCPCS	outpatient			0.01		First Health	First Health		0.01	70			0.01	0.01	percent of total billed charges	
CDSM IMAGING ASSOC	G1005	HCPCS	outpatient			0.01		First Trenton	First Trenton		0.01	90			0.01	0.01	percent of total billed charges	
CDSM IMAGING ASSOC	G1005	HCPCS	outpatient			0.01		Managed Care Inc	Managed Care Inc		0.01	90			0.01	0.01	percent of total billed charges	
CDSM IMAGING ASSOC	G1005	HCPCS	outpatient			0.01		Multiplan	Multiplan		0.01	80			0.01	0.01	percent of total billed charges	
CDSM IMAGING ASSOC	G1005	HCPCS	outpatient			0.01		Qualcare	Qualcare		0.01	75			0.01	0.01	percent of total billed charges	
CDSM IMAGING ASSOC	G1005	HCPCS	outpatient			0.01		Three Rivers	Three Rivers		0.01	95			0.01	0.01	percent of total billed charges	
CDSM TEST APPROPRIATE	G1006	HCPCS	outpatient			0.01		Americare	Americare		0.01	75			0.01	0.01	percent of total billed charges	
CDSM TEST APPROPRIATE	G1006	HCPCS	outpatient			0.01		Amerihealth	HMO/PPO		0.01	65			0.01	0.01	percent of total billed charges	
CDSM TEST APPROPRIATE	G1006	HCPCS	outpatient			0.01		Consumer	Consumer		0.01	95			0.01	0.01	percent of total billed charges	
CDSM TEST APPROPRIATE	G1006	HCPCS	outpatient			0.01		Corrections	Corrections		0.01	80			0.01	0.01	percent of total billed charges	
CDSM TEST APPROPRIATE	G1006	HCPCS	outpatient			0.01		First Health	First Health		0.01	70			0.01	0.01	percent of total billed charges	
CDSM TEST APPROPRIATE	G1006	HCPCS	outpatient			0.01		First Trenton	First Trenton		0.01	90			0.01	0.01	percent of total billed charges	
CDSM TEST APPROPRIATE	G1006	HCPCS	outpatient			0.01		Managed Care Inc	Managed Care Inc		0.01	90			0.01	0.01	percent of total billed charges	
CDSM TEST APPROPRIATE	G1006	HCPCS	outpatient			0.01		Multiplan	Multiplan		0.01	80			0.01	0.01	percent of total billed charges	
CDSM TEST APPROPRIATE	G1006	HCPCS	outpatient			0.01		Qualcare	Qualcare		0.01	75			0.01	0.01	percent of total billed charges	
CDSM TEST APPROPRIATE	G1006	HCPCS	outpatient			0.01		Three Rivers	Three Rivers		0.01	95			0.01	0.01	percent of total billed charges	
CDSM AIM SPECIALT HEALTH	G1007	HCPCS	outpatient			0.01		Americare	Americare		0.01	75			0.01	0.01	percent of total billed charges	
CDSM AIM SPECIALT HEALTH	G1007	HCPCS	outpatient			0.01		Amerihealth	HMO/PPO		0.01	65			0.01	0.01	percent of total billed charges	
CDSM AIM SPECIALT HEALTH	G1007	HCPCS	outpatient			0.01		Consumer	Consumer		0.01	95			0.01	0.01	percent of total billed charges	
CDSM AIM SPECIALT HEALTH	G1007	HCPCS	outpatient			0.01		Corrections	Corrections		0.01	80			0.01	0.01	percent of total billed charges	
CDSM AIM SPECIALT HEALTH	G1007	HCPCS	outpatient			0.01		First Health	First Health		0.01	70			0.01	0.01	percent of total billed charges	
CDSM AIM SPECIALT HEALTH	G1007	HCPCS	outpatient			0.01		First Trenton	First Trenton		0.01	90			0.01	0.01	percent of total billed charges	
CDSM AIM SPECIALT HEALTH	G1007	HCPCS	outpatient			0.01		Managed Care Inc	Managed Care Inc		0.01	90			0.01	0.01	percent of total billed charges	
CDSM AIM SPECIALT HEALTH	G1007	HCPCS	outpatient			0.01		Multiplan	Multiplan		0.01	80			0.01	0.01	percent of total billed charges	
CDSM AIM SPECIALT HEALTH	G1007	HCPCS	outpatient			0.01		Qualcare	Qualcare		0.01	75			0.01	0.01	percent of total billed charges	
CDSM AIM SPECIALT HEALTH	G1007	HCPCS	outpatient			0.01		Three Rivers	Three Rivers		0.01	95			0.01	0.01	percent of total billed charges	
CDSM CRANBERRY PEAK	G1008	HCPCS	outpatient			0.01		Americare	Americare		0.01	75			0.01	0.01	percent of total billed charges	
CDSM CRANBERRY PEAK	G1008	HCPCS	outpatient			0.01		Amerihealth	HMO/PPO		0.01	65			0.01	0.01	percent of total billed charges	
CDSM CRANBERRY PEAK	G1008	HCPCS	outpatient			0.01		Consumer	Consumer		0.01	95			0.01	0.01	percent of total billed charges	
CDSM CRANBERRY PEAK	G1008	HCPCS	outpatient			0.01		Corrections	Corrections		0.01	80			0.01	0.01	percent of total billed charges	
CDSM CRANBERRY PEAK	G1008	HCPCS	outpatient			0.01		First Health	First Health		0.01	70			0.01	0.01	percent of total billed charges	
CDSM CRANBERRY PEAK	G1008	HCPCS	outpatient			0.01		First Trenton	First Trenton		0.01	90			0.01	0.01	percent of total billed charges	
CDSM CRANBERRY PEAK	G1008	HCPCS	outpatient			0.01		Managed Care Inc	Managed Care Inc		0.01	90			0.01	0.01	percent of total billed charges	
CDSM CRANBERRY PEAK	G1008	HCPCS	outpatient			0.01		Multiplan	Multiplan		0.01	80			0.01	0.01	percent of total billed charges	
CDSM CRANBERRY PEAK	G1008	HCPCS	outpatient			0.01		Qualcare	Qualcare		0.01	75			0.01	0.01	percent of total billed charges	
CDSM CRANBERRY PEAK	G1008	HCPCS	outpatient			0.01		Three Rivers	Three Rivers		0.01	95			0.01	0.01	percent of total billed charges	
CDSM SAGE HLTH MNGT	G1009	HCPCS	outpatient			0.01		Americare	Americare		0.01	75			0.01	0.01	percent of total billed charges	
CDSM SAGE HLTH MNGT	G1009	HCPCS	outpatient			0.01		Amerihealth	HMO/PPO		0.01	65			0.01	0.01	percent of total billed charges	
CDSM SAGE HLTH MNGT	G1009	HCPCS	outpatient			0.01		Consumer	Consumer		0.01	95			0.01	0.01	percent of total billed charges	
CDSM SAGE HLTH MNGT	G1009	HCPCS	outpatient			0.01		Corrections	Corrections		0.01	80			0.01	0.01	percent of total billed charges	
CDSM SAGE HLTH MNGT	G1009	HCPCS	outpatient			0.01		First Health	First Health		0.01	70			0.01	0.01	percent of total billed charges	
CDSM SAGE HLTH MNGT	G1009	HCPCS	outpatient			0.01		First Trenton	First Trenton		0.01	90			0.01	0.01	percent of total billed charges	
CDSM SAGE HLTH MNGT	G1009	HCPCS	outpatient			0.01		Managed Care Inc	Managed Care Inc		0.01	90			0.01	0.01	percent of total billed charges	
CDSM SAGE HLTH MNGT	G1009	HCPCS	outpatient			0.01		Multiplan	Multiplan		0.01	80			0.01	0.01	percent of total billed charges	
CDSM SAGE HLTH MNGT	G1009	HCPCS	outpatient			0.01		Qualcare	Qualcare		0.01	75			0.01	0.01	percent of total billed charges	
CDSM SAGE HLTH MNGT	G1009	HCPCS	outpatient			0.01		Three Rivers	Three Rivers		0.01	95			0.01	0.01	percent of total billed charges	
CDSM STANSON	G1010	HCPCS	outpatient			0.01		Americare	Americare		0.01	75			0.01	0.01	percent of total billed charges	
CDSM STANSON	G1010	HCPCS	outpatient			0.01		Amerihealth	HMO/PPO		0.01	65			0.01	0.01	percent of total billed charges	
CDSM STANSON	G1010	HCPCS	outpatient			0.01		Consumer	Consumer		0.01	95			0.01	0.01	percent of total billed charges	
CDSM STANSON	G1010	HCPCS	outpatient			0.01		Corrections	Corrections		0.01	80			0.01	0.01	percent of total billed charges	
CDSM STANSON	G1010	HCPCS	outpatient			0.01		First Health	First Health		0.01	70			0.01	0.01	percent of total billed charges	
CDSM STANSON	G1010	HCPCS	outpatient			0.01		First Trenton	First Trenton		0.01	90			0.01	0.01	percent of total billed charges	
CDSM STANSON	G1010	HCPCS	outpatient			0.01		Managed Care Inc	Managed Care Inc		0.01	90			0.01	0.01	percent of total billed charges	
CDSM STANSON	G1010	HCPCS	outpatient			0.01		Multiplan	Multiplan		0.01	80			0.01	0.01	percent of total billed charges	
CDSM STANSON	G1010	HCPCS	outpatient			0.01		Qualcare	Qualcare		0.01	75			0.01	0.01	percent of total billed charges	
CDSM STANSON	G1010	HCPCS	outpatient			0.01		Three Rivers	Three Rivers		0.01	95			0.01	0.01	percent of total billed charges	
CDSM QUALIFIED TOOL	G1011	HCPCS	outpatient			0.01		Americare	Americare		0.01	75			0.01	0.01	percent of total billed charges	
CDSM QUALIFIED TOOL	G1011	HCPCS	outpatient			0.01		Amerihealth	HMO/PPO		0.01	65			0.01	0.01	percent of total billed charges	
CDSM QUALIFIED TOOL	G1011	HCPCS	outpatient			0.01		Consumer	Consumer		0.01	95			0.01	0.01	percent of total billed charges	
CDSM QUALIFIED TOOL	G1011	HCPCS	outpatient			0.01		Corrections	Corrections		0.01	80			0.01	0.01	percent of total billed charges	
CDSM QUALIFIED TOOL	G1011	HCPCS	outpatient			0.01		First Health	First Health		0.01	70			0.01	0.01	percent of total billed charges	
CDSM QUALIFIED TOOL	G1011	HCPCS	outpatient			0.01		First Trenton	First Trenton		0.01	90			0.01	0.01	percent of total billed charges	
CDSM QUALIFIED TOOL	G1011	HCPCS	outpatient			0.01		Managed Care Inc	Managed Care Inc		0.01	90			0.01	0.01	percent of total billed charges	
CDSM QUALIFIED TOOL	G1011	HCPCS	outpatient			0.01		Multiplan	Multiplan		0.01	80			0.01	0.01	percent of total billed charges	
CDSM QUALIFIED TOOL	G1011	HCPCS	outpatient			0.01		Qualcare	Qualcare		0.01	75			0.01	0.01	percent of total billed charges	
CDSM QUALIFIED TOOL	G1011	HCPCS	outpatient			0.01		Three Rivers	Three Rivers		0.01	95			0.01	0.01	percent of total billed charges	
CDSM AGILEMD	G1012	HCPCS	outpatient			0.01		Americare	Americare		0.01	75			0.01	0.01	percent of total billed charges	
CDSM AGILEMD	G1012	HCPCS	outpatient			0.01		Amerihealth	HMO/PPO		0.01	65			0.01	0.01	percent of total billed charges	
CDSM AGILEMD	G1012	HCPCS	outpatient			0.01		Consumer	Consumer		0.01	95			0.01	0.01	percent of total billed charges	
CDSM AGILEMD	G1012	HCPCS	outpatient			0.01		Corrections	Corrections		0.01	80			0.01	0.01	percent of total billed charges	
CDSM AGILEMD	G1012	HCPCS	outpatient			0.01		First Health	First Health		0.01	70			0.01	0.01	percent of total billed charges	
CDSM AGILEMD	G1012	HCPCS	outpatient			0.01		First Trenton	First Trenton		0.01	90			0.01	0.01	percent of total billed charges	
CDSM AGILEMD	G1012	HCPCS	outpatient			0.01		Managed Care Inc	Managed Care Inc		0.01	90			0.01	0.01	percent of total billed charges	
CDSM AGILEMD	G1012	HCPCS	outpatient			0.01		Multiplan	Multiplan		0.01	80			0.01	0.01	percent of total billed charges	
CDSM AGILEMD	G1012	HCPCS	outpatient			0.01		Qualcare	Qualcare		0.01	75			0.01	0.01	percent of total billed charges	
CDSM AGILEMD	G1012	HCPCS	outpatient			0.01		Three Rivers	Three Rivers		0.01	95			0.01	0.01	percent of total billed charges	
CDSM EVIDENCECARE	G1013	HCPCS	outpatient			0.01		Americare	Americare		0.01	75			0.01	0.01	percent of total billed charges	
CDSM EVIDENCECARE	G1013	HCPCS	outpatient			0.01		Amerihealth	HMO/PPO		0.01	65			0.01	0.01	percent of total billed charges	
CDSM EVIDENCECARE	G1013	HCPCS	outpatient			0.01		Consumer	Consumer		0.01	95			0.01	0.01	percent of total billed charges	
CDSM EVIDENCECARE	G1013	HCPCS	outpatient			0.01		Corrections	Corrections		0.01	80			0.01	0.01	percent of total billed charges	
CDSM EVIDENCECARE	G1013	HCPCS	outpatient			0.01		First Health	First Health		0.01	70			0.01	0.01	percent of total billed charges	
CDSM EVIDENCECARE	G1013	HCPCS	outpatient			0.01		First Trenton	First Trenton		0.01	90			0.01	0.01	percent of total billed charges	
CDSM EVIDENCECARE	G1013	HCPCS	outpatient			0.01		Managed Care Inc	Managed Care Inc		0.01	90			0.01	0.01	percent of total billed charges	
CDSM EVIDENCECARE	G1013	HCPCS	outpatient			0.01		Multiplan	Multiplan		0.01	80			0.01	0.01	percent of total billed charges	
CDSM EVIDENCECARE	G1013	HCPCS	outpatient			0.01		Qualcare	Qualcare		0.01	75			0.01	0.01	percent of total billed charges	
CDSM EVIDENCECARE	G1013	HCPCS	outpatient			0.01		Three Rivers	Three Rivers		0.01	95			0.01	0.01	percent of total billed charges	
CDSM INVENIQA	G1014	HCPCS	outpatient			0.01		Americare	Americare		0.01	75			0.01	0.01	percent of total billed charges	
CDSM INVENIQA	G1014	HCPCS	outpatient			0.01		Amerihealth	HMO/PPO		0.01	65			0.01	0.01	percent of total billed charges	
CDSM INVENIQA	G1014	HCPCS	outpatient			0.01		Consumer	Consumer		0.01	95			0.01	0.01	percent of total billed charges	
CDSM INVENIQA	G1014	HCPCS	outpatient			0.01		Corrections	Corrections		0.01	80			0.01	0.01	percent of total billed charges	
CDSM INVENIQA	G1014	HCPCS	outpatient			0.01		First Health	First Health		0.01	70			0.01	0.01	percent of total billed charges	
CDSM INVENIQA	G1014	HCPCS	outpatient			0.01		First Trenton	First Trenton		0.01	90			0.01	0.01	percent of total billed charges	
CDSM INVENIQA	G1014	HCPCS	outpatient			0.01		Managed Care Inc	Managed Care Inc		0.01	90			0.01	0.01	percent of total billed charges	
CDSM INVENIQA	G1014	HCPCS	outpatient			0.01		Multiplan	Multiplan		0.01	80			0.01	0.01	percent of total billed charges	
CDSM INVENIQA	G1014	HCPCS	outpatient			0.01		Qualcare	Qualcare		0.01	75			0.01	0.01	percent of total billed charges	
CDSM INVENIQA	G1014	HCPCS	outpatient			0.01		Three Rivers	Three Rivers		0.01	95			0.01	0.01	percent of total billed charges	
CDSM RELIANT	G1015	HCPCS	outpatient			0.01		Americare	Americare		0.01	75			0.01	0.01	percent of total billed charges	
CDSM RELIANT	G1015	HCPCS	outpatient			0.01		Amerihealth	HMO/PPO		0.01	65			0.01	0.01	percent of total billed charges	
CDSM RELIANT	G1015	HCPCS	outpatient			0.01		Consumer	Consumer		0.01	95			0.01	0.01	percent of total billed charges	
CDSM RELIANT	G1015	HCPCS	outpatient			0.01		Corrections	Corrections		0.01	80			0.01	0.01	percent of total billed charges	
CDSM RELIANT	G1015	HCPCS	outpatient			0.01		First Health	First Health		0.01	70			0.01	0.01	percent of total billed charges	
CDSM RELIANT	G1015	HCPCS	outpatient			0.01		First Trenton	First Trenton		0.01	90			0.01	0.01	percent of total billed charges	
CDSM RELIANT	G1015	HCPCS	outpatient			0.01		Managed Care Inc	Managed Care Inc		0.01	90			0.01	0.01	percent of total billed charges	
CDSM RELIANT	G1015	HCPCS	outpatient			0.01		Multiplan	Multiplan		0.01	80			0.01	0.01	percent of total billed charges	
CDSM RELIANT	G1015	HCPCS	outpatient			0.01		Qualcare	Qualcare		0.01	75			0.01	0.01	percent of total billed charges	
CDSM RELIANT	G1015	HCPCS	outpatient			0.01		Three Rivers	Three Rivers		0.01	95			0.01	0.01	percent of total billed charges	
CDSM SPEED OF CARE	G1016	HCPCS	outpatient			0.01		Americare	Americare		0.01	75			0.01	0.01	percent of total billed charges	
CDSM SPEED OF CARE	G1016	HCPCS	outpatient			0.01		Amerihealth	HMO/PPO		0.01	65			0.01	0.01	percent of total billed charges	
CDSM SPEED OF CARE	G1016	HCPCS	outpatient			0.01		Consumer	Consumer		0.01	95			0.01	0.01	percent of total billed charges	
CDSM SPEED OF CARE	G1016	HCPCS	outpatient			0.01		Corrections	Corrections		0.01	80			0.01	0.01	percent of total billed charges	
CDSM SPEED OF CARE	G1016	HCPCS	outpatient			0.01		First Health	First Health		0.01	70			0.01	0.01	percent of total billed charges	
CDSM SPEED OF CARE	G1016	HCPCS	outpatient			0.01		First Trenton	First Trenton		0.01	90			0.01	0.01	percent of total billed charges	
CDSM SPEED OF CARE	G1016	HCPCS	outpatient			0.01		Managed Care Inc	Managed Care Inc		0.01	90			0.01	0.01	percent of total billed charges	
CDSM SPEED OF CARE	G1016	HCPCS	outpatient			0.01		Multiplan	Multiplan		0.01	80			0.01	0.01	percent of total billed charges	
CDSM SPEED OF CARE	G1016	HCPCS	outpatient			0.01		Qualcare	Qualcare		0.01	75			0.01	0.01	percent of total billed charges	
CDSM SPEED OF CARE	G1016	HCPCS	outpatient			0.01		Three Rivers	Three Rivers		0.01	95			0.01	0.01	percent of total billed charges	
CDSM HEALTHHELP	G1017	HCPCS	outpatient			0.01		Americare	Americare		0.01	75			0.01	0.01	percent of total billed charges	
CDSM HEALTHHELP	G1017	HCPCS	outpatient			0.01		Amerihealth	HMO/PPO		0.01	65			0.01	0.01	percent of total billed charges	
CDSM HEALTHHELP	G1017	HCPCS	outpatient			0.01		Consumer	Consumer		0.01	95			0.01	0.01	percent of total billed charges	
CDSM HEALTHHELP	G1017	HCPCS	outpatient			0.01		Corrections	Corrections		0.01	80			0.01	0.01	percent of total billed charges	
CDSM HEALTHHELP	G1017	HCPCS	outpatient			0.01		First Health	First Health		0.01	70			0.01	0.01	percent of total billed charges	
CDSM HEALTHHELP	G1017	HCPCS	outpatient			0.01		First Trenton	First Trenton		0.01	90			0.01	0.01	percent of total billed charges	
CDSM HEALTHHELP	G1017	HCPCS	outpatient			0.01		Managed Care Inc	Managed Care Inc		0.01	90			0.01	0.01	percent of total billed charges	
CDSM HEALTHHELP	G1017	HCPCS	outpatient			0.01		Multiplan	Multiplan		0.01	80			0.01	0.01	percent of total billed charges	
CDSM HEALTHHELP	G1017	HCPCS	outpatient			0.01		Qualcare	Qualcare		0.01	75			0.01	0.01	percent of total billed charges	
CDSM HEALTHHELP	G1017	HCPCS	outpatient			0.01		Three Rivers	Three Rivers		0.01	95			0.01	0.01	percent of total billed charges	
CDSM INFINX	G1018	HCPCS	outpatient			0.01		Americare	Americare		0.01	75			0.01	0.01	percent of total billed charges	
CDSM INFINX	G1018	HCPCS	outpatient			0.01		Amerihealth	HMO/PPO		0.01	65			0.01	0.01	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.															
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true														
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CDSM INFINX	G1018	HCPCS	outpatient			0.01		Consumer	Consumer		95	0.01			0.01	0.01	0.01 percent of total billed charges	
CDSM INFINX	G1018	HCPCS	outpatient			0.01		Corrections	Corrections		80	0.01			0.01	0.01	0.01 percent of total billed charges	
CDSM INFINX	G1018	HCPCS	outpatient			0.01		First Health	First Health		70	0.01			0.01	0.01	0.01 percent of total billed charges	
CDSM INFINX	G1018	HCPCS	outpatient			0.01		First Trenton	First Trenton		90	0.01			0.01	0.01	0.01 percent of total billed charges	
CDSM INFINX	G1018	HCPCS	outpatient			0.01		Managed Care Inc	Managed Care Inc		90	0.01			0.01	0.01	0.01 percent of total billed charges	
CDSM INFINX	G1018	HCPCS	outpatient			0.01		Multiplan	Multiplan		80	0.01			0.01	0.01	0.01 percent of total billed charges	
CDSM INFINX	G1018	HCPCS	outpatient			0.01		Qualcare	Qualcare		75	0.01			0.01	0.01	0.01 percent of total billed charges	
CDSM INFINX	G1018	HCPCS	outpatient			0.01		Three Rivers	Three Rivers		95	0.01			0.01	0.01	0.01 percent of total billed charges	
CDSM LOGICNETS	G1019	HCPCS	outpatient			0.01		Americare	Americare		75	0.01			0.01	0.01	0.01 percent of total billed charges	
CDSM LOGICNETS	G1019	HCPCS	outpatient			0.01		Amerihealth	HMO/PPO		65	0.01			0.01	0.01	0.01 percent of total billed charges	
CDSM LOGICNETS	G1019	HCPCS	outpatient			0.01		Consumer	Consumer		95	0.01			0.01	0.01	0.01 percent of total billed charges	
CDSM LOGICNETS	G1019	HCPCS	outpatient			0.01		Corrections	Corrections		80	0.01			0.01	0.01	0.01 percent of total billed charges	
CDSM LOGICNETS	G1019	HCPCS	outpatient			0.01		First Health	First Health		70	0.01			0.01	0.01	0.01 percent of total billed charges	
CDSM LOGICNETS	G1019	HCPCS	outpatient			0.01		First Trenton	First Trenton		90	0.01			0.01	0.01	0.01 percent of total billed charges	
CDSM LOGICNETS	G1019	HCPCS	outpatient			0.01		Managed Care Inc	Managed Care Inc		90	0.01			0.01	0.01	0.01 percent of total billed charges	
CDSM LOGICNETS	G1019	HCPCS	outpatient			0.01		Multiplan	Multiplan		80	0.01			0.01	0.01	0.01 percent of total billed charges	
CDSM LOGICNETS	G1019	HCPCS	outpatient			0.01		Qualcare	Qualcare		75	0.01			0.01	0.01	0.01 percent of total billed charges	
CDSM LOGICNETS	G1019	HCPCS	outpatient			0.01		Three Rivers	Three Rivers		95	0.01			0.01	0.01	0.01 percent of total billed charges	
CDSM CURBSIDE	G1020	HCPCS	outpatient			0.01		Americare	Americare		75	0.01			0.01	0.01	0.01 percent of total billed charges	
CDSM CURBSIDE	G1020	HCPCS	outpatient			0.01		Amerihealth	HMO/PPO		65	0.01			0.01	0.01	0.01 percent of total billed charges	
CDSM CURBSIDE	G1020	HCPCS	outpatient			0.01		Consumer	Consumer		95	0.01			0.01	0.01	0.01 percent of total billed charges	
CDSM CURBSIDE	G1020	HCPCS	outpatient			0.01		Corrections	Corrections		80	0.01			0.01	0.01	0.01 percent of total billed charges	
CDSM CURBSIDE	G1020	HCPCS	outpatient			0.01		First Health	First Health		70	0.01			0.01	0.01	0.01 percent of total billed charges	
CDSM CURBSIDE	G1020	HCPCS	outpatient			0.01		First Trenton	First Trenton		90	0.01			0.01	0.01	0.01 percent of total billed charges	
CDSM CURBSIDE	G1020	HCPCS	outpatient			0.01		Managed Care Inc	Managed Care Inc		90	0.01			0.01	0.01	0.01 percent of total billed charges	
CDSM CURBSIDE	G1020	HCPCS	outpatient			0.01		Multiplan	Multiplan		80	0.01			0.01	0.01	0.01 percent of total billed charges	
CDSM CURBSIDE	G1020	HCPCS	outpatient			0.01		Qualcare	Qualcare		75	0.01			0.01	0.01	0.01 percent of total billed charges	
CDSM CURBSIDE	G1020	HCPCS	outpatient			0.01		Three Rivers	Three Rivers		95	0.01			0.01	0.01	0.01 percent of total billed charges	
CDSM EHEALTHLINE	G1021	HCPCS	outpatient			0.01		Americare	Americare		75	0.01			0.01	0.01	0.01 percent of total billed charges	
CDSM EHEALTHLINE	G1021	HCPCS	outpatient			0.01		Amerihealth	HMO/PPO		65	0.01			0.01	0.01	0.01 percent of total billed charges	
CDSM EHEALTHLINE	G1021	HCPCS	outpatient			0.01		Consumer	Consumer		95	0.01			0.01	0.01	0.01 percent of total billed charges	
CDSM EHEALTHLINE	G1021	HCPCS	outpatient			0.01		Corrections	Corrections		80	0.01			0.01	0.01	0.01 percent of total billed charges	
CDSM EHEALTHLINE	G1021	HCPCS	outpatient			0.01		First Health	First Health		70	0.01			0.01	0.01	0.01 percent of total billed charges	
CDSM EHEALTHLINE	G1021	HCPCS	outpatient			0.01		First Trenton	First Trenton		90	0.01			0.01	0.01	0.01 percent of total billed charges	
CDSM EHEALTHLINE	G1021	HCPCS	outpatient			0.01		Managed Care Inc	Managed Care Inc		90	0.01			0.01	0.01	0.01 percent of total billed charges	
CDSM EHEALTHLINE	G1021	HCPCS	outpatient			0.01		Multiplan	Multiplan		80	0.01			0.01	0.01	0.01 percent of total billed charges	
CDSM EHEALTHLINE	G1021	HCPCS	outpatient			0.01		Qualcare	Qualcare		75	0.01			0.01	0.01	0.01 percent of total billed charges	
CDSM EHEALTHLINE	G1021	HCPCS	outpatient			0.01		Three Rivers	Three Rivers		95	0.01			0.01	0.01	0.01 percent of total billed charges	
CDSM INTERMOUNTAIN	G1022	HCPCS	outpatient			0.01		Americare	Americare		75	0.01			0.01	0.01	0.01 percent of total billed charges	
CDSM INTERMOUNTAIN	G1022	HCPCS	outpatient			0.01		Amerihealth	HMO/PPO		65	0.01			0.01	0.01	0.01 percent of total billed charges	
CDSM INTERMOUNTAIN	G1022	HCPCS	outpatient			0.01		Consumer	Consumer		95	0.01			0.01	0.01	0.01 percent of total billed charges	
CDSM INTERMOUNTAIN	G1022	HCPCS	outpatient			0.01		Corrections	Corrections		80	0.01			0.01	0.01	0.01 percent of total billed charges	
CDSM INTERMOUNTAIN	G1022	HCPCS	outpatient			0.01		First Health	First Health		70	0.01			0.01	0.01	0.01 percent of total billed charges	
CDSM INTERMOUNTAIN	G1022	HCPCS	outpatient			0.01		First Trenton	First Trenton		90	0.01			0.01	0.01	0.01 percent of total billed charges	
CDSM INTERMOUNTAIN	G1022	HCPCS	outpatient			0.01		Managed Care Inc	Managed Care Inc		90	0.01			0.01	0.01	0.01 percent of total billed charges	
CDSM INTERMOUNTAIN	G1022	HCPCS	outpatient			0.01		Multiplan	Multiplan		80	0.01			0.01	0.01	0.01 percent of total billed charges	
CDSM INTERMOUNTAIN	G1022	HCPCS	outpatient			0.01		Qualcare	Qualcare		75	0.01			0.01	0.01	0.01 percent of total billed charges	
CDSM INTERMOUNTAIN	G1022	HCPCS	outpatient			0.01		Three Rivers	Three Rivers		95	0.01			0.01	0.01	0.01 percent of total billed charges	
CDSM PERSIVIA	G1023	HCPCS	outpatient			0.01		Americare	Americare		75	0.01			0.01	0.01	0.01 percent of total billed charges	
CDSM PERSIVIA	G1023	HCPCS	outpatient			0.01		Amerihealth	HMO/PPO		65	0.01			0.01	0.01	0.01 percent of total billed charges	
CDSM PERSIVIA	G1023	HCPCS	outpatient			0.01		Consumer	Consumer		95	0.01			0.01	0.01	0.01 percent of total billed charges	
CDSM PERSIVIA	G1023	HCPCS	outpatient			0.01		Corrections	Corrections		80	0.01			0.01	0.01	0.01 percent of total billed charges	
CDSM PERSIVIA	G1023	HCPCS	outpatient			0.01		First Health	First Health		70	0.01			0.01	0.01	0.01 percent of total billed charges	
CDSM PERSIVIA	G1023	HCPCS	outpatient			0.01		First Trenton	First Trenton		90	0.01			0.01	0.01	0.01 percent of total billed charges	
CDSM PERSIVIA	G1023	HCPCS	outpatient			0.01		Managed Care Inc	Managed Care Inc		90	0.01			0.01	0.01	0.01 percent of total billed charges	
CDSM PERSIVIA	G1023	HCPCS	outpatient			0.01		Multiplan	Multiplan		80	0.01			0.01	0.01	0.01 percent of total billed charges	
CDSM PERSIVIA	G1023	HCPCS	outpatient			0.01		Qualcare	Qualcare		75	0.01			0.01	0.01	0.01 percent of total billed charges	
CDSM PERSIVIA	G1023	HCPCS	outpatient			0.01		Three Rivers	Three Rivers		95	0.01			0.01	0.01	0.01 percent of total billed charges	
FLEXIGRAFT 10 X 75MM	G1762	HCPCS	outpatient			6714.57		Aetna	Better Health		2118.45	31.55		2014.37	6378.84	6378.84	6378.84 percent of total billed charges	
FLEXIGRAFT 10 X 75MM	G1762	HCPCS	outpatient			6714.57		Aetna	Commercial		2551.54	38		2014.37	6378.84	6378.84	6378.84 percent of total billed charges	
FLEXIGRAFT 10 X 75MM	G1762	HCPCS	outpatient			6714.57		Aetna	Medicare		2068.09	30.8		2014.37	6378.84	6378.84	6378.84 percent of total billed charges	
FLEXIGRAFT 10 X 75MM	G1762	HCPCS	outpatient			6714.57		Americare	Americare		5035.93	75		2014.37	6378.84	6378.84	6378.84 percent of total billed charges	
FLEXIGRAFT 10 X 75MM	G1762	HCPCS	outpatient			6714.57		Amerihealth	HMO/PPO		4364.47	65		2014.37	6378.84	6378.84	6378.84 percent of total billed charges	
FLEXIGRAFT 10 X 75MM	G1762	HCPCS	outpatient			6714.57		Consumer	Consumer		6378.84	95		2014.37	6378.84	6378.84	6378.84 percent of total billed charges	
FLEXIGRAFT 10 X 75MM	G1762	HCPCS	outpatient			6714.57		Corrections	Corrections		5371.66	80		2014.37	6378.84	6378.84	6378.84 percent of total billed charges	
FLEXIGRAFT 10 X 75MM	G1762	HCPCS	outpatient			6714.57		First Health	First Health		4700.2	70		2014.37	6378.84	6378.84	6378.84 percent of total billed charges	
FLEXIGRAFT 10 X 75MM	G1762	HCPCS	outpatient			6714.57		First Trenton	First Trenton		6043.11	90		2014.37	6378.84	6378.84	6378.84 percent of total billed charges	
FLEXIGRAFT 10 X 75MM	G1762	HCPCS	outpatient			6714.57		Horizon	MGD		2570.34	38.28		2014.37	6378.84	6378.84	6378.84 percent of total billed charges	
FLEXIGRAFT 10 X 75MM	G1762	HCPCS	outpatient			6714.57		Horizon	Medicare Blue		2014.37	30		2014.37	6378.84	6378.84	6378.84 percent of total billed charges	
FLEXIGRAFT 10 X 75MM	G1762	HCPCS	outpatient			6714.57		Horizon	Indemnity		2570.34	38.28		2014.37	6378.84	6378.84	6378.84 percent of total billed charges	
FLEXIGRAFT 10 X 75MM	G1762	HCPCS	outpatient			6714.57		Horizon	PPO		2570.34	38.28		2014.37	6378.84	6378.84	6378.84 percent of total billed charges	
FLEXIGRAFT 10 X 75MM	G1762	HCPCS	outpatient			6714.57		Managed Care Inc	Managed Care Inc		6043.11	90		2014.37	6378.84	6378.84	6378.84 percent of total billed charges	
FLEXIGRAFT 10 X 75MM	G1762	HCPCS	outpatient			6714.57		Multiplan	Multiplan		5371.66	80		2014.37	6378.84	6378.84	6378.84 percent of total billed charges	
FLEXIGRAFT 10 X 75MM	G1762	HCPCS	outpatient			6714.57		Qualcare	Qualcare		5035.93	75		2014.37	6378.84	6378.84	6378.84 percent of total billed charges	
FLEXIGRAFT 10 X 75MM	G1762	HCPCS	outpatient			6714.57		Three Rivers	Three Rivers		6378.84	95		2014.37	6378.84	6378.84	6378.84 percent of total billed charges	
FLEXIGRAFT 10 X 75MM	G1762	HCPCS	outpatient			6714.57		UHC	Medicaid		2118.45	31.55		2014.37	6378.84	6378.84	6378.84 percent of total billed charges	
FLEXIGRAFT 10 X 75MM	G1762	HCPCS	outpatient			6714.57		Wellcare	Medicaid		2118.45	31.55		2014.37	6378.84	6378.84	6378.84 percent of total billed charges	
FLEXIGRAFT 10 X 75MM	G1762	HCPCS	outpatient			6714.57		WellPoint	WellPoint		2160.75	32.18		2014.37	6378.84	6378.84	6378.84 percent of total billed charges	
AVF USE MAGNETIC/ARTIVE	G2171	HCPCS	outpatient			63702		Aetna	Commercial		24206.76	38			993.35	993.35	60516.9 percent of total billed charges	
AVF USE MAGNETIC/ARTIVE	G2171	HCPCS	outpatient			63702		Aetna	Medicare		19620.22	30.8			993.35	993.35	60516.9 percent of total billed charges	
AVF USE MAGNETIC/ARTIVE	G2171	HCPCS	outpatient			63702		Aetna	Better Health		20097.98	31.55			993.35	993.35	60516.9 percent of total billed charges	
AVF USE MAGNETIC/ARTIVE	G2171	HCPCS	outpatient			63702		Americare	Americare		47776.5	75			993.35	993.35	60516.9 percent of total billed charges	
AVF USE MAGNETIC/ARTIVE	G2171	HCPCS	outpatient			63702		Amerihealth	HMO/PPO		41406.3	65			993.35	993.35	60516.9 percent of total billed charges	
AVF USE MAGNETIC/ARTIVE	G2171	HCPCS	outpatient			63702		Consumer	Consumer		60516.9	95			993.35	993.35	60516.9 percent of total billed charges	
AVF USE MAGNETIC/ARTIVE	G2171	HCPCS	outpatient			63702		Corrections	Corrections		50961.6	80			993.35	993.35	60516.9 percent of total billed charges	
AVF USE MAGNETIC/ARTIVE	G2171	HCPCS	outpatient			63702		First Health	First Health		44591.4	70			993.35	993.35	60516.9 percent of total billed charges	
AVF USE MAGNETIC/ARTIVE	G2171	HCPCS	outpatient			63702		First Trenton	First Trenton		57331.8	90			993.35	993.35	60516.9 percent of total billed charges	
AVF USE MAGNETIC/ARTIVE	G2171	HCPCS	outpatient			63702		Horizon	MGD		24385.13	38.28			993.35	993.35	60516.9 percent of total billed charges	
AVF USE MAGNETIC/ARTIVE	G2171	HCPCS	outpatient			63702		Horizon	Medicare Blue		19110.6	30			993.35	993.35	60516.9 percent of total billed charges	
AVF USE MAGNETIC/ARTIVE	G2171	HCPCS	outpatient			63702		Horizon	Indemnity		24385.13	38.28			993.35	993.35	60516.9 percent of total billed charges	
AVF USE MAGNETIC/ARTIVE	G2171	HCPCS	outpatient			63702		Horizon	NJ Health		993.35				993.35	993.35	60516.9 fee schedule	
AVF USE MAGNETIC/ARTIVE	G2171	HCPCS	outpatient			63702		Horizon	PPO		24385.13	38.28			993.35	993.35	60516.9 percent of total billed charges	
AVF USE MAGNETIC/ARTIVE	G2171	HCPCS	outpatient			63702		Managed Care Inc	Managed Care Inc		57331.8	90			993.35	993.35	60516.9 percent of total billed charges	
AVF USE MAGNETIC/ARTIVE	G2171	HCPCS	outpatient			63702		Multiplan	Multiplan		50961.6	80			993.35	993.35	60516.9 percent of total billed charges	
AVF USE MAGNETIC/ARTIVE	G2171	HCPCS	outpatient			63702		Qualcare	Qualcare		47776.5	75			993.35	993.35	60516.9 percent of total billed charges	
AVF USE MAGNETIC/ARTIVE	G2171	HCPCS	outpatient			63702		Three Rivers	Three Rivers		60516.9	95			993.35	993.35	60516.9 percent of total billed charges	
AVF USE MAGNETIC/ARTIVE	G2171	HCPCS	outpatient			63702		UHC	Medicaid		20097.98	31.55			993.35	993.35	60516.9 percent of total billed charges	
AVF USE MAGNETIC/ARTIVE	G2171	HCPCS	outpatient			63702		Wellcare	Medicaid		20097.98	31.55			993.35	993.35	60516.9 percent of total billed charges	
AVF USE MAGNETIC/ARTIVE	G2171	HCPCS	outpatient			63702		WellPoint	WellPoint		20499.3	32.18			993.35	993.35	60516.9 percent of total billed charges	
ERAVACYCLINE(XERAVA) 1MG INJ	J0122	HCPCS	both			4	1.3	Aetna	Medicare		1.13				1.13	1.13	3.8 fee schedule	
ERAVACYCLINE(XERAVA) 1MG INJ	J0122	HCPCS	both			4	1.3	Aetna	Better Health		1.26	31.55			1.13	1.13	3.8 percent of total billed charges	
ERAVACYCLINE(XERAVA) 1MG INJ	J0122	HCPCS	both			4	1.3	Aetna	Commercial		2.12				1.13	1.13	3.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERAVACYCLINE(XERAVA) 1MG INJ	J0122	HCPCS	both			4	1.3	Americare	Americare		3	75			1.13	1.13	3.8 percent of total billed charges	
ERAVACYCLINE(XERAVA) 1MG INJ	J0122	HCPCS	both			4	1.3	Amerihealth	HMO/PPO		2.6	65			1.13	1.13	3.8 percent of total billed charges	
ERAVACYCLINE(XERAVA) 1MG INJ	J0122	HCPCS	both			4	1.3	Amerihealth	Medicare		1.13				1.13	1.13	3.8 fee schedule	
ERAVACYCLINE(XERAVA) 1MG INJ	J0122	HCPCS	both			4	1.3	Consumer	Consumer		3.8	95			1.13	1.13	3.8 percent of total billed charges	
ERAVACYCLINE(XERAVA) 1MG INJ	J0122	HCPCS	both			4	1.3	Corrections	Corrections		3.2	80			1.13	1.13	3.8 percent of total billed charges	
ERAVACYCLINE(XERAVA) 1MG INJ	J0122	HCPCS	both			4	1.3	First Health	First Health		2.8	70			1.13	1.13	3.8 percent of total billed charges	
ERAVACYCLINE(XERAVA) 1MG INJ	J0122	HCPCS	both			4	1.3	First Trenton	First Trenton		3.6	90			1.13	1.13	3.8 percent of total billed charges	
ERAVACYCLINE(XERAVA) 1MG INJ	J0122	HCPCS	both			4	1.3	Horizon	PPO		2.48				1.13	1.13	3.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERAVACYCLINE(XERAVA) 1MG INJ	J0122	HCPCS	both			4	1.3	Horizon	MGD		2.48				1.13	1.13	3.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERAVACYCLINE(XERAVA) 1MG INJ	J0122	HCPCS	both			4	1.3	Horizon	Medicare Blue		1.33				1.13	1.13	3.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERAVACYCLINE(XERAVA) 1MG INJ	J0122	HCPCS	both			4	1.3	Horizon	Indemnity		2.48				1.13	1.13	3.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERAVACYCLINE(XERAVA) 1MG INJ	J0122	HCPCS	both			4	1.3	Managed Care Inc	Managed Care Inc		3.6	90			1.13	1.13	3.8 percent of total billed charges	
ERAVACYCLINE(XERAVA) 1MG INJ	J0122	HCPCS	both			4	1.3	Multiplan	Multiplan		3.2	80			1.13	1.13	3.8 percent of total billed charges	
ERAVACYCLINE(XERAVA) 1MG INJ	J0122	HCPCS	both			4	1.3	Qualcare	Qualcare		3	75			1.13	1.13	3.8 percent of total billed charges	
ERAVACYCLINE(XERAVA) 1MG INJ	J0122	HCPCS	both			4	1.3	Three Rivers	Three Rivers		3.8	95			1.13	1.13	3.8 percent of total billed charges	
ERAVACYCLINE(XERAVA) 1MG INJ	J0122	HCPCS	both			4	1.3	UHC	Medicaid		1.26	31.55			1.13	1.13	3.8 percent of total billed charges	
ERAVACYCLINE(XERAVA) 1MG INJ	J0122	HCPCS	both			4	1.3	UHC	Medicare		1.13				1.13	1.13	3.8 fee schedule	
ERAVACYCLINE(XERAVA) 1MG INJ	J0122	HCPCS	both			4	1.3	United	Oxford		2.83				1.13	1.13	3.8 fee schedule	
ERAVACYCLINE(XERAVA) 1MG INJ	J0122	HCPCS	both			4	1.3	United	Commercial|PPO		2.83				1.13	1.13	3.8 fee schedule	
ERAVACYCLINE(XERAVA) 1MG INJ	J0122	HCPCS	both			4	1.3	Wellcare	Medicare		1.13				1.13	1.13	3.8 fee schedule	
ERAVACYCLINE(XERAVA) 1MG INJ	J0122	HCPCS	both			4	1.3	Wellcare	Medicaid		1.26	31.55			1.13	1.13	3.8 percent of total billed charges	
ERAVACYCLINE(XERAVA) 1MG INJ	J0122	HCPCS	both			4	1.3	WellPoint	WellPoint		1.29	32.18			1.13	1.13	3.8 percent of total billed charges	
ABATACEPT, PER 10MG, INJ	J0129	HCPCS	outpatient			113.5	49.64	Aetna	Better Health		35.81	31.55			35.81	35.81	107.9 percent of total billed charges	
ABATACEPT, PER 10MG, INJ	J0129	HCPCS	outpatient			113.5	49.64	Aetna	Medicare		43.16				35.81	35.81	107.9 fee schedule	
ABATACEPT, PER 10MG, INJ	J0129	HCPCS	outpatient			113.5	49.64	Aetna	Commercial		81.86				35.81	35.81	107.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ABATACEPT, PER 10MG, INJ	J0129	HCPCS	outpatient			113.5	49.64	Americare	Americare		85.13	75			35.81	35.81	107.9 percent of total billed charges	
ABATACEPT, PER 10MG, INJ	J0129	HCPCS	outpatient			113.5	49.64	Amerihealth	HMO/PPO		48.55				35.81	35.81	107.9 fee schedule	
ABATACEPT, PER 10MG, INJ	J0129	HCPCS	outpatient			113.5	49.64	Amerihealth	Medicare		43.16				35.81	35.81	107.9 fee schedule	
ABATACEPT, PER 10MG, INJ	J0129	HCPCS	outpatient			113.5	49.64	Consumer	Consumer		107.83	95			35.81	35.81	107.9 percent of total billed charges	
ABATACEPT, PER 10MG, INJ	J0129	HCPCS	outpatient			113.5	49.64	Corrections	Corrections		90.8	80			35.81	35.81	107.9 percent of total billed charges	
ABATACEPT, PER 10MG, INJ	J0129	HCPCS	outpatient			113.5	49.64	First Health	First Health		79.45	70			35.81	35.81	107.9 percent of total billed charges	
ABATACEPT, PER 10MG, INJ	J0129	HCPCS	outpatient			113.5	49.64	First Trenton	First Trenton		102.15	90			35.81	35.81	107.9 percent of total billed charges	
ABATACEPT, PER 10MG, INJ	J0129	HCPCS	outpatient			113.5	49.64	Horizon	MGD		95.69				35.81	35.81	107.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ABATACEPT, PER 10MG, INJ	J0129	HCPCS	outpatient			113.5	49.64	Horizon	Indemnity		95.69				35.81	35.81	107.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ABATACEPT, PER 10MG, INJ	J0129	HCPCS	outpatient			113.5	49.64	Horizon	Medicare Blue		51.42				35.81	35.81	107.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ABATACEPT, PER 10MG, INJ	J0129	HCPCS	outpatient			113.5	49.64	Horizon	PPO		95.69				35.81	35.81	107.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ABATACEPT, PER 10MG, INJ	J0129	HCPCS	outpatient			113.5	49.64	Managed Care Inc	Managed Care Inc		102.15	90			35.81	35.81	107.9 percent of total billed charges	
ABATACEPT, PER 10MG, INJ	J0129	HCPCS	outpatient			113.5	49.64	Multiplan	Multiplan		90.8	80			35.81	35.81	107.9 percent of total billed charges	
ABATACEPT, PER 10MG, INJ	J0129	HCPCS	outpatient			113.5	49.64	Qualcare	Qualcare		85.13	75			35.81	35.81	107.9 percent of total billed charges	
ABATACEPT, PER 10MG, INJ	J0129	HCPCS	outpatient			113.5	49.64	Three Rivers	Three Rivers		107.83	95			35.81	35.81	107.9 percent of total billed charges	
ABATACEPT, PER 10MG, INJ	J0129	HCPCS	outpatient			113.5	49.64	UHC	Medicaid		35.81	31.55			35.81	35.81	107.9 percent of total billed charges	
ABATACEPT, PER 10MG, INJ	J0129	HCPCS	outpatient			113.5	49.64	UHC	Medicare		43.16				35.81	35.81	107.9 fee schedule	
ABATACEPT, PER 10MG, INJ	J0129	HCPCS	outpatient			113.5	49.64	United	Commercial|PPO		107.9				35.81	35.81	107.9 fee schedule	
ABATACEPT, PER 10MG, INJ	J0129	HCPCS	outpatient			113.5	49.64	United	Oxford		107.9				35.81	35.81	107.9 fee schedule	
ABATACEPT, PER 10MG, INJ	J0129	HCPCS	outpatient			113.5	49.64	Wellcare	Medicaid		35.81	31.55			35.81	35.81	107.9 percent of total billed charges	
ABATACEPT, PER 10MG, INJ	J0129	HCPCS	outpatient			113.5	49.64	Wellcare	Medicare		43.16				35.81	35.81	107.9 fee schedule	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.														
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true													
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ABATACEPT, PER 10MG, INJ	J0129	HCPCS	outpatient			113.5	49.64	WellPoint	WellPoint		36.52	32.18			35.81	107.9	percent of total billed charges	
ABCIXIMAB 10MG/5ML INJ	J0130	HCPCS	outpatient			3838		Aetna	Better Health		1210.89	31.55			1151.4	3646.1	percent of total billed charges	
ABCIXIMAB 10MG/5ML INJ	J0130	HCPCS	outpatient			3838		Aetna	Commercial		1458.44	38			1151.4	3646.1	percent of total billed charges	
ABCIXIMAB 10MG/5ML INJ	J0130	HCPCS	outpatient			3838		Aetna	Medicare		1182.1	30.8			1151.4	3646.1	percent of total billed charges	
ABCIXIMAB 10MG/5ML INJ	J0130	HCPCS	outpatient			3838		Americare	Americare		2878.5	75			1151.4	3646.1	percent of total billed charges	
ABCIXIMAB 10MG/5ML INJ	J0130	HCPCS	outpatient			3838		Amerihealth	HMO/PPO		1233.01				1151.4	3646.1	fee schedule	
ABCIXIMAB 10MG/5ML INJ	J0130	HCPCS	outpatient			3838		Consumer	Consumer		3646.1	95			1151.4	3646.1	percent of total billed charges	
ABCIXIMAB 10MG/5ML INJ	J0130	HCPCS	outpatient			3838		Corrections	Corrections		3070.4	80			1151.4	3646.1	percent of total billed charges	
ABCIXIMAB 10MG/5ML INJ	J0130	HCPCS	outpatient			3838		First Health	First Health		2686.6	70			1151.4	3646.1	percent of total billed charges	
ABCIXIMAB 10MG/5ML INJ	J0130	HCPCS	outpatient			3838		First Trenton	First Trenton		3454.2	90			1151.4	3646.1	percent of total billed charges	
ABCIXIMAB 10MG/5ML INJ	J0130	HCPCS	outpatient			3838		Horizon	Indemnity		1469.19	38.28			1151.4	3646.1	percent of total billed charges	
ABCIXIMAB 10MG/5ML INJ	J0130	HCPCS	outpatient			3838		Horizon	MGD		1469.19	38.28			1151.4	3646.1	percent of total billed charges	
ABCIXIMAB 10MG/5ML INJ	J0130	HCPCS	outpatient			3838		Horizon	Medicare Blue		1151.4	30			1151.4	3646.1	percent of total billed charges	
ABCIXIMAB 10MG/5ML INJ	J0130	HCPCS	outpatient			3838		Horizon	PPO		1469.19	38.28			1151.4	3646.1	percent of total billed charges	
ABCIXIMAB 10MG/5ML INJ	J0130	HCPCS	outpatient			3838		Managed Care Inc	Managed Care Inc		3454.2	90			1151.4	3646.1	percent of total billed charges	
ABCIXIMAB 10MG/5ML INJ	J0130	HCPCS	outpatient			3838		Multiplan	Multiplan		3070.4	80			1151.4	3646.1	percent of total billed charges	
ABCIXIMAB 10MG/5ML INJ	J0130	HCPCS	outpatient			3838		Qualcare	Qualcare		2878.5	75			1151.4	3646.1	percent of total billed charges	
ABCIXIMAB 10MG/5ML INJ	J0130	HCPCS	outpatient			3838		Three Rivers	Three Rivers		3646.1	95			1151.4	3646.1	percent of total billed charges	
ABCIXIMAB 10MG/5ML INJ	J0130	HCPCS	outpatient			3838		UHC	Medicaid		1210.89	31.55			1151.4	3646.1	percent of total billed charges	
ABCIXIMAB 10MG/5ML INJ	J0130	HCPCS	outpatient			3838		Wellcare	Medicaid		1210.89	31.55			1151.4	3646.1	percent of total billed charges	
ABCIXIMAB 10MG/5ML INJ	J0130	HCPCS	outpatient			3838		WellPoint	WellPoint		1235.07	32.18			1151.4	3646.1	percent of total billed charges	
ACETAMINOPHEN 10MG/1 ML INJ(1ML)	J0131	HCPCS	both			1.5	0.05	Aetna	Better Health		0.47	31.55			0.05	1.43	percent of total billed charges	
ACETAMINOPHEN 10MG/1 ML INJ(1ML)	J0131	HCPCS	both			1.5	0.05	Aetna	Medicare		0.05				0.05	1.43	fee schedule	
ACETAMINOPHEN 10MG/1 ML INJ(1ML)	J0131	HCPCS	both			1.5	0.05	Aetna	Commercial		0.57	38			0.05	1.43	percent of total billed charges	
ACETAMINOPHEN 10MG/1 ML INJ(1ML)	J0131	HCPCS	both			1.5	0.05	Americare	Americare		1.13	75			0.05	1.43	percent of total billed charges	
ACETAMINOPHEN 10MG/1 ML INJ(1ML)	J0131	HCPCS	both			1.5	0.05	Amerihealth	Medicare		0.05				0.05	1.43	fee schedule	
ACETAMINOPHEN 10MG/1 ML INJ(1ML)	J0131	HCPCS	both			1.5	0.05	Amerihealth	HMO/PPO		0.36				0.05	1.43	fee schedule	
ACETAMINOPHEN 10MG/1 ML INJ(1ML)	J0131	HCPCS	both			1.5	0.05	Consumer	Consumer		1.43	95			0.05	1.43	percent of total billed charges	
ACETAMINOPHEN 10MG/1 ML INJ(1ML)	J0131	HCPCS	both			1.5	0.05	Corrections	Corrections		1.2	80			0.05	1.43	percent of total billed charges	
ACETAMINOPHEN 10MG/1 ML INJ(1ML)	J0131	HCPCS	both			1.5	0.05	First Health	First Health		1.05	70			0.05	1.43	percent of total billed charges	
ACETAMINOPHEN 10MG/1 ML INJ(1ML)	J0131	HCPCS	both			1.5	0.05	First Trenton	First Trenton		1.35	90			0.05	1.43	percent of total billed charges	
ACETAMINOPHEN 10MG/1 ML INJ(1ML)	J0131	HCPCS	both			1.5	0.05	Horizon	Medicare Blue		0.45	30			0.05	1.43	percent of total billed charges	
ACETAMINOPHEN 10MG/1 ML INJ(1ML)	J0131	HCPCS	both			1.5	0.05	Horizon	Indemnity		0.57	38.28			0.05	1.43	percent of total billed charges	
ACETAMINOPHEN 10MG/1 ML INJ(1ML)	J0131	HCPCS	both			1.5	0.05	Horizon	PPO		0.57	38.28			0.05	1.43	percent of total billed charges	
ACETAMINOPHEN 10MG/1 ML INJ(1ML)	J0131	HCPCS	both			1.5	0.05	Horizon	MGD		0.57	38.28			0.05	1.43	percent of total billed charges	
ACETAMINOPHEN 10MG/1 ML INJ(1ML)	J0131	HCPCS	both			1.5	0.05	Managed Care Inc	Managed Care Inc		1.35	90			0.05	1.43	percent of total billed charges	
ACETAMINOPHEN 10MG/1 ML INJ(1ML)	J0131	HCPCS	both			1.5	0.05	Multiplan	Multiplan		1.2	80			0.05	1.43	percent of total billed charges	
ACETAMINOPHEN 10MG/1 ML INJ(1ML)	J0131	HCPCS	both			1.5	0.05	Qualcare	Qualcare		1.13	75			0.05	1.43	percent of total billed charges	
ACETAMINOPHEN 10MG/1 ML INJ(1ML)	J0131	HCPCS	both			1.5	0.05	Three Rivers	Three Rivers		1.43	95			0.05	1.43	percent of total billed charges	
ACETAMINOPHEN 10MG/1 ML INJ(1ML)	J0131	HCPCS	both			1.5	0.05	UHC	Medicaid		0.47	31.55			0.05	1.43	percent of total billed charges	
ACETAMINOPHEN 10MG/1 ML INJ(1ML)	J0131	HCPCS	both			1.5	0.05	UHC	Medicare		0.05				0.05	1.43	fee schedule	
ACETAMINOPHEN 10MG/1 ML INJ(1ML)	J0131	HCPCS	both			1.5	0.05	Wellcare	Medicaid		0.47	31.55			0.05	1.43	percent of total billed charges	
ACETAMINOPHEN 10MG/1 ML INJ(1ML)	J0131	HCPCS	both			1.5	0.05	Wellcare	Medicare		0.05				0.05	1.43	fee schedule	
ACETAMINOPHEN 10MG/1 ML INJ(1ML)	J0131	HCPCS	both			1.5	0.05	WellPoint	WellPoint		0.48	32.18			0.05	1.43	percent of total billed charges	
ACETYLCYSTEINE 100 MG INJ.	J0132	HCPCS	both			15	0.81	Aetna	Better Health		4.73	31.55			0.7	14.25	percent of total billed charges	
ACETYLCYSTEINE 100 MG INJ.	J0132	HCPCS	both			15	0.81	Aetna	Commercial		5.7	38			0.7	14.25	percent of total billed charges	
ACETYLCYSTEINE 100 MG INJ.	J0132	HCPCS	both			15	0.81	Aetna	Medicare		0.7				0.7	14.25	fee schedule	
ACETYLCYSTEINE 100 MG INJ.	J0132	HCPCS	both			15	0.81	Americare	Americare		11.25	75			0.7	14.25	percent of total billed charges	
ACETYLCYSTEINE 100 MG INJ.	J0132	HCPCS	both			15	0.81	Amerihealth	Medicare		0.7				0.7	14.25	fee schedule	
ACETYLCYSTEINE 100 MG INJ.	J0132	HCPCS	both			15	0.81	Amerihealth	HMO/PPO		1.63				0.7	14.25	fee schedule	
ACETYLCYSTEINE 100 MG INJ.	J0132	HCPCS	both			15	0.81	Consumer	Consumer		14.25	95			0.7	14.25	percent of total billed charges	
ACETYLCYSTEINE 100 MG INJ.	J0132	HCPCS	both			15	0.81	Corrections	Corrections		12	80			0.7	14.25	percent of total billed charges	
ACETYLCYSTEINE 100 MG INJ.	J0132	HCPCS	both			15	0.81	First Health	First Health		10.5	70			0.7	14.25	percent of total billed charges	
ACETYLCYSTEINE 100 MG INJ.	J0132	HCPCS	both			15	0.81	First Trenton	First Trenton		13.5	90			0.7	14.25	percent of total billed charges	
ACETYLCYSTEINE 100 MG INJ.	J0132	HCPCS	both			15	0.81	Horizon	MGD		5.74	38.28			0.7	14.25	percent of total billed charges	
ACETYLCYSTEINE 100 MG INJ.	J0132	HCPCS	both			15	0.81	Horizon	Indemnity		5.74	38.28			0.7	14.25	percent of total billed charges	
ACETYLCYSTEINE 100 MG INJ.	J0132	HCPCS	both			15	0.81	Horizon	Medicare Blue		4.5	30			0.7	14.25	percent of total billed charges	
ACETYLCYSTEINE 100 MG INJ.	J0132	HCPCS	both			15	0.81	Horizon	PPO		5.74	38.28			0.7	14.25	percent of total billed charges	
ACETYLCYSTEINE 100 MG INJ.	J0132	HCPCS	both			15	0.81	Managed Care Inc	Managed Care Inc		13.5	90			0.7	14.25	percent of total billed charges	
ACETYLCYSTEINE 100 MG INJ.	J0132	HCPCS	both			15	0.81	Multiplan	Multiplan		12	80			0.7	14.25	percent of total billed charges	
ACETYLCYSTEINE 100 MG INJ.	J0132	HCPCS	both			15	0.81	Qualcare	Qualcare		11.25	75			0.7	14.25	percent of total billed charges	
ACETYLCYSTEINE 100 MG INJ.	J0132	HCPCS	both			15	0.81	Three Rivers	Three Rivers		14.25	95			0.7	14.25	percent of total billed charges	
ACETYLCYSTEINE 100 MG INJ.	J0132	HCPCS	both			15	0.81	UHC	Medicaid		4.73	31.55			0.7	14.25	percent of total billed charges	
ACETYLCYSTEINE 100 MG INJ.	J0132	HCPCS	both			15	0.81	UHC	Medicare		0.7				0.7	14.25	fee schedule	
ACETYLCYSTEINE 100 MG INJ.	J0132	HCPCS	both			15	0.81	Wellcare	Medicare		0.7				0.7	14.25	fee schedule	
ACETYLCYSTEINE 100 MG INJ.	J0132	HCPCS	both			15	0.81	Wellcare	Medicaid		4.73	31.55			0.7	14.25	percent of total billed charges	
ACETYLCYSTEINE 100 MG INJ.	J0132	HCPCS	both			15	0.81	WellPoint	WellPoint		4.83	32.18			0.7	14.25	percent of total billed charges	
ACYCLOVIR 5MG	J0133	HCPCS	both			2.5	0.06	Aetna	Commercial		0.95	38			0.06	2.38	percent of total billed charges	
ACYCLOVIR 5MG	J0133	HCPCS	both			2.5	0.06	Aetna	Medicare		0.06				0.06	2.38	fee schedule	
ACYCLOVIR 5MG	J0133	HCPCS	both			2.5	0.06	Aetna	Better Health		0.79	31.55			0.06	2.38	percent of total billed charges	
ACYCLOVIR 5MG	J0133	HCPCS	both			2.5	0.06	Americare	Americare		1.88	75			0.06	2.38	percent of total billed charges	
ACYCLOVIR 5MG	J0133	HCPCS	both			2.5	0.06	Amerihealth	HMO/PPO		0.08				0.06	2.38	fee schedule	
ACYCLOVIR 5MG	J0133	HCPCS	both			2.5	0.06	Amerihealth	Medicare		0.06				0.06	2.38	fee schedule	
ACYCLOVIR 5MG	J0133	HCPCS	both			2.5	0.06	Consumer	Consumer		2.38	95			0.06	2.38	percent of total billed charges	
ACYCLOVIR 5MG	J0133	HCPCS	both			2.5	0.06	Corrections	Corrections		2	80			0.06	2.38	percent of total billed charges	
ACYCLOVIR 5MG	J0133	HCPCS	both			2.5	0.06	First Health	First Health		1.75	70			0.06	2.38	percent of total billed charges	
ACYCLOVIR 5MG	J0133	HCPCS	both			2.5	0.06	First Trenton	First Trenton		2.25	90			0.06	2.38	percent of total billed charges	
ACYCLOVIR 5MG	J0133	HCPCS	both			2.5	0.06	Horizon	MGD		0.96	38.28			0.06	2.38	percent of total billed charges	
ACYCLOVIR 5MG	J0133	HCPCS	both			2.5	0.06	Horizon	Indemnity		0.96	38.28			0.06	2.38	percent of total billed charges	
ACYCLOVIR 5MG	J0133	HCPCS	both			2.5	0.06	Horizon	PPO		0.96	38.28			0.06	2.38	percent of total billed charges	
ACYCLOVIR 5MG	J0133	HCPCS	both			2.5	0.06	Horizon	Medicare Blue		0.75	30			0.06	2.38	percent of total billed charges	
ACYCLOVIR 5MG	J0133	HCPCS	both			2.5	0.06	Managed Care Inc	Managed Care Inc		2.25	90			0.06	2.38	percent of total billed charges	
ACYCLOVIR 5MG	J0133	HCPCS	both			2.5	0.06	Multiplan	Multiplan		2	80			0.06	2.38	percent of total billed charges	
ACYCLOVIR 5MG	J0133	HCPCS	both			2.5	0.06	Qualcare	Qualcare		1.88	75			0.06	2.38	percent of total billed charges	
ACYCLOVIR 5MG	J0133	HCPCS	both			2.5	0.06	Three Rivers	Three Rivers		2.38	95			0.06	2.38	percent of total billed charges	
ACYCLOVIR 5MG	J0133	HCPCS	both			2.5	0.06	UHC	Medicaid		0.79	31.55			0.06	2.38	percent of total billed charges	
ACYCLOVIR 5MG	J0133	HCPCS	both			2.5	0.06	UHC	Medicare		0.06				0.06	2.38	fee schedule	
ACYCLOVIR 5MG	J0133	HCPCS	both			2.5	0.06	Wellcare	Medicare		0.06				0.06	2.38	fee schedule	
ACYCLOVIR 5MG	J0133	HCPCS	both			2.5	0.06	Wellcare	Medicaid		0.79	31.55			0.06	2.38	percent of total billed charges	
ACYCLOVIR 5MG	J0133	HCPCS	both			2.5	0.06	WellPoint	WellPoint		0.8	32.18			0.06	2.38	percent of total billed charges	
ACETAMINOPHEN 10MG INJ (FRESENIUS)	J0134	HCPCS	both			1	0.05	Aetna	Medicare		0.05				0.05	0.95	fee schedule	
ACETAMINOPHEN 10MG INJ (FRESENIUS)	J0134	HCPCS	both			1	0.05	Aetna	Better Health		0.32	31.55			0.05	0.95	percent of total billed charges	
ACETAMINOPHEN 10MG INJ (FRESENIUS)	J0134	HCPCS	both			1	0.05	Aetna	Commercial		0.1				0.05	0.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ACETAMINOPHEN 10MG INJ (FRESENIUS)	J0134	HCPCS	both			1	0.05	Americare	Americare		0.75	75			0.05	0.95	percent of total billed charges	
ACETAMINOPHEN 10MG INJ (FRESENIUS)	J0134	HCPCS	both			1	0.05	Amerihealth	Medicare		0.05				0.05	0.95	fee schedule	
ACETAMINOPHEN 10MG INJ (FRESENIUS)	J0134	HCPCS	both			1	0.05	Amerihealth	HMO/PPO		0.65	65			0.05	0.95	percent of total billed charges	
ACETAMINOPHEN 10MG INJ (FRESENIUS)	J0134	HCPCS	both			1	0.05	Consumer	Consumer		0.95	95			0.05	0.95	percent of total billed charges	
ACETAMINOPHEN 10MG INJ (FRESENIUS)	J0134	HCPCS	both			1	0.05	Corrections	Corrections		0.8	80			0.05	0.95	percent of total billed charges	
ACETAMINOPHEN 10MG INJ (FRESENIUS)	J0134	HCPCS	both			1	0.05	First Health	First Health		0.7	70			0.05	0.95	percent of total billed charges	
ACETAMINOPHEN 10MG INJ (FRESENIUS)	J0134	HCPCS	both			1	0.05	First Trenton	First Trenton		0.9	90			0.05	0.95	percent of total billed charges	
ACETAMINOPHEN 10MG INJ (FRESENIUS)	J0134	HCPCS	both			1	0.05	Horizon	Indemnity		0.11				0.05	0.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ACETAMINOPHEN 10MG INJ (FRESENIUS)	J0134	HCPCS	both			1	0.05	Horizon	PPO		0.11				0.05	0.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ACETAMINOPHEN 10MG INJ (FRESENIUS)	J0134	HCPCS	both			1	0.05	Horizon	MGD		0.11				0.05	0.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ACETAMINOPHEN 10MG INJ (FRESENIUS)	J0134	HCPCS	both			1	0.05	Horizon	Medicare Blue		0.06				0.05	0.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ACETAMINOPHEN 10MG INJ (FRESENIUS)	J0134	HCPCS	both			1	0.05	Managed Care Inc	Managed Care Inc		0.9	90			0.05	0.95	percent of total billed charges	
ACETAMINOPHEN 10MG INJ (FRESENIUS)	J0134	HCPCS	both			1	0.05	Multiplan	Multiplan		0.8	80			0.05	0.95	percent of total billed charges	
ACETAMINOPHEN 10MG INJ (FRESENIUS)	J0134	HCPCS	both			1	0.05	Qualcare	Qualcare		0.75	75			0.05	0.95	percent of total billed charges	
ACETAMINOPHEN 10MG INJ (FRESENIUS)	J0134	HCPCS	both			1	0.05	Three Rivers	Three Rivers		0.95	95			0.05	0.95	percent of total billed charges	
ACETAMINOPHEN 10MG INJ (FRESENIUS)	J0134	HCPCS	both			1	0.05	UHC	Medicaid		0.32	31.55			0.05	0.95	percent of total billed charges	
ACETAMINOPHEN 10MG INJ (FRESENIUS)	J0134	HCPCS	both			1	0.05	UHC	Medicare		0.05				0.05	0.95	fee schedule	
ACETAMINOPHEN 10MG INJ (FRESENIUS)	J0134	HCPCS	both			1	0.05	United	CommercialPPO		0.13				0.05	0.95	fee schedule	
ACETAMINOPHEN 10MG INJ (FRESENIUS)	J0134	HCPCS	both			1	0.05	United	Oxford		0.13				0.05	0.95	fee schedule	
ACETAMINOPHEN 10MG INJ (FRESENIUS)	J0134	HCPCS	both			1	0.05	Wellcare	Medicare		0.05				0.05	0.95	fee schedule	
ACETAMINOPHEN 10MG INJ (FRESENIUS)	J0134	HCPCS	both			1	0.05	Wellcare	Medicaid		0.32	31.55			0.05	0.95	percent of total billed charges	
ACETAMINOPHEN 10MG INJ (FRESENIUS)	J0134	HCPCS	both			1	0.05	WellPoint	WellPoint		0.32	32.18			0.05	0.95	percent of total billed charges	
ADALIMUMAB(HUMIRA) 20MG INJ	J0135	HCPCS	outpatient			3218	2532.31	Aetna	Commercial		3505.6				934.59	4586.23	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADALIMUMAB(HUMIRA) 20MG INJ	J0135	HCPCS	outpatient			3218	2532.31	Aetna	Better Health		1015.28	31.55			934.59	4586.23	percent of total billed charges	
ADALIMUMAB(HUMIRA) 20MG INJ	J0135	HCPCS	outpatient			3218	2532.31	Aetna	Medicare		2202.01				934.59	4586.23	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADALIMUMAB(HUMIRA) 20MG INJ	J0135	HCPCS	outpatient			3218	2532.31	Americare	Americare		2413.5	75			934.59	4586.23	percent of total billed charges	
ADALIMUMAB(HUMIRA) 20MG INJ	J0135	HCPCS	outpatient			3218	2532.31	Amerihealth	HMO/PPO		934.59				934.59	4586.23	fee schedule	
ADALIMUMAB(HUMIRA) 20MG INJ	J0135	HCPCS	outpatient			3218	2532.31	Amerihealth	Medicare		2202.01				934.59	4586.23	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADALIMUMAB(HUMIRA) 20MG INJ	J0135	HCPCS	outpatient			3218	2532.31	Consumer	Consumer		3057.1	95			934.59	4586.23	percent of total billed charges	
ADALIMUMAB(HUMIRA) 20MG INJ	J0135	HCPCS	outpatient			3218	2532.31	Corrections	Corrections		2574.4	80			934.59	4586.23	percent of total billed charges	
ADALIMUMAB(HUMIRA) 20MG INJ	J0135	HCPCS	outpatient			3218	2532.31	First Health	First Health		2252.6	70			934.59	4586.23	percent of total billed charges	
ADALIMUMAB(HUMIRA) 20MG INJ	J0135	HCPCS	outpatient			3218	2532.31	First Trenton	First Trenton		2896.2	90			934.59	4586.23	percent of total billed charges	
ADALIMUMAB(HUMIRA) 20MG INJ	J0135	HCPCS	outpatient			3218	2532.31	Horizon	MGD		4097.94				934.59	4586.23	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADALIMUMAB(HUMIRA) 20MG INJ	J0135	HCPCS	outpatient			3218	2532.31	Horizon	Medicare Blue		2202.01				934.59	4586.23	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADALIMUMAB(HUMIRA) 20MG INJ	J0135	HCPCS	outpatient			3218	2532.31	Horizon	PPO		4097.94				934.59	4586.23	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADALIMUMAB(HUMIRA) 20MG INJ	J0135	HCPCS	outpatient			3218	2532.31	Horizon	Indemnity		4097.94				934.59	4586.23	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADALIMUMAB(HUMIRA) 20MG INJ	J0135	HCPCS	outpatient			3218	2532.31	Managed Care Inc	Managed Care Inc		2896.2	90			934.59	4586.23	percent of total billed charges	
ADALIMUMAB(HUMIRA) 20MG INJ	J0135	HCPCS	outpatient			3218	2532.31	Multiplan	Multiplan		2574.4	80			934.59	4586.23	percent of total billed charges	
ADALIMUMAB(HUMIRA) 20MG INJ	J0135	HCPCS	outpatient			3218	2532.31	Qualcare	Qualcare		2413.5	75			934.59	4586.23	percent of total billed charges	
ADALIMUMAB(HUMIRA) 20MG INJ	J0135	HCPCS	outpatient			3218	2532.31	Three Rivers	Three Rivers		3057.1	95			934.59	4586.23	percent of total billed charges	
ADALIMUMAB(HUMIRA) 20MG INJ	J0135	HCPCS	outpatient			3218	2532.31	UHC	Medicaid		1015.28	31.55			934.59	4586.23	percent of total billed charges	
ADALIMUMAB(HUMIRA) 20MG INJ	J0135	HCPCS	outpatient			3218	2532.31	UHC	Medicare		2202.01				934.59	4586.23	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADALIMUMAB(HUMIRA) 20MG INJ	J0135	HCPCS	outpatient			3218	2532.31	United	CommercialPPO		4586.23				934.59	4586.23	fee schedule	
ADALIMUMAB(HUMIRA) 20MG INJ	J0135	HCPCS	outpatient			3218	2532.31	United	Oxford		4586.23				934.59	4586.23	fee schedule	
ADALIMUMAB(HUMIRA) 20MG INJ	J0135	HCPCS	outpatient			3218	2532.31	Wellcare	Medicare		2202.01				934.59	4586.23	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADALIMUMAB(HUMIRA) 20MG INJ	J0135	HCPCS	outpatient			3218	2532.31	Wellcare	Medicaid		1015.28	31.55			934.59	4586.23	percent of total billed charges	
ADALIMUMAB(HUMIRA) 20MG INJ	J0135	HCPCS	outpatient			3218	2532.31	WellPoint	WellPoint		1035.55	32.18			934.59	4586.23	percent of total billed charges	
ACETAMINOPHEN 10MG INJ (B BRAUN))	J0136	HCPCS	both			1	0.06	Aetna	Commercial		0.1				0.06	0.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ACETAMINOPHEN 10MG INJ (B BRAUN))	J0136	HCPCS	both			1	0.06	Aetna	Medicare		0.06				0.06	0.95	fee schedule	
ACETAMINOPHEN 10MG INJ (B BRAUN))	J0136	HCPCS	both			1	0.06	Aetna	Better Health		0.32	31.55			0.06	0.95	percent of total billed charges	
ACETAMINOPHEN 10MG INJ (B BRAUN))	J0136	HCPCS	both			1	0.06	Americare	Americare		0.75	75			0.06	0.95	percent of total billed charges	
ACETAMINOPHEN 10MG INJ (B BRAUN))	J0136	HCPCS	both			1	0.06	Amerihealth	HMO/PPO		0.65	65			0.06	0.95	percent of total billed charges	
ACETAMINOPHEN 10MG INJ (B BRAUN))	J0136	HCPCS	both			1	0.06	Amerihealth	Medicare		0.06				0.06	0.95	fee schedule	
ACETAMINOPHEN 10MG INJ (B BRAUN))	J0136	HCPCS	both			1	0.06	Consumer	Consumer		0.95	95			0.06	0.95	percent of total billed charges	
ACETAMINOPHEN 10MG INJ (B BRAUN))	J0136	HCPCS	both			1	0.06	Corrections	Corrections		0.8	80			0.06	0.95	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ACETAMINOPHEN 10MG INJ (B BRAUN))	J0136	HCPCS	both			1	0.06	First Health	First Health		0.7	70			0.06	0.06	0.95 percent of total billed charges	
ACETAMINOPHEN 10MG INJ (B BRAUN))	J0136	HCPCS	both			1	0.06	First Trenton	First Trenton		0.9	90			0.06	0.06	0.95 percent of total billed charges	
ACETAMINOPHEN 10MG INJ (B BRAUN))	J0136	HCPCS	both			1	0.06	Horizon	Medicare Blue		0.06				0.06	0.06	0.95 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ACETAMINOPHEN 10MG INJ (B BRAUN))	J0136	HCPCS	both			1	0.06	Horizon	Indemnity		0.11				0.06	0.06	0.95 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ACETAMINOPHEN 10MG INJ (B BRAUN))	J0136	HCPCS	both			1	0.06	Horizon	MGD		0.11				0.06	0.06	0.95 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ACETAMINOPHEN 10MG INJ (B BRAUN))	J0136	HCPCS	both			1	0.06	Horizon	PPO		0.11				0.06	0.06	0.95 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ACETAMINOPHEN 10MG INJ (B BRAUN))	J0136	HCPCS	both			1	0.06	Managed Care Inc	Managed Care Inc		0.9	90			0.06	0.06	0.95 percent of total billed charges	
ACETAMINOPHEN 10MG INJ (B BRAUN))	J0136	HCPCS	both			1	0.06	Multiplan	Multiplan		0.8	80			0.06	0.06	0.95 percent of total billed charges	
ACETAMINOPHEN 10MG INJ (B BRAUN))	J0136	HCPCS	both			1	0.06	Qualcare	Qualcare		0.75	75			0.06	0.06	0.95 percent of total billed charges	
ACETAMINOPHEN 10MG INJ (B BRAUN))	J0136	HCPCS	both			1	0.06	Three Rivers	Three Rivers		0.95	95			0.06	0.06	0.95 percent of total billed charges	
ACETAMINOPHEN 10MG INJ (B BRAUN))	J0136	HCPCS	both			1	0.06	UHC	Medicaid		0.32	31.55			0.06	0.06	0.95 percent of total billed charges	
ACETAMINOPHEN 10MG INJ (B BRAUN))	J0136	HCPCS	both			1	0.06	UHC	Medicare		0.06				0.06	0.06	0.95 fee schedule	
ACETAMINOPHEN 10MG INJ (B BRAUN))	J0136	HCPCS	both			1	0.06	United	Oxford		0.15				0.06	0.06	0.95 fee schedule	
ACETAMINOPHEN 10MG INJ (B BRAUN))	J0136	HCPCS	both			1	0.06	United	Commercial|PPO		0.15				0.06	0.06	0.95 fee schedule	
ACETAMINOPHEN 10MG INJ (B BRAUN))	J0136	HCPCS	both			1	0.06	Wellcare	Medicaid		0.32	31.55			0.06	0.06	0.95 percent of total billed charges	
ACETAMINOPHEN 10MG INJ (B BRAUN))	J0136	HCPCS	both			1	0.06	Wellcare	Medicare		0.06				0.06	0.06	0.95 fee schedule	
ACETAMINOPHEN 10MG INJ (B BRAUN))	J0136	HCPCS	both			1	0.06	WellPoint	WellPoint		0.32	32.18			0.06	0.06	0.95 percent of total billed charges	
ADENOSINE PER MG	J0153	HCPCS	both			21.5	0.69	Aetna	Commercial		8.17	38			0.6	0.6	20.43 percent of total billed charges	
ADENOSINE PER MG	J0153	HCPCS	both			21.5	0.69	Aetna	Medicare		0.6				0.6	0.6	20.43 fee schedule	
ADENOSINE PER MG	J0153	HCPCS	both			21.5	0.69	Aetna	Better Health		6.78	31.55			0.6	0.6	20.43 percent of total billed charges	
ADENOSINE PER MG	J0153	HCPCS	both			21.5	0.69	Americare	Americare		16.13	75			0.6	0.6	20.43 percent of total billed charges	
ADENOSINE PER MG	J0153	HCPCS	both			21.5	0.69	Amerihealth	HMO/PPO		0.68				0.6	0.6	20.43 fee schedule	
ADENOSINE PER MG	J0153	HCPCS	both			21.5	0.69	Amerihealth	Medicare		0.6				0.6	0.6	20.43 fee schedule	
ADENOSINE PER MG	J0153	HCPCS	both			21.5	0.69	Consumer	Consumer		20.43	95			0.6	0.6	20.43 percent of total billed charges	
ADENOSINE PER MG	J0153	HCPCS	both			21.5	0.69	Corrections	Corrections		17.2	80			0.6	0.6	20.43 percent of total billed charges	
ADENOSINE PER MG	J0153	HCPCS	both			21.5	0.69	First Health	First Health		15.05	70			0.6	0.6	20.43 percent of total billed charges	
ADENOSINE PER MG	J0153	HCPCS	both			21.5	0.69	First Trenton	First Trenton		19.35	90			0.6	0.6	20.43 percent of total billed charges	
ADENOSINE PER MG	J0153	HCPCS	both			21.5	0.69	Horizon	MGD		8.23	38.28			0.6	0.6	20.43 percent of total billed charges	
ADENOSINE PER MG	J0153	HCPCS	both			21.5	0.69	Horizon	Indemnity		8.23	38.28			0.6	0.6	20.43 percent of total billed charges	
ADENOSINE PER MG	J0153	HCPCS	both			21.5	0.69	Horizon	PPO		8.23	38.28			0.6	0.6	20.43 percent of total billed charges	
ADENOSINE PER MG	J0153	HCPCS	both			21.5	0.69	Horizon	Medicare Blue		6.45	30			0.6	0.6	20.43 percent of total billed charges	
ADENOSINE PER MG	J0153	HCPCS	both			21.5	0.69	Managed Care Inc	Managed Care Inc		19.35	90			0.6	0.6	20.43 percent of total billed charges	
ADENOSINE PER MG	J0153	HCPCS	both			21.5	0.69	Multiplan	Multiplan		17.2	80			0.6	0.6	20.43 percent of total billed charges	
ADENOSINE PER MG	J0153	HCPCS	both			21.5	0.69	Qualcare	Qualcare		16.13	75			0.6	0.6	20.43 percent of total billed charges	
ADENOSINE PER MG	J0153	HCPCS	both			21.5	0.69	Three Rivers	Three Rivers		20.43	95			0.6	0.6	20.43 percent of total billed charges	
ADENOSINE PER MG	J0153	HCPCS	both			21.5	0.69	UHC	Medicare		0.6				0.6	0.6	20.43 fee schedule	
ADENOSINE PER MG	J0153	HCPCS	both			21.5	0.69	UHC	Medicaid		6.78	31.55			0.6	0.6	20.43 percent of total billed charges	
ADENOSINE PER MG	J0153	HCPCS	both			21.5	0.69	Wellcare	Medicaid		6.78	31.55			0.6	0.6	20.43 percent of total billed charges	
ADENOSINE PER MG	J0153	HCPCS	both			21.5	0.69	Wellcare	Medicare		0.6				0.6	0.6	20.43 fee schedule	
ADENOSINE PER MG	J0153	HCPCS	both			21.5	0.69	WellPoint	WellPoint		6.92	32.18			0.6	0.6	20.43 percent of total billed charges	
EPINEPHRINE 1ML AMPULE INJ	J0171	HCPCS	both			294.5	0.86	Aetna	Better Health		92.91	31.55			0.15	0.15	279.78 percent of total billed charges	
EPINEPHRINE 1ML AMPULE INJ	J0171	HCPCS	both			294.5	0.86	Aetna	Medicare		0.75				0.15	0.15	279.78 fee schedule	
EPINEPHRINE 1ML AMPULE INJ	J0171	HCPCS	both			294.5	0.86	Aetna	Commercial		111.91	38			0.15	0.15	279.78 percent of total billed charges	
EPINEPHRINE 1ML AMPULE INJ	J0171	HCPCS	both			294.5	0.86	Americare	Americare		220.88	75			0.15	0.15	279.78 percent of total billed charges	
EPINEPHRINE 1ML AMPULE INJ	J0171	HCPCS	both			294.5	0.86	Amerihealth	Medicare		0.75				0.15	0.15	279.78 fee schedule	
EPINEPHRINE 1ML AMPULE INJ	J0171	HCPCS	both			294.5	0.86	Amerihealth	HMO/PPO		0.15				0.15	0.15	279.78 fee schedule	
EPINEPHRINE 1ML AMPULE INJ	J0171	HCPCS	both			294.5	0.86	Consumer	Consumer		279.78	95			0.15	0.15	279.78 percent of total billed charges	
EPINEPHRINE 1ML AMPULE INJ	J0171	HCPCS	both			294.5	0.86	Corrections	Corrections		235.6	80			0.15	0.15	279.78 percent of total billed charges	
EPINEPHRINE 1ML AMPULE INJ	J0171	HCPCS	both			294.5	0.86	First Health	First Health		206.15	70			0.15	0.15	279.78 percent of total billed charges	
EPINEPHRINE 1ML AMPULE INJ	J0171	HCPCS	both			294.5	0.86	First Trenton	First Trenton		265.05	90			0.15	0.15	279.78 percent of total billed charges	
EPINEPHRINE 1ML AMPULE INJ	J0171	HCPCS	both			294.5	0.86	Horizon	MGD		112.73	38.28			0.15	0.15	279.78 percent of total billed charges	
EPINEPHRINE 1ML AMPULE INJ	J0171	HCPCS	both			294.5	0.86	Horizon	Indemnity		112.73	38.28			0.15	0.15	279.78 percent of total billed charges	
EPINEPHRINE 1ML AMPULE INJ	J0171	HCPCS	both			294.5	0.86	Horizon	PPO		112.73	38.28			0.15	0.15	279.78 percent of total billed charges	
EPINEPHRINE 1ML AMPULE INJ	J0171	HCPCS	both			294.5	0.86	Horizon	Medicare Blue		88.35	30			0.15	0.15	279.78 percent of total billed charges	
EPINEPHRINE 1ML AMPULE INJ	J0171	HCPCS	both			294.5	0.86	Managed Care Inc	Managed Care Inc		265.05	90			0.15	0.15	279.78 percent of total billed charges	
EPINEPHRINE 1ML AMPULE INJ	J0171	HCPCS	both			294.5	0.86	Multiplan	Multiplan		235.6	80			0.15	0.15	279.78 percent of total billed charges	
EPINEPHRINE 1ML AMPULE INJ	J0171	HCPCS	both			294.5	0.86	Qualcare	Qualcare		220.88	75			0.15	0.15	279.78 percent of total billed charges	
EPINEPHRINE 1ML AMPULE INJ	J0171	HCPCS	both			294.5	0.86	Three Rivers	Three Rivers		279.78	95			0.15	0.15	279.78 percent of total billed charges	
EPINEPHRINE 1ML AMPULE INJ	J0171	HCPCS	both			294.5	0.86	UHC	Medicaid		92.91	31.55			0.15	0.15	279.78 percent of total billed charges	
EPINEPHRINE 1ML AMPULE INJ	J0171	HCPCS	both			294.5	0.86	UHC	Medicare		0.75				0.15	0.15	279.78 fee schedule	
EPINEPHRINE 1ML AMPULE INJ	J0171	HCPCS	both			294.5	0.86	Wellcare	Medicare		0.75				0.15	0.15	279.78 fee schedule	
EPINEPHRINE 1ML AMPULE INJ	J0171	HCPCS	both			294.5	0.86	Wellcare	Medicaid		92.91	31.55			0.15	0.15	279.78 percent of total billed charges	
EPINEPHRINE 1ML AMPULE INJ	J0171	HCPCS	both			294.5	0.86	WellPoint	WellPoint		94.77	32.18			0.15	0.15	279.78 percent of total billed charges	
AFLIBERCEPT 1 MG INJ	J0178	HCPCS	both			4056.5	991.62	Aetna	Medicare		862.28				862.28	862.28	3853.68 fee schedule	
AFLIBERCEPT 1 MG INJ	J0178	HCPCS	both			4056.5	991.62	Aetna	Better Health		1279.83	31.55			862.28	862.28	3853.68 percent of total billed charges	
AFLIBERCEPT 1 MG INJ	J0178	HCPCS	both			4056.5	991.62	Aetna	Commercial		1607.35				862.28	862.28	3853.68 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AFLIBERCEPT 1 MG INJ	J0178	HCPCS	both			4056.5	991.62	Americare	Americare		3042.38	75			862.28	862.28	3853.68 percent of total billed charges	
AFLIBERCEPT 1 MG INJ	J0178	HCPCS	both			4056.5	991.62	Amerihealth	HMO/PPO		1083.7				862.28	862.28	3853.68 fee schedule	
AFLIBERCEPT 1 MG INJ	J0178	HCPCS	both			4056.5	991.62	Amerihealth	Medicare		862.28				862.28	862.28	3853.68 fee schedule	
AFLIBERCEPT 1 MG INJ	J0178	HCPCS	both			4056.5	991.62	Consumer	Consumer		3853.68	95			862.28	862.28	3853.68 percent of total billed charges	
AFLIBERCEPT 1 MG INJ	J0178	HCPCS	both			4056.5	991.62	Corrections	Corrections		3245.2	80			862.28	862.28	3853.68 percent of total billed charges	
AFLIBERCEPT 1 MG INJ	J0178	HCPCS	both			4056.5	991.62	First Health	First Health		2839.55	70			862.28	862.28	3853.68 percent of total billed charges	
AFLIBERCEPT 1 MG INJ	J0178	HCPCS	both			4056.5	991.62	First Trenton	First Trenton		3650.85	90			862.28	862.28	3853.68 percent of total billed charges	
AFLIBERCEPT 1 MG INJ	J0178	HCPCS	both			4056.5	991.62	Horizon	MGD		1878.94				862.28	862.28	3853.68 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AFLIBERCEPT 1 MG INJ	J0178	HCPCS	both			4056.5	991.62	Horizon	Indemnity		1878.94				862.28	862.28	3853.68 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AFLIBERCEPT 1 MG INJ	J0178	HCPCS	both			4056.5	991.62	Horizon	Medicare Blue		1009.64				862.28	862.28	3853.68 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AFLIBERCEPT 1 MG INJ	J0178	HCPCS	both			4056.5	991.62	Horizon	PPO		1878.94				862.28	862.28	3853.68 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AFLIBERCEPT 1 MG INJ	J0178	HCPCS	both			4056.5	991.62	Managed Care Inc	Managed Care Inc		3650.85	90			862.28	862.28	3853.68 percent of total billed charges	
AFLIBERCEPT 1 MG INJ	J0178	HCPCS	both			4056.5	991.62	Multiplan	Multiplan		3245.2	80			862.28	862.28	3853.68 percent of total billed charges	
AFLIBERCEPT 1 MG INJ	J0178	HCPCS	both			4056.5	991.62	Qualcare	Qualcare		3042.38	75			862.28	862.28	3853.68 percent of total billed charges	
AFLIBERCEPT 1 MG INJ	J0178	HCPCS	both			4056.5	991.62	Three Rivers	Three Rivers		3853.68	95			862.28	862.28	3853.68 percent of total billed charges	
AFLIBERCEPT 1 MG INJ	J0178	HCPCS	both			4056.5	991.62	UHC	Medicare		862.28				862.28	862.28	3853.68 fee schedule	
AFLIBERCEPT 1 MG INJ	J0178	HCPCS	both			4056.5	991.62	UHC	Medicaid		1279.83	31.55			862.28	862.28	3853.68 percent of total billed charges	
AFLIBERCEPT 1 MG INJ	J0178	HCPCS	both			4056.5	991.62	United	Commercial|PPO		2155.7				862.28	862.28	3853.68 fee schedule	
AFLIBERCEPT 1 MG INJ	J0178	HCPCS	both			4056.5	991.62	United	Oxford		2155.7				862.28	862.28	3853.68 fee schedule	
AFLIBERCEPT 1 MG INJ	J0178	HCPCS	both			4056.5	991.62	Wellcare	Medicare		862.28				862.28	862.28	3853.68 fee schedule	
AFLIBERCEPT 1 MG INJ	J0178	HCPCS	both			4056.5	991.62	Wellcare	Medicaid		1279.83	31.55			862.28	862.28	3853.68 percent of total billed charges	
AFLIBERCEPT 1 MG INJ	J0178	HCPCS	both			4056.5	991.62	WellPoint	WellPoint		1305.38	32.18			862.28	862.28	3853.68 percent of total billed charges	
BROLUCIZUMAB(BEOVU) 1MG INJ	J0179	HCPCS	outpatient			1275.5	374.03	Aetna	Commercial		622.36				325.24	325.24	1211.73 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BROLUCIZUMAB(BEOVU) 1MG INJ	J0179	HCPCS	outpatient			1275.5	374.03	Aetna	Medicare		325.24				325.24	325.24	1211.73 fee schedule	
BROLUCIZUMAB(BEOVU) 1MG INJ	J0179	HCPCS	outpatient			1275.5	374.03	Aetna	Better Health		402.42	31.55			325.24	325.24	1211.73 percent of total billed charges	
BROLUCIZUMAB(BEOVU) 1MG INJ	J0179	HCPCS	outpatient			1275.5	374.03	Americare	Americare		956.63	75			325.24	325.24	1211.73 percent of total billed charges	
BROLUCIZUMAB(BEOVU) 1MG INJ	J0179	HCPCS	outpatient			1275.5	374.03	Amerihealth	Medicare		325.24				325.24	325.24	1211.73 fee schedule	
BROLUCIZUMAB(BEOVU) 1MG INJ	J0179	HCPCS	outpatient			1275.5	374.03	Amerihealth	HMO/PPO		829.08	65			325.24	325.24	1211.73 percent of total billed charges	
BROLUCIZUMAB(BEOVU) 1MG INJ	J0179	HCPCS	outpatient			1275.5	374.03	Consumer	Consumer		1211.73	95			325.24	325.24	1211.73 percent of total billed charges	
BROLUCIZUMAB(BEOVU) 1MG INJ	J0179	HCPCS	outpatient			1275.5	374.03	Corrections	Corrections		1020.4	80			325.24	325.24	1211.73 percent of total billed charges	
BROLUCIZUMAB(BEOVU) 1MG INJ	J0179	HCPCS	outpatient			1275.5	374.03	First Health	First Health		892.85	70			325.24	325.24	1211.73 percent of total billed charges	
BROLUCIZUMAB(BEOVU) 1MG INJ	J0179	HCPCS	outpatient			1275.5	374.03	First Trenton	First Trenton		1147.95	90			325.24	325.24	1211.73 percent of total billed charges	
BROLUCIZUMAB(BEOVU) 1MG INJ	J0179	HCPCS	outpatient			1275.5	374.03	Horizon	MGD		727.52				325.24	325.24	1211.73 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BROLUCIZUMAB(BEOVU) 1MG INJ	J0179	HCPCS	outpatient			1275.5	374.03	Horizon	Indemnity		727.52				325.24	325.24	1211.73 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BROLUCIZUMAB(BEOVU) 1MG INJ	J0179	HCPCS	outpatient			1275.5	374.03	Horizon	Medicare Blue		390.93				325.24	325.24	1211.73 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BROLUCIZUMAB(BEOVU) 1MG INJ	J0179	HCPCS	outpatient			1275.5	374.03	Horizon	PPO		727.52				325.24	325.24	1211.73 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BROLUCIZUMAB(BEOVU) 1MG INJ	J0179	HCPCS	outpatient			1275.5	374.03	Managed Care Inc	Managed Care Inc		1147.95	90			325.24	325.24	1211.73 percent of total billed charges	
BROLUCIZUMAB(BEOVU) 1MG INJ	J0179	HCPCS	outpatient			1275.5	374.03	Multiplan	Multiplan		1020.4	80			325.24	325.24	1211.73 percent of total billed charges	
BROLUCIZUMAB(BEOVU) 1MG INJ	J0179	HCPCS	outpatient			1275.5	374.03	Qualcare	Qualcare		956.63	75			325.24	325.24	1211.73 percent of total billed charges	
BROLUCIZUMAB(BEOVU) 1MG INJ	J0179	HCPCS	outpatient			1275.5	374.03	Three Rivers	Three Rivers		1211.73	95			325.24	325.24	1211.73 percent of total billed charges	
BROLUCIZUMAB(BEOVU) 1MG INJ	J0179	HCPCS	outpatient			1275.5	374.03	UHC	Medicaid		402.42	31.55			325.24	325.24	1211.73 percent of total billed charges	
BROLUCIZUMAB(BEOVU) 1MG INJ	J0179	HCPCS	outpatient			1275.5	374.03	UHC	Medicare		325.24				325.24	325.24	1211.73 fee schedule	
BROLUCIZUMAB(BEOVU) 1MG INJ	J0179	HCPCS	outpatient			1275.5	374.03	United	Oxford		813.1				325.24	325.24	1211.73 fee schedule	
BROLUCIZUMAB(BEOVU) 1MG INJ	J0179	HCPCS	outpatient			1275.5	374.03	United	Commercial|PPO		813.1				325.24	325.24	1211.73 fee schedule	
BROLUCIZUMAB(BEOVU) 1MG INJ	J0179	HCPCS	outpatient			1275.5	374.03	Wellcare	Medicaid		402.42	31.55			325.24	325.24	1211.73 percent of total billed charges	
BROLUCIZUMAB(BEOVU) 1MG INJ	J0179	HCPCS	outpatient			1275.5	374.03	Wellcare	Medicare		325.24				325.24	325.24	1211.73 fee schedule	
BROLUCIZUMAB(BEOVU) 1MG INJ	J0179	HCPCS	outpatient			1275.5	374.03	WellPoint	WellPoint		410.46	32.18			325.24	325.24	1211.73 percent of total billed charges	
AMIFOSTINE 500MG INJ	J0207	HCPCS	outpatient			3392		Aetna	Better Health		1070.18	31.55			451.89	451.89	3222.4 percent of total billed charges	
AMIFOSTINE 500MG INJ	J0207	HCPCS	outpatient			3392		Aetna	Commercial		1288.96	38			451.89	451.89	3222.4 percent of total billed charges	
AMIFOSTINE 500MG INJ	J0207	HCPCS	outpatient			3392		Aetna	Medicare		1044.74	30.8			451.89	451.89	3222.4 percent of total billed charges	
AMIFOSTINE 500MG INJ	J0207	HCPCS	outpatient			3392		Americare	Americare		2544	75			451.89	451.89	3222.4 percent of total billed charges	
AMIFOSTINE 500MG INJ	J0207	HCPCS	outpatient			3392		Amerihealth	HMO/PPO		451.89				451.89	451.89	3222.4 fee schedule	
AMIFOSTINE 500MG INJ	J0207	HCPCS	outpatient			3392		Consumer	Consumer		3222.4	95			451.89	451.89	3222.4 percent of total billed charges	
AMIFOSTINE 500MG INJ	J0207	HCPCS	outpatient			3392		Corrections	Corrections		2713.6	80			451.89	451.89	3222.4 percent of total billed charges	
AMIFOSTINE 500MG INJ	J0207	HCPCS	outpatient			3392		First Health	First Health		2374.4	70			451.89	451.89	3222.4 percent of total billed charges	
AMIFOSTINE 500MG INJ	J0207	HCPCS	outpatient			3392		First Trenton	First Trenton		3052.8	90			451.89	451.89	3222.4 percent of total billed charges	
AMIFOSTINE 500MG INJ	J0207	HCPCS	outpatient			3392		Horizon	Indemnity		1298.46	38.28			451.89	451.89	3222.4 percent of total billed charges	
AMIFOSTINE 500MG INJ	J0207	HCPCS	outpatient			3392		Horizon	PPO		1298.46	38.28			451.89	451.89	3222.4 percent of total billed charges	
AMIFOSTINE 500MG INJ	J0207	HCPCS	outpatient			3392		Horizon	MGD		1298.46	38.28			451.89	451.89	3222.4 percent of total billed charges	
AMIFOSTINE 500MG INJ	J0207	HCPCS	outpatient			3392		Horizon	Medicare Blue		1017.6	30			451.89	451.89	3222.4 percent of total billed charges	
AMIFOSTINE 500MG INJ	J0207	HCPCS	outpatient			3392		Managed Care Inc	Managed Care Inc		3052.8	90			451.89	451.89	3222.4 percent of total billed charges	
AMIFOSTINE 500MG INJ	J0207	HCPCS	outpatient			3392		Multiplan	Multiplan		2713.6	80			451.89	451.89	3222.4 percent of total billed charges	
AMIFOSTINE 500MG INJ	J0207	HCPCS	outpatient			3392		Qualcare	Qualcare		2544	75			451.89	451.89	3222.4 percent of total billed charges	
AMIFOSTINE 500MG INJ	J0207	HCPCS	outpatient			3392		Three Rivers	Three Rivers		3222.4	95			451.89	451.89	3222.4 percent of total billed charges	
AMIFOSTINE 500MG INJ	J0207	HCPCS	outpatient			3392		UHC	Medicaid		1070.18	31.55			451.89	451.89	3222.4 percent of total billed charges	
AMIFOSTINE 500MG INJ	J0207	HCPCS	outpatient			3392		Wellcare	Medicaid		1070.18	31.55			451.89	451.89	3222.4 percent of total billed charges	
AMIFOSTINE 500MG INJ	J0207	HCPCS	outpatient			3392		WellPoint	WellPoint		1091.55	32.18			451.89	451.89	3222.4 percent of total billed charges	
METHYLDOPATE 250MG/INJ	J0210	HCPCS	outpatient			66.5		Aetna	Better Health		20.98	31.55			19.95	19.95	63.18 percent of total billed charges	
METHYLDOPATE 250MG/INJ	J0210	HCPCS	outpatient			66.5		Aetna	Commercial		25.27	38			19.95	19.95	63.18 percent of total billed charges	
METHYLDOPATE 250MG/INJ	J0210	HCPCS	outpatient			66.5		Aetna	Medicare		20.48	30.8			19.95	19.95	63.18 percent of total billed charges	
METHYLDOPATE 250MG/INJ	J0210	HCPCS	outpatient			66.5		Americare	Americare		49.88	75			19.95	19.95	63.18 percent of total billed charges	
METHYLDOPATE 250MG/INJ	J0210	HCPCS	outpatient			66.5		Amerihealth	HMO/PPO		46				19.95	19.95	63.18 fee schedule	
METHYLDOPATE 250MG/INJ	J0210	HCPCS	outpatient			66.5		Consumer	Consumer		63.18	95			19.95	19.95	63.18 percent of total billed charges	
METHYLDOPATE 250MG/INJ	J0210	HCPCS	outpatient			66.5		Corrections	Corrections		53.2	80			19.95	19.95	63.18 percent of total billed charges	
METHYLDOPATE 250MG/INJ	J0210	HCPCS	outpatient			66.5		First Health	First Health		46.55	70			19.95	19.95	63.18 percent of total billed charges	
METHYLDOPATE 250MG/INJ	J0210	HCPCS	outpatient			66.5		First Trenton	First Trenton		59.85	90			19.95	19.95	63.18 percent of total billed charges	
METHYLDOPATE 250MG/INJ	J0210	HCPCS	outpatient			66.5		Horizon	MGD		25.46	38.28			19.95	19.95	63.18 percent of total billed charges	
METHYLDOPATE 250MG/INJ	J0210	HCPCS	outpatient			66.5		Horizon	Indemnity		25.46	38.28			19.95	19.95	63.18 percent of total billed charges	
METHYLDOPATE 250MG/INJ	J0210	HCPCS	outpatient			66.5		Horizon	Medicare Blue		19.95	30			19.95	19.95	63.18 percent of total billed charges	
METHYLDOPATE 250MG/INJ	J0210	HCPCS	outpatient			66.5		Horizon	PPO		25.46	38.28			19.95	19.95	63.18 percent of total billed charges	
METHYLDOPATE 250MG/INJ	J0210	HCPCS	outpatient			66.5		Managed Care Inc	Managed Care Inc		59.85	90			19.95	19.95	63.18 percent of total billed charges	
METHYLDOPATE 250MG/INJ	J0210	HCPCS	outpatient			66.5		Multiplan	Multiplan		53.2	80			19.95	19.95	63.18 percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
METHYLDOPATE 250MG/INJ	J0210	HCPCS	outpatient			66.5		Qualcare	Qualcare		49.88	75			19.95	63.18	percent of total billed charges	
METHYLDOPATE 250MG/INJ	J0210	HCPCS	outpatient			66.5		Three Rivers	Three Rivers		63.18	95			19.95	63.18	percent of total billed charges	
METHYLDOPATE 250MG/INJ	J0210	HCPCS	outpatient			66.5		UHC	Medicaid		20.98	31.55			19.95	63.18	percent of total billed charges	
METHYLDOPATE 250MG/INJ	J0210	HCPCS	outpatient			66.5		Wellcare	Medicaid		20.98	31.55			19.95	63.18	percent of total billed charges	
METHYLDOPATE 250MG/INJ	J0210	HCPCS	outpatient			66.5		WellPoint	WellPoint		21.4	32.18			19.95	63.18	percent of total billed charges	
ALGLUCOSIDASE(LUMIZYME)10MG INJ.	J0221	HCPCS	outpatient			715	226.87	Aetna	Medicare		197.28				172.91	679.25	fee schedule	
ALGLUCOSIDASE(LUMIZYME)10MG INJ.	J0221	HCPCS	outpatient			715	226.87	Aetna	Better Health		225.58	31.55			172.91	679.25	percent of total billed charges	
ALGLUCOSIDASE(LUMIZYME)10MG INJ.	J0221	HCPCS	outpatient			715	226.87	Aetna	Commercial		377.03				172.91	679.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ALGLUCOSIDASE(LUMIZYME)10MG INJ.	J0221	HCPCS	outpatient			715	226.87	Americare	Americare		536.25	75			172.91	679.25	percent of total billed charges	
ALGLUCOSIDASE(LUMIZYME)10MG INJ.	J0221	HCPCS	outpatient			715	226.87	Amerihealth	Medicare		197.28				172.91	679.25	fee schedule	
ALGLUCOSIDASE(LUMIZYME)10MG INJ.	J0221	HCPCS	outpatient			715	226.87	Amerihealth	HMO/PPO		172.91				172.91	679.25	fee schedule	
ALGLUCOSIDASE(LUMIZYME)10MG INJ.	J0221	HCPCS	outpatient			715	226.87	Consumer	Consumer		679.25	95			172.91	679.25	percent of total billed charges	
ALGLUCOSIDASE(LUMIZYME)10MG INJ.	J0221	HCPCS	outpatient			715	226.87	Corrections	Corrections		572	80			172.91	679.25	percent of total billed charges	
ALGLUCOSIDASE(LUMIZYME)10MG INJ.	J0221	HCPCS	outpatient			715	226.87	First Health	First Health		500.5	70			172.91	679.25	percent of total billed charges	
ALGLUCOSIDASE(LUMIZYME)10MG INJ.	J0221	HCPCS	outpatient			715	226.87	First Trenton	First Trenton		643.5	90			172.91	679.25	percent of total billed charges	
ALGLUCOSIDASE(LUMIZYME)10MG INJ.	J0221	HCPCS	outpatient			715	226.87	Horizon	Medicare Blue		236.83				172.91	679.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ALGLUCOSIDASE(LUMIZYME)10MG INJ.	J0221	HCPCS	outpatient			715	226.87	Horizon	Indemnity		440.74				172.91	679.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ALGLUCOSIDASE(LUMIZYME)10MG INJ.	J0221	HCPCS	outpatient			715	226.87	Horizon	MGD		440.74				172.91	679.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ALGLUCOSIDASE(LUMIZYME)10MG INJ.	J0221	HCPCS	outpatient			715	226.87	Horizon	PPO		440.74				172.91	679.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ALGLUCOSIDASE(LUMIZYME)10MG INJ.	J0221	HCPCS	outpatient			715	226.87	Managed Care Inc	Managed Care Inc		643.5	90			172.91	679.25	percent of total billed charges	
ALGLUCOSIDASE(LUMIZYME)10MG INJ.	J0221	HCPCS	outpatient			715	226.87	Multiplan	Multiplan		572	80			172.91	679.25	percent of total billed charges	
ALGLUCOSIDASE(LUMIZYME)10MG INJ.	J0221	HCPCS	outpatient			715	226.87	Qualcare	Qualcare		536.25	75			172.91	679.25	percent of total billed charges	
ALGLUCOSIDASE(LUMIZYME)10MG INJ.	J0221	HCPCS	outpatient			715	226.87	Three Rivers	Three Rivers		679.25	95			172.91	679.25	percent of total billed charges	
ALGLUCOSIDASE(LUMIZYME)10MG INJ.	J0221	HCPCS	outpatient			715	226.87	UHC	Medicare		197.28				172.91	679.25	fee schedule	
ALGLUCOSIDASE(LUMIZYME)10MG INJ.	J0221	HCPCS	outpatient			715	226.87	UHC	Medicaid		225.58	31.55			172.91	679.25	percent of total billed charges	
ALGLUCOSIDASE(LUMIZYME)10MG INJ.	J0221	HCPCS	outpatient			715	226.87	United	Oxford		493.2				172.91	679.25	fee schedule	
ALGLUCOSIDASE(LUMIZYME)10MG INJ.	J0221	HCPCS	outpatient			715	226.87	United	Commercial|PPO		493.2				172.91	679.25	fee schedule	
ALGLUCOSIDASE(LUMIZYME)10MG INJ.	J0221	HCPCS	outpatient			715	226.87	Wellcare	Medicare		197.28				172.91	679.25	fee schedule	
ALGLUCOSIDASE(LUMIZYME)10MG INJ.	J0221	HCPCS	outpatient			715	226.87	Wellcare	Medicaid		225.58	31.55			172.91	679.25	percent of total billed charges	
ALGLUCOSIDASE(LUMIZYME)10MG INJ.	J0221	HCPCS	outpatient			715	226.87	WellPoint	WellPoint		230.09	32.18			172.91	679.25	percent of total billed charges	
REMDESIVIR 1 MG INJ	J0248	HCPCS	both			18	6.97	Aetna	Medicare		6.06				5.68	17.1	fee schedule	
REMDESIVIR 1 MG INJ	J0248	HCPCS	both			18	6.97	Aetna	Better Health		5.68	31.55			5.68	17.1	percent of total billed charges	
REMDESIVIR 1 MG INJ	J0248	HCPCS	both			18	6.97	Aetna	Commercial		11.57				5.68	17.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMDESIVIR 1 MG INJ	J0248	HCPCS	both			18	6.97	Americare	Americare		13.5	75			5.68	17.1	percent of total billed charges	
REMDESIVIR 1 MG INJ	J0248	HCPCS	both			18	6.97	Amerihealth	HMO/PPO		11.7	65			5.68	17.1	percent of total billed charges	
REMDESIVIR 1 MG INJ	J0248	HCPCS	both			18	6.97	Amerihealth	Medicare		6.06				5.68	17.1	fee schedule	
REMDESIVIR 1 MG INJ	J0248	HCPCS	both			18	6.97	Consumer	Consumer		17.1	95			5.68	17.1	percent of total billed charges	
REMDESIVIR 1 MG INJ	J0248	HCPCS	both			18	6.97	Corrections	Corrections		14.4	80			5.68	17.1	percent of total billed charges	
REMDESIVIR 1 MG INJ	J0248	HCPCS	both			18	6.97	First Health	First Health		12.6	70			5.68	17.1	percent of total billed charges	
REMDESIVIR 1 MG INJ	J0248	HCPCS	both			18	6.97	First Trenton	First Trenton		16.2	90			5.68	17.1	percent of total billed charges	
REMDESIVIR 1 MG INJ	J0248	HCPCS	both			18	6.97	Horizon	Medicare Blue		7.27				5.68	17.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMDESIVIR 1 MG INJ	J0248	HCPCS	both			18	6.97	Horizon	Indemnity		13.53				5.68	17.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMDESIVIR 1 MG INJ	J0248	HCPCS	both			18	6.97	Horizon	MGD		13.53				5.68	17.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMDESIVIR 1 MG INJ	J0248	HCPCS	both			18	6.97	Horizon	PPO		13.53				5.68	17.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMDESIVIR 1 MG INJ	J0248	HCPCS	both			18	6.97	Managed Care Inc	Managed Care Inc		16.2	90			5.68	17.1	percent of total billed charges	
REMDESIVIR 1 MG INJ	J0248	HCPCS	both			18	6.97	Multiplan	Multiplan		14.4	80			5.68	17.1	percent of total billed charges	
REMDESIVIR 1 MG INJ	J0248	HCPCS	both			18	6.97	Qualcare	Qualcare		13.5	75			5.68	17.1	percent of total billed charges	
REMDESIVIR 1 MG INJ	J0248	HCPCS	both			18	6.97	Three Rivers	Three Rivers		17.1	95			5.68	17.1	percent of total billed charges	
REMDESIVIR 1 MG INJ	J0248	HCPCS	both			18	6.97	UHC	Medicaid		5.68	31.55			5.68	17.1	percent of total billed charges	
REMDESIVIR 1 MG INJ	J0248	HCPCS	both			18	6.97	UHC	Medicare		6.06				5.68	17.1	fee schedule	
REMDESIVIR 1 MG INJ	J0248	HCPCS	both			18	6.97	United	Commercial|PPO		15.15				5.68	17.1	fee schedule	
REMDESIVIR 1 MG INJ	J0248	HCPCS	both			18	6.97	United	Oxford		15.15				5.68	17.1	fee schedule	
REMDESIVIR 1 MG INJ	J0248	HCPCS	both			18	6.97	Wellcare	Medicare		6.06				5.68	17.1	fee schedule	
REMDESIVIR 1 MG INJ	J0248	HCPCS	both			18	6.97	Wellcare	Medicaid		5.68	31.55			5.68	17.1	percent of total billed charges	
REMDESIVIR 1 MG INJ	J0248	HCPCS	both			18	6.97	WellPoint	WellPoint		5.79	32.18			5.68	17.1	percent of total billed charges	
ALPROSTADIL 1.25MCG	J0270	HCPCS	inpatient			23.5		Aetna	Commercial		8.93	38			7.05	22.33	percent of total billed charges	
ALPROSTADIL 1.25MCG	J0270	HCPCS	inpatient			23.5		Aetna	Medicare		7.24	30.8			7.05	22.33	percent of total billed charges	
ALPROSTADIL 1.25MCG	J0270	HCPCS	inpatient			23.5		Aetna	Better Health		7.41	31.55			7.05	22.33	percent of total billed charges	
ALPROSTADIL 1.25MCG	J0270	HCPCS	inpatient			23.5		Americare	Americare		17.63	75			7.05	22.33	percent of total billed charges	
ALPROSTADIL 1.25MCG	J0270	HCPCS	inpatient			23.5		Amerihealth	HMO/PPO		7.5				7.05	22.33	fee schedule	
ALPROSTADIL 1.25MCG	J0270	HCPCS	inpatient			23.5		Consumer	Consumer		22.33	95			7.05	22.33	percent of total billed charges	
ALPROSTADIL 1.25MCG	J0270	HCPCS	inpatient			23.5		Corrections	Corrections		18.8	80			7.05	22.33	percent of total billed charges	
ALPROSTADIL 1.25MCG	J0270	HCPCS	inpatient			23.5		First Health	First Health		16.45	70			7.05	22.33	percent of total billed charges	
ALPROSTADIL 1.25MCG	J0270	HCPCS	inpatient			23.5		First Trenton	First Trenton		21.15	90			7.05	22.33	percent of total billed charges	
ALPROSTADIL 1.25MCG	J0270	HCPCS	inpatient			23.5		Horizon	Medicare Blue		7.05	30			7.05	22.33	percent of total billed charges	
ALPROSTADIL 1.25MCG	J0270	HCPCS	inpatient			23.5		Horizon	Indemnity		9	38.28			7.05	22.33	percent of total billed charges	
ALPROSTADIL 1.25MCG	J0270	HCPCS	inpatient			23.5		Horizon	MGD		9	38.28			7.05	22.33	percent of total billed charges	
ALPROSTADIL 1.25MCG	J0270	HCPCS	inpatient			23.5		Horizon	PPO		9	38.28			7.05	22.33	percent of total billed charges	
ALPROSTADIL 1.25MCG	J0270	HCPCS	inpatient			23.5		Managed Care Inc	Managed Care Inc		21.15	90			7.05	22.33	percent of total billed charges	
ALPROSTADIL 1.25MCG	J0270	HCPCS	inpatient			23.5		Multiplan	Multiplan		18.8	80			7.05	22.33	percent of total billed charges	
ALPROSTADIL 1.25MCG	J0270	HCPCS	inpatient			23.5		Qualcare	Qualcare		17.63	75			7.05	22.33	percent of total billed charges	
ALPROSTADIL 1.25MCG	J0270	HCPCS	inpatient			23.5		Three Rivers	Three Rivers		22.33	95			7.05	22.33	percent of total billed charges	
ALPROSTADIL 1.25MCG	J0270	HCPCS	inpatient			23.5		UHC	Medicaid		7.41	31.55			7.05	22.33	percent of total billed charges	
ALPROSTADIL 1.25MCG	J0270	HCPCS	inpatient			23.5		Wellcare	Medicaid		7.41	31.55			7.05	22.33	percent of total billed charges	
ALPROSTADIL 1.25MCG	J0270	HCPCS	inpatient			23.5		WellPoint	WellPoint		7.56	32.18			7.05	22.33	percent of total billed charges	
AMIKACIN 100MG/2ML INJ	J0278	HCPCS	both			8.5	0.95	Aetna	Medicare		0.83				0.83	8.08	fee schedule	
AMIKACIN 100MG/2ML INJ	J0278	HCPCS	both			8.5	0.95	Aetna	Commercial		3.23	38			0.83	8.08	percent of total billed charges	
AMIKACIN 100MG/2ML INJ	J0278	HCPCS	both			8.5	0.95	Aetna	Better Health		2.68	31.55			0.83	8.08	percent of total billed charges	
AMIKACIN 100MG/2ML INJ	J0278	HCPCS	both			8.5	0.95	Americare	Americare		6.38	75			0.83	8.08	percent of total billed charges	
AMIKACIN 100MG/2ML INJ	J0278	HCPCS	both			8.5	0.95	Amerihealth	HMO/PPO		1.61				0.83	8.08	fee schedule	
AMIKACIN 100MG/2ML INJ	J0278	HCPCS	both			8.5	0.95	Amerihealth	Medicare		0.83				0.83	8.08	fee schedule	
AMIKACIN 100MG/2ML INJ	J0278	HCPCS	both			8.5	0.95	Consumer	Consumer		8.08	95			0.83	8.08	percent of total billed charges	
AMIKACIN 100MG/2ML INJ	J0278	HCPCS	both			8.5	0.95	Corrections	Corrections		6.8	80			0.83	8.08	percent of total billed charges	
AMIKACIN 100MG/2ML INJ	J0278	HCPCS	both			8.5	0.95	First Health	First Health		5.95	70			0.83	8.08	percent of total billed charges	
AMIKACIN 100MG/2ML INJ	J0278	HCPCS	both			8.5	0.95	First Trenton	First Trenton		7.65	90			0.83	8.08	percent of total billed charges	
AMIKACIN 100MG/2ML INJ	J0278	HCPCS	both			8.5	0.95	Horizon	Indemnity		3.25	38.28			0.83	8.08	percent of total billed charges	
AMIKACIN 100MG/2ML INJ	J0278	HCPCS	both			8.5	0.95	Horizon	Medicare Blue		2.55	30			0.83	8.08	percent of total billed charges	
AMIKACIN 100MG/2ML INJ	J0278	HCPCS	both			8.5	0.95	Horizon	MGD		3.25	38.28			0.83	8.08	percent of total billed charges	
AMIKACIN 100MG/2ML INJ	J0278	HCPCS	both			8.5	0.95	Horizon	PPO		3.25	38.28			0.83	8.08	percent of total billed charges	
AMIKACIN 100MG/2ML INJ	J0278	HCPCS	both			8.5	0.95	Managed Care Inc	Managed Care Inc		7.65	90			0.83	8.08	percent of total billed charges	
AMIKACIN 100MG/2ML INJ	J0278	HCPCS	both			8.5	0.95	Multiplan	Multiplan		6.8	80			0.83	8.08	percent of total billed charges	
AMIKACIN 100MG/2ML INJ	J0278	HCPCS	both			8.5	0.95	Qualcare	Qualcare		6.38	75			0.83	8.08	percent of total billed charges	
AMIKACIN 100MG/2ML INJ	J0278	HCPCS	both			8.5	0.95	Three Rivers	Three Rivers		8.08	95			0.83	8.08	percent of total billed charges	
AMIKACIN 100MG/2ML INJ	J0278	HCPCS	both			8.5	0.95	UHC	Medicaid		2.68	31.55			0.83	8.08	percent of total billed charges	
AMIKACIN 100MG/2ML INJ	J0278	HCPCS	both			8.5	0.95	UHC	Medicare		0.83				0.83	8.08	fee schedule	
AMIKACIN 100MG/2ML INJ	J0278	HCPCS	both			8.5	0.95	Wellcare	Medicare		0.83				0.83	8.08	fee schedule	
AMIKACIN 100MG/2ML INJ	J0278	HCPCS	both			8.5	0.95	Wellcare	Medicaid		2.68	31.55			0.83	8.08	percent of total billed charges	
AMIKACIN 100MG/2ML INJ	J0278	HCPCS	both			8.5	0.95	WellPoint	WellPoint		2.74	32.18			0.83	8.08	percent of total billed charges	
AMINOPHYLLINE 2MG/ML (30ML) VIAL	J0280	HCPCS	both			10	5.9	Aetna	Medicare		5.13				1.05	9.58	fee schedule	
AMINOPHYLLINE 2MG/ML (30ML) VIAL	J0280	HCPCS	both			10	5.9	Aetna	Better Health		3.16	31.55			1.05	9.58	percent of total billed charges	
AMINOPHYLLINE 2MG/ML (30ML) VIAL	J0280	HCPCS	both			10	5.9	Aetna	Commercial		3.8	38			1.05	9.58	percent of total billed charges	
AMINOPHYLLINE 2MG/ML (30ML) VIAL	J0280	HCPCS	both			10	5.9	Americare	Americare		7.5	75			1.05	9.58	percent of total billed charges	
AMINOPHYLLINE 2MG/ML (30ML) VIAL	J0280	HCPCS	both			10	5.9	Amerihealth	HMO/PPO		9.58				1.05	9.58	fee schedule	
AMINOPHYLLINE 2MG/ML (30ML) VIAL	J0280	HCPCS	both			10	5.9	Amerihealth	Medicare		5.13				1.05	9.58	fee schedule	
AMINOPHYLLINE 2MG/ML (30ML) VIAL	J0280	HCPCS	both			10	5.9	Consumer	Consumer		9.5	95			1.05	9.58	percent of total billed charges	
AMINOPHYLLINE 2MG/ML (30ML) VIAL	J0280	HCPCS	both			10	5.9	Corrections	Corrections		8	80			1.05	9.58	percent of total billed charges	
AMINOPHYLLINE 2MG/ML (30ML) VIAL	J0280	HCPCS	both			10	5.9	First Health	First Health		7	70			1.05	9.58	percent of total billed charges	
AMINOPHYLLINE 2MG/ML (30ML) VIAL	J0280	HCPCS	both			10	5.9	First Trenton	First Trenton		9	90			1.05	9.58	percent of total billed charges	
AMINOPHYLLINE 2MG/ML (30ML) VIAL	J0280	HCPCS	both			10	5.9	Horizon	MGD		3.83	38.28			1.05	9.58	percent of total billed charges	
AMINOPHYLLINE 2MG/ML (30ML) VIAL	J0280	HCPCS	both			10	5.9	Horizon	Indemnity		3.83	38.28			1.05	9.58	percent of total billed charges	
AMINOPHYLLINE 2MG/ML (30ML) VIAL	J0280	HCPCS	both			10	5.9	Horizon	Medicare Blue		3	30			1.05	9.58	percent of total billed charges	
AMINOPHYLLINE 2MG/ML (30ML) VIAL	J0280	HCPCS	both			10	5.9	Horizon	PPO		3.83	38.28			1.05	9.58	percent of total billed charges	
AMINOPHYLLINE 2MG/ML (30ML) VIAL	J0280	HCPCS	both			10	5.9	Managed Care Inc	Managed Care Inc		9	90			1.05	9.58	percent of total billed charges	
AMINOPHYLLINE 2MG/ML (30ML) VIAL	J0280	HCPCS	both			10	5.9	Multiplan	Multiplan		8	80			1.05	9.58	percent of total billed charges	
AMINOPHYLLINE 2MG/ML (30ML) VIAL	J0280	HCPCS	both			10	5.9	Qualcare	Qualcare		7.5	75			1.05	9.58	percent of total billed charges	
AMINOPHYLLINE 2MG/ML (30ML) VIAL	J0280	HCPCS	both			10	5.9	Three Rivers	Three Rivers		9.5	95			1.05	9.58	percent of total billed charges	
AMINOPHYLLINE 2MG/ML (30ML) VIAL	J0280	HCPCS	both			10	5.9	UHC	Medicare		5.13				1.05	9.58	fee schedule	
AMINOPHYLLINE 2MG/ML (30ML) VIAL	J0280	HCPCS	both			10	5.9	UHC	Medicaid		3.16	31.55			1.05	9.58	percent of total billed charges	
AMINOPHYLLINE 2MG/ML (30ML) VIAL	J0280	HCPCS	both			10	5.9	Wellcare	Medicaid		3.16	31.55			1.05	9.58	percent of total billed charges	
AMINOPHYLLINE 2MG/ML (30ML) VIAL	J0280	HCPCS	both			10	5.9	Wellcare	Medicare		5.13				1.05	9.58	fee schedule	
AMINOPHYLLINE 2MG/ML (30ML) VIAL	J0280	HCPCS	both			10	5.9	WellPoint	WellPoint		3.22	32.18			1.05	9.58	percent of total billed charges	
AMIODARONE 5MG/ML ORAL SOLN	J0282	HCPCS	both			3.5		Aetna	Commercial		1.33	38			0.3	3.33	percent of total billed charges	
AMIODARONE 5MG/ML ORAL SOLN	J0282	HCPCS	both			3.5		Aetna	Better Health		1.1	31.55			0.3	3.33	percent of total billed charges	
AMIODARONE 5MG/ML ORAL SOLN	J0282	HCPCS	both			3.5		Aetna	Medicare		1.08	30.8			0.3	3.33	percent of total billed charges	
AMIODARONE 5MG/ML ORAL SOLN	J0282	HCPCS	both			3.5		Americare	Americare		2.63	75			0.3	3.33	percent of total billed charges	
AMIODARONE 5MG/ML ORAL SOLN	J0282	HCPCS	both			3.5		Amerihealth	HMO/PPO		0.45				0.3	3.33	fee schedule	
AMIODARONE 5MG/ML ORAL SOLN	J0282	HCPCS	both			3.5		Consumer	Consumer		3.33	95			0.3	3.33	percent of total billed charges	
AMIODARONE 5MG/ML ORAL SOLN	J0282	HCPCS	both			3.5		Corrections	Corrections		2.8	80			0.3	3.33	percent of total billed charges	
AMIODARONE 5MG/ML ORAL SOLN	J0282	HCPCS	both			3.5		First Health	First Health		2.45	70			0.3	3.33	percent of total billed charges	
AMIODARONE 5MG/ML ORAL SOLN	J0282	HCPCS	both			3.5		First Trenton	First Trenton		3.15	90			0.3	3.33	percent of total billed charges	
AMIODARONE 5MG/ML ORAL SOLN	J0282	HCPCS	both			3.5		Horizon	Medicare Blue		1.05	30			0.3	3.33	percent of total billed charges	
AMIODARONE 5MG/ML ORAL SOLN	J0282	HCPCS	both			3.5		Horizon	MGD		1.34	38.28			0.3	3.33	percent of total billed charges	
AMIODARONE 5MG/ML ORAL SOLN	J0282	HCPCS	both			3.5		Horizon	Indemnity		1.34	38.28			0.3	3.33	percent of total billed charges	
AMIODARONE 5MG/ML ORAL SOLN	J0282	HCPCS	both			3.5		Horizon	PPO		1.34	38.28			0.3	3.33	percent of total billed charges	
AMIODARONE 5MG/ML ORAL SOLN	J0282	HCPCS	both			3.5		Managed Care Inc	Managed Care Inc		3.15	90			0.3	3.33	percent of total billed charges	
AMIODARONE 5MG/ML ORAL SOLN	J0282	HCPCS	both			3.5		Multiplan	Multiplan		2.8	80			0.3	3.33	percent of total billed charges	
AMIODARONE 5MG/ML ORAL SOLN	J0282	HCPCS	both			3.5		Qualcare	Qualcare		2.63	75			0.3	3.33	percent of total billed charges	
AMIODARONE 5MG/ML ORAL SOLN	J0282	HCPCS	both			3.5		Three Rivers	Three Rivers		3.33	95			0.3	3.33	percent of total billed charges	
AMIODARONE 5MG/ML ORAL SOLN	J0282	HCPCS	both			3.5		UHC	Medicaid		1.1	31.55			0.3	3.33	percent of total billed charges	
AMIODARONE 5MG/ML ORAL SOLN	J0282	HCPCS	both			3.5		Wellcare	Medicaid		1.1	31.55			0.3	3.33	percent of total billed charges	
AMIODARONE 5MG/ML ORAL SOLN	J0282	HCPCS	both			3.5		WellPoint	WellPoint		1.13	32.18			0.3	3.33	percent of total billed charges	
AMIODARONE (NEXTERONE) 30MG INJ	J0283	HCPCS	both			15		Aetna	Better Health		4.73	31.55			4.5	14.25	percent of total billed charges	
AMIODARONE (NEXTERONE) 30MG INJ	J0283	HCPCS	both			15		Aetna	Commercial		5.7	38			4.5	14.25	percent of total billed charges	
AMIODARONE (NEXTERONE) 30MG INJ	J0283	HCPCS	both			15		Aetna	Medicare		4.62	30.8			4.5	14.25	percent of total billed charges	
AMIODARONE (NEXTERONE) 30MG INJ	J0283	HCPCS	both			15		Americare	Americare		11.25	75			4.5	14.25	percent of total billed charges	
AMIODARONE (NEXTERONE) 30MG INJ	J0283	HCPCS	both			15		Amerihealth	HMO/PPO		9.75	65			4.5	14.25	percent of total billed charges	
AMIODARONE (NEXTERONE) 30MG INJ	J0283	HCPCS	both			15		Consumer	Consumer		14.25	95			4.5	14.25	percent of total billed charges	
AMIODARONE (NEXTERONE) 30MG INJ	J0283	HCPCS	both			15		Corrections	Corrections		12	80			4.5	14.25	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
AMIODARONE (NEXTERONE) 30MG INJ	J0283	HCPCS	both			15		First Health	First Health		10.5	70			4.5	14.25	percent of total billed charges	
AMIODARONE (NEXTERONE) 30MG INJ	J0283	HCPCS	both			15		First Trenton	First Trenton		13.5	90			4.5	14.25	percent of total billed charges	
AMIODARONE (NEXTERONE) 30MG INJ	J0283	HCPCS	both			15		Horizon	MGD		5.74	38.28			4.5	14.25	percent of total billed charges	
AMIODARONE (NEXTERONE) 30MG INJ	J0283	HCPCS	both			15		Horizon	Indemnity		5.74	38.28			4.5	14.25	percent of total billed charges	
AMIODARONE (NEXTERONE) 30MG INJ	J0283	HCPCS	both			15		Horizon	Medicare Blue		4.5	30			4.5	14.25	percent of total billed charges	
AMIODARONE (NEXTERONE) 30MG INJ	J0283	HCPCS	both			15		Horizon	PPO		5.74	38.28			4.5	14.25	percent of total billed charges	
AMIODARONE (NEXTERONE) 30MG INJ	J0283	HCPCS	both			15		Managed Care Inc	Managed Care Inc		13.5	90			4.5	14.25	percent of total billed charges	
AMIODARONE (NEXTERONE) 30MG INJ	J0283	HCPCS	both			15		Multiplan	Multiplan		12	80			4.5	14.25	percent of total billed charges	
AMIODARONE (NEXTERONE) 30MG INJ	J0283	HCPCS	both			15		Qualcare	Qualcare		11.25	75			4.5	14.25	percent of total billed charges	
AMIODARONE (NEXTERONE) 30MG INJ	J0283	HCPCS	both			15		Three Rivers	Three Rivers		14.25	95			4.5	14.25	percent of total billed charges	
AMIODARONE (NEXTERONE) 30MG INJ	J0283	HCPCS	both			15		UHC	Medicaid		4.73	31.55			4.5	14.25	percent of total billed charges	
AMIODARONE (NEXTERONE) 30MG INJ	J0283	HCPCS	both			15		Wellcare	Medicaid		4.73	31.55			4.5	14.25	percent of total billed charges	
AMIODARONE (NEXTERONE) 30MG INJ	J0283	HCPCS	both			15		WellPoint	WellPoint		4.83	32.18			4.5	14.25	percent of total billed charges	
AMPHOTERICIN 50MG INJ	J0285	HCPCS	inpatient			125.5	10.97	Aetna	Medicare		9.54				9.54	119.23	fee schedule	
AMPHOTERICIN 50MG INJ	J0285	HCPCS	inpatient			125.5	10.97	Aetna	Better Health		39.6	31.55			9.54	119.23	percent of total billed charges	
AMPHOTERICIN 50MG INJ	J0285	HCPCS	inpatient			125.5	10.97	Aetna	Commercial		47.69	38			9.54	119.23	percent of total billed charges	
AMPHOTERICIN 50MG INJ	J0285	HCPCS	inpatient			125.5	10.97	Americare	Americare		94.13	75			9.54	119.23	percent of total billed charges	
AMPHOTERICIN 50MG INJ	J0285	HCPCS	inpatient			125.5	10.97	Amerihealth	Medicare		9.54				9.54	119.23	fee schedule	
AMPHOTERICIN 50MG INJ	J0285	HCPCS	inpatient			125.5	10.97	Amerihealth	HMO/PPO		30.3				9.54	119.23	fee schedule	
AMPHOTERICIN 50MG INJ	J0285	HCPCS	inpatient			125.5	10.97	Consumer	Consumer		119.23	95			9.54	119.23	percent of total billed charges	
AMPHOTERICIN 50MG INJ	J0285	HCPCS	inpatient			125.5	10.97	Corrections	Corrections		100.4	80			9.54	119.23	percent of total billed charges	
AMPHOTERICIN 50MG INJ	J0285	HCPCS	inpatient			125.5	10.97	First Health	First Health		87.85	70			9.54	119.23	percent of total billed charges	
AMPHOTERICIN 50MG INJ	J0285	HCPCS	inpatient			125.5	10.97	First Trenton	First Trenton		112.95	90			9.54	119.23	percent of total billed charges	
AMPHOTERICIN 50MG INJ	J0285	HCPCS	inpatient			125.5	10.97	Horizon	Medicare Blue		37.65	30			9.54	119.23	percent of total billed charges	
AMPHOTERICIN 50MG INJ	J0285	HCPCS	inpatient			125.5	10.97	Horizon	MGD		48.04	38.28			9.54	119.23	percent of total billed charges	
AMPHOTERICIN 50MG INJ	J0285	HCPCS	inpatient			125.5	10.97	Horizon	Indemnity		48.04	38.28			9.54	119.23	percent of total billed charges	
AMPHOTERICIN 50MG INJ	J0285	HCPCS	inpatient			125.5	10.97	Horizon	PPO		48.04	38.28			9.54	119.23	percent of total billed charges	
AMPHOTERICIN 50MG INJ	J0285	HCPCS	inpatient			125.5	10.97	Managed Care Inc	Managed Care Inc		112.95	90			9.54	119.23	percent of total billed charges	
AMPHOTERICIN 50MG INJ	J0285	HCPCS	inpatient			125.5	10.97	Multiplan	Multiplan		100.4	80			9.54	119.23	percent of total billed charges	
AMPHOTERICIN 50MG INJ	J0285	HCPCS	inpatient			125.5	10.97	Qualcare	Qualcare		94.13	75			9.54	119.23	percent of total billed charges	
AMPHOTERICIN 50MG INJ	J0285	HCPCS	inpatient			125.5	10.97	Three Rivers	Three Rivers		119.23	95			9.54	119.23	percent of total billed charges	
AMPHOTERICIN 50MG INJ	J0285	HCPCS	inpatient			125.5	10.97	UHC	Medicare		9.54				9.54	119.23	fee schedule	
AMPHOTERICIN 50MG INJ	J0285	HCPCS	inpatient			125.5	10.97	UHC	Medicaid		39.6	31.55			9.54	119.23	percent of total billed charges	
AMPHOTERICIN 50MG INJ	J0285	HCPCS	inpatient			125.5	10.97	Wellcare	Medicare		9.54				9.54	119.23	fee schedule	
AMPHOTERICIN 50MG INJ	J0285	HCPCS	inpatient			125.5	10.97	Wellcare	Medicaid		39.6	31.55			9.54	119.23	percent of total billed charges	
AMPHOTERICIN 50MG INJ	J0285	HCPCS	inpatient			125.5	10.97	WellPoint	WellPoint		40.39	32.18			9.54	119.23	percent of total billed charges	
AMPHOTERICIN B LIP 10 MG	J0287	HCPCS	outpatient			124	15.36	Aetna	Better Health		39.12	31.55			13.36	117.8	percent of total billed charges	
AMPHOTERICIN B LIP 10 MG	J0287	HCPCS	outpatient			124	15.36	Aetna	Commercial		21.27				13.36	117.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMPHOTERICIN B LIP 10 MG	J0287	HCPCS	outpatient			124	15.36	Aetna	Medicare		13.36				13.36	117.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMPHOTERICIN B LIP 10 MG	J0287	HCPCS	outpatient			124	15.36	Americare	Americare		93	75			13.36	117.8	percent of total billed charges	
AMPHOTERICIN B LIP 10 MG	J0287	HCPCS	outpatient			124	15.36	Amerihealth	HMO/PPO		14.55				13.36	117.8	fee schedule	
AMPHOTERICIN B LIP 10 MG	J0287	HCPCS	outpatient			124	15.36	Amerihealth	Medicare		13.36				13.36	117.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMPHOTERICIN B LIP 10 MG	J0287	HCPCS	outpatient			124	15.36	Consumer	Consumer		117.8	95			13.36	117.8	percent of total billed charges	
AMPHOTERICIN B LIP 10 MG	J0287	HCPCS	outpatient			124	15.36	Corrections	Corrections		99.2	80			13.36	117.8	percent of total billed charges	
AMPHOTERICIN B LIP 10 MG	J0287	HCPCS	outpatient			124	15.36	First Health	First Health		86.8	70			13.36	117.8	percent of total billed charges	
AMPHOTERICIN B LIP 10 MG	J0287	HCPCS	outpatient			124	15.36	First Trenton	First Trenton		111.6	90			13.36	117.8	percent of total billed charges	
AMPHOTERICIN B LIP 10 MG	J0287	HCPCS	outpatient			124	15.36	Horizon	Medicare Blue		13.36				13.36	117.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMPHOTERICIN B LIP 10 MG	J0287	HCPCS	outpatient			124	15.36	Horizon	Indemnity		24.86				13.36	117.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMPHOTERICIN B LIP 10 MG	J0287	HCPCS	outpatient			124	15.36	Horizon	MGD		24.86				13.36	117.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMPHOTERICIN B LIP 10 MG	J0287	HCPCS	outpatient			124	15.36	Horizon	PPO		24.86				13.36	117.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMPHOTERICIN B LIP 10 MG	J0287	HCPCS	outpatient			124	15.36	Managed Care Inc	Managed Care Inc		111.6	90			13.36	117.8	percent of total billed charges	
AMPHOTERICIN B LIP 10 MG	J0287	HCPCS	outpatient			124	15.36	Multiplan	Multiplan		99.2	80			13.36	117.8	percent of total billed charges	
AMPHOTERICIN B LIP 10 MG	J0287	HCPCS	outpatient			124	15.36	Qualcare	Qualcare		93	75			13.36	117.8	percent of total billed charges	
AMPHOTERICIN B LIP 10 MG	J0287	HCPCS	outpatient			124	15.36	Three Rivers	Three Rivers		117.8	95			13.36	117.8	percent of total billed charges	
AMPHOTERICIN B LIP 10 MG	J0287	HCPCS	outpatient			124	15.36	UHC	Medicaid		39.12	31.55			13.36	117.8	percent of total billed charges	
AMPHOTERICIN B LIP 10 MG	J0287	HCPCS	outpatient			124	15.36	UHC	Medicare		13.36				13.36	117.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMPHOTERICIN B LIP 10 MG	J0287	HCPCS	outpatient			124	15.36	United	Oxford		27.83				13.36	117.8	fee schedule	
AMPHOTERICIN B LIP 10 MG	J0287	HCPCS	outpatient			124	15.36	United	Commercial|PPO		27.83				13.36	117.8	fee schedule	
AMPHOTERICIN B LIP 10 MG	J0287	HCPCS	outpatient			124	15.36	Wellcare	Medicaid		39.12	31.55			13.36	117.8	percent of total billed charges	
AMPHOTERICIN B LIP 10 MG	J0287	HCPCS	outpatient			124	15.36	Wellcare	Medicare		13.36				13.36	117.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMPHOTERICIN B LIP 10 MG	J0287	HCPCS	outpatient			124	15.36	WellPoint	WellPoint		39.9	32.18			13.36	117.8	percent of total billed charges	
AMPHOTERICIN B LIPOSOME 10MG	J0289	HCPCS	both			190.5	30.66	Aetna	Commercial		52.9				20.63	180.98	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMPHOTERICIN B LIPOSOME 10MG	J0289	HCPCS	both			190.5	30.66	Aetna	Better Health		60.1	31.55			20.63	180.98	percent of total billed charges	
AMPHOTERICIN B LIPOSOME 10MG	J0289	HCPCS	both			190.5	30.66	Aetna	Medicare		26.66				20.63	180.98	fee schedule	
AMPHOTERICIN B LIPOSOME 10MG	J0289	HCPCS	both			190.5	30.66	Americare	Americare		142.88	75			20.63	180.98	percent of total billed charges	
AMPHOTERICIN B LIPOSOME 10MG	J0289	HCPCS	both			190.5	30.66	Amerihealth	Medicare		26.66				20.63	180.98	fee schedule	
AMPHOTERICIN B LIPOSOME 10MG	J0289	HCPCS	both			190.5	30.66	Amerihealth	HMO/PPO		20.63				20.63	180.98	fee schedule	
AMPHOTERICIN B LIPOSOME 10MG	J0289	HCPCS	both			190.5	30.66	Consumer	Consumer		180.98	95			20.63	180.98	percent of total billed charges	
AMPHOTERICIN B LIPOSOME 10MG	J0289	HCPCS	both			190.5	30.66	Corrections	Corrections		152.4	80			20.63	180.98	percent of total billed charges	
AMPHOTERICIN B LIPOSOME 10MG	J0289	HCPCS	both			190.5	30.66	First Health	First Health		133.35	70			20.63	180.98	percent of total billed charges	
AMPHOTERICIN B LIPOSOME 10MG	J0289	HCPCS	both			190.5	30.66	First Trenton	First Trenton		171.45	90			20.63	180.98	percent of total billed charges	
AMPHOTERICIN B LIPOSOME 10MG	J0289	HCPCS	both			190.5	30.66	Horizon	Medicare Blue		33.23				20.63	180.98	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMPHOTERICIN B LIPOSOME 10MG	J0289	HCPCS	both			190.5	30.66	Horizon	Indemnity		61.84				20.63	180.98	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMPHOTERICIN B LIPOSOME 10MG	J0289	HCPCS	both			190.5	30.66	Horizon	PPO		61.84				20.63	180.98	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMPHOTERICIN B LIPOSOME 10MG	J0289	HCPCS	both			190.5	30.66	Horizon	MGD		61.84				20.63	180.98	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMPHOTERICIN B LIPOSOME 10MG	J0289	HCPCS	both			190.5	30.66	Managed Care Inc	Managed Care Inc		171.45	90			20.63	180.98	percent of total billed charges	
AMPHOTERICIN B LIPOSOME 10MG	J0289	HCPCS	both			190.5	30.66	Multiplan	Multiplan		152.4	80			20.63	180.98	percent of total billed charges	
AMPHOTERICIN B LIPOSOME 10MG	J0289	HCPCS	both			190.5	30.66	Qualcare	Qualcare		142.88	75			20.63	180.98	percent of total billed charges	
AMPHOTERICIN B LIPOSOME 10MG	J0289	HCPCS	both			190.5	30.66	Three Rivers	Three Rivers		180.98	95			20.63	180.98	percent of total billed charges	
AMPHOTERICIN B LIPOSOME 10MG	J0289	HCPCS	both			190.5	30.66	UHC	Medicare		26.66				20.63	180.98	fee schedule	
AMPHOTERICIN B LIPOSOME 10MG	J0289	HCPCS	both			190.5	30.66	UHC	Medicaid		60.1	31.55			20.63	180.98	percent of total billed charges	
AMPHOTERICIN B LIPOSOME 10MG	J0289	HCPCS	both			190.5	30.66	United	Oxford		66.65				20.63	180.98	fee schedule	
AMPHOTERICIN B LIPOSOME 10MG	J0289	HCPCS	both			190.5	30.66	United	Commercial|PPO		66.65				20.63	180.98	fee schedule	
AMPHOTERICIN B LIPOSOME 10MG	J0289	HCPCS	both			190.5	30.66	Wellcare	Medicare		26.66				20.63	180.98	fee schedule	
AMPHOTERICIN B LIPOSOME 10MG	J0289	HCPCS	both			190.5	30.66	Wellcare	Medicaid		60.1	31.55			20.63	180.98	percent of total billed charges	
AMPHOTERICIN B LIPOSOME 10MG	J0289	HCPCS	both			190.5	30.66	WellPoint	WellPoint		61.3	32.18			20.63	180.98	percent of total billed charges	
AMPICILLIN 500MG VIAL	J0290	HCPCS	both			35.5	1.16	Aetna	Commercial		13.49	38			1.01	33.73	percent of total billed charges	
AMPICILLIN 500MG VIAL	J0290	HCPCS	both			35.5	1.16	Aetna	Better Health		11.2	31.55			1.01	33.73	percent of total billed charges	
AMPICILLIN 500MG VIAL	J0290	HCPCS	both			35.5	1.16	Aetna	Medicare		1.01				1.01	33.73	fee schedule	
AMPICILLIN 500MG VIAL	J0290	HCPCS	both			35.5	1.16	Americare	Americare		26.63	75			1.01	33.73	percent of total billed charges	
AMPICILLIN 500MG VIAL	J0290	HCPCS	both			35.5	1.16	Amerihealth	HMO/PPO		1.41				1.01	33.73	fee schedule	
AMPICILLIN 500MG VIAL	J0290	HCPCS	both			35.5	1.16	Amerihealth	Medicare		1.01				1.01	33.73	fee schedule	
AMPICILLIN 500MG VIAL	J0290	HCPCS	both			35.5	1.16	Consumer	Consumer		33.73	95			1.01	33.73	percent of total billed charges	
AMPICILLIN 500MG VIAL	J0290	HCPCS	both			35.5	1.16	Corrections	Corrections		28.4	80			1.01	33.73	percent of total billed charges	
AMPICILLIN 500MG VIAL	J0290	HCPCS	both			35.5	1.16	First Health	First Health		24.85	70			1.01	33.73	percent of total billed charges	
AMPICILLIN 500MG VIAL	J0290	HCPCS	both			35.5	1.16	First Trenton	First Trenton		31.95	90			1.01	33.73	percent of total billed charges	
AMPICILLIN 500MG VIAL	J0290	HCPCS	both			35.5	1.16	Horizon	Indemnity		13.59	38.28			1.01	33.73	percent of total billed charges	
AMPICILLIN 500MG VIAL	J0290	HCPCS	both			35.5	1.16	Horizon	Medicare Blue		10.65	30			1.01	33.73	percent of total billed charges	
AMPICILLIN 500MG VIAL	J0290	HCPCS	both			35.5	1.16	Horizon	MGD		13.59	38.28			1.01	33.73	percent of total billed charges	
AMPICILLIN 500MG VIAL	J0290	HCPCS	both			35.5	1.16	Horizon	PPO		13.59	38.28			1.01	33.73	percent of total billed charges	
AMPICILLIN 500MG VIAL	J0290	HCPCS	both			35.5	1.16	Managed Care Inc	Managed Care Inc		31.95	90			1.01	33.73	percent of total billed charges	
AMPICILLIN 500MG VIAL	J0290	HCPCS	both			35.5	1.16	Multiplan	Multiplan		28.4	80			1.01	33.73	percent of total billed charges	
AMPICILLIN 500MG VIAL	J0290	HCPCS	both			35.5	1.16	Qualcare	Qualcare		26.63	75			1.01	33.73	percent of total billed charges	
AMPICILLIN 500MG VIAL	J0290	HCPCS	both			35.5	1.16	Three Rivers	Three Rivers		33.73	95			1.01	33.73	percent of total billed charges	
AMPICILLIN 500MG VIAL	J0290	HCPCS	both			35.5	1.16	UHC	Medicare		1.01				1.01	33.73	fee schedule	
AMPICILLIN 500MG VIAL	J0290	HCPCS	both			35.5	1.16	UHC	Medicaid		11.2	31.55			1.01	33.73	percent of total billed charges	
AMPICILLIN 500MG VIAL	J0290	HCPCS	both			35.5	1.16	Wellcare	Medicare		1.01				1.01	33.73	fee schedule	
AMPICILLIN 500MG VIAL	J0290	HCPCS	both			35.5	1.16	Wellcare	Medicaid		11.2	31.55			1.01	33.73	percent of total billed charges	
AMPICILLIN 500MG VIAL	J0290	HCPCS	both			35.5	1.16	WellPoint	WellPoint		11.42	32.18			1.01	33.73	percent of total billed charges	
AMPICILLIN-SULBACTAM 1.5GM VIAL	J0295	HCPCS	both			59	2.03	Aetna	Better Health		18.61	31.55			1.77	56.05	percent of total billed charges	
AMPICILLIN-SULBACTAM 1.5GM VIAL	J0295	HCPCS	both			59	2.03	Aetna	Medicare		1.77				1.77	56.05	fee schedule	
AMPICILLIN-SULBACTAM 1.5GM VIAL	J0295	HCPCS	both			59	2.03	Aetna	Commercial		22.42	38			1.77	56.05	percent of total billed charges	
AMPICILLIN-SULBACTAM 1.5GM VIAL	J0295	HCPCS	both			59	2.03	Americare	Americare		44.25	75			1.77	56.05	percent of total billed charges	
AMPICILLIN-SULBACTAM 1.5GM VIAL	J0295	HCPCS	both			59	2.03	Amerihealth	HMO/PPO		4.01				1.77	56.05	fee schedule	
AMPICILLIN-SULBACTAM 1.5GM VIAL	J0295	HCPCS	both			59	2.03	Amerihealth	Medicare		1.77				1.77	56.05	fee schedule	
AMPICILLIN-SULBACTAM 1.5GM VIAL	J0295	HCPCS	both			59	2.03	Consumer	Consumer		56.05	95			1.77	56.05	percent of total billed charges	
AMPICILLIN-SULBACTAM 1.5GM VIAL	J0295	HCPCS	both			59	2.03	Corrections	Corrections		47.2	80			1.77	56.05	percent of total billed charges	
AMPICILLIN-SULBACTAM 1.5GM VIAL	J0295	HCPCS	both			59	2.03	First Health	First Health		41.3	70			1.77	56.05	percent of total billed charges	
AMPICILLIN-SULBACTAM 1.5GM VIAL	J0295	HCPCS	both			59	2.03	First Trenton	First Trenton		53.1	90			1.77	56.05	percent of total billed charges	
AMPICILLIN-SULBACTAM 1.5GM VIAL	J0295	HCPCS	both			59	2.03	Horizon	MGD		22.59	38.28			1.77	56.05	percent of total billed charges	
AMPICILLIN-SULBACTAM 1.5GM VIAL	J0295	HCPCS	both			59	2.03	Horizon	Indemnity		22.59	38.28			1.77	56.05	percent of total billed charges	
AMPICILLIN-SULBACTAM 1.5GM VIAL	J0295	HCPCS	both			59	2.03	Horizon	Medicare Blue		17.7	30			1.77	56.05	percent of total billed charges	
AMPICILLIN-SULBACTAM 1.5GM VIAL	J0295	HCPCS	both			59	2.03	Horizon	PPO		22.59	38.28			1.77	56.05	percent of total billed charges	
AMPICILLIN-SULBACTAM 1.5GM VIAL	J0295	HCPCS	both			59	2.03	Managed Care Inc	Managed Care Inc		53.1	90			1.77	56.05	percent of total billed charges	
AMPICILLIN-SULBACTAM 1.5GM VIAL	J0295	HCPCS	both			59	2.03	Multiplan	Multiplan		47.2	80			1.77	56.05	percent of total billed charges	
AMPICILLIN-SULBACTAM 1.5GM VIAL	J0295	HCPCS	both			59	2.03	Qualcare	Qualcare		44.25	75			1.77	56.05	percent of total billed charges	
AMPICILLIN-SULBACTAM 1.5GM VIAL	J0295	HCPCS	both			59	2.03	Three Rivers	Three Rivers		56.05	95			1.77	56.05	percent of total billed charges	
AMPICILLIN-SULBACTAM 1.5GM VIAL	J0295	HCPCS	both			59	2.03	UHC	Medicaid		18.61	31.55			1.77	56.05	percent of total billed charges	
AMPICILLIN-SULBACTAM 1.5GM VIAL	J0295	HCPCS	both			59	2.03	UHC	Medicare		1.77				1.77	56.05	fee schedule	
AMPICILLIN-SULBACTAM 1.5GM VIAL	J0295	HCPCS	both			59	2.03	Wellcare	Medicare		1.77				1.77	56.05	fee schedule	
AMPICILLIN-SULBACTAM 1.5GM VIAL	J0295	HCPCS	both			59	2.03	Wellcare	Medicaid		18.61	31.55			1.77	56.05	percent of total billed charges	
AMPICILLIN-SULBACTAM 1.5GM VIAL	J0295	HCPCS	both			59	2.03	WellPoint	WellPoint		18.99	32.18			1.77	56.05	percent of total billed charges	
AMOBARBITAL 125MG	J0300	HCPCS	outpatient			633.5	157.7	Aetna	Medicare		137.13				137.13	601.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMOBARBITAL 125MG	J0300	HCPCS	outpatient			633.5	157.7	Aetna	Better Health		199.87	31.55			137.13	601.83	percent of total billed charges	
AMOBARBITAL 125MG	J0300	HCPCS	outpatient			633.5	157.7	Aetna	Commercial		218.31				137.13	601.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMOBARBITAL 125MG	J0300	HCPCS	outpatient			633.5	157.7	Americare	Americare		475.13	75			137.13	601.83	percent of total billed charges	
AMOBARBITAL 125MG	J0300	HCPCS	outpatient			633.5	157.7	Amerihealth	HMO/PPO		186.93				137.13	601.83	fee schedule	
AMOBARBITAL 125MG	J0300	HCPCS	outpatient			633.5	157.7	Amerihealth	Medicare		137.13				137.13	601.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMOBARBITAL 125MG	J0300	HCPCS	outpatient			633.5	157.7	Consumer	Consumer		601.83	95			137.13	601.83	percent of total billed charges	
AMOBARBITAL 125MG	J0300	HCPCS	outpatient			633.5	157.7	Corrections	Corrections		506.8	80			137.13	601.83	percent of total billed charges	
AMOBARBITAL 125MG	J0300	HCPCS	outpatient			633.5	157.7	First Health	First Health		443.45	70			137.13	601.83	percent of total billed charges	
AMOBARBITAL 125MG	J0300	HCPCS	outpatient			633.5	157.7	First Trenton	First Trenton		570.15	90			137.13	601.83	percent of total billed charges	
AMOBARBITAL 125MG	J0300	HCPCS	outpatient			633.5	157.7	Horizon	MGD		255.2				137.13	601.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMOBARBITAL 125MG	J0300	HCPCS	outpatient			633.5	157.7	Horizon	Medicare Blue		137.13				137.13	601.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMOBARBITAL 125MG	J0300	HCPCS	outpatient			633.5	157.7	Horizon	PPO		255.2				137.13	601.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMOBARBITAL 125MG	J0300	HCPCS	outpatient			633.5	157.7	Horizon	Indemnity		255.2				137.13	601.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMOBARBITAL 125MG	J0300	HCPCS	outpatient			633.5	157.7	Managed Care Inc	Managed Care Inc		570.15	90			137.13	601.83	percent of total billed charges	
AMOBARBITAL 125MG	J0300	HCPCS	outpatient			633.5	157.7	Multiplan	Multiplan		506.8	80			137.13	601.83	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101191	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
AMOBARBITAL 125MG	J0300	HCPCS	outpatient			633.5	157.7	Qualcare	Qualcare		475.13	75			137.13	601.83	percent of total billed charges	
AMOBARBITAL 125MG	J0300	HCPCS	outpatient			633.5	157.7	Three Rivers	Three Rivers		601.83	95			137.13	601.83	percent of total billed charges	
AMOBARBITAL 125MG	J0300	HCPCS	outpatient			633.5	157.7	UHC	Medicaid		199.87	31.55			137.13	601.83	percent of total billed charges	
AMOBARBITAL 125MG	J0300	HCPCS	outpatient			633.5	157.7	UHC	Medicare		137.13				137.13	601.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMOBARBITAL 125MG	J0300	HCPCS	outpatient			633.5	157.7	United	Commercial|PPO		285.6				137.13	601.83	fee schedule	
AMOBARBITAL 125MG	J0300	HCPCS	outpatient			633.5	157.7	United	Oxford		285.6				137.13	601.83	fee schedule	
AMOBARBITAL 125MG	J0300	HCPCS	outpatient			633.5	157.7	Wellcare	Medicaid		199.87	31.55			137.13	601.83	percent of total billed charges	
AMOBARBITAL 125MG	J0300	HCPCS	outpatient			633.5	157.7	Wellcare	Medicare		137.13				137.13	601.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMOBARBITAL 125MG	J0300	HCPCS	outpatient			633.5	157.7	WellPoint	WellPoint		203.86	32.18			137.13	601.83	percent of total billed charges	
SUCCINYLCHOLINE 20MG/1ML 10ML VL	J0330	HCPCS	both			2.5		Aetna	Commercial		0.95	38			0.75	2.72	percent of total billed charges	
SUCCINYLCHOLINE 20MG/1ML 10ML VL	J0330	HCPCS	both			2.5		Aetna	Better Health		0.79	31.55			0.75	2.72	percent of total billed charges	
SUCCINYLCHOLINE 20MG/1ML 10ML VL	J0330	HCPCS	both			2.5		Aetna	Medicare		0.77	30.8			0.75	2.72	percent of total billed charges	
SUCCINYLCHOLINE 20MG/1ML 10ML VL	J0330	HCPCS	both			2.5		Americare	Americare		1.88	75			0.75	2.72	percent of total billed charges	
SUCCINYLCHOLINE 20MG/1ML 10ML VL	J0330	HCPCS	both			2.5		Amerihealth	HMO/PPO		2.72				0.75	2.72	fee schedule	
SUCCINYLCHOLINE 20MG/1ML 10ML VL	J0330	HCPCS	both			2.5		Consumer	Consumer		2.38	95			0.75	2.72	percent of total billed charges	
SUCCINYLCHOLINE 20MG/1ML 10ML VL	J0330	HCPCS	both			2.5		Corrections	Corrections		2	80			0.75	2.72	percent of total billed charges	
SUCCINYLCHOLINE 20MG/1ML 10ML VL	J0330	HCPCS	both			2.5		First Health	First Health		1.75	70			0.75	2.72	percent of total billed charges	
SUCCINYLCHOLINE 20MG/1ML 10ML VL	J0330	HCPCS	both			2.5		First Trenton	First Trenton		2.25	90			0.75	2.72	percent of total billed charges	
SUCCINYLCHOLINE 20MG/1ML 10ML VL	J0330	HCPCS	both			2.5		Horizon	Indemnity		0.96	38.28			0.75	2.72	percent of total billed charges	
SUCCINYLCHOLINE 20MG/1ML 10ML VL	J0330	HCPCS	both			2.5		Horizon	MGD		0.96	38.28			0.75	2.72	percent of total billed charges	
SUCCINYLCHOLINE 20MG/1ML 10ML VL	J0330	HCPCS	both			2.5		Horizon	Medicare Blue		0.75	30			0.75	2.72	percent of total billed charges	
SUCCINYLCHOLINE 20MG/1ML 10ML VL	J0330	HCPCS	both			2.5		Horizon	PPO		0.96	38.28			0.75	2.72	percent of total billed charges	
SUCCINYLCHOLINE 20MG/1ML 10ML VL	J0330	HCPCS	both			2.5		Managed Care Inc	Managed Care Inc		2.25	90			0.75	2.72	percent of total billed charges	
SUCCINYLCHOLINE 20MG/1ML 10ML VL	J0330	HCPCS	both			2.5		Multiplan	Multiplan		2	80			0.75	2.72	percent of total billed charges	
SUCCINYLCHOLINE 20MG/1ML 10ML VL	J0330	HCPCS	both			2.5		Qualcare	Qualcare		1.88	75			0.75	2.72	percent of total billed charges	
SUCCINYLCHOLINE 20MG/1ML 10ML VL	J0330	HCPCS	both			2.5		Three Rivers	Three Rivers		2.38	95			0.75	2.72	percent of total billed charges	
SUCCINYLCHOLINE 20MG/1ML 10ML VL	J0330	HCPCS	both			2.5		UHC	Medicaid		0.79	31.55			0.75	2.72	percent of total billed charges	
SUCCINYLCHOLINE 20MG/1ML 10ML VL	J0330	HCPCS	both			2.5		Wellcare	Medicaid		0.79	31.55			0.75	2.72	percent of total billed charges	
SUCCINYLCHOLINE 20MG/1ML 10ML VL	J0330	HCPCS	both			2.5		WellPoint	WellPoint		0.8	32.18			0.75	2.72	percent of total billed charges	
ANADULAFUNGIN 1 MG INJ	J0348	HCPCS	both			8.5	0.53	Aetna	Medicare		0.46				0.46	8.08	fee schedule	
ANADULAFUNGIN 1 MG INJ	J0348	HCPCS	both			8.5	0.53	Aetna	Commercial		3.23	38			0.46	8.08	percent of total billed charges	
ANADULAFUNGIN 1 MG INJ	J0348	HCPCS	both			8.5	0.53	Aetna	Better Health		2.68	31.55			0.46	8.08	percent of total billed charges	
ANADULAFUNGIN 1 MG INJ	J0348	HCPCS	both			8.5	0.53	Americare	Americare		6.38	75			0.46	8.08	percent of total billed charges	
ANADULAFUNGIN 1 MG INJ	J0348	HCPCS	both			8.5	0.53	Amerihealth	HMO/PPO		0.55				0.46	8.08	fee schedule	
ANADULAFUNGIN 1 MG INJ	J0348	HCPCS	both			8.5	0.53	Amerihealth	Medicare		0.46				0.46	8.08	fee schedule	
ANADULAFUNGIN 1 MG INJ	J0348	HCPCS	both			8.5	0.53	Consumer	Consumer		8.08	95			0.46	8.08	percent of total billed charges	
ANADULAFUNGIN 1 MG INJ	J0348	HCPCS	both			8.5	0.53	Corrections	Corrections		6.8	80			0.46	8.08	percent of total billed charges	
ANADULAFUNGIN 1 MG INJ	J0348	HCPCS	both			8.5	0.53	First Health	First Health		5.95	70			0.46	8.08	percent of total billed charges	
ANADULAFUNGIN 1 MG INJ	J0348	HCPCS	both			8.5	0.53	First Trenton	First Trenton		7.65	90			0.46	8.08	percent of total billed charges	
ANADULAFUNGIN 1 MG INJ	J0348	HCPCS	both			8.5	0.53	Horizon	MGD		3.25	38.28			0.46	8.08	percent of total billed charges	
ANADULAFUNGIN 1 MG INJ	J0348	HCPCS	both			8.5	0.53	Horizon	Indemnity		3.25	38.28			0.46	8.08	percent of total billed charges	
ANADULAFUNGIN 1 MG INJ	J0348	HCPCS	both			8.5	0.53	Horizon	PPO		3.25	38.28			0.46	8.08	percent of total billed charges	
ANADULAFUNGIN 1 MG INJ	J0348	HCPCS	both			8.5	0.53	Horizon	Medicare Blue		2.55	30			0.46	8.08	percent of total billed charges	
ANADULAFUNGIN 1 MG INJ	J0348	HCPCS	both			8.5	0.53	Managed Care Inc	Managed Care Inc		7.65	90			0.46	8.08	percent of total billed charges	
ANADULAFUNGIN 1 MG INJ	J0348	HCPCS	both			8.5	0.53	Multiplan	Multiplan		6.8	80			0.46	8.08	percent of total billed charges	
ANADULAFUNGIN 1 MG INJ	J0348	HCPCS	both			8.5	0.53	Qualcare	Qualcare		6.38	75			0.46	8.08	percent of total billed charges	
ANADULAFUNGIN 1 MG INJ	J0348	HCPCS	both			8.5	0.53	Three Rivers	Three Rivers		8.08	95			0.46	8.08	percent of total billed charges	
ANADULAFUNGIN 1 MG INJ	J0348	HCPCS	both			8.5	0.53	UHC	Medicare		0.46				0.46	8.08	fee schedule	
ANADULAFUNGIN 1 MG INJ	J0348	HCPCS	both			8.5	0.53	UHC	Medicaid		2.68	31.55			0.46	8.08	percent of total billed charges	
ANADULAFUNGIN 1 MG INJ	J0348	HCPCS	both			8.5	0.53	Wellcare	Medicaid		2.68	31.55			0.46	8.08	percent of total billed charges	
ANADULAFUNGIN 1 MG INJ	J0348	HCPCS	both			8.5	0.53	Wellcare	Medicare		0.46				0.46	8.08	fee schedule	
ANADULAFUNGIN 1 MG INJ	J0348	HCPCS	both			8.5	0.53	WellPoint	WellPoint		2.74	32.18			0.46	8.08	percent of total billed charges	
HYDRALAZINE 20MG/1ML VIAL	J0360	HCPCS	both			62	6.43	Aetna	Medicare		5.59				4.98	58.9	fee schedule	
HYDRALAZINE 20MG/1ML VIAL	J0360	HCPCS	both			62	6.43	Aetna	Better Health		19.56	31.55			4.98	58.9	percent of total billed charges	
HYDRALAZINE 20MG/1ML VIAL	J0360	HCPCS	both			62	6.43	Aetna	Commercial		23.56	38			4.98	58.9	percent of total billed charges	
HYDRALAZINE 20MG/1ML VIAL	J0360	HCPCS	both			62	6.43	Americare	Americare		46.5	75			4.98	58.9	percent of total billed charges	
HYDRALAZINE 20MG/1ML VIAL	J0360	HCPCS	both			62	6.43	Amerihealth	Medicare		5.59				4.98	58.9	fee schedule	
HYDRALAZINE 20MG/1ML VIAL	J0360	HCPCS	both			62	6.43	Amerihealth	HMO/PPO		4.98				4.98	58.9	fee schedule	
HYDRALAZINE 20MG/1ML VIAL	J0360	HCPCS	both			62	6.43	Consumer	Consumer		58.9	95			4.98	58.9	percent of total billed charges	
HYDRALAZINE 20MG/1ML VIAL	J0360	HCPCS	both			62	6.43	Corrections	Corrections		49.6	80			4.98	58.9	percent of total billed charges	
HYDRALAZINE 20MG/1ML VIAL	J0360	HCPCS	both			62	6.43	First Health	First Health		43.4	70			4.98	58.9	percent of total billed charges	
HYDRALAZINE 20MG/1ML VIAL	J0360	HCPCS	both			62	6.43	First Trenton	First Trenton		55.8	90			4.98	58.9	percent of total billed charges	
HYDRALAZINE 20MG/1ML VIAL	J0360	HCPCS	both			62	6.43	Horizon	MGD		23.73	38.28			4.98	58.9	percent of total billed charges	
HYDRALAZINE 20MG/1ML VIAL	J0360	HCPCS	both			62	6.43	Horizon	Medicare Blue		18.6	30			4.98	58.9	percent of total billed charges	
HYDRALAZINE 20MG/1ML VIAL	J0360	HCPCS	both			62	6.43	Horizon	Indemnity		23.73	38.28			4.98	58.9	percent of total billed charges	
HYDRALAZINE 20MG/1ML VIAL	J0360	HCPCS	both			62	6.43	Horizon	PPO		23.73	38.28			4.98	58.9	percent of total billed charges	
HYDRALAZINE 20MG/1ML VIAL	J0360	HCPCS	both			62	6.43	Managed Care Inc	Managed Care Inc		55.8	90			4.98	58.9	percent of total billed charges	
HYDRALAZINE 20MG/1ML VIAL	J0360	HCPCS	both			62	6.43	Multiplan	Multiplan		49.6	80			4.98	58.9	percent of total billed charges	
HYDRALAZINE 20MG/1ML VIAL	J0360	HCPCS	both			62	6.43	Qualcare	Qualcare		46.5	75			4.98	58.9	percent of total billed charges	
HYDRALAZINE 20MG/1ML VIAL	J0360	HCPCS	both			62	6.43	Three Rivers	Three Rivers		58.9	95			4.98	58.9	percent of total billed charges	
HYDRALAZINE 20MG/1ML VIAL	J0360	HCPCS	both			62	6.43	UHC	Medicaid		19.56	31.55			4.98	58.9	percent of total billed charges	
HYDRALAZINE 20MG/1ML VIAL	J0360	HCPCS	both			62	6.43	UHC	Medicare		5.59				4.98	58.9	fee schedule	
HYDRALAZINE 20MG/1ML VIAL	J0360	HCPCS	both			62	6.43	Wellcare	Medicare		5.59				4.98	58.9	fee schedule	
HYDRALAZINE 20MG/1ML VIAL	J0360	HCPCS	both			62	6.43	Wellcare	Medicaid		19.56	31.55			4.98	58.9	percent of total billed charges	
HYDRALAZINE 20MG/1ML VIAL	J0360	HCPCS	both			62	6.43	WellPoint	WellPoint		19.95	32.18			4.98	58.9	percent of total billed charges	
APROTININ 10,000 KIU INJ	J0365	HCPCS	outpatient			19		Aetna	Better Health		5.99	31.55			2.88	18.05	percent of total billed charges	
APROTININ 10,000 KIU INJ	J0365	HCPCS	outpatient			19		Aetna	Medicare		5.85	30.8			2.88	18.05	percent of total billed charges	
APROTININ 10,000 KIU INJ	J0365	HCPCS	outpatient			19		Aetna	Commercial		7.22	38			2.88	18.05	percent of total billed charges	
APROTININ 10,000 KIU INJ	J0365	HCPCS	outpatient			19		Americare	Americare		14.25	75			2.88	18.05	percent of total billed charges	
APROTININ 10,000 KIU INJ	J0365	HCPCS	outpatient			19		Amerihealth	HMO/PPO		2.88				2.88	18.05	fee schedule	
APROTININ 10,000 KIU INJ	J0365	HCPCS	outpatient			19		Consumer	Consumer		18.05	95			2.88	18.05	percent of total billed charges	
APROTININ 10,000 KIU INJ	J0365	HCPCS	outpatient			19		Corrections	Corrections		15.2	80			2.88	18.05	percent of total billed charges	
APROTININ 10,000 KIU INJ	J0365	HCPCS	outpatient			19		First Health	First Health		13.3	70			2.88	18.05	percent of total billed charges	
APROTININ 10,000 KIU INJ	J0365	HCPCS	outpatient			19		First Trenton	First Trenton		17.1	90			2.88	18.05	percent of total billed charges	
APROTININ 10,000 KIU INJ	J0365	HCPCS	outpatient			19		Horizon	MGD		7.27	38.28			2.88	18.05	percent of total billed charges	
APROTININ 10,000 KIU INJ	J0365	HCPCS	outpatient			19		Horizon	Indemnity		7.27	38.28			2.88	18.05	percent of total billed charges	
APROTININ 10,000 KIU INJ	J0365	HCPCS	outpatient			19		Horizon	Medicare Blue		5.7	30			2.88	18.05	percent of total billed charges	
APROTININ 10,000 KIU INJ	J0365	HCPCS	outpatient			19		Horizon	PPO		7.27	38.28			2.88	18.05	percent of total billed charges	
APROTININ 10,000 KIU INJ	J0365	HCPCS	outpatient			19		Managed Care Inc	Managed Care Inc		17.1	90			2.88	18.05	percent of total billed charges	
APROTININ 10,000 KIU INJ	J0365	HCPCS	outpatient			19		Multiplan	Multiplan		15.2	80			2.88	18.05	percent of total billed charges	
APROTININ 10,000 KIU INJ	J0365	HCPCS	outpatient			19		Qualcare	Qualcare		14.25	75			2.88	18.05	percent of total billed charges	
APROTININ 10,000 KIU INJ	J0365	HCPCS	outpatient			19		Three Rivers	Three Rivers		18.05	95			2.88	18.05	percent of total billed charges	
APROTININ 10,000 KIU INJ	J0365	HCPCS	outpatient			19		UHC	Medicaid		5.99	31.55			2.88	18.05	percent of total billed charges	
APROTININ 10,000 KIU INJ	J0365	HCPCS	outpatient			19		Wellcare	Medicaid		5.99	31.55			2.88	18.05	percent of total billed charges	
APROTININ 10,000 KIU INJ	J0365	HCPCS	outpatient			19		WellPoint	WellPoint		6.11	32.18			2.88	18.05	percent of total billed charges	
ARTESUNATE 1 MG INJ	J0391	HCPCS	outpatient			168	66.03	Aetna	Commercial		91.41				53	159.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTESUNATE 1 MG INJ	J0391	HCPCS	outpatient			168	66.03	Aetna	Better Health		53	31.55			53	159.6	percent of total billed charges	
ARTESUNATE 1 MG INJ	J0391	HCPCS	outpatient			168	66.03	Aetna	Medicare		57.42				53	159.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTESUNATE 1 MG INJ	J0391	HCPCS	outpatient			168	66.03	Americare	Americare		126	75			53	159.6	percent of total billed charges	
ARTESUNATE 1 MG INJ	J0391	HCPCS	outpatient			168	66.03	Amerihealth	HMO/PPO		109.2	65			53	159.6	percent of total billed charges	
ARTESUNATE 1 MG INJ	J0391	HCPCS	outpatient			168	66.03	Amerihealth	Medicare		57.42				53	159.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTESUNATE 1 MG INJ	J0391	HCPCS	outpatient			168	66.03	Consumer	Consumer		159.6	95			53	159.6	percent of total billed charges	
ARTESUNATE 1 MG INJ	J0391	HCPCS	outpatient			168	66.03	Corrections	Corrections		134.4	80			53	159.6	percent of total billed charges	
ARTESUNATE 1 MG INJ	J0391	HCPCS	outpatient			168	66.03	First Health	First Health		117.6	70			53	159.6	percent of total billed charges	
ARTESUNATE 1 MG INJ	J0391	HCPCS	outpatient			168	66.03	First Trenton	First Trenton		151.2	90			53	159.6	percent of total billed charges	
ARTESUNATE 1 MG INJ	J0391	HCPCS	outpatient			168	66.03	Horizon	Medicare Blue		57.42				53	159.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTESUNATE 1 MG INJ	J0391	HCPCS	outpatient			168	66.03	Horizon	MGD		106.86				53	159.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTESUNATE 1 MG INJ	J0391	HCPCS	outpatient			168	66.03	Horizon	Indemnity		106.86				53	159.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTESUNATE 1 MG INJ	J0391	HCPCS	outpatient			168	66.03	Horizon	PPO		106.86				53	159.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTESUNATE 1 MG INJ	J0391	HCPCS	outpatient			168	66.03	Managed Care Inc	Managed Care Inc		151.2	90			53	159.6	percent of total billed charges	
ARTESUNATE 1 MG INJ	J0391	HCPCS	outpatient			168	66.03	Multiplan	Multiplan		134.4	80			53	159.6	percent of total billed charges	
ARTESUNATE 1 MG INJ	J0391	HCPCS	outpatient			168	66.03	Qualcare	Qualcare		126	75			53	159.6	percent of total billed charges	
ARTESUNATE 1 MG INJ	J0391	HCPCS	outpatient			168	66.03	Three Rivers	Three Rivers		159.6	95			53	159.6	percent of total billed charges	
ARTESUNATE 1 MG INJ	J0391	HCPCS	outpatient			168	66.03	UHC	Medicare		57.42				53	159.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTESUNATE 1 MG INJ	J0391	HCPCS	outpatient			168	66.03	UHC	Medicaid		53	31.55			53	159.6	percent of total billed charges	
ARTESUNATE 1 MG INJ	J0391	HCPCS	outpatient			168	66.03	United	Oxford		119.05				53	159.6	fee schedule	
ARTESUNATE 1 MG INJ	J0391	HCPCS	outpatient			168	66.03	United	Commercial|PPO		119.05				53	159.6	fee schedule	
ARTESUNATE 1 MG INJ	J0391	HCPCS	outpatient			168	66.03	Wellcare	Medicaid		53	31.55			53	159.6	percent of total billed charges	
ARTESUNATE 1 MG INJ	J0391	HCPCS	outpatient			168	66.03	Wellcare	Medicare		57.42				53	159.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTESUNATE 1 MG INJ	J0391	HCPCS	outpatient			168	66.03	WellPoint	WellPoint		54.06	32.18			53	159.6	percent of total billed charges	
ARIPIPRAZOLE 0.25 MG INJECTION	J0400	HCPCS	outpatient			2		Aetna	Better Health		0.63	31.55			0.6	1.9	percent of total billed charges	
ARIPIPRAZOLE 0.25 MG INJECTION	J0400	HCPCS	outpatient			2		Aetna	Medicare		0.62	30.8			0.6	1.9	percent of total billed charges	
ARIPIPRAZOLE 0.25 MG INJECTION	J0400	HCPCS	outpatient			2		Aetna	Commercial		0.76	38			0.6	1.9	percent of total billed charges	
ARIPIPRAZOLE 0.25 MG INJECTION	J0400	HCPCS	outpatient			2		Americare	Americare		1.5	75			0.6	1.9	percent of total billed charges	
ARIPIPRAZOLE 0.25 MG INJECTION	J0400	HCPCS	outpatient			2		Amerihealth	HMO/PPO		0.82				0.6	1.9	fee schedule	
ARIPIPRAZOLE 0.25 MG INJECTION	J0400	HCPCS	outpatient			2		Consumer	Consumer		1.9	95			0.6	1.9	percent of total billed charges	
ARIPIPRAZOLE 0.25 MG INJECTION	J0400	HCPCS	outpatient			2		Corrections	Corrections		1.6	80			0.6	1.9	percent of total billed charges	
ARIPIPRAZOLE 0.25 MG INJECTION	J0400	HCPCS	outpatient			2		First Health	First Health		1.4	70			0.6	1.9	percent of total billed charges	
ARIPIPRAZOLE 0.25 MG INJECTION	J0400	HCPCS	outpatient			2		First Trenton	First Trenton		1.8	90			0.6	1.9	percent of total billed charges	
ARIPIPRAZOLE 0.25 MG INJECTION	J0400	HCPCS	outpatient			2		Horizon	MGD		0.77	38.28			0.6	1.9	percent of total billed charges	
ARIPIPRAZOLE 0.25 MG INJECTION	J0400	HCPCS	outpatient			2		Horizon	Medicare Blue		0.6	30			0.6	1.9	percent of total billed charges	
ARIPIPRAZOLE 0.25 MG INJECTION	J0400	HCPCS	outpatient			2		Horizon	Indemnity		0.77	38.28			0.6	1.9	percent of total billed charges	
ARIPIPRAZOLE 0.25 MG INJECTION	J0400	HCPCS	outpatient			2		Horizon	PPO		0.77	38.28			0.6	1.9	percent of total billed charges	
ARIPIPRAZOLE 0.25 MG INJECTION	J0400	HCPCS	outpatient			2		Managed Care Inc	Managed Care Inc		1.8	90			0.6	1.9	percent of total billed charges	
ARIPIPRAZOLE 0.25 MG INJECTION	J0400	HCPCS	outpatient			2		Multiplan	Multiplan		1.6	80			0.6	1.9	percent of total billed charges	
ARIPIPRAZOLE 0.25 MG INJECTION	J0400	HCPCS	outpatient			2		Qualcare	Qualcare		1.5	75			0.6	1.9	percent of total billed charges	
ARIPIPRAZOLE 0.25 MG INJECTION	J0400	HCPCS	outpatient			2		Three Rivers	Three Rivers		1.9	95			0.6	1.9	percent of total billed charges	
ARIPIPRAZOLE 0.25 MG INJECTION	J0400	HCPCS	outpatient			2		UHC	Medicaid		0.63	31.55			0.6	1.9	percent of total billed charges	
ARIPIPRAZOLE 0.25 MG INJECTION	J0400	HCPCS	outpatient			2		Wellcare	Medicaid		0.63	31.55			0.6	1.9	percent of total billed charges	
ARIPIPRAZOLE 0.25 MG INJECTION	J0400	HCPCS	outpatient			2		WellPoint	WellPoint		0.64	32.18			0.6	1.9	percent of total billed charges	
ARIPIPRAZOLE ER 1MG IN|400 MG KIT)	J0401	HCPCS	both			22.5	7.83	Aetna	Commercial		13.01				4.75	21.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARIPIPRAZOLE ER 1MG IN|400 MG KIT)	J0401	HCPCS	both			22.5	7.83	Aetna	Medicare		6.81				4.75	21.38	fee schedule	
ARIPIPRAZOLE ER 1MG IN|400 MG KIT)	J0401	HCPCS	both			22.5	7.83	Aetna	Better Health		7.1	31.55			4.75	21.38	percent of total billed charges	
ARIPIPRAZOLE ER 1MG IN|400 MG KIT)	J0401	HCPCS	both			22.5	7.83	Americare	Americare		16.88	75			4.75	21.38	percent of total billed charges	
ARIPIPRAZOLE ER 1MG IN|400 MG KIT)	J0401	HCPCS	both			22.5	7.83	Amerihealth	HMO/PPO		4.75				4.75	21.38	fee schedule	
ARIPIPRAZOLE ER 1MG IN|400 MG KIT)	J0401	HCPCS	both			22.5	7.83	Amerihealth	Medicare		6.81				4.75	21.38	fee schedule	
ARIPIPRAZOLE ER 1MG IN|400 MG KIT)	J0401	HCPCS	both			22.5	7.83	Consumer	Consumer		21.38	95			4.75	21.38	percent of total billed charges	
ARIPIPRAZOLE ER 1MG IN|400 MG KIT)	J0401	HCPCS	both			22.5	7.83	Corrections	Corrections		18	80			4.75	21.38	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.														
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true													
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ARIPIRAZOLE ER 1MG IN|400 MG KIT)	J0401	HCPCS	both			22.5	7.83	First Health	First Health			15.75			70	4.75	21.38	percent of total billed charges	
ARIPIRAZOLE ER 1MG IN|400 MG KIT)	J0401	HCPCS	both			22.5	7.83	First Trenton	First Trenton			20.25			90	4.75	21.38	percent of total billed charges	
ARIPIRAZOLE ER 1MG IN|400 MG KIT)	J0401	HCPCS	both			22.5	7.83	Horizon	PPO			15.2				4.75	21.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARIPIRAZOLE ER 1MG IN|400 MG KIT)	J0401	HCPCS	both			22.5	7.83	Horizon	Indemnity			15.2				4.75	21.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARIPIRAZOLE ER 1MG IN|400 MG KIT)	J0401	HCPCS	both			22.5	7.83	Horizon	MGD			15.2				4.75	21.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARIPIRAZOLE ER 1MG IN|400 MG KIT)	J0401	HCPCS	both			22.5	7.83	Horizon	Medicare Blue			8.17				4.75	21.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARIPIRAZOLE ER 1MG IN|400 MG KIT)	J0401	HCPCS	both			22.5	7.83	Managed Care Inc	Managed Care Inc			20.25			90	4.75	21.38	percent of total billed charges	
ARIPIRAZOLE ER 1MG IN|400 MG KIT)	J0401	HCPCS	both			22.5	7.83	Multiplan	Multiplan			18			80	4.75	21.38	percent of total billed charges	
ARIPIRAZOLE ER 1MG IN|400 MG KIT)	J0401	HCPCS	both			22.5	7.83	Qualcare	Qualcare			16.88			75	4.75	21.38	percent of total billed charges	
ARIPIRAZOLE ER 1MG IN|400 MG KIT)	J0401	HCPCS	both			22.5	7.83	Three Rivers	Three Rivers			21.38			95	4.75	21.38	percent of total billed charges	
ARIPIRAZOLE ER 1MG IN|400 MG KIT)	J0401	HCPCS	both			22.5	7.83	UHC	Medicare			6.81				4.75	21.38	fee schedule	
ARIPIRAZOLE ER 1MG IN|400 MG KIT)	J0401	HCPCS	both			22.5	7.83	UHC	Medicaid			7.1			31.55	4.75	21.38	percent of total billed charges	
ARIPIRAZOLE ER 1MG IN|400 MG KIT)	J0401	HCPCS	both			22.5	7.83	United	Commercial|PPO			17.03				4.75	21.38	fee schedule	
ARIPIRAZOLE ER 1MG IN|400 MG KIT)	J0401	HCPCS	both			22.5	7.83	United	Oxford			17.03				4.75	21.38	fee schedule	
ARIPIRAZOLE ER 1MG IN|400 MG KIT)	J0401	HCPCS	both			22.5	7.83	Wellcare	Medicaid			7.1			31.55	4.75	21.38	percent of total billed charges	
ARIPIRAZOLE ER 1MG IN|400 MG KIT)	J0401	HCPCS	both			22.5	7.83	Wellcare	Medicare			6.81				4.75	21.38	fee schedule	
ARIPIRAZOLE ER 1MG IN|400 MG KIT)	J0401	HCPCS	both			22.5	7.83	WellPoint	WellPoint			7.24			32.18	4.75	21.38	percent of total billed charges	
AZITHROMYCIN 500MG INJ	J0456	HCPCS	both			188	2.99	Aetna	Medicare			2.6				2.6	178.6	fee schedule	
AZITHROMYCIN 500MG INJ	J0456	HCPCS	both			188	2.99	Aetna	Better Health			59.31			31.55	2.6	178.6	percent of total billed charges	
AZITHROMYCIN 500MG INJ	J0456	HCPCS	both			188	2.99	Aetna	Commercial			71.44			38	2.6	178.6	percent of total billed charges	
AZITHROMYCIN 500MG INJ	J0456	HCPCS	both			188	2.99	Americare	Americare			141			75	2.6	178.6	percent of total billed charges	
AZITHROMYCIN 500MG INJ	J0456	HCPCS	both			188	2.99	Amerihealth	HMO|PPO			3.59				2.6	178.6	fee schedule	
AZITHROMYCIN 500MG INJ	J0456	HCPCS	both			188	2.99	Amerihealth	Medicare			2.6				2.6	178.6	fee schedule	
AZITHROMYCIN 500MG INJ	J0456	HCPCS	both			188	2.99	Consumer	Consumer			178.6			95	2.6	178.6	percent of total billed charges	
AZITHROMYCIN 500MG INJ	J0456	HCPCS	both			188	2.99	Corrections	Corrections			150.4			80	2.6	178.6	percent of total billed charges	
AZITHROMYCIN 500MG INJ	J0456	HCPCS	both			188	2.99	First Health	First Health			131.6			70	2.6	178.6	percent of total billed charges	
AZITHROMYCIN 500MG INJ	J0456	HCPCS	both			188	2.99	First Trenton	First Trenton			169.2			90	2.6	178.6	percent of total billed charges	
AZITHROMYCIN 500MG INJ	J0456	HCPCS	both			188	2.99	Horizon	MGD			71.97			38.28	2.6	178.6	percent of total billed charges	
AZITHROMYCIN 500MG INJ	J0456	HCPCS	both			188	2.99	Horizon	Indemnity			71.97			38.28	2.6	178.6	percent of total billed charges	
AZITHROMYCIN 500MG INJ	J0456	HCPCS	both			188	2.99	Horizon	Medicare Blue			56.4			30	2.6	178.6	percent of total billed charges	
AZITHROMYCIN 500MG INJ	J0456	HCPCS	both			188	2.99	Horizon	PPO			71.97			38.28	2.6	178.6	percent of total billed charges	
AZITHROMYCIN 500MG INJ	J0456	HCPCS	both			188	2.99	Managed Care Inc	Managed Care Inc			169.2			90	2.6	178.6	percent of total billed charges	
AZITHROMYCIN 500MG INJ	J0456	HCPCS	both			188	2.99	Multiplan	Multiplan			150.4			80	2.6	178.6	percent of total billed charges	
AZITHROMYCIN 500MG INJ	J0456	HCPCS	both			188	2.99	Qualcare	Qualcare			141			75	2.6	178.6	percent of total billed charges	
AZITHROMYCIN 500MG INJ	J0456	HCPCS	both			188	2.99	Three Rivers	Three Rivers			178.6			95	2.6	178.6	percent of total billed charges	
AZITHROMYCIN 500MG INJ	J0456	HCPCS	both			188	2.99	UHC	Medicaid			59.31			31.55	2.6	178.6	percent of total billed charges	
AZITHROMYCIN 500MG INJ	J0456	HCPCS	both			188	2.99	UHC	Medicare			2.6				2.6	178.6	fee schedule	
AZITHROMYCIN 500MG INJ	J0456	HCPCS	both			188	2.99	Wellcare	Medicare			2.6				2.6	178.6	fee schedule	
AZITHROMYCIN 500MG INJ	J0456	HCPCS	both			188	2.99	Wellcare	Medicaid			59.31			31.55	2.6	178.6	percent of total billed charges	
AZITHROMYCIN 500MG INJ	J0456	HCPCS	both			188	2.99	WellPoint	WellPoint			60.5			32.18	2.6	178.6	percent of total billed charges	
ATROPINE SULFATE PER 0.01 MG	J0461	HCPCS	both			9	0.09	Aetna	Medicare			0.08				0.03	8.55	fee schedule	
ATROPINE SULFATE PER 0.01 MG	J0461	HCPCS	both			9	0.09	Aetna	Better Health			2.84			31.55	0.03	8.55	percent of total billed charges	
ATROPINE SULFATE PER 0.01 MG	J0461	HCPCS	both			9	0.09	Aetna	Commercial			3.42			38	0.03	8.55	percent of total billed charges	
ATROPINE SULFATE PER 0.01 MG	J0461	HCPCS	both			9	0.09	Americare	Americare			6.75			75	0.03	8.55	percent of total billed charges	
ATROPINE SULFATE PER 0.01 MG	J0461	HCPCS	both			9	0.09	Amerihealth	Medicare			0.08				0.03	8.55	fee schedule	
ATROPINE SULFATE PER 0.01 MG	J0461	HCPCS	both			9	0.09	Amerihealth	HMO|PPO			0.03				0.03	8.55	fee schedule	
ATROPINE SULFATE PER 0.01 MG	J0461	HCPCS	both			9	0.09	Consumer	Consumer			8.55			95	0.03	8.55	percent of total billed charges	
ATROPINE SULFATE PER 0.01 MG	J0461	HCPCS	both			9	0.09	Corrections	Corrections			7.2			80	0.03	8.55	percent of total billed charges	
ATROPINE SULFATE PER 0.01 MG	J0461	HCPCS	both			9	0.09	First Health	First Health			6.3			70	0.03	8.55	percent of total billed charges	
ATROPINE SULFATE PER 0.01 MG	J0461	HCPCS	both			9	0.09	First Trenton	First Trenton			8.1			90	0.03	8.55	percent of total billed charges	
ATROPINE SULFATE PER 0.01 MG	J0461	HCPCS	both			9	0.09	Horizon	MGD			3.45			38.28	0.03	8.55	percent of total billed charges	
ATROPINE SULFATE PER 0.01 MG	J0461	HCPCS	both			9	0.09	Horizon	Medicare Blue			2.7			30	0.03	8.55	percent of total billed charges	
ATROPINE SULFATE PER 0.01 MG	J0461	HCPCS	both			9	0.09	Horizon	PPO			3.45			38.28	0.03	8.55	percent of total billed charges	
ATROPINE SULFATE PER 0.01 MG	J0461	HCPCS	both			9	0.09	Horizon	Indemnity			3.45			38.28	0.03	8.55	percent of total billed charges	
ATROPINE SULFATE PER 0.01 MG	J0461	HCPCS	both			9	0.09	Managed Care Inc	Managed Care Inc			8.1			90	0.03	8.55	percent of total billed charges	
ATROPINE SULFATE PER 0.01 MG	J0461	HCPCS	both			9	0.09	Multiplan	Multiplan			7.2			80	0.03	8.55	percent of total billed charges	
ATROPINE SULFATE PER 0.01 MG	J0461	HCPCS	both			9	0.09	Qualcare	Qualcare			6.75			75	0.03	8.55	percent of total billed charges	
ATROPINE SULFATE PER 0.01 MG	J0461	HCPCS	both			9	0.09	Three Rivers	Three Rivers			8.55			95	0.03	8.55	percent of total billed charges	
ATROPINE SULFATE PER 0.01 MG	J0461	HCPCS	both			9	0.09	UHC	Medicare			0.08				0.03	8.55	fee schedule	
ATROPINE SULFATE PER 0.01 MG	J0461	HCPCS	both			9	0.09	UHC	Medicaid			2.84			31.55	0.03	8.55	percent of total billed charges	
ATROPINE SULFATE PER 0.01 MG	J0461	HCPCS	both			9	0.09	Wellcare	Medicare			0.08				0.03	8.55	fee schedule	
ATROPINE SULFATE PER 0.01 MG	J0461	HCPCS	both			9	0.09	Wellcare	Medicaid			2.84			31.55	0.03	8.55	percent of total billed charges	
ATROPINE SULFATE PER 0.01 MG	J0461	HCPCS	both			9	0.09	WellPoint	WellPoint			2.9			32.18	0.03	8.55	percent of total billed charges	
DIMERCAPROL (BAL) 100MG INJ	J0470	HCPCS	outpatient			128	82.56	Aetna	Better Health			40.38			31.55	40.38	149.53	percent of total billed charges	
DIMERCAPROL (BAL) 100MG INJ	J0470	HCPCS	outpatient			128	82.56	Aetna	Commercial			114.29				40.38	149.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIMERCAPROL (BAL) 100MG INJ	J0470	HCPCS	outpatient			128	82.56	Aetna	Medicare			71.79				40.38	149.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIMERCAPROL (BAL) 100MG INJ	J0470	HCPCS	outpatient			128	82.56	Americare	Americare			96			75	40.38	149.53	percent of total billed charges	
DIMERCAPROL (BAL) 100MG INJ	J0470	HCPCS	outpatient			128	82.56	Amerihealth	HMO|PPO			42.68				40.38	149.53	fee schedule	
DIMERCAPROL (BAL) 100MG INJ	J0470	HCPCS	outpatient			128	82.56	Amerihealth	Medicare			71.79				40.38	149.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIMERCAPROL (BAL) 100MG INJ	J0470	HCPCS	outpatient			128	82.56	Consumer	Consumer			121.6			95	40.38	149.53	percent of total billed charges	
DIMERCAPROL (BAL) 100MG INJ	J0470	HCPCS	outpatient			128	82.56	Corrections	Corrections			102.4			80	40.38	149.53	percent of total billed charges	
DIMERCAPROL (BAL) 100MG INJ	J0470	HCPCS	outpatient			128	82.56	First Health	First Health			89.6			70	40.38	149.53	percent of total billed charges	
DIMERCAPROL (BAL) 100MG INJ	J0470	HCPCS	outpatient			128	82.56	First Trenton	First Trenton			115.2			90	40.38	149.53	percent of total billed charges	
DIMERCAPROL (BAL) 100MG INJ	J0470	HCPCS	outpatient			128	82.56	Horizon	Medicare Blue			71.79				40.38	149.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIMERCAPROL (BAL) 100MG INJ	J0470	HCPCS	outpatient			128	82.56	Horizon	Indemnity			133.6				40.38	149.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIMERCAPROL (BAL) 100MG INJ	J0470	HCPCS	outpatient			128	82.56	Horizon	MGD			133.6				40.38	149.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIMERCAPROL (BAL) 100MG INJ	J0470	HCPCS	outpatient			128	82.56	Horizon	PPO			133.6				40.38	149.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIMERCAPROL (BAL) 100MG INJ	J0470	HCPCS	outpatient			128	82.56	Managed Care Inc	Managed Care Inc			115.2			90	40.38	149.53	percent of total billed charges	
DIMERCAPROL (BAL) 100MG INJ	J0470	HCPCS	outpatient			128	82.56	Multiplan	Multiplan			102.4			80	40.38	149.53	percent of total billed charges	
DIMERCAPROL (BAL) 100MG INJ	J0470	HCPCS	outpatient			128	82.56	Qualcare	Qualcare			96			75	40.38	149.53	percent of total billed charges	
DIMERCAPROL (BAL) 100MG INJ	J0470	HCPCS	outpatient			128	82.56	Three Rivers	Three Rivers			121.6			95	40.38	149.53	percent of total billed charges	
DIMERCAPROL (BAL) 100MG INJ	J0470	HCPCS	outpatient			128	82.56	UHC	Medicare			71.79				40.38	149.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIMERCAPROL (BAL) 100MG INJ	J0470	HCPCS	outpatient			128	82.56	UHC	Medicaid			40.38			31.55	40.38	149.53	percent of total billed charges	
DIMERCAPROL (BAL) 100MG INJ	J0470	HCPCS	outpatient			128	82.56	United	Commercial|PPO			149.53				40.38	149.53	fee schedule	
DIMERCAPROL (BAL) 100MG INJ	J0470	HCPCS	outpatient			128	82.56	United	Oxford			149.53				40.38	149.53	fee schedule	
DIMERCAPROL (BAL) 100MG INJ	J0470	HCPCS	outpatient			128	82.56	Wellcare	Medicaid			40.38			31.55	40.38	149.53	percent of total billed charges	
DIMERCAPROL (BAL) 100MG INJ	J0470	HCPCS	outpatient			128	82.56	Wellcare	Medicare			71.79				40.38	149.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIMERCAPROL (BAL) 100MG INJ	J0470	HCPCS	outpatient			128	82.56	WellPoint	WellPoint			41.19			32.18	40.38	149.53	percent of total billed charges	
BACLOFEN 10MG	J0475	HCPCS	inpatient			1051	204.47	Aetna	Commercial			339.89				177.8	998.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BACLOFEN 10MG	J0475	HCPCS	inpatient			1051	204.47	Aetna	Medicare			177.8				177.8	998.45	fee schedule	
BACLOFEN 10MG	J0475	HCPCS	inpatient			1051	204.47	Aetna	Better Health			331.59			31.55	177.8	998.45	percent of total billed charges	
BACLOFEN 10MG	J0475	HCPCS	inpatient			1051	204.47	Americare	Americare			788.25			75	177.8	998.45	percent of total billed charges	
BACLOFEN 10MG	J0475	HCPCS	inpatient			1051	204.47	Amerihealth	HMO|PPO			188.15				177.8	998.45	fee schedule	
BACLOFEN 10MG	J0475	HCPCS	inpatient			1051	204.47	Amerihealth	Medicare			177.8				177.8	998.45	fee schedule	
BACLOFEN 10MG	J0475	HCPCS	inpatient			1051	204.47	Consumer	Consumer			998.45			95	177.8	998.45	percent of total billed charges	
BACLOFEN 10MG	J0475	HCPCS	inpatient			1051	204.47	Corrections	Corrections			840.8			80	177.8	998.45	percent of total billed charges	
BACLOFEN 10MG	J0475	HCPCS	inpatient			1051	204.47	First Health	First Health			735.7			70	177.8	998.45	percent of total billed charges	
BACLOFEN 10MG	J0475	HCPCS	inpatient			1051	204.47	First Trenton	First Trenton			945.9			90	177.8	998.45	percent of total billed charges	
BACLOFEN 10MG	J0475	HCPCS	inpatient			1051	204.47	Horizon	Indemnity			397.32				177.8	998.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BACLOFEN 10MG	J0475	HCPCS	inpatient			1051	204.47	Horizon	MGD			397.32				177.8	998.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BACLOFEN 10MG	J0475	HCPCS	inpatient			1051	204.47	Horizon	Medicare Blue			213.5				177.8	998.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BACLOFEN 10MG	J0475	HCPCS	inpatient			1051	204.47	Horizon	PPO			397.32				177.8	998.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BACLOFEN 10MG	J0475	HCPCS	inpatient			1051	204.47	Managed Care Inc	Managed Care Inc			945.9			90	177.8	998.45	percent of total billed charges	
BACLOFEN 10MG	J0475	HCPCS	inpatient			1051	204.47	Multiplan	Multiplan			840.8			80	177.8	998.45	percent of total billed charges	
BACLOFEN 10MG	J0475	HCPCS	inpatient			1051	204.47	Qualcare	Qualcare			786.25			75	177.8	998.45	percent of total billed charges	
BACLOFEN 10MG	J0475	HCPCS	inpatient			1051	204.47	Three Rivers	Three Rivers			998.45			95	177.8	998.45	percent of total billed charges	
BACLOFEN 10MG	J0475	HCPCS	inpatient			1051	204.47	UHC	Medicaid			331.59			31.55	177.8	998.45	percent of total billed charges	
BACLOFEN 10MG	J0475	HCPCS	inpatient			1051	204.47	UHC	Medicare			177.8				177.8	998.45	fee schedule	
BACLOFEN 10MG	J0475	HCPCS	inpatient			1051	204.47	United	Commercial|PPO			444.5				177.8	998.45	fee schedule	
BACLOFEN 10MG	J0475	HCPCS	inpatient			1051	204.47	United	Oxford			444.5				177.8	998.45	fee schedule	
BACLOFEN 10MG	J0475	HCPCS	inpatient			1051	204.47	Wellcare	Medicaid			331.59			31.55	177.8	998.45	percent of total billed charges	
BACLOFEN 10MG	J0475	HCPCS	inpatient			1051	204.47	Wellcare	Medicare			177.8				177.8	998.45	fee schedule	
BACLOFEN 10MG	J0475	HCPCS	inpatient			1051	204.47	WellPoint	WellPoint			338.21			32.18	177.8	998.45	percent of total billed charges	
BACLOFEN 50MCG INJ	J0476	HCPCS	outpatient			403	43.06	Aetna	Better Health			127.15			31.55	37.44	382.85	percent of total billed charges	
BACLOFEN 50MCG INJ	J0476	HCPCS	outpatient			403	43.06	Aetna	Commercial			153.14			38	37.44	382.85	percent of total billed charges	
BACLOFEN 50MCG INJ	J0476	HCPCS	outpatient			403	43.06	Aetna	Medicare			37.44				37.44	382.85	fee schedule	
BACLOFEN 50MCG INJ	J0476	HCPCS	outpatient			403	43.06	Americare	Americare			302.25			75	37.44	382.85	percent of total billed charges	
BACLOFEN 50MCG INJ	J0476	HCPCS	outpatient			403	43.06	Amerihealth	Medicare			37.44				37.44	382.85	fee schedule	
BACLOFEN 50MCG INJ	J0476	HCPCS	outpatient			403	43.06	Amerihealth	HMO|PPO			83.49				37.44	382.85	fee schedule	
BACLOFEN 50MCG INJ	J0476	HCPCS	outpatient			403	43.06	Consumer	Consumer			382.85			95	37.44	382.85	percent of total billed charges	
BACLOFEN 50MCG INJ	J0476	HCPCS	outpatient			403	43.06	Corrections	Corrections			322.4			80	37.44	382.85	percent of total billed charges	
BACLOFEN 50MCG INJ	J0476	HCPCS	outpatient			403	43.06	First Health	First Health			282.1			70	37.44	382.85	percent of total billed charges	
BACLOFEN 50MCG INJ	J0476	HCPCS	outpatient			403	43.06	First Trenton	First Trenton			362.7			90	37.44	382.85	percent of total billed charges	
BACLOFEN 50MCG INJ	J0476	HCPCS	outpatient			403	43.06	Horizon	Indemnity			154.27			38.28	37.44	382.85	percent of total billed charges	
BACLOFEN 50MCG INJ	J0476	HCPCS	outpatient			403	43.06	Horizon	Medicare Blue			120.9			30	37.44	382.85	percent of total billed charges	
BACLOFEN 50MCG INJ	J0476	HCPCS	outpatient			403	43.06	Horizon	PPO			154.27			38.28	37.44	382.85	percent of total billed charges	
BACLOFEN 50MCG INJ	J0476	HCPCS	outpatient			403	43.06	Horizon	MGD			154.27			38.28	37.44	382.85	percent of total billed charges	
BACLOFEN 50MCG INJ	J0476	HCPCS	outpatient			403	43.06	Managed Care Inc	Managed Care Inc			362.7			90	37.44	382.85	percent of total billed charges	
BACLOFEN 50MCG INJ	J0476	HCPCS	outpatient			403	43.06	Multiplan	Multiplan			322.4			80	37.44	382.85	percent of total billed charges	
BACLOFEN 50MCG INJ	J0476	HCPCS	outpatient			403	43.06	Qualcare	Qualcare			302.25			75	37.44	382.85	percent of total billed charges	
BACLOFEN 50MCG INJ	J0476	HCPCS	outpatient			403	43.06	Three Rivers	Three Rivers			382.85			95	37.44	382.85	percent of total billed charges	
BACLOFEN 50MCG INJ	J0476	HCPCS	outpatient			403	43.06	UHC	Medicaid			127.15			31.55	37.44	382.85	percent of total billed charges	
BACLOFEN 50MCG INJ	J0476	HCPCS	outpatient			403	43.06	UHC	Medicare			37.44				37.44	382.85	fee schedule	
BACLOFEN 50MCG INJ	J0476	HCPCS	outpatient			403	43.06	Wellcare	Medicaid			127.15			31.55	37.44	382.85	percent of total billed charges	
BACLOFEN 50MCG INJ	J0476	HCPCS	outpatient			403	43.06	Wellcare	Medicare			37.44				37.44	382.85	fee schedule	
BACLOFEN 50MCG INJ	J0476	HCPCS	outpatient			403	43.06	WellPoint	WellPoint			129.69			32.18	37.44	382.85	percent of total billed charges	
BASILIXIMAB 20MG INJ (NF)	J0480	HCPCS	inpatient			7545	5147.7	Aetna	Better Health			2380.45			31.55	2380.45	11190.68	percent of total billed charges	
BASILIXIMAB 20MG INJ (NF)	J0480	HCPCS	inpatient			7545	5147.7	Aetna	Medicare			4476.27				2380.45	11190.68	fee schedule	
BASILIXIMAB 20MG INJ (NF)	J0480	HCPCS	inpatient			7545	5147.7	Aetna	Commercial			8574.4				2380.45	11190.68	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BASILIXIMAB 20MG INJ (NF)	J0480	HCPCS	inpatient			7545	5147.7	Americare	Americare			5658.75			75	2380.45	11190.68	percent of total billed charges	
BASILIXIMAB 20MG INJ (NF)	J0480	HCPCS	inpatient			7545	5147.7	Amerihealth	Medicare			4476.27				2380.45	11190.68	fee schedule	
BASILIXIMAB 20MG INJ (NF)	J0480	HCPCS	inpatient			7545	5147.7	Amerihealth	HMO|PPO			3467.48				2380.45	11190.68	fee schedule	
BASILIXIMAB 20MG INJ (NF)	J0480	HCPCS	inpatient			7545	5147.7	Consumer	Consumer			7167.75			95	2380.45	11190.68	percent of total billed charges	
BASILIXIMAB 20MG INJ (NF)	J0480	HCPCS	inpatient			7545	5147.7	Corrections	Corrections			6036			80	2380.45	11190.68	percent of total billed charges	
BASILIXIMAB 20MG INJ (NF)	J0480	HCPCS	inpatient			7545	5147.7	First Health	First Health			5281.5			70	2380.45	11190.68	percent of total billed charges	
BASILIXIMAB 20MG INJ (NF)	J0480	HCPCS	inpatient			7545	5147.7	First Trenton	First Trenton			6790.5			90	2380.45	11190.68	percent of total billed charges	
BASILIXIMAB 20MG INJ (NF)	J0480	HCPCS	inpatient			7545	5147.7	Horizon	MGD			10023.22				2380.45	11190.68	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BASILIXIMAB 20MG INJ (NF)	J0480	HCPCS	inpatient			7545	5147.7	Horizon	Medicare Blue			5385.93				2380.45	11190.68	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
BASILIXIMAB 20MG INJ (NF)	J0480	HCPCS	inpatient			7545		5147.7 Horizon	Indemnity		10023.22				2380.45	11190.68	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BASILIXIMAB 20MG INJ (NF)	J0480	HCPCS	inpatient			7545		5147.7 Horizon	PPO		10023.22				2380.45	11190.68	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BASILIXIMAB 20MG INJ (NF)	J0480	HCPCS	inpatient			7545		5147.7 Managed Care Inc	Managed Care Inc		6790.5	90			2380.45	11190.68	percent of total billed charges	
BASILIXIMAB 20MG INJ (NF)	J0480	HCPCS	inpatient			7545		5147.7 Multiplan	Multiplan		6036	80			2380.45	11190.68	percent of total billed charges	
BASILIXIMAB 20MG INJ (NF)	J0480	HCPCS	inpatient			7545		5147.7 Qualcare	Qualcare		5658.75	75			2380.45	11190.68	percent of total billed charges	
BASILIXIMAB 20MG INJ (NF)	J0480	HCPCS	inpatient			7545		5147.7 Three Rivers	Three Rivers		7167.75	95			2380.45	11190.68	percent of total billed charges	
BASILIXIMAB 20MG INJ (NF)	J0480	HCPCS	inpatient			7545		5147.7 UHC	Medicaid		2380.45	31.55			2380.45	11190.68	percent of total billed charges	
BASILIXIMAB 20MG INJ (NF)	J0480	HCPCS	inpatient			7545		5147.7 UHC	Medicare		4476.27				2380.45	11190.68	fee schedule	
BASILIXIMAB 20MG INJ (NF)	J0480	HCPCS	inpatient			7545		5147.7 United	Oxford		11190.68				2380.45	11190.68	fee schedule	
BASILIXIMAB 20MG INJ (NF)	J0480	HCPCS	inpatient			7545		5147.7 United	Commercial|PPO		11190.68				2380.45	11190.68	fee schedule	
BASILIXIMAB 20MG INJ (NF)	J0480	HCPCS	inpatient			7545		5147.7 Wellcare	Medicaid		2380.45	31.55			2380.45	11190.68	percent of total billed charges	
BASILIXIMAB 20MG INJ (NF)	J0480	HCPCS	inpatient			7545		5147.7 Wellcare	Medicare		4476.27				2380.45	11190.68	fee schedule	
BASILIXIMAB 20MG INJ (NF)	J0480	HCPCS	inpatient			7545		5147.7 WellPoint	WellPoint		2427.98	32.18			2380.45	11190.68	percent of total billed charges	
BELIMUMAB(BENLYSTA) 10MG INJ	J0490	HCPCS	outpatient			187		59.8 Aetna	Commercial		103.38				45.59	177.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BELIMUMAB(BENLYSTA) 10MG INJ	J0490	HCPCS	outpatient			187		59.8 Aetna	Better Health		59	31.55			45.59	177.65	percent of total billed charges	
BELIMUMAB(BENLYSTA) 10MG INJ	J0490	HCPCS	outpatient			187		59.8 Aetna	Medicare		52				45.59	177.65	fee schedule	
BELIMUMAB(BENLYSTA) 10MG INJ	J0490	HCPCS	outpatient			187		59.8 Americare	Americare		140.25	75			45.59	177.65	percent of total billed charges	
BELIMUMAB(BENLYSTA) 10MG INJ	J0490	HCPCS	outpatient			187		59.8 Amerihealth	HMO/PPO		45.59				45.59	177.65	fee schedule	
BELIMUMAB(BENLYSTA) 10MG INJ	J0490	HCPCS	outpatient			187		59.8 Amerihealth	Medicare		52				45.59	177.65	fee schedule	
BELIMUMAB(BENLYSTA) 10MG INJ	J0490	HCPCS	outpatient			187		59.8 Consumer	Consumer		177.65	95			45.59	177.65	percent of total billed charges	
BELIMUMAB(BENLYSTA) 10MG INJ	J0490	HCPCS	outpatient			187		59.8 Corrections	Corrections		149.6	80			45.59	177.65	percent of total billed charges	
BELIMUMAB(BENLYSTA) 10MG INJ	J0490	HCPCS	outpatient			187		59.8 First Health	First Health		130.9	70			45.59	177.65	percent of total billed charges	
BELIMUMAB(BENLYSTA) 10MG INJ	J0490	HCPCS	outpatient			187		59.8 First Trenton	First Trenton		168.3	90			45.59	177.65	percent of total billed charges	
BELIMUMAB(BENLYSTA) 10MG INJ	J0490	HCPCS	outpatient			187		59.8 Horizon	Medicare Blue		64.94				45.59	177.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BELIMUMAB(BENLYSTA) 10MG INJ	J0490	HCPCS	outpatient			187		59.8 Horizon	MGD		120.85				45.59	177.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BELIMUMAB(BENLYSTA) 10MG INJ	J0490	HCPCS	outpatient			187		59.8 Horizon	Indemnity		120.85				45.59	177.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BELIMUMAB(BENLYSTA) 10MG INJ	J0490	HCPCS	outpatient			187		59.8 Horizon	PPO		120.85				45.59	177.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BELIMUMAB(BENLYSTA) 10MG INJ	J0490	HCPCS	outpatient			187		59.8 Managed Care Inc	Managed Care Inc		168.3	90			45.59	177.65	percent of total billed charges	
BELIMUMAB(BENLYSTA) 10MG INJ	J0490	HCPCS	outpatient			187		59.8 Multiplan	Multiplan		149.6	80			45.59	177.65	percent of total billed charges	
BELIMUMAB(BENLYSTA) 10MG INJ	J0490	HCPCS	outpatient			187		59.8 Qualcare	Qualcare		140.25	75			45.59	177.65	percent of total billed charges	
BELIMUMAB(BENLYSTA) 10MG INJ	J0490	HCPCS	outpatient			187		59.8 Three Rivers	Three Rivers		177.65	95			45.59	177.65	percent of total billed charges	
BELIMUMAB(BENLYSTA) 10MG INJ	J0490	HCPCS	outpatient			187		59.8 UHC	Medicaid		59	31.55			45.59	177.65	percent of total billed charges	
BELIMUMAB(BENLYSTA) 10MG INJ	J0490	HCPCS	outpatient			187		59.8 UHC	Medicare		52				45.59	177.65	fee schedule	
BELIMUMAB(BENLYSTA) 10MG INJ	J0490	HCPCS	outpatient			187		59.8 United	Commercial|PPO		130				45.59	177.65	fee schedule	
BELIMUMAB(BENLYSTA) 10MG INJ	J0490	HCPCS	outpatient			187		59.8 United	Oxford		130				45.59	177.65	fee schedule	
BELIMUMAB(BENLYSTA) 10MG INJ	J0490	HCPCS	outpatient			187		59.8 Wellcare	Medicare		52				45.59	177.65	fee schedule	
BELIMUMAB(BENLYSTA) 10MG INJ	J0490	HCPCS	outpatient			187		59.8 Wellcare	Medicaid		59	31.55			45.59	177.65	percent of total billed charges	
BELIMUMAB(BENLYSTA) 10MG INJ	J0490	HCPCS	outpatient			187		59.8 WellPoint	WellPoint		60.18	32.18			45.59	177.65	percent of total billed charges	
DICYCLOMINE 20MG/INJ	J0500	HCPCS	both			135.5		28.71 Aetna	Commercial		51.49	38			24.97	128.73	percent of total billed charges	
DICYCLOMINE 20MG/INJ	J0500	HCPCS	both			135.5		28.71 Aetna	Better Health		42.75	31.55			24.97	128.73	percent of total billed charges	
DICYCLOMINE 20MG/INJ	J0500	HCPCS	both			135.5		28.71 Aetna	Medicare		24.97				24.97	128.73	fee schedule	
DICYCLOMINE 20MG/INJ	J0500	HCPCS	both			135.5		28.71 Americare	Americare		101.63	75			24.97	128.73	percent of total billed charges	
DICYCLOMINE 20MG/INJ	J0500	HCPCS	both			135.5		28.71 Amerihealth	Medicare		24.97				24.97	128.73	fee schedule	
DICYCLOMINE 20MG/INJ	J0500	HCPCS	both			135.5		28.71 Amerihealth	HMO/PPO		68.99				24.97	128.73	fee schedule	
DICYCLOMINE 20MG/INJ	J0500	HCPCS	both			135.5		28.71 Consumer	Consumer		126.73	95			24.97	128.73	percent of total billed charges	
DICYCLOMINE 20MG/INJ	J0500	HCPCS	both			135.5		28.71 Corrections	Corrections		108.4	80			24.97	128.73	percent of total billed charges	
DICYCLOMINE 20MG/INJ	J0500	HCPCS	both			135.5		28.71 First Health	First Health		94.85	70			24.97	128.73	percent of total billed charges	
DICYCLOMINE 20MG/INJ	J0500	HCPCS	both			135.5		28.71 First Trenton	First Trenton		121.95	90			24.97	128.73	percent of total billed charges	
DICYCLOMINE 20MG/INJ	J0500	HCPCS	both			135.5		28.71 Horizon	Indemnity		51.87	38.28			24.97	128.73	percent of total billed charges	
DICYCLOMINE 20MG/INJ	J0500	HCPCS	both			135.5		28.71 Horizon	MGD		51.87	38.28			24.97	128.73	percent of total billed charges	
DICYCLOMINE 20MG/INJ	J0500	HCPCS	both			135.5		28.71 Horizon	Medicare Blue		40.65	30			24.97	128.73	percent of total billed charges	
DICYCLOMINE 20MG/INJ	J0500	HCPCS	both			135.5		28.71 Horizon	PPO		51.87	38.28			24.97	128.73	percent of total billed charges	
DICYCLOMINE 20MG/INJ	J0500	HCPCS	both			135.5		28.71 Managed Care Inc	Managed Care Inc		121.95	90			24.97	128.73	percent of total billed charges	
DICYCLOMINE 20MG/INJ	J0500	HCPCS	both			135.5		28.71 Multiplan	Multiplan		108.4	80			24.97	128.73	percent of total billed charges	
DICYCLOMINE 20MG/INJ	J0500	HCPCS	both			135.5		28.71 Qualcare	Qualcare		101.63	75			24.97	128.73	percent of total billed charges	
DICYCLOMINE 20MG/INJ	J0500	HCPCS	both			135.5		28.71 Three Rivers	Three Rivers		126.73	95			24.97	128.73	percent of total billed charges	
DICYCLOMINE 20MG/INJ	J0500	HCPCS	both			135.5		28.71 UHC	Medicare		24.97				24.97	128.73	fee schedule	
DICYCLOMINE 20MG/INJ	J0500	HCPCS	both			135.5		28.71 UHC	Medicaid		42.75	31.55			24.97	128.73	percent of total billed charges	
DICYCLOMINE 20MG/INJ	J0500	HCPCS	both			135.5		28.71 Wellcare	Medicare		24.97				24.97	128.73	fee schedule	
DICYCLOMINE 20MG/INJ	J0500	HCPCS	both			135.5		28.71 Wellcare	Medicaid		42.75	31.55			24.97	128.73	percent of total billed charges	
DICYCLOMINE 20MG/INJ	J0500	HCPCS	both			135.5		28.71 WellPoint	WellPoint		43.6	32.18			24.97	128.73	percent of total billed charges	
BENZTROPINE 1MG/1ML INJ	J0515	HCPCS	both			127		18.9 Aetna	Medicare		16.44				16.44	120.65	fee schedule	
BENZTROPINE 1MG/1ML INJ	J0515	HCPCS	both			127		18.9 Aetna	Commercial		48.26	38			16.44	120.65	percent of total billed charges	
BENZTROPINE 1MG/1ML INJ	J0515	HCPCS	both			127		18.9 Aetna	Better Health		40.07	31.55			16.44	120.65	percent of total billed charges	
BENZTROPINE 1MG/1ML INJ	J0515	HCPCS	both			127		18.9 Americare	Americare		95.25	75			16.44	120.65	percent of total billed charges	
BENZTROPINE 1MG/1ML INJ	J0515	HCPCS	both			127		18.9 Amerihealth	HMO/PPO		37.34				16.44	120.65	fee schedule	
BENZTROPINE 1MG/1ML INJ	J0515	HCPCS	both			127		18.9 Amerihealth	Medicare		16.44				16.44	120.65	fee schedule	
BENZTROPINE 1MG/1ML INJ	J0515	HCPCS	both			127		18.9 Consumer	Consumer		120.65	95			16.44	120.65	percent of total billed charges	
BENZTROPINE 1MG/1ML INJ	J0515	HCPCS	both			127		18.9 Corrections	Corrections		101.6	80			16.44	120.65	percent of total billed charges	
BENZTROPINE 1MG/1ML INJ	J0515	HCPCS	both			127		18.9 First Health	First Health		88.9	70			16.44	120.65	percent of total billed charges	
BENZTROPINE 1MG/1ML INJ	J0515	HCPCS	both			127		18.9 First Trenton	First Trenton		114.3	90			16.44	120.65	percent of total billed charges	
BENZTROPINE 1MG/1ML INJ	J0515	HCPCS	both			127		18.9 Horizon	MGD		48.62	38.28			16.44	120.65	percent of total billed charges	
BENZTROPINE 1MG/1ML INJ	J0515	HCPCS	both			127		18.9 Horizon	Indemnity		48.62	38.28			16.44	120.65	percent of total billed charges	
BENZTROPINE 1MG/1ML INJ	J0515	HCPCS	both			127		18.9 Horizon	Medicare Blue		38.1	30			16.44	120.65	percent of total billed charges	
BENZTROPINE 1MG/1ML INJ	J0515	HCPCS	both			127		18.9 Horizon	PPO		48.62	38.28			16.44	120.65	percent of total billed charges	
BENZTROPINE 1MG/1ML INJ	J0515	HCPCS	both			127		18.9 Managed Care Inc	Managed Care Inc		114.3	90			16.44	120.65	percent of total billed charges	
BENZTROPINE 1MG/1ML INJ	J0515	HCPCS	both			127		18.9 Multiplan	Multiplan		101.6	80			16.44	120.65	percent of total billed charges	
BENZTROPINE 1MG/1ML INJ	J0515	HCPCS	both			127		18.9 Qualcare	Qualcare		95.25	75			16.44	120.65	percent of total billed charges	
BENZTROPINE 1MG/1ML INJ	J0515	HCPCS	both			127		18.9 Three Rivers	Three Rivers		120.65	95			16.44	120.65	percent of total billed charges	
BENZTROPINE 1MG/1ML INJ	J0515	HCPCS	both			127		18.9 UHC	Medicaid		40.07	31.55			16.44	120.65	percent of total billed charges	
BENZTROPINE 1MG/1ML INJ	J0515	HCPCS	both			127		18.9 UHC	Medicare		16.44				16.44	120.65	fee schedule	
BENZTROPINE 1MG/1ML INJ	J0515	HCPCS	both			127		18.9 Wellcare	Medicaid		40.07	31.55			16.44	120.65	percent of total billed charges	
BENZTROPINE 1MG/1ML INJ	J0515	HCPCS	both			127		18.9 Wellcare	Medicare		16.44				16.44	120.65	fee schedule	
BENZTROPINE 1MG/1ML INJ	J0515	HCPCS	both			127		18.9 WellPoint	WellPoint		40.87	32.18			16.44	120.65	percent of total billed charges	
PEN G BENZ/PROCAINE 1000000 UNITS	J0558	HCPCS	outpatient			47		20.21 Aetna	Better Health		14.83	31.55			8.64	44.65	percent of total billed charges	
PEN G BENZ/PROCAINE 1000000 UNITS	J0558	HCPCS	outpatient			47		20.21 Aetna	Medicare		17.58				8.64	44.65	fee schedule	
PEN G BENZ/PROCAINE 1000000 UNITS	J0558	HCPCS	outpatient			47		20.21 Aetna	Commercial		33.19				8.64	44.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PEN G BENZ/PROCAINE 1000000 UNITS	J0558	HCPCS	outpatient			47		20.21 Americare	Americare		35.25	75			8.64	44.65	percent of total billed charges	
PEN G BENZ/PROCAINE 1000000 UNITS	J0558	HCPCS	outpatient			47		20.21 Amerihealth	Medicare		17.58				8.64	44.65	fee schedule	
PEN G BENZ/PROCAINE 1000000 UNITS	J0558	HCPCS	outpatient			47		20.21 Amerihealth	HMO/PPO		8.64				8.64	44.65	fee schedule	
PEN G BENZ/PROCAINE 1000000 UNITS	J0558	HCPCS	outpatient			47		20.21 Consumer	Consumer		44.65	95			8.64	44.65	percent of total billed charges	
PEN G BENZ/PROCAINE 1000000 UNITS	J0558	HCPCS	outpatient			47		20.21 Corrections	Corrections		37.6	80			8.64	44.65	percent of total billed charges	
PEN G BENZ/PROCAINE 1000000 UNITS	J0558	HCPCS	outpatient			47		20.21 First Health	First Health		32.9	70			8.64	44.65	percent of total billed charges	
PEN G BENZ/PROCAINE 1000000 UNITS	J0558	HCPCS	outpatient			47		20.21 First Trenton	First Trenton		42.3	90			8.64	44.65	percent of total billed charges	
PEN G BENZ/PROCAINE 1000000 UNITS	J0558	HCPCS	outpatient			47		20.21 Horizon	Indemnity		38.8				8.64	44.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PEN G BENZ/PROCAINE 1000000 UNITS	J0558	HCPCS	outpatient			47		20.21 Horizon	Medicare Blue		20.85				8.64	44.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PEN G BENZ/PROCAINE 1000000 UNITS	J0558	HCPCS	outpatient			47		20.21 Horizon	PPO		38.8				8.64	44.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PEN G BENZ/PROCAINE 1000000 UNITS	J0558	HCPCS	outpatient			47		20.21 Horizon	MGD		38.8				8.64	44.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PEN G BENZ/PROCAINE 1000000 UNITS	J0558	HCPCS	outpatient			47		20.21 Managed Care Inc	Managed Care Inc		42.3	90			8.64	44.65	percent of total billed charges	
PEN G BENZ/PROCAINE 1000000 UNITS	J0558	HCPCS	outpatient			47		20.21 Multiplan	Multiplan		37.6	80			8.64	44.65	percent of total billed charges	
PEN G BENZ/PROCAINE 1000000 UNITS	J0558	HCPCS	outpatient			47		20.21 Qualcare	Qualcare		35.25	75			8.64	44.65	percent of total billed charges	
PEN G BENZ/PROCAINE 1000000 UNITS	J0558	HCPCS	outpatient			47		20.21 Three Rivers	Three Rivers		44.65	95			8.64	44.65	percent of total billed charges	
PEN G BENZ/PROCAINE 1000000 UNITS	J0558	HCPCS	outpatient			47		20.21 UHC	Medicare		17.58				8.64	44.65	fee schedule	
PEN G BENZ/PROCAINE 1000000 UNITS	J0558	HCPCS	outpatient			47		20.21 UHC	Medicaid		14.83	31.55			8.64	44.65	percent of total billed charges	
PEN G BENZ/PROCAINE 1000000 UNITS	J0558	HCPCS	outpatient			47		20.21 United	Oxford		43.95				8.64	44.65	fee schedule	
PEN G BENZ/PROCAINE 1000000 UNITS	J0558	HCPCS	outpatient			47		20.21 United	Commercial|PPO		43.95				8.64	44.65	fee schedule	
PEN G BENZ/PROCAINE 1000000 UNITS	J0558	HCPCS	outpatient			47		20.21 Wellcare	Medicare		17.58				8.64	44.65	fee schedule	
PEN G BENZ/PROCAINE 1000000 UNITS	J0558	HCPCS	outpatient			47		20.21 Wellcare	Medicaid		14.83	31.55			8.64	44.65	percent of total billed charges	
PEN G BENZ/PROCAINE 1000000 UNITS	J0558	HCPCS	outpatient			47		20.21 WellPoint	WellPoint		15.12	32.18			8.64	44.65	percent of total billed charges	
PENICILLIN G BENZATHINE LA 2.4MMU	J0561	HCPCS	both			570.5		24.99 Aetna	Better Health		179.99	31.55			11.18	541.98	percent of total billed charges	
PENICILLIN G BENZATHINE LA 2.4MMU	J0561	HCPCS	both			570.5		24.99 Aetna	Medicare		21.73				11.18	541.98	fee schedule	
PENICILLIN G BENZATHINE LA 2.4MMU	J0561	HCPCS	both			570.5		24.99 Aetna	Commercial		42.04				11.18	541.98	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PENICILLIN G BENZATHINE LA 2.4MMU	J0561	HCPCS	both			570.5		24.99 Americare	Americare		427.88	75			11.18	541.98	percent of total billed charges	
PENICILLIN G BENZATHINE LA 2.4MMU	J0561	HCPCS	both			570.5		24.99 Amerihealth	HMO/PPO		11.18				11.18	541.98	fee schedule	
PENICILLIN G BENZATHINE LA 2.4MMU	J0561	HCPCS	both			570.5		24.99 Amerihealth	Medicare		21.73				11.18	541.98	fee schedule	
PENICILLIN G BENZATHINE LA 2.4MMU	J0561	HCPCS	both			570.5		24.99 Consumer	Consumer		541.98	95			11.18	541.98	percent of total billed charges	
PENICILLIN G BENZATHINE LA 2.4MMU	J0561	HCPCS	both			570.5		24.99 Corrections	Corrections		456.4	80			11.18	541.98	percent of total billed charges	
PENICILLIN G BENZATHINE LA 2.4MMU	J0561	HCPCS	both			570.5		24.99 First Health	First Health		399.35	70			11.18	541.98	percent of total billed charges	
PENICILLIN G BENZATHINE LA 2.4MMU	J0561	HCPCS	both			570.5		24.99 First Trenton	First Trenton		513.45	90			11.18	541.98	percent of total billed charges	
PENICILLIN G BENZATHINE LA 2.4MMU	J0561	HCPCS	both			570.5		24.99 Horizon	MGD		49.15				11.18	541.98	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PENICILLIN G BENZATHINE LA 2.4MMU	J0561	HCPCS	both			570.5		24.99 Horizon	Medicare Blue		26.41				11.18	541.98	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PENICILLIN G BENZATHINE LA 2.4MMU	J0561	HCPCS	both			570.5		24.99 Horizon	Indemnity		49.15				11.18	541.98	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PENICILLIN G BENZATHINE LA 2.4MMU	J0561	HCPCS	both			570.5		24.99 Horizon	PPO		49.15				11.18	541.98	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PENICILLIN G BENZATHINE LA 2.4MMU	J0561	HCPCS	both			570.5		24.99 Managed Care Inc	Managed Care Inc		513.45	90			11.18	541.98	percent of total billed charges	
PENICILLIN G BENZATHINE LA 2.4MMU	J0561	HCPCS	both			570.5		24.99 Multiplan	Multiplan		456.4	80			11.18	541.98	percent of total billed charges	
PENICILLIN G BENZATHINE LA 2.4MMU	J0561	HCPCS	both			570.5		24.99 Qualcare	Qualcare		427.88	75			11.18	541.98	percent of total billed charges	
PENICILLIN G BENZATHINE LA 2.4MMU	J0561	HCPCS	both			570.5		24.99 Three Rivers	Three Rivers		541.98	95			11.18	541.98	percent of total billed charges	
PENICILLIN G BENZATHINE LA 2.4MMU	J0561	HCPCS	both			570.5		24.99 UHC	Medicare		21.73				11.18	541.98	fee schedule	
PENICILLIN G BENZATHINE LA 2.4MMU	J0561	HCPCS	both			570.5		24.99 UHC	Medicaid		179.99	31.55			11.18	541.98	percent of total billed charges	
PENICILLIN G BENZATHINE LA 2.4MMU	J0561	HCPCS	both			570.5		24.99 United	Commercial|PPO		54.33				11.18	541.98	fee schedule	
PENICILLIN G BENZATHINE LA 2.4MMU	J0561	HCPCS	both			570.5		24.99 United	Oxford		54.33				11.18	541.98	fee schedule	
PENICILLIN G BENZATHINE LA 2.4MMU	J0561	HCPCS	both			570.5		24.99 Wellcare	Medicare		21.73				11.18	541.98	fee schedule	
PENICILLIN G BENZATHINE LA 2.4MMU	J0561	HCPCS	both			570.5		24.99 Wellcare	Medicaid		179.99	31.55			11.18	541.98	percent of total billed charges	
PENICILLIN G BENZATHINE LA 2.4MMU	J0561	HCPCS	both			570.5		24.99 WellPoint	WellPoint		183.59	32.18			11.18	541.98	percent of total billed charges	
BEZLOTOXUMAB(ZINPLAVA) 10MG INJ	J0565	HCPCS	outpatient			153.5		45.84 Aetna	Better Health		48.43	31.55			39.86	145.83	percent of total billed charges	
BEZLOTOXUMAB(ZINPLAVA) 10MG INJ	J0565	HCPCS	outpatient			153.5		45.84 Aetna	Commercial		76.19				39.86	145.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BEZLOTOXUMAB(ZINPLAVA) 10MG INJ	J0565	HCPCS	outpatient			153.5		45.84 Aetna	Medicare		39.86				39.86	145.83	fee schedule	
BEZLOTOXUMAB(ZINPLAVA) 10MG INJ	J0565	HCPCS	outpatient			153.5		45.84 Americare	Americare		115.13	75			39.86	145.83	percent of total billed charges	
BEZLOTOXUMAB(ZINPLAVA) 10MG INJ	J0565	HCPCS	outpatient			153.5		45.84 Amerihealth	Medicare		39.86				39.86	145.83	fee schedule	
BEZLOTOXUMAB(ZINPLAVA) 10MG INJ	J0565	HCPCS	outpatient			153.5		45.84 Amerihealth	HMO/PPO		99.78	65			39.86	145.83	percent of total billed charges	
BEZLOTOXUMAB(ZINPLAVA) 10MG INJ	J0565	HCPCS	outpatient			153.5		45.84 Consumer	Consumer		145.83	95			39.86	145.83	percent of total billed charges	
BEZLOTOXUMAB(ZINPLAVA) 10MG INJ	J0565	HCPCS	outpatient			153.5		45.84 Corrections	Corrections		122.8	80			39.86	145.83	percent of total billed charges	
BEZLOTOXUMAB(ZINPLAVA) 10MG INJ	J0565	HCPCS	outpatient			153.5		45.84 First Health	First Health		107.45	70			39.86	145.83	percent of total billed charges	
BEZLOTOXUMAB(ZINPLAVA) 10MG INJ	J0565	HCPCS	outpatient			153.5		45.84 First Trenton	First Trenton		138.15	90			39.86	145.83	percent of total billed charges	
BEZLOTOXUMAB(ZINPLAVA) 10MG INJ	J0565	HCPCS	outpatient			153.5		45.84 Horizon	Indemnity		89.07				39.86	145.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BEZLOTOXUMAB(ZINPLAVA) 10MG INJ	J0565	HCPCS	outpatient			153.5		45.84 Horizon	MGD		89.07				39.86	145.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BEZLOTOXUMAB(ZINPLAVA) 10MG INJ	J0565	HCPCS	outpatient			153.5		45.84 Horizon	Medicare Blue		47.86				39.86	145.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BEZLOTOXUMAB(ZINPLAVA) 10MG INJ	J0565	HCPCS	outpatient			153.5		45.84 Horizon	PPO		89.07				39.86	145.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.														
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true													
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
BEZLOTOXUMAB(ZINPLAVA) 10MG INJ	J0565	HCPCS	outpatient			153.5	45.84	Managed Care Inc	Managed Care Inc		138.15	90			39.86	39.86	145.83 percent of total billed charges	
BEZLOTOXUMAB(ZINPLAVA) 10MG INJ	J0565	HCPCS	outpatient			153.5	45.84	Multiplan	Multiplan		122.8	80			39.86	39.86	145.83 percent of total billed charges	
BEZLOTOXUMAB(ZINPLAVA) 10MG INJ	J0565	HCPCS	outpatient			153.5	45.84	Qualcare	Qualcare		115.13	75			39.86	39.86	145.83 percent of total billed charges	
BEZLOTOXUMAB(ZINPLAVA) 10MG INJ	J0565	HCPCS	outpatient			153.5	45.84	Three Rivers	Three Rivers		145.83	95			39.86	39.86	145.83 percent of total billed charges	
BEZLOTOXUMAB(ZINPLAVA) 10MG INJ	J0565	HCPCS	outpatient			153.5	45.84	UHC	Medicaid		48.43	31.55			39.86	39.86	145.83 percent of total billed charges	
BEZLOTOXUMAB(ZINPLAVA) 10MG INJ	J0565	HCPCS	outpatient			153.5	45.84	UHC	Medicare		39.86				39.86	39.86	145.83 fee schedule	
BEZLOTOXUMAB(ZINPLAVA) 10MG INJ	J0565	HCPCS	outpatient			153.5	45.84	United	Commercial|PPO		99.65				39.86	39.86	145.83 fee schedule	
BEZLOTOXUMAB(ZINPLAVA) 10MG INJ	J0565	HCPCS	outpatient			153.5	45.84	United	Oxford		99.65				39.86	39.86	145.83 fee schedule	
BEZLOTOXUMAB(ZINPLAVA) 10MG INJ	J0565	HCPCS	outpatient			153.5	45.84	Wellcare	Medicaid		48.43	31.55			39.86	39.86	145.83 percent of total billed charges	
BEZLOTOXUMAB(ZINPLAVA) 10MG INJ	J0565	HCPCS	outpatient			153.5	45.84	Wellcare	Medicare		39.86				39.86	39.86	145.83 fee schedule	
BEZLOTOXUMAB(ZINPLAVA) 10MG INJ	J0565	HCPCS	outpatient			153.5	45.84	WellPoint	WellPoint		49.4	32.18			39.86	39.86	145.83 percent of total billed charges	
BUPRENIORPHINE (1MG) TAB	J0571	HCPCS	both			7		Aetna	Better Health		2.21	31.55			1.91	1.91	6.65 percent of total billed charges	
BUPRENIORPHINE (1MG) TAB	J0571	HCPCS	both			7		Aetna	Medicare		2.16	30.8			1.91	1.91	6.65 percent of total billed charges	
BUPRENIORPHINE (1MG) TAB	J0571	HCPCS	both			7		Aetna	Commercial		2.66	38			1.91	1.91	6.65 percent of total billed charges	
BUPRENIORPHINE (1MG) TAB	J0571	HCPCS	both			7		Americare	Americare		5.25	75			1.91	1.91	6.65 percent of total billed charges	
BUPRENIORPHINE (1MG) TAB	J0571	HCPCS	both			7		Amerihealth	HMO|PPO		1.91				1.91	1.91	6.65 fee schedule	
BUPRENIORPHINE (1MG) TAB	J0571	HCPCS	both			7		Consumer	Consumer		6.65	95			1.91	1.91	6.65 percent of total billed charges	
BUPRENIORPHINE (1MG) TAB	J0571	HCPCS	both			7		Corrections	Corrections		5.6	80			1.91	1.91	6.65 percent of total billed charges	
BUPRENIORPHINE (1MG) TAB	J0571	HCPCS	both			7		First Health	First Health		4.9	70			1.91	1.91	6.65 percent of total billed charges	
BUPRENIORPHINE (1MG) TAB	J0571	HCPCS	both			7		First Trenton	First Trenton		6.3	90			1.91	1.91	6.65 percent of total billed charges	
BUPRENIORPHINE (1MG) TAB	J0571	HCPCS	both			7		Horizon	Medicare Blue		2.1	30			1.91	1.91	6.65 percent of total billed charges	
BUPRENIORPHINE (1MG) TAB	J0571	HCPCS	both			7		Horizon	Indemnity		2.68	38.28			1.91	1.91	6.65 percent of total billed charges	
BUPRENIORPHINE (1MG) TAB	J0571	HCPCS	both			7		Horizon	MGD		2.68	38.28			1.91	1.91	6.65 percent of total billed charges	
BUPRENIORPHINE (1MG) TAB	J0571	HCPCS	both			7		Horizon	PPO		2.68	38.28			1.91	1.91	6.65 percent of total billed charges	
BUPRENIORPHINE (1MG) TAB	J0571	HCPCS	both			7		Managed Care Inc	Managed Care Inc		6.3	90			1.91	1.91	6.65 percent of total billed charges	
BUPRENIORPHINE (1MG) TAB	J0571	HCPCS	both			7		Multiplan	Multiplan		5.6	80			1.91	1.91	6.65 percent of total billed charges	
BUPRENIORPHINE (1MG) TAB	J0571	HCPCS	both			7		Qualcare	Qualcare		5.25	75			1.91	1.91	6.65 percent of total billed charges	
BUPRENIORPHINE (1MG) TAB	J0571	HCPCS	both			7		Three Rivers	Three Rivers		6.65	95			1.91	1.91	6.65 percent of total billed charges	
BUPRENIORPHINE (1MG) TAB	J0571	HCPCS	both			7		UHC	Medicaid		2.21	31.55			1.91	1.91	6.65 percent of total billed charges	
BUPRENIORPHINE (1MG) TAB	J0571	HCPCS	both			7		Wellcare	Medicaid		2.21	31.55			1.91	1.91	6.65 percent of total billed charges	
BUPRENIORPHINE (1MG) TAB	J0571	HCPCS	both			7		WellPoint	WellPoint		2.25	32.18			1.91	1.91	6.65 percent of total billed charges	
BIVALIRUDIN 1MG	J0583	HCPCS	both			19	0.25	Aetna	Medicare		0.21				0.21	0.21	18.05 fee schedule	
BIVALIRUDIN 1MG	J0583	HCPCS	both			19	0.25	Aetna	Better Health		5.99	31.55			0.21	0.21	18.05 percent of total billed charges	
BIVALIRUDIN 1MG	J0583	HCPCS	both			19	0.25	Aetna	Commercial		7.22	38			0.21	0.21	18.05 percent of total billed charges	
BIVALIRUDIN 1MG	J0583	HCPCS	both			19	0.25	Americare	Americare		14.25	75			0.21	0.21	18.05 percent of total billed charges	
BIVALIRUDIN 1MG	J0583	HCPCS	both			19	0.25	Amerihealth	HMO|PPO		1.66				0.21	0.21	18.05 fee schedule	
BIVALIRUDIN 1MG	J0583	HCPCS	both			19	0.25	Amerihealth	Medicare		0.21				0.21	0.21	18.05 fee schedule	
BIVALIRUDIN 1MG	J0583	HCPCS	both			19	0.25	Consumer	Consumer		18.05	95			0.21	0.21	18.05 percent of total billed charges	
BIVALIRUDIN 1MG	J0583	HCPCS	both			19	0.25	Corrections	Corrections		15.2	80			0.21	0.21	18.05 percent of total billed charges	
BIVALIRUDIN 1MG	J0583	HCPCS	both			19	0.25	First Health	First Health		13.3	70			0.21	0.21	18.05 percent of total billed charges	
BIVALIRUDIN 1MG	J0583	HCPCS	both			19	0.25	First Trenton	First Trenton		17.1	90			0.21	0.21	18.05 percent of total billed charges	
BIVALIRUDIN 1MG	J0583	HCPCS	both			19	0.25	Horizon	Medicare Blue		5.7	30			0.21	0.21	18.05 percent of total billed charges	
BIVALIRUDIN 1MG	J0583	HCPCS	both			19	0.25	Horizon	Indemnity		7.27	38.28			0.21	0.21	18.05 percent of total billed charges	
BIVALIRUDIN 1MG	J0583	HCPCS	both			19	0.25	Horizon	MGD		7.27	38.28			0.21	0.21	18.05 percent of total billed charges	
BIVALIRUDIN 1MG	J0583	HCPCS	both			19	0.25	Horizon	PPO		7.27	38.28			0.21	0.21	18.05 percent of total billed charges	
BIVALIRUDIN 1MG	J0583	HCPCS	both			19	0.25	Managed Care Inc	Managed Care Inc		17.1	90			0.21	0.21	18.05 percent of total billed charges	
BIVALIRUDIN 1MG	J0583	HCPCS	both			19	0.25	Multiplan	Multiplan		15.2	80			0.21	0.21	18.05 percent of total billed charges	
BIVALIRUDIN 1MG	J0583	HCPCS	both			19	0.25	Qualcare	Qualcare		14.25	75			0.21	0.21	18.05 percent of total billed charges	
BIVALIRUDIN 1MG	J0583	HCPCS	both			19	0.25	Three Rivers	Three Rivers		18.05	95			0.21	0.21	18.05 percent of total billed charges	
BIVALIRUDIN 1MG	J0583	HCPCS	both			19	0.25	UHC	Medicare		0.21				0.21	0.21	18.05 fee schedule	
BIVALIRUDIN 1MG	J0583	HCPCS	both			19	0.25	UHC	Medicaid		5.99	31.55			0.21	0.21	18.05 percent of total billed charges	
BIVALIRUDIN 1MG	J0583	HCPCS	both			19	0.25	Wellcare	Medicare		0.21				0.21	0.21	18.05 fee schedule	
BIVALIRUDIN 1MG	J0583	HCPCS	both			19	0.25	Wellcare	Medicaid		5.99	31.55			0.21	0.21	18.05 percent of total billed charges	
BIVALIRUDIN 1MG	J0583	HCPCS	both			19	0.25	WellPoint	WellPoint		6.11	32.18			0.21	0.21	18.05 percent of total billed charges	
BOTULINUM TOXIN A PER UNIT	J0585	HCPCS	both			53	7.28	Aetna	Commercial		12.08				6.33	50.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BOTULINUM TOXIN A PER UNIT	J0585	HCPCS	both			53	7.28	Aetna	Better Health		16.72	31.55			6.33	50.35	percent of total billed charges	
BOTULINUM TOXIN A PER UNIT	J0585	HCPCS	both			53	7.28	Aetna	Medicare		6.33				6.33	50.35	fee schedule	
BOTULINUM TOXIN A PER UNIT	J0585	HCPCS	both			53	7.28	Americare	Americare		39.75	75			6.33	50.35	percent of total billed charges	
BOTULINUM TOXIN A PER UNIT	J0585	HCPCS	both			53	7.28	Amerihealth	HMO|PPO		6.43				6.33	50.35	fee schedule	
BOTULINUM TOXIN A PER UNIT	J0585	HCPCS	both			53	7.28	Amerihealth	Medicare		6.33				6.33	50.35	fee schedule	
BOTULINUM TOXIN A PER UNIT	J0585	HCPCS	both			53	7.28	Consumer	Consumer		50.35	95			6.33	50.35	percent of total billed charges	
BOTULINUM TOXIN A PER UNIT	J0585	HCPCS	both			53	7.28	Corrections	Corrections		42.4	80			6.33	50.35	percent of total billed charges	
BOTULINUM TOXIN A PER UNIT	J0585	HCPCS	both			53	7.28	First Health	First Health		37.1	70			6.33	50.35	percent of total billed charges	
BOTULINUM TOXIN A PER UNIT	J0585	HCPCS	both			53	7.28	First Trenton	First Trenton		47.7	90			6.33	50.35	percent of total billed charges	
BOTULINUM TOXIN A PER UNIT	J0585	HCPCS	both			53	7.28	Horizon	Indemnity		14.12				6.33	50.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BOTULINUM TOXIN A PER UNIT	J0585	HCPCS	both			53	7.28	Horizon	MGD		14.12				6.33	50.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BOTULINUM TOXIN A PER UNIT	J0585	HCPCS	both			53	7.28	Horizon	Medicare Blue		7.59				6.33	50.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BOTULINUM TOXIN A PER UNIT	J0585	HCPCS	both			53	7.28	Horizon	PPO		14.12				6.33	50.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BOTULINUM TOXIN A PER UNIT	J0585	HCPCS	both			53	7.28	Managed Care Inc	Managed Care Inc		47.7	90			6.33	50.35	percent of total billed charges	
BOTULINUM TOXIN A PER UNIT	J0585	HCPCS	both			53	7.28	Multiplan	Multiplan		42.4	80			6.33	50.35	percent of total billed charges	
BOTULINUM TOXIN A PER UNIT	J0585	HCPCS	both			53	7.28	Qualcare	Qualcare		39.75	75			6.33	50.35	percent of total billed charges	
BOTULINUM TOXIN A PER UNIT	J0585	HCPCS	both			53	7.28	Three Rivers	Three Rivers		50.35	95			6.33	50.35	percent of total billed charges	
BOTULINUM TOXIN A PER UNIT	J0585	HCPCS	both			53	7.28	UHC	Medicare		6.33				6.33	50.35	fee schedule	
BOTULINUM TOXIN A PER UNIT	J0585	HCPCS	both			53	7.28	UHC	Medicaid		16.72	31.55			6.33	50.35	percent of total billed charges	
BOTULINUM TOXIN A PER UNIT	J0585	HCPCS	both			53	7.28	United	Commercial|PPO		6.96				6.33	50.35	fee schedule	
BOTULINUM TOXIN A PER UNIT	J0585	HCPCS	both			53	7.28	United	Oxford		6.96				6.33	50.35	fee schedule	
BOTULINUM TOXIN A PER UNIT	J0585	HCPCS	both			53	7.28	Wellcare	Medicaid		16.72	31.55			6.33	50.35	percent of total billed charges	
BOTULINUM TOXIN A PER UNIT	J0585	HCPCS	both			53	7.28	Wellcare	Medicare		6.33				6.33	50.35	fee schedule	
BOTULINUM TOXIN A PER UNIT	J0585	HCPCS	both			53	7.28	WellPoint	WellPoint		17.06	32.18			6.33	50.35	percent of total billed charges	
BUPRENORPHINE 0.1MG INJ	J0592	HCPCS	both			5.5	4.74	Aetna	Better Health		1.74	31.55			1.02	5.23	percent of total billed charges	
BUPRENORPHINE 0.1MG INJ	J0592	HCPCS	both			5.5	4.74	Aetna	Medicare		4.13				1.02	5.23	fee schedule	
BUPRENORPHINE 0.1MG INJ	J0592	HCPCS	both			5.5	4.74	Aetna	Commercial		2.09	38			1.02	5.23	percent of total billed charges	
BUPRENORPHINE 0.1MG INJ	J0592	HCPCS	both			5.5	4.74	Americare	Americare		4.13	75			1.02	5.23	percent of total billed charges	
BUPRENORPHINE 0.1MG INJ	J0592	HCPCS	both			5.5	4.74	Amerihealth	Medicare		4.13				1.02	5.23	fee schedule	
BUPRENORPHINE 0.1MG INJ	J0592	HCPCS	both			5.5	4.74	Amerihealth	HMO|PPO		3.66				1.02	5.23	fee schedule	
BUPRENORPHINE 0.1MG INJ	J0592	HCPCS	both			5.5	4.74	Consumer	Consumer		5.23	95			1.02	5.23	percent of total billed charges	
BUPRENORPHINE 0.1MG INJ	J0592	HCPCS	both			5.5	4.74	Corrections	Corrections		4.4	80			1.02	5.23	percent of total billed charges	
BUPRENORPHINE 0.1MG INJ	J0592	HCPCS	both			5.5	4.74	First Health	First Health		3.85	70			1.02	5.23	percent of total billed charges	
BUPRENORPHINE 0.1MG INJ	J0592	HCPCS	both			5.5	4.74	First Trenton	First Trenton		4.95	90			1.02	5.23	percent of total billed charges	
BUPRENORPHINE 0.1MG INJ	J0592	HCPCS	both			5.5	4.74	Horizon	Indemnity		2.11	38.28			1.02	5.23	percent of total billed charges	
BUPRENORPHINE 0.1MG INJ	J0592	HCPCS	both			5.5	4.74	Horizon	Medicare Blue		1.65	30			1.02	5.23	percent of total billed charges	
BUPRENORPHINE 0.1MG INJ	J0592	HCPCS	both			5.5	4.74	Horizon	NJ Health		1.02				1.02	5.23	fee schedule	
BUPRENORPHINE 0.1MG INJ	J0592	HCPCS	both			5.5	4.74	Horizon	MGD		2.11	38.28			1.02	5.23	percent of total billed charges	
BUPRENORPHINE 0.1MG INJ	J0592	HCPCS	both			5.5	4.74	Horizon	PPO		2.11	38.28			1.02	5.23	percent of total billed charges	
BUPRENORPHINE 0.1MG INJ	J0592	HCPCS	both			5.5	4.74	Managed Care Inc	Managed Care Inc		4.95	90			1.02	5.23	percent of total billed charges	
BUPRENORPHINE 0.1MG INJ	J0592	HCPCS	both			5.5	4.74	Multiplan	Multiplan		4.4	80			1.02	5.23	percent of total billed charges	
BUPRENORPHINE 0.1MG INJ	J0592	HCPCS	both			5.5	4.74	Qualcare	Qualcare		4.13	75			1.02	5.23	percent of total billed charges	
BUPRENORPHINE 0.1MG INJ	J0592	HCPCS	both			5.5	4.74	Three Rivers	Three Rivers		5.23	95			1.02	5.23	percent of total billed charges	
BUPRENORPHINE 0.1MG INJ	J0592	HCPCS	both			5.5	4.74	UHC	Medicare		4.13				1.02	5.23	fee schedule	
BUPRENORPHINE 0.1MG INJ	J0592	HCPCS	both			5.5	4.74	UHC	Medicaid		1.74	31.55			1.02	5.23	percent of total billed charges	
BUPRENORPHINE 0.1MG INJ	J0592	HCPCS	both			5.5	4.74	Wellcare	Medicare		4.13				1.02	5.23	fee schedule	
BUPRENORPHINE 0.1MG INJ	J0592	HCPCS	both			5.5	4.74	Wellcare	Medicaid		1.74	31.55			1.02	5.23	percent of total billed charges	
BUPRENORPHINE 0.1MG INJ	J0592	HCPCS	both			5.5	4.74	WellPoint	WellPoint		1.77	32.18			1.02	5.23	percent of total billed charges	
BUSULFAN 1MG INJ	J0594	HCPCS	outpatient			140	1.63	Aetna	Medicare		1.41				1.25	133	fee schedule	
BUSULFAN 1MG INJ	J0594	HCPCS	outpatient			140	1.63	Aetna	Better Health		44.17	31.55			1.25	133	percent of total billed charges	
BUSULFAN 1MG INJ	J0594	HCPCS	outpatient			140	1.63	Aetna	Commercial		1.99				1.25	133	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BUSULFAN 1MG INJ	J0594	HCPCS	outpatient			140	1.63	Americare	Americare		105	75			1.25	133	percent of total billed charges	
BUSULFAN 1MG INJ	J0594	HCPCS	outpatient			140	1.63	Amerihealth	HMO|PPO		41.63				1.25	133	fee schedule	
BUSULFAN 1MG INJ	J0594	HCPCS	outpatient			140	1.63	Amerihealth	Medicare		1.41				1.25	133	fee schedule	
BUSULFAN 1MG INJ	J0594	HCPCS	outpatient			140	1.63	Consumer	Consumer		133	95			1.25	133	percent of total billed charges	
BUSULFAN 1MG INJ	J0594	HCPCS	outpatient			140	1.63	Corrections	Corrections		112	80			1.25	133	percent of total billed charges	
BUSULFAN 1MG INJ	J0594	HCPCS	outpatient			140	1.63	First Health	First Health		98	70			1.25	133	percent of total billed charges	
BUSULFAN 1MG INJ	J0594	HCPCS	outpatient			140	1.63	First Trenton	First Trenton		126	90			1.25	133	percent of total billed charges	
BUSULFAN 1MG INJ	J0594	HCPCS	outpatient			140	1.63	Horizon	Medicare Blue		1.25				1.25	133	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BUSULFAN 1MG INJ	J0594	HCPCS	outpatient			140	1.63	Horizon	MGD		2.33				1.25	133	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BUSULFAN 1MG INJ	J0594	HCPCS	outpatient			140	1.63	Horizon	PPO		2.33				1.25	133	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BUSULFAN 1MG INJ	J0594	HCPCS	outpatient			140	1.63	Horizon	Indemnity		2.33				1.25	133	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BUSULFAN 1MG INJ	J0594	HCPCS	outpatient			140	1.63	Managed Care Inc	Managed Care Inc		126	90			1.25	133	percent of total billed charges	
BUSULFAN 1MG INJ	J0594	HCPCS	outpatient			140	1.63	Multiplan	Multiplan		112	80			1.25	133	percent of total billed charges	
BUSULFAN 1MG INJ	J0594	HCPCS	outpatient			140	1.63	Qualcare	Qualcare		105	75			1.25	133	percent of total billed charges	
BUSULFAN 1MG INJ	J0594	HCPCS	outpatient			140	1.63	Three Rivers	Three Rivers		133	95			1.25	133	percent of total billed charges	
BUSULFAN 1MG INJ	J0594	HCPCS	outpatient			140	1.63	UHC	Medicaid		44.17	31.55			1.25	133	percent of total billed charges	
BUSULFAN 1MG INJ	J0594	HCPCS	outpatient			140	1.63	UHC	Medicare		1.41				1.25	133	fee schedule	
BUSULFAN 1MG INJ	J0594	HCPCS	outpatient			140	1.63	United	Commercial|PPO		3.53				1.25	133	fee schedule	
BUSULFAN 1MG INJ	J0594	HCPCS	outpatient			140	1.63	United	Oxford		3.53				1.25	133	fee schedule	
BUSULFAN 1MG INJ	J0594	HCPCS	outpatient			140	1.63	Wellcare	Medicare		1.41				1.25	133	fee schedule	
BUSULFAN 1MG INJ	J0594	HCPCS	outpatient			140	1.63	Wellcare	Medicaid		44.17	31.55			1.25	133	percent of total billed charges	
BUSULFAN 1MG INJ	J0594	HCPCS	outpatient			140	1.63	WellPoint	WellPoint		45.05	32.18			1.25	133	percent of total billed charges	
C1 INHIBITOR (HUMAN) 10 IU INJ	J0598	HCPCS	outpatient			191.5	71.94	Aetna	Better Health		60.42	31.55			60.26	181.93	percent of total billed charges	
C1 INHIBITOR (HUMAN) 10 IU INJ	J0598	HCPCS	outpatient			191.5	71.94	Aetna	Commercial		119.54				60.26	181.93	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
C1 INHIBITOR (HUMAN) 10 IU INJ	J0598	HCPCS	outpatient			191.5	71.94	Aetna	Medicare		62.56				60.26	181.93	fee schedule	
C1 INHIBITOR (HUMAN) 10 IU INJ	J0598	HCPCS	outpatient			191.5	71.94	Americare	Americare		143.63	75			60.26	181.93	percent of total billed charges	
C1 INHIBITOR (HUMAN) 10 IU INJ	J0598	HCPCS	outpatient			191.5	71.94	Amerihealth	HMO|PPO		60.26				60.26	181.93	fee schedule	
C1 INHIBITOR (HUMAN) 10 IU INJ	J0598	HCPCS	outpatient			191.5	71.94	Amerihealth	Medicare		62.56				60.26	181.93	fee schedule	
C1 INHIBITOR (HUMAN) 10 IU INJ	J0598	HCPCS	outpatient			191.5	71.94	Consumer	Consumer		181.93	95			60.26	181.93	percent of total billed charges	
C1 INHIBITOR (HUMAN) 10 IU INJ	J0598	HCPCS	outpatient			191.5	71.94	Corrections	Corrections		153.2	80			60.26	181.93	percent of total billed charges	
C1 INHIBITOR (HUMAN) 10 IU INJ	J0598	HCPCS	outpatient			191.5	71.94	First Health	First Health		134.05	70			60.26	181.93	percent of total billed charges	
C1 INHIBITOR (HUMAN) 10 IU INJ	J0598	HCPCS	outpatient			191.5	71.94	First Trenton	First Trenton		172.35	90			60.26	181.93	percent of total billed charges	
C1 INHIBITOR (HUMAN) 10 IU INJ	J0598	HCPCS	outpatient			191.5	71.94	Horizon	MGD		139.74				60.26	181.93	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
C1 INHIBITOR (HUMAN) 10 IU INJ	J0598	HCPCS	outpatient			191.5	71.94	Horizon	Indemnity		139.74				60.26	181.93	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
C1 INHIBITOR (HUMAN) 10 IU INJ	J0598	HCPCS	outpatient			191.5	71.94	Horizon	Medicare Blue		75.09				60.26	181.93	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
C1 INHIBITOR (HUMAN) 10 IU INJ	J0598	HCPCS	outpatient			191.5	71.94	Horizon	PPO		139.74				60.26	181.93	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
C1 INHIBITOR (HUMAN) 10 IU INJ	J0598	HCPCS	outpatient			191.5	71.94	Managed Care Inc	Managed Care Inc		172.35	90			60.26	181.93	percent of total billed charges	
C1 INHIBITOR (HUMAN) 10 IU INJ	J0598	HCPCS	outpatient			191.5	71.94	Multiplan	Multiplan		153.2	80			60.26	181.93	percent of total billed charges	
C1 INHIBITOR (HUMAN) 10 IU INJ	J0598	HCPCS	outpatient			191.5	71.94	Qualcare	Qualcare		143.63	75			60.26	181.93	percent of total billed charges	
C1 INHIBITOR (HUMAN) 10 IU INJ	J0598	HCPCS	outpatient			191.5	71.94	Three Rivers	Three Rivers		181.93	95			60.26	181.93	percent of total billed charges	
C1 INHIBITOR (HUMAN) 10 IU INJ	J0598	HCPCS	outpatient			191.5	71.94	UHC	Medicaid		60.42	31.55			60.26	181.93	percent of total billed charges	
C1 INHIBITOR (HUMAN) 10 IU INJ	J0598	HCPCS	outpatient			191.5	71.94	UHC	Medicare		62.56				60.26	181.93	fee schedule	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.														
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true													
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
C1 INHIBITOR (HUMAN) 10 IU INJ	J0598	HCPCS	outpatient			191.5	71.94	United	Commercial|PPO		156.4				60.26	181.93	fee schedule	
C1 INHIBITOR (HUMAN) 10 IU INJ	J0598	HCPCS	outpatient			191.5	71.94	United	Oxford		156.4				60.26	181.93	fee schedule	
C1 INHIBITOR (HUMAN) 10 IU INJ	J0598	HCPCS	outpatient			191.5	71.94	Wellcare	Medicaid		60.42	31.55			60.26	181.93	percent of total billed charges	
C1 INHIBITOR (HUMAN) 10 IU INJ	J0598	HCPCS	outpatient			191.5	71.94	Wellcare	Medicare		62.56				60.26	181.93	fee schedule	
C1 INHIBITOR (HUMAN) 10 IU INJ	J0598	HCPCS	outpatient			191.5	71.94	WellPoint	WellPoint		61.62	32.18			60.26	181.93	percent of total billed charges	
EDETATE(EDTA) 1000MG VL	J0600	HCPCS	inpatient			10792	8769.75	Aetna	Medicare		7625.87				3273.94	16131.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EDETATE(EDTA) 1000MG VL	J0600	HCPCS	inpatient			10792	8769.75	Aetna	Better Health		3404.88	31.55			3273.94	16131.25	percent of total billed charges	
EDETATE(EDTA) 1000MG VL	J0600	HCPCS	inpatient			10792	8769.75	Aetna	Commercial		12140.39				3273.94	16131.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EDETATE(EDTA) 1000MG VL	J0600	HCPCS	inpatient			10792	8769.75	Americare	Americare		8094	75			3273.94	16131.25	percent of total billed charges	
EDETATE(EDTA) 1000MG VL	J0600	HCPCS	inpatient			10792	8769.75	Amerihealth	HMO/PPO		6069.42				3273.94	16131.25	fee schedule	
EDETATE(EDTA) 1000MG VL	J0600	HCPCS	inpatient			10792	8769.75	Amerihealth	Medicare		7625.87				3273.94	16131.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EDETATE(EDTA) 1000MG VL	J0600	HCPCS	inpatient			10792	8769.75	Consumer	Consumer		10252.4	95			3273.94	16131.25	percent of total billed charges	
EDETATE(EDTA) 1000MG VL	J0600	HCPCS	inpatient			10792	8769.75	Corrections	Corrections		8633.6	80			3273.94	16131.25	percent of total billed charges	
EDETATE(EDTA) 1000MG VL	J0600	HCPCS	inpatient			10792	8769.75	First Health	First Health		7554.4	70			3273.94	16131.25	percent of total billed charges	
EDETATE(EDTA) 1000MG VL	J0600	HCPCS	inpatient			10792	8769.75	First Trenton	First Trenton		9712.8	90			3273.94	16131.25	percent of total billed charges	
EDETATE(EDTA) 1000MG VL	J0600	HCPCS	inpatient			10792	8769.75	Horizon	Indemnity		14191.74				3273.94	16131.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EDETATE(EDTA) 1000MG VL	J0600	HCPCS	inpatient			10792	8769.75	Horizon	MGD		14191.74				3273.94	16131.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EDETATE(EDTA) 1000MG VL	J0600	HCPCS	inpatient			10792	8769.75	Horizon	PPO		14191.74				3273.94	16131.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EDETATE(EDTA) 1000MG VL	J0600	HCPCS	inpatient			10792	8769.75	Horizon	Medicare Blue		7625.87				3273.94	16131.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EDETATE(EDTA) 1000MG VL	J0600	HCPCS	inpatient			10792	8769.75	Managed Care Inc	Managed Care Inc		9712.8	90			3273.94	16131.25	percent of total billed charges	
EDETATE(EDTA) 1000MG VL	J0600	HCPCS	inpatient			10792	8769.75	Multiplan	Multiplan		8633.6	80			3273.94	16131.25	percent of total billed charges	
EDETATE(EDTA) 1000MG VL	J0600	HCPCS	inpatient			10792	8769.75	Qualcare	Qualcare		8094	75			3273.94	16131.25	percent of total billed charges	
EDETATE(EDTA) 1000MG VL	J0600	HCPCS	inpatient			10792	8769.75	Three Rivers	Three Rivers		10252.4	95			3273.94	16131.25	percent of total billed charges	
EDETATE(EDTA) 1000MG VL	J0600	HCPCS	inpatient			10792	8769.75	UHC	Medicare		7625.87				3273.94	16131.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EDETATE(EDTA) 1000MG VL	J0600	HCPCS	inpatient			10792	8769.75	UHC	Medicaid		3404.88	31.55			3273.94	16131.25	percent of total billed charges	
EDETATE(EDTA) 1000MG VL	J0600	HCPCS	inpatient			10792	8769.75	United	Oxford		16131.25				3273.94	16131.25	fee schedule	
EDETATE(EDTA) 1000MG VL	J0600	HCPCS	inpatient			10792	8769.75	United	Commercial|PPO		16131.25				3273.94	16131.25	fee schedule	
EDETATE(EDTA) 1000MG VL	J0600	HCPCS	inpatient			10792	8769.75	Wellcare	Medicaid		3404.88	31.55			3273.94	16131.25	percent of total billed charges	
EDETATE(EDTA) 1000MG VL	J0600	HCPCS	inpatient			10792	8769.75	Wellcare	Medicare		7625.87				3273.94	16131.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EDETATE(EDTA) 1000MG VL	J0600	HCPCS	inpatient			10792	8769.75	WellPoint	WellPoint		3472.87	32.18			3273.94	16131.25	percent of total billed charges	
CINACALCET (1MG ORAL TAB)	J0604	HCPCS	both			3		Aetna	Commercial		1.14	38			0.9	2.85	percent of total billed charges	
CINACALCET (1MG ORAL TAB)	J0604	HCPCS	both			3		Aetna	Better Health		0.95	31.55			0.9	2.85	percent of total billed charges	
CINACALCET (1MG ORAL TAB)	J0604	HCPCS	both			3		Aetna	Medicare		0.92	30.8			0.9	2.85	percent of total billed charges	
CINACALCET (1MG ORAL TAB)	J0604	HCPCS	both			3		Americare	Americare		2.25	75			0.9	2.85	percent of total billed charges	
CINACALCET (1MG ORAL TAB)	J0604	HCPCS	both			3		Amerihealth	HMO/PPO		1.95	65			0.9	2.85	percent of total billed charges	
CINACALCET (1MG ORAL TAB)	J0604	HCPCS	both			3		Consumer	Consumer		2.85	95			0.9	2.85	percent of total billed charges	
CINACALCET (1MG ORAL TAB)	J0604	HCPCS	both			3		Corrections	Corrections		2.4	80			0.9	2.85	percent of total billed charges	
CINACALCET (1MG ORAL TAB)	J0604	HCPCS	both			3		First Health	First Health		2.1	70			0.9	2.85	percent of total billed charges	
CINACALCET (1MG ORAL TAB)	J0604	HCPCS	both			3		First Trenton	First Trenton		2.7	90			0.9	2.85	percent of total billed charges	
CINACALCET (1MG ORAL TAB)	J0604	HCPCS	both			3		Horizon	MGD		1.15	38.28			0.9	2.85	percent of total billed charges	
CINACALCET (1MG ORAL TAB)	J0604	HCPCS	both			3		Horizon	Medicare Blue		0.9	30			0.9	2.85	percent of total billed charges	
CINACALCET (1MG ORAL TAB)	J0604	HCPCS	both			3		Horizon	PPO		1.15	38.28			0.9	2.85	percent of total billed charges	
CINACALCET (1MG ORAL TAB)	J0604	HCPCS	both			3		Horizon	Indemnity		1.15	38.28			0.9	2.85	percent of total billed charges	
CINACALCET (1MG ORAL TAB)	J0604	HCPCS	both			3		Managed Care Inc	Managed Care Inc		2.7	90			0.9	2.85	percent of total billed charges	
CINACALCET (1MG ORAL TAB)	J0604	HCPCS	both			3		Multiplan	Multiplan		2.4	80			0.9	2.85	percent of total billed charges	
CINACALCET (1MG ORAL TAB)	J0604	HCPCS	both			3		Qualcare	Qualcare		2.25	75			0.9	2.85	percent of total billed charges	
CINACALCET (1MG ORAL TAB)	J0604	HCPCS	both			3		Three Rivers	Three Rivers		2.85	95			0.9	2.85	percent of total billed charges	
CINACALCET (1MG ORAL TAB)	J0604	HCPCS	both			3		UHC	Medicaid		0.95	31.55			0.9	2.85	percent of total billed charges	
CINACALCET (1MG ORAL TAB)	J0604	HCPCS	both			3		Wellcare	Medicaid		0.95	31.55			0.9	2.85	percent of total billed charges	
CINACALCET (1MG ORAL TAB)	J0604	HCPCS	both			3		WellPoint	WellPoint		0.97	32.18			0.9	2.85	percent of total billed charges	
CALCIUM GLUCONATE(FRESENIUS)10 MG INJ	J0612	HCPCS	both			1	0.06	Aetna	Better Health		0.32	31.55			0.05	0.95	percent of total billed charges	
CALCIUM GLUCONATE(FRESENIUS)10 MG INJ	J0612	HCPCS	both			1	0.06	Aetna	Medicare		0.05				0.05	0.95	fee schedule	
CALCIUM GLUCONATE(FRESENIUS)10 MG INJ	J0612	HCPCS	both			1	0.06	Aetna	Commercial		0.1				0.05	0.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CALCIUM GLUCONATE(FRESENIUS)10 MG INJ	J0612	HCPCS	both			1	0.06	Americare	Americare		0.75	75			0.05	0.95	percent of total billed charges	
CALCIUM GLUCONATE(FRESENIUS)10 MG INJ	J0612	HCPCS	both			1	0.06	Amerihealth	HMO/PPO		0.65	65			0.05	0.95	percent of total billed charges	
CALCIUM GLUCONATE(FRESENIUS)10 MG INJ	J0612	HCPCS	both			1	0.06	Amerihealth	Medicare		0.05				0.05	0.95	fee schedule	
CALCIUM GLUCONATE(FRESENIUS)10 MG INJ	J0612	HCPCS	both			1	0.06	Consumer	Consumer		0.95	95			0.05	0.95	percent of total billed charges	
CALCIUM GLUCONATE(FRESENIUS)10 MG INJ	J0612	HCPCS	both			1	0.06	Corrections	Corrections		0.8	80			0.05	0.95	percent of total billed charges	
CALCIUM GLUCONATE(FRESENIUS)10 MG INJ	J0612	HCPCS	both			1	0.06	First Health	First Health		0.7	70			0.05	0.95	percent of total billed charges	
CALCIUM GLUCONATE(FRESENIUS)10 MG INJ	J0612	HCPCS	both			1	0.06	First Trenton	First Trenton		0.9	90			0.05	0.95	percent of total billed charges	
CALCIUM GLUCONATE(FRESENIUS)10 MG INJ	J0612	HCPCS	both			1	0.06	Horizon	Medicare Blue		0.06				0.05	0.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CALCIUM GLUCONATE(FRESENIUS)10 MG INJ	J0612	HCPCS	both			1	0.06	Horizon	Indemnity		0.11				0.05	0.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CALCIUM GLUCONATE(FRESENIUS)10 MG INJ	J0612	HCPCS	both			1	0.06	Horizon	MGD		0.11				0.05	0.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CALCIUM GLUCONATE(FRESENIUS)10 MG INJ	J0612	HCPCS	both			1	0.06	Horizon	PPO		0.11				0.05	0.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CALCIUM GLUCONATE(FRESENIUS)10 MG INJ	J0612	HCPCS	both			1	0.06	Managed Care Inc	Managed Care Inc		0.9	90			0.05	0.95	percent of total billed charges	
CALCIUM GLUCONATE(FRESENIUS)10 MG INJ	J0612	HCPCS	both			1	0.06	Multiplan	Multiplan		0.8	80			0.05	0.95	percent of total billed charges	
CALCIUM GLUCONATE(FRESENIUS)10 MG INJ	J0612	HCPCS	both			1	0.06	Qualcare	Qualcare		0.75	75			0.05	0.95	percent of total billed charges	
CALCIUM GLUCONATE(FRESENIUS)10 MG INJ	J0612	HCPCS	both			1	0.06	Three Rivers	Three Rivers		0.95	95			0.05	0.95	percent of total billed charges	
CALCIUM GLUCONATE(FRESENIUS)10 MG INJ	J0612	HCPCS	both			1	0.06	UHC	Medicaid		0.32	31.55			0.05	0.95	percent of total billed charges	
CALCIUM GLUCONATE(FRESENIUS)10 MG INJ	J0612	HCPCS	both			1	0.06	UHC	Medicare		0.05				0.05	0.95	fee schedule	
CALCIUM GLUCONATE(FRESENIUS)10 MG INJ	J0612	HCPCS	both			1	0.06	United	Oxford		0.13				0.05	0.95	fee schedule	
CALCIUM GLUCONATE(FRESENIUS)10 MG INJ	J0612	HCPCS	both			1	0.06	United	Commercial|PPO		0.13				0.05	0.95	fee schedule	
CALCIUM GLUCONATE(FRESENIUS)10 MG INJ	J0612	HCPCS	both			1	0.06	Wellcare	Medicare		0.05				0.05	0.95	fee schedule	
CALCIUM GLUCONATE(FRESENIUS)10 MG INJ	J0612	HCPCS	both			1	0.06	Wellcare	Medicaid		0.32	31.55			0.05	0.95	percent of total billed charges	
CALCIUM GLUCONATE(FRESENIUS)10 MG INJ	J0612	HCPCS	both			1	0.06	WellPoint	WellPoint		0.32	32.18			0.05	0.95	percent of total billed charges	
CALCIUM GLUCONATE (WGCC) 10 MG INJ	J0613	HCPCS	outpatient			1	0.1	Aetna	Medicare		0.09				0.09	0.95	fee schedule	
CALCIUM GLUCONATE (WGCC) 10 MG INJ	J0613	HCPCS	outpatient			1	0.1	Aetna	Better Health		0.32	31.55			0.09	0.95	percent of total billed charges	
CALCIUM GLUCONATE (WGCC) 10 MG INJ	J0613	HCPCS	outpatient			1	0.1	Aetna	Commercial		0.18				0.09	0.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CALCIUM GLUCONATE (WGCC) 10 MG INJ	J0613	HCPCS	outpatient			1	0.1	Americare	Americare		0.75	75			0.09	0.95	percent of total billed charges	
CALCIUM GLUCONATE (WGCC) 10 MG INJ	J0613	HCPCS	outpatient			1	0.1	Amerihealth	HMO/PPO		0.65	65			0.09	0.95	percent of total billed charges	
CALCIUM GLUCONATE (WGCC) 10 MG INJ	J0613	HCPCS	outpatient			1	0.1	Amerihealth	Medicare		0.09				0.09	0.95	fee schedule	
CALCIUM GLUCONATE (WGCC) 10 MG INJ	J0613	HCPCS	outpatient			1	0.1	Consumer	Consumer		0.95	95			0.09	0.95	percent of total billed charges	
CALCIUM GLUCONATE (WGCC) 10 MG INJ	J0613	HCPCS	outpatient			1	0.1	Corrections	Corrections		0.8	80			0.09	0.95	percent of total billed charges	
CALCIUM GLUCONATE (WGCC) 10 MG INJ	J0613	HCPCS	outpatient			1	0.1	First Health	First Health		0.7	70			0.09	0.95	percent of total billed charges	
CALCIUM GLUCONATE (WGCC) 10 MG INJ	J0613	HCPCS	outpatient			1	0.1	First Trenton	First Trenton		0.9	90			0.09	0.95	percent of total billed charges	
CALCIUM GLUCONATE (WGCC) 10 MG INJ	J0613	HCPCS	outpatient			1	0.1	Horizon	MGD		0.2				0.09	0.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CALCIUM GLUCONATE (WGCC) 10 MG INJ	J0613	HCPCS	outpatient			1	0.1	Horizon	Indemnity		0.2				0.09	0.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CALCIUM GLUCONATE (WGCC) 10 MG INJ	J0613	HCPCS	outpatient			1	0.1	Horizon	Medicare Blue		0.11				0.09	0.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CALCIUM GLUCONATE (WGCC) 10 MG INJ	J0613	HCPCS	outpatient			1	0.1	Horizon	PPO		0.2				0.09	0.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CALCIUM GLUCONATE (WGCC) 10 MG INJ	J0613	HCPCS	outpatient			1	0.1	Managed Care Inc	Managed Care Inc		0.9	90			0.09	0.95	percent of total billed charges	
CALCIUM GLUCONATE (WGCC) 10 MG INJ	J0613	HCPCS	outpatient			1	0.1	Multiplan	Multiplan		0.8	80			0.09	0.95	percent of total billed charges	
CALCIUM GLUCONATE (WGCC) 10 MG INJ	J0613	HCPCS	outpatient			1	0.1	Qualcare	Qualcare		0.75	75			0.09	0.95	percent of total billed charges	
CALCIUM GLUCONATE (WGCC) 10 MG INJ	J0613	HCPCS	outpatient			1	0.1	Three Rivers	Three Rivers		0.95	95			0.09	0.95	percent of total billed charges	
CALCIUM GLUCONATE (WGCC) 10 MG INJ	J0613	HCPCS	outpatient			1	0.1	UHC	Medicaid		0.32	31.55			0.09	0.95	percent of total billed charges	
CALCIUM GLUCONATE (WGCC) 10 MG INJ	J0613	HCPCS	outpatient			1	0.1	UHC	Medicare		0.09				0.09	0.95	fee schedule	
CALCIUM GLUCONATE (WGCC) 10 MG INJ	J0613	HCPCS	outpatient			1	0.1	United	Commercial|PPO		0.23				0.09	0.95	fee schedule	
CALCIUM GLUCONATE (WGCC) 10 MG INJ	J0613	HCPCS	outpatient			1	0.1	United	Oxford		0.23				0.09	0.95	fee schedule	
CALCIUM GLUCONATE (WGCC) 10 MG INJ	J0613	HCPCS	outpatient			1	0.1	Wellcare	Medicaid		0.32	31.55			0.09	0.95	percent of total billed charges	
CALCIUM GLUCONATE (WGCC) 10 MG INJ	J0613	HCPCS	outpatient			1	0.1	Wellcare	Medicare		0.09				0.09	0.95	fee schedule	
CALCIUM GLUCONATE (WGCC) 10 MG INJ	J0613	HCPCS	outpatient			1	0.1	WellPoint	WellPoint		0.32	32.18			0.09	0.95	percent of total billed charges	
CALCITONIN 400U/2ML INJ	J0630	HCPCS	both			5438.5	1229.92	Aetna	Medicare		1069.5				1069.5	5166.58	fee schedule	
CALCITONIN 400U/2ML INJ	J0630	HCPCS	both			5438.5	1229.92	Aetna	Commercial		2105.36				1069.5	5166.58	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CALCITONIN 400U/2ML INJ	J0630	HCPCS	both			5438.5	1229.92	Aetna	Better Health		1715.85	31.55			1069.5	5166.58	percent of total billed charges	
CALCITONIN 400U/2ML INJ	J0630	HCPCS	both			5438.5	1229.92	Americare	Americare		4078.88	75			1069.5	5166.58	percent of total billed charges	
CALCITONIN 400U/2ML INJ	J0630	HCPCS	both			5438.5	1229.92	Amerihealth	Medicare		1069.5				1069.5	5166.58	fee schedule	
CALCITONIN 400U/2ML INJ	J0630	HCPCS	both			5438.5	1229.92	Amerihealth	HMO/PPO		2518.21				1069.5	5166.58	fee schedule	
CALCITONIN 400U/2ML INJ	J0630	HCPCS	both			5438.5	1229.92	Consumer	Consumer		5166.58	95			1069.5	5166.58	percent of total billed charges	
CALCITONIN 400U/2ML INJ	J0630	HCPCS	both			5438.5	1229.92	Corrections	Corrections		4350.8	80			1069.5	5166.58	percent of total billed charges	
CALCITONIN 400U/2ML INJ	J0630	HCPCS	both			5438.5	1229.92	First Health	First Health		3808.96	70			1069.5	5166.58	percent of total billed charges	
CALCITONIN 400U/2ML INJ	J0630	HCPCS	both			5438.5	1229.92	First Trenton	First Trenton		4894.65	90			1069.5	5166.58	percent of total billed charges	
CALCITONIN 400U/2ML INJ	J0630	HCPCS	both			5438.5	1229.92	Horizon	Indemnity		2461.1				1069.5	5166.58	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CALCITONIN 400U/2ML INJ	J0630	HCPCS	both			5438.5	1229.92	Horizon	MGD		2461.1				1069.5	5166.58	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CALCITONIN 400U/2ML INJ	J0630	HCPCS	both			5438.5	1229.92	Horizon	Medicare Blue		1322.46				1069.5	5166.58	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CALCITONIN 400U/2ML INJ	J0630	HCPCS	both			5438.5	1229.92	Horizon	PPO		2461.1				1069.5	5166.58	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CALCITONIN 400U/2ML INJ	J0630	HCPCS	both			5438.5	1229.92	Managed Care Inc	Managed Care Inc		4894.65	90			1069.5	5166.58	percent of total billed charges	
CALCITONIN 400U/2ML INJ	J0630	HCPCS	both			5438.5	1229.92	Multiplan	Multiplan		4350.8	80			1069.5	5166.58	percent of total billed charges	
CALCITONIN 400U/2ML INJ	J0630	HCPCS	both			5438.5	1229.92	Qualcare	Qualcare		4078.88	75			1069.5	5166.58	percent of total billed charges	
CALCITONIN 400U/2ML INJ	J0630	HCPCS	both			5438.5	1229.92	Three Rivers	Three Rivers		5166.58	95			1069.5	5166.58	percent of total billed charges	
CALCITONIN 400U/2ML INJ	J0630	HCPCS	both			5438.5	1229.92	UHC	Medicaid		1715.85	31.55			1069.5	5166.58	percent of total billed charges	
CALCITONIN 400U/2ML INJ	J0630	HCPCS	both			5438.5	1229.92	UHC	Medicare		1069.5				1069.5	5166.58	fee schedule	
CALCITONIN 400U/2ML INJ	J0630	HCPCS	both			5438.5	1229.92	United	Oxford		2673.75				1069.5	5166.58	fee schedule	
CALCITONIN 400U/2ML INJ	J0630	HCPCS	both			5438.5	1229.92	United	Commercial|PPO		2673.75				1069.5	5166.58	fee schedule	
CALCITONIN 400U/2ML INJ	J0630	HCPCS	both			5438.5	1229.92	Wellcare	Medicaid		1715.85	31.55			1069.5	5166.58	percent of total billed charges	
CALCITONIN 400U/2ML INJ	J0630	HCPCS	both			5438.5	1229.92	Wellcare	Medicare		1069.5				1069.5	5166.58	fee schedule	
CALCITONIN 400U/2ML INJ	J0630	HCPCS	both			5438.5	1229.92	WellPoint	WellPoint		1750.11	32.18			1069.5	5166.58	percent of total billed charges	
CALCITRIOL 0.1MCG	J0636	HCPCS	both			5.5		Aetna	Better Health		1.74	31.55			0.54	5.23	percent of total billed charges	
CALCITRIOL 0.1MCG	J0636	HCPCS	both			5.5		Aetna	Commercial		2.09	38			0.54	5.23	percent of total billed charges	
CALCITRIOL 0.1MCG	J0636	HCPCS	both			5.5		Aetna	Medicare		1.69	30.8			0.54	5.23	percent of total billed charges	
CALCITRIOL 0.1MCG	J0636	HCPCS	both			5.5		Americare	Americare		4.13	75			0.54	5.23	percent of total billed charges	
CALCITRIOL 0.1MCG	J0636	HCPCS	both			5.5		Amerihealth	HMO/PPO		0.54				0.54	5.23	fee schedule	
CALCITRIOL 0.1MCG	J0636	HCPCS	both			5.5		Consumer	Consumer		5.23	95			0.54	5.23	percent of total billed charges	
CALCITRIOL 0.1MCG	J0636	HCPCS	both			5.5		Corrections	Corrections		4.4	80			0.54	5.23	percent of total billed charges	
CALCITRIOL 0.1MCG	J0636	HCPCS	both			5.5		First Health	First Health		3.85	70			0.54	5.23	percent of total billed charges	
CALCITRIOL 0.1MCG	J0636	HCPCS	both			5.5		First Trenton	First Trenton		4.95	90			0.54	5.23	percent of total billed charges	
CALCITRIOL 0.1MCG	J0636	HCPCS	both			5.5		Horizon	MGD		2.11	38.28			0.54	5.23	percent of total billed charges	
CALCITRIOL 0.1MCG	J0636	HCPCS	both			5.5		Horizon	Indemnity		2.11	38.28			0.54	5.23	percent of total billed charges	
CALCITRIOL 0.1MCG	J0636	HCPCS	both			5.5		Horizon	Medicare Blue		1.65	30			0.54	5.23	percent of total billed charges	
CALCITRIOL 0.1MCG	J0636	HCPCS	both			5.5		Horizon	PPO		2.11	38.28			0.54	5.23	percent of total billed charges	
CALCITRIOL 0.1MCG	J0636	HCPCS	both			5.5		Managed Care Inc	Managed Care Inc		4.95	90			0.54	5.23	percent of total billed charges	
CALCITRIOL 0.1MCG	J0636	HCPCS	both			5.5		Multiplan	Multiplan		4.4	80			0.54	5.23	percent of total billed charges	
CALCITRIOL 0.1MCG	J0636	HCPCS	both			5.5		Qualcare	Qualcare		4.13	75			0.54	5.23	percent of total billed charges	
CALCITRIOL 0.1MCG	J0636	HCPCS	both			5.5		Three Rivers	Three Rivers		5.23	95			0.54	5.23	percent of total billed charges	
CALCITRIOL 0.1MCG	J0636	HCPCS	both			5.5		UHC	Medicaid		1.74	31.55			0.54	5.23	percent of total billed charges	
CALCITRIOL 0.1MCG	J0636	HCPCS	both			5.5		Wellcare	Medicaid		1.74	31.55			0.54	5.23	percent of total billed charges	
CALCITRIOL 0.1MCG	J0636	HCPCS	both			5.5		WellPoint	WellPoint		1.77	32.18			0.54	5.23	percent of total billed charges	
CASPOFUNGIN 5MG	J0637	HCPCS	outpatient			251	6.24	Aetna	Better Health		79.19	31.55			5.43	238.45	percent of total billed charges	
CASPOFUNGIN 5MG	J0637	HCPCS	outpatient			251	6.24	Aetna	Medicare		5.43				5.43	238.45	fee schedule	
CASPOFUNGIN 5MG	J0637	HCPCS	outpatient			251	6.24	Aetna	Commercial		95.38	38			5.43	238.45	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.														
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true													
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CASPOFUNGIN 5MG	J0637	HCPCS	outpatient			251		6.24 Americare	Americare		188.25	75			5.43	238.45	percent of total billed charges	
CASPOFUNGIN 5MG	J0637	HCPCS	outpatient			251		6.24 Amerihealth	HMO/PPO		13.25				5.43	238.45	fee schedule	
CASPOFUNGIN 5MG	J0637	HCPCS	outpatient			251		6.24 Amerihealth	Medicare		5.43				5.43	238.45	fee schedule	
CASPOFUNGIN 5MG	J0637	HCPCS	outpatient			251		6.24 Consumer	Consumer		238.45	95			5.43	238.45	percent of total billed charges	
CASPOFUNGIN 5MG	J0637	HCPCS	outpatient			251		6.24 Corrections	Corrections		200.8	80			5.43	238.45	percent of total billed charges	
CASPOFUNGIN 5MG	J0637	HCPCS	outpatient			251		6.24 First Health	First Health		175.7	70			5.43	238.45	percent of total billed charges	
CASPOFUNGIN 5MG	J0637	HCPCS	outpatient			251		6.24 First Trenton	First Trenton		225.9	90			5.43	238.45	percent of total billed charges	
CASPOFUNGIN 5MG	J0637	HCPCS	outpatient			251		6.24 Horizon	Medicare Blue		75.3	30			5.43	238.45	percent of total billed charges	
CASPOFUNGIN 5MG	J0637	HCPCS	outpatient			251		6.24 Horizon	MGD		96.08	38.28			5.43	238.45	percent of total billed charges	
CASPOFUNGIN 5MG	J0637	HCPCS	outpatient			251		6.24 Horizon	Indemnity		96.08	38.28			5.43	238.45	percent of total billed charges	
CASPOFUNGIN 5MG	J0637	HCPCS	outpatient			251		6.24 Horizon	PPO		96.08	38.28			5.43	238.45	percent of total billed charges	
CASPOFUNGIN 5MG	J0637	HCPCS	outpatient			251		6.24 Managed Care Inc	Managed Care Inc		225.9	90			5.43	238.45	percent of total billed charges	
CASPOFUNGIN 5MG	J0637	HCPCS	outpatient			251		6.24 Multiplan	Multiplan		200.8	80			5.43	238.45	percent of total billed charges	
CASPOFUNGIN 5MG	J0637	HCPCS	outpatient			251		6.24 Qualcare	Qualcare		188.25	75			5.43	238.45	percent of total billed charges	
CASPOFUNGIN 5MG	J0637	HCPCS	outpatient			251		6.24 Three Rivers	Three Rivers		238.45	95			5.43	238.45	percent of total billed charges	
CASPOFUNGIN 5MG	J0637	HCPCS	outpatient			251		6.24 UHC	Medicaid		79.19	31.55			5.43	238.45	percent of total billed charges	
CASPOFUNGIN 5MG	J0637	HCPCS	outpatient			251		6.24 UHC	Medicare		5.43				5.43	238.45	fee schedule	
CASPOFUNGIN 5MG	J0637	HCPCS	outpatient			251		6.24 Wellcare	Medicare		5.43				5.43	238.45	fee schedule	
CASPOFUNGIN 5MG	J0637	HCPCS	outpatient			251		6.24 Wellcare	Medicaid		79.19	31.55			5.43	238.45	percent of total billed charges	
CASPOFUNGIN 5MG	J0637	HCPCS	outpatient			251		6.24 WellPoint	WellPoint		80.77	32.18			5.43	238.45	percent of total billed charges	
LEUCOVORIN CALCIUM 50 MG INJ	J0640	HCPCS	both			28		5.14 Aetna	Medicare		4.47				3.36	26.6	fee schedule	
LEUCOVORIN CALCIUM 50 MG INJ	J0640	HCPCS	both			28		5.14 Aetna	Better Health		8.83	31.55			3.36	26.6	percent of total billed charges	
LEUCOVORIN CALCIUM 50 MG INJ	J0640	HCPCS	both			28		5.14 Aetna	Commercial		10.64	38			3.36	26.6	percent of total billed charges	
LEUCOVORIN CALCIUM 50 MG INJ	J0640	HCPCS	both			28		5.14 Americare	Americare		21	75			3.36	26.6	percent of total billed charges	
LEUCOVORIN CALCIUM 50 MG INJ	J0640	HCPCS	both			28		5.14 Amerihealth	Medicare		4.47				3.36	26.6	fee schedule	
LEUCOVORIN CALCIUM 50 MG INJ	J0640	HCPCS	both			28		5.14 Amerihealth	HMO/PPO		3.36				3.36	26.6	fee schedule	
LEUCOVORIN CALCIUM 50 MG INJ	J0640	HCPCS	both			28		5.14 Consumer	Consumer		26.6	95			3.36	26.6	percent of total billed charges	
LEUCOVORIN CALCIUM 50 MG INJ	J0640	HCPCS	both			28		5.14 Corrections	Corrections		22.4	80			3.36	26.6	percent of total billed charges	
LEUCOVORIN CALCIUM 50 MG INJ	J0640	HCPCS	both			28		5.14 First Health	First Health		19.6	70			3.36	26.6	percent of total billed charges	
LEUCOVORIN CALCIUM 50 MG INJ	J0640	HCPCS	both			28		5.14 First Trenton	First Trenton		25.2	90			3.36	26.6	percent of total billed charges	
LEUCOVORIN CALCIUM 50 MG INJ	J0640	HCPCS	both			28		5.14 Horizon	Medicare Blue		8.4	30			3.36	26.6	percent of total billed charges	
LEUCOVORIN CALCIUM 50 MG INJ	J0640	HCPCS	both			28		5.14 Horizon	MGD		10.72	38.28			3.36	26.6	percent of total billed charges	
LEUCOVORIN CALCIUM 50 MG INJ	J0640	HCPCS	both			28		5.14 Horizon	Indemnity		10.72	38.28			3.36	26.6	percent of total billed charges	
LEUCOVORIN CALCIUM 50 MG INJ	J0640	HCPCS	both			28		5.14 Horizon	PPO		10.72	38.28			3.36	26.6	percent of total billed charges	
LEUCOVORIN CALCIUM 50 MG INJ	J0640	HCPCS	both			28		5.14 Managed Care Inc	Managed Care Inc		25.2	90			3.36	26.6	percent of total billed charges	
LEUCOVORIN CALCIUM 50 MG INJ	J0640	HCPCS	both			28		5.14 Multiplan	Multiplan		22.4	80			3.36	26.6	percent of total billed charges	
LEUCOVORIN CALCIUM 50 MG INJ	J0640	HCPCS	both			28		5.14 Qualcare	Qualcare		21	75			3.36	26.6	percent of total billed charges	
LEUCOVORIN CALCIUM 50 MG INJ	J0640	HCPCS	both			28		5.14 Three Rivers	Three Rivers		26.6	95			3.36	26.6	percent of total billed charges	
LEUCOVORIN CALCIUM 50 MG INJ	J0640	HCPCS	both			28		5.14 UHC	Medicare		4.47				3.36	26.6	fee schedule	
LEUCOVORIN CALCIUM 50 MG INJ	J0640	HCPCS	both			28		5.14 UHC	Medicaid		8.83	31.55			3.36	26.6	percent of total billed charges	
LEUCOVORIN CALCIUM 50 MG INJ	J0640	HCPCS	both			28		5.14 Wellcare	Medicaid		8.83	31.55			3.36	26.6	percent of total billed charges	
LEUCOVORIN CALCIUM 50 MG INJ	J0640	HCPCS	both			28		5.14 Wellcare	Medicare		4.47				3.36	26.6	fee schedule	
LEUCOVORIN CALCIUM 50 MG INJ	J0640	HCPCS	both			28		5.14 WellPoint	WellPoint		9.01	32.18			3.36	26.6	percent of total billed charges	
LEVOLEUCOVORIN(FUSILEV)0.5MG PWVL INJ	J0641	HCPCS	outpatient			6		0.08 Aetna	Better Health		1.89	31.55			0.06	5.7	percent of total billed charges	
LEVOLEUCOVORIN(FUSILEV)0.5MG PWVL INJ	J0641	HCPCS	outpatient			6		0.08 Aetna	Commercial		0.1				0.06	5.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVOLEUCOVORIN(FUSILEV)0.5MG PWVL INJ	J0641	HCPCS	outpatient			6		0.08 Aetna	Medicare		0.07				0.06	5.7	fee schedule	
LEVOLEUCOVORIN(FUSILEV)0.5MG PWVL INJ	J0641	HCPCS	outpatient			6		0.08 Americare	Americare		4.5	75			0.06	5.7	percent of total billed charges	
LEVOLEUCOVORIN(FUSILEV)0.5MG PWVL INJ	J0641	HCPCS	outpatient			6		0.08 Amerihealth	HMO/PPO		0.98				0.06	5.7	fee schedule	
LEVOLEUCOVORIN(FUSILEV)0.5MG PWVL INJ	J0641	HCPCS	outpatient			6		0.08 Amerihealth	Medicare		0.07				0.06	5.7	fee schedule	
LEVOLEUCOVORIN(FUSILEV)0.5MG PWVL INJ	J0641	HCPCS	outpatient			6		0.08 Consumer	Consumer		5.7	95			0.06	5.7	percent of total billed charges	
LEVOLEUCOVORIN(FUSILEV)0.5MG PWVL INJ	J0641	HCPCS	outpatient			6		0.08 Corrections	Corrections		4.8	80			0.06	5.7	percent of total billed charges	
LEVOLEUCOVORIN(FUSILEV)0.5MG PWVL INJ	J0641	HCPCS	outpatient			6		0.08 First Health	First Health		4.2	70			0.06	5.7	percent of total billed charges	
LEVOLEUCOVORIN(FUSILEV)0.5MG PWVL INJ	J0641	HCPCS	outpatient			6		0.08 First Trenton	First Trenton		5.4	90			0.06	5.7	percent of total billed charges	
LEVOLEUCOVORIN(FUSILEV)0.5MG PWVL INJ	J0641	HCPCS	outpatient			6		0.08 Horizon	Indemnity		0.11				0.06	5.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVOLEUCOVORIN(FUSILEV)0.5MG PWVL INJ	J0641	HCPCS	outpatient			6		0.08 Horizon	MGD		0.11				0.06	5.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVOLEUCOVORIN(FUSILEV)0.5MG PWVL INJ	J0641	HCPCS	outpatient			6		0.08 Horizon	Medicare Blue		0.06				0.06	5.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVOLEUCOVORIN(FUSILEV)0.5MG PWVL INJ	J0641	HCPCS	outpatient			6		0.08 Horizon	PPO		0.11				0.06	5.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVOLEUCOVORIN(FUSILEV)0.5MG PWVL INJ	J0641	HCPCS	outpatient			6		0.08 Managed Care Inc	Managed Care Inc		5.4	90			0.06	5.7	percent of total billed charges	
LEVOLEUCOVORIN(FUSILEV)0.5MG PWVL INJ	J0641	HCPCS	outpatient			6		0.08 Multiplan	Multiplan		4.8	80			0.06	5.7	percent of total billed charges	
LEVOLEUCOVORIN(FUSILEV)0.5MG PWVL INJ	J0641	HCPCS	outpatient			6		0.08 Qualcare	Qualcare		4.5	75			0.06	5.7	percent of total billed charges	
LEVOLEUCOVORIN(FUSILEV)0.5MG PWVL INJ	J0641	HCPCS	outpatient			6		0.08 Three Rivers	Three Rivers		5.7	95			0.06	5.7	percent of total billed charges	
LEVOLEUCOVORIN(FUSILEV)0.5MG PWVL INJ	J0641	HCPCS	outpatient			6		0.08 UHC	Medicaid		1.89	31.55			0.06	5.7	percent of total billed charges	
LEVOLEUCOVORIN(FUSILEV)0.5MG PWVL INJ	J0641	HCPCS	outpatient			6		0.08 UHC	Medicare		0.07				0.06	5.7	fee schedule	
LEVOLEUCOVORIN(FUSILEV)0.5MG PWVL INJ	J0641	HCPCS	outpatient			6		0.08 United	Commercial|PPO		0.18				0.06	5.7	fee schedule	
LEVOLEUCOVORIN(FUSILEV)0.5MG PWVL INJ	J0641	HCPCS	outpatient			6		0.08 United	Oxford		0.18				0.06	5.7	fee schedule	
LEVOLEUCOVORIN(FUSILEV)0.5MG PWVL INJ	J0641	HCPCS	outpatient			6		0.08 Wellcare	Medicaid		1.89	31.55			0.06	5.7	percent of total billed charges	
LEVOLEUCOVORIN(FUSILEV)0.5MG PWVL INJ	J0641	HCPCS	outpatient			6		0.08 Wellcare	Medicare		0.07				0.06	5.7	fee schedule	
LEVOLEUCOVORIN(FUSILEV)0.5MG PWVL INJ	J0641	HCPCS	outpatient			6		0.08 WellPoint	WellPoint		1.93	32.18			0.06	5.7	percent of total billed charges	
LEVOLEUCOVORIN(KHAPZORY)0.5MG PWVL INJ	J0642	HCPCS	outpatient			7		1.76 Aetna	Better Health		2.21	31.55			1.53	6.65	percent of total billed charges	
LEVOLEUCOVORIN(KHAPZORY)0.5MG PWVL INJ	J0642	HCPCS	outpatient			7		1.76 Aetna	Commercial		3.26				1.53	6.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVOLEUCOVORIN(KHAPZORY)0.5MG PWVL INJ	J0642	HCPCS	outpatient			7		1.76 Aetna	Medicare		1.53				1.53	6.65	fee schedule	
LEVOLEUCOVORIN(KHAPZORY)0.5MG PWVL INJ	J0642	HCPCS	outpatient			7		1.76 Americare	Americare		5.25	75			1.53	6.65	percent of total billed charges	
LEVOLEUCOVORIN(KHAPZORY)0.5MG PWVL INJ	J0642	HCPCS	outpatient			7		1.76 Amerihealth	HMO/PPO		4.55	65			1.53	6.65	percent of total billed charges	
LEVOLEUCOVORIN(KHAPZORY)0.5MG PWVL INJ	J0642	HCPCS	outpatient			7		1.76 Amerihealth	Medicare		1.53				1.53	6.65	fee schedule	
LEVOLEUCOVORIN(KHAPZORY)0.5MG PWVL INJ	J0642	HCPCS	outpatient			7		1.76 Consumer	Consumer		6.65	95			1.53	6.65	percent of total billed charges	
LEVOLEUCOVORIN(KHAPZORY)0.5MG PWVL INJ	J0642	HCPCS	outpatient			7		1.76 Corrections	Corrections		5.6	80			1.53	6.65	percent of total billed charges	
LEVOLEUCOVORIN(KHAPZORY)0.5MG PWVL INJ	J0642	HCPCS	outpatient			7		1.76 First Health	First Health		4.9	70			1.53	6.65	percent of total billed charges	
LEVOLEUCOVORIN(KHAPZORY)0.5MG PWVL INJ	J0642	HCPCS	outpatient			7		1.76 First Trenton	First Trenton		6.3	90			1.53	6.65	percent of total billed charges	
LEVOLEUCOVORIN(KHAPZORY)0.5MG PWVL INJ	J0642	HCPCS	outpatient			7		1.76 Horizon	MGD		3.82				1.53	6.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVOLEUCOVORIN(KHAPZORY)0.5MG PWVL INJ	J0642	HCPCS	outpatient			7		1.76 Horizon	Indemnity		3.82				1.53	6.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVOLEUCOVORIN(KHAPZORY)0.5MG PWVL INJ	J0642	HCPCS	outpatient			7		1.76 Horizon	Medicare Blue		2.05				1.53	6.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVOLEUCOVORIN(KHAPZORY)0.5MG PWVL INJ	J0642	HCPCS	outpatient			7		1.76 Horizon	PPO		3.82				1.53	6.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVOLEUCOVORIN(KHAPZORY)0.5MG PWVL INJ	J0642	HCPCS	outpatient			7		1.76 Managed Care Inc	Managed Care Inc		6.3	90			1.53	6.65	percent of total billed charges	
LEVOLEUCOVORIN(KHAPZORY)0.5MG PWVL INJ	J0642	HCPCS	outpatient			7		1.76 Multiplan	Multiplan		5.6	80			1.53	6.65	percent of total billed charges	
LEVOLEUCOVORIN(KHAPZORY)0.5MG PWVL INJ	J0642	HCPCS	outpatient			7		1.76 Qualcare	Qualcare		5.25	75			1.53	6.65	percent of total billed charges	
LEVOLEUCOVORIN(KHAPZORY)0.5MG PWVL INJ	J0642	HCPCS	outpatient			7		1.76 Three Rivers	Three Rivers		6.65	95			1.53	6.65	percent of total billed charges	
LEVOLEUCOVORIN(KHAPZORY)0.5MG PWVL INJ	J0642	HCPCS	outpatient			7		1.76 UHC	Medicare		1.53				1.53	6.65	fee schedule	
LEVOLEUCOVORIN(KHAPZORY)0.5MG PWVL INJ	J0642	HCPCS	outpatient			7		1.76 UHC	Medicaid		2.21	31.55			1.53	6.65	percent of total billed charges	
LEVOLEUCOVORIN(KHAPZORY)0.5MG PWVL INJ	J0642	HCPCS	outpatient			7		1.76 United	Oxford		3.83				1.53	6.65	fee schedule	
LEVOLEUCOVORIN(KHAPZORY)0.5MG PWVL INJ	J0642	HCPCS	outpatient			7		1.76 United	Commercial|PPO		3.83				1.53	6.65	fee schedule	
LEVOLEUCOVORIN(KHAPZORY)0.5MG PWVL INJ	J0642	HCPCS	outpatient			7		1.76 Wellcare	Medicaid		2.21	31.55			1.53	6.65	percent of total billed charges	
LEVOLEUCOVORIN(KHAPZORY)0.5MG PWVL INJ	J0642	HCPCS	outpatient			7		1.76 Wellcare	Medicare		1.53				1.53	6.65	fee schedule	
LEVOLEUCOVORIN(KHAPZORY)0.5MG PWVL INJ	J0642	HCPCS	outpatient			7		1.76 WellPoint	WellPoint		2.25	32.18			1.53	6.65	percent of total billed charges	
MEPIVACAINE(POLOCAINE) 10ML INJ	J0670	HCPCS	both			30		3.78 Aetna	Better Health		9.47	31.55			0.75	28.5	percent of total billed charges	
MEPIVACAINE(POLOCAINE) 10ML INJ	J0670	HCPCS	both			30		3.78 Aetna	Medicare		3.29				0.75	28.5	fee schedule	
MEPIVACAINE(POLOCAINE) 10ML INJ	J0670	HCPCS	both			30		3.78 Aetna	Commercial		11.4	38			0.75	28.5	percent of total billed charges	
MEPIVACAINE(POLOCAINE) 10ML INJ	J0670	HCPCS	both			30		3.78 Americare	Americare		22.5	75			0.75	28.5	percent of total billed charges	
MEPIVACAINE(POLOCAINE) 10ML INJ	J0670	HCPCS	both			30		3.78 Amerihealth	Medicare		3.29				0.75	28.5	fee schedule	
MEPIVACAINE(POLOCAINE) 10ML INJ	J0670	HCPCS	both			30		3.78 Amerihealth	HMO/PPO		2.52				0.75	28.5	fee schedule	
MEPIVACAINE(POLOCAINE) 10ML INJ	J0670	HCPCS	both			30		3.78 Consumer	Consumer		28.5	95			0.75	28.5	percent of total billed charges	
MEPIVACAINE(POLOCAINE) 10ML INJ	J0670	HCPCS	both			30		3.78 Corrections	Corrections		24	80			0.75	28.5	percent of total billed charges	
MEPIVACAINE(POLOCAINE) 10ML INJ	J0670	HCPCS	both			30		3.78 First Health	First Health		21	70			0.75	28.5	percent of total billed charges	
MEPIVACAINE(POLOCAINE) 10ML INJ	J0670	HCPCS	both			30		3.78 First Trenton	First Trenton		27	90			0.75	28.5	percent of total billed charges	
MEPIVACAINE(POLOCAINE) 10ML INJ	J0670	HCPCS	both			30		3.78 Horizon	Indemnity		11.48	38.28			0.75	28.5	percent of total billed charges	
MEPIVACAINE(POLOCAINE) 10ML INJ	J0670	HCPCS	both			30		3.78 Horizon	Medicare Blue		9	30			0.75	28.5	percent of total billed charges	
MEPIVACAINE(POLOCAINE) 10ML INJ	J0670	HCPCS	both			30		3.78 Horizon	MGD		11.48	38.28			0.75	28.5	percent of total billed charges	
MEPIVACAINE(POLOCAINE) 10ML INJ	J0670	HCPCS	both			30		3.78 Horizon	PPO		11.48	38.28			0.75	28.5	percent of total billed charges	
MEPIVACAINE(POLOCAINE) 10ML INJ	J0670	HCPCS	both			30		3.78 Managed Care Inc	Managed Care Inc		27	90			0.75	28.5	percent of total billed charges	
MEPIVACAINE(POLOCAINE) 10ML INJ	J0670	HCPCS	both			30		3.78 Multiplan	Multiplan		24	80			0.75	28.5	percent of total billed charges	
MEPIVACAINE(POLOCAINE) 10ML INJ	J0670	HCPCS	both			30		3.78 Qualcare	Qualcare		22.5	75			0.75	28.5	percent of total billed charges	
MEPIVACAINE(POLOCAINE) 10ML INJ	J0670	HCPCS	both			30		3.78 Three Rivers	Three Rivers		28.5	95			0.75	28.5	percent of total billed charges	
MEPIVACAINE(POLOCAINE) 10ML INJ	J0670	HCPCS	both			30		3.78 UHC	Medicaid		9.47	31.55			0.75	28.5	percent of total billed charges	
MEPIVACAINE(POLOCAINE) 10ML INJ	J0670	HCPCS	both			30		3.78 UHC	Medicare		3.29				0.75	28.5	fee schedule	
MEPIVACAINE(POLOCAINE) 10ML INJ	J0670	HCPCS	both			30		3.78 Wellcare	Medicaid		9.47	31.55			0.75	28.5	percent of total billed charges	
MEPIVACAINE(POLOCAINE) 10ML INJ	J0670	HCPCS	both			30		3.78 Wellcare	Medicare		3.29				0.75	28.5	fee schedule	
MEPIVACAINE(POLOCAINE) 10ML INJ	J0670	HCPCS	both			30		3.78 WellPoint	WellPoint		9.65	32.18			0.75	28.5	percent of total billed charges	
CEFAZOLIN (HIKMA) 500 MG INJ	J0688	HCPCS	both			2.5		1.2 Aetna	Better Health		0.79	31.55			0.75	2.38	percent of total billed charges	
CEFAZOLIN (HIKMA) 500 MG INJ	J0688	HCPCS	both			2.5		1.2 Aetna	Medicare		1.04				0.75	2.38	fee schedule	
CEFAZOLIN (HIKMA) 500 MG INJ	J0688	HCPCS	both			2.5		1.2 Aetna	Commercial		0.95	38			0.75	2.38	percent of total billed charges	
CEFAZOLIN (HIKMA) 500 MG INJ	J0688	HCPCS	both			2.5		1.2 Americare	Americare		1.88	75			0.75	2.38	percent of total billed charges	
CEFAZOLIN (HIKMA) 500 MG INJ	J0688	HCPCS	both			2.5		1.2 Amerihealth	Medicare		1.04				0.75	2.38	fee schedule	
CEFAZOLIN (HIKMA) 500 MG INJ	J0688	HCPCS	both			2.5		1.2 Amerihealth	HMO/PPO		1.63	65			0.75	2.38	percent of total billed charges	
CEFAZOLIN (HIKMA) 500 MG INJ	J0688	HCPCS	both			2.5		1.2 Consumer	Consumer		2.38	95			0.75	2.38	percent of total billed charges	
CEFAZOLIN (HIKMA) 500 MG INJ	J0688	HCPCS	both			2.5		1.2 Corrections	Corrections		2	80			0.75	2.38	percent of total billed charges	
CEFAZOLIN (HIKMA) 500 MG INJ	J0688	HCPCS	both			2.5		1.2 First Health	First Health		1.75	70			0.75	2.38	percent of total billed charges	
CEFAZOLIN (HIKMA) 500 MG INJ	J0688	HCPCS	both			2.5		1.2 First Trenton	First Trenton		2.25	90			0.75	2.38	percent of total billed charges	
CEFAZOLIN (HIKMA) 500 MG INJ	J0688	HCPCS	both			2.5		1.2 Horizon	MGD		0.96	38.28			0.75	2.38	percent of total billed charges	
CEFAZOLIN (HIKMA) 500 MG INJ	J0688	HCPCS	both			2.5		1.2 Horizon	Indemnity		0.96	38.28			0.75	2.38	percent of total billed charges	
CEFAZOLIN (HIKMA) 500 MG INJ	J0688	HCPCS	both			2.5		1.2 Horizon	Medicare Blue		0.75	30			0.75	2.38	percent of total billed charges	
CEFAZOLIN (HIKMA) 500 MG INJ	J0688	HCPCS	both			2.5		1.2 Horizon	PPO		0.96	38.28			0.75	2.38	percent of total billed charges	
CEFAZOLIN (HIKMA) 500 MG INJ	J0688	HCPCS	both			2.5		1.2 Managed Care Inc	Managed Care Inc		2.25	90			0.75	2.38	percent of total billed charges	
CEFAZOLIN (HIKMA) 500 MG INJ	J0688	HCPCS	both			2.5		1.2 Multiplan	Multiplan		2	80			0.75	2.38	percent of total billed charges	
CEFAZOLIN (HIKMA) 500 MG INJ	J0688	HCPCS	both			2.5		1.2 Qualcare	Qualcare		1.88	75			0.75	2.38	percent of total billed charges	
CEFAZOLIN (HIKMA) 500 MG INJ	J0688	HCPCS	both			2.5		1.2 Three Rivers	Three Rivers		2.38	95			0.75	2.38	percent of total billed charges	
CEFAZOLIN (HIKMA) 500 MG INJ	J0688	HCPCS	both			2.5		1.2 UHC	Medicare		1.04				0.75	2.38	fee schedule	
CEFAZOLIN (HIKMA) 500 MG INJ	J0688	HCPCS	both			2.5		1.2 UHC	Medicaid		0.79	31.55			0.75	2.38	percent of total billed charges	
CEFAZOLIN (HIKMA) 500 MG INJ	J0688	HCPCS	both			2.5		1.2 Wellcare	Medicaid		0.79	31.55			0.75	2.38	percent of total billed charges	
CEFAZOLIN (HIKMA) 500 MG INJ	J0688	HCPCS	both			2.5		1.2 Wellcare	Medicare		1.04				0.75	2.38	fee schedule	
CEFAZOLIN (HIKMA) 500 MG INJ	J0688	HCPCS	both			2.5		1.2 WellPoint	WellPoint		0.8	32.18			0.75	2.38	percent of total billed charges	
CEFAZOLIN 500MG	J0690	HCPCS	both			25		0.88 Aetna	Medicare		0.76				0.76	23.75	fee schedule	
CEFAZOLIN 500MG	J0690	HCPCS	both			25		0.88 Aetna	Commercial		9.5	38			0.76	23.75	percent of total billed charges	
CEFAZOLIN 500MG	J0690	HCPCS	both			25		0.88 Aetna	Better Health		7.89	31.55			0.76	23.75	percent of total billed charges	
CEFAZOLIN 500MG	J0690	HCPCS	both			25		0.88 Americare	Americare		18.75	75			0.76	23.75	percent of total billed charges	
CEFAZOLIN 500MG	J0690	HCPCS	both			25		0.88 Amerihealth	HMO/PPO		1.02				0.76	23.75	fee schedule	
CEFAZOLIN 500MG	J0690	HCPCS	both			25		0.88 Amerihealth	Medicare		0.76				0.76	23.75	fee schedule	
CEFAZOLIN 500MG	J0690	HCPCS	both			25		0.88 Consumer	Consumer		23.75	95			0.76	23.75	percent of total billed charges	
CEFAZOLIN 500MG	J0690	HCPCS	both			25		0.88 Corrections	Corrections		20	80			0.76	23.75	percent of total billed charges	
CEFAZOLIN 500MG	J0690	HCPCS	both			25		0.88 First Health	First Health		17.5	70			0.76	23.75	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.															
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true														
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CEFAZOLIN 500MG	J0690	HCPCS	both			25		0.88 First Trenton	First Trenton		22.5	90			0.76	23.75	percent of total billed charges	
CEFAZOLIN 500MG	J0690	HCPCS	both			25		0.88 Horizon	MGD		9.57	38.28			0.76	23.75	percent of total billed charges	
CEFAZOLIN 500MG	J0690	HCPCS	both			25		0.88 Horizon	Indemnity		9.57	38.28			0.76	23.75	percent of total billed charges	
CEFAZOLIN 500MG	J0690	HCPCS	both			25		0.88 Horizon	PPO		9.57	38.28			0.76	23.75	percent of total billed charges	
CEFAZOLIN 500MG	J0690	HCPCS	both			25		0.88 Horizon	Medicare Blue		7.5	30			0.76	23.75	percent of total billed charges	
CEFAZOLIN 500MG	J0690	HCPCS	both			25		0.88 Managed Care Inc	Managed Care Inc		22.5	90			0.76	23.75	percent of total billed charges	
CEFAZOLIN 500MG	J0690	HCPCS	both			25		0.88 Multiplan	Multiplan		20	80			0.76	23.75	percent of total billed charges	
CEFAZOLIN 500MG	J0690	HCPCS	both			25		0.88 Qualcare	Qualcare		18.75	75			0.76	23.75	percent of total billed charges	
CEFAZOLIN 500MG	J0690	HCPCS	both			25		0.88 Three Rivers	Three Rivers		23.75	95			0.76	23.75	percent of total billed charges	
CEFAZOLIN 500MG	J0690	HCPCS	both			25		0.88 UHC	Medicare		0.76				0.76	23.75	fee schedule	
CEFAZOLIN 500MG	J0690	HCPCS	both			25		0.88 UHC	Medicaid		7.89	31.55			0.76	23.75	percent of total billed charges	
CEFAZOLIN 500MG	J0690	HCPCS	both			25		0.88 Wellcare	Medicare		0.76				0.76	23.75	fee schedule	
CEFAZOLIN 500MG	J0690	HCPCS	both			25		0.88 Wellcare	Medicaid		7.89	31.55			0.76	23.75	percent of total billed charges	
CEFAZOLIN 500MG	J0690	HCPCS	both			25		0.88 WellPoint	WellPoint		8.05	32.18			0.76	23.75	percent of total billed charges	
CEFEPIME 500MG	J0692	HCPCS	both			68		1.45 Aetna	Better Health		21.45	31.55			1.26	64.6	percent of total billed charges	
CEFEPIME 500MG	J0692	HCPCS	both			68		1.45 Aetna	Medicare		1.26				1.26	64.6	fee schedule	
CEFEPIME 500MG	J0692	HCPCS	both			68		1.45 Aetna	Commercial		25.84	38			1.26	64.6	percent of total billed charges	
CEFEPIME 500MG	J0692	HCPCS	both			68		1.45 Americare	Americare		51	75			1.26	64.6	percent of total billed charges	
CEFEPIME 500MG	J0692	HCPCS	both			68		1.45 Amerihealth	HMO/PPO		2.67				1.26	64.6	fee schedule	
CEFEPIME 500MG	J0692	HCPCS	both			68		1.45 Amerihealth	Medicare		1.26				1.26	64.6	fee schedule	
CEFEPIME 500MG	J0692	HCPCS	both			68		1.45 Consumer	Consumer		64.6	95			1.26	64.6	percent of total billed charges	
CEFEPIME 500MG	J0692	HCPCS	both			68		1.45 Corrections	Corrections		54.4	80			1.26	64.6	percent of total billed charges	
CEFEPIME 500MG	J0692	HCPCS	both			68		1.45 First Health	First Health		47.6	70			1.26	64.6	percent of total billed charges	
CEFEPIME 500MG	J0692	HCPCS	both			68		1.45 First Trenton	First Trenton		61.2	90			1.26	64.6	percent of total billed charges	
CEFEPIME 500MG	J0692	HCPCS	both			68		1.45 Horizon	Indemnity		26.03	38.28			1.26	64.6	percent of total billed charges	
CEFEPIME 500MG	J0692	HCPCS	both			68		1.45 Horizon	Medicare Blue		20.4	30			1.26	64.6	percent of total billed charges	
CEFEPIME 500MG	J0692	HCPCS	both			68		1.45 Horizon	MGD		26.03	38.28			1.26	64.6	percent of total billed charges	
CEFEPIME 500MG	J0692	HCPCS	both			68		1.45 Horizon	PPO		26.03	38.28			1.26	64.6	percent of total billed charges	
CEFEPIME 500MG	J0692	HCPCS	both			68		1.45 Managed Care Inc	Managed Care Inc		61.2	90			1.26	64.6	percent of total billed charges	
CEFEPIME 500MG	J0692	HCPCS	both			68		1.45 Multiplan	Multiplan		54.4	80			1.26	64.6	percent of total billed charges	
CEFEPIME 500MG	J0692	HCPCS	both			68		1.45 Qualcare	Qualcare		51	75			1.26	64.6	percent of total billed charges	
CEFEPIME 500MG	J0692	HCPCS	both			68		1.45 Three Rivers	Three Rivers		64.6	95			1.26	64.6	percent of total billed charges	
CEFEPIME 500MG	J0692	HCPCS	both			68		1.45 UHC	Medicaid		21.45	31.55			1.26	64.6	percent of total billed charges	
CEFEPIME 500MG	J0692	HCPCS	both			68		1.45 UHC	Medicare		1.26				1.26	64.6	fee schedule	
CEFEPIME 500MG	J0692	HCPCS	both			68		1.45 Wellcare	Medicaid		21.45	31.55			1.26	64.6	percent of total billed charges	
CEFEPIME 500MG	J0692	HCPCS	both			68		1.45 Wellcare	Medicare		1.26				1.26	64.6	fee schedule	
CEFEPIME 500MG	J0692	HCPCS	both			68		1.45 WellPoint	WellPoint		21.88	32.18			1.26	64.6	percent of total billed charges	
CEFOXITIN 1G INJ	J0694	HCPCS	both			75		5.84 Aetna	Better Health		23.66	31.55			5.01	71.25	percent of total billed charges	
CEFOXITIN 1G INJ	J0694	HCPCS	both			75		5.84 Aetna	Medicare		5.08				5.01	71.25	fee schedule	
CEFOXITIN 1G INJ	J0694	HCPCS	both			75		5.84 Aetna	Commercial		28.5	38			5.01	71.25	percent of total billed charges	
CEFOXITIN 1G INJ	J0694	HCPCS	both			75		5.84 Americare	Americare		56.25	75			5.01	71.25	percent of total billed charges	
CEFOXITIN 1G INJ	J0694	HCPCS	both			75		5.84 Amerihealth	HMO/PPO		5.01				5.01	71.25	fee schedule	
CEFOXITIN 1G INJ	J0694	HCPCS	both			75		5.84 Amerihealth	Medicare		5.08				5.01	71.25	fee schedule	
CEFOXITIN 1G INJ	J0694	HCPCS	both			75		5.84 Consumer	Consumer		71.25	95			5.01	71.25	percent of total billed charges	
CEFOXITIN 1G INJ	J0694	HCPCS	both			75		5.84 Corrections	Corrections		60	80			5.01	71.25	percent of total billed charges	
CEFOXITIN 1G INJ	J0694	HCPCS	both			75		5.84 First Health	First Health		52.5	70			5.01	71.25	percent of total billed charges	
CEFOXITIN 1G INJ	J0694	HCPCS	both			75		5.84 First Trenton	First Trenton		67.5	90			5.01	71.25	percent of total billed charges	
CEFOXITIN 1G INJ	J0694	HCPCS	both			75		5.84 Horizon	MGD		28.71	38.28			5.01	71.25	percent of total billed charges	
CEFOXITIN 1G INJ	J0694	HCPCS	both			75		5.84 Horizon	Indemnity		28.71	38.28			5.01	71.25	percent of total billed charges	
CEFOXITIN 1G INJ	J0694	HCPCS	both			75		5.84 Horizon	Medicare Blue		22.5	30			5.01	71.25	percent of total billed charges	
CEFOXITIN 1G INJ	J0694	HCPCS	both			75		5.84 Horizon	PPO		28.71	38.28			5.01	71.25	percent of total billed charges	
CEFOXITIN 1G INJ	J0694	HCPCS	both			75		5.84 Managed Care Inc	Managed Care Inc		67.5	90			5.01	71.25	percent of total billed charges	
CEFOXITIN 1G INJ	J0694	HCPCS	both			75		5.84 Multiplan	Multiplan		60	80			5.01	71.25	percent of total billed charges	
CEFOXITIN 1G INJ	J0694	HCPCS	both			75		5.84 Qualcare	Qualcare		56.25	75			5.01	71.25	percent of total billed charges	
CEFOXITIN 1G INJ	J0694	HCPCS	both			75		5.84 Three Rivers	Three Rivers		71.25	95			5.01	71.25	percent of total billed charges	
CEFOXITIN 1G INJ	J0694	HCPCS	both			75		5.84 UHC	Medicare		5.08				5.01	71.25	fee schedule	
CEFOXITIN 1G INJ	J0694	HCPCS	both			75		5.84 UHC	Medicaid		23.66	31.55			5.01	71.25	percent of total billed charges	
CEFOXITIN 1G INJ	J0694	HCPCS	both			75		5.84 Wellcare	Medicare		5.08				5.01	71.25	fee schedule	
CEFOXITIN 1G INJ	J0694	HCPCS	both			75		5.84 Wellcare	Medicaid		23.66	31.55			5.01	71.25	percent of total billed charges	
CEFOXITIN 1G INJ	J0694	HCPCS	both			75		5.84 WellPoint	WellPoint		24.14	32.18			5.01	71.25	percent of total billed charges	
CEFTOTAZO (ZERBAXA) 50-25 MG INJ	J0695	HCPCS	inpatient			19		8.48 Aetna	Better Health		5.99	31.55			4.66	18.43	percent of total billed charges	
CEFTOTAZO (ZERBAXA) 50-25 MG INJ	J0695	HCPCS	inpatient			19		8.48 Aetna	Medicare		7.37				4.66	18.43	fee schedule	
CEFTOTAZO (ZERBAXA) 50-25 MG INJ	J0695	HCPCS	inpatient			19		8.48 Aetna	Commercial		13.93				4.66	18.43	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CEFTOTAZO (ZERBAXA) 50-25 MG INJ	J0695	HCPCS	inpatient			19		8.48 Americare	Americare		14.25	75			4.66	18.43	percent of total billed charges	
CEFTOTAZO (ZERBAXA) 50-25 MG INJ	J0695	HCPCS	inpatient			19		8.48 Amerihealth	HMO/PPO		4.66				4.66	18.43	fee schedule	
CEFTOTAZO (ZERBAXA) 50-25 MG INJ	J0695	HCPCS	inpatient			19		8.48 Amerihealth	Medicare		7.37				4.66	18.43	fee schedule	
CEFTOTAZO (ZERBAXA) 50-25 MG INJ	J0695	HCPCS	inpatient			19		8.48 Consumer	Consumer		18.05	95			4.66	18.43	percent of total billed charges	
CEFTOTAZO (ZERBAXA) 50-25 MG INJ	J0695	HCPCS	inpatient			19		8.48 Corrections	Corrections		15.2	80			4.66	18.43	percent of total billed charges	
CEFTOTAZO (ZERBAXA) 50-25 MG INJ	J0695	HCPCS	inpatient			19		8.48 First Health	First Health		13.3	70			4.66	18.43	percent of total billed charges	
CEFTOTAZO (ZERBAXA) 50-25 MG INJ	J0695	HCPCS	inpatient			19		8.48 First Trenton	First Trenton		17.1	90			4.66	18.43	percent of total billed charges	
CEFTOTAZO (ZERBAXA) 50-25 MG INJ	J0695	HCPCS	inpatient			19		8.48 Horizon	MGD		16.28				4.66	18.43	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CEFTOTAZO (ZERBAXA) 50-25 MG INJ	J0695	HCPCS	inpatient			19		8.48 Horizon	Medicare Blue		8.75				4.66	18.43	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CEFTOTAZO (ZERBAXA) 50-25 MG INJ	J0695	HCPCS	inpatient			19		8.48 Horizon	Indemnity		16.28				4.66	18.43	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CEFTOTAZO (ZERBAXA) 50-25 MG INJ	J0695	HCPCS	inpatient			19		8.48 Horizon	NJ Health		11.04				4.66	18.43	fee schedule	
CEFTOTAZO (ZERBAXA) 50-25 MG INJ	J0695	HCPCS	inpatient			19		8.48 Horizon	PPO		16.28				4.66	18.43	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CEFTOTAZO (ZERBAXA) 50-25 MG INJ	J0695	HCPCS	inpatient			19		8.48 Managed Care Inc	Managed Care Inc		17.1	90			4.66	18.43	percent of total billed charges	
CEFTOTAZO (ZERBAXA) 50-25 MG INJ	J0695	HCPCS	inpatient			19		8.48 Multiplan	Multiplan		15.2	80			4.66	18.43	percent of total billed charges	
CEFTOTAZO (ZERBAXA) 50-25 MG INJ	J0695	HCPCS	inpatient			19		8.48 Qualcare	Qualcare		14.25	75			4.66	18.43	percent of total billed charges	
CEFTOTAZO (ZERBAXA) 50-25 MG INJ	J0695	HCPCS	inpatient			19		8.48 Three Rivers	Three Rivers		18.05	95			4.66	18.43	percent of total billed charges	
CEFTOTAZO (ZERBAXA) 50-25 MG INJ	J0695	HCPCS	inpatient			19		8.48 UHC	Medicare		7.37				4.66	18.43	fee schedule	
CEFTOTAZO (ZERBAXA) 50-25 MG INJ	J0695	HCPCS	inpatient			19		8.48 UHC	Medicaid		5.99	31.55			4.66	18.43	percent of total billed charges	
CEFTOTAZO (ZERBAXA) 50-25 MG INJ	J0695	HCPCS	inpatient			19		8.48 United	Oxford		18.43				4.66	18.43	fee schedule	
CEFTOTAZO (ZERBAXA) 50-25 MG INJ	J0695	HCPCS	inpatient			19		8.48 United	Commercial|PPO		18.43				4.66	18.43	fee schedule	
CEFTOTAZO (ZERBAXA) 50-25 MG INJ	J0695	HCPCS	inpatient			19		8.48 Wellcare	Medicaid		5.99	31.55			4.66	18.43	percent of total billed charges	
CEFTOTAZO (ZERBAXA) 50-25 MG INJ	J0695	HCPCS	inpatient			19		8.48 Wellcare	Medicare		7.37				4.66	18.43	fee schedule	
CEFTOTAZO (ZERBAXA) 50-25 MG INJ	J0695	HCPCS	inpatient			19		8.48 WellPoint	WellPoint		6.11	32.18			4.66	18.43	percent of total billed charges	
CEFTRIAXONE 2G/50ML IVPB FROZEN	J0696	HCPCS	both			100.5		0.56 Aetna	Medicare		0.49				0.49	95.48	fee schedule	
CEFTRIAXONE 2G/50ML IVPB FROZEN	J0696	HCPCS	both			100.5		0.56 Aetna	Better Health		31.71	31.55			0.49	95.48	percent of total billed charges	
CEFTRIAXONE 2G/50ML IVPB FROZEN	J0696	HCPCS	both			100.5		0.56 Aetna	Commercial		38.19	38			0.49	95.48	percent of total billed charges	
CEFTRIAXONE 2G/50ML IVPB FROZEN	J0696	HCPCS	both			100.5		0.56 Americare	Americare		75.38	75			0.49	95.48	percent of total billed charges	
CEFTRIAXONE 2G/50ML IVPB FROZEN	J0696	HCPCS	both			100.5		0.56 Amerihealth	HMO/PPO		0.54				0.49	95.48	fee schedule	
CEFTRIAXONE 2G/50ML IVPB FROZEN	J0696	HCPCS	both			100.5		0.56 Amerihealth	Medicare		0.49				0.49	95.48	fee schedule	
CEFTRIAXONE 2G/50ML IVPB FROZEN	J0696	HCPCS	both			100.5		0.56 Consumer	Consumer		95.48	95			0.49	95.48	percent of total billed charges	
CEFTRIAXONE 2G/50ML IVPB FROZEN	J0696	HCPCS	both			100.5		0.56 Corrections	Corrections		80.4	80			0.49	95.48	percent of total billed charges	
CEFTRIAXONE 2G/50ML IVPB FROZEN	J0696	HCPCS	both			100.5		0.56 First Health	First Health		70.35	70			0.49	95.48	percent of total billed charges	
CEFTRIAXONE 2G/50ML IVPB FROZEN	J0696	HCPCS	both			100.5		0.56 First Trenton	First Trenton		90.45	90			0.49	95.48	percent of total billed charges	
CEFTRIAXONE 2G/50ML IVPB FROZEN	J0696	HCPCS	both			100.5		0.56 Horizon	Medicare Blue		30.15	30			0.49	95.48	percent of total billed charges	
CEFTRIAXONE 2G/50ML IVPB FROZEN	J0696	HCPCS	both			100.5		0.56 Horizon	MGD		38.47	38.28			0.49	95.48	percent of total billed charges	
CEFTRIAXONE 2G/50ML IVPB FROZEN	J0696	HCPCS	both			100.5		0.56 Horizon	Indemnity		38.47	38.28			0.49	95.48	percent of total billed charges	
CEFTRIAXONE 2G/50ML IVPB FROZEN	J0696	HCPCS	both			100.5		0.56 Horizon	PPO		38.47	38.28			0.49	95.48	percent of total billed charges	
CEFTRIAXONE 2G/50ML IVPB FROZEN	J0696	HCPCS	both			100.5		0.56 Managed Care Inc	Managed Care Inc		90.45	90			0.49	95.48	percent of total billed charges	
CEFTRIAXONE 2G/50ML IVPB FROZEN	J0696	HCPCS	both			100.5		0.56 Multiplan	Multiplan		80.4	80			0.49	95.48	percent of total billed charges	
CEFTRIAXONE 2G/50ML IVPB FROZEN	J0696	HCPCS	both			100.5		0.56 Qualcare	Qualcare		75.38	75			0.49	95.48	percent of total billed charges	
CEFTRIAXONE 2G/50ML IVPB FROZEN	J0696	HCPCS	both			100.5		0.56 Three Rivers	Three Rivers		95.48	95			0.49	95.48	percent of total billed charges	
CEFTRIAXONE 2G/50ML IVPB FROZEN	J0696	HCPCS	both			100.5		0.56 UHC	Medicare		0.49				0.49	95.48	fee schedule	
CEFTRIAXONE 2G/50ML IVPB FROZEN	J0696	HCPCS	both			100.5		0.56 UHC	Medicaid		31.71	31.55			0.49	95.48	percent of total billed charges	
CEFTRIAXONE 2G/50ML IVPB FROZEN	J0696	HCPCS	both			100.5		0.56 Wellcare	Medicare		0.49				0.49	95.48	fee schedule	
CEFTRIAXONE 2G/50ML IVPB FROZEN	J0696	HCPCS	both			100.5		0.56 Wellcare	Medicaid		31.71	31.55			0.49	95.48	percent of total billed charges	
CEFTRIAXONE 2G/50ML IVPB FROZEN	J0696	HCPCS	both			100.5		0.56 WellPoint	WellPoint		32.34	32.18			0.49	95.48	percent of total billed charges	
CEFUROXINE 750MG VIAL	J0697	HCPCS	both			83.5		2.33 Aetna	Commercial		31.73	38			2.03	79.33	percent of total billed charges	
CEFUROXINE 750MG VIAL	J0697	HCPCS	both			83.5		2.33 Aetna	Better Health		26.34	31.55			2.03	79.33	percent of total billed charges	
CEFUROXINE 750MG VIAL	J0697	HCPCS	both			83.5		2.33 Aetna	Medicare		2.03				2.03	79.33	fee schedule	
CEFUROXINE 750MG VIAL	J0697	HCPCS	both			83.5		2.33 Americare	Americare		62.63	75			2.03	79.33	percent of total billed charges	
CEFUROXINE 750MG VIAL	J0697	HCPCS	both			83.5		2.33 Amerihealth	Medicare		2.03				2.03	79.33	fee schedule	
CEFUROXINE 750MG VIAL	J0697	HCPCS	both			83.5		2.33 Amerihealth	HMO/PPO		3.12				2.03	79.33	fee schedule	
CEFUROXINE 750MG VIAL	J0697	HCPCS	both			83.5		2.33 Consumer	Consumer		79.33	95			2.03	79.33	percent of total billed charges	
CEFUROXINE 750MG VIAL	J0697	HCPCS	both			83.5		2.33 Corrections	Corrections		66.8	80			2.03	79.33	percent of total billed charges	
CEFUROXINE 750MG VIAL	J0697	HCPCS	both			83.5		2.33 First Health	First Health		58.45	70			2.03	79.33	percent of total billed charges	
CEFUROXINE 750MG VIAL	J0697	HCPCS	both			83.5		2.33 First Trenton	First Trenton		75.15	90			2.03	79.33	percent of total billed charges	
CEFUROXINE 750MG VIAL	J0697	HCPCS	both			83.5		2.33 Horizon	Indemnity		31.96	38.28			2.03	79.33	percent of total billed charges	
CEFUROXINE 750MG VIAL	J0697	HCPCS	both			83.5		2.33 Horizon	MGD		31.96	38.28			2.03	79.33	percent of total billed charges	
CEFUROXINE 750MG VIAL	J0697	HCPCS	both			83.5		2.33 Horizon	Medicare Blue		25.05	30			2.03	79.33	percent of total billed charges	
CEFUROXINE 750MG VIAL	J0697	HCPCS	both			83.5		2.33 Horizon	PPO		31.96	38.28			2.03	79.33	percent of total billed charges	
CEFUROXINE 750MG VIAL	J0697	HCPCS	both			83.5		2.33 Managed Care Inc	Managed Care Inc		75.15	90			2.03	79.33	percent of total billed charges	
CEFUROXINE 750MG VIAL	J0697	HCPCS	both			83.5		2.33 Multiplan	Multiplan		66.8	80			2.03	79.33	percent of total billed charges	
CEFUROXINE 750MG VIAL	J0697	HCPCS	both			83.5		2.33 Qualcare	Qualcare		62.63	75			2.03	79.33	percent of total billed charges	
CEFUROXINE 750MG VIAL	J0697	HCPCS	both			83.5		2.33 Three Rivers	Three Rivers		79.33	95			2.03	79.33	percent of total billed charges	
CEFUROXINE 750MG VIAL	J0697	HCPCS	both			83.5		2.33 UHC	Medicaid		26.34	31.55			2.03	79.33	percent of total billed charges	
CEFUROXINE 750MG VIAL	J0697	HCPCS	both			83.5		2.33 UHC	Medicare		2.03				2.03	79.33	fee schedule	
CEFUROXINE 750MG VIAL	J0697	HCPCS	both			83.5		2.33 Wellcare	Medicaid		26.34	31.55			2.03	79.33	percent of total billed charges	
CEFUROXINE 750MG VIAL	J0697	HCPCS	both			83.5		2.33 Wellcare	Medicare		2.03				2.03	79.33	fee schedule	
CEFUROXINE 750MG VIAL	J0697	HCPCS	both			83.5		2.33 WellPoint	WellPoint		26.87	32.18			2.03	79.33	percent of total billed charges	
CEFOTAXIME 500MG INJ	J0698	HCPCS	outpatient			50		Aetna	Better Health		15.78	31.55			0.49	47.5	percent of total billed charges	
CEFOTAXIME 500MG INJ	J0698	HCPCS	outpatient			50		Aetna	Commercial		19	38			0.49	47.5	percent of total billed charges	
CEFOTAXIME 500MG INJ	J0698	HCPCS	outpatient			50		Aetna	Medicare		15.4	30.8			0.49	47.5	percent of total billed charges	
CEFOTAXIME 500MG INJ	J0698	HCPCS	outpatient			50		Americare	Americare		37.5	75			0.49	47.5	percent of total billed charges	
CEFOTAXIME 500MG INJ	J0698	HCPCS	outpatient			50		Amerihealth	HMO/PPO		0.49				0.49	47.5	fee schedule	
CEFOTAXIME 500MG INJ	J0698	HCPCS	outpatient			50		Consumer	Consumer		47.5	95			0.49	47.5	percent of total billed charges	
CEFOTAXIME 500MG INJ	J0698	HCPCS	outpatient			50		Corrections	Corrections		40	80			0.49	47.5	percent of total billed charges	
CEFOTAXIME 500MG INJ	J0698	HCPCS	outpatient			50		First Health	First Health		35	70			0.49	47.5	percent of total billed charges	
CEFOTAXIME 500MG INJ	J0698	HCPCS	outpatient			50		First Trenton	First Trenton		45	90			0.49	47.5	percent of total billed charges	
CEFOTAXIME 500MG INJ	J0698	HCPCS	outpatient			50		Horizon	MGD		19.14	38.28			0.49	47.5	percent of total billed charges	
CEFOTAXIME 500MG INJ	J0698	HCPCS	outpatient			50		Horizon	PPO		19.14	38.28			0.49	47.5	percent of total billed charges	
CEFOTAXIME 500MG INJ	J0698	HCPCS	outpatient			50		Horizon	Indemnity		19.14	38.28			0.49	47.5	percent of total billed charges	
CEFOTAXIME 500MG INJ	J0698	HCPCS	outpatient			50		Horizon	Medicare Blue		15	30			0.49	47.5	percent of total billed charges	
CEFOTAXIME 500MG INJ	J0698	HCPCS	outpatient			50		Managed Care Inc	Managed Care Inc		45	90			0.49	47.5	percent of total billed charges	
CEFOTAXIME 500MG INJ	J0698	HCPCS	outpatient			50		Multiplan	Multiplan		40	80			0.49	47.5	percent of total billed charges	
CEFOTAXIME 500MG INJ	J0698	HCPCS	outpatient			50		Qualcare	Qualcare		37.5	75			0.49	47.5	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.														
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true													
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CEFOTAXIME 500MG INJ	J0698	HCPCS	outpatient			50		Three Rivers	Three Rivers		47.5	95			0.49	47.5	percent of total billed charges	
CEFOTAXIME 500MG INJ	J0698	HCPCS	outpatient			50		UHC	Medicaid		15.78	31.55			0.49	47.5	percent of total billed charges	
CEFOTAXIME 500MG INJ	J0698	HCPCS	outpatient			50		Wellcare	Medicaid		15.78	31.55			0.49	47.5	percent of total billed charges	
CEFOTAXIME 500MG INJ	J0698	HCPCS	outpatient			50		WellPoint	WellPoint		16.09	32.18			0.49	47.5	percent of total billed charges	
CEFIDOROCOL(FETROJA) 10MG INJ	J0699	HCPCS	both			7		2.5 Aetna	Commercial		4.14				2.17	6.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CEFIDOROCOL(FETROJA) 10MG INJ	J0699	HCPCS	both			7		2.5 Aetna	Better Health		2.21	31.55			2.17	6.65	percent of total billed charges	
CEFIDOROCOL(FETROJA) 10MG INJ	J0699	HCPCS	both			7		2.5 Aetna	Medicare		2.17				2.17	6.65	fee schedule	
CEFIDOROCOL(FETROJA) 10MG INJ	J0699	HCPCS	both			7		2.5 Americare	Americare		5.25	75			2.17	6.65	percent of total billed charges	
CEFIDOROCOL(FETROJA) 10MG INJ	J0699	HCPCS	both			7		2.5 Amerihealth	Medicare		2.17				2.17	6.65	fee schedule	
CEFIDOROCOL(FETROJA) 10MG INJ	J0699	HCPCS	both			7		2.5 Amerihealth	HMO/PPO		4.55	65			2.17	6.65	percent of total billed charges	
CEFIDOROCOL(FETROJA) 10MG INJ	J0699	HCPCS	both			7		2.5 Consumer	Consumer		6.65	95			2.17	6.65	percent of total billed charges	
CEFIDOROCOL(FETROJA) 10MG INJ	J0699	HCPCS	both			7		2.5 Corrections	Corrections		5.6	80			2.17	6.65	percent of total billed charges	
CEFIDOROCOL(FETROJA) 10MG INJ	J0699	HCPCS	both			7		2.5 First Health	First Health		4.9	70			2.17	6.65	percent of total billed charges	
CEFIDOROCOL(FETROJA) 10MG INJ	J0699	HCPCS	both			7		2.5 First Trenton	First Trenton		6.3	90			2.17	6.65	percent of total billed charges	
CEFIDOROCOL(FETROJA) 10MG INJ	J0699	HCPCS	both			7		2.5 Horizon	MGD		4.84				2.17	6.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CEFIDOROCOL(FETROJA) 10MG INJ	J0699	HCPCS	both			7		2.5 Horizon	PPO		4.84				2.17	6.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CEFIDOROCOL(FETROJA) 10MG INJ	J0699	HCPCS	both			7		2.5 Horizon	Indemnity		4.84				2.17	6.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CEFIDOROCOL(FETROJA) 10MG INJ	J0699	HCPCS	both			7		2.5 Horizon	Medicare Blue		2.6				2.17	6.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CEFIDOROCOL(FETROJA) 10MG INJ	J0699	HCPCS	both			7		2.5 Managed Care Inc	Managed Care Inc		6.3	90			2.17	6.65	percent of total billed charges	
CEFIDOROCOL(FETROJA) 10MG INJ	J0699	HCPCS	both			7		2.5 Multiplan	Multiplan		5.6	80			2.17	6.65	percent of total billed charges	
CEFIDOROCOL(FETROJA) 10MG INJ	J0699	HCPCS	both			7		2.5 Qualcare	Qualcare		5.25	75			2.17	6.65	percent of total billed charges	
CEFIDOROCOL(FETROJA) 10MG INJ	J0699	HCPCS	both			7		2.5 Three Rivers	Three Rivers		6.65	95			2.17	6.65	percent of total billed charges	
CEFIDOROCOL(FETROJA) 10MG INJ	J0699	HCPCS	both			7		2.5 UHC	Medicaid		2.21	31.55			2.17	6.65	percent of total billed charges	
CEFIDOROCOL(FETROJA) 10MG INJ	J0699	HCPCS	both			7		2.5 UHC	Medicare		2.17				2.17	6.65	fee schedule	
CEFIDOROCOL(FETROJA) 10MG INJ	J0699	HCPCS	both			7		2.5 United	Oxford		5.43				2.17	6.65	fee schedule	
CEFIDOROCOL(FETROJA) 10MG INJ	J0699	HCPCS	both			7		2.5 United	Commercial|PPO		5.43				2.17	6.65	fee schedule	
CEFIDOROCOL(FETROJA) 10MG INJ	J0699	HCPCS	both			7		2.5 Wellcare	Medicaid		2.21	31.55			2.17	6.65	percent of total billed charges	
CEFIDOROCOL(FETROJA) 10MG INJ	J0699	HCPCS	both			7		2.5 Wellcare	Medicare		2.17				2.17	6.65	fee schedule	
CEFIDOROCOL(FETROJA) 10MG INJ	J0699	HCPCS	both			7		2.5 WellPoint	WellPoint		2.25	32.18			2.17	6.65	percent of total billed charges	
CEFEPIME (BAXTER) 500MG INJ	J0701	HCPCS	outpatient			41		6.48 Aetna	Commercial		11				5.64	38.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CEFEPIME (BAXTER) 500MG INJ	J0701	HCPCS	outpatient			41		6.48 Aetna	Medicare		5.64				5.64	38.95	fee schedule	
CEFEPIME (BAXTER) 500MG INJ	J0701	HCPCS	outpatient			41		6.48 Aetna	Better Health		12.94	31.55			5.64	38.95	percent of total billed charges	
CEFEPIME (BAXTER) 500MG INJ	J0701	HCPCS	outpatient			41		6.48 Americare	Americare		30.75	75			5.64	38.95	percent of total billed charges	
CEFEPIME (BAXTER) 500MG INJ	J0701	HCPCS	outpatient			41		6.48 Amerihealth	HMO/PPO		26.65	65			5.64	38.95	percent of total billed charges	
CEFEPIME (BAXTER) 500MG INJ	J0701	HCPCS	outpatient			41		6.48 Amerihealth	Medicare		5.64				5.64	38.95	fee schedule	
CEFEPIME (BAXTER) 500MG INJ	J0701	HCPCS	outpatient			41		6.48 Consumer	Consumer		38.95	95			5.64	38.95	percent of total billed charges	
CEFEPIME (BAXTER) 500MG INJ	J0701	HCPCS	outpatient			41		6.48 Corrections	Corrections		32.8	80			5.64	38.95	percent of total billed charges	
CEFEPIME (BAXTER) 500MG INJ	J0701	HCPCS	outpatient			41		6.48 First Health	First Health		28.7	70			5.64	38.95	percent of total billed charges	
CEFEPIME (BAXTER) 500MG INJ	J0701	HCPCS	outpatient			41		6.48 First Trenton	First Trenton		36.9	90			5.64	38.95	percent of total billed charges	
CEFEPIME (BAXTER) 500MG INJ	J0701	HCPCS	outpatient			41		6.48 Horizon	Medicare Blue		6.91				5.64	38.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CEFEPIME (BAXTER) 500MG INJ	J0701	HCPCS	outpatient			41		6.48 Horizon	PPO		12.86				5.64	38.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CEFEPIME (BAXTER) 500MG INJ	J0701	HCPCS	outpatient			41		6.48 Horizon	MGD		12.86				5.64	38.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CEFEPIME (BAXTER) 500MG INJ	J0701	HCPCS	outpatient			41		6.48 Horizon	Indemnity		12.86				5.64	38.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CEFEPIME (BAXTER) 500MG INJ	J0701	HCPCS	outpatient			41		6.48 Managed Care Inc	Managed Care Inc		36.9	90			5.64	38.95	percent of total billed charges	
CEFEPIME (BAXTER) 500MG INJ	J0701	HCPCS	outpatient			41		6.48 Multiplan	Multiplan		32.8	80			5.64	38.95	percent of total billed charges	
CEFEPIME (BAXTER) 500MG INJ	J0701	HCPCS	outpatient			41		6.48 Qualcare	Qualcare		30.75	75			5.64	38.95	percent of total billed charges	
CEFEPIME (BAXTER) 500MG INJ	J0701	HCPCS	outpatient			41		6.48 Three Rivers	Three Rivers		38.95	95			5.64	38.95	percent of total billed charges	
CEFEPIME (BAXTER) 500MG INJ	J0701	HCPCS	outpatient			41		6.48 UHC	Medicaid		12.94	31.55			5.64	38.95	percent of total billed charges	
CEFEPIME (BAXTER) 500MG INJ	J0701	HCPCS	outpatient			41		6.48 UHC	Medicare		5.64				5.64	38.95	fee schedule	
CEFEPIME (BAXTER) 500MG INJ	J0701	HCPCS	outpatient			41		6.48 United	Commercial|PPO		14.1				5.64	38.95	fee schedule	
CEFEPIME (BAXTER) 500MG INJ	J0701	HCPCS	outpatient			41		6.48 United	Oxford		14.1				5.64	38.95	fee schedule	
CEFEPIME (BAXTER) 500MG INJ	J0701	HCPCS	outpatient			41		6.48 Wellcare	Medicare		5.64				5.64	38.95	fee schedule	
CEFEPIME (BAXTER) 500MG INJ	J0701	HCPCS	outpatient			41		6.48 Wellcare	Medicaid		12.94	31.55			5.64	38.95	percent of total billed charges	
CEFEPIME (BAXTER) 500MG INJ	J0701	HCPCS	outpatient			41		6.48 WellPoint	WellPoint		13.19	32.18			5.64	38.95	percent of total billed charges	
BETAMETHASONE (SOLUSPAN) 6MG/ML MDV	J0702	HCPCS	both			190.5		7.84 Aetna	Better Health		60.1	31.55			6.54	180.98	percent of total billed charges	
BETAMETHASONE (SOLUSPAN) 6MG/ML MDV	J0702	HCPCS	both			190.5		7.84 Aetna	Medicare		6.82				6.54	180.98	fee schedule	
BETAMETHASONE (SOLUSPAN) 6MG/ML MDV	J0702	HCPCS	both			190.5		7.84 Aetna	Commercial		72.39	38			6.54	180.98	percent of total billed charges	
BETAMETHASONE (SOLUSPAN) 6MG/ML MDV	J0702	HCPCS	both			190.5		7.84 Americare	Americare		142.88	75			6.54	180.98	percent of total billed charges	
BETAMETHASONE (SOLUSPAN) 6MG/ML MDV	J0702	HCPCS	both			190.5		7.84 Amerihealth	HMO/PPO		6.54				6.54	180.98	fee schedule	
BETAMETHASONE (SOLUSPAN) 6MG/ML MDV	J0702	HCPCS	both			190.5		7.84 Amerihealth	Medicare		6.82				6.54	180.98	fee schedule	
BETAMETHASONE (SOLUSPAN) 6MG/ML MDV	J0702	HCPCS	both			190.5		7.84 Consumer	Consumer		180.98	95			6.54	180.98	percent of total billed charges	
BETAMETHASONE (SOLUSPAN) 6MG/ML MDV	J0702	HCPCS	both			190.5		7.84 Corrections	Corrections		152.4	80			6.54	180.98	percent of total billed charges	
BETAMETHASONE (SOLUSPAN) 6MG/ML MDV	J0702	HCPCS	both			190.5		7.84 First Health	First Health		133.35	70			6.54	180.98	percent of total billed charges	
BETAMETHASONE (SOLUSPAN) 6MG/ML MDV	J0702	HCPCS	both			190.5		7.84 First Trenton	First Trenton		171.45	90			6.54	180.98	percent of total billed charges	
BETAMETHASONE (SOLUSPAN) 6MG/ML MDV	J0702	HCPCS	both			190.5		7.84 Horizon	Medicare Blue		57.15	30			6.54	180.98	percent of total billed charges	
BETAMETHASONE (SOLUSPAN) 6MG/ML MDV	J0702	HCPCS	both			190.5		7.84 Horizon	Indemnity		72.92	38.28			6.54	180.98	percent of total billed charges	
BETAMETHASONE (SOLUSPAN) 6MG/ML MDV	J0702	HCPCS	both			190.5		7.84 Horizon	MGD		72.92	38.28			6.54	180.98	percent of total billed charges	
BETAMETHASONE (SOLUSPAN) 6MG/ML MDV	J0702	HCPCS	both			190.5		7.84 Horizon	PPO		72.92	38.28			6.54	180.98	percent of total billed charges	
BETAMETHASONE (SOLUSPAN) 6MG/ML MDV	J0702	HCPCS	both			190.5		7.84 Managed Care Inc	Managed Care Inc		171.45	90			6.54	180.98	percent of total billed charges	
BETAMETHASONE (SOLUSPAN) 6MG/ML MDV	J0702	HCPCS	both			190.5		7.84 Multiplan	Multiplan		152.4	80			6.54	180.98	percent of total billed charges	
BETAMETHASONE (SOLUSPAN) 6MG/ML MDV	J0702	HCPCS	both			190.5		7.84 Qualcare	Qualcare		142.88	75			6.54	180.98	percent of total billed charges	
BETAMETHASONE (SOLUSPAN) 6MG/ML MDV	J0702	HCPCS	both			190.5		7.84 Three Rivers	Three Rivers		180.98	95			6.54	180.98	percent of total billed charges	
BETAMETHASONE (SOLUSPAN) 6MG/ML MDV	J0702	HCPCS	both			190.5		7.84 UHC	Medicare		6.82				6.54	180.98	fee schedule	
BETAMETHASONE (SOLUSPAN) 6MG/ML MDV	J0702	HCPCS	both			190.5		7.84 UHC	Medicaid		60.1	31.55			6.54	180.98	percent of total billed charges	
BETAMETHASONE (SOLUSPAN) 6MG/ML MDV	J0702	HCPCS	both			190.5		7.84 Wellcare	Medicare		6.82				6.54	180.98	fee schedule	
BETAMETHASONE (SOLUSPAN) 6MG/ML MDV	J0702	HCPCS	both			190.5		7.84 Wellcare	Medicaid		60.1	31.55			6.54	180.98	percent of total billed charges	
BETAMETHASONE (SOLUSPAN) 6MG/ML MDV	J0702	HCPCS	both			190.5		7.84 WellPoint	WellPoint		61.3	32.18			6.54	180.98	percent of total billed charges	
CEFEPIME (B BRAUN) 500MG INJ	J0703	HCPCS	outpatient			24		6.06 Aetna	Medicare		5.27				5.27	22.8	fee schedule	
CEFEPIME (B BRAUN) 500MG INJ	J0703	HCPCS	outpatient			24		6.06 Aetna	Better Health		7.57	31.55			5.27	22.8	percent of total billed charges	
CEFEPIME (B BRAUN) 500MG INJ	J0703	HCPCS	outpatient			24		6.06 Aetna	Commercial		9.46				5.27	22.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CEFEPIME (B BRAUN) 500MG INJ	J0703	HCPCS	outpatient			24		6.06 Americare	Americare		18	75			5.27	22.8	percent of total billed charges	
CEFEPIME (B BRAUN) 500MG INJ	J0703	HCPCS	outpatient			24		6.06 Amerihealth	Medicare		5.27				5.27	22.8	fee schedule	
CEFEPIME (B BRAUN) 500MG INJ	J0703	HCPCS	outpatient			24		6.06 Amerihealth	HMO/PPO		15.6	65			5.27	22.8	percent of total billed charges	
CEFEPIME (B BRAUN) 500MG INJ	J0703	HCPCS	outpatient			24		6.06 Consumer	Consumer		22.8	95			5.27	22.8	percent of total billed charges	
CEFEPIME (B BRAUN) 500MG INJ	J0703	HCPCS	outpatient			24		6.06 Corrections	Corrections		19.2	80			5.27	22.8	percent of total billed charges	
CEFEPIME (B BRAUN) 500MG INJ	J0703	HCPCS	outpatient			24		6.06 First Health	First Health		16.8	70			5.27	22.8	percent of total billed charges	
CEFEPIME (B BRAUN) 500MG INJ	J0703	HCPCS	outpatient			24		6.06 First Trenton	First Trenton		21.6	90			5.27	22.8	percent of total billed charges	
CEFEPIME (B BRAUN) 500MG INJ	J0703	HCPCS	outpatient			24		6.06 Horizon	Indemnity		11.05				5.27	22.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CEFEPIME (B BRAUN) 500MG INJ	J0703	HCPCS	outpatient			24		6.06 Horizon	PPO		11.05				5.27	22.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CEFEPIME (B BRAUN) 500MG INJ	J0703	HCPCS	outpatient			24		6.06 Horizon	MGD		11.05				5.27	22.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CEFEPIME (B BRAUN) 500MG INJ	J0703	HCPCS	outpatient			24		6.06 Horizon	Medicare Blue		5.94				5.27	22.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CEFEPIME (B BRAUN) 500MG INJ	J0703	HCPCS	outpatient			24		6.06 Managed Care Inc	Managed Care Inc		21.6	90			5.27	22.8	percent of total billed charges	
CEFEPIME (B BRAUN) 500MG INJ	J0703	HCPCS	outpatient			24		6.06 Multiplan	Multiplan		19.2	80			5.27	22.8	percent of total billed charges	
CEFEPIME (B BRAUN) 500MG INJ	J0703	HCPCS	outpatient			24		6.06 Qualcare	Qualcare		18	75			5.27	22.8	percent of total billed charges	
CEFEPIME (B BRAUN) 500MG INJ	J0703	HCPCS	outpatient			24		6.06 Three Rivers	Three Rivers		22.8	95			5.27	22.8	percent of total billed charges	
CEFEPIME (B BRAUN) 500MG INJ	J0703	HCPCS	outpatient			24		6.06 UHC	Medicare		5.27				5.27	22.8	fee schedule	
CEFEPIME (B BRAUN) 500MG INJ	J0703	HCPCS	outpatient			24		6.06 UHC	Medicaid		7.57	31.55			5.27	22.8	percent of total billed charges	
CEFEPIME (B BRAUN) 500MG INJ	J0703	HCPCS	outpatient			24		6.06 United	Commercial|PPO		13.18				5.27	22.8	fee schedule	
CEFEPIME (B BRAUN) 500MG INJ	J0703	HCPCS	outpatient			24		6.06 United	Oxford		13.18				5.27	22.8	fee schedule	
CEFEPIME (B BRAUN) 500MG INJ	J0703	HCPCS	outpatient			24		6.06 Wellcare	Medicare		5.27				5.27	22.8	fee schedule	
CEFEPIME (B BRAUN) 500MG INJ	J0703	HCPCS	outpatient			24		6.06 Wellcare	Medicaid		7.57	31.55			5.27	22.8	percent of total billed charges	
CEFEPIME (B BRAUN) 500MG INJ	J0703	HCPCS	outpatient			24		6.06 WellPoint	WellPoint		7.72	32.18			5.27	22.8	percent of total billed charges	
CAFFEINE CITRATE 5MG	J0706	HCPCS	both			32		Aetna	Medicare		9.86	30.8			2.23	30.4	percent of total billed charges	
CAFFEINE CITRATE 5MG	J0706	HCPCS	both			32		Aetna	Better Health		10.1	31.55			2.23	30.4	percent of total billed charges	
CAFFEINE CITRATE 5MG	J0706	HCPCS	both			32		Aetna	Commercial		12.16	38			2.23	30.4	percent of total billed charges	
CAFFEINE CITRATE 5MG	J0706	HCPCS	both			32		Americare	Americare		24	75			2.23	30.4	percent of total billed charges	
CAFFEINE CITRATE 5MG	J0706	HCPCS	both			32		Amerihealth	HMO/PPO		2.23				2.23	30.4	fee schedule	
CAFFEINE CITRATE 5MG	J0706	HCPCS	both			32		Consumer	Consumer		30.4	95			2.23	30.4	percent of total billed charges	
CAFFEINE CITRATE 5MG	J0706	HCPCS	both			32		Corrections	Corrections		25.6	80			2.23	30.4	percent of total billed charges	
CAFFEINE CITRATE 5MG	J0706	HCPCS	both			32		First Health	First Health		22.4	70			2.23	30.4	percent of total billed charges	
CAFFEINE CITRATE 5MG	J0706	HCPCS	both			32		First Trenton	First Trenton		28.8	90			2.23	30.4	percent of total billed charges	
CAFFEINE CITRATE 5MG	J0706	HCPCS	both			32		Horizon	MGD		12.25	38.28			2.23	30.4	percent of total billed charges	
CAFFEINE CITRATE 5MG	J0706	HCPCS	both			32		Horizon	Indemnity		12.25	38.28			2.23	30.4	percent of total billed charges	
CAFFEINE CITRATE 5MG	J0706	HCPCS	both			32		Horizon	Medicare Blue		9.6	30			2.23	30.4	percent of total billed charges	
CAFFEINE CITRATE 5MG	J0706	HCPCS	both			32		Horizon	PPO		12.25	38.28			2.23	30.4	percent of total billed charges	
CAFFEINE CITRATE 5MG	J0706	HCPCS	both			32		Managed Care Inc	Managed Care Inc		28.8	90			2.23	30.4	percent of total billed charges	
CAFFEINE CITRATE 5MG	J0706	HCPCS	both			32		Multiplan	Multiplan		25.6	80			2.23	30.4	percent of total billed charges	
CAFFEINE CITRATE 5MG	J0706	HCPCS	both			32		Qualcare	Qualcare		24	75			2.23	30.4	percent of total billed charges	
CAFFEINE CITRATE 5MG	J0706	HCPCS	both			32		Three Rivers	Three Rivers		30.4	95			2.23	30.4	percent of total billed charges	
CAFFEINE CITRATE 5MG	J0706	HCPCS	both			32		UHC	Medicaid		10.1	31.55			2.23	30.4	percent of total billed charges	
CAFFEINE CITRATE 5MG	J0706	HCPCS	both			32		Wellcare	Medicaid		10.1	31.55			2.23	30.4	percent of total billed charges	
CAFFEINE CITRATE 5MG	J0706	HCPCS	both			32		WellPoint	WellPoint		10.3	32.18			2.23	30.4	percent of total billed charges	
CEFTAROLINE FOSAMIL 10 MG PWDL	J0712	HCPCS	both			7.44		4.41 Aetna	Better Health		2.35	31.55			2.35	9.6	percent of total billed charges	
CEFTAROLINE FOSAMIL 10 MG PWDL	J0712	HCPCS	both			7.44		4.41 Aetna	Medicare		3.84				2.35	9.6	fee schedule	
CEFTAROLINE FOSAMIL 10 MG PWDL	J0712	HCPCS	both			7.44		4.41 Aetna	Commercial		7.37				2.35	9.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CEFTAROLINE FOSAMIL 10 MG PWDL	J0712	HCPCS	both			7.44		4.41 Americare	Americare		5.58	75			2.35	9.6	percent of total billed charges	
CEFTAROLINE FOSAMIL 10 MG PWDL	J0712	HCPCS	both			7.44		4.41 Amerihealth	HMO/PPO		2.69				2.35	9.6	fee schedule	
CEFTAROLINE FOSAMIL 10 MG PWDL	J0712	HCPCS	both			7.44		4.41 Amerihealth	Medicare		3.84				2.35	9.6	fee schedule	
CEFTAROLINE FOSAMIL 10 MG PWDL	J0712	HCPCS	both			7.44		4.41 Consumer	Consumer		7.07	95			2.35	9.6	percent of total billed charges	
CEFTAROLINE FOSAMIL 10 MG PWDL	J0712	HCPCS	both			7.44		4.41 Corrections	Corrections		5.95	80			2.35	9.6	percent of total billed charges	
CEFTAROLINE FOSAMIL 10 MG PWDL	J0712	HCPCS	both			7.44		4.41 First Health	First Health		5.21	70			2.35	9.6	percent of total billed charges	
CEFTAROLINE FOSAMIL 10 MG PWDL	J0712	HCPCS	both			7.44		4.41 First Trenton	First Trenton		6.7	90			2.35	9.6	percent of total billed charges	
CEFTAROLINE FOSAMIL 10 MG PWDL	J0712	HCPCS	both			7.44		4.41 Horizon	Medicare Blue		4.63				2.35	9.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CEFTAROLINE FOSAMIL 10 MG PWDL	J0712	HCPCS	both			7.44		4.41 Horizon	PPO		8.62				2.35	9.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CEFTAROLINE FOSAMIL 10 MG PWDL	J0712	HCPCS	both			7.44		4.41 Horizon	MGD		8.62				2.35	9.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CEFTAROLINE FOSAMIL 10 MG PWDL	J0712	HCPCS	both			7.44		4.41 Horizon	Indemnity		8.62				2.35	9.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CEFTAROLINE FOSAMIL 10 MG PWDL	J0712	HCPCS	both			7.44		4.41 Managed Care Inc	Managed Care Inc		6.7	90			2.35	9.6	percent of total billed charges	
CEFTAROLINE FOSAMIL 10 MG PWDL	J0712	HCPCS	both			7.44		4.41 Multiplan	Multiplan		5.95	80			2.35	9.6	percent of total billed charges	
CEFTAROLINE FOSAMIL 10 MG PWDL	J0712	HCPCS	both			7.44		4.41 Qualcare	Qualcare		5.58	75			2.35	9.6	percent of total billed charges	
CEFTAROLINE FOSAMIL 10 MG PWDL	J0712	HCPCS	both			7.44		4.41 Three Rivers	Three Rivers		7.07	95			2.35	9.6	percent of total billed charges	
CEFTAROLINE FOSAMIL 10 MG PWDL	J0712	HCPCS	both			7.44		4.41 UHC	Medicare		3.84				2.35	9.6	fee schedule	
CEFTAROLINE FOSAMIL 10 MG PWDL	J0712	HCPCS	both			7.44		4.41 UHC	Medicaid		2.35	31.55			2.35	9.6	percent of total billed charges	
CEFTAROLINE FOSAMIL 10 MG PWDL	J0712	HCPCS	both			7.44		4.41 United	Oxford		9.6				2.35	9.6	fee schedule	
CEFTAROLINE FOSAMIL 10 MG PWDL	J0712	HCPCS	both			7.44		4.41 United	Commercial|PPO		9.6				2.35	9.6	fee schedule	
CEFTAROLINE FOSAMIL 10 MG PWDL	J0712	HCPCS	both			7.44		4.41 Wellcare	Medicare		3.84				2.35	9.6	fee schedule	
CEFTAROLINE FOSAMIL 10 MG PWDL	J0712	HCPCS	both			7.44		4.41 Wellcare	Medicaid		2.35	31.55			2.35	9.6	percent of total billed charges	
CEFTAROLINE FOSAMIL 10 MG PWDL	J0712	HCPCS	both			7.44		4.41 WellPoint	WellPoint		2.39	32.18			2.35	9.6	percent of total billed charges	
CEFTAZIDIME 500MG	J0713	HCPCS	both			42		1.95 Aetna	Better Health		13.25	31.55			1.69	39.9	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CEFTAZIDIME 500MG	J0713	HCPCS	both			42	1.95	Aetna	Medicare		1.69				1.69	39.9	fee schedule	
CEFTAZIDIME 500MG	J0713	HCPCS	both			42	1.95	Aetna	Commercial		15.96	38			1.69	39.9	percent of total billed charges	
CEFTAZIDIME 500MG	J0713	HCPCS	both			42	1.95	Americare	Americare		31.5	75			1.69	39.9	percent of total billed charges	
CEFTAZIDIME 500MG	J0713	HCPCS	both			42	1.95	Amerihealth	Medicare		1.69				1.69	39.9	fee schedule	
CEFTAZIDIME 500MG	J0713	HCPCS	both			42	1.95	Amerihealth	HMO/PPO		2.45				1.69	39.9	fee schedule	
CEFTAZIDIME 500MG	J0713	HCPCS	both			42	1.95	Consumer	Consumer		39.9	95			1.69	39.9	percent of total billed charges	
CEFTAZIDIME 500MG	J0713	HCPCS	both			42	1.95	Corrections	Corrections		33.6	80			1.69	39.9	percent of total billed charges	
CEFTAZIDIME 500MG	J0713	HCPCS	both			42	1.95	First Health	First Health		29.4	70			1.69	39.9	percent of total billed charges	
CEFTAZIDIME 500MG	J0713	HCPCS	both			42	1.95	First Trenton	First Trenton		37.8	90			1.69	39.9	percent of total billed charges	
CEFTAZIDIME 500MG	J0713	HCPCS	both			42	1.95	Horizon	Indemnity		16.08	38.28			1.69	39.9	percent of total billed charges	
CEFTAZIDIME 500MG	J0713	HCPCS	both			42	1.95	Horizon	MGD		16.08	38.28			1.69	39.9	percent of total billed charges	
CEFTAZIDIME 500MG	J0713	HCPCS	both			42	1.95	Horizon	Medicare Blue		12.6	30			1.69	39.9	percent of total billed charges	
CEFTAZIDIME 500MG	J0713	HCPCS	both			42	1.95	Horizon	PPO		16.08	38.28			1.69	39.9	percent of total billed charges	
CEFTAZIDIME 500MG	J0713	HCPCS	both			42	1.95	Managed Care Inc	Managed Care Inc		37.8	90			1.69	39.9	percent of total billed charges	
CEFTAZIDIME 500MG	J0713	HCPCS	both			42	1.95	Multiplan	Multiplan		33.6	80			1.69	39.9	percent of total billed charges	
CEFTAZIDIME 500MG	J0713	HCPCS	both			42	1.95	Qualcare	Qualcare		31.5	75			1.69	39.9	percent of total billed charges	
CEFTAZIDIME 500MG	J0713	HCPCS	both			42	1.95	Three Rivers	Three Rivers		39.9	95			1.69	39.9	percent of total billed charges	
CEFTAZIDIME 500MG	J0713	HCPCS	both			42	1.95	UHC	Medicare		1.69				1.69	39.9	fee schedule	
CEFTAZIDIME 500MG	J0713	HCPCS	both			42	1.95	UHC	Medicaid		13.25	31.55			1.69	39.9	percent of total billed charges	
CEFTAZIDIME 500MG	J0713	HCPCS	both			42	1.95	Wellcare	Medicare		1.69				1.69	39.9	fee schedule	
CEFTAZIDIME 500MG	J0713	HCPCS	both			42	1.95	Wellcare	Medicaid		13.25	31.55			1.69	39.9	percent of total billed charges	
CEFTAZIDIME 500MG	J0713	HCPCS	both			42	1.95	WellPoint	WellPoint		13.52	32.18			1.69	39.9	percent of total billed charges	
CEFTAZ-AVIBACTAM(500MG)2GM/0.5M INJ	J0714	HCPCS	inpatient			287.5	109.77	Aetna	Medicare		95.45				76.31	273.13	fee schedule	
CEFTAZ-AVIBACTAM(500MG)2GM/0.5M INJ	J0714	HCPCS	inpatient			287.5	109.77	Aetna	Better Health		90.71	31.55			76.31	273.13	percent of total billed charges	
CEFTAZ-AVIBACTAM(500MG)2GM/0.5M INJ	J0714	HCPCS	inpatient			287.5	109.77	Aetna	Commercial		182.38				76.31	273.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CEFTAZ-AVIBACTAM(500MG)2GM/0.5M INJ	J0714	HCPCS	inpatient			287.5	109.77	Americare	Americare		215.63	75			76.31	273.13	percent of total billed charges	
CEFTAZ-AVIBACTAM(500MG)2GM/0.5M INJ	J0714	HCPCS	inpatient			287.5	109.77	Amerihealth	HMO/PPO		76.31				76.31	273.13	fee schedule	
CEFTAZ-AVIBACTAM(500MG)2GM/0.5M INJ	J0714	HCPCS	inpatient			287.5	109.77	Amerihealth	Medicare		95.45				76.31	273.13	fee schedule	
CEFTAZ-AVIBACTAM(500MG)2GM/0.5M INJ	J0714	HCPCS	inpatient			287.5	109.77	Consumer	Consumer		273.13	95			76.31	273.13	percent of total billed charges	
CEFTAZ-AVIBACTAM(500MG)2GM/0.5M INJ	J0714	HCPCS	inpatient			287.5	109.77	Corrections	Corrections		230	80			76.31	273.13	percent of total billed charges	
CEFTAZ-AVIBACTAM(500MG)2GM/0.5M INJ	J0714	HCPCS	inpatient			287.5	109.77	First Health	First Health		201.25	70			76.31	273.13	percent of total billed charges	
CEFTAZ-AVIBACTAM(500MG)2GM/0.5M INJ	J0714	HCPCS	inpatient			287.5	109.77	First Trenton	First Trenton		258.75	90			76.31	273.13	percent of total billed charges	
CEFTAZ-AVIBACTAM(500MG)2GM/0.5M INJ	J0714	HCPCS	inpatient			287.5	109.77	Horizon	PPO		213.2				76.31	273.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CEFTAZ-AVIBACTAM(500MG)2GM/0.5M INJ	J0714	HCPCS	inpatient			287.5	109.77	Horizon	Medicare Blue		114.56				76.31	273.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CEFTAZ-AVIBACTAM(500MG)2GM/0.5M INJ	J0714	HCPCS	inpatient			287.5	109.77	Horizon	Indemnity		213.2				76.31	273.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CEFTAZ-AVIBACTAM(500MG)2GM/0.5M INJ	J0714	HCPCS	inpatient			287.5	109.77	Horizon	NJ Health		189.69				76.31	273.13	fee schedule	
CEFTAZ-AVIBACTAM(500MG)2GM/0.5M INJ	J0714	HCPCS	inpatient			287.5	109.77	Horizon	MGD		213.2				76.31	273.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CEFTAZ-AVIBACTAM(500MG)2GM/0.5M INJ	J0714	HCPCS	inpatient			287.5	109.77	Managed Care Inc	Managed Care Inc		258.75	90			76.31	273.13	percent of total billed charges	
CEFTAZ-AVIBACTAM(500MG)2GM/0.5M INJ	J0714	HCPCS	inpatient			287.5	109.77	Multiplan	Multiplan		230	80			76.31	273.13	percent of total billed charges	
CEFTAZ-AVIBACTAM(500MG)2GM/0.5M INJ	J0714	HCPCS	inpatient			287.5	109.77	Qualcare	Qualcare		215.63	75			76.31	273.13	percent of total billed charges	
CEFTAZ-AVIBACTAM(500MG)2GM/0.5M INJ	J0714	HCPCS	inpatient			287.5	109.77	Three Rivers	Three Rivers		273.13	95			76.31	273.13	percent of total billed charges	
CEFTAZ-AVIBACTAM(500MG)2GM/0.5M INJ	J0714	HCPCS	inpatient			287.5	109.77	UHC	Medicaid		90.71	31.55			76.31	273.13	percent of total billed charges	
CEFTAZ-AVIBACTAM(500MG)2GM/0.5M INJ	J0714	HCPCS	inpatient			287.5	109.77	UHC	Medicare		95.45				76.31	273.13	fee schedule	
CEFTAZ-AVIBACTAM(500MG)2GM/0.5M INJ	J0714	HCPCS	inpatient			287.5	109.77	United	Commercial|PPO		238.63				76.31	273.13	fee schedule	
CEFTAZ-AVIBACTAM(500MG)2GM/0.5M INJ	J0714	HCPCS	inpatient			287.5	109.77	United	Oxford		238.63				76.31	273.13	fee schedule	
CEFTAZ-AVIBACTAM(500MG)2GM/0.5M INJ	J0714	HCPCS	inpatient			287.5	109.77	Wellcare	Medicare		95.45				76.31	273.13	fee schedule	
CEFTAZ-AVIBACTAM(500MG)2GM/0.5M INJ	J0714	HCPCS	inpatient			287.5	109.77	Wellcare	Medicaid		90.71	31.55			76.31	273.13	percent of total billed charges	
CEFTAZ-AVIBACTAM(500MG)2GM/0.5M INJ	J0714	HCPCS	inpatient			287.5	109.77	WellPoint	WellPoint		92.52	32.18			76.31	273.13	percent of total billed charges	
CHLOROMPHENICOL 1GM VIAL	J0720	HCPCS	outpatient			116		Aetna	Commercial		44.08	38			34.8	110.2	percent of total billed charges	
CHLOROMPHENICOL 1GM VIAL	J0720	HCPCS	outpatient			116		Aetna	Better Health		36.6	31.55			34.8	110.2	percent of total billed charges	
CHLOROMPHENICOL 1GM VIAL	J0720	HCPCS	outpatient			116		Aetna	Medicare		35.73	30.8			34.8	110.2	percent of total billed charges	
CHLOROMPHENICOL 1GM VIAL	J0720	HCPCS	outpatient			116		Americare	Americare		87	75			34.8	110.2	percent of total billed charges	
CHLOROMPHENICOL 1GM VIAL	J0720	HCPCS	outpatient			116		Amerihealth	HMO/PPO		43.79				34.8	110.2	fee schedule	
CHLOROMPHENICOL 1GM VIAL	J0720	HCPCS	outpatient			116		Consumer	Consumer		110.2	95			34.8	110.2	percent of total billed charges	
CHLOROMPHENICOL 1GM VIAL	J0720	HCPCS	outpatient			116		Corrections	Corrections		92.8	80			34.8	110.2	percent of total billed charges	
CHLOROMPHENICOL 1GM VIAL	J0720	HCPCS	outpatient			116		First Health	First Health		81.2	70			34.8	110.2	percent of total billed charges	
CHLOROMPHENICOL 1GM VIAL	J0720	HCPCS	outpatient			116		First Trenton	First Trenton		104.4	90			34.8	110.2	percent of total billed charges	
CHLOROMPHENICOL 1GM VIAL	J0720	HCPCS	outpatient			116		Horizon	Indemnity		44.4	38.28			34.8	110.2	percent of total billed charges	
CHLOROMPHENICOL 1GM VIAL	J0720	HCPCS	outpatient			116		Horizon	Medicare Blue		34.8	30			34.8	110.2	percent of total billed charges	
CHLOROMPHENICOL 1GM VIAL	J0720	HCPCS	outpatient			116		Horizon	MGD		44.4	38.28			34.8	110.2	percent of total billed charges	
CHLOROMPHENICOL 1GM VIAL	J0720	HCPCS	outpatient			116		Horizon	PPO		44.4	38.28			34.8	110.2	percent of total billed charges	
CHLOROMPHENICOL 1GM VIAL	J0720	HCPCS	outpatient			116		Managed Care Inc	Managed Care Inc		104.4	90			34.8	110.2	percent of total billed charges	
CHLOROMPHENICOL 1GM VIAL	J0720	HCPCS	outpatient			116		Multiplan	Multiplan		92.8	80			34.8	110.2	percent of total billed charges	
CHLOROMPHENICOL 1GM VIAL	J0720	HCPCS	outpatient			116		Qualcare	Qualcare		87	75			34.8	110.2	percent of total billed charges	
CHLOROMPHENICOL 1GM VIAL	J0720	HCPCS	outpatient			116		Three Rivers	Three Rivers		110.2	95			34.8	110.2	percent of total billed charges	
CHLOROMPHENICOL 1GM VIAL	J0720	HCPCS	outpatient			116		UHC	Medicaid		36.6	31.55			34.8	110.2	percent of total billed charges	
CHLOROMPHENICOL 1GM VIAL	J0720	HCPCS	outpatient			116		Wellcare	Medicaid		36.6	31.55			34.8	110.2	percent of total billed charges	
CHLOROMPHENICOL 1GM VIAL	J0720	HCPCS	outpatient			116		WellPoint	WellPoint		37.33	32.18			34.8	110.2	percent of total billed charges	
CHORIONIC GONADOTROPIN 1000 UNITS INJ	J0725	HCPCS	outpatient			93.5	26.65	Aetna	Commercial		35.53	38			23.17	88.83	percent of total billed charges	
CHORIONIC GONADOTROPIN 1000 UNITS INJ	J0725	HCPCS	outpatient			93.5	26.65	Aetna	Medicare		23.17				23.17	88.83	fee schedule	
CHORIONIC GONADOTROPIN 1000 UNITS INJ	J0725	HCPCS	outpatient			93.5	26.65	Aetna	Better Health		29.5	31.55			23.17	88.83	percent of total billed charges	
CHORIONIC GONADOTROPIN 1000 UNITS INJ	J0725	HCPCS	outpatient			93.5	26.65	Americare	Americare		70.13	75			23.17	88.83	percent of total billed charges	
CHORIONIC GONADOTROPIN 1000 UNITS INJ	J0725	HCPCS	outpatient			93.5	26.65	Amerihealth	Medicare		23.17				23.17	88.83	fee schedule	
CHORIONIC GONADOTROPIN 1000 UNITS INJ	J0725	HCPCS	outpatient			93.5	26.65	Amerihealth	HMO/PPO		26.71				23.17	88.83	fee schedule	
CHORIONIC GONADOTROPIN 1000 UNITS INJ	J0725	HCPCS	outpatient			93.5	26.65	Consumer	Consumer		88.83	95			23.17	88.83	percent of total billed charges	
CHORIONIC GONADOTROPIN 1000 UNITS INJ	J0725	HCPCS	outpatient			93.5	26.65	Corrections	Corrections		74.8	80			23.17	88.83	percent of total billed charges	
CHORIONIC GONADOTROPIN 1000 UNITS INJ	J0725	HCPCS	outpatient			93.5	26.65	First Health	First Health		65.45	70			23.17	88.83	percent of total billed charges	
CHORIONIC GONADOTROPIN 1000 UNITS INJ	J0725	HCPCS	outpatient			93.5	26.65	First Trenton	First Trenton		84.15	90			23.17	88.83	percent of total billed charges	
CHORIONIC GONADOTROPIN 1000 UNITS INJ	J0725	HCPCS	outpatient			93.5	26.65	Horizon	Indemnity		35.79	38.28			23.17	88.83	percent of total billed charges	
CHORIONIC GONADOTROPIN 1000 UNITS INJ	J0725	HCPCS	outpatient			93.5	26.65	Horizon	PPO		35.79	38.28			23.17	88.83	percent of total billed charges	
CHORIONIC GONADOTROPIN 1000 UNITS INJ	J0725	HCPCS	outpatient			93.5	26.65	Horizon	MGD		35.79	38.28			23.17	88.83	percent of total billed charges	
CHORIONIC GONADOTROPIN 1000 UNITS INJ	J0725	HCPCS	outpatient			93.5	26.65	Horizon	Medicare Blue		28.05	30			23.17	88.83	percent of total billed charges	
CHORIONIC GONADOTROPIN 1000 UNITS INJ	J0725	HCPCS	outpatient			93.5	26.65	Managed Care Inc	Managed Care Inc		84.15	90			23.17	88.83	percent of total billed charges	
CHORIONIC GONADOTROPIN 1000 UNITS INJ	J0725	HCPCS	outpatient			93.5	26.65	Multiplan	Multiplan		74.8	80			23.17	88.83	percent of total billed charges	
CHORIONIC GONADOTROPIN 1000 UNITS INJ	J0725	HCPCS	outpatient			93.5	26.65	Qualcare	Qualcare		70.13	75			23.17	88.83	percent of total billed charges	
CHORIONIC GONADOTROPIN 1000 UNITS INJ	J0725	HCPCS	outpatient			93.5	26.65	Three Rivers	Three Rivers		88.83	95			23.17	88.83	percent of total billed charges	
CHORIONIC GONADOTROPIN 1000 UNITS INJ	J0725	HCPCS	outpatient			93.5	26.65	UHC	Medicare		23.17				23.17	88.83	fee schedule	
CHORIONIC GONADOTROPIN 1000 UNITS INJ	J0725	HCPCS	outpatient			93.5	26.65	UHC	Medicaid		29.5	31.55			23.17	88.83	percent of total billed charges	
CHORIONIC GONADOTROPIN 1000 UNITS INJ	J0725	HCPCS	outpatient			93.5	26.65	Wellcare	Medicare		23.17				23.17	88.83	fee schedule	
CHORIONIC GONADOTROPIN 1000 UNITS INJ	J0725	HCPCS	outpatient			93.5	26.65	Wellcare	Medicaid		29.5	31.55			23.17	88.83	percent of total billed charges	
CHORIONIC GONADOTROPIN 1000 UNITS INJ	J0725	HCPCS	outpatient			93.5	26.65	WellPoint	WellPoint		30.09	32.18			23.17	88.83	percent of total billed charges	
CLONIDINE 100MCG-ML 10ML(1MG)INJ	J0735	HCPCS	outpatient			113.5	22.16	Aetna	Commercial		43.13	38			15.52	107.83	percent of total billed charges	
CLONIDINE 100MCG-ML 10ML(1MG)INJ	J0735	HCPCS	outpatient			113.5	22.16	Aetna	Better Health		35.81	31.55			15.52	107.83	percent of total billed charges	
CLONIDINE 100MCG-ML 10ML(1MG)INJ	J0735	HCPCS	outpatient			113.5	22.16	Aetna	Medicare		19.27				15.52	107.83	fee schedule	
CLONIDINE 100MCG-ML 10ML(1MG)INJ	J0735	HCPCS	outpatient			113.5	22.16	Americare	Americare		85.13	75			15.52	107.83	percent of total billed charges	
CLONIDINE 100MCG-ML 10ML(1MG)INJ	J0735	HCPCS	outpatient			113.5	22.16	Amerihealth	HMO/PPO		15.52				15.52	107.83	fee schedule	
CLONIDINE 100MCG-ML 10ML(1MG)INJ	J0735	HCPCS	outpatient			113.5	22.16	Amerihealth	Medicare		19.27				15.52	107.83	fee schedule	
CLONIDINE 100MCG-ML 10ML(1MG)INJ	J0735	HCPCS	outpatient			113.5	22.16	Consumer	Consumer		107.83	95			15.52	107.83	percent of total billed charges	
CLONIDINE 100MCG-ML 10ML(1MG)INJ	J0735	HCPCS	outpatient			113.5	22.16	Corrections	Corrections		90.8	80			15.52	107.83	percent of total billed charges	
CLONIDINE 100MCG-ML 10ML(1MG)INJ	J0735	HCPCS	outpatient			113.5	22.16	First Health	First Health		79.45	70			15.52	107.83	percent of total billed charges	
CLONIDINE 100MCG-ML 10ML(1MG)INJ	J0735	HCPCS	outpatient			113.5	22.16	First Trenton	First Trenton		102.15	90			15.52	107.83	percent of total billed charges	
CLONIDINE 100MCG-ML 10ML(1MG)INJ	J0735	HCPCS	outpatient			113.5	22.16	Horizon	Medicare Blue		34.05	30			15.52	107.83	percent of total billed charges	
CLONIDINE 100MCG-ML 10ML(1MG)INJ	J0735	HCPCS	outpatient			113.5	22.16	Horizon	Indemnity		43.45	38.28			15.52	107.83	percent of total billed charges	
CLONIDINE 100MCG-ML 10ML(1MG)INJ	J0735	HCPCS	outpatient			113.5	22.16	Horizon	MGD		43.45	38.28			15.52	107.83	percent of total billed charges	
CLONIDINE 100MCG-ML 10ML(1MG)INJ	J0735	HCPCS	outpatient			113.5	22.16	Horizon	PPO		43.45	38.28			15.52	107.83	percent of total billed charges	
CLONIDINE 100MCG-ML 10ML(1MG)INJ	J0735	HCPCS	outpatient			113.5	22.16	Managed Care Inc	Managed Care Inc		102.15	90			15.52	107.83	percent of total billed charges	
CLONIDINE 100MCG-ML 10ML(1MG)INJ	J0735	HCPCS	outpatient			113.5	22.16	Multiplan	Multiplan		90.8	80			15.52	107.83	percent of total billed charges	
CLONIDINE 100MCG-ML 10ML(1MG)INJ	J0735	HCPCS	outpatient			113.5	22.16	Qualcare	Qualcare		85.13	75			15.52	107.83	percent of total billed charges	
CLONIDINE 100MCG-ML 10ML(1MG)INJ	J0735	HCPCS	outpatient			113.5	22.16	Three Rivers	Three Rivers		107.83	95			15.52	107.83	percent of total billed charges	
CLONIDINE 100MCG-ML 10ML(1MG)INJ	J0735	HCPCS	outpatient			113.5	22.16	UHC	Medicare		19.27				15.52	107.83	fee schedule	
CLONIDINE 100MCG-ML 10ML(1MG)INJ	J0735	HCPCS	outpatient			113.5	22.16	UHC	Medicaid		35.81	31.55			15.52	107.83	percent of total billed charges	
CLONIDINE 100MCG-ML 10ML(1MG)INJ	J0735	HCPCS	outpatient			113.5	22.16	Wellcare	Medicare		19.27				15.52	107.83	fee schedule	
CLONIDINE 100MCG-ML 10ML(1MG)INJ	J0735	HCPCS	outpatient			113.5	22.16	Wellcare	Medicaid		35.81	31.55			15.52	107.83	percent of total billed charges	
CLONIDINE 100MCG-ML 10ML(1MG)INJ	J0735	HCPCS	outpatient			113.5	22.16	WellPoint	WellPoint		36.52	32.18			15.52	107.83	percent of total billed charges	
CABOTEGRAVIR 1MG INJ	J0739	HCPCS	outpatient			24		Aetna	Better Health		7.57	31.55			7.2	22.8	percent of total billed charges	
CABOTEGRAVIR 1MG INJ	J0739	HCPCS	outpatient			24		Aetna	Medicare		7.39	30.8			7.2	22.8	percent of total billed charges	
CABOTEGRAVIR 1MG INJ	J0739	HCPCS	outpatient			24		Aetna	Commercial		9.12	38			7.2	22.8	percent of total billed charges	
CABOTEGRAVIR 1MG INJ	J0739	HCPCS	outpatient			24		Americare	Americare		18	75			7.2	22.8	percent of total billed charges	
CABOTEGRAVIR 1MG INJ	J0739	HCPCS	outpatient			24		Amerihealth	HMO/PPO		15.6	65			7.2	22.8	percent of total billed charges	
CABOTEGRAVIR 1MG INJ	J0739	HCPCS	outpatient			24		Consumer	Consumer		22.8	95			7.2	22.8	percent of total billed charges	
CABOTEGRAVIR 1MG INJ	J0739	HCPCS	outpatient			24		Corrections	Corrections		19.2	80			7.2	22.8	percent of total billed charges	
CABOTEGRAVIR 1MG INJ	J0739	HCPCS	outpatient			24		First Health	First Health		16.8	70			7.2	22.8	percent of total billed charges	
CABOTEGRAVIR 1MG INJ	J0739	HCPCS	outpatient			24		First Trenton	First Trenton		21.6	90			7.2	22.8	percent of total billed charges	
CABOTEGRAVIR 1MG INJ	J0739	HCPCS	outpatient			24		Horizon	Indemnity		9.19	38.28			7.2	22.8	percent of total billed charges	
CABOTEGRAVIR 1MG INJ	J0739	HCPCS	outpatient			24		Horizon	MGD		9.19	38.28			7.2	22.8	percent of total billed charges	
CABOTEGRAVIR 1MG INJ	J0739	HCPCS	outpatient			24		Horizon	Medicare Blue		7.2	30			7.2	22.8	percent of total billed charges	
CABOTEGRAVIR 1MG INJ	J0739	HCPCS	outpatient			24		Horizon	PPO		9.19	38.28			7.2	22.8	percent of total billed charges	
CABOTEGRAVIR 1MG INJ	J0739	HCPCS	outpatient			24		Managed Care Inc	Managed Care Inc		21.6	90			7.2	22.8	percent of total billed charges	
CABOTEGRAVIR 1MG INJ	J0739	HCPCS	outpatient			24		Multiplan	Multiplan		19.2	80			7.2	22.8	percent of total billed charges	
CABOTEGRAVIR 1MG INJ	J0739	HCPCS	outpatient			24		Qualcare	Qualcare		18	75			7.2	22.8	percent of total billed charges	
CABOTEGRAVIR 1MG INJ	J0739	HCPCS	outpatient			24		Three Rivers	Three Rivers		22.8	95			7.2	22.8	percent of total billed charges	
CABOTEGRAVIR 1MG INJ	J0739	HCPCS	outpatient			24		UHC	Medicaid		7.57	31.55			7.2	22.8	percent of total billed charges	
CABOTEGRAVIR 1MG INJ	J0739	HCPCS	outpatient			24		United	Oxford		19.35				7.2	22.8	fee schedule	
CABOTEGRAVIR 1MG INJ	J0739	HCPCS	outpatient			24		United	Commercial|PPO		19.35				7.2	22.8	fee schedule	
CABOTEGRAVIR 1MG INJ	J0739	HCPCS	outpatient			24		Wellcare	Medicaid		7.57	31.55			7.2	22.8	percent of total billed charges	
CABOTEGRAVIR 1MG INJ	J0739	HCPCS	outpatient			24		WellPoint	WellPoint		7.72	32.18			7.2	22.8	percent of total billed charges	
CIDOFOVIR 375MG VIAL	J0740	HCPCS	both			5396	637.32	Aetna	Medicare		554.19				554.19	5126.2	fee schedule	
CIDOFOVIR 375MG VIAL	J0740	HCPCS	both			5396	637.32	Aetna	Better Health		1702.44	31.55			554.19	5126.2	percent of total billed charges	
CIDOFOVIR 375MG VIAL	J0740	HCPCS	both			5396	637.32	Aetna	Commercial		1110.37				554.19	5126.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CIDOFOVIR 375MG VIAL	J0740	HCPCS	both			5396	637.32	Americare	Americare		4047	75			554.19	5126.2	percent of total billed charges	
CIDOFOVIR 375MG VIAL	J0740	HCPCS	both			5396	637.32	Amerihealth	Medicare		554.19				554.19	5126.2	fee schedule	
CIDOFOVIR 375MG VIAL	J0740	HCPCS	both			5396	637.32	Amerihealth	HMO/PPO		601.56				554.19	5126.2	fee schedule	
CIDOFOVIR 375MG VIAL	J0740	HCPCS	both			5396	637.32	Consumer	Consumer		5126.2	95			554.19	5126.2	percent of total billed charges	
CIDOFOVIR 375MG VIAL	J0740	HCPCS	both			5396	637.32	Corrections	Corrections		4316.8	80			554.19	5126.2	percent of total billed charges	
CIDOFOVIR 375MG VIAL	J0740	HCPCS	both			5396	637.32	First Health	First Health		3777.2	70			554.19	5126.2	percent of total billed charges	
CIDOFOVIR 375MG VIAL	J0740	HCPCS	both			5396	637.32	First Trenton	First Trenton		4856.4	90			554.19	5126.2	percent of total billed charges	
CIDOFOVIR 375MG VIAL	J0740	HCPCS	both			5396	637.32	Horizon	Medicare Blue		697.47				554.19	5126.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CIDOFOVIR 375MG VIAL	J0740	HCPCS	both			5396	637.32	Horizon	Indemnity		1297.99				554.19	5126.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.															
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true														
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CIDOFOVIR 375MG VIAL	J0740	HCPCS	both			5396	637.32	Horizon	MGD		1297.99				554.19		5126.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CIDOFOVIR 375MG VIAL	J0740	HCPCS	both			5396	637.32	Horizon	PPO		1297.99				554.19		5126.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CIDOFOVIR 375MG VIAL	J0740	HCPCS	both			5396	637.32	Managed Care Inc	Managed Care Inc		4856.4	90			554.19		5126.2 percent of total billed charges	
CIDOFOVIR 375MG VIAL	J0740	HCPCS	both			5396	637.32	Multiplan	Multiplan		4316.8	80			554.19		5126.2 percent of total billed charges	
CIDOFOVIR 375MG VIAL	J0740	HCPCS	both			5396	637.32	Qualcare	Qualcare		4047	75			554.19		5126.2 percent of total billed charges	
CIDOFOVIR 375MG VIAL	J0740	HCPCS	both			5396	637.32	Three Rivers	Three Rivers		5126.2	95			554.19		5126.2 percent of total billed charges	
CIDOFOVIR 375MG VIAL	J0740	HCPCS	both			5396	637.32	UHC	Medicare		554.19				554.19		5126.2 fee schedule	
CIDOFOVIR 375MG VIAL	J0740	HCPCS	both			5396	637.32	UHC	Medicaid		1702.44	31.55			554.19		5126.2 percent of total billed charges	
CIDOFOVIR 375MG VIAL	J0740	HCPCS	both			5396	637.32	United	Oxford		1385.48				554.19		5126.2 fee schedule	
CIDOFOVIR 375MG VIAL	J0740	HCPCS	both			5396	637.32	United	Commercial|PPO		1385.48				554.19		5126.2 fee schedule	
CIDOFOVIR 375MG VIAL	J0740	HCPCS	both			5396	637.32	Wellcare	Medicare		554.19				554.19		5126.2 fee schedule	
CIDOFOVIR 375MG VIAL	J0740	HCPCS	both			5396	637.32	Wellcare	Medicaid		1702.44	31.55			554.19		5126.2 percent of total billed charges	
CIDOFOVIR 375MG VIAL	J0740	HCPCS	both			5396	637.32	WellPoint	WellPoint		1736.43	32.18			554.19		5126.2 percent of total billed charges	
IMIPENEM-CILASTATIN 250MG INJ	J0743	HCPCS	outpatient			127	9.32	Aetna	Better Health		40.07	31.55			7.68		120.65 percent of total billed charges	
IMIPENEM-CILASTATIN 250MG INJ	J0743	HCPCS	outpatient			127	9.32	Aetna	Commercial		48.26	38			7.68		120.65 percent of total billed charges	
IMIPENEM-CILASTATIN 250MG INJ	J0743	HCPCS	outpatient			127	9.32	Aetna	Medicare		8.1				7.68		120.65 fee schedule	
IMIPENEM-CILASTATIN 250MG INJ	J0743	HCPCS	outpatient			127	9.32	Americare	Americare		95.25	75			7.68		120.65 percent of total billed charges	
IMIPENEM-CILASTATIN 250MG INJ	J0743	HCPCS	outpatient			127	9.32	Amerihealth	HMO|PPO		7.68				7.68		120.65 fee schedule	
IMIPENEM-CILASTATIN 250MG INJ	J0743	HCPCS	outpatient			127	9.32	Amerihealth	Medicare		8.1				7.68		120.65 fee schedule	
IMIPENEM-CILASTATIN 250MG INJ	J0743	HCPCS	outpatient			127	9.32	Consumer	Consumer		120.65	95			7.68		120.65 percent of total billed charges	
IMIPENEM-CILASTATIN 250MG INJ	J0743	HCPCS	outpatient			127	9.32	Corrections	Corrections		101.6	80			7.68		120.65 percent of total billed charges	
IMIPENEM-CILASTATIN 250MG INJ	J0743	HCPCS	outpatient			127	9.32	First Health	First Health		88.9	70			7.68		120.65 percent of total billed charges	
IMIPENEM-CILASTATIN 250MG INJ	J0743	HCPCS	outpatient			127	9.32	First Trenton	First Trenton		114.3	90			7.68		120.65 percent of total billed charges	
IMIPENEM-CILASTATIN 250MG INJ	J0743	HCPCS	outpatient			127	9.32	Horizon	Indemnity		48.62	38.28			7.68		120.65 percent of total billed charges	
IMIPENEM-CILASTATIN 250MG INJ	J0743	HCPCS	outpatient			127	9.32	Horizon	Medicare Blue		38.1	30			7.68		120.65 percent of total billed charges	
IMIPENEM-CILASTATIN 250MG INJ	J0743	HCPCS	outpatient			127	9.32	Horizon	MGD		48.62	38.28			7.68		120.65 percent of total billed charges	
IMIPENEM-CILASTATIN 250MG INJ	J0743	HCPCS	outpatient			127	9.32	Horizon	PPO		48.62	38.28			7.68		120.65 percent of total billed charges	
IMIPENEM-CILASTATIN 250MG INJ	J0743	HCPCS	outpatient			127	9.32	Managed Care Inc	Managed Care Inc		114.3	90			7.68		120.65 percent of total billed charges	
IMIPENEM-CILASTATIN 250MG INJ	J0743	HCPCS	outpatient			127	9.32	Multiplan	Multiplan		101.6	80			7.68		120.65 percent of total billed charges	
IMIPENEM-CILASTATIN 250MG INJ	J0743	HCPCS	outpatient			127	9.32	Qualcare	Qualcare		95.25	75			7.68		120.65 percent of total billed charges	
IMIPENEM-CILASTATIN 250MG INJ	J0743	HCPCS	outpatient			127	9.32	Three Rivers	Three Rivers		120.65	95			7.68		120.65 percent of total billed charges	
IMIPENEM-CILASTATIN 250MG INJ	J0743	HCPCS	outpatient			127	9.32	UHC	Medicaid		40.07	31.55			7.68		120.65 percent of total billed charges	
IMIPENEM-CILASTATIN 250MG INJ	J0743	HCPCS	outpatient			127	9.32	UHC	Medicare		8.1				7.68		120.65 fee schedule	
IMIPENEM-CILASTATIN 250MG INJ	J0743	HCPCS	outpatient			127	9.32	Wellcare	Medicare		8.1				7.68		120.65 fee schedule	
IMIPENEM-CILASTATIN 250MG INJ	J0743	HCPCS	outpatient			127	9.32	Wellcare	Medicaid		40.07	31.55			7.68		120.65 percent of total billed charges	
IMIPENEM-CILASTATIN 250MG INJ	J0743	HCPCS	outpatient			127	9.32	WellPoint	WellPoint		40.87	32.18			7.68		120.65 percent of total billed charges	
CIPROFLOXACIN IV 200MG	J0744	HCPCS	both			45	2.22	Aetna	Commercial		17.1	38			1.25		42.75 percent of total billed charges	
CIPROFLOXACIN IV 200MG	J0744	HCPCS	both			45	2.22	Aetna	Medicare		1.93				1.25		42.75 fee schedule	
CIPROFLOXACIN IV 200MG	J0744	HCPCS	both			45	2.22	Aetna	Better Health		14.2	31.55			1.25		42.75 percent of total billed charges	
CIPROFLOXACIN IV 200MG	J0744	HCPCS	both			45	2.22	Americare	Americare		33.75	75			1.25		42.75 percent of total billed charges	
CIPROFLOXACIN IV 200MG	J0744	HCPCS	both			45	2.22	Amerihealth	HMO|PPO		1.25				1.25		42.75 fee schedule	
CIPROFLOXACIN IV 200MG	J0744	HCPCS	both			45	2.22	Amerihealth	Medicare		1.93				1.25		42.75 fee schedule	
CIPROFLOXACIN IV 200MG	J0744	HCPCS	both			45	2.22	Consumer	Consumer		42.75	95			1.25		42.75 percent of total billed charges	
CIPROFLOXACIN IV 200MG	J0744	HCPCS	both			45	2.22	Corrections	Corrections		36	80			1.25		42.75 percent of total billed charges	
CIPROFLOXACIN IV 200MG	J0744	HCPCS	both			45	2.22	First Health	First Health		31.5	70			1.25		42.75 percent of total billed charges	
CIPROFLOXACIN IV 200MG	J0744	HCPCS	both			45	2.22	First Trenton	First Trenton		40.5	90			1.25		42.75 percent of total billed charges	
CIPROFLOXACIN IV 200MG	J0744	HCPCS	both			45	2.22	Horizon	Indemnity		17.23	38.28			1.25		42.75 percent of total billed charges	
CIPROFLOXACIN IV 200MG	J0744	HCPCS	both			45	2.22	Horizon	MGD		17.23	38.28			1.25		42.75 percent of total billed charges	
CIPROFLOXACIN IV 200MG	J0744	HCPCS	both			45	2.22	Horizon	PPO		17.23	38.28			1.25		42.75 percent of total billed charges	
CIPROFLOXACIN IV 200MG	J0744	HCPCS	both			45	2.22	Horizon	Medicare Blue		13.5	30			1.25		42.75 percent of total billed charges	
CIPROFLOXACIN IV 200MG	J0744	HCPCS	both			45	2.22	Managed Care Inc	Managed Care Inc		40.5	90			1.25		42.75 percent of total billed charges	
CIPROFLOXACIN IV 200MG	J0744	HCPCS	both			45	2.22	Multiplan	Multiplan		36	80			1.25		42.75 percent of total billed charges	
CIPROFLOXACIN IV 200MG	J0744	HCPCS	both			45	2.22	Qualcare	Qualcare		33.75	75			1.25		42.75 percent of total billed charges	
CIPROFLOXACIN IV 200MG	J0744	HCPCS	both			45	2.22	Three Rivers	Three Rivers		42.75	95			1.25		42.75 percent of total billed charges	
CIPROFLOXACIN IV 200MG	J0744	HCPCS	both			45	2.22	UHC	Medicare		1.93				1.25		42.75 fee schedule	
CIPROFLOXACIN IV 200MG	J0744	HCPCS	both			45	2.22	UHC	Medicaid		14.2	31.55			1.25		42.75 percent of total billed charges	
CIPROFLOXACIN IV 200MG	J0744	HCPCS	both			45	2.22	Wellcare	Medicare		1.93				1.25		42.75 fee schedule	
CIPROFLOXACIN IV 200MG	J0744	HCPCS	both			45	2.22	Wellcare	Medicaid		14.2	31.55			1.25		42.75 percent of total billed charges	
CIPROFLOXACIN IV 200MG	J0744	HCPCS	both			45	2.22	WellPoint	WellPoint		14.48	32.18			1.25		42.75 percent of total billed charges	
CODEINE 30MG/1ML INJ	J0745	HCPCS	outpatient			532		Aetna	Better Health		167.85	31.55			1.46		505.4 percent of total billed charges	
CODEINE 30MG/1ML INJ	J0745	HCPCS	outpatient			532		Aetna	Commercial		202.16	38			1.46		505.4 percent of total billed charges	
CODEINE 30MG/1ML INJ	J0745	HCPCS	outpatient			532		Aetna	Medicare		163.86	30.8			1.46		505.4 percent of total billed charges	
CODEINE 30MG/1ML INJ	J0745	HCPCS	outpatient			532		Americare	Americare		399	75			1.46		505.4 percent of total billed charges	
CODEINE 30MG/1ML INJ	J0745	HCPCS	outpatient			532		Amerihealth	HMO|PPO		1.46				1.46		505.4 fee schedule	
CODEINE 30MG/1ML INJ	J0745	HCPCS	outpatient			532		Consumer	Consumer		505.4	95			1.46		505.4 percent of total billed charges	
CODEINE 30MG/1ML INJ	J0745	HCPCS	outpatient			532		Corrections	Corrections		425.6	80			1.46		505.4 percent of total billed charges	
CODEINE 30MG/1ML INJ	J0745	HCPCS	outpatient			532		First Health	First Health		372.4	70			1.46		505.4 percent of total billed charges	
CODEINE 30MG/1ML INJ	J0745	HCPCS	outpatient			532		First Trenton	First Trenton		478.8	90			1.46		505.4 percent of total billed charges	
CODEINE 30MG/1ML INJ	J0745	HCPCS	outpatient			532		Horizon	Indemnity		203.65	38.28			1.46		505.4 percent of total billed charges	
CODEINE 30MG/1ML INJ	J0745	HCPCS	outpatient			532		Horizon	MGD		203.65	38.28			1.46		505.4 percent of total billed charges	
CODEINE 30MG/1ML INJ	J0745	HCPCS	outpatient			532		Horizon	PPO		203.65	38.28			1.46		505.4 percent of total billed charges	
CODEINE 30MG/1ML INJ	J0745	HCPCS	outpatient			532		Horizon	Medicare Blue		159.6	30			1.46		505.4 percent of total billed charges	
CODEINE 30MG/1ML INJ	J0745	HCPCS	outpatient			532		Managed Care Inc	Managed Care Inc		478.8	90			1.46		505.4 percent of total billed charges	
CODEINE 30MG/1ML INJ	J0745	HCPCS	outpatient			532		Multiplan	Multiplan		425.6	80			1.46		505.4 percent of total billed charges	
CODEINE 30MG/1ML INJ	J0745	HCPCS	outpatient			532		Qualcare	Qualcare		399	75			1.46		505.4 percent of total billed charges	
CODEINE 30MG/1ML INJ	J0745	HCPCS	outpatient			532		Three Rivers	Three Rivers		505.4	95			1.46		505.4 percent of total billed charges	
CODEINE 30MG/1ML INJ	J0745	HCPCS	outpatient			532		UHC	Medicaid		167.85	31.55			1.46		505.4 percent of total billed charges	
CODEINE 30MG/1ML INJ	J0745	HCPCS	outpatient			532		Wellcare	Medicaid		167.85	31.55			1.46		505.4 percent of total billed charges	
CODEINE 30MG/1ML INJ	J0745	HCPCS	outpatient			532		WellPoint	WellPoint		171.2	32.18			1.46		505.4 percent of total billed charges	
COLISTIMETHATE 150MG INJ	J0770	HCPCS	inpatient			350.5	16	Aetna	Medicare		13.92				12.13		332.98 fee schedule	
COLISTIMETHATE 150MG INJ	J0770	HCPCS	inpatient			350.5	16	Aetna	Commercial		133.19	38			12.13		332.98 percent of total billed charges	
COLISTIMETHATE 150MG INJ	J0770	HCPCS	inpatient			350.5	16	Aetna	Better Health		110.58	31.55			12.13		332.98 percent of total billed charges	
COLISTIMETHATE 150MG INJ	J0770	HCPCS	inpatient			350.5	16	Americare	Americare		262.88	75			12.13		332.98 percent of total billed charges	
COLISTIMETHATE 150MG INJ	J0770	HCPCS	inpatient			350.5	16	Amerihealth	Medicare		13.92				12.13		332.98 fee schedule	
COLISTIMETHATE 150MG INJ	J0770	HCPCS	inpatient			350.5	16	Amerihealth	HMO|PPO		12.13				12.13		332.98 fee schedule	
COLISTIMETHATE 150MG INJ	J0770	HCPCS	inpatient			350.5	16	Consumer	Consumer		332.98	95			12.13		332.98 percent of total billed charges	
COLISTIMETHATE 150MG INJ	J0770	HCPCS	inpatient			350.5	16	Corrections	Corrections		280.4	80			12.13		332.98 percent of total billed charges	
COLISTIMETHATE 150MG INJ	J0770	HCPCS	inpatient			350.5	16	First Health	First Health		245.35	70			12.13		332.98 percent of total billed charges	
COLISTIMETHATE 150MG INJ	J0770	HCPCS	inpatient			350.5	16	First Trenton	First Trenton		315.45	90			12.13		332.98 percent of total billed charges	
COLISTIMETHATE 150MG INJ	J0770	HCPCS	inpatient			350.5	16	Horizon	Indemnity		134.17	38.28			12.13		332.98 percent of total billed charges	
COLISTIMETHATE 150MG INJ	J0770	HCPCS	inpatient			350.5	16	Horizon	Medicare Blue		105.15	30			12.13		332.98 percent of total billed charges	
COLISTIMETHATE 150MG INJ	J0770	HCPCS	inpatient			350.5	16	Horizon	MGD		134.17	38.28			12.13		332.98 percent of total billed charges	
COLISTIMETHATE 150MG INJ	J0770	HCPCS	inpatient			350.5	16	Horizon	PPO		134.17	38.28			12.13		332.98 percent of total billed charges	
COLISTIMETHATE 150MG INJ	J0770	HCPCS	inpatient			350.5	16	Managed Care Inc	Managed Care Inc		315.45	90			12.13		332.98 percent of total billed charges	
COLISTIMETHATE 150MG INJ	J0770	HCPCS	inpatient			350.5	16	Multiplan	Multiplan		280.4	80			12.13		332.98 percent of total billed charges	
COLISTIMETHATE 150MG INJ	J0770	HCPCS	inpatient			350.5	16	Qualcare	Qualcare		262.88	75			12.13		332.98 percent of total billed charges	
COLISTIMETHATE 150MG INJ	J0770	HCPCS	inpatient			350.5	16	Three Rivers	Three Rivers		332.98	95			12.13		332.98 percent of total billed charges	
COLISTIMETHATE 150MG INJ	J0770	HCPCS	inpatient			350.5	16	UHC	Medicaid		110.58	31.55			12.13		332.98 percent of total billed charges	
COLISTIMETHATE 150MG INJ	J0770	HCPCS	inpatient			350.5	16	UHC	Medicare		13.92				12.13		332.98 fee schedule	
COLISTIMETHATE 150MG INJ	J0770	HCPCS	inpatient			350.5	16	Wellcare	Medicare		13.92				12.13		332.98 fee schedule	
COLISTIMETHATE 150MG INJ	J0770	HCPCS	inpatient			350.5	16	Wellcare	Medicaid		110.58	31.55			12.13		332.98 percent of total billed charges	
COLISTIMETHATE 150MG INJ	J0770	HCPCS	inpatient			350.5	16	WellPoint	WellPoint		112.79	32.18			12.13		332.98 percent of total billed charges	
COLLAGENSASE CLOST HIST 0.01MG INJ	J0775	HCPCS	outpatient			184.5	76.21	Aetna	Commercial		131.8				44.93		175.28 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLLAGENSASE CLOST HIST 0.01MG INJ	J0775	HCPCS	outpatient			184.5	76.21	Aetna	Better Health		58.21	31.55			44.93		175.28 percent of total billed charges	
COLLAGENSASE CLOST HIST 0.01MG INJ	J0775	HCPCS	outpatient			184.5	76.21	Aetna	Medicare		66.27				44.93		175.28 fee schedule	
COLLAGENSASE CLOST HIST 0.01MG INJ	J0775	HCPCS	outpatient			184.5	76.21	Americare	Americare		138.38	75			44.93		175.28 percent of total billed charges	
COLLAGENSASE CLOST HIST 0.01MG INJ	J0775	HCPCS	outpatient			184.5	76.21	Amerihealth	HMO|PPO		44.93				44.93		175.28 fee schedule	
COLLAGENSASE CLOST HIST 0.01MG INJ	J0775	HCPCS	outpatient			184.5	76.21	Amerihealth	Medicare		66.27				44.93		175.28 fee schedule	
COLLAGENSASE CLOST HIST 0.01MG INJ	J0775	HCPCS	outpatient			184.5	76.21	Consumer	Consumer		175.28	95			44.93		175.28 percent of total billed charges	
COLLAGENSASE CLOST HIST 0.01MG INJ	J0775	HCPCS	outpatient			184.5	76.21	Corrections	Corrections		147.6	80			44.93		175.28 percent of total billed charges	
COLLAGENSASE CLOST HIST 0.01MG INJ	J0775	HCPCS	outpatient			184.5	76.21	First Health	First Health		129.15	70			44.93		175.28 percent of total billed charges	
COLLAGENSASE CLOST HIST 0.01MG INJ	J0775	HCPCS	outpatient			184.5	76.21	First Trenton	First Trenton		166.05	90			44.93		175.28 percent of total billed charges	
COLLAGENSASE CLOST HIST 0.01MG INJ	J0775	HCPCS	outpatient			184.5	76.21	Horizon	MGD		154.07				44.93		175.28 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLLAGENSASE CLOST HIST 0.01MG INJ	J0775	HCPCS	outpatient			184.5	76.21	Horizon	Indemnity		154.07				44.93		175.28 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLLAGENSASE CLOST HIST 0.01MG INJ	J0775	HCPCS	outpatient			184.5	76.21	Horizon	Medicare Blue		82.79				44.93		175.28 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLLAGENSASE CLOST HIST 0.01MG INJ	J0775	HCPCS	outpatient			184.5	76.21	Horizon	PPO		154.07				44.93		175.28 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLLAGENSASE CLOST HIST 0.01MG INJ	J0775	HCPCS	outpatient			184.5	76.21	Managed Care Inc	Managed Care Inc		166.05	90			44.93		175.28 percent of total billed charges	
COLLAGENSASE CLOST HIST 0.01MG INJ	J0775	HCPCS	outpatient			184.5	76.21	Multiplan	Multiplan		147.6	80			44.93		175.28 percent of total billed charges	
COLLAGENSASE CLOST HIST 0.01MG INJ	J0775	HCPCS	outpatient			184.5	76.21	Qualcare	Qualcare		138.38	75			44.93		175.28 percent of total billed charges	
COLLAGENSASE CLOST HIST 0.01MG INJ	J0775	HCPCS	outpatient			184.5	76.21	Three Rivers	Three Rivers		175.28	95			44.93		175.28 percent of total billed charges	
COLLAGENSASE CLOST HIST 0.01MG INJ	J0775	HCPCS	outpatient			184.5	76.21	UHC	Medicare		66.27				44.93		175.28 fee schedule	
COLLAGENSASE CLOST HIST 0.01MG INJ	J0775	HCPCS	outpatient			184.5	76.21	UHC	Medicaid		58.21	31.55			44.93		175.28 percent of total billed charges	
COLLAGENSASE CLOST HIST 0.01MG INJ	J0775	HCPCS	outpatient			184.5	76.21	United	Oxford		72.9				44.93		175.28 fee schedule	
COLLAGENSASE CLOST HIST 0.01MG INJ	J0775	HCPCS	outpatient			184.5	76.21	United	Commercial|PPO		72.9				44.93		175.28 fee schedule	
COLLAGENSASE CLOST HIST 0.01MG INJ	J0775	HCPCS	outpatient			184.5	76.21	Wellcare	Medicaid		58.21	31.55			44.93		175.28 percent of total billed charges	
COLLAGENSASE CLOST HIST 0.01MG INJ	J0775	HCPCS	outpatient			184.5	76.21	Wellcare	Medicare		66.27				44.93		175.28 fee schedule	
COLLAGENSASE CLOST HIST 0.01MG INJ	J0775	HCPCS	outpatient			184.5	76.21	WellPoint	WellPoint		59.37	32.18			44.93		175.28 percent of total billed charges	
PROCHLORPERAZINE 10MG INJ.	J0780	HCPCS	both			62	3.94	Aetna	Commercial		23.56	38			3.43		58.9 percent of total billed charges	
PROCHLORPERAZINE 10MG INJ.	J0780	HCPCS	both			62	3.94	Aetna	Better Health		19.56	31.55			3.43		58.9 percent of total billed charges	
PROCHLORPERAZINE 10MG INJ.	J0780	HCPCS	both			62	3.94	Aetna	Medicare		3.43				3.43		58.9 fee schedule	
PROCHLORPERAZINE 10MG INJ.	J0780	HCPCS	both			62	3.94	Americare	Americare		46.5	75			3.43		58.9 percent of total billed charges	
PROCHLORPERAZINE 10MG INJ.	J0780	HCPCS	both			62	3.94	Amerihealth	Medicare		3.43				3.43		58.9 fee schedule	
PROCHLORPERAZINE 10MG INJ.	J0780	HCPCS	both			62	3.94	Amerihealth	HMO|PPO		12.95				3.43		58.9 fee schedule	
PROCHLORPERAZINE 10MG INJ.	J0780	HCPCS	both			62	3.94	Consumer	Consumer		58.9	95			3.43		58.9 percent of total billed charges	
PROCHLORPERAZINE 10MG INJ.	J0780	HCPCS	both			62	3.94	Corrections	Corrections		49.6	80			3.43		58.9 percent of total billed charges	
PROCHLORPERAZINE 10MG INJ.	J0780	HCPCS	both			62	3.94	First Health	First Health		43.4	70			3.43		58.9 percent of total billed charges	
PROCHLORPERAZINE 10MG INJ.	J0780	HCPCS	both			62	3.94	First Trenton	First Trenton		55.8	90			3.43		58.9 percent of total billed charges	
PROCHLORPERAZINE 10MG INJ.	J0780	HCPCS	both			62	3.94	Horizon	Medicare Blue		18.6	30			3.43		58.9 percent of total billed charges	
PROCHLORPERAZINE 10MG INJ.	J0780	HCPCS	both			62	3.94	Horizon	MGD		23.73	38.28			3.43		58.9 percent of total billed charges	
PROCHLORPERAZINE 10MG INJ.	J0780	HCPCS	both			62	3.94	Horizon	Indemnity		23.73	38.28			3.43		58.9 percent of total billed charges	
PROCHLORPERAZINE 10MG INJ.	J0780	HCPCS	both			62	3.94	Horizon	PPO		23.73	38.28			3.43		58.9 percent of total billed charges	
PROCHLORPERAZINE 10MG INJ.	J0780	HCPCS	both			62	3.94	Managed Care Inc	Managed Care Inc		55.8	90			3.43		58.9 percent of total billed charges	
PROCHLORPERAZINE 10MG INJ.	J0780	HCPCS	both			62	3.94	Multiplan	Multiplan		49.6	80			3.43		58.9 percent of total billed charges	
PROCHLORPERAZINE 10MG INJ.	J0780	HCPCS	both			62	3.94	Qualcare	Qualcare		46.5	75			3.43		58.9 percent of total billed charges	
PROCHLORPERAZINE 10MG INJ.	J0780	HCPCS	both			62	3.94	Three Rivers	Three Rivers		58.9	95			3.43		58.9 percent of total billed charges	
PROCHLORPERAZINE 10MG INJ.	J0780	HCPCS	both			62	3.94	UHC	Medicare		3.43				3.43		58.9 fee schedule	
PROCHLORPERAZINE 10MG INJ.	J0780	HCPCS	both			62	3.94	UHC	Medicaid		19.56	31.55			3.43		58.9 percent of total billed charges	
PROCHLORPERAZINE 10MG INJ.	J0780	HCPCS	both			62	3.94	Wellcare	Medicaid		19.56	31.55			3.43		58.9 percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.																
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true															
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
PROCHLORPERAZINE 10MG INJ	J0780	HCPCS	both			62	3.94	Medicare	Medicare		3.43				3.43	58.9	per fee schedule	
PROCHLORPERAZINE 10MG INJ	J0780	HCPCS	both			62	3.94	WellPoint	WellPoint		19.95	32.18			3.43	58.9	percent of total billed charges	
CRIZANLIZUMAB-TMCA(ADAKVEO)5MG INJ	J0791	HCPCS	outpatient			475	146.17	Aetna	Better Health		149.86	31.55			127.1	451.25	percent of total billed charges	
CRIZANLIZUMAB-TMCA(ADAKVEO)5MG INJ	J0791	HCPCS	outpatient			475	146.17	Aetna	Medicare		127.1				127.1	451.25	fee schedule	
CRIZANLIZUMAB-TMCA(ADAKVEO)5MG INJ	J0791	HCPCS	outpatient			475	146.17	Aetna	Commercial		243.35				127.1	451.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CRIZANLIZUMAB-TMCA(ADAKVEO)5MG INJ	J0791	HCPCS	outpatient			475	146.17	Americare	Americare		356.25	75			127.1	451.25	percent of total billed charges	
CRIZANLIZUMAB-TMCA(ADAKVEO)5MG INJ	J0791	HCPCS	outpatient			475	146.17	Amerihealth	HMO/PPO		308.75	65			127.1	451.25	percent of total billed charges	
CRIZANLIZUMAB-TMCA(ADAKVEO)5MG INJ	J0791	HCPCS	outpatient			475	146.17	Amerihealth	Medicare		127.1				127.1	451.25	fee schedule	
CRIZANLIZUMAB-TMCA(ADAKVEO)5MG INJ	J0791	HCPCS	outpatient			475	146.17	Consumer	Consumer		451.25	95			127.1	451.25	percent of total billed charges	
CRIZANLIZUMAB-TMCA(ADAKVEO)5MG INJ	J0791	HCPCS	outpatient			475	146.17	Corrections	Corrections		380	80			127.1	451.25	percent of total billed charges	
CRIZANLIZUMAB-TMCA(ADAKVEO)5MG INJ	J0791	HCPCS	outpatient			475	146.17	First Health	First Health		332.5	70			127.1	451.25	percent of total billed charges	
CRIZANLIZUMAB-TMCA(ADAKVEO)5MG INJ	J0791	HCPCS	outpatient			475	146.17	First Trenton	First Trenton		427.5	90			127.1	451.25	percent of total billed charges	
CRIZANLIZUMAB-TMCA(ADAKVEO)5MG INJ	J0791	HCPCS	outpatient			475	146.17	Horizon	Indemnity		284.47				127.1	451.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CRIZANLIZUMAB-TMCA(ADAKVEO)5MG INJ	J0791	HCPCS	outpatient			475	146.17	Horizon	MGD		284.47				127.1	451.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CRIZANLIZUMAB-TMCA(ADAKVEO)5MG INJ	J0791	HCPCS	outpatient			475	146.17	Horizon	Medicare Blue		152.86				127.1	451.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CRIZANLIZUMAB-TMCA(ADAKVEO)5MG INJ	J0791	HCPCS	outpatient			475	146.17	Horizon	PPO		284.47				127.1	451.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CRIZANLIZUMAB-TMCA(ADAKVEO)5MG INJ	J0791	HCPCS	outpatient			475	146.17	Managed Care Inc	Managed Care Inc		427.5	90			127.1	451.25	percent of total billed charges	
CRIZANLIZUMAB-TMCA(ADAKVEO)5MG INJ	J0791	HCPCS	outpatient			475	146.17	Multiplan	Multiplan		380	80			127.1	451.25	percent of total billed charges	
CRIZANLIZUMAB-TMCA(ADAKVEO)5MG INJ	J0791	HCPCS	outpatient			475	146.17	Qualcare	Qualcare		356.25	75			127.1	451.25	percent of total billed charges	
CRIZANLIZUMAB-TMCA(ADAKVEO)5MG INJ	J0791	HCPCS	outpatient			475	146.17	Three Rivers	Three Rivers		451.25	95			127.1	451.25	percent of total billed charges	
CRIZANLIZUMAB-TMCA(ADAKVEO)5MG INJ	J0791	HCPCS	outpatient			475	146.17	UHC	Medicare		127.1				127.1	451.25	fee schedule	
CRIZANLIZUMAB-TMCA(ADAKVEO)5MG INJ	J0791	HCPCS	outpatient			475	146.17	UHC	Medicaid		149.86	31.55			127.1	451.25	percent of total billed charges	
CRIZANLIZUMAB-TMCA(ADAKVEO)5MG INJ	J0791	HCPCS	outpatient			475	146.17	United	Commercial|PPO		317.75				127.1	451.25	fee schedule	
CRIZANLIZUMAB-TMCA(ADAKVEO)5MG INJ	J0791	HCPCS	outpatient			475	146.17	United	Oxford		317.75				127.1	451.25	fee schedule	
CRIZANLIZUMAB-TMCA(ADAKVEO)5MG INJ	J0791	HCPCS	outpatient			475	146.17	Wellcare	Medicaid		149.86	31.55			127.1	451.25	percent of total billed charges	
CRIZANLIZUMAB-TMCA(ADAKVEO)5MG INJ	J0791	HCPCS	outpatient			475	146.17	Wellcare	Medicare		127.1				127.1	451.25	fee schedule	
CRIZANLIZUMAB-TMCA(ADAKVEO)5MG INJ	J0791	HCPCS	outpatient			475	146.17	WellPoint	WellPoint		152.86	32.18			127.1	451.25	percent of total billed charges	
CORTICORELIN OVINE TRIFLUTATE 1 MCG INJ	J0795	HCPCS	outpatient			30.5		Aetna	Medicare		9.39	30.8			8.81	28.98	percent of total billed charges	
CORTICORELIN OVINE TRIFLUTATE 1 MCG INJ	J0795	HCPCS	outpatient			30.5		Aetna	Better Health		9.62	31.55			8.81	28.98	percent of total billed charges	
CORTICORELIN OVINE TRIFLUTATE 1 MCG INJ	J0795	HCPCS	outpatient			30.5		Aetna	Commercial		11.59	38			8.81	28.98	percent of total billed charges	
CORTICORELIN OVINE TRIFLUTATE 1 MCG INJ	J0795	HCPCS	outpatient			30.5		Americare	Americare		22.88	75			8.81	28.98	percent of total billed charges	
CORTICORELIN OVINE TRIFLUTATE 1 MCG INJ	J0795	HCPCS	outpatient			30.5		Amerihealth	HMO/PPO		8.81				8.81	28.98	fee schedule	
CORTICORELIN OVINE TRIFLUTATE 1 MCG INJ	J0795	HCPCS	outpatient			30.5		Consumer	Consumer		28.98	95			8.81	28.98	percent of total billed charges	
CORTICORELIN OVINE TRIFLUTATE 1 MCG INJ	J0795	HCPCS	outpatient			30.5		Corrections	Corrections		24.4	80			8.81	28.98	percent of total billed charges	
CORTICORELIN OVINE TRIFLUTATE 1 MCG INJ	J0795	HCPCS	outpatient			30.5		First Health	First Health		21.35	70			8.81	28.98	percent of total billed charges	
CORTICORELIN OVINE TRIFLUTATE 1 MCG INJ	J0795	HCPCS	outpatient			30.5		First Trenton	First Trenton		27.45	90			8.81	28.98	percent of total billed charges	
CORTICORELIN OVINE TRIFLUTATE 1 MCG INJ	J0795	HCPCS	outpatient			30.5		Horizon	Indemnity		11.68	38.28			8.81	28.98	percent of total billed charges	
CORTICORELIN OVINE TRIFLUTATE 1 MCG INJ	J0795	HCPCS	outpatient			30.5		Horizon	PPO		11.68	38.28			8.81	28.98	percent of total billed charges	
CORTICORELIN OVINE TRIFLUTATE 1 MCG INJ	J0795	HCPCS	outpatient			30.5		Horizon	MGD		11.68	38.28			8.81	28.98	percent of total billed charges	
CORTICORELIN OVINE TRIFLUTATE 1 MCG INJ	J0795	HCPCS	outpatient			30.5		Horizon	Medicare Blue		9.15	30			8.81	28.98	percent of total billed charges	
CORTICORELIN OVINE TRIFLUTATE 1 MCG INJ	J0795	HCPCS	outpatient			30.5		Managed Care Inc	Managed Care Inc		27.45	90			8.81	28.98	percent of total billed charges	
CORTICORELIN OVINE TRIFLUTATE 1 MCG INJ	J0795	HCPCS	outpatient			30.5		Multiplan	Multiplan		24.4	80			8.81	28.98	percent of total billed charges	
CORTICORELIN OVINE TRIFLUTATE 1 MCG INJ	J0795	HCPCS	outpatient			30.5		Qualcare	Qualcare		22.88	75			8.81	28.98	percent of total billed charges	
CORTICORELIN OVINE TRIFLUTATE 1 MCG INJ	J0795	HCPCS	outpatient			30.5		Three Rivers	Three Rivers		28.98	95			8.81	28.98	percent of total billed charges	
CORTICORELIN OVINE TRIFLUTATE 1 MCG INJ	J0795	HCPCS	outpatient			30.5		UHC	Medicaid		9.62	31.55			8.81	28.98	percent of total billed charges	
CORTICORELIN OVINE TRIFLUTATE 1 MCG INJ	J0795	HCPCS	outpatient			30.5		Wellcare	Medicaid		9.62	31.55			8.81	28.98	percent of total billed charges	
CORTICORELIN OVINE TRIFLUTATE 1 MCG INJ	J0795	HCPCS	outpatient			30.5		WellPoint	WellPoint		9.81	32.18			8.81	28.98	percent of total billed charges	
CORTICOTROPIN GEL 40 UNITS INJ	J0801	HCPCS	outpatient			5208	4709.62	Aetna	Better Health		1643.12	31.55			1643.12	10238.3	percent of total billed charges	
CORTICOTROPIN GEL 40 UNITS INJ	J0801	HCPCS	outpatient			5208	4709.62	Aetna	Medicare		4095.32				1643.12	10238.3	fee schedule	
CORTICOTROPIN GEL 40 UNITS INJ	J0801	HCPCS	outpatient			5208	4709.62	Aetna	Commercial		6440.61				1643.12	10238.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORTICOTROPIN GEL 40 UNITS INJ	J0801	HCPCS	outpatient			5208	4709.62	Americare	Americare		3906	75			1643.12	10238.3	percent of total billed charges	
CORTICOTROPIN GEL 40 UNITS INJ	J0801	HCPCS	outpatient			5208	4709.62	Amerihealth	Medicare		4095.32				1643.12	10238.3	fee schedule	
CORTICOTROPIN GEL 40 UNITS INJ	J0801	HCPCS	outpatient			5208	4709.62	Amerihealth	HMO/PPO		3385.2	65			1643.12	10238.3	percent of total billed charges	
CORTICOTROPIN GEL 40 UNITS INJ	J0801	HCPCS	outpatient			5208	4709.62	Consumer	Consumer		4947.6	95			1643.12	10238.3	percent of total billed charges	
CORTICOTROPIN GEL 40 UNITS INJ	J0801	HCPCS	outpatient			5208	4709.62	Corrections	Corrections		4166.4	80			1643.12	10238.3	percent of total billed charges	
CORTICOTROPIN GEL 40 UNITS INJ	J0801	HCPCS	outpatient			5208	4709.62	First Health	First Health		3645.6	70			1643.12	10238.3	percent of total billed charges	
CORTICOTROPIN GEL 40 UNITS INJ	J0801	HCPCS	outpatient			5208	4709.62	First Trenton	First Trenton		4687.2	90			1643.12	10238.3	percent of total billed charges	
CORTICOTROPIN GEL 40 UNITS INJ	J0801	HCPCS	outpatient			5208	4709.62	Horizon	Indemnity		7528.88				1643.12	10238.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORTICOTROPIN GEL 40 UNITS INJ	J0801	HCPCS	outpatient			5208	4709.62	Horizon	MGD		7528.88				1643.12	10238.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORTICOTROPIN GEL 40 UNITS INJ	J0801	HCPCS	outpatient			5208	4709.62	Horizon	PPO		7528.88				1643.12	10238.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORTICOTROPIN GEL 40 UNITS INJ	J0801	HCPCS	outpatient			5208	4709.62	Horizon	Medicare Blue		4045.61				1643.12	10238.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORTICOTROPIN GEL 40 UNITS INJ	J0801	HCPCS	outpatient			5208	4709.62	Managed Care Inc	Managed Care Inc		4687.2	90			1643.12	10238.3	percent of total billed charges	
CORTICOTROPIN GEL 40 UNITS INJ	J0801	HCPCS	outpatient			5208	4709.62	Multiplan	Multiplan		4166.4	80			1643.12	10238.3	percent of total billed charges	
CORTICOTROPIN GEL 40 UNITS INJ	J0801	HCPCS	outpatient			5208	4709.62	Qualcare	Qualcare		3906	75			1643.12	10238.3	percent of total billed charges	
CORTICOTROPIN GEL 40 UNITS INJ	J0801	HCPCS	outpatient			5208	4709.62	Three Rivers	Three Rivers		4947.6	95			1643.12	10238.3	percent of total billed charges	
CORTICOTROPIN GEL 40 UNITS INJ	J0801	HCPCS	outpatient			5208	4709.62	UHC	Medicaid		1643.12	31.55			1643.12	10238.3	percent of total billed charges	
CORTICOTROPIN GEL 40 UNITS INJ	J0801	HCPCS	outpatient			5208	4709.62	UHC	Medicare		4095.32				1643.12	10238.3	fee schedule	
CORTICOTROPIN GEL 40 UNITS INJ	J0801	HCPCS	outpatient			5208	4709.62	United	Oxford		10238.3				1643.12	10238.3	fee schedule	
CORTICOTROPIN GEL 40 UNITS INJ	J0801	HCPCS	outpatient			5208	4709.62	United	Commercial|PPO		10238.3				1643.12	10238.3	fee schedule	
CORTICOTROPIN GEL 40 UNITS INJ	J0801	HCPCS	outpatient			5208	4709.62	Wellcare	Medicare		4095.32				1643.12	10238.3	fee schedule	
CORTICOTROPIN GEL 40 UNITS INJ	J0801	HCPCS	outpatient			5208	4709.62	Wellcare	Medicaid		1643.12	31.55			1643.12	10238.3	percent of total billed charges	
CORTICOTROPIN GEL 40 UNITS INJ	J0801	HCPCS	outpatient			5208	4709.62	WellPoint	WellPoint		1675.93	32.18			1643.12	10238.3	percent of total billed charges	
COSYNTHROPIN(CORTROSYN) 0.25MG INJ	J0834	HCPCS	both			451.5	31.18	Aetna	Commercial		171.57	38			27.11	428.93	percent of total billed charges	
COSYNTHROPIN(CORTROSYN) 0.25MG INJ	J0834	HCPCS	both			451.5	31.18	Aetna	Better Health		142.45	31.55			27.11	428.93	percent of total billed charges	
COSYNTHROPIN(CORTROSYN) 0.25MG INJ	J0834	HCPCS	both			451.5	31.18	Aetna	Medicare		27.11				27.11	428.93	fee schedule	
COSYNTHROPIN(CORTROSYN) 0.25MG INJ	J0834	HCPCS	both			451.5	31.18	Americare	Americare		338.63	75			27.11	428.93	percent of total billed charges	
COSYNTHROPIN(CORTROSYN) 0.25MG INJ	J0834	HCPCS	both			451.5	31.18	Amerihealth	Medicare		27.11				27.11	428.93	fee schedule	
COSYNTHROPIN(CORTROSYN) 0.25MG INJ	J0834	HCPCS	both			451.5	31.18	Amerihealth	HMO/PPO		47.41				27.11	428.93	fee schedule	
COSYNTHROPIN(CORTROSYN) 0.25MG INJ	J0834	HCPCS	both			451.5	31.18	Consumer	Consumer		428.93	95			27.11	428.93	percent of total billed charges	
COSYNTHROPIN(CORTROSYN) 0.25MG INJ	J0834	HCPCS	both			451.5	31.18	Corrections	Corrections		361.2	80			27.11	428.93	percent of total billed charges	
COSYNTHROPIN(CORTROSYN) 0.25MG INJ	J0834	HCPCS	both			451.5	31.18	First Health	First Health		316.05	70			27.11	428.93	percent of total billed charges	
COSYNTHROPIN(CORTROSYN) 0.25MG INJ	J0834	HCPCS	both			451.5	31.18	First Trenton	First Trenton		406.35	90			27.11	428.93	percent of total billed charges	
COSYNTHROPIN(CORTROSYN) 0.25MG INJ	J0834	HCPCS	both			451.5	31.18	Horizon	Indemnity		172.83	38.28			27.11	428.93	percent of total billed charges	
COSYNTHROPIN(CORTROSYN) 0.25MG INJ	J0834	HCPCS	both			451.5	31.18	Horizon	MGD		172.83	38.28			27.11	428.93	percent of total billed charges	
COSYNTHROPIN(CORTROSYN) 0.25MG INJ	J0834	HCPCS	both			451.5	31.18	Horizon	Medicare Blue		135.45	30			27.11	428.93	percent of total billed charges	
COSYNTHROPIN(CORTROSYN) 0.25MG INJ	J0834	HCPCS	both			451.5	31.18	Horizon	PPO		172.83	38.28			27.11	428.93	percent of total billed charges	
COSYNTHROPIN(CORTROSYN) 0.25MG INJ	J0834	HCPCS	both			451.5	31.18	Managed Care Inc	Managed Care Inc		406.35	90			27.11	428.93	percent of total billed charges	
COSYNTHROPIN(CORTROSYN) 0.25MG INJ	J0834	HCPCS	both			451.5	31.18	Multiplan	Multiplan		361.2	80			27.11	428.93	percent of total billed charges	
COSYNTHROPIN(CORTROSYN) 0.25MG INJ	J0834	HCPCS	both			451.5	31.18	Qualcare	Qualcare		338.63	75			27.11	428.93	percent of total billed charges	
COSYNTHROPIN(CORTROSYN) 0.25MG INJ	J0834	HCPCS	both			451.5	31.18	Three Rivers	Three Rivers		428.93	95			27.11	428.93	percent of total billed charges	
COSYNTHROPIN(CORTROSYN) 0.25MG INJ	J0834	HCPCS	both			451.5	31.18	UHC	Medicaid		142.45	31.55			27.11	428.93	percent of total billed charges	
COSYNTHROPIN(CORTROSYN) 0.25MG INJ	J0834	HCPCS	both			451.5	31.18	UHC	Medicare		27.11				27.11	428.93	fee schedule	
COSYNTHROPIN(CORTROSYN) 0.25MG INJ	J0834	HCPCS	both			451.5	31.18	Wellcare	Medicare		27.11				27.11	428.93	fee schedule	
COSYNTHROPIN(CORTROSYN) 0.25MG INJ	J0834	HCPCS	both			451.5	31.18	Wellcare	Medicaid		142.45	31.55			27.11	428.93	percent of total billed charges	
COSYNTHROPIN(CORTROSYN) 0.25MG INJ	J0834	HCPCS	both			451.5	31.18	WellPoint	WellPoint		145.29	32.18			27.11	428.93	percent of total billed charges	
ANTIVENIN CAROTALIDAE 1GM INJ	J0840	HCPCS	outpatient			10692	2242.4	Aetna	Better Health		3373.33	31.55			1949.92	10157.4	percent of total billed charges	
ANTIVENIN CAROTALIDAE 1GM INJ	J0840	HCPCS	outpatient			10692	2242.4	Aetna	Medicare		1949.92				1949.92	10157.4	fee schedule	
ANTIVENIN CAROTALIDAE 1GM INJ	J0840	HCPCS	outpatient			10692	2242.4	Aetna	Commercial		3783.42				1949.92	10157.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANTIVENIN CAROTALIDAE 1GM INJ	J0840	HCPCS	outpatient			10692	2242.4	Americare	Americare		8019	75			1949.92	10157.4	percent of total billed charges	
ANTIVENIN CAROTALIDAE 1GM INJ	J0840	HCPCS	outpatient			10692	2242.4	Amerihealth	HMO/PPO		2896.95				1949.92	10157.4	fee schedule	
ANTIVENIN CAROTALIDAE 1GM INJ	J0840	HCPCS	outpatient			10692	2242.4	Amerihealth	Medicare		1949.92				1949.92	10157.4	fee schedule	
ANTIVENIN CAROTALIDAE 1GM INJ	J0840	HCPCS	outpatient			10692	2242.4	Consumer	Consumer		10157.4	95			1949.92	10157.4	percent of total billed charges	
ANTIVENIN CAROTALIDAE 1GM INJ	J0840	HCPCS	outpatient			10692	2242.4	Corrections	Corrections		8553.6	80			1949.92	10157.4	percent of total billed charges	
ANTIVENIN CAROTALIDAE 1GM INJ	J0840	HCPCS	outpatient			10692	2242.4	First Health	First Health		7484.4	70			1949.92	10157.4	percent of total billed charges	
ANTIVENIN CAROTALIDAE 1GM INJ	J0840	HCPCS	outpatient			10692	2242.4	First Trenton	First Trenton		9622.8	90			1949.92	10157.4	percent of total billed charges	
ANTIVENIN CAROTALIDAE 1GM INJ	J0840	HCPCS	outpatient			10692	2242.4	Horizon	MGD		4422.7				1949.92	10157.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANTIVENIN CAROTALIDAE 1GM INJ	J0840	HCPCS	outpatient			10692	2242.4	Horizon	Medicare Blue		2376.52				1949.92	10157.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANTIVENIN CAROTALIDAE 1GM INJ	J0840	HCPCS	outpatient			10692	2242.4	Horizon	PPO		4422.7				1949.92	10157.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANTIVENIN CAROTALIDAE 1GM INJ	J0840	HCPCS	outpatient			10692	2242.4	Horizon	Indemnity		4422.7				1949.92	10157.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANTIVENIN CAROTALIDAE 1GM INJ	J0840	HCPCS	outpatient			10692	2242.4	Managed Care Inc	Managed Care Inc		9622.8	90			1949.92	10157.4	percent of total billed charges	
ANTIVENIN CAROTALIDAE 1GM INJ	J0840	HCPCS	outpatient			10692	2242.4	Multiplan	Multiplan		8553.6	80			1949.92	10157.4	percent of total billed charges	
ANTIVENIN CAROTALIDAE 1GM INJ	J0840	HCPCS	outpatient			10692	2242.4	Qualcare	Qualcare		8019	75			1949.92	10157.4	percent of total billed charges	
ANTIVENIN CAROTALIDAE 1GM INJ	J0840	HCPCS	outpatient			10692	2242.4	Three Rivers	Three Rivers		10157.4	95			1949.92	10157.4	percent of total billed charges	
ANTIVENIN CAROTALIDAE 1GM INJ	J0840	HCPCS	outpatient			10692	2242.4	UHC	Medicare		1949.92				1949.92	10157.4	fee schedule	
ANTIVENIN CAROTALIDAE 1GM INJ	J0840	HCPCS	outpatient			10692	2242.4	UHC	Medicaid		3373.33	31.55			1949.92	10157.4	percent of total billed charges	
ANTIVENIN CAROTALIDAE 1GM INJ	J0840	HCPCS	outpatient			10692	2242.4	United	Oxford		4874.8				1949.92	10157.4	fee schedule	
ANTIVENIN CAROTALIDAE 1GM INJ	J0840	HCPCS	outpatient			10692	2242.4	United	Commercial|PPO		4874.8				1949.92	10157.4	fee schedule	
ANTIVENIN CAROTALIDAE 1GM INJ	J0840	HCPCS	outpatient			10692	2242.4	Wellcare	Medicare		1949.92				1949.92	10157.4	fee schedule	
ANTIVENIN CAROTALIDAE 1GM INJ	J0840	HCPCS	outpatient			10692	2242.4	Wellcare	Medicaid		3373.33	31.55			1949.92	10157.4	percent of total billed charges	
ANTIVENIN CAROTALIDAE 1GM INJ	J0840	HCPCS	outpatient			10692	2242.4	WellPoint	WellPoint		3440.69	32.18			1949.92	10157.4	percent of total billed charges	
CMV IMMUNOGLOBULIN G HUMAN 2.5GM	J0850	HCPCS	outpatient			2057	2079.05	Aetna	Commercial		3455.4				648.98	4519.68	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CMV IMMUNOGLOBULIN G HUMAN 2.5GM	J0850	HCPCS	outpatient			2057	2079.05	Aetna	Medicare		1807.87				648.98	4519.68	fee schedule	
CMV IMMUNOGLOBULIN G HUMAN 2.5GM	J0850	HCPCS	outpatient			2057	2079.05	Aetna	Better Health		648.98	31.55			648.98	4519.68	percent of total billed charges	
CMV IMMUNOGLOBULIN G HUMAN 2.5GM	J0850	HCPCS	outpatient			2057	2079.05	Americare	Americare		1542.75	75			648.98	4519.68	percent of total billed charges	
CMV IMMUNOGLOBULIN G HUMAN 2.5GM	J0850	HCPCS	outpatient			2057	2079.05	Amerihealth	Medicare		1807.87				648.98	4519.68	fee schedule	
CMV IMMUNOGLOBULIN G HUMAN 2.5GM	J0850	HCPCS	outpatient			2057	2079.05	Amerihealth	HMO/PPO		1222.2				648.98	4519.68	fee schedule	
CMV IMMUNOGLOBULIN G HUMAN 2.5GM	J0850	HCPCS	outpatient			2057	2079.05	Consumer	Consumer		1954.15	95			648.98	4519.68	percent of total billed charges	
CMV IMMUNOGLOBULIN G HUMAN 2.5GM	J0850	HCPCS	outpatient			2057	2079.05	Corrections	Corrections		1645.6	80			648.98	4519.68	percent of total billed charges	
CMV IMMUNOGLOBULIN G HUMAN 2.5GM	J0850	HCPCS	outpatient			2057	2079.05	First Health	First Health		1439.9	70			648.98	4519.68	percent of total billed charges	
CMV IMMUNOGLOBULIN G HUMAN 2.5GM	J0850	HCPCS	outpatient			2057	2079.05	First Trenton	First Trenton		1851.3	90			648.98	4519.68	percent of total billed charges	
CMV IMMUNOGLOBULIN G HUMAN 2.5GM	J0850	HCPCS	outpatient			2057	2079.05	Horizon	MGD		4039.26				648.98	4519.68	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CMV IMMUNOGLOBULIN G HUMAN 2.5GM	J0850	HCPCS	outpatient			2057	2079.05	Horizon	Indemnity		4039.26				648.98	4519.68	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CMV IMMUNOGLOBULIN G HUMAN 2.5GM	J0850	HCPCS	outpatient			2057	2079.05	Horizon	Medicare Blue		2170.48				648.98	4519.68	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CMV IMMUNOGLOBULIN G HUMAN 2.5GM	J0850	HCPCS	outpatient			2057	2079.05	Horizon	PPO		4039.26				648.98	4519.68	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CMV IMMUNOGLOBULIN G HUMAN 2.5GM	J0850	HCPCS	outpatient			2057	2079.05	Managed Care Inc	Managed Care Inc		1851.3	90			648.98	4519.68	percent of total billed charges	
CMV IMMUNOGLOBULIN G HUMAN 2.5GM	J0850	HCPCS	outpatient			2057	2079.05	Multiplan	Multiplan		1645.6	80			648.98	4519.68	percent of total billed charges	
CMV IMMUNOGLOBULIN G HUMAN 2.5GM	J0850	HCPCS	outpatient			2057	2079.05	Qualcare	Qualcare		1542.75	75			648.98	4519.68	percent of total billed charges	
CMV IMMUNOGLOBULIN G HUMAN 2.5GM	J0850	HCPCS	outpatient			2057	2079.05	Three Rivers	Three Rivers		1954.15	95			648.98	4519.68	percent of total billed charges	
CMV IMMUNOGLOBULIN G HUMAN 2.5GM	J0850	HCPCS	outpatient			2057	2079.05	UHC	Medicaid		648.98	31.55			648.98	4519.68	percent of total billed charges	
CMV IMMUNOGLOBULIN G HUMAN 2.5GM	J0850	HCPCS	outpatient			2057	2079.05	UHC	Medicare		1807.87				648.98	4519.68	fee schedule	
CMV IMMUNOGLOBULIN G HUMAN 2.5GM	J0850	HCPCS	outpatient			2057	2079.05	United	Commercial|PPO		4519.68				648.98	4519.68	fee schedule	
CMV IMMUNOGLOBULIN G HUMAN 2.5GM	J0850	HCPCS	outpatient			2057	2079.05	United	Oxford		4519.68				648.98	4519.68	fee schedule	
CMV IMMUNOGLOBULIN G HUMAN 2.5GM	J0850	HCPCS	outpatient			2057	2079.05	Wellcare	Medicare		1807.87				648.98	4519.68	fee schedule	
CMV IMMUNOGLOBULIN G HUMAN 2.5GM	J0850	HCPCS	outpatient			2057	2079.05	Wellcare	Medicaid		648.98	31.55			648.98	4519.68	percent of total billed charges	
CMV IMMUNOGLOBULIN G HUMAN 2.5GM	J0850	HCPCS	outpatient			2057	2079.05	WellPoint	WellPoint		661.94	32.18			648.98	4519.68	percent of total billed char

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101191	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
DAPTOMYCIN (XELLIA) 1 MG INJ	J0873	HCPCS	both			1	0.06	Americare	Americare		0.75	75			0.05		0.95 percent of total billed charges	
DAPTOMYCIN (XELLIA) 1 MG INJ	J0873	HCPCS	both			1	0.06	Amerihealth	Medicare		0.05				0.05		0.95 fee schedule	
DAPTOMYCIN (XELLIA) 1 MG INJ	J0873	HCPCS	both			1	0.06	Amerihealth	HMO/PPO		0.65	65			0.05		0.95 percent of total billed charges	
DAPTOMYCIN (XELLIA) 1 MG INJ	J0873	HCPCS	both			1	0.06	Consumer	Consumer		0.95	95			0.05		0.95 percent of total billed charges	
DAPTOMYCIN (XELLIA) 1 MG INJ	J0873	HCPCS	both			1	0.06	Corrections	Corrections		0.8	80			0.05		0.95 percent of total billed charges	
DAPTOMYCIN (XELLIA) 1 MG INJ	J0873	HCPCS	both			1	0.06	First Health	First Health		0.7	70			0.05		0.95 percent of total billed charges	
DAPTOMYCIN (XELLIA) 1 MG INJ	J0873	HCPCS	both			1	0.06	First Trenton	First Trenton		0.9	90			0.05		0.95 percent of total billed charges	
DAPTOMYCIN (XELLIA) 1 MG INJ	J0873	HCPCS	both			1	0.06	Horizon	Medicare Blue		0.3	30			0.05		0.95 percent of total billed charges	
DAPTOMYCIN (XELLIA) 1 MG INJ	J0873	HCPCS	both			1	0.06	Horizon	MGD		0.38	38.28			0.05		0.95 percent of total billed charges	
DAPTOMYCIN (XELLIA) 1 MG INJ	J0873	HCPCS	both			1	0.06	Horizon	Indemnity		0.38	38.28			0.05		0.95 percent of total billed charges	
DAPTOMYCIN (XELLIA) 1 MG INJ	J0873	HCPCS	both			1	0.06	Horizon	PPO		0.38	38.28			0.05		0.95 percent of total billed charges	
DAPTOMYCIN (XELLIA) 1 MG INJ	J0873	HCPCS	both			1	0.06	Managed Care Inc	Managed Care Inc		0.9	90			0.05		0.95 percent of total billed charges	
DAPTOMYCIN (XELLIA) 1 MG INJ	J0873	HCPCS	both			1	0.06	Multiplan	Multiplan		0.8	80			0.05		0.95 percent of total billed charges	
DAPTOMYCIN (XELLIA) 1 MG INJ	J0873	HCPCS	both			1	0.06	Qualcare	Qualcare		0.75	75			0.05		0.95 percent of total billed charges	
DAPTOMYCIN (XELLIA) 1 MG INJ	J0873	HCPCS	both			1	0.06	Three Rivers	Three Rivers		0.95	95			0.05		0.95 percent of total billed charges	
DAPTOMYCIN (XELLIA) 1 MG INJ	J0873	HCPCS	both			1	0.06	UHC	Medicare		0.05				0.05		0.95 fee schedule	
DAPTOMYCIN (XELLIA) 1 MG INJ	J0873	HCPCS	both			1	0.06	UHC	Medicaid		0.32	31.55			0.05		0.95 percent of total billed charges	
DAPTOMYCIN (XELLIA) 1 MG INJ	J0873	HCPCS	both			1	0.06	Wellcare	Medicare		0.05				0.05		0.95 fee schedule	
DAPTOMYCIN (XELLIA) 1 MG INJ	J0873	HCPCS	both			1	0.06	Wellcare	Medicaid		0.32	31.55			0.05		0.95 percent of total billed charges	
DAPTOMYCIN (XELLIA) 1 MG INJ	J0873	HCPCS	both			1	0.06	WellPoint	WellPoint		0.32	32.18			0.05		0.95 percent of total billed charges	
DALBAVANCIN,DALVANCE) 5MG INJ	J0875	HCPCS	outpatient			66	17.59	Aetna	Medicare		15.29				15.29		62.7 fee schedule	
DALBAVANCIN,DALVANCE) 5MG INJ	J0875	HCPCS	outpatient			66	17.59	Aetna	Better Health		20.82	31.55			15.29		62.7 percent of total billed charges	
DALBAVANCIN,DALVANCE) 5MG INJ	J0875	HCPCS	outpatient			66	17.59	Aetna	Commercial		28.89				15.29		62.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DALBAVANCIN,DALVANCE) 5MG INJ	J0875	HCPCS	outpatient			66	17.59	Americare	Americare		49.5	75			15.29		62.7 percent of total billed charges	
DALBAVANCIN,DALVANCE) 5MG INJ	J0875	HCPCS	outpatient			66	17.59	Amerihealth	Medicare		15.29				15.29		62.7 fee schedule	
DALBAVANCIN,DALVANCE) 5MG INJ	J0875	HCPCS	outpatient			66	17.59	Amerihealth	HMO/PPO		16.5				15.29		62.7 fee schedule	
DALBAVANCIN,DALVANCE) 5MG INJ	J0875	HCPCS	outpatient			66	17.59	Consumer	Consumer		62.7	95			15.29		62.7 percent of total billed charges	
DALBAVANCIN,DALVANCE) 5MG INJ	J0875	HCPCS	outpatient			66	17.59	Corrections	Corrections		52.8	80			15.29		62.7 percent of total billed charges	
DALBAVANCIN,DALVANCE) 5MG INJ	J0875	HCPCS	outpatient			66	17.59	First Health	First Health		46.2	70			15.29		62.7 percent of total billed charges	
DALBAVANCIN,DALVANCE) 5MG INJ	J0875	HCPCS	outpatient			66	17.59	First Trenton	First Trenton		59.4	90			15.29		62.7 percent of total billed charges	
DALBAVANCIN,DALVANCE) 5MG INJ	J0875	HCPCS	outpatient			66	17.59	Horizon	Medicare Blue		18.15				15.29		62.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DALBAVANCIN,DALVANCE) 5MG INJ	J0875	HCPCS	outpatient			66	17.59	Horizon	MGD		33.78				15.29		62.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DALBAVANCIN,DALVANCE) 5MG INJ	J0875	HCPCS	outpatient			66	17.59	Horizon	Indemnity		33.78				15.29		62.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DALBAVANCIN,DALVANCE) 5MG INJ	J0875	HCPCS	outpatient			66	17.59	Horizon	NJ Health		39.67				15.29		62.7 fee schedule	
DALBAVANCIN,DALVANCE) 5MG INJ	J0875	HCPCS	outpatient			66	17.59	Horizon	PPO		33.78				15.29		62.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DALBAVANCIN,DALVANCE) 5MG INJ	J0875	HCPCS	outpatient			66	17.59	Managed Care Inc	Managed Care Inc		59.4	90			15.29		62.7 percent of total billed charges	
DALBAVANCIN,DALVANCE) 5MG INJ	J0875	HCPCS	outpatient			66	17.59	Multiplan	Multiplan		52.8	80			15.29		62.7 percent of total billed charges	
DALBAVANCIN,DALVANCE) 5MG INJ	J0875	HCPCS	outpatient			66	17.59	Qualcare	Qualcare		49.5	75			15.29		62.7 percent of total billed charges	
DALBAVANCIN,DALVANCE) 5MG INJ	J0875	HCPCS	outpatient			66	17.59	Three Rivers	Three Rivers		62.7	95			15.29		62.7 percent of total billed charges	
DALBAVANCIN,DALVANCE) 5MG INJ	J0875	HCPCS	outpatient			66	17.59	UHC	Medicare		15.29				15.29		62.7 fee schedule	
DALBAVANCIN,DALVANCE) 5MG INJ	J0875	HCPCS	outpatient			66	17.59	UHC	Medicaid		20.82	31.55			15.29		62.7 percent of total billed charges	
DALBAVANCIN,DALVANCE) 5MG INJ	J0875	HCPCS	outpatient			66	17.59	United	Commercial/PPO		38.23				15.29		62.7 fee schedule	
DALBAVANCIN,DALVANCE) 5MG INJ	J0875	HCPCS	outpatient			66	17.59	United	Oxford		38.23				15.29		62.7 fee schedule	
DALBAVANCIN,DALVANCE) 5MG INJ	J0875	HCPCS	outpatient			66	17.59	Wellcare	Medicaid		20.82	31.55			15.29		62.7 percent of total billed charges	
DALBAVANCIN,DALVANCE) 5MG INJ	J0875	HCPCS	outpatient			66	17.59	Wellcare	Medicare		15.29				15.29		62.7 fee schedule	
DALBAVANCIN,DALVANCE) 5MG INJ	J0875	HCPCS	outpatient			66	17.59	WellPoint	WellPoint		21.24	32.18			15.29		62.7 percent of total billed charges	
DAPTOMYCIN (HOSPIRA) 1MG INJ	J0877	HCPCS	outpatient			1	0.07	Aetna	Better Health		0.32	31.55			0.07		0.95 percent of total billed charges	
DAPTOMYCIN (HOSPIRA) 1MG INJ	J0877	HCPCS	outpatient			1	0.07	Aetna	Medicare		0.07				0.07		0.95 fee schedule	
DAPTOMYCIN (HOSPIRA) 1MG INJ	J0877	HCPCS	outpatient			1	0.07	Aetna	Commercial		0.11				0.07		0.95 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DAPTOMYCIN (HOSPIRA) 1MG INJ	J0877	HCPCS	outpatient			1	0.07	Americare	Americare		0.75	75			0.07		0.95 percent of total billed charges	
DAPTOMYCIN (HOSPIRA) 1MG INJ	J0877	HCPCS	outpatient			1	0.07	Amerihealth	HMO/PPO		0.65	65			0.07		0.95 percent of total billed charges	
DAPTOMYCIN (HOSPIRA) 1MG INJ	J0877	HCPCS	outpatient			1	0.07	Amerihealth	Medicare		0.07				0.07		0.95 fee schedule	
DAPTOMYCIN (HOSPIRA) 1MG INJ	J0877	HCPCS	outpatient			1	0.07	Consumer	Consumer		0.95	95			0.07		0.95 percent of total billed charges	
DAPTOMYCIN (HOSPIRA) 1MG INJ	J0877	HCPCS	outpatient			1	0.07	Corrections	Corrections		0.8	80			0.07		0.95 percent of total billed charges	
DAPTOMYCIN (HOSPIRA) 1MG INJ	J0877	HCPCS	outpatient			1	0.07	First Health	First Health		0.7	70			0.07		0.95 percent of total billed charges	
DAPTOMYCIN (HOSPIRA) 1MG INJ	J0877	HCPCS	outpatient			1	0.07	First Trenton	First Trenton		0.9	90			0.07		0.95 percent of total billed charges	
DAPTOMYCIN (HOSPIRA) 1MG INJ	J0877	HCPCS	outpatient			1	0.07	Horizon	Indemnity		0.13				0.07		0.95 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DAPTOMYCIN (HOSPIRA) 1MG INJ	J0877	HCPCS	outpatient			1	0.07	Horizon	MGD		0.13				0.07		0.95 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DAPTOMYCIN (HOSPIRA) 1MG INJ	J0877	HCPCS	outpatient			1	0.07	Horizon	Medicare Blue		0.07				0.07		0.95 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DAPTOMYCIN (HOSPIRA) 1MG INJ	J0877	HCPCS	outpatient			1	0.07	Horizon	PPO		0.13				0.07		0.95 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DAPTOMYCIN (HOSPIRA) 1MG INJ	J0877	HCPCS	outpatient			1	0.07	Managed Care Inc	Managed Care Inc		0.9	90			0.07		0.95 percent of total billed charges	
DAPTOMYCIN (HOSPIRA) 1MG INJ	J0877	HCPCS	outpatient			1	0.07	Multiplan	Multiplan		0.8	80			0.07		0.95 percent of total billed charges	
DAPTOMYCIN (HOSPIRA) 1MG INJ	J0877	HCPCS	outpatient			1	0.07	Qualcare	Qualcare		0.75	75			0.07		0.95 percent of total billed charges	
DAPTOMYCIN (HOSPIRA) 1MG INJ	J0877	HCPCS	outpatient			1	0.07	Three Rivers	Three Rivers		0.95	95			0.07		0.95 percent of total billed charges	
DAPTOMYCIN (HOSPIRA) 1MG INJ	J0877	HCPCS	outpatient			1	0.07	UHC	Medicare		0.07				0.07		0.95 fee schedule	
DAPTOMYCIN (HOSPIRA) 1MG INJ	J0877	HCPCS	outpatient			1	0.07	UHC	Medicaid		0.32	31.55			0.07		0.95 percent of total billed charges	
DAPTOMYCIN (HOSPIRA) 1MG INJ	J0877	HCPCS	outpatient			1	0.07	United	Oxford		0.18				0.07		0.95 fee schedule	
DAPTOMYCIN (HOSPIRA) 1MG INJ	J0877	HCPCS	outpatient			1	0.07	United	Commercial/PPO		0.18				0.07		0.95 fee schedule	
DAPTOMYCIN (HOSPIRA) 1MG INJ	J0877	HCPCS	outpatient			1	0.07	Wellcare	Medicare		0.07				0.07		0.95 fee schedule	
DAPTOMYCIN (HOSPIRA) 1MG INJ	J0877	HCPCS	outpatient			1	0.07	Wellcare	Medicaid		0.32	31.55			0.07		0.95 percent of total billed charges	
DAPTOMYCIN (HOSPIRA) 1MG INJ	J0877	HCPCS	outpatient			1	0.07	WellPoint	WellPoint		0.32	32.18			0.07		0.95 percent of total billed charges	
DAPTOMYCIN 1MG (NF)	J0878	HCPCS	both			2.5	0.04	Aetna	Medicare		0.04				0.04		2.38 fee schedule	
DAPTOMYCIN 1MG (NF)	J0878	HCPCS	both			2.5	0.04	Aetna	Commercial		0.95	38			0.04		2.38 percent of total billed charges	
DAPTOMYCIN 1MG (NF)	J0878	HCPCS	both			2.5	0.04	Aetna	Better Health		0.79	31.55			0.04		2.38 percent of total billed charges	
DAPTOMYCIN 1MG (NF)	J0878	HCPCS	both			2.5	0.04	Americare	Americare		1.88	75			0.04		2.38 percent of total billed charges	
DAPTOMYCIN 1MG (NF)	J0878	HCPCS	both			2.5	0.04	Amerihealth	Medicare		0.04				0.04		2.38 fee schedule	
DAPTOMYCIN 1MG (NF)	J0878	HCPCS	both			2.5	0.04	Amerihealth	HMO/PPO		0.98				0.04		2.38 fee schedule	
DAPTOMYCIN 1MG (NF)	J0878	HCPCS	both			2.5	0.04	Consumer	Consumer		2.38	95			0.04		2.38 percent of total billed charges	
DAPTOMYCIN 1MG (NF)	J0878	HCPCS	both			2.5	0.04	Corrections	Corrections		2	80			0.04		2.38 percent of total billed charges	
DAPTOMYCIN 1MG (NF)	J0878	HCPCS	both			2.5	0.04	First Health	First Health		1.75	70			0.04		2.38 percent of total billed charges	
DAPTOMYCIN 1MG (NF)	J0878	HCPCS	both			2.5	0.04	First Trenton	First Trenton		2.25	90			0.04		2.38 percent of total billed charges	
DAPTOMYCIN 1MG (NF)	J0878	HCPCS	both			2.5	0.04	Horizon	MGD		0.96	38.28			0.04		2.38 percent of total billed charges	
DAPTOMYCIN 1MG (NF)	J0878	HCPCS	both			2.5	0.04	Horizon	Medicare Blue		0.75	30			0.04		2.38 percent of total billed charges	
DAPTOMYCIN 1MG (NF)	J0878	HCPCS	both			2.5	0.04	Horizon	Indemnity		0.96	38.28			0.04		2.38 percent of total billed charges	
DAPTOMYCIN 1MG (NF)	J0878	HCPCS	both			2.5	0.04	Horizon	PPO		0.96	38.28			0.04		2.38 percent of total billed charges	
DAPTOMYCIN 1MG (NF)	J0878	HCPCS	both			2.5	0.04	Managed Care Inc	Managed Care Inc		2.25	90			0.04		2.38 percent of total billed charges	
DAPTOMYCIN 1MG (NF)	J0878	HCPCS	both			2.5	0.04	Multiplan	Multiplan		2	80			0.04		2.38 percent of total billed charges	
DAPTOMYCIN 1MG (NF)	J0878	HCPCS	both			2.5	0.04	Qualcare	Qualcare		1.88	75			0.04		2.38 percent of total billed charges	
DAPTOMYCIN 1MG (NF)	J0878	HCPCS	both			2.5	0.04	Three Rivers	Three Rivers		2.38	95			0.04		2.38 percent of total billed charges	
DAPTOMYCIN 1MG (NF)	J0878	HCPCS	both			2.5	0.04	UHC	Medicaid		0.79	31.55			0.04		2.38 percent of total billed charges	
DAPTOMYCIN 1MG (NF)	J0878	HCPCS	both			2.5	0.04	UHC	Medicare		0.04				0.04		2.38 fee schedule	
DAPTOMYCIN 1MG (NF)	J0878	HCPCS	both			2.5	0.04	Wellcare	Medicare		0.04				0.04		2.38 fee schedule	
DAPTOMYCIN 1MG (NF)	J0878	HCPCS	both			2.5	0.04	Wellcare	Medicaid		0.79	31.55			0.04		2.38 percent of total billed charges	
DAPTOMYCIN 1MG (NF)	J0878	HCPCS	both			2.5	0.04	WellPoint	WellPoint		0.8	32.18			0.04		2.38 percent of total billed charges	
DARBEPOETIN IMCG INJ	J0881	HCPCS	outpatient			30.5	3.37	Aetna	Medicare		2.93				2.93		28.98 fee schedule	
DARBEPOETIN IMCG INJ	J0881	HCPCS	outpatient			30.5	3.37	Aetna	Better Health		9.62	31.55			2.93		28.98 percent of total billed charges	
DARBEPOETIN IMCG INJ	J0881	HCPCS	outpatient			30.5	3.37	Aetna	Commercial		5.54				2.93		28.98 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DARBEPOETIN IMCG INJ	J0881	HCPCS	outpatient			30.5	3.37	Americare	Americare		22.88	75			2.93		28.98 percent of total billed charges	
DARBEPOETIN IMCG INJ	J0881	HCPCS	outpatient			30.5	3.37	Amerihealth	HMO/PPO		4.27				2.93		28.98 fee schedule	
DARBEPOETIN IMCG INJ	J0881	HCPCS	outpatient			30.5	3.37	Amerihealth	Medicare		2.93				2.93		28.98 fee schedule	
DARBEPOETIN IMCG INJ	J0881	HCPCS	outpatient			30.5	3.37	Consumer	Consumer		28.98	95			2.93		28.98 percent of total billed charges	
DARBEPOETIN IMCG INJ	J0881	HCPCS	outpatient			30.5	3.37	Corrections	Corrections		24.4	80			2.93		28.98 percent of total billed charges	
DARBEPOETIN IMCG INJ	J0881	HCPCS	outpatient			30.5	3.37	First Health	First Health		21.35	70			2.93		28.98 percent of total billed charges	
DARBEPOETIN IMCG INJ	J0881	HCPCS	outpatient			30.5	3.37	First Trenton	First Trenton		27.45	90			2.93		28.98 percent of total billed charges	
DARBEPOETIN IMCG INJ	J0881	HCPCS	outpatient			30.5	3.37	Horizon	PPO		6.48				2.93		28.98 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DARBEPOETIN IMCG INJ	J0881	HCPCS	outpatient			30.5	3.37	Horizon	MGD		6.48				2.93		28.98 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DARBEPOETIN IMCG INJ	J0881	HCPCS	outpatient			30.5	3.37	Horizon	Indemnity		6.48				2.93		28.98 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DARBEPOETIN IMCG INJ	J0881	HCPCS	outpatient			30.5	3.37	Horizon	Medicare Blue		3.48				2.93		28.98 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DARBEPOETIN IMCG INJ	J0881	HCPCS	outpatient			30.5	3.37	Managed Care Inc	Managed Care Inc		27.45	90			2.93		28.98 percent of total billed charges	
DARBEPOETIN IMCG INJ	J0881	HCPCS	outpatient			30.5	3.37	Multiplan	Multiplan		24.4	80			2.93		28.98 percent of total billed charges	
DARBEPOETIN IMCG INJ	J0881	HCPCS	outpatient			30.5	3.37	Qualcare	Qualcare		22.88	75			2.93		28.98 percent of total billed charges	
DARBEPOETIN IMCG INJ	J0881	HCPCS	outpatient			30.5	3.37	Three Rivers	Three Rivers		28.98	95			2.93		28.98 percent of total billed charges	
DARBEPOETIN IMCG INJ	J0881	HCPCS	outpatient			30.5	3.37	UHC	Medicaid		9.62	31.55			2.93		28.98 percent of total billed charges	
DARBEPOETIN IMCG INJ	J0881	HCPCS	outpatient			30.5	3.37	UHC	Medicare		2.93				2.93		28.98 fee schedule	
DARBEPOETIN IMCG INJ	J0881	HCPCS	outpatient			30.5	3.37	United	Commercial/PPO		7.33				2.93		28.98 fee schedule	
DARBEPOETIN IMCG INJ	J0881	HCPCS	outpatient			30.5	3.37	United	Oxford		7.33				2.93		28.98 fee schedule	
DARBEPOETIN IMCG INJ	J0881	HCPCS	outpatient			30.5	3.37	Wellcare	Medicare		2.93				2.93		28.98 fee schedule	
DARBEPOETIN IMCG INJ	J0881	HCPCS	outpatient			30.5	3.37	Wellcare	Medicaid		9.62	31.55			2.93		28.98 percent of total billed charges	
DARBEPOETIN IMCG INJ	J0881	HCPCS	outpatient			30.5	3.37	WellPoint	WellPoint		9.81	32.18			2.93		28.98 percent of total billed charges	
ARGATROBAN 1 MG INJ	J0883	HCPCS	both			22	1.23	Aetna	Better Health		6.94	31.55			1.07		20.9 percent of total billed charges	
ARGATROBAN 1 MG INJ	J0883	HCPCS	both			22	1.23	Aetna	Commercial		1.7				1.07		20.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARGATROBAN 1 MG INJ	J0883	HCPCS	both			22	1.23	Aetna	Medicare		1.07				1.07		20.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARGATROBAN 1 MG INJ	J0883	HCPCS	both			22	1.23	Americare	Americare		16.5	75			1.07		20.9 percent of total billed charges	
ARGATROBAN 1 MG INJ	J0883	HCPCS	both			22	1.23	Amerihealth	HMO/PPO		4.65				1.07		20.9 fee schedule	
ARGATROBAN 1 MG INJ	J0883	HCPCS	both			22	1.23	Amerihealth	Medicare		1.07				1.07		20.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARGATROBAN 1 MG INJ	J0883	HCPCS	both			22	1.23	Consumer	Consumer		20.9	95			1.07		20.9 percent of total billed charges	
ARGATROBAN 1 MG INJ	J0883	HCPCS	both			22	1.23	Corrections	Corrections		17.6	80			1.07		20.9 percent of total billed charges	
ARGATROBAN 1 MG INJ	J0883	HCPCS	both			22	1.23	First Health	First Health		15.4	70			1.07		20.9 percent of total billed charges	
ARGATROBAN 1 MG INJ	J0883	HCPCS	both			22	1.23	First Trenton	First Trenton		19.8	90			1.07		20.9 percent of total billed charges	
ARGATROBAN 1 MG INJ	J0883	HCPCS	both			22	1.23	Horizon	Indemnity		1.99				1.07		20.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARGATROBAN 1 MG INJ	J0883	HCPCS	both			22	1.23	Horizon	Medicare Blue		1.07				1.07		20.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARGATROBAN 1 MG INJ	J0883	HCPCS	both			22	1.23	Horizon	MGD		1.99				1.07		20.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARGATROBAN 1 MG INJ	J0883	HCPCS	both			22	1.23	Horizon	PPO		1.99				1.07		20.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARGATROBAN 1 MG INJ	J0883	HCPCS	both			22	1.23	Managed Care Inc	Managed Care Inc		19.8	90			1.07		20.9 percent of total billed charges	
ARGATROBAN 1 MG INJ	J0883	HCPCS	both			22	1.23	Multiplan	Multiplan		17.6	80			1.07		20.9 percent of total billed charges	
ARGATROBAN 1 MG INJ	J0883	HCPCS	both			22	1.23	Qualcare	Qualcare		16.5	75			1.07		20.9 percent of total billed charges	
ARGATROBAN 1 MG INJ	J0883	HCPCS	both			22	1.23	Three Rivers	Three Rivers		20.9	95			1.07		20.9 percent of total billed charges	
ARGATROBAN 1 MG INJ	J0883	HCPCS	both			22	1.23	UHC	Medicaid		6.94	31.55			1.07		20.9 percent of total billed charges	
ARGATROBAN 1 MG INJ	J0883	HCPCS	both			22	1.23	UHC	Medicare		1.07				1.07		20.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARGATROBAN 1 MG INJ	J0883	HCPCS	both			22	1.23	United	Oxford		3.05				1.07		20.9 fee schedule	
ARGATROBAN 1 MG INJ	J0883	HCPCS	both			22	1.23	United	Commercial/PPO		3.05				1.07		20.9 fee schedule	
ARGATROBAN 1 MG INJ	J0883	HCPCS	both			22	1.23	Wellcare	Medicaid		6.94	31.55			1.07		20.9 percent of total billed charges	
ARGATROBAN 1 MG INJ	J0883	HCPCS	both			22	1.23	Wellcare	Medicare		1.07				1.07		20.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARGATROBAN 1 MG INJ	J0883	HCPCS	both			22	1.23	WellPoint	WellPoint		7.08	32.18			1.07		20.9 percent of total billed charges	
EPOETIN ALPHA 1000UNITS (CHEMO)	J0885	HCPCS	both			97.5	10.22	Aetna	Medicare		8.89				8.89		92.63 fee schedule	
EPOETIN ALPHA 1000UNITS (CHEMO)	J0885	HCPCS	both			97.5	10.22	Aetna	Better Health		30.76	31.55			8.89		92.63 percent of total billed charges	
EPOETIN ALPHA 1000UNITS (CHEMO)	J0885	HCPCS	both			97.5	10.22	Aetna	Commercial		15.81				8.89		92.63 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EPOETIN ALPHA 1000UNITS (CHEMO)	J0885	HCPCS	both			97.5	10.22	Americare	Americare		73.13	75			8.89		92.63 percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
EPOETIN ALPHA 1000UNITS (CHEMO)	J0885	HCPCS	both			97.5	10.22	Amerihealth	Medicare		8.89				8.89	8.89	92.63 fee schedule	
EPOETIN ALPHA 1000UNITS (CHEMO)	J0885	HCPCS	both			97.5	10.22	Amerihealth	HMO/PPO		13.66				8.89	92.63 fee schedule		
EPOETIN ALPHA 1000UNITS (CHEMO)	J0885	HCPCS	both			97.5	10.22	Consumer	Consumer		92.63	95			8.89	92.63	percent of total billed charges	
EPOETIN ALPHA 1000UNITS (CHEMO)	J0885	HCPCS	both			97.5	10.22	Corrections	Corrections		78	80			8.89	92.63	percent of total billed charges	
EPOETIN ALPHA 1000UNITS (CHEMO)	J0885	HCPCS	both			97.5	10.22	First Health	First Health		68.25	70			8.89	92.63	percent of total billed charges	
EPOETIN ALPHA 1000UNITS (CHEMO)	J0885	HCPCS	both			97.5	10.22	First Trenton	First Trenton		87.75	90			8.89	92.63	percent of total billed charges	
EPOETIN ALPHA 1000UNITS (CHEMO)	J0885	HCPCS	both			97.5	10.22	Horizon	Medicare Blue		9.93				8.89	92.63	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EPOETIN ALPHA 1000UNITS (CHEMO)	J0885	HCPCS	both			97.5	10.22	Horizon	MGD		18.48				8.89	92.63	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EPOETIN ALPHA 1000UNITS (CHEMO)	J0885	HCPCS	both			97.5	10.22	Horizon	Indemnity		18.48				8.89	92.63	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EPOETIN ALPHA 1000UNITS (CHEMO)	J0885	HCPCS	both			97.5	10.22	Horizon	PPO		18.48				8.89	92.63	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EPOETIN ALPHA 1000UNITS (CHEMO)	J0885	HCPCS	both			97.5	10.22	Managed Care Inc	Managed Care Inc		87.75	90			8.89	92.63	percent of total billed charges	
EPOETIN ALPHA 1000UNITS (CHEMO)	J0885	HCPCS	both			97.5	10.22	Multiplan	Multiplan		78	80			8.89	92.63	percent of total billed charges	
EPOETIN ALPHA 1000UNITS (CHEMO)	J0885	HCPCS	both			97.5	10.22	Qualcare	Qualcare		73.13	75			8.89	92.63	percent of total billed charges	
EPOETIN ALPHA 1000UNITS (CHEMO)	J0885	HCPCS	both			97.5	10.22	Three Rivers	Three Rivers		92.63	95			8.89	92.63	percent of total billed charges	
EPOETIN ALPHA 1000UNITS (CHEMO)	J0885	HCPCS	both			97.5	10.22	UHC	Medicare		8.89				8.89	92.63 fee schedule		
EPOETIN ALPHA 1000UNITS (CHEMO)	J0885	HCPCS	both			97.5	10.22	UHC	Medicaid		30.76	31.55			8.89	92.63	percent of total billed charges	
EPOETIN ALPHA 1000UNITS (CHEMO)	J0885	HCPCS	both			97.5	10.22	United	Oxford		22.23				8.89	92.63 fee schedule		
EPOETIN ALPHA 1000UNITS (CHEMO)	J0885	HCPCS	both			97.5	10.22	United	Commercial|PPO		22.23				8.89	92.63 fee schedule		
EPOETIN ALPHA 1000UNITS (CHEMO)	J0885	HCPCS	both			97.5	10.22	Wellcare	Medicare		8.89				8.89	92.63 fee schedule		
EPOETIN ALPHA 1000UNITS (CHEMO)	J0885	HCPCS	both			97.5	10.22	Wellcare	Medicaid		30.76	31.55			8.89	92.63	percent of total billed charges	
EPOETIN ALPHA 1000UNITS (CHEMO)	J0885	HCPCS	both			97.5	10.22	WellPoint	WellPoint		31.38	32.18			8.89	92.63	percent of total billed charges	
DECITABINE 1 MG INJ	J0894	HCPCS	outpatient			131.5	1.95	Aetna	Better Health		41.49	31.55			1.69	124.93	percent of total billed charges	
DECITABINE 1 MG INJ	J0894	HCPCS	outpatient			131.5	1.95	Aetna	Commercial		49.97	38			1.69	124.93	percent of total billed charges	
DECITABINE 1 MG INJ	J0894	HCPCS	outpatient			131.5	1.95	Aetna	Medicare		1.69				1.69	124.93 fee schedule		
DECITABINE 1 MG INJ	J0894	HCPCS	outpatient			131.5	1.95	Americare	Americare		98.63	75			1.69	124.93	percent of total billed charges	
DECITABINE 1 MG INJ	J0894	HCPCS	outpatient			131.5	1.95	Amerihealth	HMO/PPO		22.6				1.69	124.93 fee schedule		
DECITABINE 1 MG INJ	J0894	HCPCS	outpatient			131.5	1.95	Amerihealth	Medicare		1.69				1.69	124.93 fee schedule		
DECITABINE 1 MG INJ	J0894	HCPCS	outpatient			131.5	1.95	Consumer	Consumer		124.93	95			1.69	124.93	percent of total billed charges	
DECITABINE 1 MG INJ	J0894	HCPCS	outpatient			131.5	1.95	Corrections	Corrections		105.2	80			1.69	124.93	percent of total billed charges	
DECITABINE 1 MG INJ	J0894	HCPCS	outpatient			131.5	1.95	First Health	First Health		92.05	70			1.69	124.93	percent of total billed charges	
DECITABINE 1 MG INJ	J0894	HCPCS	outpatient			131.5	1.95	First Trenton	First Trenton		118.35	90			1.69	124.93	percent of total billed charges	
DECITABINE 1 MG INJ	J0894	HCPCS	outpatient			131.5	1.95	Horizon	MGD		50.34	38.28			1.69	124.93	percent of total billed charges	
DECITABINE 1 MG INJ	J0894	HCPCS	outpatient			131.5	1.95	Horizon	Indemnity		50.34	38.28			1.69	124.93	percent of total billed charges	
DECITABINE 1 MG INJ	J0894	HCPCS	outpatient			131.5	1.95	Horizon	PPO		50.34	38.28			1.69	124.93	percent of total billed charges	
DECITABINE 1 MG INJ	J0894	HCPCS	outpatient			131.5	1.95	Horizon	Medicare Blue		39.45	30			1.69	124.93	percent of total billed charges	
DECITABINE 1 MG INJ	J0894	HCPCS	outpatient			131.5	1.95	Managed Care Inc	Managed Care Inc		118.35	90			1.69	124.93	percent of total billed charges	
DECITABINE 1 MG INJ	J0894	HCPCS	outpatient			131.5	1.95	Multiplan	Multiplan		105.2	80			1.69	124.93	percent of total billed charges	
DECITABINE 1 MG INJ	J0894	HCPCS	outpatient			131.5	1.95	Qualcare	Qualcare		98.63	75			1.69	124.93	percent of total billed charges	
DECITABINE 1 MG INJ	J0894	HCPCS	outpatient			131.5	1.95	Three Rivers	Three Rivers		124.93	95			1.69	124.93	percent of total billed charges	
DECITABINE 1 MG INJ	J0894	HCPCS	outpatient			131.5	1.95	UHC	Medicare		1.69				1.69	124.93 fee schedule		
DECITABINE 1 MG INJ	J0894	HCPCS	outpatient			131.5	1.95	UHC	Medicaid		41.49	31.55			1.69	124.93	percent of total billed charges	
DECITABINE 1 MG INJ	J0894	HCPCS	outpatient			131.5	1.95	Wellcare	Medicaid		41.49	31.55			1.69	124.93	percent of total billed charges	
DECITABINE 1 MG INJ	J0894	HCPCS	outpatient			131.5	1.95	Wellcare	Medicare		1.69				1.69	124.93 fee schedule		
DECITABINE 1 MG INJ	J0894	HCPCS	outpatient			131.5	1.95	WellPoint	WellPoint		42.32	32.18			1.69	124.93	percent of total billed charges	
DEFEROXAMINE 500MG INJ	J0895	HCPCS	outpatient			117.5	9.89	Aetna	Commercial		44.65	38			8.6	111.63	percent of total billed charges	
DEFEROXAMINE 500MG INJ	J0895	HCPCS	outpatient			117.5	9.89	Aetna	Better Health		37.07	31.55			8.6	111.63	percent of total billed charges	
DEFEROXAMINE 500MG INJ	J0895	HCPCS	outpatient			117.5	9.89	Aetna	Medicare		8.6				8.6	111.63 fee schedule		
DEFEROXAMINE 500MG INJ	J0895	HCPCS	outpatient			117.5	9.89	Americare	Americare		88.13	75			8.6	111.63	percent of total billed charges	
DEFEROXAMINE 500MG INJ	J0895	HCPCS	outpatient			117.5	9.89	Amerihealth	HMO/PPO		9.6				8.6	111.63 fee schedule		
DEFEROXAMINE 500MG INJ	J0895	HCPCS	outpatient			117.5	9.89	Amerihealth	Medicare		8.6				8.6	111.63 fee schedule		
DEFEROXAMINE 500MG INJ	J0895	HCPCS	outpatient			117.5	9.89	Consumer	Consumer		111.63	95			8.6	111.63	percent of total billed charges	
DEFEROXAMINE 500MG INJ	J0895	HCPCS	outpatient			117.5	9.89	Corrections	Corrections		94	80			8.6	111.63	percent of total billed charges	
DEFEROXAMINE 500MG INJ	J0895	HCPCS	outpatient			117.5	9.89	First Health	First Health		82.25	70			8.6	111.63	percent of total billed charges	
DEFEROXAMINE 500MG INJ	J0895	HCPCS	outpatient			117.5	9.89	First Trenton	First Trenton		105.75	90			8.6	111.63	percent of total billed charges	
DEFEROXAMINE 500MG INJ	J0895	HCPCS	outpatient			117.5	9.89	Horizon	Medicare Blue		35.25	30			8.6	111.63	percent of total billed charges	
DEFEROXAMINE 500MG INJ	J0895	HCPCS	outpatient			117.5	9.89	Horizon	MGD		44.98	38.28			8.6	111.63	percent of total billed charges	
DEFEROXAMINE 500MG INJ	J0895	HCPCS	outpatient			117.5	9.89	Horizon	Indemnity		44.98	38.28			8.6	111.63	percent of total billed charges	
DEFEROXAMINE 500MG INJ	J0895	HCPCS	outpatient			117.5	9.89	Horizon	PPO		44.98	38.28			8.6	111.63	percent of total billed charges	
DEFEROXAMINE 500MG INJ	J0895	HCPCS	outpatient			117.5	9.89	Managed Care Inc	Managed Care Inc		105.75	90			8.6	111.63	percent of total billed charges	
DEFEROXAMINE 500MG INJ	J0895	HCPCS	outpatient			117.5	9.89	Multiplan	Multiplan		94	80			8.6	111.63	percent of total billed charges	
DEFEROXAMINE 500MG INJ	J0895	HCPCS	outpatient			117.5	9.89	Qualcare	Qualcare		88.13	75			8.6	111.63	percent of total billed charges	
DEFEROXAMINE 500MG INJ	J0895	HCPCS	outpatient			117.5	9.89	Three Rivers	Three Rivers		111.63	95			8.6	111.63	percent of total billed charges	
DEFEROXAMINE 500MG INJ	J0895	HCPCS	outpatient			117.5	9.89	UHC	Medicaid		37.07	31.55			8.6	111.63	percent of total billed charges	
DEFEROXAMINE 500MG INJ	J0895	HCPCS	outpatient			117.5	9.89	UHC	Medicare		8.6				8.6	111.63 fee schedule		
DEFEROXAMINE 500MG INJ	J0895	HCPCS	outpatient			117.5	9.89	Wellcare	Medicare		8.6				8.6	111.63 fee schedule		
DEFEROXAMINE 500MG INJ	J0895	HCPCS	outpatient			117.5	9.89	Wellcare	Medicaid		37.07	31.55			8.6	111.63	percent of total billed charges	
DEFEROXAMINE 500MG INJ	J0895	HCPCS	outpatient			117.5	9.89	WellPoint	WellPoint		37.81	32.18			8.6	111.63	percent of total billed charges	
DENOSUMAB 1MG INJ	J0897	HCPCS	both			80.5	28.98	Aetna	Medicare		25.2				17.61	76.48 fee schedule		
DENOSUMAB 1MG INJ	J0897	HCPCS	both			80.5	28.98	Aetna	Better Health		25.4	31.55			17.61	76.48	percent of total billed charges	
DENOSUMAB 1MG INJ	J0897	HCPCS	both			80.5	28.98	Aetna	Commercial		48.14				17.61	76.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DENOSUMAB 1MG INJ	J0897	HCPCS	both			80.5	28.98	Americare	Americare		60.38	75			17.61	76.48	percent of total billed charges	
DENOSUMAB 1MG INJ	J0897	HCPCS	both			80.5	28.98	Amerihealth	HMO/PPO		17.61				17.61	76.48 fee schedule		
DENOSUMAB 1MG INJ	J0897	HCPCS	both			80.5	28.98	Amerihealth	Medicare		25.2				17.61	76.48 fee schedule		
DENOSUMAB 1MG INJ	J0897	HCPCS	both			80.5	28.98	Consumer	Consumer		76.48	95			17.61	76.48	percent of total billed charges	
DENOSUMAB 1MG INJ	J0897	HCPCS	both			80.5	28.98	Corrections	Corrections		64.4	80			17.61	76.48	percent of total billed charges	
DENOSUMAB 1MG INJ	J0897	HCPCS	both			80.5	28.98	First Health	First Health		56.35	70			17.61	76.48	percent of total billed charges	
DENOSUMAB 1MG INJ	J0897	HCPCS	both			80.5	28.98	First Trenton	First Trenton		72.45	90			17.61	76.48	percent of total billed charges	
DENOSUMAB 1MG INJ	J0897	HCPCS	both			80.5	28.98	Horizon	Indemnity		56.28				17.61	76.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DENOSUMAB 1MG INJ	J0897	HCPCS	both			80.5	28.98	Horizon	Medicare Blue		30.24				17.61	76.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DENOSUMAB 1MG INJ	J0897	HCPCS	both			80.5	28.98	Horizon	PPO		56.28				17.61	76.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DENOSUMAB 1MG INJ	J0897	HCPCS	both			80.5	28.98	Horizon	MGD		56.28				17.61	76.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DENOSUMAB 1MG INJ	J0897	HCPCS	both			80.5	28.98	Managed Care Inc	Managed Care Inc		72.45	90			17.61	76.48	percent of total billed charges	
DENOSUMAB 1MG INJ	J0897	HCPCS	both			80.5	28.98	Multiplan	Multiplan		64.4	80			17.61	76.48	percent of total billed charges	
DENOSUMAB 1MG INJ	J0897	HCPCS	both			80.5	28.98	Qualcare	Qualcare		60.38	75			17.61	76.48	percent of total billed charges	
DENOSUMAB 1MG INJ	J0897	HCPCS	both			80.5	28.98	Three Rivers	Three Rivers		76.48	95			17.61	76.48	percent of total billed charges	
DENOSUMAB 1MG INJ	J0897	HCPCS	both			80.5	28.98	UHC	Medicare		25.2				17.61	76.48 fee schedule		
DENOSUMAB 1MG INJ	J0897	HCPCS	both			80.5	28.98	UHC	Medicaid		25.4	31.55			17.61	76.48	percent of total billed charges	
DENOSUMAB 1MG INJ	J0897	HCPCS	both			80.5	28.98	United	Oxford		63				17.61	76.48 fee schedule		
DENOSUMAB 1MG INJ	J0897	HCPCS	both			80.5	28.98	United	Commercial|PPO		63				17.61	76.48 fee schedule		
DENOSUMAB 1MG INJ	J0897	HCPCS	both			80.5	28.98	Wellcare	Medicare		25.2				17.61	76.48 fee schedule		
DENOSUMAB 1MG INJ	J0897	HCPCS	both			80.5	28.98	Wellcare	Medicaid		25.4	31.55			17.61	76.48	percent of total billed charges	
DENOSUMAB 1MG INJ	J0897	HCPCS	both			80.5	28.98	WellPoint	WellPoint		25.9	32.18			17.61	76.48	percent of total billed charges	
METHYLPRED ACETATE 1MG INJ	J1010	HCPCS	both			1		Aetna	Better Health		0.32	31.55			0.3	0.95	percent of total billed charges	
METHYLPRED ACETATE 1MG INJ	J1010	HCPCS	both			1		Aetna	Commercial		0.38	38			0.3	0.95	percent of total billed charges	
METHYLPRED ACETATE 1MG INJ	J1010	HCPCS	both			1		Aetna	Medicare		0.31	30.8			0.3	0.95	percent of total billed charges	
METHYLPRED ACETATE 1MG INJ	J1010	HCPCS	both			1		Americare	Americare		0.75	75			0.3	0.95	percent of total billed charges	
METHYLPRED ACETATE 1MG INJ	J1010	HCPCS	both			1		Amerihealth	HMO/PPO		0.65	65			0.3	0.95	percent of total billed charges	
METHYLPRED ACETATE 1MG INJ	J1010	HCPCS	both			1		Consumer	Consumer		0.95	95			0.3	0.95	percent of total billed charges	
METHYLPRED ACETATE 1MG INJ	J1010	HCPCS	both			1		Corrections	Corrections		0.8	80			0.3	0.95	percent of total billed charges	
METHYLPRED ACETATE 1MG INJ	J1010	HCPCS	both			1		First Health	First Health		0.7	70			0.3	0.95	percent of total billed charges	
METHYLPRED ACETATE 1MG INJ	J1010	HCPCS	both			1		First Trenton	First Trenton		0.9	90			0.3	0.95	percent of total billed charges	
METHYLPRED ACETATE 1MG INJ	J1010	HCPCS	both			1		Horizon	Indemnity		0.38	38.28			0.3	0.95	percent of total billed charges	
METHYLPRED ACETATE 1MG INJ	J1010	HCPCS	both			1		Horizon	MGD		0.38	38.28			0.3	0.95	percent of total billed charges	
METHYLPRED ACETATE 1MG INJ	J1010	HCPCS	both			1		Horizon	Medicare Blue		0.3	30			0.3	0.95	percent of total billed charges	
METHYLPRED ACETATE 1MG INJ	J1010	HCPCS	both			1		Horizon	PPO		0.38	38.28			0.3	0.95	percent of total billed charges	
METHYLPRED ACETATE 1MG INJ	J1010	HCPCS	both			1		Managed Care Inc	Managed Care Inc		0.9	90			0.3	0.95	percent of total billed charges	
METHYLPRED ACETATE 1MG INJ	J1010	HCPCS	both			1		Multiplan	Multiplan		0.8	80			0.3	0.95	percent of total billed charges	
METHYLPRED ACETATE 1MG INJ	J1010	HCPCS	both			1		Qualcare	Qualcare		0.75	75			0.3	0.95	percent of total billed charges	
METHYLPRED ACETATE 1MG INJ	J1010	HCPCS	both			1		Three Rivers	Three Rivers		0.95	95			0.3	0.95	percent of total billed charges	
METHYLPRED ACETATE 1MG INJ	J1010	HCPCS	both			1		UHC	Medicaid		0.32	31.55			0.3	0.95	percent of total billed charges	
METHYLPRED ACETATE 1MG INJ	J1010	HCPCS	both			1		Wellcare	Medicaid		0.32	31.55			0.3	0.95	percent of total billed charges	
METHYLPRED ACETATE 1MG INJ	J1010	HCPCS	both			1		WellPoint	WellPoint		0.32	32.18			0.3	0.95	percent of total billed charges	
METHYLPREDNISOLONE 80MG VIAL	J1040	HCPCS	both			77	11.27	Aetna	Medicare		9.8				9.8	73.15 fee schedule		
METHYLPREDNISOLONE 80MG VIAL	J1040	HCPCS	both			77	11.27	Aetna	Better Health		24.29	31.55			9.8	73.15	percent of total billed charges	
METHYLPREDNISOLONE 80MG VIAL	J1040	HCPCS	both			77	11.27	Aetna	Commercial		29.26	38			9.8	73.15	percent of total billed charges	
METHYLPREDNISOLONE 80MG VIAL	J1040	HCPCS	both			77	11.27	Americare	Americare		57.75	75			9.8	73.15	percent of total billed charges	
METHYLPREDNISOLONE 80MG VIAL	J1040	HCPCS	both			77	11.27	Amerihealth	Medicare		9.8				9.8	73.15 fee schedule		
METHYLPREDNISOLONE 80MG VIAL	J1040	HCPCS	both			77	11.27	Amerihealth	HMO/PPO		10.64				9.8	73.15 fee schedule		
METHYLPREDNISOLONE 80MG VIAL	J1040	HCPCS	both			77	11.27	Consumer	Consumer		73.15	95			9.8	73.15	percent of total billed charges	
METHYLPREDNISOLONE 80MG VIAL	J1040	HCPCS	both			77	11.27	Corrections	Corrections		61.6	80			9.8	73.15	percent of total billed charges	
METHYLPREDNISOLONE 80MG VIAL	J1040	HCPCS	both			77	11.27	First Health	First Health		53.9	70			9.8	73.15	percent of total billed charges	
METHYLPREDNISOLONE 80MG VIAL	J1040	HCPCS	both			77	11.27	First Trenton	First Trenton		69.3	90			9.8	73.15	percent of total billed charges	
METHYLPREDNISOLONE 80MG VIAL	J1040	HCPCS	both			77	11.27	Horizon	MGD		29.48	38.28			9.8	73.15	percent of total billed charges	
METHYLPREDNISOLONE 80MG VIAL	J1040	HCPCS	both			77	11.27	Horizon	Medicare Blue		23.1	30			9.8	73.15	percent of total billed charges	
METHYLPREDNISOLONE 80MG VIAL	J1040	HCPCS	both			77	11.27	Horizon	Indemnity		29.48	38.28			9.8	73.15	percent of total billed charges	
METHYLPREDNISOLONE 80MG VIAL	J1040	HCPCS	both			77	11.27	Horizon	PPO		29.48	38.28			9.8	73.15	percent of total billed charges	
METHYLPREDNISOLONE 80MG VIAL	J1040	HCPCS	both			77	11.27	Managed Care Inc	Managed Care Inc		69.3	90			9.8	73.15	percent of total billed charges	
METHYLPREDNISOLONE 80MG VIAL	J1040	HCPCS	both			77	11.27	Multiplan	Multiplan		61.6	80			9.8	73.15	percent of total billed charges	
METHYLPREDNISOLONE 80MG VIAL	J1040	HCPCS	both			77	11.27	Qualcare	Qualcare		57.75	75			9.8	73.15	percent of total billed charges	
METHYLPREDNISOLONE 80MG VIAL	J1040	HCPCS	both			77	11.27	Three Rivers	Three Rivers		73.15	95			9.8	73.15	percent of total billed charges	
METHYLPREDNISOLONE 80MG VIAL	J1040	HCPCS	both			77	11.27	UHC	Medicaid		24.29	31.55			9.8	73.15	percent of total billed charges	
METHYLPREDNISOLONE 80MG VIAL	J1040	HCPCS	both			77	11.27	UHC	Medicare		9.8				9.8	73.15 fee schedule		
METHYLPREDNISOLONE 80MG VIAL	J1040	HCPCS	both			77	11.27	Wellcare	Medicare		9.8				9.8	73.15 fee schedule		
METHYLPREDNISOLONE 80MG VIAL	J1040	HCPCS	both			77	11.27	Wellcare	Medicaid		24.29	31.55			9.8	73.15	percent of total billed charges	
METHYLPREDNISOLONE 80MG VIAL	J1040	HCPCS	both			77	11.27	WellPoint	WellPoint		24.78	32.18			9.8	73.15	percent of total billed charges	
MEDROXYPROGESTERONE 150MG/1ML INJ	J1050	HCPCS	both			2.5		Aetna	Better Health		0.79	31.55			0.45	2.38	percent of total billed charges	
MEDROXYPROGESTERONE 150MG/1ML INJ	J1050	HCPCS	both			2.5		Aetna	Medicare		0.77	30.8			0.45	2.38	percent of total billed charges	
MEDROXYPROGESTERONE 150MG/1ML INJ	J1050	HCPCS	both			2.5		Aetna	Commercial		0.95	38			0.45	2.38	percent of total billed charges	
MEDROXYPROGESTERONE 150MG/1ML INJ	J1050	HCPCS	both			2.5		Americare	Americare		1.88	75			0.45	2.38	percent of total billed charges	
MEDROXYPROGESTERONE 150MG/1ML INJ	J1050	HCPCS	both			2.5		Amerihealth	HMO/PPO		0.45				0.45	2.38 fee schedule		
MEDROXYPROGESTERONE 150MG/1ML INJ	J1050	HCPCS	both			2.5		Consumer	Consumer		2.38	95			0.45	2.38	percent of total billed charges	
MEDROXYPROGESTERONE 150MG/1ML INJ	J1050	HCPCS	both			2.5		Corrections	Corrections		2	80			0.45	2.38	percent of total billed charges	
MEDROXYPROGESTERONE 150MG/1ML INJ	J1050	HCPCS	both			2.5		First Health	First Health		1.75	70			0.45	2.38	percent of total billed charges	
MEDROXYPROGESTERONE 150MG/1ML INJ	J1050	HCPCS	both			2.5		First Trenton	First Trenton		2.25	90			0.45	2.38	percent of total billed charges	
MEDROXYPROGESTERONE 150MG/1ML INJ	J1050	HCPCS	both			2.5		Horizon	MGD		0.96	38.28			0.45	2.38	percent of total billed charges	
MEDROXYPROGESTERONE 150MG/1ML INJ	J1050	HCPCS	both			2.5		Horizon	Medicare Blue		0.75	30			0.45	2.38	percent of total billed charges	
MEDROXYPROGESTERONE 150MG/1ML INJ	J1050	HCPCS	both			2.5		Horizon	Indemnity		0.96	38.28			0.45	2.38	percent of total billed charges	
MEDROXYPROGESTERONE 150MG/1ML INJ	J1050	HCPCS	both			2.5		Horizon	PPO		0.96	38.28			0.45	2.38	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.															
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true														
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
MEDROXYPROGESTERONE 150MG/1ML INJ	J1050	HCPCS	both			2.5		Managed Care Inc	Managed Care Inc		2.25	90			0.45	2.38	percent of total billed charges	
MEDROXYPROGESTERONE 150MG/1ML INJ	J1050	HCPCS	both			2.5		Multiplan	Multiplan		2	80			0.45	2.38	percent of total billed charges	
MEDROXYPROGESTERONE 150MG/1ML INJ	J1050	HCPCS	both			2.5		Qualcare	Qualcare		1.88	75			0.45	2.38	percent of total billed charges	
MEDROXYPROGESTERONE 150MG/1ML INJ	J1050	HCPCS	both			2.5		Three Rivers	Three Rivers		2.38	95			0.45	2.38	percent of total billed charges	
MEDROXYPROGESTERONE 150MG/1ML INJ	J1050	HCPCS	both			2.5		UHC	Medicaid		0.79	31.55			0.45	2.38	percent of total billed charges	
MEDROXYPROGESTERONE 150MG/1ML INJ	J1050	HCPCS	both			2.5		Wellcare	Medicaid		0.79	31.55			0.45	2.38	percent of total billed charges	
MEDROXYPROGESTERONE 150MG/1ML INJ	J1050	HCPCS	both			2.5		WellPoint	WellPoint		0.8	32.18			0.45	2.38	percent of total billed charges	
TESTOSTERONE DEPO 1MG INJ.	J1071	HCPCS	both			1	0.03	Aetna	Commercial		0.38	38			0.02	0.95	percent of total billed charges	
TESTOSTERONE DEPO 1MG INJ.	J1071	HCPCS	both			1	0.03	Aetna	Better Health		0.32	31.55			0.02	0.95	percent of total billed charges	
TESTOSTERONE DEPO 1MG INJ.	J1071	HCPCS	both			1	0.03	Aetna	Medicare		0.03				0.02	0.95	fee schedule	
TESTOSTERONE DEPO 1MG INJ.	J1071	HCPCS	both			1	0.03	Americare	Americare		0.75	75			0.02	0.95	percent of total billed charges	
TESTOSTERONE DEPO 1MG INJ.	J1071	HCPCS	both			1	0.03	Amerihealth	Medicare		0.03				0.02	0.95	fee schedule	
TESTOSTERONE DEPO 1MG INJ.	J1071	HCPCS	both			1	0.03	Amerihealth	HMO/PPO		0.02				0.02	0.95	fee schedule	
TESTOSTERONE DEPO 1MG INJ.	J1071	HCPCS	both			1	0.03	Consumer	Consumer		0.95	95			0.02	0.95	percent of total billed charges	
TESTOSTERONE DEPO 1MG INJ.	J1071	HCPCS	both			1	0.03	Corrections	Corrections		0.8	80			0.02	0.95	percent of total billed charges	
TESTOSTERONE DEPO 1MG INJ.	J1071	HCPCS	both			1	0.03	First Health	First Health		0.7	70			0.02	0.95	percent of total billed charges	
TESTOSTERONE DEPO 1MG INJ.	J1071	HCPCS	both			1	0.03	First Trenton	First Trenton		0.9	90			0.02	0.95	percent of total billed charges	
TESTOSTERONE DEPO 1MG INJ.	J1071	HCPCS	both			1	0.03	Horizon	MGD		0.38	38.28			0.02	0.95	percent of total billed charges	
TESTOSTERONE DEPO 1MG INJ.	J1071	HCPCS	both			1	0.03	Horizon	Indemnity		0.38	38.28			0.02	0.95	percent of total billed charges	
TESTOSTERONE DEPO 1MG INJ.	J1071	HCPCS	both			1	0.03	Horizon	PPO		0.38	38.28			0.02	0.95	percent of total billed charges	
TESTOSTERONE DEPO 1MG INJ.	J1071	HCPCS	both			1	0.03	Horizon	Medicare Blue		0.3	30			0.02	0.95	percent of total billed charges	
TESTOSTERONE DEPO 1MG INJ.	J1071	HCPCS	both			1	0.03	Managed Care Inc	Managed Care Inc		0.9	90			0.02	0.95	percent of total billed charges	
TESTOSTERONE DEPO 1MG INJ.	J1071	HCPCS	both			1	0.03	Multiplan	Multiplan		0.8	80			0.02	0.95	percent of total billed charges	
TESTOSTERONE DEPO 1MG INJ.	J1071	HCPCS	both			1	0.03	Qualcare	Qualcare		0.75	75			0.02	0.95	percent of total billed charges	
TESTOSTERONE DEPO 1MG INJ.	J1071	HCPCS	both			1	0.03	Three Rivers	Three Rivers		0.95	95			0.02	0.95	percent of total billed charges	
TESTOSTERONE DEPO 1MG INJ.	J1071	HCPCS	both			1	0.03	UHC	Medicare		0.03				0.02	0.95	fee schedule	
TESTOSTERONE DEPO 1MG INJ.	J1071	HCPCS	both			1	0.03	UHC	Medicaid		0.32	31.55			0.02	0.95	percent of total billed charges	
TESTOSTERONE DEPO 1MG INJ.	J1071	HCPCS	both			1	0.03	Wellcare	Medicare		0.03				0.02	0.95	fee schedule	
TESTOSTERONE DEPO 1MG INJ.	J1071	HCPCS	both			1	0.03	Wellcare	Medicaid		0.32	31.55			0.02	0.95	percent of total billed charges	
TESTOSTERONE DEPO 1MG INJ.	J1071	HCPCS	both			1	0.03	WellPoint	WellPoint		0.32	32.18			0.02	0.95	percent of total billed charges	
DEXAMETHASONE SOD PHOS 1MG	J1100	HCPCS	both			2.5	0.14	Aetna	Medicare		0.12				0.12	2.38	fee schedule	
DEXAMETHASONE SOD PHOS 1MG	J1100	HCPCS	both			2.5	0.14	Aetna	Better Health		0.79	31.55			0.12	2.38	percent of total billed charges	
DEXAMETHASONE SOD PHOS 1MG	J1100	HCPCS	both			2.5	0.14	Aetna	Commercial		0.95	38			0.12	2.38	percent of total billed charges	
DEXAMETHASONE SOD PHOS 1MG	J1100	HCPCS	both			2.5	0.14	Americare	Americare		1.88	75			0.12	2.38	percent of total billed charges	
DEXAMETHASONE SOD PHOS 1MG	J1100	HCPCS	both			2.5	0.14	Amerihealth	HMO/PPO		0.13				0.12	2.38	fee schedule	
DEXAMETHASONE SOD PHOS 1MG	J1100	HCPCS	both			2.5	0.14	Amerihealth	Medicare		0.12				0.12	2.38	fee schedule	
DEXAMETHASONE SOD PHOS 1MG	J1100	HCPCS	both			2.5	0.14	Consumer	Consumer		2.38	95			0.12	2.38	percent of total billed charges	
DEXAMETHASONE SOD PHOS 1MG	J1100	HCPCS	both			2.5	0.14	Corrections	Corrections		2	80			0.12	2.38	percent of total billed charges	
DEXAMETHASONE SOD PHOS 1MG	J1100	HCPCS	both			2.5	0.14	First Health	First Health		1.75	70			0.12	2.38	percent of total billed charges	
DEXAMETHASONE SOD PHOS 1MG	J1100	HCPCS	both			2.5	0.14	First Trenton	First Trenton		2.25	90			0.12	2.38	percent of total billed charges	
DEXAMETHASONE SOD PHOS 1MG	J1100	HCPCS	both			2.5	0.14	Horizon	Medicare Blue		0.75	30			0.12	2.38	percent of total billed charges	
DEXAMETHASONE SOD PHOS 1MG	J1100	HCPCS	both			2.5	0.14	Horizon	Indemnity		0.96	38.28			0.12	2.38	percent of total billed charges	
DEXAMETHASONE SOD PHOS 1MG	J1100	HCPCS	both			2.5	0.14	Horizon	MGD		0.96	38.28			0.12	2.38	percent of total billed charges	
DEXAMETHASONE SOD PHOS 1MG	J1100	HCPCS	both			2.5	0.14	Horizon	PPO		0.96	38.28			0.12	2.38	percent of total billed charges	
DEXAMETHASONE SOD PHOS 1MG	J1100	HCPCS	both			2.5	0.14	Managed Care Inc	Managed Care Inc		2.25	90			0.12	2.38	percent of total billed charges	
DEXAMETHASONE SOD PHOS 1MG	J1100	HCPCS	both			2.5	0.14	Multiplan	Multiplan		2	80			0.12	2.38	percent of total billed charges	
DEXAMETHASONE SOD PHOS 1MG	J1100	HCPCS	both			2.5	0.14	Qualcare	Qualcare		1.88	75			0.12	2.38	percent of total billed charges	
DEXAMETHASONE SOD PHOS 1MG	J1100	HCPCS	both			2.5	0.14	Three Rivers	Three Rivers		2.38	95			0.12	2.38	percent of total billed charges	
DEXAMETHASONE SOD PHOS 1MG	J1100	HCPCS	both			2.5	0.14	UHC	Medicare		0.12				0.12	2.38	fee schedule	
DEXAMETHASONE SOD PHOS 1MG	J1100	HCPCS	both			2.5	0.14	UHC	Medicaid		0.79	31.55			0.12	2.38	percent of total billed charges	
DEXAMETHASONE SOD PHOS 1MG	J1100	HCPCS	both			2.5	0.14	Wellcare	Medicaid		0.79	31.55			0.12	2.38	percent of total billed charges	
DEXAMETHASONE SOD PHOS 1MG	J1100	HCPCS	both			2.5	0.14	Wellcare	Medicare		0.12				0.12	2.38	fee schedule	
DEXAMETHASONE SOD PHOS 1MG	J1100	HCPCS	both			2.5	0.14	WellPoint	WellPoint		0.8	32.18			0.12	2.38	percent of total billed charges	
ACETAZOLAMIDE 500MG VIAL	J1120	HCPCS	both			137	32.34	Aetna	Medicare		28.12				14.1	130.15	fee schedule	
ACETAZOLAMIDE 500MG VIAL	J1120	HCPCS	both			137	32.34	Aetna	Better Health		43.22	31.55			14.1	130.15	percent of total billed charges	
ACETAZOLAMIDE 500MG VIAL	J1120	HCPCS	both			137	32.34	Aetna	Commercial		52.06	38			14.1	130.15	percent of total billed charges	
ACETAZOLAMIDE 500MG VIAL	J1120	HCPCS	both			137	32.34	Americare	Americare		102.75	75			14.1	130.15	percent of total billed charges	
ACETAZOLAMIDE 500MG VIAL	J1120	HCPCS	both			137	32.34	Amerihealth	HMO/PPO		22.98				14.1	130.15	fee schedule	
ACETAZOLAMIDE 500MG VIAL	J1120	HCPCS	both			137	32.34	Amerihealth	Medicare		28.12				14.1	130.15	fee schedule	
ACETAZOLAMIDE 500MG VIAL	J1120	HCPCS	both			137	32.34	Consumer	Consumer		130.15	95			14.1	130.15	percent of total billed charges	
ACETAZOLAMIDE 500MG VIAL	J1120	HCPCS	both			137	32.34	Corrections	Corrections		109.6	80			14.1	130.15	percent of total billed charges	
ACETAZOLAMIDE 500MG VIAL	J1120	HCPCS	both			137	32.34	First Health	First Health		95.9	70			14.1	130.15	percent of total billed charges	
ACETAZOLAMIDE 500MG VIAL	J1120	HCPCS	both			137	32.34	First Trenton	First Trenton		123.3	90			14.1	130.15	percent of total billed charges	
ACETAZOLAMIDE 500MG VIAL	J1120	HCPCS	both			137	32.34	Horizon	MGD		52.44	38.28			14.1	130.15	percent of total billed charges	
ACETAZOLAMIDE 500MG VIAL	J1120	HCPCS	both			137	32.34	Horizon	Indemnity		52.44	38.28			14.1	130.15	percent of total billed charges	
ACETAZOLAMIDE 500MG VIAL	J1120	HCPCS	both			137	32.34	Horizon	Medicare Blue		41.1	30			14.1	130.15	percent of total billed charges	
ACETAZOLAMIDE 500MG VIAL	J1120	HCPCS	both			137	32.34	Horizon	PPO		52.44	38.28			14.1	130.15	percent of total billed charges	
ACETAZOLAMIDE 500MG VIAL	J1120	HCPCS	both			137	32.34	Managed Care Inc	Managed Care Inc		123.3	90			14.1	130.15	percent of total billed charges	
ACETAZOLAMIDE 500MG VIAL	J1120	HCPCS	both			137	32.34	Multiplan	Multiplan		109.6	80			14.1	130.15	percent of total billed charges	
ACETAZOLAMIDE 500MG VIAL	J1120	HCPCS	both			137	32.34	Qualcare	Qualcare		102.75	75			14.1	130.15	percent of total billed charges	
ACETAZOLAMIDE 500MG VIAL	J1120	HCPCS	both			137	32.34	Three Rivers	Three Rivers		130.15	95			14.1	130.15	percent of total billed charges	
ACETAZOLAMIDE 500MG VIAL	J1120	HCPCS	both			137	32.34	UHC	Medicare		28.12				14.1	130.15	fee schedule	
ACETAZOLAMIDE 500MG VIAL	J1120	HCPCS	both			137	32.34	UHC	Medicaid		43.22	31.55			14.1	130.15	percent of total billed charges	
ACETAZOLAMIDE 500MG VIAL	J1120	HCPCS	both			137	32.34	Wellcare	Medicare		28.12				14.1	130.15	fee schedule	
ACETAZOLAMIDE 500MG VIAL	J1120	HCPCS	both			137	32.34	Wellcare	Medicaid		43.22	31.55			14.1	130.15	percent of total billed charges	
ACETAZOLAMIDE 500MG VIAL	J1120	HCPCS	both			137	32.34	WellPoint	WellPoint		44.09	32.18			14.1	130.15	percent of total billed charges	
DIGOXIN PED 0.1MG/ML INJ	J1160	HCPCS	both			45	10.82	Aetna	Better Health		14.2	31.55			5.22	42.75	percent of total billed charges	
DIGOXIN PED 0.1MG/ML INJ	J1160	HCPCS	both			45	10.82	Aetna	Medicare		9.41				5.22	42.75	fee schedule	
DIGOXIN PED 0.1MG/ML INJ	J1160	HCPCS	both			45	10.82	Aetna	Commercial		17.1	38			5.22	42.75	percent of total billed charges	
DIGOXIN PED 0.1MG/ML INJ	J1160	HCPCS	both			45	10.82	Americare	Americare		33.75	75			5.22	42.75	percent of total billed charges	
DIGOXIN PED 0.1MG/ML INJ	J1160	HCPCS	both			45	10.82	Amerihealth	Medicare		9.41				5.22	42.75	fee schedule	
DIGOXIN PED 0.1MG/ML INJ	J1160	HCPCS	both			45	10.82	Amerihealth	HMO/PPO		5.22				5.22	42.75	fee schedule	
DIGOXIN PED 0.1MG/ML INJ	J1160	HCPCS	both			45	10.82	Consumer	Consumer		42.75	95			5.22	42.75	percent of total billed charges	
DIGOXIN PED 0.1MG/ML INJ	J1160	HCPCS	both			45	10.82	Corrections	Corrections		36	80			5.22	42.75	percent of total billed charges	
DIGOXIN PED 0.1MG/ML INJ	J1160	HCPCS	both			45	10.82	First Health	First Health		31.5	70			5.22	42.75	percent of total billed charges	
DIGOXIN PED 0.1MG/ML INJ	J1160	HCPCS	both			45	10.82	First Trenton	First Trenton		40.5	90			5.22	42.75	percent of total billed charges	
DIGOXIN PED 0.1MG/ML INJ	J1160	HCPCS	both			45	10.82	Horizon	MGD		17.23	38.28			5.22	42.75	percent of total billed charges	
DIGOXIN PED 0.1MG/ML INJ	J1160	HCPCS	both			45	10.82	Horizon	Medicare Blue		13.5	30			5.22	42.75	percent of total billed charges	
DIGOXIN PED 0.1MG/ML INJ	J1160	HCPCS	both			45	10.82	Horizon	Indemnity		17.23	38.28			5.22	42.75	percent of total billed charges	
DIGOXIN PED 0.1MG/ML INJ	J1160	HCPCS	both			45	10.82	Horizon	PPO		17.23	38.28			5.22	42.75	percent of total billed charges	
DIGOXIN PED 0.1MG/ML INJ	J1160	HCPCS	both			45	10.82	Managed Care Inc	Managed Care Inc		40.5	90			5.22	42.75	percent of total billed charges	
DIGOXIN PED 0.1MG/ML INJ	J1160	HCPCS	both			45	10.82	Multiplan	Multiplan		36	80			5.22	42.75	percent of total billed charges	
DIGOXIN PED 0.1MG/ML INJ	J1160	HCPCS	both			45	10.82	Qualcare	Qualcare		33.75	75			5.22	42.75	percent of total billed charges	
DIGOXIN PED 0.1MG/ML INJ	J1160	HCPCS	both			45	10.82	Three Rivers	Three Rivers		42.75	95			5.22	42.75	percent of total billed charges	
DIGOXIN PED 0.1MG/ML INJ	J1160	HCPCS	both			45	10.82	UHC	Medicaid		14.2	31.55			5.22	42.75	percent of total billed charges	
DIGOXIN PED 0.1MG/ML INJ	J1160	HCPCS	both			45	10.82	UHC	Medicare		9.41				5.22	42.75	fee schedule	
DIGOXIN PED 0.1MG/ML INJ	J1160	HCPCS	both			45	10.82	Wellcare	Medicare		9.41				5.22	42.75	fee schedule	
DIGOXIN PED 0.1MG/ML INJ	J1160	HCPCS	both			45	10.82	Wellcare	Medicaid		14.2	31.55			5.22	42.75	percent of total billed charges	
DIGOXIN PED 0.1MG/ML INJ	J1160	HCPCS	both			45	10.82	WellPoint	WellPoint		14.48	32.18			5.22	42.75	percent of total billed charges	
DIGOXIN IMMUNE FAB 40MG INJ	J1162	HCPCS	inpatient			5638	5494.06	Aetna	Medicare		4777.44				1778.79	11943.6	fee schedule	
DIGOXIN IMMUNE FAB 40MG INJ	J1162	HCPCS	inpatient			5638	5494.06	Aetna	Commercial		9129.4				1778.79	11943.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIGOXIN IMMUNE FAB 40MG INJ	J1162	HCPCS	inpatient			5638	5494.06	Aetna	Better Health		1778.79	31.55			1778.79	11943.6	percent of total billed charges	
DIGOXIN IMMUNE FAB 40MG INJ	J1162	HCPCS	inpatient			5638	5494.06	Americare	Americare		4228.5	75			1778.79	11943.6	percent of total billed charges	
DIGOXIN IMMUNE FAB 40MG INJ	J1162	HCPCS	inpatient			5638	5494.06	Amerihealth	Medicare		4777.44				1778.79	11943.6	fee schedule	
DIGOXIN IMMUNE FAB 40MG INJ	J1162	HCPCS	inpatient			5638	5494.06	Amerihealth	HMO/PPO		3297.6				1778.79	11943.6	fee schedule	
DIGOXIN IMMUNE FAB 40MG INJ	J1162	HCPCS	inpatient			5638	5494.06	Consumer	Consumer		5366.1	95			1778.79	11943.6	percent of total billed charges	
DIGOXIN IMMUNE FAB 40MG INJ	J1162	HCPCS	inpatient			5638	5494.06	Corrections	Corrections		4510.4	80			1778.79	11943.6	percent of total billed charges	
DIGOXIN IMMUNE FAB 40MG INJ	J1162	HCPCS	inpatient			5638	5494.06	First Health	First Health		3946.6	70			1778.79	11943.6	percent of total billed charges	
DIGOXIN IMMUNE FAB 40MG INJ	J1162	HCPCS	inpatient			5638	5494.06	First Trenton	First Trenton		5074.2	90			1778.79	11943.6	percent of total billed charges	
DIGOXIN IMMUNE FAB 40MG INJ	J1162	HCPCS	inpatient			5638	5494.06	Horizon	MGD		10672				1778.79	11943.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIGOXIN IMMUNE FAB 40MG INJ	J1162	HCPCS	inpatient			5638	5494.06	Horizon	Medicare Blue		5734.55				1778.79	11943.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIGOXIN IMMUNE FAB 40MG INJ	J1162	HCPCS	inpatient			5638	5494.06	Horizon	PPO		10672				1778.79	11943.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIGOXIN IMMUNE FAB 40MG INJ	J1162	HCPCS	inpatient			5638	5494.06	Horizon	Indemnity		10672				1778.79	11943.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIGOXIN IMMUNE FAB 40MG INJ	J1162	HCPCS	inpatient			5638	5494.06	Managed Care Inc	Managed Care Inc		5074.2	90			1778.79	11943.6	percent of total billed charges	
DIGOXIN IMMUNE FAB 40MG INJ	J1162	HCPCS	inpatient			5638	5494.06	Multiplan	Multiplan		4510.4	80			1778.79	11943.6	percent of total billed charges	
DIGOXIN IMMUNE FAB 40MG INJ	J1162	HCPCS	inpatient			5638	5494.06	Qualcare	Qualcare		4228.5	75			1778.79	11943.6	percent of total billed charges	
DIGOXIN IMMUNE FAB 40MG INJ	J1162	HCPCS	inpatient			5638	5494.06	Three Rivers	Three Rivers		5366.1	95			1778.79	11943.6	percent of total billed charges	
DIGOXIN IMMUNE FAB 40MG INJ	J1162	HCPCS	inpatient			5638	5494.06	UHC	Medicaid		1778.79	31.55			1778.79	11943.6	percent of total billed charges	
DIGOXIN IMMUNE FAB 40MG INJ	J1162	HCPCS	inpatient			5638	5494.06	UHC	Medicare		4777.44				1778.79	11943.6	fee schedule	
DIGOXIN IMMUNE FAB 40MG INJ	J1162	HCPCS	inpatient			5638	5494.06	United	Commercial/PPO		11943.6				1778.79	11943.6	fee schedule	
DIGOXIN IMMUNE FAB 40MG INJ	J1162	HCPCS	inpatient			5638	5494.06	United	Oxford		11943.6				1778.79	11943.6	fee schedule	
DIGOXIN IMMUNE FAB 40MG INJ	J1162	HCPCS	inpatient			5638	5494.06	Wellcare	Medicare		4777.44				1778.79	11943.6	fee schedule	
DIGOXIN IMMUNE FAB 40MG INJ	J1162	HCPCS	inpatient			5638	5494.06	Wellcare	Medicaid		1778.79	31.55			1778.79	11943.6	percent of total billed charges	
DIGOXIN IMMUNE FAB 40MG INJ	J1162	HCPCS	inpatient			5638	5494.06	WellPoint	WellPoint		1814.31	32.18			1778.79	11943.6	percent of total billed charges	
PHENYTOIN 50MG INJ	J1165	HCPCS	both			3.5	0.72	Aetna	Commercial		1.33	38			0.63	3.33	percent of total billed charges	
PHENYTOIN 50MG INJ	J1165	HCPCS	both			3.5	0.72	Aetna	Medicare		0.63				0.63	3.33	fee schedule	
PHENYTOIN 50MG INJ	J1165	HCPCS	both			3.5	0.72	Aetna	Better Health		1.1	31.55			0.63	3.33	percent of total billed charges	
PHENYTOIN 50MG INJ	J1165	HCPCS	both			3.5	0.72	Americare	Americare		2.63	75			0.63	3.33	percent of total billed charges	
PHENYTOIN 50MG INJ	J1165	HCPCS	both			3.5	0.72	Amerihealth	HMO/PPO		1.53				0.63	3.33	fee schedule	
PHENYTOIN 50MG INJ	J1165	HCPCS	both			3.5	0.72	Amerihealth	Medicare		0.63				0.63	3.33	fee schedule	
PHENYTOIN 50MG INJ	J1165	HCPCS	both			3.5	0.72	Consumer	Consumer		3.33	95			0.63	3.33	percent of total billed charges	
PHENYTOIN 50MG INJ	J1165	HCPCS	both			3.5	0.72	Corrections	Corrections		2.8	80			0.63	3.33	percent of total billed charges	
PHENYTOIN 50MG INJ	J1165	HCPCS	both			3.5	0.72	First Health	First Health		2.45	70			0.63	3.33	percent of total billed charges	
PHENYTOIN 50MG INJ	J1165	HCPCS	both			3.5	0.72	First Trenton	First Trenton		3.15	90			0.63	3.33	percent of total billed charges	
PHENYTOIN 50MG INJ	J1165	HCPCS	both			3.5	0.72	Horizon	Indemnity		1.34	38.28			0.63	3.33	percent of total billed charges	
PHENYTOIN 50MG INJ	J1165	HCPCS	both			3.5	0.72	Horizon	Medicare Blue		1.05	30			0.63	3.33	percent of total billed charges	
PHENYTOIN 50MG INJ	J1165	HCPCS	both			3.5	0.72	Horizon	MGD		1.34	38.28			0.63	3.33	percent of total billed charges	
PHENYTOIN 50MG INJ	J1165	HCPCS	both			3.5	0.72	Horizon	PPO		1.34	38.28			0.63	3.33	percent of total billed charges	
PHENYTOIN 50MG INJ	J1165	HCPCS	both			3.5	0.72	Managed Care Inc	Managed Care Inc		3.15	90			0.63	3.33	percent of total billed charges	
PHENYTOIN 50MG INJ	J1165	HCPCS	both			3.5	0.72	Multiplan	Multiplan		2.8	80			0.63	3.33	percent of total billed charges	
PHENYTOIN 50MG INJ	J1165	HCPCS	both			3.5	0.72	Qualcare	Qualcare		2.63	75			0.63	3.33	percent of total billed charges	
PHENYTOIN 50MG INJ	J1165	HCPCS	both			3.5	0.72	Three Rivers	Three Rivers		3.33	95			0.63	3.33	percent of total billed charges	
PHENYTOIN 50MG INJ	J1165	HCPCS	both			3.5	0.72	UHC	Medicaid		1.1	31.55			0.63	3.33	percent of total billed charges	
PHENYTOIN 50MG INJ	J1165	HCPCS	both			3.5	0.72	UHC	Medicare		0.63				0.63	3.33	fee schedule	
PHENYTOIN 50MG INJ	J1165	HCPCS	both			3.5	0.72	Wellcare	Medicare		0.63				0.63	3.33	fee schedule	
PHENYTOIN 50MG INJ	J1165	HCPCS	both			3.5	0.72	Wellcare	Medicaid		1.1	31.55			0.63	3.33	percent of total billed charges	
PHENYTOIN 50MG INJ	J1165	HCPCS	both			3.5	0.72	WellPoint	WellPoint		1.13	32.18			0.63	3.33	percent of total billed charges	
HYDROMORPHONE 4MG INJ	J1170	HCPCS	both			27	5.28	Aetna	Medicare		4.59				1.35	25.65	fee schedule	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.														
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true													
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
HYDROMORPHONE 4MG INJ	J1170	HCPCS	both			27	5.28	Aetna	Better Health		8.52				1.35	25.65	percent of total billed charges	
HYDROMORPHONE 4MG INJ	J1170	HCPCS	both			27	5.28	Aetna	Commercial		10.26				1.35	25.65	percent of total billed charges	
HYDROMORPHONE 4MG INJ	J1170	HCPCS	both			27	5.28	Americare	Americare		20.25				1.35	25.65	percent of total billed charges	
HYDROMORPHONE 4MG INJ	J1170	HCPCS	both			27	5.28	Amerihealth	Medicare		4.59				1.35	25.65	fee schedule	
HYDROMORPHONE 4MG INJ	J1170	HCPCS	both			27	5.28	Amerihealth	HMO/PPO		2.32				1.35	25.65	fee schedule	
HYDROMORPHONE 4MG INJ	J1170	HCPCS	both			27	5.28	Consumer	Consumer		25.65	95			1.35	25.65	percent of total billed charges	
HYDROMORPHONE 4MG INJ	J1170	HCPCS	both			27	5.28	Corrections	Corrections		21.6	80			1.35	25.65	percent of total billed charges	
HYDROMORPHONE 4MG INJ	J1170	HCPCS	both			27	5.28	First Health	First Health		18.9	70			1.35	25.65	percent of total billed charges	
HYDROMORPHONE 4MG INJ	J1170	HCPCS	both			27	5.28	First Trenton	First Trenton		24.3	90			1.35	25.65	percent of total billed charges	
HYDROMORPHONE 4MG INJ	J1170	HCPCS	both			27	5.28	Horizon	MGD		10.34	38.28			1.35	25.65	percent of total billed charges	
HYDROMORPHONE 4MG INJ	J1170	HCPCS	both			27	5.28	Horizon	Medicare Blue		8.1	30			1.35	25.65	percent of total billed charges	
HYDROMORPHONE 4MG INJ	J1170	HCPCS	both			27	5.28	Horizon	Indemnity		10.34	38.28			1.35	25.65	percent of total billed charges	
HYDROMORPHONE 4MG INJ	J1170	HCPCS	both			27	5.28	Horizon	PPO		10.34	38.28			1.35	25.65	percent of total billed charges	
HYDROMORPHONE 4MG INJ	J1170	HCPCS	both			27	5.28	Managed Care Inc	Managed Care Inc		24.3	90			1.35	25.65	percent of total billed charges	
HYDROMORPHONE 4MG INJ	J1170	HCPCS	both			27	5.28	Multiplan	Multiplan		21.6	80			1.35	25.65	percent of total billed charges	
HYDROMORPHONE 4MG INJ	J1170	HCPCS	both			27	5.28	Qualcare	Qualcare		20.25	75			1.35	25.65	percent of total billed charges	
HYDROMORPHONE 4MG INJ	J1170	HCPCS	both			27	5.28	Three Rivers	Three Rivers		25.65	95			1.35	25.65	percent of total billed charges	
HYDROMORPHONE 4MG INJ	J1170	HCPCS	both			27	5.28	UHC	Medicare		4.59				1.35	25.65	fee schedule	
HYDROMORPHONE 4MG INJ	J1170	HCPCS	both			27	5.28	UHC	Medicaid		8.52	31.55			1.35	25.65	percent of total billed charges	
HYDROMORPHONE 4MG INJ	J1170	HCPCS	both			27	5.28	Wellcare	Medicaid		8.52	31.55			1.35	25.65	percent of total billed charges	
HYDROMORPHONE 4MG INJ	J1170	HCPCS	both			27	5.28	Wellcare	Medicare		4.59				1.35	25.65	fee schedule	
HYDROMORPHONE 4MG INJ	J1170	HCPCS	both			27	5.28	WellPoint	WellPoint		8.69	32.18			1.35	25.65	percent of total billed charges	
DEXRAZOXANE 250MG INJ	J1190	HCPCS	inpatient			1268	124.21	Aetna	Commercial		174.07				108.01	1204.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEXRAZOXANE 250MG INJ	J1190	HCPCS	inpatient			1268	124.21	Aetna	Better Health		400.05	31.55			108.01	1204.6	percent of total billed charges	
DEXRAZOXANE 250MG INJ	J1190	HCPCS	inpatient			1268	124.21	Aetna	Medicare		108.01				108.01	1204.6	fee schedule	
DEXRAZOXANE 250MG INJ	J1190	HCPCS	inpatient			1268	124.21	Americare	Americare		951	75			108.01	1204.6	percent of total billed charges	
DEXRAZOXANE 250MG INJ	J1190	HCPCS	inpatient			1268	124.21	Amerihealth	HMO/PPO		199.67				108.01	1204.6	fee schedule	
DEXRAZOXANE 250MG INJ	J1190	HCPCS	inpatient			1268	124.21	Amerihealth	Medicare		108.01				108.01	1204.6	fee schedule	
DEXRAZOXANE 250MG INJ	J1190	HCPCS	inpatient			1268	124.21	Consumer	Consumer		1204.6	95			108.01	1204.6	percent of total billed charges	
DEXRAZOXANE 250MG INJ	J1190	HCPCS	inpatient			1268	124.21	Corrections	Corrections		1014.4	80			108.01	1204.6	percent of total billed charges	
DEXRAZOXANE 250MG INJ	J1190	HCPCS	inpatient			1268	124.21	First Health	First Health		887.6	70			108.01	1204.6	percent of total billed charges	
DEXRAZOXANE 250MG INJ	J1190	HCPCS	inpatient			1268	124.21	First Trenton	First Trenton		1141.2	90			108.01	1204.6	percent of total billed charges	
DEXRAZOXANE 250MG INJ	J1190	HCPCS	inpatient			1268	124.21	Horizon	MGD		203.48				108.01	1204.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEXRAZOXANE 250MG INJ	J1190	HCPCS	inpatient			1268	124.21	Horizon	Indemnity		203.48				108.01	1204.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEXRAZOXANE 250MG INJ	J1190	HCPCS	inpatient			1268	124.21	Horizon	PPO		203.48				108.01	1204.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEXRAZOXANE 250MG INJ	J1190	HCPCS	inpatient			1268	124.21	Horizon	Medicare Blue		109.34				108.01	1204.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEXRAZOXANE 250MG INJ	J1190	HCPCS	inpatient			1268	124.21	Managed Care Inc	Managed Care Inc		1141.2	90			108.01	1204.6	percent of total billed charges	
DEXRAZOXANE 250MG INJ	J1190	HCPCS	inpatient			1268	124.21	Multiplan	Multiplan		1014.4	80			108.01	1204.6	percent of total billed charges	
DEXRAZOXANE 250MG INJ	J1190	HCPCS	inpatient			1268	124.21	Qualcare	Qualcare		951	75			108.01	1204.6	percent of total billed charges	
DEXRAZOXANE 250MG INJ	J1190	HCPCS	inpatient			1268	124.21	Three Rivers	Three Rivers		1204.6	95			108.01	1204.6	percent of total billed charges	
DEXRAZOXANE 250MG INJ	J1190	HCPCS	inpatient			1268	124.21	UHC	Medicaid		400.05	31.55			108.01	1204.6	percent of total billed charges	
DEXRAZOXANE 250MG INJ	J1190	HCPCS	inpatient			1268	124.21	UHC	Medicare		108.01				108.01	1204.6	fee schedule	
DEXRAZOXANE 250MG INJ	J1190	HCPCS	inpatient			1268	124.21	United	Oxford		270.03				108.01	1204.6	fee schedule	
DEXRAZOXANE 250MG INJ	J1190	HCPCS	inpatient			1268	124.21	United	Commercial|PPO		270.03				108.01	1204.6	fee schedule	
DEXRAZOXANE 250MG INJ	J1190	HCPCS	inpatient			1268	124.21	Wellcare	Medicare		108.01				108.01	1204.6	fee schedule	
DEXRAZOXANE 250MG INJ	J1190	HCPCS	inpatient			1268	124.21	Wellcare	Medicaid		400.05	31.55			108.01	1204.6	percent of total billed charges	
DEXRAZOXANE 250MG INJ	J1190	HCPCS	inpatient			1268	124.21	WellPoint	WellPoint		408.04	32.18			108.01	1204.6	percent of total billed charges	
DIPHENHYDRAMINE 50MG/1ML INJ	J1200	HCPCS	both			5.5	0.92	Aetna	Medicare		0.8				0.68	5.23	fee schedule	
DIPHENHYDRAMINE 50MG/1ML INJ	J1200	HCPCS	both			5.5	0.92	Aetna	Better Health		1.74	31.55			0.68	5.23	percent of total billed charges	
DIPHENHYDRAMINE 50MG/1ML INJ	J1200	HCPCS	both			5.5	0.92	Aetna	Commercial		2.09	38			0.68	5.23	percent of total billed charges	
DIPHENHYDRAMINE 50MG/1ML INJ	J1200	HCPCS	both			5.5	0.92	Americare	Americare		4.13	75			0.68	5.23	percent of total billed charges	
DIPHENHYDRAMINE 50MG/1ML INJ	J1200	HCPCS	both			5.5	0.92	Amerihealth	Medicare		0.8				0.68	5.23	fee schedule	
DIPHENHYDRAMINE 50MG/1ML INJ	J1200	HCPCS	both			5.5	0.92	Amerihealth	HMO/PPO		0.68				0.68	5.23	fee schedule	
DIPHENHYDRAMINE 50MG/1ML INJ	J1200	HCPCS	both			5.5	0.92	Consumer	Consumer		5.23	95			0.68	5.23	percent of total billed charges	
DIPHENHYDRAMINE 50MG/1ML INJ	J1200	HCPCS	both			5.5	0.92	Corrections	Corrections		4.4	80			0.68	5.23	percent of total billed charges	
DIPHENHYDRAMINE 50MG/1ML INJ	J1200	HCPCS	both			5.5	0.92	First Health	First Health		3.85	70			0.68	5.23	percent of total billed charges	
DIPHENHYDRAMINE 50MG/1ML INJ	J1200	HCPCS	both			5.5	0.92	First Trenton	First Trenton		4.95	90			0.68	5.23	percent of total billed charges	
DIPHENHYDRAMINE 50MG/1ML INJ	J1200	HCPCS	both			5.5	0.92	Horizon	MGD		2.11	38.28			0.68	5.23	percent of total billed charges	
DIPHENHYDRAMINE 50MG/1ML INJ	J1200	HCPCS	both			5.5	0.92	Horizon	Indemnity		2.11	38.28			0.68	5.23	percent of total billed charges	
DIPHENHYDRAMINE 50MG/1ML INJ	J1200	HCPCS	both			5.5	0.92	Horizon	Medicare Blue		1.65	30			0.68	5.23	percent of total billed charges	
DIPHENHYDRAMINE 50MG/1ML INJ	J1200	HCPCS	both			5.5	0.92	Horizon	PPO		2.11	38.28			0.68	5.23	percent of total billed charges	
DIPHENHYDRAMINE 50MG/1ML INJ	J1200	HCPCS	both			5.5	0.92	Managed Care Inc	Managed Care Inc		4.95	90			0.68	5.23	percent of total billed charges	
DIPHENHYDRAMINE 50MG/1ML INJ	J1200	HCPCS	both			5.5	0.92	Multiplan	Multiplan		4.4	80			0.68	5.23	percent of total billed charges	
DIPHENHYDRAMINE 50MG/1ML INJ	J1200	HCPCS	both			5.5	0.92	Qualcare	Qualcare		4.13	75			0.68	5.23	percent of total billed charges	
DIPHENHYDRAMINE 50MG/1ML INJ	J1200	HCPCS	both			5.5	0.92	Three Rivers	Three Rivers		5.23	95			0.68	5.23	percent of total billed charges	
DIPHENHYDRAMINE 50MG/1ML INJ	J1200	HCPCS	both			5.5	0.92	UHC	Medicare		0.8				0.68	5.23	fee schedule	
DIPHENHYDRAMINE 50MG/1ML INJ	J1200	HCPCS	both			5.5	0.92	UHC	Medicaid		1.74	31.55			0.68	5.23	percent of total billed charges	
DIPHENHYDRAMINE 50MG/1ML INJ	J1200	HCPCS	both			5.5	0.92	Wellcare	Medicare		0.8				0.68	5.23	fee schedule	
DIPHENHYDRAMINE 50MG/1ML INJ	J1200	HCPCS	both			5.5	0.92	Wellcare	Medicaid		1.74	31.55			0.68	5.23	percent of total billed charges	
DIPHENHYDRAMINE 50MG/1ML INJ	J1200	HCPCS	both			5.5	0.92	WellPoint	WellPoint		1.77	32.18			0.68	5.23	percent of total billed charges	
SOD CHLOR 0.9% INJ. 500ML	J1205	HCPCS	both			887.5	139.55	Aetna	Better Health		280.01	31.55			7.8	843.13	percent of total billed charges	
SOD CHLOR 0.9% INJ. 500ML	J1205	HCPCS	both			887.5	139.55	Aetna	Medicare		121.35				7.8	843.13	fee schedule	
SOD CHLOR 0.9% INJ. 500ML	J1205	HCPCS	both			887.5	139.55	Aetna	Commercial		337.25	38			7.8	843.13	percent of total billed charges	
SOD CHLOR 0.9% INJ. 500ML	J1205	HCPCS	both			887.5	139.55	Americare	Americare		665.63	75			7.8	843.13	percent of total billed charges	
SOD CHLOR 0.9% INJ. 500ML	J1205	HCPCS	both			887.5	139.55	Amerihealth	Medicare		121.35				7.8	843.13	fee schedule	
SOD CHLOR 0.9% INJ. 500ML	J1205	HCPCS	both			887.5	139.55	Amerihealth	HMO/PPO		94.04				7.8	843.13	fee schedule	
SOD CHLOR 0.9% INJ. 500ML	J1205	HCPCS	both			887.5	139.55	Consumer	Consumer		843.13	95			7.8	843.13	percent of total billed charges	
SOD CHLOR 0.9% INJ. 500ML	J1205	HCPCS	both			887.5	139.55	Corrections	Corrections		710	80			7.8	843.13	percent of total billed charges	
SOD CHLOR 0.9% INJ. 500ML	J1205	HCPCS	both			887.5	139.55	First Health	First Health		621.25	70			7.8	843.13	percent of total billed charges	
SOD CHLOR 0.9% INJ. 500ML	J1205	HCPCS	both			887.5	139.55	First Trenton	First Trenton		798.75	90			7.8	843.13	percent of total billed charges	
SOD CHLOR 0.9% INJ. 500ML	J1205	HCPCS	both			887.5	139.55	Horizon	Medicare Blue		266.25	30			7.8	843.13	percent of total billed charges	
SOD CHLOR 0.9% INJ. 500ML	J1205	HCPCS	both			887.5	139.55	Horizon	Indemnity		339.74	38.28			7.8	843.13	percent of total billed charges	
SOD CHLOR 0.9% INJ. 500ML	J1205	HCPCS	both			887.5	139.55	Horizon	MGD		339.74	38.28			7.8	843.13	percent of total billed charges	
SOD CHLOR 0.9% INJ. 500ML	J1205	HCPCS	both			887.5	139.55	Horizon	PPO		339.74	38.28			7.8	843.13	percent of total billed charges	
SOD CHLOR 0.9% INJ. 500ML	J1205	HCPCS	both			887.5	139.55	Managed Care Inc	Managed Care Inc		798.75	90			7.8	843.13	percent of total billed charges	
SOD CHLOR 0.9% INJ. 500ML	J1205	HCPCS	both			887.5	139.55	Multiplan	Multiplan		710	80			7.8	843.13	percent of total billed charges	
SOD CHLOR 0.9% INJ. 500ML	J1205	HCPCS	both			887.5	139.55	Qualcare	Qualcare		665.63	75			7.8	843.13	percent of total billed charges	
SOD CHLOR 0.9% INJ. 500ML	J1205	HCPCS	both			887.5	139.55	Three Rivers	Three Rivers		843.13	95			7.8	843.13	percent of total billed charges	
SOD CHLOR 0.9% INJ. 500ML	J1205	HCPCS	both			887.5	139.55	UHC	Medicare		121.35				7.8	843.13	fee schedule	
SOD CHLOR 0.9% INJ. 500ML	J1205	HCPCS	both			887.5	139.55	UHC	Medicaid		280.01	31.55			7.8	843.13	percent of total billed charges	
SOD CHLOR 0.9% INJ. 500ML	J1205	HCPCS	both			887.5	139.55	Wellcare	Medicare		121.35				7.8	843.13	fee schedule	
SOD CHLOR 0.9% INJ. 500ML	J1205	HCPCS	both			887.5	139.55	Wellcare	Medicaid		280.01	31.55			7.8	843.13	percent of total billed charges	
SOD CHLOR 0.9% INJ. 500ML	J1205	HCPCS	both			887.5	139.55	WellPoint	WellPoint		285.6	32.18			7.8	843.13	percent of total billed charges	
DIMETHYL SULFOXIDE SOL (NF)	J1212	HCPCS	outpatient			1848	782.94	Aetna	Commercial		1299.74				522.86	1755.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIMETHYL SULFOXIDE SOL (NF)	J1212	HCPCS	outpatient			1848	782.94	Aetna	Better Health		583.04	31.55			522.86	1755.6	percent of total billed charges	
DIMETHYL SULFOXIDE SOL (NF)	J1212	HCPCS	outpatient			1848	782.94	Aetna	Medicare		680.82				522.86	1755.6	fee schedule	
DIMETHYL SULFOXIDE SOL (NF)	J1212	HCPCS	outpatient			1848	782.94	Americare	Americare		1386	75			522.86	1755.6	percent of total billed charges	
DIMETHYL SULFOXIDE SOL (NF)	J1212	HCPCS	outpatient			1848	782.94	Amerihealth	HMO/PPO		522.86				522.86	1755.6	fee schedule	
DIMETHYL SULFOXIDE SOL (NF)	J1212	HCPCS	outpatient			1848	782.94	Amerihealth	Medicare		680.82				522.86	1755.6	fee schedule	
DIMETHYL SULFOXIDE SOL (NF)	J1212	HCPCS	outpatient			1848	782.94	Consumer	Consumer		1755.6	95			522.86	1755.6	percent of total billed charges	
DIMETHYL SULFOXIDE SOL (NF)	J1212	HCPCS	outpatient			1848	782.94	Corrections	Corrections		1478.4	80			522.86	1755.6	percent of total billed charges	
DIMETHYL SULFOXIDE SOL (NF)	J1212	HCPCS	outpatient			1848	782.94	First Health	First Health		1293.6	70			522.86	1755.6	percent of total billed charges	
DIMETHYL SULFOXIDE SOL (NF)	J1212	HCPCS	outpatient			1848	782.94	First Trenton	First Trenton		1663.2	90			522.86	1755.6	percent of total billed charges	
DIMETHYL SULFOXIDE SOL (NF)	J1212	HCPCS	outpatient			1848	782.94	Horizon	MGD		1519.36				522.86	1755.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIMETHYL SULFOXIDE SOL (NF)	J1212	HCPCS	outpatient			1848	782.94	Horizon	PPO		1519.36				522.86	1755.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIMETHYL SULFOXIDE SOL (NF)	J1212	HCPCS	outpatient			1848	782.94	Horizon	Indemnity		1519.36				522.86	1755.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIMETHYL SULFOXIDE SOL (NF)	J1212	HCPCS	outpatient			1848	782.94	Horizon	Medicare Blue		816.42				522.86	1755.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIMETHYL SULFOXIDE SOL (NF)	J1212	HCPCS	outpatient			1848	782.94	Managed Care Inc	Managed Care Inc		1663.2	90			522.86	1755.6	percent of total billed charges	
DIMETHYL SULFOXIDE SOL (NF)	J1212	HCPCS	outpatient			1848	782.94	Multiplan	Multiplan		1478.4	80			522.86	1755.6	percent of total billed charges	
DIMETHYL SULFOXIDE SOL (NF)	J1212	HCPCS	outpatient			1848	782.94	Qualcare	Qualcare		1386	75			522.86	1755.6	percent of total billed charges	
DIMETHYL SULFOXIDE SOL (NF)	J1212	HCPCS	outpatient			1848	782.94	Three Rivers	Three Rivers		1755.6	95			522.86	1755.6	percent of total billed charges	
DIMETHYL SULFOXIDE SOL (NF)	J1212	HCPCS	outpatient			1848	782.94	UHC	Medicaid		583.04	31.55			522.86	1755.6	percent of total billed charges	
DIMETHYL SULFOXIDE SOL (NF)	J1212	HCPCS	outpatient			1848	782.94	UHC	Medicare		680.82				522.86	1755.6	fee schedule	
DIMETHYL SULFOXIDE SOL (NF)	J1212	HCPCS	outpatient			1848	782.94	United	Commercial|PPO		1702.05				522.86	1755.6	fee schedule	
DIMETHYL SULFOXIDE SOL (NF)	J1212	HCPCS	outpatient			1848	782.94	United	Oxford		1702.05				522.86	1755.6	fee schedule	
DIMETHYL SULFOXIDE SOL (NF)	J1212	HCPCS	outpatient			1848	782.94	Wellcare	Medicare		680.82				522.86	1755.6	fee schedule	
DIMETHYL SULFOXIDE SOL (NF)	J1212	HCPCS	outpatient			1848	782.94	Wellcare	Medicaid		583.04	31.55			522.86	1755.6	percent of total billed charges	
DIMETHYL SULFOXIDE SOL (NF)	J1212	HCPCS	outpatient			1848	782.94	WellPoint	WellPoint		594.69	32.18			522.86	1755.6	percent of total billed charges	
METHADONE 10MG/1ML INJ	J1230	HCPCS	both			32	22.62	Aetna	Medicare		19.67				9.6	30.4	fee schedule	
METHADONE 10MG/1ML INJ	J1230	HCPCS	both			32	22.62	Aetna	Better Health		10.1	31.55			9.6	30.4	percent of total billed charges	
METHADONE 10MG/1ML INJ	J1230	HCPCS	both			32	22.62	Aetna	Commercial		12.16	38			9.6	30.4	percent of total billed charges	
METHADONE 10MG/1ML INJ	J1230	HCPCS	both			32	22.62	Americare	Americare		24	75			9.6	30.4	percent of total billed charges	
METHADONE 10MG/1ML INJ	J1230	HCPCS	both			32	22.62	Amerihealth	HMO/PPO		18.6				9.6	30.4	fee schedule	
METHADONE 10MG/1ML INJ	J1230	HCPCS	both			32	22.62	Amerihealth	Medicare		19.67				9.6	30.4	fee schedule	
METHADONE 10MG/1ML INJ	J1230	HCPCS	both			32	22.62	Consumer	Consumer		30.4	95			9.6	30.4	percent of total billed charges	
METHADONE 10MG/1ML INJ	J1230	HCPCS	both			32	22.62	Corrections	Corrections		25.6	80			9.6	30.4	percent of total billed charges	
METHADONE 10MG/1ML INJ	J1230	HCPCS	both			32	22.62	First Health	First Health		22.4	70			9.6	30.4	percent of total billed charges	
METHADONE 10MG/1ML INJ	J1230	HCPCS	both			32	22.62	First Trenton	First Trenton		28.8	90			9.6	30.4	percent of total billed charges	
METHADONE 10MG/1ML INJ	J1230	HCPCS	both			32	22.62	Horizon	Medicare Blue		9.6	30			9.6	30.4	percent of total billed charges	
METHADONE 10MG/1ML INJ	J1230	HCPCS	both			32	22.62	Horizon	Indemnity		12.25	38.28			9.6	30.4	percent of total billed charges	
METHADONE 10MG/1ML INJ	J1230	HCPCS	both			32	22.62	Horizon	MGD		12.25	38.28			9.6	30.4	percent of total billed charges	
METHADONE 10MG/1ML INJ	J1230	HCPCS	both			32	22.62	Horizon	PPO		12.25	38.28			9.6	30.4	percent of total billed charges	
METHADONE 10MG/1ML INJ	J1230	HCPCS	both			32	22.62	Managed Care Inc	Managed Care Inc		28.8	90			9.6	30.4	percent of total billed charges	
METHADONE 10MG/1ML INJ	J1230	HCPCS	both			32	22.62	Multiplan	Multiplan		25.6	80			9.6	30.4	percent of total billed charges	
METHADONE 10MG/1ML INJ	J1230	HCPCS	both			32	22.62	Qualcare	Qualcare		24	75			9.6	30.4	percent of total billed charges	
METHADONE 10MG/1ML INJ	J1230	HCPCS	both			32	22.62	Three Rivers	Three Rivers		30.4	95			9.6	30.4	percent of total billed charges	
METHADONE 10MG/1ML INJ	J1230	HCPCS	both			32	22.62	UHC	Medicaid		10.1	31.55			9.6	30.4	percent of total billed charges	
METHADONE 10MG/1ML INJ	J1230	HCPCS	both			32	22.62	UHC	Medicare		19.67				9.6	30.4	fee schedule	
METHADONE 10MG/1ML INJ	J1230	HCPCS	both			32	22.62	Wellcare	Medicaid		10.1	31.55			9.6	30.4	percent of total billed charges	
METHADONE 10MG/1ML INJ	J1230	HCPCS	both			32	22.62	Wellcare	Medicare		19.67				9.6	30.4	fee schedule	
METHADONE 10MG/1ML INJ	J1230	HCPCS	both			32	22.62	WellPoint	WellPoint		10.3	32.18			9.6	30.4	percent of total billed charges	
IV PERSANTINE	J1245	HCPCS	outpatient			606	4.28	Aetna	Better Health		191.19	31.55			0.85	575.7	percent of total billed charges	
IV PERSANTINE	J1245	HCPCS	outpatient			606	4.28	Aetna	Medicare		3.72				0.85	575.7	fee schedule	
IV PERSANTINE	J1245	HCPCS	outpatient			606	4.28	Aetna	Commercial		230.28	38			0.85	575.7	percent of total billed charges	
IV PERSANTINE	J1245	HCPCS	outpatient			606	4.28	Americare	Americare		454.5	75			0.85	575.7	percent of total billed charges	
IV PERSANTINE	J1245	HCPCS	outpatient			606	4.28	Amerihealth	Medicare		3.72				0.85	575.7	fee schedule	
IV PERSANTINE	J1245	HCPCS	outpatient			606	4.28	Amerihealth	HMO/PPO		0.85				0.85	575.7	fee schedule	
IV PERSANTINE	J1245	HCPCS	outpatient			606	4.28	Consumer	Consumer		575.7	95			0.85	575.7	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.														
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101191	true													
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
IV PERSANTINE	J1245	HCPCS	outpatient			606	4.28	Corrections	Corrections		484.8	80			0.85	575.7	percent of total billed charges	
IV PERSANTINE	J1245	HCPCS	outpatient			606	4.28	First Health	First Health		424.2	70			0.85	575.7	percent of total billed charges	
IV PERSANTINE	J1245	HCPCS	outpatient			606	4.28	First Trenton	First Trenton		545.4	90			0.85	575.7	percent of total billed charges	
IV PERSANTINE	J1245	HCPCS	outpatient			606	4.28	Horizon	MGD		231.98	38.28			0.85	575.7	percent of total billed charges	
IV PERSANTINE	J1245	HCPCS	outpatient			606	4.28	Horizon	Indemnity		231.98	38.28			0.85	575.7	percent of total billed charges	
IV PERSANTINE	J1245	HCPCS	outpatient			606	4.28	Horizon	Medicare Blue		181.8	30			0.85	575.7	percent of total billed charges	
IV PERSANTINE	J1245	HCPCS	outpatient			606	4.28	Horizon	PPO		231.98	38.28			0.85	575.7	percent of total billed charges	
IV PERSANTINE	J1245	HCPCS	outpatient			606	4.28	Managed Care Inc	Managed Care Inc		545.4	90			0.85	575.7	percent of total billed charges	
IV PERSANTINE	J1245	HCPCS	outpatient			606	4.28	Multiplan	Multiplan		484.8	80			0.85	575.7	percent of total billed charges	
IV PERSANTINE	J1245	HCPCS	outpatient			606	4.28	Qualcare	Qualcare		454.5	75			0.85	575.7	percent of total billed charges	
IV PERSANTINE	J1245	HCPCS	outpatient			606	4.28	Three Rivers	Three Rivers		575.7	95			0.85	575.7	percent of total billed charges	
IV PERSANTINE	J1245	HCPCS	outpatient			606	4.28	UHC	Medicaid		191.19	31.55			0.85	575.7	percent of total billed charges	
IV PERSANTINE	J1245	HCPCS	outpatient			606	4.28	UHC	Medicare		3.72				0.85	575.7	fee schedule	
IV PERSANTINE	J1245	HCPCS	outpatient			606	4.28	Wellcare	Medicare		3.72				0.85	575.7	fee schedule	
IV PERSANTINE	J1245	HCPCS	outpatient			606	4.28	Wellcare	Medicaid		191.19	31.55			0.85	575.7	percent of total billed charges	
IV PERSANTINE	J1245	HCPCS	outpatient			606	4.28	WellPoint	WellPoint		195.01	32.18			0.85	575.7	percent of total billed charges	
DOBUTAMINE UP TO 250 MG	J1250	HCPCS	both			91	11.33	Aetna	Better Health		28.71	31.55			5.72	86.45	percent of total billed charges	
DOBUTAMINE UP TO 250 MG	J1250	HCPCS	both			91	11.33	Aetna	Medicare		9.85				5.72	86.45	fee schedule	
DOBUTAMINE UP TO 250 MG	J1250	HCPCS	both			91	11.33	Aetna	Commercial		34.58	38			5.72	86.45	percent of total billed charges	
DOBUTAMINE UP TO 250 MG	J1250	HCPCS	both			91	11.33	Americare	Americare		68.25	75			5.72	86.45	percent of total billed charges	
DOBUTAMINE UP TO 250 MG	J1250	HCPCS	both			91	11.33	Amerihealth	HMO/PPO		5.72				5.72	86.45	fee schedule	
DOBUTAMINE UP TO 250 MG	J1250	HCPCS	both			91	11.33	Amerihealth	Medicare		9.85				5.72	86.45	fee schedule	
DOBUTAMINE UP TO 250 MG	J1250	HCPCS	both			91	11.33	Consumer	Consumer		86.45	95			5.72	86.45	percent of total billed charges	
DOBUTAMINE UP TO 250 MG	J1250	HCPCS	both			91	11.33	Corrections	Corrections		72.8	80			5.72	86.45	percent of total billed charges	
DOBUTAMINE UP TO 250 MG	J1250	HCPCS	both			91	11.33	First Health	First Health		63.7	70			5.72	86.45	percent of total billed charges	
DOBUTAMINE UP TO 250 MG	J1250	HCPCS	both			91	11.33	First Trenton	First Trenton		81.9	90			5.72	86.45	percent of total billed charges	
DOBUTAMINE UP TO 250 MG	J1250	HCPCS	both			91	11.33	Horizon	Indemnity		34.83	38.28			5.72	86.45	percent of total billed charges	
DOBUTAMINE UP TO 250 MG	J1250	HCPCS	both			91	11.33	Horizon	MGD		34.83	38.28			5.72	86.45	percent of total billed charges	
DOBUTAMINE UP TO 250 MG	J1250	HCPCS	both			91	11.33	Horizon	PPO		34.83	38.28			5.72	86.45	percent of total billed charges	
DOBUTAMINE UP TO 250 MG	J1250	HCPCS	both			91	11.33	Horizon	Medicare Blue		27.3	30			5.72	86.45	percent of total billed charges	
DOBUTAMINE UP TO 250 MG	J1250	HCPCS	both			91	11.33	Managed Care Inc	Managed Care Inc		81.9	90			5.72	86.45	percent of total billed charges	
DOBUTAMINE UP TO 250 MG	J1250	HCPCS	both			91	11.33	Multiplan	Multiplan		72.8	80			5.72	86.45	percent of total billed charges	
DOBUTAMINE UP TO 250 MG	J1250	HCPCS	both			91	11.33	Qualcare	Qualcare		68.25	75			5.72	86.45	percent of total billed charges	
DOBUTAMINE UP TO 250 MG	J1250	HCPCS	both			91	11.33	Three Rivers	Three Rivers		86.45	95			5.72	86.45	percent of total billed charges	
DOBUTAMINE UP TO 250 MG	J1250	HCPCS	both			91	11.33	UHC	Medicaid		28.71	31.55			5.72	86.45	percent of total billed charges	
DOBUTAMINE UP TO 250 MG	J1250	HCPCS	both			91	11.33	UHC	Medicare		9.85				5.72	86.45	fee schedule	
DOBUTAMINE UP TO 250 MG	J1250	HCPCS	both			91	11.33	Wellcare	Medicaid		28.71	31.55			5.72	86.45	percent of total billed charges	
DOBUTAMINE UP TO 250 MG	J1250	HCPCS	both			91	11.33	Wellcare	Medicare		9.85				5.72	86.45	fee schedule	
DOBUTAMINE UP TO 250 MG	J1250	HCPCS	both			91	11.33	WellPoint	WellPoint		29.28	32.18			5.72	86.45	percent of total billed charges	
DOLASETRON 10MG	J1260	HCPCS	outpatient			28.5		Aetna	Better Health		8.99	31.55			6.69	27.08	percent of total billed charges	
DOLASETRON 10MG	J1260	HCPCS	outpatient			28.5		Aetna	Commercial		10.83	38			6.69	27.08	percent of total billed charges	
DOLASETRON 10MG	J1260	HCPCS	outpatient			28.5		Aetna	Medicare		8.78	30.8			6.69	27.08	percent of total billed charges	
DOLASETRON 10MG	J1260	HCPCS	outpatient			28.5		Americare	Americare		21.38	75			6.69	27.08	percent of total billed charges	
DOLASETRON 10MG	J1260	HCPCS	outpatient			28.5		Amerihealth	HMO/PPO		6.69				6.69	27.08	fee schedule	
DOLASETRON 10MG	J1260	HCPCS	outpatient			28.5		Consumer	Consumer		27.08	95			6.69	27.08	percent of total billed charges	
DOLASETRON 10MG	J1260	HCPCS	outpatient			28.5		Corrections	Corrections		22.8	80			6.69	27.08	percent of total billed charges	
DOLASETRON 10MG	J1260	HCPCS	outpatient			28.5		First Health	First Health		19.95	70			6.69	27.08	percent of total billed charges	
DOLASETRON 10MG	J1260	HCPCS	outpatient			28.5		First Trenton	First Trenton		25.65	90			6.69	27.08	percent of total billed charges	
DOLASETRON 10MG	J1260	HCPCS	outpatient			28.5		Horizon	MGD		10.91	38.28			6.69	27.08	percent of total billed charges	
DOLASETRON 10MG	J1260	HCPCS	outpatient			28.5		Horizon	Medicare Blue		8.55	30			6.69	27.08	percent of total billed charges	
DOLASETRON 10MG	J1260	HCPCS	outpatient			28.5		Horizon	Indemnity		10.91	38.28			6.69	27.08	percent of total billed charges	
DOLASETRON 10MG	J1260	HCPCS	outpatient			28.5		Horizon	PPO		10.91	38.28			6.69	27.08	percent of total billed charges	
DOLASETRON 10MG	J1260	HCPCS	outpatient			28.5		Managed Care Inc	Managed Care Inc		25.65	90			6.69	27.08	percent of total billed charges	
DOLASETRON 10MG	J1260	HCPCS	outpatient			28.5		Multiplan	Multiplan		22.8	80			6.69	27.08	percent of total billed charges	
DOLASETRON 10MG	J1260	HCPCS	outpatient			28.5		Qualcare	Qualcare		21.38	75			6.69	27.08	percent of total billed charges	
DOLASETRON 10MG	J1260	HCPCS	outpatient			28.5		Three Rivers	Three Rivers		27.08	95			6.69	27.08	percent of total billed charges	
DOLASETRON 10MG	J1260	HCPCS	outpatient			28.5		UHC	Medicaid		8.99	31.55			6.69	27.08	percent of total billed charges	
DOLASETRON 10MG	J1260	HCPCS	outpatient			28.5		Wellcare	Medicaid		8.99	31.55			6.69	27.08	percent of total billed charges	
DOLASETRON 10MG	J1260	HCPCS	outpatient			28.5		WellPoint	WellPoint		9.17	32.18			6.69	27.08	percent of total billed charges	
DOPAMINE 40MG VIAL	J1265	HCPCS	both			4.5	0.89	Aetna	Better Health		1.42	31.55			0.7	4.28	percent of total billed charges	
DOPAMINE 40MG VIAL	J1265	HCPCS	both			4.5	0.89	Aetna	Medicare		0.77				0.7	4.28	fee schedule	
DOPAMINE 40MG VIAL	J1265	HCPCS	both			4.5	0.89	Aetna	Commercial		1.71	38			0.7	4.28	percent of total billed charges	
DOPAMINE 40MG VIAL	J1265	HCPCS	both			4.5	0.89	Americare	Americare		3.38	75			0.7	4.28	percent of total billed charges	
DOPAMINE 40MG VIAL	J1265	HCPCS	both			4.5	0.89	Amerihealth	HMO/PPO		0.7				0.7	4.28	fee schedule	
DOPAMINE 40MG VIAL	J1265	HCPCS	both			4.5	0.89	Amerihealth	Medicare		0.77				0.7	4.28	fee schedule	
DOPAMINE 40MG VIAL	J1265	HCPCS	both			4.5	0.89	Consumer	Consumer		4.28	95			0.7	4.28	percent of total billed charges	
DOPAMINE 40MG VIAL	J1265	HCPCS	both			4.5	0.89	Corrections	Corrections		3.6	80			0.7	4.28	percent of total billed charges	
DOPAMINE 40MG VIAL	J1265	HCPCS	both			4.5	0.89	First Health	First Health		3.15	70			0.7	4.28	percent of total billed charges	
DOPAMINE 40MG VIAL	J1265	HCPCS	both			4.5	0.89	First Trenton	First Trenton		4.05	90			0.7	4.28	percent of total billed charges	
DOPAMINE 40MG VIAL	J1265	HCPCS	both			4.5	0.89	Horizon	Medicare Blue		1.35	30			0.7	4.28	percent of total billed charges	
DOPAMINE 40MG VIAL	J1265	HCPCS	both			4.5	0.89	Horizon	Indemnity		1.72	38.28			0.7	4.28	percent of total billed charges	
DOPAMINE 40MG VIAL	J1265	HCPCS	both			4.5	0.89	Horizon	MGD		1.72	38.28			0.7	4.28	percent of total billed charges	
DOPAMINE 40MG VIAL	J1265	HCPCS	both			4.5	0.89	Horizon	PPO		1.72	38.28			0.7	4.28	percent of total billed charges	
DOPAMINE 40MG VIAL	J1265	HCPCS	both			4.5	0.89	Managed Care Inc	Managed Care Inc		4.05	90			0.7	4.28	percent of total billed charges	
DOPAMINE 40MG VIAL	J1265	HCPCS	both			4.5	0.89	Multiplan	Multiplan		3.6	80			0.7	4.28	percent of total billed charges	
DOPAMINE 40MG VIAL	J1265	HCPCS	both			4.5	0.89	Qualcare	Qualcare		3.38	75			0.7	4.28	percent of total billed charges	
DOPAMINE 40MG VIAL	J1265	HCPCS	both			4.5	0.89	Three Rivers	Three Rivers		4.28	95			0.7	4.28	percent of total billed charges	
DOPAMINE 40MG VIAL	J1265	HCPCS	both			4.5	0.89	UHC	Medicare		0.77				0.7	4.28	fee schedule	
DOPAMINE 40MG VIAL	J1265	HCPCS	both			4.5	0.89	UHC	Medicaid		1.42	31.55			0.7	4.28	percent of total billed charges	
DOPAMINE 40MG VIAL	J1265	HCPCS	both			4.5	0.89	Wellcare	Medicaid		1.42	31.55			0.7	4.28	percent of total billed charges	
DOPAMINE 40MG VIAL	J1265	HCPCS	both			4.5	0.89	Wellcare	Medicare		0.77				0.7	4.28	fee schedule	
DOPAMINE 40MG VIAL	J1265	HCPCS	both			4.5	0.89	WellPoint	WellPoint		1.45	32.18			0.7	4.28	percent of total billed charges	
EDARAVONE(RADICAVA) 1MG INJ	J1301	HCPCS	outpatient			80	25.09	Aetna	Medicare		21.82				21.82	76	fee schedule	
EDARAVONE(RADICAVA) 1MG INJ	J1301	HCPCS	outpatient			80	25.09	Aetna	Better Health		25.24	31.55			21.82	76	percent of total billed charges	
EDARAVONE(RADICAVA) 1MG INJ	J1301	HCPCS	outpatient			80	25.09	Aetna	Commercial		41.71				21.82	76	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EDARAVONE(RADICAVA) 1MG INJ	J1301	HCPCS	outpatient			80	25.09	Americare	Americare		60	75			21.82	76	percent of total billed charges	
EDARAVONE(RADICAVA) 1MG INJ	J1301	HCPCS	outpatient			80	25.09	Amerihealth	Medicare		21.82				21.82	76	fee schedule	
EDARAVONE(RADICAVA) 1MG INJ	J1301	HCPCS	outpatient			80	25.09	Amerihealth	HMO/PPO		52	65			21.82	76	percent of total billed charges	
EDARAVONE(RADICAVA) 1MG INJ	J1301	HCPCS	outpatient			80	25.09	Consumer	Consumer		76	95			21.82	76	percent of total billed charges	
EDARAVONE(RADICAVA) 1MG INJ	J1301	HCPCS	outpatient			80	25.09	Corrections	Corrections		64	80			21.82	76	percent of total billed charges	
EDARAVONE(RADICAVA) 1MG INJ	J1301	HCPCS	outpatient			80	25.09	First Health	First Health		56	70			21.82	76	percent of total billed charges	
EDARAVONE(RADICAVA) 1MG INJ	J1301	HCPCS	outpatient			80	25.09	First Trenton	First Trenton		72	90			21.82	76	percent of total billed charges	
EDARAVONE(RADICAVA) 1MG INJ	J1301	HCPCS	outpatient			80	25.09	Horizon	Medicare Blue		26.2				21.82	76	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EDARAVONE(RADICAVA) 1MG INJ	J1301	HCPCS	outpatient			80	25.09	Horizon	Indemnity		48.76				21.82	76	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EDARAVONE(RADICAVA) 1MG INJ	J1301	HCPCS	outpatient			80	25.09	Horizon	PPO		48.76				21.82	76	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EDARAVONE(RADICAVA) 1MG INJ	J1301	HCPCS	outpatient			80	25.09	Horizon	MGD		48.76				21.82	76	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EDARAVONE(RADICAVA) 1MG INJ	J1301	HCPCS	outpatient			80	25.09	Managed Care Inc	Managed Care Inc		72	90			21.82	76	percent of total billed charges	
EDARAVONE(RADICAVA) 1MG INJ	J1301	HCPCS	outpatient			80	25.09	Multiplan	Multiplan		64	80			21.82	76	percent of total billed charges	
EDARAVONE(RADICAVA) 1MG INJ	J1301	HCPCS	outpatient			80	25.09	Qualcare	Qualcare		60	75			21.82	76	percent of total billed charges	
EDARAVONE(RADICAVA) 1MG INJ	J1301	HCPCS	outpatient			80	25.09	Three Rivers	Three Rivers		76	95			21.82	76	percent of total billed charges	
EDARAVONE(RADICAVA) 1MG INJ	J1301	HCPCS	outpatient			80	25.09	UHC	Medicaid		25.24	31.55			21.82	76	percent of total billed charges	
EDARAVONE(RADICAVA) 1MG INJ	J1301	HCPCS	outpatient			80	25.09	UHC	Medicare		21.82				21.82	76	fee schedule	
EDARAVONE(RADICAVA) 1MG INJ	J1301	HCPCS	outpatient			80	25.09	United	Commercial|PPO		54.55				21.82	76	fee schedule	
EDARAVONE(RADICAVA) 1MG INJ	J1301	HCPCS	outpatient			80	25.09	United	Oxford		54.55				21.82	76	fee schedule	
EDARAVONE(RADICAVA) 1MG INJ	J1301	HCPCS	outpatient			80	25.09	Wellcare	Medicaid		25.24	31.55			21.82	76	percent of total billed charges	
EDARAVONE(RADICAVA) 1MG INJ	J1301	HCPCS	outpatient			80	25.09	Wellcare	Medicare		21.82				21.82	76	fee schedule	
EDARAVONE(RADICAVA) 1MG INJ	J1301	HCPCS	outpatient			80	25.09	WellPoint	WellPoint		25.74	32.18			21.82	76	percent of total billed charges	
ENFUVIRTIDE 1MG INJ	J1324	HCPCS	outpatient			171		Aetna	Medicare		52.67	30.8			0.65	162.45	percent of total billed charges	
ENFUVIRTIDE 1MG INJ	J1324	HCPCS	outpatient			171		Aetna	Better Health		53.95	31.55			0.65	162.45	percent of total billed charges	
ENFUVIRTIDE 1MG INJ	J1324	HCPCS	outpatient			171		Aetna	Commercial		64.98	38			0.65	162.45	percent of total billed charges	
ENFUVIRTIDE 1MG INJ	J1324	HCPCS	outpatient			171		Americare	Americare		128.25	75			0.65	162.45	percent of total billed charges	
ENFUVIRTIDE 1MG INJ	J1324	HCPCS	outpatient			171		Amerihealth	HMO/PPO		0.65				0.65	162.45	fee schedule	
ENFUVIRTIDE 1MG INJ	J1324	HCPCS	outpatient			171		Consumer	Consumer		162.45	95			0.65	162.45	percent of total billed charges	
ENFUVIRTIDE 1MG INJ	J1324	HCPCS	outpatient			171		Corrections	Corrections		136.8	80			0.65	162.45	percent of total billed charges	
ENFUVIRTIDE 1MG INJ	J1324	HCPCS	outpatient			171		First Health	First Health		119.7	70			0.65	162.45	percent of total billed charges	
ENFUVIRTIDE 1MG INJ	J1324	HCPCS	outpatient			171		First Trenton	First Trenton		153.9	90			0.65	162.45	percent of total billed charges	
ENFUVIRTIDE 1MG INJ	J1324	HCPCS	outpatient			171		Horizon	MGD		65.46	38.28			0.65	162.45	percent of total billed charges	
ENFUVIRTIDE 1MG INJ	J1324	HCPCS	outpatient			171		Horizon	Medicare Blue		51.3	30			0.65	162.45	percent of total billed charges	
ENFUVIRTIDE 1MG INJ	J1324	HCPCS	outpatient			171		Horizon	Indemnity		65.46	38.28			0.65	162.45	percent of total billed charges	
ENFUVIRTIDE 1MG INJ	J1324	HCPCS	outpatient			171		Horizon	PPO		65.46	38.28			0.65	162.45	percent of total billed charges	
ENFUVIRTIDE 1MG INJ	J1324	HCPCS	outpatient			171		Managed Care Inc	Managed Care Inc		153.9	90			0.65	162.45	percent of total billed charges	
ENFUVIRTIDE 1MG INJ	J1324	HCPCS	outpatient			171		Multiplan	Multiplan		136.8	80			0.65	162.45	percent of total billed charges	
ENFUVIRTIDE 1MG INJ	J1324	HCPCS	outpatient			171		Qualcare	Qualcare		128.25	75			0.65	162.45	percent of total billed charges	
ENFUVIRTIDE 1MG INJ	J1324	HCPCS	outpatient			171		Three Rivers	Three Rivers		162.45	95			0.65	162.45	percent of total billed charges	
ENFUVIRTIDE 1MG INJ	J1324	HCPCS	outpatient			171		UHC	Medicaid		53.95	31.55			0.65	162.45	percent of total billed charges	
ENFUVIRTIDE 1MG INJ	J1324	HCPCS	outpatient			171		Wellcare	Medicaid		53.95	31.55			0.65	162.45	percent of total billed charges	
ENFUVIRTIDE 1MG INJ	J1324	HCPCS	outpatient			171		WellPoint	WellPoint		55.03	32.18			0.65	162.45	percent of total billed charges	
EPOPROSTENOL 0.5MG INJ	J1325	HCPCS	inpatient			114.5	18.36	Aetna	Commercial		43.51	38			15.96	108.78	percent of total billed charges	
EPOPROSTENOL 0.5MG INJ	J1325	HCPCS	inpatient			114.5	18.36	Aetna	Medicare		15.96				15.96	108.78	fee schedule	
EPOPROSTENOL 0.5MG INJ	J1325	HCPCS	inpatient			114.5	18.36	Aetna	Better Health		36.12	31.55			15.96	108.78	percent of total billed charges	
EPOPROSTENOL 0.5MG INJ	J1325	HCPCS	inpatient			114.5	18.36	Americare	Americare		85.88	75			15.96	108.78	percent of total billed charges	
EPOPROSTENOL 0.5MG INJ	J1325	HCPCS	inpatient			114.5	18.36	Amerihealth	HMO/PPO		16.8				15.96	108.78	fee schedule	
EPOPROSTENOL 0.5MG INJ	J1325	HCPCS	inpatient			114.5	18.36	Amerihealth	Medicare		15.96				15.96	108.78	fee schedule	
EPOPROSTENOL 0.5MG INJ	J1325	HCPCS	inpatient			114.5	18.36	Consumer	Consumer		108.78	95			15.96	108.78	percent of total billed charges	
EPOPROSTENOL 0.5MG INJ	J1325	HCPCS	inpatient			114.5	18.36	Corrections	Corrections		91.6	80			15.96	108.78	percent of total billed charges	
EPOPROSTENOL 0.5MG INJ	J1325	HCPCS	inpatient			114.5	18.36	First Health	First Health		80.15	70			15.96	108.78	percent of total billed charges	
EPOPROSTENOL 0.5MG INJ	J1325	HCPCS	inpatient			114.5	18.36	First Trenton	First Trenton		103.05	90			15.96	108.78	percent of total billed charges	
EPOPROSTENOL 0.5MG INJ	J1325	HCPCS	inpatient			114.5	18.36	Horizon	PPO		43.83	38.28			15.96	108.78	percent of total billed charges	
EPOPROSTENOL 0.5MG INJ	J1325	HCPCS	inpatient			114.5	18.36	Horizon	Indemnity		43.83	38.28			15.96	108.78	percent of total billed charges	
EPOPROSTENOL 0.5MG INJ	J1325	HCPCS	inpatient			114.5	18.36	Horizon	MGD		43.83	38.28			15.96	108.78	percent of total billed charges	
EPOPROSTENOL 0.5MG INJ	J1325	HCPCS	inpatient			114.5	18.36	Horizon	Medicare Blue		34.35	30			15.96	108.78	percent of total billed charges	
EPOPROSTENOL 0.5MG INJ	J1325	HCPCS	inpatient			114.5	18.36	Managed Care Inc	Managed Care Inc		103.05	90			15.96	108.78	percent of total billed charges	
EPOPROSTENOL 0.5MG INJ	J1325	HCPCS	inpatient			114.5	18.36	Multiplan	Multiplan		91.6	80			15.96	108.78	percent of total billed charges	
EPOPROSTENOL 0.5MG INJ	J1325	HCPCS	inpatient			114.5	18.36	Qualcare	Qualcare		85.88	75			15.96	108.78	percent of total billed charges	
EPOPROSTENOL 0.5MG INJ	J1325	HCPCS	inpatient			114.5	18.36	Three Rivers	Three Rivers		108.78	95			15.96	108.78	percent of total billed charges	
EPOPROSTENOL 0.5MG INJ	J1325	HCPCS	inpatient			114.5	18.36	UHC	Medicaid		36.12	31.55			15.96	108.78	percent of total billed charges	
EPOPROSTENOL 0.5MG INJ	J1325	HCPCS	inpatient			114.5	18.36	UHC	Medicare		15.96				15.96	108.78	fee schedule	
EPOPROSTENOL 0.5MG INJ	J1325	HCPCS	inpatient			114.5	18.36	Wellcare	Medicaid		36.12	31.55			15.96	108.78	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
EPOPROSTENOL 0.5MG INJ	J1325	HCPCS	inpatient			114.5	18.36	Medicare	Medicare		15.96				15.96	108.78	fee schedule	
EPOPROSTENOL 0.5MG INJ	J1325	HCPCS	inpatient			114.5	18.36	WellPoint	WellPoint		36.85	32.18			15.96	108.78	percent of total billed charges	
EPTIFIBATIDE 5MG INJECT.	J1327	HCPCS	both			118	2.75	Aetna	Commercial		3.8				2.39	112.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EPTIFIBATIDE 5MG INJECT.	J1327	HCPCS	both			118	2.75	Aetna	Medicare		2.39				2.39	112.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EPTIFIBATIDE 5MG INJECT.	J1327	HCPCS	both			118	2.75	Aetna	Better Health		37.23	31.55			2.39	112.1	percent of total billed charges	
EPTIFIBATIDE 5MG INJECT.	J1327	HCPCS	both			118	2.75	Americare	Americare		88.5	75			2.39	112.1	percent of total billed charges	
EPTIFIBATIDE 5MG INJECT.	J1327	HCPCS	both			118	2.75	Amerihealth	Medicare		2.39				2.39	112.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EPTIFIBATIDE 5MG INJECT.	J1327	HCPCS	both			118	2.75	Amerihealth	HMO/PPO		38.35				2.39	112.1	fee schedule	
EPTIFIBATIDE 5MG INJECT.	J1327	HCPCS	both			118	2.75	Consumer	Consumer		112.1	95			2.39	112.1	percent of total billed charges	
EPTIFIBATIDE 5MG INJECT.	J1327	HCPCS	both			118	2.75	Corrections	Corrections		94.4	80			2.39	112.1	percent of total billed charges	
EPTIFIBATIDE 5MG INJECT.	J1327	HCPCS	both			118	2.75	First Health	First Health		82.6	70			2.39	112.1	percent of total billed charges	
EPTIFIBATIDE 5MG INJECT.	J1327	HCPCS	both			118	2.75	First Trenton	First Trenton		106.2	90			2.39	112.1	percent of total billed charges	
EPTIFIBATIDE 5MG INJECT.	J1327	HCPCS	both			118	2.75	Horizon	PPO		4.45				2.39	112.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EPTIFIBATIDE 5MG INJECT.	J1327	HCPCS	both			118	2.75	Horizon	Medicare Blue		2.39				2.39	112.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EPTIFIBATIDE 5MG INJECT.	J1327	HCPCS	both			118	2.75	Horizon	Indemnity		4.45				2.39	112.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EPTIFIBATIDE 5MG INJECT.	J1327	HCPCS	both			118	2.75	Horizon	MGD		4.45				2.39	112.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EPTIFIBATIDE 5MG INJECT.	J1327	HCPCS	both			118	2.75	Managed Care Inc	Managed Care Inc		106.2	90			2.39	112.1	percent of total billed charges	
EPTIFIBATIDE 5MG INJECT.	J1327	HCPCS	both			118	2.75	Multiplan	Multiplan		94.4	80			2.39	112.1	percent of total billed charges	
EPTIFIBATIDE 5MG INJECT.	J1327	HCPCS	both			118	2.75	Qualcare	Qualcare		88.5	75			2.39	112.1	percent of total billed charges	
EPTIFIBATIDE 5MG INJECT.	J1327	HCPCS	both			118	2.75	Three Rivers	Three Rivers		112.1	95			2.39	112.1	percent of total billed charges	
EPTIFIBATIDE 5MG INJECT.	J1327	HCPCS	both			118	2.75	UHC	Medicaid		37.23	31.55			2.39	112.1	percent of total billed charges	
EPTIFIBATIDE 5MG INJECT.	J1327	HCPCS	both			118	2.75	UHC	Medicare		2.39				2.39	112.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EPTIFIBATIDE 5MG INJECT.	J1327	HCPCS	both			118	2.75	United	Oxford		8.38				2.39	112.1	fee schedule	
EPTIFIBATIDE 5MG INJECT.	J1327	HCPCS	both			118	2.75	United	Commercial|PPO		8.38				2.39	112.1	fee schedule	
EPTIFIBATIDE 5MG INJECT.	J1327	HCPCS	both			118	2.75	Wellcare	Medicaid		37.23	31.55			2.39	112.1	percent of total billed charges	
EPTIFIBATIDE 5MG INJECT.	J1327	HCPCS	both			118	2.75	Wellcare	Medicare		2.39				2.39	112.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EPTIFIBATIDE 5MG INJECT.	J1327	HCPCS	both			118	2.75	WellPoint	WellPoint		37.97	32.18			2.39	112.1	percent of total billed charges	
ERTAPENEM 500MG	J1335	HCPCS	both			176	14.91	Aetna	Commercial		66.88	38			12.97	167.2	percent of total billed charges	
ERTAPENEM 500MG	J1335	HCPCS	both			176	14.91	Aetna	Better Health		55.53	31.55			12.97	167.2	percent of total billed charges	
ERTAPENEM 500MG	J1335	HCPCS	both			176	14.91	Aetna	Medicare		12.97				12.97	167.2	fee schedule	
ERTAPENEM 500MG	J1335	HCPCS	both			176	14.91	Americare	Americare		132	75			12.97	167.2	percent of total billed charges	
ERTAPENEM 500MG	J1335	HCPCS	both			176	14.91	Amerihealth	HMO/PPO		49				12.97	167.2	fee schedule	
ERTAPENEM 500MG	J1335	HCPCS	both			176	14.91	Amerihealth	Medicare		12.97				12.97	167.2	fee schedule	
ERTAPENEM 500MG	J1335	HCPCS	both			176	14.91	Consumer	Consumer		167.2	95			12.97	167.2	percent of total billed charges	
ERTAPENEM 500MG	J1335	HCPCS	both			176	14.91	Corrections	Corrections		140.8	80			12.97	167.2	percent of total billed charges	
ERTAPENEM 500MG	J1335	HCPCS	both			176	14.91	First Health	First Health		123.2	70			12.97	167.2	percent of total billed charges	
ERTAPENEM 500MG	J1335	HCPCS	both			176	14.91	First Trenton	First Trenton		158.4	90			12.97	167.2	percent of total billed charges	
ERTAPENEM 500MG	J1335	HCPCS	both			176	14.91	Horizon	Indemnity		67.37	38.28			12.97	167.2	percent of total billed charges	
ERTAPENEM 500MG	J1335	HCPCS	both			176	14.91	Horizon	MGD		67.37	38.28			12.97	167.2	percent of total billed charges	
ERTAPENEM 500MG	J1335	HCPCS	both			176	14.91	Horizon	PPO		67.37	38.28			12.97	167.2	percent of total billed charges	
ERTAPENEM 500MG	J1335	HCPCS	both			176	14.91	Horizon	Medicare Blue		52.8	30			12.97	167.2	percent of total billed charges	
ERTAPENEM 500MG	J1335	HCPCS	both			176	14.91	Managed Care Inc	Managed Care Inc		158.4	90			12.97	167.2	percent of total billed charges	
ERTAPENEM 500MG	J1335	HCPCS	both			176	14.91	Multiplan	Multiplan		140.8	80			12.97	167.2	percent of total billed charges	
ERTAPENEM 500MG	J1335	HCPCS	both			176	14.91	Qualcare	Qualcare		132	75			12.97	167.2	percent of total billed charges	
ERTAPENEM 500MG	J1335	HCPCS	both			176	14.91	Three Rivers	Three Rivers		167.2	95			12.97	167.2	percent of total billed charges	
ERTAPENEM 500MG	J1335	HCPCS	both			176	14.91	UHC	Medicaid		55.53	31.55			12.97	167.2	percent of total billed charges	
ERTAPENEM 500MG	J1335	HCPCS	both			176	14.91	UHC	Medicare		12.97				12.97	167.2	fee schedule	
ERTAPENEM 500MG	J1335	HCPCS	both			176	14.91	Wellcare	Medicaid		55.53	31.55			12.97	167.2	percent of total billed charges	
ERTAPENEM 500MG	J1335	HCPCS	both			176	14.91	Wellcare	Medicare		12.97				12.97	167.2	fee schedule	
ERTAPENEM 500MG	J1335	HCPCS	both			176	14.91	WellPoint	WellPoint		56.64	32.18			12.97	167.2	percent of total billed charges	
ERYTHROMYCIN 500MG VIAL	J1364	HCPCS	both			338	92.89	Aetna	Medicare		80.78				64.32	321.1	fee schedule	
ERYTHROMYCIN 500MG VIAL	J1364	HCPCS	both			338	92.89	Aetna	Better Health		106.64	31.55			64.32	321.1	percent of total billed charges	
ERYTHROMYCIN 500MG VIAL	J1364	HCPCS	both			338	92.89	Aetna	Commercial		146.77				64.32	321.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERYTHROMYCIN 500MG VIAL	J1364	HCPCS	both			338	92.89	Americare	Americare		253.5	75			64.32	321.1	percent of total billed charges	
ERYTHROMYCIN 500MG VIAL	J1364	HCPCS	both			338	92.89	Amerihealth	Medicare		80.78				64.32	321.1	fee schedule	
ERYTHROMYCIN 500MG VIAL	J1364	HCPCS	both			338	92.89	Amerihealth	HMO/PPO		64.32				64.32	321.1	fee schedule	
ERYTHROMYCIN 500MG VIAL	J1364	HCPCS	both			338	92.89	Consumer	Consumer		321.1	95			64.32	321.1	percent of total billed charges	
ERYTHROMYCIN 500MG VIAL	J1364	HCPCS	both			338	92.89	Corrections	Corrections		270.4	80			64.32	321.1	percent of total billed charges	
ERYTHROMYCIN 500MG VIAL	J1364	HCPCS	both			338	92.89	First Health	First Health		236.6	70			64.32	321.1	percent of total billed charges	
ERYTHROMYCIN 500MG VIAL	J1364	HCPCS	both			338	92.89	First Trenton	First Trenton		304.2	90			64.32	321.1	percent of total billed charges	
ERYTHROMYCIN 500MG VIAL	J1364	HCPCS	both			338	92.89	Horizon	PPO		173.91				64.32	321.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERYTHROMYCIN 500MG VIAL	J1364	HCPCS	both			338	92.89	Horizon	MGD		173.91				64.32	321.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERYTHROMYCIN 500MG VIAL	J1364	HCPCS	both			338	92.89	Horizon	Indemnity		173.91				64.32	321.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERYTHROMYCIN 500MG VIAL	J1364	HCPCS	both			338	92.89	Horizon	Medicare Blue		93.45				64.32	321.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERYTHROMYCIN 500MG VIAL	J1364	HCPCS	both			338	92.89	Managed Care Inc	Managed Care Inc		304.2	90			64.32	321.1	percent of total billed charges	
ERYTHROMYCIN 500MG VIAL	J1364	HCPCS	both			338	92.89	Multiplan	Multiplan		270.4	80			64.32	321.1	percent of total billed charges	
ERYTHROMYCIN 500MG VIAL	J1364	HCPCS	both			338	92.89	Qualcare	Qualcare		253.5	75			64.32	321.1	percent of total billed charges	
ERYTHROMYCIN 500MG VIAL	J1364	HCPCS	both			338	92.89	Three Rivers	Three Rivers		321.1	95			64.32	321.1	percent of total billed charges	
ERYTHROMYCIN 500MG VIAL	J1364	HCPCS	both			338	92.89	UHC	Medicare		80.78				64.32	321.1	fee schedule	
ERYTHROMYCIN 500MG VIAL	J1364	HCPCS	both			338	92.89	UHC	Medicaid		106.64	31.55			64.32	321.1	percent of total billed charges	
ERYTHROMYCIN 500MG VIAL	J1364	HCPCS	both			338	92.89	United	Oxford		201.95				64.32	321.1	fee schedule	
ERYTHROMYCIN 500MG VIAL	J1364	HCPCS	both			338	92.89	United	Commercial|PPO		201.95				64.32	321.1	fee schedule	
ERYTHROMYCIN 500MG VIAL	J1364	HCPCS	both			338	92.89	Wellcare	Medicaid		106.64	31.55			64.32	321.1	percent of total billed charges	
ERYTHROMYCIN 500MG VIAL	J1364	HCPCS	both			338	92.89	Wellcare	Medicare		80.78				64.32	321.1	fee schedule	
ERYTHROMYCIN 500MG VIAL	J1364	HCPCS	both			338	92.89	WellPoint	WellPoint		108.77	32.18			64.32	321.1	percent of total billed charges	
ESTRADIOL VALERATE 10 MG INJ	J1380	HCPCS	outpatient			46.5	10.62	Aetna	Better Health		14.67	31.55			9.24	44.18	percent of total billed charges	
ESTRADIOL VALERATE 10 MG INJ	J1380	HCPCS	outpatient			46.5	10.62	Aetna	Medicare		9.24				9.24	44.18	fee schedule	
ESTRADIOL VALERATE 10 MG INJ	J1380	HCPCS	outpatient			46.5	10.62	Aetna	Commercial		17.67	38			9.24	44.18	percent of total billed charges	
ESTRADIOL VALERATE 10 MG INJ	J1380	HCPCS	outpatient			46.5	10.62	Americare	Americare		34.88	75			9.24	44.18	percent of total billed charges	
ESTRADIOL VALERATE 10 MG INJ	J1380	HCPCS	outpatient			46.5	10.62	Amerihealth	Medicare		9.24				9.24	44.18	fee schedule	
ESTRADIOL VALERATE 10 MG INJ	J1380	HCPCS	outpatient			46.5	10.62	Amerihealth	HMO/PPO		9.84				9.24	44.18	fee schedule	
ESTRADIOL VALERATE 10 MG INJ	J1380	HCPCS	outpatient			46.5	10.62	Consumer	Consumer		44.18	95			9.24	44.18	percent of total billed charges	
ESTRADIOL VALERATE 10 MG INJ	J1380	HCPCS	outpatient			46.5	10.62	Corrections	Corrections		37.2	80			9.24	44.18	percent of total billed charges	
ESTRADIOL VALERATE 10 MG INJ	J1380	HCPCS	outpatient			46.5	10.62	First Health	First Health		32.55	70			9.24	44.18	percent of total billed charges	
ESTRADIOL VALERATE 10 MG INJ	J1380	HCPCS	outpatient			46.5	10.62	First Trenton	First Trenton		41.85	90			9.24	44.18	percent of total billed charges	
ESTRADIOL VALERATE 10 MG INJ	J1380	HCPCS	outpatient			46.5	10.62	Horizon	Indemnity		17.8	38.28			9.24	44.18	percent of total billed charges	
ESTRADIOL VALERATE 10 MG INJ	J1380	HCPCS	outpatient			46.5	10.62	Horizon	MGD		17.8	38.28			9.24	44.18	percent of total billed charges	
ESTRADIOL VALERATE 10 MG INJ	J1380	HCPCS	outpatient			46.5	10.62	Horizon	PPO		17.8	38.28			9.24	44.18	percent of total billed charges	
ESTRADIOL VALERATE 10 MG INJ	J1380	HCPCS	outpatient			46.5	10.62	Horizon	Medicare Blue		13.95	30			9.24	44.18	percent of total billed charges	
ESTRADIOL VALERATE 10 MG INJ	J1380	HCPCS	outpatient			46.5	10.62	Managed Care Inc	Managed Care Inc		41.85	90			9.24	44.18	percent of total billed charges	
ESTRADIOL VALERATE 10 MG INJ	J1380	HCPCS	outpatient			46.5	10.62	Multiplan	Multiplan		37.2	80			9.24	44.18	percent of total billed charges	
ESTRADIOL VALERATE 10 MG INJ	J1380	HCPCS	outpatient			46.5	10.62	Qualcare	Qualcare		34.88	75			9.24	44.18	percent of total billed charges	
ESTRADIOL VALERATE 10 MG INJ	J1380	HCPCS	outpatient			46.5	10.62	Three Rivers	Three Rivers		44.18	95			9.24	44.18	percent of total billed charges	
ESTRADIOL VALERATE 10 MG INJ	J1380	HCPCS	outpatient			46.5	10.62	UHC	Medicare		9.24				9.24	44.18	fee schedule	
ESTRADIOL VALERATE 10 MG INJ	J1380	HCPCS	outpatient			46.5	10.62	UHC	Medicaid		14.67	31.55			9.24	44.18	percent of total billed charges	
ESTRADIOL VALERATE 10 MG INJ	J1380	HCPCS	outpatient			46.5	10.62	Wellcare	Medicare		9.24				9.24	44.18	fee schedule	
ESTRADIOL VALERATE 10 MG INJ	J1380	HCPCS	outpatient			46.5	10.62	Wellcare	Medicaid		14.67	31.55			9.24	44.18	percent of total billed charges	
ESTRADIOL VALERATE 10 MG INJ	J1380	HCPCS	outpatient			46.5	10.62	WellPoint	WellPoint		14.96	32.18			9.24	44.18	percent of total billed charges	
CONJUGATED ETROGENS 25MG INJ	J1410	HCPCS	outpatient			971.5	427.97	Aetna	Better Health		306.51	31.55			283.59	930.38	percent of total billed charges	
CONJUGATED ETROGENS 25MG INJ	J1410	HCPCS	outpatient			971.5	427.97	Aetna	Medicare		372.15				283.59	930.38	fee schedule	
CONJUGATED ETROGENS 25MG INJ	J1410	HCPCS	outpatient			971.5	427.97	Aetna	Commercial		711.58				283.59	930.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONJUGATED ETROGENS 25MG INJ	J1410	HCPCS	outpatient			971.5	427.97	Americare	Americare		728.63	75			283.59	930.38	percent of total billed charges	
CONJUGATED ETROGENS 25MG INJ	J1410	HCPCS	outpatient			971.5	427.97	Amerihealth	HMO/PPO		283.59				283.59	930.38	fee schedule	
CONJUGATED ETROGENS 25MG INJ	J1410	HCPCS	outpatient			971.5	427.97	Amerihealth	Medicare		372.15				283.59	930.38	fee schedule	
CONJUGATED ETROGENS 25MG INJ	J1410	HCPCS	outpatient			971.5	427.97	Consumer	Consumer		922.93	95			283.59	930.38	percent of total billed charges	
CONJUGATED ETROGENS 25MG INJ	J1410	HCPCS	outpatient			971.5	427.97	Corrections	Corrections		777.2	80			283.59	930.38	percent of total billed charges	
CONJUGATED ETROGENS 25MG INJ	J1410	HCPCS	outpatient			971.5	427.97	First Health	First Health		680.05	70			283.59	930.38	percent of total billed charges	
CONJUGATED ETROGENS 25MG INJ	J1410	HCPCS	outpatient			971.5	427.97	First Trenton	First Trenton		874.35	90			283.59	930.38	percent of total billed charges	
CONJUGATED ETROGENS 25MG INJ	J1410	HCPCS	outpatient			971.5	427.97	Horizon	Indemnity		831.81				283.59	930.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONJUGATED ETROGENS 25MG INJ	J1410	HCPCS	outpatient			971.5	427.97	Horizon	Medicare Blue		446.97				283.59	930.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONJUGATED ETROGENS 25MG INJ	J1410	HCPCS	outpatient			971.5	427.97	Horizon	PPO		831.81				283.59	930.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONJUGATED ETROGENS 25MG INJ	J1410	HCPCS	outpatient			971.5	427.97	Horizon	MGD		831.81				283.59	930.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONJUGATED ETROGENS 25MG INJ	J1410	HCPCS	outpatient			971.5	427.97	Managed Care Inc	Managed Care Inc		874.35	90			283.59	930.38	percent of total billed charges	
CONJUGATED ETROGENS 25MG INJ	J1410	HCPCS	outpatient			971.5	427.97	Multiplan	Multiplan		777.2	80			283.59	930.38	percent of total billed charges	
CONJUGATED ETROGENS 25MG INJ	J1410	HCPCS	outpatient			971.5	427.97	Qualcare	Qualcare		728.63	75			283.59	930.38	percent of total billed charges	
CONJUGATED ETROGENS 25MG INJ	J1410	HCPCS	outpatient			971.5	427.97	Three Rivers	Three Rivers		922.93	95			283.59	930.38	percent of total billed charges	
CONJUGATED ETROGENS 25MG INJ	J1410	HCPCS	outpatient			971.5	427.97	UHC	Medicare		372.15				283.59	930.38	fee schedule	
CONJUGATED ETROGENS 25MG INJ	J1410	HCPCS	outpatient			971.5	427.97	UHC	Medicaid		306.51	31.55			283.59	930.38	percent of total billed charges	
CONJUGATED ETROGENS 25MG INJ	J1410	HCPCS	outpatient			971.5	427.97	United	Oxford		930.38				283.59	930.38	fee schedule	
CONJUGATED ETROGENS 25MG INJ	J1410	HCPCS	outpatient			971.5	427.97	United	Commercial|PPO		930.38				283.59	930.38	fee schedule	
CONJUGATED ETROGENS 25MG INJ	J1410	HCPCS	outpatient			971.5	427.97	Wellcare	Medicare		372.15				283.59	930.38	fee schedule	
CONJUGATED ETROGENS 25MG INJ	J1410	HCPCS	outpatient			971.5	427.97	Wellcare	Medicaid		306.51	31.55			283.59	930.38	percent of total billed charges	
CONJUGATED ETROGENS 25MG INJ	J1410	HCPCS	outpatient			971.5	427.97	WellPoint	WellPoint		312.63	32.18			283.59	930.38	percent of total billed charges	
ETHANOLAMIN(ETHAMOLIN)100MG INJ	J1430	HCPCS	outpatient			1560	545.02	Aetna	Medicare		473.93				438.4	1482	fee schedule	
ETHANOLAMIN(ETHAMOLIN)100MG INJ	J1430	HCPCS	outpatient			1560	545.02	Aetna	Commercial		906.63				438.4	1482	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ETHANOLAMIN(ETHAMOLIN)100MG INJ	J1430	HCPCS	outpatient			1560	545.02	Aetna	Better Health		492.18	31.55			438.4	1482	percent of total billed charges	
ETHANOLAMIN(ETHAMOLIN)100MG INJ	J1430	HCPCS	outpatient			1560	545.02	Americare	Americare		1170	75			438.4	1482	percent of total billed charges	
ETHANOLAMIN(ETHAMOLIN)100MG INJ	J1430	HCPCS	outpatient			1560	545.02	Amerihealth	Medicare		473.93				438.4	1482	fee schedule	
ETHANOLAMIN(ETHAMOLIN)100MG INJ	J1430	HCPCS	outpatient			1560	545.02	Amerihealth	HMO/PPO		438.4				438.4	1482	fee schedule	
ETHANOLAMIN(ETHAMOLIN)100MG INJ	J1430	HCPCS	outpatient			1560	545.02	Consumer	Consumer		1482	95			438.4	1482	percent of total billed charges	
ETHANOLAMIN(ETHAMOLIN)100MG INJ	J1430	HCPCS	outpatient			1560	545.02	Corrections	Corrections		1248	80			438.4	1482	percent of total billed charges	
ETHANOLAMIN(ETHAMOLIN)100MG INJ	J1430	HCPCS	outpatient			1560	545.02	First Health	First Health		1092	70			438.4	1482	percent of total billed charges	
ETHANOLAMIN(ETHAMOLIN)100MG INJ	J1430	HCPCS	outpatient			1560	545.02	First Trenton	First Trenton		1404	90			438.4	1482	percent of total billed charges	
ETHANOLAMIN(ETHAMOLIN)100MG INJ	J1430	HCPCS	outpatient			1560	545.02	Horizon	MGD		1059.82				438.4	1482	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ETHANOLAMIN(ETHAMOLIN)100MG INJ	J1430	HCPCS	outpatient			1560	545.02	Horizon	Indemnity		1059.82				438.4	1482	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ETHANOLAMIN(ETHAMOLIN)100MG INJ	J1430	HCPCS	outpatient			1560	545.02	Horizon	Medicare Blue		599.49				438.4	1482	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ETHANOLAMIN(ETHAMOLIN)100MG INJ	J1430	HCPCS	outpatient			1560	545.02	Horizon	PPO		1059.82				438.4	1482	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ETHANOLAMIN(ETHAMOLIN)100MG INJ	J1430	HCPCS	outpatient			1560	545.02	Managed Care Inc	Managed Care Inc		1404	90			438.4	1482	percent of total billed charges	
ETHANOLAMIN(ETHAMOLIN)100MG INJ	J1430	HCPCS	outpatient			1560	545.02	Multiplan	Multiplan		1248	80			438.4	1482	percent of total billed charges	
ETHANOLAMIN(ETHAMOLIN)100MG INJ	J1430	HCPCS	outpatient			1560	545.02	Qualcare	Qualcare		1170	75			438.4	1482	percent of total billed charges	
ETHANOLAMIN(ETHAMOLIN)100MG INJ	J1430	HCPCS	outpatient			1560	545.02	Three Rivers	Three Rivers		1482	95			438.4	1482	percent of total billed charges	
ETHANOLAMIN(ETHAMOLIN)100MG INJ	J1430	HCPCS	outpatient			1560	545.02	UHC	Medicaid		492.18	31.55			438.4	1482	percent of total billed charges	
ETHANOLAMIN(ETHAMOLIN)100MG INJ	J1430	HCPCS	outpatient			1560	545.02	UHC	Medicare		473.93				438.4	1482	fee schedule	
ETHANOLAMIN(ETHAMOLIN)100MG INJ	J1430	HCPCS	outpatient			1560	545.02	United	Commercial|PPO		1184.83				438.4	1482	fee schedule	
ETHANOLAMIN(ETHAMOLIN)100MG INJ	J1430	HCPCS	outpatient			1560	545.02	United	Oxford		1184.83				438.4	1482	fee schedule	
ETHANOLAMIN(ETHAMOLIN)100MG INJ	J1430	HCPCS	outpatient			1560	545.02	Wellcare	Medicare		473.93				438.4	1482	fee schedule	
ETHANOLAMIN(ETHAMOLIN)100MG INJ	J1430	HCPCS	outpatient			1560	545.02	Wellcare	Medicaid		492.18	31.55			438.4	1482	percent of total billed charges	
ETHANOLAMIN(ETHAMOLIN)100MG INJ	J1430	HCPCS	outpatient			1560	545.02	WellPoint	WellPoint		502.01	32.18			438.4	1482	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101191	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ETIDRONATE 300MG/6ML INJ	J1436	HCPCS	outpatient			403		Aetna	Medicare		124.12	30.8			77.48	382.85	percent of total billed charges	
ETIDRONATE 300MG/6ML INJ	J1436	HCPCS	outpatient			403		Aetna	Commercial		153.14	38			77.48	382.85	percent of total billed charges	
ETIDRONATE 300MG/6ML INJ	J1436	HCPCS	outpatient			403		Aetna	Better Health		127.15	31.55			77.48	382.85	percent of total billed charges	
ETIDRONATE 300MG/6ML INJ	J1436	HCPCS	outpatient			403		Americare	Americare		302.25	75			77.48	382.85	percent of total billed charges	
ETIDRONATE 300MG/6ML INJ	J1436	HCPCS	outpatient			403		Amerihealth	HMO/PPO		77.48				77.48	382.85	fee schedule	
ETIDRONATE 300MG/6ML INJ	J1436	HCPCS	outpatient			403		Consumer	Consumer		382.85	95			77.48	382.85	percent of total billed charges	
ETIDRONATE 300MG/6ML INJ	J1436	HCPCS	outpatient			403		Corrections	Corrections		322.4	80			77.48	382.85	percent of total billed charges	
ETIDRONATE 300MG/6ML INJ	J1436	HCPCS	outpatient			403		First Health	First Health		282.1	70			77.48	382.85	percent of total billed charges	
ETIDRONATE 300MG/6ML INJ	J1436	HCPCS	outpatient			403		First Trenton	First Trenton		362.7	90			77.48	382.85	percent of total billed charges	
ETIDRONATE 300MG/6ML INJ	J1436	HCPCS	outpatient			403		Horizon	Indemnity		154.27	38.28			77.48	382.85	percent of total billed charges	
ETIDRONATE 300MG/6ML INJ	J1436	HCPCS	outpatient			403		Horizon	Medicare Blue		120.9	30			77.48	382.85	percent of total billed charges	
ETIDRONATE 300MG/6ML INJ	J1436	HCPCS	outpatient			403		Horizon	MGD		154.27	38.28			77.48	382.85	percent of total billed charges	
ETIDRONATE 300MG/6ML INJ	J1436	HCPCS	outpatient			403		Horizon	PPO		154.27	38.28			77.48	382.85	percent of total billed charges	
ETIDRONATE 300MG/6ML INJ	J1436	HCPCS	outpatient			403		Managed Care Inc	Managed Care Inc		362.7	90			77.48	382.85	percent of total billed charges	
ETIDRONATE 300MG/6ML INJ	J1436	HCPCS	outpatient			403		Multiplan	Multiplan		322.4	80			77.48	382.85	percent of total billed charges	
ETIDRONATE 300MG/6ML INJ	J1436	HCPCS	outpatient			403		Qualcare	Qualcare		302.25	75			77.48	382.85	percent of total billed charges	
ETIDRONATE 300MG/6ML INJ	J1436	HCPCS	outpatient			403		Three Rivers	Three Rivers		382.85	95			77.48	382.85	percent of total billed charges	
ETIDRONATE 300MG/6ML INJ	J1436	HCPCS	outpatient			403		UHC	Medicaid		127.15	31.55			77.48	382.85	percent of total billed charges	
ETIDRONATE 300MG/6ML INJ	J1436	HCPCS	outpatient			403		Wellcare	Medicaid		127.15	31.55			77.48	382.85	percent of total billed charges	
ETIDRONATE 300MG/6ML INJ	J1436	HCPCS	outpatient			403		WellPoint	WellPoint		129.69	32.18			77.48	382.85	percent of total billed charges	
ETANERCEPT 25MG KIT (NF)	J1438	HCPCS	outpatient			2807	1091.58	Aetna	Better Health		885.61	31.55			522.46	2666.65	percent of total billed charges	
ETANERCEPT 25MG KIT (NF)	J1438	HCPCS	outpatient			2807	1091.58	Aetna	Commercial		1511.13				522.46	2666.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ETANERCEPT 25MG KIT (NF)	J1438	HCPCS	outpatient			2807	1091.58	Aetna	Medicare		949.2				522.46	2666.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ETANERCEPT 25MG KIT (NF)	J1438	HCPCS	outpatient			2807	1091.58	Americare	Americare		2105.25	75			522.46	2666.65	percent of total billed charges	
ETANERCEPT 25MG KIT (NF)	J1438	HCPCS	outpatient			2807	1091.58	Amerihealth	HMO/PPO		522.46				522.46	2666.65	fee schedule	
ETANERCEPT 25MG KIT (NF)	J1438	HCPCS	outpatient			2807	1091.58	Amerihealth	Medicare		949.2				522.46	2666.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ETANERCEPT 25MG KIT (NF)	J1438	HCPCS	outpatient			2807	1091.58	Consumer	Consumer		2666.65	95			522.46	2666.65	percent of total billed charges	
ETANERCEPT 25MG KIT (NF)	J1438	HCPCS	outpatient			2807	1091.58	Corrections	Corrections		2245.6	80			522.46	2666.65	percent of total billed charges	
ETANERCEPT 25MG KIT (NF)	J1438	HCPCS	outpatient			2807	1091.58	First Health	First Health		1964.9	70			522.46	2666.65	percent of total billed charges	
ETANERCEPT 25MG KIT (NF)	J1438	HCPCS	outpatient			2807	1091.58	First Trenton	First Trenton		2526.3	90			522.46	2666.65	percent of total billed charges	
ETANERCEPT 25MG KIT (NF)	J1438	HCPCS	outpatient			2807	1091.58	Horizon	PPO		1766.46				522.46	2666.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ETANERCEPT 25MG KIT (NF)	J1438	HCPCS	outpatient			2807	1091.58	Horizon	Medicare Blue		949.2				522.46	2666.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ETANERCEPT 25MG KIT (NF)	J1438	HCPCS	outpatient			2807	1091.58	Horizon	MGD		1766.46				522.46	2666.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ETANERCEPT 25MG KIT (NF)	J1438	HCPCS	outpatient			2807	1091.58	Horizon	Indemnity		1766.46				522.46	2666.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ETANERCEPT 25MG KIT (NF)	J1438	HCPCS	outpatient			2807	1091.58	Managed Care Inc	Managed Care Inc		2526.3	90			522.46	2666.65	percent of total billed charges	
ETANERCEPT 25MG KIT (NF)	J1438	HCPCS	outpatient			2807	1091.58	Multiplan	Multiplan		2245.6	80			522.46	2666.65	percent of total billed charges	
ETANERCEPT 25MG KIT (NF)	J1438	HCPCS	outpatient			2807	1091.58	Qualcare	Qualcare		2105.25	75			522.46	2666.65	percent of total billed charges	
ETANERCEPT 25MG KIT (NF)	J1438	HCPCS	outpatient			2807	1091.58	Three Rivers	Three Rivers		2666.65	95			522.46	2666.65	percent of total billed charges	
ETANERCEPT 25MG KIT (NF)	J1438	HCPCS	outpatient			2807	1091.58	UHC	Medicare		949.2				522.46	2666.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ETANERCEPT 25MG KIT (NF)	J1438	HCPCS	outpatient			2807	1091.58	UHC	Medicaid		885.61	31.55			522.46	2666.65	percent of total billed charges	
ETANERCEPT 25MG KIT (NF)	J1438	HCPCS	outpatient			2807	1091.58	United	Commercial|PPO		1976.95				522.46	2666.65	fee schedule	
ETANERCEPT 25MG KIT (NF)	J1438	HCPCS	outpatient			2807	1091.58	United	Oxford		1976.95				522.46	2666.65	fee schedule	
ETANERCEPT 25MG KIT (NF)	J1438	HCPCS	outpatient			2807	1091.58	Wellcare	Medicare		949.2				522.46	2666.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ETANERCEPT 25MG KIT (NF)	J1438	HCPCS	outpatient			2807	1091.58	Wellcare	Medicaid		885.61	31.55			522.46	2666.65	percent of total billed charges	
ETANERCEPT 25MG KIT (NF)	J1438	HCPCS	outpatient			2807	1091.58	WellPoint	WellPoint		903.29	32.18			522.46	2666.65	percent of total billed charges	
FERRIC CARBOXYMALTOSE(INJECTAFER)1MG IN	J1439	HCPCS	outpatient			5	1.32	Aetna	Commercial		2.09				1.14	4.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FERRIC CARBOXYMALTOSE(INJECTAFER)1MG IN	J1439	HCPCS	outpatient			5	1.32	Aetna	Medicare		1.15				1.14	4.75	fee schedule	
FERRIC CARBOXYMALTOSE(INJECTAFER)1MG IN	J1439	HCPCS	outpatient			5	1.32	Aetna	Better Health		1.58	31.55			1.14	4.75	percent of total billed charges	
FERRIC CARBOXYMALTOSE(INJECTAFER)1MG IN	J1439	HCPCS	outpatient			5	1.32	Americare	Americare		3.75	75			1.14	4.75	percent of total billed charges	
FERRIC CARBOXYMALTOSE(INJECTAFER)1MG IN	J1439	HCPCS	outpatient			5	1.32	Amerihealth	HMO/PPO		1.14				1.14	4.75	fee schedule	
FERRIC CARBOXYMALTOSE(INJECTAFER)1MG IN	J1439	HCPCS	outpatient			5	1.32	Amerihealth	Medicare		1.15				1.14	4.75	fee schedule	
FERRIC CARBOXYMALTOSE(INJECTAFER)1MG IN	J1439	HCPCS	outpatient			5	1.32	Consumer	Consumer		4.75	95			1.14	4.75	percent of total billed charges	
FERRIC CARBOXYMALTOSE(INJECTAFER)1MG IN	J1439	HCPCS	outpatient			5	1.32	Corrections	Corrections		4	80			1.14	4.75	percent of total billed charges	
FERRIC CARBOXYMALTOSE(INJECTAFER)1MG IN	J1439	HCPCS	outpatient			5	1.32	First Health	First Health		3.5	70			1.14	4.75	percent of total billed charges	
FERRIC CARBOXYMALTOSE(INJECTAFER)1MG IN	J1439	HCPCS	outpatient			5	1.32	First Trenton	First Trenton		4.5	90			1.14	4.75	percent of total billed charges	
FERRIC CARBOXYMALTOSE(INJECTAFER)1MG IN	J1439	HCPCS	outpatient			5	1.32	Horizon	PPO		2.44				1.14	4.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FERRIC CARBOXYMALTOSE(INJECTAFER)1MG IN	J1439	HCPCS	outpatient			5	1.32	Horizon	MGD		2.44				1.14	4.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FERRIC CARBOXYMALTOSE(INJECTAFER)1MG IN	J1439	HCPCS	outpatient			5	1.32	Horizon	Indemnity		2.44				1.14	4.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FERRIC CARBOXYMALTOSE(INJECTAFER)1MG IN	J1439	HCPCS	outpatient			5	1.32	Horizon	Medicare Blue		1.31				1.14	4.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FERRIC CARBOXYMALTOSE(INJECTAFER)1MG IN	J1439	HCPCS	outpatient			5	1.32	Managed Care Inc	Managed Care Inc		4.5	90			1.14	4.75	percent of total billed charges	
FERRIC CARBOXYMALTOSE(INJECTAFER)1MG IN	J1439	HCPCS	outpatient			5	1.32	Multiplan	Multiplan		4	80			1.14	4.75	percent of total billed charges	
FERRIC CARBOXYMALTOSE(INJECTAFER)1MG IN	J1439	HCPCS	outpatient			5	1.32	Qualcare	Qualcare		3.75	75			1.14	4.75	percent of total billed charges	
FERRIC CARBOXYMALTOSE(INJECTAFER)1MG IN	J1439	HCPCS	outpatient			5	1.32	Three Rivers	Three Rivers		4.75	95			1.14	4.75	percent of total billed charges	
FERRIC CARBOXYMALTOSE(INJECTAFER)1MG IN	J1439	HCPCS	outpatient			5	1.32	UHC	Medicaid		1.58	31.55			1.14	4.75	percent of total billed charges	
FERRIC CARBOXYMALTOSE(INJECTAFER)1MG IN	J1439	HCPCS	outpatient			5	1.32	UHC	Medicare		1.15				1.14	4.75	fee schedule	
FERRIC CARBOXYMALTOSE(INJECTAFER)1MG IN	J1439	HCPCS	outpatient			5	1.32	United	Commercial|PPO		2.88				1.14	4.75	fee schedule	
FERRIC CARBOXYMALTOSE(INJECTAFER)1MG IN	J1439	HCPCS	outpatient			5	1.32	United	Oxford		2.88				1.14	4.75	fee schedule	
FERRIC CARBOXYMALTOSE(INJECTAFER)1MG IN	J1439	HCPCS	outpatient			5	1.32	Wellcare	Medicaid		1.58	31.55			1.14	4.75	percent of total billed charges	
FERRIC CARBOXYMALTOSE(INJECTAFER)1MG IN	J1439	HCPCS	outpatient			5	1.32	Wellcare	Medicare		1.15				1.14	4.75	fee schedule	
FERRIC CARBOXYMALTOSE(INJECTAFER)1MG IN	J1439	HCPCS	outpatient			5	1.32	WellPoint	WellPoint		1.61	32.18			1.14	4.75	percent of total billed charges	
FILGRASTIM 1 MCG INJ	J1442	HCPCS	inpatient			4	1.13	Aetna	Better Health		1.26	31.55			0.99	3.8	percent of total billed charges	
FILGRASTIM 1 MCG INJ	J1442	HCPCS	inpatient			4	1.13	Aetna	Medicare		0.99				0.99	3.8	fee schedule	
FILGRASTIM 1 MCG INJ	J1442	HCPCS	inpatient			4	1.13	Aetna	Commercial		1.89				0.99	3.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FILGRASTIM 1 MCG INJ	J1442	HCPCS	inpatient			4	1.13	Americare	Americare		3	75			0.99	3.8	percent of total billed charges	
FILGRASTIM 1 MCG INJ	J1442	HCPCS	inpatient			4	1.13	Amerihealth	HMO/PPO		1.09				0.99	3.8	fee schedule	
FILGRASTIM 1 MCG INJ	J1442	HCPCS	inpatient			4	1.13	Amerihealth	Medicare		0.99				0.99	3.8	fee schedule	
FILGRASTIM 1 MCG INJ	J1442	HCPCS	inpatient			4	1.13	Consumer	Consumer		3.8	95			0.99	3.8	percent of total billed charges	
FILGRASTIM 1 MCG INJ	J1442	HCPCS	inpatient			4	1.13	Corrections	Corrections		3.2	80			0.99	3.8	percent of total billed charges	
FILGRASTIM 1 MCG INJ	J1442	HCPCS	inpatient			4	1.13	First Health	First Health		2.8	70			0.99	3.8	percent of total billed charges	
FILGRASTIM 1 MCG INJ	J1442	HCPCS	inpatient			4	1.13	First Trenton	First Trenton		3.6	90			0.99	3.8	percent of total billed charges	
FILGRASTIM 1 MCG INJ	J1442	HCPCS	inpatient			4	1.13	Horizon	Indemnity		2.21				0.99	3.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FILGRASTIM 1 MCG INJ	J1442	HCPCS	inpatient			4	1.13	Horizon	MGD		2.21				0.99	3.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FILGRASTIM 1 MCG INJ	J1442	HCPCS	inpatient			4	1.13	Horizon	Medicare Blue		1.19				0.99	3.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FILGRASTIM 1 MCG INJ	J1442	HCPCS	inpatient			4	1.13	Horizon	PPO		2.21				0.99	3.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FILGRASTIM 1 MCG INJ	J1442	HCPCS	inpatient			4	1.13	Managed Care Inc	Managed Care Inc		3.6	90			0.99	3.8	percent of total billed charges	
FILGRASTIM 1 MCG INJ	J1442	HCPCS	inpatient			4	1.13	Multiplan	Multiplan		3.2	80			0.99	3.8	percent of total billed charges	
FILGRASTIM 1 MCG INJ	J1442	HCPCS	inpatient			4	1.13	Qualcare	Qualcare		3	75			0.99	3.8	percent of total billed charges	
FILGRASTIM 1 MCG INJ	J1442	HCPCS	inpatient			4	1.13	Three Rivers	Three Rivers		3.8	95			0.99	3.8	percent of total billed charges	
FILGRASTIM 1 MCG INJ	J1442	HCPCS	inpatient			4	1.13	UHC	Medicare		0.99				0.99	3.8	fee schedule	
FILGRASTIM 1 MCG INJ	J1442	HCPCS	inpatient			4	1.13	UHC	Medicaid		1.26	31.55			0.99	3.8	percent of total billed charges	
FILGRASTIM 1 MCG INJ	J1442	HCPCS	inpatient			4	1.13	United	Oxford		2.48				0.99	3.8	fee schedule	
FILGRASTIM 1 MCG INJ	J1442	HCPCS	inpatient			4	1.13	United	Commercial|PPO		2.48				0.99	3.8	fee schedule	
FILGRASTIM 1 MCG INJ	J1442	HCPCS	inpatient			4	1.13	Wellcare	Medicaid		1.26	31.55			0.99	3.8	percent of total billed charges	
FILGRASTIM 1 MCG INJ	J1442	HCPCS	inpatient			4	1.13	Wellcare	Medicare		0.99				0.99	3.8	fee schedule	
FILGRASTIM 1 MCG INJ	J1442	HCPCS	inpatient			4	1.13	WellPoint	WellPoint		1.29	32.18			0.99	3.8	percent of total billed charges	
TBO-FILGRASTIM 1MCG INJ.	J1447	HCPCS	outpatient			16.5	0.5	Aetna	Better Health		5.21	31.55			0.44	15.68	percent of total billed charges	
TBO-FILGRASTIM 1MCG INJ.	J1447	HCPCS	outpatient			16.5	0.5	Aetna	Commercial		0.78				0.44	15.68	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TBO-FILGRASTIM 1MCG INJ.	J1447	HCPCS	outpatient			16.5	0.5	Aetna	Medicare		0.44				0.44	15.68	fee schedule	
TBO-FILGRASTIM 1MCG INJ.	J1447	HCPCS	outpatient			16.5	0.5	Americare	Americare		12.38	75			0.44	15.68	percent of total billed charges	
TBO-FILGRASTIM 1MCG INJ.	J1447	HCPCS	outpatient			16.5	0.5	Amerihealth	HMO/PPO		0.8				0.44	15.68	fee schedule	
TBO-FILGRASTIM 1MCG INJ.	J1447	HCPCS	outpatient			16.5	0.5	Amerihealth	Medicare		0.44				0.44	15.68	fee schedule	
TBO-FILGRASTIM 1MCG INJ.	J1447	HCPCS	outpatient			16.5	0.5	Consumer	Consumer		15.68	95			0.44	15.68	percent of total billed charges	
TBO-FILGRASTIM 1MCG INJ.	J1447	HCPCS	outpatient			16.5	0.5	Corrections	Corrections		13.2	80			0.44	15.68	percent of total billed charges	
TBO-FILGRASTIM 1MCG INJ.	J1447	HCPCS	outpatient			16.5	0.5	First Health	First Health		11.55	70			0.44	15.68	percent of total billed charges	
TBO-FILGRASTIM 1MCG INJ.	J1447	HCPCS	outpatient			16.5	0.5	First Trenton	First Trenton		14.85	90			0.44	15.68	percent of total billed charges	
TBO-FILGRASTIM 1MCG INJ.	J1447	HCPCS	outpatient			16.5	0.5	Horizon	Indemnity		0.91				0.44	15.68	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TBO-FILGRASTIM 1MCG INJ.	J1447	HCPCS	outpatient			16.5	0.5	Horizon	MGD		0.91				0.44	15.68	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TBO-FILGRASTIM 1MCG INJ.	J1447	HCPCS	outpatient			16.5	0.5	Horizon	Medicare Blue		0.49				0.44	15.68	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TBO-FILGRASTIM 1MCG INJ.	J1447	HCPCS	outpatient			16.5	0.5	Horizon	NJ Health		2.22				0.44	15.68	fee schedule	
TBO-FILGRASTIM 1MCG INJ.	J1447	HCPCS	outpatient			16.5	0.5	Horizon	PPO		0.91				0.44	15.68	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TBO-FILGRASTIM 1MCG INJ.	J1447	HCPCS	outpatient			16.5	0.5	Managed Care Inc	Managed Care Inc		14.85	90			0.44	15.68	percent of total billed charges	
TBO-FILGRASTIM 1MCG INJ.	J1447	HCPCS	outpatient			16.5	0.5	Multiplan	Multiplan		13.2	80			0.44	15.68	percent of total billed charges	
TBO-FILGRASTIM 1MCG INJ.	J1447	HCPCS	outpatient			16.5	0.5	Qualcare	Qualcare		12.38	75			0.44	15.68	percent of total billed charges	
TBO-FILGRASTIM 1MCG INJ.	J1447	HCPCS	outpatient			16.5	0.5	Three Rivers	Three Rivers		15.68	95			0.44	15.68	percent of total billed charges	
TBO-FILGRASTIM 1MCG INJ.	J1447	HCPCS	outpatient			16.5	0.5	UHC	Medicare		0.44				0.44	15.68	fee schedule	
TBO-FILGRASTIM 1MCG INJ.	J1447	HCPCS	outpatient			16.5	0.5	UHC	Medicaid		5.21	31.55			0.44	15.68	percent of total billed charges	
TBO-FILGRASTIM 1MCG INJ.	J1447	HCPCS	outpatient			16.5	0.5	United	Commercial|PPO		1.1				0.44	15.68	fee schedule	
TBO-FILGRASTIM 1MCG INJ.	J1447	HCPCS	outpatient			16.5	0.5	United	Oxford		1.1				0.44	15.68	fee schedule	
TBO-FILGRASTIM 1MCG INJ.	J1447	HCPCS	outpatient			16.5	0.5	Wellcare	Medicare		0.44				0.44	15.68	fee schedule	
TBO-FILGRASTIM 1MCG INJ.	J1447	HCPCS	outpatient			16.5	0.5	Wellcare	Medicaid		5.21	31.55			0.44	15.68	percent of total billed charges	
TBO-FILGRASTIM 1MCG INJ.	J1447	HCPCS	outpatient			16.5	0.5	WellPoint	WellPoint		5.31	32.18			0.44	15.68	percent of total billed charges	
FLUCONAZOLE 100MG/50ML PB	J1450	HCPCS	both			740	3.22	Aetna	Commercial		281.2	38			2.8	703	percent of total billed charges	
FLUCONAZOLE 100MG/50ML PB	J1450	HCPCS	both			740	3.22	Aetna	Better Health		233.47	31.55			2.8	703	percent of total billed charges	
FLUCONAZOLE 100MG/50ML PB	J1450	HCPCS	both			740	3.22	Aetna	Medicare		2.8				2.8	703	fee schedule	
FLUCONAZOLE 100MG/50ML PB	J1450	HCPCS	both			740	3.22	Americare	Americare		555	75			2.8	703	percent of total billed charges	
FLUCONAZOLE 100MG/50ML PB	J1450	HCPCS	both			740	3.22	Amerihealth	HMO/PPO		4.7				2.8	703	fee schedule	
FLUCONAZOLE 100MG/50ML PB	J1450	HCPCS	both			740	3.22	Amerihealth	Medicare		2.8				2.8	703	fee schedule	
FLUCONAZOLE 100MG/50ML PB	J1450	HCPCS	both			740	3.22	Consumer	Consumer		703	95			2.8	703	percent of total billed charges	
FLUCONAZOLE 100MG/50ML PB	J1450	HCPCS	both			740	3.22	Corrections	Corrections		592	80			2.8	703	percent of total billed charges	
FLUCONAZOLE 100MG/50ML PB	J1450	HCPCS	both			740	3.22	First Health	First Health		518	70			2.8	703	percent of total billed charges	
FLUCONAZOLE 100MG/50ML PB	J1450	HCPCS	both			740	3.22	First Trenton	First Trenton		666	90			2.8	703	percent of total billed charges	
FLUCONAZOLE 100MG/50ML PB	J1450	HCPCS	both			740	3.22	Horizon	Indemnity		283.27	38.28			2.8	703	percent of total billed charges	
FLUCONAZOLE 100MG/50ML PB	J1450	HCPCS	both			740	3.22	Horizon	MGD		283.27	38.28			2.8	703	percent of total billed charges	
FLUCONAZOLE 100MG/50ML PB	J1450	HCPCS	both			740	3.22	Horizon	Medicare Blue		222	30			2.8	703	percent of total billed charges	
FLUCONAZOLE 100MG/50ML PB	J1450	HCPCS	both			740	3.22	Horizon	PPO		283.27	38.28			2.8	703	percent of total billed charges	
FLUCONAZOLE 100MG/50ML PB	J1450	HCPCS	both			740	3.22	Managed Care Inc	Managed Care Inc		666	90			2.8	703	percent of total billed charges	
FLUCONAZOLE 100MG/50ML PB	J1450	HCPCS	both			740	3.22	Multiplan	Multiplan		592	80			2.8	703	percent of total billed charges	
FLUCONAZOLE 100MG/50ML PB	J1450	HCPCS	both			740	3.22	Qualcare	Qualcare		555	75			2.8	703	percent of total billed charges	
FLUCONAZOLE 100MG/50ML PB	J1450	HCPCS	both			740	3.22	Three Rivers	Three Rivers		703	95			2.8	703	percent of total billed charges	
FLUCONAZOLE 100MG/50ML PB	J1450	HCPCS	both			740	3.22	UHC	Medicaid		233.47	31.55			2.8	703	percent of total billed charges	
FLUCONAZOLE 100MG/50ML PB	J1450	HCPCS	both			740	3.22	UHC	Medicare		2.8				2.8	703	fee schedule	
FLUCONAZOLE 100MG/50ML PB	J1450	HCPCS	both			740	3.22	Wellcare	Medicare		2.8				2.8	703	fee schedule	
FLUCONAZOLE 100MG/50ML PB	J1450	HCPCS	both			740	3.22	Wellcare	Medicaid		233.47	31.55			2.8	703	percent of total billed charges	
FLUCONAZOLE 100MG/50ML PB	J1450	HCPCS	both			740	3.22	WellPoint	WellPoint		238.13	32.18			2.8	703	percent of total billed charges	
FOMEPIZOLE 15MG INJ	J1451	HCPCS	inpatient			3976	9.09	Aetna	Better Health		1254.43	31.55			7.9	3777.2	percent of total billed charges	
FOMEPIZOLE 15MG INJ	J1451	HCPCS	inpatient			3976	9.09	Aetna	Commercial		12.58				7.9	3777.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FOMEPIZOLE 15MG INJ	J1451	HCPCS	inpatient			3976	9.09	Aetna	Medicare		7.9				7.9	3777.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FOMEPIZOLE 15MG INJ	J1451	HCPCS	inpatient			3976	9.09	Americare	Americare		2982	75			7.9	3777.2	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
FOMEPIZOLE 15MG INJ	J1451	HCPCS	inpatient			3976	9.09	Amerihealth	HMO/PPO		11.28				7.9	3777.2	fee schedule	
FOMEPIZOLE 15MG INJ	J1451	HCPCS	inpatient			3976	9.09	Amerihealth	Medicare		7.9				7.9	3777.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FOMEPIZOLE 15MG INJ	J1451	HCPCS	inpatient			3976	9.09	Consumer	Consumer		3777.2	95			7.9	3777.2	percent of total billed charges	
FOMEPIZOLE 15MG INJ	J1451	HCPCS	inpatient			3976	9.09	Corrections	Corrections		3180.8	80			7.9	3777.2	percent of total billed charges	
FOMEPIZOLE 15MG INJ	J1451	HCPCS	inpatient			3976	9.09	First Health	First Health		2783.2	70			7.9	3777.2	percent of total billed charges	
FOMEPIZOLE 15MG INJ	J1451	HCPCS	inpatient			3976	9.09	First Trenton	First Trenton		3578.4	90			7.9	3777.2	percent of total billed charges	
FOMEPIZOLE 15MG INJ	J1451	HCPCS	inpatient			3976	9.09	Horizon	PPO		14.7				7.9	3777.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FOMEPIZOLE 15MG INJ	J1451	HCPCS	inpatient			3976	9.09	Horizon	MGD		14.7				7.9	3777.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FOMEPIZOLE 15MG INJ	J1451	HCPCS	inpatient			3976	9.09	Horizon	Indemnity		14.7				7.9	3777.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FOMEPIZOLE 15MG INJ	J1451	HCPCS	inpatient			3976	9.09	Horizon	Medicare Blue		7.9				7.9	3777.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FOMEPIZOLE 15MG INJ	J1451	HCPCS	inpatient			3976	9.09	Managed Care Inc	Managed Care Inc		3578.4	90			7.9	3777.2	percent of total billed charges	
FOMEPIZOLE 15MG INJ	J1451	HCPCS	inpatient			3976	9.09	Multiplan	Multiplan		3180.8	80			7.9	3777.2	percent of total billed charges	
FOMEPIZOLE 15MG INJ	J1451	HCPCS	inpatient			3976	9.09	Qualcare	Qualcare		2982	75			7.9	3777.2	percent of total billed charges	
FOMEPIZOLE 15MG INJ	J1451	HCPCS	inpatient			3976	9.09	Three Rivers	Three Rivers		3777.2	95			7.9	3777.2	percent of total billed charges	
FOMEPIZOLE 15MG INJ	J1451	HCPCS	inpatient			3976	9.09	UHC	Medicare		7.9				7.9	3777.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FOMEPIZOLE 15MG INJ	J1451	HCPCS	inpatient			3976	9.09	UHC	Medicaid		1254.43	31.55			7.9	3777.2	percent of total billed charges	
FOMEPIZOLE 15MG INJ	J1451	HCPCS	inpatient			3976	9.09	United	Oxford		15.15				7.9	3777.2	fee schedule	
FOMEPIZOLE 15MG INJ	J1451	HCPCS	inpatient			3976	9.09	United	Commercial|PPO		15.15				7.9	3777.2	fee schedule	
FOMEPIZOLE 15MG INJ	J1451	HCPCS	inpatient			3976	9.09	Wellcare	Medicare		7.9				7.9	3777.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FOMEPIZOLE 15MG INJ	J1451	HCPCS	inpatient			3976	9.09	Wellcare	Medicaid		1254.43	31.55			7.9	3777.2	percent of total billed charges	
FOMEPIZOLE 15MG INJ	J1451	HCPCS	inpatient			3976	9.09	WellPoint	WellPoint		1279.48	32.18			7.9	3777.2	percent of total billed charges	
FOSAPREPITANT DIMEGLUMINE 1MG PWVL	J1453	HCPCS	both			6	0.16	Aetna	Better Health		1.89	31.55			0.14	5.7	percent of total billed charges	
FOSAPREPITANT DIMEGLUMINE 1MG PWVL	J1453	HCPCS	both			6	0.16	Aetna	Medicare		0.14				0.14	5.7	fee schedule	
FOSAPREPITANT DIMEGLUMINE 1MG PWVL	J1453	HCPCS	both			6	0.16	Aetna	Commercial		2.28	38			0.14	5.7	percent of total billed charges	
FOSAPREPITANT DIMEGLUMINE 1MG PWVL	J1453	HCPCS	both			6	0.16	Americare	Americare		4.5	75			0.14	5.7	percent of total billed charges	
FOSAPREPITANT DIMEGLUMINE 1MG PWVL	J1453	HCPCS	both			6	0.16	Amerihealth	Medicare		0.14				0.14	5.7	fee schedule	
FOSAPREPITANT DIMEGLUMINE 1MG PWVL	J1453	HCPCS	both			6	0.16	Amerihealth	HMO/PPO		2.05				0.14	5.7	fee schedule	
FOSAPREPITANT DIMEGLUMINE 1MG PWVL	J1453	HCPCS	both			6	0.16	Consumer	Consumer		5.7	95			0.14	5.7	percent of total billed charges	
FOSAPREPITANT DIMEGLUMINE 1MG PWVL	J1453	HCPCS	both			6	0.16	Corrections	Corrections		4.8	80			0.14	5.7	percent of total billed charges	
FOSAPREPITANT DIMEGLUMINE 1MG PWVL	J1453	HCPCS	both			6	0.16	First Health	First Health		4.2	70			0.14	5.7	percent of total billed charges	
FOSAPREPITANT DIMEGLUMINE 1MG PWVL	J1453	HCPCS	both			6	0.16	First Trenton	First Trenton		5.4	90			0.14	5.7	percent of total billed charges	
FOSAPREPITANT DIMEGLUMINE 1MG PWVL	J1453	HCPCS	both			6	0.16	Horizon	MGD		2.3	38.28			0.14	5.7	percent of total billed charges	
FOSAPREPITANT DIMEGLUMINE 1MG PWVL	J1453	HCPCS	both			6	0.16	Horizon	Indemnity		2.3	38.28			0.14	5.7	percent of total billed charges	
FOSAPREPITANT DIMEGLUMINE 1MG PWVL	J1453	HCPCS	both			6	0.16	Horizon	PPO		2.3	38.28			0.14	5.7	percent of total billed charges	
FOSAPREPITANT DIMEGLUMINE 1MG PWVL	J1453	HCPCS	both			6	0.16	Horizon	Medicare Blue		1.8	30			0.14	5.7	percent of total billed charges	
FOSAPREPITANT DIMEGLUMINE 1MG PWVL	J1453	HCPCS	both			6	0.16	Managed Care Inc	Managed Care Inc		5.4	90			0.14	5.7	percent of total billed charges	
FOSAPREPITANT DIMEGLUMINE 1MG PWVL	J1453	HCPCS	both			6	0.16	Multiplan	Multiplan		4.8	80			0.14	5.7	percent of total billed charges	
FOSAPREPITANT DIMEGLUMINE 1MG PWVL	J1453	HCPCS	both			6	0.16	Qualcare	Qualcare		4.5	75			0.14	5.7	percent of total billed charges	
FOSAPREPITANT DIMEGLUMINE 1MG PWVL	J1453	HCPCS	both			6	0.16	Three Rivers	Three Rivers		5.7	95			0.14	5.7	percent of total billed charges	
FOSAPREPITANT DIMEGLUMINE 1MG PWVL	J1453	HCPCS	both			6	0.16	UHC	Medicare		0.14				0.14	5.7	fee schedule	
FOSAPREPITANT DIMEGLUMINE 1MG PWVL	J1453	HCPCS	both			6	0.16	UHC	Medicaid		1.89	31.55			0.14	5.7	percent of total billed charges	
FOSAPREPITANT DIMEGLUMINE 1MG PWVL	J1453	HCPCS	both			6	0.16	Wellcare	Medicare		0.14				0.14	5.7	fee schedule	
FOSAPREPITANT DIMEGLUMINE 1MG PWVL	J1453	HCPCS	both			6	0.16	Wellcare	Medicaid		1.89	31.55			0.14	5.7	percent of total billed charges	
FOSAPREPITANT DIMEGLUMINE 1MG PWVL	J1453	HCPCS	both			6	0.16	WellPoint	WellPoint		1.93	32.18			0.14	5.7	percent of total billed charges	
FOSCARNET SODIUM,PER 1000 MG INJ	J1455	HCPCS	both			707.5	84.21	Aetna	Commercial		116.58				67.54	672.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FOSCARNET SODIUM,PER 1000 MG INJ	J1455	HCPCS	both			707.5	84.21	Aetna	Medicare		73.23				67.54	672.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FOSCARNET SODIUM,PER 1000 MG INJ	J1455	HCPCS	both			707.5	84.21	Aetna	Better Health		223.22	31.55			67.54	672.13	percent of total billed charges	
FOSCARNET SODIUM,PER 1000 MG INJ	J1455	HCPCS	both			707.5	84.21	Americare	Americare		530.63	75			67.54	672.13	percent of total billed charges	
FOSCARNET SODIUM,PER 1000 MG INJ	J1455	HCPCS	both			707.5	84.21	Amerihealth	Medicare		73.23				67.54	672.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FOSCARNET SODIUM,PER 1000 MG INJ	J1455	HCPCS	both			707.5	84.21	Amerihealth	HMO/PPO		67.54				67.54	672.13	fee schedule	
FOSCARNET SODIUM,PER 1000 MG INJ	J1455	HCPCS	both			707.5	84.21	Consumer	Consumer		672.13	95			67.54	672.13	percent of total billed charges	
FOSCARNET SODIUM,PER 1000 MG INJ	J1455	HCPCS	both			707.5	84.21	Corrections	Corrections		566	80			67.54	672.13	percent of total billed charges	
FOSCARNET SODIUM,PER 1000 MG INJ	J1455	HCPCS	both			707.5	84.21	First Health	First Health		495.25	70			67.54	672.13	percent of total billed charges	
FOSCARNET SODIUM,PER 1000 MG INJ	J1455	HCPCS	both			707.5	84.21	First Trenton	First Trenton		636.75	90			67.54	672.13	percent of total billed charges	
FOSCARNET SODIUM,PER 1000 MG INJ	J1455	HCPCS	both			707.5	84.21	Horizon	Indemnity		136.28				67.54	672.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FOSCARNET SODIUM,PER 1000 MG INJ	J1455	HCPCS	both			707.5	84.21	Horizon	MGD		136.28				67.54	672.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FOSCARNET SODIUM,PER 1000 MG INJ	J1455	HCPCS	both			707.5	84.21	Horizon	Medicare Blue		73.23				67.54	672.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FOSCARNET SODIUM,PER 1000 MG INJ	J1455	HCPCS	both			707.5	84.21	Horizon	PPO		136.28				67.54	672.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FOSCARNET SODIUM,PER 1000 MG INJ	J1455	HCPCS	both			707.5	84.21	Managed Care Inc	Managed Care Inc		636.75	90			67.54	672.13	percent of total billed charges	
FOSCARNET SODIUM,PER 1000 MG INJ	J1455	HCPCS	both			707.5	84.21	Multiplan	Multiplan		566	80			67.54	672.13	percent of total billed charges	
FOSCARNET SODIUM,PER 1000 MG INJ	J1455	HCPCS	both			707.5	84.21	Qualcare	Qualcare		530.63	75			67.54	672.13	percent of total billed charges	
FOSCARNET SODIUM,PER 1000 MG INJ	J1455	HCPCS	both			707.5	84.21	Three Rivers	Three Rivers		672.13	95			67.54	672.13	percent of total billed charges	
FOSCARNET SODIUM,PER 1000 MG INJ	J1455	HCPCS	both			707.5	84.21	UHC	Medicare		73.23				67.54	672.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FOSCARNET SODIUM,PER 1000 MG INJ	J1455	HCPCS	both			707.5	84.21	UHC	Medicaid		223.22	31.55			67.54	672.13	percent of total billed charges	
FOSCARNET SODIUM,PER 1000 MG INJ	J1455	HCPCS	both			707.5	84.21	United	Oxford		148.43				67.54	672.13	fee schedule	
FOSCARNET SODIUM,PER 1000 MG INJ	J1455	HCPCS	both			707.5	84.21	United	Commercial|PPO		148.43				67.54	672.13	fee schedule	
FOSCARNET SODIUM,PER 1000 MG INJ	J1455	HCPCS	both			707.5	84.21	Wellcare	Medicare		73.23				67.54	672.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FOSCARNET SODIUM,PER 1000 MG INJ	J1455	HCPCS	both			707.5	84.21	Wellcare	Medicaid		223.22	31.55			67.54	672.13	percent of total billed charges	
FOSCARNET SODIUM,PER 1000 MG INJ	J1455	HCPCS	both			707.5	84.21	WellPoint	WellPoint		227.67	32.18			67.54	672.13	percent of total billed charges	
IMMUNE GLOBULIN (PRIVIGEN) 500MG	J1459	HCPCS	both			167.5	55.53	Aetna	Medicare		48.29				41.11	159.13	fee schedule	
IMMUNE GLOBULIN (PRIVIGEN) 500MG	J1459	HCPCS	both			167.5	55.53	Aetna	Better Health		52.85	31.55			41.11	159.13	percent of total billed charges	
IMMUNE GLOBULIN (PRIVIGEN) 500MG	J1459	HCPCS	both			167.5	55.53	Aetna	Commercial		91.46				41.11	159.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMMUNE GLOBULIN (PRIVIGEN) 500MG	J1459	HCPCS	both			167.5	55.53	Americare	Americare		125.63	75			41.11	159.13	percent of total billed charges	
IMMUNE GLOBULIN (PRIVIGEN) 500MG	J1459	HCPCS	both			167.5	55.53	Amerihealth	Medicare		48.29				41.11	159.13	fee schedule	
IMMUNE GLOBULIN (PRIVIGEN) 500MG	J1459	HCPCS	both			167.5	55.53	Amerihealth	HMO/PPO		41.11				41.11	159.13	fee schedule	
IMMUNE GLOBULIN (PRIVIGEN) 500MG	J1459	HCPCS	both			167.5	55.53	Consumer	Consumer		159.13	95			41.11	159.13	percent of total billed charges	
IMMUNE GLOBULIN (PRIVIGEN) 500MG	J1459	HCPCS	both			167.5	55.53	Corrections	Corrections		134	80			41.11	159.13	percent of total billed charges	
IMMUNE GLOBULIN (PRIVIGEN) 500MG	J1459	HCPCS	both			167.5	55.53	First Health	First Health		117.25	70			41.11	159.13	percent of total billed charges	
IMMUNE GLOBULIN (PRIVIGEN) 500MG	J1459	HCPCS	both			167.5	55.53	First Trenton	First Trenton		150.75	90			41.11	159.13	percent of total billed charges	
IMMUNE GLOBULIN (PRIVIGEN) 500MG	J1459	HCPCS	both			167.5	55.53	Horizon	Medicare Blue		57.45				41.11	159.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMMUNE GLOBULIN (PRIVIGEN) 500MG	J1459	HCPCS	both			167.5	55.53	Horizon	MGD		106.91				41.11	159.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMMUNE GLOBULIN (PRIVIGEN) 500MG	J1459	HCPCS	both			167.5	55.53	Horizon	Indemnity		106.91				41.11	159.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMMUNE GLOBULIN (PRIVIGEN) 500MG	J1459	HCPCS	both			167.5	55.53	Horizon	PPO		106.91				41.11	159.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMMUNE GLOBULIN (PRIVIGEN) 500MG	J1459	HCPCS	both			167.5	55.53	Managed Care Inc	Managed Care Inc		150.75	90			41.11	159.13	percent of total billed charges	
IMMUNE GLOBULIN (PRIVIGEN) 500MG	J1459	HCPCS	both			167.5	55.53	Multiplan	Multiplan		134	80			41.11	159.13	percent of total billed charges	
IMMUNE GLOBULIN (PRIVIGEN) 500MG	J1459	HCPCS	both			167.5	55.53	Qualcare	Qualcare		125.63	75			41.11	159.13	percent of total billed charges	
IMMUNE GLOBULIN (PRIVIGEN) 500MG	J1459	HCPCS	both			167.5	55.53	Three Rivers	Three Rivers		159.13	95			41.11	159.13	percent of total billed charges	
IMMUNE GLOBULIN (PRIVIGEN) 500MG	J1459	HCPCS	both			167.5	55.53	UHC	Medicaid		52.85	31.55			41.11	159.13	percent of total billed charges	
IMMUNE GLOBULIN (PRIVIGEN) 500MG	J1459	HCPCS	both			167.5	55.53	UHC	Medicare		48.29				41.11	159.13	fee schedule	
IMMUNE GLOBULIN (PRIVIGEN) 500MG	J1459	HCPCS	both			167.5	55.53	United	Commercial|PPO		120.73				41.11	159.13	fee schedule	
IMMUNE GLOBULIN (PRIVIGEN) 500MG	J1459	HCPCS	both			167.5	55.53	United	Oxford		120.73				41.11	159.13	fee schedule	
IMMUNE GLOBULIN (PRIVIGEN) 500MG	J1459	HCPCS	both			167.5	55.53	Wellcare	Medicaid		52.85	31.55			41.11	159.13	percent of total billed charges	
IMMUNE GLOBULIN (PRIVIGEN) 500MG	J1459	HCPCS	both			167.5	55.53	Wellcare	Medicare		48.29				41.11	159.13	fee schedule	
IMMUNE GLOBULIN (PRIVIGEN) 500MG	J1459	HCPCS	both			167.5	55.53	WellPoint	WellPoint		53.9	32.18			41.11	159.13	percent of total billed charges	
IMMUNE GLOBULIN (GAMUNEX) 500MG	J1561	HCPCS	outpatient			176.5	57.25	Aetna	Commercial		93.4				41.86	167.68	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMMUNE GLOBULIN (GAMUNEX) 500MG	J1561	HCPCS	outpatient			176.5	57.25	Aetna	Medicare		49.79				41.86	167.68	fee schedule	
IMMUNE GLOBULIN (GAMUNEX) 500MG	J1561	HCPCS	outpatient			176.5	57.25	Aetna	Better Health		55.69	31.55			41.86	167.68	percent of total billed charges	
IMMUNE GLOBULIN (GAMUNEX) 500MG	J1561	HCPCS	outpatient			176.5	57.25	Americare	Americare		132.38	75			41.86	167.68	percent of total billed charges	
IMMUNE GLOBULIN (GAMUNEX) 500MG	J1561	HCPCS	outpatient			176.5	57.25	Amerihealth	HMO/PPO		41.86				41.86	167.68	fee schedule	
IMMUNE GLOBULIN (GAMUNEX) 500MG	J1561	HCPCS	outpatient			176.5	57.25	Amerihealth	Medicare		49.79				41.86	167.68	fee schedule	
IMMUNE GLOBULIN (GAMUNEX) 500MG	J1561	HCPCS	outpatient			176.5	57.25	Consumer	Consumer		167.68	95			41.86	167.68	percent of total billed charges	
IMMUNE GLOBULIN (GAMUNEX) 500MG	J1561	HCPCS	outpatient			176.5	57.25	Corrections	Corrections		141.2	80			41.86	167.68	percent of total billed charges	
IMMUNE GLOBULIN (GAMUNEX) 500MG	J1561	HCPCS	outpatient			176.5	57.25	First Health	First Health		123.55	70			41.86	167.68	percent of total billed charges	
IMMUNE GLOBULIN (GAMUNEX) 500MG	J1561	HCPCS	outpatient			176.5	57.25	First Trenton	First Trenton		158.85	90			41.86	167.68	percent of total billed charges	
IMMUNE GLOBULIN (GAMUNEX) 500MG	J1561	HCPCS	outpatient			176.5	57.25	Horizon	MGD		109.18				41.86	167.68	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMMUNE GLOBULIN (GAMUNEX) 500MG	J1561	HCPCS	outpatient			176.5	57.25	Horizon	Medicare Blue		58.67				41.86	167.68	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMMUNE GLOBULIN (GAMUNEX) 500MG	J1561	HCPCS	outpatient			176.5	57.25	Horizon	Indemnity		109.18				41.86	167.68	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMMUNE GLOBULIN (GAMUNEX) 500MG	J1561	HCPCS	outpatient			176.5	57.25	Horizon	PPO		109.18				41.86	167.68	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMMUNE GLOBULIN (GAMUNEX) 500MG	J1561	HCPCS	outpatient			176.5	57.25	Managed Care Inc	Managed Care Inc		158.85	90			41.86	167.68	percent of total billed charges	
IMMUNE GLOBULIN (GAMUNEX) 500MG	J1561	HCPCS	outpatient			176.5	57.25	Multiplan	Multiplan		141.2	80			41.86	167.68	percent of total billed charges	
IMMUNE GLOBULIN (GAMUNEX) 500MG	J1561	HCPCS	outpatient			176.5	57.25	Qualcare	Qualcare		132.38	75			41.86	167.68	percent of total billed charges	
IMMUNE GLOBULIN (GAMUNEX) 500MG	J1561	HCPCS	outpatient			176.5	57.25	Three Rivers	Three Rivers		167.68	95			41.86	167.68	percent of total billed charges	
IMMUNE GLOBULIN (GAMUNEX) 500MG	J1561	HCPCS	outpatient			176.5	57.25	UHC	Medicare		49.79				41.86	167.68	fee schedule	
IMMUNE GLOBULIN (GAMUNEX) 500MG	J1561	HCPCS	outpatient			176.5	57.25	UHC	Medicaid		55.69	31.55			41.86	167.68	percent of total billed charges	
IMMUNE GLOBULIN (GAMUNEX) 500MG	J1561	HCPCS	outpatient			176.5	57.25	United	Oxford		124.48				41.86	167.68	fee schedule	
IMMUNE GLOBULIN (GAMUNEX) 500MG	J1561	HCPCS	outpatient			176.5	57.25	United	Commercial|PPO		124.48				41.86	167.68	fee schedule	
IMMUNE GLOBULIN (GAMUNEX) 500MG	J1561	HCPCS	outpatient			176.5	57.25	Wellcare	Medicare		49.79				41.86	167.68	fee schedule	
IMMUNE GLOBULIN (GAMUNEX) 500MG	J1561	HCPCS	outpatient			176.5	57.25	Wellcare	Medicaid		55.69	31.55			41.86	167.68	percent of total billed charges	
IMMUNE GLOBULIN (GAMUNEX) 500MG	J1561	HCPCS	outpatient			176.5	57.25	WellPoint	WellPoint		56.8	32.18			41.86	167.68	percent of total billed charges	
IMMUNEGLOBULIN (GAMMAGARD) 500MG	J1569	HCPCS	both			201.5	50.77	Aetna	Medicare		44.15				43.39	191.43	fee schedule	
IMMUNEGLOBULIN (GAMMAGARD) 500MG	J1569	HCPCS	both			201.5	50.77	Aetna	Better Health		63.57	31.55			43.39	191.43	percent of total billed charges	
IMMUNEGLOBULIN (GAMMAGARD) 500MG	J1569	HCPCS	both			201.5	50.77	Aetna	Commercial		82.59				43.39	191.43	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMMUNEGLOBULIN (GAMMAGARD) 500MG	J1569	HCPCS	both			201.5	50.77	Americare	Americare		151.13	75			43.39	191.43	percent of total billed charges	
IMMUNEGLOBULIN (GAMMAGARD) 500MG	J1569	HCPCS	both			201.5	50.77	Amerihealth	Medicare		44.15				43.39	191.43	fee schedule	
IMMUNEGLOBULIN (GAMMAGARD) 500MG	J1569	HCPCS	both			201.5	50.77	Amerihealth	HMO/PPO		43.39				43.39	191.43	fee schedule	
IMMUNEGLOBULIN (GAMMAGARD) 500MG	J1569	HCPCS	both			201.5	50.77	Consumer	Consumer		191.43	95			43.39	191.43	percent of total billed charges	
IMMUNEGLOBULIN (GAMMAGARD) 500MG	J1569	HCPCS	both			201.5	50.77	Corrections	Corrections		161.2	80			43.39	191.43	percent of total billed charges	
IMMUNEGLOBULIN (GAMMAGARD) 500MG	J1569	HCPCS	both			201.5	50.77	First Health	First Health		141.05	70			43.39	191.43	percent of total billed charges	
IMMUNEGLOBULIN (GAMMAGARD) 500MG	J1569	HCPCS	both			201.5	50.77	First Trenton	First Trenton		181.35	90			43.39	191.43	percent of total billed charges	
IMMUNEGLOBULIN (GAMMAGARD) 500MG	J1569	HCPCS	both			201.5	50.77	Horizon	Indemnity		96.55				43.39	191.43	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMMUNEGLOBULIN (GAMMAGARD) 500MG	J1569	HCPCS	both			201.5	50.77	Horizon	Medicare Blue		51.88				43.39	191.43	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMMUNEGLOBULIN (GAMMAGARD) 500MG	J1569	HCPCS	both			201.5	50.77	Horizon	PPO		96.55				43.39	191.43	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMMUNEGLOBULIN (GAMMAGARD) 500MG	J1569	HCPCS	both			201.5	50.77	Horizon	MGD		96.55				43.39	191.43	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMMUNEGLOBULIN (GAMMAGARD) 500MG	J1569	HCPCS	both			201.5	50.77	Managed Care Inc	Managed Care Inc		181.35	90			43.39	191.43	percent of total billed charges	
IMMUNEGLOBULIN (GAMMAGARD) 500MG	J1569	HCPCS	both			201.5	50.77	Multiplan	Multiplan		161.2	80			43.39	191.43	percent of total billed charges	
IMMUNEGLOBULIN (GAMMAGARD) 500MG	J1569	HCPCS	both			201.5	50.77	Qualcare	Qualcare		151.13	75			43.39	191.43	percent of total billed charges	
IMMUNEGLOBULIN (GAMMAGARD) 500MG	J1569	HCPCS	both			201.5	50.77	Three Rivers	Three Rivers		191.43	95			43.39	191.43	percent of total billed charges	
IMMUNEGLOBULIN (GAMMAGARD) 500MG	J1569	HCPCS	both			201.5	50.77	UHC	Medicare		44.15				43.39	191.43	fee schedule	
IMMUNEGLOBULIN (GAMMAGARD) 500MG	J1569	HCPCS	both			201.5	50.77	UHC	Medicaid		63.57	31.55			43.39	191.43	percent of total billed charges	
IMMUNEGLOBULIN (GAMMAGARD) 500MG	J1569	HCPCS	both			201.5	50.77	United	Oxford		110.38				43.39	191.43	fee schedule	
IMMUNEGLOBULIN (GAMMAGARD) 500MG	J1569	HCPCS	both			201.5	50.77	United	Commercial|PPO		110.38				43.39	191.43	fee schedule	
IMMUNEGLOBULIN (GAMMAGARD) 500MG	J1569	HCPCS	both			201.5	50.77	Wellcare	Medicare		44.15				43.39	191.43	fee schedule	
IMMUNEGLOBULIN (GAMMAGARD) 500MG	J1569	HCPCS	both			201.5	50.77	Wellcare	Medicaid		63.57	31.55			43.39	191.43	percent of total billed charges	
IMMUNEGLOBULIN (GAMMAGARD) 500MG	J1569	HCPCS	both			201.5	50.77	WellPoint	WellPoint		64.84	32.18			43.39	191.43	percent of total billed charges	
GANCICLOVIR 500MG INJ	J1570	HCPCS	both			226.5	51.66	Aetna	Better Health		71.46	31.55			44.92	215.18	percent of total billed charges	
GANCICLOVIR 500MG INJ	J1570	HCPCS	both			226.5	51.66	Aetna	Medicare		44.92				44.92	215.18	fee schedule	
GANCICLOVIR 500MG INJ	J1570	HCPCS	both			226.5	51.66	Aetna	Commercial		86.07	38			44.92	215.18	percent of total billed charges	
GANCICLOVIR 500MG INJ	J1570	HCPCS	both			226.5	51.66	Americare	Americare		169.88	75			44.92	215.18	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101191	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
GANCICLOVIR 500MG INJ	J1570	HCPCS	both			226.5	51.66	Amerihealth	Medicare		44.92				44.92	215.18	fee schedule	
GANCICLOVIR 500MG INJ	J1570	HCPCS	both			226.5	51.66	Amerihealth	HMO/PPO		63.63				44.92	215.18	fee schedule	
GANCICLOVIR 500MG INJ	J1570	HCPCS	both			226.5	51.66	Consumer	Consumer		215.18	95			44.92	215.18	percent of total billed charges	
GANCICLOVIR 500MG INJ	J1570	HCPCS	both			226.5	51.66	Corrections	Corrections		181.2	80			44.92	215.18	percent of total billed charges	
GANCICLOVIR 500MG INJ	J1570	HCPCS	both			226.5	51.66	First Health	First Health		158.55	70			44.92	215.18	percent of total billed charges	
GANCICLOVIR 500MG INJ	J1570	HCPCS	both			226.5	51.66	First Trenton	First Trenton		203.85	90			44.92	215.18	percent of total billed charges	
GANCICLOVIR 500MG INJ	J1570	HCPCS	both			226.5	51.66	Horizon	Medicare Blue		67.95	30			44.92	215.18	percent of total billed charges	
GANCICLOVIR 500MG INJ	J1570	HCPCS	both			226.5	51.66	Horizon	Indemnity		86.7	38.28			44.92	215.18	percent of total billed charges	
GANCICLOVIR 500MG INJ	J1570	HCPCS	both			226.5	51.66	Horizon	MGD		86.7	38.28			44.92	215.18	percent of total billed charges	
GANCICLOVIR 500MG INJ	J1570	HCPCS	both			226.5	51.66	Horizon	PPO		86.7	38.28			44.92	215.18	percent of total billed charges	
GANCICLOVIR 500MG INJ	J1570	HCPCS	both			226.5	51.66	Managed Care Inc	Managed Care Inc		203.85	90			44.92	215.18	percent of total billed charges	
GANCICLOVIR 500MG INJ	J1570	HCPCS	both			226.5	51.66	Multiplan	Multiplan		181.2	80			44.92	215.18	percent of total billed charges	
GANCICLOVIR 500MG INJ	J1570	HCPCS	both			226.5	51.66	Qualcare	Qualcare		169.88	75			44.92	215.18	percent of total billed charges	
GANCICLOVIR 500MG INJ	J1570	HCPCS	both			226.5	51.66	Three Rivers	Three Rivers		215.18	95			44.92	215.18	percent of total billed charges	
GANCICLOVIR 500MG INJ	J1570	HCPCS	both			226.5	51.66	UHC	Medicaid		71.46	31.55			44.92	215.18	percent of total billed charges	
GANCICLOVIR 500MG INJ	J1570	HCPCS	both			226.5	51.66	UHC	Medicare		44.92				44.92	215.18	fee schedule	
GANCICLOVIR 500MG INJ	J1570	HCPCS	both			226.5	51.66	Wellcare	Medicaid		71.46	31.55			44.92	215.18	percent of total billed charges	
GANCICLOVIR 500MG INJ	J1570	HCPCS	both			226.5	51.66	Wellcare	Medicare		44.92				44.92	215.18	fee schedule	
GANCICLOVIR 500MG INJ	J1570	HCPCS	both			226.5	51.66	WellPoint	WellPoint		72.89	32.18			44.92	215.18	percent of total billed charges	
HEPATITIS B IMMUNE GLOBULIN 0.5ML IM	J1571	HCPCS	inpatient			399	68.56	Aetna	Medicare		59.62				59.62	379.05	fee schedule	
HEPATITIS B IMMUNE GLOBULIN 0.5ML IM	J1571	HCPCS	inpatient			399	68.56	Aetna	Better Health		125.88	31.55			59.62	379.05	percent of total billed charges	
HEPATITIS B IMMUNE GLOBULIN 0.5ML IM	J1571	HCPCS	inpatient			399	68.56	Aetna	Commercial		116.12				59.62	379.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HEPATITIS B IMMUNE GLOBULIN 0.5ML IM	J1571	HCPCS	inpatient			399	68.56	Americare	Americare		299.25	75			59.62	379.05	percent of total billed charges	
HEPATITIS B IMMUNE GLOBULIN 0.5ML IM	J1571	HCPCS	inpatient			399	68.56	Amerihealth	Medicare		59.62				59.62	379.05	fee schedule	
HEPATITIS B IMMUNE GLOBULIN 0.5ML IM	J1571	HCPCS	inpatient			399	68.56	Amerihealth	HMO/PPO		60.81				59.62	379.05	fee schedule	
HEPATITIS B IMMUNE GLOBULIN 0.5ML IM	J1571	HCPCS	inpatient			399	68.56	Consumer	Consumer		379.05	95			59.62	379.05	percent of total billed charges	
HEPATITIS B IMMUNE GLOBULIN 0.5ML IM	J1571	HCPCS	inpatient			399	68.56	Corrections	Corrections		319.2	80			59.62	379.05	percent of total billed charges	
HEPATITIS B IMMUNE GLOBULIN 0.5ML IM	J1571	HCPCS	inpatient			399	68.56	First Health	First Health		279.3	70			59.62	379.05	percent of total billed charges	
HEPATITIS B IMMUNE GLOBULIN 0.5ML IM	J1571	HCPCS	inpatient			399	68.56	First Trenton	First Trenton		359.1	90			59.62	379.05	percent of total billed charges	
HEPATITIS B IMMUNE GLOBULIN 0.5ML IM	J1571	HCPCS	inpatient			399	68.56	Horizon	MGD		135.74				59.62	379.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HEPATITIS B IMMUNE GLOBULIN 0.5ML IM	J1571	HCPCS	inpatient			399	68.56	Horizon	Medicare Blue		72.94				59.62	379.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HEPATITIS B IMMUNE GLOBULIN 0.5ML IM	J1571	HCPCS	inpatient			399	68.56	Horizon	Indemnity		135.74				59.62	379.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HEPATITIS B IMMUNE GLOBULIN 0.5ML IM	J1571	HCPCS	inpatient			399	68.56	Horizon	PPO		135.74				59.62	379.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HEPATITIS B IMMUNE GLOBULIN 0.5ML IM	J1571	HCPCS	inpatient			399	68.56	Managed Care Inc	Managed Care Inc		359.1	90			59.62	379.05	percent of total billed charges	
HEPATITIS B IMMUNE GLOBULIN 0.5ML IM	J1571	HCPCS	inpatient			399	68.56	Multiplan	Multiplan		319.2	80			59.62	379.05	percent of total billed charges	
HEPATITIS B IMMUNE GLOBULIN 0.5ML IM	J1571	HCPCS	inpatient			399	68.56	Qualcare	Qualcare		299.25	75			59.62	379.05	percent of total billed charges	
HEPATITIS B IMMUNE GLOBULIN 0.5ML IM	J1571	HCPCS	inpatient			399	68.56	Three Rivers	Three Rivers		379.05	95			59.62	379.05	percent of total billed charges	
HEPATITIS B IMMUNE GLOBULIN 0.5ML IM	J1571	HCPCS	inpatient			399	68.56	UHC	Medicaid		125.88	31.55			59.62	379.05	percent of total billed charges	
HEPATITIS B IMMUNE GLOBULIN 0.5ML IM	J1571	HCPCS	inpatient			399	68.56	UHC	Medicare		59.62				59.62	379.05	fee schedule	
HEPATITIS B IMMUNE GLOBULIN 0.5ML IM	J1571	HCPCS	inpatient			399	68.56	United	Oxford		149.05				59.62	379.05	fee schedule	
HEPATITIS B IMMUNE GLOBULIN 0.5ML IM	J1571	HCPCS	inpatient			399	68.56	United	Commercial|PPO		149.05				59.62	379.05	fee schedule	
HEPATITIS B IMMUNE GLOBULIN 0.5ML IM	J1571	HCPCS	inpatient			399	68.56	Wellcare	Medicare		59.62				59.62	379.05	fee schedule	
HEPATITIS B IMMUNE GLOBULIN 0.5ML IM	J1571	HCPCS	inpatient			399	68.56	Wellcare	Medicaid		125.88	31.55			59.62	379.05	percent of total billed charges	
HEPATITIS B IMMUNE GLOBULIN 0.5ML IM	J1571	HCPCS	inpatient			399	68.56	WellPoint	WellPoint		128.4	32.18			59.62	379.05	percent of total billed charges	
HEPATITIS B IMMUNE GLOBULIN 0.5ML IV	J1573	HCPCS	both			399	83.88	Aetna	Commercial		116.12				71.33	379.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HEPATITIS B IMMUNE GLOBULIN 0.5ML IV	J1573	HCPCS	both			399	83.88	Aetna	Medicare		72.94				71.33	379.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HEPATITIS B IMMUNE GLOBULIN 0.5ML IV	J1573	HCPCS	both			399	83.88	Aetna	Better Health		125.88	31.55			71.33	379.05	percent of total billed charges	
HEPATITIS B IMMUNE GLOBULIN 0.5ML IV	J1573	HCPCS	both			399	83.88	Americare	Americare		299.25	75			71.33	379.05	percent of total billed charges	
HEPATITIS B IMMUNE GLOBULIN 0.5ML IV	J1573	HCPCS	both			399	83.88	Amerihealth	Medicare		72.94				71.33	379.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HEPATITIS B IMMUNE GLOBULIN 0.5ML IV	J1573	HCPCS	both			399	83.88	Amerihealth	HMO/PPO		71.33				71.33	379.05	fee schedule	
HEPATITIS B IMMUNE GLOBULIN 0.5ML IV	J1573	HCPCS	both			399	83.88	Consumer	Consumer		379.05	95			71.33	379.05	percent of total billed charges	
HEPATITIS B IMMUNE GLOBULIN 0.5ML IV	J1573	HCPCS	both			399	83.88	Corrections	Corrections		319.2	80			71.33	379.05	percent of total billed charges	
HEPATITIS B IMMUNE GLOBULIN 0.5ML IV	J1573	HCPCS	both			399	83.88	First Health	First Health		279.3	70			71.33	379.05	percent of total billed charges	
HEPATITIS B IMMUNE GLOBULIN 0.5ML IV	J1573	HCPCS	both			399	83.88	First Trenton	First Trenton		359.1	90			71.33	379.05	percent of total billed charges	
HEPATITIS B IMMUNE GLOBULIN 0.5ML IV	J1573	HCPCS	both			399	83.88	Horizon	MGD		135.74				71.33	379.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HEPATITIS B IMMUNE GLOBULIN 0.5ML IV	J1573	HCPCS	both			399	83.88	Horizon	Indemnity		135.74				71.33	379.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HEPATITIS B IMMUNE GLOBULIN 0.5ML IV	J1573	HCPCS	both			399	83.88	Horizon	Medicare Blue		72.94				71.33	379.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HEPATITIS B IMMUNE GLOBULIN 0.5ML IV	J1573	HCPCS	both			399	83.88	Horizon	PPO		135.74				71.33	379.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HEPATITIS B IMMUNE GLOBULIN 0.5ML IV	J1573	HCPCS	both			399	83.88	Managed Care Inc	Managed Care Inc		359.1	90			71.33	379.05	percent of total billed charges	
HEPATITIS B IMMUNE GLOBULIN 0.5ML IV	J1573	HCPCS	both			399	83.88	Multiplan	Multiplan		319.2	80			71.33	379.05	percent of total billed charges	
HEPATITIS B IMMUNE GLOBULIN 0.5ML IV	J1573	HCPCS	both			399	83.88	Qualcare	Qualcare		299.25	75			71.33	379.05	percent of total billed charges	
HEPATITIS B IMMUNE GLOBULIN 0.5ML IV	J1573	HCPCS	both			399	83.88	Three Rivers	Three Rivers		379.05	95			71.33	379.05	percent of total billed charges	
HEPATITIS B IMMUNE GLOBULIN 0.5ML IV	J1573	HCPCS	both			399	83.88	UHC	Medicare		72.94				71.33	379.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HEPATITIS B IMMUNE GLOBULIN 0.5ML IV	J1573	HCPCS	both			399	83.88	UHC	Medicaid		125.88	31.55			71.33	379.05	percent of total billed charges	
HEPATITIS B IMMUNE GLOBULIN 0.5ML IV	J1573	HCPCS	both			399	83.88	United	Oxford		149.05				71.33	379.05	fee schedule	
HEPATITIS B IMMUNE GLOBULIN 0.5ML IV	J1573	HCPCS	both			399	83.88	United	Commercial|PPO		149.05				71.33	379.05	fee schedule	
HEPATITIS B IMMUNE GLOBULIN 0.5ML IV	J1573	HCPCS	both			399	83.88	Wellcare	Medicare		72.94				71.33	379.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HEPATITIS B IMMUNE GLOBULIN 0.5ML IV	J1573	HCPCS	both			399	83.88	Wellcare	Medicaid		125.88	31.55			71.33	379.05	percent of total billed charges	
HEPATITIS B IMMUNE GLOBULIN 0.5ML IV	J1573	HCPCS	both			399	83.88	WellPoint	WellPoint		128.4	32.18			71.33	379.05	percent of total billed charges	
GENTAMICIN 80MG VIAL	J1580	HCPCS	both			64	3.09	Aetna	Better Health		20.19	31.55			1.05	60.8	percent of total billed charges	
GENTAMICIN 80MG VIAL	J1580	HCPCS	both			64	3.09	Aetna	Commercial		24.32	38			1.05	60.8	percent of total billed charges	
GENTAMICIN 80MG VIAL	J1580	HCPCS	both			64	3.09	Aetna	Medicare		2.69				1.05	60.8	fee schedule	
GENTAMICIN 80MG VIAL	J1580	HCPCS	both			64	3.09	Americare	Americare		48	75			1.05	60.8	percent of total billed charges	
GENTAMICIN 80MG VIAL	J1580	HCPCS	both			64	3.09	Amerihealth	Medicare		2.69				1.05	60.8	fee schedule	
GENTAMICIN 80MG VIAL	J1580	HCPCS	both			64	3.09	Amerihealth	HMO/PPO		1.53				1.05	60.8	fee schedule	
GENTAMICIN 80MG VIAL	J1580	HCPCS	both			64	3.09	Consumer	Consumer		60.8	95			1.05	60.8	percent of total billed charges	
GENTAMICIN 80MG VIAL	J1580	HCPCS	both			64	3.09	Corrections	Corrections		51.2	80			1.05	60.8	percent of total billed charges	
GENTAMICIN 80MG VIAL	J1580	HCPCS	both			64	3.09	First Health	First Health		44.8	70			1.05	60.8	percent of total billed charges	
GENTAMICIN 80MG VIAL	J1580	HCPCS	both			64	3.09	First Trenton	First Trenton		57.6	90			1.05	60.8	percent of total billed charges	
GENTAMICIN 80MG VIAL	J1580	HCPCS	both			64	3.09	Horizon	MGD		24.5	38.28			1.05	60.8	percent of total billed charges	
GENTAMICIN 80MG VIAL	J1580	HCPCS	both			64	3.09	Horizon	Indemnity		24.5	38.28			1.05	60.8	percent of total billed charges	
GENTAMICIN 80MG VIAL	J1580	HCPCS	both			64	3.09	Horizon	Medicare Blue		19.2	30			1.05	60.8	percent of total billed charges	
GENTAMICIN 80MG VIAL	J1580	HCPCS	both			64	3.09	Horizon	PPO		24.5	38.28			1.05	60.8	percent of total billed charges	
GENTAMICIN 80MG VIAL	J1580	HCPCS	both			64	3.09	Managed Care Inc	Managed Care Inc		57.6	90			1.05	60.8	percent of total billed charges	
GENTAMICIN 80MG VIAL	J1580	HCPCS	both			64	3.09	Multiplan	Multiplan		51.2	80			1.05	60.8	percent of total billed charges	
GENTAMICIN 80MG VIAL	J1580	HCPCS	both			64	3.09	Qualcare	Qualcare		48	75			1.05	60.8	percent of total billed charges	
GENTAMICIN 80MG VIAL	J1580	HCPCS	both			64	3.09	Three Rivers	Three Rivers		60.8	95			1.05	60.8	percent of total billed charges	
GENTAMICIN 80MG VIAL	J1580	HCPCS	both			64	3.09	UHC	Medicare		2.69				1.05	60.8	fee schedule	
GENTAMICIN 80MG VIAL	J1580	HCPCS	both			64	3.09	UHC	Medicaid		20.19	31.55			1.05	60.8	percent of total billed charges	
GENTAMICIN 80MG VIAL	J1580	HCPCS	both			64	3.09	Wellcare	Medicare		2.69				1.05	60.8	fee schedule	
GENTAMICIN 80MG VIAL	J1580	HCPCS	both			64	3.09	Wellcare	Medicaid		20.19	31.55			1.05	60.8	percent of total billed charges	
GENTAMICIN 80MG VIAL	J1580	HCPCS	both			64	3.09	WellPoint	WellPoint		20.6	32.18			1.05	60.8	percent of total billed charges	
GLATIRAMER ACETATE 20MG/ML INJ	J1595	HCPCS	outpatient			641.5	227.16	Aetna	Commercial		314.47				183.95	609.43	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GLATIRAMER ACETATE 20MG/ML INJ	J1595	HCPCS	outpatient			641.5	227.16	Aetna	Medicare		197.53				183.95	609.43	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GLATIRAMER ACETATE 20MG/ML INJ	J1595	HCPCS	outpatient			641.5	227.16	Aetna	Better Health		202.39	31.55			183.95	609.43	percent of total billed charges	
GLATIRAMER ACETATE 20MG/ML INJ	J1595	HCPCS	outpatient			641.5	227.16	Americare	Americare		481.13	75			183.95	609.43	percent of total billed charges	
GLATIRAMER ACETATE 20MG/ML INJ	J1595	HCPCS	outpatient			641.5	227.16	Amerihealth	HMO/PPO		183.95				183.95	609.43	fee schedule	
GLATIRAMER ACETATE 20MG/ML INJ	J1595	HCPCS	outpatient			641.5	227.16	Amerihealth	Medicare		197.53				183.95	609.43	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GLATIRAMER ACETATE 20MG/ML INJ	J1595	HCPCS	outpatient			641.5	227.16	Consumer	Consumer		609.43	95			183.95	609.43	percent of total billed charges	
GLATIRAMER ACETATE 20MG/ML INJ	J1595	HCPCS	outpatient			641.5	227.16	Corrections	Corrections		513.2	80			183.95	609.43	percent of total billed charges	
GLATIRAMER ACETATE 20MG/ML INJ	J1595	HCPCS	outpatient			641.5	227.16	First Health	First Health		449.05	70			183.95	609.43	percent of total billed charges	
GLATIRAMER ACETATE 20MG/ML INJ	J1595	HCPCS	outpatient			641.5	227.16	First Trenton	First Trenton		577.35	90			183.95	609.43	percent of total billed charges	
GLATIRAMER ACETATE 20MG/ML INJ	J1595	HCPCS	outpatient			641.5	227.16	Horizon	Indemnity		367.6				183.95	609.43	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GLATIRAMER ACETATE 20MG/ML INJ	J1595	HCPCS	outpatient			641.5	227.16	Horizon	PPO		367.6				183.95	609.43	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GLATIRAMER ACETATE 20MG/ML INJ	J1595	HCPCS	outpatient			641.5	227.16	Horizon	MGD		367.6				183.95	609.43	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GLATIRAMER ACETATE 20MG/ML INJ	J1595	HCPCS	outpatient			641.5	227.16	Horizon	Medicare Blue		197.53				183.95	609.43	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GLATIRAMER ACETATE 20MG/ML INJ	J1595	HCPCS	outpatient			641.5	227.16	Managed Care Inc	Managed Care Inc		577.35	90			183.95	609.43	percent of total billed charges	
GLATIRAMER ACETATE 20MG/ML INJ	J1595	HCPCS	outpatient			641.5	227.16	Multiplan	Multiplan		513.2	80			183.95	609.43	percent of total billed charges	
GLATIRAMER ACETATE 20MG/ML INJ	J1595	HCPCS	outpatient			641.5	227.16	Qualcare	Qualcare		481.13	75			183.95	609.43	percent of total billed charges	
GLATIRAMER ACETATE 20MG/ML INJ	J1595	HCPCS	outpatient			641.5	227.16	Three Rivers	Three Rivers		609.43	95			183.95	609.43	percent of total billed charges	
GLATIRAMER ACETATE 20MG/ML INJ	J1595	HCPCS	outpatient			641.5	227.16	UHC	Medicaid		202.39	31.55			183.95	609.43	percent of total billed charges	
GLATIRAMER ACETATE 20MG/ML INJ	J1595	HCPCS	outpatient			641.5	227.16	UHC	Medicare		197.53				183.95	609.43	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GLATIRAMER ACETATE 20MG/ML INJ	J1595	HCPCS	outpatient			641.5	227.16	United	Commercial|PPO		389.95				183.95	609.43	fee schedule	
GLATIRAMER ACETATE 20MG/ML INJ	J1595	HCPCS	outpatient			641.5	227.16	United	Oxford		389.95				183.95	609.43	fee schedule	
GLATIRAMER ACETATE 20MG/ML INJ	J1595	HCPCS	outpatient			641.5	227.16	Wellcare	Medicaid		202.39	31.55			183.95	609.43	percent of total billed charges	
GLATIRAMER ACETATE 20MG/ML INJ	J1595	HCPCS	outpatient			641.5	227.16	Wellcare	Medicare		197.53				183.95	609.43	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GLATIRAMER ACETATE 20MG/ML INJ	J1595	HCPCS	outpatient			641.5	227.16	WellPoint	WellPoint		206.43	32.18			183.95	609.43	percent of total billed charges	
GLYCOPYRROLATE 0.1 MG INJ	J1596	HCPCS	both			1.5	0.71	Aetna	Better Health		0.47	31.55			0.45	1.43	percent of total billed charges	
GLYCOPYRROLATE 0.1 MG INJ	J1596	HCPCS	both			1.5	0.71	Aetna	Medicare		0.62				0.45	1.43	fee schedule	
GLYCOPYRROLATE 0.1 MG INJ	J1596	HCPCS	both			1.5	0.71	Aetna	Commercial		0.57	38			0.45	1.43	percent of total billed charges	
GLYCOPYRROLATE 0.1 MG INJ	J1596	HCPCS	both			1.5	0.71	Americare	Americare		1.13	75			0.45	1.43	percent of total billed charges	
GLYCOPYRROLATE 0.1 MG INJ	J1596	HCPCS	both			1.5	0.71	Amerihealth	HMO/PPO		0.98	65			0.45	1.43	percent of total billed charges	
GLYCOPYRROLATE 0.1 MG INJ	J1596	HCPCS	both			1.5	0.71	Amerihealth	Medicare		0.62				0.45	1.43	fee schedule	
GLYCOPYRROLATE 0.1 MG INJ	J1596	HCPCS	both			1.5	0.71	Consumer	Consumer		1.43	95			0.45	1.43	percent of total billed charges	
GLYCOPYRROLATE 0.1 MG INJ	J1596	HCPCS	both			1.5	0.71	Corrections	Corrections		1.2	80			0.45	1.43	percent of total billed charges	
GLYCOPYRROLATE 0.1 MG INJ	J1596	HCPCS	both			1.5	0.71	First Health	First Health		1.05	70			0.45	1.43	percent of total billed charges	
GLYCOPYRROLATE 0.1 MG INJ	J1596	HCPCS	both			1.5	0.71	First Trenton	First Trenton		1.35	90			0.45	1.43	percent of total billed charges	
GLYCOPYRROLATE 0.1 MG INJ	J1596	HCPCS	both			1.5	0.71	Horizon	Medicare Blue		0.45	30			0.45	1.43	percent of total billed charges	
GLYCOPYRROLATE 0.1 MG INJ	J1596	HCPCS	both			1.5	0.71	Horizon	Indemnity		0.57	38.28			0.45	1.43	percent of total billed charges	
GLYCOPYRROLATE 0.1 MG INJ	J1596	HCPCS	both			1.5	0.71	Horizon	MGD		0.57	38.28			0.45	1.43	percent of total billed charges	
GLYCOPYRROLATE 0.1 MG INJ	J1596	HCPCS	both			1.5	0.71	Horizon	PPO		0.57	38.28			0.45	1.43	percent of total billed charges	
GLYCOPYRROLATE 0.1 MG INJ	J1596	HCPCS	both			1.5	0.71	Managed Care Inc	Managed Care Inc		1.35	90			0.45	1.43	percent of total billed charges	
GLYCOPYRROLATE 0.1 MG INJ	J1596	HCPCS	both			1.5	0.71	Multiplan	Multiplan		1.2	80			0.45	1.43	percent of total billed charges	
GLYCOPYRROLATE 0.1 MG INJ	J1596	HCPCS	both			1.5	0.71	Qualcare	Qualcare		1.13	75			0.45	1.43	percent of total billed charges	
GLYCOPYRROLATE 0.1 MG INJ	J1596	HCPCS	both			1.5	0.71	Three Rivers	Three Rivers		1.43	95			0.45	1.43	percent of total billed charges	
GLYCOPYRROLATE 0.1 MG INJ	J1596	HCPCS	both			1.5	0.71	UHC	Medicare		0.62				0.45	1.43	fee schedule	
GLYCOPYRROLATE 0.1 MG INJ	J1596	HCPCS	both			1.5	0.71	UHC	Medicaid		0.47	31.55			0.45	1.43	percent of total billed charges	
GLYCOPYRROLATE 0.1 MG INJ	J1596	HCPCS	both			1.5	0.71	Wellcare	Medicaid		0.47	31.55			0.45	1.43	percent of total billed charges	
GLYCOPYRROLATE 0.1 MG INJ	J1596	HCPCS	both			1.5	0.71	Wellcare	Medicare		0.62				0.45	1.43	fee schedule	
GLYCOPYRROLATE 0.1 MG INJ	J1596	HCPCS	both			1.5	0.71	WellPoint	WellPoint		0.48	32.18			0.45	1.43	percent of total billed charges	
GLUCAGON 1MG/1ML EMERGENCY KIT INJ	J1610	HCPCS	both			740.5	216.62	Aetna	Medicare		188.37				156.8	703.48	fee schedule	
GLUCAGON 1MG/1ML EMERGENCY KIT INJ	J1610	HCPCS	both			740.5	216.62	Aetna	Commercial		365.98				156.8	703.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GLUCAGON 1MG/1ML EMERGENCY KIT INJ	J1610	HCPCS	both			740.5	216.62	Aetna	Better Health		233.63	31.55			156.8	703.48	percent of total billed charges	
GLUCAGON 1MG/1ML EMERGENCY KIT INJ	J1610	HCPCS	both			740.5	216.62	Americare	Americare		555.38	75			156.8	703.48	percent of total billed charges	
GLUCAGON 1MG/1ML EMERGENCY KIT INJ	J1610	HCPCS	both			740.5	216.62	Amerihealth	HMO/PPO		216.03				156.8	703.48	fee schedule	
GLUCAGON 1MG/1ML EMERGENCY KIT INJ	J1610	HCPCS	both			740.5	216.62	Amerihealth	Medicare		188.37				156.8	703.48	fee schedule	
GLUCAGON 1MG/1ML EMERGENCY KIT INJ	J1610	HCPCS	both			740.5	216.62	Consumer	Consumer		703.48	95			156.8	703.48	percent of total billed charges	
GLUCAGON 1MG/1ML EMERGENCY KIT INJ	J1610	HCPCS	both			740.5	216.62	Corrections	Corrections		592.4	80			156.8	703.48	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.															
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true														
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
GLUCAGON 1MG/1ML EMERGENCY KIT INJ	J1610	HCPCS	both			740.5	216.62	First Health	First Health		518.35	70			156.8	703.48	percent of total billed charges	
GLUCAGON 1MG/1ML EMERGENCY KIT INJ	J1610	HCPCS	both			740.5	216.62	First Trenton	First Trenton		666.45	90			156.8	703.48	percent of total billed charges	
GLUCAGON 1MG/1ML EMERGENCY KIT INJ	J1610	HCPCS	both			740.5	216.62	Horizon	PPO		427.83				156.8	703.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GLUCAGON 1MG/1ML EMERGENCY KIT INJ	J1610	HCPCS	both			740.5	216.62	Horizon	MGD		427.83				156.8	703.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GLUCAGON 1MG/1ML EMERGENCY KIT INJ	J1610	HCPCS	both			740.5	216.62	Horizon	Medicare Blue		229.89				156.8	703.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GLUCAGON 1MG/1ML EMERGENCY KIT INJ	J1610	HCPCS	both			740.5	216.62	Horizon	Indemnity		427.83				156.8	703.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GLUCAGON 1MG/1ML EMERGENCY KIT INJ	J1610	HCPCS	both			740.5	216.62	Managed Care Inc	Managed Care Inc		666.45	90			156.8	703.48	percent of total billed charges	
GLUCAGON 1MG/1ML EMERGENCY KIT INJ	J1610	HCPCS	both			740.5	216.62	Multiplan	Multiplan		592.4	80			156.8	703.48	percent of total billed charges	
GLUCAGON 1MG/1ML EMERGENCY KIT INJ	J1610	HCPCS	both			740.5	216.62	Qualcare	Qualcare		555.38	75			156.8	703.48	percent of total billed charges	
GLUCAGON 1MG/1ML EMERGENCY KIT INJ	J1610	HCPCS	both			740.5	216.62	Three Rivers	Three Rivers		703.48	95			156.8	703.48	percent of total billed charges	
GLUCAGON 1MG/1ML EMERGENCY KIT INJ	J1610	HCPCS	both			740.5	216.62	UHC	Medicaid		233.63	31.55			156.8	703.48	percent of total billed charges	
GLUCAGON 1MG/1ML EMERGENCY KIT INJ	J1610	HCPCS	both			740.5	216.62	UHC	Medicare		188.37				156.8	703.48	fee schedule	
GLUCAGON 1MG/1ML EMERGENCY KIT INJ	J1610	HCPCS	both			740.5	216.62	United	Oxford		470.93				156.8	703.48	fee schedule	
GLUCAGON 1MG/1ML EMERGENCY KIT INJ	J1610	HCPCS	both			740.5	216.62	United	Commercial|PPO		470.93				156.8	703.48	fee schedule	
GLUCAGON 1MG/1ML EMERGENCY KIT INJ	J1610	HCPCS	both			740.5	216.62	Wellcare	Medicare		188.37				156.8	703.48	fee schedule	
GLUCAGON 1MG/1ML EMERGENCY KIT INJ	J1610	HCPCS	both			740.5	216.62	Wellcare	Medicaid		233.63	31.55			156.8	703.48	percent of total billed charges	
GLUCAGON 1MG/1ML EMERGENCY KIT INJ	J1610	HCPCS	both			740.5	216.62	WellPoint	WellPoint		238.29	32.18			156.8	703.48	percent of total billed charges	
GRANISETRON 0.1MG/ML VL	J1626	HCPCS	both			77	0.44	Aetna	Better Health		24.29	31.55			0.32	73.15	percent of total billed charges	
GRANISETRON 0.1MG/ML VL	J1626	HCPCS	both			77	0.44	Aetna	Commercial		29.26	38			0.32	73.15	percent of total billed charges	
GRANISETRON 0.1MG/ML VL	J1626	HCPCS	both			77	0.44	Aetna	Medicare		0.38				0.32	73.15	fee schedule	
GRANISETRON 0.1MG/ML VL	J1626	HCPCS	both			77	0.44	Americare	Americare		57.75	75			0.32	73.15	percent of total billed charges	
GRANISETRON 0.1MG/ML VL	J1626	HCPCS	both			77	0.44	Amerihealth	HMO|PPO		0.32				0.32	73.15	fee schedule	
GRANISETRON 0.1MG/ML VL	J1626	HCPCS	both			77	0.44	Amerihealth	Medicare		0.38				0.32	73.15	fee schedule	
GRANISETRON 0.1MG/ML VL	J1626	HCPCS	both			77	0.44	Consumer	Consumer		73.15	95			0.32	73.15	percent of total billed charges	
GRANISETRON 0.1MG/ML VL	J1626	HCPCS	both			77	0.44	Corrections	Corrections		61.6	80			0.32	73.15	percent of total billed charges	
GRANISETRON 0.1MG/ML VL	J1626	HCPCS	both			77	0.44	First Health	First Health		53.9	70			0.32	73.15	percent of total billed charges	
GRANISETRON 0.1MG/ML VL	J1626	HCPCS	both			77	0.44	First Trenton	First Trenton		69.3	90			0.32	73.15	percent of total billed charges	
GRANISETRON 0.1MG/ML VL	J1626	HCPCS	both			77	0.44	Horizon	Medicare Blue		23.1	30			0.32	73.15	percent of total billed charges	
GRANISETRON 0.1MG/ML VL	J1626	HCPCS	both			77	0.44	Horizon	Indemnity		29.48	38.28			0.32	73.15	percent of total billed charges	
GRANISETRON 0.1MG/ML VL	J1626	HCPCS	both			77	0.44	Horizon	MGD		29.48	38.28			0.32	73.15	percent of total billed charges	
GRANISETRON 0.1MG/ML VL	J1626	HCPCS	both			77	0.44	Horizon	PPO		29.48	38.28			0.32	73.15	percent of total billed charges	
GRANISETRON 0.1MG/ML VL	J1626	HCPCS	both			77	0.44	Managed Care Inc	Managed Care Inc		69.3	90			0.32	73.15	percent of total billed charges	
GRANISETRON 0.1MG/ML VL	J1626	HCPCS	both			77	0.44	Multiplan	Multiplan		61.6	80			0.32	73.15	percent of total billed charges	
GRANISETRON 0.1MG/ML VL	J1626	HCPCS	both			77	0.44	Qualcare	Qualcare		57.75	75			0.32	73.15	percent of total billed charges	
GRANISETRON 0.1MG/ML VL	J1626	HCPCS	both			77	0.44	Three Rivers	Three Rivers		73.15	95			0.32	73.15	percent of total billed charges	
GRANISETRON 0.1MG/ML VL	J1626	HCPCS	both			77	0.44	UHC	Medicare		0.38				0.32	73.15	fee schedule	
GRANISETRON 0.1MG/ML VL	J1626	HCPCS	both			77	0.44	UHC	Medicaid		24.29	31.55			0.32	73.15	percent of total billed charges	
GRANISETRON 0.1MG/ML VL	J1626	HCPCS	both			77	0.44	Wellcare	Medicare		0.38				0.32	73.15	fee schedule	
GRANISETRON 0.1MG/ML VL	J1626	HCPCS	both			77	0.44	Wellcare	Medicaid		24.29	31.55			0.32	73.15	percent of total billed charges	
GRANISETRON 0.1MG/ML VL	J1626	HCPCS	both			77	0.44	WellPoint	WellPoint		24.78	32.18			0.32	73.15	percent of total billed charges	
HALOPERIDOL 5MG/1ML INJ	J1630	HCPCS	both			76	1.63	Aetna	Medicare		1.42				1.42	72.2	fee schedule	
HALOPERIDOL 5MG/1ML INJ	J1630	HCPCS	both			76	1.63	Aetna	Better Health		23.98	31.55			1.42	72.2	percent of total billed charges	
HALOPERIDOL 5MG/1ML INJ	J1630	HCPCS	both			76	1.63	Aetna	Commercial		28.88	38			1.42	72.2	percent of total billed charges	
HALOPERIDOL 5MG/1ML INJ	J1630	HCPCS	both			76	1.63	Americare	Americare		57	75			1.42	72.2	percent of total billed charges	
HALOPERIDOL 5MG/1ML INJ	J1630	HCPCS	both			76	1.63	Amerihealth	Medicare		1.42				1.42	72.2	fee schedule	
HALOPERIDOL 5MG/1ML INJ	J1630	HCPCS	both			76	1.63	Amerihealth	HMO|PPO		1.64				1.42	72.2	fee schedule	
HALOPERIDOL 5MG/1ML INJ	J1630	HCPCS	both			76	1.63	Consumer	Consumer		72.2	95			1.42	72.2	percent of total billed charges	
HALOPERIDOL 5MG/1ML INJ	J1630	HCPCS	both			76	1.63	Corrections	Corrections		60.8	80			1.42	72.2	percent of total billed charges	
HALOPERIDOL 5MG/1ML INJ	J1630	HCPCS	both			76	1.63	First Health	First Health		53.2	70			1.42	72.2	percent of total billed charges	
HALOPERIDOL 5MG/1ML INJ	J1630	HCPCS	both			76	1.63	First Trenton	First Trenton		68.4	90			1.42	72.2	percent of total billed charges	
HALOPERIDOL 5MG/1ML INJ	J1630	HCPCS	both			76	1.63	Horizon	Medicare Blue		22.8	30			1.42	72.2	percent of total billed charges	
HALOPERIDOL 5MG/1ML INJ	J1630	HCPCS	both			76	1.63	Horizon	MGD		29.09	38.28			1.42	72.2	percent of total billed charges	
HALOPERIDOL 5MG/1ML INJ	J1630	HCPCS	both			76	1.63	Horizon	Indemnity		29.09	38.28			1.42	72.2	percent of total billed charges	
HALOPERIDOL 5MG/1ML INJ	J1630	HCPCS	both			76	1.63	Horizon	PPO		29.09	38.28			1.42	72.2	percent of total billed charges	
HALOPERIDOL 5MG/1ML INJ	J1630	HCPCS	both			76	1.63	Managed Care Inc	Managed Care Inc		68.4	90			1.42	72.2	percent of total billed charges	
HALOPERIDOL 5MG/1ML INJ	J1630	HCPCS	both			76	1.63	Multiplan	Multiplan		60.8	80			1.42	72.2	percent of total billed charges	
HALOPERIDOL 5MG/1ML INJ	J1630	HCPCS	both			76	1.63	Qualcare	Qualcare		57	75			1.42	72.2	percent of total billed charges	
HALOPERIDOL 5MG/1ML INJ	J1630	HCPCS	both			76	1.63	Three Rivers	Three Rivers		72.2	95			1.42	72.2	percent of total billed charges	
HALOPERIDOL 5MG/1ML INJ	J1630	HCPCS	both			76	1.63	UHC	Medicare		1.42				1.42	72.2	fee schedule	
HALOPERIDOL 5MG/1ML INJ	J1630	HCPCS	both			76	1.63	UHC	Medicaid		23.98	31.55			1.42	72.2	percent of total billed charges	
HALOPERIDOL 5MG/1ML INJ	J1630	HCPCS	both			76	1.63	Wellcare	Medicare		1.42				1.42	72.2	fee schedule	
HALOPERIDOL 5MG/1ML INJ	J1630	HCPCS	both			76	1.63	Wellcare	Medicaid		23.98	31.55			1.42	72.2	percent of total billed charges	
HALOPERIDOL 5MG/1ML INJ	J1630	HCPCS	both			76	1.63	WellPoint	WellPoint		24.46	32.18			1.42	72.2	percent of total billed charges	
HALOPERIDOL DECAN 50MG	J1631	HCPCS	both			300	10.09	Aetna	Better Health		94.65	31.55			8.78	285	percent of total billed charges	
HALOPERIDOL DECAN 50MG	J1631	HCPCS	both			300	10.09	Aetna	Commercial		114	38			8.78	285	percent of total billed charges	
HALOPERIDOL DECAN 50MG	J1631	HCPCS	both			300	10.09	Aetna	Medicare		8.78				8.78	285	fee schedule	
HALOPERIDOL DECAN 50MG	J1631	HCPCS	both			300	10.09	Americare	Americare		225	75			8.78	285	percent of total billed charges	
HALOPERIDOL DECAN 50MG	J1631	HCPCS	both			300	10.09	Amerihealth	Medicare		8.78				8.78	285	fee schedule	
HALOPERIDOL DECAN 50MG	J1631	HCPCS	both			300	10.09	Amerihealth	HMO|PPO		19.57				8.78	285	fee schedule	
HALOPERIDOL DECAN 50MG	J1631	HCPCS	both			300	10.09	Consumer	Consumer		285	95			8.78	285	percent of total billed charges	
HALOPERIDOL DECAN 50MG	J1631	HCPCS	both			300	10.09	Corrections	Corrections		240	80			8.78	285	percent of total billed charges	
HALOPERIDOL DECAN 50MG	J1631	HCPCS	both			300	10.09	First Health	First Health		210	70			8.78	285	percent of total billed charges	
HALOPERIDOL DECAN 50MG	J1631	HCPCS	both			300	10.09	First Trenton	First Trenton		270	90			8.78	285	percent of total billed charges	
HALOPERIDOL DECAN 50MG	J1631	HCPCS	both			300	10.09	Horizon	Medicare Blue		90	30			8.78	285	percent of total billed charges	
HALOPERIDOL DECAN 50MG	J1631	HCPCS	both			300	10.09	Horizon	MGD		114.84	38.28			8.78	285	percent of total billed charges	
HALOPERIDOL DECAN 50MG	J1631	HCPCS	both			300	10.09	Horizon	Indemnity		114.84	38.28			8.78	285	percent of total billed charges	
HALOPERIDOL DECAN 50MG	J1631	HCPCS	both			300	10.09	Horizon	PPO		114.84	38.28			8.78	285	percent of total billed charges	
HALOPERIDOL DECAN 50MG	J1631	HCPCS	both			300	10.09	Managed Care Inc	Managed Care Inc		270	90			8.78	285	percent of total billed charges	
HALOPERIDOL DECAN 50MG	J1631	HCPCS	both			300	10.09	Multiplan	Multiplan		240	80			8.78	285	percent of total billed charges	
HALOPERIDOL DECAN 50MG	J1631	HCPCS	both			300	10.09	Qualcare	Qualcare		225	75			8.78	285	percent of total billed charges	
HALOPERIDOL DECAN 50MG	J1631	HCPCS	both			300	10.09	Three Rivers	Three Rivers		285	95			8.78	285	percent of total billed charges	
HALOPERIDOL DECAN 50MG	J1631	HCPCS	both			300	10.09	UHC	Medicaid		94.65	31.55			8.78	285	percent of total billed charges	
HALOPERIDOL DECAN 50MG	J1631	HCPCS	both			300	10.09	UHC	Medicare		8.78				8.78	285	fee schedule	
HALOPERIDOL DECAN 50MG	J1631	HCPCS	both			300	10.09	Wellcare	Medicare		8.78				8.78	285	fee schedule	
HALOPERIDOL DECAN 50MG	J1631	HCPCS	both			300	10.09	Wellcare	Medicaid		94.65	31.55			8.78	285	percent of total billed charges	
HALOPERIDOL DECAN 50MG	J1631	HCPCS	both			300	10.09	WellPoint	WellPoint		96.54	32.18			8.78	285	percent of total billed charges	
PANHEMATIN(HEMIN) 1MG INJ	J1640	HCPCS	outpatient			96.5	36.05	Aetna	Medicare		31.35				24.79	91.68	fee schedule	
PANHEMATIN(HEMIN) 1MG INJ	J1640	HCPCS	outpatient			96.5	36.05	Aetna	Better Health		30.45	31.55			24.79	91.68	percent of total billed charges	
PANHEMATIN(HEMIN) 1MG INJ	J1640	HCPCS	outpatient			96.5	36.05	Aetna	Commercial		59.91				24.79	91.68	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PANHEMATIN(HEMIN) 1MG INJ	J1640	HCPCS	outpatient			96.5	36.05	Americare	Americare		72.38	75			24.79	91.68	percent of total billed charges	
PANHEMATIN(HEMIN) 1MG INJ	J1640	HCPCS	outpatient			96.5	36.05	Amerihealth	HMO|PPO		24.79				24.79	91.68	fee schedule	
PANHEMATIN(HEMIN) 1MG INJ	J1640	HCPCS	outpatient			96.5	36.05	Amerihealth	Medicare		31.35				24.79	91.68	fee schedule	
PANHEMATIN(HEMIN) 1MG INJ	J1640	HCPCS	outpatient			96.5	36.05	Consumer	Consumer		91.68	95			24.79	91.68	percent of total billed charges	
PANHEMATIN(HEMIN) 1MG INJ	J1640	HCPCS	outpatient			96.5	36.05	Corrections	Corrections		77.2	80			24.79	91.68	percent of total billed charges	
PANHEMATIN(HEMIN) 1MG INJ	J1640	HCPCS	outpatient			96.5	36.05	First Health	First Health		67.55	70			24.79	91.68	percent of total billed charges	
PANHEMATIN(HEMIN) 1MG INJ	J1640	HCPCS	outpatient			96.5	36.05	First Trenton	First Trenton		86.85	90			24.79	91.68	percent of total billed charges	
PANHEMATIN(HEMIN) 1MG INJ	J1640	HCPCS	outpatient			96.5	36.05	Horizon	PPO		70.03				24.79	91.68	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PANHEMATIN(HEMIN) 1MG INJ	J1640	HCPCS	outpatient			96.5	36.05	Horizon	MGD		70.03				24.79	91.68	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PANHEMATIN(HEMIN) 1MG INJ	J1640	HCPCS	outpatient			96.5	36.05	Horizon	Indemnity		70.03				24.79	91.68	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PANHEMATIN(HEMIN) 1MG INJ	J1640	HCPCS	outpatient			96.5	36.05	Horizon	Medicare Blue		37.63				24.79	91.68	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PANHEMATIN(HEMIN) 1MG INJ	J1640	HCPCS	outpatient			96.5	36.05	Managed Care Inc	Managed Care Inc		86.85	90			24.79	91.68	percent of total billed charges	
PANHEMATIN(HEMIN) 1MG INJ	J1640	HCPCS	outpatient			96.5	36.05	Multiplan	Multiplan		77.2	80			24.79	91.68	percent of total billed charges	
PANHEMATIN(HEMIN) 1MG INJ	J1640	HCPCS	outpatient			96.5	36.05	Qualcare	Qualcare		72.38	75			24.79	91.68	percent of total billed charges	
PANHEMATIN(HEMIN) 1MG INJ	J1640	HCPCS	outpatient			96.5	36.05	Three Rivers	Three Rivers		91.68	95			24.79	91.68	percent of total billed charges	
PANHEMATIN(HEMIN) 1MG INJ	J1640	HCPCS	outpatient			96.5	36.05	UHC	Medicare		31.35				24.79	91.68	fee schedule	
PANHEMATIN(HEMIN) 1MG INJ	J1640	HCPCS	outpatient			96.5	36.05	UHC	Medicaid		30.45	31.55			24.79	91.68	percent of total billed charges	
PANHEMATIN(HEMIN) 1MG INJ	J1640	HCPCS	outpatient			96.5	36.05	United	Oxford		78.38				24.79	91.68	fee schedule	
PANHEMATIN(HEMIN) 1MG INJ	J1640	HCPCS	outpatient			96.5	36.05	United	Commercial|PPO		78.38				24.79	91.68	fee schedule	
PANHEMATIN(HEMIN) 1MG INJ	J1640	HCPCS	outpatient			96.5	36.05	Wellcare	Medicaid		30.45	31.55			24.79	91.68	percent of total billed charges	
PANHEMATIN(HEMIN) 1MG INJ	J1640	HCPCS	outpatient			96.5	36.05	Wellcare	Medicare		31.35				24.79	91.68	fee schedule	
PANHEMATIN(HEMIN) 1MG INJ	J1640	HCPCS	outpatient			96.5	36.05	WellPoint	WellPoint		31.05	32.18			24.79	91.68	percent of total billed charges	
HEPARIN LOCK FLUSH 1U/1ML (10M	J1642	HCPCS	both			4.5	0.02	Aetna	Medicare		0.02				0.02	4.28	fee schedule	
HEPARIN LOCK FLUSH 1U/1ML (10M	J1642	HCPCS	both			4.5	0.02	Aetna	Commercial		1.71	38			0.02	4.28	percent of total billed charges	
HEPARIN LOCK FLUSH 1U/1ML (10M	J1642	HCPCS	both			4.5	0.02	Aetna	Better Health		1.42	31.55			0.02	4.28	percent of total billed charges	
HEPARIN LOCK FLUSH 1U/1ML (10M	J1642	HCPCS	both			4.5	0.02	Americare	Americare		3.38	75			0.02	4.28	percent of total billed charges	
HEPARIN LOCK FLUSH 1U/1ML (10M	J1642	HCPCS	both			4.5	0.02	Amerihealth	Medicare		0.02				0.02	4.28	fee schedule	
HEPARIN LOCK FLUSH 1U/1ML (10M	J1642	HCPCS	both			4.5	0.02	Amerihealth	HMO|PPO		0.2				0.02	4.28	fee schedule	
HEPARIN LOCK FLUSH 1U/1ML (10M	J1642	HCPCS	both			4.5	0.02	Consumer	Consumer		4.28	95			0.02	4.28	percent of total billed charges	
HEPARIN LOCK FLUSH 1U/1ML (10M	J1642	HCPCS	both			4.5	0.02	Corrections	Corrections		3.6	80			0.02	4.28	percent of total billed charges	
HEPARIN LOCK FLUSH 1U/1ML (10M	J1642	HCPCS	both			4.5	0.02	First Health	First Health		3.15	70			0.02	4.28	percent of total billed charges	
HEPARIN LOCK FLUSH 1U/1ML (10M	J1642	HCPCS	both			4.5	0.02	First Trenton	First Trenton		4.05	90			0.02	4.28	percent of total billed charges	
HEPARIN LOCK FLUSH 1U/1ML (10M	J1642	HCPCS	both			4.5	0.02	Horizon	Medicare Blue		1.35	30			0.02	4.28	percent of total billed charges	
HEPARIN LOCK FLUSH 1U/1ML (10M	J1642	HCPCS	both			4.5	0.02	Horizon	MGD		1.72	38.28			0.02	4.28	percent of total billed charges	
HEPARIN LOCK FLUSH 1U/1ML (10M	J1642	HCPCS	both			4.5	0.02	Horizon	Indemnity		1.72	38.28			0.02	4.28	percent of total billed charges	
HEPARIN LOCK FLUSH 1U/1ML (10M	J1642	HCPCS	both			4.5	0.02	Horizon	PPO		1.72	38.28			0.02	4.28	percent of total billed charges	
HEPARIN LOCK FLUSH 1U/1ML (10M	J1642	HCPCS	both			4.5	0.02	Managed Care Inc	Managed Care Inc		4.05	90			0.02	4.28	percent of total billed charges	
HEPARIN LOCK FLUSH 1U/1ML (10M	J1642	HCPCS	both			4.5	0.02	Multiplan	Multiplan		3.6	80			0.02	4.28	percent of total billed charges	
HEPARIN LOCK FLUSH 1U/1ML (10M	J1642	HCPCS	both			4.5	0.02	Qualcare	Qualcare		3.38	75			0.02	4.28	percent of total billed charges	
HEPARIN LOCK FLUSH 1U/1ML (10M	J1642	HCPCS	both			4.5	0.02	Three Rivers	Three Rivers		4.28	95			0.02	4.28	percent of total billed charges	
HEPARIN LOCK FLUSH 1U/1ML (10M	J1642	HCPCS	both			4.5	0.02	UHC	Medicare		0.02				0.02	4.28	fee schedule	
HEPARIN LOCK FLUSH 1U/1ML (10M	J1642	HCPCS	both			4.5	0.02	UHC	Medicaid		1.42	31.55			0.02	4.28	percent of total billed charges	
HEPARIN LOCK FLUSH 1U/1ML (10M	J1642	HCPCS	both			4.5	0.02	Wellcare	Medicaid		1.42	31.55			0.02	4.28	percent of total billed charges	
HEPARIN LOCK FLUSH 1U/1ML (10M	J1642	HCPCS	both			4.5	0.02	Wellcare	Medicare		0.02				0.02	4.28	fee schedule	
HEPARIN LOCK FLUSH 1U/1ML (10M	J1642	HCPCS	both			4.5	0.02	WellPoint	WellPoint		1.45	32.18			0.02	4.28	percent of total billed charges	
HEPARIN NA (PORCINE) 1000 UNITS/ML	J1644	HCPCS	both			4.5	0.31	Aetna	Medicare		0.27				0.23	4.28	fee schedule	
HEPARIN NA (PORCINE) 1000 UNITS/ML	J1644	HCPCS	both			4.5	0.31	Aetna	Better Health		1.42	31.55			0.23	4.28	percent of total billed charges	
HEPARIN NA (PORCINE) 1000 UNITS/ML	J1644	HCPCS	both			4.5	0.31	Aetna	Commercial		1.71	38			0.23	4.28	percent of total billed charges	
HEPARIN NA (PORCINE) 1000 UNITS/ML	J1644	HCPCS	both			4.5	0.31	Americare	Americare		3.38	75			0.23	4.28	percent of total billed charges	
HEPARIN NA (PORCINE) 1000 UNITS/ML	J1644	HCPCS	both			4.5	0.31	Amerihealth	Medicare		0.27				0.23	4.28	fee schedule	
HEPARIN NA (PORCINE) 1000 UNITS/ML	J1644	HCPCS	both			4.5	0.31	Amerihealth	HMO|PPO		0.23				0.23	4.28	fee schedule	
HEPARIN NA (PORCINE) 1000 UNITS/ML	J1644	HCPCS	both			4.5	0.31	Consumer	Consumer		4.28	95			0.23	4.28	percent of total billed charges	
HEPARIN NA (PORCINE) 1000 UNITS/ML	J1644	HCPCS	both			4.5	0.31	Corrections	Corrections		3.6	80			0.23	4.28	percent of total billed charges	
HEPARIN NA (PORCINE) 1000 UNITS/ML	J1644	HCPCS	both			4.5	0.31	First Health	First Health		3.15	70			0.23	4.28	percent of total billed charges	
HEPARIN NA (PORCINE) 1000 UNITS/ML	J1644	HCPCS	both			4.5	0.31	First Trenton	First Trenton		4.05	90			0.23	4.28	percent of total billed charges	
HEPARIN NA (PORCINE) 1000 UNITS/ML	J1644	HCPCS	both			4.5	0.31	Horizon	Medicare Blue		1.35	30			0.23	4.28	percent of total billed charges	
HEPARIN NA (PORCINE) 1000 UNITS/ML	J1644	HCPCS	both			4.5	0.31	Horizon	PPO		1.72	38.28			0.23	4.28	percent of total billed charges	
HEPARIN NA (PORCINE) 1000 UNITS/ML	J1644	HCPCS	both			4.5	0.31	Horizon	MGD		1.72	38.28			0.23	4.28	percent of total billed charges	
HEPARIN NA (PORCINE) 1000 UNITS/ML	J1644	HCPCS	both			4.5	0.31	Horizon	Indemnity		1.72	38.28			0.23	4.28	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
HEPARIN NA (PORCINE) 1000 UNITS/ML	J1644	HCPCS	both			4.5	0.31	Managed Care Inc	Managed Care Inc		4.05	90			0.23	4.28	percent of total billed charges	
HEPARIN NA (PORCINE) 1000 UNITS/ML	J1644	HCPCS	both			4.5	0.31	Multiplan	Multiplan		3.6	80			0.23	4.28	percent of total billed charges	
HEPARIN NA (PORCINE) 1000 UNITS/ML	J1644	HCPCS	both			4.5	0.31	Qualcare	Qualcare		3.38	75			0.23	4.28	percent of total billed charges	
HEPARIN NA (PORCINE) 1000 UNITS/ML	J1644	HCPCS	both			4.5	0.31	Three Rivers	Three Rivers		4.28	95			0.23	4.28	percent of total billed charges	
HEPARIN NA (PORCINE) 1000 UNITS/ML	J1644	HCPCS	both			4.5	0.31	UHC	Medicare		0.27				0.23	4.28	fee schedule	
HEPARIN NA (PORCINE) 1000 UNITS/ML	J1644	HCPCS	both			4.5	0.31	UHC	Medicaid		1.42	31.55			0.23	4.28	percent of total billed charges	
HEPARIN NA (PORCINE) 1000 UNITS/ML	J1644	HCPCS	both			4.5	0.31	Wellcare	Medicare		0.27				0.23	4.28	fee schedule	
HEPARIN NA (PORCINE) 1000 UNITS/ML	J1644	HCPCS	both			4.5	0.31	Wellcare	Medicaid		1.42	31.55			0.23	4.28	percent of total billed charges	
HEPARIN NA (PORCINE) 1000 UNITS/ML	J1644	HCPCS	both			4.5	0.31	WellPoint	WellPoint		1.45	32.18			0.23	4.28	percent of total billed charges	
DALTEPARIN SOD 2500IU/0.2ML INJ	J1645	HCPCS	outpatient			127	20.01	Aetna	Better Health		40.07	31.55			17.27	120.65	percent of total billed charges	
DALTEPARIN SOD 2500IU/0.2ML INJ	J1645	HCPCS	outpatient			127	20.01	Aetna	Medicare		17.4				17.27	120.65	fee schedule	
DALTEPARIN SOD 2500IU/0.2ML INJ	J1645	HCPCS	outpatient			127	20.01	Aetna	Commercial		48.26	38			17.27	120.65	percent of total billed charges	
DALTEPARIN SOD 2500IU/0.2ML INJ	J1645	HCPCS	outpatient			127	20.01	Americare	Americare		95.25	75			17.27	120.65	percent of total billed charges	
DALTEPARIN SOD 2500IU/0.2ML INJ	J1645	HCPCS	outpatient			127	20.01	Amerihealth	Medicare		17.4				17.27	120.65	fee schedule	
DALTEPARIN SOD 2500IU/0.2ML INJ	J1645	HCPCS	outpatient			127	20.01	Amerihealth	HMO/PPO		17.27				17.27	120.65	fee schedule	
DALTEPARIN SOD 2500IU/0.2ML INJ	J1645	HCPCS	outpatient			127	20.01	Consumer	Consumer		120.65	95			17.27	120.65	percent of total billed charges	
DALTEPARIN SOD 2500IU/0.2ML INJ	J1645	HCPCS	outpatient			127	20.01	Corrections	Corrections		101.6	80			17.27	120.65	percent of total billed charges	
DALTEPARIN SOD 2500IU/0.2ML INJ	J1645	HCPCS	outpatient			127	20.01	First Health	First Health		88.9	70			17.27	120.65	percent of total billed charges	
DALTEPARIN SOD 2500IU/0.2ML INJ	J1645	HCPCS	outpatient			127	20.01	First Trenton	First Trenton		114.3	90			17.27	120.65	percent of total billed charges	
DALTEPARIN SOD 2500IU/0.2ML INJ	J1645	HCPCS	outpatient			127	20.01	Horizon	MGD		48.62	38.28			17.27	120.65	percent of total billed charges	
DALTEPARIN SOD 2500IU/0.2ML INJ	J1645	HCPCS	outpatient			127	20.01	Horizon	Indemnity		48.62	38.28			17.27	120.65	percent of total billed charges	
DALTEPARIN SOD 2500IU/0.2ML INJ	J1645	HCPCS	outpatient			127	20.01	Horizon	PPO		48.62	38.28			17.27	120.65	percent of total billed charges	
DALTEPARIN SOD 2500IU/0.2ML INJ	J1645	HCPCS	outpatient			127	20.01	Horizon	Medicare Blue		38.1	30			17.27	120.65	percent of total billed charges	
DALTEPARIN SOD 2500IU/0.2ML INJ	J1645	HCPCS	outpatient			127	20.01	Managed Care Inc	Managed Care Inc		114.3	90			17.27	120.65	percent of total billed charges	
DALTEPARIN SOD 2500IU/0.2ML INJ	J1645	HCPCS	outpatient			127	20.01	Multiplan	Multiplan		101.6	80			17.27	120.65	percent of total billed charges	
DALTEPARIN SOD 2500IU/0.2ML INJ	J1645	HCPCS	outpatient			127	20.01	Qualcare	Qualcare		95.25	75			17.27	120.65	percent of total billed charges	
DALTEPARIN SOD 2500IU/0.2ML INJ	J1645	HCPCS	outpatient			127	20.01	Three Rivers	Three Rivers		120.65	95			17.27	120.65	percent of total billed charges	
DALTEPARIN SOD 2500IU/0.2ML INJ	J1645	HCPCS	outpatient			127	20.01	UHC	Medicare		17.4				17.27	120.65	fee schedule	
DALTEPARIN SOD 2500IU/0.2ML INJ	J1645	HCPCS	outpatient			127	20.01	UHC	Medicaid		40.07	31.55			17.27	120.65	percent of total billed charges	
DALTEPARIN SOD 2500IU/0.2ML INJ	J1645	HCPCS	outpatient			127	20.01	Wellcare	Medicare		17.4				17.27	120.65	fee schedule	
DALTEPARIN SOD 2500IU/0.2ML INJ	J1645	HCPCS	outpatient			127	20.01	Wellcare	Medicaid		40.07	31.55			17.27	120.65	percent of total billed charges	
DALTEPARIN SOD 2500IU/0.2ML INJ	J1645	HCPCS	outpatient			127	20.01	WellPoint	WellPoint		40.87	32.18			17.27	120.65	percent of total billed charges	
ENOXAPARIN 10MG	J1650	HCPCS	both			51.5	0.78	Aetna	Better Health		16.25	31.55			0.68	48.93	percent of total billed charges	
ENOXAPARIN 10MG	J1650	HCPCS	both			51.5	0.78	Aetna	Medicare		0.68				0.68	48.93	fee schedule	
ENOXAPARIN 10MG	J1650	HCPCS	both			51.5	0.78	Aetna	Commercial		19.57	38			0.68	48.93	percent of total billed charges	
ENOXAPARIN 10MG	J1650	HCPCS	both			51.5	0.78	Americare	Americare		38.63	75			0.68	48.93	percent of total billed charges	
ENOXAPARIN 10MG	J1650	HCPCS	both			51.5	0.78	Amerihealth	HMO/PPO		0.94				0.68	48.93	fee schedule	
ENOXAPARIN 10MG	J1650	HCPCS	both			51.5	0.78	Amerihealth	Medicare		0.68				0.68	48.93	fee schedule	
ENOXAPARIN 10MG	J1650	HCPCS	both			51.5	0.78	Consumer	Consumer		48.93	95			0.68	48.93	percent of total billed charges	
ENOXAPARIN 10MG	J1650	HCPCS	both			51.5	0.78	Corrections	Corrections		41.2	80			0.68	48.93	percent of total billed charges	
ENOXAPARIN 10MG	J1650	HCPCS	both			51.5	0.78	First Health	First Health		36.05	70			0.68	48.93	percent of total billed charges	
ENOXAPARIN 10MG	J1650	HCPCS	both			51.5	0.78	First Trenton	First Trenton		46.35	90			0.68	48.93	percent of total billed charges	
ENOXAPARIN 10MG	J1650	HCPCS	both			51.5	0.78	Horizon	MGD		19.71	38.28			0.68	48.93	percent of total billed charges	
ENOXAPARIN 10MG	J1650	HCPCS	both			51.5	0.78	Horizon	Indemnity		19.71	38.28			0.68	48.93	percent of total billed charges	
ENOXAPARIN 10MG	J1650	HCPCS	both			51.5	0.78	Horizon	Medicare Blue		15.45	30			0.68	48.93	percent of total billed charges	
ENOXAPARIN 10MG	J1650	HCPCS	both			51.5	0.78	Horizon	PPO		19.71	38.28			0.68	48.93	percent of total billed charges	
ENOXAPARIN 10MG	J1650	HCPCS	both			51.5	0.78	Managed Care Inc	Managed Care Inc		46.35	90			0.68	48.93	percent of total billed charges	
ENOXAPARIN 10MG	J1650	HCPCS	both			51.5	0.78	Multiplan	Multiplan		41.2	80			0.68	48.93	percent of total billed charges	
ENOXAPARIN 10MG	J1650	HCPCS	both			51.5	0.78	Qualcare	Qualcare		38.63	75			0.68	48.93	percent of total billed charges	
ENOXAPARIN 10MG	J1650	HCPCS	both			51.5	0.78	Three Rivers	Three Rivers		48.93	95			0.68	48.93	percent of total billed charges	
ENOXAPARIN 10MG	J1650	HCPCS	both			51.5	0.78	UHC	Medicaid		16.25	31.55			0.68	48.93	percent of total billed charges	
ENOXAPARIN 10MG	J1650	HCPCS	both			51.5	0.78	UHC	Medicare		0.68				0.68	48.93	fee schedule	
ENOXAPARIN 10MG	J1650	HCPCS	both			51.5	0.78	Wellcare	Medicare		0.68				0.68	48.93	fee schedule	
ENOXAPARIN 10MG	J1650	HCPCS	both			51.5	0.78	Wellcare	Medicaid		16.25	31.55			0.68	48.93	percent of total billed charges	
ENOXAPARIN 10MG	J1650	HCPCS	both			51.5	0.78	WellPoint	WellPoint		16.57	32.18			0.68	48.93	percent of total billed charges	
FONDAPARINUX 0.5MG INJ	J1652	HCPCS	both			51.5	1.26	Aetna	Better Health		16.25	31.55			1.09	48.93	percent of total billed charges	
FONDAPARINUX 0.5MG INJ	J1652	HCPCS	both			51.5	1.26	Aetna	Medicare		1.09				1.09	48.93	fee schedule	
FONDAPARINUX 0.5MG INJ	J1652	HCPCS	both			51.5	1.26	Aetna	Commercial		19.57	38			1.09	48.93	percent of total billed charges	
FONDAPARINUX 0.5MG INJ	J1652	HCPCS	both			51.5	1.26	Americare	Americare		38.63	75			1.09	48.93	percent of total billed charges	
FONDAPARINUX 0.5MG INJ	J1652	HCPCS	both			51.5	1.26	Amerihealth	HMO/PPO		2.43				1.09	48.93	fee schedule	
FONDAPARINUX 0.5MG INJ	J1652	HCPCS	both			51.5	1.26	Amerihealth	Medicare		1.09				1.09	48.93	fee schedule	
FONDAPARINUX 0.5MG INJ	J1652	HCPCS	both			51.5	1.26	Consumer	Consumer		48.93	95			1.09	48.93	percent of total billed charges	
FONDAPARINUX 0.5MG INJ	J1652	HCPCS	both			51.5	1.26	Corrections	Corrections		41.2	80			1.09	48.93	percent of total billed charges	
FONDAPARINUX 0.5MG INJ	J1652	HCPCS	both			51.5	1.26	First Health	First Health		36.05	70			1.09	48.93	percent of total billed charges	
FONDAPARINUX 0.5MG INJ	J1652	HCPCS	both			51.5	1.26	First Trenton	First Trenton		46.35	90			1.09	48.93	percent of total billed charges	
FONDAPARINUX 0.5MG INJ	J1652	HCPCS	both			51.5	1.26	Horizon	MGD		19.71	38.28			1.09	48.93	percent of total billed charges	
FONDAPARINUX 0.5MG INJ	J1652	HCPCS	both			51.5	1.26	Horizon	Medicare Blue		15.45	30			1.09	48.93	percent of total billed charges	
FONDAPARINUX 0.5MG INJ	J1652	HCPCS	both			51.5	1.26	Horizon	Indemnity		19.71	38.28			1.09	48.93	percent of total billed charges	
FONDAPARINUX 0.5MG INJ	J1652	HCPCS	both			51.5	1.26	Horizon	PPO		19.71	38.28			1.09	48.93	percent of total billed charges	
FONDAPARINUX 0.5MG INJ	J1652	HCPCS	both			51.5	1.26	Managed Care Inc	Managed Care Inc		46.35	90			1.09	48.93	percent of total billed charges	
FONDAPARINUX 0.5MG INJ	J1652	HCPCS	both			51.5	1.26	Multiplan	Multiplan		41.2	80			1.09	48.93	percent of total billed charges	
FONDAPARINUX 0.5MG INJ	J1652	HCPCS	both			51.5	1.26	Qualcare	Qualcare		38.63	75			1.09	48.93	percent of total billed charges	
FONDAPARINUX 0.5MG INJ	J1652	HCPCS	both			51.5	1.26	Three Rivers	Three Rivers		48.93	95			1.09	48.93	percent of total billed charges	
FONDAPARINUX 0.5MG INJ	J1652	HCPCS	both			51.5	1.26	UHC	Medicare		1.09				1.09	48.93	fee schedule	
FONDAPARINUX 0.5MG INJ	J1652	HCPCS	both			51.5	1.26	UHC	Medicaid		16.25	31.55			1.09	48.93	percent of total billed charges	
FONDAPARINUX 0.5MG INJ	J1652	HCPCS	both			51.5	1.26	Wellcare	Medicaid		16.25	31.55			1.09	48.93	percent of total billed charges	
FONDAPARINUX 0.5MG INJ	J1652	HCPCS	both			51.5	1.26	Wellcare	Medicare		1.09				1.09	48.93	fee schedule	
FONDAPARINUX 0.5MG INJ	J1652	HCPCS	both			51.5	1.26	WellPoint	WellPoint		16.57	32.18			1.09	48.93	percent of total billed charges	
TETANUS (BAYTET) 250U INJ	J1670	HCPCS	both			828.5	665.4	Aetna	Better Health		261.39	31.55			261.39	1446.53	percent of total billed charges	
TETANUS (BAYTET) 250U INJ	J1670	HCPCS	both			828.5	665.4	Aetna	Medicare		578.61				261.39	1446.53	fee schedule	
TETANUS (BAYTET) 250U INJ	J1670	HCPCS	both			828.5	665.4	Aetna	Commercial		1106.01				261.39	1446.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TETANUS (BAYTET) 250U INJ	J1670	HCPCS	both			828.5	665.4	Americare	Americare		621.38	75			261.39	1446.53	percent of total billed charges	
TETANUS (BAYTET) 250U INJ	J1670	HCPCS	both			828.5	665.4	Amerihealth	HMO/PPO		469.83				261.39	1446.53	fee schedule	
TETANUS (BAYTET) 250U INJ	J1670	HCPCS	both			828.5	665.4	Amerihealth	Medicare		578.61				261.39	1446.53	fee schedule	
TETANUS (BAYTET) 250U INJ	J1670	HCPCS	both			828.5	665.4	Consumer	Consumer		787.08	95			261.39	1446.53	percent of total billed charges	
TETANUS (BAYTET) 250U INJ	J1670	HCPCS	both			828.5	665.4	Corrections	Corrections		662.8	80			261.39	1446.53	percent of total billed charges	
TETANUS (BAYTET) 250U INJ	J1670	HCPCS	both			828.5	665.4	First Health	First Health		579.95	70			261.39	1446.53	percent of total billed charges	
TETANUS (BAYTET) 250U INJ	J1670	HCPCS	both			828.5	665.4	First Trenton	First Trenton		745.65	90			261.39	1446.53	percent of total billed charges	
TETANUS (BAYTET) 250U INJ	J1670	HCPCS	both			828.5	665.4	Horizon	MGD		1292.89				261.39	1446.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TETANUS (BAYTET) 250U INJ	J1670	HCPCS	both			828.5	665.4	Horizon	Indemnity		1292.89				261.39	1446.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TETANUS (BAYTET) 250U INJ	J1670	HCPCS	both			828.5	665.4	Horizon	PPO		1292.89				261.39	1446.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TETANUS (BAYTET) 250U INJ	J1670	HCPCS	both			828.5	665.4	Horizon	Medicare Blue		694.73				261.39	1446.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TETANUS (BAYTET) 250U INJ	J1670	HCPCS	both			828.5	665.4	Managed Care Inc	Managed Care Inc		745.65	90			261.39	1446.53	percent of total billed charges	
TETANUS (BAYTET) 250U INJ	J1670	HCPCS	both			828.5	665.4	Multiplan	Multiplan		662.8	80			261.39	1446.53	percent of total billed charges	
TETANUS (BAYTET) 250U INJ	J1670	HCPCS	both			828.5	665.4	Qualcare	Qualcare		621.38	75			261.39	1446.53	percent of total billed charges	
TETANUS (BAYTET) 250U INJ	J1670	HCPCS	both			828.5	665.4	Three Rivers	Three Rivers		787.08	95			261.39	1446.53	percent of total billed charges	
TETANUS (BAYTET) 250U INJ	J1670	HCPCS	both			828.5	665.4	UHC	Medicare		578.61				261.39	1446.53	fee schedule	
TETANUS (BAYTET) 250U INJ	J1670	HCPCS	both			828.5	665.4	UHC	Medicaid		261.39	31.55			261.39	1446.53	percent of total billed charges	
TETANUS (BAYTET) 250U INJ	J1670	HCPCS	both			828.5	665.4	United	Oxford		1446.53				261.39	1446.53	fee schedule	
TETANUS (BAYTET) 250U INJ	J1670	HCPCS	both			828.5	665.4	United	Commercial|PPO		1446.53				261.39	1446.53	fee schedule	
TETANUS (BAYTET) 250U INJ	J1670	HCPCS	both			828.5	665.4	Wellcare	Medicare		578.61				261.39	1446.53	fee schedule	
TETANUS (BAYTET) 250U INJ	J1670	HCPCS	both			828.5	665.4	Wellcare	Medicaid		261.39	31.55			261.39	1446.53	percent of total billed charges	
TETANUS (BAYTET) 250U INJ	J1670	HCPCS	both			828.5	665.4	WellPoint	WellPoint		266.61	32.18			261.39	1446.53	percent of total billed charges	
HYDROCORTISONE 100MG INJ	J1720	HCPCS	both			21.5	20.52	Aetna	Medicare		17.85				6.45	20.43	fee schedule	
HYDROCORTISONE 100MG INJ	J1720	HCPCS	both			21.5	20.52	Aetna	Better Health		6.78	31.55			6.45	20.43	percent of total billed charges	
HYDROCORTISONE 100MG INJ	J1720	HCPCS	both			21.5	20.52	Aetna	Commercial		8.17	38			6.45	20.43	percent of total billed charges	
HYDROCORTISONE 100MG INJ	J1720	HCPCS	both			21.5	20.52	Americare	Americare		16.13	75			6.45	20.43	percent of total billed charges	
HYDROCORTISONE 100MG INJ	J1720	HCPCS	both			21.5	20.52	Amerihealth	HMO/PPO		9.26				6.45	20.43	fee schedule	
HYDROCORTISONE 100MG INJ	J1720	HCPCS	both			21.5	20.52	Amerihealth	Medicare		17.85				6.45	20.43	fee schedule	
HYDROCORTISONE 100MG INJ	J1720	HCPCS	both			21.5	20.52	Consumer	Consumer		20.43	95			6.45	20.43	percent of total billed charges	
HYDROCORTISONE 100MG INJ	J1720	HCPCS	both			21.5	20.52	Corrections	Corrections		17.2	80			6.45	20.43	percent of total billed charges	
HYDROCORTISONE 100MG INJ	J1720	HCPCS	both			21.5	20.52	First Health	First Health		15.05	70			6.45	20.43	percent of total billed charges	
HYDROCORTISONE 100MG INJ	J1720	HCPCS	both			21.5	20.52	First Trenton	First Trenton		19.35	90			6.45	20.43	percent of total billed charges	
HYDROCORTISONE 100MG INJ	J1720	HCPCS	both			21.5	20.52	Horizon	MGD		8.23	38.28			6.45	20.43	percent of total billed charges	
HYDROCORTISONE 100MG INJ	J1720	HCPCS	both			21.5	20.52	Horizon	Medicare Blue		6.45	30			6.45	20.43	percent of total billed charges	
HYDROCORTISONE 100MG INJ	J1720	HCPCS	both			21.5	20.52	Horizon	Indemnity		8.23	38.28			6.45	20.43	percent of total billed charges	
HYDROCORTISONE 100MG INJ	J1720	HCPCS	both			21.5	20.52	Horizon	PPO		8.23	38.28			6.45	20.43	percent of total billed charges	
HYDROCORTISONE 100MG INJ	J1720	HCPCS	both			21.5	20.52	Managed Care Inc	Managed Care Inc		19.35	90			6.45	20.43	percent of total billed charges	
HYDROCORTISONE 100MG INJ	J1720	HCPCS	both			21.5	20.52	Multiplan	Multiplan		17.2	80			6.45	20.43	percent of total billed charges	
HYDROCORTISONE 100MG INJ	J1720	HCPCS	both			21.5	20.52	Qualcare	Qualcare		16.13	75			6.45	20.43	percent of total billed charges	
HYDROCORTISONE 100MG INJ	J1720	HCPCS	both			21.5	20.52	Three Rivers	Three Rivers		20.43	95			6.45	20.43	percent of total billed charges	
HYDROCORTISONE 100MG INJ	J1720	HCPCS	both			21.5	20.52	UHC	Medicaid		6.78	31.55			6.45	20.43	percent of total billed charges	
HYDROCORTISONE 100MG INJ	J1720	HCPCS	both			21.5	20.52	UHC	Medicare		17.85				6.45	20.43	fee schedule	
HYDROCORTISONE 100MG INJ	J1720	HCPCS	both			21.5	20.52	Wellcare	Medicare		17.85				6.45	20.43	fee schedule	
HYDROCORTISONE 100MG INJ	J1720	HCPCS	both			21.5	20.52	Wellcare	Medicaid		6.78	31.55			6.45	20.43	percent of total billed charges	
HYDROCORTISONE 100MG INJ	J1720	HCPCS	both			21.5	20.52	WellPoint	WellPoint		6.92	32.18			6.45	20.43	percent of total billed charges	
IBANDRONATE SODIUM(BONIVA) 1MG INJ	J1740	HCPCS	outpatient			452	29.44	Aetna	Medicare		25.6				25.6	429.4	fee schedule	
IBANDRONATE SODIUM(BONIVA) 1MG INJ	J1740	HCPCS	outpatient			452	29.44	Aetna	Better Health		142.61	31.55			25.6	429.4	percent of total billed charges	
IBANDRONATE SODIUM(BONIVA) 1MG INJ	J1740	HCPCS	outpatient			452	29.44	Aetna	Commercial		171.76	38			25.6	429.4	percent of total billed charges	
IBANDRONATE SODIUM(BONIVA) 1MG INJ	J1740	HCPCS	outpatient			452	29.44	Americare	Americare		339	75			25.6	429.4	percent of total billed charges	
IBANDRONATE SODIUM(BONIVA) 1MG INJ	J1740	HCPCS	outpatient			452	29.44	Amerihealth	HMO/PPO		110.62				25.6	429.4	fee schedule	
IBANDRONATE SODIUM(BONIVA) 1MG INJ	J1740	HCPCS	outpatient			452	29.44	Amerihealth	Medicare		25.6				25.6	429.4	fee schedule	
IBANDRONATE SODIUM(BONIVA) 1MG INJ	J1740	HCPCS	outpatient			452	29.44	Consumer	Consumer		429.4	95			25.6	429.4	percent of total billed charges	
IBANDRONATE SODIUM(BONIVA) 1MG INJ	J1740	HCPCS	outpatient			452	29.44	Corrections	Corrections		361.6	80			25.6	429.4	percent of total billed charges	
IBANDRONATE SODIUM(BONIVA) 1MG INJ	J1740	HCPCS	outpatient			452	29.44	First Health	First Health		316.4	70			25.6	429.4	percent of total billed charges	
IBANDRONATE SODIUM(BONIVA) 1MG INJ	J1740	HCPCS	outpatient			452	29.44	First Trenton	First Trenton		406.8	90			25.6	429.4	percent of total billed charges	
IBANDRONATE SODIUM(BONIVA) 1MG INJ	J1740	HCPCS	outpatient			452	29.44	Horizon	Medicare Blue		135.6	30			25.6	429.4	percent of total billed charges	
IBANDRONATE SODIUM(BONIVA) 1MG INJ	J1740	HCPCS	outpatient			452	29.44	Horizon	MGD		173.03	38.28			25.6	429.4	percent of total billed charges	
IBANDRONATE SODIUM(BONIVA) 1MG INJ	J1740	HCPCS	outpatient			452	29.44	Horizon	Indemnity		173.03	38.28			25.6	429.4	percent of total billed charges	
IBANDRONATE SODIUM(BONIVA) 1MG INJ	J1740	HCPCS	outpatient			452	29.44	Horizon	PPO		173.03	38.28			25.6	429.4	percent of total billed charges	
IBANDRONATE SODIUM(BONIVA) 1MG INJ	J1740	HCPCS	outpatient			452	29.44	Managed Care Inc	Managed Care Inc		406.8	90			25.6	429.4	percent of total billed charges	
IBANDRONATE SODIUM(BONIVA) 1MG INJ	J1740	HCPCS	outpatient			452	29.44	Multiplan	Multiplan		361.6	80			25.6	429.4	percent of total billed charges	
IBANDRONATE SODIUM(BONIVA) 1MG INJ	J1740	HCPCS	outpatient			452	29.44	Qualcare	Qualcare		339	75			25.6	429.4	percent of total billed charges	
IBANDRONATE SODIUM(BONIVA) 1MG INJ	J1740	HCPCS	outpatient			452	29.44	Three Rivers	Three Rivers		429.4	95			25.6	429.4	percent of total billed charges	
IBANDRONATE SODIUM(BONIVA) 1MG INJ	J1740	HCPCS	outpatient			452	29.44	UHC	Medicare		25.6				25.6	429.4	fee schedule	
IBANDRONATE SODIUM(BONIVA) 1MG INJ	J1740	HCPCS	outpatient			452	29.44	UHC	Medicaid		142.61	31.55			25.6	429.4	percent of total billed charges	
IBANDRONATE SODIUM(BONIVA) 1MG INJ	J1740	HCPCS	outpatient			452	29.44	Wellcare	Medicare		25.6				25.6	429.4	fee schedule	
IBANDRONATE SODIUM(BONIVA) 1MG INJ	J1740	HCPCS	outpatient			452	29.44	Wellcare	Medicaid		142.61	31.55			25.6	429.4	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.															
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true														
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
IBANDRONATE SODIUM(BONIVA) 1MG INJ	J1740	HCPCS	outpatient			452	29.44	WellPoint	WellPoint		145.45	32.18			25.6	429.4	percent of total billed charges	
IBUPROFEN 100MG/ML INJ	J1741	HCPCS	outpatient			5		Aetna	Better Health		1.58	31.55			1.5	4.75	percent of total billed charges	
IBUPROFEN 100MG/ML INJ	J1741	HCPCS	outpatient			5		Aetna	Medicare		1.54	30.8			1.5	4.75	percent of total billed charges	
IBUPROFEN 100MG/ML INJ	J1741	HCPCS	outpatient			5		Aetna	Commercial		1.9	38			1.5	4.75	percent of total billed charges	
IBUPROFEN 100MG/ML INJ	J1741	HCPCS	outpatient			5		Americare	Americare		3.75	75			1.5	4.75	percent of total billed charges	
IBUPROFEN 100MG/ML INJ	J1741	HCPCS	outpatient			5		Amerihealth	HMO/PPO		1.75				1.5	4.75	fee schedule	
IBUPROFEN 100MG/ML INJ	J1741	HCPCS	outpatient			5		Consumer	Consumer		4.75	95			1.5	4.75	percent of total billed charges	
IBUPROFEN 100MG/ML INJ	J1741	HCPCS	outpatient			5		Corrections	Corrections		4	80			1.5	4.75	percent of total billed charges	
IBUPROFEN 100MG/ML INJ	J1741	HCPCS	outpatient			5		First Health	First Health		3.5	70			1.5	4.75	percent of total billed charges	
IBUPROFEN 100MG/ML INJ	J1741	HCPCS	outpatient			5		First Trenton	First Trenton		4.5	90			1.5	4.75	percent of total billed charges	
IBUPROFEN 100MG/ML INJ	J1741	HCPCS	outpatient			5		Horizon	MGD		1.91	38.28			1.5	4.75	percent of total billed charges	
IBUPROFEN 100MG/ML INJ	J1741	HCPCS	outpatient			5		Horizon	Indemnity		1.91	38.28			1.5	4.75	percent of total billed charges	
IBUPROFEN 100MG/ML INJ	J1741	HCPCS	outpatient			5		Horizon	PPO		1.91	38.28			1.5	4.75	percent of total billed charges	
IBUPROFEN 100MG/ML INJ	J1741	HCPCS	outpatient			5		Horizon	Medicare Blue		1.5	30			1.5	4.75	percent of total billed charges	
IBUPROFEN 100MG/ML INJ	J1741	HCPCS	outpatient			5		Managed Care Inc	Managed Care Inc		4.5	90			1.5	4.75	percent of total billed charges	
IBUPROFEN 100MG/ML INJ	J1741	HCPCS	outpatient			5		Multiplan	Multiplan		4	80			1.5	4.75	percent of total billed charges	
IBUPROFEN 100MG/ML INJ	J1741	HCPCS	outpatient			5		Qualcare	Qualcare		3.75	75			1.5	4.75	percent of total billed charges	
IBUPROFEN 100MG/ML INJ	J1741	HCPCS	outpatient			5		Three Rivers	Three Rivers		4.75	95			1.5	4.75	percent of total billed charges	
IBUPROFEN 100MG/ML INJ	J1741	HCPCS	outpatient			5		UHC	Medicaid		1.58	31.55			1.5	4.75	percent of total billed charges	
IBUPROFEN 100MG/ML INJ	J1741	HCPCS	outpatient			5		Wellcare	Medicaid		1.58	31.55			1.5	4.75	percent of total billed charges	
IBUPROFEN 100MG/ML INJ	J1741	HCPCS	outpatient			5		WellPoint	WellPoint		1.61	32.18			1.5	4.75	percent of total billed charges	
IBUTILIDE 1MG/10ML VIAL (NF)	J1742	HCPCS	both			1590	97.18	Aetna	Medicare		84.5				84.5	1510.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IBUTILIDE 1MG/10ML VIAL (NF)	J1742	HCPCS	both			1590	97.18	Aetna	Better Health		501.65	31.55			84.5	1510.5	percent of total billed charges	
IBUTILIDE 1MG/10ML VIAL (NF)	J1742	HCPCS	both			1590	97.18	Aetna	Commercial		134.52				84.5	1510.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IBUTILIDE 1MG/10ML VIAL (NF)	J1742	HCPCS	both			1590	97.18	Americare	Americare		1192.5	75			84.5	1510.5	percent of total billed charges	
IBUTILIDE 1MG/10ML VIAL (NF)	J1742	HCPCS	both			1590	97.18	Amerihealth	HMO/PPO		202				84.5	1510.5	fee schedule	
IBUTILIDE 1MG/10ML VIAL (NF)	J1742	HCPCS	both			1590	97.18	Amerihealth	Medicare		84.5				84.5	1510.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IBUTILIDE 1MG/10ML VIAL (NF)	J1742	HCPCS	both			1590	97.18	Consumer	Consumer		1510.5	95			84.5	1510.5	percent of total billed charges	
IBUTILIDE 1MG/10ML VIAL (NF)	J1742	HCPCS	both			1590	97.18	Corrections	Corrections		1272	80			84.5	1510.5	percent of total billed charges	
IBUTILIDE 1MG/10ML VIAL (NF)	J1742	HCPCS	both			1590	97.18	First Health	First Health		1113	70			84.5	1510.5	percent of total billed charges	
IBUTILIDE 1MG/10ML VIAL (NF)	J1742	HCPCS	both			1590	97.18	First Trenton	First Trenton		1431	90			84.5	1510.5	percent of total billed charges	
IBUTILIDE 1MG/10ML VIAL (NF)	J1742	HCPCS	both			1590	97.18	Horizon	MGD		157.25				84.5	1510.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IBUTILIDE 1MG/10ML VIAL (NF)	J1742	HCPCS	both			1590	97.18	Horizon	Indemnity		157.25				84.5	1510.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IBUTILIDE 1MG/10ML VIAL (NF)	J1742	HCPCS	both			1590	97.18	Horizon	PPO		157.25				84.5	1510.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IBUTILIDE 1MG/10ML VIAL (NF)	J1742	HCPCS	both			1590	97.18	Horizon	Medicare Blue		84.5				84.5	1510.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IBUTILIDE 1MG/10ML VIAL (NF)	J1742	HCPCS	both			1590	97.18	Managed Care Inc	Managed Care Inc		1431	90			84.5	1510.5	percent of total billed charges	
IBUTILIDE 1MG/10ML VIAL (NF)	J1742	HCPCS	both			1590	97.18	Multiplan	Multiplan		1272	80			84.5	1510.5	percent of total billed charges	
IBUTILIDE 1MG/10ML VIAL (NF)	J1742	HCPCS	both			1590	97.18	Qualcare	Qualcare		1192.5	75			84.5	1510.5	percent of total billed charges	
IBUTILIDE 1MG/10ML VIAL (NF)	J1742	HCPCS	both			1590	97.18	Three Rivers	Three Rivers		1510.5	95			84.5	1510.5	percent of total billed charges	
IBUTILIDE 1MG/10ML VIAL (NF)	J1742	HCPCS	both			1590	97.18	UHC	Medicaid		501.65	31.55			84.5	1510.5	percent of total billed charges	
IBUTILIDE 1MG/10ML VIAL (NF)	J1742	HCPCS	both			1590	97.18	UHC	Medicare		84.5				84.5	1510.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IBUTILIDE 1MG/10ML VIAL (NF)	J1742	HCPCS	both			1590	97.18	United	Oxford		475.63				84.5	1510.5	fee schedule	
IBUTILIDE 1MG/10ML VIAL (NF)	J1742	HCPCS	both			1590	97.18	United	Commercial|PPO		475.63				84.5	1510.5	fee schedule	
IBUTILIDE 1MG/10ML VIAL (NF)	J1742	HCPCS	both			1590	97.18	Wellcare	Medicare		84.5				84.5	1510.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IBUTILIDE 1MG/10ML VIAL (NF)	J1742	HCPCS	both			1590	97.18	Wellcare	Medicaid		501.65	31.55			84.5	1510.5	percent of total billed charges	
IBUTILIDE 1MG/10ML VIAL (NF)	J1742	HCPCS	both			1590	97.18	WellPoint	WellPoint		511.66	32.18			84.5	1510.5	percent of total billed charges	
ICATIBANT ACETATE 1MG INJ	J1744	HCPCS	outpatient			1309.5	175.12	Aetna	Commercial		242.43				152.28	1244.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ICATIBANT ACETATE 1MG INJ	J1744	HCPCS	outpatient			1309.5	175.12	Aetna	Better Health		413.15	31.55			152.28	1244.03	percent of total billed charges	
ICATIBANT ACETATE 1MG INJ	J1744	HCPCS	outpatient			1309.5	175.12	Aetna	Medicare		152.28				152.28	1244.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ICATIBANT ACETATE 1MG INJ	J1744	HCPCS	outpatient			1309.5	175.12	Americare	Americare		982.13	75			152.28	1244.03	percent of total billed charges	
ICATIBANT ACETATE 1MG INJ	J1744	HCPCS	outpatient			1309.5	175.12	Amerihealth	HMO/PPO		320.99				152.28	1244.03	fee schedule	
ICATIBANT ACETATE 1MG INJ	J1744	HCPCS	outpatient			1309.5	175.12	Amerihealth	Medicare		152.28				152.28	1244.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ICATIBANT ACETATE 1MG INJ	J1744	HCPCS	outpatient			1309.5	175.12	Consumer	Consumer		1244.03	95			152.28	1244.03	percent of total billed charges	
ICATIBANT ACETATE 1MG INJ	J1744	HCPCS	outpatient			1309.5	175.12	Corrections	Corrections		1047.6	80			152.28	1244.03	percent of total billed charges	
ICATIBANT ACETATE 1MG INJ	J1744	HCPCS	outpatient			1309.5	175.12	First Health	First Health		916.65	70			152.28	1244.03	percent of total billed charges	
ICATIBANT ACETATE 1MG INJ	J1744	HCPCS	outpatient			1309.5	175.12	First Trenton	First Trenton		1178.55	90			152.28	1244.03	percent of total billed charges	
ICATIBANT ACETATE 1MG INJ	J1744	HCPCS	outpatient			1309.5	175.12	Horizon	MGD		283.39				152.28	1244.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ICATIBANT ACETATE 1MG INJ	J1744	HCPCS	outpatient			1309.5	175.12	Horizon	Indemnity		283.39				152.28	1244.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ICATIBANT ACETATE 1MG INJ	J1744	HCPCS	outpatient			1309.5	175.12	Horizon	PPO		283.39				152.28	1244.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ICATIBANT ACETATE 1MG INJ	J1744	HCPCS	outpatient			1309.5	175.12	Horizon	Medicare Blue		152.28				152.28	1244.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ICATIBANT ACETATE 1MG INJ	J1744	HCPCS	outpatient			1309.5	175.12	Managed Care Inc	Managed Care Inc		1178.55	90			152.28	1244.03	percent of total billed charges	
ICATIBANT ACETATE 1MG INJ	J1744	HCPCS	outpatient			1309.5	175.12	Multiplan	Multiplan		1047.6	80			152.28	1244.03	percent of total billed charges	
ICATIBANT ACETATE 1MG INJ	J1744	HCPCS	outpatient			1309.5	175.12	Qualcare	Qualcare		982.13	75			152.28	1244.03	percent of total billed charges	
ICATIBANT ACETATE 1MG INJ	J1744	HCPCS	outpatient			1309.5	175.12	Three Rivers	Three Rivers		1244.03	95			152.28	1244.03	percent of total billed charges	
ICATIBANT ACETATE 1MG INJ	J1744	HCPCS	outpatient			1309.5	175.12	UHC	Medicaid		413.15	31.55			152.28	1244.03	percent of total billed charges	
ICATIBANT ACETATE 1MG INJ	J1744	HCPCS	outpatient			1309.5	175.12	UHC	Medicare		152.28				152.28	1244.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ICATIBANT ACETATE 1MG INJ	J1744	HCPCS	outpatient			1309.5	175.12	United	Oxford		427.13				152.28	1244.03	fee schedule	
ICATIBANT ACETATE 1MG INJ	J1744	HCPCS	outpatient			1309.5	175.12	United	Commercial|PPO		427.13				152.28	1244.03	fee schedule	
ICATIBANT ACETATE 1MG INJ	J1744	HCPCS	outpatient			1309.5	175.12	Wellcare	Medicaid		413.15	31.55			152.28	1244.03	percent of total billed charges	
ICATIBANT ACETATE 1MG INJ	J1744	HCPCS	outpatient			1309.5	175.12	Wellcare	Medicare		152.28				152.28	1244.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ICATIBANT ACETATE 1MG INJ	J1744	HCPCS	outpatient			1309.5	175.12	WellPoint	WellPoint		421.4	32.18			152.28	1244.03	percent of total billed charges	
INFLIXIMAB 10MG INJ	J1745	HCPCS	both			424.5	36.99	Aetna	Medicare		32.16				32.16	403.28	fee schedule	
INFLIXIMAB 10MG INJ	J1745	HCPCS	both			424.5	36.99	Aetna	Commercial		60.51				32.16	403.28	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INFLIXIMAB 10MG INJ	J1745	HCPCS	both			424.5	36.99	Aetna	Better Health		133.93	31.55			32.16	403.28	percent of total billed charges	
INFLIXIMAB 10MG INJ	J1745	HCPCS	both			424.5	36.99	Americare	Americare		316.38	75			32.16	403.28	percent of total billed charges	
INFLIXIMAB 10MG INJ	J1745	HCPCS	both			424.5	36.99	Amerihealth	Medicare		32.16				32.16	403.28	fee schedule	
INFLIXIMAB 10MG INJ	J1745	HCPCS	both			424.5	36.99	Amerihealth	HMO/PPO		86				32.16	403.28	fee schedule	
INFLIXIMAB 10MG INJ	J1745	HCPCS	both			424.5	36.99	Consumer	Consumer		403.28	95			32.16	403.28	percent of total billed charges	
INFLIXIMAB 10MG INJ	J1745	HCPCS	both			424.5	36.99	Corrections	Corrections		339.6	80			32.16	403.28	percent of total billed charges	
INFLIXIMAB 10MG INJ	J1745	HCPCS	both			424.5	36.99	First Health	First Health		297.15	70			32.16	403.28	percent of total billed charges	
INFLIXIMAB 10MG INJ	J1745	HCPCS	both			424.5	36.99	First Trenton	First Trenton		382.05	90			32.16	403.28	percent of total billed charges	
INFLIXIMAB 10MG INJ	J1745	HCPCS	both			424.5	36.99	Horizon	PPO		70.74				32.16	403.28	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INFLIXIMAB 10MG INJ	J1745	HCPCS	both			424.5	36.99	Horizon	MGD		70.74				32.16	403.28	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INFLIXIMAB 10MG INJ	J1745	HCPCS	both			424.5	36.99	Horizon	Medicare Blue		38.01				32.16	403.28	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INFLIXIMAB 10MG INJ	J1745	HCPCS	both			424.5	36.99	Horizon	Indemnity		70.74				32.16	403.28	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INFLIXIMAB 10MG INJ	J1745	HCPCS	both			424.5	36.99	Managed Care Inc	Managed Care Inc		382.05	90			32.16	403.28	percent of total billed charges	
INFLIXIMAB 10MG INJ	J1745	HCPCS	both			424.5	36.99	Multiplan	Multiplan		339.6	80			32.16	403.28	percent of total billed charges	
INFLIXIMAB 10MG INJ	J1745	HCPCS	both			424.5	36.99	Qualcare	Qualcare		318.38	75			32.16	403.28	percent of total billed charges	
INFLIXIMAB 10MG INJ	J1745	HCPCS	both			424.5	36.99	Three Rivers	Three Rivers		403.28	95			32.16	403.28	percent of total billed charges	
INFLIXIMAB 10MG INJ	J1745	HCPCS	both			424.5	36.99	UHC	Medicaid		133.93	31.55			32.16	403.28	percent of total billed charges	
INFLIXIMAB 10MG INJ	J1745	HCPCS	both			424.5	36.99	UHC	Medicare		32.16				32.16	403.28	fee schedule	
INFLIXIMAB 10MG INJ	J1745	HCPCS	both			424.5	36.99	United	Oxford		80.4				32.16	403.28	fee schedule	
INFLIXIMAB 10MG INJ	J1745	HCPCS	both			424.5	36.99	United	Commercial|PPO		80.4				32.16	403.28	fee schedule	
INFLIXIMAB 10MG INJ	J1745	HCPCS	both			424.5	36.99	Wellcare	Medicare		32.16				32.16	403.28	fee schedule	
INFLIXIMAB 10MG INJ	J1745	HCPCS	both			424.5	36.99	Wellcare	Medicaid		133.93	31.55			32.16	403.28	percent of total billed charges	
INFLIXIMAB 10MG INJ	J1745	HCPCS	both			424.5	36.99	WellPoint	WellPoint		136.6	32.18			32.16	403.28	percent of total billed charges	
IRON DEXTRAN 267 50MG INJ	J1750	HCPCS	both			97.5	19.92	Aetna	Better Health		30.76	31.55			13.46	92.63	percent of total billed charges	
IRON DEXTRAN 267 50MG INJ	J1750	HCPCS	both			97.5	19.92	Aetna	Medicare		17.32				13.46	92.63	fee schedule	
IRON DEXTRAN 267 50MG INJ	J1750	HCPCS	both			97.5	19.92	Aetna	Commercial		33.08				13.46	92.63	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IRON DEXTRAN 267 50MG INJ	J1750	HCPCS	both			97.5	19.92	Americare	Americare		73.13	75			13.46	92.63	percent of total billed charges	
IRON DEXTRAN 267 50MG INJ	J1750	HCPCS	both			97.5	19.92	Amerihealth	HMO/PPO		13.46				13.46	92.63	fee schedule	
IRON DEXTRAN 267 50MG INJ	J1750	HCPCS	both			97.5	19.92	Amerihealth	Medicare		17.32				13.46	92.63	fee schedule	
IRON DEXTRAN 267 50MG INJ	J1750	HCPCS	both			97.5	19.92	Consumer	Consumer		92.63	95			13.46	92.63	percent of total billed charges	
IRON DEXTRAN 267 50MG INJ	J1750	HCPCS	both			97.5	19.92	Corrections	Corrections		78	80			13.46	92.63	percent of total billed charges	
IRON DEXTRAN 267 50MG INJ	J1750	HCPCS	both			97.5	19.92	First Health	First Health		68.25	70			13.46	92.63	percent of total billed charges	
IRON DEXTRAN 267 50MG INJ	J1750	HCPCS	both			97.5	19.92	First Trenton	First Trenton		87.75	90			13.46	92.63	percent of total billed charges	
IRON DEXTRAN 267 50MG INJ	J1750	HCPCS	both			97.5	19.92	Horizon	PPO		38.67				13.46	92.63	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IRON DEXTRAN 267 50MG INJ	J1750	HCPCS	both			97.5	19.92	Horizon	Medicare Blue		20.78				13.46	92.63	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IRON DEXTRAN 267 50MG INJ	J1750	HCPCS	both			97.5	19.92	Horizon	MGD		38.67				13.46	92.63	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IRON DEXTRAN 267 50MG INJ	J1750	HCPCS	both			97.5	19.92	Horizon	Indemnity		38.67				13.46	92.63	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IRON DEXTRAN 267 50MG INJ	J1750	HCPCS	both			97.5	19.92	Managed Care Inc	Managed Care Inc		87.75	90			13.46	92.63	percent of total billed charges	
IRON DEXTRAN 267 50MG INJ	J1750	HCPCS	both			97.5	19.92	Multiplan	Multiplan		78	80			13.46	92.63	percent of total billed charges	
IRON DEXTRAN 267 50MG INJ	J1750	HCPCS	both			97.5	19.92	Qualcare	Qualcare		73.13	75			13.46	92.63	percent of total billed charges	
IRON DEXTRAN 267 50MG INJ	J1750	HCPCS	both			97.5	19.92	Three Rivers	Three Rivers		92.63	95			13.46	92.63	percent of total billed charges	
IRON DEXTRAN 267 50MG INJ	J1750	HCPCS	both			97.5	19.92	UHC	Medicaid		30.76	31.55			13.46	92.63	percent of total billed charges	
IRON DEXTRAN 267 50MG INJ	J1750	HCPCS	both			97.5	19.92	UHC	Medicare		17.32				13.46	92.63	fee schedule	
IRON DEXTRAN 267 50MG INJ	J1750	HCPCS	both			97.5	19.92	United	Commercial|PPO		43.3				13.46	92.63	fee schedule	
IRON DEXTRAN 267 50MG INJ	J1750	HCPCS	both			97.5	19.92	United	Oxford		43.3				13.46	92.63	fee schedule	
IRON DEXTRAN 267 50MG INJ	J1750	HCPCS	both			97.5	19.92	Wellcare	Medicare		17.32				13.46	92.63	fee schedule	
IRON DEXTRAN 267 50MG INJ	J1750	HCPCS	both			97.5	19.92	Wellcare	Medicaid		30.76	31.55			13.46	92.63	percent of total billed charges	
IRON DEXTRAN 267 50MG INJ	J1750	HCPCS	both			97.5	19.92	WellPoint	WellPoint		31.38	32.18			13.46	92.63	percent of total billed charges	
IRON SUCROSE (VENOFER)1MG	J1756	HCPCS	both			3.5	0.25	Aetna	Medicare		0.22				0.22	3.33	fee schedule	
IRON SUCROSE (VENOFER)1MG	J1756	HCPCS	both			3.5	0.25	Aetna	Better Health		1.1	31.55			0.22	3.33	percent of total billed charges	
IRON SUCROSE (VENOFER)1MG	J1756	HCPCS	both			3.5	0.25	Aetna	Commercial		1.33	38			0.22	3.33	percent of total billed charges	
IRON SUCROSE (VENOFER)1MG	J1756	HCPCS	both			3.5	0.25	Americare	Americare		2.63	75			0.22	3.33	percent of total billed charges	
IRON SUCROSE (VENOFER)1MG	J1756	HCPCS	both			3.5	0.25	Amerihealth	Medicare		0.22				0.22	3.33	fee schedule	
IRON SUCROSE (VENOFER)1MG	J1756	HCPCS	both			3.5	0.25	Amerihealth	HMO/PPO		0.28				0.22	3.33	fee schedule	
IRON SUCROSE (VENOFER)1MG	J1756	HCPCS	both			3.5	0.25	Consumer	Consumer		3.33	95			0.22	3.33	percent of total billed charges	
IRON SUCROSE (VENOFER)1MG	J1756	HCPCS	both			3.5	0.25	Corrections	Corrections		2.8	80			0.22	3.33	percent of total billed charges	
IRON SUCROSE (VENOFER)1MG	J1756	HCPCS	both			3.5	0.25	First Health	First Health		2.45	70			0.22	3.33	percent of total billed charges	
IRON SUCROSE (VENOFER)1MG	J1756	HCPCS	both			3.5	0.25	First Trenton	First Trenton		3.15	90			0.22	3.33	percent of total billed charges	
IRON SUCROSE (VENOFER)1MG	J1756	HCPCS	both			3.5	0.25	Horizon	Indemnity		1.34	38.28			0.22	3.33	percent of total billed charges	
IRON SUCROSE (VENOFER)1MG	J1756	HCPCS	both			3.5	0.25	Horizon	Medicare Blue		1.05	30			0.22	3.33	percent of total billed charges	
IRON SUCROSE (VENOFER)1MG	J1756	HCPCS	both			3.5	0.25	Horizon	MGD		1.34	38.28			0.22	3.33	percent of total billed charges	
IRON SUCROSE (VENOFER)1MG	J1756	HCPCS	both			3.5	0.25	Horizon	PPO		1.34	38.28			0.22	3.33	percent of total billed charges	
IRON SUCROSE (VENOFER)1MG	J1756	HCPCS	both			3.5	0.25	Managed Care Inc	Managed Care Inc		3.15	90			0.22	3.33	percent of total billed charges	
IRON SUCROSE (VENOFER)1MG	J1756	HCPCS	both			3.5	0.25	Multiplan	Multiplan		2.8	80			0.22	3.33	percent of total billed charges	
IRON SUCROSE (VENOFER)1MG	J1756	HCPCS	both			3.5	0.25	Qualcare	Qualcare		2.63	75			0.22	3.33	percent of total billed charges	
IRON SUCROSE (VENOFER)1MG	J1756	HCPCS	both			3.5	0.25	Three Rivers	Three Rivers		3.33	95			0.22	3.33	percent of total billed charges	
IRON SUCROSE (VENOFER)1MG	J1756	HCPCS	both			3.5	0.25	UHC	Medicare		0.22				0.22	3.33	fee schedule	
IRON SUCROSE (VENOFER)1MG	J1756	HCPCS	both			3.5	0.25	UHC	Medicaid		1.1	31.55			0.22	3.33	percent of total billed charges	
IRON SUCROSE (VENOFER)1MG	J1756	HCPCS	both			3.5	0.25	Wellcare	Medicaid		1.1	31.55			0.22	3.33	percent of total billed charges	
IRON SUCROSE (VENOFER)1MG	J1756	HCPCS	both			3.5	0.25	Wellcare	Medicare		0.22				0.22	3.33	fee schedule	
IRON SUCROSE (VENOFER)1MG	J1756	HCPCS	both			3.5	0.25	WellPoint	WellPoint		1.13	32.18			0.22	3.33	percent of total billed charges	
IMIGLUCERASE 1 UNIT NF	J1786	HCPCS	outpatient			158	50.63	Aetna	Commercial		83.96				44.02	150.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMIGLUCERASE 1 UNIT NF	J1786	HCPCS	outpatient			158	50.63	Aetna	Medicare		44.02				44.02	150.1	fee schedule	
IMIGLUCERASE 1 UNIT NF	J1786	HCPCS	outpatient			158	50.63	Aetna	Better Health		49.85	31.55			44.02	150.1	percent of total billed charges	
IMIGLUCERASE 1 UNIT NF	J1786	HCPCS	outpatient			158	50.63	Americare	Americare		118.5	75			44.02	150.1	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.														
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true													
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
IMIGLUCERASE 1 UNIT NF	J1786	HCPCS	outpatient			158	50.63	Amerihealth	HMO/PPO		45.49				44.02	150.1	fee schedule	
IMIGLUCERASE 1 UNIT NF	J1786	HCPCS	outpatient			158	50.63	Amerihealth	Medicare		44.02				44.02	150.1	fee schedule	
IMIGLUCERASE 1 UNIT NF	J1786	HCPCS	outpatient			158	50.63	Consumer	Consumer		150.1	95			44.02	150.1	percent of total billed charges	
IMIGLUCERASE 1 UNIT NF	J1786	HCPCS	outpatient			158	50.63	Corrections	Corrections		126.4	80			44.02	150.1	percent of total billed charges	
IMIGLUCERASE 1 UNIT NF	J1786	HCPCS	outpatient			158	50.63	First Health	First Health		110.6	70			44.02	150.1	percent of total billed charges	
IMIGLUCERASE 1 UNIT NF	J1786	HCPCS	outpatient			158	50.63	First Trenton	First Trenton		142.2	90			44.02	150.1	percent of total billed charges	
IMIGLUCERASE 1 UNIT NF	J1786	HCPCS	outpatient			158	50.63	Horizon	Medicare Blue		52.74				44.02	150.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMIGLUCERASE 1 UNIT NF	J1786	HCPCS	outpatient			158	50.63	Horizon	PPO		98.15				44.02	150.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMIGLUCERASE 1 UNIT NF	J1786	HCPCS	outpatient			158	50.63	Horizon	Indemnity		98.15				44.02	150.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMIGLUCERASE 1 UNIT NF	J1786	HCPCS	outpatient			158	50.63	Horizon	MGD		98.15				44.02	150.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMIGLUCERASE 1 UNIT NF	J1786	HCPCS	outpatient			158	50.63	Managed Care Inc	Managed Care Inc		142.2	90			44.02	150.1	percent of total billed charges	
IMIGLUCERASE 1 UNIT NF	J1786	HCPCS	outpatient			158	50.63	Multiplan	Multiplan		126.4	80			44.02	150.1	percent of total billed charges	
IMIGLUCERASE 1 UNIT NF	J1786	HCPCS	outpatient			158	50.63	Qualcare	Qualcare		118.5	75			44.02	150.1	percent of total billed charges	
IMIGLUCERASE 1 UNIT NF	J1786	HCPCS	outpatient			158	50.63	Three Rivers	Three Rivers		150.1	95			44.02	150.1	percent of total billed charges	
IMIGLUCERASE 1 UNIT NF	J1786	HCPCS	outpatient			158	50.63	UHC	Medicaid		49.85	31.55			44.02	150.1	percent of total billed charges	
IMIGLUCERASE 1 UNIT NF	J1786	HCPCS	outpatient			158	50.63	UHC	Medicare		44.02				44.02	150.1	fee schedule	
IMIGLUCERASE 1 UNIT NF	J1786	HCPCS	outpatient			158	50.63	United	Commercial|PPO		110.05				44.02	150.1	fee schedule	
IMIGLUCERASE 1 UNIT NF	J1786	HCPCS	outpatient			158	50.63	United	Oxford		110.05				44.02	150.1	fee schedule	
IMIGLUCERASE 1 UNIT NF	J1786	HCPCS	outpatient			158	50.63	Wellcare	Medicaid		49.85	31.55			44.02	150.1	percent of total billed charges	
IMIGLUCERASE 1 UNIT NF	J1786	HCPCS	outpatient			158	50.63	Wellcare	Medicare		44.02				44.02	150.1	fee schedule	
IMIGLUCERASE 1 UNIT NF	J1786	HCPCS	outpatient			158	50.63	WellPoint	WellPoint		50.84	32.18			44.02	150.1	percent of total billed charges	
DROPERIDOL 5MG/2ML VIAL	J1790	HCPCS	both			21.5		Aetna	Better Health		6.78	31.55			2.97	20.43	percent of total billed charges	
DROPERIDOL 5MG/2ML VIAL	J1790	HCPCS	both			21.5		Aetna	Medicare		6.62	30.8			2.97	20.43	percent of total billed charges	
DROPERIDOL 5MG/2ML VIAL	J1790	HCPCS	both			21.5		Aetna	Commercial		8.17	38			2.97	20.43	percent of total billed charges	
DROPERIDOL 5MG/2ML VIAL	J1790	HCPCS	both			21.5		Americare	Americare		16.13	75			2.97	20.43	percent of total billed charges	
DROPERIDOL 5MG/2ML VIAL	J1790	HCPCS	both			21.5		Amerihealth	HMO/PPO		2.97				2.97	20.43	fee schedule	
DROPERIDOL 5MG/2ML VIAL	J1790	HCPCS	both			21.5		Consumer	Consumer		20.43	95			2.97	20.43	percent of total billed charges	
DROPERIDOL 5MG/2ML VIAL	J1790	HCPCS	both			21.5		Corrections	Corrections		17.2	80			2.97	20.43	percent of total billed charges	
DROPERIDOL 5MG/2ML VIAL	J1790	HCPCS	both			21.5		First Health	First Health		15.05	70			2.97	20.43	percent of total billed charges	
DROPERIDOL 5MG/2ML VIAL	J1790	HCPCS	both			21.5		First Trenton	First Trenton		19.35	90			2.97	20.43	percent of total billed charges	
DROPERIDOL 5MG/2ML VIAL	J1790	HCPCS	both			21.5		Horizon	MGD		8.23	38.28			2.97	20.43	percent of total billed charges	
DROPERIDOL 5MG/2ML VIAL	J1790	HCPCS	both			21.5		Horizon	Medicare Blue		6.45	30			2.97	20.43	percent of total billed charges	
DROPERIDOL 5MG/2ML VIAL	J1790	HCPCS	both			21.5		Horizon	Indemnity		8.23	38.28			2.97	20.43	percent of total billed charges	
DROPERIDOL 5MG/2ML VIAL	J1790	HCPCS	both			21.5		Horizon	PPO		8.23	38.28			2.97	20.43	percent of total billed charges	
DROPERIDOL 5MG/2ML VIAL	J1790	HCPCS	both			21.5		Managed Care Inc	Managed Care Inc		19.35	90			2.97	20.43	percent of total billed charges	
DROPERIDOL 5MG/2ML VIAL	J1790	HCPCS	both			21.5		Multiplan	Multiplan		17.2	80			2.97	20.43	percent of total billed charges	
DROPERIDOL 5MG/2ML VIAL	J1790	HCPCS	both			21.5		Qualcare	Qualcare		16.13	75			2.97	20.43	percent of total billed charges	
DROPERIDOL 5MG/2ML VIAL	J1790	HCPCS	both			21.5		Three Rivers	Three Rivers		20.43	95			2.97	20.43	percent of total billed charges	
DROPERIDOL 5MG/2ML VIAL	J1790	HCPCS	both			21.5		UHC	Medicaid		6.78	31.55			2.97	20.43	percent of total billed charges	
DROPERIDOL 5MG/2ML VIAL	J1790	HCPCS	both			21.5		Wellcare	Medicaid		6.78	31.55			2.97	20.43	percent of total billed charges	
DROPERIDOL 5MG/2ML VIAL	J1790	HCPCS	both			21.5		WellPoint	WellPoint		6.92	32.18			2.97	20.43	percent of total billed charges	
PROPRANOLOL 1MG/1ML INJ	J1800	HCPCS	inpatient			112		Aetna	Medicare		34.5	30.8			1.24	106.4	percent of total billed charges	
PROPRANOLOL 1MG/1ML INJ	J1800	HCPCS	inpatient			112		Aetna	Better Health		35.34	31.55			1.24	106.4	percent of total billed charges	
PROPRANOLOL 1MG/1ML INJ	J1800	HCPCS	inpatient			112		Aetna	Commercial		42.56	38			1.24	106.4	percent of total billed charges	
PROPRANOLOL 1MG/1ML INJ	J1800	HCPCS	inpatient			112		Americare	Americare		84	75			1.24	106.4	percent of total billed charges	
PROPRANOLOL 1MG/1ML INJ	J1800	HCPCS	inpatient			112		Amerihealth	HMO/PPO		1.24				1.24	106.4	fee schedule	
PROPRANOLOL 1MG/1ML INJ	J1800	HCPCS	inpatient			112		Consumer	Consumer		106.4	95			1.24	106.4	percent of total billed charges	
PROPRANOLOL 1MG/1ML INJ	J1800	HCPCS	inpatient			112		Corrections	Corrections		89.6	80			1.24	106.4	percent of total billed charges	
PROPRANOLOL 1MG/1ML INJ	J1800	HCPCS	inpatient			112		First Health	First Health		78.4	70			1.24	106.4	percent of total billed charges	
PROPRANOLOL 1MG/1ML INJ	J1800	HCPCS	inpatient			112		First Trenton	First Trenton		100.8	90			1.24	106.4	percent of total billed charges	
PROPRANOLOL 1MG/1ML INJ	J1800	HCPCS	inpatient			112		Horizon	MGD		42.87	38.28			1.24	106.4	percent of total billed charges	
PROPRANOLOL 1MG/1ML INJ	J1800	HCPCS	inpatient			112		Horizon	Indemnity		42.87	38.28			1.24	106.4	percent of total billed charges	
PROPRANOLOL 1MG/1ML INJ	J1800	HCPCS	inpatient			112		Horizon	PPO		42.87	38.28			1.24	106.4	percent of total billed charges	
PROPRANOLOL 1MG/1ML INJ	J1800	HCPCS	inpatient			112		Horizon	Medicare Blue		33.6	30			1.24	106.4	percent of total billed charges	
PROPRANOLOL 1MG/1ML INJ	J1800	HCPCS	inpatient			112		Managed Care Inc	Managed Care Inc		100.8	90			1.24	106.4	percent of total billed charges	
PROPRANOLOL 1MG/1ML INJ	J1800	HCPCS	inpatient			112		Multiplan	Multiplan		89.6	80			1.24	106.4	percent of total billed charges	
PROPRANOLOL 1MG/1ML INJ	J1800	HCPCS	inpatient			112		Qualcare	Qualcare		84	75			1.24	106.4	percent of total billed charges	
PROPRANOLOL 1MG/1ML INJ	J1800	HCPCS	inpatient			112		Three Rivers	Three Rivers		106.4	95			1.24	106.4	percent of total billed charges	
PROPRANOLOL 1MG/1ML INJ	J1800	HCPCS	inpatient			112		UHC	Medicaid		35.34	31.55			1.24	106.4	percent of total billed charges	
PROPRANOLOL 1MG/1ML INJ	J1800	HCPCS	inpatient			112		Wellcare	Medicaid		35.34	31.55			1.24	106.4	percent of total billed charges	
PROPRANOLOL 1MG/1ML INJ	J1800	HCPCS	inpatient			112		WellPoint	WellPoint		36.04	32.18			1.24	106.4	percent of total billed charges	
INSULIN(NOVOLIN 70/30) SUNITS	J1815	HCPCS	both			3.5		Aetna	Medicare		1.08	30.8			0.3	3.33	percent of total billed charges	
INSULIN(NOVOLIN 70/30) SUNITS	J1815	HCPCS	both			3.5		Aetna	Better Health		1.1	31.55			0.3	3.33	percent of total billed charges	
INSULIN(NOVOLIN 70/30) SUNITS	J1815	HCPCS	both			3.5		Aetna	Commercial		1.33	38			0.3	3.33	percent of total billed charges	
INSULIN(NOVOLIN 70/30) SUNITS	J1815	HCPCS	both			3.5		Americare	Americare		2.63	75			0.3	3.33	percent of total billed charges	
INSULIN(NOVOLIN 70/30) SUNITS	J1815	HCPCS	both			3.5		Amerihealth	HMO/PPO		0.87				0.3	3.33	fee schedule	
INSULIN(NOVOLIN 70/30) SUNITS	J1815	HCPCS	both			3.5		Consumer	Consumer		3.33	95			0.3	3.33	percent of total billed charges	
INSULIN(NOVOLIN 70/30) SUNITS	J1815	HCPCS	both			3.5		Corrections	Corrections		2.8	80			0.3	3.33	percent of total billed charges	
INSULIN(NOVOLIN 70/30) SUNITS	J1815	HCPCS	both			3.5		First Health	First Health		2.45	70			0.3	3.33	percent of total billed charges	
INSULIN(NOVOLIN 70/30) SUNITS	J1815	HCPCS	both			3.5		First Trenton	First Trenton		3.15	90			0.3	3.33	percent of total billed charges	
INSULIN(NOVOLIN 70/30) SUNITS	J1815	HCPCS	both			3.5		Horizon	Medicare Blue		1.05	30			0.3	3.33	percent of total billed charges	
INSULIN(NOVOLIN 70/30) SUNITS	J1815	HCPCS	both			3.5		Horizon	Indemnity		1.34	38.28			0.3	3.33	percent of total billed charges	
INSULIN(NOVOLIN 70/30) SUNITS	J1815	HCPCS	both			3.5		Horizon	MGD		1.34	38.28			0.3	3.33	percent of total billed charges	
INSULIN(NOVOLIN 70/30) SUNITS	J1815	HCPCS	both			3.5		Horizon	PPO		1.34	38.28			0.3	3.33	percent of total billed charges	
INSULIN(NOVOLIN 70/30) SUNITS	J1815	HCPCS	both			3.5		Managed Care Inc	Managed Care Inc		3.15	90			0.3	3.33	percent of total billed charges	
INSULIN(NOVOLIN 70/30) SUNITS	J1815	HCPCS	both			3.5		Multiplan	Multiplan		2.8	80			0.3	3.33	percent of total billed charges	
INSULIN(NOVOLIN 70/30) SUNITS	J1815	HCPCS	both			3.5		Qualcare	Qualcare		2.63	75			0.3	3.33	percent of total billed charges	
INSULIN(NOVOLIN 70/30) SUNITS	J1815	HCPCS	both			3.5		Three Rivers	Three Rivers		3.33	95			0.3	3.33	percent of total billed charges	
INSULIN(NOVOLIN 70/30) SUNITS	J1815	HCPCS	both			3.5		UHC	Medicaid		1.1	31.55			0.3	3.33	percent of total billed charges	
INSULIN(NOVOLIN 70/30) SUNITS	J1815	HCPCS	both			3.5		Wellcare	Medicaid		1.1	31.55			0.3	3.33	percent of total billed charges	
INSULIN(NOVOLIN 70/30) SUNITS	J1815	HCPCS	both			3.5		WellPoint	WellPoint		1.13	32.18			0.3	3.33	percent of total billed charges	
ISAVUCONAZONIUM(CRESEMBA PR) I MG INJ	J1833	HCPCS	inpatient			3	1.31	Aetna	Better Health		0.95	31.55			0.69	2.85	percent of total billed charges	
ISAVUCONAZONIUM(CRESEMBA PR) I MG INJ	J1833	HCPCS	inpatient			3	1.31	Aetna	Commercial		1.81				0.69	2.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ISAVUCONAZONIUM(CRESEMBA PR) I MG INJ	J1833	HCPCS	inpatient			3	1.31	Aetna	Medicare		1.14				0.69	2.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ISAVUCONAZONIUM(CRESEMBA PR) I MG INJ	J1833	HCPCS	inpatient			3	1.31	Americare	Americare		2.25	75			0.69	2.85	percent of total billed charges	
ISAVUCONAZONIUM(CRESEMBA PR) I MG INJ	J1833	HCPCS	inpatient			3	1.31	Amerihealth	Medicare		1.14				0.69	2.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ISAVUCONAZONIUM(CRESEMBA PR) I MG INJ	J1833	HCPCS	inpatient			3	1.31	Amerihealth	HMO/PPO		0.69				0.69	2.85	fee schedule	
ISAVUCONAZONIUM(CRESEMBA PR) I MG INJ	J1833	HCPCS	inpatient			3	1.31	Consumer	Consumer		2.85	95			0.69	2.85	percent of total billed charges	
ISAVUCONAZONIUM(CRESEMBA PR) I MG INJ	J1833	HCPCS	inpatient			3	1.31	Corrections	Corrections		2.4	80			0.69	2.85	percent of total billed charges	
ISAVUCONAZONIUM(CRESEMBA PR) I MG INJ	J1833	HCPCS	inpatient			3	1.31	First Health	First Health		2.1	70			0.69	2.85	percent of total billed charges	
ISAVUCONAZONIUM(CRESEMBA PR) I MG INJ	J1833	HCPCS	inpatient			3	1.31	First Trenton	First Trenton		2.7	90			0.69	2.85	percent of total billed charges	
ISAVUCONAZONIUM(CRESEMBA PR) I MG INJ	J1833	HCPCS	inpatient			3	1.31	Horizon	Indemnity		2.12				0.69	2.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ISAVUCONAZONIUM(CRESEMBA PR) I MG INJ	J1833	HCPCS	inpatient			3	1.31	Horizon	NJ Health		1.7				0.69	2.85	fee schedule	
ISAVUCONAZONIUM(CRESEMBA PR) I MG INJ	J1833	HCPCS	inpatient			3	1.31	Horizon	MGD		2.12				0.69	2.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ISAVUCONAZONIUM(CRESEMBA PR) I MG INJ	J1833	HCPCS	inpatient			3	1.31	Horizon	Medicare Blue		1.14				0.69	2.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ISAVUCONAZONIUM(CRESEMBA PR) I MG INJ	J1833	HCPCS	inpatient			3	1.31	Horizon	PPO		2.12				0.69	2.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ISAVUCONAZONIUM(CRESEMBA PR) I MG INJ	J1833	HCPCS	inpatient			3	1.31	Managed Care Inc	Managed Care Inc		2.7	90			0.69	2.85	percent of total billed charges	
ISAVUCONAZONIUM(CRESEMBA PR) I MG INJ	J1833	HCPCS	inpatient			3	1.31	Multiplan	Multiplan		2.4	80			0.69	2.85	percent of total billed charges	
ISAVUCONAZONIUM(CRESEMBA PR) I MG INJ	J1833	HCPCS	inpatient			3	1.31	Qualcare	Qualcare		2.25	75			0.69	2.85	percent of total billed charges	
ISAVUCONAZONIUM(CRESEMBA PR) I MG INJ	J1833	HCPCS	inpatient			3	1.31	Three Rivers	Three Rivers		2.85	95			0.69	2.85	percent of total billed charges	
ISAVUCONAZONIUM(CRESEMBA PR) I MG INJ	J1833	HCPCS	inpatient			3	1.31	UHC	Medicaid		0.95	31.55			0.69	2.85	percent of total billed charges	
ISAVUCONAZONIUM(CRESEMBA PR) I MG INJ	J1833	HCPCS	inpatient			3	1.31	UHC	Medicare		1.14				0.69	2.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ISAVUCONAZONIUM(CRESEMBA PR) I MG INJ	J1833	HCPCS	inpatient			3	1.31	United	Oxford		2.35				0.69	2.85	fee schedule	
ISAVUCONAZONIUM(CRESEMBA PR) I MG INJ	J1833	HCPCS	inpatient			3	1.31	United	Commercial|PPO		2.35				0.69	2.85	fee schedule	
ISAVUCONAZONIUM(CRESEMBA PR) I MG INJ	J1833	HCPCS	inpatient			3	1.31	Wellcare	Medicare		1.14				0.69	2.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ISAVUCONAZONIUM(CRESEMBA PR) I MG INJ	J1833	HCPCS	inpatient			3	1.31	Wellcare	Medicaid		0.95	31.55			0.69	2.85	percent of total billed charges	
ISAVUCONAZONIUM(CRESEMBA PR) I MG INJ	J1833	HCPCS	inpatient			3	1.31	WellPoint	WellPoint		0.97	32.18			0.69	2.85	percent of total billed charges	
ITRACONAZOLE 50MG INJ	J1835	HCPCS	outpatient			204.5		Aetna	Medicare		62.99	30.8			45.87	194.28	percent of total billed charges	
ITRACONAZOLE 50MG INJ	J1835	HCPCS	outpatient			204.5		Aetna	Better Health		64.52	31.55			45.87	194.28	percent of total billed charges	
ITRACONAZOLE 50MG INJ	J1835	HCPCS	outpatient			204.5		Aetna	Commercial		77.71	38			45.87	194.28	percent of total billed charges	
ITRACONAZOLE 50MG INJ	J1835	HCPCS	outpatient			204.5		Americare	Americare		153.38	75			45.87	194.28	percent of total billed charges	
ITRACONAZOLE 50MG INJ	J1835	HCPCS	outpatient			204.5		Amerihealth	HMO/PPO		45.87				45.87	194.28	fee schedule	
ITRACONAZOLE 50MG INJ	J1835	HCPCS	outpatient			204.5		Consumer	Consumer		194.28	95			45.87	194.28	percent of total billed charges	
ITRACONAZOLE 50MG INJ	J1835	HCPCS	outpatient			204.5		Corrections	Corrections		163.6	80			45.87	194.28	percent of total billed charges	
ITRACONAZOLE 50MG INJ	J1835	HCPCS	outpatient			204.5		First Health	First Health		143.15	70			45.87	194.28	percent of total billed charges	
ITRACONAZOLE 50MG INJ	J1835	HCPCS	outpatient			204.5		First Trenton	First Trenton		184.05	90			45.87	194.28	percent of total billed charges	
ITRACONAZOLE 50MG INJ	J1835	HCPCS	outpatient			204.5		Horizon	Medicare Blue		61.35	30			45.87	194.28	percent of total billed charges	
ITRACONAZOLE 50MG INJ	J1835	HCPCS	outpatient			204.5		Horizon	MGD		78.28	38.28			45.87	194.28	percent of total billed charges	
ITRACONAZOLE 50MG INJ	J1835	HCPCS	outpatient			204.5		Horizon	Indemnity		78.28	38.28			45.87	194.28	percent of total billed charges	
ITRACONAZOLE 50MG INJ	J1835	HCPCS	outpatient			204.5		Horizon	PPO		78.28	38.28			45.87	194.28	percent of total billed charges	
ITRACONAZOLE 50MG INJ	J1835	HCPCS	outpatient			204.5		Managed Care Inc	Managed Care Inc		184.05	90			45.87	194.28	percent of total billed charges	
ITRACONAZOLE 50MG INJ	J1835	HCPCS	outpatient			204.5		Multiplan	Multiplan		163.6	80			45.87	194.28	percent of total billed charges	
ITRACONAZOLE 50MG INJ	J1835	HCPCS	outpatient			204.5		Qualcare	Qualcare		153.38	75			45.87	194.28	percent of total billed charges	
ITRACONAZOLE 50MG INJ	J1835	HCPCS	outpatient			204.5		Three Rivers	Three Rivers		194.28	95			45.87	194.28	percent of total billed charges	
ITRACONAZOLE 50MG INJ	J1835	HCPCS	outpatient			204.5		UHC	Medicaid		64.52	31.55			45.87	194.28	percent of total billed charges	
ITRACONAZOLE 50MG INJ	J1835	HCPCS	outpatient			204.5		Wellcare	Medicaid		64.52	31.55			45.87	194.28	percent of total billed charges	
ITRACONAZOLE 50MG INJ	J1835	HCPCS	outpatient			204.5		WellPoint	WellPoint		65.81	32.18			45.87	194.28	percent of total billed charges	
KANAMYCIN 500MG INJ	J1840	HCPCS	outpatient			45		Aetna	Better Health		14.2	31.55			8.34	42.75	percent of total billed charges	
KANAMYCIN 500MG INJ	J1840	HCPCS	outpatient			45		Aetna	Commercial		17.1	38			8.34	42.75	percent of total billed charges	
KANAMYCIN 500MG INJ	J1840	HCPCS	outpatient			45		Aetna	Medicare		13.86	30.8			8.34	42.75	percent of total billed charges	
KANAMYCIN 500MG INJ	J1840	HCPCS	outpatient			45		Americare	Americare		33.75	75			8.34	42.75	percent of total billed charges	
KANAMYCIN 500MG INJ	J1840	HCPCS	outpatient			45		Amerihealth	HMO/PPO		8.34				8.34	42.75	fee schedule	
KANAMYCIN 500MG INJ	J1840	HCPCS	outpatient			45		Consumer	Consumer		42.75	95			8.34	42.75	percent of total billed charges	
KANAMYCIN 500MG INJ	J1840	HCPCS	outpatient			45		Corrections	Corrections		36	80			8.34	42.75	percent of total billed charges	
KANAMYCIN 500MG INJ	J1840	HCPCS	outpatient			45		First Health	First Health		31.5	70			8.34	42.75	percent of total billed charges	
KANAMYCIN 500MG INJ	J1840	HCPCS	outpatient			45		First Trenton	First Trenton		40.5	90			8.34	42.75	percent of total billed charges	
KANAMYCIN 500MG INJ	J1840	HCPCS	outpatient			45		Horizon	Indemnity		17.23	38.28			8.34	42.75	percent of total billed charges	
KANAMYCIN 500MG INJ	J1840	HCPCS	outpatient			45		Horizon	Medicare Blue		13.5	30			8.34	42.75	percent of total billed charges	
KANAMYCIN 500MG INJ	J1840	HCPCS	outpatient			45		Horizon	MGD		17.23	38.28			8.34	42.75	percent of total billed charges	
KANAMYCIN 500MG INJ	J1840	HCPCS	outpatient			45		Horizon	PPO		17.23	38.28			8.34	42.75	percent of total billed charges	
KANAMYCIN 500MG INJ	J1840	HCPCS	outpatient			45		Managed Care Inc	Managed Care Inc		40.5	90			8.34	42.75	percent of total billed charges	
KANAMYCIN 500MG INJ	J1840	HCPCS	outpatient			45		Multiplan	Multiplan		36	80			8.34	42.75	percent of total billed charges	
KANAMYCIN 500MG INJ	J1840	HCPCS	outpatient			45		Qualcare	Qualcare		33.75	75			8.34	42.75	percent of total billed charges	
KANAMYCIN 500MG INJ	J1840	HCPCS	outpatient			45		Three Rivers	Three Rivers		42.75	95			8.34	42.75	percent of total billed charges	
KANAMYCIN 500MG INJ	J1840	HCPCS	outpatient			45		UHC	Medicaid		14.2	31.55			8.34	42.75	percent of total billed charges	
KANAMYCIN 500MG INJ	J1840	HCPCS	outpatient			45		Wellcare	Medicaid		14.2	31.55			8.34	42.75	percent of total billed charges	
KANAMYCIN 500MG INJ	J1840	HCPCS	outpatient			45		WellPoint	WellPoint		14.48	32.18			8.34	42.75	percent of total billed charges	
KETOROLAC 15MG/1ML INJ	J1885	HCPCS	both			55.5	0.56	Aetna	Commercial		21.09	38			0.49	52.73	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.														
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true													
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
KETOROLAC 15MG/1ML INJ	J1885	HCPCS	both			55.5	0.56	Aetna	Medicare		0.49				0.49	52.73	fee schedule	
KETOROLAC 15MG/1ML INJ	J1885	HCPCS	both			55.5	0.56	Aetna	Better Health		17.51	31.55			0.49	52.73	percent of total billed charges	
KETOROLAC 15MG/1ML INJ	J1885	HCPCS	both			55.5	0.56	Americare	Americare		41.63	75			0.49	52.73	percent of total billed charges	
KETOROLAC 15MG/1ML INJ	J1885	HCPCS	both			55.5	0.56	Amerihealth	HMO/PPO		0.72				0.49	52.73	fee schedule	
KETOROLAC 15MG/1ML INJ	J1885	HCPCS	both			55.5	0.56	Amerihealth	Medicare		0.49				0.49	52.73	fee schedule	
KETOROLAC 15MG/1ML INJ	J1885	HCPCS	both			55.5	0.56	Consumer	Consumer		52.73	95			0.49	52.73	percent of total billed charges	
KETOROLAC 15MG/1ML INJ	J1885	HCPCS	both			55.5	0.56	Corrections	Corrections		44.4	80			0.49	52.73	percent of total billed charges	
KETOROLAC 15MG/1ML INJ	J1885	HCPCS	both			55.5	0.56	First Health	First Health		38.85	70			0.49	52.73	percent of total billed charges	
KETOROLAC 15MG/1ML INJ	J1885	HCPCS	both			55.5	0.56	First Trenton	First Trenton		49.95	90			0.49	52.73	percent of total billed charges	
KETOROLAC 15MG/1ML INJ	J1885	HCPCS	both			55.5	0.56	Horizon	Indemnity		21.25	38.28			0.49	52.73	percent of total billed charges	
KETOROLAC 15MG/1ML INJ	J1885	HCPCS	both			55.5	0.56	Horizon	MGD		21.25	38.28			0.49	52.73	percent of total billed charges	
KETOROLAC 15MG/1ML INJ	J1885	HCPCS	both			55.5	0.56	Horizon	Medicare Blue		16.65	30			0.49	52.73	percent of total billed charges	
KETOROLAC 15MG/1ML INJ	J1885	HCPCS	both			55.5	0.56	Horizon	PPO		21.25	38.28			0.49	52.73	percent of total billed charges	
KETOROLAC 15MG/1ML INJ	J1885	HCPCS	both			55.5	0.56	Managed Care Inc	Managed Care Inc		49.95	90			0.49	52.73	percent of total billed charges	
KETOROLAC 15MG/1ML INJ	J1885	HCPCS	both			55.5	0.56	Multiplan	Multiplan		44.4	80			0.49	52.73	percent of total billed charges	
KETOROLAC 15MG/1ML INJ	J1885	HCPCS	both			55.5	0.56	Qualcare	Qualcare		41.63	75			0.49	52.73	percent of total billed charges	
KETOROLAC 15MG/1ML INJ	J1885	HCPCS	both			55.5	0.56	Three Rivers	Three Rivers		52.73	95			0.49	52.73	percent of total billed charges	
KETOROLAC 15MG/1ML INJ	J1885	HCPCS	both			55.5	0.56	UHC	Medicaid		17.51	31.55			0.49	52.73	percent of total billed charges	
KETOROLAC 15MG/1ML INJ	J1885	HCPCS	both			55.5	0.56	UHC	Medicare		0.49				0.49	52.73	fee schedule	
KETOROLAC 15MG/1ML INJ	J1885	HCPCS	both			55.5	0.56	Wellcare	Medicaid		17.51	31.55			0.49	52.73	percent of total billed charges	
KETOROLAC 15MG/1ML INJ	J1885	HCPCS	both			55.5	0.56	Wellcare	Medicare		0.49				0.49	52.73	fee schedule	
KETOROLAC 15MG/1ML INJ	J1885	HCPCS	both			55.5	0.56	WellPoint	WellPoint		17.86	32.18			0.49	52.73	percent of total billed charges	
LABETALOL 5MG INJ	J1920	HCPCS	both			2.07	0.21	Aetna	Medicare		0.19				0.19	1.97	fee schedule	
LABETALOL 5MG INJ	J1920	HCPCS	both			2.07	0.21	Aetna	Better Health		0.65	31.55			0.19	1.97	percent of total billed charges	
LABETALOL 5MG INJ	J1920	HCPCS	both			2.07	0.21	Aetna	Commercial		0.32				0.19	1.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LABETALOL 5MG INJ	J1920	HCPCS	both			2.07	0.21	Americare	Americare		1.55	75			0.19	1.97	percent of total billed charges	
LABETALOL 5MG INJ	J1920	HCPCS	both			2.07	0.21	Amerihealth	Medicare		0.19				0.19	1.97	fee schedule	
LABETALOL 5MG INJ	J1920	HCPCS	both			2.07	0.21	Amerihealth	HMO/PPO		1.35	65			0.19	1.97	percent of total billed charges	
LABETALOL 5MG INJ	J1920	HCPCS	both			2.07	0.21	Consumer	Consumer		1.97	95			0.19	1.97	percent of total billed charges	
LABETALOL 5MG INJ	J1920	HCPCS	both			2.07	0.21	Corrections	Corrections		1.66	80			0.19	1.97	percent of total billed charges	
LABETALOL 5MG INJ	J1920	HCPCS	both			2.07	0.21	First Health	First Health		1.45	70			0.19	1.97	percent of total billed charges	
LABETALOL 5MG INJ	J1920	HCPCS	both			2.07	0.21	First Trenton	First Trenton		1.86	90			0.19	1.97	percent of total billed charges	
LABETALOL 5MG INJ	J1920	HCPCS	both			2.07	0.21	Horizon	Indemnity		0.37				0.19	1.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LABETALOL 5MG INJ	J1920	HCPCS	both			2.07	0.21	Horizon	PPO		0.37				0.19	1.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LABETALOL 5MG INJ	J1920	HCPCS	both			2.07	0.21	Horizon	Medicare Blue		0.2				0.19	1.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LABETALOL 5MG INJ	J1920	HCPCS	both			2.07	0.21	Horizon	MGD		0.37				0.19	1.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LABETALOL 5MG INJ	J1920	HCPCS	both			2.07	0.21	Managed Care Inc	Managed Care Inc		1.86	90			0.19	1.97	percent of total billed charges	
LABETALOL 5MG INJ	J1920	HCPCS	both			2.07	0.21	Multiplan	Multiplan		1.66	80			0.19	1.97	percent of total billed charges	
LABETALOL 5MG INJ	J1920	HCPCS	both			2.07	0.21	Qualcare	Qualcare		1.55	75			0.19	1.97	percent of total billed charges	
LABETALOL 5MG INJ	J1920	HCPCS	both			2.07	0.21	Three Rivers	Three Rivers		1.97	95			0.19	1.97	percent of total billed charges	
LABETALOL 5MG INJ	J1920	HCPCS	both			2.07	0.21	UHC	Medicaid		0.65	31.55			0.19	1.97	percent of total billed charges	
LABETALOL 5MG INJ	J1920	HCPCS	both			2.07	0.21	UHC	Medicare		0.19				0.19	1.97	fee schedule	
LABETALOL 5MG INJ	J1920	HCPCS	both			2.07	0.21	United	Oxford		0.48				0.19	1.97	fee schedule	
LABETALOL 5MG INJ	J1920	HCPCS	both			2.07	0.21	United	Commercial|PPO		0.48				0.19	1.97	fee schedule	
LABETALOL 5MG INJ	J1920	HCPCS	both			2.07	0.21	Wellcare	Medicaid		0.65	31.55			0.19	1.97	percent of total billed charges	
LABETALOL 5MG INJ	J1920	HCPCS	both			2.07	0.21	Wellcare	Medicare		0.19				0.19	1.97	fee schedule	
LABETALOL 5MG INJ	J1920	HCPCS	both			2.07	0.21	WellPoint	WellPoint		0.67	32.18			0.19	1.97	percent of total billed charges	
LANREOTIDE(SOMATULINE DEPOT) 1MG INJ	J1930	HCPCS	outpatient			314	55.71	Aetna	Better Health		99.07	31.55			48.44	298.3	percent of total billed charges	
LANREOTIDE(SOMATULINE DEPOT) 1MG INJ	J1930	HCPCS	outpatient			314	55.71	Aetna	Medicare		48.44				48.44	298.3	fee schedule	
LANREOTIDE(SOMATULINE DEPOT) 1MG INJ	J1930	HCPCS	outpatient			314	55.71	Aetna	Commercial		91.73				48.44	298.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LANREOTIDE(SOMATULINE DEPOT) 1MG INJ	J1930	HCPCS	outpatient			314	55.71	Americare	Americare		235.5	75			48.44	298.3	percent of total billed charges	
LANREOTIDE(SOMATULINE DEPOT) 1MG INJ	J1930	HCPCS	outpatient			314	55.71	Amerihealth	Medicare		48.44				48.44	298.3	fee schedule	
LANREOTIDE(SOMATULINE DEPOT) 1MG INJ	J1930	HCPCS	outpatient			314	55.71	Amerihealth	HMO/PPO		55.66				48.44	298.3	fee schedule	
LANREOTIDE(SOMATULINE DEPOT) 1MG INJ	J1930	HCPCS	outpatient			314	55.71	Consumer	Consumer		298.3	95			48.44	298.3	percent of total billed charges	
LANREOTIDE(SOMATULINE DEPOT) 1MG INJ	J1930	HCPCS	outpatient			314	55.71	Corrections	Corrections		251.2	80			48.44	298.3	percent of total billed charges	
LANREOTIDE(SOMATULINE DEPOT) 1MG INJ	J1930	HCPCS	outpatient			314	55.71	First Health	First Health		219.8	70			48.44	298.3	percent of total billed charges	
LANREOTIDE(SOMATULINE DEPOT) 1MG INJ	J1930	HCPCS	outpatient			314	55.71	First Trenton	First Trenton		282.6	90			48.44	298.3	percent of total billed charges	
LANREOTIDE(SOMATULINE DEPOT) 1MG INJ	J1930	HCPCS	outpatient			314	55.71	Horizon	MGD		107.23				48.44	298.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LANREOTIDE(SOMATULINE DEPOT) 1MG INJ	J1930	HCPCS	outpatient			314	55.71	Horizon	Medicare Blue		57.62				48.44	298.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LANREOTIDE(SOMATULINE DEPOT) 1MG INJ	J1930	HCPCS	outpatient			314	55.71	Horizon	PPO		107.23				48.44	298.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LANREOTIDE(SOMATULINE DEPOT) 1MG INJ	J1930	HCPCS	outpatient			314	55.71	Horizon	Indemnity		107.23				48.44	298.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LANREOTIDE(SOMATULINE DEPOT) 1MG INJ	J1930	HCPCS	outpatient			314	55.71	Managed Care Inc	Managed Care Inc		282.6	90			48.44	298.3	percent of total billed charges	
LANREOTIDE(SOMATULINE DEPOT) 1MG INJ	J1930	HCPCS	outpatient			314	55.71	Multiplan	Multiplan		251.2	80			48.44	298.3	percent of total billed charges	
LANREOTIDE(SOMATULINE DEPOT) 1MG INJ	J1930	HCPCS	outpatient			314	55.71	Qualcare	Qualcare		235.5	75			48.44	298.3	percent of total billed charges	
LANREOTIDE(SOMATULINE DEPOT) 1MG INJ	J1930	HCPCS	outpatient			314	55.71	Three Rivers	Three Rivers		298.3	95			48.44	298.3	percent of total billed charges	
LANREOTIDE(SOMATULINE DEPOT) 1MG INJ	J1930	HCPCS	outpatient			314	55.71	UHC	Medicaid		99.07	31.55			48.44	298.3	percent of total billed charges	
LANREOTIDE(SOMATULINE DEPOT) 1MG INJ	J1930	HCPCS	outpatient			314	55.71	UHC	Medicare		48.44				48.44	298.3	fee schedule	
LANREOTIDE(SOMATULINE DEPOT) 1MG INJ	J1930	HCPCS	outpatient			314	55.71	United	Commercial|PPO		121.1				48.44	298.3	fee schedule	
LANREOTIDE(SOMATULINE DEPOT) 1MG INJ	J1930	HCPCS	outpatient			314	55.71	United	Oxford		121.1				48.44	298.3	fee schedule	
LANREOTIDE(SOMATULINE DEPOT) 1MG INJ	J1930	HCPCS	outpatient			314	55.71	Wellcare	Medicare		48.44				48.44	298.3	fee schedule	
LANREOTIDE(SOMATULINE DEPOT) 1MG INJ	J1930	HCPCS	outpatient			314	55.71	Wellcare	Medicaid		99.07	31.55			48.44	298.3	percent of total billed charges	
LANREOTIDE(SOMATULINE DEPOT) 1MG INJ	J1930	HCPCS	outpatient			314	55.71	WellPoint	WellPoint		101.05	32.18			48.44	298.3	percent of total billed charges	
BUMETANIDE 0.5 MG INJ	J1939	HCPCS	both			2.5	0.76	Aetna	Medicare		0.67				0.67	2.38	fee schedule	
BUMETANIDE 0.5 MG INJ	J1939	HCPCS	both			2.5	0.76	Aetna	Commercial		0.95	38			0.67	2.38	percent of total billed charges	
BUMETANIDE 0.5 MG INJ	J1939	HCPCS	both			2.5	0.76	Aetna	Better Health		0.79	31.55			0.67	2.38	percent of total billed charges	
BUMETANIDE 0.5 MG INJ	J1939	HCPCS	both			2.5	0.76	Americare	Americare		1.88	75			0.67	2.38	percent of total billed charges	
BUMETANIDE 0.5 MG INJ	J1939	HCPCS	both			2.5	0.76	Amerihealth	Medicare		0.67				0.67	2.38	fee schedule	
BUMETANIDE 0.5 MG INJ	J1939	HCPCS	both			2.5	0.76	Amerihealth	HMO/PPO		1.63	65			0.67	2.38	percent of total billed charges	
BUMETANIDE 0.5 MG INJ	J1939	HCPCS	both			2.5	0.76	Consumer	Consumer		2.38	95			0.67	2.38	percent of total billed charges	
BUMETANIDE 0.5 MG INJ	J1939	HCPCS	both			2.5	0.76	Corrections	Corrections		2	80			0.67	2.38	percent of total billed charges	
BUMETANIDE 0.5 MG INJ	J1939	HCPCS	both			2.5	0.76	First Health	First Health		1.75	70			0.67	2.38	percent of total billed charges	
BUMETANIDE 0.5 MG INJ	J1939	HCPCS	both			2.5	0.76	First Trenton	First Trenton		2.25	90			0.67	2.38	percent of total billed charges	
BUMETANIDE 0.5 MG INJ	J1939	HCPCS	both			2.5	0.76	Horizon	PPO		0.96	38.28			0.67	2.38	percent of total billed charges	
BUMETANIDE 0.5 MG INJ	J1939	HCPCS	both			2.5	0.76	Horizon	MGD		0.96	38.28			0.67	2.38	percent of total billed charges	
BUMETANIDE 0.5 MG INJ	J1939	HCPCS	both			2.5	0.76	Horizon	Indemnity		0.96	38.28			0.67	2.38	percent of total billed charges	
BUMETANIDE 0.5 MG INJ	J1939	HCPCS	both			2.5	0.76	Horizon	Medicare Blue		0.75	30			0.67	2.38	percent of total billed charges	
BUMETANIDE 0.5 MG INJ	J1939	HCPCS	both			2.5	0.76	Managed Care Inc	Managed Care Inc		2.25	90			0.67	2.38	percent of total billed charges	
BUMETANIDE 0.5 MG INJ	J1939	HCPCS	both			2.5	0.76	Multiplan	Multiplan		2	80			0.67	2.38	percent of total billed charges	
BUMETANIDE 0.5 MG INJ	J1939	HCPCS	both			2.5	0.76	Qualcare	Qualcare		1.88	75			0.67	2.38	percent of total billed charges	
BUMETANIDE 0.5 MG INJ	J1939	HCPCS	both			2.5	0.76	Three Rivers	Three Rivers		2.38	95			0.67	2.38	percent of total billed charges	
BUMETANIDE 0.5 MG INJ	J1939	HCPCS	both			2.5	0.76	UHC	Medicaid		0.79	31.55			0.67	2.38	percent of total billed charges	
BUMETANIDE 0.5 MG INJ	J1939	HCPCS	both			2.5	0.76	UHC	Medicare		0.67				0.67	2.38	fee schedule	
BUMETANIDE 0.5 MG INJ	J1939	HCPCS	both			2.5	0.76	Wellcare	Medicaid		0.79	31.55			0.67	2.38	percent of total billed charges	
BUMETANIDE 0.5 MG INJ	J1939	HCPCS	both			2.5	0.76	Wellcare	Medicare		0.67				0.67	2.38	fee schedule	
BUMETANIDE 0.5 MG INJ	J1939	HCPCS	both			2.5	0.76	WellPoint	WellPoint		0.8	32.18			0.67	2.38	percent of total billed charges	
FUROSEMIDE 20MG/2ML INJ	J1940	HCPCS	both			21	0.66	Aetna	Medicare		0.57				0.57	19.95	fee schedule	
FUROSEMIDE 20MG/2ML INJ	J1940	HCPCS	both			21	0.66	Aetna	Better Health		6.63	31.55			0.57	19.95	percent of total billed charges	
FUROSEMIDE 20MG/2ML INJ	J1940	HCPCS	both			21	0.66	Aetna	Commercial		7.98	38			0.57	19.95	percent of total billed charges	
FUROSEMIDE 20MG/2ML INJ	J1940	HCPCS	both			21	0.66	Americare	Americare		15.75	75			0.57	19.95	percent of total billed charges	
FUROSEMIDE 20MG/2ML INJ	J1940	HCPCS	both			21	0.66	Amerihealth	HMO/PPO		2.22				0.57	19.95	fee schedule	
FUROSEMIDE 20MG/2ML INJ	J1940	HCPCS	both			21	0.66	Amerihealth	Medicare		0.57				0.57	19.95	fee schedule	
FUROSEMIDE 20MG/2ML INJ	J1940	HCPCS	both			21	0.66	Consumer	Consumer		19.95	95			0.57	19.95	percent of total billed charges	
FUROSEMIDE 20MG/2ML INJ	J1940	HCPCS	both			21	0.66	Corrections	Corrections		16.8	80			0.57	19.95	percent of total billed charges	
FUROSEMIDE 20MG/2ML INJ	J1940	HCPCS	both			21	0.66	First Health	First Health		14.7	70			0.57	19.95	percent of total billed charges	
FUROSEMIDE 20MG/2ML INJ	J1940	HCPCS	both			21	0.66	First Trenton	First Trenton		18.9	90			0.57	19.95	percent of total billed charges	
FUROSEMIDE 20MG/2ML INJ	J1940	HCPCS	both			21	0.66	Horizon	Medicare Blue		6.3	30			0.57	19.95	percent of total billed charges	
FUROSEMIDE 20MG/2ML INJ	J1940	HCPCS	both			21	0.66	Horizon	Indemnity		8.04	38.28			0.57	19.95	percent of total billed charges	
FUROSEMIDE 20MG/2ML INJ	J1940	HCPCS	both			21	0.66	Horizon	MGD		8.04	38.28			0.57	19.95	percent of total billed charges	
FUROSEMIDE 20MG/2ML INJ	J1940	HCPCS	both			21	0.66	Horizon	PPO		8.04	38.28			0.57	19.95	percent of total billed charges	
FUROSEMIDE 20MG/2ML INJ	J1940	HCPCS	both			21	0.66	Managed Care Inc	Managed Care Inc		18.9	90			0.57	19.95	percent of total billed charges	
FUROSEMIDE 20MG/2ML INJ	J1940	HCPCS	both			21	0.66	Multiplan	Multiplan		16.8	80			0.57	19.95	percent of total billed charges	
FUROSEMIDE 20MG/2ML INJ	J1940	HCPCS	both			21	0.66	Qualcare	Qualcare		15.75	75			0.57	19.95	percent of total billed charges	
FUROSEMIDE 20MG/2ML INJ	J1940	HCPCS	both			21	0.66	Three Rivers	Three Rivers		19.95	95			0.57	19.95	percent of total billed charges	
FUROSEMIDE 20MG/2ML INJ	J1940	HCPCS	both			21	0.66	UHC	Medicare		0.57				0.57	19.95	fee schedule	
FUROSEMIDE 20MG/2ML INJ	J1940	HCPCS	both			21	0.66	UHC	Medicaid		6.63	31.55			0.57	19.95	percent of total billed charges	
FUROSEMIDE 20MG/2ML INJ	J1940	HCPCS	both			21	0.66	Wellcare	Medicare		0.57				0.57	19.95	fee schedule	
FUROSEMIDE 20MG/2ML INJ	J1940	HCPCS	both			21	0.66	Wellcare	Medicaid		6.63	31.55			0.57	19.95	percent of total billed charges	
FUROSEMIDE 20MG/2ML INJ	J1940	HCPCS	both			21	0.66	WellPoint	WellPoint		6.76	32.18			0.57	19.95	percent of total billed charges	
ARIPIPRAZOLE LAUROXIL(ARISTADA)1MG INJ	J1944	HCPCS	outpatient			13	3.58	Aetna	Commercial		5.97				3.11	12.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARIPIPRAZOLE LAUROXIL(ARISTADA)1MG INJ	J1944	HCPCS	outpatient			13	3.58	Aetna	Better Health		4.1	31.55			3.11	12.35	percent of total billed charges	
ARIPIPRAZOLE LAUROXIL(ARISTADA)1MG INJ	J1944	HCPCS	outpatient			13	3.58	Aetna	Medicare		3.11				3.11	12.35	fee schedule	
ARIPIPRAZOLE LAUROXIL(ARISTADA)1MG INJ	J1944	HCPCS	outpatient			13	3.58	Americare	Americare		9.75	75			3.11	12.35	percent of total billed charges	
ARIPIPRAZOLE LAUROXIL(ARISTADA)1MG INJ	J1944	HCPCS	outpatient			13	3.58	Amerihealth	Medicare		3.11				3.11	12.35	fee schedule	
ARIPIPRAZOLE LAUROXIL(ARISTADA)1MG INJ	J1944	HCPCS	outpatient			13	3.58	Amerihealth	HMO/PPO		8.45	65			3.11	12.35	percent of total billed charges	
ARIPIPRAZOLE LAUROXIL(ARISTADA)1MG INJ	J1944	HCPCS	outpatient			13	3.58	Consumer	Consumer		12.35	95			3.11	12.35	percent of total billed charges	
ARIPIPRAZOLE LAUROXIL(ARISTADA)1MG INJ	J1944	HCPCS	outpatient			13	3.58	Corrections	Corrections		10.4	80			3.11	12.35	percent of total billed charges	
ARIPIPRAZOLE LAUROXIL(ARISTADA)1MG INJ	J1944	HCPCS	outpatient			13	3.58	First Health	First Health		9.1	70			3.11	12.35	percent of total billed charges	
ARIPIPRAZOLE LAUROXIL(ARISTADA)1MG INJ	J1944	HCPCS	outpatient			13	3.58	First Trenton	First Trenton		11.7	90			3.11	12.35	percent of total billed charges	
ARIPIPRAZOLE LAUROXIL(ARISTADA)1MG INJ	J1944	HCPCS	outpatient			13	3.58	Horizon	Medicare Blue		3.75				3.11	12.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARIPIPRAZOLE LAUROXIL(ARISTADA)1MG INJ	J1944	HCPCS	outpatient			13	3.58	Horizon	Indemnity		6.98				3.11	12.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARIPIPRAZOLE LAUROXIL(ARISTADA)1MG INJ	J1944	HCPCS	outpatient			13	3.58	Horizon	PPO		6.98				3.11	12.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARIPIPRAZOLE LAUROXIL(ARISTADA)1MG INJ	J1944	HCPCS	outpatient			13	3.58	Horizon	MGD		6.98				3.11	12.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARIPIPRAZOLE LAUROXIL(ARISTADA)1MG INJ	J1944	HCPCS	outpatient			13	3.58	Managed Care Inc	Managed Care Inc		11.7	90			3.11	12.35	percent of total billed charges	
ARIPIPRAZOLE LAUROXIL(ARISTADA)1MG INJ	J1944	HCPCS	outpatient			13	3.58	Multiplan	Multiplan		10.4	80			3.11	12.35	percent of total billed charges	
ARIPIPRAZOLE LAUROXIL(ARISTADA)1MG INJ	J1944	HCPCS	outpatient			13	3.58	Qualcare	Qualcare		9.75	75			3.11	12.35	percent of total billed charges	
ARIPIPRAZOLE LAUROXIL(ARISTADA)1MG INJ	J1944	HCPCS	outpatient			13	3.58	Three Rivers	Three Rivers		12.35	95			3.11	12.35	percent of total billed charges	
ARIPIPRAZOLE LAUROXIL(ARISTADA)1MG INJ	J1944	HCPCS	outpatient			13	3.58	UHC	Medicaid		4.1	31.55			3.11	12.35	percent of total billed charges	
ARIPIPRAZOLE LAUROXIL(ARISTADA)1MG INJ	J1944	HCPCS	outpatient			13	3.58	UHC	Medicare		3.11				3.11	12.35	fee schedule	
ARIPIPRAZOLE LAUROXIL(ARISTADA)1MG INJ	J1944	HCPCS	outpatient			13	3.58	United	Oxford		7.78				3.11	12.35	fee schedule	
ARIPIPRAZOLE LAUROXIL(ARISTADA)1MG INJ	J1944	HCPCS	outpatient			13	3.58	United	Commercial|PPO		7.78				3.11	12.35	fee schedule	
ARIPIPRAZOLE LAUROXIL(ARISTADA)1MG INJ	J1944	HCPCS	outpatient			13	3.58	Wellcare	Medicaid		4.1	31.55			3.11	12.35	percent of total billed charges	
ARIPIPRAZOLE LAUROXIL(ARISTADA)1MG INJ	J1944	HCPCS	outpatient			13	3.58	Wellcare	Medicare		3.11				3.11	12.35	fee schedule	
ARIPIPRAZOLE LAUROXIL(ARISTADA)1MG INJ	J1944	HCPCS	outpatient			13	3.58	WellPoint	WellPoint		4.18	32.18			3.11	12.35	percent of total billed charges	
LEPIRUDIN 50MG INJ	J1945	HCPCS	outpatient			828.5		Aetna	Better Health		261.39	31.55			248.55	787.08	percent of total billed charges	
LEPIRUDIN 50MG INJ	J1945	HCPCS	outpatient			828.5		Aetna	Commercial		314.83	38			248.55	787.08	percent of total billed charges	
LEPIRUDIN 50MG INJ	J1945	HCPCS	outpatient			828.5		Aetna	Medicare		255.18	30.8			248.55	787.08	percent of total billed charges	
LEPIRUDIN 50MG INJ	J1945	HCPCS	outpatient			828.5		Americare	Americare		621.38	75			248.55	787.08	percent of total billed charges	
LEPIRUDIN 50MG INJ	J1945	HCPCS	outpatient			828.5		Amerihealth	HMO/PPO		618.99				248.55	787.08	fee schedule	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
LEPIRUDIN 50MG INJ	J1945	HCPCS	outpatient			828.5		Consumer	Consumer		787.08				248.55	787.08	percent of total billed charges	
LEPIRUDIN 50MG INJ	J1945	HCPCS	outpatient			828.5		Corrections	Corrections		662.8				248.55	787.08	percent of total billed charges	
LEPIRUDIN 50MG INJ	J1945	HCPCS	outpatient			828.5		First Health	First Health		579.95				248.55	787.08	percent of total billed charges	
LEPIRUDIN 50MG INJ	J1945	HCPCS	outpatient			828.5		First Trenton	First Trenton		745.65				248.55	787.08	percent of total billed charges	
LEPIRUDIN 50MG INJ	J1945	HCPCS	outpatient			828.5		Horizon	Medicare Blue		248.55				248.55	787.08	percent of total billed charges	
LEPIRUDIN 50MG INJ	J1945	HCPCS	outpatient			828.5		Horizon	Indemnity		317.15	38.28			248.55	787.08	percent of total billed charges	
LEPIRUDIN 50MG INJ	J1945	HCPCS	outpatient			828.5		Horizon	MGD		317.15	38.28			248.55	787.08	percent of total billed charges	
LEPIRUDIN 50MG INJ	J1945	HCPCS	outpatient			828.5		Horizon	PPO		317.15	38.28			248.55	787.08	percent of total billed charges	
LEPIRUDIN 50MG INJ	J1945	HCPCS	outpatient			828.5		Managed Care Inc	Managed Care Inc		745.65	90			248.55	787.08	percent of total billed charges	
LEPIRUDIN 50MG INJ	J1945	HCPCS	outpatient			828.5		Multiplan	Multiplan		662.8	80			248.55	787.08	percent of total billed charges	
LEPIRUDIN 50MG INJ	J1945	HCPCS	outpatient			828.5		Qualcare	Qualcare		621.38	75			248.55	787.08	percent of total billed charges	
LEPIRUDIN 50MG INJ	J1945	HCPCS	outpatient			828.5		Three Rivers	Three Rivers		787.08	95			248.55	787.08	percent of total billed charges	
LEPIRUDIN 50MG INJ	J1945	HCPCS	outpatient			828.5		UHC	Medicaid		261.39	31.55			248.55	787.08	percent of total billed charges	
LEPIRUDIN 50MG INJ	J1945	HCPCS	outpatient			828.5		Wellcare	Medicaid		261.39	31.55			248.55	787.08	percent of total billed charges	
LEPIRUDIN 50MG INJ	J1945	HCPCS	outpatient			828.5		WellPoint	WellPoint		266.61	32.18			248.55	787.08	percent of total billed charges	
LEUPROLIDE 3.75MG/1ML INJ	J1950	HCPCS	both			2760.5	1799.29	Aetna	Medicare		1564.6				870.94	3911.5	fee schedule	
LEUPROLIDE 3.75MG/1ML INJ	J1950	HCPCS	both			2760.5	1799.29	Aetna	Commercial		3011.87				870.94	3911.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEUPROLIDE 3.75MG/1ML INJ	J1950	HCPCS	both			2760.5	1799.29	Aetna	Better Health		870.94	31.55			870.94	3911.5	percent of total billed charges	
LEUPROLIDE 3.75MG/1ML INJ	J1950	HCPCS	both			2760.5	1799.29	Americare	Americare		2070.38	75			870.94	3911.5	percent of total billed charges	
LEUPROLIDE 3.75MG/1ML INJ	J1950	HCPCS	both			2760.5	1799.29	Amerihealth	HMO/PPO		1126.88				870.94	3911.5	fee schedule	
LEUPROLIDE 3.75MG/1ML INJ	J1950	HCPCS	both			2760.5	1799.29	Amerihealth	Medicare		1564.6				870.94	3911.5	fee schedule	
LEUPROLIDE 3.75MG/1ML INJ	J1950	HCPCS	both			2760.5	1799.29	Consumer	Consumer		2622.48	95			870.94	3911.5	percent of total billed charges	
LEUPROLIDE 3.75MG/1ML INJ	J1950	HCPCS	both			2760.5	1799.29	Corrections	Corrections		2208.4	80			870.94	3911.5	percent of total billed charges	
LEUPROLIDE 3.75MG/1ML INJ	J1950	HCPCS	both			2760.5	1799.29	First Health	First Health		1932.35	70			870.94	3911.5	percent of total billed charges	
LEUPROLIDE 3.75MG/1ML INJ	J1950	HCPCS	both			2760.5	1799.29	First Trenton	First Trenton		2484.45	90			870.94	3911.5	percent of total billed charges	
LEUPROLIDE 3.75MG/1ML INJ	J1950	HCPCS	both			2760.5	1799.29	Horizon	Indemnity		3520.79				870.94	3911.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEUPROLIDE 3.75MG/1ML INJ	J1950	HCPCS	both			2760.5	1799.29	Horizon	MGD		3520.79				870.94	3911.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEUPROLIDE 3.75MG/1ML INJ	J1950	HCPCS	both			2760.5	1799.29	Horizon	Medicare Blue		1891.88				870.94	3911.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEUPROLIDE 3.75MG/1ML INJ	J1950	HCPCS	both			2760.5	1799.29	Horizon	PPO		3520.79				870.94	3911.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEUPROLIDE 3.75MG/1ML INJ	J1950	HCPCS	both			2760.5	1799.29	Managed Care Inc	Managed Care Inc		2484.45	90			870.94	3911.5	percent of total billed charges	
LEUPROLIDE 3.75MG/1ML INJ	J1950	HCPCS	both			2760.5	1799.29	Multiplan	Multiplan		2208.4	80			870.94	3911.5	percent of total billed charges	
LEUPROLIDE 3.75MG/1ML INJ	J1950	HCPCS	both			2760.5	1799.29	Qualcare	Qualcare		2070.38	75			870.94	3911.5	percent of total billed charges	
LEUPROLIDE 3.75MG/1ML INJ	J1950	HCPCS	both			2760.5	1799.29	Three Rivers	Three Rivers		2622.48	95			870.94	3911.5	percent of total billed charges	
LEUPROLIDE 3.75MG/1ML INJ	J1950	HCPCS	both			2760.5	1799.29	UHC	Medicare		1564.6				870.94	3911.5	fee schedule	
LEUPROLIDE 3.75MG/1ML INJ	J1950	HCPCS	both			2760.5	1799.29	UHC	Medicaid		870.94	31.55			870.94	3911.5	percent of total billed charges	
LEUPROLIDE 3.75MG/1ML INJ	J1950	HCPCS	both			2760.5	1799.29	United	Commercial|PPO		3911.5				870.94	3911.5	fee schedule	
LEUPROLIDE 3.75MG/1ML INJ	J1950	HCPCS	both			2760.5	1799.29	United	Oxford		3911.5				870.94	3911.5	fee schedule	
LEUPROLIDE 3.75MG/1ML INJ	J1950	HCPCS	both			2760.5	1799.29	Wellcare	Medicaid		870.94	31.55			870.94	3911.5	percent of total billed charges	
LEUPROLIDE 3.75MG/1ML INJ	J1950	HCPCS	both			2760.5	1799.29	Wellcare	Medicare		1564.6				870.94	3911.5	fee schedule	
LEUPROLIDE 3.75MG/1ML INJ	J1950	HCPCS	both			2760.5	1799.29	WellPoint	WellPoint		888.33	32.18			870.94	3911.5	percent of total billed charges	
LEVETIRACETAM 10MG INJ	J1953	HCPCS	both			3.5	0.07	Aetna	Better Health		1.1	31.55			0.06	3.33	percent of total billed charges	
LEVETIRACETAM 10MG INJ	J1953	HCPCS	both			3.5	0.07	Aetna	Medicare		0.06				0.06	3.33	fee schedule	
LEVETIRACETAM 10MG INJ	J1953	HCPCS	both			3.5	0.07	Aetna	Commercial		1.33	38			0.06	3.33	percent of total billed charges	
LEVETIRACETAM 10MG INJ	J1953	HCPCS	both			3.5	0.07	Americare	Americare		2.63	75			0.06	3.33	percent of total billed charges	
LEVETIRACETAM 10MG INJ	J1953	HCPCS	both			3.5	0.07	Amerihealth	HMO/PPO		0.15				0.06	3.33	fee schedule	
LEVETIRACETAM 10MG INJ	J1953	HCPCS	both			3.5	0.07	Amerihealth	Medicare		0.06				0.06	3.33	fee schedule	
LEVETIRACETAM 10MG INJ	J1953	HCPCS	both			3.5	0.07	Consumer	Consumer		3.33	95			0.06	3.33	percent of total billed charges	
LEVETIRACETAM 10MG INJ	J1953	HCPCS	both			3.5	0.07	Corrections	Corrections		2.8	80			0.06	3.33	percent of total billed charges	
LEVETIRACETAM 10MG INJ	J1953	HCPCS	both			3.5	0.07	First Health	First Health		2.45	70			0.06	3.33	percent of total billed charges	
LEVETIRACETAM 10MG INJ	J1953	HCPCS	both			3.5	0.07	First Trenton	First Trenton		3.15	90			0.06	3.33	percent of total billed charges	
LEVETIRACETAM 10MG INJ	J1953	HCPCS	both			3.5	0.07	Horizon	MGD		1.34	38.28			0.06	3.33	percent of total billed charges	
LEVETIRACETAM 10MG INJ	J1953	HCPCS	both			3.5	0.07	Horizon	Indemnity		1.34	38.28			0.06	3.33	percent of total billed charges	
LEVETIRACETAM 10MG INJ	J1953	HCPCS	both			3.5	0.07	Horizon	PPO		1.34	38.28			0.06	3.33	percent of total billed charges	
LEVETIRACETAM 10MG INJ	J1953	HCPCS	both			3.5	0.07	Horizon	Medicare Blue		1.05	30			0.06	3.33	percent of total billed charges	
LEVETIRACETAM 10MG INJ	J1953	HCPCS	both			3.5	0.07	Managed Care Inc	Managed Care Inc		3.15	90			0.06	3.33	percent of total billed charges	
LEVETIRACETAM 10MG INJ	J1953	HCPCS	both			3.5	0.07	Multiplan	Multiplan		2.8	80			0.06	3.33	percent of total billed charges	
LEVETIRACETAM 10MG INJ	J1953	HCPCS	both			3.5	0.07	Qualcare	Qualcare		2.63	75			0.06	3.33	percent of total billed charges	
LEVETIRACETAM 10MG INJ	J1953	HCPCS	both			3.5	0.07	Three Rivers	Three Rivers		3.33	95			0.06	3.33	percent of total billed charges	
LEVETIRACETAM 10MG INJ	J1953	HCPCS	both			3.5	0.07	UHC	Medicaid		1.1	31.55			0.06	3.33	percent of total billed charges	
LEVETIRACETAM 10MG INJ	J1953	HCPCS	both			3.5	0.07	UHC	Medicare		0.06				0.06	3.33	fee schedule	
LEVETIRACETAM 10MG INJ	J1953	HCPCS	both			3.5	0.07	Wellcare	Medicare		0.06				0.06	3.33	fee schedule	
LEVETIRACETAM 10MG INJ	J1953	HCPCS	both			3.5	0.07	Wellcare	Medicaid		1.1	31.55			0.06	3.33	percent of total billed charges	
LEVETIRACETAM 10MG INJ	J1953	HCPCS	both			3.5	0.07	WellPoint	WellPoint		1.13	32.18			0.06	3.33	percent of total billed charges	
CARNITINE 1GM/5ML INJ	J1955	HCPCS	inpatient			231	40.62	Aetna	Medicare		35.32				21.57	219.45	fee schedule	
CARNITINE 1GM/5ML INJ	J1955	HCPCS	inpatient			231	40.62	Aetna	Better Health		72.88	31.55			21.57	219.45	percent of total billed charges	
CARNITINE 1GM/5ML INJ	J1955	HCPCS	inpatient			231	40.62	Aetna	Commercial		87.78	38			21.57	219.45	percent of total billed charges	
CARNITINE 1GM/5ML INJ	J1955	HCPCS	inpatient			231	40.62	Americare	Americare		173.25	75			21.57	219.45	percent of total billed charges	
CARNITINE 1GM/5ML INJ	J1955	HCPCS	inpatient			231	40.62	Amerihealth	HMO/PPO		21.57				21.57	219.45	fee schedule	
CARNITINE 1GM/5ML INJ	J1955	HCPCS	inpatient			231	40.62	Amerihealth	Medicare		35.32				21.57	219.45	fee schedule	
CARNITINE 1GM/5ML INJ	J1955	HCPCS	inpatient			231	40.62	Consumer	Consumer		219.45	95			21.57	219.45	percent of total billed charges	
CARNITINE 1GM/5ML INJ	J1955	HCPCS	inpatient			231	40.62	Corrections	Corrections		184.8	80			21.57	219.45	percent of total billed charges	
CARNITINE 1GM/5ML INJ	J1955	HCPCS	inpatient			231	40.62	First Health	First Health		161.7	70			21.57	219.45	percent of total billed charges	
CARNITINE 1GM/5ML INJ	J1955	HCPCS	inpatient			231	40.62	First Trenton	First Trenton		207.9	90			21.57	219.45	percent of total billed charges	
CARNITINE 1GM/5ML INJ	J1955	HCPCS	inpatient			231	40.62	Horizon	MGD		88.43	38.28			21.57	219.45	percent of total billed charges	
CARNITINE 1GM/5ML INJ	J1955	HCPCS	inpatient			231	40.62	Horizon	Indemnity		88.43	38.28			21.57	219.45	percent of total billed charges	
CARNITINE 1GM/5ML INJ	J1955	HCPCS	inpatient			231	40.62	Horizon	PPO		88.43	38.28			21.57	219.45	percent of total billed charges	
CARNITINE 1GM/5ML INJ	J1955	HCPCS	inpatient			231	40.62	Horizon	Medicare Blue		69.3	30			21.57	219.45	percent of total billed charges	
CARNITINE 1GM/5ML INJ	J1955	HCPCS	inpatient			231	40.62	Managed Care Inc	Managed Care Inc		207.9	90			21.57	219.45	percent of total billed charges	
CARNITINE 1GM/5ML INJ	J1955	HCPCS	inpatient			231	40.62	Multiplan	Multiplan		184.8	80			21.57	219.45	percent of total billed charges	
CARNITINE 1GM/5ML INJ	J1955	HCPCS	inpatient			231	40.62	Qualcare	Qualcare		173.25	75			21.57	219.45	percent of total billed charges	
CARNITINE 1GM/5ML INJ	J1955	HCPCS	inpatient			231	40.62	Three Rivers	Three Rivers		219.45	95			21.57	219.45	percent of total billed charges	
CARNITINE 1GM/5ML INJ	J1955	HCPCS	inpatient			231	40.62	UHC	Medicare		35.32				21.57	219.45	fee schedule	
CARNITINE 1GM/5ML INJ	J1955	HCPCS	inpatient			231	40.62	UHC	Medicaid		72.88	31.55			21.57	219.45	percent of total billed charges	
CARNITINE 1GM/5ML INJ	J1955	HCPCS	inpatient			231	40.62	Wellcare	Medicaid		72.88	31.55			21.57	219.45	percent of total billed charges	
CARNITINE 1GM/5ML INJ	J1955	HCPCS	inpatient			231	40.62	Wellcare	Medicare		35.32				21.57	219.45	fee schedule	
CARNITINE 1GM/5ML INJ	J1955	HCPCS	inpatient			231	40.62	WellPoint	WellPoint		74.34	32.18			21.57	219.45	percent of total billed charges	
LEVOFLOXACIN 250MG INJ	J1956	HCPCS	both			138	1.04	Aetna	Commercial		52.44	38			0.91	131.1	percent of total billed charges	
LEVOFLOXACIN 250MG INJ	J1956	HCPCS	both			138	1.04	Aetna	Better Health		43.54	31.55			0.91	131.1	percent of total billed charges	
LEVOFLOXACIN 250MG INJ	J1956	HCPCS	both			138	1.04	Aetna	Medicare		0.91				0.91	131.1	fee schedule	
LEVOFLOXACIN 250MG INJ	J1956	HCPCS	both			138	1.04	Americare	Americare		103.5	75			0.91	131.1	percent of total billed charges	
LEVOFLOXACIN 250MG INJ	J1956	HCPCS	both			138	1.04	Amerihealth	Medicare		0.91				0.91	131.1	fee schedule	
LEVOFLOXACIN 250MG INJ	J1956	HCPCS	both			138	1.04	Amerihealth	HMO/PPO		1.81				0.91	131.1	fee schedule	
LEVOFLOXACIN 250MG INJ	J1956	HCPCS	both			138	1.04	Consumer	Consumer		131.1	95			0.91	131.1	percent of total billed charges	
LEVOFLOXACIN 250MG INJ	J1956	HCPCS	both			138	1.04	Corrections	Corrections		110.4	80			0.91	131.1	percent of total billed charges	
LEVOFLOXACIN 250MG INJ	J1956	HCPCS	both			138	1.04	First Health	First Health		96.6	70			0.91	131.1	percent of total billed charges	
LEVOFLOXACIN 250MG INJ	J1956	HCPCS	both			138	1.04	First Trenton	First Trenton		124.2	90			0.91	131.1	percent of total billed charges	
LEVOFLOXACIN 250MG INJ	J1956	HCPCS	both			138	1.04	Horizon	Indemnity		52.83	38.28			0.91	131.1	percent of total billed charges	
LEVOFLOXACIN 250MG INJ	J1956	HCPCS	both			138	1.04	Horizon	PPO		52.83	38.28			0.91	131.1	percent of total billed charges	
LEVOFLOXACIN 250MG INJ	J1956	HCPCS	both			138	1.04	Horizon	MGD		52.83	38.28			0.91	131.1	percent of total billed charges	
LEVOFLOXACIN 250MG INJ	J1956	HCPCS	both			138	1.04	Horizon	Medicare Blue		41.4	30			0.91	131.1	percent of total billed charges	
LEVOFLOXACIN 250MG INJ	J1956	HCPCS	both			138	1.04	Managed Care Inc	Managed Care Inc		124.2	90			0.91	131.1	percent of total billed charges	
LEVOFLOXACIN 250MG INJ	J1956	HCPCS	both			138	1.04	Multiplan	Multiplan		110.4	80			0.91	131.1	percent of total billed charges	
LEVOFLOXACIN 250MG INJ	J1956	HCPCS	both			138	1.04	Qualcare	Qualcare		103.5	75			0.91	131.1	percent of total billed charges	
LEVOFLOXACIN 250MG INJ	J1956	HCPCS	both			138	1.04	Three Rivers	Three Rivers		131.1	95			0.91	131.1	percent of total billed charges	
LEVOFLOXACIN 250MG INJ	J1956	HCPCS	both			138	1.04	UHC	Medicare		0.91				0.91	131.1	fee schedule	
LEVOFLOXACIN 250MG INJ	J1956	HCPCS	both			138	1.04	UHC	Medicaid		43.54	31.55			0.91	131.1	percent of total billed charges	
LEVOFLOXACIN 250MG INJ	J1956	HCPCS	both			138	1.04	Wellcare	Medicaid		43.54	31.55			0.91	131.1	percent of total billed charges	
LEVOFLOXACIN 250MG INJ	J1956	HCPCS	both			138	1.04	Wellcare	Medicare		0.91				0.91	131.1	fee schedule	
LEVOFLOXACIN 250MG INJ	J1956	HCPCS	both			138	1.04	WellPoint	WellPoint		44.41	32.18			0.91	131.1	percent of total billed charges	
LIDOCAINE HCL 10MG/ML	J2001	HCPCS	both			2.5	0.03	Aetna	Commercial		0.95	38			0.02	2.38	percent of total billed charges	
LIDOCAINE HCL 10MG/ML	J2001	HCPCS	both			2.5	0.03	Aetna	Medicare		0.03				0.02	2.38	fee schedule	
LIDOCAINE HCL 10MG/ML	J2001	HCPCS	both			2.5	0.03	Aetna	Better Health		0.79	31.55			0.02	2.38	percent of total billed charges	
LIDOCAINE HCL 10MG/ML	J2001	HCPCS	both			2.5	0.03	Americare	Americare		1.88	75			0.02	2.38	percent of total billed charges	
LIDOCAINE HCL 10MG/ML	J2001	HCPCS	both			2.5	0.03	Amerihealth	Medicare		0.03				0.02	2.38	fee schedule	
LIDOCAINE HCL 10MG/ML	J2001	HCPCS	both			2.5	0.03	Amerihealth	HMO/PPO		0.02				0.02	2.38	fee schedule	
LIDOCAINE HCL 10MG/ML	J2001	HCPCS	both			2.5	0.03	Consumer	Consumer		2.38	95			0.02	2.38	percent of total billed charges	
LIDOCAINE HCL 10MG/ML	J2001	HCPCS	both			2.5	0.03	Corrections	Corrections		2	80			0.02	2.38	percent of total billed charges	
LIDOCAINE HCL 10MG/ML	J2001	HCPCS	both			2.5	0.03	First Health	First Health		1.75	70			0.02	2.38	percent of total billed charges	
LIDOCAINE HCL 10MG/ML	J2001	HCPCS	both			2.5	0.03	First Trenton	First Trenton		2.25	90			0.02	2.38	percent of total billed charges	
LIDOCAINE HCL 10MG/ML	J2001	HCPCS	both			2.5	0.03	Horizon	MGD		0.96	38.28			0.02	2.38	percent of total billed charges	
LIDOCAINE HCL 10MG/ML	J2001	HCPCS	both			2.5	0.03	Horizon	Indemnity		0.96	38.28			0.02	2.38	percent of total billed charges	
LIDOCAINE HCL 10MG/ML	J2001	HCPCS	both			2.5	0.03	Horizon	Medicare Blue		0.75	30			0.02	2.38	percent of total billed charges	
LIDOCAINE HCL 10MG/ML	J2001	HCPCS	both			2.5	0.03	Horizon	PPO		0.96	38.28			0.02	2.38	percent of total billed charges	
LIDOCAINE HCL 10MG/ML	J2001	HCPCS	both			2.5	0.03	Managed Care Inc	Managed Care Inc		2.25	90			0.02	2.38	percent of total billed charges	
LIDOCAINE HCL 10MG/ML	J2001	HCPCS	both			2.5	0.03	Multiplan	Multiplan		2	80			0.02	2.38	percent of total billed charges	
LIDOCAINE HCL 10MG/ML	J2001	HCPCS	both			2.5	0.03	Qualcare	Qualcare		1.88	75			0.02	2.38	percent of total billed charges	
LIDOCAINE HCL 10MG/ML	J2001	HCPCS	both			2.5	0.03	Three Rivers	Three Rivers		2.38	95			0.02	2.38	percent of total billed charges	
LIDOCAINE HCL 10MG/ML	J2001	HCPCS	both			2.5	0.03	UHC	Medicaid		0.79	31.55			0.02	2.38	percent of total billed charges	
LIDOCAINE HCL 10MG/ML	J2001	HCPCS	both			2.5	0.03	UHC	Medicare		0.03				0.02	2.38	fee schedule	
LIDOCAINE HCL 10MG/ML	J2001	HCPCS	both			2.5	0.03	Wellcare	Medicaid		0.79	31.55			0.02	2.38	percent of total billed charges	
LIDOCAINE HCL 10MG/ML	J2001	HCPCS	both			2.5	0.03	Wellcare	Medicare		0.03				0.02	2.38	fee schedule	
LIDOCAINE HCL 10MG/ML	J2001	HCPCS	both			2.5	0.03	WellPoint	WellPoint		0.8	32.18			0.02	2.38	percent of total billed charges	
LINEZOLID 200MG INJ	J2020	HCPCS	both			189.5	3.79	Aetna	Commercial		72.01	38			3.3	180.03	percent of total billed charges	
LINEZOLID 200MG INJ	J2020	HCPCS	both			189.5	3.79	Aetna	Medicare		3.3				3.3	180.03	fee schedule	
LINEZOLID 200MG INJ	J2020	HCPCS	both			189.5	3.79	Aetna	Better Health		59.79	31.55			3.3	180.03	percent of total billed charges	
LINEZOLID 200MG INJ	J2020	HCPCS	both			189.5	3.79	Americare	Americare		142.13	75			3.3	180.03	percent of total billed charges	
LINEZOLID 200MG INJ	J2020	HCPCS	both			189.5	3.79	Amerihealth	Medicare		3.3				3.3	180.03	fee schedule	
LINEZOLID 200MG INJ	J2020	HCPCS	both			189.5	3.79	Amerihealth	HMO/PPO		17.12				3.3	180.03	fee schedule	
LINEZOLID 200MG INJ	J2020	HCPCS	both			189.5	3.79	Consumer	Consumer		180.03	95			3.3	180.03	percent of total billed charges	
LINEZOLID 200MG INJ	J2020	HCPCS	both			189.5	3.79	Corrections	Corrections		151.6	80			3.3	180.03	percent of total billed charges	
LINEZOLID 200MG INJ	J2020	HCPCS	both			189.5	3.79	First Health	First Health		132.65	70			3.3	180.03	percent of total billed charges	
LINEZOLID 200MG INJ	J2020	HCPCS	both			189.5	3.79	First Trenton	First Trenton		170.55	90			3.3	180.03	percent of total billed charges	
LINEZOLID 200MG INJ	J2020	HCPCS	both			189.5	3.79	Horizon	Medicare Blue		56.85	30			3.3	180.03	percent of total billed charges	
LINEZOLID 200MG INJ	J2020	HCPCS	both			189.5	3.79	Horizon	Indemnity		72.54	38.28			3.3	180.03	percent of total billed charges	
LINEZOLID 200MG INJ	J2020	HCPCS	both			189.5	3.79	Horizon	MGD		72.54	38.28			3.3	180.03	percent of total billed charges	
LINEZOLID 200MG INJ	J2020	HCPCS	both			189.5	3.79	Horizon	PPO		72.54	38.28			3.3	180.03	percent of total billed charges	
LINEZOLID 200MG INJ	J2020	HCPCS	both			189.5	3.79	Managed Care Inc	Managed Care Inc		170.55	90			3.3	180.03	percent of total billed charges	
LINEZOLID 200MG INJ	J2020	HCPCS	both			189.5	3.79	Multiplan	Multiplan		151.6	80			3.3	180.03	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.														
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true													
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
LINEZOLID 200MG INJ	J2020	HCPCS	both			189.5		3.79 Qualcare	Qualcare		142.13	75			3.3	180.03	percent of total billed charges	
LINEZOLID 200MG INJ	J2020	HCPCS	both			189.5		3.79 Three Rivers	Three Rivers		180.03	95			3.3	180.03	percent of total billed charges	
LINEZOLID 200MG INJ	J2020	HCPCS	both			189.5		3.79 UHC	Medicaid		59.79	31.55			3.3	180.03	percent of total billed charges	
LINEZOLID 200MG INJ	J2020	HCPCS	both			189.5		3.79 UHC	Medicare		3.3				3.3	180.03	fee schedule	
LINEZOLID 200MG INJ	J2020	HCPCS	both			189.5		3.79 Wellcare	Medicare		3.3				3.3	180.03	fee schedule	
LINEZOLID 200MG INJ	J2020	HCPCS	both			189.5		3.79 Wellcare	Medicaid		59.79	31.55			3.3	180.03	percent of total billed charges	
LINEZOLID 200MG INJ	J2020	HCPCS	both			189.5		3.79 WellPoint	WellPoint		60.98	32.18			3.3	180.03	percent of total billed charges	
LORAZEPAM 2MG INJ	J2060	HCPCS	both			25		1.29 Aetna	Medicare		1.12				0.87	23.75	fee schedule	
LORAZEPAM 2MG INJ	J2060	HCPCS	both			25		1.29 Aetna	Better Health		7.89	31.55			0.87	23.75	percent of total billed charges	
LORAZEPAM 2MG INJ	J2060	HCPCS	both			25		1.29 Aetna	Commercial		9.5	38			0.87	23.75	percent of total billed charges	
LORAZEPAM 2MG INJ	J2060	HCPCS	both			25		1.29 Americare	Americare		18.75	75			0.87	23.75	percent of total billed charges	
LORAZEPAM 2MG INJ	J2060	HCPCS	both			25		1.29 Amerihealth	HMO/PPO		0.87				0.87	23.75	fee schedule	
LORAZEPAM 2MG INJ	J2060	HCPCS	both			25		1.29 Amerihealth	Medicare		1.12				0.87	23.75	fee schedule	
LORAZEPAM 2MG INJ	J2060	HCPCS	both			25		1.29 Consumer	Consumer		23.75	95			0.87	23.75	percent of total billed charges	
LORAZEPAM 2MG INJ	J2060	HCPCS	both			25		1.29 Corrections	Corrections		20	80			0.87	23.75	percent of total billed charges	
LORAZEPAM 2MG INJ	J2060	HCPCS	both			25		1.29 First Health	First Health		17.5	70			0.87	23.75	percent of total billed charges	
LORAZEPAM 2MG INJ	J2060	HCPCS	both			25		1.29 First Trenton	First Trenton		22.5	90			0.87	23.75	percent of total billed charges	
LORAZEPAM 2MG INJ	J2060	HCPCS	both			25		1.29 Horizon	Medicare Blue		7.5	30			0.87	23.75	percent of total billed charges	
LORAZEPAM 2MG INJ	J2060	HCPCS	both			25		1.29 Horizon	MGD		9.57	38.28			0.87	23.75	percent of total billed charges	
LORAZEPAM 2MG INJ	J2060	HCPCS	both			25		1.29 Horizon	Indemnity		9.57	38.28			0.87	23.75	percent of total billed charges	
LORAZEPAM 2MG INJ	J2060	HCPCS	both			25		1.29 Horizon	PPO		9.57	38.28			0.87	23.75	percent of total billed charges	
LORAZEPAM 2MG INJ	J2060	HCPCS	both			25		1.29 Managed Care Inc	Managed Care Inc		22.5	90			0.87	23.75	percent of total billed charges	
LORAZEPAM 2MG INJ	J2060	HCPCS	both			25		1.29 Multiplan	Multiplan		20	80			0.87	23.75	percent of total billed charges	
LORAZEPAM 2MG INJ	J2060	HCPCS	both			25		1.29 Qualcare	Qualcare		18.75	75			0.87	23.75	percent of total billed charges	
LORAZEPAM 2MG INJ	J2060	HCPCS	both			25		1.29 Three Rivers	Three Rivers		23.75	95			0.87	23.75	percent of total billed charges	
LORAZEPAM 2MG INJ	J2060	HCPCS	both			25		1.29 UHC	Medicare		1.12				0.87	23.75	fee schedule	
LORAZEPAM 2MG INJ	J2060	HCPCS	both			25		1.29 UHC	Medicaid		7.89	31.55			0.87	23.75	percent of total billed charges	
LORAZEPAM 2MG INJ	J2060	HCPCS	both			25		1.29 Wellcare	Medicare		1.12				0.87	23.75	fee schedule	
LORAZEPAM 2MG INJ	J2060	HCPCS	both			25		1.29 Wellcare	Medicaid		7.89	31.55			0.87	23.75	percent of total billed charges	
LORAZEPAM 2MG INJ	J2060	HCPCS	both			25		1.29 WellPoint	WellPoint		8.05	32.18			0.87	23.75	percent of total billed charges	
MANNITOL 25% 50ML INJ	J2150	HCPCS	both			5.5		2.98 Aetna	Medicare		2.6				1.65	5.23	fee schedule	
MANNITOL 25% 50ML INJ	J2150	HCPCS	both			5.5		2.98 Aetna	Better Health		1.74	31.55			1.65	5.23	percent of total billed charges	
MANNITOL 25% 50ML INJ	J2150	HCPCS	both			5.5		2.98 Aetna	Commercial		2.09	38			1.65	5.23	percent of total billed charges	
MANNITOL 25% 50ML INJ	J2150	HCPCS	both			5.5		2.98 Americare	Americare		4.13	75			1.65	5.23	percent of total billed charges	
MANNITOL 25% 50ML INJ	J2150	HCPCS	both			5.5		2.98 Amerihealth	HMO/PPO		2				1.65	5.23	fee schedule	
MANNITOL 25% 50ML INJ	J2150	HCPCS	both			5.5		2.98 Amerihealth	Medicare		2.6				1.65	5.23	fee schedule	
MANNITOL 25% 50ML INJ	J2150	HCPCS	both			5.5		2.98 Consumer	Consumer		5.23	95			1.65	5.23	percent of total billed charges	
MANNITOL 25% 50ML INJ	J2150	HCPCS	both			5.5		2.98 Corrections	Corrections		4.4	80			1.65	5.23	percent of total billed charges	
MANNITOL 25% 50ML INJ	J2150	HCPCS	both			5.5		2.98 First Health	First Health		3.85	70			1.65	5.23	percent of total billed charges	
MANNITOL 25% 50ML INJ	J2150	HCPCS	both			5.5		2.98 First Trenton	First Trenton		4.95	90			1.65	5.23	percent of total billed charges	
MANNITOL 25% 50ML INJ	J2150	HCPCS	both			5.5		2.98 Horizon	Indemnity		2.11	38.28			1.65	5.23	percent of total billed charges	
MANNITOL 25% 50ML INJ	J2150	HCPCS	both			5.5		2.98 Horizon	MGD		2.11	38.28			1.65	5.23	percent of total billed charges	
MANNITOL 25% 50ML INJ	J2150	HCPCS	both			5.5		2.98 Horizon	PPO		2.11	38.28			1.65	5.23	percent of total billed charges	
MANNITOL 25% 50ML INJ	J2150	HCPCS	both			5.5		2.98 Horizon	Medicare Blue		1.65	30			1.65	5.23	percent of total billed charges	
MANNITOL 25% 50ML INJ	J2150	HCPCS	both			5.5		2.98 Managed Care Inc	Managed Care Inc		4.95	90			1.65	5.23	percent of total billed charges	
MANNITOL 25% 50ML INJ	J2150	HCPCS	both			5.5		2.98 Multiplan	Multiplan		4.4	80			1.65	5.23	percent of total billed charges	
MANNITOL 25% 50ML INJ	J2150	HCPCS	both			5.5		2.98 Qualcare	Qualcare		4.13	75			1.65	5.23	percent of total billed charges	
MANNITOL 25% 50ML INJ	J2150	HCPCS	both			5.5		2.98 Three Rivers	Three Rivers		5.23	95			1.65	5.23	percent of total billed charges	
MANNITOL 25% 50ML INJ	J2150	HCPCS	both			5.5		2.98 UHC	Medicaid		1.74	31.55			1.65	5.23	percent of total billed charges	
MANNITOL 25% 50ML INJ	J2150	HCPCS	both			5.5		2.98 UHC	Medicare		2.6				1.65	5.23	fee schedule	
MANNITOL 25% 50ML INJ	J2150	HCPCS	both			5.5		2.98 Wellcare	Medicare		2.6				1.65	5.23	fee schedule	
MANNITOL 25% 50ML INJ	J2150	HCPCS	both			5.5		2.98 Wellcare	Medicaid		1.74	31.55			1.65	5.23	percent of total billed charges	
MANNITOL 25% 50ML INJ	J2150	HCPCS	both			5.5		2.98 WellPoint	WellPoint		1.77	32.18			1.65	5.23	percent of total billed charges	
MEPERIDINE 50MG/1ML INJ (NF)	J2175	HCPCS	both			5.5		8.39 Aetna	Medicare		7.3				1.35	7.3	fee schedule	
MEPERIDINE 50MG/1ML INJ (NF)	J2175	HCPCS	both			5.5		8.39 Aetna	Commercial		2.09	38			1.35	7.3	percent of total billed charges	
MEPERIDINE 50MG/1ML INJ (NF)	J2175	HCPCS	both			5.5		8.39 Aetna	Better Health		1.74	31.55			1.35	7.3	percent of total billed charges	
MEPERIDINE 50MG/1ML INJ (NF)	J2175	HCPCS	both			5.5		8.39 Americare	Americare		4.13	75			1.35	7.3	percent of total billed charges	
MEPERIDINE 50MG/1ML INJ (NF)	J2175	HCPCS	both			5.5		8.39 Amerihealth	HMO/PPO		5.53				1.35	7.3	fee schedule	
MEPERIDINE 50MG/1ML INJ (NF)	J2175	HCPCS	both			5.5		8.39 Amerihealth	Medicare		7.3				1.35	7.3	fee schedule	
MEPERIDINE 50MG/1ML INJ (NF)	J2175	HCPCS	both			5.5		8.39 Consumer	Consumer		5.23	95			1.35	7.3	percent of total billed charges	
MEPERIDINE 50MG/1ML INJ (NF)	J2175	HCPCS	both			5.5		8.39 Corrections	Corrections		4.4	80			1.35	7.3	percent of total billed charges	
MEPERIDINE 50MG/1ML INJ (NF)	J2175	HCPCS	both			5.5		8.39 First Health	First Health		3.85	70			1.35	7.3	percent of total billed charges	
MEPERIDINE 50MG/1ML INJ (NF)	J2175	HCPCS	both			5.5		8.39 First Trenton	First Trenton		4.95	90			1.35	7.3	percent of total billed charges	
MEPERIDINE 50MG/1ML INJ (NF)	J2175	HCPCS	both			5.5		8.39 Horizon	Medicare Blue		1.65	30			1.35	7.3	percent of total billed charges	
MEPERIDINE 50MG/1ML INJ (NF)	J2175	HCPCS	both			5.5		8.39 Horizon	Indemnity		2.11	38.28			1.35	7.3	percent of total billed charges	
MEPERIDINE 50MG/1ML INJ (NF)	J2175	HCPCS	both			5.5		8.39 Horizon	MGD		2.11	38.28			1.35	7.3	percent of total billed charges	
MEPERIDINE 50MG/1ML INJ (NF)	J2175	HCPCS	both			5.5		8.39 Horizon	PPO		2.11	38.28			1.35	7.3	percent of total billed charges	
MEPERIDINE 50MG/1ML INJ (NF)	J2175	HCPCS	both			5.5		8.39 Managed Care Inc	Managed Care Inc		4.95	90			1.35	7.3	percent of total billed charges	
MEPERIDINE 50MG/1ML INJ (NF)	J2175	HCPCS	both			5.5		8.39 Multiplan	Multiplan		4.4	80			1.35	7.3	percent of total billed charges	
MEPERIDINE 50MG/1ML INJ (NF)	J2175	HCPCS	both			5.5		8.39 Qualcare	Qualcare		4.13	75			1.35	7.3	percent of total billed charges	
MEPERIDINE 50MG/1ML INJ (NF)	J2175	HCPCS	both			5.5		8.39 Three Rivers	Three Rivers		5.23	95			1.35	7.3	percent of total billed charges	
MEPERIDINE 50MG/1ML INJ (NF)	J2175	HCPCS	both			5.5		8.39 UHC	Medicaid		1.74	31.55			1.35	7.3	percent of total billed charges	
MEPERIDINE 50MG/1ML INJ (NF)	J2175	HCPCS	both			5.5		8.39 UHC	Medicare		7.3				1.35	7.3	fee schedule	
MEPERIDINE 50MG/1ML INJ (NF)	J2175	HCPCS	both			5.5		8.39 Wellcare	Medicare		7.3				1.35	7.3	fee schedule	
MEPERIDINE 50MG/1ML INJ (NF)	J2175	HCPCS	both			5.5		8.39 Wellcare	Medicaid		1.74	31.55			1.35	7.3	percent of total billed charges	
MEPERIDINE 50MG/1ML INJ (NF)	J2175	HCPCS	both			5.5		8.39 WellPoint	WellPoint		1.77	32.18			1.35	7.3	percent of total billed charges	
MEPERIDINE 50MG TAB (NF)	J2180	HCPCS	outpatient			2.5		Aetna	Better Health		0.79	31.55			0.75	4.11	percent of total billed charges	
MEPERIDINE 50MG TAB (NF)	J2180	HCPCS	outpatient			2.5		Aetna	Commercial		0.95	38			0.75	4.11	percent of total billed charges	
MEPERIDINE 50MG TAB (NF)	J2180	HCPCS	outpatient			2.5		Aetna	Medicare		0.77	30.8			0.75	4.11	percent of total billed charges	
MEPERIDINE 50MG TAB (NF)	J2180	HCPCS	outpatient			2.5		Americare	Americare		1.88	75			0.75	4.11	percent of total billed charges	
MEPERIDINE 50MG TAB (NF)	J2180	HCPCS	outpatient			2.5		Amerihealth	HMO/PPO		4.11				0.75	4.11	fee schedule	
MEPERIDINE 50MG TAB (NF)	J2180	HCPCS	outpatient			2.5		Consumer	Consumer		2.38	95			0.75	4.11	percent of total billed charges	
MEPERIDINE 50MG TAB (NF)	J2180	HCPCS	outpatient			2.5		Corrections	Corrections		2	80			0.75	4.11	percent of total billed charges	
MEPERIDINE 50MG TAB (NF)	J2180	HCPCS	outpatient			2.5		First Health	First Health		1.75	70			0.75	4.11	percent of total billed charges	
MEPERIDINE 50MG TAB (NF)	J2180	HCPCS	outpatient			2.5		First Trenton	First Trenton		2.25	90			0.75	4.11	percent of total billed charges	
MEPERIDINE 50MG TAB (NF)	J2180	HCPCS	outpatient			2.5		Horizon	Indemnity		0.96	38.28			0.75	4.11	percent of total billed charges	
MEPERIDINE 50MG TAB (NF)	J2180	HCPCS	outpatient			2.5		Horizon	MGD		0.96	38.28			0.75	4.11	percent of total billed charges	
MEPERIDINE 50MG TAB (NF)	J2180	HCPCS	outpatient			2.5		Horizon	Medicare Blue		0.75	30			0.75	4.11	percent of total billed charges	
MEPERIDINE 50MG TAB (NF)	J2180	HCPCS	outpatient			2.5		Horizon	PPO		0.96	38.28			0.75	4.11	percent of total billed charges	
MEPERIDINE 50MG TAB (NF)	J2180	HCPCS	outpatient			2.5		Managed Care Inc	Managed Care Inc		2.25	90			0.75	4.11	percent of total billed charges	
MEPERIDINE 50MG TAB (NF)	J2180	HCPCS	outpatient			2.5		Multiplan	Multiplan		2	80			0.75	4.11	percent of total billed charges	
MEPERIDINE 50MG TAB (NF)	J2180	HCPCS	outpatient			2.5		Qualcare	Qualcare		1.88	75			0.75	4.11	percent of total billed charges	
MEPERIDINE 50MG TAB (NF)	J2180	HCPCS	outpatient			2.5		Three Rivers	Three Rivers		2.38	95			0.75	4.11	percent of total billed charges	
MEPERIDINE 50MG TAB (NF)	J2180	HCPCS	outpatient			2.5		UHC	Medicaid		0.79	31.55			0.75	4.11	percent of total billed charges	
MEPERIDINE 50MG TAB (NF)	J2180	HCPCS	outpatient			2.5		Wellcare	Medicaid		0.79	31.55			0.75	4.11	percent of total billed charges	
MEPERIDINE 50MG TAB (NF)	J2180	HCPCS	outpatient			2.5		WellPoint	WellPoint		0.8	32.18			0.75	4.11	percent of total billed charges	
MEROPENEM 100MG INJ	J2185	HCPCS	both			38		0.52 Aetna	Better Health		11.99	31.55			0.45	36.1	percent of total billed charges	
MEROPENEM 100MG INJ	J2185	HCPCS	both			38		0.52 Aetna	Commercial		14.44	38			0.45	36.1	percent of total billed charges	
MEROPENEM 100MG INJ	J2185	HCPCS	both			38		0.52 Aetna	Medicare		0.45				0.45	36.1	fee schedule	
MEROPENEM 100MG INJ	J2185	HCPCS	both			38		0.52 Americare	Americare		28.5	75			0.45	36.1	percent of total billed charges	
MEROPENEM 100MG INJ	J2185	HCPCS	both			38		0.52 Amerihealth	HMO/PPO		1.41				0.45	36.1	fee schedule	
MEROPENEM 100MG INJ	J2185	HCPCS	both			38		0.52 Amerihealth	Medicare		0.45				0.45	36.1	fee schedule	
MEROPENEM 100MG INJ	J2185	HCPCS	both			38		0.52 Consumer	Consumer		36.1	95			0.45	36.1	percent of total billed charges	
MEROPENEM 100MG INJ	J2185	HCPCS	both			38		0.52 Corrections	Corrections		30.4	80			0.45	36.1	percent of total billed charges	
MEROPENEM 100MG INJ	J2185	HCPCS	both			38		0.52 First Health	First Health		26.6	70			0.45	36.1	percent of total billed charges	
MEROPENEM 100MG INJ	J2185	HCPCS	both			38		0.52 First Trenton	First Trenton		34.2	90			0.45	36.1	percent of total billed charges	
MEROPENEM 100MG INJ	J2185	HCPCS	both			38		0.52 Horizon	Medicare Blue		11.4	30			0.45	36.1	percent of total billed charges	
MEROPENEM 100MG INJ	J2185	HCPCS	both			38		0.52 Horizon	PPO		14.55	38.28			0.45	36.1	percent of total billed charges	
MEROPENEM 100MG INJ	J2185	HCPCS	both			38		0.52 Horizon	MGD		14.55	38.28			0.45	36.1	percent of total billed charges	
MEROPENEM 100MG INJ	J2185	HCPCS	both			38		0.52 Horizon	Indemnity		14.55	38.28			0.45	36.1	percent of total billed charges	
MEROPENEM 100MG INJ	J2185	HCPCS	both			38		0.52 Managed Care Inc	Managed Care Inc		34.2	90			0.45	36.1	percent of total billed charges	
MEROPENEM 100MG INJ	J2185	HCPCS	both			38		0.52 Multiplan	Multiplan		30.4	80			0.45	36.1	percent of total billed charges	
MEROPENEM 100MG INJ	J2185	HCPCS	both			38		0.52 Qualcare	Qualcare		28.5	75			0.45	36.1	percent of total billed charges	
MEROPENEM 100MG INJ	J2185	HCPCS	both			38		0.52 Three Rivers	Three Rivers		36.1	95			0.45	36.1	percent of total billed charges	
MEROPENEM 100MG INJ	J2185	HCPCS	both			38		0.52 UHC	Medicare		0.45				0.45	36.1	fee schedule	
MEROPENEM 100MG INJ	J2185	HCPCS	both			38		0.52 UHC	Medicaid		11.99	31.55			0.45	36.1	percent of total billed charges	
MEROPENEM 100MG INJ	J2185	HCPCS	both			38		0.52 Wellcare	Medicare		0.45				0.45	36.1	fee schedule	
MEROPENEM 100MG INJ	J2185	HCPCS	both			38		0.52 Wellcare	Medicaid		11.99	31.55			0.45	36.1	percent of total billed charges	
MEROPENEM 100MG INJ	J2185	HCPCS	both			38		0.52 WellPoint	WellPoint		12.23	32.18			0.45	36.1	percent of total billed charges	
MEROPENEM-VABORBACTAM(VABOMERE) 20MG INJ	J2186	HCPCS	outpatient			7		2.88 Aetna	Commercial		3.98				2.21	6.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MEROPENEM-VABORBACTAM(VABOMERE) 20MG INJ	J2186	HCPCS	outpatient			7		2.88 Aetna	Better Health		2.21	31.55			2.21	6.65	percent of total billed charges	
MEROPENEM-VABORBACTAM(VABOMERE) 20MG INJ	J2186	HCPCS	outpatient			7		2.88 Aetna	Medicare		2.5				2.21	6.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MEROPENEM-VABORBACTAM(VABOMERE) 20MG INJ	J2186	HCPCS	outpatient			7		2.88 Americare	Americare		5.25	75			2.21	6.65	percent of total billed charges	
MEROPENEM-VABORBACTAM(VABOMERE) 20MG INJ	J2186	HCPCS	outpatient			7		2.88 Amerihealth	HMO/PPO		4.55	65			2.21	6.65	percent of total billed charges	
MEROPENEM-VABORBACTAM(VABOMERE) 20MG INJ	J2186	HCPCS	outpatient			7		2.88 Amerihealth	Medicare		2.5				2.21	6.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MEROPENEM-VABORBACTAM(VABOMERE) 20MG INJ	J2186	HCPCS	outpatient			7		2.88 Consumer	Consumer		6.65	95			2.21	6.65	percent of total billed charges	
MEROPENEM-VABORBACTAM(VABOMERE) 20MG INJ	J2186	HCPCS	outpatient			7		2.88 Corrections	Corrections		5.6	80			2.21	6.65	percent of total billed charges	
MEROPENEM-VABORBACTAM(VABOMERE) 20MG INJ	J2186	HCPCS	outpatient			7		2.88 First Health	First Health		4.9	70			2.21	6.65	percent of total billed charges	
MEROPENEM-VABORBACTAM(VABOMERE) 20MG INJ	J2186	HCPCS	outpatient			7		2.88 First Trenton	First Trenton		6.3	90			2.21	6.65	percent of total billed charges	
MEROPENEM-VABORBACTAM(VABOMERE) 20MG INJ	J2186	HCPCS	outpatient			7		2.88 Horizon	PPO		4.65				2.21	6.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MEROPENEM-VABORBACTAM(VABOMERE) 20MG INJ	J2186	HCPCS	outpatient			7		2.88 Horizon	MGD		4.65				2.21	6.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MEROPENEM-VABORBACTAM(VABOMERE) 20MG INJ	J2186	HCPCS	outpatient			7		2.88 Horizon	Indemnity		4.65				2.21	6.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MEROPENEM-VABORBACTAM(VABOMERE) 20MG INJ	J2186	HCPCS	outpatient			7		2.88 Horizon	Medicare Blue		2.5				2.21	6.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MEROPENEM-VABORBACTAM(VABOMERE) 20MG INJ	J2186	HCPCS	outpatient			7		2.88 Managed Care Inc	Managed Care Inc		6.3	90			2.21	6.65	percent of total billed charges	
MEROPENEM-VABORBACTAM(VABOMERE) 20MG INJ	J2186	HCPCS	outpatient			7		2.88 Multiplan	Multiplan		5.6	80			2.21	6.65	percent of total billed charges	
MEROPENEM-VABORBACTAM(VABOMERE) 20MG INJ	J2186	HCPCS	outpatient			7		2.88 Qualcare	Qualcare		5.25	75			2.21	6.65	percent of total billed charges	
MEROPENEM-VABORBACTAM(VABOMERE) 20MG INJ	J2186	HCPCS	outpatient			7		2.88 Three Rivers	Three Rivers		6.65	95			2.21	6.65	percent of total billed charges	
MEROPENEM-VABORBACTAM(VABOMERE) 20MG INJ	J2186	HCPCS	outpatient			7		2.88 UHC	Medicare		2.5				2.21	6.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MEROPENEM-VABORBACTAM(VABOMERE) 20MG INJ	J2186	HCPCS	outpatient			7		2.88 UHC	Medicaid		2.21	31.55			2.21	6.65	percent of total billed charges	
MEROPENEM-VABORBACTAM(VABOMERE) 20MG INJ	J2186	HCPCS	outpatient			7		2.88 United	Oxford		5.2				2.21	6.65	fee schedule	
MEROPENEM-VABORBACTAM(VABOMERE) 20MG INJ	J2186	HCPCS	outpatient			7		2.88 United	Commercial|PPO		5.2				2.21	6.65	fee schedule	
MEROPENEM-VABORBACTAM(VABOMERE) 20MG INJ	J2186	HCPCS	outpatient			7		2.88 Wellcare	Medicare		2.5				2.21	6.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MEROPENEM-VABORBACTAM(VABOMERE) 20MG INJ	J2186	HCPCS	outpatient			7		2.88 Wellcare	Medicaid		2.21	31.55			2.21	6.65	percent of total billed charges	
MEROPENEM-VABORBACTAM(VABOMERE) 20MG INJ	J2186	HCPCS	outpatient			7		2.88 WellPoint	WellPoint		2.25	32.18			2.21	6.65	percent of total billed charges	
METHYLERGONOVINE MALEATE 0.2MG TAB	J2210	HCPCS	both			38		22.54 Aetna	Medicare		19.6				1.05	36.1	fee schedule	
METHYLERGONOVINE MALEATE 0.2MG TAB	J2210	HCPCS	both			38		22.54 Aetna	Better Health		11.99	31.55			1.05	36.1	percent of total billed charges	
METHYLERGONOVINE MALEATE 0.2MG TAB	J2210	HCPCS	both			38		22.54 Aetna	Commercial		14.44	38			1.05	36.1	percent of total billed charges	
METHYLERGONOVINE MALEATE 0.2MG TAB	J2210	HCPCS	both			38		22.54 Americare	Americare		28.5	75			1.05	36.1	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.														
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true													
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
METHYLERGONOVINE MALEATE 0.2MG TAB	J2210	HCPCS	both			38	22.54	Amerihealth	Medicare		19.6				1.05		36.1 fee schedule	
METHYLERGONOVINE MALEATE 0.2MG TAB	J2210	HCPCS	both			38	22.54	Amerihealth	HMO/PPO		8.72				1.05		36.1 fee schedule	
METHYLERGONOVINE MALEATE 0.2MG TAB	J2210	HCPCS	both			38	22.54	Consumer	Consumer		36.1	95			1.05		36.1 percent of total billed charges	
METHYLERGONOVINE MALEATE 0.2MG TAB	J2210	HCPCS	both			38	22.54	Corrections	Corrections		30.4	80			1.05		36.1 percent of total billed charges	
METHYLERGONOVINE MALEATE 0.2MG TAB	J2210	HCPCS	both			38	22.54	First Health	First Health		26.6	70			1.05		36.1 percent of total billed charges	
METHYLERGONOVINE MALEATE 0.2MG TAB	J2210	HCPCS	both			38	22.54	First Trenton	First Trenton		34.2	90			1.05		36.1 percent of total billed charges	
METHYLERGONOVINE MALEATE 0.2MG TAB	J2210	HCPCS	both			38	22.54	Horizon	MGD		14.55	38.28			1.05		36.1 percent of total billed charges	
METHYLERGONOVINE MALEATE 0.2MG TAB	J2210	HCPCS	both			38	22.54	Horizon	Indemnity		14.55	38.28			1.05		36.1 percent of total billed charges	
METHYLERGONOVINE MALEATE 0.2MG TAB	J2210	HCPCS	both			38	22.54	Horizon	PPO		14.55	38.28			1.05		36.1 percent of total billed charges	
METHYLERGONOVINE MALEATE 0.2MG TAB	J2210	HCPCS	both			38	22.54	Horizon	Medicare Blue		11.4	30			1.05		36.1 percent of total billed charges	
METHYLERGONOVINE MALEATE 0.2MG TAB	J2210	HCPCS	both			38	22.54	Managed Care Inc	Managed Care Inc		34.2	90			1.05		36.1 percent of total billed charges	
METHYLERGONOVINE MALEATE 0.2MG TAB	J2210	HCPCS	both			38	22.54	Multiplan	Multiplan		30.4	80			1.05		36.1 percent of total billed charges	
METHYLERGONOVINE MALEATE 0.2MG TAB	J2210	HCPCS	both			38	22.54	Qualcare	Qualcare		28.5	75			1.05		36.1 percent of total billed charges	
METHYLERGONOVINE MALEATE 0.2MG TAB	J2210	HCPCS	both			38	22.54	Three Rivers	Three Rivers		36.1	95			1.05		36.1 percent of total billed charges	
METHYLERGONOVINE MALEATE 0.2MG TAB	J2210	HCPCS	both			38	22.54	UHC	Medicaid		11.99	31.55			1.05		36.1 percent of total billed charges	
METHYLERGONOVINE MALEATE 0.2MG TAB	J2210	HCPCS	both			38	22.54	UHC	Medicare		19.6				1.05		36.1 fee schedule	
METHYLERGONOVINE MALEATE 0.2MG TAB	J2210	HCPCS	both			38	22.54	Wellcare	Medicare		19.6				1.05		36.1 fee schedule	
METHYLERGONOVINE MALEATE 0.2MG TAB	J2210	HCPCS	both			38	22.54	Wellcare	Medicaid		11.99	31.55			1.05		36.1 percent of total billed charges	
METHYLERGONOVINE MALEATE 0.2MG TAB	J2210	HCPCS	both			38	22.54	WellPoint	WellPoint		12.23	32.18			1.05		36.1 percent of total billed charges	
METHYLNALTREXONE BROMIDE 0.1MG INJ	J2212	HCPCS	both			2	1.59	Aetna	Better Health		0.63	31.55			0.63		3 percent of total billed charges	
METHYLNALTREXONE BROMIDE 0.1MG INJ	J2212	HCPCS	both			2	1.59	Aetna	Commercial		2.2				0.63		3 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
METHYLNALTREXONE BROMIDE 0.1MG INJ	J2212	HCPCS	both			2	1.59	Aetna	Medicare		1.38				0.63		3 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
METHYLNALTREXONE BROMIDE 0.1MG INJ	J2212	HCPCS	both			2	1.59	Americare	Americare		1.5	75			0.63		3 percent of total billed charges	
METHYLNALTREXONE BROMIDE 0.1MG INJ	J2212	HCPCS	both			2	1.59	Amerihealth	Medicare		1.38				0.63		3 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
METHYLNALTREXONE BROMIDE 0.1MG INJ	J2212	HCPCS	both			2	1.59	Amerihealth	HMO/PPO		0.85				0.63		3 fee schedule	
METHYLNALTREXONE BROMIDE 0.1MG INJ	J2212	HCPCS	both			2	1.59	Consumer	Consumer		1.9	95			0.63		3 percent of total billed charges	
METHYLNALTREXONE BROMIDE 0.1MG INJ	J2212	HCPCS	both			2	1.59	Corrections	Corrections		1.6	80			0.63		3 percent of total billed charges	
METHYLNALTREXONE BROMIDE 0.1MG INJ	J2212	HCPCS	both			2	1.59	First Health	First Health		1.4	70			0.63		3 percent of total billed charges	
METHYLNALTREXONE BROMIDE 0.1MG INJ	J2212	HCPCS	both			2	1.59	First Trenton	First Trenton		1.8	90			0.63		3 percent of total billed charges	
METHYLNALTREXONE BROMIDE 0.1MG INJ	J2212	HCPCS	both			2	1.59	Horizon	Indemnity		2.57				0.63		3 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
METHYLNALTREXONE BROMIDE 0.1MG INJ	J2212	HCPCS	both			2	1.59	Horizon	MGD		2.57				0.63		3 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
METHYLNALTREXONE BROMIDE 0.1MG INJ	J2212	HCPCS	both			2	1.59	Horizon	PPO		2.57				0.63		3 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
METHYLNALTREXONE BROMIDE 0.1MG INJ	J2212	HCPCS	both			2	1.59	Horizon	Medicare Blue		1.38				0.63		3 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
METHYLNALTREXONE BROMIDE 0.1MG INJ	J2212	HCPCS	both			2	1.59	Managed Care Inc	Managed Care Inc		1.8	90			0.63		3 percent of total billed charges	
METHYLNALTREXONE BROMIDE 0.1MG INJ	J2212	HCPCS	both			2	1.59	Multiplan	Multiplan		1.6	80			0.63		3 percent of total billed charges	
METHYLNALTREXONE BROMIDE 0.1MG INJ	J2212	HCPCS	both			2	1.59	Qualcare	Qualcare		1.5	75			0.63		3 percent of total billed charges	
METHYLNALTREXONE BROMIDE 0.1MG INJ	J2212	HCPCS	both			2	1.59	Three Rivers	Three Rivers		1.9	95			0.63		3 percent of total billed charges	
METHYLNALTREXONE BROMIDE 0.1MG INJ	J2212	HCPCS	both			2	1.59	UHC	Medicare		1.38				0.63		3 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
METHYLNALTREXONE BROMIDE 0.1MG INJ	J2212	HCPCS	both			2	1.59	UHC	Medicaid		0.63	31.55			0.63		3 percent of total billed charges	
METHYLNALTREXONE BROMIDE 0.1MG INJ	J2212	HCPCS	both			2	1.59	United	Oxford		3				0.63		3 fee schedule	
METHYLNALTREXONE BROMIDE 0.1MG INJ	J2212	HCPCS	both			2	1.59	United	Commercial|PPO		3				0.63		3 fee schedule	
METHYLNALTREXONE BROMIDE 0.1MG INJ	J2212	HCPCS	both			2	1.59	Wellcare	Medicare		1.38				0.63		3 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
METHYLNALTREXONE BROMIDE 0.1MG INJ	J2212	HCPCS	both			2	1.59	Wellcare	Medicaid		0.63	31.55			0.63		3 percent of total billed charges	
METHYLNALTREXONE BROMIDE 0.1MG INJ	J2212	HCPCS	both			2	1.59	WellPoint	WellPoint		0.64	32.18			0.63		3 percent of total billed charges	
MICAFUNGIN SODIUM 1MG INJ	J2248	HCPCS	inpatient			8.5	0.87	Aetna	Commercial		3.23	38			0.76		8.08 percent of total billed charges	
MICAFUNGIN SODIUM 1MG INJ	J2248	HCPCS	inpatient			8.5	0.87	Aetna	Better Health		2.68	31.55			0.76		8.08 percent of total billed charges	
MICAFUNGIN SODIUM 1MG INJ	J2248	HCPCS	inpatient			8.5	0.87	Aetna	Medicare		0.76				0.76		8.08 fee schedule	
MICAFUNGIN SODIUM 1MG INJ	J2248	HCPCS	inpatient			8.5	0.87	Americare	Americare		6.38	75			0.76		8.08 percent of total billed charges	
MICAFUNGIN SODIUM 1MG INJ	J2248	HCPCS	inpatient			8.5	0.87	Amerihealth	HMO/PPO		1.05				0.76		8.08 fee schedule	
MICAFUNGIN SODIUM 1MG INJ	J2248	HCPCS	inpatient			8.5	0.87	Amerihealth	Medicare		0.76				0.76		8.08 fee schedule	
MICAFUNGIN SODIUM 1MG INJ	J2248	HCPCS	inpatient			8.5	0.87	Consumer	Consumer		8.08	95			0.76		8.08 percent of total billed charges	
MICAFUNGIN SODIUM 1MG INJ	J2248	HCPCS	inpatient			8.5	0.87	Corrections	Corrections		6.8	80			0.76		8.08 percent of total billed charges	
MICAFUNGIN SODIUM 1MG INJ	J2248	HCPCS	inpatient			8.5	0.87	First Health	First Health		5.95	70			0.76		8.08 percent of total billed charges	
MICAFUNGIN SODIUM 1MG INJ	J2248	HCPCS	inpatient			8.5	0.87	First Trenton	First Trenton		7.65	90			0.76		8.08 percent of total billed charges	
MICAFUNGIN SODIUM 1MG INJ	J2248	HCPCS	inpatient			8.5	0.87	Horizon	MGD		3.25	38.28			0.76		8.08 percent of total billed charges	
MICAFUNGIN SODIUM 1MG INJ	J2248	HCPCS	inpatient			8.5	0.87	Horizon	Indemnity		3.25	38.28			0.76		8.08 percent of total billed charges	
MICAFUNGIN SODIUM 1MG INJ	J2248	HCPCS	inpatient			8.5	0.87	Horizon	PPO		3.25	38.28			0.76		8.08 percent of total billed charges	
MICAFUNGIN SODIUM 1MG INJ	J2248	HCPCS	inpatient			8.5	0.87	Horizon	Medicare Blue		2.55	30			0.76		8.08 percent of total billed charges	
MICAFUNGIN SODIUM 1MG INJ	J2248	HCPCS	inpatient			8.5	0.87	Managed Care Inc	Managed Care Inc		7.65	90			0.76		8.08 percent of total billed charges	
MICAFUNGIN SODIUM 1MG INJ	J2248	HCPCS	inpatient			8.5	0.87	Multiplan	Multiplan		6.8	80			0.76		8.08 percent of total billed charges	
MICAFUNGIN SODIUM 1MG INJ	J2248	HCPCS	inpatient			8.5	0.87	Qualcare	Qualcare		6.38	75			0.76		8.08 percent of total billed charges	
MICAFUNGIN SODIUM 1MG INJ	J2248	HCPCS	inpatient			8.5	0.87	Three Rivers	Three Rivers		8.08	95			0.76		8.08 percent of total billed charges	
MICAFUNGIN SODIUM 1MG INJ	J2248	HCPCS	inpatient			8.5	0.87	UHC	Medicaid		2.68	31.55			0.76		8.08 percent of total billed charges	
MICAFUNGIN SODIUM 1MG INJ	J2248	HCPCS	inpatient			8.5	0.87	UHC	Medicare		0.76				0.76		8.08 fee schedule	
MICAFUNGIN SODIUM 1MG INJ	J2248	HCPCS	inpatient			8.5	0.87	Wellcare	Medicaid		2.68	31.55			0.76		8.08 percent of total billed charges	
MICAFUNGIN SODIUM 1MG INJ	J2248	HCPCS	inpatient			8.5	0.87	Wellcare	Medicare		0.76				0.76		8.08 fee schedule	
MICAFUNGIN SODIUM 1MG INJ	J2248	HCPCS	inpatient			8.5	0.87	WellPoint	WellPoint		2.74	32.18			0.76		8.08 percent of total billed charges	
REMIMAZOLAM 1MG INJ	J2249	HCPCS	outpatient			24		Aetna	Commercial		9.12	38			7.2		22.8 percent of total billed charges	
REMIMAZOLAM 1MG INJ	J2249	HCPCS	outpatient			24		Aetna	Medicare		7.39	30.8			7.2		22.8 percent of total billed charges	
REMIMAZOLAM 1MG INJ	J2249	HCPCS	outpatient			24		Aetna	Better Health		7.57	31.55			7.2		22.8 percent of total billed charges	
REMIMAZOLAM 1MG INJ	J2249	HCPCS	outpatient			24		Americare	Americare		18	75			7.2		22.8 percent of total billed charges	
REMIMAZOLAM 1MG INJ	J2249	HCPCS	outpatient			24		Amerihealth	HMO/PPO		15.6	65			7.2		22.8 percent of total billed charges	
REMIMAZOLAM 1MG INJ	J2249	HCPCS	outpatient			24		Consumer	Consumer		22.8	95			7.2		22.8 percent of total billed charges	
REMIMAZOLAM 1MG INJ	J2249	HCPCS	outpatient			24		Corrections	Corrections		19.2	80			7.2		22.8 percent of total billed charges	
REMIMAZOLAM 1MG INJ	J2249	HCPCS	outpatient			24		First Health	First Health		16.8	70			7.2		22.8 percent of total billed charges	
REMIMAZOLAM 1MG INJ	J2249	HCPCS	outpatient			24		First Trenton	First Trenton		21.6	90			7.2		22.8 percent of total billed charges	
REMIMAZOLAM 1MG INJ	J2249	HCPCS	outpatient			24		Horizon	Indemnity		9.19	38.28			7.2		22.8 percent of total billed charges	
REMIMAZOLAM 1MG INJ	J2249	HCPCS	outpatient			24		Horizon	Medicare Blue		7.2	30			7.2		22.8 percent of total billed charges	
REMIMAZOLAM 1MG INJ	J2249	HCPCS	outpatient			24		Horizon	MGD		9.19	38.28			7.2		22.8 percent of total billed charges	
REMIMAZOLAM 1MG INJ	J2249	HCPCS	outpatient			24		Horizon	PPO		9.19	38.28			7.2		22.8 percent of total billed charges	
REMIMAZOLAM 1MG INJ	J2249	HCPCS	outpatient			24		Managed Care Inc	Managed Care Inc		21.6	90			7.2		22.8 percent of total billed charges	
REMIMAZOLAM 1MG INJ	J2249	HCPCS	outpatient			24		Multiplan	Multiplan		19.2	80			7.2		22.8 percent of total billed charges	
REMIMAZOLAM 1MG INJ	J2249	HCPCS	outpatient			24		Qualcare	Qualcare		18	75			7.2		22.8 percent of total billed charges	
REMIMAZOLAM 1MG INJ	J2249	HCPCS	outpatient			24		Three Rivers	Three Rivers		22.8	95			7.2		22.8 percent of total billed charges	
REMIMAZOLAM 1MG INJ	J2249	HCPCS	outpatient			24		UHC	Medicaid		7.57	31.55			7.2		22.8 percent of total billed charges	
REMIMAZOLAM 1MG INJ	J2249	HCPCS	outpatient			24		Wellcare	Medicaid		7.57	31.55			7.2		22.8 percent of total billed charges	
REMIMAZOLAM 1MG INJ	J2249	HCPCS	outpatient			24		WellPoint	WellPoint		7.72	32.18			7.2		22.8 percent of total billed charges	
MIDAZOLAM 1MG VIAL	J2250	HCPCS	both			3.5	0.16	Aetna	Better Health		1.1	31.55			0.14		3.33 percent of total billed charges	
MIDAZOLAM 1MG VIAL	J2250	HCPCS	both			3.5	0.16	Aetna	Medicare		0.14				0.14		3.33 fee schedule	
MIDAZOLAM 1MG VIAL	J2250	HCPCS	both			3.5	0.16	Aetna	Commercial		1.33	38			0.14		3.33 percent of total billed charges	
MIDAZOLAM 1MG VIAL	J2250	HCPCS	both			3.5	0.16	Americare	Americare		2.63	75			0.14		3.33 percent of total billed charges	
MIDAZOLAM 1MG VIAL	J2250	HCPCS	both			3.5	0.16	Amerihealth	Medicare		0.14				0.14		3.33 fee schedule	
MIDAZOLAM 1MG VIAL	J2250	HCPCS	both			3.5	0.16	Amerihealth	HMO/PPO		0.15				0.14		3.33 fee schedule	
MIDAZOLAM 1MG VIAL	J2250	HCPCS	both			3.5	0.16	Consumer	Consumer		3.33	95			0.14		3.33 percent of total billed charges	
MIDAZOLAM 1MG VIAL	J2250	HCPCS	both			3.5	0.16	Corrections	Corrections		2.8	80			0.14		3.33 percent of total billed charges	
MIDAZOLAM 1MG VIAL	J2250	HCPCS	both			3.5	0.16	First Health	First Health		2.45	70			0.14		3.33 percent of total billed charges	
MIDAZOLAM 1MG VIAL	J2250	HCPCS	both			3.5	0.16	First Trenton	First Trenton		3.15	90			0.14		3.33 percent of total billed charges	
MIDAZOLAM 1MG VIAL	J2250	HCPCS	both			3.5	0.16	Horizon	Medicare Blue		1.05	30			0.14		3.33 percent of total billed charges	
MIDAZOLAM 1MG VIAL	J2250	HCPCS	both			3.5	0.16	Horizon	MGD		1.34	38.28			0.14		3.33 percent of total billed charges	
MIDAZOLAM 1MG VIAL	J2250	HCPCS	both			3.5	0.16	Horizon	Indemnity		1.34	38.28			0.14		3.33 percent of total billed charges	
MIDAZOLAM 1MG VIAL	J2250	HCPCS	both			3.5	0.16	Horizon	PPO		1.34	38.28			0.14		3.33 percent of total billed charges	
MIDAZOLAM 1MG VIAL	J2250	HCPCS	both			3.5	0.16	Managed Care Inc	Managed Care Inc		3.15	90			0.14		3.33 percent of total billed charges	
MIDAZOLAM 1MG VIAL	J2250	HCPCS	both			3.5	0.16	Multiplan	Multiplan		2.8	80			0.14		3.33 percent of total billed charges	
MIDAZOLAM 1MG VIAL	J2250	HCPCS	both			3.5	0.16	Qualcare	Qualcare		2.63	75			0.14		3.33 percent of total billed charges	
MIDAZOLAM 1MG VIAL	J2250	HCPCS	both			3.5	0.16	Three Rivers	Three Rivers		3.33	95			0.14		3.33 percent of total billed charges	
MIDAZOLAM 1MG VIAL	J2250	HCPCS	both			3.5	0.16	UHC	Medicare		0.14				0.14		3.33 fee schedule	
MIDAZOLAM 1MG VIAL	J2250	HCPCS	both			3.5	0.16	UHC	Medicaid		1.1	31.55			0.14		3.33 percent of total billed charges	
MIDAZOLAM 1MG VIAL	J2250	HCPCS	both			3.5	0.16	Wellcare	Medicaid		1.1	31.55			0.14		3.33 percent of total billed charges	
MIDAZOLAM 1MG VIAL	J2250	HCPCS	both			3.5	0.16	Wellcare	Medicare		0.14				0.14		3.33 fee schedule	
MIDAZOLAM 1MG VIAL	J2250	HCPCS	both			3.5	0.16	WellPoint	WellPoint		1.13	32.18			0.14		3.33 percent of total billed charges	
MIDAZOLAM (WGCC) 1MG/ML INJ	J2251	HCPCS	both			1	0.33	Aetna	Better Health		0.32	31.55			0.28		0.95 percent of total billed charges	
MIDAZOLAM (WGCC) 1MG/ML INJ	J2251	HCPCS	both			1	0.33	Aetna	Medicare		0.28				0.28		0.95 fee schedule	
MIDAZOLAM (WGCC) 1MG/ML INJ	J2251	HCPCS	both			1	0.33	Aetna	Commercial		0.49				0.28		0.95 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MIDAZOLAM (WGCC) 1MG/ML INJ	J2251	HCPCS	both			1	0.33	Americare	Americare		0.75	75			0.28		0.95 percent of total billed charges	
MIDAZOLAM (WGCC) 1MG/ML INJ	J2251	HCPCS	both			1	0.33	Amerihealth	HMO/PPO		0.65	65			0.28		0.95 percent of total billed charges	
MIDAZOLAM (WGCC) 1MG/ML INJ	J2251	HCPCS	both			1	0.33	Amerihealth	Medicare		0.28				0.28		0.95 fee schedule	
MIDAZOLAM (WGCC) 1MG/ML INJ	J2251	HCPCS	both			1	0.33	Consumer	Consumer		0.95	95			0.28		0.95 percent of total billed charges	
MIDAZOLAM (WGCC) 1MG/ML INJ	J2251	HCPCS	both			1	0.33	Corrections	Corrections		0.8	80			0.28		0.95 percent of total billed charges	
MIDAZOLAM (WGCC) 1MG/ML INJ	J2251	HCPCS	both			1	0.33	First Health	First Health		0.7	70			0.28		0.95 percent of total billed charges	
MIDAZOLAM (WGCC) 1MG/ML INJ	J2251	HCPCS	both			1	0.33	First Trenton	First Trenton		0.9	90			0.28		0.95 percent of total billed charges	
MIDAZOLAM (WGCC) 1MG/ML INJ	J2251	HCPCS	both			1	0.33	Horizon	MGD		0.58				0.28		0.95 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MIDAZOLAM (WGCC) 1MG/ML INJ	J2251	HCPCS	both			1	0.33	Horizon	Indemnity		0.58				0.28		0.95 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MIDAZOLAM (WGCC) 1MG/ML INJ	J2251	HCPCS	both			1	0.33	Horizon	PPO		0.58				0.28		0.95 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MIDAZOLAM (WGCC) 1MG/ML INJ	J2251	HCPCS	both			1	0.33	Horizon	Medicare Blue		0.31				0.28		0.95 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MIDAZOLAM (WGCC) 1MG/ML INJ	J2251	HCPCS	both			1	0.33	Managed Care Inc	Managed Care Inc		0.9	90			0.28		0.95 percent of total billed charges	
MIDAZOLAM (WGCC) 1MG/ML INJ	J2251	HCPCS	both			1	0.33	Multiplan	Multiplan		0.8	80			0.28		0.95 percent of total billed charges	
MIDAZOLAM (WGCC) 1MG/ML INJ	J2251	HCPCS	both			1	0.33	Qualcare	Qualcare		0.75	75			0.28		0.95 percent of total billed charges	
MIDAZOLAM (WGCC) 1MG/ML INJ	J2251	HCPCS	both			1	0.33	Three Rivers	Three Rivers		0.95	95			0.28		0.95 percent of total billed charges	
MIDAZOLAM (WGCC) 1MG/ML INJ	J2251	HCPCS	both			1	0.33	UHC	Medicare		0.28				0.28		0.95 fee schedule	
MIDAZOLAM (WGCC) 1MG/ML INJ	J2251	HCPCS	both			1	0.33	UHC	Medicaid		0.32	31.55			0.28		0.95 percent of total billed charges	
MIDAZOLAM (WGCC) 1MG/ML INJ	J2251	HCPCS	both			1	0.33	United	Commercial|PPO		0.7				0.28		0.95 fee schedule	
MIDAZOLAM (WGCC) 1MG/ML INJ	J2251	HCPCS	both			1	0.33	United	Oxford		0.7				0.28		0.95 fee schedule	
MIDAZOLAM (WGCC) 1MG/ML INJ	J2251	HCPCS	both			1	0.33	Wellcare	Medicaid		0.32	31.55			0.28		0.95 percent of total billed charges	
MIDAZOLAM (WGCC) 1MG/ML INJ	J2251	HCPCS	both			1	0.33	Wellcare	Medicare		0.28				0.28		0.95 fee schedule	
MIDAZOLAM (WGCC) 1MG/ML INJ	J2251	HCPCS	both			1	0.33	WellPoint	WellPoint		0.32	32.18			0.28		0.95 percent of total billed charges	
MILRINONE LACTATE 5MG INJ	J2260	HCPCS	both			42	1.8	Aetna	Medicare		1.56				1.56		39.9 fee schedule	
MILRINONE LACTATE 5MG INJ	J2260	HCPCS	both			42	1.8	Aetna	Better Health		13.25	31.55			1.56		39.9 percent of total billed charges	
MILRINONE LACTATE 5MG INJ	J2260	HCPCS	both			42	1.8	Aetna	Commercial		15.96	38			1.56		39.9 percent of total billed charges	
MILRINONE LACTATE 5MG INJ	J2260	HCPCS	both			42	1.8	Americare	Americare		31.5	75			1.56		39.9 percent of total billed charges	
MILRINONE LACTATE 5MG INJ	J2260	HCPCS	both			42	1.8	Amerihealth	Medicare		1.56				1.56		39.9 fee schedule	
MILRINONE LACTATE 5MG INJ	J2260	HCPCS	both			42	1.8	Amerihealth	HMO/PPO		3.46				1.56		39.9 fee schedule	
MILRINONE LACTATE 5MG INJ	J2260	HCPCS	both			42	1.8	Consumer	Consumer		39.9	95			1.56		39.9 percent of total billed charges	
MILRINONE LACTATE 5MG INJ	J2260	HCPCS	both			42	1.8	Corrections	Corrections		33.6	80			1.56		39.9 percent of total billed charges	
MILRINONE LACTATE 5MG INJ	J2260	HCPCS	both			42	1.8	First Health	First Health		29.4	70			1.56		39.9 percent of total billed charges	
MILRINONE LACTATE 5MG INJ	J2260	HCPCS	both			42	1.8	First Trenton	First Trenton		37.8	90			1.56		39.9 percent of total billed charges	
MILRINONE LACTATE 5MG INJ	J2260	HCPCS	both			42	1.8	Horizon	Indemnity		16.08	38.28			1.56		39.9 percent of total billed charges	
MILRINONE LACTATE 5MG INJ	J2260	HCPCS	both			42	1.8	Horizon	PPO		16.08	38.28			1.56		39.9 percent of total billed charges	
MILRINONE LACTATE 5MG INJ	J2260	HCPCS	both			42	1.8	Horizon	MGD		16.08	38.28			1.56		39.9 percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
MILRINONE LACTATE 5MG INJ	J2260	HCPCS	both			42		1.8 Horizon	Medicare Blue		30	12.6			1.56	39.9	percent of total billed charges	
MILRINONE LACTATE 5MG INJ	J2260	HCPCS	both			42		1.8 Managed Care Inc	Managed Care Inc		37.8	90			1.56	39.9	percent of total billed charges	
MILRINONE LACTATE 5MG INJ	J2260	HCPCS	both			42		1.8 Multiplan	Multiplan		33.6	80			1.56	39.9	percent of total billed charges	
MILRINONE LACTATE 5MG INJ	J2260	HCPCS	both			42		1.8 Qualcare	Qualcare		31.5	75			1.56	39.9	percent of total billed charges	
MILRINONE LACTATE 5MG INJ	J2260	HCPCS	both			42		1.8 Three Rivers	Three Rivers		39.9	95			1.56	39.9	percent of total billed charges	
MILRINONE LACTATE 5MG INJ	J2260	HCPCS	both			42		1.8 UHC	Medicare		1.56				1.56	39.9	fee schedule	
MILRINONE LACTATE 5MG INJ	J2260	HCPCS	both			42		1.8 UHC	Medicaid		13.25	31.55			1.56	39.9	percent of total billed charges	
MILRINONE LACTATE 5MG INJ	J2260	HCPCS	both			42		1.8 Wellcare	Medicare		1.56				1.56	39.9	fee schedule	
MILRINONE LACTATE 5MG INJ	J2260	HCPCS	both			42		1.8 Wellcare	Medicaid		13.25	31.55			1.56	39.9	percent of total billed charges	
MILRINONE LACTATE 5MG INJ	J2260	HCPCS	both			42		1.8 WellPoint	WellPoint		13.52	32.18			1.56	39.9	percent of total billed charges	
MINOCYCLINE(MINOCIN) 1MG INJ	J2265	HCPCS	outpatient			6		3.4 Aetna	Better Health		1.89	31.55			1.5	6.18	percent of total billed charges	
MINOCYCLINE(MINOCIN) 1MG INJ	J2265	HCPCS	outpatient			6		3.4 Aetna	Commercial		4.71				1.5	6.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MINOCYCLINE(MINOCIN) 1MG INJ	J2265	HCPCS	outpatient			6		3.4 Aetna	Medicare		2.96				1.5	6.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MINOCYCLINE(MINOCIN) 1MG INJ	J2265	HCPCS	outpatient			6		3.4 Americare	Americare		4.5	75			1.5	6.18	percent of total billed charges	
MINOCYCLINE(MINOCIN) 1MG INJ	J2265	HCPCS	outpatient			6		3.4 Amerihealth	HMO/PPO		1.5				1.5	6.18	fee schedule	
MINOCYCLINE(MINOCIN) 1MG INJ	J2265	HCPCS	outpatient			6		3.4 Amerihealth	Medicare		2.96				1.5	6.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MINOCYCLINE(MINOCIN) 1MG INJ	J2265	HCPCS	outpatient			6		3.4 Consumer	Consumer		5.7	95			1.5	6.18	percent of total billed charges	
MINOCYCLINE(MINOCIN) 1MG INJ	J2265	HCPCS	outpatient			6		3.4 Corrections	Corrections		4.8	80			1.5	6.18	percent of total billed charges	
MINOCYCLINE(MINOCIN) 1MG INJ	J2265	HCPCS	outpatient			6		3.4 First Health	First Health		4.2	70			1.5	6.18	percent of total billed charges	
MINOCYCLINE(MINOCIN) 1MG INJ	J2265	HCPCS	outpatient			6		3.4 First Trenton	First Trenton		5.4	90			1.5	6.18	percent of total billed charges	
MINOCYCLINE(MINOCIN) 1MG INJ	J2265	HCPCS	outpatient			6		3.4 Horizon	MGD		5.51				1.5	6.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MINOCYCLINE(MINOCIN) 1MG INJ	J2265	HCPCS	outpatient			6		3.4 Horizon	PPO		5.51				1.5	6.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MINOCYCLINE(MINOCIN) 1MG INJ	J2265	HCPCS	outpatient			6		3.4 Horizon	Indemnity		5.51				1.5	6.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MINOCYCLINE(MINOCIN) 1MG INJ	J2265	HCPCS	outpatient			6		3.4 Horizon	Medicare Blue		2.96				1.5	6.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MINOCYCLINE(MINOCIN) 1MG INJ	J2265	HCPCS	outpatient			6		3.4 Managed Care Inc	Managed Care Inc		5.4	90			1.5	6.18	percent of total billed charges	
MINOCYCLINE(MINOCIN) 1MG INJ	J2265	HCPCS	outpatient			6		3.4 Multiplan	Multiplan		4.8	80			1.5	6.18	percent of total billed charges	
MINOCYCLINE(MINOCIN) 1MG INJ	J2265	HCPCS	outpatient			6		3.4 Qualcare	Qualcare		4.5	75			1.5	6.18	percent of total billed charges	
MINOCYCLINE(MINOCIN) 1MG INJ	J2265	HCPCS	outpatient			6		3.4 Three Rivers	Three Rivers		5.7	95			1.5	6.18	percent of total billed charges	
MINOCYCLINE(MINOCIN) 1MG INJ	J2265	HCPCS	outpatient			6		3.4 UHC	Medicaid		1.89	31.55			1.5	6.18	percent of total billed charges	
MINOCYCLINE(MINOCIN) 1MG INJ	J2265	HCPCS	outpatient			6		3.4 UHC	Medicare		2.96				1.5	6.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MINOCYCLINE(MINOCIN) 1MG INJ	J2265	HCPCS	outpatient			6		3.4 United	Oxford		6.18				1.5	6.18	fee schedule	
MINOCYCLINE(MINOCIN) 1MG INJ	J2265	HCPCS	outpatient			6		3.4 United	Commercial|PPO		6.18				1.5	6.18	fee schedule	
MINOCYCLINE(MINOCIN) 1MG INJ	J2265	HCPCS	outpatient			6		3.4 Wellcare	Medicare		2.96				1.5	6.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MINOCYCLINE(MINOCIN) 1MG INJ	J2265	HCPCS	outpatient			6		3.4 Wellcare	Medicaid		1.89	31.55			1.5	6.18	percent of total billed charges	
MINOCYCLINE(MINOCIN) 1MG INJ	J2265	HCPCS	outpatient			6		3.4 WellPoint	WellPoint		1.93	32.18			1.5	6.18	percent of total billed charges	
PCA MORPHINE 150MG/30ML VL(10MG)	J2270	HCPCS	both			9		5.36 Aetna	Medicare		4.67				0.6	8.55	fee schedule	
PCA MORPHINE 150MG/30ML VL(10MG)	J2270	HCPCS	both			9		5.36 Aetna	Better Health		2.84	31.55			0.6	8.55	percent of total billed charges	
PCA MORPHINE 150MG/30ML VL(10MG)	J2270	HCPCS	both			9		5.36 Aetna	Commercial		3.42	38			0.6	8.55	percent of total billed charges	
PCA MORPHINE 150MG/30ML VL(10MG)	J2270	HCPCS	both			9		5.36 Americare	Americare		6.75	75			0.6	8.55	percent of total billed charges	
PCA MORPHINE 150MG/30ML VL(10MG)	J2270	HCPCS	both			9		5.36 Amerihealth	HMO/PPO		1.33				0.6	8.55	fee schedule	
PCA MORPHINE 150MG/30ML VL(10MG)	J2270	HCPCS	both			9		5.36 Amerihealth	Medicare		4.67				0.6	8.55	fee schedule	
PCA MORPHINE 150MG/30ML VL(10MG)	J2270	HCPCS	both			9		5.36 Consumer	Consumer		8.55	95			0.6	8.55	percent of total billed charges	
PCA MORPHINE 150MG/30ML VL(10MG)	J2270	HCPCS	both			9		5.36 Corrections	Corrections		7.2	80			0.6	8.55	percent of total billed charges	
PCA MORPHINE 150MG/30ML VL(10MG)	J2270	HCPCS	both			9		5.36 First Health	First Health		6.3	70			0.6	8.55	percent of total billed charges	
PCA MORPHINE 150MG/30ML VL(10MG)	J2270	HCPCS	both			9		5.36 First Trenton	First Trenton		8.1	90			0.6	8.55	percent of total billed charges	
PCA MORPHINE 150MG/30ML VL(10MG)	J2270	HCPCS	both			9		5.36 Horizon	Medicare Blue		2.7	30			0.6	8.55	percent of total billed charges	
PCA MORPHINE 150MG/30ML VL(10MG)	J2270	HCPCS	both			9		5.36 Horizon	Indemnity		3.45	38.28			0.6	8.55	percent of total billed charges	
PCA MORPHINE 150MG/30ML VL(10MG)	J2270	HCPCS	both			9		5.36 Horizon	MGD		3.45	38.28			0.6	8.55	percent of total billed charges	
PCA MORPHINE 150MG/30ML VL(10MG)	J2270	HCPCS	both			9		5.36 Horizon	PPO		3.45	38.28			0.6	8.55	percent of total billed charges	
PCA MORPHINE 150MG/30ML VL(10MG)	J2270	HCPCS	both			9		5.36 Managed Care Inc	Managed Care Inc		8.1	90			0.6	8.55	percent of total billed charges	
PCA MORPHINE 150MG/30ML VL(10MG)	J2270	HCPCS	both			9		5.36 Multiplan	Multiplan		7.2	80			0.6	8.55	percent of total billed charges	
PCA MORPHINE 150MG/30ML VL(10MG)	J2270	HCPCS	both			9		5.36 Qualcare	Qualcare		6.75	75			0.6	8.55	percent of total billed charges	
PCA MORPHINE 150MG/30ML VL(10MG)	J2270	HCPCS	both			9		5.36 Three Rivers	Three Rivers		8.55	95			0.6	8.55	percent of total billed charges	
PCA MORPHINE 150MG/30ML VL(10MG)	J2270	HCPCS	both			9		5.36 UHC	Medicaid		2.84	31.55			0.6	8.55	percent of total billed charges	
PCA MORPHINE 150MG/30ML VL(10MG)	J2270	HCPCS	both			9		5.36 UHC	Medicare		4.67				0.6	8.55	fee schedule	
PCA MORPHINE 150MG/30ML VL(10MG)	J2270	HCPCS	both			9		5.36 Wellcare	Medicaid		2.84	31.55			0.6	8.55	percent of total billed charges	
PCA MORPHINE 150MG/30ML VL(10MG)	J2270	HCPCS	both			9		5.36 Wellcare	Medicare		4.67				0.6	8.55	fee schedule	
PCA MORPHINE 150MG/30ML VL(10MG)	J2270	HCPCS	both			9		5.36 WellPoint	WellPoint		2.9	32.18			0.6	8.55	percent of total billed charges	
MORPHINE SULFATE(PF)10MG INJ	J2274	HCPCS	both			36.5		12.93 Aetna	Medicare		11.24				9.82	34.68	fee schedule	
MORPHINE SULFATE(PF)10MG INJ	J2274	HCPCS	both			36.5		12.93 Aetna	Better Health		11.52	31.55			9.82	34.68	percent of total billed charges	
MORPHINE SULFATE(PF)10MG INJ	J2274	HCPCS	both			36.5		12.93 Aetna	Commercial		13.87	38			9.82	34.68	percent of total billed charges	
MORPHINE SULFATE(PF)10MG INJ	J2274	HCPCS	both			36.5		12.93 Americare	Americare		27.38	75			9.82	34.68	percent of total billed charges	
MORPHINE SULFATE(PF)10MG INJ	J2274	HCPCS	both			36.5		12.93 Amerihealth	Medicare		11.24				9.82	34.68	fee schedule	
MORPHINE SULFATE(PF)10MG INJ	J2274	HCPCS	both			36.5		12.93 Amerihealth	HMO/PPO		9.82				9.82	34.68	fee schedule	
MORPHINE SULFATE(PF)10MG INJ	J2274	HCPCS	both			36.5		12.93 Consumer	Consumer		34.68	95			9.82	34.68	percent of total billed charges	
MORPHINE SULFATE(PF)10MG INJ	J2274	HCPCS	both			36.5		12.93 Corrections	Corrections		29.2	80			9.82	34.68	percent of total billed charges	
MORPHINE SULFATE(PF)10MG INJ	J2274	HCPCS	both			36.5		12.93 First Health	First Health		25.55	70			9.82	34.68	percent of total billed charges	
MORPHINE SULFATE(PF)10MG INJ	J2274	HCPCS	both			36.5		12.93 First Trenton	First Trenton		32.85	90			9.82	34.68	percent of total billed charges	
MORPHINE SULFATE(PF)10MG INJ	J2274	HCPCS	both			36.5		12.93 Horizon	Medicare Blue		10.95	30			9.82	34.68	percent of total billed charges	
MORPHINE SULFATE(PF)10MG INJ	J2274	HCPCS	both			36.5		12.93 Horizon	MGD		13.97	38.28			9.82	34.68	percent of total billed charges	
MORPHINE SULFATE(PF)10MG INJ	J2274	HCPCS	both			36.5		12.93 Horizon	Indemnity		13.97	38.28			9.82	34.68	percent of total billed charges	
MORPHINE SULFATE(PF)10MG INJ	J2274	HCPCS	both			36.5		12.93 Horizon	PPO		13.97	38.28			9.82	34.68	percent of total billed charges	
MORPHINE SULFATE(PF)10MG INJ	J2274	HCPCS	both			36.5		12.93 Managed Care Inc	Managed Care Inc		32.85	90			9.82	34.68	percent of total billed charges	
MORPHINE SULFATE(PF)10MG INJ	J2274	HCPCS	both			36.5		12.93 Multiplan	Multiplan		29.2	80			9.82	34.68	percent of total billed charges	
MORPHINE SULFATE(PF)10MG INJ	J2274	HCPCS	both			36.5		12.93 Qualcare	Qualcare		27.38	75			9.82	34.68	percent of total billed charges	
MORPHINE SULFATE(PF)10MG INJ	J2274	HCPCS	both			36.5		12.93 Three Rivers	Three Rivers		34.68	95			9.82	34.68	percent of total billed charges	
MORPHINE SULFATE(PF)10MG INJ	J2274	HCPCS	both			36.5		12.93 UHC	Medicare		11.24				9.82	34.68	fee schedule	
MORPHINE SULFATE(PF)10MG INJ	J2274	HCPCS	both			36.5		12.93 UHC	Medicaid		11.52	31.55			9.82	34.68	percent of total billed charges	
MORPHINE SULFATE(PF)10MG INJ	J2274	HCPCS	both			36.5		12.93 Wellcare	Medicare		11.24				9.82	34.68	fee schedule	
MORPHINE SULFATE(PF)10MG INJ	J2274	HCPCS	both			36.5		12.93 Wellcare	Medicaid		11.52	31.55			9.82	34.68	percent of total billed charges	
MORPHINE SULFATE(PF)10MG INJ	J2274	HCPCS	both			36.5		12.93 WellPoint	WellPoint		11.75	32.18			9.82	34.68	percent of total billed charges	
MOXIFLOXACIN 100MG INJ	J2280	HCPCS	outpatient			58		10.84 Aetna	Better Health		18.3	31.55			9.21	55.1	percent of total billed charges	
MOXIFLOXACIN 100MG INJ	J2280	HCPCS	outpatient			58		10.84 Aetna	Medicare		9.43				9.21	55.1	fee schedule	
MOXIFLOXACIN 100MG INJ	J2280	HCPCS	outpatient			58		10.84 Aetna	Commercial		22.04	38			9.21	55.1	percent of total billed charges	
MOXIFLOXACIN 100MG INJ	J2280	HCPCS	outpatient			58		10.84 Americare	Americare		43.5	75			9.21	55.1	percent of total billed charges	
MOXIFLOXACIN 100MG INJ	J2280	HCPCS	outpatient			58		10.84 Amerihealth	Medicare		9.43				9.21	55.1	fee schedule	
MOXIFLOXACIN 100MG INJ	J2280	HCPCS	outpatient			58		10.84 Amerihealth	HMO/PPO		9.21				9.21	55.1	fee schedule	
MOXIFLOXACIN 100MG INJ	J2280	HCPCS	outpatient			58		10.84 Consumer	Consumer		55.1	95			9.21	55.1	percent of total billed charges	
MOXIFLOXACIN 100MG INJ	J2280	HCPCS	outpatient			58		10.84 Corrections	Corrections		46.4	80			9.21	55.1	percent of total billed charges	
MOXIFLOXACIN 100MG INJ	J2280	HCPCS	outpatient			58		10.84 First Health	First Health		40.6	70			9.21	55.1	percent of total billed charges	
MOXIFLOXACIN 100MG INJ	J2280	HCPCS	outpatient			58		10.84 First Trenton	First Trenton		52.2	90			9.21	55.1	percent of total billed charges	
MOXIFLOXACIN 100MG INJ	J2280	HCPCS	outpatient			58		10.84 Horizon	MGD		22.2	38.28			9.21	55.1	percent of total billed charges	
MOXIFLOXACIN 100MG INJ	J2280	HCPCS	outpatient			58		10.84 Horizon	Medicare Blue		17.4	30			9.21	55.1	percent of total billed charges	
MOXIFLOXACIN 100MG INJ	J2280	HCPCS	outpatient			58		10.84 Horizon	PPO		22.2	38.28			9.21	55.1	percent of total billed charges	
MOXIFLOXACIN 100MG INJ	J2280	HCPCS	outpatient			58		10.84 Horizon	Indemnity		22.2	38.28			9.21	55.1	percent of total billed charges	
MOXIFLOXACIN 100MG INJ	J2280	HCPCS	outpatient			58		10.84 Managed Care Inc	Managed Care Inc		52.2	90			9.21	55.1	percent of total billed charges	
MOXIFLOXACIN 100MG INJ	J2280	HCPCS	outpatient			58		10.84 Multiplan	Multiplan		46.4	80			9.21	55.1	percent of total billed charges	
MOXIFLOXACIN 100MG INJ	J2280	HCPCS	outpatient			58		10.84 Qualcare	Qualcare		43.5	75			9.21	55.1	percent of total billed charges	
MOXIFLOXACIN 100MG INJ	J2280	HCPCS	outpatient			58		10.84 Three Rivers	Three Rivers		55.1	95			9.21	55.1	percent of total billed charges	
MOXIFLOXACIN 100MG INJ	J2280	HCPCS	outpatient			58		10.84 UHC	Medicare		9.43				9.21	55.1	fee schedule	
MOXIFLOXACIN 100MG INJ	J2280	HCPCS	outpatient			58		10.84 UHC	Medicaid		18.3	31.55			9.21	55.1	percent of total billed charges	
MOXIFLOXACIN 100MG INJ	J2280	HCPCS	outpatient			58		10.84 Wellcare	Medicaid		18.3	31.55			9.21	55.1	percent of total billed charges	
MOXIFLOXACIN 100MG INJ	J2280	HCPCS	outpatient			58		10.84 Wellcare	Medicare		9.43				9.21	55.1	fee schedule	
MOXIFLOXACIN 100MG INJ	J2280	HCPCS	outpatient			58		10.84 WellPoint	WellPoint		18.66	32.18			9.21	55.1	percent of total billed charges	
NALBUPHINE 10MG/1ML INJ	J2300	HCPCS	both			3.5		3.23 Aetna	Commercial		1.33	38			1.05	3.33	percent of total billed charges	
NALBUPHINE 10MG/1ML INJ	J2300	HCPCS	both			3.5		3.23 Aetna	Better Health		1.1	31.55			1.05	3.33	percent of total billed charges	
NALBUPHINE 10MG/1ML INJ	J2300	HCPCS	both			3.5		3.23 Aetna	Medicare		2.81				1.05	3.33	fee schedule	
NALBUPHINE 10MG/1ML INJ	J2300	HCPCS	both			3.5		3.23 Americare	Americare		2.63	75			1.05	3.33	percent of total billed charges	
NALBUPHINE 10MG/1ML INJ	J2300	HCPCS	both			3.5		3.23 Amerihealth	Medicare		2.81				1.05	3.33	fee schedule	
NALBUPHINE 10MG/1ML INJ	J2300	HCPCS	both			3.5		3.23 Amerihealth	HMO/PPO		2.74				1.05	3.33	fee schedule	
NALBUPHINE 10MG/1ML INJ	J2300	HCPCS	both			3.5		3.23 Consumer	Consumer		3.33	95			1.05	3.33	percent of total billed charges	
NALBUPHINE 10MG/1ML INJ	J2300	HCPCS	both			3.5		3.23 Corrections	Corrections		2.8	80			1.05	3.33	percent of total billed charges	
NALBUPHINE 10MG/1ML INJ	J2300	HCPCS	both			3.5		3.23 First Health	First Health		2.45	70			1.05	3.33	percent of total billed charges	
NALBUPHINE 10MG/1ML INJ	J2300	HCPCS	both			3.5		3.23 First Trenton	First Trenton		3.15	90			1.05	3.33	percent of total billed charges	
NALBUPHINE 10MG/1ML INJ	J2300	HCPCS	both			3.5		3.23 Horizon	Medicare Blue		1.05	30			1.05	3.33	percent of total billed charges	
NALBUPHINE 10MG/1ML INJ	J2300	HCPCS	both			3.5		3.23 Horizon	PPO		1.34	38.28			1.05	3.33	percent of total billed charges	
NALBUPHINE 10MG/1ML INJ	J2300	HCPCS	both			3.5		3.23 Horizon	MGD		1.34	38.28			1.05	3.33	percent of total billed charges	
NALBUPHINE 10MG/1ML INJ	J2300	HCPCS	both			3.5		3.23 Horizon	Indemnity		1.34	38.28			1.05	3.33	percent of total billed charges	
NALBUPHINE 10MG/1ML INJ	J2300	HCPCS	both			3.5		3.23 Managed Care Inc	Managed Care Inc		3.15	90			1.05	3.33	percent of total billed charges	
NALBUPHINE 10MG/1ML INJ	J2300	HCPCS	both			3.5		3.23 Multiplan	Multiplan		2.8	80			1.05	3.33	percent of total billed charges	
NALBUPHINE 10MG/1ML INJ	J2300	HCPCS	both			3.5		3.23 Qualcare	Qualcare		2.63	75			1.05	3.33	percent of total billed charges	
NALBUPHINE 10MG/1ML INJ	J2300	HCPCS	both			3.5		3.23 Three Rivers	Three Rivers		3.33	95			1.05	3.33	percent of total billed charges	
NALBUPHINE 10MG/1ML INJ	J2300	HCPCS	both			3.5		3.23 UHC	Medicare		2.81				1.05	3.33	fee schedule	
NALBUPHINE 10MG/1ML INJ	J2300	HCPCS	both			3.5		3.23 UHC	Medicaid		1.1	31.55			1.05	3.33	percent of total billed charges	
NALBUPHINE 10MG/1ML INJ	J2300	HCPCS	both			3.5		3.23 Wellcare	Medicare		2.81				1.05	3.33	fee schedule	
NALBUPHINE 10MG/1ML INJ	J2300	HCPCS	both			3.5		3.23 Wellcare	Medicaid		1.1	31.55			1.05	3.33	percent of total billed charges	
NALBUPHINE 10MG/1ML INJ	J2300	HCPCS	both			3.5		3.23 WellPoint	WellPoint		1.13	32.18			1.05	3.33	percent of total billed charges	
NITROGLYCERIN 5MG INJ	J2305	HCPCS	outpatient			6		1.48 Aetna	Commercial		2.75				1.29	5.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NITROGLYCERIN 5MG INJ	J2305	HCPCS	outpatient			6		1.48 Aetna	Medicare		1.29				1.29	5.7	fee schedule	
NITROGLYCERIN 5MG INJ	J2305	HCPCS	outpatient			6		1.48 Aetna	Better Health		1.89	31.55			1.29	5.7	percent of total billed charges	
NITROGLYCERIN 5MG INJ	J2305	HCPCS	outpatient			6		1.48 Americare	Americare		4.5	75			1.29	5.7	percent of total billed charges	
NITROGLYCERIN 5MG INJ	J2305	HCPCS	outpatient			6		1.48 Amerihealth	HMO/PPO		3.9	65			1.29	5.7	percent of total billed charges	
NITROGLYCERIN 5MG INJ	J2305	HCPCS	outpatient			6		1.48 Amerihealth	Medicare		1.29				1.29	5.7	fee schedule	
NITROGLYCERIN 5MG INJ	J2305	HCPCS	outpatient			6		1.48 Consumer	Consumer		5.7	95			1.29	5.7	percent of total billed charges	
NITROGLYCERIN 5MG INJ	J2305	HCPCS	outpatient			6		1.48 Corrections	Corrections		4.8	80			1.29	5.7	percent of total billed charges	
NITROGLYCERIN 5MG INJ	J2305	HCPCS	outpatient			6		1.48 First Health	First Health		4.2	70			1.29	5.7	percent of total billed charges	
NITROGLYCERIN 5MG INJ	J2305	HCPCS	outpatient			6		1.48 First Trenton	First Trenton		5.4	90			1.29	5.7	percent of total billed charges	
NITROGLYCERIN 5MG INJ	J2305	HCPCS	outpatient			6		1.48 Horizon	PPO		3.22				1.29	5.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NITROGLYCERIN 5MG INJ	J2305	HCPCS	outpatient			6		1.48 Horizon	MGD		3.22				1.29	5.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NITROGLYCERIN 5MG INJ	J2305	HCPCS	outpatient			6		1.48 Horizon	Indemnity		3.22				1.29	5.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NITROGLYCERIN 5MG INJ	J2305	HCPCS	outpatient			6		1.48 Horizon	Medicare Blue		1.73				1.29	5.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NITROGLYCERIN 5MG INJ	J2305	HCPCS	outpatient			6		1.48 Managed Care Inc	Managed Care Inc		5.4	90			1.29	5.7	percent of total billed charges	
NITROGLYCERIN 5MG INJ	J2305	HCPCS	outpatient			6		1.48 Multiplan	Multiplan		4.8	80			1.29	5.7	percent of total billed charges	
NITROGLYCERIN 5MG INJ	J2305	HCPCS	outpatient			6		1.48 Qualcare	Qualcare		4.5	75			1.29	5.7	percent of total billed charges	
NITROGLYCERIN 5MG INJ	J2305	HCPCS	outpatient			6		1.48 Three Rivers	Three Rivers		5.7	95			1.29	5.7	percent of total billed charges	
NITROGLYCERIN 5MG INJ	J2305	HCPCS	outpatient			6		1.48 UHC	Medicare		1.29				1.29	5.7	fee schedule	
NITROGLYCERIN 5MG INJ	J2305	HCPCS	outpatient			6		1.48 UHC	Medicaid		1.89	31.55			1.29	5.7	percent of total billed charges	
NITROGLYCERIN 5MG INJ	J2305	HCPCS	outpatient			6		1.48 United	Oxford		3.23				1.29	5.7	fee schedule	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
NITROGLYCERIN 5MG INJ	J2305	HCPCS	outpatient			6	1.48	United	Commercial|PPO		3.23				1.29	5.7	fee schedule	
NITROGLYCERIN 5MG INJ	J2305	HCPCS	outpatient			6	1.48	Wellcare	Medicaid		1.89	31.55			1.29	5.7	percent of total billed charges	
NITROGLYCERIN 5MG INJ	J2305	HCPCS	outpatient			6	1.48	Wellcare	Medicare		1.29				1.29	5.7	fee schedule	
NITROGLYCERIN 5MG INJ	J2305	HCPCS	outpatient			6	1.48	WellPoint	WellPoint		1.93	32.18			1.29	5.7	percent of total billed charges	
NALOXONE KIT(ED)	J2310	HCPCS	both			26.5	8.38	Aetna	Medicare		7.29				1.05	35.16	fee schedule	
NALOXONE 1MG/1ML INJ	J2310	HCPCS	both			26.5	8.38	Aetna	Better Health		8.36	31.55			1.05	35.16	percent of total billed charges	
NALOXONE 1MG/1ML INJ	J2310	HCPCS	both			26.5	8.38	Aetna	Commercial		10.07	38			1.05	35.16	percent of total billed charges	
NALOXONE 1MG/1ML INJ	J2310	HCPCS	both			26.5	8.38	Americare	Americare		19.88	75			1.05	35.16	percent of total billed charges	
NALOXONE KIT(ED)	J2310	HCPCS	both			26.5	8.38	Amerihealth	Medicare		7.29				1.05	35.16	fee schedule	
NALOXONE KIT(ED)	J2310	HCPCS	both			26.5	8.38	Amerihealth	HMO|PPO		35.16				1.05	35.16	fee schedule	
NALOXONE 1MG/1ML INJ	J2310	HCPCS	both			26.5	8.38	Consumer	Consumer		25.18	95			1.05	35.16	percent of total billed charges	
NALOXONE 1MG/1ML INJ	J2310	HCPCS	both			26.5	8.38	Corrections	Corrections		21.2	80			1.05	35.16	percent of total billed charges	
NALOXONE 1MG/1ML INJ	J2310	HCPCS	both			26.5	8.38	First Health	First Health		18.55	70			1.05	35.16	percent of total billed charges	
NALOXONE 1MG/1ML INJ	J2310	HCPCS	both			26.5	8.38	First Trenton	First Trenton		23.85	90			1.05	35.16	percent of total billed charges	
NALOXONE 1MG/1ML INJ	J2310	HCPCS	both			26.5	8.38	Horizon	MGD		10.14	38.28			1.05	35.16	percent of total billed charges	
NALOXONE 1MG/1ML INJ	J2310	HCPCS	both			26.5	8.38	Horizon	Indemnity		10.14	38.28			1.05	35.16	percent of total billed charges	
NALOXONE 1MG/1ML INJ	J2310	HCPCS	both			26.5	8.38	Horizon	Medicare Blue		7.95	30			1.05	35.16	percent of total billed charges	
NALOXONE 1MG/1ML INJ	J2310	HCPCS	both			26.5	8.38	Horizon	PPO		10.14	38.28			1.05	35.16	percent of total billed charges	
NALOXONE 1MG/1ML INJ	J2310	HCPCS	both			26.5	8.38	Managed Care Inc	Managed Care Inc		23.85	90			1.05	35.16	percent of total billed charges	
NALOXONE 1MG/1ML INJ	J2310	HCPCS	both			26.5	8.38	Multiplan	Multiplan		21.2	80			1.05	35.16	percent of total billed charges	
NALOXONE 1MG/1ML INJ	J2310	HCPCS	both			26.5	8.38	Qualcare	Qualcare		19.88	75			1.05	35.16	percent of total billed charges	
NALOXONE 1MG/1ML INJ	J2310	HCPCS	both			26.5	8.38	Three Rivers	Three Rivers		25.18	95			1.05	35.16	percent of total billed charges	
NALOXONE KIT(ED)	J2310	HCPCS	both			26.5	8.38	UHC	Medicare		7.29				1.05	35.16	fee schedule	
NALOXONE 1MG/1ML INJ	J2310	HCPCS	both			26.5	8.38	UHC	Medicaid		8.36	31.55			1.05	35.16	percent of total billed charges	
NALOXONE KIT(ED)	J2310	HCPCS	both			26.5	8.38	Wellcare	Medicare		7.29				1.05	35.16	fee schedule	
NALOXONE 1MG/1ML INJ	J2310	HCPCS	both			26.5	8.38	Wellcare	Medicaid		8.36	31.55			1.05	35.16	percent of total billed charges	
NALOXONE 1MG/1ML INJ	J2310	HCPCS	both			26.5	8.38	WellPoint	WellPoint		8.53	32.18			1.05	35.16	percent of total billed charges	
NALTREXONE DEPOT 1 MG INJ	J2315	HCPCS	inpatient			16.5	4.55	Aetna	Medicare		3.96				2	15.68	fee schedule	
NALTREXONE DEPOT 1 MG INJ	J2315	HCPCS	inpatient			16.5	4.55	Aetna	Better Health		5.21	31.55			2	15.68	percent of total billed charges	
NALTREXONE DEPOT 1 MG INJ	J2315	HCPCS	inpatient			16.5	4.55	Aetna	Commercial		7.59				2	15.68	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NALTREXONE DEPOT 1 MG INJ	J2315	HCPCS	inpatient			16.5	4.55	Americare	Americare		12.38	75			2	15.68	percent of total billed charges	
NALTREXONE DEPOT 1 MG INJ	J2315	HCPCS	inpatient			16.5	4.55	Amerihealth	HMO|PPO		3.52				2	15.68	fee schedule	
NALTREXONE DEPOT 1 MG INJ	J2315	HCPCS	inpatient			16.5	4.55	Amerihealth	Medicare		3.96				2	15.68	fee schedule	
NALTREXONE DEPOT 1 MG INJ	J2315	HCPCS	inpatient			16.5	4.55	Consumer	Consumer		15.68	95			2	15.68	percent of total billed charges	
NALTREXONE DEPOT 1 MG INJ	J2315	HCPCS	inpatient			16.5	4.55	Corrections	Corrections		13.2	80			2	15.68	percent of total billed charges	
NALTREXONE DEPOT 1 MG INJ	J2315	HCPCS	inpatient			16.5	4.55	First Health	First Health		11.55	70			2	15.68	percent of total billed charges	
NALTREXONE DEPOT 1 MG INJ	J2315	HCPCS	inpatient			16.5	4.55	First Trenton	First Trenton		14.85	90			2	15.68	percent of total billed charges	
NALTREXONE DEPOT 1 MG INJ	J2315	HCPCS	inpatient			16.5	4.55	Horizon	MGD		8.88				2	15.68	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NALTREXONE DEPOT 1 MG INJ	J2315	HCPCS	inpatient			16.5	4.55	Horizon	NJ Health		2				2	15.68	fee schedule	
NALTREXONE DEPOT 1 MG INJ	J2315	HCPCS	inpatient			16.5	4.55	Horizon	Indemnity		8.88				2	15.68	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NALTREXONE DEPOT 1 MG INJ	J2315	HCPCS	inpatient			16.5	4.55	Horizon	Medicare Blue		4.77				2	15.68	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NALTREXONE DEPOT 1 MG INJ	J2315	HCPCS	inpatient			16.5	4.55	Horizon	PPO		8.88				2	15.68	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NALTREXONE DEPOT 1 MG INJ	J2315	HCPCS	inpatient			16.5	4.55	Managed Care Inc	Managed Care Inc		14.85	90			2	15.68	percent of total billed charges	
NALTREXONE DEPOT 1 MG INJ	J2315	HCPCS	inpatient			16.5	4.55	Multiplan	Multiplan		13.2	80			2	15.68	percent of total billed charges	
NALTREXONE DEPOT 1 MG INJ	J2315	HCPCS	inpatient			16.5	4.55	Qualcare	Qualcare		12.38	75			2	15.68	percent of total billed charges	
NALTREXONE DEPOT 1 MG INJ	J2315	HCPCS	inpatient			16.5	4.55	Three Rivers	Three Rivers		15.68	95			2	15.68	percent of total billed charges	
NALTREXONE DEPOT 1 MG INJ	J2315	HCPCS	inpatient			16.5	4.55	UHC	Medicare		3.96				2	15.68	fee schedule	
NALTREXONE DEPOT 1 MG INJ	J2315	HCPCS	inpatient			16.5	4.55	UHC	Medicaid		5.21	31.55			2	15.68	percent of total billed charges	
NALTREXONE DEPOT 1 MG INJ	J2315	HCPCS	inpatient			16.5	4.55	United	Oxford		9.9				2	15.68	fee schedule	
NALTREXONE DEPOT 1 MG INJ	J2315	HCPCS	inpatient			16.5	4.55	United	Commercial|PPO		9.9				2	15.68	fee schedule	
NALTREXONE DEPOT 1 MG INJ	J2315	HCPCS	inpatient			16.5	4.55	Wellcare	Medicaid		5.21	31.55			2	15.68	percent of total billed charges	
NALTREXONE DEPOT 1 MG INJ	J2315	HCPCS	inpatient			16.5	4.55	Wellcare	Medicare		3.96				2	15.68	fee schedule	
NALTREXONE DEPOT 1 MG INJ	J2315	HCPCS	inpatient			16.5	4.55	WellPoint	WellPoint		5.31	32.18			2	15.68	percent of total billed charges	
NESIRITIDE 0.1MG INJ	J2325	HCPCS	outpatient			272		Aetna	Commercial		103.36	38			71.98	258.4	percent of total billed charges	
NESIRITIDE 0.1MG INJ	J2325	HCPCS	outpatient			272		Aetna	Better Health		85.82	31.55			71.98	258.4	percent of total billed charges	
NESIRITIDE 0.1MG INJ	J2325	HCPCS	outpatient			272		Aetna	Medicare		83.78	30.8			71.98	258.4	percent of total billed charges	
NESIRITIDE 0.1MG INJ	J2325	HCPCS	outpatient			272		Americare	Americare		204	75			71.98	258.4	percent of total billed charges	
NESIRITIDE 0.1MG INJ	J2325	HCPCS	outpatient			272		Amerihealth	HMO|PPO		71.98				71.98	258.4	fee schedule	
NESIRITIDE 0.1MG INJ	J2325	HCPCS	outpatient			272		Consumer	Consumer		258.4	95			71.98	258.4	percent of total billed charges	
NESIRITIDE 0.1MG INJ	J2325	HCPCS	outpatient			272		Corrections	Corrections		217.6	80			71.98	258.4	percent of total billed charges	
NESIRITIDE 0.1MG INJ	J2325	HCPCS	outpatient			272		First Health	First Health		190.4	70			71.98	258.4	percent of total billed charges	
NESIRITIDE 0.1MG INJ	J2325	HCPCS	outpatient			272		First Trenton	First Trenton		244.8	90			71.98	258.4	percent of total billed charges	
NESIRITIDE 0.1MG INJ	J2325	HCPCS	outpatient			272		Horizon	MGD		104.12	38.28			71.98	258.4	percent of total billed charges	
NESIRITIDE 0.1MG INJ	J2325	HCPCS	outpatient			272		Horizon	Indemnity		104.12	38.28			71.98	258.4	percent of total billed charges	
NESIRITIDE 0.1MG INJ	J2325	HCPCS	outpatient			272		Horizon	Medicare Blue		81.6	30			71.98	258.4	percent of total billed charges	
NESIRITIDE 0.1MG INJ	J2325	HCPCS	outpatient			272		Horizon	PPO		104.12	38.28			71.98	258.4	percent of total billed charges	
NESIRITIDE 0.1MG INJ	J2325	HCPCS	outpatient			272		Managed Care Inc	Managed Care Inc		244.8	90			71.98	258.4	percent of total billed charges	
NESIRITIDE 0.1MG INJ	J2325	HCPCS	outpatient			272		Multiplan	Multiplan		217.6	80			71.98	258.4	percent of total billed charges	
NESIRITIDE 0.1MG INJ	J2325	HCPCS	outpatient			272		Qualcare	Qualcare		204	75			71.98	258.4	percent of total billed charges	
NESIRITIDE 0.1MG INJ	J2325	HCPCS	outpatient			272		Three Rivers	Three Rivers		258.4	95			71.98	258.4	percent of total billed charges	
NESIRITIDE 0.1MG INJ	J2325	HCPCS	outpatient			272		UHC	Medicaid		85.82	31.55			71.98	258.4	percent of total billed charges	
NESIRITIDE 0.1MG INJ	J2325	HCPCS	outpatient			272		Wellcare	Medicaid		85.82	31.55			71.98	258.4	percent of total billed charges	
NESIRITIDE 0.1MG INJ	J2325	HCPCS	outpatient			272		WellPoint	WellPoint		87.53	32.18			71.98	258.4	percent of total billed charges	
NUSINERSEN(SPINRAZA) 0.1MG INJ	J2326	HCPCS	outpatient			1831.5	1670.41	Aetna	Commercial		2312.43				577.84	2703.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUSINERSEN(SPINRAZA) 0.1MG INJ	J2326	HCPCS	outpatient			1831.5	1670.41	Aetna	Better Health		577.84	31.55			577.84	2703.16	percent of total billed charges	
NUSINERSEN(SPINRAZA) 0.1MG INJ	J2326	HCPCS	outpatient			1831.5	1670.41	Aetna	Medicare		1452.53				577.84	2703.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUSINERSEN(SPINRAZA) 0.1MG INJ	J2326	HCPCS	outpatient			1831.5	1670.41	Americare	Americare		1373.63	75			577.84	2703.16	percent of total billed charges	
NUSINERSEN(SPINRAZA) 0.1MG INJ	J2326	HCPCS	outpatient			1831.5	1670.41	Amerihealth	HMO|PPO		1190.48	65			577.84	2703.16	percent of total billed charges	
NUSINERSEN(SPINRAZA) 0.1MG INJ	J2326	HCPCS	outpatient			1831.5	1670.41	Amerihealth	Medicare		1452.53				577.84	2703.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUSINERSEN(SPINRAZA) 0.1MG INJ	J2326	HCPCS	outpatient			1831.5	1670.41	Consumer	Consumer		1739.93	95			577.84	2703.16	percent of total billed charges	
NUSINERSEN(SPINRAZA) 0.1MG INJ	J2326	HCPCS	outpatient			1831.5	1670.41	Corrections	Corrections		1465.2	80			577.84	2703.16	percent of total billed charges	
NUSINERSEN(SPINRAZA) 0.1MG INJ	J2326	HCPCS	outpatient			1831.5	1670.41	First Health	First Health		1282.05	70			577.84	2703.16	percent of total billed charges	
NUSINERSEN(SPINRAZA) 0.1MG INJ	J2326	HCPCS	outpatient			1831.5	1670.41	First Trenton	First Trenton		1648.35	90			577.84	2703.16	percent of total billed charges	
NUSINERSEN(SPINRAZA) 0.1MG INJ	J2326	HCPCS	outpatient			1831.5	1670.41	Horizon	Indemnity		2703.16				577.84	2703.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUSINERSEN(SPINRAZA) 0.1MG INJ	J2326	HCPCS	outpatient			1831.5	1670.41	Horizon	MGD		2703.16				577.84	2703.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUSINERSEN(SPINRAZA) 0.1MG INJ	J2326	HCPCS	outpatient			1831.5	1670.41	Horizon	Medicare Blue		1452.53				577.84	2703.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUSINERSEN(SPINRAZA) 0.1MG INJ	J2326	HCPCS	outpatient			1831.5	1670.41	Horizon	PPO		2703.16				577.84	2703.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUSINERSEN(SPINRAZA) 0.1MG INJ	J2326	HCPCS	outpatient			1831.5	1670.41	Managed Care Inc	Managed Care Inc		1648.35	90			577.84	2703.16	percent of total billed charges	
NUSINERSEN(SPINRAZA) 0.1MG INJ	J2326	HCPCS	outpatient			1831.5	1670.41	Multiplan	Multiplan		1465.2	80			577.84	2703.16	percent of total billed charges	
NUSINERSEN(SPINRAZA) 0.1MG INJ	J2326	HCPCS	outpatient			1831.5	1670.41	Qualcare	Qualcare		1373.63	75			577.84	2703.16	percent of total billed charges	
NUSINERSEN(SPINRAZA) 0.1MG INJ	J2326	HCPCS	outpatient			1831.5	1670.41	Three Rivers	Three Rivers		1739.93	95			577.84	2703.16	percent of total billed charges	
NUSINERSEN(SPINRAZA) 0.1MG INJ	J2326	HCPCS	outpatient			1831.5	1670.41	UHC	Medicare		1452.53				577.84	2703.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUSINERSEN(SPINRAZA) 0.1MG INJ	J2326	HCPCS	outpatient			1831.5	1670.41	UHC	Medicaid		577.84	31.55			577.84	2703.16	percent of total billed charges	
NUSINERSEN(SPINRAZA) 0.1MG INJ	J2326	HCPCS	outpatient			1831.5	1670.41	Wellcare	Medicare		1452.53				577.84	2703.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUSINERSEN(SPINRAZA) 0.1MG INJ	J2326	HCPCS	outpatient			1831.5	1670.41	Wellcare	Medicaid		577.84	31.55			577.84	2703.16	percent of total billed charges	
NUSINERSEN(SPINRAZA) 0.1MG INJ	J2326	HCPCS	outpatient			1831.5	1670.41	WellPoint	WellPoint		589.38	32.18			577.84	2703.16	percent of total billed charges	
OCRELIZUMAB(OCREVUS) 1MG INJ	J2350	HCPCS	outpatient			235.5	68.71	Aetna	Commercial		112.26				59.75	223.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCRELIZUMAB(OCREVUS) 1MG INJ	J2350	HCPCS	outpatient			235.5	68.71	Aetna	Better Health		74.3	31.55			59.75	223.73	percent of total billed charges	
OCRELIZUMAB(OCREVUS) 1MG INJ	J2350	HCPCS	outpatient			235.5	68.71	Aetna	Medicare		59.75				59.75	223.73	fee schedule	
OCRELIZUMAB(OCREVUS) 1MG INJ	J2350	HCPCS	outpatient			235.5	68.71	Americare	Americare		176.63	75			59.75	223.73	percent of total billed charges	
OCRELIZUMAB(OCREVUS) 1MG INJ	J2350	HCPCS	outpatient			235.5	68.71	Amerihealth	Medicare		59.75				59.75	223.73	fee schedule	
OCRELIZUMAB(OCREVUS) 1MG INJ	J2350	HCPCS	outpatient			235.5	68.71	Amerihealth	HMO|PPO		153.08	65			59.75	223.73	percent of total billed charges	
OCRELIZUMAB(OCREVUS) 1MG INJ	J2350	HCPCS	outpatient			235.5	68.71	Consumer	Consumer		223.73	95			59.75	223.73	percent of total billed charges	
OCRELIZUMAB(OCREVUS) 1MG INJ	J2350	HCPCS	outpatient			235.5	68.71	Corrections	Corrections		188.4	80			59.75	223.73	percent of total billed charges	
OCRELIZUMAB(OCREVUS) 1MG INJ	J2350	HCPCS	outpatient			235.5	68.71	First Health	First Health		164.85	70			59.75	223.73	percent of total billed charges	
OCRELIZUMAB(OCREVUS) 1MG INJ	J2350	HCPCS	outpatient			235.5	68.71	First Trenton	First Trenton		211.95	90			59.75	223.73	percent of total billed charges	
OCRELIZUMAB(OCREVUS) 1MG INJ	J2350	HCPCS	outpatient			235.5	68.71	Horizon	Medicare Blue		70.53				59.75	223.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCRELIZUMAB(OCREVUS) 1MG INJ	J2350	HCPCS	outpatient			235.5	68.71	Horizon	MGD		131.26				59.75	223.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCRELIZUMAB(OCREVUS) 1MG INJ	J2350	HCPCS	outpatient			235.5	68.71	Horizon	Indemnity		131.26				59.75	223.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCRELIZUMAB(OCREVUS) 1MG INJ	J2350	HCPCS	outpatient			235.5	68.71	Horizon	PPO		131.26				59.75	223.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCRELIZUMAB(OCREVUS) 1MG INJ	J2350	HCPCS	outpatient			235.5	68.71	Managed Care Inc	Managed Care Inc		211.95	90			59.75	223.73	percent of total billed charges	
OCRELIZUMAB(OCREVUS) 1MG INJ	J2350	HCPCS	outpatient			235.5	68.71	Multiplan	Multiplan		188.4	80			59.75	223.73	percent of total billed charges	
OCRELIZUMAB(OCREVUS) 1MG INJ	J2350	HCPCS	outpatient			235.5	68.71	Qualcare	Qualcare		176.63	75			59.75	223.73	percent of total billed charges	
OCRELIZUMAB(OCREVUS) 1MG INJ	J2350	HCPCS	outpatient			235.5	68.71	Three Rivers	Three Rivers		223.73	95			59.75	223.73	percent of total billed charges	
OCRELIZUMAB(OCREVUS) 1MG INJ	J2350	HCPCS	outpatient			235.5	68.71	UHC	Medicare		59.75				59.75	223.73	fee schedule	
OCRELIZUMAB(OCREVUS) 1MG INJ	J2350	HCPCS	outpatient			235.5	68.71	UHC	Medicaid		74.3	31.55			59.75	223.73	percent of total billed charges	
OCRELIZUMAB(OCREVUS) 1MG INJ	J2350	HCPCS	outpatient			235.5	68.71	United	Commercial|PPO		149.38				59.75	223.73	fee schedule	
OCRELIZUMAB(OCREVUS) 1MG INJ	J2350	HCPCS	outpatient			235.5	68.71	United	Oxford		149.38				59.75	223.73	fee schedule	
OCRELIZUMAB(OCREVUS) 1MG INJ	J2350	HCPCS	outpatient			235.5	68.71	Wellcare	Medicare		59.75				59.75	223.73	fee schedule	
OCRELIZUMAB(OCREVUS) 1MG INJ	J2350	HCPCS	outpatient			235.5	68.71	Wellcare	Medicaid		74.3	31.55			59.75	223.73	percent of total billed charges	
OCRELIZUMAB(OCREVUS) 1MG INJ	J2350	HCPCS	outpatient			235.5	68.71	WellPoint	WellPoint		75.78	32.18			59.75	223.73	percent of total billed charges	
OCTREOTIDE ACETATE 1MG INJ KIT	J2353	HCPCS	both			628	242.45	Aetna	Commercial		402.36				174.45	596.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCTREOTIDE ACETATE 1MG INJ KIT	J2353	HCPCS	both			628	242.45	Aetna	Medicare		210.83				174.45	596.6	fee schedule	
OCTREOTIDE ACETATE 1MG INJ KIT	J2353	HCPCS	both			628	242.45	Aetna	Better Health		198.13	31.55			174.45	596.6	percent of total billed charges	
OCTREOTIDE ACETATE 1MG INJ KIT	J2353	HCPCS	both			628	242.45	Americare	Americare		471	75			174.45	596.6	percent of total billed charges	
OCTREOTIDE ACETATE 1MG INJ KIT	J2353	HCPCS	both			628	242.45	Amerihealth	HMO|PPO		174.45				174.45	596.6	fee schedule	
OCTREOTIDE ACETATE 1MG INJ KIT	J2353	HCPCS	both			628	242.45	Amerihealth	Medicare		210.83				174.45	596.6	fee schedule	
OCTREOTIDE ACETATE 1MG INJ KIT	J2353	HCPCS	both			628	242.45	Consumer	Consumer		596.6	95			174.45	596.6	percent of total billed charges	
OCTREOTIDE ACETATE 1MG INJ KIT	J2353	HCPCS	both			628	242.45	Corrections	Corrections		502.4	80			174.45	596.6	percent of total billed charges	
OCTREOTIDE ACETATE 1MG INJ KIT	J2353	HCPCS	both			628	242.45	First Health	First Health		439.6	70			174.45	596.6	percent of total billed charges	
OCTREOTIDE ACETATE 1MG INJ KIT	J2353	HCPCS	both			628	242.45	First Trenton	First Trenton		565.2	90			174.45	596.6	percent of total billed charges	
OCTREOTIDE ACETATE 1MG INJ KIT	J2353	HCPCS	both			628	242.45	Horizon	MGD		470.35				174.45	596.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCTREOTIDE ACETATE 1MG INJ KIT	J2353	HCPCS	both			628	242.45	Horizon	Indemnity		470.35				174.45	596.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCTREOTIDE ACETATE 1MG INJ KIT	J2353	HCPCS	both			628	242.45	Horizon	Medicare Blue		252.74				174.45	596.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCTREOTIDE ACETATE 1MG INJ KIT	J2353	HCPCS	both			628	242.45	Horizon	PPO		470.35				174.45	596.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCTREOTIDE ACETATE 1MG INJ KIT	J2353	HCPCS	both			628	242.45	Managed Care Inc	Managed Care Inc		565.2	90			174.45	596.6	percent of total billed charges	
OCTREOTIDE ACETATE 1MG INJ KIT	J2353	HCPCS	both			628	242.45	Multiplan	Multiplan		502.4	80			174.45	596.6	percent of total billed charges	
OCTREOTIDE ACETATE 1MG INJ KIT	J2353	HCPCS	both			628	242.45	Qualcare	Qualcare		471	75			174.45	596.6	percent of total billed charges	
OCTREOTIDE ACETATE 1MG INJ KIT	J2353	HCPCS	both			628	242.45	Three Rivers	Three Rivers		596.6	95			174.45	596.6	percent of total billed charges	
OCTREOTIDE ACETATE 1MG INJ KIT	J2353	HCPCS	both			628	242.45	UHC	Medicaid		198.13	31.55			174.45	596.6	percent of total billed charges	
OCTREOTIDE ACETATE 1MG INJ KIT	J2353	HCPCS	both			628	242.45	UHC	Medicare		210.83				174.45	596.6	fee schedule	
OCTREOTIDE ACETATE 1MG INJ KIT	J2353	HCPCS	both			628	242.45	United	Commercial|PPO		527.08				174.45	596.6	fee schedule	
OCTREOTIDE ACETATE 1MG INJ KIT	J2353	HCPCS	both			628	242.45	United	Oxford		527.08				174.45	596.6	fee schedule	
OCTREOTIDE ACETATE 1MG INJ KIT	J2353	HCPCS	both			628	242.45	Wellcare	Medicaid		198.13	31.55			174.45	596.6	percent of total billed charges	
OCTREOTIDE ACETATE 1MG INJ KIT	J2353	HCPCS	both			628	242.45	Wellcare	Medicare		210.83				174.45	596.6	fee schedule	
OCTREOTIDE ACETATE 1MG INJ KIT	J2353	HCPCS	both			628	242.45	WellPoint	WellPoint		202.09	32.18			174.45	596.6	percent of total billed charges	
OCTREOTIDE ACETATE 25MCG INJ	J2354	HCPCS	both			43	1.37	Aetna	Better Health		13.57	31.55			1.19	40.85	percent of total billed charges	
OCTREOTIDE ACETATE 25MCG INJ	J2354	HCPCS	both			43	1.37	Aetna	Medicare		1.19				1.19	40.85	fee schedule	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.															
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true														
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
OCTREOTIDE ACETATE 25MCG INJ	J2354	HCPCS	both			43		1.37 Aetna	Commercial		16.34	38			1.19	40.85	percent of total billed charges	
OCTREOTIDE ACETATE 25MCG INJ	J2354	HCPCS	both			43		1.37 Americare	Americare		32.25	75			1.19	40.85	percent of total billed charges	
OCTREOTIDE ACETATE 25MCG INJ	J2354	HCPCS	both			43		1.37 Amerihealth	Medicare		1.19				1.19	40.85	fee schedule	
OCTREOTIDE ACETATE 25MCG INJ	J2354	HCPCS	both			43		1.37 Amerihealth	HMO/PPO		1.29				1.19	40.85	fee schedule	
OCTREOTIDE ACETATE 25MCG INJ	J2354	HCPCS	both			43		1.37 Consumer	Consumer		40.85	95			1.19	40.85	percent of total billed charges	
OCTREOTIDE ACETATE 25MCG INJ	J2354	HCPCS	both			43		1.37 Corrections	Corrections		34.4	80			1.19	40.85	percent of total billed charges	
OCTREOTIDE ACETATE 25MCG INJ	J2354	HCPCS	both			43		1.37 First Health	First Health		30.1	70			1.19	40.85	percent of total billed charges	
OCTREOTIDE ACETATE 25MCG INJ	J2354	HCPCS	both			43		1.37 First Trenton	First Trenton		38.7	90			1.19	40.85	percent of total billed charges	
OCTREOTIDE ACETATE 25MCG INJ	J2354	HCPCS	both			43		1.37 Horizon	MGD		16.46	38.28			1.19	40.85	percent of total billed charges	
OCTREOTIDE ACETATE 25MCG INJ	J2354	HCPCS	both			43		1.37 Horizon	Medicare Blue		12.9	30			1.19	40.85	percent of total billed charges	
OCTREOTIDE ACETATE 25MCG INJ	J2354	HCPCS	both			43		1.37 Horizon	Indemnity		16.46	38.28			1.19	40.85	percent of total billed charges	
OCTREOTIDE ACETATE 25MCG INJ	J2354	HCPCS	both			43		1.37 Horizon	PPO		16.46	38.28			1.19	40.85	percent of total billed charges	
OCTREOTIDE ACETATE 25MCG INJ	J2354	HCPCS	both			43		1.37 Managed Care Inc	Managed Care Inc		38.7	90			1.19	40.85	percent of total billed charges	
OCTREOTIDE ACETATE 25MCG INJ	J2354	HCPCS	both			43		1.37 Multiplan	Multiplan		34.4	80			1.19	40.85	percent of total billed charges	
OCTREOTIDE ACETATE 25MCG INJ	J2354	HCPCS	both			43		1.37 Qualcare	Qualcare		32.25	75			1.19	40.85	percent of total billed charges	
OCTREOTIDE ACETATE 25MCG INJ	J2354	HCPCS	both			43		1.37 Three Rivers	Three Rivers		40.85	95			1.19	40.85	percent of total billed charges	
OCTREOTIDE ACETATE 25MCG INJ	J2354	HCPCS	both			43		1.37 UHC	Medicaid		13.57	31.55			1.19	40.85	percent of total billed charges	
OCTREOTIDE ACETATE 25MCG INJ	J2354	HCPCS	both			43		1.37 UHC	Medicare		1.19				1.19	40.85	fee schedule	
OCTREOTIDE ACETATE 25MCG INJ	J2354	HCPCS	both			43		1.37 Wellcare	Medicare		1.19				1.19	40.85	fee schedule	
OCTREOTIDE ACETATE 25MCG INJ	J2354	HCPCS	both			43		1.37 Wellcare	Medicaid		13.57	31.55			1.19	40.85	percent of total billed charges	
OCTREOTIDE ACETATE 25MCG INJ	J2354	HCPCS	both			43		1.37 WellPoint	WellPoint		13.84	32.18			1.19	40.85	percent of total billed charges	
OPRELVEKIN 5MG INJ (CHEMO)	J2355	HCPCS	outpatient			1882		Aetna	Better Health		593.77	31.55			506.89	1787.9	percent of total billed charges	
OPRELVEKIN 5MG INJ (CHEMO)	J2355	HCPCS	outpatient			1882		Aetna	Commercial		715.16	38			506.89	1787.9	percent of total billed charges	
OPRELVEKIN 5MG INJ (CHEMO)	J2355	HCPCS	outpatient			1882		Aetna	Medicare		579.66	30.8			506.89	1787.9	percent of total billed charges	
OPRELVEKIN 5MG INJ (CHEMO)	J2355	HCPCS	outpatient			1882		Americare	Americare		1411.5	75			506.89	1787.9	percent of total billed charges	
OPRELVEKIN 5MG INJ (CHEMO)	J2355	HCPCS	outpatient			1882		Amerihealth	HMO/PPO		506.89				506.89	1787.9	fee schedule	
OPRELVEKIN 5MG INJ (CHEMO)	J2355	HCPCS	outpatient			1882		Consumer	Consumer		1787.9	95			506.89	1787.9	percent of total billed charges	
OPRELVEKIN 5MG INJ (CHEMO)	J2355	HCPCS	outpatient			1882		Corrections	Corrections		1505.6	80			506.89	1787.9	percent of total billed charges	
OPRELVEKIN 5MG INJ (CHEMO)	J2355	HCPCS	outpatient			1882		First Health	First Health		1317.4	70			506.89	1787.9	percent of total billed charges	
OPRELVEKIN 5MG INJ (CHEMO)	J2355	HCPCS	outpatient			1882		First Trenton	First Trenton		1693.8	90			506.89	1787.9	percent of total billed charges	
OPRELVEKIN 5MG INJ (CHEMO)	J2355	HCPCS	outpatient			1882		Horizon	MGD		720.43	38.28			506.89	1787.9	percent of total billed charges	
OPRELVEKIN 5MG INJ (CHEMO)	J2355	HCPCS	outpatient			1882		Horizon	Indemnity		720.43	38.28			506.89	1787.9	percent of total billed charges	
OPRELVEKIN 5MG INJ (CHEMO)	J2355	HCPCS	outpatient			1882		Horizon	Medicare Blue		564.6	30			506.89	1787.9	percent of total billed charges	
OPRELVEKIN 5MG INJ (CHEMO)	J2355	HCPCS	outpatient			1882		Horizon	PPO		720.43	38.28			506.89	1787.9	percent of total billed charges	
OPRELVEKIN 5MG INJ (CHEMO)	J2355	HCPCS	outpatient			1882		Managed Care Inc	Managed Care Inc		1693.8	90			506.89	1787.9	percent of total billed charges	
OPRELVEKIN 5MG INJ (CHEMO)	J2355	HCPCS	outpatient			1882		Multiplan	Multiplan		1505.6	80			506.89	1787.9	percent of total billed charges	
OPRELVEKIN 5MG INJ (CHEMO)	J2355	HCPCS	outpatient			1882		Qualcare	Qualcare		1411.5	75			506.89	1787.9	percent of total billed charges	
OPRELVEKIN 5MG INJ (CHEMO)	J2355	HCPCS	outpatient			1882		Three Rivers	Three Rivers		1787.9	95			506.89	1787.9	percent of total billed charges	
OPRELVEKIN 5MG INJ (CHEMO)	J2355	HCPCS	outpatient			1882		UHC	Medicaid		593.77	31.55			506.89	1787.9	percent of total billed charges	
OPRELVEKIN 5MG INJ (CHEMO)	J2355	HCPCS	outpatient			1882		Wellcare	Medicaid		593.77	31.55			506.89	1787.9	percent of total billed charges	
OPRELVEKIN 5MG INJ (CHEMO)	J2355	HCPCS	outpatient			1882		WellPoint	WellPoint		605.63	32.18			506.89	1787.9	percent of total billed charges	
OLANZAPINE 0.5 MG INJ	J2359	HCPCS	outpatient			7.11		1.09 Aetna	Better Health		2.24	31.55			0.95	6.75	percent of total billed charges	
OLANZAPINE 0.5 MG INJ	J2359	HCPCS	outpatient			7.11		1.09 Aetna	Commercial		1.83				0.95	6.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OLANZAPINE 0.5 MG INJ	J2359	HCPCS	outpatient			7.11		1.09 Aetna	Medicare		0.95				0.95	6.75	fee schedule	
OLANZAPINE 0.5 MG INJ	J2359	HCPCS	outpatient			7.11		1.09 Americare	Americare		5.33	75			0.95	6.75	percent of total billed charges	
OLANZAPINE 0.5 MG INJ	J2359	HCPCS	outpatient			7.11		1.09 Amerihealth	Medicare		0.95				0.95	6.75	fee schedule	
OLANZAPINE 0.5 MG INJ	J2359	HCPCS	outpatient			7.11		1.09 Amerihealth	HMO/PPO		4.62	65			0.95	6.75	percent of total billed charges	
OLANZAPINE 0.5 MG INJ	J2359	HCPCS	outpatient			7.11		1.09 Consumer	Consumer		6.75	95			0.95	6.75	percent of total billed charges	
OLANZAPINE 0.5 MG INJ	J2359	HCPCS	outpatient			7.11		1.09 Corrections	Corrections		5.69	80			0.95	6.75	percent of total billed charges	
OLANZAPINE 0.5 MG INJ	J2359	HCPCS	outpatient			7.11		1.09 First Health	First Health		4.98	70			0.95	6.75	percent of total billed charges	
OLANZAPINE 0.5 MG INJ	J2359	HCPCS	outpatient			7.11		1.09 First Trenton	First Trenton		6.4	90			0.95	6.75	percent of total billed charges	
OLANZAPINE 0.5 MG INJ	J2359	HCPCS	outpatient			7.11		1.09 Horizon	MGD		2.14				0.95	6.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OLANZAPINE 0.5 MG INJ	J2359	HCPCS	outpatient			7.11		1.09 Horizon	Indemnity		2.14				0.95	6.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OLANZAPINE 0.5 MG INJ	J2359	HCPCS	outpatient			7.11		1.09 Horizon	PPO		2.14				0.95	6.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OLANZAPINE 0.5 MG INJ	J2359	HCPCS	outpatient			7.11		1.09 Horizon	Medicare Blue		1.15				0.95	6.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OLANZAPINE 0.5 MG INJ	J2359	HCPCS	outpatient			7.11		1.09 Managed Care Inc	Managed Care Inc		6.4	90			0.95	6.75	percent of total billed charges	
OLANZAPINE 0.5 MG INJ	J2359	HCPCS	outpatient			7.11		1.09 Multiplan	Multiplan		5.69	80			0.95	6.75	percent of total billed charges	
OLANZAPINE 0.5 MG INJ	J2359	HCPCS	outpatient			7.11		1.09 Qualcare	Qualcare		5.33	75			0.95	6.75	percent of total billed charges	
OLANZAPINE 0.5 MG INJ	J2359	HCPCS	outpatient			7.11		1.09 Three Rivers	Three Rivers		6.75	95			0.95	6.75	percent of total billed charges	
OLANZAPINE 0.5 MG INJ	J2359	HCPCS	outpatient			7.11		1.09 UHC	Medicaid		2.24	31.55			0.95	6.75	percent of total billed charges	
OLANZAPINE 0.5 MG INJ	J2359	HCPCS	outpatient			7.11		1.09 UHC	Medicare		0.95				0.95	6.75	fee schedule	
OLANZAPINE 0.5 MG INJ	J2359	HCPCS	outpatient			7.11		1.09 United	Oxford		2.38				0.95	6.75	fee schedule	
OLANZAPINE 0.5 MG INJ	J2359	HCPCS	outpatient			7.11		1.09 United	Commercial|PPO		2.38				0.95	6.75	fee schedule	
OLANZAPINE 0.5 MG INJ	J2359	HCPCS	outpatient			7.11		1.09 Wellcare	Medicare		0.95				0.95	6.75	fee schedule	
OLANZAPINE 0.5 MG INJ	J2359	HCPCS	outpatient			7.11		1.09 Wellcare	Medicaid		2.24	31.55			0.95	6.75	percent of total billed charges	
OLANZAPINE 0.5 MG INJ	J2359	HCPCS	outpatient			7.11		1.09 WellPoint	WellPoint		2.29	32.18			0.95	6.75	percent of total billed charges	
PHENYLEPHRINE 10MG/1ML INJ	J2370	HCPCS	both			23.5		Aetna	Medicare		7.24	30.8			7.05	22.33	percent of total billed charges	
PHENYLEPHRINE 10MG/1ML INJ	J2370	HCPCS	both			23.5		Aetna	Commercial		8.93	38			7.05	22.33	percent of total billed charges	
PHENYLEPHRINE 10MG/1ML INJ	J2370	HCPCS	both			23.5		Aetna	Better Health		7.41	31.55			7.05	22.33	percent of total billed charges	
PHENYLEPHRINE 10MG/1ML INJ	J2370	HCPCS	both			23.5		Americare	Americare		17.63	75			7.05	22.33	percent of total billed charges	
PHENYLEPHRINE 10MG/1ML INJ	J2370	HCPCS	both			23.5		Amerihealth	HMO/PPO		12.24				7.05	22.33	fee schedule	
PHENYLEPHRINE 10MG/1ML INJ	J2370	HCPCS	both			23.5		Consumer	Consumer		22.33	95			7.05	22.33	percent of total billed charges	
PHENYLEPHRINE 10MG/1ML INJ	J2370	HCPCS	both			23.5		Corrections	Corrections		18.8	80			7.05	22.33	percent of total billed charges	
PHENYLEPHRINE 10MG/1ML INJ	J2370	HCPCS	both			23.5		First Health	First Health		16.45	70			7.05	22.33	percent of total billed charges	
PHENYLEPHRINE 10MG/1ML INJ	J2370	HCPCS	both			23.5		First Trenton	First Trenton		21.15	90			7.05	22.33	percent of total billed charges	
PHENYLEPHRINE 10MG/1ML INJ	J2370	HCPCS	both			23.5		Horizon	MGD		9	38.28			7.05	22.33	percent of total billed charges	
PHENYLEPHRINE 10MG/1ML INJ	J2370	HCPCS	both			23.5		Horizon	Indemnity		9	38.28			7.05	22.33	percent of total billed charges	
PHENYLEPHRINE 10MG/1ML INJ	J2370	HCPCS	both			23.5		Horizon	PPO		9	38.28			7.05	22.33	percent of total billed charges	
PHENYLEPHRINE 10MG/1ML INJ	J2370	HCPCS	both			23.5		Horizon	Medicare Blue		7.05	30			7.05	22.33	percent of total billed charges	
PHENYLEPHRINE 10MG/1ML INJ	J2370	HCPCS	both			23.5		Managed Care Inc	Managed Care Inc		21.15	90			7.05	22.33	percent of total billed charges	
PHENYLEPHRINE 10MG/1ML INJ	J2370	HCPCS	both			23.5		Multiplan	Multiplan		18.8	80			7.05	22.33	percent of total billed charges	
PHENYLEPHRINE 10MG/1ML INJ	J2370	HCPCS	both			23.5		Qualcare	Qualcare		17.63	75			7.05	22.33	percent of total billed charges	
PHENYLEPHRINE 10MG/1ML INJ	J2370	HCPCS	both			23.5		Three Rivers	Three Rivers		22.33	95			7.05	22.33	percent of total billed charges	
PHENYLEPHRINE 10MG/1ML INJ	J2370	HCPCS	both			23.5		UHC	Medicaid		7.41	31.55			7.05	22.33	percent of total billed charges	
PHENYLEPHRINE 10MG/1ML INJ	J2370	HCPCS	both			23.5		Wellcare	Medicaid		7.41	31.55			7.05	22.33	percent of total billed charges	
PHENYLEPHRINE 10MG/1ML INJ	J2370	HCPCS	both			23.5		WellPoint	WellPoint		7.56	32.18			7.05	22.33	percent of total billed charges	
PHENYLEPHRINE HCL 20 MCG INJ	J2371	HCPCS	both			1		Aetna	Better Health		0.32	31.55			0.3	0.95	percent of total billed charges	
PHENYLEPHRINE HCL 20 MCG INJ	J2371	HCPCS	both			1		Aetna	Commercial		0.38	38			0.3	0.95	percent of total billed charges	
PHENYLEPHRINE HCL 20 MCG INJ	J2371	HCPCS	both			1		Aetna	Medicare		0.31	30.8			0.3	0.95	percent of total billed charges	
PHENYLEPHRINE HCL 20 MCG INJ	J2371	HCPCS	both			1		Americare	Americare		0.75	75			0.3	0.95	percent of total billed charges	
PHENYLEPHRINE HCL 20 MCG INJ	J2371	HCPCS	both			1		Amerihealth	HMO/PPO		0.65	65			0.3	0.95	percent of total billed charges	
PHENYLEPHRINE HCL 20 MCG INJ	J2371	HCPCS	both			1		Consumer	Consumer		0.95	95			0.3	0.95	percent of total billed charges	
PHENYLEPHRINE HCL 20 MCG INJ	J2371	HCPCS	both			1		Corrections	Corrections		0.8	80			0.3	0.95	percent of total billed charges	
PHENYLEPHRINE HCL 20 MCG INJ	J2371	HCPCS	both			1		First Health	First Health		0.7	70			0.3	0.95	percent of total billed charges	
PHENYLEPHRINE HCL 20 MCG INJ	J2371	HCPCS	both			1		First Trenton	First Trenton		0.9	90			0.3	0.95	percent of total billed charges	
PHENYLEPHRINE HCL 20 MCG INJ	J2371	HCPCS	both			1		Horizon	MGD		0.38	38.28			0.3	0.95	percent of total billed charges	
PHENYLEPHRINE HCL 20 MCG INJ	J2371	HCPCS	both			1		Horizon	Indemnity		0.38	38.28			0.3	0.95	percent of total billed charges	
PHENYLEPHRINE HCL 20 MCG INJ	J2371	HCPCS	both			1		Horizon	PPO		0.38	38.28			0.3	0.95	percent of total billed charges	
PHENYLEPHRINE HCL 20 MCG INJ	J2371	HCPCS	both			1		Horizon	Medicare Blue		0.3	30			0.3	0.95	percent of total billed charges	
PHENYLEPHRINE HCL 20 MCG INJ	J2371	HCPCS	both			1		Managed Care Inc	Managed Care Inc		0.9	90			0.3	0.95	percent of total billed charges	
PHENYLEPHRINE HCL 20 MCG INJ	J2371	HCPCS	both			1		Multiplan	Multiplan		0.8	80			0.3	0.95	percent of total billed charges	
PHENYLEPHRINE HCL 20 MCG INJ	J2371	HCPCS	both			1		Qualcare	Qualcare		0.75	75			0.3	0.95	percent of total billed charges	
PHENYLEPHRINE HCL 20 MCG INJ	J2371	HCPCS	both			1		Three Rivers	Three Rivers		0.95	95			0.3	0.95	percent of total billed charges	
PHENYLEPHRINE HCL 20 MCG INJ	J2371	HCPCS	both			1		UHC	Medicaid		0.32	31.55			0.3	0.95	percent of total billed charges	
PHENYLEPHRINE HCL 20 MCG INJ	J2371	HCPCS	both			1		Wellcare	Medicaid		0.32	31.55			0.3	0.95	percent of total billed charges	
PHENYLEPHRINE HCL 20 MCG INJ	J2371	HCPCS	both			1		WellPoint	WellPoint		0.32	32.18			0.3	0.95	percent of total billed charges	
NICARDIPINE 0.1 MG INJ	J2404	HCPCS	both			1.5		Aetna	Commercial		0.57	38			0.45	1.43	percent of total billed charges	
NICARDIPINE 0.1 MG INJ	J2404	HCPCS	both			1.5		Aetna	Medicare		0.46	30.8			0.45	1.43	percent of total billed charges	
NICARDIPINE 0.1 MG INJ	J2404	HCPCS	both			1.5		Aetna	Better Health		0.47	31.55			0.45	1.43	percent of total billed charges	
NICARDIPINE 0.1 MG INJ	J2404	HCPCS	both			1.5		Americare	Americare		1.13	75			0.45	1.43	percent of total billed charges	
NICARDIPINE 0.1 MG INJ	J2404	HCPCS	both			1.5		Amerihealth	HMO/PPO		0.98	65			0.45	1.43	percent of total billed charges	
NICARDIPINE 0.1 MG INJ	J2404	HCPCS	both			1.5		Consumer	Consumer		1.43	95			0.45	1.43	percent of total billed charges	
NICARDIPINE 0.1 MG INJ	J2404	HCPCS	both			1.5		Corrections	Corrections		1.2	80			0.45	1.43	percent of total billed charges	
NICARDIPINE 0.1 MG INJ	J2404	HCPCS	both			1.5		First Health	First Health		1.05	70			0.45	1.43	percent of total billed charges	
NICARDIPINE 0.1 MG INJ	J2404	HCPCS	both			1.5		First Trenton	First Trenton		1.35	90			0.45	1.43	percent of total billed charges	
NICARDIPINE 0.1 MG INJ	J2404	HCPCS	both			1.5		Horizon	MGD		0.57	38.28			0.45	1.43	percent of total billed charges	
NICARDIPINE 0.1 MG INJ	J2404	HCPCS	both			1.5		Horizon	Indemnity		0.57	38.28			0.45	1.43	percent of total billed charges	
NICARDIPINE 0.1 MG INJ	J2404	HCPCS	both			1.5		Horizon	Medicare Blue		0.45	30			0.45	1.43	percent of total billed charges	
NICARDIPINE 0.1 MG INJ	J2404	HCPCS	both			1.5		Horizon	PPO		0.57	38.28			0.45	1.43	percent of total billed charges	
NICARDIPINE 0.1 MG INJ	J2404	HCPCS	both			1.5		Managed Care Inc	Managed Care Inc		1.35	90			0.45	1.43	percent of total billed charges	
NICARDIPINE 0.1 MG INJ	J2404	HCPCS	both			1.5		Multiplan	Multiplan		1.2	80			0.45	1.43	percent of total billed charges	
NICARDIPINE 0.1 MG INJ	J2404	HCPCS	both			1.5		Qualcare	Qualcare		1.13	75			0.45	1.43	percent of total billed charges	
NICARDIPINE 0.1 MG INJ	J2404	HCPCS	both			1.5		Three Rivers	Three Rivers		1.43	95			0.45	1.43	percent of total billed charges	
NICARDIPINE 0.1 MG INJ	J2404	HCPCS	both			1.5		UHC	Medicaid		0.47	31.55			0.45	1.43	percent of total billed charges	
NICARDIPINE 0.1 MG INJ	J2404	HCPCS	both			1.5		Wellcare	Medicaid		0.47	31.55			0.45	1.43	percent of total billed charges	
NICARDIPINE 0.1 MG INJ	J2404	HCPCS	both			1.5		WellPoint	WellPoint		0.48	32.18			0.45	1.43	percent of total billed charges	
ONDANSETRON 2MG/1ML INJ	J2405	HCPCS	both			171		0.12 Aetna	Better Health		53.95	31.55			0.1	162.45	percent of total billed charges	
ONDANSETRON 2MG/1ML INJ	J2405	HCPCS	both			171		0.12 Aetna	Commercial		64.98	38			0.1	162.45	percent of total billed charges	
ONDANSETRON 2MG/1ML INJ	J2405	HCPCS	both			171		0.12 Aetna	Medicare		0.1				0.1	162.45	fee schedule	
ONDANSETRON 2MG/1ML INJ	J2405	HCPCS	both			171		0.12 Americare	Americare		128.25	75			0.1	162.45	percent of total billed charges	
ONDANSETRON 2MG/1ML INJ	J2405	HCPCS	both			171		0.12 Amerihealth	Medicare		0.1				0.1	162.45	fee schedule	
ONDANSETRON 2MG/1ML INJ	J2405	HCPCS	both			171		0.12 Amerihealth	HMO/PPO		0.14				0.1	162.45	fee schedule	
ONDANSETRON 2MG/1ML INJ	J2405	HCPCS	both			171		0.12 Consumer	Consumer		162.45	95			0.1	162.45	percent of total billed charges	
ONDANSETRON 2MG/1ML INJ	J2405	HCPCS	both			171		0.12 Corrections	Corrections		136.8	80			0.1	162.45	percent of total billed charges	
ONDANSETRON 2MG/1ML INJ	J2405	HCPCS	both			171		0.12 First Health	First Health		119.7	70			0.1	162.45	percent of total billed charges	
ONDANSETRON 2MG/1ML INJ	J2405	HCPCS	both			171		0.12 First Trenton	First Trenton		153.9	90			0.1	162.45	percent of total billed charges	
ONDANSETRON 2MG/1ML INJ	J2405	HCPCS	both			171		0.12 Horizon	MGD		65.46	38.28			0.1	162.45	percent of total billed charges	
ONDANSETRON 2MG/1ML INJ	J2405	HCPCS	both			171		0.12 Horizon	Indemnity		65.46	38.28			0.1	162.45	percent of total billed charges	
ONDANSETRON 2MG/1ML INJ	J2405	HCPCS	both			171		0.12 Horizon	Medicare Blue		51.3	30			0.1	162.45	percent of total billed charges	
ONDANSETRON 2MG/1ML INJ	J2405	HCPCS	both			171		0.12 Horizon	PPO		65.46	38.28			0.1	162.45	percent of total billed charges	
ONDANSETRON 2MG/1ML INJ	J2405	HCPCS	both			171		0.12 Managed Care Inc	Managed Care Inc		153.9	90			0.1	162.45	percent of total billed charges	
ONDANSETRON 2MG/1ML INJ	J2405	HCPCS	both			171		0.12 Multiplan	Multiplan		136.8	80			0.1	162.45	percent of total billed charges	
ONDANSETRON 2MG/1ML INJ	J2405	HCPCS	both			171		0.12 Qualcare	Qualcare		128.25	75			0.1	162.45	percent of total billed charges	
ONDANSETRON 2MG/1ML INJ	J2405	HCPCS	both			171		0.12 Three Rivers	Three Rivers		162.45	95			0.1	162.45	percent of total billed charges	
ONDANSETRON 2MG/1ML INJ	J2405	HCPCS	both			171		0.12 UHC	Medicare		0.1				0.1	162.45	fee schedule	
ONDANSETRON 2MG/1ML INJ	J2405	HCPCS	both			171		0.12 UHC	Medicaid		53.95	31.55			0.1	162.45	percent of total billed charges	
ONDANSETRON 2MG/1ML INJ	J2405	HCPCS	both			171		0.12 Wellcare	Medicare		0.1				0.1	162.45	fee schedule	
ONDANSETRON 2MG/1ML INJ	J2405	HCPCS	both			171		0.12 Wellcare	Medicaid		53.95	31.55			0.1	162.45	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ONDANSETRON 2MG/1ML INJ	J2405	HCPCS	both			171	0.12	WellPoint	WellPoint		55.03	32.18			0.1		162.45 percent of total billed charges	
PALIPERIDONE PALMITATE 1MG SYRN	J2426	HCPCS	both			35.5	16.47	Aetna	Better Health		11.2	31.55			9.89		35.8 percent of total billed charges	
PALIPERIDONE PALMITATE 1MG SYRN	J2426	HCPCS	both			35.5	16.47	Aetna	Commercial		27.29				9.89		35.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PALIPERIDONE PALMITATE 1MG SYRN	J2426	HCPCS	both			35.5	16.47	Aetna	Medicare		14.32				9.89		35.8 fee schedule	
PALIPERIDONE PALMITATE 1MG SYRN	J2426	HCPCS	both			35.5	16.47	Americare	Americare		26.63	75			9.89		35.8 percent of total billed charges	
PALIPERIDONE PALMITATE 1MG SYRN	J2426	HCPCS	both			35.5	16.47	Amerihealth	HMO/PPO		9.89				9.89		35.8 fee schedule	
PALIPERIDONE PALMITATE 1MG SYRN	J2426	HCPCS	both			35.5	16.47	Amerihealth	Medicare		14.32				9.89		35.8 fee schedule	
PALIPERIDONE PALMITATE 1MG SYRN	J2426	HCPCS	both			35.5	16.47	Consumer	Consumer		33.73	95			9.89		35.8 percent of total billed charges	
PALIPERIDONE PALMITATE 1MG SYRN	J2426	HCPCS	both			35.5	16.47	Corrections	Corrections		28.4	80			9.89		35.8 percent of total billed charges	
PALIPERIDONE PALMITATE 1MG SYRN	J2426	HCPCS	both			35.5	16.47	First Health	First Health		24.85	70			9.89		35.8 percent of total billed charges	
PALIPERIDONE PALMITATE 1MG SYRN	J2426	HCPCS	both			35.5	16.47	First Trenton	First Trenton		31.95	90			9.89		35.8 percent of total billed charges	
PALIPERIDONE PALMITATE 1MG SYRN	J2426	HCPCS	both			35.5	16.47	Horizon	MGD		31.9				9.89		35.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PALIPERIDONE PALMITATE 1MG SYRN	J2426	HCPCS	both			35.5	16.47	Horizon	Medicare Blue		17.14				9.89		35.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PALIPERIDONE PALMITATE 1MG SYRN	J2426	HCPCS	both			35.5	16.47	Horizon	PPO		31.9				9.89		35.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PALIPERIDONE PALMITATE 1MG SYRN	J2426	HCPCS	both			35.5	16.47	Horizon	Indemnity		31.9				9.89		35.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PALIPERIDONE PALMITATE 1MG SYRN	J2426	HCPCS	both			35.5	16.47	Managed Care Inc	Managed Care Inc		31.95	90			9.89		35.8 percent of total billed charges	
PALIPERIDONE PALMITATE 1MG SYRN	J2426	HCPCS	both			35.5	16.47	Multiplan	Multiplan		28.4	80			9.89		35.8 percent of total billed charges	
PALIPERIDONE PALMITATE 1MG SYRN	J2426	HCPCS	both			35.5	16.47	Qualcare	Qualcare		26.63	75			9.89		35.8 percent of total billed charges	
PALIPERIDONE PALMITATE 1MG SYRN	J2426	HCPCS	both			35.5	16.47	Three Rivers	Three Rivers		33.73	95			9.89		35.8 percent of total billed charges	
PALIPERIDONE PALMITATE 1MG SYRN	J2426	HCPCS	both			35.5	16.47	UHC	Medicaid		11.2	31.55			9.89		35.8 percent of total billed charges	
PALIPERIDONE PALMITATE 1MG SYRN	J2426	HCPCS	both			35.5	16.47	UHC	Medicare		14.32				9.89		35.8 fee schedule	
PALIPERIDONE PALMITATE 1MG SYRN	J2426	HCPCS	both			35.5	16.47	United	Oxford		35.8				9.89		35.8 fee schedule	
PALIPERIDONE PALMITATE 1MG SYRN	J2426	HCPCS	both			35.5	16.47	United	Commercial|PPO		35.8				9.89		35.8 fee schedule	
PALIPERIDONE PALMITATE 1MG SYRN	J2426	HCPCS	both			35.5	16.47	Wellcare	Medicare		14.32				9.89		35.8 fee schedule	
PALIPERIDONE PALMITATE 1MG SYRN	J2426	HCPCS	both			35.5	16.47	Wellcare	Medicaid		11.2	31.55			9.89		35.8 percent of total billed charges	
PALIPERIDONE PALMITATE 1MG SYRN	J2426	HCPCS	both			35.5	16.47	WellPoint	WellPoint		11.42	32.18			9.89		35.8 percent of total billed charges	
PAMIDRONATE 30MG INJ	J2430	HCPCS	outpatient			1703	10.21	Aetna	Medicare		8.87				8.87		1617.85 fee schedule	
PAMIDRONATE 30MG INJ	J2430	HCPCS	outpatient			1703	10.21	Aetna	Better Health		537.3	31.55			8.87		1617.85 percent of total billed charges	
PAMIDRONATE 30MG INJ	J2430	HCPCS	outpatient			1703	10.21	Aetna	Commercial		647.14	38			8.87		1617.85 percent of total billed charges	
PAMIDRONATE 30MG INJ	J2430	HCPCS	outpatient			1703	10.21	Americare	Americare		1277.25	75			8.87		1617.85 percent of total billed charges	
PAMIDRONATE 30MG INJ	J2430	HCPCS	outpatient			1703	10.21	Amerihealth	HMO/PPO		11.3				8.87		1617.85 fee schedule	
PAMIDRONATE 30MG INJ	J2430	HCPCS	outpatient			1703	10.21	Amerihealth	Medicare		8.87				8.87		1617.85 fee schedule	
PAMIDRONATE 30MG INJ	J2430	HCPCS	outpatient			1703	10.21	Consumer	Consumer		1617.85	95			8.87		1617.85 percent of total billed charges	
PAMIDRONATE 30MG INJ	J2430	HCPCS	outpatient			1703	10.21	Corrections	Corrections		1362.4	80			8.87		1617.85 percent of total billed charges	
PAMIDRONATE 30MG INJ	J2430	HCPCS	outpatient			1703	10.21	First Health	First Health		1192.1	70			8.87		1617.85 percent of total billed charges	
PAMIDRONATE 30MG INJ	J2430	HCPCS	outpatient			1703	10.21	First Trenton	First Trenton		1532.7	90			8.87		1617.85 percent of total billed charges	
PAMIDRONATE 30MG INJ	J2430	HCPCS	outpatient			1703	10.21	Horizon	MGD		651.91	38.28			8.87		1617.85 percent of total billed charges	
PAMIDRONATE 30MG INJ	J2430	HCPCS	outpatient			1703	10.21	Horizon	PPO		651.91	38.28			8.87		1617.85 percent of total billed charges	
PAMIDRONATE 30MG INJ	J2430	HCPCS	outpatient			1703	10.21	Horizon	Indemnity		651.91	38.28			8.87		1617.85 percent of total billed charges	
PAMIDRONATE 30MG INJ	J2430	HCPCS	outpatient			1703	10.21	Horizon	Medicare Blue		510.9	30			8.87		1617.85 percent of total billed charges	
PAMIDRONATE 30MG INJ	J2430	HCPCS	outpatient			1703	10.21	Managed Care Inc	Managed Care Inc		1532.7	90			8.87		1617.85 percent of total billed charges	
PAMIDRONATE 30MG INJ	J2430	HCPCS	outpatient			1703	10.21	Multiplan	Multiplan		1362.4	80			8.87		1617.85 percent of total billed charges	
PAMIDRONATE 30MG INJ	J2430	HCPCS	outpatient			1703	10.21	Qualcare	Qualcare		1277.25	75			8.87		1617.85 percent of total billed charges	
PAMIDRONATE 30MG INJ	J2430	HCPCS	outpatient			1703	10.21	Three Rivers	Three Rivers		1617.85	95			8.87		1617.85 percent of total billed charges	
PAMIDRONATE 30MG INJ	J2430	HCPCS	outpatient			1703	10.21	UHC	Medicaid		537.3	31.55			8.87		1617.85 percent of total billed charges	
PAMIDRONATE 30MG INJ	J2430	HCPCS	outpatient			1703	10.21	UHC	Medicare		8.87				8.87		1617.85 fee schedule	
PAMIDRONATE 30MG INJ	J2430	HCPCS	outpatient			1703	10.21	Wellcare	Medicare		8.87				8.87		1617.85 fee schedule	
PAMIDRONATE 30MG INJ	J2430	HCPCS	outpatient			1703	10.21	Wellcare	Medicaid		537.3	31.55			8.87		1617.85 percent of total billed charges	
PAMIDRONATE 30MG INJ	J2430	HCPCS	outpatient			1703	10.21	WellPoint	WellPoint		548.03	32.18			8.87		1617.85 percent of total billed charges	
PAPAVERINE 60MG INJ	J2440	HCPCS	both			23.5		Aetna	Better Health		7.41	31.55			5.1		22.33 percent of total billed charges	
PAPAVERINE 60MG INJ	J2440	HCPCS	both			23.5		Aetna	Medicare		7.24	30.8			5.1		22.33 percent of total billed charges	
PAPAVERINE 60MG INJ	J2440	HCPCS	both			23.5		Aetna	Commercial		8.93	38			5.1		22.33 percent of total billed charges	
PAPAVERINE 60MG INJ	J2440	HCPCS	both			23.5		Americare	Americare		17.63	75			5.1		22.33 percent of total billed charges	
PAPAVERINE 60MG INJ	J2440	HCPCS	both			23.5		Amerihealth	HMO/PPO		5.1				5.1		22.33 fee schedule	
PAPAVERINE 60MG INJ	J2440	HCPCS	both			23.5		Consumer	Consumer		22.33	95			5.1		22.33 percent of total billed charges	
PAPAVERINE 60MG INJ	J2440	HCPCS	both			23.5		Corrections	Corrections		18.8	80			5.1		22.33 percent of total billed charges	
PAPAVERINE 60MG INJ	J2440	HCPCS	both			23.5		First Health	First Health		16.45	70			5.1		22.33 percent of total billed charges	
PAPAVERINE 60MG INJ	J2440	HCPCS	both			23.5		First Trenton	First Trenton		21.15	90			5.1		22.33 percent of total billed charges	
PAPAVERINE 60MG INJ	J2440	HCPCS	both			23.5		Horizon	MGD		9	38.28			5.1		22.33 percent of total billed charges	
PAPAVERINE 60MG INJ	J2440	HCPCS	both			23.5		Horizon	Medicare Blue		7.05	30			5.1		22.33 percent of total billed charges	
PAPAVERINE 60MG INJ	J2440	HCPCS	both			23.5		Horizon	Indemnity		9	38.28			5.1		22.33 percent of total billed charges	
PAPAVERINE 60MG INJ	J2440	HCPCS	both			23.5		Horizon	PPO		9	38.28			5.1		22.33 percent of total billed charges	
PAPAVERINE 60MG INJ	J2440	HCPCS	both			23.5		Managed Care Inc	Managed Care Inc		21.15	90			5.1		22.33 percent of total billed charges	
PAPAVERINE 60MG INJ	J2440	HCPCS	both			23.5		Multiplan	Multiplan		18.8	80			5.1		22.33 percent of total billed charges	
PAPAVERINE 60MG INJ	J2440	HCPCS	both			23.5		Qualcare	Qualcare		17.63	75			5.1		22.33 percent of total billed charges	
PAPAVERINE 60MG INJ	J2440	HCPCS	both			23.5		Three Rivers	Three Rivers		22.33	95			5.1		22.33 percent of total billed charges	
PAPAVERINE 60MG INJ	J2440	HCPCS	both			23.5		UHC	Medicaid		7.41	31.55			5.1		22.33 percent of total billed charges	
PAPAVERINE 60MG INJ	J2440	HCPCS	both			23.5		Wellcare	Medicaid		7.41	31.55			5.1		22.33 percent of total billed charges	
PAPAVERINE 60MG INJ	J2440	HCPCS	both			23.5		WellPoint	WellPoint		7.56	32.18			5.1		22.33 percent of total billed charges	
PALONOSETRON 25MCG INJ	J2469	HCPCS	both			190.5	0.97	Aetna	Better Health		60.1	31.55			0.85		180.98 percent of total billed charges	
PALONOSETRON 25MCG INJ	J2469	HCPCS	both			190.5	0.97	Aetna	Commercial		72.39	38			0.85		180.98 percent of total billed charges	
PALONOSETRON 25MCG INJ	J2469	HCPCS	both			190.5	0.97	Aetna	Medicare		0.85				0.85		180.98 fee schedule	
PALONOSETRON 25MCG INJ	J2469	HCPCS	both			190.5	0.97	Americare	Americare		142.88	75			0.85		180.98 percent of total billed charges	
PALONOSETRON 25MCG INJ	J2469	HCPCS	both			190.5	0.97	Amerihealth	Medicare		0.85				0.85		180.98 fee schedule	
PALONOSETRON 25MCG INJ	J2469	HCPCS	both			190.5	0.97	Amerihealth	HMO/PPO		24.83				0.85		180.98 fee schedule	
PALONOSETRON 25MCG INJ	J2469	HCPCS	both			190.5	0.97	Consumer	Consumer		180.98	95			0.85		180.98 percent of total billed charges	
PALONOSETRON 25MCG INJ	J2469	HCPCS	both			190.5	0.97	Corrections	Corrections		152.4	80			0.85		180.98 percent of total billed charges	
PALONOSETRON 25MCG INJ	J2469	HCPCS	both			190.5	0.97	First Health	First Health		133.35	70			0.85		180.98 percent of total billed charges	
PALONOSETRON 25MCG INJ	J2469	HCPCS	both			190.5	0.97	First Trenton	First Trenton		171.45	90			0.85		180.98 percent of total billed charges	
PALONOSETRON 25MCG INJ	J2469	HCPCS	both			190.5	0.97	Horizon	Medicare Blue		57.15	30			0.85		180.98 percent of total billed charges	
PALONOSETRON 25MCG INJ	J2469	HCPCS	both			190.5	0.97	Horizon	Indemnity		72.92	38.28			0.85		180.98 percent of total billed charges	
PALONOSETRON 25MCG INJ	J2469	HCPCS	both			190.5	0.97	Horizon	MGD		72.92	38.28			0.85		180.98 percent of total billed charges	
PALONOSETRON 25MCG INJ	J2469	HCPCS	both			190.5	0.97	Horizon	PPO		72.92	38.28			0.85		180.98 percent of total billed charges	
PALONOSETRON 25MCG INJ	J2469	HCPCS	both			190.5	0.97	Managed Care Inc	Managed Care Inc		171.45	90			0.85		180.98 percent of total billed charges	
PALONOSETRON 25MCG INJ	J2469	HCPCS	both			190.5	0.97	Multiplan	Multiplan		152.4	80			0.85		180.98 percent of total billed charges	
PALONOSETRON 25MCG INJ	J2469	HCPCS	both			190.5	0.97	Qualcare	Qualcare		142.88	75			0.85		180.98 percent of total billed charges	
PALONOSETRON 25MCG INJ	J2469	HCPCS	both			190.5	0.97	Three Rivers	Three Rivers		180.98	95			0.85		180.98 percent of total billed charges	
PALONOSETRON 25MCG INJ	J2469	HCPCS	both			190.5	0.97	UHC	Medicare		0.85				0.85		180.98 fee schedule	
PALONOSETRON 25MCG INJ	J2469	HCPCS	both			190.5	0.97	UHC	Medicaid		60.1	31.55			0.85		180.98 percent of total billed charges	
PALONOSETRON 25MCG INJ	J2469	HCPCS	both			190.5	0.97	Wellcare	Medicaid		60.1	31.55			0.85		180.98 percent of total billed charges	
PALONOSETRON 25MCG INJ	J2469	HCPCS	both			190.5	0.97	Wellcare	Medicare		0.85				0.85		180.98 fee schedule	
PALONOSETRON 25MCG INJ	J2469	HCPCS	both			190.5	0.97	WellPoint	WellPoint		61.3	32.18			0.85		180.98 percent of total billed charges	
PEGFILGRASTIM 0.5 MG INJ	J2506	HCPCS	both			2105.5	58.28	Aetna	Medicare		50.68				50.68		2000.23 fee schedule	
PEGFILGRASTIM 0.5 MG INJ	J2506	HCPCS	both			2105.5	58.28	Aetna	Better Health		664.29	31.55			50.68		2000.23 percent of total billed charges	
PEGFILGRASTIM 0.5 MG INJ	J2506	HCPCS	both			2105.5	58.28	Aetna	Commercial		209.73				50.68		2000.23 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PEGFILGRASTIM 0.5 MG INJ	J2506	HCPCS	both			2105.5	58.28	Americare	Americare		1579.13	75			50.68		2000.23 percent of total billed charges	
PEGFILGRASTIM 0.5 MG INJ	J2506	HCPCS	both			2105.5	58.28	Amerihealth	HMO/PPO		1368.58	65			50.68		2000.23 percent of total billed charges	
PEGFILGRASTIM 0.5 MG INJ	J2506	HCPCS	both			2105.5	58.28	Amerihealth	Medicare		50.68				50.68		2000.23 fee schedule	
PEGFILGRASTIM 0.5 MG INJ	J2506	HCPCS	both			2105.5	58.28	Consumer	Consumer		2000.23	95			50.68		2000.23 percent of total billed charges	
PEGFILGRASTIM 0.5 MG INJ	J2506	HCPCS	both			2105.5	58.28	Corrections	Corrections		1684.4	80			50.68		2000.23 percent of total billed charges	
PEGFILGRASTIM 0.5 MG INJ	J2506	HCPCS	both			2105.5	58.28	First Health	First Health		1473.85	70			50.68		2000.23 percent of total billed charges	
PEGFILGRASTIM 0.5 MG INJ	J2506	HCPCS	both			2105.5	58.28	First Trenton	First Trenton		1894.95	90			50.68		2000.23 percent of total billed charges	
PEGFILGRASTIM 0.5 MG INJ	J2506	HCPCS	both			2105.5	58.28	Horizon	MGD		245.17				50.68		2000.23 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PEGFILGRASTIM 0.5 MG INJ	J2506	HCPCS	both			2105.5	58.28	Horizon	Medicare Blue		131.74				50.68		2000.23 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PEGFILGRASTIM 0.5 MG INJ	J2506	HCPCS	both			2105.5	58.28	Horizon	Indemnity		245.17				50.68		2000.23 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PEGFILGRASTIM 0.5 MG INJ	J2506	HCPCS	both			2105.5	58.28	Horizon	PPO		245.17				50.68		2000.23 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PEGFILGRASTIM 0.5 MG INJ	J2506	HCPCS	both			2105.5	58.28	Managed Care Inc	Managed Care Inc		1894.95	90			50.68		2000.23 percent of total billed charges	
PEGFILGRASTIM 0.5 MG INJ	J2506	HCPCS	both			2105.5	58.28	Multiplan	Multiplan		1684.4	80			50.68		2000.23 percent of total billed charges	
PEGFILGRASTIM 0.5 MG INJ	J2506	HCPCS	both			2105.5	58.28	Qualcare	Qualcare		1579.13	75			50.68		2000.23 percent of total billed charges	
PEGFILGRASTIM 0.5 MG INJ	J2506	HCPCS	both			2105.5	58.28	Three Rivers	Three Rivers		2000.23	95			50.68		2000.23 percent of total billed charges	
PEGFILGRASTIM 0.5 MG INJ	J2506	HCPCS	both			2105.5	58.28	UHC	Medicaid		664.29	31.55			50.68		2000.23 percent of total billed charges	
PEGFILGRASTIM 0.5 MG INJ	J2506	HCPCS	both			2105.5	58.28	UHC	Medicare		50.68				50.68		2000.23 fee schedule	
PEGFILGRASTIM 0.5 MG INJ	J2506	HCPCS	both			2105.5	58.28	United	Commercial|PPO		126.7				50.68		2000.23 fee schedule	
PEGFILGRASTIM 0.5 MG INJ	J2506	HCPCS	both			2105.5	58.28	United	Oxford		126.7				50.68		2000.23 fee schedule	
PEGFILGRASTIM 0.5 MG INJ	J2506	HCPCS	both			2105.5	58.28	Wellcare	Medicare		50.68				50.68		2000.23 fee schedule	
PEGFILGRASTIM 0.5 MG INJ	J2506	HCPCS	both			2105.5	58.28	Wellcare	Medicaid		664.29	31.55			50.68		2000.23 percent of total billed charges	
PEGFILGRASTIM 0.5 MG INJ	J2506	HCPCS	both			2105.5	58.28	WellPoint	WellPoint		677.55	32.18			50.68		2000.23 percent of total billed charges	
PENICILLIN G PROCAINE 600000 MU ING	J2510	HCPCS	outpatient			118.5	56.51	Aetna	Better Health		37.39	31.55			29.04		112.58 percent of total billed charges	
PENICILLIN G PROCAINE 600000 MU ING	J2510	HCPCS	outpatient			118.5	56.51	Aetna	Commercial		78.23				29.04		112.58 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PENICILLIN G PROCAINE 600000 MU ING	J2510	HCPCS	outpatient			118.5	56.51	Aetna	Medicare		49.14				29.04		112.58 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PENICILLIN G PROCAINE 600000 MU ING	J2510	HCPCS	outpatient			118.5	56.51	Americare	Americare		88.88	75			29.04		112.58 percent of total billed charges	
PENICILLIN G PROCAINE 600000 MU ING	J2510	HCPCS	outpatient			118.5	56.51	Amerihealth	HMO/PPO		29.04				29.04		112.58 fee schedule	
PENICILLIN G PROCAINE 600000 MU ING	J2510	HCPCS	outpatient			118.5	56.51	Amerihealth	Medicare		49.14				29.04		112.58 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PENICILLIN G PROCAINE 600000 MU ING	J2510	HCPCS	outpatient			118.5	56.51	Consumer	Consumer		112.58	95			29.04		112.58 percent of total billed charges	
PENICILLIN G PROCAINE 600000 MU ING	J2510	HCPCS	outpatient			118.5	56.51	Corrections	Corrections		94.8	80			29.04		112.58 percent of total billed charges	
PENICILLIN G PROCAINE 600000 MU ING	J2510	HCPCS	outpatient			118.5	56.51	First Health	First Health		82.95	70			29.04		112.58 percent of total billed charges	
PENICILLIN G PROCAINE 600000 MU ING	J2510	HCPCS	outpatient			118.5	56.51	First Trenton	First Trenton		106.65	90			29.04		112.58 percent of total billed charges	
PENICILLIN G PROCAINE 600000 MU ING	J2510	HCPCS	outpatient			118.5	56.51	Horizon	Medicare Blue		49.14				29.04		112.58 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PENICILLIN G PROCAINE 600000 MU ING	J2510	HCPCS	outpatient			118.5	56.51	Horizon	Indemnity		91.45				29.04		112.58 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PENICILLIN G PROCAINE 600000 MU ING	J2510	HCPCS	outpatient			118.5	56.51	Horizon	MGD		91.45				29.04		112.58 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PENICILLIN G PROCAINE 600000 MU ING	J2510	HCPCS	outpatient			118.5	56.51	Horizon	PPO		91.45				29.04		112.58 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PENICILLIN G PROCAINE 600000 MU ING	J2510	HCPCS	outpatient			118.5	56.51	Managed Care Inc	Managed Care Inc		106.65	90			29.04		112.58 percent of total billed charges	
PENICILLIN G PROCAINE 600000 MU ING	J2510	HCPCS	outpatient			118.5	56.51	Multiplan	Multiplan		94.8	80			29.04		112.58 percent of total billed charges	
PENICILLIN G PROCAINE 600000 MU ING	J2510	HCPCS	outpatient			118.5	56.51	Qualcare	Qualcare		88.88	75			29.04		112.58 percent of total billed charges	
PENICILLIN G PROCAINE 600000 MU ING	J2510	HCPCS	outpatient			118.5	56.51	Three Rivers	Three Rivers		112.58	95			29.04		112.58 percent of total billed charges	
PENICILLIN G PROCAINE 600000 MU ING	J2510	HCPCS	outpatient			118.5	56.51	UHC	Medicaid		37.39	31.55			29.04		112.58 percent of total billed charges	
PENICILLIN G PROCAINE 600000 MU ING	J2510	HCPCS	outpatient			118.5	56.51	UHC	Medicare		49.14				29.04		112.58 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PENICILLIN G PROCAINE 600000 MU ING	J2510	HCPCS	outpatient			118.5	56.51	United	Oxford		102.35				29.04		112.58 fee schedule	
PENICILLIN G PROCAINE 600000 MU ING	J2510	HCPCS	outpatient			118.5	56.51	United	Commercial|PPO		102.35				29.04		112.58 fee schedule	
PENICILLIN G PROCAINE 600000 MU ING	J2510	HCPCS	outpatient			118.5	56.51	Wellcare	Medicaid		37.39	31.55			29.04		112.58 percent of total billed charges	
PENICILLIN G PROCAINE 600000 MU ING	J2510	HCPCS	outpatient			118.5	56.51	Wellcare	Medicare		49.14				29.04		112.58 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PENICILLIN G PROCAINE 600000 MU ING	J2510	HCPCS	outpatient			118.5	56.51	WellPoint	WellPoint		38.13	32.18			29.04		112.58 percent of total billed charges	
PENTOBARBITAL 50MG INJ	J2515	HCPCS	inpatient			185		Aetna	Commercial		70.3	38			51.18		175.75 percent of total billed charges	
PENTOBARBITAL 50MG INJ	J2515	HCPCS	inpatient			185		Aetna	Better Health		58.37	31.55			51.18		175.75 percent of total billed charges	
PENTOBARBITAL 50MG INJ	J2515	HCPCS	inpatient			185		Aetna	Medicare		56.98	30.8			51.18		175.75 percent of total billed charges	
PENTOBARBITAL 50MG INJ	J2515	HCPCS	inpatient			185		Americare	Americare		138.75	75			51.18		175.75 percent of total billed charges	
PENTOBARBITAL 50MG INJ	J2515	HCPCS	inpatient			185		Amerihealth	HMO/PPO		51.18				51.18		175.75 fee schedule	
PENTOBARBITAL 50MG INJ	J2515	HCPCS	inpatient			185		Consumer	Consumer		175.75	95			51.18		175.75 percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
PENTOBARBITAL 50MG INJ	J2515	HCPCS	inpatient			185		Corrections	Corrections		148				51.18	175.75	percent of total billed charges	
PENTOBARBITAL 50MG INJ	J2515	HCPCS	inpatient			185		First Health	First Health		129.5				51.18	175.75	percent of total billed charges	
PENTOBARBITAL 50MG INJ	J2515	HCPCS	inpatient			185		First Trenton	First Trenton		166.5				51.18	175.75	percent of total billed charges	
PENTOBARBITAL 50MG INJ	J2515	HCPCS	inpatient			185		Horizon	MGD		70.82	38.28			51.18	175.75	percent of total billed charges	
PENTOBARBITAL 50MG INJ	J2515	HCPCS	inpatient			185		Horizon	Indemnity		70.82	38.28			51.18	175.75	percent of total billed charges	
PENTOBARBITAL 50MG INJ	J2515	HCPCS	inpatient			185		Horizon	Medicare Blue		55.5	30			51.18	175.75	percent of total billed charges	
PENTOBARBITAL 50MG INJ	J2515	HCPCS	inpatient			185		Horizon	PPO		70.82	38.28			51.18	175.75	percent of total billed charges	
PENTOBARBITAL 50MG INJ	J2515	HCPCS	inpatient			185		Managed Care Inc	Managed Care Inc		166.5	90			51.18	175.75	percent of total billed charges	
PENTOBARBITAL 50MG INJ	J2515	HCPCS	inpatient			185		Multiplan	Multiplan		148	80			51.18	175.75	percent of total billed charges	
PENTOBARBITAL 50MG INJ	J2515	HCPCS	inpatient			185		Qualcare	Qualcare		138.75	75			51.18	175.75	percent of total billed charges	
PENTOBARBITAL 50MG INJ	J2515	HCPCS	inpatient			185		Three Rivers	Three Rivers		175.75	95			51.18	175.75	percent of total billed charges	
PENTOBARBITAL 50MG INJ	J2515	HCPCS	inpatient			185		UHC	Medicaid		58.37	31.55			51.18	175.75	percent of total billed charges	
PENTOBARBITAL 50MG INJ	J2515	HCPCS	inpatient			185		Wellcare	Medicaid		58.37	31.55			51.18	175.75	percent of total billed charges	
PENTOBARBITAL 50MG INJ	J2515	HCPCS	inpatient			185		WellPoint	WellPoint		59.53	32.18			51.18	175.75	percent of total billed charges	
PENICILLIN G POT 600,000U INJ	J2540	HCPCS	both			3.5	0.89	Aetna	Better Health		1.1	31.55			0.77	3.33	percent of total billed charges	
PENICILLIN G POT 600,000U INJ	J2540	HCPCS	both			3.5	0.89	Aetna	Commercial		1.33	38			0.77	3.33	percent of total billed charges	
PENICILLIN G POT 600,000U INJ	J2540	HCPCS	both			3.5	0.89	Aetna	Medicare		0.77				0.77	3.33	fee schedule	
PENICILLIN G POT 600,000U INJ	J2540	HCPCS	both			3.5	0.89	Americare	Americare		2.63	75			0.77	3.33	percent of total billed charges	
PENICILLIN G POT 600,000U INJ	J2540	HCPCS	both			3.5	0.89	Amerihealth	Medicare		0.77				0.77	3.33	fee schedule	
PENICILLIN G POT 600,000U INJ	J2540	HCPCS	both			3.5	0.89	Amerihealth	HMO/PPO		1.12				0.77	3.33	fee schedule	
PENICILLIN G POT 600,000U INJ	J2540	HCPCS	both			3.5	0.89	Consumer	Consumer		3.33	95			0.77	3.33	percent of total billed charges	
PENICILLIN G POT 600,000U INJ	J2540	HCPCS	both			3.5	0.89	Corrections	Corrections		2.8	80			0.77	3.33	percent of total billed charges	
PENICILLIN G POT 600,000U INJ	J2540	HCPCS	both			3.5	0.89	First Health	First Health		2.45	70			0.77	3.33	percent of total billed charges	
PENICILLIN G POT 600,000U INJ	J2540	HCPCS	both			3.5	0.89	First Trenton	First Trenton		3.15	90			0.77	3.33	percent of total billed charges	
PENICILLIN G POT 600,000U INJ	J2540	HCPCS	both			3.5	0.89	Horizon	Medicare Blue		1.05	30			0.77	3.33	percent of total billed charges	
PENICILLIN G POT 600,000U INJ	J2540	HCPCS	both			3.5	0.89	Horizon	Indemnity		1.34	38.28			0.77	3.33	percent of total billed charges	
PENICILLIN G POT 600,000U INJ	J2540	HCPCS	both			3.5	0.89	Horizon	MGD		1.34	38.28			0.77	3.33	percent of total billed charges	
PENICILLIN G POT 600,000U INJ	J2540	HCPCS	both			3.5	0.89	Horizon	PPO		1.34	38.28			0.77	3.33	percent of total billed charges	
PENICILLIN G POT 600,000U INJ	J2540	HCPCS	both			3.5	0.89	Managed Care Inc	Managed Care Inc		3.15	90			0.77	3.33	percent of total billed charges	
PENICILLIN G POT 600,000U INJ	J2540	HCPCS	both			3.5	0.89	Multiplan	Multiplan		2.8	80			0.77	3.33	percent of total billed charges	
PENICILLIN G POT 600,000U INJ	J2540	HCPCS	both			3.5	0.89	Qualcare	Qualcare		2.63	75			0.77	3.33	percent of total billed charges	
PENICILLIN G POT 600,000U INJ	J2540	HCPCS	both			3.5	0.89	Three Rivers	Three Rivers		3.33	95			0.77	3.33	percent of total billed charges	
PENICILLIN G POT 600,000U INJ	J2540	HCPCS	both			3.5	0.89	UHC	Medicaid		1.1	31.55			0.77	3.33	percent of total billed charges	
PENICILLIN G POT 600,000U INJ	J2540	HCPCS	both			3.5	0.89	UHC	Medicare		0.77				0.77	3.33	fee schedule	
PENICILLIN G POT 600,000U INJ	J2540	HCPCS	both			3.5	0.89	Wellcare	Medicare		0.77				0.77	3.33	fee schedule	
PENICILLIN G POT 600,000U INJ	J2540	HCPCS	both			3.5	0.89	Wellcare	Medicaid		1.1	31.55			0.77	3.33	percent of total billed charges	
PENICILLIN G POT 600,000U INJ	J2540	HCPCS	both			3.5	0.89	WellPoint	WellPoint		1.13	32.18			0.77	3.33	percent of total billed charges	
PIPERACILLIN/TAZOBACTAM 1.125G INJ	J2543	HCPCS	both			36.5	1.35	Aetna	Better Health		11.2	31.55			1.18	33.73	percent of total billed charges	
PIPERACILLIN/TAZOBACTAM 1.125G INJ	J2543	HCPCS	both			36.5	1.35	Aetna	Medicare		1.18				1.18	33.73	fee schedule	
PIPERACILLIN/TAZOBACTAM 1.125G INJ	J2543	HCPCS	both			36.5	1.35	Aetna	Commercial		13.49	38			1.18	33.73	percent of total billed charges	
PIPERACILLIN/TAZOBACTAM 1.125G INJ	J2543	HCPCS	both			36.5	1.35	Americare	Americare		26.63	75			1.18	33.73	percent of total billed charges	
PIPERACILLIN/TAZOBACTAM 1.125G INJ	J2543	HCPCS	both			36.5	1.35	Amerihealth	HMO/PPO		3.14				1.18	33.73	fee schedule	
PIPERACILLIN/TAZOBACTAM 1.125G INJ	J2543	HCPCS	both			36.5	1.35	Amerihealth	Medicare		1.18				1.18	33.73	fee schedule	
PIPERACILLIN/TAZOBACTAM 1.125G INJ	J2543	HCPCS	both			36.5	1.35	Consumer	Consumer		33.73	95			1.18	33.73	percent of total billed charges	
PIPERACILLIN/TAZOBACTAM 1.125G INJ	J2543	HCPCS	both			36.5	1.35	Corrections	Corrections		28.4	80			1.18	33.73	percent of total billed charges	
PIPERACILLIN/TAZOBACTAM 1.125G INJ	J2543	HCPCS	both			36.5	1.35	First Health	First Health		24.85	70			1.18	33.73	percent of total billed charges	
PIPERACILLIN/TAZOBACTAM 1.125G INJ	J2543	HCPCS	both			36.5	1.35	First Trenton	First Trenton		31.95	90			1.18	33.73	percent of total billed charges	
PIPERACILLIN/TAZOBACTAM 1.125G INJ	J2543	HCPCS	both			36.5	1.35	Horizon	Medicare Blue		10.65	30			1.18	33.73	percent of total billed charges	
PIPERACILLIN/TAZOBACTAM 1.125G INJ	J2543	HCPCS	both			36.5	1.35	Horizon	Indemnity		13.59	38.28			1.18	33.73	percent of total billed charges	
PIPERACILLIN/TAZOBACTAM 1.125G INJ	J2543	HCPCS	both			36.5	1.35	Horizon	MGD		13.59	38.28			1.18	33.73	percent of total billed charges	
PIPERACILLIN/TAZOBACTAM 1.125G INJ	J2543	HCPCS	both			36.5	1.35	Horizon	PPO		13.59	38.28			1.18	33.73	percent of total billed charges	
PIPERACILLIN/TAZOBACTAM 1.125G INJ	J2543	HCPCS	both			36.5	1.35	Managed Care Inc	Managed Care Inc		31.95	90			1.18	33.73	percent of total billed charges	
PIPERACILLIN/TAZOBACTAM 1.125G INJ	J2543	HCPCS	both			36.5	1.35	Multiplan	Multiplan		28.4	80			1.18	33.73	percent of total billed charges	
PIPERACILLIN/TAZOBACTAM 1.125G INJ	J2543	HCPCS	both			36.5	1.35	Qualcare	Qualcare		26.63	75			1.18	33.73	percent of total billed charges	
PIPERACILLIN/TAZOBACTAM 1.125G INJ	J2543	HCPCS	both			36.5	1.35	Three Rivers	Three Rivers		33.73	95			1.18	33.73	percent of total billed charges	
PIPERACILLIN/TAZOBACTAM 1.125G INJ	J2543	HCPCS	both			36.5	1.35	UHC	Medicaid		11.2	31.55			1.18	33.73	percent of total billed charges	
PIPERACILLIN/TAZOBACTAM 1.125G INJ	J2543	HCPCS	both			36.5	1.35	UHC	Medicare		1.18				1.18	33.73	fee schedule	
PIPERACILLIN/TAZOBACTAM 1.125G INJ	J2543	HCPCS	both			36.5	1.35	Wellcare	Medicaid		11.2	31.55			1.18	33.73	percent of total billed charges	
PIPERACILLIN/TAZOBACTAM 1.125G INJ	J2543	HCPCS	both			36.5	1.35	Wellcare	Medicare		1.18				1.18	33.73	fee schedule	
PIPERACILLIN/TAZOBACTAM 1.125G INJ	J2543	HCPCS	both			36.5	1.35	WellPoint	WellPoint		11.42	32.18			1.18	33.73	percent of total billed charges	
PERAMIVIR(RAPIVAB) 1MG INJ	J2547	HCPCS	outpatient			6	2.32	Aetna	Better Health		1.89	31.55			1.62	5.7	percent of total billed charges	
PERAMIVIR(RAPIVAB) 1MG INJ	J2547	HCPCS	outpatient			6	2.32	Aetna	Commercial		3.22				1.62	5.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERAMIVIR(RAPIVAB) 1MG INJ	J2547	HCPCS	outpatient			6	2.32	Aetna	Medicare		2.02				1.62	5.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERAMIVIR(RAPIVAB) 1MG INJ	J2547	HCPCS	outpatient			6	2.32	Americare	Americare		4.5	75			1.62	5.7	percent of total billed charges	
PERAMIVIR(RAPIVAB) 1MG INJ	J2547	HCPCS	outpatient			6	2.32	Amerihealth	Medicare		2.02				1.62	5.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERAMIVIR(RAPIVAB) 1MG INJ	J2547	HCPCS	outpatient			6	2.32	Amerihealth	HMO/PPO		1.62				1.62	5.7	fee schedule	
PERAMIVIR(RAPIVAB) 1MG INJ	J2547	HCPCS	outpatient			6	2.32	Consumer	Consumer		5.7	95			1.62	5.7	percent of total billed charges	
PERAMIVIR(RAPIVAB) 1MG INJ	J2547	HCPCS	outpatient			6	2.32	Corrections	Corrections		4.8	80			1.62	5.7	percent of total billed charges	
PERAMIVIR(RAPIVAB) 1MG INJ	J2547	HCPCS	outpatient			6	2.32	First Health	First Health		4.2	70			1.62	5.7	percent of total billed charges	
PERAMIVIR(RAPIVAB) 1MG INJ	J2547	HCPCS	outpatient			6	2.32	First Trenton	First Trenton		5.4	90			1.62	5.7	percent of total billed charges	
PERAMIVIR(RAPIVAB) 1MG INJ	J2547	HCPCS	outpatient			6	2.32	Horizon	PPO		3.76				1.62	5.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERAMIVIR(RAPIVAB) 1MG INJ	J2547	HCPCS	outpatient			6	2.32	Horizon	MGD		3.76				1.62	5.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERAMIVIR(RAPIVAB) 1MG INJ	J2547	HCPCS	outpatient			6	2.32	Horizon	Indemnity		3.76				1.62	5.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERAMIVIR(RAPIVAB) 1MG INJ	J2547	HCPCS	outpatient			6	2.32	Horizon	NJ Health		4.23				1.62	5.7	fee schedule	
PERAMIVIR(RAPIVAB) 1MG INJ	J2547	HCPCS	outpatient			6	2.32	Horizon	Medicare Blue		2.02				1.62	5.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERAMIVIR(RAPIVAB) 1MG INJ	J2547	HCPCS	outpatient			6	2.32	Managed Care Inc	Managed Care Inc		5.4	90			1.62	5.7	percent of total billed charges	
PERAMIVIR(RAPIVAB) 1MG INJ	J2547	HCPCS	outpatient			6	2.32	Multiplan	Multiplan		4.8	80			1.62	5.7	percent of total billed charges	
PERAMIVIR(RAPIVAB) 1MG INJ	J2547	HCPCS	outpatient			6	2.32	Qualcare	Qualcare		4.5	75			1.62	5.7	percent of total billed charges	
PERAMIVIR(RAPIVAB) 1MG INJ	J2547	HCPCS	outpatient			6	2.32	Three Rivers	Three Rivers		5.7	95			1.62	5.7	percent of total billed charges	
PERAMIVIR(RAPIVAB) 1MG INJ	J2547	HCPCS	outpatient			6	2.32	UHC	Medicaid		1.89	31.55			1.62	5.7	percent of total billed charges	
PERAMIVIR(RAPIVAB) 1MG INJ	J2547	HCPCS	outpatient			6	2.32	UHC	Medicare		2.02				1.62	5.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERAMIVIR(RAPIVAB) 1MG INJ	J2547	HCPCS	outpatient			6	2.32	United	Oxford		4.2				1.62	5.7	fee schedule	
PERAMIVIR(RAPIVAB) 1MG INJ	J2547	HCPCS	outpatient			6	2.32	United	Commercial|PPO		4.2				1.62	5.7	fee schedule	
PERAMIVIR(RAPIVAB) 1MG INJ	J2547	HCPCS	outpatient			6	2.32	Wellcare	Medicare		2.02				1.62	5.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERAMIVIR(RAPIVAB) 1MG INJ	J2547	HCPCS	outpatient			6	2.32	Wellcare	Medicaid		1.89	31.55			1.62	5.7	percent of total billed charges	
PERAMIVIR(RAPIVAB) 1MG INJ	J2547	HCPCS	outpatient			6	2.32	WellPoint	WellPoint		1.93	32.18			1.62	5.7	percent of total billed charges	
PROMETHAZINE 50MG INJ.	J2550	HCPCS	both			19	4.13	Aetna	Commercial		7.22	38			1.77	18.05	percent of total billed charges	
PROMETHAZINE 50MG INJ.	J2550	HCPCS	both			19	4.13	Aetna	Medicare		3.59				1.77	18.05	fee schedule	
PROMETHAZINE 50MG INJ.	J2550	HCPCS	both			19	4.13	Aetna	Better Health		5.99	31.55			1.77	18.05	percent of total billed charges	
PROMETHAZINE 50MG INJ.	J2550	HCPCS	both			19	4.13	Americare	Americare		14.25	75			1.77	18.05	percent of total billed charges	
PROMETHAZINE 50MG INJ.	J2550	HCPCS	both			19	4.13	Amerihealth	HMO/PPO		1.77				1.77	18.05	fee schedule	
PROMETHAZINE 50MG INJ.	J2550	HCPCS	both			19	4.13	Amerihealth	Medicare		3.59				1.77	18.05	fee schedule	
PROMETHAZINE 50MG INJ.	J2550	HCPCS	both			19	4.13	Consumer	Consumer		18.05	95			1.77	18.05	percent of total billed charges	
PROMETHAZINE 50MG INJ.	J2550	HCPCS	both			19	4.13	Corrections	Corrections		15.2	80			1.77	18.05	percent of total billed charges	
PROMETHAZINE 50MG INJ.	J2550	HCPCS	both			19	4.13	First Health	First Health		13.3	70			1.77	18.05	percent of total billed charges	
PROMETHAZINE 50MG INJ.	J2550	HCPCS	both			19	4.13	First Trenton	First Trenton		17.1	90			1.77	18.05	percent of total billed charges	
PROMETHAZINE 50MG INJ.	J2550	HCPCS	both			19	4.13	Horizon	Medicare Blue		5.7	30			1.77	18.05	percent of total billed charges	
PROMETHAZINE 50MG INJ.	J2550	HCPCS	both			19	4.13	Horizon	Indemnity		7.27	38.28			1.77	18.05	percent of total billed charges	
PROMETHAZINE 50MG INJ.	J2550	HCPCS	both			19	4.13	Horizon	MGD		7.27	38.28			1.77	18.05	percent of total billed charges	
PROMETHAZINE 50MG INJ.	J2550	HCPCS	both			19	4.13	Horizon	PPO		7.27	38.28			1.77	18.05	percent of total billed charges	
PROMETHAZINE 50MG INJ.	J2550	HCPCS	both			19	4.13	Managed Care Inc	Managed Care Inc		17.1	90			1.77	18.05	percent of total billed charges	
PROMETHAZINE 50MG INJ.	J2550	HCPCS	both			19	4.13	Multiplan	Multiplan		15.2	80			1.77	18.05	percent of total billed charges	
PROMETHAZINE 50MG INJ.	J2550	HCPCS	both			19	4.13	Qualcare	Qualcare		14.25	75			1.77	18.05	percent of total billed charges	
PROMETHAZINE 50MG INJ.	J2550	HCPCS	both			19	4.13	Three Rivers	Three Rivers		18.05	95			1.77	18.05	percent of total billed charges	
PROMETHAZINE 50MG INJ.	J2550	HCPCS	both			19	4.13	UHC	Medicaid		5.99	31.55			1.77	18.05	percent of total billed charges	
PROMETHAZINE 50MG INJ.	J2550	HCPCS	both			19	4.13	UHC	Medicare		3.59				1.77	18.05	fee schedule	
PROMETHAZINE 50MG INJ.	J2550	HCPCS	both			19	4.13	Wellcare	Medicaid		5.99	31.55			1.77	18.05	percent of total billed charges	
PROMETHAZINE 50MG INJ.	J2550	HCPCS	both			19	4.13	Wellcare	Medicare		3.59				1.77	18.05	fee schedule	
PROMETHAZINE 50MG INJ.	J2550	HCPCS	both			19	4.13	WellPoint	WellPoint		6.11	32.18			1.77	18.05	percent of total billed charges	
PHENOBARBITAL 65MG/1ML INJ	J2560	HCPCS	both			179	36.15	Aetna	Commercial		68.02	38			31.43	170.05	percent of total billed charges	
PHENOBARBITAL 65MG/1ML INJ	J2560	HCPCS	both			179	36.15	Aetna	Medicare		31.43				31.43	170.05	fee schedule	
PHENOBARBITAL 65MG/1ML INJ	J2560	HCPCS	both			179	36.15	Aetna	Better Health		56.47	31.55			31.43	170.05	percent of total billed charges	
PHENOBARBITAL 65MG/1ML INJ	J2560	HCPCS	both			179	36.15	Americare	Americare		134.25	75			31.43	170.05	percent of total billed charges	
PHENOBARBITAL 65MG/1ML INJ	J2560	HCPCS	both			179	36.15	Amerihealth	HMO/PPO		32.34				31.43	170.05	fee schedule	
PHENOBARBITAL 65MG/1ML INJ	J2560	HCPCS	both			179	36.15	Amerihealth	Medicare		31.43				31.43	170.05	fee schedule	
PHENOBARBITAL 65MG/1ML INJ	J2560	HCPCS	both			179	36.15	Consumer	Consumer		170.05	95			31.43	170.05	percent of total billed charges	
PHENOBARBITAL 65MG/1ML INJ	J2560	HCPCS	both			179	36.15	Corrections	Corrections		143.2	80			31.43	170.05	percent of total billed charges	
PHENOBARBITAL 65MG/1ML INJ	J2560	HCPCS	both			179	36.15	First Health	First Health		125.3	70			31.43	170.05	percent of total billed charges	
PHENOBARBITAL 65MG/1ML INJ	J2560	HCPCS	both			179	36.15	First Trenton	First Trenton		161.1	90			31.43	170.05	percent of total billed charges	
PHENOBARBITAL 65MG/1ML INJ	J2560	HCPCS	both			179	36.15	Horizon	Medicare Blue		53.7	30			31.43	170.05	percent of total billed charges	
PHENOBARBITAL 65MG/1ML INJ	J2560	HCPCS	both			179	36.15	Horizon	Indemnity		68.52	38.28			31.43	170.05	percent of total billed charges	
PHENOBARBITAL 65MG/1ML INJ	J2560	HCPCS	both			179	36.15	Horizon	MGD		68.52	38.28			31.43	170.05	percent of total billed charges	
PHENOBARBITAL 65MG/1ML INJ	J2560	HCPCS	both			179	36.15	Horizon	PPO		68.52	38.28			31.43	170.05	percent of total billed charges	
PHENOBARBITAL 65MG/1ML INJ	J2560	HCPCS	both			179	36.15	Managed Care Inc	Managed Care Inc		161.1	90			31.43	170.05	percent of total billed charges	
PHENOBARBITAL 65MG/1ML INJ	J2560	HCPCS	both			179	36.15	Multiplan	Multiplan		143.2	80			31.43	170.05	percent of total billed charges	
PHENOBARBITAL 65MG/1ML INJ	J2560	HCPCS	both			179	36.15	Qualcare	Qualcare		134.25	75			31.43	170.05	percent of total billed charges	
PHENOBARBITAL 65MG/1ML INJ	J2560	HCPCS	both			179	36.15	Three Rivers	Three Rivers		170.05	95			31.43	170.05	percent of total billed charges	
PHENOBARBITAL 65MG/1ML INJ	J2560	HCPCS	both			179	36.15	UHC	Medicare		31.43				31.43	170.05	fee schedule	
PHENOBARBITAL 65MG/1ML INJ	J2560	HCPCS	both			179	36.15	UHC	Medicaid		56.47	31.55			31.43	170.05	percent of total billed charges	
PHENOBARBITAL 65MG/1ML INJ	J2560	HCPCS	both			179	36.15	Wellcare	Medicare		31.43				31.43	170.05	fee schedule	
PHENOBARBITAL 65MG/1ML INJ	J2560	HCPCS	both			179	36.15	Wellcare	Medicaid		56.47	31.55			31.43	170.05	percent of total billed charges	
PHENOBARBITAL 65MG/1ML INJ	J2560	HCPCS	both			179	36.15	WellPoint	WellPoint		57.6	32.18			31.43	170.05	percent of total billed charges	
PLERIXAFOR INJECTION 1 MG INJ	J2562	HCPCS	outpatient			1446.5	198.82	Aetna	Commercial		236.16				148.34	1374.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLERIXAFOR INJECTION 1 MG INJ	J2562	HCPCS	outpatient			1446.5	198.82	Aetna	Better Health		456.37	31.55			148.34	1374.18	percent of total billed charges	
PLERIXAFOR INJECTION 1 MG INJ	J2562	HCPCS	outpatient			1446.5	198.82	Aetna	Medicare		172.88				148.34	1374.18	fee schedule	
PLERIXAFOR INJECTION 1 MG INJ	J2562	HCPCS	outpatient			1446.5	198.82	Americare	Americare		1084.88	75			148.34	1374.18	percent of total billed charges	
PLERIXAFOR INJECTION 1 MG INJ	J2562	HCPCS	outpatient			1446.5	198.82	Amerihealth	Medicare		172.88				148.34	1374.18	fee schedule	
PLERIXAFOR INJECTION 1 MG INJ	J2562	HCPCS	outpatient			1446.5	198.82	Amerihealth	HMO/PPO		338.61				148.34	1374.18	fee schedule	
PLERIXAFOR INJECTION 1 MG INJ	J2562	HCPCS	outpatient			1446.5	198.82	Consumer	Consumer		1374.18	95			148.34	1374.18	percent of total billed charges	
PLERIXAFOR INJECTION 1 MG INJ	J2562	HCPCS	outpatient			1446.5	198.82	Corrections	Corrections		1157.2	80			148.34	1374.18	percent of total billed charges	
PLERIXAFOR INJECTION 1 MG INJ	J2562	HCPCS	outpatient			1446.5	198.82	First Health	First Health		1012.55	70			148.34	1374.18	percent of total billed charges	
PLERIXAFOR INJECTION 1 MG INJ	J2562	HCPCS	outpatient			1446.5	198.82	First Trenton	First Trenton		1301.85	90			148.34	1374.18	percent of total billed charges	
PLERIXAFOR INJECTION 1 MG INJ	J2562	HCPCS	outpatient			1446.5	198.82	Horizon	Indemnity		276.06				148.34	1374.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLERIXAFOR INJECTION 1 MG INJ	J2562	HCPCS	outpatient			1446.5	198.82	Horizon	Medicare Blue		148.34				148.34	1374.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLERIXAFOR INJECTION 1 MG INJ	J2562	HCPCS	outpatient			1446.5	198.82	Horizon	MGD		276.06				148.34	1374.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLERIXAFOR INJECTION 1 MG INJ	J2562	HCPCS	outpatient			1446.5	198.82	Horizon	PPO		276.06				148.34	1374.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLERIXAFOR INJECTION 1 MG INJ	J2562	HCPCS	outpatient			1446.5	198.82	Managed Care Inc	Managed Care Inc		1301.85	90			148.34	1374.18	percent of total billed charges	
PLERIXAFOR INJECTION 1 MG INJ	J2562	HCPCS	outpatient			1446.5	198.82	Multiplan	Multiplan		1157.2	80			148.34	1374.18	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.																	
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true																
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
PLERIXAFOR INJECTION 1 MG INJ	J2562	HCPCS	outpatient			1446.5	198.82	Qualcare	Qualcare		1094.88	75			148.34	1374.18	percent of total billed charges	
PLERIXAFOR INJECTION 1 MG INJ	J2562	HCPCS	outpatient			1446.5	198.82	Three Rivers	Three Rivers		1374.18	95			148.34	1374.18	percent of total billed charges	
PLERIXAFOR INJECTION 1 MG INJ	J2562	HCPCS	outpatient			1446.5	198.82	UHC	Medicaid		456.37	31.55			148.34	1374.18	percent of total billed charges	
PLERIXAFOR INJECTION 1 MG INJ	J2562	HCPCS	outpatient			1446.5	198.82	UHC	Medicare		172.88				148.34	1374.18	fee schedule	
PLERIXAFOR INJECTION 1 MG INJ	J2562	HCPCS	outpatient			1446.5	198.82	United	Oxford		432.2				148.34	1374.18	fee schedule	
PLERIXAFOR INJECTION 1 MG INJ	J2562	HCPCS	outpatient			1446.5	198.82	United	Commercial|PPO		432.2				148.34	1374.18	fee schedule	
PLERIXAFOR INJECTION 1 MG INJ	J2562	HCPCS	outpatient			1446.5	198.82	Wellcare	Medicare		172.88				148.34	1374.18	fee schedule	
PLERIXAFOR INJECTION 1 MG INJ	J2562	HCPCS	outpatient			1446.5	198.82	Wellcare	Medicaid		456.37	31.55			148.34	1374.18	percent of total billed charges	
PLERIXAFOR INJECTION 1 MG INJ	J2562	HCPCS	outpatient			1446.5	198.82	WellPoint	WellPoint		465.48	32.18			148.34	1374.18	percent of total billed charges	
OXYTOCIN 20U/D5 1/2NS 1000ML IVLV	J2590	HCPCS	both			33.5		Aetna	Better Health		10.57	31.55			1.07	31.83	percent of total billed charges	
OXYTOCIN 20U/D5 1/2NS 1000ML IVLV	J2590	HCPCS	both			33.5		Aetna	Commercial		12.73	38			1.07	31.83	percent of total billed charges	
OXYTOCIN 20U/D5 1/2NS 1000ML IVLV	J2590	HCPCS	both			33.5		Aetna	Medicare		10.32	30.8			1.07	31.83	percent of total billed charges	
OXYTOCIN 20U/D5 1/2NS 1000ML IVLV	J2590	HCPCS	both			33.5		Americare	Americare		25.13	75			1.07	31.83	percent of total billed charges	
OXYTOCIN 20U/D5 1/2NS 1000ML IVLV	J2590	HCPCS	both			33.5		Amerihealth	HMO/PPO		1.07				1.07	31.83	fee schedule	
OXYTOCIN 20U/D5 1/2NS 1000ML IVLV	J2590	HCPCS	both			33.5		Consumer	Consumer		31.83	95			1.07	31.83	percent of total billed charges	
OXYTOCIN 20U/D5 1/2NS 1000ML IVLV	J2590	HCPCS	both			33.5		Corrections	Corrections		26.8	80			1.07	31.83	percent of total billed charges	
OXYTOCIN 20U/D5 1/2NS 1000ML IVLV	J2590	HCPCS	both			33.5		First Health	First Health		23.45	70			1.07	31.83	percent of total billed charges	
OXYTOCIN 20U/D5 1/2NS 1000ML IVLV	J2590	HCPCS	both			33.5		First Trenton	First Trenton		30.15	90			1.07	31.83	percent of total billed charges	
OXYTOCIN 20U/D5 1/2NS 1000ML IVLV	J2590	HCPCS	both			33.5		Horizon	Indemnity		12.82	38.28			1.07	31.83	percent of total billed charges	
OXYTOCIN 20U/D5 1/2NS 1000ML IVLV	J2590	HCPCS	both			33.5		Horizon	MGD		12.82	38.28			1.07	31.83	percent of total billed charges	
OXYTOCIN 20U/D5 1/2NS 1000ML IVLV	J2590	HCPCS	both			33.5		Horizon	PPO		12.82	38.28			1.07	31.83	percent of total billed charges	
OXYTOCIN 20U/D5 1/2NS 1000ML IVLV	J2590	HCPCS	both			33.5		Horizon	Medicare Blue		10.05	30			1.07	31.83	percent of total billed charges	
OXYTOCIN 20U/D5 1/2NS 1000ML IVLV	J2590	HCPCS	both			33.5		Managed Care Inc	Managed Care Inc		30.15	90			1.07	31.83	percent of total billed charges	
OXYTOCIN 20U/D5 1/2NS 1000ML IVLV	J2590	HCPCS	both			33.5		Multiplan	Multiplan		26.8	80			1.07	31.83	percent of total billed charges	
OXYTOCIN 20U/D5 1/2NS 1000ML IVLV	J2590	HCPCS	both			33.5		Qualcare	Qualcare		25.13	75			1.07	31.83	percent of total billed charges	
OXYTOCIN 20U/D5 1/2NS 1000ML IVLV	J2590	HCPCS	both			33.5		Three Rivers	Three Rivers		31.83	95			1.07	31.83	percent of total billed charges	
OXYTOCIN 20U/D5 1/2NS 1000ML IVLV	J2590	HCPCS	both			33.5		UHC	Medicaid		10.57	31.55			1.07	31.83	percent of total billed charges	
OXYTOCIN 20U/D5 1/2NS 1000ML IVLV	J2590	HCPCS	both			33.5		Wellcare	Medicaid		10.57	31.55			1.07	31.83	percent of total billed charges	
OXYTOCIN 20U/D5 1/2NS 1000ML IVLV	J2590	HCPCS	both			33.5		WellPoint	WellPoint		10.78	32.18			1.07	31.83	percent of total billed charges	
DESOMPRESSIN 1MCG/ML INJ	J2597	HCPCS	both			53.5	7.28	Aetna	Better Health		16.88	31.55			6.33	50.83	percent of total billed charges	
DESOMPRESSIN 1MCG/ML INJ	J2597	HCPCS	both			53.5	7.28	Aetna	Medicare		6.33				6.33	50.83	fee schedule	
DESOMPRESSIN 1MCG/ML INJ	J2597	HCPCS	both			53.5	7.28	Aetna	Commercial		11.99				6.33	50.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESOMPRESSIN 1MCG/ML INJ	J2597	HCPCS	both			53.5	7.28	Americare	Americare		40.13	75			6.33	50.83	percent of total billed charges	
DESOMPRESSIN 1MCG/ML INJ	J2597	HCPCS	both			53.5	7.28	Amerihealth	HMO/PPO		15.24				6.33	50.83	fee schedule	
DESOMPRESSIN 1MCG/ML INJ	J2597	HCPCS	both			53.5	7.28	Amerihealth	Medicare		6.33				6.33	50.83	fee schedule	
DESOMPRESSIN 1MCG/ML INJ	J2597	HCPCS	both			53.5	7.28	Consumer	Consumer		50.83	95			6.33	50.83	percent of total billed charges	
DESOMPRESSIN 1MCG/ML INJ	J2597	HCPCS	both			53.5	7.28	Corrections	Corrections		42.8	80			6.33	50.83	percent of total billed charges	
DESOMPRESSIN 1MCG/ML INJ	J2597	HCPCS	both			53.5	7.28	First Health	First Health		37.45	70			6.33	50.83	percent of total billed charges	
DESOMPRESSIN 1MCG/ML INJ	J2597	HCPCS	both			53.5	7.28	First Trenton	First Trenton		48.15	90			6.33	50.83	percent of total billed charges	
DESOMPRESSIN 1MCG/ML INJ	J2597	HCPCS	both			53.5	7.28	Horizon	Indemnity		14.01				6.33	50.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESOMPRESSIN 1MCG/ML INJ	J2597	HCPCS	both			53.5	7.28	Horizon	MGD		14.01				6.33	50.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESOMPRESSIN 1MCG/ML INJ	J2597	HCPCS	both			53.5	7.28	Horizon	Medicare Blue		7.53				6.33	50.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESOMPRESSIN 1MCG/ML INJ	J2597	HCPCS	both			53.5	7.28	Horizon	PPO		14.01				6.33	50.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESOMPRESSIN 1MCG/ML INJ	J2597	HCPCS	both			53.5	7.28	Managed Care Inc	Managed Care Inc		48.15	90			6.33	50.83	percent of total billed charges	
DESOMPRESSIN 1MCG/ML INJ	J2597	HCPCS	both			53.5	7.28	Multiplan	Multiplan		42.8	80			6.33	50.83	percent of total billed charges	
DESOMPRESSIN 1MCG/ML INJ	J2597	HCPCS	both			53.5	7.28	Qualcare	Qualcare		40.13	75			6.33	50.83	percent of total billed charges	
DESOMPRESSIN 1MCG/ML INJ	J2597	HCPCS	both			53.5	7.28	Three Rivers	Three Rivers		50.83	95			6.33	50.83	percent of total billed charges	
DESOMPRESSIN 1MCG/ML INJ	J2597	HCPCS	both			53.5	7.28	UHC	Medicaid		16.88	31.55			6.33	50.83	percent of total billed charges	
DESOMPRESSIN 1MCG/ML INJ	J2597	HCPCS	both			53.5	7.28	UHC	Medicare		6.33				6.33	50.83	fee schedule	
DESOMPRESSIN 1MCG/ML INJ	J2597	HCPCS	both			53.5	7.28	United	Commercial|PPO		15.83				6.33	50.83	fee schedule	
DESOMPRESSIN 1MCG/ML INJ	J2597	HCPCS	both			53.5	7.28	United	Oxford		15.83				6.33	50.83	fee schedule	
DESOMPRESSIN 1MCG/ML INJ	J2597	HCPCS	both			53.5	7.28	Wellcare	Medicaid		16.88	31.55			6.33	50.83	percent of total billed charges	
DESOMPRESSIN 1MCG/ML INJ	J2597	HCPCS	both			53.5	7.28	Wellcare	Medicare		6.33				6.33	50.83	fee schedule	
DESOMPRESSIN 1MCG/ML INJ	J2597	HCPCS	both			53.5	7.28	WellPoint	WellPoint		17.22	32.18			6.33	50.83	percent of total billed charges	
PROGESTERONE 50MG/ML INJ	J2675	HCPCS	both			23.5	1.05	Aetna	Better Health		7.41	31.55			0.91	22.33	percent of total billed charges	
PROGESTERONE 50MG/ML INJ	J2675	HCPCS	both			23.5	1.05	Aetna	Medicare		0.91				0.91	22.33	fee schedule	
PROGESTERONE 50MG/ML INJ	J2675	HCPCS	both			23.5	1.05	Aetna	Commercial		8.93	38			0.91	22.33	percent of total billed charges	
PROGESTERONE 50MG/ML INJ	J2675	HCPCS	both			23.5	1.05	Americare	Americare		17.63	75			0.91	22.33	percent of total billed charges	
PROGESTERONE 50MG/ML INJ	J2675	HCPCS	both			23.5	1.05	Amerihealth	Medicare		0.91				0.91	22.33	fee schedule	
PROGESTERONE 50MG/ML INJ	J2675	HCPCS	both			23.5	1.05	Amerihealth	HMO/PPO		1.5				0.91	22.33	fee schedule	
PROGESTERONE 50MG/ML INJ	J2675	HCPCS	both			23.5	1.05	Consumer	Consumer		22.33	95			0.91	22.33	percent of total billed charges	
PROGESTERONE 50MG/ML INJ	J2675	HCPCS	both			23.5	1.05	Corrections	Corrections		18.8	80			0.91	22.33	percent of total billed charges	
PROGESTERONE 50MG/ML INJ	J2675	HCPCS	both			23.5	1.05	First Health	First Health		16.45	70			0.91	22.33	percent of total billed charges	
PROGESTERONE 50MG/ML INJ	J2675	HCPCS	both			23.5	1.05	First Trenton	First Trenton		21.15	90			0.91	22.33	percent of total billed charges	
PROGESTERONE 50MG/ML INJ	J2675	HCPCS	both			23.5	1.05	Horizon	MGD		9	38.28			0.91	22.33	percent of total billed charges	
PROGESTERONE 50MG/ML INJ	J2675	HCPCS	both			23.5	1.05	Horizon	Indemnity		9	38.28			0.91	22.33	percent of total billed charges	
PROGESTERONE 50MG/ML INJ	J2675	HCPCS	both			23.5	1.05	Horizon	Medicare Blue		7.05	30			0.91	22.33	percent of total billed charges	
PROGESTERONE 50MG/ML INJ	J2675	HCPCS	both			23.5	1.05	Horizon	PPO		9	38.28			0.91	22.33	percent of total billed charges	
PROGESTERONE 50MG/ML INJ	J2675	HCPCS	both			23.5	1.05	Managed Care Inc	Managed Care Inc		21.15	90			0.91	22.33	percent of total billed charges	
PROGESTERONE 50MG/ML INJ	J2675	HCPCS	both			23.5	1.05	Multiplan	Multiplan		18.8	80			0.91	22.33	percent of total billed charges	
PROGESTERONE 50MG/ML INJ	J2675	HCPCS	both			23.5	1.05	Qualcare	Qualcare		17.63	75			0.91	22.33	percent of total billed charges	
PROGESTERONE 50MG/ML INJ	J2675	HCPCS	both			23.5	1.05	Three Rivers	Three Rivers		22.33	95			0.91	22.33	percent of total billed charges	
PROGESTERONE 50MG/ML INJ	J2675	HCPCS	both			23.5	1.05	UHC	Medicare		0.91				0.91	22.33	fee schedule	
PROGESTERONE 50MG/ML INJ	J2675	HCPCS	both			23.5	1.05	UHC	Medicaid		7.41	31.55			0.91	22.33	percent of total billed charges	
PROGESTERONE 50MG/ML INJ	J2675	HCPCS	both			23.5	1.05	Wellcare	Medicare		0.91				0.91	22.33	fee schedule	
PROGESTERONE 50MG/ML INJ	J2675	HCPCS	both			23.5	1.05	Wellcare	Medicaid		7.41	31.55			0.91	22.33	percent of total billed charges	
PROGESTERONE 50MG/ML INJ	J2675	HCPCS	both			23.5	1.05	WellPoint	WellPoint		7.56	32.18			0.91	22.33	percent of total billed charges	
FLUPHENAZINE 1.25 MG INJ	J2679	HCPCS	inpatient			5	8.68	Aetna	Medicare		7.55				1.5	7.55	fee schedule	
FLUPHENAZINE 1.25 MG INJ	J2679	HCPCS	inpatient			5	8.68	Aetna	Better Health		1.58	31.55			1.5	7.55	percent of total billed charges	
FLUPHENAZINE 1.25 MG INJ	J2679	HCPCS	inpatient			5	8.68	Aetna	Commercial		1.9	38			1.5	7.55	percent of total billed charges	
FLUPHENAZINE 1.25 MG INJ	J2679	HCPCS	inpatient			5	8.68	Americare	Americare		3.75	75			1.5	7.55	percent of total billed charges	
FLUPHENAZINE 1.25 MG INJ	J2679	HCPCS	inpatient			5	8.68	Amerihealth	HMO/PPO		3.25	65			1.5	7.55	percent of total billed charges	
FLUPHENAZINE 1.25 MG INJ	J2679	HCPCS	inpatient			5	8.68	Amerihealth	Medicare		7.55				1.5	7.55	fee schedule	
FLUPHENAZINE 1.25 MG INJ	J2679	HCPCS	inpatient			5	8.68	Consumer	Consumer		4.75	95			1.5	7.55	percent of total billed charges	
FLUPHENAZINE 1.25 MG INJ	J2679	HCPCS	inpatient			5	8.68	Corrections	Corrections		4	80			1.5	7.55	percent of total billed charges	
FLUPHENAZINE 1.25 MG INJ	J2679	HCPCS	inpatient			5	8.68	First Health	First Health		3.5	70			1.5	7.55	percent of total billed charges	
FLUPHENAZINE 1.25 MG INJ	J2679	HCPCS	inpatient			5	8.68	First Trenton	First Trenton		4.5	90			1.5	7.55	percent of total billed charges	
FLUPHENAZINE 1.25 MG INJ	J2679	HCPCS	inpatient			5	8.68	Horizon	MGD		1.91	38.28			1.5	7.55	percent of total billed charges	
FLUPHENAZINE 1.25 MG INJ	J2679	HCPCS	inpatient			5	8.68	Horizon	Medicare Blue		1.5	30			1.5	7.55	percent of total billed charges	
FLUPHENAZINE 1.25 MG INJ	J2679	HCPCS	inpatient			5	8.68	Horizon	Indemnity		1.91	38.28			1.5	7.55	percent of total billed charges	
FLUPHENAZINE 1.25 MG INJ	J2679	HCPCS	inpatient			5	8.68	Horizon	PPO		1.91	38.28			1.5	7.55	percent of total billed charges	
FLUPHENAZINE 1.25 MG INJ	J2679	HCPCS	inpatient			5	8.68	Managed Care Inc	Managed Care Inc		4.5	90			1.5	7.55	percent of total billed charges	
FLUPHENAZINE 1.25 MG INJ	J2679	HCPCS	inpatient			5	8.68	Multiplan	Multiplan		4	80			1.5	7.55	percent of total billed charges	
FLUPHENAZINE 1.25 MG INJ	J2679	HCPCS	inpatient			5	8.68	Qualcare	Qualcare		3.75	75			1.5	7.55	percent of total billed charges	
FLUPHENAZINE 1.25 MG INJ	J2679	HCPCS	inpatient			5	8.68	Three Rivers	Three Rivers		4.75	95			1.5	7.55	percent of total billed charges	
FLUPHENAZINE 1.25 MG INJ	J2679	HCPCS	inpatient			5	8.68	UHC	Medicaid		1.58	31.55			1.5	7.55	percent of total billed charges	
FLUPHENAZINE 1.25 MG INJ	J2679	HCPCS	inpatient			5	8.68	UHC	Medicare		7.55				1.5	7.55	fee schedule	
FLUPHENAZINE 1.25 MG INJ	J2679	HCPCS	inpatient			5	8.68	Wellcare	Medicare		7.55				1.5	7.55	fee schedule	
FLUPHENAZINE 1.25 MG INJ	J2679	HCPCS	inpatient			5	8.68	Wellcare	Medicaid		1.58	31.55			1.5	7.55	percent of total billed charges	
FLUPHENAZINE 1.25 MG INJ	J2679	HCPCS	inpatient			5	8.68	WellPoint	WellPoint		1.61	32.18			1.5	7.55	percent of total billed charges	
FLUPHENAZINE DECAN 25MG/ML (5ML)INJ	J2680	HCPCS	both			149	10.52	Aetna	Better Health		47.01	31.55			9.15	141.55	percent of total billed charges	
FLUPHENAZINE DECAN 25MG/ML (5ML)INJ	J2680	HCPCS	both			149	10.52	Aetna	Commercial		56.62	38			9.15	141.55	percent of total billed charges	
FLUPHENAZINE DECAN 25MG/ML (5ML)INJ	J2680	HCPCS	both			149	10.52	Aetna	Medicare		9.15				9.15	141.55	fee schedule	
FLUPHENAZINE DECAN 25MG/ML (5ML)INJ	J2680	HCPCS	both			149	10.52	Americare	Americare		111.75	75			9.15	141.55	percent of total billed charges	
FLUPHENAZINE DECAN 25MG/ML (5ML)INJ	J2680	HCPCS	both			149	10.52	Amerihealth	HMO/PPO		24.71				9.15	141.55	fee schedule	
FLUPHENAZINE DECAN 25MG/ML (5ML)INJ	J2680	HCPCS	both			149	10.52	Amerihealth	Medicare		9.15				9.15	141.55	fee schedule	
FLUPHENAZINE DECAN 25MG/ML (5ML)INJ	J2680	HCPCS	both			149	10.52	Consumer	Consumer		141.55	95			9.15	141.55	percent of total billed charges	
FLUPHENAZINE DECAN 25MG/ML (5ML)INJ	J2680	HCPCS	both			149	10.52	Corrections	Corrections		119.2	80			9.15	141.55	percent of total billed charges	
FLUPHENAZINE DECAN 25MG/ML (5ML)INJ	J2680	HCPCS	both			149	10.52	First Health	First Health		104.3	70			9.15	141.55	percent of total billed charges	
FLUPHENAZINE DECAN 25MG/ML (5ML)INJ	J2680	HCPCS	both			149	10.52	First Trenton	First Trenton		134.1	90			9.15	141.55	percent of total billed charges	
FLUPHENAZINE DECAN 25MG/ML (5ML)INJ	J2680	HCPCS	both			149	10.52	Horizon	Indemnity		57.04	38.28			9.15	141.55	percent of total billed charges	
FLUPHENAZINE DECAN 25MG/ML (5ML)INJ	J2680	HCPCS	both			149	10.52	Horizon	MGD		57.04	38.28			9.15	141.55	percent of total billed charges	
FLUPHENAZINE DECAN 25MG/ML (5ML)INJ	J2680	HCPCS	both			149	10.52	Horizon	Medicare Blue		44.7	30			9.15	141.55	percent of total billed charges	
FLUPHENAZINE DECAN 25MG/ML (5ML)INJ	J2680	HCPCS	both			149	10.52	Horizon	PPO		57.04	38.28			9.15	141.55	percent of total billed charges	
FLUPHENAZINE DECAN 25MG/ML (5ML)INJ	J2680	HCPCS	both			149	10.52	Managed Care Inc	Managed Care Inc		134.1	90			9.15	141.55	percent of total billed charges	
FLUPHENAZINE DECAN 25MG/ML (5ML)INJ	J2680	HCPCS	both			149	10.52	Multiplan	Multiplan		119.2	80			9.15	141.55	percent of total billed charges	
FLUPHENAZINE DECAN 25MG/ML (5ML)INJ	J2680	HCPCS	both			149	10.52	Qualcare	Qualcare		111.75	75			9.15	141.55	percent of total billed charges	
FLUPHENAZINE DECAN 25MG/ML (5ML)INJ	J2680	HCPCS	both			149	10.52	Three Rivers	Three Rivers		141.55	95			9.15	141.55	percent of total billed charges	
FLUPHENAZINE DECAN 25MG/ML (5ML)INJ	J2680	HCPCS	both			149	10.52	UHC	Medicare		9.15				9.15	141.55	fee schedule	
FLUPHENAZINE DECAN 25MG/ML (5ML)INJ	J2680	HCPCS	both			149	10.52	UHC	Medicaid		47.01	31.55			9.15	141.55	percent of total billed charges	
FLUPHENAZINE DECAN 25MG/ML (5ML)INJ	J2680	HCPCS	both			149	10.52	Wellcare	Medicare		9.15				9.15	141.55	fee schedule	
FLUPHENAZINE DECAN 25MG/ML (5ML)INJ	J2680	HCPCS	both			149	10.52	Wellcare	Medicaid		47.01	31.55			9.15	141.55	percent of total billed charges	
FLUPHENAZINE DECAN 25MG/ML (5ML)INJ	J2680	HCPCS	both			149	10.52	WellPoint	WellPoint		47.95	32.18			9.15	141.55	percent of total billed charges	
PROCAINAMIDE 1000MG/2ML VL	J2690	HCPCS	both			8.5	168.26	Aetna	Medicare		146.32				2.68	418.17	fee schedule	
PROCAINAMIDE 1000MG/2ML VL	J2690	HCPCS	both			8.5	168.26	Aetna	Better Health		2.68	31.55			2.68	418.17	percent of total billed charges	
PROCAINAMIDE 1000MG/2ML VL	J2690	HCPCS	both			8.5	168.26	Aetna	Commercial		357.72				2.68	418.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROCAINAMIDE 1000MG/2ML VL	J2690	HCPCS	both			8.5	168.26	Americare	Americare		6.38	75			2.68	418.17	percent of total billed charges	
PROCAINAMIDE 1000MG/2ML VL	J2690	HCPCS	both			8.5	168.26	Amerihealth	HMO/PPO		60.32				2.68	418.17	fee schedule	
PROCAINAMIDE 1000MG/2ML VL	J2690	HCPCS	both			8.5	168.26	Amerihealth	Medicare		146.32				2.68	418.17	fee schedule	
PROCAINAMIDE 1000MG/2ML VL	J2690	HCPCS	both			8.5	168.26	Consumer	Consumer		8.08	95			2.68	418.17	percent of total billed charges	
PROCAINAMIDE 1000MG/2ML VL	J2690	HCPCS	both			8.5	168.26	Corrections	Corrections		6.8	80			2.68	418.17	percent of total billed charges	
PROCAINAMIDE 1000MG/2ML VL	J2690	HCPCS	both			8.5	168.26	First Health	First Health		5.95	70			2.68	418.17	percent of total billed charges	
PROCAINAMIDE 1000MG/2ML VL	J2690	HCPCS	both			8.5	168.26	First Trenton	First Trenton		7.65	90			2.68	418.17	percent of total billed charges	
PROCAINAMIDE 1000MG/2ML VL	J2690	HCPCS	both			8.5	168.26	Horizon	Medicare Blue		224.7				2.68	418.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROCAINAMIDE 1000MG/2ML VL	J2690	HCPCS	both			8.5	168.26	Horizon	PPO		418.17				2.68	418.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROCAINAMIDE 1000MG/2ML VL	J2690	HCPCS	both			8.5	168.26	Horizon	MGD		418.17				2.68	418.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROCAINAMIDE 1000MG/2ML VL	J2690	HCPCS	both			8.5	168.26	Horizon	Indemnity		418.17				2.68	418.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROCAINAMIDE 1000MG/2ML VL	J2690	HCPCS	both			8.5	168.26	Managed Care Inc	Managed Care Inc		7.65	90			2.68	418.17	percent of total billed charges	
PROCAINAMIDE 1000MG/2ML VL	J2690	HCPCS	both			8.5	168.26	Multiplan	Multiplan		6.8	80			2.68	418.17	percent of total billed charges	
PROCAINAMIDE 1000MG/2ML VL	J2690	HCPCS	both			8.5	168.26	Qualcare	Qualcare		6.38	75			2.68	418.17	percent of total billed charges	
PROCAINAMIDE 1000MG/2ML VL	J2690	HCPCS	both			8.5	168.26	Three Rivers	Three Rivers		8.08	95			2.68	418.17	percent of total billed charges	
PROCAINAMIDE 1000MG/2ML VL	J2690	HCPCS	both			8.5	168.26	UHC	Medicaid		2.68	31.55			2.68	418.17	percent of total billed charges	
PROCAINAMIDE 1000MG/2ML VL	J2690	HCPCS	both			8.5	168.26	UHC	Medicare		146.32				2.68	418.17	fee schedule	
PROCAINAMIDE 1000MG/2ML VL	J2690	HCPCS	both			8.5	168.26	United	Commercial|PPO		365.8				2.68	418.17	fee schedule	
PROCAINAMIDE 1000MG/2ML VL	J2690	HCPCS	both			8.5	168.26	United	Oxford		365.8				2.68	418.17	fee schedule	
PROCAINAMIDE 1000MG/2ML VL	J2690	HCPCS	both			8.5	168.26	Wellcare	Medicare		146.32				2.68	418.17	fee schedule	
PROCAINAMIDE 1000MG/2ML VL	J2690	HCPCS	both			8.5	168.26	Wellcare	Medicaid		2.68	31.55			2.68	418.17	percent of total billed charges	
PROCAINAMIDE 1000MG/2ML VL	J2690	HCPCS	both			8.5	168.26	WellPoint	WellPoint		2.74	32.18			2.68	418.17	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.															
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true														
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
PROPOFOL 10MG	J2704	HCPCS	both			2.5	0.15	Aetna	Better Health		0.79	31.55			0.13	2.38	percent of total billed charges	
PROPOFOL 10MG	J2704	HCPCS	both			2.5	0.15	Aetna	Medicare		0.13				0.13	2.38	fee schedule	
PROPOFOL 10MG	J2704	HCPCS	both			2.5	0.15	Aetna	Commercial		0.95	38			0.13	2.38	percent of total billed charges	
PROPOFOL 10MG	J2704	HCPCS	both			2.5	0.15	Americare	Americare		1.88	75			0.13	2.38	percent of total billed charges	
PROPOFOL 10MG	J2704	HCPCS	both			2.5	0.15	Amerihealth	HMO/PPO		0.14				0.13	2.38	fee schedule	
PROPOFOL 10MG	J2704	HCPCS	both			2.5	0.15	Amerihealth	Medicare		0.13				0.13	2.38	fee schedule	
PROPOFOL 10MG	J2704	HCPCS	both			2.5	0.15	Consumer	Consumer		2.38	95			0.13	2.38	percent of total billed charges	
PROPOFOL 10MG	J2704	HCPCS	both			2.5	0.15	Corrections	Corrections		2	80			0.13	2.38	percent of total billed charges	
PROPOFOL 10MG	J2704	HCPCS	both			2.5	0.15	First Health	First Health		1.75	70			0.13	2.38	percent of total billed charges	
PROPOFOL 10MG	J2704	HCPCS	both			2.5	0.15	First Trenton	First Trenton		2.25	90			0.13	2.38	percent of total billed charges	
PROPOFOL 10MG	J2704	HCPCS	both			2.5	0.15	Horizon	MGD		0.96	38.28			0.13	2.38	percent of total billed charges	
PROPOFOL 10MG	J2704	HCPCS	both			2.5	0.15	Horizon	Indemnity		0.96	38.28			0.13	2.38	percent of total billed charges	
PROPOFOL 10MG	J2704	HCPCS	both			2.5	0.15	Horizon	PPO		0.96	38.28			0.13	2.38	percent of total billed charges	
PROPOFOL 10MG	J2704	HCPCS	both			2.5	0.15	Horizon	Medicare Blue		0.75	30			0.13	2.38	percent of total billed charges	
PROPOFOL 10MG	J2704	HCPCS	both			2.5	0.15	Managed Care Inc	Managed Care Inc		2.25	90			0.13	2.38	percent of total billed charges	
PROPOFOL 10MG	J2704	HCPCS	both			2.5	0.15	Multiplan	Multiplan		2	80			0.13	2.38	percent of total billed charges	
PROPOFOL 10MG	J2704	HCPCS	both			2.5	0.15	Qualcare	Qualcare		1.88	75			0.13	2.38	percent of total billed charges	
PROPOFOL 10MG	J2704	HCPCS	both			2.5	0.15	Three Rivers	Three Rivers		2.38	95			0.13	2.38	percent of total billed charges	
PROPOFOL 10MG	J2704	HCPCS	both			2.5	0.15	UHC	Medicare		0.13				0.13	2.38	fee schedule	
PROPOFOL 10MG	J2704	HCPCS	both			2.5	0.15	UHC	Medicaid		0.79	31.55			0.13	2.38	percent of total billed charges	
PROPOFOL 10MG	J2704	HCPCS	both			2.5	0.15	Wellcare	Medicaid		0.79	31.55			0.13	2.38	percent of total billed charges	
PROPOFOL 10MG	J2704	HCPCS	both			2.5	0.15	Wellcare	Medicare		0.13				0.13	2.38	fee schedule	
PROPOFOL 10MG	J2704	HCPCS	both			2.5	0.15	WellPoint	WellPoint		0.8	32.18			0.13	2.38	percent of total billed charges	
NEOSTIGMINE 0.5MG INJ	J2710	HCPCS	both			2.5		Aetna	Medicare		0.77	30.8			0.75	7.78	percent of total billed charges	
NEOSTIGMINE 0.5MG INJ	J2710	HCPCS	both			2.5		Aetna	Better Health		0.79	31.55			0.75	7.78	percent of total billed charges	
NEOSTIGMINE 0.5MG INJ	J2710	HCPCS	both			2.5		Aetna	Commercial		0.95	38			0.75	7.78	percent of total billed charges	
NEOSTIGMINE 0.5MG INJ	J2710	HCPCS	both			2.5		Americare	Americare		1.88	75			0.75	7.78	percent of total billed charges	
NEOSTIGMINE 0.5MG INJ	J2710	HCPCS	both			2.5		Amerihealth	HMO/PPO		7.78				0.75	7.78	fee schedule	
NEOSTIGMINE 0.5MG INJ	J2710	HCPCS	both			2.5		Consumer	Consumer		2.38	95			0.75	7.78	percent of total billed charges	
NEOSTIGMINE 0.5MG INJ	J2710	HCPCS	both			2.5		Corrections	Corrections		2	80			0.75	7.78	percent of total billed charges	
NEOSTIGMINE 0.5MG INJ	J2710	HCPCS	both			2.5		First Health	First Health		1.75	70			0.75	7.78	percent of total billed charges	
NEOSTIGMINE 0.5MG INJ	J2710	HCPCS	both			2.5		First Trenton	First Trenton		2.25	90			0.75	7.78	percent of total billed charges	
NEOSTIGMINE 0.5MG INJ	J2710	HCPCS	both			2.5		Horizon	MGD		0.96	38.28			0.75	7.78	percent of total billed charges	
NEOSTIGMINE 0.5MG INJ	J2710	HCPCS	both			2.5		Horizon	Indemnity		0.96	38.28			0.75	7.78	percent of total billed charges	
NEOSTIGMINE 0.5MG INJ	J2710	HCPCS	both			2.5		Horizon	Medicare Blue		0.75	30			0.75	7.78	percent of total billed charges	
NEOSTIGMINE 0.5MG INJ	J2710	HCPCS	both			2.5		Horizon	PPO		0.96	38.28			0.75	7.78	percent of total billed charges	
NEOSTIGMINE 0.5MG INJ	J2710	HCPCS	both			2.5		Managed Care Inc	Managed Care Inc		2.25	90			0.75	7.78	percent of total billed charges	
NEOSTIGMINE 0.5MG INJ	J2710	HCPCS	both			2.5		Multiplan	Multiplan		2	80			0.75	7.78	percent of total billed charges	
NEOSTIGMINE 0.5MG INJ	J2710	HCPCS	both			2.5		Qualcare	Qualcare		1.88	75			0.75	7.78	percent of total billed charges	
NEOSTIGMINE 0.5MG INJ	J2710	HCPCS	both			2.5		Three Rivers	Three Rivers		2.38	95			0.75	7.78	percent of total billed charges	
NEOSTIGMINE 0.5MG INJ	J2710	HCPCS	both			2.5		UHC	Medicaid		0.79	31.55			0.75	7.78	percent of total billed charges	
NEOSTIGMINE 0.5MG INJ	J2710	HCPCS	both			2.5		Wellcare	Medicaid		0.79	31.55			0.75	7.78	percent of total billed charges	
NEOSTIGMINE 0.5MG INJ	J2710	HCPCS	both			2.5		WellPoint	WellPoint		0.8	32.18			0.75	7.78	percent of total billed charges	
PROTAMINE SULFATE 10MG INJ	J2720	HCPCS	both			3.5	1.91	Aetna	Better Health		1.1	31.55			1.05	3.33	percent of total billed charges	
PROTAMINE SULFATE 10MG INJ	J2720	HCPCS	both			3.5	1.91	Aetna	Medicare		1.66				1.05	3.33	fee schedule	
PROTAMINE SULFATE 10MG INJ	J2720	HCPCS	both			3.5	1.91	Aetna	Commercial		1.33	38			1.05	3.33	percent of total billed charges	
PROTAMINE SULFATE 10MG INJ	J2720	HCPCS	both			3.5	1.91	Americare	Americare		2.63	75			1.05	3.33	percent of total billed charges	
PROTAMINE SULFATE 10MG INJ	J2720	HCPCS	both			3.5	1.91	Amerihealth	HMO/PPO		1.21				1.05	3.33	fee schedule	
PROTAMINE SULFATE 10MG INJ	J2720	HCPCS	both			3.5	1.91	Amerihealth	Medicare		1.66				1.05	3.33	fee schedule	
PROTAMINE SULFATE 10MG INJ	J2720	HCPCS	both			3.5	1.91	Consumer	Consumer		3.33	95			1.05	3.33	percent of total billed charges	
PROTAMINE SULFATE 10MG INJ	J2720	HCPCS	both			3.5	1.91	Corrections	Corrections		2.8	80			1.05	3.33	percent of total billed charges	
PROTAMINE SULFATE 10MG INJ	J2720	HCPCS	both			3.5	1.91	First Health	First Health		2.45	70			1.05	3.33	percent of total billed charges	
PROTAMINE SULFATE 10MG INJ	J2720	HCPCS	both			3.5	1.91	First Trenton	First Trenton		3.15	90			1.05	3.33	percent of total billed charges	
PROTAMINE SULFATE 10MG INJ	J2720	HCPCS	both			3.5	1.91	Horizon	Medicare Blue		1.05	30			1.05	3.33	percent of total billed charges	
PROTAMINE SULFATE 10MG INJ	J2720	HCPCS	both			3.5	1.91	Horizon	MGD		1.34	38.28			1.05	3.33	percent of total billed charges	
PROTAMINE SULFATE 10MG INJ	J2720	HCPCS	both			3.5	1.91	Horizon	Indemnity		1.34	38.28			1.05	3.33	percent of total billed charges	
PROTAMINE SULFATE 10MG INJ	J2720	HCPCS	both			3.5	1.91	Horizon	PPO		1.34	38.28			1.05	3.33	percent of total billed charges	
PROTAMINE SULFATE 10MG INJ	J2720	HCPCS	both			3.5	1.91	Managed Care Inc	Managed Care Inc		3.15	90			1.05	3.33	percent of total billed charges	
PROTAMINE SULFATE 10MG INJ	J2720	HCPCS	both			3.5	1.91	Multiplan	Multiplan		2.8	80			1.05	3.33	percent of total billed charges	
PROTAMINE SULFATE 10MG INJ	J2720	HCPCS	both			3.5	1.91	Qualcare	Qualcare		2.63	75			1.05	3.33	percent of total billed charges	
PROTAMINE SULFATE 10MG INJ	J2720	HCPCS	both			3.5	1.91	Three Rivers	Three Rivers		3.33	95			1.05	3.33	percent of total billed charges	
PROTAMINE SULFATE 10MG INJ	J2720	HCPCS	both			3.5	1.91	UHC	Medicaid		1.1	31.55			1.05	3.33	percent of total billed charges	
PROTAMINE SULFATE 10MG INJ	J2720	HCPCS	both			3.5	1.91	UHC	Medicare		1.66				1.05	3.33	fee schedule	
PROTAMINE SULFATE 10MG INJ	J2720	HCPCS	both			3.5	1.91	Wellcare	Medicare		1.66				1.05	3.33	fee schedule	
PROTAMINE SULFATE 10MG INJ	J2720	HCPCS	both			3.5	1.91	Wellcare	Medicaid		1.1	31.55			1.05	3.33	percent of total billed charges	
PROTAMINE SULFATE 10MG INJ	J2720	HCPCS	both			3.5	1.91	WellPoint	WellPoint		1.13	32.18			1.05	3.33	percent of total billed charges	
PROTIRELIN(TRH) 250 MCG INJ	J2725	HCPCS	outpatient			108.5		Aetna	Medicare		33.42	30.8			23.63	103.08	percent of total billed charges	
PROTIRELIN(TRH) 250 MCG INJ	J2725	HCPCS	outpatient			108.5		Aetna	Better Health		34.23	31.55			23.63	103.08	percent of total billed charges	
PROTIRELIN(TRH) 250 MCG INJ	J2725	HCPCS	outpatient			108.5		Aetna	Commercial		41.23	38			23.63	103.08	percent of total billed charges	
PROTIRELIN(TRH) 250 MCG INJ	J2725	HCPCS	outpatient			108.5		Americare	Americare		81.38	75			23.63	103.08	percent of total billed charges	
PROTIRELIN(TRH) 250 MCG INJ	J2725	HCPCS	outpatient			108.5		Amerihealth	HMO/PPO		23.63				23.63	103.08	fee schedule	
PROTIRELIN(TRH) 250 MCG INJ	J2725	HCPCS	outpatient			108.5		Consumer	Consumer		103.08	95			23.63	103.08	percent of total billed charges	
PROTIRELIN(TRH) 250 MCG INJ	J2725	HCPCS	outpatient			108.5		Corrections	Corrections		86.8	80			23.63	103.08	percent of total billed charges	
PROTIRELIN(TRH) 250 MCG INJ	J2725	HCPCS	outpatient			108.5		First Health	First Health		75.95	70			23.63	103.08	percent of total billed charges	
PROTIRELIN(TRH) 250 MCG INJ	J2725	HCPCS	outpatient			108.5		First Trenton	First Trenton		97.65	90			23.63	103.08	percent of total billed charges	
PROTIRELIN(TRH) 250 MCG INJ	J2725	HCPCS	outpatient			108.5		Horizon	MGD		41.53	38.28			23.63	103.08	percent of total billed charges	
PROTIRELIN(TRH) 250 MCG INJ	J2725	HCPCS	outpatient			108.5		Horizon	Medicare Blue		32.55	30			23.63	103.08	percent of total billed charges	
PROTIRELIN(TRH) 250 MCG INJ	J2725	HCPCS	outpatient			108.5		Horizon	PPO		41.53	38.28			23.63	103.08	percent of total billed charges	
PROTIRELIN(TRH) 250 MCG INJ	J2725	HCPCS	outpatient			108.5		Horizon	Indemnity		41.53	38.28			23.63	103.08	percent of total billed charges	
PROTIRELIN(TRH) 250 MCG INJ	J2725	HCPCS	outpatient			108.5		Managed Care Inc	Managed Care Inc		97.65	90			23.63	103.08	percent of total billed charges	
PROTIRELIN(TRH) 250 MCG INJ	J2725	HCPCS	outpatient			108.5		Multiplan	Multiplan		86.8	80			23.63	103.08	percent of total billed charges	
PROTIRELIN(TRH) 250 MCG INJ	J2725	HCPCS	outpatient			108.5		Qualcare	Qualcare		81.38	75			23.63	103.08	percent of total billed charges	
PROTIRELIN(TRH) 250 MCG INJ	J2725	HCPCS	outpatient			108.5		Three Rivers	Three Rivers		103.08	95			23.63	103.08	percent of total billed charges	
PROTIRELIN(TRH) 250 MCG INJ	J2725	HCPCS	outpatient			108.5		UHC	Medicaid		34.23	31.55			23.63	103.08	percent of total billed charges	
PROTIRELIN(TRH) 250 MCG INJ	J2725	HCPCS	outpatient			108.5		Wellcare	Medicaid		34.23	31.55			23.63	103.08	percent of total billed charges	
PROTIRELIN(TRH) 250 MCG INJ	J2725	HCPCS	outpatient			108.5		WellPoint	WellPoint		34.92	32.18			23.63	103.08	percent of total billed charges	
PRALIDOXIME 1GM INJ	J2730	HCPCS	inpatient			636.5		Aetna	Commercial		241.87	38			99.7	604.68	percent of total billed charges	
PRALIDOXIME 1GM INJ	J2730	HCPCS	inpatient			636.5		Aetna	Better Health		200.82	31.55			99.7	604.68	percent of total billed charges	
PRALIDOXIME 1GM INJ	J2730	HCPCS	inpatient			636.5		Aetna	Medicare		196.04	30.8			99.7	604.68	percent of total billed charges	
PRALIDOXIME 1GM INJ	J2730	HCPCS	inpatient			636.5		Americare	Americare		477.38	75			99.7	604.68	percent of total billed charges	
PRALIDOXIME 1GM INJ	J2730	HCPCS	inpatient			636.5		Amerihealth	HMO/PPO		99.7				99.7	604.68	fee schedule	
PRALIDOXIME 1GM INJ	J2730	HCPCS	inpatient			636.5		Consumer	Consumer		604.68	95			99.7	604.68	percent of total billed charges	
PRALIDOXIME 1GM INJ	J2730	HCPCS	inpatient			636.5		Corrections	Corrections		509.2	80			99.7	604.68	percent of total billed charges	
PRALIDOXIME 1GM INJ	J2730	HCPCS	inpatient			636.5		First Health	First Health		445.55	70			99.7	604.68	percent of total billed charges	
PRALIDOXIME 1GM INJ	J2730	HCPCS	inpatient			636.5		First Trenton	First Trenton		572.85	90			99.7	604.68	percent of total billed charges	
PRALIDOXIME 1GM INJ	J2730	HCPCS	inpatient			636.5		Horizon	Medicare Blue		190.95	30			99.7	604.68	percent of total billed charges	
PRALIDOXIME 1GM INJ	J2730	HCPCS	inpatient			636.5		Horizon	MGD		243.65	38.28			99.7	604.68	percent of total billed charges	
PRALIDOXIME 1GM INJ	J2730	HCPCS	inpatient			636.5		Horizon	Indemnity		243.65	38.28			99.7	604.68	percent of total billed charges	
PRALIDOXIME 1GM INJ	J2730	HCPCS	inpatient			636.5		Horizon	PPO		243.65	38.28			99.7	604.68	percent of total billed charges	
PRALIDOXIME 1GM INJ	J2730	HCPCS	inpatient			636.5		Managed Care Inc	Managed Care Inc		572.85	90			99.7	604.68	percent of total billed charges	
PRALIDOXIME 1GM INJ	J2730	HCPCS	inpatient			636.5		Multiplan	Multiplan		509.2	80			99.7	604.68	percent of total billed charges	
PRALIDOXIME 1GM INJ	J2730	HCPCS	inpatient			636.5		Qualcare	Qualcare		477.38	75			99.7	604.68	percent of total billed charges	
PRALIDOXIME 1GM INJ	J2730	HCPCS	inpatient			636.5		Three Rivers	Three Rivers		604.68	95			99.7	604.68	percent of total billed charges	
PRALIDOXIME 1GM INJ	J2730	HCPCS	inpatient			636.5		UHC	Medicaid		200.82	31.55			99.7	604.68	percent of total billed charges	
PRALIDOXIME 1GM INJ	J2730	HCPCS	inpatient			636.5		Wellcare	Medicaid		200.82	31.55			99.7	604.68	percent of total billed charges	
PRALIDOXIME 1GM INJ	J2730	HCPCS	inpatient			636.5		WellPoint	WellPoint		204.83	32.18			99.7	604.68	percent of total billed charges	
PHENTOLAMINE 5MG INJ	J2760	HCPCS	both			1586	513.82	Aetna	Medicare		446.8				172.5	1506.7	fee schedule	
PHENTOLAMINE 5MG INJ	J2760	HCPCS	both			1586	513.82	Aetna	Commercial		849.08				172.5	1506.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PHENTOLAMINE 5MG INJ	J2760	HCPCS	both			1586	513.82	Aetna	Better Health		500.38	31.55			172.5	1506.7	percent of total billed charges	
PHENTOLAMINE 5MG INJ	J2760	HCPCS	both			1586	513.82	Americare	Americare		1189.5	75			172.5	1506.7	percent of total billed charges	
PHENTOLAMINE 5MG INJ	J2760	HCPCS	both			1586	513.82	Amerihealth	HMO/PPO		172.5				172.5	1506.7	fee schedule	
PHENTOLAMINE 5MG INJ	J2760	HCPCS	both			1586	513.82	Amerihealth	Medicare		446.8				172.5	1506.7	fee schedule	
PHENTOLAMINE 5MG INJ	J2760	HCPCS	both			1586	513.82	Consumer	Consumer		1506.7	95			172.5	1506.7	percent of total billed charges	
PHENTOLAMINE 5MG INJ	J2760	HCPCS	both			1586	513.82	Corrections	Corrections		1268.8	80			172.5	1506.7	percent of total billed charges	
PHENTOLAMINE 5MG INJ	J2760	HCPCS	both			1586	513.82	First Health	First Health		1110.2	70			172.5	1506.7	percent of total billed charges	
PHENTOLAMINE 5MG INJ	J2760	HCPCS	both			1586	513.82	First Trenton	First Trenton		1427.4	90			172.5	1506.7	percent of total billed charges	
PHENTOLAMINE 5MG INJ	J2760	HCPCS	both			1586	513.82	Horizon	Indemnity		992.55				172.5	1506.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PHENTOLAMINE 5MG INJ	J2760	HCPCS	both			1586	513.82	Horizon	Medicare Blue		533.34				172.5	1506.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PHENTOLAMINE 5MG INJ	J2760	HCPCS	both			1586	513.82	Horizon	PPO		992.55				172.5	1506.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PHENTOLAMINE 5MG INJ	J2760	HCPCS	both			1586	513.82	Horizon	MGD		992.55				172.5	1506.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PHENTOLAMINE 5MG INJ	J2760	HCPCS	both			1586	513.82	Managed Care Inc	Managed Care Inc		1427.4	90			172.5	1506.7	percent of total billed charges	
PHENTOLAMINE 5MG INJ	J2760	HCPCS	both			1586	513.82	Multiplan	Multiplan		1268.8	80			172.5	1506.7	percent of total billed charges	
PHENTOLAMINE 5MG INJ	J2760	HCPCS	both			1586	513.82	Qualcare	Qualcare		1189.5	75			172.5	1506.7	percent of total billed charges	
PHENTOLAMINE 5MG INJ	J2760	HCPCS	both			1586	513.82	Three Rivers	Three Rivers		1506.7	95			172.5	1506.7	percent of total billed charges	
PHENTOLAMINE 5MG INJ	J2760	HCPCS	both			1586	513.82	UHC	Medicaid		500.38	31.55			172.5	1506.7	percent of total billed charges	
PHENTOLAMINE 5MG INJ	J2760	HCPCS	both			1586	513.82	UHC	Medicare		446.8				172.5	1506.7	fee schedule	
PHENTOLAMINE 5MG INJ	J2760	HCPCS	both			1586	513.82	United	Oxford		1117				172.5	1506.7	fee schedule	
PHENTOLAMINE 5MG INJ	J2760	HCPCS	both			1586	513.82	United	Commercial|PPO		1117				172.5	1506.7	fee schedule	
PHENTOLAMINE 5MG INJ	J2760	HCPCS	both			1586	513.82	Wellcare	Medicare		446.8				172.5	1506.7	fee schedule	
PHENTOLAMINE 5MG INJ	J2760	HCPCS	both			1586	513.82	Wellcare	Medicaid		500.38	31.55			172.5	1506.7	percent of total billed charges	
PHENTOLAMINE 5MG INJ	J2760	HCPCS	both			1586	513.82	WellPoint	WellPoint		510.37	32.18			172.5	1506.7	percent of total billed charges	
METOCLOPRAMIDE 10MG (2ML) VIAL	J2765	HCPCS	both			19	1.26	Aetna	Medicare		1.09				0.97	18.05	fee schedule	
METOCLOPRAMIDE 10MG (2ML) VIAL	J2765	HCPCS	both			19	1.26	Aetna	Commercial		7.22	38			0.97	18.05	percent of total billed charges	
METOCLOPRAMIDE 10MG (2ML) VIAL	J2765	HCPCS	both			19	1.26	Aetna	Better Health		5.99	31.55			0.97	18.05	percent of total billed charges	
METOCLOPRAMIDE 10MG (2ML) VIAL	J2765	HCPCS	both			19	1.26	Americare	Americare		14.25	75			0.97	18.05	percent of total billed charges	
METOCLOPRAMIDE 10MG (2ML) VIAL	J2765	HCPCS	both			19	1.26	Amerihealth	HMO/PPO		0.97				0.97	18.05	fee schedule	
METOCLOPRAMIDE 10MG (2ML) VIAL	J2765	HCPCS	both			19	1.26	Amerihealth	Medicare		1.09				0.97	18.05	fee schedule	
METOCLOPRAMIDE 10MG (2ML) VIAL	J2765	HCPCS	both			19	1.26	Consumer	Consumer		18.05	95			0.97	18.05	percent of total billed charges	
METOCLOPRAMIDE 10MG (2ML) VIAL	J2765	HCPCS	both			19	1.26	Corrections	Corrections		15.2	80			0.97	18.05	percent of total billed charges	
METOCLOPRAMIDE 10MG (2ML) VIAL	J2765	HCPCS	both			19	1.26	First Health	First Health		13.3	70			0.97	18.05	percent of total billed charges	
METOCLOPRAMIDE 10MG (2ML) VIAL	J2765	HCPCS	both			19	1.26	First Trenton	First Trenton		17.1	90			0.97	18.05	percent of total billed charges	
METOCLOPRAMIDE 10MG (2ML) VIAL	J2765	HCPCS	both			19	1.26	Horizon	MGD		7.27	38.28			0.97	18.05	percent of total billed charges	
METOCLOPRAMIDE 10MG (2ML) VIAL	J2765	HCPCS	both			19	1.26	Horizon	Medicare Blue		5.7	30			0.97	18.05	percent of total billed charges	
METOCLOPRAMIDE 10MG (2ML) VIAL	J2765	HCPCS	both			19	1.26	Horizon	Indemnity		7.27	38.28			0.97	18.05	percent of total billed charges	
METOCLOPRAMIDE 10MG (2ML) VIAL	J2765	HCPCS	both			19	1.26	Horizon	PPO		7.27	38.28			0.97	18.05	percent of total billed charges	
METOCLOPRAMIDE 10MG (2ML) VIAL	J2765	HCPCS	both			19	1.26	Managed Care Inc	Managed Care Inc		17.1	90			0.97	18.05	percent of total billed charges	
METOCLOPRAMIDE 10MG (2ML) VIAL	J2765	HCPCS	both			19	1.26	Multiplan	Multiplan		15.2	80			0.97	18.05	percent of total billed charges	
METOCLOPRAMIDE 10MG (2ML) VIAL	J2765	HCPCS	both			19	1.26	Qualcare	Qualcare		14.25	75			0.97	18.05	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.														
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true													
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
METOCLOPRAMIDE 10MG (2ML) VIAL	J2765	HCPCS	both			19	1.26	Three Rivers	Three Rivers		95				0.97	18.05	percent of total billed charges	
METOCLOPRAMIDE 10MG (2ML) VIAL	J2765	HCPCS	both			19	1.26	UHC	Medicaid		5.99			31.55	0.97	18.05	percent of total billed charges	
METOCLOPRAMIDE 10MG (2ML) VIAL	J2765	HCPCS	both			19	1.26	UHC	Medicare		1.09				0.97	18.05	fee schedule	
METOCLOPRAMIDE 10MG (2ML) VIAL	J2765	HCPCS	both			19	1.26	Wellcare	Medicare		1.09				0.97	18.05	fee schedule	
METOCLOPRAMIDE 10MG (2ML) VIAL	J2765	HCPCS	both			19	1.26	Wellcare	Medicaid		5.99			31.55	0.97	18.05	percent of total billed charges	
METOCLOPRAMIDE 10MG (2ML) VIAL	J2765	HCPCS	both			19	1.26	WellPoint	WellPoint		6.11			32.18	0.97	18.05	percent of total billed charges	
DALFOPRISTIN-QUINUPRISTIN 500MG VL	J2770	HCPCS	outpatient			1708	681.87	Aetna	Better Health		538.87			31.55	448.63	1622.6	percent of total billed charges	
DALFOPRISTIN-QUINUPRISTIN 500MG VL	J2770	HCPCS	outpatient			1708	681.87	Aetna	Commercial		943.94				448.63	1622.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DALFOPRISTIN-QUINUPRISTIN 500MG VL	J2770	HCPCS	outpatient			1708	681.87	Aetna	Medicare		592.93				448.63	1622.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DALFOPRISTIN-QUINUPRISTIN 500MG VL	J2770	HCPCS	outpatient			1708	681.87	Americare	Americare		1281			75	448.63	1622.6	percent of total billed charges	
DALFOPRISTIN-QUINUPRISTIN 500MG VL	J2770	HCPCS	outpatient			1708	681.87	Amerihealth	HMO/PPO		448.63				448.63	1622.6	fee schedule	
DALFOPRISTIN-QUINUPRISTIN 500MG VL	J2770	HCPCS	outpatient			1708	681.87	Amerihealth	Medicare		592.93				448.63	1622.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DALFOPRISTIN-QUINUPRISTIN 500MG VL	J2770	HCPCS	outpatient			1708	681.87	Consumer	Consumer		1622.6			95	448.63	1622.6	percent of total billed charges	
DALFOPRISTIN-QUINUPRISTIN 500MG VL	J2770	HCPCS	outpatient			1708	681.87	Corrections	Corrections		1366.4			80	448.63	1622.6	percent of total billed charges	
DALFOPRISTIN-QUINUPRISTIN 500MG VL	J2770	HCPCS	outpatient			1708	681.87	First Health	First Health		1195.6			70	448.63	1622.6	percent of total billed charges	
DALFOPRISTIN-QUINUPRISTIN 500MG VL	J2770	HCPCS	outpatient			1708	681.87	First Trenton	First Trenton		1537.2			90	448.63	1622.6	percent of total billed charges	
DALFOPRISTIN-QUINUPRISTIN 500MG VL	J2770	HCPCS	outpatient			1708	681.87	Horizon	MGD		1103.44				448.63	1622.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DALFOPRISTIN-QUINUPRISTIN 500MG VL	J2770	HCPCS	outpatient			1708	681.87	Horizon	Indemnity		1103.44				448.63	1622.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DALFOPRISTIN-QUINUPRISTIN 500MG VL	J2770	HCPCS	outpatient			1708	681.87	Horizon	PPO		1103.44				448.63	1622.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DALFOPRISTIN-QUINUPRISTIN 500MG VL	J2770	HCPCS	outpatient			1708	681.87	Horizon	Medicare Blue		592.93				448.63	1622.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DALFOPRISTIN-QUINUPRISTIN 500MG VL	J2770	HCPCS	outpatient			1708	681.87	Managed Care Inc	Managed Care Inc		1537.2			90	448.63	1622.6	percent of total billed charges	
DALFOPRISTIN-QUINUPRISTIN 500MG VL	J2770	HCPCS	outpatient			1708	681.87	Multiplan	Multiplan		1366.4			80	448.63	1622.6	percent of total billed charges	
DALFOPRISTIN-QUINUPRISTIN 500MG VL	J2770	HCPCS	outpatient			1708	681.87	Qualcare	Qualcare		1281			75	448.63	1622.6	percent of total billed charges	
DALFOPRISTIN-QUINUPRISTIN 500MG VL	J2770	HCPCS	outpatient			1708	681.87	Three Rivers	Three Rivers		1622.6			95	448.63	1622.6	percent of total billed charges	
DALFOPRISTIN-QUINUPRISTIN 500MG VL	J2770	HCPCS	outpatient			1708	681.87	UHC	Medicare		592.93				448.63	1622.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DALFOPRISTIN-QUINUPRISTIN 500MG VL	J2770	HCPCS	outpatient			1708	681.87	UHC	Medicaid		538.87			31.55	448.63	1622.6	percent of total billed charges	
DALFOPRISTIN-QUINUPRISTIN 500MG VL	J2770	HCPCS	outpatient			1708	681.87	United	CommercialPPO		1234.93				448.63	1622.6	fee schedule	
DALFOPRISTIN-QUINUPRISTIN 500MG VL	J2770	HCPCS	outpatient			1708	681.87	United	Oxford		1234.93				448.63	1622.6	fee schedule	
DALFOPRISTIN-QUINUPRISTIN 500MG VL	J2770	HCPCS	outpatient			1708	681.87	Wellcare	Medicaid		538.87			31.55	448.63	1622.6	percent of total billed charges	
DALFOPRISTIN-QUINUPRISTIN 500MG VL	J2770	HCPCS	outpatient			1708	681.87	Wellcare	Medicare		592.93				448.63	1622.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DALFOPRISTIN-QUINUPRISTIN 500MG VL	J2770	HCPCS	outpatient			1708	681.87	WellPoint	WellPoint		549.63			32.18	448.63	1622.6	percent of total billed charges	
FARICIMAB-SVOA(VABYSMO) 0.1MG INJ	J2777	HCPCS	both			140.5	41.51	Aetna	Better Health		44.33			31.55	36.09	133.48	percent of total billed charges	
FARICIMAB-SVOA(VABYSMO) 0.1MG INJ	J2777	HCPCS	both			140.5	41.51	Aetna	Medicare		36.09				36.09	133.48	fee schedule	
FARICIMAB-SVOA(VABYSMO) 0.1MG INJ	J2777	HCPCS	both			140.5	41.51	Aetna	Commercial		67.72				36.09	133.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FARICIMAB-SVOA(VABYSMO) 0.1MG INJ	J2777	HCPCS	both			140.5	41.51	Americare	Americare		105.38			75	36.09	133.48	percent of total billed charges	
FARICIMAB-SVOA(VABYSMO) 0.1MG INJ	J2777	HCPCS	both			140.5	41.51	Amerihealth	Medicare		36.09				36.09	133.48	fee schedule	
FARICIMAB-SVOA(VABYSMO) 0.1MG INJ	J2777	HCPCS	both			140.5	41.51	Amerihealth	HMO/PPO		91.33			65	36.09	133.48	percent of total billed charges	
FARICIMAB-SVOA(VABYSMO) 0.1MG INJ	J2777	HCPCS	both			140.5	41.51	Consumer	Consumer		133.48			95	36.09	133.48	percent of total billed charges	
FARICIMAB-SVOA(VABYSMO) 0.1MG INJ	J2777	HCPCS	both			140.5	41.51	Corrections	Corrections		112.4			80	36.09	133.48	percent of total billed charges	
FARICIMAB-SVOA(VABYSMO) 0.1MG INJ	J2777	HCPCS	both			140.5	41.51	First Health	First Health		98.35			70	36.09	133.48	percent of total billed charges	
FARICIMAB-SVOA(VABYSMO) 0.1MG INJ	J2777	HCPCS	both			140.5	41.51	First Trenton	First Trenton		126.45			90	36.09	133.48	percent of total billed charges	
FARICIMAB-SVOA(VABYSMO) 0.1MG INJ	J2777	HCPCS	both			140.5	41.51	Horizon	Indemnity		79.17				36.09	133.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FARICIMAB-SVOA(VABYSMO) 0.1MG INJ	J2777	HCPCS	both			140.5	41.51	Horizon	Medicare Blue		42.54				36.09	133.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FARICIMAB-SVOA(VABYSMO) 0.1MG INJ	J2777	HCPCS	both			140.5	41.51	Horizon	PPO		79.17				36.09	133.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FARICIMAB-SVOA(VABYSMO) 0.1MG INJ	J2777	HCPCS	both			140.5	41.51	Horizon	MGD		79.17				36.09	133.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FARICIMAB-SVOA(VABYSMO) 0.1MG INJ	J2777	HCPCS	both			140.5	41.51	Managed Care Inc	Managed Care Inc		126.45			90	36.09	133.48	percent of total billed charges	
FARICIMAB-SVOA(VABYSMO) 0.1MG INJ	J2777	HCPCS	both			140.5	41.51	Multiplan	Multiplan		112.4			80	36.09	133.48	percent of total billed charges	
FARICIMAB-SVOA(VABYSMO) 0.1MG INJ	J2777	HCPCS	both			140.5	41.51	Qualcare	Qualcare		105.38			75	36.09	133.48	percent of total billed charges	
FARICIMAB-SVOA(VABYSMO) 0.1MG INJ	J2777	HCPCS	both			140.5	41.51	Three Rivers	Three Rivers		133.48			95	36.09	133.48	percent of total billed charges	
FARICIMAB-SVOA(VABYSMO) 0.1MG INJ	J2777	HCPCS	both			140.5	41.51	UHC	Medicare		36.09				36.09	133.48	fee schedule	
FARICIMAB-SVOA(VABYSMO) 0.1MG INJ	J2777	HCPCS	both			140.5	41.51	UHC	Medicaid		44.33			31.55	36.09	133.48	percent of total billed charges	
FARICIMAB-SVOA(VABYSMO) 0.1MG INJ	J2777	HCPCS	both			140.5	41.51	United	Oxford		90.23				36.09	133.48	fee schedule	
FARICIMAB-SVOA(VABYSMO) 0.1MG INJ	J2777	HCPCS	both			140.5	41.51	United	CommercialPPO		90.23				36.09	133.48	fee schedule	
FARICIMAB-SVOA(VABYSMO) 0.1MG INJ	J2777	HCPCS	both			140.5	41.51	Wellcare	Medicare		36.09				36.09	133.48	fee schedule	
FARICIMAB-SVOA(VABYSMO) 0.1MG INJ	J2777	HCPCS	both			140.5	41.51	Wellcare	Medicaid		44.33			31.55	36.09	133.48	percent of total billed charges	
FARICIMAB-SVOA(VABYSMO) 0.1MG INJ	J2777	HCPCS	both			140.5	41.51	WellPoint	WellPoint		45.21			32.18	36.09	133.48	percent of total billed charges	
RANIBIZUMAB INJECTION 0.1MG	J2778	HCPCS	both			1926	215.69	Aetna	Medicare		187.55				187.55	1829.7	fee schedule	
RANIBIZUMAB INJECTION 0.1MG	J2778	HCPCS	both			1926	215.69	Aetna	Commercial		331.31				187.55	1829.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RANIBIZUMAB INJECTION 0.1MG	J2778	HCPCS	both			1926	215.69	Aetna	Better Health		607.65			31.55	187.55	1829.7	percent of total billed charges	
RANIBIZUMAB INJECTION 0.1MG	J2778	HCPCS	both			1926	215.69	Americare	Americare		1444.5			75	187.55	1829.7	percent of total billed charges	
RANIBIZUMAB INJECTION 0.1MG	J2778	HCPCS	both			1926	215.69	Amerihealth	Medicare		187.55				187.55	1829.7	fee schedule	
RANIBIZUMAB INJECTION 0.1MG	J2778	HCPCS	both			1926	215.69	Amerihealth	HMO/PPO		415.76				187.55	1829.7	fee schedule	
RANIBIZUMAB INJECTION 0.1MG	J2778	HCPCS	both			1926	215.69	Consumer	Consumer		1829.7			95	187.55	1829.7	percent of total billed charges	
RANIBIZUMAB INJECTION 0.1MG	J2778	HCPCS	both			1926	215.69	Corrections	Corrections		1540.8			80	187.55	1829.7	percent of total billed charges	
RANIBIZUMAB INJECTION 0.1MG	J2778	HCPCS	both			1926	215.69	First Health	First Health		1348.2			70	187.55	1829.7	percent of total billed charges	
RANIBIZUMAB INJECTION 0.1MG	J2778	HCPCS	both			1926	215.69	First Trenton	First Trenton		1733.4			90	187.55	1829.7	percent of total billed charges	
RANIBIZUMAB INJECTION 0.1MG	J2778	HCPCS	both			1926	215.69	Horizon	MGD		387.29				187.55	1829.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RANIBIZUMAB INJECTION 0.1MG	J2778	HCPCS	both			1926	215.69	Horizon	Medicare Blue		208.11				187.55	1829.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RANIBIZUMAB INJECTION 0.1MG	J2778	HCPCS	both			1926	215.69	Horizon	Indemnity		387.29				187.55	1829.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RANIBIZUMAB INJECTION 0.1MG	J2778	HCPCS	both			1926	215.69	Horizon	PPO		387.29				187.55	1829.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RANIBIZUMAB INJECTION 0.1MG	J2778	HCPCS	both			1926	215.69	Managed Care Inc	Managed Care Inc		1733.4			90	187.55	1829.7	percent of total billed charges	
RANIBIZUMAB INJECTION 0.1MG	J2778	HCPCS	both			1926	215.69	Multiplan	Multiplan		1540.8			80	187.55	1829.7	percent of total billed charges	
RANIBIZUMAB INJECTION 0.1MG	J2778	HCPCS	both			1926	215.69	Qualcare	Qualcare		1444.5			75	187.55	1829.7	percent of total billed charges	
RANIBIZUMAB INJECTION 0.1MG	J2778	HCPCS	both			1926	215.69	Three Rivers	Three Rivers		1829.7			95	187.55	1829.7	percent of total billed charges	
RANIBIZUMAB INJECTION 0.1MG	J2778	HCPCS	both			1926	215.69	UHC	Medicaid		607.65			31.55	187.55	1829.7	percent of total billed charges	
RANIBIZUMAB INJECTION 0.1MG	J2778	HCPCS	both			1926	215.69	UHC	Medicare		187.55				187.55	1829.7	fee schedule	
RANIBIZUMAB INJECTION 0.1MG	J2778	HCPCS	both			1926	215.69	United	CommercialPPO		468.88				187.55	1829.7	fee schedule	
RANIBIZUMAB INJECTION 0.1MG	J2778	HCPCS	both			1926	215.69	United	Oxford		468.88				187.55	1829.7	fee schedule	
RANIBIZUMAB INJECTION 0.1MG	J2778	HCPCS	both			1926	215.69	Wellcare	Medicare		187.55				187.55	1829.7	fee schedule	
RANIBIZUMAB INJECTION 0.1MG	J2778	HCPCS	both			1926	215.69	Wellcare	Medicaid		607.65			31.55	187.55	1829.7	percent of total billed charges	
RANIBIZUMAB INJECTION 0.1MG	J2778	HCPCS	both			1926	215.69	WellPoint	WellPoint		619.79			32.18	187.55	1829.7	percent of total billed charges	
RANITIDINE 25MG	J2780	HCPCS	outpatient			7.5		Aetna	Better Health		2.37			31.55	0.75	7.13	percent of total billed charges	
RANITIDINE 25MG	J2780	HCPCS	outpatient			7.5		Aetna	Medicare		2.31			30.8	0.75	7.13	percent of total billed charges	
RANITIDINE 25MG	J2780	HCPCS	outpatient			7.5		Aetna	Commercial		2.85			38	0.75	7.13	percent of total billed charges	
RANITIDINE 25MG	J2780	HCPCS	outpatient			7.5		Americare	Americare		5.63			75	0.75	7.13	percent of total billed charges	
RANITIDINE 25MG	J2780	HCPCS	outpatient			7.5		Amerihealth	HMO/PPO		1.18				0.75	7.13	fee schedule	
RANITIDINE 25MG	J2780	HCPCS	outpatient			7.5		Consumer	Consumer		7.13			95	0.75	7.13	percent of total billed charges	
RANITIDINE 25MG	J2780	HCPCS	outpatient			7.5		Corrections	Corrections		6			80	0.75	7.13	percent of total billed charges	
RANITIDINE 25MG	J2780	HCPCS	outpatient			7.5		First Health	First Health		5.25			70	0.75	7.13	percent of total billed charges	
RANITIDINE 25MG	J2780	HCPCS	outpatient			7.5		First Trenton	First Trenton		6.75			90	0.75	7.13	percent of total billed charges	
RANITIDINE 25MG	J2780	HCPCS	outpatient			7.5		Horizon	Medicare Blue		2.25			30	0.75	7.13	percent of total billed charges	
RANITIDINE 25MG	J2780	HCPCS	outpatient			7.5		Horizon	Indemnity		2.87			38.28	0.75	7.13	percent of total billed charges	
RANITIDINE 25MG	J2780	HCPCS	outpatient			7.5		Horizon	MGD		2.87			38.28	0.75	7.13	percent of total billed charges	
RANITIDINE 25MG	J2780	HCPCS	outpatient			7.5		Horizon	PPO		2.87			38.28	0.75	7.13	percent of total billed charges	
RANITIDINE 25MG	J2780	HCPCS	outpatient			7.5		Managed Care Inc	Managed Care Inc		6.75			90	0.75	7.13	percent of total billed charges	
RANITIDINE 25MG	J2780	HCPCS	outpatient			7.5		Multiplan	Multiplan		6			80	0.75	7.13	percent of total billed charges	
RANITIDINE 25MG	J2780	HCPCS	outpatient			7.5		Qualcare	Qualcare		5.63			75	0.75	7.13	percent of total billed charges	
RANITIDINE 25MG	J2780	HCPCS	outpatient			7.5		Three Rivers	Three Rivers		7.13			95	0.75	7.13	percent of total billed charges	
RANITIDINE 25MG	J2780	HCPCS	outpatient			7.5		UHC	Medicaid		2.37			31.55	0.75	7.13	percent of total billed charges	
RANITIDINE 25MG	J2780	HCPCS	outpatient			7.5		Wellcare	Medicaid		2.37			31.55	0.75	7.13	percent of total billed charges	
RANITIDINE 25MG	J2780	HCPCS	outpatient			7.5		WellPoint	WellPoint		2.41			32.18	0.75	7.13	percent of total billed charges	
PEGCETACOPLAN (SYFOVRE)1MG INJ	J2781	HCPCS	outpatient			542	174.18	Aetna	Medicare		151.46				151.46	514.9	fee schedule	
PEGCETACOPLAN (SYFOVRE)1MG INJ	J2781	HCPCS	outpatient			542	174.18	Aetna	Commercial		286.45				151.46	514.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PEGCETACOPLAN (SYFOVRE)1MG INJ	J2781	HCPCS	outpatient			542	174.18	Aetna	Better Health		171			31.55	151.46	514.9	percent of total billed charges	
PEGCETACOPLAN (SYFOVRE)1MG INJ	J2781	HCPCS	outpatient			542	174.18	Americare	Americare		406.5			75	151.46	514.9	percent of total billed charges	
PEGCETACOPLAN (SYFOVRE)1MG INJ	J2781	HCPCS	outpatient			542	174.18	Amerihealth	HMO/PPO		352.3			65	151.46	514.9	percent of total billed charges	
PEGCETACOPLAN (SYFOVRE)1MG INJ	J2781	HCPCS	outpatient			542	174.18	Amerihealth	Medicare		151.46				151.46	514.9	fee schedule	
PEGCETACOPLAN (SYFOVRE)1MG INJ	J2781	HCPCS	outpatient			542	174.18	Consumer	Consumer		514.9			95	151.46	514.9	percent of total billed charges	
PEGCETACOPLAN (SYFOVRE)1MG INJ	J2781	HCPCS	outpatient			542	174.18	Corrections	Corrections		433.6			80	151.46	514.9	percent of total billed charges	
PEGCETACOPLAN (SYFOVRE)1MG INJ	J2781	HCPCS	outpatient			542	174.18	First Health	First Health		379.4			70	151.46	514.9	percent of total billed charges	
PEGCETACOPLAN (SYFOVRE)1MG INJ	J2781	HCPCS	outpatient			542	174.18	First Trenton	First Trenton		487.8			90	151.46	514.9	percent of total billed charges	
PEGCETACOPLAN (SYFOVRE)1MG INJ	J2781	HCPCS	outpatient			542	174.18	Horizon	Indemnity		334.85				151.46	514.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PEGCETACOPLAN (SYFOVRE)1MG INJ	J2781	HCPCS	outpatient			542	174.18	Horizon	PPO		334.85				151.46	514.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PEGCETACOPLAN (SYFOVRE)1MG INJ	J2781	HCPCS	outpatient			542	174.18	Horizon	Medicare Blue		179.93				151.46	514.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PEGCETACOPLAN (SYFOVRE)1MG INJ	J2781	HCPCS	outpatient			542	174.18	Horizon	MGD		334.85				151.46	514.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PEGCETACOPLAN (SYFOVRE)1MG INJ	J2781	HCPCS	outpatient			542	174.18	Managed Care Inc	Managed Care Inc		487.8			90	151.46	514.9	percent of total billed charges	
PEGCETACOPLAN (SYFOVRE)1MG INJ	J2781	HCPCS	outpatient			542	174.18	Multiplan	Multiplan		433.6			80	151.46	514.9	percent of total billed charges	
PEGCETACOPLAN (SYFOVRE)1MG INJ	J2781	HCPCS	outpatient			542	174.18	Qualcare	Qualcare		406.5			75	151.46	514.9	percent of total billed charges	
PEGCETACOPLAN (SYFOVRE)1MG INJ	J2781	HCPCS	outpatient			542	174.18	Three Rivers	Three Rivers		514.9			95	151.46	514.9	percent of total billed charges	
PEGCETACOPLAN (SYFOVRE)1MG INJ	J2781	HCPCS	outpatient			542	174.18	UHC	Medicaid		171			31.55	151.46	514.9	percent of total billed charges	
PEGCETACOPLAN (SYFOVRE)1MG INJ	J2781	HCPCS	outpatient			542	174.18	UHC	Medicare		151.46				151.46	514.9	fee schedule	
PEGCETACOPLAN (SYFOVRE)1MG INJ	J2781	HCPCS	outpatient			542	174.18	United	CommercialPPO		378.65				151.46	514.9	fee schedule	
PEGCETACOPLAN (SYFOVRE)1MG INJ	J2781	HCPCS	outpatient			542	174.18	United	Oxford		378.65				151.46	514.9	fee schedule	
PEGCETACOPLAN (SYFOVRE)1MG INJ	J2781	HCPCS	outpatient			542	174.18	Wellcare	Medicare		151.46				151.46	514.9	fee schedule	
PEGCETACOPLAN (SYFOVRE)1MG INJ	J2781	HCPCS	outpatient			542	174.18	Wellcare	Medicaid		171			31.55	151.46	514.9	percent of total billed charges	
PEGCETACOPLAN (SYFOVRE)1MG INJ	J2781	HCPCS	outpatient			542	174.18	WellPoint	WellPoint		174.42			32.18	151.46	514.9	percent of total billed charges	
RASBURICASE 0.5MG INJ	J2783	HCPCS	both			874.5	422.36	Aetna	Better Health		275.9			31.55	275.68	918.18	percent of total billed charges	
RASBURICASE 0.5MG INJ	J2783	HCPCS	both			874.5	422.36	Aetna	Commercial		702.23				275.68	918.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RASBURICASE 0.5MG INJ	J2783	HCPCS	both			874.5	422.36	Aetna	Medicare		367.27				275.68	918.18	fee schedule	
RASBURICASE 0.5MG INJ	J2783	HCPCS	both			874.5	422.36	Americare	Americare		655.88			75	275.68	918.18	percent of total billed charges	
RASBURICASE 0.5MG INJ	J2783	HCPCS	both			874.5	422.36	Amerihealth	HMO/PPO		275.68				275.68	918.18	fee schedule	
RASBURICASE 0.5MG INJ	J2783	HCPCS	both			874.5	422.36	Amerihealth	Medicare		367.27				275.68	918.18	fee schedule	
RASBURICASE 0.5MG INJ	J2783	HCPCS	both			874.5	422.36	Consumer	Consumer		830.78			95	275.68	918.18	percent of total billed charges	
RASBURICASE 0.5MG INJ	J2783	HCPCS	both			874.5	422.36	Corrections	Corrections		699.6			80	275.68	918.18	percent of total billed charges	
RASBURICASE 0.5MG INJ	J2783	HCPCS	both			874.5	422.36	First Health	First Health		612.15			70	275.68	918.18	percent of total billed charges	
RASBURICASE 0.5MG INJ	J2783	HCPCS	both			874.5	422.36	First Trenton	First Trenton		787.05			90	275.68	918.18	percent of total billed charges	
RASBURICASE 0.5MG INJ	J2783	HCPCS	both			874.5	422.36	Horizon	Indemnity		820.89				275.68	918.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RASBURICASE 0.5MG INJ	J2783	HCPCS	both			874.5	422.36	Horizon	Medicare Blue		441.1				275.68	918.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RASBURICASE 0.5MG INJ	J2783	HCPCS	both			874.5	422.36	Horizon	PPO		820.89				275.68	918.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RASBURICASE 0.5MG INJ	J2783	HCPCS	both			874.5	422.36	Horizon	MGD		820.89				275.68	918.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RASBURICASE 0.5MG INJ	J2783	HCPCS	both			874.5	422.36	Managed Care Inc	Managed Care Inc		787.05			90	275.68	918.18	percent of total billed charges	
RASBURICASE 0.5MG INJ	J2783	HCPCS	both			874.5	422.36	Multiplan	Multiplan		699.6			80	275.68	918.18	percent of total billed charges	
RASBURICASE 0.5MG INJ	J2783	HCPCS	both			874.5	422.36	Qualcare	Qualcare		655.88			75	275.68	918.18	percent of total billed charges	
RASBURICASE 0.5MG INJ	J2783	HCPCS	both			874.5	422.36	Three Rivers	Three Rivers		830.78			95	275.68	918.18	percent of total billed charges	
RASBURICASE 0.5MG INJ	J2783	HCPCS	both			874.5	422.36	UHC	Medicaid		275.9			31.55	275.68	918.18	percent of total billed charges	
RASBURICASE 0.5MG INJ	J2783	HCPCS	both			874.5	422.36	UHC	Medicare		367.27				275.68	918.18	fee schedule	
RASBURICASE 0.5MG INJ	J2783	HCPCS	both			874.5	422.36	United	Oxford		918.18				275.68	918.18	fee schedule	
RASBURICASE 0.5MG INJ	J2783	HCPCS	both			874.5	422.36	United	CommercialPPO		918.18				275.68	918.18	fee schedule	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.														
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true													
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
RASBURICASE 0.5MG INJ	J2783	HCPCS	both			874.5	422.36	Wellcare	Medicaid		275.9	31.55			275.68	918.18	percent of total billed charges	
RASBURICASE 0.5MG INJ	J2783	HCPCS	both			874.5	422.36	Wellcare	Medicare		367.27				275.68	918.18	fee schedule	
RASBURICASE 0.5MG INJ	J2783	HCPCS	both			874.5	422.36	WellPoint	WellPoint		281.41	32.18			275.68	918.18	percent of total billed charges	
REGADENOSON 0.1 MG INJ	J2785	HCPCS	both				16.42	Aetna	Medicare		14.28				14.28	58.48	fee schedule	
REGADENOSON 0.1 MG INJ	J2785	HCPCS	both				16.42	Amerihealth	Medicare		14.28				14.28	58.48	fee schedule	
REGADENOSON 0.1 MG INJ	J2785	HCPCS	both				16.42	Amerihealth	HMO/PPO		58.48				14.28	58.48	fee schedule	
REGADENOSON 0.1 MG INJ	J2785	HCPCS	both				16.42	UHC	Medicare		14.28				14.28	58.48	fee schedule	
REGADENOSON 0.1 MG INJ	J2785	HCPCS	both				16.42	Wellcare	Medicare		14.28				14.28	58.48	fee schedule	
RESLIZUMAB(CINQAIR) 1MG INJ	J2786	HCPCS	outpatient			39.5	11.69	Aetna	Medicare		10.17				8.52	37.53	fee schedule	
RESLIZUMAB(CINQAIR) 1MG INJ	J2786	HCPCS	outpatient			39.5	11.69	Aetna	Better Health		12.46	31.55			8.52	37.53	percent of total billed charges	
RESLIZUMAB(CINQAIR) 1MG INJ	J2786	HCPCS	outpatient			39.5	11.69	Aetna	Commercial		19.55				8.52	37.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESLIZUMAB(CINQAIR) 1MG INJ	J2786	HCPCS	outpatient			39.5	11.69	Americare	Americare		29.63	75			8.52	37.53	percent of total billed charges	
RESLIZUMAB(CINQAIR) 1MG INJ	J2786	HCPCS	outpatient			39.5	11.69	Amerihealth	HMO/PPO		8.52				8.52	37.53	fee schedule	
RESLIZUMAB(CINQAIR) 1MG INJ	J2786	HCPCS	outpatient			39.5	11.69	Amerihealth	Medicare		10.17				8.52	37.53	fee schedule	
RESLIZUMAB(CINQAIR) 1MG INJ	J2786	HCPCS	outpatient			39.5	11.69	Consumer	Consumer		37.53	95			8.52	37.53	percent of total billed charges	
RESLIZUMAB(CINQAIR) 1MG INJ	J2786	HCPCS	outpatient			39.5	11.69	Corrections	Corrections		31.6	80			8.52	37.53	percent of total billed charges	
RESLIZUMAB(CINQAIR) 1MG INJ	J2786	HCPCS	outpatient			39.5	11.69	First Health	First Health		27.65	70			8.52	37.53	percent of total billed charges	
RESLIZUMAB(CINQAIR) 1MG INJ	J2786	HCPCS	outpatient			39.5	11.69	First Trenton	First Trenton		35.55	90			8.52	37.53	percent of total billed charges	
RESLIZUMAB(CINQAIR) 1MG INJ	J2786	HCPCS	outpatient			39.5	11.69	Horizon	PPO		22.85				8.52	37.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESLIZUMAB(CINQAIR) 1MG INJ	J2786	HCPCS	outpatient			39.5	11.69	Horizon	Indemnity		22.85				8.52	37.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESLIZUMAB(CINQAIR) 1MG INJ	J2786	HCPCS	outpatient			39.5	11.69	Horizon	MGD		22.85				8.52	37.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESLIZUMAB(CINQAIR) 1MG INJ	J2786	HCPCS	outpatient			39.5	11.69	Horizon	Medicare Blue		12.28				8.52	37.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESLIZUMAB(CINQAIR) 1MG INJ	J2786	HCPCS	outpatient			39.5	11.69	Managed Care Inc	Managed Care Inc		35.55	90			8.52	37.53	percent of total billed charges	
RESLIZUMAB(CINQAIR) 1MG INJ	J2786	HCPCS	outpatient			39.5	11.69	Multiplan	Multiplan		31.6	80			8.52	37.53	percent of total billed charges	
RESLIZUMAB(CINQAIR) 1MG INJ	J2786	HCPCS	outpatient			39.5	11.69	Qualcare	Qualcare		29.63	75			8.52	37.53	percent of total billed charges	
RESLIZUMAB(CINQAIR) 1MG INJ	J2786	HCPCS	outpatient			39.5	11.69	Three Rivers	Three Rivers		37.53	95			8.52	37.53	percent of total billed charges	
RESLIZUMAB(CINQAIR) 1MG INJ	J2786	HCPCS	outpatient			39.5	11.69	UHC	Medicaid		12.46	31.55			8.52	37.53	percent of total billed charges	
RESLIZUMAB(CINQAIR) 1MG INJ	J2786	HCPCS	outpatient			39.5	11.69	UHC	Medicare		10.17				8.52	37.53	fee schedule	
RESLIZUMAB(CINQAIR) 1MG INJ	J2786	HCPCS	outpatient			39.5	11.69	United	Oxford		25.43				8.52	37.53	fee schedule	
RESLIZUMAB(CINQAIR) 1MG INJ	J2786	HCPCS	outpatient			39.5	11.69	United	Commercial|PPO		25.43				8.52	37.53	fee schedule	
RESLIZUMAB(CINQAIR) 1MG INJ	J2786	HCPCS	outpatient			39.5	11.69	Wellcare	Medicaid		12.46	31.55			8.52	37.53	percent of total billed charges	
RESLIZUMAB(CINQAIR) 1MG INJ	J2786	HCPCS	outpatient			39.5	11.69	Wellcare	Medicare		10.17				8.52	37.53	fee schedule	
RESLIZUMAB(CINQAIR) 1MG INJ	J2786	HCPCS	outpatient			39.5	11.69	WellPoint	WellPoint		12.71	32.18			8.52	37.53	percent of total billed charges	
RHOGAM INJECTION	J2790	HCPCS	outpatient			120	93.34	Aetna	Medicare		81.16				36	114	fee schedule	
RHOGAM INJECTION	J2790	HCPCS	outpatient			120	93.34	Aetna	Better Health		37.86	31.55			36	114	percent of total billed charges	
RHOGAM INJECTION	J2790	HCPCS	outpatient			120	93.34	Aetna	Commercial		45.6	38			36	114	percent of total billed charges	
RHOGAM INJECTION	J2790	HCPCS	outpatient			120	93.34	Americare	Americare		90	75			36	114	percent of total billed charges	
RHOGAM INJECTION	J2790	HCPCS	outpatient			120	93.34	Amerihealth	HMO/PPO		88.37				36	114	fee schedule	
RHOGAM INJECTION	J2790	HCPCS	outpatient			120	93.34	Amerihealth	Medicare		81.16				36	114	fee schedule	
RHOGAM INJECTION	J2790	HCPCS	outpatient			120	93.34	Consumer	Consumer		114	95			36	114	percent of total billed charges	
RHOGAM INJECTION	J2790	HCPCS	outpatient			120	93.34	Corrections	Corrections		96	80			36	114	percent of total billed charges	
RHOGAM INJECTION	J2790	HCPCS	outpatient			120	93.34	First Health	First Health		84	70			36	114	percent of total billed charges	
RHOGAM INJECTION	J2790	HCPCS	outpatient			120	93.34	First Trenton	First Trenton		108	90			36	114	percent of total billed charges	
RHOGAM INJECTION	J2790	HCPCS	outpatient			120	93.34	Horizon	MGD		45.94	38.28			36	114	percent of total billed charges	
RHOGAM INJECTION	J2790	HCPCS	outpatient			120	93.34	Horizon	PPO		45.94	38.28			36	114	percent of total billed charges	
RHOGAM INJECTION	J2790	HCPCS	outpatient			120	93.34	Horizon	Indemnity		45.94	38.28			36	114	percent of total billed charges	
RHOGAM INJECTION	J2790	HCPCS	outpatient			120	93.34	Horizon	Medicare Blue		36	30			36	114	percent of total billed charges	
RHOGAM INJECTION	J2790	HCPCS	outpatient			120	93.34	Managed Care Inc	Managed Care Inc		108	90			36	114	percent of total billed charges	
RHOGAM INJECTION	J2790	HCPCS	outpatient			120	93.34	Multiplan	Multiplan		96	80			36	114	percent of total billed charges	
RHOGAM INJECTION	J2790	HCPCS	outpatient			120	93.34	Qualcare	Qualcare		90	75			36	114	percent of total billed charges	
RHOGAM INJECTION	J2790	HCPCS	outpatient			120	93.34	Three Rivers	Three Rivers		114	95			36	114	percent of total billed charges	
RHOGAM INJECTION	J2790	HCPCS	outpatient			120	93.34	UHC	Medicaid		37.86	31.55			36	114	percent of total billed charges	
RHOGAM INJECTION	J2790	HCPCS	outpatient			120	93.34	UHC	Medicare		81.16				36	114	fee schedule	
RHOGAM INJECTION	J2790	HCPCS	outpatient			120	93.34	Wellcare	Medicaid		37.86	31.55			36	114	percent of total billed charges	
RHOGAM INJECTION	J2790	HCPCS	outpatient			120	93.34	Wellcare	Medicare		81.16				36	114	fee schedule	
RHOGAM INJECTION	J2790	HCPCS	outpatient			120	93.34	WellPoint	WellPoint		38.62	32.18			36	114	percent of total billed charges	
IMMUNE GLOBULIN RHO D 100 IU INJ	J2792	HCPCS	both			124	37.91	Aetna	Better Health		39.12	31.55			23.14	117.8	percent of total billed charges	
IMMUNE GLOBULIN RHO D 100 IU INJ	J2792	HCPCS	both			124	37.91	Aetna	Medicare		32.96				23.14	117.8	fee schedule	
IMMUNE GLOBULIN RHO D 100 IU INJ	J2792	HCPCS	both			124	37.91	Aetna	Commercial		58.55				23.14	117.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMMUNE GLOBULIN RHO D 100 IU INJ	J2792	HCPCS	both			124	37.91	Americare	Americare		93	75			23.14	117.8	percent of total billed charges	
IMMUNE GLOBULIN RHO D 100 IU INJ	J2792	HCPCS	both			124	37.91	Amerihealth	HMO/PPO		23.14				23.14	117.8	fee schedule	
IMMUNE GLOBULIN RHO D 100 IU INJ	J2792	HCPCS	both			124	37.91	Amerihealth	Medicare		32.96				23.14	117.8	fee schedule	
IMMUNE GLOBULIN RHO D 100 IU INJ	J2792	HCPCS	both			124	37.91	Consumer	Consumer		117.8	95			23.14	117.8	percent of total billed charges	
IMMUNE GLOBULIN RHO D 100 IU INJ	J2792	HCPCS	both			124	37.91	Corrections	Corrections		99.2	80			23.14	117.8	percent of total billed charges	
IMMUNE GLOBULIN RHO D 100 IU INJ	J2792	HCPCS	both			124	37.91	First Health	First Health		86.8	70			23.14	117.8	percent of total billed charges	
IMMUNE GLOBULIN RHO D 100 IU INJ	J2792	HCPCS	both			124	37.91	First Trenton	First Trenton		111.6	90			23.14	117.8	percent of total billed charges	
IMMUNE GLOBULIN RHO D 100 IU INJ	J2792	HCPCS	both			124	37.91	Horizon	MGD		68.45				23.14	117.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMMUNE GLOBULIN RHO D 100 IU INJ	J2792	HCPCS	both			124	37.91	Horizon	Medicare Blue		36.78				23.14	117.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMMUNE GLOBULIN RHO D 100 IU INJ	J2792	HCPCS	both			124	37.91	Horizon	Indemnity		68.45				23.14	117.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMMUNE GLOBULIN RHO D 100 IU INJ	J2792	HCPCS	both			124	37.91	Horizon	PPO		68.45				23.14	117.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMMUNE GLOBULIN RHO D 100 IU INJ	J2792	HCPCS	both			124	37.91	Managed Care Inc	Managed Care Inc		111.6	90			23.14	117.8	percent of total billed charges	
IMMUNE GLOBULIN RHO D 100 IU INJ	J2792	HCPCS	both			124	37.91	Multiplan	Multiplan		99.2	80			23.14	117.8	percent of total billed charges	
IMMUNE GLOBULIN RHO D 100 IU INJ	J2792	HCPCS	both			124	37.91	Qualcare	Qualcare		93	75			23.14	117.8	percent of total billed charges	
IMMUNE GLOBULIN RHO D 100 IU INJ	J2792	HCPCS	both			124	37.91	Three Rivers	Three Rivers		117.8	95			23.14	117.8	percent of total billed charges	
IMMUNE GLOBULIN RHO D 100 IU INJ	J2792	HCPCS	both			124	37.91	UHC	Medicaid		39.12	31.55			23.14	117.8	percent of total billed charges	
IMMUNE GLOBULIN RHO D 100 IU INJ	J2792	HCPCS	both			124	37.91	UHC	Medicare		32.96				23.14	117.8	fee schedule	
IMMUNE GLOBULIN RHO D 100 IU INJ	J2792	HCPCS	both			124	37.91	United	Commercial|PPO		82.4				23.14	117.8	fee schedule	
IMMUNE GLOBULIN RHO D 100 IU INJ	J2792	HCPCS	both			124	37.91	United	Oxford		82.4				23.14	117.8	fee schedule	
IMMUNE GLOBULIN RHO D 100 IU INJ	J2792	HCPCS	both			124	37.91	Wellcare	Medicaid		39.12	31.55			23.14	117.8	percent of total billed charges	
IMMUNE GLOBULIN RHO D 100 IU INJ	J2792	HCPCS	both			124	37.91	Wellcare	Medicare		32.96				23.14	117.8	fee schedule	
IMMUNE GLOBULIN RHO D 100 IU INJ	J2792	HCPCS	both			124	37.91	WellPoint	WellPoint		39.9	32.18			23.14	117.8	percent of total billed charges	
RISPERIDONE CONSTA 0.5 MG INJ.	J2794	HCPCS	both			31.5	13.97	Aetna	Medicare		12.15				8.49	30.38	fee schedule	
RISPERIDONE CONSTA 0.5 MG INJ.	J2794	HCPCS	both			31.5	13.97	Aetna	Better Health		9.94	31.55			8.49	30.38	percent of total billed charges	
RISPERIDONE CONSTA 0.5 MG INJ.	J2794	HCPCS	both			31.5	13.97	Aetna	Commercial		23.28				8.49	30.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RISPERIDONE CONSTA 0.5 MG INJ.	J2794	HCPCS	both			31.5	13.97	Americare	Americare		23.63	75			8.49	30.38	percent of total billed charges	
RISPERIDONE CONSTA 0.5 MG INJ.	J2794	HCPCS	both			31.5	13.97	Amerihealth	HMO/PPO		8.49				8.49	30.38	fee schedule	
RISPERIDONE CONSTA 0.5 MG INJ.	J2794	HCPCS	both			31.5	13.97	Amerihealth	Medicare		12.15				8.49	30.38	fee schedule	
RISPERIDONE CONSTA 0.5 MG INJ.	J2794	HCPCS	both			31.5	13.97	Consumer	Consumer		29.93	95			8.49	30.38	percent of total billed charges	
RISPERIDONE CONSTA 0.5 MG INJ.	J2794	HCPCS	both			31.5	13.97	Corrections	Corrections		25.2	80			8.49	30.38	percent of total billed charges	
RISPERIDONE CONSTA 0.5 MG INJ.	J2794	HCPCS	both			31.5	13.97	First Health	First Health		22.05	70			8.49	30.38	percent of total billed charges	
RISPERIDONE CONSTA 0.5 MG INJ.	J2794	HCPCS	both			31.5	13.97	First Trenton	First Trenton		28.35	90			8.49	30.38	percent of total billed charges	
RISPERIDONE CONSTA 0.5 MG INJ.	J2794	HCPCS	both			31.5	13.97	Horizon	Indemnity		27.21				8.49	30.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RISPERIDONE CONSTA 0.5 MG INJ.	J2794	HCPCS	both			31.5	13.97	Horizon	Medicare Blue		14.62				8.49	30.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RISPERIDONE CONSTA 0.5 MG INJ.	J2794	HCPCS	both			31.5	13.97	Horizon	MGD		27.21				8.49	30.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RISPERIDONE CONSTA 0.5 MG INJ.	J2794	HCPCS	both			31.5	13.97	Horizon	PPO		27.21				8.49	30.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RISPERIDONE CONSTA 0.5 MG INJ.	J2794	HCPCS	both			31.5	13.97	Managed Care Inc	Managed Care Inc		28.35	90			8.49	30.38	percent of total billed charges	
RISPERIDONE CONSTA 0.5 MG INJ.	J2794	HCPCS	both			31.5	13.97	Multiplan	Multiplan		25.2	80			8.49	30.38	percent of total billed charges	
RISPERIDONE CONSTA 0.5 MG INJ.	J2794	HCPCS	both			31.5	13.97	Qualcare	Qualcare		23.63	75			8.49	30.38	percent of total billed charges	
RISPERIDONE CONSTA 0.5 MG INJ.	J2794	HCPCS	both			31.5	13.97	Three Rivers	Three Rivers		29.93	95			8.49	30.38	percent of total billed charges	
RISPERIDONE CONSTA 0.5 MG INJ.	J2794	HCPCS	both			31.5	13.97	UHC	Medicaid		9.94	31.55			8.49	30.38	percent of total billed charges	
RISPERIDONE CONSTA 0.5 MG INJ.	J2794	HCPCS	both			31.5	13.97	UHC	Medicare		12.15				8.49	30.38	fee schedule	
RISPERIDONE CONSTA 0.5 MG INJ.	J2794	HCPCS	both			31.5	13.97	United	Oxford		30.38				8.49	30.38	fee schedule	
RISPERIDONE CONSTA 0.5 MG INJ.	J2794	HCPCS	both			31.5	13.97	United	Commercial|PPO		30.38				8.49	30.38	fee schedule	
RISPERIDONE CONSTA 0.5 MG INJ.	J2794	HCPCS	both			31.5	13.97	Wellcare	Medicare		12.15				8.49	30.38	fee schedule	
RISPERIDONE CONSTA 0.5 MG INJ.	J2794	HCPCS	both			31.5	13.97	Wellcare	Medicaid		9.94	31.55			8.49	30.38	percent of total billed charges	
RISPERIDONE CONSTA 0.5 MG INJ.	J2794	HCPCS	both			31.5	13.97	WellPoint	WellPoint		10.14	32.18			8.49	30.38	percent of total billed charges	
ROMIPLOSTIM 10 MCG	J2796	HCPCS	both			261	110.43	Aetna	Better Health		82.35	31.55			67.41	247.95	percent of total billed charges	
ROMIPLOSTIM 10 MCG	J2796	HCPCS	both			261	110.43	Aetna	Medicare		96.03				67.41	247.95	fee schedule	
ROMIPLOSTIM 10 MCG	J2796	HCPCS	both			261	110.43	Aetna	Commercial		184.18				67.41	247.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ROMIPLOSTIM 10 MCG	J2796	HCPCS	both			261	110.43	Americare	Americare		195.75	75			67.41	247.95	percent of total billed charges	
ROMIPLOSTIM 10 MCG	J2796	HCPCS	both			261	110.43	Amerihealth	HMO/PPO		67.41				67.41	247.95	fee schedule	
ROMIPLOSTIM 10 MCG	J2796	HCPCS	both			261	110.43	Amerihealth	Medicare		96.03				67.41	247.95	fee schedule	
ROMIPLOSTIM 10 MCG	J2796	HCPCS	both			261	110.43	Consumer	Consumer		247.95	95			67.41	247.95	percent of total billed charges	
ROMIPLOSTIM 10 MCG	J2796	HCPCS	both			261	110.43	Corrections	Corrections		208.8	80			67.41	247.95	percent of total billed charges	
ROMIPLOSTIM 10 MCG	J2796	HCPCS	both			261	110.43	First Health	First Health		182.7	70			67.41	247.95	percent of total billed charges	
ROMIPLOSTIM 10 MCG	J2796	HCPCS	both			261	110.43	First Trenton	First Trenton		234.9	90			67.41	247.95	percent of total billed charges	
ROMIPLOSTIM 10 MCG	J2796	HCPCS	both			261	110.43	Horizon	Medicare Blue		115.69				67.41	247.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ROMIPLOSTIM 10 MCG	J2796	HCPCS	both			261	110.43	Horizon	Indemnity		215.3				67.41	247.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ROMIPLOSTIM 10 MCG	J2796	HCPCS	both			261	110.43	Horizon	MGD		215.3				67.41	247.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ROMIPLOSTIM 10 MCG	J2796	HCPCS	both			261	110.43	Horizon	PPO		215.3				67.41	247.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ROMIPLOSTIM 10 MCG	J2796	HCPCS	both			261	110.43	Managed Care Inc	Managed Care Inc		234.9	90			67.41	247.95	percent of total billed charges	
ROMIPLOSTIM 10 MCG	J2796	HCPCS	both			261	110.43	Multiplan	Multiplan		208.8	80			67.41	247.95	percent of total billed charges	
ROMIPLOSTIM 10 MCG	J2796	HCPCS	both			261	110.43	Qualcare	Qualcare		195.75	75			67.41	247.95	percent of total billed charges	
ROMIPLOSTIM 10 MCG	J2796	HCPCS	both			261	110.43	Three Rivers	Three Rivers		247.95	95			67.41	247.95	percent of total billed charges	
ROMIPLOSTIM 10 MCG	J2796	HCPCS	both			261	110.43	UHC	Medicaid		82.35	31.55			67.41	247.95	percent of total billed charges	
ROMIPLOSTIM 10 MCG	J2796	HCPCS	both			261	110.43	UHC	Medicare		96.03				67.41	247.95	fee schedule	
ROMIPLOSTIM 10 MCG	J2796	HCPCS	both			261	110.43	United	Oxford		240.08				67.41	247.95	fee schedule	
ROMIPLOSTIM 10 MCG	J2796	HCPCS	both			261	110.43	United	Commercial|PPO		240.08				67.41	247.95	fee schedule	
ROMIPLOSTIM 10 MCG	J2796	HCPCS	both			261	110.43	Wellcare	Medicare		96.03				67.41	247.95	fee schedule	
ROMIPLOSTIM 10 MCG	J2796	HCPCS	both			261	110.43	Wellcare	Medicaid		82.35	31.55			67.41	247.95	percent of total billed charges	
ROMIPLOSTIM 10 MCG	J2796	HCPCS	both			261	110.43	WellPoint	WellPoint		83.99	32.18			67.41	247.95	percent of total billed charges	
METHOCARBAMOL100MG/1ML (10ML) INJ	J2800	HCPCS	outpatient			87.5	6.5	Aetna	Better Health		27.61	31.55			5.66	83.13	percent of total billed charges	
METHOCARBAMOL100MG/1ML (10ML) INJ	J2800	HCPCS	outpatient			87.5	6.5	Aetna	Medicare		5.66				5.66	83.13	fee schedule	
METHOCARBAMOL100MG/1ML (10ML) INJ	J2800	HCPCS	outpatient			87.5	6.5	Aetna	Commercial		33.25	38			5.66	83.13	percent of total billed charges	
METHOCARBAMOL100MG/1ML (10ML) INJ	J2800	HCPCS	outpatient			87.5	6.5	Americare	Americare		65.63	75			5.66	83.13	percent of total billed charges	
METHOCARBAMOL100MG/1ML (10ML) INJ	J2800	HCPCS	outpatient			87.5	6.5	Amerihealth	Medicare		5.66				5.66	83.13	fee schedule	
METHOCARBAMOL100MG/1ML (10ML) INJ	J2800	HCPCS	outpatient			87.5	6.5	Amerihealth	HMO/PPO		41.85				5.66	83.13	fee schedule	
METHOCARBAMOL100MG/1ML (10ML) INJ	J2800	HCPCS	outpatient			87.5	6.5	Consumer	Consumer		83.13	95			5.66	83.13	percent of total billed charges	
METHOCARBAMOL100MG/1ML (10ML) INJ	J2800	HCPCS	outpatient			87.5	6.5	Corrections	Corrections		70	80			5.66	83.13	percent of total billed charges	
METHOCARBAMOL100MG/1ML (10ML) INJ	J2800	HCPCS	outpatient			87.5	6.5	First Health	First Health		61.25	70			5.66	83.13	percent of total billed charges	
METHOCARBAMOL100MG/1ML (10ML) INJ	J2800	HCPCS	outpatient			87.5	6.5	First Trenton	First Trenton		78.75	90			5.66	83.13	percent of total billed charges	
METHOCARBAMOL100MG/1ML (10ML) INJ	J2800	HCPCS	outpatient			87.5	6.5	Horizon	MGD		33.5	38.28			5.66	83.13	percent of total billed charges	
METHOCARBAMOL100MG/1ML (10ML) INJ	J2800	HCPCS	outpatient			87.5	6.5	Horizon	Indemnity		33.5	38.28			5.66	83.13	percent of total billed charges	
METHOCARBAMOL100MG/1ML (10ML) INJ	J2800	HCPCS	outpatient			87.5	6.5	Horizon	PPO		33.5	38.28			5.66	83.13	percent of total billed charges	
METHOCARBAMOL100MG/1ML (10ML) INJ	J2800	HCPCS	outpatient			87.5	6.5	Horizon	Medicare Blue		26.25	30			5.66	83.13	percent of total billed charges	
METHOCARBAMOL100MG/1ML (10ML) INJ	J2800	HCPCS	outpatient			87.5	6.5	Managed Care Inc	Managed Care Inc		78.75	90			5.66	83.13	percent of total billed charges	
METHOCARBAMOL100MG/1ML (10ML) INJ	J2800	HCPCS	outpatient			87.5	6.5	Multiplan	Multiplan		70	80			5.66	83.13	percent of total billed charges	
METHOCARBAMOL100MG/1ML (10ML) INJ	J2800	HCPCS	outpatient			87.5	6.5	Qualcare	Qualcare		65.63	75			5.66	83.13	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.														
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true													
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
METHOCARBAMOL100MG/1ML (10ML) INJ	J2800	HCPCS	outpatient			87.5	6.5	Three Rivers	Three Rivers		83.13	95			5.66	83.13	percent of total billed charges	
METHOCARBAMOL100MG/1ML (10ML) INJ	J2800	HCPCS	outpatient			87.5	6.5	UHC	Medicare		5.66				5.66	83.13	fee schedule	
METHOCARBAMOL100MG/1ML (10ML) INJ	J2800	HCPCS	outpatient			87.5	6.5	UHC	Medicaid		27.61	31.55			5.66	83.13	percent of total billed charges	
METHOCARBAMOL100MG/1ML (10ML) INJ	J2800	HCPCS	outpatient			87.5	6.5	Wellcare	Medicare		5.66				5.66	83.13	fee schedule	
METHOCARBAMOL100MG/1ML (10ML) INJ	J2800	HCPCS	outpatient			87.5	6.5	Wellcare	Medicaid		27.61	31.55			5.66	83.13	percent of total billed charges	
METHOCARBAMOL100MG/1ML (10ML) INJ	J2800	HCPCS	outpatient			87.5	6.5	WellPoint	WellPoint		28.16	32.18			5.66	83.13	percent of total billed charges	
SINCALIDE PER 5 MCG	J2805	HCPCS	both			388	153.06	Aetna	Medicare		133.1				51.9	368.6	fee schedule	
SINCALIDE PER 5 MCG	J2805	HCPCS	both			388	153.06	Aetna	Better Health		122.41	31.55			51.9	368.6	percent of total billed charges	
SINCALIDE PER 5 MCG	J2805	HCPCS	both			388	153.06	Aetna	Commercial		147.44	38			51.9	368.6	percent of total billed charges	
SINCALIDE PER 5 MCG	J2805	HCPCS	both			388	153.06	Americare	Americare		291	75			51.9	368.6	percent of total billed charges	
SINCALIDE PER 5 MCG	J2805	HCPCS	both			388	153.06	Amerihealth	Medicare		133.1				51.9	368.6	fee schedule	
SINCALIDE PER 5 MCG	J2805	HCPCS	both			388	153.06	Amerihealth	HMO/PPO		105.72				51.9	368.6	fee schedule	
SINCALIDE PER 5 MCG	J2805	HCPCS	both			388	153.06	Consumer	Consumer		368.6	95			51.9	368.6	percent of total billed charges	
SINCALIDE PER 5 MCG	J2805	HCPCS	both			388	153.06	Corrections	Corrections		310.4	80			51.9	368.6	percent of total billed charges	
SINCALIDE PER 5 MCG	J2805	HCPCS	both			388	153.06	First Health	First Health		271.6	70			51.9	368.6	percent of total billed charges	
SINCALIDE PER 5 MCG	J2805	HCPCS	both			388	153.06	First Trenton	First Trenton		349.2	90			51.9	368.6	percent of total billed charges	
SINCALIDE PER 5 MCG	J2805	HCPCS	both			388	153.06	Horizon	MGD		148.53	38.28			51.9	368.6	percent of total billed charges	
SINCALIDE PER 5 MCG	J2805	HCPCS	both			388	153.06	Horizon	Indemnity		148.53	38.28			51.9	368.6	percent of total billed charges	
SINCALIDE PER 5 MCG	J2805	HCPCS	both			388	153.06	Horizon	Medicare Blue		116.4	30			51.9	368.6	percent of total billed charges	
SINCALIDE PER 5 MCG	J2805	HCPCS	both			388	153.06	Horizon	PPO		148.53	38.28			51.9	368.6	percent of total billed charges	
SINCALIDE PER 5 MCG	J2805	HCPCS	both			388	153.06	Managed Care Inc	Managed Care Inc		349.2	90			51.9	368.6	percent of total billed charges	
SINCALIDE PER 5 MCG	J2805	HCPCS	both			388	153.06	Multiplan	Multiplan		310.4	80			51.9	368.6	percent of total billed charges	
SINCALIDE PER 5 MCG	J2805	HCPCS	both			388	153.06	Qualcare	Qualcare		291	75			51.9	368.6	percent of total billed charges	
SINCALIDE PER 5 MCG	J2805	HCPCS	both			388	153.06	Three Rivers	Three Rivers		368.6	95			51.9	368.6	percent of total billed charges	
SINCALIDE PER 5 MCG	J2805	HCPCS	both			388	153.06	UHC	Medicare		133.1				51.9	368.6	fee schedule	
SINCALIDE PER 5 MCG	J2805	HCPCS	both			388	153.06	UHC	Medicaid		122.41	31.55			51.9	368.6	percent of total billed charges	
SINCALIDE PER 5 MCG	J2805	HCPCS	both			388	153.06	Wellcare	Medicare		133.1				51.9	368.6	fee schedule	
SINCALIDE PER 5 MCG	J2805	HCPCS	both			388	153.06	Wellcare	Medicaid		122.41	31.55			51.9	368.6	percent of total billed charges	
SINCALIDE PER 5 MCG	J2805	HCPCS	both			388	153.06	WellPoint	WellPoint		124.86	32.18			51.9	368.6	percent of total billed charges	
THEOPHYLLINE 40MG INJ	J2810	HCPCS	outpatient			2.5		Aetna	Better Health		0.79	31.55			0.32	2.38	percent of total billed charges	
THEOPHYLLINE 40MG INJ	J2810	HCPCS	outpatient			2.5		Aetna	Commercial		0.96	38			0.32	2.38	percent of total billed charges	
THEOPHYLLINE 40MG INJ	J2810	HCPCS	outpatient			2.5		Aetna	Medicare		0.77	30.8			0.32	2.38	percent of total billed charges	
THEOPHYLLINE 40MG INJ	J2810	HCPCS	outpatient			2.5		Americare	Americare		1.88	75			0.32	2.38	percent of total billed charges	
THEOPHYLLINE 40MG INJ	J2810	HCPCS	outpatient			2.5		Amerihealth	HMO/PPO		0.32				0.32	2.38	fee schedule	
THEOPHYLLINE 40MG INJ	J2810	HCPCS	outpatient			2.5		Consumer	Consumer		2.38	95			0.32	2.38	percent of total billed charges	
THEOPHYLLINE 40MG INJ	J2810	HCPCS	outpatient			2.5		Corrections	Corrections		2	80			0.32	2.38	percent of total billed charges	
THEOPHYLLINE 40MG INJ	J2810	HCPCS	outpatient			2.5		First Health	First Health		1.75	70			0.32	2.38	percent of total billed charges	
THEOPHYLLINE 40MG INJ	J2810	HCPCS	outpatient			2.5		First Trenton	First Trenton		2.25	90			0.32	2.38	percent of total billed charges	
THEOPHYLLINE 40MG INJ	J2810	HCPCS	outpatient			2.5		Horizon	MGD		0.96	38.28			0.32	2.38	percent of total billed charges	
THEOPHYLLINE 40MG INJ	J2810	HCPCS	outpatient			2.5		Horizon	Medicare Blue		0.75	30			0.32	2.38	percent of total billed charges	
THEOPHYLLINE 40MG INJ	J2810	HCPCS	outpatient			2.5		Horizon	Indemnity		0.96	38.28			0.32	2.38	percent of total billed charges	
THEOPHYLLINE 40MG INJ	J2810	HCPCS	outpatient			2.5		Horizon	PPO		0.96	38.28			0.32	2.38	percent of total billed charges	
THEOPHYLLINE 40MG INJ	J2810	HCPCS	outpatient			2.5		Managed Care Inc	Managed Care Inc		2.25	90			0.32	2.38	percent of total billed charges	
THEOPHYLLINE 40MG INJ	J2810	HCPCS	outpatient			2.5		Multiplan	Multiplan		2	80			0.32	2.38	percent of total billed charges	
THEOPHYLLINE 40MG INJ	J2810	HCPCS	outpatient			2.5		Qualcare	Qualcare		1.88	75			0.32	2.38	percent of total billed charges	
THEOPHYLLINE 40MG INJ	J2810	HCPCS	outpatient			2.5		Three Rivers	Three Rivers		2.38	95			0.32	2.38	percent of total billed charges	
THEOPHYLLINE 40MG INJ	J2810	HCPCS	outpatient			2.5		UHC	Medicaid		0.79	31.55			0.32	2.38	percent of total billed charges	
THEOPHYLLINE 40MG INJ	J2810	HCPCS	outpatient			2.5		Wellcare	Medicaid		0.79	31.55			0.32	2.38	percent of total billed charges	
THEOPHYLLINE 40MG INJ	J2810	HCPCS	outpatient			2.5		WellPoint	WellPoint		0.8	32.18			0.32	2.38	percent of total billed charges	
SARGRAMOSTIM 50MCG (CHEMO)	J2820	HCPCS	outpatient			159.5	68.21	Aetna	Medicare		59.32				39.31	151.53	fee schedule	
SARGRAMOSTIM 50MCG (CHEMO)	J2820	HCPCS	outpatient			159.5	68.21	Aetna	Commercial		113.62				39.31	151.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SARGRAMOSTIM 50MCG (CHEMO)	J2820	HCPCS	outpatient			159.5	68.21	Aetna	Better Health		50.32	31.55			39.31	151.53	percent of total billed charges	
SARGRAMOSTIM 50MCG (CHEMO)	J2820	HCPCS	outpatient			159.5	68.21	Americare	Americare		119.63	75			39.31	151.53	percent of total billed charges	
SARGRAMOSTIM 50MCG (CHEMO)	J2820	HCPCS	outpatient			159.5	68.21	Amerihealth	Medicare		59.32				39.31	151.53	fee schedule	
SARGRAMOSTIM 50MCG (CHEMO)	J2820	HCPCS	outpatient			159.5	68.21	Amerihealth	HMO/PPO		39.31				39.31	151.53	fee schedule	
SARGRAMOSTIM 50MCG (CHEMO)	J2820	HCPCS	outpatient			159.5	68.21	Consumer	Consumer		151.53	95			39.31	151.53	percent of total billed charges	
SARGRAMOSTIM 50MCG (CHEMO)	J2820	HCPCS	outpatient			159.5	68.21	Corrections	Corrections		127.6	80			39.31	151.53	percent of total billed charges	
SARGRAMOSTIM 50MCG (CHEMO)	J2820	HCPCS	outpatient			159.5	68.21	First Health	First Health		111.65	70			39.31	151.53	percent of total billed charges	
SARGRAMOSTIM 50MCG (CHEMO)	J2820	HCPCS	outpatient			159.5	68.21	First Trenton	First Trenton		143.55	90			39.31	151.53	percent of total billed charges	
SARGRAMOSTIM 50MCG (CHEMO)	J2820	HCPCS	outpatient			159.5	68.21	Horizon	Indemnity		132.82				39.31	151.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SARGRAMOSTIM 50MCG (CHEMO)	J2820	HCPCS	outpatient			159.5	68.21	Horizon	Medicare Blue		71.37				39.31	151.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SARGRAMOSTIM 50MCG (CHEMO)	J2820	HCPCS	outpatient			159.5	68.21	Horizon	PPO		132.82				39.31	151.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SARGRAMOSTIM 50MCG (CHEMO)	J2820	HCPCS	outpatient			159.5	68.21	Horizon	MGD		132.82				39.31	151.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SARGRAMOSTIM 50MCG (CHEMO)	J2820	HCPCS	outpatient			159.5	68.21	Managed Care Inc	Managed Care Inc		143.55	90			39.31	151.53	percent of total billed charges	
SARGRAMOSTIM 50MCG (CHEMO)	J2820	HCPCS	outpatient			159.5	68.21	Multiplan	Multiplan		127.6	80			39.31	151.53	percent of total billed charges	
SARGRAMOSTIM 50MCG (CHEMO)	J2820	HCPCS	outpatient			159.5	68.21	Qualcare	Qualcare		119.63	75			39.31	151.53	percent of total billed charges	
SARGRAMOSTIM 50MCG (CHEMO)	J2820	HCPCS	outpatient			159.5	68.21	Three Rivers	Three Rivers		151.53	95			39.31	151.53	percent of total billed charges	
SARGRAMOSTIM 50MCG (CHEMO)	J2820	HCPCS	outpatient			159.5	68.21	UHC	Medicare		59.32				39.31	151.53	fee schedule	
SARGRAMOSTIM 50MCG (CHEMO)	J2820	HCPCS	outpatient			159.5	68.21	UHC	Medicaid		50.32	31.55			39.31	151.53	percent of total billed charges	
SARGRAMOSTIM 50MCG (CHEMO)	J2820	HCPCS	outpatient			159.5	68.21	United	Oxford		148.3				39.31	151.53	fee schedule	
SARGRAMOSTIM 50MCG (CHEMO)	J2820	HCPCS	outpatient			159.5	68.21	United	Commercial|PPO		148.3				39.31	151.53	fee schedule	
SARGRAMOSTIM 50MCG (CHEMO)	J2820	HCPCS	outpatient			159.5	68.21	Wellcare	Medicare		59.32				39.31	151.53	fee schedule	
SARGRAMOSTIM 50MCG (CHEMO)	J2820	HCPCS	outpatient			159.5	68.21	Wellcare	Medicaid		50.32	31.55			39.31	151.53	percent of total billed charges	
SARGRAMOSTIM 50MCG (CHEMO)	J2820	HCPCS	outpatient			159.5	68.21	WellPoint	WellPoint		51.33	32.18			39.31	151.53	percent of total billed charges	
SECRETIN SYNTHETIC HUMAN 1 MCG INJ	J2850	HCPCS	outpatient			127	57.62	Aetna	Commercial		79.76				37.73	120.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SECRETIN SYNTHETIC HUMAN 1 MCG INJ	J2850	HCPCS	outpatient			127	57.62	Aetna	Medicare		50.1				37.73	120.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SECRETIN SYNTHETIC HUMAN 1 MCG INJ	J2850	HCPCS	outpatient			127	57.62	Aetna	Better Health		40.07	31.55			37.73	120.65	percent of total billed charges	
SECRETIN SYNTHETIC HUMAN 1 MCG INJ	J2850	HCPCS	outpatient			127	57.62	Americare	Americare		95.25	75			37.73	120.65	percent of total billed charges	
SECRETIN SYNTHETIC HUMAN 1 MCG INJ	J2850	HCPCS	outpatient			127	57.62	Amerihealth	Medicare		50.1				37.73	120.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SECRETIN SYNTHETIC HUMAN 1 MCG INJ	J2850	HCPCS	outpatient			127	57.62	Amerihealth	HMO/PPO		37.73				37.73	120.65	fee schedule	
SECRETIN SYNTHETIC HUMAN 1 MCG INJ	J2850	HCPCS	outpatient			127	57.62	Consumer	Consumer		120.65	95			37.73	120.65	percent of total billed charges	
SECRETIN SYNTHETIC HUMAN 1 MCG INJ	J2850	HCPCS	outpatient			127	57.62	Corrections	Corrections		101.6	80			37.73	120.65	percent of total billed charges	
SECRETIN SYNTHETIC HUMAN 1 MCG INJ	J2850	HCPCS	outpatient			127	57.62	First Health	First Health		88.9	70			37.73	120.65	percent of total billed charges	
SECRETIN SYNTHETIC HUMAN 1 MCG INJ	J2850	HCPCS	outpatient			127	57.62	First Trenton	First Trenton		114.3	90			37.73	120.65	percent of total billed charges	
SECRETIN SYNTHETIC HUMAN 1 MCG INJ	J2850	HCPCS	outpatient			127	57.62	Horizon	MGD		93.24				37.73	120.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SECRETIN SYNTHETIC HUMAN 1 MCG INJ	J2850	HCPCS	outpatient			127	57.62	Horizon	Indemnity		93.24				37.73	120.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SECRETIN SYNTHETIC HUMAN 1 MCG INJ	J2850	HCPCS	outpatient			127	57.62	Horizon	PPO		93.24				37.73	120.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SECRETIN SYNTHETIC HUMAN 1 MCG INJ	J2850	HCPCS	outpatient			127	57.62	Horizon	Medicare Blue		50.1				37.73	120.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SECRETIN SYNTHETIC HUMAN 1 MCG INJ	J2850	HCPCS	outpatient			127	57.62	Managed Care Inc	Managed Care Inc		114.3	90			37.73	120.65	percent of total billed charges	
SECRETIN SYNTHETIC HUMAN 1 MCG INJ	J2850	HCPCS	outpatient			127	57.62	Multiplan	Multiplan		101.6	80			37.73	120.65	percent of total billed charges	
SECRETIN SYNTHETIC HUMAN 1 MCG INJ	J2850	HCPCS	outpatient			127	57.62	Qualcare	Qualcare		95.25	75			37.73	120.65	percent of total billed charges	
SECRETIN SYNTHETIC HUMAN 1 MCG INJ	J2850	HCPCS	outpatient			127	57.62	Three Rivers	Three Rivers		120.65	95			37.73	120.65	percent of total billed charges	
SECRETIN SYNTHETIC HUMAN 1 MCG INJ	J2850	HCPCS	outpatient			127	57.62	UHC	Medicaid		40.07	31.55			37.73	120.65	percent of total billed charges	
SECRETIN SYNTHETIC HUMAN 1 MCG INJ	J2850	HCPCS	outpatient			127	57.62	UHC	Medicare		50.1				37.73	120.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SECRETIN SYNTHETIC HUMAN 1 MCG INJ	J2850	HCPCS	outpatient			127	57.62	United	Commercial|PPO		104.35				37.73	120.65	fee schedule	
SECRETIN SYNTHETIC HUMAN 1 MCG INJ	J2850	HCPCS	outpatient			127	57.62	United	Oxford		104.35				37.73	120.65	fee schedule	
SECRETIN SYNTHETIC HUMAN 1 MCG INJ	J2850	HCPCS	outpatient			127	57.62	Wellcare	Medicaid		40.07	31.55			37.73	120.65	percent of total billed charges	
SECRETIN SYNTHETIC HUMAN 1 MCG INJ	J2850	HCPCS	outpatient			127	57.62	Wellcare	Medicare		50.1				37.73	120.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SECRETIN SYNTHETIC HUMAN 1 MCG INJ	J2850	HCPCS	outpatient			127	57.62	WellPoint	WellPoint		40.87	32.18			37.73	120.65	percent of total billed charges	
SILTUXIMAB(SYLVANT) 10 MG INJ	J2860	HCPCS	outpatient			444.5	171.28	Aetna	Medicare		148.94				87.52	422.28	fee schedule	
SILTUXIMAB(SYLVANT) 10 MG INJ	J2860	HCPCS	outpatient			444.5	171.28	Aetna	Commercial		289.14				87.52	422.28	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SILTUXIMAB(SYLVANT) 10 MG INJ	J2860	HCPCS	outpatient			444.5	171.28	Aetna	Better Health		140.24	31.55			87.52	422.28	percent of total billed charges	
SILTUXIMAB(SYLVANT) 10 MG INJ	J2860	HCPCS	outpatient			444.5	171.28	Americare	Americare		333.38	75			87.52	422.28	percent of total billed charges	
SILTUXIMAB(SYLVANT) 10 MG INJ	J2860	HCPCS	outpatient			444.5	171.28	Amerihealth	HMO/PPO		87.52				87.52	422.28	fee schedule	
SILTUXIMAB(SYLVANT) 10 MG INJ	J2860	HCPCS	outpatient			444.5	171.28	Amerihealth	Medicare		148.94				87.52	422.28	fee schedule	
SILTUXIMAB(SYLVANT) 10 MG INJ	J2860	HCPCS	outpatient			444.5	171.28	Consumer	Consumer		422.28	95			87.52	422.28	percent of total billed charges	
SILTUXIMAB(SYLVANT) 10 MG INJ	J2860	HCPCS	outpatient			444.5	171.28	Corrections	Corrections		355.6	80			87.52	422.28	percent of total billed charges	
SILTUXIMAB(SYLVANT) 10 MG INJ	J2860	HCPCS	outpatient			444.5	171.28	First Health	First Health		311.15	70			87.52	422.28	percent of total billed charges	
SILTUXIMAB(SYLVANT) 10 MG INJ	J2860	HCPCS	outpatient			444.5	171.28	First Trenton	First Trenton		400.05	90			87.52	422.28	percent of total billed charges	
SILTUXIMAB(SYLVANT) 10 MG INJ	J2860	HCPCS	outpatient			444.5	171.28	Horizon	Indemnity		337.99				87.52	422.28	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SILTUXIMAB(SYLVANT) 10 MG INJ	J2860	HCPCS	outpatient			444.5	171.28	Horizon	Medicare Blue		181.62				87.52	422.28	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SILTUXIMAB(SYLVANT) 10 MG INJ	J2860	HCPCS	outpatient			444.5	171.28	Horizon	NJ Health		226.43				87.52	422.28	fee schedule	
SILTUXIMAB(SYLVANT) 10 MG INJ	J2860	HCPCS	outpatient			444.5	171.28	Horizon	PPO		337.99				87.52	422.28	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SILTUXIMAB(SYLVANT) 10 MG INJ	J2860	HCPCS	outpatient			444.5	171.28	Horizon	MGD		337.99				87.52	422.28	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SILTUXIMAB(SYLVANT) 10 MG INJ	J2860	HCPCS	outpatient			444.5	171.28	Managed Care Inc	Managed Care Inc		400.05	90			87.52	422.28	percent of total billed charges	
SILTUXIMAB(SYLVANT) 10 MG INJ	J2860	HCPCS	outpatient			444.5	171.28	Multiplan	Multiplan		355.6	80			87.52	422.28	percent of total billed charges	
SILTUXIMAB(SYLVANT) 10 MG INJ	J2860	HCPCS	outpatient			444.5	171.28	Qualcare	Qualcare		333.38	75			87.52	422.28	percent of total billed charges	
SILTUXIMAB(SYLVANT) 10 MG INJ	J2860	HCPCS	outpatient			444.5	171.28	Three Rivers	Three Rivers		422.28	95			87.52	422.28	percent of total billed charges	
SILTUXIMAB(SYLVANT) 10 MG INJ	J2860	HCPCS	outpatient			444.5	171.28	UHC	Medicaid		140.24	31.55			87.52	422.28	percent of total billed charges	
SILTUXIMAB(SYLVANT) 10 MG INJ	J2860	HCPCS	outpatient			444.5	171.28	UHC	Medicare		148.94				87.52	422.28	fee schedule	
SILTUXIMAB(SYLVANT) 10 MG INJ	J2860	HCPCS	outpatient			444.5	171.28	United	Oxford		372.35				87.52	422.28	fee schedule	
SILTUXIMAB(SYLVANT) 10 MG INJ	J2860	HCPCS	outpatient			444.5	171.28	United	Commercial|PPO		372.35				87.52	422.28	fee schedule	
SILTUXIMAB(SYLVANT) 10 MG INJ	J2860	HCPCS	outpatient			444.5	171.28	Wellcare	Medicaid		140.24	31.55			87.52	422.28	percent of total billed charges	
SILTUXIMAB(SYLVANT) 10 MG INJ	J2860	HCPCS	outpatient			444.5	171.28	Wellcare	Medicare		148.94				87.52	422.28	fee schedule	
SILTUXIMAB(SYLVANT) 10 MG INJ	J2860	HCPCS	outpatient			444.5	171.28	WellPoint	WellPoint		143.04	32.18			87.52	422.28	percent of total billed charges	
METHYLPRED SOD (SUCC) 5MG INJ	J2919	HCPCS	both			1		Aetna	Medicare		0.31	30.8			0.3	0.95	percent of total billed charges	
METHYLPRED SOD (SUCC) 5MG INJ	J2919	HCPCS	both			1		Aetna	Better Health		0.32	31.55			0.3	0.95	percent of total billed charges	
METHYLPRED SOD (SUCC) 5MG INJ	J2919	HCPCS	both			1		Aetna	Commercial		0.38	38			0.3	0.95	percent of total billed charges	
METHYLPRED SOD (SUCC) 5MG INJ	J2919	HCPCS	both			1		Americare	Americare		0.75	75			0.3	0.95	percent of total billed charges	
METHYLPRED SOD (SUCC) 5MG INJ	J2919	HCPCS	both			1		Amerihealth	HMO/PPO		0.65	65			0.3	0.95	percent of total billed charges	
METHYLPRED SOD (SUCC) 5MG INJ	J2919	HCPCS	both			1		Consumer	Consumer		0.95	95			0.3	0.95	percent of total billed charges	
METHYLPRED SOD (SUCC) 5MG INJ	J2919	HCPCS	both			1		Corrections	Corrections		0.8	80			0.3	0.95	percent of total billed charges	
METHYLPRED SOD (SUCC) 5MG INJ	J2919	HCPCS	both			1		First Health	First Health		0.7	70			0.3	0.95	percent of total billed charges	
METHYLPRED SOD (SUCC) 5MG INJ	J2919	HCPCS	both			1		First Trenton	First Trenton		0.9	90			0.3	0.95	percent of total billed charges	
METHYLPRED SOD (SUCC) 5MG INJ	J2919	HCPCS	both			1		Horizon	MGD		0.38	38.28			0.3	0.95	percent of total billed charges	
METHYLPRED SOD (SUCC) 5MG INJ	J2919	HCPCS	both			1		Horizon	Indemnity		0.38	38.28			0.3	0.95	percent of total billed charges	
METHYLPRED SOD (SUCC) 5MG INJ	J2919	HCPCS	both			1		Horizon	Medicare Blue		0.3	30			0.3	0.95	percent of total billed charges	
METHYLPRED SOD (SUCC) 5MG INJ	J2919	HCPCS	both			1		Horizon	PPO		0.38	38.28			0.3	0.95	percent of total billed charges	
METHYLPRED SOD (SUCC) 5MG INJ	J2919	HCPCS	both			1		Managed Care Inc	Managed Care Inc		0.9	90			0.3	0.95	percent of total billed charges	
METHYLPRED SOD (SUCC) 5MG INJ	J2919	HCPCS	both			1		Multiplan	Multiplan		0.8	80			0.3	0.95	percent of total billed charges	
METHYLPRED SOD (SUCC) 5MG INJ	J2919	HCPCS	both			1		Qualcare	Qualcare		0.75	75			0.3	0.95	percent of total billed charges	
METHYLPRED SOD (SUCC) 5MG INJ	J2919	HCPCS	both			1		Three Rivers	Three Rivers		0.95	95			0.3	0.95	percent of total billed charges	
METHYLPRED SOD (SUCC) 5MG INJ	J2919	HCPCS	both			1		UHC	Medicaid		0.32	31.55			0.3	0.95	percent of total billed charges	
METHYLPRED SOD (SUCC) 5MG INJ	J2919	HCPCS	both			1		Wellcare	Medicaid		0.32	31.55			0.3	0.95	percent of total billed charges	
METHYLPRED SOD (SUCC) 5MG INJ	J2919	HCPCS	both			1		WellPoint	WellPoint		0.32	32.18			0.3	0.95	percent of total billed charges	
METHYLPREDNISOLONE 125MG INJ	J2930	HCPCS	both			35.5	6.76	Aetna	Better Health		11.2	31.55			5.57	33.73	percent of total billed charges	
METHYLPREDNISOLONE 125MG INJ	J2930	HCPCS	both			35.5	6.76	Aetna	Commercial		13.49	38			5.57	33.73	percent of total billed charges	
METHYLPREDNISOLONE 125MG INJ	J2930	HCPCS	both			35.5	6.76	Aetna	Medicare		5.88				5.57	33.73	fee schedule	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.														
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true													
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
METHYLPREDNISOLONE 125MG INJ	J2930	HCPCS	both			35.5		6.76 Americare	Americare		26.63	75			5.57	33.73	percent of total billed charges	
METHYLPREDNISOLONE 125MG INJ	J2930	HCPCS	both			35.5		6.76 Amerihealth	Medicare		5.88				5.57	33.73	fee schedule	
METHYLPREDNISOLONE 125MG INJ	J2930	HCPCS	both			35.5		6.76 Amerihealth	HMO/PPO		5.57				5.57	33.73	fee schedule	
METHYLPREDNISOLONE 125MG INJ	J2930	HCPCS	both			35.5		6.76 Consumer	Consumer		33.73	95			5.57	33.73	percent of total billed charges	
METHYLPREDNISOLONE 125MG INJ	J2930	HCPCS	both			35.5		6.76 Corrections	Corrections		28.4	80			5.57	33.73	percent of total billed charges	
METHYLPREDNISOLONE 125MG INJ	J2930	HCPCS	both			35.5		6.76 First Health	First Health		24.85	70			5.57	33.73	percent of total billed charges	
METHYLPREDNISOLONE 125MG INJ	J2930	HCPCS	both			35.5		6.76 First Trenton	First Trenton		31.95	90			5.57	33.73	percent of total billed charges	
METHYLPREDNISOLONE 125MG INJ	J2930	HCPCS	both			35.5		6.76 Horizon	Medicare Blue		10.65	30			5.57	33.73	percent of total billed charges	
METHYLPREDNISOLONE 125MG INJ	J2930	HCPCS	both			35.5		6.76 Horizon	Indemnity		13.59	38.28			5.57	33.73	percent of total billed charges	
METHYLPREDNISOLONE 125MG INJ	J2930	HCPCS	both			35.5		6.76 Horizon	MGD		13.59	38.28			5.57	33.73	percent of total billed charges	
METHYLPREDNISOLONE 125MG INJ	J2930	HCPCS	both			35.5		6.76 Horizon	PPO		13.59	38.28			5.57	33.73	percent of total billed charges	
METHYLPREDNISOLONE 125MG INJ	J2930	HCPCS	both			35.5		6.76 Managed Care Inc	Managed Care Inc		31.95	90			5.57	33.73	percent of total billed charges	
METHYLPREDNISOLONE 125MG INJ	J2930	HCPCS	both			35.5		6.76 Multiplan	Multiplan		28.4	80			5.57	33.73	percent of total billed charges	
METHYLPREDNISOLONE 125MG INJ	J2930	HCPCS	both			35.5		6.76 Qualcare	Qualcare		26.63	75			5.57	33.73	percent of total billed charges	
METHYLPREDNISOLONE 125MG INJ	J2930	HCPCS	both			35.5		6.76 Three Rivers	Three Rivers		33.73	95			5.57	33.73	percent of total billed charges	
METHYLPREDNISOLONE 125MG INJ	J2930	HCPCS	both			35.5		6.76 UHC	Medicare		5.88				5.57	33.73	fee schedule	
METHYLPREDNISOLONE 125MG INJ	J2930	HCPCS	both			35.5		6.76 UHC	Medicaid		11.2	31.55			5.57	33.73	percent of total billed charges	
METHYLPREDNISOLONE 125MG INJ	J2930	HCPCS	both			35.5		6.76 Wellcare	Medicare		5.88				5.57	33.73	fee schedule	
METHYLPREDNISOLONE 125MG INJ	J2930	HCPCS	both			35.5		6.76 Wellcare	Medicaid		11.2	31.55			5.57	33.73	percent of total billed charges	
METHYLPREDNISOLONE 125MG INJ	J2930	HCPCS	both			35.5		6.76 WellPoint	WellPoint		11.42	32.18			5.57	33.73	percent of total billed charges	
SOMATROPIN 1MG INJ.	J2941	HCPCS	outpatient			287		225.77 Aetna	Commercial		312.54				90.55	408.88	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SOMATROPIN 1MG INJ.	J2941	HCPCS	outpatient			287		225.77 Aetna	Better Health		90.55	31.55			90.55	408.88	percent of total billed charges	
SOMATROPIN 1MG INJ.	J2941	HCPCS	outpatient			287		225.77 Aetna	Medicare		196.32				90.55	408.88	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SOMATROPIN 1MG INJ.	J2941	HCPCS	outpatient			287		225.77 Americare	Americare		215.25	75			90.55	408.88	percent of total billed charges	
SOMATROPIN 1MG INJ.	J2941	HCPCS	outpatient			287		225.77 Amerihealth	Medicare		196.32				90.55	408.88	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SOMATROPIN 1MG INJ.	J2941	HCPCS	outpatient			287		225.77 Amerihealth	HMO/PPO		115.7				90.55	408.88	fee schedule	
SOMATROPIN 1MG INJ.	J2941	HCPCS	outpatient			287		225.77 Consumer	Consumer		272.65	95			90.55	408.88	percent of total billed charges	
SOMATROPIN 1MG INJ.	J2941	HCPCS	outpatient			287		225.77 Corrections	Corrections		229.6	80			90.55	408.88	percent of total billed charges	
SOMATROPIN 1MG INJ.	J2941	HCPCS	outpatient			287		225.77 First Health	First Health		200.9	70			90.55	408.88	percent of total billed charges	
SOMATROPIN 1MG INJ.	J2941	HCPCS	outpatient			287		225.77 First Trenton	First Trenton		258.3	90			90.55	408.88	percent of total billed charges	
SOMATROPIN 1MG INJ.	J2941	HCPCS	outpatient			287		225.77 Horizon	Indemnity		365.35				90.55	408.88	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SOMATROPIN 1MG INJ.	J2941	HCPCS	outpatient			287		225.77 Horizon	Medicare Blue		196.32				90.55	408.88	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SOMATROPIN 1MG INJ.	J2941	HCPCS	outpatient			287		225.77 Horizon	PPO		365.35				90.55	408.88	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SOMATROPIN 1MG INJ.	J2941	HCPCS	outpatient			287		225.77 Horizon	MGD		365.35				90.55	408.88	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SOMATROPIN 1MG INJ.	J2941	HCPCS	outpatient			287		225.77 Managed Care Inc	Managed Care Inc		258.3	90			90.55	408.88	percent of total billed charges	
SOMATROPIN 1MG INJ.	J2941	HCPCS	outpatient			287		225.77 Multiplan	Multiplan		229.6	80			90.55	408.88	percent of total billed charges	
SOMATROPIN 1MG INJ.	J2941	HCPCS	outpatient			287		225.77 Qualcare	Qualcare		215.25	75			90.55	408.88	percent of total billed charges	
SOMATROPIN 1MG INJ.	J2941	HCPCS	outpatient			287		225.77 Three Rivers	Three Rivers		272.65	95			90.55	408.88	percent of total billed charges	
SOMATROPIN 1MG INJ.	J2941	HCPCS	outpatient			287		225.77 UHC	Medicaid		90.55	31.55			90.55	408.88	percent of total billed charges	
SOMATROPIN 1MG INJ.	J2941	HCPCS	outpatient			287		225.77 UHC	Medicare		196.32				90.55	408.88	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SOMATROPIN 1MG INJ.	J2941	HCPCS	outpatient			287		225.77 United	Commercial|PPO		408.88				90.55	408.88	fee schedule	
SOMATROPIN 1MG INJ.	J2941	HCPCS	outpatient			287		225.77 United	Oxford		408.88				90.55	408.88	fee schedule	
SOMATROPIN 1MG INJ.	J2941	HCPCS	outpatient			287		225.77 Wellcare	Medicaid		90.55	31.55			90.55	408.88	percent of total billed charges	
SOMATROPIN 1MG INJ.	J2941	HCPCS	outpatient			287		225.77 Wellcare	Medicare		196.32				90.55	408.88	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SOMATROPIN 1MG INJ.	J2941	HCPCS	outpatient			287		225.77 WellPoint	WellPoint		92.36	32.18			90.55	408.88	percent of total billed charges	
RETEPLASE 18.1MG VIAL	J2993	HCPCS	outpatient			4494.5		3988.82 Aetna	Commercial		5521.92				1418.01	6920.93	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RETEPLASE 18.1MG VIAL	J2993	HCPCS	outpatient			4494.5		3988.82 Aetna	Better Health		1418.01	31.55			1418.01	6920.93	percent of total billed charges	
RETEPLASE 18.1MG VIAL	J2993	HCPCS	outpatient			4494.5		3988.82 Aetna	Medicare		3468.54				1418.01	6920.93	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RETEPLASE 18.1MG VIAL	J2993	HCPCS	outpatient			4494.5		3988.82 Americare	Americare		3370.88	75			1418.01	6920.93	percent of total billed charges	
RETEPLASE 18.1MG VIAL	J2993	HCPCS	outpatient			4494.5		3988.82 Amerihealth	HMO/PPO		2497.35				1418.01	6920.93	fee schedule	
RETEPLASE 18.1MG VIAL	J2993	HCPCS	outpatient			4494.5		3988.82 Amerihealth	Medicare		3468.54				1418.01	6920.93	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RETEPLASE 18.1MG VIAL	J2993	HCPCS	outpatient			4494.5		3988.82 Consumer	Consumer		4269.78	95			1418.01	6920.93	percent of total billed charges	
RETEPLASE 18.1MG VIAL	J2993	HCPCS	outpatient			4494.5		3988.82 Corrections	Corrections		3595.6	80			1418.01	6920.93	percent of total billed charges	
RETEPLASE 18.1MG VIAL	J2993	HCPCS	outpatient			4494.5		3988.82 First Health	First Health		3146.15	70			1418.01	6920.93	percent of total billed charges	
RETEPLASE 18.1MG VIAL	J2993	HCPCS	outpatient			4494.5		3988.82 First Trenton	First Trenton		4045.05	90			1418.01	6920.93	percent of total billed charges	
RETEPLASE 18.1MG VIAL	J2993	HCPCS	outpatient			4494.5		3988.82 Horizon	Indemnity		6454.95				1418.01	6920.93	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RETEPLASE 18.1MG VIAL	J2993	HCPCS	outpatient			4494.5		3988.82 Horizon	MGD		6454.95				1418.01	6920.93	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RETEPLASE 18.1MG VIAL	J2993	HCPCS	outpatient			4494.5		3988.82 Horizon	Medicare Blue		3468.54				1418.01	6920.93	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RETEPLASE 18.1MG VIAL	J2993	HCPCS	outpatient			4494.5		3988.82 Horizon	PPO		6454.95				1418.01	6920.93	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RETEPLASE 18.1MG VIAL	J2993	HCPCS	outpatient			4494.5		3988.82 Managed Care Inc	Managed Care Inc		4045.05	90			1418.01	6920.93	percent of total billed charges	
RETEPLASE 18.1MG VIAL	J2993	HCPCS	outpatient			4494.5		3988.82 Multiplan	Multiplan		3595.6	80			1418.01	6920.93	percent of total billed charges	
RETEPLASE 18.1MG VIAL	J2993	HCPCS	outpatient			4494.5		3988.82 Qualcare	Qualcare		3370.88	75			1418.01	6920.93	percent of total billed charges	
RETEPLASE 18.1MG VIAL	J2993	HCPCS	outpatient			4494.5		3988.82 Three Rivers	Three Rivers		4269.78	95			1418.01	6920.93	percent of total billed charges	
RETEPLASE 18.1MG VIAL	J2993	HCPCS	outpatient			4494.5		3988.82 UHC	Medicare		3468.54				1418.01	6920.93	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RETEPLASE 18.1MG VIAL	J2993	HCPCS	outpatient			4494.5		3988.82 UHC	Medicaid		1418.01	31.55			1418.01	6920.93	percent of total billed charges	
RETEPLASE 18.1MG VIAL	J2993	HCPCS	outpatient			4494.5		3988.82 United	Oxford		6920.93				1418.01	6920.93	fee schedule	
RETEPLASE 18.1MG VIAL	J2993	HCPCS	outpatient			4494.5		3988.82 United	Commercial|PPO		6920.93				1418.01	6920.93	fee schedule	
RETEPLASE 18.1MG VIAL	J2993	HCPCS	outpatient			4494.5		3988.82 Wellcare	Medicare		3468.54				1418.01	6920.93	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RETEPLASE 18.1MG VIAL	J2993	HCPCS	outpatient			4494.5		3988.82 Wellcare	Medicaid		1418.01	31.55			1418.01	6920.93	percent of total billed charges	
RETEPLASE 18.1MG VIAL	J2993	HCPCS	outpatient			4494.5		3988.82 WellPoint	WellPoint		1446.33	32.18			1418.01	6920.93	percent of total billed charges	
ALTEPLASE 1MG	J2997	HCPCS	both			224		102.32 Aetna	Better Health		70.67	31.55			70.67	222.43	percent of total billed charges	
ALTEPLASE 1MG	J2997	HCPCS	both			224		102.32 Aetna	Medicare		88.97				70.67	222.43	fee schedule	
ALTEPLASE 1MG	J2997	HCPCS	both			224		102.32 Aetna	Commercial		169.72				70.67	222.43	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ALTEPLASE 1MG	J2997	HCPCS	both			224		102.32 Americare	Americare		168	75			70.67	222.43	percent of total billed charges	
ALTEPLASE 1MG	J2997	HCPCS	both			224		102.32 Amerihealth	HMO/PPO		87.11				70.67	222.43	fee schedule	
ALTEPLASE 1MG	J2997	HCPCS	both			224		102.32 Amerihealth	Medicare		88.97				70.67	222.43	fee schedule	
ALTEPLASE 1MG	J2997	HCPCS	both			224		102.32 Consumer	Consumer		212.8	95			70.67	222.43	percent of total billed charges	
ALTEPLASE 1MG	J2997	HCPCS	both			224		102.32 Corrections	Corrections		179.2	80			70.67	222.43	percent of total billed charges	
ALTEPLASE 1MG	J2997	HCPCS	both			224		102.32 First Health	First Health		156.8	70			70.67	222.43	percent of total billed charges	
ALTEPLASE 1MG	J2997	HCPCS	both			224		102.32 First Trenton	First Trenton		201.6	90			70.67	222.43	percent of total billed charges	
ALTEPLASE 1MG	J2997	HCPCS	both			224		102.32 Horizon	PPO		198.4				70.67	222.43	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ALTEPLASE 1MG	J2997	HCPCS	both			224		102.32 Horizon	Medicare Blue		106.61				70.67	222.43	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ALTEPLASE 1MG	J2997	HCPCS	both			224		102.32 Horizon	MGD		198.4				70.67	222.43	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ALTEPLASE 1MG	J2997	HCPCS	both			224		102.32 Horizon	Indemnity		198.4				70.67	222.43	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ALTEPLASE 1MG	J2997	HCPCS	both			224		102.32 Managed Care Inc	Managed Care Inc		201.6	90			70.67	222.43	percent of total billed charges	
ALTEPLASE 1MG	J2997	HCPCS	both			224		102.32 Multiplan	Multiplan		179.2	80			70.67	222.43	percent of total billed charges	
ALTEPLASE 1MG	J2997	HCPCS	both			224		102.32 Qualcare	Qualcare		168	75			70.67	222.43	percent of total billed charges	
ALTEPLASE 1MG	J2997	HCPCS	both			224		102.32 Three Rivers	Three Rivers		212.8	95			70.67	222.43	percent of total billed charges	
ALTEPLASE 1MG	J2997	HCPCS	both			224		102.32 UHC	Medicaid		70.67	31.55			70.67	222.43	percent of total billed charges	
ALTEPLASE 1MG	J2997	HCPCS	both			224		102.32 UHC	Medicare		88.97				70.67	222.43	fee schedule	
ALTEPLASE 1MG	J2997	HCPCS	both			224		102.32 United	Oxford		222.43				70.67	222.43	fee schedule	
ALTEPLASE 1MG	J2997	HCPCS	both			224		102.32 United	Commercial|PPO		222.43				70.67	222.43	fee schedule	
ALTEPLASE 1MG	J2997	HCPCS	both			224		102.32 Wellcare	Medicare		88.97				70.67	222.43	fee schedule	
ALTEPLASE 1MG	J2997	HCPCS	both			224		102.32 Wellcare	Medicaid		70.67	31.55			70.67	222.43	percent of total billed charges	
ALTEPLASE 1MG	J2997	HCPCS	both			224		102.32 WellPoint	WellPoint		72.08	32.18			70.67	222.43	percent of total billed charges	
STREPTOMYCIN 1GM INJ	J3000	HCPCS	outpatient			45		37.39 Aetna	Better Health		14.2	31.55			13.5	42.75	percent of total billed charges	
STREPTOMYCIN 1GM INJ	J3000	HCPCS	outpatient			45		37.39 Aetna	Medicare		32.52				13.5	42.75	fee schedule	
STREPTOMYCIN 1GM INJ	J3000	HCPCS	outpatient			45		37.39 Aetna	Commercial		17.1	38			13.5	42.75	percent of total billed charges	
STREPTOMYCIN 1GM INJ	J3000	HCPCS	outpatient			45		37.39 Americare	Americare		33.75	75			13.5	42.75	percent of total billed charges	
STREPTOMYCIN 1GM INJ	J3000	HCPCS	outpatient			45		37.39 Amerihealth	HMO/PPO		14.48				13.5	42.75	fee schedule	
STREPTOMYCIN 1GM INJ	J3000	HCPCS	outpatient			45		37.39 Amerihealth	Medicare		32.52				13.5	42.75	fee schedule	
STREPTOMYCIN 1GM INJ	J3000	HCPCS	outpatient			45		37.39 Consumer	Consumer		42.75	95			13.5	42.75	percent of total billed charges	
STREPTOMYCIN 1GM INJ	J3000	HCPCS	outpatient			45		37.39 Corrections	Corrections		36	80			13.5	42.75	percent of total billed charges	
STREPTOMYCIN 1GM INJ	J3000	HCPCS	outpatient			45		37.39 First Health	First Health		31.5	70			13.5	42.75	percent of total billed charges	
STREPTOMYCIN 1GM INJ	J3000	HCPCS	outpatient			45		37.39 First Trenton	First Trenton		40.5	90			13.5	42.75	percent of total billed charges	
STREPTOMYCIN 1GM INJ	J3000	HCPCS	outpatient			45		37.39 Horizon	Indemnity		17.23	38.28			13.5	42.75	percent of total billed charges	
STREPTOMYCIN 1GM INJ	J3000	HCPCS	outpatient			45		37.39 Horizon	Medicare Blue		13.5	30			13.5	42.75	percent of total billed charges	
STREPTOMYCIN 1GM INJ	J3000	HCPCS	outpatient			45		37.39 Horizon	MGD		17.23	38.28			13.5	42.75	percent of total billed charges	
STREPTOMYCIN 1GM INJ	J3000	HCPCS	outpatient			45		37.39 Horizon	PPO		17.23	38.28			13.5	42.75	percent of total billed charges	
STREPTOMYCIN 1GM INJ	J3000	HCPCS	outpatient			45		37.39 Managed Care Inc	Managed Care Inc		40.5	90			13.5	42.75	percent of total billed charges	
STREPTOMYCIN 1GM INJ	J3000	HCPCS	outpatient			45		37.39 Multiplan	Multiplan		36	80			13.5	42.75	percent of total billed charges	
STREPTOMYCIN 1GM INJ	J3000	HCPCS	outpatient			45		37.39 Qualcare	Qualcare		33.75	75			13.5	42.75	percent of total billed charges	
STREPTOMYCIN 1GM INJ	J3000	HCPCS	outpatient			45		37.39 Three Rivers	Three Rivers		42.75	95			13.5	42.75	percent of total billed charges	
STREPTOMYCIN 1GM INJ	J3000	HCPCS	outpatient			45		37.39 UHC	Medicare		32.52				13.5	42.75	fee schedule	
STREPTOMYCIN 1GM INJ	J3000	HCPCS	outpatient			45		37.39 UHC	Medicaid		14.2	31.55			13.5	42.75	percent of total billed charges	
STREPTOMYCIN 1GM INJ	J3000	HCPCS	outpatient			45		37.39 Wellcare	Medicaid		14.2	31.55			13.5	42.75	percent of total billed charges	
STREPTOMYCIN 1GM INJ	J3000	HCPCS	outpatient			45		37.39 Wellcare	Medicare		32.52				13.5	42.75	fee schedule	
STREPTOMYCIN 1GM INJ	J3000	HCPCS	outpatient			45		37.39 WellPoint	WellPoint		14.48	32.18			13.5	42.75	percent of total billed charges	
FENTANYL 0.1MG INJ	J3010	HCPCS	both			21.5		1.11 Aetna	Commercial		8.17	38			0.54	20.43	percent of total billed charges	
FENTANYL 0.1MG INJ	J3010	HCPCS	both			21.5		1.11 Aetna	Medicare		0.97				0.54	20.43	fee schedule	
FENTANYL 0.1MG INJ	J3010	HCPCS	both			21.5		1.11 Aetna	Better Health		6.78	31.55			0.54	20.43	percent of total billed charges	
FENTANYL 0.1MG INJ	J3010	HCPCS	both			21.5		1.11 Americare	Americare		16.13	75			0.54	20.43	percent of total billed charges	
FENTANYL 0.1MG INJ	J3010	HCPCS	both			21.5		1.11 Amerihealth	HMO/PPO		0.54				0.54	20.43	fee schedule	
FENTANYL 0.1MG INJ	J3010	HCPCS	both			21.5		1.11 Amerihealth	Medicare		0.97				0.54	20.43	fee schedule	
FENTANYL 0.1MG INJ	J3010	HCPCS	both			21.5		1.11 Consumer	Consumer		20.43	95			0.54	20.43	percent of total billed charges	
FENTANYL 0.1MG INJ	J3010	HCPCS	both			21.5		1.11 Corrections	Corrections		17.2	80			0.54	20.43	percent of total billed charges	
FENTANYL 0.1MG INJ	J3010	HCPCS	both			21.5		1.11 First Health	First Health		15.05	70			0.54	20.43	percent of total billed charges	
FENTANYL 0.1MG INJ	J3010	HCPCS	both			21.5		1.11 First Trenton	First Trenton		19.35	90			0.54	20.43	percent of total billed charges	
FENTANYL 0.1MG INJ	J3010	HCPCS	both			21.5		1.11 Horizon	MGD		8.23	38.28			0.54	20.43	percent of total billed charges	
FENTANYL 0.1MG INJ	J3010	HCPCS	both			21.5		1.11 Horizon	Medicare Blue		6.45	30			0.54	20.43	percent of total billed charges	
FENTANYL 0.1MG INJ	J3010	HCPCS	both			21.5		1.11 Horizon	Indemnity		8.23	38.28			0.54	20.43	percent of total billed charges	
FENTANYL 0.1MG INJ	J3010	HCPCS	both			21.5		1.11 Horizon	PPO		8.23	38.28			0.54	20.43	percent of total billed charges	
FENTANYL 0.1MG INJ	J3010	HCPCS	both			21.5		1.11 Managed Care Inc	Managed Care Inc		19.35	90			0.54	20.43	percent of total billed charges	
FENTANYL 0.1MG INJ	J3010	HCPCS	both			21.5		1.11 Multiplan	Multiplan		17.2	80			0.54	20.43	percent of total billed charges	
FENTANYL 0.1MG INJ	J3010	HCPCS	both			21.5		1.11 Qualcare	Qualcare		16.13	75			0.54	20.43	percent of total billed charges	
FENTANYL 0.1MG INJ	J3010	HCPCS	both			21.5		1.11 Three Rivers	Three Rivers		20.43	95			0.54	20.43	percent of total billed charges	
FENTANYL 0.1MG INJ	J3010	HCPCS	both			21.5		1.11 UHC	Medicaid		6.78	31.55			0.54	20.43	percent of total billed charges	
FENTANYL 0.1MG INJ	J3010	HCPCS	both			21.5		1.11 UHC	Medicare		0.97				0.54	20.43	fee schedule	
FENTANYL 0.1MG INJ	J3010	HCPCS	both			21.5		1.11 Wellcare	Medicare		0.97				0.54	20.43	fee schedule	
FENTANYL 0.1MG INJ	J3010	HCPCS	both			21.5		1.11 Wellcare	Medicaid		6.78	31.55			0.54	20.43	percent of total billed charges	
FENTANYL 0.1MG INJ	J3010	HCPCS	both			21.5		1.11 WellPoint	WellPoint		6.92	32.18			0.54	20.43	percent of total billed charges	
SUMATRIPTAN 6MG/0.5ML INJ	J3030	HCPCS	outpatient			427		Aetna	Medicare		131.52	30.8			77.21	405.65	percent of total billed charges	
SUMATRIPTAN 6MG/0.5ML INJ	J3030	HCPCS	outpatient			427		Aetna	Better Health		134.72	31.55			77.21	405.65	percent of total billed charges	
SUMATRIPTAN 6MG/0.5ML INJ	J3030	HCPCS	outpatient			427		Aetna	Commercial		162.26	38			77.21	405.65	percent of total billed charges	
SUMATRIPTAN 6MG/0.5ML INJ	J3030	HCPCS	outpatient			427		Americare	Americare		320.25	75			77.21	405.65	percent of total billed charges	
SUMATRIPTAN 6MG/0.5ML INJ	J3030	HCPCS	outpatient			427		Amerihealth	HMO/PPO		77.21				77.21	405.65	fee schedule	
SUMATRIPTAN 6MG/0.5ML INJ	J3030	HCPCS	outpatient			427		Consumer	Consumer		405.65	95			77.21	405.65	percent of total billed charges	
SUMATRIPTAN 6MG/0.5ML INJ	J3030	HCPCS	outpatient			427		Corrections	Corrections		341.6	80			77.21	405.65	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.															
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true														
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
SUMATRIPTAN 6MG/0.5ML INJ	J3030	HCPCS	outpatient			427		First Health	First Health		298.9	70			77.21	405.65	percent of total billed charges	
SUMATRIPTAN 6MG/0.5ML INJ	J3030	HCPCS	outpatient			427		First Trenton	First Trenton		384.3	90			77.21	405.65	percent of total billed charges	
SUMATRIPTAN 6MG/0.5ML INJ	J3030	HCPCS	outpatient			427		Horizon	MGD		163.46	38.28			77.21	405.65	percent of total billed charges	
SUMATRIPTAN 6MG/0.5ML INJ	J3030	HCPCS	outpatient			427		Horizon	Medicare Blue		128.1	30			77.21	405.65	percent of total billed charges	
SUMATRIPTAN 6MG/0.5ML INJ	J3030	HCPCS	outpatient			427		Horizon	Indemnity		163.46	38.28			77.21	405.65	percent of total billed charges	
SUMATRIPTAN 6MG/0.5ML INJ	J3030	HCPCS	outpatient			427		Horizon	PPO		163.46	38.28			77.21	405.65	percent of total billed charges	
SUMATRIPTAN 6MG/0.5ML INJ	J3030	HCPCS	outpatient			427		Managed Care Inc	Managed Care Inc		384.3	90			77.21	405.65	percent of total billed charges	
SUMATRIPTAN 6MG/0.5ML INJ	J3030	HCPCS	outpatient			427		Multiplan	Multiplan		341.6	80			77.21	405.65	percent of total billed charges	
SUMATRIPTAN 6MG/0.5ML INJ	J3030	HCPCS	outpatient			427		Qualcare	Qualcare		320.25	75			77.21	405.65	percent of total billed charges	
SUMATRIPTAN 6MG/0.5ML INJ	J3030	HCPCS	outpatient			427		Three Rivers	Three Rivers		405.65	95			77.21	405.65	percent of total billed charges	
SUMATRIPTAN 6MG/0.5ML INJ	J3030	HCPCS	outpatient			427		UHC	Medicaid		134.72	31.55			77.21	405.65	percent of total billed charges	
SUMATRIPTAN 6MG/0.5ML INJ	J3030	HCPCS	outpatient			427		Wellcare	Medicaid		134.72	31.55			77.21	405.65	percent of total billed charges	
SUMATRIPTAN 6MG/0.5ML INJ	J3030	HCPCS	outpatient			427		WellPoint	WellPoint		137.41	32.18			77.21	405.65	percent of total billed charges	
PENTAZOCINE 30MG/ML INJ	J3070	HCPCS	outpatient			523.5		Aetna	Better Health		165.16	31.55			152.31	497.33	percent of total billed charges	
PENTAZOCINE 30MG/ML INJ	J3070	HCPCS	outpatient			523.5		Aetna	Commercial		198.93	38			152.31	497.33	percent of total billed charges	
PENTAZOCINE 30MG/ML INJ	J3070	HCPCS	outpatient			523.5		Aetna	Medicare		161.24	30.8			152.31	497.33	percent of total billed charges	
PENTAZOCINE 30MG/ML INJ	J3070	HCPCS	outpatient			523.5		Americare	Americare		392.63	75			152.31	497.33	percent of total billed charges	
PENTAZOCINE 30MG/ML INJ	J3070	HCPCS	outpatient			523.5		Amerihealth	HMO/PPO		152.31				152.31	497.33	fee schedule	
PENTAZOCINE 30MG/ML INJ	J3070	HCPCS	outpatient			523.5		Consumer	Consumer		497.33	95			152.31	497.33	percent of total billed charges	
PENTAZOCINE 30MG/ML INJ	J3070	HCPCS	outpatient			523.5		Corrections	Corrections		418.8	80			152.31	497.33	percent of total billed charges	
PENTAZOCINE 30MG/ML INJ	J3070	HCPCS	outpatient			523.5		First Health	First Health		366.45	70			152.31	497.33	percent of total billed charges	
PENTAZOCINE 30MG/ML INJ	J3070	HCPCS	outpatient			523.5		First Trenton	First Trenton		471.15	90			152.31	497.33	percent of total billed charges	
PENTAZOCINE 30MG/ML INJ	J3070	HCPCS	outpatient			523.5		Horizon	MGD		200.4	38.28			152.31	497.33	percent of total billed charges	
PENTAZOCINE 30MG/ML INJ	J3070	HCPCS	outpatient			523.5		Horizon	Medicare Blue		157.05	30			152.31	497.33	percent of total billed charges	
PENTAZOCINE 30MG/ML INJ	J3070	HCPCS	outpatient			523.5		Horizon	Indemnity		200.4	38.28			152.31	497.33	percent of total billed charges	
PENTAZOCINE 30MG/ML INJ	J3070	HCPCS	outpatient			523.5		Horizon	PPO		200.4	38.28			152.31	497.33	percent of total billed charges	
PENTAZOCINE 30MG/ML INJ	J3070	HCPCS	outpatient			523.5		Managed Care Inc	Managed Care Inc		471.15	90			152.31	497.33	percent of total billed charges	
PENTAZOCINE 30MG/ML INJ	J3070	HCPCS	outpatient			523.5		Multiplan	Multiplan		418.8	80			152.31	497.33	percent of total billed charges	
PENTAZOCINE 30MG/ML INJ	J3070	HCPCS	outpatient			523.5		Qualcare	Qualcare		392.63	75			152.31	497.33	percent of total billed charges	
PENTAZOCINE 30MG/ML INJ	J3070	HCPCS	outpatient			523.5		Three Rivers	Three Rivers		497.33	95			152.31	497.33	percent of total billed charges	
PENTAZOCINE 30MG/ML INJ	J3070	HCPCS	outpatient			523.5		UHC	Medicaid		165.16	31.55			152.31	497.33	percent of total billed charges	
PENTAZOCINE 30MG/ML INJ	J3070	HCPCS	outpatient			523.5		Wellcare	Medicaid		165.16	31.55			152.31	497.33	percent of total billed charges	
PENTAZOCINE 30MG/ML INJ	J3070	HCPCS	outpatient			523.5		WellPoint	WellPoint		168.46	32.18			152.31	497.33	percent of total billed charges	
TENECTEPLASE(TNKASE) 1MG INJ	J3101	HCPCS	both			522.5	176.08	Aetna	Commercial		292.58				111.12	496.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENECTEPLASE(TNKASE) 1MG INJ	J3101	HCPCS	both			522.5	176.08	Aetna	Medicare		153.11				111.12	496.38	fee schedule	
TENECTEPLASE(TNKASE) 1MG INJ	J3101	HCPCS	both			522.5	176.08	Aetna	Better Health		164.85	31.55			111.12	496.38	percent of total billed charges	
TENECTEPLASE(TNKASE) 1MG INJ	J3101	HCPCS	both			522.5	176.08	Americare	Americare		391.88	75			111.12	496.38	percent of total billed charges	
TENECTEPLASE(TNKASE) 1MG INJ	J3101	HCPCS	both			522.5	176.08	Amerihealth	HMO/PPO		111.12				111.12	496.38	fee schedule	
TENECTEPLASE(TNKASE) 1MG INJ	J3101	HCPCS	both			522.5	176.08	Amerihealth	Medicare		153.11				111.12	496.38	fee schedule	
TENECTEPLASE(TNKASE) 1MG INJ	J3101	HCPCS	both			522.5	176.08	Consumer	Consumer		496.38	95			111.12	496.38	percent of total billed charges	
TENECTEPLASE(TNKASE) 1MG INJ	J3101	HCPCS	both			522.5	176.08	Corrections	Corrections		418	80			111.12	496.38	percent of total billed charges	
TENECTEPLASE(TNKASE) 1MG INJ	J3101	HCPCS	both			522.5	176.08	First Health	First Health		365.75	70			111.12	496.38	percent of total billed charges	
TENECTEPLASE(TNKASE) 1MG INJ	J3101	HCPCS	both			522.5	176.08	First Trenton	First Trenton		470.25	90			111.12	496.38	percent of total billed charges	
TENECTEPLASE(TNKASE) 1MG INJ	J3101	HCPCS	both			522.5	176.08	Horizon	MGD		342.01				111.12	496.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENECTEPLASE(TNKASE) 1MG INJ	J3101	HCPCS	both			522.5	176.08	Horizon	Medicare Blue		183.78				111.12	496.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENECTEPLASE(TNKASE) 1MG INJ	J3101	HCPCS	both			522.5	176.08	Horizon	PPO		342.01				111.12	496.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENECTEPLASE(TNKASE) 1MG INJ	J3101	HCPCS	both			522.5	176.08	Horizon	Indemnity		342.01				111.12	496.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENECTEPLASE(TNKASE) 1MG INJ	J3101	HCPCS	both			522.5	176.08	Managed Care Inc	Managed Care Inc		470.25	90			111.12	496.38	percent of total billed charges	
TENECTEPLASE(TNKASE) 1MG INJ	J3101	HCPCS	both			522.5	176.08	Multiplan	Multiplan		418	80			111.12	496.38	percent of total billed charges	
TENECTEPLASE(TNKASE) 1MG INJ	J3101	HCPCS	both			522.5	176.08	Qualcare	Qualcare		391.88	75			111.12	496.38	percent of total billed charges	
TENECTEPLASE(TNKASE) 1MG INJ	J3101	HCPCS	both			522.5	176.08	Three Rivers	Three Rivers		496.38	95			111.12	496.38	percent of total billed charges	
TENECTEPLASE(TNKASE) 1MG INJ	J3101	HCPCS	both			522.5	176.08	UHC	Medicaid		164.85	31.55			111.12	496.38	percent of total billed charges	
TENECTEPLASE(TNKASE) 1MG INJ	J3101	HCPCS	both			522.5	176.08	UHC	Medicare		153.11				111.12	496.38	fee schedule	
TENECTEPLASE(TNKASE) 1MG INJ	J3101	HCPCS	both			522.5	176.08	United	Oxford		382.78				111.12	496.38	fee schedule	
TENECTEPLASE(TNKASE) 1MG INJ	J3101	HCPCS	both			522.5	176.08	United	Commercial|PPO		382.78				111.12	496.38	fee schedule	
TENECTEPLASE(TNKASE) 1MG INJ	J3101	HCPCS	both			522.5	176.08	Wellcare	Medicaid		164.85	31.55			111.12	496.38	percent of total billed charges	
TENECTEPLASE(TNKASE) 1MG INJ	J3101	HCPCS	both			522.5	176.08	Wellcare	Medicare		153.11				111.12	496.38	fee schedule	
TENECTEPLASE(TNKASE) 1MG INJ	J3101	HCPCS	both			522.5	176.08	WellPoint	WellPoint		168.14	32.18			111.12	496.38	percent of total billed charges	
TERBUTALINE 1MG/1ML INJ	J3105	HCPCS	both			201.5	8.96	Aetna	Better Health		63.57	31.55			3.39	191.43	percent of total billed charges	
TERBUTALINE 1MG/1ML INJ	J3105	HCPCS	both			201.5	8.96	Aetna	Commercial		76.57	38			3.39	191.43	percent of total billed charges	
TERBUTALINE 1MG/1ML INJ	J3105	HCPCS	both			201.5	8.96	Aetna	Medicare		7.79				3.39	191.43	fee schedule	
TERBUTALINE 1MG/1ML INJ	J3105	HCPCS	both			201.5	8.96	Americare	Americare		151.13	75			3.39	191.43	percent of total billed charges	
TERBUTALINE 1MG/1ML INJ	J3105	HCPCS	both			201.5	8.96	Amerihealth	HMO/PPO		3.39				3.39	191.43	fee schedule	
TERBUTALINE 1MG/1ML INJ	J3105	HCPCS	both			201.5	8.96	Amerihealth	Medicare		7.79				3.39	191.43	fee schedule	
TERBUTALINE 1MG/1ML INJ	J3105	HCPCS	both			201.5	8.96	Consumer	Consumer		191.43	95			3.39	191.43	percent of total billed charges	
TERBUTALINE 1MG/1ML INJ	J3105	HCPCS	both			201.5	8.96	Corrections	Corrections		161.2	80			3.39	191.43	percent of total billed charges	
TERBUTALINE 1MG/1ML INJ	J3105	HCPCS	both			201.5	8.96	First Health	First Health		141.05	70			3.39	191.43	percent of total billed charges	
TERBUTALINE 1MG/1ML INJ	J3105	HCPCS	both			201.5	8.96	First Trenton	First Trenton		181.35	90			3.39	191.43	percent of total billed charges	
TERBUTALINE 1MG/1ML INJ	J3105	HCPCS	both			201.5	8.96	Horizon	MGD		77.13	38.28			3.39	191.43	percent of total billed charges	
TERBUTALINE 1MG/1ML INJ	J3105	HCPCS	both			201.5	8.96	Horizon	Indemnity		77.13	38.28			3.39	191.43	percent of total billed charges	
TERBUTALINE 1MG/1ML INJ	J3105	HCPCS	both			201.5	8.96	Horizon	Medicare Blue		60.45	30			3.39	191.43	percent of total billed charges	
TERBUTALINE 1MG/1ML INJ	J3105	HCPCS	both			201.5	8.96	Horizon	PPO		77.13	38.28			3.39	191.43	percent of total billed charges	
TERBUTALINE 1MG/1ML INJ	J3105	HCPCS	both			201.5	8.96	Managed Care Inc	Managed Care Inc		181.35	90			3.39	191.43	percent of total billed charges	
TERBUTALINE 1MG/1ML INJ	J3105	HCPCS	both			201.5	8.96	Multiplan	Multiplan		161.2	80			3.39	191.43	percent of total billed charges	
TERBUTALINE 1MG/1ML INJ	J3105	HCPCS	both			201.5	8.96	Qualcare	Qualcare		151.13	75			3.39	191.43	percent of total billed charges	
TERBUTALINE 1MG/1ML INJ	J3105	HCPCS	both			201.5	8.96	Three Rivers	Three Rivers		191.43	95			3.39	191.43	percent of total billed charges	
TERBUTALINE 1MG/1ML INJ	J3105	HCPCS	both			201.5	8.96	UHC	Medicaid		63.57	31.55			3.39	191.43	percent of total billed charges	
TERBUTALINE 1MG/1ML INJ	J3105	HCPCS	both			201.5	8.96	UHC	Medicare		7.79				3.39	191.43	fee schedule	
TERBUTALINE 1MG/1ML INJ	J3105	HCPCS	both			201.5	8.96	Wellcare	Medicaid		63.57	31.55			3.39	191.43	percent of total billed charges	
TERBUTALINE 1MG/1ML INJ	J3105	HCPCS	both			201.5	8.96	Wellcare	Medicare		7.79				3.39	191.43	fee schedule	
TERBUTALINE 1MG/1ML INJ	J3105	HCPCS	both			201.5	8.96	WellPoint	WellPoint		64.84	32.18			3.39	191.43	percent of total billed charges	
TERIPARATIDE INJ. 10 MCG	J3110	HCPCS	outpatient			154.5		Aetna	Commercial		58.71	38			43.38	146.78	percent of total billed charges	
TERIPARATIDE INJ. 10 MCG	J3110	HCPCS	outpatient			154.5		Aetna	Better Health		48.74	31.55			43.38	146.78	percent of total billed charges	
TERIPARATIDE INJ. 10 MCG	J3110	HCPCS	outpatient			154.5		Aetna	Medicare		47.59	30.8			43.38	146.78	percent of total billed charges	
TERIPARATIDE INJ. 10 MCG	J3110	HCPCS	outpatient			154.5		Americare	Americare		115.88	75			43.38	146.78	percent of total billed charges	
TERIPARATIDE INJ. 10 MCG	J3110	HCPCS	outpatient			154.5		Amerihealth	HMO/PPO		43.38				43.38	146.78	fee schedule	
TERIPARATIDE INJ. 10 MCG	J3110	HCPCS	outpatient			154.5		Consumer	Consumer		146.78	95			43.38	146.78	percent of total billed charges	
TERIPARATIDE INJ. 10 MCG	J3110	HCPCS	outpatient			154.5		Corrections	Corrections		123.6	80			43.38	146.78	percent of total billed charges	
TERIPARATIDE INJ. 10 MCG	J3110	HCPCS	outpatient			154.5		First Health	First Health		108.15	70			43.38	146.78	percent of total billed charges	
TERIPARATIDE INJ. 10 MCG	J3110	HCPCS	outpatient			154.5		First Trenton	First Trenton		139.05	90			43.38	146.78	percent of total billed charges	
TERIPARATIDE INJ. 10 MCG	J3110	HCPCS	outpatient			154.5		Horizon	Medicare Blue		46.35	30			43.38	146.78	percent of total billed charges	
TERIPARATIDE INJ. 10 MCG	J3110	HCPCS	outpatient			154.5		Horizon	MGD		59.14	38.28			43.38	146.78	percent of total billed charges	
TERIPARATIDE INJ. 10 MCG	J3110	HCPCS	outpatient			154.5		Horizon	Indemnity		59.14	38.28			43.38	146.78	percent of total billed charges	
TERIPARATIDE INJ. 10 MCG	J3110	HCPCS	outpatient			154.5		Horizon	PPO		59.14	38.28			43.38	146.78	percent of total billed charges	
TERIPARATIDE INJ. 10 MCG	J3110	HCPCS	outpatient			154.5		Managed Care Inc	Managed Care Inc		139.05	90			43.38	146.78	percent of total billed charges	
TERIPARATIDE INJ. 10 MCG	J3110	HCPCS	outpatient			154.5		Multiplan	Multiplan		123.6	80			43.38	146.78	percent of total billed charges	
TERIPARATIDE INJ. 10 MCG	J3110	HCPCS	outpatient			154.5		Qualcare	Qualcare		115.88	75			43.38	146.78	percent of total billed charges	
TERIPARATIDE INJ. 10 MCG	J3110	HCPCS	outpatient			154.5		Three Rivers	Three Rivers		146.78	95			43.38	146.78	percent of total billed charges	
TERIPARATIDE INJ. 10 MCG	J3110	HCPCS	outpatient			154.5		UHC	Medicaid		48.74	31.55			43.38	146.78	percent of total billed charges	
TERIPARATIDE INJ. 10 MCG	J3110	HCPCS	outpatient			154.5		Wellcare	Medicaid		48.74	31.55			43.38	146.78	percent of total billed charges	
TERIPARATIDE INJ. 10 MCG	J3110	HCPCS	outpatient			154.5		WellPoint	WellPoint		49.72	32.18			43.38	146.78	percent of total billed charges	
CHLORPROMAZINE 50MG/2ML INJ	J3230	HCPCS	both			32	34.25	Aetna	Better Health		10.1	31.55			9.6	30.4	percent of total billed charges	
CHLORPROMAZINE 50MG/2ML INJ	J3230	HCPCS	both			32	34.25	Aetna	Medicare		29.79				9.6	30.4	fee schedule	
CHLORPROMAZINE 50MG/2ML INJ	J3230	HCPCS	both			32	34.25	Aetna	Commercial		12.16	38			9.6	30.4	percent of total billed charges	
CHLORPROMAZINE 50MG/2ML INJ	J3230	HCPCS	both			32	34.25	Americare	Americare		24	75			9.6	30.4	percent of total billed charges	
CHLORPROMAZINE 50MG/2ML INJ	J3230	HCPCS	both			32	34.25	Amerihealth	Medicare		29.79				9.6	30.4	fee schedule	
CHLORPROMAZINE 50MG/2ML INJ	J3230	HCPCS	both			32	34.25	Amerihealth	HMO/PPO		25.08				9.6	30.4	fee schedule	
CHLORPROMAZINE 50MG/2ML INJ	J3230	HCPCS	both			32	34.25	Consumer	Consumer		30.4	95			9.6	30.4	percent of total billed charges	
CHLORPROMAZINE 50MG/2ML INJ	J3230	HCPCS	both			32	34.25	Corrections	Corrections		25.6	80			9.6	30.4	percent of total billed charges	
CHLORPROMAZINE 50MG/2ML INJ	J3230	HCPCS	both			32	34.25	First Health	First Health		22.4	70			9.6	30.4	percent of total billed charges	
CHLORPROMAZINE 50MG/2ML INJ	J3230	HCPCS	both			32	34.25	First Trenton	First Trenton		28.8	90			9.6	30.4	percent of total billed charges	
CHLORPROMAZINE 50MG/2ML INJ	J3230	HCPCS	both			32	34.25	Horizon	Medicare Blue		9.6	30			9.6	30.4	percent of total billed charges	
CHLORPROMAZINE 50MG/2ML INJ	J3230	HCPCS	both			32	34.25	Horizon	Indemnity		12.25	38.28			9.6	30.4	percent of total billed charges	
CHLORPROMAZINE 50MG/2ML INJ	J3230	HCPCS	both			32	34.25	Horizon	MGD		12.25	38.28			9.6	30.4	percent of total billed charges	
CHLORPROMAZINE 50MG/2ML INJ	J3230	HCPCS	both			32	34.25	Horizon	PPO		12.25	38.28			9.6	30.4	percent of total billed charges	
CHLORPROMAZINE 50MG/2ML INJ	J3230	HCPCS	both			32	34.25	Managed Care Inc	Managed Care Inc		28.8	90			9.6	30.4	percent of total billed charges	
CHLORPROMAZINE 50MG/2ML INJ	J3230	HCPCS	both			32	34.25	Multiplan	Multiplan		25.6	80			9.6	30.4	percent of total billed charges	
CHLORPROMAZINE 50MG/2ML INJ	J3230	HCPCS	both			32	34.25	Qualcare	Qualcare		24	75			9.6	30.4	percent of total billed charges	
CHLORPROMAZINE 50MG/2ML INJ	J3230	HCPCS	both			32	34.25	Three Rivers	Three Rivers		30.4	95			9.6	30.4	percent of total billed charges	
CHLORPROMAZINE 50MG/2ML INJ	J3230	HCPCS	both			32	34.25	UHC	Medicare		29.79				9.6	30.4	fee schedule	
CHLORPROMAZINE 50MG/2ML INJ	J3230	HCPCS	both			32	34.25	UHC	Medicaid		10.1	31.55			9.6	30.4	percent of total billed charges	
CHLORPROMAZINE 50MG/2ML INJ	J3230	HCPCS	both			32	34.25	Wellcare	Medicare		29.79				9.6	30.4	fee schedule	
CHLORPROMAZINE 50MG/2ML INJ	J3230	HCPCS	both			32	34.25	Wellcare	Medicaid		10.1	31.55			9.6	30.4	percent of total billed charges	
CHLORPROMAZINE 50MG/2ML INJ	J3230	HCPCS	both			32	34.25	WellPoint	WellPoint		10.3	32.18			9.6	30.4	percent of total billed charges	
THYROTROPIN(THYROGEN) 0.9MG(1.1MG) INJ	J3240	HCPCS	outpatient			3313	2324.35	Aetna	Commercial		3864.63				1045.25	5052.93	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THYROTROPIN(THYROGEN) 0.9MG(1.1MG) INJ	J3240	HCPCS	outpatient			3313	2324.35	Aetna	Better Health		1045.25	31.55			1045.25	5052.93	percent of total billed charges	
THYROTROPIN(THYROGEN) 0.9MG(1.1MG) INJ	J3240	HCPCS	outpatient			3313	2324.35	Aetna	Medicare		2021.17				1045.25	5052.93	fee schedule	
THYROTROPIN(THYROGEN) 0.9MG(1.1MG) INJ	J3240	HCPCS	outpatient			3313	2324.35	Americare	Americare		2484.75	75			1045.25	5052.93	percent of total billed charges	
THYROTROPIN(THYROGEN) 0.9MG(1.1MG) INJ	J3240	HCPCS	outpatient			3313	2324.35	Amerihealth	Medicare		2021.17				1045.25	5052.93	fee schedule	
THYROTROPIN(THYROGEN) 0.9MG(1.1MG) INJ	J3240	HCPCS	outpatient			3313	2324.35	Amerihealth	HMO/PPO		1704.71				1045.25	5052.93	fee schedule	
THYROTROPIN(THYROGEN) 0.9MG(1.1MG) INJ	J3240	HCPCS	outpatient			3313	2324.35	Consumer	Consumer		3147.35	95			1045.25	5052.93	percent of total billed charges	
THYROTROPIN(THYROGEN) 0.9MG(1.1MG) INJ	J3240	HCPCS	outpatient			3313	2324.35	Corrections	Corrections		2650.4	80			1045.25	5052.93	percent of total billed charges	
THYROTROPIN(THYROGEN) 0.9MG(1.1MG) INJ	J3240	HCPCS	outpatient			3313	2324.35	First Health	First Health		2319.1	70			1045.25	5052.93	percent of total billed charges	
THYROTROPIN(THYROGEN) 0.9MG(1.1MG) INJ	J3240	HCPCS	outpatient			3313	2324.35	First Trenton	First Trenton		2981.7	90			1045.25	5052.93	percent of total billed charges	
THYROTROPIN(THYROGEN) 0.9MG(1.1MG) INJ	J3240	HCPCS	outpatient			3313	2324.35	Horizon	PPO		4517.63				1045.25	5052.93	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THYROTROPIN(THYROGEN) 0.9MG(1.1MG) INJ	J3240	HCPCS	outpatient			3313	2324.35	Horizon	Medicare Blue		2427.53				1045.25	5052.93	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THYROTROPIN(THYROGEN) 0.9MG(1.1MG) INJ	J3240	HCPCS	outpatient			3313	2324.35	Horizon	Indemnity		4517.63				1045.25	5052.93	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THYROTROPIN(THYROGEN) 0.9MG(1.1MG) INJ	J3240	HCPCS	outpatient			3313	2324.35	Horizon	MGD		4517.63				1045.25	5052.93	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THYROTROPIN(THYROGEN) 0.9MG(1.1MG) INJ	J3240	HCPCS	outpatient			3313	2324.35	Managed Care Inc	Managed Care Inc		2981.7	90			1045.25	5052.93	percent of total billed charges	
THYROTROPIN(THYROGEN) 0.9MG(1.1MG) INJ	J3240	HCPCS	outpatient			3313	2324.35	Multiplan	Multiplan		2650.4	80			1045.25	5052.93	percent of total billed charges	
THYROTROPIN(THYROGEN) 0.9MG(1.1MG) INJ	J3240	HCPCS	outpatient			3313	2324.35	Qualcare	Qualcare		2484.75	75			1045.25	5052.93	percent of total billed charges	
THYROTROPIN(THYROGEN) 0.9MG(1.1MG) INJ	J3240	HCPCS	outpatient			3313	2324.35	Three Rivers	Three Rivers		3147.35	95			1045.25	5052.93	percent of total billed charges	
THYROTROPIN(THYROGEN) 0.9MG(1.1MG) INJ	J3240	HCPCS	outpatient			3313	2324.35	UHC	Medicare		2021.17				1045.25	5052.93	fee schedule	
THYROTROPIN(THYROGEN) 0.9MG(1.1MG) INJ	J3240	HCPCS	outpatient			3313	2324.35	UHC	Medicaid		1045.25	31.55			1045.25	5052.93	percent of total billed charges	
THYROTROPIN(THYROGEN) 0.9MG(1.1MG) INJ	J3240	HCPCS	outpatient			3313	2324.35	United	Oxford		5052.93				1045.25	5052.93	fee schedule	
THYROTROPIN(THYROGEN) 0.9MG(1.1MG) INJ	J3240	HCPCS	outpatient			3313	2324.35	United	Commercial|PPO		5052.93				1045.25	5052.93	fee schedule	
THYROTROPIN(THYROGEN) 0.9MG(1.1MG) INJ	J3240	HCPCS	outpatient			3313	2324.35	Wellcare	Medicare		2021.17				1045.25	5052.93	fee schedule	
THYROTROPIN(THYROGEN) 0.9MG(1.1MG) INJ	J3240	HCPCS	outpatient			3313	2324.35	Wellcare	Medicaid		1045.25	31.55			1045.25	5052.93	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.														
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103		310119 true													
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
THYROTROPIN(THYROGEN) 0.9MG(1.1MG) INJ	J3240	HCPCS	outpatient			3313	2324.35	WellPoint	WellPoint		1066.12	32.18			1046.25	5062.93	percent of total billed charges	
TIGECYCLINE 1MG INJ	J3243	HCPCS	inpatient			9.39	0.85	Aetna	Better Health		31.55				0.74	8.92	percent of total billed charges	
TIGECYCLINE 1MG INJ	J3243	HCPCS	inpatient			9.39	0.85	Aetna	Medicare		0.74				0.74	8.92	fee schedule	
TIGECYCLINE 1MG INJ	J3243	HCPCS	inpatient			9.39	0.85	Aetna	Commercial		3.57	38			0.74	8.92	percent of total billed charges	
TIGECYCLINE 1MG INJ	J3243	HCPCS	inpatient			9.39	0.85	Americare	Americare		7.04	75			0.74	8.92	percent of total billed charges	
TIGECYCLINE 1MG INJ	J3243	HCPCS	inpatient			9.39	0.85	Amerihealth	HMO/PPO		3.39				0.74	8.92	fee schedule	
TIGECYCLINE 1MG INJ	J3243	HCPCS	inpatient			9.39	0.85	Amerihealth	Medicare		0.74				0.74	8.92	fee schedule	
TIGECYCLINE 1MG INJ	J3243	HCPCS	inpatient			9.39	0.85	Consumer	Consumer		8.92	95			0.74	8.92	percent of total billed charges	
TIGECYCLINE 1MG INJ	J3243	HCPCS	inpatient			9.39	0.85	Corrections	Corrections		7.51	80			0.74	8.92	percent of total billed charges	
TIGECYCLINE 1MG INJ	J3243	HCPCS	inpatient			9.39	0.85	First Health	First Health		6.57	70			0.74	8.92	percent of total billed charges	
TIGECYCLINE 1MG INJ	J3243	HCPCS	inpatient			9.39	0.85	First Trenton	First Trenton		8.45	90			0.74	8.92	percent of total billed charges	
TIGECYCLINE 1MG INJ	J3243	HCPCS	inpatient			9.39	0.85	Horizon	Medicare Blue		2.82	30			0.74	8.92	percent of total billed charges	
TIGECYCLINE 1MG INJ	J3243	HCPCS	inpatient			9.39	0.85	Horizon	MGD		3.59	38.28			0.74	8.92	percent of total billed charges	
TIGECYCLINE 1MG INJ	J3243	HCPCS	inpatient			9.39	0.85	Horizon	Indemnity		3.59	38.28			0.74	8.92	percent of total billed charges	
TIGECYCLINE 1MG INJ	J3243	HCPCS	inpatient			9.39	0.85	Horizon	PPO		3.59	38.28			0.74	8.92	percent of total billed charges	
TIGECYCLINE 1MG INJ	J3243	HCPCS	inpatient			9.39	0.85	Managed Care Inc	Managed Care Inc		8.45	90			0.74	8.92	percent of total billed charges	
TIGECYCLINE 1MG INJ	J3243	HCPCS	inpatient			9.39	0.85	Multiplan	Multiplan		7.51	80			0.74	8.92	percent of total billed charges	
TIGECYCLINE 1MG INJ	J3243	HCPCS	inpatient			9.39	0.85	Qualcare	Qualcare		7.04	75			0.74	8.92	percent of total billed charges	
TIGECYCLINE 1MG INJ	J3243	HCPCS	inpatient			9.39	0.85	Three Rivers	Three Rivers		8.92	95			0.74	8.92	percent of total billed charges	
TIGECYCLINE 1MG INJ	J3243	HCPCS	inpatient			9.39	0.85	UHC	Medicare		0.74				0.74	8.92	fee schedule	
TIGECYCLINE 1MG INJ	J3243	HCPCS	inpatient			9.39	0.85	UHC	Medicaid		2.96	31.55			0.74	8.92	percent of total billed charges	
TIGECYCLINE 1MG INJ	J3243	HCPCS	inpatient			9.39	0.85	Wellcare	Medicare		0.74				0.74	8.92	fee schedule	
TIGECYCLINE 1MG INJ	J3243	HCPCS	inpatient			9.39	0.85	Wellcare	Medicaid		2.96	31.55			0.74	8.92	percent of total billed charges	
TIGECYCLINE 1MG INJ	J3243	HCPCS	inpatient			9.39	0.85	WellPoint	WellPoint		3.02	32.18			0.74	8.92	percent of total billed charges	
TRIMETHOBENZAMIDE 200MG INJ.	J3250	HCPCS	both			50	55.01	Aetna	Medicare		47.84				15	47.84	fee schedule	
TRIMETHOBENZAMIDE 200MG INJ.	J3250	HCPCS	both			50	55.01	Aetna	Better Health		15.78	31.55			15	47.84	percent of total billed charges	
TRIMETHOBENZAMIDE 200MG INJ.	J3250	HCPCS	both			50	55.01	Aetna	Commercial		19	38			15	47.84	percent of total billed charges	
TRIMETHOBENZAMIDE 200MG INJ.	J3250	HCPCS	both			50	55.01	Americare	Americare		37.5	75			15	47.84	percent of total billed charges	
TRIMETHOBENZAMIDE 200MG INJ.	J3250	HCPCS	both			50	55.01	Amerihealth	Medicare		47.84				15	47.84	fee schedule	
TRIMETHOBENZAMIDE 200MG INJ.	J3250	HCPCS	both			50	55.01	Amerihealth	HMO/PPO		28.12				15	47.84	fee schedule	
TRIMETHOBENZAMIDE 200MG INJ.	J3250	HCPCS	both			50	55.01	Consumer	Consumer		47.5	95			15	47.84	percent of total billed charges	
TRIMETHOBENZAMIDE 200MG INJ.	J3250	HCPCS	both			50	55.01	Corrections	Corrections		40	80			15	47.84	percent of total billed charges	
TRIMETHOBENZAMIDE 200MG INJ.	J3250	HCPCS	both			50	55.01	First Health	First Health		35	70			15	47.84	percent of total billed charges	
TRIMETHOBENZAMIDE 200MG INJ.	J3250	HCPCS	both			50	55.01	First Trenton	First Trenton		45	90			15	47.84	percent of total billed charges	
TRIMETHOBENZAMIDE 200MG INJ.	J3250	HCPCS	both			50	55.01	Horizon	Medicare Blue		15	30			15	47.84	percent of total billed charges	
TRIMETHOBENZAMIDE 200MG INJ.	J3250	HCPCS	both			50	55.01	Horizon	Indemnity		19.14	38.28			15	47.84	percent of total billed charges	
TRIMETHOBENZAMIDE 200MG INJ.	J3250	HCPCS	both			50	55.01	Horizon	MGD		19.14	38.28			15	47.84	percent of total billed charges	
TRIMETHOBENZAMIDE 200MG INJ.	J3250	HCPCS	both			50	55.01	Horizon	PPO		19.14	38.28			15	47.84	percent of total billed charges	
TRIMETHOBENZAMIDE 200MG INJ.	J3250	HCPCS	both			50	55.01	Managed Care Inc	Managed Care Inc		45	90			15	47.84	percent of total billed charges	
TRIMETHOBENZAMIDE 200MG INJ.	J3250	HCPCS	both			50	55.01	Multiplan	Multiplan		40	80			15	47.84	percent of total billed charges	
TRIMETHOBENZAMIDE 200MG INJ.	J3250	HCPCS	both			50	55.01	Qualcare	Qualcare		37.5	75			15	47.84	percent of total billed charges	
TRIMETHOBENZAMIDE 200MG INJ.	J3250	HCPCS	both			50	55.01	Three Rivers	Three Rivers		47.5	95			15	47.84	percent of total billed charges	
TRIMETHOBENZAMIDE 200MG INJ.	J3250	HCPCS	both			50	55.01	UHC	Medicaid		15.78	31.55			15	47.84	percent of total billed charges	
TRIMETHOBENZAMIDE 200MG INJ.	J3250	HCPCS	both			50	55.01	UHC	Medicare		47.84				15	47.84	fee schedule	
TRIMETHOBENZAMIDE 200MG INJ.	J3250	HCPCS	both			50	55.01	Wellcare	Medicaid		15.78	31.55			15	47.84	percent of total billed charges	
TRIMETHOBENZAMIDE 200MG INJ.	J3250	HCPCS	both			50	55.01	Wellcare	Medicare		47.84				15	47.84	fee schedule	
TRIMETHOBENZAMIDE 200MG INJ.	J3250	HCPCS	both			50	55.01	WellPoint	WellPoint		16.09	32.18			15	47.84	percent of total billed charges	
TOBRAMYCIN 80MG/2ML INJ	J3260	HCPCS	both			19	3.06	Aetna	Better Health		5.99	31.55			1.51	18.05	percent of total billed charges	
TOBRAMYCIN 80MG/2ML INJ	J3260	HCPCS	both			19	3.06	Aetna	Medicare		2.66				1.51	18.05	fee schedule	
TOBRAMYCIN 80MG/2ML INJ	J3260	HCPCS	both			19	3.06	Aetna	Commercial		7.22	38			1.51	18.05	percent of total billed charges	
TOBRAMYCIN 80MG/2ML INJ	J3260	HCPCS	both			19	3.06	Americare	Americare		14.25	75			1.51	18.05	percent of total billed charges	
TOBRAMYCIN 80MG/2ML INJ	J3260	HCPCS	both			19	3.06	Amerihealth	Medicare		2.66				1.51	18.05	fee schedule	
TOBRAMYCIN 80MG/2ML INJ	J3260	HCPCS	both			19	3.06	Amerihealth	HMO/PPO		1.51				1.51	18.05	fee schedule	
TOBRAMYCIN 80MG/2ML INJ	J3260	HCPCS	both			19	3.06	Consumer	Consumer		18.05	95			1.51	18.05	percent of total billed charges	
TOBRAMYCIN 80MG/2ML INJ	J3260	HCPCS	both			19	3.06	Corrections	Corrections		15.2	80			1.51	18.05	percent of total billed charges	
TOBRAMYCIN 80MG/2ML INJ	J3260	HCPCS	both			19	3.06	First Health	First Health		13.3	70			1.51	18.05	percent of total billed charges	
TOBRAMYCIN 80MG/2ML INJ	J3260	HCPCS	both			19	3.06	First Trenton	First Trenton		17.1	90			1.51	18.05	percent of total billed charges	
TOBRAMYCIN 80MG/2ML INJ	J3260	HCPCS	both			19	3.06	Horizon	MGD		7.27	38.28			1.51	18.05	percent of total billed charges	
TOBRAMYCIN 80MG/2ML INJ	J3260	HCPCS	both			19	3.06	Horizon	Indemnity		7.27	38.28			1.51	18.05	percent of total billed charges	
TOBRAMYCIN 80MG/2ML INJ	J3260	HCPCS	both			19	3.06	Horizon	PPO		7.27	38.28			1.51	18.05	percent of total billed charges	
TOBRAMYCIN 80MG/2ML INJ	J3260	HCPCS	both			19	3.06	Horizon	Medicare Blue		5.7	30			1.51	18.05	percent of total billed charges	
TOBRAMYCIN 80MG/2ML INJ	J3260	HCPCS	both			19	3.06	Managed Care Inc	Managed Care Inc		17.1	90			1.51	18.05	percent of total billed charges	
TOBRAMYCIN 80MG/2ML INJ	J3260	HCPCS	both			19	3.06	Multiplan	Multiplan		15.2	80			1.51	18.05	percent of total billed charges	
TOBRAMYCIN 80MG/2ML INJ	J3260	HCPCS	both			19	3.06	Qualcare	Qualcare		14.25	75			1.51	18.05	percent of total billed charges	
TOBRAMYCIN 80MG/2ML INJ	J3260	HCPCS	both			19	3.06	Three Rivers	Three Rivers		18.05	95			1.51	18.05	percent of total billed charges	
TOBRAMYCIN 80MG/2ML INJ	J3260	HCPCS	both			19	3.06	UHC	Medicare		2.66				1.51	18.05	fee schedule	
TOBRAMYCIN 80MG/2ML INJ	J3260	HCPCS	both			19	3.06	UHC	Medicaid		5.99	31.55			1.51	18.05	percent of total billed charges	
TOBRAMYCIN 80MG/2ML INJ	J3260	HCPCS	both			19	3.06	Wellcare	Medicare		2.66				1.51	18.05	fee schedule	
TOBRAMYCIN 80MG/2ML INJ	J3260	HCPCS	both			19	3.06	Wellcare	Medicaid		5.99	31.55			1.51	18.05	percent of total billed charges	
TOBRAMYCIN 80MG/2ML INJ	J3260	HCPCS	both			19	3.06	WellPoint	WellPoint		6.11	32.18			1.51	18.05	percent of total billed charges	
TOCILIZUMAB(ACTEMRA) 1MG INJ	J3262	HCPCS	both			24.5	7.04	Aetna	Medicare		6.12				4.45	23.28	fee schedule	
TOCILIZUMAB(ACTEMRA) 1MG INJ	J3262	HCPCS	both			24.5	7.04	Aetna	Better Health		7.73	31.55			4.45	23.28	percent of total billed charges	
TOCILIZUMAB(ACTEMRA) 1MG INJ	J3262	HCPCS	both			24.5	7.04	Aetna	Commercial		11.54				4.45	23.28	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TOCILIZUMAB(ACTEMRA) 1MG INJ	J3262	HCPCS	both			24.5	7.04	Americare	Americare		18.38	75			4.45	23.28	percent of total billed charges	
TOCILIZUMAB(ACTEMRA) 1MG INJ	J3262	HCPCS	both			24.5	7.04	Amerihealth	Medicare		6.12				4.45	23.28	fee schedule	
TOCILIZUMAB(ACTEMRA) 1MG INJ	J3262	HCPCS	both			24.5	7.04	Amerihealth	HMO/PPO		4.45				4.45	23.28	fee schedule	
TOCILIZUMAB(ACTEMRA) 1MG INJ	J3262	HCPCS	both			24.5	7.04	Consumer	Consumer		23.28	95			4.45	23.28	percent of total billed charges	
TOCILIZUMAB(ACTEMRA) 1MG INJ	J3262	HCPCS	both			24.5	7.04	Corrections	Corrections		19.6	80			4.45	23.28	percent of total billed charges	
TOCILIZUMAB(ACTEMRA) 1MG INJ	J3262	HCPCS	both			24.5	7.04	First Health	First Health		17.15	70			4.45	23.28	percent of total billed charges	
TOCILIZUMAB(ACTEMRA) 1MG INJ	J3262	HCPCS	both			24.5	7.04	First Trenton	First Trenton		22.05	90			4.45	23.28	percent of total billed charges	
TOCILIZUMAB(ACTEMRA) 1MG INJ	J3262	HCPCS	both			24.5	7.04	Horizon	Medicare Blue		7.25				4.45	23.28	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TOCILIZUMAB(ACTEMRA) 1MG INJ	J3262	HCPCS	both			24.5	7.04	Horizon	Indemnity		13.49				4.45	23.28	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TOCILIZUMAB(ACTEMRA) 1MG INJ	J3262	HCPCS	both			24.5	7.04	Horizon	MGD		13.49				4.45	23.28	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TOCILIZUMAB(ACTEMRA) 1MG INJ	J3262	HCPCS	both			24.5	7.04	Horizon	PPO		13.49				4.45	23.28	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TOCILIZUMAB(ACTEMRA) 1MG INJ	J3262	HCPCS	both			24.5	7.04	Managed Care Inc	Managed Care Inc		22.05	90			4.45	23.28	percent of total billed charges	
TOCILIZUMAB(ACTEMRA) 1MG INJ	J3262	HCPCS	both			24.5	7.04	Multiplan	Multiplan		19.6	80			4.45	23.28	percent of total billed charges	
TOCILIZUMAB(ACTEMRA) 1MG INJ	J3262	HCPCS	both			24.5	7.04	Qualcare	Qualcare		18.38	75			4.45	23.28	percent of total billed charges	
TOCILIZUMAB(ACTEMRA) 1MG INJ	J3262	HCPCS	both			24.5	7.04	Three Rivers	Three Rivers		23.28	95			4.45	23.28	percent of total billed charges	
TOCILIZUMAB(ACTEMRA) 1MG INJ	J3262	HCPCS	both			24.5	7.04	UHC	Medicare		6.12				4.45	23.28	fee schedule	
TOCILIZUMAB(ACTEMRA) 1MG INJ	J3262	HCPCS	both			24.5	7.04	UHC	Medicaid		7.73	31.55			4.45	23.28	percent of total billed charges	
TOCILIZUMAB(ACTEMRA) 1MG INJ	J3262	HCPCS	both			24.5	7.04	United	Oxford		15.3				4.45	23.28	fee schedule	
TOCILIZUMAB(ACTEMRA) 1MG INJ	J3262	HCPCS	both			24.5	7.04	United	CommercialPPO		15.3				4.45	23.28	fee schedule	
TOCILIZUMAB(ACTEMRA) 1MG INJ	J3262	HCPCS	both			24.5	7.04	Wellcare	Medicare		6.12				4.45	23.28	fee schedule	
TOCILIZUMAB(ACTEMRA) 1MG INJ	J3262	HCPCS	both			24.5	7.04	Wellcare	Medicaid		7.73	31.55			4.45	23.28	percent of total billed charges	
TOCILIZUMAB(ACTEMRA) 1MG INJ	J3262	HCPCS	both			24.5	7.04	WellPoint	WellPoint		7.88	32.18			4.45	23.28	percent of total billed charges	
TREPROSTINIL(REMODULIN) 1MG INJ	J3285	HCPCS	outpatient			267.5	64.84	Aetna	Better Health		84.4	31.55			56.38	254.13	percent of total billed charges	
TREPROSTINIL(REMODULIN) 1MG INJ	J3285	HCPCS	outpatient			267.5	64.84	Aetna	Medicare		56.38				56.38	254.13	fee schedule	
TREPROSTINIL(REMODULIN) 1MG INJ	J3285	HCPCS	outpatient			267.5	64.84	Aetna	Commercial		104.24				56.38	254.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREPROSTINIL(REMODULIN) 1MG INJ	J3285	HCPCS	outpatient			267.5	64.84	Americare	Americare		200.63	75			56.38	254.13	percent of total billed charges	
TREPROSTINIL(REMODULIN) 1MG INJ	J3285	HCPCS	outpatient			267.5	64.84	Amerihealth	Medicare		56.38				56.38	254.13	fee schedule	
TREPROSTINIL(REMODULIN) 1MG INJ	J3285	HCPCS	outpatient			267.5	64.84	Amerihealth	HMO/PPO		66.44				56.38	254.13	fee schedule	
TREPROSTINIL(REMODULIN) 1MG INJ	J3285	HCPCS	outpatient			267.5	64.84	Consumer	Consumer		254.13	95			56.38	254.13	percent of total billed charges	
TREPROSTINIL(REMODULIN) 1MG INJ	J3285	HCPCS	outpatient			267.5	64.84	Corrections	Corrections		214	80			56.38	254.13	percent of total billed charges	
TREPROSTINIL(REMODULIN) 1MG INJ	J3285	HCPCS	outpatient			267.5	64.84	First Health	First Health		187.25	70			56.38	254.13	percent of total billed charges	
TREPROSTINIL(REMODULIN) 1MG INJ	J3285	HCPCS	outpatient			267.5	64.84	First Trenton	First Trenton		240.75	90			56.38	254.13	percent of total billed charges	
TREPROSTINIL(REMODULIN) 1MG INJ	J3285	HCPCS	outpatient			267.5	64.84	Horizon	MGD		121.86				56.38	254.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREPROSTINIL(REMODULIN) 1MG INJ	J3285	HCPCS	outpatient			267.5	64.84	Horizon	Indemnity		121.86				56.38	254.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREPROSTINIL(REMODULIN) 1MG INJ	J3285	HCPCS	outpatient			267.5	64.84	Horizon	Medicare Blue		65.48				56.38	254.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREPROSTINIL(REMODULIN) 1MG INJ	J3285	HCPCS	outpatient			267.5	64.84	Horizon	PPO		121.86				56.38	254.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREPROSTINIL(REMODULIN) 1MG INJ	J3285	HCPCS	outpatient			267.5	64.84	Managed Care Inc	Managed Care Inc		240.75	90			56.38	254.13	percent of total billed charges	
TREPROSTINIL(REMODULIN) 1MG INJ	J3285	HCPCS	outpatient			267.5	64.84	Multiplan	Multiplan		214	80			56.38	254.13	percent of total billed charges	
TREPROSTINIL(REMODULIN) 1MG INJ	J3285	HCPCS	outpatient			267.5	64.84	Qualcare	Qualcare		200.63	75			56.38	254.13	percent of total billed charges	
TREPROSTINIL(REMODULIN) 1MG INJ	J3285	HCPCS	outpatient			267.5	64.84	Three Rivers	Three Rivers		254.13	95			56.38	254.13	percent of total billed charges	
TREPROSTINIL(REMODULIN) 1MG INJ	J3285	HCPCS	outpatient			267.5	64.84	UHC	Medicare		56.38				56.38	254.13	fee schedule	
TREPROSTINIL(REMODULIN) 1MG INJ	J3285	HCPCS	outpatient			267.5	64.84	UHC	Medicaid		84.4	31.55			56.38	254.13	percent of total billed charges	
TREPROSTINIL(REMODULIN) 1MG INJ	J3285	HCPCS	outpatient			267.5	64.84	United	Oxford		140.95				56.38	254.13	fee schedule	
TREPROSTINIL(REMODULIN) 1MG INJ	J3285	HCPCS	outpatient			267.5	64.84	United	CommercialPPO		140.95				56.38	254.13	fee schedule	
TREPROSTINIL(REMODULIN) 1MG INJ	J3285	HCPCS	outpatient			267.5	64.84	Wellcare	Medicare		56.38				56.38	254.13	fee schedule	
TREPROSTINIL(REMODULIN) 1MG INJ	J3285	HCPCS	outpatient			267.5	64.84	Wellcare	Medicaid		84.4	31.55			56.38	254.13	percent of total billed charges	
TREPROSTINIL(REMODULIN) 1MG INJ	J3285	HCPCS	outpatient			267.5	64.84	WellPoint	WellPoint		86.08	32.18			56.38	254.13	percent of total billed charges	
TRIAMCINOLONE ACETONIDE INJ 1MG PF	J3300	HCPCS	outpatient			21.5		Aetna	Medicare		6.62	30.8			4.01	20.43	percent of total billed charges	
TRIAMCINOLONE ACETONIDE INJ 1MG PF	J3300	HCPCS	outpatient			21.5		Aetna	Commercial		8.17	38			4.01	20.43	percent of total billed charges	
TRIAMCINOLONE ACETONIDE INJ 1MG PF	J3300	HCPCS	outpatient			21.5		Aetna	Better Health		6.78	31.55			4.01	20.43	percent of total billed charges	
TRIAMCINOLONE ACETONIDE INJ 1MG PF	J3300	HCPCS	outpatient			21.5		Americare	Americare		16.13	75			4.01	20.43	percent of total billed charges	
TRIAMCINOLONE ACETONIDE INJ 1MG PF	J3300	HCPCS	outpatient			21.5		Amerihealth	HMO/PPO		4.01				4.01	20.43	fee schedule	
TRIAMCINOLONE ACETONIDE INJ 1MG PF	J3300	HCPCS	outpatient			21.5		Consumer	Consumer		20.43	95			4.01	20.43	percent of total billed charges	
TRIAMCINOLONE ACETONIDE INJ 1MG PF	J3300	HCPCS	outpatient			21.5		Corrections	Corrections		17.2	80			4.01	20.43	percent of total billed charges	
TRIAMCINOLONE ACETONIDE INJ 1MG PF	J3300	HCPCS	outpatient			21.5		First Health	First Health		15.05	70			4.01	20.43	percent of total billed charges	
TRIAMCINOLONE ACETONIDE INJ 1MG PF	J3300	HCPCS	outpatient			21.5		First Trenton	First Trenton		19.35	90			4.01	20.43	percent of total billed charges	
TRIAMCINOLONE ACETONIDE INJ 1MG PF	J3300	HCPCS	outpatient			21.5		Horizon	Indemnity		8.23	38.28			4.01	20.43	percent of total billed charges	
TRIAMCINOLONE ACETONIDE INJ 1MG PF	J3300	HCPCS	outpatient			21.5		Horizon	Medicare Blue		6.45	30			4.01	20.43	percent of total billed charges	
TRIAMCINOLONE ACETONIDE INJ 1MG PF	J3300	HCPCS	outpatient			21.5		Horizon	MGD		8.23	38.28			4.01	20.43	percent of total billed charges	
TRIAMCINOLONE ACETONIDE INJ 1MG PF	J3300	HCPCS	outpatient			21.5		Horizon	PPO		8.23	38.28			4.01	20.43	percent of total billed charges	
TRIAMCINOLONE ACETONIDE INJ 1MG PF	J3300	HCPCS	outpatient			21.5		Managed Care Inc	Managed Care Inc		19.35	90			4.01	20.43	percent of total billed charges	
TRIAMCINOLONE ACETONIDE INJ 1MG PF	J3300	HCPCS	outpatient			21.5		Multiplan	Multiplan		17.2	80			4.01	20.43	percent of total billed charges	
TRIAMCINOLONE ACETONIDE INJ 1MG PF	J3300	HCPCS	outpatient			21.5		Qualcare	Qualcare		16.13	75			4.01	20.43	percent of total billed charges	
TRIAMCINOLONE ACETONIDE INJ 1MG PF	J3300	HCPCS	outpatient			21.5		Three Rivers	Three Rivers		20.43	95			4.01	20.43	percent of total billed charges	
TRIAMCINOLONE ACETONIDE INJ 1MG PF	J3300	HCPCS	outpatient			21.5		UHC	Medicaid		6.78	31.55			4.01	20.43	percent of total billed charges	
TRIAMCINOLONE ACETONIDE INJ 1MG PF	J3300	HCPCS	outpatient			21.5		Wellcare	Medicaid		6.78	31.55			4.01	20.43	percent of total billed charges	
TRIAMCINOLONE ACETONIDE INJ 1MG PF	J3300	HCPCS	outpatient			21.5		WellPoint	WellPoint		6.92	32.18			4.01	20.43	percent of total billed charges	
TRIMCINOLINE 10MG INJ	J3301	HCPCS	both			7.5	1.09	Aetna	Better Health		2.37	31.55			0.95	7.13	percent of total billed charges	
TRIMCINOLINE 10MG INJ	J3301	HCPCS	both			7.5	1.09	Aetna	Medicare		0.95				0.95	7.13	fee schedule	
TRIMCINOLINE 10MG INJ	J3301	HCPCS	both			7.5	1.09	Aetna	Commercial		2.85	38			0.95	7.13	percent of total billed charges	
TRIMCINOLINE 10MG INJ	J3301	HCPCS	both			7.5	1.09	Americare	Americare		5.63	75			0.95	7.13	percent of total billed charges	
TRIMCINOLINE 10MG INJ	J3301	HCPCS	both			7.5	1.09	Amerihealth	Medicare		0.95				0.95	7.13	fee schedule	
TRIMCINOLINE 10MG INJ	J3301	HCPCS	both			7.5	1.09	Amerihealth	HMO/PPO		1.92				0.95	7.13	fee schedule	
TRIMCINOLINE 10MG INJ	J3301	HCPCS	both			7.5	1.09	Consumer	Consumer		7.13	95			0.95	7.13	percent of total billed charges	
TRIMCINOLINE 10MG INJ	J3301	HCPCS	both			7.5	1.09	Corrections	Corrections		6	80			0.95	7.13	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.														
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true													
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
TRIMCINOLINE 10MG INJ	J3301	HCPCS	both			7.5	1.09	First Health	First Health		5.25	70			0.95	7.13	percent of total billed charges	
TRIMCINOLINE 10MG INJ	J3301	HCPCS	both			7.5	1.09	First Trenton	First Trenton		6.75	90			0.95	7.13	percent of total billed charges	
TRIMCINOLINE 10MG INJ	J3301	HCPCS	both			7.5	1.09	Horizon	MGD		2.87	38.28			0.95	7.13	percent of total billed charges	
TRIMCINOLINE 10MG INJ	J3301	HCPCS	both			7.5	1.09	Horizon	Medicare Blue		2.25	30			0.95	7.13	percent of total billed charges	
TRIMCINOLINE 10MG INJ	J3301	HCPCS	both			7.5	1.09	Horizon	Indemnity		2.87	38.28			0.95	7.13	percent of total billed charges	
TRIMCINOLINE 10MG INJ	J3301	HCPCS	both			7.5	1.09	Horizon	PPO		2.87	38.28			0.95	7.13	percent of total billed charges	
TRIMCINOLINE 10MG INJ	J3301	HCPCS	both			7.5	1.09	Managed Care Inc	Managed Care Inc		6.75	90			0.95	7.13	percent of total billed charges	
TRIMCINOLINE 10MG INJ	J3301	HCPCS	both			7.5	1.09	Multiplan	Multiplan		6	80			0.95	7.13	percent of total billed charges	
TRIMCINOLINE 10MG INJ	J3301	HCPCS	both			7.5	1.09	Qualcare	Qualcare		5.63	75			0.95	7.13	percent of total billed charges	
TRIMCINOLINE 10MG INJ	J3301	HCPCS	both			7.5	1.09	Three Rivers	Three Rivers		7.13	95			0.95	7.13	percent of total billed charges	
TRIMCINOLINE 10MG INJ	J3301	HCPCS	both			7.5	1.09	UHC	Medicaid		2.37	31.55			0.95	7.13	percent of total billed charges	
TRIMCINOLINE 10MG INJ	J3301	HCPCS	both			7.5	1.09	UHC	Medicare		0.95				0.95	7.13	fee schedule	
TRIMCINOLINE 10MG INJ	J3301	HCPCS	both			7.5	1.09	Wellcare	Medicare		0.95				0.95	7.13	fee schedule	
TRIMCINOLINE 10MG INJ	J3301	HCPCS	both			7.5	1.09	Wellcare	Medicaid		2.37	31.55			0.95	7.13	percent of total billed charges	
TRIMCINOLINE 10MG INJ	J3301	HCPCS	both			7.5	1.09	WellPoint	WellPoint		2.41	32.18			0.95	7.13	percent of total billed charges	
TRIMETREXATE 25MG INJ	J3305	HCPCS	outpatient			842		Aetna	Commercial		319.96	38			162.43	799.9	percent of total billed charges	
TRIMETREXATE 25MG INJ	J3305	HCPCS	outpatient			842		Aetna	Better Health		265.65	31.55			162.43	799.9	percent of total billed charges	
TRIMETREXATE 25MG INJ	J3305	HCPCS	outpatient			842		Aetna	Medicare		259.34	30.8			162.43	799.9	percent of total billed charges	
TRIMETREXATE 25MG INJ	J3305	HCPCS	outpatient			842		Americare	Americare		631.5	75			162.43	799.9	percent of total billed charges	
TRIMETREXATE 25MG INJ	J3305	HCPCS	outpatient			842		Amerihealth	HMO/PPO		162.43				162.43	799.9	fee schedule	
TRIMETREXATE 25MG INJ	J3305	HCPCS	outpatient			842		Consumer	Consumer		799.9	95			162.43	799.9	percent of total billed charges	
TRIMETREXATE 25MG INJ	J3305	HCPCS	outpatient			842		Corrections	Corrections		673.6	80			162.43	799.9	percent of total billed charges	
TRIMETREXATE 25MG INJ	J3305	HCPCS	outpatient			842		First Health	First Health		589.4	70			162.43	799.9	percent of total billed charges	
TRIMETREXATE 25MG INJ	J3305	HCPCS	outpatient			842		First Trenton	First Trenton		757.8	90			162.43	799.9	percent of total billed charges	
TRIMETREXATE 25MG INJ	J3305	HCPCS	outpatient			842		Horizon	MGD		322.32	38.28			162.43	799.9	percent of total billed charges	
TRIMETREXATE 25MG INJ	J3305	HCPCS	outpatient			842		Horizon	Indemnity		322.32	38.28			162.43	799.9	percent of total billed charges	
TRIMETREXATE 25MG INJ	J3305	HCPCS	outpatient			842		Horizon	PPO		322.32	38.28			162.43	799.9	percent of total billed charges	
TRIMETREXATE 25MG INJ	J3305	HCPCS	outpatient			842		Horizon	Medicare Blue		252.6	30			162.43	799.9	percent of total billed charges	
TRIMETREXATE 25MG INJ	J3305	HCPCS	outpatient			842		Managed Care Inc	Managed Care Inc		757.8	90			162.43	799.9	percent of total billed charges	
TRIMETREXATE 25MG INJ	J3305	HCPCS	outpatient			842		Multiplan	Multiplan		673.6	80			162.43	799.9	percent of total billed charges	
TRIMETREXATE 25MG INJ	J3305	HCPCS	outpatient			842		Qualcare	Qualcare		631.5	75			162.43	799.9	percent of total billed charges	
TRIMETREXATE 25MG INJ	J3305	HCPCS	outpatient			842		Three Rivers	Three Rivers		799.9	95			162.43	799.9	percent of total billed charges	
TRIMETREXATE 25MG INJ	J3305	HCPCS	outpatient			842		UHC	Medicaid		265.65	31.55			162.43	799.9	percent of total billed charges	
TRIMETREXATE 25MG INJ	J3305	HCPCS	outpatient			842		Wellcare	Medicaid		265.65	31.55			162.43	799.9	percent of total billed charges	
TRIMETREXATE 25MG INJ	J3305	HCPCS	outpatient			842		WellPoint	WellPoint		270.96	32.18			162.43	799.9	percent of total billed charges	
DIAZEPAM 5MG INJ	J3360	HCPCS	both			8.5	6.28	Aetna	Better Health		2.68	31.55			2.55	10.04	percent of total billed charges	
DIAZEPAM 5MG INJ	J3360	HCPCS	both			8.5	6.28	Aetna	Commercial		3.23	38			2.55	10.04	percent of total billed charges	
DIAZEPAM 5MG INJ	J3360	HCPCS	both			8.5	6.28	Aetna	Medicare		5.47				2.55	10.04	fee schedule	
DIAZEPAM 5MG INJ	J3360	HCPCS	both			8.5	6.28	Americare	Americare		6.38	75			2.55	10.04	percent of total billed charges	
DIAZEPAM 5MG INJ	J3360	HCPCS	both			8.5	6.28	Amerihealth	HMO/PPO		10.04				2.55	10.04	fee schedule	
DIAZEPAM 5MG INJ	J3360	HCPCS	both			8.5	6.28	Amerihealth	Medicare		5.47				2.55	10.04	fee schedule	
DIAZEPAM 5MG INJ	J3360	HCPCS	both			8.5	6.28	Consumer	Consumer		8.08	95			2.55	10.04	percent of total billed charges	
DIAZEPAM 5MG INJ	J3360	HCPCS	both			8.5	6.28	Corrections	Corrections		6.8	80			2.55	10.04	percent of total billed charges	
DIAZEPAM 5MG INJ	J3360	HCPCS	both			8.5	6.28	First Health	First Health		5.95	70			2.55	10.04	percent of total billed charges	
DIAZEPAM 5MG INJ	J3360	HCPCS	both			8.5	6.28	First Trenton	First Trenton		7.65	90			2.55	10.04	percent of total billed charges	
DIAZEPAM 5MG INJ	J3360	HCPCS	both			8.5	6.28	Horizon	Medicare Blue		2.55	30			2.55	10.04	percent of total billed charges	
DIAZEPAM 5MG INJ	J3360	HCPCS	both			8.5	6.28	Horizon	MGD		3.25	38.28			2.55	10.04	percent of total billed charges	
DIAZEPAM 5MG INJ	J3360	HCPCS	both			8.5	6.28	Horizon	Indemnity		3.25	38.28			2.55	10.04	percent of total billed charges	
DIAZEPAM 5MG INJ	J3360	HCPCS	both			8.5	6.28	Horizon	PPO		3.25	38.28			2.55	10.04	percent of total billed charges	
DIAZEPAM 5MG INJ	J3360	HCPCS	both			8.5	6.28	Managed Care Inc	Managed Care Inc		7.65	90			2.55	10.04	percent of total billed charges	
DIAZEPAM 5MG INJ	J3360	HCPCS	both			8.5	6.28	Multiplan	Multiplan		6.8	80			2.55	10.04	percent of total billed charges	
DIAZEPAM 5MG INJ	J3360	HCPCS	both			8.5	6.28	Qualcare	Qualcare		6.38	75			2.55	10.04	percent of total billed charges	
DIAZEPAM 5MG INJ	J3360	HCPCS	both			8.5	6.28	Three Rivers	Three Rivers		8.08	95			2.55	10.04	percent of total billed charges	
DIAZEPAM 5MG INJ	J3360	HCPCS	both			8.5	6.28	UHC	Medicaid		2.68	31.55			2.55	10.04	percent of total billed charges	
DIAZEPAM 5MG INJ	J3360	HCPCS	both			8.5	6.28	UHC	Medicare		5.47				2.55	10.04	fee schedule	
DIAZEPAM 5MG INJ	J3360	HCPCS	both			8.5	6.28	Wellcare	Medicaid		2.68	31.55			2.55	10.04	percent of total billed charges	
DIAZEPAM 5MG INJ	J3360	HCPCS	both			8.5	6.28	Wellcare	Medicare		5.47				2.55	10.04	fee schedule	
DIAZEPAM 5MG INJ	J3360	HCPCS	both			8.5	6.28	WellPoint	WellPoint		2.74	32.18			2.55	10.04	percent of total billed charges	
VANCOMYCIN 500MG INJ	J3370	HCPCS	both			27.5	2.65	Aetna	Medicare		2.31				2.31	26.13	fee schedule	
VANCOMYCIN 500MG INJ	J3370	HCPCS	both			27.5	2.65	Aetna	Better Health		8.68	31.55			2.31	26.13	percent of total billed charges	
VANCOMYCIN 500MG INJ	J3370	HCPCS	both			27.5	2.65	Aetna	Commercial		10.45	38			2.31	26.13	percent of total billed charges	
VANCOMYCIN 500MG INJ	J3370	HCPCS	both			27.5	2.65	Americare	Americare		20.63	75			2.31	26.13	percent of total billed charges	
VANCOMYCIN 500MG INJ	J3370	HCPCS	both			27.5	2.65	Amerihealth	HMO/PPO		3.23				2.31	26.13	fee schedule	
VANCOMYCIN 500MG INJ	J3370	HCPCS	both			27.5	2.65	Amerihealth	Medicare		2.31				2.31	26.13	fee schedule	
VANCOMYCIN 500MG INJ	J3370	HCPCS	both			27.5	2.65	Consumer	Consumer		26.13	95			2.31	26.13	percent of total billed charges	
VANCOMYCIN 500MG INJ	J3370	HCPCS	both			27.5	2.65	Corrections	Corrections		22	80			2.31	26.13	percent of total billed charges	
VANCOMYCIN 500MG INJ	J3370	HCPCS	both			27.5	2.65	First Health	First Health		19.25	70			2.31	26.13	percent of total billed charges	
VANCOMYCIN 500MG INJ	J3370	HCPCS	both			27.5	2.65	First Trenton	First Trenton		24.75	90			2.31	26.13	percent of total billed charges	
VANCOMYCIN 500MG INJ	J3370	HCPCS	both			27.5	2.65	Horizon	Indemnity		10.53	38.28			2.31	26.13	percent of total billed charges	
VANCOMYCIN 500MG INJ	J3370	HCPCS	both			27.5	2.65	Horizon	Medicare Blue		8.25	30			2.31	26.13	percent of total billed charges	
VANCOMYCIN 500MG INJ	J3370	HCPCS	both			27.5	2.65	Horizon	MGD		10.53	38.28			2.31	26.13	percent of total billed charges	
VANCOMYCIN 500MG INJ	J3370	HCPCS	both			27.5	2.65	Horizon	PPO		10.53	38.28			2.31	26.13	percent of total billed charges	
VANCOMYCIN 500MG INJ	J3370	HCPCS	both			27.5	2.65	Managed Care Inc	Managed Care Inc		24.75	90			2.31	26.13	percent of total billed charges	
VANCOMYCIN 500MG INJ	J3370	HCPCS	both			27.5	2.65	Multiplan	Multiplan		22	80			2.31	26.13	percent of total billed charges	
VANCOMYCIN 500MG INJ	J3370	HCPCS	both			27.5	2.65	Qualcare	Qualcare		20.63	75			2.31	26.13	percent of total billed charges	
VANCOMYCIN 500MG INJ	J3370	HCPCS	both			27.5	2.65	Three Rivers	Three Rivers		26.13	95			2.31	26.13	percent of total billed charges	
VANCOMYCIN 500MG INJ	J3370	HCPCS	both			27.5	2.65	UHC	Medicare		2.31				2.31	26.13	fee schedule	
VANCOMYCIN 500MG INJ	J3370	HCPCS	both			27.5	2.65	UHC	Medicaid		8.68	31.55			2.31	26.13	percent of total billed charges	
VANCOMYCIN 500MG INJ	J3370	HCPCS	both			27.5	2.65	Wellcare	Medicaid		8.68	31.55			2.31	26.13	percent of total billed charges	
VANCOMYCIN 500MG INJ	J3370	HCPCS	both			27.5	2.65	Wellcare	Medicare		2.31				2.31	26.13	fee schedule	
VANCOMYCIN 500MG INJ	J3370	HCPCS	both			27.5	2.65	WellPoint	WellPoint		8.85	32.18			2.31	26.13	percent of total billed charges	
VANCOMYCIN (MYLAN) 500MG INJ	J3371	HCPCS	both			31	6.87	Aetna	Commercial		11.22				5.97	29.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VANCOMYCIN (MYLAN) 500MG INJ	J3371	HCPCS	both			31	6.87	Aetna	Medicare		5.97				5.97	29.45	fee schedule	
VANCOMYCIN (MYLAN) 500MG INJ	J3371	HCPCS	both			31	6.87	Aetna	Better Health		9.78	31.55			5.97	29.45	percent of total billed charges	
VANCOMYCIN (MYLAN) 500MG INJ	J3371	HCPCS	both			31	6.87	Americare	Americare		23.25	75			5.97	29.45	percent of total billed charges	
VANCOMYCIN (MYLAN) 500MG INJ	J3371	HCPCS	both			31	6.87	Amerihealth	HMO/PPO		20.15	65			5.97	29.45	percent of total billed charges	
VANCOMYCIN (MYLAN) 500MG INJ	J3371	HCPCS	both			31	6.87	Amerihealth	Medicare		5.97				5.97	29.45	fee schedule	
VANCOMYCIN (MYLAN) 500MG INJ	J3371	HCPCS	both			31	6.87	Consumer	Consumer		29.45	95			5.97	29.45	percent of total billed charges	
VANCOMYCIN (MYLAN) 500MG INJ	J3371	HCPCS	both			31	6.87	Corrections	Corrections		24.8	80			5.97	29.45	percent of total billed charges	
VANCOMYCIN (MYLAN) 500MG INJ	J3371	HCPCS	both			31	6.87	First Health	First Health		21.7	70			5.97	29.45	percent of total billed charges	
VANCOMYCIN (MYLAN) 500MG INJ	J3371	HCPCS	both			31	6.87	First Trenton	First Trenton		27.9	90			5.97	29.45	percent of total billed charges	
VANCOMYCIN (MYLAN) 500MG INJ	J3371	HCPCS	both			31	6.87	Horizon	MGD		13.12				5.97	29.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VANCOMYCIN (MYLAN) 500MG INJ	J3371	HCPCS	both			31	6.87	Horizon	Medicare Blue		7.05				5.97	29.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VANCOMYCIN (MYLAN) 500MG INJ	J3371	HCPCS	both			31	6.87	Horizon	Indemnity		13.12				5.97	29.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VANCOMYCIN (MYLAN) 500MG INJ	J3371	HCPCS	both			31	6.87	Horizon	PPO		13.12				5.97	29.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VANCOMYCIN (MYLAN) 500MG INJ	J3371	HCPCS	both			31	6.87	Managed Care Inc	Managed Care Inc		27.9	90			5.97	29.45	percent of total billed charges	
VANCOMYCIN (MYLAN) 500MG INJ	J3371	HCPCS	both			31	6.87	Multiplan	Multiplan		24.8	80			5.97	29.45	percent of total billed charges	
VANCOMYCIN (MYLAN) 500MG INJ	J3371	HCPCS	both			31	6.87	Qualcare	Qualcare		23.25	75			5.97	29.45	percent of total billed charges	
VANCOMYCIN (MYLAN) 500MG INJ	J3371	HCPCS	both			31	6.87	Three Rivers	Three Rivers		29.45	95			5.97	29.45	percent of total billed charges	
VANCOMYCIN (MYLAN) 500MG INJ	J3371	HCPCS	both			31	6.87	UHC	Medicaid		9.78	31.55			5.97	29.45	percent of total billed charges	
VANCOMYCIN (MYLAN) 500MG INJ	J3371	HCPCS	both			31	6.87	UHC	Medicare		5.97				5.97	29.45	fee schedule	
VANCOMYCIN (MYLAN) 500MG INJ	J3371	HCPCS	both			31	6.87	United	Commercial|PPO		14.93				5.97	29.45	fee schedule	
VANCOMYCIN (MYLAN) 500MG INJ	J3371	HCPCS	both			31	6.87	United	Oxford		14.93				5.97	29.45	fee schedule	
VANCOMYCIN (MYLAN) 500MG INJ	J3371	HCPCS	both			31	6.87	Wellcare	Medicaid		9.78	31.55			5.97	29.45	percent of total billed charges	
VANCOMYCIN (MYLAN) 500MG INJ	J3371	HCPCS	both			31	6.87	Wellcare	Medicare		5.97				5.97	29.45	fee schedule	
VANCOMYCIN (MYLAN) 500MG INJ	J3371	HCPCS	both			31	6.87	WellPoint	WellPoint		9.98	32.18			5.97	29.45	percent of total billed charges	
VANCOMYCIN (XELLIA) 500MG INJ	J3372	HCPCS	outpatient			29	7.56	Aetna	Medicare		6.58				6.58	27.55	fee schedule	
VANCOMYCIN (XELLIA) 500MG INJ	J3372	HCPCS	outpatient			29	7.56	Aetna	Better Health		9.15	31.55			6.58	27.55	percent of total billed charges	
VANCOMYCIN (XELLIA) 500MG INJ	J3372	HCPCS	outpatient			29	7.56	Aetna	Commercial		12.23				6.58	27.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VANCOMYCIN (XELLIA) 500MG INJ	J3372	HCPCS	outpatient			29	7.56	Americare	Americare		21.75	75			6.58	27.55	percent of total billed charges	
VANCOMYCIN (XELLIA) 500MG INJ	J3372	HCPCS	outpatient			29	7.56	Amerihealth	Medicare		6.58				6.58	27.55	fee schedule	
VANCOMYCIN (XELLIA) 500MG INJ	J3372	HCPCS	outpatient			29	7.56	Amerihealth	HMO/PPO		18.85	65			6.58	27.55	percent of total billed charges	
VANCOMYCIN (XELLIA) 500MG INJ	J3372	HCPCS	outpatient			29	7.56	Consumer	Consumer		27.55	95			6.58	27.55	percent of total billed charges	
VANCOMYCIN (XELLIA) 500MG INJ	J3372	HCPCS	outpatient			29	7.56	Corrections	Corrections		23.2	80			6.58	27.55	percent of total billed charges	
VANCOMYCIN (XELLIA) 500MG INJ	J3372	HCPCS	outpatient			29	7.56	First Health	First Health		20.3	70			6.58	27.55	percent of total billed charges	
VANCOMYCIN (XELLIA) 500MG INJ	J3372	HCPCS	outpatient			29	7.56	First Trenton	First Trenton		26.1	90			6.58	27.55	percent of total billed charges	
VANCOMYCIN (XELLIA) 500MG INJ	J3372	HCPCS	outpatient			29	7.56	Horizon	Indemnity		14.29				6.58	27.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VANCOMYCIN (XELLIA) 500MG INJ	J3372	HCPCS	outpatient			29	7.56	Horizon	MGD		14.29				6.58	27.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VANCOMYCIN (XELLIA) 500MG INJ	J3372	HCPCS	outpatient			29	7.56	Horizon	Medicare Blue		7.68				6.58	27.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VANCOMYCIN (XELLIA) 500MG INJ	J3372	HCPCS	outpatient			29	7.56	Horizon	PPO		14.29				6.58	27.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VANCOMYCIN (XELLIA) 500MG INJ	J3372	HCPCS	outpatient			29	7.56	Managed Care Inc	Managed Care Inc		26.1	90			6.58	27.55	percent of total billed charges	
VANCOMYCIN (XELLIA) 500MG INJ	J3372	HCPCS	outpatient			29	7.56	Multiplan	Multiplan		23.2	80			6.58	27.55	percent of total billed charges	
VANCOMYCIN (XELLIA) 500MG INJ	J3372	HCPCS	outpatient			29	7.56	Qualcare	Qualcare		21.75	75			6.58	27.55	percent of total billed charges	
VANCOMYCIN (XELLIA) 500MG INJ	J3372	HCPCS	outpatient			29	7.56	Three Rivers	Three Rivers		27.55	95			6.58	27.55	percent of total billed charges	
VANCOMYCIN (XELLIA) 500MG INJ	J3372	HCPCS	outpatient			29	7.56	UHC	Medicaid		9.15	31.55			6.58	27.55	percent of total billed charges	
VANCOMYCIN (XELLIA) 500MG INJ	J3372	HCPCS	outpatient			29	7.56	UHC	Medicare		6.58				6.58	27.55	fee schedule	
VANCOMYCIN (XELLIA) 500MG INJ	J3372	HCPCS	outpatient			29	7.56	United	Commercial|PPO		16.45				6.58	27.55	fee schedule	
VANCOMYCIN (XELLIA) 500MG INJ	J3372	HCPCS	outpatient			29	7.56	United	Oxford		16.45				6.58	27.55	fee schedule	
VANCOMYCIN (XELLIA) 500MG INJ	J3372	HCPCS	outpatient			29	7.56	Wellcare	Medicaid		9.15	31.55			6.58	27.55	percent of total billed charges	
VANCOMYCIN (XELLIA) 500MG INJ	J3372	HCPCS	outpatient			29	7.56	Wellcare	Medicare		6.58				6.58	27.55	fee schedule	
VANCOMYCIN (XELLIA) 500MG INJ	J3372	HCPCS	outpatient			29	7.56	WellPoint	WellPoint		9.33	32.18			6.58	27.55	percent of total billed charges	
VERTEPORIN 0.1MG INJ	J3396	HCPCS	outpatient			48.5	13.26	Aetna	Commercial		21.86				11.53	46.08	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VERTEPORIN 0.1MG INJ	J3396	HCPCS	outpatient			48.5	13.26	Aetna	Better Health		15.3	31.55			11.53	46.08	percent of total billed charges	
VERTEPORIN 0.1MG INJ	J3396	HCPCS	outpatient			48.5	13.26	Aetna	Medicare		11.53				11.53	46.08	fee schedule	
VERTEPORIN 0.1MG INJ	J3396	HCPCS	outpatient			48.5	13.26	Americare	Americare		36.38	75			11.53	46.08	percent of total billed charges	
VERTEPORIN 0.1MG INJ	J3396	HCPCS	outpatient			48.5	13.26	Amerihealth	Medicare		11.53				11.53	46.08	fee schedule	
VERTEPORIN 0.1MG INJ	J3396	HCPCS	outpatient			48.5	13.26	Amerihealth	HMO/PPO		11.81				11.53	46.08	fee schedule	
VERTEPORIN 0.1MG INJ	J3396	HCPCS	outpatient			48.5	13.26	Consumer	Consumer		46.08	95			11.53	46.08	percent of total billed charges	
VERTEPORIN 0.1MG INJ	J3396	HCPCS	outpatient			48.5	13.26	Corrections	Corrections		38.8	80			11.53	46.08	percent of total billed charges	
VERTEPORIN 0.1MG INJ	J3396	HCPCS	outpatient			48.5	13.26	First Health	First Health		33.95	70			11.53	46.08	percent of total billed charges	
VERTEPORIN 0.1MG INJ	J3396	HCPCS	outpatient			48.5	13.26	First Trenton	First Trenton		43.65	90			11.53	46.08	percent of total billed charges	
VERTEPORIN 0.1MG INJ	J3396	HCPCS	outpatient			48.5	13.26	Horizon	Indemnity		25.55				11.53	46.08	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VERTEPORIN 0.1MG INJ	J3396	HCPCS	outpatient			48.5	13.26	Horizon	Medicare Blue		13.73				11.53	46.08	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VERTEPORIN 0.1MG INJ	J3396	HCPCS	outpatient			48.5	13.26	Horizon	PPO		25.55				11.53	46.08	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VERTEPORIN 0.1MG INJ	J3396	HCPCS	outpatient			48.5	13.26	Horizon	MGD		25.55				11.53	46.08	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VERTEPORIN 0.1MG INJ	J3396	HCPCS	outpatient			48.5	13.26	Managed Care Inc	Managed Care Inc		43.65	90			11.53	46.08	percent of total billed charges	
VERTEPORIN 0.1MG INJ	J3396	HCPCS	outpatient			48.5	13.26	Multiplan	Multiplan		38.8	80			11.53	46.08	percent of total billed charges	
VERTEPORIN 0.1MG INJ	J3396	HCPCS	outpatient			48.5	13.26	Qualcare	Qualcare		36.38	75			11.53	46.08	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.														
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119 true														
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
VERTEPORIN 0.1MG INJ	J3396	HCPCS	outpatient			48.5	13.26	Three Rivers	Three Rivers		46.08				11.53		46.08	percent of total billed charges	
VERTEPORIN 0.1MG INJ	J3396	HCPCS	outpatient			48.5	13.26	UHC	Medicare		11.53				11.53		46.08	fee schedule	
VERTEPORIN 0.1MG INJ	J3396	HCPCS	outpatient			48.5	13.26	UHC	Medicaid		15.3			31.55	11.53		46.08	percent of total billed charges	
VERTEPORIN 0.1MG INJ	J3396	HCPCS	outpatient			48.5	13.26	United	Oxford		28.83				11.53		46.08	fee schedule	
VERTEPORIN 0.1MG INJ	J3396	HCPCS	outpatient			48.5	13.26	United	Commercial|PPO		28.83				11.53		46.08	fee schedule	
VERTEPORIN 0.1MG INJ	J3396	HCPCS	outpatient			48.5	13.26	Wellcare	Medicare		11.53				11.53		46.08	fee schedule	
VERTEPORIN 0.1MG INJ	J3396	HCPCS	outpatient			48.5	13.26	Wellcare	Medicaid		15.3			31.55	11.53		46.08	percent of total billed charges	
VERTEPORIN 0.1MG INJ	J3396	HCPCS	outpatient			48.5	13.26	WellPoint	WellPoint		15.61			32.18	11.53		46.08	percent of total billed charges	
HYDROXYZINE HCL 25MG INJ	J3410	HCPCS	both			2.5	11.39	Aetna	Better Health		0.79			31.55	0.75		9.91	percent of total billed charges	
HYDROXYZINE HCL 25MG INJ	J3410	HCPCS	both			2.5	11.39	Aetna	Medicare		9.91				0.75		9.91	fee schedule	
HYDROXYZINE HCL 25MG INJ	J3410	HCPCS	both			2.5	11.39	Aetna	Commercial		0.95			38	0.75		9.91	percent of total billed charges	
HYDROXYZINE HCL 25MG INJ	J3410	HCPCS	both			2.5	11.39	Americare	Americare		1.88			75	0.75		9.91	percent of total billed charges	
HYDROXYZINE HCL 25MG INJ	J3410	HCPCS	both			2.5	11.39	Amerihealth	Medicare		9.91				0.75		9.91	fee schedule	
HYDROXYZINE HCL 25MG INJ	J3410	HCPCS	both			2.5	11.39	Amerihealth	HMO/PPO		2.6				0.75		9.91	fee schedule	
HYDROXYZINE HCL 25MG INJ	J3410	HCPCS	both			2.5	11.39	Consumer	Consumer		2.38			95	0.75		9.91	percent of total billed charges	
HYDROXYZINE HCL 25MG INJ	J3410	HCPCS	both			2.5	11.39	Corrections	Corrections		2			80	0.75		9.91	percent of total billed charges	
HYDROXYZINE HCL 25MG INJ	J3410	HCPCS	both			2.5	11.39	First Health	First Health		1.75			70	0.75		9.91	percent of total billed charges	
HYDROXYZINE HCL 25MG INJ	J3410	HCPCS	both			2.5	11.39	First Trenton	First Trenton		2.25			90	0.75		9.91	percent of total billed charges	
HYDROXYZINE HCL 25MG INJ	J3410	HCPCS	both			2.5	11.39	Horizon	MGD		0.96			38.28	0.75		9.91	percent of total billed charges	
HYDROXYZINE HCL 25MG INJ	J3410	HCPCS	both			2.5	11.39	Horizon	Indemnity		0.96			38.28	0.75		9.91	percent of total billed charges	
HYDROXYZINE HCL 25MG INJ	J3410	HCPCS	both			2.5	11.39	Horizon	Medicare Blue		0.75			30	0.75		9.91	percent of total billed charges	
HYDROXYZINE HCL 25MG INJ	J3410	HCPCS	both			2.5	11.39	Horizon	PPO		0.96			38.28	0.75		9.91	percent of total billed charges	
HYDROXYZINE HCL 25MG INJ	J3410	HCPCS	both			2.5	11.39	Managed Care Inc	Managed Care Inc		2.25			90	0.75		9.91	percent of total billed charges	
HYDROXYZINE HCL 25MG INJ	J3410	HCPCS	both			2.5	11.39	Multiplan	Multiplan		2			80	0.75		9.91	percent of total billed charges	
HYDROXYZINE HCL 25MG INJ	J3410	HCPCS	both			2.5	11.39	Qualcare	Qualcare		1.88			75	0.75		9.91	percent of total billed charges	
HYDROXYZINE HCL 25MG INJ	J3410	HCPCS	both			2.5	11.39	Three Rivers	Three Rivers		2.38			95	0.75		9.91	percent of total billed charges	
HYDROXYZINE HCL 25MG INJ	J3410	HCPCS	both			2.5	11.39	UHC	Medicare		9.91				0.75		9.91	fee schedule	
HYDROXYZINE HCL 25MG INJ	J3410	HCPCS	both			2.5	11.39	UHC	Medicaid		0.79			31.55	0.75		9.91	percent of total billed charges	
HYDROXYZINE HCL 25MG INJ	J3410	HCPCS	both			2.5	11.39	Wellcare	Medicaid		0.79			31.55	0.75		9.91	percent of total billed charges	
HYDROXYZINE HCL 25MG INJ	J3410	HCPCS	both			2.5	11.39	Wellcare	Medicare		9.91				0.75		9.91	fee schedule	
HYDROXYZINE HCL 25MG INJ	J3410	HCPCS	both			2.5	11.39	WellPoint	WellPoint		0.8			32.18	0.75		9.91	percent of total billed charges	
THIAMINE HCL 100MG	J3411	HCPCS	both			21.5	2.83	Aetna	Commercial		8.17			38	2.46		20.43	percent of total billed charges	
THIAMINE HCL 100MG	J3411	HCPCS	both			21.5	2.83	Aetna	Medicare		2.46				2.46		20.43	fee schedule	
THIAMINE HCL 100MG	J3411	HCPCS	both			21.5	2.83	Aetna	Better Health		6.78			31.55	2.46		20.43	percent of total billed charges	
THIAMINE HCL 100MG	J3411	HCPCS	both			21.5	2.83	Americare	Americare		16.13			75	2.46		20.43	percent of total billed charges	
THIAMINE HCL 100MG	J3411	HCPCS	both			21.5	2.83	Amerihealth	HMO/PPO		3.52				2.46		20.43	fee schedule	
THIAMINE HCL 100MG	J3411	HCPCS	both			21.5	2.83	Amerihealth	Medicare		2.46				2.46		20.43	fee schedule	
THIAMINE HCL 100MG	J3411	HCPCS	both			21.5	2.83	Consumer	Consumer		20.43			95	2.46		20.43	percent of total billed charges	
THIAMINE HCL 100MG	J3411	HCPCS	both			21.5	2.83	Corrections	Corrections		17.2			80	2.46		20.43	percent of total billed charges	
THIAMINE HCL 100MG	J3411	HCPCS	both			21.5	2.83	First Health	First Health		15.05			70	2.46		20.43	percent of total billed charges	
THIAMINE HCL 100MG	J3411	HCPCS	both			21.5	2.83	First Trenton	First Trenton		19.35			90	2.46		20.43	percent of total billed charges	
THIAMINE HCL 100MG	J3411	HCPCS	both			21.5	2.83	Horizon	Medicare Blue		6.45			30	2.46		20.43	percent of total billed charges	
THIAMINE HCL 100MG	J3411	HCPCS	both			21.5	2.83	Horizon	Indemnity		8.23			38.28	2.46		20.43	percent of total billed charges	
THIAMINE HCL 100MG	J3411	HCPCS	both			21.5	2.83	Horizon	MGD		8.23			38.28	2.46		20.43	percent of total billed charges	
THIAMINE HCL 100MG	J3411	HCPCS	both			21.5	2.83	Horizon	PPO		8.23			38.28	2.46		20.43	percent of total billed charges	
THIAMINE HCL 100MG	J3411	HCPCS	both			21.5	2.83	Managed Care Inc	Managed Care Inc		19.35			90	2.46		20.43	percent of total billed charges	
THIAMINE HCL 100MG	J3411	HCPCS	both			21.5	2.83	Multiplan	Multiplan		17.2			80	2.46		20.43	percent of total billed charges	
THIAMINE HCL 100MG	J3411	HCPCS	both			21.5	2.83	Qualcare	Qualcare		16.13			75	2.46		20.43	percent of total billed charges	
THIAMINE HCL 100MG	J3411	HCPCS	both			21.5	2.83	Three Rivers	Three Rivers		20.43			95	2.46		20.43	percent of total billed charges	
THIAMINE HCL 100MG	J3411	HCPCS	both			21.5	2.83	UHC	Medicare		2.46				2.46		20.43	fee schedule	
THIAMINE HCL 100MG	J3411	HCPCS	both			21.5	2.83	UHC	Medicaid		6.78			31.55	2.46		20.43	percent of total billed charges	
THIAMINE HCL 100MG	J3411	HCPCS	both			21.5	2.83	Wellcare	Medicare		2.46				2.46		20.43	fee schedule	
THIAMINE HCL 100MG	J3411	HCPCS	both			21.5	2.83	Wellcare	Medicaid		6.78			31.55	2.46		20.43	percent of total billed charges	
THIAMINE HCL 100MG	J3411	HCPCS	both			21.5	2.83	WellPoint	WellPoint		6.92			32.18	2.46		20.43	percent of total billed charges	
PYRIDOXINE 100MG/ INJ	J3415	HCPCS	both			41	17.05	Aetna	Better Health		12.94			31.55	10.33		38.95	percent of total billed charges	
PYRIDOXINE 100MG/ INJ	J3415	HCPCS	both			41	17.05	Aetna	Commercial		15.58			38	10.33		38.95	percent of total billed charges	
PYRIDOXINE 100MG/ INJ	J3415	HCPCS	both			41	17.05	Aetna	Medicare		14.83				10.33		38.95	fee schedule	
PYRIDOXINE 100MG/ INJ	J3415	HCPCS	both			41	17.05	Americare	Americare		30.75			75	10.33		38.95	percent of total billed charges	
PYRIDOXINE 100MG/ INJ	J3415	HCPCS	both			41	17.05	Amerihealth	HMO/PPO		10.33				10.33		38.95	fee schedule	
PYRIDOXINE 100MG/ INJ	J3415	HCPCS	both			41	17.05	Amerihealth	Medicare		14.83				10.33		38.95	fee schedule	
PYRIDOXINE 100MG/ INJ	J3415	HCPCS	both			41	17.05	Consumer	Consumer		38.95			95	10.33		38.95	percent of total billed charges	
PYRIDOXINE 100MG/ INJ	J3415	HCPCS	both			41	17.05	Corrections	Corrections		32.8			80	10.33		38.95	percent of total billed charges	
PYRIDOXINE 100MG/ INJ	J3415	HCPCS	both			41	17.05	First Health	First Health		28.7			70	10.33		38.95	percent of total billed charges	
PYRIDOXINE 100MG/ INJ	J3415	HCPCS	both			41	17.05	First Trenton	First Trenton		36.9			90	10.33		38.95	percent of total billed charges	
PYRIDOXINE 100MG/ INJ	J3415	HCPCS	both			41	17.05	Horizon	Indemnity		15.69			38.28	10.33		38.95	percent of total billed charges	
PYRIDOXINE 100MG/ INJ	J3415	HCPCS	both			41	17.05	Horizon	PPO		15.69			38.28	10.33		38.95	percent of total billed charges	
PYRIDOXINE 100MG/ INJ	J3415	HCPCS	both			41	17.05	Horizon	MGD		15.69			38.28	10.33		38.95	percent of total billed charges	
PYRIDOXINE 100MG/ INJ	J3415	HCPCS	both			41	17.05	Horizon	Medicare Blue		12.3			30	10.33		38.95	percent of total billed charges	
PYRIDOXINE 100MG/ INJ	J3415	HCPCS	both			41	17.05	Managed Care Inc	Managed Care Inc		36.9			90	10.33		38.95	percent of total billed charges	
PYRIDOXINE 100MG/ INJ	J3415	HCPCS	both			41	17.05	Multiplan	Multiplan		32.8			80	10.33		38.95	percent of total billed charges	
PYRIDOXINE 100MG/ INJ	J3415	HCPCS	both			41	17.05	Qualcare	Qualcare		30.75			75	10.33		38.95	percent of total billed charges	
PYRIDOXINE 100MG/ INJ	J3415	HCPCS	both			41	17.05	Three Rivers	Three Rivers		38.95			95	10.33		38.95	percent of total billed charges	
PYRIDOXINE 100MG/ INJ	J3415	HCPCS	both			41	17.05	UHC	Medicaid		12.94			31.55	10.33		38.95	percent of total billed charges	
PYRIDOXINE 100MG/ INJ	J3415	HCPCS	both			41	17.05	UHC	Medicare		14.83				10.33		38.95	fee schedule	
PYRIDOXINE 100MG/ INJ	J3415	HCPCS	both			41	17.05	Wellcare	Medicaid		12.94			31.55	10.33		38.95	percent of total billed charges	
PYRIDOXINE 100MG/ INJ	J3415	HCPCS	both			41	17.05	Wellcare	Medicare		14.83				10.33		38.95	fee schedule	
PYRIDOXINE 100MG/ INJ	J3415	HCPCS	both			41	17.05	WellPoint	WellPoint		13.19			32.18	10.33		38.95	percent of total billed charges	
CYANOCOBALAMIN 1000MCG/1ML INJ	J3420	HCPCS	both			7.5	1.66	Aetna	Better Health		2.37			31.55	1.44		7.13	percent of total billed charges	
CYANOCOBALAMIN 1000MCG/1ML INJ	J3420	HCPCS	both			7.5	1.66	Aetna	Commercial		2.85			38	1.44		7.13	percent of total billed charges	
CYANOCOBALAMIN 1000MCG/1ML INJ	J3420	HCPCS	both			7.5	1.66	Aetna	Medicare		1.44				1.44		7.13	fee schedule	
CYANOCOBALAMIN 1000MCG/1ML INJ	J3420	HCPCS	both			7.5	1.66	Americare	Americare		5.63			75	1.44		7.13	percent of total billed charges	
CYANOCOBALAMIN 1000MCG/1ML INJ	J3420	HCPCS	both			7.5	1.66	Amerihealth	HMO/PPO		5.03				1.44		7.13	fee schedule	
CYANOCOBALAMIN 1000MCG/1ML INJ	J3420	HCPCS	both			7.5	1.66	Amerihealth	Medicare		1.44				1.44		7.13	fee schedule	
CYANOCOBALAMIN 1000MCG/1ML INJ	J3420	HCPCS	both			7.5	1.66	Consumer	Consumer		7.13			95	1.44		7.13	percent of total billed charges	
CYANOCOBALAMIN 1000MCG/1ML INJ	J3420	HCPCS	both			7.5	1.66	Corrections	Corrections		6			80	1.44		7.13	percent of total billed charges	
CYANOCOBALAMIN 1000MCG/1ML INJ	J3420	HCPCS	both			7.5	1.66	First Health	First Health		5.25			70	1.44		7.13	percent of total billed charges	
CYANOCOBALAMIN 1000MCG/1ML INJ	J3420	HCPCS	both			7.5	1.66	First Trenton	First Trenton		6.75			90	1.44		7.13	percent of total billed charges	
CYANOCOBALAMIN 1000MCG/1ML INJ	J3420	HCPCS	both			7.5	1.66	Horizon	Medicare Blue		2.25			30	1.44		7.13	percent of total billed charges	
CYANOCOBALAMIN 1000MCG/1ML INJ	J3420	HCPCS	both			7.5	1.66	Horizon	Indemnity		2.87			38.28	1.44		7.13	percent of total billed charges	
CYANOCOBALAMIN 1000MCG/1ML INJ	J3420	HCPCS	both			7.5	1.66	Horizon	MGD		2.87			38.28	1.44		7.13	percent of total billed charges	
CYANOCOBALAMIN 1000MCG/1ML INJ	J3420	HCPCS	both			7.5	1.66	Horizon	PPO		2.87			38.28	1.44		7.13	percent of total billed charges	
CYANOCOBALAMIN 1000MCG/1ML INJ	J3420	HCPCS	both			7.5	1.66	Managed Care Inc	Managed Care Inc		6.75			90	1.44		7.13	percent of total billed charges	
CYANOCOBALAMIN 1000MCG/1ML INJ	J3420	HCPCS	both			7.5	1.66	Multiplan	Multiplan		6			80	1.44		7.13	percent of total billed charges	
CYANOCOBALAMIN 1000MCG/1ML INJ	J3420	HCPCS	both			7.5	1.66	Qualcare	Qualcare		5.63			75	1.44		7.13	percent of total billed charges	
CYANOCOBALAMIN 1000MCG/1ML INJ	J3420	HCPCS	both			7.5	1.66	Three Rivers	Three Rivers		7.13			95	1.44		7.13	percent of total billed charges	
CYANOCOBALAMIN 1000MCG/1ML INJ	J3420	HCPCS	both			7.5	1.66	UHC	Medicare		1.44				1.44		7.13	fee schedule	
CYANOCOBALAMIN 1000MCG/1ML INJ	J3420	HCPCS	both			7.5	1.66	UHC	Medicaid		2.37			31.55	1.44		7.13	percent of total billed charges	
CYANOCOBALAMIN 1000MCG/1ML INJ	J3420	HCPCS	both			7.5	1.66	Wellcare	Medicare		1.44				1.44		7.13	fee schedule	
CYANOCOBALAMIN 1000MCG/1ML INJ	J3420	HCPCS	both			7.5	1.66	Wellcare	Medicaid		2.37			31.55	1.44		7.13	percent of total billed charges	
CYANOCOBALAMIN 1000MCG/1ML INJ	J3420	HCPCS	both			7.5	1.66	WellPoint	WellPoint		2.41			32.18	1.44		7.13	percent of total billed charges	
HYDROXOCOBALAMIN 10 MCG INJ	J3425	HCPCS	outpatient			1.5	0.01	Aetna	Commercial		0.57			38	0.01		1.43	percent of total billed charges	
HYDROXOCOBALAMIN 10 MCG INJ	J3425	HCPCS	outpatient			1.5	0.01	Aetna	Medicare		0.01				0.01		1.43	fee schedule	
HYDROXOCOBALAMIN 10 MCG INJ	J3425	HCPCS	outpatient			1.5	0.01	Aetna	Better Health		0.47			31.55	0.01		1.43	percent of total billed charges	
HYDROXOCOBALAMIN 10 MCG INJ	J3425	HCPCS	outpatient			1.5	0.01	Americare	Americare		1.13			75	0.01		1.43	percent of total billed charges	
HYDROXOCOBALAMIN 10 MCG INJ	J3425	HCPCS	outpatient			1.5	0.01	Amerihealth	HMO/PPO		0.98			65	0.01		1.43	percent of total billed charges	
HYDROXOCOBALAMIN 10 MCG INJ	J3425	HCPCS	outpatient			1.5	0.01	Amerihealth	Medicare		0.01				0.01		1.43	fee schedule	
HYDROXOCOBALAMIN 10 MCG INJ	J3425	HCPCS	outpatient			1.5	0.01	Consumer	Consumer		1.43			95	0.01		1.43	percent of total billed charges	
HYDROXOCOBALAMIN 10 MCG INJ	J3425	HCPCS	outpatient			1.5	0.01	Corrections	Corrections		1.2			80	0.01		1.43	percent of total billed charges	
HYDROXOCOBALAMIN 10 MCG INJ	J3425	HCPCS	outpatient			1.5	0.01	First Health	First Health		1.05			70	0.01		1.43	percent of total billed charges	
HYDROXOCOBALAMIN 10 MCG INJ	J3425	HCPCS	outpatient			1.5	0.01	First Trenton	First Trenton		1.35			90	0.01		1.43	percent of total billed charges	
HYDROXOCOBALAMIN 10 MCG INJ	J3425	HCPCS	outpatient			1.5	0.01	Horizon	Medicare Blue		0.45			30	0.01		1.43	percent of total billed charges	
HYDROXOCOBALAMIN 10 MCG INJ	J3425	HCPCS	outpatient			1.5	0.01	Horizon	Indemnity		0.57			38.28	0.01		1.43	percent of total billed charges	
HYDROXOCOBALAMIN 10 MCG INJ	J3425	HCPCS	outpatient			1.5	0.01	Horizon	MGD		0.57			38.28	0.01		1.43	percent of total billed charges	
HYDROXOCOBALAMIN 10 MCG INJ	J3425	HCPCS	outpatient			1.5	0.01	Horizon	PPO		0.57			38.28	0.01		1.43	percent of total billed charges	
HYDROXOCOBALAMIN 10 MCG INJ	J3425	HCPCS	outpatient			1.5	0.01	Managed Care Inc	Managed Care Inc		1.35			90	0.01		1.43	percent of total billed charges	
HYDROXOCOBALAMIN 10 MCG INJ	J3425	HCPCS	outpatient			1.5	0.01	Multiplan	Multiplan		1.2			80	0.01		1.43	percent of total billed charges	
HYDROXOCOBALAMIN 10 MCG INJ	J3425	HCPCS	outpatient			1.5	0.01	Qualcare	Qualcare		1.13			75	0.01		1.43	percent of total billed charges	
HYDROXOCOBALAMIN 10 MCG INJ	J3425	HCPCS	outpatient			1.5	0.01	Three Rivers	Three Rivers		1.43			95	0.01		1.43	percent of total billed charges	
HYDROXOCOBALAMIN 10 MCG INJ	J3425	HCPCS	outpatient			1.5	0.01	UHC	Medicaid		0.47			31.55	0.01		1.43	percent of total billed charges	
HYDROXOCOBALAMIN 10 MCG INJ	J3425	HCPCS	outpatient			1.5	0.01	UHC	Medicare		0.01				0.01		1.43	fee schedule	
HYDROXOCOBALAMIN 10 MCG INJ	J3425	HCPCS	outpatient			1.5	0.01	Wellcare	Medicare		0.01				0.01		1.43	fee schedule	
HYDROXOCOBALAMIN 10 MCG INJ	J3425	HCPCS	outpatient			1.5	0.01	Wellcare	Medicaid		0.47			31.55	0.01		1.43	percent of total billed charges	
HYDROXOCOBALAMIN 10 MCG INJ	J3425	HCPCS	outpatient			1.5	0.01	WellPoint	WellPoint		0.48			32.18	0.01		1.43	percent of total billed charges	
PHYTONADIONE 1MG INJ	J3430	HCPCS	both			30.5	3.33	Aetna	Medicare		2.9				2.9		28.98	fee schedule	
PHYTONADIONE 1MG INJ	J3430	HCPCS	both			30.5	3.33	Aetna	Commercial		11.59			38	2.9		28.98	percent of total billed charges	
PHYTONADIONE 1MG INJ	J3430	HCPCS	both			30.5	3.33	Aetna	Better Health		9.62			31.55	2.9		28.98	percent of total billed charges	
PHYTONADIONE 1MG INJ	J3430	HCPCS	both			30.5	3.33	Americare	Americare		22.88			75	2.9		28.98	percent of total billed charges	
PHYTONADIONE 1MG INJ	J3430	HCPCS	both			30.5	3.33	Amerihealth	HMO/PPO		3.78				2.9		28.98	fee schedule	
PHYTONADIONE 1MG INJ	J3430	HCPCS	both			30.5	3.33	Amerihealth	Medicare		2.9				2.9		28.98	fee schedule	
PHYTONADIONE 1MG INJ	J3430	HCPCS	both			30.5	3.33	Consumer	Consumer		28.98			95	2.9		28.98	percent of total billed charges	
PHYTONADIONE 1MG INJ	J3430	HCPCS	both			30.5	3.33	Corrections	Corrections		24.4			80	2.9		28.98	percent of total billed charges	
PHYTONADIONE 1MG INJ	J3430	HCPCS	both			30.5	3.33	First Health	First Health		21.35			70	2.9		28.98	percent of total billed charges	
PHYTONADIONE 1MG INJ	J3430	HCPCS	both			30.5	3.33	First Trenton	First Trenton		27.45			90	2.9		28.98	percent of total billed charges	
PHYTONADIONE 1MG INJ	J3430	HCPCS	both			30.5	3.33	Horizon	MGD		11.68			38.28	2.9		28.98	percent of total billed charges	
PHYTONADIONE 1MG INJ	J3430	HCPCS	both			30.5	3.33	Horizon	Medicare Blue		9.15			30	2.9		28.98	percent of total billed charges	
PHYTONADIONE 1MG INJ	J3430	HCPCS	both			30.5	3.33	Horizon	Indemnity		11.68			38.28	2.9		28.98	percent of total billed charges	
PHYTONADIONE 1MG INJ	J3430	HCPCS	both			30.5	3.33	Horizon	PPO		11.68			38.28	2.9		28.98	percent of total billed charges	
PHYTONADIONE 1MG INJ	J3430	HCPCS	both			30.5	3.33	Managed Care Inc	Managed Care Inc		27.45			90	2.9		28.98	percent of total billed charges	
PHYTONADIONE 1MG INJ	J3430	HCPCS	both			30.5	3.33	Multiplan	Multiplan		24.4			80	2.9		28.98	percent of total billed charges	
PHYTONADIONE 1MG INJ	J3430	HCPCS	both			30.5	3.33	Qualcare	Qualcare		22.88			75	2.9		28.98	percent of total billed charges	
PHYTONADIONE 1MG INJ	J3430	HCPCS	both			30.5	3.33	Three Rivers	Three Rivers		28.98			95	2.9		28.98	percent of total billed charges	
PHYTONADIONE 1MG INJ	J3430	HCPCS	both			30.5	3.33	UHC	Medicaid		9.62			31.55	2.9		28.98	percent of total billed charges	
PHYTONADIONE 1MG INJ	J3430	HCPCS	both			30.5	3.33	UHC	Medicare		2.9				2.9		28.98	fee schedule	
PHYTONADIONE 1MG INJ	J3430	HCPCS	both			30.5	3.33	Wellcare	Medicare		2.9				2.9		28.98	fee schedule	
PHYTONADIONE 1MG INJ	J3430	HCPCS	both			30.5	3.33	Wellcare	Medicaid		9.62			31.55	2.9		28.98	percent of total billed charges	
PHYTONADIONE 1MG INJ	J3430	HCPCS	both			30.5	3.33	WellPoint	WellPoint		9.81			32.18	2.9		28.98	percent of total billed charges	
VORICONAZOLE 10MG INJ	J3465	HCPCS	both			33.5	1.33	Aetna	Better Health		10.57			31.55	1.16		31.83	percent of total billed charges	
VORICONAZOLE 10MG INJ	J3465	HCPCS	both			33.5	1.33	Aetna	Medicare		1.16				1.16		31.83	fee schedule	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
VORICONAZOLE 10MG INJ	J3465	HCPCS	both			33.5		1.33 Aetna	Commercial		12.73			38	1.16	31.83	percent of total billed charges	
VORICONAZOLE 10MG INJ	J3465	HCPCS	both			33.5		1.33 Americare	Americare		25.13			75	1.16	31.83	percent of total billed charges	
VORICONAZOLE 10MG INJ	J3465	HCPCS	both			33.5		1.33 Amerihealth	HMO/PPO		5.04				1.16	31.83	fee schedule	
VORICONAZOLE 10MG INJ	J3465	HCPCS	both			33.5		1.33 Amerihealth	Medicare		1.16				1.16	31.83	fee schedule	
VORICONAZOLE 10MG INJ	J3465	HCPCS	both			33.5		1.33 Consumer	Consumer		31.83			95	1.16	31.83	percent of total billed charges	
VORICONAZOLE 10MG INJ	J3465	HCPCS	both			33.5		1.33 Corrections	Corrections		26.8			80	1.16	31.83	percent of total billed charges	
VORICONAZOLE 10MG INJ	J3465	HCPCS	both			33.5		1.33 First Health	First Health		23.45			70	1.16	31.83	percent of total billed charges	
VORICONAZOLE 10MG INJ	J3465	HCPCS	both			33.5		1.33 First Trenton	First Trenton		30.15			90	1.16	31.83	percent of total billed charges	
VORICONAZOLE 10MG INJ	J3465	HCPCS	both			33.5		1.33 Horizon	MGD		12.82			38.28	1.16	31.83	percent of total billed charges	
VORICONAZOLE 10MG INJ	J3465	HCPCS	both			33.5		1.33 Horizon	Indemnity		12.82			38.28	1.16	31.83	percent of total billed charges	
VORICONAZOLE 10MG INJ	J3465	HCPCS	both			33.5		1.33 Horizon	Medicare Blue		10.05			30	1.16	31.83	percent of total billed charges	
VORICONAZOLE 10MG INJ	J3465	HCPCS	both			33.5		1.33 Horizon	PPO		12.82			38.28	1.16	31.83	percent of total billed charges	
VORICONAZOLE 10MG INJ	J3465	HCPCS	both			33.5		1.33 Managed Care Inc	Managed Care Inc		30.15			90	1.16	31.83	percent of total billed charges	
VORICONAZOLE 10MG INJ	J3465	HCPCS	both			33.5		1.33 Multiplan	Multiplan		26.8			80	1.16	31.83	percent of total billed charges	
VORICONAZOLE 10MG INJ	J3465	HCPCS	both			33.5		1.33 Qualcare	Qualcare		25.13			75	1.16	31.83	percent of total billed charges	
VORICONAZOLE 10MG INJ	J3465	HCPCS	both			33.5		1.33 Three Rivers	Three Rivers		31.83			95	1.16	31.83	percent of total billed charges	
VORICONAZOLE 10MG INJ	J3465	HCPCS	both			33.5		1.33 UHC	Medicaid		10.57			31.55	1.16	31.83	percent of total billed charges	
VORICONAZOLE 10MG INJ	J3465	HCPCS	both			33.5		1.33 UHC	Medicare		1.16				1.16	31.83	fee schedule	
VORICONAZOLE 10MG INJ	J3465	HCPCS	both			33.5		1.33 Wellcare	Medicaid		10.57			31.55	1.16	31.83	percent of total billed charges	
VORICONAZOLE 10MG INJ	J3465	HCPCS	both			33.5		1.33 Wellcare	Medicare		1.16				1.16	31.83	fee schedule	
VORICONAZOLE 10MG INJ	J3465	HCPCS	both			33.5		1.33 WellPoint	WellPoint		10.78			32.18	1.16	31.83	percent of total billed charges	
HYALURONIDASE 150U/1ML INJ	J3470	HCPCS	outpatient			130.5		Aetna	Commercial		49.59			38	39.15	123.98	percent of total billed charges	
HYALURONIDASE 150U/1ML INJ	J3470	HCPCS	outpatient			130.5		Aetna	Better Health		41.17			31.55	39.15	123.98	percent of total billed charges	
HYALURONIDASE 150U/1ML INJ	J3470	HCPCS	outpatient			130.5		Aetna	Medicare		40.19			30.8	39.15	123.98	percent of total billed charges	
HYALURONIDASE 150U/1ML INJ	J3470	HCPCS	outpatient			130.5		Americare	Americare		97.88			75	39.15	123.98	percent of total billed charges	
HYALURONIDASE 150U/1ML INJ	J3470	HCPCS	outpatient			130.5		Amerihealth	HMO/PPO		56.92				39.15	123.98	fee schedule	
HYALURONIDASE 150U/1ML INJ	J3470	HCPCS	outpatient			130.5		Consumer	Consumer		123.98			95	39.15	123.98	percent of total billed charges	
HYALURONIDASE 150U/1ML INJ	J3470	HCPCS	outpatient			130.5		Corrections	Corrections		104.4			80	39.15	123.98	percent of total billed charges	
HYALURONIDASE 150U/1ML INJ	J3470	HCPCS	outpatient			130.5		First Health	First Health		91.35			70	39.15	123.98	percent of total billed charges	
HYALURONIDASE 150U/1ML INJ	J3470	HCPCS	outpatient			130.5		First Trenton	First Trenton		117.45			90	39.15	123.98	percent of total billed charges	
HYALURONIDASE 150U/1ML INJ	J3470	HCPCS	outpatient			130.5		Horizon	MGD		49.96			38.28	39.15	123.98	percent of total billed charges	
HYALURONIDASE 150U/1ML INJ	J3470	HCPCS	outpatient			130.5		Horizon	Indemnity		49.96			38.28	39.15	123.98	percent of total billed charges	
HYALURONIDASE 150U/1ML INJ	J3470	HCPCS	outpatient			130.5		Horizon	Medicare Blue		39.15			30	39.15	123.98	percent of total billed charges	
HYALURONIDASE 150U/1ML INJ	J3470	HCPCS	outpatient			130.5		Horizon	PPO		49.96			38.28	39.15	123.98	percent of total billed charges	
HYALURONIDASE 150U/1ML INJ	J3470	HCPCS	outpatient			130.5		Managed Care Inc	Managed Care Inc		117.45			90	39.15	123.98	percent of total billed charges	
HYALURONIDASE 150U/1ML INJ	J3470	HCPCS	outpatient			130.5		Multiplan	Multiplan		104.4			80	39.15	123.98	percent of total billed charges	
HYALURONIDASE 150U/1ML INJ	J3470	HCPCS	outpatient			130.5		Qualcare	Qualcare		97.88			75	39.15	123.98	percent of total billed charges	
HYALURONIDASE 150U/1ML INJ	J3470	HCPCS	outpatient			130.5		Three Rivers	Three Rivers		123.98			95	39.15	123.98	percent of total billed charges	
HYALURONIDASE 150U/1ML INJ	J3470	HCPCS	outpatient			130.5		UHC	Medicaid		41.17			31.55	39.15	123.98	percent of total billed charges	
HYALURONIDASE 150U/1ML INJ	J3470	HCPCS	outpatient			130.5		Wellcare	Medicaid		41.17			31.55	39.15	123.98	percent of total billed charges	
HYALURONIDASE 150U/1ML INJ	J3470	HCPCS	outpatient			130.5		WellPoint	WellPoint		41.99			32.18	39.15	123.98	percent of total billed charges	
HYALURONICS 1U INJ	J3471	HCPCS	outpatient			1.5		0.57 Aetna	Better Health		0.47			31.55	0.38	1.43	percent of total billed charges	
HYALURONIDASE 1U INJ	J3471	HCPCS	outpatient			1.5		0.57 Aetna	Medicare		0.5				0.38	1.43	fee schedule	
HYALURONIDASE 1U INJ	J3471	HCPCS	outpatient			1.5		0.57 Aetna	Commercial		0.57			38	0.38	1.43	percent of total billed charges	
HYALURONIDASE 1U INJ	J3471	HCPCS	outpatient			1.5		0.57 Americare	Americare		1.13			75	0.38	1.43	percent of total billed charges	
HYALURONIDASE 1U INJ	J3471	HCPCS	outpatient			1.5		0.57 Amerihealth	HMO/PPO		0.38				0.38	1.43	fee schedule	
HYALURONIDASE 1U INJ	J3471	HCPCS	outpatient			1.5		0.57 Amerihealth	Medicare		0.5				0.38	1.43	fee schedule	
HYALURONIDASE 1U INJ	J3471	HCPCS	outpatient			1.5		0.57 Consumer	Consumer		1.43			95	0.38	1.43	percent of total billed charges	
HYALURONIDASE 1U INJ	J3471	HCPCS	outpatient			1.5		0.57 Corrections	Corrections		1.2			80	0.38	1.43	percent of total billed charges	
HYALURONIDASE 1U INJ	J3471	HCPCS	outpatient			1.5		0.57 First Health	First Health		1.05			70	0.38	1.43	percent of total billed charges	
HYALURONIDASE 1U INJ	J3471	HCPCS	outpatient			1.5		0.57 First Trenton	First Trenton		1.35			90	0.38	1.43	percent of total billed charges	
HYALURONIDASE 1U INJ	J3471	HCPCS	outpatient			1.5		0.57 Horizon	Indemnity		0.57			38.28	0.38	1.43	percent of total billed charges	
HYALURONIDASE 1U INJ	J3471	HCPCS	outpatient			1.5		0.57 Horizon	Medicare Blue		0.45			30	0.38	1.43	percent of total billed charges	
HYALURONIDASE 1U INJ	J3471	HCPCS	outpatient			1.5		0.57 Horizon	MGD		0.57			38.28	0.38	1.43	percent of total billed charges	
HYALURONIDASE 1U INJ	J3471	HCPCS	outpatient			1.5		0.57 Horizon	PPO		0.57			38.28	0.38	1.43	percent of total billed charges	
HYALURONIDASE 1U INJ	J3471	HCPCS	outpatient			1.5		0.57 Managed Care Inc	Managed Care Inc		1.35			90	0.38	1.43	percent of total billed charges	
HYALURONIDASE 1U INJ	J3471	HCPCS	outpatient			1.5		0.57 Multiplan	Multiplan		1.2			80	0.38	1.43	percent of total billed charges	
HYALURONIDASE 1U INJ	J3471	HCPCS	outpatient			1.5		0.57 Qualcare	Qualcare		1.13			75	0.38	1.43	percent of total billed charges	
HYALURONIDASE 1U INJ	J3471	HCPCS	outpatient			1.5		0.57 Three Rivers	Three Rivers		1.43			95	0.38	1.43	percent of total billed charges	
HYALURONIDASE 1U INJ	J3471	HCPCS	outpatient			1.5		0.57 UHC	Medicaid		0.47			31.55	0.38	1.43	percent of total billed charges	
HYALURONIDASE 1U INJ	J3471	HCPCS	outpatient			1.5		0.57 UHC	Medicare		0.5				0.38	1.43	fee schedule	
HYALURONIDASE 1U INJ	J3471	HCPCS	outpatient			1.5		0.57 Wellcare	Medicare		0.5				0.38	1.43	fee schedule	
HYALURONIDASE 1U INJ	J3471	HCPCS	outpatient			1.5		0.57 Wellcare	Medicaid		0.47			31.55	0.38	1.43	percent of total billed charges	
HYALURONIDASE 1U INJ	J3471	HCPCS	outpatient			1.5		0.57 WellPoint	WellPoint		0.48			32.18	0.38	1.43	percent of total billed charges	
HYALURONIDASE HUMAN RECOMB 1U	J3473	HCPCS	inpatient			1		0.42 Aetna	Better Health		0.32			31.55	0.3	0.95	percent of total billed charges	
HYALURONIDASE HUMAN RECOMB 1U	J3473	HCPCS	inpatient			1		0.42 Aetna	Medicare		0.36				0.3	0.95	fee schedule	
HYALURONIDASE HUMAN RECOMB 1U	J3473	HCPCS	inpatient			1		0.42 Aetna	Commercial		0.38			38	0.3	0.95	percent of total billed charges	
HYALURONIDASE HUMAN RECOMB 1U	J3473	HCPCS	inpatient			1		0.42 Americare	Americare		0.75			75	0.3	0.95	percent of total billed charges	
HYALURONIDASE HUMAN RECOMB 1U	J3473	HCPCS	inpatient			1		0.42 Amerihealth	HMO/PPO		0.39				0.3	0.95	fee schedule	
HYALURONIDASE HUMAN RECOMB 1U	J3473	HCPCS	inpatient			1		0.42 Amerihealth	Medicare		0.36				0.3	0.95	fee schedule	
HYALURONIDASE HUMAN RECOMB 1U	J3473	HCPCS	inpatient			1		0.42 Consumer	Consumer		0.95			95	0.3	0.95	percent of total billed charges	
HYALURONIDASE HUMAN RECOMB 1U	J3473	HCPCS	inpatient			1		0.42 Corrections	Corrections		0.8			80	0.3	0.95	percent of total billed charges	
HYALURONIDASE HUMAN RECOMB 1U	J3473	HCPCS	inpatient			1		0.42 First Health	First Health		0.7			70	0.3	0.95	percent of total billed charges	
HYALURONIDASE HUMAN RECOMB 1U	J3473	HCPCS	inpatient			1		0.42 First Trenton	First Trenton		0.9			90	0.3	0.95	percent of total billed charges	
HYALURONIDASE HUMAN RECOMB 1U	J3473	HCPCS	inpatient			1		0.42 Horizon	MGD		0.38			38.28	0.3	0.95	percent of total billed charges	
HYALURONIDASE HUMAN RECOMB 1U	J3473	HCPCS	inpatient			1		0.42 Horizon	Indemnity		0.38			38.28	0.3	0.95	percent of total billed charges	
HYALURONIDASE HUMAN RECOMB 1U	J3473	HCPCS	inpatient			1		0.42 Horizon	Medicare Blue		0.3			30	0.3	0.95	percent of total billed charges	
HYALURONIDASE HUMAN RECOMB 1U	J3473	HCPCS	inpatient			1		0.42 Horizon	PPO		0.38			38.28	0.3	0.95	percent of total billed charges	
HYALURONIDASE HUMAN RECOMB 1U	J3473	HCPCS	inpatient			1		0.42 Managed Care Inc	Managed Care Inc		0.9			90	0.3	0.95	percent of total billed charges	
HYALURONIDASE HUMAN RECOMB 1U	J3473	HCPCS	inpatient			1		0.42 Multiplan	Multiplan		0.8			80	0.3	0.95	percent of total billed charges	
HYALURONIDASE HUMAN RECOMB 1U	J3473	HCPCS	inpatient			1		0.42 Qualcare	Qualcare		0.75			75	0.3	0.95	percent of total billed charges	
HYALURONIDASE HUMAN RECOMB 1U	J3473	HCPCS	inpatient			1		0.42 Three Rivers	Three Rivers		0.95			95	0.3	0.95	percent of total billed charges	
HYALURONIDASE HUMAN RECOMB 1U	J3473	HCPCS	inpatient			1		0.42 UHC	Medicaid		0.32			31.55	0.3	0.95	percent of total billed charges	
HYALURONIDASE HUMAN RECOMB 1U	J3473	HCPCS	inpatient			1		0.42 UHC	Medicare		0.36				0.3	0.95	fee schedule	
HYALURONIDASE HUMAN RECOMB 1U	J3473	HCPCS	inpatient			1		0.42 Wellcare	Medicare		0.36				0.3	0.95	fee schedule	
HYALURONIDASE HUMAN RECOMB 1U	J3473	HCPCS	inpatient			1		0.42 Wellcare	Medicaid		0.32			31.55	0.3	0.95	percent of total billed charges	
HYALURONIDASE HUMAN RECOMB 1U	J3473	HCPCS	inpatient			1		0.42 WellPoint	WellPoint		0.32			32.18	0.3	0.95	percent of total billed charges	
MAGNESIUM SULFATE 8MEQ/2ML	J3475	HCPCS	both			55.5		0.79 Aetna	Better Health		17.51			31.55	0.28	52.73	percent of total billed charges	
MAGNESIUM SULFATE 8MEQ/2ML	J3475	HCPCS	both			55.5		0.79 Aetna	Medicare		0.69				0.28	52.73	fee schedule	
MAGNESIUM SULFATE 8MEQ/2ML	J3475	HCPCS	both			55.5		0.79 Aetna	Commercial		21.09			38	0.28	52.73	percent of total billed charges	
MAGNESIUM SULFATE 8MEQ/2ML	J3475	HCPCS	both			55.5		0.79 Americare	Americare		41.63			75	0.28	52.73	percent of total billed charges	
MAGNESIUM SULFATE 8MEQ/2ML	J3475	HCPCS	both			55.5		0.79 Amerihealth	HMO/PPO		0.28				0.28	52.73	fee schedule	
MAGNESIUM SULFATE 8MEQ/2ML	J3475	HCPCS	both			55.5		0.79 Amerihealth	Medicare		0.69				0.28	52.73	fee schedule	
MAGNESIUM SULFATE 8MEQ/2ML	J3475	HCPCS	both			55.5		0.79 Consumer	Consumer		52.73			95	0.28	52.73	percent of total billed charges	
MAGNESIUM SULFATE 8MEQ/2ML	J3475	HCPCS	both			55.5		0.79 Corrections	Corrections		44.4			80	0.28	52.73	percent of total billed charges	
MAGNESIUM SULFATE 8MEQ/2ML	J3475	HCPCS	both			55.5		0.79 First Health	First Health		38.85			70	0.28	52.73	percent of total billed charges	
MAGNESIUM SULFATE 8MEQ/2ML	J3475	HCPCS	both			55.5		0.79 First Trenton	First Trenton		49.95			90	0.28	52.73	percent of total billed charges	
MAGNESIUM SULFATE 8MEQ/2ML	J3475	HCPCS	both			55.5		0.79 Horizon	Medicare Blue		16.65			30	0.28	52.73	percent of total billed charges	
MAGNESIUM SULFATE 8MEQ/2ML	J3475	HCPCS	both			55.5		0.79 Horizon	MGD		21.25			38.28	0.28	52.73	percent of total billed charges	
MAGNESIUM SULFATE 8MEQ/2ML	J3475	HCPCS	both			55.5		0.79 Horizon	Indemnity		21.25			38.28	0.28	52.73	percent of total billed charges	
MAGNESIUM SULFATE 8MEQ/2ML	J3475	HCPCS	both			55.5		0.79 Horizon	PPO		21.25			38.28	0.28	52.73	percent of total billed charges	
MAGNESIUM SULFATE 8MEQ/2ML	J3475	HCPCS	both			55.5		0.79 Managed Care Inc	Managed Care Inc		49.95			90	0.28	52.73	percent of total billed charges	
MAGNESIUM SULFATE 8MEQ/2ML	J3475	HCPCS	both			55.5		0.79 Multiplan	Multiplan		44.4			80	0.28	52.73	percent of total billed charges	
MAGNESIUM SULFATE 8MEQ/2ML	J3475	HCPCS	both			55.5		0.79 Qualcare	Qualcare		41.63			75	0.28	52.73	percent of total billed charges	
MAGNESIUM SULFATE 8MEQ/2ML	J3475	HCPCS	both			55.5		0.79 Three Rivers	Three Rivers		52.73			95	0.28	52.73	percent of total billed charges	
MAGNESIUM SULFATE 8MEQ/2ML	J3475	HCPCS	both			55.5		0.79 UHC	Medicare		0.69				0.28	52.73	fee schedule	
MAGNESIUM SULFATE 8MEQ/2ML	J3475	HCPCS	both			55.5		0.79 UHC	Medicaid		17.51			31.55	0.28	52.73	percent of total billed charges	
MAGNESIUM SULFATE 8MEQ/2ML	J3475	HCPCS	both			55.5		0.79 Wellcare	Medicare		0.69				0.28	52.73	fee schedule	
MAGNESIUM SULFATE 8MEQ/2ML	J3475	HCPCS	both			55.5		0.79 Wellcare	Medicaid		17.51			31.55	0.28	52.73	percent of total billed charges	
MAGNESIUM SULFATE 8MEQ/2ML	J3475	HCPCS	both			55.5		0.79 WellPoint	WellPoint		17.86			32.18	0.28	52.73	percent of total billed charges	
POTASSIUM CHLORIDE 2MEQ/ML INJ	J3480	HCPCS	both			2.5		0.14 Aetna	Better Health		0.79			31.55	0.12	2.38	percent of total billed charges	
POTASSIUM CHLORIDE 2MEQ/ML INJ	J3480	HCPCS	both			2.5		0.14 Aetna	Medicare		0.12				0.12	2.38	fee schedule	
POTASSIUM CHLORIDE 2MEQ/ML INJ	J3480	HCPCS	both			2.5		0.14 Aetna	Commercial		0.95			38	0.12	2.38	percent of total billed charges	
POTASSIUM CHLORIDE 2MEQ/ML INJ	J3480	HCPCS	both			2.5		0.14 Americare	Americare		1.88			75	0.12	2.38	percent of total billed charges	
POTASSIUM CHLORIDE 2MEQ/ML INJ	J3480	HCPCS	both			2.5		0.14 Amerihealth	HMO/PPO		0.14				0.12	2.38	fee schedule	
POTASSIUM CHLORIDE 2MEQ/ML INJ	J3480	HCPCS	both			2.5		0.14 Amerihealth	Medicare		0.12				0.12	2.38	fee schedule	
POTASSIUM CHLORIDE 2MEQ/ML INJ	J3480	HCPCS	both			2.5		0.14 Consumer	Consumer		2.38			95	0.12	2.38	percent of total billed charges	
POTASSIUM CHLORIDE 2MEQ/ML INJ	J3480	HCPCS	both			2.5		0.14 Corrections	Corrections		2			80	0.12	2.38	percent of total billed charges	
POTASSIUM CHLORIDE 2MEQ/ML INJ	J3480	HCPCS	both			2.5		0.14 First Health	First Health		1.75			70	0.12	2.38	percent of total billed charges	
POTASSIUM CHLORIDE 2MEQ/ML INJ	J3480	HCPCS	both			2.5		0.14 First Trenton	First Trenton		2.25			90	0.12	2.38	percent of total billed charges	
POTASSIUM CHLORIDE 2MEQ/ML INJ	J3480	HCPCS	both			2.5		0.14 Horizon	Medicare Blue		0.75			30	0.12	2.38	percent of total billed charges	
POTASSIUM CHLORIDE 2MEQ/ML INJ	J3480	HCPCS	both			2.5		0.14 Horizon	Indemnity		0.96			38.28	0.12	2.38	percent of total billed charges	
POTASSIUM CHLORIDE 2MEQ/ML INJ	J3480	HCPCS	both			2.5		0.14 Horizon	MGD		0.96			38.28	0.12	2.38	percent of total billed charges	
POTASSIUM CHLORIDE 2MEQ/ML INJ	J3480	HCPCS	both			2.5		0.14 Horizon	PPO		0.96			38.28	0.12	2.38	percent of total billed charges	
POTASSIUM CHLORIDE 2MEQ/ML INJ	J3480	HCPCS	both			2.5		0.14 Managed Care Inc	Managed Care Inc		2.25			90	0.12	2.38	percent of total billed charges	
POTASSIUM CHLORIDE 2MEQ/ML INJ	J3480	HCPCS	both			2.5		0.14 Multiplan	Multiplan		2			80	0.12	2.38	percent of total billed charges	
POTASSIUM CHLORIDE 2MEQ/ML INJ	J3480	HCPCS	both			2.5		0.14 Qualcare	Qualcare		1.88			75	0.12	2.38	percent of total billed charges	
POTASSIUM CHLORIDE 2MEQ/ML INJ	J3480	HCPCS	both			2.5		0.14 Three Rivers	Three Rivers		2.38			95	0.12	2.38	percent of total billed charges	
POTASSIUM CHLORIDE 2MEQ/ML INJ	J3480	HCPCS	both			2.5		0.14 UHC	Medicaid		0.79			31.55	0.12	2.38	percent of total billed charges	
POTASSIUM CHLORIDE 2MEQ/ML INJ	J3480	HCPCS	both			2.5		0.14 UHC	Medicare		0.12				0.12	2.38	fee schedule	
POTASSIUM CHLORIDE 2MEQ/ML INJ	J3480	HCPCS	both			2.5		0.14 Wellcare	Medicare		0.12				0.12	2.38	fee schedule	
POTASSIUM CHLORIDE 2MEQ/ML INJ	J3480	HCPCS	both			2.5		0.14 Wellcare	Medicaid		0.79			31.55	0.12	2.38	percent of total billed charges	
POTASSIUM CHLORIDE 2MEQ/ML INJ	J3480	HCPCS	both			2.5		0.14 WellPoint	WellPoint		0.8			32.18	0.12	2.38	percent of total billed charges	
ZIDOVUDINE 10MG/1ML INJ	J3485	HCPCS	inpatient			5.5		1.74 Aetna	Commercial		2.09			38	1.51	5.23	percent of total billed charges	
ZIDOVUDINE 10MG/1ML INJ	J3485	HCPCS	inpatient			5.5		1.74 Aetna	Better Health		1.74			31.55	1.51	5.23	percent of total billed charges	
ZIDOVUDINE 10MG/1ML INJ	J3485	HCPCS	inpatient			5.5		1.74 Aetna	Medicare		1.51				1.51	5.23	fee schedule	
ZIDOVUDINE 10MG/1ML INJ	J3485	HCPCS	inpatient			5.5		1.74 Americare	Americare		4.13			75	1.51	5.23	percent of total billed charges	
ZIDOVUDINE 10MG/1ML INJ	J3485	HCPCS	inpatient			5.5		1.74 Amerihealth	HMO/PPO		1.63				1.51	5.23	fee schedule	
ZIDOVUDINE 10MG/1ML INJ	J3485	HCPCS	inpatient			5.5		1.74 Amerihealth	Medicare		1.51				1.51	5.23	fee schedule	
ZIDOVUDINE 10MG/1ML INJ	J3485	HCPCS	inpatient			5.5		1.74 Consumer	Consumer		5.23			95	1.51	5.23	percent of total billed charges	
ZIDOVUDINE 10MG/1ML INJ	J3485	HCPCS	inpatient			5.5		1.74 Corrections	Corrections		4.4			80	1.51	5.23	percent of total billed charges	
ZIDOVUDINE 10MG/1ML INJ	J3485	HCPCS	inpatient			5.5		1.74 First Health	First Health		3.85			70	1.51	5.23	percent of total billed charges	
ZIDOVUDINE 10MG/1ML INJ	J3485	HCPCS	inpatient			5.5		1.74 First Trenton	First Trenton		4.95			90	1.51	5.23	percent of total billed charges	
ZIDOVUDINE 10MG/1ML INJ	J3485	HCPCS	inpatient			5.5		1.74 Horizon	Indemnity		2.11			38.28	1.51	5.23	percent of total billed charges	
ZIDOVUDINE 10MG/1ML INJ	J3485	HCPCS	inpatient			5.5		1.74 Horizon	Medicare Blue		1.65			30	1.51	5.23	percent of total billed charges	
ZIDOVUDINE 10MG/1ML INJ	J3485	HCPCS	inpatient			5.5		1.74 Horizon	MGD		2.11			38.28	1.51	5.23	percent of total billed charges	
ZIDOVUDINE 10MG/1ML INJ	J3485	HCPCS	inpatient			5.5		1.74 Horizon	PPO		2.11			38.28	1.51	5.23	percent of total billed charges	
ZIDOVUDINE 10MG/1ML INJ	J3485	HCPCS	inpatient			5.5		1.74 Managed Care Inc	Managed Care Inc		4.95			90	1.51	5.23	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ZIDOVUDINE 10MG/1ML INJ	J3485	HCPCS	inpatient			5.5		1.74 Multiplan	Multiplan		4.4				80	1.51	5.23	percent of total billed charges	
ZIDOVUDINE 10MG/1ML INJ	J3485	HCPCS	inpatient			5.5		1.74 Qualcare	Qualcare		4.13				75	1.51	5.23	percent of total billed charges	
ZIDOVUDINE 10MG/1ML INJ	J3485	HCPCS	inpatient			5.5		1.74 Three Rivers	Three Rivers		5.23				95	1.51	5.23	percent of total billed charges	
ZIDOVUDINE 10MG/1ML INJ	J3485	HCPCS	inpatient			5.5		1.74 UHC	Medicare		1.51					1.51	5.23	fee schedule	
ZIDOVUDINE 10MG/1ML INJ	J3485	HCPCS	inpatient			5.5		1.74 UHC	Medicaid		1.74				31.55	1.51	5.23	percent of total billed charges	
ZIDOVUDINE 10MG/1ML INJ	J3485	HCPCS	inpatient			5.5		1.74 Wellcare	Medicare		1.51					1.51	5.23	fee schedule	
ZIDOVUDINE 10MG/1ML INJ	J3485	HCPCS	inpatient			5.5		1.74 Wellcare	Medicaid		1.74				31.55	1.51	5.23	percent of total billed charges	
ZIDOVUDINE 10MG/1ML INJ	J3485	HCPCS	inpatient			5.5		1.74 WellPoint	WellPoint		1.77				32.18	1.51	5.23	percent of total billed charges	
ZIPRASIDONE 20MG/ML INJ	J3486	HCPCS	both			304.5		11.22 Aetna	Medicare		9.76					9.76	289.28	fee schedule	
ZIPRASIDONE 20MG/ML INJ	J3486	HCPCS	both			304.5		11.22 Aetna	Better Health		96.07				31.55	9.76	289.28	percent of total billed charges	
ZIPRASIDONE 20MG/ML INJ	J3486	HCPCS	both			304.5		11.22 Aetna	Commercial		115.71				38	9.76	289.28	percent of total billed charges	
ZIPRASIDONE 20MG/ML INJ	J3486	HCPCS	both			304.5		11.22 Americare	Americare		228.38				75	9.76	289.28	percent of total billed charges	
ZIPRASIDONE 20MG/ML INJ	J3486	HCPCS	both			304.5		11.22 Amerihealth	HMO/PPO		20.48					9.76	289.28	fee schedule	
ZIPRASIDONE 20MG/ML INJ	J3486	HCPCS	both			304.5		11.22 Amerihealth	Medicare		9.76					9.76	289.28	fee schedule	
ZIPRASIDONE 20MG/ML INJ	J3486	HCPCS	both			304.5		11.22 Consumer	Consumer		289.28				95	9.76	289.28	percent of total billed charges	
ZIPRASIDONE 20MG/ML INJ	J3486	HCPCS	both			304.5		11.22 Corrections	Corrections		243.6				80	9.76	289.28	percent of total billed charges	
ZIPRASIDONE 20MG/ML INJ	J3486	HCPCS	both			304.5		11.22 First Health	First Health		213.15				70	9.76	289.28	percent of total billed charges	
ZIPRASIDONE 20MG/ML INJ	J3486	HCPCS	both			304.5		11.22 First Trenton	First Trenton		274.05				90	9.76	289.28	percent of total billed charges	
ZIPRASIDONE 20MG/ML INJ	J3486	HCPCS	both			304.5		11.22 Horizon	MGD		116.56				38.28	9.76	289.28	percent of total billed charges	
ZIPRASIDONE 20MG/ML INJ	J3486	HCPCS	both			304.5		11.22 Horizon	Indemnity		116.56				38.28	9.76	289.28	percent of total billed charges	
ZIPRASIDONE 20MG/ML INJ	J3486	HCPCS	both			304.5		11.22 Horizon	PPO		116.56				38.28	9.76	289.28	percent of total billed charges	
ZIPRASIDONE 20MG/ML INJ	J3486	HCPCS	both			304.5		11.22 Horizon	Medicare Blue		91.35				30	9.76	289.28	percent of total billed charges	
ZIPRASIDONE 20MG/ML INJ	J3486	HCPCS	both			304.5		11.22 Managed Care Inc	Managed Care Inc		274.05				90	9.76	289.28	percent of total billed charges	
ZIPRASIDONE 20MG/ML INJ	J3486	HCPCS	both			304.5		11.22 Multiplan	Multiplan		243.6				80	9.76	289.28	percent of total billed charges	
ZIPRASIDONE 20MG/ML INJ	J3486	HCPCS	both			304.5		11.22 Qualcare	Qualcare		228.38				75	9.76	289.28	percent of total billed charges	
ZIPRASIDONE 20MG/ML INJ	J3486	HCPCS	both			304.5		11.22 Three Rivers	Three Rivers		289.28				95	9.76	289.28	percent of total billed charges	
ZIPRASIDONE 20MG/ML INJ	J3486	HCPCS	both			304.5		11.22 UHC	Medicare		9.76					9.76	289.28	fee schedule	
ZIPRASIDONE 20MG/ML INJ	J3486	HCPCS	both			304.5		11.22 UHC	Medicaid		96.07				31.55	9.76	289.28	percent of total billed charges	
ZIPRASIDONE 20MG/ML INJ	J3486	HCPCS	both			304.5		11.22 Wellcare	Medicare		9.76					9.76	289.28	fee schedule	
ZIPRASIDONE 20MG/ML INJ	J3486	HCPCS	both			304.5		11.22 Wellcare	Medicaid		96.07				31.55	9.76	289.28	percent of total billed charges	
ZIPRASIDONE 20MG/ML INJ	J3486	HCPCS	both			304.5		11.22 WellPoint	WellPoint		97.99				32.18	9.76	289.28	percent of total billed charges	
ZOLENDRONIC ACID 1MG (CHEMO)	J3489	HCPCS	both			1229.5		8.29 Aetna	Better Health		387.91				31.55	7.21	1168.03	percent of total billed charges	
ZOLENDRONIC ACID 1MG (CHEMO)	J3489	HCPCS	both			1229.5		8.29 Aetna	Medicare		7.21					7.21	1168.03	fee schedule	
ZOLENDRONIC ACID 1MG (CHEMO)	J3489	HCPCS	both			1229.5		8.29 Aetna	Commercial		467.21				38	7.21	1168.03	percent of total billed charges	
ZOLENDRONIC ACID 1MG (CHEMO)	J3489	HCPCS	both			1229.5		8.29 Americare	Americare		922.13				75	7.21	1168.03	percent of total billed charges	
ZOLENDRONIC ACID 1MG (CHEMO)	J3489	HCPCS	both			1229.5		8.29 Amerihealth	HMO/PPO		17					7.21	1168.03	fee schedule	
ZOLENDRONIC ACID 1MG (CHEMO)	J3489	HCPCS	both			1229.5		8.29 Amerihealth	Medicare		7.21					7.21	1168.03	fee schedule	
ZOLENDRONIC ACID 1MG (CHEMO)	J3489	HCPCS	both			1229.5		8.29 Consumer	Consumer		1168.03				95	7.21	1168.03	percent of total billed charges	
ZOLENDRONIC ACID 1MG (CHEMO)	J3489	HCPCS	both			1229.5		8.29 Corrections	Corrections		983.6				80	7.21	1168.03	percent of total billed charges	
ZOLENDRONIC ACID 1MG (CHEMO)	J3489	HCPCS	both			1229.5		8.29 First Health	First Health		860.65				70	7.21	1168.03	percent of total billed charges	
ZOLENDRONIC ACID 1MG (CHEMO)	J3489	HCPCS	both			1229.5		8.29 First Trenton	First Trenton		1106.55				90	7.21	1168.03	percent of total billed charges	
ZOLENDRONIC ACID 1MG (CHEMO)	J3489	HCPCS	both			1229.5		8.29 Horizon	Indemnity		470.65				38.28	7.21	1168.03	percent of total billed charges	
ZOLENDRONIC ACID 1MG (CHEMO)	J3489	HCPCS	both			1229.5		8.29 Horizon	MGD		470.65				38.28	7.21	1168.03	percent of total billed charges	
ZOLENDRONIC ACID 1MG (CHEMO)	J3489	HCPCS	both			1229.5		8.29 Horizon	PPO		470.65				38.28	7.21	1168.03	percent of total billed charges	
ZOLENDRONIC ACID 1MG (CHEMO)	J3489	HCPCS	both			1229.5		8.29 Horizon	Medicare Blue		368.85				30	7.21	1168.03	percent of total billed charges	
ZOLENDRONIC ACID 1MG (CHEMO)	J3489	HCPCS	both			1229.5		8.29 Managed Care Inc	Managed Care Inc		1106.55				90	7.21	1168.03	percent of total billed charges	
ZOLENDRONIC ACID 1MG (CHEMO)	J3489	HCPCS	both			1229.5		8.29 Multiplan	Multiplan		983.6				80	7.21	1168.03	percent of total billed charges	
ZOLENDRONIC ACID 1MG (CHEMO)	J3489	HCPCS	both			1229.5		8.29 Qualcare	Qualcare		922.13				75	7.21	1168.03	percent of total billed charges	
ZOLENDRONIC ACID 1MG (CHEMO)	J3489	HCPCS	both			1229.5		8.29 Three Rivers	Three Rivers		1168.03				95	7.21	1168.03	percent of total billed charges	
ZOLENDRONIC ACID 1MG (CHEMO)	J3489	HCPCS	both			1229.5		8.29 UHC	Medicaid		387.91				31.55	7.21	1168.03	percent of total billed charges	
ZOLENDRONIC ACID 1MG (CHEMO)	J3489	HCPCS	both			1229.5		8.29 UHC	Medicare		7.21					7.21	1168.03	fee schedule	
ZOLENDRONIC ACID 1MG (CHEMO)	J3489	HCPCS	both			1229.5		8.29 Wellcare	Medicare		7.21					7.21	1168.03	fee schedule	
ZOLENDRONIC ACID 1MG (CHEMO)	J3489	HCPCS	both			1229.5		8.29 Wellcare	Medicaid		387.91				31.55	7.21	1168.03	percent of total billed charges	
ZOLENDRONIC ACID 1MG (CHEMO)	J3489	HCPCS	both			1229.5		8.29 WellPoint	WellPoint		395.65				32.18	7.21	1168.03	percent of total billed charges	
VECURONIUMO BROMIDE 1MG	J3490	HCPCS	both			2377.5		Aetna	Commercial		903.45				38	0.09	2258.63	percent of total billed charges	
VECURONIUMO BROMIDE 1MG	J3490	HCPCS	both			2377.5		Aetna	Better Health		750.1				31.55	0.09	2258.63	percent of total billed charges	
VECURONIUMO BROMIDE 1MG	J3490	HCPCS	both			2377.5		Aetna	Medicare		732.27				30.8	0.09	2258.63	percent of total billed charges	
VECURONIUMO BROMIDE 1MG	J3490	HCPCS	both			2377.5		Americare	Americare		1783.13				75	0.09	2258.63	percent of total billed charges	
VECURONIUMO BROMIDE 1MG	J3490	HCPCS	both			2377.5		Amerihealth	HMO/PPO		1545.38				65	0.09	2258.63	percent of total billed charges	
VECURONIUMO BROMIDE 1MG	J3490	HCPCS	both			2377.5		Consumer	Consumer		2258.63				95	0.09	2258.63	percent of total billed charges	
VECURONIUMO BROMIDE 1MG	J3490	HCPCS	both			2377.5		Corrections	Corrections		1902				80	0.09	2258.63	percent of total billed charges	
VECURONIUMO BROMIDE 1MG	J3490	HCPCS	both			2377.5		First Health	First Health		1664.25				70	0.09	2258.63	percent of total billed charges	
VECURONIUMO BROMIDE 1MG	J3490	HCPCS	both			2377.5		First Trenton	First Trenton		2139.75				90	0.09	2258.63	percent of total billed charges	
VECURONIUMO BROMIDE 1MG	J3490	HCPCS	both			2377.5		Horizon	MGD		910.11				38.28	0.09	2258.63	percent of total billed charges	
VECURONIUMO BROMIDE 1MG	J3490	HCPCS	both			2377.5		Horizon	Indemnity		910.11				38.28	0.09	2258.63	percent of total billed charges	
VECURONIUMO BROMIDE 1MG	J3490	HCPCS	both			2377.5		Horizon	Medicare Blue		713.25				30	0.09	2258.63	percent of total billed charges	
VECURONIUMO BROMIDE 1MG	J3490	HCPCS	both			2377.5		Horizon	PPO		910.11				38.28	0.09	2258.63	percent of total billed charges	
VECURONIUMO BROMIDE 1MG	J3490	HCPCS	both			2377.5		Managed Care Inc	Managed Care Inc		2139.75				90	0.09	2258.63	percent of total billed charges	
VECURONIUMO BROMIDE 1MG	J3490	HCPCS	both			2377.5		Multiplan	Multiplan		1902				80	0.09	2258.63	percent of total billed charges	
VECURONIUMO BROMIDE 1MG	J3490	HCPCS	both			2377.5		Qualcare	Qualcare		1783.13				75	0.09	2258.63	percent of total billed charges	
VECURONIUMO BROMIDE 1MG	J3490	HCPCS	both			2377.5		Three Rivers	Three Rivers		2258.63				95	0.09	2258.63	percent of total billed charges	
VECURONIUMO BROMIDE 1MG	J3490	HCPCS	both			2377.5		UHC	Medicaid		750.1				31.55	0.09	2258.63	percent of total billed charges	
VECURONIUMO BROMIDE 1MG	J3490	HCPCS	both			2377.5		Wellcare	Medicaid		750.1				31.55	0.09	2258.63	percent of total billed charges	
VECURONIUMO BROMIDE 1MG	J3490	HCPCS	both			2377.5		WellPoint	WellPoint		765.08				32.18	0.09	2258.63	percent of total billed charges	
EDROPHONIUM 150MG MDV	J3520	HCPCS	outpatient			51.5		Aetna	Better Health		16.25				31.55	1.2	48.93	percent of total billed charges	
EDROPHONIUM 150MG MDV	J3520	HCPCS	outpatient			51.5		Aetna	Commercial		19.57				38	1.2	48.93	percent of total billed charges	
EDROPHONIUM 150MG MDV	J3520	HCPCS	outpatient			51.5		Aetna	Medicare		15.86				30.8	1.2	48.93	percent of total billed charges	
EDROPHONIUM 150MG MDV	J3520	HCPCS	outpatient			51.5		Americare	Americare		38.63				75	1.2	48.93	percent of total billed charges	
EDROPHONIUM 150MG MDV	J3520	HCPCS	outpatient			51.5		Amerihealth	HMO/PPO		1.27					1.2	48.93	fee schedule	
EDROPHONIUM 150MG MDV	J3520	HCPCS	outpatient			51.5		Consumer	Consumer		48.93				95	1.2	48.93	percent of total billed charges	
EDROPHONIUM 150MG MDV	J3520	HCPCS	outpatient			51.5		Corrections	Corrections		41.2				80	1.2	48.93	percent of total billed charges	
EDROPHONIUM 150MG MDV	J3520	HCPCS	outpatient			51.5		First Health	First Health		36.05				70	1.2	48.93	percent of total billed charges	
EDROPHONIUM 150MG MDV	J3520	HCPCS	outpatient			51.5		First Trenton	First Trenton		46.35				90	1.2	48.93	percent of total billed charges	
EDROPHONIUM 150MG MDV	J3520	HCPCS	outpatient			51.5		Horizon	Indemnity		19.71				38.28	1.2	48.93	percent of total billed charges	
EDROPHONIUM 150MG MDV	J3520	HCPCS	outpatient			51.5		Horizon	MGD		19.71				38.28	1.2	48.93	percent of total billed charges	
EDROPHONIUM 150MG MDV	J3520	HCPCS	outpatient			51.5		Horizon	Medicare Blue		15.45				30	1.2	48.93	percent of total billed charges	
EDROPHONIUM 150MG MDV	J3520	HCPCS	outpatient			51.5		Horizon	PPO		19.71				38.28	1.2	48.93	percent of total billed charges	
EDROPHONIUM 150MG MDV	J3520	HCPCS	outpatient			51.5		Managed Care Inc	Managed Care Inc		46.35				90	1.2	48.93	percent of total billed charges	
EDROPHONIUM 150MG MDV	J3520	HCPCS	outpatient			51.5		Multiplan	Multiplan		41.2				80	1.2	48.93	percent of total billed charges	
EDROPHONIUM 150MG MDV	J3520	HCPCS	outpatient			51.5		Qualcare	Qualcare		38.63				75	1.2	48.93	percent of total billed charges	
EDROPHONIUM 150MG MDV	J3520	HCPCS	outpatient			51.5		Three Rivers	Three Rivers		48.93				95	1.2	48.93	percent of total billed charges	
EDROPHONIUM 150MG MDV	J3520	HCPCS	outpatient			51.5		UHC	Medicaid		16.25				31.55	1.2	48.93	percent of total billed charges	
EDROPHONIUM 150MG MDV	J3520	HCPCS	outpatient			51.5		Wellcare	Medicaid		16.25				31.55	1.2	48.93	percent of total billed charges	
EDROPHONIUM 150MG MDV	J3520	HCPCS	outpatient			51.5		WellPoint	WellPoint		16.57				32.18	1.2	48.93	percent of total billed charges	
IPRATORIUM BROMIDE 17MCG AER	J3535	HCPCS	both			459		Aetna	Better Health		144.81				31.55	137.7	436.05	percent of total billed charges	
IPRATORIUM BROMIDE 17MCG AER	J3535	HCPCS	both			459		Aetna	Medicare		141.37				30.8	137.7	436.05	percent of total billed charges	
IPRATORIUM BROMIDE 17MCG AER	J3535	HCPCS	both			459		Aetna	Commercial		174.42				38	137.7	436.05	percent of total billed charges	
IPRATORIUM BROMIDE 17MCG AER	J3535	HCPCS	both			459		Americare	Americare		344.25				75	137.7	436.05	percent of total billed charges	
IPRATORIUM BROMIDE 17MCG AER	J3535	HCPCS	both			459		Amerihealth	HMO/PPO		298.35				65	137.7	436.05	percent of total billed charges	
IPRATORIUM BROMIDE 17MCG AER	J3535	HCPCS	both			459		Consumer	Consumer		436.05				95	137.7	436.05	percent of total billed charges	
IPRATORIUM BROMIDE 17MCG AER	J3535	HCPCS	both			459		Corrections	Corrections		367.2				80	137.7	436.05	percent of total billed charges	
IPRATORIUM BROMIDE 17MCG AER	J3535	HCPCS	both			459		First Health	First Health		321.3				70	137.7	436.05	percent of total billed charges	
IPRATORIUM BROMIDE 17MCG AER	J3535	HCPCS	both			459		First Trenton	First Trenton		413.1				90	137.7	436.05	percent of total billed charges	
IPRATORIUM BROMIDE 17MCG AER	J3535	HCPCS	both			459		Horizon	MGD		175.71				38.28	137.7	436.05	percent of total billed charges	
IPRATORIUM BROMIDE 17MCG AER	J3535	HCPCS	both			459		Horizon	Medicare Blue		137.7				30	137.7	436.05	percent of total billed charges	
IPRATORIUM BROMIDE 17MCG AER	J3535	HCPCS	both			459		Horizon	PPO		175.71				38.28	137.7	436.05	percent of total billed charges	
IPRATORIUM BROMIDE 17MCG AER	J3535	HCPCS	both			459		Horizon	Indemnity		175.71				38.28	137.7	436.05	percent of total billed charges	
IPRATORIUM BROMIDE 17MCG AER	J3535	HCPCS	both			459		Managed Care Inc	Managed Care Inc		413.1				90	137.7	436.05	percent of total billed charges	
IPRATORIUM BROMIDE 17MCG AER	J3535	HCPCS	both			459		Multiplan	Multiplan		367.2				80	137.7	436.05	percent of total billed charges	
IPRATORIUM BROMIDE 17MCG AER	J3535	HCPCS	both			459		Qualcare	Qualcare		344.25				75	137.7	436.05	percent of total billed charges	
IPRATORIUM BROMIDE 17MCG AER	J3535	HCPCS	both			459		Three Rivers	Three Rivers		436.05				95	137.7	436.05	percent of total billed charges	
IPRATORIUM BROMIDE 17MCG AER	J3535	HCPCS	both			459		UHC	Medicaid		144.81				31.55	137.7	436.05	percent of total billed charges	
IPRATORIUM BROMIDE 17MCG AER	J3535	HCPCS	both			459		Wellcare	Medicaid		144.81				31.55	137.7	436.05	percent of total billed charges	
IPRATORIUM BROMIDE 17MCG AER	J3535	HCPCS	both			459		WellPoint	WellPoint		147.71				32.18	137.7	436.05	percent of total billed charges	
IDARUCIZUMAB(PRAXBIND) 2.5GM INJ	J3590	HCPCS	outpatient			3377		Aetna	Commercial		1283.26				38	1013.1	3208.15	percent of total billed charges	
IDARUCIZUMAB(PRAXBIND) 2.5GM INJ	J3590	HCPCS	outpatient			3377		Aetna	Better Health		1065.44				31.55	1013.1	3208.15	percent of total billed charges	
IDARUCIZUMAB(PRAXBIND) 2.5GM INJ	J3590	HCPCS	outpatient			3377		Aetna	Medicare		1040.12				30.8	1013.1	3208.15	percent of total billed charges	
IDARUCIZUMAB(PRAXBIND) 2.5GM INJ	J3590	HCPCS	outpatient			3377		Americare	Americare		2532.75				75	1013.1	3208.15	percent of total billed charges	
IDARUCIZUMAB(PRAXBIND) 2.5GM INJ	J3590	HCPCS	outpatient			3377		Amerihealth	HMO/PPO		2195.05				65	1013.1	3208.15	percent of total billed charges	
IDARUCIZUMAB(PRAXBIND) 2.5GM INJ	J3590	HCPCS	outpatient			3377		Consumer	Consumer		3208.15				95	1013.1	3208.15	percent of total billed charges	
IDARUCIZUMAB(PRAXBIND) 2.5GM INJ	J3590	HCPCS	outpatient			3377		Corrections	Corrections		2701.6				80	1013.1	3208.15	percent of total billed charges	
IDARUCIZUMAB(PRAXBIND) 2.5GM INJ	J3590	HCPCS	outpatient			3377		First Health	First Health		2363.9				70	1013.1	3208.15	percent of total billed charges	
IDARUCIZUMAB(PRAXBIND) 2.5GM INJ	J3590	HCPCS	outpatient			3377		First Trenton	First Trenton		3039.3				90	1013.1	3208.15	percent of total billed charges	
IDARUCIZUMAB(PRAXBIND) 2.5GM INJ	J3590	HCPCS	outpatient			3377		Horizon	MGD		1292.72				38.28	1013.1	3208.15	percent of total billed charges	
IDARUCIZUMAB(PRAXBIND) 2.5GM INJ	J3590	HCPCS	outpatient			3377		Horizon	Indemnity		1292.72				38.28	1013.1	3208.15	percent of total billed charges	
IDARUCIZUMAB(PRAXBIND) 2.5GM INJ	J3590	HCPCS	outpatient			3377		Horizon	PPO		1292.72				38.28	1013.1	3208.15	percent of total billed charges	
IDARUCIZUMAB(PRAXBIND) 2.5GM INJ	J3590	HCPCS	outpatient			3377		Horizon	Medicare Blue		1013.1				30	1013.1	3208.15	percent of total billed charges	
IDARUCIZUMAB(PRAXBIND) 2.5GM INJ	J3590	HCPCS	outpatient			3377		Managed Care Inc	Managed Care Inc		3039.3				90	1013.1	3208.15	percent of total billed charges	
IDARUCIZUMAB(PRAXBIND) 2.5GM INJ	J3590	HCPCS	outpatient			3377		Multiplan	Multiplan		2701.6				80	1013.1	3208.15	percent of total billed charges	
IDARUCIZUMAB(PRAXBIND) 2.5GM INJ	J3590	HCPCS	outpatient			3377		Qualcare	Qualcare		2532.75				75	1013.1	3208.15	percent of total billed charges	
IDARUCIZUMAB(PRAXBIND) 2.5GM INJ	J3590	HCPCS	outpatient			3377		Three Rivers	Three Rivers		3208.15				95	1013.1	3208.15	percent of total billed charges	
IDARUCIZUMAB(PRAXBIND) 2.5GM INJ	J3590	HCPCS	outpatient			3377		UHC	Medicaid		1065.44				31.55	1013.1	3208.15	percent of total billed charges	
IDARUCIZUMAB(PRAXBIND) 2.5GM INJ	J3590	HCPCS	outpatient			3377		Wellcare	Medicaid		1065.44				31.55	1013.1	3208.15	percent of total billed charges	
IDARUCIZUMAB(PRAXBIND) 2.5GM INJ	J3590	HCPCS	outpatient			3377		WellPoint	WellPoint		1086.72				32.18	1013.1	3208.15	percent of total billed charges	
NORMAL SALINE 0.9% UP TO 1,000 CC	J7030	HCPCS	outpatient					3.09 Aetna	Medicare		2.69					2.04	2.69	fee schedule	
NORMAL SALINE 0.9% UP TO 1,000 CC	J7030	HCPCS	outpatient					3.09 Amerihealth	Medicare		2.69					2.04	2.69	fee schedule	
NORMAL SALINE 0.9% UP TO 1,000 CC	J7030	HCPCS	outpatient					3.09 Amerihealth	HMO/PPO		2.04					2.04	2.69	fee schedule	
NORMAL SALINE 0.9% UP TO 1,000 CC	J7030	HCPCS	outpatient					3.09 UHC	Medicare		2.69					2.04	2.69	fee schedule	
NORMAL SALINE 0.9% UP TO 1,000 CC	J7030	HCPCS	outpatient					3.09 Wellcare	Medicare		2.69					2.04	2.69	fee schedule	
NORMAL SALINE 0.9% UP TO 500 CC	J7040	HCPCS	outpatient					1.55 Aetna	Medicare		1.35					1.02	1.35	fee schedule	
NORMAL SALINE 0.9% UP TO 500 CC	J7040	HCPCS	outpatient					1.55 Amerihealth	HMO/PPO		1.02					1.02	1.35	fee schedule	
NORMAL SALINE 0.9% UP TO 500 CC	J7040	HCPCS	outpatient					1.55 Amerihealth	Medicare		1.35					1.02	1.35	fee schedule	
NORMAL SALINE 0.9% UP TO 500 CC	J7040	HCPCS	outpatient					1.55 UHC	Medicare		1.35					1.02	1.35	fee schedule	
NORMAL SALINE 0.9% UP TO 500 CC	J7040	HCPCS	outpatient					1.55 Wellcare	Medicare		1.35					1.02	1.35	fee schedule	
NORMAL SALINE 0.9% UP TO 250 CC	J7050	HCPCS	outpatient					0.77 Aetna	Medicare		0.67					0.51	0.67	fee schedule	
NORMAL SALINE 0.9% UP TO 250 CC	J7050	HCPCS	outpatient					0.77 Amerihealth	HMO/PPO		0.51					0.51	0.67	fee schedule	
NORMAL SALINE 0.9% UP TO 250 CC	J7050	HCPCS	outpatient					0.77 Amerihealth	Medicare		0.67					0.51	0.67	fee schedule	
NORMAL SALINE 0.9% UP TO 250 CC	J7050	HCPCS	outpatient					0.77 UHC	Medicare		0.67					0.51	0.67	fee schedule	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.															
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true														
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
NORMAL SALINE 0.9% UP TO 250 CC	J7050	HCPCS	outpatient				0.77	Wellcare	Medicare		0.67				0.51		0.67 fee schedule	
DEXTRAN 40 10% D5W 500ML	J7100	HCPCS	outpatient			155.5		Aetna	Better Health		49.06	31.55			24.79		147.73 percent of total billed charges	
DEXTRAN 40 10% D5W 500ML	J7100	HCPCS	outpatient			155.5		Aetna	Medicare		47.89	30.8			24.79		147.73 percent of total billed charges	
DEXTRAN 40 10% D5W 500ML	J7100	HCPCS	outpatient			155.5		Aetna	Commercial		59.09	38			24.79		147.73 percent of total billed charges	
DEXTRAN 40 10% D5W 500ML	J7100	HCPCS	outpatient			155.5		Americare	Americare		116.63	75			24.79		147.73 percent of total billed charges	
DEXTRAN 40 10% D5W 500ML	J7100	HCPCS	outpatient			155.5		Amerihealth	HMO/PPO		24.79				24.79		147.73 fee schedule	
DEXTRAN 40 10% D5W 500ML	J7100	HCPCS	outpatient			155.5		Consumer	Consumer		147.73	95			24.79		147.73 percent of total billed charges	
DEXTRAN 40 10% D5W 500ML	J7100	HCPCS	outpatient			155.5		Corrections	Corrections		124.4	80			24.79		147.73 percent of total billed charges	
DEXTRAN 40 10% D5W 500ML	J7100	HCPCS	outpatient			155.5		First Health	First Health		108.85	70			24.79		147.73 percent of total billed charges	
DEXTRAN 40 10% D5W 500ML	J7100	HCPCS	outpatient			155.5		First Trenton	First Trenton		139.95	90			24.79		147.73 percent of total billed charges	
DEXTRAN 40 10% D5W 500ML	J7100	HCPCS	outpatient			155.5		Horizon	Medicare Blue		46.65	30			24.79		147.73 percent of total billed charges	
DEXTRAN 40 10% D5W 500ML	J7100	HCPCS	outpatient			155.5		Horizon	Indemnity		59.53	38.28			24.79		147.73 percent of total billed charges	
DEXTRAN 40 10% D5W 500ML	J7100	HCPCS	outpatient			155.5		Horizon	MGD		59.53	38.28			24.79		147.73 percent of total billed charges	
DEXTRAN 40 10% D5W 500ML	J7100	HCPCS	outpatient			155.5		Horizon	PPO		59.53	38.28			24.79		147.73 percent of total billed charges	
DEXTRAN 40 10% D5W 500ML	J7100	HCPCS	outpatient			155.5		Managed Care Inc	Managed Care Inc		139.95	90			24.79		147.73 percent of total billed charges	
DEXTRAN 40 10% D5W 500ML	J7100	HCPCS	outpatient			155.5		Multiplan	Multiplan		124.4	80			24.79		147.73 percent of total billed charges	
DEXTRAN 40 10% D5W 500ML	J7100	HCPCS	outpatient			155.5		Qualcare	Qualcare		116.63	75			24.79		147.73 percent of total billed charges	
DEXTRAN 40 10% D5W 500ML	J7100	HCPCS	outpatient			155.5		Three Rivers	Three Rivers		147.73	95			24.79		147.73 percent of total billed charges	
DEXTRAN 40 10% D5W 500ML	J7100	HCPCS	outpatient			155.5		UHC	Medicaid		49.06	31.55			24.79		147.73 percent of total billed charges	
DEXTRAN 40 10% D5W 500ML	J7100	HCPCS	outpatient			155.5		Wellcare	Medicaid		49.06	31.55			24.79		147.73 percent of total billed charges	
DEXTRAN 40 10% D5W 500ML	J7100	HCPCS	outpatient			155.5		WellPoint	WellPoint		50.04	32.18			24.79		147.73 percent of total billed charges	
HUMAN PROTHROMBIN(KCENTRA)1IU INJ	J7168	HCPCS	both			5	3.15	Aetna	Commercial		4.36				1.58		5.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HUMAN PROTHROMBIN(KCENTRA)1IU INJ	J7168	HCPCS	both			5	3.15	Aetna	Better Health		1.58	31.55			1.58		5.7 percent of total billed charges	
HUMAN PROTHROMBIN(KCENTRA)1IU INJ	J7168	HCPCS	both			5	3.15	Aetna	Medicare		2.74				1.58		5.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HUMAN PROTHROMBIN(KCENTRA)1IU INJ	J7168	HCPCS	both			5	3.15	Americare	Americare		3.75	75			1.58		5.7 percent of total billed charges	
HUMAN PROTHROMBIN(KCENTRA)1IU INJ	J7168	HCPCS	both			5	3.15	Amerihealth	Medicare		2.74				1.58		5.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HUMAN PROTHROMBIN(KCENTRA)1IU INJ	J7168	HCPCS	both			5	3.15	Amerihealth	HMO/PPO		3.25	65			1.58		5.7 percent of total billed charges	
HUMAN PROTHROMBIN(KCENTRA)1IU INJ	J7168	HCPCS	both			5	3.15	Consumer	Consumer		4.75	95			1.58		5.7 percent of total billed charges	
HUMAN PROTHROMBIN(KCENTRA)1IU INJ	J7168	HCPCS	both			5	3.15	Corrections	Corrections		4	80			1.58		5.7 percent of total billed charges	
HUMAN PROTHROMBIN(KCENTRA)1IU INJ	J7168	HCPCS	both			5	3.15	First Health	First Health		3.5	70			1.58		5.7 percent of total billed charges	
HUMAN PROTHROMBIN(KCENTRA)1IU INJ	J7168	HCPCS	both			5	3.15	First Trenton	First Trenton		4.5	90			1.58		5.7 percent of total billed charges	
HUMAN PROTHROMBIN(KCENTRA)1IU INJ	J7168	HCPCS	both			5	3.15	Horizon	Indemnity		5.1				1.58		5.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HUMAN PROTHROMBIN(KCENTRA)1IU INJ	J7168	HCPCS	both			5	3.15	Horizon	Medicare Blue		2.74				1.58		5.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HUMAN PROTHROMBIN(KCENTRA)1IU INJ	J7168	HCPCS	both			5	3.15	Horizon	PPO		5.1				1.58		5.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HUMAN PROTHROMBIN(KCENTRA)1IU INJ	J7168	HCPCS	both			5	3.15	Horizon	MGD		5.1				1.58		5.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HUMAN PROTHROMBIN(KCENTRA)1IU INJ	J7168	HCPCS	both			5	3.15	Managed Care Inc	Managed Care Inc		4.5	90			1.58		5.7 percent of total billed charges	
HUMAN PROTHROMBIN(KCENTRA)1IU INJ	J7168	HCPCS	both			5	3.15	Multiplan	Multiplan		4	80			1.58		5.7 percent of total billed charges	
HUMAN PROTHROMBIN(KCENTRA)1IU INJ	J7168	HCPCS	both			5	3.15	Qualcare	Qualcare		3.75	75			1.58		5.7 percent of total billed charges	
HUMAN PROTHROMBIN(KCENTRA)1IU INJ	J7168	HCPCS	both			5	3.15	Three Rivers	Three Rivers		4.75	95			1.58		5.7 percent of total billed charges	
HUMAN PROTHROMBIN(KCENTRA)1IU INJ	J7168	HCPCS	both			5	3.15	UHC	Medicaid		1.58	31.55			1.58		5.7 percent of total billed charges	
HUMAN PROTHROMBIN(KCENTRA)1IU INJ	J7168	HCPCS	both			5	3.15	UHC	Medicare		2.74				1.58		5.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HUMAN PROTHROMBIN(KCENTRA)1IU INJ	J7168	HCPCS	both			5	3.15	United	Commercial|PPO		5.7				1.58		5.7 fee schedule	
HUMAN PROTHROMBIN(KCENTRA)1IU INJ	J7168	HCPCS	both			5	3.15	United	Oxford		5.7				1.58		5.7 fee schedule	
HUMAN PROTHROMBIN(KCENTRA)1IU INJ	J7168	HCPCS	both			5	3.15	Wellcare	Medicaid		1.58	31.55			1.58		5.7 percent of total billed charges	
HUMAN PROTHROMBIN(KCENTRA)1IU INJ	J7168	HCPCS	both			5	3.15	Wellcare	Medicare		2.74				1.58		5.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HUMAN PROTHROMBIN(KCENTRA)1IU INJ	J7168	HCPCS	both			5	3.15	WellPoint	WellPoint		1.61	32.18			1.58		5.7 percent of total billed charges	
FACTOR XA INACTIVATED(ANDEXXA)10MG INJ	J7169	HCPCS	inpatient			1126.5	182.46	Aetna	Better Health		355.41	31.55			158.66		1070.18 percent of total billed charges	
FACTOR XA INACTIVATED(ANDEXXA)10MG INJ	J7169	HCPCS	inpatient			1126.5	182.46	Aetna	Commercial		252.59				158.66		1070.18 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FACTOR XA INACTIVATED(ANDEXXA)10MG INJ	J7169	HCPCS	inpatient			1126.5	182.46	Aetna	Medicare		158.66				158.66		1070.18 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FACTOR XA INACTIVATED(ANDEXXA)10MG INJ	J7169	HCPCS	inpatient			1126.5	182.46	Americare	Americare		844.88	75			158.66		1070.18 percent of total billed charges	
FACTOR XA INACTIVATED(ANDEXXA)10MG INJ	J7169	HCPCS	inpatient			1126.5	182.46	Amerihealth	Medicare		158.66				158.66		1070.18 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FACTOR XA INACTIVATED(ANDEXXA)10MG INJ	J7169	HCPCS	inpatient			1126.5	182.46	Amerihealth	HMO/PPO		732.23	65			158.66		1070.18 percent of total billed charges	
FACTOR XA INACTIVATED(ANDEXXA)10MG INJ	J7169	HCPCS	inpatient			1126.5	182.46	Consumer	Consumer		1070.18	95			158.66		1070.18 percent of total billed charges	
FACTOR XA INACTIVATED(ANDEXXA)10MG INJ	J7169	HCPCS	inpatient			1126.5	182.46	Corrections	Corrections		901.2	80			158.66		1070.18 percent of total billed charges	
FACTOR XA INACTIVATED(ANDEXXA)10MG INJ	J7169	HCPCS	inpatient			1126.5	182.46	First Health	First Health		788.55	70			158.66		1070.18 percent of total billed charges	
FACTOR XA INACTIVATED(ANDEXXA)10MG INJ	J7169	HCPCS	inpatient			1126.5	182.46	First Trenton	First Trenton		1013.85	90			158.66		1070.18 percent of total billed charges	
FACTOR XA INACTIVATED(ANDEXXA)10MG INJ	J7169	HCPCS	inpatient			1126.5	182.46	Horizon	Indemnity		295.27				158.66		1070.18 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FACTOR XA INACTIVATED(ANDEXXA)10MG INJ	J7169	HCPCS	inpatient			1126.5	182.46	Horizon	PPO		295.27				158.66		1070.18 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FACTOR XA INACTIVATED(ANDEXXA)10MG INJ	J7169	HCPCS	inpatient			1126.5	182.46	Horizon	MGD		295.27				158.66		1070.18 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FACTOR XA INACTIVATED(ANDEXXA)10MG INJ	J7169	HCPCS	inpatient			1126.5	182.46	Horizon	Medicare Blue		158.66				158.66		1070.18 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FACTOR XA INACTIVATED(ANDEXXA)10MG INJ	J7169	HCPCS	inpatient			1126.5	182.46	Managed Care Inc	Managed Care Inc		1013.85	90			158.66		1070.18 percent of total billed charges	
FACTOR XA INACTIVATED(ANDEXXA)10MG INJ	J7169	HCPCS	inpatient			1126.5	182.46	Multiplan	Multiplan		901.2	80			158.66		1070.18 percent of total billed charges	
FACTOR XA INACTIVATED(ANDEXXA)10MG INJ	J7169	HCPCS	inpatient			1126.5	182.46	Qualcare	Qualcare		844.88	75			158.66		1070.18 percent of total billed charges	
FACTOR XA INACTIVATED(ANDEXXA)10MG INJ	J7169	HCPCS	inpatient			1126.5	182.46	Three Rivers	Three Rivers		1070.18	95			158.66		1070.18 percent of total billed charges	
FACTOR XA INACTIVATED(ANDEXXA)10MG INJ	J7169	HCPCS	inpatient			1126.5	182.46	UHC	Medicare		158.66				158.66		1070.18 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FACTOR XA INACTIVATED(ANDEXXA)10MG INJ	J7169	HCPCS	inpatient			1126.5	182.46	UHC	Medicaid		355.41	31.55			158.66		1070.18 percent of total billed charges	
FACTOR XA INACTIVATED(ANDEXXA)10MG INJ	J7169	HCPCS	inpatient			1126.5	182.46	United	Commercial|PPO		330.9				158.66		1070.18 fee schedule	
FACTOR XA INACTIVATED(ANDEXXA)10MG INJ	J7169	HCPCS	inpatient			1126.5	182.46	United	Oxford		330.9				158.66		1070.18 fee schedule	
FACTOR XA INACTIVATED(ANDEXXA)10MG INJ	J7169	HCPCS	inpatient			1126.5	182.46	Wellcare	Medicaid		355.41	31.55			158.66		1070.18 percent of total billed charges	
FACTOR XA INACTIVATED(ANDEXXA)10MG INJ	J7169	HCPCS	inpatient			1126.5	182.46	Wellcare	Medicare		158.66				158.66		1070.18 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FACTOR XA INACTIVATED(ANDEXXA)10MG INJ	J7169	HCPCS	inpatient			1126.5	182.46	WellPoint	WellPoint		362.51	32.18			158.66		1070.18 percent of total billed charges	
VON WILLEBRAND FACTOR(WILATE)PWD VIAL 1I	J7183	HCPCS	outpatient			6	1.49	Aetna	Better Health		1.89	31.55			1.06		5.7 percent of total billed charges	
VON WILLEBRAND FACTOR(WILATE)PWD VIAL 1I	J7183	HCPCS	outpatient			6	1.49	Aetna	Medicare		1.3				1.06		5.7 fee schedule	
VON WILLEBRAND FACTOR(WILATE)PWD VIAL 1I	J7183	HCPCS	outpatient			6	1.49	Aetna	Commercial		2.4				1.06		5.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VON WILLEBRAND FACTOR(WILATE)PWD VIAL 1I	J7183	HCPCS	outpatient			6	1.49	Americare	Americare		4.5	75			1.06		5.7 percent of total billed charges	
VON WILLEBRAND FACTOR(WILATE)PWD VIAL 1I	J7183	HCPCS	outpatient			6	1.49	Amerihealth	HMO/PPO		1.06				1.06		5.7 fee schedule	
VON WILLEBRAND FACTOR(WILATE)PWD VIAL 1I	J7183	HCPCS	outpatient			6	1.49	Amerihealth	Medicare		1.3				1.06		5.7 fee schedule	
VON WILLEBRAND FACTOR(WILATE)PWD VIAL 1I	J7183	HCPCS	outpatient			6	1.49	Consumer	Consumer		5.7	95			1.06		5.7 percent of total billed charges	
VON WILLEBRAND FACTOR(WILATE)PWD VIAL 1I	J7183	HCPCS	outpatient			6	1.49	Corrections	Corrections		4.8	80			1.06		5.7 percent of total billed charges	
VON WILLEBRAND FACTOR(WILATE)PWD VIAL 1I	J7183	HCPCS	outpatient			6	1.49	First Health	First Health		4.2	70			1.06		5.7 percent of total billed charges	
VON WILLEBRAND FACTOR(WILATE)PWD VIAL 1I	J7183	HCPCS	outpatient			6	1.49	First Trenton	First Trenton		5.4	90			1.06		5.7 percent of total billed charges	
VON WILLEBRAND FACTOR(WILATE)PWD VIAL 1I	J7183	HCPCS	outpatient			6	1.49	Horizon	MGD		2.81				1.06		5.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VON WILLEBRAND FACTOR(WILATE)PWD VIAL 1I	J7183	HCPCS	outpatient			6	1.49	Horizon	Medicare Blue		1.51				1.06		5.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VON WILLEBRAND FACTOR(WILATE)PWD VIAL 1I	J7183	HCPCS	outpatient			6	1.49	Horizon	Indemnity		2.81				1.06		5.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VON WILLEBRAND FACTOR(WILATE)PWD VIAL 1I	J7183	HCPCS	outpatient			6	1.49	Horizon	PPO		2.81				1.06		5.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VON WILLEBRAND FACTOR(WILATE)PWD VIAL 1I	J7183	HCPCS	outpatient			6	1.49	Managed Care Inc	Managed Care Inc		5.4	90			1.06		5.7 percent of total billed charges	
VON WILLEBRAND FACTOR(WILATE)PWD VIAL 1I	J7183	HCPCS	outpatient			6	1.49	Multiplan	Multiplan		4.8	80			1.06		5.7 percent of total billed charges	
VON WILLEBRAND FACTOR(WILATE)PWD VIAL 1I	J7183	HCPCS	outpatient			6	1.49	Qualcare	Qualcare		4.5	75			1.06		5.7 percent of total billed charges	
VON WILLEBRAND FACTOR(WILATE)PWD VIAL 1I	J7183	HCPCS	outpatient			6	1.49	Three Rivers	Three Rivers		5.7	95			1.06		5.7 percent of total billed charges	
VON WILLEBRAND FACTOR(WILATE)PWD VIAL 1I	J7183	HCPCS	outpatient			6	1.49	UHC	Medicare		1.3				1.06		5.7 fee schedule	
VON WILLEBRAND FACTOR(WILATE)PWD VIAL 1I	J7183	HCPCS	outpatient			6	1.49	UHC	Medicaid		1.89	31.55			1.06		5.7 percent of total billed charges	
VON WILLEBRAND FACTOR(WILATE)PWD VIAL 1I	J7183	HCPCS	outpatient			6	1.49	United	Oxford		3.25				1.06		5.7 fee schedule	
VON WILLEBRAND FACTOR(WILATE)PWD VIAL 1I	J7183	HCPCS	outpatient			6	1.49	United	Commercial|PPO		3.25				1.06		5.7 fee schedule	
VON WILLEBRAND FACTOR(WILATE)PWD VIAL 1I	J7183	HCPCS	outpatient			6	1.49	Wellcare	Medicaid		1.89	31.55			1.06		5.7 percent of total billed charges	
VON WILLEBRAND FACTOR(WILATE)PWD VIAL 1I	J7183	HCPCS	outpatient			6	1.49	Wellcare	Medicare		1.3				1.06		5.7 fee schedule	
VON WILLEBRAND FACTOR(WILATE)PWD VIAL 1I	J7183	HCPCS	outpatient			6	1.49	WellPoint	WellPoint		1.93	32.18			1.06		5.7 percent of total billed charges	
ANTIHEMOPH F VIII(XYNTHA) 1IU	J7185	HCPCS	both			6	1.49	Aetna	Medicare		1.29				1.29		5.7 fee schedule	
ANTIHEMOPH F VIII(XYNTHA) 1IU	J7185	HCPCS	both			6	1.49	Aetna	Commercial		2.61				1.29		5.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANTIHEMOPH F VIII(XYNTHA) 1IU	J7185	HCPCS	both			6	1.49	Aetna	Better Health		1.89	31.55			1.29		5.7 percent of total billed charges	
ANTIHEMOPH F VIII(XYNTHA) 1IU	J7185	HCPCS	both			6	1.49	Americare	Americare		4.5	75			1.29		5.7 percent of total billed charges	
ANTIHEMOPH F VIII(XYNTHA) 1IU	J7185	HCPCS	both			6	1.49	Amerihealth	Medicare		1.29				1.29		5.7 fee schedule	
ANTIHEMOPH F VIII(XYNTHA) 1IU	J7185	HCPCS	both			6	1.49	Amerihealth	HMO/PPO		1.31				1.29		5.7 fee schedule	
ANTIHEMOPH F VIII(XYNTHA) 1IU	J7185	HCPCS	both			6	1.49	Consumer	Consumer		5.7	95			1.29		5.7 percent of total billed charges	
ANTIHEMOPH F VIII(XYNTHA) 1IU	J7185	HCPCS	both			6	1.49	Corrections	Corrections		4.8	80			1.29		5.7 percent of total billed charges	
ANTIHEMOPH F VIII(XYNTHA) 1IU	J7185	HCPCS	both			6	1.49	First Health	First Health		4.2	70			1.29		5.7 percent of total billed charges	
ANTIHEMOPH F VIII(XYNTHA) 1IU	J7185	HCPCS	both			6	1.49	First Trenton	First Trenton		5.4	90			1.29		5.7 percent of total billed charges	
ANTIHEMOPH F VIII(XYNTHA) 1IU	J7185	HCPCS	both			6	1.49	Horizon	PPO		3.05				1.29		5.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANTIHEMOPH F VIII(XYNTHA) 1IU	J7185	HCPCS	both			6	1.49	Horizon	Indemnity		3.05				1.29		5.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANTIHEMOPH F VIII(XYNTHA) 1IU	J7185	HCPCS	both			6	1.49	Horizon	MGD		3.05				1.29		5.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANTIHEMOPH F VIII(XYNTHA) 1IU	J7185	HCPCS	both			6	1.49	Horizon	Medicare Blue		1.64				1.29		5.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANTIHEMOPH F VIII(XYNTHA) 1IU	J7185	HCPCS	both			6	1.49	Managed Care Inc	Managed Care Inc		5.4	90			1.29		5.7 percent of total billed charges	
ANTIHEMOPH F VIII(XYNTHA) 1IU	J7185	HCPCS	both			6	1.49	Multiplan	Multiplan		4.8	80			1.29		5.7 percent of total billed charges	
ANTIHEMOPH F VIII(XYNTHA) 1IU	J7185	HCPCS	both			6	1.49	Qualcare	Qualcare		4.5	75			1.29		5.7 percent of total billed charges	
ANTIHEMOPH F VIII(XYNTHA) 1IU	J7185	HCPCS	both			6	1.49	Three Rivers	Three Rivers		5.7	95			1.29		5.7 percent of total billed charges	
ANTIHEMOPH F VIII(XYNTHA) 1IU	J7185	HCPCS	both			6	1.49	UHC	Medicare		1.29				1.29		5.7 fee schedule	
ANTIHEMOPH F VIII(XYNTHA) 1IU	J7185	HCPCS	both			6	1.49	UHC	Medicaid		1.89	31.55			1.29		5.7 percent of total billed charges	
ANTIHEMOPH F VIII(XYNTHA) 1IU	J7185	HCPCS	both			6	1.49	United	Oxford		3.23				1.29		5.7 fee schedule	
ANTIHEMOPH F VIII(XYNTHA) 1IU	J7185	HCPCS	both			6	1.49	United	Commercial|PPO		3.23				1.29		5.7 fee schedule	
ANTIHEMOPH F VIII(XYNTHA) 1IU	J7185	HCPCS	both			6	1.49	Wellcare	Medicaid		1.89	31.55			1.29		5.7 percent of total billed charges	
ANTIHEMOPH F VIII(XYNTHA) 1IU	J7185	HCPCS	both			6	1.49	Wellcare	Medicare		1.29				1.29		5.7 fee schedule	
ANTIHEMOPH F VIII(XYNTHA) 1IU	J7185	HCPCS	both			6	1.49	WellPoint	WellPoint		1.93	32.18			1.29		5.7 percent of total billed charges	
VON WILLEBRAND FACTOR COMPLEX	J7187	HCPCS	both			22	1.55	Aetna	Commercial		2.67				1.13		20.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VON WILLEBRAND FACTOR COMPLEX	J7187	HCPCS	both			22	1.55	Aetna	Medicare		1.35				1.13		20.9 fee schedule	
VON WILLEBRAND FACTOR COMPLEX	J7187	HCPCS	both			22	1.55	Aetna	Better Health		6.94	31.55			1.13		20.9 percent of total billed charges	
VON WILLEBRAND FACTOR COMPLEX	J7187	HCPCS	both			22	1.55	Americare	Americare		16.5	75			1.13		20.9 percent of total billed charges	
VON WILLEBRAND FACTOR COMPLEX	J7187	HCPCS	both			22	1.55	Amerihealth	HMO/PPO		1.13				1.13		20.9 fee schedule	
VON WILLEBRAND FACTOR COMPLEX	J7187	HCPCS	both			22	1.55	Amerihealth	Medicare		1.35				1.13		20.9 fee schedule	
VON WILLEBRAND FACTOR COMPLEX	J7187	HCPCS	both			22	1.55	Consumer	Consumer		20.9	95			1.13		20.9 percent of total billed charges	
VON WILLEBRAND FACTOR COMPLEX	J7187	HCPCS	both			22	1.55	Corrections	Corrections		17.6	80			1.13		20.9 percent of total billed charges	
VON WILLEBRAND FACTOR COMPLEX	J7187	HCPCS	both			22	1.55	First Health	First Health		15.4	70			1.13		20.9 percent of total billed charges	
VON WILLEBRAND FACTOR COMPLEX	J7187	HCPCS	both			22	1.55	First Trenton	First Trenton		19.8	90			1.13		20.9 percent of total billed charges	
VON WILLEBRAND FACTOR COMPLEX	J7187	HCPCS	both			22	1.55	Horizon	Indemnity		3.13				1.13		20.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VON WILLEBRAND FACTOR COMPLEX	J7187	HCPCS	both			22	1.55	Horizon	Medicare Blue		1.68				1.13		20.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VON WILLEBRAND FACTOR COMPLEX	J7187	HCPCS	both			22	1.55	Horizon	MGD		3.13				1.13		20.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VON WILLEBRAND FACTOR COMPLEX	J7187	HCPCS	both			22	1.55	Horizon	PPO		3.13				1.13		20.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VON WILLEBRAND FACTOR COMPLEX	J7187	HCPCS	both			22	1.55	Managed Care Inc	Managed Care Inc		19.8	90			1.13		20.9 percent of total billed charges	
VON WILLEBRAND FACTOR COMPLEX	J7187	HCPCS	both			22	1.55	Multiplan	Multiplan		17.6	80			1.13		20.9 percent of total billed charges	
VON WILLEBRAND FACTOR COMPLEX	J7187	HCPCS	both			22	1.55	Qualcare	Qualcare		16.5	75			1.13		20.9 percent of total billed charges	
VON WILLEBRAND FACTOR COMPLEX	J7187	HCPCS	both			22	1.55	Three Rivers	Three Rivers		20.9	95			1.13		20.9 percent of total billed charges	
VON WILLEBRAND FACTOR COMPLEX	J7187	HCPCS	both			22	1.55	UHC	Medicare		1.35				1.13		20.9 fee schedule	
VON WILLEBRAND FACTOR COMPLEX	J7187	HCPCS	both			22	1.55	UHC	Medicaid		6.94	31.55			1.13		20.9 percent of total billed charges	
VON WILLEBRAND FACTOR COMPLEX	J7187	HCPCS	both			22	1.55	United	Oxford		3.38				1.13		20.9 fee schedule	
VON WILLEBRAND FACTOR COMPLEX	J7187	HCPCS	both			22	1.55	United	Commercial|PPO		3.38				1.13		20.9 fee schedule	
VON WILLEBRAND FACTOR COMPLEX	J7187	HCPCS	both			22	1.55	Wellcare	Medicare		1.35				1.13		20.9 fee schedule	
VON WILLEBRAND FACTOR COMPLEX	J7187	HCPCS	both			22	1.55	Wellcare	Medicaid		6.94	31.55			1.13		20.9 percent of total billed charges	
VON WILLEBRAND FACTOR COMPLEX	J7187	HCPCS	both			22	1.55	WellPoint	WellPoint		7.08	32.18			1.13		20.9 percent of total billed charges	
FACTOR VIIA PER 1 MICROGRAM	J7189	HCPCS	inpatient			4.5	2.79	Aetna	Commercial		4.68				1.42		6.08 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FACTOR VIIA PER 1 MICROGRAM	J7189	HCPCS	inpatient			4.5	2.79	Aetna	Medicare		2.43				1.42		6.08 fee schedule	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.														
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103		310119 true													
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
FACTOR VIIA PER 1 MICROGRAM	J7189	HCPCS	inpatient			4.5		2.79 Aetna	Better Health		31.55				1.42		6.08 percent of total billed charges	
FACTOR VIIA PER 1 MICROGRAM	J7189	HCPCS	inpatient			4.5		2.79 Americare	Americare		75				1.42		6.08 percent of total billed charges	
FACTOR VIIA PER 1 MICROGRAM	J7189	HCPCS	inpatient			4.5		2.79 Amerihealth	HMO/PPO		2.07				1.42		6.08 fee schedule	
FACTOR VIIA PER 1 MICROGRAM	J7189	HCPCS	inpatient			4.5		2.79 Amerihealth	Medicare		2.43				1.42		6.08 fee schedule	
FACTOR VIIA PER 1 MICROGRAM	J7189	HCPCS	inpatient			4.5		2.79 Consumer	Consumer		95				1.42		6.08 percent of total billed charges	
FACTOR VIIA PER 1 MICROGRAM	J7189	HCPCS	inpatient			4.5		2.79 Corrections	Corrections		80				1.42		6.08 percent of total billed charges	
FACTOR VIIA PER 1 MICROGRAM	J7189	HCPCS	inpatient			4.5		2.79 First Health	First Health		70				1.42		6.08 percent of total billed charges	
FACTOR VIIA PER 1 MICROGRAM	J7189	HCPCS	inpatient			4.5		2.79 First Trenton	First Trenton		90				1.42		6.08 percent of total billed charges	
FACTOR VIIA PER 1 MICROGRAM	J7189	HCPCS	inpatient			4.5		2.79 Horizon	MGD		5.47				1.42		6.08 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FACTOR VIIA PER 1 MICROGRAM	J7189	HCPCS	inpatient			4.5		2.79 Horizon	Indemnity		5.47				1.42		6.08 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FACTOR VIIA PER 1 MICROGRAM	J7189	HCPCS	inpatient			4.5		2.79 Horizon	PPO		5.47				1.42		6.08 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FACTOR VIIA PER 1 MICROGRAM	J7189	HCPCS	inpatient			4.5		2.79 Horizon	Medicare Blue		2.94				1.42		6.08 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FACTOR VIIA PER 1 MICROGRAM	J7189	HCPCS	inpatient			4.5		2.79 Managed Care Inc	Managed Care Inc		4.05	90			1.42		6.08 percent of total billed charges	
FACTOR VIIA PER 1 MICROGRAM	J7189	HCPCS	inpatient			4.5		2.79 Multiplan	Multiplan		3.6	80			1.42		6.08 percent of total billed charges	
FACTOR VIIA PER 1 MICROGRAM	J7189	HCPCS	inpatient			4.5		2.79 Qualcare	Qualcare		3.38	75			1.42		6.08 percent of total billed charges	
FACTOR VIIA PER 1 MICROGRAM	J7189	HCPCS	inpatient			4.5		2.79 Three Rivers	Three Rivers		4.28	95			1.42		6.08 percent of total billed charges	
FACTOR VIIA PER 1 MICROGRAM	J7189	HCPCS	inpatient			4.5		2.79 UHC	Medicaid		1.42	31.55			1.42		6.08 percent of total billed charges	
FACTOR VIIA PER 1 MICROGRAM	J7189	HCPCS	inpatient			4.5		2.79 UHC	Medicare		2.43				1.42		6.08 fee schedule	
FACTOR VIIA PER 1 MICROGRAM	J7189	HCPCS	inpatient			4.5		2.79 United	Commercial/PPO		6.08				1.42		6.08 fee schedule	
FACTOR VIIA PER 1 MICROGRAM	J7189	HCPCS	inpatient			4.5		2.79 United	Oxford		6.08				1.42		6.08 fee schedule	
FACTOR VIIA PER 1 MICROGRAM	J7189	HCPCS	inpatient			4.5		2.79 Wellcare	Medicaid		1.42	31.55			1.42		6.08 percent of total billed charges	
FACTOR VIIA PER 1 MICROGRAM	J7189	HCPCS	inpatient			4.5		2.79 Wellcare	Medicare		2.43				1.42		6.08 fee schedule	
FACTOR VIIA PER 1 MICROGRAM	J7189	HCPCS	inpatient			4.5		2.79 WellPoint	WellPoint		1.45	32.18			1.42		6.08 percent of total billed charges	
ANTIHEMOPHILIC FACTOR(KOATE)1UNIT INJ	J7190	HCPCS	outpatient			3		1.18 Aetna	Commercial		2.12				0.95		2.85 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANTIHEMOPHILIC FACTOR(KOATE)1UNIT INJ	J7190	HCPCS	outpatient			3		1.18 Aetna	Better Health		0.95	31.55			0.95		2.85 percent of total billed charges	
ANTIHEMOPHILIC FACTOR(KOATE)1UNIT INJ	J7190	HCPCS	outpatient			3		1.18 Aetna	Medicare		1.03				0.95		2.85 fee schedule	
ANTIHEMOPHILIC FACTOR(KOATE)1UNIT INJ	J7190	HCPCS	outpatient			3		1.18 Americare	Americare		2.25	75			0.95		2.85 percent of total billed charges	
ANTIHEMOPHILIC FACTOR(KOATE)1UNIT INJ	J7190	HCPCS	outpatient			3		1.18 Amerihealth	HMO/PPO		1.06				0.95		2.85 fee schedule	
ANTIHEMOPHILIC FACTOR(KOATE)1UNIT INJ	J7190	HCPCS	outpatient			3		1.18 Amerihealth	Medicare		1.03				0.95		2.85 fee schedule	
ANTIHEMOPHILIC FACTOR(KOATE)1UNIT INJ	J7190	HCPCS	outpatient			3		1.18 Consumer	Consumer		2.85	95			0.95		2.85 percent of total billed charges	
ANTIHEMOPHILIC FACTOR(KOATE)1UNIT INJ	J7190	HCPCS	outpatient			3		1.18 Corrections	Corrections		2.4	80			0.95		2.85 percent of total billed charges	
ANTIHEMOPHILIC FACTOR(KOATE)1UNIT INJ	J7190	HCPCS	outpatient			3		1.18 First Health	First Health		2.1	70			0.95		2.85 percent of total billed charges	
ANTIHEMOPHILIC FACTOR(KOATE)1UNIT INJ	J7190	HCPCS	outpatient			3		1.18 First Trenton	First Trenton		2.7	90			0.95		2.85 percent of total billed charges	
ANTIHEMOPHILIC FACTOR(KOATE)1UNIT INJ	J7190	HCPCS	outpatient			3		1.18 Horizon	Indemnity		2.48				0.95		2.85 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANTIHEMOPHILIC FACTOR(KOATE)1UNIT INJ	J7190	HCPCS	outpatient			3		1.18 Horizon	MGD		2.48				0.95		2.85 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANTIHEMOPHILIC FACTOR(KOATE)1UNIT INJ	J7190	HCPCS	outpatient			3		1.18 Horizon	Medicare Blue		1.33				0.95		2.85 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANTIHEMOPHILIC FACTOR(KOATE)1UNIT INJ	J7190	HCPCS	outpatient			3		1.18 Horizon	PPO		2.48				0.95		2.85 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANTIHEMOPHILIC FACTOR(KOATE)1UNIT INJ	J7190	HCPCS	outpatient			3		1.18 Managed Care Inc	Managed Care Inc		2.7	90			0.95		2.85 percent of total billed charges	
ANTIHEMOPHILIC FACTOR(KOATE)1UNIT INJ	J7190	HCPCS	outpatient			3		1.18 Multiplan	Multiplan		2.4	80			0.95		2.85 percent of total billed charges	
ANTIHEMOPHILIC FACTOR(KOATE)1UNIT INJ	J7190	HCPCS	outpatient			3		1.18 Qualcare	Qualcare		2.25	75			0.95		2.85 percent of total billed charges	
ANTIHEMOPHILIC FACTOR(KOATE)1UNIT INJ	J7190	HCPCS	outpatient			3		1.18 Three Rivers	Three Rivers		2.85	95			0.95		2.85 percent of total billed charges	
ANTIHEMOPHILIC FACTOR(KOATE)1UNIT INJ	J7190	HCPCS	outpatient			3		1.18 UHC	Medicaid		0.95	31.55			0.95		2.85 percent of total billed charges	
ANTIHEMOPHILIC FACTOR(KOATE)1UNIT INJ	J7190	HCPCS	outpatient			3		1.18 UHC	Medicare		1.03				0.95		2.85 fee schedule	
ANTIHEMOPHILIC FACTOR(KOATE)1UNIT INJ	J7190	HCPCS	outpatient			3		1.18 United	Oxford		2.58				0.95		2.85 fee schedule	
ANTIHEMOPHILIC FACTOR(KOATE)1UNIT INJ	J7190	HCPCS	outpatient			3		1.18 United	Commercial/PPO		2.58				0.95		2.85 fee schedule	
ANTIHEMOPHILIC FACTOR(KOATE)1UNIT INJ	J7190	HCPCS	outpatient			3		1.18 Wellcare	Medicare		1.03				0.95		2.85 fee schedule	
ANTIHEMOPHILIC FACTOR(KOATE)1UNIT INJ	J7190	HCPCS	outpatient			3		1.18 Wellcare	Medicaid		0.95	31.55			0.95		2.85 percent of total billed charges	
ANTIHEMOPHILIC FACTOR(KOATE)1UNIT INJ	J7190	HCPCS	outpatient			3		1.18 WellPoint	WellPoint		0.97	32.18			0.95		2.85 percent of total billed charges	
FACTOR VIII RECOM(KOGENATE FS)1U	J7192	HCPCS	both			23		1.74 Aetna	Better Health		7.26	31.55			1.26		21.85 percent of total billed charges	
FACTOR VIII RECOM(KOGENATE FS)1U	J7192	HCPCS	both			23		1.74 Aetna	Medicare		1.51				1.26		21.85 fee schedule	
FACTOR VIII RECOM(KOGENATE FS)1U	J7192	HCPCS	both			23		1.74 Aetna	Commercial		2.88				1.26		21.85 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FACTOR VIII RECOM(KOGENATE FS)1U	J7192	HCPCS	both			23		1.74 Americare	Americare		17.25	75			1.26		21.85 percent of total billed charges	
FACTOR VIII RECOM(KOGENATE FS)1U	J7192	HCPCS	both			23		1.74 Amerihealth	HMO/PPO		1.3				1.26		21.85 fee schedule	
FACTOR VIII RECOM(KOGENATE FS)1U	J7192	HCPCS	both			23		1.74 Amerihealth	Medicare		1.51				1.26		21.85 fee schedule	
FACTOR VIII RECOM(KOGENATE FS)1U	J7192	HCPCS	both			23		1.74 Consumer	Consumer		21.85	95			1.26		21.85 percent of total billed charges	
FACTOR VIII RECOM(KOGENATE FS)1U	J7192	HCPCS	both			23		1.74 Corrections	Corrections		18.4	80			1.26		21.85 percent of total billed charges	
FACTOR VIII RECOM(KOGENATE FS)1U	J7192	HCPCS	both			23		1.74 First Health	First Health		16.1	70			1.26		21.85 percent of total billed charges	
FACTOR VIII RECOM(KOGENATE FS)1U	J7192	HCPCS	both			23		1.74 First Trenton	First Trenton		20.7	90			1.26		21.85 percent of total billed charges	
FACTOR VIII RECOM(KOGENATE FS)1U	J7192	HCPCS	both			23		1.74 Horizon	Indemnity		3.37				1.26		21.85 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FACTOR VIII RECOM(KOGENATE FS)1U	J7192	HCPCS	both			23		1.74 Horizon	MGD		3.37				1.26		21.85 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FACTOR VIII RECOM(KOGENATE FS)1U	J7192	HCPCS	both			23		1.74 Horizon	Medicare Blue		1.81				1.26		21.85 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FACTOR VIII RECOM(KOGENATE FS)1U	J7192	HCPCS	both			23		1.74 Horizon	PPO		3.37				1.26		21.85 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FACTOR VIII RECOM(KOGENATE FS)1U	J7192	HCPCS	both			23		1.74 Managed Care Inc	Managed Care Inc		20.7	90			1.26		21.85 percent of total billed charges	
FACTOR VIII RECOM(KOGENATE FS)1U	J7192	HCPCS	both			23		1.74 Multiplan	Multiplan		18.4	80			1.26		21.85 percent of total billed charges	
FACTOR VIII RECOM(KOGENATE FS)1U	J7192	HCPCS	both			23		1.74 Qualcare	Qualcare		17.25	75			1.26		21.85 percent of total billed charges	
FACTOR VIII RECOM(KOGENATE FS)1U	J7192	HCPCS	both			23		1.74 Three Rivers	Three Rivers		21.85	95			1.26		21.85 percent of total billed charges	
FACTOR VIII RECOM(KOGENATE FS)1U	J7192	HCPCS	both			23		1.74 UHC	Medicare		1.51				1.26		21.85 fee schedule	
FACTOR VIII RECOM(KOGENATE FS)1U	J7192	HCPCS	both			23		1.74 UHC	Medicaid		7.26	31.55			1.26		21.85 percent of total billed charges	
FACTOR VIII RECOM(KOGENATE FS)1U	J7192	HCPCS	both			23		1.74 United	Commercial/PPO		3.78				1.26		21.85 fee schedule	
FACTOR VIII RECOM(KOGENATE FS)1U	J7192	HCPCS	both			23		1.74 United	Oxford		3.78				1.26		21.85 fee schedule	
FACTOR VIII RECOM(KOGENATE FS)1U	J7192	HCPCS	both			23		1.74 Wellcare	Medicare		1.51				1.26		21.85 fee schedule	
FACTOR VIII RECOM(KOGENATE FS)1U	J7192	HCPCS	both			23		1.74 Wellcare	Medicaid		7.26	31.55			1.26		21.85 percent of total billed charges	
FACTOR VIII RECOM(KOGENATE FS)1U	J7192	HCPCS	both			23		1.74 WellPoint	WellPoint		7.4	32.18			1.26		21.85 percent of total billed charges	
FACTOR IX RECOMBINANT	J7195	HCPCS	outpatient			22		2.01 Aetna	Commercial		3.34				1.26		20.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FACTOR IX RECOMBINANT	J7195	HCPCS	outpatient			22		2.01 Aetna	Medicare		1.75				1.26		20.9 fee schedule	
FACTOR IX RECOMBINANT	J7195	HCPCS	outpatient			22		2.01 Aetna	Better Health		6.94	31.55			1.26		20.9 percent of total billed charges	
FACTOR IX RECOMBINANT	J7195	HCPCS	outpatient			22		2.01 Americare	Americare		16.5	75			1.26		20.9 percent of total billed charges	
FACTOR IX RECOMBINANT	J7195	HCPCS	outpatient			22		2.01 Amerihealth	HMO/PPO		1.64				1.26		20.9 fee schedule	
FACTOR IX RECOMBINANT	J7195	HCPCS	outpatient			22		2.01 Amerihealth	Medicare		1.75				1.26		20.9 fee schedule	
FACTOR IX RECOMBINANT	J7195	HCPCS	outpatient			22		2.01 Consumer	Consumer		20.9	95			1.26		20.9 percent of total billed charges	
FACTOR IX RECOMBINANT	J7195	HCPCS	outpatient			22		2.01 Corrections	Corrections		17.6	80			1.26		20.9 percent of total billed charges	
FACTOR IX RECOMBINANT	J7195	HCPCS	outpatient			22		2.01 First Health	First Health		15.4	70			1.26		20.9 percent of total billed charges	
FACTOR IX RECOMBINANT	J7195	HCPCS	outpatient			22		2.01 First Trenton	First Trenton		19.8	90			1.26		20.9 percent of total billed charges	
FACTOR IX RECOMBINANT	J7195	HCPCS	outpatient			22		2.01 Horizon	Medicare Blue		2.1				1.26		20.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FACTOR IX RECOMBINANT	J7195	HCPCS	outpatient			22		2.01 Horizon	MGD		3.91				1.26		20.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FACTOR IX RECOMBINANT	J7195	HCPCS	outpatient			22		2.01 Horizon	Indemnity		3.91				1.26		20.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FACTOR IX RECOMBINANT	J7195	HCPCS	outpatient			22		2.01 Horizon	PPO		3.91				1.26		20.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FACTOR IX RECOMBINANT	J7195	HCPCS	outpatient			22		2.01 Managed Care Inc	Managed Care Inc		19.8	90			1.26		20.9 percent of total billed charges	
FACTOR IX RECOMBINANT	J7195	HCPCS	outpatient			22		2.01 Multiplan	Multiplan		17.6	80			1.26		20.9 percent of total billed charges	
FACTOR IX RECOMBINANT	J7195	HCPCS	outpatient			22		2.01 Qualcare	Qualcare		16.5	75			1.26		20.9 percent of total billed charges	
FACTOR IX RECOMBINANT	J7195	HCPCS	outpatient			22		2.01 Three Rivers	Three Rivers		20.9	95			1.26		20.9 percent of total billed charges	
FACTOR IX RECOMBINANT	J7195	HCPCS	outpatient			22		2.01 UHC	Medicaid		6.94	31.55			1.26		20.9 percent of total billed charges	
FACTOR IX RECOMBINANT	J7195	HCPCS	outpatient			22		2.01 UHC	Medicare		1.75				1.26		20.9 fee schedule	
FACTOR IX RECOMBINANT	J7195	HCPCS	outpatient			22		2.01 United	Commercial/PPO		4.38				1.26		20.9 fee schedule	
FACTOR IX RECOMBINANT	J7195	HCPCS	outpatient			22		2.01 United	Oxford		4.38				1.26		20.9 fee schedule	
FACTOR IX RECOMBINANT	J7195	HCPCS	outpatient			22		2.01 Wellcare	Medicaid		6.94	31.55			1.26		20.9 percent of total billed charges	
FACTOR IX RECOMBINANT	J7195	HCPCS	outpatient			22		2.01 Wellcare	Medicare		1.75				1.26		20.9 fee schedule	
FACTOR IX RECOMBINANT	J7195	HCPCS	outpatient			22		2.01 WellPoint	WellPoint		7.08	32.18			1.26		20.9 percent of total billed charges	
ANTITHROMBIN III (HUMAN), PER U	J7197	HCPCS	outpatient			6.5		4.45 Aetna	Medicare		3.87				2.05		9.68 fee schedule	
ANTITHROMBIN III (HUMAN), PER U	J7197	HCPCS	outpatient			6.5		4.45 Aetna	Commercial		7.15				2.05		9.68 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANTITHROMBIN III (HUMAN), PER U	J7197	HCPCS	outpatient			6.5		4.45 Aetna	Better Health		2.05	31.55			2.05		9.68 percent of total billed charges	
ANTITHROMBIN III (HUMAN), PER U	J7197	HCPCS	outpatient			6.5		4.45 Americare	Americare		4.88	75			2.05		9.68 percent of total billed charges	
ANTITHROMBIN III (HUMAN), PER U	J7197	HCPCS	outpatient			6.5		4.45 Amerihealth	HMO/PPO		3.73				2.05		9.68 fee schedule	
ANTITHROMBIN III (HUMAN), PER U	J7197	HCPCS	outpatient			6.5		4.45 Amerihealth	Medicare		3.87				2.05		9.68 fee schedule	
ANTITHROMBIN III (HUMAN), PER U	J7197	HCPCS	outpatient			6.5		4.45 Consumer	Consumer		6.18	95			2.05		9.68 percent of total billed charges	
ANTITHROMBIN III (HUMAN), PER U	J7197	HCPCS	outpatient			6.5		4.45 Corrections	Corrections		5.2	80			2.05		9.68 percent of total billed charges	
ANTITHROMBIN III (HUMAN), PER U	J7197	HCPCS	outpatient			6.5		4.45 First Health	First Health		4.55	70			2.05		9.68 percent of total billed charges	
ANTITHROMBIN III (HUMAN), PER U	J7197	HCPCS	outpatient			6.5		4.45 First Trenton	First Trenton		5.85	90			2.05		9.68 percent of total billed charges	
ANTITHROMBIN III (HUMAN), PER U	J7197	HCPCS	outpatient			6.5		4.45 Horizon	PPO		8.36				2.05		9.68 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANTITHROMBIN III (HUMAN), PER U	J7197	HCPCS	outpatient			6.5		4.45 Horizon	MGD		8.36				2.05		9.68 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANTITHROMBIN III (HUMAN), PER U	J7197	HCPCS	outpatient			6.5		4.45 Horizon	Indemnity		8.36				2.05		9.68 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANTITHROMBIN III (HUMAN), PER U	J7197	HCPCS	outpatient			6.5		4.45 Horizon	Medicare Blue		4.49				2.05		9.68 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANTITHROMBIN III (HUMAN), PER U	J7197	HCPCS	outpatient			6.5		4.45 Managed Care Inc	Managed Care Inc		5.85	90			2.05		9.68 percent of total billed charges	
ANTITHROMBIN III (HUMAN), PER U	J7197	HCPCS	outpatient			6.5		4.45 Multiplan	Multiplan		5.2	80			2.05		9.68 percent of total billed charges	
ANTITHROMBIN III (HUMAN), PER U	J7197	HCPCS	outpatient			6.5		4.45 Qualcare	Qualcare		4.88	75			2.05		9.68 percent of total billed charges	
ANTITHROMBIN III (HUMAN), PER U	J7197	HCPCS	outpatient			6.5		4.45 Three Rivers	Three Rivers		6.18	95			2.05		9.68 percent of total billed charges	
ANTITHROMBIN III (HUMAN), PER U	J7197	HCPCS	outpatient			6.5		4.45 UHC	Medicaid		2.05	31.55			2.05		9.68 percent of total billed charges	
ANTITHROMBIN III (HUMAN), PER U	J7197	HCPCS	outpatient			6.5		4.45 UHC	Medicare		3.87				2.05		9.68 fee schedule	
ANTITHROMBIN III (HUMAN), PER U	J7197	HCPCS	outpatient			6.5		4.45 United	Oxford		9.68				2.05		9.68 fee schedule	
ANTITHROMBIN III (HUMAN), PER U	J7197	HCPCS	outpatient			6.5		4.45 United	Commercial/PPO		9.68				2.05		9.68 fee schedule	
ANTITHROMBIN III (HUMAN), PER U	J7197	HCPCS	outpatient			6.5		4.45 Wellcare	Medicare		3.87				2.05		9.68 fee schedule	
ANTITHROMBIN III (HUMAN), PER U	J7197	HCPCS	outpatient			6.5		4.45 Wellcare	Medicaid		2.05	31.55			2.05		9.68 percent of total billed charges	
ANTITHROMBIN III (HUMAN), PER U	J7197	HCPCS	outpatient			6.5		4.45 WellPoint	WellPoint		2.09	32.18			2.05		9.68 percent of total billed charges	
ANTI-INHIBITOR PER I.U.	J7198	HCPCS	inpatient			5.5		2.61 Aetna	Medicare		2.27				1.74		5.68 fee schedule	
ANTI-INHIBITOR PER I.U.	J7198	HCPCS	inpatient			5.5		2.61 Aetna	Better Health		1.74	31.55			1.74		5.68 percent of total billed charges	
ANTI-INHIBITOR PER I.U.	J7198	HCPCS	inpatient			5.5		2.61 Aetna	Commercial		4.38				1.74		5.68 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANTI-INHIBITOR PER I.U.	J7198	HCPCS	inpatient			5.5		2.61 Americare	Americare		4.13	75			1.74		5.68 percent of total billed charges	
ANTI-INHIBITOR PER I.U.	J7198	HCPCS	inpatient			5.5		2.61 Amerihealth	HMO/PPO		2.08				1.74		5.68 fee schedule	
ANTI-INHIBITOR PER I.U.	J7198	HCPCS	inpatient			5.5		2.61 Amerihealth	Medicare		2.27				1.74		5.68 fee schedule	
ANTI-INHIBITOR PER I.U.	J7198	HCPCS	inpatient			5.5		2.61 Consumer	Consumer		5.23	95			1.74		5.68 percent of total billed charges	
ANTI-INHIBITOR PER I.U.	J7198	HCPCS	inpatient			5.5		2.61 Corrections	Corrections		4.4	80			1.74		5.68 percent of total billed charges	
ANTI-INHIBITOR PER I.U.	J7198	HCPCS	inpatient			5.5		2.61 First Health	First Health		3.85	70			1.74		5.68 percent of total billed charges	
ANTI-INHIBITOR PER I.U.	J7198	HCPCS	inpatient			5.5		2.61 First Trenton	First Trenton		4.95	90			1.74		5.68 percent of total billed charges	
ANTI-INHIBITOR PER I.U.	J7198	HCPCS	inpatient			5.5		2.61 Horizon	MGD		5.12				1.74		5.68 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANTI-INHIBITOR PER I.U.	J7198	HCPCS	inpatient			5.5		2.61 Horizon	Indemnity		5.12				1.74		5.68 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANTI-INHIBITOR PER I.U.	J7198	HCPCS	inpatient			5.5		2.61 Horizon	Medicare Blue		2.75				1.74		5.68 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANTI-INHIBITOR PER I.U.	J7198	HCPCS	inpatient			5.5		2.61 Horizon	PPO		5.12				1.74		5.68 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANTI-INHIBITOR PER I.U.	J7198	HCPCS	inpatient			5.5		2.61 Managed Care Inc	Managed Care Inc		4.95	90			1.74		5.68 percent of total billed charges	
ANTI-INHIBITOR PER I.U.	J7198	HCPCS	inpatient			5.5		2.61 Multiplan	Multiplan		4.4	80			1.74		5.68 percent of total billed charges	
ANTI-INHIBITOR PER I.U.	J7198	HCPCS	inpatient			5.5		2.61 Qualcare	Qualcare		4.13	75			1.74		5.68 percent of total billed charges	
ANTI-INHIBITOR PER I.U.	J7198	HCPCS	inpatient			5.5		2.61 Three Rivers	Three Rivers		5.23	95			1.74		5.68 percent of total billed charges	
ANTI-INHIBITOR PER I.U.	J7198	HCPCS	inpatient			5.5		2.61 UHC	Medicaid		1.74	31.55			1.74		5.68 percent of total billed charges	
ANTI-INHIBITOR PER I.U.	J7198	HCPCS	inpatient			5.5		2.61 UHC	Medicare		2.27				1.74		5.68 fee schedule	
ANTI-INHIBITOR PER I.U.	J7198	HCPCS	inpatient			5.5		2.61 United	Commercial/PPO		5.68				1.74		5.68 fee schedule	
ANTI-INHIBITOR PER I.U.	J7198	HCPCS	inpatient			5.5		2.61 United	Oxford		5.68				1.74		5.68 fee schedule	
ANTI-INHIBITOR PER I.U.	J7198	HCPCS	inpatient			5.5		2.61 Wellcare	Medicare		2.27				1.74		5.68 fee schedule	
ANTI-INHIBITOR PER I.U.	J7198	HCPCS	inpatient			5.5		2.61 Wellcare	Medicaid		1.74	31.55			1.74		5.68 percent of total billed charges	
ANTI-INHIBITOR PER I.U.	J7198	HCPCS	inpatient			5.5		2.61 WellPoint	WellPoint		1.77	32.18			1.74		5.68 percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.															
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true														
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
LILETTA 52 MGM-3 YEAR	J7297	HCPCS	both			2960		Aetna	Medicare		911.68	30.8			513	2812	percent of total billed charges	
LILETTA 52 MGM-3 YEAR	J7297	HCPCS	both			2960		Aetna	Better Health		933.88	31.55			513	2812	percent of total billed charges	
LILETTA 52 MGM-3 YEAR	J7297	HCPCS	both			2960		Aetna	Commercial		1124.8	38			513	2812	percent of total billed charges	
LILETTA 52 MGM-3 YEAR	J7297	HCPCS	both			2960		Americare	Americare		2220	75			513	2812	percent of total billed charges	
LILETTA 52 MGM-3 YEAR	J7297	HCPCS	both			2960		Amerihealth	HMO/PPO		637.5				513	2812	fee schedule	
LILETTA 52 MGM-3 YEAR	J7297	HCPCS	both			2960		Consumer	Consumer		2812	95			513	2812	percent of total billed charges	
LILETTA 52 MGM-3 YEAR	J7297	HCPCS	both			2960		Corrections	Corrections		2368	80			513	2812	percent of total billed charges	
LILETTA 52 MGM-3 YEAR	J7297	HCPCS	both			2960		First Health	First Health		2072	70			513	2812	percent of total billed charges	
LILETTA 52 MGM-3 YEAR	J7297	HCPCS	both			2960		First Trenton	First Trenton		2664	90			513	2812	percent of total billed charges	
LILETTA 52 MGM-3 YEAR	J7297	HCPCS	both			2960		Horizon	Medicare Blue		888	30			513	2812	percent of total billed charges	
LILETTA 52 MGM-3 YEAR	J7297	HCPCS	both			2960		Horizon	MGD		1133.09	38.28			513	2812	percent of total billed charges	
LILETTA 52 MGM-3 YEAR	J7297	HCPCS	both			2960		Horizon	NJ Health		1663.88				513	2812	fee schedule	
LILETTA 52 MGM-3 YEAR	J7297	HCPCS	both			2960		Horizon	Indemnity		1133.09	38.28			513	2812	percent of total billed charges	
LILETTA 52 MGM-3 YEAR	J7297	HCPCS	both			2960		Horizon	PPO		1133.09	38.28			513	2812	percent of total billed charges	
LILETTA 52 MGM-3 YEAR	J7297	HCPCS	both			2960		Managed Care Inc	Managed Care Inc		2664	90			513	2812	percent of total billed charges	
LILETTA 52 MGM-3 YEAR	J7297	HCPCS	both			2960		Multiplan	Multiplan		2368	80			513	2812	percent of total billed charges	
LILETTA 52 MGM-3 YEAR	J7297	HCPCS	both			2960		Qualcare	Qualcare		2220	75			513	2812	percent of total billed charges	
LILETTA 52 MGM-3 YEAR	J7297	HCPCS	both			2960		Three Rivers	Three Rivers		2812	95			513	2812	percent of total billed charges	
LILETTA 52 MGM-3 YEAR	J7297	HCPCS	both			2960		UHC	Medicaid		933.88	31.55			513	2812	percent of total billed charges	
LILETTA 52 MGM-3 YEAR	J7297	HCPCS	both			2960		Wellcare	Medicaid		933.88	31.55			513	2812	percent of total billed charges	
LILETTA 52 MGM-3 YEAR	J7297	HCPCS	both			2960		WellPoint	WellPoint		952.53	32.18			513	2812	percent of total billed charges	
MIRENA - 5 YEAR	J7298	HCPCS	outpatient			2558		Aetna	Better Health		807.05	31.55			767.4	2430.1	percent of total billed charges	
MIRENA - 5 YEAR	J7298	HCPCS	outpatient			2558		Aetna	Commercial		972.04	38			767.4	2430.1	percent of total billed charges	
MIRENA - 5 YEAR	J7298	HCPCS	outpatient			2558		Aetna	Medicare		787.86	30.8			767.4	2430.1	percent of total billed charges	
MIRENA - 5 YEAR	J7298	HCPCS	outpatient			2558		Americare	Americare		1918.5	75			767.4	2430.1	percent of total billed charges	
MIRENA - 5 YEAR	J7298	HCPCS	outpatient			2558		Amerihealth	HMO/PPO		875.5				767.4	2430.1	fee schedule	
MIRENA - 5 YEAR	J7298	HCPCS	outpatient			2558		Consumer	Consumer		2430.1	95			767.4	2430.1	percent of total billed charges	
MIRENA - 5 YEAR	J7298	HCPCS	outpatient			2558		Corrections	Corrections		2046.4	80			767.4	2430.1	percent of total billed charges	
MIRENA - 5 YEAR	J7298	HCPCS	outpatient			2558		First Health	First Health		1790.6	70			767.4	2430.1	percent of total billed charges	
MIRENA - 5 YEAR	J7298	HCPCS	outpatient			2558		First Trenton	First Trenton		2302.2	90			767.4	2430.1	percent of total billed charges	
MIRENA - 5 YEAR	J7298	HCPCS	outpatient			2558		Horizon	Indemnity		979.2	38.28			767.4	2430.1	percent of total billed charges	
MIRENA - 5 YEAR	J7298	HCPCS	outpatient			2558		Horizon	Medicare Blue		767.4	30			767.4	2430.1	percent of total billed charges	
MIRENA - 5 YEAR	J7298	HCPCS	outpatient			2558		Horizon	MGD		979.2	38.28			767.4	2430.1	percent of total billed charges	
MIRENA - 5 YEAR	J7298	HCPCS	outpatient			2558		Horizon	NJ Health		2157.74				767.4	2430.1	fee schedule	
MIRENA - 5 YEAR	J7298	HCPCS	outpatient			2558		Horizon	PPO		979.2	38.28			767.4	2430.1	percent of total billed charges	
MIRENA - 5 YEAR	J7298	HCPCS	outpatient			2558		Managed Care Inc	Managed Care Inc		2302.2	90			767.4	2430.1	percent of total billed charges	
MIRENA - 5 YEAR	J7298	HCPCS	outpatient			2558		Multiplan	Multiplan		2046.4	80			767.4	2430.1	percent of total billed charges	
MIRENA - 5 YEAR	J7298	HCPCS	outpatient			2558		Qualcare	Qualcare		1918.5	75			767.4	2430.1	percent of total billed charges	
MIRENA - 5 YEAR	J7298	HCPCS	outpatient			2558		Three Rivers	Three Rivers		2430.1	95			767.4	2430.1	percent of total billed charges	
MIRENA - 5 YEAR	J7298	HCPCS	outpatient			2558		UHC	Medicaid		807.05	31.55			767.4	2430.1	percent of total billed charges	
MIRENA - 5 YEAR	J7298	HCPCS	outpatient			2558		Wellcare	Medicaid		807.05	31.55			767.4	2430.1	percent of total billed charges	
MIRENA - 5 YEAR	J7298	HCPCS	outpatient			2558		WellPoint	WellPoint		823.16	32.18			767.4	2430.1	percent of total billed charges	
PARAGARD T380A IUD	J7300	HCPCS	both			3495.5		Aetna	Medicare		1076.61	30.8			753.78	3320.73	percent of total billed charges	
PARAGARD T380A IUD	J7300	HCPCS	both			3495.5		Aetna	Better Health		1102.83	31.55			753.78	3320.73	percent of total billed charges	
PARAGARD T380A IUD	J7300	HCPCS	both			3495.5		Aetna	Commercial		1326.29	38			753.78	3320.73	percent of total billed charges	
PARAGARD T380A IUD	J7300	HCPCS	both			3495.5		Americare	Americare		2621.63	75			753.78	3320.73	percent of total billed charges	
PARAGARD T380A IUD	J7300	HCPCS	both			3495.5		Amerihealth	HMO/PPO		753.78				753.78	3320.73	fee schedule	
PARAGARD T380A IUD	J7300	HCPCS	both			3495.5		Consumer	Consumer		3320.73	95			753.78	3320.73	percent of total billed charges	
PARAGARD T380A IUD	J7300	HCPCS	both			3495.5		Corrections	Corrections		2796.4	80			753.78	3320.73	percent of total billed charges	
PARAGARD T380A IUD	J7300	HCPCS	both			3495.5		First Health	First Health		2446.85	70			753.78	3320.73	percent of total billed charges	
PARAGARD T380A IUD	J7300	HCPCS	both			3495.5		First Trenton	First Trenton		3145.95	90			753.78	3320.73	percent of total billed charges	
PARAGARD T380A IUD	J7300	HCPCS	both			3495.5		Horizon	MGD		1338.08	38.28			753.78	3320.73	percent of total billed charges	
PARAGARD T380A IUD	J7300	HCPCS	both			3495.5		Horizon	Medicare Blue		1048.65	30			753.78	3320.73	percent of total billed charges	
PARAGARD T380A IUD	J7300	HCPCS	both			3495.5		Horizon	Indemnity		1338.08	38.28			753.78	3320.73	percent of total billed charges	
PARAGARD T380A IUD	J7300	HCPCS	both			3495.5		Horizon	PPO		1338.08	38.28			753.78	3320.73	percent of total billed charges	
PARAGARD T380A IUD	J7300	HCPCS	both			3495.5		Managed Care Inc	Managed Care Inc		3145.95	90			753.78	3320.73	percent of total billed charges	
PARAGARD T380A IUD	J7300	HCPCS	both			3495.5		Multiplan	Multiplan		2796.4	80			753.78	3320.73	percent of total billed charges	
PARAGARD T380A IUD	J7300	HCPCS	both			3495.5		Qualcare	Qualcare		2621.63	75			753.78	3320.73	percent of total billed charges	
PARAGARD T380A IUD	J7300	HCPCS	both			3495.5		Three Rivers	Three Rivers		3320.73	95			753.78	3320.73	percent of total billed charges	
PARAGARD T380A IUD	J7300	HCPCS	both			3495.5		UHC	Medicaid		1102.83	31.55			753.78	3320.73	percent of total billed charges	
PARAGARD T380A IUD	J7300	HCPCS	both			3495.5		Wellcare	Medicaid		1102.83	31.55			753.78	3320.73	percent of total billed charges	
PARAGARD T380A IUD	J7300	HCPCS	both			3495.5		WellPoint	WellPoint		1124.85	32.18			753.78	3320.73	percent of total billed charges	
ETONORGESTREL 68MG, NEXPLANON	J7307	HCPCS	both			2781		Aetna	Commercial		1056.78	38			549.9	2641.95	percent of total billed charges	
ETONORGESTREL 68MG, NEXPLANON	J7307	HCPCS	both			2781		Aetna	Better Health		877.41	31.55			549.9	2641.95	percent of total billed charges	
ETONORGESTREL 68MG, NEXPLANON	J7307	HCPCS	both			2781		Aetna	Medicare		856.55	30.8			549.9	2641.95	percent of total billed charges	
ETONORGESTREL 68MG, NEXPLANON	J7307	HCPCS	both			2781		Americare	Americare		2085.75	75			549.9	2641.95	percent of total billed charges	
ETONORGESTREL 68MG, NEXPLANON	J7307	HCPCS	both			2781		Amerihealth	HMO/PPO		786.95				549.9	2641.95	fee schedule	
ETONORGESTREL 68MG, NEXPLANON	J7307	HCPCS	both			2781		Consumer	Consumer		2641.95	95			549.9	2641.95	percent of total billed charges	
ETONORGESTREL 68MG, NEXPLANON	J7307	HCPCS	both			2781		Corrections	Corrections		2224.8	80			549.9	2641.95	percent of total billed charges	
ETONORGESTREL 68MG, NEXPLANON	J7307	HCPCS	both			2781		First Health	First Health		1946.7	70			549.9	2641.95	percent of total billed charges	
ETONORGESTREL 68MG, NEXPLANON	J7307	HCPCS	both			2781		First Trenton	First Trenton		2502.9	90			549.9	2641.95	percent of total billed charges	
ETONORGESTREL 68MG, NEXPLANON	J7307	HCPCS	both			2781		Horizon	MGD		1064.57	38.28			549.9	2641.95	percent of total billed charges	
ETONORGESTREL 68MG, NEXPLANON	J7307	HCPCS	both			2781		Horizon	Indemnity		1064.57	38.28			549.9	2641.95	percent of total billed charges	
ETONORGESTREL 68MG, NEXPLANON	J7307	HCPCS	both			2781		Horizon	PPO		1064.57	38.28			549.9	2641.95	percent of total billed charges	
ETONORGESTREL 68MG, NEXPLANON	J7307	HCPCS	both			2781		Horizon	Medicare Blue		834.3	30			549.9	2641.95	percent of total billed charges	
ETONORGESTREL 68MG, NEXPLANON	J7307	HCPCS	both			2781		Managed Care Inc	Managed Care Inc		2502.9	90			549.9	2641.95	percent of total billed charges	
ETONORGESTREL 68MG, NEXPLANON	J7307	HCPCS	both			2781		Multiplan	Multiplan		2224.8	80			549.9	2641.95	percent of total billed charges	
ETONORGESTREL 68MG, NEXPLANON	J7307	HCPCS	both			2781		Qualcare	Qualcare		2085.75	75			549.9	2641.95	percent of total billed charges	
ETONORGESTREL 68MG, NEXPLANON	J7307	HCPCS	both			2781		Three Rivers	Three Rivers		2641.95	95			549.9	2641.95	percent of total billed charges	
ETONORGESTREL 68MG, NEXPLANON	J7307	HCPCS	both			2781		UHC	Medicaid		877.41	31.55			549.9	2641.95	percent of total billed charges	
ETONORGESTREL 68MG, NEXPLANON	J7307	HCPCS	both			2781		Wellcare	Medicaid		877.41	31.55			549.9	2641.95	percent of total billed charges	
ETONORGESTREL 68MG, NEXPLANON	J7307	HCPCS	both			2781		WellPoint	WellPoint		894.93	32.18			549.9	2641.95	percent of total billed charges	
GANCICLOVIR 4.5MG IMPLANT	J7310	HCPCS	outpatient			12314.5		Aetna	Better Health		3885.22	31.55			3694.35	18400	percent of total billed charges	
GANCICLOVIR 4.5MG IMPLANT	J7310	HCPCS	outpatient			12314.5		Aetna	Commercial		4679.51	38			3694.35	18400	percent of total billed charges	
GANCICLOVIR 4.5MG IMPLANT	J7310	HCPCS	outpatient			12314.5		Aetna	Medicare		3792.87	30.8			3694.35	18400	percent of total billed charges	
GANCICLOVIR 4.5MG IMPLANT	J7310	HCPCS	outpatient			12314.5		Americare	Americare		9235.88	75			3694.35	18400	percent of total billed charges	
GANCICLOVIR 4.5MG IMPLANT	J7310	HCPCS	outpatient			12314.5		Amerihealth	HMO/PPO		18400				3694.35	18400	fee schedule	
GANCICLOVIR 4.5MG IMPLANT	J7310	HCPCS	outpatient			12314.5		Consumer	Consumer		11698.78	95			3694.35	18400	percent of total billed charges	
GANCICLOVIR 4.5MG IMPLANT	J7310	HCPCS	outpatient			12314.5		Corrections	Corrections		9851.6	80			3694.35	18400	percent of total billed charges	
GANCICLOVIR 4.5MG IMPLANT	J7310	HCPCS	outpatient			12314.5		First Health	First Health		8620.15	70			3694.35	18400	percent of total billed charges	
GANCICLOVIR 4.5MG IMPLANT	J7310	HCPCS	outpatient			12314.5		First Trenton	First Trenton		11083.05	90			3694.35	18400	percent of total billed charges	
GANCICLOVIR 4.5MG IMPLANT	J7310	HCPCS	outpatient			12314.5		Horizon	MGD		4713.99	38.28			3694.35	18400	percent of total billed charges	
GANCICLOVIR 4.5MG IMPLANT	J7310	HCPCS	outpatient			12314.5		Horizon	Indemnity		4713.99	38.28			3694.35	18400	percent of total billed charges	
GANCICLOVIR 4.5MG IMPLANT	J7310	HCPCS	outpatient			12314.5		Horizon	Medicare Blue		3694.35	30			3694.35	18400	percent of total billed charges	
GANCICLOVIR 4.5MG IMPLANT	J7310	HCPCS	outpatient			12314.5		Horizon	PPO		4713.99	38.28			3694.35	18400	percent of total billed charges	
GANCICLOVIR 4.5MG IMPLANT	J7310	HCPCS	outpatient			12314.5		Managed Care Inc	Managed Care Inc		11083.05	90			3694.35	18400	percent of total billed charges	
GANCICLOVIR 4.5MG IMPLANT	J7310	HCPCS	outpatient			12314.5		Multiplan	Multiplan		9851.6	80			3694.35	18400	percent of total billed charges	
GANCICLOVIR 4.5MG IMPLANT	J7310	HCPCS	outpatient			12314.5		Qualcare	Qualcare		9235.88	75			3694.35	18400	percent of total billed charges	
GANCICLOVIR 4.5MG IMPLANT	J7310	HCPCS	outpatient			12314.5		Three Rivers	Three Rivers		11698.78	95			3694.35	18400	percent of total billed charges	
GANCICLOVIR 4.5MG IMPLANT	J7310	HCPCS	outpatient			12314.5		UHC	Medicaid		3885.22	31.55			3694.35	18400	percent of total billed charges	
GANCICLOVIR 4.5MG IMPLANT	J7310	HCPCS	outpatient			12314.5		Wellcare	Medicaid		3885.22	31.55			3694.35	18400	percent of total billed charges	
GANCICLOVIR 4.5MG IMPLANT	J7310	HCPCS	outpatient			12314.5		WellPoint	WellPoint		3962.81	32.18			3694.35	18400	percent of total billed charges	
FLUOCINOLONE IMPLANT	J7311	HCPCS	outpatient			44936		343.91 Aetna	Medicare		299.05				35.58	42689.2	fee schedule	
FLUOCINOLONE IMPLANT	J7311	HCPCS	outpatient			44936		343.91 Aetna	Better Health		14177.31	31.55			35.58	42689.2	percent of total billed charges	
FLUOCINOLONE IMPLANT	J7311	HCPCS	outpatient			44936		343.91 Aetna	Commercial		56.64				35.58	42689.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLUOCINOLONE IMPLANT	J7311	HCPCS	outpatient			44936		343.91 Americare	Americare		33702	75			35.58	42689.2	percent of total billed charges	
FLUOCINOLONE IMPLANT	J7311	HCPCS	outpatient			44936		343.91 Amerihealth	HMO/PPO		21835.45				35.58	42689.2	fee schedule	
FLUOCINOLONE IMPLANT	J7311	HCPCS	outpatient			44936		343.91 Amerihealth	Medicare		299.05				35.58	42689.2	fee schedule	
FLUOCINOLONE IMPLANT	J7311	HCPCS	outpatient			44936		343.91 Consumer	Consumer		42689.2	95			35.58	42689.2	percent of total billed charges	
FLUOCINOLONE IMPLANT	J7311	HCPCS	outpatient			44936		343.91 Corrections	Corrections		35948.8	80			35.58	42689.2	percent of total billed charges	
FLUOCINOLONE IMPLANT	J7311	HCPCS	outpatient			44936		343.91 First Health	First Health		31455.2	70			35.58	42689.2	percent of total billed charges	
FLUOCINOLONE IMPLANT	J7311	HCPCS	outpatient			44936		343.91 First Trenton	First Trenton		40442.4	90			35.58	42689.2	percent of total billed charges	
FLUOCINOLONE IMPLANT	J7311	HCPCS	outpatient			44936		343.91 Horizon	PPO		66.21				35.58	42689.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLUOCINOLONE IMPLANT	J7311	HCPCS	outpatient			44936		343.91 Horizon	Indemnity		66.21				35.58	42689.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLUOCINOLONE IMPLANT	J7311	HCPCS	outpatient			44936		343.91 Horizon	MGD		66.21				35.58	42689.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLUOCINOLONE IMPLANT	J7311	HCPCS	outpatient			44936		343.91 Horizon	Medicare Blue		35.58				35.58	42689.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLUOCINOLONE IMPLANT	J7311	HCPCS	outpatient			44936		343.91 Managed Care Inc	Managed Care Inc		40442.4	90			35.58	42689.2	percent of total billed charges	
FLUOCINOLONE IMPLANT	J7311	HCPCS	outpatient			44936		343.91 Multiplan	Multiplan		35948.8	80			35.58	42689.2	percent of total billed charges	
FLUOCINOLONE IMPLANT	J7311	HCPCS	outpatient			44936		343.91 Qualcare	Qualcare		33702	75			35.58	42689.2	percent of total billed charges	
FLUOCINOLONE IMPLANT	J7311	HCPCS	outpatient			44936		343.91 Three Rivers	Three Rivers		42689.2	95			35.58	42689.2	percent of total billed charges	
FLUOCINOLONE IMPLANT	J7311	HCPCS	outpatient			44936		343.91 UHC	Medicaid		14177.31	31.55			35.58	42689.2	percent of total billed charges	
FLUOCINOLONE IMPLANT	J7311	HCPCS	outpatient			44936		343.91 UHC	Medicare		299.05				35.58	42689.2	fee schedule	
FLUOCINOLONE IMPLANT	J7311	HCPCS	outpatient			44936		343.91 United	Oxford		747.63				35.58	42689.2	fee schedule	
FLUOCINOLONE IMPLANT	J7311	HCPCS	outpatient			44936		343.91 United	Commercial|PPO		747.63				35.58	42689.2	fee schedule	
FLUOCINOLONE IMPLANT	J7311	HCPCS	outpatient			44936		343.91 Wellcare	Medicaid		14177.31	31.55			35.58	42689.2	percent of total billed charges	
FLUOCINOLONE IMPLANT	J7311	HCPCS	outpatient			44936		343.91 Wellcare	Medicare		299.05				35.58	42689.2	fee schedule	
FLUOCINOLONE IMPLANT	J7311	HCPCS	outpatient			44936		343.91 WellPoint	WellPoint		14460.4	32.18			35.58	42689.2	percent of total billed charges	
DEXAMETHASONE INTRA IMPLANT 0.1MG INJ	J7312	HCPCS	outpatient			839.5		236.45 Aetna	Commercial		392.89				205.61	797.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEXAMETHASONE INTRA IMPLANT 0.1MG INJ	J7312	HCPCS	outpatient			839.5		236.45 Aetna	Better Health		264.86	31.55			205.61	797.53	percent of total billed charges	
DEXAMETHASONE INTRA IMPLANT 0.1MG INJ	J7312	HCPCS	outpatient			839.5		236.45 Aetna	Medicare		205.61				205.61	797.53	fee schedule	
DEXAMETHASONE INTRA IMPLANT 0.1MG INJ	J7312	HCPCS	outpatient			839.5		236.45 Americare	Americare		629.63	75			205.61	797.53	percent of total billed charges	
DEXAMETHASONE INTRA IMPLANT 0.1MG INJ	J7312	HCPCS	outpatient			839.5		236.45 Amerihealth	Medicare		205.61				205.61	797.53	fee schedule	
DEXAMETHASONE INTRA IMPLANT 0.1MG INJ	J7312	HCPCS	outpatient			839.5		236.45 Amerihealth	HMO/PPO		217.96				205.61	797.53	fee schedule	
DEXAMETHASONE INTRA IMPLANT 0.1MG INJ	J7312	HCPCS	outpatient			839.5		236.45 Consumer	Consumer		797.53	95			205.61	797.53	percent of total billed charges	
DEXAMETHASONE INTRA IMPLANT 0.1MG INJ	J7312	HCPCS	outpatient			839.5		236.45 Corrections	Corrections		671.6	80			205.61	797.53	percent of total billed charges	
DEXAMETHASONE INTRA IMPLANT 0.1MG INJ	J7312	HCPCS	outpatient			839.5		236.45 First Health	First Health		587.65	70			205.61	797.53	percent of total billed charges	
DEXAMETHASONE INTRA IMPLANT 0.1MG INJ	J7312	HCPCS	outpatient			839.5		236.45 First Trenton	First Trenton		755.55	90			205.61	797.53	percent of total billed charges	
DEXAMETHASONE INTRA IMPLANT 0.1MG INJ	J7312	HCPCS	outpatient			839.5		236.45 Horizon	Indemnity		459.28				205.61	797.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEXAMETHASONE INTRA IMPLANT 0.1MG INJ	J7312	HCPCS	outpatient			839.5		236.45 Horizon	MGD		459.28				205.61	797.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEXAMETHASONE INTRA IMPLANT 0.1MG INJ	J7312	HCPCS	outpatient			839.5		236.45 Horizon	Medicare Blue		246.79				205.61	797.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEXAMETHASONE INTRA IMPLANT 0.1MG INJ	J7312	HCPCS	outpatient			839.5		236.45 Horizon	PPO		459.28				205.61	797.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEXAMETHASONE INTRA IMPLANT 0.1MG INJ	J7312	HCPCS	outpatient			839.5		236.45 Managed Care Inc	Managed Care Inc		755.55	90			205.61	797.53	percent of total billed charges	
DEXAMETHASONE INTRA IMPLANT 0.1MG INJ	J7312	HCPCS	outpatient			839.5		236.45 Multiplan	Multiplan		671.6	80			205.61	797.53	percent of total billed charges	
DEXAMETHASONE INTRA IMPLANT 0.1MG INJ	J7312	HCPCS	outpatient			839.5		236.45 Qualcare	Qualcare		629.63	75			205.61	797.53	percent of total billed charges	
DEXAMETHASONE INTRA IMPLANT 0.1MG INJ	J7312	HCPCS	outpatient			839.5		236.45 Three Rivers	Three Rivers		797.53	95			205.61	797.53	percent of total billed charges	
DEXAMETHASONE INTRA IMPLANT 0.1MG INJ	J7312	HCPCS	outpatient			839.5		236.45 UHC	Medicare		205.61				205.61	797.53	fee schedule	
DEXAMETHASONE INTRA IMPLANT 0.1MG INJ	J7312	HCPCS	outpatient			839.5		236.45 UHC	Medicaid		264.86	31.55			205.61	797.53	percent of total billed charges	
DEXAMETHASONE INTRA IMPLANT 0.1MG INJ	J7312	HCPCS	outpatient			839.5		236.45 United	Commercial|PPO		514.03				205.61	797.53	fee schedule	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number(NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
DEXAMETHASONE INTRA IMPLANT 0.1MG INJ	J7312	HCPCS	outpatient			839.5	236.45	United	Oxford		514.03				205.61	797.53	fee schedule	
DEXAMETHASONE INTRA IMPLANT 0.1MG INJ	J7312	HCPCS	outpatient			839.5	236.45	Wellcare	Medicaid		264.86	31.55			205.61	797.53	percent of total billed charges	
DEXAMETHASONE INTRA IMPLANT 0.1MG INJ	J7312	HCPCS	outpatient			839.5	236.45	Wellcare	Medicare		205.61				205.61	797.53	fee schedule	
DEXAMETHASONE INTRA IMPLANT 0.1MG INJ	J7312	HCPCS	outpatient			839.5	236.45	WellPoint	WellPoint		270.15	32.18			205.61	797.53	percent of total billed charges	
FLUOCINOLONE ACETONIDE INTRAVITREAL IMPL	J7314	HCPCS	outpatient			1584.5	608.35	Aetna	Commercial		1007.23				499.91	1505.28	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLUOCINOLONE ACETONIDE INTRAVITREAL IMPL	J7314	HCPCS	outpatient			1584.5	608.35	Aetna	Better Health		499.91	31.55			499.91	1505.28	percent of total billed charges	
FLUOCINOLONE ACETONIDE INTRAVITREAL IMPL	J7314	HCPCS	outpatient			1584.5	608.35	Aetna	Medicare		529				499.91	1505.28	fee schedule	
FLUOCINOLONE ACETONIDE INTRAVITREAL IMPL	J7314	HCPCS	outpatient			1584.5	608.35	Americare	Americare		1186.38	75			499.91	1505.28	percent of total billed charges	
FLUOCINOLONE ACETONIDE INTRAVITREAL IMPL	J7314	HCPCS	outpatient			1584.5	608.35	Amerihealth	HMO/PPO		1029.93	65			499.91	1505.28	percent of total billed charges	
FLUOCINOLONE ACETONIDE INTRAVITREAL IMPL	J7314	HCPCS	outpatient			1584.5	608.35	Amerihealth	Medicare		529				499.91	1505.28	fee schedule	
FLUOCINOLONE ACETONIDE INTRAVITREAL IMPL	J7314	HCPCS	outpatient			1584.5	608.35	Consumer	Consumer		1505.28	95			499.91	1505.28	percent of total billed charges	
FLUOCINOLONE ACETONIDE INTRAVITREAL IMPL	J7314	HCPCS	outpatient			1584.5	608.35	Corrections	Corrections		1267.6	80			499.91	1505.28	percent of total billed charges	
FLUOCINOLONE ACETONIDE INTRAVITREAL IMPL	J7314	HCPCS	outpatient			1584.5	608.35	First Health	First Health		1108.15	70			499.91	1505.28	percent of total billed charges	
FLUOCINOLONE ACETONIDE INTRAVITREAL IMPL	J7314	HCPCS	outpatient			1584.5	608.35	First Trenton	First Trenton		1426.05	90			499.91	1505.28	percent of total billed charges	
FLUOCINOLONE ACETONIDE INTRAVITREAL IMPL	J7314	HCPCS	outpatient			1584.5	608.35	Horizon	MGD		1177.42				499.91	1505.28	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLUOCINOLONE ACETONIDE INTRAVITREAL IMPL	J7314	HCPCS	outpatient			1584.5	608.35	Horizon	Medicare Blue		632.68				499.91	1505.28	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLUOCINOLONE ACETONIDE INTRAVITREAL IMPL	J7314	HCPCS	outpatient			1584.5	608.35	Horizon	Indemnity		1177.42				499.91	1505.28	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLUOCINOLONE ACETONIDE INTRAVITREAL IMPL	J7314	HCPCS	outpatient			1584.5	608.35	Horizon	PPO		1177.42				499.91	1505.28	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLUOCINOLONE ACETONIDE INTRAVITREAL IMPL	J7314	HCPCS	outpatient			1584.5	608.35	Managed Care Inc	Managed Care Inc		1426.05	90			499.91	1505.28	percent of total billed charges	
FLUOCINOLONE ACETONIDE INTRAVITREAL IMPL	J7314	HCPCS	outpatient			1584.5	608.35	Multiplan	Multiplan		1267.6	80			499.91	1505.28	percent of total billed charges	
FLUOCINOLONE ACETONIDE INTRAVITREAL IMPL	J7314	HCPCS	outpatient			1584.5	608.35	Qualcare	Qualcare		1188.38	75			499.91	1505.28	percent of total billed charges	
FLUOCINOLONE ACETONIDE INTRAVITREAL IMPL	J7314	HCPCS	outpatient			1584.5	608.35	Three Rivers	Three Rivers		1505.28	95			499.91	1505.28	percent of total billed charges	
FLUOCINOLONE ACETONIDE INTRAVITREAL IMPL	J7314	HCPCS	outpatient			1584.5	608.35	UHC	Medicare		529				499.91	1505.28	fee schedule	
FLUOCINOLONE ACETONIDE INTRAVITREAL IMPL	J7314	HCPCS	outpatient			1584.5	608.35	UHC	Medicaid		499.91	31.55			499.91	1505.28	percent of total billed charges	
FLUOCINOLONE ACETONIDE INTRAVITREAL IMPL	J7314	HCPCS	outpatient			1584.5	608.35	United	CommercialPPO		1322.5				499.91	1505.28	fee schedule	
FLUOCINOLONE ACETONIDE INTRAVITREAL IMPL	J7314	HCPCS	outpatient			1584.5	608.35	United	Oxford		1322.5				499.91	1505.28	fee schedule	
FLUOCINOLONE ACETONIDE INTRAVITREAL IMPL	J7314	HCPCS	outpatient			1584.5	608.35	Wellcare	Medicaid		499.91	31.55			499.91	1505.28	percent of total billed charges	
FLUOCINOLONE ACETONIDE INTRAVITREAL IMPL	J7314	HCPCS	outpatient			1584.5	608.35	Wellcare	Medicare		529				499.91	1505.28	fee schedule	
FLUOCINOLONE ACETONIDE INTRAVITREAL IMPL	J7314	HCPCS	outpatient			1584.5	608.35	WellPoint	WellPoint		509.89	32.18			499.91	1505.28	percent of total billed charges	
MYTOMYCIN 0.2 MG KIT	J7315	HCPCS	outpatient			1498.5		Aetna	Better Health		472.78	31.55			366.18	1423.58	percent of total billed charges	
MYTOMYCIN 0.2 MG KIT	J7315	HCPCS	outpatient			1498.5		Aetna	Medicare		461.54	30.8			366.18	1423.58	percent of total billed charges	
MYTOMYCIN 0.2 MG KIT	J7315	HCPCS	outpatient			1498.5		Aetna	Commercial		569.43	38			366.18	1423.58	percent of total billed charges	
MYTOMYCIN 0.2 MG KIT	J7315	HCPCS	outpatient			1498.5		Americare	Americare		1123.88	75			366.18	1423.58	percent of total billed charges	
MYTOMYCIN 0.2 MG KIT	J7315	HCPCS	outpatient			1498.5		Amerihealth	HMO/PPO		366.18				366.18	1423.58	fee schedule	
MYTOMYCIN 0.2 MG KIT	J7315	HCPCS	outpatient			1498.5		Consumer	Consumer		1423.58	95			366.18	1423.58	percent of total billed charges	
MYTOMYCIN 0.2 MG KIT	J7315	HCPCS	outpatient			1498.5		Corrections	Corrections		1198.8	80			366.18	1423.58	percent of total billed charges	
MYTOMYCIN 0.2 MG KIT	J7315	HCPCS	outpatient			1498.5		First Health	First Health		1048.95	70			366.18	1423.58	percent of total billed charges	
MYTOMYCIN 0.2 MG KIT	J7315	HCPCS	outpatient			1498.5		First Trenton	First Trenton		1348.65	90			366.18	1423.58	percent of total billed charges	
MYTOMYCIN 0.2 MG KIT	J7315	HCPCS	outpatient			1498.5		Horizon	MGD		573.63	38.28			366.18	1423.58	percent of total billed charges	
MYTOMYCIN 0.2 MG KIT	J7315	HCPCS	outpatient			1498.5		Horizon	PPO		573.63	38.28			366.18	1423.58	percent of total billed charges	
MYTOMYCIN 0.2 MG KIT	J7315	HCPCS	outpatient			1498.5		Horizon	Indemnity		573.63	38.28			366.18	1423.58	percent of total billed charges	
MYTOMYCIN 0.2 MG KIT	J7315	HCPCS	outpatient			1498.5		Horizon	Medicare Blue		449.55	30			366.18	1423.58	percent of total billed charges	
MYTOMYCIN 0.2 MG KIT	J7315	HCPCS	outpatient			1498.5		Managed Care Inc	Managed Care Inc		1348.65	90			366.18	1423.58	percent of total billed charges	
MYTOMYCIN 0.2 MG KIT	J7315	HCPCS	outpatient			1498.5		Multiplan	Multiplan		1198.8	80			366.18	1423.58	percent of total billed charges	
MYTOMYCIN 0.2 MG KIT	J7315	HCPCS	outpatient			1498.5		Qualcare	Qualcare		1123.88	75			366.18	1423.58	percent of total billed charges	
MYTOMYCIN 0.2 MG KIT	J7315	HCPCS	outpatient			1498.5		Three Rivers	Three Rivers		1423.58	95			366.18	1423.58	percent of total billed charges	
MYTOMYCIN 0.2 MG KIT	J7315	HCPCS	outpatient			1498.5		UHC	Medicaid		472.78	31.55			366.18	1423.58	percent of total billed charges	
MYTOMYCIN 0.2 MG KIT	J7315	HCPCS	outpatient			1498.5		Wellcare	Medicaid		472.78	31.55			366.18	1423.58	percent of total billed charges	
MYTOMYCIN 0.2 MG KIT	J7315	HCPCS	outpatient			1498.5		WellPoint	WellPoint		492.22	32.18			366.18	1423.58	percent of total billed charges	
OCRIPLASMIN 0.125 MG VIAL	J7316	HCPCS	outpatient			4125		Aetna	Medicare		1270.5	30.8			1135.62	3918.75	percent of total billed charges	
OCRIPLASMIN 0.125 MG VIAL	J7316	HCPCS	outpatient			4125		Aetna	Better Health		1301.44	31.55			1135.62	3918.75	percent of total billed charges	
OCRIPLASMIN 0.125 MG VIAL	J7316	HCPCS	outpatient			4125		Aetna	Commercial		1567.5	38			1135.62	3918.75	percent of total billed charges	
OCRIPLASMIN 0.125 MG VIAL	J7316	HCPCS	outpatient			4125		Americare	Americare		3093.75	75			1135.62	3918.75	percent of total billed charges	
OCRIPLASMIN 0.125 MG VIAL	J7316	HCPCS	outpatient			4125		Amerihealth	HMO/PPO		1135.62				1135.62	3918.75	fee schedule	
OCRIPLASMIN 0.125 MG VIAL	J7316	HCPCS	outpatient			4125		Consumer	Consumer		3918.75	95			1135.62	3918.75	percent of total billed charges	
OCRIPLASMIN 0.125 MG VIAL	J7316	HCPCS	outpatient			4125		Corrections	Corrections		3300	80			1135.62	3918.75	percent of total billed charges	
OCRIPLASMIN 0.125 MG VIAL	J7316	HCPCS	outpatient			4125		First Health	First Health		2887.5	70			1135.62	3918.75	percent of total billed charges	
OCRIPLASMIN 0.125 MG VIAL	J7316	HCPCS	outpatient			4125		First Trenton	First Trenton		3712.5	90			1135.62	3918.75	percent of total billed charges	
OCRIPLASMIN 0.125 MG VIAL	J7316	HCPCS	outpatient			4125		Horizon	Medicare Blue		1237.5	30			1135.62	3918.75	percent of total billed charges	
OCRIPLASMIN 0.125 MG VIAL	J7316	HCPCS	outpatient			4125		Horizon	Indemnity		1579.05	38.28			1135.62	3918.75	percent of total billed charges	
OCRIPLASMIN 0.125 MG VIAL	J7316	HCPCS	outpatient			4125		Horizon	MGD		1579.05	38.28			1135.62	3918.75	percent of total billed charges	
OCRIPLASMIN 0.125 MG VIAL	J7316	HCPCS	outpatient			4125		Horizon	PPO		1579.05	38.28			1135.62	3918.75	percent of total billed charges	
OCRIPLASMIN 0.125 MG VIAL	J7316	HCPCS	outpatient			4125		Managed Care Inc	Managed Care Inc		3712.5	90			1135.62	3918.75	percent of total billed charges	
OCRIPLASMIN 0.125 MG VIAL	J7316	HCPCS	outpatient			4125		Multiplan	Multiplan		3300	80			1135.62	3918.75	percent of total billed charges	
OCRIPLASMIN 0.125 MG VIAL	J7316	HCPCS	outpatient			4125		Qualcare	Qualcare		3093.75	75			1135.62	3918.75	percent of total billed charges	
OCRIPLASMIN 0.125 MG VIAL	J7316	HCPCS	outpatient			4125		Three Rivers	Three Rivers		3918.75	95			1135.62	3918.75	percent of total billed charges	
OCRIPLASMIN 0.125 MG VIAL	J7316	HCPCS	outpatient			4125		UHC	Medicaid		1301.44	31.55			1135.62	3918.75	percent of total billed charges	
OCRIPLASMIN 0.125 MG VIAL	J7316	HCPCS	outpatient			4125		Wellcare	Medicaid		1301.44	31.55			1135.62	3918.75	percent of total billed charges	
OCRIPLASMIN 0.125 MG VIAL	J7316	HCPCS	outpatient			4125		WellPoint	WellPoint		1327.43	32.18			1135.62	3918.75	percent of total billed charges	
HYALURONATE SOD(HYALGAN)20ML/2ML SYR	J7321	HCPCS	both			848	84.06	Aetna	Better Health		267.54	31.55			73.1	805.6	percent of total billed charges	
HYALURONATE SOD(HYALGAN)20ML/2ML SYR	J7321	HCPCS	both			848	84.06	Aetna	Medicare		73.1				73.1	805.6	fee schedule	
HYALURONATE SOD(HYALGAN)20ML/2ML SYR	J7321	HCPCS	both			848	84.06	Aetna	Commercial		322.24	38			73.1	805.6	percent of total billed charges	
HYALURONATE SOD(HYALGAN)20ML/2ML SYR	J7321	HCPCS	both			848	84.06	Americare	Americare		636	75			73.1	805.6	percent of total billed charges	
HYALURONATE SOD(HYALGAN)20ML/2ML SYR	J7321	HCPCS	both			848	84.06	Amerihealth	Medicare		73.1				73.1	805.6	fee schedule	
HYALURONATE SOD(HYALGAN)20ML/2ML SYR	J7321	HCPCS	both			848	84.06	Amerihealth	HMO/PPO		95.17				73.1	805.6	fee schedule	
HYALURONATE SOD(HYALGAN)20ML/2ML SYR	J7321	HCPCS	both			848	84.06	Consumer	Consumer		805.6	95			73.1	805.6	percent of total billed charges	
HYALURONATE SOD(HYALGAN)20ML/2ML SYR	J7321	HCPCS	both			848	84.06	Corrections	Corrections		678.4	80			73.1	805.6	percent of total billed charges	
HYALURONATE SOD(HYALGAN)20ML/2ML SYR	J7321	HCPCS	both			848	84.06	First Health	First Health		593.6	70			73.1	805.6	percent of total billed charges	
HYALURONATE SOD(HYALGAN)20ML/2ML SYR	J7321	HCPCS	both			848	84.06	First Trenton	First Trenton		763.2	90			73.1	805.6	percent of total billed charges	
HYALURONATE SOD(HYALGAN)20ML/2ML SYR	J7321	HCPCS	both			848	84.06	Horizon	MGD		324.61	38.28			73.1	805.6	percent of total billed charges	
HYALURONATE SOD(HYALGAN)20ML/2ML SYR	J7321	HCPCS	both			848	84.06	Horizon	Indemnity		324.61	38.28			73.1	805.6	percent of total billed charges	
HYALURONATE SOD(HYALGAN)20ML/2ML SYR	J7321	HCPCS	both			848	84.06	Horizon	Medicare Blue		254.4	30			73.1	805.6	percent of total billed charges	
HYALURONATE SOD(HYALGAN)20ML/2ML SYR	J7321	HCPCS	both			848	84.06	Horizon	PPO		324.61	38.28			73.1	805.6	percent of total billed charges	
HYALURONATE SOD(HYALGAN)20ML/2ML SYR	J7321	HCPCS	both			848	84.06	Managed Care Inc	Managed Care Inc		763.2	90			73.1	805.6	percent of total billed charges	
HYALURONATE SOD(HYALGAN)20ML/2ML SYR	J7321	HCPCS	both			848	84.06	Multiplan	Multiplan		678.4	80			73.1	805.6	percent of total billed charges	
HYALURONATE SOD(HYALGAN)20ML/2ML SYR	J7321	HCPCS	both			848	84.06	Qualcare	Qualcare		636	75			73.1	805.6	percent of total billed charges	
HYALURONATE SOD(HYALGAN)20ML/2ML SYR	J7321	HCPCS	both			848	84.06	Three Rivers	Three Rivers		805.6	95			73.1	805.6	percent of total billed charges	
HYALURONATE SOD(HYALGAN)20ML/2ML SYR	J7321	HCPCS	both			848	84.06	UHC	Medicaid		267.54	31.55			73.1	805.6	percent of total billed charges	
HYALURONATE SOD(HYALGAN)20ML/2ML SYR	J7321	HCPCS	both			848	84.06	UHC	Medicare		73.1				73.1	805.6	fee schedule	
HYALURONATE SOD(HYALGAN)20ML/2ML SYR	J7321	HCPCS	both			848	84.06	Wellcare	Medicare		73.1				73.1	805.6	fee schedule	
HYALURONATE SOD(HYALGAN)20ML/2ML SYR	J7321	HCPCS	both			848	84.06	Wellcare	Medicaid		267.54	31.55			73.1	805.6	percent of total billed charges	
HYALURONATE SOD(HYALGAN)20ML/2ML SYR	J7321	HCPCS	both			848	84.06	WellPoint	WellPoint		272.89	32.18			73.1	805.6	percent of total billed charges	
HYALURONATE (HYLAN GF20) 1MG	J7325	HCPCS	outpatient			89.5	10.49	Aetna	Commercial		16.97				9.12	85.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HYALURONATE (HYLAN GF20) 1MG	J7325	HCPCS	outpatient			89.5	10.49	Aetna	Better Health		28.24	31.55			9.12	85.03	percent of total billed charges	
HYALURONATE (HYLAN GF20) 1MG	J7325	HCPCS	outpatient			89.5	10.49	Aetna	Medicare		9.12				9.12	85.03	fee schedule	
HYALURONATE (HYLAN GF20) 1MG	J7325	HCPCS	outpatient			89.5	10.49	Americare	Americare		67.13	75			9.12	85.03	percent of total billed charges	
HYALURONATE (HYLAN GF20) 1MG	J7325	HCPCS	outpatient			89.5	10.49	Amerihealth	Medicare		9.12				9.12	85.03	fee schedule	
HYALURONATE (HYLAN GF20) 1MG	J7325	HCPCS	outpatient			89.5	10.49	Amerihealth	HMO/PPO		13.86				9.12	85.03	fee schedule	
HYALURONATE (HYLAN GF20) 1MG	J7325	HCPCS	outpatient			89.5	10.49	Consumer	Consumer		85.03	95			9.12	85.03	percent of total billed charges	
HYALURONATE (HYLAN GF20) 1MG	J7325	HCPCS	outpatient			89.5	10.49	Corrections	Corrections		71.6	80			9.12	85.03	percent of total billed charges	
HYALURONATE (HYLAN GF20) 1MG	J7325	HCPCS	outpatient			89.5	10.49	First Health	First Health		62.65	70			9.12	85.03	percent of total billed charges	
HYALURONATE (HYLAN GF20) 1MG	J7325	HCPCS	outpatient			89.5	10.49	First Trenton	First Trenton		80.55	90			9.12	85.03	percent of total billed charges	
HYALURONATE (HYLAN GF20) 1MG	J7325	HCPCS	outpatient			89.5	10.49	Horizon	Indemnity		19.84				9.12	85.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HYALURONATE (HYLAN GF20) 1MG	J7325	HCPCS	outpatient			89.5	10.49	Horizon	MGD		19.84				9.12	85.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HYALURONATE (HYLAN GF20) 1MG	J7325	HCPCS	outpatient			89.5	10.49	Horizon	Medicare Blue		10.66				9.12	85.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HYALURONATE (HYLAN GF20) 1MG	J7325	HCPCS	outpatient			89.5	10.49	Horizon	PPO		19.84				9.12	85.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HYALURONATE (HYLAN GF20) 1MG	J7325	HCPCS	outpatient			89.5	10.49	Managed Care Inc	Managed Care Inc		80.55	90			9.12	85.03	percent of total billed charges	
HYALURONATE (HYLAN GF20) 1MG	J7325	HCPCS	outpatient			89.5	10.49	Multiplan	Multiplan		71.6	80			9.12	85.03	percent of total billed charges	
HYALURONATE (HYLAN GF20) 1MG	J7325	HCPCS	outpatient			89.5	10.49	Qualcare	Qualcare		67.13	75			9.12	85.03	percent of total billed charges	
HYALURONATE (HYLAN GF20) 1MG	J7325	HCPCS	outpatient			89.5	10.49	Three Rivers	Three Rivers		85.03	95			9.12	85.03	percent of total billed charges	
HYALURONATE (HYLAN GF20) 1MG	J7325	HCPCS	outpatient			89.5	10.49	UHC	Medicare		9.12				9.12	85.03	fee schedule	
HYALURONATE (HYLAN GF20) 1MG	J7325	HCPCS	outpatient			89.5	10.49	UHC	Medicaid		28.24	31.55			9.12	85.03	percent of total billed charges	
HYALURONATE (HYLAN GF20) 1MG	J7325	HCPCS	outpatient			89.5	10.49	United	Oxford		22.8				9.12	85.03	fee schedule	
HYALURONATE (HYLAN GF20) 1MG	J7325	HCPCS	outpatient			89.5	10.49	United	CommercialPPO		22.8				9.12	85.03	fee schedule	
HYALURONATE (HYLAN GF20) 1MG	J7325	HCPCS	outpatient			89.5	10.49	Wellcare	Medicaid		28.24	31.55			9.12	85.03	percent of total billed charges	
HYALURONATE (HYLAN GF20) 1MG	J7325	HCPCS	outpatient			89.5	10.49	Wellcare	Medicare		9.12				9.12	85.03	fee schedule	
HYALURONATE (HYLAN GF20) 1MG	J7325	HCPCS	outpatient			89.5	10.49	WellPoint	WellPoint		28.8	32.18			9.12	85.03	percent of total billed charges	
CIPROFLOXACIN(OTIPRIO)OTIC SUSP 6MG	J7342	HCPCS	outpatient			129	41.43	Aetna	Medicare		36.03				28.88	122.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CIPROFLOXACIN(OTIPRIO)OTIC SUSP 6MG	J7342	HCPCS	outpatient			129	41.43	Aetna	Commercial		57.36				28.88	122.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CIPROFLOXACIN(OTIPRIO)OTIC SUSP 6MG	J7342	HCPCS	outpatient			129	41.43	Aetna	Better Health		40.7	31.55			28.88	122.55	percent of total billed charges	
CIPROFLOXACIN(OTIPRIO)OTIC SUSP 6MG	J7342	HCPCS	outpatient			129	41.43	Americare	Americare		96.75	75			28.88	122.55	percent of total billed charges	
CIPROFLOXACIN(OTIPRIO)OTIC SUSP 6MG	J7342	HCPCS	outpatient			129	41.43	Amerihealth	HMO/PPO		28.88				28.88	122.55	fee schedule	
CIPROFLOXACIN(OTIPRIO)OTIC SUSP 6MG	J7342	HCPCS	outpatient			129	41.43	Amerihealth	Medicare		36.03				28.88	122.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CIPROFLOXACIN(OTIPRIO)OTIC SUSP 6MG	J7342	HCPCS	outpatient			129	41.43	Consumer	Consumer		122.55	95			28.88	122.55	percent of total billed charges	
CIPROFLOXACIN(OTIPRIO)OTIC SUSP 6MG	J7342	HCPCS	outpatient			129	41.43	Corrections	Corrections		103.2	80			28.88	122.55	percent of total billed charges	
CIPROFLOXACIN(OTIPRIO)OTIC SUSP 6MG	J7342	HCPCS	outpatient			129	41.43	First Health	First Health		90.3	70			28.88	122.55	percent of total billed charges	
CIPROFLOXACIN(OTIPRIO)OTIC SUSP 6MG	J7342	HCPCS	outpatient			129	41.43	First Trenton	First Trenton		116.1	90			28.88	122.55	percent of total billed charges	
CIPROFLOXACIN(OTIPRIO)OTIC SUSP 6MG	J7342	HCPCS	outpatient			129	41.43	Horizon	PPO		67.05				28.88	122.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CIPROFLOXACIN(OTIPRIO)OTIC SUSP 6MG	J7342	HCPCS	outpatient			129	41.43	Horizon	Medicare Blue		36.03				28.88	122.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CIPROFLOXACIN(OTIPRIO)OTIC SUSP 6MG	J7342	HCPCS	outpatient			129	41.43	Horizon	Indemnity		67.05				28.88	122.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CIPROFLOXACIN(OTIPRIO)OTIC SUSP 6MG	J7342	HCPCS	outpatient			129	41.43	Horizon	MGD		67.05				28.88	122.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CIPROFLOXACIN(OTIPRIO)OTIC SUSP 6MG	J7342	HCPCS	outpatient			129	41.43	Managed Care Inc	Managed Care Inc		116.1	90			28.88	122.55	percent of total billed charges	
CIPROFLOXACIN(OTIPRIO)OTIC SUSP 6MG	J7342	HCPCS	outpatient			129	41.43	Multiplan	Multiplan		103.2	80			28.88	122.55	percent of total billed charges	
CIPROFLOXACIN(OTIPRIO)OTIC SUSP 6MG	J7342	HCPCS	outpatient			129	41.43	Qualcare	Qualcare		96.75	75			28.88	122.55	percent of total billed charges	
CIPROFLOXACIN(OTIPRIO)OTIC SUSP 6MG	J7342	HCPCS	outpatient			129	41.43	Three Rivers	Three Rivers		122.55	95			28.88	122.55	percent of total billed charges	
CIPROFLOXACIN(OTIPRIO)OTIC SUSP 6MG	J7342	HCPCS	outpatient			129	41.43	UHC	Medicaid		40.7	31.55			28.88	122.55	percent of total billed charges	
CIPROFLOXACIN(OTIPRIO)OTIC SUSP 6MG	J7342	HCPCS	outpatient			129	41.43	UHC	Medicare		36.03				28.88	122.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CIPROFLOXACIN(OTIPRIO)OTIC SUSP 6MG	J7342	HCPCS	outpatient			129	41.43	United	Oxford		75.05				28.88	122.55	fee schedule	
CIPROFLOXACIN(OTIPRIO)OTIC SUSP 6MG	J7342	HCPCS	outpatient			129	41.43	United	CommercialPPO		75.05				28.88	122.55	fee schedule	
CIPROFLOXACIN(OTIPRIO)OTIC SUSP 6MG	J7342	HCPCS	outpatient			129	41.43	Wellcare	Medicaid		40.7	31.55			28.88	122.55	percent of total billed charges	
CIPROFLOXACIN(OTIPRIO)OTIC SUSP 6MG	J7342	HCPCS	outpatient			129	41.43	Wellcare	Medicare		36.03				28.88	122.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CIPROFLOXACIN(OTIPRIO)OTIC SUSP 6MG	J7342	HCPCS	outpatient			129	41.43	WellPoint	WellPoint		41.51	32.18			28.88	122.55	percent of total billed charges	
BIMATOPROST(DURYSTA) 1 MCG INJ	J7351	HCPCS	outpatient			783.5	237.14	Aetna	Better Health		247.19	31.55			206.21	744.33	percent of total billed charges	
BIMATOPROST(DURYSTA) 1 MCG INJ	J7351	HCPCS	outpatient			783.5	237.14	Aetna	Medicare		206.21				206.21	744.33	fee schedule	
BIMATOPROST(DURYSTA) 1 MCG INJ	J7351	HCPCS	outpatient			783.5	237.14	Aetna	Commercial		394.02				206.21	744.33	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIMATOPROST(DURYSTA) 1 MCG INJ	J7351	HCPCS	outpatient			783.5	237.14	Americare	Americare		587.63	75			206.21	744.33	percent of total billed charges	
BIMATOPROST(DURYSTA) 1 MCG INJ	J7351	HCPCS	outpatient			783.5	237.14	Amerihealth	Medicare		206.21				206.21	744.33	fee schedule	
BIMATOPROST(DURYSTA) 1 MCG INJ	J7351	HCPCS	outpatient			783.5	237.14	Amerihealth	HMO/PPO		509.28	65			206.21	744.33	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.															
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true														
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
BIMATOPROST(DURYSTA) 1 MCG INJ	J7351	HCPCS	outpatient			783.5	237.14	Consumer	Consumer		744.33	95			206.21	744.33	percent of total billed charges	
BIMATOPROST(DURYSTA) 1 MCG INJ	J7351	HCPCS	outpatient			783.5	237.14	Corrections	Corrections		626.8	80			206.21	744.33	percent of total billed charges	
BIMATOPROST(DURYSTA) 1 MCG INJ	J7351	HCPCS	outpatient			783.5	237.14	First Health	First Health		548.45	70			206.21	744.33	percent of total billed charges	
BIMATOPROST(DURYSTA) 1 MCG INJ	J7351	HCPCS	outpatient			783.5	237.14	First Trenton	First Trenton		705.15	90			206.21	744.33	percent of total billed charges	
BIMATOPROST(DURYSTA) 1 MCG INJ	J7351	HCPCS	outpatient			783.5	237.14	Horizon	Indemnity		460.6				206.21	744.33	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIMATOPROST(DURYSTA) 1 MCG INJ	J7351	HCPCS	outpatient			783.5	237.14	Horizon	Medicare Blue		247.5				206.21	744.33	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIMATOPROST(DURYSTA) 1 MCG INJ	J7351	HCPCS	outpatient			783.5	237.14	Horizon	MGD		460.6				206.21	744.33	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIMATOPROST(DURYSTA) 1 MCG INJ	J7351	HCPCS	outpatient			783.5	237.14	Horizon	PPO		460.6				206.21	744.33	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIMATOPROST(DURYSTA) 1 MCG INJ	J7351	HCPCS	outpatient			783.5	237.14	Managed Care Inc	Managed Care Inc		705.15	90			206.21	744.33	percent of total billed charges	
BIMATOPROST(DURYSTA) 1 MCG INJ	J7351	HCPCS	outpatient			783.5	237.14	Multiplan	Multiplan		626.8	80			206.21	744.33	percent of total billed charges	
BIMATOPROST(DURYSTA) 1 MCG INJ	J7351	HCPCS	outpatient			783.5	237.14	Qualcare	Qualcare		587.63	75			206.21	744.33	percent of total billed charges	
BIMATOPROST(DURYSTA) 1 MCG INJ	J7351	HCPCS	outpatient			783.5	237.14	Three Rivers	Three Rivers		744.33	95			206.21	744.33	percent of total billed charges	
BIMATOPROST(DURYSTA) 1 MCG INJ	J7351	HCPCS	outpatient			783.5	237.14	UHC	Medicaid		247.19	31.55			206.21	744.33	percent of total billed charges	
BIMATOPROST(DURYSTA) 1 MCG INJ	J7351	HCPCS	outpatient			783.5	237.14	UHC	Medicare		206.21				206.21	744.33	fee schedule	
BIMATOPROST(DURYSTA) 1 MCG INJ	J7351	HCPCS	outpatient			783.5	237.14	United	Oxford		515.53				206.21	744.33	fee schedule	
BIMATOPROST(DURYSTA) 1 MCG INJ	J7351	HCPCS	outpatient			783.5	237.14	United	Commercial|PPO		515.53				206.21	744.33	fee schedule	
BIMATOPROST(DURYSTA) 1 MCG INJ	J7351	HCPCS	outpatient			783.5	237.14	Wellcare	Medicare		206.21				206.21	744.33	fee schedule	
BIMATOPROST(DURYSTA) 1 MCG INJ	J7351	HCPCS	outpatient			783.5	237.14	Wellcare	Medicaid		247.19	31.55			206.21	744.33	percent of total billed charges	
BIMATOPROST(DURYSTA) 1 MCG INJ	J7351	HCPCS	outpatient			783.5	237.14	WellPoint	WellPoint		252.13	32.18			206.21	744.33	percent of total billed charges	
AZATHIOPRINE 50MG TAB	J7500	HCPCS	both			5.5	5.24	Aetna	Better Health		1.74	31.55			0.36	5.23	percent of total billed charges	
AZATHIOPRINE 50MG TAB	J7500	HCPCS	both			5.5	5.24	Aetna	Commercial		2.09	38			0.36	5.23	percent of total billed charges	
AZATHIOPRINE 50MG TAB	J7500	HCPCS	both			5.5	5.24	Aetna	Medicare		4.56				0.36	5.23	fee schedule	
AZATHIOPRINE 50MG TAB	J7500	HCPCS	both			5.5	5.24	Americare	Americare		4.13	75			0.36	5.23	percent of total billed charges	
AZATHIOPRINE 50MG TAB	J7500	HCPCS	both			5.5	5.24	Amerihealth	Medicare		4.56				0.36	5.23	fee schedule	
AZATHIOPRINE 50MG TAB	J7500	HCPCS	both			5.5	5.24	Amerihealth	HMO|PPO		0.36				0.36	5.23	fee schedule	
AZATHIOPRINE 50MG TAB	J7500	HCPCS	both			5.5	5.24	Consumer	Consumer		5.23	95			0.36	5.23	percent of total billed charges	
AZATHIOPRINE 50MG TAB	J7500	HCPCS	both			5.5	5.24	Corrections	Corrections		4.4	80			0.36	5.23	percent of total billed charges	
AZATHIOPRINE 50MG TAB	J7500	HCPCS	both			5.5	5.24	First Health	First Health		3.85	70			0.36	5.23	percent of total billed charges	
AZATHIOPRINE 50MG TAB	J7500	HCPCS	both			5.5	5.24	First Trenton	First Trenton		4.95	90			0.36	5.23	percent of total billed charges	
AZATHIOPRINE 50MG TAB	J7500	HCPCS	both			5.5	5.24	Horizon	Indemnity		2.11	38.28			0.36	5.23	percent of total billed charges	
AZATHIOPRINE 50MG TAB	J7500	HCPCS	both			5.5	5.24	Horizon	Medicare Blue		1.65	30			0.36	5.23	percent of total billed charges	
AZATHIOPRINE 50MG TAB	J7500	HCPCS	both			5.5	5.24	Horizon	MGD		2.11	38.28			0.36	5.23	percent of total billed charges	
AZATHIOPRINE 50MG TAB	J7500	HCPCS	both			5.5	5.24	Horizon	PPO		2.11	38.28			0.36	5.23	percent of total billed charges	
AZATHIOPRINE 50MG TAB	J7500	HCPCS	both			5.5	5.24	Managed Care Inc	Managed Care Inc		4.95	90			0.36	5.23	percent of total billed charges	
AZATHIOPRINE 50MG TAB	J7500	HCPCS	both			5.5	5.24	Multiplan	Multiplan		4.4	80			0.36	5.23	percent of total billed charges	
AZATHIOPRINE 50MG TAB	J7500	HCPCS	both			5.5	5.24	Qualcare	Qualcare		4.13	75			0.36	5.23	percent of total billed charges	
AZATHIOPRINE 50MG TAB	J7500	HCPCS	both			5.5	5.24	Three Rivers	Three Rivers		5.23	95			0.36	5.23	percent of total billed charges	
AZATHIOPRINE 50MG TAB	J7500	HCPCS	both			5.5	5.24	UHC	Medicaid		1.74	31.55			0.36	5.23	percent of total billed charges	
AZATHIOPRINE 50MG TAB	J7500	HCPCS	both			5.5	5.24	UHC	Medicare		4.56				0.36	5.23	fee schedule	
AZATHIOPRINE 50MG TAB	J7500	HCPCS	both			5.5	5.24	Wellcare	Medicaid		1.74	31.55			0.36	5.23	percent of total billed charges	
AZATHIOPRINE 50MG TAB	J7500	HCPCS	both			5.5	5.24	Wellcare	Medicare		4.56				0.36	5.23	fee schedule	
AZATHIOPRINE 50MG TAB	J7500	HCPCS	both			5.5	5.24	WellPoint	WellPoint		1.77	32.18			0.36	5.23	percent of total billed charges	
CYCLOSPORINE MICROEMULSION 100MG CR	J7502	HCPCS	inpatient			43	2.6	Aetna	Better Health		13.57	31.55			2.26	40.85	percent of total billed charges	
CYCLOSPORINE MICROEMULSION 100MG CR	J7502	HCPCS	inpatient			43	2.6	Aetna	Commercial		16.34	38			2.26	40.85	percent of total billed charges	
CYCLOSPORINE MICROEMULSION 100MG CR	J7502	HCPCS	inpatient			43	2.6	Aetna	Medicare		2.26				2.26	40.85	fee schedule	
CYCLOSPORINE MICROEMULSION 100MG CR	J7502	HCPCS	inpatient			43	2.6	Americare	Americare		32.25	75			2.26	40.85	percent of total billed charges	
CYCLOSPORINE MICROEMULSION 100MG CR	J7502	HCPCS	inpatient			43	2.6	Amerihealth	HMO|PPO		3.65				2.26	40.85	fee schedule	
CYCLOSPORINE MICROEMULSION 100MG CR	J7502	HCPCS	inpatient			43	2.6	Amerihealth	Medicare		2.26				2.26	40.85	fee schedule	
CYCLOSPORINE MICROEMULSION 100MG CR	J7502	HCPCS	inpatient			43	2.6	Consumer	Consumer		40.85	95			2.26	40.85	percent of total billed charges	
CYCLOSPORINE MICROEMULSION 100MG CR	J7502	HCPCS	inpatient			43	2.6	Corrections	Corrections		34.4	80			2.26	40.85	percent of total billed charges	
CYCLOSPORINE MICROEMULSION 100MG CR	J7502	HCPCS	inpatient			43	2.6	First Health	First Health		30.1	70			2.26	40.85	percent of total billed charges	
CYCLOSPORINE MICROEMULSION 100MG CR	J7502	HCPCS	inpatient			43	2.6	First Trenton	First Trenton		38.7	90			2.26	40.85	percent of total billed charges	
CYCLOSPORINE MICROEMULSION 100MG CR	J7502	HCPCS	inpatient			43	2.6	Horizon	MGD		16.46	38.28			2.26	40.85	percent of total billed charges	
CYCLOSPORINE MICROEMULSION 100MG CR	J7502	HCPCS	inpatient			43	2.6	Horizon	Indemnity		16.46	38.28			2.26	40.85	percent of total billed charges	
CYCLOSPORINE MICROEMULSION 100MG CR	J7502	HCPCS	inpatient			43	2.6	Horizon	Medicare Blue		12.9	30			2.26	40.85	percent of total billed charges	
CYCLOSPORINE MICROEMULSION 100MG CR	J7502	HCPCS	inpatient			43	2.6	Horizon	PPO		16.46	38.28			2.26	40.85	percent of total billed charges	
CYCLOSPORINE MICROEMULSION 100MG CR	J7502	HCPCS	inpatient			43	2.6	Managed Care Inc	Managed Care Inc		38.7	90			2.26	40.85	percent of total billed charges	
CYCLOSPORINE MICROEMULSION 100MG CR	J7502	HCPCS	inpatient			43	2.6	Multiplan	Multiplan		34.4	80			2.26	40.85	percent of total billed charges	
CYCLOSPORINE MICROEMULSION 100MG CR	J7502	HCPCS	inpatient			43	2.6	Qualcare	Qualcare		32.25	75			2.26	40.85	percent of total billed charges	
CYCLOSPORINE MICROEMULSION 100MG CR	J7502	HCPCS	inpatient			43	2.6	Three Rivers	Three Rivers		40.85	95			2.26	40.85	percent of total billed charges	
CYCLOSPORINE MICROEMULSION 100MG CR	J7502	HCPCS	inpatient			43	2.6	UHC	Medicare		2.26				2.26	40.85	fee schedule	
CYCLOSPORINE MICROEMULSION 100MG CR	J7502	HCPCS	inpatient			43	2.6	UHC	Medicaid		13.57	31.55			2.26	40.85	percent of total billed charges	
CYCLOSPORINE MICROEMULSION 100MG CR	J7502	HCPCS	inpatient			43	2.6	Wellcare	Medicaid		13.57	31.55			2.26	40.85	percent of total billed charges	
CYCLOSPORINE MICROEMULSION 100MG CR	J7502	HCPCS	inpatient			43	2.6	Wellcare	Medicare		2.26				2.26	40.85	fee schedule	
CYCLOSPORINE MICROEMULSION 100MG CR	J7502	HCPCS	inpatient			43	2.6	WellPoint	WellPoint		13.84	32.18			2.26	40.85	percent of total billed charges	
LYMPHO IMMGLOB(ATGAM)250MG INJ	J7504	HCPCS	outpatient			4240	4130.18	Aetna	Commercial		6907.67				974.42	8978.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYMPHO IMMGLOB(ATGAM)250MG INJ	J7504	HCPCS	outpatient			4240	4130.18	Aetna	Medicare		3691.46				974.42	8978.65	fee schedule	
LYMPHO IMMGLOB(ATGAM)250MG INJ	J7504	HCPCS	outpatient			4240	4130.18	Aetna	Better Health		1337.72	31.55			974.42	8978.65	percent of total billed charges	
LYMPHO IMMGLOB(ATGAM)250MG INJ	J7504	HCPCS	outpatient			4240	4130.18	Americare	Americare		3180	75			974.42	8978.65	percent of total billed charges	
LYMPHO IMMGLOB(ATGAM)250MG INJ	J7504	HCPCS	outpatient			4240	4130.18	Amerihealth	HMO|PPO		1560.9				974.42	8978.65	fee schedule	
LYMPHO IMMGLOB(ATGAM)250MG INJ	J7504	HCPCS	outpatient			4240	4130.18	Amerihealth	Medicare		3591.46				974.42	8978.65	fee schedule	
LYMPHO IMMGLOB(ATGAM)250MG INJ	J7504	HCPCS	outpatient			4240	4130.18	Consumer	Consumer		4028	95			974.42	8978.65	percent of total billed charges	
LYMPHO IMMGLOB(ATGAM)250MG INJ	J7504	HCPCS	outpatient			4240	4130.18	Corrections	Corrections		3392	80			974.42	8978.65	percent of total billed charges	
LYMPHO IMMGLOB(ATGAM)250MG INJ	J7504	HCPCS	outpatient			4240	4130.18	First Health	First Health		2968	70			974.42	8978.65	percent of total billed charges	
LYMPHO IMMGLOB(ATGAM)250MG INJ	J7504	HCPCS	outpatient			4240	4130.18	First Trenton	First Trenton		3816	90			974.42	8978.65	percent of total billed charges	
LYMPHO IMMGLOB(ATGAM)250MG INJ	J7504	HCPCS	outpatient			4240	4130.18	Horizon	Indemnity		8074.86				974.42	8978.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYMPHO IMMGLOB(ATGAM)250MG INJ	J7504	HCPCS	outpatient			4240	4130.18	Horizon	MGD		8074.86				974.42	8978.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYMPHO IMMGLOB(ATGAM)250MG INJ	J7504	HCPCS	outpatient			4240	4130.18	Horizon	Medicare Blue		4338.99				974.42	8978.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYMPHO IMMGLOB(ATGAM)250MG INJ	J7504	HCPCS	outpatient			4240	4130.18	Horizon	PPO		8074.86				974.42	8978.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYMPHO IMMGLOB(ATGAM)250MG INJ	J7504	HCPCS	outpatient			4240	4130.18	Managed Care Inc	Managed Care Inc		3816	90			974.42	8978.65	percent of total billed charges	
LYMPHO IMMGLOB(ATGAM)250MG INJ	J7504	HCPCS	outpatient			4240	4130.18	Multiplan	Multiplan		3392	80			974.42	8978.65	percent of total billed charges	
LYMPHO IMMGLOB(ATGAM)250MG INJ	J7504	HCPCS	outpatient			4240	4130.18	Qualcare	Qualcare		3180	75			974.42	8978.65	percent of total billed charges	
LYMPHO IMMGLOB(ATGAM)250MG INJ	J7504	HCPCS	outpatient			4240	4130.18	Three Rivers	Three Rivers		4028	95			974.42	8978.65	percent of total billed charges	
LYMPHO IMMGLOB(ATGAM)250MG INJ	J7504	HCPCS	outpatient			4240	4130.18	UHC	Medicaid		1337.72	31.55			974.42	8978.65	percent of total billed charges	
LYMPHO IMMGLOB(ATGAM)250MG INJ	J7504	HCPCS	outpatient			4240	4130.18	UHC	Medicare		3591.46				974.42	8978.65	fee schedule	
LYMPHO IMMGLOB(ATGAM)250MG INJ	J7504	HCPCS	outpatient			4240	4130.18	United	Commercial|PPO		8978.65				974.42	8978.65	fee schedule	
LYMPHO IMMGLOB(ATGAM)250MG INJ	J7504	HCPCS	outpatient			4240	4130.18	United	Oxford		8978.65				974.42	8978.65	fee schedule	
LYMPHO IMMGLOB(ATGAM)250MG INJ	J7504	HCPCS	outpatient			4240	4130.18	Wellcare	Medicaid		1337.72	31.55			974.42	8978.65	percent of total billed charges	
LYMPHO IMMGLOB(ATGAM)250MG INJ	J7504	HCPCS	outpatient			4240	4130.18	Wellcare	Medicare		3591.46				974.42	8978.65	fee schedule	
LYMPHO IMMGLOB(ATGAM)250MG INJ	J7504	HCPCS	outpatient			4240	4130.18	WellPoint	WellPoint		1364.43	32.18			974.42	8978.65	percent of total billed charges	
MUROMONAB-CD3 (OKT-3)	J7505	HCPCS	outpatient			5016.5		Aetna	Better Health		1582.71	31.55			1254.24	4765.68	percent of total billed charges	
MUROMONAB-CD3 (OKT-3)	J7505	HCPCS	outpatient			5016.5		Aetna	Medicare		1545.08	30.8			1254.24	4765.68	percent of total billed charges	
MUROMONAB-CD3 (OKT-3)	J7505	HCPCS	outpatient			5016.5		Aetna	Commercial		1906.27	38			1254.24	4765.68	percent of total billed charges	
MUROMONAB-CD3 (OKT-3)	J7505	HCPCS	outpatient			5016.5		Americare	Americare		3762.38	75			1254.24	4765.68	percent of total billed charges	
MUROMONAB-CD3 (OKT-3)	J7505	HCPCS	outpatient			5016.5		Amerihealth	HMO|PPO		1254.24				1254.24	4765.68	fee schedule	
MUROMONAB-CD3 (OKT-3)	J7505	HCPCS	outpatient			5016.5		Consumer	Consumer		4765.68	95			1254.24	4765.68	percent of total billed charges	
MUROMONAB-CD3 (OKT-3)	J7505	HCPCS	outpatient			5016.5		Corrections	Corrections		4013.2	80			1254.24	4765.68	percent of total billed charges	
MUROMONAB-CD3 (OKT-3)	J7505	HCPCS	outpatient			5016.5		First Health	First Health		3511.55	70			1254.24	4765.68	percent of total billed charges	
MUROMONAB-CD3 (OKT-3)	J7505	HCPCS	outpatient			5016.5		First Trenton	First Trenton		4514.85	90			1254.24	4765.68	percent of total billed charges	
MUROMONAB-CD3 (OKT-3)	J7505	HCPCS	outpatient			5016.5		Horizon	MGD		1920.32	38.28			1254.24	4765.68	percent of total billed charges	
MUROMONAB-CD3 (OKT-3)	J7505	HCPCS	outpatient			5016.5		Horizon	Indemnity		1920.32	38.28			1254.24	4765.68	percent of total billed charges	
MUROMONAB-CD3 (OKT-3)	J7505	HCPCS	outpatient			5016.5		Horizon	PPO		1920.32	38.28			1254.24	4765.68	percent of total billed charges	
MUROMONAB-CD3 (OKT-3)	J7505	HCPCS	outpatient			5016.5		Horizon	Medicare Blue		1504.95	30			1254.24	4765.68	percent of total billed charges	
MUROMONAB-CD3 (OKT-3)	J7505	HCPCS	outpatient			5016.5		Managed Care Inc	Managed Care Inc		4514.85	90			1254.24	4765.68	percent of total billed charges	
MUROMONAB-CD3 (OKT-3)	J7505	HCPCS	outpatient			5016.5		Multiplan	Multiplan		4013.2	80			1254.24	4765.68	percent of total billed charges	
MUROMONAB-CD3 (OKT-3)	J7505	HCPCS	outpatient			5016.5		Qualcare	Qualcare		3762.38	75			1254.24	4765.68	percent of total billed charges	
MUROMONAB-CD3 (OKT-3)	J7505	HCPCS	outpatient			5016.5		Three Rivers	Three Rivers		4765.68	95			1254.24	4765.68	percent of total billed charges	
MUROMONAB-CD3 (OKT-3)	J7505	HCPCS	outpatient			5016.5		UHC	Medicaid		1582.71	31.55			1254.24	4765.68	percent of total billed charges	
MUROMONAB-CD3 (OKT-3)	J7505	HCPCS	outpatient			5016.5		Wellcare	Medicaid		1582.71	31.55			1254.24	4765.68	percent of total billed charges	
MUROMONAB-CD3 (OKT-3)	J7505	HCPCS	outpatient			5016.5		WellPoint	WellPoint		1614.31	32.18			1254.24	4765.68	percent of total billed charges	
TACROLIMUS 1MG CAP	J7507	HCPCS	both			27.5	0.27	Aetna	Medicare		0.24				0.24	26.13	fee schedule	
TACROLIMUS 1MG CAP	J7507	HCPCS	both			27.5	0.27	Aetna	Better Health		8.68	31.55			0.24	26.13	percent of total billed charges	
TACROLIMUS 1MG CAP	J7507	HCPCS	both			27.5	0.27	Aetna	Commercial		10.45	38			0.24	26.13	percent of total billed charges	
TACROLIMUS 1MG CAP	J7507	HCPCS	both			27.5	0.27	Americare	Americare		20.63	75			0.24	26.13	percent of total billed charges	
TACROLIMUS 1MG CAP	J7507	HCPCS	both			27.5	0.27	Amerihealth	Medicare		0.24				0.24	26.13	fee schedule	
TACROLIMUS 1MG CAP	J7507	HCPCS	both			27.5	0.27	Amerihealth	HMO|PPO		0.82				0.24	26.13	fee schedule	
TACROLIMUS 1MG CAP	J7507	HCPCS	both			27.5	0.27	Consumer	Consumer		26.13	95			0.24	26.13	percent of total billed charges	
TACROLIMUS 1MG CAP	J7507	HCPCS	both			27.5	0.27	Corrections	Corrections		22	80			0.24	26.13	percent of total billed charges	
TACROLIMUS 1MG CAP	J7507	HCPCS	both			27.5	0.27	First Health	First Health		19.25	70			0.24	26.13	percent of total billed charges	
TACROLIMUS 1MG CAP	J7507	HCPCS	both			27.5	0.27	First Trenton	First Trenton		24.75	90			0.24	26.13	percent of total billed charges	
TACROLIMUS 1MG CAP	J7507	HCPCS	both			27.5	0.27	Horizon	Medicare Blue		8.25	30			0.24	26.13	percent of total billed charges	
TACROLIMUS 1MG CAP	J7507	HCPCS	both			27.5	0.27	Horizon	Indemnity		10.53	38.28			0.24	26.13	percent of total billed charges	
TACROLIMUS 1MG CAP	J7507	HCPCS	both			27.5	0.27	Horizon	MGD		10.53	38.28			0.24	26.13	percent of total billed charges	
TACROLIMUS 1MG CAP	J7507	HCPCS	both			27.5	0.27	Horizon	PPO		10.53	38.28			0.24	26.13	percent of total billed charges	
TACROLIMUS 1MG CAP	J7507	HCPCS	both			27.5	0.27	Managed Care Inc	Managed Care Inc		24.75	90			0.24	26.13	percent of total billed charges	
TACROLIMUS 1MG CAP	J7507	HCPCS	both			27.5	0.27	Multiplan	Multiplan		22	80			0.24	26.13	percent of total billed charges	
TACROLIMUS 1MG CAP	J7507	HCPCS	both			27.5	0.27	Qualcare	Qualcare		20.63	75			0.24	26.13	percent of total billed charges	
TACROLIMUS 1MG CAP	J7507	HCPCS	both			27.5	0.27	Three Rivers	Three Rivers		26.13	95			0.24	26.13	percent of total billed charges	
TACROLIMUS 1MG CAP	J7507	HCPCS	both			27.5	0.27	UHC	Medicare		0.24				0.24	26.13	fee schedule	
TACROLIMUS 1MG CAP	J7507	HCPCS	both			27.5	0.27	UHC	Medicaid		8.68	31.55			0.24	26.13	percent of total billed charges	
TACROLIMUS 1MG CAP	J7507	HCPCS	both			27.5	0.27	Wellcare	Medicaid		8.68	31.55			0.24	26.13	percent of total billed charges	
TACROLIMUS 1MG CAP	J7507	HCPCS	both			27.5	0.27	Wellcare	Medicare		0.24				0.24	26.13	fee schedule	
TACROLIMUS 1MG CAP	J7507	HCPCS	both			27.5	0.27	WellPoint	WellPoint		8.85	32.18			0.24	26.13	percent of total billed charges	
TACROLIMUS(ASTAGRAF XL 1MG)0.1MG CAPS	J7508	HCPCS	outpatient			2	0.63	Aetna	Better Health		0.63	31.55			0.43	1.9	percent of total billed charges	
TACROLIMUS(ASTAGRAF XL 1MG)0.1MG CAPS	J7508	HCPCS	outpatient			2	0.63	Aetna	Medicare		0.55				0.43	1.9	fee schedule	
TACROLIMUS(ASTAGRAF XL 1MG)0.1MG CAPS	J7508	HCPCS	outpatient			2	0.63	Aetna	Commercial		0.76	38			0.43	1.9	percent of total billed charges	
TACROLIMUS(ASTAGRAF XL 1MG)0.1MG CAPS	J7508	HCPCS	outpatient			2	0.63	Americare	Americare		1.5	75			0.43	1.9	percent of total billed charges	
TACROLIMUS(ASTAGRAF XL 1MG)0.1MG CAPS	J7508	HCPCS	outpatient			2	0.63	Amerihealth	HMO|PPO		0.43				0.43	1.9	fee schedule	
TACROLIMUS(ASTAGRAF XL 1MG)0.1MG CAPS	J7508	HCPCS	outpatient			2	0.63	Amerihealth	Medicare		0.55				0.43	1.9	fee schedule	
TACROLIMUS(ASTAGRAF XL 1MG)0.1MG CAPS	J7508	HCPCS	outpatient			2	0.63	Consumer	Consumer		1.9	95			0.43	1.9	percent of total billed charges	
TACROLIMUS(ASTAGRAF XL 1MG)0.1MG CAPS	J7508	HCPCS	outpatient			2	0.63	Corrections	Corrections		1.6	80			0.43	1.9	percent of total billed charges	
TACROLIMUS(ASTAGRAF XL 1MG)0.1MG CAPS	J7508	HCPCS	outpatient			2	0.63	First Health	First Health		1.4	70			0.43	1.9	percent of total billed charges	
TACROLIMUS(ASTAGRAF XL 1MG)0.1MG CAPS	J7508	HCPCS	outpatient			2	0.63	First Trenton	First Trenton		1.8	90			0.43	1.9	percent of total billed charges	
TACROLIMUS(ASTAGRAF XL 1MG)0.1MG CAPS	J7508	HCPCS	outpatient			2	0.63	Horizon	MGD		0.77	38.28			0.43	1.9	percent of total billed charges	
TACROLIMUS(ASTAGRAF XL 1MG)0.1MG CAPS	J7508	HCPCS	outpatient			2	0.63	Horizon	Indemnity		0.77	38.28			0.43	1.9	percent of total billed charges	
TACROLIMUS(ASTAGRAF XL 1MG)0.1MG CAPS	J7508	HCPCS	outpatient			2	0.63	Horizon	Medicare Blue		0.6	30			0.43	1.9	percent of total billed charges	
TACROLIMUS(ASTAGRAF XL 1MG)0.1MG CAPS	J7508	HCPCS	outpatient			2	0.63	Horizon	PPO		0.77	38.28			0.43	1.9	percent of total billed charges	
TACROLIMUS(ASTAGRAF XL 1MG)0.1MG CAPS	J7508	HCPCS	outpatient			2	0.63	Managed Care Inc	Managed Care Inc		1.8	90			0.43	1.9	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.													
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true												
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
TACROLIMUS(ASTAGRAF XL 1MG)0.1MG CAPS	J7508	HCPCS	outpatient			2	0.63	Multiplan	Multiplan		1.6	80			0.43		1.9 percent of total billed charges	
TACROLIMUS(ASTAGRAF XL 1MG)0.1MG CAPS	J7508	HCPCS	outpatient			2	0.63	Qualcare	Qualcare		1.5	75			0.43		1.9 percent of total billed charges	
TACROLIMUS(ASTAGRAF XL 1MG)0.1MG CAPS	J7508	HCPCS	outpatient			2	0.63	Three Rivers	Three Rivers		1.9	95			0.43		1.9 percent of total billed charges	
TACROLIMUS(ASTAGRAF XL 1MG)0.1MG CAPS	J7508	HCPCS	outpatient			2	0.63	UHC	Medicaid		0.63	31.55			0.43		1.9 percent of total billed charges	
TACROLIMUS(ASTAGRAF XL 1MG)0.1MG CAPS	J7508	HCPCS	outpatient			2	0.63	UHC	Medicare		0.55				0.43		1.9 fee schedule	
TACROLIMUS(ASTAGRAF XL 1MG)0.1MG CAPS	J7508	HCPCS	outpatient			2	0.63	Wellcare	Medicare		0.55				0.43		1.9 fee schedule	
TACROLIMUS(ASTAGRAF XL 1MG)0.1MG CAPS	J7508	HCPCS	outpatient			2	0.63	Wellcare	Medicaid		0.63	31.55			0.43		1.9 percent of total billed charges	
TACROLIMUS(ASTAGRAF XL 1MG)0.1MG CAPS	J7508	HCPCS	outpatient			2	0.63	WellPoint	WellPoint		0.64	32.18			0.43		1.9 percent of total billed charges	
METHYLPREDNISOLONE 4MG TAB	J7509	HCPCS	both			3.5	0.26	Aetna	Medicare		0.23				0.23		3.33 fee schedule	
METHYLPREDNISOLONE 4MG TAB	J7509	HCPCS	both			3.5	0.26	Aetna	Better Health		1.1	31.55			0.23		3.33 percent of total billed charges	
METHYLPREDNISOLONE 4MG TAB	J7509	HCPCS	both			3.5	0.26	Aetna	Commercial		1.33	38			0.23		3.33 percent of total billed charges	
METHYLPREDNISOLONE 4MG TAB	J7509	HCPCS	both			3.5	0.26	Americare	Americare		2.63	75			0.23		3.33 percent of total billed charges	
METHYLPREDNISOLONE 4MG TAB	J7509	HCPCS	both			3.5	0.26	Amerihealth	HMO/PPO		0.37				0.23		3.33 fee schedule	
METHYLPREDNISOLONE 4MG TAB	J7509	HCPCS	both			3.5	0.26	Amerihealth	Medicare		0.23				0.23		3.33 fee schedule	
METHYLPREDNISOLONE 4MG TAB	J7509	HCPCS	both			3.5	0.26	Consumer	Consumer		3.33	95			0.23		3.33 percent of total billed charges	
METHYLPREDNISOLONE 4MG TAB	J7509	HCPCS	both			3.5	0.26	Corrections	Corrections		2.8	80			0.23		3.33 percent of total billed charges	
METHYLPREDNISOLONE 4MG TAB	J7509	HCPCS	both			3.5	0.26	First Health	First Health		2.45	70			0.23		3.33 percent of total billed charges	
METHYLPREDNISOLONE 4MG TAB	J7509	HCPCS	both			3.5	0.26	First Trenton	First Trenton		3.15	90			0.23		3.33 percent of total billed charges	
METHYLPREDNISOLONE 4MG TAB	J7509	HCPCS	both			3.5	0.26	Horizon	Medicare Blue		1.05	30			0.23		3.33 percent of total billed charges	
METHYLPREDNISOLONE 4MG TAB	J7509	HCPCS	both			3.5	0.26	Horizon	MGD		1.34	38.28			0.23		3.33 percent of total billed charges	
METHYLPREDNISOLONE 4MG TAB	J7509	HCPCS	both			3.5	0.26	Horizon	Indemnity		1.34	38.28			0.23		3.33 percent of total billed charges	
METHYLPREDNISOLONE 4MG TAB	J7509	HCPCS	both			3.5	0.26	Horizon	PPO		1.34	38.28			0.23		3.33 percent of total billed charges	
METHYLPREDNISOLONE 4MG TAB	J7509	HCPCS	both			3.5	0.26	Managed Care Inc	Managed Care Inc		3.15	90			0.23		3.33 percent of total billed charges	
METHYLPREDNISOLONE 4MG TAB	J7509	HCPCS	both			3.5	0.26	Multiplan	Multiplan		2.8	80			0.23		3.33 percent of total billed charges	
METHYLPREDNISOLONE 4MG TAB	J7509	HCPCS	both			3.5	0.26	Qualcare	Qualcare		2.63	75			0.23		3.33 percent of total billed charges	
METHYLPREDNISOLONE 4MG TAB	J7509	HCPCS	both			3.5	0.26	Three Rivers	Three Rivers		3.33	95			0.23		3.33 percent of total billed charges	
METHYLPREDNISOLONE 4MG TAB	J7509	HCPCS	both			3.5	0.26	UHC	Medicaid		1.1	31.55			0.23		3.33 percent of total billed charges	
METHYLPREDNISOLONE 4MG TAB	J7509	HCPCS	both			3.5	0.26	UHC	Medicare		0.23				0.23		3.33 fee schedule	
METHYLPREDNISOLONE 4MG TAB	J7509	HCPCS	both			3.5	0.26	Wellcare	Medicare		0.23				0.23		3.33 fee schedule	
METHYLPREDNISOLONE 4MG TAB	J7509	HCPCS	both			3.5	0.26	Wellcare	Medicaid		1.1	31.55			0.23		3.33 percent of total billed charges	
METHYLPREDNISOLONE 4MG TAB	J7509	HCPCS	both			3.5	0.26	WellPoint	WellPoint		1.13	32.18			0.23		3.33 percent of total billed charges	
PREDNISOLONE 15MG/5ML SYRUP	J7510	HCPCS	both			2.5	0.48	Aetna	Commercial		0.95	38			0.12		2.38 percent of total billed charges	
PREDNISOLONE 15MG/5ML SYRUP	J7510	HCPCS	both			2.5	0.48	Aetna	Better Health		0.79	31.55			0.12		2.38 percent of total billed charges	
PREDNISOLONE 15MG/5ML SYRUP	J7510	HCPCS	both			2.5	0.48	Aetna	Medicare		0.42				0.12		2.38 fee schedule	
PREDNISOLONE 15MG/5ML SYRUP	J7510	HCPCS	both			2.5	0.48	Americare	Americare		1.88	75			0.12		2.38 percent of total billed charges	
PREDNISOLONE 15MG/5ML SYRUP	J7510	HCPCS	both			2.5	0.48	Amerihealth	Medicare		0.42				0.12		2.38 fee schedule	
PREDNISOLONE 15MG/5ML SYRUP	J7510	HCPCS	both			2.5	0.48	Amerihealth	HMO/PPO		0.12				0.12		2.38 fee schedule	
PREDNISOLONE 15MG/5ML SYRUP	J7510	HCPCS	both			2.5	0.48	Consumer	Consumer		2.38	95			0.12		2.38 percent of total billed charges	
PREDNISOLONE 15MG/5ML SYRUP	J7510	HCPCS	both			2.5	0.48	Corrections	Corrections		2	80			0.12		2.38 percent of total billed charges	
PREDNISOLONE 15MG/5ML SYRUP	J7510	HCPCS	both			2.5	0.48	First Health	First Health		1.75	70			0.12		2.38 percent of total billed charges	
PREDNISOLONE 15MG/5ML SYRUP	J7510	HCPCS	both			2.5	0.48	First Trenton	First Trenton		2.25	90			0.12		2.38 percent of total billed charges	
PREDNISOLONE 15MG/5ML SYRUP	J7510	HCPCS	both			2.5	0.48	Horizon	MGD		0.96	38.28			0.12		2.38 percent of total billed charges	
PREDNISOLONE 15MG/5ML SYRUP	J7510	HCPCS	both			2.5	0.48	Horizon	Indemnity		0.96	38.28			0.12		2.38 percent of total billed charges	
PREDNISOLONE 15MG/5ML SYRUP	J7510	HCPCS	both			2.5	0.48	Horizon	Medicare Blue		0.75	30			0.12		2.38 percent of total billed charges	
PREDNISOLONE 15MG/5ML SYRUP	J7510	HCPCS	both			2.5	0.48	Horizon	PPO		0.96	38.28			0.12		2.38 percent of total billed charges	
PREDNISOLONE 15MG/5ML SYRUP	J7510	HCPCS	both			2.5	0.48	Managed Care Inc	Managed Care Inc		2.25	90			0.12		2.38 percent of total billed charges	
PREDNISOLONE 15MG/5ML SYRUP	J7510	HCPCS	both			2.5	0.48	Multiplan	Multiplan		2	80			0.12		2.38 percent of total billed charges	
PREDNISOLONE 15MG/5ML SYRUP	J7510	HCPCS	both			2.5	0.48	Qualcare	Qualcare		1.88	75			0.12		2.38 percent of total billed charges	
PREDNISOLONE 15MG/5ML SYRUP	J7510	HCPCS	both			2.5	0.48	Three Rivers	Three Rivers		2.38	95			0.12		2.38 percent of total billed charges	
PREDNISOLONE 15MG/5ML SYRUP	J7510	HCPCS	both			2.5	0.48	UHC	Medicaid		0.79	31.55			0.12		2.38 percent of total billed charges	
PREDNISOLONE 15MG/5ML SYRUP	J7510	HCPCS	both			2.5	0.48	UHC	Medicare		0.42				0.12		2.38 fee schedule	
PREDNISOLONE 15MG/5ML SYRUP	J7510	HCPCS	both			2.5	0.48	Wellcare	Medicare		0.42				0.12		2.38 fee schedule	
PREDNISOLONE 15MG/5ML SYRUP	J7510	HCPCS	both			2.5	0.48	Wellcare	Medicaid		0.79	31.55			0.12		2.38 percent of total billed charges	
PREDNISOLONE 15MG/5ML SYRUP	J7510	HCPCS	both			2.5	0.48	WellPoint	WellPoint		0.8	32.18			0.12		2.38 percent of total billed charges	
ANTITHYMOCYTE RABBIT 25MG	J7511	HCPCS	inpatient			2070	1068.38	Aetna	Medicare		929.03				653.09		2322.58 fee schedule	
ANTITHYMOCYTE RABBIT 25MG	J7511	HCPCS	inpatient			2070	1068.38	Aetna	Commercial		1773.23				653.09		2322.58 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANTITHYMOCYTE RABBIT 25MG	J7511	HCPCS	inpatient			2070	1068.38	Aetna	Better Health		653.09	31.55			653.09		2322.58 percent of total billed charges	
ANTITHYMOCYTE RABBIT 25MG	J7511	HCPCS	inpatient			2070	1068.38	Americare	Americare		1552.5	75			653.09		2322.58 percent of total billed charges	
ANTITHYMOCYTE RABBIT 25MG	J7511	HCPCS	inpatient			2070	1068.38	Amerihealth	Medicare		929.03				653.09		2322.58 fee schedule	
ANTITHYMOCYTE RABBIT 25MG	J7511	HCPCS	inpatient			2070	1068.38	Amerihealth	HMO/PPO		749.49				653.09		2322.58 fee schedule	
ANTITHYMOCYTE RABBIT 25MG	J7511	HCPCS	inpatient			2070	1068.38	Consumer	Consumer		1966.5	95			653.09		2322.58 percent of total billed charges	
ANTITHYMOCYTE RABBIT 25MG	J7511	HCPCS	inpatient			2070	1068.38	Corrections	Corrections		1656	80			653.09		2322.58 percent of total billed charges	
ANTITHYMOCYTE RABBIT 25MG	J7511	HCPCS	inpatient			2070	1068.38	First Health	First Health		1449	70			653.09		2322.58 percent of total billed charges	
ANTITHYMOCYTE RABBIT 25MG	J7511	HCPCS	inpatient			2070	1068.38	First Trenton	First Trenton		1863	90			653.09		2322.58 percent of total billed charges	
ANTITHYMOCYTE RABBIT 25MG	J7511	HCPCS	inpatient			2070	1068.38	Horizon	Indemnity		2072.86				653.09		2322.58 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANTITHYMOCYTE RABBIT 25MG	J7511	HCPCS	inpatient			2070	1068.38	Horizon	Medicare Blue		1113.84				653.09		2322.58 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANTITHYMOCYTE RABBIT 25MG	J7511	HCPCS	inpatient			2070	1068.38	Horizon	MGD		2072.86				653.09		2322.58 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANTITHYMOCYTE RABBIT 25MG	J7511	HCPCS	inpatient			2070	1068.38	Horizon	PPO		2072.86				653.09		2322.58 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANTITHYMOCYTE RABBIT 25MG	J7511	HCPCS	inpatient			2070	1068.38	Managed Care Inc	Managed Care Inc		1863	90			653.09		2322.58 percent of total billed charges	
ANTITHYMOCYTE RABBIT 25MG	J7511	HCPCS	inpatient			2070	1068.38	Multiplan	Multiplan		1656	80			653.09		2322.58 percent of total billed charges	
ANTITHYMOCYTE RABBIT 25MG	J7511	HCPCS	inpatient			2070	1068.38	Qualcare	Qualcare		1552.5	75			653.09		2322.58 percent of total billed charges	
ANTITHYMOCYTE RABBIT 25MG	J7511	HCPCS	inpatient			2070	1068.38	Three Rivers	Three Rivers		1966.5	95			653.09		2322.58 percent of total billed charges	
ANTITHYMOCYTE RABBIT 25MG	J7511	HCPCS	inpatient			2070	1068.38	UHC	Medicaid		653.09	31.55			653.09		2322.58 percent of total billed charges	
ANTITHYMOCYTE RABBIT 25MG	J7511	HCPCS	inpatient			2070	1068.38	UHC	Medicare		929.03				653.09		2322.58 fee schedule	
ANTITHYMOCYTE RABBIT 25MG	J7511	HCPCS	inpatient			2070	1068.38	United	Oxford		2322.58				653.09		2322.58 fee schedule	
ANTITHYMOCYTE RABBIT 25MG	J7511	HCPCS	inpatient			2070	1068.38	United	Commercial|PPO		2322.58				653.09		2322.58 fee schedule	
ANTITHYMOCYTE RABBIT 25MG	J7511	HCPCS	inpatient			2070	1068.38	Wellcare	Medicare		929.03				653.09		2322.58 fee schedule	
ANTITHYMOCYTE RABBIT 25MG	J7511	HCPCS	inpatient			2070	1068.38	Wellcare	Medicaid		653.09	31.55			653.09		2322.58 percent of total billed charges	
ANTITHYMOCYTE RABBIT 25MG	J7511	HCPCS	inpatient			2070	1068.38	WellPoint	WellPoint		666.13	32.18			653.09		2322.58 percent of total billed charges	
PREDNISONE INTENSOL(5MG/ML)1MG LIQ	J7512	HCPCS	both			1	0.01	Aetna	Commercial		0.38	38			0.01		0.95 percent of total billed charges	
PREDNISONE INTENSOL(5MG/ML)1MG LIQ	J7512	HCPCS	both			1	0.01	Aetna	Medicare		0.01				0.01		0.95 fee schedule	
PREDNISONE INTENSOL(5MG/ML)1MG LIQ	J7512	HCPCS	both			1	0.01	Aetna	Better Health		0.32	31.55			0.01		0.95 percent of total billed charges	
PREDNISONE INTENSOL(5MG/ML)1MG LIQ	J7512	HCPCS	both			1	0.01	Americare	Americare		0.75	75			0.01		0.95 percent of total billed charges	
PREDNISONE INTENSOL(5MG/ML)1MG LIQ	J7512	HCPCS	both			1	0.01	Amerihealth	Medicare		0.01				0.01		0.95 fee schedule	
PREDNISONE INTENSOL(5MG/ML)1MG LIQ	J7512	HCPCS	both			1	0.01	Amerihealth	HMO/PPO		0.01				0.01		0.95 fee schedule	
PREDNISONE INTENSOL(5MG/ML)1MG LIQ	J7512	HCPCS	both			1	0.01	Consumer	Consumer		0.95	95			0.01		0.95 percent of total billed charges	
PREDNISONE INTENSOL(5MG/ML)1MG LIQ	J7512	HCPCS	both			1	0.01	Corrections	Corrections		0.8	80			0.01		0.95 percent of total billed charges	
PREDNISONE INTENSOL(5MG/ML)1MG LIQ	J7512	HCPCS	both			1	0.01	First Health	First Health		0.7	70			0.01		0.95 percent of total billed charges	
PREDNISONE INTENSOL(5MG/ML)1MG LIQ	J7512	HCPCS	both			1	0.01	First Trenton	First Trenton		0.9	90			0.01		0.95 percent of total billed charges	
PREDNISONE INTENSOL(5MG/ML)1MG LIQ	J7512	HCPCS	both			1	0.01	Horizon	Medicare Blue		0.3	30			0.01		0.95 percent of total billed charges	
PREDNISONE INTENSOL(5MG/ML)1MG LIQ	J7512	HCPCS	both			1	0.01	Horizon	Indemnity		0.38	38.28			0.01		0.95 percent of total billed charges	
PREDNISONE INTENSOL(5MG/ML)1MG LIQ	J7512	HCPCS	both			1	0.01	Horizon	NJ Health		0.55				0.01		0.95 fee schedule	
PREDNISONE INTENSOL(5MG/ML)1MG LIQ	J7512	HCPCS	both			1	0.01	Horizon	MGD		0.38	38.28			0.01		0.95 percent of total billed charges	
PREDNISONE INTENSOL(5MG/ML)1MG LIQ	J7512	HCPCS	both			1	0.01	Horizon	PPO		0.38	38.28			0.01		0.95 percent of total billed charges	
PREDNISONE INTENSOL(5MG/ML)1MG LIQ	J7512	HCPCS	both			1	0.01	Managed Care Inc	Managed Care Inc		0.9	90			0.01		0.95 percent of total billed charges	
PREDNISONE INTENSOL(5MG/ML)1MG LIQ	J7512	HCPCS	both			1	0.01	Multiplan	Multiplan		0.8	80			0.01		0.95 percent of total billed charges	
PREDNISONE INTENSOL(5MG/ML)1MG LIQ	J7512	HCPCS	both			1	0.01	Qualcare	Qualcare		0.75	75			0.01		0.95 percent of total billed charges	
PREDNISONE INTENSOL(5MG/ML)1MG LIQ	J7512	HCPCS	both			1	0.01	Three Rivers	Three Rivers		0.95	95			0.01		0.95 percent of total billed charges	
PREDNISONE INTENSOL(5MG/ML)1MG LIQ	J7512	HCPCS	both			1	0.01	UHC	Medicare		0.01				0.01		0.95 fee schedule	
PREDNISONE INTENSOL(5MG/ML)1MG LIQ	J7512	HCPCS	both			1	0.01	UHC	Medicaid		0.32	31.55			0.01		0.95 percent of total billed charges	
PREDNISONE INTENSOL(5MG/ML)1MG LIQ	J7512	HCPCS	both			1	0.01	Wellcare	Medicaid		0.32	31.55			0.01		0.95 percent of total billed charges	
PREDNISONE INTENSOL(5MG/ML)1MG LIQ	J7512	HCPCS	both			1	0.01	Wellcare	Medicare		0.01				0.01		0.95 fee schedule	
PREDNISONE INTENSOL(5MG/ML)1MG LIQ	J7512	HCPCS	both			1	0.01	WellPoint	WellPoint		0.32	32.18			0.01		0.95 percent of total billed charges	
DACLIZUMAB 25MG/5ML INJ	J7513	HCPCS	outpatient			3125.5		Aetna	Medicare		962.65	30.8			571.03		2969.23 percent of total billed charges	
DACLIZUMAB 25MG/5ML INJ	J7513	HCPCS	outpatient			3125.5		Aetna	Better Health		986.1	31.55			571.03		2969.23 percent of total billed charges	
DACLIZUMAB 25MG/5ML INJ	J7513	HCPCS	outpatient			3125.5		Aetna	Commercial		1187.69	38			571.03		2969.23 percent of total billed charges	
DACLIZUMAB 25MG/5ML INJ	J7513	HCPCS	outpatient			3125.5		Americare	Americare		2344.13	75			571.03		2969.23 percent of total billed charges	
DACLIZUMAB 25MG/5ML INJ	J7513	HCPCS	outpatient			3125.5		Amerihealth	HMO/PPO		571.03				571.03		2969.23 fee schedule	
DACLIZUMAB 25MG/5ML INJ	J7513	HCPCS	outpatient			3125.5		Consumer	Consumer		2969.23	95			571.03		2969.23 percent of total billed charges	
DACLIZUMAB 25MG/5ML INJ	J7513	HCPCS	outpatient			3125.5		Corrections	Corrections		2500.4	80			571.03		2969.23 percent of total billed charges	
DACLIZUMAB 25MG/5ML INJ	J7513	HCPCS	outpatient			3125.5		First Health	First Health		2187.85	70			571.03		2969.23 percent of total billed charges	
DACLIZUMAB 25MG/5ML INJ	J7513	HCPCS	outpatient			3125.5		First Trenton	First Trenton		2812.95	90			571.03		2969.23 percent of total billed charges	
DACLIZUMAB 25MG/5ML INJ	J7513	HCPCS	outpatient			3125.5		Horizon	MGD		1196.44	38.28			571.03		2969.23 percent of total billed charges	
DACLIZUMAB 25MG/5ML INJ	J7513	HCPCS	outpatient			3125.5		Horizon	Indemnity		1196.44	38.28			571.03		2969.23 percent of total billed charges	
DACLIZUMAB 25MG/5ML INJ	J7513	HCPCS	outpatient			3125.5		Horizon	Medicare Blue		937.65	30			571.03		2969.23 percent of total billed charges	
DACLIZUMAB 25MG/5ML INJ	J7513	HCPCS	outpatient			3125.5		Horizon	PPO		1196.44	38.28			571.03		2969.23 percent of total billed charges	
DACLIZUMAB 25MG/5ML INJ	J7513	HCPCS	outpatient			3125.5		Managed Care Inc	Managed Care Inc		2812.95	90			571.03		2969.23 percent of total billed charges	
DACLIZUMAB 25MG/5ML INJ	J7513	HCPCS	outpatient			3125.5		Multiplan	Multiplan		2500.4	80			571.03		2969.23 percent of total billed charges	
DACLIZUMAB 25MG/5ML INJ	J7513	HCPCS	outpatient			3125.5		Qualcare	Qualcare		2344.13	75			571.03		2969.23 percent of total billed charges	
DACLIZUMAB 25MG/5ML INJ	J7513	HCPCS	outpatient			3125.5		Three Rivers	Three Rivers		2969.23	95			571.03		2969.23 percent of total billed charges	
DACLIZUMAB 25MG/5ML INJ	J7513	HCPCS	outpatient			3125.5		UHC	Medicaid		986.1	31.55			571.03		2969.23 percent of total billed charges	
DACLIZUMAB 25MG/5ML INJ	J7513	HCPCS	outpatient			3125.5		Wellcare	Medicaid		986.1	31.55			571.03		2969.23 percent of total billed charges	
DACLIZUMAB 25MG/5ML INJ	J7513	HCPCS	outpatient			3125.5		WellPoint	WellPoint		1005.79	32.18			571.03		2969.23 percent of total billed charges	
CYCLOSPORINE MICROEMULSION 25MG CP	J7515	HCPCS	both			8.5	0.96	Aetna	Better Health		2.68	31.55			0.84		8.08 percent of total billed charges	
CYCLOSPORINE MICROEMULSION 25MG CP	J7515	HCPCS	both			8.5	0.96	Aetna	Medicare		0.84				0.84		8.08 fee schedule	
CYCLOSPORINE MICROEMULSION 25MG CP	J7515	HCPCS	both			8.5	0.96	Aetna	Commercial		3.23	38			0.84		8.08 percent of total billed charges	
CYCLOSPORINE MICROEMULSION 25MG CP	J7515	HCPCS	both			8.5	0.96	Americare	Americare		6.38	75			0.84		8.08 percent of total billed charges	
CYCLOSPORINE MICROEMULSION 25MG CP	J7515	HCPCS	both			8.5	0.96	Amerihealth	HMO/PPO		0.97				0.84		8.08 fee schedule	
CYCLOSPORINE MICROEMULSION 25MG CP	J7515	HCPCS	both			8.5	0.96	Amerihealth	Medicare		0.84				0.84		8.08 fee schedule	
CYCLOSPORINE MICROEMULSION 25MG CP	J7515	HCPCS	both			8.5	0.96	Consumer	Consumer		8.08	95			0.84		8.08 percent of total billed charges	
CYCLOSPORINE MICROEMULSION 25MG CP	J7515	HCPCS	both			8.5	0.96	Corrections	Corrections		6.8	80			0.84		8.08 percent of total billed charges	
CYCLOSPORINE MICROEMULSION 25MG CP	J7515	HCPCS	both			8.5	0.96	First Health	First Health		5.95	70			0.84		8.08 percent of total billed charges	
CYCLOSPORINE MICROEMULSION 25MG CP	J7515	HCPCS	both			8.5	0.96	First Trenton	First Trenton		7.65	90			0.84		8.08 percent of total billed charges	
CYCLOSPORINE MICROEMULSION 25MG CP	J7515	HCPCS	both			8.5	0.96	Horizon	MGD		3.25	38.28			0.84		8.08 percent of total billed charges	
CYCLOSPORINE MICROEMULSION 25MG CP	J7515	HCPCS	both			8.5	0.96	Horizon	Indemnity		3.25	38.28			0.84		8.08 percent of total billed charges	
CYCLOSPORINE MICROEMULSION 25MG CP	J7515	HCPCS	both			8.5	0.96	Horizon	PPO		3.25	38.28			0.84		8.08 percent of total billed charges	
CYCLOSPORINE MICROEMULSION 25MG CP	J7515	HCPCS	both			8.5	0.96	Horizon	Medicare Blue		2.55	30			0.84		8.08 percent of total billed charges	
CYCLOSPORINE MICROEMULSION 25MG CP	J7515	HCPCS	both			8.5	0.96	Managed Care Inc	Managed Care Inc		7.65	90			0.84		8.08 percent of total billed charges	
CYCLOSPORINE MICROEMULSION 25MG CP	J7515	HCPCS	both			8.5	0.96	Multiplan	Multiplan		6.8	80			0.84		8.08 percent of total billed charges	
CYCLOSPORINE MICROEMULSION 25MG CP	J7515	HCPCS	both			8.5	0.96	Qualcare	Qualcare		6.38	75			0.84		8.08 percent of total billed charges	
CYCLOSPORINE MICROEMULSION 25MG CP	J7515	HCPCS	both			8.5	0.96	Three Rivers	Three Rivers		8.08	95			0.84		8.08 percent of total billed charges	
CYCLOSPORINE MICROEMULSION 25MG CP	J7515	HCPCS	both			8.5	0.96	UHC	Medicaid		2.68	31.55			0.84		8.08 percent of total billed charges	
CYCLOSPORINE MICROEMULSION 25MG CP	J7515	HCPCS	both			8.5	0.96	UHC	Medicare		0.84				0.84		8.08 fee schedule	
CYCLOSPORINE MICROEMULSION 25MG CP	J7515	HCPCS	both			8.5	0.96	Wellcare	Medicare		0.84				0.84		8.08 fee schedule	
CYCLOSPORINE MICROEMULSION 25MG CP	J7515	HCPCS	both			8.5	0.96	Wellcare	Medicaid		2.68	31.55			0.84		8.08 percent of total billed charges	
CYCLOSPORINE MICROEMULSION 25MG CP	J7515	HCPCS	both			8.5	0.96	WellPoint	WellPoint		2.74	32.18			0.84		8.08 percent of total billed charges	
CYCLOSPORINE 250MG INJ	J7516	HCPCS	inpatient			141		Aetna	Better Health		44.49	31.55			42.3		133.95 percent of total billed charges	
CYCLOSPORINE 250MG INJ	J7516	HCPCS	inpatient			141		Aetna	Commercial		53.58	38			42.3		133.95 percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.														
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true													
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CYCLOSPORINE 250MG INJ	J7516	HCPCS	inpatient			141		Aetna	Medicare		43.43	30.8			42.3	133.95	percent of total billed charges	
CYCLOSPORINE 250MG INJ	J7516	HCPCS	inpatient			141		Americare	Americare		105.75	75			42.3	133.95	percent of total billed charges	
CYCLOSPORINE 250MG INJ	J7516	HCPCS	inpatient			141		Amerihealth	HMO/PPO		45.09				42.3	133.95	fee schedule	
CYCLOSPORINE 250MG INJ	J7516	HCPCS	inpatient			141		Consumer	Consumer		133.95	95			42.3	133.95	percent of total billed charges	
CYCLOSPORINE 250MG INJ	J7516	HCPCS	inpatient			141		Corrections	Corrections		112.8	80			42.3	133.95	percent of total billed charges	
CYCLOSPORINE 250MG INJ	J7516	HCPCS	inpatient			141		First Health	First Health		98.7	70			42.3	133.95	percent of total billed charges	
CYCLOSPORINE 250MG INJ	J7516	HCPCS	inpatient			141		First Trenton	First Trenton		126.9	90			42.3	133.95	percent of total billed charges	
CYCLOSPORINE 250MG INJ	J7516	HCPCS	inpatient			141		Horizon	Medicare Blue		42.3	30			42.3	133.95	percent of total billed charges	
CYCLOSPORINE 250MG INJ	J7516	HCPCS	inpatient			141		Horizon	Indemnity		53.97	38.28			42.3	133.95	percent of total billed charges	
CYCLOSPORINE 250MG INJ	J7516	HCPCS	inpatient			141		Horizon	MGD		53.97	38.28			42.3	133.95	percent of total billed charges	
CYCLOSPORINE 250MG INJ	J7516	HCPCS	inpatient			141		Horizon	PPO		53.97	38.28			42.3	133.95	percent of total billed charges	
CYCLOSPORINE 250MG INJ	J7516	HCPCS	inpatient			141		Managed Care Inc	Managed Care Inc		126.9	90			42.3	133.95	percent of total billed charges	
CYCLOSPORINE 250MG INJ	J7516	HCPCS	inpatient			141		Multiplan	Multiplan		112.8	80			42.3	133.95	percent of total billed charges	
CYCLOSPORINE 250MG INJ	J7516	HCPCS	inpatient			141		Qualcare	Qualcare		105.75	75			42.3	133.95	percent of total billed charges	
CYCLOSPORINE 250MG INJ	J7516	HCPCS	inpatient			141		Three Rivers	Three Rivers		133.95	95			42.3	133.95	percent of total billed charges	
CYCLOSPORINE 250MG INJ	J7516	HCPCS	inpatient			141		UHC	Medicaid		44.49	31.55			42.3	133.95	percent of total billed charges	
CYCLOSPORINE 250MG INJ	J7516	HCPCS	inpatient			141		Wellcare	Medicaid		44.49	31.55			42.3	133.95	percent of total billed charges	
CYCLOSPORINE 250MG INJ	J7516	HCPCS	inpatient			141		WellPoint	WellPoint		45.37	32.18			42.3	133.95	percent of total billed charges	
MYCOPHENOLATE 500MG TAB	J7517	HCPCS	both			43	0.22	Aetna	Medicare		0.19				0.19	40.85	fee schedule	
MYCOPHENOLATE 500MG TAB	J7517	HCPCS	both			43	0.22	Aetna	Better Health		13.57	31.55			0.19	40.85	percent of total billed charges	
MYCOPHENOLATE 500MG TAB	J7517	HCPCS	both			43	0.22	Aetna	Commercial		16.34	38			0.19	40.85	percent of total billed charges	
MYCOPHENOLATE 500MG TAB	J7517	HCPCS	both			43	0.22	Americare	Americare		32.25	75			0.19	40.85	percent of total billed charges	
MYCOPHENOLATE 500MG TAB	J7517	HCPCS	both			43	0.22	Amerihealth	Medicare		0.19				0.19	40.85	fee schedule	
MYCOPHENOLATE 500MG TAB	J7517	HCPCS	both			43	0.22	Amerihealth	HMO/PPO		1.04				0.19	40.85	fee schedule	
MYCOPHENOLATE 500MG TAB	J7517	HCPCS	both			43	0.22	Consumer	Consumer		40.85	95			0.19	40.85	percent of total billed charges	
MYCOPHENOLATE 500MG TAB	J7517	HCPCS	both			43	0.22	Corrections	Corrections		34.4	80			0.19	40.85	percent of total billed charges	
MYCOPHENOLATE 500MG TAB	J7517	HCPCS	both			43	0.22	First Health	First Health		30.1	70			0.19	40.85	percent of total billed charges	
MYCOPHENOLATE 500MG TAB	J7517	HCPCS	both			43	0.22	First Trenton	First Trenton		38.7	90			0.19	40.85	percent of total billed charges	
MYCOPHENOLATE 500MG TAB	J7517	HCPCS	both			43	0.22	Horizon	Medicare Blue		12.9	30			0.19	40.85	percent of total billed charges	
MYCOPHENOLATE 500MG TAB	J7517	HCPCS	both			43	0.22	Horizon	MGD		16.46	38.28			0.19	40.85	percent of total billed charges	
MYCOPHENOLATE 500MG TAB	J7517	HCPCS	both			43	0.22	Horizon	Indemnity		16.46	38.28			0.19	40.85	percent of total billed charges	
MYCOPHENOLATE 500MG TAB	J7517	HCPCS	both			43	0.22	Horizon	PPO		16.46	38.28			0.19	40.85	percent of total billed charges	
MYCOPHENOLATE 500MG TAB	J7517	HCPCS	both			43	0.22	Managed Care Inc	Managed Care Inc		38.7	90			0.19	40.85	percent of total billed charges	
MYCOPHENOLATE 500MG TAB	J7517	HCPCS	both			43	0.22	Multiplan	Multiplan		34.4	80			0.19	40.85	percent of total billed charges	
MYCOPHENOLATE 500MG TAB	J7517	HCPCS	both			43	0.22	Qualcare	Qualcare		32.25	75			0.19	40.85	percent of total billed charges	
MYCOPHENOLATE 500MG TAB	J7517	HCPCS	both			43	0.22	Three Rivers	Three Rivers		40.85	95			0.19	40.85	percent of total billed charges	
MYCOPHENOLATE 500MG TAB	J7517	HCPCS	both			43	0.22	UHC	Medicare		0.19				0.19	40.85	fee schedule	
MYCOPHENOLATE 500MG TAB	J7517	HCPCS	both			43	0.22	UHC	Medicaid		13.57	31.55			0.19	40.85	percent of total billed charges	
MYCOPHENOLATE 500MG TAB	J7517	HCPCS	both			43	0.22	Wellcare	Medicaid		13.57	31.55			0.19	40.85	percent of total billed charges	
MYCOPHENOLATE 500MG TAB	J7517	HCPCS	both			43	0.22	Wellcare	Medicare		0.19				0.19	40.85	fee schedule	
MYCOPHENOLATE 500MG TAB	J7517	HCPCS	both			43	0.22	WellPoint	WellPoint		13.84	32.18			0.19	40.85	percent of total billed charges	
MYCOPHENOLATE SODIUM 180 MG TAB	J7518	HCPCS	both			17	0.72	Aetna	Better Health		5.36	31.55			0.63	16.15	percent of total billed charges	
MYCOPHENOLATE SODIUM 180 MG TAB	J7518	HCPCS	both			17	0.72	Aetna	Commercial		6.46	38			0.63	16.15	percent of total billed charges	
MYCOPHENOLATE SODIUM 180 MG TAB	J7518	HCPCS	both			17	0.72	Aetna	Medicare		0.63				0.63	16.15	fee schedule	
MYCOPHENOLATE SODIUM 180 MG TAB	J7518	HCPCS	both			17	0.72	Americare	Americare		12.75	75			0.63	16.15	percent of total billed charges	
MYCOPHENOLATE SODIUM 180 MG TAB	J7518	HCPCS	both			17	0.72	Amerihealth	Medicare		0.63				0.63	16.15	fee schedule	
MYCOPHENOLATE SODIUM 180 MG TAB	J7518	HCPCS	both			17	0.72	Amerihealth	HMO/PPO		3.13				0.63	16.15	fee schedule	
MYCOPHENOLATE SODIUM 180 MG TAB	J7518	HCPCS	both			17	0.72	Consumer	Consumer		16.15	95			0.63	16.15	percent of total billed charges	
MYCOPHENOLATE SODIUM 180 MG TAB	J7518	HCPCS	both			17	0.72	Corrections	Corrections		13.6	80			0.63	16.15	percent of total billed charges	
MYCOPHENOLATE SODIUM 180 MG TAB	J7518	HCPCS	both			17	0.72	First Health	First Health		11.9	70			0.63	16.15	percent of total billed charges	
MYCOPHENOLATE SODIUM 180 MG TAB	J7518	HCPCS	both			17	0.72	First Trenton	First Trenton		15.3	90			0.63	16.15	percent of total billed charges	
MYCOPHENOLATE SODIUM 180 MG TAB	J7518	HCPCS	both			17	0.72	Horizon	Indemnity		6.51	38.28			0.63	16.15	percent of total billed charges	
MYCOPHENOLATE SODIUM 180 MG TAB	J7518	HCPCS	both			17	0.72	Horizon	Medicare Blue		5.1	30			0.63	16.15	percent of total billed charges	
MYCOPHENOLATE SODIUM 180 MG TAB	J7518	HCPCS	both			17	0.72	Horizon	MGD		6.51	38.28			0.63	16.15	percent of total billed charges	
MYCOPHENOLATE SODIUM 180 MG TAB	J7518	HCPCS	both			17	0.72	Horizon	PPO		6.51	38.28			0.63	16.15	percent of total billed charges	
MYCOPHENOLATE SODIUM 180 MG TAB	J7518	HCPCS	both			17	0.72	Managed Care Inc	Managed Care Inc		15.3	90			0.63	16.15	percent of total billed charges	
MYCOPHENOLATE SODIUM 180 MG TAB	J7518	HCPCS	both			17	0.72	Multiplan	Multiplan		13.6	80			0.63	16.15	percent of total billed charges	
MYCOPHENOLATE SODIUM 180 MG TAB	J7518	HCPCS	both			17	0.72	Qualcare	Qualcare		12.75	75			0.63	16.15	percent of total billed charges	
MYCOPHENOLATE SODIUM 180 MG TAB	J7518	HCPCS	both			17	0.72	Three Rivers	Three Rivers		16.15	95			0.63	16.15	percent of total billed charges	
MYCOPHENOLATE SODIUM 180 MG TAB	J7518	HCPCS	both			17	0.72	UHC	Medicaid		5.36	31.55			0.63	16.15	percent of total billed charges	
MYCOPHENOLATE SODIUM 180 MG TAB	J7518	HCPCS	both			17	0.72	UHC	Medicare		0.63				0.63	16.15	fee schedule	
MYCOPHENOLATE SODIUM 180 MG TAB	J7518	HCPCS	both			17	0.72	Wellcare	Medicare		0.63				0.63	16.15	fee schedule	
MYCOPHENOLATE SODIUM 180 MG TAB	J7518	HCPCS	both			17	0.72	Wellcare	Medicaid		5.36	31.55			0.63	16.15	percent of total billed charges	
MYCOPHENOLATE SODIUM 180 MG TAB	J7518	HCPCS	both			17	0.72	WellPoint	WellPoint		5.47	32.18			0.63	16.15	percent of total billed charges	
MYCOPHENOLATE 10MG INJ	J7519	HCPCS	inpatient			5.22	0.84	Aetna	Better Health		1.65	31.55			0.73	4.96	percent of total billed charges	
MYCOPHENOLATE 10MG INJ	J7519	HCPCS	inpatient			5.22	0.84	Aetna	Medicare		0.73				0.73	4.96	fee schedule	
MYCOPHENOLATE 10MG INJ	J7519	HCPCS	inpatient			5.22	0.84	Aetna	Commercial		1.35				0.73	4.96	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYCOPHENOLATE 10MG INJ	J7519	HCPCS	inpatient			5.22	0.84	Americare	Americare		3.92	75			0.73	4.96	percent of total billed charges	
MYCOPHENOLATE 10MG INJ	J7519	HCPCS	inpatient			5.22	0.84	Amerihealth	HMO/PPO		3.39	65			0.73	4.96	percent of total billed charges	
MYCOPHENOLATE 10MG INJ	J7519	HCPCS	inpatient			5.22	0.84	Amerihealth	Medicare		0.73				0.73	4.96	fee schedule	
MYCOPHENOLATE 10MG INJ	J7519	HCPCS	inpatient			5.22	0.84	Consumer	Consumer		4.96	95			0.73	4.96	percent of total billed charges	
MYCOPHENOLATE 10MG INJ	J7519	HCPCS	inpatient			5.22	0.84	Corrections	Corrections		4.18	80			0.73	4.96	percent of total billed charges	
MYCOPHENOLATE 10MG INJ	J7519	HCPCS	inpatient			5.22	0.84	First Health	First Health		3.65	70			0.73	4.96	percent of total billed charges	
MYCOPHENOLATE 10MG INJ	J7519	HCPCS	inpatient			5.22	0.84	First Trenton	First Trenton		4.7	90			0.73	4.96	percent of total billed charges	
MYCOPHENOLATE 10MG INJ	J7519	HCPCS	inpatient			5.22	0.84	Horizon	PPO		1.58				0.73	4.96	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYCOPHENOLATE 10MG INJ	J7519	HCPCS	inpatient			5.22	0.84	Horizon	MGD		1.58				0.73	4.96	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYCOPHENOLATE 10MG INJ	J7519	HCPCS	inpatient			5.22	0.84	Horizon	Indemnity		1.58				0.73	4.96	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYCOPHENOLATE 10MG INJ	J7519	HCPCS	inpatient			5.22	0.84	Horizon	Medicare Blue		0.85				0.73	4.96	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYCOPHENOLATE 10MG INJ	J7519	HCPCS	inpatient			5.22	0.84	Managed Care Inc	Managed Care Inc		4.7	90			0.73	4.96	percent of total billed charges	
MYCOPHENOLATE 10MG INJ	J7519	HCPCS	inpatient			5.22	0.84	Multiplan	Multiplan		4.18	80			0.73	4.96	percent of total billed charges	
MYCOPHENOLATE 10MG INJ	J7519	HCPCS	inpatient			5.22	0.84	Qualcare	Qualcare		3.92	75			0.73	4.96	percent of total billed charges	
MYCOPHENOLATE 10MG INJ	J7519	HCPCS	inpatient			5.22	0.84	Three Rivers	Three Rivers		4.96	95			0.73	4.96	percent of total billed charges	
MYCOPHENOLATE 10MG INJ	J7519	HCPCS	inpatient			5.22	0.84	UHC	Medicaid		1.65	31.55			0.73	4.96	percent of total billed charges	
MYCOPHENOLATE 10MG INJ	J7519	HCPCS	inpatient			5.22	0.84	UHC	Medicare		0.73				0.73	4.96	fee schedule	
MYCOPHENOLATE 10MG INJ	J7519	HCPCS	inpatient			5.22	0.84	United	Oxford		1.83				0.73	4.96	fee schedule	
MYCOPHENOLATE 10MG INJ	J7519	HCPCS	inpatient			5.22	0.84	United	Commercial|PPO		1.83				0.73	4.96	fee schedule	
MYCOPHENOLATE 10MG INJ	J7519	HCPCS	inpatient			5.22	0.84	Wellcare	Medicare		0.73				0.73	4.96	fee schedule	
MYCOPHENOLATE 10MG INJ	J7519	HCPCS	inpatient			5.22	0.84	Wellcare	Medicaid		1.65	31.55			0.73	4.96	percent of total billed charges	
MYCOPHENOLATE 10MG INJ	J7519	HCPCS	inpatient			5.22	0.84	WellPoint	WellPoint		1.68	32.18			0.73	4.96	percent of total billed charges	
SIROLIMUS 1MG/1ML LIQ (BULK)	J7520	HCPCS	both			58	3.07	Aetna	Better Health		18.3	31.55			2.67	55.1	percent of total billed charges	
SIROLIMUS 1MG/1ML LIQ (BULK)	J7520	HCPCS	both			58	3.07	Aetna	Commercial		22.04	38			2.67	55.1	percent of total billed charges	
SIROLIMUS 1MG/1ML LIQ (BULK)	J7520	HCPCS	both			58	3.07	Aetna	Medicare		2.67				2.67	55.1	fee schedule	
SIROLIMUS 1MG/1ML LIQ (BULK)	J7520	HCPCS	both			58	3.07	Americare	Americare		43.5	75			2.67	55.1	percent of total billed charges	
SIROLIMUS 1MG/1ML LIQ (BULK)	J7520	HCPCS	both			58	3.07	Amerihealth	Medicare		2.67				2.67	55.1	fee schedule	
SIROLIMUS 1MG/1ML LIQ (BULK)	J7520	HCPCS	both			58	3.07	Amerihealth	HMO/PPO		8.21				2.67	55.1	fee schedule	
SIROLIMUS 1MG/1ML LIQ (BULK)	J7520	HCPCS	both			58	3.07	Consumer	Consumer		55.1	95			2.67	55.1	percent of total billed charges	
SIROLIMUS 1MG/1ML LIQ (BULK)	J7520	HCPCS	both			58	3.07	Corrections	Corrections		46.4	80			2.67	55.1	percent of total billed charges	
SIROLIMUS 1MG/1ML LIQ (BULK)	J7520	HCPCS	both			58	3.07	First Health	First Health		40.6	70			2.67	55.1	percent of total billed charges	
SIROLIMUS 1MG/1ML LIQ (BULK)	J7520	HCPCS	both			58	3.07	First Trenton	First Trenton		52.2	90			2.67	55.1	percent of total billed charges	
SIROLIMUS 1MG/1ML LIQ (BULK)	J7520	HCPCS	both			58	3.07	Horizon	MGD		22.2	38.28			2.67	55.1	percent of total billed charges	
SIROLIMUS 1MG/1ML LIQ (BULK)	J7520	HCPCS	both			58	3.07	Horizon	PPO		22.2	38.28			2.67	55.1	percent of total billed charges	
SIROLIMUS 1MG/1ML LIQ (BULK)	J7520	HCPCS	both			58	3.07	Horizon	Indemnity		22.2	38.28			2.67	55.1	percent of total billed charges	
SIROLIMUS 1MG/1ML LIQ (BULK)	J7520	HCPCS	both			58	3.07	Horizon	Medicare Blue		17.4	30			2.67	55.1	percent of total billed charges	
SIROLIMUS 1MG/1ML LIQ (BULK)	J7520	HCPCS	both			58	3.07	Managed Care Inc	Managed Care Inc		52.2	90			2.67	55.1	percent of total billed charges	
SIROLIMUS 1MG/1ML LIQ (BULK)	J7520	HCPCS	both			58	3.07	Multiplan	Multiplan		46.4	80			2.67	55.1	percent of total billed charges	
SIROLIMUS 1MG/1ML LIQ (BULK)	J7520	HCPCS	both			58	3.07	Qualcare	Qualcare		43.5	75			2.67	55.1	percent of total billed charges	
SIROLIMUS 1MG/1ML LIQ (BULK)	J7520	HCPCS	both			58	3.07	Three Rivers	Three Rivers		55.1	95			2.67	55.1	percent of total billed charges	
SIROLIMUS 1MG/1ML LIQ (BULK)	J7520	HCPCS	both			58	3.07	UHC	Medicaid		18.3	31.55			2.67	55.1	percent of total billed charges	
SIROLIMUS 1MG/1ML LIQ (BULK)	J7520	HCPCS	both			58	3.07	UHC	Medicare		2.67				2.67	55.1	fee schedule	
SIROLIMUS 1MG/1ML LIQ (BULK)	J7520	HCPCS	both			58	3.07	Wellcare	Medicaid		18.3	31.55			2.67	55.1	percent of total billed charges	
SIROLIMUS 1MG/1ML LIQ (BULK)	J7520	HCPCS	both			58	3.07	Wellcare	Medicare		2.67				2.67	55.1	fee schedule	
SIROLIMUS 1MG/1ML LIQ (BULK)	J7520	HCPCS	both			58	3.07	WellPoint	WellPoint		18.66	32.18			2.67	55.1	percent of total billed charges	
TACROLIMUS 5MG/1ML INJ	J7525	HCPCS	outpatient			1017	286.05	Aetna	Medicare		248.74				177.68	966.15	fee schedule	
TACROLIMUS 5MG/1ML INJ	J7525	HCPCS	outpatient			1017	286.05	Aetna	Better Health		320.86	31.55			177.68	966.15	percent of total billed charges	
TACROLIMUS 5MG/1ML INJ	J7525	HCPCS	outpatient			1017	286.05	Aetna	Commercial		475.39				177.68	966.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TACROLIMUS 5MG/1ML INJ	J7525	HCPCS	outpatient			1017	286.05	Americare	Americare		762.75	75			177.68	966.15	percent of total billed charges	
TACROLIMUS 5MG/1ML INJ	J7525	HCPCS	outpatient			1017	286.05	Amerihealth	HMO/PPO		177.68				177.68	966.15	fee schedule	
TACROLIMUS 5MG/1ML INJ	J7525	HCPCS	outpatient			1017	286.05	Amerihealth	Medicare		248.74				177.68	966.15	fee schedule	
TACROLIMUS 5MG/1ML INJ	J7525	HCPCS	outpatient			1017	286.05	Consumer	Consumer		966.15	95			177.68	966.15	percent of total billed charges	
TACROLIMUS 5MG/1ML INJ	J7525	HCPCS	outpatient			1017	286.05	Corrections	Corrections		813.6	80			177.68	966.15	percent of total billed charges	
TACROLIMUS 5MG/1ML INJ	J7525	HCPCS	outpatient			1017	286.05	First Health	First Health		711.9	70			177.68	966.15	percent of total billed charges	
TACROLIMUS 5MG/1ML INJ	J7525	HCPCS	outpatient			1017	286.05	First Trenton	First Trenton		915.3	90			177.68	966.15	percent of total billed charges	
TACROLIMUS 5MG/1ML INJ	J7525	HCPCS	outpatient			1017	286.05	Horizon	PPO		555.71				177.68	966.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TACROLIMUS 5MG/1ML INJ	J7525	HCPCS	outpatient			1017	286.05	Horizon	Indemnity		555.71				177.68	966.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TACROLIMUS 5MG/1ML INJ	J7525	HCPCS	outpatient			1017	286.05	Horizon	MGD		555.71				177.68	966.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TACROLIMUS 5MG/1ML INJ	J7525	HCPCS	outpatient			1017	286.05	Horizon	Medicare Blue		298.61				177.68	966.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TACROLIMUS 5MG/1ML INJ	J7525	HCPCS	outpatient			1017	286.05	Managed Care Inc	Managed Care Inc		915.3	90			177.68	966.15	percent of total billed charges	
TACROLIMUS 5MG/1ML INJ	J7525	HCPCS	outpatient			1017	286.05	Multiplan	Multiplan		813.6	80			177.68	966.15	percent of total billed charges	
TACROLIMUS 5MG/1ML INJ	J7525	HCPCS	outpatient			1017	286.05	Qualcare	Qualcare		762.75	75			177.68	966.15	percent of total billed charges	
TACROLIMUS 5MG/1ML INJ	J7525	HCPCS	outpatient			1017	286.05	Three Rivers	Three Rivers		966.15	95			177.68	966.15	percent of total billed charges	
TACROLIMUS 5MG/1ML INJ	J7525	HCPCS	outpatient			1017	286.05	UHC	Medicare		248.74				177.68	966.15	fee schedule	
TACROLIMUS 5MG/1ML INJ	J7525	HCPCS	outpatient			1017	286.05	UHC	Medicaid		320.86	31.55			177.68	966.15	percent of total billed charges	
TACROLIMUS 5MG/1ML INJ	J7525	HCPCS	outpatient			1017	286.05	United	Commercial|PPO		621.85				177.68	966.15	fee schedule	
TACROLIMUS 5MG/1ML INJ	J7525	HCPCS	outpatient			1017	286.05	United	Oxford		621.85				177.68	966.15	fee schedule	
TACROLIMUS 5MG/1ML INJ	J7525	HCPCS	outpatient			1017	286.05	Wellcare	Medicare		248.74				177.68	966.15	fee schedule	
TACROLIMUS 5MG/1ML INJ	J7525	HCPCS	outpatient			1017	286.05	Wellcare	Medicaid		320.86	31.55			177.68	966.15	percent of total billed charges	
TACROLIMUS 5MG/1ML INJ	J7525	HCPCS	outpatient			1017	286.05	WellPoint	WellPoint		327.27	32.18			177.68	966.15	percent of total billed charges	
EVEROLIMUS 0.25 MG TAB	J7527	HCPCS	both			28	3.16	Aetna	Commercial		10.64	38			2.75	26.6	percent of total billed charges	
EVEROLIMUS 0.25 MG TAB	J7527	HCPCS	both			28	3.16	Aetna	Better Health		8.83	31.55			2.75	26.6	percent of total billed charges	
EVEROLIMUS 0.25 MG TAB	J7527	HCPCS	both			28	3.16	Aetna	Medicare		2.75				2.75	26.6	fee schedule	
EVEROLIMUS 0.25 MG TAB	J7527	HCPCS	both			28	3.16	Americare	Americare		21	75			2.75	26.6	percent of total billed charges	
EVEROLIMUS 0.25 MG TAB	J7527	HCPCS	both			28	3.16	Amerihealth	Medicare		2.75				2.75	26.6	fee schedule	
EVEROLIMUS 0.25 MG TAB	J7527	HCPCS	both			28	3.16	Amerihealth	HMO/PPO		8.35				2.75	26.6	fee schedule	
EVEROLIMUS 0.25 MG TAB	J7527	HCPCS	both			28	3.16	Consumer	Consumer		26.6	95			2.75	26.6	percent of total billed charges	
EVEROLIMUS 0.25 MG TAB	J7527	HCPCS	both			28	3.16	Corrections	Corrections		22.4	80			2.75	26.6	percent of total billed charges	
EVEROLIMUS 0.25 MG TAB	J7527	HCPCS	both			28	3.16	First Health	First Health		19.6	70			2.75	26.6	percent of total billed charges	
EVEROLIMUS 0.25 MG TAB	J7527	HCPCS	both			28	3.16	First Trenton	First Trenton		25.2	90			2.75	26.6	percent of total billed charges	
EVEROLIMUS 0.25 MG TAB	J7527	HCPCS	both			28	3.16	Horizon	Indemnity		10.72	38.28			2.75	26.6	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
EVEROLIMUS 0.25 MG TAB	J7527	HCPCS	both			28		3.16 Horizon	MGD		10.72	38.28			2.75		26.6 percent of total billed charges	
EVEROLIMUS 0.25 MG TAB	J7527	HCPCS	both			28		3.16 Horizon	Medicare Blue		8.4	30			2.75		26.6 percent of total billed charges	
EVEROLIMUS 0.25 MG TAB	J7527	HCPCS	both			28		3.16 Horizon	PPO		10.72	38.28			2.75		26.6 percent of total billed charges	
EVEROLIMUS 0.25 MG TAB	J7527	HCPCS	both			28		3.16 Managed Care Inc	Managed Care Inc		25.2	90			2.75		26.6 percent of total billed charges	
EVEROLIMUS 0.25 MG TAB	J7527	HCPCS	both			28		3.16 Multiplan	Multiplan		22.4	80			2.75		26.6 percent of total billed charges	
EVEROLIMUS 0.25 MG TAB	J7527	HCPCS	both			28		3.16 Qualcare	Qualcare		21	75			2.75		26.6 percent of total billed charges	
EVEROLIMUS 0.25 MG TAB	J7527	HCPCS	both			28		3.16 Three Rivers	Three Rivers		26.6	95			2.75		26.6 percent of total billed charges	
EVEROLIMUS 0.25 MG TAB	J7527	HCPCS	both			28		3.16 UHC	Medicaid		8.83	31.55			2.75		26.6 percent of total billed charges	
EVEROLIMUS 0.25 MG TAB	J7527	HCPCS	both			28		3.16 UHC	Medicare		2.75				2.75		26.6 fee schedule	
EVEROLIMUS 0.25 MG TAB	J7527	HCPCS	both			28		3.16 Wellcare	Medicaid		8.83	31.55			2.75		26.6 percent of total billed charges	
EVEROLIMUS 0.25 MG TAB	J7527	HCPCS	both			28		3.16 Wellcare	Medicare		2.75				2.75		26.6 fee schedule	
EVEROLIMUS 0.25 MG TAB	J7527	HCPCS	both			28		3.16 WellPoint	WellPoint		9.01	32.18			2.75		26.6 percent of total billed charges	
MYCOPHENOLATE 500MG INJ	J7599	HCPCS	inpatient			233.5		Aetna	Better Health		73.67	31.55			70.05		221.83 percent of total billed charges	
MYCOPHENOLATE 500MG INJ	J7599	HCPCS	inpatient			233.5		Aetna	Medicare		71.92	30.8			70.05		221.83 percent of total billed charges	
MYCOPHENOLATE 500MG INJ	J7599	HCPCS	inpatient			233.5		Aetna	Commercial		88.73	38			70.05		221.83 percent of total billed charges	
MYCOPHENOLATE 500MG INJ	J7599	HCPCS	inpatient			233.5		Americare	Americare		175.13	75			70.05		221.83 percent of total billed charges	
MYCOPHENOLATE 500MG INJ	J7599	HCPCS	inpatient			233.5		Amerihealth	HMO/PPO		151.78	65			70.05		221.83 percent of total billed charges	
MYCOPHENOLATE 500MG INJ	J7599	HCPCS	inpatient			233.5		Consumer	Consumer		221.83	95			70.05		221.83 percent of total billed charges	
MYCOPHENOLATE 500MG INJ	J7599	HCPCS	inpatient			233.5		Corrections	Corrections		186.8	80			70.05		221.83 percent of total billed charges	
MYCOPHENOLATE 500MG INJ	J7599	HCPCS	inpatient			233.5		First Health	First Health		163.45	70			70.05		221.83 percent of total billed charges	
MYCOPHENOLATE 500MG INJ	J7599	HCPCS	inpatient			233.5		First Trenton	First Trenton		210.15	90			70.05		221.83 percent of total billed charges	
MYCOPHENOLATE 500MG INJ	J7599	HCPCS	inpatient			233.5		Horizon	Indemnity		89.38	38.28			70.05		221.83 percent of total billed charges	
MYCOPHENOLATE 500MG INJ	J7599	HCPCS	inpatient			233.5		Horizon	MGD		89.38	38.28			70.05		221.83 percent of total billed charges	
MYCOPHENOLATE 500MG INJ	J7599	HCPCS	inpatient			233.5		Horizon	Medicare Blue		70.05	30			70.05		221.83 percent of total billed charges	
MYCOPHENOLATE 500MG INJ	J7599	HCPCS	inpatient			233.5		Horizon	PPO		89.38	38.28			70.05		221.83 percent of total billed charges	
MYCOPHENOLATE 500MG INJ	J7599	HCPCS	inpatient			233.5		Managed Care Inc	Managed Care Inc		210.15	90			70.05		221.83 percent of total billed charges	
MYCOPHENOLATE 500MG INJ	J7599	HCPCS	inpatient			233.5		Multiplan	Multiplan		186.8	80			70.05		221.83 percent of total billed charges	
MYCOPHENOLATE 500MG INJ	J7599	HCPCS	inpatient			233.5		Qualcare	Qualcare		175.13	75			70.05		221.83 percent of total billed charges	
MYCOPHENOLATE 500MG INJ	J7599	HCPCS	inpatient			233.5		Three Rivers	Three Rivers		221.83	95			70.05		221.83 percent of total billed charges	
MYCOPHENOLATE 500MG INJ	J7599	HCPCS	inpatient			233.5		UHC	Medicaid		73.67	31.55			70.05		221.83 percent of total billed charges	
MYCOPHENOLATE 500MG INJ	J7599	HCPCS	inpatient			233.5		Wellcare	Medicaid		73.67	31.55			70.05		221.83 percent of total billed charges	
MYCOPHENOLATE 500MG INJ	J7599	HCPCS	inpatient			233.5		WellPoint	WellPoint		75.14	32.18			70.05		221.83 percent of total billed charges	
ARFORMOTEROL 15 MCG INH	J7605	HCPCS	outpatient			32		2.66 Aetna	Medicare		2.32				2.32		30.4 fee schedule	
ARFORMOTEROL 15 MCG INH	J7605	HCPCS	outpatient			32		2.66 Aetna	Better Health		10.1	31.55			2.32		30.4 percent of total billed charges	
ARFORMOTEROL 15 MCG INH	J7605	HCPCS	outpatient			32		2.66 Aetna	Commercial		12.16	38			2.32		30.4 percent of total billed charges	
ARFORMOTEROL 15 MCG INH	J7605	HCPCS	outpatient			32		2.66 Americare	Americare		24	75			2.32		30.4 percent of total billed charges	
ARFORMOTEROL 15 MCG INH	J7605	HCPCS	outpatient			32		2.66 Amerihealth	HMO/PPO		9.74				2.32		30.4 fee schedule	
ARFORMOTEROL 15 MCG INH	J7605	HCPCS	outpatient			32		2.66 Amerihealth	Medicare		2.32				2.32		30.4 fee schedule	
ARFORMOTEROL 15 MCG INH	J7605	HCPCS	outpatient			32		2.66 Consumer	Consumer		30.4	95			2.32		30.4 percent of total billed charges	
ARFORMOTEROL 15 MCG INH	J7605	HCPCS	outpatient			32		2.66 Corrections	Corrections		25.6	80			2.32		30.4 percent of total billed charges	
ARFORMOTEROL 15 MCG INH	J7605	HCPCS	outpatient			32		2.66 First Health	First Health		22.4	70			2.32		30.4 percent of total billed charges	
ARFORMOTEROL 15 MCG INH	J7605	HCPCS	outpatient			32		2.66 First Trenton	First Trenton		28.8	90			2.32		30.4 percent of total billed charges	
ARFORMOTEROL 15 MCG INH	J7605	HCPCS	outpatient			32		2.66 Horizon	MGD		12.25	38.28			2.32		30.4 percent of total billed charges	
ARFORMOTEROL 15 MCG INH	J7605	HCPCS	outpatient			32		2.66 Horizon	Medicare Blue		9.6	30			2.32		30.4 percent of total billed charges	
ARFORMOTEROL 15 MCG INH	J7605	HCPCS	outpatient			32		2.66 Horizon	Indemnity		12.25	38.28			2.32		30.4 percent of total billed charges	
ARFORMOTEROL 15 MCG INH	J7605	HCPCS	outpatient			32		2.66 Horizon	PPO		12.25	38.28			2.32		30.4 percent of total billed charges	
ARFORMOTEROL 15 MCG INH	J7605	HCPCS	outpatient			32		2.66 Managed Care Inc	Managed Care Inc		28.8	90			2.32		30.4 percent of total billed charges	
ARFORMOTEROL 15 MCG INH	J7605	HCPCS	outpatient			32		2.66 Multiplan	Multiplan		25.6	80			2.32		30.4 percent of total billed charges	
ARFORMOTEROL 15 MCG INH	J7605	HCPCS	outpatient			32		2.66 Qualcare	Qualcare		24	75			2.32		30.4 percent of total billed charges	
ARFORMOTEROL 15 MCG INH	J7605	HCPCS	outpatient			32		2.66 Three Rivers	Three Rivers		30.4	95			2.32		30.4 percent of total billed charges	
ARFORMOTEROL 15 MCG INH	J7605	HCPCS	outpatient			32		2.66 UHC	Medicaid		10.1	31.55			2.32		30.4 percent of total billed charges	
ARFORMOTEROL 15 MCG INH	J7605	HCPCS	outpatient			32		2.66 UHC	Medicare		2.32				2.32		30.4 fee schedule	
ARFORMOTEROL 15 MCG INH	J7605	HCPCS	outpatient			32		2.66 Wellcare	Medicare		2.32				2.32		30.4 fee schedule	
ARFORMOTEROL 15 MCG INH	J7605	HCPCS	outpatient			32		2.66 Wellcare	Medicaid		10.1	31.55			2.32		30.4 percent of total billed charges	
ARFORMOTEROL 15 MCG INH	J7605	HCPCS	outpatient			32		2.66 WellPoint	WellPoint		10.3	32.18			2.32		30.4 percent of total billed charges	
ACETYLCYSTINE(MUCOMYST) 1 GM ORAL	J7608	HCPCS	both			73.5		7.85 Aetna	Medicare		6.83				5.23		69.83 fee schedule	
ACETYLCYSTINE(MUCOMYST) 1 GM ORAL	J7608	HCPCS	both			73.5		7.85 Aetna	Better Health		23.19	31.55			5.23		69.83 percent of total billed charges	
ACETYLCYSTINE(MUCOMYST) 1 GM ORAL	J7608	HCPCS	both			73.5		7.85 Aetna	Commercial		27.93	38			5.23		69.83 percent of total billed charges	
ACETYLCYSTINE(MUCOMYST) 1 GM ORAL	J7608	HCPCS	both			73.5		7.85 Americare	Americare		55.13	75			5.23		69.83 percent of total billed charges	
ACETYLCYSTINE(MUCOMYST) 1 GM ORAL	J7608	HCPCS	both			73.5		7.85 Amerihealth	HMO/PPO		5.23				5.23		69.83 fee schedule	
ACETYLCYSTINE(MUCOMYST) 1 GM ORAL	J7608	HCPCS	both			73.5		7.85 Amerihealth	Medicare		6.83				5.23		69.83 fee schedule	
ACETYLCYSTINE(MUCOMYST) 1 GM ORAL	J7608	HCPCS	both			73.5		7.85 Consumer	Consumer		69.83	95			5.23		69.83 percent of total billed charges	
ACETYLCYSTINE(MUCOMYST) 1 GM ORAL	J7608	HCPCS	both			73.5		7.85 Corrections	Corrections		58.8	80			5.23		69.83 percent of total billed charges	
ACETYLCYSTINE(MUCOMYST) 1 GM ORAL	J7608	HCPCS	both			73.5		7.85 First Health	First Health		51.45	70			5.23		69.83 percent of total billed charges	
ACETYLCYSTINE(MUCOMYST) 1 GM ORAL	J7608	HCPCS	both			73.5		7.85 First Trenton	First Trenton		66.15	90			5.23		69.83 percent of total billed charges	
ACETYLCYSTINE(MUCOMYST) 1 GM ORAL	J7608	HCPCS	both			73.5		7.85 Horizon	MGD		28.14	38.28			5.23		69.83 percent of total billed charges	
ACETYLCYSTINE(MUCOMYST) 1 GM ORAL	J7608	HCPCS	both			73.5		7.85 Horizon	Indemnity		28.14	38.28			5.23		69.83 percent of total billed charges	
ACETYLCYSTINE(MUCOMYST) 1 GM ORAL	J7608	HCPCS	both			73.5		7.85 Horizon	PPO		28.14	38.28			5.23		69.83 percent of total billed charges	
ACETYLCYSTINE(MUCOMYST) 1 GM ORAL	J7608	HCPCS	both			73.5		7.85 Horizon	Medicare Blue		22.05	30			5.23		69.83 percent of total billed charges	
ACETYLCYSTINE(MUCOMYST) 1 GM ORAL	J7608	HCPCS	both			73.5		7.85 Managed Care Inc	Managed Care Inc		66.15	90			5.23		69.83 percent of total billed charges	
ACETYLCYSTINE(MUCOMYST) 1 GM ORAL	J7608	HCPCS	both			73.5		7.85 Multiplan	Multiplan		58.8	80			5.23		69.83 percent of total billed charges	
ACETYLCYSTINE(MUCOMYST) 1 GM ORAL	J7608	HCPCS	both			73.5		7.85 Qualcare	Qualcare		55.13	75			5.23		69.83 percent of total billed charges	
ACETYLCYSTINE(MUCOMYST) 1 GM ORAL	J7608	HCPCS	both			73.5		7.85 Three Rivers	Three Rivers		69.83	95			5.23		69.83 percent of total billed charges	
ACETYLCYSTINE(MUCOMYST) 1 GM ORAL	J7608	HCPCS	both			73.5		7.85 UHC	Medicare		6.83				5.23		69.83 fee schedule	
ACETYLCYSTINE(MUCOMYST) 1 GM ORAL	J7608	HCPCS	both			73.5		7.85 UHC	Medicaid		23.19	31.55			5.23		69.83 percent of total billed charges	
ACETYLCYSTINE(MUCOMYST) 1 GM ORAL	J7608	HCPCS	both			73.5		7.85 Wellcare	Medicaid		23.19	31.55			5.23		69.83 percent of total billed charges	
ACETYLCYSTINE(MUCOMYST) 1 GM ORAL	J7608	HCPCS	both			73.5		7.85 Wellcare	Medicare		6.83				5.23		69.83 fee schedule	
ACETYLCYSTINE(MUCOMYST) 1 GM ORAL	J7608	HCPCS	both			73.5		7.85 WellPoint	WellPoint		23.65	32.18			5.23		69.83 percent of total billed charges	
BUDESONIDE 0.5MG/2ML SUSP (NF)	J7626	HCPCS	both			38		1.16 Aetna	Commercial		14.44	38			1.01		36.1 percent of total billed charges	
BUDESONIDE 0.5MG/2ML SUSP (NF)	J7626	HCPCS	both			38		1.16 Aetna	Medicare		1.01				1.01		36.1 fee schedule	
BUDESONIDE 0.5MG/2ML SUSP (NF)	J7626	HCPCS	both			38		1.16 Aetna	Better Health		11.99	31.55			1.01		36.1 percent of total billed charges	
BUDESONIDE 0.5MG/2ML SUSP (NF)	J7626	HCPCS	both			38		1.16 Americare	Americare		28.5	75			1.01		36.1 percent of total billed charges	
BUDESONIDE 0.5MG/2ML SUSP (NF)	J7626	HCPCS	both			38		1.16 Amerihealth	HMO/PPO		4.32				1.01		36.1 fee schedule	
BUDESONIDE 0.5MG/2ML SUSP (NF)	J7626	HCPCS	both			38		1.16 Amerihealth	Medicare		1.01				1.01		36.1 fee schedule	
BUDESONIDE 0.5MG/2ML SUSP (NF)	J7626	HCPCS	both			38		1.16 Consumer	Consumer		36.1	95			1.01		36.1 percent of total billed charges	
BUDESONIDE 0.5MG/2ML SUSP (NF)	J7626	HCPCS	both			38		1.16 Corrections	Corrections		30.4	80			1.01		36.1 percent of total billed charges	
BUDESONIDE 0.5MG/2ML SUSP (NF)	J7626	HCPCS	both			38		1.16 First Health	First Health		26.6	70			1.01		36.1 percent of total billed charges	
BUDESONIDE 0.5MG/2ML SUSP (NF)	J7626	HCPCS	both			38		1.16 First Trenton	First Trenton		34.2	90			1.01		36.1 percent of total billed charges	
BUDESONIDE 0.5MG/2ML SUSP (NF)	J7626	HCPCS	both			38		1.16 Horizon	MGD		14.55	38.28			1.01		36.1 percent of total billed charges	
BUDESONIDE 0.5MG/2ML SUSP (NF)	J7626	HCPCS	both			38		1.16 Horizon	Medicare Blue		11.4	30			1.01		36.1 percent of total billed charges	
BUDESONIDE 0.5MG/2ML SUSP (NF)	J7626	HCPCS	both			38		1.16 Horizon	Indemnity		14.55	38.28			1.01		36.1 percent of total billed charges	
BUDESONIDE 0.5MG/2ML SUSP (NF)	J7626	HCPCS	both			38		1.16 Horizon	PPO		14.55	38.28			1.01		36.1 percent of total billed charges	
BUDESONIDE 0.5MG/2ML SUSP (NF)	J7626	HCPCS	both			38		1.16 Managed Care Inc	Managed Care Inc		34.2	90			1.01		36.1 percent of total billed charges	
BUDESONIDE 0.5MG/2ML SUSP (NF)	J7626	HCPCS	both			38		1.16 Multiplan	Multiplan		30.4	80			1.01		36.1 percent of total billed charges	
BUDESONIDE 0.5MG/2ML SUSP (NF)	J7626	HCPCS	both			38		1.16 Qualcare	Qualcare		28.5	75			1.01		36.1 percent of total billed charges	
BUDESONIDE 0.5MG/2ML SUSP (NF)	J7626	HCPCS	both			38		1.16 Three Rivers	Three Rivers		36.1	95			1.01		36.1 percent of total billed charges	
BUDESONIDE 0.5MG/2ML SUSP (NF)	J7626	HCPCS	both			38		1.16 UHC	Medicare		1.01				1.01		36.1 fee schedule	
BUDESONIDE 0.5MG/2ML SUSP (NF)	J7626	HCPCS	both			38		1.16 UHC	Medicaid		11.99	31.55			1.01		36.1 percent of total billed charges	
BUDESONIDE 0.5MG/2ML SUSP (NF)	J7626	HCPCS	both			38		1.16 Wellcare	Medicare		1.01				1.01		36.1 fee schedule	
BUDESONIDE 0.5MG/2ML SUSP (NF)	J7626	HCPCS	both			38		1.16 Wellcare	Medicaid		11.99	31.55			1.01		36.1 percent of total billed charges	
BUDESONIDE 0.5MG/2ML SUSP (NF)	J7626	HCPCS	both			38		1.16 WellPoint	WellPoint		12.23	32.18			1.01		36.1 percent of total billed charges	
IPRATROPIUM NEBULIZE SOL 0.02%	J7644	HCPCS	both			8.5		0.37 Aetna	Medicare		0.32				0.25		8.08 fee schedule	
IPRATROPIUM NEBULIZE SOL 0.02%	J7644	HCPCS	both			8.5		0.37 Aetna	Better Health		2.68	31.55			0.25		8.08 percent of total billed charges	
IPRATROPIUM NEBULIZE SOL 0.02%	J7644	HCPCS	both			8.5		0.37 Aetna	Commercial		3.23	38			0.25		8.08 percent of total billed charges	
IPRATROPIUM NEBULIZE SOL 0.02%	J7644	HCPCS	both			8.5		0.37 Americare	Americare		6.38	75			0.25		8.08 percent of total billed charges	
IPRATROPIUM NEBULIZE SOL 0.02%	J7644	HCPCS	both			8.5		0.37 Amerihealth	HMO/PPO		0.25				0.25		8.08 fee schedule	
IPRATROPIUM NEBULIZE SOL 0.02%	J7644	HCPCS	both			8.5		0.37 Amerihealth	Medicare		0.32				0.25		8.08 fee schedule	
IPRATROPIUM NEBULIZE SOL 0.02%	J7644	HCPCS	both			8.5		0.37 Consumer	Consumer		8.08	95			0.25		8.08 percent of total billed charges	
IPRATROPIUM NEBULIZE SOL 0.02%	J7644	HCPCS	both			8.5		0.37 Corrections	Corrections		6.8	80			0.25		8.08 percent of total billed charges	
IPRATROPIUM NEBULIZE SOL 0.02%	J7644	HCPCS	both			8.5		0.37 First Health	First Health		5.95	70			0.25		8.08 percent of total billed charges	
IPRATROPIUM NEBULIZE SOL 0.02%	J7644	HCPCS	both			8.5		0.37 First Trenton	First Trenton		7.65	90			0.25		8.08 percent of total billed charges	
IPRATROPIUM NEBULIZE SOL 0.02%	J7644	HCPCS	both			8.5		0.37 Horizon	MGD		3.25	38.28			0.25		8.08 percent of total billed charges	
IPRATROPIUM NEBULIZE SOL 0.02%	J7644	HCPCS	both			8.5		0.37 Horizon	Indemnity		3.25	38.28			0.25		8.08 percent of total billed charges	
IPRATROPIUM NEBULIZE SOL 0.02%	J7644	HCPCS	both			8.5		0.37 Horizon	PPO		3.25	38.28			0.25		8.08 percent of total billed charges	
IPRATROPIUM NEBULIZE SOL 0.02%	J7644	HCPCS	both			8.5		0.37 Horizon	Medicare Blue		2.55	30			0.25		8.08 percent of total billed charges	
IPRATROPIUM NEBULIZE SOL 0.02%	J7644	HCPCS	both			8.5		0.37 Managed Care Inc	Managed Care Inc		7.65	90			0.25		8.08 percent of total billed charges	
IPRATROPIUM NEBULIZE SOL 0.02%	J7644	HCPCS	both			8.5		0.37 Multiplan	Multiplan		6.8	80			0.25		8.08 percent of total billed charges	
IPRATROPIUM NEBULIZE SOL 0.02%	J7644	HCPCS	both			8.5		0.37 Qualcare	Qualcare		6.38	75			0.25		8.08 percent of total billed charges	
IPRATROPIUM NEBULIZE SOL 0.02%	J7644	HCPCS	both			8.5		0.37 Three Rivers	Three Rivers		8.08	95			0.25		8.08 percent of total billed charges	
IPRATROPIUM NEBULIZE SOL 0.02%	J7644	HCPCS	both			8.5		0.37 UHC	Medicare		0.32				0.25		8.08 fee schedule	
IPRATROPIUM NEBULIZE SOL 0.02%	J7644	HCPCS	both			8.5		0.37 UHC	Medicaid		2.68	31.55			0.25		8.08 percent of total billed charges	
IPRATROPIUM NEBULIZE SOL 0.02%	J7644	HCPCS	both			8.5		0.37 Wellcare	Medicaid		2.68	31.55			0.25		8.08 percent of total billed charges	
IPRATROPIUM NEBULIZE SOL 0.02%	J7644	HCPCS	both			8.5		0.37 Wellcare	Medicare		0.32				0.25		8.08 fee schedule	
IPRATROPIUM NEBULIZE SOL 0.02%	J7644	HCPCS	both			8.5		0.37 WellPoint	WellPoint		2.74	32.18			0.25		8.08 percent of total billed charges	
MANNITOL INHALATION SMG PWD. KIT	J7665	HCPCS	outpatient			2		Aetna	Commercial		0.76	38			0.6		1.9 percent of total billed charges	
MANNITOL INHALATION SMG PWD. KIT	J7665	HCPCS	outpatient			2		Aetna	Better Health		0.63	31.55			0.6		1.9 percent of total billed charges	
MANNITOL INHALATION SMG PWD. KIT	J7665	HCPCS	outpatient			2		Aetna	Medicare		0.62	30.8			0.6		1.9 percent of total billed charges	
MANNITOL INHALATION SMG PWD. KIT	J7665	HCPCS	outpatient			2		Americare	Americare		1.5	75			0.6		1.9 percent of total billed charges	
MANNITOL INHALATION SMG PWD. KIT	J7665	HCPCS	outpatient			2		Amerihealth	HMO/PPO		0.72				0.6		1.9 fee schedule	
MANNITOL INHALATION SMG PWD. KIT	J7665	HCPCS	outpatient			2		Consumer	Consumer		1.9	95			0.6		1.9 percent of total billed charges	
MANNITOL INHALATION SMG PWD. KIT	J7665	HCPCS	outpatient			2		Corrections	Corrections		1.6	80			0.6		1.9 percent of total billed charges	
MANNITOL INHALATION SMG PWD. KIT	J7665	HCPCS	outpatient			2		First Health	First Health		1.4	70			0.6		1.9 percent of total billed charges	
MANNITOL INHALATION SMG PWD. KIT	J7665	HCPCS	outpatient			2		First Trenton	First Trenton		1.8	90			0.6		1.9 percent of total billed charges	
MANNITOL INHALATION SMG PWD. KIT	J7665	HCPCS	outpatient			2		Horizon	MGD		0.77	38.28			0.6		1.9 percent of total billed charges	
MANNITOL INHALATION SMG PWD. KIT	J7665	HCPCS	outpatient			2		Horizon	Indemnity		0.77	38.28			0.6		1.9 percent of total billed charges	
MANNITOL INHALATION SMG PWD. KIT	J7665	HCPCS	outpatient			2		Horizon	Medicare Blue		0.6	30			0.6		1.9 percent of total billed charges	
MANNITOL INHALATION SMG PWD. KIT	J7665	HCPCS	outpatient			2		Horizon	PPO		0.77	38.28			0.6		1.9 percent of total billed charges	
MANNITOL INHALATION SMG PWD. KIT	J7665	HCPCS	outpatient			2		Managed Care Inc	Managed Care Inc		1.8	90			0.6		1.9 percent of total billed charges	
MANNITOL INHALATION SMG PWD. KIT	J7665	HCPCS	outpatient			2		Multiplan	Multiplan		1.6	80			0.6		1.9 percent of total billed charges	
MANNITOL INHALATION SMG PWD. KIT	J7665	HCPCS	outpatient			2		Qualcare	Qualcare		1.5	75			0.6		1.9 percent of total billed charges	
MANNITOL INHALATION SMG PWD. KIT	J7665	HCPCS	outpatient			2		Three Rivers	Three Rivers		1.9	95			0.6		1.9 percent of total billed charges	
MANNITOL INHALATION SMG PWD. KIT	J7665	HCPCS	outpatient			2		UHC	Medicaid		0.63	31.55			0.6		1.9 percent of total billed charges	
MANNITOL INHALATION SMG PWD. KIT	J7665	HCPCS	outpatient			2		Wellcare	Medicaid		0.63	31.55			0.6		1.9 percent of total billed charges	
MANNITOL INHALATION SMG PWD. KIT	J7665	HCPCS	outpatient			2		WellPoint	WellPoint		0.64	32.18			0.6		1.9 percent of total billed charges	
METAPROTERENOL 0.6% INHL SOLN U/D	J7669	HCPCS	outpatient			5.5		Aetna	Better Health		1.74	31.55			0.47		5.23 percent of total billed charges	
METAPROTERENOL 0.6% INHL SOLN U/D	J7669	HCPCS	outpatient			5.5		Aetna	Medicare		1.69	30.8			0.47		5.23 percent of total billed charges	
METAPROTERENOL 0.6% INHL SOLN U/D	J7669	HCPCS	outpatient			5.5		Aetna	Commercial		2.09	38			0.47		5.23 percent of total billed charges	
METAPROTERENOL 0.6% INHL SOLN U/D	J7669	HCPCS	outpatient			5.5		Americare	Americare		4.13	75			0.47		5.23 percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
METAPROTERENOL 0.6% INHL SOLN U/D	J7669	HCPCS	outpatient			5.5		Amerihealth	HMO/PPO		0.47				0.47		5.23 fee schedule	
METAPROTERENOL 0.6% INHL SOLN U/D	J7669	HCPCS	outpatient			5.5		Consumer	Consumer		5.23	95			0.47		5.23 percent of total billed charges	
METAPROTERENOL 0.6% INHL SOLN U/D	J7669	HCPCS	outpatient			5.5		Corrections	Corrections		4.4	80			0.47		5.23 percent of total billed charges	
METAPROTERENOL 0.6% INHL SOLN U/D	J7669	HCPCS	outpatient			5.5		First Health	First Health		3.85	70			0.47		5.23 percent of total billed charges	
METAPROTERENOL 0.6% INHL SOLN U/D	J7669	HCPCS	outpatient			5.5		First Trenton	First Trenton		4.95	90			0.47		5.23 percent of total billed charges	
METAPROTERENOL 0.6% INHL SOLN U/D	J7669	HCPCS	outpatient			5.5		Horizon	Medicare Blue		1.65	30			0.47		5.23 percent of total billed charges	
METAPROTERENOL 0.6% INHL SOLN U/D	J7669	HCPCS	outpatient			5.5		Horizon	MGD		2.11	38.28			0.47		5.23 percent of total billed charges	
METAPROTERENOL 0.6% INHL SOLN U/D	J7669	HCPCS	outpatient			5.5		Horizon	Indemnity		2.11	38.28			0.47		5.23 percent of total billed charges	
METAPROTERENOL 0.6% INHL SOLN U/D	J7669	HCPCS	outpatient			5.5		Horizon	PPO		2.11	38.28			0.47		5.23 percent of total billed charges	
METAPROTERENOL 0.6% INHL SOLN U/D	J7669	HCPCS	outpatient			5.5		Managed Care Inc	Managed Care Inc		4.95	90			0.47		5.23 percent of total billed charges	
METAPROTERENOL 0.6% INHL SOLN U/D	J7669	HCPCS	outpatient			5.5		Multiplan	Multiplan		4.4	80			0.47		5.23 percent of total billed charges	
METAPROTERENOL 0.6% INHL SOLN U/D	J7669	HCPCS	outpatient			5.5		Qualcare	Qualcare		4.13	75			0.47		5.23 percent of total billed charges	
METAPROTERENOL 0.6% INHL SOLN U/D	J7669	HCPCS	outpatient			5.5		Three Rivers	Three Rivers		5.23	95			0.47		5.23 percent of total billed charges	
METAPROTERENOL 0.6% INHL SOLN U/D	J7669	HCPCS	outpatient			5.5		UHC	Medicaid		1.74	31.55			0.47		5.23 percent of total billed charges	
METAPROTERENOL 0.6% INHL SOLN U/D	J7669	HCPCS	outpatient			5.5		Wellcare	Medicaid		1.74	31.55			0.47		5.23 percent of total billed charges	
METAPROTERENOL 0.6% INHL SOLN U/D	J7669	HCPCS	outpatient			5.5		WellPoint	WellPoint		1.77	32.18			0.47		5.23 percent of total billed charges	
TOBRAMYCIN 300MG/5ML INHL SOLN	J7682	HCPCS	inpatient			299		25.06 Aetna	Medicare		21.79				21.79		284.05 fee schedule	
TOBRAMYCIN 300MG/5ML INHL SOLN	J7682	HCPCS	inpatient			299		25.06 Aetna	Commercial		113.62				21.79		284.05 percent of total billed charges	
TOBRAMYCIN 300MG/5ML INHL SOLN	J7682	HCPCS	inpatient			299		25.06 Aetna	Better Health		94.33	31.55			21.79		284.05 percent of total billed charges	
TOBRAMYCIN 300MG/5ML INHL SOLN	J7682	HCPCS	inpatient			299		25.06 Americare	Americare		224.25	75			21.79		284.05 percent of total billed charges	
TOBRAMYCIN 300MG/5ML INHL SOLN	J7682	HCPCS	inpatient			299		25.06 Amerihealth	Medicare		21.79				21.79		284.05 fee schedule	
TOBRAMYCIN 300MG/5ML INHL SOLN	J7682	HCPCS	inpatient			299		25.06 Amerihealth	HMO/PPO		49.28				21.79		284.05 fee schedule	
TOBRAMYCIN 300MG/5ML INHL SOLN	J7682	HCPCS	inpatient			299		25.06 Consumer	Consumer		284.05	95			21.79		284.05 percent of total billed charges	
TOBRAMYCIN 300MG/5ML INHL SOLN	J7682	HCPCS	inpatient			299		25.06 Corrections	Corrections		239.2	80			21.79		284.05 percent of total billed charges	
TOBRAMYCIN 300MG/5ML INHL SOLN	J7682	HCPCS	inpatient			299		25.06 First Health	First Health		209.3	70			21.79		284.05 percent of total billed charges	
TOBRAMYCIN 300MG/5ML INHL SOLN	J7682	HCPCS	inpatient			299		25.06 First Trenton	First Trenton		269.1	90			21.79		284.05 percent of total billed charges	
TOBRAMYCIN 300MG/5ML INHL SOLN	J7682	HCPCS	inpatient			299		25.06 Horizon	MGD		114.46	38.28			21.79		284.05 percent of total billed charges	
TOBRAMYCIN 300MG/5ML INHL SOLN	J7682	HCPCS	inpatient			299		25.06 Horizon	Indemnity		114.46	38.28			21.79		284.05 percent of total billed charges	
TOBRAMYCIN 300MG/5ML INHL SOLN	J7682	HCPCS	inpatient			299		25.06 Horizon	Medicare Blue		89.7	30			21.79		284.05 percent of total billed charges	
TOBRAMYCIN 300MG/5ML INHL SOLN	J7682	HCPCS	inpatient			299		25.06 Horizon	PPO		114.46	38.28			21.79		284.05 percent of total billed charges	
TOBRAMYCIN 300MG/5ML INHL SOLN	J7682	HCPCS	inpatient			299		25.06 Managed Care Inc	Managed Care Inc		269.1	90			21.79		284.05 percent of total billed charges	
TOBRAMYCIN 300MG/5ML INHL SOLN	J7682	HCPCS	inpatient			299		25.06 Multiplan	Multiplan		239.2	80			21.79		284.05 percent of total billed charges	
TOBRAMYCIN 300MG/5ML INHL SOLN	J7682	HCPCS	inpatient			299		25.06 Qualcare	Qualcare		224.25	75			21.79		284.05 percent of total billed charges	
TOBRAMYCIN 300MG/5ML INHL SOLN	J7682	HCPCS	inpatient			299		25.06 Three Rivers	Three Rivers		284.05	95			21.79		284.05 percent of total billed charges	
TOBRAMYCIN 300MG/5ML INHL SOLN	J7682	HCPCS	inpatient			299		25.06 UHC	Medicaid		94.33	31.55			21.79		284.05 percent of total billed charges	
TOBRAMYCIN 300MG/5ML INHL SOLN	J7682	HCPCS	inpatient			299		25.06 UHC	Medicare		21.79				21.79		284.05 fee schedule	
TOBRAMYCIN 300MG/5ML INHL SOLN	J7682	HCPCS	inpatient			299		25.06 Wellcare	Medicare		21.79				21.79		284.05 fee schedule	
TOBRAMYCIN 300MG/5ML INHL SOLN	J7682	HCPCS	inpatient			299		25.06 Wellcare	Medicaid		94.33	31.55			21.79		284.05 percent of total billed charges	
TOBRAMYCIN 300MG/5ML INHL SOLN	J7682	HCPCS	inpatient			299		25.06 WellPoint	WellPoint		96.22	32.18			21.79		284.05 percent of total billed charges	
MANNITOL 20% (500ML) INJ	J7799	HCPCS	both			441.5		Aetna	Better Health		139.29	31.55			15		419.43 percent of total billed charges	
MANNITOL 20% (500ML) INJ	J7799	HCPCS	both			441.5		Aetna	Medicare		135.98	30.8			15		419.43 percent of total billed charges	
MANNITOL 20% (500ML) INJ	J7799	HCPCS	both			441.5		Aetna	Commercial		167.77	38			15		419.43 percent of total billed charges	
MANNITOL 20% (500ML) INJ	J7799	HCPCS	both			441.5		Americare	Americare		331.13	75			15		419.43 percent of total billed charges	
MANNITOL 20% (500ML) INJ	J7799	HCPCS	both			441.5		Amerihealth	HMO/PPO		286.98	65			15		419.43 percent of total billed charges	
MANNITOL 20% (500ML) INJ	J7799	HCPCS	both			441.5		Consumer	Consumer		419.43	95			15		419.43 percent of total billed charges	
MANNITOL 20% (500ML) INJ	J7799	HCPCS	both			441.5		Corrections	Corrections		353.2	80			15		419.43 percent of total billed charges	
MANNITOL 20% (500ML) INJ	J7799	HCPCS	both			441.5		First Health	First Health		309.05	70			15		419.43 percent of total billed charges	
MANNITOL 20% (500ML) INJ	J7799	HCPCS	both			441.5		First Trenton	First Trenton		397.35	90			15		419.43 percent of total billed charges	
MANNITOL 20% (500ML) INJ	J7799	HCPCS	both			441.5		Horizon	Indemnity		169.01	38.28			15		419.43 percent of total billed charges	
MANNITOL 20% (500ML) INJ	J7799	HCPCS	both			441.5		Horizon	Medicare Blue		132.45	30			15		419.43 percent of total billed charges	
MANNITOL 20% (500ML) INJ	J7799	HCPCS	both			441.5		Horizon	PPO		169.01	38.28			15		419.43 percent of total billed charges	
MANNITOL 20% (500ML) INJ	J7799	HCPCS	both			441.5		Horizon	MGD		169.01	38.28			15		419.43 percent of total billed charges	
MANNITOL 20% (500ML) INJ	J7799	HCPCS	both			441.5		Managed Care Inc	Managed Care Inc		397.35	90			15		419.43 percent of total billed charges	
MANNITOL 20% (500ML) INJ	J7799	HCPCS	both			441.5		Multiplan	Multiplan		353.2	80			15		419.43 percent of total billed charges	
MANNITOL 20% (500ML) INJ	J7799	HCPCS	both			441.5		Qualcare	Qualcare		331.13	75			15		419.43 percent of total billed charges	
MANNITOL 20% (500ML) INJ	J7799	HCPCS	both			441.5		Three Rivers	Three Rivers		419.43	95			15		419.43 percent of total billed charges	
MANNITOL 20% (500ML) INJ	J7799	HCPCS	both			441.5		UHC	Medicaid		139.29	31.55			15		419.43 percent of total billed charges	
MANNITOL 20% (500ML) INJ	J7799	HCPCS	both			441.5		Wellcare	Medicaid		139.29	31.55			15		419.43 percent of total billed charges	
MANNITOL 20% (500ML) INJ	J7799	HCPCS	both			441.5		WellPoint	WellPoint		142.07	32.18			15		419.43 percent of total billed charges	
APREPITANT(EMEND) 5 MG CAPS	J8501	HCPCS	outpatient			757		4.86 Aetna	Better Health		238.83	31.55			4.23		719.15 percent of total billed charges	
APREPITANT(EMEND) 5 MG CAPS	J8501	HCPCS	outpatient			757		4.86 Aetna	Commercial		287.66	38			4.23		719.15 percent of total billed charges	
APREPITANT(EMEND) 5 MG CAPS	J8501	HCPCS	outpatient			757		4.86 Aetna	Medicare		4.23				4.23		719.15 fee schedule	
APREPITANT(EMEND) 5 MG CAPS	J8501	HCPCS	outpatient			757		4.86 Americare	Americare		567.75	75			4.23		719.15 percent of total billed charges	
APREPITANT(EMEND) 5 MG CAPS	J8501	HCPCS	outpatient			757		4.86 Amerihealth	Medicare		4.23				4.23		719.15 fee schedule	
APREPITANT(EMEND) 5 MG CAPS	J8501	HCPCS	outpatient			757		4.86 Amerihealth	HMO/PPO		12.05				4.23		719.15 fee schedule	
APREPITANT(EMEND) 5 MG CAPS	J8501	HCPCS	outpatient			757		4.86 Consumer	Consumer		719.15	95			4.23		719.15 percent of total billed charges	
APREPITANT(EMEND) 5 MG CAPS	J8501	HCPCS	outpatient			757		4.86 Corrections	Corrections		605.6	80			4.23		719.15 percent of total billed charges	
APREPITANT(EMEND) 5 MG CAPS	J8501	HCPCS	outpatient			757		4.86 First Health	First Health		529.9	70			4.23		719.15 percent of total billed charges	
APREPITANT(EMEND) 5 MG CAPS	J8501	HCPCS	outpatient			757		4.86 First Trenton	First Trenton		681.3	90			4.23		719.15 percent of total billed charges	
APREPITANT(EMEND) 5 MG CAPS	J8501	HCPCS	outpatient			757		4.86 Horizon	MGD		289.78	38.28			4.23		719.15 percent of total billed charges	
APREPITANT(EMEND) 5 MG CAPS	J8501	HCPCS	outpatient			757		4.86 Horizon	PPO		289.78	38.28			4.23		719.15 percent of total billed charges	
APREPITANT(EMEND) 5 MG CAPS	J8501	HCPCS	outpatient			757		4.86 Horizon	Indemnity		289.78	38.28			4.23		719.15 percent of total billed charges	
APREPITANT(EMEND) 5 MG CAPS	J8501	HCPCS	outpatient			757		4.86 Horizon	Medicare Blue		227.1	30			4.23		719.15 percent of total billed charges	
APREPITANT(EMEND) 5 MG CAPS	J8501	HCPCS	outpatient			757		4.86 Managed Care Inc	Managed Care Inc		681.3	90			4.23		719.15 percent of total billed charges	
APREPITANT(EMEND) 5 MG CAPS	J8501	HCPCS	outpatient			757		4.86 Multiplan	Multiplan		605.6	80			4.23		719.15 percent of total billed charges	
APREPITANT(EMEND) 5 MG CAPS	J8501	HCPCS	outpatient			757		4.86 Qualcare	Qualcare		567.75	75			4.23		719.15 percent of total billed charges	
APREPITANT(EMEND) 5 MG CAPS	J8501	HCPCS	outpatient			757		4.86 Three Rivers	Three Rivers		719.15	95			4.23		719.15 percent of total billed charges	
APREPITANT(EMEND) 5 MG CAPS	J8501	HCPCS	outpatient			757		4.86 UHC	Medicare		4.23				4.23		719.15 fee schedule	
APREPITANT(EMEND) 5 MG CAPS	J8501	HCPCS	outpatient			757		4.86 UHC	Medicaid		238.83	31.55			4.23		719.15 percent of total billed charges	
APREPITANT(EMEND) 5 MG CAPS	J8501	HCPCS	outpatient			757		4.86 Wellcare	Medicare		4.23				4.23		719.15 fee schedule	
APREPITANT(EMEND) 5 MG CAPS	J8501	HCPCS	outpatient			757		4.86 Wellcare	Medicaid		238.83	31.55			4.23		719.15 percent of total billed charges	
APREPITANT(EMEND) 5 MG CAPS	J8501	HCPCS	outpatient			757		4.86 WellPoint	WellPoint		243.6	32.18			4.23		719.15 percent of total billed charges	
CAPECITABINE 150MG TB(NF)	J8520	HCPCS	inpatient			25		0.28 Aetna	Commercial		9.5	38			0.25		23.75 percent of total billed charges	
CAPECITABINE 150MG TB(NF)	J8520	HCPCS	inpatient			25		0.28 Aetna	Medicare		0.25				0.25		23.75 fee schedule	
CAPECITABINE 150MG TB(NF)	J8520	HCPCS	inpatient			25		0.28 Aetna	Better Health		7.89	31.55			0.25		23.75 percent of total billed charges	
CAPECITABINE 150MG TB(NF)	J8520	HCPCS	inpatient			25		0.28 Americare	Americare		18.75	75			0.25		23.75 percent of total billed charges	
CAPECITABINE 150MG TB(NF)	J8520	HCPCS	inpatient			25		0.28 Amerihealth	Medicare		0.25				0.25		23.75 fee schedule	
CAPECITABINE 150MG TB(NF)	J8520	HCPCS	inpatient			25		0.28 Amerihealth	HMO/PPO		4.47				0.25		23.75 fee schedule	
CAPECITABINE 150MG TB(NF)	J8520	HCPCS	inpatient			25		0.28 Consumer	Consumer		23.75	95			0.25		23.75 percent of total billed charges	
CAPECITABINE 150MG TB(NF)	J8520	HCPCS	inpatient			25		0.28 Corrections	Corrections		20	80			0.25		23.75 percent of total billed charges	
CAPECITABINE 150MG TB(NF)	J8520	HCPCS	inpatient			25		0.28 First Health	First Health		17.5	70			0.25		23.75 percent of total billed charges	
CAPECITABINE 150MG TB(NF)	J8520	HCPCS	inpatient			25		0.28 First Trenton	First Trenton		22.5	90			0.25		23.75 percent of total billed charges	
CAPECITABINE 150MG TB(NF)	J8520	HCPCS	inpatient			25		0.28 Horizon	Medicare Blue		7.5	30			0.25		23.75 percent of total billed charges	
CAPECITABINE 150MG TB(NF)	J8520	HCPCS	inpatient			25		0.28 Horizon	MGD		9.57	38.28			0.25		23.75 percent of total billed charges	
CAPECITABINE 150MG TB(NF)	J8520	HCPCS	inpatient			25		0.28 Horizon	Indemnity		9.57	38.28			0.25		23.75 percent of total billed charges	
CAPECITABINE 150MG TB(NF)	J8520	HCPCS	inpatient			25		0.28 Horizon	PPO		9.57	38.28			0.25		23.75 percent of total billed charges	
CAPECITABINE 150MG TB(NF)	J8520	HCPCS	inpatient			25		0.28 Managed Care Inc	Managed Care Inc		22.5	90			0.25		23.75 percent of total billed charges	
CAPECITABINE 150MG TB(NF)	J8520	HCPCS	inpatient			25		0.28 Multiplan	Multiplan		20	80			0.25		23.75 percent of total billed charges	
CAPECITABINE 150MG TB(NF)	J8520	HCPCS	inpatient			25		0.28 Qualcare	Qualcare		18.75	75			0.25		23.75 percent of total billed charges	
CAPECITABINE 150MG TB(NF)	J8520	HCPCS	inpatient			25		0.28 Three Rivers	Three Rivers		23.75	95			0.25		23.75 percent of total billed charges	
CAPECITABINE 150MG TB(NF)	J8520	HCPCS	inpatient			25		0.28 UHC	Medicare		0.25				0.25		23.75 fee schedule	
CAPECITABINE 150MG TB(NF)	J8520	HCPCS	inpatient			25		0.28 UHC	Medicaid		7.89	31.55			0.25		23.75 percent of total billed charges	
CAPECITABINE 150MG TB(NF)	J8520	HCPCS	inpatient			25		0.28 Wellcare	Medicare		0.25				0.25		23.75 fee schedule	
CAPECITABINE 150MG TB(NF)	J8520	HCPCS	inpatient			25		0.28 Wellcare	Medicaid		7.89	31.55			0.25		23.75 percent of total billed charges	
CAPECITABINE 150MG TB(NF)	J8520	HCPCS	inpatient			25		0.28 WellPoint	WellPoint		8.05	32.18			0.25		23.75 percent of total billed charges	
CYCLOPHOSPHAMIDE 50MG TAB	J8530	HCPCS	inpatient			23.5		0.71 Aetna	Better Health		7.41	31.55			0.62		22.33 percent of total billed charges	
CYCLOPHOSPHAMIDE 50MG TAB	J8530	HCPCS	inpatient			23.5		0.71 Aetna	Medicare		0.62				0.62		22.33 fee schedule	
CYCLOPHOSPHAMIDE 50MG TAB	J8530	HCPCS	inpatient			23.5		0.71 Aetna	Commercial		8.93	38			0.62		22.33 percent of total billed charges	
CYCLOPHOSPHAMIDE 50MG TAB	J8530	HCPCS	inpatient			23.5		0.71 Americare	Americare		17.63	75			0.62		22.33 percent of total billed charges	
CYCLOPHOSPHAMIDE 50MG TAB	J8530	HCPCS	inpatient			23.5		0.71 Amerihealth	Medicare		0.62				0.62		22.33 fee schedule	
CYCLOPHOSPHAMIDE 50MG TAB	J8530	HCPCS	inpatient			23.5		0.71 Amerihealth	HMO/PPO		3.62				0.62		22.33 fee schedule	
CYCLOPHOSPHAMIDE 50MG TAB	J8530	HCPCS	inpatient			23.5		0.71 Consumer	Consumer		22.33	95			0.62		22.33 percent of total billed charges	
CYCLOPHOSPHAMIDE 50MG TAB	J8530	HCPCS	inpatient			23.5		0.71 Corrections	Corrections		18.8	80			0.62		22.33 percent of total billed charges	
CYCLOPHOSPHAMIDE 50MG TAB	J8530	HCPCS	inpatient			23.5		0.71 First Health	First Health		16.45	70			0.62		22.33 percent of total billed charges	
CYCLOPHOSPHAMIDE 50MG TAB	J8530	HCPCS	inpatient			23.5		0.71 First Trenton	First Trenton		21.15	90			0.62		22.33 percent of total billed charges	
CYCLOPHOSPHAMIDE 50MG TAB	J8530	HCPCS	inpatient			23.5		0.71 Horizon	MGD		9	38.28			0.62		22.33 percent of total billed charges	
CYCLOPHOSPHAMIDE 50MG TAB	J8530	HCPCS	inpatient			23.5		0.71 Horizon	Indemnity		9	38.28			0.62		22.33 percent of total billed charges	
CYCLOPHOSPHAMIDE 50MG TAB	J8530	HCPCS	inpatient			23.5		0.71 Horizon	Medicare Blue		7.05	30			0.62		22.33 percent of total billed charges	
CYCLOPHOSPHAMIDE 50MG TAB	J8530	HCPCS	inpatient			23.5		0.71 Horizon	PPO		9	38.28			0.62		22.33 percent of total billed charges	
CYCLOPHOSPHAMIDE 50MG TAB	J8530	HCPCS	inpatient			23.5		0.71 Managed Care Inc	Managed Care Inc		21.15	90			0.62		22.33 percent of total billed charges	
CYCLOPHOSPHAMIDE 50MG TAB	J8530	HCPCS	inpatient			23.5		0.71 Multiplan	Multiplan		18.8	80			0.62		22.33 percent of total billed charges	
CYCLOPHOSPHAMIDE 50MG TAB	J8530	HCPCS	inpatient			23.5		0.71 Qualcare	Qualcare		17.63	75			0.62		22.33 percent of total billed charges	
CYCLOPHOSPHAMIDE 50MG TAB	J8530	HCPCS	inpatient			23.5		0.71 Three Rivers	Three Rivers		22.33	95			0.62		22.33 percent of total billed charges	
CYCLOPHOSPHAMIDE 50MG TAB	J8530	HCPCS	inpatient			23.5		0.71 UHC	Medicaid		7.41	31.55			0.62		22.33 percent of total billed charges	
CYCLOPHOSPHAMIDE 50MG TAB	J8530	HCPCS	inpatient			23.5		0.71 UHC	Medicare		0.62				0.62		22.33 fee schedule	
CYCLOPHOSPHAMIDE 50MG TAB	J8530	HCPCS	inpatient			23.5		0.71 Wellcare	Medicare		0.62				0.62		22.33 fee schedule	
CYCLOPHOSPHAMIDE 50MG TAB	J8530	HCPCS	inpatient			23.5		0.71 Wellcare	Medicaid		7.41	31.55			0.62		22.33 percent of total billed charges	
CYCLOPHOSPHAMIDE 50MG TAB	J8530	HCPCS	inpatient			23.5		0.71 WellPoint	WellPoint		7.56	32.18			0.62		22.33 percent of total billed charges	
ETOPOSIDE 50MG CAP	J8560	HCPCS	outpatient			240		88.1 Aetna	Commercial		146.16				75.72		228 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ETOPOSIDE 50MG CAP	J8560	HCPCS	outpatient			240		88.1 Aetna	Medicare		76.61				75.72		228 fee schedule	
ETOPOSIDE 50MG CAP	J8560	HCPCS	outpatient			240		88.1 Aetna	Better Health		75.72	31.55			75.72		228 percent of total billed charges	
ETOPOSIDE 50MG CAP	J8560	HCPCS	outpatient			240		88.1 Americare	Americare		180	75			75.72		228 percent of total billed charges	
ETOPOSIDE 50MG CAP	J8560	HCPCS	outpatient			240		88.1 Amerihealth	HMO/PPO		77.69				75.72		228 fee schedule	
ETOPOSIDE 50MG CAP	J8560	HCPCS	outpatient			240		88.1 Amerihealth	Medicare		76.61				75.72		228 fee schedule	
ETOPOSIDE 50MG CAP	J8560	HCPCS	outpatient			240		88.1 Consumer	Consumer		228	95			75.72		228 percent of total billed charges	
ETOPOSIDE 50MG CAP	J8560	HCPCS	outpatient			240		88.1 Corrections	Corrections		192	80			75.72		228 percent of total billed charges	
ETOPOSIDE 50MG CAP	J8560	HCPCS	outpatient			240		88.1 First Health	First Health		168	70			75.72		228 percent of total billed charges	
ETOPOSIDE 50MG CAP	J8560	HCPCS	outpatient			240		88.1 First Trenton	First Trenton		216	90			75.72		228 percent of total billed charges	
ETOPOSIDE 50MG CAP	J8560	HCPCS	outpatient			240		88.1 Horizon	MGD		170.86				75.72		228 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ETOPOSIDE 50MG CAP	J8560	HCPCS	outpatient			240		88.1 Horizon	Indemnity		170.86				75.72		228 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ETOPOSIDE 50MG CAP	J8560	HCPCS	outpatient			240		88.1 Horizon	PPO		170.86				75.72		228 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ETOPOSIDE 50MG CAP	J8560	HCPCS	outpatient			240		88.1 Horizon	Medicare Blue		91.61				75.72		228 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ETOPOSIDE 50MG CAP	J8560	HCPCS	outpatient			240		88.1 Managed Care Inc	Managed Care Inc		216	90			75.72		228 percent of total billed charges	
ETOPOSIDE 50MG CAP	J8560	HCPCS	outpatient			240		88.1 Multiplan	Multiplan		192	80			75.72		228 percent of total billed charges	
ETOPOSIDE 50MG CAP	J8560	HCPCS	outpatient			240		88.1 Qualcare	Qualcare		180	75			75.72		228 percent of total billed charges	
ETOPOSIDE 50MG CAP	J8560	HCPCS	outpatient			240		88.1 Three Rivers	Three Rivers		228	95			75.72		228 percent of total billed charges	
ETOPOSIDE 50MG CAP	J8560	HCPCS	outpatient			240		88.1 UHC	Medicaid		75.72	31.55			75.72		228 percent of total billed charges	
ETOPOSIDE 50MG CAP	J8560	HCPCS	outpatient			240		88.1 UHC	Medicare		76.61				75.72		228 fee schedule	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ETOPOSIDE 50MG CAP	J8560	HCPCS	outpatient			240	88.1	United	Oxford		191.53				75.72		228 fee schedule	
ETOPOSIDE 50MG CAP	J8560	HCPCS	outpatient			240	88.1	United	CommercialPPO		191.53				75.72		228 fee schedule	
ETOPOSIDE 50MG CAP	J8560	HCPCS	outpatient			240	88.1	Wellcare	Medicaid		75.72	31.55			75.72		228 percent of total billed charges	
ETOPOSIDE 50MG CAP	J8560	HCPCS	outpatient			240	88.1	Wellcare	Medicare		76.61				75.72		228 fee schedule	
ETOPOSIDE 50MG CAP	J8560	HCPCS	outpatient			240	88.1	WellPoint	WellPoint		77.23	32.18			75.72		228 percent of total billed charges	
MELPHALAN 2MG TAB	J8600	HCPCS	outpatient			50		Aetna	Commercial		19	38			12.71		47.5 percent of total billed charges	
MELPHALAN 2MG TAB	J8600	HCPCS	outpatient			50		Aetna	Better Health		15.78	31.55			12.71		47.5 percent of total billed charges	
MELPHALAN 2MG TAB	J8600	HCPCS	outpatient			50		Aetna	Medicare		15.4	30.8			12.71		47.5 percent of total billed charges	
MELPHALAN 2MG TAB	J8600	HCPCS	outpatient			50		Americare	Americare		37.5	75			12.71		47.5 percent of total billed charges	
MELPHALAN 2MG TAB	J8600	HCPCS	outpatient			50		Amerihealth	HMO/PPO		12.71				12.71		47.5 fee schedule	
MELPHALAN 2MG TAB	J8600	HCPCS	outpatient			50		Consumer	Consumer		47.5	95			12.71		47.5 percent of total billed charges	
MELPHALAN 2MG TAB	J8600	HCPCS	outpatient			50		Corrections	Corrections		40	80			12.71		47.5 percent of total billed charges	
MELPHALAN 2MG TAB	J8600	HCPCS	outpatient			50		First Health	First Health		35	70			12.71		47.5 percent of total billed charges	
MELPHALAN 2MG TAB	J8600	HCPCS	outpatient			50		First Trenton	First Trenton		45	90			12.71		47.5 percent of total billed charges	
MELPHALAN 2MG TAB	J8600	HCPCS	outpatient			50		Horizon	Indemnity		19.14	38.28			12.71		47.5 percent of total billed charges	
MELPHALAN 2MG TAB	J8600	HCPCS	outpatient			50		Horizon	Medicare Blue		15	30			12.71		47.5 percent of total billed charges	
MELPHALAN 2MG TAB	J8600	HCPCS	outpatient			50		Horizon	MGD		19.14	38.28			12.71		47.5 percent of total billed charges	
MELPHALAN 2MG TAB	J8600	HCPCS	outpatient			50		Horizon	PPO		19.14	38.28			12.71		47.5 percent of total billed charges	
MELPHALAN 2MG TAB	J8600	HCPCS	outpatient			50		Managed Care Inc	Managed Care Inc		45	90			12.71		47.5 percent of total billed charges	
MELPHALAN 2MG TAB	J8600	HCPCS	outpatient			50		Multiplan	Multiplan		40	80			12.71		47.5 percent of total billed charges	
MELPHALAN 2MG TAB	J8600	HCPCS	outpatient			50		Qualcare	Qualcare		37.5	75			12.71		47.5 percent of total billed charges	
MELPHALAN 2MG TAB	J8600	HCPCS	outpatient			50		Three Rivers	Three Rivers		47.5	95			12.71		47.5 percent of total billed charges	
MELPHALAN 2MG TAB	J8600	HCPCS	outpatient			50		UHC	Medicaid		15.78	31.55			12.71		47.5 percent of total billed charges	
MELPHALAN 2MG TAB	J8600	HCPCS	outpatient			50		Wellcare	Medicaid		15.78	31.55			12.71		47.5 percent of total billed charges	
MELPHALAN 2MG TAB	J8600	HCPCS	outpatient			50		WellPoint	WellPoint		16.09	32.18			12.71		47.5 percent of total billed charges	
METHOTREXATE 2.5MG TAB	J8610	HCPCS	both			26.5	0.31	Aetna	Better Health		8.36	31.55			0.27		25.18 percent of total billed charges	
METHOTREXATE 2.5MG TAB	J8610	HCPCS	both			26.5	0.31	Aetna	Commercial		10.07	38			0.27		25.18 percent of total billed charges	
METHOTREXATE 2.5MG TAB	J8610	HCPCS	both			26.5	0.31	Aetna	Medicare		0.27				0.27		25.18 fee schedule	
METHOTREXATE 2.5MG TAB	J8610	HCPCS	both			26.5	0.31	Americare	Americare		19.88	75			0.27		25.18 percent of total billed charges	
METHOTREXATE 2.5MG TAB	J8610	HCPCS	both			26.5	0.31	Amerihealth	Medicare		0.27				0.27		25.18 fee schedule	
METHOTREXATE 2.5MG TAB	J8610	HCPCS	both			26.5	0.31	Amerihealth	HMO/PPO		1.09				0.27		25.18 fee schedule	
METHOTREXATE 2.5MG TAB	J8610	HCPCS	both			26.5	0.31	Consumer	Consumer		25.18	95			0.27		25.18 percent of total billed charges	
METHOTREXATE 2.5MG TAB	J8610	HCPCS	both			26.5	0.31	Corrections	Corrections		21.2	80			0.27		25.18 percent of total billed charges	
METHOTREXATE 2.5MG TAB	J8610	HCPCS	both			26.5	0.31	First Health	First Health		18.55	70			0.27		25.18 percent of total billed charges	
METHOTREXATE 2.5MG TAB	J8610	HCPCS	both			26.5	0.31	First Trenton	First Trenton		23.85	90			0.27		25.18 percent of total billed charges	
METHOTREXATE 2.5MG TAB	J8610	HCPCS	both			26.5	0.31	Horizon	Medicare Blue		7.95	30			0.27		25.18 percent of total billed charges	
METHOTREXATE 2.5MG TAB	J8610	HCPCS	both			26.5	0.31	Horizon	PPO		10.14	38.28			0.27		25.18 percent of total billed charges	
METHOTREXATE 2.5MG TAB	J8610	HCPCS	both			26.5	0.31	Horizon	MGD		10.14	38.28			0.27		25.18 percent of total billed charges	
METHOTREXATE 2.5MG TAB	J8610	HCPCS	both			26.5	0.31	Horizon	Indemnity		10.14	38.28			0.27		25.18 percent of total billed charges	
METHOTREXATE 2.5MG TAB	J8610	HCPCS	both			26.5	0.31	Managed Care Inc	Managed Care Inc		23.85	90			0.27		25.18 percent of total billed charges	
METHOTREXATE 2.5MG TAB	J8610	HCPCS	both			26.5	0.31	Multiplan	Multiplan		21.2	80			0.27		25.18 percent of total billed charges	
METHOTREXATE 2.5MG TAB	J8610	HCPCS	both			26.5	0.31	Qualcare	Qualcare		19.88	75			0.27		25.18 percent of total billed charges	
METHOTREXATE 2.5MG TAB	J8610	HCPCS	both			26.5	0.31	Three Rivers	Three Rivers		25.18	95			0.27		25.18 percent of total billed charges	
METHOTREXATE 2.5MG TAB	J8610	HCPCS	both			26.5	0.31	UHC	Medicare		0.27				0.27		25.18 fee schedule	
METHOTREXATE 2.5MG TAB	J8610	HCPCS	both			26.5	0.31	UHC	Medicaid		8.36	31.55			0.27		25.18 percent of total billed charges	
METHOTREXATE 2.5MG TAB	J8610	HCPCS	both			26.5	0.31	Wellcare	Medicare		0.27				0.27		25.18 fee schedule	
METHOTREXATE 2.5MG TAB	J8610	HCPCS	both			26.5	0.31	Wellcare	Medicaid		8.36	31.55			0.27		25.18 percent of total billed charges	
METHOTREXATE 2.5MG TAB	J8610	HCPCS	both			26.5	0.31	WellPoint	WellPoint		8.53	32.18			0.27		25.18 percent of total billed charges	
TEMOZOLOMIDE 5MG CAP (NF)	J8700	HCPCS	outpatient			48.5	0.32	Aetna	Medicare		0.28				0.28		46.08 fee schedule	
TEMOZOLOMIDE 5MG CAP (NF)	J8700	HCPCS	outpatient			48.5	0.32	Aetna	Better Health		15.3	31.55			0.28		46.08 percent of total billed charges	
TEMOZOLOMIDE 5MG CAP (NF)	J8700	HCPCS	outpatient			48.5	0.32	Aetna	Commercial		18.43	38			0.28		46.08 percent of total billed charges	
TEMOZOLOMIDE 5MG CAP (NF)	J8700	HCPCS	outpatient			48.5	0.32	Americare	Americare		36.38	75			0.28		46.08 percent of total billed charges	
TEMOZOLOMIDE 5MG CAP (NF)	J8700	HCPCS	outpatient			48.5	0.32	Amerihealth	HMO/PPO		2.89				0.28		46.08 fee schedule	
TEMOZOLOMIDE 5MG CAP (NF)	J8700	HCPCS	outpatient			48.5	0.32	Amerihealth	Medicare		0.28				0.28		46.08 fee schedule	
TEMOZOLOMIDE 5MG CAP (NF)	J8700	HCPCS	outpatient			48.5	0.32	Consumer	Consumer		46.08	95			0.28		46.08 percent of total billed charges	
TEMOZOLOMIDE 5MG CAP (NF)	J8700	HCPCS	outpatient			48.5	0.32	Corrections	Corrections		38.8	80			0.28		46.08 percent of total billed charges	
TEMOZOLOMIDE 5MG CAP (NF)	J8700	HCPCS	outpatient			48.5	0.32	First Health	First Health		33.95	70			0.28		46.08 percent of total billed charges	
TEMOZOLOMIDE 5MG CAP (NF)	J8700	HCPCS	outpatient			48.5	0.32	First Trenton	First Trenton		43.65	90			0.28		46.08 percent of total billed charges	
TEMOZOLOMIDE 5MG CAP (NF)	J8700	HCPCS	outpatient			48.5	0.32	Horizon	MGD		18.57	38.28			0.28		46.08 percent of total billed charges	
TEMOZOLOMIDE 5MG CAP (NF)	J8700	HCPCS	outpatient			48.5	0.32	Horizon	Indemnity		18.57	38.28			0.28		46.08 percent of total billed charges	
TEMOZOLOMIDE 5MG CAP (NF)	J8700	HCPCS	outpatient			48.5	0.32	Horizon	Medicare Blue		14.55	30			0.28		46.08 percent of total billed charges	
TEMOZOLOMIDE 5MG CAP (NF)	J8700	HCPCS	outpatient			48.5	0.32	Horizon	PPO		18.57	38.28			0.28		46.08 percent of total billed charges	
TEMOZOLOMIDE 5MG CAP (NF)	J8700	HCPCS	outpatient			48.5	0.32	Managed Care Inc	Managed Care Inc		43.65	90			0.28		46.08 percent of total billed charges	
TEMOZOLOMIDE 5MG CAP (NF)	J8700	HCPCS	outpatient			48.5	0.32	Multiplan	Multiplan		38.8	80			0.28		46.08 percent of total billed charges	
TEMOZOLOMIDE 5MG CAP (NF)	J8700	HCPCS	outpatient			48.5	0.32	Qualcare	Qualcare		36.38	75			0.28		46.08 percent of total billed charges	
TEMOZOLOMIDE 5MG CAP (NF)	J8700	HCPCS	outpatient			48.5	0.32	Three Rivers	Three Rivers		46.08	95			0.28		46.08 percent of total billed charges	
TEMOZOLOMIDE 5MG CAP (NF)	J8700	HCPCS	outpatient			48.5	0.32	UHC	Medicare		0.28				0.28		46.08 fee schedule	
TEMOZOLOMIDE 5MG CAP (NF)	J8700	HCPCS	outpatient			48.5	0.32	UHC	Medicaid		15.3	31.55			0.28		46.08 percent of total billed charges	
TEMOZOLOMIDE 5MG CAP (NF)	J8700	HCPCS	outpatient			48.5	0.32	Wellcare	Medicaid		15.3	31.55			0.28		46.08 percent of total billed charges	
TEMOZOLOMIDE 5MG CAP (NF)	J8700	HCPCS	outpatient			48.5	0.32	Wellcare	Medicare		0.28				0.28		46.08 fee schedule	
TEMOZOLOMIDE 5MG CAP (NF)	J8700	HCPCS	outpatient			48.5	0.32	WellPoint	WellPoint		15.61	32.18			0.28		46.08 percent of total billed charges	
DOXORUBICIN 10MG INJ	J9000	HCPCS	both			6	3.77	Aetna	Medicare		3.28				1.8		5.7 fee schedule	
DOXORUBICIN 10MG INJ	J9000	HCPCS	both			6	3.77	Aetna	Commercial		2.28	38			1.8		5.7 percent of total billed charges	
DOXORUBICIN 10MG INJ	J9000	HCPCS	both			6	3.77	Aetna	Better Health		1.89	31.55			1.8		5.7 percent of total billed charges	
DOXORUBICIN 10MG INJ	J9000	HCPCS	both			6	3.77	Americare	Americare		4.5	75			1.8		5.7 percent of total billed charges	
DOXORUBICIN 10MG INJ	J9000	HCPCS	both			6	3.77	Amerihealth	HMO/PPO		2.75				1.8		5.7 fee schedule	
DOXORUBICIN 10MG INJ	J9000	HCPCS	both			6	3.77	Amerihealth	Medicare		3.28				1.8		5.7 fee schedule	
DOXORUBICIN 10MG INJ	J9000	HCPCS	both			6	3.77	Consumer	Consumer		5.7	95			1.8		5.7 percent of total billed charges	
DOXORUBICIN 10MG INJ	J9000	HCPCS	both			6	3.77	Corrections	Corrections		4.8	80			1.8		5.7 percent of total billed charges	
DOXORUBICIN 10MG INJ	J9000	HCPCS	both			6	3.77	First Health	First Health		4.2	70			1.8		5.7 percent of total billed charges	
DOXORUBICIN 10MG INJ	J9000	HCPCS	both			6	3.77	First Trenton	First Trenton		5.4	90			1.8		5.7 percent of total billed charges	
DOXORUBICIN 10MG INJ	J9000	HCPCS	both			6	3.77	Horizon	Medicare Blue		1.8	30			1.8		5.7 percent of total billed charges	
DOXORUBICIN 10MG INJ	J9000	HCPCS	both			6	3.77	Horizon	MGD		2.3	38.28			1.8		5.7 percent of total billed charges	
DOXORUBICIN 10MG INJ	J9000	HCPCS	both			6	3.77	Horizon	Indemnity		2.3	38.28			1.8		5.7 percent of total billed charges	
DOXORUBICIN 10MG INJ	J9000	HCPCS	both			6	3.77	Horizon	PPO		2.3	38.28			1.8		5.7 percent of total billed charges	
DOXORUBICIN 10MG INJ	J9000	HCPCS	both			6	3.77	Managed Care Inc	Managed Care Inc		5.4	90			1.8		5.7 percent of total billed charges	
DOXORUBICIN 10MG INJ	J9000	HCPCS	both			6	3.77	Multiplan	Multiplan		4.8	80			1.8		5.7 percent of total billed charges	
DOXORUBICIN 10MG INJ	J9000	HCPCS	both			6	3.77	Qualcare	Qualcare		4.5	75			1.8		5.7 percent of total billed charges	
DOXORUBICIN 10MG INJ	J9000	HCPCS	both			6	3.77	Three Rivers	Three Rivers		5.7	95			1.8		5.7 percent of total billed charges	
DOXORUBICIN 10MG INJ	J9000	HCPCS	both			6	3.77	UHC	Medicaid		1.89	31.55			1.8		5.7 percent of total billed charges	
DOXORUBICIN 10MG INJ	J9000	HCPCS	both			6	3.77	UHC	Medicare		3.28				1.8		5.7 fee schedule	
DOXORUBICIN 10MG INJ	J9000	HCPCS	both			6	3.77	Wellcare	Medicare		3.28				1.8		5.7 fee schedule	
DOXORUBICIN 10MG INJ	J9000	HCPCS	both			6	3.77	Wellcare	Medicaid		1.89	31.55			1.8		5.7 percent of total billed charges	
DOXORUBICIN 10MG INJ	J9000	HCPCS	both			6	3.77	WellPoint	WellPoint		1.93	32.18			1.8		5.7 percent of total billed charges	
ADLESLEUKIN 22MMU INJ (NF)	J9015	HCPCS	outpatient			8467.5	5442.88	Aetna	Commercial		7534.84				2671.5		9857.5 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADLESLEUKIN 22MMU INJ (NF)	J9015	HCPCS	outpatient			8467.5	5442.88	Aetna	Better Health		2671.5	31.55			2671.5		9857.5 percent of total billed charges	
ADLESLEUKIN 22MMU INJ (NF)	J9015	HCPCS	outpatient			8467.5	5442.88	Aetna	Medicare		4732.94				2671.5		9857.5 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADLESLEUKIN 22MMU INJ (NF)	J9015	HCPCS	outpatient			8467.5	5442.88	Americare	Americare		6350.63	75			2671.5		9857.5 percent of total billed charges	
ADLESLEUKIN 22MMU INJ (NF)	J9015	HCPCS	outpatient			8467.5	5442.88	Amerihealth	HMO/PPO		2951.88				2671.5		9857.5 fee schedule	
ADLESLEUKIN 22MMU INJ (NF)	J9015	HCPCS	outpatient			8467.5	5442.88	Amerihealth	Medicare		4732.94				2671.5		9857.5 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADLESLEUKIN 22MMU INJ (NF)	J9015	HCPCS	outpatient			8467.5	5442.88	Consumer	Consumer		8044.13	95			2671.5		9857.5 percent of total billed charges	
ADLESLEUKIN 22MMU INJ (NF)	J9015	HCPCS	outpatient			8467.5	5442.88	Corrections	Corrections		6774	80			2671.5		9857.5 percent of total billed charges	
ADLESLEUKIN 22MMU INJ (NF)	J9015	HCPCS	outpatient			8467.5	5442.88	First Health	First Health		5927.25	70			2671.5		9857.5 percent of total billed charges	
ADLESLEUKIN 22MMU INJ (NF)	J9015	HCPCS	outpatient			8467.5	5442.88	First Trenton	First Trenton		7620.75	90			2671.5		9857.5 percent of total billed charges	
ADLESLEUKIN 22MMU INJ (NF)	J9015	HCPCS	outpatient			8467.5	5442.88	Horizon	Medicare Blue		4732.94				2671.5		9857.5 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADLESLEUKIN 22MMU INJ (NF)	J9015	HCPCS	outpatient			8467.5	5442.88	Horizon	Indemnity		8808				2671.5		9857.5 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADLESLEUKIN 22MMU INJ (NF)	J9015	HCPCS	outpatient			8467.5	5442.88	Horizon	MGD		8808				2671.5		9857.5 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADLESLEUKIN 22MMU INJ (NF)	J9015	HCPCS	outpatient			8467.5	5442.88	Horizon	PPO		8808				2671.5		9857.5 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADLESLEUKIN 22MMU INJ (NF)	J9015	HCPCS	outpatient			8467.5	5442.88	Managed Care Inc	Managed Care Inc		7620.75	90			2671.5		9857.5 percent of total billed charges	
ADLESLEUKIN 22MMU INJ (NF)	J9015	HCPCS	outpatient			8467.5	5442.88	Multiplan	Multiplan		6774	80			2671.5		9857.5 percent of total billed charges	
ADLESLEUKIN 22MMU INJ (NF)	J9015	HCPCS	outpatient			8467.5	5442.88	Qualcare	Qualcare		6350.63	75			2671.5		9857.5 percent of total billed charges	
ADLESLEUKIN 22MMU INJ (NF)	J9015	HCPCS	outpatient			8467.5	5442.88	Three Rivers	Three Rivers		8044.13	95			2671.5		9857.5 percent of total billed charges	
ADLESLEUKIN 22MMU INJ (NF)	J9015	HCPCS	outpatient			8467.5	5442.88	UHC	Medicaid		2671.5	31.55			2671.5		9857.5 percent of total billed charges	
ADLESLEUKIN 22MMU INJ (NF)	J9015	HCPCS	outpatient			8467.5	5442.88	UHC	Medicare		4732.94				2671.5		9857.5 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADLESLEUKIN 22MMU INJ (NF)	J9015	HCPCS	outpatient			8467.5	5442.88	United	CommercialPPO		9857.5				2671.5		9857.5 fee schedule	
ADLESLEUKIN 22MMU INJ (NF)	J9015	HCPCS	outpatient			8467.5	5442.88	United	Oxford		9857.5				2671.5		9857.5 fee schedule	
ADLESLEUKIN 22MMU INJ (NF)	J9015	HCPCS	outpatient			8467.5	5442.88	Wellcare	Medicaid		2671.5	31.55			2671.5		9857.5 percent of total billed charges	
ADLESLEUKIN 22MMU INJ (NF)	J9015	HCPCS	outpatient			8467.5	5442.88	Wellcare	Medicare		4732.94				2671.5		9857.5 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADLESLEUKIN 22MMU INJ (NF)	J9015	HCPCS	outpatient			8467.5	5442.88	WellPoint	WellPoint		2724.84	32.18			2671.5		9857.5 percent of total billed charges	
ARSENIC 1MG	J9017	HCPCS	outpatient			197.5	18.15	Aetna	Better Health		62.31	31.55			14.28		187.63 percent of total billed charges	
ARSENIC 1MG	J9017	HCPCS	outpatient			197.5	18.15	Aetna	Medicare		15.78				14.28		187.63 fee schedule	
ARSENIC 1MG	J9017	HCPCS	outpatient			197.5	18.15	Aetna	Commercial		22.73				14.28		187.63 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARSENIC 1MG	J9017	HCPCS	outpatient			197.5	18.15	Americare	Americare		148.13	75			14.28		187.63 percent of total billed charges	
ARSENIC 1MG	J9017	HCPCS	outpatient			197.5	18.15	Amerihealth	HMO/PPO		70.1				14.28		187.63 fee schedule	
ARSENIC 1MG	J9017	HCPCS	outpatient			197.5	18.15	Amerihealth	Medicare		15.78				14.28		187.63 fee schedule	
ARSENIC 1MG	J9017	HCPCS	outpatient			197.5	18.15	Consumer	Consumer		187.63	95			14.28		187.63 percent of total billed charges	
ARSENIC 1MG	J9017	HCPCS	outpatient			197.5	18.15	Corrections	Corrections		158	80			14.28		187.63 percent of total billed charges	
ARSENIC 1MG	J9017	HCPCS	outpatient			197.5	18.15	First Health	First Health		138.25	70			14.28		187.63 percent of total billed charges	
ARSENIC 1MG	J9017	HCPCS	outpatient			197.5	18.15	First Trenton	First Trenton		177.75	90			14.28		187.63 percent of total billed charges	
ARSENIC 1MG	J9017	HCPCS	outpatient			197.5	18.15	Horizon	MGD		26.58				14.28		187.63 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARSENIC 1MG	J9017	HCPCS	outpatient			197.5	18.15	Horizon	Medicare Blue		14.28				14.28		187.63 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARSENIC 1MG	J9017	HCPCS	outpatient			197.5	18.15	Horizon	PPO		26.58				14.28		187.63 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARSENIC 1MG	J9017	HCPCS	outpatient			197.5	18.15	Horizon	Indemnity		26.58				14.28		187.63 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARSENIC 1MG	J9017	HCPCS	outpatient			197.5	18.15	Managed Care Inc	Managed Care Inc		177.75	90			14.28		187.63 percent of total billed charges	
ARSENIC 1MG	J9017	HCPCS	outpatient			197.5	18.15	Multiplan	Multiplan		158	80			14.28		187.63 percent of total billed charges	
ARSENIC 1MG	J9017	HCPCS	outpatient			197.5	18.15	Qualcare	Qualcare		148.13	75			14.28		187.63 percent of total billed charges	
ARSENIC 1MG	J9017	HCPCS	outpatient			197.5	18.15	Three Rivers	Three Rivers		187.63	95			14.28		187.63 percent of total billed charges	
ARSENIC 1MG	J9017	HCPCS	outpatient			197.5	18.15	UHC	Medicaid		62.31	31.55			14.28		187.63 percent of total billed charges	
ARSENIC 1MG	J9017	HCPCS	outpatient			197.5	18.15	UHC	Medicare		15.78				14.28		187.63 fee schedule	
ARSENIC 1MG	J9017	HCPCS	outpatient			197.5	18.15	United	CommercialPPO		39.45				14.28		187.63 fee schedule	
ARSENIC 1MG	J9017	HCPCS	outpatient			197.5	18.15	United	Oxford		39.45				14.28		187.63 fee schedule	
ARSENIC 1MG	J9017	HCPCS	outpatient			197.5	18.15	Wellcare	Medicaid		62.31	31.55			14.28		187.63 percent of total billed charges	
ARSENIC 1MG	J9017	HCPCS	outpatient			197.5	18.15	Wellcare	Medicare		15.78				14.28		187.63 fee schedule	
ARSENIC 1MG	J9017	HCPCS	outpatient			197.5	18.15	WellPoint	WellPoint		63.56	32.18			14.28		187.63 percent of total billed charges	
ASPARAGINASE 10MU INJ	J9020	HCPCS	outpatient			284		Aetna	Medicare		87.47	30.8			70.05		269.8 percent of total billed charges	
ASPARAGINASE 10MU INJ	J9020	HCPCS	outpatient			284		Aetna	Better Health		89.6	31.55			70.05		269.8 percent of total billed charges	
ASPARAGINASE 10MU INJ	J9020	HCPCS	outpatient			284		Aetna	Commercial		107.92	38			70.05		269.8 percent of total billed charges	
ASPARAGINASE 10MU INJ	J9020	HCPCS	outpatient			284		Americare	Americare		213	75			70.05		269.8 percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.														
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true													
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ASPARAGINASE 10MU INJ	J9020	HCPCS	outpatient			284		Amerihealth	HMO/PPO		70.05				70.05	70.05	269.8 fee schedule	
ASPARAGINASE 10MU INJ	J9020	HCPCS	outpatient			284		Consumer	Consumer		269.8	95			70.05	70.05	269.8 percent of total billed charges	
ASPARAGINASE 10MU INJ	J9020	HCPCS	outpatient			284		Corrections	Corrections		227.2	80			70.05	70.05	269.8 percent of total billed charges	
ASPARAGINASE 10MU INJ	J9020	HCPCS	outpatient			284		First Health	First Health		198.8	70			70.05	70.05	269.8 percent of total billed charges	
ASPARAGINASE 10MU INJ	J9020	HCPCS	outpatient			284		First Trenton	First Trenton		255.6	90			70.05	70.05	269.8 percent of total billed charges	
ASPARAGINASE 10MU INJ	J9020	HCPCS	outpatient			284		Horizon	Medicare Blue		85.2	30			70.05	70.05	269.8 percent of total billed charges	
ASPARAGINASE 10MU INJ	J9020	HCPCS	outpatient			284		Horizon	Indemnity		108.72	38.28			70.05	70.05	269.8 percent of total billed charges	
ASPARAGINASE 10MU INJ	J9020	HCPCS	outpatient			284		Horizon	MGD		108.72	38.28			70.05	70.05	269.8 percent of total billed charges	
ASPARAGINASE 10MU INJ	J9020	HCPCS	outpatient			284		Horizon	PPO		108.72	38.28			70.05	70.05	269.8 percent of total billed charges	
ASPARAGINASE 10MU INJ	J9020	HCPCS	outpatient			284		Managed Care Inc	Managed Care Inc		255.6	90			70.05	70.05	269.8 percent of total billed charges	
ASPARAGINASE 10MU INJ	J9020	HCPCS	outpatient			284		Multiplan	Multiplan		227.2	80			70.05	70.05	269.8 percent of total billed charges	
ASPARAGINASE 10MU INJ	J9020	HCPCS	outpatient			284		Qualcare	Qualcare		213	75			70.05	70.05	269.8 percent of total billed charges	
ASPARAGINASE 10MU INJ	J9020	HCPCS	outpatient			284		Three Rivers	Three Rivers		269.8	95			70.05	70.05	269.8 percent of total billed charges	
ASPARAGINASE 10MU INJ	J9020	HCPCS	outpatient			284		UHC	Medicaid		89.6	31.55			70.05	70.05	269.8 percent of total billed charges	
ASPARAGINASE 10MU INJ	J9020	HCPCS	outpatient			284		Wellcare	Medicaid		89.6	31.55			70.05	70.05	269.8 percent of total billed charges	
ASPARAGINASE 10MU INJ	J9020	HCPCS	outpatient			284		WellPoint	WellPoint		91.39	32.18			70.05	70.05	269.8 percent of total billed charges	
ATEZOLIZUMAB(TECENTRIQ) 10MG INJ	J9022	HCPCS	outpatient			322	97.76	Aetna	Better Health		101.59	31.55			85.01	85.01	305.9 percent of total billed charges	
ATEZOLIZUMAB(TECENTRIQ) 10MG INJ	J9022	HCPCS	outpatient			322	97.76	Aetna	Commercial		160.41				85.01	85.01	305.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ATEZOLIZUMAB(TECENTRIQ) 10MG INJ	J9022	HCPCS	outpatient			322	97.76	Aetna	Medicare		85.01				85.01	85.01	305.9 fee schedule	
ATEZOLIZUMAB(TECENTRIQ) 10MG INJ	J9022	HCPCS	outpatient			322	97.76	Americare	Americare		241.5	75			85.01	85.01	305.9 percent of total billed charges	
ATEZOLIZUMAB(TECENTRIQ) 10MG INJ	J9022	HCPCS	outpatient			322	97.76	Amerihealth	HMO/PPO		209.3	65			85.01	85.01	305.9 percent of total billed charges	
ATEZOLIZUMAB(TECENTRIQ) 10MG INJ	J9022	HCPCS	outpatient			322	97.76	Amerihealth	Medicare		85.01				85.01	85.01	305.9 fee schedule	
ATEZOLIZUMAB(TECENTRIQ) 10MG INJ	J9022	HCPCS	outpatient			322	97.76	Consumer	Consumer		305.9	95			85.01	85.01	305.9 percent of total billed charges	
ATEZOLIZUMAB(TECENTRIQ) 10MG INJ	J9022	HCPCS	outpatient			322	97.76	Corrections	Corrections		257.6	80			85.01	85.01	305.9 percent of total billed charges	
ATEZOLIZUMAB(TECENTRIQ) 10MG INJ	J9022	HCPCS	outpatient			322	97.76	First Health	First Health		225.4	70			85.01	85.01	305.9 percent of total billed charges	
ATEZOLIZUMAB(TECENTRIQ) 10MG INJ	J9022	HCPCS	outpatient			322	97.76	First Trenton	First Trenton		289.8	90			85.01	85.01	305.9 percent of total billed charges	
ATEZOLIZUMAB(TECENTRIQ) 10MG INJ	J9022	HCPCS	outpatient			322	97.76	Horizon	Indemnity		187.51				85.01	85.01	305.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ATEZOLIZUMAB(TECENTRIQ) 10MG INJ	J9022	HCPCS	outpatient			322	97.76	Horizon	MGD		187.51				85.01	85.01	305.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ATEZOLIZUMAB(TECENTRIQ) 10MG INJ	J9022	HCPCS	outpatient			322	97.76	Horizon	Medicare Blue		100.76				85.01	85.01	305.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ATEZOLIZUMAB(TECENTRIQ) 10MG INJ	J9022	HCPCS	outpatient			322	97.76	Horizon	PPO		187.51				85.01	85.01	305.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ATEZOLIZUMAB(TECENTRIQ) 10MG INJ	J9022	HCPCS	outpatient			322	97.76	Managed Care Inc	Managed Care Inc		289.8	90			85.01	85.01	305.9 percent of total billed charges	
ATEZOLIZUMAB(TECENTRIQ) 10MG INJ	J9022	HCPCS	outpatient			322	97.76	Multiplan	Multiplan		257.6	80			85.01	85.01	305.9 percent of total billed charges	
ATEZOLIZUMAB(TECENTRIQ) 10MG INJ	J9022	HCPCS	outpatient			322	97.76	Qualcare	Qualcare		241.5	75			85.01	85.01	305.9 percent of total billed charges	
ATEZOLIZUMAB(TECENTRIQ) 10MG INJ	J9022	HCPCS	outpatient			322	97.76	Three Rivers	Three Rivers		305.9	95			85.01	85.01	305.9 percent of total billed charges	
ATEZOLIZUMAB(TECENTRIQ) 10MG INJ	J9022	HCPCS	outpatient			322	97.76	UHC	Medicaid		101.59	31.55			85.01	85.01	305.9 percent of total billed charges	
ATEZOLIZUMAB(TECENTRIQ) 10MG INJ	J9022	HCPCS	outpatient			322	97.76	UHC	Medicare		85.01				85.01	85.01	305.9 fee schedule	
ATEZOLIZUMAB(TECENTRIQ) 10MG INJ	J9022	HCPCS	outpatient			322	97.76	United	Commercial|PPO		212.53				85.01	85.01	305.9 fee schedule	
ATEZOLIZUMAB(TECENTRIQ) 10MG INJ	J9022	HCPCS	outpatient			322	97.76	United	Oxford		212.53				85.01	85.01	305.9 fee schedule	
ATEZOLIZUMAB(TECENTRIQ) 10MG INJ	J9022	HCPCS	outpatient			322	97.76	Wellcare	Medicare		85.01				85.01	85.01	305.9 fee schedule	
ATEZOLIZUMAB(TECENTRIQ) 10MG INJ	J9022	HCPCS	outpatient			322	97.76	Wellcare	Medicaid		101.59	31.55			85.01	85.01	305.9 percent of total billed charges	
ATEZOLIZUMAB(TECENTRIQ) 10MG INJ	J9022	HCPCS	outpatient			322	97.76	WellPoint	WellPoint		103.62	32.18			85.01	85.01	305.9 percent of total billed charges	
AVELUMAB (BAVENCIO) 10MG INJ	J9023	HCPCS	outpatient			332	106.22	Aetna	Commercial		176.82				92.37	92.37	315.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AVELUMAB (BAVENCIO) 10MG INJ	J9023	HCPCS	outpatient			332	106.22	Aetna	Better Health		104.75	31.55			92.37	92.37	315.4 percent of total billed charges	
AVELUMAB (BAVENCIO) 10MG INJ	J9023	HCPCS	outpatient			332	106.22	Aetna	Medicare		92.37				92.37	92.37	315.4 fee schedule	
AVELUMAB (BAVENCIO) 10MG INJ	J9023	HCPCS	outpatient			332	106.22	Americare	Americare		249	75			92.37	92.37	315.4 percent of total billed charges	
AVELUMAB (BAVENCIO) 10MG INJ	J9023	HCPCS	outpatient			332	106.22	Amerihealth	Medicare		92.37				92.37	92.37	315.4 fee schedule	
AVELUMAB (BAVENCIO) 10MG INJ	J9023	HCPCS	outpatient			332	106.22	Amerihealth	HMO/PPO		215.8	65			92.37	92.37	315.4 percent of total billed charges	
AVELUMAB (BAVENCIO) 10MG INJ	J9023	HCPCS	outpatient			332	106.22	Consumer	Consumer		315.4	95			92.37	92.37	315.4 percent of total billed charges	
AVELUMAB (BAVENCIO) 10MG INJ	J9023	HCPCS	outpatient			332	106.22	Corrections	Corrections		265.6	80			92.37	92.37	315.4 percent of total billed charges	
AVELUMAB (BAVENCIO) 10MG INJ	J9023	HCPCS	outpatient			332	106.22	First Health	First Health		232.4	70			92.37	92.37	315.4 percent of total billed charges	
AVELUMAB (BAVENCIO) 10MG INJ	J9023	HCPCS	outpatient			332	106.22	First Trenton	First Trenton		298.8	90			92.37	92.37	315.4 percent of total billed charges	
AVELUMAB (BAVENCIO) 10MG INJ	J9023	HCPCS	outpatient			332	106.22	Horizon	Indemnity		206.7				92.37	92.37	315.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AVELUMAB (BAVENCIO) 10MG INJ	J9023	HCPCS	outpatient			332	106.22	Horizon	Medicare Blue		111.07				92.37	92.37	315.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AVELUMAB (BAVENCIO) 10MG INJ	J9023	HCPCS	outpatient			332	106.22	Horizon	MGD		206.7				92.37	92.37	315.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AVELUMAB (BAVENCIO) 10MG INJ	J9023	HCPCS	outpatient			332	106.22	Horizon	PPO		206.7				92.37	92.37	315.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AVELUMAB (BAVENCIO) 10MG INJ	J9023	HCPCS	outpatient			332	106.22	Managed Care Inc	Managed Care Inc		298.8	90			92.37	92.37	315.4 percent of total billed charges	
AVELUMAB (BAVENCIO) 10MG INJ	J9023	HCPCS	outpatient			332	106.22	Multiplan	Multiplan		265.6	80			92.37	92.37	315.4 percent of total billed charges	
AVELUMAB (BAVENCIO) 10MG INJ	J9023	HCPCS	outpatient			332	106.22	Qualcare	Qualcare		249	75			92.37	92.37	315.4 percent of total billed charges	
AVELUMAB (BAVENCIO) 10MG INJ	J9023	HCPCS	outpatient			332	106.22	Three Rivers	Three Rivers		315.4	95			92.37	92.37	315.4 percent of total billed charges	
AVELUMAB (BAVENCIO) 10MG INJ	J9023	HCPCS	outpatient			332	106.22	UHC	Medicare		92.37				92.37	92.37	315.4 fee schedule	
AVELUMAB (BAVENCIO) 10MG INJ	J9023	HCPCS	outpatient			332	106.22	UHC	Medicaid		104.75	31.55			92.37	92.37	315.4 percent of total billed charges	
AVELUMAB (BAVENCIO) 10MG INJ	J9023	HCPCS	outpatient			332	106.22	United	Oxford		230.93				92.37	92.37	315.4 fee schedule	
AVELUMAB (BAVENCIO) 10MG INJ	J9023	HCPCS	outpatient			332	106.22	United	Commercial|PPO		230.93				92.37	92.37	315.4 fee schedule	
AVELUMAB (BAVENCIO) 10MG INJ	J9023	HCPCS	outpatient			332	106.22	Wellcare	Medicaid		104.75	31.55			92.37	92.37	315.4 percent of total billed charges	
AVELUMAB (BAVENCIO) 10MG INJ	J9023	HCPCS	outpatient			332	106.22	Wellcare	Medicare		92.37				92.37	92.37	315.4 fee schedule	
AVELUMAB (BAVENCIO) 10MG INJ	J9023	HCPCS	outpatient			332	106.22	WellPoint	WellPoint		106.84	32.18			92.37	92.37	315.4 percent of total billed charges	
AZACITIDINE 1MG	J9025	HCPCS	outpatient			28.5	0.41	Aetna	Medicare		0.35				0.35	0.35	27.08 fee schedule	
AZACITIDINE 1MG	J9025	HCPCS	outpatient			28.5	0.41	Aetna	Commercial		10.83	38			0.35	0.35	27.08 percent of total billed charges	
AZACITIDINE 1MG	J9025	HCPCS	outpatient			28.5	0.41	Aetna	Better Health		8.99	31.55			0.35	0.35	27.08 percent of total billed charges	
AZACITIDINE 1MG	J9025	HCPCS	outpatient			28.5	0.41	Americare	Americare		21.38	75			0.35	0.35	27.08 percent of total billed charges	
AZACITIDINE 1MG	J9025	HCPCS	outpatient			28.5	0.41	Amerihealth	Medicare		0.35				0.35	0.35	27.08 fee schedule	
AZACITIDINE 1MG	J9025	HCPCS	outpatient			28.5	0.41	Amerihealth	HMO/PPO		3.08				0.35	0.35	27.08 fee schedule	
AZACITIDINE 1MG	J9025	HCPCS	outpatient			28.5	0.41	Consumer	Consumer		27.08	95			0.35	0.35	27.08 percent of total billed charges	
AZACITIDINE 1MG	J9025	HCPCS	outpatient			28.5	0.41	Corrections	Corrections		22.8	80			0.35	0.35	27.08 percent of total billed charges	
AZACITIDINE 1MG	J9025	HCPCS	outpatient			28.5	0.41	First Health	First Health		19.95	70			0.35	0.35	27.08 percent of total billed charges	
AZACITIDINE 1MG	J9025	HCPCS	outpatient			28.5	0.41	First Trenton	First Trenton		25.65	90			0.35	0.35	27.08 percent of total billed charges	
AZACITIDINE 1MG	J9025	HCPCS	outpatient			28.5	0.41	Horizon	Indemnity		10.91	38.28			0.35	0.35	27.08 percent of total billed charges	
AZACITIDINE 1MG	J9025	HCPCS	outpatient			28.5	0.41	Horizon	MGD		10.91	38.28			0.35	0.35	27.08 percent of total billed charges	
AZACITIDINE 1MG	J9025	HCPCS	outpatient			28.5	0.41	Horizon	Medicare Blue		8.55	30			0.35	0.35	27.08 percent of total billed charges	
AZACITIDINE 1MG	J9025	HCPCS	outpatient			28.5	0.41	Horizon	PPO		10.91	38.28			0.35	0.35	27.08 percent of total billed charges	
AZACITIDINE 1MG	J9025	HCPCS	outpatient			28.5	0.41	Managed Care Inc	Managed Care Inc		25.65	90			0.35	0.35	27.08 percent of total billed charges	
AZACITIDINE 1MG	J9025	HCPCS	outpatient			28.5	0.41	Multiplan	Multiplan		22.8	80			0.35	0.35	27.08 percent of total billed charges	
AZACITIDINE 1MG	J9025	HCPCS	outpatient			28.5	0.41	Qualcare	Qualcare		21.38	75			0.35	0.35	27.08 percent of total billed charges	
AZACITIDINE 1MG	J9025	HCPCS	outpatient			28.5	0.41	Three Rivers	Three Rivers		27.08	95			0.35	0.35	27.08 percent of total billed charges	
AZACITIDINE 1MG	J9025	HCPCS	outpatient			28.5	0.41	UHC	Medicaid		8.99	31.55			0.35	0.35	27.08 percent of total billed charges	
AZACITIDINE 1MG	J9025	HCPCS	outpatient			28.5	0.41	UHC	Medicare		0.35				0.35	0.35	27.08 fee schedule	
AZACITIDINE 1MG	J9025	HCPCS	outpatient			28.5	0.41	Wellcare	Medicare		0.35				0.35	0.35	27.08 fee schedule	
AZACITIDINE 1MG	J9025	HCPCS	outpatient			28.5	0.41	Wellcare	Medicaid		8.99	31.55			0.35	0.35	27.08 percent of total billed charges	
AZACITIDINE 1MG	J9025	HCPCS	outpatient			28.5	0.41	WellPoint	WellPoint		9.17	32.18			0.35	0.35	27.08 percent of total billed charges	
BCG 1 MG INJ	J9030	HCPCS	outpatient			13.5	3.32	Aetna	Medicare		2.89				2.89	2.89	12.83 fee schedule	
BCG 1 MG INJ	J9030	HCPCS	outpatient			13.5	3.32	Aetna	Better Health		4.26	31.55			2.89	2.89	12.83 percent of total billed charges	
BCG 1 MG INJ	J9030	HCPCS	outpatient			13.5	3.32	Aetna	Commercial		5.13	38			2.89	2.89	12.83 percent of total billed charges	
BCG 1 MG INJ	J9030	HCPCS	outpatient			13.5	3.32	Americare	Americare		10.13	75			2.89	2.89	12.83 percent of total billed charges	
BCG 1 MG INJ	J9030	HCPCS	outpatient			13.5	3.32	Amerihealth	HMO/PPO		8.78	65			2.89	2.89	12.83 percent of total billed charges	
BCG 1 MG INJ	J9030	HCPCS	outpatient			13.5	3.32	Amerihealth	Medicare		2.89				2.89	2.89	12.83 fee schedule	
BCG 1 MG INJ	J9030	HCPCS	outpatient			13.5	3.32	Consumer	Consumer		12.83	95			2.89	2.89	12.83 percent of total billed charges	
BCG 1 MG INJ	J9030	HCPCS	outpatient			13.5	3.32	Corrections	Corrections		10.8	80			2.89	2.89	12.83 percent of total billed charges	
BCG 1 MG INJ	J9030	HCPCS	outpatient			13.5	3.32	First Health	First Health		9.45	70			2.89	2.89	12.83 percent of total billed charges	
BCG 1 MG INJ	J9030	HCPCS	outpatient			13.5	3.32	First Trenton	First Trenton		12.15	90			2.89	2.89	12.83 percent of total billed charges	
BCG 1 MG INJ	J9030	HCPCS	outpatient			13.5	3.32	Horizon	Medicare Blue		4.05	30			2.89	2.89	12.83 percent of total billed charges	
BCG 1 MG INJ	J9030	HCPCS	outpatient			13.5	3.32	Horizon	MGD		5.17	38.28			2.89	2.89	12.83 percent of total billed charges	
BCG 1 MG INJ	J9030	HCPCS	outpatient			13.5	3.32	Horizon	Indemnity		5.17	38.28			2.89	2.89	12.83 percent of total billed charges	
BCG 1 MG INJ	J9030	HCPCS	outpatient			13.5	3.32	Horizon	PPO		5.17	38.28			2.89	2.89	12.83 percent of total billed charges	
BCG 1 MG INJ	J9030	HCPCS	outpatient			13.5	3.32	Managed Care Inc	Managed Care Inc		12.15	90			2.89	2.89	12.83 percent of total billed charges	
BCG 1 MG INJ	J9030	HCPCS	outpatient			13.5	3.32	Multiplan	Multiplan		10.8	80			2.89	2.89	12.83 percent of total billed charges	
BCG 1 MG INJ	J9030	HCPCS	outpatient			13.5	3.32	Qualcare	Qualcare		10.13	75			2.89	2.89	12.83 percent of total billed charges	
BCG 1 MG INJ	J9030	HCPCS	outpatient			13.5	3.32	Three Rivers	Three Rivers		12.83	95			2.89	2.89	12.83 percent of total billed charges	
BCG 1 MG INJ	J9030	HCPCS	outpatient			13.5	3.32	UHC	Medicare		2.89				2.89	2.89	12.83 fee schedule	
BCG 1 MG INJ	J9030	HCPCS	outpatient			13.5	3.32	UHC	Medicaid		4.26	31.55			2.89	2.89	12.83 percent of total billed charges	
BCG 1 MG INJ	J9030	HCPCS	outpatient			13.5	3.32	Wellcare	Medicare		2.89				2.89	2.89	12.83 fee schedule	
BCG 1 MG INJ	J9030	HCPCS	outpatient			13.5	3.32	Wellcare	Medicaid		4.26	31.55			2.89	2.89	12.83 percent of total billed charges	
BCG 1 MG INJ	J9030	HCPCS	outpatient			13.5	3.32	WellPoint	WellPoint		4.34	32.18			2.89	2.89	12.83 percent of total billed charges	
BENDAMUSTINE HCL 1MG PWDL	J9033	HCPCS	both			109	10.57	Aetna	Commercial		15.97				9.19	9.19	103.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BENDAMUSTINE HCL 1MG PWDL	J9033	HCPCS	both			109	10.57	Aetna	Better Health		34.39	31.55			9.19	9.19	103.55 percent of total billed charges	
BENDAMUSTINE HCL 1MG PWDL	J9033	HCPCS	both			109	10.57	Aetna	Medicare		9.19				9.19	9.19	103.55 fee schedule	
BENDAMUSTINE HCL 1MG PWDL	J9033	HCPCS	both			109	10.57	Americare	Americare		81.75	75			9.19	9.19	103.55 percent of total billed charges	
BENDAMUSTINE HCL 1MG PWDL	J9033	HCPCS	both			109	10.57	Amerihealth	HMO/PPO		29.3				9.19	9.19	103.55 fee schedule	
BENDAMUSTINE HCL 1MG PWDL	J9033	HCPCS	both			109	10.57	Amerihealth	Medicare		9.19				9.19	9.19	103.55 fee schedule	
BENDAMUSTINE HCL 1MG PWDL	J9033	HCPCS	both			109	10.57	Consumer	Consumer		103.55	95			9.19	9.19	103.55 percent of total billed charges	
BENDAMUSTINE HCL 1MG PWDL	J9033	HCPCS	both			109	10.57	Corrections	Corrections		87.2	80			9.19	9.19	103.55 percent of total billed charges	
BENDAMUSTINE HCL 1MG PWDL	J9033	HCPCS	both			109	10.57	First Health	First Health		76.3	70			9.19	9.19	103.55 percent of total billed charges	
BENDAMUSTINE HCL 1MG PWDL	J9033	HCPCS	both			109	10.57	First Trenton	First Trenton		98.1	90			9.19	9.19	103.55 percent of total billed charges	
BENDAMUSTINE HCL 1MG PWDL	J9033	HCPCS	both			109	10.57	Horizon	Medicare Blue		10.03				9.19	9.19	103.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BENDAMUSTINE HCL 1MG PWDL	J9033	HCPCS	both			109	10.57	Horizon	Indemnity		18.67				9.19	9.19	103.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BENDAMUSTINE HCL 1MG PWDL	J9033	HCPCS	both			109	10.57	Horizon	MGD		18.67				9.19	9.19	103.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BENDAMUSTINE HCL 1MG PWDL	J9033	HCPCS	both			109	10.57	Horizon	PPO		18.67				9.19	9.19	103.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BENDAMUSTINE HCL 1MG PWDL	J9033	HCPCS	both			109	10.57	Managed Care Inc	Managed Care Inc		98.1	90			9.19	9.19	103.55 percent of total billed charges	
BENDAMUSTINE HCL 1MG PWDL	J9033	HCPCS	both			109	10.57	Multiplan	Multiplan		87.2	80			9.19	9.19	103.55 percent of total billed charges	
BENDAMUSTINE HCL 1MG PWDL	J9033	HCPCS	both			109	10.57	Qualcare	Qualcare		81.75	75			9.19	9.19	103.55 percent of total billed charges	
BENDAMUSTINE HCL 1MG PWDL	J9033	HCPCS	both			109	10.57	Three Rivers	Three Rivers		103.55	95			9.19	9.19	103.55 percent of total billed charges	
BENDAMUSTINE HCL 1MG PWDL	J9033	HCPCS	both			109	10.57	UHC	Medicare		9.19				9.19	9.19	103.55 fee schedule	
BENDAMUSTINE HCL 1MG PWDL	J9033	HCPCS	both			109	10.57	UHC	Medicaid		34.39	31.55			9.19	9.19	103.55 percent of total billed charges	
BENDAMUSTINE HCL 1MG PWDL	J9033	HCPCS	both			109	10.57	United	Commercial|PPO		22.98				9.19	9.19	103.55 fee schedule	
BENDAMUSTINE HCL 1MG PWDL	J9033	HCPCS	both			109	10.57	United	Oxford		22.98				9.19	9.19	103.55 fee schedule	
BENDAMUSTINE HCL 1MG PWDL	J9033	HCPCS	both			109	10.57	Wellcare	Medicare		9.19				9.19	9.19	103.55 fee schedule	
BENDAMUSTINE HCL 1MG PWDL	J9033	HCPCS	both			109	10.57	Wellcare	Medicaid		34.39	31.55			9.19	9.19	103.55 percent of total billed charges	
BENDAMUSTINE HCL 1MG PWDL	J9033	HCPCS	both			109	10.57	WellPoint	WellPoint		35.08	32.18			9.19	9.19	103.55 percent of total billed charges	
BEVACIZUMAB 10MG	J9035	HCPCS	both			302	85.18	Aetna	Medicare		74.07				74.07	74.07	286.9 fee schedule	
BEVACIZUMAB 10MG	J9035	HCPCS	both			302	85.18	Aetna	Commercial		141.72				74.07	74.07	286.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BEVACIZUMAB 10MG	J9035	HCPCS	both			302	85.18	Aetna	Better Health		95.28	31.55			74.07	74.07	286.9 percent of total billed charges	
BEVACIZUMAB 10MG	J9035	HCPCS	both			302	85.18	Americare	Americare		226.5	75			74.07	74.07	286.9 percent of total billed charges	
BEVACIZUMAB 10MG	J9035	HCPCS	both			302	85.18	Amerihealth	Medicare		74.07				74.07	74.07	286.9 fee schedule	
BEVACIZUMAB 10MG	J9035	HCPCS	both			302	85.18	Amerihealth	HMO/PPO		75.04				74.07	74.07	286.9 fee schedule	
BEVACIZUMAB 10MG	J9035	HCPCS	both			302	85.18	Consumer	Consumer		286.9	95			74.07	74.07	286.9 percent of total billed charges	
BEVACIZUMAB 10MG	J9035	HCPCS	both			302	85.18	Corrections	Corrections		241.6	80			74.07	74.07	286.9 percent of total billed charges	
BEVACIZUMAB 10MG	J9035	HCPCS	both			302	85.18	First Health	First Health		211.4	70			74.07	74.07	286.9 percent of total billed charges	
BEVACIZUMAB 10MG	J9035	HCPCS	both			302	85.18	First Trenton	First Trenton		271.8	90			74.07	74.07	286.9 percent of total billed charges	
BEVACIZUMAB 10MG	J9035	HCPCS	both			302	85.18	Horizon	MGD		165.67				74.07	74.07	286.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.														
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true													
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
BEVACIZUMAB 10MG	J9035	HCPCS	both			302	85.18	Horizon	Indemnity		165.67				74.07	286.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BEVACIZUMAB 10MG	J9035	HCPCS	both			302	85.18	Horizon	Medicare Blue		89.02				74.07	286.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BEVACIZUMAB 10MG	J9035	HCPCS	both			302	85.18	Horizon	PPO		165.67				74.07	286.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BEVACIZUMAB 10MG	J9035	HCPCS	both			302	85.18	Managed Care Inc	Managed Care Inc		271.8	90			74.07	286.9	percent of total billed charges	
BEVACIZUMAB 10MG	J9035	HCPCS	both			302	85.18	Multiplan	Multiplan		241.6	80			74.07	286.9	percent of total billed charges	
BEVACIZUMAB 10MG	J9035	HCPCS	both			302	85.18	Qualcare	Qualcare		226.5	75			74.07	286.9	percent of total billed charges	
BEVACIZUMAB 10MG	J9035	HCPCS	both			302	85.18	Three Rivers	Three Rivers		286.9	95			74.07	286.9	percent of total billed charges	
BEVACIZUMAB 10MG	J9035	HCPCS	both			302	85.18	UHC	Medicare		74.07				74.07	286.9	fee schedule	
BEVACIZUMAB 10MG	J9035	HCPCS	both			302	85.18	UHC	Medicaid		95.28	31.55			74.07	286.9	percent of total billed charges	
BEVACIZUMAB 10MG	J9035	HCPCS	both			302	85.18	United	Oxford		185.18				74.07	286.9	fee schedule	
BEVACIZUMAB 10MG	J9035	HCPCS	both			302	85.18	United	Commercial|PPO		185.18				74.07	286.9	fee schedule	
BEVACIZUMAB 10MG	J9035	HCPCS	both			302	85.18	Wellcare	Medicare		74.07				74.07	286.9	fee schedule	
BEVACIZUMAB 10MG	J9035	HCPCS	both			302	85.18	Wellcare	Medicaid		95.28	31.55			74.07	286.9	percent of total billed charges	
BEVACIZUMAB 10MG	J9035	HCPCS	both			302	85.18	WellPoint	WellPoint		97.18	32.18			74.07	286.9	percent of total billed charges	
BLEOMYCIN 15U INJ	J9040	HCPCS	both			474.5	24.18	Aetna	Commercial		180.31	38			21.02	450.78	percent of total billed charges	
BLEOMYCIN 15U INJ	J9040	HCPCS	both			474.5	24.18	Aetna	Medicare		21.02				21.02	450.78	fee schedule	
BLEOMYCIN 15U INJ	J9040	HCPCS	both			474.5	24.18	Aetna	Better Health		149.7	31.55			21.02	450.78	percent of total billed charges	
BLEOMYCIN 15U INJ	J9040	HCPCS	both			474.5	24.18	Americare	Americare		355.88	75			21.02	450.78	percent of total billed charges	
BLEOMYCIN 15U INJ	J9040	HCPCS	both			474.5	24.18	Amerihealth	HMO|PPO		30.59				21.02	450.78	fee schedule	
BLEOMYCIN 15U INJ	J9040	HCPCS	both			474.5	24.18	Amerihealth	Medicare		21.02				21.02	450.78	fee schedule	
BLEOMYCIN 15U INJ	J9040	HCPCS	both			474.5	24.18	Consumer	Consumer		450.78	95			21.02	450.78	percent of total billed charges	
BLEOMYCIN 15U INJ	J9040	HCPCS	both			474.5	24.18	Corrections	Corrections		379.6	80			21.02	450.78	percent of total billed charges	
BLEOMYCIN 15U INJ	J9040	HCPCS	both			474.5	24.18	First Health	First Health		332.15	70			21.02	450.78	percent of total billed charges	
BLEOMYCIN 15U INJ	J9040	HCPCS	both			474.5	24.18	First Trenton	First Trenton		427.05	90			21.02	450.78	percent of total billed charges	
BLEOMYCIN 15U INJ	J9040	HCPCS	both			474.5	24.18	Horizon	Indemnity		181.64	38.28			21.02	450.78	percent of total billed charges	
BLEOMYCIN 15U INJ	J9040	HCPCS	both			474.5	24.18	Horizon	Medicare Blue		142.35	30			21.02	450.78	percent of total billed charges	
BLEOMYCIN 15U INJ	J9040	HCPCS	both			474.5	24.18	Horizon	MGD		181.64	38.28			21.02	450.78	percent of total billed charges	
BLEOMYCIN 15U INJ	J9040	HCPCS	both			474.5	24.18	Horizon	PPO		181.64	38.28			21.02	450.78	percent of total billed charges	
BLEOMYCIN 15U INJ	J9040	HCPCS	both			474.5	24.18	Managed Care Inc	Managed Care Inc		427.05	90			21.02	450.78	percent of total billed charges	
BLEOMYCIN 15U INJ	J9040	HCPCS	both			474.5	24.18	Multiplan	Multiplan		379.6	80			21.02	450.78	percent of total billed charges	
BLEOMYCIN 15U INJ	J9040	HCPCS	both			474.5	24.18	Qualcare	Qualcare		355.88	75			21.02	450.78	percent of total billed charges	
BLEOMYCIN 15U INJ	J9040	HCPCS	both			474.5	24.18	Three Rivers	Three Rivers		450.78	95			21.02	450.78	percent of total billed charges	
BLEOMYCIN 15U INJ	J9040	HCPCS	both			474.5	24.18	UHC	Medicaid		149.7	31.55			21.02	450.78	percent of total billed charges	
BLEOMYCIN 15U INJ	J9040	HCPCS	both			474.5	24.18	UHC	Medicare		21.02				21.02	450.78	fee schedule	
BLEOMYCIN 15U INJ	J9040	HCPCS	both			474.5	24.18	Wellcare	Medicaid		149.7	31.55			21.02	450.78	percent of total billed charges	
BLEOMYCIN 15U INJ	J9040	HCPCS	both			474.5	24.18	Wellcare	Medicare		21.02				21.02	450.78	fee schedule	
BLEOMYCIN 15U INJ	J9040	HCPCS	both			474.5	24.18	WellPoint	WellPoint		152.69	32.18			21.02	450.78	percent of total billed charges	
BORTEZOMIB 0.1MG	J9041	HCPCS	both			231	2.25	Aetna	Medicare		1.96				1.96	219.45	fee schedule	
BORTEZOMIB 0.1MG	J9041	HCPCS	both			231	2.25	Aetna	Better Health		72.88	31.55			1.96	219.45	percent of total billed charges	
BORTEZOMIB 0.1MG	J9041	HCPCS	both			231	2.25	Aetna	Commercial		3.95				1.96	219.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BORTEZOMIB 0.1MG	J9041	HCPCS	both			231	2.25	Americare	Americare		173.25	75			1.96	219.45	percent of total billed charges	
BORTEZOMIB 0.1MG	J9041	HCPCS	both			231	2.25	Amerihealth	HMO|PPO		48.28				1.96	219.45	fee schedule	
BORTEZOMIB 0.1MG	J9041	HCPCS	both			231	2.25	Amerihealth	Medicare		1.96				1.96	219.45	fee schedule	
BORTEZOMIB 0.1MG	J9041	HCPCS	both			231	2.25	Consumer	Consumer		219.45	95			1.96	219.45	percent of total billed charges	
BORTEZOMIB 0.1MG	J9041	HCPCS	both			231	2.25	Corrections	Corrections		184.8	80			1.96	219.45	percent of total billed charges	
BORTEZOMIB 0.1MG	J9041	HCPCS	both			231	2.25	First Health	First Health		161.7	70			1.96	219.45	percent of total billed charges	
BORTEZOMIB 0.1MG	J9041	HCPCS	both			231	2.25	First Trenton	First Trenton		207.9	90			1.96	219.45	percent of total billed charges	
BORTEZOMIB 0.1MG	J9041	HCPCS	both			231	2.25	Horizon	PPO		4.62				1.96	219.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BORTEZOMIB 0.1MG	J9041	HCPCS	both			231	2.25	Horizon	Medicare Blue		2.48				1.96	219.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BORTEZOMIB 0.1MG	J9041	HCPCS	both			231	2.25	Horizon	Indemnity		4.62				1.96	219.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BORTEZOMIB 0.1MG	J9041	HCPCS	both			231	2.25	Horizon	MGD		4.62				1.96	219.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BORTEZOMIB 0.1MG	J9041	HCPCS	both			231	2.25	Managed Care Inc	Managed Care Inc		207.9	90			1.96	219.45	percent of total billed charges	
BORTEZOMIB 0.1MG	J9041	HCPCS	both			231	2.25	Multiplan	Multiplan		184.8	80			1.96	219.45	percent of total billed charges	
BORTEZOMIB 0.1MG	J9041	HCPCS	both			231	2.25	Qualcare	Qualcare		173.25	75			1.96	219.45	percent of total billed charges	
BORTEZOMIB 0.1MG	J9041	HCPCS	both			231	2.25	Three Rivers	Three Rivers		219.45	95			1.96	219.45	percent of total billed charges	
BORTEZOMIB 0.1MG	J9041	HCPCS	both			231	2.25	UHC	Medicaid		72.88	31.55			1.96	219.45	percent of total billed charges	
BORTEZOMIB 0.1MG	J9041	HCPCS	both			231	2.25	UHC	Medicare		1.96				1.96	219.45	fee schedule	
BORTEZOMIB 0.1MG	J9041	HCPCS	both			231	2.25	United	Commercial|PPO		4.9				1.96	219.45	fee schedule	
BORTEZOMIB 0.1MG	J9041	HCPCS	both			231	2.25	United	Oxford		4.9				1.96	219.45	fee schedule	
BORTEZOMIB 0.1MG	J9041	HCPCS	both			231	2.25	Wellcare	Medicare		1.96				1.96	219.45	fee schedule	
BORTEZOMIB 0.1MG	J9041	HCPCS	both			231	2.25	Wellcare	Medicaid		72.88	31.55			1.96	219.45	percent of total billed charges	
BORTEZOMIB 0.1MG	J9041	HCPCS	both			231	2.25	WellPoint	WellPoint		74.34	32.18			1.96	219.45	percent of total billed charges	
BRENTUXIMAB VEDOTIN 1MG NJ	J9042	HCPCS	both			469	265.21	Aetna	Medicare		230.61				140.05	576.53	fee schedule	
BRENTUXIMAB VEDOTIN 1MG NJ	J9042	HCPCS	both			469	265.21	Aetna	Better Health		147.97	31.55			140.05	576.53	percent of total billed charges	
BRENTUXIMAB VEDOTIN 1MG NJ	J9042	HCPCS	both			469	265.21	Aetna	Commercial		440.94				140.05	576.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRENTUXIMAB VEDOTIN 1MG NJ	J9042	HCPCS	both			469	265.21	Americare	Americare		351.75	75			140.05	576.53	percent of total billed charges	
BRENTUXIMAB VEDOTIN 1MG NJ	J9042	HCPCS	both			469	265.21	Amerihealth	Medicare		230.61				140.05	576.53	fee schedule	
BRENTUXIMAB VEDOTIN 1MG NJ	J9042	HCPCS	both			469	265.21	Amerihealth	HMO|PPO		140.05				140.05	576.53	fee schedule	
BRENTUXIMAB VEDOTIN 1MG NJ	J9042	HCPCS	both			469	265.21	Consumer	Consumer		445.55	95			140.05	576.53	percent of total billed charges	
BRENTUXIMAB VEDOTIN 1MG NJ	J9042	HCPCS	both			469	265.21	Corrections	Corrections		375.2	80			140.05	576.53	percent of total billed charges	
BRENTUXIMAB VEDOTIN 1MG NJ	J9042	HCPCS	both			469	265.21	First Health	First Health		328.3	70			140.05	576.53	percent of total billed charges	
BRENTUXIMAB VEDOTIN 1MG NJ	J9042	HCPCS	both			469	265.21	First Trenton	First Trenton		422.1	90			140.05	576.53	percent of total billed charges	
BRENTUXIMAB VEDOTIN 1MG NJ	J9042	HCPCS	both			469	265.21	Horizon	Indemnity		515.44				140.05	576.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRENTUXIMAB VEDOTIN 1MG NJ	J9042	HCPCS	both			469	265.21	Horizon	PPO		515.44				140.05	576.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRENTUXIMAB VEDOTIN 1MG NJ	J9042	HCPCS	both			469	265.21	Horizon	MGD		515.44				140.05	576.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRENTUXIMAB VEDOTIN 1MG NJ	J9042	HCPCS	both			469	265.21	Horizon	Medicare Blue		276.97				140.05	576.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRENTUXIMAB VEDOTIN 1MG NJ	J9042	HCPCS	both			469	265.21	Managed Care Inc	Managed Care Inc		422.1	90			140.05	576.53	percent of total billed charges	
BRENTUXIMAB VEDOTIN 1MG NJ	J9042	HCPCS	both			469	265.21	Multiplan	Multiplan		375.2	80			140.05	576.53	percent of total billed charges	
BRENTUXIMAB VEDOTIN 1MG NJ	J9042	HCPCS	both			469	265.21	Qualcare	Qualcare		351.75	75			140.05	576.53	percent of total billed charges	
BRENTUXIMAB VEDOTIN 1MG NJ	J9042	HCPCS	both			469	265.21	Three Rivers	Three Rivers		445.55	95			140.05	576.53	percent of total billed charges	
BRENTUXIMAB VEDOTIN 1MG NJ	J9042	HCPCS	both			469	265.21	UHC	Medicaid		147.97	31.55			140.05	576.53	percent of total billed charges	
BRENTUXIMAB VEDOTIN 1MG NJ	J9042	HCPCS	both			469	265.21	UHC	Medicare		230.61				140.05	576.53	fee schedule	
BRENTUXIMAB VEDOTIN 1MG NJ	J9042	HCPCS	both			469	265.21	United	Commercial|PPO		576.53				140.05	576.53	fee schedule	
BRENTUXIMAB VEDOTIN 1MG NJ	J9042	HCPCS	both			469	265.21	United	Oxford		576.53				140.05	576.53	fee schedule	
BRENTUXIMAB VEDOTIN 1MG NJ	J9042	HCPCS	both			469	265.21	Wellcare	Medicare		230.61				140.05	576.53	fee schedule	
BRENTUXIMAB VEDOTIN 1MG NJ	J9042	HCPCS	both			469	265.21	Wellcare	Medicaid		147.97	31.55			140.05	576.53	percent of total billed charges	
BRENTUXIMAB VEDOTIN 1MG NJ	J9042	HCPCS	both			469	265.21	WellPoint	WellPoint		150.92	32.18			140.05	576.53	percent of total billed charges	
CABAZITAXEL 1 MG INJ	J9043	HCPCS	outpatient			442	242.02	Aetna	Medicare		210.45				139.45	526.13	fee schedule	
CABAZITAXEL 1 MG INJ	J9043	HCPCS	outpatient			442	242.02	Aetna	Better Health		139.45	31.55			139.45	526.13	percent of total billed charges	
CABAZITAXEL 1 MG INJ	J9043	HCPCS	outpatient			442	242.02	Aetna	Commercial		404.65				139.45	526.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CABAZITAXEL 1 MG INJ	J9043	HCPCS	outpatient			442	242.02	Americare	Americare		331.5	75			139.45	526.13	percent of total billed charges	
CABAZITAXEL 1 MG INJ	J9043	HCPCS	outpatient			442	242.02	Amerihealth	Medicare		210.45				139.45	526.13	fee schedule	
CABAZITAXEL 1 MG INJ	J9043	HCPCS	outpatient			442	242.02	Amerihealth	HMO|PPO		167.69				139.45	526.13	fee schedule	
CABAZITAXEL 1 MG INJ	J9043	HCPCS	outpatient			442	242.02	Consumer	Consumer		419.9	95			139.45	526.13	percent of total billed charges	
CABAZITAXEL 1 MG INJ	J9043	HCPCS	outpatient			442	242.02	Corrections	Corrections		353.6	80			139.45	526.13	percent of total billed charges	
CABAZITAXEL 1 MG INJ	J9043	HCPCS	outpatient			442	242.02	First Health	First Health		309.4	70			139.45	526.13	percent of total billed charges	
CABAZITAXEL 1 MG INJ	J9043	HCPCS	outpatient			442	242.02	First Trenton	First Trenton		397.8	90			139.45	526.13	percent of total billed charges	
CABAZITAXEL 1 MG INJ	J9043	HCPCS	outpatient			442	242.02	Horizon	Medicare Blue		254.18				139.45	526.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CABAZITAXEL 1 MG INJ	J9043	HCPCS	outpatient			442	242.02	Horizon	MGD		473.03				139.45	526.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CABAZITAXEL 1 MG INJ	J9043	HCPCS	outpatient			442	242.02	Horizon	Indemnity		473.03				139.45	526.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CABAZITAXEL 1 MG INJ	J9043	HCPCS	outpatient			442	242.02	Horizon	PPO		473.03				139.45	526.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CABAZITAXEL 1 MG INJ	J9043	HCPCS	outpatient			442	242.02	Managed Care Inc	Managed Care Inc		397.8	90			139.45	526.13	percent of total billed charges	
CABAZITAXEL 1 MG INJ	J9043	HCPCS	outpatient			442	242.02	Multiplan	Multiplan		353.6	80			139.45	526.13	percent of total billed charges	
CABAZITAXEL 1 MG INJ	J9043	HCPCS	outpatient			442	242.02	Qualcare	Qualcare		331.5	75			139.45	526.13	percent of total billed charges	
CABAZITAXEL 1 MG INJ	J9043	HCPCS	outpatient			442	242.02	Three Rivers	Three Rivers		419.9	95			139.45	526.13	percent of total billed charges	
CABAZITAXEL 1 MG INJ	J9043	HCPCS	outpatient			442	242.02	UHC	Medicaid		139.45	31.55			139.45	526.13	percent of total billed charges	
CABAZITAXEL 1 MG INJ	J9043	HCPCS	outpatient			442	242.02	UHC	Medicare		210.45				139.45	526.13	fee schedule	
CABAZITAXEL 1 MG INJ	J9043	HCPCS	outpatient			442	242.02	United	Commercial|PPO		526.13				139.45	526.13	fee schedule	
CABAZITAXEL 1 MG INJ	J9043	HCPCS	outpatient			442	242.02	United	Oxford		526.13				139.45	526.13	fee schedule	
CABAZITAXEL 1 MG INJ	J9043	HCPCS	outpatient			442	242.02	Wellcare	Medicaid		139.45	31.55			139.45	526.13	percent of total billed charges	
CABAZITAXEL 1 MG INJ	J9043	HCPCS	outpatient			442	242.02	Wellcare	Medicare		210.45				139.45	526.13	fee schedule	
CABAZITAXEL 1 MG INJ	J9043	HCPCS	outpatient			442	242.02	WellPoint	WellPoint		142.24	32.18			139.45	526.13	percent of total billed charges	
CARBOPLATIN 50MG INJ	J9045	HCPCS	both			1071	4.14	Aetna	Commercial		406.98	38			3.6	1017.45	percent of total billed charges	
CARBOPLATIN 50MG INJ	J9045	HCPCS	both			1071	4.14	Aetna	Medicare		3.6				3.6	1017.45	fee schedule	
CARBOPLATIN 50MG INJ	J9045	HCPCS	both			1071	4.14	Aetna	Better Health		337.9	31.55			3.6	1017.45	percent of total billed charges	
CARBOPLATIN 50MG INJ	J9045	HCPCS	both			1071	4.14	Americare	Americare		803.25	75			3.6	1017.45	percent of total billed charges	
CARBOPLATIN 50MG INJ	J9045	HCPCS	both			1071	4.14	Amerihealth	HMO|PPO		3.85				3.6	1017.45	fee schedule	
CARBOPLATIN 50MG INJ	J9045	HCPCS	both			1071	4.14	Amerihealth	Medicare		3.6				3.6	1017.45	fee schedule	
CARBOPLATIN 50MG INJ	J9045	HCPCS	both			1071	4.14	Consumer	Consumer		1017.45	95			3.6	1017.45	percent of total billed charges	
CARBOPLATIN 50MG INJ	J9045	HCPCS	both			1071	4.14	Corrections	Corrections		856.8	80			3.6	1017.45	percent of total billed charges	
CARBOPLATIN 50MG INJ	J9045	HCPCS	both			1071	4.14	First Health	First Health		749.7	70			3.6	1017.45	percent of total billed charges	
CARBOPLATIN 50MG INJ	J9045	HCPCS	both			1071	4.14	First Trenton	First Trenton		963.9	90			3.6	1017.45	percent of total billed charges	
CARBOPLATIN 50MG INJ	J9045	HCPCS	both			1071	4.14	Horizon	MGD		409.98	38.28			3.6	1017.45	percent of total billed charges	
CARBOPLATIN 50MG INJ	J9045	HCPCS	both			1071	4.14	Horizon	Medicare Blue		321.3	30			3.6	1017.45	percent of total billed charges	
CARBOPLATIN 50MG INJ	J9045	HCPCS	both			1071	4.14	Horizon	Indemnity		409.98	38.28			3.6	1017.45	percent of total billed charges	
CARBOPLATIN 50MG INJ	J9045	HCPCS	both			1071	4.14	Horizon	PPO		409.98	38.28			3.6	1017.45	percent of total billed charges	
CARBOPLATIN 50MG INJ	J9045	HCPCS	both			1071	4.14	Managed Care Inc	Managed Care Inc		963.9	90			3.6	1017.45	percent of total billed charges	
CARBOPLATIN 50MG INJ	J9045	HCPCS	both			1071	4.14	Multiplan	Multiplan		856.8	80			3.6	1017.45	percent of total billed charges	
CARBOPLATIN 50MG INJ	J9045	HCPCS	both			1071	4.14	Qualcare	Qualcare		803.25	75			3.6	1017.45	percent of total billed charges	
CARBOPLATIN 50MG INJ	J9045	HCPCS	both			1071	4.14	Three Rivers	Three Rivers		1017.45	95			3.6	1017.45	percent of total billed charges	
CARBOPLATIN 50MG INJ	J9045	HCPCS	both			1071	4.14	UHC	Medicaid		337.9	31.55			3.6	1017.45	percent of total billed charges	
CARBOPLATIN 50MG INJ	J9045	HCPCS	both			1071	4.14	UHC	Medicare		3.6				3.6	1017.45	fee schedule	
CARBOPLATIN 50MG INJ	J9045	HCPCS	both			1071	4.14	Wellcare	Medicare		3.6				3.6	1017.45	fee schedule	
CARBOPLATIN 50MG INJ	J9045	HCPCS	both			1071	4.14	Wellcare	Medicaid		337.9	31.55			3.6	1017.45	percent of total billed charges	
CARBOPLATIN 50MG INJ	J9045	HCPCS	both			1071	4.14	WellPoint	WellPoint		344.65	32.18			3.6	1017.45	percent of total billed charges	
CARFILZOMIB 1 MG INJ	J9047	HCPCS	both			121	54.15	Aetna	Better Health		38.18	31.55			34.66	117.73	percent of total billed charges	
CARFILZOMIB 1 MG INJ	J9047	HCPCS	both			121	54.15	Aetna	Medicare		47.09				34.66	117.73	fee schedule	
CARFILZOMIB 1 MG INJ	J9047	HCPCS	both			121	54.15	Aetna	Commercial		90.15				34.66	117.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARFILZOMIB 1 MG INJ	J9047	HCPCS	both			121	54.15	Americare	Americare		90.75	75			34.66	117.73	percent of total billed charges	
CARFILZOMIB 1 MG INJ	J9047	HCPCS	both			121	54.15	Amerihealth	HMO|PPO		34.66				34.66	117.73	fee schedule	
CARFILZOMIB 1 MG INJ	J9047	HCPCS	both			121	54.15	Amerihealth	Medicare		47.09				34.66	117.73	fee schedule	
CARFILZOMIB 1 MG INJ	J9047	HCPCS	both			121	54.15	Consumer	Consumer		114.95	95			34.66	117.73	percent of total billed charges	
CARFILZOMIB 1 MG INJ	J9047	HCPCS	both			121	54.15	Corrections	Corrections		96.8	80			34.66	117.73	percent of total billed charges	
CARFILZOMIB 1 MG INJ	J9047	HCPCS	both			121	54.15	First Health	First Health		84.7	70			34.66	117.73	percent of total billed charges	
CARFILZOMIB 1 MG INJ	J9047	HCPCS	both			121	54.15	First Trenton	First Trenton		108.9	90			34.66	117.73	percent of total billed charges	
CARFILZOMIB 1 MG INJ	J9047	HCPCS	both			121	54.15	Horizon	MGD		105.39				34.66	117.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARFILZOMIB 1 MG INJ	J9047	HCPCS	both			121	54.15	Horizon	PPO		105.39				34.66	117.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARFILZOMIB 1 MG INJ	J9047	HCPCS	both			121	54.15	Horizon	Medicare Blue		56.63				34.66	117.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.																
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true															
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CARFILZOMIB 1 MG INJ	J9047	HCPCS	both			121	54.15	Horizon	Indemnity		105.39				34.66	117.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARFILZOMIB 1 MG INJ	J9047	HCPCS	both			121	54.15	Managed Care Inc	Managed Care Inc		108.9	90			34.66	117.73	percent of total billed charges	
CARFILZOMIB 1 MG INJ	J9047	HCPCS	both			121	54.15	Multiplan	Multiplan		96.8	80			34.66	117.73	percent of total billed charges	
CARFILZOMIB 1 MG INJ	J9047	HCPCS	both			121	54.15	Qualcare	Qualcare		90.75	75			34.66	117.73	percent of total billed charges	
CARFILZOMIB 1 MG INJ	J9047	HCPCS	both			121	54.15	Three Rivers	Three Rivers		114.95	95			34.66	117.73	percent of total billed charges	
CARFILZOMIB 1 MG INJ	J9047	HCPCS	both			121	54.15	UHC	Medicare		47.09				34.66	117.73	fee schedule	
CARFILZOMIB 1 MG INJ	J9047	HCPCS	both			121	54.15	UHC	Medicaid		38.18	31.55			34.66	117.73	percent of total billed charges	
CARFILZOMIB 1 MG INJ	J9047	HCPCS	both			121	54.15	United	CommercialPPO		117.73				34.66	117.73	fee schedule	
CARFILZOMIB 1 MG INJ	J9047	HCPCS	both			121	54.15	United	Oxford		117.73				34.66	117.73	fee schedule	
CARFILZOMIB 1 MG INJ	J9047	HCPCS	both			121	54.15	Wellcare	Medicare		47.09				34.66	117.73	fee schedule	
CARFILZOMIB 1 MG INJ	J9047	HCPCS	both			121	54.15	Wellcare	Medicaid		38.18	31.55			34.66	117.73	percent of total billed charges	
CARFILZOMIB 1 MG INJ	J9047	HCPCS	both			121	54.15	WellPoint	WellPoint		38.94	32.18			34.66	117.73	percent of total billed charges	
BORTEZOMIB (HOSPIRA) 0.1 MG INJ	J9049	HCPCS	outpatient			30	1.75	Aetna	Medicare		1.52				1.52	28.5	fee schedule	
BORTEZOMIB (HOSPIRA) 0.1 MG INJ	J9049	HCPCS	outpatient			30	1.75	Aetna	Better Health		9.47	31.55			1.52	28.5	percent of total billed charges	
BORTEZOMIB (HOSPIRA) 0.1 MG INJ	J9049	HCPCS	outpatient			30	1.75	Aetna	Commercial		3.28				1.52	28.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BORTEZOMIB (HOSPIRA) 0.1 MG INJ	J9049	HCPCS	outpatient			30	1.75	Americare	Americare		22.5	75			1.52	28.5	percent of total billed charges	
BORTEZOMIB (HOSPIRA) 0.1 MG INJ	J9049	HCPCS	outpatient			30	1.75	Amerihealth	HMO/PPO		19.5	65			1.52	28.5	percent of total billed charges	
BORTEZOMIB (HOSPIRA) 0.1 MG INJ	J9049	HCPCS	outpatient			30	1.75	Amerihealth	Medicare		1.52				1.52	28.5	fee schedule	
BORTEZOMIB (HOSPIRA) 0.1 MG INJ	J9049	HCPCS	outpatient			30	1.75	Consumer	Consumer		28.5	95			1.52	28.5	percent of total billed charges	
BORTEZOMIB (HOSPIRA) 0.1 MG INJ	J9049	HCPCS	outpatient			30	1.75	Corrections	Corrections		24	80			1.52	28.5	percent of total billed charges	
BORTEZOMIB (HOSPIRA) 0.1 MG INJ	J9049	HCPCS	outpatient			30	1.75	First Health	First Health		21	70			1.52	28.5	percent of total billed charges	
BORTEZOMIB (HOSPIRA) 0.1 MG INJ	J9049	HCPCS	outpatient			30	1.75	First Trenton	First Trenton		27	90			1.52	28.5	percent of total billed charges	
BORTEZOMIB (HOSPIRA) 0.1 MG INJ	J9049	HCPCS	outpatient			30	1.75	Horizon	Medicare Blue		2.06				1.52	28.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BORTEZOMIB (HOSPIRA) 0.1 MG INJ	J9049	HCPCS	outpatient			30	1.75	Horizon	PPO		3.83				1.52	28.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BORTEZOMIB (HOSPIRA) 0.1 MG INJ	J9049	HCPCS	outpatient			30	1.75	Horizon	MGD		3.83				1.52	28.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BORTEZOMIB (HOSPIRA) 0.1 MG INJ	J9049	HCPCS	outpatient			30	1.75	Horizon	Indemnity		3.83				1.52	28.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BORTEZOMIB (HOSPIRA) 0.1 MG INJ	J9049	HCPCS	outpatient			30	1.75	Managed Care Inc	Managed Care Inc		27	90			1.52	28.5	percent of total billed charges	
BORTEZOMIB (HOSPIRA) 0.1 MG INJ	J9049	HCPCS	outpatient			30	1.75	Multiplan	Multiplan		24	80			1.52	28.5	percent of total billed charges	
BORTEZOMIB (HOSPIRA) 0.1 MG INJ	J9049	HCPCS	outpatient			30	1.75	Qualcare	Qualcare		22.5	75			1.52	28.5	percent of total billed charges	
BORTEZOMIB (HOSPIRA) 0.1 MG INJ	J9049	HCPCS	outpatient			30	1.75	Three Rivers	Three Rivers		28.5	95			1.52	28.5	percent of total billed charges	
BORTEZOMIB (HOSPIRA) 0.1 MG INJ	J9049	HCPCS	outpatient			30	1.75	UHC	Medicaid		9.47	31.55			1.52	28.5	percent of total billed charges	
BORTEZOMIB (HOSPIRA) 0.1 MG INJ	J9049	HCPCS	outpatient			30	1.75	UHC	Medicare		1.52				1.52	28.5	fee schedule	
BORTEZOMIB (HOSPIRA) 0.1 MG INJ	J9049	HCPCS	outpatient			30	1.75	United	CommercialPPO		3.8				1.52	28.5	fee schedule	
BORTEZOMIB (HOSPIRA) 0.1 MG INJ	J9049	HCPCS	outpatient			30	1.75	United	Oxford		3.8				1.52	28.5	fee schedule	
BORTEZOMIB (HOSPIRA) 0.1 MG INJ	J9049	HCPCS	outpatient			30	1.75	Wellcare	Medicare		1.52				1.52	28.5	fee schedule	
BORTEZOMIB (HOSPIRA) 0.1 MG INJ	J9049	HCPCS	outpatient			30	1.75	Wellcare	Medicaid		9.47	31.55			1.52	28.5	percent of total billed charges	
BORTEZOMIB (HOSPIRA) 0.1 MG INJ	J9049	HCPCS	outpatient			30	1.75	WellPoint	WellPoint		9.65	32.18			1.52	28.5	percent of total billed charges	
CARMUSTINE 100MG INJ	J9050	HCPCS	outpatient			7142	312.18	Aetna	Medicare		271.47				271.47	6784.9	fee schedule	
CARMUSTINE 100MG INJ	J9050	HCPCS	outpatient			7142	312.18	Aetna	Better Health		2253.3	31.55			271.47	6784.9	percent of total billed charges	
CARMUSTINE 100MG INJ	J9050	HCPCS	outpatient			7142	312.18	Aetna	Commercial		536.82				271.47	6784.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARMUSTINE 100MG INJ	J9050	HCPCS	outpatient			7142	312.18	Americare	Americare		5356.5	75			271.47	6784.9	percent of total billed charges	
CARMUSTINE 100MG INJ	J9050	HCPCS	outpatient			7142	312.18	Amerihealth	Medicare		271.47				271.47	6784.9	fee schedule	
CARMUSTINE 100MG INJ	J9050	HCPCS	outpatient			7142	312.18	Amerihealth	HMO/PPO		4174.25				271.47	6784.9	fee schedule	
CARMUSTINE 100MG INJ	J9050	HCPCS	outpatient			7142	312.18	Consumer	Consumer		6784.9	95			271.47	6784.9	percent of total billed charges	
CARMUSTINE 100MG INJ	J9050	HCPCS	outpatient			7142	312.18	Corrections	Corrections		5713.6	80			271.47	6784.9	percent of total billed charges	
CARMUSTINE 100MG INJ	J9050	HCPCS	outpatient			7142	312.18	First Health	First Health		4999.4	70			271.47	6784.9	percent of total billed charges	
CARMUSTINE 100MG INJ	J9050	HCPCS	outpatient			7142	312.18	First Trenton	First Trenton		6427.8	90			271.47	6784.9	percent of total billed charges	
CARMUSTINE 100MG INJ	J9050	HCPCS	outpatient			7142	312.18	Horizon	PPO		627.53				271.47	6784.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARMUSTINE 100MG INJ	J9050	HCPCS	outpatient			7142	312.18	Horizon	MGD		627.53				271.47	6784.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARMUSTINE 100MG INJ	J9050	HCPCS	outpatient			7142	312.18	Horizon	Medicare Blue		337.2				271.47	6784.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARMUSTINE 100MG INJ	J9050	HCPCS	outpatient			7142	312.18	Horizon	Indemnity		627.53				271.47	6784.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARMUSTINE 100MG INJ	J9050	HCPCS	outpatient			7142	312.18	Managed Care Inc	Managed Care Inc		6427.8	90			271.47	6784.9	percent of total billed charges	
CARMUSTINE 100MG INJ	J9050	HCPCS	outpatient			7142	312.18	Multiplan	Multiplan		5713.6	80			271.47	6784.9	percent of total billed charges	
CARMUSTINE 100MG INJ	J9050	HCPCS	outpatient			7142	312.18	Qualcare	Qualcare		5356.5	75			271.47	6784.9	percent of total billed charges	
CARMUSTINE 100MG INJ	J9050	HCPCS	outpatient			7142	312.18	Three Rivers	Three Rivers		6784.9	95			271.47	6784.9	percent of total billed charges	
CARMUSTINE 100MG INJ	J9050	HCPCS	outpatient			7142	312.18	UHC	Medicare		271.47				271.47	6784.9	fee schedule	
CARMUSTINE 100MG INJ	J9050	HCPCS	outpatient			7142	312.18	UHC	Medicaid		2253.3	31.55			271.47	6784.9	percent of total billed charges	
CARMUSTINE 100MG INJ	J9050	HCPCS	outpatient			7142	312.18	United	Oxford		678.68				271.47	6784.9	fee schedule	
CARMUSTINE 100MG INJ	J9050	HCPCS	outpatient			7142	312.18	United	CommercialPPO		678.68				271.47	6784.9	fee schedule	
CARMUSTINE 100MG INJ	J9050	HCPCS	outpatient			7142	312.18	Wellcare	Medicare		271.47				271.47	6784.9	fee schedule	
CARMUSTINE 100MG INJ	J9050	HCPCS	outpatient			7142	312.18	Wellcare	Medicaid		2253.3	31.55			271.47	6784.9	percent of total billed charges	
CARMUSTINE 100MG INJ	J9050	HCPCS	outpatient			7142	312.18	WellPoint	WellPoint		2298.3	32.18			271.47	6784.9	percent of total billed charges	
CETUXIMAB 10MG	J9055	HCPCS	outpatient			294.5	84.78	Aetna	Commercial		140.43				57.73	279.78	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CETUXIMAB 10MG	J9055	HCPCS	outpatient			294.5	84.78	Aetna	Medicare		73.72				57.73	279.78	fee schedule	
CETUXIMAB 10MG	J9055	HCPCS	outpatient			294.5	84.78	Aetna	Better Health		92.91	31.55			57.73	279.78	percent of total billed charges	
CETUXIMAB 10MG	J9055	HCPCS	outpatient			294.5	84.78	Americare	Americare		220.88	75			57.73	279.78	percent of total billed charges	
CETUXIMAB 10MG	J9055	HCPCS	outpatient			294.5	84.78	Amerihealth	HMO/PPO		57.73				57.73	279.78	fee schedule	
CETUXIMAB 10MG	J9055	HCPCS	outpatient			294.5	84.78	Amerihealth	Medicare		73.72				57.73	279.78	fee schedule	
CETUXIMAB 10MG	J9055	HCPCS	outpatient			294.5	84.78	Consumer	Consumer		279.78	95			57.73	279.78	percent of total billed charges	
CETUXIMAB 10MG	J9055	HCPCS	outpatient			294.5	84.78	Corrections	Corrections		235.6	80			57.73	279.78	percent of total billed charges	
CETUXIMAB 10MG	J9055	HCPCS	outpatient			294.5	84.78	First Health	First Health		206.15	70			57.73	279.78	percent of total billed charges	
CETUXIMAB 10MG	J9055	HCPCS	outpatient			294.5	84.78	First Trenton	First Trenton		265.05	90			57.73	279.78	percent of total billed charges	
CETUXIMAB 10MG	J9055	HCPCS	outpatient			294.5	84.78	Horizon	MGD		164.16				57.73	279.78	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CETUXIMAB 10MG	J9055	HCPCS	outpatient			294.5	84.78	Horizon	Medicare Blue		88.21				57.73	279.78	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CETUXIMAB 10MG	J9055	HCPCS	outpatient			294.5	84.78	Horizon	PPO		164.16				57.73	279.78	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CETUXIMAB 10MG	J9055	HCPCS	outpatient			294.5	84.78	Horizon	Indemnity		164.16				57.73	279.78	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CETUXIMAB 10MG	J9055	HCPCS	outpatient			294.5	84.78	Managed Care Inc	Managed Care Inc		265.05	90			57.73	279.78	percent of total billed charges	
CETUXIMAB 10MG	J9055	HCPCS	outpatient			294.5	84.78	Multiplan	Multiplan		235.6	80			57.73	279.78	percent of total billed charges	
CETUXIMAB 10MG	J9055	HCPCS	outpatient			294.5	84.78	Qualcare	Qualcare		220.88	75			57.73	279.78	percent of total billed charges	
CETUXIMAB 10MG	J9055	HCPCS	outpatient			294.5	84.78	Three Rivers	Three Rivers		279.78	95			57.73	279.78	percent of total billed charges	
CETUXIMAB 10MG	J9055	HCPCS	outpatient			294.5	84.78	UHC	Medicare		73.72				57.73	279.78	fee schedule	
CETUXIMAB 10MG	J9055	HCPCS	outpatient			294.5	84.78	UHC	Medicaid		92.91	31.55			57.73	279.78	percent of total billed charges	
CETUXIMAB 10MG	J9055	HCPCS	outpatient			294.5	84.78	United	Oxford		184.3				57.73	279.78	fee schedule	
CETUXIMAB 10MG	J9055	HCPCS	outpatient			294.5	84.78	United	CommercialPPO		184.3				57.73	279.78	fee schedule	
CETUXIMAB 10MG	J9055	HCPCS	outpatient			294.5	84.78	Wellcare	Medicare		73.72				57.73	279.78	fee schedule	
CETUXIMAB 10MG	J9055	HCPCS	outpatient			294.5	84.78	Wellcare	Medicaid		92.91	31.55			57.73	279.78	percent of total billed charges	
CETUXIMAB 10MG	J9055	HCPCS	outpatient			294.5	84.78	WellPoint	WellPoint		94.77	32.18			57.73	279.78	percent of total billed charges	
CISPLATIN POWDER 10MG (CHEMO)	J9060	HCPCS	both			229.5	4.64	Aetna	Better Health		72.41	31.55			2.24	218.03	percent of total billed charges	
CISPLATIN POWDER 10MG (CHEMO)	J9060	HCPCS	both			229.5	4.64	Aetna	Medicare		4.04				2.24	218.03	fee schedule	
CISPLATIN POWDER 10MG (CHEMO)	J9060	HCPCS	both			229.5	4.64	Aetna	Commercial		87.21	38			2.24	218.03	percent of total billed charges	
CISPLATIN POWDER 10MG (CHEMO)	J9060	HCPCS	both			229.5	4.64	Americare	Americare		172.13	75			2.24	218.03	percent of total billed charges	
CISPLATIN POWDER 10MG (CHEMO)	J9060	HCPCS	both			229.5	4.64	Amerihealth	Medicare		4.04				2.24	218.03	fee schedule	
CISPLATIN POWDER 10MG (CHEMO)	J9060	HCPCS	both			229.5	4.64	Amerihealth	HMO/PPO		2.24				2.24	218.03	fee schedule	
CISPLATIN POWDER 10MG (CHEMO)	J9060	HCPCS	both			229.5	4.64	Consumer	Consumer		218.03	95			2.24	218.03	percent of total billed charges	
CISPLATIN POWDER 10MG (CHEMO)	J9060	HCPCS	both			229.5	4.64	Corrections	Corrections		183.6	80			2.24	218.03	percent of total billed charges	
CISPLATIN POWDER 10MG (CHEMO)	J9060	HCPCS	both			229.5	4.64	First Health	First Health		160.65	70			2.24	218.03	percent of total billed charges	
CISPLATIN POWDER 10MG (CHEMO)	J9060	HCPCS	both			229.5	4.64	First Trenton	First Trenton		206.55	90			2.24	218.03	percent of total billed charges	
CISPLATIN POWDER 10MG (CHEMO)	J9060	HCPCS	both			229.5	4.64	Horizon	MGD		87.85	38.28			2.24	218.03	percent of total billed charges	
CISPLATIN POWDER 10MG (CHEMO)	J9060	HCPCS	both			229.5	4.64	Horizon	Indemnity		87.85	38.28			2.24	218.03	percent of total billed charges	
CISPLATIN POWDER 10MG (CHEMO)	J9060	HCPCS	both			229.5	4.64	Horizon	Medicare Blue		68.85	30			2.24	218.03	percent of total billed charges	
CISPLATIN POWDER 10MG (CHEMO)	J9060	HCPCS	both			229.5	4.64	Horizon	PPO		87.85	38.28			2.24	218.03	percent of total billed charges	
CISPLATIN POWDER 10MG (CHEMO)	J9060	HCPCS	both			229.5	4.64	Managed Care Inc	Managed Care Inc		206.55	90			2.24	218.03	percent of total billed charges	
CISPLATIN POWDER 10MG (CHEMO)	J9060	HCPCS	both			229.5	4.64	Multiplan	Multiplan		183.6	80			2.24	218.03	percent of total billed charges	
CISPLATIN POWDER 10MG (CHEMO)	J9060	HCPCS	both			229.5	4.64	Qualcare	Qualcare		172.13	75			2.24	218.03	percent of total billed charges	
CISPLATIN POWDER 10MG (CHEMO)	J9060	HCPCS	both			229.5	4.64	Three Rivers	Three Rivers		218.03	95			2.24	218.03	percent of total billed charges	
CISPLATIN POWDER 10MG (CHEMO)	J9060	HCPCS	both			229.5	4.64	UHC	Medicare		4.04				2.24	218.03	fee schedule	
CISPLATIN POWDER 10MG (CHEMO)	J9060	HCPCS	both			229.5	4.64	UHC	Medicaid		72.41	31.55			2.24	218.03	percent of total billed charges	
CISPLATIN POWDER 10MG (CHEMO)	J9060	HCPCS	both			229.5	4.64	Wellcare	Medicaid		72.41	31.55			2.24	218.03	percent of total billed charges	
CISPLATIN POWDER 10MG (CHEMO)	J9060	HCPCS	both			229.5	4.64	Wellcare	Medicare		4.04				2.24	218.03	fee schedule	
CISPLATIN POWDER 10MG (CHEMO)	J9060	HCPCS	both			229.5	4.64	WellPoint	WellPoint		73.85	32.18			2.24	218.03	percent of total billed charges	
AMIVANTAMAB-VMJW(RYBREVANT)2MG	J9061	HCPCS	outpatient			36.5	22.97	Aetna	Better Health		11.52	31.55			11.52	49.95	percent of total billed charges	
AMIVANTAMAB-VMJW(RYBREVANT)2MG	J9061	HCPCS	outpatient			36.5	22.97	Aetna	Medicare		19.98				11.52	49.95	fee schedule	
AMIVANTAMAB-VMJW(RYBREVANT)2MG	J9061	HCPCS	outpatient			36.5	22.97	Aetna	Commercial		38.19				11.52	49.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMIVANTAMAB-VMJW(RYBREVANT)2MG	J9061	HCPCS	outpatient			36.5	22.97	Americare	Americare		27.38	75			11.52	49.95	percent of total billed charges	
AMIVANTAMAB-VMJW(RYBREVANT)2MG	J9061	HCPCS	outpatient			36.5	22.97	Amerihealth	HMO/PPO		23.73	65			11.52	49.95	percent of total billed charges	
AMIVANTAMAB-VMJW(RYBREVANT)2MG	J9061	HCPCS	outpatient			36.5	22.97	Amerihealth	Medicare		19.98				11.52	49.95	fee schedule	
AMIVANTAMAB-VMJW(RYBREVANT)2MG	J9061	HCPCS	outpatient			36.5	22.97	Consumer	Consumer		34.68	95			11.52	49.95	percent of total billed charges	
AMIVANTAMAB-VMJW(RYBREVANT)2MG	J9061	HCPCS	outpatient			36.5	22.97	Corrections	Corrections		29.2	80			11.52	49.95	percent of total billed charges	
AMIVANTAMAB-VMJW(RYBREVANT)2MG	J9061	HCPCS	outpatient			36.5	22.97	First Health	First Health		25.55	70			11.52	49.95	percent of total billed charges	
AMIVANTAMAB-VMJW(RYBREVANT)2MG	J9061	HCPCS	outpatient			36.5	22.97	First Trenton	First Trenton		32.85	90			11.52	49.95	percent of total billed charges	
AMIVANTAMAB-VMJW(RYBREVANT)2MG	J9061	HCPCS	outpatient			36.5	22.97	Horizon	Medicare Blue		23.99				11.52	49.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMIVANTAMAB-VMJW(RYBREVANT)2MG	J9061	HCPCS	outpatient			36.5	22.97	Horizon	Indemnity		44.65				11.52	49.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMIVANTAMAB-VMJW(RYBREVANT)2MG	J9061	HCPCS	outpatient			36.5	22.97	Horizon	PPO		44.65				11.52	49.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMIVANTAMAB-VMJW(RYBREVANT)2MG	J9061	HCPCS	outpatient			36.5	22.97	Horizon	MGD		44.65				11.52	49.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMIVANTAMAB-VMJW(RYBREVANT)2MG	J9061	HCPCS	outpatient			36.5	22.97	Managed Care Inc	Managed Care Inc		32.85	90			11.52	49.95	percent of total billed charges	
AMIVANTAMAB-VMJW(RYBREVANT)2MG	J9061	HCPCS	outpatient			36.5	22.97	Multiplan	Multiplan		29.2	80			11.52	49.95	percent of total billed charges	
AMIVANTAMAB-VMJW(RYBREVANT)2MG	J9061	HCPCS	outpatient			36.5	22.97	Qualcare	Qualcare		27.38	75			11.52	49.95	percent of total billed charges	
AMIVANTAMAB-VMJW(RYBREVANT)2MG	J9061	HCPCS	outpatient			36.5	22.97	Three Rivers	Three Rivers		34.68	95			11.52	49.95	percent of total billed charges	
AMIVANTAMAB-VMJW(RYBREVANT)2MG	J9061	HCPCS	outpatient			36.5	22.97	UHC	Medicaid		11.52	31.55			11.52	49.95	percent of total billed charges	
AMIVANTAMAB-VMJW(RYBREVANT)2MG	J9061	HCPCS	outpatient			36.5	22.97	UHC	Medicare		19.98				11.52	49.95	fee schedule	
AMIVANTAMAB-VMJW(RYBREVANT)2MG	J9061	HCPCS	outpatient			36.5	22.97	United	Oxford		49.95				11.52	49.95	fee schedule	
AMIVANTAMAB-VMJW(RYBREVANT)2MG	J9061	HCPCS	outpatient			36.5	22.97	United	CommercialPPO		49.95				11.52	49.95	fee schedule	
AMIVANTAMAB-VMJW(RYBREVANT)2MG	J9061	HCPCS	outpatient			36.5	22.97	Wellcare	Medicare		19.98				11.52	49.95	fee schedule	
AMIVANTAMAB-VMJW(RYBREVANT)2MG	J9061	HCPCS	outpatient			36.5	22.97	Wellcare	Medicaid		11.52	31.55			11.52	49.95	percent of total billed charges	
AMIVANTAMAB-VMJW(RYBREVANT)2MG	J9061	HCPCS	outpatient			36.5	22.97	WellPoint	WellPoint		11.75	32.18			11.52	49.95	percent of total billed charges	
CLADRIBINE 1MG	J9065	HCPCS	both			63	18.14	Aetna	Medicare		15.77				15.77	59.85	fee schedule	
CLADRIBINE 1MG	J9065	HCPCS	both			63	18.14	Aetna	Commercial		31.73				15.77	59.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLADRIBINE 1MG	J9065	HCPCS	both			63	18.14	Aetna	Better Health		19.88	31.55			15.77	59.85	percent of total billed charges	
CLADRIBINE 1MG	J9065	HCPCS	both			63	18.14	Americare	Americare		47.25	75			15.77	59.85	percent of total billed charges	
CLADRIBINE 1MG	J9065	HCPCS	both			63	18.14	Amerihealth	HMO/PPO		23.6				15.77	59.85	fee schedule	
CLADRIBINE 1MG	J9065	HCPCS	both			63	18.14	Amerihealth	Medicare		15.77				15.77	59.85	fee schedule	
CLADRIBINE 1MG	J9065	HCPCS	both			63	18.14	Consumer	Consumer		59.85	95			15.77	59.85	percent of total billed charges	
CLADRIBINE 1MG	J9065	HCPCS	both			63	18.14	Corrections	Corrections		50.4	80			15.77	59.85	percent of total billed charges	
CLADRIBINE 1MG	J9065	HCPCS	both			63	18.14	First Health	First Health		44.1	70			15.77	59.85	percent of total billed charges	
CLADRIBINE 1MG	J9065	HCPCS	both			63	18.14	First Trenton	First Trenton		56.7	90			15.77	59.85	percent of total billed charges	
CLADRIBINE 1MG	J9065	HCPCS	both			63	18.14	Horizon	Indemnity		37.09				15.77	59.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLADRIBINE 1MG	J9065	HCPCS	both			63	18.14	Horizon	MGD		37.09				15.77	59.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLADRIBINE 1MG	J9065	HCPCS	both			63	18.14	Horizon	Medicare Blue		19.93				15.77	59.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.														
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true													
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CLADRIBINE 1MG	J9065	HCPCS	both			63		18.14 Horizon	PPO		37.09				15.77	59.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLADRIBINE 1MG	J9065	HCPCS	both			63		18.14 Managed Care Inc	Managed Care Inc		56.7	90			15.77	59.85	percent of total billed charges	
CLADRIBINE 1MG	J9065	HCPCS	both			63		18.14 Multiplan	Multiplan		50.4	80			15.77	59.85	percent of total billed charges	
CLADRIBINE 1MG	J9065	HCPCS	both			63		18.14 Qualcare	Qualcare		47.25	75			15.77	59.85	percent of total billed charges	
CLADRIBINE 1MG	J9065	HCPCS	both			63		18.14 Three Rivers	Three Rivers		59.85	95			15.77	59.85	percent of total billed charges	
CLADRIBINE 1MG	J9065	HCPCS	both			63		18.14 UHC	Medicaid		19.88	31.55			15.77	59.85	percent of total billed charges	
CLADRIBINE 1MG	J9065	HCPCS	both			63		18.14 UHC	Medicare		15.77				15.77	59.85	fee schedule	
CLADRIBINE 1MG	J9065	HCPCS	both			63		18.14 United	Oxford		39.43				15.77	59.85	fee schedule	
CLADRIBINE 1MG	J9065	HCPCS	both			63		18.14 United	Commercial|PPO		39.43				15.77	59.85	fee schedule	
CLADRIBINE 1MG	J9065	HCPCS	both			63		18.14 Wellcare	Medicaid		19.88	31.55			15.77	59.85	percent of total billed charges	
CLADRIBINE 1MG	J9065	HCPCS	both			63		18.14 Wellcare	Medicare		15.77				15.77	59.85	fee schedule	
CLADRIBINE 1MG	J9065	HCPCS	both			63		18.14 WellPoint	WellPoint		20.27	32.18			15.77	59.85	percent of total billed charges	
CYCLOPHOSPHAMIDE (DR. REDDY) 5MG INJ	J9072	HCPCS	outpatient			14		5.35 Aetna	Commercial		7.4				4.42	13.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYCLOPHOSPHAMIDE (DR. REDDY) 5MG INJ	J9072	HCPCS	outpatient			14		5.35 Aetna	Better Health		4.42	31.55			4.42	13.3	percent of total billed charges	
CYCLOPHOSPHAMIDE (DR. REDDY) 5MG INJ	J9072	HCPCS	outpatient			14		5.35 Aetna	Medicare		4.65				4.42	13.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYCLOPHOSPHAMIDE (DR. REDDY) 5MG INJ	J9072	HCPCS	outpatient			14		5.35 Americare	Americare		10.5	75			4.42	13.3	percent of total billed charges	
CYCLOPHOSPHAMIDE (DR. REDDY) 5MG INJ	J9072	HCPCS	outpatient			14		5.35 Amerihealth	HMO/PPO		9.1	65			4.42	13.3	percent of total billed charges	
CYCLOPHOSPHAMIDE (DR. REDDY) 5MG INJ	J9072	HCPCS	outpatient			14		5.35 Amerihealth	Medicare		4.65				4.42	13.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYCLOPHOSPHAMIDE (DR. REDDY) 5MG INJ	J9072	HCPCS	outpatient			14		5.35 Consumer	Consumer		13.3	95			4.42	13.3	percent of total billed charges	
CYCLOPHOSPHAMIDE (DR. REDDY) 5MG INJ	J9072	HCPCS	outpatient			14		5.35 Corrections	Corrections		11.2	80			4.42	13.3	percent of total billed charges	
CYCLOPHOSPHAMIDE (DR. REDDY) 5MG INJ	J9072	HCPCS	outpatient			14		5.35 First Health	First Health		9.8	70			4.42	13.3	percent of total billed charges	
CYCLOPHOSPHAMIDE (DR. REDDY) 5MG INJ	J9072	HCPCS	outpatient			14		5.35 First Trenton	First Trenton		12.6	90			4.42	13.3	percent of total billed charges	
CYCLOPHOSPHAMIDE (DR. REDDY) 5MG INJ	J9072	HCPCS	outpatient			14		5.35 Horizon	PPO		8.65				4.42	13.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYCLOPHOSPHAMIDE (DR. REDDY) 5MG INJ	J9072	HCPCS	outpatient			14		5.35 Horizon	MGD		8.65				4.42	13.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYCLOPHOSPHAMIDE (DR. REDDY) 5MG INJ	J9072	HCPCS	outpatient			14		5.35 Horizon	Indemnity		8.65				4.42	13.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYCLOPHOSPHAMIDE (DR. REDDY) 5MG INJ	J9072	HCPCS	outpatient			14		5.35 Horizon	Medicare Blue		4.65				4.42	13.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYCLOPHOSPHAMIDE (DR. REDDY) 5MG INJ	J9072	HCPCS	outpatient			14		5.35 Managed Care Inc	Managed Care Inc		12.6	90			4.42	13.3	percent of total billed charges	
CYCLOPHOSPHAMIDE (DR. REDDY) 5MG INJ	J9072	HCPCS	outpatient			14		5.35 Multiplan	Multiplan		11.2	80			4.42	13.3	percent of total billed charges	
CYCLOPHOSPHAMIDE (DR. REDDY) 5MG INJ	J9072	HCPCS	outpatient			14		5.35 Qualcare	Qualcare		10.5	75			4.42	13.3	percent of total billed charges	
CYCLOPHOSPHAMIDE (DR. REDDY) 5MG INJ	J9072	HCPCS	outpatient			14		5.35 Three Rivers	Three Rivers		13.3	95			4.42	13.3	percent of total billed charges	
CYCLOPHOSPHAMIDE (DR. REDDY) 5MG INJ	J9072	HCPCS	outpatient			14		5.35 UHC	Medicare		4.65				4.42	13.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYCLOPHOSPHAMIDE (DR. REDDY) 5MG INJ	J9072	HCPCS	outpatient			14		5.35 UHC	Medicaid		4.42	31.55			4.42	13.3	percent of total billed charges	
CYCLOPHOSPHAMIDE (DR. REDDY) 5MG INJ	J9072	HCPCS	outpatient			14		5.35 United	Commercial|PPO		9.4				4.42	13.3	fee schedule	
CYCLOPHOSPHAMIDE (DR. REDDY) 5MG INJ	J9072	HCPCS	outpatient			14		5.35 United	Oxford		9.4				4.42	13.3	fee schedule	
CYCLOPHOSPHAMIDE (DR. REDDY) 5MG INJ	J9072	HCPCS	outpatient			14		5.35 Wellcare	Medicare		4.65				4.42	13.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYCLOPHOSPHAMIDE (DR. REDDY) 5MG INJ	J9072	HCPCS	outpatient			14		5.35 Wellcare	Medicaid		4.42	31.55			4.42	13.3	percent of total billed charges	
CYCLOPHOSPHAMIDE (DR. REDDY) 5MG INJ	J9072	HCPCS	outpatient			14		5.35 WellPoint	WellPoint		4.51	32.18			4.42	13.3	percent of total billed charges	
CYCLOPHOSPHAMIDE(BAX)5MG INJ	J9075	HCPCS	both			13.5		1.27 Aetna	Better Health		4.26	31.55			1.1	12.83	percent of total billed charges	
CYCLOPHOSPHAMIDE(BAX)5MG INJ	J9075	HCPCS	both			13.5		1.27 Aetna	Commercial		1.75				1.1	12.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYCLOPHOSPHAMIDE(BAX)5MG INJ	J9075	HCPCS	both			13.5		1.27 Aetna	Medicare		1.1				1.1	12.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYCLOPHOSPHAMIDE(BAX)5MG INJ	J9075	HCPCS	both			13.5		1.27 Americare	Americare		10.13	75			1.1	12.83	percent of total billed charges	
CYCLOPHOSPHAMIDE(BAX)5MG INJ	J9075	HCPCS	both			13.5		1.27 Amerihealth	Medicare		1.1				1.1	12.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYCLOPHOSPHAMIDE(BAX)5MG INJ	J9075	HCPCS	both			13.5		1.27 Amerihealth	HMO/PPO		8.78	65			1.1	12.83	percent of total billed charges	
CYCLOPHOSPHAMIDE(BAX)5MG INJ	J9075	HCPCS	both			13.5		1.27 Consumer	Consumer		12.83	95			1.1	12.83	percent of total billed charges	
CYCLOPHOSPHAMIDE(BAX)5MG INJ	J9075	HCPCS	both			13.5		1.27 Corrections	Corrections		10.8	80			1.1	12.83	percent of total billed charges	
CYCLOPHOSPHAMIDE(BAX)5MG INJ	J9075	HCPCS	both			13.5		1.27 First Health	First Health		9.45	70			1.1	12.83	percent of total billed charges	
CYCLOPHOSPHAMIDE(BAX)5MG INJ	J9075	HCPCS	both			13.5		1.27 First Trenton	First Trenton		12.15	90			1.1	12.83	percent of total billed charges	
CYCLOPHOSPHAMIDE(BAX)5MG INJ	J9075	HCPCS	both			13.5		1.27 Horizon	Medicare Blue		1.1				1.1	12.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYCLOPHOSPHAMIDE(BAX)5MG INJ	J9075	HCPCS	both			13.5		1.27 Horizon	PPO		2.05				1.1	12.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYCLOPHOSPHAMIDE(BAX)5MG INJ	J9075	HCPCS	both			13.5		1.27 Horizon	MGD		2.05				1.1	12.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYCLOPHOSPHAMIDE(BAX)5MG INJ	J9075	HCPCS	both			13.5		1.27 Horizon	Indemnity		2.05				1.1	12.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYCLOPHOSPHAMIDE(BAX)5MG INJ	J9075	HCPCS	both			13.5		1.27 Managed Care Inc	Managed Care Inc		12.15	90			1.1	12.83	percent of total billed charges	
CYCLOPHOSPHAMIDE(BAX)5MG INJ	J9075	HCPCS	both			13.5		1.27 Multiplan	Multiplan		10.8	80			1.1	12.83	percent of total billed charges	
CYCLOPHOSPHAMIDE(BAX)5MG INJ	J9075	HCPCS	both			13.5		1.27 Qualcare	Qualcare		10.13	75			1.1	12.83	percent of total billed charges	
CYCLOPHOSPHAMIDE(BAX)5MG INJ	J9075	HCPCS	both			13.5		1.27 Three Rivers	Three Rivers		12.83	95			1.1	12.83	percent of total billed charges	
CYCLOPHOSPHAMIDE(BAX)5MG INJ	J9075	HCPCS	both			13.5		1.27 UHC	Medicare		1.1				1.1	12.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYCLOPHOSPHAMIDE(BAX)5MG INJ	J9075	HCPCS	both			13.5		1.27 UHC	Medicaid		4.26	31.55			1.1	12.83	percent of total billed charges	
CYCLOPHOSPHAMIDE(BAX)5MG INJ	J9075	HCPCS	both			13.5		1.27 Wellcare	Medicaid		4.26	31.55			1.1	12.83	percent of total billed charges	
CYCLOPHOSPHAMIDE(BAX)5MG INJ	J9075	HCPCS	both			13.5		1.27 Wellcare	Medicare		1.1				1.1	12.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYCLOPHOSPHAMIDE(BAX)5MG INJ	J9075	HCPCS	both			13.5		1.27 WellPoint	WellPoint		4.34	32.18			1.1	12.83	percent of total billed charges	
CYTARABINE LIPOSOME 10MG	J9098	HCPCS	outpatient			6632.5		Aetna	Better Health		2092.55	31.55			646.35	6300.88	percent of total billed charges	
CYTARABINE LIPOSOME 10MG	J9098	HCPCS	outpatient			6632.5		Aetna	Medicare		2042.81	30.8			646.35	6300.88	percent of total billed charges	
CYTARABINE LIPOSOME 10MG	J9098	HCPCS	outpatient			6632.5		Aetna	Commercial		2520.35	38			646.35	6300.88	percent of total billed charges	
CYTARABINE LIPOSOME 10MG	J9098	HCPCS	outpatient			6632.5		Americare	Americare		4974.38	75			646.35	6300.88	percent of total billed charges	
CYTARABINE LIPOSOME 10MG	J9098	HCPCS	outpatient			6632.5		Amerihealth	HMO/PPO		646.35				646.35	6300.88	fee schedule	
CYTARABINE LIPOSOME 10MG	J9098	HCPCS	outpatient			6632.5		Consumer	Consumer		6300.88	95			646.35	6300.88	percent of total billed charges	
CYTARABINE LIPOSOME 10MG	J9098	HCPCS	outpatient			6632.5		Corrections	Corrections		5306	80			646.35	6300.88	percent of total billed charges	
CYTARABINE LIPOSOME 10MG	J9098	HCPCS	outpatient			6632.5		First Health	First Health		4642.75	70			646.35	6300.88	percent of total billed charges	
CYTARABINE LIPOSOME 10MG	J9098	HCPCS	outpatient			6632.5		First Trenton	First Trenton		5969.25	90			646.35	6300.88	percent of total billed charges	
CYTARABINE LIPOSOME 10MG	J9098	HCPCS	outpatient			6632.5		Horizon	Indemnity		2538.92	38.28			646.35	6300.88	percent of total billed charges	
CYTARABINE LIPOSOME 10MG	J9098	HCPCS	outpatient			6632.5		Horizon	PPO		2538.92	38.28			646.35	6300.88	percent of total billed charges	
CYTARABINE LIPOSOME 10MG	J9098	HCPCS	outpatient			6632.5		Horizon	MGD		2538.92	38.28			646.35	6300.88	percent of total billed charges	
CYTARABINE LIPOSOME 10MG	J9098	HCPCS	outpatient			6632.5		Horizon	Medicare Blue		1989.75	30			646.35	6300.88	percent of total billed charges	
CYTARABINE LIPOSOME 10MG	J9098	HCPCS	outpatient			6632.5		Managed Care Inc	Managed Care Inc		5969.25	90			646.35	6300.88	percent of total billed charges	
CYTARABINE LIPOSOME 10MG	J9098	HCPCS	outpatient			6632.5		Multiplan	Multiplan		5306	80			646.35	6300.88	percent of total billed charges	
CYTARABINE LIPOSOME 10MG	J9098	HCPCS	outpatient			6632.5		Qualcare	Qualcare		4974.38	75			646.35	6300.88	percent of total billed charges	
CYTARABINE LIPOSOME 10MG	J9098	HCPCS	outpatient			6632.5		Three Rivers	Three Rivers		6300.88	95			646.35	6300.88	percent of total billed charges	
CYTARABINE LIPOSOME 10MG	J9098	HCPCS	outpatient			6632.5		UHC	Medicaid		2092.55	31.55			646.35	6300.88	percent of total billed charges	
CYTARABINE LIPOSOME 10MG	J9098	HCPCS	outpatient			6632.5		Wellcare	Medicaid		2092.55	31.55			646.35	6300.88	percent of total billed charges	
CYTARABINE LIPOSOME 10MG	J9098	HCPCS	outpatient			6632.5		WellPoint	WellPoint		2134.34	32.18			646.35	6300.88	percent of total billed charges	
CYTARABINE 500MG INJ	J9100	HCPCS	both			48.5		1.12 Aetna	Commercial		18.43	38			0.97	46.08	percent of total billed charges	
CYTARABINE 500MG INJ	J9100	HCPCS	both			48.5		1.12 Aetna	Medicare		0.97				0.97	46.08	fee schedule	
CYTARABINE 500MG INJ	J9100	HCPCS	both			48.5		1.12 Aetna	Better Health		15.3	31.55			0.97	46.08	percent of total billed charges	
CYTARABINE 500MG INJ	J9100	HCPCS	both			48.5		1.12 Americare	Americare		36.38	75			0.97	46.08	percent of total billed charges	
CYTARABINE 500MG INJ	J9100	HCPCS	both			48.5		1.12 Amerihealth	Medicare		0.97				0.97	46.08	fee schedule	
CYTARABINE 500MG INJ	J9100	HCPCS	both			48.5		1.12 Amerihealth	HMO/PPO		0.98				0.97	46.08	fee schedule	
CYTARABINE 500MG INJ	J9100	HCPCS	both			48.5		1.12 Consumer	Consumer		46.08	95			0.97	46.08	percent of total billed charges	
CYTARABINE 500MG INJ	J9100	HCPCS	both			48.5		1.12 Corrections	Corrections		38.8	80			0.97	46.08	percent of total billed charges	
CYTARABINE 500MG INJ	J9100	HCPCS	both			48.5		1.12 First Health	First Health		33.95	70			0.97	46.08	percent of total billed charges	
CYTARABINE 500MG INJ	J9100	HCPCS	both			48.5		1.12 First Trenton	First Trenton		43.65	90			0.97	46.08	percent of total billed charges	
CYTARABINE 500MG INJ	J9100	HCPCS	both			48.5		1.12 Horizon	MGD		18.57	38.28			0.97	46.08	percent of total billed charges	
CYTARABINE 500MG INJ	J9100	HCPCS	both			48.5		1.12 Horizon	Medicare Blue		14.55	30			0.97	46.08	percent of total billed charges	
CYTARABINE 500MG INJ	J9100	HCPCS	both			48.5		1.12 Horizon	Indemnity		18.57	38.28			0.97	46.08	percent of total billed charges	
CYTARABINE 500MG INJ	J9100	HCPCS	both			48.5		1.12 Horizon	PPO		18.57	38.28			0.97	46.08	percent of total billed charges	
CYTARABINE 500MG INJ	J9100	HCPCS	both			48.5		1.12 Managed Care Inc	Managed Care Inc		43.65	90			0.97	46.08	percent of total billed charges	
CYTARABINE 500MG INJ	J9100	HCPCS	both			48.5		1.12 Multiplan	Multiplan		38.8	80			0.97	46.08	percent of total billed charges	
CYTARABINE 500MG INJ	J9100	HCPCS	both			48.5		1.12 Qualcare	Qualcare		36.38	75			0.97	46.08	percent of total billed charges	
CYTARABINE 500MG INJ	J9100	HCPCS	both			48.5		1.12 Three Rivers	Three Rivers		46.08	95			0.97	46.08	percent of total billed charges	
CYTARABINE 500MG INJ	J9100	HCPCS	both			48.5		1.12 UHC	Medicare		0.97				0.97	46.08	fee schedule	
CYTARABINE 500MG INJ	J9100	HCPCS	both			48.5		1.12 UHC	Medicaid		15.3	31.55			0.97	46.08	percent of total billed charges	
CYTARABINE 500MG INJ	J9100	HCPCS	both			48.5		1.12 Wellcare	Medicare		0.97				0.97	46.08	fee schedule	
CYTARABINE 500MG INJ	J9100	HCPCS	both			48.5		1.12 Wellcare	Medicaid		15.3	31.55			0.97	46.08	percent of total billed charges	
CYTARABINE 500MG INJ	J9100	HCPCS	both			48.5		1.12 WellPoint	WellPoint		15.61	32.18			0.97	46.08	percent of total billed charges	
CEMIPLIMAB(LIBTAYO) 1MG INJ	J9119	HCPCS	outpatient			109		31.58 Aetna	Medicare		27.46				27.46	103.55	fee schedule	
CEMIPLIMAB(LIBTAYO) 1MG INJ	J9119	HCPCS	outpatient			109		31.58 Aetna	Better Health		34.39	31.55			27.46	103.55	percent of total billed charges	
CEMIPLIMAB(LIBTAYO) 1MG INJ	J9119	HCPCS	outpatient			109		31.58 Aetna	Commercial		52.71				27.46	103.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CEMIPLIMAB(LIBTAYO) 1MG INJ	J9119	HCPCS	outpatient			109		31.58 Americare	Americare		81.75	75			27.46	103.55	percent of total billed charges	
CEMIPLIMAB(LIBTAYO) 1MG INJ	J9119	HCPCS	outpatient			109		31.58 Amerihealth	HMO/PPO		70.85	65			27.46	103.55	percent of total billed charges	
CEMIPLIMAB(LIBTAYO) 1MG INJ	J9119	HCPCS	outpatient			109		31.58 Amerihealth	Medicare		27.46				27.46	103.55	fee schedule	
CEMIPLIMAB(LIBTAYO) 1MG INJ	J9119	HCPCS	outpatient			109		31.58 Consumer	Consumer		103.55	95			27.46	103.55	percent of total billed charges	
CEMIPLIMAB(LIBTAYO) 1MG INJ	J9119	HCPCS	outpatient			109		31.58 Corrections	Corrections		87.2	80			27.46	103.55	percent of total billed charges	
CEMIPLIMAB(LIBTAYO) 1MG INJ	J9119	HCPCS	outpatient			109		31.58 First Health	First Health		76.3	70			27.46	103.55	percent of total billed charges	
CEMIPLIMAB(LIBTAYO) 1MG INJ	J9119	HCPCS	outpatient			109		31.58 First Trenton	First Trenton		98.1	90			27.46	103.55	percent of total billed charges	
CEMIPLIMAB(LIBTAYO) 1MG INJ	J9119	HCPCS	outpatient			109		31.58 Horizon	Indemnity		61.62				27.46	103.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CEMIPLIMAB(LIBTAYO) 1MG INJ	J9119	HCPCS	outpatient			109		31.58 Horizon	MGD		61.62				27.46	103.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CEMIPLIMAB(LIBTAYO) 1MG INJ	J9119	HCPCS	outpatient			109		31.58 Horizon	Medicare Blue		33.11				27.46	103.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CEMIPLIMAB(LIBTAYO) 1MG INJ	J9119	HCPCS	outpatient			109		31.58 Horizon	PPO		61.62				27.46	103.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CEMIPLIMAB(LIBTAYO) 1MG INJ	J9119	HCPCS	outpatient			109		31.58 Managed Care Inc	Managed Care Inc		98.1	90			27.46	103.55	percent of total billed charges	
CEMIPLIMAB(LIBTAYO) 1MG INJ	J9119	HCPCS	outpatient			109		31.58 Multiplan	Multiplan		87.2	80			27.46	103.55	percent of total billed charges	
CEMIPLIMAB(LIBTAYO) 1MG INJ	J9119	HCPCS	outpatient			109		31.58 Qualcare	Qualcare		81.75	75			27.46	103.55	percent of total billed charges	
CEMIPLIMAB(LIBTAYO) 1MG INJ	J9119	HCPCS	outpatient			109		31.58 Three Rivers	Three Rivers		103.55	95			27.46	103.55	percent of total billed charges	
CEMIPLIMAB(LIBTAYO) 1MG INJ	J9119	HCPCS	outpatient			109		31.58 UHC	Medicare		27.46				27.46	103.55	fee schedule	
CEMIPLIMAB(LIBTAYO) 1MG INJ	J9119	HCPCS	outpatient			109		31.58 UHC	Medicaid		34.39	31.55			27.46	103.55	percent of total billed charges	
CEMIPLIMAB(LIBTAYO) 1MG INJ	J9119	HCPCS	outpatient			109		31.58 United	Oxford		68.65				27.46	103.55	fee schedule	
CEMIPLIMAB(LIBTAYO) 1MG INJ	J9119	HCPCS	outpatient			109		31.58 United	Commercial|PPO		68.65				27.46	103.55	fee schedule	
CEMIPLIMAB(LIBTAYO) 1MG INJ	J9119	HCPCS	outpatient			109		31.58 Wellcare	Medicare		27.46				27.46	103.55	fee schedule	
CEMIPLIMAB(LIBTAYO) 1MG INJ	J9119	HCPCS	outpatient			109		31.58 Wellcare	Medicaid		34.39	31.55			27.46	103.55	percent of total billed charges	
CEMIPLIMAB(LIBTAYO) 1MG INJ	J9119	HCPCS	outpatient			109		31.58 WellPoint	WellPoint		35.08	32.18			27.46	103.55	percent of total billed charges	
DACTINOMYCIN 0.5MG INJ	J9120	HCPCS	both			2368.5		769.24 Aetna	Medicare		668.9				657.55	2250.08	fee schedule	
DACTINOMYCIN 0.5MG INJ	J9120	HCPCS	both			2368.5		769.24 Aetna	Commercial		1046.82				657.55	2250.08	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DACTINOMYCIN 0.5MG INJ	J9120	HCPCS	both			2368.5		769.24 Aetna	Better Health		747.26	31.55			657.55	2250.08	percent of total billed charges	
DACTINOMYCIN 0.5MG INJ	J9120	HCPCS	both			2368.5		769.24 Americare	Americare		1776.38	75			657.55	2250.08	percent of total billed charges	
DACTINOMYCIN 0.5MG INJ	J9120	HCPCS	both			2368.5		769.24 Amerihealth	HMO/PPO		1384.75				657.55	2250.08	fee schedule	
DACTINOMYCIN 0.5MG INJ	J9120	HCPCS	both			2368.5		769.24 Amerihealth	Medicare		668.9				657.55	2250.08	fee schedule	
DACTINOMYCIN 0.5MG INJ	J9120	HCPCS	both			2368.5		769.24 Consumer	Consumer		2250.08	95			657.55	2250.08	percent of total billed charges	
DACTINOMYCIN 0.5MG INJ	J9120	HCPCS	both			2368.5		769.24 Corrections	Corrections		1894.8	80			657.55	2250.08	percent of total billed charges	
DACTINOMYCIN 0.5MG INJ	J9120	HCPCS	both			2368.5		769.24 First Health	First Health		1657.95	70			657.55	2250.08	percent of total billed charges	
DACTINOMYCIN 0.5MG INJ	J9120	HCPCS	both			2368.5		769.24 First Trenton	First Trenton		2131.65	90			657.55	2250.08	percent of total billed charges	
DACTINOMYCIN 0.5MG INJ	J9120	HCPCS	both			2368.5		769.24 Horizon	Indemnity		1223.7				657.55	2250.08	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DACTINOMYCIN 0.5MG INJ	J9120	HCPCS	both			2368.5		769.24 Horizon	Medicare Blue		657.55				657.55	2250.08	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DACTINOMYCIN 0.5MG INJ	J9120	HCPCS	both			2368.5		769.24 Horizon	MGD		1223.7				657.55	2250.08	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DACTINOMYCIN 0.5MG INJ	J9120	HCPCS	both			2368.5		769.24 Horizon	PPO		1223.7				657.55	2250.08	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DACTINOMYCIN 0.5MG INJ	J9120	HCPCS	both			2368.5		769.24 Managed Care Inc	Managed Care Inc		2131.65	90			657.55	2250.08	percent of total billed charges	
DACTINOMYCIN 0.5MG INJ	J9120	HCPCS	both			2368.5		769.24 Multiplan	Multiplan		1894.8	80			657.55	2250.08	percent of total billed charges	
DACTINOMYCIN 0.5MG INJ	J9120	HCPCS	both			2368.5		769.24 Qualcare	Qualcare		1776.38	75			657.55	2250.08	percent of total billed charges	
DACTINOMYCIN 0.5MG INJ	J9120	HCPCS	both			2368.5		769.24 Three Rivers	Three Rivers		2250.08	95			657.55	2250.08	percent of total billed charges	
DACTINOMYCIN 0.5MG INJ	J9120	HCPCS	both			2368.5		769.24 UHC	Medicaid		747.26	31.55			657.55	2250.08	percent of total billed charges	
DACTINOMYCIN 0.5MG INJ	J9120	HCPCS	both			2368.5		769.24 UHC	Medicare		668.9				657.55	2250.08	fee schedule	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101191	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
DACTINOMYCIN 0.5MG INJ	J9120	HCPCS	both			2368.5	769.24	United	Commercial|PPO		1672.25				657.55	2250.08	fee schedule	
DACTINOMYCIN 0.5MG INJ	J9120	HCPCS	both			2368.5	769.24	United	Oxford		1672.25				657.55	2250.08	fee schedule	
DACTINOMYCIN 0.5MG INJ	J9120	HCPCS	both			2368.5	769.24	Wellcare	Medicaid		747.26	31.55			657.55	2250.08	percent of total billed charges	
DACTINOMYCIN 0.5MG INJ	J9120	HCPCS	both			2368.5	769.24	Wellcare	Medicare		668.9				657.55	2250.08	fee schedule	
DACTINOMYCIN 0.5MG INJ	J9120	HCPCS	both			2368.5	769.24	WellPoint	WellPoint		782.18	32.18			657.55	2250.08	percent of total billed charges	
DACARBAZINE 200MG INJ	J9130	HCPCS	both			125.5	4.29	Aetna	Medicare		3.73				3.73	119.23	fee schedule	
DACARBAZINE 200MG INJ	J9130	HCPCS	both			125.5	4.29	Aetna	Better Health		39.6	31.55			3.73	119.23	percent of total billed charges	
DACARBAZINE 200MG INJ	J9130	HCPCS	both			125.5	4.29	Aetna	Commercial		47.69	38			3.73	119.23	percent of total billed charges	
DACARBAZINE 200MG INJ	J9130	HCPCS	both			125.5	4.29	Americare	Americare		94.13	75			3.73	119.23	percent of total billed charges	
DACARBAZINE 200MG INJ	J9130	HCPCS	both			125.5	4.29	Amerihealth	HMO|PPO		4.29				3.73	119.23	fee schedule	
DACARBAZINE 200MG INJ	J9130	HCPCS	both			125.5	4.29	Amerihealth	Medicare		3.73				3.73	119.23	fee schedule	
DACARBAZINE 200MG INJ	J9130	HCPCS	both			125.5	4.29	Consumer	Consumer		119.23	95			3.73	119.23	percent of total billed charges	
DACARBAZINE 200MG INJ	J9130	HCPCS	both			125.5	4.29	Corrections	Corrections		100.4	80			3.73	119.23	percent of total billed charges	
DACARBAZINE 200MG INJ	J9130	HCPCS	both			125.5	4.29	First Health	First Health		87.85	70			3.73	119.23	percent of total billed charges	
DACARBAZINE 200MG INJ	J9130	HCPCS	both			125.5	4.29	First Trenton	First Trenton		112.95	90			3.73	119.23	percent of total billed charges	
DACARBAZINE 200MG INJ	J9130	HCPCS	both			125.5	4.29	Horizon	MGD		48.04	38.28			3.73	119.23	percent of total billed charges	
DACARBAZINE 200MG INJ	J9130	HCPCS	both			125.5	4.29	Horizon	Indemnity		48.04	38.28			3.73	119.23	percent of total billed charges	
DACARBAZINE 200MG INJ	J9130	HCPCS	both			125.5	4.29	Horizon	PPO		48.04	38.28			3.73	119.23	percent of total billed charges	
DACARBAZINE 200MG INJ	J9130	HCPCS	both			125.5	4.29	Horizon	Medicare Blue		37.65	30			3.73	119.23	percent of total billed charges	
DACARBAZINE 200MG INJ	J9130	HCPCS	both			125.5	4.29	Managed Care Inc	Managed Care Inc		112.95	90			3.73	119.23	percent of total billed charges	
DACARBAZINE 200MG INJ	J9130	HCPCS	both			125.5	4.29	Multiplan	Multiplan		100.4	80			3.73	119.23	percent of total billed charges	
DACARBAZINE 200MG INJ	J9130	HCPCS	both			125.5	4.29	Qualcare	Qualcare		94.13	75			3.73	119.23	percent of total billed charges	
DACARBAZINE 200MG INJ	J9130	HCPCS	both			125.5	4.29	Three Rivers	Three Rivers		119.23	95			3.73	119.23	percent of total billed charges	
DACARBAZINE 200MG INJ	J9130	HCPCS	both			125.5	4.29	UHC	Medicare		3.73				3.73	119.23	fee schedule	
DACARBAZINE 200MG INJ	J9130	HCPCS	both			125.5	4.29	UHC	Medicaid		39.6	31.55			3.73	119.23	percent of total billed charges	
DACARBAZINE 200MG INJ	J9130	HCPCS	both			125.5	4.29	Wellcare	Medicare		3.73				3.73	119.23	fee schedule	
DACARBAZINE 200MG INJ	J9130	HCPCS	both			125.5	4.29	Wellcare	Medicaid		39.6	31.55			3.73	119.23	percent of total billed charges	
DACARBAZINE 200MG INJ	J9130	HCPCS	both			125.5	4.29	WellPoint	WellPoint		40.39	32.18			3.73	119.23	percent of total billed charges	
DARATUMUMAB HYALUR(DARZALEX FASP)10MG|INJ	J9144	HCPCS	outpatient			174.5	56.41	Aetna	Medicare		49.05				49.05	165.78	fee schedule	
DARATUMUMAB HYALUR(DARZALEX FASP)10MG|INJ	J9144	HCPCS	outpatient			174.5	56.41	Aetna	Better Health		55.05	31.55			49.05	165.78	percent of total billed charges	
DARATUMUMAB HYALUR(DARZALEX FASP)10MG|INJ	J9144	HCPCS	outpatient			174.5	56.41	Aetna	Commercial		93.26				49.05	165.78	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DARATUMUMAB HYALUR(DARZALEX FASP)10MG|INJ	J9144	HCPCS	outpatient			174.5	56.41	Americare	Americare		130.88	75			49.05	165.78	percent of total billed charges	
DARATUMUMAB HYALUR(DARZALEX FASP)10MG|INJ	J9144	HCPCS	outpatient			174.5	56.41	Amerihealth	HMO|PPO		113.43	65			49.05	165.78	percent of total billed charges	
DARATUMUMAB HYALUR(DARZALEX FASP)10MG|INJ	J9144	HCPCS	outpatient			174.5	56.41	Amerihealth	Medicare		49.05				49.05	165.78	fee schedule	
DARATUMUMAB HYALUR(DARZALEX FASP)10MG|INJ	J9144	HCPCS	outpatient			174.5	56.41	Consumer	Consumer		165.78	95			49.05	165.78	percent of total billed charges	
DARATUMUMAB HYALUR(DARZALEX FASP)10MG|INJ	J9144	HCPCS	outpatient			174.5	56.41	Corrections	Corrections		139.6	80			49.05	165.78	percent of total billed charges	
DARATUMUMAB HYALUR(DARZALEX FASP)10MG|INJ	J9144	HCPCS	outpatient			174.5	56.41	First Health	First Health		122.15	70			49.05	165.78	percent of total billed charges	
DARATUMUMAB HYALUR(DARZALEX FASP)10MG|INJ	J9144	HCPCS	outpatient			174.5	56.41	First Trenton	First Trenton		157.05	90			49.05	165.78	percent of total billed charges	
DARATUMUMAB HYALUR(DARZALEX FASP)10MG|INJ	J9144	HCPCS	outpatient			174.5	56.41	Horizon	Indemnity		109.02				49.05	165.78	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DARATUMUMAB HYALUR(DARZALEX FASP)10MG|INJ	J9144	HCPCS	outpatient			174.5	56.41	Horizon	Medicare Blue		58.58				49.05	165.78	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DARATUMUMAB HYALUR(DARZALEX FASP)10MG|INJ	J9144	HCPCS	outpatient			174.5	56.41	Horizon	MGD		109.02				49.05	165.78	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DARATUMUMAB HYALUR(DARZALEX FASP)10MG|INJ	J9144	HCPCS	outpatient			174.5	56.41	Horizon	PPO		109.02				49.05	165.78	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DARATUMUMAB HYALUR(DARZALEX FASP)10MG|INJ	J9144	HCPCS	outpatient			174.5	56.41	Managed Care Inc	Managed Care Inc		157.05	90			49.05	165.78	percent of total billed charges	
DARATUMUMAB HYALUR(DARZALEX FASP)10MG|INJ	J9144	HCPCS	outpatient			174.5	56.41	Multiplan	Multiplan		139.6	80			49.05	165.78	percent of total billed charges	
DARATUMUMAB HYALUR(DARZALEX FASP)10MG|INJ	J9144	HCPCS	outpatient			174.5	56.41	Qualcare	Qualcare		130.88	75			49.05	165.78	percent of total billed charges	
DARATUMUMAB HYALUR(DARZALEX FASP)10MG|INJ	J9144	HCPCS	outpatient			174.5	56.41	Three Rivers	Three Rivers		165.78	95			49.05	165.78	percent of total billed charges	
DARATUMUMAB HYALUR(DARZALEX FASP)10MG|INJ	J9144	HCPCS	outpatient			174.5	56.41	UHC	Medicare		49.05				49.05	165.78	fee schedule	
DARATUMUMAB HYALUR(DARZALEX FASP)10MG|INJ	J9144	HCPCS	outpatient			174.5	56.41	UHC	Medicaid		55.05	31.55			49.05	165.78	percent of total billed charges	
DARATUMUMAB HYALUR(DARZALEX FASP)10MG|INJ	J9144	HCPCS	outpatient			174.5	56.41	United	Commercial|PPO		122.63				49.05	165.78	fee schedule	
DARATUMUMAB HYALUR(DARZALEX FASP)10MG|INJ	J9144	HCPCS	outpatient			174.5	56.41	United	Oxford		122.63				49.05	165.78	fee schedule	
DARATUMUMAB HYALUR(DARZALEX FASP)10MG|INJ	J9144	HCPCS	outpatient			174.5	56.41	Wellcare	Medicaid		55.05	31.55			49.05	165.78	percent of total billed charges	
DARATUMUMAB HYALUR(DARZALEX FASP)10MG|INJ	J9144	HCPCS	outpatient			174.5	56.41	Wellcare	Medicare		49.05				49.05	165.78	fee schedule	
DARATUMUMAB HYALUR(DARZALEX FASP)10MG|INJ	J9144	HCPCS	outpatient			174.5	56.41	WellPoint	WellPoint		56.15	32.18			49.05	165.78	percent of total billed charges	
DARATUMUMAB(DARZALEX)10MG INJ	J9145	HCPCS	both			176.5	70.96	Aetna	Better Health		55.69	31.55			47.18	167.68	percent of total billed charges	
DARATUMUMAB(DARZALEX)10MG INJ	J9145	HCPCS	both			176.5	70.96	Aetna	Commercial		116.82				47.18	167.68	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DARATUMUMAB(DARZALEX)10MG INJ	J9145	HCPCS	both			176.5	70.96	Aetna	Medicare		61.71				47.18	167.68	fee schedule	
DARATUMUMAB(DARZALEX)10MG INJ	J9145	HCPCS	both			176.5	70.96	Americare	Americare		132.38	75			47.18	167.68	percent of total billed charges	
DARATUMUMAB(DARZALEX)10MG INJ	J9145	HCPCS	both			176.5	70.96	Amerihealth	HMO|PPO		47.18				47.18	167.68	fee schedule	
DARATUMUMAB(DARZALEX)10MG INJ	J9145	HCPCS	both			176.5	70.96	Amerihealth	Medicare		61.71				47.18	167.68	fee schedule	
DARATUMUMAB(DARZALEX)10MG INJ	J9145	HCPCS	both			176.5	70.96	Consumer	Consumer		167.68	95			47.18	167.68	percent of total billed charges	
DARATUMUMAB(DARZALEX)10MG INJ	J9145	HCPCS	both			176.5	70.96	Corrections	Corrections		141.2	80			47.18	167.68	percent of total billed charges	
DARATUMUMAB(DARZALEX)10MG INJ	J9145	HCPCS	both			176.5	70.96	First Health	First Health		123.55	70			47.18	167.68	percent of total billed charges	
DARATUMUMAB(DARZALEX)10MG INJ	J9145	HCPCS	both			176.5	70.96	First Trenton	First Trenton		158.85	90			47.18	167.68	percent of total billed charges	
DARATUMUMAB(DARZALEX)10MG INJ	J9145	HCPCS	both			176.5	70.96	Horizon	Medicare Blue		73.38				47.18	167.68	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DARATUMUMAB(DARZALEX)10MG INJ	J9145	HCPCS	both			176.5	70.96	Horizon	MGD		136.56				47.18	167.68	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DARATUMUMAB(DARZALEX)10MG INJ	J9145	HCPCS	both			176.5	70.96	Horizon	PPO		136.56				47.18	167.68	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DARATUMUMAB(DARZALEX)10MG INJ	J9145	HCPCS	both			176.5	70.96	Horizon	Indemnity		136.56				47.18	167.68	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DARATUMUMAB(DARZALEX)10MG INJ	J9145	HCPCS	both			176.5	70.96	Managed Care Inc	Managed Care Inc		158.85	90			47.18	167.68	percent of total billed charges	
DARATUMUMAB(DARZALEX)10MG INJ	J9145	HCPCS	both			176.5	70.96	Multiplan	Multiplan		141.2	80			47.18	167.68	percent of total billed charges	
DARATUMUMAB(DARZALEX)10MG INJ	J9145	HCPCS	both			176.5	70.96	Qualcare	Qualcare		132.38	75			47.18	167.68	percent of total billed charges	
DARATUMUMAB(DARZALEX)10MG INJ	J9145	HCPCS	both			176.5	70.96	Three Rivers	Three Rivers		167.68	95			47.18	167.68	percent of total billed charges	
DARATUMUMAB(DARZALEX)10MG INJ	J9145	HCPCS	both			176.5	70.96	UHC	Medicaid		55.69	31.55			47.18	167.68	percent of total billed charges	
DARATUMUMAB(DARZALEX)10MG INJ	J9145	HCPCS	both			176.5	70.96	UHC	Medicare		61.71				47.18	167.68	fee schedule	
DARATUMUMAB(DARZALEX)10MG INJ	J9145	HCPCS	both			176.5	70.96	United	Commercial|PPO		154.28				47.18	167.68	fee schedule	
DARATUMUMAB(DARZALEX)10MG INJ	J9145	HCPCS	both			176.5	70.96	United	Oxford		154.28				47.18	167.68	fee schedule	
DARATUMUMAB(DARZALEX)10MG INJ	J9145	HCPCS	both			176.5	70.96	Wellcare	Medicare		61.71				47.18	167.68	fee schedule	
DARATUMUMAB(DARZALEX)10MG INJ	J9145	HCPCS	both			176.5	70.96	Wellcare	Medicaid		55.69	31.55			47.18	167.68	percent of total billed charges	
DARATUMUMAB(DARZALEX)10MG INJ	J9145	HCPCS	both			176.5	70.96	WellPoint	WellPoint		56.8	32.18			47.18	167.68	percent of total billed charges	
DAUNORUBICIN 10MG (CHEMO)	J9150	HCPCS	outpatient			301.5	41.02	Aetna	Medicare		35.67				35.67	286.43	fee schedule	
DAUNORUBICIN 10MG (CHEMO)	J9150	HCPCS	outpatient			301.5	41.02	Aetna	Commercial		60.19				35.67	286.43	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DAUNORUBICIN 10MG (CHEMO)	J9150	HCPCS	outpatient			301.5	41.02	Aetna	Better Health		95.12	31.55			35.67	286.43	percent of total billed charges	
DAUNORUBICIN 10MG (CHEMO)	J9150	HCPCS	outpatient			301.5	41.02	Americare	Americare		226.13	75			35.67	286.43	percent of total billed charges	
DAUNORUBICIN 10MG (CHEMO)	J9150	HCPCS	outpatient			301.5	41.02	Amerihealth	HMO|PPO		43.42				35.67	286.43	fee schedule	
DAUNORUBICIN 10MG (CHEMO)	J9150	HCPCS	outpatient			301.5	41.02	Amerihealth	Medicare		35.67				35.67	286.43	fee schedule	
DAUNORUBICIN 10MG (CHEMO)	J9150	HCPCS	outpatient			301.5	41.02	Consumer	Consumer		286.43	95			35.67	286.43	percent of total billed charges	
DAUNORUBICIN 10MG (CHEMO)	J9150	HCPCS	outpatient			301.5	41.02	Corrections	Corrections		241.2	80			35.67	286.43	percent of total billed charges	
DAUNORUBICIN 10MG (CHEMO)	J9150	HCPCS	outpatient			301.5	41.02	First Health	First Health		211.05	70			35.67	286.43	percent of total billed charges	
DAUNORUBICIN 10MG (CHEMO)	J9150	HCPCS	outpatient			301.5	41.02	First Trenton	First Trenton		271.35	90			35.67	286.43	percent of total billed charges	
DAUNORUBICIN 10MG (CHEMO)	J9150	HCPCS	outpatient			301.5	41.02	Horizon	MGD		70.36				35.67	286.43	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DAUNORUBICIN 10MG (CHEMO)	J9150	HCPCS	outpatient			301.5	41.02	Horizon	Indemnity		70.36				35.67	286.43	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DAUNORUBICIN 10MG (CHEMO)	J9150	HCPCS	outpatient			301.5	41.02	Horizon	Medicare Blue		37.81				35.67	286.43	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DAUNORUBICIN 10MG (CHEMO)	J9150	HCPCS	outpatient			301.5	41.02	Horizon	PPO		70.36				35.67	286.43	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DAUNORUBICIN 10MG (CHEMO)	J9150	HCPCS	outpatient			301.5	41.02	Managed Care Inc	Managed Care Inc		271.35	90			35.67	286.43	percent of total billed charges	
DAUNORUBICIN 10MG (CHEMO)	J9150	HCPCS	outpatient			301.5	41.02	Multiplan	Multiplan		241.2	80			35.67	286.43	percent of total billed charges	
DAUNORUBICIN 10MG (CHEMO)	J9150	HCPCS	outpatient			301.5	41.02	Qualcare	Qualcare		226.13	75			35.67	286.43	percent of total billed charges	
DAUNORUBICIN 10MG (CHEMO)	J9150	HCPCS	outpatient			301.5	41.02	Three Rivers	Three Rivers		286.43	95			35.67	286.43	percent of total billed charges	
DAUNORUBICIN 10MG (CHEMO)	J9150	HCPCS	outpatient			301.5	41.02	UHC	Medicaid		95.12	31.55			35.67	286.43	percent of total billed charges	
DAUNORUBICIN 10MG (CHEMO)	J9150	HCPCS	outpatient			301.5	41.02	UHC	Medicare		35.67				35.67	286.43	fee schedule	
DAUNORUBICIN 10MG (CHEMO)	J9150	HCPCS	outpatient			301.5	41.02	United	Commercial|PPO		89.18				35.67	286.43	fee schedule	
DAUNORUBICIN 10MG (CHEMO)	J9150	HCPCS	outpatient			301.5	41.02	United	Oxford		89.18				35.67	286.43	fee schedule	
DAUNORUBICIN 10MG (CHEMO)	J9150	HCPCS	outpatient			301.5	41.02	Wellcare	Medicaid		95.12	31.55			35.67	286.43	percent of total billed charges	
DAUNORUBICIN 10MG (CHEMO)	J9150	HCPCS	outpatient			301.5	41.02	Wellcare	Medicare		35.67				35.67	286.43	fee schedule	
DAUNORUBICIN 10MG (CHEMO)	J9150	HCPCS	outpatient			301.5	41.02	WellPoint	WellPoint		97.02	32.18			35.67	286.43	percent of total billed charges	
DEGARELIX ACETATE(FIRMAGON) 1MG INJ	J9155	HCPCS	both			28	4.82	Aetna	Better Health		8.83	31.55			3.93	26.6	percent of total billed charges	
DEGARELIX ACETATE(FIRMAGON) 1MG INJ	J9155	HCPCS	both			28	4.82	Aetna	Medicare		4.19				3.93	26.6	fee schedule	
DEGARELIX ACETATE(FIRMAGON) 1MG INJ	J9155	HCPCS	both			28	4.82	Aetna	Commercial		8.31				3.93	26.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEGARELIX ACETATE(FIRMAGON) 1MG INJ	J9155	HCPCS	both			28	4.82	Americare	Americare		21	75			3.93	26.6	percent of total billed charges	
DEGARELIX ACETATE(FIRMAGON) 1MG INJ	J9155	HCPCS	both			28	4.82	Amerihealth	HMO|PPO		3.93				3.93	26.6	fee schedule	
DEGARELIX ACETATE(FIRMAGON) 1MG INJ	J9155	HCPCS	both			28	4.82	Amerihealth	Medicare		4.19				3.93	26.6	fee schedule	
DEGARELIX ACETATE(FIRMAGON) 1MG INJ	J9155	HCPCS	both			28	4.82	Consumer	Consumer		26.6	95			3.93	26.6	percent of total billed charges	
DEGARELIX ACETATE(FIRMAGON) 1MG INJ	J9155	HCPCS	both			28	4.82	Corrections	Corrections		22.4	80			3.93	26.6	percent of total billed charges	
DEGARELIX ACETATE(FIRMAGON) 1MG INJ	J9155	HCPCS	both			28	4.82	First Health	First Health		19.6	70			3.93	26.6	percent of total billed charges	
DEGARELIX ACETATE(FIRMAGON) 1MG INJ	J9155	HCPCS	both			28	4.82	First Trenton	First Trenton		25.2	90			3.93	26.6	percent of total billed charges	
DEGARELIX ACETATE(FIRMAGON) 1MG INJ	J9155	HCPCS	both			28	4.82	Horizon	MGD		9.71				3.93	26.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEGARELIX ACETATE(FIRMAGON) 1MG INJ	J9155	HCPCS	both			28	4.82	Horizon	Indemnity		9.71				3.93	26.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEGARELIX ACETATE(FIRMAGON) 1MG INJ	J9155	HCPCS	both			28	4.82	Horizon	Medicare Blue		5.22				3.93	26.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEGARELIX ACETATE(FIRMAGON) 1MG INJ	J9155	HCPCS	both			28	4.82	Horizon	PPO		9.71				3.93	26.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEGARELIX ACETATE(FIRMAGON) 1MG INJ	J9155	HCPCS	both			28	4.82	Managed Care Inc	Managed Care Inc		25.2	90			3.93	26.6	percent of total billed charges	
DEGARELIX ACETATE(FIRMAGON) 1MG INJ	J9155	HCPCS	both			28	4.82	Multiplan	Multiplan		22.4	80			3.93	26.6	percent of total billed charges	
DEGARELIX ACETATE(FIRMAGON) 1MG INJ	J9155	HCPCS	both			28	4.82	Qualcare	Qualcare		21	75			3.93	26.6	percent of total billed charges	
DEGARELIX ACETATE(FIRMAGON) 1MG INJ	J9155	HCPCS	both			28	4.82	Three Rivers	Three Rivers		26.6	95			3.93	26.6	percent of total billed charges	
DEGARELIX ACETATE(FIRMAGON) 1MG INJ	J9155	HCPCS	both			28	4.82	UHC	Medicaid		8.83	31.55			3.93	26.6	percent of total billed charges	
DEGARELIX ACETATE(FIRMAGON) 1MG INJ	J9155	HCPCS	both			28	4.82	UHC	Medicare		4.19				3.93	26.6	fee schedule	
DEGARELIX ACETATE(FIRMAGON) 1MG INJ	J9155	HCPCS	both			28	4.82	United	Commercial|PPO		10.48				3.93	26.6	fee schedule	
DEGARELIX ACETATE(FIRMAGON) 1MG INJ	J9155	HCPCS	both			28	4.82	United	Oxford		10.48				3.93	26.6	fee schedule	
DEGARELIX ACETATE(FIRMAGON) 1MG INJ	J9155	HCPCS	both			28	4.82	Wellcare	Medicare		4.19				3.93	26.6	fee schedule	
DEGARELIX ACETATE(FIRMAGON) 1MG INJ	J9155	HCPCS	both			28	4.82	Wellcare	Medicaid		8.83	31.55			3.93	26.6	percent of total billed charges	
DEGARELIX ACETATE(FIRMAGON) 1MG INJ	J9155	HCPCS	both			28	4.82	WellPoint	WellPoint		9.01	32.18			3.93	26.6	percent of total billed charges	
ONTAK 150 MCG|1ML (NF)	J9160	HCPCS	outpatient			3415		Aetna	Better Health		1077.43	31.55			1024.5	3244.25	percent of total billed charges	
ONTAK 150 MCG|1ML (NF)	J9160	HCPCS	outpatient			3415		Aetna	Commercial		1297.7	38			1024.5	3244.25	percent of total billed charges	
ONTAK 150 MCG|1ML (NF)	J9160	HCPCS	outpatient			3415		Aetna	Medicare		1051.82	30.8			1024.5	3244.25	percent of total billed charges	
ONTAK 150 MCG|1ML (NF)	J9160	HCPCS	outpatient			3415		Americare	Americare		2561.25	75			1024.5	3244.25	percent of total billed charges	
ONTAK 150 MCG|1ML (NF)	J9160	HCPCS	outpatient			3415		Amerihealth	HMO|PPO		1785.95				1024.5	3244.25	fee schedule	
ONTAK 150 MCG|1ML (NF)	J9160	HCPCS	outpatient			3415		Consumer	Consumer		3244.25	95			1024.5	3244.25	percent of total billed charges	
ONTAK 150 MCG|1ML (NF)	J9160	HCPCS	outpatient			3415		Corrections	Corrections		2732	80			1024.5	3244.25	percent of total billed charges	
ONTAK 150 MCG|1ML (NF)	J9160	HCPCS	outpatient			3415		First Health	First Health		2390.5	70			1024.5	3244.25	percent of total billed charges	
ONTAK 150 MCG|1ML (NF)	J9160	HCPCS	outpatient			3415		First Trenton	First Trenton		3073.5	90			1024.5	3244.25	percent of total billed charges	
ONTAK 150 MCG|1ML (NF)	J9160	HCPCS	outpatient			3415		Horizon	MGD		1307.26	38.28			1024.5	3244.25	percent of total billed charges	
ONTAK 150 MCG|1ML (NF)	J9160	HCPCS	outpatient			3415		Horizon	Medicare Blue		1024.5	30			1024.5	3244.25	percent of total billed charges	
ONTAK 150 MCG|1ML (NF)	J9160	HCPCS	outpatient			3415		Horizon	Indemnity		1307.26	38.28			1024.5	3244.25	percent of total billed charges	
ONTAK 150 MCG|1ML (NF)	J9160	HCPCS	outpatient			3415		Horizon	PPO		1307.26	38.28			1024.5	3244.25	percent of total billed charges	
ONTAK 150 MCG|1ML (NF)	J9160	HCPCS	outpatient			3415		Managed Care Inc	Managed Care Inc		3073.5	90			1024.5	3244.25	percent of total billed charges	
ONTAK 150 MCG|1ML (NF)	J9160	HCPCS	outpatient			3415		Multiplan	Multiplan		2732	80			1024.5	3244.25	percent of total billed charges	
ONTAK 150 MCG|1ML (NF)	J9160	HCPCS	outpatient			3415		Qualcare	Qualcare		2561.25	75			1024.5	3244.25	percent of total billed charges	
ONTAK 150 MCG|1ML (NF)	J9160	HCPCS	outpatient			3415		Three Rivers	Three Rivers		3244.25	95			1024.5	3244.25	percent of total billed charges	
ONTAK 150 MCG|1ML (NF)	J9160	HCPCS	outpatient			3415		UHC	Medicaid		1077.43	31.55			1024.5	3244.25	percent of total billed charges	
ONTAK 150 MCG|1ML (NF)	J9160	HCPCS	outpatient			3415		Wellcare	Medicaid		1077.43	31.55			1024.5	3244.25	percent of total billed charges	
ONTAK 150 MCG|1ML (NF)	J9160	HCPCS	outpatient			3415		WellPoint	WellPoint		1098.95	32.18			1024.5	3244.25	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.													
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true												
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
DOCETAXEL 1MG	J9171	HCPCS	both			115.5	1.14	Aetna	Better Health		36.44	31.55			1	109.73	percent of total billed charges	
DOCETAXEL 1MG	J9171	HCPCS	both			115.5	1.14	Aetna	Medicare		1				1	109.73	fee schedule	
DOCETAXEL 1MG	J9171	HCPCS	both			115.5	1.14	Aetna	Commercial		43.89	38			1	109.73	percent of total billed charges	
DOCETAXEL 1MG	J9171	HCPCS	both			115.5	1.14	Americare	Americare		86.63	75			1	109.73	percent of total billed charges	
DOCETAXEL 1MG	J9171	HCPCS	both			115.5	1.14	Amerihealth	HMO/PPO		2.94				1	109.73	fee schedule	
DOCETAXEL 1MG	J9171	HCPCS	both			115.5	1.14	Amerihealth	Medicare		1				1	109.73	fee schedule	
DOCETAXEL 1MG	J9171	HCPCS	both			115.5	1.14	Consumer	Consumer		109.73	95			1	109.73	percent of total billed charges	
DOCETAXEL 1MG	J9171	HCPCS	both			115.5	1.14	Corrections	Corrections		92.4	80			1	109.73	percent of total billed charges	
DOCETAXEL 1MG	J9171	HCPCS	both			115.5	1.14	First Health	First Health		80.85	70			1	109.73	percent of total billed charges	
DOCETAXEL 1MG	J9171	HCPCS	both			115.5	1.14	First Trenton	First Trenton		103.95	90			1	109.73	percent of total billed charges	
DOCETAXEL 1MG	J9171	HCPCS	both			115.5	1.14	Horizon	MGD		44.21	38.28			1	109.73	percent of total billed charges	
DOCETAXEL 1MG	J9171	HCPCS	both			115.5	1.14	Horizon	Indemnity		44.21	38.28			1	109.73	percent of total billed charges	
DOCETAXEL 1MG	J9171	HCPCS	both			115.5	1.14	Horizon	Medicare Blue		34.65	30			1	109.73	percent of total billed charges	
DOCETAXEL 1MG	J9171	HCPCS	both			115.5	1.14	Horizon	PPO		44.21	38.28			1	109.73	percent of total billed charges	
DOCETAXEL 1MG	J9171	HCPCS	both			115.5	1.14	Managed Care Inc	Managed Care Inc		103.95	90			1	109.73	percent of total billed charges	
DOCETAXEL 1MG	J9171	HCPCS	both			115.5	1.14	Multiplan	Multiplan		92.4	80			1	109.73	percent of total billed charges	
DOCETAXEL 1MG	J9171	HCPCS	both			115.5	1.14	Qualcare	Qualcare		86.63	75			1	109.73	percent of total billed charges	
DOCETAXEL 1MG	J9171	HCPCS	both			115.5	1.14	Three Rivers	Three Rivers		109.73	95			1	109.73	percent of total billed charges	
DOCETAXEL 1MG	J9171	HCPCS	both			115.5	1.14	UHC	Medicare		1				1	109.73	fee schedule	
DOCETAXEL 1MG	J9171	HCPCS	both			115.5	1.14	UHC	Medicaid		36.44	31.55			1	109.73	percent of total billed charges	
DOCETAXEL 1MG	J9171	HCPCS	both			115.5	1.14	Wellcare	Medicaid		36.44	31.55			1	109.73	percent of total billed charges	
DOCETAXEL 1MG	J9171	HCPCS	both			115.5	1.14	Wellcare	Medicare		1				1	109.73	fee schedule	
DOCETAXEL 1MG	J9171	HCPCS	both			115.5	1.14	WellPoint	WellPoint		37.17	32.18			1	109.73	percent of total billed charges	
DOCETAXEL (INGENIUS) 1MG INJ	J9172	HCPCS	outpatient			59		Aetna	Medicare		18.17	30.8			17.7	56.05	percent of total billed charges	
DOCETAXEL (INGENIUS) 1MG INJ	J9172	HCPCS	outpatient			59		Aetna	Better Health		18.61	31.55			17.7	56.05	percent of total billed charges	
DOCETAXEL (INGENIUS) 1MG INJ	J9172	HCPCS	outpatient			59		Aetna	Commercial		22.42	38			17.7	56.05	percent of total billed charges	
DOCETAXEL (INGENIUS) 1MG INJ	J9172	HCPCS	outpatient			59		Americare	Americare		44.25	75			17.7	56.05	percent of total billed charges	
DOCETAXEL (INGENIUS) 1MG INJ	J9172	HCPCS	outpatient			59		Amerihealth	HMO/PPO		38.35	65			17.7	56.05	percent of total billed charges	
DOCETAXEL (INGENIUS) 1MG INJ	J9172	HCPCS	outpatient			59		Consumer	Consumer		56.05	95			17.7	56.05	percent of total billed charges	
DOCETAXEL (INGENIUS) 1MG INJ	J9172	HCPCS	outpatient			59		Corrections	Corrections		47.2	80			17.7	56.05	percent of total billed charges	
DOCETAXEL (INGENIUS) 1MG INJ	J9172	HCPCS	outpatient			59		First Health	First Health		41.3	70			17.7	56.05	percent of total billed charges	
DOCETAXEL (INGENIUS) 1MG INJ	J9172	HCPCS	outpatient			59		First Trenton	First Trenton		53.1	90			17.7	56.05	percent of total billed charges	
DOCETAXEL (INGENIUS) 1MG INJ	J9172	HCPCS	outpatient			59		Horizon	Medicare Blue		17.7	30			17.7	56.05	percent of total billed charges	
DOCETAXEL (INGENIUS) 1MG INJ	J9172	HCPCS	outpatient			59		Horizon	Indemnity		22.59	38.28			17.7	56.05	percent of total billed charges	
DOCETAXEL (INGENIUS) 1MG INJ	J9172	HCPCS	outpatient			59		Horizon	MGD		22.59	38.28			17.7	56.05	percent of total billed charges	
DOCETAXEL (INGENIUS) 1MG INJ	J9172	HCPCS	outpatient			59		Horizon	PPO		22.59	38.28			17.7	56.05	percent of total billed charges	
DOCETAXEL (INGENIUS) 1MG INJ	J9172	HCPCS	outpatient			59		Managed Care Inc	Managed Care Inc		53.1	90			17.7	56.05	percent of total billed charges	
DOCETAXEL (INGENIUS) 1MG INJ	J9172	HCPCS	outpatient			59		Multiplan	Multiplan		47.2	80			17.7	56.05	percent of total billed charges	
DOCETAXEL (INGENIUS) 1MG INJ	J9172	HCPCS	outpatient			59		Qualcare	Qualcare		44.25	75			17.7	56.05	percent of total billed charges	
DOCETAXEL (INGENIUS) 1MG INJ	J9172	HCPCS	outpatient			59		Three Rivers	Three Rivers		56.05	95			17.7	56.05	percent of total billed charges	
DOCETAXEL (INGENIUS) 1MG INJ	J9172	HCPCS	outpatient			59		UHC	Medicaid		18.61	31.55			17.7	56.05	percent of total billed charges	
DOCETAXEL (INGENIUS) 1MG INJ	J9172	HCPCS	outpatient			59		Wellcare	Medicaid		18.61	31.55			17.7	56.05	percent of total billed charges	
DOCETAXEL (INGENIUS) 1MG INJ	J9172	HCPCS	outpatient			59		WellPoint	WellPoint		18.99	32.18			17.7	56.05	percent of total billed charges	
DURVALUMAB(IMFINZI) 10MG INJ	J9173	HCPCS	outpatient			299.5	92.81	Aetna	Better Health		94.49	31.55			80.71	284.53	percent of total billed charges	
DURVALUMAB(IMFINZI) 10MG INJ	J9173	HCPCS	outpatient			299.5	92.81	Aetna	Commercial		153.87				80.71	284.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DURVALUMAB(IMFINZI) 10MG INJ	J9173	HCPCS	outpatient			299.5	92.81	Aetna	Medicare		80.71				80.71	284.53	fee schedule	
DURVALUMAB(IMFINZI) 10MG INJ	J9173	HCPCS	outpatient			299.5	92.81	Americare	Americare		224.63	75			80.71	284.53	percent of total billed charges	
DURVALUMAB(IMFINZI) 10MG INJ	J9173	HCPCS	outpatient			299.5	92.81	Amerihealth	HMO/PPO		194.68	65			80.71	284.53	percent of total billed charges	
DURVALUMAB(IMFINZI) 10MG INJ	J9173	HCPCS	outpatient			299.5	92.81	Amerihealth	Medicare		80.71				80.71	284.53	fee schedule	
DURVALUMAB(IMFINZI) 10MG INJ	J9173	HCPCS	outpatient			299.5	92.81	Consumer	Consumer		284.53	95			80.71	284.53	percent of total billed charges	
DURVALUMAB(IMFINZI) 10MG INJ	J9173	HCPCS	outpatient			299.5	92.81	Corrections	Corrections		239.6	80			80.71	284.53	percent of total billed charges	
DURVALUMAB(IMFINZI) 10MG INJ	J9173	HCPCS	outpatient			299.5	92.81	First Health	First Health		209.65	70			80.71	284.53	percent of total billed charges	
DURVALUMAB(IMFINZI) 10MG INJ	J9173	HCPCS	outpatient			299.5	92.81	First Trenton	First Trenton		269.55	90			80.71	284.53	percent of total billed charges	
DURVALUMAB(IMFINZI) 10MG INJ	J9173	HCPCS	outpatient			299.5	92.81	Horizon	Indemnity		179.87				80.71	284.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DURVALUMAB(IMFINZI) 10MG INJ	J9173	HCPCS	outpatient			299.5	92.81	Horizon	MGD		179.87				80.71	284.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DURVALUMAB(IMFINZI) 10MG INJ	J9173	HCPCS	outpatient			299.5	92.81	Horizon	Medicare Blue		96.65				80.71	284.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DURVALUMAB(IMFINZI) 10MG INJ	J9173	HCPCS	outpatient			299.5	92.81	Horizon	PPO		179.87				80.71	284.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DURVALUMAB(IMFINZI) 10MG INJ	J9173	HCPCS	outpatient			299.5	92.81	Managed Care Inc	Managed Care Inc		269.55	90			80.71	284.53	percent of total billed charges	
DURVALUMAB(IMFINZI) 10MG INJ	J9173	HCPCS	outpatient			299.5	92.81	Multiplan	Multiplan		239.6	80			80.71	284.53	percent of total billed charges	
DURVALUMAB(IMFINZI) 10MG INJ	J9173	HCPCS	outpatient			299.5	92.81	Qualcare	Qualcare		224.63	75			80.71	284.53	percent of total billed charges	
DURVALUMAB(IMFINZI) 10MG INJ	J9173	HCPCS	outpatient			299.5	92.81	Three Rivers	Three Rivers		284.53	95			80.71	284.53	percent of total billed charges	
DURVALUMAB(IMFINZI) 10MG INJ	J9173	HCPCS	outpatient			299.5	92.81	UHC	Medicare		80.71				80.71	284.53	fee schedule	
DURVALUMAB(IMFINZI) 10MG INJ	J9173	HCPCS	outpatient			299.5	92.81	UHC	Medicaid		94.49	31.55			80.71	284.53	percent of total billed charges	
DURVALUMAB(IMFINZI) 10MG INJ	J9173	HCPCS	outpatient			299.5	92.81	United	Oxford		201.78				80.71	284.53	fee schedule	
DURVALUMAB(IMFINZI) 10MG INJ	J9173	HCPCS	outpatient			299.5	92.81	United	CommercialPPO		201.78				80.71	284.53	fee schedule	
DURVALUMAB(IMFINZI) 10MG INJ	J9173	HCPCS	outpatient			299.5	92.81	Wellcare	Medicare		80.71				80.71	284.53	fee schedule	
DURVALUMAB(IMFINZI) 10MG INJ	J9173	HCPCS	outpatient			299.5	92.81	Wellcare	Medicaid		94.49	31.55			80.71	284.53	percent of total billed charges	
DURVALUMAB(IMFINZI) 10MG INJ	J9173	HCPCS	outpatient			299.5	92.81	WellPoint	WellPoint		96.38	32.18			80.71	284.53	percent of total billed charges	
ELOTUZUMAB (EMPLICITI) 1MG INJ	J9176	HCPCS	outpatient			27	8.49	Aetna	Medicare		7.38				6.04	25.65	fee schedule	
ELOTUZUMAB (EMPLICITI) 1MG INJ	J9176	HCPCS	outpatient			27	8.49	Aetna	Better Health		8.52	31.55			6.04	25.65	percent of total billed charges	
ELOTUZUMAB (EMPLICITI) 1MG INJ	J9176	HCPCS	outpatient			27	8.49	Aetna	Commercial		14.14				6.04	25.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELOTUZUMAB (EMPLICITI) 1MG INJ	J9176	HCPCS	outpatient			27	8.49	Americare	Americare		20.25	75			6.04	25.65	percent of total billed charges	
ELOTUZUMAB (EMPLICITI) 1MG INJ	J9176	HCPCS	outpatient			27	8.49	Amerihealth	HMO/PPO		6.04				6.04	25.65	fee schedule	
ELOTUZUMAB (EMPLICITI) 1MG INJ	J9176	HCPCS	outpatient			27	8.49	Amerihealth	Medicare		7.38				6.04	25.65	fee schedule	
ELOTUZUMAB (EMPLICITI) 1MG INJ	J9176	HCPCS	outpatient			27	8.49	Consumer	Consumer		25.65	95			6.04	25.65	percent of total billed charges	
ELOTUZUMAB (EMPLICITI) 1MG INJ	J9176	HCPCS	outpatient			27	8.49	Corrections	Corrections		21.6	80			6.04	25.65	percent of total billed charges	
ELOTUZUMAB (EMPLICITI) 1MG INJ	J9176	HCPCS	outpatient			27	8.49	First Health	First Health		18.9	70			6.04	25.65	percent of total billed charges	
ELOTUZUMAB (EMPLICITI) 1MG INJ	J9176	HCPCS	outpatient			27	8.49	First Trenton	First Trenton		24.3	90			6.04	25.65	percent of total billed charges	
ELOTUZUMAB (EMPLICITI) 1MG INJ	J9176	HCPCS	outpatient			27	8.49	Horizon	Indemnity		16.53				6.04	25.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELOTUZUMAB (EMPLICITI) 1MG INJ	J9176	HCPCS	outpatient			27	8.49	Horizon	MGD		16.53				6.04	25.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELOTUZUMAB (EMPLICITI) 1MG INJ	J9176	HCPCS	outpatient			27	8.49	Horizon	Medicare Blue		8.88				6.04	25.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELOTUZUMAB (EMPLICITI) 1MG INJ	J9176	HCPCS	outpatient			27	8.49	Horizon	PPO		16.53				6.04	25.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELOTUZUMAB (EMPLICITI) 1MG INJ	J9176	HCPCS	outpatient			27	8.49	Managed Care Inc	Managed Care Inc		24.3	90			6.04	25.65	percent of total billed charges	
ELOTUZUMAB (EMPLICITI) 1MG INJ	J9176	HCPCS	outpatient			27	8.49	Multiplan	Multiplan		21.6	80			6.04	25.65	percent of total billed charges	
ELOTUZUMAB (EMPLICITI) 1MG INJ	J9176	HCPCS	outpatient			27	8.49	Qualcare	Qualcare		20.25	75			6.04	25.65	percent of total billed charges	
ELOTUZUMAB (EMPLICITI) 1MG INJ	J9176	HCPCS	outpatient			27	8.49	Three Rivers	Three Rivers		25.65	95			6.04	25.65	percent of total billed charges	
ELOTUZUMAB (EMPLICITI) 1MG INJ	J9176	HCPCS	outpatient			27	8.49	UHC	Medicaid		8.52	31.55			6.04	25.65	percent of total billed charges	
ELOTUZUMAB (EMPLICITI) 1MG INJ	J9176	HCPCS	outpatient			27	8.49	UHC	Medicare		7.38				6.04	25.65	fee schedule	
ELOTUZUMAB (EMPLICITI) 1MG INJ	J9176	HCPCS	outpatient			27	8.49	United	CommercialPPO		18.45				6.04	25.65	fee schedule	
ELOTUZUMAB (EMPLICITI) 1MG INJ	J9176	HCPCS	outpatient			27	8.49	United	Oxford		18.45				6.04	25.65	fee schedule	
ELOTUZUMAB (EMPLICITI) 1MG INJ	J9176	HCPCS	outpatient			27	8.49	Wellcare	Medicaid		8.52	31.55			6.04	25.65	percent of total billed charges	
ELOTUZUMAB (EMPLICITI) 1MG INJ	J9176	HCPCS	outpatient			27	8.49	Wellcare	Medicare		7.38				6.04	25.65	fee schedule	
ELOTUZUMAB (EMPLICITI) 1MG INJ	J9176	HCPCS	outpatient			27	8.49	WellPoint	WellPoint		8.69	32.18			6.04	25.65	percent of total billed charges	
ENFORTUMAB VEDOTIN-EJF(PADCEV)0.25MG INJ	J9177	HCPCS	outpatient			117.5	40.28	Aetna	Commercial		69.17				35.03	111.63	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENFORTUMAB VEDOTIN-EJF(PADCEV)0.25MG INJ	J9177	HCPCS	outpatient			117.5	40.28	Aetna	Better Health		37.07	31.55			35.03	111.63	percent of total billed charges	
ENFORTUMAB VEDOTIN-EJF(PADCEV)0.25MG INJ	J9177	HCPCS	outpatient			117.5	40.28	Aetna	Medicare		35.03				35.03	111.63	fee schedule	
ENFORTUMAB VEDOTIN-EJF(PADCEV)0.25MG INJ	J9177	HCPCS	outpatient			117.5	40.28	Americare	Americare		88.13	75			35.03	111.63	percent of total billed charges	
ENFORTUMAB VEDOTIN-EJF(PADCEV)0.25MG INJ	J9177	HCPCS	outpatient			117.5	40.28	Amerihealth	Medicare		35.03				35.03	111.63	fee schedule	
ENFORTUMAB VEDOTIN-EJF(PADCEV)0.25MG INJ	J9177	HCPCS	outpatient			117.5	40.28	Amerihealth	HMO/PPO		76.38	65			35.03	111.63	percent of total billed charges	
ENFORTUMAB VEDOTIN-EJF(PADCEV)0.25MG INJ	J9177	HCPCS	outpatient			117.5	40.28	Consumer	Consumer		111.63	95			35.03	111.63	percent of total billed charges	
ENFORTUMAB VEDOTIN-EJF(PADCEV)0.25MG INJ	J9177	HCPCS	outpatient			117.5	40.28	Corrections	Corrections		94	80			35.03	111.63	percent of total billed charges	
ENFORTUMAB VEDOTIN-EJF(PADCEV)0.25MG INJ	J9177	HCPCS	outpatient			117.5	40.28	First Health	First Health		82.25	70			35.03	111.63	percent of total billed charges	
ENFORTUMAB VEDOTIN-EJF(PADCEV)0.25MG INJ	J9177	HCPCS	outpatient			117.5	40.28	First Trenton	First Trenton		105.75	90			35.03	111.63	percent of total billed charges	
ENFORTUMAB VEDOTIN-EJF(PADCEV)0.25MG INJ	J9177	HCPCS	outpatient			117.5	40.28	Horizon	Indemnity		80.86				35.03	111.63	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENFORTUMAB VEDOTIN-EJF(PADCEV)0.25MG INJ	J9177	HCPCS	outpatient			117.5	40.28	Horizon	Medicare Blue		43.45				35.03	111.63	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENFORTUMAB VEDOTIN-EJF(PADCEV)0.25MG INJ	J9177	HCPCS	outpatient			117.5	40.28	Horizon	PPO		80.86				35.03	111.63	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENFORTUMAB VEDOTIN-EJF(PADCEV)0.25MG INJ	J9177	HCPCS	outpatient			117.5	40.28	Horizon	MGD		80.86				35.03	111.63	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENFORTUMAB VEDOTIN-EJF(PADCEV)0.25MG INJ	J9177	HCPCS	outpatient			117.5	40.28	Managed Care Inc	Managed Care Inc		105.75	90			35.03	111.63	percent of total billed charges	
ENFORTUMAB VEDOTIN-EJF(PADCEV)0.25MG INJ	J9177	HCPCS	outpatient			117.5	40.28	Multiplan	Multiplan		94	80			35.03	111.63	percent of total billed charges	
ENFORTUMAB VEDOTIN-EJF(PADCEV)0.25MG INJ	J9177	HCPCS	outpatient			117.5	40.28	Qualcare	Qualcare		88.13	75			35.03	111.63	percent of total billed charges	
ENFORTUMAB VEDOTIN-EJF(PADCEV)0.25MG INJ	J9177	HCPCS	outpatient			117.5	40.28	Three Rivers	Three Rivers		111.63	95			35.03	111.63	percent of total billed charges	
ENFORTUMAB VEDOTIN-EJF(PADCEV)0.25MG INJ	J9177	HCPCS	outpatient			117.5	40.28	UHC	Medicaid		37.07	31.55			35.03	111.63	percent of total billed charges	
ENFORTUMAB VEDOTIN-EJF(PADCEV)0.25MG INJ	J9177	HCPCS	outpatient			117.5	40.28	UHC	Medicare		35.03				35.03	111.63	fee schedule	
ENFORTUMAB VEDOTIN-EJF(PADCEV)0.25MG INJ	J9177	HCPCS	outpatient			117.5	40.28	United	Oxford		87.58				35.03	111.63	fee schedule	
ENFORTUMAB VEDOTIN-EJF(PADCEV)0.25MG INJ	J9177	HCPCS	outpatient			117.5	40.28	United	CommercialPPO		87.58				35.03	111.63	fee schedule	
ENFORTUMAB VEDOTIN-EJF(PADCEV)0.25MG INJ	J9177	HCPCS	outpatient			117.5	40.28	Wellcare	Medicaid		37.07	31.55			35.03	111.63	percent of total billed charges	
ENFORTUMAB VEDOTIN-EJF(PADCEV)0.25MG INJ	J9177	HCPCS	outpatient			117.5	40.28	Wellcare	Medicare		35.03				35.03	111.63	fee schedule	
ENFORTUMAB VEDOTIN-EJF(PADCEV)0.25MG INJ	J9177	HCPCS	outpatient			117.5	40.28	WellPoint	WellPoint		37.81	32.18			35.03	111.63	percent of total billed charges	
EPIRUBICIN HCL 2MG/1ML INJ	J9178	HCPCS	outpatient			138	1.59	Aetna	Better Health		43.54	31.55			1.21	131.1	percent of total billed charges	
EPIRUBICIN HCL 2MG/1ML INJ	J9178	HCPCS	outpatient			138	1.59	Aetna	Medicare		1.38				1.21	131.1	fee schedule	
EPIRUBICIN HCL 2MG/1ML INJ	J9178	HCPCS	outpatient			138	1.59	Aetna	Commercial		52.44	38			1.21	131.1	percent of total billed charges	
EPIRUBICIN HCL 2MG/1ML INJ	J9178	HCPCS	outpatient			138	1.59	Americare	Americare		103.5	75			1.21	131.1	percent of total billed charges	
EPIRUBICIN HCL 2MG/1ML INJ	J9178	HCPCS	outpatient			138	1.59	Amerihealth	Medicare		1.38				1.21	131.1	fee schedule	
EPIRUBICIN HCL 2MG/1ML INJ	J9178	HCPCS	outpatient			138	1.59	Amerihealth	HMO/PPO		1.21				1.21	131.1	fee schedule	
EPIRUBICIN HCL 2MG/1ML INJ	J9178	HCPCS	outpatient			138	1.59	Consumer	Consumer		131.1	95			1.21	131.1	percent of total billed charges	
EPIRUBICIN HCL 2MG/1ML INJ	J9178	HCPCS	outpatient			138	1.59	Corrections	Corrections		110.4	80			1.21	131.1	percent of total billed charges	
EPIRUBICIN HCL 2MG/1ML INJ	J9178	HCPCS	outpatient			138	1.59	First Health	First Health		96.6	70			1.21	131.1	percent of total billed charges	
EPIRUBICIN HCL 2MG/1ML INJ	J9178	HCPCS	outpatient			138	1.59	First Trenton	First Trenton		124.2	90			1.21	131.1	percent of total billed charges	
EPIRUBICIN HCL 2MG/1ML INJ	J9178	HCPCS	outpatient			138	1.59	Horizon	Medicare Blue		41.4	30			1.21	131.1	percent of total billed charges	
EPIRUBICIN HCL 2MG/1ML INJ	J9178	HCPCS	outpatient			138	1.59	Horizon	Indemnity		52.83	38.28			1.21	131.1	percent of total billed charges	
EPIRUBICIN HCL 2MG/1ML INJ	J9178	HCPCS	outpatient			138	1.59	Horizon	MGD		52.83	38.28			1.21	131.1	percent of total billed charges	
EPIRUBICIN HCL 2MG/1ML INJ	J9178	HCPCS	outpatient			138	1.59	Horizon	PPO		52.83	38.28			1.21	131.1	percent of total billed charges	
EPIRUBICIN HCL 2MG/1ML INJ	J9178	HCPCS	outpatient			138	1.59	Managed Care Inc	Managed Care Inc		124.2	90			1.21	131.1	percent of total billed charges	
EPIRUBICIN HCL 2MG/1ML INJ	J9178	HCPCS	outpatient			138	1.59	Multiplan	Multiplan		110.4	80			1.21	131.1	percent of total billed charges	
EPIRUBICIN HCL 2MG/1ML INJ	J9178	HCPCS	outpatient			138	1.59	Qualcare	Qualcare		103.5	75			1.21	131.1	percent of total billed charges	
EPIRUBICIN HCL 2MG/1ML INJ	J9178	HCPCS	outpatient			138	1.59	Three Rivers	Three Rivers		131.1	95			1.21	131.1	percent of total billed charges	
EPIRUBICIN HCL 2MG/1ML INJ	J9178	HCPCS	outpatient			138	1.59	UHC	Medicaid		43.54	31.55			1.21	131.1	percent of total billed charges	
EPIRUBICIN HCL 2MG/1ML INJ	J9178	HCPCS	outpatient			138	1.59	UHC	Medicare		1.38				1.21	131.1	fee schedule	
EPIRUBICIN HCL 2MG/1ML INJ	J9178	HCPCS	outpatient			138	1.59	Wellcare	Medicare		1.38				1.21	131.1	fee schedule	
EPIRUBICIN HCL 2MG/1ML INJ	J9178	HCPCS	outpatient			138	1.59	Wellcare	Medicaid		43.54	31.55			1.21	131.1	percent of total billed charges	
EPIRUBICIN HCL 2MG/1ML INJ	J9178	HCPCS	outpatient			138	1.59	WellPoint	WellPoint		44.41	32.18			1.21	131.1	percent of total billed charges	
ERIBULIN MESYLATE 0.1 MG INJ	J9179	HCPCS	outpatient			380	154.12	Aetna	Medicare		134.02				115.08	361	fee schedule	
ERIBULIN MESYLATE 0.1 MG INJ	J9179	HCPCS	outpatient			380	154.12	Aetna	Better Health		119.89	31.55			115.08	361	percent of total billed charges	
ERIBULIN MESYLATE 0.1 MG INJ	J9179	HCPCS	outpatient			380	154.12	Aetna	Commercial		263.08				115.08	361	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERIBULIN MESYLATE 0.1 MG INJ	J9179	HCPCS	outpatient			380	154.12	Americare	Americare		285	75			115.08	361	percent of total billed charges	
ERIBULIN MESYLATE 0.1 MG INJ	J9179	HCPCS	outpatient			380	154.12	Amerihealth	HMO/PPO		115.08				115.08	361	fee schedule	
ERIBULIN MESYLATE 0.1 MG INJ	J9179	HCPCS	outpatient			380	154.12	Amerihealth	Medicare		134.02				115.08	361	fee schedule	
ERIBULIN MESYLATE 0.1 MG INJ	J9179	HCPCS	outpatient			380	154.12	Consumer	Consumer		361	95			115.08	361	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ERIBULIN MESYLATE 0.1 MG INJ	J9179	HCPCS	outpatient			380	154.12	Corrections	Corrections		304	80			115.08	361	percent of total billed charges	
ERIBULIN MESYLATE 0.1 MG INJ	J9179	HCPCS	outpatient			380	154.12	First Health	First Health		266	70			115.08	361	percent of total billed charges	
ERIBULIN MESYLATE 0.1 MG INJ	J9179	HCPCS	outpatient			380	154.12	First Trenton	First Trenton		342	90			115.08	361	percent of total billed charges	
ERIBULIN MESYLATE 0.1 MG INJ	J9179	HCPCS	outpatient			380	154.12	Horizon	Indemnity		307.53				115.08	361	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERIBULIN MESYLATE 0.1 MG INJ	J9179	HCPCS	outpatient			380	154.12	Horizon	PPO		307.53				115.08	361	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERIBULIN MESYLATE 0.1 MG INJ	J9179	HCPCS	outpatient			380	154.12	Horizon	MGD		307.53				115.08	361	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERIBULIN MESYLATE 0.1 MG INJ	J9179	HCPCS	outpatient			380	154.12	Horizon	Medicare Blue		165.25				115.08	361	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERIBULIN MESYLATE 0.1 MG INJ	J9179	HCPCS	outpatient			380	154.12	Managed Care Inc	Managed Care Inc		342	90			115.08	361	percent of total billed charges	
ERIBULIN MESYLATE 0.1 MG INJ	J9179	HCPCS	outpatient			380	154.12	Multiplan	Multiplan		304	80			115.08	361	percent of total billed charges	
ERIBULIN MESYLATE 0.1 MG INJ	J9179	HCPCS	outpatient			380	154.12	Qualcare	Qualcare		285	75			115.08	361	percent of total billed charges	
ERIBULIN MESYLATE 0.1 MG INJ	J9179	HCPCS	outpatient			380	154.12	Three Rivers	Three Rivers		361	95			115.08	361	percent of total billed charges	
ERIBULIN MESYLATE 0.1 MG INJ	J9179	HCPCS	outpatient			380	154.12	UHC	Medicaid		119.89	31.55			115.08	361	percent of total billed charges	
ERIBULIN MESYLATE 0.1 MG INJ	J9179	HCPCS	outpatient			380	154.12	UHC	Medicare		134.02				115.08	361	fee schedule	
ERIBULIN MESYLATE 0.1 MG INJ	J9179	HCPCS	outpatient			380	154.12	United	Oxford		335.05				115.08	361	fee schedule	
ERIBULIN MESYLATE 0.1 MG INJ	J9179	HCPCS	outpatient			380	154.12	United	CommercialPPO		335.05				115.08	361	fee schedule	
ERIBULIN MESYLATE 0.1 MG INJ	J9179	HCPCS	outpatient			380	154.12	Wellcare	Medicare		134.02				115.08	361	fee schedule	
ERIBULIN MESYLATE 0.1 MG INJ	J9179	HCPCS	outpatient			380	154.12	Wellcare	Medicaid		119.89	31.55			115.08	361	percent of total billed charges	
ERIBULIN MESYLATE 0.1 MG INJ	J9179	HCPCS	outpatient			380	154.12	WellPoint	WellPoint		122.28	32.18			115.08	361	percent of total billed charges	
ETOPOSIDE 10MG INJ	J9181	HCPCS	both			3.5	1.14	Aetna	Medicare		0.99				0.75	3.33	fee schedule	
ETOPOSIDE 10MG INJ	J9181	HCPCS	both			3.5	1.14	Aetna	Better Health		1.1	31.55			0.75	3.33	percent of total billed charges	
ETOPOSIDE 10MG INJ	J9181	HCPCS	both			3.5	1.14	Aetna	Commercial		1.33	38			0.75	3.33	percent of total billed charges	
ETOPOSIDE 10MG INJ	J9181	HCPCS	both			3.5	1.14	Americare	Americare		2.63	75			0.75	3.33	percent of total billed charges	
ETOPOSIDE 10MG INJ	J9181	HCPCS	both			3.5	1.14	Amerihealth	HMO/PPO		0.75				0.75	3.33	fee schedule	
ETOPOSIDE 10MG INJ	J9181	HCPCS	both			3.5	1.14	Amerihealth	Medicare		0.99				0.75	3.33	fee schedule	
ETOPOSIDE 10MG INJ	J9181	HCPCS	both			3.5	1.14	Consumer	Consumer		3.33	95			0.75	3.33	percent of total billed charges	
ETOPOSIDE 10MG INJ	J9181	HCPCS	both			3.5	1.14	Corrections	Corrections		2.8	80			0.75	3.33	percent of total billed charges	
ETOPOSIDE 10MG INJ	J9181	HCPCS	both			3.5	1.14	First Health	First Health		2.45	70			0.75	3.33	percent of total billed charges	
ETOPOSIDE 10MG INJ	J9181	HCPCS	both			3.5	1.14	First Trenton	First Trenton		3.15	90			0.75	3.33	percent of total billed charges	
ETOPOSIDE 10MG INJ	J9181	HCPCS	both			3.5	1.14	Horizon	Indemnity		1.34	38.28			0.75	3.33	percent of total billed charges	
ETOPOSIDE 10MG INJ	J9181	HCPCS	both			3.5	1.14	Horizon	Medicare Blue		1.05	30			0.75	3.33	percent of total billed charges	
ETOPOSIDE 10MG INJ	J9181	HCPCS	both			3.5	1.14	Horizon	MGD		1.34	38.28			0.75	3.33	percent of total billed charges	
ETOPOSIDE 10MG INJ	J9181	HCPCS	both			3.5	1.14	Horizon	PPO		1.34	38.28			0.75	3.33	percent of total billed charges	
ETOPOSIDE 10MG INJ	J9181	HCPCS	both			3.5	1.14	Managed Care Inc	Managed Care Inc		3.15	90			0.75	3.33	percent of total billed charges	
ETOPOSIDE 10MG INJ	J9181	HCPCS	both			3.5	1.14	Multiplan	Multiplan		2.8	80			0.75	3.33	percent of total billed charges	
ETOPOSIDE 10MG INJ	J9181	HCPCS	both			3.5	1.14	Qualcare	Qualcare		2.63	75			0.75	3.33	percent of total billed charges	
ETOPOSIDE 10MG INJ	J9181	HCPCS	both			3.5	1.14	Three Rivers	Three Rivers		3.33	95			0.75	3.33	percent of total billed charges	
ETOPOSIDE 10MG INJ	J9181	HCPCS	both			3.5	1.14	UHC	Medicaid		1.1	31.55			0.75	3.33	percent of total billed charges	
ETOPOSIDE 10MG INJ	J9181	HCPCS	both			3.5	1.14	UHC	Medicare		0.99				0.75	3.33	fee schedule	
ETOPOSIDE 10MG INJ	J9181	HCPCS	both			3.5	1.14	Wellcare	Medicaid		1.1	31.55			0.75	3.33	percent of total billed charges	
ETOPOSIDE 10MG INJ	J9181	HCPCS	both			3.5	1.14	Wellcare	Medicare		0.99				0.75	3.33	fee schedule	
ETOPOSIDE 10MG INJ	J9181	HCPCS	both			3.5	1.14	WellPoint	WellPoint		1.13	32.18			0.75	3.33	percent of total billed charges	
FLUDARABINE 50MG INJ	J9185	HCPCS	outpatient			1711.5	200.06	Aetna	Commercial		364.79				64.85	1625.93	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLUDARABINE 50MG INJ	J9185	HCPCS	outpatient			1711.5	200.06	Aetna	Medicare		173.97				64.85	1625.93	fee schedule	
FLUDARABINE 50MG INJ	J9185	HCPCS	outpatient			1711.5	200.06	Aetna	Better Health		539.98	31.55			64.85	1625.93	percent of total billed charges	
FLUDARABINE 50MG INJ	J9185	HCPCS	outpatient			1711.5	200.06	Americare	Americare		1283.63	75			64.85	1625.93	percent of total billed charges	
FLUDARABINE 50MG INJ	J9185	HCPCS	outpatient			1711.5	200.06	Amerihealth	Medicare		173.97				64.85	1625.93	fee schedule	
FLUDARABINE 50MG INJ	J9185	HCPCS	outpatient			1711.5	200.06	Amerihealth	HMO/PPO		64.85				64.85	1625.93	fee schedule	
FLUDARABINE 50MG INJ	J9185	HCPCS	outpatient			1711.5	200.06	Consumer	Consumer		1625.93	95			64.85	1625.93	percent of total billed charges	
FLUDARABINE 50MG INJ	J9185	HCPCS	outpatient			1711.5	200.06	Corrections	Corrections		1369.2	80			64.85	1625.93	percent of total billed charges	
FLUDARABINE 50MG INJ	J9185	HCPCS	outpatient			1711.5	200.06	First Health	First Health		1198.05	70			64.85	1625.93	percent of total billed charges	
FLUDARABINE 50MG INJ	J9185	HCPCS	outpatient			1711.5	200.06	First Trenton	First Trenton		1540.35	90			64.85	1625.93	percent of total billed charges	
FLUDARABINE 50MG INJ	J9185	HCPCS	outpatient			1711.5	200.06	Horizon	MGD		426.43				64.85	1625.93	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLUDARABINE 50MG INJ	J9185	HCPCS	outpatient			1711.5	200.06	Horizon	Indemnity		426.43				64.85	1625.93	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLUDARABINE 50MG INJ	J9185	HCPCS	outpatient			1711.5	200.06	Horizon	Medicare Blue		229.14				64.85	1625.93	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLUDARABINE 50MG INJ	J9185	HCPCS	outpatient			1711.5	200.06	Horizon	PPO		426.43				64.85	1625.93	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLUDARABINE 50MG INJ	J9185	HCPCS	outpatient			1711.5	200.06	Managed Care Inc	Managed Care Inc		1540.35	90			64.85	1625.93	percent of total billed charges	
FLUDARABINE 50MG INJ	J9185	HCPCS	outpatient			1711.5	200.06	Multiplan	Multiplan		1369.2	80			64.85	1625.93	percent of total billed charges	
FLUDARABINE 50MG INJ	J9185	HCPCS	outpatient			1711.5	200.06	Qualcare	Qualcare		1283.63	75			64.85	1625.93	percent of total billed charges	
FLUDARABINE 50MG INJ	J9185	HCPCS	outpatient			1711.5	200.06	Three Rivers	Three Rivers		1625.93	95			64.85	1625.93	percent of total billed charges	
FLUDARABINE 50MG INJ	J9185	HCPCS	outpatient			1711.5	200.06	UHC	Medicare		173.97				64.85	1625.93	fee schedule	
FLUDARABINE 50MG INJ	J9185	HCPCS	outpatient			1711.5	200.06	UHC	Medicaid		539.98	31.55			64.85	1625.93	percent of total billed charges	
FLUDARABINE 50MG INJ	J9185	HCPCS	outpatient			1711.5	200.06	United	Oxford		434.93				64.85	1625.93	fee schedule	
FLUDARABINE 50MG INJ	J9185	HCPCS	outpatient			1711.5	200.06	United	CommercialPPO		434.93				64.85	1625.93	fee schedule	
FLUDARABINE 50MG INJ	J9185	HCPCS	outpatient			1711.5	200.06	Wellcare	Medicare		173.97				64.85	1625.93	fee schedule	
FLUDARABINE 50MG INJ	J9185	HCPCS	outpatient			1711.5	200.06	Wellcare	Medicaid		539.98	31.55			64.85	1625.93	percent of total billed charges	
FLUDARABINE 50MG INJ	J9185	HCPCS	outpatient			1711.5	200.06	WellPoint	WellPoint		550.76	32.18			64.85	1625.93	percent of total billed charges	
FLUOROURACIL 500MG VIAL	J9190	HCPCS	both			26.5	3.7	Aetna	Commercial		10.07	38			1.84	25.18	percent of total billed charges	
FLUOROURACIL 500MG VIAL	J9190	HCPCS	both			26.5	3.7	Aetna	Medicare		3.22				1.84	25.18	fee schedule	
FLUOROURACIL 500MG VIAL	J9190	HCPCS	both			26.5	3.7	Aetna	Better Health		8.36	31.55			1.84	25.18	percent of total billed charges	
FLUOROURACIL 500MG VIAL	J9190	HCPCS	both			26.5	3.7	Americare	Americare		19.88	75			1.84	25.18	percent of total billed charges	
FLUOROURACIL 500MG VIAL	J9190	HCPCS	both			26.5	3.7	Amerihealth	HMO/PPO		1.84				1.84	25.18	fee schedule	
FLUOROURACIL 500MG VIAL	J9190	HCPCS	both			26.5	3.7	Amerihealth	Medicare		3.22				1.84	25.18	fee schedule	
FLUOROURACIL 500MG VIAL	J9190	HCPCS	both			26.5	3.7	Consumer	Consumer		25.18	95			1.84	25.18	percent of total billed charges	
FLUOROURACIL 500MG VIAL	J9190	HCPCS	both			26.5	3.7	Corrections	Corrections		21.2	80			1.84	25.18	percent of total billed charges	
FLUOROURACIL 500MG VIAL	J9190	HCPCS	both			26.5	3.7	First Health	First Health		18.55	70			1.84	25.18	percent of total billed charges	
FLUOROURACIL 500MG VIAL	J9190	HCPCS	both			26.5	3.7	First Trenton	First Trenton		23.85	90			1.84	25.18	percent of total billed charges	
FLUOROURACIL 500MG VIAL	J9190	HCPCS	both			26.5	3.7	Horizon	MGD		10.14	38.28			1.84	25.18	percent of total billed charges	
FLUOROURACIL 500MG VIAL	J9190	HCPCS	both			26.5	3.7	Horizon	Indemnity		10.14	38.28			1.84	25.18	percent of total billed charges	
FLUOROURACIL 500MG VIAL	J9190	HCPCS	both			26.5	3.7	Horizon	Medicare Blue		7.95	30			1.84	25.18	percent of total billed charges	
FLUOROURACIL 500MG VIAL	J9190	HCPCS	both			26.5	3.7	Horizon	PPO		10.14	38.28			1.84	25.18	percent of total billed charges	
FLUOROURACIL 500MG VIAL	J9190	HCPCS	both			26.5	3.7	Managed Care Inc	Managed Care Inc		23.85	90			1.84	25.18	percent of total billed charges	
FLUOROURACIL 500MG VIAL	J9190	HCPCS	both			26.5	3.7	Multiplan	Multiplan		21.2	80			1.84	25.18	percent of total billed charges	
FLUOROURACIL 500MG VIAL	J9190	HCPCS	both			26.5	3.7	Qualcare	Qualcare		19.88	75			1.84	25.18	percent of total billed charges	
FLUOROURACIL 500MG VIAL	J9190	HCPCS	both			26.5	3.7	Three Rivers	Three Rivers		25.18	95			1.84	25.18	percent of total billed charges	
FLUOROURACIL 500MG VIAL	J9190	HCPCS	both			26.5	3.7	UHC	Medicaid		8.36	31.55			1.84	25.18	percent of total billed charges	
FLUOROURACIL 500MG VIAL	J9190	HCPCS	both			26.5	3.7	UHC	Medicare		3.22				1.84	25.18	fee schedule	
FLUOROURACIL 500MG VIAL	J9190	HCPCS	both			26.5	3.7	Wellcare	Medicare		3.22				1.84	25.18	fee schedule	
FLUOROURACIL 500MG VIAL	J9190	HCPCS	both			26.5	3.7	Wellcare	Medicaid		8.36	31.55			1.84	25.18	percent of total billed charges	
FLUOROURACIL 500MG VIAL	J9190	HCPCS	both			26.5	3.7	WellPoint	WellPoint		8.53	32.18			1.84	25.18	percent of total billed charges	
FLUXURIDINE 500MG INJ	J9200	HCPCS	outpatient			857	4280.34	Aetna	Medicare		3722.04				57.28	9305.1	fee schedule	
FLUXURIDINE 500MG INJ	J9200	HCPCS	outpatient			857	4280.34	Aetna	Better Health		270.38	31.55			57.28	9305.1	percent of total billed charges	
FLUXURIDINE 500MG INJ	J9200	HCPCS	outpatient			857	4280.34	Aetna	Commercial		7125.04				57.28	9305.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLUXURIDINE 500MG INJ	J9200	HCPCS	outpatient			857	4280.34	Americare	Americare		642.75	75			57.28	9305.1	percent of total billed charges	
FLUXURIDINE 500MG INJ	J9200	HCPCS	outpatient			857	4280.34	Amerihealth	Medicare		3722.04				57.28	9305.1	fee schedule	
FLUXURIDINE 500MG INJ	J9200	HCPCS	outpatient			857	4280.34	Amerihealth	HMO/PPO		57.28				57.28	9305.1	fee schedule	
FLUXURIDINE 500MG INJ	J9200	HCPCS	outpatient			857	4280.34	Consumer	Consumer		814.15	95			57.28	9305.1	percent of total billed charges	
FLUXURIDINE 500MG INJ	J9200	HCPCS	outpatient			857	4280.34	Corrections	Corrections		685.6	80			57.28	9305.1	percent of total billed charges	
FLUXURIDINE 500MG INJ	J9200	HCPCS	outpatient			857	4280.34	First Health	First Health		599.9	70			57.28	9305.1	percent of total billed charges	
FLUXURIDINE 500MG INJ	J9200	HCPCS	outpatient			857	4280.34	First Trenton	First Trenton		771.3	90			57.28	9305.1	percent of total billed charges	
FLUXURIDINE 500MG INJ	J9200	HCPCS	outpatient			857	4280.34	Horizon	PPO		8328.96				57.28	9305.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLUXURIDINE 500MG INJ	J9200	HCPCS	outpatient			857	4280.34	Horizon	MGD		8328.96				57.28	9305.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLUXURIDINE 500MG INJ	J9200	HCPCS	outpatient			857	4280.34	Horizon	Indemnity		8328.96				57.28	9305.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLUXURIDINE 500MG INJ	J9200	HCPCS	outpatient			857	4280.34	Horizon	Medicare Blue		4475.53				57.28	9305.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLUXURIDINE 500MG INJ	J9200	HCPCS	outpatient			857	4280.34	Managed Care Inc	Managed Care Inc		771.3	90			57.28	9305.1	percent of total billed charges	
FLUXURIDINE 500MG INJ	J9200	HCPCS	outpatient			857	4280.34	Multiplan	Multiplan		685.6	80			57.28	9305.1	percent of total billed charges	
FLUXURIDINE 500MG INJ	J9200	HCPCS	outpatient			857	4280.34	Qualcare	Qualcare		642.75	75			57.28	9305.1	percent of total billed charges	
FLUXURIDINE 500MG INJ	J9200	HCPCS	outpatient			857	4280.34	Three Rivers	Three Rivers		814.15	95			57.28	9305.1	percent of total billed charges	
FLUXURIDINE 500MG INJ	J9200	HCPCS	outpatient			857	4280.34	UHC	Medicaid		270.38	31.55			57.28	9305.1	percent of total billed charges	
FLUXURIDINE 500MG INJ	J9200	HCPCS	outpatient			857	4280.34	UHC	Medicare		3722.04				57.28	9305.1	fee schedule	
FLUXURIDINE 500MG INJ	J9200	HCPCS	outpatient			857	4280.34	United	Oxford		9305.1				57.28	9305.1	fee schedule	
FLUXURIDINE 500MG INJ	J9200	HCPCS	outpatient			857	4280.34	United	CommercialPPO		9305.1				57.28	9305.1	fee schedule	
FLUXURIDINE 500MG INJ	J9200	HCPCS	outpatient			857	4280.34	Wellcare	Medicare		3722.04				57.28	9305.1	fee schedule	
FLUXURIDINE 500MG INJ	J9200	HCPCS	outpatient			857	4280.34	Wellcare	Medicaid		270.38	31.55			57.28	9305.1	percent of total billed charges	
FLUXURIDINE 500MG INJ	J9200	HCPCS	outpatient			857	4280.34	WellPoint	WellPoint		275.78	32.18			57.28	9305.1	percent of total billed charges	
GEMCITABINE 200MG INJ	J9201	HCPCS	both			34	4.2	Aetna	Better Health		10.73	31.55			3.65	32.3	percent of total billed charges	
GEMCITABINE 200MG INJ	J9201	HCPCS	both			34	4.2	Aetna	Commercial		12.92	38			3.65	32.3	percent of total billed charges	
GEMCITABINE 200MG INJ	J9201	HCPCS	both			34	4.2	Aetna	Medicare		3.65				3.65	32.3	fee schedule	
GEMCITABINE 200MG INJ	J9201	HCPCS	both			34	4.2	Americare	Americare		25.5	75			3.65	32.3	percent of total billed charges	
GEMCITABINE 200MG INJ	J9201	HCPCS	both			34	4.2	Amerihealth	Medicare		3.65				3.65	32.3	fee schedule	
GEMCITABINE 200MG INJ	J9201	HCPCS	both			34	4.2	Amerihealth	HMO/PPO		6.54				3.65	32.3	fee schedule	
GEMCITABINE 200MG INJ	J9201	HCPCS	both			34	4.2	Consumer	Consumer		32.3	95			3.65	32.3	percent of total billed charges	
GEMCITABINE 200MG INJ	J9201	HCPCS	both			34	4.2	Corrections	Corrections		27.2	80			3.65	32.3	percent of total billed charges	
GEMCITABINE 200MG INJ	J9201	HCPCS	both			34	4.2	First Health	First Health		23.8	70			3.65	32.3	percent of total billed charges	
GEMCITABINE 200MG INJ	J9201	HCPCS	both			34	4.2	First Trenton	First Trenton		30.6	90			3.65	32.3	percent of total billed charges	
GEMCITABINE 200MG INJ	J9201	HCPCS	both			34	4.2	Horizon	Medicare Blue		10.2	30			3.65	32.3	percent of total billed charges	
GEMCITABINE 200MG INJ	J9201	HCPCS	both			34	4.2	Horizon	Indemnity		13.02	38.28			3.65	32.3	percent of total billed charges	
GEMCITABINE 200MG INJ	J9201	HCPCS	both			34	4.2	Horizon	MGD		13.02	38.28			3.65	32.3	percent of total billed charges	
GEMCITABINE 200MG INJ	J9201	HCPCS	both			34	4.2	Horizon	PPO		13.02	38.28			3.65	32.3	percent of total billed charges	
GEMCITABINE 200MG INJ	J9201	HCPCS	both			34	4.2	Managed Care Inc	Managed Care Inc		30.6	90			3.65	32.3	percent of total billed charges	
GEMCITABINE 200MG INJ	J9201	HCPCS	both			34	4.2	Multiplan	Multiplan		27.2	80			3.65	32.3	percent of total billed charges	
GEMCITABINE 200MG INJ	J9201	HCPCS	both			34	4.2	Qualcare	Qualcare		25.5	75			3.65	32.3	percent of total billed charges	
GEMCITABINE 200MG INJ	J9201	HCPCS	both			34	4.2	Three Rivers	Three Rivers		32.3	95			3.65	32.3	percent of total billed charges	
GEMCITABINE 200MG INJ	J9201	HCPCS	both			34	4.2	UHC	Medicaid		10.73	31.55			3.65	32.3	percent of total billed charges	
GEMCITABINE 200MG INJ	J9201	HCPCS	both			34	4.2	UHC	Medicare		3.65				3.65	32.3	fee schedule	
GEMCITABINE 200MG INJ	J9201	HCPCS	both			34	4.2	Wellcare	Medicare		3.65				3.65	32.3	fee schedule	
GEMCITABINE 200MG INJ	J9201	HCPCS	both			34	4.2	Wellcare	Medicaid		10.73	31.55			3.65	32.3	percent of total billed charges	
GEMCITABINE 200MG INJ	J9201	HCPCS	both			34	4.2	WellPoint	WellPoint		10.94	32.18			3.65	32.3	percent of total billed charges	
GOSERELIN 3.6MG INJ	J9202	HCPCS	outpatient			2857	700.36	Aetna	Medicare		609.01				354.89	2714.15	fee schedule	
GOSERELIN 3.6MG INJ	J9202	HCPCS	outpatient			2857	700.36	Aetna	Commercial		1145.3				354.89	2714.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GOSERELIN 3.6MG INJ	J9202	HCPCS	outpatient			2857	700.36	Aetna	Better Health		901.38	31.55			354.89	2714.15	percent of total billed charges	
GOSERELIN 3.6MG INJ	J9202	HCPCS	outpatient			2857	700.36	Americare	Americare		2142.75	75			354.89	2714.15	percent of total billed charges	
GOSERELIN 3.6MG INJ	J9202	HCPCS	outpatient			2857	700.36	Amerihealth	Medicare		609.01				354.89	2714.15	fee schedule	
GOSERELIN 3.6MG INJ	J9202	HCPCS	outpatient			2857	700.36	Amerihealth	HMO/PPO		354.89				354.89	2714.15	fee schedule	
GOSERELIN 3.6MG INJ	J9202	HCPCS	outpatient			2857	700.36	Consumer	Consumer		2714.15	95			354.89	2714.15	percent of total billed charges	
GOSERELIN 3.6MG INJ	J9202	HCPCS	outpatient			2857	700.36	Corrections	Corrections		2285.6	80			354.89	2714.15	percent of total billed charges	
GOSERELIN 3.6MG INJ	J9202	HCPCS	outpatient			2857	700.36	First Health	First Health		1999.9	70			354.89	2714.15	percent of total billed charges	
GOSERELIN 3.6MG INJ	J9202	HCPCS	outpatient			2857	700.36	First Trenton	First Trenton		2571.3	90			354.89	2714.15	percent of total billed charges	
GOSERELIN 3.6MG INJ	J9202	HCPCS	outpatient			2857	700.36	Horizon	MGD		1338.82				354.89	2714.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101191	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
GOSERELIN 3.6MG INJ	J9202	HCPCS	outpatient			2857		700.36 Horizon	Medicare Blue		719.41				354.89	2714.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GOSERELIN 3.6MG INJ	J9202	HCPCS	outpatient			2857		700.36 Horizon	Indemnity		1338.82				354.89	2714.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GOSERELIN 3.6MG INJ	J9202	HCPCS	outpatient			2857		700.36 Horizon	PPO		1338.82				354.89	2714.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GOSERELIN 3.6MG INJ	J9202	HCPCS	outpatient			2857		700.36 Managed Care Inc	Managed Care Inc		2571.3	90			354.89	2714.15	percent of total billed charges	
GOSERELIN 3.6MG INJ	J9202	HCPCS	outpatient			2857		700.36 Multiplan	Multiplan		2285.6	80			354.89	2714.15	percent of total billed charges	
GOSERELIN 3.6MG INJ	J9202	HCPCS	outpatient			2857		700.36 Qualcare	Qualcare		2142.75	75			354.89	2714.15	percent of total billed charges	
GOSERELIN 3.6MG INJ	J9202	HCPCS	outpatient			2857		700.36 Three Rivers	Three Rivers		2714.15	95			354.89	2714.15	percent of total billed charges	
GOSERELIN 3.6MG INJ	J9202	HCPCS	outpatient			2857		700.36 UHC	Medicaid		901.38	31.55			354.89	2714.15	percent of total billed charges	
GOSERELIN 3.6MG INJ	J9202	HCPCS	outpatient			2857		700.36 UHC	Medicare		609.01				354.89	2714.15	fee schedule	
GOSERELIN 3.6MG INJ	J9202	HCPCS	outpatient			2857		700.36 United	Commercial|PPO		1522.53				354.89	2714.15	fee schedule	
GOSERELIN 3.6MG INJ	J9202	HCPCS	outpatient			2857		700.36 United	Oxford		1522.53				354.89	2714.15	fee schedule	
GOSERELIN 3.6MG INJ	J9202	HCPCS	outpatient			2857		700.36 Wellcare	Medicare		609.01				354.89	2714.15	fee schedule	
GOSERELIN 3.6MG INJ	J9202	HCPCS	outpatient			2857		700.36 Wellcare	Medicaid		901.38	31.55			354.89	2714.15	percent of total billed charges	
GOSERELIN 3.6MG INJ	J9202	HCPCS	outpatient			2857		700.36 WellPoint	WellPoint		919.38	32.18			354.89	2714.15	percent of total billed charges	
MOGAMULIZUMAB-KPKC(POTELIGEO) 1MG INJ	J9204	HCPCS	outpatient			664		269.29 Aetna	Commercial		447.48				209.49	630.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MOGAMULIZUMAB-KPKC(POTELIGEO) 1MG INJ	J9204	HCPCS	outpatient			664		269.29 Aetna	Medicare		234.17				209.49	630.8	fee schedule	
MOGAMULIZUMAB-KPKC(POTELIGEO) 1MG INJ	J9204	HCPCS	outpatient			664		269.29 Aetna	Better Health		209.49	31.55			209.49	630.8	percent of total billed charges	
MOGAMULIZUMAB-KPKC(POTELIGEO) 1MG INJ	J9204	HCPCS	outpatient			664		269.29 Americare	Americare		498	75			209.49	630.8	percent of total billed charges	
MOGAMULIZUMAB-KPKC(POTELIGEO) 1MG INJ	J9204	HCPCS	outpatient			664		269.29 Amerihealth	Medicare		234.17				209.49	630.8	fee schedule	
MOGAMULIZUMAB-KPKC(POTELIGEO) 1MG INJ	J9204	HCPCS	outpatient			664		269.29 Amerihealth	HMO/PPO		431.6	65			209.49	630.8	percent of total billed charges	
MOGAMULIZUMAB-KPKC(POTELIGEO) 1MG INJ	J9204	HCPCS	outpatient			664		269.29 Consumer	Consumer		630.8	95			209.49	630.8	percent of total billed charges	
MOGAMULIZUMAB-KPKC(POTELIGEO) 1MG INJ	J9204	HCPCS	outpatient			664		269.29 Corrections	Corrections		531.2	80			209.49	630.8	percent of total billed charges	
MOGAMULIZUMAB-KPKC(POTELIGEO) 1MG INJ	J9204	HCPCS	outpatient			664		269.29 First Health	First Health		464.8	70			209.49	630.8	percent of total billed charges	
MOGAMULIZUMAB-KPKC(POTELIGEO) 1MG INJ	J9204	HCPCS	outpatient			664		269.29 First Trenton	First Trenton		597.6	90			209.49	630.8	percent of total billed charges	
MOGAMULIZUMAB-KPKC(POTELIGEO) 1MG INJ	J9204	HCPCS	outpatient			664		269.29 Horizon	MGD		523.09				209.49	630.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MOGAMULIZUMAB-KPKC(POTELIGEO) 1MG INJ	J9204	HCPCS	outpatient			664		269.29 Horizon	Indemnity		523.09				209.49	630.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MOGAMULIZUMAB-KPKC(POTELIGEO) 1MG INJ	J9204	HCPCS	outpatient			664		269.29 Horizon	PPO		523.09				209.49	630.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MOGAMULIZUMAB-KPKC(POTELIGEO) 1MG INJ	J9204	HCPCS	outpatient			664		269.29 Horizon	Medicare Blue		281.08				209.49	630.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MOGAMULIZUMAB-KPKC(POTELIGEO) 1MG INJ	J9204	HCPCS	outpatient			664		269.29 Managed Care Inc	Managed Care Inc		597.6	90			209.49	630.8	percent of total billed charges	
MOGAMULIZUMAB-KPKC(POTELIGEO) 1MG INJ	J9204	HCPCS	outpatient			664		269.29 Multiplan	Multiplan		531.2	80			209.49	630.8	percent of total billed charges	
MOGAMULIZUMAB-KPKC(POTELIGEO) 1MG INJ	J9204	HCPCS	outpatient			664		269.29 Qualcare	Qualcare		498	75			209.49	630.8	percent of total billed charges	
MOGAMULIZUMAB-KPKC(POTELIGEO) 1MG INJ	J9204	HCPCS	outpatient			664		269.29 Three Rivers	Three Rivers		630.8	95			209.49	630.8	percent of total billed charges	
MOGAMULIZUMAB-KPKC(POTELIGEO) 1MG INJ	J9204	HCPCS	outpatient			664		269.29 UHC	Medicaid		209.49	31.55			209.49	630.8	percent of total billed charges	
MOGAMULIZUMAB-KPKC(POTELIGEO) 1MG INJ	J9204	HCPCS	outpatient			664		269.29 UHC	Medicare		234.17				209.49	630.8	fee schedule	
MOGAMULIZUMAB-KPKC(POTELIGEO) 1MG INJ	J9204	HCPCS	outpatient			664		269.29 United	Oxford		585.43				209.49	630.8	fee schedule	
MOGAMULIZUMAB-KPKC(POTELIGEO) 1MG INJ	J9204	HCPCS	outpatient			664		269.29 United	Commercial|PPO		585.43				209.49	630.8	fee schedule	
MOGAMULIZUMAB-KPKC(POTELIGEO) 1MG INJ	J9204	HCPCS	outpatient			664		269.29 Wellcare	Medicare		234.17				209.49	630.8	fee schedule	
MOGAMULIZUMAB-KPKC(POTELIGEO) 1MG INJ	J9204	HCPCS	outpatient			664		269.29 Wellcare	Medicaid		209.49	31.55			209.49	630.8	percent of total billed charges	
MOGAMULIZUMAB-KPKC(POTELIGEO) 1MG INJ	J9204	HCPCS	outpatient			664		269.29 WellPoint	WellPoint		213.68	32.18			209.49	630.8	percent of total billed charges	
IRINOTECAN 20MG INJ	J9206	HCPCS	both			850		2.24 Aetna	Better Health		268.18	31.55			1.95	807.5	percent of total billed charges	
IRINOTECAN 20MG INJ	J9206	HCPCS	both			850		2.24 Aetna	Medicare		1.95				1.95	807.5	fee schedule	
IRINOTECAN 20MG INJ	J9206	HCPCS	both			850		2.24 Aetna	Commercial		323	38			1.95	807.5	percent of total billed charges	
IRINOTECAN 20MG INJ	J9206	HCPCS	both			850		2.24 Americare	Americare		637.5	75			1.95	807.5	percent of total billed charges	
IRINOTECAN 20MG INJ	J9206	HCPCS	both			850		2.24 Amerihealth	HMO/PPO		4.35				1.95	807.5	fee schedule	
IRINOTECAN 20MG INJ	J9206	HCPCS	both			850		2.24 Amerihealth	Medicare		1.95				1.95	807.5	fee schedule	
IRINOTECAN 20MG INJ	J9206	HCPCS	both			850		2.24 Consumer	Consumer		807.5	95			1.95	807.5	percent of total billed charges	
IRINOTECAN 20MG INJ	J9206	HCPCS	both			850		2.24 Corrections	Corrections		680	80			1.95	807.5	percent of total billed charges	
IRINOTECAN 20MG INJ	J9206	HCPCS	both			850		2.24 First Health	First Health		595	70			1.95	807.5	percent of total billed charges	
IRINOTECAN 20MG INJ	J9206	HCPCS	both			850		2.24 First Trenton	First Trenton		765	90			1.95	807.5	percent of total billed charges	
IRINOTECAN 20MG INJ	J9206	HCPCS	both			850		2.24 Horizon	MGD		325.38	38.28			1.95	807.5	percent of total billed charges	
IRINOTECAN 20MG INJ	J9206	HCPCS	both			850		2.24 Horizon	Indemnity		325.38	38.28			1.95	807.5	percent of total billed charges	
IRINOTECAN 20MG INJ	J9206	HCPCS	both			850		2.24 Horizon	PPO		325.38	38.28			1.95	807.5	percent of total billed charges	
IRINOTECAN 20MG INJ	J9206	HCPCS	both			850		2.24 Horizon	Medicare Blue		255	30			1.95	807.5	percent of total billed charges	
IRINOTECAN 20MG INJ	J9206	HCPCS	both			850		2.24 Managed Care Inc	Managed Care Inc		765	90			1.95	807.5	percent of total billed charges	
IRINOTECAN 20MG INJ	J9206	HCPCS	both			850		2.24 Multiplan	Multiplan		680	80			1.95	807.5	percent of total billed charges	
IRINOTECAN 20MG INJ	J9206	HCPCS	both			850		2.24 Qualcare	Qualcare		637.5	75			1.95	807.5	percent of total billed charges	
IRINOTECAN 20MG INJ	J9206	HCPCS	both			850		2.24 Three Rivers	Three Rivers		807.5	95			1.95	807.5	percent of total billed charges	
IRINOTECAN 20MG INJ	J9206	HCPCS	both			850		2.24 UHC	Medicare		1.95				1.95	807.5	fee schedule	
IRINOTECAN 20MG INJ	J9206	HCPCS	both			850		2.24 UHC	Medicaid		268.18	31.55			1.95	807.5	percent of total billed charges	
IRINOTECAN 20MG INJ	J9206	HCPCS	both			850		2.24 Wellcare	Medicaid		268.18	31.55			1.95	807.5	percent of total billed charges	
IRINOTECAN 20MG INJ	J9206	HCPCS	both			850		2.24 Wellcare	Medicare		1.95				1.95	807.5	fee schedule	
IRINOTECAN 20MG INJ	J9206	HCPCS	both			850		2.24 WellPoint	WellPoint		273.53	32.18			1.95	807.5	percent of total billed charges	
IXABEPILONE 1 MG KIT	J9207	HCPCS	outpatient			374.5		147.29 Aetna	Medicare		128.07				84.48	355.78	fee schedule	
IXABEPILONE 1 MG KIT	J9207	HCPCS	outpatient			374.5		147.29 Aetna	Commercial		243.64				84.48	355.78	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IXABEPILONE 1 MG KIT	J9207	HCPCS	outpatient			374.5		147.29 Aetna	Better Health		118.15	31.55			84.48	355.78	percent of total billed charges	
IXABEPILONE 1 MG KIT	J9207	HCPCS	outpatient			374.5		147.29 Americare	Americare		280.88	75			84.48	355.78	percent of total billed charges	
IXABEPILONE 1 MG KIT	J9207	HCPCS	outpatient			374.5		147.29 Amerihealth	Medicare		128.07				84.48	355.78	fee schedule	
IXABEPILONE 1 MG KIT	J9207	HCPCS	outpatient			374.5		147.29 Amerihealth	HMO/PPO		84.48				84.48	355.78	fee schedule	
IXABEPILONE 1 MG KIT	J9207	HCPCS	outpatient			374.5		147.29 Consumer	Consumer		355.78	95			84.48	355.78	percent of total billed charges	
IXABEPILONE 1 MG KIT	J9207	HCPCS	outpatient			374.5		147.29 Corrections	Corrections		299.6	80			84.48	355.78	percent of total billed charges	
IXABEPILONE 1 MG KIT	J9207	HCPCS	outpatient			374.5		147.29 First Health	First Health		262.15	70			84.48	355.78	percent of total billed charges	
IXABEPILONE 1 MG KIT	J9207	HCPCS	outpatient			374.5		147.29 First Trenton	First Trenton		337.05	90			84.48	355.78	percent of total billed charges	
IXABEPILONE 1 MG KIT	J9207	HCPCS	outpatient			374.5		147.29 Horizon	MGD		284.81				84.48	355.78	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IXABEPILONE 1 MG KIT	J9207	HCPCS	outpatient			374.5		147.29 Horizon	Medicare Blue		153.04				84.48	355.78	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IXABEPILONE 1 MG KIT	J9207	HCPCS	outpatient			374.5		147.29 Horizon	PPO		284.81				84.48	355.78	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IXABEPILONE 1 MG KIT	J9207	HCPCS	outpatient			374.5		147.29 Horizon	Indemnity		284.81				84.48	355.78	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IXABEPILONE 1 MG KIT	J9207	HCPCS	outpatient			374.5		147.29 Managed Care Inc	Managed Care Inc		337.05	90			84.48	355.78	percent of total billed charges	
IXABEPILONE 1 MG KIT	J9207	HCPCS	outpatient			374.5		147.29 Multiplan	Multiplan		299.6	80			84.48	355.78	percent of total billed charges	
IXABEPILONE 1 MG KIT	J9207	HCPCS	outpatient			374.5		147.29 Qualcare	Qualcare		280.88	75			84.48	355.78	percent of total billed charges	
IXABEPILONE 1 MG KIT	J9207	HCPCS	outpatient			374.5		147.29 Three Rivers	Three Rivers		355.78	95			84.48	355.78	percent of total billed charges	
IXABEPILONE 1 MG KIT	J9207	HCPCS	outpatient			374.5		147.29 UHC	Medicare		128.07				84.48	355.78	fee schedule	
IXABEPILONE 1 MG KIT	J9207	HCPCS	outpatient			374.5		147.29 UHC	Medicaid		118.15	31.55			84.48	355.78	percent of total billed charges	
IXABEPILONE 1 MG KIT	J9207	HCPCS	outpatient			374.5		147.29 United	Commercial|PPO		320.18				84.48	355.78	fee schedule	
IXABEPILONE 1 MG KIT	J9207	HCPCS	outpatient			374.5		147.29 United	Oxford		320.18				84.48	355.78	fee schedule	
IXABEPILONE 1 MG KIT	J9207	HCPCS	outpatient			374.5		147.29 Wellcare	Medicare		128.07				84.48	355.78	fee schedule	
IXABEPILONE 1 MG KIT	J9207	HCPCS	outpatient			374.5		147.29 Wellcare	Medicaid		118.15	31.55			84.48	355.78	percent of total billed charges	
IXABEPILONE 1 MG KIT	J9207	HCPCS	outpatient			374.5		147.29 WellPoint	WellPoint		120.51	32.18			84.48	355.78	percent of total billed charges	
IFOSFAMIDE 1G INJ	J9208	HCPCS	inpatient			994.5		30.76 Aetna	Better Health		313.76	31.55			26.75	944.78	percent of total billed charges	
IFOSFAMIDE 1G INJ	J9208	HCPCS	inpatient			994.5		30.76 Aetna	Commercial		377.91	38			26.75	944.78	percent of total billed charges	
IFOSFAMIDE 1G INJ	J9208	HCPCS	inpatient			994.5		30.76 Aetna	Medicare		26.75				26.75	944.78	fee schedule	
IFOSFAMIDE 1G INJ	J9208	HCPCS	inpatient			994.5		30.76 Americare	Americare		745.88	75			26.75	944.78	percent of total billed charges	
IFOSFAMIDE 1G INJ	J9208	HCPCS	inpatient			994.5		30.76 Amerihealth	HMO/PPO		30.58				26.75	944.78	fee schedule	
IFOSFAMIDE 1G INJ	J9208	HCPCS	inpatient			994.5		30.76 Amerihealth	Medicare		26.75				26.75	944.78	fee schedule	
IFOSFAMIDE 1G INJ	J9208	HCPCS	inpatient			994.5		30.76 Consumer	Consumer		944.78	95			26.75	944.78	percent of total billed charges	
IFOSFAMIDE 1G INJ	J9208	HCPCS	inpatient			994.5		30.76 Corrections	Corrections		795.6	80			26.75	944.78	percent of total billed charges	
IFOSFAMIDE 1G INJ	J9208	HCPCS	inpatient			994.5		30.76 First Health	First Health		696.15	70			26.75	944.78	percent of total billed charges	
IFOSFAMIDE 1G INJ	J9208	HCPCS	inpatient			994.5		30.76 First Trenton	First Trenton		895.05	90			26.75	944.78	percent of total billed charges	
IFOSFAMIDE 1G INJ	J9208	HCPCS	inpatient			994.5		30.76 Horizon	Indemnity		380.69	38.28			26.75	944.78	percent of total billed charges	
IFOSFAMIDE 1G INJ	J9208	HCPCS	inpatient			994.5		30.76 Horizon	Medicare Blue		298.35	30			26.75	944.78	percent of total billed charges	
IFOSFAMIDE 1G INJ	J9208	HCPCS	inpatient			994.5		30.76 Horizon	MGD		380.69	38.28			26.75	944.78	percent of total billed charges	
IFOSFAMIDE 1G INJ	J9208	HCPCS	inpatient			994.5		30.76 Horizon	PPO		380.69	38.28			26.75	944.78	percent of total billed charges	
IFOSFAMIDE 1G INJ	J9208	HCPCS	inpatient			994.5		30.76 Managed Care Inc	Managed Care Inc		895.05	90			26.75	944.78	percent of total billed charges	
IFOSFAMIDE 1G INJ	J9208	HCPCS	inpatient			994.5		30.76 Multiplan	Multiplan		795.6	80			26.75	944.78	percent of total billed charges	
IFOSFAMIDE 1G INJ	J9208	HCPCS	inpatient			994.5		30.76 Qualcare	Qualcare		745.88	75			26.75	944.78	percent of total billed charges	
IFOSFAMIDE 1G INJ	J9208	HCPCS	inpatient			994.5		30.76 Three Rivers	Three Rivers		944.78	95			26.75	944.78	percent of total billed charges	
IFOSFAMIDE 1G INJ	J9208	HCPCS	inpatient			994.5		30.76 UHC	Medicaid		313.76	31.55			26.75	944.78	percent of total billed charges	
IFOSFAMIDE 1G INJ	J9208	HCPCS	inpatient			994.5		30.76 UHC	Medicare		26.75				26.75	944.78	fee schedule	
IFOSFAMIDE 1G INJ	J9208	HCPCS	inpatient			994.5		30.76 Wellcare	Medicare		26.75				26.75	944.78	fee schedule	
IFOSFAMIDE 1G INJ	J9208	HCPCS	inpatient			994.5		30.76 Wellcare	Medicaid		313.76	31.55			26.75	944.78	percent of total billed charges	
IFOSFAMIDE 1G INJ	J9208	HCPCS	inpatient			994.5		30.76 WellPoint	WellPoint		320.03	32.18			26.75	944.78	percent of total billed charges	
MESNA 200MG	J9209	HCPCS	both			165.5		1.58 Aetna	Commercial		62.89	38			1.37	157.23	percent of total billed charges	
MESNA 200MG	J9209	HCPCS	both			165.5		1.58 Aetna	Medicare		1.37				1.37	157.23	fee schedule	
MESNA 200MG	J9209	HCPCS	both			165.5		1.58 Aetna	Better Health		52.22	31.55			1.37	157.23	percent of total billed charges	
MESNA 200MG	J9209	HCPCS	both			165.5		1.58 Americare	Americare		124.13	75			1.37	157.23	percent of total billed charges	
MESNA 200MG	J9209	HCPCS	both			165.5		1.58 Amerihealth	Medicare		1.37				1.37	157.23	fee schedule	
MESNA 200MG	J9209	HCPCS	both			165.5		1.58 Amerihealth	HMO/PPO		2.59				1.37	157.23	fee schedule	
MESNA 200MG	J9209	HCPCS	both			165.5		1.58 Consumer	Consumer		157.23	95			1.37	157.23	percent of total billed charges	
MESNA 200MG	J9209	HCPCS	both			165.5		1.58 Corrections	Corrections		132.4	80			1.37	157.23	percent of total billed charges	
MESNA 200MG	J9209	HCPCS	both			165.5		1.58 First Health	First Health		115.85	70			1.37	157.23	percent of total billed charges	
MESNA 200MG	J9209	HCPCS	both			165.5		1.58 First Trenton	First Trenton		148.95	90			1.37	157.23	percent of total billed charges	
MESNA 200MG	J9209	HCPCS	both			165.5		1.58 Horizon	Indemnity		63.35	38.28			1.37	157.23	percent of total billed charges	
MESNA 200MG	J9209	HCPCS	both			165.5		1.58 Horizon	PPO		63.35	38.28			1.37	157.23	percent of total billed charges	
MESNA 200MG	J9209	HCPCS	both			165.5		1.58 Horizon	MGD		63.35	38.28			1.37	157.23	percent of total billed charges	
MESNA 200MG	J9209	HCPCS	both			165.5		1.58 Horizon	Medicare Blue		49.65	30			1.37	157.23	percent of total billed charges	
MESNA 200MG	J9209	HCPCS	both			165.5		1.58 Managed Care Inc	Managed Care Inc		148.95	90			1.37	157.23	percent of total billed charges	
MESNA 200MG	J9209	HCPCS	both			165.5		1.58 Multiplan	Multiplan		132.4	80			1.37	157.23	percent of total billed charges	
MESNA 200MG	J9209	HCPCS	both			165.5		1.58 Qualcare	Qualcare		124.13	75			1.37	157.23	percent of total billed charges	
MESNA 200MG	J9209	HCPCS	both			165.5		1.58 Three Rivers	Three Rivers		157.23	95			1.37	157.23	percent of total billed charges	
MESNA 200MG	J9209	HCPCS	both			165.5		1.58 UHC	Medicare		1.37				1.37	157.23	fee schedule	
MESNA 200MG	J9209	HCPCS	both			165.5		1.58 UHC	Medicaid		52.22	31.55			1.37	157.23	percent of total billed charges	
MESNA 200MG	J9209	HCPCS	both			165.5		1.58 Wellcare	Medicare		1.37				1.37	157.23	fee schedule	
MESNA 200MG	J9209	HCPCS	both			165.5		1.58 Wellcare	Medicaid		52.22	31.55			1.37	157.23	percent of total billed charges	
MESNA 200MG	J9209	HCPCS	both			165.5		1.58 WellPoint	WellPoint		53.26	32.18			1.37	157.23	percent of total billed charges	
IDARUBICIN 5MG INJ	J9211	HCPCS	outpatient			1689		49.37 Aetna	Medicare		42.93				32.28	1604.55	fee schedule	
IDARUBICIN 5MG INJ	J9211	HCPCS	outpatient			1689		49.37 Aetna	Commercial		641.82	38			32.28	1604.55	percent of total billed charges	
IDARUBICIN 5MG INJ	J9211	HCPCS	outpatient			1689		49.37 Aetna	Better Health		532.88	31.55			32.28	1604.55	percent of total billed charges	
IDARUBICIN 5MG INJ	J9211	HCPCS	outpatient			1689		49.37 Americare	Americare		1266.75	75			32.28	1604.55	percent of total billed charges	
IDARUBICIN 5MG INJ	J9211	HCPCS	outpatient			1689		49.37 Amerihealth	HMO/PPO		32.28				32.28	1604.55	fee schedule	
IDARUBICIN 5MG INJ	J9211	HCPCS	outpatient			1689		49.37 Amerihealth	Medicare		42.93				32.28	1604.55	fee schedule	
IDARUBICIN 5MG INJ	J9211	HCPCS	outpatient			1689		49.37 Consumer	Consumer		1604.55	95			32.28	1604.55	percent of total billed charges	
IDARUBICIN 5MG INJ	J9211	HCPCS	outpatient			1689		49.37 Corrections	Corrections		1351.2	80			32.28	1604.55	percent of total billed charges	
IDARUBICIN 5MG INJ	J9211	HCPCS	outpatient			1689		49.37 First Health	First Health		1182.3	70			32.28	1604.55	percent of total billed charges	
IDARUBICIN 5MG INJ	J9211	HCPCS	outpatient			1689		49.37 First Trenton	First Trenton		1520.1	90			32.28	1604.55	percent of total billed charges	
IDARUBICIN 5MG INJ	J9211	HCPCS	outpatient			1689		49.37 Horizon	MGD		646.55	38.28			32.28	1604.55	percent of total billed charges	
IDARUBICIN 5MG INJ	J9211	HCPCS	outpatient			1689		49.37 Horizon	Medicare Blue		506.7	30			32.28	1604.55	percent of total billed charges	
IDARUBICIN 5MG INJ	J9211	HCPCS	outpatient			1689		49.37 Horizon	PPO		646.55	38.28			32.28	1604.55	percent of total billed charges	
IDARUBICIN 5MG INJ	J9211	HCPCS	outpatient			1689		49.37 Horizon	Indemnity		646.55	38.28			32.28	1604.55	percent of total billed charges	
IDARUBICIN 5MG INJ	J9211	HCPCS	outpatient			1689		49.37 Managed Care Inc	Managed Care Inc		1520.1	90			32.28	1604.55	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.															
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true														
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
IDARUBICIN 5MG INJ	J9211	HCPCS	outpatient			1689		49.37	Multiplan		1351.2	80			32.28	1604.55	percent of total billed charges	
IDARUBICIN 5MG INJ	J9211	HCPCS	outpatient			1689		49.37	Qualcare		1266.75	75			32.28	1604.55	percent of total billed charges	
IDARUBICIN 5MG INJ	J9211	HCPCS	outpatient			1689		49.37	Three Rivers		1604.55	95			32.28	1604.55	percent of total billed charges	
IDARUBICIN 5MG INJ	J9211	HCPCS	outpatient			1689		49.37	UHC		42.93				32.28	1604.55	fee schedule	
IDARUBICIN 5MG INJ	J9211	HCPCS	outpatient			1689		49.37	Medicaid		532.88	31.55			32.28	1604.55	percent of total billed charges	
IDARUBICIN 5MG INJ	J9211	HCPCS	outpatient			1689		49.37	Wellcare		532.88	31.55			32.28	1604.55	percent of total billed charges	
IDARUBICIN 5MG INJ	J9211	HCPCS	outpatient			1689		49.37	Wellcare		42.93				32.28	1604.55	fee schedule	
IDARUBICIN 5MG INJ	J9211	HCPCS	outpatient			1689		49.37	WellPoint		543.52	32.18			32.28	1604.55	percent of total billed charges	
INTERFERON ALPHA 1,000,000 UNITS (CHEMO)	J9214	HCPCS	outpatient			75		44.97	Aetna		23.66	31.55			23.66	81.43	percent of total billed charges	
INTERFERON ALPHA 1,000,000 UNITS (CHEMO)	J9214	HCPCS	outpatient			75		44.97	Aetna		62.25				23.66	81.43	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERFERON ALPHA 1,000,000 UNITS (CHEMO)	J9214	HCPCS	outpatient			75		44.97	Aetna		39.1				23.66	81.43	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERFERON ALPHA 1,000,000 UNITS (CHEMO)	J9214	HCPCS	outpatient			75		44.97	Americare		56.25	75			23.66	81.43	percent of total billed charges	
INTERFERON ALPHA 1,000,000 UNITS (CHEMO)	J9214	HCPCS	outpatient			75		44.97	Amerihealth		39.1				23.66	81.43	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERFERON ALPHA 1,000,000 UNITS (CHEMO)	J9214	HCPCS	outpatient			75		44.97	Amerihealth		HMO/PPO	29.14			23.66	81.43	fee schedule	
INTERFERON ALPHA 1,000,000 UNITS (CHEMO)	J9214	HCPCS	outpatient			75		44.97	Consumer		Consumer	71.25	95		23.66	81.43	percent of total billed charges	
INTERFERON ALPHA 1,000,000 UNITS (CHEMO)	J9214	HCPCS	outpatient			75		44.97	Corrections		Corrections	60	80		23.66	81.43	percent of total billed charges	
INTERFERON ALPHA 1,000,000 UNITS (CHEMO)	J9214	HCPCS	outpatient			75		44.97	First Health		First Health	52.5	70		23.66	81.43	percent of total billed charges	
INTERFERON ALPHA 1,000,000 UNITS (CHEMO)	J9214	HCPCS	outpatient			75		44.97	First Trenton		First Trenton	67.5	90		23.66	81.43	percent of total billed charges	
INTERFERON ALPHA 1,000,000 UNITS (CHEMO)	J9214	HCPCS	outpatient			75		44.97	Horizon		Indemnity	72.77			23.66	81.43	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERFERON ALPHA 1,000,000 UNITS (CHEMO)	J9214	HCPCS	outpatient			75		44.97	Horizon		PPO	72.77			23.66	81.43	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERFERON ALPHA 1,000,000 UNITS (CHEMO)	J9214	HCPCS	outpatient			75		44.97	Horizon		MGD	72.77			23.66	81.43	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERFERON ALPHA 1,000,000 UNITS (CHEMO)	J9214	HCPCS	outpatient			75		44.97	Horizon		Medicare Blue	39.1			23.66	81.43	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERFERON ALPHA 1,000,000 UNITS (CHEMO)	J9214	HCPCS	outpatient			75		44.97	Managed Care Inc		Managed Care Inc	67.5	90		23.66	81.43	percent of total billed charges	
INTERFERON ALPHA 1,000,000 UNITS (CHEMO)	J9214	HCPCS	outpatient			75		44.97	Multiplan		Multiplan	60	80		23.66	81.43	percent of total billed charges	
INTERFERON ALPHA 1,000,000 UNITS (CHEMO)	J9214	HCPCS	outpatient			75		44.97	Qualcare		Qualcare	56.25	75		23.66	81.43	percent of total billed charges	
INTERFERON ALPHA 1,000,000 UNITS (CHEMO)	J9214	HCPCS	outpatient			75		44.97	Three Rivers		Three Rivers	71.25	95		23.66	81.43	percent of total billed charges	
INTERFERON ALPHA 1,000,000 UNITS (CHEMO)	J9214	HCPCS	outpatient			75		44.97	UHC		Medicare	39.1			23.66	81.43	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERFERON ALPHA 1,000,000 UNITS (CHEMO)	J9214	HCPCS	outpatient			75		44.97	Medicaid		23.66	31.55			23.66	81.43	percent of total billed charges	
INTERFERON ALPHA 1,000,000 UNITS (CHEMO)	J9214	HCPCS	outpatient			75		44.97	Oxford		81.43				23.66	81.43	fee schedule	
INTERFERON ALPHA 1,000,000 UNITS (CHEMO)	J9214	HCPCS	outpatient			75		44.97	United		CommercialPPO	81.43			23.66	81.43	fee schedule	
INTERFERON ALPHA 1,000,000 UNITS (CHEMO)	J9214	HCPCS	outpatient			75		44.97	Wellcare		Medicare	39.1			23.66	81.43	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERFERON ALPHA 1,000,000 UNITS (CHEMO)	J9214	HCPCS	outpatient			75		44.97	Wellcare		Medicaid	23.66	31.55		23.66	81.43	percent of total billed charges	
INTERFERON ALPHA 1,000,000 UNITS (CHEMO)	J9214	HCPCS	outpatient			75		44.97	WellPoint		WellPoint	24.14	32.18		23.66	81.43	percent of total billed charges	
INTERFERON (ACTIMMUNE) 100MCG/0.5ML	J9216	HCPCS	outpatient			1551			Aetna		Better Health	489.34	31.55			465.3	5537.13	percent of total billed charges	
INTERFERON (ACTIMMUNE) 100MCG/0.5ML	J9216	HCPCS	outpatient			1551			Aetna		Commercial	589.38	38			465.3	5537.13	percent of total billed charges	
INTERFERON (ACTIMMUNE) 100MCG/0.5ML	J9216	HCPCS	outpatient			1551			Aetna		Medicare	477.71	30.8			465.3	5537.13	percent of total billed charges	
INTERFERON (ACTIMMUNE) 100MCG/0.5ML	J9216	HCPCS	outpatient			1551			Americare		Americare	1163.25	75			465.3	5537.13	percent of total billed charges	
INTERFERON (ACTIMMUNE) 100MCG/0.5ML	J9216	HCPCS	outpatient			1551			Amerihealth		HMO/PPO	5537.13				465.3	5537.13	fee schedule	
INTERFERON (ACTIMMUNE) 100MCG/0.5ML	J9216	HCPCS	outpatient			1551			Consumer		Consumer	1473.45	95			465.3	5537.13	percent of total billed charges	
INTERFERON (ACTIMMUNE) 100MCG/0.5ML	J9216	HCPCS	outpatient			1551			Corrections		Corrections	1240.8	80			465.3	5537.13	percent of total billed charges	
INTERFERON (ACTIMMUNE) 100MCG/0.5ML	J9216	HCPCS	outpatient			1551			First Health		First Health	1085.7	70			465.3	5537.13	percent of total billed charges	
INTERFERON (ACTIMMUNE) 100MCG/0.5ML	J9216	HCPCS	outpatient			1551			First Trenton		First Trenton	1395.9	90			465.3	5537.13	percent of total billed charges	
INTERFERON (ACTIMMUNE) 100MCG/0.5ML	J9216	HCPCS	outpatient			1551			Horizon		MGD	593.72	38.28			465.3	5537.13	percent of total billed charges	
INTERFERON (ACTIMMUNE) 100MCG/0.5ML	J9216	HCPCS	outpatient			1551			Horizon		Medicare Blue	465.3	30			465.3	5537.13	percent of total billed charges	
INTERFERON (ACTIMMUNE) 100MCG/0.5ML	J9216	HCPCS	outpatient			1551			Horizon		Indemnity	593.72	38.28			465.3	5537.13	percent of total billed charges	
INTERFERON (ACTIMMUNE) 100MCG/0.5ML	J9216	HCPCS	outpatient			1551			Horizon		PPO	593.72	38.28			465.3	5537.13	percent of total billed charges	
INTERFERON (ACTIMMUNE) 100MCG/0.5ML	J9216	HCPCS	outpatient			1551			Managed Care Inc		Managed Care Inc	1395.9	90			465.3	5537.13	percent of total billed charges	
INTERFERON (ACTIMMUNE) 100MCG/0.5ML	J9216	HCPCS	outpatient			1551			Multiplan		Multiplan	1240.8	80			465.3	5537.13	percent of total billed charges	
INTERFERON (ACTIMMUNE) 100MCG/0.5ML	J9216	HCPCS	outpatient			1551			Qualcare		Qualcare	1163.25	75			465.3	5537.13	percent of total billed charges	
INTERFERON (ACTIMMUNE) 100MCG/0.5ML	J9216	HCPCS	outpatient			1551			Three Rivers		Three Rivers	1473.45	95			465.3	5537.13	percent of total billed charges	
INTERFERON (ACTIMMUNE) 100MCG/0.5ML	J9216	HCPCS	outpatient			1551			UHC		Medicaid	489.34	31.55			465.3	5537.13	percent of total billed charges	
INTERFERON (ACTIMMUNE) 100MCG/0.5ML	J9216	HCPCS	outpatient			1551			Wellcare		Medicaid	489.34	31.55			465.3	5537.13	percent of total billed charges	
INTERFERON (ACTIMMUNE) 100MCG/0.5ML	J9216	HCPCS	outpatient			1551			WellPoint		WellPoint	499.11	32.18			465.3	5537.13	percent of total billed charges	
LEUPROLIDE 7.5MG/1ML INJ	J9217	HCPCS	both			1332		208.5	Aetna		Better Health	420.25	31.55			181.3	1265.4	percent of total billed charges	
LEUPROLIDE 7.5MG/1ML INJ	J9217	HCPCS	both			1332		208.5	Aetna		Medicare	181.3				181.3	1265.4	fee schedule	
LEUPROLIDE 7.5MG/1ML INJ	J9217	HCPCS	both			1332		208.5	Aetna		Commercial	354.79				181.3	1265.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEUPROLIDE 7.5MG/1ML INJ	J9217	HCPCS	both			1332		208.5	Americare		Americare	999	75			181.3	1265.4	percent of total billed charges	
LEUPROLIDE 7.5MG/1ML INJ	J9217	HCPCS	both			1332		208.5	Amerihealth		HMO/PPO	244.12				181.3	1265.4	fee schedule	
LEUPROLIDE 7.5MG/1ML INJ	J9217	HCPCS	both			1332		208.5	Amerihealth		Medicare	181.3				181.3	1265.4	fee schedule	
LEUPROLIDE 7.5MG/1ML INJ	J9217	HCPCS	both			1332		208.5	Consumer		Consumer	1265.4	95			181.3	1265.4	percent of total billed charges	
LEUPROLIDE 7.5MG/1ML INJ	J9217	HCPCS	both			1332		208.5	Corrections		Corrections	1065.6	80			181.3	1265.4	percent of total billed charges	
LEUPROLIDE 7.5MG/1ML INJ	J9217	HCPCS	both			1332		208.5	First Health		First Health	932.4	70			181.3	1265.4	percent of total billed charges	
LEUPROLIDE 7.5MG/1ML INJ	J9217	HCPCS	both			1332		208.5	First Trenton		First Trenton	1198.8	90			181.3	1265.4	percent of total billed charges	
LEUPROLIDE 7.5MG/1ML INJ	J9217	HCPCS	both			1332		208.5	Horizon		Indemnity	414.74				181.3	1265.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEUPROLIDE 7.5MG/1ML INJ	J9217	HCPCS	both			1332		208.5	Horizon		MGD	414.74				181.3	1265.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEUPROLIDE 7.5MG/1ML INJ	J9217	HCPCS	both			1332		208.5	Horizon		Medicare Blue	222.86				181.3	1265.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEUPROLIDE 7.5MG/1ML INJ	J9217	HCPCS	both			1332		208.5	Horizon		PPO	414.74				181.3	1265.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEUPROLIDE 7.5MG/1ML INJ	J9217	HCPCS	both			1332		208.5	Managed Care Inc		Managed Care Inc	1198.8	90			181.3	1265.4	percent of total billed charges	
LEUPROLIDE 7.5MG/1ML INJ	J9217	HCPCS	both			1332		208.5	Multiplan		Multiplan	1065.6	80			181.3	1265.4	percent of total billed charges	
LEUPROLIDE 7.5MG/1ML INJ	J9217	HCPCS	both			1332		208.5	Qualcare		Qualcare	999	75			181.3	1265.4	percent of total billed charges	
LEUPROLIDE 7.5MG/1ML INJ	J9217	HCPCS	both			1332		208.5	Three Rivers		Three Rivers	1265.4	95			181.3	1265.4	percent of total billed charges	
LEUPROLIDE 7.5MG/1ML INJ	J9217	HCPCS	both			1332		208.5	UHC		Medicaid	420.25	31.55			181.3	1265.4	percent of total billed charges	
LEUPROLIDE 7.5MG/1ML INJ	J9217	HCPCS	both			1332		208.5	UHC		Medicare	181.3				181.3	1265.4	fee schedule	
LEUPROLIDE 7.5MG/1ML INJ	J9217	HCPCS	both			1332		208.5	United		CommercialPPO	453.25				181.3	1265.4	fee schedule	
LEUPROLIDE 7.5MG/1ML INJ	J9217	HCPCS	both			1332		208.5	United		Oxford	453.25				181.3	1265.4	fee schedule	
LEUPROLIDE 7.5MG/1ML INJ	J9217	HCPCS	both			1332		208.5	Wellcare		Medicaid	420.25	31.55			181.3	1265.4	percent of total billed charges	
LEUPROLIDE 7.5MG/1ML INJ	J9217	HCPCS	both			1332		208.5	Wellcare		Medicare	181.3				181.3	1265.4	fee schedule	
LEUPROLIDE 7.5MG/1ML INJ	J9217	HCPCS	both			1332		208.5	WellPoint		WellPoint	428.64	32.18			181.3	1265.4	percent of total billed charges	
LEUPROLIDE 1MG/0.2ML INJ	J9218	HCPCS	outpatient			2503		15.81	Aetna		Medicare	13.75				13.23	2377.85	fee schedule	
LEUPROLIDE 1MG/0.2ML INJ	J9218	HCPCS	outpatient			2503		15.81	Aetna		Better Health	789.7	31.55			13.23	2377.85	percent of total billed charges	
LEUPROLIDE 1MG/0.2ML INJ	J9218	HCPCS	outpatient			2503		15.81	Aetna		Commercial	21.06				13.23	2377.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEUPROLIDE 1MG/0.2ML INJ	J9218	HCPCS	outpatient			2503		15.81	Americare		Americare	1877.25	75			13.23	2377.85	percent of total billed charges	
LEUPROLIDE 1MG/0.2ML INJ	J9218	HCPCS	outpatient			2503		15.81	Amerihealth		HMO/PPO	19.42				13.23	2377.85	fee schedule	
LEUPROLIDE 1MG/0.2ML INJ	J9218	HCPCS	outpatient			2503		15.81	Amerihealth		Medicare	13.75				13.23	2377.85	fee schedule	
LEUPROLIDE 1MG/0.2ML INJ	J9218	HCPCS	outpatient			2503		15.81	Consumer		Consumer	2377.85	95			13.23	2377.85	percent of total billed charges	
LEUPROLIDE 1MG/0.2ML INJ	J9218	HCPCS	outpatient			2503		15.81	Corrections		Corrections	2002.4	80			13.23	2377.85	percent of total billed charges	
LEUPROLIDE 1MG/0.2ML INJ	J9218	HCPCS	outpatient			2503		15.81	First Health		First Health	1752.1	70			13.23	2377.85	percent of total billed charges	
LEUPROLIDE 1MG/0.2ML INJ	J9218	HCPCS	outpatient			2503		15.81	First Trenton		First Trenton	2252.7	90			13.23	2377.85	percent of total billed charges	
LEUPROLIDE 1MG/0.2ML INJ	J9218	HCPCS	outpatient			2503		15.81	Horizon		Medicare Blue	13.23				13.23	2377.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEUPROLIDE 1MG/0.2ML INJ	J9218	HCPCS	outpatient			2503		15.81	Horizon		Indemnity	24.62				13.23	2377.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEUPROLIDE 1MG/0.2ML INJ	J9218	HCPCS	outpatient			2503		15.81	Horizon		MGD	24.62				13.23	2377.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEUPROLIDE 1MG/0.2ML INJ	J9218	HCPCS	outpatient			2503		15.81	Horizon		PPO	24.62				13.23	2377.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEUPROLIDE 1MG/0.2ML INJ	J9218	HCPCS	outpatient			2503		15.81	Managed Care Inc		Managed Care Inc	2252.7	90			13.23	2377.85	percent of total billed charges	
LEUPROLIDE 1MG/0.2ML INJ	J9218	HCPCS	outpatient			2503		15.81	Multiplan		Multiplan	2002.4	80			13.23	2377.85	percent of total billed charges	
LEUPROLIDE 1MG/0.2ML INJ	J9218	HCPCS	outpatient			2503		15.81	Qualcare		Qualcare	1877.25	75			13.23	2377.85	percent of total billed charges	
LEUPROLIDE 1MG/0.2ML INJ	J9218	HCPCS	outpatient			2503		15.81	Three Rivers		Three Rivers	2377.85	95			13.23	2377.85	percent of total billed charges	
LEUPROLIDE 1MG/0.2ML INJ	J9218	HCPCS	outpatient			2503		15.81	UHC		Medicare	13.75				13.23	2377.85	fee schedule	
LEUPROLIDE 1MG/0.2ML INJ	J9218	HCPCS	outpatient			2503		15.81	UHC		Medicaid	789.7	31.55			13.23	2377.85	percent of total billed charges	
LEUPROLIDE 1MG/0.2ML INJ	J9218	HCPCS	outpatient			2503		15.81	United		CommercialPPO	34.38				13.23	2377.85	fee schedule	
LEUPROLIDE 1MG/0.2ML INJ	J9218	HCPCS	outpatient			2503		15.81	United		Oxford	34.38				13.23	2377.85	fee schedule	
LEUPROLIDE 1MG/0.2ML INJ	J9218	HCPCS	outpatient			2503		15.81	Wellcare		Medicare	13.75				13.23	2377.85	fee schedule	
LEUPROLIDE 1MG/0.2ML INJ	J9218	HCPCS	outpatient			2503		15.81	Wellcare		Medicaid	789.7	31.55			13.23	2377.85	percent of total billed charges	
LEUPROLIDE 1MG/0.2ML INJ	J9218	HCPCS	outpatient			2503		15.81	WellPoint		WellPoint	805.47	32.18			13.23	2377.85	percent of total billed charges	
LURBINECTEDIN(ZEPZELCA) 0.1MG INJ	J9223	HCPCS	outpatient			666		230.01	Aetna		Commercial	381.27				200.01	632.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LURBINECTEDIN(ZEPZELCA) 0.1MG INJ	J9223	HCPCS	outpatient			666		230.01	Aetna		Better Health	210.12	31.55			200.01	632.7	percent of total billed charges	
LURBINECTEDIN(ZEPZELCA) 0.1MG INJ	J9223	HCPCS	outpatient			666		230.01	Aetna		Medicare	200.01				200.01	632.7	fee schedule	
LURBINECTEDIN(ZEPZELCA) 0.1MG INJ	J9223	HCPCS	outpatient			666		230.01	Americare		Americare	499.5	75			200.01	632.7	percent of total billed charges	
LURBINECTEDIN(ZEPZELCA) 0.1MG INJ	J9223	HCPCS	outpatient			666		230.01	Amerihealth		Medicare	200.01				200.01	632.7	fee schedule	
LURBINECTEDIN(ZEPZELCA) 0.1MG INJ	J9223	HCPCS	outpatient			666		230.01	Amerihealth		HMO/PPO	432.9	65			200.01	632.7	percent of total billed charges	
LURBINECTEDIN(ZEPZELCA) 0.1MG INJ	J9223	HCPCS	outpatient			666		230.01	Consumer		Consumer	632.7	95			200.01	632.7	percent of total billed charges	
LURBINECTEDIN(ZEPZELCA) 0.1MG INJ	J9223	HCPCS	outpatient			666		230.01	Corrections		Corrections	532.8	80			200.01	632.7	percent of total billed charges	
LURBINECTEDIN(ZEPZELCA) 0.1MG INJ	J9223	HCPCS	outpatient			666		230.01	First Health		First Health	466.2	70			200.01	632.7	percent of total billed charges	
LURBINECTEDIN(ZEPZELCA) 0.1MG INJ	J9223	HCPCS	outpatient			666		230.01	First Trenton		First Trenton	599.4	90			200.01	632.7	percent of total billed charges	
LURBINECTEDIN(ZEPZELCA) 0.1MG INJ	J9223	HCPCS	outpatient			666		230.01	Horizon		PPO	445.69				200.01	632.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LURBINECTEDIN(ZEPZELCA) 0.1MG INJ	J9223	HCPCS	outpatient			666		230.01	Horizon		Medicare Blue	239.49				200.01	632.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LURBINECTEDIN(ZEPZELCA) 0.1MG INJ	J9223	HCPCS	outpatient			666		230.01	Horizon		Indemnity	445.69				200.01	632.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LURBINECTEDIN(ZEPZELCA) 0.1MG INJ	J9223	HCPCS	outpatient			666		230.01	Horizon		MGD	445.69				200.01	632.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LURBINECTEDIN(ZEPZELCA) 0.1MG INJ	J9223	HCPCS	outpatient			666		230.01	Managed Care Inc		Managed Care Inc	599.4	90			200.01	632.7	percent of total billed charges	
LURBINECTEDIN(ZEPZELCA) 0.1MG INJ	J9223	HCPCS	outpatient			666		230.01	Multiplan		Multiplan	532.8	80			200.01	632.7	percent of total billed charges	
LURBINECTEDIN(ZEPZELCA) 0.1MG INJ	J9223	HCPCS	outpatient			666		230.01	Qualcare		Qualcare	499.5	75			200.01	632.7	percent of total billed charges	
LURBINECTEDIN(ZEPZELCA) 0.1MG INJ	J9223	HCPCS	outpatient			666		230.01	Three Rivers		Three Rivers	632.7	95			200.01	632.7	percent of total billed charges	
LURBINECTEDIN(ZEPZELCA) 0.1MG INJ	J9223	HCPCS	outpatient			666		230.01	UHC		Medicaid	210.12	31.55			200.01	632.7	percent of total billed charges	
LURBINECTEDIN(ZEPZELCA) 0.1MG INJ	J9223	HCPCS	outpatient			666		230.01	UHC		Medicare	200.01				200.01	632.7	fee schedule	
LURBINECTEDIN(ZEPZELCA) 0.1MG INJ	J9223	HCPCS	outpatient			666		230.01	United		CommercialPPO	500.03				200.01	632.7	fee schedule	
LURBINECTEDIN(ZEPZELCA) 0.1MG INJ	J9223	HCPCS	outpatient			666		230.01	United		Oxford	500.03				200.01	632.7	fee schedule	
LURBINECTEDIN(ZEPZELCA) 0.1MG INJ	J9223	HCPCS	outpatient			666		230.01	Wellcare		Medicaid	210.12	31.55			200.01	632.7	percent of total billed charges	
LURBINECTEDIN(ZEPZELCA) 0.1MG INJ	J9223	HCPCS	outpatient			666		230.01	Wellcare		Medicare	200.01				200.01	632.7	fee schedule	
LURBINECTEDIN(ZEPZELCA) 0.1MG INJ	J9223	HCPCS	outpatient			666		230.01	WellPoint		WellPoint	214.32	32.18			200.01	632.7	percent of total billed charges	
IPILIMUMAB I MG INJ	J9228	HCPCS	outpatient			526		198.28	Aetna		Better Health	165.95	31.55			154.77	499.7	percent of total billed charges	
IPILIMUMAB I MG INJ	J9228	HCPCS	outpatient			526		198.28	Aetna		Commercial	330.04				154.77	499.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IPILIMUMAB I MG INJ	J9228	HCPCS	outpatient			526		198.28	Aetna		Medicare	172.42				154.77	499.7	fee schedule	
IPILIMUMAB I MG INJ	J9228	HCPCS	outpatient			526		198.28	Americare		Americare	394.5	75			154.77	499.7	percent of total billed charges	
IPILIMUMAB I MG INJ	J9228	HCPCS	outpatient			526		198.28	Amerihealth		HMO/PPO	154.77				154.77	499.7	fee schedule	
IPILIMUMAB I MG INJ	J9228	HCPCS	outpatient			526		198.28	Amerihealth		Medicare	172.42				154.77	499.7	fee schedule	
IPILIMUMAB I MG INJ	J9228	HCPCS	outpatient			526		198.28	Consumer		Consumer	499.7	95			154.77	499.7	percent of total billed charges	
IPILIMUMAB I MG INJ	J9228	HCPCS	outpatient			526		198.28	Corrections		Corrections	420.8	80			154.77	499.7	percent of total billed charges	
IPILIMUMAB I MG INJ	J9228	HCPCS	outpatient			526		198.28	First Health		First Health	368.2	70			154.77	499.7	percent of total billed charges	
IPILIMUMAB I MG INJ	J9228	HCPCS	outpatient			526		198.28	First Trenton		First Trenton	473.4	90			154.77	499.7	percent of total billed charges	
IPILIMUMAB I MG INJ	J9228	HCPCS	outpatient			526		198.28	Horizon		MGD	385.8				154.77	499.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IPILIMUMAB I MG INJ	J9228	HCPCS	outpatient			526		198.28	Horizon		Medicare Blue	207.31				154.77	499.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IPILIMUMAB I MG INJ	J9228	HCPCS	outpatient			526		198.28	Horizon		Indemnity	385.8				154.77	499.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IPILIMUMAB I MG INJ	J9228	HCPCS	outpatient			526		198.28	Horizon		PPO	385.8				154.77	499.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IPILIMUMAB I MG INJ	J9228	HCPCS	outpatient			526		198.28	Managed Care Inc		Managed Care Inc	473.4	90			154.77	499.7	percent of total billed charges	
IPILIMUMAB I MG INJ	J9228	HCPCS	outpatient			526		198.28	Multiplan		Multiplan	420.8	80			154.77	499.7	percent of total billed charges	
IPILIMUMAB I MG INJ	J9228	HCPCS	outpatient			526		198.28	Qualcare		Qualcare	394.5	75			154.77	499.7	percent of total billed charges	
IPILIMUMAB I MG INJ	J9228	HCPCS	outpatient			526		198.28	Three Rivers		Three Rivers	499.7	95			154.77	499.7	percent of total billed charges	
IPILIMUMAB I MG INJ	J9228	HCPCS	outpatient			526		198.28	UHC		Medicare	172.42				154.77	499.7	fee schedule	
IPILIMUMAB I MG INJ	J9228	HCPCS	outpatient			526		198.28	UHC		Medicaid	165.95	31.55			154.77	499.7	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.													
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true												
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
IPILIMUMAB I MG INJ	J9228	HCPCS	outpatient			526	198.28	United	Commercial|PPO		431.05				154.77	499.7	fee schedule	
IPILIMUMAB I MG INJ	J9228	HCPCS	outpatient			526	198.28	United	Oxford		431.05				154.77	499.7	fee schedule	
IPILIMUMAB I MG INJ	J9228	HCPCS	outpatient			526	198.28	Wellcare	Medicaid		165.95	31.55			154.77	499.7	percent of total billed charges	
IPILIMUMAB I MG INJ	J9228	HCPCS	outpatient			526	198.28	Wellcare	Medicare		172.42				154.77	499.7	fee schedule	
IPILIMUMAB I MG INJ	J9228	HCPCS	outpatient			526	198.28	WellPoint	WellPoint		169.27	32.18			154.77	499.7	percent of total billed charges	
MECHLORETHAMINE 10MG INJ	J9230	HCPCS	outpatient			825		Aetna	Better Health		260.29	31.55			247.5	783.75	percent of total billed charges	
MECHLORETHAMINE 10MG INJ	J9230	HCPCS	outpatient			825		Aetna	Commercial		313.5	38			247.5	783.75	percent of total billed charges	
MECHLORETHAMINE 10MG INJ	J9230	HCPCS	outpatient			825		Aetna	Medicare		254.1	30.8			247.5	783.75	percent of total billed charges	
MECHLORETHAMINE 10MG INJ	J9230	HCPCS	outpatient			825		Americare	Americare		618.75	75			247.5	783.75	percent of total billed charges	
MECHLORETHAMINE 10MG INJ	J9230	HCPCS	outpatient			825		Amerihealth	HMO/PPO		288.47				247.5	783.75	fee schedule	
MECHLORETHAMINE 10MG INJ	J9230	HCPCS	outpatient			825		Consumer	Consumer		783.75	95			247.5	783.75	percent of total billed charges	
MECHLORETHAMINE 10MG INJ	J9230	HCPCS	outpatient			825		Corrections	Corrections		660	80			247.5	783.75	percent of total billed charges	
MECHLORETHAMINE 10MG INJ	J9230	HCPCS	outpatient			825		First Health	First Health		577.5	70			247.5	783.75	percent of total billed charges	
MECHLORETHAMINE 10MG INJ	J9230	HCPCS	outpatient			825		First Trenton	First Trenton		742.5	90			247.5	783.75	percent of total billed charges	
MECHLORETHAMINE 10MG INJ	J9230	HCPCS	outpatient			825		Horizon	Indemnity		315.81	38.28			247.5	783.75	percent of total billed charges	
MECHLORETHAMINE 10MG INJ	J9230	HCPCS	outpatient			825		Horizon	Medicare Blue		247.5	30			247.5	783.75	percent of total billed charges	
MECHLORETHAMINE 10MG INJ	J9230	HCPCS	outpatient			825		Horizon	MGD		315.81	38.28			247.5	783.75	percent of total billed charges	
MECHLORETHAMINE 10MG INJ	J9230	HCPCS	outpatient			825		Horizon	PPO		315.81	38.28			247.5	783.75	percent of total billed charges	
MECHLORETHAMINE 10MG INJ	J9230	HCPCS	outpatient			825		Managed Care Inc	Managed Care Inc		742.5	90			247.5	783.75	percent of total billed charges	
MECHLORETHAMINE 10MG INJ	J9230	HCPCS	outpatient			825		Multiplan	Multiplan		660	80			247.5	783.75	percent of total billed charges	
MECHLORETHAMINE 10MG INJ	J9230	HCPCS	outpatient			825		Qualcare	Qualcare		618.75	75			247.5	783.75	percent of total billed charges	
MECHLORETHAMINE 10MG INJ	J9230	HCPCS	outpatient			825		Three Rivers	Three Rivers		783.75	95			247.5	783.75	percent of total billed charges	
MECHLORETHAMINE 10MG INJ	J9230	HCPCS	outpatient			825		UHC	Medicaid		260.29	31.55			247.5	783.75	percent of total billed charges	
MECHLORETHAMINE 10MG INJ	J9230	HCPCS	outpatient			825		Wellcare	Medicaid		260.29	31.55			247.5	783.75	percent of total billed charges	
MECHLORETHAMINE 10MG INJ	J9230	HCPCS	outpatient			825		WellPoint	WellPoint		265.49	32.18			247.5	783.75	percent of total billed charges	
MELPHALAN 50MG INJ	J9245	HCPCS	outpatient			3572	170.22	Aetna	Better Health		1126.97	31.55			148.02	3393.4	percent of total billed charges	
MELPHALAN 50MG INJ	J9245	HCPCS	outpatient			3572	170.22	Aetna	Commercial		320.58				148.02	3393.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MELPHALAN 50MG INJ	J9245	HCPCS	outpatient			3572	170.22	Aetna	Medicare		148.02				148.02	3393.4	fee schedule	
MELPHALAN 50MG INJ	J9245	HCPCS	outpatient			3572	170.22	Americare	Americare		2679	75			148.02	3393.4	percent of total billed charges	
MELPHALAN 50MG INJ	J9245	HCPCS	outpatient			3572	170.22	Amerihealth	HMO/PPO		2030.53				148.02	3393.4	fee schedule	
MELPHALAN 50MG INJ	J9245	HCPCS	outpatient			3572	170.22	Amerihealth	Medicare		148.02				148.02	3393.4	fee schedule	
MELPHALAN 50MG INJ	J9245	HCPCS	outpatient			3572	170.22	Consumer	Consumer		3393.4	95			148.02	3393.4	percent of total billed charges	
MELPHALAN 50MG INJ	J9245	HCPCS	outpatient			3572	170.22	Corrections	Corrections		2857.6	80			148.02	3393.4	percent of total billed charges	
MELPHALAN 50MG INJ	J9245	HCPCS	outpatient			3572	170.22	First Health	First Health		2500.4	70			148.02	3393.4	percent of total billed charges	
MELPHALAN 50MG INJ	J9245	HCPCS	outpatient			3572	170.22	First Trenton	First Trenton		3214.8	90			148.02	3393.4	percent of total billed charges	
MELPHALAN 50MG INJ	J9245	HCPCS	outpatient			3572	170.22	Horizon	PPO		374.75				148.02	3393.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MELPHALAN 50MG INJ	J9245	HCPCS	outpatient			3572	170.22	Horizon	MGD		374.75				148.02	3393.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MELPHALAN 50MG INJ	J9245	HCPCS	outpatient			3572	170.22	Horizon	Indemnity		374.75				148.02	3393.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MELPHALAN 50MG INJ	J9245	HCPCS	outpatient			3572	170.22	Horizon	Medicare Blue		291.37				148.02	3393.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MELPHALAN 50MG INJ	J9245	HCPCS	outpatient			3572	170.22	Managed Care Inc	Managed Care Inc		3214.8	90			148.02	3393.4	percent of total billed charges	
MELPHALAN 50MG INJ	J9245	HCPCS	outpatient			3572	170.22	Multiplan	Multiplan		2857.6	80			148.02	3393.4	percent of total billed charges	
MELPHALAN 50MG INJ	J9245	HCPCS	outpatient			3572	170.22	Qualcare	Qualcare		2679	75			148.02	3393.4	percent of total billed charges	
MELPHALAN 50MG INJ	J9245	HCPCS	outpatient			3572	170.22	Three Rivers	Three Rivers		3393.4	95			148.02	3393.4	percent of total billed charges	
MELPHALAN 50MG INJ	J9245	HCPCS	outpatient			3572	170.22	UHC	Medicaid		1126.97	31.55			148.02	3393.4	percent of total billed charges	
MELPHALAN 50MG INJ	J9245	HCPCS	outpatient			3572	170.22	UHC	Medicare		148.02				148.02	3393.4	fee schedule	
MELPHALAN 50MG INJ	J9245	HCPCS	outpatient			3572	170.22	United	Oxford		370.05				148.02	3393.4	fee schedule	
MELPHALAN 50MG INJ	J9245	HCPCS	outpatient			3572	170.22	United	Commercial|PPO		370.05				148.02	3393.4	fee schedule	
MELPHALAN 50MG INJ	J9245	HCPCS	outpatient			3572	170.22	Wellcare	Medicaid		1126.97	31.55			148.02	3393.4	percent of total billed charges	
MELPHALAN 50MG INJ	J9245	HCPCS	outpatient			3572	170.22	Wellcare	Medicare		148.02				148.02	3393.4	fee schedule	
MELPHALAN 50MG INJ	J9245	HCPCS	outpatient			3572	170.22	WellPoint	WellPoint		1149.47	32.18			148.02	3393.4	percent of total billed charges	
METHOTREXATE (ACCORD) 50MG INJ	J9255	HCPCS	outpatient			6		Aetna	Medicare		1.85	30.8			1.8	5.7	percent of total billed charges	
METHOTREXATE (ACCORD) 50MG INJ	J9255	HCPCS	outpatient			6		Aetna	Commercial		2.28	38			1.8	5.7	percent of total billed charges	
METHOTREXATE (ACCORD) 50MG INJ	J9255	HCPCS	outpatient			6		Aetna	Better Health		1.89	31.55			1.8	5.7	percent of total billed charges	
METHOTREXATE (ACCORD) 50MG INJ	J9255	HCPCS	outpatient			6		Americare	Americare		4.5	75			1.8	5.7	percent of total billed charges	
METHOTREXATE (ACCORD) 50MG INJ	J9255	HCPCS	outpatient			6		Amerihealth	HMO/PPO		3.9	65			1.8	5.7	percent of total billed charges	
METHOTREXATE (ACCORD) 50MG INJ	J9255	HCPCS	outpatient			6		Consumer	Consumer		5.7	95			1.8	5.7	percent of total billed charges	
METHOTREXATE (ACCORD) 50MG INJ	J9255	HCPCS	outpatient			6		Corrections	Corrections		4.8	80			1.8	5.7	percent of total billed charges	
METHOTREXATE (ACCORD) 50MG INJ	J9255	HCPCS	outpatient			6		First Health	First Health		4.2	70			1.8	5.7	percent of total billed charges	
METHOTREXATE (ACCORD) 50MG INJ	J9255	HCPCS	outpatient			6		First Trenton	First Trenton		5.4	90			1.8	5.7	percent of total billed charges	
METHOTREXATE (ACCORD) 50MG INJ	J9255	HCPCS	outpatient			6		Horizon	MGD		2.3	38.28			1.8	5.7	percent of total billed charges	
METHOTREXATE (ACCORD) 50MG INJ	J9255	HCPCS	outpatient			6		Horizon	Medicare Blue		1.8	30			1.8	5.7	percent of total billed charges	
METHOTREXATE (ACCORD) 50MG INJ	J9255	HCPCS	outpatient			6		Horizon	Indemnity		2.3	38.28			1.8	5.7	percent of total billed charges	
METHOTREXATE (ACCORD) 50MG INJ	J9255	HCPCS	outpatient			6		Horizon	PPO		2.3	38.28			1.8	5.7	percent of total billed charges	
METHOTREXATE (ACCORD) 50MG INJ	J9255	HCPCS	outpatient			6		Managed Care Inc	Managed Care Inc		5.4	90			1.8	5.7	percent of total billed charges	
METHOTREXATE (ACCORD) 50MG INJ	J9255	HCPCS	outpatient			6		Multiplan	Multiplan		4.8	80			1.8	5.7	percent of total billed charges	
METHOTREXATE (ACCORD) 50MG INJ	J9255	HCPCS	outpatient			6		Qualcare	Qualcare		4.5	75			1.8	5.7	percent of total billed charges	
METHOTREXATE (ACCORD) 50MG INJ	J9255	HCPCS	outpatient			6		Three Rivers	Three Rivers		5.7	95			1.8	5.7	percent of total billed charges	
METHOTREXATE (ACCORD) 50MG INJ	J9255	HCPCS	outpatient			6		UHC	Medicaid		1.89	31.55			1.8	5.7	percent of total billed charges	
METHOTREXATE (ACCORD) 50MG INJ	J9255	HCPCS	outpatient			6		Wellcare	Medicaid		1.89	31.55			1.8	5.7	percent of total billed charges	
METHOTREXATE (ACCORD) 50MG INJ	J9255	HCPCS	outpatient			6		WellPoint	WellPoint		1.93	32.18			1.8	5.7	percent of total billed charges	
PACLITAXEL (TEVA) 1MG INJ	J9258	HCPCS	outpatient			1.5		Aetna	Medicare		0.46	30.8			0.45	1.43	percent of total billed charges	
PACLITAXEL (TEVA) 1MG INJ	J9258	HCPCS	outpatient			1.5		Aetna	Better Health		0.47	31.55			0.45	1.43	percent of total billed charges	
PACLITAXEL (TEVA) 1MG INJ	J9258	HCPCS	outpatient			1.5		Aetna	Commercial		0.57	38			0.45	1.43	percent of total billed charges	
PACLITAXEL (TEVA) 1MG INJ	J9258	HCPCS	outpatient			1.5		Americare	Americare		1.13	75			0.45	1.43	percent of total billed charges	
PACLITAXEL (TEVA) 1MG INJ	J9258	HCPCS	outpatient			1.5		Amerihealth	HMO/PPO		0.98	65			0.45	1.43	percent of total billed charges	
PACLITAXEL (TEVA) 1MG INJ	J9258	HCPCS	outpatient			1.5		Consumer	Consumer		1.43	95			0.45	1.43	percent of total billed charges	
PACLITAXEL (TEVA) 1MG INJ	J9258	HCPCS	outpatient			1.5		Corrections	Corrections		1.2	80			0.45	1.43	percent of total billed charges	
PACLITAXEL (TEVA) 1MG INJ	J9258	HCPCS	outpatient			1.5		First Health	First Health		1.05	70			0.45	1.43	percent of total billed charges	
PACLITAXEL (TEVA) 1MG INJ	J9258	HCPCS	outpatient			1.5		First Trenton	First Trenton		1.35	90			0.45	1.43	percent of total billed charges	
PACLITAXEL (TEVA) 1MG INJ	J9258	HCPCS	outpatient			1.5		Horizon	Medicare Blue		0.45	30			0.45	1.43	percent of total billed charges	
PACLITAXEL (TEVA) 1MG INJ	J9258	HCPCS	outpatient			1.5		Horizon	MGD		0.57	38.28			0.45	1.43	percent of total billed charges	
PACLITAXEL (TEVA) 1MG INJ	J9258	HCPCS	outpatient			1.5		Horizon	Indemnity		0.57	38.28			0.45	1.43	percent of total billed charges	
PACLITAXEL (TEVA) 1MG INJ	J9258	HCPCS	outpatient			1.5		Horizon	PPO		0.57	38.28			0.45	1.43	percent of total billed charges	
PACLITAXEL (TEVA) 1MG INJ	J9258	HCPCS	outpatient			1.5		Managed Care Inc	Managed Care Inc		1.35	90			0.45	1.43	percent of total billed charges	
PACLITAXEL (TEVA) 1MG INJ	J9258	HCPCS	outpatient			1.5		Multiplan	Multiplan		1.2	80			0.45	1.43	percent of total billed charges	
PACLITAXEL (TEVA) 1MG INJ	J9258	HCPCS	outpatient			1.5		Qualcare	Qualcare		1.13	75			0.45	1.43	percent of total billed charges	
PACLITAXEL (TEVA) 1MG INJ	J9258	HCPCS	outpatient			1.5		Three Rivers	Three Rivers		1.43	95			0.45	1.43	percent of total billed charges	
PACLITAXEL (TEVA) 1MG INJ	J9258	HCPCS	outpatient			1.5		UHC	Medicaid		0.47	31.55			0.45	1.43	percent of total billed charges	
PACLITAXEL (TEVA) 1MG INJ	J9258	HCPCS	outpatient			1.5		Wellcare	Medicaid		0.47	31.55			0.45	1.43	percent of total billed charges	
PACLITAXEL (TEVA) 1MG INJ	J9258	HCPCS	outpatient			1.5		WellPoint	WellPoint		0.48	32.18			0.45	1.43	percent of total billed charges	
METHOTREXATE 50MG INJ (CHEMO)	J9260	HCPCS	both			41	3.49	Aetna	Better Health		12.94	31.55			2.58	38.95	percent of total billed charges	
METHOTREXATE 50MG INJ (CHEMO)	J9260	HCPCS	both			41	3.49	Aetna	Commercial		15.58	38			2.58	38.95	percent of total billed charges	
METHOTREXATE 50MG INJ (CHEMO)	J9260	HCPCS	both			41	3.49	Aetna	Medicare		3.03				2.58	38.95	fee schedule	
METHOTREXATE 50MG INJ (CHEMO)	J9260	HCPCS	both			41	3.49	Americare	Americare		30.75	75			2.58	38.95	percent of total billed charges	
METHOTREXATE 50MG INJ (CHEMO)	J9260	HCPCS	both			41	3.49	Amerihealth	Medicare		3.03				2.58	38.95	fee schedule	
METHOTREXATE 50MG INJ (CHEMO)	J9260	HCPCS	both			41	3.49	Amerihealth	HMO/PPO		2.58				2.58	38.95	fee schedule	
METHOTREXATE 50MG INJ (CHEMO)	J9260	HCPCS	both			41	3.49	Consumer	Consumer		38.95	95			2.58	38.95	percent of total billed charges	
METHOTREXATE 50MG INJ (CHEMO)	J9260	HCPCS	both			41	3.49	Corrections	Corrections		32.8	80			2.58	38.95	percent of total billed charges	
METHOTREXATE 50MG INJ (CHEMO)	J9260	HCPCS	both			41	3.49	First Health	First Health		28.7	70			2.58	38.95	percent of total billed charges	
METHOTREXATE 50MG INJ (CHEMO)	J9260	HCPCS	both			41	3.49	First Trenton	First Trenton		36.9	90			2.58	38.95	percent of total billed charges	
METHOTREXATE 50MG INJ (CHEMO)	J9260	HCPCS	both			41	3.49	Horizon	Medicare Blue		12.3	30			2.58	38.95	percent of total billed charges	
METHOTREXATE 50MG INJ (CHEMO)	J9260	HCPCS	both			41	3.49	Horizon	MGD		15.69	38.28			2.58	38.95	percent of total billed charges	
METHOTREXATE 50MG INJ (CHEMO)	J9260	HCPCS	both			41	3.49	Horizon	Indemnity		15.69	38.28			2.58	38.95	percent of total billed charges	
METHOTREXATE 50MG INJ (CHEMO)	J9260	HCPCS	both			41	3.49	Horizon	PPO		15.69	38.28			2.58	38.95	percent of total billed charges	
METHOTREXATE 50MG INJ (CHEMO)	J9260	HCPCS	both			41	3.49	Managed Care Inc	Managed Care Inc		36.9	90			2.58	38.95	percent of total billed charges	
METHOTREXATE 50MG INJ (CHEMO)	J9260	HCPCS	both			41	3.49	Multiplan	Multiplan		32.8	80			2.58	38.95	percent of total billed charges	
METHOTREXATE 50MG INJ (CHEMO)	J9260	HCPCS	both			41	3.49	Qualcare	Qualcare		30.75	75			2.58	38.95	percent of total billed charges	
METHOTREXATE 50MG INJ (CHEMO)	J9260	HCPCS	both			41	3.49	Three Rivers	Three Rivers		38.95	95			2.58	38.95	percent of total billed charges	
METHOTREXATE 50MG INJ (CHEMO)	J9260	HCPCS	both			41	3.49	UHC	Medicare		3.03				2.58	38.95	fee schedule	
METHOTREXATE 50MG INJ (CHEMO)	J9260	HCPCS	both			41	3.49	UHC	Medicaid		12.94	31.55			2.58	38.95	percent of total billed charges	
METHOTREXATE 50MG INJ (CHEMO)	J9260	HCPCS	both			41	3.49	Wellcare	Medicaid		12.94	31.55			2.58	38.95	percent of total billed charges	
METHOTREXATE 50MG INJ (CHEMO)	J9260	HCPCS	both			41	3.49	Wellcare	Medicare		3.03				2.58	38.95	fee schedule	
METHOTREXATE 50MG INJ (CHEMO)	J9260	HCPCS	both			41	3.49	WellPoint	WellPoint		13.19	32.18			2.58	38.95	percent of total billed charges	
NELARABINE 50 MG INJ	J9261	HCPCS	outpatient			508	127.63	Aetna	Better Health		160.27	31.55			110.98	482.6	percent of total billed charges	
NELARABINE 50 MG INJ	J9261	HCPCS	outpatient			508	127.63	Aetna	Medicare		110.98				110.98	482.6	fee schedule	
NELARABINE 50 MG INJ	J9261	HCPCS	outpatient			508	127.63	Aetna	Commercial		194.78				110.98	482.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NELARABINE 50 MG INJ	J9261	HCPCS	outpatient			508	127.63	Americare	Americare		381	75			110.98	482.6	percent of total billed charges	
NELARABINE 50 MG INJ	J9261	HCPCS	outpatient			508	127.63	Amerihealth	HMO/PPO		165.13				110.98	482.6	fee schedule	
NELARABINE 50 MG INJ	J9261	HCPCS	outpatient			508	127.63	Amerihealth	Medicare		110.98				110.98	482.6	fee schedule	
NELARABINE 50 MG INJ	J9261	HCPCS	outpatient			508	127.63	Consumer	Consumer		482.6	95			110.98	482.6	percent of total billed charges	
NELARABINE 50 MG INJ	J9261	HCPCS	outpatient			508	127.63	Corrections	Corrections		406.4	80			110.98	482.6	percent of total billed charges	
NELARABINE 50 MG INJ	J9261	HCPCS	outpatient			508	127.63	First Health	First Health		355.6	70			110.98	482.6	percent of total billed charges	
NELARABINE 50 MG INJ	J9261	HCPCS	outpatient			508	127.63	First Trenton	First Trenton		457.2	90			110.98	482.6	percent of total billed charges	
NELARABINE 50 MG INJ	J9261	HCPCS	outpatient			508	127.63	Horizon	Indemnity		227.69				110.98	482.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NELARABINE 50 MG INJ	J9261	HCPCS	outpatient			508	127.63	Horizon	PPO		227.69				110.98	482.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NELARABINE 50 MG INJ	J9261	HCPCS	outpatient			508	127.63	Horizon	MGD		227.69				110.98	482.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NELARABINE 50 MG INJ	J9261	HCPCS	outpatient			508	127.63	Horizon	Medicare Blue		122.35				110.98	482.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NELARABINE 50 MG INJ	J9261	HCPCS	outpatient			508	127.63	Managed Care Inc	Managed Care Inc		457.2	90			110.98	482.6	percent of total billed charges	
NELARABINE 50 MG INJ	J9261	HCPCS	outpatient			508	127.63	Multiplan	Multiplan		406.4	80			110.98	482.6	percent of total billed charges	
NELARABINE 50 MG INJ	J9261	HCPCS	outpatient			508	127.63	Qualcare	Qualcare		381	75			110.98	482.6	percent of total billed charges	
NELARABINE 50 MG INJ	J9261	HCPCS	outpatient			508	127.63	Three Rivers	Three Rivers		482.6	95			110.98	482.6	percent of total billed charges	
NELARABINE 50 MG INJ	J9261	HCPCS	outpatient			508	127.63	UHC	Medicare		110.98				110.98	482.6	fee schedule	
NELARABINE 50 MG INJ	J9261	HCPCS	outpatient			508	127.63	UHC	Medicaid		160.27	31.55			110.98	482.6	percent of total billed charges	
NELARABINE 50 MG INJ	J9261	HCPCS	outpatient			508	127.63	United	Oxford		277.45				110.98	482.6	fee schedule	
NELARABINE 50 MG INJ	J9261	HCPCS	outpatient			508	127.63	United	Commercial|PPO		277.45				110.98	482.6	fee schedule	
NELARABINE 50 MG INJ	J9261	HCPCS	outpatient			508	127.63	Wellcare	Medicare		110.98				110.98	482.6	fee schedule	
NELARABINE 50 MG INJ	J9261	HCPCS	outpatient			508	127.63	Wellcare	Medicaid		160.27	31.55			110.98	482.6	percent of total billed charges	
NELARABINE 50 MG INJ	J9261	HCPCS	outpatient			508	127.63	WellPoint	WellPoint		163.47	32.18			110.98	482.6	percent of total billed charges	
OXALIPLATIN 0.5MG INJ	J9263	HCPCS	both			58	0.08	Aetna	Better Health		18.3	31.55			0.07	55.1	percent of total billed charges	
OXALIPLATIN 0.5MG INJ	J9263	HCPCS	both			58	0.08	Aetna	Medicare		0.07				0.07	55.1	fee schedule	
OXALIPLATIN 0.5MG INJ	J9263	HCPCS	both			58	0.08	Aetna	Commercial		22.04	38			0.07	55.1	percent of total billed charges	
OXALIPLATIN 0.5MG INJ	J9263	HCPCS	both			58	0.08	Americare	Americare		43.5	75			0.07	55.1	percent of total billed charges	
OXALIPLATIN 0.5MG INJ	J9263	HCPCS	both			58	0.08	Amerihealth	Medicare		0.07				0.07	55.1	fee schedule	
OXALIPLATIN 0.5MG INJ	J9263	HCPCS	both			58	0.08	Amerihealth	HMO/PPO		0.41				0.07	55.1	fee schedule	
OXALIPLATIN 0.5MG INJ	J9263	HCPCS	both			58	0.08	Consumer	Consumer		55.1	95			0.07	55.1	percent of total billed charges	
OXALIPLATIN 0.5MG INJ	J9263	HCPCS	both			58	0.08	Corrections	Corrections		46.4	80			0.07	55.1	percent of total billed charges	
OXALIPLATIN 0.5MG INJ	J9263	HCPCS	both			58	0.08	First Health	First Health		40.6	70			0.07	55.1	percent of total billed charges	
OXALIPLATIN 0.5MG INJ	J9263	HCPCS	both			58	0.08	First Trenton	First Trenton		52.2	90			0.07	55.1	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101191	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
OXALIPLATIN 0.5MG INJ	J9263	HCPCS	both			58	0.08	Horizon	MGD		22.2	38.28			0.07	55.1	percent of total billed charges	
OXALIPLATIN 0.5MG INJ	J9263	HCPCS	both			58	0.08	Horizon	Medicare Blue		17.4	30			0.07	55.1	percent of total billed charges	
OXALIPLATIN 0.5MG INJ	J9263	HCPCS	both			58	0.08	Horizon	Indemnity		22.2	38.28			0.07	55.1	percent of total billed charges	
OXALIPLATIN 0.5MG INJ	J9263	HCPCS	both			58	0.08	Horizon	PPO		22.2	38.28			0.07	55.1	percent of total billed charges	
OXALIPLATIN 0.5MG INJ	J9263	HCPCS	both			58	0.08	Managed Care Inc	Managed Care Inc		52.2	90			0.07	55.1	percent of total billed charges	
OXALIPLATIN 0.5MG INJ	J9263	HCPCS	both			58	0.08	Multiplan	Multiplan		46.4	80			0.07	55.1	percent of total billed charges	
OXALIPLATIN 0.5MG INJ	J9263	HCPCS	both			58	0.08	Qualcare	Qualcare		43.5	75			0.07	55.1	percent of total billed charges	
OXALIPLATIN 0.5MG INJ	J9263	HCPCS	both			58	0.08	Three Rivers	Three Rivers		55.1	95			0.07	55.1	percent of total billed charges	
OXALIPLATIN 0.5MG INJ	J9263	HCPCS	both			58	0.08	UHC	Medicaid		18.3	31.55			0.07	55.1	percent of total billed charges	
OXALIPLATIN 0.5MG INJ	J9263	HCPCS	both			58	0.08	UHC	Medicare		0.07				0.07	55.1	fee schedule	
OXALIPLATIN 0.5MG INJ	J9263	HCPCS	both			58	0.08	Wellcare	Medicaid		18.3	31.55			0.07	55.1	percent of total billed charges	
OXALIPLATIN 0.5MG INJ	J9263	HCPCS	both			58	0.08	Wellcare	Medicare		0.07				0.07	55.1	fee schedule	
OXALIPLATIN 0.5MG INJ	J9263	HCPCS	both			58	0.08	WellPoint	WellPoint		18.66	32.18			0.07	55.1	percent of total billed charges	
PACLITAXEL PROTEIN-BOUND 1MG	J9264	HCPCS	both			55.5	16.44	Aetna	Commercial		26.2				11.2	52.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PACLITAXEL PROTEIN-BOUND 1MG	J9264	HCPCS	both			55.5	16.44	Aetna	Better Health		17.51	31.55			11.2	52.73	percent of total billed charges	
PACLITAXEL PROTEIN-BOUND 1MG	J9264	HCPCS	both			55.5	16.44	Aetna	Medicare		14.29				11.2	52.73	fee schedule	
PACLITAXEL PROTEIN-BOUND 1MG	J9264	HCPCS	both			55.5	16.44	Americare	Americare		41.63	75			11.2	52.73	percent of total billed charges	
PACLITAXEL PROTEIN-BOUND 1MG	J9264	HCPCS	both			55.5	16.44	Amerihealth	HMO/PPO		11.2				11.2	52.73	fee schedule	
PACLITAXEL PROTEIN-BOUND 1MG	J9264	HCPCS	both			55.5	16.44	Amerihealth	Medicare		14.29				11.2	52.73	fee schedule	
PACLITAXEL PROTEIN-BOUND 1MG	J9264	HCPCS	both			55.5	16.44	Consumer	Consumer		52.73	95			11.2	52.73	percent of total billed charges	
PACLITAXEL PROTEIN-BOUND 1MG	J9264	HCPCS	both			55.5	16.44	Corrections	Corrections		44.4	80			11.2	52.73	percent of total billed charges	
PACLITAXEL PROTEIN-BOUND 1MG	J9264	HCPCS	both			55.5	16.44	First Health	First Health		38.85	70			11.2	52.73	percent of total billed charges	
PACLITAXEL PROTEIN-BOUND 1MG	J9264	HCPCS	both			55.5	16.44	First Trenton	First Trenton		49.95	90			11.2	52.73	percent of total billed charges	
PACLITAXEL PROTEIN-BOUND 1MG	J9264	HCPCS	both			55.5	16.44	Horizon	MGD		30.63				11.2	52.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PACLITAXEL PROTEIN-BOUND 1MG	J9264	HCPCS	both			55.5	16.44	Horizon	Indemnity		30.63				11.2	52.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PACLITAXEL PROTEIN-BOUND 1MG	J9264	HCPCS	both			55.5	16.44	Horizon	Medicare Blue		16.46				11.2	52.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PACLITAXEL PROTEIN-BOUND 1MG	J9264	HCPCS	both			55.5	16.44	Horizon	PPO		30.63				11.2	52.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PACLITAXEL PROTEIN-BOUND 1MG	J9264	HCPCS	both			55.5	16.44	Managed Care Inc	Managed Care Inc		49.95	90			11.2	52.73	percent of total billed charges	
PACLITAXEL PROTEIN-BOUND 1MG	J9264	HCPCS	both			55.5	16.44	Multiplan	Multiplan		44.4	80			11.2	52.73	percent of total billed charges	
PACLITAXEL PROTEIN-BOUND 1MG	J9264	HCPCS	both			55.5	16.44	Qualcare	Qualcare		41.63	75			11.2	52.73	percent of total billed charges	
PACLITAXEL PROTEIN-BOUND 1MG	J9264	HCPCS	both			55.5	16.44	Three Rivers	Three Rivers		52.73	95			11.2	52.73	percent of total billed charges	
PACLITAXEL PROTEIN-BOUND 1MG	J9264	HCPCS	both			55.5	16.44	UHC	Medicaid		17.51	31.55			11.2	52.73	percent of total billed charges	
PACLITAXEL PROTEIN-BOUND 1MG	J9264	HCPCS	both			55.5	16.44	UHC	Medicare		14.29				11.2	52.73	fee schedule	
PACLITAXEL PROTEIN-BOUND 1MG	J9264	HCPCS	both			55.5	16.44	United	Oxford		35.73				11.2	52.73	fee schedule	
PACLITAXEL PROTEIN-BOUND 1MG	J9264	HCPCS	both			55.5	16.44	United	Commercial|PPO		35.73				11.2	52.73	fee schedule	
PACLITAXEL PROTEIN-BOUND 1MG	J9264	HCPCS	both			55.5	16.44	Wellcare	Medicare		14.29				11.2	52.73	fee schedule	
PACLITAXEL PROTEIN-BOUND 1MG	J9264	HCPCS	both			55.5	16.44	Wellcare	Medicaid		17.51	31.55			11.2	52.73	percent of total billed charges	
PACLITAXEL PROTEIN-BOUND 1MG	J9264	HCPCS	both			55.5	16.44	WellPoint	WellPoint		17.86	32.18			11.2	52.73	percent of total billed charges	
PEGASPARGASE 3750U/5ML SDPF	J9266	HCPCS	outpatient			38602.5	29648.68	Aetna	Commercial		45266.86				12179.09	64453.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PEGASPARGASE 3750U/5ML SDPF	J9266	HCPCS	outpatient			38602.5	29648.68	Aetna	Better Health		12179.09	31.55			12179.09	64453.65	percent of total billed charges	
PEGASPARGASE 3750U/5ML SDPF	J9266	HCPCS	outpatient			38602.5	29648.68	Aetna	Medicare		25781.46				12179.09	64453.65	fee schedule	
PEGASPARGASE 3750U/5ML SDPF	J9266	HCPCS	outpatient			38602.5	29648.68	Americare	Americare		28951.88	75			12179.09	64453.65	percent of total billed charges	
PEGASPARGASE 3750U/5ML SDPF	J9266	HCPCS	outpatient			38602.5	29648.68	Amerihealth	HMO/PPO		15092.37				12179.09	64453.65	fee schedule	
PEGASPARGASE 3750U/5ML SDPF	J9266	HCPCS	outpatient			38602.5	29648.68	Amerihealth	Medicare		25781.46				12179.09	64453.65	fee schedule	
PEGASPARGASE 3750U/5ML SDPF	J9266	HCPCS	outpatient			38602.5	29648.68	Consumer	Consumer		36672.38	95			12179.09	64453.65	percent of total billed charges	
PEGASPARGASE 3750U/5ML SDPF	J9266	HCPCS	outpatient			38602.5	29648.68	Corrections	Corrections		30882	80			12179.09	64453.65	percent of total billed charges	
PEGASPARGASE 3750U/5ML SDPF	J9266	HCPCS	outpatient			38602.5	29648.68	First Health	First Health		27021.75	70			12179.09	64453.65	percent of total billed charges	
PEGASPARGASE 3750U/5ML SDPF	J9266	HCPCS	outpatient			38602.5	29648.68	First Trenton	First Trenton		34742.25	90			12179.09	64453.65	percent of total billed charges	
PEGASPARGASE 3750U/5ML SDPF	J9266	HCPCS	outpatient			38602.5	29648.68	Horizon	Indemnity		57591.47				12179.09	64453.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PEGASPARGASE 3750U/5ML SDPF	J9266	HCPCS	outpatient			38602.5	29648.68	Horizon	Medicare Blue		30946.52				12179.09	64453.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PEGASPARGASE 3750U/5ML SDPF	J9266	HCPCS	outpatient			38602.5	29648.68	Horizon	MGD		57591.47				12179.09	64453.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PEGASPARGASE 3750U/5ML SDPF	J9266	HCPCS	outpatient			38602.5	29648.68	Horizon	PPO		57591.47				12179.09	64453.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PEGASPARGASE 3750U/5ML SDPF	J9266	HCPCS	outpatient			38602.5	29648.68	Managed Care Inc	Managed Care Inc		34742.25	90			12179.09	64453.65	percent of total billed charges	
PEGASPARGASE 3750U/5ML SDPF	J9266	HCPCS	outpatient			38602.5	29648.68	Multiplan	Multiplan		30882	80			12179.09	64453.65	percent of total billed charges	
PEGASPARGASE 3750U/5ML SDPF	J9266	HCPCS	outpatient			38602.5	29648.68	Qualcare	Qualcare		28951.88	75			12179.09	64453.65	percent of total billed charges	
PEGASPARGASE 3750U/5ML SDPF	J9266	HCPCS	outpatient			38602.5	29648.68	Three Rivers	Three Rivers		36672.38	95			12179.09	64453.65	percent of total billed charges	
PEGASPARGASE 3750U/5ML SDPF	J9266	HCPCS	outpatient			38602.5	29648.68	UHC	Medicaid		12179.09	31.55			12179.09	64453.65	percent of total billed charges	
PEGASPARGASE 3750U/5ML SDPF	J9266	HCPCS	outpatient			38602.5	29648.68	UHC	Medicare		25781.46				12179.09	64453.65	fee schedule	
PEGASPARGASE 3750U/5ML SDPF	J9266	HCPCS	outpatient			38602.5	29648.68	United	Oxford		64453.65				12179.09	64453.65	fee schedule	
PEGASPARGASE 3750U/5ML SDPF	J9266	HCPCS	outpatient			38602.5	29648.68	United	Commercial|PPO		64453.65				12179.09	64453.65	fee schedule	
PEGASPARGASE 3750U/5ML SDPF	J9266	HCPCS	outpatient			38602.5	29648.68	Wellcare	Medicare		25781.46				12179.09	64453.65	fee schedule	
PEGASPARGASE 3750U/5ML SDPF	J9266	HCPCS	outpatient			38602.5	29648.68	Wellcare	Medicaid		12179.09	31.55			12179.09	64453.65	percent of total billed charges	
PEGASPARGASE 3750U/5ML SDPF	J9266	HCPCS	outpatient			38602.5	29648.68	WellPoint	WellPoint		12422.28	32.18			12179.09	64453.65	percent of total billed charges	
PACLITAXEL 1MG VIAL	J9267	HCPCS	both			1	0.12	Aetna	Medicare		0.11				0.11	0.95	fee schedule	
PACLITAXEL 1MG VIAL	J9267	HCPCS	both			1	0.12	Aetna	Better Health		0.32	31.55			0.11	0.95	percent of total billed charges	
PACLITAXEL 1MG VIAL	J9267	HCPCS	both			1	0.12	Aetna	Commercial		0.38	38			0.11	0.95	percent of total billed charges	
PACLITAXEL 1MG VIAL	J9267	HCPCS	both			1	0.12	Americare	Americare		0.75	75			0.11	0.95	percent of total billed charges	
PACLITAXEL 1MG VIAL	J9267	HCPCS	both			1	0.12	Amerihealth	HMO/PPO		0.2				0.11	0.95	fee schedule	
PACLITAXEL 1MG VIAL	J9267	HCPCS	both			1	0.12	Amerihealth	Medicare		0.11				0.11	0.95	fee schedule	
PACLITAXEL 1MG VIAL	J9267	HCPCS	both			1	0.12	Consumer	Consumer		0.95	95			0.11	0.95	percent of total billed charges	
PACLITAXEL 1MG VIAL	J9267	HCPCS	both			1	0.12	Corrections	Corrections		0.8	80			0.11	0.95	percent of total billed charges	
PACLITAXEL 1MG VIAL	J9267	HCPCS	both			1	0.12	First Health	First Health		0.7	70			0.11	0.95	percent of total billed charges	
PACLITAXEL 1MG VIAL	J9267	HCPCS	both			1	0.12	First Trenton	First Trenton		0.9	90			0.11	0.95	percent of total billed charges	
PACLITAXEL 1MG VIAL	J9267	HCPCS	both			1	0.12	Horizon	Medicare Blue		0.3	30			0.11	0.95	percent of total billed charges	
PACLITAXEL 1MG VIAL	J9267	HCPCS	both			1	0.12	Horizon	Indemnity		0.38	38.28			0.11	0.95	percent of total billed charges	
PACLITAXEL 1MG VIAL	J9267	HCPCS	both			1	0.12	Horizon	MGD		0.38	38.28			0.11	0.95	percent of total billed charges	
PACLITAXEL 1MG VIAL	J9267	HCPCS	both			1	0.12	Horizon	PPO		0.38	38.28			0.11	0.95	percent of total billed charges	
PACLITAXEL 1MG VIAL	J9267	HCPCS	both			1	0.12	Managed Care Inc	Managed Care Inc		0.9	90			0.11	0.95	percent of total billed charges	
PACLITAXEL 1MG VIAL	J9267	HCPCS	both			1	0.12	Multiplan	Multiplan		0.8	80			0.11	0.95	percent of total billed charges	
PACLITAXEL 1MG VIAL	J9267	HCPCS	both			1	0.12	Qualcare	Qualcare		0.75	75			0.11	0.95	percent of total billed charges	
PACLITAXEL 1MG VIAL	J9267	HCPCS	both			1	0.12	Three Rivers	Three Rivers		0.95	95			0.11	0.95	percent of total billed charges	
PACLITAXEL 1MG VIAL	J9267	HCPCS	both			1	0.12	UHC	Medicaid		0.32	31.55			0.11	0.95	percent of total billed charges	
PACLITAXEL 1MG VIAL	J9267	HCPCS	both			1	0.12	UHC	Medicare		0.11				0.11	0.95	fee schedule	
PACLITAXEL 1MG VIAL	J9267	HCPCS	both			1	0.12	Wellcare	Medicaid		0.32	31.55			0.11	0.95	percent of total billed charges	
PACLITAXEL 1MG VIAL	J9267	HCPCS	both			1	0.12	Wellcare	Medicare		0.11				0.11	0.95	fee schedule	
PACLITAXEL 1MG VIAL	J9267	HCPCS	both			1	0.12	WellPoint	WellPoint		0.32	32.18			0.11	0.95	percent of total billed charges	
PEMBROLIZUMAB(KEYTRUDA)1MG INJ	J9271	HCPCS	both			200	64.09	Aetna	Medicare		55.73				50.44	190	fee schedule	
PEMBROLIZUMAB(KEYTRUDA)1MG INJ	J9271	HCPCS	both			200	64.09	Aetna	Better Health		63.1	31.55			50.44	190	percent of total billed charges	
PEMBROLIZUMAB(KEYTRUDA)1MG INJ	J9271	HCPCS	both			200	64.09	Aetna	Commercial		109.51				50.44	190	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PEMBROLIZUMAB(KEYTRUDA)1MG INJ	J9271	HCPCS	both			200	64.09	Americare	Americare		150	75			50.44	190	percent of total billed charges	
PEMBROLIZUMAB(KEYTRUDA)1MG INJ	J9271	HCPCS	both			200	64.09	Amerihealth	HMO/PPO		50.44				50.44	190	fee schedule	
PEMBROLIZUMAB(KEYTRUDA)1MG INJ	J9271	HCPCS	both			200	64.09	Amerihealth	Medicare		55.73				50.44	190	fee schedule	
PEMBROLIZUMAB(KEYTRUDA)1MG INJ	J9271	HCPCS	both			200	64.09	Consumer	Consumer		190	95			50.44	190	percent of total billed charges	
PEMBROLIZUMAB(KEYTRUDA)1MG INJ	J9271	HCPCS	both			200	64.09	Corrections	Corrections		160	80			50.44	190	percent of total billed charges	
PEMBROLIZUMAB(KEYTRUDA)1MG INJ	J9271	HCPCS	both			200	64.09	First Health	First Health		140	70			50.44	190	percent of total billed charges	
PEMBROLIZUMAB(KEYTRUDA)1MG INJ	J9271	HCPCS	both			200	64.09	First Trenton	First Trenton		180	90			50.44	190	percent of total billed charges	
PEMBROLIZUMAB(KEYTRUDA)1MG INJ	J9271	HCPCS	both			200	64.09	Horizon	PPO		128.02				50.44	190	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PEMBROLIZUMAB(KEYTRUDA)1MG INJ	J9271	HCPCS	both			200	64.09	Horizon	Medicare Blue		68.79				50.44	190	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PEMBROLIZUMAB(KEYTRUDA)1MG INJ	J9271	HCPCS	both			200	64.09	Horizon	MGD		128.02				50.44	190	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PEMBROLIZUMAB(KEYTRUDA)1MG INJ	J9271	HCPCS	both			200	64.09	Horizon	Indemnity		128.02				50.44	190	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PEMBROLIZUMAB(KEYTRUDA)1MG INJ	J9271	HCPCS	both			200	64.09	Horizon	NJ Health		114.89				50.44	190	fee schedule	
PEMBROLIZUMAB(KEYTRUDA)1MG INJ	J9271	HCPCS	both			200	64.09	Managed Care Inc	Managed Care Inc		180	90			50.44	190	percent of total billed charges	
PEMBROLIZUMAB(KEYTRUDA)1MG INJ	J9271	HCPCS	both			200	64.09	Multiplan	Multiplan		160	80			50.44	190	percent of total billed charges	
PEMBROLIZUMAB(KEYTRUDA)1MG INJ	J9271	HCPCS	both			200	64.09	Qualcare	Qualcare		150	75			50.44	190	percent of total billed charges	
PEMBROLIZUMAB(KEYTRUDA)1MG INJ	J9271	HCPCS	both			200	64.09	Three Rivers	Three Rivers		190	95			50.44	190	percent of total billed charges	
PEMBROLIZUMAB(KEYTRUDA)1MG INJ	J9271	HCPCS	both			200	64.09	UHC	Medicare		55.73				50.44	190	fee schedule	
PEMBROLIZUMAB(KEYTRUDA)1MG INJ	J9271	HCPCS	both			200	64.09	UHC	Medicaid		63.1	31.55			50.44	190	percent of total billed charges	
PEMBROLIZUMAB(KEYTRUDA)1MG INJ	J9271	HCPCS	both			200	64.09	United	Oxford		139.33				50.44	190	fee schedule	
PEMBROLIZUMAB(KEYTRUDA)1MG INJ	J9271	HCPCS	both			200	64.09	United	Commercial|PPO		139.33				50.44	190	fee schedule	
PEMBROLIZUMAB(KEYTRUDA)1MG INJ	J9271	HCPCS	both			200	64.09	Wellcare	Medicaid		63.1	31.55			50.44	190	percent of total billed charges	
PEMBROLIZUMAB(KEYTRUDA)1MG INJ	J9271	HCPCS	both			200	64.09	Wellcare	Medicare		55.73				50.44	190	fee schedule	
PEMBROLIZUMAB(KEYTRUDA)1MG INJ	J9271	HCPCS	both			200	64.09	WellPoint	WellPoint		64.36	32.18			50.44	190	percent of total billed charges	
DOSTARLIMAB-GXLY (JEMPERLI)Â 10 MG INJ	J9272	HCPCS	outpatient			837.5	268.25	Aetna	Medicare		233.26				233.26	795.63	fee schedule	
DOSTARLIMAB-GXLY (JEMPERLI)Â 10 MG INJ	J9272	HCPCS	outpatient			837.5	268.25	Aetna	Better Health		264.23	31.55			233.26	795.63	percent of total billed charges	
DOSTARLIMAB-GXLY (JEMPERLI)Â 10 MG INJ	J9272	HCPCS	outpatient			837.5	268.25	Aetna	Commercial		444.39				233.26	795.63	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DOSTARLIMAB-GXLY (JEMPERLI)Â 10 MG INJ	J9272	HCPCS	outpatient			837.5	268.25	Americare	Americare		628.13	75			233.26	795.63	percent of total billed charges	
DOSTARLIMAB-GXLY (JEMPERLI)Â 10 MG INJ	J9272	HCPCS	outpatient			837.5	268.25	Amerihealth	Medicare		233.26				233.26	795.63	fee schedule	
DOSTARLIMAB-GXLY (JEMPERLI)Â 10 MG INJ	J9272	HCPCS	outpatient			837.5	268.25	Amerihealth	HMO/PPO		544.38	65			233.26	795.63	percent of total billed charges	
DOSTARLIMAB-GXLY (JEMPERLI)Â 10 MG INJ	J9272	HCPCS	outpatient			837.5	268.25	Consumer	Consumer		795.63	95			233.26	795.63	percent of total billed charges	
DOSTARLIMAB-GXLY (JEMPERLI)Â 10 MG INJ	J9272	HCPCS	outpatient			837.5	268.25	Corrections	Corrections		670	80			233.26	795.63	percent of total billed charges	
DOSTARLIMAB-GXLY (JEMPERLI)Â 10 MG INJ	J9272	HCPCS	outpatient			837.5	268.25	First Health	First Health		586.25	70			233.26	795.63	percent of total billed charges	
DOSTARLIMAB-GXLY (JEMPERLI)Â 10 MG INJ	J9272	HCPCS	outpatient			837.5	268.25	First Trenton	First Trenton		753.75	90			233.26	795.63	percent of total billed charges	
DOSTARLIMAB-GXLY (JEMPERLI)Â 10 MG INJ	J9272	HCPCS	outpatient			837.5	268.25	Horizon	Medicare Blue		279.14				233.26	795.63	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DOSTARLIMAB-GXLY (JEMPERLI)Â 10 MG INJ	J9272	HCPCS	outpatient			837.5	268.25	Horizon	Indemnity		519.48				233.26	795.63	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DOSTARLIMAB-GXLY (JEMPERLI)Â 10 MG INJ	J9272	HCPCS	outpatient			837.5	268.25	Horizon	MGD		519.48				233.26	795.63	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DOSTARLIMAB-GXLY (JEMPERLI)Â 10 MG INJ	J9272	HCPCS	outpatient			837.5	268.25	Horizon	PPO		519.48				233.26	795.63	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DOSTARLIMAB-GXLY (JEMPERLI)Â 10 MG INJ	J9272	HCPCS	outpatient			837.5	268.25	Managed Care Inc	Managed Care Inc		753.75	90			233.26	795.63	percent of total billed charges	
DOSTARLIMAB-GXLY (JEMPERLI)Â 10 MG INJ	J9272	HCPCS	outpatient			837.5	268.25	Multiplan	Multiplan		670	80			233.26	795.63	percent of total billed charges	
DOSTARLIMAB-GXLY (JEMPERLI)Â 10 MG INJ	J9272	HCPCS	outpatient			837.5	268.25	Qualcare	Qualcare		628.13	75			233.26	795.63	percent of total billed charges	
DOSTARLIMAB-GXLY (JEMPERLI)Â 10 MG INJ	J9272	HCPCS	outpatient			837.5	268.25	Three Rivers	Three Rivers		795.63	95			233.26	795.63	percent of total billed charges	
DOSTARLIMAB-GXLY (JEMPERLI)Â 10 MG INJ	J9272	HCPCS	outpatient			837.5	268.25	UHC	Medicare		233.26				233.26	795.63	fee schedule	
DOSTARLIMAB-GXLY (JEMPERLI)Â 10 MG INJ	J9272	HCPCS	outpatient			837.5	268.25	UHC	Medicaid		264.23	31.55			233.26	795.63	percent of total billed charges	
DOSTARLIMAB-GXLY (JEMPERLI)Â 10 MG INJ	J9272	HCPCS	outpatient			837.5	268.25	United	Oxford		583.15				233.26	795.63	fee schedule	
DOSTARLIMAB-GXLY (JEMPERLI)Â 10 MG INJ	J9272	HCPCS	outpatient			837.5	268.25	United	Commercial|PPO		583.15				233.26	795.63	fee schedule	
DOSTARLIMAB-GXLY (JEMPERLI)Â 10 MG INJ	J9272	HCPCS	outpatient			837.5	268.25	Wellcare	Medicare		233.26				233.26	795.63	fee schedule	
DOSTARLIMAB-GXLY (JEMPERLI)Â 10 MG INJ	J9272	HCPCS	outpatient			837.5	268.25	Wellcare	Medicaid		264.23	31.55			233.26	795.63	percent of total billed charges	
DOSTARLIMAB-GXLY (JEMPERLI)Â 10 MG INJ	J9272	HCPCS	outpatient			837.5	268.25	WellPoint	WellPoint		269.51	32.18			233.26	795.63	percent of total billed charges	
MITOMYCIN 5MG INJ	J9280	HCPCS	both			1352.5	72.85	Aetna	Better Health		426.71	31.55			63.35	1284.88	percent of total billed charges	
MITOMYCIN 5MG INJ	J9280	HCPCS	both			1352.5	72.85	Aetna	Medicare		63.35				63.35	1284.88	fee schedule	
MITOMYCIN 5MG INJ	J9280	HCPCS	both			1352.5	72.85	Aetna	Commercial		128.09				63.35	1284.88	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MITOMYCIN 5MG INJ	J9280	HCPCS	both			1352.5	72.85	Americare	Americare		1014.38	75			63.35	1284.88	percent of total billed charges	
MITOMYCIN 5MG INJ	J9280	HCPCS	both			1352.5	72.85	Amerihealth	Medicare		63.35				63.35	1284.88	fee schedule	
MITOMYCIN 5MG INJ	J9280	HCPCS	both			1352.5	72.85	Amerihealth	HMO/PPO		111.93				63.35	1284.88	fee schedule	
MITOMYCIN 5MG INJ	J9280	HCPCS	both			1352.5	72.85	Consumer	Consumer		1284.88	95			63.35	1284.88	percent of total billed charges	
MITOMYCIN 5MG INJ	J9280	HCPCS	both			1352.5	72.85	Corrections	Corrections		1082	80			63.35	1284.88	percent of total billed charges	
MITOMYCIN 5MG INJ	J9280	HCPCS	both			1352.5	72.85	First Health	First Health		946.75	70			63.35	1284.88	percent of total billed charges	
MITOMYCIN 5MG INJ	J9280	HCPCS	both			1352.5	72.85	First Trenton	First Trenton		1217.25	90			63.35	1284.88	percent of total billed charges	
MITOMYCIN 5MG INJ	J9280	HCPCS	both			1352.5	72.85	Horizon	Indemnity		149.74				63.35	1284.88	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101191	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
MITOMYCIN 5MG INJ	J9280	HCPCS	both			1352.5	72.85	Horizon	MGD		149.74				63.35	1284.88	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MITOMYCIN 5MG INJ	J9280	HCPCS	both			1352.5	72.85	Horizon	Medicare Blue		80.46				63.35	1284.88	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MITOMYCIN 5MG INJ	J9280	HCPCS	both			1352.5	72.85	Horizon	PPO		149.74				63.35	1284.88	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MITOMYCIN 5MG INJ	J9280	HCPCS	both			1352.5	72.85	Managed Care Inc	Managed Care Inc		1217.25	90			63.35	1284.88	percent of total billed charges	
MITOMYCIN 5MG INJ	J9280	HCPCS	both			1352.5	72.85	Multiplan	Multiplan		1082	80			63.35	1284.88	percent of total billed charges	
MITOMYCIN 5MG INJ	J9280	HCPCS	both			1352.5	72.85	Qualcare	Qualcare		1014.38	75			63.35	1284.88	percent of total billed charges	
MITOMYCIN 5MG INJ	J9280	HCPCS	both			1352.5	72.85	Three Rivers	Three Rivers		1284.88	95			63.35	1284.88	percent of total billed charges	
MITOMYCIN 5MG INJ	J9280	HCPCS	both			1352.5	72.85	UHC	Medicare		63.35				63.35	1284.88	fee schedule	
MITOMYCIN 5MG INJ	J9280	HCPCS	both			1352.5	72.85	UHC	Medicaid		426.71	31.55			63.35	1284.88	percent of total billed charges	
MITOMYCIN 5MG INJ	J9280	HCPCS	both			1352.5	72.85	United	Oxford		158.38				63.35	1284.88	fee schedule	
MITOMYCIN 5MG INJ	J9280	HCPCS	both			1352.5	72.85	United	Commercial|PPO		158.38				63.35	1284.88	fee schedule	
MITOMYCIN 5MG INJ	J9280	HCPCS	both			1352.5	72.85	Wellcare	Medicare		63.35				63.35	1284.88	fee schedule	
MITOMYCIN 5MG INJ	J9280	HCPCS	both			1352.5	72.85	Wellcare	Medicaid		426.71	31.55			63.35	1284.88	percent of total billed charges	
MITOMYCIN 5MG INJ	J9280	HCPCS	both			1352.5	72.85	WellPoint	WellPoint		435.23	32.18			63.35	1284.88	percent of total billed charges	
OLARATUMAB (LARTRUVO) 10 MG INJ	J9285	HCPCS	outpatient			205.5		Aetna	Better Health		64.84	31.55			61.65	195.23	percent of total billed charges	
OLARATUMAB (LARTRUVO) 10 MG INJ	J9285	HCPCS	outpatient			205.5		Aetna	Medicare		63.29	30.8			61.65	195.23	percent of total billed charges	
OLARATUMAB (LARTRUVO) 10 MG INJ	J9285	HCPCS	outpatient			205.5		Aetna	Commercial		78.09	38			61.65	195.23	percent of total billed charges	
OLARATUMAB (LARTRUVO) 10 MG INJ	J9285	HCPCS	outpatient			205.5		Americare	Americare		154.13	75			61.65	195.23	percent of total billed charges	
OLARATUMAB (LARTRUVO) 10 MG INJ	J9285	HCPCS	outpatient			205.5		Amerihealth	HMO|PPO		133.58	65			61.65	195.23	percent of total billed charges	
OLARATUMAB (LARTRUVO) 10 MG INJ	J9285	HCPCS	outpatient			205.5		Consumer	Consumer		195.23	95			61.65	195.23	percent of total billed charges	
OLARATUMAB (LARTRUVO) 10 MG INJ	J9285	HCPCS	outpatient			205.5		Corrections	Corrections		164.4	80			61.65	195.23	percent of total billed charges	
OLARATUMAB (LARTRUVO) 10 MG INJ	J9285	HCPCS	outpatient			205.5		First Health	First Health		143.85	70			61.65	195.23	percent of total billed charges	
OLARATUMAB (LARTRUVO) 10 MG INJ	J9285	HCPCS	outpatient			205.5		First Trenton	First Trenton		184.95	90			61.65	195.23	percent of total billed charges	
OLARATUMAB (LARTRUVO) 10 MG INJ	J9285	HCPCS	outpatient			205.5		Horizon	MGD		78.67	38.28			61.65	195.23	percent of total billed charges	
OLARATUMAB (LARTRUVO) 10 MG INJ	J9285	HCPCS	outpatient			205.5		Horizon	Indemnity		78.67	38.28			61.65	195.23	percent of total billed charges	
OLARATUMAB (LARTRUVO) 10 MG INJ	J9285	HCPCS	outpatient			205.5		Horizon	PPO		78.67	38.28			61.65	195.23	percent of total billed charges	
OLARATUMAB (LARTRUVO) 10 MG INJ	J9285	HCPCS	outpatient			205.5		Horizon	Medicare Blue		61.65	30			61.65	195.23	percent of total billed charges	
OLARATUMAB (LARTRUVO) 10 MG INJ	J9285	HCPCS	outpatient			205.5		Managed Care Inc	Managed Care Inc		184.95	90			61.65	195.23	percent of total billed charges	
OLARATUMAB (LARTRUVO) 10 MG INJ	J9285	HCPCS	outpatient			205.5		Multiplan	Multiplan		164.4	80			61.65	195.23	percent of total billed charges	
OLARATUMAB (LARTRUVO) 10 MG INJ	J9285	HCPCS	outpatient			205.5		Qualcare	Qualcare		154.13	75			61.65	195.23	percent of total billed charges	
OLARATUMAB (LARTRUVO) 10 MG INJ	J9285	HCPCS	outpatient			205.5		Three Rivers	Three Rivers		195.23	95			61.65	195.23	percent of total billed charges	
OLARATUMAB (LARTRUVO) 10 MG INJ	J9285	HCPCS	outpatient			205.5		UHC	Medicaid		64.84	31.55			61.65	195.23	percent of total billed charges	
OLARATUMAB (LARTRUVO) 10 MG INJ	J9285	HCPCS	outpatient			205.5		Wellcare	Medicaid		64.84	31.55			61.65	195.23	percent of total billed charges	
OLARATUMAB (LARTRUVO) 10 MG INJ	J9285	HCPCS	outpatient			205.5		WellPoint	WellPoint		66.13	32.18			61.65	195.23	percent of total billed charges	
MITOXANTRONE 5MG INJ	J9293	HCPCS	outpatient			2452	50.11	Aetna	Better Health		773.61	31.55			39.87	2329.4	percent of total billed charges	
MITOXANTRONE 5MG INJ	J9293	HCPCS	outpatient			2452	50.11	Aetna	Medicare		43.58				39.87	2329.4	fee schedule	
MITOXANTRONE 5MG INJ	J9293	HCPCS	outpatient			2452	50.11	Aetna	Commercial		81.54				39.87	2329.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MITOXANTRONE 5MG INJ	J9293	HCPCS	outpatient			2452	50.11	Americare	Americare		1839	75			39.87	2329.4	percent of total billed charges	
MITOXANTRONE 5MG INJ	J9293	HCPCS	outpatient			2452	50.11	Amerihealth	Medicare		43.58				39.87	2329.4	fee schedule	
MITOXANTRONE 5MG INJ	J9293	HCPCS	outpatient			2452	50.11	Amerihealth	HMO|PPO		39.87				39.87	2329.4	fee schedule	
MITOXANTRONE 5MG INJ	J9293	HCPCS	outpatient			2452	50.11	Consumer	Consumer		2329.4	95			39.87	2329.4	percent of total billed charges	
MITOXANTRONE 5MG INJ	J9293	HCPCS	outpatient			2452	50.11	Corrections	Corrections		1961.6	80			39.87	2329.4	percent of total billed charges	
MITOXANTRONE 5MG INJ	J9293	HCPCS	outpatient			2452	50.11	First Health	First Health		1716.4	70			39.87	2329.4	percent of total billed charges	
MITOXANTRONE 5MG INJ	J9293	HCPCS	outpatient			2452	50.11	First Trenton	First Trenton		2206.8	90			39.87	2329.4	percent of total billed charges	
MITOXANTRONE 5MG INJ	J9293	HCPCS	outpatient			2452	50.11	Horizon	Indemnity		95.32				39.87	2329.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MITOXANTRONE 5MG INJ	J9293	HCPCS	outpatient			2452	50.11	Horizon	Medicare Blue		51.22				39.87	2329.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MITOXANTRONE 5MG INJ	J9293	HCPCS	outpatient			2452	50.11	Horizon	MGD		95.32				39.87	2329.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MITOXANTRONE 5MG INJ	J9293	HCPCS	outpatient			2452	50.11	Horizon	PPO		95.32				39.87	2329.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MITOXANTRONE 5MG INJ	J9293	HCPCS	outpatient			2452	50.11	Managed Care Inc	Managed Care Inc		2206.8	90			39.87	2329.4	percent of total billed charges	
MITOXANTRONE 5MG INJ	J9293	HCPCS	outpatient			2452	50.11	Multiplan	Multiplan		1961.6	80			39.87	2329.4	percent of total billed charges	
MITOXANTRONE 5MG INJ	J9293	HCPCS	outpatient			2452	50.11	Qualcare	Qualcare		1839	75			39.87	2329.4	percent of total billed charges	
MITOXANTRONE 5MG INJ	J9293	HCPCS	outpatient			2452	50.11	Three Rivers	Three Rivers		2329.4	95			39.87	2329.4	percent of total billed charges	
MITOXANTRONE 5MG INJ	J9293	HCPCS	outpatient			2452	50.11	UHC	Medicare		43.58				39.87	2329.4	fee schedule	
MITOXANTRONE 5MG INJ	J9293	HCPCS	outpatient			2452	50.11	UHC	Medicaid		773.61	31.55			39.87	2329.4	percent of total billed charges	
MITOXANTRONE 5MG INJ	J9293	HCPCS	outpatient			2452	50.11	United	Oxford		108.95				39.87	2329.4	fee schedule	
MITOXANTRONE 5MG INJ	J9293	HCPCS	outpatient			2452	50.11	United	Commercial|PPO		108.95				39.87	2329.4	fee schedule	
MITOXANTRONE 5MG INJ	J9293	HCPCS	outpatient			2452	50.11	Wellcare	Medicare		43.58				39.87	2329.4	fee schedule	
MITOXANTRONE 5MG INJ	J9293	HCPCS	outpatient			2452	50.11	Wellcare	Medicaid		773.61	31.55			39.87	2329.4	percent of total billed charges	
MITOXANTRONE 5MG INJ	J9293	HCPCS	outpatient			2452	50.11	WellPoint	WellPoint		789.05	32.18			39.87	2329.4	percent of total billed charges	
NIVOLUMAB(OPDIVO)1MG INJ	J9299	HCPCS	both			113.5	35.75	Aetna	Medicare		31.09				28.28	107.83	fee schedule	
NIVOLUMAB(OPDIVO)1MG INJ	J9299	HCPCS	both			113.5	35.75	Aetna	Better Health		35.81	31.55			28.28	107.83	percent of total billed charges	
NIVOLUMAB(OPDIVO)1MG INJ	J9299	HCPCS	both			113.5	35.75	Aetna	Commercial		59.41				28.28	107.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NIVOLUMAB(OPDIVO)1MG INJ	J9299	HCPCS	both			113.5	35.75	Americare	Americare		85.13	75			28.28	107.83	percent of total billed charges	
NIVOLUMAB(OPDIVO)1MG INJ	J9299	HCPCS	both			113.5	35.75	Amerihealth	Medicare		31.09				28.28	107.83	fee schedule	
NIVOLUMAB(OPDIVO)1MG INJ	J9299	HCPCS	both			113.5	35.75	Amerihealth	HMO|PPO		28.28				28.28	107.83	fee schedule	
NIVOLUMAB(OPDIVO)1MG INJ	J9299	HCPCS	both			113.5	35.75	Consumer	Consumer		107.83	95			28.28	107.83	percent of total billed charges	
NIVOLUMAB(OPDIVO)1MG INJ	J9299	HCPCS	both			113.5	35.75	Corrections	Corrections		90.8	80			28.28	107.83	percent of total billed charges	
NIVOLUMAB(OPDIVO)1MG INJ	J9299	HCPCS	both			113.5	35.75	First Health	First Health		79.45	70			28.28	107.83	percent of total billed charges	
NIVOLUMAB(OPDIVO)1MG INJ	J9299	HCPCS	both			113.5	35.75	First Trenton	First Trenton		102.15	90			28.28	107.83	percent of total billed charges	
NIVOLUMAB(OPDIVO)1MG INJ	J9299	HCPCS	both			113.5	35.75	Horizon	Indemnity		69.45				28.28	107.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NIVOLUMAB(OPDIVO)1MG INJ	J9299	HCPCS	both			113.5	35.75	Horizon	MGD		69.45				28.28	107.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NIVOLUMAB(OPDIVO)1MG INJ	J9299	HCPCS	both			113.5	35.75	Horizon	Medicare Blue		37.32				28.28	107.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NIVOLUMAB(OPDIVO)1MG INJ	J9299	HCPCS	both			113.5	35.75	Horizon	PPO		69.45				28.28	107.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NIVOLUMAB(OPDIVO)1MG INJ	J9299	HCPCS	both			113.5	35.75	Managed Care Inc	Managed Care Inc		102.15	90			28.28	107.83	percent of total billed charges	
NIVOLUMAB(OPDIVO)1MG INJ	J9299	HCPCS	both			113.5	35.75	Multiplan	Multiplan		90.8	80			28.28	107.83	percent of total billed charges	
NIVOLUMAB(OPDIVO)1MG INJ	J9299	HCPCS	both			113.5	35.75	Qualcare	Qualcare		85.13	75			28.28	107.83	percent of total billed charges	
NIVOLUMAB(OPDIVO)1MG INJ	J9299	HCPCS	both			113.5	35.75	Three Rivers	Three Rivers		107.83	95			28.28	107.83	percent of total billed charges	
NIVOLUMAB(OPDIVO)1MG INJ	J9299	HCPCS	both			113.5	35.75	UHC	Medicaid		35.81	31.55			28.28	107.83	percent of total billed charges	
NIVOLUMAB(OPDIVO)1MG INJ	J9299	HCPCS	both			113.5	35.75	UHC	Medicare		31.09				28.28	107.83	fee schedule	
NIVOLUMAB(OPDIVO)1MG INJ	J9299	HCPCS	both			113.5	35.75	United	Commercial|PPO		77.73				28.28	107.83	fee schedule	
NIVOLUMAB(OPDIVO)1MG INJ	J9299	HCPCS	both			113.5	35.75	United	Oxford		77.73				28.28	107.83	fee schedule	
NIVOLUMAB(OPDIVO)1MG INJ	J9299	HCPCS	both			113.5	35.75	Wellcare	Medicaid		35.81	31.55			28.28	107.83	percent of total billed charges	
NIVOLUMAB(OPDIVO)1MG INJ	J9299	HCPCS	both			113.5	35.75	Wellcare	Medicare		31.09				28.28	107.83	fee schedule	
NIVOLUMAB(OPDIVO)1MG INJ	J9299	HCPCS	both			113.5	35.75	WellPoint	WellPoint		36.52	32.18			28.28	107.83	percent of total billed charges	
OBINUTUZUMAB(GAZYVA) 10 MG INJ	J9301	HCPCS	both			277	80.89	Aetna	Medicare		70.34				60.97	263.15	fee schedule	
OBINUTUZUMAB(GAZYVA) 10 MG INJ	J9301	HCPCS	both			277	80.89	Aetna	Commercial		134.19				60.97	263.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OBINUTUZUMAB(GAZYVA) 10 MG INJ	J9301	HCPCS	both			277	80.89	Aetna	Better Health		87.39	31.55			60.97	263.15	percent of total billed charges	
OBINUTUZUMAB(GAZYVA) 10 MG INJ	J9301	HCPCS	both			277	80.89	Americare	Americare		207.75	75			60.97	263.15	percent of total billed charges	
OBINUTUZUMAB(GAZYVA) 10 MG INJ	J9301	HCPCS	both			277	80.89	Amerihealth	HMO|PPO		60.97				60.97	263.15	fee schedule	
OBINUTUZUMAB(GAZYVA) 10 MG INJ	J9301	HCPCS	both			277	80.89	Amerihealth	Medicare		70.34				60.97	263.15	fee schedule	
OBINUTUZUMAB(GAZYVA) 10 MG INJ	J9301	HCPCS	both			277	80.89	Consumer	Consumer		263.15	95			60.97	263.15	percent of total billed charges	
OBINUTUZUMAB(GAZYVA) 10 MG INJ	J9301	HCPCS	both			277	80.89	Corrections	Corrections		221.6	80			60.97	263.15	percent of total billed charges	
OBINUTUZUMAB(GAZYVA) 10 MG INJ	J9301	HCPCS	both			277	80.89	First Health	First Health		193.9	70			60.97	263.15	percent of total billed charges	
OBINUTUZUMAB(GAZYVA) 10 MG INJ	J9301	HCPCS	both			277	80.89	First Trenton	First Trenton		249.3	90			60.97	263.15	percent of total billed charges	
OBINUTUZUMAB(GAZYVA) 10 MG INJ	J9301	HCPCS	both			277	80.89	Horizon	Indemnity		156.86				60.97	263.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OBINUTUZUMAB(GAZYVA) 10 MG INJ	J9301	HCPCS	both			277	80.89	Horizon	MGD		156.86				60.97	263.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OBINUTUZUMAB(GAZYVA) 10 MG INJ	J9301	HCPCS	both			277	80.89	Horizon	Medicare Blue		84.29				60.97	263.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OBINUTUZUMAB(GAZYVA) 10 MG INJ	J9301	HCPCS	both			277	80.89	Horizon	PPO		156.86				60.97	263.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OBINUTUZUMAB(GAZYVA) 10 MG INJ	J9301	HCPCS	both			277	80.89	Managed Care Inc	Managed Care Inc		249.3	90			60.97	263.15	percent of total billed charges	
OBINUTUZUMAB(GAZYVA) 10 MG INJ	J9301	HCPCS	both			277	80.89	Multiplan	Multiplan		221.6	80			60.97	263.15	percent of total billed charges	
OBINUTUZUMAB(GAZYVA) 10 MG INJ	J9301	HCPCS	both			277	80.89	Qualcare	Qualcare		207.75	75			60.97	263.15	percent of total billed charges	
OBINUTUZUMAB(GAZYVA) 10 MG INJ	J9301	HCPCS	both			277	80.89	Three Rivers	Three Rivers		263.15	95			60.97	263.15	percent of total billed charges	
OBINUTUZUMAB(GAZYVA) 10 MG INJ	J9301	HCPCS	both			277	80.89	UHC	Medicaid		87.39	31.55			60.97	263.15	percent of total billed charges	
OBINUTUZUMAB(GAZYVA) 10 MG INJ	J9301	HCPCS	both			277	80.89	UHC	Medicare		70.34				60.97	263.15	fee schedule	
OBINUTUZUMAB(GAZYVA) 10 MG INJ	J9301	HCPCS	both			277	80.89	United	Commercial|PPO		175.85				60.97	263.15	fee schedule	
OBINUTUZUMAB(GAZYVA) 10 MG INJ	J9301	HCPCS	both			277	80.89	United	Oxford		175.85				60.97	263.15	fee schedule	
OBINUTUZUMAB(GAZYVA) 10 MG INJ	J9301	HCPCS	both			277	80.89	Wellcare	Medicaid		87.39	31.55			60.97	263.15	percent of total billed charges	
OBINUTUZUMAB(GAZYVA) 10 MG INJ	J9301	HCPCS	both			277	80.89	Wellcare	Medicare		70.34				60.97	263.15	fee schedule	
OBINUTUZUMAB(GAZYVA) 10 MG INJ	J9301	HCPCS	both			277	80.89	WellPoint	WellPoint		89.14	32.18			60.97	263.15	percent of total billed charges	
PANITUMUMAB 10MG INJ	J9303	HCPCS	outpatient			486	173.26	Aetna	Better Health		153.33	31.55			114.56	461.7	percent of total billed charges	
PANITUMUMAB 10MG INJ	J9303	HCPCS	outpatient			486	173.26	Aetna	Medicare		150.66				114.56	461.7	fee schedule	
PANITUMUMAB 10MG INJ	J9303	HCPCS	outpatient			486	173.26	Aetna	Commercial		289.01				114.56	461.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PANITUMUMAB 10MG INJ	J9303	HCPCS	outpatient			486	173.26	Americare	Americare		364.5	75			114.56	461.7	percent of total billed charges	
PANITUMUMAB 10MG INJ	J9303	HCPCS	outpatient			486	173.26	Amerihealth	HMO|PPO		114.56				114.56	461.7	fee schedule	
PANITUMUMAB 10MG INJ	J9303	HCPCS	outpatient			486	173.26	Amerihealth	Medicare		150.66				114.56	461.7	fee schedule	
PANITUMUMAB 10MG INJ	J9303	HCPCS	outpatient			486	173.26	Consumer	Consumer		461.7	95			114.56	461.7	percent of total billed charges	
PANITUMUMAB 10MG INJ	J9303	HCPCS	outpatient			486	173.26	Corrections	Corrections		388.8	80			114.56	461.7	percent of total billed charges	
PANITUMUMAB 10MG INJ	J9303	HCPCS	outpatient			486	173.26	First Health	First Health		340.2	70			114.56	461.7	percent of total billed charges	
PANITUMUMAB 10MG INJ	J9303	HCPCS	outpatient			486	173.26	First Trenton	First Trenton		437.4	90			114.56	461.7	percent of total billed charges	
PANITUMUMAB 10MG INJ	J9303	HCPCS	outpatient			486	173.26	Horizon	Indemnity		337.85				114.56	461.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PANITUMUMAB 10MG INJ	J9303	HCPCS	outpatient			486	173.26	Horizon	MGD		337.85				114.56	461.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PANITUMUMAB 10MG INJ	J9303	HCPCS	outpatient			486	173.26	Horizon	Medicare Blue		181.54				114.56	461.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PANITUMUMAB 10MG INJ	J9303	HCPCS	outpatient			486	173.26	Horizon	PPO		337.85				114.56	461.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PANITUMUMAB 10MG INJ	J9303	HCPCS	outpatient			486	173.26	Managed Care Inc	Managed Care Inc		437.4	90			114.56	461.7	percent of total billed charges	
PANITUMUMAB 10MG INJ	J9303	HCPCS	outpatient			486	173.26	Multiplan	Multiplan		388.8	80			114.56	461.7	percent of total billed charges	
PANITUMUMAB 10MG INJ	J9303	HCPCS	outpatient			486	173.26	Qualcare	Qualcare		364.5	75			114.56	461.7	percent of total billed charges	
PANITUMUMAB 10MG INJ	J9303	HCPCS	outpatient			486	173.26	Three Rivers	Three Rivers		461.7	95			114.56	461.7	percent of total billed charges	
PANITUMUMAB 10MG INJ	J9303	HCPCS	outpatient			486	173.26	UHC	Medicare		150.66				114.56	461.7	fee schedule	
PANITUMUMAB 10MG INJ	J9303	HCPCS	outpatient			486	173.26	UHC	Medicaid		153.33	31.55			114.56	461.7	percent of total billed charges	
PANITUMUMAB 10MG INJ	J9303	HCPCS	outpatient			486	173.26	United	Oxford		376.65				114.56	461.7	fee schedule	
PANITUMUMAB 10MG INJ	J9303	HCPCS	outpatient			486	173.26	United	Commercial|PPO		376.65				114.56	461.7	fee schedule	
PANITUMUMAB 10MG INJ	J9303	HCPCS	outpatient			486	173.26	Wellcare	Medicaid		153.33	31.55			114.56	461.7	percent of total billed charges	
PANITUMUMAB 10MG INJ	J9303	HCPCS	outpatient			486	173.26	Wellcare	Medicare		150.66				114.56	461.7	fee schedule	
PANITUMUMAB 10MG INJ	J9303	HCPCS	outpatient			486	173.26	WellPoint	WellPoint		156.39	32.18			114.56	461.7	percent of total billed charges	
PEMETREXED 10MG INJ	J9305	HCPCS	both			257.5	5.03	Aetna	Commercial		7.59				4.37	244.63	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PEMETREXED 10MG INJ	J9305	HCPCS	both			257.5	5.03	Aetna	Medicare		4.37				4.37	244.63	fee schedule	
PEMETREXED 10MG INJ	J9305	HCPCS	both			257.5	5.03	Aetna	Better Health		81.24	31.55			4.37	244.63	percent of total billed charges	
PEMETREXED 10MG INJ	J9305	HCPCS	both			257.5	5.03	Americare	Americare		193.13	75			4.37	244.63	percent of total billed charges	
PEMETREXED 10MG INJ	J9305	HCPCS	both			257.5	5.03	Amerihealth	HMO|PPO		65.15				4.37	244.63	fee schedule	
PEMETREXED 10MG INJ	J9305	HCPCS	both			257.5	5.03	Amerihealth	Medicare		4.37				4.37	244.63	fee schedule	
PEMETREXED 10MG INJ	J9305	HCPCS	both			257.5	5.03	Consumer	Consumer		244.63	95			4.37	244.63	percent of total billed charges	
PEMETREXED 10MG INJ	J9305	HCPCS	both			257.5	5.03	Corrections	Corrections		206	80			4.37	244.63	percent of total billed charges	
PEMETREXED 10MG INJ	J9305	HCPCS	both			257.5	5.03	First Health	First Health		180.25	70			4.37	244.63	percent of total billed charges	
PEMETREXED 10MG INJ	J9305	HCPCS	both			257.5	5.03	First Trenton	First Trenton		231.75	90			4.37	244.63	percent of total billed charges	
PEMETREXED 10MG INJ	J9305	HCPCS	both			257.5	5.03	Horizon	MGD		8.88				4.37	244.63	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PEMETREXED 10MG INJ	J9305	HCPCS	both			257.5	5.03	Horizon	Indemnity		8.88				4.37	244.63	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PEMETREXED 10MG INJ	J9305	HCPCS	both			257.5	5.03	Horizon	Medicare Blue		4.77				4.37	244.63	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PEMETREXED 10MG INJ	J9305	HCPCS	both			257.5	5.03	Horizon	PPO		8.88				4.37	244.63	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101191	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
PEMETREXED 10MG INJ	J9305	HCPCS	both			257.5	5.03	Managed Care Inc	Managed Care Inc		231.75	90			4.37	244.63	percent of total billed charges	
PEMETREXED 10MG INJ	J9305	HCPCS	both			257.5	5.03	Multiplan	Multiplan		206	80			4.37	244.63	percent of total billed charges	
PEMETREXED 10MG INJ	J9305	HCPCS	both			257.5	5.03	Qualcare	Qualcare		193.13	75			4.37	244.63	percent of total billed charges	
PEMETREXED 10MG INJ	J9305	HCPCS	both			257.5	5.03	Three Rivers	Three Rivers		244.63	95			4.37	244.63	percent of total billed charges	
PEMETREXED 10MG INJ	J9305	HCPCS	both			257.5	5.03	UHC	Medicaid		81.24	31.55			4.37	244.63	percent of total billed charges	
PEMETREXED 10MG INJ	J9305	HCPCS	both			257.5	5.03	UHC	Medicare		4.37				4.37	244.63	fee schedule	
PEMETREXED 10MG INJ	J9305	HCPCS	both			257.5	5.03	United	Commercial|PPO		10.93				4.37	244.63	fee schedule	
PEMETREXED 10MG INJ	J9305	HCPCS	both			257.5	5.03	United	Oxford		10.93				4.37	244.63	fee schedule	
PEMETREXED 10MG INJ	J9305	HCPCS	both			257.5	5.03	Wellcare	Medicaid		81.24	31.55			4.37	244.63	percent of total billed charges	
PEMETREXED 10MG INJ	J9305	HCPCS	both			257.5	5.03	Wellcare	Medicare		4.37				4.37	244.63	fee schedule	
PEMETREXED 10MG INJ	J9305	HCPCS	both			257.5	5.03	WellPoint	WellPoint		82.86	32.18			4.37	244.63	percent of total billed charges	
PERTUZUMAB 1 MG INJ.	J9306	HCPCS	both			46.5	17.74	Aetna	Commercial		29.47				11.55	44.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERTUZUMAB 1 MG INJ.	J9306	HCPCS	both			46.5	17.74	Aetna	Medicare		15.43				11.55	44.18	fee schedule	
PERTUZUMAB 1 MG INJ.	J9306	HCPCS	both			46.5	17.74	Aetna	Better Health		14.67	31.55			11.55	44.18	percent of total billed charges	
PERTUZUMAB 1 MG INJ.	J9306	HCPCS	both			46.5	17.74	Americare	Americare		34.88	75			11.55	44.18	percent of total billed charges	
PERTUZUMAB 1 MG INJ.	J9306	HCPCS	both			46.5	17.74	Amerihealth	HMO|PPO		11.55				11.55	44.18	fee schedule	
PERTUZUMAB 1 MG INJ.	J9306	HCPCS	both			46.5	17.74	Amerihealth	Medicare		15.43				11.55	44.18	fee schedule	
PERTUZUMAB 1 MG INJ.	J9306	HCPCS	both			46.5	17.74	Consumer	Consumer		44.18	95			11.55	44.18	percent of total billed charges	
PERTUZUMAB 1 MG INJ.	J9306	HCPCS	both			46.5	17.74	Corrections	Corrections		37.2	80			11.55	44.18	percent of total billed charges	
PERTUZUMAB 1 MG INJ.	J9306	HCPCS	both			46.5	17.74	First Health	First Health		32.55	70			11.55	44.18	percent of total billed charges	
PERTUZUMAB 1 MG INJ.	J9306	HCPCS	both			46.5	17.74	First Trenton	First Trenton		41.85	90			11.55	44.18	percent of total billed charges	
PERTUZUMAB 1 MG INJ.	J9306	HCPCS	both			46.5	17.74	Horizon	Medicare Blue		18.51				11.55	44.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERTUZUMAB 1 MG INJ.	J9306	HCPCS	both			46.5	17.74	Horizon	MGD		34.45				11.55	44.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERTUZUMAB 1 MG INJ.	J9306	HCPCS	both			46.5	17.74	Horizon	Indemnity		34.45				11.55	44.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERTUZUMAB 1 MG INJ.	J9306	HCPCS	both			46.5	17.74	Horizon	PPO		34.45				11.55	44.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERTUZUMAB 1 MG INJ.	J9306	HCPCS	both			46.5	17.74	Managed Care Inc	Managed Care Inc		41.85	90			11.55	44.18	percent of total billed charges	
PERTUZUMAB 1 MG INJ.	J9306	HCPCS	both			46.5	17.74	Multiplan	Multiplan		37.2	80			11.55	44.18	percent of total billed charges	
PERTUZUMAB 1 MG INJ.	J9306	HCPCS	both			46.5	17.74	Qualcare	Qualcare		34.88	75			11.55	44.18	percent of total billed charges	
PERTUZUMAB 1 MG INJ.	J9306	HCPCS	both			46.5	17.74	Three Rivers	Three Rivers		44.18	95			11.55	44.18	percent of total billed charges	
PERTUZUMAB 1 MG INJ.	J9306	HCPCS	both			46.5	17.74	UHC	Medicare		15.43				11.55	44.18	fee schedule	
PERTUZUMAB 1 MG INJ.	J9306	HCPCS	both			46.5	17.74	UHC	Medicaid		14.67	31.55			11.55	44.18	percent of total billed charges	
PERTUZUMAB 1 MG INJ.	J9306	HCPCS	both			46.5	17.74	United	Oxford		38.58				11.55	44.18	fee schedule	
PERTUZUMAB 1 MG INJ.	J9306	HCPCS	both			46.5	17.74	United	Commercial|PPO		38.58				11.55	44.18	fee schedule	
PERTUZUMAB 1 MG INJ.	J9306	HCPCS	both			46.5	17.74	Wellcare	Medicaid		14.67	31.55			11.55	44.18	percent of total billed charges	
PERTUZUMAB 1 MG INJ.	J9306	HCPCS	both			46.5	17.74	Wellcare	Medicare		15.43				11.55	44.18	fee schedule	
PERTUZUMAB 1 MG INJ.	J9306	HCPCS	both			46.5	17.74	WellPoint	WellPoint		14.96	32.18			11.55	44.18	percent of total billed charges	
RAMUCIRUMAB 5 MG INJ	J9308	HCPCS	outpatient			209.5	80.78	Aetna	Medicare		70.24				60.69	199.03	fee schedule	
RAMUCIRUMAB 5 MG INJ	J9308	HCPCS	outpatient			209.5	80.78	Aetna	Commercial		133.09				60.69	199.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RAMUCIRUMAB 5 MG INJ	J9308	HCPCS	outpatient			209.5	80.78	Aetna	Better Health		66.1	31.55			60.69	199.03	percent of total billed charges	
RAMUCIRUMAB 5 MG INJ	J9308	HCPCS	outpatient			209.5	80.78	Americare	Americare		157.13	75			60.69	199.03	percent of total billed charges	
RAMUCIRUMAB 5 MG INJ	J9308	HCPCS	outpatient			209.5	80.78	Amerihealth	Medicare		70.24				60.69	199.03	fee schedule	
RAMUCIRUMAB 5 MG INJ	J9308	HCPCS	outpatient			209.5	80.78	Amerihealth	HMO|PPO		60.69				60.69	199.03	fee schedule	
RAMUCIRUMAB 5 MG INJ	J9308	HCPCS	outpatient			209.5	80.78	Consumer	Consumer		199.03	95			60.69	199.03	percent of total billed charges	
RAMUCIRUMAB 5 MG INJ	J9308	HCPCS	outpatient			209.5	80.78	Corrections	Corrections		167.6	80			60.69	199.03	percent of total billed charges	
RAMUCIRUMAB 5 MG INJ	J9308	HCPCS	outpatient			209.5	80.78	First Health	First Health		146.65	70			60.69	199.03	percent of total billed charges	
RAMUCIRUMAB 5 MG INJ	J9308	HCPCS	outpatient			209.5	80.78	First Trenton	First Trenton		188.55	90			60.69	199.03	percent of total billed charges	
RAMUCIRUMAB 5 MG INJ	J9308	HCPCS	outpatient			209.5	80.78	Horizon	MGD		155.58				60.69	199.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RAMUCIRUMAB 5 MG INJ	J9308	HCPCS	outpatient			209.5	80.78	Horizon	Medicare Blue		83.6				60.69	199.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RAMUCIRUMAB 5 MG INJ	J9308	HCPCS	outpatient			209.5	80.78	Horizon	PPO		155.58				60.69	199.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RAMUCIRUMAB 5 MG INJ	J9308	HCPCS	outpatient			209.5	80.78	Horizon	NJ Health		135.77				60.69	199.03	fee schedule	
RAMUCIRUMAB 5 MG INJ	J9308	HCPCS	outpatient			209.5	80.78	Horizon	Indemnity		155.58				60.69	199.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RAMUCIRUMAB 5 MG INJ	J9308	HCPCS	outpatient			209.5	80.78	Managed Care Inc	Managed Care Inc		188.55	90			60.69	199.03	percent of total billed charges	
RAMUCIRUMAB 5 MG INJ	J9308	HCPCS	outpatient			209.5	80.78	Multiplan	Multiplan		167.6	80			60.69	199.03	percent of total billed charges	
RAMUCIRUMAB 5 MG INJ	J9308	HCPCS	outpatient			209.5	80.78	Qualcare	Qualcare		157.13	75			60.69	199.03	percent of total billed charges	
RAMUCIRUMAB 5 MG INJ	J9308	HCPCS	outpatient			209.5	80.78	Three Rivers	Three Rivers		199.03	95			60.69	199.03	percent of total billed charges	
RAMUCIRUMAB 5 MG INJ	J9308	HCPCS	outpatient			209.5	80.78	UHC	Medicare		70.24				60.69	199.03	fee schedule	
RAMUCIRUMAB 5 MG INJ	J9308	HCPCS	outpatient			209.5	80.78	UHC	Medicaid		66.1	31.55			60.69	199.03	percent of total billed charges	
RAMUCIRUMAB 5 MG INJ	J9308	HCPCS	outpatient			209.5	80.78	United	Commercial|PPO		175.6				60.69	199.03	fee schedule	
RAMUCIRUMAB 5 MG INJ	J9308	HCPCS	outpatient			209.5	80.78	United	Oxford		175.6				60.69	199.03	fee schedule	
RAMUCIRUMAB 5 MG INJ	J9308	HCPCS	outpatient			209.5	80.78	Wellcare	Medicare		70.24				60.69	199.03	fee schedule	
RAMUCIRUMAB 5 MG INJ	J9308	HCPCS	outpatient			209.5	80.78	Wellcare	Medicaid		66.1	31.55			60.69	199.03	percent of total billed charges	
RAMUCIRUMAB 5 MG INJ	J9308	HCPCS	outpatient			209.5	80.78	WellPoint	WellPoint		67.42	32.18			60.69	199.03	percent of total billed charges	
POLATUZUMAB VEDOTIN (POLIVY) 1MG INJ	J9309	HCPCS	outpatient			438.5	142.93	Aetna	Medicare		124.29				124.29	416.58	fee schedule	
POLATUZUMAB VEDOTIN (POLIVY) 1MG INJ	J9309	HCPCS	outpatient			438.5	142.93	Aetna	Commercial		237.02				124.29	416.58	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
POLATUZUMAB VEDOTIN (POLIVY) 1MG INJ	J9309	HCPCS	outpatient			438.5	142.93	Aetna	Better Health		138.35	31.55			124.29	416.58	percent of total billed charges	
POLATUZUMAB VEDOTIN (POLIVY) 1MG INJ	J9309	HCPCS	outpatient			438.5	142.93	Americare	Americare		328.88	75			124.29	416.58	percent of total billed charges	
POLATUZUMAB VEDOTIN (POLIVY) 1MG INJ	J9309	HCPCS	outpatient			438.5	142.93	Amerihealth	Medicare		124.29				124.29	416.58	fee schedule	
POLATUZUMAB VEDOTIN (POLIVY) 1MG INJ	J9309	HCPCS	outpatient			438.5	142.93	Amerihealth	HMO|PPO		285.03	65			124.29	416.58	percent of total billed charges	
POLATUZUMAB VEDOTIN (POLIVY) 1MG INJ	J9309	HCPCS	outpatient			438.5	142.93	Consumer	Consumer		416.58	95			124.29	416.58	percent of total billed charges	
POLATUZUMAB VEDOTIN (POLIVY) 1MG INJ	J9309	HCPCS	outpatient			438.5	142.93	Corrections	Corrections		350.8	80			124.29	416.58	percent of total billed charges	
POLATUZUMAB VEDOTIN (POLIVY) 1MG INJ	J9309	HCPCS	outpatient			438.5	142.93	First Health	First Health		306.95	70			124.29	416.58	percent of total billed charges	
POLATUZUMAB VEDOTIN (POLIVY) 1MG INJ	J9309	HCPCS	outpatient			438.5	142.93	First Trenton	First Trenton		394.65	90			124.29	416.58	percent of total billed charges	
POLATUZUMAB VEDOTIN (POLIVY) 1MG INJ	J9309	HCPCS	outpatient			438.5	142.93	Horizon	Medicare Blue		148.88				124.29	416.58	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
POLATUZUMAB VEDOTIN (POLIVY) 1MG INJ	J9309	HCPCS	outpatient			438.5	142.93	Horizon	Indemnity		277.07				124.29	416.58	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
POLATUZUMAB VEDOTIN (POLIVY) 1MG INJ	J9309	HCPCS	outpatient			438.5	142.93	Horizon	PPO		277.07				124.29	416.58	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
POLATUZUMAB VEDOTIN (POLIVY) 1MG INJ	J9309	HCPCS	outpatient			438.5	142.93	Horizon	MGD		277.07				124.29	416.58	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
POLATUZUMAB VEDOTIN (POLIVY) 1MG INJ	J9309	HCPCS	outpatient			438.5	142.93	Managed Care Inc	Managed Care Inc		394.65	90			124.29	416.58	percent of total billed charges	
POLATUZUMAB VEDOTIN (POLIVY) 1MG INJ	J9309	HCPCS	outpatient			438.5	142.93	Multiplan	Multiplan		350.8	80			124.29	416.58	percent of total billed charges	
POLATUZUMAB VEDOTIN (POLIVY) 1MG INJ	J9309	HCPCS	outpatient			438.5	142.93	Qualcare	Qualcare		328.88	75			124.29	416.58	percent of total billed charges	
POLATUZUMAB VEDOTIN (POLIVY) 1MG INJ	J9309	HCPCS	outpatient			438.5	142.93	Three Rivers	Three Rivers		416.58	95			124.29	416.58	percent of total billed charges	
POLATUZUMAB VEDOTIN (POLIVY) 1MG INJ	J9309	HCPCS	outpatient			438.5	142.93	UHC	Medicare		124.29				124.29	416.58	fee schedule	
POLATUZUMAB VEDOTIN (POLIVY) 1MG INJ	J9309	HCPCS	outpatient			438.5	142.93	UHC	Medicaid		138.35	31.55			124.29	416.58	percent of total billed charges	
POLATUZUMAB VEDOTIN (POLIVY) 1MG INJ	J9309	HCPCS	outpatient			438.5	142.93	United	Oxford		310.73				124.29	416.58	fee schedule	
POLATUZUMAB VEDOTIN (POLIVY) 1MG INJ	J9309	HCPCS	outpatient			438.5	142.93	United	Commercial|PPO		310.73				124.29	416.58	fee schedule	
POLATUZUMAB VEDOTIN (POLIVY) 1MG INJ	J9309	HCPCS	outpatient			438.5	142.93	Wellcare	Medicare		124.29				124.29	416.58	fee schedule	
POLATUZUMAB VEDOTIN (POLIVY) 1MG INJ	J9309	HCPCS	outpatient			438.5	142.93	Wellcare	Medicaid		138.35	31.55			124.29	416.58	percent of total billed charges	
POLATUZUMAB VEDOTIN (POLIVY) 1MG INJ	J9309	HCPCS	outpatient			438.5	142.93	WellPoint	WellPoint		141.11	32.18			124.29	416.58	percent of total billed charges	
RITUXIMAB 10MG INJ	J9312	HCPCS	both			397.5	91.08	Aetna	Better Health		125.41	31.55			79.2	377.63	percent of total billed charges	
RITUXIMAB 10MG INJ	J9312	HCPCS	both			397.5	91.08	Aetna	Commercial		150.71				79.2	377.63	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RITUXIMAB 10MG INJ	J9312	HCPCS	both			397.5	91.08	Aetna	Medicare		79.2				79.2	377.63	fee schedule	
RITUXIMAB 10MG INJ	J9312	HCPCS	both			397.5	91.08	Americare	Americare		298.13	75			79.2	377.63	percent of total billed charges	
RITUXIMAB 10MG INJ	J9312	HCPCS	both			397.5	91.08	Amerihealth	Medicare		79.2				79.2	377.63	fee schedule	
RITUXIMAB 10MG INJ	J9312	HCPCS	both			397.5	91.08	Amerihealth	HMO|PPO		258.38	65			79.2	377.63	percent of total billed charges	
RITUXIMAB 10MG INJ	J9312	HCPCS	both			397.5	91.08	Consumer	Consumer		377.63	95			79.2	377.63	percent of total billed charges	
RITUXIMAB 10MG INJ	J9312	HCPCS	both			397.5	91.08	Corrections	Corrections		318	80			79.2	377.63	percent of total billed charges	
RITUXIMAB 10MG INJ	J9312	HCPCS	both			397.5	91.08	First Health	First Health		278.25	70			79.2	377.63	percent of total billed charges	
RITUXIMAB 10MG INJ	J9312	HCPCS	both			397.5	91.08	First Trenton	First Trenton		357.75	90			79.2	377.63	percent of total billed charges	
RITUXIMAB 10MG INJ	J9312	HCPCS	both			397.5	91.08	Horizon	PPO		176.18				79.2	377.63	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RITUXIMAB 10MG INJ	J9312	HCPCS	both			397.5	91.08	Horizon	MGD		176.18				79.2	377.63	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RITUXIMAB 10MG INJ	J9312	HCPCS	both			397.5	91.08	Horizon	Indemnity		176.18				79.2	377.63	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RITUXIMAB 10MG INJ	J9312	HCPCS	both			397.5	91.08	Horizon	Medicare Blue		94.67				79.2	377.63	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RITUXIMAB 10MG INJ	J9312	HCPCS	both			397.5	91.08	Managed Care Inc	Managed Care Inc		357.75	90			79.2	377.63	percent of total billed charges	
RITUXIMAB 10MG INJ	J9312	HCPCS	both			397.5	91.08	Multiplan	Multiplan		318	80			79.2	377.63	percent of total billed charges	
RITUXIMAB 10MG INJ	J9312	HCPCS	both			397.5	91.08	Qualcare	Qualcare		298.13	75			79.2	377.63	percent of total billed charges	
RITUXIMAB 10MG INJ	J9312	HCPCS	both			397.5	91.08	Three Rivers	Three Rivers		377.63	95			79.2	377.63	percent of total billed charges	
RITUXIMAB 10MG INJ	J9312	HCPCS	both			397.5	91.08	UHC	Medicare		79.2				79.2	377.63	fee schedule	
RITUXIMAB 10MG INJ	J9312	HCPCS	both			397.5	91.08	UHC	Medicaid		125.41	31.55			79.2	377.63	percent of total billed charges	
RITUXIMAB 10MG INJ	J9312	HCPCS	both			397.5	91.08	United	Oxford		198				79.2	377.63	fee schedule	
RITUXIMAB 10MG INJ	J9312	HCPCS	both			397.5	91.08	United	Commercial|PPO		198				79.2	377.63	fee schedule	
RITUXIMAB 10MG INJ	J9312	HCPCS	both			397.5	91.08	Wellcare	Medicare		79.2				79.2	377.63	fee schedule	
RITUXIMAB 10MG INJ	J9312	HCPCS	both			397.5	91.08	Wellcare	Medicaid		125.41	31.55			79.2	377.63	percent of total billed charges	
RITUXIMAB 10MG INJ	J9312	HCPCS	both			397.5	91.08	WellPoint	WellPoint		127.92	32.18			79.2	377.63	percent of total billed charges	
SACITUZUMAB GOVITECAN-HZIY(TRODELVY) 2.5	J9317	HCPCS	outpatient			114	39.19	Aetna	Better Health		35.97	31.55			34.08	108.3	percent of total billed charges	
SACITUZUMAB GOVITECAN-HZIY(TRODELVY) 2.5	J9317	HCPCS	outpatient			114	39.19	Aetna	Commercial		65.16				34.08	108.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SACITUZUMAB GOVITECAN-HZIY(TRODELVY) 2.5	J9317	HCPCS	outpatient			114	39.19	Aetna	Medicare		34.08				34.08	108.3	fee schedule	
SACITUZUMAB GOVITECAN-HZIY(TRODELVY) 2.5	J9317	HCPCS	outpatient			114	39.19	Americare	Americare		85.5	75			34.08	108.3	percent of total billed charges	
SACITUZUMAB GOVITECAN-HZIY(TRODELVY) 2.5	J9317	HCPCS	outpatient			114	39.19	Amerihealth	HMO|PPO		74.1	65			34.08	108.3	percent of total billed charges	
SACITUZUMAB GOVITECAN-HZIY(TRODELVY) 2.5	J9317	HCPCS	outpatient			114	39.19	Amerihealth	Medicare		34.08				34.08	108.3	fee schedule	
SACITUZUMAB GOVITECAN-HZIY(TRODELVY) 2.5	J9317	HCPCS	outpatient			114	39.19	Consumer	Consumer		108.3	95			34.08	108.3	percent of total billed charges	
SACITUZUMAB GOVITECAN-HZIY(TRODELVY) 2.5	J9317	HCPCS	outpatient			114	39.19	Corrections	Corrections		91.2	80			34.08	108.3	percent of total billed charges	
SACITUZUMAB GOVITECAN-HZIY(TRODELVY) 2.5	J9317	HCPCS	outpatient			114	39.19	First Health	First Health		79.8	70			34.08	108.3	percent of total billed charges	
SACITUZUMAB GOVITECAN-HZIY(TRODELVY) 2.5	J9317	HCPCS	outpatient			114	39.19	First Trenton	First Trenton		102.6	90			34.08	108.3	percent of total billed charges	
SACITUZUMAB GOVITECAN-HZIY(TRODELVY) 2.5	J9317	HCPCS	outpatient			114	39.19	Horizon	Indemnity		76.17				34.08	108.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SACITUZUMAB GOVITECAN-HZIY(TRODELVY) 2.5	J9317	HCPCS	outpatient			114	39.19	Horizon	PPO		76.17				34.08	108.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SACITUZUMAB GOVITECAN-HZIY(TRODELVY) 2.5	J9317	HCPCS	outpatient			114	39.19	Horizon	MGD		76.17				34.08	108.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SACITUZUMAB GOVITECAN-HZIY(TRODELVY) 2.5	J9317	HCPCS	outpatient			114	39.19	Horizon	Medicare Blue		40.93				34.08	108.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SACITUZUMAB GOVITECAN-HZIY(TRODELVY) 2.5	J9317	HCPCS	outpatient			114	39.19	Managed Care Inc	Managed Care Inc		102.6	90			34.08	108.3	percent of total billed charges	
SACITUZUMAB GOVITECAN-HZIY(TRODELVY) 2.5	J9317	HCPCS	outpatient			114	39.19	Multiplan	Multiplan		91.2	80			34.08	108.3	percent of total billed charges	
SACITUZUMAB GOVITECAN-HZIY(TRODELVY) 2.5	J9317	HCPCS	outpatient			114	39.19	Qualcare	Qualcare		85.5	75			34.08	108.3	percent of total billed charges	
SACITUZUMAB GOVITECAN-HZIY(TRODELVY) 2.5	J9317	HCPCS	outpatient			114	39.19	Three Rivers	Three Rivers		108.3	95			34.08	108.3	percent of total billed charges	
SACITUZUMAB GOVITECAN-HZIY(TRODELVY) 2.5	J9317	HCPCS	outpatient			114	39.19	UHC	Medicaid		35.97	31.55			34.08	108.3	percent of total billed charges	
SACITUZUMAB GOVITECAN-HZIY(TRODELVY) 2.5	J9317	HCPCS	outpatient			114	39.19	UHC	Medicare		34.08				34.08	108.3	fee schedule	
SACITUZUMAB GOVITECAN-HZIY(TRODELVY) 2.5	J9317	HCPCS	outpatient			114	39.19	United	Commercial|PPO		85.2				34.08	108.3	fee schedule	
SACITUZUMAB GOVITECAN-HZIY(TRODELVY) 2.5	J9317	HCPCS	outpatient			114	39.19	United	Oxford		85.2				34.08	108.3	fee schedule	
SACITUZUMAB GOVITECAN-HZIY(TRODELVY) 2.5	J9317	HCPCS	outpatient			114	39.19	Wellcare	Medicaid		35.97	31.55			34.08	108.3	percent of total billed charges	
SACITUZUMAB GOVITECAN-HZIY(TRODELVY) 2.5	J9317	HCPCS	outpatient			114	39.19	Wellcare	Medicare		34.08				34.08	108.3	fee schedule	
SACITUZUMAB GOVITECAN-HZIY(TRODELVY) 2.5	J9317	HCPCS	outpatient			114	39.19	WellPoint	WellPoint		36.69	32.18			34.08	108.3	percent of total billed charges	
ROMIDEPSIN (ISTODAX) 0.1MG INJ	J9319	HCPCS	outpatient			126.5	36.76	Aetna	Medicare		31.96				31.96	120.18	fee schedule	
ROMIDEPSIN (ISTODAX) 0.1MG INJ	J9319	HCPCS	outpatient			126.5	36.76	Aetna	Better Health		39.91	31.55			31.96	120.18	percent of total billed charges	
ROMIDEPSIN (ISTODAX) 0.1MG INJ	J9319	HCPCS	outpatient			126.5	36.76	Aetna	Commercial		58.38				31.96	120.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ROMIDEPSIN (ISTODAX) 0.1MG INJ	J9319	HCPCS	outpatient			126.5	36.76	Americare	Americare		94.88	75			31.96	120.18	percent of total billed charges	
ROMIDEPSIN (ISTODAX) 0.1MG INJ	J9319	HCPCS	outpatient			126.5	36.76	Amerihealth	Medicare		31.96				31.96	120.18	fee schedule	
ROMIDEPSIN (ISTODAX) 0.1MG INJ	J9319	HCPCS	outpatient			126.5	36.76	Amerihealth	HMO|PPO		82.23	65			31.96	120.18	percent of total billed charges	
ROMIDEPSIN (ISTODAX) 0.1MG INJ	J9319	HCPCS	outpatient			126.5	36.76	Consumer	Consumer		120.18	95			31.96	120.18	percent of total billed charges	
ROMIDEPSIN (ISTODAX) 0.1MG INJ	J9319	HCPCS	outpatient			126.5	36.76	Corrections	Corrections		101.2	80			31.96	120.18	percent of total billed charges	
ROMIDEPSIN (ISTODAX) 0.1MG INJ	J9319	HCPCS	outpatient			126.5	36.76	First Health	First Health		88.55	70			31.96	120.18	percent of total billed charges	
ROMIDEPSIN (ISTODAX) 0.1MG INJ	J9319	HCPCS	outpatient			126.5	36.76	First Trenton	First Trenton		113.85	90			31.96	120.18	percent of total billed charges	
ROMIDEPSIN (ISTODAX) 0.1MG INJ	J9319	HCPCS	outpatient			126.5	36.76	Horizon	Indemnity		68.24				31.96	120.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ROMIDEPSIN (ISTODAX) 0.1MG INJ	J9319	HCPCS	outpatient			126.5	36.76	Horizon	MGD		68.24				31.96	120.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ROMIDEPSIN (ISTODAX) 0.1MG INJ	J9319	HCPCS	outpatient			126.5	36.76	Horizon	Medicare Blue		36.67				31.96	120.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ROMIDEPSIN (ISTODAX) 0.1MG INJ	J9319	HCPCS	outpatient			126.5	36.76	Horizon	PPO		68.24				31.96	120.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ROMIDEPSIN (ISTODAX) 0.1MG INJ	J9319	HCPCS	outpatient			126.5	36.76	Managed Care Inc	Managed Care Inc		113.85	90			31.96	120.18	percent of total billed charges	
ROMIDEPSIN (ISTODAX) 0.1MG INJ	J9319	HCPCS	outpatient			126.5	36.76	Multiplan	Multiplan		101.2	80			31.96	120.18	percent of total billed charges	
ROMIDEPSIN (ISTODAX) 0.1MG INJ	J9319	HCPCS	outpatient			126.5	36.76	Qualcare	Qualcare		94.88	75			31.96	120.18	percent of total billed charges	
ROMIDEPSIN (ISTODAX) 0.1MG INJ	J9319	HCPCS	outpatient			126.5	36.76	Three Rivers	Three Rivers		120.18	95			31.96	120.18	percent of total billed charges	
ROMIDEPSIN (ISTODAX) 0.1MG INJ	J9319	HCPCS	outpatient			126.5	36.76	UHC	Medicare		31.96				31.96	120.18	fee schedule	
ROMIDEPSIN (ISTODAX) 0.1MG INJ	J9319	HCPCS	outpatient			126.5	36.76	UHC	Medicaid		39.91	31.55			31.96	120.18	percent of total billed charges	
ROMIDEPSIN (ISTODAX) 0.1MG INJ	J9319	HCPCS	outpatient			126.5	36.76	United	Commercial|PPO		79.9				31.96	120.18	fee schedule	
ROMIDEPSIN (ISTODAX) 0.1MG INJ	J9319	HCPCS	outpatient			126.5	36.76	United	Oxford		79.9				31.96	120.18	fee schedule	
ROMIDEPSIN (ISTODAX) 0.1MG INJ	J9319	HCPCS	outpatient			126.5	36.76	Wellcare	Medicaid		39.91	31.55			31.96	120.18	percent of total billed charges	
ROMIDEPSIN (ISTODAX) 0.1MG INJ	J9319	HCPCS	outpatient			126.5	36.76	Wellcare	Medicare		31.96				31.96	120.18	fee schedule	
ROMIDEPSIN (ISTODAX) 0.1MG INJ	J9319	HCPCS	outpatient			126.5	36.76	WellPoint	WellPoint		40.71	32.18			31.96	120.18	percent of total billed charges	
STREPTOZOCIN 1GM INJ	J9320	HCPCS	outpatient			922	510.99	Aetna	Better Health		290.89	31.55			290.89	925.45	percent of total billed charges	
STREPTOZOCIN 1GM INJ	J9320	HCPCS	outpatient			922	510.99	Aetna	Medicare		444.34				290.89	925.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STREPTOZOCIN 1GM INJ	J9320	HCPCS	outpatient			922	510.99	Aetna	Commercial		707.39				290.89	925.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STREPTOZOCIN 1GM INJ	J9320	HCPCS	outpatient			922	510.99	Americare	Americare		691.5	75			290.89	925.45	percent of total billed charges	
STREPTOZOCIN 1GM INJ	J9320	HCPCS	outpatient			922	510.99	Amerihealth	HMO|PPO		351.07				290.89	925.45	fee schedule	
STREPTOZOCIN 1GM INJ	J9320	HCPCS	outpatient			922	510.99	Amerihealth	Medicare		444.34				290.89	925.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STREPTOZOCIN 1GM INJ	J9320	HCPCS	outpatient			922	510.99	Consumer	Consumer		875.9	95			290.89	925.45	percent of total billed charges	
STREPTOZOCIN 1GM INJ	J9320	HCPCS	outpatient			922	510.99	Corrections	Corrections		737.6	80			290.89	925.45	percent of total billed charges	
STREPTOZOCIN 1GM INJ	J9320	HCPCS	outpatient			922	510.99	First Health	First Health		645.4	70			290.89	925.45	percent of total billed charges	
STREPTOZOCIN 1GM INJ	J9320	HCPCS	outpatient			922	510.99	First Trenton	First Trenton		829.8	90			290.89	925.45	percent of total billed charges	
STREPTOZOCIN 1GM INJ	J9320	HCPCS	outpatient			922	510.99	Horizon	Medicare Blue		444.34				290.89	925.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STREPTOZOCIN 1GM INJ	J9320	HCPCS	outpatient			922	510.99	Horizon	MGD		826.92				290.89	925.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STREPTOZOCIN 1GM INJ	J9320	HCPCS	outpatient			922	510.99	Horizon	Indemnity		826.92				290.89	925.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STREPTOZOCIN 1GM INJ	J9320	HCPCS	outpatient			922	510.99	Horizon	PPO		826.92				290.89	925.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STREPTOZOCIN 1GM INJ	J9320	HCPCS	outpatient			922	510.99	Managed Care Inc	Managed Care Inc		829.8	90			290.89	925.45	percent of total billed charges	
STREPTOZOCIN 1GM INJ	J9320	HCPCS	outpatient			922	510.99	Multiplan	Multiplan		737.6	80			290.89	925.45	percent of total billed charges	
STREPTOZOCIN 1GM INJ	J9320	HCPCS	outpatient			922	510.99	Qualcare	Qualcare		691.5	75			290.89	925.45	percent of total billed charges	
STREPTOZOCIN 1GM INJ	J9320	HCPCS	outpatient			922	510.99	Three Rivers	Three Rivers		875.9	95			290.89	925.45	percent of total billed charges	
STREPTOZOCIN 1GM INJ	J9320	HCPCS	outpatient			922	510.99	UHC	Medicaid		290.89	31.55			290.89	925.45	percent of total billed charges	
STREPTOZOCIN 1GM INJ	J9320	HCPCS	outpatient			922	510.99	UHC	Medicare		444.34				290.89	925.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STREPTOZOCIN 1GM INJ	J9320	HCPCS	outpatient			922	510.99	United	Commercial|PPO		925.45				290.89	925.45	fee schedule	
STREPTOZOCIN 1GM INJ	J9320	HCPCS	outpatient			922	510.99	United	Oxford		925.45				290.89	925.45	fee schedule	
STREPTOZOCIN 1GM INJ	J9320	HCPCS	outpatient			922	510.99	Wellcare	Medicare		444.34				290.89	925.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STREPTOZOCIN 1GM INJ	J9320	HCPCS	outpatient			922	510.99	Wellcare	Medicaid		290.89	31.55			290.89	925.45	percent of total billed charges	
STREPTOZOCIN 1GM INJ	J9320	HCPCS	outpatient			922	510.99	WellPoint	WellPoint		296.7	32.18			290.89	925.45	percent of total billed charges	
TEMSIROLIMUS 1MG	J9330	HCPCS	outpatient			282.5	35.64	Aetna	Commercial		55.15				30.99	268.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TEMSIROLIMUS 1MG	J9330	HCPCS	outpatient			282.5	35.64	Aetna	Better Health		89.13	31.55			30.99	268.38	percent of total billed charges	
TEMSIROLIMUS 1MG	J9330	HCPCS	outpatient			282.5	35.64	Aetna	Medicare		30.99				30.99	268.38	fee schedule	
TEMSIROLIMUS 1MG	J9330	HCPCS	outpatient			282.5	35.64	Americare	Americare		211.88	75			30.99	268.38	percent of total billed charges	
TEMSIROLIMUS 1MG	J9330	HCPCS	outpatient			282.5	35.64	Amerihealth	Medicare		30.99				30.99	268.38	fee schedule	
TEMSIROLIMUS 1MG	J9330	HCPCS	outpatient			282.5	35.64	Amerihealth	HMO|PPO		72.34				30.99	268.38	fee schedule	
TEMSIROLIMUS 1MG	J9330	HCPCS	outpatient			282.5	35.64	Consumer	Consumer		268.38	95			30.99	268.38	percent of total billed charges	
TEMSIROLIMUS 1MG	J9330	HCPCS	outpatient			282.5	35.64	Corrections	Corrections		226	80			30.99	268.38	percent of total billed charges	
TEMSIROLIMUS 1MG	J9330	HCPCS	outpatient			282.5	35.64	First Health	First Health		197.75	70			30.99	268.38	percent of total billed charges	
TEMSIROLIMUS 1MG	J9330	HCPCS	outpatient			282.5	35.64	First Trenton	First Trenton		254.25	90			30.99	268.38	percent of total billed charges	
TEMSIROLIMUS 1MG	J9330	HCPCS	outpatient			282.5	35.64	Horizon	Indemnity		64.47				30.99	268.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TEMSIROLIMUS 1MG	J9330	HCPCS	outpatient			282.5	35.64	Horizon	Medicare Blue		34.64				30.99	268.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TEMSIROLIMUS 1MG	J9330	HCPCS	outpatient			282.5	35.64	Horizon	MGD		64.47				30.99	268.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TEMSIROLIMUS 1MG	J9330	HCPCS	outpatient			282.5	35.64	Horizon	PPO		64.47				30.99	268.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TEMSIROLIMUS 1MG	J9330	HCPCS	outpatient			282.5	35.64	Managed Care Inc	Managed Care Inc		254.25	90			30.99	268.38	percent of total billed charges	
TEMSIROLIMUS 1MG	J9330	HCPCS	outpatient			282.5	35.64	Multiplan	Multiplan		226	80			30.99	268.38	percent of total billed charges	
TEMSIROLIMUS 1MG	J9330	HCPCS	outpatient			282.5	35.64	Qualcare	Qualcare		211.88	75			30.99	268.38	percent of total billed charges	
TEMSIROLIMUS 1MG	J9330	HCPCS	outpatient			282.5	35.64	Three Rivers	Three Rivers		268.38	95			30.99	268.38	percent of total billed charges	
TEMSIROLIMUS 1MG	J9330	HCPCS	outpatient			282.5	35.64	UHC	Medicaid		89.13	31.55			30.99	268.38	percent of total billed charges	
TEMSIROLIMUS 1MG	J9330	HCPCS	outpatient			282.5	35.64	UHC	Medicare		30.99				30.99	268.38	fee schedule	
TEMSIROLIMUS 1MG	J9330	HCPCS	outpatient			282.5	35.64	United	Oxford		77.48				30.99	268.38	fee schedule	
TEMSIROLIMUS 1MG	J9330	HCPCS	outpatient			282.5	35.64	United	Commercial|PPO		77.48				30.99	268.38	fee schedule	
TEMSIROLIMUS 1MG	J9330	HCPCS	outpatient			282.5	35.64	Wellcare	Medicare		30.99				30.99	268.38	fee schedule	
TEMSIROLIMUS 1MG	J9330	HCPCS	outpatient			282.5	35.64	Wellcare	Medicaid		89.13	31.55			30.99	268.38	percent of total billed charges	
TEMSIROLIMUS 1MG	J9330	HCPCS	outpatient			282.5	35.64	WellPoint	WellPoint		90.91	32.18			30.99	268.38	percent of total billed charges	
SIROLIMUS PROT (FYARRO) 1 MG INJ	J9331	HCPCS	outpatient			268	125.68	Aetna	Better Health		84.55	31.55			84.55	273.23	percent of total billed charges	
SIROLIMUS PROT (FYARRO) 1 MG INJ	J9331	HCPCS	outpatient			268	125.68	Aetna	Medicare		109.29				84.55	273.23	fee schedule	
SIROLIMUS PROT (FYARRO) 1 MG INJ	J9331	HCPCS	outpatient			268	125.68	Aetna	Commercial		208.85				84.55	273.23	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIROLIMUS PROT (FYARRO) 1 MG INJ	J9331	HCPCS	outpatient			268	125.68	Americare	Americare		201	75			84.55	273.23	percent of total billed charges	
SIROLIMUS PROT (FYARRO) 1 MG INJ	J9331	HCPCS	outpatient			268	125.68	Amerihealth	HMO|PPO		174.2	65			84.55	273.23	percent of total billed charges	
SIROLIMUS PROT (FYARRO) 1 MG INJ	J9331	HCPCS	outpatient			268	125.68	Amerihealth	Medicare		109.29				84.55	273.23	fee schedule	
SIROLIMUS PROT (FYARRO) 1 MG INJ	J9331	HCPCS	outpatient			268	125.68	Consumer	Consumer		254.6	95			84.55	273.23	percent of total billed charges	
SIROLIMUS PROT (FYARRO) 1 MG INJ	J9331	HCPCS	outpatient			268	125.68	Corrections	Corrections		214.4	80			84.55	273.23	percent of total billed charges	
SIROLIMUS PROT (FYARRO) 1 MG INJ	J9331	HCPCS	outpatient			268	125.68	First Health	First Health		187.6	70			84.55	273.23	percent of total billed charges	
SIROLIMUS PROT (FYARRO) 1 MG INJ	J9331	HCPCS	outpatient			268	125.68	First Trenton	First Trenton		241.2	90			84.55	273.23	percent of total billed charges	
SIROLIMUS PROT (FYARRO) 1 MG INJ	J9331	HCPCS	outpatient			268	125.68	Horizon	MGD		244.14				84.55	273.23	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIROLIMUS PROT (FYARRO) 1 MG INJ	J9331	HCPCS	outpatient			268	125.68	Horizon	Medicare Blue		131.19				84.55	273.23	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIROLIMUS PROT (FYARRO) 1 MG INJ	J9331	HCPCS	outpatient			268	125.68	Horizon	PPO		244.14				84.55	273.23	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIROLIMUS PROT (FYARRO) 1 MG INJ	J9331	HCPCS	outpatient			268	125.68	Horizon	Indemnity		244.14				84.55	273.23	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIROLIMUS PROT (FYARRO) 1 MG INJ	J9331	HCPCS	outpatient			268	125.68	Managed Care Inc	Managed Care Inc		241.2	90			84.55	273.23	percent of total billed charges	
SIROLIMUS PROT (FYARRO) 1 MG INJ	J9331	HCPCS	outpatient			268	125.68	Multiplan	Multiplan		214.4	80			84.55	273.23	percent of total billed charges	
SIROLIMUS PROT (FYARRO) 1 MG INJ	J9331	HCPCS	outpatient			268	125.68	Qualcare	Qualcare		201	75			84.55	273.23	percent of total billed charges	
SIROLIMUS PROT (FYARRO) 1 MG INJ	J9331	HCPCS	outpatient			268	125.68	Three Rivers	Three Rivers		254.6	95			84.55	273.23	percent of total billed charges	
SIROLIMUS PROT (FYARRO) 1 MG INJ	J9331	HCPCS	outpatient			268	125.68	UHC	Medicare		109.29				84.55	273.23	fee schedule	
SIROLIMUS PROT (FYARRO) 1 MG INJ	J9331	HCPCS	outpatient			268	125.68	UHC	Medicaid		84.55	31.55			84.55	273.23	percent of total billed charges	
SIROLIMUS PROT (FYARRO) 1 MG INJ	J9331	HCPCS	outpatient			268	125.68	United	Commercial|PPO		273.23				84.55	273.23	fee schedule	
SIROLIMUS PROT (FYARRO) 1 MG INJ	J9331	HCPCS	outpatient			268	125.68	United	Oxford		273.23				84.55	273.23	fee schedule	
SIROLIMUS PROT (FYARRO) 1 MG INJ	J9331	HCPCS	outpatient			268	125.68	Wellcare	Medicare		109.29				84.55	273.23	fee schedule	
SIROLIMUS PROT (FYARRO) 1 MG INJ	J9331	HCPCS	outpatient			268	125.68	Wellcare	Medicaid		84.55	31.55			84.55	273.23	percent of total billed charges	
SIROLIMUS PROT (FYARRO) 1 MG INJ	J9331	HCPCS	outpatient			268	125.68	WellPoint	WellPoint		86.24	32.18			84.55	273.23	percent of total billed charges	
THIOTHYLENE 15MG INJ	J9340	HCPCS	outpatient			2267	288.89	Aetna	Better Health		715.24	31.55			251.21	2153.65	percent of total billed charges	
THIOTHYLENE 15MG INJ	J9340	HCPCS	outpatient			2267	288.89	Aetna	Medicare		251.21				251.21	2153.65	fee schedule	
THIOTHYLENE 15MG INJ	J9340	HCPCS	outpatient			2267	288.89	Aetna	Commercial		436.38				251.21	2153.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THIOTHYLENE 15MG INJ	J9340	HCPCS	outpatient			2267	288.89	Americare	Americare		1700.25	75			251.21	2153.65	percent of total billed charges	
THIOTHYLENE 15MG INJ	J9340	HCPCS	outpatient			2267	288.89	Amerihealth	Medicare		251.21				251.21	2153.65	fee schedule	
THIOTHYLENE 15MG INJ	J9340	HCPCS	outpatient			2267	288.89	Amerihealth	HMO|PPO		1428				251.21	2153.65	fee schedule	
THIOTHYLENE 15MG INJ	J9340	HCPCS	outpatient			2267	288.89	Consumer	Consumer		2153.65	95			251.21	2153.65	percent of total billed charges	
THIOTHYLENE 15MG INJ	J9340	HCPCS	outpatient			2267	288.89	Corrections	Corrections		1813.6	80			251.21	2153.65	percent of total billed charges	
THIOTHYLENE 15MG INJ	J9340	HCPCS	outpatient			2267	288.89	First Health	First Health		1586.9	70			251.21	2153.65	percent of total billed charges	
THIOTHYLENE 15MG INJ	J9340	HCPCS	outpatient			2267	288.89	First Trenton	First Trenton		2040.3	90			251.21	2153.65	percent of total billed charges	
THIOTHYLENE 15MG INJ	J9340	HCPCS	outpatient			2267	288.89	Horizon	Medicare Blue		274.11				251.21	2153.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THIOTHYLENE 15MG INJ	J9340	HCPCS	outpatient			2267	288.89	Horizon	Indemnity		510.12				251.21	2153.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THIOTHYLENE 15MG INJ	J9340	HCPCS	outpatient			2267	288.89	Horizon	MGD		510.12				251.21	2153.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THIOTHYLENE 15MG INJ	J9340	HCPCS	outpatient			2267	288.89	Horizon	PPO		510.12				251.21	2153.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THIOTHYLENE 15MG INJ	J9340	HCPCS	outpatient			2267	288.89	Managed Care Inc	Managed Care Inc		2040.3	90			251.21	2153.65	percent of total billed charges	
THIOTHYLENE 15MG INJ	J9340	HCPCS	outpatient			2267	288.89	Multiplan	Multiplan		1813.6	80			251.21	2153.65	percent of total billed charges	
THIOTHYLENE 15MG INJ	J9340	HCPCS	outpatient			2267	288.89	Qualcare	Qualcare		1700.25	75			251.21	2153.65	percent of total billed charges	
THIOTHYLENE 15MG INJ	J9340	HCPCS	outpatient			2267	288.89	Three Rivers	Three Rivers		2153.65	95			251.21	2153.65	percent of total billed charges	
THIOTHYLENE 15MG INJ	J9340	HCPCS	outpatient			2267	288.89	UHC	Medicaid		715.24	31.55			251.21	2153.65	percent of total billed charges	
THIOTHYLENE 15MG INJ	J9340	HCPCS	outpatient			2267	288.89	UHC	Medicare		251.21				251.21	2153.65	fee schedule	
THIOTHYLENE 15MG INJ	J9340	HCPCS	outpatient			2267	288.89	United	Oxford		628.03				251.21	2153.65	fee schedule	
THIOTHYLENE 15MG INJ	J9340	HCPCS	outpatient			2267	288.89	United	Commercial|PPO		628.03				251.21	2153.65	fee schedule	
THIOTHYLENE 15MG INJ	J9340	HCPCS	outpatient			2267	288.89	Wellcare	Medicare		251.21				251.21	2153.65	fee schedule	
THIOTHYLENE 15MG INJ	J9340	HCPCS	outpatient			2267	288.89	Wellcare	Medicaid		715.24	31.55			251.21	2153.65	percent of total billed charges	
THIOTHYLENE 15MG INJ	J9340	HCPCS	outpatient			2267	288.89	WellPoint	WellPoint		729.52	32.18			251.21	2153.65	percent of total billed charges	
TREMELIMUMAB-ACTL (IMJUDO)1MG INJ	J9347	HCPCS	outpatient			482.5	156.51	Aetna	Commercial		259.42				136.09	458.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREMELIMUMAB-ACTL (IMJUDO)1MG INJ	J9347	HCPCS	outpatient			482.5	156.51	Aetna	Better Health		152.23	31.55			136.09	458.38	percent of total billed charges	
TREMELIMUMAB-ACTL (IMJUDO)1MG INJ	J9347	HCPCS	outpatient			482.5	156.51	Aetna	Medicare		136.09				136.09	458.38	fee schedule	
TREMELIMUMAB-ACTL (IMJUDO)1MG INJ	J9347	HCPCS	outpatient			482.5	156.51	Americare	Americare		361.88	75			136.09	458.38	percent of total billed charges	
TREMELIMUMAB-ACTL (IMJUDO)1MG INJ	J9347	HCPCS	outpatient			482.5	156.51	Amerihealth	HMO|PPO		313.63	65			136.09	458.38	percent of total billed charges	
TREMELIMUMAB-ACTL (IMJUDO)1MG INJ	J9347	HCPCS	outpatient			482.5	156.51	Amerihealth	Medicare		136.09				136.09	458.38	fee schedule	
TREMELIMUMAB-ACTL (IMJUDO)1MG INJ	J9347	HCPCS	outpatient			482.5	156.51	Consumer	Consumer		458.38	95			136.09	458.38	percent of total billed charges	
TREMELIMUMAB-ACTL (IMJUDO)1MG INJ	J9347	HCPCS	outpatient			482.5	156.51	Corrections	Corrections		386	80			136.09	458.38	percent of total billed charges	
TREMELIMUMAB-ACTL (IMJUDO)1MG INJ	J9347	HCPCS	outpatient			482.5	156.51	First Health	First Health		337.75	70			136.09	458.38	percent of total billed charges	
TREMELIMUMAB-ACTL (IMJUDO)1MG INJ	J9347	HCPCS	outpatient			482.5	156.51	First Trenton	First Trenton		434.25	90			136.09	458.38	percent of total billed charges	
TREMELIMUMAB-ACTL (IMJUDO)1MG INJ	J9347	HCPCS	outpatient			482.5	156.51	Horizon	Indemnity		303.25				136.09	458.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREMELIMUMAB-ACTL (IMJUDO)1MG INJ	J9347	HCPCS	outpatient			482.5	156.51	Horizon	PPO		303.25				136.09	458.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREMELIMUMAB-ACTL (IMJUDO)1MG INJ	J9347	HCPCS	outpatient			482.5	156.51	Horizon	MGD		303.25				136.09	458.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREMELIMUMAB-ACTL (IMJUDO)1MG INJ	J9347	HCPCS	outpatient			482.5	156.51	Horizon	Medicare Blue		162.95				136.09	458.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREMELIMUMAB-ACTL (IMJUDO)1MG INJ	J9347	HCPCS	outpatient			482.5	156.51	Managed Care Inc	Managed Care Inc		434.25	90			136.09	458.38	percent of total billed charges	
TREMELIMUMAB-ACTL (IMJUDO)1MG INJ	J9347	HCPCS	outpatient			482.5	156.51	Multiplan	Multiplan		386	80			136.09	458.38	percent of total billed charges	
TREMELIMUMAB-ACTL (IMJUDO)1MG INJ	J9347	HCPCS	outpatient			482.5	156.51	Qualcare	Qualcare		361.88	75			136.09	458.38	percent of total billed charges	
TREMELIMUMAB-ACTL (IMJUDO)1MG INJ	J9347	HCPCS	outpatient			482.5	156.51	Three Rivers	Three Rivers		458.38	95			136.09	458.38	percent of total billed charges	
TREMELIMUMAB-ACTL (IMJUDO)1MG INJ	J9347	HCPCS	outpatient			482.5	156.51	UHC	Medicare		136.09				136.09	458.38	fee schedule	
TREMELIMUMAB-ACTL (IMJUDO)1MG INJ	J9347	HCPCS	outpatient			482.5	156.51	UHC	Medicaid		152.23	31.55			136.09	458.38	percent of total billed charges	
TREMELIMUMAB-ACTL (IMJUDO)1MG INJ	J9347	HCPCS	outpatient			482.5	156.51	United	Oxford		340.23				136.09	458.38	fee schedule	
TREMELIMUMAB-ACTL (IMJUDO)1MG INJ	J9347	HCPCS	outpatient			482.5	156.51	United	Commercial|PPO		340.23				136.09	458.38	fee schedule	
TREMELIMUMAB-ACTL (IMJUDO)1MG INJ	J9347	HCPCS	outpatient			482.5	156.51	Wellcare	Medicare		136.09				136.09	458.38	fee schedule	
TREMELIMUMAB-ACTL (IMJUDO)1MG INJ	J9347	HCPCS	outpatient			482.5	156.51	Wellcare	Medicaid		152.23	31.55			136.09	458.38	percent of total billed charges	
TREMELIMUMAB-ACTL (IMJUDO)1MG INJ	J9347	HCPCS	outpatient			482.5	156.51	WellPoint	WellPoint		155.27	32.18			136.09	458.38	percent of total billed charges	
TAFASITAMAB-CXIX(MONJUVI) 2MG INJ	J9349	HCPCS	outpatient			48.5	15.64	Aetna	Commercial		25.95				13.6	46.08	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TAFASITAMAB-CXIX(MONJUVI) 2MG INJ	J9349	HCPCS	outpatient			48.5	15.64	Aetna	Better Health		15.3	31.55			13.6	46.08	percent of total billed charges	
TAFASITAMAB-CXIX(MONJUVI) 2MG INJ	J9349	HCPCS	outpatient			48.5	15.64	Aetna	Medicare		13.6				13.6	46.08	fee schedule	
TAFASITAMAB-CXIX(MONJUVI) 2MG INJ	J9349	HCPCS	outpatient			48.5	15.64	Americare	Americare		36.38	75			13.6	46.08	percent of total billed charges	
TAFASITAMAB-CXIX(MONJUVI) 2MG INJ	J9349	HCPCS	outpatient			48.5	15.64	Amerihealth	Medicare		13.6				13.6	46.08	fee schedule	
TAFASITAMAB-CXIX(MONJUVI) 2MG INJ	J9349	HCPCS	outpatient			48.5	15.64	Amerihealth	HMO|PPO		31.53	65			13.6	46.08	percent of total billed charges	
TAFASITAMAB-CXIX(MONJUVI) 2MG INJ	J9349	HCPCS	outpatient			48.5	15.64	Consumer	Consumer		46.08	95			13.6	46.08	percent of total billed charges	
TAFASITAMAB-CXIX(MONJUVI) 2MG INJ	J9349	HCPCS	outpatient			48.5	15.64	Corrections	Corrections		38.8	80			13.6	46.08	percent of total billed charges	
TAFASITAMAB-CXIX(MONJUVI) 2MG INJ	J9349	HCPCS	outpatient			48.5	15.64	First Health	First Health		33.95	70			13.6	46.08	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
TAFASITAMAB-CXIX(MONJUVI) 2MG INJ	J9349	HCPCS	outpatient			48.5	15.64	First Trenton	First Trenton		43.65	90			13.6	46.08	percent of total billed charges	
TAFASITAMAB-CXIX(MONJUVI) 2MG INJ	J9349	HCPCS	outpatient			48.5	15.64	Horizon	Indemnity		30.33				13.6	46.08	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TAFASITAMAB-CXIX(MONJUVI) 2MG INJ	J9349	HCPCS	outpatient			48.5	15.64	Horizon	PPO		30.33				13.6	46.08	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TAFASITAMAB-CXIX(MONJUVI) 2MG INJ	J9349	HCPCS	outpatient			48.5	15.64	Horizon	Medicare Blue		16.3				13.6	46.08	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TAFASITAMAB-CXIX(MONJUVI) 2MG INJ	J9349	HCPCS	outpatient			48.5	15.64	Horizon	MGD		30.33				13.6	46.08	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TAFASITAMAB-CXIX(MONJUVI) 2MG INJ	J9349	HCPCS	outpatient			48.5	15.64	Managed Care Inc	Managed Care Inc		43.65	90			13.6	46.08	percent of total billed charges	
TAFASITAMAB-CXIX(MONJUVI) 2MG INJ	J9349	HCPCS	outpatient			48.5	15.64	Multiplan	Multiplan		38.8	80			13.6	46.08	percent of total billed charges	
TAFASITAMAB-CXIX(MONJUVI) 2MG INJ	J9349	HCPCS	outpatient			48.5	15.64	Qualcare	Qualcare		36.38	75			13.6	46.08	percent of total billed charges	
TAFASITAMAB-CXIX(MONJUVI) 2MG INJ	J9349	HCPCS	outpatient			48.5	15.64	Three Rivers	Three Rivers		46.08	95			13.6	46.08	percent of total billed charges	
TAFASITAMAB-CXIX(MONJUVI) 2MG INJ	J9349	HCPCS	outpatient			48.5	15.64	UHC	Medicare		13.6				13.6	46.08	fee schedule	
TAFASITAMAB-CXIX(MONJUVI) 2MG INJ	J9349	HCPCS	outpatient			48.5	15.64	UHC	Medicaid		15.3	31.55			13.6	46.08	percent of total billed charges	
TAFASITAMAB-CXIX(MONJUVI) 2MG INJ	J9349	HCPCS	outpatient			48.5	15.64	United	Commercial|PPO		34				13.6	46.08	fee schedule	
TAFASITAMAB-CXIX(MONJUVI) 2MG INJ	J9349	HCPCS	outpatient			48.5	15.64	United	Oxford		34				13.6	46.08	fee schedule	
TAFASITAMAB-CXIX(MONJUVI) 2MG INJ	J9349	HCPCS	outpatient			48.5	15.64	Wellcare	Medicaid		15.3	31.55			13.6	46.08	percent of total billed charges	
TAFASITAMAB-CXIX(MONJUVI) 2MG INJ	J9349	HCPCS	outpatient			48.5	15.64	Wellcare	Medicare		13.6				13.6	46.08	fee schedule	
TAFASITAMAB-CXIX(MONJUVI) 2MG INJ	J9349	HCPCS	outpatient			48.5	15.64	WellPoint	WellPoint		15.61	32.18			13.6	46.08	percent of total billed charges	
TOPOTECAN 0.1 MG	J9351	HCPCS	both			90.5	0.9	Aetna	Commercial		34.39	38			0.78	85.98	percent of total billed charges	
TOPOTECAN 0.1 MG	J9351	HCPCS	both			90.5	0.9	Aetna	Better Health		28.55	31.55			0.78	85.98	percent of total billed charges	
TOPOTECAN 0.1 MG	J9351	HCPCS	both			90.5	0.9	Aetna	Medicare		0.78				0.78	85.98	fee schedule	
TOPOTECAN 0.1 MG	J9351	HCPCS	both			90.5	0.9	Americare	Americare		67.88	75			0.78	85.98	percent of total billed charges	
TOPOTECAN 0.1 MG	J9351	HCPCS	both			90.5	0.9	Amerihealth	HMO/PPO		3.31				0.78	85.98	fee schedule	
TOPOTECAN 0.1 MG	J9351	HCPCS	both			90.5	0.9	Amerihealth	Medicare		0.78				0.78	85.98	fee schedule	
TOPOTECAN 0.1 MG	J9351	HCPCS	both			90.5	0.9	Consumer	Consumer		85.98	95			0.78	85.98	percent of total billed charges	
TOPOTECAN 0.1 MG	J9351	HCPCS	both			90.5	0.9	Corrections	Corrections		72.4	80			0.78	85.98	percent of total billed charges	
TOPOTECAN 0.1 MG	J9351	HCPCS	both			90.5	0.9	First Health	First Health		63.35	70			0.78	85.98	percent of total billed charges	
TOPOTECAN 0.1 MG	J9351	HCPCS	both			90.5	0.9	First Trenton	First Trenton		81.45	90			0.78	85.98	percent of total billed charges	
TOPOTECAN 0.1 MG	J9351	HCPCS	both			90.5	0.9	Horizon	MGD		34.64	38.28			0.78	85.98	percent of total billed charges	
TOPOTECAN 0.1 MG	J9351	HCPCS	both			90.5	0.9	Horizon	Indemnity		34.64	38.28			0.78	85.98	percent of total billed charges	
TOPOTECAN 0.1 MG	J9351	HCPCS	both			90.5	0.9	Horizon	Medicare Blue		27.15	30			0.78	85.98	percent of total billed charges	
TOPOTECAN 0.1 MG	J9351	HCPCS	both			90.5	0.9	Horizon	PPO		34.64	38.28			0.78	85.98	percent of total billed charges	
TOPOTECAN 0.1 MG	J9351	HCPCS	both			90.5	0.9	Managed Care Inc	Managed Care Inc		81.45	90			0.78	85.98	percent of total billed charges	
TOPOTECAN 0.1 MG	J9351	HCPCS	both			90.5	0.9	Multiplan	Multiplan		72.4	80			0.78	85.98	percent of total billed charges	
TOPOTECAN 0.1 MG	J9351	HCPCS	both			90.5	0.9	Qualcare	Qualcare		67.88	75			0.78	85.98	percent of total billed charges	
TOPOTECAN 0.1 MG	J9351	HCPCS	both			90.5	0.9	Three Rivers	Three Rivers		85.98	95			0.78	85.98	percent of total billed charges	
TOPOTECAN 0.1 MG	J9351	HCPCS	both			90.5	0.9	UHC	Medicaid		28.55	31.55			0.78	85.98	percent of total billed charges	
TOPOTECAN 0.1 MG	J9351	HCPCS	both			90.5	0.9	UHC	Medicare		0.78				0.78	85.98	fee schedule	
TOPOTECAN 0.1 MG	J9351	HCPCS	both			90.5	0.9	Wellcare	Medicare		0.78				0.78	85.98	fee schedule	
TOPOTECAN 0.1 MG	J9351	HCPCS	both			90.5	0.9	Wellcare	Medicaid		28.55	31.55			0.78	85.98	percent of total billed charges	
TOPOTECAN 0.1 MG	J9351	HCPCS	both			90.5	0.9	WellPoint	WellPoint		29.12	32.18			0.78	85.98	percent of total billed charges	
TRABECTEDIN(YONDELIS)0.1MG	J9352	HCPCS	both			1205	389.16	Aetna	Better Health		380.18	31.55			275.4	1144.75	percent of total billed charges	
TRABECTEDIN(YONDELIS)0.1MG	J9352	HCPCS	both			1205	389.16	Aetna	Medicare		338.4				275.4	1144.75	fee schedule	
TRABECTEDIN(YONDELIS)0.1MG	J9352	HCPCS	both			1205	389.16	Aetna	Commercial		646.64				275.4	1144.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRABECTEDIN(YONDELIS)0.1MG	J9352	HCPCS	both			1205	389.16	Americare	Americare		903.75	75			275.4	1144.75	percent of total billed charges	
TRABECTEDIN(YONDELIS)0.1MG	J9352	HCPCS	both			1205	389.16	Amerihealth	HMO/PPO		275.4				275.4	1144.75	fee schedule	
TRABECTEDIN(YONDELIS)0.1MG	J9352	HCPCS	both			1205	389.16	Amerihealth	Medicare		338.4				275.4	1144.75	fee schedule	
TRABECTEDIN(YONDELIS)0.1MG	J9352	HCPCS	both			1205	389.16	Consumer	Consumer		1144.75	95			275.4	1144.75	percent of total billed charges	
TRABECTEDIN(YONDELIS)0.1MG	J9352	HCPCS	both			1205	389.16	Corrections	Corrections		964	80			275.4	1144.75	percent of total billed charges	
TRABECTEDIN(YONDELIS)0.1MG	J9352	HCPCS	both			1205	389.16	First Health	First Health		843.5	70			275.4	1144.75	percent of total billed charges	
TRABECTEDIN(YONDELIS)0.1MG	J9352	HCPCS	both			1205	389.16	First Trenton	First Trenton		1084.5	90			275.4	1144.75	percent of total billed charges	
TRABECTEDIN(YONDELIS)0.1MG	J9352	HCPCS	both			1205	389.16	Horizon	Medicare Blue		406.18				275.4	1144.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRABECTEDIN(YONDELIS)0.1MG	J9352	HCPCS	both			1205	389.16	Horizon	PPO		755.9				275.4	1144.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRABECTEDIN(YONDELIS)0.1MG	J9352	HCPCS	both			1205	389.16	Horizon	MGD		755.9				275.4	1144.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRABECTEDIN(YONDELIS)0.1MG	J9352	HCPCS	both			1205	389.16	Horizon	Indemnity		755.9				275.4	1144.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRABECTEDIN(YONDELIS)0.1MG	J9352	HCPCS	both			1205	389.16	Managed Care Inc	Managed Care Inc		1084.5	90			275.4	1144.75	percent of total billed charges	
TRABECTEDIN(YONDELIS)0.1MG	J9352	HCPCS	both			1205	389.16	Multiplan	Multiplan		964	80			275.4	1144.75	percent of total billed charges	
TRABECTEDIN(YONDELIS)0.1MG	J9352	HCPCS	both			1205	389.16	Qualcare	Qualcare		903.75	75			275.4	1144.75	percent of total billed charges	
TRABECTEDIN(YONDELIS)0.1MG	J9352	HCPCS	both			1205	389.16	Three Rivers	Three Rivers		1144.75	95			275.4	1144.75	percent of total billed charges	
TRABECTEDIN(YONDELIS)0.1MG	J9352	HCPCS	both			1205	389.16	UHC	Medicare		338.4				275.4	1144.75	fee schedule	
TRABECTEDIN(YONDELIS)0.1MG	J9352	HCPCS	both			1205	389.16	UHC	Medicaid		380.18	31.55			275.4	1144.75	percent of total billed charges	
TRABECTEDIN(YONDELIS)0.1MG	J9352	HCPCS	both			1205	389.16	United	Oxford		846				275.4	1144.75	fee schedule	
TRABECTEDIN(YONDELIS)0.1MG	J9352	HCPCS	both			1205	389.16	United	Commercial|PPO		846				275.4	1144.75	fee schedule	
TRABECTEDIN(YONDELIS)0.1MG	J9352	HCPCS	both			1205	389.16	Wellcare	Medicare		338.4				275.4	1144.75	fee schedule	
TRABECTEDIN(YONDELIS)0.1MG	J9352	HCPCS	both			1205	389.16	Wellcare	Medicaid		380.18	31.55			275.4	1144.75	percent of total billed charges	
TRABECTEDIN(YONDELIS)0.1MG	J9352	HCPCS	both			1205	389.16	WellPoint	WellPoint		387.77	32.18			275.4	1144.75	percent of total billed charges	
MARGETUXIMAB-CMKB(MARGENZA) 5MG INJ	J9353	HCPCS	outpatient			145	54.11	Aetna	Better Health		45.75	31.55			45.75	137.75	percent of total billed charges	
MARGETUXIMAB-CMKB(MARGENZA) 5MG INJ	J9353	HCPCS	outpatient			145	54.11	Aetna	Commercial		89.88				45.75	137.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MARGETUXIMAB-CMKB(MARGENZA) 5MG INJ	J9353	HCPCS	outpatient			145	54.11	Aetna	Medicare		47.05				45.75	137.75	fee schedule	
MARGETUXIMAB-CMKB(MARGENZA) 5MG INJ	J9353	HCPCS	outpatient			145	54.11	Americare	Americare		108.75	75			45.75	137.75	percent of total billed charges	
MARGETUXIMAB-CMKB(MARGENZA) 5MG INJ	J9353	HCPCS	outpatient			145	54.11	Amerihealth	Medicare		47.05				45.75	137.75	fee schedule	
MARGETUXIMAB-CMKB(MARGENZA) 5MG INJ	J9353	HCPCS	outpatient			145	54.11	Amerihealth	HMO/PPO		94.25	65			45.75	137.75	percent of total billed charges	
MARGETUXIMAB-CMKB(MARGENZA) 5MG INJ	J9353	HCPCS	outpatient			145	54.11	Consumer	Consumer		137.75	95			45.75	137.75	percent of total billed charges	
MARGETUXIMAB-CMKB(MARGENZA) 5MG INJ	J9353	HCPCS	outpatient			145	54.11	Corrections	Corrections		116	80			45.75	137.75	percent of total billed charges	
MARGETUXIMAB-CMKB(MARGENZA) 5MG INJ	J9353	HCPCS	outpatient			145	54.11	First Health	First Health		101.5	70			45.75	137.75	percent of total billed charges	
MARGETUXIMAB-CMKB(MARGENZA) 5MG INJ	J9353	HCPCS	outpatient			145	54.11	First Trenton	First Trenton		130.5	90			45.75	137.75	percent of total billed charges	
MARGETUXIMAB-CMKB(MARGENZA) 5MG INJ	J9353	HCPCS	outpatient			145	54.11	Horizon	MGD		105.07				45.75	137.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MARGETUXIMAB-CMKB(MARGENZA) 5MG INJ	J9353	HCPCS	outpatient			145	54.11	Horizon	PPO		105.07				45.75	137.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MARGETUXIMAB-CMKB(MARGENZA) 5MG INJ	J9353	HCPCS	outpatient			145	54.11	Horizon	Indemnity		105.07				45.75	137.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MARGETUXIMAB-CMKB(MARGENZA) 5MG INJ	J9353	HCPCS	outpatient			145	54.11	Horizon	Medicare Blue		56.46				45.75	137.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MARGETUXIMAB-CMKB(MARGENZA) 5MG INJ	J9353	HCPCS	outpatient			145	54.11	Managed Care Inc	Managed Care Inc		130.5	90			45.75	137.75	percent of total billed charges	
MARGETUXIMAB-CMKB(MARGENZA) 5MG INJ	J9353	HCPCS	outpatient			145	54.11	Multiplan	Multiplan		116	80			45.75	137.75	percent of total billed charges	
MARGETUXIMAB-CMKB(MARGENZA) 5MG INJ	J9353	HCPCS	outpatient			145	54.11	Qualcare	Qualcare		108.75	75			45.75	137.75	percent of total billed charges	
MARGETUXIMAB-CMKB(MARGENZA) 5MG INJ	J9353	HCPCS	outpatient			145	54.11	Three Rivers	Three Rivers		137.75	95			45.75	137.75	percent of total billed charges	
MARGETUXIMAB-CMKB(MARGENZA) 5MG INJ	J9353	HCPCS	outpatient			145	54.11	UHC	Medicaid		45.75	31.55			45.75	137.75	percent of total billed charges	
MARGETUXIMAB-CMKB(MARGENZA) 5MG INJ	J9353	HCPCS	outpatient			145	54.11	UHC	Medicare		47.05				45.75	137.75	fee schedule	
MARGETUXIMAB-CMKB(MARGENZA) 5MG INJ	J9353	HCPCS	outpatient			145	54.11	United	Oxford		117.63				45.75	137.75	fee schedule	
MARGETUXIMAB-CMKB(MARGENZA) 5MG INJ	J9353	HCPCS	outpatient			145	54.11	United	Commercial|PPO		117.63				45.75	137.75	fee schedule	
MARGETUXIMAB-CMKB(MARGENZA) 5MG INJ	J9353	HCPCS	outpatient			145	54.11	Wellcare	Medicaid		45.75	31.55			45.75	137.75	percent of total billed charges	
MARGETUXIMAB-CMKB(MARGENZA) 5MG INJ	J9353	HCPCS	outpatient			145	54.11	Wellcare	Medicare		47.05				45.75	137.75	fee schedule	
MARGETUXIMAB-CMKB(MARGENZA) 5MG INJ	J9353	HCPCS	outpatient			145	54.11	WellPoint	WellPoint		46.66	32.18			45.75	137.75	percent of total billed charges	
ADO-TRASTUZUMAB1MG INJ(KADCYLA)	J9354	HCPCS	outpatient			115	44.12	Aetna	Commercial		73.45				31.69	109.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADO-TRASTUZUMAB1MG INJ(KADCYLA)	J9354	HCPCS	outpatient			115	44.12	Aetna	Better Health		36.28	31.55			31.69	109.25	percent of total billed charges	
ADO-TRASTUZUMAB1MG INJ(KADCYLA)	J9354	HCPCS	outpatient			115	44.12	Aetna	Medicare		38.37				31.69	109.25	fee schedule	
ADO-TRASTUZUMAB1MG INJ(KADCYLA)	J9354	HCPCS	outpatient			115	44.12	Americare	Americare		86.25	75			31.69	109.25	percent of total billed charges	
ADO-TRASTUZUMAB1MG INJ(KADCYLA)	J9354	HCPCS	outpatient			115	44.12	Amerihealth	Medicare		38.37				31.69	109.25	fee schedule	
ADO-TRASTUZUMAB1MG INJ(KADCYLA)	J9354	HCPCS	outpatient			115	44.12	Amerihealth	HMO/PPO		31.69				31.69	109.25	fee schedule	
ADO-TRASTUZUMAB1MG INJ(KADCYLA)	J9354	HCPCS	outpatient			115	44.12	Consumer	Consumer		109.25	95			31.69	109.25	percent of total billed charges	
ADO-TRASTUZUMAB1MG INJ(KADCYLA)	J9354	HCPCS	outpatient			115	44.12	Corrections	Corrections		92	80			31.69	109.25	percent of total billed charges	
ADO-TRASTUZUMAB1MG INJ(KADCYLA)	J9354	HCPCS	outpatient			115	44.12	First Health	First Health		80.5	70			31.69	109.25	percent of total billed charges	
ADO-TRASTUZUMAB1MG INJ(KADCYLA)	J9354	HCPCS	outpatient			115	44.12	First Trenton	First Trenton		103.5	90			31.69	109.25	percent of total billed charges	
ADO-TRASTUZUMAB1MG INJ(KADCYLA)	J9354	HCPCS	outpatient			115	44.12	Horizon	MGD		85.87				31.69	109.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADO-TRASTUZUMAB1MG INJ(KADCYLA)	J9354	HCPCS	outpatient			115	44.12	Horizon	Indemnity		85.87				31.69	109.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADO-TRASTUZUMAB1MG INJ(KADCYLA)	J9354	HCPCS	outpatient			115	44.12	Horizon	PPO		85.87				31.69	109.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADO-TRASTUZUMAB1MG INJ(KADCYLA)	J9354	HCPCS	outpatient			115	44.12	Horizon	Medicare Blue		46.14				31.69	109.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADO-TRASTUZUMAB1MG INJ(KADCYLA)	J9354	HCPCS	outpatient			115	44.12	Managed Care Inc	Managed Care Inc		103.5	90			31.69	109.25	percent of total billed charges	
ADO-TRASTUZUMAB1MG INJ(KADCYLA)	J9354	HCPCS	outpatient			115	44.12	Multiplan	Multiplan		92	80			31.69	109.25	percent of total billed charges	
ADO-TRASTUZUMAB1MG INJ(KADCYLA)	J9354	HCPCS	outpatient			115	44.12	Qualcare	Qualcare		86.25	75			31.69	109.25	percent of total billed charges	
ADO-TRASTUZUMAB1MG INJ(KADCYLA)	J9354	HCPCS	outpatient			115	44.12	Three Rivers	Three Rivers		109.25	95			31.69	109.25	percent of total billed charges	
ADO-TRASTUZUMAB1MG INJ(KADCYLA)	J9354	HCPCS	outpatient			115	44.12	UHC	Medicare		38.37				31.69	109.25	fee schedule	
ADO-TRASTUZUMAB1MG INJ(KADCYLA)	J9354	HCPCS	outpatient			115	44.12	UHC	Medicaid		36.28	31.55			31.69	109.25	percent of total billed charges	
ADO-TRASTUZUMAB1MG INJ(KADCYLA)	J9354	HCPCS	outpatient			115	44.12	United	Oxford		95.93				31.69	109.25	fee schedule	
ADO-TRASTUZUMAB1MG INJ(KADCYLA)	J9354	HCPCS	outpatient			115	44.12	United	Commercial|PPO		95.93				31.69	109.25	fee schedule	
ADO-TRASTUZUMAB1MG INJ(KADCYLA)	J9354	HCPCS	outpatient			115	44.12	Wellcare	Medicaid		36.28	31.55			31.69	109.25	percent of total billed charges	
ADO-TRASTUZUMAB1MG INJ(KADCYLA)	J9354	HCPCS	outpatient			115	44.12	Wellcare	Medicare		38.37				31.69	109.25	fee schedule	
ADO-TRASTUZUMAB1MG INJ(KADCYLA)	J9354	HCPCS	outpatient			115	44.12	WellPoint	WellPoint		37.01	32.18			31.69	109.25	percent of total billed charges	
TRASTUZUMAB 10MG (CHEMO)	J9355	HCPCS	both			332.5	92.53	Aetna	Better Health		104.9	31.55			80.47	315.88	percent of total billed charges	
TRASTUZUMAB 10MG (CHEMO)	J9355	HCPCS	both			332.5	92.53	Aetna	Commercial		152.98				80.47	315.88	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRASTUZUMAB 10MG (CHEMO)	J9355	HCPCS	both			332.5	92.53	Aetna	Medicare		80.47				80.47	315.88	fee schedule	
TRASTUZUMAB 10MG (CHEMO)	J9355	HCPCS	both			332.5	92.53	Americare	Americare		249.38	75			80.47	315.88	percent of total billed charges	
TRASTUZUMAB 10MG (CHEMO)	J9355	HCPCS	both			332.5	92.53	Amerihealth	HMO/PPO		95.57				80.47	315.88	fee schedule	
TRASTUZUMAB 10MG (CHEMO)	J9355	HCPCS	both			332.5	92.53	Amerihealth	Medicare		80.47				80.47	315.88	fee schedule	
TRASTUZUMAB 10MG (CHEMO)	J9355	HCPCS	both			332.5	92.53	Consumer	Consumer		315.88	95			80.47	315.88	percent of total billed charges	
TRASTUZUMAB 10MG (CHEMO)	J9355	HCPCS	both			332.5	92.53	Corrections	Corrections		266	80			80.47	315.88	percent of total billed charges	
TRASTUZUMAB 10MG (CHEMO)	J9355	HCPCS	both			332.5	92.53	First Health	First Health		232.75	70			80.47	315.88	percent of total billed charges	
TRASTUZUMAB 10MG (CHEMO)	J9355	HCPCS	both			332.5	92.53	First Trenton	First Trenton		299.25	90			80.47	315.88	percent of total billed charges	
TRASTUZUMAB 10MG (CHEMO)	J9355	HCPCS	both			332.5	92.53	Horizon	Indemnity		178.82				80.47	315.88	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRASTUZUMAB 10MG (CHEMO)	J9355	HCPCS	both			332.5	92.53	Horizon	PPO		178.82				80.47	315.88	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRASTUZUMAB 10MG (CHEMO)	J9355	HCPCS	both			332.5	92.53	Horizon	MGD		178.82				80.47	315.88	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRASTUZUMAB 10MG (CHEMO)	J9355	HCPCS	both			332.5	92.53	Horizon	Medicare Blue		96.09				80.47	315.88	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRASTUZUMAB 10MG (CHEMO)	J9355	HCPCS	both			332.5	92.53	Managed Care Inc	Managed Care Inc		299.25	90			80.47	315.88	percent of total billed charges	
TRASTUZUMAB 10MG (CHEMO)	J9355	HCPCS	both			332.5	92.53	Multiplan	Multiplan		266	80			80.47	315.88	percent of total billed charges	
TRASTUZUMAB 10MG (CHEMO)	J9355	HCPCS	both			332.5	92.53	Qualcare	Qualcare		249.38	75			80.47	315.88	percent of total billed charges	
TRASTUZUMAB 10MG (CHEMO)	J9355	HCPCS	both			332.5	92.53	Three Rivers	Three Rivers		315.88	95			80.47	315.88	percent of total billed charges	
TRASTUZUMAB 10MG (CHEMO)	J9355	HCPCS	both			332.5	92.53	UHC	Medicaid		104.9	31.55			80.47	315.88	percent of total billed charges	
TRASTUZUMAB 10MG (CHEMO)	J9355	HCPCS	both			332.5	92.53	UHC	Medicare		80.47				80.47	315.88	fee schedule	
TRASTUZUMAB 10MG (CHEMO)	J9355	HCPCS	both			332.5	92.53	United	Commercial|PPO		201.18				80.47	315.88	fee schedule	
TRASTUZUMAB 10MG (CHEMO)	J9355	HCPCS	both			332.5	92.53	United	Oxford		201.18				80.47	315.88	fee schedule	
TRASTUZUMAB 10MG (CHEMO)	J9355	HCPCS	both			332.5	92.53	Wellcare	Medicaid		104.9	31.55			80.47	315.88	percent of total billed charges	
TRASTUZUMAB 10MG (CHEMO)	J9355	HCPCS	both			332.5	92.53	Wellcare	Medicare		80.47				80.47	315.88	fee schedule	
TRASTUZUMAB 10MG (CHEMO)	J9355	HCPCS	both			332.5	92.53	WellPoint	WellPoint		107	32.18			80.47	315.88	percent of total billed charges	
FAM-TRASTUZUMAB-DERUX-NXKI(ENHERTU) 1MG	J9358	HCPCS	outpatient			95	31.33	Aetna	Commercial		52.11				27.24	90.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FAM-TRASTUZUMAB-DERUX-NXKI(ENHERTU) 1MG	J9358	HCPCS	outpatient			95	31.33	Aetna	Medicare		27.24				27.24	90.25	fee schedule	
FAM-TRASTUZUMAB-DERUX-NXKI(ENHERTU) 1MG	J9358	HCPCS	outpatient			95	31.33	Aetna	Better Health		29.97	31.55			27.24	90.25	percent of total billed charges	
FAM-TRASTUZUMAB-DERUX-NXKI(ENHERTU) 1MG	J9358	HCPCS	outpatient			95	31.33	Americare	Americare		71.25	75			27.24	90.25	percent of total billed charges	
FAM-TRASTUZUMAB-DERUX-NXKI(ENHERTU) 1MG	J9358	HCPCS	outpatient			95	31.33	Amerihealth	Medicare		27.24				27.24	90.25	fee schedule	
FAM-TRASTUZUMAB-DERUX-NXKI(ENHERTU) 1MG	J9358	HCPCS	outpatient			95	31.33	Amerihealth	HMO/PPO		61.75	65			27.24	90.25	percent of total billed charges	
FAM-TRASTUZUMAB-DERUX-NXKI(ENHERTU) 1MG	J9358	HCPCS	outpatient			95	31.33	Consumer	Consumer		90.25	95			27.24	90.25	percent of total billed charges	
FAM-TRASTUZUMAB-DERUX-NXKI(ENHERTU) 1MG	J9358	HCPCS	outpatient			95	31.33	Corrections	Corrections		76	80			27.24	90.25	percent of total billed charges	
FAM-TRASTUZUMAB-DERUX-NXKI(ENHERTU) 1MG	J9358	HCPCS	outpatient			95	31.33	First Health	First Health		66.5	70			27.24	90.25	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
FAM-TRASTUZUMAB-DERUX-NXKI(ENHERTU) 1MG	J9358	HCPCS	outpatient			95	31.33	First Trenton	First Trenton		85.5	90			27.24	90.25	percent of total billed charges	
FAM-TRASTUZUMAB-DERUX-NXKI(ENHERTU) 1MG	J9358	HCPCS	outpatient			95	31.33	Horizon	Medicare Blue		32.73				27.24	90.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FAM-TRASTUZUMAB-DERUX-NXKI(ENHERTU) 1MG	J9358	HCPCS	outpatient			95	31.33	Horizon	Indemnity		60.91				27.24	90.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FAM-TRASTUZUMAB-DERUX-NXKI(ENHERTU) 1MG	J9358	HCPCS	outpatient			95	31.33	Horizon	MGD		60.91				27.24	90.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FAM-TRASTUZUMAB-DERUX-NXKI(ENHERTU) 1MG	J9358	HCPCS	outpatient			95	31.33	Horizon	PPO		60.91				27.24	90.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FAM-TRASTUZUMAB-DERUX-NXKI(ENHERTU) 1MG	J9358	HCPCS	outpatient			95	31.33	Managed Care Inc	Managed Care Inc		85.5	90			27.24	90.25	percent of total billed charges	
FAM-TRASTUZUMAB-DERUX-NXKI(ENHERTU) 1MG	J9358	HCPCS	outpatient			95	31.33	Multiplan	Multiplan		76	80			27.24	90.25	percent of total billed charges	
FAM-TRASTUZUMAB-DERUX-NXKI(ENHERTU) 1MG	J9358	HCPCS	outpatient			95	31.33	Qualcare	Qualcare		71.25	75			27.24	90.25	percent of total billed charges	
FAM-TRASTUZUMAB-DERUX-NXKI(ENHERTU) 1MG	J9358	HCPCS	outpatient			95	31.33	Three Rivers	Three Rivers		90.25	95			27.24	90.25	percent of total billed charges	
FAM-TRASTUZUMAB-DERUX-NXKI(ENHERTU) 1MG	J9358	HCPCS	outpatient			95	31.33	UHC	Medicare		27.24				27.24	90.25	fee schedule	
FAM-TRASTUZUMAB-DERUX-NXKI(ENHERTU) 1MG	J9358	HCPCS	outpatient			95	31.33	UHC	Medicaid		29.97	31.55			27.24	90.25	percent of total billed charges	
FAM-TRASTUZUMAB-DERUX-NXKI(ENHERTU) 1MG	J9358	HCPCS	outpatient			95	31.33	United	Commercial|PPO		68.1				27.24	90.25	fee schedule	
FAM-TRASTUZUMAB-DERUX-NXKI(ENHERTU) 1MG	J9358	HCPCS	outpatient			95	31.33	United	Oxford		68.1				27.24	90.25	fee schedule	
FAM-TRASTUZUMAB-DERUX-NXKI(ENHERTU) 1MG	J9358	HCPCS	outpatient			95	31.33	Wellcare	Medicaid		29.97	31.55			27.24	90.25	percent of total billed charges	
FAM-TRASTUZUMAB-DERUX-NXKI(ENHERTU) 1MG	J9358	HCPCS	outpatient			95	31.33	Wellcare	Medicare		27.24				27.24	90.25	fee schedule	
FAM-TRASTUZUMAB-DERUX-NXKI(ENHERTU) 1MG	J9358	HCPCS	outpatient			95	31.33	WellPoint	WellPoint		30.57	32.18			27.24	90.25	percent of total billed charges	
VINBLASTIN 1MG (CHEMO)	J9360	HCPCS	both			21.5	4.85	Aetna	Better Health		6.78	31.55			3.84	20.43	percent of total billed charges	
VINBLASTIN 1MG (CHEMO)	J9360	HCPCS	both			21.5	4.85	Aetna	Medicare		4.22				3.84	20.43	fee schedule	
VINBLASTIN 1MG (CHEMO)	J9360	HCPCS	both			21.5	4.85	Aetna	Commercial		8.17	38			3.84	20.43	percent of total billed charges	
VINBLASTIN 1MG (CHEMO)	J9360	HCPCS	both			21.5	4.85	Americare	Americare		16.13	75			3.84	20.43	percent of total billed charges	
VINBLASTIN 1MG (CHEMO)	J9360	HCPCS	both			21.5	4.85	Amerihealth	HMO|PPO		3.84				3.84	20.43	fee schedule	
VINBLASTIN 1MG (CHEMO)	J9360	HCPCS	both			21.5	4.85	Amerihealth	Medicare		4.22				3.84	20.43	fee schedule	
VINBLASTIN 1MG (CHEMO)	J9360	HCPCS	both			21.5	4.85	Consumer	Consumer		20.43	95			3.84	20.43	percent of total billed charges	
VINBLASTIN 1MG (CHEMO)	J9360	HCPCS	both			21.5	4.85	Corrections	Corrections		17.2	80			3.84	20.43	percent of total billed charges	
VINBLASTIN 1MG (CHEMO)	J9360	HCPCS	both			21.5	4.85	First Health	First Health		15.05	70			3.84	20.43	percent of total billed charges	
VINBLASTIN 1MG (CHEMO)	J9360	HCPCS	both			21.5	4.85	First Trenton	First Trenton		19.35	90			3.84	20.43	percent of total billed charges	
VINBLASTIN 1MG (CHEMO)	J9360	HCPCS	both			21.5	4.85	Horizon	Indemnity		8.23	38.28			3.84	20.43	percent of total billed charges	
VINBLASTIN 1MG (CHEMO)	J9360	HCPCS	both			21.5	4.85	Horizon	Medicare Blue		6.45	30			3.84	20.43	percent of total billed charges	
VINBLASTIN 1MG (CHEMO)	J9360	HCPCS	both			21.5	4.85	Horizon	MGD		8.23	38.28			3.84	20.43	percent of total billed charges	
VINBLASTIN 1MG (CHEMO)	J9360	HCPCS	both			21.5	4.85	Horizon	PPO		8.23	38.28			3.84	20.43	percent of total billed charges	
VINBLASTIN 1MG (CHEMO)	J9360	HCPCS	both			21.5	4.85	Managed Care Inc	Managed Care Inc		19.35	90			3.84	20.43	percent of total billed charges	
VINBLASTIN 1MG (CHEMO)	J9360	HCPCS	both			21.5	4.85	Multiplan	Multiplan		17.2	80			3.84	20.43	percent of total billed charges	
VINBLASTIN 1MG (CHEMO)	J9360	HCPCS	both			21.5	4.85	Qualcare	Qualcare		16.13	75			3.84	20.43	percent of total billed charges	
VINBLASTIN 1MG (CHEMO)	J9360	HCPCS	both			21.5	4.85	Three Rivers	Three Rivers		20.43	95			3.84	20.43	percent of total billed charges	
VINBLASTIN 1MG (CHEMO)	J9360	HCPCS	both			21.5	4.85	UHC	Medicare		4.22				3.84	20.43	fee schedule	
VINBLASTIN 1MG (CHEMO)	J9360	HCPCS	both			21.5	4.85	UHC	Medicaid		6.78	31.55			3.84	20.43	percent of total billed charges	
VINBLASTIN 1MG (CHEMO)	J9360	HCPCS	both			21.5	4.85	Wellcare	Medicaid		6.78	31.55			3.84	20.43	percent of total billed charges	
VINBLASTIN 1MG (CHEMO)	J9360	HCPCS	both			21.5	4.85	Wellcare	Medicare		4.22				3.84	20.43	fee schedule	
VINBLASTIN 1MG (CHEMO)	J9360	HCPCS	both			21.5	4.85	WellPoint	WellPoint		6.92	32.18			3.84	20.43	percent of total billed charges	
VINCRISTINE SULFATE 1 MG INJ	J9370	HCPCS	both			51.5	8.88	Aetna	Better Health		16.25	31.55			4.61	48.93	percent of total billed charges	
VINCRISTINE SULFATE 1 MG INJ	J9370	HCPCS	both			51.5	8.88	Aetna	Medicare		7.73				4.61	48.93	fee schedule	
VINCRISTINE SULFATE 1 MG INJ	J9370	HCPCS	both			51.5	8.88	Aetna	Commercial		19.57	38			4.61	48.93	percent of total billed charges	
VINCRISTINE SULFATE 1 MG INJ	J9370	HCPCS	both			51.5	8.88	Americare	Americare		38.63	75			4.61	48.93	percent of total billed charges	
VINCRISTINE SULFATE 1 MG INJ	J9370	HCPCS	both			51.5	8.88	Amerihealth	HMO|PPO		4.61				4.61	48.93	fee schedule	
VINCRISTINE SULFATE 1 MG INJ	J9370	HCPCS	both			51.5	8.88	Amerihealth	Medicare		7.73				4.61	48.93	fee schedule	
VINCRISTINE SULFATE 1 MG INJ	J9370	HCPCS	both			51.5	8.88	Consumer	Consumer		48.93	95			4.61	48.93	percent of total billed charges	
VINCRISTINE SULFATE 1 MG INJ	J9370	HCPCS	both			51.5	8.88	Corrections	Corrections		41.2	80			4.61	48.93	percent of total billed charges	
VINCRISTINE SULFATE 1 MG INJ	J9370	HCPCS	both			51.5	8.88	First Health	First Health		36.05	70			4.61	48.93	percent of total billed charges	
VINCRISTINE SULFATE 1 MG INJ	J9370	HCPCS	both			51.5	8.88	First Trenton	First Trenton		46.35	90			4.61	48.93	percent of total billed charges	
VINCRISTINE SULFATE 1 MG INJ	J9370	HCPCS	both			51.5	8.88	Horizon	Medicare Blue		15.45	30			4.61	48.93	percent of total billed charges	
VINCRISTINE SULFATE 1 MG INJ	J9370	HCPCS	both			51.5	8.88	Horizon	Indemnity		19.71	38.28			4.61	48.93	percent of total billed charges	
VINCRISTINE SULFATE 1 MG INJ	J9370	HCPCS	both			51.5	8.88	Horizon	MGD		19.71	38.28			4.61	48.93	percent of total billed charges	
VINCRISTINE SULFATE 1 MG INJ	J9370	HCPCS	both			51.5	8.88	Horizon	PPO		19.71	38.28			4.61	48.93	percent of total billed charges	
VINCRISTINE SULFATE 1 MG INJ	J9370	HCPCS	both			51.5	8.88	Managed Care Inc	Managed Care Inc		46.35	90			4.61	48.93	percent of total billed charges	
VINCRISTINE SULFATE 1 MG INJ	J9370	HCPCS	both			51.5	8.88	Multiplan	Multiplan		41.2	80			4.61	48.93	percent of total billed charges	
VINCRISTINE SULFATE 1 MG INJ	J9370	HCPCS	both			51.5	8.88	Qualcare	Qualcare		38.63	75			4.61	48.93	percent of total billed charges	
VINCRISTINE SULFATE 1 MG INJ	J9370	HCPCS	both			51.5	8.88	Three Rivers	Three Rivers		48.93	95			4.61	48.93	percent of total billed charges	
VINCRISTINE SULFATE 1 MG INJ	J9370	HCPCS	both			51.5	8.88	UHC	Medicaid		16.25	31.55			4.61	48.93	percent of total billed charges	
VINCRISTINE SULFATE 1 MG INJ	J9370	HCPCS	both			51.5	8.88	UHC	Medicare		7.73				4.61	48.93	fee schedule	
VINCRISTINE SULFATE 1 MG INJ	J9370	HCPCS	both			51.5	8.88	Wellcare	Medicaid		16.25	31.55			4.61	48.93	percent of total billed charges	
VINCRISTINE SULFATE 1 MG INJ	J9370	HCPCS	both			51.5	8.88	Wellcare	Medicare		7.73				4.61	48.93	fee schedule	
VINCRISTINE SULFATE 1 MG INJ	J9370	HCPCS	both			51.5	8.88	WellPoint	WellPoint		16.57	32.18			4.61	48.93	percent of total billed charges	
NAVELBINE 10MG/ML VL	J9390	HCPCS	outpatient			2390.5	8.53	Aetna	Commercial		908.39	38			7.42	2270.98	percent of total billed charges	
NAVELBINE 10MG/ML VL	J9390	HCPCS	outpatient			2390.5	8.53	Aetna	Medicare		7.42				7.42	2270.98	fee schedule	
NAVELBINE 10MG/ML VL	J9390	HCPCS	outpatient			2390.5	8.53	Aetna	Better Health		754.2	31.55			7.42	2270.98	percent of total billed charges	
NAVELBINE 10MG/ML VL	J9390	HCPCS	outpatient			2390.5	8.53	Americare	Americare		1792.88	75			7.42	2270.98	percent of total billed charges	
NAVELBINE 10MG/ML VL	J9390	HCPCS	outpatient			2390.5	8.53	Amerihealth	Medicare		7.42				7.42	2270.98	fee schedule	
NAVELBINE 10MG/ML VL	J9390	HCPCS	outpatient			2390.5	8.53	Amerihealth	HMO|PPO		11.22				7.42	2270.98	fee schedule	
NAVELBINE 10MG/ML VL	J9390	HCPCS	outpatient			2390.5	8.53	Consumer	Consumer		2270.98	95			7.42	2270.98	percent of total billed charges	
NAVELBINE 10MG/ML VL	J9390	HCPCS	outpatient			2390.5	8.53	Corrections	Corrections		1912.4	80			7.42	2270.98	percent of total billed charges	
NAVELBINE 10MG/ML VL	J9390	HCPCS	outpatient			2390.5	8.53	First Health	First Health		1673.35	70			7.42	2270.98	percent of total billed charges	
NAVELBINE 10MG/ML VL	J9390	HCPCS	outpatient			2390.5	8.53	First Trenton	First Trenton		2151.45	90			7.42	2270.98	percent of total billed charges	
NAVELBINE 10MG/ML VL	J9390	HCPCS	outpatient			2390.5	8.53	Horizon	Medicare Blue		717.15	30			7.42	2270.98	percent of total billed charges	
NAVELBINE 10MG/ML VL	J9390	HCPCS	outpatient			2390.5	8.53	Horizon	Indemnity		915.08	38.28			7.42	2270.98	percent of total billed charges	
NAVELBINE 10MG/ML VL	J9390	HCPCS	outpatient			2390.5	8.53	Horizon	MGD		915.08	38.28			7.42	2270.98	percent of total billed charges	
NAVELBINE 10MG/ML VL	J9390	HCPCS	outpatient			2390.5	8.53	Horizon	PPO		915.08	38.28			7.42	2270.98	percent of total billed charges	
NAVELBINE 10MG/ML VL	J9390	HCPCS	outpatient			2390.5	8.53	Managed Care Inc	Managed Care Inc		2151.45	90			7.42	2270.98	percent of total billed charges	
NAVELBINE 10MG/ML VL	J9390	HCPCS	outpatient			2390.5	8.53	Multiplan	Multiplan		1912.4	80			7.42	2270.98	percent of total billed charges	
NAVELBINE 10MG/ML VL	J9390	HCPCS	outpatient			2390.5	8.53	Qualcare	Qualcare		1792.88	75			7.42	2270.98	percent of total billed charges	
NAVELBINE 10MG/ML VL	J9390	HCPCS	outpatient			2390.5	8.53	Three Rivers	Three Rivers		2270.98	95			7.42	2270.98	percent of total billed charges	
NAVELBINE 10MG/ML VL	J9390	HCPCS	outpatient			2390.5	8.53	UHC	Medicare		7.42				7.42	2270.98	fee schedule	
NAVELBINE 10MG/ML VL	J9390	HCPCS	outpatient			2390.5	8.53	UHC	Medicaid		754.2	31.55			7.42	2270.98	percent of total billed charges	
NAVELBINE 10MG/ML VL	J9390	HCPCS	outpatient			2390.5	8.53	Wellcare	Medicare		7.42				7.42	2270.98	fee schedule	
NAVELBINE 10MG/ML VL	J9390	HCPCS	outpatient			2390.5	8.53	Wellcare	Medicaid		754.2	31.55			7.42	2270.98	percent of total billed charges	
NAVELBINE 10MG/ML VL	J9390	HCPCS	outpatient			2390.5	8.53	WellPoint	WellPoint		769.26	32.18			7.42	2270.98	percent of total billed charges	
FULVESTRANT 25MG INJ	J9395	HCPCS	both			483.5	9.71	Aetna	Better Health		152.54	31.55			8.45	459.33	percent of total billed charges	
FULVESTRANT 25MG INJ	J9395	HCPCS	both			483.5	9.71	Aetna	Commercial		15.62				8.45	459.33	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FULVESTRANT 25MG INJ	J9395	HCPCS	both			483.5	9.71	Aetna	Medicare		8.45				8.45	459.33	fee schedule	
FULVESTRANT 25MG INJ	J9395	HCPCS	both			483.5	9.71	Americare	Americare		362.63	75			8.45	459.33	percent of total billed charges	
FULVESTRANT 25MG INJ	J9395	HCPCS	both			483.5	9.71	Amerihealth	HMO|PPO		103.9				8.45	459.33	fee schedule	
FULVESTRANT 25MG INJ	J9395	HCPCS	both			483.5	9.71	Amerihealth	Medicare		8.45				8.45	459.33	fee schedule	
FULVESTRANT 25MG INJ	J9395	HCPCS	both			483.5	9.71	Consumer	Consumer		459.33	95			8.45	459.33	percent of total billed charges	
FULVESTRANT 25MG INJ	J9395	HCPCS	both			483.5	9.71	Corrections	Corrections		386.8	80			8.45	459.33	percent of total billed charges	
FULVESTRANT 25MG INJ	J9395	HCPCS	both			483.5	9.71	First Health	First Health		338.45	70			8.45	459.33	percent of total billed charges	
FULVESTRANT 25MG INJ	J9395	HCPCS	both			483.5	9.71	First Trenton	First Trenton		435.15	90			8.45	459.33	percent of total billed charges	
FULVESTRANT 25MG INJ	J9395	HCPCS	both			483.5	9.71	Horizon	MGD		18.26				8.45	459.33	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FULVESTRANT 25MG INJ	J9395	HCPCS	both			483.5	9.71	Horizon	Indemnity		18.26				8.45	459.33	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FULVESTRANT 25MG INJ	J9395	HCPCS	both			483.5	9.71	Horizon	Medicare Blue		9.81				8.45	459.33	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FULVESTRANT 25MG INJ	J9395	HCPCS	both			483.5	9.71	Horizon	PPO		18.26				8.45	459.33	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FULVESTRANT 25MG INJ	J9395	HCPCS	both			483.5	9.71	Managed Care Inc	Managed Care Inc		435.15	90			8.45	459.33	percent of total billed charges	
FULVESTRANT 25MG INJ	J9395	HCPCS	both			483.5	9.71	Multiplan	Multiplan		386.8	80			8.45	459.33	percent of total billed charges	
FULVESTRANT 25MG INJ	J9395	HCPCS	both			483.5	9.71	Qualcare	Qualcare		362.63	75			8.45	459.33	percent of total billed charges	
FULVESTRANT 25MG INJ	J9395	HCPCS	both			483.5	9.71	Three Rivers	Three Rivers		459.33	95			8.45	459.33	percent of total billed charges	
FULVESTRANT 25MG INJ	J9395	HCPCS	both			483.5	9.71	UHC	Medicaid		152.54	31.55			8.45	459.33	percent of total billed charges	
FULVESTRANT 25MG INJ	J9395	HCPCS	both			483.5	9.71	UHC	Medicare		8.45				8.45	459.33	fee schedule	
FULVESTRANT 25MG INJ	J9395	HCPCS	both			483.5	9.71	United	Oxford		21.13				8.45	459.33	fee schedule	
FULVESTRANT 25MG INJ	J9395	HCPCS	both			483.5	9.71	United	Commercial|PPO		21.13				8.45	459.33	fee schedule	
FULVESTRANT 25MG INJ	J9395	HCPCS	both			483.5	9.71	Wellcare	Medicaid		152.54	31.55			8.45	459.33	percent of total billed charges	
FULVESTRANT 25MG INJ	J9395	HCPCS	both			483.5	9.71	Wellcare	Medicare		8.45				8.45	459.33	fee schedule	
FULVESTRANT 25MG INJ	J9395	HCPCS	both			483.5	9.71	WellPoint	WellPoint		155.59	32.18			8.45	459.33	percent of total billed charges	
ZIV-AFLIBERCEPT 1 MG INJ	J9400	HCPCS	outpatient			69.5	8.37	Aetna	Better Health		21.93	31.55			7.28	66.03	percent of total billed charges	
ZIV-AFLIBERCEPT 1 MG INJ	J9400	HCPCS	outpatient			69.5	8.37	Aetna	Medicare		7.28				7.28	66.03	fee schedule	
ZIV-AFLIBERCEPT 1 MG INJ	J9400	HCPCS	outpatient			69.5	8.37	Aetna	Commercial		12.77				7.28	66.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ZIV-AFLIBERCEPT 1 MG INJ	J9400	HCPCS	outpatient			69.5	8.37	Americare	Americare		52.13	75			7.28	66.03	percent of total billed charges	
ZIV-AFLIBERCEPT 1 MG INJ	J9400	HCPCS	outpatient			69.5	8.37	Amerihealth	Medicare		7.28				7.28	66.03	fee schedule	
ZIV-AFLIBERCEPT 1 MG INJ	J9400	HCPCS	outpatient			69.5	8.37	Amerihealth	HMO|PPO		9.17				7.28	66.03	fee schedule	
ZIV-AFLIBERCEPT 1 MG INJ	J9400	HCPCS	outpatient			69.5	8.37	Consumer	Consumer		66.03	95			7.28	66.03	percent of total billed charges	
ZIV-AFLIBERCEPT 1 MG INJ	J9400	HCPCS	outpatient			69.5	8.37	Corrections	Corrections		55.6	80			7.28	66.03	percent of total billed charges	
ZIV-AFLIBERCEPT 1 MG INJ	J9400	HCPCS	outpatient			69.5	8.37	First Health	First Health		48.65	70			7.28	66.03	percent of total billed charges	
ZIV-AFLIBERCEPT 1 MG INJ	J9400	HCPCS	outpatient			69.5	8.37	First Trenton	First Trenton		62.55	90			7.28	66.03	percent of total billed charges	
ZIV-AFLIBERCEPT 1 MG INJ	J9400	HCPCS	outpatient			69.5	8.37	Horizon	Medicare Blue		8.02				7.28	66.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ZIV-AFLIBERCEPT 1 MG INJ	J9400	HCPCS	outpatient			69.5	8.37	Horizon	Indemnity		14.93				7.28	66.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ZIV-AFLIBERCEPT 1 MG INJ	J9400	HCPCS	outpatient			69.5	8.37	Horizon	MGD		14.93				7.28	66.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ZIV-AFLIBERCEPT 1 MG INJ	J9400	HCPCS	outpatient			69.5	8.37	Horizon	PPO		14.93				7.28	66.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ZIV-AFLIBERCEPT 1 MG INJ	J9400	HCPCS	outpatient			69.5	8.37	Managed Care Inc	Managed Care Inc		62.55	90			7.28	66.03	percent of total billed charges	
ZIV-AFLIBERCEPT 1 MG INJ	J9400	HCPCS	outpatient			69.5	8.37	Multiplan	Multiplan		55.6	80			7.28	66.03	percent of total billed charges	
ZIV-AFLIBERCEPT 1 MG INJ	J9400	HCPCS	outpatient			69.5	8.37	Qualcare	Qualcare		52.13	75			7.28	66.03	percent of total billed charges	
ZIV-AFLIBERCEPT 1 MG INJ	J9400	HCPCS	outpatient			69.5	8.37	Three Rivers	Three Rivers		66.03	95			7.28	66.03	percent of total billed charges	
ZIV-AFLIBERCEPT 1 MG INJ	J9400	HCPCS	outpatient			69.5	8.37	UHC	Medicare		7.28				7.28	66.03	fee schedule	
ZIV-AFLIBERCEPT 1 MG INJ	J9400	HCPCS	outpatient			69.5	8.37	UHC	Medicaid		21.93	31.55			7.28	66.03	percent of total billed charges	
ZIV-AFLIBERCEPT 1 MG INJ	J9400	HCPCS	outpatient			69.5	8.37	United	Oxford		18.2				7.28	66.03	fee schedule	
ZIV-AFLIBERCEPT 1 MG INJ	J9400	HCPCS	outpatient			69.5	8.37	United	Commercial|PPO		18.2				7.28	66.03	fee schedule	
ZIV-AFLIBERCEPT 1 MG INJ	J9400	HCPCS	outpatient			69.5	8.37	Wellcare	Medicare		7.28				7.28	66.03	fee schedule	
ZIV-AFLIBERCEPT 1 MG INJ	J9400	HCPCS	outpatient			69.5	8.37	Wellcare	Medicaid		21.93	31.55			7.28	66.03	percent of total billed charges	
ZIV-AFLIBERCEPT 1 MG INJ	J9400	HCPCS	outpatient			69.5	8.37	WellPoint	WellPoint		22.37	32.18			7.28	66.03	percent of total billed charges	
SOFT COLLARS	L0120	HCPCS	outpatient			86	44.77	Aetna	Better Health		27.13	31.55			10.8	81.7	percent of total billed charges	
SOFT COLLARS	L0120	HCPCS	outpatient			86	44.77	Aetna	Medicare		38.93				10.8	81.7	fee schedule	
SOFT COLLARS	L0120	HCPCS	outpatient			86	44.77	Aetna	Commercial		32.68	38			10.8	81.7	percent of total billed charges	
SOFT COLLARS	L0120	HCPCS	outpatient			86	44.77	Americare	Americare		64.5	75			10.8	81.7	percent of total billed charges	
SOFT COLLARS	L0120	HCPCS	outpatient			86	44.77	Amerihealth	HMO|PPO		55.9	65			10.8	81.7	percent of total billed charges	
SOFT COLLARS	L0120	HCPCS	outpatient			86	44.77	Amerihealth	Medicare		38.93				10.8	81.7	fee schedule	
SOFT COLLARS	L0120	HCPCS	outpatient			86	44.77	Consumer	Consumer		81.7	95			10.8	81.7	percent of total billed charges	
SOFT COLLARS	L0120	HCPCS	outpatient			86	44.77	Corrections	Corrections		68.8	80			10.8	81.7	percent of total billed charges	
SOFT COLLARS	L0120	HCPCS	outpatient			86	44.77	First Health	First Health		60.2	70			10.8	81.7	percent of total billed charges	
SOFT COLLARS	L0120	HCPCS	outpatient			86	44.77	First Trenton	First Trenton		77.4	90			10.8	81.7	percent of total billed charges	
SOFT COLLARS	L0120	HCPCS	outpatient			86	44.77	Horizon	MGD		32.92	38.28			10.8	81.7	percent of total billed charges	
SOFT COLLARS	L0120	HCPCS	outpatient			86	44.77	Horizon	Indemnity		32.92	38.28			10.8	81.7	percent of total billed charges	
SOFT COLLARS	L0120	HCPCS	outpatient			86	44.77	Horizon	NJ Health		34.4	40			10.8	81.7	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.																	
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true																
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
SOFT COLLARS	L0120	HCPCS	outpatient			86	44.77	Horizon	Medicare Blue		25.8	30			10.8	81.7	percent of total billed charges	
SOFT COLLARS	L0120	HCPCS	outpatient			86	44.77	Horizon	PPO		32.92	38.28			10.8	81.7	percent of total billed charges	
SOFT COLLARS	L0120	HCPCS	outpatient			86	44.77	Managed Care Inc	Managed Care Inc		77.4	90			10.8	81.7	percent of total billed charges	
SOFT COLLARS	L0120	HCPCS	outpatient			86	44.77	Multiplan	Multiplan		68.8	80			10.8	81.7	percent of total billed charges	
SOFT COLLARS	L0120	HCPCS	outpatient			86	44.77	Qualcare	Qualcare		34.4	40			10.8	81.7	percent of total billed charges	
SOFT COLLARS	L0120	HCPCS	outpatient			86	44.77	Three Rivers	Three Rivers		81.7	95			10.8	81.7	percent of total billed charges	
SOFT COLLARS	L0120	HCPCS	outpatient			86	44.77	UHC	Medicaid		27.13	31.55			10.8	81.7	percent of total billed charges	
SOFT COLLARS	L0120	HCPCS	outpatient			86	44.77	UHC	Medicare		38.93				10.8	81.7	fee schedule	
SOFT COLLARS	L0120	HCPCS	outpatient			86	44.77	Wellcare	Medicare		38.93				10.8	81.7	fee schedule	
SOFT COLLARS	L0120	HCPCS	outpatient			86	44.77	Wellcare	Medicaid		27.13	31.55			10.8	81.7	percent of total billed charges	
SOFT COLLARS	L0120	HCPCS	outpatient			86	44.77	WellPoint	WellPoint		27.67	32.18			10.8	81.7	percent of total billed charges	
CERVICAL COLLAR(HARD)	L0140	HCPCS	outpatient			191	108	Aetna	Medicare		93.91				46.5	181.45	fee schedule	
CERVICAL COLLAR(HARD)	L0140	HCPCS	outpatient			191	108	Aetna	Better Health		60.26	31.55			46.5	181.45	percent of total billed charges	
CERVICAL COLLAR(HARD)	L0140	HCPCS	outpatient			191	108	Aetna	Commercial		72.58	38			46.5	181.45	percent of total billed charges	
CERVICAL COLLAR(HARD)	L0140	HCPCS	outpatient			191	108	Americare	Americare		143.25	75			46.5	181.45	percent of total billed charges	
CERVICAL COLLAR(HARD)	L0140	HCPCS	outpatient			191	108	Amerihealth	Medicare		93.91				46.5	181.45	fee schedule	
CERVICAL COLLAR(HARD)	L0140	HCPCS	outpatient			191	108	Amerihealth	HMO/PPO		124.15	65			46.5	181.45	percent of total billed charges	
CERVICAL COLLAR(HARD)	L0140	HCPCS	outpatient			191	108	Consumer	Consumer		181.45	95			46.5	181.45	percent of total billed charges	
CERVICAL COLLAR(HARD)	L0140	HCPCS	outpatient			191	108	Corrections	Corrections		152.8	80			46.5	181.45	percent of total billed charges	
CERVICAL COLLAR(HARD)	L0140	HCPCS	outpatient			191	108	First Health	First Health		133.7	70			46.5	181.45	percent of total billed charges	
CERVICAL COLLAR(HARD)	L0140	HCPCS	outpatient			191	108	First Trenton	First Trenton		171.9	90			46.5	181.45	percent of total billed charges	
CERVICAL COLLAR(HARD)	L0140	HCPCS	outpatient			191	108	Horizon	NJ Health		76.4	40			46.5	181.45	percent of total billed charges	
CERVICAL COLLAR(HARD)	L0140	HCPCS	outpatient			191	108	Horizon	Indemnity		73.11	38.28			46.5	181.45	percent of total billed charges	
CERVICAL COLLAR(HARD)	L0140	HCPCS	outpatient			191	108	Horizon	Medicare Blue		57.3	30			46.5	181.45	percent of total billed charges	
CERVICAL COLLAR(HARD)	L0140	HCPCS	outpatient			191	108	Horizon	MGD		73.11	38.28			46.5	181.45	percent of total billed charges	
CERVICAL COLLAR(HARD)	L0140	HCPCS	outpatient			191	108	Horizon	PPO		73.11	38.28			46.5	181.45	percent of total billed charges	
CERVICAL COLLAR(HARD)	L0140	HCPCS	outpatient			191	108	Managed Care Inc	Managed Care Inc		171.9	90			46.5	181.45	percent of total billed charges	
CERVICAL COLLAR(HARD)	L0140	HCPCS	outpatient			191	108	Multiplan	Multiplan		152.8	80			46.5	181.45	percent of total billed charges	
CERVICAL COLLAR(HARD)	L0140	HCPCS	outpatient			191	108	Qualcare	Qualcare		76.4	40			46.5	181.45	percent of total billed charges	
CERVICAL COLLAR(HARD)	L0140	HCPCS	outpatient			191	108	Three Rivers	Three Rivers		181.45	95			46.5	181.45	percent of total billed charges	
CERVICAL COLLAR(HARD)	L0140	HCPCS	outpatient			191	108	UHC	Medicaid		60.26	31.55			46.5	181.45	percent of total billed charges	
CERVICAL COLLAR(HARD)	L0140	HCPCS	outpatient			191	108	UHC	Medicare		93.91				46.5	181.45	fee schedule	
CERVICAL COLLAR(HARD)	L0140	HCPCS	outpatient			191	108	Wellcare	Medicare		93.91				46.5	181.45	fee schedule	
CERVICAL COLLAR(HARD)	L0140	HCPCS	outpatient			191	108	Wellcare	Medicaid		60.26	31.55			46.5	181.45	percent of total billed charges	
CERVICAL COLLAR(HARD)	L0140	HCPCS	outpatient			191	108	WellPoint	WellPoint		61.46	32.18			46.5	181.45	percent of total billed charges	
PHILADELPHIA	L0172	HCPCS	outpatient			408	162.44	Aetna	Medicare		141.25				122.4	387.6	fee schedule	
PHILADELPHIA	L0172	HCPCS	outpatient			408	162.44	Aetna	Better Health		128.72	31.55			122.4	387.6	percent of total billed charges	
PHILADELPHIA	L0172	HCPCS	outpatient			408	162.44	Aetna	Commercial		155.04	38			122.4	387.6	percent of total billed charges	
PHILADELPHIA	L0172	HCPCS	outpatient			408	162.44	Americare	Americare		306	75			122.4	387.6	percent of total billed charges	
PHILADELPHIA	L0172	HCPCS	outpatient			408	162.44	Amerihealth	Medicare		141.25				122.4	387.6	fee schedule	
PHILADELPHIA	L0172	HCPCS	outpatient			408	162.44	Amerihealth	HMO/PPO		265.2	65			122.4	387.6	percent of total billed charges	
PHILADELPHIA	L0172	HCPCS	outpatient			408	162.44	Consumer	Consumer		387.6	95			122.4	387.6	percent of total billed charges	
PHILADELPHIA	L0172	HCPCS	outpatient			408	162.44	Corrections	Corrections		326.4	80			122.4	387.6	percent of total billed charges	
PHILADELPHIA	L0172	HCPCS	outpatient			408	162.44	First Health	First Health		285.6	70			122.4	387.6	percent of total billed charges	
PHILADELPHIA	L0172	HCPCS	outpatient			408	162.44	First Trenton	First Trenton		367.2	90			122.4	387.6	percent of total billed charges	
PHILADELPHIA	L0172	HCPCS	outpatient			408	162.44	Horizon	MGD		156.18	38.28			122.4	387.6	percent of total billed charges	
PHILADELPHIA	L0172	HCPCS	outpatient			408	162.44	Horizon	Medicare Blue		122.4	30			122.4	387.6	percent of total billed charges	
PHILADELPHIA	L0172	HCPCS	outpatient			408	162.44	Horizon	Indemnity		156.18	38.28			122.4	387.6	percent of total billed charges	
PHILADELPHIA	L0172	HCPCS	outpatient			408	162.44	Horizon	NJ Health		178.37				122.4	387.6	fee schedule	
PHILADELPHIA	L0172	HCPCS	outpatient			408	162.44	Horizon	PPO		156.18	38.28			122.4	387.6	percent of total billed charges	
PHILADELPHIA	L0172	HCPCS	outpatient			408	162.44	Managed Care Inc	Managed Care Inc		367.2	90			122.4	387.6	percent of total billed charges	
PHILADELPHIA	L0172	HCPCS	outpatient			408	162.44	Multiplan	Multiplan		326.4	80			122.4	387.6	percent of total billed charges	
PHILADELPHIA	L0172	HCPCS	outpatient			408	162.44	Qualcare	Qualcare		306	75			122.4	387.6	percent of total billed charges	
PHILADELPHIA	L0172	HCPCS	outpatient			408	162.44	Three Rivers	Three Rivers		387.6	95			122.4	387.6	percent of total billed charges	
PHILADELPHIA	L0172	HCPCS	outpatient			408	162.44	UHC	Medicaid		128.72	31.55			122.4	387.6	percent of total billed charges	
PHILADELPHIA	L0172	HCPCS	outpatient			408	162.44	UHC	Medicare		141.25				122.4	387.6	fee schedule	
PHILADELPHIA	L0172	HCPCS	outpatient			408	162.44	Wellcare	Medicare		141.25				122.4	387.6	fee schedule	
PHILADELPHIA	L0172	HCPCS	outpatient			408	162.44	Wellcare	Medicaid		128.72	31.55			122.4	387.6	percent of total billed charges	
PHILADELPHIA	L0172	HCPCS	outpatient			408	162.44	WellPoint	WellPoint		131.29	32.18			122.4	387.6	percent of total billed charges	
MIAMI J ADVANCE CERVICAL COLLAR	L0174	HCPCS	both			4384	367.67	Aetna	Medicare		319.89				86.4	4164.8	fee schedule	
MIAMI J ADVANCE CERVICAL COLLAR	L0174	HCPCS	both			4384	367.67	Aetna	Better Health		1383.15	31.55			86.4	4164.8	percent of total billed charges	
MIAMI J ADVANCE CERVICAL COLLAR	L0174	HCPCS	both			4384	367.67	Aetna	Commercial		1665.92	38			86.4	4164.8	percent of total billed charges	
MIAMI J ADVANCE CERVICAL COLLAR	L0174	HCPCS	both			4384	367.67	Americare	Americare		3288	75			86.4	4164.8	percent of total billed charges	
MIAMI J ADVANCE CERVICAL COLLAR	L0174	HCPCS	both			4384	367.67	Amerihealth	HMO/PPO		2849.6	65			86.4	4164.8	percent of total billed charges	
MIAMI J ADVANCE CERVICAL COLLAR	L0174	HCPCS	both			4384	367.67	Amerihealth	Medicare		319.89				86.4	4164.8	fee schedule	
MIAMI J ADVANCE CERVICAL COLLAR	L0174	HCPCS	both			4384	367.67	Consumer	Consumer		4164.8	95			86.4	4164.8	percent of total billed charges	
MIAMI J ADVANCE CERVICAL COLLAR	L0174	HCPCS	both			4384	367.67	Corrections	Corrections		3507.2	80			86.4	4164.8	percent of total billed charges	
MIAMI J ADVANCE CERVICAL COLLAR	L0174	HCPCS	both			4384	367.67	First Health	First Health		3068.8	70			86.4	4164.8	percent of total billed charges	
MIAMI J ADVANCE CERVICAL COLLAR	L0174	HCPCS	both			4384	367.67	First Trenton	First Trenton		3945.6	90			86.4	4164.8	percent of total billed charges	
MIAMI J ADVANCE CERVICAL COLLAR	L0174	HCPCS	both			4384	367.67	Horizon	MGD		1678.2	38.28			86.4	4164.8	percent of total billed charges	
MIAMI J ADVANCE CERVICAL COLLAR	L0174	HCPCS	both			4384	367.67	Horizon	Medicare Blue		1315.2	30			86.4	4164.8	percent of total billed charges	
MIAMI J ADVANCE CERVICAL COLLAR	L0174	HCPCS	both			4384	367.67	Horizon	NJ Health		1753.6	40			86.4	4164.8	percent of total billed charges	
MIAMI J ADVANCE CERVICAL COLLAR	L0174	HCPCS	both			4384	367.67	Horizon	Indemnity		1678.2	38.28			86.4	4164.8	percent of total billed charges	
MIAMI J ADVANCE CERVICAL COLLAR	L0174	HCPCS	both			4384	367.67	Horizon	PPO		1678.2	38.28			86.4	4164.8	percent of total billed charges	
MIAMI J ADVANCE CERVICAL COLLAR	L0174	HCPCS	both			4384	367.67	Managed Care Inc	Managed Care Inc		3945.6	90			86.4	4164.8	percent of total billed charges	
MIAMI J ADVANCE CERVICAL COLLAR	L0174	HCPCS	both			4384	367.67	Multiplan	Multiplan		3507.2	80			86.4	4164.8	percent of total billed charges	
MIAMI J ADVANCE CERVICAL COLLAR	L0174	HCPCS	both			4384	367.67	Qualcare	Qualcare		1753.6	40			86.4	4164.8	percent of total billed charges	
MIAMI J ADVANCE CERVICAL COLLAR	L0174	HCPCS	both			4384	367.67	Three Rivers	Three Rivers		4164.8	95			86.4	4164.8	percent of total billed charges	
MIAMI J ADVANCE CERVICAL COLLAR	L0174	HCPCS	both			4384	367.67	UHC	Medicare		319.89				86.4	4164.8	fee schedule	
MIAMI J ADVANCE CERVICAL COLLAR	L0174	HCPCS	both			4384	367.67	UHC	Medicaid		1383.15	31.55			86.4	4164.8	percent of total billed charges	
MIAMI J ADVANCE CERVICAL COLLAR	L0174	HCPCS	both			4384	367.67	Wellcare	Medicare		319.89				86.4	4164.8	fee schedule	
MIAMI J ADVANCE CERVICAL COLLAR	L0174	HCPCS	both			4384	367.67	Wellcare	Medicaid		1383.15	31.55			86.4	4164.8	percent of total billed charges	
MIAMI J ADVANCE CERVICAL COLLAR	L0174	HCPCS	both			4384	367.67	WellPoint	WellPoint		1410.77	32.18			86.4	4164.8	percent of total billed charges	
CTO	L0190	HCPCS	both			1452.66	663.92	Aetna	Medicare		577.32				435.8	1380.03	fee schedule	
CTO	L0190	HCPCS	both			1452.66	663.92	Aetna	Better Health		458.31	31.55			435.8	1380.03	percent of total billed charges	
CTO	L0190	HCPCS	both			1452.66	663.92	Aetna	Commercial		552.01	38			435.8	1380.03	percent of total billed charges	
CTO	L0190	HCPCS	both			1452.66	663.92	Americare	Americare		1089.5	75			435.8	1380.03	percent of total billed charges	
CTO	L0190	HCPCS	both			1452.66	663.92	Amerihealth	HMO/PPO		944.23	65			435.8	1380.03	percent of total billed charges	
CTO	L0190	HCPCS	both			1452.66	663.92	Amerihealth	Medicare		577.32				435.8	1380.03	fee schedule	
CTO	L0190	HCPCS	both			1452.66	663.92	Consumer	Consumer		1380.03	95			435.8	1380.03	percent of total billed charges	
CTO	L0190	HCPCS	both			1452.66	663.92	Corrections	Corrections		1162.13	80			435.8	1380.03	percent of total billed charges	
CTO	L0190	HCPCS	both			1452.66	663.92	First Health	First Health		1016.86	70			435.8	1380.03	percent of total billed charges	
CTO	L0190	HCPCS	both			1452.66	663.92	First Trenton	First Trenton		1307.39	90			435.8	1380.03	percent of total billed charges	
CTO	L0190	HCPCS	both			1452.66	663.92	Horizon	Indemnity		556.08	38.28			435.8	1380.03	percent of total billed charges	
CTO	L0190	HCPCS	both			1452.66	663.92	Horizon	MGD		556.08	38.28			435.8	1380.03	percent of total billed charges	
CTO	L0190	HCPCS	both			1452.66	663.92	Horizon	NJ Health		581.06	40			435.8	1380.03	percent of total billed charges	
CTO	L0190	HCPCS	both			1452.66	663.92	Horizon	Medicare Blue		435.8	30			435.8	1380.03	percent of total billed charges	
CTO	L0190	HCPCS	both			1452.66	663.92	Horizon	PPO		556.08	38.28			435.8	1380.03	percent of total billed charges	
CTO	L0190	HCPCS	both			1452.66	663.92	Managed Care Inc	Managed Care Inc		1307.39	90			435.8	1380.03	percent of total billed charges	
CTO	L0190	HCPCS	both			1452.66	663.92	Multiplan	Multiplan		1162.13	80			435.8	1380.03	percent of total billed charges	
CTO	L0190	HCPCS	both			1452.66	663.92	Qualcare	Qualcare		581.06	40			435.8	1380.03	percent of total billed charges	
CTO	L0190	HCPCS	both			1452.66	663.92	Three Rivers	Three Rivers		1380.03	95			435.8	1380.03	percent of total billed charges	
CTO	L0190	HCPCS	both			1452.66	663.92	UHC	Medicaid		458.31	31.55			435.8	1380.03	percent of total billed charges	
CTO	L0190	HCPCS	both			1452.66	663.92	UHC	Medicare		577.32				435.8	1380.03	fee schedule	
CTO	L0190	HCPCS	both			1452.66	663.92	Wellcare	Medicaid		458.31	31.55			435.8	1380.03	percent of total billed charges	
CTO	L0190	HCPCS	both			1452.66	663.92	Wellcare	Medicare		577.32				435.8	1380.03	fee schedule	
CTO	L0190	HCPCS	both			1452.66	663.92	WellPoint	WellPoint		467.47	32.18			435.8	1380.03	percent of total billed charges	
SPINAL BRACES:TLSO	L0462	HCPCS	both			3485	1681.2	Aetna	Medicare		1461.91				1045.5	3310.75	fee schedule	
SPINAL BRACES:TLSO	L0462	HCPCS	both			3485	1681.2	Aetna	Commercial		1324.3	38			1045.5	3310.75	percent of total billed charges	
SPINAL BRACES:TLSO	L0462	HCPCS	both			3485	1681.2	Aetna	Better Health		1099.52	31.55			1045.5	3310.75	percent of total billed charges	
SPINAL BRACES:TLSO	L0462	HCPCS	both			3485	1681.2	Americare	Americare		2613.75	75			1045.5	3310.75	percent of total billed charges	
SPINAL BRACES:TLSO	L0462	HCPCS	both			3485	1681.2	Amerihealth	Medicare		1461.91				1045.5	3310.75	fee schedule	
SPINAL BRACES:TLSO	L0462	HCPCS	both			3485	1681.2	Amerihealth	HMO/PPO		2265.25	65			1045.5	3310.75	percent of total billed charges	
SPINAL BRACES:TLSO	L0462	HCPCS	both			3485	1681.2	Consumer	Consumer		3310.75	95			1045.5	3310.75	percent of total billed charges	
SPINAL BRACES:TLSO	L0462	HCPCS	both			3485	1681.2	Corrections	Corrections		2788	80			1045.5	3310.75	percent of total billed charges	
SPINAL BRACES:TLSO	L0462	HCPCS	both			3485	1681.2	First Health	First Health		2439.5	70			1045.5	3310.75	percent of total billed charges	
SPINAL BRACES:TLSO	L0462	HCPCS	both			3485	1681.2	First Trenton	First Trenton		3136.5	90			1045.5	3310.75	percent of total billed charges	
SPINAL BRACES:TLSO	L0462	HCPCS	both			3485	1681.2	Horizon	Medicare Blue		1045.5	30			1045.5	3310.75	percent of total billed charges	
SPINAL BRACES:TLSO	L0462	HCPCS	both			3485	1681.2	Horizon	MGD		1334.06	38.28			1045.5	3310.75	percent of total billed charges	
SPINAL BRACES:TLSO	L0462	HCPCS	both			3485	1681.2	Horizon	NJ Health		1394	40			1045.5	3310.75	percent of total billed charges	
SPINAL BRACES:TLSO	L0462	HCPCS	both			3485	1681.2	Horizon	Indemnity		1334.06	38.28			1045.5	3310.75	percent of total billed charges	
SPINAL BRACES:TLSO	L0462	HCPCS	both			3485	1681.2	Horizon	PPO		1334.06	38.28			1045.5	3310.75	percent of total billed charges	
SPINAL BRACES:TLSO	L0462	HCPCS	both			3485	1681.2	Managed Care Inc	Managed Care Inc		3136.5	90			1045.5	3310.75	percent of total billed charges	
SPINAL BRACES:TLSO	L0462	HCPCS	both			3485	1681.2	Multiplan	Multiplan		2788	80			1045.5	3310.75	percent of total billed charges	
SPINAL BRACES:TLSO	L0462	HCPCS	both			3485	1681.2	Qualcare	Qualcare		1394	40			1045.5	3310.75	percent of total billed charges	
SPINAL BRACES:TLSO	L0462	HCPCS	both			3485	1681.2	Three Rivers	Three Rivers		3310.75	95			1045.5	3310.75	percent of total billed charges	
SPINAL BRACES:TLSO	L0462	HCPCS	both			3485	1681.2	UHC	Medicaid		1099.52	31.55			1045.5	3310.75	percent of total billed charges	
SPINAL BRACES:TLSO	L0462	HCPCS	both			3485	1681.2	UHC	Medicare		1461.91				1045.5	3310.75	fee schedule	
SPINAL BRACES:TLSO	L0462	HCPCS	both			3485	1681.2	Wellcare	Medicaid		1099.52	31.55			1045.5	3310.75	percent of total billed charges	
SPINAL BRACES:TLSO	L0462	HCPCS	both			3485	1681.2	Wellcare	Medicare		1461.91				1045.5	3310.75	fee schedule	
SPINAL BRACES:TLSO	L0462	HCPCS	both			3485	1681.2	WellPoint	WellPoint		1121.47	32.18			1045.5	3310.75	percent of total billed charges	
SPINAL BRACES: JEWITT/CASH	L0472	HCPCS	outpatient			1295	545.02	Aetna	Better Health		408.57	31.55			388.5	1230.25	percent of total billed charges	
SPINAL BRACES: JEWITT/CASH	L0472	HCPCS	outpatient			1295	545.02	Aetna	Commercial		492.1	38			388.5	1230.25	percent of total billed charges	
SPINAL BRACES: JEWITT/CASH	L0472	HCPCS	outpatient			1295	545.02	Aetna	Medicare		473.93				388.5	1230.25	fee schedule	
SPINAL BRACES: JEWITT/CASH	L0472	HCPCS	outpatient			1295	545.02	Americare	Americare		971.25	75			388.5	1230.25	percent of total billed charges	
SPINAL BRACES: JEWITT/CASH	L0472	HCPCS	outpatient			1295	545.02	Amerihealth	HMO/PPO		841.75	65			388.5	1230.25	percent of total billed charges	
SPINAL BRACES: JEWITT/CASH	L0472	HCPCS	outpatient			1295	545.02	Amerihealth	Medicare		473.93				388.5	1230.25	fee schedule	
SPINAL BRACES: JEWITT/CASH	L0472	HCPCS	outpatient			1295	545.02	Consumer	Consumer		1230.25	95			388.5	1230.25	percent of total billed charges	
SPINAL BRACES: JEWITT/CASH	L0472	HCPCS	outpatient			1295	545.02	Corrections	Corrections		1036	80			388.5	1230.25	percent of total billed charges	
SPINAL BRACES: JEWITT/CASH	L0472	HCPCS	outpatient			1295	545.02	First Health	First Health		906.5	70			388.5	1230.25	percent of total billed charges	
SPINAL BRACES: JEWITT/CASH	L0472	HCPCS	outpatient			1295	545.02	First Trenton	First Trenton		1165.5	90			388.5	1230.25	percent of total billed charges	
SPINAL BRACES: JEWITT/CASH	L0472	HCPCS	outpatient			1295	545.02	Horizon	MGD		495.73	38.28			388.5	1230.25	percent of total billed charges	
SPINAL BRACES: JEWITT/CASH	L0472	HCPCS	outpatient			1295	545.02	Horizon	Indemnity		495.73	38.28			388.5	1230.25	percent of total billed charges	
SPINAL BRACES: JEWITT/CASH	L0472	HCPCS	outpatient			1295	545.02	Horizon	NJ Health		518	40			388.5	1230.25	percent of total billed charges	
SPINAL BRACES: JEWITT/CASH	L0472	HCPCS	outpatient			1295	545.02	Horizon	PPO		495.73	38.28			388.5	1230.25	percent of total billed charges	
SPINAL BRACES: JEWITT/CASH	L0472	HCPCS	outpatient			1295	545.02	Horizon	Medicare Blue		388.5	30			388.5	1230.25	percent of total billed charges	
SPINAL BRACES: JEWITT/CASH	L0472	HCPCS	outpatient			1295	545.02	Managed Care Inc	Managed Care Inc		1165.5	90			388.5	1230.25	percent of total billed charges	
SPINAL BRACES: JEWITT/CASH	L0472	HCPCS	outpatient			1295	545.02	Multiplan	Multiplan		1036	80			388.5	1230.25	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.														
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true													
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
SPINAL BRACES: JEWITT/CASH	L0472	HCPCS	outpatient			1295	545.02	Qualcare	Qualcare		518				388.5	1230.25	percent of total billed charges	
SPINAL BRACES: JEWITT/CASH	L0472	HCPCS	outpatient			1295	545.02	Three Rivers	Three Rivers		1230.25	95			388.5	1230.25	percent of total billed charges	
SPINAL BRACES: JEWITT/CASH	L0472	HCPCS	outpatient			1295	545.02	UHC	Medicaid		408.57	31.55			388.5	1230.25	percent of total billed charges	
SPINAL BRACES: JEWITT/CASH	L0472	HCPCS	outpatient			1295	545.02	UHC	Medicare		473.93				388.5	1230.25	fee schedule	
SPINAL BRACES: JEWITT/CASH	L0472	HCPCS	outpatient			1295	545.02	Wellcare	Medicare		473.93				388.5	1230.25	fee schedule	
SPINAL BRACES: JEWITT/CASH	L0472	HCPCS	outpatient			1295	545.02	Wellcare	Medicaid		408.57	31.55			388.5	1230.25	percent of total billed charges	
SPINAL BRACES: JEWITT/CASH	L0472	HCPCS	outpatient			1295	545.02	WellPoint	WellPoint		416.73	32.18			388.5	1230.25	percent of total billed charges	
BINDER,ABDOMINAL 4 PANEL 12" W 30-45"	L0625	HCPCS	both			120	45.61	Aetna	Better Health		37.86	31.55			17.1	114	percent of total billed charges	
BINDER,ABDOMINAL 4 PANEL 12" W 30-45"	L0625	HCPCS	both			120	45.61	Aetna	Medicare		39.66				17.1	114	fee schedule	
BINDER,ABDOMINAL 4 PANEL 12" W 30-45"	L0625	HCPCS	both			120	45.61	Aetna	Commercial		45.6	38			17.1	114	percent of total billed charges	
BINDER,ABDOMINAL 4 PANEL 12" W 30-45"	L0625	HCPCS	both			120	45.61	Americare	Americare		90	75			17.1	114	percent of total billed charges	
BINDER,ABDOMINAL 4 PANEL 12" W 30-45"	L0625	HCPCS	both			120	45.61	Amerihealth	Medicare		39.66				17.1	114	fee schedule	
BINDER,ABDOMINAL 4 PANEL 12" W 30-45"	L0625	HCPCS	both			120	45.61	Amerihealth	HMO/PPO		78	65			17.1	114	percent of total billed charges	
BINDER,ABDOMINAL 4 PANEL 12" W 30-45"	L0625	HCPCS	both			120	45.61	Consumer	Consumer		114	95			17.1	114	percent of total billed charges	
BINDER,ABDOMINAL 4 PANEL 12" W 30-45"	L0625	HCPCS	both			120	45.61	Corrections	Corrections		96	80			17.1	114	percent of total billed charges	
BINDER,ABDOMINAL 4 PANEL 12" W 30-45"	L0625	HCPCS	both			120	45.61	First Health	First Health		84	70			17.1	114	percent of total billed charges	
BINDER,ABDOMINAL 4 PANEL 12" W 30-45"	L0625	HCPCS	both			120	45.61	First Trenton	First Trenton		108	90			17.1	114	percent of total billed charges	
BINDER,ABDOMINAL 4 PANEL 12" W 30-45"	L0625	HCPCS	both			120	45.61	Horizon	MGD		45.94	38.28			17.1	114	percent of total billed charges	
BINDER,ABDOMINAL 4 PANEL 12" W 30-45"	L0625	HCPCS	both			120	45.61	Horizon	Indemnity		45.94	38.28			17.1	114	percent of total billed charges	
BINDER,ABDOMINAL 4 PANEL 12" W 30-45"	L0625	HCPCS	both			120	45.61	Horizon	PPO		45.94	38.28			17.1	114	percent of total billed charges	
BINDER,ABDOMINAL 4 PANEL 12" W 30-45"	L0625	HCPCS	both			120	45.61	Horizon	Medicare Blue		36	30			17.1	114	percent of total billed charges	
BINDER,ABDOMINAL 4 PANEL 12" W 30-45"	L0625	HCPCS	both			120	45.61	Horizon	NJ Health		48	40			17.1	114	percent of total billed charges	
BINDER,ABDOMINAL 4 PANEL 12" W 30-45"	L0625	HCPCS	both			120	45.61	Managed Care Inc	Managed Care Inc		108	90			17.1	114	percent of total billed charges	
BINDER,ABDOMINAL 4 PANEL 12" W 30-45"	L0625	HCPCS	both			120	45.61	Multiplan	Multiplan		96	80			17.1	114	percent of total billed charges	
BINDER,ABDOMINAL 4 PANEL 12" W 30-45"	L0625	HCPCS	both			120	45.61	Qualcare	Qualcare		48	40			17.1	114	percent of total billed charges	
BINDER,ABDOMINAL 4 PANEL 12" W 30-45"	L0625	HCPCS	both			120	45.61	Three Rivers	Three Rivers		114	95			17.1	114	percent of total billed charges	
BINDER,ABDOMINAL 4 PANEL 12" W 30-45"	L0625	HCPCS	both			120	45.61	UHC	Medicaid		37.86	31.55			17.1	114	percent of total billed charges	
BINDER,ABDOMINAL 4 PANEL 12" W 30-45"	L0625	HCPCS	both			120	45.61	UHC	Medicare		39.66				17.1	114	fee schedule	
BINDER,ABDOMINAL 4 PANEL 12" W 30-45"	L0625	HCPCS	both			120	45.61	Wellcare	Medicare		39.66				17.1	114	fee schedule	
BINDER,ABDOMINAL 4 PANEL 12" W 30-45"	L0625	HCPCS	both			120	45.61	Wellcare	Medicaid		37.86	31.55			17.1	114	percent of total billed charges	
BINDER,ABDOMINAL 4 PANEL 12" W 30-45"	L0625	HCPCS	both			120	45.61	WellPoint	WellPoint		38.62	32.18			17.1	114	percent of total billed charges	
SPINAL BRACE: LSO MOLDED	L0639	HCPCS	both			2999	1603.7	Aetna	Better Health		946.18	31.55			899.7	2849.05	percent of total billed charges	
SPINAL BRACE: LSO MOLDED	L0639	HCPCS	both			2999	1603.7	Aetna	Medicare		1394.52				899.7	2849.05	fee schedule	
SPINAL BRACE: LSO MOLDED	L0639	HCPCS	both			2999	1603.7	Aetna	Commercial		1139.62	38			899.7	2849.05	percent of total billed charges	
SPINAL BRACE: LSO MOLDED	L0639	HCPCS	both			2999	1603.7	Americare	Americare		2248.25	75			899.7	2849.05	percent of total billed charges	
SPINAL BRACE: LSO MOLDED	L0639	HCPCS	both			2999	1603.7	Amerihealth	HMO/PPO		1949.35	65			899.7	2849.05	percent of total billed charges	
SPINAL BRACE: LSO MOLDED	L0639	HCPCS	both			2999	1603.7	Amerihealth	Medicare		1394.52				899.7	2849.05	fee schedule	
SPINAL BRACE: LSO MOLDED	L0639	HCPCS	both			2999	1603.7	Consumer	Consumer		2849.05	95			899.7	2849.05	percent of total billed charges	
SPINAL BRACE: LSO MOLDED	L0639	HCPCS	both			2999	1603.7	Corrections	Corrections		2399.2	80			899.7	2849.05	percent of total billed charges	
SPINAL BRACE: LSO MOLDED	L0639	HCPCS	both			2999	1603.7	First Health	First Health		2099.3	70			899.7	2849.05	percent of total billed charges	
SPINAL BRACE: LSO MOLDED	L0639	HCPCS	both			2999	1603.7	First Trenton	First Trenton		2699.1	90			899.7	2849.05	percent of total billed charges	
SPINAL BRACE: LSO MOLDED	L0639	HCPCS	both			2999	1603.7	Horizon	MGD		1148.02	38.28			899.7	2849.05	percent of total billed charges	
SPINAL BRACE: LSO MOLDED	L0639	HCPCS	both			2999	1603.7	Horizon	PPO		1148.02	38.28			899.7	2849.05	percent of total billed charges	
SPINAL BRACE: LSO MOLDED	L0639	HCPCS	both			2999	1603.7	Horizon	Indemnity		1148.02	38.28			899.7	2849.05	percent of total billed charges	
SPINAL BRACE: LSO MOLDED	L0639	HCPCS	both			2999	1603.7	Horizon	Medicare Blue		899.7	30			899.7	2849.05	percent of total billed charges	
SPINAL BRACE: LSO MOLDED	L0639	HCPCS	both			2999	1603.7	Horizon	NJ Health		1199.6	40			899.7	2849.05	percent of total billed charges	
SPINAL BRACE: LSO MOLDED	L0639	HCPCS	both			2999	1603.7	Managed Care Inc	Managed Care Inc		2699.1	90			899.7	2849.05	percent of total billed charges	
SPINAL BRACE: LSO MOLDED	L0639	HCPCS	both			2999	1603.7	Multiplan	Multiplan		2399.2	80			899.7	2849.05	percent of total billed charges	
SPINAL BRACE: LSO MOLDED	L0639	HCPCS	both			2999	1603.7	Qualcare	Qualcare		1199.6	40			899.7	2849.05	percent of total billed charges	
SPINAL BRACE: LSO MOLDED	L0639	HCPCS	both			2999	1603.7	Three Rivers	Three Rivers		2849.05	95			899.7	2849.05	percent of total billed charges	
SPINAL BRACE: LSO MOLDED	L0639	HCPCS	both			2999	1603.7	UHC	Medicaid		946.18	31.55			899.7	2849.05	percent of total billed charges	
SPINAL BRACE: LSO MOLDED	L0639	HCPCS	both			2999	1603.7	UHC	Medicare		1394.52				899.7	2849.05	fee schedule	
SPINAL BRACE: LSO MOLDED	L0639	HCPCS	both			2999	1603.7	Wellcare	Medicaid		946.18	31.55			899.7	2849.05	percent of total billed charges	
SPINAL BRACE: LSO MOLDED	L0639	HCPCS	both			2999	1603.7	Wellcare	Medicare		1394.52				899.7	2849.05	fee schedule	
SPINAL BRACE: LSO MOLDED	L0639	HCPCS	both			2999	1603.7	WellPoint	WellPoint		965.08	32.18			899.7	2849.05	percent of total billed charges	
SPINAL BRACES: CTLSO	L0710	HCPCS	inpatient			5612	2829.69	Aetna	Commercial		2132.56	38			1683.6	5331.4	percent of total billed charges	
SPINAL BRACES: CTLSO	L0710	HCPCS	inpatient			5612	2829.69	Aetna	Better Health		1770.59	31.55			1683.6	5331.4	percent of total billed charges	
SPINAL BRACES: CTLSO	L0710	HCPCS	inpatient			5612	2829.69	Aetna	Medicare		2460.6				1683.6	5331.4	fee schedule	
SPINAL BRACES: CTLSO	L0710	HCPCS	inpatient			5612	2829.69	Americare	Americare		4209	75			1683.6	5331.4	percent of total billed charges	
SPINAL BRACES: CTLSO	L0710	HCPCS	inpatient			5612	2829.69	Amerihealth	Medicare		2460.6				1683.6	5331.4	fee schedule	
SPINAL BRACES: CTLSO	L0710	HCPCS	inpatient			5612	2829.69	Amerihealth	HMO/PPO		3647.8	65			1683.6	5331.4	percent of total billed charges	
SPINAL BRACES: CTLSO	L0710	HCPCS	inpatient			5612	2829.69	Consumer	Consumer		5331.4	95			1683.6	5331.4	percent of total billed charges	
SPINAL BRACES: CTLSO	L0710	HCPCS	inpatient			5612	2829.69	Corrections	Corrections		4489.6	80			1683.6	5331.4	percent of total billed charges	
SPINAL BRACES: CTLSO	L0710	HCPCS	inpatient			5612	2829.69	First Health	First Health		3928.4	70			1683.6	5331.4	percent of total billed charges	
SPINAL BRACES: CTLSO	L0710	HCPCS	inpatient			5612	2829.69	First Trenton	First Trenton		5050.8	90			1683.6	5331.4	percent of total billed charges	
SPINAL BRACES: CTLSO	L0710	HCPCS	inpatient			5612	2829.69	Horizon	MGD		2148.27	38.28			1683.6	5331.4	percent of total billed charges	
SPINAL BRACES: CTLSO	L0710	HCPCS	inpatient			5612	2829.69	Horizon	NJ Health		2244.8	40			1683.6	5331.4	percent of total billed charges	
SPINAL BRACES: CTLSO	L0710	HCPCS	inpatient			5612	2829.69	Horizon	PPO		2148.27	38.28			1683.6	5331.4	percent of total billed charges	
SPINAL BRACES: CTLSO	L0710	HCPCS	inpatient			5612	2829.69	Horizon	Indemnity		2148.27	38.28			1683.6	5331.4	percent of total billed charges	
SPINAL BRACES: CTLSO	L0710	HCPCS	inpatient			5612	2829.69	Horizon	Medicare Blue		1683.6	30			1683.6	5331.4	percent of total billed charges	
SPINAL BRACES: CTLSO	L0710	HCPCS	inpatient			5612	2829.69	Managed Care Inc	Managed Care Inc		5050.8	90			1683.6	5331.4	percent of total billed charges	
SPINAL BRACES: CTLSO	L0710	HCPCS	inpatient			5612	2829.69	Multiplan	Multiplan		4489.6	80			1683.6	5331.4	percent of total billed charges	
SPINAL BRACES: CTLSO	L0710	HCPCS	inpatient			5612	2829.69	Qualcare	Qualcare		2244.8	40			1683.6	5331.4	percent of total billed charges	
SPINAL BRACES: CTLSO	L0710	HCPCS	inpatient			5612	2829.69	Three Rivers	Three Rivers		5331.4	95			1683.6	5331.4	percent of total billed charges	
SPINAL BRACES: CTLSO	L0710	HCPCS	inpatient			5612	2829.69	UHC	Medicare		2460.6				1683.6	5331.4	fee schedule	
SPINAL BRACES: CTLSO	L0710	HCPCS	inpatient			5612	2829.69	UHC	Medicaid		1770.59	31.55			1683.6	5331.4	percent of total billed charges	
SPINAL BRACES: CTLSO	L0710	HCPCS	inpatient			5612	2829.69	Wellcare	Medicaid		1770.59	31.55			1683.6	5331.4	percent of total billed charges	
SPINAL BRACES: CTLSO	L0710	HCPCS	inpatient			5612	2829.69	Wellcare	Medicare		2460.6				1683.6	5331.4	fee schedule	
SPINAL BRACES: CTLSO	L0710	HCPCS	inpatient			5612	2829.69	WellPoint	WellPoint		1805.94	32.18			1683.6	5331.4	percent of total billed charges	
HALLO APPLICATION	L0810	HCPCS	outpatient			7296	3481.95	Aetna	Medicare		3027.78				2188.8	6931.2	fee schedule	
HALLO APPLICATION	L0810	HCPCS	outpatient			7296	3481.95	Aetna	Commercial		2772.48	38			2188.8	6931.2	percent of total billed charges	
HALLO APPLICATION	L0810	HCPCS	outpatient			7296	3481.95	Aetna	Better Health		2301.89	31.55			2188.8	6931.2	percent of total billed charges	
HALLO APPLICATION	L0810	HCPCS	outpatient			7296	3481.95	Americare	Americare		5472	75			2188.8	6931.2	percent of total billed charges	
HALLO APPLICATION	L0810	HCPCS	outpatient			7296	3481.95	Amerihealth	HMO/PPO		4742.4	65			2188.8	6931.2	percent of total billed charges	
HALLO APPLICATION	L0810	HCPCS	outpatient			7296	3481.95	Amerihealth	Medicare		3027.78				2188.8	6931.2	fee schedule	
HALLO APPLICATION	L0810	HCPCS	outpatient			7296	3481.95	Consumer	Consumer		6931.2	95			2188.8	6931.2	percent of total billed charges	
HALLO APPLICATION	L0810	HCPCS	outpatient			7296	3481.95	Corrections	Corrections		5836.8	80			2188.8	6931.2	percent of total billed charges	
HALLO APPLICATION	L0810	HCPCS	outpatient			7296	3481.95	First Health	First Health		5107.2	70			2188.8	6931.2	percent of total billed charges	
HALLO APPLICATION	L0810	HCPCS	outpatient			7296	3481.95	First Trenton	First Trenton		6566.4	90			2188.8	6931.2	percent of total billed charges	
HALLO APPLICATION	L0810	HCPCS	outpatient			7296	3481.95	Horizon	Medicare Blue		2188.8	30			2188.8	6931.2	percent of total billed charges	
HALLO APPLICATION	L0810	HCPCS	outpatient			7296	3481.95	Horizon	MGD		2792.91	38.28			2188.8	6931.2	percent of total billed charges	
HALLO APPLICATION	L0810	HCPCS	outpatient			7296	3481.95	Horizon	Indemnity		2792.91	38.28			2188.8	6931.2	percent of total billed charges	
HALLO APPLICATION	L0810	HCPCS	outpatient			7296	3481.95	Horizon	PPO		2792.91	38.28			2188.8	6931.2	percent of total billed charges	
HALLO APPLICATION	L0810	HCPCS	outpatient			7296	3481.95	Managed Care Inc	Managed Care Inc		6566.4	90			2188.8	6931.2	percent of total billed charges	
HALLO APPLICATION	L0810	HCPCS	outpatient			7296	3481.95	Multiplan	Multiplan		5836.8	80			2188.8	6931.2	percent of total billed charges	
HALLO APPLICATION	L0810	HCPCS	outpatient			7296	3481.95	Qualcare	Qualcare		5472	75			2188.8	6931.2	percent of total billed charges	
HALLO APPLICATION	L0810	HCPCS	outpatient			7296	3481.95	Three Rivers	Three Rivers		6931.2	95			2188.8	6931.2	percent of total billed charges	
HALLO APPLICATION	L0810	HCPCS	outpatient			7296	3481.95	UHC	Medicare		3027.78				2188.8	6931.2	fee schedule	
HALLO APPLICATION	L0810	HCPCS	outpatient			7296	3481.95	UHC	Medicaid		2301.89	31.55			2188.8	6931.2	percent of total billed charges	
HALLO APPLICATION	L0810	HCPCS	outpatient			7296	3481.95	Wellcare	Medicaid		2301.89	31.55			2188.8	6931.2	percent of total billed charges	
HALLO APPLICATION	L0810	HCPCS	outpatient			7296	3481.95	Wellcare	Medicare		3027.78				2188.8	6931.2	fee schedule	
HALLO APPLICATION	L0810	HCPCS	outpatient			7296	3481.95	WellPoint	WellPoint		2347.85	32.18			2188.8	6931.2	percent of total billed charges	
SPINAL BRACES: LS CORSET	L0970	HCPCS	both			330	144.6	Aetna	Commercial		125.4	38			99	313.5	percent of total billed charges	
SPINAL BRACES: LS CORSET	L0970	HCPCS	both			330	144.6	Aetna	Better Health		104.12	31.55			99	313.5	percent of total billed charges	
SPINAL BRACES: LS CORSET	L0970	HCPCS	both			330	144.6	Aetna	Medicare		125.74				99	313.5	fee schedule	
SPINAL BRACES: LS CORSET	L0970	HCPCS	both			330	144.6	Americare	Americare		247.5	75			99	313.5	percent of total billed charges	
SPINAL BRACES: LS CORSET	L0970	HCPCS	both			330	144.6	Amerihealth	Medicare		125.74				99	313.5	fee schedule	
SPINAL BRACES: LS CORSET	L0970	HCPCS	both			330	144.6	Amerihealth	HMO/PPO		214.5	65			99	313.5	percent of total billed charges	
SPINAL BRACES: LS CORSET	L0970	HCPCS	both			330	144.6	Consumer	Consumer		313.5	95			99	313.5	percent of total billed charges	
SPINAL BRACES: LS CORSET	L0970	HCPCS	both			330	144.6	Corrections	Corrections		264	80			99	313.5	percent of total billed charges	
SPINAL BRACES: LS CORSET	L0970	HCPCS	both			330	144.6	First Health	First Health		231	70			99	313.5	percent of total billed charges	
SPINAL BRACES: LS CORSET	L0970	HCPCS	both			330	144.6	First Trenton	First Trenton		297	90			99	313.5	percent of total billed charges	
SPINAL BRACES: LS CORSET	L0970	HCPCS	both			330	144.6	Horizon	Medicare Blue		99	30			99	313.5	percent of total billed charges	
SPINAL BRACES: LS CORSET	L0970	HCPCS	both			330	144.6	Horizon	MGD		126.32	38.28			99	313.5	percent of total billed charges	
SPINAL BRACES: LS CORSET	L0970	HCPCS	both			330	144.6	Horizon	NJ Health		132	40			99	313.5	percent of total billed charges	
SPINAL BRACES: LS CORSET	L0970	HCPCS	both			330	144.6	Horizon	Indemnity		126.32	38.28			99	313.5	percent of total billed charges	
SPINAL BRACES: LS CORSET	L0970	HCPCS	both			330	144.6	Horizon	PPO		126.32	38.28			99	313.5	percent of total billed charges	
SPINAL BRACES: LS CORSET	L0970	HCPCS	both			330	144.6	Managed Care Inc	Managed Care Inc		297	90			99	313.5	percent of total billed charges	
SPINAL BRACES: LS CORSET	L0970	HCPCS	both			330	144.6	Multiplan	Multiplan		264	80			99	313.5	percent of total billed charges	
SPINAL BRACES: LS CORSET	L0970	HCPCS	both			330	144.6	Qualcare	Qualcare		132	40			99	313.5	percent of total billed charges	
SPINAL BRACES: LS CORSET	L0970	HCPCS	both			330	144.6	Three Rivers	Three Rivers		313.5	95			99	313.5	percent of total billed charges	
SPINAL BRACES: LS CORSET	L0970	HCPCS	both			330	144.6	UHC	Medicaid		104.12	31.55			99	313.5	percent of total billed charges	
SPINAL BRACES: LS CORSET	L0970	HCPCS	both			330	144.6	UHC	Medicare		125.74				99	313.5	fee schedule	
SPINAL BRACES: LS CORSET	L0970	HCPCS	both			330	144.6	Wellcare	Medicare		125.74				99	313.5	fee schedule	
SPINAL BRACES: LS CORSET	L0970	HCPCS	both			330	144.6	Wellcare	Medicaid		104.12	31.55			99	313.5	percent of total billed charges	
SPINAL BRACES: LS CORSET	L0970	HCPCS	both			330	144.6	WellPoint	WellPoint		106.19	32.18			99	313.5	percent of total billed charges	
BODY JACKET	L1300	HCPCS	outpatient			6203	2275.59	Aetna	Commercial		2357.14	38			1860.9	5892.85	percent of total billed charges	
BODY JACKET	L1300	HCPCS	outpatient			6203	2275.59	Aetna	Better Health		1957.05	31.55			1860.9	5892.85	percent of total billed charges	
BODY JACKET	L1300	HCPCS	outpatient			6203	2275.59	Aetna	Medicare		1978.77				1860.9	5892.85	fee schedule	
BODY JACKET	L1300	HCPCS	outpatient			6203	2275.59	Americare	Americare		4652.25	75			1860.9	5892.85	percent of total billed charges	
BODY JACKET	L1300	HCPCS	outpatient			6203	2275.59	Amerihealth	Medicare		1978.77				1860.9	5892.85	fee schedule	
BODY JACKET	L1300	HCPCS	outpatient			6203	2275.59	Amerihealth	HMO/PPO		4031.95	65			1860.9	5892.85	percent of total billed charges	
BODY JACKET	L1300	HCPCS	outpatient			6203	2275.59	Consumer	Consumer		5892.85	95			1860.9	5892.85	percent of total billed charges	
BODY JACKET	L1300	HCPCS	outpatient			6203	2275.59	Corrections	Corrections		4962.4	80			1860.9	5892.85	percent of total billed charges	
BODY JACKET	L1300	HCPCS	outpatient			6203	2275.59	First Health	First Health		4342.1	70			1860.9	5892.85	percent of total billed charges	
BODY JACKET	L1300	HCPCS	outpatient			6203	2275.59	First Trenton	First Trenton		5582.7	90			1860.9	5892.85	percent of total billed charges	
BODY JACKET	L1300	HCPCS	outpatient			6203	2275.59	Horizon	Medicare Blue		1860.9	30			1860.9	5892.85	percent of total billed charges	
BODY JACKET	L1300	HCPCS	outpatient			6203	2275.59	Horizon	Indemnity		2374.51	38.28			1860.9	5892.85	percent of total billed charges	
BODY JACKET	L1300	HCPCS	outpatient			6203	2275.59	Horizon	MGD		2374.51	38.28			1860.9	5892.85	percent of total billed charges	
BODY JACKET	L1300	HCPCS	outpatient			6203	2275.59	Horizon	PPO		2374.51	38.28			1860.9	5892.85	percent of total billed charges	
BODY JACKET	L1300	HCPCS	outpatient			6203	2275.59	Managed Care Inc	Managed Care Inc		5582.7	90			1860.9	5892.85	percent of total billed charges	
BODY JACKET	L1300	HCPCS	outpatient			6203	2275.59	Multiplan	Multiplan		4962.4	80			1860.9	5892.85	percent of total billed charges	
BODY JACKET	L1300	HCPCS	outpatient			6203	2275.59	Qualcare	Qualcare		4652.25	75			1860.9	5892.85	percent of total billed charges	
BODY JACKET	L1300	HCPCS	outpatient			6203	2275.59	Three Rivers	Three Rivers		5892.85	95			1860.9	5892.85	percent of total billed charges	
BODY JACKET	L1300	HCPCS	outpatient			6203	2275.59	UHC	Medicaid		1957.05	31.55			1860.9	5892.85	percent of total billed charges	
BODY JACKET	L1300	HCPCS	outpatient			6203	2275.59	UHC	Medicare		1978.77				1860.9	5892.85	fee schedule	
BODY JACKET	L1300	HCPCS	outpatient			6203	2275.59	Wellcare	Medicaid		1957.05	31.55			1860.9	5892.85	percent of total billed charges	
BODY JACKET	L1300	HCPCS	outpatient			6203	2275.59	Wellcare	Medicare		1978.77				1860.9	5892.85	fee schedule	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.													
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true												
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
BODY JACKET	L1300	HCPCS	outpatient			6203	2275.59	WellPoint	WellPoint		1996.13	32.18			1860.9	5892.85	percent of total billed charges	
TRT HIP DISLOC/PAVLIK HARNESS	L1620	HCPCS	outpatient			396.48	174.97	Aetna	Better Health		125.09	31.55			107.7	376.66	percent of total billed charges	
TRT HIP DISLOC/PAVLIK HARNESS	L1620	HCPCS	outpatient			396.48	174.97	Aetna	Medicare		152.15				107.7	376.66	fee schedule	
TRT HIP DISLOC/PAVLIK HARNESS	L1620	HCPCS	outpatient			396.48	174.97	Aetna	Commercial		150.66	38			107.7	376.66	percent of total billed charges	
TRT HIP DISLOC/PAVLIK HARNESS	L1620	HCPCS	outpatient			396.48	174.97	Americare	Americare		297.36	75			107.7	376.66	percent of total billed charges	
TRT HIP DISLOC/PAVLIK HARNESS	L1620	HCPCS	outpatient			396.48	174.97	Amerihealth	Medicare		152.15				107.7	376.66	fee schedule	
TRT HIP DISLOC/PAVLIK HARNESS	L1620	HCPCS	outpatient			396.48	174.97	Amerihealth	HMO/PPO		257.71	65			107.7	376.66	percent of total billed charges	
TRT HIP DISLOC/PAVLIK HARNESS	L1620	HCPCS	outpatient			396.48	174.97	Consumer	Consumer		376.66	95			107.7	376.66	percent of total billed charges	
TRT HIP DISLOC/PAVLIK HARNESS	L1620	HCPCS	outpatient			396.48	174.97	Corrections	Corrections		317.18	80			107.7	376.66	percent of total billed charges	
TRT HIP DISLOC/PAVLIK HARNESS	L1620	HCPCS	outpatient			396.48	174.97	First Health	First Health		277.54	70			107.7	376.66	percent of total billed charges	
TRT HIP DISLOC/PAVLIK HARNESS	L1620	HCPCS	outpatient			396.48	174.97	First Trenton	First Trenton		356.83	90			107.7	376.66	percent of total billed charges	
TRT HIP DISLOC/PAVLIK HARNESS	L1620	HCPCS	outpatient			396.48	174.97	Horizon	Medicare Blue		118.94	30			107.7	376.66	percent of total billed charges	
TRT HIP DISLOC/PAVLIK HARNESS	L1620	HCPCS	outpatient			396.48	174.97	Horizon	Indemnity		151.77	38.28			107.7	376.66	percent of total billed charges	
TRT HIP DISLOC/PAVLIK HARNESS	L1620	HCPCS	outpatient			396.48	174.97	Horizon	MGD		151.77	38.28			107.7	376.66	percent of total billed charges	
TRT HIP DISLOC/PAVLIK HARNESS	L1620	HCPCS	outpatient			396.48	174.97	Horizon	PPO		151.77	38.28			107.7	376.66	percent of total billed charges	
TRT HIP DISLOC/PAVLIK HARNESS	L1620	HCPCS	outpatient			396.48	174.97	Horizon	NJ Health		158.59	40			107.7	376.66	percent of total billed charges	
TRT HIP DISLOC/PAVLIK HARNESS	L1620	HCPCS	outpatient			396.48	174.97	Managed Care Inc	Managed Care Inc		356.83	90			107.7	376.66	percent of total billed charges	
TRT HIP DISLOC/PAVLIK HARNESS	L1620	HCPCS	outpatient			396.48	174.97	Multiplan	Multiplan		317.18	80			107.7	376.66	percent of total billed charges	
TRT HIP DISLOC/PAVLIK HARNESS	L1620	HCPCS	outpatient			396.48	174.97	Qualcare	Qualcare		158.59	40			107.7	376.66	percent of total billed charges	
TRT HIP DISLOC/PAVLIK HARNESS	L1620	HCPCS	outpatient			396.48	174.97	Three Rivers	Three Rivers		376.66	95			107.7	376.66	percent of total billed charges	
TRT HIP DISLOC/PAVLIK HARNESS	L1620	HCPCS	outpatient			396.48	174.97	UHC	Medicaid		125.09	31.55			107.7	376.66	percent of total billed charges	
TRT HIP DISLOC/PAVLIK HARNESS	L1620	HCPCS	outpatient			396.48	174.97	UHC	Medicare		152.15				107.7	376.66	fee schedule	
TRT HIP DISLOC/PAVLIK HARNESS	L1620	HCPCS	outpatient			396.48	174.97	Wellcare	Medicare		152.15				107.7	376.66	fee schedule	
TRT HIP DISLOC/PAVLIK HARNESS	L1620	HCPCS	outpatient			396.48	174.97	Wellcare	Medicaid		125.09	31.55			107.7	376.66	percent of total billed charges	
TRT HIP DISLOC/PAVLIK HARNESS	L1620	HCPCS	outpatient			396.48	174.97	WellPoint	WellPoint		127.59	32.18			107.7	376.66	percent of total billed charges	
HIP ABDUCTION SPLINT	L1680	HCPCS	both			3258.3	1877.38	Aetna	Better Health		1027.99	31.55			884.1	3095.39	percent of total billed charges	
HIP ABDUCTION SPLINT	L1680	HCPCS	both			3258.3	1877.38	Aetna	Medicare		1632.5				884.1	3095.39	fee schedule	
HIP ABDUCTION SPLINT	L1680	HCPCS	both			3258.3	1877.38	Aetna	Commercial		1238.15	38			884.1	3095.39	percent of total billed charges	
HIP ABDUCTION SPLINT	L1680	HCPCS	both			3258.3	1877.38	Americare	Americare		2443.73	75			884.1	3095.39	percent of total billed charges	
HIP ABDUCTION SPLINT	L1680	HCPCS	both			3258.3	1877.38	Amerihealth	Medicare		1632.5				884.1	3095.39	fee schedule	
HIP ABDUCTION SPLINT	L1680	HCPCS	both			3258.3	1877.38	Amerihealth	HMO/PPO		2117.9	65			884.1	3095.39	percent of total billed charges	
HIP ABDUCTION SPLINT	L1680	HCPCS	both			3258.3	1877.38	Consumer	Consumer		3095.39	95			884.1	3095.39	percent of total billed charges	
HIP ABDUCTION SPLINT	L1680	HCPCS	both			3258.3	1877.38	Corrections	Corrections		2606.64	80			884.1	3095.39	percent of total billed charges	
HIP ABDUCTION SPLINT	L1680	HCPCS	both			3258.3	1877.38	First Health	First Health		2280.81	70			884.1	3095.39	percent of total billed charges	
HIP ABDUCTION SPLINT	L1680	HCPCS	both			3258.3	1877.38	First Trenton	First Trenton		2932.47	90			884.1	3095.39	percent of total billed charges	
HIP ABDUCTION SPLINT	L1680	HCPCS	both			3258.3	1877.38	Horizon	Medicare Blue		977.49	30			884.1	3095.39	percent of total billed charges	
HIP ABDUCTION SPLINT	L1680	HCPCS	both			3258.3	1877.38	Horizon	NJ Health		1303.32	40			884.1	3095.39	percent of total billed charges	
HIP ABDUCTION SPLINT	L1680	HCPCS	both			3258.3	1877.38	Horizon	MGD		1247.28	38.28			884.1	3095.39	percent of total billed charges	
HIP ABDUCTION SPLINT	L1680	HCPCS	both			3258.3	1877.38	Horizon	PPO		1247.28	38.28			884.1	3095.39	percent of total billed charges	
HIP ABDUCTION SPLINT	L1680	HCPCS	both			3258.3	1877.38	Horizon	Indemnity		1247.28	38.28			884.1	3095.39	percent of total billed charges	
HIP ABDUCTION SPLINT	L1680	HCPCS	both			3258.3	1877.38	Managed Care Inc	Managed Care Inc		2932.47	90			884.1	3095.39	percent of total billed charges	
HIP ABDUCTION SPLINT	L1680	HCPCS	both			3258.3	1877.38	Multiplan	Multiplan		2606.64	80			884.1	3095.39	percent of total billed charges	
HIP ABDUCTION SPLINT	L1680	HCPCS	both			3258.3	1877.38	Qualcare	Qualcare		1303.32	40			884.1	3095.39	percent of total billed charges	
HIP ABDUCTION SPLINT	L1680	HCPCS	both			3258.3	1877.38	Three Rivers	Three Rivers		3095.39	95			884.1	3095.39	percent of total billed charges	
HIP ABDUCTION SPLINT	L1680	HCPCS	both			3258.3	1877.38	UHC	Medicare		1632.5				884.1	3095.39	fee schedule	
HIP ABDUCTION SPLINT	L1680	HCPCS	both			3258.3	1877.38	UHC	Medicaid		1027.99	31.55			884.1	3095.39	percent of total billed charges	
HIP ABDUCTION SPLINT	L1680	HCPCS	both			3258.3	1877.38	Wellcare	Medicaid		1027.99	31.55			884.1	3095.39	percent of total billed charges	
HIP ABDUCTION SPLINT	L1680	HCPCS	both			3258.3	1877.38	Wellcare	Medicare		1632.5				884.1	3095.39	fee schedule	
HIP ABDUCTION SPLINT	L1680	HCPCS	both			3258.3	1877.38	WellPoint	WellPoint		1048.52	32.18			884.1	3095.39	percent of total billed charges	
KNEE UNIVERSAL 9	L1830	HCPCS	both			362	75.76	Aetna	Medicare		65.88				29.7	343.9	fee schedule	
KNEE UNIVERSAL 9	L1830	HCPCS	both			362	75.76	Aetna	Better Health		114.21	31.55			29.7	343.9	percent of total billed charges	
KNEE UNIVERSAL 9	L1830	HCPCS	both			362	75.76	Aetna	Commercial		137.56	38			29.7	343.9	percent of total billed charges	
KNEE UNIVERSAL 9	L1830	HCPCS	both			362	75.76	Americare	Americare		271.5	75			29.7	343.9	percent of total billed charges	
KNEE UNIVERSAL 9	L1830	HCPCS	both			362	75.76	Amerihealth	Medicare		65.88				29.7	343.9	fee schedule	
KNEE UNIVERSAL 9	L1830	HCPCS	both			362	75.76	Amerihealth	HMO/PPO		235.3	65			29.7	343.9	percent of total billed charges	
KNEE UNIVERSAL 9	L1830	HCPCS	both			362	75.76	Consumer	Consumer		343.9	95			29.7	343.9	percent of total billed charges	
KNEE UNIVERSAL 9	L1830	HCPCS	both			362	75.76	Corrections	Corrections		289.6	80			29.7	343.9	percent of total billed charges	
KNEE UNIVERSAL 9	L1830	HCPCS	both			362	75.76	First Health	First Health		253.4	70			29.7	343.9	percent of total billed charges	
KNEE UNIVERSAL 9	L1830	HCPCS	both			362	75.76	First Trenton	First Trenton		325.8	90			29.7	343.9	percent of total billed charges	
KNEE UNIVERSAL 9	L1830	HCPCS	both			362	75.76	Horizon	Indemnity		138.57	38.28			29.7	343.9	percent of total billed charges	
KNEE UNIVERSAL 9	L1830	HCPCS	both			362	75.76	Horizon	Medicare Blue		108.6	30			29.7	343.9	percent of total billed charges	
KNEE UNIVERSAL 9	L1830	HCPCS	both			362	75.76	Horizon	PPO		138.57	38.28			29.7	343.9	percent of total billed charges	
KNEE UNIVERSAL 9	L1830	HCPCS	both			362	75.76	Horizon	MGD		138.57	38.28			29.7	343.9	percent of total billed charges	
KNEE UNIVERSAL 9	L1830	HCPCS	both			362	75.76	Horizon	NJ Health		144.8	40			29.7	343.9	percent of total billed charges	
KNEE UNIVERSAL 9	L1830	HCPCS	both			362	75.76	Managed Care Inc	Managed Care Inc		325.8	90			29.7	343.9	percent of total billed charges	
KNEE UNIVERSAL 9	L1830	HCPCS	both			362	75.76	Multiplan	Multiplan		289.6	80			29.7	343.9	percent of total billed charges	
KNEE UNIVERSAL 9	L1830	HCPCS	both			362	75.76	Qualcare	Qualcare		144.8	40			29.7	343.9	percent of total billed charges	
KNEE UNIVERSAL 9	L1830	HCPCS	both			362	75.76	Three Rivers	Three Rivers		343.9	95			29.7	343.9	percent of total billed charges	
KNEE UNIVERSAL 9	L1830	HCPCS	both			362	75.76	UHC	Medicare		65.88				29.7	343.9	fee schedule	
KNEE UNIVERSAL 9	L1830	HCPCS	both			362	75.76	UHC	Medicaid		114.21	31.55			29.7	343.9	percent of total billed charges	
KNEE UNIVERSAL 9	L1830	HCPCS	both			362	75.76	Wellcare	Medicare		65.88				29.7	343.9	fee schedule	
KNEE UNIVERSAL 9	L1830	HCPCS	both			362	75.76	Wellcare	Medicaid		114.21	31.55			29.7	343.9	percent of total billed charges	
KNEE UNIVERSAL 9	L1830	HCPCS	both			362	75.76	WellPoint	WellPoint		116.49	32.18			29.7	343.9	percent of total billed charges	
KNEE BRACE	L1831	HCPCS	outpatient			822	396.28	Aetna	Commercial		312.36	38			222.9	780.9	percent of total billed charges	
KNEE BRACE	L1831	HCPCS	outpatient			822	396.28	Aetna	Better Health		259.34	31.55			222.9	780.9	percent of total billed charges	
KNEE BRACE	L1831	HCPCS	outpatient			822	396.28	Aetna	Medicare		344.59				222.9	780.9	fee schedule	
KNEE BRACE	L1831	HCPCS	outpatient			822	396.28	Americare	Americare		616.5	75			222.9	780.9	percent of total billed charges	
KNEE BRACE	L1831	HCPCS	outpatient			822	396.28	Amerihealth	Medicare		344.59				222.9	780.9	fee schedule	
KNEE BRACE	L1831	HCPCS	outpatient			822	396.28	Amerihealth	HMO/PPO		534.3	65			222.9	780.9	percent of total billed charges	
KNEE BRACE	L1831	HCPCS	outpatient			822	396.28	Consumer	Consumer		780.9	95			222.9	780.9	percent of total billed charges	
KNEE BRACE	L1831	HCPCS	outpatient			822	396.28	Corrections	Corrections		657.6	80			222.9	780.9	percent of total billed charges	
KNEE BRACE	L1831	HCPCS	outpatient			822	396.28	First Health	First Health		575.4	70			222.9	780.9	percent of total billed charges	
KNEE BRACE	L1831	HCPCS	outpatient			822	396.28	First Trenton	First Trenton		739.8	90			222.9	780.9	percent of total billed charges	
KNEE BRACE	L1831	HCPCS	outpatient			822	396.28	Horizon	NJ Health		328.8	40			222.9	780.9	percent of total billed charges	
KNEE BRACE	L1831	HCPCS	outpatient			822	396.28	Horizon	Medicare Blue		246.6	30			222.9	780.9	percent of total billed charges	
KNEE BRACE	L1831	HCPCS	outpatient			822	396.28	Horizon	Indemnity		314.66	38.28			222.9	780.9	percent of total billed charges	
KNEE BRACE	L1831	HCPCS	outpatient			822	396.28	Horizon	MGD		314.66	38.28			222.9	780.9	percent of total billed charges	
KNEE BRACE	L1831	HCPCS	outpatient			822	396.28	Horizon	PPO		314.66	38.28			222.9	780.9	percent of total billed charges	
KNEE BRACE	L1831	HCPCS	outpatient			822	396.28	Managed Care Inc	Managed Care Inc		739.8	90			222.9	780.9	percent of total billed charges	
KNEE BRACE	L1831	HCPCS	outpatient			822	396.28	Multiplan	Multiplan		657.6	80			222.9	780.9	percent of total billed charges	
KNEE BRACE	L1831	HCPCS	outpatient			822	396.28	Qualcare	Qualcare		328.8	40			222.9	780.9	percent of total billed charges	
KNEE BRACE	L1831	HCPCS	outpatient			822	396.28	Three Rivers	Three Rivers		780.9	95			222.9	780.9	percent of total billed charges	
KNEE BRACE	L1831	HCPCS	outpatient			822	396.28	UHC	Medicare		344.59				222.9	780.9	fee schedule	
KNEE BRACE	L1831	HCPCS	outpatient			822	396.28	UHC	Medicaid		259.34	31.55			222.9	780.9	percent of total billed charges	
KNEE BRACE	L1831	HCPCS	outpatient			822	396.28	Wellcare	Medicare		344.59				222.9	780.9	fee schedule	
KNEE BRACE	L1831	HCPCS	outpatient			822	396.28	Wellcare	Medicaid		259.34	31.55			222.9	780.9	percent of total billed charges	
KNEE BRACE	L1831	HCPCS	outpatient			822	396.28	WellPoint	WellPoint		264.52	32.18			222.9	780.9	percent of total billed charges	
KNEE RANGE OF MOTION BRACE	L1832	HCPCS	both			2257.71	769.21	Aetna	Medicare		668.88				588.3	2144.82	fee schedule	
KNEE RANGE OF MOTION BRACE	L1832	HCPCS	both			2257.71	769.21	Aetna	Better Health		712.31	31.55			588.3	2144.82	percent of total billed charges	
KNEE RANGE OF MOTION BRACE	L1832	HCPCS	both			2257.71	769.21	Aetna	Commercial		857.93	38			588.3	2144.82	percent of total billed charges	
KNEE RANGE OF MOTION BRACE	L1832	HCPCS	both			2257.71	769.21	Americare	Americare		1693.28	75			588.3	2144.82	percent of total billed charges	
KNEE RANGE OF MOTION BRACE	L1832	HCPCS	both			2257.71	769.21	Amerihealth	Medicare		668.88				588.3	2144.82	fee schedule	
KNEE RANGE OF MOTION BRACE	L1832	HCPCS	both			2257.71	769.21	Amerihealth	HMO/PPO		1467.51	65			588.3	2144.82	percent of total billed charges	
KNEE RANGE OF MOTION BRACE	L1832	HCPCS	both			2257.71	769.21	Consumer	Consumer		2144.82	95			588.3	2144.82	percent of total billed charges	
KNEE RANGE OF MOTION BRACE	L1832	HCPCS	both			2257.71	769.21	Corrections	Corrections		1806.17	80			588.3	2144.82	percent of total billed charges	
KNEE RANGE OF MOTION BRACE	L1832	HCPCS	both			2257.71	769.21	First Health	First Health		1580.4	70			588.3	2144.82	percent of total billed charges	
KNEE RANGE OF MOTION BRACE	L1832	HCPCS	both			2257.71	769.21	First Trenton	First Trenton		2031.94	90			588.3	2144.82	percent of total billed charges	
KNEE RANGE OF MOTION BRACE	L1832	HCPCS	both			2257.71	769.21	Horizon	Medicare Blue		677.31	30			588.3	2144.82	percent of total billed charges	
KNEE RANGE OF MOTION BRACE	L1832	HCPCS	both			2257.71	769.21	Horizon	PPO		864.25	38.28			588.3	2144.82	percent of total billed charges	
KNEE RANGE OF MOTION BRACE	L1832	HCPCS	both			2257.71	769.21	Horizon	MGD		864.25	38.28			588.3	2144.82	percent of total billed charges	
KNEE RANGE OF MOTION BRACE	L1832	HCPCS	both			2257.71	769.21	Horizon	Indemnity		864.25	38.28			588.3	2144.82	percent of total billed charges	
KNEE RANGE OF MOTION BRACE	L1832	HCPCS	both			2257.71	769.21	Horizon	NJ Health		903.08	40			588.3	2144.82	percent of total billed charges	
KNEE RANGE OF MOTION BRACE	L1832	HCPCS	both			2257.71	769.21	Managed Care Inc	Managed Care Inc		2031.94	90			588.3	2144.82	percent of total billed charges	
KNEE RANGE OF MOTION BRACE	L1832	HCPCS	both			2257.71	769.21	Multiplan	Multiplan		1806.17	80			588.3	2144.82	percent of total billed charges	
KNEE RANGE OF MOTION BRACE	L1832	HCPCS	both			2257.71	769.21	Qualcare	Qualcare		903.08	40			588.3	2144.82	percent of total billed charges	
KNEE RANGE OF MOTION BRACE	L1832	HCPCS	both			2257.71	769.21	Three Rivers	Three Rivers		2144.82	95			588.3	2144.82	percent of total billed charges	
KNEE RANGE OF MOTION BRACE	L1832	HCPCS	both			2257.71	769.21	UHC	Medicare		668.88				588.3	2144.82	fee schedule	
KNEE RANGE OF MOTION BRACE	L1832	HCPCS	both			2257.71	769.21	UHC	Medicaid		712.31	31.55			588.3	2144.82	percent of total billed charges	
KNEE RANGE OF MOTION BRACE	L1832	HCPCS	both			2257.71	769.21	Wellcare	Medicare		668.88				588.3	2144.82	fee schedule	
KNEE RANGE OF MOTION BRACE	L1832	HCPCS	both			2257.71	769.21	Wellcare	Medicaid		712.31	31.55			588.3	2144.82	percent of total billed charges	
KNEE RANGE OF MOTION BRACE	L1832	HCPCS	both			2257.71	769.21	WellPoint	WellPoint		726.53	32.18			588.3	2144.82	percent of total billed charges	
T SCOPE PREMIER	L1833	HCPCS	both			2257.71	545.77	Aetna	Better Health		712.31	31.55			474.58	2144.82	percent of total billed charges	
T SCOPE PREMIER	L1833	HCPCS	both			2257.71	545.77	Aetna	Medicare		474.58				474.58	2144.82	fee schedule	
T SCOPE PREMIER	L1833	HCPCS	both			2257.71	545.77	Aetna	Commercial		857.93	38			474.58	2144.82	percent of total billed charges	
T SCOPE PREMIER	L1833	HCPCS	both			2257.71	545.77	Americare	Americare		1693.28	75			474.58	2144.82	percent of total billed charges	
T SCOPE PREMIER	L1833	HCPCS	both			2257.71	545.77	Amerihealth	HMO/PPO		1467.51	65			474.58	2144.82	percent of total billed charges	
T SCOPE PREMIER	L1833	HCPCS	both			2257.71	545.77	Amerihealth	Medicare		474.58				474.58	2144.82	fee schedule	
T SCOPE PREMIER	L1833	HCPCS	both			2257.71	545.77	Consumer	Consumer		2144.82	95			474.58	2144.82	percent of total billed charges	
T SCOPE PREMIER	L1833	HCPCS	both			2257.71	545.77	Corrections	Corrections		1806.17	80			474.58	2144.82	percent of total billed charges	
T SCOPE PREMIER	L1833	HCPCS	both			2257.71	545.77	First Health	First Health		1580.4	70			474.58	2144.82	percent of total billed charges	
T SCOPE PREMIER	L1833	HCPCS	both			2257.71	545.77	First Trenton	First Trenton		2031.94	90			474.58	2144.82	percent of total billed charges	
T SCOPE PREMIER	L1833	HCPCS	both			2257.71	545.77	Horizon	Medicare Blue		677.31	30			474.58	2144.82	percent of total billed charges	
T SCOPE PREMIER	L1833	HCPCS	both			2257.71	545.77	Horizon	Indemnity		864.25	38.28			474.58	2144.82	percent of total billed charges	
T SCOPE PREMIER	L1833	HCPCS	both			2257.71	545.77	Horizon	MGD		864.25	38.28			474.58	2144.82	percent of total billed charges	
T SCOPE PREMIER	L1833	HCPCS	both			2257.71	545.77	Horizon	NJ Health		903.08	40			474.58	2144.82	percent of total billed charges	
T SCOPE PREMIER	L1833	HCPCS	both			2257.71	545.77	Horizon	PPO		864.25	38.28			474.58	2144.82	percent of total billed charges	
T SCOPE PREMIER	L1833	HCPCS	both			2257.71	545.77	Managed Care Inc	Managed Care Inc		2031.94	90			474.58	2144.82	percent of total billed charges	
T SCOPE PREMIER	L1833	HCPCS	both			2257.71	545.77	Multiplan	Multiplan		1806.17	80			474.58	2144.82	percent of total billed charges	
T SCOPE PREMIER	L1833	HCPCS	both			2257.71	545.77	Qualcare	Qualcare		903.08	40			474.58	2144.82	percent of total billed charges	
T SCOPE PREMIER	L1833	HCPCS	both			2257.71	545.77	Three Rivers	Three Rivers		2144.82	95			474.58	2144.82	percent of total billed charges	
T SCOPE PREMIER	L1833	HCPCS	both			2257.71	545.77	UHC	Medicare		474.58				474.58	2144.82	fee schedule	
T SCOPE PREMIER	L1833	HCPCS	both			2257.71	545.77	UHC	Medicaid		712.31	31.55			474.58	2144.82	percent of total billed charges	
T SCOPE PREMIER	L1833	HCPCS	both			2257.71	545.77	Wellcare	Medicaid		712.31	31.55			474.58	2144.82	percent of total billed charges	
T SCOPE PREMIER	L1833	HCPCS	both			2257.71	545.77	Wellcare	Medicare		474.58				474.58	2144.82	fee schedule	
T SCOPE PREMIER	L1833	HCPCS	both			2257.71	545.77	WellPoint	WellPoint		726.53	32.18			474.58	2144.82	percent of total billed charges	
KNEE BRACE	L1845	HCPCS	both			2861	1034.13	Aetna	Better Health		902.65	31.55			858.3	2717.95	percent of total billed charges	
KNEE BRACE	L1845	HCPCS	both			2861	1034.13	Aetna	Medicare		899.24				858.3	2717.95	fee schedule	
KNEE BRACE	L1845	HCPCS	both			2861	1034.13	Aetna	Commercial		1087.18	38			858.3	2717.95	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.												
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true												
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
KNEE BRACE	L1845	HCPCS	both			2861	1034.13	Americare	Americare		2145.75	75			858.3	2717.95	percent of total billed charges	
KNEE BRACE	L1845	HCPCS	both			2861	1034.13	Amerihealth	HMO/PPO		1859.65	65			858.3	2717.95	percent of total billed charges	
KNEE BRACE	L1845	HCPCS	both			2861	1034.13	Amerihealth	Medicare		899.24				858.3	2717.95	fee schedule	
KNEE BRACE	L1845	HCPCS	both			2861	1034.13	Consumer	Consumer		2717.95	95			858.3	2717.95	percent of total billed charges	
KNEE BRACE	L1845	HCPCS	both			2861	1034.13	Corrections	Corrections		2288.8	80			858.3	2717.95	percent of total billed charges	
KNEE BRACE	L1845	HCPCS	both			2861	1034.13	First Health	First Health		2002.7	70			858.3	2717.95	percent of total billed charges	
KNEE BRACE	L1845	HCPCS	both			2861	1034.13	First Trenton	First Trenton		2574.9	90			858.3	2717.95	percent of total billed charges	
KNEE BRACE	L1845	HCPCS	both			2861	1034.13	Horizon	MGD		1095.19	38.28			858.3	2717.95	percent of total billed charges	
KNEE BRACE	L1845	HCPCS	both			2861	1034.13	Horizon	Indemnity		1095.19	38.28			858.3	2717.95	percent of total billed charges	
KNEE BRACE	L1845	HCPCS	both			2861	1034.13	Horizon	PPO		1095.19	38.28			858.3	2717.95	percent of total billed charges	
KNEE BRACE	L1845	HCPCS	both			2861	1034.13	Horizon	Medicare Blue		858.3	30			858.3	2717.95	percent of total billed charges	
KNEE BRACE	L1845	HCPCS	both			2861	1034.13	Horizon	NJ Health		1144.4	40			858.3	2717.95	percent of total billed charges	
KNEE BRACE	L1845	HCPCS	both			2861	1034.13	Managed Care Inc	Managed Care Inc		2574.9	90			858.3	2717.95	percent of total billed charges	
KNEE BRACE	L1845	HCPCS	both			2861	1034.13	Multiplan	Multiplan		2288.8	80			858.3	2717.95	percent of total billed charges	
KNEE BRACE	L1845	HCPCS	both			2861	1034.13	Qualcare	Qualcare		1144.4	40			858.3	2717.95	percent of total billed charges	
KNEE BRACE	L1845	HCPCS	both			2861	1034.13	Three Rivers	Three Rivers		2717.95	95			858.3	2717.95	percent of total billed charges	
KNEE BRACE	L1845	HCPCS	both			2861	1034.13	UHC	Medicaid		902.65	31.55			858.3	2717.95	percent of total billed charges	
KNEE BRACE	L1845	HCPCS	both			2861	1034.13	UHC	Medicare		899.24				858.3	2717.95	fee schedule	
KNEE BRACE	L1845	HCPCS	both			2861	1034.13	Wellcare	Medicare		899.24				858.3	2717.95	fee schedule	
KNEE BRACE	L1845	HCPCS	both			2861	1034.13	Wellcare	Medicaid		902.65	31.55			858.3	2717.95	percent of total billed charges	
KNEE BRACE	L1845	HCPCS	both			2861	1034.13	WellPoint	WellPoint		920.67	32.18			858.3	2717.95	percent of total billed charges	
ANKLE STIR-UP SPLINTS	L1906	HCPCS	outpatient			325	152.16	Aetna	Medicare		132.31				88.2	308.75	fee schedule	
ANKLE STIR-UP SPLINTS	L1906	HCPCS	outpatient			325	152.16	Aetna	Better Health		102.54	31.55			88.2	308.75	percent of total billed charges	
ANKLE STIR-UP SPLINTS	L1906	HCPCS	outpatient			325	152.16	Aetna	Commercial		123.5	38			88.2	308.75	percent of total billed charges	
ANKLE STIR-UP SPLINTS	L1906	HCPCS	outpatient			325	152.16	Americare	Americare		243.75	75			88.2	308.75	percent of total billed charges	
ANKLE STIR-UP SPLINTS	L1906	HCPCS	outpatient			325	152.16	Amerihealth	Medicare		132.31				88.2	308.75	fee schedule	
ANKLE STIR-UP SPLINTS	L1906	HCPCS	outpatient			325	152.16	Amerihealth	HMO/PPO		211.25	65			88.2	308.75	percent of total billed charges	
ANKLE STIR-UP SPLINTS	L1906	HCPCS	outpatient			325	152.16	Consumer	Consumer		308.75	95			88.2	308.75	percent of total billed charges	
ANKLE STIR-UP SPLINTS	L1906	HCPCS	outpatient			325	152.16	Corrections	Corrections		260	80			88.2	308.75	percent of total billed charges	
ANKLE STIR-UP SPLINTS	L1906	HCPCS	outpatient			325	152.16	First Health	First Health		227.5	70			88.2	308.75	percent of total billed charges	
ANKLE STIR-UP SPLINTS	L1906	HCPCS	outpatient			325	152.16	First Trenton	First Trenton		292.5	90			88.2	308.75	percent of total billed charges	
ANKLE STIR-UP SPLINTS	L1906	HCPCS	outpatient			325	152.16	Horizon	MGD		124.41	38.28			88.2	308.75	percent of total billed charges	
ANKLE STIR-UP SPLINTS	L1906	HCPCS	outpatient			325	152.16	Horizon	Indemnity		124.41	38.28			88.2	308.75	percent of total billed charges	
ANKLE STIR-UP SPLINTS	L1906	HCPCS	outpatient			325	152.16	Horizon	Medicare Blue		97.5	30			88.2	308.75	percent of total billed charges	
ANKLE STIR-UP SPLINTS	L1906	HCPCS	outpatient			325	152.16	Horizon	PPO		124.41	38.28			88.2	308.75	percent of total billed charges	
ANKLE STIR-UP SPLINTS	L1906	HCPCS	outpatient			325	152.16	Horizon	NJ Health		130	40			88.2	308.75	percent of total billed charges	
ANKLE STIR-UP SPLINTS	L1906	HCPCS	outpatient			325	152.16	Managed Care Inc	Managed Care Inc		292.5	90			88.2	308.75	percent of total billed charges	
ANKLE STIR-UP SPLINTS	L1906	HCPCS	outpatient			325	152.16	Multiplan	Multiplan		260	80			88.2	308.75	percent of total billed charges	
ANKLE STIR-UP SPLINTS	L1906	HCPCS	outpatient			325	152.16	Qualcare	Qualcare		130	40			88.2	308.75	percent of total billed charges	
ANKLE STIR-UP SPLINTS	L1906	HCPCS	outpatient			325	152.16	Three Rivers	Three Rivers		308.75	95			88.2	308.75	percent of total billed charges	
ANKLE STIR-UP SPLINTS	L1906	HCPCS	outpatient			325	152.16	UHC	Medicare		132.31				88.2	308.75	fee schedule	
ANKLE STIR-UP SPLINTS	L1906	HCPCS	outpatient			325	152.16	UHC	Medicaid		102.54	31.55			88.2	308.75	percent of total billed charges	
ANKLE STIR-UP SPLINTS	L1906	HCPCS	outpatient			325	152.16	Wellcare	Medicaid		102.54	31.55			88.2	308.75	percent of total billed charges	
ANKLE STIR-UP SPLINTS	L1906	HCPCS	outpatient			325	152.16	Wellcare	Medicare		132.31				88.2	308.75	fee schedule	
ANKLE STIR-UP SPLINTS	L1906	HCPCS	outpatient			325	152.16	WellPoint	WellPoint		104.59	32.18			88.2	308.75	percent of total billed charges	
NIGHT SPLINTS	L1930	HCPCS	both			659	349.83	Aetna	Commercial		250.42	38			171.6	626.05	percent of total billed charges	
NIGHT SPLINTS	L1930	HCPCS	both			659	349.83	Aetna	Better Health		207.91	31.55			171.6	626.05	percent of total billed charges	
NIGHT SPLINTS	L1930	HCPCS	both			659	349.83	Aetna	Medicare		304.2				171.6	626.05	fee schedule	
NIGHT SPLINTS	L1930	HCPCS	both			659	349.83	Americare	Americare		494.25	75			171.6	626.05	percent of total billed charges	
NIGHT SPLINTS	L1930	HCPCS	both			659	349.83	Amerihealth	HMO/PPO		428.35	65			171.6	626.05	percent of total billed charges	
NIGHT SPLINTS	L1930	HCPCS	both			659	349.83	Amerihealth	Medicare		304.2				171.6	626.05	fee schedule	
NIGHT SPLINTS	L1930	HCPCS	both			659	349.83	Consumer	Consumer		626.05	95			171.6	626.05	percent of total billed charges	
NIGHT SPLINTS	L1930	HCPCS	both			659	349.83	Corrections	Corrections		527.2	80			171.6	626.05	percent of total billed charges	
NIGHT SPLINTS	L1930	HCPCS	both			659	349.83	First Health	First Health		461.3	70			171.6	626.05	percent of total billed charges	
NIGHT SPLINTS	L1930	HCPCS	both			659	349.83	First Trenton	First Trenton		593.1	90			171.6	626.05	percent of total billed charges	
NIGHT SPLINTS	L1930	HCPCS	both			659	349.83	Horizon	MGD		252.27	38.28			171.6	626.05	percent of total billed charges	
NIGHT SPLINTS	L1930	HCPCS	both			659	349.83	Horizon	Indemnity		252.27	38.28			171.6	626.05	percent of total billed charges	
NIGHT SPLINTS	L1930	HCPCS	both			659	349.83	Horizon	NJ Health		263.6	40			171.6	626.05	percent of total billed charges	
NIGHT SPLINTS	L1930	HCPCS	both			659	349.83	Horizon	Medicare Blue		197.7	30			171.6	626.05	percent of total billed charges	
NIGHT SPLINTS	L1930	HCPCS	both			659	349.83	Horizon	PPO		252.27	38.28			171.6	626.05	percent of total billed charges	
NIGHT SPLINTS	L1930	HCPCS	both			659	349.83	Managed Care Inc	Managed Care Inc		593.1	90			171.6	626.05	percent of total billed charges	
NIGHT SPLINTS	L1930	HCPCS	both			659	349.83	Multiplan	Multiplan		527.2	80			171.6	626.05	percent of total billed charges	
NIGHT SPLINTS	L1930	HCPCS	both			659	349.83	Qualcare	Qualcare		263.6	40			171.6	626.05	percent of total billed charges	
NIGHT SPLINTS	L1930	HCPCS	both			659	349.83	Three Rivers	Three Rivers		626.05	95			171.6	626.05	percent of total billed charges	
NIGHT SPLINTS	L1930	HCPCS	both			659	349.83	UHC	Medicaid		207.91	31.55			171.6	626.05	percent of total billed charges	
NIGHT SPLINTS	L1930	HCPCS	both			659	349.83	UHC	Medicare		304.2				171.6	626.05	fee schedule	
NIGHT SPLINTS	L1930	HCPCS	both			659	349.83	Wellcare	Medicare		304.2				171.6	626.05	fee schedule	
NIGHT SPLINTS	L1930	HCPCS	both			659	349.83	Wellcare	Medicaid		207.91	31.55			171.6	626.05	percent of total billed charges	
NIGHT SPLINTS	L1930	HCPCS	both			659	349.83	WellPoint	WellPoint		212.07	32.18			171.6	626.05	percent of total billed charges	
ANKLE FOOT ORTHOSIS: CUSTOM	L1940	HCPCS	inpatient			975	685.19	Aetna	Commercial		370.5	38			292.5	926.25	percent of total billed charges	
ANKLE FOOT ORTHOSIS: CUSTOM	L1940	HCPCS	inpatient			975	685.19	Aetna	Better Health		307.61	31.55			292.5	926.25	percent of total billed charges	
ANKLE FOOT ORTHOSIS: CUSTOM	L1940	HCPCS	inpatient			975	685.19	Aetna	Medicare		595.82				292.5	926.25	fee schedule	
ANKLE FOOT ORTHOSIS: CUSTOM	L1940	HCPCS	inpatient			975	685.19	Americare	Americare		731.25	75			292.5	926.25	percent of total billed charges	
ANKLE FOOT ORTHOSIS: CUSTOM	L1940	HCPCS	inpatient			975	685.19	Amerihealth	Medicare		595.82				292.5	926.25	fee schedule	
ANKLE FOOT ORTHOSIS: CUSTOM	L1940	HCPCS	inpatient			975	685.19	Amerihealth	HMO/PPO		633.75	65			292.5	926.25	percent of total billed charges	
ANKLE FOOT ORTHOSIS: CUSTOM	L1940	HCPCS	inpatient			975	685.19	Consumer	Consumer		926.25	95			292.5	926.25	percent of total billed charges	
ANKLE FOOT ORTHOSIS: CUSTOM	L1940	HCPCS	inpatient			975	685.19	Corrections	Corrections		780	80			292.5	926.25	percent of total billed charges	
ANKLE FOOT ORTHOSIS: CUSTOM	L1940	HCPCS	inpatient			975	685.19	First Health	First Health		682.5	70			292.5	926.25	percent of total billed charges	
ANKLE FOOT ORTHOSIS: CUSTOM	L1940	HCPCS	inpatient			975	685.19	First Trenton	First Trenton		877.5	90			292.5	926.25	percent of total billed charges	
ANKLE FOOT ORTHOSIS: CUSTOM	L1940	HCPCS	inpatient			975	685.19	Horizon	Indemnity		373.23	38.28			292.5	926.25	percent of total billed charges	
ANKLE FOOT ORTHOSIS: CUSTOM	L1940	HCPCS	inpatient			975	685.19	Horizon	Medicare Blue		292.5	30			292.5	926.25	percent of total billed charges	
ANKLE FOOT ORTHOSIS: CUSTOM	L1940	HCPCS	inpatient			975	685.19	Horizon	NJ Health		390	40			292.5	926.25	percent of total billed charges	
ANKLE FOOT ORTHOSIS: CUSTOM	L1940	HCPCS	inpatient			975	685.19	Horizon	MGD		373.23	38.28			292.5	926.25	percent of total billed charges	
ANKLE FOOT ORTHOSIS: CUSTOM	L1940	HCPCS	inpatient			975	685.19	Horizon	PPO		373.23	38.28			292.5	926.25	percent of total billed charges	
ANKLE FOOT ORTHOSIS: CUSTOM	L1940	HCPCS	inpatient			975	685.19	Managed Care Inc	Managed Care Inc		877.5	90			292.5	926.25	percent of total billed charges	
ANKLE FOOT ORTHOSIS: CUSTOM	L1940	HCPCS	inpatient			975	685.19	Multiplan	Multiplan		780	80			292.5	926.25	percent of total billed charges	
ANKLE FOOT ORTHOSIS: CUSTOM	L1940	HCPCS	inpatient			975	685.19	Qualcare	Qualcare		390	40			292.5	926.25	percent of total billed charges	
ANKLE FOOT ORTHOSIS: CUSTOM	L1940	HCPCS	inpatient			975	685.19	Three Rivers	Three Rivers		926.25	95			292.5	926.25	percent of total billed charges	
ANKLE FOOT ORTHOSIS: CUSTOM	L1940	HCPCS	inpatient			975	685.19	UHC	Medicaid		307.61	31.55			292.5	926.25	percent of total billed charges	
ANKLE FOOT ORTHOSIS: CUSTOM	L1940	HCPCS	inpatient			975	685.19	UHC	Medicare		595.82				292.5	926.25	fee schedule	
ANKLE FOOT ORTHOSIS: CUSTOM	L1940	HCPCS	inpatient			975	685.19	Wellcare	Medicare		595.82				292.5	926.25	fee schedule	
ANKLE FOOT ORTHOSIS: CUSTOM	L1940	HCPCS	inpatient			975	685.19	Wellcare	Medicaid		307.61	31.55			292.5	926.25	percent of total billed charges	
ANKLE FOOT ORTHOSIS: CUSTOM	L1940	HCPCS	inpatient			975	685.19	WellPoint	WellPoint		313.76	32.18			292.5	926.25	percent of total billed charges	
SINGLE CLAMP BAR 9 IN.	L1980	HCPCS	outpatient			1147.35	515.07	Aetna	Better Health		361.99	31.55			298.8	1089.98	percent of total billed charges	
SINGLE CLAMP BAR 9 IN.	L1980	HCPCS	outpatient			1147.35	515.07	Aetna	Medicare		447.89				298.8	1089.98	fee schedule	
SINGLE CLAMP BAR 9 IN.	L1980	HCPCS	outpatient			1147.35	515.07	Aetna	Commercial		435.99	38			298.8	1089.98	percent of total billed charges	
SINGLE CLAMP BAR 9 IN.	L1980	HCPCS	outpatient			1147.35	515.07	Americare	Americare		860.51	75			298.8	1089.98	percent of total billed charges	
SINGLE CLAMP BAR 9 IN.	L1980	HCPCS	outpatient			1147.35	515.07	Amerihealth	HMO/PPO		745.78	65			298.8	1089.98	percent of total billed charges	
SINGLE CLAMP BAR 9 IN.	L1980	HCPCS	outpatient			1147.35	515.07	Amerihealth	Medicare		447.89				298.8	1089.98	fee schedule	
SINGLE CLAMP BAR 9 IN.	L1980	HCPCS	outpatient			1147.35	515.07	Consumer	Consumer		1089.98	95			298.8	1089.98	percent of total billed charges	
SINGLE CLAMP BAR 9 IN.	L1980	HCPCS	outpatient			1147.35	515.07	Corrections	Corrections		917.88	80			298.8	1089.98	percent of total billed charges	
SINGLE CLAMP BAR 9 IN.	L1980	HCPCS	outpatient			1147.35	515.07	First Health	First Health		803.15	70			298.8	1089.98	percent of total billed charges	
SINGLE CLAMP BAR 9 IN.	L1980	HCPCS	outpatient			1147.35	515.07	First Trenton	First Trenton		1032.62	90			298.8	1089.98	percent of total billed charges	
SINGLE CLAMP BAR 9 IN.	L1980	HCPCS	outpatient			1147.35	515.07	Horizon	MGD		439.21	38.28			298.8	1089.98	percent of total billed charges	
SINGLE CLAMP BAR 9 IN.	L1980	HCPCS	outpatient			1147.35	515.07	Horizon	Medicare Blue		344.21	30			298.8	1089.98	percent of total billed charges	
SINGLE CLAMP BAR 9 IN.	L1980	HCPCS	outpatient			1147.35	515.07	Horizon	Indemnity		439.21	38.28			298.8	1089.98	percent of total billed charges	
SINGLE CLAMP BAR 9 IN.	L1980	HCPCS	outpatient			1147.35	515.07	Horizon	PPO		439.21	38.28			298.8	1089.98	percent of total billed charges	
SINGLE CLAMP BAR 9 IN.	L1980	HCPCS	outpatient			1147.35	515.07	Managed Care Inc	Managed Care Inc		1032.62	90			298.8	1089.98	percent of total billed charges	
SINGLE CLAMP BAR 9 IN.	L1980	HCPCS	outpatient			1147.35	515.07	Multiplan	Multiplan		917.88	80			298.8	1089.98	percent of total billed charges	
SINGLE CLAMP BAR 9 IN.	L1980	HCPCS	outpatient			1147.35	515.07	Qualcare	Qualcare		860.51	75			298.8	1089.98	percent of total billed charges	
SINGLE CLAMP BAR 9 IN.	L1980	HCPCS	outpatient			1147.35	515.07	Three Rivers	Three Rivers		1089.98	95			298.8	1089.98	percent of total billed charges	
SINGLE CLAMP BAR 9 IN.	L1980	HCPCS	outpatient			1147.35	515.07	UHC	Medicaid		361.99	31.55			298.8	1089.98	percent of total billed charges	
SINGLE CLAMP BAR 9 IN.	L1980	HCPCS	outpatient			1147.35	515.07	UHC	Medicare		447.89				298.8	1089.98	fee schedule	
SINGLE CLAMP BAR 9 IN.	L1980	HCPCS	outpatient			1147.35	515.07	Wellcare	Medicare		447.89				298.8	1089.98	fee schedule	
SINGLE CLAMP BAR 9 IN.	L1980	HCPCS	outpatient			1147.35	515.07	Wellcare	Medicaid		361.99	31.55			298.8	1089.98	percent of total billed charges	
SINGLE CLAMP BAR 9 IN.	L1980	HCPCS	outpatient			1147.35	515.07	WellPoint	WellPoint		369.22	32.18			298.8	1089.98	percent of total billed charges	
HIP ABD W/KAFO	L2036	HCPCS	inpatient			6615	2347.38	Aetna	Better Health		2087.03	31.55			1984.5	6284.25	percent of total billed charges	
HIP ABD W/KAFO	L2036	HCPCS	inpatient			6615	2347.38	Aetna	Medicare		2041.2				1984.5	6284.25	fee schedule	
HIP ABD W/KAFO	L2036	HCPCS	inpatient			6615	2347.38	Aetna	Commercial		2513.7	38			1984.5	6284.25	percent of total billed charges	
HIP ABD W/KAFO	L2036	HCPCS	inpatient			6615	2347.38	Americare	Americare		4961.25	75			1984.5	6284.25	percent of total billed charges	
HIP ABD W/KAFO	L2036	HCPCS	inpatient			6615	2347.38	Amerihealth	Medicare		2041.2				1984.5	6284.25	fee schedule	
HIP ABD W/KAFO	L2036	HCPCS	inpatient			6615	2347.38	Amerihealth	HMO/PPO		4299.75	65			1984.5	6284.25	percent of total billed charges	
HIP ABD W/KAFO	L2036	HCPCS	inpatient			6615	2347.38	Consumer	Consumer		6284.25	95			1984.5	6284.25	percent of total billed charges	
HIP ABD W/KAFO	L2036	HCPCS	inpatient			6615	2347.38	Corrections	Corrections		5292	80			1984.5	6284.25	percent of total billed charges	
HIP ABD W/KAFO	L2036	HCPCS	inpatient			6615	2347.38	First Health	First Health		4630.5	70			1984.5	6284.25	percent of total billed charges	
HIP ABD W/KAFO	L2036	HCPCS	inpatient			6615	2347.38	First Trenton	First Trenton		5953.5	90			1984.5	6284.25	percent of total billed charges	
HIP ABD W/KAFO	L2036	HCPCS	inpatient			6615	2347.38	Horizon	MGD		2532.22	38.28			1984.5	6284.25	percent of total billed charges	
HIP ABD W/KAFO	L2036	HCPCS	inpatient			6615	2347.38	Horizon	Indemnity		2532.22	38.28			1984.5	6284.25	percent of total billed charges	
HIP ABD W/KAFO	L2036	HCPCS	inpatient			6615	2347.38	Horizon	NJ Health		2646	40			1984.5	6284.25	percent of total billed charges	
HIP ABD W/KAFO	L2036	HCPCS	inpatient			6615	2347.38	Horizon	Medicare Blue		1984.5	30			1984.5	6284.25	percent of total billed charges	
HIP ABD W/KAFO	L2036	HCPCS	inpatient			6615	2347.38	Horizon	PPO		2532.22	38.28			1984.5	6284.25	percent of total billed charges	
HIP ABD W/KAFO	L2036	HCPCS	inpatient			6615	2347.38	Managed Care Inc	Managed Care Inc		5953.5	90			1984.5	6284.25	percent of total billed charges	
HIP ABD W/KAFO	L2036	HCPCS	inpatient			6615	2347.38	Multiplan	Multiplan		5292	80			1984.5	6284.25	percent of total billed charges	
HIP ABD W/KAFO	L2036	HCPCS	inpatient			6615	2347.38	Qualcare	Qualcare		2646	40			1984.5	6284.25	percent of total billed charges	
HIP ABD W/KAFO	L2036	HCPCS	inpatient			6615	2347.38	Three Rivers	Three Rivers		6284.25	95			1984.5	6284.25	percent of total billed charges	
HIP ABD W/KAFO	L2036	HCPCS	inpatient			6615	2347.38	UHC	Medicaid		2087.03	31.55			1984.5	6284.25	percent of total billed charges	
HIP ABD W/KAFO	L2036	HCPCS	inpatient			6615	2347.38	UHC	Medicare		2041.2				1984.5	6284.25	fee schedule	
HIP ABD W/KAFO	L2036	HCPCS	inpatient			6615	2347.38	Wellcare	Medicare		2041.2				1984.5	6284.25	fee schedule	
HIP ABD W/KAFO	L2036	HCPCS	inpatient			6615	2347.38	Wellcare	Medicaid		2087.03	31.55			1984.5	6284.25	percent of total billed charges	
HIP ABD W/KAFO	L2036	HCPCS	inpatient			6615	2347.38	WellPoint	WellPoint		2128.71	32.18			1984.5	6284.25	percent of total billed charges	
WALKING BOOT	L2114	HCPCS	both			2154	775.81	Aetna	Commercial		818.52	38			561.3	2046.3	percent of total billed charges	
WALKING BOOT	L2114	HCPCS	both			2154	775.81	Aetna	Better Health		679.59	31.55			561.3	2046.3	percent of total billed charges	
WALKING BOOT	L2114	HCPCS	both			2154	775.81	Aetna	Medicare		674.62				561.3	2046.3	fee schedule	
WALKING BOOT	L2114	HCPCS	both			2154	775.81	Americare	Americare		1615.5	75			561.3	2046.3	percent of total billed charges	
WALKING BOOT	L2114	HCPCS	both			2154	775.81	Amerihealth	Medicare		674.62				561.3	2046.3	fee schedule	
WALKING BOOT	L2114	HCPCS	both			2154	775.81	Amerihealth	HMO/PPO		1400.1	65			561.3	2046.3	percent of total billed charges	
WALKING BOOT	L2114	HCPCS	both			2154	775.81	Consumer	Consumer		2046.3	95			561.3	2046.3	percent of total billed charges	
WALKING BOOT	L2114	HCPCS	both			2154	775.81	Corrections	Corrections		1723.2	80			561.3	2046.3	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.														
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true													
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
WALKING BOOT	L2114	HCPCS	both			2154	775.81	First Health	First Health		1507.8	70			561.3	2046.3	percent of total billed charges	
WALKING BOOT	L2114	HCPCS	both			2154	775.81	First Trenton	First Trenton		1938.6	90			561.3	2046.3	percent of total billed charges	
WALKING BOOT	L2114	HCPCS	both			2154	775.81	Horizon	Indemnity		824.55	38.28			561.3	2046.3	percent of total billed charges	
WALKING BOOT	L2114	HCPCS	both			2154	775.81	Horizon	Medicare Blue		646.2	30			561.3	2046.3	percent of total billed charges	
WALKING BOOT	L2114	HCPCS	both			2154	775.81	Horizon	NJ Health		861.6	40			561.3	2046.3	percent of total billed charges	
WALKING BOOT	L2114	HCPCS	both			2154	775.81	Horizon	MGD		824.55	38.28			561.3	2046.3	percent of total billed charges	
WALKING BOOT	L2114	HCPCS	both			2154	775.81	Horizon	PPO		824.55	38.28			561.3	2046.3	percent of total billed charges	
WALKING BOOT	L2114	HCPCS	both			2154	775.81	Managed Care Inc	Managed Care Inc		1938.6	90			561.3	2046.3	percent of total billed charges	
WALKING BOOT	L2114	HCPCS	both			2154	775.81	Multiplan	Multiplan		1723.2	80			561.3	2046.3	percent of total billed charges	
WALKING BOOT	L2114	HCPCS	both			2154	775.81	Qualcare	Qualcare		861.6	40			561.3	2046.3	percent of total billed charges	
WALKING BOOT	L2114	HCPCS	both			2154	775.81	Three Rivers	Three Rivers		2046.3	95			561.3	2046.3	percent of total billed charges	
WALKING BOOT	L2114	HCPCS	both			2154	775.81	UHC	Medicare		674.62				561.3	2046.3	fee schedule	
WALKING BOOT	L2114	HCPCS	both			2154	775.81	UHC	Medicaid		679.59	31.55			561.3	2046.3	percent of total billed charges	
WALKING BOOT	L2114	HCPCS	both			2154	775.81	Wellcare	Medicaid		679.59	31.55			561.3	2046.3	percent of total billed charges	
WALKING BOOT	L2114	HCPCS	both			2154	775.81	Wellcare	Medicare		674.62				561.3	2046.3	fee schedule	
WALKING BOOT	L2114	HCPCS	both			2154	775.81	WellPoint	WellPoint		693.16	32.18			561.3	2046.3	percent of total billed charges	
FRACTURE BRACE:KAFO RIGID	L2136	HCPCS	inpatient			4216.68	1510.71	Aetna	Medicare		1313.66				1265	4005.85	fee schedule	
FRACTURE BRACE:KAFO RIGID	L2136	HCPCS	inpatient			4216.68	1510.71	Aetna	Commercial		1602.34	38			1265	4005.85	percent of total billed charges	
FRACTURE BRACE:KAFO RIGID	L2136	HCPCS	inpatient			4216.68	1510.71	Aetna	Better Health		1330.36	31.55			1265	4005.85	percent of total billed charges	
FRACTURE BRACE:KAFO RIGID	L2136	HCPCS	inpatient			4216.68	1510.71	Americare	Americare		3162.51	75			1265	4005.85	percent of total billed charges	
FRACTURE BRACE:KAFO RIGID	L2136	HCPCS	inpatient			4216.68	1510.71	Amerihealth	HMO/PPO		2740.84	65			1265	4005.85	percent of total billed charges	
FRACTURE BRACE:KAFO RIGID	L2136	HCPCS	inpatient			4216.68	1510.71	Amerihealth	Medicare		1313.66				1265	4005.85	fee schedule	
FRACTURE BRACE:KAFO RIGID	L2136	HCPCS	inpatient			4216.68	1510.71	Consumer	Consumer		4005.85	95			1265	4005.85	percent of total billed charges	
FRACTURE BRACE:KAFO RIGID	L2136	HCPCS	inpatient			4216.68	1510.71	Corrections	Corrections		3373.34	80			1265	4005.85	percent of total billed charges	
FRACTURE BRACE:KAFO RIGID	L2136	HCPCS	inpatient			4216.68	1510.71	First Health	First Health		2951.68	70			1265	4005.85	percent of total billed charges	
FRACTURE BRACE:KAFO RIGID	L2136	HCPCS	inpatient			4216.68	1510.71	First Trenton	First Trenton		3795.01	90			1265	4005.85	percent of total billed charges	
FRACTURE BRACE:KAFO RIGID	L2136	HCPCS	inpatient			4216.68	1510.71	Horizon	Indemnity		1614.15	38.28			1265	4005.85	percent of total billed charges	
FRACTURE BRACE:KAFO RIGID	L2136	HCPCS	inpatient			4216.68	1510.71	Horizon	MGD		1614.15	38.28			1265	4005.85	percent of total billed charges	
FRACTURE BRACE:KAFO RIGID	L2136	HCPCS	inpatient			4216.68	1510.71	Horizon	Medicare Blue		1265	30			1265	4005.85	percent of total billed charges	
FRACTURE BRACE:KAFO RIGID	L2136	HCPCS	inpatient			4216.68	1510.71	Horizon	PPO		1614.15	38.28			1265	4005.85	percent of total billed charges	
FRACTURE BRACE:KAFO RIGID	L2136	HCPCS	inpatient			4216.68	1510.71	Horizon	NJ Health		1686.67	40			1265	4005.85	percent of total billed charges	
FRACTURE BRACE:KAFO RIGID	L2136	HCPCS	inpatient			4216.68	1510.71	Managed Care Inc	Managed Care Inc		3795.01	90			1265	4005.85	percent of total billed charges	
FRACTURE BRACE:KAFO RIGID	L2136	HCPCS	inpatient			4216.68	1510.71	Multiplan	Multiplan		3373.34	80			1265	4005.85	percent of total billed charges	
FRACTURE BRACE:KAFO RIGID	L2136	HCPCS	inpatient			4216.68	1510.71	Qualcare	Qualcare		1686.67	40			1265	4005.85	percent of total billed charges	
FRACTURE BRACE:KAFO RIGID	L2136	HCPCS	inpatient			4216.68	1510.71	Three Rivers	Three Rivers		4005.85	95			1265	4005.85	percent of total billed charges	
FRACTURE BRACE:KAFO RIGID	L2136	HCPCS	inpatient			4216.68	1510.71	UHC	Medicaid		1330.36	31.55			1265	4005.85	percent of total billed charges	
FRACTURE BRACE:KAFO RIGID	L2136	HCPCS	inpatient			4216.68	1510.71	UHC	Medicare		1313.66				1265	4005.85	fee schedule	
FRACTURE BRACE:KAFO RIGID	L2136	HCPCS	inpatient			4216.68	1510.71	Wellcare	Medicaid		1330.36	31.55			1265	4005.85	percent of total billed charges	
FRACTURE BRACE:KAFO RIGID	L2136	HCPCS	inpatient			4216.68	1510.71	Wellcare	Medicare		1313.66				1265	4005.85	fee schedule	
FRACTURE BRACE:KAFO RIGID	L2136	HCPCS	inpatient			4216.68	1510.71	WellPoint	WellPoint		1356.93	32.18			1265	4005.85	percent of total billed charges	
REGULAR CAM WALKER	L2999	HCPCS	outpatient			786		Aetna	Medicare		242.09	30.8			19.8	746.7	percent of total billed charges	
REGULAR CAM WALKER	L2999	HCPCS	outpatient			786		Aetna	Better Health		247.98	31.55			19.8	746.7	percent of total billed charges	
REGULAR CAM WALKER	L2999	HCPCS	outpatient			786		Aetna	Commercial		298.68	38			19.8	746.7	percent of total billed charges	
REGULAR CAM WALKER	L2999	HCPCS	outpatient			786		Americare	Americare		589.5	75			19.8	746.7	percent of total billed charges	
REGULAR CAM WALKER	L2999	HCPCS	outpatient			786		Amerihealth	HMO/PPO		510.9	65			19.8	746.7	percent of total billed charges	
REGULAR CAM WALKER	L2999	HCPCS	outpatient			786		Consumer	Consumer		746.7	95			19.8	746.7	percent of total billed charges	
REGULAR CAM WALKER	L2999	HCPCS	outpatient			786		Corrections	Corrections		628.8	80			19.8	746.7	percent of total billed charges	
REGULAR CAM WALKER	L2999	HCPCS	outpatient			786		First Health	First Health		550.2	70			19.8	746.7	percent of total billed charges	
REGULAR CAM WALKER	L2999	HCPCS	outpatient			786		First Trenton	First Trenton		707.4	90			19.8	746.7	percent of total billed charges	
REGULAR CAM WALKER	L2999	HCPCS	outpatient			786		Horizon	Medicare Blue		235.8	30			19.8	746.7	percent of total billed charges	
REGULAR CAM WALKER	L2999	HCPCS	outpatient			786		Horizon	MGD		300.88	38.28			19.8	746.7	percent of total billed charges	
REGULAR CAM WALKER	L2999	HCPCS	outpatient			786		Horizon	Indemnity		300.88	38.28			19.8	746.7	percent of total billed charges	
REGULAR CAM WALKER	L2999	HCPCS	outpatient			786		Horizon	NJ Health		314.4	40			19.8	746.7	percent of total billed charges	
REGULAR CAM WALKER	L2999	HCPCS	outpatient			786		Horizon	PPO		300.88	38.28			19.8	746.7	percent of total billed charges	
REGULAR CAM WALKER	L2999	HCPCS	outpatient			786		Managed Care Inc	Managed Care Inc		707.4	90			19.8	746.7	percent of total billed charges	
REGULAR CAM WALKER	L2999	HCPCS	outpatient			786		Multiplan	Multiplan		628.8	80			19.8	746.7	percent of total billed charges	
REGULAR CAM WALKER	L2999	HCPCS	outpatient			786		Qualcare	Qualcare		314.4	40			19.8	746.7	percent of total billed charges	
REGULAR CAM WALKER	L2999	HCPCS	outpatient			786		Three Rivers	Three Rivers		746.7	95			19.8	746.7	percent of total billed charges	
REGULAR CAM WALKER	L2999	HCPCS	outpatient			786		UHC	Medicaid		247.98	31.55			19.8	746.7	percent of total billed charges	
REGULAR CAM WALKER	L2999	HCPCS	outpatient			786		Wellcare	Medicaid		247.98	31.55			19.8	746.7	percent of total billed charges	
REGULAR CAM WALKER	L2999	HCPCS	outpatient			786		WellPoint	WellPoint		252.93	32.18			19.8	746.7	percent of total billed charges	
PEDIATRIC ABDUCTION BAR	L3150	HCPCS	outpatient			206	109.63	Aetna	Better Health		64.99	31.55			61.8	195.7	percent of total billed charges	
PEDIATRIC ABDUCTION BAR	L3150	HCPCS	outpatient			206	109.63	Aetna	Commercial		78.28	38			61.8	195.7	percent of total billed charges	
PEDIATRIC ABDUCTION BAR	L3150	HCPCS	outpatient			206	109.63	Aetna	Medicare		95.33				61.8	195.7	fee schedule	
PEDIATRIC ABDUCTION BAR	L3150	HCPCS	outpatient			206	109.63	Americare	Americare		154.5	75			61.8	195.7	percent of total billed charges	
PEDIATRIC ABDUCTION BAR	L3150	HCPCS	outpatient			206	109.63	Amerihealth	Medicare		95.33				61.8	195.7	fee schedule	
PEDIATRIC ABDUCTION BAR	L3150	HCPCS	outpatient			206	109.63	Amerihealth	HMO/PPO		133.9	65			61.8	195.7	percent of total billed charges	
PEDIATRIC ABDUCTION BAR	L3150	HCPCS	outpatient			206	109.63	Consumer	Consumer		195.7	95			61.8	195.7	percent of total billed charges	
PEDIATRIC ABDUCTION BAR	L3150	HCPCS	outpatient			206	109.63	Corrections	Corrections		164.8	80			61.8	195.7	percent of total billed charges	
PEDIATRIC ABDUCTION BAR	L3150	HCPCS	outpatient			206	109.63	First Health	First Health		144.2	70			61.8	195.7	percent of total billed charges	
PEDIATRIC ABDUCTION BAR	L3150	HCPCS	outpatient			206	109.63	First Trenton	First Trenton		185.4	90			61.8	195.7	percent of total billed charges	
PEDIATRIC ABDUCTION BAR	L3150	HCPCS	outpatient			206	109.63	Horizon	Medicare Blue		61.8	30			61.8	195.7	percent of total billed charges	
PEDIATRIC ABDUCTION BAR	L3150	HCPCS	outpatient			206	109.63	Horizon	MGD		78.86	38.28			61.8	195.7	percent of total billed charges	
PEDIATRIC ABDUCTION BAR	L3150	HCPCS	outpatient			206	109.63	Horizon	Indemnity		78.86	38.28			61.8	195.7	percent of total billed charges	
PEDIATRIC ABDUCTION BAR	L3150	HCPCS	outpatient			206	109.63	Horizon	PPO		78.86	38.28			61.8	195.7	percent of total billed charges	
PEDIATRIC ABDUCTION BAR	L3150	HCPCS	outpatient			206	109.63	Managed Care Inc	Managed Care Inc		185.4	90			61.8	195.7	percent of total billed charges	
PEDIATRIC ABDUCTION BAR	L3150	HCPCS	outpatient			206	109.63	Multiplan	Multiplan		164.8	80			61.8	195.7	percent of total billed charges	
PEDIATRIC ABDUCTION BAR	L3150	HCPCS	outpatient			206	109.63	Qualcare	Qualcare		154.5	75			61.8	195.7	percent of total billed charges	
PEDIATRIC ABDUCTION BAR	L3150	HCPCS	outpatient			206	109.63	Three Rivers	Three Rivers		195.7	95			61.8	195.7	percent of total billed charges	
PEDIATRIC ABDUCTION BAR	L3150	HCPCS	outpatient			206	109.63	UHC	Medicare		96.33				61.8	195.7	fee schedule	
PEDIATRIC ABDUCTION BAR	L3150	HCPCS	outpatient			206	109.63	UHC	Medicaid		64.99	31.55			61.8	195.7	percent of total billed charges	
PEDIATRIC ABDUCTION BAR	L3150	HCPCS	outpatient			206	109.63	Wellcare	Medicaid		64.99	31.55			61.8	195.7	percent of total billed charges	
PEDIATRIC ABDUCTION BAR	L3150	HCPCS	outpatient			206	109.63	Wellcare	Medicare		95.33				61.8	195.7	fee schedule	
PEDIATRIC ABDUCTION BAR	L3150	HCPCS	outpatient			206	109.63	WellPoint	WellPoint		66.29	32.18			61.8	195.7	percent of total billed charges	
DH PRESSURE RELIEF SHOE	L3216	HCPCS	outpatient			348		Aetna	Better Health		109.79	31.55			104.4	330.6	percent of total billed charges	
DH PRESSURE RELIEF SHOE	L3216	HCPCS	outpatient			348		Aetna	Medicare		107.18	30.8			104.4	330.6	percent of total billed charges	
DH PRESSURE RELIEF SHOE	L3216	HCPCS	outpatient			348		Aetna	Commercial		132.24	38			104.4	330.6	percent of total billed charges	
DH PRESSURE RELIEF SHOE	L3216	HCPCS	outpatient			348		Americare	Americare		261	75			104.4	330.6	percent of total billed charges	
DH PRESSURE RELIEF SHOE	L3216	HCPCS	outpatient			348		Amerihealth	HMO/PPO		226.2	65			104.4	330.6	percent of total billed charges	
DH PRESSURE RELIEF SHOE	L3216	HCPCS	outpatient			348		Consumer	Consumer		330.6	95			104.4	330.6	percent of total billed charges	
DH PRESSURE RELIEF SHOE	L3216	HCPCS	outpatient			348		Corrections	Corrections		278.4	80			104.4	330.6	percent of total billed charges	
DH PRESSURE RELIEF SHOE	L3216	HCPCS	outpatient			348		First Health	First Health		243.6	70			104.4	330.6	percent of total billed charges	
DH PRESSURE RELIEF SHOE	L3216	HCPCS	outpatient			348		First Trenton	First Trenton		313.2	90			104.4	330.6	percent of total billed charges	
DH PRESSURE RELIEF SHOE	L3216	HCPCS	outpatient			348		Horizon	MGD		133.21	38.28			104.4	330.6	percent of total billed charges	
DH PRESSURE RELIEF SHOE	L3216	HCPCS	outpatient			348		Horizon	Indemnity		133.21	38.28			104.4	330.6	percent of total billed charges	
DH PRESSURE RELIEF SHOE	L3216	HCPCS	outpatient			348		Horizon	PPO		133.21	38.28			104.4	330.6	percent of total billed charges	
DH PRESSURE RELIEF SHOE	L3216	HCPCS	outpatient			348		Horizon	Medicare Blue		104.4	30			104.4	330.6	percent of total billed charges	
DH PRESSURE RELIEF SHOE	L3216	HCPCS	outpatient			348		Managed Care Inc	Managed Care Inc		313.2	90			104.4	330.6	percent of total billed charges	
DH PRESSURE RELIEF SHOE	L3216	HCPCS	outpatient			348		Multiplan	Multiplan		278.4	80			104.4	330.6	percent of total billed charges	
DH PRESSURE RELIEF SHOE	L3216	HCPCS	outpatient			348		Qualcare	Qualcare		261	75			104.4	330.6	percent of total billed charges	
DH PRESSURE RELIEF SHOE	L3216	HCPCS	outpatient			348		Three Rivers	Three Rivers		330.6	95			104.4	330.6	percent of total billed charges	
DH PRESSURE RELIEF SHOE	L3216	HCPCS	outpatient			348		UHC	Medicaid		109.79	31.55			104.4	330.6	percent of total billed charges	
DH PRESSURE RELIEF SHOE	L3216	HCPCS	outpatient			348		Wellcare	Medicaid		109.79	31.55			104.4	330.6	percent of total billed charges	
DH PRESSURE RELIEF SHOE	L3216	HCPCS	outpatient			348		WellPoint	WellPoint		111.99	32.18			104.4	330.6	percent of total billed charges	
POST/OP SHOE	L3260	HCPCS	both			534		Aetna	Commercial		202.92	38			6.3	507.3	percent of total billed charges	
POST/OP SHOE	L3260	HCPCS	both			534		Aetna	Better Health		168.48	31.55			6.3	507.3	percent of total billed charges	
POST/OP SHOE	L3260	HCPCS	both			534		Aetna	Medicare		164.47	30.8			6.3	507.3	percent of total billed charges	
POST/OP SHOE	L3260	HCPCS	both			534		Americare	Americare		400.5	75			6.3	507.3	percent of total billed charges	
POST/OP SHOE	L3260	HCPCS	both			534		Amerihealth	HMO/PPO		347.1	65			6.3	507.3	percent of total billed charges	
POST/OP SHOE	L3260	HCPCS	both			534		Consumer	Consumer		507.3	95			6.3	507.3	percent of total billed charges	
POST/OP SHOE	L3260	HCPCS	both			534		Corrections	Corrections		427.2	80			6.3	507.3	percent of total billed charges	
POST/OP SHOE	L3260	HCPCS	both			534		First Health	First Health		373.8	70			6.3	507.3	percent of total billed charges	
POST/OP SHOE	L3260	HCPCS	both			534		First Trenton	First Trenton		480.6	90			6.3	507.3	percent of total billed charges	
POST/OP SHOE	L3260	HCPCS	both			534		Horizon	MGD		204.42	38.28			6.3	507.3	percent of total billed charges	
POST/OP SHOE	L3260	HCPCS	both			534		Horizon	Medicare Blue		160.2	30			6.3	507.3	percent of total billed charges	
POST/OP SHOE	L3260	HCPCS	both			534		Horizon	NJ Health		213.6	40			6.3	507.3	percent of total billed charges	
POST/OP SHOE	L3260	HCPCS	both			534		Horizon	Indemnity		204.42	38.28			6.3	507.3	percent of total billed charges	
POST/OP SHOE	L3260	HCPCS	both			534		Horizon	PPO		204.42	38.28			6.3	507.3	percent of total billed charges	
POST/OP SHOE	L3260	HCPCS	both			534		Managed Care Inc	Managed Care Inc		480.6	90			6.3	507.3	percent of total billed charges	
POST/OP SHOE	L3260	HCPCS	both			534		Multiplan	Multiplan		427.2	80			6.3	507.3	percent of total billed charges	
POST/OP SHOE	L3260	HCPCS	both			534		Qualcare	Qualcare		213.6	40			6.3	507.3	percent of total billed charges	
POST/OP SHOE	L3260	HCPCS	both			534		Three Rivers	Three Rivers		507.3	95			6.3	507.3	percent of total billed charges	
POST/OP SHOE	L3260	HCPCS	both			534		UHC	Medicaid		168.48	31.55			6.3	507.3	percent of total billed charges	
POST/OP SHOE	L3260	HCPCS	both			534		Wellcare	Medicaid		168.48	31.55			6.3	507.3	percent of total billed charges	
POST/OP SHOE	L3260	HCPCS	both			534		WellPoint	WellPoint		171.84	32.18			6.3	507.3	percent of total billed charges	
CAST DELUXE OPEN TOE MEDIUM	L3265	HCPCS	both			26		Aetna	Medicare		8.01	30.8			7.8	24.7	percent of total billed charges	
CAST DELUXE OPEN TOE MEDIUM	L3265	HCPCS	both			26		Aetna	Better Health		8.2	31.55			7.8	24.7	percent of total billed charges	
CAST DELUXE OPEN TOE MEDIUM	L3265	HCPCS	both			26		Aetna	Commercial		9.88	38			7.8	24.7	percent of total billed charges	
CAST DELUXE OPEN TOE MEDIUM	L3265	HCPCS	both			26		Americare	Americare		19.5	75			7.8	24.7	percent of total billed charges	
CAST DELUXE OPEN TOE MEDIUM	L3265	HCPCS	both			26		Amerihealth	HMO/PPO		16.9	65			7.8	24.7	percent of total billed charges	
CAST DELUXE OPEN TOE MEDIUM	L3265	HCPCS	both			26		Consumer	Consumer		24.7	95			7.8	24.7	percent of total billed charges	
CAST DELUXE OPEN TOE MEDIUM	L3265	HCPCS	both			26		Corrections	Corrections		20.8	80			7.8	24.7	percent of total billed charges	
CAST DELUXE OPEN TOE MEDIUM	L3265	HCPCS	both			26		First Health	First Health		18.2	70			7.8	24.7	percent of total billed charges	
CAST DELUXE OPEN TOE MEDIUM	L3265	HCPCS	both			26		First Trenton	First Trenton		23.4	90			7.8	24.7	percent of total billed charges	
CAST DELUXE OPEN TOE MEDIUM	L3265	HCPCS	both			26		Horizon	Medicare Blue		7.8	30			7.8	24.7	percent of total billed charges	
CAST DELUXE OPEN TOE MEDIUM	L3265	HCPCS	both			26		Horizon	NJ Health		10.4	40			7.8	24.7	percent of total billed charges	
CAST DELUXE OPEN TOE MEDIUM	L3265	HCPCS	both			26		Horizon	MGD		9.95	38.28			7.8	24.7	percent of total billed charges	
CAST DELUXE OPEN TOE MEDIUM	L3265	HCPCS	both			26		Horizon	Indemnity		9.95	38.28			7.8	24.7	percent of total billed charges	
CAST DELUXE OPEN TOE MEDIUM	L3265	HCPCS	both			26		Horizon	PPO		9.95	38.28			7.8	24.7	percent of total billed charges	
CAST DELUXE OPEN TOE MEDIUM	L3265	HCPCS	both			26		Managed Care Inc	Managed Care Inc		23.4	90			7.8	24.7	percent of total billed charges	
CAST DELUXE OPEN TOE MEDIUM	L3265	HCPCS	both			26		Multiplan	Multiplan		20.8	80			7.8	24.7	percent of total billed charges	
CAST DELUXE OPEN TOE MEDIUM	L3265	HCPCS	both			26		Qualcare	Qualcare		10.4	40			7.8	24.7	percent of total billed charges	
CAST DELUXE OPEN TOE MEDIUM	L3265	HCPCS	both			26		Three Rivers	Three Rivers		24.7	95			7.8	24.7	percent of total billed charges	
CAST DELUXE OPEN TOE MEDIUM	L3265	HCPCS	both			26		UHC	Medicaid		8.2	31.55			7.8	24.7	percent of total billed charges	
CAST DELUXE OPEN TOE MEDIUM	L3265	HCPCS	both			26		Wellcare	Medicaid		8.2	31.55			7.8	24.7	percent of total billed charges	
CAST DELUXE OPEN TOE MEDIUM	L3265	HCPCS	both			26		WellPoint	WellPoint		8.37	32.18			7.8	24.7	percent of total billed charges	
SACH SHOE	L3450	HCPCS	outpatient			286	142.13	Aetna	Medicare		123.59				80.1	271.7	fee schedule	
SACH SHOE	L3450	HCPCS	outpatient			286	142.13	Aetna	Better Health		90.23	31.55			80.1	271.7	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.														
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101119	true													
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
SACH SHOE	L3450	HCPCS	outpatient			286		142.13 Aetna	Commercial		108.68	38			80.1	271.7	percent of total billed charges	
SACH SHOE	L3450	HCPCS	outpatient			286		142.13 Americare	Americare		214.5	75			80.1	271.7	percent of total billed charges	
SACH SHOE	L3450	HCPCS	outpatient			286		142.13 Amerihealth	Medicare		123.59				80.1	271.7	fee schedule	
SACH SHOE	L3450	HCPCS	outpatient			286		142.13 Amerihealth	HMO/PPO		185.9	65			80.1	271.7	percent of total billed charges	
SACH SHOE	L3450	HCPCS	outpatient			286		142.13 Consumer	Consumer		271.7	95			80.1	271.7	percent of total billed charges	
SACH SHOE	L3450	HCPCS	outpatient			286		142.13 Corrections	Corrections		228.8	80			80.1	271.7	percent of total billed charges	
SACH SHOE	L3450	HCPCS	outpatient			286		142.13 First Health	First Health		200.2	70			80.1	271.7	percent of total billed charges	
SACH SHOE	L3450	HCPCS	outpatient			286		142.13 First Trenton	First Trenton		257.4	90			80.1	271.7	percent of total billed charges	
SACH SHOE	L3450	HCPCS	outpatient			286		142.13 Horizon	Medicare Blue		85.8	30			80.1	271.7	percent of total billed charges	
SACH SHOE	L3450	HCPCS	outpatient			286		142.13 Horizon	PPO		109.48	38.28			80.1	271.7	percent of total billed charges	
SACH SHOE	L3450	HCPCS	outpatient			286		142.13 Horizon	MGD		109.48	38.28			80.1	271.7	percent of total billed charges	
SACH SHOE	L3450	HCPCS	outpatient			286		142.13 Horizon	Indemnity		109.48	38.28			80.1	271.7	percent of total billed charges	
SACH SHOE	L3450	HCPCS	outpatient			286		142.13 Managed Care Inc	Managed Care Inc		257.4	90			80.1	271.7	percent of total billed charges	
SACH SHOE	L3450	HCPCS	outpatient			286		142.13 Multiplan	Multiplan		228.8	80			80.1	271.7	percent of total billed charges	
SACH SHOE	L3450	HCPCS	outpatient			286		142.13 Qualcare	Qualcare		214.5	75			80.1	271.7	percent of total billed charges	
SACH SHOE	L3450	HCPCS	outpatient			286		142.13 Three Rivers	Three Rivers		271.7	95			80.1	271.7	percent of total billed charges	
SACH SHOE	L3450	HCPCS	outpatient			286		142.13 UHC	Medicare		123.59				80.1	271.7	fee schedule	
SACH SHOE	L3450	HCPCS	outpatient			286		142.13 UHC	Medicaid		90.23	31.55			80.1	271.7	percent of total billed charges	
SACH SHOE	L3450	HCPCS	outpatient			286		142.13 Wellcare	Medicaid		90.23	31.55			80.1	271.7	percent of total billed charges	
SACH SHOE	L3450	HCPCS	outpatient			286		142.13 Wellcare	Medicare		123.59				80.1	271.7	fee schedule	
SACH SHOE	L3450	HCPCS	outpatient			286		142.13 WellPoint	WellPoint		92.03	32.18			80.1	271.7	percent of total billed charges	
SO-PREFAB FIG OF 8 RESTRAINER	L3650	HCPCS	both			185.64		87.16 Aetna	Commercial		70.54	38			20.4	176.36	percent of total billed charges	
SO-PREFAB FIG OF 8 RESTRAINER	L3650	HCPCS	both			185.64		87.16 Aetna	Better Health		58.57	31.55			20.4	176.36	percent of total billed charges	
SO-PREFAB FIG OF 8 RESTRAINER	L3650	HCPCS	both			185.64		87.16 Aetna	Medicare		75.79				20.4	176.36	fee schedule	
SO-PREFAB FIG OF 8 RESTRAINER	L3650	HCPCS	both			185.64		87.16 Americare	Americare		139.23	75			20.4	176.36	percent of total billed charges	
SO-PREFAB FIG OF 8 RESTRAINER	L3650	HCPCS	both			185.64		87.16 Amerihealth	Medicare		75.79				20.4	176.36	fee schedule	
SO-PREFAB FIG OF 8 RESTRAINER	L3650	HCPCS	both			185.64		87.16 Amerihealth	HMO/PPO		120.67	65			20.4	176.36	percent of total billed charges	
SO-PREFAB FIG OF 8 RESTRAINER	L3650	HCPCS	both			185.64		87.16 Consumer	Consumer		176.36	95			20.4	176.36	percent of total billed charges	
SO-PREFAB FIG OF 8 RESTRAINER	L3650	HCPCS	both			185.64		87.16 Corrections	Corrections		148.51	80			20.4	176.36	percent of total billed charges	
SO-PREFAB FIG OF 8 RESTRAINER	L3650	HCPCS	both			185.64		87.16 First Health	First Health		129.95	70			20.4	176.36	percent of total billed charges	
SO-PREFAB FIG OF 8 RESTRAINER	L3650	HCPCS	both			185.64		87.16 First Trenton	First Trenton		167.08	90			20.4	176.36	percent of total billed charges	
SO-PREFAB FIG OF 8 RESTRAINER	L3650	HCPCS	both			185.64		87.16 Horizon	NJ Health		74.26	40			20.4	176.36	percent of total billed charges	
SO-PREFAB FIG OF 8 RESTRAINER	L3650	HCPCS	both			185.64		87.16 Horizon	Indemnity		71.06	38.28			20.4	176.36	percent of total billed charges	
SO-PREFAB FIG OF 8 RESTRAINER	L3650	HCPCS	both			185.64		87.16 Horizon	MGD		71.06	38.28			20.4	176.36	percent of total billed charges	
SO-PREFAB FIG OF 8 RESTRAINER	L3650	HCPCS	both			185.64		87.16 Horizon	Medicare Blue		55.69	30			20.4	176.36	percent of total billed charges	
SO-PREFAB FIG OF 8 RESTRAINER	L3650	HCPCS	both			185.64		87.16 Horizon	PPO		71.06	38.28			20.4	176.36	percent of total billed charges	
SO-PREFAB FIG OF 8 RESTRAINER	L3650	HCPCS	both			185.64		87.16 Managed Care Inc	Managed Care Inc		167.08	90			20.4	176.36	percent of total billed charges	
SO-PREFAB FIG OF 8 RESTRAINER	L3650	HCPCS	both			185.64		87.16 Multiplan	Multiplan		148.51	80			20.4	176.36	percent of total billed charges	
SO-PREFAB FIG OF 8 RESTRAINER	L3650	HCPCS	both			185.64		87.16 Qualcare	Qualcare		74.26	40			20.4	176.36	percent of total billed charges	
SO-PREFAB FIG OF 8 RESTRAINER	L3650	HCPCS	both			185.64		87.16 Three Rivers	Three Rivers		176.36	95			20.4	176.36	percent of total billed charges	
SO-PREFAB FIG OF 8 RESTRAINER	L3650	HCPCS	both			185.64		87.16 UHC	Medicaid		58.57	31.55			20.4	176.36	percent of total billed charges	
SO-PREFAB FIG OF 8 RESTRAINER	L3650	HCPCS	both			185.64		87.16 UHC	Medicare		75.79				20.4	176.36	fee schedule	
SO-PREFAB FIG OF 8 RESTRAINER	L3650	HCPCS	both			185.64		87.16 Wellcare	Medicare		75.79				20.4	176.36	fee schedule	
SO-PREFAB FIG OF 8 RESTRAINER	L3650	HCPCS	both			185.64		87.16 Wellcare	Medicaid		58.57	31.55			20.4	176.36	percent of total billed charges	
SO-PREFAB FIG OF 8 RESTRAINER	L3650	HCPCS	both			185.64		87.16 WellPoint	WellPoint		59.74	32.18			20.4	176.36	percent of total billed charges	
SLING, ULTRASLING BLACK MED	L3670	HCPCS	both			380		186.67 Aetna	Commercial		144.4	38			102	361	percent of total billed charges	
SLING, ULTRASLING BLACK MED	L3670	HCPCS	both			380		186.67 Aetna	Better Health		119.89	31.55			102	361	percent of total billed charges	
SLING, ULTRASLING BLACK MED	L3670	HCPCS	both			380		186.67 Aetna	Medicare		162.32				102	361	fee schedule	
SLING, ULTRASLING BLACK MED	L3670	HCPCS	both			380		186.67 Americare	Americare		285	75			102	361	percent of total billed charges	
SLING, ULTRASLING BLACK MED	L3670	HCPCS	both			380		186.67 Amerihealth	HMO/PPO		247	65			102	361	percent of total billed charges	
SLING, ULTRASLING BLACK MED	L3670	HCPCS	both			380		186.67 Amerihealth	Medicare		162.32				102	361	fee schedule	
SLING, ULTRASLING BLACK MED	L3670	HCPCS	both			380		186.67 Consumer	Consumer		361	95			102	361	percent of total billed charges	
SLING, ULTRASLING BLACK MED	L3670	HCPCS	both			380		186.67 Corrections	Corrections		304	80			102	361	percent of total billed charges	
SLING, ULTRASLING BLACK MED	L3670	HCPCS	both			380		186.67 First Health	First Health		266	70			102	361	percent of total billed charges	
SLING, ULTRASLING BLACK MED	L3670	HCPCS	both			380		186.67 First Trenton	First Trenton		342	90			102	361	percent of total billed charges	
SLING, ULTRASLING BLACK MED	L3670	HCPCS	both			380		186.67 Horizon	Indemnity		145.46	38.28			102	361	percent of total billed charges	
SLING, ULTRASLING BLACK MED	L3670	HCPCS	both			380		186.67 Horizon	NJ Health		152	40			102	361	percent of total billed charges	
SLING, ULTRASLING BLACK MED	L3670	HCPCS	both			380		186.67 Horizon	Medicare Blue		114	30			102	361	percent of total billed charges	
SLING, ULTRASLING BLACK MED	L3670	HCPCS	both			380		186.67 Horizon	MGD		145.46	38.28			102	361	percent of total billed charges	
SLING, ULTRASLING BLACK MED	L3670	HCPCS	both			380		186.67 Horizon	PPO		145.46	38.28			102	361	percent of total billed charges	
SLING, ULTRASLING BLACK MED	L3670	HCPCS	both			380		186.67 Managed Care Inc	Managed Care Inc		342	90			102	361	percent of total billed charges	
SLING, ULTRASLING BLACK MED	L3670	HCPCS	both			380		186.67 Multiplan	Multiplan		304	80			102	361	percent of total billed charges	
SLING, ULTRASLING BLACK MED	L3670	HCPCS	both			380		186.67 Qualcare	Qualcare		152	40			102	361	percent of total billed charges	
SLING, ULTRASLING BLACK MED	L3670	HCPCS	both			380		186.67 Three Rivers	Three Rivers		361	95			102	361	percent of total billed charges	
SLING, ULTRASLING BLACK MED	L3670	HCPCS	both			380		186.67 UHC	Medicaid		119.89	31.55			102	361	percent of total billed charges	
SLING, ULTRASLING BLACK MED	L3670	HCPCS	both			380		186.67 UHC	Medicare		162.32				102	361	fee schedule	
SLING, ULTRASLING BLACK MED	L3670	HCPCS	both			380		186.67 Wellcare	Medicaid		119.89	31.55			102	361	percent of total billed charges	
SLING, ULTRASLING BLACK MED	L3670	HCPCS	both			380		186.67 Wellcare	Medicare		162.32				102	361	fee schedule	
SLING, ULTRASLING BLACK MED	L3670	HCPCS	both			380		186.67 WellPoint	WellPoint		122.28	32.18			102	361	percent of total billed charges	
EO W/O JOINTS CF	L3702	HCPCS	outpatient			764		353.89 Aetna	Better Health		241.04	31.55			229.2	725.8	percent of total billed charges	
EO W/O JOINTS CF	L3702	HCPCS	outpatient			764		353.89 Aetna	Medicare		307.73				229.2	725.8	fee schedule	
EO W/O JOINTS CF	L3702	HCPCS	outpatient			764		353.89 Aetna	Commercial		290.32	38			229.2	725.8	percent of total billed charges	
EO W/O JOINTS CF	L3702	HCPCS	outpatient			764		353.89 Americare	Americare		573	75			229.2	725.8	percent of total billed charges	
EO W/O JOINTS CF	L3702	HCPCS	outpatient			764		353.89 Amerihealth	HMO/PPO		496.6	65			229.2	725.8	percent of total billed charges	
EO W/O JOINTS CF	L3702	HCPCS	outpatient			764		353.89 Amerihealth	Medicare		307.73				229.2	725.8	fee schedule	
EO W/O JOINTS CF	L3702	HCPCS	outpatient			764		353.89 Consumer	Consumer		725.8	95			229.2	725.8	percent of total billed charges	
EO W/O JOINTS CF	L3702	HCPCS	outpatient			764		353.89 Corrections	Corrections		611.2	80			229.2	725.8	percent of total billed charges	
EO W/O JOINTS CF	L3702	HCPCS	outpatient			764		353.89 First Health	First Health		534.8	70			229.2	725.8	percent of total billed charges	
EO W/O JOINTS CF	L3702	HCPCS	outpatient			764		353.89 First Trenton	First Trenton		687.6	90			229.2	725.8	percent of total billed charges	
EO W/O JOINTS CF	L3702	HCPCS	outpatient			764		353.89 Horizon	MGD		292.46	38.28			229.2	725.8	percent of total billed charges	
EO W/O JOINTS CF	L3702	HCPCS	outpatient			764		353.89 Horizon	PPO		292.46	38.28			229.2	725.8	percent of total billed charges	
EO W/O JOINTS CF	L3702	HCPCS	outpatient			764		353.89 Horizon	Indemnity		292.46	38.28			229.2	725.8	percent of total billed charges	
EO W/O JOINTS CF	L3702	HCPCS	outpatient			764		353.89 Horizon	Medicare Blue		229.2	30			229.2	725.8	percent of total billed charges	
EO W/O JOINTS CF	L3702	HCPCS	outpatient			764		353.89 Managed Care Inc	Managed Care Inc		687.6	90			229.2	725.8	percent of total billed charges	
EO W/O JOINTS CF	L3702	HCPCS	outpatient			764		353.89 Multiplan	Multiplan		611.2	80			229.2	725.8	percent of total billed charges	
EO W/O JOINTS CF	L3702	HCPCS	outpatient			764		353.89 Qualcare	Qualcare		573	75			229.2	725.8	percent of total billed charges	
EO W/O JOINTS CF	L3702	HCPCS	outpatient			764		353.89 Three Rivers	Three Rivers		725.8	95			229.2	725.8	percent of total billed charges	
EO W/O JOINTS CF	L3702	HCPCS	outpatient			764		353.89 UHC	Medicaid		241.04	31.55			229.2	725.8	percent of total billed charges	
EO W/O JOINTS CF	L3702	HCPCS	outpatient			764		353.89 UHC	Medicare		307.73				229.2	725.8	fee schedule	
EO W/O JOINTS CF	L3702	HCPCS	outpatient			764		353.89 Wellcare	Medicare		307.73				229.2	725.8	fee schedule	
EO W/O JOINTS CF	L3702	HCPCS	outpatient			764		353.89 Wellcare	Medicaid		241.04	31.55			229.2	725.8	percent of total billed charges	
EO W/O JOINTS CF	L3702	HCPCS	outpatient			764		353.89 WellPoint	WellPoint		245.86	32.18			229.2	725.8	percent of total billed charges	
ELBOW HINGED BRACE	L3710	HCPCS	outpatient			337.62		153.05 Aetna	Commercial		128.3	38			91.5	320.74	percent of total billed charges	
ELBOW HINGED BRACE	L3710	HCPCS	outpatient			337.62		153.05 Aetna	Medicare		133.09				91.5	320.74	fee schedule	
ELBOW HINGED BRACE	L3710	HCPCS	outpatient			337.62		153.05 Aetna	Better Health		106.52	31.55			91.5	320.74	percent of total billed charges	
ELBOW HINGED BRACE	L3710	HCPCS	outpatient			337.62		153.05 Americare	Americare		253.22	75			91.5	320.74	percent of total billed charges	
ELBOW HINGED BRACE	L3710	HCPCS	outpatient			337.62		153.05 Amerihealth	HMO/PPO		219.45	65			91.5	320.74	percent of total billed charges	
ELBOW HINGED BRACE	L3710	HCPCS	outpatient			337.62		153.05 Amerihealth	Medicare		133.09				91.5	320.74	fee schedule	
ELBOW HINGED BRACE	L3710	HCPCS	outpatient			337.62		153.05 Consumer	Consumer		320.74	95			91.5	320.74	percent of total billed charges	
ELBOW HINGED BRACE	L3710	HCPCS	outpatient			337.62		153.05 Corrections	Corrections		270.1	80			91.5	320.74	percent of total billed charges	
ELBOW HINGED BRACE	L3710	HCPCS	outpatient			337.62		153.05 First Health	First Health		236.33	70			91.5	320.74	percent of total billed charges	
ELBOW HINGED BRACE	L3710	HCPCS	outpatient			337.62		153.05 First Trenton	First Trenton		303.86	90			91.5	320.74	percent of total billed charges	
ELBOW HINGED BRACE	L3710	HCPCS	outpatient			337.62		153.05 Horizon	Indemnity		129.24	38.28			91.5	320.74	percent of total billed charges	
ELBOW HINGED BRACE	L3710	HCPCS	outpatient			337.62		153.05 Horizon	MGD		129.24	38.28			91.5	320.74	percent of total billed charges	
ELBOW HINGED BRACE	L3710	HCPCS	outpatient			337.62		153.05 Horizon	NJ Health		135.05	40			91.5	320.74	percent of total billed charges	
ELBOW HINGED BRACE	L3710	HCPCS	outpatient			337.62		153.05 Horizon	Medicare Blue		101.29	30			91.5	320.74	percent of total billed charges	
ELBOW HINGED BRACE	L3710	HCPCS	outpatient			337.62		153.05 Horizon	PPO		129.24	38.28			91.5	320.74	percent of total billed charges	
ELBOW HINGED BRACE	L3710	HCPCS	outpatient			337.62		153.05 Managed Care Inc	Managed Care Inc		303.86	90			91.5	320.74	percent of total billed charges	
ELBOW HINGED BRACE	L3710	HCPCS	outpatient			337.62		153.05 Multiplan	Multiplan		270.1	80			91.5	320.74	percent of total billed charges	
ELBOW HINGED BRACE	L3710	HCPCS	outpatient			337.62		153.05 Qualcare	Qualcare		136.05	40			91.5	320.74	percent of total billed charges	
ELBOW HINGED BRACE	L3710	HCPCS	outpatient			337.62		153.05 Three Rivers	Three Rivers		320.74	95			91.5	320.74	percent of total billed charges	
ELBOW HINGED BRACE	L3710	HCPCS	outpatient			337.62		153.05 UHC	Medicaid		106.52	31.55			91.5	320.74	percent of total billed charges	
ELBOW HINGED BRACE	L3710	HCPCS	outpatient			337.62		153.05 UHC	Medicare		133.09				91.5	320.74	fee schedule	
ELBOW HINGED BRACE	L3710	HCPCS	outpatient			337.62		153.05 Wellcare	Medicare		133.09				91.5	320.74	fee schedule	
ELBOW HINGED BRACE	L3710	HCPCS	outpatient			337.62		153.05 Wellcare	Medicaid		106.52	31.55			91.5	320.74	percent of total billed charges	
ELBOW HINGED BRACE	L3710	HCPCS	outpatient			337.62		153.05 WellPoint	WellPoint		108.65	32.18			91.5	320.74	percent of total billed charges	
DOUBLE SWIVEL ELBOW W/PORT	L3730	HCPCS	outpatient			3204.12		1329.02 Aetna	Better Health		1010.9	31.55			961.24	3043.91	percent of total billed charges	
DOUBLE SWIVEL ELBOW W/PORT	L3730	HCPCS	outpatient			3204.12		1329.02 Aetna	Medicare		1155.67				961.24	3043.91	fee schedule	
DOUBLE SWIVEL ELBOW W/PORT	L3730	HCPCS	outpatient			3204.12		1329.02 Aetna	Commercial		1217.57	38			961.24	3043.91	percent of total billed charges	
DOUBLE SWIVEL ELBOW W/PORT	L3730	HCPCS	outpatient			3204.12		1329.02 Americare	Americare		2403.09	75			961.24	3043.91	percent of total billed charges	
DOUBLE SWIVEL ELBOW W/PORT	L3730	HCPCS	outpatient			3204.12		1329.02 Amerihealth	Medicare		1155.67				961.24	3043.91	fee schedule	
DOUBLE SWIVEL ELBOW W/PORT	L3730	HCPCS	outpatient			3204.12		1329.02 Amerihealth	HMO/PPO		2082.68	65			961.24	3043.91	percent of total billed charges	
DOUBLE SWIVEL ELBOW W/PORT	L3730	HCPCS	outpatient			3204.12		1329.02 Consumer	Consumer		3043.91	95			961.24	3043.91	percent of total billed charges	
DOUBLE SWIVEL ELBOW W/PORT	L3730	HCPCS	outpatient			3204.12		1329.02 Corrections	Corrections		2563.3	80			961.24	3043.91	percent of total billed charges	
DOUBLE SWIVEL ELBOW W/PORT	L3730	HCPCS	outpatient			3204.12		1329.02 First Health	First Health		2242.88	70			961.24	3043.91	percent of total billed charges	
DOUBLE SWIVEL ELBOW W/PORT	L3730	HCPCS	outpatient			3204.12		1329.02 First Trenton	First Trenton		2883.71	90			961.24	3043.91	percent of total billed charges	
DOUBLE SWIVEL ELBOW W/PORT	L3730	HCPCS	outpatient			3204.12		1329.02 Horizon	MGD		1226.54	38.28			961.24	3043.91	percent of total billed charges	
DOUBLE SWIVEL ELBOW W/PORT	L3730	HCPCS	outpatient			3204.12		1329.02 Horizon	Indemnity		1226.54	38.28			961.24	3043.91	percent of total billed charges	
DOUBLE SWIVEL ELBOW W/PORT	L3730	HCPCS	outpatient			3204.12		1329.02 Horizon	Medicare Blue		961.24	30			961.24	3043.91	percent of total billed charges	
DOUBLE SWIVEL ELBOW W/PORT	L3730	HCPCS	outpatient			3204.12		1329.02 Horizon	PPO		1226.54	38.28			961.24	3043.91	percent of total billed charges	
DOUBLE SWIVEL ELBOW W/PORT	L3730	HCPCS	outpatient			3204.12		1329.02 Managed Care Inc	Managed Care Inc		2883.71	90			961.24	3043.91	percent of total billed charges	
DOUBLE SWIVEL ELBOW W/PORT	L3730	HCPCS	outpatient			3204.12		1329.02 Multiplan	Multiplan		2563.3	80			961.24	3043.91	percent of total billed charges	
DOUBLE SWIVEL ELBOW W/PORT	L3730	HCPCS	outpatient			3204.12		1329.02 Qualcare	Qualcare		2403.09	75			961.24	3043.91	percent of total billed charges	
DOUBLE SWIVEL ELBOW W/PORT	L3730	HCPCS	outpatient			3204.12		1329.02 Three Rivers	Three Rivers		3043.91	95			961.24	3043.91	percent of total billed charges	
DOUBLE SWIVEL ELBOW W/PORT	L3730	HCPCS	outpatient			3204.12		1329.02 UHC	Medicaid		1010.9	31.55			961.24	3043.91	percent of total billed charges	
DOUBLE SWIVEL ELBOW W/PORT	L3730	HCPCS	outpatient			3204.12		1329.02 UHC	Medicare		1155.67				961.24	3043.91	fee schedule	
DOUBLE SWIVEL ELBOW W/PORT	L3730	HCPCS	outpatient			3204.12		1329.02 Wellcare	Medicaid		1010.9	31.55			961.24	3043.91	percent of total billed charges	
DOUBLE SWIVEL ELBOW W/PORT	L3730	HCPCS	outpatient			3204.12		1329.02 Wellcare	Medicare		1155.67				961.24	3043.91	fee schedule	
DOUBLE SWIVEL ELBOW W/PORT	L3730	HCPCS	outpatient			3204.12		1329.02 WellPoint	WellPoint		1031.09	32.18			961.24	3043.91	percent of total billed charges	
COMFY SPLINT ELBOW ORTHOSIS	L3762	HCPCS	both			406		131.78 Aetna	Commercial		154.28	38			114.59	385.7	percent of total billed charges	
COMFY SPLINT ELBOW ORTHOSIS	L3762	HCPCS	both			406		131.78 Aetna	Medicare		114.59				114.59	385.7	fee schedule	
COMFY SPLINT ELBOW ORTHOSIS	L3762	HCPCS	both			406		131.78 Aetna	Better Health		128.09	31.55			114.59	385.7	percent of total billed charges	
COMFY SPLINT ELBOW ORTHOSIS	L3762	HCPCS	both			406		131.78 Americare	Americare		304.5	75			114.59	385.7	percent of total billed charges	
COMFY SPLINT ELBOW ORTHOSIS	L3762	HCPCS	both			406		131.78 Amerihealth	HMO/PPO		263.9	65			114.59	385.7	percent of total billed charges	
COMFY SPLINT ELBOW ORTHOSIS	L3762	HCPCS	both			406		131.78 Amerihealth	Medicare		114.59				114.59	385.7	fee schedule	
COMFY SPLINT ELBOW ORTHOSIS	L3762	HCPCS	both			406		131.78 Consumer	Consumer		385.7	95			114.59	385.7	percent of total billed charges	
COMFY SPLINT ELBOW ORTHOSIS	L3762	HCPCS	both			406		131.78 Corrections	Corrections		324.8	80			114.59	385.7	percent of total billed charges	
COMFY SPLINT ELBOW ORTHOSIS	L3762	HCPCS	both			406		131.78 First Health	First Health		284.2	70			114.59	385.7	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.													
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true												
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
COMFY SPLINT ELBOW ORTHOSIS	L3762	HCPCS	both			406	131.78	First Trenton	First Trenton		365.4				90	114.59	385.7	percent of total billed charges	
COMFY SPLINT ELBOW ORTHOSIS	L3762	HCPCS	both			406	131.78	Horizon	Indemnity		155.42	38.28			114.59	114.59	385.7	percent of total billed charges	
COMFY SPLINT ELBOW ORTHOSIS	L3762	HCPCS	both			406	131.78	Horizon	Medicare Blue		121.8	30			114.59	114.59	385.7	percent of total billed charges	
COMFY SPLINT ELBOW ORTHOSIS	L3762	HCPCS	both			406	131.78	Horizon	MGD		155.42	38.28			114.59	114.59	385.7	percent of total billed charges	
COMFY SPLINT ELBOW ORTHOSIS	L3762	HCPCS	both			406	131.78	Horizon	PPO		155.42	38.28			114.59	114.59	385.7	percent of total billed charges	
COMFY SPLINT ELBOW ORTHOSIS	L3762	HCPCS	both			406	131.78	Managed Care Inc	Managed Care Inc		365.4	90			114.59	114.59	385.7	percent of total billed charges	
COMFY SPLINT ELBOW ORTHOSIS	L3762	HCPCS	both			406	131.78	Multiplan	Multiplan		324.8	80			114.59	114.59	385.7	percent of total billed charges	
COMFY SPLINT ELBOW ORTHOSIS	L3762	HCPCS	both			406	131.78	Qualcare	Qualcare		304.5	75			114.59	114.59	385.7	percent of total billed charges	
COMFY SPLINT ELBOW ORTHOSIS	L3762	HCPCS	both			406	131.78	Three Rivers	Three Rivers		385.7	95			114.59	114.59	385.7	percent of total billed charges	
COMFY SPLINT ELBOW ORTHOSIS	L3762	HCPCS	both			406	131.78	UHC	Medicaid		128.09	31.55			114.59	114.59	385.7	percent of total billed charges	
COMFY SPLINT ELBOW ORTHOSIS	L3762	HCPCS	both			406	131.78	UHC	Medicare		114.59				114.59	114.59	385.7	fee schedule	
COMFY SPLINT ELBOW ORTHOSIS	L3762	HCPCS	both			406	131.78	Wellcare	Medicaid		128.09	31.55			114.59	114.59	385.7	percent of total billed charges	
COMFY SPLINT ELBOW ORTHOSIS	L3762	HCPCS	both			406	131.78	Wellcare	Medicare		114.59				114.59	114.59	385.7	fee schedule	
COMFY SPLINT ELBOW ORTHOSIS	L3762	HCPCS	both			406	131.78	WellPoint	WellPoint		130.65	32.18			114.59	114.59	385.7	percent of total billed charges	
UE ELBOW-HINGED	L3763	HCPCS	both			2039	869.95	Aetna	Better Health		643.3	31.55			611.7	1937.05	percent of total billed charges	
UE ELBOW-HINGED	L3763	HCPCS	both			2039	869.95	Aetna	Medicare		756.48				611.7	1937.05	fee schedule	
UE ELBOW-HINGED	L3763	HCPCS	both			2039	869.95	Aetna	Commercial		774.82	38			611.7	1937.05	percent of total billed charges	
UE ELBOW-HINGED	L3763	HCPCS	both			2039	869.95	Americare	Americare		1529.25	75			611.7	1937.05	percent of total billed charges	
UE ELBOW-HINGED	L3763	HCPCS	both			2039	869.95	Amerihealth	Medicare		756.48				611.7	1937.05	fee schedule	
UE ELBOW-HINGED	L3763	HCPCS	both			2039	869.95	Amerihealth	HMO/PPO		1325.35	65			611.7	1937.05	percent of total billed charges	
UE ELBOW-HINGED	L3763	HCPCS	both			2039	869.95	Consumer	Consumer		1937.05	95			611.7	1937.05	percent of total billed charges	
UE ELBOW-HINGED	L3763	HCPCS	both			2039	869.95	Corrections	Corrections		1631.2	80			611.7	1937.05	percent of total billed charges	
UE ELBOW-HINGED	L3763	HCPCS	both			2039	869.95	First Health	First Health		1427.3	70			611.7	1937.05	percent of total billed charges	
UE ELBOW-HINGED	L3763	HCPCS	both			2039	869.95	First Trenton	First Trenton		1835.1	90			611.7	1937.05	percent of total billed charges	
UE ELBOW-HINGED	L3763	HCPCS	both			2039	869.95	Horizon	Indemnity		780.53	38.28			611.7	1937.05	percent of total billed charges	
UE ELBOW-HINGED	L3763	HCPCS	both			2039	869.95	Horizon	MGD		780.53	38.28			611.7	1937.05	percent of total billed charges	
UE ELBOW-HINGED	L3763	HCPCS	both			2039	869.95	Horizon	NJ Health		815.6	40			611.7	1937.05	percent of total billed charges	
UE ELBOW-HINGED	L3763	HCPCS	both			2039	869.95	Horizon	Medicare Blue		611.7	30			611.7	1937.05	percent of total billed charges	
UE ELBOW-HINGED	L3763	HCPCS	both			2039	869.95	Horizon	PPO		780.53	38.28			611.7	1937.05	percent of total billed charges	
UE ELBOW-HINGED	L3763	HCPCS	both			2039	869.95	Managed Care Inc	Managed Care Inc		1835.1	90			611.7	1937.05	percent of total billed charges	
UE ELBOW-HINGED	L3763	HCPCS	both			2039	869.95	Multiplan	Multiplan		1631.2	80			611.7	1937.05	percent of total billed charges	
UE ELBOW-HINGED	L3763	HCPCS	both			2039	869.95	Qualcare	Qualcare		815.6	40			611.7	1937.05	percent of total billed charges	
UE ELBOW-HINGED	L3763	HCPCS	both			2039	869.95	Three Rivers	Three Rivers		1937.05	95			611.7	1937.05	percent of total billed charges	
UE ELBOW-HINGED	L3763	HCPCS	both			2039	869.95	UHC	Medicaid		643.3	31.55			611.7	1937.05	percent of total billed charges	
UE ELBOW-HINGED	L3763	HCPCS	both			2039	869.95	UHC	Medicare		756.48				611.7	1937.05	fee schedule	
UE ELBOW-HINGED	L3763	HCPCS	both			2039	869.95	Wellcare	Medicaid		643.3	31.55			611.7	1937.05	percent of total billed charges	
UE ELBOW-HINGED	L3763	HCPCS	both			2039	869.95	Wellcare	Medicare		756.48				611.7	1937.05	fee schedule	
UE ELBOW-HINGED	L3763	HCPCS	both			2039	869.95	WellPoint	WellPoint		656.15	32.18			611.7	1937.05	percent of total billed charges	
WRIST FOREARM SPLINTS	L3807	HCPCS	outpatient			755	306.36	Aetna	Better Health		238.2	31.55			172.5	717.25	percent of total billed charges	
WRIST FOREARM SPLINTS	L3807	HCPCS	outpatient			755	306.36	Aetna	Medicare		266.4				172.5	717.25	fee schedule	
WRIST FOREARM SPLINTS	L3807	HCPCS	outpatient			755	306.36	Aetna	Commercial		286.9	38			172.5	717.25	percent of total billed charges	
WRIST FOREARM SPLINTS	L3807	HCPCS	outpatient			755	306.36	Americare	Americare		586.25	75			172.5	717.25	percent of total billed charges	
WRIST FOREARM SPLINTS	L3807	HCPCS	outpatient			755	306.36	Amerihealth	HMO/PPO		490.75	65			172.5	717.25	percent of total billed charges	
WRIST FOREARM SPLINTS	L3807	HCPCS	outpatient			755	306.36	Amerihealth	Medicare		266.4				172.5	717.25	fee schedule	
WRIST FOREARM SPLINTS	L3807	HCPCS	outpatient			755	306.36	Consumer	Consumer		717.25	95			172.5	717.25	percent of total billed charges	
WRIST FOREARM SPLINTS	L3807	HCPCS	outpatient			755	306.36	Corrections	Corrections		604	80			172.5	717.25	percent of total billed charges	
WRIST FOREARM SPLINTS	L3807	HCPCS	outpatient			755	306.36	First Health	First Health		528.5	70			172.5	717.25	percent of total billed charges	
WRIST FOREARM SPLINTS	L3807	HCPCS	outpatient			755	306.36	First Trenton	First Trenton		679.5	90			172.5	717.25	percent of total billed charges	
WRIST FOREARM SPLINTS	L3807	HCPCS	outpatient			755	306.36	Horizon	MGD		289.01	38.28			172.5	717.25	percent of total billed charges	
WRIST FOREARM SPLINTS	L3807	HCPCS	outpatient			755	306.36	Horizon	Medicare Blue		226.5	30			172.5	717.25	percent of total billed charges	
WRIST FOREARM SPLINTS	L3807	HCPCS	outpatient			755	306.36	Horizon	NJ Health		302	40			172.5	717.25	percent of total billed charges	
WRIST FOREARM SPLINTS	L3807	HCPCS	outpatient			755	306.36	Horizon	Indemnity		289.01	38.28			172.5	717.25	percent of total billed charges	
WRIST FOREARM SPLINTS	L3807	HCPCS	outpatient			755	306.36	Horizon	PPO		289.01	38.28			172.5	717.25	percent of total billed charges	
WRIST FOREARM SPLINTS	L3807	HCPCS	outpatient			755	306.36	Managed Care Inc	Managed Care Inc		679.5	90			172.5	717.25	percent of total billed charges	
WRIST FOREARM SPLINTS	L3807	HCPCS	outpatient			755	306.36	Multiplan	Multiplan		604	80			172.5	717.25	percent of total billed charges	
WRIST FOREARM SPLINTS	L3807	HCPCS	outpatient			755	306.36	Qualcare	Qualcare		302	40			172.5	717.25	percent of total billed charges	
WRIST FOREARM SPLINTS	L3807	HCPCS	outpatient			755	306.36	Three Rivers	Three Rivers		717.25	95			172.5	717.25	percent of total billed charges	
WRIST FOREARM SPLINTS	L3807	HCPCS	outpatient			755	306.36	UHC	Medicaid		238.2	31.55			172.5	717.25	percent of total billed charges	
WRIST FOREARM SPLINTS	L3807	HCPCS	outpatient			755	306.36	UHC	Medicare		266.4				172.5	717.25	fee schedule	
WRIST FOREARM SPLINTS	L3807	HCPCS	outpatient			755	306.36	Wellcare	Medicare		266.4				172.5	717.25	fee schedule	
WRIST FOREARM SPLINTS	L3807	HCPCS	outpatient			755	306.36	Wellcare	Medicaid		238.2	31.55			172.5	717.25	percent of total billed charges	
WRIST FOREARM SPLINTS	L3807	HCPCS	outpatient			755	306.36	WellPoint	WellPoint		242.96	32.18			172.5	717.25	percent of total billed charges	
WHFO,WRIST GAUNT W/THMB	L3808	HCPCS	outpatient			1031	421.07	Aetna	Better Health		325.28	31.55			293.7	979.45	percent of total billed charges	
WHFO,WRIST GAUNT W/THMB	L3808	HCPCS	outpatient			1031	421.07	Aetna	Commercial		391.78	38			293.7	979.45	percent of total billed charges	
WHFO,WRIST GAUNT W/THMB	L3808	HCPCS	outpatient			1031	421.07	Aetna	Medicare		366.15				293.7	979.45	fee schedule	
WHFO,WRIST GAUNT W/THMB	L3808	HCPCS	outpatient			1031	421.07	Americare	Americare		773.25	75			293.7	979.45	percent of total billed charges	
WHFO,WRIST GAUNT W/THMB	L3808	HCPCS	outpatient			1031	421.07	Amerihealth	Medicare		366.15				293.7	979.45	fee schedule	
WHFO,WRIST GAUNT W/THMB	L3808	HCPCS	outpatient			1031	421.07	Amerihealth	HMO/PPO		670.15	65			293.7	979.45	percent of total billed charges	
WHFO,WRIST GAUNT W/THMB	L3808	HCPCS	outpatient			1031	421.07	Consumer	Consumer		979.45	95			293.7	979.45	percent of total billed charges	
WHFO,WRIST GAUNT W/THMB	L3808	HCPCS	outpatient			1031	421.07	Corrections	Corrections		824.8	80			293.7	979.45	percent of total billed charges	
WHFO,WRIST GAUNT W/THMB	L3808	HCPCS	outpatient			1031	421.07	First Health	First Health		721.7	70			293.7	979.45	percent of total billed charges	
WHFO,WRIST GAUNT W/THMB	L3808	HCPCS	outpatient			1031	421.07	First Trenton	First Trenton		927.9	90			293.7	979.45	percent of total billed charges	
WHFO,WRIST GAUNT W/THMB	L3808	HCPCS	outpatient			1031	421.07	Horizon	Medicare Blue		309.3	30			293.7	979.45	percent of total billed charges	
WHFO,WRIST GAUNT W/THMB	L3808	HCPCS	outpatient			1031	421.07	Horizon	MGD		394.67	38.28			293.7	979.45	percent of total billed charges	
WHFO,WRIST GAUNT W/THMB	L3808	HCPCS	outpatient			1031	421.07	Horizon	Indemnity		394.67	38.28			293.7	979.45	percent of total billed charges	
WHFO,WRIST GAUNT W/THMB	L3808	HCPCS	outpatient			1031	421.07	Horizon	PPO		394.67	38.28			293.7	979.45	percent of total billed charges	
WHFO,WRIST GAUNT W/THMB	L3808	HCPCS	outpatient			1031	421.07	Managed Care Inc	Managed Care Inc		927.9	90			293.7	979.45	percent of total billed charges	
WHFO,WRIST GAUNT W/THMB	L3808	HCPCS	outpatient			1031	421.07	Multiplan	Multiplan		824.8	80			293.7	979.45	percent of total billed charges	
WHFO,WRIST GAUNT W/THMB	L3808	HCPCS	outpatient			1031	421.07	Qualcare	Qualcare		773.25	75			293.7	979.45	percent of total billed charges	
WHFO,WRIST GAUNT W/THMB	L3808	HCPCS	outpatient			1031	421.07	Three Rivers	Three Rivers		979.45	95			293.7	979.45	percent of total billed charges	
WHFO,WRIST GAUNT W/THMB	L3808	HCPCS	outpatient			1031	421.07	UHC	Medicaid		325.28	31.55			293.7	979.45	percent of total billed charges	
WHFO,WRIST GAUNT W/THMB	L3808	HCPCS	outpatient			1031	421.07	UHC	Medicare		366.15				293.7	979.45	fee schedule	
WHFO,WRIST GAUNT W/THMB	L3808	HCPCS	outpatient			1031	421.07	Wellcare	Medicare		366.15				293.7	979.45	fee schedule	
WHFO,WRIST GAUNT W/THMB	L3808	HCPCS	outpatient			1031	421.07	Wellcare	Medicaid		325.28	31.55			293.7	979.45	percent of total billed charges	
WHFO,WRIST GAUNT W/THMB	L3808	HCPCS	outpatient			1031	421.07	WellPoint	WellPoint		331.78	32.18			293.7	979.45	percent of total billed charges	
SOFT WRIST SUPPORT SPLINT 8"	L3908	HCPCS	both			251	75.37	Aetna	Better Health		79.19	31.55			56.7	238.45	percent of total billed charges	
SOFT WRIST SUPPORT SPLINT 8"	L3908	HCPCS	both			251	75.37	Aetna	Commercial		95.38	38			56.7	238.45	percent of total billed charges	
SOFT WRIST SUPPORT SPLINT 8"	L3908	HCPCS	both			251	75.37	Aetna	Medicare		65.54				56.7	238.45	fee schedule	
SOFT WRIST SUPPORT SPLINT 8"	L3908	HCPCS	both			251	75.37	Americare	Americare		188.25	75			56.7	238.45	percent of total billed charges	
SOFT WRIST SUPPORT SPLINT 8"	L3908	HCPCS	both			251	75.37	Amerihealth	HMO/PPO		163.15	65			56.7	238.45	percent of total billed charges	
SOFT WRIST SUPPORT SPLINT 8"	L3908	HCPCS	both			251	75.37	Amerihealth	Medicare		65.54				56.7	238.45	fee schedule	
SOFT WRIST SUPPORT SPLINT 8"	L3908	HCPCS	both			251	75.37	Consumer	Consumer		238.45	95			56.7	238.45	percent of total billed charges	
SOFT WRIST SUPPORT SPLINT 8"	L3908	HCPCS	both			251	75.37	Corrections	Corrections		200.8	80			56.7	238.45	percent of total billed charges	
SOFT WRIST SUPPORT SPLINT 8"	L3908	HCPCS	both			251	75.37	First Health	First Health		175.7	70			56.7	238.45	percent of total billed charges	
SOFT WRIST SUPPORT SPLINT 8"	L3908	HCPCS	both			251	75.37	First Trenton	First Trenton		225.9	90			56.7	238.45	percent of total billed charges	
SOFT WRIST SUPPORT SPLINT 8"	L3908	HCPCS	both			251	75.37	Horizon	Medicare Blue		75.3	30			56.7	238.45	percent of total billed charges	
SOFT WRIST SUPPORT SPLINT 8"	L3908	HCPCS	both			251	75.37	Horizon	Indemnity		96.08	38.28			56.7	238.45	percent of total billed charges	
SOFT WRIST SUPPORT SPLINT 8"	L3908	HCPCS	both			251	75.37	Horizon	NJ Health		100.4	40			56.7	238.45	percent of total billed charges	
SOFT WRIST SUPPORT SPLINT 8"	L3908	HCPCS	both			251	75.37	Horizon	MGD		96.08	38.28			56.7	238.45	percent of total billed charges	
SOFT WRIST SUPPORT SPLINT 8"	L3908	HCPCS	both			251	75.37	Horizon	PPO		96.08	38.28			56.7	238.45	percent of total billed charges	
SOFT WRIST SUPPORT SPLINT 8"	L3908	HCPCS	both			251	75.37	Managed Care Inc	Managed Care Inc		225.9	90			56.7	238.45	percent of total billed charges	
SOFT WRIST SUPPORT SPLINT 8"	L3908	HCPCS	both			251	75.37	Multiplan	Multiplan		200.8	80			56.7	238.45	percent of total billed charges	
SOFT WRIST SUPPORT SPLINT 8"	L3908	HCPCS	both			251	75.37	Qualcare	Qualcare		100.4	40			56.7	238.45	percent of total billed charges	
SOFT WRIST SUPPORT SPLINT 8"	L3908	HCPCS	both			251	75.37	Three Rivers	Three Rivers		238.45	95			56.7	238.45	percent of total billed charges	
SOFT WRIST SUPPORT SPLINT 8"	L3908	HCPCS	both			251	75.37	UHC	Medicare		65.54				56.7	238.45	fee schedule	
SOFT WRIST SUPPORT SPLINT 8"	L3908	HCPCS	both			251	75.37	UHC	Medicaid		79.19	31.55			56.7	238.45	percent of total billed charges	
SOFT WRIST SUPPORT SPLINT 8"	L3908	HCPCS	both			251	75.37	Wellcare	Medicare		65.54				56.7	238.45	fee schedule	
SOFT WRIST SUPPORT SPLINT 8"	L3908	HCPCS	both			251	75.37	Wellcare	Medicaid		79.19	31.55			56.7	238.45	percent of total billed charges	
SOFT WRIST SUPPORT SPLINT 8"	L3908	HCPCS	both			251	75.37	WellPoint	WellPoint		80.77	32.18			56.7	238.45	percent of total billed charges	
STAX SPLINT	L3925	HCPCS	outpatient			494	78.68	Aetna	Medicare		68.42				35.1	469.3	fee schedule	
STAX SPLINT	L3925	HCPCS	outpatient			494	78.68	Aetna	Better Health		155.86	31.55			35.1	469.3	percent of total billed charges	
STAX SPLINT	L3925	HCPCS	outpatient			494	78.68	Aetna	Commercial		187.72	38			35.1	469.3	percent of total billed charges	
STAX SPLINT	L3925	HCPCS	outpatient			494	78.68	Americare	Americare		370.5	75			35.1	469.3	percent of total billed charges	
STAX SPLINT	L3925	HCPCS	outpatient			494	78.68	Amerihealth	Medicare		68.42				35.1	469.3	fee schedule	
STAX SPLINT	L3925	HCPCS	outpatient			494	78.68	Amerihealth	HMO/PPO		321.1	65			35.1	469.3	percent of total billed charges	
STAX SPLINT	L3925	HCPCS	outpatient			494	78.68	Consumer	Consumer		469.3	95			35.1	469.3	percent of total billed charges	
STAX SPLINT	L3925	HCPCS	outpatient			494	78.68	Corrections	Corrections		395.2	80			35.1	469.3	percent of total billed charges	
STAX SPLINT	L3925	HCPCS	outpatient			494	78.68	First Health	First Health		345.8	70			35.1	469.3	percent of total billed charges	
STAX SPLINT	L3925	HCPCS	outpatient			494	78.68	First Trenton	First Trenton		444.6	90			35.1	469.3	percent of total billed charges	
STAX SPLINT	L3925	HCPCS	outpatient			494	78.68	Horizon	MGD		189.1	38.28			35.1	469.3	percent of total billed charges	
STAX SPLINT	L3925	HCPCS	outpatient			494	78.68	Horizon	Indemnity		189.1	38.28			35.1	469.3	percent of total billed charges	
STAX SPLINT	L3925	HCPCS	outpatient			494	78.68	Horizon	NJ Health		197.6	40			35.1	469.3	percent of total billed charges	
STAX SPLINT	L3925	HCPCS	outpatient			494	78.68	Horizon	PPO		189.1	38.28			35.1	469.3	percent of total billed charges	
STAX SPLINT	L3925	HCPCS	outpatient			494	78.68	Horizon	Medicare Blue		148.2	30			35.1	469.3	percent of total billed charges	
STAX SPLINT	L3925	HCPCS	outpatient			494	78.68	Managed Care Inc	Managed Care Inc		444.6	90			35.1	469.3	percent of total billed charges	
STAX SPLINT	L3925	HCPCS	outpatient			494	78.68	Multiplan	Multiplan		395.2	80			35.1	469.3	percent of total billed charges	
STAX SPLINT	L3925	HCPCS	outpatient			494	78.68	Qualcare	Qualcare		197.6	40			35.1	469.3	percent of total billed charges	
STAX SPLINT	L3925	HCPCS	outpatient			494	78.68	Three Rivers	Three Rivers		469.3	95			35.1	469.3	percent of total billed charges	
STAX SPLINT	L3925	HCPCS	outpatient			494	78.68	UHC	Medicaid		155.86	31.55			35.1	469.3	percent of total billed charges	
STAX SPLINT	L3925	HCPCS	outpatient			494	78.68	UHC	Medicare		68.42				35.1	469.3	fee schedule	
STAX SPLINT	L3925	HCPCS	outpatient			494	78.68	Wellcare	Medicare		68.42				35.1	469.3	fee schedule	
STAX SPLINT	L3925	HCPCS	outpatient			494	78.68	Wellcare	Medicaid		155.86	31.55			35.1	469.3	percent of total billed charges	
STAX SPLINT	L3925	HCPCS	outpatient			494	78.68	WellPoint	WellPoint		158.97	32.18			35.1	469.3	percent of total billed charges	
THUMB SPICA SPLINT	L3927	HCPCS	outpatient			89	42.87	Aetna	Commercial		33.82	38			15	84.55	percent of total billed charges	
THUMB SPICA SPLINT	L3927	HCPCS	outpatient			89	42.87	Aetna	Medicare		37.28				15	84.55	fee schedule	
THUMB SPICA SPLINT	L3927	HCPCS	outpatient			89	42.87	Aetna	Better Health		28.08	31.55			15	84.55	percent of total billed charges	
THUMB SPICA SPLINT	L3927	HCPCS	outpatient			89	42.87	Americare	Americare		66.75	75			15	84.55	percent of total billed charges	
THUMB SPICA SPLINT	L3927	HCPCS	outpatient			89	42.87	Amerihealth	HMO/PPO		57.85	65			15	84.55	percent of total billed charges	
THUMB SPICA SPLINT	L3927	HCPCS	outpatient			89	42.87	Amerihealth	Medicare		37.28				15	84.55	fee schedule	
THUMB SPICA SPLINT	L3927	HCPCS	outpatient			89	42.87	Consumer	Consumer		84.55	95			15	84.55	percent of total billed charges	
THUMB SPICA SPLINT	L3927	HCPCS	outpatient			89	42.87	Corrections	Corrections		71.2	80			15	84.55	percent of total billed charges	
THUMB SPICA SPLINT	L3927	HCPCS	outpatient			89	42.87	First Health	First Health		62.3	70			15	84.55	percent of total billed charges	
THUMB SPICA SPLINT	L3927	HCPCS	outpatient			89	42.87	First Trenton	First Trenton		80.1	90			15	84.55	percent of total billed charges	
THUMB SPICA SPLINT	L3927	HCPCS	outpatient			89	42.87	Horizon	MGD		34.07	38.28			15	84.55	percent of total billed charges	
THUMB SPICA SPLINT	L3927	HCPCS	outpatient			89	42.87	Horizon	Indemnity		34.07	38.28			15	84.55	percent of total billed charges	
THUMB SPICA SPLINT	L3927	HCPCS	outpatient			89	42.87	Horizon	Medicare Blue		26.7	30			15	84.55	percent of total billed charges	
THUMB SPICA SPLINT	L3927	HCPCS	outpatient			89	42.87	Horizon	PPO		34.07	38.28			15	84.55	percent of total billed charges	
THUMB SPICA SPLINT	L3927	HCPCS	outpatient			89	42.87	Horizon	NJ Health		35.6	40			15	84.55	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.																	
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true																
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes			
THUMB SPICA SPLINT	L3927	HCPCS	outpatient			89	42.87	Managed Care Inc	Managed Care Inc		80.1				50	15	84.55	percent of total billed charges				
THUMB SPICA SPLINT	L3927	HCPCS	outpatient			89	42.87	Multiplan	Multiplan		71.2				80	15	84.55	percent of total billed charges				
THUMB SPICA SPLINT	L3927	HCPCS	outpatient			89	42.87	Qualcare	Qualcare		35.6				40	15	84.55	percent of total billed charges				
THUMB SPICA SPLINT	L3927	HCPCS	outpatient			89	42.87	Three Rivers	Three Rivers		84.55				95	15	84.55	percent of total billed charges				
THUMB SPICA SPLINT	L3927	HCPCS	outpatient			89	42.87	UHC	Medicaid		28.08				31.55	15	84.55	percent of total billed charges				
THUMB SPICA SPLINT	L3927	HCPCS	outpatient			89	42.87	UHC	Medicare		37.28					15	84.55	fee schedule				
THUMB SPICA SPLINT	L3927	HCPCS	outpatient			89	42.87	Wellcare	Medicaid		28.08				31.55	15	84.55	percent of total billed charges				
THUMB SPICA SPLINT	L3927	HCPCS	outpatient			89	42.87	Wellcare	Medicare		37.28					15	84.55	fee schedule				
THUMB SPICA SPLINT	L3927	HCPCS	outpatient			89	42.87	WellPoint	WellPoint		28.64				32.18	15	84.55	percent of total billed charges				
HUMERAL FX BRACE	L3980	HCPCS	both			1100	455.8	Aetna	Better Health		347.05				31.55	135	1045	percent of total billed charges				
HUMERAL FX BRACE	L3980	HCPCS	both			1100	455.8	Aetna	Medicare		396.35					135	1045	fee schedule				
HUMERAL FX BRACE	L3980	HCPCS	both			1100	455.8	Aetna	Commercial		418				38	135	1045	percent of total billed charges				
HUMERAL FX BRACE	L3980	HCPCS	both			1100	455.8	Americare	Americare		825				75	135	1045	percent of total billed charges				
HUMERAL FX BRACE	L3980	HCPCS	both			1100	455.8	Amerihealth	HMO/PPO		715				65	135	1045	percent of total billed charges				
HUMERAL FX BRACE	L3980	HCPCS	both			1100	455.8	Amerihealth	Medicare		396.35					135	1045	fee schedule				
HUMERAL FX BRACE	L3980	HCPCS	both			1100	455.8	Consumer	Consumer		1045				95	135	1045	percent of total billed charges				
HUMERAL FX BRACE	L3980	HCPCS	both			1100	455.8	Corrections	Corrections		880				80	135	1045	percent of total billed charges				
HUMERAL FX BRACE	L3980	HCPCS	both			1100	455.8	First Health	First Health		770				70	135	1045	percent of total billed charges				
HUMERAL FX BRACE	L3980	HCPCS	both			1100	455.8	First Trenton	First Trenton		990				90	135	1045	percent of total billed charges				
HUMERAL FX BRACE	L3980	HCPCS	both			1100	455.8	Horizon	Indemnity		421.08				38.28	135	1045	percent of total billed charges				
HUMERAL FX BRACE	L3980	HCPCS	both			1100	455.8	Horizon	MGD		421.08				38.28	135	1045	percent of total billed charges				
HUMERAL FX BRACE	L3980	HCPCS	both			1100	455.8	Horizon	NJ Health		440				40	135	1045	percent of total billed charges				
HUMERAL FX BRACE	L3980	HCPCS	both			1100	455.8	Horizon	Medicare Blue		330				30	135	1045	percent of total billed charges				
HUMERAL FX BRACE	L3980	HCPCS	both			1100	455.8	Horizon	PPO		421.08				38.28	135	1045	percent of total billed charges				
HUMERAL FX BRACE	L3980	HCPCS	both			1100	455.8	Managed Care Inc	Managed Care Inc		990				90	135	1045	percent of total billed charges				
HUMERAL FX BRACE	L3980	HCPCS	both			1100	455.8	Multiplan	Multiplan		880				80	135	1045	percent of total billed charges				
HUMERAL FX BRACE	L3980	HCPCS	both			1100	455.8	Qualcare	Qualcare		440				40	135	1045	percent of total billed charges				
HUMERAL FX BRACE	L3980	HCPCS	both			1100	455.8	Three Rivers	Three Rivers		1045				95	135	1045	percent of total billed charges				
HUMERAL FX BRACE	L3980	HCPCS	both			1100	455.8	UHC	Medicaid		347.05				31.55	135	1045	percent of total billed charges				
HUMERAL FX BRACE	L3980	HCPCS	both			1100	455.8	UHC	Medicare		396.35					135	1045	fee schedule				
HUMERAL FX BRACE	L3980	HCPCS	both			1100	455.8	Wellcare	Medicare		396.35					135	1045	fee schedule				
HUMERAL FX BRACE	L3980	HCPCS	both			1100	455.8	Wellcare	Medicaid		347.05				31.55	135	1045	percent of total billed charges				
HUMERAL FX BRACE	L3980	HCPCS	both			1100	455.8	WellPoint	WellPoint		353.98				32.18	135	1045	percent of total billed charges				
J-SPLINTS	L3984	HCPCS	outpatient			1004	512.88	Aetna	Better Health		316.76				31.55	301.2	953.8	percent of total billed charges				
J-SPLINTS	L3984	HCPCS	outpatient			1004	512.88	Aetna	Commercial		381.52				38	301.2	953.8	percent of total billed charges				
J-SPLINTS	L3984	HCPCS	outpatient			1004	512.88	Aetna	Medicare		445.98					301.2	953.8	fee schedule				
J-SPLINTS	L3984	HCPCS	outpatient			1004	512.88	Americare	Americare		753				75	301.2	953.8	percent of total billed charges				
J-SPLINTS	L3984	HCPCS	outpatient			1004	512.88	Amerihealth	Medicare		445.98					301.2	953.8	fee schedule				
J-SPLINTS	L3984	HCPCS	outpatient			1004	512.88	Amerihealth	HMO/PPO		652.6				65	301.2	953.8	percent of total billed charges				
J-SPLINTS	L3984	HCPCS	outpatient			1004	512.88	Consumer	Consumer		953.8				95	301.2	953.8	percent of total billed charges				
J-SPLINTS	L3984	HCPCS	outpatient			1004	512.88	Corrections	Corrections		803.2				80	301.2	953.8	percent of total billed charges				
J-SPLINTS	L3984	HCPCS	outpatient			1004	512.88	First Health	First Health		702.8				70	301.2	953.8	percent of total billed charges				
J-SPLINTS	L3984	HCPCS	outpatient			1004	512.88	First Trenton	First Trenton		903.6				90	301.2	953.8	percent of total billed charges				
J-SPLINTS	L3984	HCPCS	outpatient			1004	512.88	Horizon	Indemnity		384.33				38.28	301.2	953.8	percent of total billed charges				
J-SPLINTS	L3984	HCPCS	outpatient			1004	512.88	Horizon	Medicare Blue		301.2				30	301.2	953.8	percent of total billed charges				
J-SPLINTS	L3984	HCPCS	outpatient			1004	512.88	Horizon	MGD		384.33				38.28	301.2	953.8	percent of total billed charges				
J-SPLINTS	L3984	HCPCS	outpatient			1004	512.88	Horizon	PPO		384.33				38.28	301.2	953.8	percent of total billed charges				
J-SPLINTS	L3984	HCPCS	outpatient			1004	512.88	Managed Care Inc	Managed Care Inc		903.6				90	301.2	953.8	percent of total billed charges				
J-SPLINTS	L3984	HCPCS	outpatient			1004	512.88	Multiplan	Multiplan		803.2				80	301.2	953.8	percent of total billed charges				
J-SPLINTS	L3984	HCPCS	outpatient			1004	512.88	Qualcare	Qualcare		753				75	301.2	953.8	percent of total billed charges				
J-SPLINTS	L3984	HCPCS	outpatient			1004	512.88	Three Rivers	Three Rivers		953.8				95	301.2	953.8	percent of total billed charges				
J-SPLINTS	L3984	HCPCS	outpatient			1004	512.88	UHC	Medicare		445.98					301.2	953.8	fee schedule				
J-SPLINTS	L3984	HCPCS	outpatient			1004	512.88	UHC	Medicaid		316.76				31.55	301.2	953.8	percent of total billed charges				
J-SPLINTS	L3984	HCPCS	outpatient			1004	512.88	Wellcare	Medicare		445.98					301.2	953.8	fee schedule				
J-SPLINTS	L3984	HCPCS	outpatient			1004	512.88	Wellcare	Medicaid		316.76				31.55	301.2	953.8	percent of total billed charges				
J-SPLINTS	L3984	HCPCS	outpatient			1004	512.88	WellPoint	WellPoint		323.09				32.18	301.2	953.8	percent of total billed charges				
ROLYAN BURN SPLINT	L3999	HCPCS	both			108		Aetna	Better Health		34.07				31.55	15.45	102.6	percent of total billed charges				
ROLYAN BURN SPLINT	L3999	HCPCS	both			108		Aetna	Commercial		41.04				38	15.45	102.6	percent of total billed charges				
ROLYAN BURN SPLINT	L3999	HCPCS	both			108		Aetna	Medicare		33.26				30.8	15.45	102.6	percent of total billed charges				
ROLYAN BURN SPLINT	L3999	HCPCS	both			108		Americare	Americare		81				75	15.45	102.6	percent of total billed charges				
ROLYAN BURN SPLINT	L3999	HCPCS	both			108		Amerihealth	HMO/PPO		70.2				65	15.45	102.6	percent of total billed charges				
ROLYAN BURN SPLINT	L3999	HCPCS	both			108		Consumer	Consumer		102.6				95	15.45	102.6	percent of total billed charges				
ROLYAN BURN SPLINT	L3999	HCPCS	both			108		Corrections	Corrections		86.4				80	15.45	102.6	percent of total billed charges				
ROLYAN BURN SPLINT	L3999	HCPCS	both			108		First Health	First Health		75.6				70	15.45	102.6	percent of total billed charges				
ROLYAN BURN SPLINT	L3999	HCPCS	both			108		First Trenton	First Trenton		97.2				90	15.45	102.6	percent of total billed charges				
ROLYAN BURN SPLINT	L3999	HCPCS	both			108		Horizon	Medicare Blue		32.4				30	15.45	102.6	percent of total billed charges				
ROLYAN BURN SPLINT	L3999	HCPCS	both			108		Horizon	NJ Health		43.2				40	15.45	102.6	percent of total billed charges				
ROLYAN BURN SPLINT	L3999	HCPCS	both			108		Horizon	MGD		41.34				38.28	15.45	102.6	percent of total billed charges				
ROLYAN BURN SPLINT	L3999	HCPCS	both			108		Horizon	Indemnity		41.34				38.28	15.45	102.6	percent of total billed charges				
ROLYAN BURN SPLINT	L3999	HCPCS	both			108		Horizon	PPO		41.34				38.28	15.45	102.6	percent of total billed charges				
ROLYAN BURN SPLINT	L3999	HCPCS	both			108		Managed Care Inc	Managed Care Inc		97.2				90	15.45	102.6	percent of total billed charges				
ROLYAN BURN SPLINT	L3999	HCPCS	both			108		Multiplan	Multiplan		86.4				80	15.45	102.6	percent of total billed charges				
ROLYAN BURN SPLINT	L3999	HCPCS	both			108		Qualcare	Qualcare		43.2				40	15.45	102.6	percent of total billed charges				
ROLYAN BURN SPLINT	L3999	HCPCS	both			108		Three Rivers	Three Rivers		102.6				95	15.45	102.6	percent of total billed charges				
ROLYAN BURN SPLINT	L3999	HCPCS	both			108		UHC	Medicaid		34.07				31.55	15.45	102.6	percent of total billed charges				
ROLYAN BURN SPLINT	L3999	HCPCS	both			108		Wellcare	Medicaid		34.07				31.55	15.45	102.6	percent of total billed charges				
ROLYAN BURN SPLINT	L3999	HCPCS	both			108		WellPoint	WellPoint		34.75				32.18	15.45	102.6	percent of total billed charges				
AIR CAST SHORT	L4350	HCPCS	outpatient			249	113.09	Aetna	Better Health		78.56				31.55	64.8	236.55	percent of total billed charges				
AIR CAST SHORT	L4350	HCPCS	outpatient			249	113.09	Aetna	Commercial		94.62				38	64.8	236.55	percent of total billed charges				
AIR CAST SHORT	L4350	HCPCS	outpatient			249	113.09	Aetna	Medicare		98.34					64.8	236.55	fee schedule				
AIR CAST SHORT	L4350	HCPCS	outpatient			249	113.09	Americare	Americare		186.75				75	64.8	236.55	percent of total billed charges				
AIR CAST SHORT	L4350	HCPCS	outpatient			249	113.09	Amerihealth	Medicare		98.34					64.8	236.55	fee schedule				
AIR CAST SHORT	L4350	HCPCS	outpatient			249	113.09	Amerihealth	HMO/PPO		161.85				65	64.8	236.55	percent of total billed charges				
AIR CAST SHORT	L4350	HCPCS	outpatient			249	113.09	Consumer	Consumer		236.55				95	64.8	236.55	percent of total billed charges				
AIR CAST SHORT	L4350	HCPCS	outpatient			249	113.09	Corrections	Corrections		199.2				80	64.8	236.55	percent of total billed charges				
AIR CAST SHORT	L4350	HCPCS	outpatient			249	113.09	First Health	First Health		174.3				70	64.8	236.55	percent of total billed charges				
AIR CAST SHORT	L4350	HCPCS	outpatient			249	113.09	First Trenton	First Trenton		224.1				90	64.8	236.55	percent of total billed charges				
AIR CAST SHORT	L4350	HCPCS	outpatient			249	113.09	Horizon	NJ Health		99.6				40	64.8	236.55	percent of total billed charges				
AIR CAST SHORT	L4350	HCPCS	outpatient			249	113.09	Horizon	Medicare Blue		74.7				30	64.8	236.55	percent of total billed charges				
AIR CAST SHORT	L4350	HCPCS	outpatient			249	113.09	Horizon	Indemnity		95.32				38.28	64.8	236.55	percent of total billed charges				
AIR CAST SHORT	L4350	HCPCS	outpatient			249	113.09	Horizon	MGD		95.32				38.28	64.8	236.55	percent of total billed charges				
AIR CAST SHORT	L4350	HCPCS	outpatient			249	113.09	Horizon	PPO		95.32				38.28	64.8	236.55	percent of total billed charges				
AIR CAST SHORT	L4350	HCPCS	outpatient			249	113.09	Managed Care Inc	Managed Care Inc		224.1				90	64.8	236.55	percent of total billed charges				
AIR CAST SHORT	L4350	HCPCS	outpatient			249	113.09	Multiplan	Multiplan		199.2				80	64.8	236.55	percent of total billed charges				
AIR CAST SHORT	L4350	HCPCS	outpatient			249	113.09	Qualcare	Qualcare		99.6				40	64.8	236.55	percent of total billed charges				
AIR CAST SHORT	L4350	HCPCS	outpatient			249	113.09	Three Rivers	Three Rivers		236.55				95	64.8	236.55	percent of total billed charges				
AIR CAST SHORT	L4350	HCPCS	outpatient			249	113.09	UHC	Medicaid		78.56				31.55	64.8	236.55	percent of total billed charges				
AIR CAST SHORT	L4350	HCPCS	outpatient			249	113.09	UHC	Medicare		98.34					64.8	236.55	fee schedule				
AIR CAST SHORT	L4350	HCPCS	outpatient			249	113.09	Wellcare	Medicare		98.34					64.8	236.55	fee schedule				
AIR CAST SHORT	L4350	HCPCS	outpatient			249	113.09	Wellcare	Medicaid		78.56				31.55	64.8	236.55	percent of total billed charges				
AIR CAST SHORT	L4350	HCPCS	outpatient			249	113.09	WellPoint	WellPoint		80.13				32.18	64.8	236.55	percent of total billed charges				
WALKER FOAM MEDIUM	L4360	HCPCS	outpatient			800.07	350.32	Aetna	Commercial		304.03				38	240.02	760.07	percent of total billed charges				
WALKER FOAM MEDIUM	L4360	HCPCS	outpatient			800.07	350.32	Aetna	Better Health		252.42				31.55	240.02	760.07	percent of total billed charges				
WALKER FOAM MEDIUM	L4360	HCPCS	outpatient			800.07	350.32	Aetna	Medicare		304.63					240.02	760.07	fee schedule				
WALKER FOAM MEDIUM	L4360	HCPCS	outpatient			800.07	350.32	Americare	Americare		600.05				75	240.02	760.07	percent of total billed charges				
WALKER FOAM MEDIUM	L4360	HCPCS	outpatient			800.07	350.32	Amerihealth	Medicare		304.63					240.02	760.07	fee schedule				
WALKER FOAM MEDIUM	L4360	HCPCS	outpatient			800.07	350.32	Amerihealth	HMO/PPO		520.05				65	240.02	760.07	percent of total billed charges				
WALKER FOAM MEDIUM	L4360	HCPCS	outpatient			800.07	350.32	Consumer	Consumer		760.07				95	240.02	760.07	percent of total billed charges				
WALKER FOAM MEDIUM	L4360	HCPCS	outpatient			800.07	350.32	Corrections	Corrections		640.06				80	240.02	760.07	percent of total billed charges				
WALKER FOAM MEDIUM	L4360	HCPCS	outpatient			800.07	350.32	First Health	First Health		560.05				70	240.02	760.07	percent of total billed charges				
WALKER FOAM MEDIUM	L4360	HCPCS	outpatient			800.07	350.32	First Trenton	First Trenton		720.06				90	240.02	760.07	percent of total billed charges				
WALKER FOAM MEDIUM	L4360	HCPCS	outpatient			800.07	350.32	Horizon	NJ Health		320.03				40	240.02	760.07	percent of total billed charges				
WALKER FOAM MEDIUM	L4360	HCPCS	outpatient			800.07	350.32	Horizon	Medicare Blue		240.02				30	240.02	760.07	percent of total billed charges				
WALKER FOAM MEDIUM	L4360	HCPCS	outpatient			800.07	350.32	Horizon	Indemnity		306.27				38.28	240.02	760.07	percent of total billed charges				
WALKER FOAM MEDIUM	L4360	HCPCS	outpatient			800.07	350.32	Horizon	MGD		306.27				38.28	240.02	760.07	percent of total billed charges				
WALKER FOAM MEDIUM	L4360	HCPCS	outpatient			800.07	350.32	Horizon	PPO		306.27				38.28	240.02	760.07	percent of total billed charges				
WALKER FOAM MEDIUM	L4360	HCPCS	outpatient			800.07	350.32	Managed Care Inc	Managed Care Inc		720.06				90	240.02	760.07	percent of total billed charges				
WALKER FOAM MEDIUM	L4360	HCPCS	outpatient			800.07	350.32	Multiplan	Multiplan		640.06				80	240.02	760.07	percent of total billed charges				
WALKER FOAM MEDIUM	L4360	HCPCS	outpatient			800.07	350.32	Qualcare	Qualcare		320.03				40	240.02	760.07	percent of total billed charges				
WALKER FOAM MEDIUM	L4360	HCPCS	outpatient			800.07	350.32	Three Rivers	Three Rivers		760.07				95	240.02	760.07	percent of total billed charges				
WALKER FOAM MEDIUM	L4360	HCPCS	outpatient			800.07	350.32	UHC	Medicaid		252.42				31.55	240.02	760.07	percent of total billed charges				
WALKER FOAM MEDIUM	L4360	HCPCS	outpatient			800.07	350.32	UHC	Medicare		304.63					240.02	760.07	fee schedule				
WALKER FOAM MEDIUM	L4360	HCPCS	outpatient			800.07	350.32	Wellcare	Medicare		304.63					240.02	760.07	fee schedule				
WALKER FOAM MEDIUM	L4360	HCPCS	outpatient			800.07	350.32	Wellcare	Medicaid		252.42				31.55	240.02	760.07	percent of total billed charges				
WALKER FOAM MEDIUM	L4360	HCPCS	outpatient			800.07	350.32	WellPoint	WellPoint		257.46				32.18	240.02	760.07	percent of total billed charges				
AIR CAST LONG	L4370	HCPCS	outpatient			505	238.86	Aetna	Medicare		207.7					137.1	479.75	fee schedule				
AIR CAST LONG	L4370	HCPCS	outpatient			505	238.86	Aetna	Better Health		159.33				31.55	137.1	479.75	percent of total billed charges				
AIR CAST LONG	L4370	HCPCS	outpatient			505	238.86	Aetna	Commercial		191.9				38	137.1	479.75	percent of total billed charges				
AIR CAST LONG	L4370	HCPCS	outpatient			505	238.86	Americare	Americare		378.75				75	137.1	479.75	percent of total billed charges				
AIR CAST LONG	L4370	HCPCS	outpatient			505	238.86	Amerihealth	Medicare		207.7					137.1	479.75	fee schedule				
AIR CAST LONG	L4370	HCPCS	outpatient			505	238.86	Amerihealth	HMO/PPO		328.25				65	137.1	479.75	percent of total billed charges				
AIR CAST LONG	L4370	HCPCS	outpatient			505	238.86	Consumer	Consumer		479.75				95	137.1	479.75	percent of total billed charges				
AIR CAST LONG	L4370	HCPCS	outpatient			505	238.86	Corrections	Corrections		404				80	137.1	479.75	percent of total billed charges				
AIR CAST LONG	L4370	HCPCS	outpatient			505	238.86	First Health	First Health		353.5				70	137.1	479.75	percent of total billed charges				
AIR CAST LONG	L4370	HCPCS	outpatient			505	238.86	First Trenton	First Trenton		454.5				90	137.1	479.75	percent of total billed charges				
AIR CAST LONG	L4370	HCPCS	outpatient			505	238.86	Horizon	Medicare Blue		151.5				30	137.1	479.75	percent of total billed charges				
AIR CAST LONG	L4370	HCPCS	outpatient			505	238.86	Horizon	MGD		193.31				38.28	137.1	479.75	percent of total billed charges				
AIR CAST LONG	L4370	HCPCS	outpatient			505	238.86	Horizon	Indemnity		193.31				38.28	137.1	479.75	percent of total billed charges				
AIR CAST LONG	L4370	HCPCS	outpatient			505	238.86	Horizon	PPO		193.31				38.28	137.1	479.75	percent of total billed charges				
AIR CAST LONG	L4370	HCPCS	outpatient			505	238.86	Managed Care Inc	Managed Care Inc		454.5				90	137.1	479.75	percent of total billed charges				
AIR CAST LONG	L4370	HCPCS	outpatient			505	238.86	Multiplan	Multiplan		404				80	137.1	479.75	percent of total billed charges				
AIR CAST LONG	L4370	HCPCS	outpatient			505	238.86	Qualcare	Qualcare		378.75				75	137.1	479.75	percent of total billed charges				
AIR CAST LONG	L4370	HCPCS	outpatient			505	238.86	Three Rivers	Three Rivers		479.75				95	137.1	479.75	percent of total billed charges				
AIR CAST LONG	L4370	HCPCS	outpatient			505	238.86	UHC	Medicare		207.7					137.1	479.75	fee schedule				
AIR CAST LONG	L4370	HCPCS	outpatient			505	238.86	UHC	Medicaid		159.33				31.55	137.1	479.75	percent of total billed charges				
AIR CAST LONG	L4370	HCPCS	outpatient			505	238.86	Wellcare	Medicare		207.7					137.1	479.75	fee schedule				
AIR CAST LONG	L4370	HCPCS	outpatient			505	238.86	Wellcare	Medicaid		159.33				31.55	137.1	479.75	percent of total billed charges				
AIR CAST LONG	L4370	HCPCS	outpatient			505	238.86	WellPoint	WellPoint		162.51				32.18	137.1	479.75	percent of total billed charges				

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
NON-PNEUM WALK BOOT	L4386	HCPCS	outpatient			527		213.5 Aetna	Medicare		185.65				120		500.65 fee schedule	
NON-PNEUM WALK BOOT	L4386	HCPCS	outpatient			527		213.5 Aetna	Better Health		166.27	31.55			120		500.65 percent of total billed charges	
NON-PNEUM WALK BOOT	L4386	HCPCS	outpatient			527		213.5 Aetna	Commercial		200.26	38			120		500.65 percent of total billed charges	
NON-PNEUM WALK BOOT	L4386	HCPCS	outpatient			527		213.5 Americare	Americare		395.25	75			120		500.65 percent of total billed charges	
NON-PNEUM WALK BOOT	L4386	HCPCS	outpatient			527		213.5 Amerihealth	Medicare		185.65				120		500.65 fee schedule	
NON-PNEUM WALK BOOT	L4386	HCPCS	outpatient			527		213.5 Amerihealth	HMO/PPO		342.55	65			120		500.65 percent of total billed charges	
NON-PNEUM WALK BOOT	L4386	HCPCS	outpatient			527		213.5 Consumer	Consumer		500.65	95			120		500.65 percent of total billed charges	
NON-PNEUM WALK BOOT	L4386	HCPCS	outpatient			527		213.5 Corrections	Corrections		421.6	80			120		500.65 percent of total billed charges	
NON-PNEUM WALK BOOT	L4386	HCPCS	outpatient			527		213.5 First Health	First Health		368.9	70			120		500.65 percent of total billed charges	
NON-PNEUM WALK BOOT	L4386	HCPCS	outpatient			527		213.5 First Trenton	First Trenton		474.3	90			120		500.65 percent of total billed charges	
NON-PNEUM WALK BOOT	L4386	HCPCS	outpatient			527		213.5 Horizon	Medicare Blue		158.1	30			120		500.65 percent of total billed charges	
NON-PNEUM WALK BOOT	L4386	HCPCS	outpatient			527		213.5 Horizon	MGD		201.74	38.28			120		500.65 percent of total billed charges	
NON-PNEUM WALK BOOT	L4386	HCPCS	outpatient			527		213.5 Horizon	Indemnity		201.74	38.28			120		500.65 percent of total billed charges	
NON-PNEUM WALK BOOT	L4386	HCPCS	outpatient			527		213.5 Horizon	NJ Health		210.8	40			120		500.65 percent of total billed charges	
NON-PNEUM WALK BOOT	L4386	HCPCS	outpatient			527		213.5 Horizon	PPO		201.74	38.28			120		500.65 percent of total billed charges	
NON-PNEUM WALK BOOT	L4386	HCPCS	outpatient			527		213.5 Managed Care Inc	Managed Care Inc		474.3	90			120		500.65 percent of total billed charges	
NON-PNEUM WALK BOOT	L4386	HCPCS	outpatient			527		213.5 Multiplan	Multiplan		421.6	80			120		500.65 percent of total billed charges	
NON-PNEUM WALK BOOT	L4386	HCPCS	outpatient			527		213.5 Qualcare	Qualcare		210.8	40			120		500.65 percent of total billed charges	
NON-PNEUM WALK BOOT	L4386	HCPCS	outpatient			527		213.5 Three Rivers	Three Rivers		500.65	95			120		500.65 percent of total billed charges	
NON-PNEUM WALK BOOT	L4386	HCPCS	outpatient			527		213.5 UHC	Medicaid		166.27	31.55			120		500.65 percent of total billed charges	
NON-PNEUM WALK BOOT	L4386	HCPCS	outpatient			527		213.5 UHC	Medicare		185.65				120		500.65 fee schedule	
NON-PNEUM WALK BOOT	L4386	HCPCS	outpatient			527		213.5 Wellcare	Medicaid		166.27	31.55			120		500.65 percent of total billed charges	
NON-PNEUM WALK BOOT	L4386	HCPCS	outpatient			527		213.5 Wellcare	Medicare		185.65				120		500.65 fee schedule	
NON-PNEUM WALK BOOT	L4386	HCPCS	outpatient			527		213.5 WellPoint	WellPoint		169.59	32.18			120		500.65 percent of total billed charges	
UNIVERSAL CUFF	L5616	HCPCS	both			4030		2143.49 Aetna	Medicare		1863.9				1209		3828.5 fee schedule	
UNIVERSAL CUFF	L5616	HCPCS	both			4030		2143.49 Aetna	Commercial		1531.4	38			1209		3828.5 percent of total billed charges	
UNIVERSAL CUFF	L5616	HCPCS	both			4030		2143.49 Aetna	Better Health		1271.47	31.55			1209		3828.5 percent of total billed charges	
UNIVERSAL CUFF	L5616	HCPCS	both			4030		2143.49 Americare	Americare		3022.5	75			1209		3828.5 percent of total billed charges	
UNIVERSAL CUFF	L5616	HCPCS	both			4030		2143.49 Amerihealth	Medicare		1863.9				1209		3828.5 fee schedule	
UNIVERSAL CUFF	L5616	HCPCS	both			4030		2143.49 Amerihealth	HMO/PPO		2619.5	65			1209		3828.5 percent of total billed charges	
UNIVERSAL CUFF	L5616	HCPCS	both			4030		2143.49 Consumer	Consumer		3828.5	95			1209		3828.5 percent of total billed charges	
UNIVERSAL CUFF	L5616	HCPCS	both			4030		2143.49 Corrections	Corrections		3224	80			1209		3828.5 percent of total billed charges	
UNIVERSAL CUFF	L5616	HCPCS	both			4030		2143.49 First Health	First Health		2821	70			1209		3828.5 percent of total billed charges	
UNIVERSAL CUFF	L5616	HCPCS	both			4030		2143.49 First Trenton	First Trenton		3627	90			1209		3828.5 percent of total billed charges	
UNIVERSAL CUFF	L5616	HCPCS	both			4030		2143.49 Horizon	MGD		1542.68	38.28			1209		3828.5 percent of total billed charges	
UNIVERSAL CUFF	L5616	HCPCS	both			4030		2143.49 Horizon	Medicare Blue		1209	30			1209		3828.5 percent of total billed charges	
UNIVERSAL CUFF	L5616	HCPCS	both			4030		2143.49 Horizon	NJ Health		1612	40			1209		3828.5 percent of total billed charges	
UNIVERSAL CUFF	L5616	HCPCS	both			4030		2143.49 Horizon	Indemnity		1542.68	38.28			1209		3828.5 percent of total billed charges	
UNIVERSAL CUFF	L5616	HCPCS	both			4030		2143.49 Horizon	PPO		1542.68	38.28			1209		3828.5 percent of total billed charges	
UNIVERSAL CUFF	L5616	HCPCS	both			4030		2143.49 Managed Care Inc	Managed Care Inc		3627	90			1209		3828.5 percent of total billed charges	
UNIVERSAL CUFF	L5616	HCPCS	both			4030		2143.49 Multiplan	Multiplan		3224	80			1209		3828.5 percent of total billed charges	
UNIVERSAL CUFF	L5616	HCPCS	both			4030		2143.49 Qualcare	Qualcare		1612	40			1209		3828.5 percent of total billed charges	
UNIVERSAL CUFF	L5616	HCPCS	both			4030		2143.49 Three Rivers	Three Rivers		3828.5	95			1209		3828.5 percent of total billed charges	
UNIVERSAL CUFF	L5616	HCPCS	both			4030		2143.49 UHC	Medicaid		1271.47	31.55			1209		3828.5 percent of total billed charges	
UNIVERSAL CUFF	L5616	HCPCS	both			4030		2143.49 UHC	Medicare		1863.9				1209		3828.5 fee schedule	
UNIVERSAL CUFF	L5616	HCPCS	both			4030		2143.49 Wellcare	Medicare		1863.9				1209		3828.5 fee schedule	
UNIVERSAL CUFF	L5616	HCPCS	both			4030		2143.49 Wellcare	Medicaid		1271.47	31.55			1209		3828.5 percent of total billed charges	
UNIVERSAL CUFF	L5616	HCPCS	both			4030		2143.49 WellPoint	WellPoint		1296.85	32.18			1209		3828.5 percent of total billed charges	
CHEST SURGICAL BRA XXX-LARGE 50-52	L8000	HCPCS	both			97		54.52 Aetna	Better Health		30.6	31.55			29.1		92.15 percent of total billed charges	
CHEST SURGICAL BRA XXX-LARGE 50-52	L8000	HCPCS	both			97		54.52 Aetna	Medicare		47.41				29.1		92.15 fee schedule	
CHEST SURGICAL BRA XXX-LARGE 50-52	L8000	HCPCS	both			97		54.52 Aetna	Commercial		36.86	38			29.1		92.15 percent of total billed charges	
CHEST SURGICAL BRA XXX-LARGE 50-52	L8000	HCPCS	both			97		54.52 Americare	Americare		72.75	75			29.1		92.15 percent of total billed charges	
CHEST SURGICAL BRA XXX-LARGE 50-52	L8000	HCPCS	both			97		54.52 Amerihealth	Medicare		47.41				29.1		92.15 fee schedule	
CHEST SURGICAL BRA XXX-LARGE 50-52	L8000	HCPCS	both			97		54.52 Amerihealth	HMO/PPO		63.95	65			29.1		92.15 percent of total billed charges	
CHEST SURGICAL BRA XXX-LARGE 50-52	L8000	HCPCS	both			97		54.52 Consumer	Consumer		92.15	95			29.1		92.15 percent of total billed charges	
CHEST SURGICAL BRA XXX-LARGE 50-52	L8000	HCPCS	both			97		54.52 Corrections	Corrections		77.6	80			29.1		92.15 percent of total billed charges	
CHEST SURGICAL BRA XXX-LARGE 50-52	L8000	HCPCS	both			97		54.52 First Health	First Health		67.9	70			29.1		92.15 percent of total billed charges	
CHEST SURGICAL BRA XXX-LARGE 50-52	L8000	HCPCS	both			97		54.52 First Trenton	First Trenton		87.3	90			29.1		92.15 percent of total billed charges	
CHEST SURGICAL BRA XXX-LARGE 50-52	L8000	HCPCS	both			97		54.52 Horizon	MGD		37.13	38.28			29.1		92.15 percent of total billed charges	
CHEST SURGICAL BRA XXX-LARGE 50-52	L8000	HCPCS	both			97		54.52 Horizon	Medicare Blue		29.1	30			29.1		92.15 percent of total billed charges	
CHEST SURGICAL BRA XXX-LARGE 50-52	L8000	HCPCS	both			97		54.52 Horizon	NJ Health		38.8	40			29.1		92.15 percent of total billed charges	
CHEST SURGICAL BRA XXX-LARGE 50-52	L8000	HCPCS	both			97		54.52 Horizon	Indemnity		37.13	38.28			29.1		92.15 percent of total billed charges	
CHEST SURGICAL BRA XXX-LARGE 50-52	L8000	HCPCS	both			97		54.52 Horizon	PPO		37.13	38.28			29.1		92.15 percent of total billed charges	
CHEST SURGICAL BRA XXX-LARGE 50-52	L8000	HCPCS	both			97		54.52 Managed Care Inc	Managed Care Inc		87.3	90			29.1		92.15 percent of total billed charges	
CHEST SURGICAL BRA XXX-LARGE 50-52	L8000	HCPCS	both			97		54.52 Multiplan	Multiplan		77.6	80			29.1		92.15 percent of total billed charges	
CHEST SURGICAL BRA XXX-LARGE 50-52	L8000	HCPCS	both			97		54.52 Qualcare	Qualcare		38.8	40			29.1		92.15 percent of total billed charges	
CHEST SURGICAL BRA XXX-LARGE 50-52	L8000	HCPCS	both			97		54.52 Three Rivers	Three Rivers		92.15	95			29.1		92.15 percent of total billed charges	
CHEST SURGICAL BRA XXX-LARGE 50-52	L8000	HCPCS	both			97		54.52 UHC	Medicare		47.41				29.1		92.15 fee schedule	
CHEST SURGICAL BRA XXX-LARGE 50-52	L8000	HCPCS	both			97		54.52 UHC	Medicaid		30.6	31.55			29.1		92.15 percent of total billed charges	
CHEST SURGICAL BRA XXX-LARGE 50-52	L8000	HCPCS	both			97		54.52 Wellcare	Medicaid		30.6	31.55			29.1		92.15 percent of total billed charges	
CHEST SURGICAL BRA XXX-LARGE 50-52	L8000	HCPCS	both			97		54.52 Wellcare	Medicare		47.41				29.1		92.15 fee schedule	
CHEST SURGICAL BRA XXX-LARGE 50-52	L8000	HCPCS	both			97		54.52 WellPoint	WellPoint		31.21	32.18			29.1		92.15 percent of total billed charges	
BREAST THERAPUTIC MEDIUM	L8001	HCPCS	both			369		169.21 Aetna	Better Health		116.42	31.55			110.7		350.55 percent of total billed charges	
BREAST THERAPUTIC MEDIUM	L8001	HCPCS	both			369		169.21 Aetna	Medicare		147.14				110.7		350.55 fee schedule	
BREAST THERAPUTIC MEDIUM	L8001	HCPCS	both			369		169.21 Aetna	Commercial		140.22	38			110.7		350.55 percent of total billed charges	
BREAST THERAPUTIC MEDIUM	L8001	HCPCS	both			369		169.21 Americare	Americare		276.75	75			110.7		350.55 percent of total billed charges	
BREAST THERAPUTIC MEDIUM	L8001	HCPCS	both			369		169.21 Amerihealth	Medicare		147.14				110.7		350.55 fee schedule	
BREAST THERAPUTIC MEDIUM	L8001	HCPCS	both			369		169.21 Amerihealth	HMO/PPO		239.85	65			110.7		350.55 percent of total billed charges	
BREAST THERAPUTIC MEDIUM	L8001	HCPCS	both			369		169.21 Consumer	Consumer		350.55	95			110.7		350.55 percent of total billed charges	
BREAST THERAPUTIC MEDIUM	L8001	HCPCS	both			369		169.21 Corrections	Corrections		295.2	80			110.7		350.55 percent of total billed charges	
BREAST THERAPUTIC MEDIUM	L8001	HCPCS	both			369		169.21 First Health	First Health		258.3	70			110.7		350.55 percent of total billed charges	
BREAST THERAPUTIC MEDIUM	L8001	HCPCS	both			369		169.21 First Trenton	First Trenton		332.1	90			110.7		350.55 percent of total billed charges	
BREAST THERAPUTIC MEDIUM	L8001	HCPCS	both			369		169.21 Horizon	MGD		141.25	38.28			110.7		350.55 percent of total billed charges	
BREAST THERAPUTIC MEDIUM	L8001	HCPCS	both			369		169.21 Horizon	Medicare Blue		110.7	30			110.7		350.55 percent of total billed charges	
BREAST THERAPUTIC MEDIUM	L8001	HCPCS	both			369		169.21 Horizon	NJ Health		147.6	40			110.7		350.55 percent of total billed charges	
BREAST THERAPUTIC MEDIUM	L8001	HCPCS	both			369		169.21 Horizon	Indemnity		141.25	38.28			110.7		350.55 percent of total billed charges	
BREAST THERAPUTIC MEDIUM	L8001	HCPCS	both			369		169.21 Horizon	PPO		141.25	38.28			110.7		350.55 percent of total billed charges	
BREAST THERAPUTIC MEDIUM	L8001	HCPCS	both			369		169.21 Managed Care Inc	Managed Care Inc		332.1	90			110.7		350.55 percent of total billed charges	
BREAST THERAPUTIC MEDIUM	L8001	HCPCS	both			369		169.21 Multiplan	Multiplan		295.2	80			110.7		350.55 percent of total billed charges	
BREAST THERAPUTIC MEDIUM	L8001	HCPCS	both			369		169.21 Qualcare	Qualcare		147.6	40			110.7		350.55 percent of total billed charges	
BREAST THERAPUTIC MEDIUM	L8001	HCPCS	both			369		169.21 Three Rivers	Three Rivers		350.55	95			110.7		350.55 percent of total billed charges	
BREAST THERAPUTIC MEDIUM	L8001	HCPCS	both			369		169.21 UHC	Medicaid		116.42	31.55			110.7		350.55 percent of total billed charges	
BREAST THERAPUTIC MEDIUM	L8001	HCPCS	both			369		169.21 UHC	Medicare		147.14				110.7		350.55 fee schedule	
BREAST THERAPUTIC MEDIUM	L8001	HCPCS	both			369		169.21 Wellcare	Medicare		147.14				110.7		350.55 fee schedule	
BREAST THERAPUTIC MEDIUM	L8001	HCPCS	both			369		169.21 Wellcare	Medicaid		116.42	31.55			110.7		350.55 percent of total billed charges	
BREAST THERAPUTIC MEDIUM	L8001	HCPCS	both			369		169.21 WellPoint	WellPoint		118.74	32.18			110.7		350.55 percent of total billed charges	
PROVOX XTRAFLANGE 20 (7276)	L8499	HCPCS	outpatient			137		Aetna	Better Health		43.22	31.55			41.1		130.15 percent of total billed charges	
PROVOX XTRAFLANGE 20 (7276)	L8499	HCPCS	outpatient			137		Aetna	Commercial		52.06	38			41.1		130.15 percent of total billed charges	
PROVOX XTRAFLANGE 20 (7276)	L8499	HCPCS	outpatient			137		Aetna	Medicare		42.2	30.8			41.1		130.15 percent of total billed charges	
PROVOX XTRAFLANGE 20 (7276)	L8499	HCPCS	outpatient			137		Americare	Americare		102.75	75			41.1		130.15 percent of total billed charges	
PROVOX XTRAFLANGE 20 (7276)	L8499	HCPCS	outpatient			137		Amerihealth	HMO/PPO		89.05	65			41.1		130.15 percent of total billed charges	
PROVOX XTRAFLANGE 20 (7276)	L8499	HCPCS	outpatient			137		Consumer	Consumer		130.15	95			41.1		130.15 percent of total billed charges	
PROVOX XTRAFLANGE 20 (7276)	L8499	HCPCS	outpatient			137		Corrections	Corrections		109.6	80			41.1		130.15 percent of total billed charges	
PROVOX XTRAFLANGE 20 (7276)	L8499	HCPCS	outpatient			137		First Health	First Health		95.9	70			41.1		130.15 percent of total billed charges	
PROVOX XTRAFLANGE 20 (7276)	L8499	HCPCS	outpatient			137		First Trenton	First Trenton		123.3	90			41.1		130.15 percent of total billed charges	
PROVOX XTRAFLANGE 20 (7276)	L8499	HCPCS	outpatient			137		Horizon	MGD		52.44	38.28			41.1		130.15 percent of total billed charges	
PROVOX XTRAFLANGE 20 (7276)	L8499	HCPCS	outpatient			137		Horizon	Indemnity		52.44	38.28			41.1		130.15 percent of total billed charges	
PROVOX XTRAFLANGE 20 (7276)	L8499	HCPCS	outpatient			137		Horizon	PPO		52.44	38.28			41.1		130.15 percent of total billed charges	
PROVOX XTRAFLANGE 20 (7276)	L8499	HCPCS	outpatient			137		Horizon	Medicare Blue		41.1	30			41.1		130.15 percent of total billed charges	
PROVOX XTRAFLANGE 20 (7276)	L8499	HCPCS	outpatient			137		Managed Care Inc	Managed Care Inc		123.3	90			41.1		130.15 percent of total billed charges	
PROVOX XTRAFLANGE 20 (7276)	L8499	HCPCS	outpatient			137		Multiplan	Multiplan		109.6	80			41.1		130.15 percent of total billed charges	
PROVOX XTRAFLANGE 20 (7276)	L8499	HCPCS	outpatient			137		Qualcare	Qualcare		102.75	75			41.1		130.15 percent of total billed charges	
PROVOX XTRAFLANGE 20 (7276)	L8499	HCPCS	outpatient			137		Three Rivers	Three Rivers		130.15	95			41.1		130.15 percent of total billed charges	
PROVOX XTRAFLANGE 20 (7276)	L8499	HCPCS	outpatient			137		UHC	Medicaid		43.22	31.55			41.1		130.15 percent of total billed charges	
PROVOX XTRAFLANGE 20 (7276)	L8499	HCPCS	outpatient			137		Wellcare	Medicaid		43.22	31.55			41.1		130.15 percent of total billed charges	
PROVOX XTRAFLANGE 20 (7276)	L8499	HCPCS	outpatient			137		WellPoint	WellPoint		44.09	32.18			41.1		130.15 percent of total billed charges	
SPEAKING VALVE	L8501	HCPCS	both			344		162.83 Aetna	Medicare		141.59				103.2		326.8 fee schedule	
SPEAKING VALVE	L8501	HCPCS	both			344		162.83 Aetna	Better Health		108.53	31.55			103.2		326.8 percent of total billed charges	
SPEAKING VALVE	L8501	HCPCS	both			344		162.83 Aetna	Commercial		130.72	38			103.2		326.8 percent of total billed charges	
SPEAKING VALVE	L8501	HCPCS	both			344		162.83 Americare	Americare		258	75			103.2		326.8 percent of total billed charges	
SPEAKING VALVE	L8501	HCPCS	both			344		162.83 Amerihealth	Medicare		141.59				103.2		326.8 fee schedule	
SPEAKING VALVE	L8501	HCPCS	both			344		162.83 Amerihealth	HMO/PPO		223.6	65			103.2		326.8 percent of total billed charges	
SPEAKING VALVE	L8501	HCPCS	both			344		162.83 Consumer	Consumer		326.8	95			103.2		326.8 percent of total billed charges	
SPEAKING VALVE	L8501	HCPCS	both			344		162.83 Corrections	Corrections		275.2	80			103.2		326.8 percent of total billed charges	
SPEAKING VALVE	L8501	HCPCS	both			344		162.83 First Health	First Health		240.8	70			103.2		326.8 percent of total billed charges	
SPEAKING VALVE	L8501	HCPCS	both			344		162.83 First Trenton	First Trenton		309.6	90			103.2		326.8 percent of total billed charges	
SPEAKING VALVE	L8501	HCPCS	both			344		162.83 Horizon	MGD		131.68	38.28			103.2		326.8 percent of total billed charges	
SPEAKING VALVE	L8501	HCPCS	both			344		162.83 Horizon	PPO		131.68	38.28			103.2		326.8 percent of total billed charges	
SPEAKING VALVE	L8501	HCPCS	both			344		162.83 Horizon	Medicare Blue		103.2	30			103.2		326.8 percent of total billed charges	
SPEAKING VALVE	L8501	HCPCS	both			344		162.83 Horizon	NJ Health		137.6	40			103.2		326.8 percent of total billed charges	
SPEAKING VALVE	L8501	HCPCS	both			344		162.83 Horizon	Indemnity		131.68	38.28			103.2		326.8 percent of total billed charges	
SPEAKING VALVE	L8501	HCPCS	both			344		162.83 Managed Care Inc	Managed Care Inc		309.6	90			103.2		326.8 percent of total billed charges	
SPEAKING VALVE	L8501	HCPCS	both			344		162.83 Multiplan	Multiplan		275.2	80			103.2		326.8 percent of total billed charges	
SPEAKING VALVE	L8501	HCPCS	both			344		162.83 Qualcare	Qualcare		137.6	40			103.2		326.8 percent of total billed charges	
SPEAKING VALVE	L8501	HCPCS	both			344		162.83 Three Rivers	Three Rivers		326.8	95			103.2		326.8 percent of total billed charges	
SPEAKING VALVE	L8501	HCPCS	both			344		162.83 UHC	Medicare		141.59				103.2		326.8 fee schedule	
SPEAKING VALVE	L8501	HCPCS	both			344		162.83 UHC	Medicaid		108.53	31.55			103.2		326.8 percent of total billed charges	
SPEAKING VALVE	L8501	HCPCS	both			344		162.83 Wellcare	Medicare		141.59				103.2		326.8 fee schedule	
SPEAKING VALVE	L8501	HCPCS	both			344		162.83 Wellcare	Medicaid		108.53	31.55			103.2		326.8 percent of total billed charges	
SPEAKING VALVE	L8501	HCPCS	both			344		162.83 WellPoint	WellPoint		110.7	32.18			103.2		326.8 percent of total billed charges	
PROVOX NID 20, 8MM (7112)	L8507	HCPCS	outpatient			361		56.53 Aetna	Better Health		113.9	31.55			49.16		342.95 percent of total billed charges	
PROVOX NID 20, 8MM (7112)	L8507	HCPCS	outpatient			361		56.53 Aetna	Medicare		49.16				49.16		342.95 fee schedule	
PROVOX NID 20, 8MM (7112)	L8507	HCPCS	outpatient			361		56.53 Aetna	Commercial		137.18	38			49.16		342.95 percent of total billed charges	
PROVOX NID 20, 8MM (7112)	L8507	HCPCS	outpatient			361		56.53 Americare	Americare		270.75	75			49.16		342.95 percent of total billed charges	
PROVOX NID 20, 8MM (7112)	L8507	HCPCS	outpatient			361		56.53 Amerihealth	HMO/PPO		234.65	65			49.16		342.95 percent of total billed charges	
PROVOX NID 20, 8MM (7112)	L8507	HCPCS	outpatient			361		56.53 Amerihealth	Medicare		49.16				49.16		342.95 fee schedule	
PROVOX NID 20, 8MM (7112)	L8507	HCPCS	outpatient			361		56.53 Consumer	Consumer		342.95	95			49.16		342.95 percent of total billed charges	
PROVOX NID 20, 8MM (7112)	L8507	HCPCS	outpatient			361		56.53 Corrections	Corrections		288.8	80			49.16		342.95 percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.															
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true														
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
PROVOX NID 20, 8MM (7112)	L8507	HCPCS	outpatient			361	56.53	First Health	First Health		252.7	70			49.16	342.95	percent of total billed charges	
PROVOX NID 20, 8MM (7112)	L8507	HCPCS	outpatient			361	56.53	First Trenton	First Trenton		324.9	90			49.16	342.95	percent of total billed charges	
PROVOX NID 20, 8MM (7112)	L8507	HCPCS	outpatient			361	56.53	Horizon	MGD		138.19	38.28			49.16	342.95	percent of total billed charges	
PROVOX NID 20, 8MM (7112)	L8507	HCPCS	outpatient			361	56.53	Horizon	Medicare Blue		108.3	30			49.16	342.95	percent of total billed charges	
PROVOX NID 20, 8MM (7112)	L8507	HCPCS	outpatient			361	56.53	Horizon	Indemnity		138.19	38.28			49.16	342.95	percent of total billed charges	
PROVOX NID 20, 8MM (7112)	L8507	HCPCS	outpatient			361	56.53	Horizon	PPO		138.19	38.28			49.16	342.95	percent of total billed charges	
PROVOX NID 20, 8MM (7112)	L8507	HCPCS	outpatient			361	56.53	Managed Care Inc	Managed Care Inc		324.9	90			49.16	342.95	percent of total billed charges	
PROVOX NID 20, 8MM (7112)	L8507	HCPCS	outpatient			361	56.53	Multiplan	Multiplan		288.8	80			49.16	342.95	percent of total billed charges	
PROVOX NID 20, 8MM (7112)	L8507	HCPCS	outpatient			361	56.53	Qualcare	Qualcare		270.75	75			49.16	342.95	percent of total billed charges	
PROVOX NID 20, 8MM (7112)	L8507	HCPCS	outpatient			361	56.53	Three Rivers	Three Rivers		342.95	95			49.16	342.95	percent of total billed charges	
PROVOX NID 20, 8MM (7112)	L8507	HCPCS	outpatient			361	56.53	UHC	Medicare		49.16				49.16	342.95	fee schedule	
PROVOX NID 20, 8MM (7112)	L8507	HCPCS	outpatient			361	56.53	UHC	Medicaid		113.9	31.55			49.16	342.95	percent of total billed charges	
PROVOX NID 20, 8MM (7112)	L8507	HCPCS	outpatient			361	56.53	Wellcare	Medicare		49.16				49.16	342.95	fee schedule	
PROVOX NID 20, 8MM (7112)	L8507	HCPCS	outpatient			361	56.53	Wellcare	Medicaid		113.9	31.55			49.16	342.95	percent of total billed charges	
PROVOX NID 20, 8MM (7112)	L8507	HCPCS	outpatient			361	56.53	WellPoint	WellPoint		116.17	32.18			49.16	342.95	percent of total billed charges	
PROVOX VEGA XTRASEAL 22.5 FR 10 MM (8303	L8509	HCPCS	both			1188	147.32	Aetna	Commercial		451.44	38			96.48	1128.6	percent of total billed charges	
PROVOX VEGA XTRASEAL 22.5 FR 10 MM (8303	L8509	HCPCS	both			1188	147.32	Aetna	Better Health		374.81	31.55			96.48	1128.6	percent of total billed charges	
PROVOX VEGA XTRASEAL 22.5 FR 10 MM (8303	L8509	HCPCS	both			1188	147.32	Aetna	Medicare		128.1				96.48	1128.6	fee schedule	
PROVOX VEGA XTRASEAL 22.5 FR 10 MM (8303	L8509	HCPCS	both			1188	147.32	Americare	Americare		891	75			96.48	1128.6	percent of total billed charges	
PROVOX VEGA XTRASEAL 22.5 FR 10 MM (8303	L8509	HCPCS	both			1188	147.32	Amerihealth	Medicare		128.1				96.48	1128.6	fee schedule	
PROVOX VEGA XTRASEAL 22.5 FR 10 MM (8303	L8509	HCPCS	both			1188	147.32	Amerihealth	HMO/PPO		772.2	65			96.48	1128.6	percent of total billed charges	
PROVOX VEGA XTRASEAL 22.5 FR 10 MM (8303	L8509	HCPCS	both			1188	147.32	Consumer	Consumer		1128.6	95			96.48	1128.6	percent of total billed charges	
PROVOX VEGA XTRASEAL 22.5 FR 10 MM (8303	L8509	HCPCS	both			1188	147.32	Corrections	Corrections		950.4	80			96.48	1128.6	percent of total billed charges	
PROVOX VEGA XTRASEAL 22.5 FR 10 MM (8303	L8509	HCPCS	both			1188	147.32	First Health	First Health		831.6	70			96.48	1128.6	percent of total billed charges	
PROVOX VEGA XTRASEAL 22.5 FR 10 MM (8303	L8509	HCPCS	both			1188	147.32	First Trenton	First Trenton		1069.2	90			96.48	1128.6	percent of total billed charges	
PROVOX VEGA XTRASEAL 22.5 FR 10 MM (8303	L8509	HCPCS	both			1188	147.32	Horizon	Indemnity		454.77	38.28			96.48	1128.6	percent of total billed charges	
PROVOX VEGA XTRASEAL 22.5 FR 10 MM (8303	L8509	HCPCS	both			1188	147.32	Horizon	MGD		454.77	38.28			96.48	1128.6	percent of total billed charges	
PROVOX VEGA XTRASEAL 22.5 FR 10 MM (8303	L8509	HCPCS	both			1188	147.32	Horizon	Medicare Blue		356.4	30			96.48	1128.6	percent of total billed charges	
PROVOX VEGA XTRASEAL 22.5 FR 10 MM (8303	L8509	HCPCS	both			1188	147.32	Horizon	PPO		454.77	38.28			96.48	1128.6	percent of total billed charges	
PROVOX VEGA XTRASEAL 22.5 FR 10 MM (8303	L8509	HCPCS	both			1188	147.32	Managed Care Inc	Managed Care Inc		1069.2	90			96.48	1128.6	percent of total billed charges	
PROVOX VEGA XTRASEAL 22.5 FR 10 MM (8303	L8509	HCPCS	both			1188	147.32	Multiplan	Multiplan		950.4	80			96.48	1128.6	percent of total billed charges	
PROVOX VEGA XTRASEAL 22.5 FR 10 MM (8303	L8509	HCPCS	both			1188	147.32	Qualcare	Qualcare		891	75			96.48	1128.6	percent of total billed charges	
PROVOX VEGA XTRASEAL 22.5 FR 10 MM (8303	L8509	HCPCS	both			1188	147.32	Three Rivers	Three Rivers		1128.6	95			96.48	1128.6	percent of total billed charges	
PROVOX VEGA XTRASEAL 22.5 FR 10 MM (8303	L8509	HCPCS	both			1188	147.32	UHC	Medicaid		374.81	31.55			96.48	1128.6	percent of total billed charges	
PROVOX VEGA XTRASEAL 22.5 FR 10 MM (8303	L8509	HCPCS	both			1188	147.32	UHC	Medicare		128.1				96.48	1128.6	fee schedule	
PROVOX VEGA XTRASEAL 22.5 FR 10 MM (8303	L8509	HCPCS	both			1188	147.32	Wellcare	Medicaid		374.81	31.55			96.48	1128.6	percent of total billed charges	
PROVOX VEGA XTRASEAL 22.5 FR 10 MM (8303	L8509	HCPCS	both			1188	147.32	Wellcare	Medicare		128.1				96.48	1128.6	fee schedule	
PROVOX VEGA XTRASEAL 22.5 FR 10 MM (8303	L8509	HCPCS	both			1188	147.32	WellPoint	WellPoint		382.3	32.18			96.48	1128.6	percent of total billed charges	
PROVOX VEGA PLUG 20 (8129)	L8511	HCPCS	both			196	98.15	Aetna	Medicare		85.35				46.8	186.2	fee schedule	
PROVOX VEGA PLUG 20 (8129)	L8511	HCPCS	both			196	98.15	Aetna	Commercial		74.48	38			46.8	186.2	percent of total billed charges	
PROVOX VEGA PLUG 20 (8129)	L8511	HCPCS	both			196	98.15	Aetna	Better Health		61.84	31.55			46.8	186.2	percent of total billed charges	
PROVOX VEGA PLUG 20 (8129)	L8511	HCPCS	both			196	98.15	Americare	Americare		147	75			46.8	186.2	percent of total billed charges	
PROVOX VEGA PLUG 20 (8129)	L8511	HCPCS	both			196	98.15	Amerihealth	HMO/PPO		127.4	65			46.8	186.2	percent of total billed charges	
PROVOX VEGA PLUG 20 (8129)	L8511	HCPCS	both			196	98.15	Amerihealth	Medicare		85.35				46.8	186.2	fee schedule	
PROVOX VEGA PLUG 20 (8129)	L8511	HCPCS	both			196	98.15	Consumer	Consumer		186.2	95			46.8	186.2	percent of total billed charges	
PROVOX VEGA PLUG 20 (8129)	L8511	HCPCS	both			196	98.15	Corrections	Corrections		156.8	80			46.8	186.2	percent of total billed charges	
PROVOX VEGA PLUG 20 (8129)	L8511	HCPCS	both			196	98.15	First Health	First Health		137.2	70			46.8	186.2	percent of total billed charges	
PROVOX VEGA PLUG 20 (8129)	L8511	HCPCS	both			196	98.15	First Trenton	First Trenton		176.4	90			46.8	186.2	percent of total billed charges	
PROVOX VEGA PLUG 20 (8129)	L8511	HCPCS	both			196	98.15	Horizon	Medicare Blue		58.8	30			46.8	186.2	percent of total billed charges	
PROVOX VEGA PLUG 20 (8129)	L8511	HCPCS	both			196	98.15	Horizon	Indemnity		75.03	38.28			46.8	186.2	percent of total billed charges	
PROVOX VEGA PLUG 20 (8129)	L8511	HCPCS	both			196	98.15	Horizon	MGD		75.03	38.28			46.8	186.2	percent of total billed charges	
PROVOX VEGA PLUG 20 (8129)	L8511	HCPCS	both			196	98.15	Horizon	PPO		75.03	38.28			46.8	186.2	percent of total billed charges	
PROVOX VEGA PLUG 20 (8129)	L8511	HCPCS	both			196	98.15	Managed Care Inc	Managed Care Inc		176.4	90			46.8	186.2	percent of total billed charges	
PROVOX VEGA PLUG 20 (8129)	L8511	HCPCS	both			196	98.15	Multiplan	Multiplan		156.8	80			46.8	186.2	percent of total billed charges	
PROVOX VEGA PLUG 20 (8129)	L8511	HCPCS	both			196	98.15	Qualcare	Qualcare		147	75			46.8	186.2	percent of total billed charges	
PROVOX VEGA PLUG 20 (8129)	L8511	HCPCS	both			196	98.15	Three Rivers	Three Rivers		186.2	95			46.8	186.2	percent of total billed charges	
PROVOX VEGA PLUG 20 (8129)	L8511	HCPCS	both			196	98.15	UHC	Medicare		85.35				46.8	186.2	fee schedule	
PROVOX VEGA PLUG 20 (8129)	L8511	HCPCS	both			196	98.15	UHC	Medicaid		61.84	31.55			46.8	186.2	percent of total billed charges	
PROVOX VEGA PLUG 20 (8129)	L8511	HCPCS	both			196	98.15	Wellcare	Medicaid		61.84	31.55			46.8	186.2	percent of total billed charges	
PROVOX VEGA PLUG 20 (8129)	L8511	HCPCS	both			196	98.15	Wellcare	Medicare		85.35				46.8	186.2	fee schedule	
PROVOX VEGA PLUG 20 (8129)	L8511	HCPCS	both			196	98.15	WellPoint	WellPoint		63.07	32.18			46.8	186.2	percent of total billed charges	
EXPN BREAST CONT PRO MED 550CC	L8600	HCPCS	outpatient			5085	841.71	Aetna	Medicare		731.92				715.5	4830.75	fee schedule	
EXPN BREAST CONT PRO MED 550CC	L8600	HCPCS	outpatient			5085	841.71	Aetna	Better Health		1604.32	31.55			715.5	4830.75	percent of total billed charges	
EXPN BREAST CONT PRO MED 550CC	L8600	HCPCS	outpatient			5085	841.71	Aetna	Commercial		1932.3	38			715.5	4830.75	percent of total billed charges	
EXPN BREAST CONT PRO MED 550CC	L8600	HCPCS	outpatient			5085	841.71	Americare	Americare		3813.75	75			715.5	4830.75	percent of total billed charges	
EXPN BREAST CONT PRO MED 550CC	L8600	HCPCS	outpatient			5085	841.71	Amerihealth	HMO/PPO		3305.25	65			715.5	4830.75	percent of total billed charges	
EXPN BREAST CONT PRO MED 550CC	L8600	HCPCS	outpatient			5085	841.71	Amerihealth	Medicare		731.92				715.5	4830.75	fee schedule	
EXPN BREAST CONT PRO MED 550CC	L8600	HCPCS	outpatient			5085	841.71	Consumer	Consumer		4830.75	95			715.5	4830.75	percent of total billed charges	
EXPN BREAST CONT PRO MED 550CC	L8600	HCPCS	outpatient			5085	841.71	Corrections	Corrections		4068	80			715.5	4830.75	percent of total billed charges	
EXPN BREAST CONT PRO MED 550CC	L8600	HCPCS	outpatient			5085	841.71	First Health	First Health		3559.5	70			715.5	4830.75	percent of total billed charges	
EXPN BREAST CONT PRO MED 550CC	L8600	HCPCS	outpatient			5085	841.71	First Trenton	First Trenton		4576.5	90			715.5	4830.75	percent of total billed charges	
EXPN BREAST CONT PRO MED 550CC	L8600	HCPCS	outpatient			5085	841.71	Horizon	MGD		1946.54	38.28			715.5	4830.75	percent of total billed charges	
EXPN BREAST CONT PRO MED 550CC	L8600	HCPCS	outpatient			5085	841.71	Horizon	Medicare Blue		1525.5	30			715.5	4830.75	percent of total billed charges	
EXPN BREAST CONT PRO MED 550CC	L8600	HCPCS	outpatient			5085	841.71	Horizon	NJ Health		2034	40			715.5	4830.75	percent of total billed charges	
EXPN BREAST CONT PRO MED 550CC	L8600	HCPCS	outpatient			5085	841.71	Horizon	Indemnity		1946.54	38.28			715.5	4830.75	percent of total billed charges	
EXPN BREAST CONT PRO MED 550CC	L8600	HCPCS	outpatient			5085	841.71	Horizon	PPO		1946.54	38.28			715.5	4830.75	percent of total billed charges	
EXPN BREAST CONT PRO MED 550CC	L8600	HCPCS	outpatient			5085	841.71	Managed Care Inc	Managed Care Inc		4576.5	90			715.5	4830.75	percent of total billed charges	
EXPN BREAST CONT PRO MED 550CC	L8600	HCPCS	outpatient			5085	841.71	Multiplan	Multiplan		4068	80			715.5	4830.75	percent of total billed charges	
EXPN BREAST CONT PRO MED 550CC	L8600	HCPCS	outpatient			5085	841.71	Qualcare	Qualcare		2034	40			715.5	4830.75	percent of total billed charges	
EXPN BREAST CONT PRO MED 550CC	L8600	HCPCS	outpatient			5085	841.71	Three Rivers	Three Rivers		4830.75	95			715.5	4830.75	percent of total billed charges	
EXPN BREAST CONT PRO MED 550CC	L8600	HCPCS	outpatient			5085	841.71	UHC	Medicare		731.92				715.5	4830.75	fee schedule	
EXPN BREAST CONT PRO MED 550CC	L8600	HCPCS	outpatient			5085	841.71	UHC	Medicaid		1604.32	31.55			715.5	4830.75	percent of total billed charges	
EXPN BREAST CONT PRO MED 550CC	L8600	HCPCS	outpatient			5085	841.71	Wellcare	Medicaid		1604.32	31.55			715.5	4830.75	percent of total billed charges	
EXPN BREAST CONT PRO MED 550CC	L8600	HCPCS	outpatient			5085	841.71	Wellcare	Medicare		731.92				715.5	4830.75	fee schedule	
EXPN BREAST CONT PRO MED 550CC	L8600	HCPCS	outpatient			5085	841.71	WellPoint	WellPoint		1636.35	32.18			715.5	4830.75	percent of total billed charges	
INJECTION TRANSURETHRAL COLLAGEN IMPLANT	L8603	HCPCS	outpatient			72	590.25	Aetna	Better Health		22.72	31.55			21.6	513.26	percent of total billed charges	
INJECTION TRANSURETHRAL COLLAGEN IMPLANT	L8603	HCPCS	outpatient			72	590.25	Aetna	Medicare		513.26				21.6	513.26	fee schedule	
INJECTION TRANSURETHRAL COLLAGEN IMPLANT	L8603	HCPCS	outpatient			72	590.25	Aetna	Commercial		27.36	38			21.6	513.26	percent of total billed charges	
INJECTION TRANSURETHRAL COLLAGEN IMPLANT	L8603	HCPCS	outpatient			72	590.25	Americare	Americare		54	75			21.6	513.26	percent of total billed charges	
INJECTION TRANSURETHRAL COLLAGEN IMPLANT	L8603	HCPCS	outpatient			72	590.25	Amerihealth	HMO/PPO		46.8	65			21.6	513.26	percent of total billed charges	
INJECTION TRANSURETHRAL COLLAGEN IMPLANT	L8603	HCPCS	outpatient			72	590.25	Amerihealth	Medicare		513.26				21.6	513.26	fee schedule	
INJECTION TRANSURETHRAL COLLAGEN IMPLANT	L8603	HCPCS	outpatient			72	590.25	Consumer	Consumer		68.4	95			21.6	513.26	percent of total billed charges	
INJECTION TRANSURETHRAL COLLAGEN IMPLANT	L8603	HCPCS	outpatient			72	590.25	Corrections	Corrections		57.6	80			21.6	513.26	percent of total billed charges	
INJECTION TRANSURETHRAL COLLAGEN IMPLANT	L8603	HCPCS	outpatient			72	590.25	First Health	First Health		50.4	70			21.6	513.26	percent of total billed charges	
INJECTION TRANSURETHRAL COLLAGEN IMPLANT	L8603	HCPCS	outpatient			72	590.25	First Trenton	First Trenton		64.8	90			21.6	513.26	percent of total billed charges	
INJECTION TRANSURETHRAL COLLAGEN IMPLANT	L8603	HCPCS	outpatient			72	590.25	Horizon	MGD		27.56	38.28			21.6	513.26	percent of total billed charges	
INJECTION TRANSURETHRAL COLLAGEN IMPLANT	L8603	HCPCS	outpatient			72	590.25	Horizon	Indemnity		27.56	38.28			21.6	513.26	percent of total billed charges	
INJECTION TRANSURETHRAL COLLAGEN IMPLANT	L8603	HCPCS	outpatient			72	590.25	Horizon	PPO		27.56	38.28			21.6	513.26	percent of total billed charges	
INJECTION TRANSURETHRAL COLLAGEN IMPLANT	L8603	HCPCS	outpatient			72	590.25	Horizon	Medicare Blue		21.6	30			21.6	513.26	percent of total billed charges	
INJECTION TRANSURETHRAL COLLAGEN IMPLANT	L8603	HCPCS	outpatient			72	590.25	Managed Care Inc	Managed Care Inc		64.8	90			21.6	513.26	percent of total billed charges	
INJECTION TRANSURETHRAL COLLAGEN IMPLANT	L8603	HCPCS	outpatient			72	590.25	Multiplan	Multiplan		57.6	80			21.6	513.26	percent of total billed charges	
INJECTION TRANSURETHRAL COLLAGEN IMPLANT	L8603	HCPCS	outpatient			72	590.25	Qualcare	Qualcare		54	75			21.6	513.26	percent of total billed charges	
INJECTION TRANSURETHRAL COLLAGEN IMPLANT	L8603	HCPCS	outpatient			72	590.25	Three Rivers	Three Rivers		68.4	95			21.6	513.26	percent of total billed charges	
INJECTION TRANSURETHRAL COLLAGEN IMPLANT	L8603	HCPCS	outpatient			72	590.25	UHC	Medicare		513.26				21.6	513.26	fee schedule	
INJECTION TRANSURETHRAL COLLAGEN IMPLANT	L8603	HCPCS	outpatient			72	590.25	UHC	Medicaid		22.72	31.55			21.6	513.26	percent of total billed charges	
INJECTION TRANSURETHRAL COLLAGEN IMPLANT	L8603	HCPCS	outpatient			72	590.25	Wellcare	Medicaid		22.72	31.55			21.6	513.26	percent of total billed charges	
INJECTION TRANSURETHRAL COLLAGEN IMPLANT	L8603	HCPCS	outpatient			72	590.25	Wellcare	Medicare		513.26				21.6	513.26	fee schedule	
INJECTION TRANSURETHRAL COLLAGEN IMPLANT	L8603	HCPCS	outpatient			72	590.25	WellPoint	WellPoint		23.17	32.18			21.6	513.26	percent of total billed charges	
GEL DEFLUX PRE FILLED SYRINGE 1ML	L8604	HCPCS	outpatient			7140		Aetna	Medicare		2199.12	30.8			2142	6783	percent of total billed charges	
GEL DEFLUX PRE FILLED SYRINGE 1ML	L8604	HCPCS	outpatient			7140		Aetna	Better Health		2252.67	31.55			2142	6783	percent of total billed charges	
GEL DEFLUX PRE FILLED SYRINGE 1ML	L8604	HCPCS	outpatient			7140		Aetna	Commercial		2713.2	38			2142	6783	percent of total billed charges	
GEL DEFLUX PRE FILLED SYRINGE 1ML	L8604	HCPCS	outpatient			7140		Americare	Americare		5355	75			2142	6783	percent of total billed charges	
GEL DEFLUX PRE FILLED SYRINGE 1ML	L8604	HCPCS	outpatient			7140		Amerihealth	HMO/PPO		4641	65			2142	6783	percent of total billed charges	
GEL DEFLUX PRE FILLED SYRINGE 1ML	L8604	HCPCS	outpatient			7140		Consumer	Consumer		6783	95			2142	6783	percent of total billed charges	
GEL DEFLUX PRE FILLED SYRINGE 1ML	L8604	HCPCS	outpatient			7140		Corrections	Corrections		5712	80			2142	6783	percent of total billed charges	
GEL DEFLUX PRE FILLED SYRINGE 1ML	L8604	HCPCS	outpatient			7140		First Health	First Health		4998	70			2142	6783	percent of total billed charges	
GEL DEFLUX PRE FILLED SYRINGE 1ML	L8604	HCPCS	outpatient			7140		First Trenton	First Trenton		6426	90			2142	6783	percent of total billed charges	
GEL DEFLUX PRE FILLED SYRINGE 1ML	L8604	HCPCS	outpatient			7140		Horizon	MGD		2733.19	38.28			2142	6783	percent of total billed charges	
GEL DEFLUX PRE FILLED SYRINGE 1ML	L8604	HCPCS	outpatient			7140		Horizon	NJ Health		2856	40			2142	6783	percent of total billed charges	
GEL DEFLUX PRE FILLED SYRINGE 1ML	L8604	HCPCS	outpatient			7140		Horizon	Medicare Blue		2142	30			2142	6783	percent of total billed charges	
GEL DEFLUX PRE FILLED SYRINGE 1ML	L8604	HCPCS	outpatient			7140		Horizon	Indemnity		2733.19	38.28			2142	6783	percent of total billed charges	
GEL DEFLUX PRE FILLED SYRINGE 1ML	L8604	HCPCS	outpatient			7140		Horizon	PPO		2733.19	38.28			2142	6783	percent of total billed charges	
GEL DEFLUX PRE FILLED SYRINGE 1ML	L8604	HCPCS	outpatient			7140		Managed Care Inc	Managed Care Inc		6426	90			2142	6783	percent of total billed charges	
GEL DEFLUX PRE FILLED SYRINGE 1ML	L8604	HCPCS	outpatient			7140		Multiplan	Multiplan		5712	80			2142	6783	percent of total billed charges	
GEL DEFLUX PRE FILLED SYRINGE 1ML	L8604	HCPCS	outpatient			7140		Qualcare	Qualcare		2856	40			2142	6783	percent of total billed charges	
GEL DEFLUX PRE FILLED SYRINGE 1ML	L8604	HCPCS	outpatient			7140		Three Rivers	Three Rivers		6783	95			2142	6783	percent of total billed charges	
GEL DEFLUX PRE FILLED SYRINGE 1ML	L8604	HCPCS	outpatient			7140		UHC	Medicaid		2252.67	31.55			2142	6783	percent of total billed charges	
GEL DEFLUX PRE FILLED SYRINGE 1ML	L8604	HCPCS	outpatient			7140		Wellcare	Medicaid		2252.67	31.55			2142	6783	percent of total billed charges	
GEL DEFLUX PRE FILLED SYRINGE 1ML	L8604	HCPCS	outpatient			7140		WellPoint	WellPoint		2297.65	32.18			2142	6783	percent of total billed charges	
SURGICAL SPHERE 22MM DIA	L8610	HCPCS	both			2569	788.97	Aetna	Better Health		810.52	31.55			34.65	2440.55	percent of total billed charges	
SURGICAL SPHERE 22MM DIA	L8610	HCPCS	both			2569	788.97	Aetna	Commercial		976.22	38			34.65	2440.55	percent of total billed charges	
SURGICAL SPHERE 22MM DIA	L8610	HCPCS	both			2569	788.97	Aetna	Medicare		686.06				34.65	2440.55	fee schedule	
SURGICAL SPHERE 22MM DIA	L8610	HCPCS	both			2569	788.97	Americare	Americare		1926.75	75			34.65	2440.55	percent of total billed charges	
SURGICAL SPHERE 22MM DIA	L8610	HCPCS	both			2569	788.97	Amerihealth	Medicare		686.06				34.65	2440.55	fee schedule	
SURGICAL SPHERE 22MM DIA	L8610	HCPCS	both			2569	788.97	Amerihealth	HMO/PPO		1669.85	65			34.65	2440.55	percent of total billed charges	
SURGICAL SPHERE 22MM DIA	L8610	HCPCS	both			2569	788.97	Consumer	Consumer		2440.55	95			34.65	2440.55	percent of total billed charges	
SURGICAL SPHERE 22MM DIA	L8610	HCPCS	both			2569	788.97	Corrections	Corrections		2055.2	80			34.65	2440.55	percent of total billed charges	
SURGICAL SPHERE 22MM DIA	L8610	HCPCS	both			2569	788.97	First Health	First Health		1798.3	70			34.65	2440.55	percent of total billed charges	
SURGICAL SPHERE 22MM DIA	L8610	HCPCS	both			2569	788.97	First Trenton	First Trenton		2312.1	90			34.65	2440.55	percent of total billed charges	
SURGICAL SPHERE 22MM DIA	L8610	HCPCS	both			2569	788.97	Horizon	NJ Health		1027.6	40			34.65	2440.55	percent of total billed charges	
SURGICAL SPHERE 22MM DIA	L8610	HCPCS	both			2569	788.97	Horizon	Indemnity		983.41	38.28			34.65	2440.55	percent of total billed charges	
SURGICAL SPHERE 22MM DIA	L8610	HCPCS	both			2569	788.97	Horizon	MGD		983.41	38.28			34.65	2440.55	percent of total billed charges	
SURGICAL SPHERE 22MM DIA	L8610	HCPCS	both			2569	788.97	Horizon	Medicare Blue		770.7	30			34.65	2440.55	percent of total billed charges	
SURGICAL SPHERE 22MM DIA	L8610	HCPCS	both			2569	788.97	Horizon	PPO		983.41	38.28			34.65	2440.55	percent of total billed charges	
SURGICAL SPHERE 22MM DIA	L8610	HCPCS	both			2569	788.97	Managed Care Inc	Managed Care Inc		2312.1	90			34.65	2440.55	percent of total billed charges	
SURGICAL SPHERE 22MM DIA	L8610	HCPCS	both			2569	788.97	Multiplan	Multiplan		2055.2	80			34.65	2440.55	percent of total billed charges	
SURGICAL SPHERE 22MM DIA	L8610	HCPCS	both			2569	788.97	Qualcare	Qualcare		1027.6	40			34.65	2440.55	percent of total billed charges	
SURGICAL SPHERE 22MM DIA	L8610	HCPCS	both			2569	788.97	Three Rivers	Three Rivers		2440.55	95			34.65	2440.55	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
SURGICAL SPHERE 22MM DIA	L8610	HCPCS	both			2569	788.97	UHC	Medicaid		810.52	31.55			34.65	2440.55	percent of total billed charges	
SURGICAL SPHERE 22MM DIA	L8610	HCPCS	both			2569	788.97	UHC	Medicare		686.06				34.65	2440.55	fee schedule	
SURGICAL SPHERE 22MM DIA	L8610	HCPCS	both			2569	788.97	Wellcare	Medicaid		810.52	31.55			34.65	2440.55	percent of total billed charges	
SURGICAL SPHERE 22MM DIA	L8610	HCPCS	both			2569	788.97	Wellcare	Medicare		686.06				34.65	2440.55	fee schedule	
SURGICAL SPHERE 22MM DIA	L8610	HCPCS	both			2569	788.97	WellPoint	WellPoint		826.7	32.18			34.65	2440.55	percent of total billed charges	
VALVE,AHMED CLEARPATH 350	L8612	HCPCS	both			2406	819.59	Aetna	Better Health		759.09	31.55			629.1	2285.7	percent of total billed charges	
VALVE,AHMED CLEARPATH 350	L8612	HCPCS	both			2406	819.59	Aetna	Medicare		712.69				629.1	2285.7	fee schedule	
VALVE,AHMED CLEARPATH 350	L8612	HCPCS	both			2406	819.59	Aetna	Commercial		914.28	38			629.1	2285.7	percent of total billed charges	
VALVE,AHMED CLEARPATH 350	L8612	HCPCS	both			2406	819.59	Americare	Americare		1804.5	75			629.1	2285.7	percent of total billed charges	
VALVE,AHMED CLEARPATH 350	L8612	HCPCS	both			2406	819.59	Amerihealth	Medicare		712.69				629.1	2285.7	fee schedule	
VALVE,AHMED CLEARPATH 350	L8612	HCPCS	both			2406	819.59	Amerihealth	HMO/PPO		1563.9	65			629.1	2285.7	percent of total billed charges	
VALVE,AHMED CLEARPATH 350	L8612	HCPCS	both			2406	819.59	Consumer	Consumer		2285.7	95			629.1	2285.7	percent of total billed charges	
VALVE,AHMED CLEARPATH 350	L8612	HCPCS	both			2406	819.59	Corrections	Corrections		1924.8	80			629.1	2285.7	percent of total billed charges	
VALVE,AHMED CLEARPATH 350	L8612	HCPCS	both			2406	819.59	First Health	First Health		1684.2	70			629.1	2285.7	percent of total billed charges	
VALVE,AHMED CLEARPATH 350	L8612	HCPCS	both			2406	819.59	First Trenton	First Trenton		2165.4	90			629.1	2285.7	percent of total billed charges	
VALVE,AHMED CLEARPATH 350	L8612	HCPCS	both			2406	819.59	Horizon	PPO		921.02	38.28			629.1	2285.7	percent of total billed charges	
VALVE,AHMED CLEARPATH 350	L8612	HCPCS	both			2406	819.59	Horizon	Indemnity		921.02	38.28			629.1	2285.7	percent of total billed charges	
VALVE,AHMED CLEARPATH 350	L8612	HCPCS	both			2406	819.59	Horizon	MGD		921.02	38.28			629.1	2285.7	percent of total billed charges	
VALVE,AHMED CLEARPATH 350	L8612	HCPCS	both			2406	819.59	Horizon	NJ Health		962.4	40			629.1	2285.7	percent of total billed charges	
VALVE,AHMED CLEARPATH 350	L8612	HCPCS	both			2406	819.59	Horizon	Medicare Blue		721.8	30			629.1	2285.7	percent of total billed charges	
VALVE,AHMED CLEARPATH 350	L8612	HCPCS	both			2406	819.59	Managed Care Inc	Managed Care Inc		2165.4	90			629.1	2285.7	percent of total billed charges	
VALVE,AHMED CLEARPATH 350	L8612	HCPCS	both			2406	819.59	Multiplan	Multiplan		1924.8	80			629.1	2285.7	percent of total billed charges	
VALVE,AHMED CLEARPATH 350	L8612	HCPCS	both			2406	819.59	Qualcare	Qualcare		962.4	40			629.1	2285.7	percent of total billed charges	
VALVE,AHMED CLEARPATH 350	L8612	HCPCS	both			2406	819.59	Three Rivers	Three Rivers		2285.7	95			629.1	2285.7	percent of total billed charges	
VALVE,AHMED CLEARPATH 350	L8612	HCPCS	both			2406	819.59	UHC	Medicaid		759.09	31.55			629.1	2285.7	percent of total billed charges	
VALVE,AHMED CLEARPATH 350	L8612	HCPCS	both			2406	819.59	UHC	Medicare		712.69				629.1	2285.7	fee schedule	
VALVE,AHMED CLEARPATH 350	L8612	HCPCS	both			2406	819.59	Wellcare	Medicaid		759.09	31.55			629.1	2285.7	percent of total billed charges	
VALVE,AHMED CLEARPATH 350	L8612	HCPCS	both			2406	819.59	Wellcare	Medicare		712.69				629.1	2285.7	fee schedule	
VALVE,AHMED CLEARPATH 350	L8612	HCPCS	both			2406	819.59	WellPoint	WellPoint		774.25	32.18			629.1	2285.7	percent of total billed charges	
SMART , FLUOROPLASTIC NITINOL, 0.6 MM X	L8613	HCPCS	outpatient			2925	365.95	Aetna	Better Health		922.84	31.55			3	2778.75	percent of total billed charges	
SMART , FLUOROPLASTIC NITINOL, 0.6 MM X	L8613	HCPCS	outpatient			2925	365.95	Aetna	Medicare		318.22				3	2778.75	fee schedule	
SMART , FLUOROPLASTIC NITINOL, 0.6 MM X	L8613	HCPCS	outpatient			2925	365.95	Aetna	Commercial		1111.5	38			3	2778.75	percent of total billed charges	
SMART , FLUOROPLASTIC NITINOL, 0.6 MM X	L8613	HCPCS	outpatient			2925	365.95	Americare	Americare		2193.75	75			3	2778.75	percent of total billed charges	
SMART , FLUOROPLASTIC NITINOL, 0.6 MM X	L8613	HCPCS	outpatient			2925	365.95	Amerihealth	Medicare		318.22				3	2778.75	fee schedule	
SMART , FLUOROPLASTIC NITINOL, 0.6 MM X	L8613	HCPCS	outpatient			2925	365.95	Amerihealth	HMO/PPO		1901.25	65			3	2778.75	percent of total billed charges	
SMART , FLUOROPLASTIC NITINOL, 0.6 MM X	L8613	HCPCS	outpatient			2925	365.95	Consumer	Consumer		2778.75	95			3	2778.75	percent of total billed charges	
SMART , FLUOROPLASTIC NITINOL, 0.6 MM X	L8613	HCPCS	outpatient			2925	365.95	Corrections	Corrections		2340	80			3	2778.75	percent of total billed charges	
SMART , FLUOROPLASTIC NITINOL, 0.6 MM X	L8613	HCPCS	outpatient			2925	365.95	First Health	First Health		2047.5	70			3	2778.75	percent of total billed charges	
SMART , FLUOROPLASTIC NITINOL, 0.6 MM X	L8613	HCPCS	outpatient			2925	365.95	First Trenton	First Trenton		2632.5	90			3	2778.75	percent of total billed charges	
SMART , FLUOROPLASTIC NITINOL, 0.6 MM X	L8613	HCPCS	outpatient			2925	365.95	Horizon	Indemnity		1119.69	38.28			3	2778.75	percent of total billed charges	
SMART , FLUOROPLASTIC NITINOL, 0.6 MM X	L8613	HCPCS	outpatient			2925	365.95	Horizon	NJ Health		1170	40			3	2778.75	percent of total billed charges	
SMART , FLUOROPLASTIC NITINOL, 0.6 MM X	L8613	HCPCS	outpatient			2925	365.95	Horizon	MGD		1119.69	38.28			3	2778.75	percent of total billed charges	
SMART , FLUOROPLASTIC NITINOL, 0.6 MM X	L8613	HCPCS	outpatient			2925	365.95	Horizon	PPO		1119.69	38.28			3	2778.75	percent of total billed charges	
SMART , FLUOROPLASTIC NITINOL, 0.6 MM X	L8613	HCPCS	outpatient			2925	365.95	Horizon	Medicare Blue		877.5	30			3	2778.75	percent of total billed charges	
SMART , FLUOROPLASTIC NITINOL, 0.6 MM X	L8613	HCPCS	outpatient			2925	365.95	Managed Care Inc	Managed Care Inc		2632.5	90			3	2778.75	percent of total billed charges	
SMART , FLUOROPLASTIC NITINOL, 0.6 MM X	L8613	HCPCS	outpatient			2925	365.95	Multiplan	Multiplan		2340	80			3	2778.75	percent of total billed charges	
SMART , FLUOROPLASTIC NITINOL, 0.6 MM X	L8613	HCPCS	outpatient			2925	365.95	Qualcare	Qualcare		1170	40			3	2778.75	percent of total billed charges	
SMART , FLUOROPLASTIC NITINOL, 0.6 MM X	L8613	HCPCS	outpatient			2925	365.95	Three Rivers	Three Rivers		2778.75	95			3	2778.75	percent of total billed charges	
SMART , FLUOROPLASTIC NITINOL, 0.6 MM X	L8613	HCPCS	outpatient			2925	365.95	UHC	Medicare		318.22				3	2778.75	fee schedule	
SMART , FLUOROPLASTIC NITINOL, 0.6 MM X	L8613	HCPCS	outpatient			2925	365.95	UHC	Medicaid		922.84	31.55			3	2778.75	percent of total billed charges	
SMART , FLUOROPLASTIC NITINOL, 0.6 MM X	L8613	HCPCS	outpatient			2925	365.95	Wellcare	Medicare		318.22				3	2778.75	fee schedule	
SMART , FLUOROPLASTIC NITINOL, 0.6 MM X	L8613	HCPCS	outpatient			2925	365.95	Wellcare	Medicaid		922.84	31.55			3	2778.75	percent of total billed charges	
SMART , FLUOROPLASTIC NITINOL, 0.6 MM X	L8613	HCPCS	outpatient			2925	365.95	WellPoint	WellPoint		941.27	32.18			3	2778.75	percent of total billed charges	
PROCESSOR,NUCLEUS 5 SYSTEM 1&2	L8614	HCPCS	both			85241.25	25574.26	Aetna	Commercial		32391.68	38			4623.75	80979.19	percent of total billed charges	
PROCESSOR,NUCLEUS 5 SYSTEM 1&2	L8614	HCPCS	both			85241.25	25574.26	Aetna	Medicare		22238.49				4623.75	80979.19	fee schedule	
PROCESSOR,NUCLEUS 5 SYSTEM 1&2	L8614	HCPCS	both			85241.25	25574.26	Aetna	Better Health		26893.61	31.55			4623.75	80979.19	percent of total billed charges	
PROCESSOR,NUCLEUS 5 SYSTEM 1&2	L8614	HCPCS	both			85241.25	25574.26	Americare	Americare		63930.94	75			4623.75	80979.19	percent of total billed charges	
PROCESSOR,NUCLEUS 5 SYSTEM 1&2	L8614	HCPCS	both			85241.25	25574.26	Amerihealth	HMO/PPO		55406.81	65			4623.75	80979.19	percent of total billed charges	
PROCESSOR,NUCLEUS 5 SYSTEM 1&2	L8614	HCPCS	both			85241.25	25574.26	Amerihealth	Medicare		22238.49				4623.75	80979.19	fee schedule	
PROCESSOR,NUCLEUS 5 SYSTEM 1&2	L8614	HCPCS	both			85241.25	25574.26	Consumer	Consumer		80979.19	95			4623.75	80979.19	percent of total billed charges	
PROCESSOR,NUCLEUS 5 SYSTEM 1&2	L8614	HCPCS	both			85241.25	25574.26	Corrections	Corrections		68193	80			4623.75	80979.19	percent of total billed charges	
PROCESSOR,NUCLEUS 5 SYSTEM 1&2	L8614	HCPCS	both			85241.25	25574.26	First Health	First Health		59668.88	70			4623.75	80979.19	percent of total billed charges	
PROCESSOR,NUCLEUS 5 SYSTEM 1&2	L8614	HCPCS	both			85241.25	25574.26	First Trenton	First Trenton		76717.13	90			4623.75	80979.19	percent of total billed charges	
PROCESSOR,NUCLEUS 5 SYSTEM 1&2	L8614	HCPCS	both			85241.25	25574.26	Horizon	MGD		32630.35	38.28			4623.75	80979.19	percent of total billed charges	
PROCESSOR,NUCLEUS 5 SYSTEM 1&2	L8614	HCPCS	both			85241.25	25574.26	Horizon	PPO		32630.35	38.28			4623.75	80979.19	percent of total billed charges	
PROCESSOR,NUCLEUS 5 SYSTEM 1&2	L8614	HCPCS	both			85241.25	25574.26	Horizon	Indemnity		32630.35	38.28			4623.75	80979.19	percent of total billed charges	
PROCESSOR,NUCLEUS 5 SYSTEM 1&2	L8614	HCPCS	both			85241.25	25574.26	Horizon	Medicare Blue		25572.38	30			4623.75	80979.19	percent of total billed charges	
PROCESSOR,NUCLEUS 5 SYSTEM 1&2	L8614	HCPCS	both			85241.25	25574.26	Horizon	NJ Health		34096.5	40			4623.75	80979.19	percent of total billed charges	
PROCESSOR,NUCLEUS 5 SYSTEM 1&2	L8614	HCPCS	both			85241.25	25574.26	Managed Care Inc	Managed Care Inc		76717.13	90			4623.75	80979.19	percent of total billed charges	
PROCESSOR,NUCLEUS 5 SYSTEM 1&2	L8614	HCPCS	both			85241.25	25574.26	Multiplan	Multiplan		68193	80			4623.75	80979.19	percent of total billed charges	
PROCESSOR,NUCLEUS 5 SYSTEM 1&2	L8614	HCPCS	both			85241.25	25574.26	Qualcare	Qualcare		34096.5	40			4623.75	80979.19	percent of total billed charges	
PROCESSOR,NUCLEUS 5 SYSTEM 1&2	L8614	HCPCS	both			85241.25	25574.26	Three Rivers	Three Rivers		80979.19	95			4623.75	80979.19	percent of total billed charges	
PROCESSOR,NUCLEUS 5 SYSTEM 1&2	L8614	HCPCS	both			85241.25	25574.26	UHC	Medicaid		26893.61	31.55			4623.75	80979.19	percent of total billed charges	
PROCESSOR,NUCLEUS 5 SYSTEM 1&2	L8614	HCPCS	both			85241.25	25574.26	UHC	Medicare		22238.49				4623.75	80979.19	fee schedule	
PROCESSOR,NUCLEUS 5 SYSTEM 1&2	L8614	HCPCS	both			85241.25	25574.26	Wellcare	Medicaid		26893.61	31.55			4623.75	80979.19	percent of total billed charges	
PROCESSOR,NUCLEUS 5 SYSTEM 1&2	L8614	HCPCS	both			85241.25	25574.26	Wellcare	Medicare		22238.49				4623.75	80979.19	fee schedule	
PROCESSOR,NUCLEUS 5 SYSTEM 1&2	L8614	HCPCS	both			85241.25	25574.26	WellPoint	WellPoint		27430.63	32.18			4623.75	80979.19	percent of total billed charges	
MED-EL SONNET/RONDO2 KIT R3171	L8619	HCPCS	outpatient			37200	10978.83	Aetna	Medicare		9546.81				9546.81	35340	fee schedule	
MED-EL SONNET/RONDO2 KIT R3171	L8619	HCPCS	outpatient			37200	10978.83	Aetna	Commercial		14136	38			9546.81	35340	percent of total billed charges	
MED-EL SONNET/RONDO2 KIT R3171	L8619	HCPCS	outpatient			37200	10978.83	Aetna	Better Health		11736.6	31.55			9546.81	35340	percent of total billed charges	
MED-EL SONNET/RONDO2 KIT R3171	L8619	HCPCS	outpatient			37200	10978.83	Americare	Americare		27900	75			9546.81	35340	percent of total billed charges	
MED-EL SONNET/RONDO2 KIT R3171	L8619	HCPCS	outpatient			37200	10978.83	Amerihealth	HMO/PPO		24180	65			9546.81	35340	percent of total billed charges	
MED-EL SONNET/RONDO2 KIT R3171	L8619	HCPCS	outpatient			37200	10978.83	Amerihealth	Medicare		9546.81				9546.81	35340	fee schedule	
MED-EL SONNET/RONDO2 KIT R3171	L8619	HCPCS	outpatient			37200	10978.83	Consumer	Consumer		35340	95			9546.81	35340	percent of total billed charges	
MED-EL SONNET/RONDO2 KIT R3171	L8619	HCPCS	outpatient			37200	10978.83	Corrections	Corrections		29760	80			9546.81	35340	percent of total billed charges	
MED-EL SONNET/RONDO2 KIT R3171	L8619	HCPCS	outpatient			37200	10978.83	First Health	First Health		26040	70			9546.81	35340	percent of total billed charges	
MED-EL SONNET/RONDO2 KIT R3171	L8619	HCPCS	outpatient			37200	10978.83	First Trenton	First Trenton		33480	90			9546.81	35340	percent of total billed charges	
MED-EL SONNET/RONDO2 KIT R3171	L8619	HCPCS	outpatient			37200	10978.83	Horizon	MGD		14240.16	38.28			9546.81	35340	percent of total billed charges	
MED-EL SONNET/RONDO2 KIT R3171	L8619	HCPCS	outpatient			37200	10978.83	Horizon	Indemnity		14240.16	38.28			9546.81	35340	percent of total billed charges	
MED-EL SONNET/RONDO2 KIT R3171	L8619	HCPCS	outpatient			37200	10978.83	Horizon	PPO		14240.16	38.28			9546.81	35340	percent of total billed charges	
MED-EL SONNET/RONDO2 KIT R3171	L8619	HCPCS	outpatient			37200	10978.83	Horizon	Medicare Blue		11160	30			9546.81	35340	percent of total billed charges	
MED-EL SONNET/RONDO2 KIT R3171	L8619	HCPCS	outpatient			37200	10978.83	Managed Care Inc	Managed Care Inc		33480	90			9546.81	35340	percent of total billed charges	
MED-EL SONNET/RONDO2 KIT R3171	L8619	HCPCS	outpatient			37200	10978.83	Multiplan	Multiplan		29760	80			9546.81	35340	percent of total billed charges	
MED-EL SONNET/RONDO2 KIT R3171	L8619	HCPCS	outpatient			37200	10978.83	Qualcare	Qualcare		27900	75			9546.81	35340	percent of total billed charges	
MED-EL SONNET/RONDO2 KIT R3171	L8619	HCPCS	outpatient			37200	10978.83	Three Rivers	Three Rivers		35340	95			9546.81	35340	percent of total billed charges	
MED-EL SONNET/RONDO2 KIT R3171	L8619	HCPCS	outpatient			37200	10978.83	UHC	Medicaid		11736.6	31.55			9546.81	35340	percent of total billed charges	
MED-EL SONNET/RONDO2 KIT R3171	L8619	HCPCS	outpatient			37200	10978.83	UHC	Medicare		9546.81				9546.81	35340	fee schedule	
MED-EL SONNET/RONDO2 KIT R3171	L8619	HCPCS	outpatient			37200	10978.83	Wellcare	Medicaid		11736.6	31.55			9546.81	35340	percent of total billed charges	
MED-EL SONNET/RONDO2 KIT R3171	L8619	HCPCS	outpatient			37200	10978.83	Wellcare	Medicare		9546.81				9546.81	35340	fee schedule	
MED-EL SONNET/RONDO2 KIT R3171	L8619	HCPCS	outpatient			37200	10978.83	WellPoint	WellPoint		11970.96	32.18			9546.81	35340	percent of total billed charges	
LEAD DBS 40CM	L8680	HCPCS	outpatient			9420		Aetna	Commercial		3579.6	38			2826	8949	percent of total billed charges	
LEAD DBS 40CM	L8680	HCPCS	outpatient			9420		Aetna	Better Health		2972.01	31.55			2826	8949	percent of total billed charges	
LEAD DBS 40CM	L8680	HCPCS	outpatient			9420		Aetna	Medicare		2901.36	30.8			2826	8949	percent of total billed charges	
LEAD DBS 40CM	L8680	HCPCS	outpatient			9420		Americare	Americare		7065	75			2826	8949	percent of total billed charges	
LEAD DBS 40CM	L8680	HCPCS	outpatient			9420		Amerihealth	HMO/PPO		6123	65			2826	8949	percent of total billed charges	
LEAD DBS 40CM	L8680	HCPCS	outpatient			9420		Consumer	Consumer		8949	95			2826	8949	percent of total billed charges	
LEAD DBS 40CM	L8680	HCPCS	outpatient			9420		Corrections	Corrections		7536	80			2826	8949	percent of total billed charges	
LEAD DBS 40CM	L8680	HCPCS	outpatient			9420		First Health	First Health		6594	70			2826	8949	percent of total billed charges	
LEAD DBS 40CM	L8680	HCPCS	outpatient			9420		First Trenton	First Trenton		8478	90			2826	8949	percent of total billed charges	
LEAD DBS 40CM	L8680	HCPCS	outpatient			9420		Horizon	MGD		3605.98	38.28			2826	8949	percent of total billed charges	
LEAD DBS 40CM	L8680	HCPCS	outpatient			9420		Horizon	PPO		3605.98	38.28			2826	8949	percent of total billed charges	
LEAD DBS 40CM	L8680	HCPCS	outpatient			9420		Horizon	Indemnity		3605.98	38.28			2826	8949	percent of total billed charges	
LEAD DBS 40CM	L8680	HCPCS	outpatient			9420		Horizon	Medicare Blue		2826	30			2826	8949	percent of total billed charges	
LEAD DBS 40CM	L8680	HCPCS	outpatient			9420		Managed Care Inc	Managed Care Inc		8478	90			2826	8949	percent of total billed charges	
LEAD DBS 40CM	L8680	HCPCS	outpatient			9420		Multiplan	Multiplan		7536	80			2826	8949	percent of total billed charges	
LEAD DBS 40CM	L8680	HCPCS	outpatient			9420		Qualcare	Qualcare		7065	75			2826	8949	percent of total billed charges	
LEAD DBS 40CM	L8680	HCPCS	outpatient			9420		Three Rivers	Three Rivers		8949	95			2826	8949	percent of total billed charges	
LEAD DBS 40CM	L8680	HCPCS	outpatient			9420		UHC	Medicaid		2972.01	31.55			2826	8949	percent of total billed charges	
LEAD DBS 40CM	L8680	HCPCS	outpatient			9420		Wellcare	Medicaid		2972.01	31.55			2826	8949	percent of total billed charges	
LEAD DBS 40CM	L8680	HCPCS	outpatient			9420		WellPoint	WellPoint		3031.36	32.18			2826	8949	percent of total billed charges	
SYSTEM CHARGING DORSAL	L8689	HCPCS	outpatient			5479	2327.15	Aetna	Medicare		2023.61				1534.2	5205.05	fee schedule	
SYSTEM CHARGING DORSAL	L8689	HCPCS	outpatient			5479	2327.15	Aetna	Better Health		1728.62	31.55			1534.2	5205.05	percent of total billed charges	
SYSTEM CHARGING DORSAL	L8689	HCPCS	outpatient			5479	2327.15	Aetna	Commercial		2082.02	38			1534.2	5205.05	percent of total billed charges	
SYSTEM CHARGING DORSAL	L8689	HCPCS	outpatient			5479	2327.15	Americare	Americare		4109.25	75			1534.2	5205.05	percent of total billed charges	
SYSTEM CHARGING DORSAL	L8689	HCPCS	outpatient			5479	2327.15	Amerihealth	Medicare		2023.61				1534.2	5205.05	fee schedule	
SYSTEM CHARGING DORSAL	L8689	HCPCS	outpatient			5479	2327.15	Amerihealth	HMO/PPO		3561.35	65			1534.2	5205.05	percent of total billed charges	
SYSTEM CHARGING DORSAL	L8689	HCPCS	outpatient			5479	2327.15	Consumer	Consumer		5205.05	95			1534.2	5205.05	percent of total billed charges	
SYSTEM CHARGING DORSAL	L8689	HCPCS	outpatient			5479	2327.15	Corrections	Corrections		4383.2	80			1534.2	5205.05	percent of total billed charges	
SYSTEM CHARGING DORSAL	L8689	HCPCS	outpatient			5479	2327.15	First Health	First Health		3835.3	70			1534.2	5205.05	percent of total billed charges	
SYSTEM CHARGING DORSAL	L8689	HCPCS	outpatient			5479	2327.15	First Trenton	First Trenton		4931.1	90			1534.2	5205.05	percent of total billed charges	
SYSTEM CHARGING DORSAL	L8689	HCPCS	outpatient			5479	2327.15	Horizon	PPO		2097.36	38.28			1534.2	5205.05	percent of total billed charges	
SYSTEM CHARGING DORSAL	L8689	HCPCS	outpatient			5479	2327.15	Horizon	MGD		2097.36	38.28			1534.2	5205.05	percent of total billed charges	
SYSTEM CHARGING DORSAL	L8689	HCPCS	outpatient			5479	2327.15	Horizon	Medicare Blue		1643.7	30			1534.2	5205.05	percent of total billed charges	
SYSTEM CHARGING DORSAL	L8689	HCPCS	outpatient			5479	2327.15	Horizon	NJ Health		2191.6	40			1534.2	5205.05	percent of total billed charges	
SYSTEM CHARGING DORSAL	L8689	HCPCS	outpatient			5479	2327.15	Horizon	Indemnity		2097.36	38.28			1534.2	5205.05	percent of total billed charges	
SYSTEM CHARGING DORSAL	L8689	HCPCS	outpatient			5479	2327.15	Managed Care Inc	Managed Care Inc		4931.1	90			1534.2	5205.05	percent of total billed charges	
SYSTEM CHARGING DORSAL	L8689	HCPCS	outpatient			5479	2327.15	Multiplan	Multiplan		4383.2	80			1534.2	5205.05	percent of total billed charges	
SYSTEM CHARGING DORSAL	L8689	HCPCS	outpatient			5479	2327.15	Qualcare	Qualcare		2191.6	40			1534.2	5205.05	percent of total billed charges	
SYSTEM CHARGING DORSAL	L8689	HCPCS	outpatient			5479	2327.15	Three Rivers	Three Rivers		5205.05	95			1534.2	5205.05	percent of total billed charges	
SYSTEM CHARGING DORSAL	L8689	HCPCS	outpatient			5479	2327.15	UHC	Medicare		2023.61				1534.2	5205.05	fee schedule	
SYSTEM CHARGING DORSAL	L8689	HCPCS	outpatient			5479	2327.15	UHC	Medicaid		1728.62	31.55			1534.2	5205.05	percent of total billed charges	
SYSTEM CHARGING DORSAL	L8689	HCPCS	outpatient			5479	2327.15	Wellcare	Medicare		2023.61				1534.2	5205.05	fee schedule	
SYSTEM CHARGING DORSAL	L8689	HCPCS	outpatient			5479	2327.15	Wellcare	Medicaid		1728.62	31.55			1534.2	5205.05	percent of total billed charges	
SYSTEM CHARGING DORSAL	L8689	HCPCS	outpatient			5479	2327.15	WellPoint	WellPoint		1763.14	32.18			1534.2	5205.05	percent of total billed charges	
TISSUE EXPANDER RECTANG 600CC	L8690	HCPCS	both			62667	6417.86	Aetna	Better Health		19771.44	31.55			256.5	59533.65	percent of total billed charges	
TISSUE EXPANDER RECTANG 600CC	L8690	HCPCS	both			62667	6417.86	Aetna	Medicare		5580.75				256.5	59533.65	fee schedule	
TISSUE EXPANDER RECTANG 600CC	L8690	HCPCS	both			62667	6417.86	Aetna	Commercial		23813.46	38			256.5	59533.65	percent of total billed charges	
TISSUE EXPANDER RECTANG 600CC	L8690	HCPCS	both			62667	6417.86	Americare	Americare		47000.25	75			256.5	59533.65	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.														
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true													
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
TISSUE EXPANDER RECTANG 600CC	L8690	HCPCS	both			62667		6417.86 Amerihealth	HMO/PPO		40733.55				256.5	59533.65	percent of total billed charges	
TISSUE EXPANDER RECTANG 600CC	L8690	HCPCS	both			62667		6417.86 Amerihealth	Medicare		5580.75				256.5	59533.65	fee schedule	
TISSUE EXPANDER RECTANG 600CC	L8690	HCPCS	both			62667		6417.86 Consumer	Consumer		59533.65	95			256.5	59533.65	percent of total billed charges	
TISSUE EXPANDER RECTANG 600CC	L8690	HCPCS	both			62667		6417.86 Corrections	Corrections		50133.6	80			256.5	59533.65	percent of total billed charges	
TISSUE EXPANDER RECTANG 600CC	L8690	HCPCS	both			62667		6417.86 First Health	First Health		43866.9	70			256.5	59533.65	percent of total billed charges	
TISSUE EXPANDER RECTANG 600CC	L8690	HCPCS	both			62667		6417.86 First Trenton	First Trenton		56400.3	90			256.5	59533.65	percent of total billed charges	
TISSUE EXPANDER RECTANG 600CC	L8690	HCPCS	both			62667		6417.86 Horizon	MGD		23988.93	38.28			256.5	59533.65	percent of total billed charges	
TISSUE EXPANDER RECTANG 600CC	L8690	HCPCS	both			62667		6417.86 Horizon	PPO		23988.93	38.28			256.5	59533.65	percent of total billed charges	
TISSUE EXPANDER RECTANG 600CC	L8690	HCPCS	both			62667		6417.86 Horizon	Indemnity		23988.93	38.28			256.5	59533.65	percent of total billed charges	
TISSUE EXPANDER RECTANG 600CC	L8690	HCPCS	both			62667		6417.86 Horizon	Medicare Blue		18800.1	30			256.5	59533.65	percent of total billed charges	
TISSUE EXPANDER RECTANG 600CC	L8690	HCPCS	both			62667		6417.86 Horizon	NJ Health		25066.8	40			256.5	59533.65	percent of total billed charges	
TISSUE EXPANDER RECTANG 600CC	L8690	HCPCS	both			62667		6417.86 Managed Care Inc	Managed Care Inc		56400.3	90			256.5	59533.65	percent of total billed charges	
TISSUE EXPANDER RECTANG 600CC	L8690	HCPCS	both			62667		6417.86 Multiplan	Multiplan		50133.6	80			256.5	59533.65	percent of total billed charges	
TISSUE EXPANDER RECTANG 600CC	L8690	HCPCS	both			62667		6417.86 Qualcare	Qualcare		25066.8	40			256.5	59533.65	percent of total billed charges	
TISSUE EXPANDER RECTANG 600CC	L8690	HCPCS	both			62667		6417.86 Three Rivers	Three Rivers		59533.65	95			256.5	59533.65	percent of total billed charges	
TISSUE EXPANDER RECTANG 600CC	L8690	HCPCS	both			62667		6417.86 UHC	Medicaid		19771.44	31.55			256.5	59533.65	percent of total billed charges	
TISSUE EXPANDER RECTANG 600CC	L8690	HCPCS	both			62667		6417.86 UHC	Medicare		5580.75				256.5	59533.65	fee schedule	
TISSUE EXPANDER RECTANG 600CC	L8690	HCPCS	both			62667		6417.86 Wellcare	Medicare		5580.75				256.5	59533.65	fee schedule	
TISSUE EXPANDER RECTANG 600CC	L8690	HCPCS	both			62667		6417.86 Wellcare	Medicaid		19771.44	31.55			256.5	59533.65	percent of total billed charges	
TISSUE EXPANDER RECTANG 600CC	L8690	HCPCS	both			62667		6417.86 WellPoint	WellPoint		22166.24	32.18			256.5	59533.65	percent of total billed charges	
MED-EL SAMBA BB R PT KIT 51560	L8691	HCPCS	outpatient			51165		2323.36 Aetna	Better Health		16142.56	31.55			2020.31	48606.75	percent of total billed charges	
MED-EL SAMBA BB R PT KIT 51560	L8691	HCPCS	outpatient			51165		2323.36 Aetna	Commercial		19442.7	38			2020.31	48606.75	percent of total billed charges	
MED-EL SAMBA BB R PT KIT 51560	L8691	HCPCS	outpatient			51165		2323.36 Aetna	Medicare		2020.31				2020.31	48606.75	fee schedule	
MED-EL SAMBA BB R PT KIT 51560	L8691	HCPCS	outpatient			51165		2323.36 Americare	Americare		38373.75	75			2020.31	48606.75	percent of total billed charges	
MED-EL SAMBA BB R PT KIT 51560	L8691	HCPCS	outpatient			51165		2323.36 Amerihealth	HMO/PPO		33257.25	65			2020.31	48606.75	percent of total billed charges	
MED-EL SAMBA BB R PT KIT 51560	L8691	HCPCS	outpatient			51165		2323.36 Amerihealth	Medicare		2020.31				2020.31	48606.75	fee schedule	
MED-EL SAMBA BB R PT KIT 51560	L8691	HCPCS	outpatient			51165		2323.36 Consumer	Consumer		48606.75	95			2020.31	48606.75	percent of total billed charges	
MED-EL SAMBA BB R PT KIT 51560	L8691	HCPCS	outpatient			51165		2323.36 Corrections	Corrections		40932	80			2020.31	48606.75	percent of total billed charges	
MED-EL SAMBA BB R PT KIT 51560	L8691	HCPCS	outpatient			51165		2323.36 First Health	First Health		35815.5	70			2020.31	48606.75	percent of total billed charges	
MED-EL SAMBA BB R PT KIT 51560	L8691	HCPCS	outpatient			51165		2323.36 First Trenton	First Trenton		46048.5	90			2020.31	48606.75	percent of total billed charges	
MED-EL SAMBA BB R PT KIT 51560	L8691	HCPCS	outpatient			51165		2323.36 Horizon	Medicare Blue		15349.5	30			2020.31	48606.75	percent of total billed charges	
MED-EL SAMBA BB R PT KIT 51560	L8691	HCPCS	outpatient			51165		2323.36 Horizon	Indemnity		19585.96	38.28			2020.31	48606.75	percent of total billed charges	
MED-EL SAMBA BB R PT KIT 51560	L8691	HCPCS	outpatient			51165		2323.36 Horizon	MGD		19585.96	38.28			2020.31	48606.75	percent of total billed charges	
MED-EL SAMBA BB R PT KIT 51560	L8691	HCPCS	outpatient			51165		2323.36 Horizon	PPO		19585.96	38.28			2020.31	48606.75	percent of total billed charges	
MED-EL SAMBA BB R PT KIT 51560	L8691	HCPCS	outpatient			51165		2323.36 Managed Care Inc	Managed Care Inc		46048.5	90			2020.31	48606.75	percent of total billed charges	
MED-EL SAMBA BB R PT KIT 51560	L8691	HCPCS	outpatient			51165		2323.36 Multiplan	Multiplan		40932	80			2020.31	48606.75	percent of total billed charges	
MED-EL SAMBA BB R PT KIT 51560	L8691	HCPCS	outpatient			51165		2323.36 Qualcare	Qualcare		38373.75	75			2020.31	48606.75	percent of total billed charges	
MED-EL SAMBA BB R PT KIT 51560	L8691	HCPCS	outpatient			51165		2323.36 Three Rivers	Three Rivers		48606.75	95			2020.31	48606.75	percent of total billed charges	
MED-EL SAMBA BB R PT KIT 51560	L8691	HCPCS	outpatient			51165		2323.36 UHC	Medicare		2020.31				2020.31	48606.75	fee schedule	
MED-EL SAMBA BB R PT KIT 51560	L8691	HCPCS	outpatient			51165		2323.36 UHC	Medicaid		16142.56	31.55			2020.31	48606.75	percent of total billed charges	
MED-EL SAMBA BB R PT KIT 51560	L8691	HCPCS	outpatient			51165		2323.36 Wellcare	Medicaid		16142.56	31.55			2020.31	48606.75	percent of total billed charges	
MED-EL SAMBA BB R PT KIT 51560	L8691	HCPCS	outpatient			51165		2323.36 Wellcare	Medicare		2020.31				2020.31	48606.75	fee schedule	
MED-EL SAMBA BB R PT KIT 51560	L8691	HCPCS	outpatient			51165		2323.36 WellPoint	WellPoint		16464.9	32.18			2020.31	48606.75	percent of total billed charges	
ABUTMENT BONE ANCH SOL 10MM	L8693	HCPCS	outpatient			5043		2045.74 Aetna	Medicare		1778.9				1512.9	4790.85	fee schedule	
ABUTMENT BONE ANCH SOL 10MM	L8693	HCPCS	outpatient			5043		2045.74 Aetna	Commercial		1916.34	38			1512.9	4790.85	percent of total billed charges	
ABUTMENT BONE ANCH SOL 10MM	L8693	HCPCS	outpatient			5043		2045.74 Aetna	Better Health		1591.07	31.55			1512.9	4790.85	percent of total billed charges	
ABUTMENT BONE ANCH SOL 10MM	L8693	HCPCS	outpatient			5043		2045.74 Americare	Americare		3782.25	75			1512.9	4790.85	percent of total billed charges	
ABUTMENT BONE ANCH SOL 10MM	L8693	HCPCS	outpatient			5043		2045.74 Amerihealth	Medicare		1778.9				1512.9	4790.85	fee schedule	
ABUTMENT BONE ANCH SOL 10MM	L8693	HCPCS	outpatient			5043		2045.74 Amerihealth	HMO/PPO		3277.95	65			1512.9	4790.85	percent of total billed charges	
ABUTMENT BONE ANCH SOL 10MM	L8693	HCPCS	outpatient			5043		2045.74 Consumer	Consumer		4790.85	95			1512.9	4790.85	percent of total billed charges	
ABUTMENT BONE ANCH SOL 10MM	L8693	HCPCS	outpatient			5043		2045.74 Corrections	Corrections		4034.4	80			1512.9	4790.85	percent of total billed charges	
ABUTMENT BONE ANCH SOL 10MM	L8693	HCPCS	outpatient			5043		2045.74 First Health	First Health		3530.1	70			1512.9	4790.85	percent of total billed charges	
ABUTMENT BONE ANCH SOL 10MM	L8693	HCPCS	outpatient			5043		2045.74 First Trenton	First Trenton		4538.7	90			1512.9	4790.85	percent of total billed charges	
ABUTMENT BONE ANCH SOL 10MM	L8693	HCPCS	outpatient			5043		2045.74 Horizon	MGD		1930.46	38.28			1512.9	4790.85	percent of total billed charges	
ABUTMENT BONE ANCH SOL 10MM	L8693	HCPCS	outpatient			5043		2045.74 Horizon	Indemnity		1930.46	38.28			1512.9	4790.85	percent of total billed charges	
ABUTMENT BONE ANCH SOL 10MM	L8693	HCPCS	outpatient			5043		2045.74 Horizon	PPO		1930.46	38.28			1512.9	4790.85	percent of total billed charges	
ABUTMENT BONE ANCH SOL 10MM	L8693	HCPCS	outpatient			5043		2045.74 Horizon	Medicare Blue		1512.9	30			1512.9	4790.85	percent of total billed charges	
ABUTMENT BONE ANCH SOL 10MM	L8693	HCPCS	outpatient			5043		2045.74 Managed Care Inc	Managed Care Inc		4538.7	90			1512.9	4790.85	percent of total billed charges	
ABUTMENT BONE ANCH SOL 10MM	L8693	HCPCS	outpatient			5043		2045.74 Multiplan	Multiplan		4034.4	80			1512.9	4790.85	percent of total billed charges	
ABUTMENT BONE ANCH SOL 10MM	L8693	HCPCS	outpatient			5043		2045.74 Qualcare	Qualcare		3782.25	75			1512.9	4790.85	percent of total billed charges	
ABUTMENT BONE ANCH SOL 10MM	L8693	HCPCS	outpatient			5043		2045.74 Three Rivers	Three Rivers		4790.85	95			1512.9	4790.85	percent of total billed charges	
ABUTMENT BONE ANCH SOL 10MM	L8693	HCPCS	outpatient			5043		2045.74 UHC	Medicare		1778.9				1512.9	4790.85	fee schedule	
ABUTMENT BONE ANCH SOL 10MM	L8693	HCPCS	outpatient			5043		2045.74 UHC	Medicaid		1591.07	31.55			1512.9	4790.85	percent of total billed charges	
ABUTMENT BONE ANCH SOL 10MM	L8693	HCPCS	outpatient			5043		2045.74 Wellcare	Medicare		1778.9				1512.9	4790.85	fee schedule	
ABUTMENT BONE ANCH SOL 10MM	L8693	HCPCS	outpatient			5043		2045.74 Wellcare	Medicaid		1591.07	31.55			1512.9	4790.85	percent of total billed charges	
ABUTMENT BONE ANCH SOL 10MM	L8693	HCPCS	outpatient			5043		2045.74 WellPoint	WellPoint		1622.84	32.18			1512.9	4790.85	percent of total billed charges	
VITOSS BIOACT FOAM STRP 25X50X8	L8699	HCPCS	both			14955		Aetna	Better Health		4718.3	31.55			370.62	14207.25	percent of total billed charges	
VITOSS BIOACT FOAM STRP 25X50X8	L8699	HCPCS	both			14955		Aetna	Medicare		4606.14	30.8			370.62	14207.25	percent of total billed charges	
VITOSS BIOACT FOAM STRP 25X50X8	L8699	HCPCS	both			14955		Aetna	Commercial		5682.9	38			370.62	14207.25	percent of total billed charges	
VITOSS BIOACT FOAM STRP 25X50X8	L8699	HCPCS	both			14955		Americare	Americare		11216.25	75			370.62	14207.25	percent of total billed charges	
VITOSS BIOACT FOAM STRP 25X50X8	L8699	HCPCS	both			14955		Amerihealth	HMO/PPO		9720.75	65			370.62	14207.25	percent of total billed charges	
VITOSS BIOACT FOAM STRP 25X50X8	L8699	HCPCS	both			14955		Consumer	Consumer		14207.25	95			370.62	14207.25	percent of total billed charges	
VITOSS BIOACT FOAM STRP 25X50X8	L8699	HCPCS	both			14955		Corrections	Corrections		11964	80			370.62	14207.25	percent of total billed charges	
VITOSS BIOACT FOAM STRP 25X50X8	L8699	HCPCS	both			14955		First Health	First Health		10468.5	70			370.62	14207.25	percent of total billed charges	
VITOSS BIOACT FOAM STRP 25X50X8	L8699	HCPCS	both			14955		First Trenton	First Trenton		13459.5	90			370.62	14207.25	percent of total billed charges	
VITOSS BIOACT FOAM STRP 25X50X8	L8699	HCPCS	both			14955		Horizon	MGD		5724.77	38.28			370.62	14207.25	percent of total billed charges	
VITOSS BIOACT FOAM STRP 25X50X8	L8699	HCPCS	both			14955		Horizon	Medicare Blue		4486.5	30			370.62	14207.25	percent of total billed charges	
VITOSS BIOACT FOAM STRP 25X50X8	L8699	HCPCS	both			14955		Horizon	NJ Health		5982	40			370.62	14207.25	percent of total billed charges	
VITOSS BIOACT FOAM STRP 25X50X8	L8699	HCPCS	both			14955		Horizon	Indemnity		5724.77	38.28			370.62	14207.25	percent of total billed charges	
VITOSS BIOACT FOAM STRP 25X50X8	L8699	HCPCS	both			14955		Horizon	PPO		5724.77	38.28			370.62	14207.25	percent of total billed charges	
VITOSS BIOACT FOAM STRP 25X50X8	L8699	HCPCS	both			14955		Managed Care Inc	Managed Care Inc		13459.5	90			370.62	14207.25	percent of total billed charges	
VITOSS BIOACT FOAM STRP 25X50X8	L8699	HCPCS	both			14955		Multiplan	Multiplan		11964	80			370.62	14207.25	percent of total billed charges	
VITOSS BIOACT FOAM STRP 25X50X8	L8699	HCPCS	both			14955		Qualcare	Qualcare		5982	40			370.62	14207.25	percent of total billed charges	
VITOSS BIOACT FOAM STRP 25X50X8	L8699	HCPCS	both			14955		Three Rivers	Three Rivers		14207.25	95			370.62	14207.25	percent of total billed charges	
VITOSS BIOACT FOAM STRP 25X50X8	L8699	HCPCS	both			14955		UHC	Medicaid		4718.3	31.55			370.62	14207.25	percent of total billed charges	
VITOSS BIOACT FOAM STRP 25X50X8	L8699	HCPCS	both			14955		Wellcare	Medicaid		4718.3	31.55			370.62	14207.25	percent of total billed charges	
VITOSS BIOACT FOAM STRP 25X50X8	L8699	HCPCS	both			14955		WellPoint	WellPoint		4812.52	32.18			370.62	14207.25	percent of total billed charges	
INJ.TIXAGEV & CILGAV ADMIN/MONITOR	M0220	HCPCS	outpatient			586		207.75 Aetna	Medicare		180.65				180.65	556.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ.TIXAGEV & CILGAV ADMIN/MONITOR	M0220	HCPCS	outpatient			586		207.75 Aetna	Better Health		184.88	31.55			180.65	556.7	percent of total billed charges	
INJ.TIXAGEV & CILGAV ADMIN/MONITOR	M0220	HCPCS	outpatient			586		207.75 Aetna	Commercial		287.59				180.65	556.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ.TIXAGEV & CILGAV ADMIN/MONITOR	M0220	HCPCS	outpatient			586		207.75 Americare	Americare		439.5	75			180.65	556.7	percent of total billed charges	
INJ.TIXAGEV & CILGAV ADMIN/MONITOR	M0220	HCPCS	outpatient			586		207.75 Amerihealth	Medicare		180.65				180.65	556.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ.TIXAGEV & CILGAV ADMIN/MONITOR	M0220	HCPCS	outpatient			586		207.75 Amerihealth	HMO/PPO		380.9	65			180.65	556.7	percent of total billed charges	
INJ.TIXAGEV & CILGAV ADMIN/MONITOR	M0220	HCPCS	outpatient			586		207.75 Consumer	Consumer		556.7	95			180.65	556.7	percent of total billed charges	
INJ.TIXAGEV & CILGAV ADMIN/MONITOR	M0220	HCPCS	outpatient			586		207.75 Corrections	Corrections		468.8	80			180.65	556.7	percent of total billed charges	
INJ.TIXAGEV & CILGAV ADMIN/MONITOR	M0220	HCPCS	outpatient			586		207.75 First Health	First Health		410.2	70			180.65	556.7	percent of total billed charges	
INJ.TIXAGEV & CILGAV ADMIN/MONITOR	M0220	HCPCS	outpatient			586		207.75 First Trenton	First Trenton		527.4	90			180.65	556.7	percent of total billed charges	
INJ.TIXAGEV & CILGAV ADMIN/MONITOR	M0220	HCPCS	outpatient			586		207.75 Horizon	MGD		336.19				180.65	556.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ.TIXAGEV & CILGAV ADMIN/MONITOR	M0220	HCPCS	outpatient			586		207.75 Horizon	Medicare Blue		180.65				180.65	556.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ.TIXAGEV & CILGAV ADMIN/MONITOR	M0220	HCPCS	outpatient			586		207.75 Horizon	Indemnity		336.19				180.65	556.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ.TIXAGEV & CILGAV ADMIN/MONITOR	M0220	HCPCS	outpatient			586		207.75 Horizon	PPO		336.19				180.65	556.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ.TIXAGEV & CILGAV ADMIN/MONITOR	M0220	HCPCS	outpatient			586		207.75 Managed Care Inc	Managed Care Inc		527.4	90			180.65	556.7	percent of total billed charges	
INJ.TIXAGEV & CILGAV ADMIN/MONITOR	M0220	HCPCS	outpatient			586		207.75 Multiplan	Multiplan		468.8	80			180.65	556.7	percent of total billed charges	
INJ.TIXAGEV & CILGAV ADMIN/MONITOR	M0220	HCPCS	outpatient			586		207.75 Qualcare	Qualcare		439.5	75			180.65	556.7	percent of total billed charges	
INJ.TIXAGEV & CILGAV ADMIN/MONITOR	M0220	HCPCS	outpatient			586		207.75 Three Rivers	Three Rivers		556.7	95			180.65	556.7	percent of total billed charges	
INJ.TIXAGEV & CILGAV ADMIN/MONITOR	M0220	HCPCS	outpatient			586		207.75 UHC	Medicare		180.65				180.65	556.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ.TIXAGEV & CILGAV ADMIN/MONITOR	M0220	HCPCS	outpatient			586		207.75 UHC	Medicaid		184.88	31.55			180.65	556.7	percent of total billed charges	
INJ.TIXAGEV & CILGAV ADMIN/MONITOR	M0220	HCPCS	outpatient			586		207.75 Wellcare	Medicaid		184.88	31.55			180.65	556.7	percent of total billed charges	
INJ.TIXAGEV & CILGAV ADMIN/MONITOR	M0220	HCPCS	outpatient			586		207.75 Wellcare	Medicare		180.65				180.65	556.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ.TIXAGEV & CILGAV ADMIN/MONITOR	M0220	HCPCS	outpatient			586		207.75 WellPoint	WellPoint		188.57	32.18			180.65	556.7	percent of total billed charges	
INJ.TIXAGEV&CILGAV ADMIN/MONITOR HOME	M0221	HCPCS	outpatient			975		345.79 Aetna	Better Health		307.61	31.55			300.69	926.25	percent of total billed charges	
INJ.TIXAGEV&CILGAV ADMIN/MONITOR HOME	M0221	HCPCS	outpatient			975		345.79 Aetna	Medicare		300.69				300.69	926.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ.TIXAGEV&CILGAV ADMIN/MONITOR HOME	M0221	HCPCS	outpatient			975		345.79 Aetna	Commercial		478.7				300.69	926.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ.TIXAGEV&CILGAV ADMIN/MONITOR HOME	M0221	HCPCS	outpatient			975		345.79 Americare	Americare		731.25	75			300.69	926.25	percent of total billed charges	
INJ.TIXAGEV&CILGAV ADMIN/MONITOR HOME	M0221	HCPCS	outpatient			975		345.79 Amerihealth	HMO/PPO		633.75	65			300.69	926.25	percent of total billed charges	
INJ.TIXAGEV&CILGAV ADMIN/MONITOR HOME	M0221	HCPCS	outpatient			975		345.79 Amerihealth	Medicare		300.69				300.69	926.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ.TIXAGEV&CILGAV ADMIN/MONITOR HOME	M0221	HCPCS	outpatient			975		345.79 Consumer	Consumer		926.25	95			300.69	926.25	percent of total billed charges	
INJ.TIXAGEV&CILGAV ADMIN/MONITOR HOME	M0221	HCPCS	outpatient			975		345.79 Corrections	Corrections		780	80			300.69	926.25	percent of total billed charges	
INJ.TIXAGEV&CILGAV ADMIN/MONITOR HOME	M0221	HCPCS	outpatient			975		345.79 First Health	First Health		682.5	70			300.69	926.25	percent of total billed charges	
INJ.TIXAGEV&CILGAV ADMIN/MONITOR HOME	M0221	HCPCS	outpatient			975		345.79 First Trenton	First Trenton		877.5	90			300.69	926.25	percent of total billed charges	
INJ.TIXAGEV&CILGAV ADMIN/MONITOR HOME	M0221	HCPCS	outpatient			975		345.79 Horizon	MGD		559.58				300.69	926.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ.TIXAGEV&CILGAV ADMIN/MONITOR HOME	M0221	HCPCS	outpatient			975		345.79 Horizon	Indemnity		559.58				300.69	926.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ.TIXAGEV&CILGAV ADMIN/MONITOR HOME	M0221	HCPCS	outpatient			975		345.79 Horizon	PPO		559.58				300.69	926.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ.TIXAGEV&CILGAV ADMIN/MONITOR HOME	M0221	HCPCS	outpatient			975		345.79 Horizon	Medicare Blue		300.69				300.69	926.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ.TIXAGEV&CILGAV ADMIN/MONITOR HOME	M0221	HCPCS	outpatient			975		345.79 Managed Care Inc	Managed Care Inc		877.5	90			300.69	926.25	percent of total billed charges	
INJ.TIXAGEV&CILGAV ADMIN/MONITOR HOME	M0221	HCPCS	outpatient			975		345.79 Multiplan	Multiplan		780	80			300.69	926.25	percent of total billed charges	
INJ.TIXAGEV&CILGAV ADMIN/MONITOR HOME	M0221	HCPCS	outpatient			975		345.79 Qualcare	Qualcare		731.25	75			300.69	926.25	percent of total billed charges	
INJ.TIXAGEV&CILGAV ADMIN/MONITOR HOME	M0221	HCPCS	outpatient			975		345.79 Three Rivers	Three Rivers		926.25	95			300.69	926.25	percent of total billed charges	
INJ.TIXAGEV&CILGAV ADMIN/MONITOR HOME	M0221	HCPCS	outpatient			975		345.79 UHC	Medicaid		307.61	31.55			300.69	926.25	percent of total billed charges	
INJ.TIXAGEV&CILGAV ADMIN/MONITOR HOME	M0221	HCPCS	outpatient			975		345.79 UHC	Medicare		300.69				300.69	926.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ.TIXAGEV&CILGAV ADMIN/MONITOR HOME	M0221	HCPCS	outpatient			975		345.79 Wellcare	Medicaid		307.61	31.55			300.69	926.25	percent of total billed charges	
INJ.TIXAGEV&CILGAV ADMIN/MONITOR HOME	M0221	HCPCS	outpatient			975		345.79 Wellcare	Medicare		300.69				300.69	926.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ.TIXAGEV&CILGAV ADMIN/MONITOR HOME	M0221	HCPCS	outpatient			975		345.79 WellPoint	WellPoint		313.76	32.18			300.69	926.25	percent of total billed charges	
INJ.BEBTELOVIMAB ADMIN/MONITOR	M0222	HCPCS	outpatient			1362		483.83 Aetna	Commercial		669.79				420.72	1293.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ.BEBTELOVIMAB ADMIN/MONITOR	M0222	HCPCS	outpatient			1362		483.83 Aetna	Better Health		429.71	31.55			420.72	1293.9	percent of total billed charges	
INJ.BEBTELOVIMAB ADMIN/MONITOR	M0222	HCPCS	outpatient			1362		483.83 Aetna	Medicare		420.72				420.72	1293.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ.BEBTELOVIMAB ADMIN/MONITOR	M0222	HCPCS	outpatient			1362		483.83 Americare	Americare		1021.5	75			420.72	1293.9	percent of total billed charges	
INJ.BEBTELOVIMAB ADMIN/MONITOR	M0222	HCPCS	outpatient			1362		483.83 Amerihealth	Medicare		420.72				420.72	1293.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ.BEBTELOVIMAB ADMIN/MONITOR	M0222	HCPCS	outpatient			1362		483.83 Amerihealth	HMO/PPO		885.3	65			420.72	1293.9	percent of total billed charges	
INJ.BEBTELOVIMAB ADMIN/MONITOR	M0222	HCPCS	outpatient			1362		483.83 Consumer	Consumer		1293.9	95			420.72	1293.9	percent of total billed charges	
INJ.BEBTELOVIMAB ADMIN/MONITOR	M0222	HCPCS	outpatient			1362		483.83 Corrections	Corrections		1089.6	80			420.72	1293.9	percent of total billed charges	
INJ.BEBTELOVIMAB ADMIN/MONITOR	M0222	HCPCS	outpatient			1362		483.83 First Health	First Health		953.4	70			420.72	1293.9	percent of total billed charges	
INJ.BEBTELOVIMAB ADMIN/MONITOR	M0222	HCPCS	outpatient			1362		483.83 First Trenton	First Trenton		1225.8	90			420.72	1293.9	percent of total billed charges	
INJ.BEBTELOVIMAB ADMIN/MONITOR	M0222	HCPCS	outpatient			1362		483.83 Horizon	Indemnity		782.96				420.72	1293.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ.BEBTELOVIMAB ADMIN/MONITOR	M0222	HCPCS	outpatient			1362		483.83 Horizon	MGD		782.96				420.72	1293.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ.BEBTELOVIMAB ADMIN/MONITOR	M0222	HCPCS	outpatient			1362		483.83 Horizon	Medicare Blue		420.72				420.72	1293.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ.BEBTELOVIMAB ADMIN/MONITOR	M0222	HCPCS	outpatient			1362		483.83 Horizon	PPO		782.96				420.72	1293.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ.BEBTELOVIMAB ADMIN/MONITOR	M0222	HCPCS	outpatient			1

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.															
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true														
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
INJ.BEBTELOVIMAB ADMIN/MONITOR	M0222	HCPCS	outpatient			1362	483.83	Multiplan	Multiplan		1089.6	80			420.72	1293.9	percent of total billed charges	
INJ.BEBTELOVIMAB ADMIN/MONITOR	M0222	HCPCS	outpatient			1362	483.83	Qualcare	Qualcare		1021.5	75			420.72	1293.9	percent of total billed charges	
INJ.BEBTELOVIMAB ADMIN/MONITOR	M0222	HCPCS	outpatient			1362	483.83	Three Rivers	Three Rivers		1293.9	95			420.72	1293.9	percent of total billed charges	
INJ.BEBTELOVIMAB ADMIN/MONITOR	M0222	HCPCS	outpatient			1362	483.83	UHC	Medicaid		429.71	31.55			420.72	1293.9	percent of total billed charges	
INJ.BEBTELOVIMAB ADMIN/MONITOR	M0222	HCPCS	outpatient			1362	483.83	UHC	Medicare		420.72				420.72	1293.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ.BEBTELOVIMAB ADMIN/MONITOR	M0222	HCPCS	outpatient			1362	483.83	Wellcare	Medicare		420.72				420.72	1293.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ.BEBTELOVIMAB ADMIN/MONITOR	M0222	HCPCS	outpatient			1362	483.83	Wellcare	Medicaid		429.71	31.55			420.72	1293.9	percent of total billed charges	
INJ.BEBTELOVIMAB ADMIN/MONITOR	M0222	HCPCS	outpatient			1362	483.83	WellPoint	WellPoint		436.29	32.18			420.72	1293.9	percent of total billed charges	
INJ.BEBTELOVIMAB ADMIN/MONITOR HOME	M0223	HCPCS	outpatient			2139	759.91	Aetna	Better Health		674.85	31.55			660.79	2032.05	percent of total billed charges	
INJ.BEBTELOVIMAB ADMIN/MONITOR HOME	M0223	HCPCS	outpatient			2139	759.91	Aetna	Commercial		1051.98				660.79	2032.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ.BEBTELOVIMAB ADMIN/MONITOR HOME	M0223	HCPCS	outpatient			2139	759.91	Aetna	Medicare		660.79				660.79	2032.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ.BEBTELOVIMAB ADMIN/MONITOR HOME	M0223	HCPCS	outpatient			2139	759.91	Americare	Americare		1604.25	75			660.79	2032.05	percent of total billed charges	
INJ.BEBTELOVIMAB ADMIN/MONITOR HOME	M0223	HCPCS	outpatient			2139	759.91	Amerihealth	Medicare		660.79				660.79	2032.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ.BEBTELOVIMAB ADMIN/MONITOR HOME	M0223	HCPCS	outpatient			2139	759.91	Amerihealth	HMO/PPO		1390.35	65			660.79	2032.05	percent of total billed charges	
INJ.BEBTELOVIMAB ADMIN/MONITOR HOME	M0223	HCPCS	outpatient			2139	759.91	Consumer	Consumer		2032.05	95			660.79	2032.05	percent of total billed charges	
INJ.BEBTELOVIMAB ADMIN/MONITOR HOME	M0223	HCPCS	outpatient			2139	759.91	Corrections	Corrections		1711.2	80			660.79	2032.05	percent of total billed charges	
INJ.BEBTELOVIMAB ADMIN/MONITOR HOME	M0223	HCPCS	outpatient			2139	759.91	First Health	First Health		1497.3	70			660.79	2032.05	percent of total billed charges	
INJ.BEBTELOVIMAB ADMIN/MONITOR HOME	M0223	HCPCS	outpatient			2139	759.91	First Trentron	First Trenton		1925.1	90			660.79	2032.05	percent of total billed charges	
INJ.BEBTELOVIMAB ADMIN/MONITOR HOME	M0223	HCPCS	outpatient			2139	759.91	Horizon	Indemnity		1229.73				660.79	2032.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ.BEBTELOVIMAB ADMIN/MONITOR HOME	M0223	HCPCS	outpatient			2139	759.91	Horizon	PPO		1229.73				660.79	2032.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ.BEBTELOVIMAB ADMIN/MONITOR HOME	M0223	HCPCS	outpatient			2139	759.91	Horizon	MGD		1229.73				660.79	2032.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ.BEBTELOVIMAB ADMIN/MONITOR HOME	M0223	HCPCS	outpatient			2139	759.91	Horizon	Medicare Blue		660.79				660.79	2032.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ.BEBTELOVIMAB ADMIN/MONITOR HOME	M0223	HCPCS	outpatient			2139	759.91	Managed Care Inc	Managed Care Inc		1925.1	90			660.79	2032.05	percent of total billed charges	
INJ.BEBTELOVIMAB ADMIN/MONITOR HOME	M0223	HCPCS	outpatient			2139	759.91	Multiplan	Multiplan		1711.2	80			660.79	2032.05	percent of total billed charges	
INJ.BEBTELOVIMAB ADMIN/MONITOR HOME	M0223	HCPCS	outpatient			2139	759.91	Qualcare	Qualcare		1604.25	75			660.79	2032.05	percent of total billed charges	
INJ.BEBTELOVIMAB ADMIN/MONITOR HOME	M0223	HCPCS	outpatient			2139	759.91	Three Rivers	Three Rivers		2032.05	95			660.79	2032.05	percent of total billed charges	
INJ.BEBTELOVIMAB ADMIN/MONITOR HOME	M0223	HCPCS	outpatient			2139	759.91	UHC	Medicare		660.79				660.79	2032.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ.BEBTELOVIMAB ADMIN/MONITOR HOME	M0223	HCPCS	outpatient			2139	759.91	UHC	Medicaid		674.85	31.55			660.79	2032.05	percent of total billed charges	
INJ.BEBTELOVIMAB ADMIN/MONITOR HOME	M0223	HCPCS	outpatient			2139	759.91	Wellcare	Medicare		660.79				660.79	2032.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ.BEBTELOVIMAB ADMIN/MONITOR HOME	M0223	HCPCS	outpatient			2139	759.91	Wellcare	Medicaid		674.85	31.55			660.79	2032.05	percent of total billed charges	
INJ.BEBTELOVIMAB ADMIN/MONITOR HOME	M0223	HCPCS	outpatient			2139	759.91	WellPoint	WellPoint		688.33	32.18			660.79	2032.05	percent of total billed charges	
IV INF CASIRI&IMDEV ADMIN/MONITOR	M0240	HCPCS	outpatient			1751	621.86	Aetna	Better Health		552.44	31.55			540.75	1663.45	percent of total billed charges	
IV INF CASIRI&IMDEV ADMIN/MONITOR	M0240	HCPCS	outpatient			1751	621.86	Aetna	Commercial		860.87				540.75	1663.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IV INF CASIRI&IMDEV ADMIN/MONITOR	M0240	HCPCS	outpatient			1751	621.86	Aetna	Medicare		540.75				540.75	1663.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IV INF CASIRI&IMDEV ADMIN/MONITOR	M0240	HCPCS	outpatient			1751	621.86	Americare	Americare		1313.25	75			540.75	1663.45	percent of total billed charges	
IV INF CASIRI&IMDEV ADMIN/MONITOR	M0240	HCPCS	outpatient			1751	621.86	Amerihealth	Medicare		540.75				540.75	1663.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IV INF CASIRI&IMDEV ADMIN/MONITOR	M0240	HCPCS	outpatient			1751	621.86	Amerihealth	HMO/PPO		1138.15	65			540.75	1663.45	percent of total billed charges	
IV INF CASIRI&IMDEV ADMIN/MONITOR	M0240	HCPCS	outpatient			1751	621.86	Consumer	Consumer		1663.45	95			540.75	1663.45	percent of total billed charges	
IV INF CASIRI&IMDEV ADMIN/MONITOR	M0240	HCPCS	outpatient			1751	621.86	Corrections	Corrections		1400.8	80			540.75	1663.45	percent of total billed charges	
IV INF CASIRI&IMDEV ADMIN/MONITOR	M0240	HCPCS	outpatient			1751	621.86	First Health	First Health		1225.7	70			540.75	1663.45	percent of total billed charges	
IV INF CASIRI&IMDEV ADMIN/MONITOR	M0240	HCPCS	outpatient			1751	621.86	First Trentron	First Trenton		1575.9	90			540.75	1663.45	percent of total billed charges	
IV INF CASIRI&IMDEV ADMIN/MONITOR	M0240	HCPCS	outpatient			1751	621.86	Horizon	NJ Health		1174.5				540.75	1663.45	fee schedule	
IV INF CASIRI&IMDEV ADMIN/MONITOR	M0240	HCPCS	outpatient			1751	621.86	Horizon	Indemnity		1006.34				540.75	1663.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IV INF CASIRI&IMDEV ADMIN/MONITOR	M0240	HCPCS	outpatient			1751	621.86	Horizon	MGD		1006.34				540.75	1663.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IV INF CASIRI&IMDEV ADMIN/MONITOR	M0240	HCPCS	outpatient			1751	621.86	Horizon	Medicare Blue		540.75				540.75	1663.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IV INF CASIRI&IMDEV ADMIN/MONITOR	M0240	HCPCS	outpatient			1751	621.86	Horizon	PPO		1006.34				540.75	1663.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IV INF CASIRI&IMDEV ADMIN/MONITOR	M0240	HCPCS	outpatient			1751	621.86	Managed Care Inc	Managed Care Inc		1575.9	90			540.75	1663.45	percent of total billed charges	
IV INF CASIRI&IMDEV ADMIN/MONITOR	M0240	HCPCS	outpatient			1751	621.86	Multiplan	Multiplan		1400.8	80			540.75	1663.45	percent of total billed charges	
IV INF CASIRI&IMDEV ADMIN/MONITOR	M0240	HCPCS	outpatient			1751	621.86	Qualcare	Qualcare		1313.25	75			540.75	1663.45	percent of total billed charges	
IV INF CASIRI&IMDEV ADMIN/MONITOR	M0240	HCPCS	outpatient			1751	621.86	Three Rivers	Three Rivers		1663.45	95			540.75	1663.45	percent of total billed charges	
IV INF CASIRI&IMDEV ADMIN/MONITOR	M0240	HCPCS	outpatient			1751	621.86	UHC	Medicaid		552.44	31.55			540.75	1663.45	percent of total billed charges	
IV INF CASIRI&IMDEV ADMIN/MONITOR	M0240	HCPCS	outpatient			1751	621.86	UHC	Medicare		540.75				540.75	1663.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IV INF CASIRI&IMDEV ADMIN/MONITOR	M0240	HCPCS	outpatient			1751	621.86	Wellcare	Medicare		540.75				540.75	1663.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IV INF CASIRI&IMDEV ADMIN/MONITOR	M0240	HCPCS	outpatient			1751	621.86	Wellcare	Medicaid		552.44	31.55			540.75	1663.45	percent of total billed charges	
IV INF CASIRI&IMDEV ADMIN/MONITOR	M0240	HCPCS	outpatient			1751	621.86	WellPoint	WellPoint		563.47	32.18			540.75	1663.45	percent of total billed charges	
IV INF CASIRI&IMDEVI ADM/MONITOR	M0243	HCPCS	outpatient			1765	621.86	Aetna	Better Health		556.86	31.55			540.75	1676.75	percent of total billed charges	
IV INF CASIRIVI&IMDEVI ADM/MONITOR	M0243	HCPCS	outpatient			1765	621.86	Aetna	Commercial		860.87				540.75	1676.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IV INF CASIRIVI&IMDEVI ADM/MONITOR	M0243	HCPCS	outpatient			1765	621.86	Aetna	Medicare		540.75				540.75	1676.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IV INF CASIRIVI&IMDEVI ADM/MONITOR	M0243	HCPCS	outpatient			1765	621.86	Americare	Americare		1323.75	75			540.75	1676.75	percent of total billed charges	
IV INF CASIRIVI&IMDEVI ADM/MONITOR	M0243	HCPCS	outpatient			1765	621.86	Amerihealth	HMO/PPO		1147.25	65			540.75	1676.75	percent of total billed charges	
IV INF CASIRIVI&IMDEVI ADM/MONITOR	M0243	HCPCS	outpatient			1765	621.86	Amerihealth	Medicare		540.75				540.75	1676.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IV INF CASIRIVI&IMDEVI ADM/MONITOR	M0243	HCPCS	outpatient			1765	621.86	Consumer	Consumer		1676.75	95			540.75	1676.75	percent of total billed charges	
IV INF CASIRIVI&IMDEVI ADM/MONITOR	M0243	HCPCS	outpatient			1765	621.86	Corrections	Corrections		1412	80			540.75	1676.75	percent of total billed charges	
IV INF CASIRIVI&IMDEVI ADM/MONITOR	M0243	HCPCS	outpatient			1765	621.86	First Health	First Health		1235.5	70			540.75	1676.75	percent of total billed charges	
IV INF CASIRIVI&IMDEVI ADM/MONITOR	M0243	HCPCS	outpatient			1765	621.86	First Trentron	First Trenton		1588.5	90			540.75	1676.75	percent of total billed charges	
IV INF CASIRIVI&IMDEVI ADM/MONITOR	M0243	HCPCS	outpatient			1765	621.86	Horizon	Indemnity		1006.34				540.75	1676.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IV INF CASIRIVI&IMDEVI ADM/MONITOR	M0243	HCPCS	outpatient			1765	621.86	Horizon	Medicare Blue		540.75				540.75	1676.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IV INF CASIRIVI&IMDEVI ADM/MONITOR	M0243	HCPCS	outpatient			1765	621.86	Horizon	NJ Health		1174.5				540.75	1676.75	fee schedule	
IV INF CASIRIVI&IMDEVI ADM/MONITOR	M0243	HCPCS	outpatient			1765	621.86	Horizon	MGD		1006.34				540.75	1676.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IV INF CASIRIVI&IMDEVI ADM/MONITOR	M0243	HCPCS	outpatient			1765	621.86	Horizon	PPO		1006.34				540.75	1676.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IV INF CASIRIVI&IMDEVI ADM/MONITOR	M0243	HCPCS	outpatient			1765	621.86	Managed Care Inc	Managed Care Inc		1588.5	90			540.75	1676.75	percent of total billed charges	
IV INF CASIRIVI&IMDEVI ADM/MONITOR	M0243	HCPCS	outpatient			1765	621.86	Multiplan	Multiplan		1412	80			540.75	1676.75	percent of total billed charges	
IV INF CASIRIVI&IMDEVI ADM/MONITOR	M0243	HCPCS	outpatient			1765	621.86	Qualcare	Qualcare		1323.75	75			540.75	1676.75	percent of total billed charges	
IV INF CASIRIVI&IMDEVI ADM/MONITOR	M0243	HCPCS	outpatient			1765	621.86	Three Rivers	Three Rivers		1676.75	95			540.75	1676.75	percent of total billed charges	
IV INF CASIRIVI&IMDEVI ADM/MONITOR	M0243	HCPCS	outpatient			1765	621.86	UHC	Medicare		540.75				540.75	1676.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IV INF CASIRIVI&IMDEVI ADM/MONITOR	M0243	HCPCS	outpatient			1765	621.86	UHC	Medicaid		556.86	31.55			540.75	1676.75	percent of total billed charges	
IV INF CASIRIVI&IMDEVI ADM/MONITOR	M0243	HCPCS	outpatient			1765	621.86	Wellcare	Medicare		540.75				540.75	1676.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IV INF CASIRIVI&IMDEVI ADM/MONITOR	M0243	HCPCS	outpatient			1765	621.86	Wellcare	Medicaid		556.86	31.55			540.75	1676.75	percent of total billed charges	
IV INF CASIRIVI&IMDEVI ADM/MONITOR	M0243	HCPCS	outpatient			1765	621.86	WellPoint	WellPoint		567.98	32.18			540.75	1676.75	percent of total billed charges	
IV INF BAMLANâ€TESEV ADM/MONITOR	M0245	HCPCS	outpatient			1765	621.86	Aetna	Medicare		540.75				540.75	1676.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IV INF BAMLANâ€TESEV ADM/MONITOR	M0245	HCPCS	outpatient			1765	621.86	Aetna	Better Health		556.86	31.55			540.75	1676.75	percent of total billed charges	
IV INF BAMLANâ€TESEV ADM/MONITOR	M0245	HCPCS	outpatient			1765	621.86	Aetna	Commercial		860.87				540.75	1676.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IV INF BAMLANâ€TESEV ADM/MONITOR	M0245	HCPCS	outpatient			1765	621.86	Americare	Americare		1323.75	75			540.75	1676.75	percent of total billed charges	
IV INF BAMLANâ€TESEV ADM/MONITOR	M0245	HCPCS	outpatient			1765	621.86	Amerihealth	HMO/PPO		1147.25	65			540.75	1676.75	percent of total billed charges	
IV INF BAMLANâ€TESEV ADM/MONITOR	M0245	HCPCS	outpatient			1765	621.86	Amerihealth	Medicare		540.75				540.75	1676.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IV INF BAMLANâ€TESEV ADM/MONITOR	M0245	HCPCS	outpatient			1765	621.86	Consumer	Consumer		1676.75	95			540.75	1676.75	percent of total billed charges	
IV INF BAMLANâ€TESEV ADM/MONITOR	M0245	HCPCS	outpatient			1765	621.86	Corrections	Corrections		1412	80			540.75	1676.75	percent of total billed charges	
IV INF BAMLANâ€TESEV ADM/MONITOR	M0245	HCPCS	outpatient			1765	621.86	First Health	First Health		1235.5	70			540.75	1676.75	percent of total billed charges	
IV INF BAMLANâ€TESEV ADM/MONITOR	M0245	HCPCS	outpatient			1765	621.86	First Trentron	First Trenton		1588.5	90			540.75	1676.75	percent of total billed charges	
IV INF BAMLANâ€TESEV ADM/MONITOR	M0245	HCPCS	outpatient			1765	621.86	Horizon	Medicare Blue		540.75				540.75	1676.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IV INF BAMLANâ€TESEV ADM/MONITOR	M0245	HCPCS	outpatient			1765	621.86	Horizon	PPO		1006.34				540.75	1676.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IV INF BAMLANâ€TESEV ADM/MONITOR	M0245	HCPCS	outpatient			1765	621.86	Horizon	MGD		1006.34				540.75	1676.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IV INF BAMLANâ€TESEV ADM/MONITOR	M0245	HCPCS	outpatient			1765	621.86	Horizon	Indemnity		1006.34				540.75	1676.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IV INF BAMLANâ€TESEV ADM/MONITOR	M0245	HCPCS	outpatient			1765	621.86	Horizon	NJ Health		1174.5				540.75	1676.75	fee schedule	
IV INF BAMLANâ€TESEV ADM/MONITOR	M0245	HCPCS	outpatient			1765	621.86	Managed Care Inc	Managed Care Inc		1588.5	90			540.75	1676.75	percent of total billed charges	
IV INF BAMLANâ€TESEV ADM/MONITOR	M0245	HCPCS	outpatient			1765	621.86	Multiplan	Multiplan		1412	80			540.75	1676.75	percent of total billed charges	
IV INF BAMLANâ€TESEV ADM/MONITOR	M0245	HCPCS	outpatient			1765	621.86	Qualcare	Qualcare		1323.75	75			540.75	1676.75	percent of total billed charges	
IV INF BAMLANâ€TESEV ADM/MONITOR	M0245	HCPCS	outpatient			1765	621.86	Three Rivers	Three Rivers		1676.75	95			540.75	1676.75	percent of total billed charges	
IV INF BAMLANâ€TESEV ADM/MONITOR	M0245	HCPCS	outpatient			1765	621.86	UHC	Medicaid		556.86	31.55			540.75	1676.75	percent of total billed charges	
IV INF BAMLANâ€TESEV ADM/MONITOR	M0245	HCPCS	outpatient			1765	621.86	UHC	Medicare		540.75				540.75	1676.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IV INF BAMLANâ€TESEV ADM/MONITOR	M0245	HCPCS	outpatient			1765	621.86	Wellcare	Medicaid		556.86	31.55			540.75	1676.75	percent of total billed charges	
IV INF BAMLANâ€TESEV ADM/MONITOR	M0245	HCPCS	outpatient			1765	621.86	Wellcare	Medicare		540.75				540.75	1676.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IV INF BAMLANâ€TESEV ADM/MONITOR	M0245	HCPCS	outpatient			1765	621.86	WellPoint	WellPoint		567.98	32.18			540.75	1676.75	percent of total billed charges	
IV INF SOTROVIMAB ADM/MONITOR	M0247	HCPCS	outpatient			1751	621.86	Aetna	Commercial		860.87				540.75	1663.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IV INF SOTROVIMAB ADM/MONITOR	M0247	HCPCS	outpatient			1751	621.86	Aetna	Better Health		552.44	31.55			540.75	1663.45	percent of total billed charges	
IV INF SOTROVIMAB ADM/MONITOR	M0247	HCPCS	outpatient			1751	621.86	Aetna	Medicare		540.75				540.75	1663.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IV INF SOTROVIMAB ADM/MONITOR	M0247	HCPCS	outpatient			1751	621.86	Americare	Americare		1313.25	75			540.75	1663.45	percent of total billed charges	
IV INF SOTROVIMAB ADM/MONITOR	M0247	HCPCS	outpatient			1751	621.86	Amerihealth	HMO/PPO		1138.15	65			540.75	1663.45	percent of total billed charges	
IV INF SOTROVIMAB ADM/MONITOR	M0247	HCPCS	outpatient			1751	621.86	Amerihealth	Medicare		540.75				540.75	1663.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IV INF SOTROVIMAB ADM/MONITOR	M0247	HCPCS	outpatient			1751	621.86	Consumer	Consumer		1663.45	95			540.75	1663.45	percent of total billed charges	
IV INF SOTROVIMAB ADM/MONITOR	M0247	HCPCS	outpatient			1751	621.86	Corrections	Corrections		1400.8	80			540.75	1663.45	percent of total billed charges	
IV INF SOTROVIMAB ADM/MONITOR	M0247	HCPCS	outpatient			1751	621.86	First Health	First Health		1225.7	70			540.75	1663.45	percent of total billed charges	
IV INF SOTROVIMAB ADM/MONITOR	M0247	HCPCS	outpatient			1751	621.86	First Trentron	First Trenton		1575.9	90			540.75	1663.45	percent of total billed charges	
IV INF SOTROVIMAB ADM/MONITOR	M0247	HCPCS	outpatient			1751	621.86	Horizon	MGD		1006.34				540.75	1663.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IV INF SOTROVIMAB ADM/MONITOR	M0247	HCPCS	outpatient			1751	621.86	Horizon	PPO		1006.34				540.75	1663.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IV INF SOTROVIMAB ADM/MONITOR	M0247	HCPCS	outpatient			1751	621.86	Horizon	Indemnity		1006.34				540.75	1663.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IV INF SOTROVIMAB ADM/MONITOR	M0247	HCPCS	outpatient			1751	621.86	Horizon	Medicare Blue		540.75				540.75	1663.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IV INF SOTROVIMAB ADM/MONITOR	M0247	HCPCS	outpatient			1751	621.86	Horizon	NJ Health		1174.5				540.75	1663.45	fee schedule	
IV INF SOTROVIMAB ADM/MONITOR	M0247	HCPCS	outpatient			1751	621.86	Managed Care Inc	Managed Care Inc		1575.9	90			540.75	1663.45	percent of total billed charges	
IV INF SOTROVIMAB ADM/MONITOR	M0247	HCPCS	outpatient			1751	621.86	Multiplan	Multiplan		1400.8	80			540.75	1663.45	percent of total billed charges	
IV INF SOTROVIMAB ADM/MONITOR	M0247	HCPCS	outpatient			1751	621.86	Qualcare	Qualcare		1313.25	75			540.75	1663.45	percent of total billed charges	
IV INF SOTROVIMAB ADM/MONITOR	M0247	HCPCS	outpatient			1751	621.86	Three Rivers	Three Rivers		1663.45	95			540.75	1663.45	percent of total billed charges	
IV INF SOTROVIMAB ADM/MONITOR	M0247	HCPCS	outpatient			1751	621.86	UHC	Medicaid		552.44	31.55			540.75	1663.45	percent of total billed charges	
IV INF SOTROVIMAB ADM/MONITOR	M0247	HCPCS	outpatient			1751	621.86	UHC	Medicare		540.75				540.75	1663.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IV INF SOTROVIMAB ADM/MONITOR	M0247	HCPCS	outpatient			1751	621.86	Wellcare	Medicare		540.75				540.75	1663.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IV INF SOTROVIMAB ADM/MONITOR	M0247	HCPCS	outpatient			1751	621.86	Wellcare	Medicaid		552.44	31.55			540.75	1663.45	percent of total billed charges	
IV INF SOTROVIMAB ADM/MONITOR	M0247	HCPCS	outpatient			1751	621.86	WellPoint	WellPoint		563.47	32.18			540.75	1663.45	percent of total billed charges	
BLOOD,(WHOLE) FOR TRANS PER UNIT	P9010	HCPCS	inpatient			1791	280.36	Aetna	Better Health		565.06	31.55			67.44	1701.45	percent of total billed charges	
BLOOD,(WHOLE) FOR TRANS PER UNIT	P9010	HCPCS	inpatient			1791	280.36	Aetna	Commercial		388.11				67.44	1701.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLOOD,(WHOLE) FOR TRANS PER UNIT	P9010	HCPCS	inpatient			1791	280.36	Aetna	Medicare		243.79				67.44	1701.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLOOD,(WHOLE) FOR TRANS PER UNIT	P9010	HCPCS	inpatient			1791	280.36	Americare	Americare		1343.25	75			67.44	1701.45	percent of total billed charges	
BLOOD,(WHOLE) FOR TRANS PER UNIT	P9010	HCPCS	inpatient			1791	280.36	Amerihealth	HMO/PPO		164.99				67.44	1701.45	fee schedule	
BLOOD,(WHOLE) FOR TRANS PER UNIT	P9010	HCPCS	inpatient			1791	280.36	Amerihealth	Medicare		243.79				67.44	1701.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLOOD,(WHOLE) FOR TRANS PER UNIT	P9010	HCPCS	inpatient			1791	280.36	Consumer	Consumer		1701.45	95			67.44	1701.45	percent of total billed charges	
BLOOD,(WHOLE) FOR TRANS PER UNIT	P9010	HCPCS	inpatient			1791	280.36	Corrections	Corrections		1432.8	80			67.44	1701.45	percent of total billed charges	
BLOOD,(WHOLE) FOR TRANS PER UNIT	P9010	HCPCS	inpatient			1791	280.36	First Health	First Health		1253.7	70			67.44	1701.45	percent of total billed charges	
BLOOD,(WHOLE) FOR TRANS PER UNIT	P9010	HCPCS	inpatient			1791	280.36	First Trentron	First Trenton		1611.9	90			67.44	1701.45	percent of total billed charges	
BLOOD,(WHOLE) FOR TRANS PER UNIT	P9010	HCPCS	inpatient			1791	280.36	Horizon	MGD		453.69				67.44	1701.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLOOD,(WHOLE) FOR TRANS PER UNIT	P9010	HCPCS	inpatient			1791	280.36	Horizon	Indemnity		453.69				67.44	1701.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLOOD,(WHOLE) FOR TRANS PER UNIT	P9010	HCPCS	inpatient			1791	280.36	Horizon	Med

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.													
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true												
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
BLOOD,(WHOLE) FOR TRANS PER UNIT	P9010	HCPCS	inpatient			1791		280.36 Wellcare	Medicaid		565.06	31.55			67.44	1701.45	percent of total billed charges	
BLOOD,(WHOLE) FOR TRANS PER UNIT	P9010	HCPCS	inpatient			1791		280.36 Wellcare	Medicare		243.79				67.44	1701.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLOOD,(WHOLE) FOR TRANS PER UNIT	P9010	HCPCS	inpatient			1791		280.36 WellPoint	WellPoint		576.34	32.18			67.44	1701.45	percent of total billed charges	
PEDIATRIC BLOOD UNITS/EA BAG	P9011	HCPCS	both			479		205.77 Aetna	Commercial		284.86				17.35	455.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PEDIATRIC BLOOD UNITS/EA BAG	P9011	HCPCS	both			479		205.77 Aetna	Better Health		151.12	31.55			17.35	455.05	percent of total billed charges	
PEDIATRIC BLOOD UNITS/EA BAG	P9011	HCPCS	both			479		205.77 Aetna	Medicare		178.93				17.35	455.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PEDIATRIC BLOOD UNITS/EA BAG	P9011	HCPCS	both			479		205.77 Americare	Americare		359.25	75			17.35	455.05	percent of total billed charges	
PEDIATRIC BLOOD UNITS/EA BAG	P9011	HCPCS	both			479		205.77 Amerihealth	HMO/PPO		140.04				17.35	455.05	fee schedule	
PEDIATRIC BLOOD UNITS/EA BAG	P9011	HCPCS	both			479		205.77 Amerihealth	Medicare		178.93				17.35	455.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PEDIATRIC BLOOD UNITS/EA BAG	P9011	HCPCS	both			479		205.77 Consumer	Consumer		455.05	95			17.35	455.05	percent of total billed charges	
PEDIATRIC BLOOD UNITS/EA BAG	P9011	HCPCS	both			479		205.77 Corrections	Corrections		383.2	80			17.35	455.05	percent of total billed charges	
PEDIATRIC BLOOD UNITS/EA BAG	P9011	HCPCS	both			479		205.77 First Health	First Health		335.3	70			17.35	455.05	percent of total billed charges	
PEDIATRIC BLOOD UNITS/EA BAG	P9011	HCPCS	both			479		205.77 First Trenton	First Trenton		431.1	90			17.35	455.05	percent of total billed charges	
PEDIATRIC BLOOD UNITS/EA BAG	P9011	HCPCS	both			479		205.77 Horizon	Medicare Blue		178.93				17.35	455.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PEDIATRIC BLOOD UNITS/EA BAG	P9011	HCPCS	both			479		205.77 Horizon	MGD		332.99				17.35	455.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PEDIATRIC BLOOD UNITS/EA BAG	P9011	HCPCS	both			479		205.77 Horizon	Indemnity		332.99				17.35	455.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PEDIATRIC BLOOD UNITS/EA BAG	P9011	HCPCS	both			479		205.77 Horizon	NJ Health		96.41				17.35	455.05	fee schedule	
PEDIATRIC BLOOD UNITS/EA BAG	P9011	HCPCS	both			479		205.77 Horizon	PPO		332.99				17.35	455.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PEDIATRIC BLOOD UNITS/EA BAG	P9011	HCPCS	both			479		205.77 Managed Care Inc	Managed Care Inc		431.1	90			17.35	455.05	percent of total billed charges	
PEDIATRIC BLOOD UNITS/EA BAG	P9011	HCPCS	both			479		205.77 Multiplan	Multiplan		383.2	80			17.35	455.05	percent of total billed charges	
PEDIATRIC BLOOD UNITS/EA BAG	P9011	HCPCS	both			479		205.77 Qualcare	Qualcare		359.25	75			17.35	455.05	percent of total billed charges	
PEDIATRIC BLOOD UNITS/EA BAG	P9011	HCPCS	both			479		205.77 Three Rivers	Three Rivers		455.05	95			17.35	455.05	percent of total billed charges	
PEDIATRIC BLOOD UNITS/EA BAG	P9011	HCPCS	both			479		205.77 UHC	Medicaid		151.12	31.55			17.35	455.05	percent of total billed charges	
PEDIATRIC BLOOD UNITS/EA BAG	P9011	HCPCS	both			479		205.77 UHC	Medicare		178.93				17.35	455.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PEDIATRIC BLOOD UNITS/EA BAG	P9011	HCPCS	both			479		205.77 Wellcare	Medicare		178.93				17.35	455.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PEDIATRIC BLOOD UNITS/EA BAG	P9011	HCPCS	both			479		205.77 Wellcare	Medicaid		151.12	31.55			17.35	455.05	percent of total billed charges	
PEDIATRIC BLOOD UNITS/EA BAG	P9011	HCPCS	both			479		205.77 WellPoint	WellPoint		154.14	32.18			17.35	455.05	percent of total billed charges	
POOLED CRY OPPT (5)	P9012	HCPCS	both			1200		82.64 Aetna	Commercial		114.4				56.26	1140	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
POOLED CRY OPPT (5)	P9012	HCPCS	both			1200		82.64 Aetna	Medicare		71.86				56.26	1140	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
POOLED CRY OPPT (5)	P9012	HCPCS	both			1200		82.64 Aetna	Better Health		378.6	31.55			56.26	1140	percent of total billed charges	
POOLED CRY OPPT (5)	P9012	HCPCS	both			1200		82.64 Americare	Americare		900	75			56.26	1140	percent of total billed charges	
POOLED CRY OPPT (5)	P9012	HCPCS	both			1200		82.64 Amerihealth	Medicare		71.86				56.26	1140	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
POOLED CRY OPPT (5)	P9012	HCPCS	both			1200		82.64 Amerihealth	HMO/PPO		56.26				56.26	1140	fee schedule	
POOLED CRY OPPT (5)	P9012	HCPCS	both			1200		82.64 Consumer	Consumer		1140	95			56.26	1140	percent of total billed charges	
POOLED CRY OPPT (5)	P9012	HCPCS	both			1200		82.64 Corrections	Corrections		960	80			56.26	1140	percent of total billed charges	
POOLED CRY OPPT (5)	P9012	HCPCS	both			1200		82.64 First Health	First Health		840	70			56.26	1140	percent of total billed charges	
POOLED CRY OPPT (5)	P9012	HCPCS	both			1200		82.64 First Trenton	First Trenton		1080	90			56.26	1140	percent of total billed charges	
POOLED CRY OPPT (5)	P9012	HCPCS	both			1200		82.64 Horizon	MGD		133.73				56.26	1140	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
POOLED CRY OPPT (5)	P9012	HCPCS	both			1200		82.64 Horizon	Medicare Blue		71.86				56.26	1140	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
POOLED CRY OPPT (5)	P9012	HCPCS	both			1200		82.64 Horizon	Indemnity		133.73				56.26	1140	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
POOLED CRY OPPT (5)	P9012	HCPCS	both			1200		82.64 Horizon	PPO		133.73				56.26	1140	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
POOLED CRY OPPT (5)	P9012	HCPCS	both			1200		82.64 Managed Care Inc	Managed Care Inc		1080	90			56.26	1140	percent of total billed charges	
POOLED CRY OPPT (5)	P9012	HCPCS	both			1200		82.64 Multiplan	Multiplan		960	80			56.26	1140	percent of total billed charges	
POOLED CRY OPPT (5)	P9012	HCPCS	both			1200		82.64 Qualcare	Qualcare		900	75			56.26	1140	percent of total billed charges	
POOLED CRY OPPT (5)	P9012	HCPCS	both			1200		82.64 Three Rivers	Three Rivers		1140	95			56.26	1140	percent of total billed charges	
POOLED CRY OPPT (5)	P9012	HCPCS	both			1200		82.64 UHC	Medicaid		378.6	31.55			56.26	1140	percent of total billed charges	
POOLED CRY OPPT (5)	P9012	HCPCS	both			1200		82.64 UHC	Medicare		71.86				56.26	1140	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
POOLED CRY OPPT (5)	P9012	HCPCS	both			1200		82.64 Wellcare	Medicaid		378.6	31.55			56.26	1140	percent of total billed charges	
POOLED CRY OPPT (5)	P9012	HCPCS	both			1200		82.64 Wellcare	Medicare		71.86				56.26	1140	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
POOLED CRY OPPT (5)	P9012	HCPCS	both			1200		82.64 WellPoint	WellPoint		386.16	32.18			56.26	1140	percent of total billed charges	
RBC LEUKOCYTE REDUCED	P9016	HCPCS	both			1008		249.61 Aetna	Commercial		345.54				197.16	957.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RBC LEUKOCYTE REDUCED	P9016	HCPCS	both			1008		249.61 Aetna	Medicare		217.05				197.16	957.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RBC LEUKOCYTE REDUCED	P9016	HCPCS	both			1008		249.61 Aetna	Better Health		318.02	31.55			197.16	957.6	percent of total billed charges	
RBC LEUKOCYTE REDUCED	P9016	HCPCS	both			1008		249.61 Americare	Americare		756	75			197.16	957.6	percent of total billed charges	
RBC LEUKOCYTE REDUCED	P9016	HCPCS	both			1008		249.61 Amerihealth	HMO/PPO		197.16				197.16	957.6	fee schedule	
RBC LEUKOCYTE REDUCED	P9016	HCPCS	both			1008		249.61 Amerihealth	Medicare		217.05				197.16	957.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RBC LEUKOCYTE REDUCED	P9016	HCPCS	both			1008		249.61 Consumer	Consumer		957.6	95			197.16	957.6	percent of total billed charges	
RBC LEUKOCYTE REDUCED	P9016	HCPCS	both			1008		249.61 Corrections	Corrections		806.4	80			197.16	957.6	percent of total billed charges	
RBC LEUKOCYTE REDUCED	P9016	HCPCS	both			1008		249.61 First Health	First Health		705.6	70			197.16	957.6	percent of total billed charges	
RBC LEUKOCYTE REDUCED	P9016	HCPCS	both			1008		249.61 First Trenton	First Trenton		907.2	90			197.16	957.6	percent of total billed charges	
RBC LEUKOCYTE REDUCED	P9016	HCPCS	both			1008		249.61 Horizon	MGD		403.93				197.16	957.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RBC LEUKOCYTE REDUCED	P9016	HCPCS	both			1008		249.61 Horizon	Indemnity		403.93				197.16	957.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RBC LEUKOCYTE REDUCED	P9016	HCPCS	both			1008		249.61 Horizon	Medicare Blue		217.05				197.16	957.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RBC LEUKOCYTE REDUCED	P9016	HCPCS	both			1008		249.61 Horizon	PPO		403.93				197.16	957.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RBC LEUKOCYTE REDUCED	P9016	HCPCS	both			1008		249.61 Managed Care Inc	Managed Care Inc		907.2	90			197.16	957.6	percent of total billed charges	
RBC LEUKOCYTE REDUCED	P9016	HCPCS	both			1008		249.61 Multiplan	Multiplan		806.4	80			197.16	957.6	percent of total billed charges	
RBC LEUKOCYTE REDUCED	P9016	HCPCS	both			1008		249.61 Qualcare	Qualcare		756	75			197.16	957.6	percent of total billed charges	
RBC LEUKOCYTE REDUCED	P9016	HCPCS	both			1008		249.61 Three Rivers	Three Rivers		957.6	95			197.16	957.6	percent of total billed charges	
RBC LEUKOCYTE REDUCED	P9016	HCPCS	both			1008		249.61 UHC	Medicaid		318.02	31.55			197.16	957.6	percent of total billed charges	
RBC LEUKOCYTE REDUCED	P9016	HCPCS	both			1008		249.61 UHC	Medicare		217.05				197.16	957.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RBC LEUKOCYTE REDUCED	P9016	HCPCS	both			1008		249.61 Wellcare	Medicare		217.05				197.16	957.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RBC LEUKOCYTE REDUCED	P9016	HCPCS	both			1008		249.61 Wellcare	Medicaid		318.02	31.55			197.16	957.6	percent of total billed charges	
RBC LEUKOCYTE REDUCED	P9016	HCPCS	both			1008		249.61 WellPoint	WellPoint		324.37	32.18			197.16	957.6	percent of total billed charges	
FRESH FROZEN PLASMA	P9017	HCPCS	both			268		110.38 Aetna	Commercial		152.8				78.23	254.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FRESH FROZEN PLASMA	P9017	HCPCS	both			268		110.38 Aetna	Better Health		84.55	31.55			78.23	254.6	percent of total billed charges	
FRESH FROZEN PLASMA	P9017	HCPCS	both			268		110.38 Aetna	Medicare		95.98				78.23	254.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FRESH FROZEN PLASMA	P9017	HCPCS	both			268		110.38 Americare	Americare		201	75			78.23	254.6	percent of total billed charges	
FRESH FROZEN PLASMA	P9017	HCPCS	both			268		110.38 Amerihealth	Medicare		95.98				78.23	254.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FRESH FROZEN PLASMA	P9017	HCPCS	both			268		110.38 Amerihealth	HMO/PPO		78.23				78.23	254.6	fee schedule	
FRESH FROZEN PLASMA	P9017	HCPCS	both			268		110.38 Consumer	Consumer		254.6	95			78.23	254.6	percent of total billed charges	
FRESH FROZEN PLASMA	P9017	HCPCS	both			268		110.38 Corrections	Corrections		214.4	80			78.23	254.6	percent of total billed charges	
FRESH FROZEN PLASMA	P9017	HCPCS	both			268		110.38 First Health	First Health		187.6	70			78.23	254.6	percent of total billed charges	
FRESH FROZEN PLASMA	P9017	HCPCS	both			268		110.38 First Trenton	First Trenton		241.2	90			78.23	254.6	percent of total billed charges	
FRESH FROZEN PLASMA	P9017	HCPCS	both			268		110.38 Horizon	Indemnity		178.62				78.23	254.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FRESH FROZEN PLASMA	P9017	HCPCS	both			268		110.38 Horizon	MGD		178.62				78.23	254.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FRESH FROZEN PLASMA	P9017	HCPCS	both			268		110.38 Horizon	PPO		178.62				78.23	254.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FRESH FROZEN PLASMA	P9017	HCPCS	both			268		110.38 Horizon	Medicare Blue		95.98				78.23	254.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FRESH FROZEN PLASMA	P9017	HCPCS	both			268		110.38 Managed Care Inc	Managed Care Inc		241.2	90			78.23	254.6	percent of total billed charges	
FRESH FROZEN PLASMA	P9017	HCPCS	both			268		110.38 Multiplan	Multiplan		214.4	80			78.23	254.6	percent of total billed charges	
FRESH FROZEN PLASMA	P9017	HCPCS	both			268		110.38 Qualcare	Qualcare		201	75			78.23	254.6	percent of total billed charges	
FRESH FROZEN PLASMA	P9017	HCPCS	both			268		110.38 Three Rivers	Three Rivers		254.6	95			78.23	254.6	percent of total billed charges	
FRESH FROZEN PLASMA	P9017	HCPCS	both			268		110.38 UHC	Medicare		95.98				78.23	254.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FRESH FROZEN PLASMA	P9017	HCPCS	both			268		110.38 UHC	Medicaid		84.55	31.55			78.23	254.6	percent of total billed charges	
FRESH FROZEN PLASMA	P9017	HCPCS	both			268		110.38 Wellcare	Medicaid		84.55	31.55			78.23	254.6	percent of total billed charges	
FRESH FROZEN PLASMA	P9017	HCPCS	both			268		110.38 Wellcare	Medicare		95.98				78.23	254.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FRESH FROZEN PLASMA	P9017	HCPCS	both			268		110.38 WellPoint	WellPoint		86.24	32.18			78.23	254.6	percent of total billed charges	
RVPLT[REDUCED VOL.PLATE.CONCEN	P9019	HCPCS	outpatient			3911		89.78 Aetna	Better Health		1233.92	31.55			78.07	3715.45	percent of total billed charges	
RVPLT[REDUCED VOL.PLATE.CONCEN	P9019	HCPCS	outpatient			3911		89.78 Aetna	Medicare		78.07				78.07	3715.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RVPLT[REDUCED VOL.PLATE.CONCEN	P9019	HCPCS	outpatient			3911		89.78 Aetna	Commercial		124.29				78.07	3715.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RVPLT[REDUCED VOL.PLATE.CONCEN	P9019	HCPCS	outpatient			3911		89.78 Americare	Americare		2933.25	75			78.07	3715.45	percent of total billed charges	
RVPLT[REDUCED VOL.PLATE.CONCEN	P9019	HCPCS	outpatient			3911		89.78 Amerihealth	Medicare		78.07				78.07	3715.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RVPLT[REDUCED VOL.PLATE.CONCEN	P9019	HCPCS	outpatient			3911		89.78 Amerihealth	HMO/PPO		102.38				78.07	3715.45	fee schedule	
RVPLT[REDUCED VOL.PLATE.CONCEN	P9019	HCPCS	outpatient			3911		89.78 Consumer	Consumer		3715.45	95			78.07	3715.45	percent of total billed charges	
RVPLT[REDUCED VOL.PLATE.CONCEN	P9019	HCPCS	outpatient			3911		89.78 Corrections	Corrections		3128.8	80			78.07	3715.45	percent of total billed charges	
RVPLT[REDUCED VOL.PLATE.CONCEN	P9019	HCPCS	outpatient			3911		89.78 First Health	First Health		2737.7	70			78.07	3715.45	percent of total billed charges	
RVPLT[REDUCED VOL.PLATE.CONCEN	P9019	HCPCS	outpatient			3911		89.78 First Trenton	First Trenton		3519.9	90			78.07	3715.45	percent of total billed charges	
RVPLT[REDUCED VOL.PLATE.CONCEN	P9019	HCPCS	outpatient			3911		89.78 Horizon	MGD		145.29				78.07	3715.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RVPLT[REDUCED VOL.PLATE.CONCEN	P9019	HCPCS	outpatient			3911		89.78 Horizon	Indemnity		145.29				78.07	3715.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RVPLT[REDUCED VOL.PLATE.CONCEN	P9019	HCPCS	outpatient			3911		89.78 Horizon	Medicare Blue		78.07				78.07	3715.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RVPLT[REDUCED VOL.PLATE.CONCEN	P9019	HCPCS	outpatient			3911		89.78 Horizon	PPO		145.29				78.07	3715.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RVPLT[REDUCED VOL.PLATE.CONCEN	P9019	HCPCS	outpatient			3911		89.78 Managed Care Inc	Managed Care Inc		3519.9	90			78.07	3715.45	percent of total billed charges	
RVPLT[REDUCED VOL.PLATE.CONCEN	P9019	HCPCS	outpatient			3911		89.78 Multiplan	Multiplan		3128.8	80			78.07	3715.45	percent of total billed charges	
RVPLT[REDUCED VOL.PLATE.CONCEN	P9019	HCPCS	outpatient			3911		89.78 Qualcare	Qualcare		2933.25	75			78.07	3715.45	percent of total billed charges	
RVPLT[REDUCED VOL.PLATE.CONCEN	P9019	HCPCS	outpatient			3911		89.78 Three Rivers	Three Rivers		3715.45	95			78.07	3715.45	percent of total billed charges	
RVPLT[REDUCED VOL.PLATE.CONCEN	P9019	HCPCS	outpatient			3911		89.78 UHC	Medicare		78.07				78.07	3715.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RVPLT[REDUCED VOL.PLATE.CONCEN	P9019	HCPCS	outpatient			3911		89.78 UHC	Medicaid		1233.92	31.55			78.07	3715.45	percent of total billed charges	
RVPLT[REDUCED VOL.PLATE.CONCEN	P9019	HCPCS	outpatient			3911		89.78 Wellcare	Medicare		78.07				78.07	3715.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RVPLT[REDUCED VOL.PLATE.CONCEN	P9019	HCPCS	outpatient			3911		89.78 Wellcare	Medicaid		1233.92	31.55			78.07	3715.45	percent of total billed charges	
RVPLT[REDUCED VOL.PLATE.CONCEN	P9019	HCPCS	outpatient			3911		89.78 WellPoint	WellPoint		1258.56	32.18			78.07	3715.45	percent of total billed charges	
PLATELET RICH PLASMA INJECTION	P9020	HCPCS	both			2121		757.56 Aetna	Commercial		1048.73				139.72	2014.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELET RICH PLASMA INJECTION	P9020	HCPCS	both			2121		757.56 Aetna	Better Health		669.18	31.55			139.72	2014.95	percent of total billed charges	
PLATELET RICH PLASMA INJECTION	P9020	HCPCS	both			2121		757.56 Aetna	Medicare		658.75				139.72	2014.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELET RICH PLASMA INJECTION	P9020	HCPCS	both			2121		757.56 Americare	Americare		1590.75	75			139.72	2014.95	percent of total billed charges	
PLATELET RICH PLASMA INJECTION	P9020	HCPCS	both			2121		757.56 Amerihealth	HMO/PPO		139.72				139.72	2014.95	fee schedule	
PLATELET RICH PLASMA INJECTION	P9020	HCPCS	both			2121		757.56 Amerihealth	Medicare		658.75				139.72	2014.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELET RICH PLASMA INJECTION	P9020	HCPCS	both			2121		757.56 Consumer	Consumer		2014.95	95			139.72	2014.95	percent of total billed charges	
PLATELET RICH PLASMA INJECTION	P9020	HCPCS	both			2121		757.56 Corrections	Corrections		1696.8	80			139.72	2014.95	percent of total billed charges	
PLATELET RICH PLASMA INJECTION	P9020	HCPCS	both			2121		757.56 First Health	First Health		1484.7	70			139.72	2014.95	percent of total billed charges	
PLATELET RICH PLASMA INJECTION	P9020	HCPCS	both			2121		757.56 First Trenton	First Trenton		1908.9	90			139.72	2014.95	percent of total billed charges	
PLATELET RICH PLASMA INJECTION	P9020	HCPCS	both			2121		757.56 Horizon	Indemnity		1225.93				139.72	2014.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELET RICH PLASMA INJECTION	P9020	HCPCS	both			2121		757.56 Horizon	MGD		1225.93				139.72	2014.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELET RICH PLASMA INJECTION	P9020	HCPCS	both			2121		757.56 Horizon	Medicare Blue		658.75				139.72	2014.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELET RICH PLASMA INJECTION	P9020	HCPCS	both			2121		757.56 Horizon	PPO		1225.93				139.72	2014.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELET RICH PLASMA INJECTION	P9020	HCPCS	both			2121		757.56 Managed Care Inc	Managed Care Inc		1908.9	90			139.72	2014.95	percent of total billed charges	
PLATELET RICH PLASMA INJECTION	P9020	HCPCS	both			2121		757.56 Multiplan	Multiplan		1696.8	80			139.72	2014.95	percent of total billed charges	
PLATELET RICH PLASMA INJECTION	P9020	HCPCS	both			2121		757.56 Qualcare	Qualcare		1590.75	75			139.72	2014.95	percent of total billed charges	
PLATELET RICH PLASMA INJECTION	P9020	HCPCS	both			2121		757.56 Three Rivers	Three Rivers		2014.95	95			139.72	2014.95	percent of total billed charges	
PLATELET RICH PLASMA INJECTION	P9020	HCPCS	both			2121		757.56 UHC	Medicaid		669.18	31.55			139.72	2014.95	percent of total billed charges	
PLATELET RICH PLASMA INJECTION	P9020	HCPCS	both			2121		757.56 UHC	Medicare		658.75				139.72	2014.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELET RICH PLASMA INJECTION	P9020	HCPCS	both			2121		757.56 Wellcare	Medicaid		669.18	31.55			139.72	2014.95	percent of total billed charges	
PLATELET RICH PLASMA INJECTION	P9020	HCPCS	both			2121		757.56 Wellcare	Medicare		658.75				139.72	2014.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELET RICH PLASMA INJECTION	P9020	HCPCS	both			2121		757.56 WellPoint	WellPoint		682.54	32.18			139.72	2014.95	percent of total billed charges	
RED BLOOD CELLS EA.(PACKED CELL)	P9021	HCPCS	outpatient			1008		188.44 Aetna	Medicare		163.86				151.04	957.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RED BLOOD CELLS EA.(PACKED CELL)	P9021	HCPCS	outpatient			1008		188.44 Aetna	Better Health		318.02	31.55			151.04	957.6	percent of total billed charges	
RED BLOOD CELLS EA.(PACKED CELL)	P9021	HCPCS	outpatient			1008		188.44 Aetna	Commercial		260.87				151.04	957.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RED BLOOD CELLS EA.(PACKED CELL)	P9021	HCPCS	outpatient			1008		188.44 Americare	Americare		756	75			151.04	957.6	percent of total billed charges	
RED BLOOD CELLS EA.(PACKED CELL)	P9021	HCPCS	outpatient			1008		188.44 Amerihealth	Medicare		163.86				151.04	957.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RED BLOOD CELLS EA.(PACKED CELL)	P9021	HCPCS	outpatient			1008		188.44 Amerihealth	HMO/PPO		151.04				151.04	957.6	fee schedule	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.													
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101119	true												
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
RED BLOOD CELLS EA (PACKED CELL)	P9021	HCPCS	outpatient			1008	188.44	Consumer	Consumer		957.6	95			151.04	957.6	percent of total billed charges	
RED BLOOD CELLS EA (PACKED CELL)	P9021	HCPCS	outpatient			1008	188.44	Corrections	Corrections		806.4	80			151.04	957.6	percent of total billed charges	
RED BLOOD CELLS EA (PACKED CELL)	P9021	HCPCS	outpatient			1008	188.44	First Health	First Health		705.6	70			151.04	957.6	percent of total billed charges	
RED BLOOD CELLS EA (PACKED CELL)	P9021	HCPCS	outpatient			1008	188.44	First Trenton	First Trenton		907.2	90			151.04	957.6	percent of total billed charges	
RED BLOOD CELLS EA (PACKED CELL)	P9021	HCPCS	outpatient			1008	188.44	Horizon	Indemnity		304.94				151.04	957.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RED BLOOD CELLS EA (PACKED CELL)	P9021	HCPCS	outpatient			1008	188.44	Horizon	Medicare Blue		163.86				151.04	957.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RED BLOOD CELLS EA (PACKED CELL)	P9021	HCPCS	outpatient			1008	188.44	Horizon	PPO		304.94				151.04	957.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RED BLOOD CELLS EA (PACKED CELL)	P9021	HCPCS	outpatient			1008	188.44	Horizon	MGD		304.94				151.04	957.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RED BLOOD CELLS EA (PACKED CELL)	P9021	HCPCS	outpatient			1008	188.44	Managed Care Inc	Managed Care Inc		907.2	90			151.04	957.6	percent of total billed charges	
RED BLOOD CELLS EA (PACKED CELL)	P9021	HCPCS	outpatient			1008	188.44	Multiplan	Multiplan		806.4	80			151.04	957.6	percent of total billed charges	
RED BLOOD CELLS EA (PACKED CELL)	P9021	HCPCS	outpatient			1008	188.44	Qualcare	Qualcare		756	75			151.04	957.6	percent of total billed charges	
RED BLOOD CELLS EA (PACKED CELL)	P9021	HCPCS	outpatient			1008	188.44	Three Rivers	Three Rivers		957.6	95			151.04	957.6	percent of total billed charges	
RED BLOOD CELLS EA (PACKED CELL)	P9021	HCPCS	outpatient			1008	188.44	UHC	Medicare		163.86				151.04	957.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RED BLOOD CELLS EA (PACKED CELL)	P9021	HCPCS	outpatient			1008	188.44	UHC	Medicaid		318.02	31.55			151.04	957.6	percent of total billed charges	
RED BLOOD CELLS EA (PACKED CELL)	P9021	HCPCS	outpatient			1008	188.44	Wellcare	Medicare		163.86				151.04	957.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RED BLOOD CELLS EA (PACKED CELL)	P9021	HCPCS	outpatient			1008	188.44	Wellcare	Medicaid		318.02	31.55			151.04	957.6	percent of total billed charges	
RED BLOOD CELLS EA (PACKED CELL)	P9021	HCPCS	outpatient			1008	188.44	WellPoint	WellPoint		324.37	32.18			151.04	957.6	percent of total billed charges	
WASHED RBCS	P9022	HCPCS	outpatient			1245	548.18	Aetna	Better Health		392.8	31.55			365.37	1182.75	percent of total billed charges	
WASHED RBCS	P9022	HCPCS	outpatient			1245	548.18	Aetna	Commercial		758.87				365.37	1182.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WASHED RBCS	P9022	HCPCS	outpatient			1245	548.18	Aetna	Medicare		476.68				365.37	1182.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WASHED RBCS	P9022	HCPCS	outpatient			1245	548.18	Americare	Americare		933.75	75			365.37	1182.75	percent of total billed charges	
WASHED RBCS	P9022	HCPCS	outpatient			1245	548.18	Amerihealth	HMO/PPO		365.37				365.37	1182.75	fee schedule	
WASHED RBCS	P9022	HCPCS	outpatient			1245	548.18	Amerihealth	Medicare		476.68				365.37	1182.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WASHED RBCS	P9022	HCPCS	outpatient			1245	548.18	Consumer	Consumer		1182.75	95			365.37	1182.75	percent of total billed charges	
WASHED RBCS	P9022	HCPCS	outpatient			1245	548.18	Corrections	Corrections		996	80			365.37	1182.75	percent of total billed charges	
WASHED RBCS	P9022	HCPCS	outpatient			1245	548.18	First Health	First Health		871.5	70			365.37	1182.75	percent of total billed charges	
WASHED RBCS	P9022	HCPCS	outpatient			1245	548.18	First Trenton	First Trenton		1120.5	90			365.37	1182.75	percent of total billed charges	
WASHED RBCS	P9022	HCPCS	outpatient			1245	548.18	Horizon	MGD		887.1				365.37	1182.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WASHED RBCS	P9022	HCPCS	outpatient			1245	548.18	Horizon	Indemnity		887.1				365.37	1182.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WASHED RBCS	P9022	HCPCS	outpatient			1245	548.18	Horizon	PPO		887.1				365.37	1182.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WASHED RBCS	P9022	HCPCS	outpatient			1245	548.18	Horizon	Medicare Blue		476.68				365.37	1182.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WASHED RBCS	P9022	HCPCS	outpatient			1245	548.18	Managed Care Inc	Managed Care Inc		1120.5	90			365.37	1182.75	percent of total billed charges	
WASHED RBCS	P9022	HCPCS	outpatient			1245	548.18	Multiplan	Multiplan		996	80			365.37	1182.75	percent of total billed charges	
WASHED RBCS	P9022	HCPCS	outpatient			1245	548.18	Qualcare	Qualcare		933.75	75			365.37	1182.75	percent of total billed charges	
WASHED RBCS	P9022	HCPCS	outpatient			1245	548.18	Three Rivers	Three Rivers		1182.75	95			365.37	1182.75	percent of total billed charges	
WASHED RBCS	P9022	HCPCS	outpatient			1245	548.18	UHC	Medicaid		392.8	31.55			365.37	1182.75	percent of total billed charges	
WASHED RBCS	P9022	HCPCS	outpatient			1245	548.18	UHC	Medicare		476.68				365.37	1182.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WASHED RBCS	P9022	HCPCS	outpatient			1245	548.18	Wellcare	Medicaid		392.8	31.55			365.37	1182.75	percent of total billed charges	
WASHED RBCS	P9022	HCPCS	outpatient			1245	548.18	Wellcare	Medicare		476.68				365.37	1182.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WASHED RBCS	P9022	HCPCS	outpatient			1245	548.18	WellPoint	WellPoint		400.64	32.18			365.37	1182.75	percent of total billed charges	
SD-PLASMA EACH UNIT	P9023	HCPCS	outpatient			2038	83.46	Aetna	Commercial		115.53				70.9	1936.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SD-PLASMA EACH UNIT	P9023	HCPCS	outpatient			2038	83.46	Aetna	Better Health		642.99	31.55			70.9	1936.1	percent of total billed charges	
SD-PLASMA EACH UNIT	P9023	HCPCS	outpatient			2038	83.46	Aetna	Medicare		72.57				70.9	1936.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SD-PLASMA EACH UNIT	P9023	HCPCS	outpatient			2038	83.46	Americare	Americare		1528.5	75			70.9	1936.1	percent of total billed charges	
SD-PLASMA EACH UNIT	P9023	HCPCS	outpatient			2038	83.46	Amerihealth	Medicare		72.57				70.9	1936.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SD-PLASMA EACH UNIT	P9023	HCPCS	outpatient			2038	83.46	Amerihealth	HMO/PPO		70.9				70.9	1936.1	fee schedule	
SD-PLASMA EACH UNIT	P9023	HCPCS	outpatient			2038	83.46	Consumer	Consumer		1936.1	95			70.9	1936.1	percent of total billed charges	
SD-PLASMA EACH UNIT	P9023	HCPCS	outpatient			2038	83.46	Corrections	Corrections		1630.4	80			70.9	1936.1	percent of total billed charges	
SD-PLASMA EACH UNIT	P9023	HCPCS	outpatient			2038	83.46	First Health	First Health		1426.6	70			70.9	1936.1	percent of total billed charges	
SD-PLASMA EACH UNIT	P9023	HCPCS	outpatient			2038	83.46	First Trenton	First Trenton		1834.2	90			70.9	1936.1	percent of total billed charges	
SD-PLASMA EACH UNIT	P9023	HCPCS	outpatient			2038	83.46	Horizon	MGD		135.05				70.9	1936.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SD-PLASMA EACH UNIT	P9023	HCPCS	outpatient			2038	83.46	Horizon	Indemnity		135.05				70.9	1936.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SD-PLASMA EACH UNIT	P9023	HCPCS	outpatient			2038	83.46	Horizon	Medicare Blue		72.57				70.9	1936.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SD-PLASMA EACH UNIT	P9023	HCPCS	outpatient			2038	83.46	Horizon	PPO		135.05				70.9	1936.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SD-PLASMA EACH UNIT	P9023	HCPCS	outpatient			2038	83.46	Managed Care Inc	Managed Care Inc		1834.2	90			70.9	1936.1	percent of total billed charges	
SD-PLASMA EACH UNIT	P9023	HCPCS	outpatient			2038	83.46	Multiplan	Multiplan		1630.4	80			70.9	1936.1	percent of total billed charges	
SD-PLASMA EACH UNIT	P9023	HCPCS	outpatient			2038	83.46	Qualcare	Qualcare		1528.5	75			70.9	1936.1	percent of total billed charges	
SD-PLASMA EACH UNIT	P9023	HCPCS	outpatient			2038	83.46	Three Rivers	Three Rivers		1936.1	95			70.9	1936.1	percent of total billed charges	
SD-PLASMA EACH UNIT	P9023	HCPCS	outpatient			2038	83.46	UHC	Medicare		72.57				70.9	1936.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SD-PLASMA EACH UNIT	P9023	HCPCS	outpatient			2038	83.46	UHC	Medicaid		642.99	31.55			70.9	1936.1	percent of total billed charges	
SD-PLASMA EACH UNIT	P9023	HCPCS	outpatient			2038	83.46	Wellcare	Medicare		72.57				70.9	1936.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SD-PLASMA EACH UNIT	P9023	HCPCS	outpatient			2038	83.46	Wellcare	Medicaid		642.99	31.55			70.9	1936.1	percent of total billed charges	
SD-PLASMA EACH UNIT	P9023	HCPCS	outpatient			2038	83.46	WellPoint	WellPoint		655.83	32.18			70.9	1936.1	percent of total billed charges	
PLATELET LEUKO FILTER	P9031	HCPCS	outpatient			478	180.67	Aetna	Better Health		150.81	31.55			83.29	454.1	percent of total billed charges	
PLATELET LEUKO FILTER	P9031	HCPCS	outpatient			478	180.67	Aetna	Medicare		157.1				83.29	454.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELET LEUKO FILTER	P9031	HCPCS	outpatient			478	180.67	Aetna	Commercial		250.1				83.29	454.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELET LEUKO FILTER	P9031	HCPCS	outpatient			478	180.67	Americare	Americare		358.5	75			83.29	454.1	percent of total billed charges	
PLATELET LEUKO FILTER	P9031	HCPCS	outpatient			478	180.67	Amerihealth	HMO/PPO		133.4				83.29	454.1	fee schedule	
PLATELET LEUKO FILTER	P9031	HCPCS	outpatient			478	180.67	Amerihealth	Medicare		157.1				83.29	454.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELET LEUKO FILTER	P9031	HCPCS	outpatient			478	180.67	Consumer	Consumer		454.1	95			83.29	454.1	percent of total billed charges	
PLATELET LEUKO FILTER	P9031	HCPCS	outpatient			478	180.67	Corrections	Corrections		382.4	80			83.29	454.1	percent of total billed charges	
PLATELET LEUKO FILTER	P9031	HCPCS	outpatient			478	180.67	First Health	First Health		334.6	70			83.29	454.1	percent of total billed charges	
PLATELET LEUKO FILTER	P9031	HCPCS	outpatient			478	180.67	First Trenton	First Trenton		430.2	90			83.29	454.1	percent of total billed charges	
PLATELET LEUKO FILTER	P9031	HCPCS	outpatient			478	180.67	Horizon	PPO		292.36				83.29	454.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELET LEUKO FILTER	P9031	HCPCS	outpatient			478	180.67	Horizon	MGD		292.36				83.29	454.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELET LEUKO FILTER	P9031	HCPCS	outpatient			478	180.67	Horizon	Indemnity		292.36				83.29	454.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELET LEUKO FILTER	P9031	HCPCS	outpatient			478	180.67	Horizon	Medicare Blue		157.1				83.29	454.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELET LEUKO FILTER	P9031	HCPCS	outpatient			478	180.67	Managed Care Inc	Managed Care Inc		430.2	90			83.29	454.1	percent of total billed charges	
PLATELET LEUKO FILTER	P9031	HCPCS	outpatient			478	180.67	Multiplan	Multiplan		382.4	80			83.29	454.1	percent of total billed charges	
PLATELET LEUKO FILTER	P9031	HCPCS	outpatient			478	180.67	Qualcare	Qualcare		358.5	75			83.29	454.1	percent of total billed charges	
PLATELET LEUKO FILTER	P9031	HCPCS	outpatient			478	180.67	Three Rivers	Three Rivers		454.1	95			83.29	454.1	percent of total billed charges	
PLATELET LEUKO FILTER	P9031	HCPCS	outpatient			478	180.67	UHC	Medicare		157.1				83.29	454.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELET LEUKO FILTER	P9031	HCPCS	outpatient			478	180.67	UHC	Medicaid		150.81	31.55			83.29	454.1	percent of total billed charges	
PLATELET LEUKO FILTER	P9031	HCPCS	outpatient			478	180.67	Wellcare	Medicare		157.1				83.29	454.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELET LEUKO FILTER	P9031	HCPCS	outpatient			478	180.67	Wellcare	Medicaid		150.81	31.55			83.29	454.1	percent of total billed charges	
PLATELET LEUKO FILTER	P9031	HCPCS	outpatient			478	180.67	WellPoint	WellPoint		153.82	32.18			83.29	454.1	percent of total billed charges	
PLATELETS, IRRADIATED	P9032	HCPCS	outpatient			649	184.09	Aetna	Commercial		254.85				160.08	616.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELETS, IRRADIATED	P9032	HCPCS	outpatient			649	184.09	Aetna	Better Health		204.76	31.55			160.08	616.55	percent of total billed charges	
PLATELETS, IRRADIATED	P9032	HCPCS	outpatient			649	184.09	Aetna	Medicare		160.08				160.08	616.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELETS, IRRADIATED	P9032	HCPCS	outpatient			649	184.09	Americare	Americare		486.75	75			160.08	616.55	percent of total billed charges	
PLATELETS, IRRADIATED	P9032	HCPCS	outpatient			649	184.09	Amerihealth	Medicare		160.08				160.08	616.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELETS, IRRADIATED	P9032	HCPCS	outpatient			649	184.09	Amerihealth	HMO/PPO		177.62				160.08	616.55	fee schedule	
PLATELETS, IRRADIATED	P9032	HCPCS	outpatient			649	184.09	Consumer	Consumer		616.55	95			160.08	616.55	percent of total billed charges	
PLATELETS, IRRADIATED	P9032	HCPCS	outpatient			649	184.09	Corrections	Corrections		519.2	80			160.08	616.55	percent of total billed charges	
PLATELETS, IRRADIATED	P9032	HCPCS	outpatient			649	184.09	First Health	First Health		454.3	70			160.08	616.55	percent of total billed charges	
PLATELETS, IRRADIATED	P9032	HCPCS	outpatient			649	184.09	First Trenton	First Trenton		584.1	90			160.08	616.55	percent of total billed charges	
PLATELETS, IRRADIATED	P9032	HCPCS	outpatient			649	184.09	Horizon	Indemnity		297.91				160.08	616.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELETS, IRRADIATED	P9032	HCPCS	outpatient			649	184.09	Horizon	MGD		297.91				160.08	616.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELETS, IRRADIATED	P9032	HCPCS	outpatient			649	184.09	Horizon	Medicare Blue		160.08				160.08	616.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELETS, IRRADIATED	P9032	HCPCS	outpatient			649	184.09	Horizon	PPO		297.91				160.08	616.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELETS, IRRADIATED	P9032	HCPCS	outpatient			649	184.09	Managed Care Inc	Managed Care Inc		584.1	90			160.08	616.55	percent of total billed charges	
PLATELETS, IRRADIATED	P9032	HCPCS	outpatient			649	184.09	Multiplan	Multiplan		519.2	80			160.08	616.55	percent of total billed charges	
PLATELETS, IRRADIATED	P9032	HCPCS	outpatient			649	184.09	Qualcare	Qualcare		486.75	75			160.08	616.55	percent of total billed charges	
PLATELETS, IRRADIATED	P9032	HCPCS	outpatient			649	184.09	Three Rivers	Three Rivers		616.55	95			160.08	616.55	percent of total billed charges	
PLATELETS, IRRADIATED	P9032	HCPCS	outpatient			649	184.09	UHC	Medicaid		204.76	31.55			160.08	616.55	percent of total billed charges	
PLATELETS, IRRADIATED	P9032	HCPCS	outpatient			649	184.09	UHC	Medicare		160.08				160.08	616.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELETS, IRRADIATED	P9032	HCPCS	outpatient			649	184.09	Wellcare	Medicare		160.08				160.08	616.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELETS, IRRADIATED	P9032	HCPCS	outpatient			649	184.09	Wellcare	Medicaid		204.76	31.55			160.08	616.55	percent of total billed charges	
PLATELETS, IRRADIATED	P9032	HCPCS	outpatient			649	184.09	WellPoint	WellPoint		208.85	32.18			160.08	616.55	percent of total billed charges	
PLATELETS LEUKOREDUCED IRRAD	P9033	HCPCS	outpatient			2134	318.35	Aetna	Commercial		440.71				171.97	2027.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELETS LEUKOREDUCED IRRAD	P9033	HCPCS	outpatient			2134	318.35	Aetna	Better Health		673.28	31.55			171.97	2027.3	percent of total billed charges	
PLATELETS LEUKOREDUCED IRRAD	P9033	HCPCS	outpatient			2134	318.35	Aetna	Medicare		276.83				171.97	2027.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELETS LEUKOREDUCED IRRAD	P9033	HCPCS	outpatient			2134	318.35	Americare	Americare		1600.5	75			171.97	2027.3	percent of total billed charges	
PLATELETS LEUKOREDUCED IRRAD	P9033	HCPCS	outpatient			2134	318.35	Amerihealth	HMO/PPO		171.97				171.97	2027.3	fee schedule	
PLATELETS LEUKOREDUCED IRRAD	P9033	HCPCS	outpatient			2134	318.35	Amerihealth	Medicare		276.83				171.97	2027.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELETS LEUKOREDUCED IRRAD	P9033	HCPCS	outpatient			2134	318.35	Consumer	Consumer		2027.3	95			171.97	2027.3	percent of total billed charges	
PLATELETS LEUKOREDUCED IRRAD	P9033	HCPCS	outpatient			2134	318.35	Corrections	Corrections		1707.2	80			171.97	2027.3	percent of total billed charges	
PLATELETS LEUKOREDUCED IRRAD	P9033	HCPCS	outpatient			2134	318.35	First Health	First Health		1493.8	70			171.97	2027.3	percent of total billed charges	
PLATELETS LEUKOREDUCED IRRAD	P9033	HCPCS	outpatient			2134	318.35	First Trenton	First Trenton		1920.6	90			171.97	2027.3	percent of total billed charges	
PLATELETS LEUKOREDUCED IRRAD	P9033	HCPCS	outpatient			2134	318.35	Horizon	Indemnity		515.18				171.97	2027.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELETS LEUKOREDUCED IRRAD	P9033	HCPCS	outpatient			2134	318.35	Horizon	MGD		515.18				171.97	2027.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELETS LEUKOREDUCED IRRAD	P9033	HCPCS	outpatient			2134	318.35	Horizon	Medicare Blue		276.83				171.97	2027.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELETS LEUKOREDUCED IRRAD	P9033	HCPCS	outpatient			2134	318.35	Horizon	PPO		515.18				171.97	2027.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELETS LEUKOREDUCED IRRAD	P9033	HCPCS	outpatient			2134	318.35	Managed Care Inc	Managed Care Inc		1920.6	90			171.97	2027.3	percent of total billed charges	
PLATELETS LEUKOREDUCED IRRAD	P9033	HCPCS	outpatient			2134	318.35	Multiplan	Multiplan		1707.2	80			171.97	2027.3	percent of total billed charges	
PLATELETS LEUKOREDUCED IRRAD	P9033	HCPCS	outpatient			2134	318.35	Qualcare	Qualcare		1600.5	75			171.97	2027.3	percent of total billed charges	
PLATELETS LEUKOREDUCED IRRAD	P9033	HCPCS	outpatient			2134	318.35	Three Rivers	Three Rivers		2027.3	95			171.97	2027.3	percent of total billed charges	
PLATELETS LEUKOREDUCED IRRAD	P9033	HCPCS	outpatient			2134	318.35	UHC	Medicare		276.83				171.97	2027.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELETS LEUKOREDUCED IRRAD	P9033	HCPCS	outpatient			2134	318.35	UHC	Medicaid		673.28	31.55			171.97	2027.3	percent of total billed charges	
PLATELETS LEUKOREDUCED IRRAD	P9033	HCPCS	outpatient			2134	318.35	Wellcare	Medicare		276.83				171.97	2027.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELETS LEUKOREDUCED IRRAD	P9033	HCPCS	outpatient			2134	318.35	Wellcare	Medicaid		673.28	31.55			171.97	2027.3	percent of total billed charges	
PLATELETS LEUKOREDUCED IRRAD	P9033	HCPCS	outpatient			2134	318.35	WellPoint	WellPoint		686.72	32.18			171.97	2027.3	percent of total billed charges	
PLATELETS, PHERESIS	P9034	HCPCS	outpatient			2472	444.29	Aetna	Better Health		779.92	31.55			386.34	2348.4	percent of total billed charges	
PLATELETS, PHERESIS	P9034	HCPCS	outpatient			2472	444.29	Aetna	Commercial		615.05				386.34	2348.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELETS, PHERESIS	P9034	HCPCS	outpatient			2472	444.29	Aetna	Medicare		386.34				386.34	2348.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELETS, PHERESIS	P9034	HCPCS	outpatient			2472	444.29	Americare	Americare		1854	75			386.34	2348.4	percent of total billed charges	
PLATELETS, PHERESIS	P9034	HCPCS	outpatient			2472	444.29	Amerihealth	HMO/PPO		437.23				386.34	2348.4	fee schedule	
PLATELETS, PHERESIS	P9034	HCPCS	outpatient			2472	444.29	Amerihealth	Medicare		386.34				386.34	2348.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELETS, PHERESIS	P9034	HCPCS	outpatient			2472	444.29	Consumer	Consumer		2348.4	95			386.34	2348.4	percent of total billed charges	
PLATELETS, PHERESIS	P9034	HCPCS	outpatient			2472	444.29	Corrections	Corrections		1977.6	80			386.34	2348.4	percent of total billed charges	
PLATELETS, PHERESIS	P9034	HCPCS	outpatient			2472	444.29	First Health	First Health		1730.4	70			386.34	2348.4	percent of total billed charges	
PLATELETS, PHERESIS	P9034	HCPCS	outpatient			2472	444.29	First Trenton	First Trenton		2224.8	90			386.34	2348.4	percent of total billed charges	
PLATELETS, PHERESIS	P9034	HCPCS	outpatient			2472	444.29	Horizon	Medicare Blue		386.34				386.34	2348.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELETS, PHERESIS	P9034	HCPCS	outpatient			2472	444.29	Horizon	MGD		718.98				386.34	2348.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELETS, PHERESIS	P9034	HCPCS	outpatient			2472	444.29	Horizon	PPO		718.98				386.34	2348.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELETS, PHERESIS	P9034	HCPCS	outpatient			2472	444.29	Horizon	Indemnity		718.98				386.34	2348.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELETS, PHERESIS	P9034	HCPCS	outpatient			2472	444.29	Managed Care Inc	Managed Care Inc		2224.8	90			386.34	2348.4	percent of total billed charges	
PLATELETS, PHERESIS	P9034	HCPCS	outpatient			2472	444.29	Multiplan	Multiplan		1977.6	80			386.34	2348.4	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.																
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true															
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
PLATELETS, PHERESIS	P9034	HCPCS	outpatient			2472	444.29	Qualcare	Qualcare		1854	75			386.34	2348.4	percent of total billed charges	
PLATELETS, PHERESIS	P9034	HCPCS	outpatient			2472	444.29	Three Rivers	Three Rivers		2348.4	95			386.34	2348.4	percent of total billed charges	
PLATELETS, PHERESIS	P9034	HCPCS	outpatient			2472	444.29	UHC	Medicaid		779.92	31.55			386.34	2348.4	percent of total billed charges	
PLATELETS, PHERESIS	P9034	HCPCS	outpatient			2472	444.29	UHC	Medicare		386.34				386.34	2348.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELETS, PHERESIS	P9034	HCPCS	outpatient			2472	444.29	Wellcare	Medicare		386.34				386.34	2348.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELETS, PHERESIS	P9034	HCPCS	outpatient			2472	444.29	Wellcare	Medicaid		779.92	31.55			386.34	2348.4	percent of total billed charges	
PLATELETS, PHERESIS	P9034	HCPCS	outpatient			2472	444.29	WellPoint	WellPoint		795.49	32.18			386.34	2348.4	percent of total billed charges	
SINGLE DONOR PLT/LRL/VDS	P9035	HCPCS	both			2419	652	Aetna	Commercial		902.6				45.75	2298.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SINGLE DONOR PLT/LRL/VDS	P9035	HCPCS	both			2419	652	Aetna	Medicare		566.96				45.75	2298.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SINGLE DONOR PLT/LRL/VDS	P9035	HCPCS	both			2419	652	Aetna	Better Health		763.19	31.55			45.75	2298.05	percent of total billed charges	
SINGLE DONOR PLT/LRL/VDS	P9035	HCPCS	both			2419	652	Americare	Americare		1814.25	75			45.75	2298.05	percent of total billed charges	
SINGLE DONOR PLT/LRL/VDS	P9035	HCPCS	both			2419	652	Amerihealth	HMO/PPO		530.44				45.75	2298.05	fee schedule	
SINGLE DONOR PLT/LRL/VDS	P9035	HCPCS	both			2419	652	Amerihealth	Medicare		566.96				45.75	2298.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SINGLE DONOR PLT/LRL/VDS	P9035	HCPCS	both			2419	652	Consumer	Consumer		2298.05	95			45.75	2298.05	percent of total billed charges	
SINGLE DONOR PLT/LRL/VDS	P9035	HCPCS	both			2419	652	Corrections	Corrections		1935.2	80			45.75	2298.05	percent of total billed charges	
SINGLE DONOR PLT/LRL/VDS	P9035	HCPCS	both			2419	652	First Health	First Health		1693.3	70			45.75	2298.05	percent of total billed charges	
SINGLE DONOR PLT/LRL/VDS	P9035	HCPCS	both			2419	652	First Trenton	First Trenton		2177.1	90			45.75	2298.05	percent of total billed charges	
SINGLE DONOR PLT/LRL/VDS	P9035	HCPCS	both			2419	652	Horizon	Indemnity		1055.11				45.75	2298.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SINGLE DONOR PLT/LRL/VDS	P9035	HCPCS	both			2419	652	Horizon	MGD		1055.11				45.75	2298.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SINGLE DONOR PLT/LRL/VDS	P9035	HCPCS	both			2419	652	Horizon	PPO		1055.11				45.75	2298.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SINGLE DONOR PLT/LRL/VDS	P9035	HCPCS	both			2419	652	Horizon	Medicare Blue		566.96				45.75	2298.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SINGLE DONOR PLT/LRL/VDS	P9035	HCPCS	both			2419	652	Managed Care Inc	Managed Care Inc		2177.1	90			45.75	2298.05	percent of total billed charges	
SINGLE DONOR PLT/LRL/VDS	P9035	HCPCS	both			2419	652	Multiplan	Multiplan		1935.2	80			45.75	2298.05	percent of total billed charges	
SINGLE DONOR PLT/LRL/VDS	P9035	HCPCS	both			2419	652	Qualcare	Qualcare		1814.25	75			45.75	2298.05	percent of total billed charges	
SINGLE DONOR PLT/LRL/VDS	P9035	HCPCS	both			2419	652	Three Rivers	Three Rivers		2298.05	95			45.75	2298.05	percent of total billed charges	
SINGLE DONOR PLT/LRL/VDS	P9035	HCPCS	both			2419	652	UHC	Medicare		566.96				45.75	2298.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SINGLE DONOR PLT/LRL/VDS	P9035	HCPCS	both			2419	652	UHC	Medicaid		763.19	31.55			45.75	2298.05	percent of total billed charges	
SINGLE DONOR PLT/LRL/VDS	P9035	HCPCS	both			2419	652	Wellcare	Medicare		566.96				45.75	2298.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SINGLE DONOR PLT/LRL/VDS	P9035	HCPCS	both			2419	652	Wellcare	Medicaid		763.19	31.55			45.75	2298.05	percent of total billed charges	
SINGLE DONOR PLT/LRL/VDS	P9035	HCPCS	both			2419	652	WellPoint	WellPoint		778.43	32.18			45.75	2298.05	percent of total billed charges	
PLATELETS, PHERESIS IRRAD	P9036	HCPCS	outpatient			2358	772.94	Aetna	Better Health		743.95	31.55			590.53	2240.1	percent of total billed charges	
PLATELETS, PHERESIS IRRAD	P9036	HCPCS	outpatient			2358	772.94	Aetna	Commercial		1070.02				590.53	2240.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELETS, PHERESIS IRRAD	P9036	HCPCS	outpatient			2358	772.94	Aetna	Medicare		672.12				590.53	2240.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELETS, PHERESIS IRRAD	P9036	HCPCS	outpatient			2358	772.94	Americare	Americare		1768.5	75			590.53	2240.1	percent of total billed charges	
PLATELETS, PHERESIS IRRAD	P9036	HCPCS	outpatient			2358	772.94	Amerihealth	HMO/PPO		590.53				590.53	2240.1	fee schedule	
PLATELETS, PHERESIS IRRAD	P9036	HCPCS	outpatient			2358	772.94	Amerihealth	Medicare		672.12				590.53	2240.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELETS, PHERESIS IRRAD	P9036	HCPCS	outpatient			2358	772.94	Consumer	Consumer		2240.1	95			590.53	2240.1	percent of total billed charges	
PLATELETS, PHERESIS IRRAD	P9036	HCPCS	outpatient			2358	772.94	Corrections	Corrections		1886.4	80			590.53	2240.1	percent of total billed charges	
PLATELETS, PHERESIS IRRAD	P9036	HCPCS	outpatient			2358	772.94	First Health	First Health		1650.6	70			590.53	2240.1	percent of total billed charges	
PLATELETS, PHERESIS IRRAD	P9036	HCPCS	outpatient			2358	772.94	First Trenton	First Trenton		2122.2	90			590.53	2240.1	percent of total billed charges	
PLATELETS, PHERESIS IRRAD	P9036	HCPCS	outpatient			2358	772.94	Horizon	PPO		1250.82				590.53	2240.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELETS, PHERESIS IRRAD	P9036	HCPCS	outpatient			2358	772.94	Horizon	Medicare Blue		672.12				590.53	2240.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELETS, PHERESIS IRRAD	P9036	HCPCS	outpatient			2358	772.94	Horizon	MGD		1250.82				590.53	2240.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELETS, PHERESIS IRRAD	P9036	HCPCS	outpatient			2358	772.94	Horizon	Indemnity		1250.82				590.53	2240.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELETS, PHERESIS IRRAD	P9036	HCPCS	outpatient			2358	772.94	Managed Care Inc	Managed Care Inc		2122.2	90			590.53	2240.1	percent of total billed charges	
PLATELETS, PHERESIS IRRAD	P9036	HCPCS	outpatient			2358	772.94	Multiplan	Multiplan		1886.4	80			590.53	2240.1	percent of total billed charges	
PLATELETS, PHERESIS IRRAD	P9036	HCPCS	outpatient			2358	772.94	Qualcare	Qualcare		1768.5	75			590.53	2240.1	percent of total billed charges	
PLATELETS, PHERESIS IRRAD	P9036	HCPCS	outpatient			2358	772.94	Three Rivers	Three Rivers		2240.1	95			590.53	2240.1	percent of total billed charges	
PLATELETS, PHERESIS IRRAD	P9036	HCPCS	outpatient			2358	772.94	UHC	Medicaid		743.95	31.55			590.53	2240.1	percent of total billed charges	
PLATELETS, PHERESIS IRRAD	P9036	HCPCS	outpatient			2358	772.94	UHC	Medicare		672.12				590.53	2240.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELETS, PHERESIS IRRAD	P9036	HCPCS	outpatient			2358	772.94	Wellcare	Medicare		672.12				590.53	2240.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELETS, PHERESIS IRRAD	P9036	HCPCS	outpatient			2358	772.94	Wellcare	Medicaid		743.95	31.55			590.53	2240.1	percent of total billed charges	
PLATELETS, PHERESIS IRRAD	P9036	HCPCS	outpatient			2358	772.94	WellPoint	WellPoint		758.8	32.18			590.53	2240.1	percent of total billed charges	
PLATELETS PHERESIS WASHED IRR	P9037	HCPCS	inpatient			3985	928.28	Aetna	Commercial		1285.06				686.88	3785.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELETS PHERESIS WASHED IRR	P9037	HCPCS	inpatient			3985	928.28	Aetna	Better Health		1257.27	31.55			686.88	3785.75	percent of total billed charges	
PLATELETS PHERESIS WASHED IRR	P9037	HCPCS	inpatient			3985	928.28	Aetna	Medicare		807.2				686.88	3785.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELETS PHERESIS WASHED IRR	P9037	HCPCS	inpatient			3985	928.28	Americare	Americare		2988.75	75			686.88	3785.75	percent of total billed charges	
PLATELETS PHERESIS WASHED IRR	P9037	HCPCS	inpatient			3985	928.28	Amerihealth	Medicare		807.2				686.88	3785.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELETS PHERESIS WASHED IRR	P9037	HCPCS	inpatient			3985	928.28	Amerihealth	HMO/PPO		686.88				686.88	3785.75	fee schedule	
PLATELETS PHERESIS WASHED IRR	P9037	HCPCS	inpatient			3985	928.28	Consumer	Consumer		3785.75	95			686.88	3785.75	percent of total billed charges	
PLATELETS PHERESIS WASHED IRR	P9037	HCPCS	inpatient			3985	928.28	Corrections	Corrections		3188	80			686.88	3785.75	percent of total billed charges	
PLATELETS PHERESIS WASHED IRR	P9037	HCPCS	inpatient			3985	928.28	First Health	First Health		2789.5	70			686.88	3785.75	percent of total billed charges	
PLATELETS PHERESIS WASHED IRR	P9037	HCPCS	inpatient			3985	928.28	First Trenton	First Trenton		3586.5	90			686.88	3785.75	percent of total billed charges	
PLATELETS PHERESIS WASHED IRR	P9037	HCPCS	inpatient			3985	928.28	Horizon	MGD		1502.2				686.88	3785.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELETS PHERESIS WASHED IRR	P9037	HCPCS	inpatient			3985	928.28	Horizon	Indemnity		1502.2				686.88	3785.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELETS PHERESIS WASHED IRR	P9037	HCPCS	inpatient			3985	928.28	Horizon	Medicare Blue		807.2				686.88	3785.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELETS PHERESIS WASHED IRR	P9037	HCPCS	inpatient			3985	928.28	Horizon	PPO		1502.2				686.88	3785.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELETS PHERESIS WASHED IRR	P9037	HCPCS	inpatient			3985	928.28	Managed Care Inc	Managed Care Inc		3586.5	90			686.88	3785.75	percent of total billed charges	
PLATELETS PHERESIS WASHED IRR	P9037	HCPCS	inpatient			3985	928.28	Multiplan	Multiplan		3188	80			686.88	3785.75	percent of total billed charges	
PLATELETS PHERESIS WASHED IRR	P9037	HCPCS	inpatient			3985	928.28	Qualcare	Qualcare		2988.75	75			686.88	3785.75	percent of total billed charges	
PLATELETS PHERESIS WASHED IRR	P9037	HCPCS	inpatient			3985	928.28	Three Rivers	Three Rivers		3785.75	95			686.88	3785.75	percent of total billed charges	
PLATELETS PHERESIS WASHED IRR	P9037	HCPCS	inpatient			3985	928.28	UHC	Medicaid		1257.27	31.55			686.88	3785.75	percent of total billed charges	
PLATELETS PHERESIS WASHED IRR	P9037	HCPCS	inpatient			3985	928.28	UHC	Medicare		807.2				686.88	3785.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELETS PHERESIS WASHED IRR	P9037	HCPCS	inpatient			3985	928.28	Wellcare	Medicare		807.2				686.88	3785.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELETS PHERESIS WASHED IRR	P9037	HCPCS	inpatient			3985	928.28	Wellcare	Medicaid		1257.27	31.55			686.88	3785.75	percent of total billed charges	
PLATELETS PHERESIS WASHED IRR	P9037	HCPCS	inpatient			3985	928.28	WellPoint	WellPoint		1282.37	32.18			686.88	3785.75	percent of total billed charges	
RBC IRRAD	P9038	HCPCS	outpatient			1008	299.16	Aetna	Commercial		414.14				232.3	957.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RBC IRRAD	P9038	HCPCS	outpatient			1008	299.16	Aetna	Better Health		318.02	31.55			232.3	957.6	percent of total billed charges	
RBC IRRAD	P9038	HCPCS	outpatient			1008	299.16	Aetna	Medicare		260.14				232.3	957.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RBC IRRAD	P9038	HCPCS	outpatient			1008	299.16	Americare	Americare		756	75			232.3	957.6	percent of total billed charges	
RBC IRRAD	P9038	HCPCS	outpatient			1008	299.16	Amerihealth	HMO/PPO		232.3				232.3	957.6	fee schedule	
RBC IRRAD	P9038	HCPCS	outpatient			1008	299.16	Amerihealth	Medicare		260.14				232.3	957.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RBC IRRAD	P9038	HCPCS	outpatient			1008	299.16	Consumer	Consumer		957.6	95			232.3	957.6	percent of total billed charges	
RBC IRRAD	P9038	HCPCS	outpatient			1008	299.16	Corrections	Corrections		806.4	80			232.3	957.6	percent of total billed charges	
RBC IRRAD	P9038	HCPCS	outpatient			1008	299.16	First Health	First Health		705.6	70			232.3	957.6	percent of total billed charges	
RBC IRRAD	P9038	HCPCS	outpatient			1008	299.16	First Trenton	First Trenton		907.2	90			232.3	957.6	percent of total billed charges	
RBC IRRAD	P9038	HCPCS	outpatient			1008	299.16	Horizon	MGD		484.12				232.3	957.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RBC IRRAD	P9038	HCPCS	outpatient			1008	299.16	Horizon	Indemnity		484.12				232.3	957.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RBC IRRAD	P9038	HCPCS	outpatient			1008	299.16	Horizon	PPO		484.12				232.3	957.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RBC IRRAD	P9038	HCPCS	outpatient			1008	299.16	Horizon	Medicare Blue		260.14				232.3	957.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RBC IRRAD	P9038	HCPCS	outpatient			1008	299.16	Managed Care Inc	Managed Care Inc		907.2	90			232.3	957.6	percent of total billed charges	
RBC IRRAD	P9038	HCPCS	outpatient			1008	299.16	Multiplan	Multiplan		806.4	80			232.3	957.6	percent of total billed charges	
RBC IRRAD	P9038	HCPCS	outpatient			1008	299.16	Qualcare	Qualcare		756	75			232.3	957.6	percent of total billed charges	
RBC IRRAD	P9038	HCPCS	outpatient			1008	299.16	Three Rivers	Three Rivers		957.6	95			232.3	957.6	percent of total billed charges	
RBC IRRAD	P9038	HCPCS	outpatient			1008	299.16	UHC	Medicaid		318.02	31.55			232.3	957.6	percent of total billed charges	
RBC IRRAD	P9038	HCPCS	outpatient			1008	299.16	UHC	Medicare		260.14				232.3	957.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RBC IRRAD	P9038	HCPCS	outpatient			1008	299.16	Wellcare	Medicare		260.14				232.3	957.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RBC IRRAD	P9038	HCPCS	outpatient			1008	299.16	Wellcare	Medicaid		318.02	31.55			232.3	957.6	percent of total billed charges	
RBC IRRAD	P9038	HCPCS	outpatient			1008	299.16	WellPoint	WellPoint		324.37	32.18			232.3	957.6	percent of total billed charges	
RBC REJUVENATED DEGLYEROLIZED	P9039	HCPCS	inpatient			1975	429.46	Aetna	Medicare		373.44				373.44	1876.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RBC REJUVENATED DEGLYEROLIZED	P9039	HCPCS	inpatient			1975	429.46	Aetna	Commercial		594.52				373.44	1876.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RBC REJUVENATED DEGLYEROLIZED	P9039	HCPCS	inpatient			1975	429.46	Aetna	Better Health		623.11	31.55			373.44	1876.25	percent of total billed charges	
RBC REJUVENATED DEGLYEROLIZED	P9039	HCPCS	inpatient			1975	429.46	Americare	Americare		1481.25	75			373.44	1876.25	percent of total billed charges	
RBC REJUVENATED DEGLYEROLIZED	P9039	HCPCS	inpatient			1975	429.46	Amerihealth	HMO/PPO		406.98				373.44	1876.25	fee schedule	
RBC REJUVENATED DEGLYEROLIZED	P9039	HCPCS	inpatient			1975	429.46	Amerihealth	Medicare		373.44				373.44	1876.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RBC REJUVENATED DEGLYEROLIZED	P9039	HCPCS	inpatient			1975	429.46	Consumer	Consumer		1876.25	95			373.44	1876.25	percent of total billed charges	
RBC REJUVENATED DEGLYEROLIZED	P9039	HCPCS	inpatient			1975	429.46	Corrections	Corrections		1580	80			373.44	1876.25	percent of total billed charges	
RBC REJUVENATED DEGLYEROLIZED	P9039	HCPCS	inpatient			1975	429.46	First Health	First Health		1382.5	70			373.44	1876.25	percent of total billed charges	
RBC REJUVENATED DEGLYEROLIZED	P9039	HCPCS	inpatient			1975	429.46	First Trenton	First Trenton		1777.5	90			373.44	1876.25	percent of total billed charges	
RBC REJUVENATED DEGLYEROLIZED	P9039	HCPCS	inpatient			1975	429.46	Horizon	PPO		694.97				373.44	1876.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RBC REJUVENATED DEGLYEROLIZED	P9039	HCPCS	inpatient			1975	429.46	Horizon	Indemnity		694.97				373.44	1876.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RBC REJUVENATED DEGLYEROLIZED	P9039	HCPCS	inpatient			1975	429.46	Horizon	MGD		694.97				373.44	1876.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RBC REJUVENATED DEGLYEROLIZED	P9039	HCPCS	inpatient			1975	429.46	Horizon	Medicare Blue		373.44				373.44	1876.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RBC REJUVENATED DEGLYEROLIZED	P9039	HCPCS	inpatient			1975	429.46	Managed Care Inc	Managed Care Inc		1777.5	90			373.44	1876.25	percent of total billed charges	
RBC REJUVENATED DEGLYEROLIZED	P9039	HCPCS	inpatient			1975	429.46	Multiplan	Multiplan		1580	80			373.44	1876.25	percent of total billed charges	
RBC REJUVENATED DEGLYEROLIZED	P9039	HCPCS	inpatient			1975	429.46	Qualcare	Qualcare		1481.25	75			373.44	1876.25	percent of total billed charges	
RBC REJUVENATED DEGLYEROLIZED	P9039	HCPCS	inpatient			1975	429.46	Three Rivers	Three Rivers		1876.25	95			373.44	1876.25	percent of total billed charges	
RBC REJUVENATED DEGLYEROLIZED	P9039	HCPCS	inpatient			1975	429.46	UHC	Medicare		373.44				373.44	1876.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RBC REJUVENATED DEGLYEROLIZED	P9039	HCPCS	inpatient			1975	429.46	UHC	Medicaid		623.11	31.55			373.44	1876.25	percent of total billed charges	
RBC REJUVENATED DEGLYEROLIZED	P9039	HCPCS	inpatient			1975	429.46	Wellcare	Medicare		373.44				373.44	1876.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RBC REJUVENATED DEGLYEROLIZED	P9039	HCPCS	inpatient			1975	429.46	Wellcare	Medicaid		623.11	31.55			373.44	1876.25	percent of total billed charges	
RBC REJUVENATED DEGLYEROLIZED	P9039	HCPCS	inpatient			1975	429.46	WellPoint	WellPoint		635.56	32.18			373.44	1876.25	percent of total billed charges	
RBC LEUKORED IRRAD	P9040	HCPCS	both			1008	348.52	Aetna	Better Health		318.02	31.55			282.52	957.6	percent of total billed charges	
RBC LEUKORED IRRAD	P9040	HCPCS	both			1008	348.52	Aetna	Commercial		482.47				282.52	957.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RBC LEUKORED IRRAD	P9040	HCPCS	both			1008	348.52	Aetna	Medicare		303.06				282.52	957.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RBC LEUKORED IRRAD	P9040	HCPCS	both			1008	348.52	Americare	Americare		756	75			282.52	957.6	percent of total billed charges	
RBC LEUKORED IRRAD	P9040	HCPCS	both			1008	348.52	Amerihealth	HMO/PPO		282.52				282.52	957.6	fee schedule	
RBC LEUKORED IRRAD	P9040	HCPCS	both			1008	348.52	Amerihealth	Medicare		303.06				282.52	957.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RBC LEUKORED IRRAD	P9040	HCPCS	both			1008	348.52	Consumer	Consumer		957.6	95			282.52	957.6	percent of total billed charges	
RBC LEUKORED IRRAD	P9040	HCPCS	both			1008	348.52	Corrections	Corrections		806.4	80			282.52	957.6	percent of total billed charges	
RBC LEUKORED IRRAD	P9040	HCPCS	both			1008	348.52	First Health	First Health		705.6	70			282.52	957.6	percent of total billed charges	
RBC LEUKORED IRRAD	P9040	HCPCS	both			1008	348.52	First Trenton	First Trenton		907.2	90			282.52	957.6	percent of total billed charges	
RBC LEUKORED IRRAD	P9040	HCPCS	both			1008	348.52	Horizon	Indemnity		563.99				282.52	957.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RBC LEUKORED IRRAD	P9040	HCPCS	both			1008	348.52	Horizon	MGD		563.99				282.52	957.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RBC LEUKORED IRRAD	P9040	HCPCS	both			1008	348.52	Horizon	Medicare Blue		303.06				282.52	957.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RBC LEUKORED IRRAD	P9040	HCPCS	both			1008	348.52	Horizon	PPO		563.99				282.52	957.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RBC LEUKORED IRRAD	P9040	HCPCS	both			1008	348.52	Managed Care Inc	Managed Care Inc		907.2	90			282.52	957.6	percent of total billed charges	
RBC LEUKORED IRRAD	P9040	HCPCS	both			1008	348.52	Multiplan	Multiplan		806.4	80			282.52	957.6	percent of total billed charges	
RBC LEUKORED IRRAD	P9040	HCPCS	both			1008	348.52	Qualcare	Qualcare		756	75			282.52	957.6	percent of total billed charges	
RBC LEUKORED IRRAD	P9040	HCPCS	both			1008	348.52	Three Rivers	Three Rivers		957.6	95			282.52	957.6	percent of total billed charges	
RBC LEUKORED IRRAD	P9040	HCPCS	both			1008	348.52	UHC	Medicaid		318.02	31.55			282.52	957.6	percent of total billed charges	
RBC LEUKORED IRRAD	P9040	HCPCS	both			1008	348.52	UHC	Medicare		303.06				282.52	957.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RBC LEUKORED IRRAD	P9040	HCPCS	both			1008	348.52	Wellcare	Medicare		303.06				282.52	957.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RBC LEUKORED IRRAD	P9040	HCPCS	both			1008	348.52	Wellcare	Medicaid		318.02	31.55			282.52	957.6	percent of total billed charges	
RBC LEUKORED IRRAD	P9040	HCPCS	both			1008	348.52	WellPoint	WellPoint		324.37	32.18			282.52	957.6	percent of total billed charges	
PLASMA,CRYOPRECIPITATE REDUCED	P9044	HCPCS	outpatient			231	95.45	Aetna	Commercial		132.14				67.15	219.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLASMA,CRYOPRECIPITATE REDUCED	P9044	HCPCS	outpatient			231	95.45	Aetna	Better Health		72.88	31.55			67.15	219.45	percent of total billed charges	
PLASMA,CRYOPRECIPITATE REDUCED	P9044	HCPCS	outpatient			231	95.45	Aetna	Medicare		83				67.15	219.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101191	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
PLASMA,CRYOPRECIPITATE REDUCED	P9044	HCPCS	outpatient			231		95.45 Americare	Americare		173.25	75			67.15	219.45	percent of total billed charges	
PLASMA,CRYOPRECIPITATE REDUCED	P9044	HCPCS	outpatient			231		95.45 Amerihealth	Medicare		83				67.15	219.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLASMA,CRYOPRECIPITATE REDUCED	P9044	HCPCS	outpatient			231		95.45 Amerihealth	HMO/PPO		67.15				67.15	219.45	fee schedule	
PLASMA,CRYOPRECIPITATE REDUCED	P9044	HCPCS	outpatient			231		95.45 Consumer	Consumer		219.45	95			67.15	219.45	percent of total billed charges	
PLASMA,CRYOPRECIPITATE REDUCED	P9044	HCPCS	outpatient			231		95.45 Corrections	Corrections		184.8	80			67.15	219.45	percent of total billed charges	
PLASMA,CRYOPRECIPITATE REDUCED	P9044	HCPCS	outpatient			231		95.45 First Health	First Health		161.7	70			67.15	219.45	percent of total billed charges	
PLASMA,CRYOPRECIPITATE REDUCED	P9044	HCPCS	outpatient			231		95.45 First Trenton	First Trenton		207.9	90			67.15	219.45	percent of total billed charges	
PLASMA,CRYOPRECIPITATE REDUCED	P9044	HCPCS	outpatient			231		95.45 Horizon	MGD		154.46				67.15	219.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLASMA,CRYOPRECIPITATE REDUCED	P9044	HCPCS	outpatient			231		95.45 Horizon	Medicare Blue		83				67.15	219.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLASMA,CRYOPRECIPITATE REDUCED	P9044	HCPCS	outpatient			231		95.45 Horizon	PPO		154.46				67.15	219.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLASMA,CRYOPRECIPITATE REDUCED	P9044	HCPCS	outpatient			231		95.45 Horizon	Indemnity		154.46				67.15	219.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLASMA,CRYOPRECIPITATE REDUCED	P9044	HCPCS	outpatient			231		95.45 Managed Care Inc	Managed Care Inc		207.9	90			67.15	219.45	percent of total billed charges	
PLASMA,CRYOPRECIPITATE REDUCED	P9044	HCPCS	outpatient			231		95.45 Multiplan	Multiplan		184.8	80			67.15	219.45	percent of total billed charges	
PLASMA,CRYOPRECIPITATE REDUCED	P9044	HCPCS	outpatient			231		95.45 Qualcare	Qualcare		173.25	75			67.15	219.45	percent of total billed charges	
PLASMA,CRYOPRECIPITATE REDUCED	P9044	HCPCS	outpatient			231		95.45 Three Rivers	Three Rivers		219.45	95			67.15	219.45	percent of total billed charges	
PLASMA,CRYOPRECIPITATE REDUCED	P9044	HCPCS	outpatient			231		95.45 UHC	Medicare		83				67.15	219.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLASMA,CRYOPRECIPITATE REDUCED	P9044	HCPCS	outpatient			231		95.45 UHC	Medicaid		72.88	31.55			67.15	219.45	percent of total billed charges	
PLASMA,CRYOPRECIPITATE REDUCED	P9044	HCPCS	outpatient			231		95.45 Wellcare	Medicaid		72.88	31.55			67.15	219.45	percent of total billed charges	
PLASMA,CRYOPRECIPITATE REDUCED	P9044	HCPCS	outpatient			231		95.45 Wellcare	Medicare		83				67.15	219.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLASMA,CRYOPRECIPITATE REDUCED	P9044	HCPCS	outpatient			231		95.45 WellPoint	WellPoint		74.34	32.18			67.15	219.45	percent of total billed charges	
ALBUMIN 5% (250ML) SOL	P9045	HCPCS	both			204.5		61.04 Aetna	Better Health		64.52	31.55			49.3	194.28	percent of total billed charges	
ALBUMIN 5% (250ML) SOL	P9045	HCPCS	both			204.5		61.04 Aetna	Commercial		101.43				49.3	194.28	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ALBUMIN 5% (250ML) SOL	P9045	HCPCS	both			204.5		61.04 Aetna	Medicare		53.08				49.3	194.28	fee schedule	
ALBUMIN 5% (250ML) SOL	P9045	HCPCS	both			204.5		61.04 Americare	Americare		153.38	75			49.3	194.28	percent of total billed charges	
ALBUMIN 5% (250ML) SOL	P9045	HCPCS	both			204.5		61.04 Amerihealth	HMO/PPO		49.3				49.3	194.28	fee schedule	
ALBUMIN 5% (250ML) SOL	P9045	HCPCS	both			204.5		61.04 Amerihealth	Medicare		53.08				49.3	194.28	fee schedule	
ALBUMIN 5% (250ML) SOL	P9045	HCPCS	both			204.5		61.04 Consumer	Consumer		194.28	95			49.3	194.28	percent of total billed charges	
ALBUMIN 5% (250ML) SOL	P9045	HCPCS	both			204.5		61.04 Corrections	Corrections		163.6	80			49.3	194.28	percent of total billed charges	
ALBUMIN 5% (250ML) SOL	P9045	HCPCS	both			204.5		61.04 First Health	First Health		143.15	70			49.3	194.28	percent of total billed charges	
ALBUMIN 5% (250ML) SOL	P9045	HCPCS	both			204.5		61.04 First Trenton	First Trenton		184.05	90			49.3	194.28	percent of total billed charges	
ALBUMIN 5% (250ML) SOL	P9045	HCPCS	both			204.5		61.04 Horizon	MGD		118.56				49.3	194.28	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ALBUMIN 5% (250ML) SOL	P9045	HCPCS	both			204.5		61.04 Horizon	Indemnity		118.56				49.3	194.28	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ALBUMIN 5% (250ML) SOL	P9045	HCPCS	both			204.5		61.04 Horizon	Medicare Blue		63.71				49.3	194.28	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ALBUMIN 5% (250ML) SOL	P9045	HCPCS	both			204.5		61.04 Horizon	PPO		118.56				49.3	194.28	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ALBUMIN 5% (250ML) SOL	P9045	HCPCS	both			204.5		61.04 Managed Care Inc	Managed Care Inc		184.05	90			49.3	194.28	percent of total billed charges	
ALBUMIN 5% (250ML) SOL	P9045	HCPCS	both			204.5		61.04 Multiplan	Multiplan		163.6	80			49.3	194.28	percent of total billed charges	
ALBUMIN 5% (250ML) SOL	P9045	HCPCS	both			204.5		61.04 Qualcare	Qualcare		153.38	75			49.3	194.28	percent of total billed charges	
ALBUMIN 5% (250ML) SOL	P9045	HCPCS	both			204.5		61.04 Three Rivers	Three Rivers		194.28	95			49.3	194.28	percent of total billed charges	
ALBUMIN 5% (250ML) SOL	P9045	HCPCS	both			204.5		61.04 UHC	Medicaid		64.52	31.55			49.3	194.28	percent of total billed charges	
ALBUMIN 5% (250ML) SOL	P9045	HCPCS	both			204.5		61.04 UHC	Medicare		53.08				49.3	194.28	fee schedule	
ALBUMIN 5% (250ML) SOL	P9045	HCPCS	both			204.5		61.04 United	Oxford		132.7				49.3	194.28	fee schedule	
ALBUMIN 5% (250ML) SOL	P9045	HCPCS	both			204.5		61.04 United	Commercial|PPO		132.7				49.3	194.28	fee schedule	
ALBUMIN 5% (250ML) SOL	P9045	HCPCS	both			204.5		61.04 Wellcare	Medicaid		64.52	31.55			49.3	194.28	percent of total billed charges	
ALBUMIN 5% (250ML) SOL	P9045	HCPCS	both			204.5		61.04 Wellcare	Medicare		53.08				49.3	194.28	fee schedule	
ALBUMIN 5% (250ML) SOL	P9045	HCPCS	both			204.5		61.04 WellPoint	WellPoint		65.81	32.18			49.3	194.28	percent of total billed charges	
ALBUMIN 25% (50ML) SOL	P9047	HCPCS	both			241.5		61.04 Aetna	Medicare		53.08				50.29	229.43	fee schedule	
ALBUMIN 25% (50ML) SOL	P9047	HCPCS	both			241.5		61.04 Aetna	Commercial		101.43				50.29	229.43	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ALBUMIN 25% (50ML) SOL	P9047	HCPCS	both			241.5		61.04 Aetna	Better Health		76.19	31.55			50.29	229.43	percent of total billed charges	
ALBUMIN 25% (50ML) SOL	P9047	HCPCS	both			241.5		61.04 Americare	Americare		181.13	75			50.29	229.43	percent of total billed charges	
ALBUMIN 25% (50ML) SOL	P9047	HCPCS	both			241.5		61.04 Amerihealth	Medicare		53.08				50.29	229.43	fee schedule	
ALBUMIN 25% (50ML) SOL	P9047	HCPCS	both			241.5		61.04 Amerihealth	HMO/PPO		50.29				50.29	229.43	fee schedule	
ALBUMIN 25% (50ML) SOL	P9047	HCPCS	both			241.5		61.04 Consumer	Consumer		229.43	95			50.29	229.43	percent of total billed charges	
ALBUMIN 25% (50ML) SOL	P9047	HCPCS	both			241.5		61.04 Corrections	Corrections		193.2	80			50.29	229.43	percent of total billed charges	
ALBUMIN 25% (50ML) SOL	P9047	HCPCS	both			241.5		61.04 First Health	First Health		169.05	70			50.29	229.43	percent of total billed charges	
ALBUMIN 25% (50ML) SOL	P9047	HCPCS	both			241.5		61.04 First Trenton	First Trenton		217.35	90			50.29	229.43	percent of total billed charges	
ALBUMIN 25% (50ML) SOL	P9047	HCPCS	both			241.5		61.04 Horizon	MGD		118.56				50.29	229.43	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ALBUMIN 25% (50ML) SOL	P9047	HCPCS	both			241.5		61.04 Horizon	Medicare Blue		63.71				50.29	229.43	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ALBUMIN 25% (50ML) SOL	P9047	HCPCS	both			241.5		61.04 Horizon	PPO		118.56				50.29	229.43	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ALBUMIN 25% (50ML) SOL	P9047	HCPCS	both			241.5		61.04 Horizon	Indemnity		118.56				50.29	229.43	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ALBUMIN 25% (50ML) SOL	P9047	HCPCS	both			241.5		61.04 Managed Care Inc	Managed Care Inc		217.35	90			50.29	229.43	percent of total billed charges	
ALBUMIN 25% (50ML) SOL	P9047	HCPCS	both			241.5		61.04 Multiplan	Multiplan		193.2	80			50.29	229.43	percent of total billed charges	
ALBUMIN 25% (50ML) SOL	P9047	HCPCS	both			241.5		61.04 Qualcare	Qualcare		181.13	75			50.29	229.43	percent of total billed charges	
ALBUMIN 25% (50ML) SOL	P9047	HCPCS	both			241.5		61.04 Three Rivers	Three Rivers		229.43	95			50.29	229.43	percent of total billed charges	
ALBUMIN 25% (50ML) SOL	P9047	HCPCS	both			241.5		61.04 UHC	Medicare		53.08				50.29	229.43	fee schedule	
ALBUMIN 25% (50ML) SOL	P9047	HCPCS	both			241.5		61.04 UHC	Medicaid		76.19	31.55			50.29	229.43	percent of total billed charges	
ALBUMIN 25% (50ML) SOL	P9047	HCPCS	both			241.5		61.04 United	Commercial|PPO		132.7				50.29	229.43	fee schedule	
ALBUMIN 25% (50ML) SOL	P9047	HCPCS	both			241.5		61.04 United	Oxford		132.7				50.29	229.43	fee schedule	
ALBUMIN 25% (50ML) SOL	P9047	HCPCS	both			241.5		61.04 Wellcare	Medicare		53.08				50.29	229.43	fee schedule	
ALBUMIN 25% (50ML) SOL	P9047	HCPCS	both			241.5		61.04 Wellcare	Medicaid		76.19	31.55			50.29	229.43	percent of total billed charges	
ALBUMIN 25% (50ML) SOL	P9047	HCPCS	both			241.5		61.04 WellPoint	WellPoint		77.71	32.18			50.29	229.43	percent of total billed charges	
GRANULOCYTE PHERESIS EA. UNIT	P9050	HCPCS	outpatient			5458		Aetna	Better Health		1722	31.55			1637.4	5185.1	percent of total billed charges	
GRANULOCYTE PHERESIS EA. UNIT	P9050	HCPCS	outpatient			5458		Aetna	Commercial		2074.04	38			1637.4	5185.1	percent of total billed charges	
GRANULOCYTE PHERESIS EA. UNIT	P9050	HCPCS	outpatient			5458		Aetna	Medicare		1681.06	30.8			1637.4	5185.1	percent of total billed charges	
GRANULOCYTE PHERESIS EA. UNIT	P9050	HCPCS	outpatient			5458		Americare	Americare		4093.5	75			1637.4	5185.1	percent of total billed charges	
GRANULOCYTE PHERESIS EA. UNIT	P9050	HCPCS	outpatient			5458		Amerihealth	HMO/PPO		3547.7	65			1637.4	5185.1	percent of total billed charges	
GRANULOCYTE PHERESIS EA. UNIT	P9050	HCPCS	outpatient			5458		Consumer	Consumer		5185.1	95			1637.4	5185.1	percent of total billed charges	
GRANULOCYTE PHERESIS EA. UNIT	P9050	HCPCS	outpatient			5458		Corrections	Corrections		4366.4	80			1637.4	5185.1	percent of total billed charges	
GRANULOCYTE PHERESIS EA. UNIT	P9050	HCPCS	outpatient			5458		First Health	First Health		3820.6	70			1637.4	5185.1	percent of total billed charges	
GRANULOCYTE PHERESIS EA. UNIT	P9050	HCPCS	outpatient			5458		First Trenton	First Trenton		4912.2	90			1637.4	5185.1	percent of total billed charges	
GRANULOCYTE PHERESIS EA. UNIT	P9050	HCPCS	outpatient			5458		Horizon	Medicare Blue		1637.4	30			1637.4	5185.1	percent of total billed charges	
GRANULOCYTE PHERESIS EA. UNIT	P9050	HCPCS	outpatient			5458		Horizon	Indemnity		2089.32	38.28			1637.4	5185.1	percent of total billed charges	
GRANULOCYTE PHERESIS EA. UNIT	P9050	HCPCS	outpatient			5458		Horizon	MGD		2089.32	38.28			1637.4	5185.1	percent of total billed charges	
GRANULOCYTE PHERESIS EA. UNIT	P9050	HCPCS	outpatient			5458		Horizon	PPO		2089.32	38.28			1637.4	5185.1	percent of total billed charges	
GRANULOCYTE PHERESIS EA. UNIT	P9050	HCPCS	outpatient			5458		Managed Care Inc	Managed Care Inc		4912.2	90			1637.4	5185.1	percent of total billed charges	
GRANULOCYTE PHERESIS EA. UNIT	P9050	HCPCS	outpatient			5458		Multiplan	Multiplan		4366.4	80			1637.4	5185.1	percent of total billed charges	
GRANULOCYTE PHERESIS EA. UNIT	P9050	HCPCS	outpatient			5458		Qualcare	Qualcare		4093.5	75			1637.4	5185.1	percent of total billed charges	
GRANULOCYTE PHERESIS EA. UNIT	P9050	HCPCS	outpatient			5458		Three Rivers	Three Rivers		5185.1	95			1637.4	5185.1	percent of total billed charges	
GRANULOCYTE PHERESIS EA. UNIT	P9050	HCPCS	outpatient			5458		UHC	Medicaid		1722	31.55			1637.4	5185.1	percent of total billed charges	
GRANULOCYTE PHERESIS EA. UNIT	P9050	HCPCS	outpatient			5458		Wellcare	Medicaid		1722	31.55			1637.4	5185.1	percent of total billed charges	
GRANULOCYTE PHERESIS EA. UNIT	P9050	HCPCS	outpatient			5458		WellPoint	WellPoint		1756.38	32.18			1637.4	5185.1	percent of total billed charges	
LOW TITER WHOLE BLOOD, LEUKOCYTE REDUCED	P9051	HCPCS	outpatient			1806	230.67	Aetna	Better Health		569.79	31.55			200.76	1715.7	percent of total billed charges	
LOW TITER WHOLE BLOOD, LEUKOCYTE REDUCED	P9051	HCPCS	outpatient			1806	230.67	Aetna	Commercial		319.61				200.76	1715.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LOW TITER WHOLE BLOOD, LEUKOCYTE REDUCED	P9051	HCPCS	outpatient			1806	230.67	Aetna	Medicare		200.76				200.76	1715.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LOW TITER WHOLE BLOOD, LEUKOCYTE REDUCED	P9051	HCPCS	outpatient			1806	230.67	Americare	Americare		1354.5	75			200.76	1715.7	percent of total billed charges	
LOW TITER WHOLE BLOOD, LEUKOCYTE REDUCED	P9051	HCPCS	outpatient			1806	230.67	Amerihealth	HMO/PPO		219.07				200.76	1715.7	fee schedule	
LOW TITER WHOLE BLOOD, LEUKOCYTE REDUCED	P9051	HCPCS	outpatient			1806	230.67	Amerihealth	Medicare		200.76				200.76	1715.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LOW TITER WHOLE BLOOD, LEUKOCYTE REDUCED	P9051	HCPCS	outpatient			1806	230.67	Consumer	Consumer		1715.7	95			200.76	1715.7	percent of total billed charges	
LOW TITER WHOLE BLOOD, LEUKOCYTE REDUCED	P9051	HCPCS	outpatient			1806	230.67	Corrections	Corrections		1444.8	80			200.76	1715.7	percent of total billed charges	
LOW TITER WHOLE BLOOD, LEUKOCYTE REDUCED	P9051	HCPCS	outpatient			1806	230.67	First Health	First Health		1264.2	70			200.76	1715.7	percent of total billed charges	
LOW TITER WHOLE BLOOD, LEUKOCYTE REDUCED	P9051	HCPCS	outpatient			1806	230.67	First Trenton	First Trenton		1625.4	90			200.76	1715.7	percent of total billed charges	
LOW TITER WHOLE BLOOD, LEUKOCYTE REDUCED	P9051	HCPCS	outpatient			1806	230.67	Horizon	Indemnity		373.61				200.76	1715.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LOW TITER WHOLE BLOOD, LEUKOCYTE REDUCED	P9051	HCPCS	outpatient			1806	230.67	Horizon	PPO		373.61				200.76	1715.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LOW TITER WHOLE BLOOD, LEUKOCYTE REDUCED	P9051	HCPCS	outpatient			1806	230.67	Horizon	MGD		373.61				200.76	1715.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LOW TITER WHOLE BLOOD, LEUKOCYTE REDUCED	P9051	HCPCS	outpatient			1806	230.67	Horizon	Medicare Blue		200.76				200.76	1715.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LOW TITER WHOLE BLOOD, LEUKOCYTE REDUCED	P9051	HCPCS	outpatient			1806	230.67	Managed Care Inc	Managed Care Inc		1625.4	90			200.76	1715.7	percent of total billed charges	
LOW TITER WHOLE BLOOD, LEUKOCYTE REDUCED	P9051	HCPCS	outpatient			1806	230.67	Multiplan	Multiplan		1444.8	80			200.76	1715.7	percent of total billed charges	
LOW TITER WHOLE BLOOD, LEUKOCYTE REDUCED	P9051	HCPCS	outpatient			1806	230.67	Qualcare	Qualcare		1354.5	75			200.76	1715.7	percent of total billed charges	
LOW TITER WHOLE BLOOD, LEUKOCYTE REDUCED	P9051	HCPCS	outpatient			1806	230.67	Three Rivers	Three Rivers		1715.7	95			200.76	1715.7	percent of total billed charges	
LOW TITER WHOLE BLOOD, LEUKOCYTE REDUCED	P9051	HCPCS	outpatient			1806	230.67	UHC	Medicare		200.76				200.76	1715.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LOW TITER WHOLE BLOOD, LEUKOCYTE REDUCED	P9051	HCPCS	outpatient			1806	230.67	UHC	Medicaid		569.79	31.55			200.76	1715.7	percent of total billed charges	
LOW TITER WHOLE BLOOD, LEUKOCYTE REDUCED	P9051	HCPCS	outpatient			1806	230.67	Wellcare	Medicare		200.76				200.76	1715.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LOW TITER WHOLE BLOOD, LEUKOCYTE REDUCED	P9051	HCPCS	outpatient			1806	230.67	Wellcare	Medicaid		569.79	31.55			200.76	1715.7	percent of total billed charges	
LOW TITER WHOLE BLOOD, LEUKOCYTE REDUCED	P9051	HCPCS	outpatient			1806	230.67	WellPoint	WellPoint		581.17	32.18			200.76	1715.7	percent of total billed charges	
PLATE,HLA MATCH LKORED,PHER/AP	P9052	HCPCS	outpatient			3318	994.81	Aetna	Commercial		1377.16				783.16	3152.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATE,HLA MATCH LKORED,PHER/AP	P9052	HCPCS	outpatient			3318	994.81	Aetna	Medicare		865.05				783.16	3152.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATE,HLA MATCH LKORED,PHER/AP	P9052	HCPCS	outpatient			3318	994.81	Aetna	Better Health		1046.83	31.55			783.16	3152.1	percent of total billed charges	
PLATE,HLA MATCH LKORED,PHER/AP	P9052	HCPCS	outpatient			3318	994.81	Americare	Americare		2488.5	75			783.16	3152.1	percent of total billed charges	
PLATE,HLA MATCH LKORED,PHER/AP	P9052	HCPCS	outpatient			3318	994.81	Amerihealth	HMO/PPO		783.16				783.16	3152.1	fee schedule	
PLATE,HLA MATCH LKORED,PHER/AP	P9052	HCPCS	outpatient			3318	994.81	Amerihealth	Medicare		865.05				783.16	3152.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATE,HLA MATCH LKORED,PHER/AP	P9052	HCPCS	outpatient			3318	994.81	Consumer	Consumer		3152.1	95			783.16	3152.1	percent of total billed charges	
PLATE,HLA MATCH LKORED,PHER/AP	P9052	HCPCS	outpatient			3318	994.81	Corrections	Corrections		2654.4	80			783.16	3152.1	percent of total billed charges	
PLATE,HLA MATCH LKORED,PHER/AP	P9052	HCPCS	outpatient			3318	994.81	First Health	First Health		2322.6	70			783.16	3152.1	percent of total billed charges	
PLATE,HLA MATCH LKORED,PHER/AP	P9052	HCPCS	outpatient			3318	994.81	First Trenton	First Trenton		2986.2	90			783.16	3152.1	percent of total billed charges	
PLATE,HLA MATCH LKORED,PHER/AP	P9052	HCPCS	outpatient			3318	994.81	Horizon	MGD		1609.86				783.16	3152.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATE,HLA MATCH LKORED,PHER/AP	P9052	HCPCS	outpatient			3318	994.81	Horizon	Medicare Blue		865.05				783.16	3152.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATE,HLA MATCH LKORED,PHER/AP	P9052	HCPCS	outpatient			3318	994.81	Horizon	Indemnity		1609.86				783.16	3152.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATE,HLA MATCH LKORED,PHER/AP	P9052	HCPCS	outpatient			3318	994.81	Horizon	PPO		1609.86				783.16	3152.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATE,HLA MATCH LKORED,PHER/AP	P9052	HCPCS	outpatient			3318	994.81	Managed Care Inc	Managed Care Inc		2986.2	90			783.16	3152.1	percent of total billed charges	
PLATE,HLA MATCH LKORED,PHER/AP	P9052	HCPCS	outpatient			3318	994.81	Multiplan	Multiplan		2654.4	80			783.16	3152.1	percent of total billed charges	
PLATE,HLA MATCH LKORED,PHER/AP	P9052	HCPCS	outpatient			3318	994.81	Qualcare	Qualcare		2488.5	75			783.16	3152.1	percent of total billed charges	
PLATE,HLA MATCH LKORED,PHER/AP	P9052	HCPCS	outpatient			3318	994.81	Three Rivers	Three Rivers		3152.1	95			783.16	3152.1	percent of total billed charges	
PLATE,HLA MATCH LKORED,PHER/AP	P9052	HCPCS	outpatient			3318	994.81	UHC	Medicare		865.05				783.16	3152.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATE,HLA MATCH LKORED,PHER/AP	P9052	HCPCS	outpatient			3318	994.81	UHC	Medicaid		1046.83	31.55			783.16	3152.1	percent of total billed charges	
PLATE,HLA MATCH LKORED,PHER/AP	P9052	HCPCS	outpatient			3318	994.81	Wellcare	Medicaid		1046.83	31.55			783.16	3152.1	percent of total billed charges	
PLATE,HLA MATCH LKORED,PHER/AP	P9052	HCPCS	outpatient			3318	994.81	Wellcare	Medicare		865.05				783.16	3152.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATE,HLA MATCH LKORED,PHER/AP	P9052	HCPCS	outpatient			3318	994.81	WellPoint	WellPoint		1067.73	32.18			783.16	3152.1	percent of total billed charges	
SINGLE DONOR PLT/IRR/LVDS	P9053	HCPCS	both			3460	715.3	Aetna	Medicare		622				486.5	3287	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SINGLE DONOR PLT/IRR/LVDS	P9053	HCPCS	both			3460	715.3	Aetna	Better Health		1091.63	31.55			486.5	3287	percent of total billed charges	
SINGLE DONOR PLT/IRR/LVDS	P9053	HCPCS	both			3460	715.3	Aetna	Commercial		990.22				486.5	3287	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SINGLE DONOR PLT/IRR/LVDS	P9053	HCPCS	both			3460	715.3	Americare	Americare		2595	75			486.5	3287	percent of total billed charges	
SINGLE DONOR PLT/IRR/LVDS	P9053	HCPCS	both			3460	715.3	Amerihealth	HMO/PPO		656.64				486.5	3287	fee schedule	
SINGLE DONOR PLT/IRR/LVDS	P9053	HCPCS	both			3460	715.3	Amerihealth	Medicare		622				486.5	3287	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SINGLE DONOR PLT/IRR/LVDS	P9053	HCPCS	both			3460	715.3	Consumer	Consumer		3287	95			486.5	3287	percent of total billed charges	
SINGLE DONOR PLT/IRR/LVDS	P9053	HCPCS	both			3460	715.3	Corrections	Corrections		2768	80			486.5	3287	percent of total billed charges	
SINGLE DONOR PLT/IRR/LVDS	P9053	HCPCS	both			3460	715.3	First Health	First Health		2422	70			486.5	3287	percent of total billed charges	
SINGLE DONOR PLT/IRR/LVDS	P9053	HCPCS	both			3460	715.3	First Trenton	First Trenton		3114	90			486.5	3287	percent of total billed charges	
SINGLE DONOR PLT/IRR/LVDS	P9053	HCPCS	both			3460	715.3	Horizon	Medicare Blue		622				486.5	3287	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SINGLE DONOR PLT/IRR/LVDS	P9053	HCPCS	both			3460	715.3	Horizon	PPO		1157.54				486.5	3287	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101191	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
SINGLE DONOR PLT/IRR/LVDS	P9053	HCPCS	both			3460		715.3 Horizon	MGD		1157.54				486.5	3287	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SINGLE DONOR PLT/IRR/LVDS	P9053	HCPCS	both			3460		715.3 Horizon	Indemnity		1157.54				486.5	3287	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SINGLE DONOR PLT/IRR/LVDS	P9053	HCPCS	both			3460		715.3 Managed Care Inc	Managed Care Inc		3114	90			486.5	3287	percent of total billed charges	
SINGLE DONOR PLT/IRR/LVDS	P9053	HCPCS	both			3460		715.3 Multiplan	Multiplan		2768	80			486.5	3287	percent of total billed charges	
SINGLE DONOR PLT/IRR/LVDS	P9053	HCPCS	both			3460		715.3 Qualcare	Qualcare		2595	75			486.5	3287	percent of total billed charges	
SINGLE DONOR PLT/IRR/LVDS	P9053	HCPCS	both			3460		715.3 Three Rivers	Three Rivers		3287	95			486.5	3287	percent of total billed charges	
SINGLE DONOR PLT/IRR/LVDS	P9053	HCPCS	both			3460		715.3 UHC	Medicaid		1091.63	31.55			486.5	3287	percent of total billed charges	
SINGLE DONOR PLT/IRR/LVDS	P9053	HCPCS	both			3460		715.3 UHC	Medicare		622				486.5	3287	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SINGLE DONOR PLT/IRR/LVDS	P9053	HCPCS	both			3460		715.3 Wellcare	Medicaid		1091.63	31.55			486.5	3287	percent of total billed charges	
SINGLE DONOR PLT/IRR/LVDS	P9053	HCPCS	both			3460		715.3 Wellcare	Medicare		622				486.5	3287	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SINGLE DONOR PLT/IRR/LVDS	P9053	HCPCS	both			3460		715.3 WellPoint	WellPoint		1113.43	32.18			486.5	3287	percent of total billed charges	
RBC PHERESIS LEUKO REDUCE DEGLYC	P9054	HCPCS	outpatient			2645		297.08 Aetna	Better Health		834.5	31.55			258.33	2512.75	percent of total billed charges	
RBC PHERESIS LEUKO REDUCE DEGLYC	P9054	HCPCS	outpatient			2645		297.08 Aetna	Medicare		258.33				258.33	2512.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RBC PHERESIS LEUKO REDUCE DEGLYC	P9054	HCPCS	outpatient			2645		297.08 Aetna	Commercial		411.26				258.33	2512.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RBC PHERESIS LEUKO REDUCE DEGLYC	P9054	HCPCS	outpatient			2645		297.08 Americare	Americare		1983.75	75			258.33	2512.75	percent of total billed charges	
RBC PHERESIS LEUKO REDUCE DEGLYC	P9054	HCPCS	outpatient			2645		297.08 Amerihealth	Medicare		258.33				258.33	2512.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RBC PHERESIS LEUKO REDUCE DEGLYC	P9054	HCPCS	outpatient			2645		297.08 Amerihealth	HMO/PPO		292.38				258.33	2512.75	fee schedule	
RBC PHERESIS LEUKO REDUCE DEGLYC	P9054	HCPCS	outpatient			2645		297.08 Consumer	Consumer		2512.75	95			258.33	2512.75	percent of total billed charges	
RBC PHERESIS LEUKO REDUCE DEGLYC	P9054	HCPCS	outpatient			2645		297.08 Corrections	Corrections		2116	80			258.33	2512.75	percent of total billed charges	
RBC PHERESIS LEUKO REDUCE DEGLYC	P9054	HCPCS	outpatient			2645		297.08 First Health	First Health		1851.5	70			258.33	2512.75	percent of total billed charges	
RBC PHERESIS LEUKO REDUCE DEGLYC	P9054	HCPCS	outpatient			2645		297.08 First Trenton	First Trenton		2380.5	90			258.33	2512.75	percent of total billed charges	
RBC PHERESIS LEUKO REDUCE DEGLYC	P9054	HCPCS	outpatient			2645		297.08 Horizon	Medicare Blue		258.33				258.33	2512.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RBC PHERESIS LEUKO REDUCE DEGLYC	P9054	HCPCS	outpatient			2645		297.08 Horizon	PPO		480.75				258.33	2512.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RBC PHERESIS LEUKO REDUCE DEGLYC	P9054	HCPCS	outpatient			2645		297.08 Horizon	MGD		480.75				258.33	2512.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RBC PHERESIS LEUKO REDUCE DEGLYC	P9054	HCPCS	outpatient			2645		297.08 Horizon	Indemnity		480.75				258.33	2512.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RBC PHERESIS LEUKO REDUCE DEGLYC	P9054	HCPCS	outpatient			2645		297.08 Managed Care Inc	Managed Care Inc		2380.5	90			258.33	2512.75	percent of total billed charges	
RBC PHERESIS LEUKO REDUCE DEGLYC	P9054	HCPCS	outpatient			2645		297.08 Multiplan	Multiplan		2116	80			258.33	2512.75	percent of total billed charges	
RBC PHERESIS LEUKO REDUCE DEGLYC	P9054	HCPCS	outpatient			2645		297.08 Qualcare	Qualcare		1983.75	75			258.33	2512.75	percent of total billed charges	
RBC PHERESIS LEUKO REDUCE DEGLYC	P9054	HCPCS	outpatient			2645		297.08 Three Rivers	Three Rivers		2512.75	95			258.33	2512.75	percent of total billed charges	
RBC PHERESIS LEUKO REDUCE DEGLYC	P9054	HCPCS	outpatient			2645		297.08 UHC	Medicaid		834.5	31.55			258.33	2512.75	percent of total billed charges	
RBC PHERESIS LEUKO REDUCE DEGLYC	P9054	HCPCS	outpatient			2645		297.08 UHC	Medicare		258.33				258.33	2512.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RBC PHERESIS LEUKO REDUCE DEGLYC	P9054	HCPCS	outpatient			2645		297.08 Wellcare	Medicaid		834.5	31.55			258.33	2512.75	percent of total billed charges	
RBC PHERESIS LEUKO REDUCE DEGLYC	P9054	HCPCS	outpatient			2645		297.08 Wellcare	Medicare		258.33				258.33	2512.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RBC PHERESIS LEUKO REDUCE DEGLYC	P9054	HCPCS	outpatient			2645		297.08 WellPoint	WellPoint		851.16	32.18			258.33	2512.75	percent of total billed charges	
WB LEUKO REDUCED IRRAD EA/UNIT	P9056	HCPCS	outpatient			1054		126.98 Aetna	Better Health		332.54	31.55			110.42	1001.3	percent of total billed charges	
WB LEUKO REDUCED IRRAD EA/UNIT	P9056	HCPCS	outpatient			1054		126.98 Aetna	Medicare		110.42				110.42	1001.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WB LEUKO REDUCED IRRAD EA/UNIT	P9056	HCPCS	outpatient			1054		126.98 Aetna	Commercial		175.79				110.42	1001.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WB LEUKO REDUCED IRRAD EA/UNIT	P9056	HCPCS	outpatient			1054		126.98 Americare	Americare		790.5	75			110.42	1001.3	percent of total billed charges	
WB LEUKO REDUCED IRRAD EA/UNIT	P9056	HCPCS	outpatient			1054		126.98 Amerihealth	HMO/PPO		131.96				110.42	1001.3	fee schedule	
WB LEUKO REDUCED IRRAD EA/UNIT	P9056	HCPCS	outpatient			1054		126.98 Amerihealth	Medicare		110.42				110.42	1001.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WB LEUKO REDUCED IRRAD EA/UNIT	P9056	HCPCS	outpatient			1054		126.98 Consumer	Consumer		1001.3	95			110.42	1001.3	percent of total billed charges	
WB LEUKO REDUCED IRRAD EA/UNIT	P9056	HCPCS	outpatient			1054		126.98 Corrections	Corrections		843.2	80			110.42	1001.3	percent of total billed charges	
WB LEUKO REDUCED IRRAD EA/UNIT	P9056	HCPCS	outpatient			1054		126.98 First Health	First Health		737.8	70			110.42	1001.3	percent of total billed charges	
WB LEUKO REDUCED IRRAD EA/UNIT	P9056	HCPCS	outpatient			1054		126.98 First Trenton	First Trenton		948.6	90			110.42	1001.3	percent of total billed charges	
WB LEUKO REDUCED IRRAD EA/UNIT	P9056	HCPCS	outpatient			1054		126.98 Horizon	Indemnity		205.49				110.42	1001.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WB LEUKO REDUCED IRRAD EA/UNIT	P9056	HCPCS	outpatient			1054		126.98 Horizon	Medicare Blue		110.42				110.42	1001.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WB LEUKO REDUCED IRRAD EA/UNIT	P9056	HCPCS	outpatient			1054		126.98 Horizon	MGD		205.49				110.42	1001.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WB LEUKO REDUCED IRRAD EA/UNIT	P9056	HCPCS	outpatient			1054		126.98 Horizon	PPO		205.49				110.42	1001.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WB LEUKO REDUCED IRRAD EA/UNIT	P9056	HCPCS	outpatient			1054		126.98 Managed Care Inc	Managed Care Inc		948.6	90			110.42	1001.3	percent of total billed charges	
WB LEUKO REDUCED IRRAD EA/UNIT	P9056	HCPCS	outpatient			1054		126.98 Multiplan	Multiplan		843.2	80			110.42	1001.3	percent of total billed charges	
WB LEUKO REDUCED IRRAD EA/UNIT	P9056	HCPCS	outpatient			1054		126.98 Qualcare	Qualcare		790.5	75			110.42	1001.3	percent of total billed charges	
WB LEUKO REDUCED IRRAD EA/UNIT	P9056	HCPCS	outpatient			1054		126.98 Three Rivers	Three Rivers		1001.3	95			110.42	1001.3	percent of total billed charges	
WB LEUKO REDUCED IRRAD EA/UNIT	P9056	HCPCS	outpatient			1054		126.98 UHC	Medicaid		332.54	31.55			110.42	1001.3	percent of total billed charges	
WB LEUKO REDUCED IRRAD EA/UNIT	P9056	HCPCS	outpatient			1054		126.98 UHC	Medicare		110.42				110.42	1001.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WB LEUKO REDUCED IRRAD EA/UNIT	P9056	HCPCS	outpatient			1054		126.98 Wellcare	Medicaid		332.54	31.55			110.42	1001.3	percent of total billed charges	
WB LEUKO REDUCED IRRAD EA/UNIT	P9056	HCPCS	outpatient			1054		126.98 Wellcare	Medicare		110.42				110.42	1001.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WB LEUKO REDUCED IRRAD EA/UNIT	P9056	HCPCS	outpatient			1054		126.98 WellPoint	WellPoint		339.18	32.18			110.42	1001.3	percent of total billed charges	
RBC,FRZ/DEGL/WASH/LEUK REDUCE IRR	P9057	HCPCS	inpatient			2071		680.12 Aetna	Commercial		941.52				220.11	1967.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RBC,FRZ/DEGL/WASH/LEUK REDUCE IRR	P9057	HCPCS	inpatient			2071		680.12 Aetna	Medicare		591.41				220.11	1967.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RBC,FRZ/DEGL/WASH/LEUK REDUCE IRR	P9057	HCPCS	inpatient			2071		680.12 Aetna	Better Health		653.4	31.55			220.11	1967.45	percent of total billed charges	
RBC,FRZ/DEGL/WASH/LEUK REDUCE IRR	P9057	HCPCS	inpatient			2071		680.12 Americare	Americare		1553.25	75			220.11	1967.45	percent of total billed charges	
RBC,FRZ/DEGL/WASH/LEUK REDUCE IRR	P9057	HCPCS	inpatient			2071		680.12 Amerihealth	Medicare		591.41				220.11	1967.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RBC,FRZ/DEGL/WASH/LEUK REDUCE IRR	P9057	HCPCS	inpatient			2071		680.12 Amerihealth	HMO/PPO		220.11				220.11	1967.45	fee schedule	
RBC,FRZ/DEGL/WASH/LEUK REDUCE IRR	P9057	HCPCS	inpatient			2071		680.12 Consumer	Consumer		1967.45	95			220.11	1967.45	percent of total billed charges	
RBC,FRZ/DEGL/WASH/LEUK REDUCE IRR	P9057	HCPCS	inpatient			2071		680.12 Corrections	Corrections		1656.8	80			220.11	1967.45	percent of total billed charges	
RBC,FRZ/DEGL/WASH/LEUK REDUCE IRR	P9057	HCPCS	inpatient			2071		680.12 First Health	First Health		1449.7	70			220.11	1967.45	percent of total billed charges	
RBC,FRZ/DEGL/WASH/LEUK REDUCE IRR	P9057	HCPCS	inpatient			2071		680.12 First Trenton	First Trenton		1863.9	90			220.11	1967.45	percent of total billed charges	
RBC,FRZ/DEGL/WASH/LEUK REDUCE IRR	P9057	HCPCS	inpatient			2071		680.12 Horizon	MGD		1100.61				220.11	1967.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RBC,FRZ/DEGL/WASH/LEUK REDUCE IRR	P9057	HCPCS	inpatient			2071		680.12 Horizon	Medicare Blue		591.41				220.11	1967.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RBC,FRZ/DEGL/WASH/LEUK REDUCE IRR	P9057	HCPCS	inpatient			2071		680.12 Horizon	Indemnity		1100.61				220.11	1967.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RBC,FRZ/DEGL/WASH/LEUK REDUCE IRR	P9057	HCPCS	inpatient			2071		680.12 Horizon	PPO		1100.61				220.11	1967.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RBC,FRZ/DEGL/WASH/LEUK REDUCE IRR	P9057	HCPCS	inpatient			2071		680.12 Managed Care Inc	Managed Care Inc		1863.9	90			220.11	1967.45	percent of total billed charges	
RBC,FRZ/DEGL/WASH/LEUK REDUCE IRR	P9057	HCPCS	inpatient			2071		680.12 Multiplan	Multiplan		1656.8	80			220.11	1967.45	percent of total billed charges	
RBC,FRZ/DEGL/WASH/LEUK REDUCE IRR	P9057	HCPCS	inpatient			2071		680.12 Qualcare	Qualcare		1553.25	75			220.11	1967.45	percent of total billed charges	
RBC,FRZ/DEGL/WASH/LEUK REDUCE IRR	P9057	HCPCS	inpatient			2071		680.12 Three Rivers	Three Rivers		1967.45	95			220.11	1967.45	percent of total billed charges	
RBC,FRZ/DEGL/WASH/LEUK REDUCE IRR	P9057	HCPCS	inpatient			2071		680.12 UHC	Medicaid		653.4	31.55			220.11	1967.45	percent of total billed charges	
RBC,FRZ/DEGL/WASH/LEUK REDUCE IRR	P9057	HCPCS	inpatient			2071		680.12 UHC	Medicare		591.41				220.11	1967.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RBC,FRZ/DEGL/WASH/LEUK REDUCE IRR	P9057	HCPCS	inpatient			2071		680.12 Wellcare	Medicare		591.41				220.11	1967.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RBC,FRZ/DEGL/WASH/LEUK REDUCE IRR	P9057	HCPCS	inpatient			2071		680.12 Wellcare	Medicaid		653.4	31.55			220.11	1967.45	percent of total billed charges	
RBC,FRZ/DEGL/WASH/LEUK REDUCE IRR	P9057	HCPCS	inpatient			2071		680.12 WellPoint	WellPoint		666.45	32.18			220.11	1967.45	percent of total billed charges	
PLS PHER FRZ - 24 HR	P9059	HCPCS	outpatient			286		100.18 Aetna	Better Health		90.23	31.55			78.51	271.7	percent of total billed charges	
PLS PHER FRZ - 24 HR	P9059	HCPCS	outpatient			286		100.18 Aetna	Commercial		138.68				78.51	271.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLS PHER FRZ - 24 HR	P9059	HCPCS	outpatient			286		100.18 Aetna	Medicare		87.11				78.51	271.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLS PHER FRZ - 24 HR	P9059	HCPCS	outpatient			286		100.18 Americare	Americare		214.5	75			78.51	271.7	percent of total billed charges	
PLS PHER FRZ - 24 HR	P9059	HCPCS	outpatient			286		100.18 Amerihealth	Medicare		87.11				78.51	271.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLS PHER FRZ - 24 HR	P9059	HCPCS	outpatient			286		100.18 Amerihealth	HMO/PPO		78.51				78.51	271.7	fee schedule	
PLS PHER FRZ - 24 HR	P9059	HCPCS	outpatient			286		100.18 Consumer	Consumer		271.7	95			78.51	271.7	percent of total billed charges	
PLS PHER FRZ - 24 HR	P9059	HCPCS	outpatient			286		100.18 Corrections	Corrections		228.8	80			78.51	271.7	percent of total billed charges	
PLS PHER FRZ - 24 HR	P9059	HCPCS	outpatient			286		100.18 First Health	First Health		200.2	70			78.51	271.7	percent of total billed charges	
PLS PHER FRZ - 24 HR	P9059	HCPCS	outpatient			286		100.18 First Trenton	First Trenton		257.4	90			78.51	271.7	percent of total billed charges	
PLS PHER FRZ - 24 HR	P9059	HCPCS	outpatient			286		100.18 Horizon	MGD		162.11				78.51	271.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLS PHER FRZ - 24 HR	P9059	HCPCS	outpatient			286		100.18 Horizon	Indemnity		162.11				78.51	271.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLS PHER FRZ - 24 HR	P9059	HCPCS	outpatient			286		100.18 Horizon	PPO		162.11				78.51	271.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLS PHER FRZ - 24 HR	P9059	HCPCS	outpatient			286		100.18 Horizon	Medicare Blue		87.11				78.51	271.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLS PHER FRZ - 24 HR	P9059	HCPCS	outpatient			286		100.18 Managed Care Inc	Managed Care Inc		257.4	90			78.51	271.7	percent of total billed charges	
PLS PHER FRZ - 24 HR	P9059	HCPCS	outpatient			286		100.18 Multiplan	Multiplan		228.8	80			78.51	271.7	percent of total billed charges	
PLS PHER FRZ - 24 HR	P9059	HCPCS	outpatient			286		100.18 Qualcare	Qualcare		214.5	75			78.51	271.7	percent of total billed charges	
PLS PHER FRZ - 24 HR	P9059	HCPCS	outpatient			286		100.18 Three Rivers	Three Rivers		271.7	95			78.51	271.7	percent of total billed charges	
PLS PHER FRZ - 24 HR	P9059	HCPCS	outpatient			286		100.18 UHC	Medicare		87.11				78.51	271.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLS PHER FRZ - 24 HR	P9059	HCPCS	outpatient			286		100.18 UHC	Medicaid		90.23	31.55			78.51	271.7	percent of total billed charges	
PLS PHER FRZ - 24 HR	P9059	HCPCS	outpatient			286		100.18 Wellcare	Medicare		87.11				78.51	271.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLS PHER FRZ - 24 HR	P9059	HCPCS	outpatient			286		100.18 Wellcare	Medicaid		90.23	31.55			78.51	271.7	percent of total billed charges	
PLS PHER FRZ - 24 HR	P9059	HCPCS	outpatient			286		100.18 WellPoint	WellPoint		92.03	32.18			78.51	271.7	percent of total billed charges	
PLTS APH ACD-A PASC LEURED IRR	P9073	HCPCS	both			1589		760.98 Aetna	Better Health		501.33	31.55			412.36	1509.55	percent of total billed charges	
PLTS APH ACD-A PASC LEURED IRR	P9073	HCPCS	both			1589		760.98 Aetna	Medicare		661.72				412.36	1509.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLTS APH ACD-A PASC LEURED IRR	P9073	HCPCS	both			1589		760.98 Aetna	Commercial		1053.46				412.36	1509.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLTS APH ACD-A PASC LEURED IRR	P9073	HCPCS	both			1589		760.98 Americare	Americare		1191.75	75			412.36	1509.55	percent of total billed charges	
PLTS APH ACD-A PASC LEURED IRR	P9073	HCPCS	both			1589		760.98 Amerihealth	Medicare		661.72				412.36	1509.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLTS APH ACD-A PASC LEURED IRR	P9073	HCPCS	both			1589		760.98 Amerihealth	HMO/PPO		1032.86	65			412.36	1509.55	percent of total billed charges	
PLTS APH ACD-A PASC LEURED IRR	P9073	HCPCS	both			1589		760.98 Consumer	Consumer		1509.55	95			412.36	1509.55	percent of total billed charges	
PLTS APH ACD-A PASC LEURED IRR	P9073	HCPCS	both			1589		760.98 Corrections	Corrections		1271.2	80			412.36	1509.55	percent of total billed charges	
PLTS APH ACD-A PASC LEURED IRR	P9073	HCPCS	both			1589		760.98 First Health	First Health		1112.3	70			412.36	1509.55	percent of total billed charges	
PLTS APH ACD-A PASC LEURED IRR	P9073	HCPCS	both			1589		760.98 First Trenton	First Trenton		1430.1	90			412.36	1509.55	percent of total billed charges	
PLTS APH ACD-A PASC LEURED IRR	P9073	HCPCS	both			1589		760.98 Horizon	MGD		1231.46				412.36	1509.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLTS APH ACD-A PASC LEURED IRR	P9073	HCPCS	both			1589		760.98 Horizon	Indemnity		1231.46				412.36	1509.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLTS APH ACD-A PASC LEURED IRR	P9073	HCPCS	both			1589		760.98 Horizon	Medicare Blue		661.72				412.36	1509.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLTS APH ACD-A PASC LEURED IRR	P9073	HCPCS	both			1589		760.98 Horizon	PPO		1231.46				412.36	1509.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLTS APH ACD-A PASC LEURED IRR	P9073	HCPCS	both			1589		760.98 Managed Care Inc	Managed Care Inc		1430.1	90			412.36	1509.55	percent of total billed charges	
PLTS APH ACD-A PASC LEURED IRR	P9073	HCPCS	both			1589		760.98 Multiplan	Multiplan		1271.2	80			412.36	1509.55	percent of total billed charges	
PLTS APH ACD-A PASC LEURED IRR	P9073	HCPCS	both			1589		760.98 Qualcare	Qualcare		1191.75	75			412.36	1509.55	percent of total billed charges	
PLTS APH ACD-A PASC LEURED IRR	P9073	HCPCS	both			1589		760.98 Three Rivers	Three Rivers		1509.55	95			412.36	1509.55	percent of total billed charges	
PLTS APH ACD-A PASC LEURED IRR	P9073	HCPCS	both			1589		760.98 UHC	Medicare		661.72				412.36	1509.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLTS APH ACD-A PASC LEURED IRR	P9073	HCPCS	both			1589		760.98 UHC	Medicaid		501.33	31.55			412.36	1509.55	percent of total billed charges	
PLTS APH ACD-A PASC LEURED IRR	P9073	HCPCS	both			1589		760.98 Wellcare	Medicare		661.72				412.36	1509.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLTS APH ACD-A PASC LEURED IRR	P9073	HCPCS	both			1589		760.98 Wellcare	Medicaid		501.33	31.55			412.36	1509.55	percent of total billed charges	
PLTS APH ACD-A PASC LEURED IRR	P9073	HCPCS	both			1589		760.98 WellPoint	WellPoint		511.34	32.18			412.36	1509.55	percent of total billed charges	
CONVALESCENT PLASMA	P9099	HCPCS	inpatient					43.13 Aetna	Commercial		59.7				37.5	69.79	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONVALESCENT PLASMA	P9099	HCPCS	inpatient					43.13 Aetna	Medicare		37.5				37.5	69.79	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONVALESCENT PLASMA	P9099	HCPCS	inpatient					43.13 Amerihealth	Medicare		37.5				37.5	69.79	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONVALESCENT PLASMA	P9099	HCPCS	inpatient					43.13 Horizon	Indemnity		69.79				37.5	69.79	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONVALESCENT PLASMA	P9099	HCPCS	inpatient					43.13 Horizon	MGD		69.79				37.5	69.79	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONVALESCENT PLASMA	P9099	HCPCS	inpatient					43.13 Horizon	Medicare Blue		37.5				37.5	69.79	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONVALESCENT PLASMA	P9099	HCPCS	inpatient					43.13 Horizon	PPO		69.79				37.5	69.79	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONVALESCENT PLASMA	P9099	HCPCS	inpatient					43.13 UHC	Medicare		37.5				37.5	69.79	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONVALESCENT PLASMA	P9099	HCPCS	inpatient					43.13 Wellcare	Medicare		37.5				37.5	69.79	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AZITHROMYCIN 1 GM PWD PCKT	Q0144	HCPCS	both			95		Aetna	Medicare		29.26	30.8			24.76	90.25	percent of total billed charges	
AZITHROMYCIN 1 GM PWD PCKT	Q0144	HCPCS	both			95		Aetna	Commercial		36.1	38			24.76	90.25	percent of total billed charges	
AZITHROMYCIN 1 GM PWD PCKT	Q0144	HCPCS	both			95		Aetna	Better Health		29.97	31.55			24.76	90.25	percent of total billed charges	
AZITHROMYCIN 1 GM PWD PCKT	Q0144	HCPCS	both			95		Americare	Americare		71.25	75			24.76	90.25	percent of total billed charges	
AZITHROMYCIN 1 GM PWD PCKT	Q0144	HCPCS	both			95		Amerihealth	HMO/PPO		24.76				24.76	90.25	fee schedule	
AZITHROMYCIN 1 GM PWD PCKT	Q0144	HCPCS	both			95		Consumer	Consumer		90.25	95			24.76	90.25	percent of total billed charges	
AZITHROMYCIN 1 GM PWD PCKT	Q0144	HCPCS	both			95		Corrections	Corrections		76	80			24.76	90.25	percent of total billed charges	
AZITHROMYCIN 1 GM PWD PCKT	Q0144	HCPCS	both			95		First Health	First Health		66.5	70			24.76	90.25	percent of total billed charges	
AZITHROMYCIN 1 GM PWD PCKT	Q0144	HCPCS	both			95		First Trenton	First Trenton		85.5	90			24.76	90.25	percent of total billed charges	
AZITHROMYCIN 1 GM PWD PCKT	Q0144	HCPCS	both			95		Horizon	Indemnity		36.37	38.28			24.76	90.25	percent of total billed charges	
AZITHROMYCIN 1 GM PWD PCKT	Q0144	HCPCS	both			95		Horizon	Medicare Blue		28.5	30			24.76	90.25	percent of total billed charges	
AZITHROMYCIN 1 GM PWD PCKT	Q0144	HCPCS	both			95		Horizon	NJ Health		53.58				24.76	90.25	fee schedule	
AZITHROMYCIN 1 GM PWD PC

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101191	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
AZITHROMYCIN 1 GM PWD PCKT	Q0144	HCPCS	both			95		Horizon	PPO		36.37	38.28			24.76	90.25	percent of total billed charges	
AZITHROMYCIN 1 GM PWD PCKT	Q0144	HCPCS	both			95		Managed Care Inc	Managed Care Inc		85.5	90			24.76	90.25	percent of total billed charges	
AZITHROMYCIN 1 GM PWD PCKT	Q0144	HCPCS	both			95		Multiplan	Multiplan		76	80			24.76	90.25	percent of total billed charges	
AZITHROMYCIN 1 GM PWD PCKT	Q0144	HCPCS	both			95		Qualcare	Qualcare		71.25	75			24.76	90.25	percent of total billed charges	
AZITHROMYCIN 1 GM PWD PCKT	Q0144	HCPCS	both			95		Three Rivers	Three Rivers		90.25	95			24.76	90.25	percent of total billed charges	
AZITHROMYCIN 1 GM PWD PCKT	Q0144	HCPCS	both			95		UHC	Medicaid		29.97	31.55			24.76	90.25	percent of total billed charges	
AZITHROMYCIN 1 GM PWD PCKT	Q0144	HCPCS	both			95		Wellcare	Medicaid		29.97	31.55			24.76	90.25	percent of total billed charges	
AZITHROMYCIN 1 GM PWD PCKT	Q0144	HCPCS	both			95		WellPoint	WellPoint		30.57	32.18			24.76	90.25	percent of total billed charges	
CHLORPROMAZINE 5 MG TAB	Q0161	HCPCS	outpatient			9		Aetna	Medicare		2.77	30.8			2.3	8.55	percent of total billed charges	
CHLORPROMAZINE 5 MG TAB	Q0161	HCPCS	outpatient			9		Aetna	Better Health		2.84	31.55			2.3	8.55	percent of total billed charges	
CHLORPROMAZINE 5 MG TAB	Q0161	HCPCS	outpatient			9		Aetna	Commercial		3.42	38			2.3	8.55	percent of total billed charges	
CHLORPROMAZINE 5 MG TAB	Q0161	HCPCS	outpatient			9		Americare	Americare		6.75	75			2.3	8.55	percent of total billed charges	
CHLORPROMAZINE 5 MG TAB	Q0161	HCPCS	outpatient			9		Amerihealth	HMO/PPO		2.3				2.3	8.55	fee schedule	
CHLORPROMAZINE 5 MG TAB	Q0161	HCPCS	outpatient			9		Consumer	Consumer		8.55	95			2.3	8.55	percent of total billed charges	
CHLORPROMAZINE 5 MG TAB	Q0161	HCPCS	outpatient			9		Corrections	Corrections		7.2	80			2.3	8.55	percent of total billed charges	
CHLORPROMAZINE 5 MG TAB	Q0161	HCPCS	outpatient			9		First Health	First Health		6.3	70			2.3	8.55	percent of total billed charges	
CHLORPROMAZINE 5 MG TAB	Q0161	HCPCS	outpatient			9		First Trenton	First Trenton		8.1	90			2.3	8.55	percent of total billed charges	
CHLORPROMAZINE 5 MG TAB	Q0161	HCPCS	outpatient			9		Horizon	MGD		3.45	38.28			2.3	8.55	percent of total billed charges	
CHLORPROMAZINE 5 MG TAB	Q0161	HCPCS	outpatient			9		Horizon	Medicare Blue		2.7	30			2.3	8.55	percent of total billed charges	
CHLORPROMAZINE 5 MG TAB	Q0161	HCPCS	outpatient			9		Horizon	Indemnity		3.45	38.28			2.3	8.55	percent of total billed charges	
CHLORPROMAZINE 5 MG TAB	Q0161	HCPCS	outpatient			9		Horizon	PPO		3.45	38.28			2.3	8.55	percent of total billed charges	
CHLORPROMAZINE 5 MG TAB	Q0161	HCPCS	outpatient			9		Managed Care Inc	Managed Care Inc		8.1	90			2.3	8.55	percent of total billed charges	
CHLORPROMAZINE 5 MG TAB	Q0161	HCPCS	outpatient			9		Multiplan	Multiplan		7.2	80			2.3	8.55	percent of total billed charges	
CHLORPROMAZINE 5 MG TAB	Q0161	HCPCS	outpatient			9		Qualcare	Qualcare		6.75	75			2.3	8.55	percent of total billed charges	
CHLORPROMAZINE 5 MG TAB	Q0161	HCPCS	outpatient			9		Three Rivers	Three Rivers		8.55	95			2.3	8.55	percent of total billed charges	
CHLORPROMAZINE 5 MG TAB	Q0161	HCPCS	outpatient			9		UHC	Medicaid		2.84	31.55			2.3	8.55	percent of total billed charges	
CHLORPROMAZINE 5 MG TAB	Q0161	HCPCS	outpatient			9		Wellcare	Medicaid		2.84	31.55			2.3	8.55	percent of total billed charges	
CHLORPROMAZINE 5 MG TAB	Q0161	HCPCS	outpatient			9		WellPoint	WellPoint		2.9	32.18			2.3	8.55	percent of total billed charges	
ONDANSETRON 8MG TAB	Q0162	HCPCS	both			259.5	0.02	Aetna	Commercial		98.61	38		0.01		246.53	percent of total billed charges	
ONDANSETRON 8MG TAB	Q0162	HCPCS	both			259.5	0.02	Aetna	Better Health		81.87	31.55		0.01		246.53	percent of total billed charges	
ONDANSETRON 8MG TAB	Q0162	HCPCS	both			259.5	0.02	Aetna	Medicare		0.01			0.01		246.53	fee schedule	
ONDANSETRON 8MG TAB	Q0162	HCPCS	both			259.5	0.02	Americare	Americare		194.63	75		0.01		246.53	percent of total billed charges	
ONDANSETRON 8MG TAB	Q0162	HCPCS	both			259.5	0.02	Amerihealth	HMO/PPO		1.09			0.01		246.53	fee schedule	
ONDANSETRON 8MG TAB	Q0162	HCPCS	both			259.5	0.02	Amerihealth	Medicare		0.01			0.01		246.53	fee schedule	
ONDANSETRON 8MG TAB	Q0162	HCPCS	both			259.5	0.02	Consumer	Consumer		246.53	95		0.01		246.53	percent of total billed charges	
ONDANSETRON 8MG TAB	Q0162	HCPCS	both			259.5	0.02	Corrections	Corrections		207.6	80		0.01		246.53	percent of total billed charges	
ONDANSETRON 8MG TAB	Q0162	HCPCS	both			259.5	0.02	First Health	First Health		181.65	70		0.01		246.53	percent of total billed charges	
ONDANSETRON 8MG TAB	Q0162	HCPCS	both			259.5	0.02	First Trenton	First Trenton		233.55	90		0.01		246.53	percent of total billed charges	
ONDANSETRON 8MG TAB	Q0162	HCPCS	both			259.5	0.02	Horizon	Indemnity		99.34	38.28		0.01		246.53	percent of total billed charges	
ONDANSETRON 8MG TAB	Q0162	HCPCS	both			259.5	0.02	Horizon	MGD		99.34	38.28		0.01		246.53	percent of total billed charges	
ONDANSETRON 8MG TAB	Q0162	HCPCS	both			259.5	0.02	Horizon	Medicare Blue		77.85	30		0.01		246.53	percent of total billed charges	
ONDANSETRON 8MG TAB	Q0162	HCPCS	both			259.5	0.02	Horizon	PPO		99.34	38.28		0.01		246.53	percent of total billed charges	
ONDANSETRON 8MG TAB	Q0162	HCPCS	both			259.5	0.02	Managed Care Inc	Managed Care Inc		233.55	90		0.01		246.53	percent of total billed charges	
ONDANSETRON 8MG TAB	Q0162	HCPCS	both			259.5	0.02	Multiplan	Multiplan		207.6	80		0.01		246.53	percent of total billed charges	
ONDANSETRON 8MG TAB	Q0162	HCPCS	both			259.5	0.02	Qualcare	Qualcare		194.63	75		0.01		246.53	percent of total billed charges	
ONDANSETRON 8MG TAB	Q0162	HCPCS	both			259.5	0.02	Three Rivers	Three Rivers		246.53	95		0.01		246.53	percent of total billed charges	
ONDANSETRON 8MG TAB	Q0162	HCPCS	both			259.5	0.02	UHC	Medicaid		81.87	31.55		0.01		246.53	percent of total billed charges	
ONDANSETRON 8MG TAB	Q0162	HCPCS	both			259.5	0.02	UHC	Medicare		0.01			0.01		246.53	fee schedule	
ONDANSETRON 8MG TAB	Q0162	HCPCS	both			259.5	0.02	Wellcare	Medicaid		81.87	31.55		0.01		246.53	percent of total billed charges	
ONDANSETRON 8MG TAB	Q0162	HCPCS	both			259.5	0.02	Wellcare	Medicare		0.01			0.01		246.53	fee schedule	
ONDANSETRON 8MG TAB	Q0162	HCPCS	both			259.5	0.02	WellPoint	WellPoint		83.51	32.18		0.01		246.53	percent of total billed charges	
DIPHENHYDRAMINE 50MG CAP	Q0163	HCPCS	both			2.5		Aetna	Medicare		0.77	30.8		0.13		2.38	percent of total billed charges	
DIPHENHYDRAMINE 50MG CAP	Q0163	HCPCS	both			2.5		Aetna	Better Health		0.79	31.55		0.13		2.38	percent of total billed charges	
DIPHENHYDRAMINE 50MG CAP	Q0163	HCPCS	both			2.5		Aetna	Commercial		0.95	38		0.13		2.38	percent of total billed charges	
DIPHENHYDRAMINE 50MG CAP	Q0163	HCPCS	both			2.5		Americare	Americare		1.88	75		0.13		2.38	percent of total billed charges	
DIPHENHYDRAMINE 50MG CAP	Q0163	HCPCS	both			2.5		Amerihealth	HMO/PPO		0.29			0.13		2.38	fee schedule	
DIPHENHYDRAMINE 50MG CAP	Q0163	HCPCS	both			2.5		Consumer	Consumer		2.38	95		0.13		2.38	percent of total billed charges	
DIPHENHYDRAMINE 50MG CAP	Q0163	HCPCS	both			2.5		Corrections	Corrections		2	80		0.13		2.38	percent of total billed charges	
DIPHENHYDRAMINE 50MG CAP	Q0163	HCPCS	both			2.5		First Health	First Health		1.75	70		0.13		2.38	percent of total billed charges	
DIPHENHYDRAMINE 50MG CAP	Q0163	HCPCS	both			2.5		First Trenton	First Trenton		2.25	90		0.13		2.38	percent of total billed charges	
DIPHENHYDRAMINE 50MG CAP	Q0163	HCPCS	both			2.5		Horizon	Medicare Blue		0.75	30		0.13		2.38	percent of total billed charges	
DIPHENHYDRAMINE 50MG CAP	Q0163	HCPCS	both			2.5		Horizon	NJ Health		0.13			0.13		2.38	fee schedule	
DIPHENHYDRAMINE 50MG CAP	Q0163	HCPCS	both			2.5		Horizon	MGD		0.96	38.28		0.13		2.38	percent of total billed charges	
DIPHENHYDRAMINE 50MG CAP	Q0163	HCPCS	both			2.5		Horizon	Indemnity		0.96	38.28		0.13		2.38	percent of total billed charges	
DIPHENHYDRAMINE 50MG CAP	Q0163	HCPCS	both			2.5		Horizon	PPO		0.96	38.28		0.13		2.38	percent of total billed charges	
DIPHENHYDRAMINE 50MG CAP	Q0163	HCPCS	both			2.5		Managed Care Inc	Managed Care Inc		2.25	90		0.13		2.38	percent of total billed charges	
DIPHENHYDRAMINE 50MG CAP	Q0163	HCPCS	both			2.5		Multiplan	Multiplan		2	80		0.13		2.38	percent of total billed charges	
DIPHENHYDRAMINE 50MG CAP	Q0163	HCPCS	both			2.5		Qualcare	Qualcare		1.88	75		0.13		2.38	percent of total billed charges	
DIPHENHYDRAMINE 50MG CAP	Q0163	HCPCS	both			2.5		Three Rivers	Three Rivers		2.38	95		0.13		2.38	percent of total billed charges	
DIPHENHYDRAMINE 50MG CAP	Q0163	HCPCS	both			2.5		UHC	Medicaid		0.79	31.55		0.13		2.38	percent of total billed charges	
DIPHENHYDRAMINE 50MG CAP	Q0163	HCPCS	both			2.5		Wellcare	Medicaid		0.79	31.55		0.13		2.38	percent of total billed charges	
DIPHENHYDRAMINE 50MG CAP	Q0163	HCPCS	both			2.5		WellPoint	WellPoint		0.8	32.18		0.13		2.38	percent of total billed charges	
PROCHLORPERAZINE 5MG TAB	Q0164	HCPCS	both			3.5		Aetna	Better Health		1.1	31.55		0.05		3.33	percent of total billed charges	
PROCHLORPERAZINE 5MG TAB	Q0164	HCPCS	both			3.5		Aetna	Medicare		1.08	30.8		0.05		3.33	percent of total billed charges	
PROCHLORPERAZINE 5MG TAB	Q0164	HCPCS	both			3.5		Aetna	Commercial		1.33	38		0.05		3.33	percent of total billed charges	
PROCHLORPERAZINE 5MG TAB	Q0164	HCPCS	both			3.5		Americare	Americare		2.63	75		0.05		3.33	percent of total billed charges	
PROCHLORPERAZINE 5MG TAB	Q0164	HCPCS	both			3.5		Amerihealth	HMO/PPO		0.05			0.05		3.33	fee schedule	
PROCHLORPERAZINE 5MG TAB	Q0164	HCPCS	both			3.5		Consumer	Consumer		3.33	95		0.05		3.33	percent of total billed charges	
PROCHLORPERAZINE 5MG TAB	Q0164	HCPCS	both			3.5		Corrections	Corrections		2.8	80		0.05		3.33	percent of total billed charges	
PROCHLORPERAZINE 5MG TAB	Q0164	HCPCS	both			3.5		First Health	First Health		2.45	70		0.05		3.33	percent of total billed charges	
PROCHLORPERAZINE 5MG TAB	Q0164	HCPCS	both			3.5		First Trenton	First Trenton		3.15	90		0.05		3.33	percent of total billed charges	
PROCHLORPERAZINE 5MG TAB	Q0164	HCPCS	both			3.5		Horizon	NJ Health		1.31			0.05		3.33	fee schedule	
PROCHLORPERAZINE 5MG TAB	Q0164	HCPCS	both			3.5		Horizon	MGD		1.34	38.28		0.05		3.33	percent of total billed charges	
PROCHLORPERAZINE 5MG TAB	Q0164	HCPCS	both			3.5		Horizon	Medicare Blue		1.05	30		0.05		3.33	percent of total billed charges	
PROCHLORPERAZINE 5MG TAB	Q0164	HCPCS	both			3.5		Horizon	Indemnity		1.34	38.28		0.05		3.33	percent of total billed charges	
PROCHLORPERAZINE 5MG TAB	Q0164	HCPCS	both			3.5		Horizon	PPO		1.34	38.28		0.05		3.33	percent of total billed charges	
PROCHLORPERAZINE 5MG TAB	Q0164	HCPCS	both			3.5		Managed Care Inc	Managed Care Inc		3.15	90		0.05		3.33	percent of total billed charges	
PROCHLORPERAZINE 5MG TAB	Q0164	HCPCS	both			3.5		Multiplan	Multiplan		2.8	80		0.05		3.33	percent of total billed charges	
PROCHLORPERAZINE 5MG TAB	Q0164	HCPCS	both			3.5		Qualcare	Qualcare		2.63	75		0.05		3.33	percent of total billed charges	
PROCHLORPERAZINE 5MG TAB	Q0164	HCPCS	both			3.5		Three Rivers	Three Rivers		3.33	95		0.05		3.33	percent of total billed charges	
PROCHLORPERAZINE 5MG TAB	Q0164	HCPCS	both			3.5		UHC	Medicaid		1.1	31.55		0.05		3.33	percent of total billed charges	
PROCHLORPERAZINE 5MG TAB	Q0164	HCPCS	both			3.5		Wellcare	Medicaid		1.1	31.55		0.05		3.33	percent of total billed charges	
PROCHLORPERAZINE 5MG TAB	Q0164	HCPCS	both			3.5		WellPoint	WellPoint		1.13	32.18		0.05		3.33	percent of total billed charges	
GRANISETRON 1MG TAB (CHEMO) (NF)	Q0166	HCPCS	both			291		Aetna	Commercial		110.58	38		0.45		276.45	percent of total billed charges	
GRANISETRON 1MG TAB (CHEMO) (NF)	Q0166	HCPCS	both			291		Aetna	Medicare		89.63	30.8		0.45		276.45	percent of total billed charges	
GRANISETRON 1MG TAB (CHEMO) (NF)	Q0166	HCPCS	both			291		Aetna	Better Health		91.81	31.55		0.45		276.45	percent of total billed charges	
GRANISETRON 1MG TAB (CHEMO) (NF)	Q0166	HCPCS	both			291		Americare	Americare		218.25	75		0.45		276.45	percent of total billed charges	
GRANISETRON 1MG TAB (CHEMO) (NF)	Q0166	HCPCS	both			291		Amerihealth	HMO/PPO		0.45			0.45		276.45	fee schedule	
GRANISETRON 1MG TAB (CHEMO) (NF)	Q0166	HCPCS	both			291		Consumer	Consumer		276.45	95		0.45		276.45	percent of total billed charges	
GRANISETRON 1MG TAB (CHEMO) (NF)	Q0166	HCPCS	both			291		Corrections	Corrections		232.8	80		0.45		276.45	percent of total billed charges	
GRANISETRON 1MG TAB (CHEMO) (NF)	Q0166	HCPCS	both			291		First Health	First Health		203.7	70		0.45		276.45	percent of total billed charges	
GRANISETRON 1MG TAB (CHEMO) (NF)	Q0166	HCPCS	both			291		First Trenton	First Trenton		261.9	90		0.45		276.45	percent of total billed charges	
GRANISETRON 1MG TAB (CHEMO) (NF)	Q0166	HCPCS	both			291		Horizon	NJ Health		122.8			0.45		276.45	fee schedule	
GRANISETRON 1MG TAB (CHEMO) (NF)	Q0166	HCPCS	both			291		Horizon	Medicare Blue		87.3	30		0.45		276.45	percent of total billed charges	
GRANISETRON 1MG TAB (CHEMO) (NF)	Q0166	HCPCS	both			291		Horizon	Indemnity		111.39	38.28		0.45		276.45	percent of total billed charges	
GRANISETRON 1MG TAB (CHEMO) (NF)	Q0166	HCPCS	both			291		Horizon	MGD		111.39	38.28		0.45		276.45	percent of total billed charges	
GRANISETRON 1MG TAB (CHEMO) (NF)	Q0166	HCPCS	both			291		Horizon	PPO		111.39	38.28		0.45		276.45	percent of total billed charges	
GRANISETRON 1MG TAB (CHEMO) (NF)	Q0166	HCPCS	both			291		Managed Care Inc	Managed Care Inc		261.9	90		0.45		276.45	percent of total billed charges	
GRANISETRON 1MG TAB (CHEMO) (NF)	Q0166	HCPCS	both			291		Multiplan	Multiplan		232.8	80		0.45		276.45	percent of total billed charges	
GRANISETRON 1MG TAB (CHEMO) (NF)	Q0166	HCPCS	both			291		Qualcare	Qualcare		218.25	75		0.45		276.45	percent of total billed charges	
GRANISETRON 1MG TAB (CHEMO) (NF)	Q0166	HCPCS	both			291		Three Rivers	Three Rivers		276.45	95		0.45		276.45	percent of total billed charges	
GRANISETRON 1MG TAB (CHEMO) (NF)	Q0166	HCPCS	both			291		UHC	Medicaid		91.81	31.55		0.45		276.45	percent of total billed charges	
GRANISETRON 1MG TAB (CHEMO) (NF)	Q0166	HCPCS	both			291		Wellcare	Medicaid		91.81	31.55		0.45		276.45	percent of total billed charges	
GRANISETRON 1MG TAB (CHEMO) (NF)	Q0166	HCPCS	both			291		WellPoint	WellPoint		93.64	32.18		0.45		276.45	percent of total billed charges	
DRONABINOL 2.5MG CAPS	Q0167	HCPCS	both			26.5	0.93	Aetna	Medicare		0.81			0.81		25.18	fee schedule	
DRONABINOL 2.5MG CAPS	Q0167	HCPCS	both			26.5	0.93	Aetna	Better Health		8.36	31.55		0.81		25.18	percent of total billed charges	
DRONABINOL 2.5MG CAPS	Q0167	HCPCS	both			26.5	0.93	Aetna	Commercial		10.07	38		0.81		25.18	percent of total billed charges	
DRONABINOL 2.5MG CAPS	Q0167	HCPCS	both			26.5	0.93	Americare	Americare		19.88	75		0.81		25.18	percent of total billed charges	
DRONABINOL 2.5MG CAPS	Q0167	HCPCS	both			26.5	0.93	Amerihealth	Medicare		0.81			0.81		25.18	fee schedule	
DRONABINOL 2.5MG CAPS	Q0167	HCPCS	both			26.5	0.93	Amerihealth	HMO/PPO		2.67			0.81		25.18	fee schedule	
DRONABINOL 2.5MG CAPS	Q0167	HCPCS	both			26.5	0.93	Consumer	Consumer		25.18	95		0.81		25.18	percent of total billed charges	
DRONABINOL 2.5MG CAPS	Q0167	HCPCS	both			26.5	0.93	Corrections	Corrections		21.2	80		0.81		25.18	percent of total billed charges	
DRONABINOL 2.5MG CAPS	Q0167	HCPCS	both			26.5	0.93	First Health	First Health		18.55	70		0.81		25.18	percent of total billed charges	
DRONABINOL 2.5MG CAPS	Q0167	HCPCS	both			26.5	0.93	First Trenton	First Trenton		23.85	90		0.81		25.18	percent of total billed charges	
DRONABINOL 2.5MG CAPS	Q0167	HCPCS	both			26.5	0.93	Horizon	MGD		10.14	38.28		0.81		25.18	percent of total billed charges	
DRONABINOL 2.5MG CAPS	Q0167	HCPCS	both			26.5	0.93	Horizon	Indemnity		10.14	38.28		0.81		25.18	percent of total billed charges	
DRONABINOL 2.5MG CAPS	Q0167	HCPCS	both			26.5	0.93	Horizon	PPO		10.14	38.28		0.81		25.18	percent of total billed charges	
DRONABINOL 2.5MG CAPS	Q0167	HCPCS	both			26.5	0.93	Horizon	Medicare Blue		7.95	30		0.81		25.18	percent of total billed charges	
DRONABINOL 2.5MG CAPS	Q0167	HCPCS	both			26.5	0.93	Managed Care Inc	Managed Care Inc		23.85	90		0.81		25.18	percent of total billed charges	
DRONABINOL 2.5MG CAPS	Q0167	HCPCS	both			26.5	0.93	Multiplan	Multiplan		21.2	80		0.81		25.18	percent of total billed charges	
DRONABINOL 2.5MG CAPS	Q0167	HCPCS	both			26.5	0.93	Qualcare	Qualcare		19.88	75		0.81		25.18	percent of total billed charges	
DRONABINOL 2.5MG CAPS	Q0167	HCPCS	both			26.5	0.93	Three Rivers	Three Rivers		25.18	95		0.81		25.18	percent of total billed charges	
DRONABINOL 2.5MG CAPS	Q0167	HCPCS	both			26.5	0.93	UHC	Medicare		0.81			0.81		25.18	fee schedule	
DRONABINOL 2.5MG CAPS	Q0167	HCPCS	both			26.5	0.93	UHC	Medicaid		8.36	31.55		0.81		25.18	percent of total billed charges	
DRONABINOL 2.5MG CAPS	Q0167	HCPCS	both			26.5	0.93	Wellcare	Medicare		0.81			0.81		25.18	fee schedule	
DRONABINOL 2.5MG CAPS	Q0167	HCPCS	both			26.5	0.93	Wellcare	Medicaid		8.36	31.55		0.81		25.18	percent of total billed charges	
DRONABINOL 2.5MG CAPS	Q0167	HCPCS	both			26.5	0.93	WellPoint	WellPoint		8.53	32.18		0.81		25.18	percent of total billed charges	
PROMETHAZINE 12.5MG TAB	Q0169	HCPCS	both			2.5		Aetna	Better Health		0.79	31.55		0.02		2.38	percent of total billed charges	
PROMETHAZINE 12.5MG TAB	Q0169	HCPCS	both			2.5		Aetna	Medicare		0.77	30.8		0.02		2.38	percent of total billed charges	
PROMETHAZINE 12.5MG TAB	Q0169	HCPCS	both			2.5		Aetna	Commercial		0.95	38		0.02		2.38	percent of total billed charges	
PROMETHAZINE 12.5MG TAB	Q0169	HCPCS	both			2.5		Americare	Americare		1.88	75		0.02		2.38	percent of total billed charges	
PROMETHAZINE 12.5MG TAB	Q0169	HCPCS	both			2.5		Amerihealth	HMO/PPO		0.02			0.02		2.38	fee schedule	
PROMETHAZINE 12.5MG TAB	Q0169	HCPCS	both			2.5		Consumer	Consumer		2.38	95		0.02		2.38	percent of total billed charges	
PROMETHAZINE 12.5MG TAB	Q0169	HCPCS	both			2.5		Corrections	Corrections		2	80		0.02		2.38	percent of total billed charges	
PROMETHAZINE 12.5MG TAB	Q0169	HCPCS	both			2.5		First Health	First Health		1.75	70		0.02		2.38	percent of total billed charges	
PROMETHAZINE 12.5MG TAB	Q0169	HCPCS	both			2.5		First Trenton	First Trenton		2.25	90		0.02		2.38	percent of total billed charges	
PROMETHAZINE 12.5MG TAB	Q0169	HCPCS	both			2.5		Horizon	Medicare Blue		0.75	30		0.02		2.38	percent of total billed charges	
PROMETHAZINE 12.5MG TAB	Q0169	HCPCS	both			2.5		Horizon	Indemnity		0.96	38.28		0.02		2.38	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.															
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true														
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
PROMETHAZINE 12.5MG TAB	Q0169	HCPCS	both			2.5		Horizon	MGD			38.28			0.02	2.38	percent of total billed charges	
PROMETHAZINE 12.5MG TAB	Q0169	HCPCS	both			2.5		Horizon	NJ Health		0.47				0.02	2.38	fee schedule	
PROMETHAZINE 12.5MG TAB	Q0169	HCPCS	both			2.5		Horizon	PPO		0.96	38.28			0.02	2.38	percent of total billed charges	
PROMETHAZINE 12.5MG TAB	Q0169	HCPCS	both			2.5		Managed Care Inc	Managed Care Inc		2.25	90			0.02	2.38	percent of total billed charges	
PROMETHAZINE 12.5MG TAB	Q0169	HCPCS	both			2.5		Multiplan	Multiplan		2	80			0.02	2.38	percent of total billed charges	
PROMETHAZINE 12.5MG TAB	Q0169	HCPCS	both			2.5		Qualcare	Qualcare		1.88	75			0.02	2.38	percent of total billed charges	
PROMETHAZINE 12.5MG TAB	Q0169	HCPCS	both			2.5		Three Rivers	Three Rivers		2.38	95			0.02	2.38	percent of total billed charges	
PROMETHAZINE 12.5MG TAB	Q0169	HCPCS	both			2.5		UHC	Medicaid		0.79	31.55			0.02	2.38	percent of total billed charges	
PROMETHAZINE 12.5MG TAB	Q0169	HCPCS	both			2.5		Wellcare	Medicaid		0.79	31.55			0.02	2.38	percent of total billed charges	
PROMETHAZINE 12.5MG TAB	Q0169	HCPCS	both			2.5		WellPoint	WellPoint		0.8	32.18			0.02	2.38	percent of total billed charges	
PERPHENAZINE 4MG TAB (NF)	Q0175	HCPCS	both			3.5		Aetna	Medicare		1.08	30.8			1.05	3.33	percent of total billed charges	
PERPHENAZINE 4MG TAB (NF)	Q0175	HCPCS	both			3.5		Aetna	Better Health		1.1	31.55			1.05	3.33	percent of total billed charges	
PERPHENAZINE 4MG TAB (NF)	Q0175	HCPCS	both			3.5		Aetna	Commercial		1.33	38			1.05	3.33	percent of total billed charges	
PERPHENAZINE 4MG TAB (NF)	Q0175	HCPCS	both			3.5		Americare	Americare		2.63	75			1.05	3.33	percent of total billed charges	
PERPHENAZINE 4MG TAB (NF)	Q0175	HCPCS	both			3.5		Amerihealth	HMO/PPO		1.69				1.05	3.33	fee schedule	
PERPHENAZINE 4MG TAB (NF)	Q0175	HCPCS	both			3.5		Consumer	Consumer		3.33	95			1.05	3.33	percent of total billed charges	
PERPHENAZINE 4MG TAB (NF)	Q0175	HCPCS	both			3.5		Corrections	Corrections		2.8	80			1.05	3.33	percent of total billed charges	
PERPHENAZINE 4MG TAB (NF)	Q0175	HCPCS	both			3.5		First Health	First Health		2.45	70			1.05	3.33	percent of total billed charges	
PERPHENAZINE 4MG TAB (NF)	Q0175	HCPCS	both			3.5		First Trenton	First Trenton		3.15	90			1.05	3.33	percent of total billed charges	
PERPHENAZINE 4MG TAB (NF)	Q0175	HCPCS	both			3.5		Horizon	Medicare Blue		1.05	30			1.05	3.33	percent of total billed charges	
PERPHENAZINE 4MG TAB (NF)	Q0175	HCPCS	both			3.5		Horizon	Indemnity		1.34	38.28			1.05	3.33	percent of total billed charges	
PERPHENAZINE 4MG TAB (NF)	Q0175	HCPCS	both			3.5		Horizon	MGD		1.34	38.28			1.05	3.33	percent of total billed charges	
PERPHENAZINE 4MG TAB (NF)	Q0175	HCPCS	both			3.5		Horizon	PPO		1.34	38.28			1.05	3.33	percent of total billed charges	
PERPHENAZINE 4MG TAB (NF)	Q0175	HCPCS	both			3.5		Managed Care Inc	Managed Care Inc		3.15	90			1.05	3.33	percent of total billed charges	
PERPHENAZINE 4MG TAB (NF)	Q0175	HCPCS	both			3.5		Multiplan	Multiplan		2.8	80			1.05	3.33	percent of total billed charges	
PERPHENAZINE 4MG TAB (NF)	Q0175	HCPCS	both			3.5		Qualcare	Qualcare		2.63	75			1.05	3.33	percent of total billed charges	
PERPHENAZINE 4MG TAB (NF)	Q0175	HCPCS	both			3.5		Three Rivers	Three Rivers		3.33	95			1.05	3.33	percent of total billed charges	
PERPHENAZINE 4MG TAB (NF)	Q0175	HCPCS	both			3.5		UHC	Medicaid		1.1	31.55			1.05	3.33	percent of total billed charges	
PERPHENAZINE 4MG TAB (NF)	Q0175	HCPCS	both			3.5		Wellcare	Medicaid		1.1	31.55			1.05	3.33	percent of total billed charges	
PERPHENAZINE 4MG TAB (NF)	Q0175	HCPCS	both			3.5		WellPoint	WellPoint		1.13	32.18			1.05	3.33	percent of total billed charges	
HYDROXYZINE PAMOATE 25MG CAP	Q0177	HCPCS	outpatient			2.5		Aetna	Better Health		0.79	31.55			0.03	2.38	percent of total billed charges	
HYDROXYZINE PAMOATE 25MG CAP	Q0177	HCPCS	outpatient			2.5		Aetna	Commercial		0.95	38			0.03	2.38	percent of total billed charges	
HYDROXYZINE PAMOATE 25MG CAP	Q0177	HCPCS	outpatient			2.5		Aetna	Medicare		0.77	30.8			0.03	2.38	percent of total billed charges	
HYDROXYZINE PAMOATE 25MG CAP	Q0177	HCPCS	outpatient			2.5		Americare	Americare		1.88	75			0.03	2.38	percent of total billed charges	
HYDROXYZINE PAMOATE 25MG CAP	Q0177	HCPCS	outpatient			2.5		Amerihealth	HMO/PPO		0.03				0.03	2.38	fee schedule	
HYDROXYZINE PAMOATE 25MG CAP	Q0177	HCPCS	outpatient			2.5		Consumer	Consumer		2.38	95			0.03	2.38	percent of total billed charges	
HYDROXYZINE PAMOATE 25MG CAP	Q0177	HCPCS	outpatient			2.5		Corrections	Corrections		2	80			0.03	2.38	percent of total billed charges	
HYDROXYZINE PAMOATE 25MG CAP	Q0177	HCPCS	outpatient			2.5		First Health	First Health		1.75	70			0.03	2.38	percent of total billed charges	
HYDROXYZINE PAMOATE 25MG CAP	Q0177	HCPCS	outpatient			2.5		First Trenton	First Trenton		2.25	90			0.03	2.38	percent of total billed charges	
HYDROXYZINE PAMOATE 25MG CAP	Q0177	HCPCS	outpatient			2.5		Horizon	MGD		0.96	38.28			0.03	2.38	percent of total billed charges	
HYDROXYZINE PAMOATE 25MG CAP	Q0177	HCPCS	outpatient			2.5		Horizon	Indemnity		0.96	38.28			0.03	2.38	percent of total billed charges	
HYDROXYZINE PAMOATE 25MG CAP	Q0177	HCPCS	outpatient			2.5		Horizon	NJ Health		0.47				0.03	2.38	fee schedule	
HYDROXYZINE PAMOATE 25MG CAP	Q0177	HCPCS	outpatient			2.5		Horizon	Medicare Blue		0.75	30			0.03	2.38	percent of total billed charges	
HYDROXYZINE PAMOATE 25MG CAP	Q0177	HCPCS	outpatient			2.5		Horizon	PPO		0.96	38.28			0.03	2.38	percent of total billed charges	
HYDROXYZINE PAMOATE 25MG CAP	Q0177	HCPCS	outpatient			2.5		Managed Care Inc	Managed Care Inc		2.25	90			0.03	2.38	percent of total billed charges	
HYDROXYZINE PAMOATE 25MG CAP	Q0177	HCPCS	outpatient			2.5		Multiplan	Multiplan		2	80			0.03	2.38	percent of total billed charges	
HYDROXYZINE PAMOATE 25MG CAP	Q0177	HCPCS	outpatient			2.5		Qualcare	Qualcare		1.88	75			0.03	2.38	percent of total billed charges	
HYDROXYZINE PAMOATE 25MG CAP	Q0177	HCPCS	outpatient			2.5		Three Rivers	Three Rivers		2.38	95			0.03	2.38	percent of total billed charges	
HYDROXYZINE PAMOATE 25MG CAP	Q0177	HCPCS	outpatient			2.5		UHC	Medicaid		0.79	31.55			0.03	2.38	percent of total billed charges	
HYDROXYZINE PAMOATE 25MG CAP	Q0177	HCPCS	outpatient			2.5		Wellcare	Medicaid		0.79	31.55			0.03	2.38	percent of total billed charges	
HYDROXYZINE PAMOATE 25MG CAP	Q0177	HCPCS	outpatient			2.5		WellPoint	WellPoint		0.8	32.18			0.03	2.38	percent of total billed charges	
DOLASETRON 100MG TAB	Q0180	HCPCS	outpatient			380		Aetna	Commercial		144.4	38			102.81	361	percent of total billed charges	
DOLASETRON 100MG TAB	Q0180	HCPCS	outpatient			380		Aetna	Better Health		119.89	31.55			102.81	361	percent of total billed charges	
DOLASETRON 100MG TAB	Q0180	HCPCS	outpatient			380		Aetna	Medicare		117.04	30.8			102.81	361	percent of total billed charges	
DOLASETRON 100MG TAB	Q0180	HCPCS	outpatient			380		Americare	Americare		285	75			102.81	361	percent of total billed charges	
DOLASETRON 100MG TAB	Q0180	HCPCS	outpatient			380		Amerihealth	HMO/PPO		102.81				102.81	361	fee schedule	
DOLASETRON 100MG TAB	Q0180	HCPCS	outpatient			380		Consumer	Consumer		361	95			102.81	361	percent of total billed charges	
DOLASETRON 100MG TAB	Q0180	HCPCS	outpatient			380		Corrections	Corrections		304	80			102.81	361	percent of total billed charges	
DOLASETRON 100MG TAB	Q0180	HCPCS	outpatient			380		First Health	First Health		266	70			102.81	361	percent of total billed charges	
DOLASETRON 100MG TAB	Q0180	HCPCS	outpatient			380		First Trenton	First Trenton		342	90			102.81	361	percent of total billed charges	
DOLASETRON 100MG TAB	Q0180	HCPCS	outpatient			380		Horizon	Indemnity		145.46	38.28			102.81	361	percent of total billed charges	
DOLASETRON 100MG TAB	Q0180	HCPCS	outpatient			380		Horizon	PPO		145.46	38.28			102.81	361	percent of total billed charges	
DOLASETRON 100MG TAB	Q0180	HCPCS	outpatient			380		Horizon	MGD		145.46	38.28			102.81	361	percent of total billed charges	
DOLASETRON 100MG TAB	Q0180	HCPCS	outpatient			380		Horizon	Medicare Blue		114	30			102.81	361	percent of total billed charges	
DOLASETRON 100MG TAB	Q0180	HCPCS	outpatient			380		Managed Care Inc	Managed Care Inc		342	90			102.81	361	percent of total billed charges	
DOLASETRON 100MG TAB	Q0180	HCPCS	outpatient			380		Multiplan	Multiplan		304	80			102.81	361	percent of total billed charges	
DOLASETRON 100MG TAB	Q0180	HCPCS	outpatient			380		Qualcare	Qualcare		285	75			102.81	361	percent of total billed charges	
DOLASETRON 100MG TAB	Q0180	HCPCS	outpatient			380		Three Rivers	Three Rivers		361	95			102.81	361	percent of total billed charges	
DOLASETRON 100MG TAB	Q0180	HCPCS	outpatient			380		UHC	Medicaid		119.89	31.55			102.81	361	percent of total billed charges	
DOLASETRON 100MG TAB	Q0180	HCPCS	outpatient			380		Wellcare	Medicaid		119.89	31.55			102.81	361	percent of total billed charges	
DOLASETRON 100MG TAB	Q0180	HCPCS	outpatient			380		WellPoint	WellPoint		122.28	32.18			102.81	361	percent of total billed charges	
CASIRI&IMDEV 600MG/10ML	Q0240	HCPCS	outpatient			0.01		Americare	Americare		0.01	75			0.01	0.03	percent of total billed charges	
CASIRI&IMDEV 600MG/10ML	Q0240	HCPCS	outpatient			0.01		Amerihealth	HMO/PPO		0.01	65			0.01	0.03	percent of total billed charges	
CASIRI&IMDEV 600MG/10ML	Q0240	HCPCS	outpatient			0.01		Consumer	Consumer		0.01	95			0.01	0.03	percent of total billed charges	
CASIRI&IMDEV 600MG/10ML	Q0240	HCPCS	outpatient			0.01		Corrections	Corrections		0.01	80			0.01	0.03	percent of total billed charges	
CASIRI&IMDEV 600MG/10ML	Q0240	HCPCS	outpatient			0.01		First Health	First Health		0.01	70			0.01	0.03	percent of total billed charges	
CASIRI&IMDEV 600MG/10ML	Q0240	HCPCS	outpatient			0.01		First Trenton	First Trenton		0.01	90			0.01	0.03	percent of total billed charges	
CASIRI&IMDEV 600MG/10ML	Q0240	HCPCS	outpatient			0.01		Managed Care Inc	Managed Care Inc		0.01	90			0.01	0.03	percent of total billed charges	
CASIRI&IMDEV 600MG/10ML	Q0240	HCPCS	outpatient			0.01		Multiplan	Multiplan		0.01	80			0.01	0.03	percent of total billed charges	
CASIRI&IMDEV 600MG/10ML	Q0240	HCPCS	outpatient			0.01		Qualcare	Qualcare		0.01	75			0.01	0.03	percent of total billed charges	
CASIRI&IMDEV 600MG/10ML	Q0240	HCPCS	outpatient			0.01		Three Rivers	Three Rivers		0.01	95			0.01	0.03	percent of total billed charges	
CASIRI&IMDEV 600MG/10ML	Q0240	HCPCS	outpatient			0.01		United	Oxford		0.03				0.01	0.03	fee schedule	
CASIRI&IMDEV 600MG/10ML	Q0240	HCPCS	outpatient			0.01		United	Commercial/PPO		0.03				0.01	0.03	fee schedule	
CASIRI&IMDEV 2400MG/40ML	Q0243	HCPCS	outpatient			0.01		Americare	Americare		0.01	75			0.01	0.03	percent of total billed charges	
CASIRI&IMDEV 2400MG/40ML	Q0243	HCPCS	outpatient			0.01		Amerihealth	HMO/PPO		0.01	65			0.01	0.03	percent of total billed charges	
CASIRI&IMDEV 2400MG/40ML	Q0243	HCPCS	outpatient			0.01		Consumer	Consumer		0.01	95			0.01	0.03	percent of total billed charges	
CASIRI&IMDEV 2400MG/40ML	Q0243	HCPCS	outpatient			0.01		Corrections	Corrections		0.01	80			0.01	0.03	percent of total billed charges	
CASIRI&IMDEV 2400MG/40ML	Q0243	HCPCS	outpatient			0.01		First Health	First Health		0.01	70			0.01	0.03	percent of total billed charges	
CASIRI&IMDEV 2400MG/40ML	Q0243	HCPCS	outpatient			0.01		First Trenton	First Trenton		0.01	90			0.01	0.03	percent of total billed charges	
CASIRI&IMDEV 2400MG/40ML	Q0243	HCPCS	outpatient			0.01		Managed Care Inc	Managed Care Inc		0.01	90			0.01	0.03	percent of total billed charges	
CASIRI&IMDEV 2400MG/40ML	Q0243	HCPCS	outpatient			0.01		Multiplan	Multiplan		0.01	80			0.01	0.03	percent of total billed charges	
CASIRI&IMDEV 2400MG/40ML	Q0243	HCPCS	outpatient			0.01		Qualcare	Qualcare		0.01	75			0.01	0.03	percent of total billed charges	
CASIRI&IMDEV 2400MG/40ML	Q0243	HCPCS	outpatient			0.01		Three Rivers	Three Rivers		0.01	95			0.01	0.03	percent of total billed charges	
CASIRI&IMDEV 2400MG/40ML	Q0243	HCPCS	outpatient			0.01		United	Oxford		0.03				0.01	0.03	fee schedule	
CASIRI&IMDEV 2400MG/40ML	Q0243	HCPCS	outpatient			0.01		United	Commercial/PPO		0.03				0.01	0.03	fee schedule	
BAMLAN&ETESEV 2100MG/40ML	Q0245	HCPCS	outpatient			0.01		Americare	Americare		0.01	75			0.01	0.03	percent of total billed charges	
BAMLAN&ETESEV 2100MG/40ML	Q0245	HCPCS	outpatient			0.01		Amerihealth	HMO/PPO		0.01	65			0.01	0.03	percent of total billed charges	
BAMLAN&ETESEV 2100MG/40ML	Q0245	HCPCS	outpatient			0.01		Consumer	Consumer		0.01	95			0.01	0.03	percent of total billed charges	
BAMLAN&ETESEV 2100MG/40ML	Q0245	HCPCS	outpatient			0.01		Corrections	Corrections		0.01	80			0.01	0.03	percent of total billed charges	
BAMLAN&ETESEV 2100MG/40ML	Q0245	HCPCS	outpatient			0.01		First Health	First Health		0.01	70			0.01	0.03	percent of total billed charges	
BAMLAN&ETESEV 2100MG/40ML	Q0245	HCPCS	outpatient			0.01		First Trenton	First Trenton		0.01	90			0.01	0.03	percent of total billed charges	
BAMLAN&ETESEV 2100MG/40ML	Q0245	HCPCS	outpatient			0.01		Managed Care Inc	Managed Care Inc		0.01	90			0.01	0.03	percent of total billed charges	
BAMLAN&ETESEV 2100MG/40ML	Q0245	HCPCS	outpatient			0.01		Multiplan	Multiplan		0.01	80			0.01	0.03	percent of total billed charges	
BAMLAN&ETESEV 2100MG/40ML	Q0245	HCPCS	outpatient			0.01		Qualcare	Qualcare		0.01	75			0.01	0.03	percent of total billed charges	
BAMLAN&ETESEV 2100MG/40ML	Q0245	HCPCS	outpatient			0.01		Three Rivers	Three Rivers		0.01	95			0.01	0.03	percent of total billed charges	
BAMLAN&ETESEV 2100MG/40ML	Q0245	HCPCS	outpatient			0.01		United	Oxford		0.03				0.01	0.03	fee schedule	
BAMLAN&ETESEV 2100MG/40ML	Q0245	HCPCS	outpatient			0.01		United	Commercial/PPO		0.03				0.01	0.03	fee schedule	
SOTROVIMAB 500MG/8ML	Q0247	HCPCS	outpatient			0.01		Americare	Americare		0.01	75			0.01	6300	percent of total billed charges	
SOTROVIMAB 500MG/8ML	Q0247	HCPCS	outpatient			0.01		Amerihealth	HMO/PPO		0.01	65			0.01	6300	percent of total billed charges	
SOTROVIMAB 500MG/8ML	Q0247	HCPCS	outpatient			0.01		Consumer	Consumer		0.01	95			0.01	6300	percent of total billed charges	
SOTROVIMAB 500MG/8ML	Q0247	HCPCS	outpatient			0.01		Corrections	Corrections		0.01	80			0.01	6300	percent of total billed charges	
SOTROVIMAB 500MG/8ML	Q0247	HCPCS	outpatient			0.01		First Health	First Health		0.01	70			0.01	6300	percent of total billed charges	
SOTROVIMAB 500MG/8ML	Q0247	HCPCS	outpatient			0.01		First Trenton	First Trenton		0.01	90			0.01	6300	percent of total billed charges	
SOTROVIMAB 500MG/8ML	Q0247	HCPCS	outpatient			0.01		Horizon	NJ Health		6248.34				0.01	6300	fee schedule	
SOTROVIMAB 500MG/8ML	Q0247	HCPCS	outpatient			0.01		Managed Care Inc	Managed Care Inc		0.01	90			0.01	6300	percent of total billed charges	
SOTROVIMAB 500MG/8ML	Q0247	HCPCS	outpatient			0.01		Multiplan	Multiplan		0.01	80			0.01	6300	percent of total billed charges	
SOTROVIMAB 500MG/8ML	Q0247	HCPCS	outpatient			0.01		Qualcare	Qualcare		0.01	75			0.01	6300	percent of total billed charges	
SOTROVIMAB 500MG/8ML	Q0247	HCPCS	outpatient			0.01		Three Rivers	Three Rivers		0.01	95			0.01	6300	percent of total billed charges	
SOTROVIMAB 500MG/8ML	Q0247	HCPCS	outpatient			0.01		United	Oxford		6300				0.01	6300	fee schedule	
SOTROVIMAB 500MG/8ML	Q0247	HCPCS	outpatient			0.01		United	Commercial/PPO		6300				0.01	6300	fee schedule	
FOSPHENYTOIN 50 MG INJ.	Q2009	HCPCS	both			43		7.6 Aetna	Better Health		13.57	31.55			1.56	40.85	percent of total billed charges	
FOSPHENYTOIN 50 MG INJ.	Q2009	HCPCS	both			43		7.6 Aetna	Commercial		10.52				1.56	40.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FOSPHENYTOIN 50 MG INJ.	Q2009	HCPCS	both			43		7.6 Aetna	Medicare		6.61				1.56	40.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FOSPHENYTOIN 50 MG INJ.	Q2009	HCPCS	both			43		7.6 Americare	Americare		32.25	75			1.56	40.85	percent of total billed charges	
FOSPHENYTOIN 50 MG INJ.	Q2009	HCPCS	both			43		7.6 Amerihealth	Medicare		6.61				1.56	40.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FOSPHENYTOIN 50 MG INJ.	Q2009	HCPCS	both			43		7.6 Amerihealth	HMO/PPO		1.56				1.56	40.85	fee schedule	
FOSPHENYTOIN 50 MG INJ.	Q2009	HCPCS	both			43		7.6 Consumer	Consumer		40.85	95			1.56	40.85	percent of total billed charges	
FOSPHENYTOIN 50 MG INJ.	Q2009	HCPCS	both			43		7.6 Corrections	Corrections		34.4	80			1.56	40.85	percent of total billed charges	
FOSPHENYTOIN 50 MG INJ.	Q2009	HCPCS	both			43		7.6 First Health	First Health		30.1	70			1.56	40.85	percent of total billed charges	
FOSPHENYTOIN 50 MG INJ.	Q2009	HCPCS	both			43		7.6 First Trenton	First Trenton		38.7	90			1.56	40.85	percent of total billed charges	
FOSPHENYTOIN 50 MG INJ.	Q2009	HCPCS	both			43		7.6 Horizon	MGD		12.3				1.56	40.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FOSPHENYTOIN 50 MG INJ.	Q2009	HCPCS	both			43		7.6 Horizon	PPO		12.3				1.56	40.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FOSPHENYTOIN 50 MG INJ.	Q2009	HCPCS	both			43		7.6 Horizon	NJ Health		3.78				1.56	40.85	fee schedule	
FOSPHENYTOIN 50 MG INJ.	Q2009	HCPCS	both			43		7.6 Horizon	Medicare Blue		6.61				1.56	40.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FOSPHENYTOIN 50 MG INJ.	Q2009	HCPCS	both			43		7.6 Horizon	Indemnity		12.3				1.56	40.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FOSPHENYTOIN 50 MG INJ.	Q2009	HCPCS	both			43		7.6 Managed Care Inc	Managed Care Inc		38.7	90			1.56	40.85	percent of total billed charges	
FOSPHENYTOIN 50 MG INJ.	Q2009	HCPCS	both			43		7.6 Multiplan	Multiplan		34.4	80			1.56	40.85	percent of total billed charges	
FOSPHENYTOIN 50 MG INJ.	Q2009	HCPCS	both			43		7.6 Qualcare	Qualcare		32.25	75			1.56	40.85	percent of total billed charges	
FOSPHENYTOIN 50 MG INJ.	Q2009	HCPCS	both			43		7.6 Three Rivers	Three Rivers		40.85	95			1.56	40.85	percent of total billed charges	
FOSPHENYTOIN 50 MG INJ.	Q2009	HCPCS	both			43		7.6 UHC	Medicaid		13.57	31.55			1.56	40.85	percent of total billed charges	
FOSPHENYTOIN 50 MG INJ.	Q2009	HCPCS	both			43		7.6 UHC	Medicare		6.61				1.56	40.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FOSPHENYTOIN 50 MG INJ.	Q2009	HCPCS	both			43		7.6 United	Oxford		12				1.56	40.85	fee schedule	
FOSPHENYTOIN 50 MG INJ.	Q2009	HCPCS	both			43		7.6 United	Commercial/PPO		12				1.56	40.85	fee schedule	
FOSPHENYTOIN 50 MG INJ.	Q2009	HCPCS	both			43		7.6 Wellcare	Medicare		6.61				1.56	40.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FOSPHENYTOIN 50 MG INJ.	Q2009	HCPCS	both			43		7.6 Wellcare	Medicaid		13.57	31.55			1.56	40.85	percent of total billed charges	
FOSPHENYTOIN 50 MG INJ.	Q2009	HCPCS	both			43		7.6 WellPoint	WellPoint		13.84	32.18			1.56	40.85	percent of total billed charges	
INFLUENZA VACC/FLUVIRIN)4-18YEARS	Q2037	HCPCS	outpatient			48.5		Aetna	Better Health		15.3	31.55			13.83	46.08	percent of total billed charges	
INFLUENZA VACC/FLUVIRIN)4-18YEARS	Q2037	HCPCS	outpatient			48.5		Aetna	Medicare		14.94	30.8			13.83	46.08	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
INFLUENZA VACC(FLUVIRIN)4-18YEARS	Q2037	HCPCS	outpatient			48.5		Aetna	Commercial		16.43	38			13.83	46.08	percent of total billed charges	
INFLUENZA VACC(FLUVIRIN)4-18YEARS	Q2037	HCPCS	outpatient			48.5		Americare	Americare		36.38	75			13.83	46.08	percent of total billed charges	
INFLUENZA VACC(FLUVIRIN)4-18YEARS	Q2037	HCPCS	outpatient			48.5		Amerihealth	HMO/PPO		14.57				13.83	46.08	fee schedule	
INFLUENZA VACC(FLUVIRIN)4-18YEARS	Q2037	HCPCS	outpatient			48.5		Consumer	Consumer		46.08	95			13.83	46.08	percent of total billed charges	
INFLUENZA VACC(FLUVIRIN)4-18YEARS	Q2037	HCPCS	outpatient			48.5		Corrections	Corrections		38.8	80			13.83	46.08	percent of total billed charges	
INFLUENZA VACC(FLUVIRIN)4-18YEARS	Q2037	HCPCS	outpatient			48.5		First Health	First Health		33.95	70			13.83	46.08	percent of total billed charges	
INFLUENZA VACC(FLUVIRIN)4-18YEARS	Q2037	HCPCS	outpatient			48.5		First Trenton	First Trenton		43.65	90			13.83	46.08	percent of total billed charges	
INFLUENZA VACC(FLUVIRIN)4-18YEARS	Q2037	HCPCS	outpatient			48.5		Horizon	PPO		18.57	38.28			13.83	46.08	percent of total billed charges	
INFLUENZA VACC(FLUVIRIN)4-18YEARS	Q2037	HCPCS	outpatient			48.5		Horizon	MGD		18.57	38.28			13.83	46.08	percent of total billed charges	
INFLUENZA VACC(FLUVIRIN)4-18YEARS	Q2037	HCPCS	outpatient			48.5		Horizon	Indemnity		18.57	38.28			13.83	46.08	percent of total billed charges	
INFLUENZA VACC(FLUVIRIN)4-18YEARS	Q2037	HCPCS	outpatient			48.5		Horizon	NJ Health		13.83				13.83	46.08	fee schedule	
INFLUENZA VACC(FLUVIRIN)4-18YEARS	Q2037	HCPCS	outpatient			48.5		Horizon	Medicare Blue		14.55	30			13.83	46.08	percent of total billed charges	
INFLUENZA VACC(FLUVIRIN)4-18YEARS	Q2037	HCPCS	outpatient			48.5		Managed Care Inc	Managed Care Inc		43.65	90			13.83	46.08	percent of total billed charges	
INFLUENZA VACC(FLUVIRIN)4-18YEARS	Q2037	HCPCS	outpatient			48.5		Multiplan	Multiplan		38.8	80			13.83	46.08	percent of total billed charges	
INFLUENZA VACC(FLUVIRIN)4-18YEARS	Q2037	HCPCS	outpatient			48.5		Qualcare	Qualcare		36.38	75			13.83	46.08	percent of total billed charges	
INFLUENZA VACC(FLUVIRIN)4-18YEARS	Q2037	HCPCS	outpatient			48.5		Three Rivers	Three Rivers		46.08	95			13.83	46.08	percent of total billed charges	
INFLUENZA VACC(FLUVIRIN)4-18YEARS	Q2037	HCPCS	outpatient			48.5		UHC	Medicaid		15.3	31.55			13.83	46.08	percent of total billed charges	
INFLUENZA VACC(FLUVIRIN)4-18YEARS	Q2037	HCPCS	outpatient			48.5		United	Oxford		30.3				13.83	46.08	fee schedule	
INFLUENZA VACC(FLUVIRIN)4-18YEARS	Q2037	HCPCS	outpatient			48.5		United	Commercial/PPO		30.3				13.83	46.08	fee schedule	
INFLUENZA VACC(FLUVIRIN)4-18YEARS	Q2037	HCPCS	outpatient			48.5		Wellcare	Medicaid		15.3	31.55			13.83	46.08	percent of total billed charges	
INFLUENZA VACC(FLUVIRIN)4-18YEARS	Q2037	HCPCS	outpatient			48.5		WellPoint	WellPoint		15.61	32.18			13.83	46.08	percent of total billed charges	
DOXORUBICIN LIPID 10MG (CHEMO)	Q2050	HCPCS	both			1684.5		98.31 Aetna	Better Health		531.46	31.55			85.48	1600.28	percent of total billed charges	
DOXORUBICIN LIPID 10MG (CHEMO)	Q2050	HCPCS	both			1684.5		98.31 Aetna	Commercial		219.65				85.48	1600.28	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DOXORUBICIN LIPID 10MG (CHEMO)	Q2050	HCPCS	both			1684.5		98.31 Aetna	Medicare		85.48				85.48	1600.28	fee schedule	
DOXORUBICIN LIPID 10MG (CHEMO)	Q2050	HCPCS	both			1684.5		98.31 Americare	Americare		1263.38	75			85.48	1600.28	percent of total billed charges	
DOXORUBICIN LIPID 10MG (CHEMO)	Q2050	HCPCS	both			1684.5		98.31 Amerihealth	HMO/PPO		472.41				85.48	1600.28	fee schedule	
DOXORUBICIN LIPID 10MG (CHEMO)	Q2050	HCPCS	both			1684.5		98.31 Amerihealth	Medicare		85.48				85.48	1600.28	fee schedule	
DOXORUBICIN LIPID 10MG (CHEMO)	Q2050	HCPCS	both			1684.5		98.31 Consumer	Consumer		1600.28	95			85.48	1600.28	percent of total billed charges	
DOXORUBICIN LIPID 10MG (CHEMO)	Q2050	HCPCS	both			1684.5		98.31 Corrections	Corrections		1347.6	80			85.48	1600.28	percent of total billed charges	
DOXORUBICIN LIPID 10MG (CHEMO)	Q2050	HCPCS	both			1684.5		98.31 First Health	First Health		1179.15	70			85.48	1600.28	percent of total billed charges	
DOXORUBICIN LIPID 10MG (CHEMO)	Q2050	HCPCS	both			1684.5		98.31 First Trenton	First Trenton		1516.05	90			85.48	1600.28	percent of total billed charges	
DOXORUBICIN LIPID 10MG (CHEMO)	Q2050	HCPCS	both			1684.5		98.31 Horizon	Medicare Blue		137.97				85.48	1600.28	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DOXORUBICIN LIPID 10MG (CHEMO)	Q2050	HCPCS	both			1684.5		98.31 Horizon	Indemnity		256.76				85.48	1600.28	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DOXORUBICIN LIPID 10MG (CHEMO)	Q2050	HCPCS	both			1684.5		98.31 Horizon	MGD		256.76				85.48	1600.28	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DOXORUBICIN LIPID 10MG (CHEMO)	Q2050	HCPCS	both			1684.5		98.31 Horizon	PPO		256.76				85.48	1600.28	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DOXORUBICIN LIPID 10MG (CHEMO)	Q2050	HCPCS	both			1684.5		98.31 Managed Care Inc	Managed Care Inc		1516.05	90			85.48	1600.28	percent of total billed charges	
DOXORUBICIN LIPID 10MG (CHEMO)	Q2050	HCPCS	both			1684.5		98.31 Multiplan	Multiplan		1347.6	80			85.48	1600.28	percent of total billed charges	
DOXORUBICIN LIPID 10MG (CHEMO)	Q2050	HCPCS	both			1684.5		98.31 Qualcare	Qualcare		1263.38	75			85.48	1600.28	percent of total billed charges	
DOXORUBICIN LIPID 10MG (CHEMO)	Q2050	HCPCS	both			1684.5		98.31 Three Rivers	Three Rivers		1600.28	95			85.48	1600.28	percent of total billed charges	
DOXORUBICIN LIPID 10MG (CHEMO)	Q2050	HCPCS	both			1684.5		98.31 UHC	Medicaid		531.46	31.55			85.48	1600.28	percent of total billed charges	
DOXORUBICIN LIPID 10MG (CHEMO)	Q2050	HCPCS	both			1684.5		98.31 UHC	Medicare		85.48				85.48	1600.28	fee schedule	
DOXORUBICIN LIPID 10MG (CHEMO)	Q2050	HCPCS	both			1684.5		98.31 United	Commercial/PPO		213.7				85.48	1600.28	fee schedule	
DOXORUBICIN LIPID 10MG (CHEMO)	Q2050	HCPCS	both			1684.5		98.31 United	Oxford		213.7				85.48	1600.28	fee schedule	
DOXORUBICIN LIPID 10MG (CHEMO)	Q2050	HCPCS	both			1684.5		98.31 Wellcare	Medicare		85.48				85.48	1600.28	fee schedule	
DOXORUBICIN LIPID 10MG (CHEMO)	Q2050	HCPCS	both			1684.5		98.31 Wellcare	Medicaid		531.46	31.55			85.48	1600.28	percent of total billed charges	
DOXORUBICIN LIPID 10MG (CHEMO)	Q2050	HCPCS	both			1684.5		98.31 WellPoint	WellPoint		542.07	32.18			85.48	1600.28	percent of total billed charges	
Y90 THERASPHERE (Q3001)	Q3001	HCPCS	outpatient			62888		Aetna	Better Health		19841.16	31.55			18866.4	59743.6	percent of total billed charges	
Y90 THERASPHERE (Q3001)	Q3001	HCPCS	outpatient			62888		Aetna	Commercial		23897.44	38			18866.4	59743.6	percent of total billed charges	
Y90 THERASPHERE (Q3001)	Q3001	HCPCS	outpatient			62888		Aetna	Medicare		19369.5	30.8			18866.4	59743.6	percent of total billed charges	
Y90 THERASPHERE (Q3001)	Q3001	HCPCS	outpatient			62888		Americare	Americare		47166	75			18866.4	59743.6	percent of total billed charges	
Y90 THERASPHERE (Q3001)	Q3001	HCPCS	outpatient			62888		Amerihealth	HMO/PPO		40877.2	65			18866.4	59743.6	percent of total billed charges	
Y90 THERASPHERE (Q3001)	Q3001	HCPCS	outpatient			62888		Consumer	Consumer		59743.6	95			18866.4	59743.6	percent of total billed charges	
Y90 THERASPHERE (Q3001)	Q3001	HCPCS	outpatient			62888		Corrections	Corrections		50310.4	80			18866.4	59743.6	percent of total billed charges	
Y90 THERASPHERE (Q3001)	Q3001	HCPCS	outpatient			62888		First Health	First Health		44021.6	70			18866.4	59743.6	percent of total billed charges	
Y90 THERASPHERE (Q3001)	Q3001	HCPCS	outpatient			62888		First Trenton	First Trenton		56599.2	90			18866.4	59743.6	percent of total billed charges	
Y90 THERASPHERE (Q3001)	Q3001	HCPCS	outpatient			62888		Horizon	Indemnity		24073.53	38.28			18866.4	59743.6	percent of total billed charges	
Y90 THERASPHERE (Q3001)	Q3001	HCPCS	outpatient			62888		Horizon	MGD		24073.53	38.28			18866.4	59743.6	percent of total billed charges	
Y90 THERASPHERE (Q3001)	Q3001	HCPCS	outpatient			62888		Horizon	Medicare Blue		18866.4	30			18866.4	59743.6	percent of total billed charges	
Y90 THERASPHERE (Q3001)	Q3001	HCPCS	outpatient			62888		Horizon	PPO		24073.53	38.28			18866.4	59743.6	percent of total billed charges	
Y90 THERASPHERE (Q3001)	Q3001	HCPCS	outpatient			62888		Managed Care Inc	Managed Care Inc		56599.2	90			18866.4	59743.6	percent of total billed charges	
Y90 THERASPHERE (Q3001)	Q3001	HCPCS	outpatient			62888		Multiplan	Multiplan		50310.4	80			18866.4	59743.6	percent of total billed charges	
Y90 THERASPHERE (Q3001)	Q3001	HCPCS	outpatient			62888		Qualcare	Qualcare		47166	75			18866.4	59743.6	percent of total billed charges	
Y90 THERASPHERE (Q3001)	Q3001	HCPCS	outpatient			62888		Three Rivers	Three Rivers		59743.6	95			18866.4	59743.6	percent of total billed charges	
Y90 THERASPHERE (Q3001)	Q3001	HCPCS	outpatient			62888		UHC	Medicaid		19841.16	31.55			18866.4	59743.6	percent of total billed charges	
Y90 THERASPHERE (Q3001)	Q3001	HCPCS	outpatient			62888		Wellcare	Medicaid		19841.16	31.55			18866.4	59743.6	percent of total billed charges	
Y90 THERASPHERE (Q3001)	Q3001	HCPCS	outpatient			62888		WellPoint	WellPoint		20237.36	32.18			18866.4	59743.6	percent of total billed charges	
TELEHEALTH FACILITY FEE	Q3014	HCPCS	both			102		Aetna	Better Health		32.18	31.55			26.4	96.9	percent of total billed charges	
TELEHEALTH FACILITY FEE	Q3014	HCPCS	both			102		Aetna	Medicare		31.42	30.8			26.4	96.9	percent of total billed charges	
TELEHEALTH FACILITY FEE	Q3014	HCPCS	both			102		Aetna	Commercial		38.76	38			26.4	96.9	percent of total billed charges	
TELEHEALTH FACILITY FEE	Q3014	HCPCS	both			102		Americare	Americare		76.5	75			26.4	96.9	percent of total billed charges	
TELEHEALTH FACILITY FEE	Q3014	HCPCS	both			102		Amerihealth	HMO/PPO		66.3	65			26.4	96.9	percent of total billed charges	
TELEHEALTH FACILITY FEE	Q3014	HCPCS	both			102		Consumer	Consumer		96.9	95			26.4	96.9	percent of total billed charges	
TELEHEALTH FACILITY FEE	Q3014	HCPCS	both			102		Corrections	Corrections		81.6	80			26.4	96.9	percent of total billed charges	
TELEHEALTH FACILITY FEE	Q3014	HCPCS	both			102		First Health	First Health		71.4	70			26.4	96.9	percent of total billed charges	
TELEHEALTH FACILITY FEE	Q3014	HCPCS	both			102		First Trenton	First Trenton		91.8	90			26.4	96.9	percent of total billed charges	
TELEHEALTH FACILITY FEE	Q3014	HCPCS	both			102		Horizon	Medicare Blue		30.6	30			26.4	96.9	percent of total billed charges	
TELEHEALTH FACILITY FEE	Q3014	HCPCS	both			102		Horizon	Indemnity		39.05	38.28			26.4	96.9	percent of total billed charges	
TELEHEALTH FACILITY FEE	Q3014	HCPCS	both			102		Horizon	MGD		39.05	38.28			26.4	96.9	percent of total billed charges	
TELEHEALTH FACILITY FEE	Q3014	HCPCS	both			102		Horizon	PPO		39.05	38.28			26.4	96.9	percent of total billed charges	
TELEHEALTH FACILITY FEE	Q3014	HCPCS	both			102		Managed Care Inc	Managed Care Inc		91.8	90			26.4	96.9	percent of total billed charges	
TELEHEALTH FACILITY FEE	Q3014	HCPCS	both			102		Multiplan	Multiplan		81.6	80			26.4	96.9	percent of total billed charges	
TELEHEALTH FACILITY FEE	Q3014	HCPCS	both			102		Qualcare	Qualcare		76.5	75			26.4	96.9	percent of total billed charges	
TELEHEALTH FACILITY FEE	Q3014	HCPCS	both			102		Three Rivers	Three Rivers		96.9	95			26.4	96.9	percent of total billed charges	
TELEHEALTH FACILITY FEE	Q3014	HCPCS	both			102		UHC	Medicaid		32.18	31.55			26.4	96.9	percent of total billed charges	
TELEHEALTH FACILITY FEE	Q3014	HCPCS	both			102		Wellcare	Medicaid		32.18	31.55			26.4	96.9	percent of total billed charges	
TELEHEALTH FACILITY FEE	Q3014	HCPCS	both			102		WellPoint	WellPoint		32.82	32.18			26.4	96.9	percent of total billed charges	
FINGER SPLIN	Q4049	HCPCS	outpatient			24		2.96 Aetna	Better Health		7.57	31.55			2.57	22.8	percent of total billed charges	
FINGER SPLIN	Q4049	HCPCS	outpatient			24		2.96 Aetna	Medicare		2.57				2.57	22.8	fee schedule	
FINGER SPLIN	Q4049	HCPCS	outpatient			24		2.96 Aetna	Commercial		9.12	38			2.57	22.8	percent of total billed charges	
FINGER SPLIN	Q4049	HCPCS	outpatient			24		2.96 Americare	Americare		18	75			2.57	22.8	percent of total billed charges	
FINGER SPLIN	Q4049	HCPCS	outpatient			24		2.96 Amerihealth	HMO/PPO		15.6	65			2.57	22.8	percent of total billed charges	
FINGER SPLIN	Q4049	HCPCS	outpatient			24		2.96 Amerihealth	Medicare		2.57				2.57	22.8	fee schedule	
FINGER SPLIN	Q4049	HCPCS	outpatient			24		2.96 Consumer	Consumer		22.8	95			2.57	22.8	percent of total billed charges	
FINGER SPLIN	Q4049	HCPCS	outpatient			24		2.96 Corrections	Corrections		19.2	80			2.57	22.8	percent of total billed charges	
FINGER SPLIN	Q4049	HCPCS	outpatient			24		2.96 First Health	First Health		16.8	70			2.57	22.8	percent of total billed charges	
FINGER SPLIN	Q4049	HCPCS	outpatient			24		2.96 First Trenton	First Trenton		21.6	90			2.57	22.8	percent of total billed charges	
FINGER SPLIN	Q4049	HCPCS	outpatient			24		2.96 Horizon	Medicare Blue		7.2	30			2.57	22.8	percent of total billed charges	
FINGER SPLIN	Q4049	HCPCS	outpatient			24		2.96 Horizon	Indemnity		9.19	38.28			2.57	22.8	percent of total billed charges	
FINGER SPLIN	Q4049	HCPCS	outpatient			24		2.96 Horizon	MGD		9.19	38.28			2.57	22.8	percent of total billed charges	
FINGER SPLIN	Q4049	HCPCS	outpatient			24		2.96 Horizon	PPO		9.19	38.28			2.57	22.8	percent of total billed charges	
FINGER SPLIN	Q4049	HCPCS	outpatient			24		2.96 Managed Care Inc	Managed Care Inc		21.6	90			2.57	22.8	percent of total billed charges	
FINGER SPLIN	Q4049	HCPCS	outpatient			24		2.96 Multiplan	Multiplan		19.2	80			2.57	22.8	percent of total billed charges	
FINGER SPLIN	Q4049	HCPCS	outpatient			24		2.96 Qualcare	Qualcare		18	75			2.57	22.8	percent of total billed charges	
FINGER SPLIN	Q4049	HCPCS	outpatient			24		2.96 Three Rivers	Three Rivers		22.8	95			2.57	22.8	percent of total billed charges	
FINGER SPLIN	Q4049	HCPCS	outpatient			24		2.96 UHC	Medicaid		7.57	31.55			2.57	22.8	percent of total billed charges	
FINGER SPLIN	Q4049	HCPCS	outpatient			24		2.96 UHC	Medicare		2.57				2.57	22.8	fee schedule	
FINGER SPLIN	Q4049	HCPCS	outpatient			24		2.96 Wellcare	Medicaid		7.57	31.55			2.57	22.8	percent of total billed charges	
FINGER SPLIN	Q4049	HCPCS	outpatient			24		2.96 Wellcare	Medicare		2.57				2.57	22.8	fee schedule	
FINGER SPLIN	Q4049	HCPCS	outpatient			24		2.96 WellPoint	WellPoint		7.72	32.18			2.57	22.8	percent of total billed charges	
ILOPROST(VENTAVIS)1ML INHALATION	Q4074	HCPCS	outpatient			525.5		168.67 Aetna	Medicare		146.67				134.46	499.23	fee schedule	
ILOPROST(VENTAVIS)1ML INHALATION	Q4074	HCPCS	outpatient			525.5		168.67 Aetna	Better Health		165.8	31.55			134.46	499.23	percent of total billed charges	
ILOPROST(VENTAVIS)1ML INHALATION	Q4074	HCPCS	outpatient			525.5		168.67 Aetna	Commercial		199.69	38			134.46	499.23	percent of total billed charges	
ILOPROST(VENTAVIS)1ML INHALATION	Q4074	HCPCS	outpatient			525.5		168.67 Americare	Americare		394.13	75			134.46	499.23	percent of total billed charges	
ILOPROST(VENTAVIS)1ML INHALATION	Q4074	HCPCS	outpatient			525.5		168.67 Amerihealth	HMO/PPO		134.46				134.46	499.23	fee schedule	
ILOPROST(VENTAVIS)1ML INHALATION	Q4074	HCPCS	outpatient			525.5		168.67 Amerihealth	Medicare		146.67				134.46	499.23	fee schedule	
ILOPROST(VENTAVIS)1ML INHALATION	Q4074	HCPCS	outpatient			525.5		168.67 Consumer	Consumer		499.23	95			134.46	499.23	percent of total billed charges	
ILOPROST(VENTAVIS)1ML INHALATION	Q4074	HCPCS	outpatient			525.5		168.67 Corrections	Corrections		420.4	80			134.46	499.23	percent of total billed charges	
ILOPROST(VENTAVIS)1ML INHALATION	Q4074	HCPCS	outpatient			525.5		168.67 First Health	First Health		367.85	70			134.46	499.23	percent of total billed charges	
ILOPROST(VENTAVIS)1ML INHALATION	Q4074	HCPCS	outpatient			525.5		168.67 First Trenton	First Trenton		472.95	90			134.46	499.23	percent of total billed charges	
ILOPROST(VENTAVIS)1ML INHALATION	Q4074	HCPCS	outpatient			525.5		168.67 Horizon	MGD		201.16	38.28			134.46	499.23	percent of total billed charges	
ILOPROST(VENTAVIS)1ML INHALATION	Q4074	HCPCS	outpatient			525.5		168.67 Horizon	Indemnity		201.16	38.28			134.46	499.23	percent of total billed charges	
ILOPROST(VENTAVIS)1ML INHALATION	Q4074	HCPCS	outpatient			525.5		168.67 Horizon	PPO		201.16	38.28			134.46	499.23	percent of total billed charges	
ILOPROST(VENTAVIS)1ML INHALATION	Q4074	HCPCS	outpatient			525.5		168.67 Horizon	Medicare Blue		157.65	30			134.46	499.23	percent of total billed charges	
ILOPROST(VENTAVIS)1ML INHALATION	Q4074	HCPCS	outpatient			525.5		168.67 Managed Care Inc	Managed Care Inc		472.95	90			134.46	499.23	percent of total billed charges	
ILOPROST(VENTAVIS)1ML INHALATION	Q4074	HCPCS	outpatient			525.5		168.67 Multiplan	Multiplan		420.4	80			134.46	499.23	percent of total billed charges	
ILOPROST(VENTAVIS)1ML INHALATION	Q4074	HCPCS	outpatient			525.5		168.67 Qualcare	Qualcare		394.13	75			134.46	499.23	percent of total billed charges	
ILOPROST(VENTAVIS)1ML INHALATION	Q4074	HCPCS	outpatient			525.5		168.67 Three Rivers	Three Rivers		499.23	95			134.46	499.23	percent of total billed charges	
ILOPROST(VENTAVIS)1ML INHALATION	Q4074	HCPCS	outpatient			525.5		168.67 UHC	Medicare		146.67				134.46	499.23	fee schedule	
ILOPROST(VENTAVIS)1ML INHALATION	Q4074	HCPCS	outpatient			525.5		168.67 UHC	Medicaid		165.8	31.55			134.46	499.23	percent of total billed charges	
ILOPROST(VENTAVIS)1ML INHALATION	Q4074	HCPCS	outpatient			525.5		168.67 Wellcare	Medicare		146.67				134.46	499.23	fee schedule	
ILOPROST(VENTAVIS)1ML INHALATION	Q4074	HCPCS	outpatient			525.5		168.67 Wellcare	Medicaid		165.8	31.55			134.46	499.23	percent of total billed charges	
ILOPROST(VENTAVIS)1ML INHALATION	Q4074	HCPCS	outpatient			525.5		168.67 WellPoint	WellPoint		169.11	32.18			134.46	499.23	percent of total billed charges	
EPOETIN 100UNITS(DIALYSIS)	Q4081	HCPCS	both			5		1.02 Aetna	Better Health		1.58	31.55			0.89	4.75	percent of total billed charges	
EPOETIN 100UNITS(DIALYSIS)	Q4081	HCPCS	both			5		1.02 Aetna	Medicare		0.89				0.89	4.75	fee schedule	
EPOETIN 100UNITS(DIALYSIS)	Q4081	HCPCS	both			5		1.02 Aetna	Commercial		1.9	38			0.89	4.75	percent of total billed charges	
EPOETIN 100UNITS(DIALYSIS)	Q4081	HCPCS	both			5		1.02 Americare	Americare		3.75	75			0.89	4.75	percent of total billed charges	
EPOETIN 100UNITS(DIALYSIS)	Q4081	HCPCS	both			5		1.02 Amerihealth	Medicare		0.89				0.89	4.75	fee schedule	
EPOETIN 100UNITS(DIALYSIS)	Q4081	HCPCS	both			5		1.02 Amerihealth	HMO/PPO		1.37				0.89	4.75	fee schedule	
EPOETIN 100UNITS(DIALYSIS)	Q4081	HCPCS	both			5		1.02 Consumer	Consumer		4.75	95			0.89	4.75	percent of total billed charges	
EPOETIN 100UNITS(DIALYSIS)	Q4081	HCPCS	both			5		1.02 Corrections	Corrections		4	80			0.89	4.75	percent of total billed charges	
EPOETIN 100UNITS(DIALYSIS)	Q4081	HCPCS	both			5		1.02 First Health	First Health		3.5	70			0.89	4.75	percent of total billed charges	
EPOETIN 100UNITS(DIALYSIS)	Q4081	HCPCS	both			5		1.02 First Trenton	First Trenton		4.5	90			0.89	4.75	percent of total billed charges	
EPOETIN 100UNITS(DIALYSIS)	Q4081	HCPCS	both			5		1.02 Horizon	MGD		1.91	38.28			0.89	4.75	percent of total billed charges	
EPOETIN 100UNITS(DIALYSIS)	Q4081	HCPCS	both			5		1.02 Horizon	NJ Health		0.99				0.89	4.75	fee schedule	
EPOETIN 100UNITS(DIALYSIS)	Q4081	HCPCS	both			5		1.02 Horizon	Indemnity		1.91	38.28			0.89	4.75	percent of total billed charges	
EPOETIN 100UNITS(DIALYSIS)	Q4081	HCPCS	both			5		1.02 Horizon	PPO		1.91	38.28			0.89	4.75	percent of total billed charges	
EPOETIN 100UNITS(DIALYSIS)	Q4081	HCPCS	both			5		1.02 Horizon	Medicare Blue		1.5	30			0.89	4.75	percent of total billed charges	
EPOETIN 100UNITS(DIALYSIS)	Q4081	HCPCS	both			5		1.02 Managed Care Inc	Managed Care Inc		4.5	90			0.89	4.75	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.															
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true														
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
EPOETIN 100UNITS(DIALYSIS)	Q4081	HCPCS	both			5	1.02	Multiplan	Multiplan		4	80			0.89	4.75	percent of total billed charges	
EPOETIN 100UNITS(DIALYSIS)	Q4081	HCPCS	both			5	1.02	Qualcare	Qualcare		3.75	75			0.89	4.75	percent of total billed charges	
EPOETIN 100UNITS(DIALYSIS)	Q4081	HCPCS	both			5	1.02	Three Rivers	Three Rivers		4.75	95			0.89	4.75	percent of total billed charges	
EPOETIN 100UNITS(DIALYSIS)	Q4081	HCPCS	both			5	1.02	UHC	Medicaid		1.33				0.89	4.75	fee schedule	
EPOETIN 100UNITS(DIALYSIS)	Q4081	HCPCS	both			5	1.02	UHC	Medicare		0.89				0.89	4.75	fee schedule	
EPOETIN 100UNITS(DIALYSIS)	Q4081	HCPCS	both			5	1.02	Wellcare	Medicaid		1.33				0.89	4.75	fee schedule	
EPOETIN 100UNITS(DIALYSIS)	Q4081	HCPCS	both			5	1.02	Wellcare	Medicare		0.89				0.89	4.75	fee schedule	
EPOETIN 100UNITS(DIALYSIS)	Q4081	HCPCS	both			5	1.02	WellPoint	WellPoint		1.61	32.18			0.89	4.75	percent of total billed charges	
SOMAGEN MESHED 8X12 CM,WC2812	Q4100	HCPCS	both			15475		Aetna	Better Health		4882.36	31.55			420.6	14701.25	percent of total billed charges	
SOMAGEN MESHED 8X12 CM,WC2812	Q4100	HCPCS	both			15475		Aetna	Commercial		5880.5	38			420.6	14701.25	percent of total billed charges	
SOMAGEN MESHED 8X12 CM,WC2812	Q4100	HCPCS	both			15475		Aetna	Medicare		4766.3	30.8			420.6	14701.25	percent of total billed charges	
SOMAGEN MESHED 8X12 CM,WC2812	Q4100	HCPCS	both			15475		Americare	Americare		11606.25	75			420.6	14701.25	percent of total billed charges	
SOMAGEN MESHED 8X12 CM,WC2812	Q4100	HCPCS	both			15475		Amerihealth	HMO/PPO		10038.75	65			420.6	14701.25	percent of total billed charges	
SOMAGEN MESHED 8X12 CM,WC2812	Q4100	HCPCS	both			15475		Consumer	Consumer		14701.25	95			420.6	14701.25	percent of total billed charges	
SOMAGEN MESHED 8X12 CM,WC2812	Q4100	HCPCS	both			15475		Corrections	Corrections		12380	80			420.6	14701.25	percent of total billed charges	
SOMAGEN MESHED 8X12 CM,WC2812	Q4100	HCPCS	both			15475		First Health	First Health		10832.5	70			420.6	14701.25	percent of total billed charges	
SOMAGEN MESHED 8X12 CM,WC2812	Q4100	HCPCS	both			15475		First Trenton	First Trenton		13927.5	90			420.6	14701.25	percent of total billed charges	
SOMAGEN MESHED 8X12 CM,WC2812	Q4100	HCPCS	both			15475		Horizon	NJ Health		6190	40			420.6	14701.25	percent of total billed charges	
SOMAGEN MESHED 8X12 CM,WC2812	Q4100	HCPCS	both			15475		Horizon	Indemnity		5923.83	38.28			420.6	14701.25	percent of total billed charges	
SOMAGEN MESHED 8X12 CM,WC2812	Q4100	HCPCS	both			15475		Horizon	MGD		5923.83	38.28			420.6	14701.25	percent of total billed charges	
SOMAGEN MESHED 8X12 CM,WC2812	Q4100	HCPCS	both			15475		Horizon	Medicare Blue		4642.5	30			420.6	14701.25	percent of total billed charges	
SOMAGEN MESHED 8X12 CM,WC2812	Q4100	HCPCS	both			15475		Horizon	PPO		5923.83	38.28			420.6	14701.25	percent of total billed charges	
SOMAGEN MESHED 8X12 CM,WC2812	Q4100	HCPCS	both			15475		Managed Care Inc	Managed Care Inc		13927.5	90			420.6	14701.25	percent of total billed charges	
SOMAGEN MESHED 8X12 CM,WC2812	Q4100	HCPCS	both			15475		Multiplan	Multiplan		12380	80			420.6	14701.25	percent of total billed charges	
SOMAGEN MESHED 8X12 CM,WC2812	Q4100	HCPCS	both			15475		Qualcare	Qualcare		6190	40			420.6	14701.25	percent of total billed charges	
SOMAGEN MESHED 8X12 CM,WC2812	Q4100	HCPCS	both			15475		Three Rivers	Three Rivers		14701.25	95			420.6	14701.25	percent of total billed charges	
SOMAGEN MESHED 8X12 CM,WC2812	Q4100	HCPCS	both			15475		UHC	Medicaid		4882.36	31.55			420.6	14701.25	percent of total billed charges	
SOMAGEN MESHED 8X12 CM,WC2812	Q4100	HCPCS	both			15475		Wellcare	Medicaid		4882.36	31.55			420.6	14701.25	percent of total billed charges	
SOMAGEN MESHED 8X12 CM,WC2812	Q4100	HCPCS	both			15475		WellPoint	WellPoint		4979.86	32.18			420.6	14701.25	percent of total billed charges	
TENDON HUN ACTIVE PC 4MMX16CM	Q4101	HCPCS	both			59985	34.96	Aetna	Better Health		18925.27	31.55			30.4	56985.75	percent of total billed charges	
TENDON HUN ACTIVE PC 4MMX16CM	Q4101	HCPCS	both			59985	34.96	Aetna	Medicare		30.4				30.4	56985.75	fee schedule	
TENDON HUN ACTIVE PC 4MMX16CM	Q4101	HCPCS	both			59985	34.96	Aetna	Commercial		22794.3	38			30.4	56985.75	percent of total billed charges	
TENDON HUN ACTIVE PC 4MMX16CM	Q4101	HCPCS	both			59985	34.96	Americare	Americare		44988.75	75			30.4	56985.75	percent of total billed charges	
TENDON HUN ACTIVE PC 4MMX16CM	Q4101	HCPCS	both			59985	34.96	Amerihealth	HMO/PPO		33.66				30.4	56985.75	fee schedule	
TENDON HUN ACTIVE PC 4MMX16CM	Q4101	HCPCS	both			59985	34.96	Amerihealth	Medicare		30.4				30.4	56985.75	fee schedule	
TENDON HUN ACTIVE PC 4MMX16CM	Q4101	HCPCS	both			59985	34.96	Consumer	Consumer		56985.75	95			30.4	56985.75	percent of total billed charges	
TENDON HUN ACTIVE PC 4MMX16CM	Q4101	HCPCS	both			59985	34.96	Corrections	Corrections		47988	80			30.4	56985.75	percent of total billed charges	
TENDON HUN ACTIVE PC 4MMX16CM	Q4101	HCPCS	both			59985	34.96	First Health	First Health		41989.5	70			30.4	56985.75	percent of total billed charges	
TENDON HUN ACTIVE PC 4MMX16CM	Q4101	HCPCS	both			59985	34.96	First Trenton	First Trenton		53986.5	90			30.4	56985.75	percent of total billed charges	
TENDON HUN ACTIVE PC 4MMX16CM	Q4101	HCPCS	both			59985	34.96	Horizon	MGD		22962.26	38.28			30.4	56985.75	percent of total billed charges	
TENDON HUN ACTIVE PC 4MMX16CM	Q4101	HCPCS	both			59985	34.96	Horizon	NJ Health		23994	40			30.4	56985.75	percent of total billed charges	
TENDON HUN ACTIVE PC 4MMX16CM	Q4101	HCPCS	both			59985	34.96	Horizon	Medicare Blue		17965.5	30			30.4	56985.75	percent of total billed charges	
TENDON HUN ACTIVE PC 4MMX16CM	Q4101	HCPCS	both			59985	34.96	Horizon	Indemnity		22962.26	38.28			30.4	56985.75	percent of total billed charges	
TENDON HUN ACTIVE PC 4MMX16CM	Q4101	HCPCS	both			59985	34.96	Horizon	PPO		22962.26	38.28			30.4	56985.75	percent of total billed charges	
TENDON HUN ACTIVE PC 4MMX16CM	Q4101	HCPCS	both			59985	34.96	Managed Care Inc	Managed Care Inc		53986.5	90			30.4	56985.75	percent of total billed charges	
TENDON HUN ACTIVE PC 4MMX16CM	Q4101	HCPCS	both			59985	34.96	Multiplan	Multiplan		47988	80			30.4	56985.75	percent of total billed charges	
TENDON HUN ACTIVE PC 4MMX16CM	Q4101	HCPCS	both			59985	34.96	Qualcare	Qualcare		23994	40			30.4	56985.75	percent of total billed charges	
TENDON HUN ACTIVE PC 4MMX16CM	Q4101	HCPCS	both			59985	34.96	Three Rivers	Three Rivers		56985.75	95			30.4	56985.75	percent of total billed charges	
TENDON HUN ACTIVE PC 4MMX16CM	Q4101	HCPCS	both			59985	34.96	UHC	Medicare		30.4				30.4	56985.75	fee schedule	
TENDON HUN ACTIVE PC 4MMX16CM	Q4101	HCPCS	both			59985	34.96	UHC	Medicaid		18925.27	31.55			30.4	56985.75	percent of total billed charges	
TENDON HUN ACTIVE PC 4MMX16CM	Q4101	HCPCS	both			59985	34.96	Wellcare	Medicaid		18925.27	31.55			30.4	56985.75	percent of total billed charges	
TENDON HUN ACTIVE PC 4MMX16CM	Q4101	HCPCS	both			59985	34.96	Wellcare	Medicare		30.4				30.4	56985.75	fee schedule	
TENDON HUN ACTIVE PC 4MMX16CM	Q4101	HCPCS	both			59985	34.96	WellPoint	WellPoint		19303.17	32.18			30.4	56985.75	percent of total billed charges	
MATRIX INTEGRA BWM 4X5 (12SSCM)	Q4104	HCPCS	both			20833	56.96	Aetna	Better Health		6572.81	31.55			42.19	19791.35	percent of total billed charges	
MATRIX INTEGRA BWM 4X5 (12SSCM)	Q4104	HCPCS	both			20833	56.96	Aetna	Medicare		49.53				42.19	19791.35	fee schedule	
MATRIX INTEGRA BWM 4X5 (12SSCM)	Q4104	HCPCS	both			20833	56.96	Aetna	Commercial		7916.54	38			42.19	19791.35	percent of total billed charges	
MATRIX INTEGRA BWM 4X5 (12SSCM)	Q4104	HCPCS	both			20833	56.96	Americare	Americare		15824.75	75			42.19	19791.35	percent of total billed charges	
MATRIX INTEGRA BWM 4X5 (12SSCM)	Q4104	HCPCS	both			20833	56.96	Amerihealth	Medicare		49.53				42.19	19791.35	fee schedule	
MATRIX INTEGRA BWM 4X5 (12SSCM)	Q4104	HCPCS	both			20833	56.96	Amerihealth	HMO/PPO		42.19				42.19	19791.35	fee schedule	
MATRIX INTEGRA BWM 4X5 (12SSCM)	Q4104	HCPCS	both			20833	56.96	Consumer	Consumer		19791.35	95			42.19	19791.35	percent of total billed charges	
MATRIX INTEGRA BWM 4X5 (12SSCM)	Q4104	HCPCS	both			20833	56.96	Corrections	Corrections		16666.4	80			42.19	19791.35	percent of total billed charges	
MATRIX INTEGRA BWM 4X5 (12SSCM)	Q4104	HCPCS	both			20833	56.96	First Health	First Health		14583.1	70			42.19	19791.35	percent of total billed charges	
MATRIX INTEGRA BWM 4X5 (12SSCM)	Q4104	HCPCS	both			20833	56.96	First Trenton	First Trenton		18749.7	90			42.19	19791.35	percent of total billed charges	
MATRIX INTEGRA BWM 4X5 (12SSCM)	Q4104	HCPCS	both			20833	56.96	Horizon	Indemnity		7974.87	38.28			42.19	19791.35	percent of total billed charges	
MATRIX INTEGRA BWM 4X5 (12SSCM)	Q4104	HCPCS	both			20833	56.96	Horizon	MGD		7974.87	38.28			42.19	19791.35	percent of total billed charges	
MATRIX INTEGRA BWM 4X5 (12SSCM)	Q4104	HCPCS	both			20833	56.96	Horizon	Medicare Blue		6249.9	30			42.19	19791.35	percent of total billed charges	
MATRIX INTEGRA BWM 4X5 (12SSCM)	Q4104	HCPCS	both			20833	56.96	Horizon	PPO		7974.87	38.28			42.19	19791.35	percent of total billed charges	
MATRIX INTEGRA BWM 4X5 (12SSCM)	Q4104	HCPCS	both			20833	56.96	Managed Care Inc	Managed Care Inc		18749.7	90			42.19	19791.35	percent of total billed charges	
MATRIX INTEGRA BWM 4X5 (12SSCM)	Q4104	HCPCS	both			20833	56.96	Multiplan	Multiplan		16666.4	80			42.19	19791.35	percent of total billed charges	
MATRIX INTEGRA BWM 4X5 (12SSCM)	Q4104	HCPCS	both			20833	56.96	Qualcare	Qualcare		15624.75	75			42.19	19791.35	percent of total billed charges	
MATRIX INTEGRA BWM 4X5 (12SSCM)	Q4104	HCPCS	both			20833	56.96	Three Rivers	Three Rivers		19791.35	95			42.19	19791.35	percent of total billed charges	
MATRIX INTEGRA BWM 4X5 (12SSCM)	Q4104	HCPCS	both			20833	56.96	UHC	Medicaid		6572.81	31.55			42.19	19791.35	percent of total billed charges	
MATRIX INTEGRA BWM 4X5 (12SSCM)	Q4104	HCPCS	both			20833	56.96	UHC	Medicare		49.53				42.19	19791.35	fee schedule	
MATRIX INTEGRA BWM 4X5 (12SSCM)	Q4104	HCPCS	both			20833	56.96	Wellcare	Medicaid		6572.81	31.55			42.19	19791.35	percent of total billed charges	
MATRIX INTEGRA BWM 4X5 (12SSCM)	Q4104	HCPCS	both			20833	56.96	Wellcare	Medicare		49.53				42.19	19791.35	fee schedule	
MATRIX INTEGRA BWM 4X5 (12SSCM)	Q4104	HCPCS	both			20833	56.96	WellPoint	WellPoint		6704.06	32.18			42.19	19791.35	percent of total billed charges	
GRAFTJACKET RTM STAN 5X5CM	Q4107	HCPCS	outpatient			10138		Aetna	Commercial		3852.44	38			95.83	9631.1	percent of total billed charges	
GRAFTJACKET RTM STAN 5X5CM	Q4107	HCPCS	outpatient			10138		Aetna	Better Health		3198.54	31.55			95.83	9631.1	percent of total billed charges	
GRAFTJACKET RTM STAN 5X5CM	Q4107	HCPCS	outpatient			10138		Aetna	Medicare		3122.5	30.8			95.83	9631.1	percent of total billed charges	
GRAFTJACKET RTM STAN 5X5CM	Q4107	HCPCS	outpatient			10138		Americare	Americare		7603.5	75			95.83	9631.1	percent of total billed charges	
GRAFTJACKET RTM STAN 5X5CM	Q4107	HCPCS	outpatient			10138		Amerihealth	HMO/PPO		95.83				95.83	9631.1	fee schedule	
GRAFTJACKET RTM STAN 5X5CM	Q4107	HCPCS	outpatient			10138		Consumer	Consumer		9631.1	95			95.83	9631.1	percent of total billed charges	
GRAFTJACKET RTM STAN 5X5CM	Q4107	HCPCS	outpatient			10138		Corrections	Corrections		8110.4	80			95.83	9631.1	percent of total billed charges	
GRAFTJACKET RTM STAN 5X5CM	Q4107	HCPCS	outpatient			10138		First Health	First Health		7096.6	70			95.83	9631.1	percent of total billed charges	
GRAFTJACKET RTM STAN 5X5CM	Q4107	HCPCS	outpatient			10138		First Trenton	First Trenton		9124.2	90			95.83	9631.1	percent of total billed charges	
GRAFTJACKET RTM STAN 5X5CM	Q4107	HCPCS	outpatient			10138		Horizon	MGD		3880.83	38.28			95.83	9631.1	percent of total billed charges	
GRAFTJACKET RTM STAN 5X5CM	Q4107	HCPCS	outpatient			10138		Horizon	Indemnity		3880.83	38.28			95.83	9631.1	percent of total billed charges	
GRAFTJACKET RTM STAN 5X5CM	Q4107	HCPCS	outpatient			10138		Horizon	Medicare Blue		3041.4	30			95.83	9631.1	percent of total billed charges	
GRAFTJACKET RTM STAN 5X5CM	Q4107	HCPCS	outpatient			10138		Horizon	PPO		3880.83	38.28			95.83	9631.1	percent of total billed charges	
GRAFTJACKET RTM STAN 5X5CM	Q4107	HCPCS	outpatient			10138		Managed Care Inc	Managed Care Inc		9124.2	90			95.83	9631.1	percent of total billed charges	
GRAFTJACKET RTM STAN 5X5CM	Q4107	HCPCS	outpatient			10138		Multiplan	Multiplan		8110.4	80			95.83	9631.1	percent of total billed charges	
GRAFTJACKET RTM STAN 5X5CM	Q4107	HCPCS	outpatient			10138		Qualcare	Qualcare		7603.5	75			95.83	9631.1	percent of total billed charges	
GRAFTJACKET RTM STAN 5X5CM	Q4107	HCPCS	outpatient			10138		Three Rivers	Three Rivers		9631.1	95			95.83	9631.1	percent of total billed charges	
GRAFTJACKET RTM STAN 5X5CM	Q4107	HCPCS	outpatient			10138		UHC	Medicaid		3198.54	31.55			95.83	9631.1	percent of total billed charges	
GRAFTJACKET RTM STAN 5X5CM	Q4107	HCPCS	outpatient			10138		Wellcare	Medicaid		3198.54	31.55			95.83	9631.1	percent of total billed charges	
GRAFTJACKET RTM STAN 5X5CM	Q4107	HCPCS	outpatient			10138		WellPoint	WellPoint		3262.41	32.18			95.83	9631.1	percent of total billed charges	
MATRIX INTEGRA WND THIN 4X5IN	Q4108	HCPCS	both			12154	51.01	Aetna	Medicare		44.36				44.16	11546.3	fee schedule	
MATRIX INTEGRA WND THIN 4X5IN	Q4108	HCPCS	both			12154	51.01	Aetna	Commercial		4618.52	38			44.16	11546.3	percent of total billed charges	
MATRIX INTEGRA WND THIN 4X5IN	Q4108	HCPCS	both			12154	51.01	Aetna	Better Health		3834.59	31.55			44.16	11546.3	percent of total billed charges	
MATRIX INTEGRA WND THIN 4X5IN	Q4108	HCPCS	both			12154	51.01	Americare	Americare		9115.5	75			44.16	11546.3	percent of total billed charges	
MATRIX INTEGRA WND THIN 4X5IN	Q4108	HCPCS	both			12154	51.01	Amerihealth	HMO/PPO		44.16				44.16	11546.3	fee schedule	
MATRIX INTEGRA WND THIN 4X5IN	Q4108	HCPCS	both			12154	51.01	Amerihealth	Medicare		44.36				44.16	11546.3	fee schedule	
MATRIX INTEGRA WND THIN 4X5IN	Q4108	HCPCS	both			12154	51.01	Consumer	Consumer		11546.3	95			44.16	11546.3	percent of total billed charges	
MATRIX INTEGRA WND THIN 4X5IN	Q4108	HCPCS	both			12154	51.01	Corrections	Corrections		9723.2	80			44.16	11546.3	percent of total billed charges	
MATRIX INTEGRA WND THIN 4X5IN	Q4108	HCPCS	both			12154	51.01	First Health	First Health		8507.8	70			44.16	11546.3	percent of total billed charges	
MATRIX INTEGRA WND THIN 4X5IN	Q4108	HCPCS	both			12154	51.01	First Trenton	First Trenton		10938.6	90			44.16	11546.3	percent of total billed charges	
MATRIX INTEGRA WND THIN 4X5IN	Q4108	HCPCS	both			12154	51.01	Horizon	MGD		4652.55	38.28			44.16	11546.3	percent of total billed charges	
MATRIX INTEGRA WND THIN 4X5IN	Q4108	HCPCS	both			12154	51.01	Horizon	Medicare Blue		3646.2	30			44.16	11546.3	percent of total billed charges	
MATRIX INTEGRA WND THIN 4X5IN	Q4108	HCPCS	both			12154	51.01	Horizon	PPO		4652.55	38.28			44.16	11546.3	percent of total billed charges	
MATRIX INTEGRA WND THIN 4X5IN	Q4108	HCPCS	both			12154	51.01	Horizon	Indemnity		4652.55	38.28			44.16	11546.3	percent of total billed charges	
MATRIX INTEGRA WND THIN 4X5IN	Q4108	HCPCS	both			12154	51.01	Horizon	NJ Health		4861.6	40			44.16	11546.3	percent of total billed charges	
MATRIX INTEGRA WND THIN 4X5IN	Q4108	HCPCS	both			12154	51.01	Managed Care Inc	Managed Care Inc		10938.6	90			44.16	11546.3	percent of total billed charges	
MATRIX INTEGRA WND THIN 4X5IN	Q4108	HCPCS	both			12154	51.01	Multiplan	Multiplan		9723.2	80			44.16	11546.3	percent of total billed charges	
MATRIX INTEGRA WND THIN 4X5IN	Q4108	HCPCS	both			12154	51.01	Qualcare	Qualcare		4861.6	40			44.16	11546.3	percent of total billed charges	
MATRIX INTEGRA WND THIN 4X5IN	Q4108	HCPCS	both			12154	51.01	Three Rivers	Three Rivers		11546.3	95			44.16	11546.3	percent of total billed charges	
MATRIX INTEGRA WND THIN 4X5IN	Q4108	HCPCS	both			12154	51.01	UHC	Medicare		44.36				44.16	11546.3	fee schedule	
MATRIX INTEGRA WND THIN 4X5IN	Q4108	HCPCS	both			12154	51.01	UHC	Medicaid		3834.59	31.55			44.16	11546.3	percent of total billed charges	
MATRIX INTEGRA WND THIN 4X5IN	Q4108	HCPCS	both			12154	51.01	Wellcare	Medicaid		3834.59	31.55			44.16	11546.3	percent of total billed charges	
MATRIX INTEGRA WND THIN 4X5IN	Q4108	HCPCS	both			12154	51.01	Wellcare	Medicare		44.36				44.16	11546.3	fee schedule	
MATRIX INTEGRA WND THIN 4X5IN	Q4108	HCPCS	both			12154	51.01	WellPoint	WellPoint		3911.16	32.18			44.16	11546.3	percent of total billed charges	
MATRIX INTEGRA FWM 30CC	Q4114	HCPCS	inpatient			8922	1733.05	Aetna	Better Health		2814.89	31.55			1507	8475.9	percent of total billed charges	
MATRIX INTEGRA FWM 30CC	Q4114	HCPCS	inpatient			8922	1733.05	Aetna	Commercial		3390.36	38			1507	8475.9	percent of total billed charges	
MATRIX INTEGRA FWM 30CC	Q4114	HCPCS	inpatient			8922	1733.05	Aetna	Medicare		1507				1507	8475.9	fee schedule	
MATRIX INTEGRA FWM 30CC	Q4114	HCPCS	inpatient			8922	1733.05	Americare	Americare		6691.5	75			1507	8475.9	percent of total billed charges	
MATRIX INTEGRA FWM 30CC	Q4114	HCPCS	inpatient			8922	1733.05	Amerihealth	HMO/PPO		1522.35				1507	8475.9	fee schedule	
MATRIX INTEGRA FWM 30CC	Q4114	HCPCS	inpatient			8922	1733.05	Amerihealth	Medicare		1507				1507	8475.9	fee schedule	
MATRIX INTEGRA FWM 30CC	Q4114	HCPCS	inpatient			8922	1733.05	Consumer	Consumer		8475.9	95			1507	8475.9	percent of total billed charges	
MATRIX INTEGRA FWM 30CC	Q4114	HCPCS	inpatient			8922	1733.05	Corrections	Corrections		7137.6	80			1507	8475.9	percent of total billed charges	
MATRIX INTEGRA FWM 30CC	Q4114	HCPCS	inpatient			8922	1733.05	First Health	First Health		6245.4	70			1507	8475.9	percent of total billed charges	
MATRIX INTEGRA FWM 30CC	Q4114	HCPCS	inpatient			8922	1733.05	First Trenton	First Trenton		8029.8	90			1507	8475.9	percent of total billed charges	
MATRIX INTEGRA FWM 30CC	Q4114	HCPCS	inpatient			8922	1733.05	Horizon	MGD		3415.34	38.28			1507	8475.9	percent of total billed charges	
MATRIX INTEGRA FWM 30CC	Q4114	HCPCS	inpatient			8922	1733.05	Horizon	Indemnity		3415.34	38.28			1507	8475.9	percent of total billed charges	
MATRIX INTEGRA FWM 30CC	Q4114	HCPCS	inpatient			8922	1733.05	Horizon	PPO		3415.34	38.28			1507	8475.9	percent of total billed charges	
MATRIX INTEGRA FWM 30CC	Q4114	HCPCS	inpatient			8922	1733.05	Horizon	Medicare Blue		2676.6	30			1507	8475.9	percent of total billed charges	
MATRIX INTEGRA FWM 30CC	Q4114	HCPCS	inpatient			8922	1733.05	Managed Care Inc	Managed Care Inc		8029.8	90			1507	8475.9	percent of total billed charges	
MATRIX INTEGRA FWM 30CC	Q4114	HCPCS	inpatient			8922	1733.05	Multiplan	Multiplan		7137.6	80			1507	8475.9	percent of total billed charges	
MATRIX INTEGRA FWM 30CC	Q4114	HCPCS	inpatient			8922	1733.05	Qualcare	Qualcare		6691.5	75			1507	8475.9	percent of total billed charges	
MATRIX INTEGRA FWM 30CC	Q4114	HCPCS	inpatient			8922	1733.05	Three Rivers	Three Rivers		8475.9	95			1507	8475.9	percent of total billed charges	
MATRIX INTEGRA FWM 30CC	Q4114	HCPCS	inpatient			8922	1733.05	UHC	Medicare		1507				1507	8475.9	fee schedule	
MATRIX INTEGRA FWM 30CC	Q4114	HCPCS	inpatient			8922	1733.05	UHC	Medicaid		2814.89	31.55			1507	8475.9	percent of total billed charges	
MATRIX INTEGRA FWM 30CC	Q4114	HCPCS	inpatient			8922	1733.05	Wellcare	Medicaid		2814.89	31.55			1507	8475.9	percent of total billed charges	
MATRIX INTEGRA FWM 30CC	Q4114	HCPCS	inpatient			8922	1733.05	Wellcare	Medicare		1507				1507	8475.9	fee schedule	
MATRIX INTEGRA FWM 30CC	Q4114	HCPCS	inpatient			8922	1733.05	WellPoint	WellPoint		2871.1	32.18			1507	8475.9	percent of total billed charges	
IMPLANT TISSUE ALLODERM REGEN MATRIX	Q4116	HCPCS	both			35802		Aetna	Commercial		13604.76	38			64.8	34011.9	percent of total billed charges	
IMPLANT TISSUE ALLODERM REGEN MATRIX	Q4116	HCPCS	both			35802		Aetna	Better Health		11295.53	31.55			64.8	34011.9	percent of total billed charges	
IMPLANT TISSUE ALLODERM REGEN MATRIX	Q4116	HCPCS	both			35802		Aetna	Medicare		11027.02	30.8			64.8	34011.9	percent of total billed charges	
IMPLANT TISSUE ALLODERM REGEN MATRIX	Q4116	HCPCS	both			35802		Americare	Americare		26851.5	75			64.8	34011.9	percent of total billed charges	
IMPLANT TISSUE ALLODERM REGEN MATRIX	Q4116	HCPCS	both			35802		Amerihealth	HMO/PPO		23271.3	65			64.8	34011.9	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.															
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true														
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
IMPLANT TISSUE ALLODERM REGEN MATRIX	Q4116	HCPCS	both			35802		Consumer	Consumer		34011.9	95			64.8	34011.9	percent of total billed charges	
IMPLANT TISSUE ALLODERM REGEN MATRIX	Q4116	HCPCS	both			35802		Corrections	Corrections		28641.6	80			64.8	34011.9	percent of total billed charges	
IMPLANT TISSUE ALLODERM REGEN MATRIX	Q4116	HCPCS	both			35802		First Health	First Health		25061.4	70			64.8	34011.9	percent of total billed charges	
IMPLANT TISSUE ALLODERM REGEN MATRIX	Q4116	HCPCS	both			35802		First Trenton	First Trenton		32221.8	90			64.8	34011.9	percent of total billed charges	
IMPLANT TISSUE ALLODERM REGEN MATRIX	Q4116	HCPCS	both			35802		Horizon	MGD		13705.01	38.28			64.8	34011.9	percent of total billed charges	
IMPLANT TISSUE ALLODERM REGEN MATRIX	Q4116	HCPCS	both			35802		Horizon	Indemnity		13705.01	38.28			64.8	34011.9	percent of total billed charges	
IMPLANT TISSUE ALLODERM REGEN MATRIX	Q4116	HCPCS	both			35802		Horizon	Medicare Blue		10740.6	30			64.8	34011.9	percent of total billed charges	
IMPLANT TISSUE ALLODERM REGEN MATRIX	Q4116	HCPCS	both			35802		Horizon	PPO		13705.01	38.28			64.8	34011.9	percent of total billed charges	
IMPLANT TISSUE ALLODERM REGEN MATRIX	Q4116	HCPCS	both			35802		Horizon	NJ Health		14320.8	40			64.8	34011.9	percent of total billed charges	
IMPLANT TISSUE ALLODERM REGEN MATRIX	Q4116	HCPCS	both			35802		Managed Care Inc	Managed Care Inc		32221.8	90			64.8	34011.9	percent of total billed charges	
IMPLANT TISSUE ALLODERM REGEN MATRIX	Q4116	HCPCS	both			35802		Multiplan	Multiplan		28641.6	80			64.8	34011.9	percent of total billed charges	
IMPLANT TISSUE ALLODERM REGEN MATRIX	Q4116	HCPCS	both			35802		Qualcare	Qualcare		14320.8	40			64.8	34011.9	percent of total billed charges	
IMPLANT TISSUE ALLODERM REGEN MATRIX	Q4116	HCPCS	both			35802		Three Rivers	Three Rivers		34011.9	95			64.8	34011.9	percent of total billed charges	
IMPLANT TISSUE ALLODERM REGEN MATRIX	Q4116	HCPCS	both			35802		UHC	Medicaid		11295.53	31.55			64.8	34011.9	percent of total billed charges	
IMPLANT TISSUE ALLODERM REGEN MATRIX	Q4116	HCPCS	both			35802		Wellcare	Medicaid		11295.53	31.55			64.8	34011.9	percent of total billed charges	
IMPLANT TISSUE ALLODERM REGEN MATRIX	Q4116	HCPCS	both			35802		WellPoint	WellPoint		11521.08	32.18			64.8	34011.9	percent of total billed charges	
MICROMATRIX,500MG, MM0500	Q4118	HCPCS	both			7292		2.93 Aetna	Medicare		2.55				2.55	6927.4	fee schedule	
MICROMATRIX,500MG, MM0500	Q4118	HCPCS	both			7292		2.93 Aetna	Better Health		2300.63	31.55			2.55	6927.4	percent of total billed charges	
MICROMATRIX,500MG, MM0500	Q4118	HCPCS	both			7292		2.93 Aetna	Commercial		2770.96	38			2.55	6927.4	percent of total billed charges	
MICROMATRIX,500MG, MM0500	Q4118	HCPCS	both			7292		2.93 Americare	Americare		5469	75			2.55	6927.4	percent of total billed charges	
MICROMATRIX,500MG, MM0500	Q4118	HCPCS	both			7292		2.93 Amerihealth	Medicare		2.55				2.55	6927.4	fee schedule	
MICROMATRIX,500MG, MM0500	Q4118	HCPCS	both			7292		2.93 Amerihealth	HMO/PPO		3.26				2.55	6927.4	fee schedule	
MICROMATRIX,500MG, MM0500	Q4118	HCPCS	both			7292		2.93 Consumer	Consumer		6927.4	95			2.55	6927.4	percent of total billed charges	
MICROMATRIX,500MG, MM0500	Q4118	HCPCS	both			7292		2.93 Corrections	Corrections		5833.6	80			2.55	6927.4	percent of total billed charges	
MICROMATRIX,500MG, MM0500	Q4118	HCPCS	both			7292		2.93 First Health	First Health		5104.4	70			2.55	6927.4	percent of total billed charges	
MICROMATRIX,500MG, MM0500	Q4118	HCPCS	both			7292		2.93 First Trenton	First Trenton		6562.8	90			2.55	6927.4	percent of total billed charges	
MICROMATRIX,500MG, MM0500	Q4118	HCPCS	both			7292		2.93 Horizon	Indemnity		2791.38	38.28			2.55	6927.4	percent of total billed charges	
MICROMATRIX,500MG, MM0500	Q4118	HCPCS	both			7292		2.93 Horizon	NJ Health		2916.8	40			2.55	6927.4	percent of total billed charges	
MICROMATRIX,500MG, MM0500	Q4118	HCPCS	both			7292		2.93 Horizon	MGD		2791.38	38.28			2.55	6927.4	percent of total billed charges	
MICROMATRIX,500MG, MM0500	Q4118	HCPCS	both			7292		2.93 Horizon	PPO		2791.36	38.28			2.55	6927.4	percent of total billed charges	
MICROMATRIX,500MG, MM0500	Q4118	HCPCS	both			7292		2.93 Horizon	Medicare Blue		2187.6	30			2.55	6927.4	percent of total billed charges	
MICROMATRIX,500MG, MM0500	Q4118	HCPCS	both			7292		2.93 Managed Care Inc	Managed Care Inc		6562.8	90			2.55	6927.4	percent of total billed charges	
MICROMATRIX,500MG, MM0500	Q4118	HCPCS	both			7292		2.93 Multiplan	Multiplan		5833.6	80			2.55	6927.4	percent of total billed charges	
MICROMATRIX,500MG, MM0500	Q4118	HCPCS	both			7292		2.93 Qualcare	Qualcare		2916.8	40			2.55	6927.4	percent of total billed charges	
MICROMATRIX,500MG, MM0500	Q4118	HCPCS	both			7292		2.93 Three Rivers	Three Rivers		6927.4	95			2.55	6927.4	percent of total billed charges	
MICROMATRIX,500MG, MM0500	Q4118	HCPCS	both			7292		2.93 UHC	Medicare		2.55				2.55	6927.4	fee schedule	
MICROMATRIX,500MG, MM0500	Q4118	HCPCS	both			7292		2.93 UHC	Medicaid		2300.63	31.55			2.55	6927.4	percent of total billed charges	
MICROMATRIX,500MG, MM0500	Q4118	HCPCS	both			7292		2.93 Wellcare	Medicaid		2300.63	31.55			2.55	6927.4	percent of total billed charges	
MICROMATRIX,500MG, MM0500	Q4118	HCPCS	both			7292		2.93 Wellcare	Medicare		2.55				2.55	6927.4	fee schedule	
MICROMATRIX,500MG, MM0500	Q4118	HCPCS	both			7292		2.93 WellPoint	WellPoint		2346.57	32.18			2.55	6927.4	percent of total billed charges	
GRAFT MATRISTEM WOUND 10X15	Q4119	HCPCS	outpatient			2256		Aetna	Medicare		694.85	30.8			676.8	2143.2	percent of total billed charges	
GRAFT MATRISTEM WOUND 10X15	Q4119	HCPCS	outpatient			2256		Aetna	Better Health		711.77	31.55			676.8	2143.2	percent of total billed charges	
GRAFT MATRISTEM WOUND 10X15	Q4119	HCPCS	outpatient			2256		Aetna	Commercial		857.28	38			676.8	2143.2	percent of total billed charges	
GRAFT MATRISTEM WOUND 10X15	Q4119	HCPCS	outpatient			2256		Americare	Americare		1692	75			676.8	2143.2	percent of total billed charges	
GRAFT MATRISTEM WOUND 10X15	Q4119	HCPCS	outpatient			2256		Amerihealth	HMO/PPO		1466.4	65			676.8	2143.2	percent of total billed charges	
GRAFT MATRISTEM WOUND 10X15	Q4119	HCPCS	outpatient			2256		Consumer	Consumer		2143.2	95			676.8	2143.2	percent of total billed charges	
GRAFT MATRISTEM WOUND 10X15	Q4119	HCPCS	outpatient			2256		Corrections	Corrections		1804.8	80			676.8	2143.2	percent of total billed charges	
GRAFT MATRISTEM WOUND 10X15	Q4119	HCPCS	outpatient			2256		First Health	First Health		1579.2	70			676.8	2143.2	percent of total billed charges	
GRAFT MATRISTEM WOUND 10X15	Q4119	HCPCS	outpatient			2256		First Trenton	First Trenton		2030.4	90			676.8	2143.2	percent of total billed charges	
GRAFT MATRISTEM WOUND 10X15	Q4119	HCPCS	outpatient			2256		Horizon	Medicare Blue		676.8	30			676.8	2143.2	percent of total billed charges	
GRAFT MATRISTEM WOUND 10X15	Q4119	HCPCS	outpatient			2256		Horizon	Indemnity		863.6	38.28			676.8	2143.2	percent of total billed charges	
GRAFT MATRISTEM WOUND 10X15	Q4119	HCPCS	outpatient			2256		Horizon	MGD		863.6	38.28			676.8	2143.2	percent of total billed charges	
GRAFT MATRISTEM WOUND 10X15	Q4119	HCPCS	outpatient			2256		Horizon	PPO		863.6	38.28			676.8	2143.2	percent of total billed charges	
GRAFT MATRISTEM WOUND 10X15	Q4119	HCPCS	outpatient			2256		Managed Care Inc	Managed Care Inc		2030.4	90			676.8	2143.2	percent of total billed charges	
GRAFT MATRISTEM WOUND 10X15	Q4119	HCPCS	outpatient			2256		Multiplan	Multiplan		1804.8	80			676.8	2143.2	percent of total billed charges	
GRAFT MATRISTEM WOUND 10X15	Q4119	HCPCS	outpatient			2256		Qualcare	Qualcare		1692	75			676.8	2143.2	percent of total billed charges	
GRAFT MATRISTEM WOUND 10X15	Q4119	HCPCS	outpatient			2256		Three Rivers	Three Rivers		2143.2	95			676.8	2143.2	percent of total billed charges	
GRAFT MATRISTEM WOUND 10X15	Q4119	HCPCS	outpatient			2256		UHC	Medicaid		711.77	31.55			676.8	2143.2	percent of total billed charges	
GRAFT MATRISTEM WOUND 10X15	Q4119	HCPCS	outpatient			2256		Wellcare	Medicaid		711.77	31.55			676.8	2143.2	percent of total billed charges	
GRAFT MATRISTEM WOUND 10X15	Q4119	HCPCS	outpatient			2256		WellPoint	WellPoint		725.98	32.18			676.8	2143.2	percent of total billed charges	
DERMACELL AWM 5X9CM	Q4122	HCPCS	outpatient			9984		Aetna	Medicare		3075.07	30.8			2995.2	9484.8	percent of total billed charges	
DERMACELL AWM 5X9CM	Q4122	HCPCS	outpatient			9984		Aetna	Better Health		3149.95	31.55			2995.2	9484.8	percent of total billed charges	
DERMACELL AWM 5X9CM	Q4122	HCPCS	outpatient			9984		Aetna	Commercial		3793.92	38			2995.2	9484.8	percent of total billed charges	
DERMACELL AWM 5X9CM	Q4122	HCPCS	outpatient			9984		Americare	Americare		7488	75			2995.2	9484.8	percent of total billed charges	
DERMACELL AWM 5X9CM	Q4122	HCPCS	outpatient			9984		Amerihealth	HMO/PPO		6489.6	65			2995.2	9484.8	percent of total billed charges	
DERMACELL AWM 5X9CM	Q4122	HCPCS	outpatient			9984		Consumer	Consumer		9484.8	95			2995.2	9484.8	percent of total billed charges	
DERMACELL AWM 5X9CM	Q4122	HCPCS	outpatient			9984		Corrections	Corrections		7987.2	80			2995.2	9484.8	percent of total billed charges	
DERMACELL AWM 5X9CM	Q4122	HCPCS	outpatient			9984		First Health	First Health		6988.8	70			2995.2	9484.8	percent of total billed charges	
DERMACELL AWM 5X9CM	Q4122	HCPCS	outpatient			9984		First Trenton	First Trenton		8985.6	90			2995.2	9484.8	percent of total billed charges	
DERMACELL AWM 5X9CM	Q4122	HCPCS	outpatient			9984		Horizon	MGD		3821.88	38.28			2995.2	9484.8	percent of total billed charges	
DERMACELL AWM 5X9CM	Q4122	HCPCS	outpatient			9984		Horizon	Indemnity		3821.88	38.28			2995.2	9484.8	percent of total billed charges	
DERMACELL AWM 5X9CM	Q4122	HCPCS	outpatient			9984		Horizon	Medicare Blue		2995.2	30			2995.2	9484.8	percent of total billed charges	
DERMACELL AWM 5X9CM	Q4122	HCPCS	outpatient			9984		Horizon	PPO		3821.88	38.28			2995.2	9484.8	percent of total billed charges	
DERMACELL AWM 5X9CM	Q4122	HCPCS	outpatient			9984		Managed Care Inc	Managed Care Inc		8985.6	90			2995.2	9484.8	percent of total billed charges	
DERMACELL AWM 5X9CM	Q4122	HCPCS	outpatient			9984		Multiplan	Multiplan		7987.2	80			2995.2	9484.8	percent of total billed charges	
DERMACELL AWM 5X9CM	Q4122	HCPCS	outpatient			9984		Qualcare	Qualcare		7488	75			2995.2	9484.8	percent of total billed charges	
DERMACELL AWM 5X9CM	Q4122	HCPCS	outpatient			9984		Three Rivers	Three Rivers		9484.8	95			2995.2	9484.8	percent of total billed charges	
DERMACELL AWM 5X9CM	Q4122	HCPCS	outpatient			9984		UHC	Medicaid		3149.95	31.55			2995.2	9484.8	percent of total billed charges	
DERMACELL AWM 5X9CM	Q4122	HCPCS	outpatient			9984		Wellcare	Medicaid		3149.95	31.55			2995.2	9484.8	percent of total billed charges	
DERMACELL AWM 5X9CM	Q4122	HCPCS	outpatient			9984		WellPoint	WellPoint		3212.85	32.18			2995.2	9484.8	percent of total billed charges	
ARTHROFLEX 40X70X3MM(84SCM)	Q4125	HCPCS	outpatient			12129		Aetna	Commercial		4609.02	38			3638.7	11522.55	percent of total billed charges	
ARTHROFLEX 40X70X3MM(84SCM)	Q4125	HCPCS	outpatient			12129		Aetna	Better Health		3826.7	31.55			3638.7	11522.55	percent of total billed charges	
ARTHROFLEX 40X70X3MM(84SCM)	Q4125	HCPCS	outpatient			12129		Aetna	Medicare		3735.73	30.8			3638.7	11522.55	percent of total billed charges	
ARTHROFLEX 40X70X3MM(84SCM)	Q4125	HCPCS	outpatient			12129		Americare	Americare		9096.75	75			3638.7	11522.55	percent of total billed charges	
ARTHROFLEX 40X70X3MM(84SCM)	Q4125	HCPCS	outpatient			12129		Amerihealth	HMO/PPO		7883.85	65			3638.7	11522.55	percent of total billed charges	
ARTHROFLEX 40X70X3MM(84SCM)	Q4125	HCPCS	outpatient			12129		Consumer	Consumer		11522.55	95			3638.7	11522.55	percent of total billed charges	
ARTHROFLEX 40X70X3MM(84SCM)	Q4125	HCPCS	outpatient			12129		Corrections	Corrections		9703.2	80			3638.7	11522.55	percent of total billed charges	
ARTHROFLEX 40X70X3MM(84SCM)	Q4125	HCPCS	outpatient			12129		First Health	First Health		8490.3	70			3638.7	11522.55	percent of total billed charges	
ARTHROFLEX 40X70X3MM(84SCM)	Q4125	HCPCS	outpatient			12129		First Trenton	First Trenton		10916.1	90			3638.7	11522.55	percent of total billed charges	
ARTHROFLEX 40X70X3MM(84SCM)	Q4125	HCPCS	outpatient			12129		Horizon	MGD		4642.98	38.28			3638.7	11522.55	percent of total billed charges	
ARTHROFLEX 40X70X3MM(84SCM)	Q4125	HCPCS	outpatient			12129		Horizon	Indemnity		4642.98	38.28			3638.7	11522.55	percent of total billed charges	
ARTHROFLEX 40X70X3MM(84SCM)	Q4125	HCPCS	outpatient			12129		Horizon	PPO		4642.98	38.28			3638.7	11522.55	percent of total billed charges	
ARTHROFLEX 40X70X3MM(84SCM)	Q4125	HCPCS	outpatient			12129		Horizon	Medicare Blue		3638.7	30			3638.7	11522.55	percent of total billed charges	
ARTHROFLEX 40X70X3MM(84SCM)	Q4125	HCPCS	outpatient			12129		Managed Care Inc	Managed Care Inc		10916.1	90			3638.7	11522.55	percent of total billed charges	
ARTHROFLEX 40X70X3MM(84SCM)	Q4125	HCPCS	outpatient			12129		Multiplan	Multiplan		9703.2	80			3638.7	11522.55	percent of total billed charges	
ARTHROFLEX 40X70X3MM(84SCM)	Q4125	HCPCS	outpatient			12129		Qualcare	Qualcare		9096.75	75			3638.7	11522.55	percent of total billed charges	
ARTHROFLEX 40X70X3MM(84SCM)	Q4125	HCPCS	outpatient			12129		Three Rivers	Three Rivers		11522.55	95			3638.7	11522.55	percent of total billed charges	
ARTHROFLEX 40X70X3MM(84SCM)	Q4125	HCPCS	outpatient			12129		UHC	Medicaid		3826.7	31.55			3638.7	11522.55	percent of total billed charges	
ARTHROFLEX 40X70X3MM(84SCM)	Q4125	HCPCS	outpatient			12129		Wellcare	Medicaid		3826.7	31.55			3638.7	11522.55	percent of total billed charges	
ARTHROFLEX 40X70X3MM(84SCM)	Q4125	HCPCS	outpatient			12129		WellPoint	WellPoint		3903.11	32.18			3638.7	11522.55	percent of total billed charges	
IMPLANT FLEXHD DIAMOND ULTRA THIC W-22C	Q4128	HCPCS	outpatient			56379		35.34 Aetna	Medicare		30.73				30.73	53560.05	fee schedule	
IMPLANT FLEXHD DIAMOND ULTRA THIC W-22C	Q4128	HCPCS	outpatient			56379		35.34 Aetna	Better Health		17787.57	31.55			30.73	53560.05	percent of total billed charges	
IMPLANT FLEXHD DIAMOND ULTRA THIC W-22C	Q4128	HCPCS	outpatient			56379		35.34 Aetna	Commercial		21424.02	38			30.73	53560.05	percent of total billed charges	
IMPLANT FLEXHD DIAMOND ULTRA THIC W-22C	Q4128	HCPCS	outpatient			56379		35.34 Americare	Americare		42284.25	75			30.73	53560.05	percent of total billed charges	
IMPLANT FLEXHD DIAMOND ULTRA THIC W-22C	Q4128	HCPCS	outpatient			56379		35.34 Amerihealth	HMO/PPO		36646.35	65			30.73	53560.05	percent of total billed charges	
IMPLANT FLEXHD DIAMOND ULTRA THIC W-22C	Q4128	HCPCS	outpatient			56379		35.34 Amerihealth	Medicare		30.73				30.73	53560.05	fee schedule	
IMPLANT FLEXHD DIAMOND ULTRA THIC W-22C	Q4128	HCPCS	outpatient			56379		35.34 Consumer	Consumer		53560.05	95			30.73	53560.05	percent of total billed charges	
IMPLANT FLEXHD DIAMOND ULTRA THIC W-22C	Q4128	HCPCS	outpatient			56379		35.34 Corrections	Corrections		45103.2	80			30.73	53560.05	percent of total billed charges	
IMPLANT FLEXHD DIAMOND ULTRA THIC W-22C	Q4128	HCPCS	outpatient			56379		35.34 First Health	First Health		39465.3	70			30.73	53560.05	percent of total billed charges	
IMPLANT FLEXHD DIAMOND ULTRA THIC W-22C	Q4128	HCPCS	outpatient			56379		35.34 First Trenton	First Trenton		50741.1	90			30.73	53560.05	percent of total billed charges	
IMPLANT FLEXHD DIAMOND ULTRA THIC W-22C	Q4128	HCPCS	outpatient			56379		35.34 Horizon	MGD		21581.88	38.28			30.73	53560.05	percent of total billed charges	
IMPLANT FLEXHD DIAMOND ULTRA THIC W-22C	Q4128	HCPCS	outpatient			56379		35.34 Horizon	Indemnity		21581.88	38.28			30.73	53560.05	percent of total billed charges	
IMPLANT FLEXHD DIAMOND ULTRA THIC W-22C	Q4128	HCPCS	outpatient			56379		35.34 Horizon	Medicare Blue		16913.7	30			30.73	53560.05	percent of total billed charges	
IMPLANT FLEXHD DIAMOND ULTRA THIC W-22C	Q4128	HCPCS	outpatient			56379		35.34 Horizon	PPO		21581.88	38.28			30.73	53560.05	percent of total billed charges	
IMPLANT FLEXHD DIAMOND ULTRA THIC W-22C	Q4128	HCPCS	outpatient			56379		35.34 Managed Care Inc	Managed Care Inc		50741.1	90			30.73	53560.05	percent of total billed charges	
IMPLANT FLEXHD DIAMOND ULTRA THIC W-22C	Q4128	HCPCS	outpatient			56379		35.34 Multiplan	Multiplan		45103.2	80			30.73	53560.05	percent of total billed charges	
IMPLANT FLEXHD DIAMOND ULTRA THIC W-22C	Q4128	HCPCS	outpatient			56379		35.34 Qualcare	Qualcare		42284.25	75			30.73	53560.05	percent of total billed charges	
IMPLANT FLEXHD DIAMOND ULTRA THIC W-22C	Q4128	HCPCS	outpatient			56379		35.34 Three Rivers	Three Rivers		53560.05	95			30.73	53560.05	percent of total billed charges	
IMPLANT FLEXHD DIAMOND ULTRA THIC W-22C	Q4128	HCPCS	outpatient			56379		35.34 UHC	Medicaid		17787.57	31.55			30.73	53560.05	percent of total billed charges	
IMPLANT FLEXHD DIAMOND ULTRA THIC W-22C	Q4128	HCPCS	outpatient			56379		35.34 UHC	Medicare		30.73				30.73	53560.05	fee schedule	
IMPLANT FLEXHD DIAMOND ULTRA THIC W-22C	Q4128	HCPCS	outpatient			56379		35.34 Wellcare	Medicaid		17787.57	31.55			30.73	53560.05	percent of total billed charges	
IMPLANT FLEXHD DIAMOND ULTRA THIC W-22C	Q4128	HCPCS	outpatient			56379		35.34 Wellcare	Medicare		30.73				30.73	53560.05	fee schedule	
IMPLANT FLEXHD DIAMOND ULTRA THIC W-22C	Q4128	HCPCS	outpatient			56379		35.34 WellPoint	WellPoint		18142.76	32.18			30.73	53560.05	percent of total billed charges	
STRATTICE TM 6X16CM(96SCM)	Q4130	HCPCS	both			92004		Aetna	Better Health		29027.26	31.55			125.1	87403.8	percent of total billed charges	
STRATTICE TM 6X16CM(96SCM)	Q4130	HCPCS	both			92004		Aetna	Medicare		28337.23	30.8			125.1	87403.8	percent of total billed charges	
STRATTICE TM 6X16CM(96SCM)	Q4130	HCPCS	both			92004		Aetna	Commercial		34961.52	38			125.1	87403.8	percent of total billed charges	
STRATTICE TM 6X16CM(96SCM)	Q4130	HCPCS	both			92004		Americare	Americare		69003	75			125.1	87403.8	percent of total billed charges	
STRATTICE TM 6X16CM(96SCM)	Q4130	HCPCS	both			92004		Amerihealth	HMO/PPO		59802.6	65			125.1	87403.8	percent of total billed charges	
STRATTICE TM 6X16CM(96SCM)	Q4130	HCPCS	both			92004		Consumer	Consumer		87403.8	95			125.1	87403.8	percent of total billed charges	
STRATTICE TM 6X16CM(96SCM)	Q4130	HCPCS	both			92004		Corrections	Corrections		73603.2	80			125.1	87403.8	percent of total billed charges	
STRATTICE TM 6X16CM(96SCM)	Q4130	HCPCS	both			92004		First Health	First Health		64402.8	70			125.1	87403.8	percent of total billed charges	
STRATTICE TM 6X16CM(96SCM)	Q4130	HCPCS	both			92004		First Trenton	First Trenton		82803.6	90			125.1	87403.8	percent of total billed charges	
STRATTICE TM 6X16CM(96SCM)	Q4130	HCPCS	both			92004		Horizon	Medicare Blue		27601.2	30			125.1	87403.8	percent of total billed charges	
STRATTICE TM 6X16CM(96SCM)	Q4130	HCPCS	both			92004		Horizon	NJ Health		36801.6	40			125.1	87403.8	percent of total billed charges	
STRATTICE TM 6X16CM(96SCM)	Q4130	HCPCS	both			92004		Horizon	MGD		35219.13	38.28			125.1	87403.8	percent of total billed charges	
STRATTICE TM 6X16CM(96SCM)	Q4130	HCPCS	both			92004		Horizon	Indemnity		35219.13	38.28			125.1	87403.8	percent of total billed charges	
STRATTICE TM 6X16CM(96SCM)	Q4130	HCPCS	both			92004		Horizon	PPO		35219.13	38.28			125.1	87403.8	percent of total billed charges	
STRATTICE TM 6X16CM(96SCM)	Q4130	HCPCS	both			92004		Managed Care Inc	Managed Care Inc		82803.6	90			125.1	87403.8	percent of total billed charges	
STRATTICE TM 6X16CM(96SCM)	Q4130	HCPCS	both			92004		Multiplan	Multiplan		73603.2	80			125.1	87403.8	percent of total billed charges	
STRATTICE TM 6X16CM(96SCM)	Q4130	HCPCS	both			92004		Qualcare	Qualcare		36801.6	40			125.1	87403.8	percent of total billed charges	
STRATTICE TM 6X16CM(96SCM)	Q4130	HCPCS	both			92004		Three Rivers	Three Rivers		87403.8	95			125.1	87403.8	percent of total billed charges	
STRATTICE TM 6X16CM(96SCM)	Q4130	HCPCS	both			92004		UHC	Medicaid		29027.26	31.55			125.1	87403.8	percent of total billed charges	
STRATTICE TM 6X16CM(96SCM)	Q4130	HCPCS	both			92004		Wellcare	Medicaid		29027.26	31.55			125.1	87403.8	percent of total billed charges	
STRATTICE TM 6X16CM(96SCM)	Q4130	HCPCS	both			92004		WellPoint	WellPoint		29606.89	32.18			125.1	87403.8	percent of total billed charges	
XCM BIO TISSUE MTRX 20X30CM	Q4142	HCPCS	inpatient			60611		Aetna	Better Health		19122.77	31.55			8618.4	57580.45	percent of total billed charges	
XCM BIO TISSUE MTRX 20X30CM	Q4142	HCPCS	inpatient			60611		Aetna	Commercial		23032.18	38			8618.4	57580.45	percent of total billed charges	
XCM BIO TISSUE MTRX 20X30CM	Q4142	HCPCS	inpatient			60611		Aetna	Medicare		18668.19	30.8			8618.4	57580.45	percent of total billed charges	
XCM BIO TISSUE MTRX 20X30CM	Q4142	HCPCS	inpatient			60611		Americare	Americare		45458.25	75			8618.4	57580.45	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.																	
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true																
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
XCM BIO TISSUE MTRX 20X30CM	Q4142	HCPCS	inpatient			60611		Amerihealth	HMO/PPO		39397.15	65			8618.4	57580.45	percent of total billed charges	
XCM BIO TISSUE MTRX 20X30CM	Q4142	HCPCS	inpatient			60611		Consumer	Consumer		57580.45	95			8618.4	57580.45	percent of total billed charges	
XCM BIO TISSUE MTRX 20X30CM	Q4142	HCPCS	inpatient			60611		Corrections	Corrections		48488.8	80			8618.4	57580.45	percent of total billed charges	
XCM BIO TISSUE MTRX 20X30CM	Q4142	HCPCS	inpatient			60611		First Health	First Health		42427.7	70			8618.4	57580.45	percent of total billed charges	
XCM BIO TISSUE MTRX 20X30CM	Q4142	HCPCS	inpatient			60611		First Trenton	First Trenton		54549.9	90			8618.4	57580.45	percent of total billed charges	
XCM BIO TISSUE MTRX 20X30CM	Q4142	HCPCS	inpatient			60611		Horizon	Medicare Blue		18183.3	30			8618.4	57580.45	percent of total billed charges	
XCM BIO TISSUE MTRX 20X30CM	Q4142	HCPCS	inpatient			60611		Horizon	Indemnity		23201.89	38.28			8618.4	57580.45	percent of total billed charges	
XCM BIO TISSUE MTRX 20X30CM	Q4142	HCPCS	inpatient			60611		Horizon	MGD		23201.89	38.28			8618.4	57580.45	percent of total billed charges	
XCM BIO TISSUE MTRX 20X30CM	Q4142	HCPCS	inpatient			60611		Horizon	PPO		23201.89	38.28			8618.4	57580.45	percent of total billed charges	
XCM BIO TISSUE MTRX 20X30CM	Q4142	HCPCS	inpatient			60611		Managed Care Inc	Managed Care Inc		54549.9	90			8618.4	57580.45	percent of total billed charges	
XCM BIO TISSUE MTRX 20X30CM	Q4142	HCPCS	inpatient			60611		Multiplan	Multiplan		48488.8	80			8618.4	57580.45	percent of total billed charges	
XCM BIO TISSUE MTRX 20X30CM	Q4142	HCPCS	inpatient			60611		Qualcare	Qualcare		45459.25	75			8618.4	57580.45	percent of total billed charges	
XCM BIO TISSUE MTRX 20X30CM	Q4142	HCPCS	inpatient			60611		Three Rivers	Three Rivers		57580.45	95			8618.4	57580.45	percent of total billed charges	
XCM BIO TISSUE MTRX 20X30CM	Q4142	HCPCS	inpatient			60611		UHC	Medicaid		19122.77	31.55			8618.4	57580.45	percent of total billed charges	
XCM BIO TISSUE MTRX 20X30CM	Q4142	HCPCS	inpatient			60611		Wellcare	Medicaid		19122.77	31.55			8618.4	57580.45	percent of total billed charges	
XCM BIO TISSUE MTRX 20X30CM	Q4142	HCPCS	inpatient			60611		WellPoint	WellPoint		19604.62	32.18			8618.4	57580.45	percent of total billed charges	
PUTTY, TENSIX DBM 2.5CC	Q4146	HCPCS	both			4068		Aetna	Commercial		1545.84	38			1220.4	3864.6	percent of total billed charges	
PUTTY, TENSIX DBM 2.5CC	Q4146	HCPCS	both			4068		Aetna	Better Health		1283.45	31.55			1220.4	3864.6	percent of total billed charges	
PUTTY, TENSIX DBM 2.5CC	Q4146	HCPCS	both			4068		Aetna	Medicare		1252.94	30.8			1220.4	3864.6	percent of total billed charges	
PUTTY, TENSIX DBM 2.5CC	Q4146	HCPCS	both			4068		Americare	Americare		3051	75			1220.4	3864.6	percent of total billed charges	
PUTTY, TENSIX DBM 2.5CC	Q4146	HCPCS	both			4068		Amerihealth	HMO/PPO		2644.2	65			1220.4	3864.6	percent of total billed charges	
PUTTY, TENSIX DBM 2.5CC	Q4146	HCPCS	both			4068		Consumer	Consumer		3864.6	95			1220.4	3864.6	percent of total billed charges	
PUTTY, TENSIX DBM 2.5CC	Q4146	HCPCS	both			4068		Corrections	Corrections		3254.4	80			1220.4	3864.6	percent of total billed charges	
PUTTY, TENSIX DBM 2.5CC	Q4146	HCPCS	both			4068		First Health	First Health		2847.6	70			1220.4	3864.6	percent of total billed charges	
PUTTY, TENSIX DBM 2.5CC	Q4146	HCPCS	both			4068		First Trenton	First Trenton		3661.2	90			1220.4	3864.6	percent of total billed charges	
PUTTY, TENSIX DBM 2.5CC	Q4146	HCPCS	both			4068		Horizon	MGD		1557.23	38.28			1220.4	3864.6	percent of total billed charges	
PUTTY, TENSIX DBM 2.5CC	Q4146	HCPCS	both			4068		Horizon	Indemnity		1557.23	38.28			1220.4	3864.6	percent of total billed charges	
PUTTY, TENSIX DBM 2.5CC	Q4146	HCPCS	both			4068		Horizon	Medicare Blue		1220.4	30			1220.4	3864.6	percent of total billed charges	
PUTTY, TENSIX DBM 2.5CC	Q4146	HCPCS	both			4068		Horizon	PPO		1557.23	38.28			1220.4	3864.6	percent of total billed charges	
PUTTY, TENSIX DBM 2.5CC	Q4146	HCPCS	both			4068		Managed Care Inc	Managed Care Inc		3661.2	90			1220.4	3864.6	percent of total billed charges	
PUTTY, TENSIX DBM 2.5CC	Q4146	HCPCS	both			4068		Multiplan	Multiplan		3254.4	80			1220.4	3864.6	percent of total billed charges	
PUTTY, TENSIX DBM 2.5CC	Q4146	HCPCS	both			4068		Qualcare	Qualcare		3051	75			1220.4	3864.6	percent of total billed charges	
PUTTY, TENSIX DBM 2.5CC	Q4146	HCPCS	both			4068		Three Rivers	Three Rivers		3864.6	95			1220.4	3864.6	percent of total billed charges	
PUTTY, TENSIX DBM 2.5CC	Q4146	HCPCS	both			4068		UHC	Medicaid		1283.45	31.55			1220.4	3864.6	percent of total billed charges	
PUTTY, TENSIX DBM 2.5CC	Q4146	HCPCS	both			4068		Wellcare	Medicaid		1283.45	31.55			1220.4	3864.6	percent of total billed charges	
PUTTY, TENSIX DBM 2.5CC	Q4146	HCPCS	both			4068		WellPoint	WellPoint		1309.08	32.18			1220.4	3864.6	percent of total billed charges	
IMPLANT TISSUE NEOX AMNIOX 2.3 3.0MMX2	Q4148	HCPCS	outpatient			10809		Aetna	Better Health		3410.24	31.55			223.98	10268.55	percent of total billed charges	
IMPLANT TISSUE NEOX AMNIOX 2.3 3.0MMX2	Q4148	HCPCS	outpatient			10809		Aetna	Commercial		4107.42	38			223.98	10268.55	percent of total billed charges	
IMPLANT TISSUE NEOX AMNIOX 2.3 3.0MMX2	Q4148	HCPCS	outpatient			10809		Aetna	Medicare		3329.17	30.8			223.98	10268.55	percent of total billed charges	
IMPLANT TISSUE NEOX AMNIOX 2.3 3.0MMX2	Q4148	HCPCS	outpatient			10809		Americare	Americare		8106.75	75			223.98	10268.55	percent of total billed charges	
IMPLANT TISSUE NEOX AMNIOX 2.3 3.0MMX2	Q4148	HCPCS	outpatient			10809		Amerihealth	HMO/PPO		223.98				223.98	10268.55	fee schedule	
IMPLANT TISSUE NEOX AMNIOX 2.3 3.0MMX2	Q4148	HCPCS	outpatient			10809		Consumer	Consumer		10268.55	95			223.98	10268.55	percent of total billed charges	
IMPLANT TISSUE NEOX AMNIOX 2.3 3.0MMX2	Q4148	HCPCS	outpatient			10809		Corrections	Corrections		8647.2	80			223.98	10268.55	percent of total billed charges	
IMPLANT TISSUE NEOX AMNIOX 2.3 3.0MMX2	Q4148	HCPCS	outpatient			10809		First Health	First Health		7566.3	70			223.98	10268.55	percent of total billed charges	
IMPLANT TISSUE NEOX AMNIOX 2.3 3.0MMX2	Q4148	HCPCS	outpatient			10809		First Trenton	First Trenton		9728.1	90			223.98	10268.55	percent of total billed charges	
IMPLANT TISSUE NEOX AMNIOX 2.3 3.0MMX2	Q4148	HCPCS	outpatient			10809		Horizon	Medicare Blue		3242.7	30			223.98	10268.55	percent of total billed charges	
IMPLANT TISSUE NEOX AMNIOX 2.3 3.0MMX2	Q4148	HCPCS	outpatient			10809		Horizon	MGD		4137.69	38.28			223.98	10268.55	percent of total billed charges	
IMPLANT TISSUE NEOX AMNIOX 2.3 3.0MMX2	Q4148	HCPCS	outpatient			10809		Horizon	Indemnity		4137.69	38.28			223.98	10268.55	percent of total billed charges	
IMPLANT TISSUE NEOX AMNIOX 2.3 3.0MMX2	Q4148	HCPCS	outpatient			10809		Horizon	PPO		4137.69	38.28			223.98	10268.55	percent of total billed charges	
IMPLANT TISSUE NEOX AMNIOX 2.3 3.0MMX2	Q4148	HCPCS	outpatient			10809		Horizon	NJ Health		4323.6	40			223.98	10268.55	percent of total billed charges	
IMPLANT TISSUE NEOX AMNIOX 2.3 3.0MMX2	Q4148	HCPCS	outpatient			10809		Managed Care Inc	Managed Care Inc		9728.1	90			223.98	10268.55	percent of total billed charges	
IMPLANT TISSUE NEOX AMNIOX 2.3 3.0MMX2	Q4148	HCPCS	outpatient			10809		Multiplan	Multiplan		8647.2	80			223.98	10268.55	percent of total billed charges	
IMPLANT TISSUE NEOX AMNIOX 2.3 3.0MMX2	Q4148	HCPCS	outpatient			10809		Qualcare	Qualcare		4323.6	40			223.98	10268.55	percent of total billed charges	
IMPLANT TISSUE NEOX AMNIOX 2.3 3.0MMX2	Q4148	HCPCS	outpatient			10809		Three Rivers	Three Rivers		10268.55	95			223.98	10268.55	percent of total billed charges	
IMPLANT TISSUE NEOX AMNIOX 2.3 3.0MMX2	Q4148	HCPCS	outpatient			10809		UHC	Medicaid		3410.24	31.55			223.98	10268.55	percent of total billed charges	
IMPLANT TISSUE NEOX AMNIOX 2.3 3.0MMX2	Q4148	HCPCS	outpatient			10809		Wellcare	Medicaid		3410.24	31.55			223.98	10268.55	percent of total billed charges	
IMPLANT TISSUE NEOX AMNIOX 2.3 3.0MMX2	Q4148	HCPCS	outpatient			10809		WellPoint	WellPoint		3478.34	32.18			223.98	10268.55	percent of total billed charges	
ALLOWRAP DS WET 2X4CM(8SCM)	Q4150	HCPCS	outpatient			9363		89.3 Aetna	Commercial		3557.94	38			77.66	8894.85	percent of total billed charges	
ALLOWRAP DS WET 2X4CM(8SCM)	Q4150	HCPCS	outpatient			9363		89.3 Aetna	Better Health		2954.03	31.55			77.66	8894.85	percent of total billed charges	
ALLOWRAP DS WET 2X4CM(8SCM)	Q4150	HCPCS	outpatient			9363		89.3 Aetna	Medicare		77.66				77.66	8894.85	fee schedule	
ALLOWRAP DS WET 2X4CM(8SCM)	Q4150	HCPCS	outpatient			9363		89.3 Americare	Americare		7022.25	75			77.66	8894.85	percent of total billed charges	
ALLOWRAP DS WET 2X4CM(8SCM)	Q4150	HCPCS	outpatient			9363		89.3 Amerihealth	Medicare		77.66				77.66	8894.85	fee schedule	
ALLOWRAP DS WET 2X4CM(8SCM)	Q4150	HCPCS	outpatient			9363		89.3 Amerihealth	HMO/PPO		6085.95	65			77.66	8894.85	percent of total billed charges	
ALLOWRAP DS WET 2X4CM(8SCM)	Q4150	HCPCS	outpatient			9363		89.3 Consumer	Consumer		8894.85	95			77.66	8894.85	percent of total billed charges	
ALLOWRAP DS WET 2X4CM(8SCM)	Q4150	HCPCS	outpatient			9363		89.3 Corrections	Corrections		7490.4	80			77.66	8894.85	percent of total billed charges	
ALLOWRAP DS WET 2X4CM(8SCM)	Q4150	HCPCS	outpatient			9363		89.3 First Health	First Health		6554.1	70			77.66	8894.85	percent of total billed charges	
ALLOWRAP DS WET 2X4CM(8SCM)	Q4150	HCPCS	outpatient			9363		89.3 First Trenton	First Trenton		8426.7	90			77.66	8894.85	percent of total billed charges	
ALLOWRAP DS WET 2X4CM(8SCM)	Q4150	HCPCS	outpatient			9363		89.3 Horizon	MGD		3584.16	38.28			77.66	8894.85	percent of total billed charges	
ALLOWRAP DS WET 2X4CM(8SCM)	Q4150	HCPCS	outpatient			9363		89.3 Horizon	Indemnity		3584.16	38.28			77.66	8894.85	percent of total billed charges	
ALLOWRAP DS WET 2X4CM(8SCM)	Q4150	HCPCS	outpatient			9363		89.3 Horizon	PPO		3584.16	38.28			77.66	8894.85	percent of total billed charges	
ALLOWRAP DS WET 2X4CM(8SCM)	Q4150	HCPCS	outpatient			9363		89.3 Horizon	Medicare Blue		2808.9	30			77.66	8894.85	percent of total billed charges	
ALLOWRAP DS WET 2X4CM(8SCM)	Q4150	HCPCS	outpatient			9363		89.3 Managed Care Inc	Managed Care Inc		8426.7	90			77.66	8894.85	percent of total billed charges	
ALLOWRAP DS WET 2X4CM(8SCM)	Q4150	HCPCS	outpatient			9363		89.3 Multiplan	Multiplan		7490.4	80			77.66	8894.85	percent of total billed charges	
ALLOWRAP DS WET 2X4CM(8SCM)	Q4150	HCPCS	outpatient			9363		89.3 Qualcare	Qualcare		7022.25	75			77.66	8894.85	percent of total billed charges	
ALLOWRAP DS WET 2X4CM(8SCM)	Q4150	HCPCS	outpatient			9363		89.3 Three Rivers	Three Rivers		8894.85	95			77.66	8894.85	percent of total billed charges	
ALLOWRAP DS WET 2X4CM(8SCM)	Q4150	HCPCS	outpatient			9363		89.3 UHC	Medicaid		2954.03	31.55			77.66	8894.85	percent of total billed charges	
ALLOWRAP DS WET 2X4CM(8SCM)	Q4150	HCPCS	outpatient			9363		89.3 UHC	Medicare		77.66				77.66	8894.85	fee schedule	
ALLOWRAP DS WET 2X4CM(8SCM)	Q4150	HCPCS	outpatient			9363		89.3 Wellcare	Medicaid		2954.03	31.55			77.66	8894.85	percent of total billed charges	
ALLOWRAP DS WET 2X4CM(8SCM)	Q4150	HCPCS	outpatient			9363		89.3 Wellcare	Medicare		77.66				77.66	8894.85	fee schedule	
ALLOWRAP DS WET 2X4CM(8SCM)	Q4150	HCPCS	outpatient			9363		89.3 WellPoint	WellPoint		3013.01	32.18			77.66	8894.85	percent of total billed charges	
IMPLANT TISSUE 50MG	Q4155	HCPCS	outpatient			10594		Aetna	Commercial		4025.72	38			767.1	10064.3	percent of total billed charges	
IMPLANT TISSUE 50MG	Q4155	HCPCS	outpatient			10594		Aetna	Better Health		3342.41	31.55			767.1	10064.3	percent of total billed charges	
IMPLANT TISSUE 50MG	Q4155	HCPCS	outpatient			10594		Aetna	Medicare		3262.95	30.8			767.1	10064.3	percent of total billed charges	
IMPLANT TISSUE 50MG	Q4155	HCPCS	outpatient			10594		Americare	Americare		7945.5	75			767.1	10064.3	percent of total billed charges	
IMPLANT TISSUE 50MG	Q4155	HCPCS	outpatient			10594		Amerihealth	HMO/PPO		6886.1	65			767.1	10064.3	percent of total billed charges	
IMPLANT TISSUE 50MG	Q4155	HCPCS	outpatient			10594		Consumer	Consumer		10064.3	95			767.1	10064.3	percent of total billed charges	
IMPLANT TISSUE 50MG	Q4155	HCPCS	outpatient			10594		Corrections	Corrections		8475.2	80			767.1	10064.3	percent of total billed charges	
IMPLANT TISSUE 50MG	Q4155	HCPCS	outpatient			10594		First Health	First Health		7415.8	70			767.1	10064.3	percent of total billed charges	
IMPLANT TISSUE 50MG	Q4155	HCPCS	outpatient			10594		First Trenton	First Trenton		9534.6	90			767.1	10064.3	percent of total billed charges	
IMPLANT TISSUE 50MG	Q4155	HCPCS	outpatient			10594		Horizon	Medicare Blue		3178.2	30			767.1	10064.3	percent of total billed charges	
IMPLANT TISSUE 50MG	Q4155	HCPCS	outpatient			10594		Horizon	MGD		4055.38	38.28			767.1	10064.3	percent of total billed charges	
IMPLANT TISSUE 50MG	Q4155	HCPCS	outpatient			10594		Horizon	Indemnity		4055.38	38.28			767.1	10064.3	percent of total billed charges	
IMPLANT TISSUE 50MG	Q4155	HCPCS	outpatient			10594		Horizon	PPO		4055.38	38.28			767.1	10064.3	percent of total billed charges	
IMPLANT TISSUE 50MG	Q4155	HCPCS	outpatient			10594		Horizon	NJ Health		4237.6	40			767.1	10064.3	percent of total billed charges	
IMPLANT TISSUE 50MG	Q4155	HCPCS	outpatient			10594		Managed Care Inc	Managed Care Inc		9534.6	90			767.1	10064.3	percent of total billed charges	
IMPLANT TISSUE 50MG	Q4155	HCPCS	outpatient			10594		Multiplan	Multiplan		8475.2	80			767.1	10064.3	percent of total billed charges	
IMPLANT TISSUE 50MG	Q4155	HCPCS	outpatient			10594		Qualcare	Qualcare		4237.6	40			767.1	10064.3	percent of total billed charges	
IMPLANT TISSUE 50MG	Q4155	HCPCS	outpatient			10594		Three Rivers	Three Rivers		10064.3	95			767.1	10064.3	percent of total billed charges	
IMPLANT TISSUE 50MG	Q4155	HCPCS	outpatient			10594		UHC	Medicaid		3342.41	31.55			767.1	10064.3	percent of total billed charges	
IMPLANT TISSUE 50MG	Q4155	HCPCS	outpatient			10594		Wellcare	Medicaid		3342.41	31.55			767.1	10064.3	percent of total billed charges	
IMPLANT TISSUE 50MG	Q4155	HCPCS	outpatient			10594		WellPoint	WellPoint		3409.15	32.18			767.1	10064.3	percent of total billed charges	
IMPLANT TISSUE AMNIOX 7X7CM	Q4156	HCPCS	outpatient			10860		Aetna	Better Health		3426.33	31.55			151.72	10317	percent of total billed charges	
IMPLANT TISSUE AMNIOX 7X7CM	Q4156	HCPCS	outpatient			10860		Aetna	Commercial		4126.8	38			151.72	10317	percent of total billed charges	
IMPLANT TISSUE AMNIOX 7X7CM	Q4156	HCPCS	outpatient			10860		Aetna	Medicare		3344.88	30.8			151.72	10317	percent of total billed charges	
IMPLANT TISSUE AMNIOX 7X7CM	Q4156	HCPCS	outpatient			10860		Americare	Americare		8145	75			151.72	10317	percent of total billed charges	
IMPLANT TISSUE AMNIOX 7X7CM	Q4156	HCPCS	outpatient			10860		Amerihealth	HMO/PPO		151.72				151.72	10317	fee schedule	
IMPLANT TISSUE AMNIOX 7X7CM	Q4156	HCPCS	outpatient			10860		Consumer	Consumer		10317	95			151.72	10317	percent of total billed charges	
IMPLANT TISSUE AMNIOX 7X7CM	Q4156	HCPCS	outpatient			10860		Corrections	Corrections		8688	80			151.72	10317	percent of total billed charges	
IMPLANT TISSUE AMNIOX 7X7CM	Q4156	HCPCS	outpatient			10860		First Health	First Health		7602	70			151.72	10317	percent of total billed charges	
IMPLANT TISSUE AMNIOX 7X7CM	Q4156	HCPCS	outpatient			10860		First Trenton	First Trenton		9774	90			151.72	10317	percent of total billed charges	
IMPLANT TISSUE AMNIOX 7X7CM	Q4156	HCPCS	outpatient			10860		Horizon	Medicare Blue		3258	30			151.72	10317	percent of total billed charges	
IMPLANT TISSUE AMNIOX 7X7CM	Q4156	HCPCS	outpatient			10860		Horizon	MGD		4157.21	38.28			151.72	10317	percent of total billed charges	
IMPLANT TISSUE AMNIOX 7X7CM	Q4156	HCPCS	outpatient			10860		Horizon	PPO		4157.21	38.28			151.72	10317	percent of total billed charges	
IMPLANT TISSUE AMNIOX 7X7CM	Q4156	HCPCS	outpatient			10860		Horizon	Indemnity		4157.21	38.28			151.72	10317	percent of total billed charges	
IMPLANT TISSUE AMNIOX 7X7CM	Q4156	HCPCS	outpatient			10860		Managed Care Inc	Managed Care Inc		9774	90			151.72	10317	percent of total billed charges	
IMPLANT TISSUE AMNIOX 7X7CM	Q4156	HCPCS	outpatient			10860		Multiplan	Multiplan		8688	80			151.72	10317	percent of total billed charges	
IMPLANT TISSUE AMNIOX 7X7CM	Q4156	HCPCS	outpatient			10860		Qualcare	Qualcare		8145	75			151.72	10317	percent of total billed charges	
IMPLANT TISSUE AMNIOX 7X7CM	Q4156	HCPCS	outpatient			10860		Three Rivers	Three Rivers		10317	95			151.72	10317	percent of total billed charges	
IMPLANT TISSUE AMNIOX 7X7CM	Q4156	HCPCS	outpatient			10860		UHC	Medicaid		3426.33	31.55			151.72	10317	percent of total billed charges	
IMPLANT TISSUE AMNIOX 7X7CM	Q4156	HCPCS	outpatient			10860		Wellcare	Medicaid		3426.33	31.55			151.72	10317	percent of total billed charges	
IMPLANT TISSUE AMNIOX 7X7CM	Q4156	HCPCS	outpatient			10860		WellPoint	WellPoint		3494.75	32.18			151.72	10317	percent of total billed charges	
GRAFT,SKIN TE PER SQUARE CM	Q4200	HCPCS	outpatient			194		Aetna	Better Health		61.21	31.55			58.2	184.3	percent of total billed charges	
GRAFT,SKIN TE PER SQUARE CM	Q4200	HCPCS	outpatient			194		Aetna	Commercial		73.72	38			58.2	184.3	percent of total billed charges	
GRAFT,SKIN TE PER SQUARE CM	Q4200	HCPCS	outpatient			194		Aetna	Medicare		59.75	30.8			58.2	184.3	percent of total billed charges	
GRAFT,SKIN TE PER SQUARE CM	Q4200	HCPCS	outpatient			194		Americare	Americare		145.5	75			58.2	184.3	percent of total billed charges	
GRAFT,SKIN TE PER SQUARE CM	Q4200	HCPCS	outpatient			194		Amerihealth	HMO/PPO		126.1	65			58.2	184.3	percent of total billed charges	
GRAFT,SKIN TE PER SQUARE CM	Q4200	HCPCS	outpatient			194		Consumer	Consumer		184.3	95			58.2	184.3	percent of total billed charges	
GRAFT,SKIN TE PER SQUARE CM	Q4200	HCPCS	outpatient			194		Corrections	Corrections		155.2	80			58.2	184.3	percent of total billed charges	
GRAFT,SKIN TE PER SQUARE CM	Q4200	HCPCS	outpatient			194		First Health	First Health		135.8	70			58.2	184.3	percent of total billed charges	
GRAFT,SKIN TE PER SQUARE CM	Q4200	HCPCS	outpatient			194		First Trenton	First Trenton		174.6	90			58.2	184.3	percent of total billed charges	
GRAFT,SKIN TE PER SQUARE CM	Q4200	HCPCS	outpatient			194		Horizon	Medicare Blue		58.2	30			58.2	184.3	percent of total billed charges	
GRAFT,SKIN TE PER SQUARE CM	Q4200	HCPCS	outpatient			194		Horizon	MGD		74.26	38.28			58.2	184.3	percent of total billed charges	
GRAFT,SKIN TE PER SQUARE CM	Q4200	HCPCS	outpatient			194		Horizon	Indemnity		74.26	38.28			58.2	184.3	percent of total billed charges	
GRAFT,SKIN TE PER SQUARE CM	Q4200	HCPCS	outpatient			194		Horizon	PPO		74.26	38.28			58.2	184.3	percent of total billed charges	
GRAFT,SKIN TE PER SQUARE CM	Q4200	HCPCS	outpatient			194		Managed Care Inc	Managed Care Inc		174.6	90			58.2	184.3	percent of total billed charges	
GRAFT,SKIN TE PER SQUARE CM	Q4200	HCPCS	outpatient			194		Multiplan	Multiplan		155.2	80			58.2	184.3	percent of total billed charges	
GRAFT,SKIN TE PER SQUARE CM	Q4200	HCPCS	outpatient			194		Qualcare	Qualcare		145.5	75			58.2	184.3	percent of total billed charges	
GRAFT,SKIN TE PER SQUARE CM	Q4200	HCPCS	outpatient			194		Three Rivers	Three Rivers		184.3	95			58.2	184.3	percent of total billed charges	
GRAFT,SKIN TE PER SQUARE CM	Q4200	HCPCS	outpatient			194		UHC	Medicaid		61.21	31.55			58.2	184.3	percent of total billed charges	
GRAFT,SKIN TE PER SQUARE CM	Q4200	HCPCS	outpatient			194		Wellcare	Medicaid		61.21	31.55			58.2	184.3	percent of total billed charges	
GRAFT,SKIN TE PER SQUARE CM	Q4200	HCPCS	outpatient			194		WellPoint	WellPoint		62.43	32.18			58.2	184.3	percent of total billed charges	
GRAFT DERMISTAT PER SCM	Q4226	HCPCS	both			180		444.47 Aetna	Commercial		68.4	38			54	386.49	percent of total billed charges	
GRAFT DERMISTAT PER SCM	Q4226	HCPCS	both			180		444.47 Aetna	Medicare		386.49				54	386.49	fee schedule	
GRAFT DERMISTAT PER SCM	Q4226	HCPCS	both			180		444.47 Aetna	Better Health		56.79	31.55			54	386.49	percent of total billed charges	
GRAFT DERMISTAT PER SCM	Q4226	HCPCS	both			180		444.47 Americare	Americare		135	75			54	386.49	percent of total billed charges	
GRAFT DERMISTAT PER SCM	Q4226	HCPCS	both			180		444.47 Amerihealth	HMO/PPO		117	65			54	386.49	percent of total billed charges	
GRAFT DERMISTAT PER SCM	Q4226	HCPCS	both			180		444.47 Amerihealth	Medicare		386.49				54	386.49	fee schedule	
GRAFT DERMISTAT PER SCM	Q4226	HCPCS	both			180		444.47 Consumer	Consumer		171	95			54	386.49	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.													
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true												
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
GRAFT DERMISTAT PER SCM	Q4226	HCPCS	both			180	444.47	Corrections	Corrections		80				54	386.49	percent of total billed charges	
GRAFT DERMISTAT PER SCM	Q4226	HCPCS	both			180	444.47	First Health	First Health		126				70	386.49	percent of total billed charges	
GRAFT DERMISTAT PER SCM	Q4226	HCPCS	both			180	444.47	First Trenton	First Trenton		162				90	386.49	percent of total billed charges	
GRAFT DERMISTAT PER SCM	Q4226	HCPCS	both			180	444.47	Horizon	Medicare Blue		54				30	386.49	percent of total billed charges	
GRAFT DERMISTAT PER SCM	Q4226	HCPCS	both			180	444.47	Horizon	Indemnity		68.9				38.28	386.49	percent of total billed charges	
GRAFT DERMISTAT PER SCM	Q4226	HCPCS	both			180	444.47	Horizon	MGD		68.9				38.28	386.49	percent of total billed charges	
GRAFT DERMISTAT PER SCM	Q4226	HCPCS	both			180	444.47	Horizon	PPO		68.9				38.28	386.49	percent of total billed charges	
GRAFT DERMISTAT PER SCM	Q4226	HCPCS	both			180	444.47	Managed Care Inc	Managed Care Inc		162				90	386.49	percent of total billed charges	
GRAFT DERMISTAT PER SCM	Q4226	HCPCS	both			180	444.47	Multiplan	Multiplan		144				80	386.49	percent of total billed charges	
GRAFT DERMISTAT PER SCM	Q4226	HCPCS	both			180	444.47	Qualcare	Qualcare		135				75	386.49	percent of total billed charges	
GRAFT DERMISTAT PER SCM	Q4226	HCPCS	both			180	444.47	Three Rivers	Three Rivers		171				95	386.49	percent of total billed charges	
GRAFT DERMISTAT PER SCM	Q4226	HCPCS	both			180	444.47	UHC	Medicaid		56.79				31.55	386.49	percent of total billed charges	
GRAFT DERMISTAT PER SCM	Q4226	HCPCS	both			180	444.47	UHC	Medicare		386.49					386.49	fee schedule	
GRAFT DERMISTAT PER SCM	Q4226	HCPCS	both			180	444.47	Wellcare	Medicaid		56.79				31.55	386.49	percent of total billed charges	
GRAFT DERMISTAT PER SCM	Q4226	HCPCS	both			180	444.47	Wellcare	Medicare		386.49					386.49	fee schedule	
GRAFT DERMISTAT PER SCM	Q4226	HCPCS	both			180	444.47	WellPoint	WellPoint		57.92				32.18	386.49	percent of total billed charges	
FILGRASTIM-SNDZ (ZARXIO) 1MCG	Q5101	HCPCS	both			3	0.37	Aetna	Medicare		0.32					0.32	2.85 fee schedule	
FILGRASTIM-SNDZ (ZARXIO) 1MCG	Q5101	HCPCS	both			3	0.37	Aetna	Commercial		0.8					0.32	2.85 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FILGRASTIM-SNDZ (ZARXIO) 1MCG	Q5101	HCPCS	both			3	0.37	Aetna	Better Health		0.95				31.55	0.32	2.85 percent of total billed charges	
FILGRASTIM-SNDZ (ZARXIO) 1MCG	Q5101	HCPCS	both			3	0.37	Americare	Americare		2.25				75	0.32	2.85 percent of total billed charges	
FILGRASTIM-SNDZ (ZARXIO) 1MCG	Q5101	HCPCS	both			3	0.37	Amerihealth	Medicare		0.32					0.32	2.85 fee schedule	
FILGRASTIM-SNDZ (ZARXIO) 1MCG	Q5101	HCPCS	both			3	0.37	Amerihealth	HMO/PPO		0.9					0.32	2.85 fee schedule	
FILGRASTIM-SNDZ (ZARXIO) 1MCG	Q5101	HCPCS	both			3	0.37	Consumer	Consumer		2.85				95	0.32	2.85 percent of total billed charges	
FILGRASTIM-SNDZ (ZARXIO) 1MCG	Q5101	HCPCS	both			3	0.37	Corrections	Corrections		2.4				80	0.32	2.85 percent of total billed charges	
FILGRASTIM-SNDZ (ZARXIO) 1MCG	Q5101	HCPCS	both			3	0.37	First Health	First Health		2.1				70	0.32	2.85 percent of total billed charges	
FILGRASTIM-SNDZ (ZARXIO) 1MCG	Q5101	HCPCS	both			3	0.37	First Trenton	First Trenton		2.7				90	0.32	2.85 percent of total billed charges	
FILGRASTIM-SNDZ (ZARXIO) 1MCG	Q5101	HCPCS	both			3	0.37	Horizon	PPO		0.93					0.32	2.85 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FILGRASTIM-SNDZ (ZARXIO) 1MCG	Q5101	HCPCS	both			3	0.37	Horizon	Medicare Blue		0.5					0.32	2.85 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FILGRASTIM-SNDZ (ZARXIO) 1MCG	Q5101	HCPCS	both			3	0.37	Horizon	MGD		0.93					0.32	2.85 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FILGRASTIM-SNDZ (ZARXIO) 1MCG	Q5101	HCPCS	both			3	0.37	Horizon	Indemnity		0.93					0.32	2.85 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FILGRASTIM-SNDZ (ZARXIO) 1MCG	Q5101	HCPCS	both			3	0.37	Managed Care Inc	Managed Care Inc		2.7				90	0.32	2.85 percent of total billed charges	
FILGRASTIM-SNDZ (ZARXIO) 1MCG	Q5101	HCPCS	both			3	0.37	Multiplan	Multiplan		2.4				80	0.32	2.85 percent of total billed charges	
FILGRASTIM-SNDZ (ZARXIO) 1MCG	Q5101	HCPCS	both			3	0.37	Qualcare	Qualcare		2.25				75	0.32	2.85 percent of total billed charges	
FILGRASTIM-SNDZ (ZARXIO) 1MCG	Q5101	HCPCS	both			3	0.37	Three Rivers	Three Rivers		2.85				95	0.32	2.85 percent of total billed charges	
FILGRASTIM-SNDZ (ZARXIO) 1MCG	Q5101	HCPCS	both			3	0.37	UHC	Medicaid		0.95				31.55	0.32	2.85 percent of total billed charges	
FILGRASTIM-SNDZ (ZARXIO) 1MCG	Q5101	HCPCS	both			3	0.37	UHC	Medicare		0.32					0.32	2.85 fee schedule	
FILGRASTIM-SNDZ (ZARXIO) 1MCG	Q5101	HCPCS	both			3	0.37	United	Commercial|PPO		0.8					0.32	2.85 fee schedule	
FILGRASTIM-SNDZ (ZARXIO) 1MCG	Q5101	HCPCS	both			3	0.37	United	Oxford		0.8					0.32	2.85 fee schedule	
FILGRASTIM-SNDZ (ZARXIO) 1MCG	Q5101	HCPCS	both			3	0.37	Wellcare	Medicare		0.32					0.32	2.85 fee schedule	
FILGRASTIM-SNDZ (ZARXIO) 1MCG	Q5101	HCPCS	both			3	0.37	Wellcare	Medicaid		0.95				31.55	0.32	2.85 percent of total billed charges	
FILGRASTIM-SNDZ (ZARXIO) 1MCG	Q5101	HCPCS	both			3	0.37	WellPoint	WellPoint		0.97				32.18	0.32	2.85 percent of total billed charges	
EPOETIN ALFA-EPBX 100U (DIALYSIS)	Q5105	HCPCS	outpatient			4	0.9	Aetna	Better Health		1.26				31.55	0.78	3.8 percent of total billed charges	
EPOETIN ALFA-EPBX 100U (DIALYSIS)	Q5105	HCPCS	outpatient			4	0.9	Aetna	Medicare		0.78					0.78	3.8 fee schedule	
EPOETIN ALFA-EPBX 100U (DIALYSIS)	Q5105	HCPCS	outpatient			4	0.9	Aetna	Commercial		1.43					0.78	3.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EPOETIN ALFA-EPBX 100U (DIALYSIS)	Q5105	HCPCS	outpatient			4	0.9	Americare	Americare		3				75	0.78	3.8 percent of total billed charges	
EPOETIN ALFA-EPBX 100U (DIALYSIS)	Q5105	HCPCS	outpatient			4	0.9	Amerihealth	Medicare		0.78					0.78	3.8 fee schedule	
EPOETIN ALFA-EPBX 100U (DIALYSIS)	Q5105	HCPCS	outpatient			4	0.9	Amerihealth	HMO/PPO		2.6				65	0.78	3.8 percent of total billed charges	
EPOETIN ALFA-EPBX 100U (DIALYSIS)	Q5105	HCPCS	outpatient			4	0.9	Consumer	Consumer		3.8				95	0.78	3.8 percent of total billed charges	
EPOETIN ALFA-EPBX 100U (DIALYSIS)	Q5105	HCPCS	outpatient			4	0.9	Corrections	Corrections		3.2				80	0.78	3.8 percent of total billed charges	
EPOETIN ALFA-EPBX 100U (DIALYSIS)	Q5105	HCPCS	outpatient			4	0.9	First Health	First Health		2.8				70	0.78	3.8 percent of total billed charges	
EPOETIN ALFA-EPBX 100U (DIALYSIS)	Q5105	HCPCS	outpatient			4	0.9	First Trenton	First Trenton		3.6				90	0.78	3.8 percent of total billed charges	
EPOETIN ALFA-EPBX 100U (DIALYSIS)	Q5105	HCPCS	outpatient			4	0.9	Horizon	PPO		1.67					0.78	3.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EPOETIN ALFA-EPBX 100U (DIALYSIS)	Q5105	HCPCS	outpatient			4	0.9	Horizon	Indemnity		1.67					0.78	3.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EPOETIN ALFA-EPBX 100U (DIALYSIS)	Q5105	HCPCS	outpatient			4	0.9	Horizon	MGD		1.67					0.78	3.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EPOETIN ALFA-EPBX 100U (DIALYSIS)	Q5105	HCPCS	outpatient			4	0.9	Horizon	Medicare Blue		0.9					0.78	3.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EPOETIN ALFA-EPBX 100U (DIALYSIS)	Q5105	HCPCS	outpatient			4	0.9	Managed Care Inc	Managed Care Inc		3.6				90	0.78	3.8 percent of total billed charges	
EPOETIN ALFA-EPBX 100U (DIALYSIS)	Q5105	HCPCS	outpatient			4	0.9	Multiplan	Multiplan		3.2				80	0.78	3.8 percent of total billed charges	
EPOETIN ALFA-EPBX 100U (DIALYSIS)	Q5105	HCPCS	outpatient			4	0.9	Qualcare	Qualcare		3				75	0.78	3.8 percent of total billed charges	
EPOETIN ALFA-EPBX 100U (DIALYSIS)	Q5105	HCPCS	outpatient			4	0.9	Three Rivers	Three Rivers		3.8				95	0.78	3.8 percent of total billed charges	
EPOETIN ALFA-EPBX 100U (DIALYSIS)	Q5105	HCPCS	outpatient			4	0.9	UHC	Medicare		0.78					0.78	3.8 fee schedule	
EPOETIN ALFA-EPBX 100U (DIALYSIS)	Q5105	HCPCS	outpatient			4	0.9	UHC	Medicaid		1.26				31.55	0.78	3.8 percent of total billed charges	
EPOETIN ALFA-EPBX 100U (DIALYSIS)	Q5105	HCPCS	outpatient			4	0.9	United	Oxford		1.95					0.78	3.8 fee schedule	
EPOETIN ALFA-EPBX 100U (DIALYSIS)	Q5105	HCPCS	outpatient			4	0.9	United	Commercial|PPO		1.95					0.78	3.8 fee schedule	
EPOETIN ALFA-EPBX 100U (DIALYSIS)	Q5105	HCPCS	outpatient			4	0.9	Wellcare	Medicare		0.78					0.78	3.8 fee schedule	
EPOETIN ALFA-EPBX 100U (DIALYSIS)	Q5105	HCPCS	outpatient			4	0.9	Wellcare	Medicaid		1.26				31.55	0.78	3.8 percent of total billed charges	
EPOETIN ALFA-EPBX 100U (DIALYSIS)	Q5105	HCPCS	outpatient			4	0.9	WellPoint	WellPoint		1.29				32.18	0.78	3.8 percent of total billed charges	
EPOETIN ALFA-EPBX 1000U (CHEMO)	Q5106	HCPCS	outpatient			41.5	9	Aetna	Better Health		13.09				31.55	7.82	39.43 percent of total billed charges	
EPOETIN ALFA-EPBX 1000U (CHEMO)	Q5106	HCPCS	outpatient			41.5	9	Aetna	Commercial		14.34					7.82	39.43 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EPOETIN ALFA-EPBX 1000U (CHEMO)	Q5106	HCPCS	outpatient			41.5	9	Aetna	Medicare		7.82					7.82	39.43 fee schedule	
EPOETIN ALFA-EPBX 1000U (CHEMO)	Q5106	HCPCS	outpatient			41.5	9	Americare	Americare		31.13				75	7.82	39.43 percent of total billed charges	
EPOETIN ALFA-EPBX 1000U (CHEMO)	Q5106	HCPCS	outpatient			41.5	9	Amerihealth	Medicare		7.82					7.82	39.43 fee schedule	
EPOETIN ALFA-EPBX 1000U (CHEMO)	Q5106	HCPCS	outpatient			41.5	9	Amerihealth	HMO/PPO		26.98				65	7.82	39.43 percent of total billed charges	
EPOETIN ALFA-EPBX 1000U (CHEMO)	Q5106	HCPCS	outpatient			41.5	9	Consumer	Consumer		39.43				95	7.82	39.43 percent of total billed charges	
EPOETIN ALFA-EPBX 1000U (CHEMO)	Q5106	HCPCS	outpatient			41.5	9	Corrections	Corrections		33.2				80	7.82	39.43 percent of total billed charges	
EPOETIN ALFA-EPBX 1000U (CHEMO)	Q5106	HCPCS	outpatient			41.5	9	First Health	First Health		29.05				70	7.82	39.43 percent of total billed charges	
EPOETIN ALFA-EPBX 1000U (CHEMO)	Q5106	HCPCS	outpatient			41.5	9	First Trenton	First Trenton		37.35				90	7.82	39.43 percent of total billed charges	
EPOETIN ALFA-EPBX 1000U (CHEMO)	Q5106	HCPCS	outpatient			41.5	9	Horizon	Indemnity		16.77					7.82	39.43 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EPOETIN ALFA-EPBX 1000U (CHEMO)	Q5106	HCPCS	outpatient			41.5	9	Horizon	MGD		16.77					7.82	39.43 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EPOETIN ALFA-EPBX 1000U (CHEMO)	Q5106	HCPCS	outpatient			41.5	9	Horizon	Medicare Blue		9.01					7.82	39.43 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EPOETIN ALFA-EPBX 1000U (CHEMO)	Q5106	HCPCS	outpatient			41.5	9	Horizon	PPO		16.77					7.82	39.43 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EPOETIN ALFA-EPBX 1000U (CHEMO)	Q5106	HCPCS	outpatient			41.5	9	Managed Care Inc	Managed Care Inc		37.35				90	7.82	39.43 percent of total billed charges	
EPOETIN ALFA-EPBX 1000U (CHEMO)	Q5106	HCPCS	outpatient			41.5	9	Multiplan	Multiplan		33.2				80	7.82	39.43 percent of total billed charges	
EPOETIN ALFA-EPBX 1000U (CHEMO)	Q5106	HCPCS	outpatient			41.5	9	Qualcare	Qualcare		31.13				75	7.82	39.43 percent of total billed charges	
EPOETIN ALFA-EPBX 1000U (CHEMO)	Q5106	HCPCS	outpatient			41.5	9	Three Rivers	Three Rivers		39.43				95	7.82	39.43 percent of total billed charges	
EPOETIN ALFA-EPBX 1000U (CHEMO)	Q5106	HCPCS	outpatient			41.5	9	UHC	Medicaid		13.09				31.55	7.82	39.43 percent of total billed charges	
EPOETIN ALFA-EPBX 1000U (CHEMO)	Q5106	HCPCS	outpatient			41.5	9	UHC	Medicare		7.82					7.82	39.43 fee schedule	
EPOETIN ALFA-EPBX 1000U (CHEMO)	Q5106	HCPCS	outpatient			41.5	9	United	Oxford		19.55					7.82	39.43 fee schedule	
EPOETIN ALFA-EPBX 1000U (CHEMO)	Q5106	HCPCS	outpatient			41.5	9	United	Commercial|PPO		19.55					7.82	39.43 fee schedule	
EPOETIN ALFA-EPBX 1000U (CHEMO)	Q5106	HCPCS	outpatient			41.5	9	Wellcare	Medicaid		13.09				31.55	7.82	39.43 percent of total billed charges	
EPOETIN ALFA-EPBX 1000U (CHEMO)	Q5106	HCPCS	outpatient			41.5	9	Wellcare	Medicare		7.82					7.82	39.43 fee schedule	
EPOETIN ALFA-EPBX 1000U (CHEMO)	Q5106	HCPCS	outpatient			41.5	9	WellPoint	WellPoint		13.35				32.18	7.82	39.43 percent of total billed charges	
BEVACIZUMAB-AWWB (MVASI) 10 MG INJ	Q5107	HCPCS	outpatient			272.5	29.46	Aetna	Better Health		85.97				31.55	25.62	258.88 percent of total billed charges	
BEVACIZUMAB-AWWB (MVASI) 10 MG INJ	Q5107	HCPCS	outpatient			272.5	29.46	Aetna	Medicare		25.62					25.62	258.88 fee schedule	
BEVACIZUMAB-AWWB (MVASI) 10 MG INJ	Q5107	HCPCS	outpatient			272.5	29.46	Aetna	Commercial		51.12					25.62	258.88 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BEVACIZUMAB-AWWB (MVASI) 10 MG INJ	Q5107	HCPCS	outpatient			272.5	29.46	Americare	Americare		294.38				75	25.62	258.88 percent of total billed charges	
BEVACIZUMAB-AWWB (MVASI) 10 MG INJ	Q5107	HCPCS	outpatient			272.5	29.46	Amerihealth	Medicare		25.62					25.62	258.88 fee schedule	
BEVACIZUMAB-AWWB (MVASI) 10 MG INJ	Q5107	HCPCS	outpatient			272.5	29.46	Amerihealth	HMO/PPO		177.13				65	25.62	258.88 percent of total billed charges	
BEVACIZUMAB-AWWB (MVASI) 10 MG INJ	Q5107	HCPCS	outpatient			272.5	29.46	Consumer	Consumer		258.88				95	25.62	258.88 percent of total billed charges	
BEVACIZUMAB-AWWB (MVASI) 10 MG INJ	Q5107	HCPCS	outpatient			272.5	29.46	Corrections	Corrections		218				80	25.62	258.88 percent of total billed charges	
BEVACIZUMAB-AWWB (MVASI) 10 MG INJ	Q5107	HCPCS	outpatient			272.5	29.46	First Health	First Health		190.75				70	25.62	258.88 percent of total billed charges	
BEVACIZUMAB-AWWB (MVASI) 10 MG INJ	Q5107	HCPCS	outpatient			272.5	29.46	First Trenton	First Trenton		245.25				90	25.62	258.88 percent of total billed charges	
BEVACIZUMAB-AWWB (MVASI) 10 MG INJ	Q5107	HCPCS	outpatient			272.5	29.46	Horizon	Indemnity		59.76					25.62	258.88 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BEVACIZUMAB-AWWB (MVASI) 10 MG INJ	Q5107	HCPCS	outpatient			272.5	29.46	Horizon	Medicare Blue		32.11					25.62	258.88 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BEVACIZUMAB-AWWB (MVASI) 10 MG INJ	Q5107	HCPCS	outpatient			272.5	29.46	Horizon	MGD		59.76					25.62	258.88 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BEVACIZUMAB-AWWB (MVASI) 10 MG INJ	Q5107	HCPCS	outpatient			272.5	29.46	Horizon	PPO		59.76					25.62	258.88 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BEVACIZUMAB-AWWB (MVASI) 10 MG INJ	Q5107	HCPCS	outpatient			272.5	29.46	Managed Care Inc	Managed Care Inc		245.25				90	25.62	258.88 percent of total billed charges	
BEVACIZUMAB-AWWB (MVASI) 10 MG INJ	Q5107	HCPCS	outpatient			272.5	29.46	Multiplan	Multiplan		218				80	25.62	258.88 percent of total billed charges	
BEVACIZUMAB-AWWB (MVASI) 10 MG INJ	Q5107	HCPCS	outpatient			272.5	29.46	Qualcare	Qualcare		204.38				75	25.62	258.88 percent of total billed charges	
BEVACIZUMAB-AWWB (MVASI) 10 MG INJ	Q5107	HCPCS	outpatient			272.5	29.46	Three Rivers	Three Rivers		258.88				95	25.62	258.88 percent of total billed charges	
BEVACIZUMAB-AWWB (MVASI) 10 MG INJ	Q5107	HCPCS	outpatient			272.5	29.46	UHC	Medicaid		85.97				31.55	25.62	258.88 percent of total billed charges	
BEVACIZUMAB-AWWB (MVASI) 10 MG INJ	Q5107	HCPCS	outpatient			272.5	29.46	UHC	Medicare		25.62					25.62	258.88 fee schedule	
BEVACIZUMAB-AWWB (MVASI) 10 MG INJ	Q5107	HCPCS	outpatient			272.5	29.46	United	Oxford		64.05					25.62	258.88 fee schedule	
BEVACIZUMAB-AWWB (MVASI) 10 MG INJ	Q5107	HCPCS	outpatient			272.5	29.46	United	Commercial|PPO		64.05					25.62	258.88 fee schedule	
BEVACIZUMAB-AWWB (MVASI) 10 MG INJ	Q5107	HCPCS	outpatient			272.5	29.46	Wellcare	Medicare		25.62					25.62	258.88 fee schedule	
BEVACIZUMAB-AWWB (MVASI) 10 MG INJ	Q5107	HCPCS	outpatient			272.5	29.46	Wellcare	Medicaid		85.97				31.55	25.62	258.88 percent of total billed charges	
BEVACIZUMAB-AWWB (MVASI) 10 MG INJ	Q5107	HCPCS	outpatient			272.5	29.46	WellPoint	WellPoint		87.69				32.18	25.62	258.88 percent of total billed charges	
PEGFILGRASTIM-JMDB(FULPHILA) 0.5MG INJ	Q5108	HCPCS	both			1398	140.92	Aetna	Medicare		122.54					122.54	1328.1 fee schedule	
PEGFILGRASTIM-JMDB(FULPHILA) 0.5MG INJ	Q5108	HCPCS	both			1398	140.92	Aetna	Better Health		441.07				31.55	122.54	1328.1 percent of total billed charges	
PEGFILGRASTIM-JMDB(FULPHILA) 0.5MG INJ	Q5108	HCPCS	both			1398	140.92	Aetna	Commercial		313.46					122.54	1328.1 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PEGFILGRASTIM-JMDB(FULPHILA) 0.5MG INJ	Q5108	HCPCS	both			1398	140.92	Americare	Americare		1048.5				75	122.54	1328.1 percent of total billed charges	
PEGFILGRASTIM-JMDB(FULPHILA) 0.5MG INJ	Q5108	HCPCS	both			1398	140.92	Amerihealth	HMO/PPO		908.7				65	122.54	1328.1 percent of total billed charges	
PEGFILGRASTIM-JMDB(FULPHILA) 0.5MG INJ	Q5108	HCPCS	both			1398	140.92	Amerihealth	Medicare		122.54					122.54	1328.1 fee schedule	
PEGFILGRASTIM-JMDB(FULPHILA) 0.5MG INJ	Q5108	HCPCS	both			1398	140.92	Consumer	Consumer		1328.1				95	122.54	1328.1 percent of total billed charges	
PEGFILGRASTIM-JMDB(FULPHILA) 0.5MG INJ	Q5108	HCPCS	both			1398	140.92	Corrections	Corrections		1118.4				80	122.54	1328.1 percent of total billed charges	
PEGFILGRASTIM-JMDB(FULPHILA) 0.5MG INJ	Q5108	HCPCS	both			1398	140.92	First Health	First Health		978.6				70	122.54	1328.1 percent of total billed charges	
PEGFILGRASTIM-JMDB(FULPHILA) 0.5MG INJ	Q5108	HCPCS	both			1398	140.92	First Trenton	First Trenton		1258.2				90	122.54	1328.1 percent of total billed charges	
PEGFILGRASTIM-JMDB(FULPHILA) 0.5MG INJ	Q5108	HCPCS	both			1398	140.92	Horizon	PPO		366.43					122.54	1328.1 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PEGFILGRASTIM-JMDB(FULPHILA) 0.5MG INJ	Q5108	HCPCS	both			1398	140.92	Horizon	MGD		366.43					122.54	1328.1 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PEGFILGRASTIM-JMDB(FULPHILA) 0.5MG INJ	Q5108	HCPCS	both			1398	140.92	Horizon	Medicare Blue		196.9					122.54	1328.1 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PEGFILGRASTIM-JMDB(FULPHILA) 0.5MG INJ	Q5108	HCPCS	both			1398	140.92	Horizon	Indemnity		366.43					122.54	1328.1 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PEGFILGRASTIM-JMDB(FULPHILA) 0.5MG INJ	Q5108	HCPCS	both			1398	140.92	Managed Care Inc	Managed Care Inc		1258.2				90	122.54	1328.1 percent of total billed charges	
PEGFILGRASTIM-JMDB(FULPHILA) 0.5MG INJ	Q5108	HCPCS	both			1398	140.92	Multiplan	Multiplan		1118.4				80	122.54	1328.1 percent of total billed charges	
PEGFILGRASTIM-JMDB(FULPHILA) 0.5MG INJ	Q5108	HCPCS	both			1398	140.92	Qualcare	Qualcare		1048.5				75	122.54	1328.1 percent of total billed charges	
PEGFILGRASTIM-JMDB(FULPHILA) 0.5MG INJ	Q5108	HCPCS	both			1398	140.92	Three Rivers	Three Rivers		1328.1				95	122.54	1328.1 percent of total billed charges	
PEGFILGRASTIM-JMDB(FULPHILA) 0.5MG INJ	Q5108	HCPCS	both			1398	140.92	UHC	Medicare		122.54					122.54	1328.1 fee schedule	
PEGFILGRASTIM-JMDB(FULPHILA) 0.5MG INJ	Q5108	HCPCS	both			1398	140.92	UHC	Medicaid		441.07				31.55	122.54	1328.1 percent of total billed charges	
PEGFILGRASTIM-JMDB(FULPHILA) 0.5MG INJ	Q5108	HCPCS	both			1398	140.92	United	Commercial|PPO		306.35					122.54	1328.1 fee schedule	
PEGFILGRASTIM-JMDB(FULPHILA) 0.5MG INJ	Q5108	HCPCS	both			1398	140.92	United	Oxford		306.35					122.54	1328.1 fee schedule	
PEGFILGRASTIM-JMDB(FULPHILA) 0.5MG INJ	Q5108	HCPCS	both			1398	140.92	Wellcare	Medicare		122.54					122.54	1328.1 fee schedule	
PEGFILGRASTIM-JMDB(FULPHILA) 0.5MG INJ	Q5108	HCPCS	both			1398	140.92	Wellcare	Medicaid		441.07				31.55	122.54	1328.1 percent of total billed charges	
PEGFILGRASTIM-JMDB(FULPHILA) 0.5MG INJ	Q5108	HCPCS	both			1398	140.92	WellPoint	WellPoint		449.88				32.18	122.54	1328.1 percent of total billed charges	
RITUXIMAB-ABBS(TRUXIMA) 10MG INJ	Q5115	HCPCS	both			341	41.28	Aetna	Better Health		107.59				31.55	35.89	323.95 percent of total billed charges	
RITUXIMAB-ABBS(TRUXIMA) 10MG INJ	Q5115	HCPCS	both			341	41.28	Aetna	Medicare		35.89					35.89	323.95 fee schedule	
RITUXIMAB-ABBS(TRUXIMA) 10MG INJ	Q5115	HCPCS	both			341	41.28	Aetna	Commercial		59.21					35.89	323.95 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RITUXIMAB-ABBS(TRUXIMA) 10MG INJ	Q5115	HCPCS	both			341	41.28	Americare	Americare		255.75				75	35.89	323.95 percent of total billed charges	
RITUXIMAB-ABBS(TRUXIMA) 10MG INJ	Q5115	HCPCS	both			341	41.28	Amerihealth	HMO/PPO		221.65				65	35.89	323.95 percent of total billed charges	
RITUXIMAB-ABBS(TRUXIMA) 10MG INJ	Q5115	HCPCS	both			341	41.28	Amerihealth	Medicare		35.89					35.89	323.95 fee schedule	
RITUXIMAB-ABBS(TRUXIMA) 10MG INJ	Q5115	HCPCS	both			341	41.28

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.															
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true														
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
RITUXIMAB-ABBS(TRUXIMA) 10MG INJ	Q5115	HCPCS	both			341	41.28	Corrections	Corrections		272.8	80			35.89	323.95	percent of total billed charges	
RITUXIMAB-ABBS(TRUXIMA) 10MG INJ	Q5115	HCPCS	both			341	41.28	First Health	First Health		238.7	70			35.89	323.95	percent of total billed charges	
RITUXIMAB-ABBS(TRUXIMA) 10MG INJ	Q5115	HCPCS	both			341	41.28	First Trenton	First Trenton		306.9	90			35.89	323.95	percent of total billed charges	
RITUXIMAB-ABBS(TRUXIMA) 10MG INJ	Q5115	HCPCS	both			341	41.28	Horizon	Indemnity		69.21				35.89	323.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RITUXIMAB-ABBS(TRUXIMA) 10MG INJ	Q5115	HCPCS	both			341	41.28	Horizon	Medicare Blue		37.19				35.89	323.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RITUXIMAB-ABBS(TRUXIMA) 10MG INJ	Q5115	HCPCS	both			341	41.28	Horizon	MGD		69.21				35.89	323.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RITUXIMAB-ABBS(TRUXIMA) 10MG INJ	Q5115	HCPCS	both			341	41.28	Horizon	PPO		69.21				35.89	323.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RITUXIMAB-ABBS(TRUXIMA) 10MG INJ	Q5115	HCPCS	both			341	41.28	Managed Care Inc	Managed Care Inc		306.9	90			35.89	323.95	percent of total billed charges	
RITUXIMAB-ABBS(TRUXIMA) 10MG INJ	Q5115	HCPCS	both			341	41.28	Multiplan	Multiplan		272.8	80			35.89	323.95	percent of total billed charges	
RITUXIMAB-ABBS(TRUXIMA) 10MG INJ	Q5115	HCPCS	both			341	41.28	Qualcare	Qualcare		255.75	75			35.89	323.95	percent of total billed charges	
RITUXIMAB-ABBS(TRUXIMA) 10MG INJ	Q5115	HCPCS	both			341	41.28	Three Rivers	Three Rivers		323.95	95			35.89	323.95	percent of total billed charges	
RITUXIMAB-ABBS(TRUXIMA) 10MG INJ	Q5115	HCPCS	both			341	41.28	UHC	Medicaid		107.59	31.55			35.89	323.95	percent of total billed charges	
RITUXIMAB-ABBS(TRUXIMA) 10MG INJ	Q5115	HCPCS	both			341	41.28	UHC	Medicare		35.89				35.89	323.95	fee schedule	
RITUXIMAB-ABBS(TRUXIMA) 10MG INJ	Q5115	HCPCS	both			341	41.28	United	Oxford		89.73				35.89	323.95	fee schedule	
RITUXIMAB-ABBS(TRUXIMA) 10MG INJ	Q5115	HCPCS	both			341	41.28	United	CommercialPPO		89.73				35.89	323.95	fee schedule	
RITUXIMAB-ABBS(TRUXIMA) 10MG INJ	Q5115	HCPCS	both			341	41.28	Wellcare	Medicare		35.89				35.89	323.95	fee schedule	
RITUXIMAB-ABBS(TRUXIMA) 10MG INJ	Q5115	HCPCS	both			341	41.28	Wellcare	Medicaid		107.59	31.55			35.89	323.95	percent of total billed charges	
RITUXIMAB-ABBS(TRUXIMA) 10MG INJ	Q5115	HCPCS	both			341	41.28	WellPoint	WellPoint		109.73	32.18			35.89	323.95	percent of total billed charges	
TRASTUZUMAB-ANNS(KANJINTI) 10MG INJ	Q5117	HCPCS	both			354.5	15.47	Aetna	Commercial		33.78				13.45	336.78	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRASTUZUMAB-ANNS(KANJINTI) 10MG INJ	Q5117	HCPCS	both			354.5	15.47	Aetna	Medicare		13.45				13.45	336.78	fee schedule	
TRASTUZUMAB-ANNS(KANJINTI) 10MG INJ	Q5117	HCPCS	both			354.5	15.47	Aetna	Better Health		111.84	31.55			13.45	336.78	percent of total billed charges	
TRASTUZUMAB-ANNS(KANJINTI) 10MG INJ	Q5117	HCPCS	both			354.5	15.47	Americare	Americare		265.88	75			13.45	336.78	percent of total billed charges	
TRASTUZUMAB-ANNS(KANJINTI) 10MG INJ	Q5117	HCPCS	both			354.5	15.47	Amerihealth	Medicare		13.45				13.45	336.78	fee schedule	
TRASTUZUMAB-ANNS(KANJINTI) 10MG INJ	Q5117	HCPCS	both			354.5	15.47	Amerihealth	HMO/PPO		230.43	65			13.45	336.78	percent of total billed charges	
TRASTUZUMAB-ANNS(KANJINTI) 10MG INJ	Q5117	HCPCS	both			354.5	15.47	Consumer	Consumer		336.78	95			13.45	336.78	percent of total billed charges	
TRASTUZUMAB-ANNS(KANJINTI) 10MG INJ	Q5117	HCPCS	both			354.5	15.47	Corrections	Corrections		283.6	80			13.45	336.78	percent of total billed charges	
TRASTUZUMAB-ANNS(KANJINTI) 10MG INJ	Q5117	HCPCS	both			354.5	15.47	First Health	First Health		248.15	70			13.45	336.78	percent of total billed charges	
TRASTUZUMAB-ANNS(KANJINTI) 10MG INJ	Q5117	HCPCS	both			354.5	15.47	First Trenton	First Trenton		319.05	90			13.45	336.78	percent of total billed charges	
TRASTUZUMAB-ANNS(KANJINTI) 10MG INJ	Q5117	HCPCS	both			354.5	15.47	Horizon	Indemnity		39.49				13.45	336.78	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRASTUZUMAB-ANNS(KANJINTI) 10MG INJ	Q5117	HCPCS	both			354.5	15.47	Horizon	Medicare Blue		21.22				13.45	336.78	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRASTUZUMAB-ANNS(KANJINTI) 10MG INJ	Q5117	HCPCS	both			354.5	15.47	Horizon	PPO		39.49				13.45	336.78	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRASTUZUMAB-ANNS(KANJINTI) 10MG INJ	Q5117	HCPCS	both			354.5	15.47	Horizon	MGD		39.49				13.45	336.78	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRASTUZUMAB-ANNS(KANJINTI) 10MG INJ	Q5117	HCPCS	both			354.5	15.47	Managed Care Inc	Managed Care Inc		319.05	90			13.45	336.78	percent of total billed charges	
TRASTUZUMAB-ANNS(KANJINTI) 10MG INJ	Q5117	HCPCS	both			354.5	15.47	Multiplan	Multiplan		283.6	80			13.45	336.78	percent of total billed charges	
TRASTUZUMAB-ANNS(KANJINTI) 10MG INJ	Q5117	HCPCS	both			354.5	15.47	Qualcare	Qualcare		265.88	75			13.45	336.78	percent of total billed charges	
TRASTUZUMAB-ANNS(KANJINTI) 10MG INJ	Q5117	HCPCS	both			354.5	15.47	Three Rivers	Three Rivers		336.78	95			13.45	336.78	percent of total billed charges	
TRASTUZUMAB-ANNS(KANJINTI) 10MG INJ	Q5117	HCPCS	both			354.5	15.47	UHC	Medicaid		111.84	31.55			13.45	336.78	percent of total billed charges	
TRASTUZUMAB-ANNS(KANJINTI) 10MG INJ	Q5117	HCPCS	both			354.5	15.47	UHC	Medicare		13.45				13.45	336.78	fee schedule	
TRASTUZUMAB-ANNS(KANJINTI) 10MG INJ	Q5117	HCPCS	both			354.5	15.47	United	Oxford		33.63				13.45	336.78	fee schedule	
TRASTUZUMAB-ANNS(KANJINTI) 10MG INJ	Q5117	HCPCS	both			354.5	15.47	United	CommercialPPO		33.63				13.45	336.78	fee schedule	
TRASTUZUMAB-ANNS(KANJINTI) 10MG INJ	Q5117	HCPCS	both			354.5	15.47	Wellcare	Medicaid		111.84	31.55			13.45	336.78	percent of total billed charges	
TRASTUZUMAB-ANNS(KANJINTI) 10MG INJ	Q5117	HCPCS	both			354.5	15.47	Wellcare	Medicare		13.45				13.45	336.78	fee schedule	
TRASTUZUMAB-ANNS(KANJINTI) 10MG INJ	Q5117	HCPCS	both			354.5	15.47	WellPoint	WellPoint		114.08	32.18			13.45	336.78	percent of total billed charges	
RITUXIMAB-PVVR(RUXIENCE) 10MG INJ	Q5119	HCPCS	outpatient			288.5	23.51	Aetna	Better Health		91.02	31.55			20.45	274.08	percent of total billed charges	
RITUXIMAB-PVVR(RUXIENCE) 10MG INJ	Q5119	HCPCS	outpatient			288.5	23.51	Aetna	Medicare		20.45				20.45	274.08	fee schedule	
RITUXIMAB-PVVR(RUXIENCE) 10MG INJ	Q5119	HCPCS	outpatient			288.5	23.51	Aetna	Commercial		38.75				20.45	274.08	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RITUXIMAB-PVVR(RUXIENCE) 10MG INJ	Q5119	HCPCS	outpatient			288.5	23.51	Americare	Americare		216.38	75			20.45	274.08	percent of total billed charges	
RITUXIMAB-PVVR(RUXIENCE) 10MG INJ	Q5119	HCPCS	outpatient			288.5	23.51	Amerihealth	HMO/PPO		187.53	65			20.45	274.08	percent of total billed charges	
RITUXIMAB-PVVR(RUXIENCE) 10MG INJ	Q5119	HCPCS	outpatient			288.5	23.51	Amerihealth	Medicare		20.45				20.45	274.08	fee schedule	
RITUXIMAB-PVVR(RUXIENCE) 10MG INJ	Q5119	HCPCS	outpatient			288.5	23.51	Consumer	Consumer		274.08	95			20.45	274.08	percent of total billed charges	
RITUXIMAB-PVVR(RUXIENCE) 10MG INJ	Q5119	HCPCS	outpatient			288.5	23.51	Corrections	Corrections		230.8	80			20.45	274.08	percent of total billed charges	
RITUXIMAB-PVVR(RUXIENCE) 10MG INJ	Q5119	HCPCS	outpatient			288.5	23.51	First Health	First Health		201.95	70			20.45	274.08	percent of total billed charges	
RITUXIMAB-PVVR(RUXIENCE) 10MG INJ	Q5119	HCPCS	outpatient			288.5	23.51	First Trenton	First Trenton		259.65	90			20.45	274.08	percent of total billed charges	
RITUXIMAB-PVVR(RUXIENCE) 10MG INJ	Q5119	HCPCS	outpatient			288.5	23.51	Horizon	PPO		45.3				20.45	274.08	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RITUXIMAB-PVVR(RUXIENCE) 10MG INJ	Q5119	HCPCS	outpatient			288.5	23.51	Horizon	Medicare Blue		24.34				20.45	274.08	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RITUXIMAB-PVVR(RUXIENCE) 10MG INJ	Q5119	HCPCS	outpatient			288.5	23.51	Horizon	Indemnity		45.3				20.45	274.08	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RITUXIMAB-PVVR(RUXIENCE) 10MG INJ	Q5119	HCPCS	outpatient			288.5	23.51	Horizon	MGD		45.3				20.45	274.08	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RITUXIMAB-PVVR(RUXIENCE) 10MG INJ	Q5119	HCPCS	outpatient			288.5	23.51	Managed Care Inc	Managed Care Inc		259.65	90			20.45	274.08	percent of total billed charges	
RITUXIMAB-PVVR(RUXIENCE) 10MG INJ	Q5119	HCPCS	outpatient			288.5	23.51	Multiplan	Multiplan		230.8	80			20.45	274.08	percent of total billed charges	
RITUXIMAB-PVVR(RUXIENCE) 10MG INJ	Q5119	HCPCS	outpatient			288.5	23.51	Qualcare	Qualcare		216.38	75			20.45	274.08	percent of total billed charges	
RITUXIMAB-PVVR(RUXIENCE) 10MG INJ	Q5119	HCPCS	outpatient			288.5	23.51	Three Rivers	Three Rivers		274.08	95			20.45	274.08	percent of total billed charges	
RITUXIMAB-PVVR(RUXIENCE) 10MG INJ	Q5119	HCPCS	outpatient			288.5	23.51	UHC	Medicaid		91.02	31.55			20.45	274.08	percent of total billed charges	
RITUXIMAB-PVVR(RUXIENCE) 10MG INJ	Q5119	HCPCS	outpatient			288.5	23.51	UHC	Medicare		20.45				20.45	274.08	fee schedule	
RITUXIMAB-PVVR(RUXIENCE) 10MG INJ	Q5119	HCPCS	outpatient			288.5	23.51	United	CommercialPPO		51.13				20.45	274.08	fee schedule	
RITUXIMAB-PVVR(RUXIENCE) 10MG INJ	Q5119	HCPCS	outpatient			288.5	23.51	United	Oxford		51.13				20.45	274.08	fee schedule	
RITUXIMAB-PVVR(RUXIENCE) 10MG INJ	Q5119	HCPCS	outpatient			288.5	23.51	Wellcare	Medicare		20.45				20.45	274.08	fee schedule	
RITUXIMAB-PVVR(RUXIENCE) 10MG INJ	Q5119	HCPCS	outpatient			288.5	23.51	Wellcare	Medicaid		91.02	31.55			20.45	274.08	percent of total billed charges	
RITUXIMAB-PVVR(RUXIENCE) 10MG INJ	Q5119	HCPCS	outpatient			288.5	23.51	WellPoint	WellPoint		92.84	32.18			20.45	274.08	percent of total billed charges	
INFLIXIMAB-AXXQ (AVSOLA) 10MG INJ	Q5121	HCPCS	both			202	29.39	Aetna	Medicare		25.56				25.56	191.9	fee schedule	
INFLIXIMAB-AXXQ (AVSOLA) 10MG INJ	Q5121	HCPCS	both			202	29.39	Aetna	Better Health		63.73	31.55			25.56	191.9	percent of total billed charges	
INFLIXIMAB-AXXQ (AVSOLA) 10MG INJ	Q5121	HCPCS	both			202	29.39	Aetna	Commercial		46.57				25.56	191.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INFLIXIMAB-AXXQ (AVSOLA) 10MG INJ	Q5121	HCPCS	both			202	29.39	Americare	Americare		151.5	75			25.56	191.9	percent of total billed charges	
INFLIXIMAB-AXXQ (AVSOLA) 10MG INJ	Q5121	HCPCS	both			202	29.39	Amerihealth	HMO/PPO		131.3	65			25.56	191.9	percent of total billed charges	
INFLIXIMAB-AXXQ (AVSOLA) 10MG INJ	Q5121	HCPCS	both			202	29.39	Amerihealth	Medicare		25.56				25.56	191.9	fee schedule	
INFLIXIMAB-AXXQ (AVSOLA) 10MG INJ	Q5121	HCPCS	both			202	29.39	Consumer	Consumer		191.9	95			25.56	191.9	percent of total billed charges	
INFLIXIMAB-AXXQ (AVSOLA) 10MG INJ	Q5121	HCPCS	both			202	29.39	Corrections	Corrections		161.6	80			25.56	191.9	percent of total billed charges	
INFLIXIMAB-AXXQ (AVSOLA) 10MG INJ	Q5121	HCPCS	both			202	29.39	First Health	First Health		141.4	70			25.56	191.9	percent of total billed charges	
INFLIXIMAB-AXXQ (AVSOLA) 10MG INJ	Q5121	HCPCS	both			202	29.39	First Trenton	First Trenton		181.8	90			25.56	191.9	percent of total billed charges	
INFLIXIMAB-AXXQ (AVSOLA) 10MG INJ	Q5121	HCPCS	both			202	29.39	Horizon	MGD		54.43				25.56	191.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INFLIXIMAB-AXXQ (AVSOLA) 10MG INJ	Q5121	HCPCS	both			202	29.39	Horizon	Medicare Blue		29.25				25.56	191.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INFLIXIMAB-AXXQ (AVSOLA) 10MG INJ	Q5121	HCPCS	both			202	29.39	Horizon	Indemnity		54.43				25.56	191.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INFLIXIMAB-AXXQ (AVSOLA) 10MG INJ	Q5121	HCPCS	both			202	29.39	Horizon	PPO		54.43				25.56	191.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INFLIXIMAB-AXXQ (AVSOLA) 10MG INJ	Q5121	HCPCS	both			202	29.39	Managed Care Inc	Managed Care Inc		181.8	90			25.56	191.9	percent of total billed charges	
INFLIXIMAB-AXXQ (AVSOLA) 10MG INJ	Q5121	HCPCS	both			202	29.39	Multiplan	Multiplan		161.6	80			25.56	191.9	percent of total billed charges	
INFLIXIMAB-AXXQ (AVSOLA) 10MG INJ	Q5121	HCPCS	both			202	29.39	Qualcare	Qualcare		151.5	75			25.56	191.9	percent of total billed charges	
INFLIXIMAB-AXXQ (AVSOLA) 10MG INJ	Q5121	HCPCS	both			202	29.39	Three Rivers	Three Rivers		191.9	95			25.56	191.9	percent of total billed charges	
INFLIXIMAB-AXXQ (AVSOLA) 10MG INJ	Q5121	HCPCS	both			202	29.39	UHC	Medicare		25.56				25.56	191.9	fee schedule	
INFLIXIMAB-AXXQ (AVSOLA) 10MG INJ	Q5121	HCPCS	both			202	29.39	UHC	Medicaid		63.73	31.55			25.56	191.9	percent of total billed charges	
INFLIXIMAB-AXXQ (AVSOLA) 10MG INJ	Q5121	HCPCS	both			202	29.39	United	CommercialPPO		63.9				25.56	191.9	fee schedule	
INFLIXIMAB-AXXQ (AVSOLA) 10MG INJ	Q5121	HCPCS	both			202	29.39	United	Oxford		63.9				25.56	191.9	fee schedule	
INFLIXIMAB-AXXQ (AVSOLA) 10MG INJ	Q5121	HCPCS	both			202	29.39	Wellcare	Medicare		25.56				25.56	191.9	fee schedule	
INFLIXIMAB-AXXQ (AVSOLA) 10MG INJ	Q5121	HCPCS	both			202	29.39	Wellcare	Medicaid		63.73	31.55			25.56	191.9	percent of total billed charges	
INFLIXIMAB-AXXQ (AVSOLA) 10MG INJ	Q5121	HCPCS	both			202	29.39	WellPoint	WellPoint		65	32.18			25.56	191.9	percent of total billed charges	
CONTRAST OPTISON SUPPLY	Q9956	HCPCS	outpatient			1364	48.48	Aetna	Better Health		430.34	31.55			42.16	1295.8	percent of total billed charges	
CONTRAST OPTISON SUPPLY	Q9956	HCPCS	outpatient			1364	48.48	Aetna	Medicare		42.16				42.16	1295.8	fee schedule	
CONTRAST OPTISON SUPPLY	Q9956	HCPCS	outpatient			1364	48.48	Aetna	Commercial		518.32	38			42.16	1295.8	percent of total billed charges	
CONTRAST OPTISON SUPPLY	Q9956	HCPCS	outpatient			1364	48.48	Americare	Americare		1023	75			42.16	1295.8	percent of total billed charges	
CONTRAST OPTISON SUPPLY	Q9956	HCPCS	outpatient			1364	48.48	Amerihealth	Medicare		42.16				42.16	1295.8	fee schedule	
CONTRAST OPTISON SUPPLY	Q9956	HCPCS	outpatient			1364	48.48	Amerihealth	HMO/PPO		886.6	65			42.16	1295.8	percent of total billed charges	
CONTRAST OPTISON SUPPLY	Q9956	HCPCS	outpatient			1364	48.48	Consumer	Consumer		1295.8	95			42.16	1295.8	percent of total billed charges	
CONTRAST OPTISON SUPPLY	Q9956	HCPCS	outpatient			1364	48.48	Corrections	Corrections		1091.2	80			42.16	1295.8	percent of total billed charges	
CONTRAST OPTISON SUPPLY	Q9956	HCPCS	outpatient			1364	48.48	First Health	First Health		954.8	70			42.16	1295.8	percent of total billed charges	
CONTRAST OPTISON SUPPLY	Q9956	HCPCS	outpatient			1364	48.48	First Trenton	First Trenton		1227.6	90			42.16	1295.8	percent of total billed charges	
CONTRAST OPTISON SUPPLY	Q9956	HCPCS	outpatient			1364	48.48	Horizon	MGD		522.14	38.28			42.16	1295.8	percent of total billed charges	
CONTRAST OPTISON SUPPLY	Q9956	HCPCS	outpatient			1364	48.48	Horizon	Indemnity		522.14	38.28			42.16	1295.8	percent of total billed charges	
CONTRAST OPTISON SUPPLY	Q9956	HCPCS	outpatient			1364	48.48	Horizon	NJ Health		50.79				42.16	1295.8	fee schedule	
CONTRAST OPTISON SUPPLY	Q9956	HCPCS	outpatient			1364	48.48	Horizon	Medicare Blue		409.2	30			42.16	1295.8	percent of total billed charges	
CONTRAST OPTISON SUPPLY	Q9956	HCPCS	outpatient			1364	48.48	Horizon	PPO		522.14	38.28			42.16	1295.8	percent of total billed charges	
CONTRAST OPTISON SUPPLY	Q9956	HCPCS	outpatient			1364	48.48	Managed Care Inc	Managed Care Inc		1227.6	90			42.16	1295.8	percent of total billed charges	
CONTRAST OPTISON SUPPLY	Q9956	HCPCS	outpatient			1364	48.48	Multiplan	Multiplan		1091.2	80			42.16	1295.8	percent of total billed charges	
CONTRAST OPTISON SUPPLY	Q9956	HCPCS	outpatient			1364	48.48	Qualcare	Qualcare		1023	75			42.16	1295.8	percent of total billed charges	
CONTRAST OPTISON SUPPLY	Q9956	HCPCS	outpatient			1364	48.48	Three Rivers	Three Rivers		1295.8	95			42.16	1295.8	percent of total billed charges	
CONTRAST OPTISON SUPPLY	Q9956	HCPCS	outpatient			1364	48.48	UHC	Medicaid		430.34	31.55			42.16	1295.8	percent of total billed charges	
CONTRAST OPTISON SUPPLY	Q9956	HCPCS	outpatient			1364	48.48	UHC	Medicare		42.16				42.16	1295.8	fee schedule	
CONTRAST OPTISON SUPPLY	Q9956	HCPCS	outpatient			1364	48.48	Wellcare	Medicare		42.16				42.16	1295.8	fee schedule	
CONTRAST OPTISON SUPPLY	Q9956	HCPCS	outpatient			1364	48.48	Wellcare	Medicaid		430.34	31.55			42.16	1295.8	percent of total billed charges	
CONTRAST OPTISON SUPPLY	Q9956	HCPCS	outpatient			1364	48.48	WellPoint	WellPoint		438.94	32.18			42.16	1295.8	percent of total billed charges	
PERFUTREN LIPID MICRO	Q9957	HCPCS	both				48.48	Aetna	Medicare		42.16				42.16	75.53	fee schedule	
PERFUTREN LIPID MICRO	Q9957	HCPCS	both				48.48	Amerihealth	Medicare		42.16				42.16	75.53	fee schedule	
PERFUTREN LIPID MICRO	Q9957	HCPCS	both				48.48	Horizon	NJ Health		75.53				42.16	75.53	fee schedule	
PERFUTREN LIPID MICRO	Q9957	HCPCS	both				48.48	UHC	Medicare		42.16				42.16	75.53	fee schedule	
PERFUTREN LIPID MICRO	Q9957	HCPCS	both				48.48	Wellcare	Medicare		42.16				42.16	75.53	fee schedule	
VISIPAQUE 300-349MG/ML	Q9962	HCPCS	both					Horizon	NJ Health		0.5				0.5	0.5	fee schedule	
DIATRIZOATE(GASTROGRAFIN) ORAL 1 ML	Q9963	HCPCS	outpatient			2	0.24	Aetna	Commercial		0.76	38			0.21	1.9	percent of total billed charges	
DIATRIZOATE(GASTROGRAFIN) ORAL 1 ML	Q9963	HCPCS	outpatient			2	0.24	Aetna	Better Health		0.63	31.55			0.21	1.9	percent of total billed charges	
DIATRIZOATE(GASTROGRAFIN) ORAL 1 ML	Q9963	HCPCS	outpatient			2	0.24	Aetna	Medicare		0.21				0.21	1.9	fee schedule	
DIATRIZOATE(GASTROGRAFIN) ORAL 1 ML	Q9963	HCPCS	outpatient			2	0.24	Americare	Americare		1.5	75			0.21	1.9	percent of total billed charges	
DIATRIZOATE(GASTROGRAFIN) ORAL 1 ML	Q9963	HCPCS	outpatient			2	0.24	Amerihealth	HMO/PPO		1.3	65			0.21	1.9	percent of total billed charges	
DIATRIZOATE(GASTROGRAFIN) ORAL 1 ML	Q9963	HCPCS	outpatient			2	0.24	Amerihealth	Medicare		0.21				0.21	1.9	fee schedule	
DIATRIZOATE(GASTROGRAFIN) ORAL 1 ML	Q9963	HCPCS	outpatient			2	0.24	Consumer	Consumer		1.9	95			0.21	1.9	percent of total billed charges	
DIATRIZOATE(GASTROGRAFIN) ORAL 1 ML	Q9963	HCPCS	outpatient			2	0.24	Corrections	Corrections		1.6	80			0.21	1.9	percent of total billed charges	
DIATRIZOATE(GASTROGRAFIN) ORAL 1 ML	Q9963	HCPCS	outpatient			2	0.24	First Health	First Health		1.4	70			0.21	1.9	percent of total billed charges	
DIATRIZOATE(GASTROGRAFIN) ORAL 1 ML	Q9963	HCPCS	outpatient			2	0.24	First Trenton	First Trenton		1.8	90			0.21	1.9	percent of total billed charges	
DIATRIZOATE(GASTROGRAFIN) ORAL 1 ML	Q9963	HCPCS	outpatient			2	0.24	Horizon	Indemnity		0.77	38.28			0.21	1.9	percent of total billed charges	
DIATRIZOATE(GASTROGRAFIN) ORAL 1 ML	Q9963	HCPCS	outpatient			2	0.24	Horizon	Medicare Blue		0.6	30			0.21	1.9	percent of total billed charges	
DIATRIZOATE(GASTROGRAFIN) ORAL 1 ML	Q9963	HCPCS	outpatient			2	0.24	Horizon	MGD		0.77	38.28			0.21	1.9	percent of total billed charges	
DIATRIZOATE(GASTROGRAFIN) ORAL 1 ML	Q9963	HCPCS	outpatient			2	0.24	Horizon	NJ Health		0.47				0.21	1.9	fee schedule	
DIATRIZOATE(GASTROGRAFIN) ORAL 1 ML	Q9963	HCPCS	outpatient			2	0.24	Horizon	PPO		0.77	38.28			0.21	1.9	percent of total billed charges	
DIATRIZOATE(GASTROGRAFIN) ORAL 1 ML	Q9963	HCPCS	outpatient			2	0.24	Managed Care Inc	Managed Care Inc		1.8	90			0.21	1.9	percent of total billed charges	
DIATRIZOATE(GASTROGRAFIN) ORAL 1 ML	Q9963	HCPCS	outpatient			2	0.24	Multiplan	Multiplan		1.6	80			0.21	1.9	percent of total billed charges	
DIATRIZOATE(GASTROGRAFIN) ORAL 1 ML	Q9963	HCPCS	outpatient			2	0.24	Qualcare	Qualcare		1.5	75			0.21	1.9	percent of total billed charges	
DIATRIZOATE(GASTROGRAFIN) ORAL 1 ML	Q9963	HCPCS	outpatient			2	0.24	Three Rivers	Three Rivers		1.9	95			0.21	1.9	percent of total billed charges	
DIATRIZOATE(GASTROGRAFIN) ORAL 1 ML	Q9963	HCPCS	outpatient			2	0.24	UHC	Medicare		0.21				0.21	1.9	fee schedule	
DIATRIZOATE(GASTROGRAFIN) ORAL 1 ML	Q9963	HCPCS	outpatient			2	0.24	UHC	Medicaid		0.63	31.55			0.21	1.9	percent of total billed charges	
DIATRIZOATE(GASTROGRAFIN) ORAL 1 ML	Q9963	HCPCS	outpatient			2	0.24	Wellcare	Medicare		0.21				0.21	1.9	fee schedule	
DIATRIZOATE(GASTROGRAFIN) ORAL 1 ML	Q9963	HCPCS	outpatient			2	0.24	Wellcare	Medicaid		0.63	31.55			0.21	1.9	percent of total billed charges	
DIATRIZOATE(GASTROGRAFIN) ORAL 1 ML	Q9963	HCPCS	outpatient			2	0.24	WellPoint	WellPoint		0.64	32.18			0.21	1.9	percent of total billed charges	
OMNIPAQUE INJECTION,OUTPT	Q9966	HCPCS	both			0.01	0.43	Aetna	Medicare		0.37				0.01	1.07	fee schedule	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.														
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true													
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
OMNIPAQUE INJECTION,OUTPT	Q9966	HCPCS	both			0.01	0.43	Americare	Americare		0.01	75			0.01	1.07	percent of total billed charges	
OMNIPAQUE INJECTION,OUTPT	Q9966	HCPCS	both			0.01	0.43	Amerihealth	HMO/PPO		0.01	65			0.01	1.07	percent of total billed charges	
OMNIPAQUE INJECTION,OUTPT	Q9966	HCPCS	both			0.01	0.43	Amerihealth	Medicare		0.37				0.01	1.07	fee schedule	
OMNIPAQUE INJECTION,OUTPT	Q9966	HCPCS	both			0.01	0.43	Consumer	Consumer		0.01	95			0.01	1.07	percent of total billed charges	
OMNIPAQUE INJECTION,OUTPT	Q9966	HCPCS	both			0.01	0.43	Corrections	Corrections		0.01	80			0.01	1.07	percent of total billed charges	
OMNIPAQUE INJECTION,OUTPT	Q9966	HCPCS	both			0.01	0.43	First Health	First Health		0.01	70			0.01	1.07	percent of total billed charges	
OMNIPAQUE INJECTION,OUTPT	Q9966	HCPCS	both			0.01	0.43	First Trenton	First Trenton		0.01	90			0.01	1.07	percent of total billed charges	
OMNIPAQUE INJECTION,OUTPT	Q9966	HCPCS	both			0.01	0.43	Horizon	NJ Health		1.07				0.01	1.07	fee schedule	
OMNIPAQUE INJECTION,OUTPT	Q9966	HCPCS	both			0.01	0.43	Managed Care Inc	Managed Care Inc		0.01	90			0.01	1.07	percent of total billed charges	
OMNIPAQUE INJECTION,OUTPT	Q9966	HCPCS	both			0.01	0.43	Multiplan	Multiplan		0.01	80			0.01	1.07	percent of total billed charges	
OMNIPAQUE INJECTION,OUTPT	Q9966	HCPCS	both			0.01	0.43	Qualcare	Qualcare		0.01	75			0.01	1.07	percent of total billed charges	
OMNIPAQUE INJECTION,OUTPT	Q9966	HCPCS	both			0.01	0.43	Three Rivers	Three Rivers		0.01	95			0.01	1.07	percent of total billed charges	
OMNIPAQUE INJECTION,OUTPT	Q9966	HCPCS	both			0.01	0.43	UHC	Medicare		0.37				0.01	1.07	fee schedule	
OMNIPAQUE INJECTION,OUTPT	Q9966	HCPCS	both			0.01	0.43	Wellcare	Medicare		0.37				0.01	1.07	fee schedule	
OPTIRAY PER 1ML	Q9967	HCPCS	both			33	0.14	Aetna	Commercial		12.54	38			0.12	31.35	percent of total billed charges	
VISIPAQUE, INJECTION	Q9967	HCPCS	both			33	0.14	Aetna	Medicare		0.12				0.12	31.35	fee schedule	
OPTIRAY PER 1ML	Q9967	HCPCS	both			33	0.14	Aetna	Better Health		10.41	31.55			0.12	31.35	percent of total billed charges	
OPTIRAY PER 1ML	Q9967	HCPCS	both			33	0.14	Americare	Americare		24.75	75			0.12	31.35	percent of total billed charges	
VISIPAQUE, INJECTION	Q9967	HCPCS	both			33	0.14	Amerihealth	Medicare		0.12				0.12	31.35	fee schedule	
OPTIRAY PER 1ML	Q9967	HCPCS	both			33	0.14	Amerihealth	HMO/PPO		21.45	65			0.12	31.35	percent of total billed charges	
OPTIRAY PER 1ML	Q9967	HCPCS	both			33	0.14	Consumer	Consumer		31.35	95			0.12	31.35	percent of total billed charges	
OPTIRAY PER 1ML	Q9967	HCPCS	both			33	0.14	Corrections	Corrections		26.4	80			0.12	31.35	percent of total billed charges	
OPTIRAY PER 1ML	Q9967	HCPCS	both			33	0.14	First Health	First Health		23.1	70			0.12	31.35	percent of total billed charges	
OPTIRAY PER 1ML	Q9967	HCPCS	both			33	0.14	First Trenton	First Trenton		29.7	90			0.12	31.35	percent of total billed charges	
OPTIRAY PER 1ML	Q9967	HCPCS	both			33	0.14	Horizon	Medicare Blue		9.9	30			0.12	31.35	percent of total billed charges	
OPTIRAY PER 1ML	Q9967	HCPCS	both			33	0.14	Horizon	Indemnity		12.63	38.28			0.12	31.35	percent of total billed charges	
OPTIRAY PER 1ML	Q9967	HCPCS	both			33	0.14	Horizon	MGD		12.63	38.28			0.12	31.35	percent of total billed charges	
OPTIRAY PER 1ML	Q9967	HCPCS	both			33	0.14	Horizon	PPO		12.63	38.28			0.12	31.35	percent of total billed charges	
VISIPAQUE, INJECTION	Q9967	HCPCS	both			33	0.14	Horizon	NJ Health		1.1				0.12	31.35	fee schedule	
OPTIRAY PER 1ML	Q9967	HCPCS	both			33	0.14	Managed Care Inc	Managed Care Inc		29.7	90			0.12	31.35	percent of total billed charges	
OPTIRAY PER 1ML	Q9967	HCPCS	both			33	0.14	Multiplan	Multiplan		26.4	80			0.12	31.35	percent of total billed charges	
OPTIRAY PER 1ML	Q9967	HCPCS	both			33	0.14	Qualcare	Qualcare		24.75	75			0.12	31.35	percent of total billed charges	
OPTIRAY PER 1ML	Q9967	HCPCS	both			33	0.14	Three Rivers	Three Rivers		31.35	95			0.12	31.35	percent of total billed charges	
VISIPAQUE, INJECTION	Q9967	HCPCS	both			33	0.14	UHC	Medicare		0.12				0.12	31.35	fee schedule	
OPTIRAY PER 1ML	Q9967	HCPCS	both			33	0.14	UHC	Medicaid		10.41	31.55			0.12	31.35	percent of total billed charges	
VISIPAQUE, INJECTION	Q9967	HCPCS	both			33	0.14	Wellcare	Medicare		0.12				0.12	31.35	fee schedule	
OPTIRAY PER 1ML	Q9967	HCPCS	both			33	0.14	Wellcare	Medicaid		10.41	31.55			0.12	31.35	percent of total billed charges	
OPTIRAY PER 1ML	Q9967	HCPCS	both			33	0.14	WellPoint	WellPoint		10.62	32.18			0.12	31.35	percent of total billed charges	
ISOSULFAN BLUE 1 MG	Q9968	HCPCS	both			58.5	10.66	Aetna	Better Health		18.46	31.55			9.27	55.58	percent of total billed charges	
ISOSULFAN BLUE 1 MG	Q9968	HCPCS	both			58.5	10.66	Aetna	Commercial		14.76				9.27	55.58	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ISOSULFAN BLUE 1 MG	Q9968	HCPCS	both			58.5	10.66	Aetna	Medicare		9.27				9.27	55.58	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ISOSULFAN BLUE 1 MG	Q9968	HCPCS	both			58.5	10.66	Americare	Americare		43.88	75			9.27	55.58	percent of total billed charges	
ISOSULFAN BLUE 1 MG	Q9968	HCPCS	both			58.5	10.66	Amerihealth	Medicare		9.27				9.27	55.58	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ISOSULFAN BLUE 1 MG	Q9968	HCPCS	both			58.5	10.66	Amerihealth	HMO/PPO		15.24				9.27	55.58	fee schedule	
ISOSULFAN BLUE 1 MG	Q9968	HCPCS	both			58.5	10.66	Consumer	Consumer		55.58	95			9.27	55.58	percent of total billed charges	
ISOSULFAN BLUE 1 MG	Q9968	HCPCS	both			58.5	10.66	Corrections	Corrections		46.8	80			9.27	55.58	percent of total billed charges	
ISOSULFAN BLUE 1 MG	Q9968	HCPCS	both			58.5	10.66	First Health	First Health		40.95	70			9.27	55.58	percent of total billed charges	
ISOSULFAN BLUE 1 MG	Q9968	HCPCS	both			58.5	10.66	First Trenton	First Trenton		52.65	90			9.27	55.58	percent of total billed charges	
ISOSULFAN BLUE 1 MG	Q9968	HCPCS	both			58.5	10.66	Horizon	PPO		17.25				9.27	55.58	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ISOSULFAN BLUE 1 MG	Q9968	HCPCS	both			58.5	10.66	Horizon	Indemnity		17.25				9.27	55.58	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ISOSULFAN BLUE 1 MG	Q9968	HCPCS	both			58.5	10.66	Horizon	MGD		17.25				9.27	55.58	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ISOSULFAN BLUE 1 MG	Q9968	HCPCS	both			58.5	10.66	Horizon	Medicare Blue		9.27				9.27	55.58	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ISOSULFAN BLUE 1 MG	Q9968	HCPCS	both			58.5	10.66	Managed Care Inc	Managed Care Inc		52.65	90			9.27	55.58	percent of total billed charges	
ISOSULFAN BLUE 1 MG	Q9968	HCPCS	both			58.5	10.66	Multiplan	Multiplan		46.8	80			9.27	55.58	percent of total billed charges	
ISOSULFAN BLUE 1 MG	Q9968	HCPCS	both			58.5	10.66	Qualcare	Qualcare		43.88	75			9.27	55.58	percent of total billed charges	
ISOSULFAN BLUE 1 MG	Q9968	HCPCS	both			58.5	10.66	Three Rivers	Three Rivers		55.58	95			9.27	55.58	percent of total billed charges	
ISOSULFAN BLUE 1 MG	Q9968	HCPCS	both			58.5	10.66	UHC	Medicaid		18.46	31.55			9.27	55.58	percent of total billed charges	
ISOSULFAN BLUE 1 MG	Q9968	HCPCS	both			58.5	10.66	UHC	Medicare		9.27				9.27	55.58	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ISOSULFAN BLUE 1 MG	Q9968	HCPCS	both			58.5	10.66	United	Oxford		19.88				9.27	55.58	fee schedule	
ISOSULFAN BLUE 1 MG	Q9968	HCPCS	both			58.5	10.66	United	Commercial/PPO		19.88				9.27	55.58	fee schedule	
ISOSULFAN BLUE 1 MG	Q9968	HCPCS	both			58.5	10.66	Wellcare	Medicare		9.27				9.27	55.58	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ISOSULFAN BLUE 1 MG	Q9968	HCPCS	both			58.5	10.66	Wellcare	Medicaid		18.46	31.55			9.27	55.58	percent of total billed charges	
ISOSULFAN BLUE 1 MG	Q9968	HCPCS	both			58.5	10.66	WellPoint	WellPoint		18.83	32.18			9.27	55.58	percent of total billed charges	
Y90 THERASPHERE (S2095)	S2095	HCPCS	outpatient			72199		Aetna	Medicare		22237.29	30.8			800	68589.05	percent of total billed charges	
Y90 THERASPHERE (S2095)	S2095	HCPCS	outpatient			72199		Aetna	Commercial		27435.62	38			800	68589.05	percent of total billed charges	
Y90 THERASPHERE (S2095)	S2095	HCPCS	outpatient			72199		Aetna	Better Health		22778.78	31.55			800	68589.05	percent of total billed charges	
Y90 THERASPHERE (S2095)	S2095	HCPCS	outpatient			72199		Americare	Americare		54149.25	75			800	68589.05	percent of total billed charges	
Y90 THERASPHERE (S2095)	S2095	HCPCS	outpatient			72199		Amerihealth	HMO/PPO		800				800	68589.05	fee schedule	
Y90 THERASPHERE (S2095)	S2095	HCPCS	outpatient			72199		Consumer	Consumer		68589.05	95			800	68589.05	percent of total billed charges	
Y90 THERASPHERE (S2095)	S2095	HCPCS	outpatient			72199		Corrections	Corrections		57759.2	80			800	68589.05	percent of total billed charges	
Y90 THERASPHERE (S2095)	S2095	HCPCS	outpatient			72199		First Health	First Health		50539.3	70			800	68589.05	percent of total billed charges	
Y90 THERASPHERE (S2095)	S2095	HCPCS	outpatient			72199		First Trenton	First Trenton		64979.1	90			800	68589.05	percent of total billed charges	
Y90 THERASPHERE (S2095)	S2095	HCPCS	outpatient			72199		Horizon	MGD		27637.78	38.28			800	68589.05	percent of total billed charges	
Y90 THERASPHERE (S2095)	S2095	HCPCS	outpatient			72199		Horizon	PPO		27637.78	38.28			800	68589.05	percent of total billed charges	
Y90 THERASPHERE (S2095)	S2095	HCPCS	outpatient			72199		Horizon	Medicare Blue		21659.7	30			800	68589.05	percent of total billed charges	
Y90 THERASPHERE (S2095)	S2095	HCPCS	outpatient			72199		Horizon	Indemnity		27637.78	38.28			800	68589.05	percent of total billed charges	
Y90 THERASPHERE (S2095)	S2095	HCPCS	outpatient			72199		Managed Care Inc	Managed Care Inc		64979.1	90			800	68589.05	percent of total billed charges	
Y90 THERASPHERE (S2095)	S2095	HCPCS	outpatient			72199		Multiplan	Multiplan		57759.2	80			800	68589.05	percent of total billed charges	
Y90 THERASPHERE (S2095)	S2095	HCPCS	outpatient			72199		Qualcare	Qualcare		54149.25	75			800	68589.05	percent of total billed charges	
Y90 THERASPHERE (S2095)	S2095	HCPCS	outpatient			72199		Three Rivers	Three Rivers		68589.05	95			800	68589.05	percent of total billed charges	
Y90 THERASPHERE (S2095)	S2095	HCPCS	outpatient			72199		UHC	Medicaid		22778.78	31.55			800	68589.05	percent of total billed charges	
Y90 THERASPHERE (S2095)	S2095	HCPCS	outpatient			72199		Wellcare	Medicaid		22778.78	31.55			800	68589.05	percent of total billed charges	
Y90 THERASPHERE (S2095)	S2095	HCPCS	outpatient			72199		WellPoint	WellPoint		23233.64	32.18			800	68589.05	percent of total billed charges	
3D MRCP	S8037	HCPCS	outpatient					Amerihealth	HMO/PPO		294.5				294.5	385.73	fee schedule	
3D MRCP	S8037	HCPCS	outpatient					Horizon	NJ Health		385.73				294.5	385.73	fee schedule	
GLOVE MEDIUM NITRILE	S8425	HCPCS	both			30		Aetna	Better Health		9.47	31.55			9	28.5	percent of total billed charges	
GLOVE MEDIUM NITRILE	S8425	HCPCS	both			30		Aetna	Medicare		9.24	30.8			9	28.5	percent of total billed charges	
GLOVE MEDIUM NITRILE	S8425	HCPCS	both			30		Aetna	Commercial		11.4	38			9	28.5	percent of total billed charges	
GLOVE MEDIUM NITRILE	S8425	HCPCS	both			30		Americare	Americare		22.5	75			9	28.5	percent of total billed charges	
GLOVE MEDIUM NITRILE	S8425	HCPCS	both			30		Amerihealth	HMO/PPO		19.5	65			9	28.5	percent of total billed charges	
GLOVE MEDIUM NITRILE	S8425	HCPCS	both			30		Consumer	Consumer		28.5	95			9	28.5	percent of total billed charges	
GLOVE MEDIUM NITRILE	S8425	HCPCS	both			30		Corrections	Corrections		24	80			9	28.5	percent of total billed charges	
GLOVE MEDIUM NITRILE	S8425	HCPCS	both			30		First Health	First Health		21	70			9	28.5	percent of total billed charges	
GLOVE MEDIUM NITRILE	S8425	HCPCS	both			30		First Trenton	First Trenton		27	90			9	28.5	percent of total billed charges	
GLOVE MEDIUM NITRILE	S8425	HCPCS	both			30		Horizon	MGD		11.48	38.28			9	28.5	percent of total billed charges	
GLOVE MEDIUM NITRILE	S8425	HCPCS	both			30		Horizon	Indemnity		11.48	38.28			9	28.5	percent of total billed charges	
GLOVE MEDIUM NITRILE	S8425	HCPCS	both			30		Horizon	PPO		11.48	38.28			9	28.5	percent of total billed charges	
GLOVE MEDIUM NITRILE	S8425	HCPCS	both			30		Horizon	Medicare Blue		9	30			9	28.5	percent of total billed charges	
GLOVE MEDIUM NITRILE	S8425	HCPCS	both			30		Managed Care Inc	Managed Care Inc		27	90			9	28.5	percent of total billed charges	
GLOVE MEDIUM NITRILE	S8425	HCPCS	both			30		Multiplan	Multiplan		24	80			9	28.5	percent of total billed charges	
GLOVE MEDIUM NITRILE	S8425	HCPCS	both			30		Qualcare	Qualcare		22.5	75			9	28.5	percent of total billed charges	
GLOVE MEDIUM NITRILE	S8425	HCPCS	both			30		Three Rivers	Three Rivers		28.5	95			9	28.5	percent of total billed charges	
GLOVE MEDIUM NITRILE	S8425	HCPCS	both			30		UHC	Medicaid		9.47	31.55			9	28.5	percent of total billed charges	
GLOVE MEDIUM NITRILE	S8425	HCPCS	both			30		Wellcare	Medicaid		9.47	31.55			9	28.5	percent of total billed charges	
GLOVE MEDIUM NITRILE	S8425	HCPCS	both			30		WellPoint	WellPoint		9.65	32.18			9	28.5	percent of total billed charges	
SARS-COV-2 RNA(SALIVA)	U0002	HCPCS	both			159	59.01	Aetna	Better Health		52.16	31.55			35.1	151.05	percent of total billed charges	
SARS-COV-2 RNA(SALIVA)	U0002	HCPCS	both			159	59.01	Aetna	Medicare		51.31				35.1	151.05	fee schedule	
SARS-COV-2 RNA(SALIVA)	U0002	HCPCS	both			159	59.01	Aetna	Commercial		60.42	38			35.1	151.05	percent of total billed charges	
SARS-COV-2 RNA(SALIVA)	U0002	HCPCS	both			159	59.01	Americare	Americare		119.25	75			35.1	151.05	percent of total billed charges	
SARS-COV-2 RNA(SALIVA)	U0002	HCPCS	both			159	59.01	Amerihealth	HMO/PPO		103.35	65			35.1	151.05	percent of total billed charges	
SARS-COV-2 RNA(SALIVA)	U0002	HCPCS	both			159	59.01	Amerihealth	Medicare		51.31				35.1	151.05	fee schedule	
SARS-COV-2 RNA(SALIVA)	U0002	HCPCS	both			159	59.01	Consumer	Consumer		151.05	95			35.1	151.05	percent of total billed charges	
SARS-COV-2 RNA(SALIVA)	U0002	HCPCS	both			159	59.01	Corrections	Corrections		127.2	80			35.1	151.05	percent of total billed charges	
SARS-COV-2 RNA(SALIVA)	U0002	HCPCS	both			159	59.01	First Health	First Health		111.3	70			35.1	151.05	percent of total billed charges	
SARS-COV-2 RNA(SALIVA)	U0002	HCPCS	both			159	59.01	First Trenton	First Trenton		143.1	90			35.1	151.05	percent of total billed charges	
SARS-COV-2 RNA(SALIVA)	U0002	HCPCS	both			159	59.01	Horizon	MGD		60.87	38.28			35.1	151.05	percent of total billed charges	
SARS-COV-2 RNA(SALIVA)	U0002	HCPCS	both			159	59.01	Horizon	Indemnity		60.87	38.28			35.1	151.05	percent of total billed charges	
SARS-COV-2 RNA(SALIVA)	U0002	HCPCS	both			159	59.01	Horizon	Medicare Blue		47.7	30			35.1	151.05	percent of total billed charges	
SARS-COV-2 RNA(SALIVA)	U0002	HCPCS	both			159	59.01	Horizon	NJ Health		100.61				35.1	151.05	fee schedule	
SARS-COV-2 RNA(SALIVA)	U0002	HCPCS	both			159	59.01	Horizon	PPO		60.87	38.28			35.1	151.05	percent of total billed charges	
SARS-COV-2 RNA(SALIVA)	U0002	HCPCS	both			159	59.01	Managed Care Inc	Managed Care Inc		143.1	90			35.1	151.05	percent of total billed charges	
SARS-COV-2 RNA(SALIVA)	U0002	HCPCS	both			159	59.01	Multiplan	Multiplan		127.2	80			35.1	151.05	percent of total billed charges	
SARS-COV-2 RNA(SALIVA)	U0002	HCPCS	both			159	59.01	Qualcare	Qualcare		119.25	75			35.1	151.05	percent of total billed charges	
SARS-COV-2 RNA(SALIVA)	U0002	HCPCS	both			159	59.01	Three Rivers	Three Rivers		151.05	95			35.1	151.05	percent of total billed charges	
SARS-COV-2 RNA(SALIVA)	U0002	HCPCS	both			159	59.01	UHC	Medicare		51.31				35.1	151.05	fee schedule	
SARS-COV-2 RNA(SALIVA)	U0002	HCPCS	both			159	59.01	UHC	Medicaid		51.31				35.1	151.05	fee schedule	
SARS-COV-2 RNA(SALIVA)	U0002	HCPCS	both			159	59.01	Wellcare	Medicaid		51.31				35.1	151.05	fee schedule	
SARS-COV-2 RNA(SALIVA)	U0002	HCPCS	both			159	59.01	Wellcare	Medicare		51.31				35.1	151.05	fee schedule	
SARS-COV-2 RNA(SALIVA)	U0002	HCPCS	both			159	59.01	WellPoint	WellPoint		51.17	32.18			35.1	151.05	percent of total billed charges	
COVID-19 NAA SALIVA	U0003	HCPCS	outpatient			225		Aetna	Better Health		70.99	31.55			67.5	213.75	percent of total billed charges	
COVID-19 NAA SALIVA	U0003	HCPCS	outpatient			225		Aetna	Commercial		85.5	38			67.5	213.75	percent of total billed charges	
COVID-19 NAA SALIVA	U0003	HCPCS	outpatient			225		Aetna	Medicare		69.3	30.8			67.5	213.75	percent of total billed charges	
COVID-19 NAA SALIVA	U0003	HCPCS	outpatient			225		Americare	Americare		168.75	75			67.5	213.75	percent of total billed charges	
COVID-19 NAA SALIVA	U0003	HCPCS	outpatient			225		Amerihealth	HMO/PPO		146.25	65			67.5	213.75	percent of total billed charges	
COVID-19 NAA SALIVA	U0003	HCPCS	outpatient			225		Consumer	Consumer		213.75	95			67.5	213.75	percent of total billed charges	
COVID-19 NAA SALIVA	U0003	HCPCS	outpatient			225		Corrections	Corrections		180	80			67.5	213.75	percent of total billed charges	
COVID-19 NAA SALIVA	U0003	HCPCS	outpatient			225		First Health	First Health		157.5	70			67.5	213.75	percent of total billed charges	
COVID-19 NAA SALIVA	U0003	HCPCS	outpatient			225		First Trenton	First Trenton		202.5	90			67.5	213.75	percent of total billed charges	
COVID-19 NAA SALIVA	U0003	HCPCS	outpatient			225		Horizon	Medicare Blue		67.5	30			67.5	213.75	percent of total billed charges	
COVID-19 NAA SALIVA	U0003	HCPCS	outpatient			225		Horizon	Indemnity		86.13	38.28			67.5	213.75	percent of total billed charges	
COVID-19 NAA SALIVA	U0003	HCPCS	outpatient			225		Horizon	MGD		86.13	38.28			67.5	213.75	percent of total billed charges	
COVID-19 NAA SALIVA	U0003	HCPCS	outpatient			225		Horizon	NJ Health		147				67.5	213.75	fee schedule	
COVID-19 NAA SALIVA	U0003	HCPCS	outpatient			225		Horizon	PPO		86.13	38.28			67.5	213.75	percent of total billed charges	
COVID-19 NAA SALIVA	U0003	HCPCS	outpatient			225		Managed Care Inc	Managed Care Inc		202.5	90			67.5	213.75	percent of total billed charges	
COVID-19 NAA SALIVA	U0003	HCPCS	outpatient			225		Multiplan	Multiplan		180	80			67.5	213.75	percent of total billed charges	
COVID-19 NAA SALIVA	U0003	HCPCS	outpatient			225		Qualcare	Qualcare		168.75	75			67.5	213.75	percent of total billed charges	
COVID-19 NAA SALIVA	U0003	HCPCS	outpatient			225		Three Rivers	Three Rivers		213.75	95			67.5	213.75	percent of total billed charges	
COVID-19 NAA SALIVA	U0003	HCPCS	outpatient			225		UHC	Medicaid		70.99	31.55			67.5	213.75	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
COVID-19 NAA SALIVA	U0003	HCPCS	outpatient			225		Wellcare	Medicaid		70.99	31.55			67.5		213.75 percent of total billed charges	
COVID-19 NAA SALIVA	U0003	HCPCS	outpatient			225		WellPoint	WellPoint		72.41	32.18			67.5		213.75 percent of total billed charges	
SCREW CANC SPER REFL 6.5X50MM	V1713	HCPCS	inpatient			415.5		Aetna	Medicare		127.97	30.8			81		394.73 percent of total billed charges	
SCREW CANC SPER REFL 6.5X50MM	V1713	HCPCS	inpatient			415.5		Aetna	Better Health		131.09	31.55			81		394.73 percent of total billed charges	
SCREW CANC SPER REFL 6.5X50MM	V1713	HCPCS	inpatient			415.5		Aetna	Commercial		157.89	38			81		394.73 percent of total billed charges	
SCREW CANC SPER REFL 6.5X50MM	V1713	HCPCS	inpatient			415.5		Americare	Americare		311.63	75			81		394.73 percent of total billed charges	
SCREW CANC SPER REFL 6.5X50MM	V1713	HCPCS	inpatient			415.5		Amerihealth	HMO/PPO		270.08	65			81		394.73 percent of total billed charges	
SCREW CANC SPER REFL 6.5X50MM	V1713	HCPCS	inpatient			415.5		Consumer	Consumer		394.73	95			81		394.73 percent of total billed charges	
SCREW CANC SPER REFL 6.5X50MM	V1713	HCPCS	inpatient			415.5		Corrections	Corrections		332.4	80			81		394.73 percent of total billed charges	
SCREW CANC SPER REFL 6.5X50MM	V1713	HCPCS	inpatient			415.5		First Health	First Health		290.85	70			81		394.73 percent of total billed charges	
SCREW CANC SPER REFL 6.5X50MM	V1713	HCPCS	inpatient			415.5		First Trenton	First Trenton		373.95	90			81		394.73 percent of total billed charges	
SCREW CANC SPER REFL 6.5X50MM	V1713	HCPCS	inpatient			415.5		Horizon	MGD		159.05	38.28			81		394.73 percent of total billed charges	
SCREW CANC SPER REFL 6.5X50MM	V1713	HCPCS	inpatient			415.5		Horizon	Indemnity		159.05	38.28			81		394.73 percent of total billed charges	
SCREW CANC SPER REFL 6.5X50MM	V1713	HCPCS	inpatient			415.5		Horizon	Medicare Blue		124.65	30			81		394.73 percent of total billed charges	
SCREW CANC SPER REFL 6.5X50MM	V1713	HCPCS	inpatient			415.5		Horizon	PPO		159.05	38.28			81		394.73 percent of total billed charges	
SCREW CANC SPER REFL 6.5X50MM	V1713	HCPCS	inpatient			415.5		Managed Care Inc	Managed Care Inc		373.95	90			81		394.73 percent of total billed charges	
SCREW CANC SPER REFL 6.5X50MM	V1713	HCPCS	inpatient			415.5		Multiplan	Multiplan		332.4	80			81		394.73 percent of total billed charges	
SCREW CANC SPER REFL 6.5X50MM	V1713	HCPCS	inpatient			415.5		Qualcare	Qualcare		311.63	75			81		394.73 percent of total billed charges	
SCREW CANC SPER REFL 6.5X50MM	V1713	HCPCS	inpatient			415.5		Three Rivers	Three Rivers		394.73	95			81		394.73 percent of total billed charges	
SCREW CANC SPER REFL 6.5X50MM	V1713	HCPCS	inpatient			415.5		UHC	Medicaid		131.09	31.55			81		394.73 percent of total billed charges	
SCREW CANC SPER REFL 6.5X50MM	V1713	HCPCS	inpatient			415.5		Wellcare	Medicaid		131.09	31.55			81		394.73 percent of total billed charges	
SCREW CANC SPER REFL 6.5X50MM	V1713	HCPCS	inpatient			415.5		WellPoint	WellPoint		133.71	32.18			81		394.73 percent of total billed charges	
INTRA OCULAR	V2630	HCPCS	outpatient			750		160.45 Aetna	Commercial		285	38			139.52		712.5 percent of total billed charges	
INTRA OCULAR	V2630	HCPCS	outpatient			750		160.45 Aetna	Better Health		236.63	31.55			139.52		712.5 percent of total billed charges	
INTRA OCULAR	V2630	HCPCS	outpatient			750		160.45 Aetna	Medicare		139.52				139.52		712.5 fee schedule	
INTRA OCULAR	V2630	HCPCS	outpatient			750		160.45 Americare	Americare		562.5	75			139.52		712.5 percent of total billed charges	
INTRA OCULAR	V2630	HCPCS	outpatient			750		160.45 Amerihealth	Medicare		139.52				139.52		712.5 fee schedule	
INTRA OCULAR	V2630	HCPCS	outpatient			750		160.45 Amerihealth	HMO/PPO		487.5	65			139.52		712.5 percent of total billed charges	
INTRA OCULAR	V2630	HCPCS	outpatient			750		160.45 Consumer	Consumer		712.5	95			139.52		712.5 percent of total billed charges	
INTRA OCULAR	V2630	HCPCS	outpatient			750		160.45 Corrections	Corrections		600	80			139.52		712.5 percent of total billed charges	
INTRA OCULAR	V2630	HCPCS	outpatient			750		160.45 First Health	First Health		525	70			139.52		712.5 percent of total billed charges	
INTRA OCULAR	V2630	HCPCS	outpatient			750		160.45 First Trenton	First Trenton		675	90			139.52		712.5 percent of total billed charges	
INTRA OCULAR	V2630	HCPCS	outpatient			750		160.45 Horizon	Indemnity		287.1	38.28			139.52		712.5 percent of total billed charges	
INTRA OCULAR	V2630	HCPCS	outpatient			750		160.45 Horizon	MGD		287.1	38.28			139.52		712.5 percent of total billed charges	
INTRA OCULAR	V2630	HCPCS	outpatient			750		160.45 Horizon	Medicare Blue		225	30			139.52		712.5 percent of total billed charges	
INTRA OCULAR	V2630	HCPCS	outpatient			750		160.45 Horizon	NJ Health		300	40			139.52		712.5 percent of total billed charges	
INTRA OCULAR	V2630	HCPCS	outpatient			750		160.45 Horizon	PPO		287.1	38.28			139.52		712.5 percent of total billed charges	
INTRA OCULAR	V2630	HCPCS	outpatient			750		160.45 Managed Care Inc	Managed Care Inc		675	90			139.52		712.5 percent of total billed charges	
INTRA OCULAR	V2630	HCPCS	outpatient			750		160.45 Multiplan	Multiplan		600	80			139.52		712.5 percent of total billed charges	
INTRA OCULAR	V2630	HCPCS	outpatient			750		160.45 Qualcare	Qualcare		300	40			139.52		712.5 percent of total billed charges	
INTRA OCULAR	V2630	HCPCS	outpatient			750		160.45 Three Rivers	Three Rivers		712.5	95			139.52		712.5 percent of total billed charges	
INTRA OCULAR	V2630	HCPCS	outpatient			750		160.45 UHC	Medicaid		236.63	31.55			139.52		712.5 percent of total billed charges	
INTRA OCULAR	V2630	HCPCS	outpatient			750		160.45 UHC	Medicare		139.52				139.52		712.5 fee schedule	
INTRA OCULAR	V2630	HCPCS	outpatient			750		160.45 Wellcare	Medicare		139.52				139.52		712.5 fee schedule	
INTRA OCULAR	V2630	HCPCS	outpatient			750		160.45 Wellcare	Medicaid		236.63	31.55			139.52		712.5 percent of total billed charges	
INTRA OCULAR	V2630	HCPCS	outpatient			750		160.45 WellPoint	WellPoint		241.35	32.18			139.52		712.5 percent of total billed charges	
TECNIS TORIC +27 OD SE 3.00D	V2632	HCPCS	both			3615		160.45 Aetna	Medicare		139.52				34.65		3434.25 fee schedule	
TECNIS TORIC +27 OD SE 3.00D	V2632	HCPCS	both			3615		160.45 Aetna	Better Health		1140.53	31.55			34.65		3434.25 percent of total billed charges	
TECNIS TORIC +27 OD SE 3.00D	V2632	HCPCS	both			3615		160.45 Aetna	Commercial		1373.7	38			34.65		3434.25 percent of total billed charges	
TECNIS TORIC +27 OD SE 3.00D	V2632	HCPCS	both			3615		160.45 Americare	Americare		2711.25	75			34.65		3434.25 percent of total billed charges	
TECNIS TORIC +27 OD SE 3.00D	V2632	HCPCS	both			3615		160.45 Amerihealth	Medicare		139.52				34.65		3434.25 fee schedule	
TECNIS TORIC +27 OD SE 3.00D	V2632	HCPCS	both			3615		160.45 Amerihealth	HMO/PPO		2349.75	65			34.65		3434.25 percent of total billed charges	
TECNIS TORIC +27 OD SE 3.00D	V2632	HCPCS	both			3615		160.45 Consumer	Consumer		3434.25	95			34.65		3434.25 percent of total billed charges	
TECNIS TORIC +27 OD SE 3.00D	V2632	HCPCS	both			3615		160.45 Corrections	Corrections		2892	80			34.65		3434.25 percent of total billed charges	
TECNIS TORIC +27 OD SE 3.00D	V2632	HCPCS	both			3615		160.45 First Health	First Health		2530.5	70			34.65		3434.25 percent of total billed charges	
TECNIS TORIC +27 OD SE 3.00D	V2632	HCPCS	both			3615		160.45 First Trenton	First Trenton		3253.5	90			34.65		3434.25 percent of total billed charges	
TECNIS TORIC +27 OD SE 3.00D	V2632	HCPCS	both			3615		160.45 Horizon	MGD		1383.82	38.28			34.65		3434.25 percent of total billed charges	
TECNIS TORIC +27 OD SE 3.00D	V2632	HCPCS	both			3615		160.45 Horizon	Medicare Blue		1084.5	30			34.65		3434.25 percent of total billed charges	
TECNIS TORIC +27 OD SE 3.00D	V2632	HCPCS	both			3615		160.45 Horizon	NJ Health		1446	40			34.65		3434.25 percent of total billed charges	
TECNIS TORIC +27 OD SE 3.00D	V2632	HCPCS	both			3615		160.45 Horizon	Indemnity		1383.82	38.28			34.65		3434.25 percent of total billed charges	
TECNIS TORIC +27 OD SE 3.00D	V2632	HCPCS	both			3615		160.45 Horizon	PPO		1383.82	38.28			34.65		3434.25 percent of total billed charges	
TECNIS TORIC +27 OD SE 3.00D	V2632	HCPCS	both			3615		160.45 Managed Care Inc	Managed Care Inc		3253.5	90			34.65		3434.25 percent of total billed charges	
TECNIS TORIC +27 OD SE 3.00D	V2632	HCPCS	both			3615		160.45 Multiplan	Multiplan		2892	80			34.65		3434.25 percent of total billed charges	
TECNIS TORIC +27 OD SE 3.00D	V2632	HCPCS	both			3615		160.45 Qualcare	Qualcare		1446	40			34.65		3434.25 percent of total billed charges	
TECNIS TORIC +27 OD SE 3.00D	V2632	HCPCS	both			3615		160.45 Three Rivers	Three Rivers		3434.25	95			34.65		3434.25 percent of total billed charges	
TECNIS TORIC +27 OD SE 3.00D	V2632	HCPCS	both			3615		160.45 UHC	Medicare		139.52				34.65		3434.25 fee schedule	
TECNIS TORIC +27 OD SE 3.00D	V2632	HCPCS	both			3615		160.45 UHC	Medicaid		1140.53	31.55			34.65		3434.25 percent of total billed charges	
TECNIS TORIC +27 OD SE 3.00D	V2632	HCPCS	both			3615		160.45 Wellcare	Medicare		139.52				34.65		3434.25 fee schedule	
TECNIS TORIC +27 OD SE 3.00D	V2632	HCPCS	both			3615		160.45 Wellcare	Medicaid		1140.53	31.55			34.65		3434.25 percent of total billed charges	
TECNIS TORIC +27 OD SE 3.00D	V2632	HCPCS	both			3615		160.45 WellPoint	WellPoint		1163.31	32.18			34.65		3434.25 percent of total billed charges	
PRESS-ON FRESNEL PRISM, EA	V2718	HCPCS	outpatient			108		38.49 Aetna	Better Health		34.07	31.55			32.4		102.6 percent of total billed charges	
PRESS-ON FRESNEL PRISM, EA	V2718	HCPCS	outpatient			108		38.49 Aetna	Commercial		41.04	38			32.4		102.6 percent of total billed charges	
PRESS-ON FRESNEL PRISM, EA	V2718	HCPCS	outpatient			108		38.49 Aetna	Medicare		33.47				32.4		102.6 fee schedule	
PRESS-ON FRESNEL PRISM, EA	V2718	HCPCS	outpatient			108		38.49 Americare	Americare		81	75			32.4		102.6 percent of total billed charges	
PRESS-ON FRESNEL PRISM, EA	V2718	HCPCS	outpatient			108		38.49 Amerihealth	Medicare		33.47				32.4		102.6 fee schedule	
PRESS-ON FRESNEL PRISM, EA	V2718	HCPCS	outpatient			108		38.49 Amerihealth	HMO/PPO		70.2	65			32.4		102.6 percent of total billed charges	
PRESS-ON FRESNEL PRISM, EA	V2718	HCPCS	outpatient			108		38.49 Consumer	Consumer		102.6	95			32.4		102.6 percent of total billed charges	
PRESS-ON FRESNEL PRISM, EA	V2718	HCPCS	outpatient			108		38.49 Corrections	Corrections		86.4	80			32.4		102.6 percent of total billed charges	
PRESS-ON FRESNEL PRISM, EA	V2718	HCPCS	outpatient			108		38.49 First Health	First Health		75.6	70			32.4		102.6 percent of total billed charges	
PRESS-ON FRESNEL PRISM, EA	V2718	HCPCS	outpatient			108		38.49 First Trenton	First Trenton		97.2	90			32.4		102.6 percent of total billed charges	
PRESS-ON FRESNEL PRISM, EA	V2718	HCPCS	outpatient			108		38.49 Horizon	MGD		41.34	38.28			32.4		102.6 percent of total billed charges	
PRESS-ON FRESNEL PRISM, EA	V2718	HCPCS	outpatient			108		38.49 Horizon	Indemnity		41.34	38.28			32.4		102.6 percent of total billed charges	
PRESS-ON FRESNEL PRISM, EA	V2718	HCPCS	outpatient			108		38.49 Horizon	PPO		41.34	38.28			32.4		102.6 percent of total billed charges	
PRESS-ON FRESNEL PRISM, EA	V2718	HCPCS	outpatient			108		38.49 Horizon	Medicare Blue		32.4	30			32.4		102.6 percent of total billed charges	
PRESS-ON FRESNEL PRISM, EA	V2718	HCPCS	outpatient			108		38.49 Managed Care Inc	Managed Care Inc		97.2	90			32.4		102.6 percent of total billed charges	
PRESS-ON FRESNEL PRISM, EA	V2718	HCPCS	outpatient			108		38.49 Multiplan	Multiplan		86.4	80			32.4		102.6 percent of total billed charges	
PRESS-ON FRESNEL PRISM, EA	V2718	HCPCS	outpatient			108		38.49 Qualcare	Qualcare		81	75			32.4		102.6 percent of total billed charges	
PRESS-ON FRESNEL PRISM, EA	V2718	HCPCS	outpatient			108		38.49 Three Rivers	Three Rivers		102.6	95			32.4		102.6 percent of total billed charges	
PRESS-ON FRESNEL PRISM, EA	V2718	HCPCS	outpatient			108		38.49 UHC	Medicaid		34.07	31.55			32.4		102.6 percent of total billed charges	
PRESS-ON FRESNEL PRISM, EA	V2718	HCPCS	outpatient			108		38.49 UHC	Medicare		33.47				32.4		102.6 fee schedule	
PRESS-ON FRESNEL PRISM, EA	V2718	HCPCS	outpatient			108		38.49 Wellcare	Medicaid		34.07	31.55			32.4		102.6 percent of total billed charges	
PRESS-ON FRESNEL PRISM, EA	V2718	HCPCS	outpatient			108		38.49 Wellcare	Medicare		33.47				32.4		102.6 fee schedule	
PRESS-ON FRESNEL PRISM, EA	V2718	HCPCS	outpatient			108		38.49 WellPoint	WellPoint		34.75	32.18			32.4		102.6 percent of total billed charges	
EVERST,WH EYE,MOIST CHMBR,RT	V2785	HCPCS	outpatient			13524		Aetna	Better Health		4266.82	31.55			337.5		12847.8 percent of total billed charges	
EVERST,WH EYE,MOIST CHMBR,RT	V2785	HCPCS	outpatient			13524		Aetna	Commercial		5139.12	38			337.5		12847.8 percent of total billed charges	
EVERST,WH EYE,MOIST CHMBR,RT	V2785	HCPCS	outpatient			13524		Aetna	Medicare		4165.39	30.8			337.5		12847.8 percent of total billed charges	
EVERST,WH EYE,MOIST CHMBR,RT	V2785	HCPCS	outpatient			13524		Americare	Americare		10143	75			337.5		12847.8 percent of total billed charges	
EVERST,WH EYE,MOIST CHMBR,RT	V2785	HCPCS	outpatient			13524		Amerihealth	HMO/PPO		8790.6	65			337.5		12847.8 percent of total billed charges	
EVERST,WH EYE,MOIST CHMBR,RT	V2785	HCPCS	outpatient			13524		Consumer	Consumer		12847.8	95			337.5		12847.8 percent of total billed charges	
EVERST,WH EYE,MOIST CHMBR,RT	V2785	HCPCS	outpatient			13524		Corrections	Corrections		10819.2	80			337.5		12847.8 percent of total billed charges	
EVERST,WH EYE,MOIST CHMBR,RT	V2785	HCPCS	outpatient			13524		First Health	First Health		9466.8	70			337.5		12847.8 percent of total billed charges	
EVERST,WH EYE,MOIST CHMBR,RT	V2785	HCPCS	outpatient			13524		First Trenton	First Trenton		12171.6	90			337.5		12847.8 percent of total billed charges	
EVERST,WH EYE,MOIST CHMBR,RT	V2785	HCPCS	outpatient			13524		Horizon	Medicare Blue		4057.2	30			337.5		12847.8 percent of total billed charges	
EVERST,WH EYE,MOIST CHMBR,RT	V2785	HCPCS	outpatient			13524		Horizon	Indemnity		5176.99	38.28			337.5		12847.8 percent of total billed charges	
EVERST,WH EYE,MOIST CHMBR,RT	V2785	HCPCS	outpatient			13524		Horizon	MGD		5176.99	38.28			337.5		12847.8 percent of total billed charges	
EVERST,WH EYE,MOIST CHMBR,RT	V2785	HCPCS	outpatient			13524		Horizon	PPO		5176.99	38.28			337.5		12847.8 percent of total billed charges	
EVERST,WH EYE,MOIST CHMBR,RT	V2785	HCPCS	outpatient			13524		Managed Care Inc	Managed Care Inc		12171.6	90			337.5		12847.8 percent of total billed charges	
EVERST,WH EYE,MOIST CHMBR,RT	V2785	HCPCS	outpatient			13524		Multiplan	Multiplan		10819.2	80			337.5		12847.8 percent of total billed charges	
EVERST,WH EYE,MOIST CHMBR,RT	V2785	HCPCS	outpatient			13524		Qualcare	Qualcare		10143	75			337.5		12847.8 percent of total billed charges	
EVERST,WH EYE,MOIST CHMBR,RT	V2785	HCPCS	outpatient			13524		Three Rivers	Three Rivers		12847.8	95			337.5		12847.8 percent of total billed charges	
EVERST,WH EYE,MOIST CHMBR,RT	V2785	HCPCS	outpatient			13524		UHC	Medicaid		4266.82	31.55			337.5		12847.8 percent of total billed charges	
EVERST,WH EYE,MOIST CHMBR,RT	V2785	HCPCS	outpatient			13524		Wellcare	Medicaid		4266.82	31.55			337.5		12847.8 percent of total billed charges	
EVERST,WH EYE,MOIST CHMBR,RT	V2785	HCPCS	outpatient			13524		WellPoint	WellPoint		4352.02	32.18			337.5		12847.8 percent of total billed charges	
LENS TORIC ASPH IOL 19.0 OD	V2787	HCPCS	outpatient			2955		Aetna	Better Health		932.3	31.55			405		2807.25 percent of total billed charges	
LENS TORIC ASPH IOL 19.0 OD	V2787	HCPCS	outpatient			2955		Aetna	Commercial		1122.9	38			405		2807.25 percent of total billed charges	
LENS TORIC ASPH IOL 19.0 OD	V2787	HCPCS	outpatient			2955		Aetna	Medicare		910.14	30.8			405		2807.25 percent of total billed charges	
LENS TORIC ASPH IOL 19.0 OD	V2787	HCPCS	outpatient			2955		Americare	Americare		2216.25	75			405		2807.25 percent of total billed charges	
LENS TORIC ASPH IOL 19.0 OD	V2787	HCPCS	outpatient			2955		Amerihealth	HMO/PPO		1920.75	65			405		2807.25 percent of total billed charges	
LENS TORIC ASPH IOL 19.0 OD	V2787	HCPCS	outpatient			2955		Consumer	Consumer		2807.25	95			405		2807.25 percent of total billed charges	
LENS TORIC ASPH IOL 19.0 OD	V2787	HCPCS	outpatient			2955		Corrections	Corrections		2364	80			405		2807.25 percent of total billed charges	
LENS TORIC ASPH IOL 19.0 OD	V2787	HCPCS	outpatient			2955		First Health	First Health		2068.5	70			405		2807.25 percent of total billed charges	
LENS TORIC ASPH IOL 19.0 OD	V2787	HCPCS	outpatient			2955		First Trenton	First Trenton		2659.5	90			405		2807.25 percent of total billed charges	
LENS TORIC ASPH IOL 19.0 OD	V2787	HCPCS	outpatient			2955		Horizon	NJ Health		1182	40			405		2807.25 percent of total billed charges	
LENS TORIC ASPH IOL 19.0 OD	V2787	HCPCS	outpatient			2955		Horizon	Indemnity		1131.17	38.28			405		2807.25 percent of total billed charges	
LENS TORIC ASPH IOL 19.0 OD	V2787	HCPCS	outpatient			2955		Horizon	MGD		1131.17	38.28			405		2807.25 percent of total billed charges	
LENS TORIC ASPH IOL 19.0 OD	V2787	HCPCS	outpatient			2955		Horizon	Medicare Blue		886.5	30			405		2807.25 percent of total billed charges	
LENS TORIC ASPH IOL 19.0 OD	V2787	HCPCS	outpatient			2955		Horizon	PPO		1131.17	38.28			405		2807.25 percent of total billed charges	
LENS TORIC ASPH IOL 19.0 OD	V2787	HCPCS	outpatient			2955		Managed Care Inc	Managed Care Inc		2659.5	90			405		2807.25 percent of total billed charges	
LENS TORIC ASPH IOL 19.0 OD	V2787	HCPCS	outpatient			2955		Multiplan	Multiplan		2364	80			405		2807.25 percent of total billed charges	
LENS TORIC ASPH IOL 19.0 OD	V2787	HCPCS	outpatient			2955		Qualcare	Qualcare		1182	40			405		2807.25 percent of total billed charges	
LENS TORIC ASPH IOL 19.0 OD	V2787	HCPCS	outpatient			2955		Three Rivers	Three Rivers		2807.25	95			405		2807.25 percent of total billed charges	
LENS TORIC ASPH IOL 19.0 OD	V2787	HCPCS	outpatient			2955		UHC	Medicaid		932.3	31.55			405		2807.25 percent of total billed charges	
LENS TORIC ASPH IOL 19.0 OD	V2787	HCPCS	outpatient			2955		Wellcare	Medicaid		932.3	31.55			405		2807.25 percent of total billed charges	
LENS TORIC ASPH IOL 19.0 OD	V2787	HCPCS	outpatient			2955		WellPoint	WellPoint		950.92	32.18			405		2807.25 percent of total billed charges	
LENS SP ACRYSOF RESTR IQ21.5D	V2788	HCPCS	outpatient			2955		Aetna	Better Health		932.3	31.55			445.5		2807.25 percent of total billed charges	
LENS SP ACRYSOF RESTR IQ21.5D	V2788	HCPCS	outpatient			2955		Aetna	Medicare		910.14	30.8			445.5		2807.25 percent of total billed charges	
LENS SP ACRYSOF RESTR IQ21.5D	V2788	HCPCS	outpatient			2955		Aetna	Commercial		1122.9	38			445.5		2807.25 percent of total billed charges	
LENS SP ACRYSOF RESTR IQ21.5D	V2788	HCPCS	outpatient			2955		Americare	Americare		2216.25	75			445.5		2807.25 percent of total billed charges	
LENS SP ACRYSOF RESTR IQ21.5D	V2788	HCPCS	outpatient			2955		Amerihealth	HMO/PPO		1920.75	65			445.5		2807.25 percent of total billed charges	
LENS SP ACRYSOF RESTR IQ21.5D	V2788	HCPCS	outpatient			2955		Consumer	Consumer		2807.25	95			445.5		2807.25 percent of total billed charges	
LENS SP ACRYSOF RESTR IQ21.5D	V2788	HCPCS	outpatient			2955		Corrections	Corrections		2364	80			445.5		2807.25 percent of total billed charges	
LENS SP ACRYSOF RESTR IQ21.5D	V2788	HCPCS	outpatient			2955		First Health	First Health		2068.5	70			445.5		2807.25 percent of total billed charges	
LENS SP ACRYSOF RESTR IQ21.5D	V2788	HCPCS	outpatient			2955		First Trenton	First Trenton		2659.5	90			445.5		2807.25 percent of total billed charges	
LENS SP ACRYSOF RESTR IQ21.5D	V2788	HCPCS	outpatient			2955		Horizon	MGD		1131.17	38.28			445.5		2807.25 percent of total billed charges	
LENS SP ACRYSOF RESTR IQ21.5D	V2788	HCPCS	outpatient			2955		Horizon	Medicare Blue		886.5	30			445.5		2807.25 percent of total billed charges	
LENS SP ACRYSOF RESTR IQ21.5D	V2788	HCPCS	outpatient			2955		Horizon	NJ Health		1182	40			445.5		2807.25 percent of total billed charges	
LENS SP ACRYSOF RESTR IQ21.5D	V2788	HCPCS	outpatient			2955		Horizon	Indemnity		1131.17	38.28			445.5		2807.25 percent of total billed charges	
LENS SP ACRYSOF RESTR IQ21.5D	V2788	HCPCS	outpatient			2955		Horizon	PPO		1131.17	38.28			445.5		2807.25 percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.															
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true														
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
LENS SP ACRYSOF RESTR IQ21.5D	V2788	HCPCS	outpatient			2955		Managed Care Inc	Managed Care Inc		2659.5	90			445.5	2807.25	percent of total billed charges	
LENS SP ACRYSOF RESTR IQ21.5D	V2788	HCPCS	outpatient			2955		Multiplan	Multiplan		2364	80			445.5	2807.25	percent of total billed charges	
LENS SP ACRYSOF RESTR IQ21.5D	V2788	HCPCS	outpatient			2955		Qualcare	Qualcare		1182	40			445.5	2807.25	percent of total billed charges	
LENS SP ACRYSOF RESTR IQ21.5D	V2788	HCPCS	outpatient			2955		Three Rivers	Three Rivers		2807.25	95			445.5	2807.25	percent of total billed charges	
LENS SP ACRYSOF RESTR IQ21.5D	V2788	HCPCS	outpatient			2955		UHC	Medicaid		932.3	31.55			445.5	2807.25	percent of total billed charges	
LENS SP ACRYSOF RESTR IQ21.5D	V2788	HCPCS	outpatient			2955		Wellcare	Medicaid		932.3	31.55			445.5	2807.25	percent of total billed charges	
LENS SP ACRYSOF RESTR IQ21.5D	V2788	HCPCS	outpatient			2955		WellPoint	WellPoint		950.92	32.18			445.5	2807.25	percent of total billed charges	
IMPLANT MEMBRANE CRYOPRESERVED HUMAN	V2790	HCPCS	both			10170		Aetna	Better Health		3208.64	31.55			3	9661.5	percent of total billed charges	
IMPLANT MEMBRANE CRYOPRESERVED HUMAN	V2790	HCPCS	both			10170		Aetna	Medicare		3132.36	30.8			3	9661.5	percent of total billed charges	
IMPLANT MEMBRANE CRYOPRESERVED HUMAN	V2790	HCPCS	both			10170		Aetna	Commercial		3864.6	38			3	9661.5	percent of total billed charges	
IMPLANT MEMBRANE CRYOPRESERVED HUMAN	V2790	HCPCS	both			10170		Americare	Americare		7627.5	75			3	9661.5	percent of total billed charges	
IMPLANT MEMBRANE CRYOPRESERVED HUMAN	V2790	HCPCS	both			10170		Amerihealth	HMO/PPO		6610.5	65			3	9661.5	percent of total billed charges	
IMPLANT MEMBRANE CRYOPRESERVED HUMAN	V2790	HCPCS	both			10170		Consumer	Consumer		9661.5	95			3	9661.5	percent of total billed charges	
IMPLANT MEMBRANE CRYOPRESERVED HUMAN	V2790	HCPCS	both			10170		Corrections	Corrections		8136	80			3	9661.5	percent of total billed charges	
IMPLANT MEMBRANE CRYOPRESERVED HUMAN	V2790	HCPCS	both			10170		First Health	First Health		7119	70			3	9661.5	percent of total billed charges	
IMPLANT MEMBRANE CRYOPRESERVED HUMAN	V2790	HCPCS	both			10170		First Trenton	First Trenton		9153	90			3	9661.5	percent of total billed charges	
IMPLANT MEMBRANE CRYOPRESERVED HUMAN	V2790	HCPCS	both			10170		Horizon	MGD		3893.08	38.28			3	9661.5	percent of total billed charges	
IMPLANT MEMBRANE CRYOPRESERVED HUMAN	V2790	HCPCS	both			10170		Horizon	NJ Health		4068	40			3	9661.5	percent of total billed charges	
IMPLANT MEMBRANE CRYOPRESERVED HUMAN	V2790	HCPCS	both			10170		Horizon	PPO		3893.08	38.28			3	9661.5	percent of total billed charges	
IMPLANT MEMBRANE CRYOPRESERVED HUMAN	V2790	HCPCS	both			10170		Horizon	Indemnity		3893.08	38.28			3	9661.5	percent of total billed charges	
IMPLANT MEMBRANE CRYOPRESERVED HUMAN	V2790	HCPCS	both			10170		Horizon	Medicare Blue		3051	30			3	9661.5	percent of total billed charges	
IMPLANT MEMBRANE CRYOPRESERVED HUMAN	V2790	HCPCS	both			10170		Managed Care Inc	Managed Care Inc		9153	90			3	9661.5	percent of total billed charges	
IMPLANT MEMBRANE CRYOPRESERVED HUMAN	V2790	HCPCS	both			10170		Multiplan	Multiplan		8136	80			3	9661.5	percent of total billed charges	
IMPLANT MEMBRANE CRYOPRESERVED HUMAN	V2790	HCPCS	both			10170		Qualcare	Qualcare		4068	40			3	9661.5	percent of total billed charges	
IMPLANT MEMBRANE CRYOPRESERVED HUMAN	V2790	HCPCS	both			10170		Three Rivers	Three Rivers		9661.5	95			3	9661.5	percent of total billed charges	
IMPLANT MEMBRANE CRYOPRESERVED HUMAN	V2790	HCPCS	both			10170		UHC	Medicaid		3208.64	31.55			3	9661.5	percent of total billed charges	
IMPLANT MEMBRANE CRYOPRESERVED HUMAN	V2790	HCPCS	both			10170		Wellcare	Medicaid		3208.64	31.55			3	9661.5	percent of total billed charges	
IMPLANT MEMBRANE CRYOPRESERVED HUMAN	V2790	HCPCS	both			10170		WellPoint	WellPoint		3272.71	32.18			3	9661.5	percent of total billed charges	
HEARINGNAID FITTING/CHECKING	V5011	HCPCS	outpatient			292		Aetna	Commercial		110.96	38			87.6	277.4	percent of total billed charges	
HEARINGNAID FITTING/CHECKING	V5011	HCPCS	outpatient			292		Aetna	Medicare		89.94	30.8			87.6	277.4	percent of total billed charges	
HEARINGNAID FITTING/CHECKING	V5011	HCPCS	outpatient			292		Aetna	Better Health		92.13	31.55			87.6	277.4	percent of total billed charges	
HEARINGNAID FITTING/CHECKING	V5011	HCPCS	outpatient			292		Americare	Americare		219	75			87.6	277.4	percent of total billed charges	
HEARINGNAID FITTING/CHECKING	V5011	HCPCS	outpatient			292		Amerihealth	HMO/PPO		189.8	65			87.6	277.4	percent of total billed charges	
HEARINGNAID FITTING/CHECKING	V5011	HCPCS	outpatient			292		Consumer	Consumer		277.4	95			87.6	277.4	percent of total billed charges	
HEARINGNAID FITTING/CHECKING	V5011	HCPCS	outpatient			292		Corrections	Corrections		233.6	80			87.6	277.4	percent of total billed charges	
HEARINGNAID FITTING/CHECKING	V5011	HCPCS	outpatient			292		First Health	First Health		204.4	70			87.6	277.4	percent of total billed charges	
HEARINGNAID FITTING/CHECKING	V5011	HCPCS	outpatient			292		First Trenton	First Trenton		262.8	90			87.6	277.4	percent of total billed charges	
HEARINGNAID FITTING/CHECKING	V5011	HCPCS	outpatient			292		Horizon	MGD		111.78	38.28			87.6	277.4	percent of total billed charges	
HEARINGNAID FITTING/CHECKING	V5011	HCPCS	outpatient			292		Horizon	Indemnity		111.78	38.28			87.6	277.4	percent of total billed charges	
HEARINGNAID FITTING/CHECKING	V5011	HCPCS	outpatient			292		Horizon	Medicare Blue		87.6	30			87.6	277.4	percent of total billed charges	
HEARINGNAID FITTING/CHECKING	V5011	HCPCS	outpatient			292		Horizon	PPO		111.78	38.28			87.6	277.4	percent of total billed charges	
HEARINGNAID FITTING/CHECKING	V5011	HCPCS	outpatient			292		Managed Care Inc	Managed Care Inc		262.8	90			87.6	277.4	percent of total billed charges	
HEARINGNAID FITTING/CHECKING	V5011	HCPCS	outpatient			292		Multiplan	Multiplan		233.6	80			87.6	277.4	percent of total billed charges	
HEARINGNAID FITTING/CHECKING	V5011	HCPCS	outpatient			292		Qualcare	Qualcare		219	75			87.6	277.4	percent of total billed charges	
HEARINGNAID FITTING/CHECKING	V5011	HCPCS	outpatient			292		Three Rivers	Three Rivers		277.4	95			87.6	277.4	percent of total billed charges	
HEARINGNAID FITTING/CHECKING	V5011	HCPCS	outpatient			292		UHC	Medicaid		92.13	31.55			87.6	277.4	percent of total billed charges	
HEARINGNAID FITTING/CHECKING	V5011	HCPCS	outpatient			292		Wellcare	Medicaid		92.13	31.55			87.6	277.4	percent of total billed charges	
HEARINGNAID FITTING/CHECKING	V5011	HCPCS	outpatient			292		WellPoint	WellPoint		93.97	32.18			87.6	277.4	percent of total billed charges	
HEARING AID SERVICE APPT	V5014	HCPCS	outpatient			147		Aetna	Medicare		45.28	30.8			29.1	139.65	percent of total billed charges	
HEARING AID SERVICE APPT	V5014	HCPCS	outpatient			147		Aetna	Better Health		46.38	31.55			29.1	139.65	percent of total billed charges	
HEARING AID SERVICE APPT	V5014	HCPCS	outpatient			147		Aetna	Commercial		55.86	38			29.1	139.65	percent of total billed charges	
HEARING AID SERVICE APPT	V5014	HCPCS	outpatient			147		Americare	Americare		110.25	75			29.1	139.65	percent of total billed charges	
HEARING AID SERVICE APPT	V5014	HCPCS	outpatient			147		Amerihealth	HMO/PPO		95.55	65			29.1	139.65	percent of total billed charges	
HEARING AID SERVICE APPT	V5014	HCPCS	outpatient			147		Consumer	Consumer		139.65	95			29.1	139.65	percent of total billed charges	
HEARING AID SERVICE APPT	V5014	HCPCS	outpatient			147		Corrections	Corrections		117.6	80			29.1	139.65	percent of total billed charges	
HEARING AID SERVICE APPT	V5014	HCPCS	outpatient			147		First Health	First Health		102.9	70			29.1	139.65	percent of total billed charges	
HEARING AID SERVICE APPT	V5014	HCPCS	outpatient			147		First Trenton	First Trenton		132.3	90			29.1	139.65	percent of total billed charges	
HEARING AID SERVICE APPT	V5014	HCPCS	outpatient			147		Horizon	Medicare Blue		44.1	30			29.1	139.65	percent of total billed charges	
HEARING AID SERVICE APPT	V5014	HCPCS	outpatient			147		Horizon	Indemnity		56.27	38.28			29.1	139.65	percent of total billed charges	
HEARING AID SERVICE APPT	V5014	HCPCS	outpatient			147		Horizon	MGD		56.27	38.28			29.1	139.65	percent of total billed charges	
HEARING AID SERVICE APPT	V5014	HCPCS	outpatient			147		Horizon	PPO		56.27	38.28			29.1	139.65	percent of total billed charges	
HEARING AID SERVICE APPT	V5014	HCPCS	outpatient			147		Managed Care Inc	Managed Care Inc		132.3	90			29.1	139.65	percent of total billed charges	
HEARING AID SERVICE APPT	V5014	HCPCS	outpatient			147		Multiplan	Multiplan		117.6	80			29.1	139.65	percent of total billed charges	
HEARING AID SERVICE APPT	V5014	HCPCS	outpatient			147		Qualcare	Qualcare		110.25	75			29.1	139.65	percent of total billed charges	
HEARING AID SERVICE APPT	V5014	HCPCS	outpatient			147		Three Rivers	Three Rivers		139.65	95			29.1	139.65	percent of total billed charges	
HEARING AID SERVICE APPT	V5014	HCPCS	outpatient			147		UHC	Medicaid		46.38	31.55			29.1	139.65	percent of total billed charges	
HEARING AID SERVICE APPT	V5014	HCPCS	outpatient			147		Wellcare	Medicaid		46.38	31.55			29.1	139.65	percent of total billed charges	
HEARING AID SERVICE APPT	V5014	HCPCS	outpatient			147		WellPoint	WellPoint		47.3	32.18			29.1	139.65	percent of total billed charges	
DISPENSING FEE, BILATERAL	V5110	HCPCS	outpatient			437		Aetna	Better Health		137.87	31.55			131.1	415.15	percent of total billed charges	
DISPENSING FEE, BILATERAL	V5110	HCPCS	outpatient			437		Aetna	Commercial		166.06	38			131.1	415.15	percent of total billed charges	
DISPENSING FEE, BILATERAL	V5110	HCPCS	outpatient			437		Aetna	Medicare		134.6	30.8			131.1	415.15	percent of total billed charges	
DISPENSING FEE, BILATERAL	V5110	HCPCS	outpatient			437		Americare	Americare		327.75	75			131.1	415.15	percent of total billed charges	
DISPENSING FEE, BILATERAL	V5110	HCPCS	outpatient			437		Amerihealth	HMO/PPO		284.05	65			131.1	415.15	percent of total billed charges	
DISPENSING FEE, BILATERAL	V5110	HCPCS	outpatient			437		Consumer	Consumer		415.15	95			131.1	415.15	percent of total billed charges	
DISPENSING FEE, BILATERAL	V5110	HCPCS	outpatient			437		Corrections	Corrections		349.6	80			131.1	415.15	percent of total billed charges	
DISPENSING FEE, BILATERAL	V5110	HCPCS	outpatient			437		First Health	First Health		305.9	70			131.1	415.15	percent of total billed charges	
DISPENSING FEE, BILATERAL	V5110	HCPCS	outpatient			437		First Trenton	First Trenton		393.3	90			131.1	415.15	percent of total billed charges	
DISPENSING FEE, BILATERAL	V5110	HCPCS	outpatient			437		Horizon	MGD		167.28	38.28			131.1	415.15	percent of total billed charges	
DISPENSING FEE, BILATERAL	V5110	HCPCS	outpatient			437		Horizon	Medicare Blue		131.1	30			131.1	415.15	percent of total billed charges	
DISPENSING FEE, BILATERAL	V5110	HCPCS	outpatient			437		Horizon	Indemnity		167.28	38.28			131.1	415.15	percent of total billed charges	
DISPENSING FEE, BILATERAL	V5110	HCPCS	outpatient			437		Horizon	PPO		167.28	38.28			131.1	415.15	percent of total billed charges	
DISPENSING FEE, BILATERAL	V5110	HCPCS	outpatient			437		Managed Care Inc	Managed Care Inc		393.3	90			131.1	415.15	percent of total billed charges	
DISPENSING FEE, BILATERAL	V5110	HCPCS	outpatient			437		Multiplan	Multiplan		349.6	80			131.1	415.15	percent of total billed charges	
DISPENSING FEE, BILATERAL	V5110	HCPCS	outpatient			437		Qualcare	Qualcare		327.75	75			131.1	415.15	percent of total billed charges	
DISPENSING FEE, BILATERAL	V5110	HCPCS	outpatient			437		Three Rivers	Three Rivers		415.15	95			131.1	415.15	percent of total billed charges	
DISPENSING FEE, BILATERAL	V5110	HCPCS	outpatient			437		UHC	Medicaid		137.87	31.55			131.1	415.15	percent of total billed charges	
DISPENSING FEE, BILATERAL	V5110	HCPCS	outpatient			437		Wellcare	Medicaid		137.87	31.55			131.1	415.15	percent of total billed charges	
DISPENSING FEE, BILATERAL	V5110	HCPCS	outpatient			437		WellPoint	WellPoint		140.63	32.18			131.1	415.15	percent of total billed charges	
DISPENSING FEE, BINAURAL	V5160	HCPCS	outpatient			437		Aetna	Better Health		137.87	31.55			131.1	730.8	percent of total billed charges	
DISPENSING FEE, BINAURAL	V5160	HCPCS	outpatient			437		Aetna	Commercial		166.06	38			131.1	730.8	percent of total billed charges	
DISPENSING FEE, BINAURAL	V5160	HCPCS	outpatient			437		Aetna	Medicare		134.6	30.8			131.1	730.8	percent of total billed charges	
DISPENSING FEE, BINAURAL	V5160	HCPCS	outpatient			437		Americare	Americare		327.75	75			131.1	730.8	percent of total billed charges	
DISPENSING FEE, BINAURAL	V5160	HCPCS	outpatient			437		Amerihealth	HMO/PPO		284.05	65			131.1	730.8	percent of total billed charges	
DISPENSING FEE, BINAURAL	V5160	HCPCS	outpatient			437		Consumer	Consumer		415.15	95			131.1	730.8	percent of total billed charges	
DISPENSING FEE, BINAURAL	V5160	HCPCS	outpatient			437		Corrections	Corrections		349.6	80			131.1	730.8	percent of total billed charges	
DISPENSING FEE, BINAURAL	V5160	HCPCS	outpatient			437		First Health	First Health		305.9	70			131.1	730.8	percent of total billed charges	
DISPENSING FEE, BINAURAL	V5160	HCPCS	outpatient			437		First Trenton	First Trenton		393.3	90			131.1	730.8	percent of total billed charges	
DISPENSING FEE, BINAURAL	V5160	HCPCS	outpatient			437		Horizon	MGD		167.28	38.28			131.1	730.8	percent of total billed charges	
DISPENSING FEE, BINAURAL	V5160	HCPCS	outpatient			437		Horizon	Medicare Blue		131.1	30			131.1	730.8	percent of total billed charges	
DISPENSING FEE, BINAURAL	V5160	HCPCS	outpatient			437		Horizon	Indemnity		167.28	38.28			131.1	730.8	percent of total billed charges	
DISPENSING FEE, BINAURAL	V5160	HCPCS	outpatient			437		Horizon	NJ Health		730.8				131.1	730.8	fee schedule	
DISPENSING FEE, BINAURAL	V5160	HCPCS	outpatient			437		Horizon	PPO		167.28	38.28			131.1	730.8	percent of total billed charges	
DISPENSING FEE, BINAURAL	V5160	HCPCS	outpatient			437		Managed Care Inc	Managed Care Inc		393.3	90			131.1	730.8	percent of total billed charges	
DISPENSING FEE, BINAURAL	V5160	HCPCS	outpatient			437		Multiplan	Multiplan		349.6	80			131.1	730.8	percent of total billed charges	
DISPENSING FEE, BINAURAL	V5160	HCPCS	outpatient			437		Qualcare	Qualcare		327.75	75			131.1	730.8	percent of total billed charges	
DISPENSING FEE, BINAURAL	V5160	HCPCS	outpatient			437		Three Rivers	Three Rivers		415.15	95			131.1	730.8	percent of total billed charges	
DISPENSING FEE, BINAURAL	V5160	HCPCS	outpatient			437		UHC	Medicaid		137.87	31.55			131.1	730.8	percent of total billed charges	
DISPENSING FEE, BINAURAL	V5160	HCPCS	outpatient			437		Wellcare	Medicaid		137.87	31.55			131.1	730.8	percent of total billed charges	
DISPENSING FEE, BINAURAL	V5160	HCPCS	outpatient			437		WellPoint	WellPoint		140.63	32.18			131.1	730.8	percent of total billed charges	
HEARING AID, MONAURAL, ITE	V5171	HCPCS	outpatient			2385		Aetna	Medicare		734.58	30.8			715.5	2265.75	percent of total billed charges	
HEARING AID, MONAURAL, ITE	V5171	HCPCS	outpatient			2385		Aetna	Better Health		752.47	31.55			715.5	2265.75	percent of total billed charges	
HEARING AID, MONAURAL, ITE	V5171	HCPCS	outpatient			2385		Aetna	Commercial		906.3	38			715.5	2265.75	percent of total billed charges	
HEARING AID, MONAURAL, ITE	V5171	HCPCS	outpatient			2385		Americare	Americare		1788.75	75			715.5	2265.75	percent of total billed charges	
HEARING AID, MONAURAL, ITE	V5171	HCPCS	outpatient			2385		Amerihealth	HMO/PPO		1550.25	65			715.5	2265.75	percent of total billed charges	
HEARING AID, MONAURAL, ITE	V5171	HCPCS	outpatient			2385		Consumer	Consumer		2265.75	95			715.5	2265.75	percent of total billed charges	
HEARING AID, MONAURAL, ITE	V5171	HCPCS	outpatient			2385		Corrections	Corrections		1908	80			715.5	2265.75	percent of total billed charges	
HEARING AID, MONAURAL, ITE	V5171	HCPCS	outpatient			2385		First Health	First Health		1669.5	70			715.5	2265.75	percent of total billed charges	
HEARING AID, MONAURAL, ITE	V5171	HCPCS	outpatient			2385		First Trenton	First Trenton		2146.5	90			715.5	2265.75	percent of total billed charges	
HEARING AID, MONAURAL, ITE	V5171	HCPCS	outpatient			2385		Horizon	MGD		912.98	38.28			715.5	2265.75	percent of total billed charges	
HEARING AID, MONAURAL, ITE	V5171	HCPCS	outpatient			2385		Horizon	Indemnity		912.98	38.28			715.5	2265.75	percent of total billed charges	
HEARING AID, MONAURAL, ITE	V5171	HCPCS	outpatient			2385		Horizon	Medicare Blue		715.5	30			715.5	2265.75	percent of total billed charges	
HEARING AID, MONAURAL, ITE	V5171	HCPCS	outpatient			2385		Horizon	PPO		912.98	38.28			715.5	2265.75	percent of total billed charges	
HEARING AID, MONAURAL, ITE	V5171	HCPCS	outpatient			2385		Managed Care Inc	Managed Care Inc		2146.5	90			715.5	2265.75	percent of total billed charges	
HEARING AID, MONAURAL, ITE	V5171	HCPCS	outpatient			2385		Multiplan	Multiplan		1908	80			715.5	2265.75	percent of total billed charges	
HEARING AID, MONAURAL, ITE	V5171	HCPCS	outpatient			2385		Qualcare	Qualcare		1788.75	75			715.5	2265.75	percent of total billed charges	
HEARING AID, MONAURAL, ITE	V5171	HCPCS	outpatient			2385		Three Rivers	Three Rivers		2265.75	95			715.5	2265.75	percent of total billed charges	
HEARING AID, MONAURAL, ITE	V5171	HCPCS	outpatient			2385		UHC	Medicaid		752.47	31.55			715.5	2265.75	percent of total billed charges	
HEARING AID, MONAURAL, ITE	V5171	HCPCS	outpatient			2385		Wellcare	Medicaid		752.47	31.55			715.5	2265.75	percent of total billed charges	
HEARING AID, MONAURAL, ITE	V5171	HCPCS	outpatient			2385		WellPoint	WellPoint		767.49	32.18			715.5	2265.75	percent of total billed charges	
HEARING AID, MONAURAL, ITC	V5172	HCPCS	outpatient			2385		Aetna	Better Health		752.47	31.55			715.5	2265.75	percent of total billed charges	
HEARING AID, MONAURAL, ITC	V5172	HCPCS	outpatient			2385		Aetna	Commercial		906.3	38			715.5	2265.75	percent of total billed charges	
HEARING AID, MONAURAL, ITC	V5172	HCPCS	outpatient			2385		Aetna	Medicare		734.58	30.8			715.5	2265.75	percent of total billed charges	
HEARING AID, MONAURAL, ITC	V5172	HCPCS	outpatient			2385		Americare	Americare		1788.75	75			715.5	2265.75	percent of total billed charges	
HEARING AID, MONAURAL, ITC	V5172	HCPCS	outpatient			2385		Amerihealth	HMO/PPO		1550.25	65			715.5	2265.75	percent of total billed charges	
HEARING AID, MONAURAL, ITC	V5172	HCPCS	outpatient			2385		Consumer	Consumer		2265.75	95			715.5	2265.75	percent of total billed charges	
HEARING AID, MONAURAL, ITC	V5172	HCPCS	outpatient			2385		Corrections	Corrections		1908	80			715.5	2265.75	percent of total billed charges	
HEARING AID, MONAURAL, ITC	V5172	HCPCS	outpatient			2385		First Health	First Health		1669.5	70			715.5	2265.75	percent of total billed charges	
HEARING AID, MONAURAL, ITC	V5172	HCPCS	outpatient			2385		First Trenton	First Trenton		2146.5	90			715.5	2265.75	percent of total billed charges	
HEARING AID, MONAURAL, ITC	V5172	HCPCS	outpatient			2385		Horizon	Indemnity		912.98	38.28			715.5	2265.75	percent of total billed charges	
HEARING AID, MONAURAL, ITC	V5172	HCPCS	outpatient			2385		Horizon	MGD		912.98	38.28			715.5	2265.75	percent of total billed charges	
HEARING AID, MONAURAL, ITC	V5172	HCPCS	outpatient			2385		Horizon	Medicare Blue		715.5	30			715.5	2265.75	percent of total billed charges	
HEARING AID, MONAURAL, ITC	V5172	HCPCS	outpatient			2385		Horizon	PPO		912.98	38.28			715.5	2265.75	percent of total billed charges	
HEARING AID, MONAURAL, ITC	V5172	HCPCS	outpatient			2385		Managed Care Inc	Managed Care Inc		2146.5	90			715.5	2265.75	percent of total billed charges	
HEARING AID, MONAURAL, ITC	V5172	HCPCS	outpatient			2385		Multiplan	Multiplan		1908	80			715.5	2265.75	percent of total billed charges	
HEARING AID, MONAURAL, ITC	V5172	HCPCS	outpatient			2385		Qualcare	Qualcare		1788.75	75			715.5	2265.75	percent of total billed charges	
HEARING AID, MONAURAL, ITC	V5172	HCPCS	outpatient			2385		Three Rivers	Three Rivers		2265.75	95			715.5	2265.75	percent of total billed charges	
HEARING AID, MONAURAL, ITC	V5172	HCPCS	outpatient			2385		UHC	Medicaid		752.47	31.55			715.5	2265.75	percent of total billed charges	
HEARING AID, MONAURAL, ITC	V5172	HCPCS	outpatient			2385		Wellcare	Medicaid		752.47	31.55			715.5	2265.75	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
HEARING AID, MONAURAL, ITC	V5172	HCPCS	outpatient			2385		WellPoint	WellPoint		767.49	32.18			715.5	2265.75	percent of total billed charges	
HEARING AID,MONAURAL, BTE	V5181	HCPCS	outpatient			2958		Aetna	Better Health		933.25	31.55			887.4	2810.1	percent of total billed charges	
HEARING AID,MONAURAL, BTE	V5181	HCPCS	outpatient			2958		Aetna	Commercial		1124.04	38			887.4	2810.1	percent of total billed charges	
HEARING AID,MONAURAL, BTE	V5181	HCPCS	outpatient			2958		Aetna	Medicare		911.06	30.8			887.4	2810.1	percent of total billed charges	
HEARING AID,MONAURAL, BTE	V5181	HCPCS	outpatient			2958		Americare	Americare		2218.5	75			887.4	2810.1	percent of total billed charges	
HEARING AID,MONAURAL, BTE	V5181	HCPCS	outpatient			2958		Amerihealth	HMO/PPO		1922.7	65			887.4	2810.1	percent of total billed charges	
HEARING AID,MONAURAL, BTE	V5181	HCPCS	outpatient			2958		Consumer	Consumer		2810.1	95			887.4	2810.1	percent of total billed charges	
HEARING AID,MONAURAL, BTE	V5181	HCPCS	outpatient			2958		Corrections	Corrections		2366.4	80			887.4	2810.1	percent of total billed charges	
HEARING AID,MONAURAL, BTE	V5181	HCPCS	outpatient			2958		First Health	First Health		2070.6	70			887.4	2810.1	percent of total billed charges	
HEARING AID,MONAURAL, BTE	V5181	HCPCS	outpatient			2958		First Trenton	First Trenton		2662.2	90			887.4	2810.1	percent of total billed charges	
HEARING AID,MONAURAL, BTE	V5181	HCPCS	outpatient			2958		Horizon	MGD		1132.32	38.28			887.4	2810.1	percent of total billed charges	
HEARING AID,MONAURAL, BTE	V5181	HCPCS	outpatient			2958		Horizon	PPO		1132.32	38.28			887.4	2810.1	percent of total billed charges	
HEARING AID,MONAURAL, BTE	V5181	HCPCS	outpatient			2958		Horizon	Indemnity		1132.32	38.28			887.4	2810.1	percent of total billed charges	
HEARING AID,MONAURAL, BTE	V5181	HCPCS	outpatient			2958		Horizon	Medicare Blue		887.4	30			887.4	2810.1	percent of total billed charges	
HEARING AID,MONAURAL, BTE	V5181	HCPCS	outpatient			2958		Managed Care Inc	Managed Care Inc		2662.2	90			887.4	2810.1	percent of total billed charges	
HEARING AID,MONAURAL, BTE	V5181	HCPCS	outpatient			2958		Multiplan	Multiplan		2366.4	80			887.4	2810.1	percent of total billed charges	
HEARING AID,MONAURAL, BTE	V5181	HCPCS	outpatient			2958		Qualcare	Qualcare		2218.5	75			887.4	2810.1	percent of total billed charges	
HEARING AID,MONAURAL, BTE	V5181	HCPCS	outpatient			2958		Three Rivers	Three Rivers		2810.1	95			887.4	2810.1	percent of total billed charges	
HEARING AID,MONAURAL, BTE	V5181	HCPCS	outpatient			2958		UHC	Medicaid		933.25	31.55			887.4	2810.1	percent of total billed charges	
HEARING AID,MONAURAL, BTE	V5181	HCPCS	outpatient			2958		Wellcare	Medicaid		933.25	31.55			887.4	2810.1	percent of total billed charges	
HEARING AID,MONAURAL, BTE	V5181	HCPCS	outpatient			2958		WellPoint	WellPoint		951.88	32.18			887.4	2810.1	percent of total billed charges	
DISPENSING FEE MONAURAL	V5200	HCPCS	outpatient			292		Aetna	Commercial		110.96	38			87.6	277.4	percent of total billed charges	
DISPENSING FEE MONAURAL	V5200	HCPCS	outpatient			292		Aetna	Better Health		92.13	31.55			87.6	277.4	percent of total billed charges	
DISPENSING FEE MONAURAL	V5200	HCPCS	outpatient			292		Aetna	Medicare		89.94	30.8			87.6	277.4	percent of total billed charges	
DISPENSING FEE MONAURAL	V5200	HCPCS	outpatient			292		Americare	Americare		219	75			87.6	277.4	percent of total billed charges	
DISPENSING FEE MONAURAL	V5200	HCPCS	outpatient			292		Amerihealth	HMO/PPO		189.8	65			87.6	277.4	percent of total billed charges	
DISPENSING FEE MONAURAL	V5200	HCPCS	outpatient			292		Consumer	Consumer		277.4	95			87.6	277.4	percent of total billed charges	
DISPENSING FEE MONAURAL	V5200	HCPCS	outpatient			292		Corrections	Corrections		233.6	80			87.6	277.4	percent of total billed charges	
DISPENSING FEE MONAURAL	V5200	HCPCS	outpatient			292		First Health	First Health		204.4	70			87.6	277.4	percent of total billed charges	
DISPENSING FEE MONAURAL	V5200	HCPCS	outpatient			292		First Trenton	First Trenton		262.8	90			87.6	277.4	percent of total billed charges	
DISPENSING FEE MONAURAL	V5200	HCPCS	outpatient			292		Horizon	Indemnity		111.78	38.28			87.6	277.4	percent of total billed charges	
DISPENSING FEE MONAURAL	V5200	HCPCS	outpatient			292		Horizon	Medicare Blue		87.6	30			87.6	277.4	percent of total billed charges	
DISPENSING FEE MONAURAL	V5200	HCPCS	outpatient			292		Horizon	MGD		111.78	38.28			87.6	277.4	percent of total billed charges	
DISPENSING FEE MONAURAL	V5200	HCPCS	outpatient			292		Horizon	PPO		111.78	38.28			87.6	277.4	percent of total billed charges	
DISPENSING FEE MONAURAL	V5200	HCPCS	outpatient			292		Managed Care Inc	Managed Care Inc		262.8	90			87.6	277.4	percent of total billed charges	
DISPENSING FEE MONAURAL	V5200	HCPCS	outpatient			292		Multiplan	Multiplan		233.6	80			87.6	277.4	percent of total billed charges	
DISPENSING FEE MONAURAL	V5200	HCPCS	outpatient			292		Qualcare	Qualcare		219	75			87.6	277.4	percent of total billed charges	
DISPENSING FEE MONAURAL	V5200	HCPCS	outpatient			292		Three Rivers	Three Rivers		277.4	95			87.6	277.4	percent of total billed charges	
DISPENSING FEE MONAURAL	V5200	HCPCS	outpatient			292		UHC	Medicaid		92.13	31.55			87.6	277.4	percent of total billed charges	
DISPENSING FEE MONAURAL	V5200	HCPCS	outpatient			292		Wellcare	Medicaid		92.13	31.55			87.6	277.4	percent of total billed charges	
DISPENSING FEE MONAURAL	V5200	HCPCS	outpatient			292		WellPoint	WellPoint		93.97	32.18			87.6	277.4	percent of total billed charges	
HEARING AID, BINAURAL, ITE/ITE	V5211	HCPCS	outpatient			4768		Aetna	Better Health		1504.3	31.55			1430.4	4529.6	percent of total billed charges	
HEARING AID, BINAURAL, ITE/ITE	V5211	HCPCS	outpatient			4768		Aetna	Medicare		1468.54	30.8			1430.4	4529.6	percent of total billed charges	
HEARING AID, BINAURAL, ITE/ITE	V5211	HCPCS	outpatient			4768		Aetna	Commercial		1811.84	38			1430.4	4529.6	percent of total billed charges	
HEARING AID, BINAURAL, ITE/ITE	V5211	HCPCS	outpatient			4768		Americare	Americare		3576	75			1430.4	4529.6	percent of total billed charges	
HEARING AID, BINAURAL, ITE/ITE	V5211	HCPCS	outpatient			4768		Amerihealth	HMO/PPO		3099.2	65			1430.4	4529.6	percent of total billed charges	
HEARING AID, BINAURAL, ITE/ITE	V5211	HCPCS	outpatient			4768		Consumer	Consumer		4529.6	95			1430.4	4529.6	percent of total billed charges	
HEARING AID, BINAURAL, ITE/ITE	V5211	HCPCS	outpatient			4768		Corrections	Corrections		3814.4	80			1430.4	4529.6	percent of total billed charges	
HEARING AID, BINAURAL, ITE/ITE	V5211	HCPCS	outpatient			4768		First Health	First Health		3337.6	70			1430.4	4529.6	percent of total billed charges	
HEARING AID, BINAURAL, ITE/ITE	V5211	HCPCS	outpatient			4768		First Trenton	First Trenton		4291.2	90			1430.4	4529.6	percent of total billed charges	
HEARING AID, BINAURAL, ITE/ITE	V5211	HCPCS	outpatient			4768		Horizon	MGD		1825.19	38.28			1430.4	4529.6	percent of total billed charges	
HEARING AID, BINAURAL, ITE/ITE	V5211	HCPCS	outpatient			4768		Horizon	PPO		1825.19	38.28			1430.4	4529.6	percent of total billed charges	
HEARING AID, BINAURAL, ITE/ITE	V5211	HCPCS	outpatient			4768		Horizon	Medicare Blue		1430.4	30			1430.4	4529.6	percent of total billed charges	
HEARING AID, BINAURAL, ITE/ITE	V5211	HCPCS	outpatient			4768		Horizon	Indemnity		1825.19	38.28			1430.4	4529.6	percent of total billed charges	
HEARING AID, BINAURAL, ITE/ITE	V5211	HCPCS	outpatient			4768		Managed Care Inc	Managed Care Inc		4291.2	90			1430.4	4529.6	percent of total billed charges	
HEARING AID, BINAURAL, ITE/ITE	V5211	HCPCS	outpatient			4768		Multiplan	Multiplan		3814.4	80			1430.4	4529.6	percent of total billed charges	
HEARING AID, BINAURAL, ITE/ITE	V5211	HCPCS	outpatient			4768		Qualcare	Qualcare		3576	75			1430.4	4529.6	percent of total billed charges	
HEARING AID, BINAURAL, ITE/ITE	V5211	HCPCS	outpatient			4768		Three Rivers	Three Rivers		4529.6	95			1430.4	4529.6	percent of total billed charges	
HEARING AID, BINAURAL, ITE/ITE	V5211	HCPCS	outpatient			4768		UHC	Medicaid		1504.3	31.55			1430.4	4529.6	percent of total billed charges	
HEARING AID, BINAURAL, ITE/ITE	V5211	HCPCS	outpatient			4768		Wellcare	Medicaid		1504.3	31.55			1430.4	4529.6	percent of total billed charges	
HEARING AID, BINAURAL, ITE/ITE	V5211	HCPCS	outpatient			4768		WellPoint	WellPoint		1534.34	32.18			1430.4	4529.6	percent of total billed charges	
HEARING AID, BINAURAL, ITE/ITC	V5212	HCPCS	outpatient			4768		Aetna	Better Health		1504.3	31.55			1430.4	4529.6	percent of total billed charges	
HEARING AID, BINAURAL, ITE/ITC	V5212	HCPCS	outpatient			4768		Aetna	Commercial		1811.84	38			1430.4	4529.6	percent of total billed charges	
HEARING AID, BINAURAL, ITE/ITC	V5212	HCPCS	outpatient			4768		Aetna	Medicare		1468.54	30.8			1430.4	4529.6	percent of total billed charges	
HEARING AID, BINAURAL, ITE/ITC	V5212	HCPCS	outpatient			4768		Americare	Americare		3576	75			1430.4	4529.6	percent of total billed charges	
HEARING AID, BINAURAL, ITE/ITC	V5212	HCPCS	outpatient			4768		Amerihealth	HMO/PPO		3099.2	65			1430.4	4529.6	percent of total billed charges	
HEARING AID, BINAURAL, ITE/ITC	V5212	HCPCS	outpatient			4768		Consumer	Consumer		4529.6	95			1430.4	4529.6	percent of total billed charges	
HEARING AID, BINAURAL, ITE/ITC	V5212	HCPCS	outpatient			4768		Corrections	Corrections		3814.4	80			1430.4	4529.6	percent of total billed charges	
HEARING AID, BINAURAL, ITE/ITC	V5212	HCPCS	outpatient			4768		First Health	First Health		3337.6	70			1430.4	4529.6	percent of total billed charges	
HEARING AID, BINAURAL, ITE/ITC	V5212	HCPCS	outpatient			4768		First Trenton	First Trenton		4291.2	90			1430.4	4529.6	percent of total billed charges	
HEARING AID, BINAURAL, ITE/ITC	V5212	HCPCS	outpatient			4768		Horizon	Indemnity		1825.19	38.28			1430.4	4529.6	percent of total billed charges	
HEARING AID, BINAURAL, ITE/ITC	V5212	HCPCS	outpatient			4768		Horizon	Medicare Blue		1430.4	30			1430.4	4529.6	percent of total billed charges	
HEARING AID, BINAURAL, ITE/ITC	V5212	HCPCS	outpatient			4768		Horizon	PPO		1825.19	38.28			1430.4	4529.6	percent of total billed charges	
HEARING AID, BINAURAL, ITE/ITC	V5212	HCPCS	outpatient			4768		Horizon	MGD		1825.19	38.28			1430.4	4529.6	percent of total billed charges	
HEARING AID, BINAURAL, ITE/ITC	V5212	HCPCS	outpatient			4768		Managed Care Inc	Managed Care Inc		4291.2	90			1430.4	4529.6	percent of total billed charges	
HEARING AID, BINAURAL, ITE/ITC	V5212	HCPCS	outpatient			4768		Multiplan	Multiplan		3814.4	80			1430.4	4529.6	percent of total billed charges	
HEARING AID, BINAURAL, ITE/ITC	V5212	HCPCS	outpatient			4768		Qualcare	Qualcare		3576	75			1430.4	4529.6	percent of total billed charges	
HEARING AID, BINAURAL, ITE/ITC	V5212	HCPCS	outpatient			4768		Three Rivers	Three Rivers		4529.6	95			1430.4	4529.6	percent of total billed charges	
HEARING AID, BINAURAL, ITE/ITC	V5212	HCPCS	outpatient			4768		UHC	Medicaid		1504.3	31.55			1430.4	4529.6	percent of total billed charges	
HEARING AID, BINAURAL, ITE/ITC	V5212	HCPCS	outpatient			4768		Wellcare	Medicaid		1504.3	31.55			1430.4	4529.6	percent of total billed charges	
HEARING AID, BINAURAL, ITE/ITC	V5212	HCPCS	outpatient			4768		WellPoint	WellPoint		1534.34	32.18			1430.4	4529.6	percent of total billed charges	
HEARING AID, BINAURAL, ITE/BTE	V5213	HCPCS	outpatient			5342		Aetna	Better Health		1686.4	31.55			1602.6	5074.9	percent of total billed charges	
HEARING AID, BINAURAL, ITE/BTE	V5213	HCPCS	outpatient			5342		Aetna	Medicare		1645.34	30.8			1602.6	5074.9	percent of total billed charges	
HEARING AID, BINAURAL, ITE/BTE	V5213	HCPCS	outpatient			5342		Aetna	Commercial		2029.96	38			1602.6	5074.9	percent of total billed charges	
HEARING AID, BINAURAL, ITE/BTE	V5213	HCPCS	outpatient			5342		Americare	Americare		4006.5	75			1602.6	5074.9	percent of total billed charges	
HEARING AID, BINAURAL, ITE/BTE	V5213	HCPCS	outpatient			5342		Amerihealth	HMO/PPO		3472.3	65			1602.6	5074.9	percent of total billed charges	
HEARING AID, BINAURAL, ITE/BTE	V5213	HCPCS	outpatient			5342		Consumer	Consumer		5074.9	95			1602.6	5074.9	percent of total billed charges	
HEARING AID, BINAURAL, ITE/BTE	V5213	HCPCS	outpatient			5342		Corrections	Corrections		4273.6	80			1602.6	5074.9	percent of total billed charges	
HEARING AID, BINAURAL, ITE/BTE	V5213	HCPCS	outpatient			5342		First Health	First Health		3739.4	70			1602.6	5074.9	percent of total billed charges	
HEARING AID, BINAURAL, ITE/BTE	V5213	HCPCS	outpatient			5342		First Trenton	First Trenton		4807.8	90			1602.6	5074.9	percent of total billed charges	
HEARING AID, BINAURAL, ITE/BTE	V5213	HCPCS	outpatient			5342		Horizon	MGD		2044.92	38.28			1602.6	5074.9	percent of total billed charges	
HEARING AID, BINAURAL, ITE/BTE	V5213	HCPCS	outpatient			5342		Horizon	Medicare Blue		1602.6	30			1602.6	5074.9	percent of total billed charges	
HEARING AID, BINAURAL, ITE/BTE	V5213	HCPCS	outpatient			5342		Horizon	Indemnity		2044.92	38.28			1602.6	5074.9	percent of total billed charges	
HEARING AID, BINAURAL, ITE/BTE	V5213	HCPCS	outpatient			5342		Horizon	PPO		2044.92	38.28			1602.6	5074.9	percent of total billed charges	
HEARING AID, BINAURAL, ITE/BTE	V5213	HCPCS	outpatient			5342		Managed Care Inc	Managed Care Inc		4807.8	90			1602.6	5074.9	percent of total billed charges	
HEARING AID, BINAURAL, ITE/BTE	V5213	HCPCS	outpatient			5342		Multiplan	Multiplan		4273.6	80			1602.6	5074.9	percent of total billed charges	
HEARING AID, BINAURAL, ITE/BTE	V5213	HCPCS	outpatient			5342		Qualcare	Qualcare		4006.5	75			1602.6	5074.9	percent of total billed charges	
HEARING AID, BINAURAL, ITE/BTE	V5213	HCPCS	outpatient			5342		Three Rivers	Three Rivers		5074.9	95			1602.6	5074.9	percent of total billed charges	
HEARING AID, BINAURAL, ITE/BTE	V5213	HCPCS	outpatient			5342		UHC	Medicaid		1685.4	31.55			1602.6	5074.9	percent of total billed charges	
HEARING AID, BINAURAL, ITE/BTE	V5213	HCPCS	outpatient			5342		Wellcare	Medicaid		1685.4	31.55			1602.6	5074.9	percent of total billed charges	
HEARING AID, BINAURAL, ITE/BTE	V5213	HCPCS	outpatient			5342		WellPoint	WellPoint		1719.06	32.18			1602.6	5074.9	percent of total billed charges	
HEARING AID, BINAURAL, ITC/ITC	V5214	HCPCS	outpatient			4768		Aetna	Better Health		1504.3	31.55			1430.4	4529.6	percent of total billed charges	
HEARING AID, BINAURAL, ITC/ITC	V5214	HCPCS	outpatient			4768		Aetna	Medicare		1468.54	30.8			1430.4	4529.6	percent of total billed charges	
HEARING AID, BINAURAL, ITC/ITC	V5214	HCPCS	outpatient			4768		Aetna	Commercial		1811.84	38			1430.4	4529.6	percent of total billed charges	
HEARING AID, BINAURAL, ITC/ITC	V5214	HCPCS	outpatient			4768		Americare	Americare		3576	75			1430.4	4529.6	percent of total billed charges	
HEARING AID, BINAURAL, ITC/ITC	V5214	HCPCS	outpatient			4768		Amerihealth	HMO/PPO		3099.2	65			1430.4	4529.6	percent of total billed charges	
HEARING AID, BINAURAL, ITC/ITC	V5214	HCPCS	outpatient			4768		Consumer	Consumer		4529.6	95			1430.4	4529.6	percent of total billed charges	
HEARING AID, BINAURAL, ITC/ITC	V5214	HCPCS	outpatient			4768		Corrections	Corrections		3814.4	80			1430.4	4529.6	percent of total billed charges	
HEARING AID, BINAURAL, ITC/ITC	V5214	HCPCS	outpatient			4768		First Health	First Health		3337.6	70			1430.4	4529.6	percent of total billed charges	
HEARING AID, BINAURAL, ITC/ITC	V5214	HCPCS	outpatient			4768		First Trenton	First Trenton		4291.2	90			1430.4	4529.6	percent of total billed charges	
HEARING AID, BINAURAL, ITC/ITC	V5214	HCPCS	outpatient			4768		Horizon	MGD		1825.19	38.28			1430.4	4529.6	percent of total billed charges	
HEARING AID, BINAURAL, ITC/ITC	V5214	HCPCS	outpatient			4768		Horizon	PPO		1825.19	38.28			1430.4	4529.6	percent of total billed charges	
HEARING AID, BINAURAL, ITC/ITC	V5214	HCPCS	outpatient			4768		Horizon	Medicare Blue		1430.4	30			1430.4	4529.6	percent of total billed charges	
HEARING AID, BINAURAL, ITC/ITC	V5214	HCPCS	outpatient			4768		Horizon	Indemnity		1825.19	38.28			1430.4	4529.6	percent of total billed charges	
HEARING AID, BINAURAL, ITC/ITC	V5214	HCPCS	outpatient			4768		Managed Care Inc	Managed Care Inc		4291.2	90			1430.4	4529.6	percent of total billed charges	
HEARING AID, BINAURAL, ITC/ITC	V5214	HCPCS	outpatient			4768		Multiplan	Multiplan		3814.4	80			1430.4	4529.6	percent of total billed charges	
HEARING AID, BINAURAL, ITC/ITC	V5214	HCPCS	outpatient			4768		Qualcare	Qualcare		3576	75			1430.4	4529.6	percent of total billed charges	
HEARING AID, BINAURAL, ITC/ITC	V5214	HCPCS	outpatient			4768		Three Rivers	Three Rivers		4529.6	95			1430.4	4529.6	percent of total billed charges	
HEARING AID, BINAURAL, ITC/ITC	V5214	HCPCS	outpatient			4768		UHC	Medicaid		1504.3	31.55			1430.4	4529.6	percent of total billed charges	
HEARING AID, BINAURAL, ITC/ITC	V5214	HCPCS	outpatient			4768		Wellcare	Medicaid		1504.3	31.55			1430.4	4529.6	percent of total billed charges	
HEARING AID, BINAURAL, ITC/ITC	V5214	HCPCS	outpatient			4768		WellPoint	WellPoint		1534.34	32.18			1430.4	4529.6	percent of total billed charges	
HEARING AID, BINAURAL, ITC/BTE	V5215	HCPCS	outpatient			4768		Aetna	Better Health		1504.3	31.55			1430.4	4529.6	percent of total billed charges	
HEARING AID, BINAURAL, ITC/BTE	V5215	HCPCS	outpatient			4768		Aetna	Commercial		1811.84	38			1430.4	4529.6	percent of total billed charges	
HEARING AID, BINAURAL, ITC/BTE	V5215	HCPCS	outpatient			4768		Aetna	Medicare		1468.54	30.8			1430.4	4529.6	percent of total billed charges	
HEARING AID, BINAURAL, ITC/BTE	V5215	HCPCS	outpatient			4768		Americare	Americare		3576	75			1430.4	4529.6	percent of total billed charges	
HEARING AID, BINAURAL, ITC/BTE	V5215	HCPCS	outpatient			4768		Amerihealth	HMO/PPO		3099.2	65			1430.4	4529.6	percent of total billed charges	
HEARING AID, BINAURAL, ITC/BTE	V5215	HCPCS	outpatient			4768		Consumer	Consumer		4529.6	95			1430.4	4529.6	percent of total billed charges	
HEARING AID, BINAURAL, ITC/BTE	V5215	HCPCS	outpatient			4768		Corrections	Corrections		3814.4	80			1430.4	4529.6	percent of total billed charges	
HEARING AID, BINAURAL, ITC/BTE	V5215	HCPCS	outpatient			4768		First Health	First Health		3337.6	70			1430.4	4529.6	percent of total billed charges	
HEARING AID, BINAURAL, ITC/BTE	V5215	HCPCS	outpatient			4768		First Trenton	First Trenton		4291.2	90			1430.4	4529.6	percent of total billed charges	
HEARING AID, BINAURAL, ITC/BTE	V5215	HCPCS	outpatient			4768		Horizon	Indemnity		1825.19	38.28			1430.4	4529.6	percent of total billed charges	
HEARING AID, BINAURAL, ITC/BTE	V5215	HCPCS	outpatient			4768		Horizon	MGD		1825.19	38.28			1430.4	4529.6	percent of total billed charges	
HEARING AID, BINAURAL, ITC/BTE	V5215	HCPCS	outpatient			4768		Horizon	PPO		1825.19	38.28			1430.4	4529.6	percent of total billed charges	
HEARING AID, BINAURAL, ITC/BTE	V5215	HCPCS	outpatient			4768		Horizon	Medicare Blue		1430.4	30			1430.4	4529.6	percent of total billed charges	
HEARING AID, BINAURAL, ITC/BTE	V5215	HCPCS	outpatient			4768		Managed Care Inc	Managed Care Inc		4291.2	90			1430.4	4529.6	percent of total billed charges	
HEARING AID, BINAURAL, ITC/BTE	V5215	HCPCS	outpatient			4768		Multiplan	Multiplan		3814.4	80			1430.4	4529.6	percent of total billed charges	
HEARING AID, BINAURAL, ITC/BTE	V5215	HCPCS	outpatient			4768		Qualcare	Qualcare		3576	75			1430.4	4529.6	percent of total billed charges	
HEARING AID, BINAURAL, ITC/BTE	V5215	HCPCS	outpatient			4768		Three Rivers	Three Rivers		4529.6	95			1430.4	4529.6	percent of total billed charges	
HEARING AID, BINAURAL, ITC/BTE	V5215	HCPCS	outpatient			4768		UHC	Medicaid		1504.3	31.55			1430.4	4529.6	percent of total billed charges	
HEARING AID, BINAURAL, ITC/BTE	V5215	HCPCS	outpatient			4768		Wellcare	Medicaid		1504.3	31.55			1430.4	4529.6	percent of total billed charges	
HEARING AID, BINAURAL, ITC/BTE	V5215	HCPCS	outpatient			4768		WellPoint	WellPoint		1534.34	32.18			1430.4	4529.6	percent of total billed charges	
HEARING AID, BINAURAL, BTE/BTE	V5221	HCPCS	outpatient			5915		Aetna	Medicare		1821.82	30.8			1774.5	5619.25	percent of total billed charges	
HEARING AID, BINAURAL, BTE/BTE	V5221	HCPCS	outpatient			5915		Aetna	Better Health		1866.18	31.55			1774.5	5619.25	percent of total billed charges	
HEARING AID, BINAURAL, BTE/BTE	V5221	HCPCS	outpatient			5915		Aetna	Commercial		2247.7	38			1774.5	5619.25	percent of total billed charges	
HEARING AID, BINAURAL, BTE/BTE	V5221	HCPCS	outpatient			5915		Americare	Americare		4436.25	75			1774.5	5619.25	percent of total billed charges	
HEARING AID, BINAURAL, BTE/BTE	V5221	HCPCS	outpatient			5915		Amerihealth	HMO/PPO		3844.75	65			1774.5	5619.25	percent of total billed charges	
HEARING AID, BINAURAL, BTE/BTE	V5221	HCPCS	outpatient			5915		Consumer	Consumer		5619.25	95			1774.5	5619.25	percent of total billed charges	
HEARING AID, BINAURAL, BTE/BTE	V5221	HCPCS	outpatient			5915		Corrections	Corrections		4732	80			1774.5	5619.25	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.													
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true												
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
HEARING AID, BINAURAL, BTE/BTE	V5221	HCPCS	outpatient			5915		First Health	First Health		4140.5	70			1774.5	5619.25	percent of total billed charges	
HEARING AID, BINAURAL, BTE/BTE	V5221	HCPCS	outpatient			5915		First Trenton	First Trenton		5323.5	90			1774.5	5619.25	percent of total billed charges	
HEARING AID, BINAURAL, BTE/BTE	V5221	HCPCS	outpatient			5915		Horizon	Medicare Blue		1774.5	30			1774.5	5619.25	percent of total billed charges	
HEARING AID, BINAURAL, BTE/BTE	V5221	HCPCS	outpatient			5915		Horizon	MGD		2264.26	38.28			1774.5	5619.25	percent of total billed charges	
HEARING AID, BINAURAL, BTE/BTE	V5221	HCPCS	outpatient			5915		Horizon	Indemnity		2264.26	38.28			1774.5	5619.25	percent of total billed charges	
HEARING AID, BINAURAL, BTE/BTE	V5221	HCPCS	outpatient			5915		Horizon	PPO		2264.26	38.28			1774.5	5619.25	percent of total billed charges	
HEARING AID, BINAURAL, BTE/BTE	V5221	HCPCS	outpatient			5915		Managed Care Inc	Managed Care Inc		5323.5	90			1774.5	5619.25	percent of total billed charges	
HEARING AID, BINAURAL, BTE/BTE	V5221	HCPCS	outpatient			5915		Multiplan	Multiplan		4732	80			1774.5	5619.25	percent of total billed charges	
HEARING AID, BINAURAL, BTE/BTE	V5221	HCPCS	outpatient			5915		Qualcare	Qualcare		4436.25	75			1774.5	5619.25	percent of total billed charges	
HEARING AID, BINAURAL, BTE/BTE	V5221	HCPCS	outpatient			5915		Three Rivers	Three Rivers		5619.25	95			1774.5	5619.25	percent of total billed charges	
HEARING AID, BINAURAL, BTE/BTE	V5221	HCPCS	outpatient			5915		UHC	Medicaid		1866.18	31.55			1774.5	5619.25	percent of total billed charges	
HEARING AID, BINAURAL, BTE/BTE	V5221	HCPCS	outpatient			5915		Wellcare	Medicaid		1866.18	31.55			1774.5	5619.25	percent of total billed charges	
HEARING AID, BINAURAL, BTE/BTE	V5221	HCPCS	outpatient			5915		WellPoint	WellPoint		1903.45	32.18			1774.5	5619.25	percent of total billed charges	
DISPENSING FEE CROS, BINAURAL	V5240	HCPCS	outpatient			437		Aetna	Commercial		166.06	38			131.1	415.15	percent of total billed charges	
DISPENSING FEE CROS, BINAURAL	V5240	HCPCS	outpatient			437		Aetna	Better Health		137.87	31.55			131.1	415.15	percent of total billed charges	
DISPENSING FEE CROS, BINAURAL	V5240	HCPCS	outpatient			437		Aetna	Medicare		134.6	30.8			131.1	415.15	percent of total billed charges	
DISPENSING FEE CROS, BINAURAL	V5240	HCPCS	outpatient			437		Americare	Americare		327.75	75			131.1	415.15	percent of total billed charges	
DISPENSING FEE CROS, BINAURAL	V5240	HCPCS	outpatient			437		Amerihealth	HMO/PPO		284.05	65			131.1	415.15	percent of total billed charges	
DISPENSING FEE CROS, BINAURAL	V5240	HCPCS	outpatient			437		Consumer	Consumer		415.15	95			131.1	415.15	percent of total billed charges	
DISPENSING FEE CROS, BINAURAL	V5240	HCPCS	outpatient			437		Corrections	Corrections		349.6	80			131.1	415.15	percent of total billed charges	
DISPENSING FEE CROS, BINAURAL	V5240	HCPCS	outpatient			437		First Health	First Health		305.9	70			131.1	415.15	percent of total billed charges	
DISPENSING FEE CROS, BINAURAL	V5240	HCPCS	outpatient			437		First Trenton	First Trenton		393.3	90			131.1	415.15	percent of total billed charges	
DISPENSING FEE CROS, BINAURAL	V5240	HCPCS	outpatient			437		Horizon	Medicare Blue		131.1	30			131.1	415.15	percent of total billed charges	
DISPENSING FEE CROS, BINAURAL	V5240	HCPCS	outpatient			437		Horizon	Indemnity		167.28	38.28			131.1	415.15	percent of total billed charges	
DISPENSING FEE CROS, BINAURAL	V5240	HCPCS	outpatient			437		Horizon	MGD		167.28	38.28			131.1	415.15	percent of total billed charges	
DISPENSING FEE CROS, BINAURAL	V5240	HCPCS	outpatient			437		Horizon	PPO		167.28	38.28			131.1	415.15	percent of total billed charges	
DISPENSING FEE CROS, BINAURAL	V5240	HCPCS	outpatient			437		Managed Care Inc	Managed Care Inc		393.3	90			131.1	415.15	percent of total billed charges	
DISPENSING FEE CROS, BINAURAL	V5240	HCPCS	outpatient			437		Multiplan	Multiplan		349.6	80			131.1	415.15	percent of total billed charges	
DISPENSING FEE CROS, BINAURAL	V5240	HCPCS	outpatient			437		Qualcare	Qualcare		327.75	75			131.1	415.15	percent of total billed charges	
DISPENSING FEE CROS, BINAURAL	V5240	HCPCS	outpatient			437		Three Rivers	Three Rivers		415.15	95			131.1	415.15	percent of total billed charges	
DISPENSING FEE CROS, BINAURAL	V5240	HCPCS	outpatient			437		UHC	Medicaid		137.87	31.55			131.1	415.15	percent of total billed charges	
DISPENSING FEE CROS, BINAURAL	V5240	HCPCS	outpatient			437		Wellcare	Medicaid		137.87	31.55			131.1	415.15	percent of total billed charges	
DISPENSING FEE CROS, BINAURAL	V5240	HCPCS	outpatient			437		WellPoint	WellPoint		140.63	32.18			131.1	415.15	percent of total billed charges	
MONAURAL CIC PREMIUM	V5254	HCPCS	outpatient			4507		Aetna	Better Health		1421.96	31.55			528.6	4281.65	percent of total billed charges	
MONAURAL CIC PREMIUM	V5254	HCPCS	outpatient			4507		Aetna	Commercial		1712.66	38			528.6	4281.65	percent of total billed charges	
MONAURAL CIC PREMIUM	V5254	HCPCS	outpatient			4507		Aetna	Medicare		1388.16	30.8			528.6	4281.65	percent of total billed charges	
MONAURAL CIC PREMIUM	V5254	HCPCS	outpatient			4507		Americare	Americare		3380.25	75			528.6	4281.65	percent of total billed charges	
MONAURAL CIC PREMIUM	V5254	HCPCS	outpatient			4507		Amerihealth	HMO/PPO		2929.55	65			528.6	4281.65	percent of total billed charges	
MONAURAL CIC PREMIUM	V5254	HCPCS	outpatient			4507		Consumer	Consumer		4281.65	95			528.6	4281.65	percent of total billed charges	
MONAURAL CIC PREMIUM	V5254	HCPCS	outpatient			4507		Corrections	Corrections		3605.6	80			528.6	4281.65	percent of total billed charges	
MONAURAL CIC PREMIUM	V5254	HCPCS	outpatient			4507		First Health	First Health		3154.9	70			528.6	4281.65	percent of total billed charges	
MONAURAL CIC PREMIUM	V5254	HCPCS	outpatient			4507		First Trenton	First Trenton		4056.3	90			528.6	4281.65	percent of total billed charges	
MONAURAL CIC PREMIUM	V5254	HCPCS	outpatient			4507		Horizon	MGD		1725.28	38.28			528.6	4281.65	percent of total billed charges	
MONAURAL CIC PREMIUM	V5254	HCPCS	outpatient			4507		Horizon	PPO		1725.28	38.28			528.6	4281.65	percent of total billed charges	
MONAURAL CIC PREMIUM	V5254	HCPCS	outpatient			4507		Horizon	Indemnity		1725.28	38.28			528.6	4281.65	percent of total billed charges	
MONAURAL CIC PREMIUM	V5254	HCPCS	outpatient			4507		Horizon	Medicare Blue		1352.1	30			528.6	4281.65	percent of total billed charges	
MONAURAL CIC PREMIUM	V5254	HCPCS	outpatient			4507		Managed Care Inc	Managed Care Inc		4056.3	90			528.6	4281.65	percent of total billed charges	
MONAURAL CIC PREMIUM	V5254	HCPCS	outpatient			4507		Multiplan	Multiplan		3605.6	80			528.6	4281.65	percent of total billed charges	
MONAURAL CIC PREMIUM	V5254	HCPCS	outpatient			4507		Qualcare	Qualcare		3380.25	75			528.6	4281.65	percent of total billed charges	
MONAURAL CIC PREMIUM	V5254	HCPCS	outpatient			4507		Three Rivers	Three Rivers		4281.65	95			528.6	4281.65	percent of total billed charges	
MONAURAL CIC PREMIUM	V5254	HCPCS	outpatient			4507		UHC	Medicaid		1421.96	31.55			528.6	4281.65	percent of total billed charges	
MONAURAL CIC PREMIUM	V5254	HCPCS	outpatient			4507		Wellcare	Medicaid		1421.96	31.55			528.6	4281.65	percent of total billed charges	
MONAURAL CIC PREMIUM	V5254	HCPCS	outpatient			4507		WellPoint	WellPoint		1450.35	32.18			528.6	4281.65	percent of total billed charges	
MONAURAL ITC PREMIUM	V5255	HCPCS	outpatient			4507		Aetna	Better Health		1421.96	31.55			528.6	4281.65	percent of total billed charges	
MONAURAL ITC PREMIUM	V5255	HCPCS	outpatient			4507		Aetna	Medicare		1388.16	30.8			528.6	4281.65	percent of total billed charges	
MONAURAL ITC PREMIUM	V5255	HCPCS	outpatient			4507		Aetna	Commercial		1712.66	38			528.6	4281.65	percent of total billed charges	
MONAURAL ITC PREMIUM	V5255	HCPCS	outpatient			4507		Americare	Americare		3380.25	75			528.6	4281.65	percent of total billed charges	
MONAURAL ITC PREMIUM	V5255	HCPCS	outpatient			4507		Amerihealth	HMO/PPO		2929.55	65			528.6	4281.65	percent of total billed charges	
MONAURAL ITC PREMIUM	V5255	HCPCS	outpatient			4507		Consumer	Consumer		4281.65	95			528.6	4281.65	percent of total billed charges	
MONAURAL ITC PREMIUM	V5255	HCPCS	outpatient			4507		Corrections	Corrections		3605.6	80			528.6	4281.65	percent of total billed charges	
MONAURAL ITC PREMIUM	V5255	HCPCS	outpatient			4507		First Health	First Health		3154.9	70			528.6	4281.65	percent of total billed charges	
MONAURAL ITC PREMIUM	V5255	HCPCS	outpatient			4507		First Trenton	First Trenton		4056.3	90			528.6	4281.65	percent of total billed charges	
MONAURAL ITC PREMIUM	V5255	HCPCS	outpatient			4507		Horizon	MGD		1725.28	38.28			528.6	4281.65	percent of total billed charges	
MONAURAL ITC PREMIUM	V5255	HCPCS	outpatient			4507		Horizon	Medicare Blue		1352.1	30			528.6	4281.65	percent of total billed charges	
MONAURAL ITC PREMIUM	V5255	HCPCS	outpatient			4507		Horizon	Indemnity		1725.28	38.28			528.6	4281.65	percent of total billed charges	
MONAURAL ITC PREMIUM	V5255	HCPCS	outpatient			4507		Horizon	PPO		1725.28	38.28			528.6	4281.65	percent of total billed charges	
MONAURAL ITC PREMIUM	V5255	HCPCS	outpatient			4507		Managed Care Inc	Managed Care Inc		4056.3	90			528.6	4281.65	percent of total billed charges	
MONAURAL ITC PREMIUM	V5255	HCPCS	outpatient			4507		Multiplan	Multiplan		3605.6	80			528.6	4281.65	percent of total billed charges	
MONAURAL ITC PREMIUM	V5255	HCPCS	outpatient			4507		Qualcare	Qualcare		3380.25	75			528.6	4281.65	percent of total billed charges	
MONAURAL ITC PREMIUM	V5255	HCPCS	outpatient			4507		Three Rivers	Three Rivers		4281.65	95			528.6	4281.65	percent of total billed charges	
MONAURAL ITC PREMIUM	V5255	HCPCS	outpatient			4507		UHC	Medicaid		1421.96	31.55			528.6	4281.65	percent of total billed charges	
MONAURAL ITC PREMIUM	V5255	HCPCS	outpatient			4507		Wellcare	Medicaid		1421.96	31.55			528.6	4281.65	percent of total billed charges	
MONAURAL ITC PREMIUM	V5255	HCPCS	outpatient			4507		WellPoint	WellPoint		1450.35	32.18			528.6	4281.65	percent of total billed charges	
MONAURAL ITE PREMIUM	V5256	HCPCS	outpatient			4507		Aetna	Better Health		1421.96	31.55			528.6	4281.65	percent of total billed charges	
MONAURAL ITE PREMIUM	V5256	HCPCS	outpatient			4507		Aetna	Commercial		1712.66	38			528.6	4281.65	percent of total billed charges	
MONAURAL ITE PREMIUM	V5256	HCPCS	outpatient			4507		Aetna	Medicare		1388.16	30.8			528.6	4281.65	percent of total billed charges	
MONAURAL ITE PREMIUM	V5256	HCPCS	outpatient			4507		Americare	Americare		3380.25	75			528.6	4281.65	percent of total billed charges	
MONAURAL ITE PREMIUM	V5256	HCPCS	outpatient			4507		Amerihealth	HMO/PPO		2929.55	65			528.6	4281.65	percent of total billed charges	
MONAURAL ITE PREMIUM	V5256	HCPCS	outpatient			4507		Consumer	Consumer		4281.65	95			528.6	4281.65	percent of total billed charges	
MONAURAL ITE PREMIUM	V5256	HCPCS	outpatient			4507		Corrections	Corrections		3605.6	80			528.6	4281.65	percent of total billed charges	
MONAURAL ITE PREMIUM	V5256	HCPCS	outpatient			4507		First Health	First Health		3154.9	70			528.6	4281.65	percent of total billed charges	
MONAURAL ITE PREMIUM	V5256	HCPCS	outpatient			4507		First Trenton	First Trenton		4056.3	90			528.6	4281.65	percent of total billed charges	
MONAURAL ITE PREMIUM	V5256	HCPCS	outpatient			4507		Horizon	MGD		1725.28	38.28			528.6	4281.65	percent of total billed charges	
MONAURAL ITE PREMIUM	V5256	HCPCS	outpatient			4507		Horizon	Indemnity		1725.28	38.28			528.6	4281.65	percent of total billed charges	
MONAURAL ITE PREMIUM	V5256	HCPCS	outpatient			4507		Horizon	Medicare Blue		1352.1	30			528.6	4281.65	percent of total billed charges	
MONAURAL ITE PREMIUM	V5256	HCPCS	outpatient			4507		Horizon	PPO		1725.28	38.28			528.6	4281.65	percent of total billed charges	
MONAURAL ITE PREMIUM	V5256	HCPCS	outpatient			4507		Managed Care Inc	Managed Care Inc		4056.3	90			528.6	4281.65	percent of total billed charges	
MONAURAL ITE PREMIUM	V5256	HCPCS	outpatient			4507		Multiplan	Multiplan		3605.6	80			528.6	4281.65	percent of total billed charges	
MONAURAL ITE PREMIUM	V5256	HCPCS	outpatient			4507		Qualcare	Qualcare		3380.25	75			528.6	4281.65	percent of total billed charges	
MONAURAL ITE PREMIUM	V5256	HCPCS	outpatient			4507		Three Rivers	Three Rivers		4281.65	95			528.6	4281.65	percent of total billed charges	
MONAURAL ITE PREMIUM	V5256	HCPCS	outpatient			4507		UHC	Medicaid		1421.96	31.55			528.6	4281.65	percent of total billed charges	
MONAURAL ITE PREMIUM	V5256	HCPCS	outpatient			4507		Wellcare	Medicaid		1421.96	31.55			528.6	4281.65	percent of total billed charges	
MONAURAL ITE PREMIUM	V5256	HCPCS	outpatient			4507		WellPoint	WellPoint		1450.35	32.18			528.6	4281.65	percent of total billed charges	
MONAURAL BTE PREMIUM	V5257	HCPCS	outpatient			4507		Aetna	Better Health		1421.96	31.55			528.6	4281.65	percent of total billed charges	
MONAURAL BTE PREMIUM	V5257	HCPCS	outpatient			4507		Aetna	Medicare		1388.16	30.8			528.6	4281.65	percent of total billed charges	
MONAURAL BTE PREMIUM	V5257	HCPCS	outpatient			4507		Aetna	Commercial		1712.66	38			528.6	4281.65	percent of total billed charges	
MONAURAL BTE PREMIUM	V5257	HCPCS	outpatient			4507		Americare	Americare		3380.25	75			528.6	4281.65	percent of total billed charges	
MONAURAL BTE PREMIUM	V5257	HCPCS	outpatient			4507		Amerihealth	HMO/PPO		2929.55	65			528.6	4281.65	percent of total billed charges	
MONAURAL BTE PREMIUM	V5257	HCPCS	outpatient			4507		Consumer	Consumer		4281.65	95			528.6	4281.65	percent of total billed charges	
MONAURAL BTE PREMIUM	V5257	HCPCS	outpatient			4507		Corrections	Corrections		3605.6	80			528.6	4281.65	percent of total billed charges	
MONAURAL BTE PREMIUM	V5257	HCPCS	outpatient			4507		First Health	First Health		3154.9	70			528.6	4281.65	percent of total billed charges	
MONAURAL BTE PREMIUM	V5257	HCPCS	outpatient			4507		First Trenton	First Trenton		4056.3	90			528.6	4281.65	percent of total billed charges	
MONAURAL BTE PREMIUM	V5257	HCPCS	outpatient			4507		Horizon	MGD		1725.28	38.28			528.6	4281.65	percent of total billed charges	
MONAURAL BTE PREMIUM	V5257	HCPCS	outpatient			4507		Horizon	Medicare Blue		1352.1	30			528.6	4281.65	percent of total billed charges	
MONAURAL BTE PREMIUM	V5257	HCPCS	outpatient			4507		Horizon	Indemnity		1725.28	38.28			528.6	4281.65	percent of total billed charges	
MONAURAL BTE PREMIUM	V5257	HCPCS	outpatient			4507		Horizon	PPO		1725.28	38.28			528.6	4281.65	percent of total billed charges	
MONAURAL BTE PREMIUM	V5257	HCPCS	outpatient			4507		Managed Care Inc	Managed Care Inc		4056.3	90			528.6	4281.65	percent of total billed charges	
MONAURAL BTE PREMIUM	V5257	HCPCS	outpatient			4507		Multiplan	Multiplan		3605.6	80			528.6	4281.65	percent of total billed charges	
MONAURAL BTE PREMIUM	V5257	HCPCS	outpatient			4507		Qualcare	Qualcare		3380.25	75			528.6	4281.65	percent of total billed charges	
MONAURAL BTE PREMIUM	V5257	HCPCS	outpatient			4507		Three Rivers	Three Rivers		4281.65	95			528.6	4281.65	percent of total billed charges	
MONAURAL BTE PREMIUM	V5257	HCPCS	outpatient			4507		UHC	Medicaid		1421.96	31.55			528.6	4281.65	percent of total billed charges	
MONAURAL BTE PREMIUM	V5257	HCPCS	outpatient			4507		Wellcare	Medicaid		1421.96	31.55			528.6	4281.65	percent of total billed charges	
MONAURAL BTE PREMIUM	V5257	HCPCS	outpatient			4507		WellPoint	WellPoint		1450.35	32.18			528.6	4281.65	percent of total billed charges	
BINAURAL CIC PREMIUM	V5258	HCPCS	outpatient			9012		Aetna	Medicare		2775.7	30.8			1056.6	8561.4	percent of total billed charges	
BINAURAL CIC PREMIUM	V5258	HCPCS	outpatient			9012		Aetna	Better Health		2843.29	31.55			1056.6	8561.4	percent of total billed charges	
BINAURAL CIC PREMIUM	V5258	HCPCS	outpatient			9012		Aetna	Commercial		3424.56	38			1056.6	8561.4	percent of total billed charges	
BINAURAL CIC PREMIUM	V5258	HCPCS	outpatient			9012		Americare	Americare		6759	75			1056.6	8561.4	percent of total billed charges	
BINAURAL CIC PREMIUM	V5258	HCPCS	outpatient			9012		Amerihealth	HMO/PPO		5857.8	65			1056.6	8561.4	percent of total billed charges	
BINAURAL CIC PREMIUM	V5258	HCPCS	outpatient			9012		Consumer	Consumer		8561.4	95			1056.6	8561.4	percent of total billed charges	
BINAURAL CIC PREMIUM	V5258	HCPCS	outpatient			9012		Corrections	Corrections		7209.6	80			1056.6	8561.4	percent of total billed charges	
BINAURAL CIC PREMIUM	V5258	HCPCS	outpatient			9012		First Health	First Health		6308.4	70			1056.6	8561.4	percent of total billed charges	
BINAURAL CIC PREMIUM	V5258	HCPCS	outpatient			9012		First Trenton	First Trenton		8110.8	90			1056.6	8561.4	percent of total billed charges	
BINAURAL CIC PREMIUM	V5258	HCPCS	outpatient			9012		Horizon	Medicare Blue		2703.6	30			1056.6	8561.4	percent of total billed charges	
BINAURAL CIC PREMIUM	V5258	HCPCS	outpatient			9012		Horizon	Indemnity		3449.79	38.28			1056.6	8561.4	percent of total billed charges	
BINAURAL CIC PREMIUM	V5258	HCPCS	outpatient			9012		Horizon	MGD		3449.79	38.28			1056.6	8561.4	percent of total billed charges	
BINAURAL CIC PREMIUM	V5258	HCPCS	outpatient			9012		Horizon	PPO		3449.79	38.28			1056.6	8561.4	percent of total billed charges	
BINAURAL CIC PREMIUM	V5258	HCPCS	outpatient			9012		Managed Care Inc	Managed Care Inc		8110.8	90			1056.6	8561.4	percent of total billed charges	
BINAURAL CIC PREMIUM	V5258	HCPCS	outpatient			9012		Multiplan	Multiplan		7209.6	80			1056.6	8561.4	percent of total billed charges	
BINAURAL CIC PREMIUM	V5258	HCPCS	outpatient			9012		Qualcare	Qualcare		6759	75			1056.6	8561.4	percent of total billed charges	
BINAURAL CIC PREMIUM	V5258	HCPCS	outpatient			9012		Three Rivers	Three Rivers		8561.4	95			1056.6	8561.4	percent of total billed charges	
BINAURAL CIC PREMIUM	V5258	HCPCS	outpatient			9012		UHC	Medicaid		2843.29	31.55			1056.6	8561.4	percent of total billed charges	
BINAURAL CIC PREMIUM	V5258	HCPCS	outpatient			9012		Wellcare	Medicaid		2843.29	31.55			1056.6	8561.4	percent of total billed charges	
BINAURAL CIC PREMIUM	V5258	HCPCS	outpatient			9012		WellPoint	WellPoint		2900.06	32.18			1056.6	8561.4	percent of total billed charges	
BINAURAL ITC PREMIUM	V5259	HCPCS	outpatient			9012		Aetna	Better Health		2843.29	31.55			1056.6	8561.4	percent of total billed charges	
BINAURAL ITC PREMIUM	V5259	HCPCS	outpatient			9012		Aetna	Medicare		2775.7	30.8			1056.6	8561.4	percent of total billed charges	
BINAURAL ITC PREMIUM	V5259	HCPCS	outpatient			9012		Aetna	Commercial		3424.56	38			1056.6	8561.4	percent of total billed charges	
BINAURAL ITC PREMIUM	V5259	HCPCS	outpatient			9012		Americare	Americare		6759	75			1056.6	8561.4	percent of total billed charges	
BINAURAL ITC PREMIUM	V5259	HCPCS	outpatient			9012		Amerihealth	HMO/PPO		5857.8	65			1056.6	8561.4	percent of total billed charges	
BINAURAL ITC PREMIUM	V5259	HCPCS	outpatient			9012		Consumer	Consumer		8561.4	95			1056.6	8561.4	percent of total billed charges	
BINAURAL ITC PREMIUM	V5259	HCPCS	outpatient			9012		Corrections	Corrections		7209.6	80			1056.6	8561.4	percent of total billed charges	
BINAURAL ITC PREMIUM	V5259	HCPCS	outpatient			9012		First Health	First Health		6308.4	70			1056.6	8561.4	percent of total billed charges	
BINAURAL ITC PREMIUM	V5259	HCPCS	outpatient			9012		First Trenton	First Trenton		8110.8	90			1056.6	8561.4	percent of total billed charges	
BINAURAL ITC PREMIUM	V5259	HCPCS	outpatient			9012		Horizon	MGD		3449.79	38.28			1056.6	8561.4	percent of total billed charges	
BINAURAL ITC PREMIUM	V5259	HCPCS	outpatient			9012		Horizon	Indemnity		3449.79	38.28			1056.6	8561.4	percent of total billed charges	
BINAURAL ITC PREMIUM	V5259	HCPCS	outpatient			9012		Horizon	Medicare Blue		2703.6	30			1056.6	8561.4	percent of total billed charges	
BINAURAL ITC PREMIUM	V5259	HCPCS	outpatient			9012		Horizon	PPO		3449.79	38.28			1056.6	8561.4	percent of total billed charges	
BINAURAL ITC PREMIUM	V5259	HCPCS	outpatient			9012		Managed Care Inc	Managed Care Inc		8110.8	90			1056.6	8561.4	percent of total billed charges	
BINAURAL ITC PREMIUM	V5259	HCPCS	outpatient			9012		Multiplan	Multiplan		7209.6	80			1056.6	8561.4	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.													
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103		310119 true												
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
BINAURAL ITC PREMIUM	V5259	HCPCS	outpatient			9012		Qualcare	Qualcare		6759	75			1056.6	8561.4	percent of total billed charges	
BINAURAL ITC PREMIUM	V5259	HCPCS	outpatient			9012		Three Rivers	Three Rivers		8561.4	95			1056.6	8561.4	percent of total billed charges	
BINAURAL ITC PREMIUM	V5259	HCPCS	outpatient			9012		UHC	Medicaid		2843.29	31.55			1056.6	8561.4	percent of total billed charges	
BINAURAL ITC PREMIUM	V5259	HCPCS	outpatient			9012		Wellcare	Medicaid		2843.29	31.55			1056.6	8561.4	percent of total billed charges	
BINAURAL ITC PREMIUM	V5259	HCPCS	outpatient			9012		WellPoint	WellPoint		2900.06	32.18			1056.6	8561.4	percent of total billed charges	
BINAURAL ITE PREMIUM	V5260	HCPCS	outpatient			9012		Aetna	Medicare		2775.7	30.8			1056.6	8561.4	percent of total billed charges	
BINAURAL ITE PREMIUM	V5260	HCPCS	outpatient			9012		Aetna	Better Health		2843.29	31.55			1056.6	8561.4	percent of total billed charges	
BINAURAL ITE PREMIUM	V5260	HCPCS	outpatient			9012		Aetna	Commercial		3424.56	38			1056.6	8561.4	percent of total billed charges	
BINAURAL ITE PREMIUM	V5260	HCPCS	outpatient			9012		Americare	Americare		6759	75			1056.6	8561.4	percent of total billed charges	
BINAURAL ITE PREMIUM	V5260	HCPCS	outpatient			9012		Amerihealth	HMO/PPO		5857.8	65			1056.6	8561.4	percent of total billed charges	
BINAURAL ITE PREMIUM	V5260	HCPCS	outpatient			9012		Consumer	Consumer		8561.4	95			1056.6	8561.4	percent of total billed charges	
BINAURAL ITE PREMIUM	V5260	HCPCS	outpatient			9012		Corrections	Corrections		7209.6	80			1056.6	8561.4	percent of total billed charges	
BINAURAL ITE PREMIUM	V5260	HCPCS	outpatient			9012		First Health	First Health		6308.4	70			1056.6	8561.4	percent of total billed charges	
BINAURAL ITE PREMIUM	V5260	HCPCS	outpatient			9012		First Trenton	First Trenton		8110.8	90			1056.6	8561.4	percent of total billed charges	
BINAURAL ITE PREMIUM	V5260	HCPCS	outpatient			9012		Horizon	Indemnity		3449.79	38.28			1056.6	8561.4	percent of total billed charges	
BINAURAL ITE PREMIUM	V5260	HCPCS	outpatient			9012		Horizon	PPO		3449.79	38.28			1056.6	8561.4	percent of total billed charges	
BINAURAL ITE PREMIUM	V5260	HCPCS	outpatient			9012		Horizon	MGD		3449.79	38.28			1056.6	8561.4	percent of total billed charges	
BINAURAL ITE PREMIUM	V5260	HCPCS	outpatient			9012		Horizon	Medicare Blue		2703.6	30			1056.6	8561.4	percent of total billed charges	
BINAURAL ITE PREMIUM	V5260	HCPCS	outpatient			9012		Managed Care Inc	Managed Care Inc		8110.8	90			1056.6	8561.4	percent of total billed charges	
BINAURAL ITE PREMIUM	V5260	HCPCS	outpatient			9012		Multiplan	Multiplan		7209.6	80			1056.6	8561.4	percent of total billed charges	
BINAURAL ITE PREMIUM	V5260	HCPCS	outpatient			9012		Qualcare	Qualcare		6759	75			1056.6	8561.4	percent of total billed charges	
BINAURAL ITE PREMIUM	V5260	HCPCS	outpatient			9012		Three Rivers	Three Rivers		8561.4	95			1056.6	8561.4	percent of total billed charges	
BINAURAL ITE PREMIUM	V5260	HCPCS	outpatient			9012		UHC	Medicaid		2843.29	31.55			1056.6	8561.4	percent of total billed charges	
BINAURAL ITE PREMIUM	V5260	HCPCS	outpatient			9012		Wellcare	Medicaid		2843.29	31.55			1056.6	8561.4	percent of total billed charges	
BINAURAL ITE PREMIUM	V5260	HCPCS	outpatient			9012		WellPoint	WellPoint		2900.06	32.18			1056.6	8561.4	percent of total billed charges	
COCHLEAR OSI3000 IMPLANT	V5261	HCPCS	outpatient			13879.14		Aetna	Commercial		5274.07	38			1056.6	13185.18	percent of total billed charges	
COCHLEAR OSI3000 IMPLANT	V5261	HCPCS	outpatient			13879.14		Aetna	Medicare		4274.78	30.8			1056.6	13185.18	percent of total billed charges	
COCHLEAR OSI3000 IMPLANT	V5261	HCPCS	outpatient			13879.14		Aetna	Better Health		4378.87	31.55			1056.6	13185.18	percent of total billed charges	
COCHLEAR OSI3000 IMPLANT	V5261	HCPCS	outpatient			13879.14		Americare	Americare		10409.36	75			1056.6	13185.18	percent of total billed charges	
COCHLEAR OSI3000 IMPLANT	V5261	HCPCS	outpatient			13879.14		Amerihealth	HMO/PPO		9021.44	65			1056.6	13185.18	percent of total billed charges	
COCHLEAR OSI3000 IMPLANT	V5261	HCPCS	outpatient			13879.14		Consumer	Consumer		13185.18	95			1056.6	13185.18	percent of total billed charges	
COCHLEAR OSI3000 IMPLANT	V5261	HCPCS	outpatient			13879.14		Corrections	Corrections		11103.31	80			1056.6	13185.18	percent of total billed charges	
COCHLEAR OSI3000 IMPLANT	V5261	HCPCS	outpatient			13879.14		First Health	First Health		9715.4	70			1056.6	13185.18	percent of total billed charges	
COCHLEAR OSI3000 IMPLANT	V5261	HCPCS	outpatient			13879.14		First Trenton	First Trenton		12491.23	90			1056.6	13185.18	percent of total billed charges	
COCHLEAR OSI3000 IMPLANT	V5261	HCPCS	outpatient			13879.14		Horizon	Indemnity		5312.93	38.28			1056.6	13185.18	percent of total billed charges	
COCHLEAR OSI3000 IMPLANT	V5261	HCPCS	outpatient			13879.14		Horizon	MGD		5312.93	38.28			1056.6	13185.18	percent of total billed charges	
COCHLEAR OSI3000 IMPLANT	V5261	HCPCS	outpatient			13879.14		Horizon	PPO		5312.93	38.28			1056.6	13185.18	percent of total billed charges	
COCHLEAR OSI3000 IMPLANT	V5261	HCPCS	outpatient			13879.14		Horizon	Medicare Blue		4163.74	30			1056.6	13185.18	percent of total billed charges	
COCHLEAR OSI3000 IMPLANT	V5261	HCPCS	outpatient			13879.14		Managed Care Inc	Managed Care Inc		12491.23	90			1056.6	13185.18	percent of total billed charges	
COCHLEAR OSI3000 IMPLANT	V5261	HCPCS	outpatient			13879.14		Multiplan	Multiplan		11103.31	80			1056.6	13185.18	percent of total billed charges	
COCHLEAR OSI3000 IMPLANT	V5261	HCPCS	outpatient			13879.14		Qualcare	Qualcare		10409.36	75			1056.6	13185.18	percent of total billed charges	
COCHLEAR OSI3000 IMPLANT	V5261	HCPCS	outpatient			13879.14		Three Rivers	Three Rivers		13185.18	95			1056.6	13185.18	percent of total billed charges	
COCHLEAR OSI3000 IMPLANT	V5261	HCPCS	outpatient			13879.14		UHC	Medicaid		4378.87	31.55			1056.6	13185.18	percent of total billed charges	
COCHLEAR OSI3000 IMPLANT	V5261	HCPCS	outpatient			13879.14		Wellcare	Medicaid		4378.87	31.55			1056.6	13185.18	percent of total billed charges	
COCHLEAR OSI3000 IMPLANT	V5261	HCPCS	outpatient			13879.14		WellPoint	WellPoint		4466.31	32.18			1056.6	13185.18	percent of total billed charges	
SWIM PLUG	V5264	HCPCS	outpatient			192		Aetna	Medicare		59.14	30.8			52.8	182.4	percent of total billed charges	
SWIM PLUG	V5264	HCPCS	outpatient			192		Aetna	Better Health		60.58	31.55			52.8	182.4	percent of total billed charges	
SWIM PLUG	V5264	HCPCS	outpatient			192		Aetna	Commercial		72.96	38			52.8	182.4	percent of total billed charges	
SWIM PLUG	V5264	HCPCS	outpatient			192		Americare	Americare		144	75			52.8	182.4	percent of total billed charges	
SWIM PLUG	V5264	HCPCS	outpatient			192		Amerihealth	HMO/PPO		124.8	65			52.8	182.4	percent of total billed charges	
SWIM PLUG	V5264	HCPCS	outpatient			192		Consumer	Consumer		182.4	95			52.8	182.4	percent of total billed charges	
SWIM PLUG	V5264	HCPCS	outpatient			192		Corrections	Corrections		153.6	80			52.8	182.4	percent of total billed charges	
SWIM PLUG	V5264	HCPCS	outpatient			192		First Health	First Health		134.4	70			52.8	182.4	percent of total billed charges	
SWIM PLUG	V5264	HCPCS	outpatient			192		First Trenton	First Trenton		172.8	90			52.8	182.4	percent of total billed charges	
SWIM PLUG	V5264	HCPCS	outpatient			192		Horizon	Medicare Blue		57.6	30			52.8	182.4	percent of total billed charges	
SWIM PLUG	V5264	HCPCS	outpatient			192		Horizon	Indemnity		73.5	38.28			52.8	182.4	percent of total billed charges	
SWIM PLUG	V5264	HCPCS	outpatient			192		Horizon	MGD		73.5	38.28			52.8	182.4	percent of total billed charges	
SWIM PLUG	V5264	HCPCS	outpatient			192		Horizon	PPO		73.5	38.28			52.8	182.4	percent of total billed charges	
SWIM PLUG	V5264	HCPCS	outpatient			192		Managed Care Inc	Managed Care Inc		172.8	90			52.8	182.4	percent of total billed charges	
SWIM PLUG	V5264	HCPCS	outpatient			192		Multiplan	Multiplan		153.6	80			52.8	182.4	percent of total billed charges	
SWIM PLUG	V5264	HCPCS	outpatient			192		Qualcare	Qualcare		144	75			52.8	182.4	percent of total billed charges	
SWIM PLUG	V5264	HCPCS	outpatient			192		Three Rivers	Three Rivers		182.4	95			52.8	182.4	percent of total billed charges	
SWIM PLUG	V5264	HCPCS	outpatient			192		UHC	Medicaid		60.58	31.55			52.8	182.4	percent of total billed charges	
SWIM PLUG	V5264	HCPCS	outpatient			192		Wellcare	Medicaid		60.58	31.55			52.8	182.4	percent of total billed charges	
SWIM PLUG	V5264	HCPCS	outpatient			192		WellPoint	WellPoint		61.79	32.18			52.8	182.4	percent of total billed charges	
BATTERY, SIZE 675P, PACK 6	V5266	HCPCS	outpatient			54		Aetna	Medicare		16.63	30.8			16.2	51.3	percent of total billed charges	
BATTERY, SIZE 675P, PACK 6	V5266	HCPCS	outpatient			54		Aetna	Commercial		20.52	38			16.2	51.3	percent of total billed charges	
BATTERY, SIZE 675P, PACK 6	V5266	HCPCS	outpatient			54		Aetna	Better Health		17.04	31.55			16.2	51.3	percent of total billed charges	
BATTERY, SIZE 675P, PACK 6	V5266	HCPCS	outpatient			54		Americare	Americare		40.5	75			16.2	51.3	percent of total billed charges	
BATTERY, SIZE 675P, PACK 6	V5266	HCPCS	outpatient			54		Amerihealth	HMO/PPO		35.1	65			16.2	51.3	percent of total billed charges	
BATTERY, SIZE 675P, PACK 6	V5266	HCPCS	outpatient			54		Consumer	Consumer		51.3	95			16.2	51.3	percent of total billed charges	
BATTERY, SIZE 675P, PACK 6	V5266	HCPCS	outpatient			54		Corrections	Corrections		43.2	80			16.2	51.3	percent of total billed charges	
BATTERY, SIZE 675P, PACK 6	V5266	HCPCS	outpatient			54		First Health	First Health		37.8	70			16.2	51.3	percent of total billed charges	
BATTERY, SIZE 675P, PACK 6	V5266	HCPCS	outpatient			54		First Trenton	First Trenton		48.6	90			16.2	51.3	percent of total billed charges	
BATTERY, SIZE 675P, PACK 6	V5266	HCPCS	outpatient			54		Horizon	Medicare Blue		16.2	30			16.2	51.3	percent of total billed charges	
BATTERY, SIZE 675P, PACK 6	V5266	HCPCS	outpatient			54		Horizon	Indemnity		20.67	38.28			16.2	51.3	percent of total billed charges	
BATTERY, SIZE 675P, PACK 6	V5266	HCPCS	outpatient			54		Horizon	MGD		20.67	38.28			16.2	51.3	percent of total billed charges	
BATTERY, SIZE 675P, PACK 6	V5266	HCPCS	outpatient			54		Horizon	PPO		20.67	38.28			16.2	51.3	percent of total billed charges	
BATTERY, SIZE 675P, PACK 6	V5266	HCPCS	outpatient			54		Managed Care Inc	Managed Care Inc		48.6	90			16.2	51.3	percent of total billed charges	
BATTERY, SIZE 675P, PACK 6	V5266	HCPCS	outpatient			54		Multiplan	Multiplan		43.2	80			16.2	51.3	percent of total billed charges	
BATTERY, SIZE 675P, PACK 6	V5266	HCPCS	outpatient			54		Qualcare	Qualcare		40.5	75			16.2	51.3	percent of total billed charges	
BATTERY, SIZE 675P, PACK 6	V5266	HCPCS	outpatient			54		Three Rivers	Three Rivers		51.3	95			16.2	51.3	percent of total billed charges	
BATTERY, SIZE 675P, PACK 6	V5266	HCPCS	outpatient			54		UHC	Medicaid		17.04	31.55			16.2	51.3	percent of total billed charges	
BATTERY, SIZE 675P, PACK 6	V5266	HCPCS	outpatient			54		Wellcare	Medicaid		17.04	31.55			16.2	51.3	percent of total billed charges	
BATTERY, SIZE 675P, PACK 6	V5266	HCPCS	outpatient			54		WellPoint	WellPoint		17.38	32.18			16.2	51.3	percent of total billed charges	
EARMOLD IMPRESSION	V5275	HCPCS	outpatient			75		Aetna	Better Health		23.66	31.55			22.5	71.25	percent of total billed charges	
EARMOLD IMPRESSION	V5275	HCPCS	outpatient			75		Aetna	Medicare		23.1	30.8			22.5	71.25	percent of total billed charges	
EARMOLD IMPRESSION	V5275	HCPCS	outpatient			75		Aetna	Commercial		28.5	38			22.5	71.25	percent of total billed charges	
EARMOLD IMPRESSION	V5275	HCPCS	outpatient			75		Americare	Americare		56.25	75			22.5	71.25	percent of total billed charges	
EARMOLD IMPRESSION	V5275	HCPCS	outpatient			75		Amerihealth	HMO/PPO		48.75	65			22.5	71.25	percent of total billed charges	
EARMOLD IMPRESSION	V5275	HCPCS	outpatient			75		Consumer	Consumer		71.25	95			22.5	71.25	percent of total billed charges	
EARMOLD IMPRESSION	V5275	HCPCS	outpatient			75		Corrections	Corrections		60	80			22.5	71.25	percent of total billed charges	
EARMOLD IMPRESSION	V5275	HCPCS	outpatient			75		First Health	First Health		52.5	70			22.5	71.25	percent of total billed charges	
EARMOLD IMPRESSION	V5275	HCPCS	outpatient			75		First Trenton	First Trenton		67.5	90			22.5	71.25	percent of total billed charges	
EARMOLD IMPRESSION	V5275	HCPCS	outpatient			75		Horizon	MGD		28.71	38.28			22.5	71.25	percent of total billed charges	
EARMOLD IMPRESSION	V5275	HCPCS	outpatient			75		Horizon	Indemnity		28.71	38.28			22.5	71.25	percent of total billed charges	
EARMOLD IMPRESSION	V5275	HCPCS	outpatient			75		Horizon	Medicare Blue		22.5	30			22.5	71.25	percent of total billed charges	
EARMOLD IMPRESSION	V5275	HCPCS	outpatient			75		Horizon	PPO		28.71	38.28			22.5	71.25	percent of total billed charges	
EARMOLD IMPRESSION	V5275	HCPCS	outpatient			75		Managed Care Inc	Managed Care Inc		67.5	90			22.5	71.25	percent of total billed charges	
EARMOLD IMPRESSION	V5275	HCPCS	outpatient			75		Multiplan	Multiplan		60	80			22.5	71.25	percent of total billed charges	
EARMOLD IMPRESSION	V5275	HCPCS	outpatient			75		Qualcare	Qualcare		56.25	75			22.5	71.25	percent of total billed charges	
EARMOLD IMPRESSION	V5275	HCPCS	outpatient			75		Three Rivers	Three Rivers		71.25	95			22.5	71.25	percent of total billed charges	
EARMOLD IMPRESSION	V5275	HCPCS	outpatient			75		UHC	Medicaid		23.66	31.55			22.5	71.25	percent of total billed charges	
EARMOLD IMPRESSION	V5275	HCPCS	outpatient			75		Wellcare	Medicaid		23.66	31.55			22.5	71.25	percent of total billed charges	
EARMOLD IMPRESSION	V5275	HCPCS	outpatient			75		WellPoint	WellPoint		24.14	32.18			22.5	71.25	percent of total billed charges	
ALD FM/DM SYSTEM, BINAURAL	V5282	HCPCS	outpatient			11621		Aetna	Commercial		4415.98	38			3486.3	11039.95	percent of total billed charges	
ALD FM/DM SYSTEM, BINAURAL	V5282	HCPCS	outpatient			11621		Aetna	Medicare		3579.27	30.8			3486.3	11039.95	percent of total billed charges	
ALD FM/DM SYSTEM, BINAURAL	V5282	HCPCS	outpatient			11621		Aetna	Better Health		3666.43	31.55			3486.3	11039.95	percent of total billed charges	
ALD FM/DM SYSTEM, BINAURAL	V5282	HCPCS	outpatient			11621		Americare	Americare		8715.75	75			3486.3	11039.95	percent of total billed charges	
ALD FM/DM SYSTEM, BINAURAL	V5282	HCPCS	outpatient			11621		Amerihealth	HMO/PPO		7553.65	65			3486.3	11039.95	percent of total billed charges	
ALD FM/DM SYSTEM, BINAURAL	V5282	HCPCS	outpatient			11621		Consumer	Consumer		11039.95	95			3486.3	11039.95	percent of total billed charges	
ALD FM/DM SYSTEM, BINAURAL	V5282	HCPCS	outpatient			11621		Corrections	Corrections		9296.8	80			3486.3	11039.95	percent of total billed charges	
ALD FM/DM SYSTEM, BINAURAL	V5282	HCPCS	outpatient			11621		First Health	First Health		8134.7	70			3486.3	11039.95	percent of total billed charges	
ALD FM/DM SYSTEM, BINAURAL	V5282	HCPCS	outpatient			11621		First Trenton	First Trenton		10458.9	90			3486.3	11039.95	percent of total billed charges	
ALD FM/DM SYSTEM, BINAURAL	V5282	HCPCS	outpatient			11621		Horizon	MGD		4448.52	38.28			3486.3	11039.95	percent of total billed charges	
ALD FM/DM SYSTEM, BINAURAL	V5282	HCPCS	outpatient			11621		Horizon	PPO		4448.52	38.28			3486.3	11039.95	percent of total billed charges	
ALD FM/DM SYSTEM, BINAURAL	V5282	HCPCS	outpatient			11621		Horizon	Indemnity		4448.52	38.28			3486.3	11039.95	percent of total billed charges	
ALD FM/DM SYSTEM, BINAURAL	V5282	HCPCS	outpatient			11621		Horizon	Medicare Blue		3486.3	30			3486.3	11039.95	percent of total billed charges	
ALD FM/DM SYSTEM, BINAURAL	V5282	HCPCS	outpatient			11621		Managed Care Inc	Managed Care Inc		10458.9	90			3486.3	11039.95	percent of total billed charges	
ALD FM/DM SYSTEM, BINAURAL	V5282	HCPCS	outpatient			11621		Multiplan	Multiplan		9296.8	80			3486.3	11039.95	percent of total billed charges	
ALD FM/DM SYSTEM, BINAURAL	V5282	HCPCS	outpatient			11621		Qualcare	Qualcare		8715.75	75			3486.3	11039.95	percent of total billed charges	
ALD FM/DM SYSTEM, BINAURAL	V5282	HCPCS	outpatient			11621		Three Rivers	Three Rivers		11039.95	95			3486.3	11039.95	percent of total billed charges	
ALD FM/DM SYSTEM, BINAURAL	V5282	HCPCS	outpatient			11621		UHC	Medicaid		3666.43	31.55			3486.3	11039.95	percent of total billed charges	
ALD FM/DM SYSTEM, BINAURAL	V5282	HCPCS	outpatient			11621		Wellcare	Medicaid		3666.43	31.55			3486.3	11039.95	percent of total billed charges	
ALD FM/DM SYSTEM, BINAURAL	V5282	HCPCS	outpatient			11621		WellPoint	WellPoint		3739.64	32.18			3486.3	11039.95	percent of total billed charges	
ALD NECK,LOOP INDUCT RECEIVER	V5283	HCPCS	outpatient			2403		Aetna	Better Health		758.15	31.55			720.9	2282.85	percent of total billed charges	
ALD NECK,LOOP INDUCT RECEIVER	V5283	HCPCS	outpatient			2403		Aetna	Commercial		913.14	38			720.9	2282.85	percent of total billed charges	
ALD NECK,LOOP INDUCT RECEIVER	V5283	HCPCS	outpatient			2403		Aetna	Medicare		740.12	30.8			720.9	2282.85	percent of total billed charges	
ALD NECK,LOOP INDUCT RECEIVER	V5283	HCPCS	outpatient			2403		Americare	Americare		1802.25	75			720.9	2282.85	percent of total billed charges	
ALD NECK,LOOP INDUCT RECEIVER	V5283	HCPCS	outpatient			2403		Amerihealth	HMO/PPO		1561.95	65			720.9	2282.85	percent of total billed charges	
ALD NECK,LOOP INDUCT RECEIVER	V5283	HCPCS	outpatient			2403		Consumer	Consumer		2282.85	95			720.9	2282.85	percent of total billed charges	
ALD NECK,LOOP INDUCT RECEIVER	V5283	HCPCS	outpatient			2403		Corrections	Corrections		1922.4	80			720.9	2282.85	percent of total billed charges	
ALD NECK,LOOP INDUCT RECEIVER	V5283	HCPCS	outpatient			2403		First Health	First Health		1682.1	70			720.9	2282.85	percent of total billed charges	
ALD NECK,LOOP INDUCT RECEIVER	V5283	HCPCS	outpatient			2403		First Trenton	First Trenton		2162.7	90			720.9	2282.85	percent of total billed charges	
ALD NECK,LOOP INDUCT RECEIVER	V5283	HCPCS	outpatient			2403		Horizon	PPO		919.87	38.28			720.9	2282.85	percent of total billed charges	
ALD NECK,LOOP INDUCT RECEIVER	V5283	HCPCS	outpatient			2403		Horizon	MGD		919.87	38.28			720.9	2282.85	percent of total billed charges	
ALD NECK,LOOP INDUCT RECEIVER	V5283	HCPCS	outpatient			2403		Horizon	Indemnity		919.87	38.28			720.9	2282.85	percent of total billed charges	
ALD NECK,LOOP INDUCT RECEIVER	V5283	HCPCS	outpatient			2403		Horizon	Medicare Blue		720.9	30			720.9	2282.85	percent of total billed charges	
ALD NECK,LOOP INDUCT RECEIVER	V5283	HCPCS	outpatient			2403		Managed Care Inc	Managed Care Inc		2162.7	90			720.9	2282.85	percent of total billed charges	
ALD NECK,LOOP INDUCT RECEIVER	V5283	HCPCS	outpatient			2403		Multiplan	Multiplan		1922.4	80			720.9	2282.85	percent of total billed charges	
ALD NECK,LOOP INDUCT RECEIVER	V5283	HCPCS	outpatient			2403		Qualcare	Qualcare		1802.25	75			720.9	2282.85	percent of total billed charges	
ALD NECK,LOOP INDUCT RECEIVER	V5283	HCPCS	outpatient			2403		Three Rivers	Three Rivers		2282.85	95			720.9	2282.85	percent of total billed charges	
ALD NECK,LOOP INDUCT RECEIVER	V5283	HCPCS	outpatient			2403		UHC	Medicaid		758.15	31.55			720.9	2282.85	percent of total billed charges	
ALD NECK,LOOP INDUCT RECEIVER	V5283	HCPCS	outpatient			2403		Wellcare	Medicaid		758.15	31.55			720.9	2282.85	percent of total billed charges	
ALD NECK,LOOP INDUCT RECEIVER	V5283	HCPCS	outpatient			2403		WellPoint	WellPoint		773.29	32.18			720.9	2282.85	percent of total billed charges	
ALD FM/DM, EAR LEVEL RECEIVER	V5284	HCPCS	outpatient			2706		Aetna	Commercial		1026.28	38			811.8	2570.7	percent of total billed charges	
ALD FM/DM, EAR LEVEL RECEIVER	V5284	HCPCS	outpatient			2706		Aetna	Better Health		853.74	31.55			811.8	2570.7	percent of total billed charges	
ALD FM/DM, EAR LEVEL RECEIVER	V5284	HCPCS	outpatient			2706		Aetna	Medicare		833.45	30.8			811.8	2570.7	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101191	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ALD FM/DM, EAR LEVEL RECEIVER	V5284	HCPCS	outpatient			2706		Americare	Americare		2029.5	75			811.8	2570.7	percent of total billed charges	
ALD FM/DM, EAR LEVEL RECEIVER	V5284	HCPCS	outpatient			2706		Amerihealth	HMO/PPO		1758.9	65			811.8	2570.7	percent of total billed charges	
ALD FM/DM, EAR LEVEL RECEIVER	V5284	HCPCS	outpatient			2706		Consumer	Consumer		2570.7	95			811.8	2570.7	percent of total billed charges	
ALD FM/DM, EAR LEVEL RECEIVER	V5284	HCPCS	outpatient			2706		Corrections	Corrections		2164.8	80			811.8	2570.7	percent of total billed charges	
ALD FM/DM, EAR LEVEL RECEIVER	V5284	HCPCS	outpatient			2706		First Health	First Health		1894.2	70			811.8	2570.7	percent of total billed charges	
ALD FM/DM, EAR LEVEL RECEIVER	V5284	HCPCS	outpatient			2706		First Trenton	First Trenton		2435.4	90			811.8	2570.7	percent of total billed charges	
ALD FM/DM, EAR LEVEL RECEIVER	V5284	HCPCS	outpatient			2706		Horizon	Indemnity		1035.86	38.28			811.8	2570.7	percent of total billed charges	
ALD FM/DM, EAR LEVEL RECEIVER	V5284	HCPCS	outpatient			2706		Horizon	Medicare Blue		811.8	30			811.8	2570.7	percent of total billed charges	
ALD FM/DM, EAR LEVEL RECEIVER	V5284	HCPCS	outpatient			2706		Horizon	MGD		1035.86	38.28			811.8	2570.7	percent of total billed charges	
ALD FM/DM, EAR LEVEL RECEIVER	V5284	HCPCS	outpatient			2706		Horizon	PPO		1035.86	38.28			811.8	2570.7	percent of total billed charges	
ALD FM/DM, EAR LEVEL RECEIVER	V5284	HCPCS	outpatient			2706		Managed Care Inc	Managed Care Inc		2435.4	90			811.8	2570.7	percent of total billed charges	
ALD FM/DM, EAR LEVEL RECEIVER	V5284	HCPCS	outpatient			2706		Multiplan	Multiplan		2164.8	80			811.8	2570.7	percent of total billed charges	
ALD FM/DM, EAR LEVEL RECEIVER	V5284	HCPCS	outpatient			2706		Qualcare	Qualcare		2029.5	75			811.8	2570.7	percent of total billed charges	
ALD FM/DM, EAR LEVEL RECEIVER	V5284	HCPCS	outpatient			2706		Three Rivers	Three Rivers		2570.7	95			811.8	2570.7	percent of total billed charges	
ALD FM/DM, EAR LEVEL RECEIVER	V5284	HCPCS	outpatient			2706		UHC	Medicaid		853.74	31.55			811.8	2570.7	percent of total billed charges	
ALD FM/DM, EAR LEVEL RECEIVER	V5284	HCPCS	outpatient			2706		Wellcare	Medicaid		853.74	31.55			811.8	2570.7	percent of total billed charges	
ALD FM/DM, EAR LEVEL RECEIVER	V5284	HCPCS	outpatient			2706		WellPoint	WellPoint		870.79	32.18			811.8	2570.7	percent of total billed charges	
ALD FM/DM AUD INPUT RECEIVER	V5285	HCPCS	outpatient			2948		Aetna	Commercial		1120.24	38			884.4	2800.6	percent of total billed charges	
ALD FM/DM AUD INPUT RECEIVER	V5285	HCPCS	outpatient			2948		Aetna	Better Health		930.09	31.55			884.4	2800.6	percent of total billed charges	
ALD FM/DM AUD INPUT RECEIVER	V5285	HCPCS	outpatient			2948		Aetna	Medicare		907.98	30.8			884.4	2800.6	percent of total billed charges	
ALD FM/DM AUD INPUT RECEIVER	V5285	HCPCS	outpatient			2948		Americare	Americare		2211	75			884.4	2800.6	percent of total billed charges	
ALD FM/DM AUD INPUT RECEIVER	V5285	HCPCS	outpatient			2948		Amerihealth	HMO/PPO		1916.2	65			884.4	2800.6	percent of total billed charges	
ALD FM/DM AUD INPUT RECEIVER	V5285	HCPCS	outpatient			2948		Consumer	Consumer		2800.6	95			884.4	2800.6	percent of total billed charges	
ALD FM/DM AUD INPUT RECEIVER	V5285	HCPCS	outpatient			2948		Corrections	Corrections		2358.4	80			884.4	2800.6	percent of total billed charges	
ALD FM/DM AUD INPUT RECEIVER	V5285	HCPCS	outpatient			2948		First Health	First Health		2063.6	70			884.4	2800.6	percent of total billed charges	
ALD FM/DM AUD INPUT RECEIVER	V5285	HCPCS	outpatient			2948		First Trenton	First Trenton		2653.2	90			884.4	2800.6	percent of total billed charges	
ALD FM/DM AUD INPUT RECEIVER	V5285	HCPCS	outpatient			2948		Horizon	PPO		1128.49	38.28			884.4	2800.6	percent of total billed charges	
ALD FM/DM AUD INPUT RECEIVER	V5285	HCPCS	outpatient			2948		Horizon	MGD		1128.49	38.28			884.4	2800.6	percent of total billed charges	
ALD FM/DM AUD INPUT RECEIVER	V5285	HCPCS	outpatient			2948		Horizon	Indemnity		1128.49	38.28			884.4	2800.6	percent of total billed charges	
ALD FM/DM AUD INPUT RECEIVER	V5285	HCPCS	outpatient			2948		Horizon	Medicare Blue		884.4	30			884.4	2800.6	percent of total billed charges	
ALD FM/DM AUD INPUT RECEIVER	V5285	HCPCS	outpatient			2948		Managed Care Inc	Managed Care Inc		2653.2	90			884.4	2800.6	percent of total billed charges	
ALD FM/DM AUD INPUT RECEIVER	V5285	HCPCS	outpatient			2948		Multiplan	Multiplan		2358.4	80			884.4	2800.6	percent of total billed charges	
ALD FM/DM AUD INPUT RECEIVER	V5285	HCPCS	outpatient			2948		Qualcare	Qualcare		2211	75			884.4	2800.6	percent of total billed charges	
ALD FM/DM AUD INPUT RECEIVER	V5285	HCPCS	outpatient			2948		Three Rivers	Three Rivers		2800.6	95			884.4	2800.6	percent of total billed charges	
ALD FM/DM AUD INPUT RECEIVER	V5285	HCPCS	outpatient			2948		UHC	Medicaid		930.09	31.55			884.4	2800.6	percent of total billed charges	
ALD FM/DM AUD INPUT RECEIVER	V5285	HCPCS	outpatient			2948		Wellcare	Medicaid		930.09	31.55			884.4	2800.6	percent of total billed charges	
ALD FM/DM AUD INPUT RECEIVER	V5285	HCPCS	outpatient			2948		WellPoint	WellPoint		948.67	32.18			884.4	2800.6	percent of total billed charges	
ALD BLUTOOTH FM/DM RECEIVER	V5286	HCPCS	outpatient			1080		Aetna	Better Health		340.74	31.55			324	1026	percent of total billed charges	
ALD BLUTOOTH FM/DM RECEIVER	V5286	HCPCS	outpatient			1080		Aetna	Medicare		332.64	30.8			324	1026	percent of total billed charges	
ALD BLUTOOTH FM/DM RECEIVER	V5286	HCPCS	outpatient			1080		Aetna	Commercial		410.4	38			324	1026	percent of total billed charges	
ALD BLUTOOTH FM/DM RECEIVER	V5286	HCPCS	outpatient			1080		Americare	Americare		810	75			324	1026	percent of total billed charges	
ALD BLUTOOTH FM/DM RECEIVER	V5286	HCPCS	outpatient			1080		Amerihealth	HMO/PPO		702	65			324	1026	percent of total billed charges	
ALD BLUTOOTH FM/DM RECEIVER	V5286	HCPCS	outpatient			1080		Consumer	Consumer		1026	95			324	1026	percent of total billed charges	
ALD BLUTOOTH FM/DM RECEIVER	V5286	HCPCS	outpatient			1080		Corrections	Corrections		864	80			324	1026	percent of total billed charges	
ALD BLUTOOTH FM/DM RECEIVER	V5286	HCPCS	outpatient			1080		First Health	First Health		756	70			324	1026	percent of total billed charges	
ALD BLUTOOTH FM/DM RECEIVER	V5286	HCPCS	outpatient			1080		First Trenton	First Trenton		972	90			324	1026	percent of total billed charges	
ALD BLUTOOTH FM/DM RECEIVER	V5286	HCPCS	outpatient			1080		Horizon	MGD		413.42	38.28			324	1026	percent of total billed charges	
ALD BLUTOOTH FM/DM RECEIVER	V5286	HCPCS	outpatient			1080		Horizon	Indemnity		413.42	38.28			324	1026	percent of total billed charges	
ALD BLUTOOTH FM/DM RECEIVER	V5286	HCPCS	outpatient			1080		Horizon	Medicare Blue		324	30			324	1026	percent of total billed charges	
ALD BLUTOOTH FM/DM RECEIVER	V5286	HCPCS	outpatient			1080		Horizon	PPO		413.42	38.28			324	1026	percent of total billed charges	
ALD BLUTOOTH FM/DM RECEIVER	V5286	HCPCS	outpatient			1080		Managed Care Inc	Managed Care Inc		972	90			324	1026	percent of total billed charges	
ALD BLUTOOTH FM/DM RECEIVER	V5286	HCPCS	outpatient			1080		Multiplan	Multiplan		864	80			324	1026	percent of total billed charges	
ALD BLUTOOTH FM/DM RECEIVER	V5286	HCPCS	outpatient			1080		Qualcare	Qualcare		810	75			324	1026	percent of total billed charges	
ALD BLUTOOTH FM/DM RECEIVER	V5286	HCPCS	outpatient			1080		Three Rivers	Three Rivers		1026	95			324	1026	percent of total billed charges	
ALD BLUTOOTH FM/DM RECEIVER	V5286	HCPCS	outpatient			1080		UHC	Medicaid		340.74	31.55			324	1026	percent of total billed charges	
ALD BLUTOOTH FM/DM RECEIVER	V5286	HCPCS	outpatient			1080		Wellcare	Medicaid		340.74	31.55			324	1026	percent of total billed charges	
ALD BLUTOOTH FM/DM RECEIVER	V5286	HCPCS	outpatient			1080		WellPoint	WellPoint		347.54	32.18			324	1026	percent of total billed charges	
ALDFM/DM RECEIVER, NOS	V5287	HCPCS	outpatient			826		Aetna	Medicare		254.41	30.8			247.8	784.7	percent of total billed charges	
ALDFM/DM RECEIVER, NOS	V5287	HCPCS	outpatient			826		Aetna	Better Health		260.6	31.55			247.8	784.7	percent of total billed charges	
ALDFM/DM RECEIVER, NOS	V5287	HCPCS	outpatient			826		Aetna	Commercial		313.88	38			247.8	784.7	percent of total billed charges	
ALDFM/DM RECEIVER, NOS	V5287	HCPCS	outpatient			826		Americare	Americare		619.5	75			247.8	784.7	percent of total billed charges	
ALDFM/DM RECEIVER, NOS	V5287	HCPCS	outpatient			826		Amerihealth	HMO/PPO		536.9	65			247.8	784.7	percent of total billed charges	
ALDFM/DM RECEIVER, NOS	V5287	HCPCS	outpatient			826		Consumer	Consumer		784.7	95			247.8	784.7	percent of total billed charges	
ALDFM/DM RECEIVER, NOS	V5287	HCPCS	outpatient			826		Corrections	Corrections		660.8	80			247.8	784.7	percent of total billed charges	
ALDFM/DM RECEIVER, NOS	V5287	HCPCS	outpatient			826		First Health	First Health		578.2	70			247.8	784.7	percent of total billed charges	
ALDFM/DM RECEIVER, NOS	V5287	HCPCS	outpatient			826		First Trenton	First Trenton		743.4	90			247.8	784.7	percent of total billed charges	
ALDFM/DM RECEIVER, NOS	V5287	HCPCS	outpatient			826		Horizon	MGD		316.19	38.28			247.8	784.7	percent of total billed charges	
ALDFM/DM RECEIVER, NOS	V5287	HCPCS	outpatient			826		Horizon	Medicare Blue		247.8	30			247.8	784.7	percent of total billed charges	
ALDFM/DM RECEIVER, NOS	V5287	HCPCS	outpatient			826		Horizon	Indemnity		316.19	38.28			247.8	784.7	percent of total billed charges	
ALDFM/DM RECEIVER, NOS	V5287	HCPCS	outpatient			826		Horizon	PPO		316.19	38.28			247.8	784.7	percent of total billed charges	
ALDFM/DM RECEIVER, NOS	V5287	HCPCS	outpatient			826		Managed Care Inc	Managed Care Inc		743.4	90			247.8	784.7	percent of total billed charges	
ALDFM/DM RECEIVER, NOS	V5287	HCPCS	outpatient			826		Multiplan	Multiplan		660.8	80			247.8	784.7	percent of total billed charges	
ALDFM/DM RECEIVER, NOS	V5287	HCPCS	outpatient			826		Qualcare	Qualcare		619.5	75			247.8	784.7	percent of total billed charges	
ALDFM/DM RECEIVER, NOS	V5287	HCPCS	outpatient			826		Three Rivers	Three Rivers		784.7	95			247.8	784.7	percent of total billed charges	
ALDFM/DM RECEIVER, NOS	V5287	HCPCS	outpatient			826		UHC	Medicaid		260.6	31.55			247.8	784.7	percent of total billed charges	
ALDFM/DM RECEIVER, NOS	V5287	HCPCS	outpatient			826		Wellcare	Medicaid		260.6	31.55			247.8	784.7	percent of total billed charges	
ALDFM/DM RECEIVER, NOS	V5287	HCPCS	outpatient			826		WellPoint	WellPoint		265.81	32.18			247.8	784.7	percent of total billed charges	
ALD FM/DM TRANSMITTER ALD	V5288	HCPCS	outpatient			2865		Aetna	Better Health		903.91	31.55			859.5	2721.75	percent of total billed charges	
ALD FM/DM TRANSMITTER ALD	V5288	HCPCS	outpatient			2865		Aetna	Commercial		1088.7	38			859.5	2721.75	percent of total billed charges	
ALD FM/DM TRANSMITTER ALD	V5288	HCPCS	outpatient			2865		Aetna	Medicare		882.42	30.8			859.5	2721.75	percent of total billed charges	
ALD FM/DM TRANSMITTER ALD	V5288	HCPCS	outpatient			2865		Americare	Americare		2148.75	75			859.5	2721.75	percent of total billed charges	
ALD FM/DM TRANSMITTER ALD	V5288	HCPCS	outpatient			2865		Amerihealth	HMO/PPO		1862.25	65			859.5	2721.75	percent of total billed charges	
ALD FM/DM TRANSMITTER ALD	V5288	HCPCS	outpatient			2865		Consumer	Consumer		2721.75	95			859.5	2721.75	percent of total billed charges	
ALD FM/DM TRANSMITTER ALD	V5288	HCPCS	outpatient			2865		Corrections	Corrections		2292	80			859.5	2721.75	percent of total billed charges	
ALD FM/DM TRANSMITTER ALD	V5288	HCPCS	outpatient			2865		First Health	First Health		2005.5	70			859.5	2721.75	percent of total billed charges	
ALD FM/DM TRANSMITTER ALD	V5288	HCPCS	outpatient			2865		First Trenton	First Trenton		2578.5	90			859.5	2721.75	percent of total billed charges	
ALD FM/DM TRANSMITTER ALD	V5288	HCPCS	outpatient			2865		Horizon	PPO		1096.72	38.28			859.5	2721.75	percent of total billed charges	
ALD FM/DM TRANSMITTER ALD	V5288	HCPCS	outpatient			2865		Horizon	MGD		1096.72	38.28			859.5	2721.75	percent of total billed charges	
ALD FM/DM TRANSMITTER ALD	V5288	HCPCS	outpatient			2865		Horizon	Indemnity		1096.72	38.28			859.5	2721.75	percent of total billed charges	
ALD FM/DM TRANSMITTER ALD	V5288	HCPCS	outpatient			2865		Horizon	Medicare Blue		859.5	30			859.5	2721.75	percent of total billed charges	
ALD FM/DM TRANSMITTER ALD	V5288	HCPCS	outpatient			2865		Managed Care Inc	Managed Care Inc		2578.5	90			859.5	2721.75	percent of total billed charges	
ALD FM/DM TRANSMITTER ALD	V5288	HCPCS	outpatient			2865		Multiplan	Multiplan		2292	80			859.5	2721.75	percent of total billed charges	
ALD FM/DM TRANSMITTER ALD	V5288	HCPCS	outpatient			2865		Qualcare	Qualcare		2148.75	75			859.5	2721.75	percent of total billed charges	
ALD FM/DM TRANSMITTER ALD	V5288	HCPCS	outpatient			2865		Three Rivers	Three Rivers		2721.75	95			859.5	2721.75	percent of total billed charges	
ALD FM/DM TRANSMITTER ALD	V5288	HCPCS	outpatient			2865		UHC	Medicaid		903.91	31.55			859.5	2721.75	percent of total billed charges	
ALD FM/DM TRANSMITTER ALD	V5288	HCPCS	outpatient			2865		Wellcare	Medicaid		903.91	31.55			859.5	2721.75	percent of total billed charges	
ALD FM/DM TRANSMITTER ALD	V5288	HCPCS	outpatient			2865		WellPoint	WellPoint		921.96	32.18			859.5	2721.75	percent of total billed charges	
ALD FM/DM ADAPT/BOOT COUPLING	V5289	HCPCS	outpatient			2948		Aetna	Better Health		930.09	31.55			884.4	2800.6	percent of total billed charges	
ALD FM/DM ADAPT/BOOT COUPLING	V5289	HCPCS	outpatient			2948		Aetna	Medicare		907.98	30.8			884.4	2800.6	percent of total billed charges	
ALD FM/DM ADAPT/BOOT COUPLING	V5289	HCPCS	outpatient			2948		Aetna	Commercial		1120.24	38			884.4	2800.6	percent of total billed charges	
ALD FM/DM ADAPT/BOOT COUPLING	V5289	HCPCS	outpatient			2948		Americare	Americare		2211	75			884.4	2800.6	percent of total billed charges	
ALD FM/DM ADAPT/BOOT COUPLING	V5289	HCPCS	outpatient			2948		Amerihealth	HMO/PPO		1916.2	65			884.4	2800.6	percent of total billed charges	
ALD FM/DM ADAPT/BOOT COUPLING	V5289	HCPCS	outpatient			2948		Consumer	Consumer		2800.6	95			884.4	2800.6	percent of total billed charges	
ALD FM/DM ADAPT/BOOT COUPLING	V5289	HCPCS	outpatient			2948		Corrections	Corrections		2358.4	80			884.4	2800.6	percent of total billed charges	
ALD FM/DM ADAPT/BOOT COUPLING	V5289	HCPCS	outpatient			2948		First Health	First Health		2063.6	70			884.4	2800.6	percent of total billed charges	
ALD FM/DM ADAPT/BOOT COUPLING	V5289	HCPCS	outpatient			2948		First Trenton	First Trenton		2653.2	90			884.4	2800.6	percent of total billed charges	
ALD FM/DM ADAPT/BOOT COUPLING	V5289	HCPCS	outpatient			2948		Horizon	MGD		1128.49	38.28			884.4	2800.6	percent of total billed charges	
ALD FM/DM ADAPT/BOOT COUPLING	V5289	HCPCS	outpatient			2948		Horizon	Indemnity		1128.49	38.28			884.4	2800.6	percent of total billed charges	
ALD FM/DM ADAPT/BOOT COUPLING	V5289	HCPCS	outpatient			2948		Horizon	Medicare Blue		884.4	30			884.4	2800.6	percent of total billed charges	
ALD FM/DM ADAPT/BOOT COUPLING	V5289	HCPCS	outpatient			2948		Horizon	PPO		1128.49	38.28			884.4	2800.6	percent of total billed charges	
ALD FM/DM ADAPT/BOOT COUPLING	V5289	HCPCS	outpatient			2948		Managed Care Inc	Managed Care Inc		2653.2	90			884.4	2800.6	percent of total billed charges	
ALD FM/DM ADAPT/BOOT COUPLING	V5289	HCPCS	outpatient			2948		Multiplan	Multiplan		2358.4	80			884.4	2800.6	percent of total billed charges	
ALD FM/DM ADAPT/BOOT COUPLING	V5289	HCPCS	outpatient			2948		Qualcare	Qualcare		2211	75			884.4	2800.6	percent of total billed charges	
ALD FM/DM ADAPT/BOOT COUPLING	V5289	HCPCS	outpatient			2948		Three Rivers	Three Rivers		2800.6	95			884.4	2800.6	percent of total billed charges	
ALD FM/DM ADAPT/BOOT COUPLING	V5289	HCPCS	outpatient			2948		UHC	Medicaid		930.09	31.55			884.4	2800.6	percent of total billed charges	
ALD FM/DM ADAPT/BOOT COUPLING	V5289	HCPCS	outpatient			2948		Wellcare	Medicaid		930.09	31.55			884.4	2800.6	percent of total billed charges	
ALD FM/DM ADAPT/BOOT COUPLING	V5289	HCPCS	outpatient			2948		WellPoint	WellPoint		948.67	32.18			884.4	2800.6	percent of total billed charges	
ALD TRANSMITTER MICROPHONE	V5290	HCPCS	outpatient			5726		Aetna	Better Health		1806.55	31.55			1717.8	5439.7	percent of total billed charges	
ALD TRANSMITTER MICROPHONE	V5290	HCPCS	outpatient			5726		Aetna	Commercial		2175.88	38			1717.8	5439.7	percent of total billed charges	
ALD TRANSMITTER MICROPHONE	V5290	HCPCS	outpatient			5726		Aetna	Medicare		1763.61	30.8			1717.8	5439.7	percent of total billed charges	
ALD TRANSMITTER MICROPHONE	V5290	HCPCS	outpatient			5726		Americare	Americare		4294.5	75			1717.8	5439.7	percent of total billed charges	
ALD TRANSMITTER MICROPHONE	V5290	HCPCS	outpatient			5726		Amerihealth	HMO/PPO		3721.9	65			1717.8	5439.7	percent of total billed charges	
ALD TRANSMITTER MICROPHONE	V5290	HCPCS	outpatient			5726		Consumer	Consumer		5439.7	95			1717.8	5439.7	percent of total billed charges	
ALD TRANSMITTER MICROPHONE	V5290	HCPCS	outpatient			5726		Corrections	Corrections		4580.8	80			1717.8	5439.7	percent of total billed charges	
ALD TRANSMITTER MICROPHONE	V5290	HCPCS	outpatient			5726		First Health	First Health		4008.2	70			1717.8	5439.7	percent of total billed charges	
ALD TRANSMITTER MICROPHONE	V5290	HCPCS	outpatient			5726		First Trenton	First Trenton		5153.4	90			1717.8	5439.7	percent of total billed charges	
ALD TRANSMITTER MICROPHONE	V5290	HCPCS	outpatient			5726		Horizon	MGD		2191.91	38.28			1717.8	5439.7	percent of total billed charges	
ALD TRANSMITTER MICROPHONE	V5290	HCPCS	outpatient			5726		Horizon	Indemnity		2191.91	38.28			1717.8	5439.7	percent of total billed charges	
ALD TRANSMITTER MICROPHONE	V5290	HCPCS	outpatient			5726		Horizon	PPO		2191.91	38.28			1717.8	5439.7	percent of total billed charges	
ALD TRANSMITTER MICROPHONE	V5290	HCPCS	outpatient			5726		Horizon	Medicare Blue		1717.8	30			1717.8	5439.7	percent of total billed charges	
ALD TRANSMITTER MICROPHONE	V5290	HCPCS	outpatient			5726		Managed Care Inc	Managed Care Inc		5153.4	90			1717.8	5439.7	percent of total billed charges	
ALD TRANSMITTER MICROPHONE	V5290	HCPCS	outpatient			5726		Multiplan	Multiplan		4580.8	80			1717.8	5439.7	percent of total billed charges	
ALD TRANSMITTER MICROPHONE	V5290	HCPCS	outpatient			5726		Qualcare	Qualcare		4294.5	75			1717.8	5439.7	percent of total billed charges	
ALD TRANSMITTER MICROPHONE	V5290	HCPCS	outpatient			5726		Three Rivers	Three Rivers		5439.7	95			1717.8	5439.7	percent of total billed charges	
ALD TRANSMITTER MICROPHONE	V5290	HCPCS	outpatient			5726		UHC	Medicaid		1806.55	31.55			1717.8	5439.7	percent of total billed charges	
ALD TRANSMITTER MICROPHONE	V5290	HCPCS	outpatient			5726		Wellcare	Medicaid		1806.55	31.55			1717.8	5439.7	percent of total billed charges	
ALD TRANSMITTER MICROPHONE	V5290	HCPCS	outpatient			5726		WellPoint	WellPoint		1842.63	32.18			1717.8	5439.7	percent of total billed charges	
LAPS GASTRIC RESTRICTIVE PROCEDURE PLACE DEVICE		43770 CPT	outpatient					United	Commercial|PPO		8462				8462	8462	case rate	Must have one of the following Revenue Codes: 360-361,369,481,490,499,750,790
LAPS GASTRIC RESTRICTIVE PROCEDURE PLACE DEVICE		43770 CPT	outpatient					United	Oxford		8462				8462	8462	case rate	Must have one of the following Revenue Codes: 360-361,369,481,490,499,750,790
LAPS GASTRIC RESTRICTIVE PX REVISION DEVICE		43771 CPT	outpatient					United	Commercial|PPO		8462				8462	8462	case rate	Must have one of the following Revenue Codes: 360-361,369,481,490,499,750,790
LAPS GASTRIC RESTRICTIVE PX REVISION DEVICE		43771 CPT	outpatient					United	Oxford		8462				8462	8462	case rate	Must have one of the following Revenue Codes: 360-361,369,481,490,499,750,790
LAPS GASTRIC RESTRICTIVE PX REMOVE DEVICE		43772 CPT	outpatient					United	Commercial|PPO		8462				8462	8462	case rate	Must have one of the following Revenue Codes: 360-361,369,481,490,499,750,790
LAPS GASTRIC RESTRICTIVE PX REMOVE DEVICE		43772 CPT	outpatient					United	Oxford		8462				8462	8462	case rate	Must have one of the following Revenue Codes: 360-361,369,481,490,499,750,790
LAPS GASTRIC RESTRICTIVE PX REMOVE&RPLCMT DEVICE		43773 CPT	outpatient					United	Commercial|PPO		8462				8462	8462	case rate	Must have one of the following Revenue Codes: 360-361,369,481,490,499,750,790
LAPS GASTRIC RESTRICTIVE PX REMOVE&RPLCMT DEVICE		43773 CPT	outpatient					United	Oxford		8462				8462	8462	case rate	Must have one of the following Revenue Codes: 360-361,369,481,490,499,750,790
LAPS GASTRIC RESTRICTIVE PX REMOVE DEVICE & PORT		43774 CPT	outpatient					United	Commercial|PPO		8462				8462	8462	case rate	Must have one of the following Revenue Codes: 360-361,369,481,490,499,750,790
LAPS GASTRIC RESTRICTIVE PX REMOVE DEVICE & PORT		43774 CPT	outpatient					United	Oxford		8462				8462	8462	case rate	Must have one of the following Revenue Codes: 360-361,369,481,490,499,750,790
LAPS GSTRC RSTRICTIV PX LONGITUDINAL GASTRECTOMY		43775 CPT	outpatient					United	Commercial|PPO		8462				8462	8462	case rate	Must have one of the following Revenue Codes: 360-361,369,481,490,499,750,790

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
LAPS GSTRC RSTRICTIV PX LONGITUDINAL GASTRECTOMY	43775	CPT	outpatient					United	Oxford		8462				8462	8462	case rate	Must have one of the following Revenue Codes: 360-361,369,481,490,499,750,790
STEREOTACTIC RADIOSURGERY 1 SIMPLE CRANIAL LES	61796	CPT	outpatient					United	CommercialPPO		32768				32768	32768	case rate	Must have Revenue Code 333
STEREOTACTIC RADIOSURGERY 1 SIMPLE CRANIAL LES	61796	CPT	outpatient					United	Oxford		32768				32768	32768	case rate	Must have Revenue Code 333
STRTCTC RADIOSURGERY EA ADDL CRANIAL LES SIMPLE	61797	CPT	outpatient					United	CommercialPPO		32768				32768	32768	case rate	Must have Revenue Code 333
STRTCTC RADIOSURGERY EA ADDL CRANIAL LES SIMPLE	61797	CPT	outpatient					United	Oxford		32768				32768	32768	case rate	Must have Revenue Code 333
STEREOTACTIC RADIOSURGERY 1 COMPLEX CRANIAL LES	61798	CPT	outpatient					United	CommercialPPO		32768				32768	32768	case rate	Must have Revenue Code 333
STEREOTACTIC RADIOSURGERY 1 COMPLEX CRANIAL LES	61798	CPT	outpatient					United	Oxford		32768				32768	32768	case rate	Must have Revenue Code 333
STRTCTC RADIOSURGERY EA ADDL CRANIAL LES COMPLEX	61799	CPT	outpatient					United	CommercialPPO		32768				32768	32768	case rate	Must have Revenue Code 333
STRTCTC RADIOSURGERY EA ADDL CRANIAL LES COMPLEX	61799	CPT	outpatient					United	Oxford		32768				32768	32768	case rate	Must have Revenue Code 333
APPL STRTCTC HEADFRAME STEREOTACTIC RADIOSURGERY	61800	CPT	outpatient					United	CommercialPPO		32768				32768	32768	case rate	Must have Revenue Code 333
APPL STRTCTC HEADFRAME STEREOTACTIC RADIOSURGERY	61800	CPT	outpatient					United	Oxford		32768				32768	32768	case rate	Must have Revenue Code 333
STEREOTACTIC RADIOSURGERY 1 SPINAL LESION	63620	CPT	outpatient					United	CommercialPPO		32768				32768	32768	case rate	Must have Revenue Code 333
STEREOTACTIC RADIOSURGERY 1 SPINAL LESION	63620	CPT	outpatient					United	Oxford		32768				32768	32768	case rate	Must have Revenue Code 333
STEREOTACTIC RADIOSURGERY EA ADDL SPINAL LESION	63621	CPT	outpatient					United	CommercialPPO		32768				32768	32768	case rate	Must have Revenue Code 333
STEREOTACTIC RADIOSURGERY EA ADDL SPINAL LESION	63621	CPT	outpatient					United	Oxford		32768				32768	32768	case rate	Must have Revenue Code 333
RADIATION DELIVERY STEREOTACTIC CRANIAL COBALT	77371	CPT	outpatient					United	CommercialPPO		32768				32768	32768	case rate	Must have Revenue Code 333
RADIATION DELIVERY STEREOTACTIC CRANIAL COBALT	77371	CPT	outpatient					United	Oxford		32768				32768	32768	case rate	Must have Revenue Code 333
RADIATION DELIVERY STEREOTACTIC CRANIAL LINEAR	77372	CPT	outpatient					United	CommercialPPO		32768				32768	32768	case rate	Must have Revenue Code 333
RADIATION DELIVERY STEREOTACTIC CRANIAL LINEAR	77372	CPT	outpatient					United	Oxford		32768				32768	32768	case rate	Must have Revenue Code 333
STEREOTACTIC BODY RADIATION DELIVERY	77373	CPT	outpatient					United	CommercialPPO		8462				8462	8462	case rate	Must have Revenue Code 333
STEREOTACTIC BODY RADIATION DELIVERY	77373	CPT	outpatient					United	Oxford		8462				8462	8462	case rate	Must have Revenue Code 333
POLYSOM <6 YRS SLEEP STAGE 4/> ADDL PARAM ATTND	95782	CPT	outpatient					United	CommercialPPO		2660				2660	2660	case rate	Must have Revenue Code 740, 920, 929
POLYSOM <6 YRS SLEEP STAGE 4/> ADDL PARAM ATTND	95782	CPT	outpatient					United	Oxford		2660				2660	2660	case rate	Must have Revenue Code 740, 920, 929
POLYSOM <6 YRS SLEEP W/CPAP/BILVL VENT 4/> PARAM	95783	CPT	outpatient					United	CommercialPPO		2660				2660	2660	case rate	Must have Revenue Code 740, 920, 929
POLYSOM <6 YRS SLEEP W/CPAP/BILVL VENT 4/> PARAM	95783	CPT	outpatient					United	Oxford		2660				2660	2660	case rate	Must have Revenue Code 740, 920, 929
SLP STDY UNATND W/HRT RATE/O2 SAT/RESP/SLP TIME	95800	CPT	outpatient					United	CommercialPPO		1934				1813	1934	case rate	Must have Revenue Code 740, 920, 929
SLP STDY UNATND W/HRT RATE/O2 SAT/RESP/SLP TIME	95800	CPT	outpatient					United	Oxford		1813				1813	1934	case rate	Must have Revenue Code 740, 920, 929
SLP STDY UNATND W/MIN HRT RATE/O2 SAT/RESP ANALYSIS	95801	CPT	outpatient					United	CommercialPPO		1934				1813	1934	case rate	Must have Revenue Code 740, 920, 929
SLP STDY UNATND W/MIN HRT RATE/O2 SAT/RESP ANALYSIS	95801	CPT	outpatient					United	Oxford		1813				1813	1934	case rate	Must have Revenue Code 740, 920, 929
MLT SLEEP LATENCY/MAINT OF WAKEFULNESS TSTG	95805	CPT	outpatient					United	CommercialPPO		2660				2660	2660	case rate	Must have Revenue Code 740, 920, 929
MLT SLEEP LATENCY/MAINT OF WAKEFULNESS TSTG	95805	CPT	outpatient					United	Oxford		2660				2660	2660	case rate	Must have Revenue Code 740, 920, 929
SLEEP STD AIRFLOW HRT RATE&O2 SAT EFFORT UNATT	95806	CPT	outpatient					United	CommercialPPO		1934				1813	1934	case rate	Must have Revenue Code 740, 920, 929
SLEEP STD AIRFLOW HRT RATE&O2 SAT EFFORT UNATT	95806	CPT	outpatient					United	Oxford		1813				1813	1934	case rate	Must have Revenue Code 740, 920, 929
SLEEP STD REC VNTJ RESPIR ECG/HRT RATE&O2 ATTN	95807	CPT	outpatient					United	CommercialPPO		2660				2660	2660	case rate	Must have Revenue Code 740, 920, 929
SLEEP STD REC VNTJ RESPIR ECG/HRT RATE&O2 ATTN	95807	CPT	outpatient					United	Oxford		2660				2660	2660	case rate	Must have Revenue Code 740, 920, 929
POLYSOM ANY AGE SLEEP STAGE 1-3 ADDL PARAM ATTND	95808	CPT	outpatient					United	CommercialPPO		2660				2660	2660	case rate	Must have Revenue Code 740, 920, 929
POLYSOM ANY AGE SLEEP STAGE 1-3 ADDL PARAM ATTND	95808	CPT	outpatient					United	Oxford		2660				2660	2660	case rate	Must have Revenue Code 740, 920, 929
POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	95810	CPT	outpatient					United	CommercialPPO		2660				2660	2660	case rate	Must have Revenue Code 740, 920, 929
POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	95810	CPT	outpatient					United	Oxford		2660				2660	2660	case rate	Must have Revenue Code 740, 920, 929
POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	95811	CPT	outpatient					United	CommercialPPO		2660				2660	2660	case rate	Must have Revenue Code 740, 920, 929
POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	95811	CPT	outpatient					United	Oxford		2660				2660	2660	case rate	Must have Revenue Code 740, 920, 929
HOME SLEEP TEST/TYPE 4 PORTA	G0340	HCPCS	outpatient					Horizon	NJ Health		186				186	1934	case rate	Must have Revenue Code 740, 920, 929
HOME SLEEP TEST/TYPE 4 PORTA	G0340	HCPCS	outpatient					United	CommercialPPO		1934				186	1934	case rate	Must have Revenue Code 740, 920, 929
HOME SLEEP TEST/TYPE 4 PORTA	G0340	HCPCS	outpatient					United	Oxford		1813				186	1934	case rate	Must have Revenue Code 740, 920, 929
HOME SLEEP TEST/TYPE 2 PORTA	G0398	HCPCS	outpatient					Horizon	NJ Health		186				186	1934	case rate	Must have Revenue Code 740, 920, 929
HOME SLEEP TEST/TYPE 2 PORTA	G0398	HCPCS	outpatient					United	CommercialPPO		1934				186	1934	case rate	Must have Revenue Code 740, 920, 929
HOME SLEEP TEST/TYPE 2 PORTA	G0398	HCPCS	outpatient					United	Oxford		1813				186	1934	case rate	Must have Revenue Code 740, 920, 929
HOME SLEEP TEST/TYPE 3 PORTA	G0399	HCPCS	outpatient					Horizon	NJ Health		186				186	1934	case rate	Must have Revenue Code 740, 920, 929
HOME SLEEP TEST/TYPE 3 PORTA	G0399	HCPCS	outpatient					United	CommercialPPO		1934				186	1934	case rate	Must have Revenue Code 740, 920, 929
HOME SLEEP TEST/TYPE 3 PORTA	G0399	HCPCS	outpatient					United	Oxford		1813				186	1934	case rate	Must have Revenue Code 740, 920, 929
INPATIENT SKILLED NURSING SERVICES	211	LOCAL	inpatient					United	CommercialPPO		1224				1224	1224	per diem	LOCAL Code = Bill Type
INPATIENT SKILLED NURSING SERVICES	211	LOCAL	inpatient					United	Oxford		1224				1224	1224	per diem	LOCAL Code = Bill Type
INPATIENT SKILLED NURSING SERVICES	212	LOCAL	inpatient					United	CommercialPPO		1224				1224	1224	per diem	LOCAL Code = Bill Type
INPATIENT SKILLED NURSING SERVICES	212	LOCAL	inpatient					United	Oxford		1224				1224	1224	per diem	LOCAL Code = Bill Type
INPATIENT SKILLED NURSING SERVICES	213	LOCAL	inpatient					United	CommercialPPO		1224				1224	1224	per diem	LOCAL Code = Bill Type
INPATIENT SKILLED NURSING SERVICES	213	LOCAL	inpatient					United	Oxford		1224				1224	1224	per diem	LOCAL Code = Bill Type
INPATIENT SKILLED NURSING SERVICES	214	LOCAL	inpatient					United	CommercialPPO		1224				1224	1224	per diem	LOCAL Code = Bill Type
INPATIENT SKILLED NURSING SERVICES	214	LOCAL	inpatient					United	Oxford		1224				1224	1224	per diem	LOCAL Code = Bill Type
INPATIENT SKILLED NURSING SERVICES	215	LOCAL	inpatient					United	CommercialPPO		1224				1224	1224	per diem	LOCAL Code = Bill Type
INPATIENT SKILLED NURSING SERVICES	215	LOCAL	inpatient					United	Oxford		1224				1224	1224	per diem	LOCAL Code = Bill Type
INPATIENT SKILLED NURSING SERVICES	216	LOCAL	inpatient					United	CommercialPPO		1224				1224	1224	per diem	LOCAL Code = Bill Type
INPATIENT SKILLED NURSING SERVICES	216	LOCAL	inpatient					United	Oxford		1224				1224	1224	per diem	LOCAL Code = Bill Type
INPATIENT SKILLED NURSING SERVICES	217	LOCAL	inpatient					United	CommercialPPO		1224				1224	1224	per diem	LOCAL Code = Bill Type
INPATIENT SKILLED NURSING SERVICES	217	LOCAL	inpatient					United	Oxford		1224				1224	1224	per diem	LOCAL Code = Bill Type
INPATIENT SKILLED NURSING SERVICES	218	LOCAL	inpatient					United	CommercialPPO		1224				1224	1224	per diem	LOCAL Code = Bill Type
INPATIENT SKILLED NURSING SERVICES	218	LOCAL	inpatient					United	Oxford		1224				1224	1224	per diem	LOCAL Code = Bill Type
INPATIENT SKILLED NURSING SERVICES	219	LOCAL	inpatient					United	CommercialPPO		1224				1224	1224	per diem	LOCAL Code = Bill Type
INPATIENT SKILLED NURSING SERVICES	219	LOCAL	inpatient					United	Oxford		1224				1224	1224	per diem	LOCAL Code = Bill Type
ALL INCL R&B	100	RC	inpatient					Qualcare	Qualcare		3131				1312	3131	per diem	
ALL INCL R&B	100	RC	inpatient					United	CommercialPPO		1448				1312	3131	per diem	
ALL INCL R&B	100	RC	inpatient					United	Oxford		1312				1312	3131	per diem	
ALL INCL R&B	101	RC	inpatient					Qualcare	Qualcare		3131				1312	3131	per diem	
ALL INCL R&B	101	RC	inpatient					United	CommercialPPO		1448				1312	3131	per diem	
ALL INCL R&B	101	RC	inpatient					United	Oxford		1312				1312	3131	per diem	
R&B PRIV. GENERAL	110	RC	inpatient					Qualcare	Qualcare		3131				1312	3131	per diem	
R&B PRIV. GENERAL	110	RC	inpatient					United	CommercialPPO		1448				1312	3131	per diem	
R&B PRIV. GENERAL	110	RC	inpatient					United	Oxford		1312				1312	3131	per diem	
R&B PRIV. MED/SURG/GEN.	111	RC	inpatient				9766	Americare	Americare		7324.5	0.75			1312	9277.7	percent of total billed charges	
R&B PRIV. MED/SURG/GEN.	111	RC	inpatient				9766	Consumer	Consumer		7812.8	0.8			1312	9277.7	percent of total billed charges	
R&B PRIV. MED/SURG/GEN.	111	RC	inpatient				9766	Corrections	Corrections		7812.8	0.8			1312	9277.7	percent of total billed charges	
R&B PRIV. MED/SURG/GEN.	111	RC	inpatient				9766	First Health	First Health		6836.2	0.7			1312	9277.7	percent of total billed charges	
R&B PRIV. MED/SURG/GEN.	111	RC	inpatient				9766	First Trenton	First Trenton		8789.4	0.9			1312	9277.7	percent of total billed charges	
R&B PRIV. MED/SURG/GEN.	111	RC	inpatient				9766	Managed Care Inc	Managed Care Inc		8789.4	0.9			1312	9277.7	percent of total billed charges	
R&B PRIV. MED/SURG/GEN.	111	RC	inpatient				9766	Multiplan	Multiplan		7812.8	0.8			1312	9277.7	percent of total billed charges	
R&B PRIV. MED/SURG/GEN.	111	RC	inpatient				9766	Qualcare	Qualcare		3131				1312	9277.7	per diem	
R&B PRIV. MED/SURG/GEN.	111	RC	inpatient				9766	Three Rivers	Three Rivers		9277.7	0.95			1312	9277.7	percent of total billed charges	
R&B PRIV. MED/SURG/GEN.	111	RC	inpatient				9766	United	CommercialPPO		1448				1312	9277.7	per diem	
R&B PRIV. MED/SURG/GEN.	111	RC	inpatient				9766	United	Oxford		1312				1312	9277.7	per diem	
R&B PRIV. OB	112	RC	inpatient				9766	Americare	Americare		7324.5	0.75			1312	9277.7	percent of total billed charges	
R&B PRIV. OB	112	RC	inpatient				9766	Consumer	Consumer		7812.8	0.8			1312	9277.7	percent of total billed charges	
R&B PRIV. OB	112	RC	inpatient				9766	Corrections	Corrections		7812.8	0.8			1312	9277.7	percent of total billed charges	
R&B PRIV. OB	112	RC	inpatient				9766	First Health	First Health		6836.2	0.7			1312	9277.7	percent of total billed charges	
R&B PRIV. OB	112	RC	inpatient				9766	First Trenton	First Trenton		8789.4	0.9			1312	9277.7	percent of total billed charges	
R&B PRIV. OB	112	RC	inpatient				9766	Managed Care Inc	Managed Care Inc		8789.4	0.9			1312	9277.7	percent of total billed charges	
R&B PRIV. OB	112	RC	inpatient				9766	Multiplan	Multiplan		7812.8	0.8			1312	9277.7	percent of total billed charges	
R&B PRIV. OB	112	RC	inpatient				9766	Qualcare	Qualcare		3131				1312	9277.7	per diem	
R&B PRIV. OB	112	RC	inpatient				9766	Three Rivers	Three Rivers		9277.7	0.95			1312	9277.7	percent of total billed charges	
R&B PRIV. OB	112	RC	inpatient				9766	United	CommercialPPO		1448				1312	9277.7	per diem	
R&B PRIV. OB	112	RC	inpatient				9766	United	Oxford		1312				1312	9277.7	per diem	
R&B PRIV. PEDIATRIC	113	RC	inpatient					Qualcare	Qualcare		3131				1312	3131	per diem	
R&B PRIV. PEDIATRIC	113	RC	inpatient					United	CommercialPPO		1448				1312	3131	per diem	
R&B PRIV. PEDIATRIC	113	RC	inpatient					United	Oxford		1312				1312	3131	per diem	
R&B PRIV. PSYCH	114	RC	inpatient				9766	Qualcare	Qualcare		1423				1423	1423	per diem	
R&B PRIV. DETOX	116	RC	inpatient					Qualcare	Qualcare		1423				1423	1423	per diem	
R&B PRIV. ONCOLOGY	117	RC	inpatient					Qualcare	Qualcare		3131				1312	3131	per diem	
R&B PRIV. ONCOLOGY	117	RC	inpatient					United	CommercialPPO		1448				1312	3131	per diem	
R&B PRIV. ONCOLOGY	117	RC	inpatient					United	Oxford		1312				1312	3131	per diem	
R&B PRIV. OTHER	119	RC	inpatient					Qualcare	Qualcare		3131				1312	3131	per diem	
R&B PRIV. OTHER	119	RC	inpatient					United	CommercialPPO		1448				1312	3131	per diem	
R&B PRIV. OTHER	119	RC	inpatient					United	Oxford		1312				1312	3131	per diem	
R&B SEMI (2): GENERAL	120	RC	inpatient					Qualcare	Qualcare		3131				1312	3131	per diem	
R&B SEMI (2): GENERAL	120	RC	inpatient					United	CommercialPPO		1448				1312	3131	per diem	
R&B SEMI (2): GENERAL	120	RC	inpatient					United	Oxford		1312				1312	3131	per diem	
R&B SEMI: MED/SURG/GEN.	121	RC	inpatient				18150	Americare	Americare		13612.5	0.75			1312	17242.5	percent of total billed charges	
R&B SEMI: MED/SURG/GEN.	121	RC	inpatient				18150	Consumer	Consumer		14520	0.8			1312	17242.5	percent of total billed charges	
R&B SEMI: MED/SURG/GEN.	121	RC	inpatient				18150	Corrections	Corrections		14520	0.8			1312	17242.5	percent of total billed charges	
R&B SEMI: MED/SURG/GEN.	121	RC	inpatient				18150	First Health	First Health		12705	0.7			1312	17242.5	percent of total billed charges	
R&B SEMI: MED/SURG/GEN.	121	RC	inpatient				18150	First Trenton	First Trenton		16335	0.9			1312	17242.5	percent of total billed charges	
R&B SEMI: MED/SURG/GEN.	121	RC	inpatient				18150	Managed Care Inc	Managed Care Inc		16335	0.9			1312	17242.5	percent of total billed charges	
R&B SEMI: MED/SURG/GEN.	121	RC	inpatient				18150	Multiplan	Multiplan		14520	0.8			1312	17242.5	percent of total billed charges	
R&B SEMI: MED/SURG/GEN.	121	RC	inpatient				18150	Qualcare	Qualcare		3131				1312	17242.5	per diem	
R&B SEMI: MED/SURG/GEN.	121	RC	inpatient				18150	Three Rivers	Three Rivers		17242.5	0.95			1312	17242.5	percent of total billed charges	
R&B SEMI: MED/SURG/GEN.	121	RC	inpatient				18150	United	CommercialPPO		1448				1312	17242.5	per diem	
R&B SEMI: MED/SURG/GEN.	121	RC	inpatient				18150	United	Oxford		1312				1312	17242.5	per diem	
R&B SEMI: OB	122	RC	inpatient				23964	Americare	Americare		17973	0.75			1312	22765.8	percent of total billed charges	
R&B SEMI: OB	122	RC	inpatient				23964	Consumer	Consumer		19171.2	0.8			1312	22765.8	percent of total billed charges	
R&B SEMI: OB	122	RC	inpatient				23964	Corrections	Corrections		19171.2	0.8			1312	22765.8	percent of total billed charges	
R&B SEMI: OB	122	RC	inpatient				23964	First Health	First Health		16774.8	0.7			1312	22765.8	percent of total billed charges	
R&B SEMI: OB	122	RC	inpatient				23964	First Trenton	First Trenton		21567.6	0.9			1312	22765.8	percent of total billed charges	
R&B SEMI: OB	122	RC	inpatient				23964	Managed Care Inc	Managed Care Inc		21567.6	0.9			1312	22765.8	percent of total billed charges	
R&B SEMI: OB	122	RC	inpatient				23964	Multiplan	Multiplan		19171.2	0.8			1312	22765.8	percent of total billed charges	
R&B SEMI: OB	122	RC	inpatient				23964	Qualcare	Qualcare		3131				1312	22765.8	per diem	
R&B SEMI: OB	122	RC	inpatient				23964	Three Rivers	Three Rivers		22765.8	0.95			1312	22765.8	percent of total billed charges	
R&B SEMI: OB	122	RC	inpatient				23964	United	CommercialPPO		1448				1312	22765.8	per diem	
R&B SEMI: OB	122	RC	inpatient				23964	United	Oxford		1312				1312	22765.8	per diem	
R&B SEMI (2): PEDIATRIC	123	RC	inpatient					Qualcare	Qualcare		3131				1312	3131	per diem	
R&B SEMI (2): PEDIATRIC	123	RC	inpatient					United	CommercialPPO		1448				1312	3131	per diem	
R&B SEMI (2): PEDIATRIC	123	RC	inpatient					United	Oxford		1312				1312	3131	per diem	
R&B SEMI: PSYCH	124	RC	inpatient				9766	Americare	Americare		7324.5	0.75			1423	9277.7	percent of total billed charges	
R&B SEMI: PSYCH	124	RC	inpatient				9766	Consumer	Consumer		7812.8	0.8			1423	9277.7	percent of total billed charges	
R&B SEMI: PSYCH	124	RC	inpatient				9766	Corrections	Corrections		7812.8	0.8			1423	9277.7	percent of total billed charges	
R&B SEMI: PSYCH	124	RC	inpatient				9766	First Health	First Health		6836.2	0.7			1423	9277.7	percent of total billed charges	
R&B SEMI: PSYCH	124	RC	inpatient				9766	First Trenton	First Trenton		8789.4	0.9			1423	9277.7	percent of total billed charges	
R&B SEMI: PSYCH	124	RC	inpatient				9766	Managed Care Inc	Managed Care Inc		8789.4	0.9			1423	9277.7	percent of total billed charges	
R&B SEMI: PSYCH	124	RC	inpatient				9766	Multiplan	Multiplan		7812.8	0.8			1423	9277.7	percent of total billed charges	
R&B SEMI: PSYCH	124	RC	inpatient				9766	Qualcare	Qualcare		1423				1423	9277.7	per diem	
R&B SEMI: PSYCH	124	RC	inpatient				9766	Three Rivers	Three Rivers		9277.7	0.95			1423	9277.7	percent of total billed charges	
R&B SEMI (2): DETOX	126	RC	inpatient					Qualcare	Qualcare		1423				1423	1423	per diem	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
R&B SEMI (2): ONCOLOGY	127	RC	inpatient					Qualcare	Qualcare		3131				1312	3131	per diem	
R&B SEMI (2): ONCOLOGY	127	RC	inpatient					United	Commercial|PPO		1448				1312	3131	per diem	
R&B SEMI (2): ONCOLOGY	127	RC	inpatient					United	Oxford		1312				1312	3131	per diem	
R&B SEMI (2): OTHER	129	RC	inpatient					Qualcare	Qualcare		3131				1312	3131	per diem	
R&B SEMI (2): OTHER	129	RC	inpatient					United	Commercial|PPO		1448				1312	3131	per diem	
R&B SEMI (2): OTHER	129	RC	inpatient					United	Oxford		1312				1312	3131	per diem	
R&B SEMI (4): GENERAL	130	RC	inpatient					Qualcare	Qualcare		3131				1312	3131	per diem	
R&B SEMI (4): GENERAL	130	RC	inpatient					United	Commercial|PPO		1448				1312	3131	per diem	
R&B SEMI (4): GENERAL	130	RC	inpatient					United	Oxford		1312				1312	3131	per diem	
R&B SEMI (4): MED/SURG/GEN.	131	RC	inpatient					Qualcare	Qualcare		3131				1312	3131	per diem	
R&B SEMI (4): MED/SURG/GEN.	131	RC	inpatient					United	Commercial|PPO		1448				1312	3131	per diem	
R&B SEMI (4): MED/SURG/GEN.	131	RC	inpatient					United	Oxford		1312				1312	3131	per diem	
R&B SEMI (4): OB	132	RC	inpatient					Qualcare	Qualcare		3131				1312	3131	per diem	
R&B SEMI (4): OB	132	RC	inpatient					United	Commercial|PPO		1448				1312	3131	per diem	
R&B SEMI (4): OB	132	RC	inpatient					United	Oxford		1312				1312	3131	per diem	
R&B SEMI (4): PEDIATRIC	133	RC	inpatient					Qualcare	Qualcare		3131				1312	3131	per diem	
R&B SEMI (4): PEDIATRIC	133	RC	inpatient					United	Commercial|PPO		1448				1312	3131	per diem	
R&B SEMI (4): PEDIATRIC	133	RC	inpatient					United	Oxford		1312				1312	3131	per diem	
R&B SEMI (4): PSYCH	134	RC	inpatient					Qualcare	Qualcare		1423				1423	1423	per diem	
R&B SEMI (4): DETOX	136	RC	inpatient					Qualcare	Qualcare		1423				1423	1423	per diem	
R&B SEMI (4): ONCOLOGY	137	RC	inpatient					Qualcare	Qualcare		3131				1312	3131	per diem	
R&B SEMI (4): ONCOLOGY	137	RC	inpatient					United	Commercial|PPO		1448				1312	3131	per diem	
R&B SEMI (4): ONCOLOGY	137	RC	inpatient					United	Oxford		1312				1312	3131	per diem	
R&B SEMI (4): OTHER	139	RC	inpatient					Qualcare	Qualcare		3131				1312	3131	per diem	
R&B SEMI (4): OTHER	139	RC	inpatient					United	Commercial|PPO		1448				1312	3131	per diem	
R&B SEMI (4): OTHER	139	RC	inpatient					United	Oxford		1312				1312	3131	per diem	
R&B PRIV (2): GENERAL	140	RC	inpatient					Qualcare	Qualcare		3131				1312	3131	per diem	
R&B PRIV (2): GENERAL	140	RC	inpatient					United	Commercial|PPO		1448				1312	3131	per diem	
R&B PRIV (2): GENERAL	140	RC	inpatient					United	Oxford		1312				1312	3131	per diem	
R&B PRIV (2): MED/SURG/GEN.	141	RC	inpatient					Qualcare	Qualcare		3131				1312	3131	per diem	
R&B PRIV (2): MED/SURG/GEN.	141	RC	inpatient					United	Commercial|PPO		1448				1312	3131	per diem	
R&B PRIV (2): MED/SURG/GEN.	141	RC	inpatient					United	Oxford		1312				1312	3131	per diem	
R&B PRIV (2): OB	142	RC	inpatient					Qualcare	Qualcare		3131				1312	3131	per diem	
R&B PRIV (2): OB	142	RC	inpatient					United	Commercial|PPO		1448				1312	3131	per diem	
R&B PRIV (2): OB	142	RC	inpatient					United	Oxford		1312				1312	3131	per diem	
R&B PRIV (2): PEDIATRIC	143	RC	inpatient					Qualcare	Qualcare		3131				1312	3131	per diem	
R&B PRIV (2): PEDIATRIC	143	RC	inpatient					United	Commercial|PPO		1448				1312	3131	per diem	
R&B PRIV (2): PEDIATRIC	143	RC	inpatient					United	Oxford		1312				1312	3131	per diem	
R&B PRIV (2): PSYCH	144	RC	inpatient					Qualcare	Qualcare		1423				1423	1423	per diem	
R&B PRIV (2): DETOX	146	RC	inpatient					Qualcare	Qualcare		1423				1423	1423	per diem	
R&B PRIV (2): ONCOLOGY	147	RC	inpatient					Qualcare	Qualcare		3131				1312	3131	per diem	
R&B PRIV (2): ONCOLOGY	147	RC	inpatient					United	Commercial|PPO		1448				1312	3131	per diem	
R&B PRIV (2): ONCOLOGY	147	RC	inpatient					United	Oxford		1312				1312	3131	per diem	
R&B PRIV (2): OTHER	149	RC	inpatient					Qualcare	Qualcare		3131				1312	3131	per diem	
R&B PRIV (2): OTHER	149	RC	inpatient					United	Commercial|PPO		1448				1312	3131	per diem	
R&B PRIV (2): OTHER	149	RC	inpatient					United	Oxford		1312				1312	3131	per diem	
R&B WARD: GENERAL	150	RC	inpatient					Qualcare	Qualcare		3131				1312	3131	per diem	
R&B WARD: GENERAL	150	RC	inpatient					United	Commercial|PPO		1448				1312	3131	per diem	
R&B WARD: GENERAL	150	RC	inpatient					United	Oxford		1312				1312	3131	per diem	
R&B WARD: MED/SURG/GEN.	151	RC	inpatient					Qualcare	Qualcare		3131				1312	3131	per diem	
R&B WARD: MED/SURG/GEN.	151	RC	inpatient					United	Commercial|PPO		1448				1312	3131	per diem	
R&B WARD: MED/SURG/GEN.	151	RC	inpatient					United	Oxford		1312				1312	3131	per diem	
R&B WARD: OB	152	RC	inpatient					Qualcare	Qualcare		3131				1312	3131	per diem	
R&B WARD: OB	152	RC	inpatient					United	Commercial|PPO		1448				1312	3131	per diem	
R&B WARD: OB	152	RC	inpatient					United	Oxford		1312				1312	3131	per diem	
R&B WARD: PEDIATRIC	153	RC	inpatient					Qualcare	Qualcare		3131				1312	3131	per diem	
R&B WARD: PEDIATRIC	153	RC	inpatient					United	Commercial|PPO		1448				1312	3131	per diem	
R&B WARD: PEDIATRIC	153	RC	inpatient					United	Oxford		1312				1312	3131	per diem	
R&B WARD: PSYCH	154	RC	inpatient					Qualcare	Qualcare		1423				1423	1423	per diem	
R&B WARD: DETOX	156	RC	inpatient					Qualcare	Qualcare		1423				1423	1423	per diem	
R&B WARD: ONCOLOGY	157	RC	inpatient					Qualcare	Qualcare		3131				1312	3131	per diem	
R&B WARD: ONCOLOGY	157	RC	inpatient					United	Commercial|PPO		1448				1312	3131	per diem	
R&B WARD: ONCOLOGY	157	RC	inpatient					United	Oxford		1312				1312	3131	per diem	
R&B WARD: OTHER	159	RC	inpatient					Qualcare	Qualcare		3131				1312	3131	per diem	
R&B WARD: OTHER	159	RC	inpatient					United	Commercial|PPO		1448				1312	3131	per diem	
R&B WARD: OTHER	159	RC	inpatient					United	Oxford		1312				1312	3131	per diem	
R&B OTHER: GENERAL	160	RC	inpatient					Qualcare	Qualcare		3131				1312	3131	per diem	
R&B OTHER: GENERAL	160	RC	inpatient					United	Commercial|PPO		1448				1312	3131	per diem	
R&B OTHER: GENERAL	160	RC	inpatient					United	Oxford		1312				1312	3131	per diem	
R&B OTHER: HOSPITAL AT HOME	161	RC	inpatient					Qualcare	Qualcare		3131				1312	3131	per diem	
R&B OTHER: HOSPITAL AT HOME	161	RC	inpatient					United	Commercial|PPO		1448				1312	3131	per diem	
R&B OTHER: HOSPITAL AT HOME	161	RC	inpatient					United	Oxford		1312				1312	3131	per diem	
R&B OTHER: STERILE ENVIRONMENT	164	RC	inpatient					Qualcare	Qualcare		3131				1312	3131	per diem	
R&B OTHER: STERILE ENVIRONMENT	164	RC	inpatient					United	Commercial|PPO		1448				1312	3131	per diem	
R&B OTHER: STERILE ENVIRONMENT	164	RC	inpatient					United	Oxford		1312				1312	3131	per diem	
R&B OTHER: OTHER	169	RC	inpatient					Qualcare	Qualcare		3131				1312	3131	per diem	
R&B OTHER: OTHER	169	RC	inpatient					United	Commercial|PPO		1448				1312	3131	per diem	
R&B OTHER: OTHER	169	RC	inpatient					United	Oxford		1312				1312	3131	per diem	
NURSERY: NORMAL NEWBORN	170	RC	inpatient					United	Commercial|PPO		1448				1312	1448	per diem	
NURSERY: NORMAL NEWBORN	170	RC	inpatient					United	Oxford		1312				1312	1448	per diem	
NURSERY: NEWBORN LEVEL I - NEWBORN NURSERY	171	RC	inpatient			3239		Americare	Americare		2429.25	0.75			637	4864	percent of total billed charges	
NURSERY: NEWBORN LEVEL I - NEWBORN NURSERY	171	RC	inpatient			3239		Amerihealth	HMO|PPO		637				637	4864	case rate	
NURSERY: NEWBORN LEVEL I - NEWBORN NURSERY	171	RC	inpatient			3239		Consumer	Consumer		2591.2	0.8			637	4864	percent of total billed charges	
NURSERY: NEWBORN LEVEL I - NEWBORN NURSERY	171	RC	inpatient			3239		Corrections	Corrections		2591.2	0.8			637	4864	percent of total billed charges	
NURSERY: NEWBORN LEVEL I - NEWBORN NURSERY	171	RC	inpatient			3239		First Health	First Health		2267.3	0.7			637	4864	percent of total billed charges	
NURSERY: NEWBORN LEVEL I - NEWBORN NURSERY	171	RC	inpatient			3239		First Trenton	First Trenton		2915.1	0.9			637	4864	percent of total billed charges	
NURSERY: NEWBORN LEVEL I - NEWBORN NURSERY	171	RC	inpatient			3239		Managed Care Inc	Managed Care Inc		2915.1	0.9			637	4864	percent of total billed charges	
NURSERY: NEWBORN LEVEL I - NEWBORN NURSERY	171	RC	inpatient			3239		Multiplan	Multiplan		2591.2	0.8			637	4864	percent of total billed charges	
NURSERY: NEWBORN LEVEL I - NEWBORN NURSERY	171	RC	inpatient			3239		Qualcare	Qualcare		2277				637	4864	per diem	
NURSERY: NEWBORN LEVEL I - NEWBORN NURSERY	171	RC	inpatient			3239		Three Rivers	Three Rivers		3077.05	0.95			637	4864	percent of total billed charges	
NURSERY: NEWBORN LEVEL I - NEWBORN NURSERY	171	RC	inpatient			3239		United	Commercial|PPO		4864				637	4864	per diem	
NURSERY: NEWBORN LEVEL I - NEWBORN NURSERY	171	RC	inpatient			3239		United	Oxford		4320				637	4864	per diem	
NURSERY: NEWBORN LEVEL II - CONTINUING CARE	172	RC	inpatient			10197		Americare	Americare		7647.75	0.75			637	9687.15	percent of total billed charges	
NURSERY: NEWBORN LEVEL II - CONTINUING CARE	172	RC	inpatient			10197		Amerihealth	HMO|PPO		637				637	9687.15	case rate	
NURSERY: NEWBORN LEVEL II - CONTINUING CARE	172	RC	inpatient			10197		Consumer	Consumer		8157.6	0.8			637	9687.15	percent of total billed charges	
NURSERY: NEWBORN LEVEL II - CONTINUING CARE	172	RC	inpatient			10197		Corrections	Corrections		8157.6	0.8			637	9687.15	percent of total billed charges	
NURSERY: NEWBORN LEVEL II - CONTINUING CARE	172	RC	inpatient			10197		First Health	First Health		7137.9	0.7			637	9687.15	percent of total billed charges	
NURSERY: NEWBORN LEVEL II - CONTINUING CARE	172	RC	inpatient			10197		First Trenton	First Trenton		9177.3	0.9			637	9687.15	percent of total billed charges	
NURSERY: NEWBORN LEVEL II - CONTINUING CARE	172	RC	inpatient			10197		Managed Care Inc	Managed Care Inc		9177.3	0.9			637	9687.15	percent of total billed charges	
NURSERY: NEWBORN LEVEL II - CONTINUING CARE	172	RC	inpatient			10197		Multiplan	Multiplan		8157.6	0.8			637	9687.15	percent of total billed charges	
NURSERY: NEWBORN LEVEL II - CONTINUING CARE	172	RC	inpatient			10197		Qualcare	Qualcare		2277				637	9687.15	per diem	
NURSERY: NEWBORN LEVEL II - CONTINUING CARE	172	RC	inpatient			10197		Three Rivers	Three Rivers		10197	0.95			637	9687.15	percent of total billed charges	
NURSERY: NEWBORN LEVEL II - CONTINUING CARE	172	RC	inpatient			10197		United	Commercial|PPO		4864				637	9687.15	per diem	
NURSERY: NEWBORN LEVEL II - CONTINUING CARE	172	RC	inpatient			10197		United	Oxford		4320				637	9687.15	per diem	
NURSERY: NEWBORN LEVEL III - INTERMEDIATE CARE	173	RC	inpatient			18150		Amerihealth	HMO|PPO		1591				1591	4969	case rate	
NURSERY: NEWBORN LEVEL III - INTERMEDIATE CARE	173	RC	inpatient			18150		Qualcare	Qualcare		3986				1591	4969	per diem	
NURSERY: NEWBORN LEVEL III - INTERMEDIATE CARE	173	RC	inpatient			18150		United	Commercial|PPO		4969				1591	4969	per diem	
NURSERY: NEWBORN LEVEL III - INTERMEDIATE CARE	173	RC	inpatient			18150		United	Oxford		4422				1591	4969	per diem	
NURSERY: NEWBORN LEVEL IV - INTENSIVE CARE	174	RC	inpatient			18150		Americare	Americare		13612.5	0.75			3183	17242.5	percent of total billed charges	
NURSERY: NEWBORN LEVEL IV - INTENSIVE CARE	174	RC	inpatient			18150		Amerihealth	HMO|PPO		3183				3183	17242.5	case rate	
NURSERY: NEWBORN LEVEL IV - INTENSIVE CARE	174	RC	inpatient			18150		Consumer	Consumer		14520	0.8			3183	17242.5	percent of total billed charges	
NURSERY: NEWBORN LEVEL IV - INTENSIVE CARE	174	RC	inpatient			18150		Corrections	Corrections		14520	0.8			3183	17242.5	percent of total billed charges	
NURSERY: NEWBORN LEVEL IV - INTENSIVE CARE	174	RC	inpatient			18150		First Health	First Health		12705	0.7			3183	17242.5	percent of total billed charges	
NURSERY: NEWBORN LEVEL IV - INTENSIVE CARE	174	RC	inpatient			18150		First Trenton	First Trenton		16335	0.9			3183	17242.5	percent of total billed charges	
NURSERY: NEWBORN LEVEL IV - INTENSIVE CARE	174	RC	inpatient			18150		Managed Care Inc	Managed Care Inc		16335	0.9			3183	17242.5	percent of total billed charges	
NURSERY: NEWBORN LEVEL IV - INTENSIVE CARE	174	RC	inpatient			18150		Multiplan	Multiplan		14520	0.8			3183	17242.5	percent of total billed charges	
NURSERY: NEWBORN LEVEL IV - INTENSIVE CARE	174	RC	inpatient			18150		Qualcare	Qualcare		3986				3183	17242.5	per diem	
NURSERY: NEWBORN LEVEL IV - INTENSIVE CARE	174	RC	inpatient			18150		Three Rivers	Three Rivers		17242.5	0.95			3183	17242.5	percent of total billed charges	
NURSERY: NEWBORN LEVEL IV - INTENSIVE CARE	174	RC	inpatient			18150		United	Commercial|PPO		4969				3183	17242.5	per diem	
NURSERY: NEWBORN LEVEL IV - INTENSIVE CARE	174	RC	inpatient			18150		United	Oxford		4422				3183	17242.5	per diem	
NURSERY: NEONATAL ICU	175	RC	inpatient					Amerihealth	HMO|PPO		3183				3183	3183	case rate	
NORMAL AND DETAINED NEWBORN PER DIEM	179	RC	inpatient					Amerihealth	HMO|PPO		637				637	1448	case rate	
NURSERY: NORMAL NEWBORN	179	RC	inpatient					United	Commercial|PPO		1448				637	1448	per diem	
NURSERY: NORMAL NEWBORN	179	RC	inpatient					United	Oxford		1312				637	1448	per diem	
SUBACUTE: GENERAL	190	RC	inpatient					United	Commercial|PPO		1448				1312	1448	per diem	
SUBACUTE: GENERAL	190	RC	inpatient					United	Oxford		1312				1312	1448	per diem	
SUBACUTE: SUBACUTE - LEVEL I	191	RC	inpatient					United	Commercial|PPO		1448				1312	1448	per diem	
SUBACUTE: SUBACUTE - LEVEL I	191	RC	inpatient					United	Oxford		1312				1312	1448	per diem	
SUBACUTE: SUBACUTE - LEVEL II	192	RC	inpatient					United	Commercial|PPO		1448				1312	1448	per diem	
SUBACUTE: SUBACUTE - LEVEL II	192	RC	inpatient					United	Oxford		1312				1312	1448	per diem	
SUBACUTE: SUBACUTE - LEVEL III	193	RC	inpatient					United	Commercial|PPO		1448				1312	1448	per diem	
SUBACUTE: SUBACUTE - LEVEL III	193	RC	inpatient					United	Oxford		1312				1312	1448	per diem	
SUBACUTE: SUBACUTE - LEVEL IV	194	RC	inpatient					United	Commercial|PPO		1448				1312	1448	per diem	
SUBACUTE: SUBACUTE - LEVEL IV	194	RC	inpatient					United	Oxford		1312				1312	1448	per diem	
SUBACUTE: OTHER SUBACUTE	199	RC	inpatient					United	Commercial|PPO		1448				1312	1448	per diem	
SUBACUTE: OTHER SUBACUTE	199	RC	inpatient					United	Oxford		1312				1312	1448	per diem	
ICU: GENERAL	200	RC	inpatient					United	Commercial|PPO		1448				1312	1448	per diem	
ICU: GENERAL	200	RC	inpatient					United	Oxford		1312				1312	1448	per diem	
ICU: SURG	201	RC	inpatient			23964		Americare	Americare		17973	0.75			1312	22765.8	percent of total billed charges	
ICU: SURG	201	RC	inpatient			23964		Consumer	Consumer		19171.2	0.8			1312	22765.8	percent of total billed charges	
ICU: SURG	201	RC	inpatient			23964		Corrections	Corrections		19171.2	0.8			1312	22765.8	percent of total billed charges	
ICU: SURG	201	RC	inpatient			23964		First Health	First Health		16774.8	0.7			1312	22765.8	percent of total billed charges	
ICU: SURG	201	RC	inpatient			23964		First Trenton	First Trenton		21567.6	0.9			1312	22765.8	percent of total billed charges	
ICU: SURG	201	RC	inpatient			23964		Managed Care Inc	Managed Care Inc		21567.6	0.9			1312	22765.8	percent of total billed charges	
ICU: SURG	201	RC	inpatient			23964		Multiplan	Multiplan		19171.2	0.8			1312	22765.8	percent of total billed charges	
ICU: SURG	201	RC	inpatient			23964		Qualcare	Qualcare		3986				1312	22765.8	per diem	
ICU: SURG	201	RC	inpatient			23964		Three Rivers	Three Rivers		22765.8	0.95			1312	22765.8	percent of total billed charges	
ICU: SURG	201	RC	inpatient			23964		United	Commercial|PPO		1448				1312	22765.8	per diem	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.																	
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103		310119 true																
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ICU: SURG	201	RC	inpatient			23964		United	Oxford		1312				1312	1312	22765.8 per diem	
ICU: MED	202	RC	inpatient					Qualcare	Qualcare		3986				1312	3986	per diem	
ICU: MED	202	RC	inpatient					United	CommercialPPO		1448				1312	3986	per diem	
ICU: MED	202	RC	inpatient					United	Oxford		1312				1312	3986	per diem	
ICU: PEDIATRIC	203	RC	inpatient					Qualcare	Qualcare		3986				1312	3986	per diem	
ICU: PEDIATRIC	203	RC	inpatient					United	CommercialPPO		1448				1312	3986	per diem	
ICU: PEDIATRIC	203	RC	inpatient					United	Oxford		1312				1312	3986	per diem	
ICU: POST ICU	206	RC	inpatient			13516		Americare	Americare		10137	0.75			1312	12840.2	percent of total billed charges	
ICU: POST ICU	206	RC	inpatient			13516		Consumer	Consumer		10812.8	0.8			1312	12840.2	percent of total billed charges	
ICU: POST ICU	206	RC	inpatient			13516		Corrections	Corrections		10812.8	0.8			1312	12840.2	percent of total billed charges	
ICU: POST ICU	206	RC	inpatient			13516		First Health	First Health		9461.2	0.7			1312	12840.2	percent of total billed charges	
ICU: POST ICU	206	RC	inpatient			13516		First Trenton	First Trenton		12164.4	0.9			1312	12840.2	percent of total billed charges	
ICU: POST ICU	206	RC	inpatient			13516		Managed Care Inc	Managed Care Inc		12164.4	0.9			1312	12840.2	percent of total billed charges	
ICU: POST ICU	206	RC	inpatient			13516		Multiplan	Multiplan		10812.8	0.8			1312	12840.2	percent of total billed charges	
ICU: POST ICU	206	RC	inpatient			13516		Qualcare	Qualcare		3487				1312	12840.2	per diem	
ICU: POST ICU	206	RC	inpatient			13516		Three Rivers	Three Rivers		12840.2	0.95			1312	12840.2	percent of total billed charges	
ICU: POST ICU	206	RC	inpatient			13516		United	CommercialPPO		1448				1312	12840.2	per diem	
ICU: POST ICU	206	RC	inpatient			13516		United	Oxford		1312				1312	12840.2	per diem	
ICU: BURN CARE	207	RC	inpatient					United	CommercialPPO		1448				1312	1448	per diem	
ICU: BURN CARE	207	RC	inpatient					United	Oxford		1312				1312	1448	per diem	
ICU: TRAUMA	208	RC	inpatient					United	CommercialPPO		1448				1312	1448	per diem	
ICU: TRAUMA	208	RC	inpatient					United	Oxford		1312				1312	1448	per diem	
ICU: OTHER	209	RC	inpatient					United	CommercialPPO		1448				1312	1448	per diem	
ICU: OTHER	209	RC	inpatient					United	Oxford		1312				1312	1448	per diem	
CCU: GENERAL	210	RC	inpatient					United	CommercialPPO		1448				1312	1448	per diem	
CCU: GENERAL	210	RC	inpatient					United	Oxford		1312				1312	1448	per diem	
CCU: MYOCARDIAL INFARCTION	211	RC	inpatient					United	CommercialPPO		1448				1312	1448	per diem	
CCU: MYOCARDIAL INFARCTION	211	RC	inpatient					United	Oxford		1312				1312	1448	per diem	
CCU: PULMONARY CARE	212	RC	inpatient					United	CommercialPPO		1448				1312	1448	per diem	
CCU: PULMONARY CARE	212	RC	inpatient					United	Oxford		1312				1312	1448	per diem	
CCU: HEART TRANSPALANT	213	RC	inpatient					United	CommercialPPO		1448				1312	1448	per diem	
CCU: HEART TRANSPALANT	213	RC	inpatient					United	Oxford		1312				1312	1448	per diem	
CCU: POST - CCU	214	RC	inpatient					United	CommercialPPO		1448				1312	1448	per diem	
CCU: POST - CCU	214	RC	inpatient					United	Oxford		1312				1312	1448	per diem	
CCU: OTHER CORONARY CARE	219	RC	inpatient			23964		Americare	Americare		17973	0.75			1312	22765.8	percent of total billed charges	
CCU: OTHER CORONARY CARE	219	RC	inpatient			23964		Consumer	Consumer		19171.2	0.8			1312	22765.8	percent of total billed charges	
CCU: OTHER CORONARY CARE	219	RC	inpatient			23964		Corrections	Corrections		19171.2	0.8			1312	22765.8	percent of total billed charges	
CCU: OTHER CORONARY CARE	219	RC	inpatient			23964		First Health	First Health		16774.8	0.7			1312	22765.8	percent of total billed charges	
CCU: OTHER CORONARY CARE	219	RC	inpatient			23964		First Trenton	First Trenton		21567.6	0.9			1312	22765.8	percent of total billed charges	
CCU: OTHER CORONARY CARE	219	RC	inpatient			23964		Managed Care Inc	Managed Care Inc		21567.6	0.9			1312	22765.8	percent of total billed charges	
CCU: OTHER CORONARY CARE	219	RC	inpatient			23964		Multiplan	Multiplan		19171.2	0.8			1312	22765.8	percent of total billed charges	
CCU: OTHER CORONARY CARE	219	RC	inpatient			23964		Three Rivers	Three Rivers		22765.8	0.95			1312	22765.8	percent of total billed charges	
CCU: OTHER CORONARY CARE	219	RC	inpatient			23964		United	CommercialPPO		1448				1312	22765.8	per diem	
CCU: OTHER CORONARY CARE	219	RC	inpatient			23964		United	Oxford		1312				1312	22765.8	per diem	
IV THR: GENERAL	260	RC	outpatient			1183		United	CommercialPPO		304				272	304	case rate	
IV THR: GENERAL	260	RC	outpatient			1183		United	Oxford		272				272	304	case rate	
IV THR: OTHER IV THERAPY	269	RC	outpatient					United	CommercialPPO		304				272	304	case rate	
IV THR: OTHER IV THERAPY	269	RC	outpatient					United	Oxford		272				272	304	case rate	
M/S SUPPS: PROSTHETIC/ORTHOTIC DEVICES	274	RC	outpatient			75000		Amerihealth	HMO/PPO		24750	0.33			24750	30000	percent of total billed charges	
M/S SUPPS: PROSTHETIC/ORTHOTIC DEVICES	274	RC	inpatient			75000		Qualcare	Qualcare		30000	0.4			24750	30000	percent of total billed charges	
M/S SUPPS: PACEMAKER	275	RC	outpatient			86274		Amerihealth	HMO/PPO		28470.42	0.33			28470.42	34509.6	percent of total billed charges	
M/S SUPPS: PACEMAKER	275	RC	inpatient			86274		Qualcare	Qualcare		34509.6	0.4			28470.42	34509.6	percent of total billed charges	
M/S SUPPS: INTRAOCULAR LENS	276	RC	outpatient			7840.35		Amerihealth	HMO/PPO		2587.32	0.33			2587.32	3136.14	percent of total billed charges	
M/S SUPPS: INTRAOCULAR LENS	276	RC	inpatient			7840.35		Qualcare	Qualcare		3136.14	0.4			2587.32	3136.14	percent of total billed charges	
M/S SUPPS: OTHER IMPLANTS	278	RC	outpatient			8458089		Amerihealth	HMO/PPO		2791169.37	0.33			2791169.37	3383235.6	percent of total billed charges	
M/S SUPPS: OTHER IMPLANTS	278	RC	inpatient			8458089		Qualcare	Qualcare		3383235.6	0.4			2791169.37	3383235.6	percent of total billed charges	
ONCOLOGY: GENERAL	280	RC	outpatient			248		United	CommercialPPO		362				345	362	case rate	
ONCOLOGY: GENERAL	280	RC	outpatient			248		United	Oxford		345				345	362	case rate	
ONCOLOGY: OTHER ONCOLOGY	289	RC	outpatient					United	CommercialPPO		362				345	362	case rate	
ONCOLOGY: OTHER ONCOLOGY	289	RC	outpatient					United	Oxford		345				345	362	case rate	
LAB: GENERAL	300	RC	outpatient			15506		United	CommercialPPO		69				67	69	case rate	
LAB: GENERAL	300	RC	outpatient			15506		United	Oxford		67				67	69	case rate	
LAB: CHEMISTRY	301	RC	outpatient			4229		United	CommercialPPO		69				67	69	case rate	
LAB: CHEMISTRY	301	RC	outpatient			4229		United	Oxford		67				67	69	case rate	
LAB: IMMUNOLOGY	302	RC	outpatient			4997		United	CommercialPPO		69				67	69	case rate	
LAB: IMMUNOLOGY	302	RC	outpatient			4997		United	Oxford		67				67	69	case rate	
LAB: RENAL PATIENT (HOME)	303	RC	outpatient					United	CommercialPPO		69				67	69	case rate	
LAB: RENAL PATIENT (HOME)	303	RC	outpatient					United	Oxford		67				67	69	case rate	
LAB: NON-ROUTINE DIALYSIS	304	RC	outpatient					United	CommercialPPO		69				67	69	case rate	
LAB: NON-ROUTINE DIALYSIS	304	RC	outpatient					United	Oxford		67				67	69	case rate	
LAB: HEMATOLOGY	305	RC	outpatient			2444		United	CommercialPPO		69				67	69	case rate	
LAB: HEMATOLOGY	305	RC	outpatient			2444		United	Oxford		67				67	69	case rate	
LAB: BACTERIOLOGY/MICROBIOLOGY	306	RC	outpatient			6121		United	CommercialPPO		69				67	69	case rate	
LAB: BACTERIOLOGY/MICROBIOLOGY	306	RC	outpatient			6121		United	Oxford		67				67	69	case rate	
LAB: UROLOGY	307	RC	outpatient			376		United	CommercialPPO		69				67	69	case rate	
LAB: UROLOGY	307	RC	outpatient			376		United	Oxford		67				67	69	case rate	
LAB: OTHER LABORATORY	309	RC	outpatient			13590		United	CommercialPPO		69				67	69	case rate	
LAB: OTHER LABORATORY	309	RC	outpatient			13590		United	Oxford		67				67	69	case rate	
LAB PATH: GENERAL	310	RC	outpatient			9187		United	CommercialPPO		69				67	69	case rate	
LAB PATH: GENERAL	310	RC	outpatient			9187		United	Oxford		67				67	69	case rate	
LAB PATH: CYTOLOGY	311	RC	outpatient			1515		United	CommercialPPO		69				67	69	case rate	
LAB PATH: CYTOLOGY	311	RC	outpatient			1515		United	Oxford		67				67	69	case rate	
LAB PATH: HISTOLOGY	312	RC	outpatient			2191		United	CommercialPPO		69				67	69	case rate	
LAB PATH: HISTOLOGY	312	RC	outpatient			2191		United	Oxford		67				67	69	case rate	
LAB PATH: BIOPSY	314	RC	outpatient			273		United	CommercialPPO		69				67	69	case rate	
LAB PATH: BIOPSY	314	RC	outpatient			273		United	Oxford		67				67	69	case rate	
LAB PATH: OTHER	319	RC	outpatient			6366		United	CommercialPPO		69				67	69	case rate	
LAB PATH: OTHER	319	RC	outpatient			6366		United	Oxford		67				67	69	case rate	
RAD DIAG: GENERAL	320	RC	outpatient			63773		United	CommercialPPO		345				291	345	case rate	
RAD DIAG: GENERAL	320	RC	outpatient			63773		United	Oxford		291				291	345	case rate	
RAD DIAG: ANGIOCARDIOGRAPHY	321	RC	outpatient					United	CommercialPPO		345				291	345	case rate	
RAD DIAG: ANGIOCARDIOGRAPHY	321	RC	outpatient					United	Oxford		291				291	345	case rate	
RAD DIAG: ARTHROGRAPHY	322	RC	outpatient			1944		United	CommercialPPO		345				291	345	case rate	
RAD DIAG: ARTHROGRAPHY	322	RC	outpatient			1944		United	Oxford		291				291	345	case rate	
RAD DIAG: ARTERIOGRAPHY	323	RC	outpatient			17911		United	CommercialPPO		345				291	345	case rate	
RAD DIAG: ARTERIOGRAPHY	323	RC	outpatient			17911		United	Oxford		291				291	345	case rate	
RAD DIAG: CHEST X-RAY	324	RC	outpatient			19667		United	CommercialPPO		345				291	345	case rate	
RAD DIAG: CHEST X-RAY	324	RC	outpatient			19667		United	Oxford		291				291	345	case rate	
RAD DIAG: OTHER	329	RC	outpatient			17878		United	CommercialPPO		345				291	345	case rate	
RAD DIAG: OTHER	329	RC	outpatient			17878		United	Oxford		291				291	345	case rate	
RAD THR: CHEMOTHERAPY - INJECTED	331	RC	outpatient			1266		United	CommercialPPO		1088				949	1088	case rate	
RAD THR: CHEMOTHERAPY - INJECTED	331	RC	outpatient			1266		United	Oxford		949				949	1088	case rate	
RAD THR: CHEMOTHERAPY - ORAL	332	RC	outpatient					United	CommercialPPO		1088				949	1088	case rate	
RAD THR: CHEMOTHERAPY - ORAL	332	RC	outpatient					United	Oxford		949				949	1088	case rate	
RAD THR: RADIATION THERAPY	333	RC	outpatient			72199		United	CommercialPPO		3013				2533	3013	case rate	Excluding CPT Codes 61796-61800, 63620-63621, 77371, 77372, 77373, Revenue Codes 0330, 0339
RAD THR: RADIATION THERAPY	333	RC	outpatient			72199		United	Oxford		2533				2533	3013	case rate	Excluding CPT Codes 61796-61800, 63620-63621, 77371, 77372, 77373, Revenue Codes 0330, 0339
RAD THR: CHEMOTHERAPY - IV	335	RC	outpatient			1290		United	CommercialPPO		1088				949	1088	case rate	
RAD THR: CHEMOTHERAPY - IV	335	RC	outpatient			1290		United	Oxford		949				949	1088	case rate	
NUC MED: GENERAL	340	RC	outpatient			5427		United	CommercialPPO		779				662	779	case rate	
NUC MED: GENERAL	340	RC	outpatient			5427		United	Oxford		662				662	779	case rate	
NUC MED: DIAGNOSTIC	341	RC	outpatient			5184		United	CommercialPPO		779				662	779	case rate	
NUC MED: DIAGNOSTIC	341	RC	outpatient			5184		United	Oxford		662				662	779	case rate	
NUC MED: THERAPEUTIC	342	RC	outpatient			135265		United	CommercialPPO		779				662	779	case rate	
NUC MED: THERAPEUTIC	342	RC	outpatient			135265		United	Oxford		662				662	779	case rate	
NUC MED: OTHER	349	RC	outpatient			5773		United	CommercialPPO		779				662	779	case rate	
NUC MED: OTHER	349	RC	outpatient			5773		United	Oxford		662				662	779	case rate	
CT SCAN: GENERAL	350	RC	outpatient			35328		United	CommercialPPO		786				658	766	case rate	
CT SCAN: GENERAL	350	RC	outpatient			35328		United	Oxford		658				658	766	case rate	
CT SCAN: HEAD SCAN	351	RC	outpatient			3849		United	CommercialPPO		786				658	766	case rate	
CT SCAN: HEAD SCAN	351	RC	outpatient			3849		United	Oxford		658				658	766	case rate	
CT SCAN: BODY SCAN	352	RC	outpatient			4610		United	CommercialPPO		786				658	766	case rate	
CT SCAN: BODY SCAN	352	RC	outpatient			4610		United	Oxford		658				658	766	case rate	
CT SCAN: OTHER CT SCAN	359	RC	outpatient			3582		United	CommercialPPO		786				658	766	case rate	
CT SCAN: OTHER CT SCAN	359	RC	outpatient			3582		United	Oxford		658				658	766	case rate	
OR: GENERAL	360	RC	outpatient			117590		Amerihealth	HMO/PPO		3183				3183	3183	case rate	
OR: MINOR SURGERY	361	RC	outpatient			76551		Amerihealth	HMO/PPO		3183				3183	3183	case rate	
OR: ORGAN TRANSPLANT - OTHER THAN KIDNEY	362	RC	outpatient			12176		Amerihealth	HMO/PPO		3183				3183	3183	case rate	
OR: KIDNEY TRANSPLANT	367	RC	outpatient					Amerihealth	HMO/PPO		3183				3183	3183	case rate	
BLOOD: GENERAL	380	RC	outpatient					United	CommercialPPO		227				227	227	case rate	
BLOOD: GENERAL	380	RC	outpatient					United	Oxford		227				227	227	case rate	
BLOOD: PACKED RED CELLS	381	RC	outpatient					United	CommercialPPO		227				227	227	case rate	
BLOOD: PACKED RED CELLS	381	RC	outpatient					United	Oxford		227				227	227	case rate	
BLOOD: WHOLE BLOOD	382	RC	outpatient					United	CommercialPPO		227				227	227	case rate	
BLOOD: WHOLE BLOOD	382	RC	outpatient					United	Oxford		227				227	227	case rate	
BLOOD: PLASMA	383	RC	outpatient					United	CommercialPPO		227				227	227	case rate	
BLOOD: PLASMA	383	RC	outpatient					United	Oxford		227				227	227	case rate	
BLOOD: PLATELETS	384	RC	outpatient					United	CommercialPPO		227				227	227	case rate	
BLOOD: PLATELETS	384	RC	outpatient					United	Oxford		227				227	227	case rate	
BLOOD: LEUKOCYTES	385	RC	outpatient					United	CommercialPPO		227				227	227	case rate	
BLOOD: LEUKOCYTES	385	RC	outpatient					United	Oxford		227				227	227	case rate	
BLOOD: OTHER COMPONENTS	386	RC	outpatient					United	CommercialPPO		227				227	227	case rate	
BLOOD: OTHER COMPONENTS	386	RC	outpatient					United	Oxford		227				227	227	case rate	
BLOOD: OTHER DERIVATIVES (CRYOPRECIPITATES)	387	RC	outpatient					United	CommercialPPO		227				227	227	case rate	
BLOOD: OTHER DERIVATIVES (CRYOPRECIPITATES)	387	RC	outpatient					United	Oxford		227				227	227	case rate	
BLOOD: OTHER BLOOD	389	RC	outpatient					United	CommercialPPO		227				227	227	case rate	
BLOOD: OTHER BLOOD	389	RC	outpatient					United	Oxford		227				227	227	case rate	
BLOOD: GENERAL	390	RC	outpatient			6465		United	CommercialPPO		227				227	227	case rate	
BLOOD: GENERAL	390	RC	outpatient			6465		United	Oxford		227				227	227	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
BLOOD: BLOOD ADMINISTRATION	391	RC	outpatient			1369		United	CommercialPPO						227	227	case rate	
BLOOD: BLOOD ADMINISTRATION	391	RC	outpatient			1369		United	Oxford						227	227	case rate	
BLOOD: BLOOD PROCESSING AND STORAGE	392	RC	outpatient					United	CommercialPPO						227	227	case rate	
BLOOD: BLOOD PROCESSING AND STORAGE	392	RC	outpatient					United	Oxford						227	227	case rate	
BLOOD: OTHER BLOOD AND STORAGE PROCESSING	399	RC	outpatient					United	CommercialPPO						227	227	case rate	
BLOOD: OTHER BLOOD AND STORAGE PROCESSING	399	RC	outpatient					United	Oxford						227	227	case rate	
IMAGING: GENERAL	400	RC	outpatient			7009		United	CommercialPPO						375	375	case rate	
IMAGING: GENERAL	400	RC	outpatient			7009		United	Oxford						375	375	case rate	
IMAGING: DIAGNOSTIC MAMMOGRAPHY	401	RC	outpatient			531		United	CommercialPPO						428	438	case rate	
IMAGING: DIAGNOSTIC MAMMOGRAPHY	401	RC	outpatient			531		United	Oxford						428	438	case rate	
IMAGING: ULTRASOUND	402	RC	outpatient			11977		United	CommercialPPO						381	324	case rate	
IMAGING: ULTRASOUND	402	RC	outpatient			11977		United	Oxford						324	324	case rate	
IMAGING: SCREENING MAMMOGRAPHY	403	RC	outpatient			531		United	CommercialPPO						428	428	case rate	
IMAGING: SCREENING MAMMOGRAPHY	403	RC	outpatient			531		United	Oxford						438	428	case rate	
IMAGING: POSITRON EMMISSION TOMOGRAPHY	404	RC	outpatient			12888		United	CommercialPPO						6287	6032	6287 case rate	
IMAGING: POSITRON EMMISSION TOMOGRAPHY	404	RC	outpatient			12888		United	Oxford						6032	6032	6287 case rate	
IMAGING: OTHER IMAGING SERVICES	409	RC	outpatient					United	CommercialPPO						375	375	375 case rate	
IMAGING: OTHER IMAGING SERVICES	409	RC	outpatient					United	Oxford						375	375	375 case rate	
RESP THR: GENERAL	410	RC	outpatient			2703		United	CommercialPPO						291	242	291 case rate	
RESP THR: GENERAL	410	RC	outpatient			2703		United	Oxford						242	242	291 case rate	
RESP THR: INHALATION SERVICES	412	RC	outpatient			754		United	CommercialPPO						291	242	291 case rate	
RESP THR: INHALATION SERVICES	412	RC	outpatient			754		United	Oxford						242	242	291 case rate	
RESP THR: HYPERBARIC OXYGEN THERAPY	413	RC	outpatient					United	CommercialPPO						3230	2580	3230 case rate	
RESP THR: HYPERBARIC OXYGEN THERAPY	413	RC	outpatient					United	Oxford						2580	2580	3230 case rate	
RESP THR: OTHER RESPIRATORY SERVICES	419	RC	outpatient			1976		United	CommercialPPO						291	242	291 case rate	
RESP THR: OTHER RESPIRATORY SERVICES	419	RC	outpatient			1976		United	Oxford						242	242	291 case rate	
PHYS THR: GENERAL	420	RC	outpatient			497		United	CommercialPPO						291	242	291 case rate	
PHYS THR: GENERAL	420	RC	outpatient			497		United	Oxford						242	242	291 case rate	
PHYS THR: VISIT CHARGE	421	RC	outpatient					United	CommercialPPO						291	242	291 case rate	
PHYS THR: VISIT CHARGE	421	RC	outpatient					United	Oxford						242	242	291 case rate	
PHYS THR: HOURLY CHARGE	422	RC	outpatient					United	CommercialPPO						291	242	291 case rate	
PHYS THR: HOURLY CHARGE	422	RC	outpatient					United	Oxford						242	242	291 case rate	
PHYS THR: GROUP RATE	423	RC	outpatient			211		United	CommercialPPO						291	242	291 case rate	
PHYS THR: GROUP RATE	423	RC	outpatient			211		United	Oxford						242	242	291 case rate	
PHYS THR: EVALUATION OR RE-EVALUATION	424	RC	outpatient			750		United	CommercialPPO						291	242	291 case rate	
PHYS THR: EVALUATION OR RE-EVALUATION	424	RC	outpatient			750		United	Oxford						242	242	291 case rate	
PHYS THR: OTHER PHYSICAL THERAPY	429	RC	outpatient			285		United	CommercialPPO						291	242	291 case rate	
PHYS THR: OTHER PHYSICAL THERAPY	429	RC	outpatient			285		United	Oxford						242	242	291 case rate	
OCC THR: GENERAL	430	RC	outpatient			507		United	CommercialPPO						290	242	290 case rate	
OCC THR: GENERAL	430	RC	outpatient			507		United	Oxford						242	242	290 case rate	
OCC THR: VISIT CHARGE	431	RC	outpatient			211		United	CommercialPPO						290	242	290 case rate	
OCC THR: VISIT CHARGE	431	RC	outpatient			211		United	Oxford						242	242	290 case rate	
OCC THR: HOURLY CHARGE	432	RC	outpatient					United	CommercialPPO						290	242	290 case rate	
OCC THR: HOURLY CHARGE	432	RC	outpatient					United	Oxford						242	242	290 case rate	
OCC THR: GROUP RATE	433	RC	outpatient					United	CommercialPPO						290	242	290 case rate	
OCC THR: GROUP RATE	433	RC	outpatient					United	Oxford						242	242	290 case rate	
OCC THR: EVALUATION OR RE-EVALUATION	434	RC	outpatient			750		United	CommercialPPO						290	242	290 case rate	
OCC THR: EVALUATION OR RE-EVALUATION	434	RC	outpatient			750		United	Oxford						242	242	290 case rate	
OCC THR: OTHER OCCUPATIONAL THERAPY	439	RC	outpatient			133		United	CommercialPPO						290	242	290 case rate	
OCC THR: OTHER OCCUPATIONAL THERAPY	439	RC	outpatient			133		United	Oxford						242	242	290 case rate	
SPEECH THR: GENERAL	440	RC	outpatient			701		United	CommercialPPO						291	242	291 case rate	
SPEECH THR: GENERAL	440	RC	outpatient			701		United	Oxford						242	242	291 case rate	
SPEECH THR: VISIT CHARGE	441	RC	outpatient					United	CommercialPPO						291	242	291 case rate	
SPEECH THR: VISIT CHARGE	441	RC	outpatient					United	Oxford						242	242	291 case rate	
SPEECH THR: HOURLY CHARGE	442	RC	outpatient					United	CommercialPPO						291	242	291 case rate	
SPEECH THR: HOURLY CHARGE	442	RC	outpatient					United	Oxford						242	242	291 case rate	
SPEECH THR: GROUP RATE	443	RC	outpatient					United	CommercialPPO						291	242	291 case rate	
SPEECH THR: GROUP RATE	443	RC	outpatient					United	Oxford						242	242	291 case rate	
SPEECH THR: EVALUATION OR REEVALUATION	444	RC	outpatient			999		United	CommercialPPO						291	242	291 case rate	
SPEECH THR: EVALUATION OR REEVALUATION	444	RC	outpatient			999		United	Oxford						242	242	291 case rate	
SPEECH THR: OTHER SPEECH-LANGUAGE PATHOLOGY	449	RC	outpatient			211		United	CommercialPPO						291	242	291 case rate	
SPEECH THR: OTHER SPEECH-LANGUAGE PATHOLOGY	449	RC	outpatient			211		United	Oxford						242	242	291 case rate	
ER: GENERAL	450	RC	outpatient			48220		United	CommercialPPO						992	918	992 case rate	
ER: GENERAL	450	RC	outpatient			48220		United	Oxford						918	918	992 case rate	
ER: EMTALA EMERGENCY MED SCREENING SERVICES	451	RC	outpatient					United	CommercialPPO						992	918	992 case rate	
ER: EMTALA EMERGENCY MED SCREENING SERVICES	451	RC	outpatient					United	Oxford						918	918	992 case rate	
ER: ER BEYOND EMTALA SCREENING	452	RC	outpatient					United	CommercialPPO						992	918	992 case rate	
ER: ER BEYOND EMTALA SCREENING	452	RC	outpatient					United	Oxford						918	918	992 case rate	
ER: URGENT CARE	456	RC	outpatient					United	CommercialPPO						304	304	304 case rate	
ER: URGENT CARE	456	RC	outpatient					United	Oxford						304	304	304 case rate	
ER: OTHER EMERGENCY ROOM	459	RC	outpatient			9413		United	CommercialPPO						992	918	992 case rate	
ER: OTHER EMERGENCY ROOM	459	RC	outpatient			9413		United	Oxford						918	918	992 case rate	
PULM THR: GENERAL	460	RC	outpatient			1074		United	CommercialPPO						140	136	140 case rate	
PULM THR: GENERAL	460	RC	outpatient			1074		United	Oxford						136	136	140 case rate	
PULM THR: OTHER PULMONARY FUNCTION	469	RC	outpatient			345		United	CommercialPPO						140	136	140 case rate	
PULM THR: OTHER PULMONARY FUNCTION	469	RC	outpatient			345		United	Oxford						136	136	140 case rate	
AUDIO THR: GENERAL	470	RC	outpatient			1258		United	CommercialPPO						189	185	189 case rate	
AUDIO THR: GENERAL	470	RC	outpatient			1258		United	Oxford						185	185	189 case rate	
AUDIO THR: DIAGNOSTIC	471	RC	outpatient			1866		United	CommercialPPO						189	185	189 case rate	
AUDIO THR: DIAGNOSTIC	471	RC	outpatient			1866		United	Oxford						185	185	189 case rate	
AUDIO THR: TREATMENT	472	RC	outpatient					United	CommercialPPO						189	185	189 case rate	
AUDIO THR: TREATMENT	472	RC	outpatient					United	Oxford						185	185	189 case rate	
AUDIO THR: OTHER AUDIOLOGY	479	RC	outpatient					United	CommercialPPO						189	185	189 case rate	
AUDIO THR: OTHER AUDIOLOGY	479	RC	outpatient					United	Oxford						185	185	189 case rate	
CARDIOLOGY: GENERAL	480	RC	outpatient			44053		United	CommercialPPO						475	420	475 case rate	
CARDIOLOGY: GENERAL	480	RC	outpatient			44053		United	Oxford						420	420	475 case rate	
CARDIOLOGY: CARDIAC CATH. LAB	481	RC	outpatient			127590		Amerihealth	HMO/PPO						3183	3183	3183 case rate	
CARDIOLOGY: STRESS TEST	482	RC	outpatient			1149		United	CommercialPPO						330	289	330 case rate	
CARDIOLOGY: STRESS TEST	482	RC	outpatient			1149		United	Oxford						289	289	330 case rate	
CARDIOLOGY: ECHOCARDIOLOGY	483	RC	outpatient			3523		United	CommercialPPO						481	396	481 case rate	
CARDIOLOGY: ECHOCARDIOLOGY	483	RC	outpatient			3523		United	Oxford						396	396	481 case rate	
CARDIOLOGY: OTHER CARDIOLOGY	489	RC	outpatient			2905		United	CommercialPPO						475	420	475 case rate	
CARDIOLOGY: OTHER CARDIOLOGY	489	RC	outpatient			2905		United	Oxford						420	420	475 case rate	
AMB. SURG.: GENERAL	490	RC	outpatient			69175		Amerihealth	HMO/PPO						3183	3183	3183 case rate	
AMB. SURG.: OTHER AMBULATORY SURG CARE	499	RC	outpatient					Amerihealth	HMO/PPO						3183	3183	3183 case rate	
CLINIC: GENERAL	510	RC	outpatient			13293		Amerihealth	HMO/PPO						170	170	170 case rate	
CLINIC: OB-GYN CLINIC	514	RC	outpatient			11678		Amerihealth	HMO/PPO						170	170	170 case rate	
CLINIC: OTHER CLINIC	519	RC	outpatient			19686		Amerihealth	HMO/PPO						170	170	170 case rate	
AMBULANCE: GENERAL	540	RC	outpatient			3826		UHC	Medicare						350	350	789 case rate	
AMBULANCE: GENERAL	540	RC	outpatient			3826		United	CommercialPPO						789	350	789 case rate	
AMBULANCE: GENERAL	540	RC	outpatient			3826		United	Oxford						789	350	789 case rate	
AMBULANCE: MED TRANSPORT	542	RC	outpatient					UHC	Medicare						350	350	789 case rate	
AMBULANCE: MED TRANSPORT	542	RC	outpatient					United	CommercialPPO						789	350	789 case rate	
AMBULANCE: MED TRANSPORT	542	RC	outpatient					United	Oxford						789	350	789 case rate	
AMBULANCE: HEART MOBILE	543	RC	outpatient					UHC	Medicare						350	350	789 case rate	
AMBULANCE: HEART MOBILE	543	RC	outpatient					United	CommercialPPO						789	350	789 case rate	
AMBULANCE: HEART MOBILE	543	RC	outpatient					United	Oxford						789	350	789 case rate	
AMBULANCE: AIR AMBULANCE	545	RC	outpatient					UHC	Medicare						2300	2300	4231 case rate	
AMBULANCE: AIR AMBULANCE	545	RC	outpatient					United	CommercialPPO						4231	2300	4231 case rate	
AMBULANCE: AIR AMBULANCE	545	RC	outpatient					United	Oxford						4231	2300	4231 case rate	
AMBULANCE: NEONATAL AMBULANCE SERVICES	546	RC	outpatient			1779		UHC	Medicare						350	350	789 case rate	
AMBULANCE: NEONATAL AMBULANCE SERVICES	546	RC	outpatient			1779		United	CommercialPPO						789	350	789 case rate	
AMBULANCE: NEONATAL AMBULANCE SERVICES	546	RC	outpatient			1779		United	Oxford						789	350	789 case rate	
AMBULANCE: PHARMACY	547	RC	outpatient					UHC	Medicare						350	350	789 case rate	
AMBULANCE: PHARMACY	547	RC	outpatient					United	CommercialPPO						789	350	789 case rate	
AMBULANCE: PHARMACY	547	RC	outpatient					United	Oxford						789	350	789 case rate	
AMBULANCE: TELEPHONE TRANSMISSION EKG	548	RC	outpatient					UHC	Medicare						350	350	789 case rate	
AMBULANCE: TELEPHONE TRANSMISSION EKG	548	RC	outpatient					United	CommercialPPO						789	350	789 case rate	
AMBULANCE: TELEPHONE TRANSMISSION EKG	548	RC	outpatient					United	Oxford						789	350	789 case rate	
AMBULANCE: OTHER AMBULANCE	549	RC	outpatient					UHC	Medicare						350	350	789 case rate	
AMBULANCE: OTHER AMBULANCE	549	RC	outpatient					United	CommercialPPO						789	350	789 case rate	
AMBULANCE: OTHER AMBULANCE	549	RC	outpatient					United	Oxford						789	350	789 case rate	
MRI: GENERAL	610	RC	outpatient			9831		United	CommercialPPO						2055	1945	2055 case rate	
MRI: GENERAL	610	RC	outpatient			9831		United	Oxford						1945	1945	2055 case rate	
MRI: BRAIN MRI - INCLUDING BRAINSTEM	611	RC	outpatient			9831		United	CommercialPPO						2055	1945	2055 case rate	
MRI: BRAIN MRI - INCLUDING BRAINSTEM	611	RC	outpatient			9831		United	Oxford						1945	1945	2055 case rate	
MRI: SPINAL CORD MRI - INCLUDING SPINE	612	RC	outpatient			9831		United	CommercialPPO						2055	1945	2055 case rate	
MRI: SPINAL CORD MRI - INCLUDING SPINE	612	RC	outpatient			9831		United	Oxford						1945	1945	2055 case rate	
MRI: MRI - OTHER	614	RC	outpatient			6082		United	CommercialPPO						2055	1945	2055 case rate	
MRI: MRI - OTHER	614	RC	outpatient			6082		United	Oxford						1945	1945	2055 case rate	
MRI: MRA - HEAD & NECK	615	RC	outpatient			4926		United	CommercialPPO						2055	1945	2055 case rate	
MRI: MRA - HEAD & NECK	615	RC	outpatient			4926		United	Oxford						1945	1945	2055 case rate	
MRI: MRA - LOWER EXTREMITIES	616	RC	outpatient			3412		United	CommercialPPO						2055	1945	2055 case rate	
MRI: MRA - LOWER EXTREMITIES	616	RC	outpatient			3412		United	Oxford						1945	1945	2055 case rate	
MRI: MRA - OTHER	618	RC	outpatient			4937		United	CommercialPPO						2055	1945	2055 case rate	
MRI: MRA - OTHER	618	RC	outpatient			4937		United	Oxford						1945	1945	2055 case rate	
MRI: OTHER MRI	619	RC	outpatient					United	CommercialPPO						2055	1945	2055 case rate	
MRI: OTHER MRI	619	RC	outpatient					United	Oxford						1945	1945	2055 case rate	
TRAUMA: LEVEL I	681	RC	inpatient			24076		Qualcare	Qualcare						4982	4982	per diem	
LABOR/DLVY: GENERAL CLASSIFICATION	720	RC	outpatient			1962		United	CommercialPPO						429	429	429 case rate	
LABOR/DLVY: GENERAL CLASSIFICATION	720	RC	outpatient			1962		United	Oxford						429	429	429 case rate	
LABOR/DLVY: LABOR	721	RC	outpatient			598		United	CommercialPPO						429	429	429 case rate	
LABOR/DLVY: LABOR	721	RC	outpatient			598		United	Oxford						429	429	429 case rate	
LABOR/DLVY: DELIVERY	722	RC	outpatient			11049		United	CommercialPPO						429	429	429 case rate	
LABOR/DLVY: DELIVERY	722	RC	outpatient			11049		United	Oxford						429	429	429 case rate	
LABOR/DLVY: BIRTHING CENTER	724	RC	outpatient					United	CommercialPPO						429	429	429 case rate	
LABOR/DLVY: BIRTHING CENTER	724	RC	outpatient					United	Oxford						429	429	429 case rate	
LABOR/DLVY: OTHER	729	RC	outpatient			11239		United	CommercialPPO						429	429	429 case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
LABOR/DLVY: OTHER		729 RC	outpatient			11239		United	Oxford		429				429	429	case rate	
EKG/ECG: GENERAL		730 RC	outpatient			232		United	CommercialPPO		187				187	191	case rate	
EKG/ECG: GENERAL		730 RC	outpatient			232		United	Oxford		191				187	191	case rate	
EKG/ECG: HOLTER MONITOR		731 RC	outpatient			705		United	CommercialPPO		256				242	256	case rate	
EKG/ECG: HOLTER MONITOR		731 RC	outpatient			705		United	Oxford		242				242	256	case rate	
EKG/ECG: TELEMETRY		732 RC	outpatient			547		United	CommercialPPO		256				242	256	case rate	
EKG/ECG: TELEMETRY		732 RC	outpatient			547		United	Oxford		242				242	256	case rate	
EKG/ECG: OTHER EKG/ECG		739 RC	outpatient			627		United	CommercialPPO		187				187	191	case rate	
EKG/ECG: OTHER EKG/ECG		739 RC	outpatient			627		United	Oxford		191				187	191	case rate	
EEG: GENERAL		740 RC	outpatient			4401		Amerihealth	HMO/PPO		1591				660	1591	case rate	
EEG: GENERAL		740 RC	outpatient			4401		United	CommercialPPO		814				660	1591	case rate	Excluding CPT/HCPCS Codes 95782-95783, 95800-95801, 95805-95811, G0398-G0400
EEG: GENERAL		740 RC	outpatient			4401		United	Oxford		660				660	1591	case rate	Excluding CPT/HCPCS Codes 95782-95783, 95800-95801, 95805-95811, G0398-G0400
OBSERVATION: OBSERVATION ROOM		762 RC	outpatient			9895		Amerihealth	HMO/PPO		106				106	3000	other	Per Unit methodology. Max amount of $2,440
OBSERVATION: OBSERVATION ROOM		762 RC	outpatient			9895		United	CommercialPPO		3000				106	3000	case rate	
OBSERVATION: OBSERVATION ROOM		762 RC	outpatient			9895		United	Oxford		2650				106	3000	case rate	
PREVENTIVE: VACCINE ADMINISTRATION		771 RC	outpatient			2139		United	CommercialPPO		30				30	30	case rate	
PREVENTIVE: VACCINE ADMINISTRATION		771 RC	outpatient			2139		United	Oxford		30				30	30	case rate	
ESWT (EXTRA CORPOREAL SHOCK WAVE THERAPY)		790 RC	outpatient			13873		Amerihealth	HMO/PPO		3183				3183	3183	case rate	
HEMODIA. - OP/HOME: GENERAL		820 RC	outpatient					Amerihealth	HMO/PPO		584				584	800	case rate	
HEMODIA. - OP/HOME: GENERAL		820 RC	outpatient					United	CommercialPPO		800				584	800	case rate	
HEMODIA. - OP/HOME: GENERAL		820 RC	outpatient					United	Oxford		800				584	800	case rate	
HEMODIA. - OP/HOME: HEMODIALYSIS/COMPOSITE OR OTHE		821 RC	outpatient					Amerihealth	HMO/PPO		584				584	800	case rate	
HEMODIA. - OP/HOME: HEMODIALYSIS/COMPOSITE OR OTHE		821 RC	outpatient					United	CommercialPPO		800				584	800	case rate	
HEMODIA. - OP/HOME: HEMODIALYSIS/COMPOSITE OR OTHE		821 RC	outpatient					United	Oxford		800				584	800	case rate	
HEMODIA. - OP/HOME: HOME SUPPLIES		822 RC	outpatient					United	CommercialPPO		800				800	800	case rate	
HEMODIA. - OP/HOME: HOME SUPPLIES		822 RC	outpatient					United	Oxford		800				800	800	case rate	
HEMODIA. - OP/HOME: HOME EQUIPMENT		823 RC	outpatient					United	CommercialPPO		800				800	800	case rate	
HEMODIA. - OP/HOME: HOME EQUIPMENT		823 RC	outpatient					United	Oxford		800				800	800	case rate	
HEMODIA. - OP/HOME: MAINTENANCE/100%		824 RC	outpatient					United	CommercialPPO		800				800	800	case rate	
HEMODIA. - OP/HOME: MAINTENANCE/100%		824 RC	outpatient					United	Oxford		800				800	800	case rate	
HEMODIA. - OP/HOME: SUPPORT SERVICES		825 RC	outpatient					Amerihealth	HMO/PPO		584				584	800	case rate	
HEMODIA. - OP/HOME: SUPPORT SERVICES		825 RC	outpatient					United	CommercialPPO		800				584	800	case rate	
HEMODIA. - OP/HOME: SUPPORT SERVICES		825 RC	outpatient					United	Oxford		800				584	800	case rate	
HEMODIA. - OP/HOME: OTHER OUTPATIENT HEMODIALYSIS		829 RC	outpatient			2298		Amerihealth	HMO/PPO		584				584	800	case rate	
HEMODIA. - OP/HOME: OTHER OUTPATIENT HEMODIALYSIS		829 RC	outpatient			2298		United	CommercialPPO		800				584	800	case rate	
HEMODIA. - OP/HOME: OTHER OUTPATIENT HEMODIALYSIS		829 RC	outpatient			2298		United	Oxford		800				584	800	case rate	
PERITONEAL - OP/HOME: GENERAL		830 RC	outpatient					Amerihealth	HMO/PPO		584				584	800	case rate	
PERITONEAL - OP/HOME: GENERAL		830 RC	outpatient					United	CommercialPPO		800				584	800	case rate	
PERITONEAL - OP/HOME: GENERAL		830 RC	outpatient					United	Oxford		800				584	800	case rate	
PERITONEAL - OP/HOME: PERITONEAL/COMPOSITE OR OTHE		831 RC	outpatient					Amerihealth	HMO/PPO		584				584	800	case rate	
PERITONEAL - OP/HOME: PERITONEAL/COMPOSITE OR OTHE		831 RC	outpatient					United	CommercialPPO		800				584	800	case rate	
PERITONEAL - OP/HOME: PERITONEAL/COMPOSITE OR OTHE		831 RC	outpatient					United	Oxford		800				584	800	case rate	
PERITONEAL - OP/HOME: HOME SUPPLIES		832 RC	outpatient					United	CommercialPPO		800				800	800	case rate	
PERITONEAL - OP/HOME: HOME SUPPLIES		832 RC	outpatient					United	Oxford		800				800	800	case rate	
PERITONEAL - OP/HOME: HOME EQUIPMENT		833 RC	outpatient					United	CommercialPPO		800				800	800	case rate	
PERITONEAL - OP/HOME: HOME EQUIPMENT		833 RC	outpatient					United	Oxford		800				800	800	case rate	
PERITONEAL - OP/HOME: MAINTENANCE/100%		834 RC	outpatient					United	CommercialPPO		800				800	800	case rate	
PERITONEAL - OP/HOME: MAINTENANCE/100%		834 RC	outpatient					United	Oxford		800				800	800	case rate	
PERITONEAL - OP/HOME: SUPPORT SERVICES		835 RC	outpatient					Amerihealth	HMO/PPO		584				584	800	case rate	
PERITONEAL - OP/HOME: SUPPORT SERVICES		835 RC	outpatient					United	CommercialPPO		800				584	800	case rate	
PERITONEAL - OP/HOME: SUPPORT SERVICES		835 RC	outpatient					United	Oxford		800				584	800	case rate	
PERITONEAL - OP/HOME: OTHER OUTPATIENT PERITONEAL		839 RC	outpatient					United	CommercialPPO		800				800	800	case rate	
PERITONEAL - OP/HOME: OTHER OUTPATIENT PERITONEAL		839 RC	outpatient					United	Oxford		800				800	800	case rate	
CAPD - OP/HOME: GENERAL		840 RC	outpatient					Amerihealth	HMO/PPO		584				584	800	case rate	
CAPD - OP/HOME: GENERAL		840 RC	outpatient					United	CommercialPPO		800				584	800	case rate	
CAPD - OP/HOME: GENERAL		840 RC	outpatient					United	Oxford		800				584	800	case rate	
CAPD - OP/HOME: CAPD/COMPOSITE OR OTHER RATE		841 RC	outpatient					Amerihealth	HMO/PPO		584				584	800	case rate	
CAPD - OP/HOME: CAPD/COMPOSITE OR OTHER RATE		841 RC	outpatient					United	CommercialPPO		800				584	800	case rate	
CAPD - OP/HOME: CAPD/COMPOSITE OR OTHER RATE		841 RC	outpatient					United	Oxford		800				584	800	case rate	
CAPD - OP/HOME: HOME SUPPLIES		842 RC	outpatient					United	CommercialPPO		800				800	800	case rate	
CAPD - OP/HOME: HOME SUPPLIES		842 RC	outpatient					United	Oxford		800				800	800	case rate	
CAPD - OP/HOME: HOME EQUIPMENT		843 RC	outpatient					United	CommercialPPO		800				800	800	case rate	
CAPD - OP/HOME: HOME EQUIPMENT		843 RC	outpatient					United	Oxford		800				800	800	case rate	
CAPD - OP/HOME: MAINTENANCE/100%		844 RC	outpatient					United	CommercialPPO		800				800	800	case rate	
CAPD - OP/HOME: MAINTENANCE/100%		844 RC	outpatient					United	Oxford		800				800	800	case rate	
CAPD - OP/HOME: SUPPORT SERVICES		845 RC	outpatient					United	CommercialPPO		800				800	800	case rate	
CAPD - OP/HOME: SUPPORT SERVICES		845 RC	outpatient					United	Oxford		800				800	800	case rate	
CAPD - OP/HOME: OTHER OUTPATIENT CAPD		849 RC	outpatient					United	CommercialPPO		800				800	800	case rate	
CAPD - OP/HOME: OTHER OUTPATIENT CAPD		849 RC	outpatient					United	Oxford		800				800	800	case rate	
CCPD - OP/HOME: GENERAL		850 RC	outpatient					United	CommercialPPO		800				800	800	case rate	
CCPD - OP/HOME: GENERAL		850 RC	outpatient					United	Oxford		800				800	800	case rate	
CCPD - OP/HOME: CCPD/COMPOSITE OR OTHER RATE		851 RC	outpatient					United	CommercialPPO		800				800	800	case rate	
CCPD - OP/HOME: CCPD/COMPOSITE OR OTHER RATE		851 RC	outpatient					United	Oxford		800				800	800	case rate	
CCPD - OP/HOME: HOME SUPPLIES		852 RC	outpatient					United	CommercialPPO		800				800	800	case rate	
CCPD - OP/HOME: HOME SUPPLIES		852 RC	outpatient					United	Oxford		800				800	800	case rate	
CCPD - OP/HOME: HOME EQUIPMENT		853 RC	outpatient					United	CommercialPPO		800				800	800	case rate	
CCPD - OP/HOME: HOME EQUIPMENT		853 RC	outpatient					United	Oxford		800				800	800	case rate	
CCPD - OP/HOME: MAINTENANCE/100%		854 RC	outpatient					United	CommercialPPO		800				800	800	case rate	
CCPD - OP/HOME: MAINTENANCE/100%		854 RC	outpatient					United	Oxford		800				800	800	case rate	
CCPD - OP/HOME: SUPPORT SERVICES		855 RC	outpatient					United	CommercialPPO		800				800	800	case rate	
CCPD - OP/HOME: SUPPORT SERVICES		855 RC	outpatient					United	Oxford		800				800	800	case rate	
CCPD - OP/HOME: OTHER OUTPATIENT CCPD		859 RC	outpatient					United	CommercialPPO		800				800	800	case rate	
CCPD - OP/HOME: OTHER OUTPATIENT CCPD		859 RC	outpatient					United	Oxford		800				800	800	case rate	
MAGNETOENCEPHALOGRAPHY		860 RC	outpatient					United	CommercialPPO		604				604	604	case rate	
MAGNETOENCEPHALOGRAPHY		860 RC	outpatient					United	Oxford		604				604	604	case rate	
MEG		861 RC	outpatient					United	CommercialPPO		604				604	604	case rate	
MEG		861 RC	outpatient					United	Oxford		604				604	604	case rate	
BH (BEHAVIORAL HEALTH TREATMENTS/SERVICES)		900 RC	outpatient			1912		United	CommercialPPO		737				737	737	case rate	
BH (BEHAVIORAL HEALTH TREATMENTS/SERVICES)		900 RC	outpatient			1912		United	Oxford		737				737	737	case rate	
BEHAVIORAL HEALTH: BIOFEEDBACK		917 RC	outpatient			298		United	CommercialPPO		737				737	737	case rate	
BEHAVIORAL HEALTH: BIOFEEDBACK		917 RC	outpatient			298		United	Oxford		737				737	737	case rate	
BEHAVIORAL HEALTH: TESTING		918 RC	outpatient			762		United	CommercialPPO		737				737	737	case rate	
BEHAVIORAL HEALTH: TESTING		918 RC	outpatient			762		United	Oxford		737				737	737	case rate	
OTHER DIAG: GENERAL		920 RC	outpatient			2281		United	CommercialPPO		522				521	522	case rate	Excluding CPT Codes 95782-95783, 95800-95801, 95805-95811, G0398-G0400
OTHER DIAG: GENERAL		920 RC	outpatient			2281		United	Oxford		521				521	522	case rate	Excluding CPT Codes 95782-95783, 95800-95801, 95805-95811, G0398-G0400
OTHER DIAG: PERIPHERAL VASCULAR LAB		921 RC	outpatient			2427		United	CommercialPPO		1310				1310	1330	case rate	
OTHER DIAG: PERIPHERAL VASCULAR LAB		921 RC	outpatient			2427		United	Oxford		1330				1310	1330	case rate	
OTHER DIAG: ELECTROMYELOGRAM		922 RC	outpatient			1866		Amerihealth	HMO/PPO		1591				186	1591	case rate	
OTHER DIAG: ELECTROMYELOGRAM		922 RC	outpatient			1866		United	CommercialPPO		186				186	1591	case rate	
OTHER DIAG: ELECTROMYELOGRAM		922 RC	outpatient			1866		United	Oxford		186				186	1591	case rate	
OTHER DIAG: PAP SMEAR		923 RC	outpatient			203		United	CommercialPPO		69				67	69	case rate	
OTHER DIAG: PAP SMEAR		923 RC	outpatient			203		United	Oxford		67				67	69	case rate	
OTHER DIAG: ALLERGY TEST		924 RC	outpatient			3406		United	CommercialPPO		212				212	212	case rate	
OTHER DIAG: ALLERGY TEST		924 RC	outpatient			3406		United	Oxford		212				212	212	case rate	
OTHER DIAG: PREGNANCY TEST		925 RC	outpatient					United	CommercialPPO		69				67	69	case rate	
OTHER DIAG: PREGNANCY TEST		925 RC	outpatient					United	Oxford		67				67	69	case rate	
OTHER DIAG: OTHER DIAGNOSTIC SERVICE		929 RC	outpatient					United	CommercialPPO		522				521	522	case rate	Excluding CPT Codes 95782-95783, 95800-95801, 95805-95811, G0398-G0400
OTHER DIAG: OTHER DIAGNOSTIC SERVICE		929 RC	outpatient					United	Oxford		521				521	522	case rate	Excluding CPT Codes 95782-95783, 95800-95801, 95805-95811, G0398-G0400
OTHER THER: GENERAL		940 RC	outpatient			1023		United	CommercialPPO		782				735	782	case rate	
OTHER THER: GENERAL		940 RC	outpatient			1023		United	Oxford		735				735	782	case rate	
OTHER THER: EDUCATION/TRAINING		942 RC	outpatient			475		United	CommercialPPO		218				218	218	case rate	
OTHER THER: EDUCATION/TRAINING		942 RC	outpatient			475		United	Oxford		218				218	218	case rate	
OTHER THER: CARDIAC REHABILITATION		943 RC	outpatient			462		United	CommercialPPO		304				304	304	case rate	
OTHER THER: CARDIAC REHABILITATION		943 RC	outpatient			462		United	Oxford		304				304	304	case rate	
PULMONARY REHAB		948 RC	outpatient					United	CommercialPPO		304				304	304	case rate	
PULMONARY REHAB		948 RC	outpatient					United	Oxford		304				304	304	case rate	
OTHER THER: OTHER THERAPEUTIC SERVICES		949 RC	outpatient			211		United	CommercialPPO		782				735	782	case rate	
OTHER THER: OTHER THERAPEUTIC SERVICES		949 RC	outpatient			211		United	Oxford		735				735	782	case rate	
LIVER TRANSPLANT &/OR INTESTINAL TRANSPLANT	0011	APR-DRG	inpatient					Aetna	Better Health		103184.16				60903.74	260411	case rate	
LIVER TRANSPLANT &/OR INTESTINAL TRANSPLANT	0012	APR-DRG	inpatient					Aetna	Better Health		109255.54				47303.96	260411	case rate	
LIVER TRANSPLANT &/OR INTESTINAL TRANSPLANT	0013	APR-DRG	inpatient					Aetna	Better Health		128418.5				31722.2	260411	case rate	
LIVER TRANSPLANT &/OR INTESTINAL TRANSPLANT	0014	APR-DRG	inpatient					Aetna	Better Health		227836.18				135370.65	448219.9	case rate	
HEART &/OR LUNG TRANSPLANT	0021	APR-DRG	inpatient					Aetna	Better Health		124668.71				72539.27	296515.34	case rate	
HEART &/OR LUNG TRANSPLANT	0022	APR-DRG	inpatient					Aetna	Better Health		160706.49				41095.11	193442.35	case rate	
HEART &/OR LUNG TRANSPLANT	0023	APR-DRG	inpatient					Aetna	Better Health		193118.43				66957.14	204791.97	case rate	
HEART &/OR LUNG TRANSPLANT	0024	APR-DRG	inpatient					Aetna	Better Health		304477.89				44751.49	313612.23	case rate	
BONE MARROW TRANSPLANT	0031	APR-DRG	inpatient					Aetna	Better Health		80920.3				48623.3	156888.03	case rate	
BONE MARROW TRANSPLANT	0032	APR-DRG	inpatient					Aetna	Better Health		100004.96				25439.65	103005.11	case rate	
BONE MARROW TRANSPLANT	0033	APR-DRG	inpatient					Aetna	Better Health		164464.53				19168.92	189398.47	case rate	
BONE MARROW TRANSPLANT	0034	APR-DRG	inpatient					Aetna	Better Health		271004.84				46081.46	279134.99	case rate	
TRACHEOSTOMY W MV 96+ HOURS W EXTENSIVE PROCEDURE OR ECMO	0041	APR-DRG	inpatient					Aetna	Better Health		73079.18				26347.96	88456.51	case rate	
TRACHEOSTOMY W MV 96+ HOURS W EXTENSIVE PROCEDURE OR ECMO	0042	APR-DRG	inpatient					Aetna	Better Health		99425.84				20549.68	102408.62	case rate	
TRACHEOSTOMY W MV 96+ HOURS W EXTENSIVE PROCEDURE OR ECMO	0043	APR-DRG	inpatient					Aetna	Better Health		144230.51				137952	148557.43	case rate	
TRACHEOSTOMY W MV 96+ HOURS W EXTENSIVE PROCEDURE OR ECMO	0044	APR-DRG	inpatient					Aetna	Better Health		207512.38				198478	213737.75	case rate	
TRACHEOSTOMY W MV 96+ HOURS W/O EXTENSIVE PROCEDURE	0051	APR-DRG	inpatient					Aetna	Better Health		70194.26				67138	72300.09	case rate	
TRACHEOSTOMY W MV 96+ HOURS W/O EXTENSIVE PROCEDURE	0052	APR-DRG	inpatient					Aetna	Better Health		77993.67				22967.5	80333.48	case rate	
TRACHEOSTOMY W MV 96+ HOURS W/O EXTENSIVE PROCEDURE	0053	APR-DRG	inpatient					Aetna	Better Health		95450.67				11620.17	98314.19	case rate	
TRACHEOSTOMY W MV 96+ HOURS W/O EXTENSIVE PROCEDURE	0054	APR-DRG	inpatient					Aetna	Better Health		139413.76				17404.27	143596.19	case rate	
PANCREAS TRANSPLANT	0061	APR-DRG	inpatient					Aetna	Better Health		84041.29				33105.33	106808.68	case rate	
PANCREAS TRANSPLANT	0062	APR-DRG	inpatient					Aetna	Better Health		118164.04				22107.62	121708.96	case rate	
PANCREAS TRANSPLANT	0063	APR-DRG	inpatient					Aetna	Better Health		132120.04				17561.37	136083.64	case rate	
PANCREAS TRANSPLANT	0064	APR-DRG	inpatient					Aetna	Better Health		209055.29				23658.47	215326.95	case rate	
CRANIOTOMY FOR TRAUMA	0201	APR-DRG	inpatient					Aetna	Better Health		27079.6				8340.11	27891.99	case rate	
CRANIOTOMY FOR TRAUMA	0202	APR-DRG	inpatient					Aetna	Better Health		37568.59				11309.53	38695.65	case rate	
CRANIOTOMY FOR TRAUMA	0203	APR-DRG	inpatient					Aetna	Better Health		49296.63				8207.83	50775.53	case rate	
CRANIOTOMY FOR TRAUMA	0204	APR-DRG	inpatient					Aetna	Better Health		93914.21				9719.7	96731.64	case rate	
CRANIOTOMY EXCEPT FOR TRAUMA	0211	APR-DRG	inpatient					Aetna	Better Health		29692.86				29591	30789.65	case rate	
CRANIOTOMY EXCEPT FOR TRAUMA	0212	APR-DRG	inpatient					Aetna	Better Health		39162.54				37458	186882.42	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.															
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true														
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CRANIOTOMY EXCEPT FOR TRAUMA	0213	APR-DRG	inpatient					Aetna	Better Health		60016.75				57404	61817.25	case rate	
CRANIOTOMY EXCEPT FOR TRAUMA	0214	APR-DRG	inpatient					Aetna	Better Health		104929.68				100362	108077.57	case rate	
VENTRICULAR SHUNT PROCEDURES	0221	APR-DRG	inpatient					Aetna	Better Health		17981.58				17199	172809.75	case rate	
VENTRICULAR SHUNT PROCEDURES	0222	APR-DRG	inpatient					Aetna	Better Health		22853.65				21859	23539.26	case rate	
VENTRICULAR SHUNT PROCEDURES	0223	APR-DRG	inpatient					Aetna	Better Health		38752.66				37066	39915.24	case rate	
VENTRICULAR SHUNT PROCEDURES	0224	APR-DRG	inpatient					Aetna	Better Health		91895.86				87895	94652.74	case rate	
SPINAL PROCEDURES	0231	APR-DRG	inpatient					Aetna	Better Health		20307.75				19424	315017.54	case rate	
SPINAL PROCEDURES	0232	APR-DRG	inpatient					Aetna	Better Health		29096.78				27830	231058.12	case rate	
SPINAL PROCEDURES	0233	APR-DRG	inpatient					Aetna	Better Health		55216.83				53769	286467.21	case rate	
SPINAL PROCEDURES	0234	APR-DRG	inpatient					Aetna	Better Health		100405.51				61395.1	193056.03	case rate	
EXTRACRANIAL VASCULAR PROCEDURES	0241	APR-DRG	inpatient					Aetna	Better Health		16267.09				15559	59861.17	case rate	
EXTRACRANIAL VASCULAR PROCEDURES	0242	APR-DRG	inpatient					Aetna	Better Health		21461.95				20528	140159.91	case rate	
EXTRACRANIAL VASCULAR PROCEDURES	0243	APR-DRG	inpatient					Aetna	Better Health		41990.96				19748	95804.13	case rate	
EXTRACRANIAL VASCULAR PROCEDURES	0244	APR-DRG	inpatient					Aetna	Better Health		89132.37				19748	91806.34	case rate	
OTHER NERVOUS SYSTEM & RELATED PROCEDURES	0261	APR-DRG	inpatient					Aetna	Better Health		18628.86				12982	74706.44	case rate	
OTHER NERVOUS SYSTEM & RELATED PROCEDURES	0262	APR-DRG	inpatient					Aetna	Better Health		24591.9				12982	61170.17	case rate	
OTHER NERVOUS SYSTEM & RELATED PROCEDURES	0263	APR-DRG	inpatient					Aetna	Better Health		35242.43				33369.91	89724.25	case rate	
OTHER NERVOUS SYSTEM & RELATED PROCEDURES	0264	APR-DRG	inpatient					Aetna	Better Health		74219.04				38576.42	118469.61	case rate	
SPINAL DISORDERS & INJURIES	0401	APR-DRG	inpatient					Aetna	Better Health		14160.4				13563	14605.81	case rate	
SPINAL DISORDERS & INJURIES	0402	APR-DRG	inpatient					Aetna	Better Health		16089.24				15389	16571.92	case rate	
SPINAL DISORDERS & INJURIES	0403	APR-DRG	inpatient					Aetna	Better Health		22964.05				21964	23652.97	case rate	
SPINAL DISORDERS & INJURIES	0404	APR-DRG	inpatient					Aetna	Better Health		59382.03				56797	61163.49	case rate	
NERVOUS SYSTEM MALIGNANCY	0411	APR-DRG	inpatient					Aetna	Better Health		10959.41				10492	149956.74	case rate	
NERVOUS SYSTEM MALIGNANCY	0412	APR-DRG	inpatient					Aetna	Better Health		12177.11				11647	89337.92	case rate	
NERVOUS SYSTEM MALIGNANCY	0413	APR-DRG	inpatient					Aetna	Better Health		16632.58				15908	63244.3	case rate	
NERVOUS SYSTEM MALIGNANCY	0414	APR-DRG	inpatient					Aetna	Better Health		29556.44				28270	134170.04	case rate	
DEGENERATIVE NERVOUS SYSTEM DISORDERS EXC MULT SCLEROSIS	0421	APR-DRG	inpatient					Aetna	Better Health		8626.76				8253	66728.7	case rate	
DEGENERATIVE NERVOUS SYSTEM DISORDERS EXC MULT SCLEROSIS	0422	APR-DRG	inpatient					Aetna	Better Health		10739.58				10272	56545.55	case rate	
DEGENERATIVE NERVOUS SYSTEM DISORDERS EXC MULT SCLEROSIS	0423	APR-DRG	inpatient					Aetna	Better Health		16746.21				16017	148002.62	case rate	
DEGENERATIVE NERVOUS SYSTEM DISORDERS EXC MULT SCLEROSIS	0424	APR-DRG	inpatient					Aetna	Better Health		45034.54				24654.19	82181.59	case rate	
MULTIPLE SCLEROSIS & OTHER DEMYELINATING DISEASES	0431	APR-DRG	inpatient					Aetna	Better Health		11334.67				10841	11674.71	case rate	
MULTIPLE SCLEROSIS & OTHER DEMYELINATING DISEASES	0432	APR-DRG	inpatient					Aetna	Better Health		14525.07				13893	68487.78	case rate	
MULTIPLE SCLEROSIS & OTHER DEMYELINATING DISEASES	0433	APR-DRG	inpatient					Aetna	Better Health		23216.44				12177.68	38553.45	case rate	
MULTIPLE SCLEROSIS & OTHER DEMYELINATING DISEASES	0434	APR-DRG	inpatient					Aetna	Better Health		51806.66				7907.81	53360.86	case rate	
INTRACRANIAL HEMORRHAGE	0441	APR-DRG	inpatient					Aetna	Better Health		12314.52				11778	69658	case rate	
INTRACRANIAL HEMORRHAGE	0442	APR-DRG	inpatient					Aetna	Better Health		15856.68				11238.66	35215.32	case rate	
INTRACRANIAL HEMORRHAGE	0443	APR-DRG	inpatient					Aetna	Better Health		23415.64				8441.69	26097.37	case rate	
INTRACRANIAL HEMORRHAGE	0444	APR-DRG	inpatient					Aetna	Better Health		49672.49				19290.57	60420.03	case rate	
CVA & PRECEREBRAL OCCLUSION W INFARCT	0451	APR-DRG	inpatient					Aetna	Better Health		10584.06				10123	10901.58	case rate	
CVA & PRECEREBRAL OCCLUSION W INFARCT	0452	APR-DRG	inpatient					Aetna	Better Health		12846.28				12287	13231.67	case rate	
CVA & PRECEREBRAL OCCLUSION W INFARCT	0453	APR-DRG	inpatient					Aetna	Better Health		18522.94				17717	356200.23	case rate	
CVA & PRECEREBRAL OCCLUSION W INFARCT	0454	APR-DRG	inpatient					Aetna	Better Health		38557.59				36879	237674.36	case rate	
NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT	0461	APR-DRG	inpatient					Aetna	Better Health		10367.91				9917	168125.13	case rate	
NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT	0462	APR-DRG	inpatient					Aetna	Better Health		11830.38				11315	119801.11	case rate	
NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT	0463	APR-DRG	inpatient					Aetna	Better Health		16473.11				15756	192482.17	case rate	
NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT	0464	APR-DRG	inpatient					Aetna	Better Health		40910.66				35451.1	110420.61	case rate	
TRANSIENT ISCHEMIA	0471	APR-DRG	inpatient					Aetna	Better Health		8659.17				8282	187936.32	case rate	
TRANSIENT ISCHEMIA	0472	APR-DRG	inpatient					Aetna	Better Health		9400				8991	110525.63	case rate	
TRANSIENT ISCHEMIA	0473	APR-DRG	inpatient					Aetna	Better Health		11740.33				11229	89000.36	case rate	
TRANSIENT ISCHEMIA	0474	APR-DRG	inpatient					Aetna	Better Health		23337.25				22321	142342.82	case rate	
PERIPHERAL, CRANIAL & AUTONOMIC NERVE DISORDERS	0481	APR-DRG	inpatient					Aetna	Better Health		8740.34				8360	77350.69	case rate	
PERIPHERAL, CRANIAL & AUTONOMIC NERVE DISORDERS	0482	APR-DRG	inpatient					Aetna	Better Health		9812.47				9385	62430.4	case rate	
PERIPHERAL, CRANIAL & AUTONOMIC NERVE DISORDERS	0483	APR-DRG	inpatient					Aetna	Better Health		13689.35				13093	89397.93	case rate	
PERIPHERAL, CRANIAL & AUTONOMIC NERVE DISORDERS	0484	APR-DRG	inpatient					Aetna	Better Health		33929.65				32453	34947.54	case rate	
BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM	0491	APR-DRG	inpatient					Aetna	Better Health		13215.53				12640	13612	case rate	
BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM	0492	APR-DRG	inpatient					Aetna	Better Health		28890.41				27633	127167.48	case rate	
BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM	0493	APR-DRG	inpatient					Aetna	Better Health		35827.84				28367.73	84244.47	case rate	
BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM	0494	APR-DRG	inpatient					Aetna	Better Health		65912.7				22078.09	67890.08	case rate	
NON-BACTERIAL INFECTIONS OF NERVOUS SYSTEM EXC VIRAL MENINGITIS	0501	APR-DRG	inpatient					Aetna	Better Health		9306.81				8902	63289.31	case rate	
NON-BACTERIAL INFECTIONS OF NERVOUS SYSTEM EXC VIRAL MENINGITIS	0502	APR-DRG	inpatient					Aetna	Better Health		17366.5				16331.79	48425.29	case rate	
NON-BACTERIAL INFECTIONS OF NERVOUS SYSTEM EXC VIRAL MENINGITIS	0503	APR-DRG	inpatient					Aetna	Better Health		28665.74				27418	96100.44	case rate	
NON-BACTERIAL INFECTIONS OF NERVOUS SYSTEM EXC VIRAL MENINGITIS	0504	APR-DRG	inpatient					Aetna	Better Health		59261.22				20399.68	64868.36	case rate	
VIRAL MENINGITIS	0511	APR-DRG	inpatient					Aetna	Better Health		8003.9				7655	69286.68	case rate	
VIRAL MENINGITIS	0512	APR-DRG	inpatient					Aetna	Better Health		11044.88				10564	57089.4	case rate	
VIRAL MENINGITIS	0513	APR-DRG	inpatient					Aetna	Better Health		15358.48				18516	61496.48	case rate	
VIRAL MENINGITIS	0514	APR-DRG	inpatient					Aetna	Better Health		39476.09				12301.7	40660.37	case rate	
NONTRAUMATIC STUPOR & COMA	0521	APR-DRG	inpatient					Aetna	Better Health		8042.2				7692	51952.36	case rate	
NONTRAUMATIC STUPOR & COMA	0522	APR-DRG	inpatient					Aetna	Better Health		9413.09				9003	36648.78	case rate	
NONTRAUMATIC STUPOR & COMA	0523	APR-DRG	inpatient					Aetna	Better Health		12685.2				12133	13065.76	case rate	
NONTRAUMATIC STUPOR & COMA	0524	APR-DRG	inpatient					Aetna	Better Health		32484.32				31070	33458.85	case rate	
SEIZURE	0531	APR-DRG	inpatient					Aetna	Better Health		7527.03				7199	7752.84	case rate	
SEIZURE	0532	APR-DRG	inpatient					Aetna	Better Health		8935.32				8546	9203.38	case rate	
SEIZURE	0533	APR-DRG	inpatient					Aetna	Better Health		13362.26				12781	57404.46	case rate	
SEIZURE	0534	APR-DRG	inpatient					Aetna	Better Health		33631.35				9567.33	34640.29	case rate	
MIGRAINE & OTHER HEADACHES	0541	APR-DRG	inpatient					Aetna	Better Health		8074.94				7723	33107.43	case rate	
MIGRAINE & OTHER HEADACHES	0542	APR-DRG	inpatient					Aetna	Better Health		9307.8				8903	68461.53	case rate	
MIGRAINE & OTHER HEADACHES	0543	APR-DRG	inpatient					Aetna	Better Health		11384.54				10889	40226.26	case rate	
MIGRAINE & OTHER HEADACHES	0544	APR-DRG	inpatient					Aetna	Better Health		21512.17				9095.34	29945.59	case rate	
HEAD TRAUMA W COMA >1 HR OR HEMORRHAGE	0551	APR-DRG	inpatient					Aetna	Better Health		9581.97				9165	59696.14	case rate	
HEAD TRAUMA W COMA >1 HR OR HEMORRHAGE	0552	APR-DRG	inpatient					Aetna	Better Health		12777.94				11413.47	33793.81	case rate	
HEAD TRAUMA W COMA >1 HR OR HEMORRHAGE	0553	APR-DRG	inpatient					Aetna	Better Health		20430.89				15963.27	46418.66	case rate	
HEAD TRAUMA W COMA >1 HR OR HEMORRHAGE	0554	APR-DRG	inpatient					Aetna	Better Health		45988.74				9706.71	47368.4	case rate	
BRAIN CONTUSION/LACERATION & COMPLICATED SKULL FX, COMA < 1 HR OR NO COMA	0561	APR-DRG	inpatient					Aetna	Better Health		9630.76				9211	28359.04	case rate	
BRAIN CONTUSION/LACERATION & COMPLICATED SKULL FX, COMA < 1 HR OR NO COMA	0562	APR-DRG	inpatient					Aetna	Better Health		13076.42				12507	52813.61	case rate	
BRAIN CONTUSION/LACERATION & COMPLICATED SKULL FX, COMA < 1 HR OR NO COMA	0563	APR-DRG	inpatient					Aetna	Better Health		21636.57				10578.4	31434.62	case rate	
BRAIN CONTUSION/LACERATION & COMPLICATED SKULL FX, COMA < 1 HR OR NO COMA	0564	APR-DRG	inpatient					Aetna	Better Health		52748.39				18448.41	58968.51	case rate	
CONCUSSION, CLOSED SKULL FX NOS,UNCOMPLICATED INTRACRANIAL INJURY, COMA < 1	0571	APR-DRG	inpatient					Aetna	Better Health		9491.3				9078	63870.67	case rate	
CONCUSSION, CLOSED SKULL FX NOS,UNCOMPLICATED INTRACRANIAL INJURY, COMA < 1	0572	APR-DRG	inpatient					Aetna	Better Health		11919.89				11401	44205.75	case rate	
CONCUSSION, CLOSED SKULL FX NOS,UNCOMPLICATED INTRACRANIAL INJURY, COMA < 1	0573	APR-DRG	inpatient					Aetna	Better Health		16823.43				16091	196968.01	case rate	
CONCUSSION, CLOSED SKULL FX NOS,UNCOMPLICATED INTRACRANIAL INJURY, COMA < 1	0574	APR-DRG	inpatient					Aetna	Better Health		38541.44				36864	114242.57	case rate	
OTHER DISORDERS OF NERVOUS SYSTEM	0581	APR-DRG	inpatient					Aetna	Better Health		9001.24				8609	46373.65	case rate	
OTHER DISORDERS OF NERVOUS SYSTEM	0582	APR-DRG	inpatient					Aetna	Better Health		11166.95				10681	58867.24	case rate	
OTHER DISORDERS OF NERVOUS SYSTEM	0583	APR-DRG	inpatient					Aetna	Better Health		15370.39				14701	51688.4	case rate	
OTHER DISORDERS OF NERVOUS SYSTEM	0584	APR-DRG	inpatient					Aetna	Better Health		35469.07				23134.04	70190.6	case rate	
ORBITAL PROCEDURES	0701	APR-DRG	inpatient					Aetna	Better Health		13903.53				13298	14320.64	case rate	
ORBITAL PROCEDURES	0702	APR-DRG	inpatient					Aetna	Better Health		19214.62				18378	19791.06	case rate	
ORBITAL PROCEDURES	0703	APR-DRG	inpatient					Aetna	Better Health		31514.7				30143	32460.14	case rate	
ORBITAL PROCEDURES	0704	APR-DRG	inpatient					Aetna	Better Health		78142.47				74741	80486.74	case rate	
EYE PROCEDURES EXCEPT ORBIT	0731	APR-DRG	inpatient					Aetna	Better Health		12024.82				11501	12385.56	case rate	
EYE PROCEDURES EXCEPT ORBIT	0732	APR-DRG	inpatient					Aetna	Better Health		14213.76				13595	14640.17	case rate	
EYE PROCEDURES EXCEPT ORBIT	0733	APR-DRG	inpatient					Aetna	Better Health		23755.74				22722	24468.41	case rate	
EYE PROCEDURES EXCEPT ORBIT	0734	APR-DRG	inpatient					Aetna	Better Health		51367.9				25673.52	86487.39	case rate	
ACUTE MAJOR EYE INFECTIONS	0801	APR-DRG	inpatient					Aetna	Better Health		6249.14				5977	58372.14	case rate	
ACUTE MAJOR EYE INFECTIONS	0802	APR-DRG	inpatient					Aetna	Better Health		8572.17				8199	125543.43	case rate	
ACUTE MAJOR EYE INFECTIONS	0803	APR-DRG	inpatient					Aetna	Better Health		13987.75				13379	64590.8	case rate	
ACUTE MAJOR EYE INFECTIONS	0804	APR-DRG	inpatient					Aetna	Better Health		23977.62				14296.66	46152.36	case rate	
EYE DISORDERS EXCEPT MAJOR INFECTIONS	0821	APR-DRG	inpatient					Aetna	Better Health		7285.94				6969	89803.01	case rate	
EYE DISORDERS EXCEPT MAJOR INFECTIONS	0822	APR-DRG	inpatient					Aetna	Better Health		9118.46				8721	45375.97	case rate	
EYE DISORDERS EXCEPT MAJOR INFECTIONS	0823	APR-DRG	inpatient					Aetna	Better Health		13117.59				12547	169704.17	case rate	
EYE DISORDERS EXCEPT MAJOR INFECTIONS	0824	APR-DRG	inpatient					Aetna	Better Health		23682.73				22652	82305.36	case rate	
MAJOR CRANIAL/FACIAL BONE PROCEDURES	0891	APR-DRG	inpatient					Aetna	Better Health		23680.58				22650	24391	case rate	
MAJOR CRANIAL/FACIAL BONE PROCEDURES	0892	APR-DRG	inpatient					Aetna	Better Health		30796.56				29456	31720.46	case rate	
MAJOR CRANIAL/FACIAL BONE PROCEDURES	0893	APR-DRG	inpatient					Aetna	Better Health		51470.51				49230	53014.63	case rate	
MAJOR CRANIAL/FACIAL BONE PROCEDURES	0894	APR-DRG	inpatient					Aetna	Better Health		91864.65				2010	94620.59	case rate	
MAJOR LARYNX & TRACHEA PROCEDURES	0901	APR-DRG	inpatient					Aetna	Better Health		13721.28				13124	167465	case rate	
MAJOR LARYNX & TRACHEA PROCEDURES	0902	APR-DRG	inpatient					Aetna	Better Health		35771.32				22261.17	72028.44	case rate	
MAJOR LARYNX & TRACHEA PROCEDURES	0903	APR-DRG	inpatient					Aetna	Better Health		54785.93				14664	56429.51	case rate	
MAJOR LARYNX & TRACHEA PROCEDURES	0904	APR-DRG	inpatient					Aetna	Better Health		106113.21				38460.67	120997.58	case rate	
OTHER MAJOR HEAD & NECK PROCEDURES	0911	APR-DRG	inpatient					Aetna	Better Health		20062				19189	20663.86	case rate	
OTHER MAJOR HEAD & NECK PROCEDURES	0912	APR-DRG	inpatient					Aetna	Better Health		30397.81				29074	31309.74	case rate	
OTHER MAJOR HEAD & NECK PROCEDURES	0913	APR-DRG	inpatient					Aetna	Better Health		52131.06				17652.32	55206.55	case rate	
OTHER MAJOR HEAD & NECK PROCEDURES	0914	APR-DRG	inpatient					Aetna	Better Health		82293.79				10721.32	84762.6	case rate	
FACIAL BONE PROCEDURES EXCEPT MAJOR CRANIAL/FACIAL BONE PROCEDURES	0921	APR-DRG	inpatient					Aetna	Better Health		16567.55				8242.08	26502.45	case rate	
FACIAL BONE PROCEDURES EXCEPT MAJOR CRANIAL/FACIAL BONE PROCEDURES	0922	APR-DRG	inpatient					Aetna	Better Health		23095				20609.92	89450.91	case rate	
FACIAL BONE PROCEDURES EXCEPT MAJOR CRANIAL/FACIAL BONE PROCEDURES	0923	APR-DRG	inpatient					Aetna	Better Health		36487.84				11946.17	37582.48	case rate	
FACIAL BONE PROCEDURES EXCEPT MAJOR CRANIAL/FACIAL BONE PROCEDURES	0924	APR-DRG	inpatient					Aetna	Better Health		72510.38				69354	74685.69	case rate	
SINUS & MASTOID PROCEDURES	0931	APR-DRG	inpatient					Aetna	Better Health		16463.33				15747	16957.23	case rate	
SINUS & MASTOID PROCEDURES	0932	APR-DRG	inpatient					Aetna	Better Health		20286.31				19403	20864.5	case rate	
SINUS & MASTOID PROCEDURES	0933	APR-DRG	inpatient					Aetna	Better Health		34834.16				33318	107281.27	case rate	
SINUS & MASTOID PROCEDURES	0934	APR-DRG	inpatient					Aetna	Better Health		56534.15				24715.61	68769.08	case rate	
CLEFT LIP & PALATE REPAIR	0951	APR-DRG	inpatient					Aetna	Better Health		11142.29				6968.8	29945.59	case rate	
CLEFT LIP & PALATE REPAIR	0952	APR-DRG	inpatient					Aetna	Better Health		12940.01				12377	13328.21	case rate	
CLEFT LIP & PALATE REPAIR	0953	APR-DRG	inpatient					Aetna	Better Health		19832.67				18969	20427.65	case rate	
CLEFT LIP & PALATE REPAIR	0954	APR-DRG	inpatient					Aetna	Better Health		40930.75				39149	42158.67	case rate	
TONSIL & ADENOID PROCEDURES	0971	APR-DRG	inpatient					Aetna	Better Health		6741				6448	6943.23	case rate	
TONSIL & ADENOID PROCEDURES	0972	APR-DRG	inpatient					Aetna	Better Health		10348				9898	10658.44	case rate	
TONSIL & ADENOID PROCEDURES	0973	APR-DRG	inpatient					Aetna	Better Health		20108.19				19233	20711.44	case rate	
TONSIL & ADENOID PROCEDURES	0974	APR-DRG	inpatient					Aetna	Better Health		67934.65				34468.3	102131.56	case rate	
OTHER EAR, NOSE, MOUTH & THROAT PROCEDURES	0981	APR-DRG	inpatient					Aetna	Better Health		11816.3				11302	163624.34	case rate	
OTHER EAR, NOSE, MOUTH & THROAT PROCEDURES	0982	APR-DRG	inpatient					Aetna	Better Health		15578.91				14901	92000.92	case rate	
OTHER EAR, NOSE, MOUTH & THROAT PROCEDURES	0983	APR-DRG	inpatient					Aetna	Better Health		25072.36				19314.2	58852.23	case rate	
OTHER EAR, NOSE, MOUTH & THROAT PROCEDURES	0984	APR-DRG	inpatient					Aetna	Better Health		52294.83				50018	53863.67	case rate	
EAR, NOSE, MOUTH, THROAT, CRANIAL/FACIAL MALIGNANCIES	1101	APR-DRG	inpatient					Aetna	Better Health		9254.16				8851	9531.78	case rate	
EAR, NOSE, MOUTH, THROAT, CRANIAL/FACIAL MALIGNANCIES	1102	APR-DRG	inpatient					Aetna	Better Health		11881.68				11364	12238.13	case rate	
EAR, NOSE, MOUTH, THROAT, CRANIAL/FACIAL MALIGNANCIES	1103	APR-DRG	inpatient					Aetna	Better Health		19211.48				18375	19787.82	case rate	
EAR, NOSE, MOUTH, THROAT, CRANIAL/FACIAL MALIGNANCIES	1104	APR-DRG	inpatient					Aetna	Better Health		35152.38				33622	36206.95	case rate	
VERTIGO & OTHER LABYRINTH DISORDERS	1111	APR-DRG	inpatient					Aetna	Better Health		7546.58				7218	7772.98	case rate	
VERTIGO & OTHER LABYRINTH DISORDERS	1112	APR-DRG	inpatient					Aetna	Better Health		8367.68				8003	8618.71	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.													
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103		310119 true												
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
VERTIGO & OTHER LABYRINTH DISORDERS	1113	APR-DRG	inpatient					Aetna	Better Health		19487.83				10031	10802.46	case rate	
VERTIGO & OTHER LABYRINTH DISORDERS	1114	APR-DRG	inpatient					Aetna	Better Health		21964.83				21009	22623.77	case rate	
INFECTIONS OF UPPER RESPIRATORY TRACT	1131	APR-DRG	inpatient					Aetna	Better Health		4547.75				4350	4684.18	case rate	
INFECTIONS OF UPPER RESPIRATORY TRACT	1132	APR-DRG	inpatient					Aetna	Better Health		6626.02				6338	6824.8	case rate	
INFECTIONS OF UPPER RESPIRATORY TRACT	1133	APR-DRG	inpatient					Aetna	Better Health		10310.07				9861	10619.37	case rate	
INFECTIONS OF UPPER RESPIRATORY TRACT	1134	APR-DRG	inpatient					Aetna	Better Health		21736.4				20790	22388.49	case rate	
DENTAL & ORAL DISEASES & INJURIES	1141	APR-DRG	inpatient					Aetna	Better Health		6570.41				6284	6767.52	case rate	
DENTAL & ORAL DISEASES & INJURIES	1142	APR-DRG	inpatient					Aetna	Better Health		9208.24				8807	9484.49	case rate	
DENTAL & ORAL DISEASES & INJURIES	1143	APR-DRG	inpatient					Aetna	Better Health		15457.74				14785	15921.47	case rate	
DENTAL & ORAL DISEASES & INJURIES	1144	APR-DRG	inpatient					Aetna	Better Health		32236.42				30833	33203.51	case rate	
OTHER EAR, NOSE, MOUTH,THROAT & CRANIAL/FACIAL DIAGNOSES	1151	APR-DRG	inpatient					Aetna	Better Health		6750.32				6456	6952.83	case rate	
OTHER EAR, NOSE, MOUTH,THROAT & CRANIAL/FACIAL DIAGNOSES	1152	APR-DRG	inpatient					Aetna	Better Health		8986.62				8595	9256.22	case rate	
OTHER EAR, NOSE, MOUTH,THROAT & CRANIAL/FACIAL DIAGNOSES	1153	APR-DRG	inpatient					Aetna	Better Health		13425.85				12841	13828.63	case rate	
OTHER EAR, NOSE, MOUTH,THROAT & CRANIAL/FACIAL DIAGNOSES	1154	APR-DRG	inpatient					Aetna	Better Health		27553.87				26354	28380.49	case rate	
MAJOR RESPIRATORY & CHEST PROCEDURES	1201	APR-DRG	inpatient					Aetna	Better Health		25642.96				24527	26412.25	case rate	
MAJOR RESPIRATORY & CHEST PROCEDURES	1202	APR-DRG	inpatient					Aetna	Better Health		31080.42				29708	31992.23	case rate	
MAJOR RESPIRATORY & CHEST PROCEDURES	1203	APR-DRG	inpatient					Aetna	Better Health		45229.52				43260	46586.41	case rate	
MAJOR RESPIRATORY & CHEST PROCEDURES	1204	APR-DRG	inpatient					Aetna	Better Health		77994.39				74599	80334.22	case rate	
OTHER RESPIRATORY & CHEST PROCEDURES	1211	APR-DRG	inpatient					Aetna	Better Health		17363.81				16608	17884.72	case rate	
OTHER RESPIRATORY & CHEST PROCEDURES	1212	APR-DRG	inpatient					Aetna	Better Health		22491.75				21513	23166.5	case rate	
OTHER RESPIRATORY & CHEST PROCEDURES	1213	APR-DRG	inpatient					Aetna	Better Health		35344.94				33806	36405.29	case rate	
OTHER RESPIRATORY & CHEST PROCEDURES	1214	APR-DRG	inpatient					Aetna	Better Health		67552.75				64612	69579.33	case rate	
RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT 96+ HOURS	1301	APR-DRG	inpatient					Aetna	Better Health		39107.2				37405	40280.42	case rate	
RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT 96+ HOURS	1302	APR-DRG	inpatient					Aetna	Better Health		43390.82				41502	44692.54	case rate	
RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT 96+ HOURS	1303	APR-DRG	inpatient					Aetna	Better Health		53744.92				51405	55357.27	case rate	
RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT 96+ HOURS	1304	APR-DRG	inpatient					Aetna	Better Health		73813.11				70600	76027.5	case rate	
CYSTIC FIBROSIS - PULMONARY DISEASE	1311	APR-DRG	inpatient					Aetna	Better Health		19720.11				18862	20311.71	case rate	
CYSTIC FIBROSIS - PULMONARY DISEASE	1312	APR-DRG	inpatient					Aetna	Better Health		24335.21				23276	25095.27	case rate	
CYSTIC FIBROSIS - PULMONARY DISEASE	1313	APR-DRG	inpatient					Aetna	Better Health		31577.57				30203	32524.9	case rate	
CYSTIC FIBROSIS - PULMONARY DISEASE	1314	APR-DRG	inpatient					Aetna	Better Health		40615.76				38848	41834.23	case rate	
BPD & OTH CHRONIC RESPIRATORY DISEASES ARISING IN PERINATAL PERIOD	1321	APR-DRG	inpatient					Aetna	Better Health		7804.17				7464	8038.3	case rate	
BPD & OTH CHRONIC RESPIRATORY DISEASES ARISING IN PERINATAL PERIOD	1322	APR-DRG	inpatient					Aetna	Better Health		8717.02				8338	8978.53	case rate	
BPD & OTH CHRONIC RESPIRATORY DISEASES ARISING IN PERINATAL PERIOD	1323	APR-DRG	inpatient					Aetna	Better Health		13473.74				12887	13877.95	case rate	
BPD & OTH CHRONIC RESPIRATORY DISEASES ARISING IN PERINATAL PERIOD	1324	APR-DRG	inpatient					Aetna	Better Health		22432.11				21456	23105.07	case rate	
RESPIRATORY FAILURE	1331	APR-DRG	inpatient					Aetna	Better Health		5800.88				5548	5974.91	case rate	
RESPIRATORY FAILURE	1332	APR-DRG	inpatient					Aetna	Better Health		10146.11				9704	10450.49	case rate	
RESPIRATORY FAILURE	1333	APR-DRG	inpatient					Aetna	Better Health		15414.51				14743	15876.95	case rate	
RESPIRATORY FAILURE	1334	APR-DRG	inpatient					Aetna	Better Health		28078.55				26856	28920.91	case rate	
PULMONARY EMBOLISM	1341	APR-DRG	inpatient					Aetna	Better Health		9220.17				8819	9496.78	case rate	
PULMONARY EMBOLISM	1342	APR-DRG	inpatient					Aetna	Better Health		11962.67				11442	12321.55	case rate	
PULMONARY EMBOLISM	1343	APR-DRG	inpatient					Aetna	Better Health		17462.19				16702	17986.06	case rate	
PULMONARY EMBOLISM	1344	APR-DRG	inpatient					Aetna	Better Health		30301.86				28982	31210.71	case rate	
MAJOR CHEST & RESPIRATORY TRAUMA	1351	APR-DRG	inpatient					Aetna	Better Health		9661.98				9241	9951.84	case rate	
MAJOR CHEST & RESPIRATORY TRAUMA	1352	APR-DRG	inpatient					Aetna	Better Health		12114.33				11587	12477.76	case rate	
MAJOR CHEST & RESPIRATORY TRAUMA	1353	APR-DRG	inpatient					Aetna	Better Health		17680.59				16911	18211.01	case rate	
MAJOR CHEST & RESPIRATORY TRAUMA	1354	APR-DRG	inpatient					Aetna	Better Health		33348.65				31897	34368.11	case rate	
RESPIRATORY MALIGNANCY	1361	APR-DRG	inpatient					Aetna	Better Health		9893.1				9462	10189.89	case rate	
RESPIRATORY MALIGNANCY	1362	APR-DRG	inpatient					Aetna	Better Health		12568.69				12022	12945.75	case rate	
RESPIRATORY MALIGNANCY	1363	APR-DRG	inpatient					Aetna	Better Health		19010.22				18183	19580.53	case rate	
RESPIRATORY MALIGNANCY	1364	APR-DRG	inpatient					Aetna	Better Health		30823.29				29481	31747.99	case rate	
MAJOR RESPIRATORY INFECTIONS & INFLAMMATIONS	1371	APR-DRG	inpatient					Aetna	Better Health		9045.19				8651	9316.55	case rate	
MAJOR RESPIRATORY INFECTIONS & INFLAMMATIONS	1372	APR-DRG	inpatient					Aetna	Better Health		11687.59				11179	12038.22	case rate	
MAJOR RESPIRATORY INFECTIONS & INFLAMMATIONS	1373	APR-DRG	inpatient					Aetna	Better Health		17360.22				16604	17881.03	case rate	
MAJOR RESPIRATORY INFECTIONS & INFLAMMATIONS	1374	APR-DRG	inpatient					Aetna	Better Health		29390.78				28111	30272.5	case rate	
BRONCHIOLITIS & RSV PNEUMONIA	1381	APR-DRG	inpatient					Aetna	Better Health		4203.26				4020	4329.36	case rate	
BRONCHIOLITIS & RSV PNEUMONIA	1382	APR-DRG	inpatient					Aetna	Better Health		6362.15				6085	6553.01	case rate	
BRONCHIOLITIS & RSV PNEUMONIA	1383	APR-DRG	inpatient					Aetna	Better Health		15228.5				14566	15685.36	case rate	
BRONCHIOLITIS & RSV PNEUMONIA	1384	APR-DRG	inpatient					Aetna	Better Health		37861.6				36213	38997.45	case rate	
OTHER PNEUMONIA	1391	APR-DRG	inpatient					Aetna	Better Health		6177.48				5909	6362.8	case rate	
OTHER PNEUMONIA	1392	APR-DRG	inpatient					Aetna	Better Health		8676.66				8299	8936.96	case rate	
OTHER PNEUMONIA	1393	APR-DRG	inpatient					Aetna	Better Health		13633.21				13040	14042.21	case rate	
OTHER PNEUMONIA	1394	APR-DRG	inpatient					Aetna	Better Health		26226.66				25085	27013.46	case rate	
CHRONIC OBSTRUCTIVE PULMONARY DISEASE	1401	APR-DRG	inpatient					Aetna	Better Health		7158.77				6847	7373.53	case rate	
CHRONIC OBSTRUCTIVE PULMONARY DISEASE	1402	APR-DRG	inpatient					Aetna	Better Health		8938.1				8549	9206.24	case rate	
CHRONIC OBSTRUCTIVE PULMONARY DISEASE	1403	APR-DRG	inpatient					Aetna	Better Health		12199.72				11669	12565.71	case rate	
CHRONIC OBSTRUCTIVE PULMONARY DISEASE	1404	APR-DRG	inpatient					Aetna	Better Health		23702.55				22671	24413.63	case rate	
ASTHMA	1411	APR-DRG	inpatient					Aetna	Better Health		5484.01				5245	5648.53	case rate	
ASTHMA	1412	APR-DRG	inpatient					Aetna	Better Health		7859.95				7518	8095.75	case rate	
ASTHMA	1413	APR-DRG	inpatient					Aetna	Better Health		11264.62				10774	11602.56	case rate	
ASTHMA	1414	APR-DRG	inpatient					Aetna	Better Health		21297.91				20371	21936.85	case rate	
INTERSTITIAL & ALVEOLAR LUNG DISEASES	1421	APR-DRG	inpatient					Aetna	Better Health		9186.54				8787	9462.14	case rate	
INTERSTITIAL & ALVEOLAR LUNG DISEASES	1422	APR-DRG	inpatient					Aetna	Better Health		11172.51				10686	11507.69	case rate	
INTERSTITIAL & ALVEOLAR LUNG DISEASES	1423	APR-DRG	inpatient					Aetna	Better Health		16166.37				15463	16651.36	case rate	
INTERSTITIAL & ALVEOLAR LUNG DISEASES	1424	APR-DRG	inpatient					Aetna	Better Health		28610.04				27365	29468.34	case rate	
OTHER RESPIRATORY DIAGNOSES EXCEPT SIGNS, SYMPTOMS & MINOR DIAGNOSES	1431	APR-DRG	inpatient					Aetna	Better Health		6829.07				6532	7033.94	case rate	
OTHER RESPIRATORY DIAGNOSES EXCEPT SIGNS, SYMPTOMS & MINOR DIAGNOSES	1432	APR-DRG	inpatient					Aetna	Better Health		10024.68				9588	10325.42	case rate	
OTHER RESPIRATORY DIAGNOSES EXCEPT SIGNS, SYMPTOMS & MINOR DIAGNOSES	1433	APR-DRG	inpatient					Aetna	Better Health		15429.04				14757	15891.91	case rate	
OTHER RESPIRATORY DIAGNOSES EXCEPT SIGNS, SYMPTOMS & MINOR DIAGNOSES	1434	APR-DRG	inpatient					Aetna	Better Health		26293.03				25148	27081.82	case rate	
RESPIRATORY SIGNS, SYMPTOMS & MINOR DIAGNOSES	1441	APR-DRG	inpatient					Aetna	Better Health		6680.16				6398	6889.83	case rate	
RESPIRATORY SIGNS, SYMPTOMS & MINOR DIAGNOSES	1442	APR-DRG	inpatient					Aetna	Better Health		8100.86				7748	8343.89	case rate	
RESPIRATORY SIGNS, SYMPTOMS & MINOR DIAGNOSES	1443	APR-DRG	inpatient					Aetna	Better Health		11450.19				10952	11793.7	case rate	
RESPIRATORY SIGNS, SYMPTOMS & MINOR DIAGNOSES	1444	APR-DRG	inpatient					Aetna	Better Health		20083.34				19209	20685.84	case rate	
MAJOR CARDIOTHORACIC REPAIR OF HEART ANOMALY	1601	APR-DRG	inpatient					Aetna	Better Health		42918.61				41050	44208.17	case rate	
MAJOR CARDIOTHORACIC REPAIR OF HEART ANOMALY	1602	APR-DRG	inpatient					Aetna	Better Health		50070.38				47891	51572.49	case rate	
MAJOR CARDIOTHORACIC REPAIR OF HEART ANOMALY	1603	APR-DRG	inpatient					Aetna	Better Health		75813.7				72513	78088.11	case rate	
MAJOR CARDIOTHORACIC REPAIR OF HEART ANOMALY	1604	APR-DRG	inpatient					Aetna	Better Health		168839.54				161499	173904.73	case rate	
CARDIAC DEFIBRILLATOR & HEART ASSIST IMPLANT	1611	APR-DRG	inpatient					Aetna	Better Health		58104.59				55575	59847.73	case rate	
CARDIAC DEFIBRILLATOR & HEART ASSIST IMPLANT	1612	APR-DRG	inpatient					Aetna	Better Health		75012.87				71747	77263.26	case rate	
CARDIAC DEFIBRILLATOR & HEART ASSIST IMPLANT	1613	APR-DRG	inpatient					Aetna	Better Health		120640.34				115388	124259.55	case rate	
CARDIAC DEFIBRILLATOR & HEART ASSIST IMPLANT	1614	APR-DRG	inpatient					Aetna	Better Health		289477.2				276875	298161.52	case rate	
CARDIAC VALVE PROCEDURES W AMI OR COMPLEX PDX	1621	APR-DRG	inpatient					Aetna	Better Health		62254.93				59545	64122.58	case rate	
CARDIAC VALVE PROCEDURES W AMI OR COMPLEX PDX	1622	APR-DRG	inpatient					Aetna	Better Health		69095.49				66087	71168.35	case rate	
CARDIAC VALVE PROCEDURES W AMI OR COMPLEX PDX	1623	APR-DRG	inpatient					Aetna	Better Health		91443.11				87462	94186.4	case rate	
CARDIAC VALVE PROCEDURES W AMI OR COMPLEX PDX	1624	APR-DRG	inpatient					Aetna	Better Health		143826.2				137565	148140.99	case rate	
CARDIAC VALVE PROCEDURES W/O AMI OR COMPLEX PDX	1631	APR-DRG	inpatient					Aetna	Better Health		51369.7				49133	52910.79	case rate	
CARDIAC VALVE PROCEDURES W/O AMI OR COMPLEX PDX	1632	APR-DRG	inpatient					Aetna	Better Health		59023.99				56454	60794.71	case rate	
CARDIAC VALVE PROCEDURES W/O AMI OR COMPLEX PDX	1633	APR-DRG	inpatient					Aetna	Better Health		75693.61				72398	77964.42	case rate	
CARDIAC VALVE PROCEDURES W/O AMI OR COMPLEX PDX	1634	APR-DRG	inpatient					Aetna	Better Health		121961.99				116652	125620.85	case rate	
CORONARY BYPASS W AMI OR COMPLEX PDX	1651	APR-DRG	inpatient					Aetna	Better Health		53788.42				51447	55402.07	case rate	
CORONARY BYPASS W AMI OR COMPLEX PDX	1652	APR-DRG	inpatient					Aetna	Better Health		57847.55				55329	59582.98	case rate	
CORONARY BYPASS W AMI OR COMPLEX PDX	1653	APR-DRG	inpatient					Aetna	Better Health		73545.12				70343	75751.47	case rate	
CORONARY BYPASS W AMI OR COMPLEX PDX	1654	APR-DRG	inpatient					Aetna	Better Health		109492.27				104716	112786.74	case rate	
CORONARY BYPASS W/O AMI OR COMPLEX PDX	1661	APR-DRG	inpatient					Aetna	Better Health		44470.58				42535	45804.7	case rate	
CORONARY BYPASS W/O AMI OR COMPLEX PDX	1662	APR-DRG	inpatient					Aetna	Better Health		50397.2				48203	51909.12	case rate	
CORONARY BYPASS W/O AMI OR COMPLEX PDX	1663	APR-DRG	inpatient					Aetna	Better Health		62949.93				60209	64838.43	case rate	
CORONARY BYPASS W/O AMI OR COMPLEX PDX	1664	APR-DRG	inpatient					Aetna	Better Health		95797.04				91627	98670.95	case rate	
OTHER CARDIOTHORACIC & THORACIC VASCULAR PROCEDURES	1671	APR-DRG	inpatient					Aetna	Better Health		41771.22				39953	43024.36	case rate	
OTHER CARDIOTHORACIC & THORACIC VASCULAR PROCEDURES	1672	APR-DRG	inpatient					Aetna	Better Health		46559.87				44533	47956.67	case rate	
OTHER CARDIOTHORACIC & THORACIC VASCULAR PROCEDURES	1673	APR-DRG	inpatient					Aetna	Better Health		63446.54				60684	65349.94	case rate	
OTHER CARDIOTHORACIC & THORACIC VASCULAR PROCEDURES	1674	APR-DRG	inpatient					Aetna	Better Health		111204.56				106363	114540.7	case rate	
MAJOR ABDOMINAL VASCULAR PROCEDURES	1691	APR-DRG	inpatient					Aetna	Better Health		23932.33				22890	24650.3	case rate	
MAJOR ABDOMINAL VASCULAR PROCEDURES	1692	APR-DRG	inpatient					Aetna	Better Health		31624.92				30248	32573.67	case rate	
MAJOR ABDOMINAL VASCULAR PROCEDURES	1693	APR-DRG	inpatient					Aetna	Better Health		51243.14				49012	52780.43	case rate	
MAJOR ABDOMINAL VASCULAR PROCEDURES	1694	APR-DRG	inpatient					Aetna	Better Health		93132.48				89078	95926.45	case rate	
PERMANENT CARDIAC PACEMAKER IMPLANT W AMI, HEART FAILURE OR SHOCK	1701	APR-DRG	inpatient					Aetna	Better Health		32750.25				31324	33732.76	case rate	
PERMANENT CARDIAC PACEMAKER IMPLANT W AMI, HEART FAILURE OR SHOCK	1702	APR-DRG	inpatient					Aetna	Better Health		34935.33				33414	35983.39	case rate	
PERMANENT CARDIAC PACEMAKER IMPLANT W AMI, HEART FAILURE OR SHOCK	1703	APR-DRG	inpatient					Aetna	Better Health		42993				41035	44190.09	case rate	
PERMANENT CARDIAC PACEMAKER IMPLANT W AMI, HEART FAILURE OR SHOCK	1704	APR-DRG	inpatient					Aetna	Better Health		68585.25				65599	70642.81	case rate	
PERM CARDIAC PACEMAKER IMPLANT W/O AMI, HEART FAILURE OR SHOCK	1711	APR-DRG	inpatient					Aetna	Better Health		22628.35				21643	23307.2	case rate	
PERM CARDIAC PACEMAKER IMPLANT W/O AMI, HEART FAILURE OR SHOCK	1712	APR-DRG	inpatient					Aetna	Better Health		25857.5				24732	26633.23	case rate	
PERM CARDIAC PACEMAKER IMPLANT W/O AMI, HEART FAILURE OR SHOCK	1713	APR-DRG	inpatient					Aetna	Better Health		32896.08				31464	33882.96	case rate	
PERM CARDIAC PACEMAKER IMPLANT W/O AMI, HEART FAILURE OR SHOCK	1714	APR-DRG	inpatient					Aetna	Better Health		54789.7				52404	56433.39	case rate	
PERCUTANEOUS CORONARY INTERVENTION W AMI	1741	APR-DRG	inpatient					Aetna	Better Health		27066.95				25889	27878.96	case rate	
PERCUTANEOUS CORONARY INTERVENTION W AMI	1742	APR-DRG	inpatient					Aetna	Better Health		29153.56				27884	30028.17	case rate	
PERCUTANEOUS CORONARY INTERVENTION W AMI	1743	APR-DRG	inpatient					Aetna	Better Health		36847.31				35243	37952.77	case rate	
PERCUTANEOUS CORONARY INTERVENTION W AMI	1744	APR-DRG	inpatient					Aetna	Better Health		59997.38				57385	61797.3	case rate	
PERCUTANEOUS CORONARY INTERVENTION W/O AMI	1751	APR-DRG	inpatient					Aetna	Better Health		26909.99				25738	27717.29	case rate	
PERCUTANEOUS CORONARY INTERVENTION W/O AMI	1752	APR-DRG	inpatient					Aetna	Better Health		29661.19				28370	30551.03	case rate	
PERCUTANEOUS CORONARY INTERVENTION W/O AMI	1753	APR-DRG	inpatient					Aetna	Better Health		37649.4				36010	38778.88	case rate	
PERCUTANEOUS CORONARY INTERVENTION W/O AMI	1754	APR-DRG	inpatient					Aetna	Better Health		70712.03				67634	72833.39	case rate	
CARDIAC PACEMAKER & DEFIBRILLATOR DEVICE REPLACEMENT	1761	APR-DRG	inpatient					Aetna	Better Health		21256.2				20331	21893.89	case rate	
CARDIAC PACEMAKER & DEFIBRILLATOR DEVICE REPLACEMENT	1762	APR-DRG	inpatient					Aetna	Better Health		40641.23				38872	41890.47	case rate	
CARDIAC PACEMAKER & DEFIBRILLATOR DEVICE REPLACEMENT	1763	APR-DRG	inpatient					Aetna	Better Health		42347.56				40504	43617.99	case rate	
CARDIAC PACEMAKER & DEFIBRILLATOR DEVICE REPLACEMENT	1764	APR-DRG	inpatient					Aetna	Better Health		67242.34				64315	69259.61	case rate	
CARDIAC PACEMAKER & DEFIBRILLATOR REVISION EXCEPT DEVICE REPLACEMENT	1771	APR-DRG	inpatient					Aetna	Better Health		17508.03				16746	18033.27	case rate	
CARDIAC PACEMAKER & DEFIBRILLATOR REVISION EXCEPT DEVICE REPLACEMENT	1772	APR-DRG	inpatient					Aetna	Better Health		22663.33				21677	23343.23	case rate	
CARDIAC PACEMAKER & DEFIBRILLATOR REVISION EXCEPT DEVICE REPLACEMENT	1773	APR-DRG	inpatient					Aetna	Better Health		32138.12				30739	33102.26	case rate	
CARDIAC PACEMAKER & DEFIBRILLATOR REVISION EXCEPT DEVICE REPLACEMENT	1774	APR-DRG	inpatient					Aetna	Better Health		64986.85				62158	66936.46	case rate	
OTHER CIRCULATORY SYSTEM PROCEDURES	1801	APR-DRG	inpatient					Aetna	Better Health		16932.76				16196	17440.74	case rate	
OTHER CIRCULATORY SYSTEM PROCEDURES	1802	APR-DRG	inpatient					Aetna	Better Health		21395.58				20464	22037.45	case rate	
OTHER CIRCULATORY SYSTEM PROCEDURES	1803	APR-DRG	inpatient					Aetna	Better Health		32788.46				31361	33772.11	case rate	
OTHER CIRCULATORY SYSTEM PROCEDURES	1804	APR-DRG	inpatient					Aetna	Better Health		57507.81				55004	59233.04	case rate	
LOWER EXTREMITY ARTERIAL PROCEDURES	1811	APR-DRG	inpatient					Aetna	Better Health		21033.78				20118	21664.79	case rate	
LOWER EXTREMITY ARTERIAL PROCEDURES	1812	APR-DRG	inpatient					Aetna	Better Health		28493.36				27253	29348.16	case rate	
LOWER EXTREMITY ARTERIAL PROCEDURES	1813	APR-DRG	inpatient					Aetna	Better Health		47299.63				45240	48718.62	case rate	
LOWER EXTREMITY ARTERIAL PROCEDURES	1814	APR-DRG	inpatient					Aetna	Better Health		84283.98				80615	86812.5	case rate	
OTHER PERIPHERAL VASCULAR PROCEDURES	1821	APR-DRG	inpatient					Aetna	Better Health		26940.85				25768	27749.08	case rate	
OTHER PERIPHERAL VASCULAR PROCEDURES	1822	APR-DRG	inpatient					Aetna	Better Health		31691.83				30312	32642.58	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.														
University Hospital	2024-09-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true													
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
OTHER PERIPHERAL VASCULAR PROCEDURES	1823	APR-DRG	inpatient					Aetna	Better Health		43012.69				41140	44303.07	case rate	
OTHER PERIPHERAL VASCULAR PROCEDURES	1824	APR-DRG	inpatient					Aetna	Better Health		76902.52				73555	79209.6	case rate	
ACUTE MYOCARDIAL INFARCTION	1901	APR-DRG	inpatient					Aetna	Better Health		11422.11				10925	11764.77	case rate	
ACUTE MYOCARDIAL INFARCTION	1902	APR-DRG	inpatient					Aetna	Better Health		12594.35				12046	12972.18	case rate	
ACUTE MYOCARDIAL INFARCTION	1903	APR-DRG	inpatient					Aetna	Better Health		17159.32				16412	17674.1	case rate	
ACUTE MYOCARDIAL INFARCTION	1904	APR-DRG	inpatient					Aetna	Better Health		31780.98				30397	32734.41	case rate	
CARDIAC CATHETERIZATION FOR CORONARY ARTERY DISEASE	1911	APR-DRG	inpatient					Aetna	Better Health		12654.35				12103	13033.98	case rate	
CARDIAC CATHETERIZATION FOR CORONARY ARTERY DISEASE	1912	APR-DRG	inpatient					Aetna	Better Health		14552.79				13919	14989.37	case rate	
CARDIAC CATHETERIZATION FOR CORONARY ARTERY DISEASE	1913	APR-DRG	inpatient					Aetna	Better Health		15270.41				18431	19848.52	case rate	
CARDIAC CATHETERIZATION FOR CORONARY ARTERY DISEASE	1914	APR-DRG	inpatient					Aetna	Better Health		37726.08				36084	38857.86	case rate	
CARDIAC CATHETERIZATION FOR OTHER NON-CORONARY CONDITIONS	1921	APR-DRG	inpatient					Aetna	Better Health		13073.46				12504	13465.66	case rate	
CARDIAC CATHETERIZATION FOR OTHER NON-CORONARY CONDITIONS	1922	APR-DRG	inpatient					Aetna	Better Health		16147.72				15445	16632.15	case rate	
CARDIAC CATHETERIZATION FOR OTHER NON-CORONARY CONDITIONS	1923	APR-DRG	inpatient					Aetna	Better Health		23772.42				22736	24486.59	case rate	
CARDIAC CATHETERIZATION FOR OTHER NON-CORONARY CONDITIONS	1924	APR-DRG	inpatient					Aetna	Better Health		45181.72				43215	46537.17	case rate	
ACUTE & SUBACUTE ENDOCARDITIS	1931	APR-DRG	inpatient					Aetna	Better Health		13400.47				12817	13802.48	case rate	
ACUTE & SUBACUTE ENDOCARDITIS	1932	APR-DRG	inpatient					Aetna	Better Health		17408.74				16651	17931	case rate	
ACUTE & SUBACUTE ENDOCARDITIS	1933	APR-DRG	inpatient					Aetna	Better Health		26013.65				24881	26794.06	case rate	
ACUTE & SUBACUTE ENDOCARDITIS	1934	APR-DRG	inpatient					Aetna	Better Health		42853.22				40988	44138.82	case rate	
HEART FAILURE	1941	APR-DRG	inpatient					Aetna	Better Health		7256.53				6941	7474.23	case rate	
HEART FAILURE	1942	APR-DRG	inpatient					Aetna	Better Health		9318.11				8912	9597.65	case rate	
HEART FAILURE	1943	APR-DRG	inpatient					Aetna	Better Health		13897.43				13292	14314.35	case rate	
HEART FAILURE	1944	APR-DRG	inpatient					Aetna	Better Health		26247.37				25105	27034.79	case rate	
CARDIAC ARREST & SHOCK	1961	APR-DRG	inpatient					Aetna	Better Health		7556.45				7227	7783.14	case rate	
CARDIAC ARREST & SHOCK	1962	APR-DRG	inpatient					Aetna	Better Health		8014.13				7665	8254.55	case rate	
CARDIAC ARREST & SHOCK	1963	APR-DRG	inpatient					Aetna	Better Health		15209.93				14548	15666.23	case rate	
CARDIAC ARREST & SHOCK	1964	APR-DRG	inpatient					Aetna	Better Health		38821.9				37132	39986.56	case rate	
PERIPHERAL & OTHER VASCULAR DISORDERS	1971	APR-DRG	inpatient					Aetna	Better Health		7232.31				6917	7449.28	case rate	
PERIPHERAL & OTHER VASCULAR DISORDERS	1972	APR-DRG	inpatient					Aetna	Better Health		9656.33				9236	9946.02	case rate	
PERIPHERAL & OTHER VASCULAR DISORDERS	1973	APR-DRG	inpatient					Aetna	Better Health		14341.12				13717	14771.35	case rate	
PERIPHERAL & OTHER VASCULAR DISORDERS	1974	APR-DRG	inpatient					Aetna	Better Health		30972.62				29624	31901.8	case rate	
ANGINA PECTORIS & CORONARY ATHEROSCLEROSIS	1981	APR-DRG	inpatient					Aetna	Better Health		6579.92				6389	6880.32	case rate	
ANGINA PECTORIS & CORONARY ATHEROSCLEROSIS	1982	APR-DRG	inpatient					Aetna	Better Health		7716.18				7380	7947.67	case rate	
ANGINA PECTORIS & CORONARY ATHEROSCLEROSIS	1983	APR-DRG	inpatient					Aetna	Better Health		10526.57				10068	10842.37	case rate	
ANGINA PECTORIS & CORONARY ATHEROSCLEROSIS	1984	APR-DRG	inpatient					Aetna	Better Health		25299.28				24198	26058.26	case rate	
HYPERTENSION	1991	APR-DRG	inpatient					Aetna	Better Health		6872.93				6574	7079.12	case rate	
HYPERTENSION	1992	APR-DRG	inpatient					Aetna	Better Health		8070.99				7720	8313.12	case rate	
HYPERTENSION	1993	APR-DRG	inpatient					Aetna	Better Health		11314.67				10822	11654.11	case rate	
HYPERTENSION	1994	APR-DRG	inpatient					Aetna	Better Health		25794.27				24671	26568.1	case rate	
CARDIAC STRUCTURAL & VALVULAR DISORDERS	2001	APR-DRG	inpatient					Aetna	Better Health		8248.3				7889	8495.75	case rate	
CARDIAC STRUCTURAL & VALVULAR DISORDERS	2002	APR-DRG	inpatient					Aetna	Better Health		9758.57				9334	10051.33	case rate	
CARDIAC STRUCTURAL & VALVULAR DISORDERS	2003	APR-DRG	inpatient					Aetna	Better Health		14875.58				14228	15321.85	case rate	
CARDIAC STRUCTURAL & VALVULAR DISORDERS	2004	APR-DRG	inpatient					Aetna	Better Health		31690.67				30311	32641.39	case rate	
CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS	2011	APR-DRG	inpatient					Aetna	Better Health		6164.39				5896	6349.32	case rate	
CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS	2012	APR-DRG	inpatient					Aetna	Better Health		7985.07				7637	8224.62	case rate	
CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS	2013	APR-DRG	inpatient					Aetna	Better Health		12264.2				11730	12632.13	case rate	
CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS	2014	APR-DRG	inpatient					Aetna	Better Health		25446.63				24339	26210.03	case rate	
CHEST PAIN	2031	APR-DRG	inpatient					Aetna	Better Health		6893.92				6594	7100.74	case rate	
CHEST PAIN	2032	APR-DRG	inpatient					Aetna	Better Health		8017.62				7669	8258.15	case rate	
CHEST PAIN	2033	APR-DRG	inpatient					Aetna	Better Health		10008.35				9573	10308.6	case rate	
CHEST PAIN	2034	APR-DRG	inpatient					Aetna	Better Health		18172.53				17381	18717.71	case rate	
SYNCOPE & COLLAPSE	2041	APR-DRG	inpatient					Aetna	Better Health		7664.88				7331	7894.83	case rate	
SYNCOPE & COLLAPSE	2042	APR-DRG	inpatient					Aetna	Better Health		8654.95				8278	8914.6	case rate	
SYNCOPE & COLLAPSE	2043	APR-DRG	inpatient					Aetna	Better Health		10919.95				10445	11247.55	case rate	
SYNCOPE & COLLAPSE	2044	APR-DRG	inpatient					Aetna	Better Health		23386.73				21412	23058.33	case rate	
CARDIOMYOPATHY	2051	APR-DRG	inpatient					Aetna	Better Health		7432.59				7109	7655.57	case rate	
CARDIOMYOPATHY	2052	APR-DRG	inpatient					Aetna	Better Health		9462.42				9050	9746.29	case rate	
CARDIOMYOPATHY	2053	APR-DRG	inpatient					Aetna	Better Health		13659.94				13065	14069.74	case rate	
CARDIOMYOPATHY	2054	APR-DRG	inpatient					Aetna	Better Health		33518.16				32059	34523.7	case rate	
MALFUNCTION,REACTION,COMPLICATION OF CARDIAC/VASC DEVICE OR PROCEDURE	2061	APR-DRG	inpatient					Aetna	Better Health		8477.1				8108	8731.41	case rate	
MALFUNCTION,REACTION,COMPLICATION OF CARDIAC/VASC DEVICE OR PROCEDURE	2062	APR-DRG	inpatient					Aetna	Better Health		9970.15				9536	10269.25	case rate	
MALFUNCTION,REACTION,COMPLICATION OF CARDIAC/VASC DEVICE OR PROCEDURE	2063	APR-DRG	inpatient					Aetna	Better Health		16637.06				15913	17136.17	case rate	
MALFUNCTION,REACTION,COMPLICATION OF CARDIAC/VASC DEVICE OR PROCEDURE	2064	APR-DRG	inpatient					Aetna	Better Health		31125.09				29770	32058.84	case rate	
OTHER CIRCULATORY SYSTEM DIAGNOSES	2071	APR-DRG	inpatient					Aetna	Better Health		7374.38				7053	7595.61	case rate	
OTHER CIRCULATORY SYSTEM DIAGNOSES	2072	APR-DRG	inpatient					Aetna	Better Health		9782.97				9357	10076.46	case rate	
OTHER CIRCULATORY SYSTEM DIAGNOSES	2073	APR-DRG	inpatient					Aetna	Better Health		14207.93				13589	14634.17	case rate	
OTHER CIRCULATORY SYSTEM DIAGNOSES	2074	APR-DRG	inpatient					Aetna	Better Health		27707.24				26501	28538.46	case rate	
MAJOR STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES	2201	APR-DRG	inpatient					Aetna	Better Health		18883.49				18061	19449.99	case rate	
MAJOR STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES	2202	APR-DRG	inpatient					Aetna	Better Health		28698.28				26837	28900.03	case rate	
MAJOR STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES	2203	APR-DRG	inpatient					Aetna	Better Health		45497.42				43517	46862.34	case rate	
MAJOR STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES	2204	APR-DRG	inpatient					Aetna	Better Health		90276.71				86347	92985.01	case rate	
MAJOR SMALL & LARGE BOWEL PROCEDURES	2211	APR-DRG	inpatient					Aetna	Better Health		19269.6				18431	19847.69	case rate	
MAJOR SMALL & LARGE BOWEL PROCEDURES	2212	APR-DRG	inpatient					Aetna	Better Health		24984.65				23897	25734.19	case rate	
MAJOR SMALL & LARGE BOWEL PROCEDURES	2213	APR-DRG	inpatient					Aetna	Better Health		40578.9				38812	41796.27	case rate	
MAJOR SMALL & LARGE BOWEL PROCEDURES	2214	APR-DRG	inpatient					Aetna	Better Health		80321				76824	82730.63	case rate	
OTHER STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES	2221	APR-DRG	inpatient					Aetna	Better Health		14337.35				13713	14767.47	case rate	
OTHER STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES	2222	APR-DRG	inpatient					Aetna	Better Health		18349.75				17551	18900.24	case rate	
OTHER STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES	2223	APR-DRG	inpatient					Aetna	Better Health		29737.43				28443	30629.55	case rate	
OTHER STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES	2224	APR-DRG	inpatient					Aetna	Better Health		72551.1				69393	74727.63	case rate	
OTHER SMALL & LARGE BOWEL PROCEDURES	2231	APR-DRG	inpatient					Aetna	Better Health		15353.26				14685	15813.86	case rate	
OTHER SMALL & LARGE BOWEL PROCEDURES	2232	APR-DRG	inpatient					Aetna	Better Health		20355.01				19469	20965.66	case rate	
OTHER SMALL & LARGE BOWEL PROCEDURES	2233	APR-DRG	inpatient					Aetna	Better Health		34188.85				32700	35214.52	case rate	
OTHER SMALL & LARGE BOWEL PROCEDURES	2234	APR-DRG	inpatient					Aetna	Better Health		70596.49				67525	72716.44	case rate	
PERITONEAL ADHESIOLYSIS	2241	APR-DRG	inpatient					Aetna	Better Health		17297.08				16544	17815.99	case rate	
PERITONEAL ADHESIOLYSIS	2242	APR-DRG	inpatient					Aetna	Better Health		22649.43				21663	23328.91	case rate	
PERITONEAL ADHESIOLYSIS	2243	APR-DRG	inpatient					Aetna	Better Health		34289.3				32797	35317.98	case rate	
PERITONEAL ADHESIOLYSIS	2244	APR-DRG	inpatient					Aetna	Better Health		62241.21				59532	64108.45	case rate	
APPENDECTOMY	2251	APR-DRG	inpatient					Aetna	Better Health		11918.54				11304	12173.1	case rate	
APPENDECTOMY	2252	APR-DRG	inpatient					Aetna	Better Health		15718.11				15034	16189.65	case rate	
APPENDECTOMY	2253	APR-DRG	inpatient					Aetna	Better Health		26998.25				25823	27808.2	case rate	
APPENDECTOMY	2254	APR-DRG	inpatient					Aetna	Better Health		51388.89				49152	52930.56	case rate	
ANAL PROCEDURES	2261	APR-DRG	inpatient					Aetna	Better Health		9584.4				9167	9871.53	case rate	
ANAL PROCEDURES	2262	APR-DRG	inpatient					Aetna	Better Health		12977.41				12412	13366.73	case rate	
ANAL PROCEDURES	2263	APR-DRG	inpatient					Aetna	Better Health		21154.5				20234	21789.14	case rate	
ANAL PROCEDURES	2264	APR-DRG	inpatient					Aetna	Better Health		43293.59				41409	44592.4	case rate	
HERNIA PROCEDURES EXCEPT INGUINAL, FEMORAL & UMBILICAL	2271	APR-DRG	inpatient					Aetna	Better Health		14897.88				14249	15344.2	case rate	
HERNIA PROCEDURES EXCEPT INGUINAL, FEMORAL & UMBILICAL	2272	APR-DRG	inpatient					Aetna	Better Health		18923.94				18100	19491.66	case rate	
HERNIA PROCEDURES EXCEPT INGUINAL, FEMORAL & UMBILICAL	2273	APR-DRG	inpatient					Aetna	Better Health		30707.77				29371	31629	case rate	
HERNIA PROCEDURES EXCEPT INGUINAL, FEMORAL & UMBILICAL	2274	APR-DRG	inpatient					Aetna	Better Health		63216.75				60465	65113.25	case rate	
INGUINAL, FEMORAL & UMBILICAL HERNIA PROCEDURES	2281	APR-DRG	inpatient					Aetna	Better Health		11206.14				10718	11542.32	case rate	
INGUINAL, FEMORAL & UMBILICAL HERNIA PROCEDURES	2282	APR-DRG	inpatient					Aetna	Better Health		14635.84				13999	15074.92	case rate	
INGUINAL, FEMORAL & UMBILICAL HERNIA PROCEDURES	2283	APR-DRG	inpatient					Aetna	Better Health		22482.16				21503	23156.62	case rate	
INGUINAL, FEMORAL & UMBILICAL HERNIA PROCEDURES	2284	APR-DRG	inpatient					Aetna	Better Health		50101.41				47920	51604.45	case rate	
OTHER DIGESTIVE SYSTEM & ABDOMINAL PROCEDURES	2291	APR-DRG	inpatient					Aetna	Better Health		15491.38				14817	15956.12	case rate	
OTHER DIGESTIVE SYSTEM & ABDOMINAL PROCEDURES	2292	APR-DRG	inpatient					Aetna	Better Health		21370.02				20440	22011.12	case rate	
OTHER DIGESTIVE SYSTEM & ABDOMINAL PROCEDURES	2293	APR-DRG	inpatient					Aetna	Better Health		34813.53				33298	35857.94	case rate	
OTHER DIGESTIVE SYSTEM & ABDOMINAL PROCEDURES	2294	APR-DRG	inpatient					Aetna	Better Health		72205.66				69110	74423.33	case rate	
DIGESTIVE MALIGNANCY	2401	APR-DRG	inpatient					Aetna	Better Health		9679.46				9258	9969.84	case rate	
DIGESTIVE MALIGNANCY	2402	APR-DRG	inpatient					Aetna	Better Health		12405.64				11866	12777.81	case rate	
DIGESTIVE MALIGNANCY	2403	APR-DRG	inpatient					Aetna	Better Health		18274.77				17479	18823.01	case rate	
DIGESTIVE MALIGNANCY	2404	APR-DRG	inpatient					Aetna	Better Health		33473.14				32016	34477.33	case rate	
PEPTIC ULCER & GASTRITIS	2411	APR-DRG	inpatient					Aetna	Better Health		8234.04				7876	8481.06	case rate	
PEPTIC ULCER & GASTRITIS	2412	APR-DRG	inpatient					Aetna	Better Health		10212.48				9768	10518.85	case rate	
PEPTIC ULCER & GASTRITIS	2413	APR-DRG	inpatient					Aetna	Better Health		15346.89				14679	15807.3	case rate	
PEPTIC ULCER & GASTRITIS	2414	APR-DRG	inpatient					Aetna	Better Health		35860.83				34300	36936.65	case rate	
MAJOR ESOPHAGEAL DISORDERS	2421	APR-DRG	inpatient					Aetna	Better Health		8122.29				7769	8365.96	case rate	
MAJOR ESOPHAGEAL DISORDERS	2422	APR-DRG	inpatient					Aetna	Better Health		10016.22				9582	10318.77	case rate	
MAJOR ESOPHAGEAL DISORDERS	2423	APR-DRG	inpatient					Aetna	Better Health		14899.52				14251	15346.51	case rate	
MAJOR ESOPHAGEAL DISORDERS	2424	APR-DRG	inpatient					Aetna	Better Health		34881.34				33363	35927.78	case rate	
OTHER ESOPHAGEAL DISORDERS	2431	APR-DRG	inpatient					Aetna	Better Health		7556.54				7228	7783.24	case rate	
OTHER ESOPHAGEAL DISORDERS	2432	APR-DRG	inpatient					Aetna	Better Health		9231.02				8829	9507.95	case rate	
OTHER ESOPHAGEAL DISORDERS	2433	APR-DRG	inpatient					Aetna	Better Health		13323.24				12743	13722.94	case rate	
OTHER ESOPHAGEAL DISORDERS	2434	APR-DRG	inpatient					Aetna	Better Health		29327.73				28051	30207.56	case rate	
DIVERTICULITIS & DIVERTICULOSIS	2441	APR-DRG	inpatient					Aetna	Better Health		7058.85				6752	7270.62	case rate	
DIVERTICULITIS & DIVERTICULOSIS	2442	APR-DRG	inpatient					Aetna	Better Health		9237.03				8835	9514.14	case rate	
DIVERTICULITIS & DIVERTICULOSIS	2443	APR-DRG	inpatient					Aetna	Better Health		14020.13				13410	14440.73	case rate	
DIVERTICULITIS & DIVERTICULOSIS	2444	APR-DRG	inpatient					Aetna	Better Health		31822.51				30437	32777.19	case rate	
INFLAMMATORY BOWEL DISEASE	2451	APR-DRG	inpatient					Aetna	Better Health		8428.49				8062	8681.34	case rate	
INFLAMMATORY BOWEL DISEASE	2452	APR-DRG	inpatient					Aetna	Better Health		10117.06				9677	10420.57	case rate	
INFLAMMATORY BOWEL DISEASE	2453	APR-DRG	inpatient					Aetna	Better Health		15229.22				14566	15686.1	case rate	
INFLAMMATORY BOWEL DISEASE	2454	APR-DRG	inpatient					Aetna	Better Health		28953.91				27693	29822.53	case rate	
GASTROINTESTINAL VASCULAR INSUFFICIENCY	2461	APR-DRG	inpatient					Aetna	Better Health		8865.81				8480	9131.78	case rate	
GASTROINTESTINAL VASCULAR INSUFFICIENCY	2462	APR-DRG	inpatient					Aetna	Better Health		10647.38				10184	10966.8	case rate	
GASTROINTESTINAL VASCULAR INSUFFICIENCY	2463	APR-DRG	inpatient					Aetna	Better Health		16094.26				15394	16577.09	case rate	
GASTROINTESTINAL VASCULAR INSUFFICIENCY	2464	APR-DRG	inpatient					Aetna	Better Health		32551.95				31135	33528.51	case rate	
INTESTINAL OBSTRUCTION	2471	APR-DRG	inpatient					Aetna	Better Health		6842.61				6545	7047.89	case rate	
INTESTINAL OBSTRUCTION	2472	APR-DRG	inpatient					Aetna	Better Health		8800.52				8417	9064.54	case rate	
INTESTINAL OBSTRUCTION	2473	APR-DRG	inpatient					Aetna	Better Health		13952.77				13345	14371.35	case rate	
INTESTINAL OBSTRUCTION	2474	APR-DRG	inpatient					Aetna	Better Health		31884.84				30497	32841.39	case rate	
MAJOR GASTROINTESTINAL & PERITONEAL INFECTIONS	2481	APR-DRG	inpatient					Aetna	Better Health		7462				7137	7686.86	case rate	
MAJOR GASTROINTESTINAL & PERITONEAL INFECTIONS	2482	APR-DRG	inpatient					Aetna	Better Health		10265.58				9819	10573.55	case rate	
MAJOR GASTROINTESTINAL & PERITONEAL INFECTIONS	2483	APR-DRG	inpatient					Aetna	Better Health		15431.64				14760	15894.59	case rate	
MAJOR GASTROINTESTINAL & PERITONEAL INFECTIONS	2484	APR-DRG	inpatient					Aetna	Better Health		32853.66				31423	33839.27	case rate	
OTHER GASTROENTERITIS, NAUSEA & VOMITING	2491	APR-DRG	inpatient					Aetna	Better Health		6164.12				5896	6349.04	case rate	
OTHER GASTROENTERITIS, NAUSEA & VOMITING	2492	APR-DRG	inpatient					Aetna	Better Health		7491.96				7166	7716.72	case rate	
OTHER GASTROENTERITIS, NAUSEA & VOMITING	2493	APR-DRG	inpatient					Aetna	Better Health		10631.33				10169	10950.27	case rate	
OTHER GASTROENTERITIS, NAUSEA & VOMITING	2494	APR-DRG	inpatient					Aetna	Better Health		24302.75				23245	25031.83	case rate	
ABDOMINAL PAIN	2511	APR-DRG	inpatient					Aetna	Better Health		6999.03				6694	7209	case rate	
ABDOMINAL PAIN	2512	APR-DRG	inpatient					Aetna	Better Health		8677.02				8299	8937.33	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.															
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true														
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ABDOMINAL PAIN	2513	APR-DRG	inpatient					Aetna	Better Health		11724.99				11215	12076.74	case rate	
ABDOMINAL PAIN	2514	APR-DRG	inpatient					Aetna	Better Health		22457.67				21480	23131.4	case rate	
MALFUNCTION, REACTION & COMPLICATION OF GI DEVICE OR PROCEDURE	2521	APR-DRG	inpatient					Aetna	Better Health		7620.57				7289	7849.19	case rate	
MALFUNCTION, REACTION & COMPLICATION OF GI DEVICE OR PROCEDURE	2522	APR-DRG	inpatient					Aetna	Better Health		10235.8				9790	10542.87	case rate	
MALFUNCTION, REACTION & COMPLICATION OF GI DEVICE OR PROCEDURE	2523	APR-DRG	inpatient					Aetna	Better Health		15694.16				15011	16164.98	case rate	
MALFUNCTION, REACTION & COMPLICATION OF GI DEVICE OR PROCEDURE	2524	APR-DRG	inpatient					Aetna	Better Health		35028.7				33504	36079.56	case rate	
OTHER & UNSPECIFIED GASTROINTESTINAL HEMORRHAGE	2531	APR-DRG	inpatient					Aetna	Better Health		7696.09				7361	7926.97	case rate	
OTHER & UNSPECIFIED GASTROINTESTINAL HEMORRHAGE	2532	APR-DRG	inpatient					Aetna	Better Health		9902.79				9472	10199.87	case rate	
OTHER & UNSPECIFIED GASTROINTESTINAL HEMORRHAGE	2533	APR-DRG	inpatient					Aetna	Better Health		14788.67				14145	15232.33	case rate	
OTHER & UNSPECIFIED GASTROINTESTINAL HEMORRHAGE	2534	APR-DRG	inpatient					Aetna	Better Health		30634.85				29301	31553.9	case rate	
OTHER DIGESTIVE SYSTEM DIAGNOSES	2541	APR-DRG	inpatient					Aetna	Better Health		7219.22				6905	7435.8	case rate	
OTHER DIGESTIVE SYSTEM DIAGNOSES	2542	APR-DRG	inpatient					Aetna	Better Health		9637.4				9218	9926.52	case rate	
OTHER DIGESTIVE SYSTEM DIAGNOSES	2543	APR-DRG	inpatient					Aetna	Better Health		14006.85				13397	14427.06	case rate	
OTHER DIGESTIVE SYSTEM DIAGNOSES	2544	APR-DRG	inpatient					Aetna	Better Health		30036.81				28729	30937.91	case rate	
MAJOR PANCREAS, LIVER & SHUNT PROCEDURES	2601	APR-DRG	inpatient					Aetna	Better Health		22527.9				21547	23203.74	case rate	
MAJOR PANCREAS, LIVER & SHUNT PROCEDURES	2602	APR-DRG	inpatient					Aetna	Better Health		29769.81				28474	30662.9	case rate	
MAJOR PANCREAS, LIVER & SHUNT PROCEDURES	2603	APR-DRG	inpatient					Aetna	Better Health		45723.91				44690	48125.63	case rate	
MAJOR PANCREAS, LIVER & SHUNT PROCEDURES	2604	APR-DRG	inpatient					Aetna	Better Health		94646.25				90526	97485.64	case rate	
MAJOR BILIARY TRACT PROCEDURES	2611	APR-DRG	inpatient					Aetna	Better Health		18736.22				17921	19298.31	case rate	
MAJOR BILIARY TRACT PROCEDURES	2612	APR-DRG	inpatient					Aetna	Better Health		26069.7				24935	26851.79	case rate	
MAJOR BILIARY TRACT PROCEDURES	2613	APR-DRG	inpatient					Aetna	Better Health		39423.98				37708	40606.7	case rate	
MAJOR BILIARY TRACT PROCEDURES	2614	APR-DRG	inpatient					Aetna	Better Health		72428.49				69275	74601.34	case rate	
CHOLECYSTECTOMY EXCEPT LAPAROSCOPIC	2621	APR-DRG	inpatient					Aetna	Better Health		16331.4				15620	16821.34	case rate	
CHOLECYSTECTOMY EXCEPT LAPAROSCOPIC	2622	APR-DRG	inpatient					Aetna	Better Health		21538.72				20601	22184.88	case rate	
CHOLECYSTECTOMY EXCEPT LAPAROSCOPIC	2623	APR-DRG	inpatient					Aetna	Better Health		32239.65				30836	33206.84	case rate	
CHOLECYSTECTOMY EXCEPT LAPAROSCOPIC	2624	APR-DRG	inpatient					Aetna	Better Health		65932.44				63062	67910.41	case rate	
LAPAROSCOPIC CHOLECYSTECTOMY	2631	APR-DRG	inpatient					Aetna	Better Health		13952.5				13345	14371.08	case rate	
LAPAROSCOPIC CHOLECYSTECTOMY	2632	APR-DRG	inpatient					Aetna	Better Health		17656.37				16888	18186.06	case rate	
LAPAROSCOPIC CHOLECYSTECTOMY	2633	APR-DRG	inpatient					Aetna	Better Health		24052.87				23006	24774.46	case rate	
LAPAROSCOPIC CHOLECYSTECTOMY	2634	APR-DRG	inpatient					Aetna	Better Health		50974.44				48755	52503.67	case rate	
OTHER HEPATOBILIARY, PANCREAS & ABDOMINAL PROCEDURES	2641	APR-DRG	inpatient					Aetna	Better Health		18579.72				17771	19137.11	case rate	
OTHER HEPATOBILIARY, PANCREAS & ABDOMINAL PROCEDURES	2642	APR-DRG	inpatient					Aetna	Better Health		22757.05				21766	23439.76	case rate	
OTHER HEPATOBILIARY, PANCREAS & ABDOMINAL PROCEDURES	2643	APR-DRG	inpatient					Aetna	Better Health		35208.07				33675	36264.31	case rate	
OTHER HEPATOBILIARY, PANCREAS & ABDOMINAL PROCEDURES	2644	APR-DRG	inpatient					Aetna	Better Health		76468.43				73139	78762.48	case rate	
HEPATIC COMA & OTHER MAJOR ACUTE LIVER DISORDERS	2791	APR-DRG	inpatient					Aetna	Better Health		7216.44				6902	7432.93	case rate	
HEPATIC COMA & OTHER MAJOR ACUTE LIVER DISORDERS	2792	APR-DRG	inpatient					Aetna	Better Health		9132.27				8735	9406.24	case rate	
HEPATIC COMA & OTHER MAJOR ACUTE LIVER DISORDERS	2793	APR-DRG	inpatient					Aetna	Better Health		15142.31				14483	15596.58	case rate	
HEPATIC COMA & OTHER MAJOR ACUTE LIVER DISORDERS	2794	APR-DRG	inpatient					Aetna	Better Health		38187.53				36525	39333.16	case rate	
ALCOHOLIC LIVER DISEASE	2801	APR-DRG	inpatient					Aetna	Better Health		7375.01				7054	7596.26	case rate	
ALCOHOLIC LIVER DISEASE	2802	APR-DRG	inpatient					Aetna	Better Health		9240.98				8839	9518.21	case rate	
ALCOHOLIC LIVER DISEASE	2803	APR-DRG	inpatient					Aetna	Better Health		14724.45				14083	15166.18	case rate	
ALCOHOLIC LIVER DISEASE	2804	APR-DRG	inpatient					Aetna	Better Health		33226.4				31780	34223.19	case rate	
MALIGNANCY OF HEPATOBILIARY SYSTEM & PANCREAS	2811	APR-DRG	inpatient					Aetna	Better Health		10866.76				10394	11192.76	case rate	
MALIGNANCY OF HEPATOBILIARY SYSTEM & PANCREAS	2812	APR-DRG	inpatient					Aetna	Better Health		12890.32				12329	13277.03	case rate	
MALIGNANCY OF HEPATOBILIARY SYSTEM & PANCREAS	2813	APR-DRG	inpatient					Aetna	Better Health		17837.72				17061	18372.85	case rate	
MALIGNANCY OF HEPATOBILIARY SYSTEM & PANCREAS	2814	APR-DRG	inpatient					Aetna	Better Health		29072.48				27807	29944.65	case rate	
DISORDERS OF PANCREAS EXCEPT MALIGNANCY	2821	APR-DRG	inpatient					Aetna	Better Health		7517.07				7190	7742.58	case rate	
DISORDERS OF PANCREAS EXCEPT MALIGNANCY	2822	APR-DRG	inpatient					Aetna	Better Health		9714.17				9291	10005.6	case rate	
DISORDERS OF PANCREAS EXCEPT MALIGNANCY	2823	APR-DRG	inpatient					Aetna	Better Health		16227.09				15521	16713.9	case rate	
DISORDERS OF PANCREAS EXCEPT MALIGNANCY	2824	APR-DRG	inpatient					Aetna	Better Health		45157.68				43192	46512.41	case rate	
OTHER DISORDERS OF THE LIVER	2831	APR-DRG	inpatient					Aetna	Better Health		8054.13				7703	8295.75	case rate	
OTHER DISORDERS OF THE LIVER	2832	APR-DRG	inpatient					Aetna	Better Health		9538.83				9124	9824.99	case rate	
OTHER DISORDERS OF THE LIVER	2833	APR-DRG	inpatient					Aetna	Better Health		14377.89				13752	14809.23	case rate	
OTHER DISORDERS OF THE LIVER	2834	APR-DRG	inpatient					Aetna	Better Health		29388.63				28109	30270.29	case rate	
DISORDERS OF GALLBLADDER & BILIARY TRACT	2841	APR-DRG	inpatient					Aetna	Better Health		8685.27				8307	8945.83	case rate	
DISORDERS OF GALLBLADDER & BILIARY TRACT	2842	APR-DRG	inpatient					Aetna	Better Health		11584.9				11081	11932.45	case rate	
DISORDERS OF GALLBLADDER & BILIARY TRACT	2843	APR-DRG	inpatient					Aetna	Better Health		16894.55				15868	17195.39	case rate	
DISORDERS OF GALLBLADDER & BILIARY TRACT	2844	APR-DRG	inpatient					Aetna	Better Health		33053.57				31615	34045.18	case rate	
HIP JOINT REPLACEMENT	3011	APR-DRG	inpatient					Aetna	Better Health		22045.19				21085	22705.55	case rate	
HIP JOINT REPLACEMENT	3012	APR-DRG	inpatient					Aetna	Better Health		24072.43				23024	24794.6	case rate	
HIP JOINT REPLACEMENT	3013	APR-DRG	inpatient					Aetna	Better Health		32939.58				31506	33927.77	case rate	
HIP JOINT REPLACEMENT	3014	APR-DRG	inpatient					Aetna	Better Health		54586.56				52210	56224.16	case rate	
KNEE JOINT REPLACEMENT	3021	APR-DRG	inpatient					Aetna	Better Health		21039.34				20123	21670.52	case rate	
KNEE JOINT REPLACEMENT	3022	APR-DRG	inpatient					Aetna	Better Health		23394.47				22376	24096.3	case rate	
KNEE JOINT REPLACEMENT	3023	APR-DRG	inpatient					Aetna	Better Health		30085.33				28776	30987.89	case rate	
KNEE JOINT REPLACEMENT	3024	APR-DRG	inpatient					Aetna	Better Health		55316.62				52908	56976.12	case rate	
DORSAL & LUMBAR FUSION PROC FOR CURVATURE OF BACK	3031	APR-DRG	inpatient					Aetna	Better Health		64994.02				62165	66943.84	case rate	
DORSAL & LUMBAR FUSION PROC FOR CURVATURE OF BACK	3032	APR-DRG	inpatient					Aetna	Better Health		78209.55				74805	80585.84	case rate	
DORSAL & LUMBAR FUSION PROC FOR CURVATURE OF BACK	3033	APR-DRG	inpatient					Aetna	Better Health		114584.93				109597	118022.48	case rate	
DORSAL & LUMBAR FUSION PROC FOR CURVATURE OF BACK	3034	APR-DRG	inpatient					Aetna	Better Health		155654.78				148878	160324.42	case rate	
DORSAL & LUMBAR FUSION PROC EXCEPT FOR CURVATURE OF BACK	3041	APR-DRG	inpatient					Aetna	Better Health		39505.59				37786	40690.76	case rate	
DORSAL & LUMBAR FUSION PROC EXCEPT FOR CURVATURE OF BACK	3042	APR-DRG	inpatient					Aetna	Better Health		47316.4				45257	48735.89	case rate	
DORSAL & LUMBAR FUSION PROC EXCEPT FOR CURVATURE OF BACK	3043	APR-DRG	inpatient					Aetna	Better Health		71260.93				68159	73398.76	case rate	
DORSAL & LUMBAR FUSION PROC EXCEPT FOR CURVATURE OF BACK	3044	APR-DRG	inpatient					Aetna	Better Health		118685.22				113518	122245.78	case rate	
AMPUTATION OF LOWER LIMB EXCEPT TOES	3051	APR-DRG	inpatient					Aetna	Better Health		14814.05				14169	15258.47	case rate	
AMPUTATION OF LOWER LIMB EXCEPT TOES	3052	APR-DRG	inpatient					Aetna	Better Health		20282.45				19399	20890.92	case rate	
AMPUTATION OF LOWER LIMB EXCEPT TOES	3053	APR-DRG	inpatient					Aetna	Better Health		33190.08				31745	34185.78	case rate	
AMPUTATION OF LOWER LIMB EXCEPT TOES	3054	APR-DRG	inpatient					Aetna	Better Health		70200.27				67144	72306.28	case rate	
HIP & FEMUR FRACTURE REPAIR	3081	APR-DRG	inpatient					Aetna	Better Health		17957.9				17176	18496.64	case rate	
HIP & FEMUR FRACTURE REPAIR	3082	APR-DRG	inpatient					Aetna	Better Health		21157.46				20236	21792.18	case rate	
HIP & FEMUR FRACTURE REPAIR	3083	APR-DRG	inpatient					Aetna	Better Health		28242.95				27013	29090.24	case rate	
HIP & FEMUR FRACTURE REPAIR	3084	APR-DRG	inpatient					Aetna	Better Health		49370.89				47222	50852.02	case rate	
OTHER SIGNIFICANT HIP & FEMUR SURGERY	3091	APR-DRG	inpatient					Aetna	Better Health		18120.87				17332	18664.5	case rate	
OTHER SIGNIFICANT HIP & FEMUR SURGERY	3092	APR-DRG	inpatient					Aetna	Better Health		25759.74				24638	26532.53	case rate	
OTHER SIGNIFICANT HIP & FEMUR SURGERY	3093	APR-DRG	inpatient					Aetna	Better Health		37608.05				35971	38736.29	case rate	
OTHER SIGNIFICANT HIP & FEMUR SURGERY	3094	APR-DRG	inpatient					Aetna	Better Health		73535.25				70334	75741.31	case rate	
INTERVERTEBRAL DISC EXCISION & DECOMPRESSION	3101	APR-DRG	inpatient					Aetna	Better Health		13503.16				12915	13908.25	case rate	
INTERVERTEBRAL DISC EXCISION & DECOMPRESSION	3102	APR-DRG	inpatient					Aetna	Better Health		17924.99				17145	18462.74	case rate	
INTERVERTEBRAL DISC EXCISION & DECOMPRESSION	3103	APR-DRG	inpatient					Aetna	Better Health		25937.23				24808	26715.35	case rate	
INTERVERTEBRAL DISC EXCISION & DECOMPRESSION	3104	APR-DRG	inpatient					Aetna	Better Health		55765.69				53338	57438.66	case rate	
SKIN GRAFT, EXCEPT HAND, FOR MUSCULOSKELETAL & CONNECTIVE TISSUE DIAGNOSES	3121	APR-DRG	inpatient					Aetna	Better Health		22262.6				21293	22930.48	case rate	
SKIN GRAFT, EXCEPT HAND, FOR MUSCULOSKELETAL & CONNECTIVE TISSUE DIAGNOSES	3122	APR-DRG	inpatient					Aetna	Better Health		31683.67				30304	32634.18	case rate	
SKIN GRAFT, EXCEPT HAND, FOR MUSCULOSKELETAL & CONNECTIVE TISSUE DIAGNOSES	3123	APR-DRG	inpatient					Aetna	Better Health		57132.28				54645	58846.25	case rate	
SKIN GRAFT, EXCEPT HAND, FOR MUSCULOSKELETAL & CONNECTIVE TISSUE DIAGNOSES	3124	APR-DRG	inpatient					Aetna	Better Health		118057.44				112927	121609.46	case rate	
KNEE & LOWER LEG PROCEDURES EXCEPT FOOT	3131	APR-DRG	inpatient					Aetna	Better Health		15896.41				15166	16332.1	case rate	
KNEE & LOWER LEG PROCEDURES EXCEPT FOOT	3132	APR-DRG	inpatient					Aetna	Better Health		21702.49				20758	22353.56	case rate	
KNEE & LOWER LEG PROCEDURES EXCEPT FOOT	3133	APR-DRG	inpatient					Aetna	Better Health		33218.87				31773	34215.44	case rate	
KNEE & LOWER LEG PROCEDURES EXCEPT FOOT	3134	APR-DRG	inpatient					Aetna	Better Health		67591.41				64649	69619.15	case rate	
FOOT & TOE PROCEDURES	3141	APR-DRG	inpatient					Aetna	Better Health		14502.11				13871	14937.17	case rate	
FOOT & TOE PROCEDURES	3142	APR-DRG	inpatient					Aetna	Better Health		16460.19				15744	16954	case rate	
FOOT & TOE PROCEDURES	3143	APR-DRG	inpatient					Aetna	Better Health		22954.64				21955	23643.28	case rate	
FOOT & TOE PROCEDURES	3144	APR-DRG	inpatient					Aetna	Better Health		49476.19				47322	50960.48	case rate	
SHOULDER, UPPER ARM & FOREARM PROCEDURES EXCEPT JOINT REPLACEMENT	3151	APR-DRG	inpatient					Aetna	Better Health		13077.95				12509	13470.29	case rate	
SHOULDER, UPPER ARM & FOREARM PROCEDURES EXCEPT JOINT REPLACEMENT	3152	APR-DRG	inpatient					Aetna	Better Health		22122.6				21160	22786.28	case rate	
SHOULDER, UPPER ARM & FOREARM PROCEDURES EXCEPT JOINT REPLACEMENT	3153	APR-DRG	inpatient					Aetna	Better Health		31826.19				30441	32780.98	case rate	
SHOULDER, UPPER ARM & FOREARM PROCEDURES EXCEPT JOINT REPLACEMENT	3154	APR-DRG	inpatient					Aetna	Better Health		64389.43				61586	66321.11	case rate	
HAND & WRIST PROCEDURES	3161	APR-DRG	inpatient					Aetna	Better Health		11387.32				10892	11728.94	case rate	
HAND & WRIST PROCEDURES	3162	APR-DRG	inpatient					Aetna	Better Health		16196.42				15491	16682.31	case rate	
HAND & WRIST PROCEDURES	3163	APR-DRG	inpatient					Aetna	Better Health		25985.48				24854	26766.04	case rate	
HAND & WRIST PROCEDURES	3164	APR-DRG	inpatient					Aetna	Better Health		49733.95				47569	51225.97	case rate	
TENDON, MUSCLE & OTHER SOFT TISSUE PROCEDURES	3171	APR-DRG	inpatient					Aetna	Better Health		12575.69				12028	12952.96	case rate	
TENDON, MUSCLE & OTHER SOFT TISSUE PROCEDURES	3172	APR-DRG	inpatient					Aetna	Better Health		17642.38				16874	18171.65	case rate	
TENDON, MUSCLE & OTHER SOFT TISSUE PROCEDURES	3173	APR-DRG	inpatient					Aetna	Better Health		30298.52				28979	31207.48	case rate	
TENDON, MUSCLE & OTHER SOFT TISSUE PROCEDURES	3174	APR-DRG	inpatient					Aetna	Better Health		71409.81				68301	73552.1	case rate	
OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE PROCEDURES	3201	APR-DRG	inpatient					Aetna	Better Health		14349.55				13725	14780.04	case rate	
OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE PROCEDURES	3202	APR-DRG	inpatient					Aetna	Better Health		22058.38				21098	22720.13	case rate	
OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE PROCEDURES	3203	APR-DRG	inpatient					Aetna	Better Health		31408.95				30042	32351.22	case rate	
OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE PROCEDURES	3204	APR-DRG	inpatient					Aetna	Better Health		59288.75				56708	61067.41	case rate	
CERVICAL SPINAL FUSION & OTHER BACK/NECK PROC EXC DISC EXCIS/DECOMP	3211	APR-DRG	inpatient					Aetna	Better Health		23587.12				22560	24294.73	case rate	
CERVICAL SPINAL FUSION & OTHER BACK/NECK PROC EXC DISC EXCIS/DECOMP	3212	APR-DRG	inpatient					Aetna	Better Health		30572.52				29242	31489.7	case rate	
CERVICAL SPINAL FUSION & OTHER BACK/NECK PROC EXC DISC EXCIS/DECOMP	3213	APR-DRG	inpatient					Aetna	Better Health		51078.21				48855	52610.56	case rate	
CERVICAL SPINAL FUSION & OTHER BACK/NECK PROC EXC DISC EXCIS/DECOMP	3214	APR-DRG	inpatient					Aetna	Better Health		95829.6				91658	98704.49	case rate	
SHOULDER & ELBOW JOINT REPLACEMENT	3221	APR-DRG	inpatient					Aetna	Better Health		21526.88				20590	22172.69	case rate	
SHOULDER & ELBOW JOINT REPLACEMENT	3222	APR-DRG	inpatient					Aetna	Better Health		23464.34				22443	24168.27	case rate	
SHOULDER & ELBOW JOINT REPLACEMENT	3223	APR-DRG	inpatient					Aetna	Better Health		33153.31				31710	34147.91	case rate	
SHOULDER & ELBOW JOINT REPLACEMENT	3224	APR-DRG	inpatient					Aetna	Better Health		55600.4				53180	57268.41	case rate	
FRACTURE OF FEMUR	3401	APR-DRG	inpatient					Aetna	Better Health		6723.96				6431	6925.68	case rate	
FRACTURE OF FEMUR	3402	APR-DRG	inpatient					Aetna	Better Health		7954.8				7618	8203.74	case rate	
FRACTURE OF FEMUR	3403	APR-DRG	inpatient					Aetna	Better Health		11946.43				11426	12304.82	case rate	
FRACTURE OF FEMUR	3404	APR-DRG	inpatient					Aetna	Better Health		27454.4				26259	28278.03	case rate	
FRACTURE OF PELVIS OR DISLOCATION OF HIP	3411	APR-DRG	inpatient					Aetna	Better Health		6816.87				6520	7021.38	case rate	
FRACTURE OF PELVIS OR DISLOCATION OF HIP	3412	APR-DRG	inpatient					Aetna	Better Health		8268.93				7909	8517	case rate	
FRACTURE OF PELVIS OR DISLOCATION OF HIP	3413	APR-DRG	inpatient					Aetna	Better Health		11065.42				10584	11397.38	case rate	
FRACTURE OF PELVIS OR DISLOCATION OF HIP	3414	APR-DRG	inpatient					Aetna	Better Health		26232.67				25091	27019.65	case rate	
FRACTURES & DISLOCATIONS EXCEPT FEMUR, PELVIS & BACK	3421	APR-DRG	inpatient					Aetna	Better Health		7116.68				6809	7332.24	case rate	
FRACTURES & DISLOCATIONS EXCEPT FEMUR, PELVIS & BACK	3422	APR-DRG	inpatient					Aetna	Better Health		9203.04				8802	9479.13	case rate	
FRACTURES & DISLOCATIONS EXCEPT FEMUR, PELVIS & BACK	3423	APR-DRG	inpatient					Aetna	Better Health		12568.96				12022	12946.03	case rate	
FRACTURES & DISLOCATIONS EXCEPT FEMUR, PELVIS & BACK	3424	APR-DRG	inpatient					Aetna	Better Health		28987.63				27726	29857.26	case rate	
MUSCULOSKELETAL MALIGNANCY & PATHOL FRACTURE D/T MUSCSKEL MALIG	3431	APR-DRG	inpatient					Aetna	Better Health		11055.65				10574	11387.32	case rate	
MUSCULOSKELETAL MALIGNANCY & PATHOL FRACTURE D/T MUSCSKEL MALIG	3432	APR-DRG	inpatient					Aetna	Better Health		13226.65				12651	13623.45	case rate	
MUSCULOSKELETAL MALIGNANCY & PATHOL FRACTURE D/T MUSCSKEL MALIG	3433	APR-DRG	inpatient					Aetna	Better Health		21095.21				20177	21728.07	case rate	
MUSCULOSKELETAL MALIGNANCY & PATHOL FRACTURE D/T MUSCSKEL MALIG	3434	APR-DRG	inpatient					Aetna	Better Health		35504.23				33959	36569.36	case rate	
OSTEOMYELITIS, SEPTIC ARTHRITIS & OTHER MUSCULOSKELETAL INFECTIONS	3441	APR-DRG	inpatient					Aetna	Better Health		10154.46				9712	10459.09	case rate	
OSTEOMYELITIS, SEPTIC ARTHRITIS & OTHER MUSCULOSKELETAL INFECTIONS	3442	APR-DRG	inpatient					Aetna	Better Health		12821.26				12263	13205.9	case rate	
OSTEOMYELITIS, SEPTIC ARTHRITIS & OTHER MUSCULOSKELETAL INFECTIONS	3443	APR-DRG	inpatient					Aetna	Better Health		19158.83				18325	19733.59	case rate	
OSTEOMYELITIS, SEPTIC ARTHRITIS & OTHER MUSCULOSKELETAL INFECTIONS	3444	APR-DRG	inpatient					Aetna	Better Health		35311.84				33775	36371.2	case rate	
CONNECTIVE TISSUE DISORDERS	3461	APR-DRG	inpatient					Aetna	Better Health		9181.24				8782	9456.68	case rate	
CONNECTIVE TISSUE DISORDERS	3462	APR-DRG	inpatient					Aetna	Better Health		12224.2				11692	12590.93	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CONNECTIVE TISSUE DISORDERS	3463	APR-DRG	inpatient					Aetna	Better Health		20548.2				19654	21164.65	case rate	
CONNECTIVE TISSUE DISORDERS	3464	APR-DRG	inpatient					Aetna	Better Health		50237.74				48051	51744.87	case rate	
OTHER BACK & NECK DISORDERS, FRACTURES & INJURIES	3471	APR-DRG	inpatient					Aetna	Better Health		8634.86				8259	8893.91	case rate	
OTHER BACK & NECK DISORDERS, FRACTURES & INJURIES	3472	APR-DRG	inpatient					Aetna	Better Health		10658.86				10195	10978.63	case rate	
OTHER BACK & NECK DISORDERS, FRACTURES & INJURIES	3473	APR-DRG	inpatient					Aetna	Better Health		14622.47				13986	15061.14	case rate	
OTHER BACK & NECK DISORDERS, FRACTURES & INJURIES	3474	APR-DRG	inpatient					Aetna	Better Health		34665.82				33157	35705.79	case rate	
MALFUNCTION, REACTION, COMPLIC OF ORTHOPEDIC DEVICE OR PROCEDURE	3491	APR-DRG	inpatient					Aetna	Better Health		7267.38				6951	7485.4	case rate	
MALFUNCTION, REACTION, COMPLIC OF ORTHOPEDIC DEVICE OR PROCEDURE	3492	APR-DRG	inpatient					Aetna	Better Health		10395.54				9943	10707.41	case rate	
MALFUNCTION, REACTION, COMPLIC OF ORTHOPEDIC DEVICE OR PROCEDURE	3493	APR-DRG	inpatient					Aetna	Better Health		15848.25				15158	16323.7	case rate	
MALFUNCTION, REACTION, COMPLIC OF ORTHOPEDIC DEVICE OR PROCEDURE	3494	APR-DRG	inpatient					Aetna	Better Health		32501.99				31087	33477.05	case rate	
OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE DIAGNOSES	3511	APR-DRG	inpatient					Aetna	Better Health		7350.16				7030	7570.66	case rate	
OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE DIAGNOSES	3512	APR-DRG	inpatient					Aetna	Better Health		8516.92				8146	8772.43	case rate	
OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE DIAGNOSES	3513	APR-DRG	inpatient					Aetna	Better Health		13820.57				13219	14235.19	case rate	
OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE DIAGNOSES	3514	APR-DRG	inpatient					Aetna	Better Health		30597.72				29266	31515.65	case rate	
SKIN GRAFT FOR SKIN & SUBCUTANEOUS TISSUE DIAGNOSES	3611	APR-DRG	inpatient					Aetna	Better Health		19116.77				18285	19690.27	case rate	
SKIN GRAFT FOR SKIN & SUBCUTANEOUS TISSUE DIAGNOSES	3612	APR-DRG	inpatient					Aetna	Better Health		25647.72				24531	26417.15	case rate	
SKIN GRAFT FOR SKIN & SUBCUTANEOUS TISSUE DIAGNOSES	3613	APR-DRG	inpatient					Aetna	Better Health		36843.1				35239	37948.39	case rate	
SKIN GRAFT FOR SKIN & SUBCUTANEOUS TISSUE DIAGNOSES	3614	APR-DRG	inpatient					Aetna	Better Health		80917.43				77395	83344.95	case rate	
MASTECTOMY PROCEDURES	3621	APR-DRG	inpatient					Aetna	Better Health		18471.91				17668	19026.07	case rate	
MASTECTOMY PROCEDURES	3622	APR-DRG	inpatient					Aetna	Better Health		22574.54				21592	23251.78	case rate	
MASTECTOMY PROCEDURES	3623	APR-DRG	inpatient					Aetna	Better Health		27781.14				26572	28614.57	case rate	
MASTECTOMY PROCEDURES	3624	APR-DRG	inpatient					Aetna	Better Health		58503.17				55956	60258.27	case rate	
BREAST PROCEDURES EXCEPT MASTECTOMY	3631	APR-DRG	inpatient					Aetna	Better Health		14412.87				13785	14845.26	case rate	
BREAST PROCEDURES EXCEPT MASTECTOMY	3632	APR-DRG	inpatient					Aetna	Better Health		24319.25				23261	25048.83	case rate	
BREAST PROCEDURES EXCEPT MASTECTOMY	3633	APR-DRG	inpatient					Aetna	Better Health		31048.23				29697	31979.68	case rate	
BREAST PROCEDURES EXCEPT MASTECTOMY	3634	APR-DRG	inpatient					Aetna	Better Health		59800.69				57197	61594.71	case rate	
OTHER SKIN, SUBCUTANEOUS TISSUE & RELATED PROCEDURES	3641	APR-DRG	inpatient					Aetna	Better Health		11640.51				11134	11989.73	case rate	
OTHER SKIN, SUBCUTANEOUS TISSUE & RELATED PROCEDURES	3642	APR-DRG	inpatient					Aetna	Better Health		16088.08				15388	16570.72	case rate	
OTHER SKIN, SUBCUTANEOUS TISSUE & RELATED PROCEDURES	3643	APR-DRG	inpatient					Aetna	Better Health		25006.44				23918	25756.63	case rate	
OTHER SKIN, SUBCUTANEOUS TISSUE & RELATED PROCEDURES	3644	APR-DRG	inpatient					Aetna	Better Health		48997.61				46865	50467.54	case rate	
SKIN ULCERS	3801	APR-DRG	inpatient					Aetna	Better Health		7977.09				7630	8216.4	case rate	
SKIN ULCERS	3802	APR-DRG	inpatient					Aetna	Better Health		9563.23				9147	9850.13	case rate	
SKIN ULCERS	3803	APR-DRG	inpatient					Aetna	Better Health		13823.35				13222	14238.05	case rate	
SKIN ULCERS	3804	APR-DRG	inpatient					Aetna	Better Health		27134.93				25954	27948.98	case rate	
MAJOR SKIN DISORDERS	3811	APR-DRG	inpatient					Aetna	Better Health		6417.76				6138	6610.29	case rate	
MAJOR SKIN DISORDERS	3812	APR-DRG	inpatient					Aetna	Better Health		11310.36				10818	11649.67	case rate	
MAJOR SKIN DISORDERS	3813	APR-DRG	inpatient					Aetna	Better Health		20413.67				19525	21026.08	case rate	
MAJOR SKIN DISORDERS	3814	APR-DRG	inpatient					Aetna	Better Health		55197.52				52795	56853.45	case rate	
MALIGNANT BREAST DISORDERS	3821	APR-DRG	inpatient					Aetna	Better Health		8705.89				8327	8967.07	case rate	
MALIGNANT BREAST DISORDERS	3822	APR-DRG	inpatient					Aetna	Better Health		10326.84				9877	10636.65	case rate	
MALIGNANT BREAST DISORDERS	3823	APR-DRG	inpatient					Aetna	Better Health		16366.11				15654	16857.09	case rate	
MALIGNANT BREAST DISORDERS	3824	APR-DRG	inpatient					Aetna	Better Health		27527.59				26329	28353.42	case rate	
CELLULITIS & OTHER SKIN INFECTIONS	3831	APR-DRG	inpatient					Aetna	Better Health		6297.58				6023	6486.51	case rate	
CELLULITIS & OTHER SKIN INFECTIONS	3832	APR-DRG	inpatient					Aetna	Better Health		8381.58				8017	8633.03	case rate	
CELLULITIS & OTHER SKIN INFECTIONS	3833	APR-DRG	inpatient					Aetna	Better Health		12868.43				12308	13254.48	case rate	
CELLULITIS & OTHER SKIN INFECTIONS	3834	APR-DRG	inpatient					Aetna	Better Health		30443.99				29119	31357.31	case rate	
CONTUSION, OPEN WOUND & OTHER TRAUMA TO SKIN & SUBCUTANEOUS TISSUE	3841	APR-DRG	inpatient					Aetna	Better Health		8057.04				7716	8309.05	case rate	
CONTUSION, OPEN WOUND & OTHER TRAUMA TO SKIN & SUBCUTANEOUS TISSUE	3842	APR-DRG	inpatient					Aetna	Better Health		9562.69				9146	9849.57	case rate	
CONTUSION, OPEN WOUND & OTHER TRAUMA TO SKIN & SUBCUTANEOUS TISSUE	3843	APR-DRG	inpatient					Aetna	Better Health		14011.43				13401	14431.77	case rate	
CONTUSION, OPEN WOUND & OTHER TRAUMA TO SKIN & SUBCUTANEOUS TISSUE	3844	APR-DRG	inpatient					Aetna	Better Health		35449.07				33906	36512.54	case rate	
OTHER SKIN, SUBCUTANEOUS TISSUE & BREAST DISORDERS	3851	APR-DRG	inpatient					Aetna	Better Health		6005.01				5744	6185.16	case rate	
OTHER SKIN, SUBCUTANEOUS TISSUE & BREAST DISORDERS	3852	APR-DRG	inpatient					Aetna	Better Health		7955.02				7609	8193.67	case rate	
OTHER SKIN, SUBCUTANEOUS TISSUE & BREAST DISORDERS	3853	APR-DRG	inpatient					Aetna	Better Health		12711.39				12158	13092.73	case rate	
OTHER SKIN, SUBCUTANEOUS TISSUE & BREAST DISORDERS	3854	APR-DRG	inpatient					Aetna	Better Health		26697.95				24962	26880.89	case rate	
PITUITARY & ADRENAL PROCEDURES	4011	APR-DRG	inpatient					Aetna	Better Health		20820.76				19914	21445.38	case rate	
PITUITARY & ADRENAL PROCEDURES	4012	APR-DRG	inpatient					Aetna	Better Health		27992				26773	28831.76	case rate	
PITUITARY & ADRENAL PROCEDURES	4013	APR-DRG	inpatient					Aetna	Better Health		47116.48				45085	48529.97	case rate	
PITUITARY & ADRENAL PROCEDURES	4014	APR-DRG	inpatient					Aetna	Better Health		101944.48				97506	105002.81	case rate	
PROCEDURES FOR OBESITY	4031	APR-DRG	inpatient					Aetna	Better Health		18171.45				17380	18716.59	case rate	
PROCEDURES FOR OBESITY	4032	APR-DRG	inpatient					Aetna	Better Health		20180.66				19302	20786.08	case rate	
PROCEDURES FOR OBESITY	4033	APR-DRG	inpatient					Aetna	Better Health		30669.2				29334	31589.28	case rate	
PROCEDURES FOR OBESITY	4034	APR-DRG	inpatient					Aetna	Better Health		86347.9				82589	88938.34	case rate	
THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES	4041	APR-DRG	inpatient					Aetna	Better Health		11600.15				11095	11948.15	case rate	
THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES	4042	APR-DRG	inpatient					Aetna	Better Health		15542.59				14866	16008.87	case rate	
THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES	4043	APR-DRG	inpatient					Aetna	Better Health		29676.35				28289	30463.64	case rate	
THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES	4044	APR-DRG	inpatient					Aetna	Better Health		70883.52				67798	73010.03	case rate	
OTHER PROCEDURES FOR ENDOCRINE, NUTRITIONAL & METABOLIC DISORDERS	4051	APR-DRG	inpatient					Aetna	Better Health		18040.33				17255	18581.54	case rate	
OTHER PROCEDURES FOR ENDOCRINE, NUTRITIONAL & METABOLIC DISORDERS	4052	APR-DRG	inpatient					Aetna	Better Health		22363.23				21390	23034.13	case rate	
OTHER PROCEDURES FOR ENDOCRINE, NUTRITIONAL & METABOLIC DISORDERS	4053	APR-DRG	inpatient					Aetna	Better Health		33227.21				31781	34224.03	case rate	
OTHER PROCEDURES FOR ENDOCRINE, NUTRITIONAL & METABOLIC DISORDERS	4054	APR-DRG	inpatient					Aetna	Better Health		75769.39				72471	78042.47	case rate	
DIABETES	4201	APR-DRG	inpatient					Aetna	Better Health		5855.32				5600	6030.98	case rate	
DIABETES	4202	APR-DRG	inpatient					Aetna	Better Health		7566.67				7237	7793.67	case rate	
DIABETES	4203	APR-DRG	inpatient					Aetna	Better Health		11354.58				10860	11695.22	case rate	
DIABETES	4204	APR-DRG	inpatient					Aetna	Better Health		27685.98				26481	28516.56	case rate	
MALNUTRITION, FAILURE TO THRIVE & OTHER NUTRITIONAL DISORDERS	4211	APR-DRG	inpatient					Aetna	Better Health		7879.15				7536	8115.52	case rate	
MALNUTRITION, FAILURE TO THRIVE & OTHER NUTRITIONAL DISORDERS	4212	APR-DRG	inpatient					Aetna	Better Health		8754.6				8373	9017.24	case rate	
MALNUTRITION, FAILURE TO THRIVE & OTHER NUTRITIONAL DISORDERS	4213	APR-DRG	inpatient					Aetna	Better Health		13425.49				12841	13828.25	case rate	
MALNUTRITION, FAILURE TO THRIVE & OTHER NUTRITIONAL DISORDERS	4214	APR-DRG	inpatient					Aetna	Better Health		28466.18				27227	29320.17	case rate	
HYPOVOLEMIA & RELATED ELECTROLYTE DISORDERS	4221	APR-DRG	inpatient					Aetna	Better Health		4715.83				4511	4857.3	case rate	
HYPOVOLEMIA & RELATED ELECTROLYTE DISORDERS	4222	APR-DRG	inpatient					Aetna	Better Health		6765.21				6471	6968.17	case rate	
HYPOVOLEMIA & RELATED ELECTROLYTE DISORDERS	4223	APR-DRG	inpatient					Aetna	Better Health		9895.61				9465	10192.48	case rate	
HYPOVOLEMIA & RELATED ELECTROLYTE DISORDERS	4224	APR-DRG	inpatient					Aetna	Better Health		21431.99				20499	22074.95	case rate	
INBORN ERRORS OF METABOLISM	4231	APR-DRG	inpatient					Aetna	Better Health		8604.82				8230	8862.96	case rate	
INBORN ERRORS OF METABOLISM	4232	APR-DRG	inpatient					Aetna	Better Health		11216.28				10728	11552.77	case rate	
INBORN ERRORS OF METABOLISM	4233	APR-DRG	inpatient					Aetna	Better Health		17701.04				16930	18232.07	case rate	
INBORN ERRORS OF METABOLISM	4234	APR-DRG	inpatient					Aetna	Better Health		34298.27				32805	35327.22	case rate	
OTHER ENDOCRINE DISORDERS	4241	APR-DRG	inpatient					Aetna	Better Health		7195.54				6882	7411.41	case rate	
OTHER ENDOCRINE DISORDERS	4242	APR-DRG	inpatient					Aetna	Better Health		9778.84				9353	10072.21	case rate	
OTHER ENDOCRINE DISORDERS	4243	APR-DRG	inpatient					Aetna	Better Health		14823.91				14179	15268.63	case rate	
OTHER ENDOCRINE DISORDERS	4244	APR-DRG	inpatient					Aetna	Better Health		31416.4				30049	32358.89	case rate	
ELECTROLYTE DISORDERS EXCEPT HYPOVOLEMIA RELATED	4251	APR-DRG	inpatient					Aetna	Better Health		5852.81				5598	6028.39	case rate	
ELECTROLYTE DISORDERS EXCEPT HYPOVOLEMIA RELATED	4252	APR-DRG	inpatient					Aetna	Better Health		7540.75				7212	7766.97	case rate	
ELECTROLYTE DISORDERS EXCEPT HYPOVOLEMIA RELATED	4253	APR-DRG	inpatient					Aetna	Better Health		11308.3				10816	11647.55	case rate	
ELECTROLYTE DISORDERS EXCEPT HYPOVOLEMIA RELATED	4254	APR-DRG	inpatient					Aetna	Better Health		25368.52				24264	26129.58	case rate	
KIDNEY TRANSPLANT	4401	APR-DRG	inpatient					Aetna	Better Health		69643.58				66803	71938.89	case rate	
KIDNEY TRANSPLANT	4402	APR-DRG	inpatient					Aetna	Better Health		73081.43				69900	75273.87	case rate	
KIDNEY TRANSPLANT	4403	APR-DRG	inpatient					Aetna	Better Health		82638.38				79041	85117.53	case rate	
KIDNEY TRANSPLANT	4404	APR-DRG	inpatient					Aetna	Better Health		130928.16				125133	134763	case rate	
MAJOR BLADDER PROCEDURES	4411	APR-DRG	inpatient					Aetna	Better Health		20595.2				19699	21213.06	case rate	
MAJOR BLADDER PROCEDURES	4412	APR-DRG	inpatient					Aetna	Better Health		31923.5				30534	32881.21	case rate	
MAJOR BLADDER PROCEDURES	4413	APR-DRG	inpatient					Aetna	Better Health		43420.32				41530	44722.93	case rate	
MAJOR BLADDER PROCEDURES	4414	APR-DRG	inpatient					Aetna	Better Health		87391.07				83597	90012.8	case rate	
KIDNEY & URINARY TRACT PROCEDURES FOR MALIGNANCY	4421	APR-DRG	inpatient					Aetna	Better Health		18979.82				18154	19549.21	case rate	
KIDNEY & URINARY TRACT PROCEDURES FOR MALIGNANCY	4422	APR-DRG	inpatient					Aetna	Better Health		21989.23				21032	22648.91	case rate	
KIDNEY & URINARY TRACT PROCEDURES FOR MALIGNANCY	4423	APR-DRG	inpatient					Aetna	Better Health		33954.68				32476	34973.32	case rate	
KIDNEY & URINARY TRACT PROCEDURES FOR MALIGNANCY	4424	APR-DRG	inpatient					Aetna	Better Health		67557.59				64617	69584.32	case rate	
KIDNEY & URINARY TRACT PROCEDURES FOR NONMALIGNANCY	4431	APR-DRG	inpatient					Aetna	Better Health		16616.97				15894	17115.48	case rate	
KIDNEY & URINARY TRACT PROCEDURES FOR NONMALIGNANCY	4432	APR-DRG	inpatient					Aetna	Better Health		19520.82				18671	20106.44	case rate	
KIDNEY & URINARY TRACT PROCEDURES FOR NONMALIGNANCY	4433	APR-DRG	inpatient					Aetna	Better Health		28532.64				27290	29388.62	case rate	
KIDNEY & URINARY TRACT PROCEDURES FOR NONMALIGNANCY	4434	APR-DRG	inpatient					Aetna	Better Health		59316.38				56734	61095.87	case rate	
RENAL DIALYSIS ACCESS DEVICE PROCEDURE ONLY	4441	APR-DRG	inpatient					Aetna	Better Health		15135.94				14477	15590.02	case rate	
RENAL DIALYSIS ACCESS DEVICE PROCEDURE ONLY	4442	APR-DRG	inpatient					Aetna	Better Health		20423.26				19534	21035.96	case rate	
RENAL DIALYSIS ACCESS DEVICE PROCEDURE ONLY	4443	APR-DRG	inpatient					Aetna	Better Health		32825.32				31396	33810.08	case rate	
RENAL DIALYSIS ACCESS DEVICE PROCEDURE ONLY	4444	APR-DRG	inpatient					Aetna	Better Health		62093.14				59390	63955.93	case rate	
OTHER BLADDER PROCEDURES	4451	APR-DRG	inpatient					Aetna	Better Health		13122.25				12551	13515.92	case rate	
OTHER BLADDER PROCEDURES	4452	APR-DRG	inpatient					Aetna	Better Health		17933.33				17153	18471.33	case rate	
OTHER BLADDER PROCEDURES	4453	APR-DRG	inpatient					Aetna	Better Health		23347.83				22331	24048.26	case rate	
OTHER BLADDER PROCEDURES	4454	APR-DRG	inpatient					Aetna	Better Health		48451.14				46342	49904.67	case rate	
URETHRAL & TRANSURETHRAL PROCEDURES	4461	APR-DRG	inpatient					Aetna	Better Health		10047.1				9610	10348.51	case rate	
URETHRAL & TRANSURETHRAL PROCEDURES	4462	APR-DRG	inpatient					Aetna	Better Health		12425.55				11885	12798.32	case rate	
URETHRAL & TRANSURETHRAL PROCEDURES	4463	APR-DRG	inpatient					Aetna	Better Health		20318.42				19434	20927.97	case rate	
URETHRAL & TRANSURETHRAL PROCEDURES	4464	APR-DRG	inpatient					Aetna	Better Health		43967.24				42053	45286.26	case rate	
OTHER KIDNEY, URINARY TRACT & RELATED PROCEDURES	4471	APR-DRG	inpatient					Aetna	Better Health		17050.88				16309	17562.41	case rate	
OTHER KIDNEY, URINARY TRACT & RELATED PROCEDURES	4472	APR-DRG	inpatient					Aetna	Better Health		21585.99				20646	22233.57	case rate	
OTHER KIDNEY, URINARY TRACT & RELATED PROCEDURES	4473	APR-DRG	inpatient					Aetna	Better Health		30848.4				29505	31773.85	case rate	
OTHER KIDNEY, URINARY TRACT & RELATED PROCEDURES	4474	APR-DRG	inpatient					Aetna	Better Health		70495.17				67426	72610.03	case rate	
KIDNEY & URINARY TRACT MALIGNANCY	4611	APR-DRG	inpatient					Aetna	Better Health		7923.09				7578	8160.78	case rate	
KIDNEY & URINARY TRACT MALIGNANCY	4612	APR-DRG	inpatient					Aetna	Better Health		10359.66				9909	10670.45	case rate	
KIDNEY & URINARY TRACT MALIGNANCY	4613	APR-DRG	inpatient					Aetna	Better Health		16016.15				15319	16496.63	case rate	
KIDNEY & URINARY TRACT MALIGNANCY	4614	APR-DRG	inpatient					Aetna	Better Health		29157.5				27888	30032.23	case rate	
NEPHRITIS & NEPHROSIS	4621	APR-DRG	inpatient					Aetna	Better Health		6527.45				6243	6723.27	case rate	
NEPHRITIS & NEPHROSIS	4622	APR-DRG	inpatient					Aetna	Better Health		9209.23				8808	9485.51	case rate	
NEPHRITIS & NEPHROSIS	4623	APR-DRG	inpatient					Aetna	Better Health		17014.74				16274	17525.18	case rate	
NEPHRITIS & NEPHROSIS	4624	APR-DRG	inpatient					Aetna	Better Health		34388.05				32891	35419.69	case rate	
KIDNEY & URINARY TRACT INFECTIONS	4631	APR-DRG	inpatient					Aetna	Better Health		6307.98				6033	6497.22	case rate	
KIDNEY & URINARY TRACT INFECTIONS	4632	APR-DRG	inpatient					Aetna	Better Health		7547.67				7602	8186.1	case rate	
KIDNEY & URINARY TRACT INFECTIONS	4633	APR-DRG	inpatient					Aetna	Better Health		11038.79				10558	11369.95	case rate	
KIDNEY & URINARY TRACT INFECTIONS	4634	APR-DRG	inpatient					Aetna	Better Health		21593.34				20653	22241.14	case rate	
URINARY STONES & ACQUIRED UPPER URINARY TRACT OBSTRUCTION	4651	APR-DRG	inpatient					Aetna	Better Health		6939.3				6637	7147.48	case rate	
URINARY STONES & ACQUIRED UPPER URINARY TRACT OBSTRUCTION	4652	APR-DRG	inpatient					Aetna	Better Health		8309.92				7948	8559.22	case rate	
URINARY STONES & ACQUIRED UPPER URINARY TRACT OBSTRUCTION	4653	APR-DRG	inpatient					Aetna	Better Health		12735.34				12181	13117.4	case rate	
URINARY STONES & ACQUIRED UPPER URINARY TRACT OBSTRUCTION	4654	APR-DRG	inpatient					Aetna	Better Health		27767.87				26559	28600.91	case rate	
MALFUNCTION, REACTION, COMPLIC OF GENITOURINARY DEVICE OR PROC	4661	APR-DRG	inpatient					Aetna	Better Health		6605.66				6318	6803.83	case rate	
MALFUNCTION, REACTION, COMPLIC OF GENITOURINARY DEVICE OR PROC	4662	APR-DRG	inpatient					Aetna	Better Health		9200.17				8800	9476.18	case rate	
MALFUNCTION, REACTION, COMPLIC OF GENITOURINARY DEVICE OR PROC	4663	APR-DRG	inpatient					Aetna	Better Health		14014.56				13404	14435	case rate	
MALFUNCTION, REACTION, COMPLIC OF GENITOURINARY DEVICE OR PROC	4664	APR-DRG	inpatient					Aetna	Better Health		24905.99				23822	25653.17	case rate	
OTHER KIDNEY & URINARY TRACT DIAGNOSES, SIGNS & SYMPTOMS	4681	APR-DRG	inpatient					Aetna	Better Health		6905.13				6605	7112.28	case rate	
OTHER KIDNEY & URINARY TRACT DIAGNOSES, SIGNS & SYMPTOMS	4682	APR-DRG	inpatient					Aetna	Better Health		9375.69				8968	9656.96	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.														
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true													
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
OTHER KIDNEY & URINARY TRACT DIAGNOSES, SIGNS & SYMPTOMS	4683	APR-DRG	inpatient					Aetna	Better Health		13668.99				13074	14079.06	case rate	
OTHER KIDNEY & URINARY TRACT DIAGNOSES, SIGNS & SYMPTOMS	4684	APR-DRG	inpatient					Aetna	Better Health		27533.42				26335	28359.42	case rate	
ACUTE KIDNEY INJURY	4691	APR-DRG	inpatient					Aetna	Better Health		6538.48				6254	6734.63	case rate	
ACUTE KIDNEY INJURY	4692	APR-DRG	inpatient					Aetna	Better Health		8737.29				8357	8999.41	case rate	
ACUTE KIDNEY INJURY	4693	APR-DRG	inpatient					Aetna	Better Health		14148.74				13533	14573.2	case rate	
ACUTE KIDNEY INJURY	4694	APR-DRG	inpatient					Aetna	Better Health		32099.74				30702	33062.73	case rate	
CHRONIC KIDNEY DISEASE	4701	APR-DRG	inpatient					Aetna	Better Health		6949.52				6647	7158.01	case rate	
CHRONIC KIDNEY DISEASE	4702	APR-DRG	inpatient					Aetna	Better Health		8847.76				8463	9113.21	case rate	
CHRONIC KIDNEY DISEASE	4703	APR-DRG	inpatient					Aetna	Better Health		13027				12460	13417.81	case rate	
CHRONIC KIDNEY DISEASE	4704	APR-DRG	inpatient					Aetna	Better Health		27926.17				26710	28763.66	case rate	
MAJOR MALE PELVIC PROCEDURES	4801	APR-DRG	inpatient					Aetna	Better Health		17602.38				16836	18130.45	case rate	
MAJOR MALE PELVIC PROCEDURES	4802	APR-DRG	inpatient					Aetna	Better Health		19399.11				18555	19981.08	case rate	
MAJOR MALE PELVIC PROCEDURES	4803	APR-DRG	inpatient					Aetna	Better Health		31665.02				30287	32614.97	case rate	
MAJOR MALE PELVIC PROCEDURES	4804	APR-DRG	inpatient					Aetna	Better Health		70658.04				67582	72777.78	case rate	
PENIS PROCEDURES	4811	APR-DRG	inpatient					Aetna	Better Health		11262.02				10772	11599.88	case rate	
PENIS PROCEDURES	4812	APR-DRG	inpatient					Aetna	Better Health		18392.35				17593	18902.92	case rate	
PENIS PROCEDURES	4813	APR-DRG	inpatient					Aetna	Better Health		25552.29				24440	26318.86	case rate	
PENIS PROCEDURES	4814	APR-DRG	inpatient					Aetna	Better Health		58973.05				56406	60742.24	case rate	
TRANSURETHRAL PROSTATECTOMY	4821	APR-DRG	inpatient					Aetna	Better Health		9472.37				9060	9756.54	case rate	
TRANSURETHRAL PROSTATECTOMY	4822	APR-DRG	inpatient					Aetna	Better Health		12261.24				11823	12732.08	case rate	
TRANSURETHRAL PROSTATECTOMY	4823	APR-DRG	inpatient					Aetna	Better Health		22501.44				21522	23176.48	case rate	
TRANSURETHRAL PROSTATECTOMY	4824	APR-DRG	inpatient					Aetna	Better Health		44912.02				42957	46259.38	case rate	
TESTES & SCROTAL PROCEDURES	4831	APR-DRG	inpatient					Aetna	Better Health		10025.12				9589	10325.87	case rate	
TESTES & SCROTAL PROCEDURES	4832	APR-DRG	inpatient					Aetna	Better Health		18134.23				17345	18678.26	case rate	
TESTES & SCROTAL PROCEDURES	4833	APR-DRG	inpatient					Aetna	Better Health		30441.66				29116	31354.91	case rate	
TESTES & SCROTAL PROCEDURES	4834	APR-DRG	inpatient					Aetna	Better Health		85492.18				81770	88056.95	case rate	
OTHER MALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES	4841	APR-DRG	inpatient					Aetna	Better Health		13020.19				12453	13410.8	case rate	
OTHER MALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES	4842	APR-DRG	inpatient					Aetna	Better Health		18580.16				17771	19137.56	case rate	
OTHER MALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES	4843	APR-DRG	inpatient					Aetna	Better Health		23795.2				22759	24509.06	case rate	
OTHER MALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES	4844	APR-DRG	inpatient					Aetna	Better Health		60279				57655	62087.37	case rate	
MALIGNANCY, MALE REPRODUCTIVE SYSTEM	5001	APR-DRG	inpatient					Aetna	Better Health		8056.19				7705	8297.88	case rate	
MALIGNANCY, MALE REPRODUCTIVE SYSTEM	5002	APR-DRG	inpatient					Aetna	Better Health		10246.3				9800	10553.69	case rate	
MALIGNANCY, MALE REPRODUCTIVE SYSTEM	5003	APR-DRG	inpatient					Aetna	Better Health		16205.39				15500	16691.55	case rate	
MALIGNANCY, MALE REPRODUCTIVE SYSTEM	5004	APR-DRG	inpatient					Aetna	Better Health		26587.56				25430	27385.19	case rate	
MALE REPRODUCTIVE SYSTEM DIAGNOSES EXCEPT MALIGNANCY	5011	APR-DRG	inpatient					Aetna	Better Health		6420.63				6141	6613.25	case rate	
MALE REPRODUCTIVE SYSTEM DIAGNOSES EXCEPT MALIGNANCY	5012	APR-DRG	inpatient					Aetna	Better Health		8823.93				8440	9088.65	case rate	
MALE REPRODUCTIVE SYSTEM DIAGNOSES EXCEPT MALIGNANCY	5013	APR-DRG	inpatient					Aetna	Better Health		13336.07				12755	13736.15	case rate	
MALE REPRODUCTIVE SYSTEM DIAGNOSES EXCEPT MALIGNANCY	5014	APR-DRG	inpatient					Aetna	Better Health		33691.8				32225	34702.55	case rate	
PELVIC EVISCERATION, RADICAL HYSTERECTOMY & OTHER RADICAL GYN PROCS	5101	APR-DRG	inpatient					Aetna	Better Health		17806.48				17033	18342.73	case rate	
PELVIC EVISCERATION, RADICAL HYSTERECTOMY & OTHER RADICAL GYN PROCS	5102	APR-DRG	inpatient					Aetna	Better Health		22094.34				21132	22757.17	case rate	
PELVIC EVISCERATION, RADICAL HYSTERECTOMY & OTHER RADICAL GYN PROCS	5103	APR-DRG	inpatient					Aetna	Better Health		39514.83				37795	40700.27	case rate	
PELVIC EVISCERATION, RADICAL HYSTERECTOMY & OTHER RADICAL GYN PROCS	5104	APR-DRG	inpatient					Aetna	Better Health		91545.53				87580	94291.9	case rate	
UTERINE & ADNEXA PROCEDURES FOR OVARIAN & ADNEXAL MALIGNANCY	5111	APR-DRG	inpatient					Aetna	Better Health		17966.07				17184	18505.05	case rate	
UTERINE & ADNEXA PROCEDURES FOR OVARIAN & ADNEXAL MALIGNANCY	5112	APR-DRG	inpatient					Aetna	Better Health		22529.87				21549	23205.77	case rate	
UTERINE & ADNEXA PROCEDURES FOR OVARIAN & ADNEXAL MALIGNANCY	5113	APR-DRG	inpatient					Aetna	Better Health		33821.76				32349	34836.41	case rate	
UTERINE & ADNEXA PROCEDURES FOR OVARIAN & ADNEXAL MALIGNANCY	5114	APR-DRG	inpatient					Aetna	Better Health		72201.49				69058	74367.53	case rate	
UTERINE & ADNEXA PROCEDURES FOR NON-OVARIAN & NON-ADNEXAL MALIG	5121	APR-DRG	inpatient					Aetna	Better Health		15972.2				15277	16451.37	case rate	
UTERINE & ADNEXA PROCEDURES FOR NON-OVARIAN & NON-ADNEXAL MALIG	5122	APR-DRG	inpatient					Aetna	Better Health		18794.88				17977	19358.73	case rate	
UTERINE & ADNEXA PROCEDURES FOR NON-OVARIAN & NON-ADNEXAL MALIG	5123	APR-DRG	inpatient					Aetna	Better Health		29531.86				28246	30417.82	case rate	
UTERINE & ADNEXA PROCEDURES FOR NON-OVARIAN & NON-ADNEXAL MALIG	5124	APR-DRG	inpatient					Aetna	Better Health		60332.28				57706	62142.25	case rate	
UTERINE & ADNEXA PROCEDURES FOR NON-MALIGNANCY EXCEPT LEIOMYOMA	5131	APR-DRG	inpatient					Aetna	Better Health		12210.48				11679	12576.79	case rate	
UTERINE & ADNEXA PROCEDURES FOR NON-MALIGNANCY EXCEPT LEIOMYOMA	5132	APR-DRG	inpatient					Aetna	Better Health		14334.84				13711	14764.89	case rate	
UTERINE & ADNEXA PROCEDURES FOR NON-MALIGNANCY EXCEPT LEIOMYOMA	5133	APR-DRG	inpatient					Aetna	Better Health		23515.46				22492	24220.92	case rate	
UTERINE & ADNEXA PROCEDURES FOR NON-MALIGNANCY EXCEPT LEIOMYOMA	5134	APR-DRG	inpatient					Aetna	Better Health		56856.76				54382	58582.46	case rate	
FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES	5141	APR-DRG	inpatient					Aetna	Better Health		10056.96				9619	10358.67	case rate	
FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES	5142	APR-DRG	inpatient					Aetna	Better Health		14604.98				13969	15043.13	case rate	
FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES	5143	APR-DRG	inpatient					Aetna	Better Health		25294.88				24194	26053.73	case rate	
FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES	5144	APR-DRG	inpatient					Aetna	Better Health		70105.65				67054	72208.82	case rate	
DILATION & CURETTAGE FOR NON-OBSTETRIC DIAGNOSES	5171	APR-DRG	inpatient					Aetna	Better Health		9676.95				9256	9967.26	case rate	
DILATION & CURETTAGE FOR NON-OBSTETRIC DIAGNOSES	5172	APR-DRG	inpatient					Aetna	Better Health		12175.14				11645	12540.39	case rate	
DILATION & CURETTAGE FOR NON-OBSTETRIC DIAGNOSES	5173	APR-DRG	inpatient					Aetna	Better Health		22336.05				21364	23006.13	case rate	
DILATION & CURETTAGE FOR NON-OBSTETRIC DIAGNOSES	5174	APR-DRG	inpatient					Aetna	Better Health		52556.72				50269	54133.42	case rate	
OTHER FEMALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES	5181	APR-DRG	inpatient					Aetna	Better Health		11514.49				11013	11859.92	case rate	
OTHER FEMALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES	5182	APR-DRG	inpatient					Aetna	Better Health		15869.59				15179	16345.68	case rate	
OTHER FEMALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES	5183	APR-DRG	inpatient					Aetna	Better Health		28971.49				27710	29840.63	case rate	
OTHER FEMALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES	5184	APR-DRG	inpatient					Aetna	Better Health		65959.88				63088	67938.68	case rate	
UTERINE & ADNEXA PROCEDURES FOR LEIOMYOMA	5191	APR-DRG	inpatient					Aetna	Better Health		12764.04				12208	13146.96	case rate	
UTERINE & ADNEXA PROCEDURES FOR LEIOMYOMA	5192	APR-DRG	inpatient					Aetna	Better Health		15308.5				14642	15767.76	case rate	
UTERINE & ADNEXA PROCEDURES FOR LEIOMYOMA	5193	APR-DRG	inpatient					Aetna	Better Health		27633.87				26431	28462.89	case rate	
UTERINE & ADNEXA PROCEDURES FOR LEIOMYOMA	5194	APR-DRG	inpatient					Aetna	Better Health		68632.15				65644	70691.11	case rate	
FEMALE REPRODUCTIVE SYSTEM MALIGNANCY	5301	APR-DRG	inpatient					Aetna	Better Health		7718.51				7382	7950.07	case rate	
FEMALE REPRODUCTIVE SYSTEM MALIGNANCY	5302	APR-DRG	inpatient					Aetna	Better Health		9622.34				9490	10220.01	case rate	
FEMALE REPRODUCTIVE SYSTEM MALIGNANCY	5303	APR-DRG	inpatient					Aetna	Better Health		16755.36				16026	17258.02	case rate	
FEMALE REPRODUCTIVE SYSTEM MALIGNANCY	5304	APR-DRG	inpatient					Aetna	Better Health		30853.69				29510	31779.3	case rate	
FEMALE REPRODUCTIVE SYSTEM INFECTIONS	5311	APR-DRG	inpatient					Aetna	Better Health		7020.29				6715	7230.9	case rate	
FEMALE REPRODUCTIVE SYSTEM INFECTIONS	5312	APR-DRG	inpatient					Aetna	Better Health		9451.66				9040	9735.21	case rate	
FEMALE REPRODUCTIVE SYSTEM INFECTIONS	5313	APR-DRG	inpatient					Aetna	Better Health		14902.12				14253	15349.18	case rate	
FEMALE REPRODUCTIVE SYSTEM INFECTIONS	5314	APR-DRG	inpatient					Aetna	Better Health		28948.8				27689	29817.26	case rate	
MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS	5321	APR-DRG	inpatient					Aetna	Better Health		6101.25				5836	6284.29	case rate	
MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS	5322	APR-DRG	inpatient					Aetna	Better Health		7532.59				7205	7758.57	case rate	
MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS	5323	APR-DRG	inpatient					Aetna	Better Health		12382.59				11844	12754.07	case rate	
MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS	5324	APR-DRG	inpatient					Aetna	Better Health		25355.69				24252	26116.36	case rate	
CESAREAN DELIVERY	5401	APR-DRG	inpatient					Aetna	Better Health		7776.72				7438	8010.02	case rate	
CESAREAN DELIVERY	5402	APR-DRG	inpatient					Aetna	Better Health		9296.4				8892	9575.29	case rate	
CESAREAN DELIVERY	5403	APR-DRG	inpatient					Aetna	Better Health		13327.28				12747	13727.1	case rate	
CESAREAN DELIVERY	5404	APR-DRG	inpatient					Aetna	Better Health		37703.21				36082	38834.31	case rate	
VAGINAL DELIVERY W STERILIZATION &/OR D&C	5411	APR-DRG	inpatient					Aetna	Better Health		7408.64				7086	7630.9	case rate	
VAGINAL DELIVERY W STERILIZATION &/OR D&C	5412	APR-DRG	inpatient					Aetna	Better Health		8061.57				7711	8303.42	case rate	
VAGINAL DELIVERY W STERILIZATION &/OR D&C	5413	APR-DRG	inpatient					Aetna	Better Health		12002.49				11480	12362.56	case rate	
VAGINAL DELIVERY W STERILIZATION &/OR D&C	5414	APR-DRG	inpatient					Aetna	Better Health		42249.35				40410	43516.83	case rate	
VAGINAL DELIVERY W COMPLICATING PROCEDURES EXC STERILIZATION &/OR D&C	5421	APR-DRG	inpatient					Aetna	Better Health		5492.8				5254	5657.58	case rate	
VAGINAL DELIVERY W COMPLICATING PROCEDURES EXC STERILIZATION &/OR D&C	5422	APR-DRG	inpatient					Aetna	Better Health		6854.54				6556	7060.18	case rate	
VAGINAL DELIVERY W COMPLICATING PROCEDURES EXC STERILIZATION &/OR D&C	5423	APR-DRG	inpatient					Aetna	Better Health		14759.61				14117	15202.4	case rate	
VAGINAL DELIVERY W COMPLICATING PROCEDURES EXC STERILIZATION &/OR D&C	5424	APR-DRG	inpatient					Aetna	Better Health		49315.56				47169	50795.03	case rate	
D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY FOR OBSTETRIC DIAGNOSES	5441	APR-DRG	inpatient					Aetna	Better Health		7758.78				7421	7991.54	case rate	
D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY FOR OBSTETRIC DIAGNOSES	5442	APR-DRG	inpatient					Aetna	Better Health		9184.38				8785	9459.91	case rate	
D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY FOR OBSTETRIC DIAGNOSES	5443	APR-DRG	inpatient					Aetna	Better Health		15220.97				14558	15677.6	case rate	
D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY FOR OBSTETRIC DIAGNOSES	5444	APR-DRG	inpatient					Aetna	Better Health		42836.54				40972	44121.64	case rate	
ECTOPIC PREGNANCY PROCEDURE	5451	APR-DRG	inpatient					Aetna	Better Health		11107.85				10624	11441.09	case rate	
ECTOPIC PREGNANCY PROCEDURE	5452	APR-DRG	inpatient					Aetna	Better Health		12190.93				11660	12556.66	case rate	
ECTOPIC PREGNANCY PROCEDURE	5453	APR-DRG	inpatient					Aetna	Better Health		14710.73				14070	15152.05	case rate	
ECTOPIC PREGNANCY PROCEDURE	5454	APR-DRG	inpatient					Aetna	Better Health		26948.83				25980	27654.29	case rate	
OTHER O.R. PROC FOR OBSTETRIC DIAGNOSES EXCEPT DELIVERY DIAGNOSES	5461	APR-DRG	inpatient					Aetna	Better Health		8473.6				8105	8727.81	case rate	
OTHER O.R. PROC FOR OBSTETRIC DIAGNOSES EXCEPT DELIVERY DIAGNOSES	5462	APR-DRG	inpatient					Aetna	Better Health		11975.58				11454	12334.85	case rate	
OTHER O.R. PROC FOR OBSTETRIC DIAGNOSES EXCEPT DELIVERY DIAGNOSES	5463	APR-DRG	inpatient					Aetna	Better Health		22947.91				21949	23636.35	case rate	
OTHER O.R. PROC FOR OBSTETRIC DIAGNOSES EXCEPT DELIVERY DIAGNOSES	5464	APR-DRG	inpatient					Aetna	Better Health		62522.48				59801	64398.15	case rate	
VAGINAL DELIVERY	5601	APR-DRG	inpatient					Aetna	Better Health		4587.93				4388	4725.57	case rate	
VAGINAL DELIVERY	5602	APR-DRG	inpatient					Aetna	Better Health		5173.33				4948	5328.53	case rate	
VAGINAL DELIVERY	5603	APR-DRG	inpatient					Aetna	Better Health		7521.92				7194	7747.58	case rate	
VAGINAL DELIVERY	5604	APR-DRG	inpatient					Aetna	Better Health		22429.6				21453	23102.49	case rate	
POSTPARTUM & POST ABORTION DIAGNOSES W/O PROCEDURE	5611	APR-DRG	inpatient					Aetna	Better Health		3598.22				3442	3706.17	case rate	
POSTPARTUM & POST ABORTION DIAGNOSES W/O PROCEDURE	5612	APR-DRG	inpatient					Aetna	Better Health		5789.94				5538	5963.64	case rate	
POSTPARTUM & POST ABORTION DIAGNOSES W/O PROCEDURE	5613	APR-DRG	inpatient					Aetna	Better Health		9303.49				8898	9582.59	case rate	
POSTPARTUM & POST ABORTION DIAGNOSES W/O PROCEDURE	5614	APR-DRG	inpatient					Aetna	Better Health		24484.28				23418	25218.81	case rate	
PRETERM LABOR	5631	APR-DRG	inpatient					Aetna	Better Health		4121.28				3942	4244.92	case rate	
PRETERM LABOR	5632	APR-DRG	inpatient					Aetna	Better Health		5458.54				5221	5622.3	case rate	
PRETERM LABOR	5633	APR-DRG	inpatient					Aetna	Better Health		9345.82				8939	9626.19	case rate	
PRETERM LABOR	5634	APR-DRG	inpatient					Aetna	Better Health		17230.71				16481	17747.63	case rate	
ABORTION W/O D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY	5641	APR-DRG	inpatient					Aetna	Better Health		4363.8				4174	4494.71	case rate	
ABORTION W/O D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY	5642	APR-DRG	inpatient					Aetna	Better Health		5094.13				4872	5246.95	case rate	
ABORTION W/O D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY	5643	APR-DRG	inpatient					Aetna	Better Health		7234.1				6919	7451.12	case rate	
ABORTION W/O D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY	5644	APR-DRG	inpatient					Aetna	Better Health		30786.87				29447	31710.48	case rate	
FALSE LABOR	5651	APR-DRG	inpatient					Aetna	Better Health		2024.99				1937	2085.74	case rate	
FALSE LABOR	5652	APR-DRG	inpatient					Aetna	Better Health		2879.81				2754	2966.2	case rate	
FALSE LABOR	5653	APR-DRG	inpatient					Aetna	Better Health		4578.33				4379	4715.68	case rate	
FALSE LABOR	5654	APR-DRG	inpatient					Aetna	Better Health		5037.54				4818	5188.67	case rate	
OTHER ANTEPARTUM DIAGNOSES	5661	APR-DRG	inpatient					Aetna	Better Health		4042.27				3866	4163.54	case rate	
OTHER ANTEPARTUM DIAGNOSES	5662	APR-DRG	inpatient					Aetna	Better Health		5430.56				5194	5593.48	case rate	
OTHER ANTEPARTUM DIAGNOSES	5663	APR-DRG	inpatient					Aetna	Better Health		8331.53				7969	8581.48	case rate	
OTHER ANTEPARTUM DIAGNOSES	5664	APR-DRG	inpatient					Aetna	Better Health		23684.88				22654	24395.43	case rate	
NEONATE, TRANSFERRED <5 DAYS OLD, NOT BORN HERE	5801	APR-DRG	inpatient					Aetna	Better Health		3426.55				3277	3529.35	case rate	
NEONATE, TRANSFERRED <5 DAYS OLD, NOT BORN HERE	5802	APR-DRG	inpatient					Aetna	Better Health		4410.8				4219	4543.12	case rate	
NEONATE, TRANSFERRED <5 DAYS OLD, NOT BORN HERE	5803	APR-DRG	inpatient					Aetna	Better Health		7137.33				6827	7351.45	case rate	
NEONATE, TRANSFERRED <5 DAYS OLD, NOT BORN HERE	5804	APR-DRG	inpatient					Aetna	Better Health		13475.18				12889	13879.44	case rate	
NEONATE, TRANSFERRED < 5 DAYS OLD, BORN HERE	5811	APR-DRG	inpatient					Aetna	Better Health		1365.87				1306	1406.85	case rate	
NEONATE, TRANSFERRED < 5 DAYS OLD, BORN HERE	5812	APR-DRG	inpatient					Aetna	Better Health		2169.3				2075	2234.38	case rate	
NEONATE, TRANSFERRED < 5 DAYS OLD, BORN HERE	5813	APR-DRG	inpatient					Aetna	Better Health		3743.24				3580	3855.54	case rate	
NEONATE, TRANSFERRED < 5 DAYS OLD, BORN HERE	5814	APR-DRG	inpatient					Aetna	Better Health		7516.09				7189	7741.57	case rate	
NEONATE W ECMO	5831	APR-DRG	inpatient					Aetna	Better Health		118519.48				113360	122075.06	case rate	
NEONATE W ECMO	5832	APR-DRG	inpatient					Aetna	Better Health		131688.37				125955	135639.02	case rate	
NEONATE W ECMO	5833	APR-DRG	inpatient					Aetna	Better Health		246888.91				236141	254295.58	case rate	
NEONATE W ECMO	5834	APR-DRG	inpatient					Aetna	Better Health		369181.14				353109	380256.57	case rate	
NEONATE BWT <1500G W MAJOR PROCEDURE	5881	APR-DRG	inpatient					Aetna	Better Health		116315.11				111251	119804.56	case rate	
NEONATE BWT <1500G W MAJOR PROCEDURE	5882	APR-DRG	inpatient					Aetna	Better Health		129239.06				123613	133116.23	case rate	
NEONATE BWT <1500G W MAJOR PROCEDURE	5883	APR-DRG	inpatient					Aetna	Better Health		263893.97				252406	271810.79	case rate	
NEONATE BWT <1500G W MAJOR PROCEDURE	5884	APR-DRG	inpatient					Aetna	Better Health		353216.48				337839	363812.97	case rate	
NEONATE BWT <500G OR GA <24 WEEKS	5891	APR-DRG	inpatient					Aetna	Better Health		204229.96				195339	210356.86	case rate	
NEONATE BWT <500G OR GA <24 WEEKS	5892	APR-DRG	inpatient					Aetna	Better Health		143257.21				137021	147554.93	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.															
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true														
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
NEONATE BWT <500G OR GA <24 WEEKS	5893	APR-DRG	inpatient					Aetna	Better Health		102476.78				98016	105551.08	case rate	
NEONATE BWT <500G OR GA <24 WEEKS	5894	APR-DRG	inpatient					Aetna	Better Health		3483.15				3332	3587.64	case rate	
NEONATE BIRTHWT 500-749G W/O MAJOR PROCEDURE	5911	APR-DRG	inpatient					Aetna	Better Health		121966.48				116657	125625.47	case rate	
NEONATE BIRTHWT 500-749G W/O MAJOR PROCEDURE	5912	APR-DRG	inpatient					Aetna	Better Health		169214.53				161848	174290.97	case rate	
NEONATE BIRTHWT 500-749G W/O MAJOR PROCEDURE	5913	APR-DRG	inpatient					Aetna	Better Health		210125.1				200977	216428.85	case rate	
NEONATE BIRTHWT 500-749G W/O MAJOR PROCEDURE	5914	APR-DRG	inpatient					Aetna	Better Health		296633.81				283720	305532.82	case rate	
NEONATE BIRTHWT 750-999G W/O MAJOR PROCEDURE	5931	APR-DRG	inpatient					Aetna	Better Health		37816.58				36170	38951.08	case rate	
NEONATE BIRTHWT 750-999G W/O MAJOR PROCEDURE	5932	APR-DRG	inpatient					Aetna	Better Health		128116.85				122541	131962.42	case rate	
NEONATE BIRTHWT 750-999G W/O MAJOR PROCEDURE	5933	APR-DRG	inpatient					Aetna	Better Health		170632.87				163204	175751.86	case rate	
NEONATE BIRTHWT 750-999G W/O MAJOR PROCEDURE	5934	APR-DRG	inpatient					Aetna	Better Health		243690.53				233082	251001.25	case rate	
NEONATE BWT 1000-1249G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM	6021	APR-DRG	inpatient					Aetna	Better Health		55615.11				53194	57283.56	case rate	
NEONATE BWT 1000-1249G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM	6022	APR-DRG	inpatient					Aetna	Better Health		102118.03				97672	105181.57	case rate	
NEONATE BWT 1000-1249G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM	6023	APR-DRG	inpatient					Aetna	Better Health		135563.36				129662	139630.26	case rate	
NEONATE BWT 1000-1249G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM	6024	APR-DRG	inpatient					Aetna	Better Health		187672.99				179503	193303.18	case rate	
NEONATE BIRTHWT 1000-1249G W OR W/O OTHER SIGNIFICANT CONDITION	6031	APR-DRG	inpatient					Aetna	Better Health		32478.13				31064	33452.47	case rate	
NEONATE BIRTHWT 1000-1249G W OR W/O OTHER SIGNIFICANT CONDITION	6032	APR-DRG	inpatient					Aetna	Better Health		74602.01				71354	76840.07	case rate	
NEONATE BIRTHWT 1000-1249G W OR W/O OTHER SIGNIFICANT CONDITION	6033	APR-DRG	inpatient					Aetna	Better Health		110855.4				108029	114181.06	case rate	
NEONATE BIRTHWT 1000-1249G W OR W/O OTHER SIGNIFICANT CONDITION	6034	APR-DRG	inpatient					Aetna	Better Health		193014.3				184612	198804.73	case rate	
NEONATE BWT 1250-1499G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM	6071	APR-DRG	inpatient					Aetna	Better Health		50698.2				48491	52219.15	case rate	
NEONATE BWT 1250-1499G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM	6072	APR-DRG	inpatient					Aetna	Better Health		79154.87				75709	81529.52	case rate	
NEONATE BWT 1250-1499G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM	6073	APR-DRG	inpatient					Aetna	Better Health		107200.14				102533	110416.14	case rate	
NEONATE BWT 1250-1499G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM	6074	APR-DRG	inpatient					Aetna	Better Health		149869.24				143345	154365.32	case rate	
NEONATE BWT 1250-1499G W OR W/O OTHER SIGNIFICANT CONDITION	6081	APR-DRG	inpatient					Aetna	Better Health		34307.6				32814	35336.83	case rate	
NEONATE BWT 1250-1499G W OR W/O OTHER SIGNIFICANT CONDITION	6082	APR-DRG	inpatient					Aetna	Better Health		64559.75				61749	66496.54	case rate	
NEONATE BWT 1250-1499G W OR W/O OTHER SIGNIFICANT CONDITION	6083	APR-DRG	inpatient					Aetna	Better Health		95376.58				91224	98237.88	case rate	
NEONATE BWT 1250-1499G W OR W/O OTHER SIGNIFICANT CONDITION	6084	APR-DRG	inpatient					Aetna	Better Health		139821.51				133734	144016.16	case rate	
NEONATE BWT 1500-2499G W MAJOR PROCEDURE	6091	APR-DRG	inpatient					Aetna	Better Health		53313.79				50993	54913.2	case rate	
NEONATE BWT 1500-2499G W MAJOR PROCEDURE	6092	APR-DRG	inpatient					Aetna	Better Health		69241.86				66227	71319.12	case rate	
NEONATE BWT 1500-2499G W MAJOR PROCEDURE	6093	APR-DRG	inpatient					Aetna	Better Health		110464.72				105656	113778.66	case rate	
NEONATE BWT 1500-2499G W MAJOR PROCEDURE	6094	APR-DRG	inpatient					Aetna	Better Health		204834.64				195917	210979.68	case rate	
NEONATE BIRTHWT 1500-1999G W MAJOR ANOMALY	6111	APR-DRG	inpatient					Aetna	Better Health		29540.47				28254	30436.68	case rate	
NEONATE BIRTHWT 1500-1999G W MAJOR ANOMALY	6112	APR-DRG	inpatient					Aetna	Better Health		47503.22				45435	48928.32	case rate	
NEONATE BIRTHWT 1500-1999G W MAJOR ANOMALY	6113	APR-DRG	inpatient					Aetna	Better Health		76910.05				73562	79217.35	case rate	
NEONATE BIRTHWT 1500-1999G W MAJOR ANOMALY	6114	APR-DRG	inpatient					Aetna	Better Health		120829.76				115570	124454.65	case rate	
NEONATE BWT 1500-1999G W RESP DIST SYND/OTH MAJ RESP COND	6121	APR-DRG	inpatient					Aetna	Better Health		35907.74				34345	36984.57	case rate	
NEONATE BWT 1500-1999G W RESP DIST SYND/OTH MAJ RESP COND	6122	APR-DRG	inpatient					Aetna	Better Health		54735.53				52353	56377.6	case rate	
NEONATE BWT 1500-1999G W RESP DIST SYND/OTH MAJ RESP COND	6123	APR-DRG	inpatient					Aetna	Better Health		75688.23				72393	77958.88	case rate	
NEONATE BWT 1500-1999G W RESP DIST SYND/OTH MAJ RESP COND	6124	APR-DRG	inpatient					Aetna	Better Health		116101.65				111047	119584.7	case rate	
NEONATE BIRTHWT 1500-1999G W CONGENITAL/PERINATAL INFECTION	6131	APR-DRG	inpatient					Aetna	Better Health		30058.06				28750	30959.8	case rate	
NEONATE BIRTHWT 1500-1999G W CONGENITAL/PERINATAL INFECTION	6132	APR-DRG	inpatient					Aetna	Better Health		46554.13				44527	47950.75	case rate	
NEONATE BIRTHWT 1500-1999G W CONGENITAL/PERINATAL INFECTION	6133	APR-DRG	inpatient					Aetna	Better Health		77402.09				74032	79724.15	case rate	
NEONATE BIRTHWT 1500-1999G W CONGENITAL/PERINATAL INFECTION	6134	APR-DRG	inpatient					Aetna	Better Health		103197.07				98704	106292.98	case rate	
NEONATE BWT 1500-1999G W OR W/O OTHER SIGNIFICANT CONDITION	6141	APR-DRG	inpatient					Aetna	Better Health		19731.41				18872	20323.35	case rate	
NEONATE BWT 1500-1999G W OR W/O OTHER SIGNIFICANT CONDITION	6142	APR-DRG	inpatient					Aetna	Better Health		39403.89				37688	40586.01	case rate	
NEONATE BWT 1500-1999G W OR W/O OTHER SIGNIFICANT CONDITION	6143	APR-DRG	inpatient					Aetna	Better Health		64827.38				61814	66566.2	case rate	
NEONATE BWT 1500-1999G W OR W/O OTHER SIGNIFICANT CONDITION	6144	APR-DRG	inpatient					Aetna	Better Health		69129.12				66120	71202.99	case rate	
NEONATE BWT 2000-2499G W MAJOR ANOMALY	6211	APR-DRG	inpatient					Aetna	Better Health		13811.15				13210	14225.48	case rate	
NEONATE BWT 2000-2499G W MAJOR ANOMALY	6212	APR-DRG	inpatient					Aetna	Better Health		29889.9				28589	30786.6	case rate	
NEONATE BWT 2000-2499G W MAJOR ANOMALY	6213	APR-DRG	inpatient					Aetna	Better Health		50343.3				48152	51853.6	case rate	
NEONATE BWT 2000-2499G W MAJOR ANOMALY	6214	APR-DRG	inpatient					Aetna	Better Health		99542.44				95209	102528.71	case rate	
NEONATE BWT 2000-2499G W RESP DIST SYND/OTH MAJ RESP COND	6221	APR-DRG	inpatient					Aetna	Better Health		22330.4				21358	23000.31	case rate	
NEONATE BWT 2000-2499G W RESP DIST SYND/OTH MAJ RESP COND	6222	APR-DRG	inpatient					Aetna	Better Health		33099.14				31658	34092.11	case rate	
NEONATE BWT 2000-2499G W RESP DIST SYND/OTH MAJ RESP COND	6223	APR-DRG	inpatient					Aetna	Better Health		48256.87				46156	49704.58	case rate	
NEONATE BWT 2000-2499G W RESP DIST SYND/OTH MAJ RESP COND	6224	APR-DRG	inpatient					Aetna	Better Health		77189.97				73830	79505.67	case rate	
NEONATE BWT 2000-2499G W CONGENITAL/PERINATAL INFECTION	6231	APR-DRG	inpatient					Aetna	Better Health		17701.04				16930	18232.07	case rate	
NEONATE BWT 2000-2499G W CONGENITAL/PERINATAL INFECTION	6232	APR-DRG	inpatient					Aetna	Better Health		30789.3				29449	31712.98	case rate	
NEONATE BWT 2000-2499G W CONGENITAL/PERINATAL INFECTION	6233	APR-DRG	inpatient					Aetna	Better Health		50072.89				47893	51576.98	case rate	
NEONATE BWT 2000-2499G W CONGENITAL/PERINATAL INFECTION	6234	APR-DRG	inpatient					Aetna	Better Health		76154.52				72839	78439.16	case rate	
NEONATE BWT 2000-2499G W OTHER SIGNIFICANT CONDITION	6251	APR-DRG	inpatient					Aetna	Better Health		21060.59				20144	21692.41	case rate	
NEONATE BWT 2000-2499G W OTHER SIGNIFICANT CONDITION	6252	APR-DRG	inpatient					Aetna	Better Health		32910.61				31478	33897.93	case rate	
NEONATE BWT 2000-2499G W OTHER SIGNIFICANT CONDITION	6253	APR-DRG	inpatient					Aetna	Better Health		41078.73				39290	42311.09	case rate	
NEONATE BWT 2000-2499G W OTHER SIGNIFICANT CONDITION	6254	APR-DRG	inpatient					Aetna	Better Health		60715.79				58073	62537.26	case rate	
NEONATE BWT 2000-2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	6261	APR-DRG	inpatient					Aetna	Better Health		2093.51				2002	2156.32	case rate	
NEONATE BWT 2000-2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	6262	APR-DRG	inpatient					Aetna	Better Health		5178.62				4953	5333.98	case rate	
NEONATE BWT 2000-2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	6263	APR-DRG	inpatient					Aetna	Better Health		15115.13				14457	15568.58	case rate	
NEONATE BWT 2000-2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	6264	APR-DRG	inpatient					Aetna	Better Health		34012.71				32532	35033.09	case rate	
NEONATE BIRTHWT >2499G W MAJOR CARDIOVASCULAR PROCEDURE	6301	APR-DRG	inpatient					Aetna	Better Health		32051.75				30656	33013.3	case rate	
NEONATE BIRTHWT >2499G W MAJOR CARDIOVASCULAR PROCEDURE	6302	APR-DRG	inpatient					Aetna	Better Health		43573.96				41677	44881.18	case rate	
NEONATE BIRTHWT >2499G W MAJOR CARDIOVASCULAR PROCEDURE	6303	APR-DRG	inpatient					Aetna	Better Health		68565.16				65580	70622.11	case rate	
NEONATE BIRTHWT >2499G W MAJOR CARDIOVASCULAR PROCEDURE	6304	APR-DRG	inpatient					Aetna	Better Health		157236.89				150392	161954	case rate	
NEONATE BIRTHWT >2499G W OTHER MAJOR PROCEDURE	6311	APR-DRG	inpatient					Aetna	Better Health		17996.11				17213	18535.99	case rate	
NEONATE BIRTHWT >2499G W OTHER MAJOR PROCEDURE	6312	APR-DRG	inpatient					Aetna	Better Health		22291.12				21321	22959.85	case rate	
NEONATE BIRTHWT >2499G W OTHER MAJOR PROCEDURE	6313	APR-DRG	inpatient					Aetna	Better Health		50100.87				47920	51603.9	case rate	
NEONATE BIRTHWT >2499G W OTHER MAJOR PROCEDURE	6314	APR-DRG	inpatient					Aetna	Better Health		139590.2				133513	143777.91	case rate	
NEONATE BIRTHWT >2499G W MAJOR ANOMALY	6331	APR-DRG	inpatient					Aetna	Better Health		3930.33				3759	4048.24	case rate	
NEONATE BIRTHWT >2499G W MAJOR ANOMALY	6332	APR-DRG	inpatient					Aetna	Better Health		11186.86				10700	11522.47	case rate	
NEONATE BIRTHWT >2499G W MAJOR ANOMALY	6333	APR-DRG	inpatient					Aetna	Better Health		23757.71				22723	24470.44	case rate	
NEONATE BIRTHWT >2499G W MAJOR ANOMALY	6334	APR-DRG	inpatient					Aetna	Better Health		71350.08				68244	73490.58	case rate	
NEONATE, BIRTHWT >2499G W RESP DIST SYND/OTH MAJ RESP COND	6341	APR-DRG	inpatient					Aetna	Better Health		7503.8				7177	7728.91	case rate	
NEONATE, BIRTHWT >2499G W RESP DIST SYND/OTH MAJ RESP COND	6342	APR-DRG	inpatient					Aetna	Better Health		13666.12				13071	14076.1	case rate	
NEONATE, BIRTHWT >2499G W RESP DIST SYND/OTH MAJ RESP COND	6343	APR-DRG	inpatient					Aetna	Better Health		30319.96				29000	31229.56	case rate	
NEONATE, BIRTHWT >2499G W RESP DIST SYND/OTH MAJ RESP COND	6344	APR-DRG	inpatient					Aetna	Better Health		75411.63				72129	77673.98	case rate	
NEONATE BIRTHWT >2499G W CONGENITAL/PERINATAL INFECTION	6361	APR-DRG	inpatient					Aetna	Better Health		10155.98				9714	10460.66	case rate	
NEONATE BIRTHWT >2499G W CONGENITAL/PERINATAL INFECTION	6362	APR-DRG	inpatient					Aetna	Better Health		15148.86				14489	15603.33	case rate	
NEONATE BIRTHWT >2499G W CONGENITAL/PERINATAL INFECTION	6363	APR-DRG	inpatient					Aetna	Better Health		28521.34				27280	29376.98	case rate	
NEONATE BIRTHWT >2499G W CONGENITAL/PERINATAL INFECTION	6364	APR-DRG	inpatient					Aetna	Better Health		59446.07				56858	61229.45	case rate	
NEONATE BIRTHWT >2499G W OTHER SIGNIFICANT CONDITION	6391	APR-DRG	inpatient					Aetna	Better Health		5872.18				5617	6048.35	case rate	
NEONATE BIRTHWT >2499G W OTHER SIGNIFICANT CONDITION	6392	APR-DRG	inpatient					Aetna	Better Health		9308.6				8903	9587.86	case rate	
NEONATE BIRTHWT >2499G W OTHER SIGNIFICANT CONDITION	6393	APR-DRG	inpatient					Aetna	Better Health		18063.02				17277	18604.91	case rate	
NEONATE BIRTHWT >2499G W OTHER SIGNIFICANT CONDITION	6394	APR-DRG	inpatient					Aetna	Better Health		48953.48				46822	50422.08	case rate	
NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	6401	APR-DRG	inpatient					Aetna	Better Health		1486.77				1422	1531.37	case rate	
NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	6402	APR-DRG	inpatient					Aetna	Better Health		2199.16				2103	2265.13	case rate	
NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	6403	APR-DRG	inpatient					Aetna	Better Health		5346.52				5114	5506.92	case rate	
NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	6404	APR-DRG	inpatient					Aetna	Better Health		26054.36				24920	26835.99	case rate	
SPLENECTOMY	6501	APR-DRG	inpatient					Aetna	Better Health		18301.5				17505	18850.55	case rate	
SPLENECTOMY	6502	APR-DRG	inpatient					Aetna	Better Health		26196.79				25056	26982.69	case rate	
SPLENECTOMY	6503	APR-DRG	inpatient					Aetna	Better Health		35323.5				33786	36383.21	case rate	
SPLENECTOMY	6504	APR-DRG	inpatient					Aetna	Better Health		70722.08				67643	72843.74	case rate	
OTHER PROCEDURES OF BLOOD & BLOOD-FORMING ORGANS	6511	APR-DRG	inpatient					Aetna	Better Health		14720.77				14080	15162.39	case rate	
OTHER PROCEDURES OF BLOOD & BLOOD-FORMING ORGANS	6512	APR-DRG	inpatient					Aetna	Better Health		20671.07				19771	21291.2	case rate	
OTHER PROCEDURES OF BLOOD & BLOOD-FORMING ORGANS	6513	APR-DRG	inpatient					Aetna	Better Health		36480.67				34893	37575.09	case rate	
OTHER PROCEDURES OF BLOOD & BLOOD-FORMING ORGANS	6514	APR-DRG	inpatient					Aetna	Better Health		76556.14				73223	78852.82	case rate	
MAJOR HEMATOLOGIC/IMMUNOLOGIC DIAG EXC SICKLE CELL CRISIS & COAGUL	6601	APR-DRG	inpatient					Aetna	Better Health		10770.98				10302	11094.11	case rate	
MAJOR HEMATOLOGIC/IMMUNOLOGIC DIAG EXC SICKLE CELL CRISIS & COAGUL	6602	APR-DRG	inpatient					Aetna	Better Health		11498.26				10998	11843.21	case rate	
MAJOR HEMATOLOGIC/IMMUNOLOGIC DIAG EXC SICKLE CELL CRISIS & COAGUL	6603	APR-DRG	inpatient					Aetna	Better Health		18486.26				17681	19040.85	case rate	
MAJOR HEMATOLOGIC/IMMUNOLOGIC DIAG EXC SICKLE CELL CRISIS & COAGUL	6604	APR-DRG	inpatient					Aetna	Better Health		48631.84				45941	49472.8	case rate	
COAGULATION & PLATELET DISORDERS	6611	APR-DRG	inpatient					Aetna	Better Health		13240.46				12664	13637.67	case rate	
COAGULATION & PLATELET DISORDERS	6612	APR-DRG	inpatient					Aetna	Better Health		15576.85				14899	16044.16	case rate	
COAGULATION & PLATELET DISORDERS	6613	APR-DRG	inpatient					Aetna	Better Health		29667.29				28376	30557.31	case rate	
COAGULATION & PLATELET DISORDERS	6614	APR-DRG	inpatient					Aetna	Better Health		56585.45				54122	58283.01	case rate	
SICKLE CELL ANEMIA CRISIS	6621	APR-DRG	inpatient					Aetna	Better Health		8217				7859	8463.51	case rate	
SICKLE CELL ANEMIA CRISIS	6622	APR-DRG	inpatient					Aetna	Better Health		11255.74				10766	11593.41	case rate	
SICKLE CELL ANEMIA CRISIS	6623	APR-DRG	inpatient					Aetna	Better Health		17440.67				16681	17963.89	case rate	
SICKLE CELL ANEMIA CRISIS	6624	APR-DRG	inpatient					Aetna	Better Health		40977.56				39194	42206.89	case rate	
OTHER ANEMIA & DISORDERS OF BLOOD & BLOOD-FORMING ORGANS	6631	APR-DRG	inpatient					Aetna	Better Health		6898.76				6598	7105.72	case rate	
OTHER ANEMIA & DISORDERS OF BLOOD & BLOOD-FORMING ORGANS	6632	APR-DRG	inpatient					Aetna	Better Health		8709.48				8330	8970.76	case rate	
OTHER ANEMIA & DISORDERS OF BLOOD & BLOOD-FORMING ORGANS	6633	APR-DRG	inpatient					Aetna	Better Health		12462.32				11920	12836.19	case rate	
OTHER ANEMIA & DISORDERS OF BLOOD & BLOOD-FORMING ORGANS	6634	APR-DRG	inpatient					Aetna	Better Health		23277.52				22264	23975.85	case rate	
MAJOR O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS	6801	APR-DRG	inpatient					Aetna	Better Health		21531.19				20594	22177.13	case rate	
MAJOR O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS	6802	APR-DRG	inpatient					Aetna	Better Health		29611.33				28322	30499.67	case rate	
MAJOR O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS	6803	APR-DRG	inpatient					Aetna	Better Health		51146.73				48920	52681.13	case rate	
MAJOR O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS	6804	APR-DRG	inpatient					Aetna	Better Health		102303.41				97850	105372.51	case rate	
OTHER O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS	6811	APR-DRG	inpatient					Aetna	Better Health		15688.24				15005	16158.89	case rate	
OTHER O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS	6812	APR-DRG	inpatient					Aetna	Better Health		21593.7				20654	22241.51	case rate	
OTHER O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS	6813	APR-DRG	inpatient					Aetna	Better Health		39685.51				37958	40876.08	case rate	
OTHER O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS	6814	APR-DRG	inpatient					Aetna	Better Health		96700.84				92491	99601.87	case rate	
ACUTE LEUKEMIA	6901	APR-DRG	inpatient					Aetna	Better Health		18236.03				17442	18783.11	case rate	
ACUTE LEUKEMIA	6902	APR-DRG	inpatient					Aetna	Better Health		30108.56				28798	31011.82	case rate	
ACUTE LEUKEMIA	6903	APR-DRG	inpatient					Aetna	Better Health		57880.01				55360	59616.41	case rate	
ACUTE LEUKEMIA	6904	APR-DRG	inpatient					Aetna	Better Health		110352.25				105548	113662.82	case rate	
LYMPHOMA, MYELOMA & NON-ACUTE LEUKEMIA	6911	APR-DRG	inpatient					Aetna	Better Health		15447.34				14775	15910.76	case rate	
LYMPHOMA, MYELOMA & NON-ACUTE LEUKEMIA	6912	APR-DRG	inpatient					Aetna	Better Health		17836.91				17060	18372.02	case rate	
LYMPHOMA, MYELOMA & NON-ACUTE LEUKEMIA	6913	APR-DRG	inpatient					Aetna	Better Health		27612.08				26410	28440.44	case rate	
LYMPHOMA, MYELOMA & NON-ACUTE LEUKEMIA	6914	APR-DRG	inpatient					Aetna	Better Health		58075.62				55547	59817.89	case rate	
RADIOTHERAPY	6921	APR-DRG	inpatient					Aetna	Better Health		10439.93				9985	10753.13	case rate	
RADIOTHERAPY	6922	APR-DRG	inpatient					Aetna	Better Health		21825.19				20875	22479.95	case rate	
RADIOTHERAPY	6923	APR-DRG	inpatient					Aetna	Better Health		31952.74				30562	32911.32	case rate	
RADIOTHERAPY	6924	APR-DRG	inpatient					Aetna	Better Health		59108.57				56535	60881.83	case rate	
LYMPHATIC & OTHER MALIGNANCIES & NEOPLASMS OF UNCERTAIN BEHAVIOR	6941	APR-DRG	inpatient					Aetna	Better Health		9597.94				9180	9885.88	case rate	
LYMPHATIC & OTHER MALIGNANCIES & NEOPLASMS OF UNCERTAIN BEHAVIOR	6942	APR-DRG	inpatient					Aetna	Better Health		11309.91				10818	11649.21	case rate	
LYMPHATIC & OTHER MALIGNANCIES & NEOPLASMS OF UNCERTAIN BEHAVIOR	6943	APR-DRG	inpatient					Aetna	Better Health		18198.63				17406	18744.59	case rate	
LYMPHATIC & OTHER MALIGNANCIES & NEOPLASMS OF UNCERTAIN BEHAVIOR	6944	APR-DRG	inpatient					Aetna	Better Health		35226.46				33693	36283.25	case rate	
CHEMOTHERAPY FOR ACUTE LEUKEMIA	6951	APR-DRG	inpatient					Aetna	Better Health		8735.85				8356	8997.93	case rate	
CHEMOTHERAPY FOR ACUTE LEUKEMIA	6952	APR-DRG	inpatient					Aetna	Better Health		12737.85				12183	13119.99	case rate	
CHEMOTHERAPY FOR ACUTE LEUKEMIA	6953	APR-DRG	inpatient					Aetna	Better Health		33215.19				31769	34211.65	case rate	
CHEMOTHERAPY FOR ACUTE LEUKEMIA	6954	APR-DRG	inpatient					Aetna	Better Health		91614.23				87626	94362.66	case rate	
OTHER CHEMOTHERAPY	6961	APR-DRG	inpatient					Aetna	Better Health		11502.39				11002	11847.46	case rate	
OTHER CHEMOTHERAPY	6962	APR-DRG	inpatient					Aetna	Better Health		13682.18				13087	14092.65	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
OTHER CHEMOTHERAPY	6963	APR-DRG	inpatient					Aetna	Better Health		21469.39				20535	22113.47	case rate	
OTHER CHEMOTHERAPY	6964	APR-DRG	inpatient					Aetna	Better Health		50657.39				48452	52177.11	case rate	
INFECTIOUS & PARASITIC DISEASES INCLUDING HIV W O.R. PROCEDURE	7101	APR-DRG	inpatient					Aetna	Better Health		15326.26				14659	15786.05	case rate	
INFECTIOUS & PARASITIC DISEASES INCLUDING HIV W O.R. PROCEDURE	7102	APR-DRG	inpatient					Aetna	Better Health		21583.66				20644	22231.17	case rate	
INFECTIOUS & PARASITIC DISEASES INCLUDING HIV W O.R. PROCEDURE	7103	APR-DRG	inpatient					Aetna	Better Health		37063.1				35450	38174.99	case rate	
INFECTIOUS & PARASITIC DISEASES INCLUDING HIV W O.R. PROCEDURE	7104	APR-DRG	inpatient					Aetna	Better Health		75739.17				72442	78011.35	case rate	
POST-OP, POST-TRAUMA, OTHER DEVICE INFECTIONS W O.R. PROCEDURE	7111	APR-DRG	inpatient					Aetna	Better Health		14715.48				14075	15156.94	case rate	
POST-OP, POST-TRAUMA, OTHER DEVICE INFECTIONS W O.R. PROCEDURE	7112	APR-DRG	inpatient					Aetna	Better Health		20361.11				19475	20971.94	case rate	
POST-OP, POST-TRAUMA, OTHER DEVICE INFECTIONS W O.R. PROCEDURE	7113	APR-DRG	inpatient					Aetna	Better Health		36858.7				35254	37964.48	case rate	
POST-OP, POST-TRAUMA, OTHER DEVICE INFECTIONS W O.R. PROCEDURE	7114	APR-DRG	inpatient					Aetna	Better Health		75861.15				72559	78136.98	case rate	
SEPTICEMIA & DISSEMINATED INFECTIONS	7201	APR-DRG	inpatient					Aetna	Better Health		7707.93				7372	7939.17	case rate	
SEPTICEMIA & DISSEMINATED INFECTIONS	7202	APR-DRG	inpatient					Aetna	Better Health		10345.67				9895	10656.04	case rate	
SEPTICEMIA & DISSEMINATED INFECTIONS	7203	APR-DRG	inpatient					Aetna	Better Health		16921.01				16184	17428.64	case rate	
SEPTICEMIA & DISSEMINATED INFECTIONS	7204	APR-DRG	inpatient					Aetna	Better Health		37296.3				35673	38415.19	case rate	
POST-OPERATIVE, POST-TRAUMATIC, OTHER DEVICE INFECTIONS	7211	APR-DRG	inpatient					Aetna	Better Health		8099.87				7747	8342.87	case rate	
POST-OPERATIVE, POST-TRAUMATIC, OTHER DEVICE INFECTIONS	7212	APR-DRG	inpatient					Aetna	Better Health		10749.36				10281	11071.84	case rate	
POST-OPERATIVE, POST-TRAUMATIC, OTHER DEVICE INFECTIONS	7213	APR-DRG	inpatient					Aetna	Better Health		17994.05				17211	18533.87	case rate	
POST-OPERATIVE, POST-TRAUMATIC, OTHER DEVICE INFECTIONS	7214	APR-DRG	inpatient					Aetna	Better Health		35131.48				33602	36185.42	case rate	
FEVER	7221	APR-DRG	inpatient					Aetna	Better Health		6230.4				5959	6417.31	case rate	
FEVER	7222	APR-DRG	inpatient					Aetna	Better Health		8355.66				7992	8606.33	case rate	
FEVER	7223	APR-DRG	inpatient					Aetna	Better Health		11375.48				10880	11716.74	case rate	
FEVER	7224	APR-DRG	inpatient					Aetna	Better Health		21598.37				20658	22246.32	case rate	
VIRAL ILLNESS	7231	APR-DRG	inpatient					Aetna	Better Health		5495.67				5256	5660.54	case rate	
VIRAL ILLNESS	7232	APR-DRG	inpatient					Aetna	Better Health		7443.35				7119	7666.65	case rate	
VIRAL ILLNESS	7233	APR-DRG	inpatient					Aetna	Better Health		12032.09				11508	12393.05	case rate	
VIRAL ILLNESS	7234	APR-DRG	inpatient					Aetna	Better Health		40227.77				38476	41434.6	case rate	
OTHER INFECTIOUS & PARASITIC DISEASES	7241	APR-DRG	inpatient					Aetna	Better Health		9587.89				9170	9875.53	case rate	
OTHER INFECTIOUS & PARASITIC DISEASES	7242	APR-DRG	inpatient					Aetna	Better Health		11311.35				10819	11650.69	case rate	
OTHER INFECTIOUS & PARASITIC DISEASES	7243	APR-DRG	inpatient					Aetna	Better Health		17828.48				17052	18363.33	case rate	
OTHER INFECTIOUS & PARASITIC DISEASES	7244	APR-DRG	inpatient					Aetna	Better Health		41249.77				39454	42487.26	case rate	
MENTAL ILLNESS DIAGNOSIS W O.R. PROCEDURE	7401	APR-DRG	inpatient					Aetna	Better Health		18776.67				17959	19339.97	case rate	
MENTAL ILLNESS DIAGNOSIS W O.R. PROCEDURE	7402	APR-DRG	inpatient					Aetna	Better Health		22597.41				21614	23275.33	case rate	
MENTAL ILLNESS DIAGNOSIS W O.R. PROCEDURE	7403	APR-DRG	inpatient					Aetna	Better Health		37878.37				36229	39014.72	case rate	
MENTAL ILLNESS DIAGNOSIS W O.R. PROCEDURE	7404	APR-DRG	inpatient					Aetna	Better Health		76124.47				72810	78408.2	case rate	
SCHIZOPHRENIA	7501	APR-DRG	inpatient					Aetna	Better Health		8776.66				8395	9039.96	case rate	
SCHIZOPHRENIA	7502	APR-DRG	inpatient					Aetna	Better Health		10517.78				10060	10833.31	case rate	
SCHIZOPHRENIA	7503	APR-DRG	inpatient					Aetna	Better Health		15344.11				14676	15804.43	case rate	
SCHIZOPHRENIA	7504	APR-DRG	inpatient					Aetna	Better Health		30840.6				29498	31765.82	case rate	
MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	7511	APR-DRG	inpatient					Aetna	Better Health		5253.42				5025	5411.02	case rate	
MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	7512	APR-DRG	inpatient					Aetna	Better Health		7283.43				6966	7501.93	case rate	
MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	7513	APR-DRG	inpatient					Aetna	Better Health		12684.75				12133	13065.29	case rate	
MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	7514	APR-DRG	inpatient					Aetna	Better Health		24625.45				23553	25364.21	case rate	
DISORDERS OF PERSONALITY & IMPULSE CONTROL	7521	APR-DRG	inpatient					Aetna	Better Health		4500.13				4304	4635.13	case rate	
DISORDERS OF PERSONALITY & IMPULSE CONTROL	7522	APR-DRG	inpatient					Aetna	Better Health		6388.88				6111	6580.55	case rate	
DISORDERS OF PERSONALITY & IMPULSE CONTROL	7523	APR-DRG	inpatient					Aetna	Better Health		11272.6				10782	11610.78	case rate	
DISORDERS OF PERSONALITY & IMPULSE CONTROL	7524	APR-DRG	inpatient					Aetna	Better Health		12095.41				11569	12458.27	case rate	
BIPOLAR DISORDERS	7531	APR-DRG	inpatient					Aetna	Better Health		5714.6				5466	5886.04	case rate	
BIPOLAR DISORDERS	7532	APR-DRG	inpatient					Aetna	Better Health		7735.46				7399	7967.52	case rate	
BIPOLAR DISORDERS	7533	APR-DRG	inpatient					Aetna	Better Health		12577.57				12030	12954.9	case rate	
BIPOLAR DISORDERS	7534	APR-DRG	inpatient					Aetna	Better Health		25256.67				24157	26014.37	case rate	
DEPRESSION EXCEPT MAJOR DEPRESSIVE DISORDER	7541	APR-DRG	inpatient					Aetna	Better Health		4202.09				4019	4328.15	case rate	
DEPRESSION EXCEPT MAJOR DEPRESSIVE DISORDER	7542	APR-DRG	inpatient					Aetna	Better Health		5628.32				5383	5797.17	case rate	
DEPRESSION EXCEPT MAJOR DEPRESSIVE DISORDER	7543	APR-DRG	inpatient					Aetna	Better Health		8764.55				8383	9027.49	case rate	
DEPRESSION EXCEPT MAJOR DEPRESSIVE DISORDER	7544	APR-DRG	inpatient					Aetna	Better Health		18317.38				17520	18866.9	case rate	
ADJUSTMENT DISORDERS & NEUROSES EXCEPT DEPRESSIVE DIAGNOSES	7551	APR-DRG	inpatient					Aetna	Better Health		3783.69				3619	3897.2	case rate	
ADJUSTMENT DISORDERS & NEUROSES EXCEPT DEPRESSIVE DIAGNOSES	7552	APR-DRG	inpatient					Aetna	Better Health		6203.13				5933	6389.22	case rate	
ADJUSTMENT DISORDERS & NEUROSES EXCEPT DEPRESSIVE DIAGNOSES	7553	APR-DRG	inpatient					Aetna	Better Health		8909.4				8522	9176.68	case rate	
ADJUSTMENT DISORDERS & NEUROSES EXCEPT DEPRESSIVE DIAGNOSES	7554	APR-DRG	inpatient					Aetna	Better Health		13443.43				12858	13846.73	case rate	
ACUTE ANXIETY & DELIRIUM STATES	7561	APR-DRG	inpatient					Aetna	Better Health		6139.72				5872	6323.91	case rate	
ACUTE ANXIETY & DELIRIUM STATES	7562	APR-DRG	inpatient					Aetna	Better Health		7741.74				7405	7973.99	case rate	
ACUTE ANXIETY & DELIRIUM STATES	7563	APR-DRG	inpatient					Aetna	Better Health		9452.01				9041	9735.57	case rate	
ACUTE ANXIETY & DELIRIUM STATES	7564	APR-DRG	inpatient					Aetna	Better Health		24815.5				23735	25559.97	case rate	
ORGANIC MENTAL HEALTH DISTURBANCES	7571	APR-DRG	inpatient					Aetna	Better Health		9072.36				8677	9344.53	case rate	
ORGANIC MENTAL HEALTH DISTURBANCES	7572	APR-DRG	inpatient					Aetna	Better Health		10449.35				9994	10762.83	case rate	
ORGANIC MENTAL HEALTH DISTURBANCES	7573	APR-DRG	inpatient					Aetna	Better Health		13451.32				12866	13854.86	case rate	
ORGANIC MENTAL HEALTH DISTURBANCES	7574	APR-DRG	inpatient					Aetna	Better Health		28488.69				27248	29343.35	case rate	
BEHAVIORAL DISORDERS	7581	APR-DRG	inpatient					Aetna	Better Health		5992.19				5731	6171.96	case rate	
BEHAVIORAL DISORDERS	7582	APR-DRG	inpatient					Aetna	Better Health		7121.81				6812	7335.46	case rate	
BEHAVIORAL DISORDERS	7583	APR-DRG	inpatient					Aetna	Better Health		11939.89				11420	12298.09	case rate	
BEHAVIORAL DISORDERS	7584	APR-DRG	inpatient					Aetna	Better Health		15779.55				15093	16252.94	case rate	
EATING DISORDERS	7591	APR-DRG	inpatient					Aetna	Better Health		19090.22				18259	19662.93	case rate	
EATING DISORDERS	7592	APR-DRG	inpatient					Aetna	Better Health		20049.17				19176	20650.65	case rate	
EATING DISORDERS	7593	APR-DRG	inpatient					Aetna	Better Health		22466.55				21488	23140.55	case rate	
EATING DISORDERS	7594	APR-DRG	inpatient					Aetna	Better Health		38931.32				37236	40099.26	case rate	
OTHER MENTAL HEALTH DISORDERS	7601	APR-DRG	inpatient					Aetna	Better Health		7473.39				7148	7697.59	case rate	
OTHER MENTAL HEALTH DISORDERS	7602	APR-DRG	inpatient					Aetna	Better Health		9706.1				9284	9997.28	case rate	
OTHER MENTAL HEALTH DISORDERS	7603	APR-DRG	inpatient					Aetna	Better Health		14640.23				14003	15079.44	case rate	
OTHER MENTAL HEALTH DISORDERS	7604	APR-DRG	inpatient					Aetna	Better Health		28224.02				26995	29070.74	case rate	
DRUG & ALCOHOL ABUSE OR DEPENDENCE, LEFT AGAINST MEDICAL ADVICE	7701	APR-DRG	inpatient					Aetna	Better Health		3344.94				3199	3445.29	case rate	
DRUG & ALCOHOL ABUSE OR DEPENDENCE, LEFT AGAINST MEDICAL ADVICE	7702	APR-DRG	inpatient					Aetna	Better Health		4385.59				4195	4517.16	case rate	
DRUG & ALCOHOL ABUSE OR DEPENDENCE, LEFT AGAINST MEDICAL ADVICE	7703	APR-DRG	inpatient					Aetna	Better Health		9054.42				8660	9326.05	case rate	
DRUG & ALCOHOL ABUSE OR DEPENDENCE, LEFT AGAINST MEDICAL ADVICE	7704	APR-DRG	inpatient					Aetna	Better Health		27052.69				25875	27864.27	case rate	
ALCOHOL & DRUG DEPENDENCE W REHAB OR REHAB/DETOX THERAPY	7721	APR-DRG	inpatient					Aetna	Better Health		8395.21				8030	8647.07	case rate	
ALCOHOL & DRUG DEPENDENCE W REHAB OR REHAB/DETOX THERAPY	7722	APR-DRG	inpatient					Aetna	Better Health		9856.6				9427	10152.2	case rate	
ALCOHOL & DRUG DEPENDENCE W REHAB OR REHAB/DETOX THERAPY	7723	APR-DRG	inpatient					Aetna	Better Health		11585.89				11082	11933.47	case rate	
ALCOHOL & DRUG DEPENDENCE W REHAB OR REHAB/DETOX THERAPY	7724	APR-DRG	inpatient					Aetna	Better Health		35940.92				34376	37019.15	case rate	
OPIOID ABUSE & DEPENDENCE	7731	APR-DRG	inpatient					Aetna	Better Health		3970.16				3797	4089.26	case rate	
OPIOID ABUSE & DEPENDENCE	7732	APR-DRG	inpatient					Aetna	Better Health		5076.91				4856	5229.22	case rate	
OPIOID ABUSE & DEPENDENCE	7733	APR-DRG	inpatient					Aetna	Better Health		10288				9840	10596.64	case rate	
OPIOID ABUSE & DEPENDENCE	7734	APR-DRG	inpatient					Aetna	Better Health		32559.21				31142	33535.99	case rate	
COCAINE ABUSE & DEPENDENCE	7741	APR-DRG	inpatient					Aetna	Better Health		5025.79				4807	5176.56	case rate	
COCAINE ABUSE & DEPENDENCE	7742	APR-DRG	inpatient					Aetna	Better Health		5220.15				4993	5376.75	case rate	
COCAINE ABUSE & DEPENDENCE	7743	APR-DRG	inpatient					Aetna	Better Health		10053.02				9615	10354.61	case rate	
COCAINE ABUSE & DEPENDENCE	7744	APR-DRG	inpatient					Aetna	Better Health		36786.33				35185	37889.92	case rate	
ALCOHOL ABUSE & DEPENDENCE	7751	APR-DRG	inpatient					Aetna	Better Health		4875.65				4663	5021.92	case rate	
ALCOHOL ABUSE & DEPENDENCE	7752	APR-DRG	inpatient					Aetna	Better Health		6951.32				6649	7159.86	case rate	
ALCOHOL ABUSE & DEPENDENCE	7753	APR-DRG	inpatient					Aetna	Better Health		13235.08				12659	13632.13	case rate	
ALCOHOL ABUSE & DEPENDENCE	7754	APR-DRG	inpatient					Aetna	Better Health		37919.63				36269	39057.22	case rate	
OTHER DRUG ABUSE & DEPENDENCE	7761	APR-DRG	inpatient					Aetna	Better Health		4631.79				4430	4770.74	case rate	
OTHER DRUG ABUSE & DEPENDENCE	7762	APR-DRG	inpatient					Aetna	Better Health		6420.09				6141	6612.69	case rate	
OTHER DRUG ABUSE & DEPENDENCE	7763	APR-DRG	inpatient					Aetna	Better Health		11313.14				10821	11652.53	case rate	
OTHER DRUG ABUSE & DEPENDENCE	7764	APR-DRG	inpatient					Aetna	Better Health		26093.65				24958	26876.46	case rate	
O.R. PROCEDURE FOR OTHER COMPLICATIONS OF TREATMENT	7911	APR-DRG	inpatient					Aetna	Better Health		13653.21				13059	14062.81	case rate	
O.R. PROCEDURE FOR OTHER COMPLICATIONS OF TREATMENT	7912	APR-DRG	inpatient					Aetna	Better Health		20044.24				19172	20645.57	case rate	
O.R. PROCEDURE FOR OTHER COMPLICATIONS OF TREATMENT	7913	APR-DRG	inpatient					Aetna	Better Health		32334				30926	33304.02	case rate	
O.R. PROCEDURE FOR OTHER COMPLICATIONS OF TREATMENT	7914	APR-DRG	inpatient					Aetna	Better Health		70649.16				67573	72768.63	case rate	
ALLERGIC REACTIONS	8111	APR-DRG	inpatient					Aetna	Better Health		4299.76				4113	4428.75	case rate	
ALLERGIC REACTIONS	8112	APR-DRG	inpatient					Aetna	Better Health		6208.78				5938	6395.04	case rate	
ALLERGIC REACTIONS	8113	APR-DRG	inpatient					Aetna	Better Health		13593.92				13002	14001.74	case rate	
ALLERGIC REACTIONS	8114	APR-DRG	inpatient					Aetna	Better Health		32571.77				31154	33548.92	case rate	
POISONING OF MEDICINAL AGENTS	8121	APR-DRG	inpatient					Aetna	Better Health		4926.06				4712	5073.84	case rate	
POISONING OF MEDICINAL AGENTS	8122	APR-DRG	inpatient					Aetna	Better Health		6274.53				6001	6462.77	case rate	
POISONING OF MEDICINAL AGENTS	8123	APR-DRG	inpatient					Aetna	Better Health		11135.92				10651	11470	case rate	
POISONING OF MEDICINAL AGENTS	8124	APR-DRG	inpatient					Aetna	Better Health		26111.41				24975	26894.75	case rate	
OTHER COMPLICATIONS OF TREATMENT	8131	APR-DRG	inpatient					Aetna	Better Health		7155				6844	7369.65	case rate	
OTHER COMPLICATIONS OF TREATMENT	8132	APR-DRG	inpatient					Aetna	Better Health		9430.22				9020	9713.13	case rate	
OTHER COMPLICATIONS OF TREATMENT	8133	APR-DRG	inpatient					Aetna	Better Health		14222.2				13890	14957.87	case rate	
OTHER COMPLICATIONS OF TREATMENT	8134	APR-DRG	inpatient					Aetna	Better Health		31942.96				30552	32901.26	case rate	
OTHER INJURY, POISONING & TOXIC EFFECT DIAGNOSES	8151	APR-DRG	inpatient					Aetna	Better Health		7009.79				6705	7220.08	case rate	
OTHER INJURY, POISONING & TOXIC EFFECT DIAGNOSES	8152	APR-DRG	inpatient					Aetna	Better Health		7445.05				7121	7668.4	case rate	
OTHER INJURY, POISONING & TOXIC EFFECT DIAGNOSES	8153	APR-DRG	inpatient					Aetna	Better Health		12677.13				12125	13057.44	case rate	
OTHER INJURY, POISONING & TOXIC EFFECT DIAGNOSES	8154	APR-DRG	inpatient					Aetna	Better Health		40481.32				38719	41695.76	case rate	
TOXIC EFFECTS OF NON-MEDICINAL SUBSTANCES	8161	APR-DRG	inpatient					Aetna	Better Health		7352.58				7032	7573.16	case rate	
TOXIC EFFECTS OF NON-MEDICINAL SUBSTANCES	8162	APR-DRG	inpatient					Aetna	Better Health		8169.56				7814	8414.65	case rate	
TOXIC EFFECTS OF NON-MEDICINAL SUBSTANCES	8163	APR-DRG	inpatient					Aetna	Better Health		11828.76				11314	12183.62	case rate	
TOXIC EFFECTS OF NON-MEDICINAL SUBSTANCES	8164	APR-DRG	inpatient					Aetna	Better Health		27109.37				25929	27922.65	case rate	
EXTENSIVE 3RD DEGREE BURNS W SKIN GRAFT	8411	APR-DRG	inpatient					Aetna	Better Health		69351.82				66333	71432.37	case rate	
EXTENSIVE 3RD DEGREE BURNS W SKIN GRAFT	8412	APR-DRG	inpatient					Aetna	Better Health		70549.97				67479	72666.47	case rate	
EXTENSIVE 3RD DEGREE BURNS W SKIN GRAFT	8413	APR-DRG	inpatient					Aetna	Better Health		108565.2				103839	111822.16	case rate	
EXTENSIVE 3RD DEGREE BURNS W SKIN GRAFT	8414	APR-DRG	inpatient					Aetna	Better Health		280880.45				268653	289306.86	case rate	
BURNS WITH SKIN GRAFT EXCEPT EXTENSIVE 3RD DEGREE BURNS	8421	APR-DRG	inpatient					Aetna	Better Health		21570.02				20631	22217.12	case rate	
BURNS WITH SKIN GRAFT EXCEPT EXTENSIVE 3RD DEGREE BURNS	8422	APR-DRG	inpatient					Aetna	Better Health		32242.97				30835	33313.26	case rate	
BURNS WITH SKIN GRAFT EXCEPT EXTENSIVE 3RD DEGREE BURNS	8423	APR-DRG	inpatient					Aetna	Better Health		61885.96				59192	63742.54	case rate	
BURNS WITH SKIN GRAFT EXCEPT EXTENSIVE 3RD DEGREE BURNS	8424	APR-DRG	inpatient					Aetna	Better Health		147197.41				140789	151613.33	case rate	
EXTENSIVE 3RD DEGREE OR FULL THICKNESS BURNS W/O SKIN GRAFT	8431	APR-DRG	inpatient					Aetna	Better Health		10600.03				10139	10918.03	case rate	
EXTENSIVE 3RD DEGREE OR FULL THICKNESS BURNS W/O SKIN GRAFT	8432	APR-DRG	inpatient					Aetna	Better Health		14623.82				13987	15062.53	case rate	
EXTENSIVE 3RD DEGREE OR FULL THICKNESS BURNS W/O SKIN GRAFT	8433	APR-DRG	inpatient					Aetna	Better Health		26706.76				25544	27507.96	case rate	
EXTENSIVE 3RD DEGREE OR FULL THICKNESS BURNS W/O SKIN GRAFT	8434	APR-DRG	inpatient					Aetna	Better Health		72049.56				68913	74211.05	case rate	
PARTIAL THICKNESS BURNS W/O SKIN GRAFT	8441	APR-DRG	inpatient					Aetna	Better Health		7085.22				6777	7297.78	case rate	
PARTIAL THICKNESS BURNS W/O SKIN GRAFT	8442	APR-DRG	inpatient					Aetna	Better Health		10685.41				10220	11005.97	case rate	
PARTIAL THICKNESS BURNS W/O SKIN GRAFT	8443	APR-DRG	inpatient					Aetna	Better Health		21753.53				20807	22406.14	case rate	
PARTIAL THICKNESS BURNS W/O SKIN GRAFT	8444	APR-DRG	inpatient					Aetna	Better Health		61580.65				58881	63407.47	case rate	
PROCEDURE W DIAG OF REHAB, AFTERCARE OR OTH CONTACT W HEALTH SERVICE	8501	APR-DRG	inpatient					Aetna	Better Health		21868.69				20917	22524.75	case rate	
PROCEDURE W DIAG OF REHAB, AFTERCARE OR OTH CONTACT W HEALTH SERVICE	8502	APR-DRG	inpatient					Aetna	Better Health		27465.08				26269	28289.03	case rate	
PROCEDURE W DIAG OF REHAB, AFTERCARE OR OTH CONTACT W HEALTH SERVICE	8503	APR-DRG	inpatient					Aetna	Better Health		3733.8				36091	38865.81	case rate	
PROCEDURE W DIAG OF REHAB, AFTERCARE OR OTH CONTACT W HEALTH SERVICE	8504	APR-DRG	inpatient					Aetna	Better Health		68995.29				65967	71036.37	case rate	
REHABILITATION	8601	APR-DRG	inpatient					Aetna	Better Health		11583.57				11482	12343.08	case rate	
REHABILITATION	8602	APR-DRG	inpatient					Aetna	Better Health		16232.92				15526	16719.91	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.															
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true														
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
REHABILITATION	8603	APR-DRG	inpatient					Aetna	Better Health		22354.08				21381	23024.7	case rate	
REHABILITATION	8604	APR-DRG	inpatient					Aetna	Better Health		30113.76				28803	31017.17	case rate	
SIGNS, SYMPTOMS & OTHER FACTORS INFLUENCING HEALTH STATUS	8611	APR-DRG	inpatient					Aetna	Better Health		6152.82				5885	6337.4	case rate	
SIGNS, SYMPTOMS & OTHER FACTORS INFLUENCING HEALTH STATUS	8612	APR-DRG	inpatient					Aetna	Better Health		8047.22				7697	8288.64	case rate	
SIGNS, SYMPTOMS & OTHER FACTORS INFLUENCING HEALTH STATUS	8613	APR-DRG	inpatient					Aetna	Better Health		11504.18				11003	11849.31	case rate	
SIGNS, SYMPTOMS & OTHER FACTORS INFLUENCING HEALTH STATUS	8614	APR-DRG	inpatient					Aetna	Better Health		24215.21				23161	24941.67	case rate	
OTHER AFTERCARE & CONVALESCENCE	8621	APR-DRG	inpatient					Aetna	Better Health		5951.2				5692	6129.74	case rate	
OTHER AFTERCARE & CONVALESCENCE	8622	APR-DRG	inpatient					Aetna	Better Health		9248.33				8846	9525.78	case rate	
OTHER AFTERCARE & CONVALESCENCE	8623	APR-DRG	inpatient					Aetna	Better Health		13487.2				12900	13891.82	case rate	
OTHER AFTERCARE & CONVALESCENCE	8624	APR-DRG	inpatient					Aetna	Better Health		22101.52				21139	22764.57	case rate	
NEONATAL AFTERCARE	8631	APR-DRG	inpatient					Aetna	Better Health		11059.41				10578	11391.19	case rate	
NEONATAL AFTERCARE	8632	APR-DRG	inpatient					Aetna	Better Health		31260.43				29900	32198.24	case rate	
NEONATAL AFTERCARE	8633	APR-DRG	inpatient					Aetna	Better Health		55961.75				53525	57640.6	case rate	
NEONATAL AFTERCARE	8634	APR-DRG	inpatient					Aetna	Better Health		133698.38				127878	137709.33	case rate	
HIV W MULTIPLE MAJOR HIV RELATED CONDITIONS	8901	APR-DRG	inpatient					Aetna	Better Health		13182.79				12609	13578.27	case rate	
HIV W MULTIPLE MAJOR HIV RELATED CONDITIONS	8902	APR-DRG	inpatient					Aetna	Better Health		15363.17				14685	15813.77	case rate	
HIV W MULTIPLE MAJOR HIV RELATED CONDITIONS	8903	APR-DRG	inpatient					Aetna	Better Health		24417.91				23355	25150.45	case rate	
HIV W MULTIPLE MAJOR HIV RELATED CONDITIONS	8904	APR-DRG	inpatient					Aetna	Better Health		49172.41				47032	50647.58	case rate	
HIV W MAJOR HIV RELATED CONDITION	8921	APR-DRG	inpatient					Aetna	Better Health		10265.31				9818	10573.27	case rate	
HIV W MAJOR HIV RELATED CONDITION	8922	APR-DRG	inpatient					Aetna	Better Health		13576.7				12986	13984	case rate	
HIV W MAJOR HIV RELATED CONDITION	8923	APR-DRG	inpatient					Aetna	Better Health		17789.74				17015	18323.43	case rate	
HIV W MAJOR HIV RELATED CONDITION	8924	APR-DRG	inpatient					Aetna	Better Health		34526.98				33024	35562.79	case rate	
HIV W MULTIPLE SIGNIFICANT HIV RELATED CONDITIONS	8931	APR-DRG	inpatient					Aetna	Better Health		12216.76				11685	12583.26	case rate	
HIV W MULTIPLE SIGNIFICANT HIV RELATED CONDITIONS	8932	APR-DRG	inpatient					Aetna	Better Health		13890.79				13286	14307.51	case rate	
HIV W MULTIPLE SIGNIFICANT HIV RELATED CONDITIONS	8933	APR-DRG	inpatient					Aetna	Better Health		21189.12				20267	21824.79	case rate	
HIV W MULTIPLE SIGNIFICANT HIV RELATED CONDITIONS	8934	APR-DRG	inpatient					Aetna	Better Health		42518.77				40668	43794.33	case rate	
HIV W ONE SIGNIF HIV COND OR W/O SIGNIF RELATED COND	8941	APR-DRG	inpatient					Aetna	Better Health		9415.06				9005	9697.51	case rate	
HIV W ONE SIGNIF HIV COND OR W/O SIGNIF RELATED COND	8942	APR-DRG	inpatient					Aetna	Better Health		11317.99				10825	11657.53	case rate	
HIV W ONE SIGNIF HIV COND OR W/O SIGNIF RELATED COND	8943	APR-DRG	inpatient					Aetna	Better Health		16176.24				15472	16661.53	case rate	
HIV W ONE SIGNIF HIV COND OR W/O SIGNIF RELATED COND	8944	APR-DRG	inpatient					Aetna	Better Health		23165.31				22157	23860.27	case rate	
CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA	9101	APR-DRG	inpatient					Aetna	Better Health		44134.96				42214	45459.01	case rate	
CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA	9102	APR-DRG	inpatient					Aetna	Better Health		52344.79				50066	53915.13	case rate	
CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA	9103	APR-DRG	inpatient					Aetna	Better Health		68274.48				65302	70322.71	case rate	
CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA	9104	APR-DRG	inpatient					Aetna	Better Health		141036.16				134896	145267.24	case rate	
EXTENSIVE ABDOMINAL/THORACIC PROCEDURES FOR MULT SIGNIFICANT TRAUMA	9111	APR-DRG	inpatient					Aetna	Better Health		24283.37				23236	25011.87	case rate	
EXTENSIVE ABDOMINAL/THORACIC PROCEDURES FOR MULT SIGNIFICANT TRAUMA	9112	APR-DRG	inpatient					Aetna	Better Health		31918.03				30528	32875.57	case rate	
EXTENSIVE ABDOMINAL/THORACIC PROCEDURES FOR MULT SIGNIFICANT TRAUMA	9113	APR-DRG	inpatient					Aetna	Better Health		43378.62				41490	44679.98	case rate	
EXTENSIVE ABDOMINAL/THORACIC PROCEDURES FOR MULT SIGNIFICANT TRAUMA	9114	APR-DRG	inpatient					Aetna	Better Health		103294.47				98798	106393.3	case rate	
MUSCULOSKELETAL & OTHER PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA	9121	APR-DRG	inpatient					Aetna	Better Health		29359.84				28082	30240.64	case rate	
MUSCULOSKELETAL & OTHER PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA	9122	APR-DRG	inpatient					Aetna	Better Health		32326.47				30919	33296.26	case rate	
MUSCULOSKELETAL & OTHER PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA	9123	APR-DRG	inpatient					Aetna	Better Health		53296.92				50977	54895.83	case rate	
MUSCULOSKELETAL & OTHER PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA	9124	APR-DRG	inpatient					Aetna	Better Health		102725.13				98253	105808.88	case rate	
MULTIPLE SIGNIFICANT TRAUMA W/O O.R. PROCEDURE	9301	APR-DRG	inpatient					Aetna	Better Health		11167.85				10682	11502.89	case rate	
MULTIPLE SIGNIFICANT TRAUMA W/O O.R. PROCEDURE	9302	APR-DRG	inpatient					Aetna	Better Health		15024.46				14370	15475.19	case rate	
MULTIPLE SIGNIFICANT TRAUMA W/O O.R. PROCEDURE	9303	APR-DRG	inpatient					Aetna	Better Health		23671.07				22641	24381.2	case rate	
MULTIPLE SIGNIFICANT TRAUMA W/O O.R. PROCEDURE	9304	APR-DRG	inpatient					Aetna	Better Health		62665.71				59938	64545.68	case rate	
EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9501	APR-DRG	inpatient					Aetna	Better Health		21145.17				20225	21779.53	case rate	
EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9502	APR-DRG	inpatient					Aetna	Better Health		31049.21				29698	31980.69	case rate	
EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9503	APR-DRG	inpatient					Aetna	Better Health		48267.81				46167	49715.84	case rate	
EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9504	APR-DRG	inpatient					Aetna	Better Health		91956.85				87954	94715.56	case rate	
MODERATELY EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9511	APR-DRG	inpatient					Aetna	Better Health		15015.67				14362	15466.14	case rate	
MODERATELY EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9512	APR-DRG	inpatient					Aetna	Better Health		21448.32				20515	22091.77	case rate	
MODERATELY EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9513	APR-DRG	inpatient					Aetna	Better Health		35227.27				33694	36284.09	case rate	
MODERATELY EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9514	APR-DRG	inpatient					Aetna	Better Health		67333.91				64403	69353.53	case rate	
NONEXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9521	APR-DRG	inpatient					Aetna	Better Health		11948.5				11428	12306.96	case rate	
NONEXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9522	APR-DRG	inpatient					Aetna	Better Health		17780.32				17006	18313.73	case rate	
NONEXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9523	APR-DRG	inpatient					Aetna	Better Health		30182.37				28868	31087.84	case rate	
NONEXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9524	APR-DRG	inpatient					Aetna	Better Health		57251.83				54759	58999.38	case rate	
LIVER TRANSPLANT &/OR INTESTINAL TRANSPLANT	0011	APR-DRG	inpatient					WellPoint	WellPoint		105247.84				60903.74	260411	case rate	
LIVER TRANSPLANT &/OR INTESTINAL TRANSPLANT	0012	APR-DRG	inpatient					WellPoint	WellPoint		111440.65				47303.96	260411	case rate	
LIVER TRANSPLANT &/OR INTESTINAL TRANSPLANT	0013	APR-DRG	inpatient					WellPoint	WellPoint		130986.87				31722.2	260411	case rate	
LIVER TRANSPLANT &/OR INTESTINAL TRANSPLANT	0014	APR-DRG	inpatient					WellPoint	WellPoint		232392.9				135370.65	448219.9	case rate	
HEART &/OR LUNG TRANSPLANT	0021	APR-DRG	inpatient					WellPoint	WellPoint		127162.08				72539.27	296515.34	case rate	
HEART &/OR LUNG TRANSPLANT	0022	APR-DRG	inpatient					WellPoint	WellPoint		163920.62				41065.11	193442.35	case rate	
HEART &/OR LUNG TRANSPLANT	0023	APR-DRG	inpatient					WellPoint	WellPoint		196960.8				66957.14	204791.97	case rate	
HEART &/OR LUNG TRANSPLANT	0024	APR-DRG	inpatient					WellPoint	WellPoint		310567.45				44751.49	313612.23	case rate	
BONE MARROW TRANSPLANT	0031	APR-DRG	inpatient					WellPoint	WellPoint		82538.71				48623.3	156888.03	case rate	
BONE MARROW TRANSPLANT	0032	APR-DRG	inpatient					WellPoint	WellPoint		102005.06				25439.65	103005.11	case rate	
BONE MARROW TRANSPLANT	0033	APR-DRG	inpatient					WellPoint	WellPoint		167753.82				19168.92	169398.47	case rate	
BONE MARROW TRANSPLANT	0034	APR-DRG	inpatient					WellPoint	WellPoint		276424.94				46081.46	279134.99	case rate	
TRACHEOSTOMY W MV 96+ HOURS W EXTENSIVE PROCEDURE OR ECMO	0041	APR-DRG	inpatient					WellPoint	WellPoint		74540.76				26347.96	88456.51	case rate	
TRACHEOSTOMY W MV 96+ HOURS W EXTENSIVE PROCEDURE OR ECMO	0042	APR-DRG	inpatient					WellPoint	WellPoint		101414.36				20549.68	102408.62	case rate	
TRACHEOSTOMY W MV 96+ HOURS W EXTENSIVE PROCEDURE OR ECMO	0043	APR-DRG	inpatient					WellPoint	WellPoint		147115.12				137952	148557.43	case rate	
TRACHEOSTOMY W MV 96+ HOURS W EXTENSIVE PROCEDURE OR ECMO	0044	APR-DRG	inpatient					WellPoint	WellPoint		211662.63				198478	213737.75	case rate	
TRACHEOSTOMY W MV 96+ HOURS W/O EXTENSIVE PROCEDURE	0051	APR-DRG	inpatient					WellPoint	WellPoint		71598.15				67138	72300.09	case rate	
TRACHEOSTOMY W MV 96+ HOURS W/O EXTENSIVE PROCEDURE	0052	APR-DRG	inpatient					WellPoint	WellPoint		79553.54				22967.5	80333.48	case rate	
TRACHEOSTOMY W MV 96+ HOURS W/O EXTENSIVE PROCEDURE	0053	APR-DRG	inpatient					WellPoint	WellPoint		97359.68				11620.17	98314.19	case rate	
TRACHEOSTOMY W MV 96+ HOURS W/O EXTENSIVE PROCEDURE	0054	APR-DRG	inpatient					WellPoint	WellPoint		142202.06				17404.27	143596.19	case rate	
PANCREAS TRANSPLANT	0061	APR-DRG	inpatient					WellPoint	WellPoint		85722.12				33106.33	106808.68	case rate	
PANCREAS TRANSPLANT	0062	APR-DRG	inpatient					WellPoint	WellPoint		125527.32				22107.62	121708.96	case rate	
PANCREAS TRANSPLANT	0063	APR-DRG	inpatient					WellPoint	WellPoint		134762.44				17561.37	136083.64	case rate	
PANCREAS TRANSPLANT	0064	APR-DRG	inpatient					WellPoint	WellPoint		213236.4				23658.47	215336.95	case rate	
CRANIOTOMY FOR TRAUMA	0201	APR-DRG	inpatient					WellPoint	WellPoint		27621.19				8340.11	27891.99	case rate	
CRANIOTOMY FOR TRAUMA	0202	APR-DRG	inpatient					WellPoint	WellPoint		38319.96				11309.53	38695.69	case rate	
CRANIOTOMY FOR TRAUMA	0203	APR-DRG	inpatient					WellPoint	WellPoint		50282.56				8207.83	50775.53	case rate	
CRANIOTOMY FOR TRAUMA	0204	APR-DRG	inpatient					WellPoint	WellPoint		95792.49				9719.7	96731.64	case rate	
CRANIOTOMY EXCEPT FOR TRAUMA	0211	APR-DRG	inpatient					WellPoint	WellPoint		30490.72				29591	30789.65	case rate	
CRANIOTOMY EXCEPT FOR TRAUMA	0212	APR-DRG	inpatient					WellPoint	WellPoint		39945.79				37458	186882.42	case rate	
CRANIOTOMY EXCEPT FOR TRAUMA	0213	APR-DRG	inpatient					WellPoint	WellPoint		61217.09				57404	61817.25	case rate	
CRANIOTOMY EXCEPT FOR TRAUMA	0214	APR-DRG	inpatient					WellPoint	WellPoint		107026.27				100362	108077.57	case rate	
VENTRICULAR SHUNT PROCEDURES	0221	APR-DRG	inpatient					WellPoint	WellPoint		18341.21				17199	172809.75	case rate	
VENTRICULAR SHUNT PROCEDURES	0222	APR-DRG	inpatient					WellPoint	WellPoint		23310.72				21859	23539.26	case rate	
VENTRICULAR SHUNT PROCEDURES	0223	APR-DRG	inpatient					WellPoint	WellPoint		39527.71				37066	39915.24	case rate	
VENTRICULAR SHUNT PROCEDURES	0224	APR-DRG	inpatient					WellPoint	WellPoint		93733.78				87895	94652.74	case rate	
SPINAL PROCEDURES	0231	APR-DRG	inpatient					WellPoint	WellPoint		20713.91				19424	315017.54	case rate	
SPINAL PROCEDURES	0232	APR-DRG	inpatient					WellPoint	WellPoint		29678.72				27830	231058.12	case rate	
SPINAL PROCEDURES	0233	APR-DRG	inpatient					WellPoint	WellPoint		57341.17				53769	286467.21	case rate	
SPINAL PROCEDURES	0234	APR-DRG	inpatient					WellPoint	WellPoint		102413.62				61395.1	193056.03	case rate	
EXTRACRANIAL VASCULAR PROCEDURES	0241	APR-DRG	inpatient					WellPoint	WellPoint		16692.43				15559	59861.17	case rate	
EXTRACRANIAL VASCULAR PROCEDURES	0242	APR-DRG	inpatient					WellPoint	WellPoint		21891.19				20528	140159.91	case rate	
EXTRACRANIAL VASCULAR PROCEDURES	0243	APR-DRG	inpatient					WellPoint	WellPoint		42830.78				19748	95804.13	case rate	
EXTRACRANIAL VASCULAR PROCEDURES	0244	APR-DRG	inpatient					WellPoint	WellPoint		90915.02				19748	91806.34	case rate	
OTHER NERVOUS SYSTEM & RELATED PROCEDURES	0261	APR-DRG	inpatient					WellPoint	WellPoint		19001.44				12982	74706.44	case rate	
OTHER NERVOUS SYSTEM & RELATED PROCEDURES	0262	APR-DRG	inpatient					WellPoint	WellPoint		25083.74				12982	61170.17	case rate	
OTHER NERVOUS SYSTEM & RELATED PROCEDURES	0263	APR-DRG	inpatient					WellPoint	WellPoint		35947.28				33369.91	89724.25	case rate	
OTHER NERVOUS SYSTEM & RELATED PROCEDURES	0264	APR-DRG	inpatient					WellPoint	WellPoint		75703.42				38576.42	118499.61	case rate	
SPINAL DISORDERS & INJURIES	0401	APR-DRG	inpatient					WellPoint	WellPoint		14464.01				13563	14605.81	case rate	
SPINAL DISORDERS & INJURIES	0402	APR-DRG	inpatient					WellPoint	WellPoint		16411.02				15389	16571.92	case rate	
SPINAL DISORDERS & INJURIES	0403	APR-DRG	inpatient					WellPoint	WellPoint		23423.33				21964	23652.97	case rate	
SPINAL DISORDERS & INJURIES	0404	APR-DRG	inpatient					WellPoint	WellPoint		60569.67				56797	61163.49	case rate	
NERVOUS SYSTEM MALIGNANCY	0411	APR-DRG	inpatient					WellPoint	WellPoint		11178.6				10482	149956.74	case rate	
NERVOUS SYSTEM MALIGNANCY	0412	APR-DRG	inpatient					WellPoint	WellPoint		12420.65				11647	89337.92	case rate	
NERVOUS SYSTEM MALIGNANCY	0413	APR-DRG	inpatient					WellPoint	WellPoint		16965.23				15908	63244.3	case rate	
NERVOUS SYSTEM MALIGNANCY	0414	APR-DRG	inpatient					WellPoint	WellPoint		30147.57				28270	134170.04	case rate	
DEGENERATIVE NERVOUS SYSTEM DISORDERS EXC MULT SCLEROSIS	0421	APR-DRG	inpatient					WellPoint	WellPoint		8801.34				8253	66728.7	case rate	
DEGENERATIVE NERVOUS SYSTEM DISORDERS EXC MULT SCLEROSIS	0422	APR-DRG	inpatient					WellPoint	WellPoint		10954.37				10272	56545.55	case rate	
DEGENERATIVE NERVOUS SYSTEM DISORDERS EXC MULT SCLEROSIS	0423	APR-DRG	inpatient					WellPoint	WellPoint		17081.13				16017	148002.62	case rate	
DEGENERATIVE NERVOUS SYSTEM DISORDERS EXC MULT SCLEROSIS	0424	APR-DRG	inpatient					WellPoint	WellPoint		45935.23				24654.19	82181.59	case rate	
MULTIPLE SCLEROSIS & OTHER DEMYELINATING DISEASES	0431	APR-DRG	inpatient					WellPoint	WellPoint		11561.36				10841	11674.71	case rate	
MULTIPLE SCLEROSIS & OTHER DEMYELINATING DISEASES	0432	APR-DRG	inpatient					WellPoint	WellPoint		14815.57				13893	68487.78	case rate	
MULTIPLE SCLEROSIS & OTHER DEMYELINATING DISEASES	0433	APR-DRG	inpatient					WellPoint	WellPoint		23680.77				12177.68	38553.45	case rate	
MULTIPLE SCLEROSIS & OTHER DEMYELINATING DISEASES	0434	APR-DRG	inpatient					WellPoint	WellPoint		52842.79				7907.81	53360.86	case rate	
INTRACRANIAL HEMORRHAGE	0441	APR-DRG	inpatient					WellPoint	WellPoint		12560.81				11778	69658	case rate	
INTRACRANIAL HEMORRHAGE	0442	APR-DRG	inpatient					WellPoint	WellPoint		16173.81				11238.66	35215.32	case rate	
INTRACRANIAL HEMORRHAGE	0443	APR-DRG	inpatient					WellPoint	WellPoint		23883.95				8441.69	26097.37	case rate	
INTRACRANIAL HEMORRHAGE	0444	APR-DRG	inpatient					WellPoint	WellPoint		49645.94				19290.57	60420.03	case rate	
CVA & PRECEREBRAL OCCLUSION W INFARCT	0451	APR-DRG	inpatient					WellPoint	WellPoint		10795.74				10123	10901.58	case rate	
CVA & PRECEREBRAL OCCLUSION W INFARCT	0452	APR-DRG	inpatient					WellPoint	WellPoint		13103.21				12287	13231.67	case rate	
CVA & PRECEREBRAL OCCLUSION W INFARCT	0453	APR-DRG	inpatient					WellPoint	WellPoint		18893.4				17717	356200.23	case rate	
CVA & PRECEREBRAL OCCLUSION W INFARCT	0454	APR-DRG	inpatient					WellPoint	WellPoint		39328.74				36879	237674.36	case rate	
NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT	0461	APR-DRG	inpatient					WellPoint	WellPoint		10575.27				9917	168125.13	case rate	
NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT	0462	APR-DRG	inpatient					WellPoint	WellPoint		12066.99				11315	119801.11	case rate	
NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT	0463	APR-DRG	inpatient					WellPoint	WellPoint		16802.57				15756	192482.17	case rate	
NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT	0464	APR-DRG	inpatient					WellPoint	WellPoint		41728.87				35451.1	110420.61	case rate	
TRANSIENT ISCHEMIA	0471	APR-DRG	inpatient					WellPoint	WellPoint		8832.35				8262	167936.32	case rate	
TRANSIENT ISCHEMIA	0472	APR-DRG	inpatient					WellPoint	WellPoint		9588				8991	110525.63	case rate	
TRANSIENT ISCHEMIA	0473	APR-DRG	inpatient					WellPoint	WellPoint		11975.14				11229	89000.36	case rate	
TRANSIENT ISCHEMIA	0474	APR-DRG	inpatient					WellPoint	WellPoint		23804				22321	142342.82	case rate	
PERIPHERAL, CRANIAL & AUTONOMIC NERVE DISORDERS	0481	APR-DRG	inpatient					WellPoint	WellPoint		8915.15				8360	77390.69	case rate	
PERIPHERAL, CRANIAL & AUTONOMIC NERVE DISORDERS	0482	APR-DRG	inpatient					WellPoint	WellPoint		10008.72				9386	62430.4	case rate	
PERIPHERAL, CRANIAL & AUTONOMIC NERVE DISORDERS	0483	APR-DRG	inpatient					WellPoint	WellPoint		13963.14				13093	89397.93	case rate	
PERIPHERAL, CRANIAL & AUTONOMIC NERVE DISORDERS	0484	APR-DRG	inpatient					WellPoint	WellPoint		34608.24				32453	34947.54	case rate	
BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM	0491	APR-DRG	inpatient					WellPoint	WellPoint		13479.84				12640	13912	case rate	
BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM	0492	APR-DRG	inpatient					WellPoint	WellPoint		29468.22				27633	127167.48	case rate	
BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM	0493	APR-DRG	inpatient					WellPoint	WellPoint		36544.19				28367.73	84244.47	case rate	
BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM	0494	APR-DRG	inpatient					WellPoint	WellPoint		67230.95				22078.09	67890.08	case rate	
NON-BACTERIAL INFECTIONS OF NERVOUS SYSTEM EXC VIRAL MENINGITIS	0501	APR-DRG	inpatient					WellPoint	WellPoint		9492.95				8902	63289.31	case rate	
NON-BACTERIAL INFECTIONS OF NERVOUS SYSTEM EXC VIRAL MENINGITIS	0502	APR-DRG	inpatient					WellPoint	WellPoint		17713.83				16331.79	48425.29	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.													
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true												
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
NON-BACTERIAL INFECTIONS OF NERVOUS SYSTEM EXC VIRAL MENINGITIS	0503	APR-DRG	inpatient					WellPoint	WellPoint		29239.05				27418	96100.44	case rate	
NON-BACTERIAL INFECTIONS OF NERVOUS SYSTEM EXC VIRAL MENINGITIS	0504	APR-DRG	inpatient					WellPoint	WellPoint		60446.44				20399.68	64868.36	case rate	
VIRAL MENINGITIS	0511	APR-DRG	inpatient					WellPoint	WellPoint		8163.98				7655	69286.68	case rate	
VIRAL MENINGITIS	0512	APR-DRG	inpatient					WellPoint	WellPoint		11265.78				10564	57089.4	case rate	
VIRAL MENINGITIS	0513	APR-DRG	inpatient					WellPoint	WellPoint		19745.65				18516	61496.48	case rate	
VIRAL MENINGITIS	0514	APR-DRG	inpatient					WellPoint	WellPoint		40265.61				12301.7	40660.37	case rate	
NONTRAUMATIC STUPOR & COMA	0521	APR-DRG	inpatient					WellPoint	WellPoint		8203.04				7692	51952.36	case rate	
NONTRAUMATIC STUPOR & COMA	0522	APR-DRG	inpatient					WellPoint	WellPoint		9601.35				9003	36648.78	case rate	
NONTRAUMATIC STUPOR & COMA	0523	APR-DRG	inpatient					WellPoint	WellPoint		12938.9				12133	13065.76	case rate	
NONTRAUMATIC STUPOR & COMA	0524	APR-DRG	inpatient					WellPoint	WellPoint		33134.01				31070	33458.85	case rate	
SEIZURE	0531	APR-DRG	inpatient					WellPoint	WellPoint		7677.57				7199	7752.84	case rate	
SEIZURE	0532	APR-DRG	inpatient					WellPoint	WellPoint		9114.03				8546	9203.38	case rate	
SEIZURE	0533	APR-DRG	inpatient					WellPoint	WellPoint		13629.51				12781	57404.46	case rate	
SEIZURE	0534	APR-DRG	inpatient					WellPoint	WellPoint		34303.98				9567.33	34640.29	case rate	
MIGRAINE & OTHER HEADACHES	0541	APR-DRG	inpatient					WellPoint	WellPoint		8236.44				7723	33107.43	case rate	
MIGRAINE & OTHER HEADACHES	0542	APR-DRG	inpatient					WellPoint	WellPoint		9493.96				8903	68461.53	case rate	
MIGRAINE & OTHER HEADACHES	0543	APR-DRG	inpatient					WellPoint	WellPoint		11612.23				10889	40226.26	case rate	
MIGRAINE & OTHER HEADACHES	0544	APR-DRG	inpatient					WellPoint	WellPoint		21942.41				9065.34	29945.59	case rate	
HEAD TRAUMA W COMA >1 HR OR HEMORRHAGE	0551	APR-DRG	inpatient					WellPoint	WellPoint		9773.61				9165	59696.14	case rate	
HEAD TRAUMA W COMA >1 HR OR HEMORRHAGE	0552	APR-DRG	inpatient					WellPoint	WellPoint		13033.5				11413.47	33793.81	case rate	
HEAD TRAUMA W COMA >1 HR OR HEMORRHAGE	0553	APR-DRG	inpatient					WellPoint	WellPoint		20839.51				15963.27	46418.66	case rate	
HEAD TRAUMA W COMA >1 HR OR HEMORRHAGE	0554	APR-DRG	inpatient					WellPoint	WellPoint		46908.51				9706.71	47368.4	case rate	
BRAIN CONTUSION/LACERATION & COMPLICATED SKULL FX, COMA < 1 HR OR NO COMA	0561	APR-DRG	inpatient					WellPoint	WellPoint		9823.38				9211	28359.04	case rate	
BRAIN CONTUSION/LACERATION & COMPLICATED SKULL FX, COMA < 1 HR OR NO COMA	0562	APR-DRG	inpatient					WellPoint	WellPoint		13337.95				12507	52813.61	case rate	
BRAIN CONTUSION/LACERATION & COMPLICATED SKULL FX, COMA < 1 HR OR NO COMA	0563	APR-DRG	inpatient					WellPoint	WellPoint		22069.3				10578.4	31434.62	case rate	
BRAIN CONTUSION/LACERATION & COMPLICATED SKULL FX, COMA < 1 HR OR NO COMA	0564	APR-DRG	inpatient					WellPoint	WellPoint		53803.36				18448.41	58968.51	case rate	
CONCUSSION, CLOSED SKULL FX NOS,UNCOMPLICATED INTRACRANIAL INJURY, COMA < 1	0571	APR-DRG	inpatient					WellPoint	WellPoint		9681.13				9078	63870.67	case rate	
CONCUSSION, CLOSED SKULL FX NOS,UNCOMPLICATED INTRACRANIAL INJURY, COMA < 1	0572	APR-DRG	inpatient					WellPoint	WellPoint		12158.29				11401	44205.75	case rate	
CONCUSSION, CLOSED SKULL FX NOS,UNCOMPLICATED INTRACRANIAL INJURY, COMA < 1	0573	APR-DRG	inpatient					WellPoint	WellPoint		17159.9				16091	196968.01	case rate	
CONCUSSION, CLOSED SKULL FX NOS,UNCOMPLICATED INTRACRANIAL INJURY, COMA < 1	0574	APR-DRG	inpatient					WellPoint	WellPoint		35312.27				36864	114242.57	case rate	
OTHER DISORDERS OF NERVOUS SYSTEM	0581	APR-DRG	inpatient					WellPoint	WellPoint		9181.26				8609	46373.65	case rate	
OTHER DISORDERS OF NERVOUS SYSTEM	0582	APR-DRG	inpatient					WellPoint	WellPoint		11390.29				10681	58867.24	case rate	
OTHER DISORDERS OF NERVOUS SYSTEM	0583	APR-DRG	inpatient					WellPoint	WellPoint		15677.8				14701	51688.4	case rate	
OTHER DISORDERS OF NERVOUS SYSTEM	0584	APR-DRG	inpatient					WellPoint	WellPoint		36178.45				23134.04	70190.6	case rate	
ORBITAL PROCEDURES	0701	APR-DRG	inpatient					WellPoint	WellPoint		14181.6				13298	14320.64	case rate	
ORBITAL PROCEDURES	0702	APR-DRG	inpatient					WellPoint	WellPoint		19598.91				18378	19791.06	case rate	
ORBITAL PROCEDURES	0703	APR-DRG	inpatient					WellPoint	WellPoint		32144.99				30143	32460.14	case rate	
ORBITAL PROCEDURES	0704	APR-DRG	inpatient					WellPoint	WellPoint		79705.32				74741	80486.74	case rate	
EYE PROCEDURES EXCEPT ORBIT	0731	APR-DRG	inpatient					WellPoint	WellPoint		12265.32				11501	12385.58	case rate	
EYE PROCEDURES EXCEPT ORBIT	0732	APR-DRG	inpatient					WellPoint	WellPoint		14498.04				13595	14640.17	case rate	
EYE PROCEDURES EXCEPT ORBIT	0733	APR-DRG	inpatient					WellPoint	WellPoint		24230.85				22722	24468.41	case rate	
EYE PROCEDURES EXCEPT ORBIT	0734	APR-DRG	inpatient					WellPoint	WellPoint		52395.26				25673.52	86487.39	case rate	
ACUTE MAJOR EYE INFECTIONS	0801	APR-DRG	inpatient					WellPoint	WellPoint		6374.12				5977	58372.14	case rate	
ACUTE MAJOR EYE INFECTIONS	0802	APR-DRG	inpatient					WellPoint	WellPoint		8743.61				8199	125543.43	case rate	
ACUTE MAJOR EYE INFECTIONS	0803	APR-DRG	inpatient					WellPoint	WellPoint		14267.51				13379	64590.8	case rate	
ACUTE MAJOR EYE INFECTIONS	0804	APR-DRG	inpatient					WellPoint	WellPoint		24457.17				14296.66	46152.36	case rate	
EYE DISORDERS EXCEPT MAJOR INFECTIONS	0821	APR-DRG	inpatient					WellPoint	WellPoint		7431.66				6969	89803.01	case rate	
EYE DISORDERS EXCEPT MAJOR INFECTIONS	0822	APR-DRG	inpatient					WellPoint	WellPoint		9300.83				8721	45375.97	case rate	
EYE DISORDERS EXCEPT MAJOR INFECTIONS	0823	APR-DRG	inpatient					WellPoint	WellPoint		13379.94				12547	169704.17	case rate	
EYE DISORDERS EXCEPT MAJOR INFECTIONS	0824	APR-DRG	inpatient					WellPoint	WellPoint		24156.38				22652	82305.36	case rate	
MAJOR CRANIAL/FACIAL BONE PROCEDURES	0891	APR-DRG	inpatient					WellPoint	WellPoint		24154.19				22650	24391	case rate	
MAJOR CRANIAL/FACIAL BONE PROCEDURES	0892	APR-DRG	inpatient					WellPoint	WellPoint		31412.49				29456	31720.46	case rate	
MAJOR CRANIAL/FACIAL BONE PROCEDURES	0893	APR-DRG	inpatient					WellPoint	WellPoint		52499.92				49230	53014.63	case rate	
MAJOR CRANIAL/FACIAL BONE PROCEDURES	0894	APR-DRG	inpatient					WellPoint	WellPoint		93701.94				2010	94620.59	case rate	
MAJOR LARYNX & TRACHEA PROCEDURES	0901	APR-DRG	inpatient					WellPoint	WellPoint		13995.71				13124	167465	case rate	
MAJOR LARYNX & TRACHEA PROCEDURES	0902	APR-DRG	inpatient					WellPoint	WellPoint		36486.75				22261.17	72028.44	case rate	
MAJOR LARYNX & TRACHEA PROCEDURES	0903	APR-DRG	inpatient					WellPoint	WellPoint		59881.65				14664	56429.51	case rate	
MAJOR LARYNX & TRACHEA PROCEDURES	0904	APR-DRG	inpatient					WellPoint	WellPoint		108235.47				38460.67	120997.58	case rate	
OTHER MAJOR HEAD & NECK PROCEDURES	0911	APR-DRG	inpatient					WellPoint	WellPoint		20463.24				19189	20663.86	case rate	
OTHER MAJOR HEAD & NECK PROCEDURES	0912	APR-DRG	inpatient					WellPoint	WellPoint		31005.77				29074	31309.74	case rate	
OTHER MAJOR HEAD & NECK PROCEDURES	0913	APR-DRG	inpatient					WellPoint	WellPoint		53173.68				17652.32	55206.55	case rate	
OTHER MAJOR HEAD & NECK PROCEDURES	0914	APR-DRG	inpatient					WellPoint	WellPoint		83939.67				10721.32	84762.6	case rate	
FACIAL BONE PROCEDURES EXCEPT MAJOR CRANIAL/FACIAL BONE PROCEDURES	0921	APR-DRG	inpatient					WellPoint	WellPoint		16898.9				8242.08	26502.45	case rate	
FACIAL BONE PROCEDURES EXCEPT MAJOR CRANIAL/FACIAL BONE PROCEDURES	0922	APR-DRG	inpatient					WellPoint	WellPoint		23556.9				20609.92	58450.91	case rate	
FACIAL BONE PROCEDURES EXCEPT MAJOR CRANIAL/FACIAL BONE PROCEDURES	0923	APR-DRG	inpatient					WellPoint	WellPoint		37217.6				11946.17	37582.48	case rate	
FACIAL BONE PROCEDURES EXCEPT MAJOR CRANIAL/FACIAL BONE PROCEDURES	0924	APR-DRG	inpatient					WellPoint	WellPoint		73960.59				69354	74685.69	case rate	
SINUS & MASTOID PROCEDURES	0931	APR-DRG	inpatient					WellPoint	WellPoint		16792.6				15747	16957.23	case rate	
SINUS & MASTOID PROCEDURES	0932	APR-DRG	inpatient					WellPoint	WellPoint		20692.04				19403	20894.9	case rate	
SINUS & MASTOID PROCEDURES	0933	APR-DRG	inpatient					WellPoint	WellPoint		35530.84				33318	107281.27	case rate	
SINUS & MASTOID PROCEDURES	0934	APR-DRG	inpatient					WellPoint	WellPoint		57664.83				24715.61	68769.08	case rate	
CLEFT LIP & PALATE REPAIR	0951	APR-DRG	inpatient					WellPoint	WellPoint		11365.14				6968.8	29945.59	case rate	
CLEFT LIP & PALATE REPAIR	0952	APR-DRG	inpatient					WellPoint	WellPoint		13198.81				12377	13328.21	case rate	
CLEFT LIP & PALATE REPAIR	0953	APR-DRG	inpatient					WellPoint	WellPoint		20229.32				18969	20427.65	case rate	
CLEFT LIP & PALATE REPAIR	0954	APR-DRG	inpatient					WellPoint	WellPoint		41749.37				39149	42158.67	case rate	
TONSIL & ADENOID PROCEDURES	0971	APR-DRG	inpatient					WellPoint	WellPoint		6875.82				6448	6943.23	case rate	
TONSIL & ADENOID PROCEDURES	0972	APR-DRG	inpatient					WellPoint	WellPoint		10554.96				9898	10658.44	case rate	
TONSIL & ADENOID PROCEDURES	0973	APR-DRG	inpatient					WellPoint	WellPoint		20510.35				19233	20711.44	case rate	
TONSIL & ADENOID PROCEDURES	0974	APR-DRG	inpatient					WellPoint	WellPoint		69293.34				34448.3	102131.56	case rate	
OTHER EAR, NOSE, MOUTH & THROAT PROCEDURES	0981	APR-DRG	inpatient					WellPoint	WellPoint		12052.63				11302	163924.34	case rate	
OTHER EAR, NOSE, MOUTH & THROAT PROCEDURES	0982	APR-DRG	inpatient					WellPoint	WellPoint		15890.49				14901	92000.92	case rate	
OTHER EAR, NOSE, MOUTH & THROAT PROCEDURES	0983	APR-DRG	inpatient					WellPoint	WellPoint		25573.81				19314.2	58852.23	case rate	
OTHER EAR, NOSE, MOUTH & THROAT PROCEDURES	0984	APR-DRG	inpatient					WellPoint	WellPoint		53340.73				50018	53863.67	case rate	
EAR, NOSE, MOUTH, THROAT, CRANIAL/FACIAL MALIGNANCIES	1101	APR-DRG	inpatient					WellPoint	WellPoint		9439.24				8851	9531.78	case rate	
EAR, NOSE, MOUTH, THROAT, CRANIAL/FACIAL MALIGNANCIES	1102	APR-DRG	inpatient					WellPoint	WellPoint		12119.31				11364	12238.13	case rate	
EAR, NOSE, MOUTH, THROAT, CRANIAL/FACIAL MALIGNANCIES	1103	APR-DRG	inpatient					WellPoint	WellPoint		19595.71				18375	19787.82	case rate	
EAR, NOSE, MOUTH, THROAT, CRANIAL/FACIAL MALIGNANCIES	1104	APR-DRG	inpatient					WellPoint	WellPoint		35855.43				33622	36206.95	case rate	
VERTIGO & OTHER LABYRINTH DISORDERS	1111	APR-DRG	inpatient					WellPoint	WellPoint		7697.51				7218	7772.98	case rate	
VERTIGO & OTHER LABYRINTH DISORDERS	1112	APR-DRG	inpatient					WellPoint	WellPoint		8535.03				8003	8618.71	case rate	
VERTIGO & OTHER LABYRINTH DISORDERS	1113	APR-DRG	inpatient					WellPoint	WellPoint		10697.59				10031	10802.46	case rate	
VERTIGO & OTHER LABYRINTH DISORDERS	1114	APR-DRG	inpatient					WellPoint	WellPoint		22404.13				21039	22623.77	case rate	
INFECTIONS OF UPPER RESPIRATORY TRACT	1131	APR-DRG	inpatient					WellPoint	WellPoint		4638.71				4350	4684.18	case rate	
INFECTIONS OF UPPER RESPIRATORY TRACT	1132	APR-DRG	inpatient					WellPoint	WellPoint		6758.54				6338	6824.6	case rate	
INFECTIONS OF UPPER RESPIRATORY TRACT	1133	APR-DRG	inpatient					WellPoint	WellPoint		10516.27				9861	10619.37	case rate	
INFECTIONS OF UPPER RESPIRATORY TRACT	1134	APR-DRG	inpatient					WellPoint	WellPoint		22171.13				20790	22388.49	case rate	
DENTAL & ORAL DISEASES & INJURIES	1141	APR-DRG	inpatient					WellPoint	WellPoint		6701.82				6284	6767.52	case rate	
DENTAL & ORAL DISEASES & INJURIES	1142	APR-DRG	inpatient					WellPoint	WellPoint		9392.4				8807	9484.49	case rate	
DENTAL & ORAL DISEASES & INJURIES	1143	APR-DRG	inpatient					WellPoint	WellPoint		15766.89				14785	15921.47	case rate	
DENTAL & ORAL DISEASES & INJURIES	1144	APR-DRG	inpatient					WellPoint	WellPoint		32681.15				30833	33203.51	case rate	
OTHER EAR, NOSE, MOUTH,THROAT & CRANIAL/FACIAL DIAGNOSES	1151	APR-DRG	inpatient					WellPoint	WellPoint		6885.33				6456	6952.83	case rate	
OTHER EAR, NOSE, MOUTH,THROAT & CRANIAL/FACIAL DIAGNOSES	1152	APR-DRG	inpatient					WellPoint	WellPoint		9166.35				8595	9256.22	case rate	
OTHER EAR, NOSE, MOUTH,THROAT & CRANIAL/FACIAL DIAGNOSES	1153	APR-DRG	inpatient					WellPoint	WellPoint		13694.37				12841	13828.63	case rate	
OTHER EAR, NOSE, MOUTH,THROAT & CRANIAL/FACIAL DIAGNOSES	1154	APR-DRG	inpatient					WellPoint	WellPoint		28104.95				26354	28380.49	case rate	
MAJOR RESPIRATORY & CHEST PROCEDURES	1201	APR-DRG	inpatient					WellPoint	WellPoint		26155.82				24527	26412.25	case rate	
MAJOR RESPIRATORY & CHEST PROCEDURES	1202	APR-DRG	inpatient					WellPoint	WellPoint		31681.63				29708	31992.23	case rate	
MAJOR RESPIRATORY & CHEST PROCEDURES	1203	APR-DRG	inpatient					WellPoint	WellPoint		46134.11				43260	46596.41	case rate	
MAJOR RESPIRATORY & CHEST PROCEDURES	1204	APR-DRG	inpatient					WellPoint	WellPoint		79654.28				74599	80334.22	case rate	
OTHER RESPIRATORY & CHEST PROCEDURES	1211	APR-DRG	inpatient					WellPoint	WellPoint		17711.09				16608	17884.72	case rate	
OTHER RESPIRATORY & CHEST PROCEDURES	1212	APR-DRG	inpatient					WellPoint	WellPoint		22941.59				21513	23166.5	case rate	
OTHER RESPIRATORY & CHEST PROCEDURES	1213	APR-DRG	inpatient					WellPoint	WellPoint		36951.84				33806	36405.29	case rate	
OTHER RESPIRATORY & CHEST PROCEDURES	1214	APR-DRG	inpatient					WellPoint	WellPoint		68903.81				64612	69579.33	case rate	
RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT 96+ HOURS	1301	APR-DRG	inpatient					WellPoint	WellPoint		39889.34				37405	40280.42	case rate	
RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT 96+ HOURS	1302	APR-DRG	inpatient					WellPoint	WellPoint		44258.64				41502	44692.54	case rate	
RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT 96+ HOURS	1303	APR-DRG	inpatient					WellPoint	WellPoint		54819.82				51405	55357.27	case rate	
RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT 96+ HOURS	1304	APR-DRG	inpatient					WellPoint	WellPoint		75289.37				70600	76027.5	case rate	
CYSTIC FIBROSIS - PULMONARY DISEASE	1311	APR-DRG	inpatient					WellPoint	WellPoint		20114.51				18862	20311.71	case rate	
CYSTIC FIBROSIS - PULMONARY DISEASE	1312	APR-DRG	inpatient					WellPoint	WellPoint		24821.91				23276	25065.27	case rate	
CYSTIC FIBROSIS - PULMONARY DISEASE	1313	APR-DRG	inpatient					WellPoint	WellPoint		32209.12				30203	32524.9	case rate	
CYSTIC FIBROSIS - PULMONARY DISEASE	1314	APR-DRG	inpatient					WellPoint	WellPoint		41428.08				38848	41834.23	case rate	
BPD & OTH CHRONIC RESPIRATORY DISEASES ARISING IN PERINATAL PERIOD	1321	APR-DRG	inpatient					WellPoint	WellPoint		7960.25				7464	8038.3	case rate	
BPD & OTH CHRONIC RESPIRATORY DISEASES ARISING IN PERINATAL PERIOD	1322	APR-DRG	inpatient					WellPoint	WellPoint		8891.36				8338	8978.53	case rate	
BPD & OTH CHRONIC RESPIRATORY DISEASES ARISING IN PERINATAL PERIOD	1323	APR-DRG	inpatient					WellPoint	WellPoint		13743.21				12897	13877.56	case rate	
BPD & OTH CHRONIC RESPIRATORY DISEASES ARISING IN PERINATAL PERIOD	1324	APR-DRG	inpatient					WellPoint	WellPoint		22880.75				21456	23105.07	case rate	
RESPIRATORY FAILURE	1331	APR-DRG	inpatient					WellPoint	WellPoint		5916.9				5548	5974.91	case rate	
RESPIRATORY FAILURE	1332	APR-DRG	inpatient					WellPoint	WellPoint		10349.03				9704	10450.49	case rate	
RESPIRATORY FAILURE	1333	APR-DRG	inpatient					WellPoint	WellPoint		15722.8				14743	15876.99	case rate	
RESPIRATORY FAILURE	1334	APR-DRG	inpatient					WellPoint	WellPoint		28640.12				26856	28920.91	case rate	
PULMONARY EMBOLISM	1341	APR-DRG	inpatient					WellPoint	WellPoint		9404.57				8819	9496.76	case rate	
PULMONARY EMBOLISM	1342	APR-DRG	inpatient					WellPoint	WellPoint		12201.92				11442	12321.55	case rate	
PULMONARY EMBOLISM	1343	APR-DRG	inpatient					WellPoint	WellPoint		17811.43				16702	17986.06	case rate	
PULMONARY EMBOLISM	1344	APR-DRG	inpatient					WellPoint	WellPoint		30907.69				28982	31210.71	case rate	
MAJOR CHEST & RESPIRATORY TRAUMA	1351	APR-DRG	inpatient					WellPoint	WellPoint		9855.22				9241	9951.84	case rate	
MAJOR CHEST & RESPIRATORY TRAUMA	1352	APR-DRG	inpatient					WellPoint	WellPoint		12266.62				11587	12477.76	case rate	
MAJOR CHEST & RESPIRATORY TRAUMA	1353	APR-DRG	inpatient					WellPoint	WellPoint		18034.2				16911	18211.01	case rate	
MAJOR CHEST & RESPIRATORY TRAUMA	1354	APR-DRG	inpatient					WellPoint	WellPoint		34015.62				31897	34349.11	case rate	
RESPIRATORY MALIGNANCY	1361	APR-DRG	inpatient					WellPoint	WellPoint		10090.96				9462	10189.89	case rate	
RESPIRATORY MALIGNANCY	1362	APR-DRG	inpatient					WellPoint	WellPoint		12820.06				12022	12945.75	case rate	
RESPIRATORY MALIGNANCY	1363	APR-DRG	inpatient					WellPoint	WellPoint		19390.42				18183	19580.53	case rate	
RESPIRATORY MALIGNANCY	1364	APR-DRG	inpatient					WellPoint	WellPoint		31439.76				29481	31747.99	case rate	
MAJOR RESPIRATORY INFECTIONS & INFLAMMATIONS	1371	APR-DRG	inpatient					WellPoint	WellPoint		9228.09				8651	9316.55	case rate	
MAJOR RESPIRATORY INFECTIONS & INFLAMMATIONS	1372	APR-DRG	inpatient					WellPoint	WellPoint		11921.34				11179	12038.22	case rate	
MAJOR RESPIRATORY INFECTIONS & INFLAMMATIONS	1373	APR-DRG	inpatient					WellPoint	WellPoint		17707.42				16604	17881.03	case rate	
MAJOR RESPIRATORY INFECTIONS & INFLAMMATIONS	1374	APR-DRG	inpatient					WellPoint	WellPoint		29978.6				28111	30272.5	case rate	
BRONCHIOLITIS & RSV PNEUMONIA	1381	APR-DRG	inpatient					WellPoint	WellPoint		4287.33				4020	4329.36	case rate	
BRONCHIOLITIS & RSV PNEUMONIA	1382	APR-DRG	inpatient					WellPoint	WellPoint		6489.39				6085	6553.01	case rate	
BRONCHIOLITIS & RSV PNEUMONIA	1383	APR-DRG	inpatient					WellPoint	WellPoint		15533.07				14566	15685.36	case rate	
BRONCHIOLITIS & RSV PNEUMONIA	1384	APR-DRG	inpatient					WellPoint	WellPoint		38616.83				36213	38997.45	case rate	
OTHER PNEUMONIA	1391	APR-DRG	inpatient					WellPoint	WellPoint		6301.03				5909	6362.6	case rate	
OTHER PNEUMONIA	1392	APR-DRG	inpatient					WellPoint	WellPoint		8850.19				8299	8936.96	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101191	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
OTHER PNEUMONIA	1393	APR-DRG	inpatient					WellPoint	WellPoint		13905.87				13040	14042.21	case rate	
OTHER PNEUMONIA	1394	APR-DRG	inpatient					WellPoint	WellPoint		26751.19				25085	27013.46	case rate	
CHRONIC OBSTRUCTIVE PULMONARY DISEASE	1401	APR-DRG	inpatient					WellPoint	WellPoint		7301.95				6847	7373.53	case rate	
CHRONIC OBSTRUCTIVE PULMONARY DISEASE	1402	APR-DRG	inpatient					WellPoint	WellPoint		9116.86				8549	9206.24	case rate	
CHRONIC OBSTRUCTIVE PULMONARY DISEASE	1403	APR-DRG	inpatient					WellPoint	WellPoint		12443.71				11669	12565.71	case rate	
CHRONIC OBSTRUCTIVE PULMONARY DISEASE	1404	APR-DRG	inpatient					WellPoint	WellPoint		24176.6				22671	24413.63	case rate	
ASTHMA	1411	APR-DRG	inpatient					WellPoint	WellPoint		5593.69				5245	5648.53	case rate	
ASTHMA	1412	APR-DRG	inpatient					WellPoint	WellPoint		8017.15				7518	8095.75	case rate	
ASTHMA	1413	APR-DRG	inpatient					WellPoint	WellPoint		11489.91				10774	11602.56	case rate	
ASTHMA	1414	APR-DRG	inpatient					WellPoint	WellPoint		21723.87				20371	21936.85	case rate	
INTERSTITIAL & ALVEOLAR LUNG DISEASES	1421	APR-DRG	inpatient					WellPoint	WellPoint		9370.27				8787	9462.14	case rate	
INTERSTITIAL & ALVEOLAR LUNG DISEASES	1422	APR-DRG	inpatient					WellPoint	WellPoint		11395.96				10686	11507.69	case rate	
INTERSTITIAL & ALVEOLAR LUNG DISEASES	1423	APR-DRG	inpatient					WellPoint	WellPoint		16489.7				15463	16651.36	case rate	
INTERSTITIAL & ALVEOLAR LUNG DISEASES	1424	APR-DRG	inpatient					WellPoint	WellPoint		29182.24				27365	29468.34	case rate	
OTHER RESPIRATORY DIAGNOSES EXCEPT SIGNS, SYMPTOMS & MINOR DIAGNOSES	1431	APR-DRG	inpatient					WellPoint	WellPoint		6955.65				6532	7033.94	case rate	
OTHER RESPIRATORY DIAGNOSES EXCEPT SIGNS, SYMPTOMS & MINOR DIAGNOSES	1432	APR-DRG	inpatient					WellPoint	WellPoint		10225.17				9588	10325.42	case rate	
OTHER RESPIRATORY DIAGNOSES EXCEPT SIGNS, SYMPTOMS & MINOR DIAGNOSES	1433	APR-DRG	inpatient					WellPoint	WellPoint		15737.62				14757	15891.91	case rate	
OTHER RESPIRATORY DIAGNOSES EXCEPT SIGNS, SYMPTOMS & MINOR DIAGNOSES	1434	APR-DRG	inpatient					WellPoint	WellPoint		26818.89				25148	27081.82	case rate	
RESPIRATORY SIGNS, SYMPTOMS & MINOR DIAGNOSES	1441	APR-DRG	inpatient					WellPoint	WellPoint		6822.94				6398	6889.83	case rate	
RESPIRATORY SIGNS, SYMPTOMS & MINOR DIAGNOSES	1442	APR-DRG	inpatient					WellPoint	WellPoint		8262.88				7748	8343.89	case rate	
RESPIRATORY SIGNS, SYMPTOMS & MINOR DIAGNOSES	1443	APR-DRG	inpatient					WellPoint	WellPoint		11679.19				10952	11793.7	case rate	
RESPIRATORY SIGNS, SYMPTOMS & MINOR DIAGNOSES	1444	APR-DRG	inpatient					WellPoint	WellPoint		20485.01				19209	20685.84	case rate	
MAJOR CARDIOTHORACIC REPAIR OF HEART ANOMALY	1601	APR-DRG	inpatient					WellPoint	WellPoint		43776.98				41050	44206.17	case rate	
MAJOR CARDIOTHORACIC REPAIR OF HEART ANOMALY	1602	APR-DRG	inpatient					WellPoint	WellPoint		51671.79				47891	51572.49	case rate	
MAJOR CARDIOTHORACIC REPAIR OF HEART ANOMALY	1603	APR-DRG	inpatient					WellPoint	WellPoint		77329.97				72513	78088.11	case rate	
MAJOR CARDIOTHORACIC REPAIR OF HEART ANOMALY	1604	APR-DRG	inpatient					WellPoint	WellPoint		172216.33				161489	173904.73	case rate	
CARDIAC DEFIBRILLATOR & HEART ASSIST IMPLANT	1611	APR-DRG	inpatient					WellPoint	WellPoint		59266.68				55575	59847.73	case rate	
CARDIAC DEFIBRILLATOR & HEART ASSIST IMPLANT	1612	APR-DRG	inpatient					WellPoint	WellPoint		76513.13				71747	77263.26	case rate	
CARDIAC DEFIBRILLATOR & HEART ASSIST IMPLANT	1613	APR-DRG	inpatient					WellPoint	WellPoint		123053.15				115388	124259.55	case rate	
CARDIAC DEFIBRILLATOR & HEART ASSIST IMPLANT	1614	APR-DRG	inpatient					WellPoint	WellPoint		295266.74				276875	298161.52	case rate	
CARDIAC VALVE PROCEDURES W AMI OR COMPLEX PDX	1621	APR-DRG	inpatient					WellPoint	WellPoint		63600.03				59645	64122.58	case rate	
CARDIAC VALVE PROCEDURES W AMI OR COMPLEX PDX	1622	APR-DRG	inpatient					WellPoint	WellPoint		70477.4				66087	71168.35	case rate	
CARDIAC VALVE PROCEDURES W AMI OR COMPLEX PDX	1623	APR-DRG	inpatient					WellPoint	WellPoint		93271.97				87462	94186.4	case rate	
CARDIAC VALVE PROCEDURES W AMI OR COMPLEX PDX	1624	APR-DRG	inpatient					WellPoint	WellPoint		146702.72				137565	148140.99	case rate	
CARDIAC VALVE PROCEDURES W/O AMI OR COMPLEX PDX	1631	APR-DRG	inpatient					WellPoint	WellPoint		52397.09				49133	52910.79	case rate	
CARDIAC VALVE PROCEDURES W/O AMI OR COMPLEX PDX	1632	APR-DRG	inpatient					WellPoint	WellPoint		60204.47				56454	60794.71	case rate	
CARDIAC VALVE PROCEDURES W/O AMI OR COMPLEX PDX	1633	APR-DRG	inpatient					WellPoint	WellPoint		77207.48				72398	77964.42	case rate	
CARDIAC VALVE PROCEDURES W/O AMI OR COMPLEX PDX	1634	APR-DRG	inpatient					WellPoint	WellPoint		124401.23				116652	125620.85	case rate	
CORONARY BYPASS W AMI OR COMPLEX PDX	1651	APR-DRG	inpatient					WellPoint	WellPoint		54864.19				51447	55402.07	case rate	
CORONARY BYPASS W AMI OR COMPLEX PDX	1652	APR-DRG	inpatient					WellPoint	WellPoint		59004.5				55329	59582.98	case rate	
CORONARY BYPASS W AMI OR COMPLEX PDX	1653	APR-DRG	inpatient					WellPoint	WellPoint		75016.02				70343	75751.47	case rate	
CORONARY BYPASS W AMI OR COMPLEX PDX	1654	APR-DRG	inpatient					WellPoint	WellPoint		111671.92				104716	112786.74	case rate	
CORONARY BYPASS W/O AMI OR COMPLEX PDX	1661	APR-DRG	inpatient					WellPoint	WellPoint		45359.99				42535	45804.7	case rate	
CORONARY BYPASS W/O AMI OR COMPLEX PDX	1662	APR-DRG	inpatient					WellPoint	WellPoint		51405.14				48203	51909.12	case rate	
CORONARY BYPASS W/O AMI OR COMPLEX PDX	1663	APR-DRG	inpatient					WellPoint	WellPoint		64208.93				60209	64838.43	case rate	
CORONARY BYPASS W/O AMI OR COMPLEX PDX	1664	APR-DRG	inpatient					WellPoint	WellPoint		97712.98				91627	98670.95	case rate	
OTHER CARDIOTHORACIC & THORACIC VASCULAR PROCEDURES	1671	APR-DRG	inpatient					WellPoint	WellPoint		42606.64				39953	43024.36	case rate	
OTHER CARDIOTHORACIC & THORACIC VASCULAR PROCEDURES	1672	APR-DRG	inpatient					WellPoint	WellPoint		47491.07				44533	47956.67	case rate	
OTHER CARDIOTHORACIC & THORACIC VASCULAR PROCEDURES	1673	APR-DRG	inpatient					WellPoint	WellPoint		64715.47				60684	65349.94	case rate	
OTHER CARDIOTHORACIC & THORACIC VASCULAR PROCEDURES	1674	APR-DRG	inpatient					WellPoint	WellPoint		113428.65				106363	114540.7	case rate	
MAJOR ABDOMINAL VASCULAR PROCEDURES	1691	APR-DRG	inpatient					WellPoint	WellPoint		24410.98				22890	24650.3	case rate	
MAJOR ABDOMINAL VASCULAR PROCEDURES	1692	APR-DRG	inpatient					WellPoint	WellPoint		32257.42				30248	32573.67	case rate	
MAJOR ABDOMINAL VASCULAR PROCEDURES	1693	APR-DRG	inpatient					WellPoint	WellPoint		52268				49012	52780.43	case rate	
MAJOR ABDOMINAL VASCULAR PROCEDURES	1694	APR-DRG	inpatient					WellPoint	WellPoint		94995.13				89078	95926.45	case rate	
PERMANENT CARDIAC PACEMAKER IMPLANT W AMI, HEART FAILURE OR SHOCK	1701	APR-DRG	inpatient					WellPoint	WellPoint		33405.26				31324	33732.76	case rate	
PERMANENT CARDIAC PACEMAKER IMPLANT W AMI, HEART FAILURE OR SHOCK	1702	APR-DRG	inpatient					WellPoint	WellPoint		35634.04				33414	35983.39	case rate	
PERMANENT CARDIAC PACEMAKER IMPLANT W AMI, HEART FAILURE OR SHOCK	1703	APR-DRG	inpatient					WellPoint	WellPoint		43761.06				41035	44190.09	case rate	
PERMANENT CARDIAC PACEMAKER IMPLANT W AMI, HEART FAILURE OR SHOCK	1704	APR-DRG	inpatient					WellPoint	WellPoint		69956.96				65599	70642.81	case rate	
PERM CARDIAC PACEMAKER IMPLANT W/O AMI, HEART FAILURE OR SHOCK	1711	APR-DRG	inpatient					WellPoint	WellPoint		23080.92				21643	23307.2	case rate	
PERM CARDIAC PACEMAKER IMPLANT W/O AMI, HEART FAILURE OR SHOCK	1712	APR-DRG	inpatient					WellPoint	WellPoint		26374.65				24732	26633.23	case rate	
PERM CARDIAC PACEMAKER IMPLANT W/O AMI, HEART FAILURE OR SHOCK	1713	APR-DRG	inpatient					WellPoint	WellPoint		33554				31464	33892.96	case rate	
PERM CARDIAC PACEMAKER IMPLANT W/O AMI, HEART FAILURE OR SHOCK	1714	APR-DRG	inpatient					WellPoint	WellPoint		55885.49				52404	56433.39	case rate	
PERCUTANEOUS CORONARY INTERVENTION W AMI	1741	APR-DRG	inpatient					WellPoint	WellPoint		27608.29				25889	27878.96	case rate	
PERCUTANEOUS CORONARY INTERVENTION W AMI	1742	APR-DRG	inpatient					WellPoint	WellPoint		29736.63				27884	30028.17	case rate	
PERCUTANEOUS CORONARY INTERVENTION W AMI	1743	APR-DRG	inpatient					WellPoint	WellPoint		37584.26				35243	37952.73	case rate	
PERCUTANEOUS CORONARY INTERVENTION W AMI	1744	APR-DRG	inpatient					WellPoint	WellPoint		61197.33				57385	61797.3	case rate	
PERCUTANEOUS CORONARY INTERVENTION W/O AMI	1751	APR-DRG	inpatient					WellPoint	WellPoint		27448.19				25738	27717.29	case rate	
PERCUTANEOUS CORONARY INTERVENTION W/O AMI	1752	APR-DRG	inpatient					WellPoint	WellPoint		30254.41				28370	30551.03	case rate	
PERCUTANEOUS CORONARY INTERVENTION W/O AMI	1753	APR-DRG	inpatient					WellPoint	WellPoint		38402.39				36010	38778.88	case rate	
PERCUTANEOUS CORONARY INTERVENTION W/O AMI	1754	APR-DRG	inpatient					WellPoint	WellPoint		72126.27				67634	72833.39	case rate	
CARDIAC PACEMAKER & DEFIBRILLATOR DEVICE REPLACEMENT	1761	APR-DRG	inpatient					WellPoint	WellPoint		21681.32				20331	21893.69	case rate	
CARDIAC PACEMAKER & DEFIBRILLATOR DEVICE REPLACEMENT	1762	APR-DRG	inpatient					WellPoint	WellPoint		41454.05				38872	41860.47	case rate	
CARDIAC PACEMAKER & DEFIBRILLATOR DEVICE REPLACEMENT	1763	APR-DRG	inpatient					WellPoint	WellPoint		43194.51				40504	43617.99	case rate	
CARDIAC PACEMAKER & DEFIBRILLATOR DEVICE REPLACEMENT	1764	APR-DRG	inpatient					WellPoint	WellPoint		68587.19				64315	69259.61	case rate	
CARDIAC PACEMAKER & DEFIBRILLATOR REVISION EXCEPT DEVICE REPLACEMENT	1771	APR-DRG	inpatient					WellPoint	WellPoint		17658.19				16746	18033.27	case rate	
CARDIAC PACEMAKER & DEFIBRILLATOR REVISION EXCEPT DEVICE REPLACEMENT	1772	APR-DRG	inpatient					WellPoint	WellPoint		23116.6				21677	23343.23	case rate	
CARDIAC PACEMAKER & DEFIBRILLATOR REVISION EXCEPT DEVICE REPLACEMENT	1773	APR-DRG	inpatient					WellPoint	WellPoint		32780.88				30739	33102.26	case rate	
CARDIAC PACEMAKER & DEFIBRILLATOR REVISION EXCEPT DEVICE REPLACEMENT	1774	APR-DRG	inpatient					WellPoint	WellPoint		66286.59				62158	66936.46	case rate	
OTHER CIRCULATORY SYSTEM PROCEDURES	1801	APR-DRG	inpatient					WellPoint	WellPoint		17271.42				16196	17440.74	case rate	
OTHER CIRCULATORY SYSTEM PROCEDURES	1802	APR-DRG	inpatient					WellPoint	WellPoint		21823.49				20464	22037.45	case rate	
OTHER CIRCULATORY SYSTEM PROCEDURES	1803	APR-DRG	inpatient					WellPoint	WellPoint		33444.23				31361	33772.11	case rate	
OTHER CIRCULATORY SYSTEM PROCEDURES	1804	APR-DRG	inpatient					WellPoint	WellPoint		59657.97				55004	59233.04	case rate	
LOWER EXTREMITY ARTERIAL PROCEDURES	1811	APR-DRG	inpatient					WellPoint	WellPoint		21454.46				20118	21684.79	case rate	
LOWER EXTREMITY ARTERIAL PROCEDURES	1812	APR-DRG	inpatient					WellPoint	WellPoint		29063.23				27253	29348.16	case rate	
LOWER EXTREMITY ARTERIAL PROCEDURES	1813	APR-DRG	inpatient					WellPoint	WellPoint		48245.62				45240	48718.62	case rate	
LOWER EXTREMITY ARTERIAL PROCEDURES	1814	APR-DRG	inpatient					WellPoint	WellPoint		85969.66				80615	86812.5	case rate	
OTHER PERIPHERAL VASCULAR PROCEDURES	1821	APR-DRG	inpatient					WellPoint	WellPoint		27479.67				25768	27749.08	case rate	
OTHER PERIPHERAL VASCULAR PROCEDURES	1822	APR-DRG	inpatient					WellPoint	WellPoint		32325.67				30312	32642.58	case rate	
OTHER PERIPHERAL VASCULAR PROCEDURES	1823	APR-DRG	inpatient					WellPoint	WellPoint		43872.94				41140	44303.07	case rate	
OTHER PERIPHERAL VASCULAR PROCEDURES	1824	APR-DRG	inpatient					WellPoint	WellPoint		78440.57				73555	79209.6	case rate	
ACUTE MYOCARDIAL INFARCTION	1901	APR-DRG	inpatient					WellPoint	WellPoint		11650.55				10925	11764.77	case rate	
ACUTE MYOCARDIAL INFARCTION	1902	APR-DRG	inpatient					WellPoint	WellPoint		12846.24				12046	12972.18	case rate	
ACUTE MYOCARDIAL INFARCTION	1903	APR-DRG	inpatient					WellPoint	WellPoint		17502.51				16412	17674.1	case rate	
ACUTE MYOCARDIAL INFARCTION	1904	APR-DRG	inpatient					WellPoint	WellPoint		32416.6				30397	32734.41	case rate	
CARDIAC CATHETERIZATION FOR CORONARY ARTERY DISEASE	1911	APR-DRG	inpatient					WellPoint	WellPoint		12907.44				12103	13033.98	case rate	
CARDIAC CATHETERIZATION FOR CORONARY ARTERY DISEASE	1912	APR-DRG	inpatient					WellPoint	WellPoint		14843.85				13919	14989.37	case rate	
CARDIAC CATHETERIZATION FOR CORONARY ARTERY DISEASE	1913	APR-DRG	inpatient					WellPoint	WellPoint		19655.82				18431	19848.52	case rate	
CARDIAC CATHETERIZATION FOR CORONARY ARTERY DISEASE	1914	APR-DRG	inpatient					WellPoint	WellPoint		38480.6				36084	38857.86	case rate	
CARDIAC CATHETERIZATION FOR OTHER NON-CORONARY CONDITIONS	1921	APR-DRG	inpatient					WellPoint	WellPoint		13334.93				12504	13465.66	case rate	
CARDIAC CATHETERIZATION FOR OTHER NON-CORONARY CONDITIONS	1922	APR-DRG	inpatient					WellPoint	WellPoint		16470.67				15445	16632.15	case rate	
CARDIAC CATHETERIZATION FOR OTHER NON-CORONARY CONDITIONS	1923	APR-DRG	inpatient					WellPoint	WellPoint		24247.87				22738	24485.59	case rate	
CARDIAC CATHETERIZATION FOR OTHER NON-CORONARY CONDITIONS	1924	APR-DRG	inpatient					WellPoint	WellPoint		46085.35				43215	46537.17	case rate	
ACUTE & SUBACUTE ENDOCARDITIS	1931	APR-DRG	inpatient					WellPoint	WellPoint		13668.48				12817	13802.48	case rate	
ACUTE & SUBACUTE ENDOCARDITIS	1932	APR-DRG	inpatient					WellPoint	WellPoint		17756.91				16651	17931	case rate	
ACUTE & SUBACUTE ENDOCARDITIS	1933	APR-DRG	inpatient					WellPoint	WellPoint		26533.92				24881	26794.06	case rate	
ACUTE & SUBACUTE ENDOCARDITIS	1934	APR-DRG	inpatient					WellPoint	WellPoint		43110.28				40988	44138.82	case rate	
HEART FAILURE	1941	APR-DRG	inpatient					WellPoint	WellPoint		7401.66				6941	7474.23	case rate	
HEART FAILURE	1942	APR-DRG	inpatient					WellPoint	WellPoint		9504.47				8912	9597.65	case rate	
HEART FAILURE	1943	APR-DRG	inpatient					WellPoint	WellPoint		14175.38				13292	14314.35	case rate	
HEART FAILURE	1944	APR-DRG	inpatient					WellPoint	WellPoint		26772.32				25105	27034.79	case rate	
CARDIAC ARREST & SHOCK	1961	APR-DRG	inpatient					WellPoint	WellPoint		7707.58				7227	7783.14	case rate	
CARDIAC ARREST & SHOCK	1962	APR-DRG	inpatient					WellPoint	WellPoint		8174.41				7665	8254.55	case rate	
CARDIAC ARREST & SHOCK	1963	APR-DRG	inpatient					WellPoint	WellPoint		15514.13				14548	15666.23	case rate	
CARDIAC ARREST & SHOCK	1964	APR-DRG	inpatient					WellPoint	WellPoint		35698.34				37132	39986.56	case rate	
PERIPHERAL & OTHER VASCULAR DISORDERS	1971	APR-DRG	inpatient					WellPoint	WellPoint		7376.96				6917	7449.28	case rate	
PERIPHERAL & OTHER VASCULAR DISORDERS	1972	APR-DRG	inpatient					WellPoint	WellPoint		9849.46				9236	9946.02	case rate	
PERIPHERAL & OTHER VASCULAR DISORDERS	1973	APR-DRG	inpatient					WellPoint	WellPoint		14627.94				13717	14771.35	case rate	
PERIPHERAL & OTHER VASCULAR DISORDERS	1974	APR-DRG	inpatient					WellPoint	WellPoint		31592.07				29624	31901.8	case rate	
ANGINA PECTORIS & CORONARY ATHEROSCLEROSIS	1981	APR-DRG	inpatient					WellPoint	WellPoint		6813.52				6389	6880.32	case rate	
ANGINA PECTORIS & CORONARY ATHEROSCLEROSIS	1982	APR-DRG	inpatient					WellPoint	WellPoint		7870.5				7380	7947.67	case rate	
ANGINA PECTORIS & CORONARY ATHEROSCLEROSIS	1983	APR-DRG	inpatient					WellPoint	WellPoint		10737.1				10068	10842.37	case rate	
ANGINA PECTORIS & CORONARY ATHEROSCLEROSIS	1984	APR-DRG	inpatient					WellPoint	WellPoint		25805.27				24198	26058.26	case rate	
HYPERTENSION	1991	APR-DRG	inpatient					WellPoint	WellPoint		7010.39				6574	7079.12	case rate	
HYPERTENSION	1992	APR-DRG	inpatient					WellPoint	WellPoint		8232.41				7720	8313.12	case rate	
HYPERTENSION	1993	APR-DRG	inpatient					WellPoint	WellPoint		11540.96				10822	11654.11	case rate	
HYPERTENSION	1994	APR-DRG	inpatient					WellPoint	WellPoint		26310.16				24671	26568.1	case rate	
CARDIAC STRUCTURAL & VALVULAR DISORDERS	2001	APR-DRG	inpatient					WellPoint	WellPoint		8413.27				7889	8495.75	case rate	
CARDIAC STRUCTURAL & VALVULAR DISORDERS	2002	APR-DRG	inpatient					WellPoint	WellPoint		9953.74				9334	10051.33	case rate	
CARDIAC STRUCTURAL & VALVULAR DISORDERS	2003	APR-DRG	inpatient					WellPoint	WellPoint		15173.09				14228	15321.85	case rate	
CARDIAC STRUCTURAL & VALVULAR DISORDERS	2004	APR-DRG	inpatient					WellPoint	WellPoint		32324.48				30311	32641.39	case rate	
CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS	2011	APR-DRG	inpatient					WellPoint	WellPoint		6287.68				5896	6349.32	case rate	
CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS	2012	APR-DRG	inpatient					WellPoint	WellPoint		8144.77				7637	8224.62	case rate	
CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS	2013	APR-DRG	inpatient					WellPoint	WellPoint		12509.48				11730	12632.13	case rate	
CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS	2014	APR-DRG	inpatient					WellPoint	WellPoint		25955.56				24339	26210.03	case rate	
CHEST PAIN	2031	APR-DRG	inpatient					WellPoint	WellPoint		7031.8				6594	7100.74	case rate	
CHEST PAIN	2032	APR-DRG	inpatient					WellPoint	WellPoint		8177.97				7669	8258.15	case rate	
CHEST PAIN	2033	APR-DRG	inpatient					WellPoint	WellPoint		10208.52				9573	10308.6	case rate	
CHEST PAIN	2034	APR-DRG	inpatient					WellPoint	WellPoint		18535.98				17381	18717.71	case rate	
SYNCOPE & COLLAPSE	2041	APR-DRG	inpatient					WellPoint	WellPoint		7818.18				7331	7894.83	case rate	
SYNCOPE & COLLAPSE	2042	APR-DRG	inpatient					WellPoint	WellPoint		8828.05				8278	8914.6	case rate	
SYNCOPE & COLLAPSE	2043	APR-DRG	inpatient					WellPoint	WellPoint		11138.35				10445	11247.55	case rate	
SYNCOPE & COLLAPSE	2044	APR-DRG	inpatient					WellPoint	WellPoint		22834.46				21412	23058.33	case rate	
CARDIOMYOPATHY	2051	APR-DRG	inpatient					WellPoint	WellPoint		7581.24				7109	7655.57	case rate	
CARDIOMYOPATHY	2052	APR-DRG	inpatient					WellPoint	WellPoint		9651.67				9050	9746.29	case rate	
CARDIOMYOPATHY	2053	APR-DRG	inpatient					WellPoint	WellPoint		13933.14				13065	14069.74	case rate	
CARDIOMYOPATHY	2054	APR-DRG	inpatient					WellPoint	WellPoint		34188.52				32059	34523.7	case rate	
MALFUNCTION,REACTION,COMPLICATION OF CARDIAC/VASC DEVICE OR PROCEDURE	2061	APR-DRG	inpatient					WellPoint	WellPoint		8646.64				8108	8731.41	case rate	
MALFUNCTION,REACTION,COMPLICATION OF CARDIAC/VASC DEVICE OR PROCEDURE	2062	APR-DRG	inpatient					WellPoint	WellPoint		10169.55				9536	10269.25	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.													
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true												
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
MALFUNCTION,REACTION,COMPLICATION OF CARDIAC/VASC DEVICE OR PROCEDURE	2063	APR-DRG	inpatient					WellPoint	WellPoint		16969.8				15913	17136.17	case rate	
MALFUNCTION,REACTION,COMPLICATION OF CARDIAC/VASC DEVICE OR PROCEDURE	2064	APR-DRG	inpatient					WellPoint	WellPoint		31747.59				29770	32058.84	case rate	
OTHER CIRCULATORY SYSTEM DIAGNOSES	2071	APR-DRG	inpatient					WellPoint	WellPoint		7521.87				7053	7595.61	case rate	
OTHER CIRCULATORY SYSTEM DIAGNOSES	2072	APR-DRG	inpatient					WellPoint	WellPoint		9976.63				9357	10076.46	case rate	
OTHER CIRCULATORY SYSTEM DIAGNOSES	2073	APR-DRG	inpatient					WellPoint	WellPoint		14492.09				13589	14634.17	case rate	
OTHER CIRCULATORY SYSTEM DIAGNOSES	2074	APR-DRG	inpatient					WellPoint	WellPoint		28261.38				26501	28538.46	case rate	
MAJOR STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES	2201	APR-DRG	inpatient					WellPoint	WellPoint		19261.16				18061	19449.99	case rate	
MAJOR STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES	2202	APR-DRG	inpatient					WellPoint	WellPoint		28619.45				26837	28900.03	case rate	
MAJOR STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES	2203	APR-DRG	inpatient					WellPoint	WellPoint		46407.37				43517	46862.34	case rate	
MAJOR STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES	2204	APR-DRG	inpatient					WellPoint	WellPoint		92082.24				86347	92985.01	case rate	
MAJOR SMALL & LARGE BOWEL PROCEDURES	2211	APR-DRG	inpatient					WellPoint	WellPoint		19654.99				18431	19847.69	case rate	
MAJOR SMALL & LARGE BOWEL PROCEDURES	2212	APR-DRG	inpatient					WellPoint	WellPoint		25484.34				23897	25734.19	case rate	
MAJOR SMALL & LARGE BOWEL PROCEDURES	2213	APR-DRG	inpatient					WellPoint	WellPoint		41390.48				38812	41796.27	case rate	
MAJOR SMALL & LARGE BOWEL PROCEDURES	2214	APR-DRG	inpatient					WellPoint	WellPoint		81927.42				76824	82730.63	case rate	
OTHER STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES	2221	APR-DRG	inpatient					WellPoint	WellPoint		14624.1				13713	14767.47	case rate	
OTHER STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES	2222	APR-DRG	inpatient					WellPoint	WellPoint		18716.75				17551	18900.24	case rate	
OTHER STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES	2223	APR-DRG	inpatient					WellPoint	WellPoint		30332.18				28443	30629.55	case rate	
OTHER STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES	2224	APR-DRG	inpatient					WellPoint	WellPoint		74002.12				69393	74727.63	case rate	
OTHER SMALL & LARGE BOWEL PROCEDURES	2231	APR-DRG	inpatient					WellPoint	WellPoint		15660.33				14685	15813.66	case rate	
OTHER SMALL & LARGE BOWEL PROCEDURES	2232	APR-DRG	inpatient					WellPoint	WellPoint		20762.11				19469	20965.68	case rate	
OTHER SMALL & LARGE BOWEL PROCEDURES	2233	APR-DRG	inpatient					WellPoint	WellPoint		34872.63				32700	35214.52	case rate	
OTHER SMALL & LARGE BOWEL PROCEDURES	2234	APR-DRG	inpatient					WellPoint	WellPoint		72010.46				67525	72716.44	case rate	
PERITONEAL ADHESIOLYSIS	2241	APR-DRG	inpatient					WellPoint	WellPoint		17643.02				16544	17815.99	case rate	
PERITONEAL ADHESIOLYSIS	2242	APR-DRG	inpatient					WellPoint	WellPoint		23102.42				21663	23328.91	case rate	
PERITONEAL ADHESIOLYSIS	2243	APR-DRG	inpatient					WellPoint	WellPoint		34975.09				32797	35317.98	case rate	
PERITONEAL ADHESIOLYSIS	2244	APR-DRG	inpatient					WellPoint	WellPoint		63486.03				59532	64108.45	case rate	
APPENDECTOMY	2251	APR-DRG	inpatient					WellPoint	WellPoint		12054.91				11304	12173.1	case rate	
APPENDECTOMY	2252	APR-DRG	inpatient					WellPoint	WellPoint		16032.47				15034	16189.65	case rate	
APPENDECTOMY	2253	APR-DRG	inpatient					WellPoint	WellPoint		27538.22				25823	27808.2	case rate	
APPENDECTOMY	2254	APR-DRG	inpatient					WellPoint	WellPoint		52416.67				49152	52930.56	case rate	
ANAL PROCEDURES	2261	APR-DRG	inpatient					WellPoint	WellPoint		9776.09				9167	9871.93	case rate	
ANAL PROCEDURES	2262	APR-DRG	inpatient					WellPoint	WellPoint		13236.96				12412	13366.73	case rate	
ANAL PROCEDURES	2263	APR-DRG	inpatient					WellPoint	WellPoint		21577.59				20234	21789.14	case rate	
ANAL PROCEDURES	2264	APR-DRG	inpatient					WellPoint	WellPoint		44159.46				41409	44592.4	case rate	
HERNIA PROCEDURES EXCEPT INGUINAL, FEMORAL & UMBILICAL	2271	APR-DRG	inpatient					WellPoint	WellPoint		15195.23				14249	15344.2	case rate	
HERNIA PROCEDURES EXCEPT INGUINAL, FEMORAL & UMBILICAL	2272	APR-DRG	inpatient					WellPoint	WellPoint		19302.42				18100	19491.66	case rate	
HERNIA PROCEDURES EXCEPT INGUINAL, FEMORAL & UMBILICAL	2273	APR-DRG	inpatient					WellPoint	WellPoint		31321.93				29371	31629	case rate	
HERNIA PROCEDURES EXCEPT INGUINAL, FEMORAL & UMBILICAL	2274	APR-DRG	inpatient					WellPoint	WellPoint		64481.09				60465	65113.25	case rate	
INGUINAL, FEMORAL & UMBILICAL HERNIA PROCEDURES	2281	APR-DRG	inpatient					WellPoint	WellPoint		11430.26				10718	11542.32	case rate	
INGUINAL, FEMORAL & UMBILICAL HERNIA PROCEDURES	2282	APR-DRG	inpatient					WellPoint	WellPoint		14928.56				13999	15074.92	case rate	
INGUINAL, FEMORAL & UMBILICAL HERNIA PROCEDURES	2283	APR-DRG	inpatient					WellPoint	WellPoint		22931.8				21503	23156.62	case rate	
INGUINAL, FEMORAL & UMBILICAL HERNIA PROCEDURES	2284	APR-DRG	inpatient					WellPoint	WellPoint		51103.44				47920	51604.45	case rate	
OTHER DIGESTIVE SYSTEM & ABDOMINAL PROCEDURES	2291	APR-DRG	inpatient					WellPoint	WellPoint		15801.21				14817	15956.12	case rate	
OTHER DIGESTIVE SYSTEM & ABDOMINAL PROCEDURES	2292	APR-DRG	inpatient					WellPoint	WellPoint		21797.42				20440	22011.12	case rate	
OTHER DIGESTIVE SYSTEM & ABDOMINAL PROCEDURES	2293	APR-DRG	inpatient					WellPoint	WellPoint		35509.8				33298	35857.94	case rate	
OTHER DIGESTIVE SYSTEM & ABDOMINAL PROCEDURES	2294	APR-DRG	inpatient					WellPoint	WellPoint		73700.77				69110	74423.33	case rate	
DIGESTIVE MALIGNANCY	2401	APR-DRG	inpatient					WellPoint	WellPoint		9873.05				9258	9969.84	case rate	
DIGESTIVE MALIGNANCY	2402	APR-DRG	inpatient					WellPoint	WellPoint		12653.75				11866	12777.81	case rate	
DIGESTIVE MALIGNANCY	2403	APR-DRG	inpatient					WellPoint	WellPoint		18640.27				17479	18823.01	case rate	
DIGESTIVE MALIGNANCY	2404	APR-DRG	inpatient					WellPoint	WellPoint		34142.6				32016	34477.33	case rate	
PEPTIC ULCER & GASTRITIS	2411	APR-DRG	inpatient					WellPoint	WellPoint		8398.72				7876	8481.06	case rate	
PEPTIC ULCER & GASTRITIS	2412	APR-DRG	inpatient					WellPoint	WellPoint		10416.73				9768	10518.85	case rate	
PEPTIC ULCER & GASTRITIS	2413	APR-DRG	inpatient					WellPoint	WellPoint		15653.83				14679	15807.3	case rate	
PEPTIC ULCER & GASTRITIS	2414	APR-DRG	inpatient					WellPoint	WellPoint		36578.05				34300	36936.65	case rate	
MAJOR ESOPHAGEAL DISORDERS	2421	APR-DRG	inpatient					WellPoint	WellPoint		8284.74				7769	8365.96	case rate	
MAJOR ESOPHAGEAL DISORDERS	2422	APR-DRG	inpatient					WellPoint	WellPoint		10218.58				9582	10318.77	case rate	
MAJOR ESOPHAGEAL DISORDERS	2423	APR-DRG	inpatient					WellPoint	WellPoint		15197.51				14251	15346.51	case rate	
MAJOR ESOPHAGEAL DISORDERS	2424	APR-DRG	inpatient					WellPoint	WellPoint		35578.97				33363	35927.78	case rate	
OTHER ESOPHAGEAL DISORDERS	2431	APR-DRG	inpatient					WellPoint	WellPoint		7707.67				7228	7783.24	case rate	
OTHER ESOPHAGEAL DISORDERS	2432	APR-DRG	inpatient					WellPoint	WellPoint		9415.64				8829	9507.95	case rate	
OTHER ESOPHAGEAL DISORDERS	2433	APR-DRG	inpatient					WellPoint	WellPoint		13089.7				12743	13722.94	case rate	
OTHER ESOPHAGEAL DISORDERS	2434	APR-DRG	inpatient					WellPoint	WellPoint		29914.28				28051	30207.56	case rate	
DIVERTICULITIS & DIVERTICULOSIS	2441	APR-DRG	inpatient					WellPoint	WellPoint		7200.03				6752	7270.62	case rate	
DIVERTICULITIS & DIVERTICULOSIS	2442	APR-DRG	inpatient					WellPoint	WellPoint		9421.77				8835	9514.14	case rate	
DIVERTICULITIS & DIVERTICULOSIS	2443	APR-DRG	inpatient					WellPoint	WellPoint		14300.53				13410	14440.73	case rate	
DIVERTICULITIS & DIVERTICULOSIS	2444	APR-DRG	inpatient					WellPoint	WellPoint		32458.96				30437	32777.19	case rate	
INFLAMMATORY BOWEL DISEASE	2451	APR-DRG	inpatient					WellPoint	WellPoint		8597.06				8062	8681.34	case rate	
INFLAMMATORY BOWEL DISEASE	2452	APR-DRG	inpatient					WellPoint	WellPoint		10319.4				9677	10420.57	case rate	
INFLAMMATORY BOWEL DISEASE	2453	APR-DRG	inpatient					WellPoint	WellPoint		15533.8				14566	15686.1	case rate	
INFLAMMATORY BOWEL DISEASE	2454	APR-DRG	inpatient					WellPoint	WellPoint		29532.99				27693	29822.53	case rate	
GASTROINTESTINAL VASCULAR INSUFFICIENCY	2461	APR-DRG	inpatient					WellPoint	WellPoint		9043.13				8480	9131.78	case rate	
GASTROINTESTINAL VASCULAR INSUFFICIENCY	2462	APR-DRG	inpatient					WellPoint	WellPoint		10860.33				10184	10966.8	case rate	
GASTROINTESTINAL VASCULAR INSUFFICIENCY	2463	APR-DRG	inpatient					WellPoint	WellPoint		16416.15				15394	16577.09	case rate	
GASTROINTESTINAL VASCULAR INSUFFICIENCY	2464	APR-DRG	inpatient					WellPoint	WellPoint		33202.99				31135	33528.51	case rate	
INTESTINAL OBSTRUCTION	2471	APR-DRG	inpatient					WellPoint	WellPoint		6979.46				6545	7047.89	case rate	
INTESTINAL OBSTRUCTION	2472	APR-DRG	inpatient					WellPoint	WellPoint		8976.53				8417	9064.54	case rate	
INTESTINAL OBSTRUCTION	2473	APR-DRG	inpatient					WellPoint	WellPoint		14231.83				13345	14371.35	case rate	
INTESTINAL OBSTRUCTION	2474	APR-DRG	inpatient					WellPoint	WellPoint		32522.54				30497	32841.39	case rate	
MAJOR GASTROINTESTINAL & PERITONEAL INFECTIONS	2481	APR-DRG	inpatient					WellPoint	WellPoint		7611.24				7137	7685.66	case rate	
MAJOR GASTROINTESTINAL & PERITONEAL INFECTIONS	2482	APR-DRG	inpatient					WellPoint	WellPoint		10470.89				9819	10573.55	case rate	
MAJOR GASTROINTESTINAL & PERITONEAL INFECTIONS	2483	APR-DRG	inpatient					WellPoint	WellPoint		15740.27				14760	15894.59	case rate	
MAJOR GASTROINTESTINAL & PERITONEAL INFECTIONS	2484	APR-DRG	inpatient					WellPoint	WellPoint		33510.73				31423	33839.27	case rate	
OTHER GASTROENTERITIS, NAUSEA & VOMITING	2491	APR-DRG	inpatient					WellPoint	WellPoint		6287.4				5896	6349.04	case rate	
OTHER GASTROENTERITIS, NAUSEA & VOMITING	2492	APR-DRG	inpatient					WellPoint	WellPoint		7641.8				7166	7716.72	case rate	
OTHER GASTROENTERITIS, NAUSEA & VOMITING	2493	APR-DRG	inpatient					WellPoint	WellPoint		10843.96				10169	10950.27	case rate	
OTHER GASTROENTERITIS, NAUSEA & VOMITING	2494	APR-DRG	inpatient					WellPoint	WellPoint		24788.81				23245	25031.83	case rate	
ABDOMINAL PAIN	2511	APR-DRG	inpatient					WellPoint	WellPoint		7139.01				6694	7209	case rate	
ABDOMINAL PAIN	2512	APR-DRG	inpatient					WellPoint	WellPoint		8850.56				8299	8937.33	case rate	
ABDOMINAL PAIN	2513	APR-DRG	inpatient					WellPoint	WellPoint		11959.49				11215	12076.74	case rate	
ABDOMINAL PAIN	2514	APR-DRG	inpatient					WellPoint	WellPoint		22906.82				21480	23131.4	case rate	
MALFUNCTION, REACTION & COMPLICATION OF GI DEVICE OR PROCEDURE	2521	APR-DRG	inpatient					WellPoint	WellPoint		7772.98				7289	7849.19	case rate	
MALFUNCTION, REACTION & COMPLICATION OF GI DEVICE OR PROCEDURE	2522	APR-DRG	inpatient					WellPoint	WellPoint		10440.52				9790	10542.87	case rate	
MALFUNCTION, REACTION & COMPLICATION OF GI DEVICE OR PROCEDURE	2523	APR-DRG	inpatient					WellPoint	WellPoint		16008.04				15011	16164.98	case rate	
MALFUNCTION, REACTION & COMPLICATION OF GI DEVICE OR PROCEDURE	2524	APR-DRG	inpatient					WellPoint	WellPoint		35729.27				33504	36079.56	case rate	
OTHER & UNSPECIFIED GASTROINTESTINAL HEMORRHAGE	2531	APR-DRG	inpatient					WellPoint	WellPoint		7850.01				7361	7926.97	case rate	
OTHER & UNSPECIFIED GASTROINTESTINAL HEMORRHAGE	2532	APR-DRG	inpatient					WellPoint	WellPoint		10100.85				9472	10199.87	case rate	
OTHER & UNSPECIFIED GASTROINTESTINAL HEMORRHAGE	2533	APR-DRG	inpatient					WellPoint	WellPoint		15084.44				14145	15232.33	case rate	
OTHER & UNSPECIFIED GASTROINTESTINAL HEMORRHAGE	2534	APR-DRG	inpatient					WellPoint	WellPoint		31247.55				29301	31553.9	case rate	
OTHER DIGESTIVE SYSTEM DIAGNOSES	2541	APR-DRG	inpatient					WellPoint	WellPoint		7363.6				6905	7435.6	case rate	
OTHER DIGESTIVE SYSTEM DIAGNOSES	2542	APR-DRG	inpatient					WellPoint	WellPoint		9830.15				9218	9926.52	case rate	
OTHER DIGESTIVE SYSTEM DIAGNOSES	2543	APR-DRG	inpatient					WellPoint	WellPoint		14286.99				13397	14427.06	case rate	
OTHER DIGESTIVE SYSTEM DIAGNOSES	2544	APR-DRG	inpatient					WellPoint	WellPoint		30637.55				28729	30937.91	case rate	
MAJOR PANCREAS, LIVER & SHUNT PROCEDURES	2601	APR-DRG	inpatient					WellPoint	WellPoint		22978.46				21547	23203.74	case rate	
MAJOR PANCREAS, LIVER & SHUNT PROCEDURES	2602	APR-DRG	inpatient					WellPoint	WellPoint		30365.21				28474	30662.9	case rate	
MAJOR PANCREAS, LIVER & SHUNT PROCEDURES	2603	APR-DRG	inpatient					WellPoint	WellPoint		47656.39				44690	48125.63	case rate	
MAJOR PANCREAS, LIVER & SHUNT PROCEDURES	2604	APR-DRG	inpatient					WellPoint	WellPoint		96539.18				90526	97485.64	case rate	
MAJOR BILIARY TRACT PROCEDURES	2611	APR-DRG	inpatient					WellPoint	WellPoint		19110.94				17921	19298.31	case rate	
MAJOR BILIARY TRACT PROCEDURES	2612	APR-DRG	inpatient					WellPoint	WellPoint		26591.09				24935	26851.79	case rate	
MAJOR BILIARY TRACT PROCEDURES	2613	APR-DRG	inpatient					WellPoint	WellPoint		40212.46				37708	40606.7	case rate	
MAJOR BILIARY TRACT PROCEDURES	2614	APR-DRG	inpatient					WellPoint	WellPoint		73877.06				69275	74601.34	case rate	
CHOLECYSTECTOMY EXCEPT LAPAROSCOPIC	2621	APR-DRG	inpatient					WellPoint	WellPoint		16658.03				15620	16821.34	case rate	
CHOLECYSTECTOMY EXCEPT LAPAROSCOPIC	2622	APR-DRG	inpatient					WellPoint	WellPoint		21969.49				20601	22184.88	case rate	
CHOLECYSTECTOMY EXCEPT LAPAROSCOPIC	2623	APR-DRG	inpatient					WellPoint	WellPoint		32884.44				30836	33206.84	case rate	
CHOLECYSTECTOMY EXCEPT LAPAROSCOPIC	2624	APR-DRG	inpatient					WellPoint	WellPoint		67251.09				63062	67910.41	case rate	
LAPAROSCOPIC CHOLECYSTECTOMY	2631	APR-DRG	inpatient					WellPoint	WellPoint		14231.55				13345	14371.08	case rate	
LAPAROSCOPIC CHOLECYSTECTOMY	2632	APR-DRG	inpatient					WellPoint	WellPoint		18009.5				16888	18186.06	case rate	
LAPAROSCOPIC CHOLECYSTECTOMY	2633	APR-DRG	inpatient					WellPoint	WellPoint		24533.93				23006	24774.46	case rate	
LAPAROSCOPIC CHOLECYSTECTOMY	2634	APR-DRG	inpatient					WellPoint	WellPoint		51993.93				48755	52503.67	case rate	
OTHER HEPATOBILIARY, PANCREAS & ABDOMINAL PROCEDURES	2641	APR-DRG	inpatient					WellPoint	WellPoint		18951.31				17771	19137.11	case rate	
OTHER HEPATOBILIARY, PANCREAS & ABDOMINAL PROCEDURES	2642	APR-DRG	inpatient					WellPoint	WellPoint		23212.19				21766	23439.76	case rate	
OTHER HEPATOBILIARY, PANCREAS & ABDOMINAL PROCEDURES	2643	APR-DRG	inpatient					WellPoint	WellPoint		35912.23				33675	36294.31	case rate	
OTHER HEPATOBILIARY, PANCREAS & ABDOMINAL PROCEDURES	2644	APR-DRG	inpatient					WellPoint	WellPoint		77997.8				73139	78762.48	case rate	
HEPATIC COMA & OTHER MAJOR ACUTE LIVER DISORDERS	2791	APR-DRG	inpatient					WellPoint	WellPoint		7360.77				6902	7432.93	case rate	
HEPATIC COMA & OTHER MAJOR ACUTE LIVER DISORDERS	2792	APR-DRG	inpatient					WellPoint	WellPoint		9314.92				8735	9408.24	case rate	
HEPATIC COMA & OTHER MAJOR ACUTE LIVER DISORDERS	2793	APR-DRG	inpatient					WellPoint	WellPoint		15445.16				14483	15596.58	case rate	
HEPATIC COMA & OTHER MAJOR ACUTE LIVER DISORDERS	2794	APR-DRG	inpatient					WellPoint	WellPoint		38951.28				36525	39333.16	case rate	
ALCOHOLIC LIVER DISEASE	2801	APR-DRG	inpatient					WellPoint	WellPoint		7522.51				7054	7596.26	case rate	
ALCOHOLIC LIVER DISEASE	2802	APR-DRG	inpatient					WellPoint	WellPoint		9425.8				8839	9518.21	case rate	
ALCOHOLIC LIVER DISEASE	2803	APR-DRG	inpatient					WellPoint	WellPoint		15018.94				14083	15166.18	case rate	
ALCOHOLIC LIVER DISEASE	2804	APR-DRG	inpatient					WellPoint	WellPoint		33890.93				31780	34223.19	case rate	
MALIGNANCY OF HEPATOBILIARY SYSTEM & PANCREAS	2811	APR-DRG	inpatient					WellPoint	WellPoint		11084.1				10394	11192.76	case rate	
MALIGNANCY OF HEPATOBILIARY SYSTEM & PANCREAS	2812	APR-DRG	inpatient					WellPoint	WellPoint		13148.13				12329	13277.03	case rate	
MALIGNANCY OF HEPATOBILIARY SYSTEM & PANCREAS	2813	APR-DRG	inpatient					WellPoint	WellPoint		18194.47				17061	18372.85	case rate	
MALIGNANCY OF HEPATOBILIARY SYSTEM & PANCREAS	2814	APR-DRG	inpatient					WellPoint	WellPoint		29653.93				27807	29944.65	case rate	
DISORDERS OF PANCREAS EXCEPT MALIGNANCY	2821	APR-DRG	inpatient					WellPoint	WellPoint		7657.41				7190	7742.58	case rate	
DISORDERS OF PANCREAS EXCEPT MALIGNANCY	2822	APR-DRG	inpatient					WellPoint	WellPoint		9908.45				9291	10005.6	case rate	
DISORDERS OF PANCREAS EXCEPT MALIGNANCY	2823	APR-DRG	inpatient					WellPoint	WellPoint		16551.63				15521	16713.9	case rate	
DISORDERS OF PANCREAS EXCEPT MALIGNANCY	2824	APR-DRG	inpatient					WellPoint	WellPoint		46060.83				43192	46512.41	case rate	
OTHER DISORDERS OF THE LIVER	2831	APR-DRG	inpatient					WellPoint	WellPoint		8215.21				7703	8296.75	case rate	
OTHER DISORDERS OF THE LIVER	2832	APR-DRG	inpatient					WellPoint	WellPoint		9729.61				9124	9824.99	case rate	
OTHER DISORDERS OF THE LIVER	2833	APR-DRG	inpatient					WellPoint	WellPoint		14665.45				13752	14809.23	case rate	
OTHER DISORDERS OF THE LIVER	2834	APR-DRG	inpatient					WellPoint	WellPoint		29976.4				28109	30270.29	case rate	
DISORDERS OF GALLBLADDER & BILIARY TRACT	2841	APR-DRG	inpatient					WellPoint	WellPoint		8858.98				8307	8945.83	case rate	
DISORDERS OF GALLBLADDER & BILIARY TRACT	2842	APR-DRG	inpatient					WellPoint	WellPoint		11816.6				11081	11932.45	case rate	
DISORDERS OF GALLBLADDER & BILIARY TRACT	2843	APR-DRG	inpatient					WellPoint	WellPoint		17028.44				15968	17195.39	case rate	
DISORDERS OF GALLBLADDER & BILIARY TRACT	2844	APR-DRG	inpatient					WellPoint	WellPoint		33714.64				31615	34045.18	case rate	
HIP JOINT REPLACEMENT	3011	APR-DRG	inpatient					WellPoint	WellPoint		22486.09				21085	22706.55	case rate	
HIP JOINT REPLACEMENT	3012	APR-DRG	inpatient					WellPoint	WellPoint		24553.88				23024	24794.6	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
HIP JOINT REPLACEMENT	3013	APR-DRG	inpatient					WellPoint	WellPoint		33598.37				31506	33927.77	case rate	
HIP JOINT REPLACEMENT	3014	APR-DRG	inpatient					WellPoint	WellPoint		55678.29				52210	56224.16	case rate	
KNEE JOINT REPLACEMENT	3021	APR-DRG	inpatient					WellPoint	WellPoint		21460.13				20123	21670.52	case rate	
KNEE JOINT REPLACEMENT	3022	APR-DRG	inpatient					WellPoint	WellPoint		23862.36				22376	24096.3	case rate	
KNEE JOINT REPLACEMENT	3023	APR-DRG	inpatient					WellPoint	WellPoint		30687.04				28776	30987.89	case rate	
KNEE JOINT REPLACEMENT	3024	APR-DRG	inpatient					WellPoint	WellPoint		56422.95				52908	56976.12	case rate	
DORSAL & LUMBAR FUSION PROC FOR CURVATURE OF BACK	3031	APR-DRG	inpatient					WellPoint	WellPoint		66293.9				62165	66943.84	case rate	
DORSAL & LUMBAR FUSION PROC FOR CURVATURE OF BACK	3032	APR-DRG	inpatient					WellPoint	WellPoint		79173.74				74805	80555.84	case rate	
DORSAL & LUMBAR FUSION PROC FOR CURVATURE OF BACK	3033	APR-DRG	inpatient					WellPoint	WellPoint		116876.63				109597	118022.48	case rate	
DORSAL & LUMBAR FUSION PROC FOR CURVATURE OF BACK	3034	APR-DRG	inpatient					WellPoint	WellPoint		158767.88				148878	160324.42	case rate	
DORSAL & LUMBAR FUSION PROC EXCEPT FOR CURVATURE OF BACK	3041	APR-DRG	inpatient					WellPoint	WellPoint		40295.7				37786	40690.76	case rate	
DORSAL & LUMBAR FUSION PROC EXCEPT FOR CURVATURE OF BACK	3042	APR-DRG	inpatient					WellPoint	WellPoint		45262.73				45257	46735.89	case rate	
DORSAL & LUMBAR FUSION PROC EXCEPT FOR CURVATURE OF BACK	3043	APR-DRG	inpatient					WellPoint	WellPoint		72686.15				68159	73398.76	case rate	
DORSAL & LUMBAR FUSION PROC EXCEPT FOR CURVATURE OF BACK	3044	APR-DRG	inpatient					WellPoint	WellPoint		121058.92				113518	122245.78	case rate	
AMPUTATION OF LOWER LIMB EXCEPT TOES	3051	APR-DRG	inpatient					WellPoint	WellPoint		15110.33				14169	15258.47	case rate	
AMPUTATION OF LOWER LIMB EXCEPT TOES	3052	APR-DRG	inpatient					WellPoint	WellPoint		20688.1				19399	20890.92	case rate	
AMPUTATION OF LOWER LIMB EXCEPT TOES	3053	APR-DRG	inpatient					WellPoint	WellPoint		33853.88				31745	34185.78	case rate	
AMPUTATION OF LOWER LIMB EXCEPT TOES	3054	APR-DRG	inpatient					WellPoint	WellPoint		71604.28				67144	72306.28	case rate	
HIP & FEMUR FRACTURE REPAIR	3081	APR-DRG	inpatient					WellPoint	WellPoint		18317.06				17176	18496.64	case rate	
HIP & FEMUR FRACTURE REPAIR	3082	APR-DRG	inpatient					WellPoint	WellPoint		21580.61				20236	21792.18	case rate	
HIP & FEMUR FRACTURE REPAIR	3083	APR-DRG	inpatient					WellPoint	WellPoint		28807.81				27013	29090.24	case rate	
HIP & FEMUR FRACTURE REPAIR	3084	APR-DRG	inpatient					WellPoint	WellPoint		50358.31				47222	50852.02	case rate	
OTHER SIGNIFICANT HIP & FEMUR SURGERY	3091	APR-DRG	inpatient					WellPoint	WellPoint		18483.29				17332	18664.5	case rate	
OTHER SIGNIFICANT HIP & FEMUR SURGERY	3092	APR-DRG	inpatient					WellPoint	WellPoint		26274.93				24638	26532.53	case rate	
OTHER SIGNIFICANT HIP & FEMUR SURGERY	3093	APR-DRG	inpatient					WellPoint	WellPoint		38360.21				35971	38736.29	case rate	
OTHER SIGNIFICANT HIP & FEMUR SURGERY	3094	APR-DRG	inpatient					WellPoint	WellPoint		75005.96				70334	75741.31	case rate	
INTERVERTEBRAL DISC EXCISION & DECOMPRESSION	3101	APR-DRG	inpatient					WellPoint	WellPoint		13773.22				12915	13908.25	case rate	
INTERVERTEBRAL DISC EXCISION & DECOMPRESSION	3102	APR-DRG	inpatient					WellPoint	WellPoint		18283.49				17145	18462.74	case rate	
INTERVERTEBRAL DISC EXCISION & DECOMPRESSION	3103	APR-DRG	inpatient					WellPoint	WellPoint		26455.97				24808	26715.35	case rate	
INTERVERTEBRAL DISC EXCISION & DECOMPRESSION	3104	APR-DRG	inpatient					WellPoint	WellPoint		56881				53338	57438.66	case rate	
SKIN GRAFT, EXCEPT HAND, FOR MUSCULOSKELETAL & CONNECTIVE TISSUE DIAGNOSES	3121	APR-DRG	inpatient					WellPoint	WellPoint		22707.85				21293	22930.48	case rate	
SKIN GRAFT, EXCEPT HAND, FOR MUSCULOSKELETAL & CONNECTIVE TISSUE DIAGNOSES	3122	APR-DRG	inpatient					WellPoint	WellPoint		32317.34				30304	32634.18	case rate	
SKIN GRAFT, EXCEPT HAND, FOR MUSCULOSKELETAL & CONNECTIVE TISSUE DIAGNOSES	3123	APR-DRG	inpatient					WellPoint	WellPoint		58274.93				54645	58846.25	case rate	
SKIN GRAFT, EXCEPT HAND, FOR MUSCULOSKELETAL & CONNECTIVE TISSUE DIAGNOSES	3124	APR-DRG	inpatient					WellPoint	WellPoint		120426.79				112927	121609.46	case rate	
KNEE & LOWER LEG PROCEDURES EXCEPT FOOT	3131	APR-DRG	inpatient					WellPoint	WellPoint		16173.54				15166	16332.1	case rate	
KNEE & LOWER LEG PROCEDURES EXCEPT FOOT	3132	APR-DRG	inpatient					WellPoint	WellPoint		22136.54				20758	22353.56	case rate	
KNEE & LOWER LEG PROCEDURES EXCEPT FOOT	3133	APR-DRG	inpatient					WellPoint	WellPoint		33883.25				31773	34215.44	case rate	
KNEE & LOWER LEG PROCEDURES EXCEPT FOOT	3134	APR-DRG	inpatient					WellPoint	WellPoint		68943.24				64649	69619.15	case rate	
FOOT & TOE PROCEDURES	3141	APR-DRG	inpatient					WellPoint	WellPoint		14792.15				13871	14937.17	case rate	
FOOT & TOE PROCEDURES	3142	APR-DRG	inpatient					WellPoint	WellPoint		16789.39				15744	16954	case rate	
FOOT & TOE PROCEDURES	3143	APR-DRG	inpatient					WellPoint	WellPoint		23413.73				21955	23643.28	case rate	
FOOT & TOE PROCEDURES	3144	APR-DRG	inpatient					WellPoint	WellPoint		59465.71				47322	60960.48	case rate	
SHOULDER, UPPER ARM & FOREARM PROCEDURES EXCEPT JOINT REPLACEMENT	3151	APR-DRG	inpatient					WellPoint	WellPoint		13339.51				12509	13470.29	case rate	
SHOULDER, UPPER ARM & FOREARM PROCEDURES EXCEPT JOINT REPLACEMENT	3152	APR-DRG	inpatient					WellPoint	WellPoint		22565.05				21160	22786.28	case rate	
SHOULDER, UPPER ARM & FOREARM PROCEDURES EXCEPT JOINT REPLACEMENT	3153	APR-DRG	inpatient					WellPoint	WellPoint		32462.71				30441	32780.98	case rate	
SHOULDER, UPPER ARM & FOREARM PROCEDURES EXCEPT JOINT REPLACEMENT	3154	APR-DRG	inpatient					WellPoint	WellPoint		65677.22				61586	66321.11	case rate	
HAND & WRIST PROCEDURES	3161	APR-DRG	inpatient					WellPoint	WellPoint		11615.07				10892	11728.94	case rate	
HAND & WRIST PROCEDURES	3162	APR-DRG	inpatient					WellPoint	WellPoint		16520.35				15491	16682.31	case rate	
HAND & WRIST PROCEDURES	3163	APR-DRG	inpatient					WellPoint	WellPoint		26505.19				24854	26765.04	case rate	
HAND & WRIST PROCEDURES	3164	APR-DRG	inpatient					WellPoint	WellPoint		50728.63				47569	51225.97	case rate	
TENDON, MUSCLE & OTHER SOFT TISSUE PROCEDURES	3171	APR-DRG	inpatient					WellPoint	WellPoint		12827.2				12028	12952.96	case rate	
TENDON, MUSCLE & OTHER SOFT TISSUE PROCEDURES	3172	APR-DRG	inpatient					WellPoint	WellPoint		17995.23				16874	18171.65	case rate	
TENDON, MUSCLE & OTHER SOFT TISSUE PROCEDURES	3173	APR-DRG	inpatient					WellPoint	WellPoint		30904.49				28979	31207.48	case rate	
TENDON, MUSCLE & OTHER SOFT TISSUE PROCEDURES	3174	APR-DRG	inpatient					WellPoint	WellPoint		72838.01				68301	73552.1	case rate	
OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE PROCEDURES	3201	APR-DRG	inpatient					WellPoint	WellPoint		14636.54				13725	14780.04	case rate	
OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE PROCEDURES	3202	APR-DRG	inpatient					WellPoint	WellPoint		22499.55				21098	22720.13	case rate	
OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE PROCEDURES	3203	APR-DRG	inpatient					WellPoint	WellPoint		32037.13				30042	32351.22	case rate	
OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE PROCEDURES	3204	APR-DRG	inpatient					WellPoint	WellPoint		60474.53				56708	61067.41	case rate	
CERVICAL SPINAL FUSION & OTHER BACK/NECK PROC EXC DISC EXCIS/DECOMP	3211	APR-DRG	inpatient					WellPoint	WellPoint		24058.86				22560	24294.73	case rate	
CERVICAL SPINAL FUSION & OTHER BACK/NECK PROC EXC DISC EXCIS/DECOMP	3212	APR-DRG	inpatient					WellPoint	WellPoint		31183.97				29242	31489.7	case rate	
CERVICAL SPINAL FUSION & OTHER BACK/NECK PROC EXC DISC EXCIS/DECOMP	3213	APR-DRG	inpatient					WellPoint	WellPoint		52099.77				48855	52610.56	case rate	
CERVICAL SPINAL FUSION & OTHER BACK/NECK PROC EXC DISC EXCIS/DECOMP	3214	APR-DRG	inpatient					WellPoint	WellPoint		97746.19				91658	98704.49	case rate	
SHOULDER & ELBOW JOINT REPLACEMENT	3221	APR-DRG	inpatient					WellPoint	WellPoint		21957.42				20590	22172.69	case rate	
SHOULDER & ELBOW JOINT REPLACEMENT	3222	APR-DRG	inpatient					WellPoint	WellPoint		23933.63				22443	24168.27	case rate	
SHOULDER & ELBOW JOINT REPLACEMENT	3223	APR-DRG	inpatient					WellPoint	WellPoint		33816.38				31710	34147.91	case rate	
SHOULDER & ELBOW JOINT REPLACEMENT	3224	APR-DRG	inpatient					WellPoint	WellPoint		56712.41				53180	57268.41	case rate	
FRACTURE OF FEMUR	3401	APR-DRG	inpatient					WellPoint	WellPoint		6858.44				6431	6925.68	case rate	
FRACTURE OF FEMUR	3402	APR-DRG	inpatient					WellPoint	WellPoint		8124.1				7618	8203.74	case rate	
FRACTURE OF FEMUR	3403	APR-DRG	inpatient					WellPoint	WellPoint		12185.36				11426	12304.82	case rate	
FRACTURE OF FEMUR	3404	APR-DRG	inpatient					WellPoint	WellPoint		28003.49				26259	28278.03	case rate	
FRACTURE OF PELVIS OR DISLOCATION OF HIP	3411	APR-DRG	inpatient					WellPoint	WellPoint		6953.21				6520	7021.38	case rate	
FRACTURE OF PELVIS OR DISLOCATION OF HIP	3412	APR-DRG	inpatient					WellPoint	WellPoint		8434.31				7909	8517	case rate	
FRACTURE OF PELVIS OR DISLOCATION OF HIP	3413	APR-DRG	inpatient					WellPoint	WellPoint		11286.73				10584	11397.38	case rate	
FRACTURE OF PELVIS OR DISLOCATION OF HIP	3414	APR-DRG	inpatient					WellPoint	WellPoint		26757.32				25091	27019.65	case rate	
FRACTURES & DISLOCATIONS EXCEPT FEMUR, PELVIS & BACK	3421	APR-DRG	inpatient					WellPoint	WellPoint		7261.05				6809	7332.24	case rate	
FRACTURES & DISLOCATIONS EXCEPT FEMUR, PELVIS & BACK	3422	APR-DRG	inpatient					WellPoint	WellPoint		9387.1				8692	9479.13	case rate	
FRACTURES & DISLOCATIONS EXCEPT FEMUR, PELVIS & BACK	3423	APR-DRG	inpatient					WellPoint	WellPoint		12820.34				12022	12946.03	case rate	
FRACTURES & DISLOCATIONS EXCEPT FEMUR, PELVIS & BACK	3424	APR-DRG	inpatient					WellPoint	WellPoint		29567.38				27726	29857.26	case rate	
MUSCULOSKELETAL MALIGNANCY & PATHOL FRACTURE DIT MUSCSKEL MALIG	3431	APR-DRG	inpatient					WellPoint	WellPoint		11276.76				10574	11387.32	case rate	
MUSCULOSKELETAL MALIGNANCY & PATHOL FRACTURE DIT MUSCSKEL MALIG	3432	APR-DRG	inpatient					WellPoint	WellPoint		13491.18				12651	13623.45	case rate	
MUSCULOSKELETAL MALIGNANCY & PATHOL FRACTURE DIT MUSCSKEL MALIG	3433	APR-DRG	inpatient					WellPoint	WellPoint		21517.11				20177	21728.07	case rate	
MUSCULOSKELETAL MALIGNANCY & PATHOL FRACTURE DIT MUSCSKEL MALIG	3434	APR-DRG	inpatient					WellPoint	WellPoint		36214.31				33959	36569.36	case rate	
OSTEOMYELITIS, SEPTIC ARTHRITIS & OTHER MUSCULOSKELETAL INFECTIONS	3441	APR-DRG	inpatient					WellPoint	WellPoint		10357.55				9712	10459.09	case rate	
OSTEOMYELITIS, SEPTIC ARTHRITIS & OTHER MUSCULOSKELETAL INFECTIONS	3442	APR-DRG	inpatient					WellPoint	WellPoint		13077.69				12263	13205.9	case rate	
OSTEOMYELITIS, SEPTIC ARTHRITIS & OTHER MUSCULOSKELETAL INFECTIONS	3443	APR-DRG	inpatient					WellPoint	WellPoint		19542.01				18325	19733.59	case rate	
OSTEOMYELITIS, SEPTIC ARTHRITIS & OTHER MUSCULOSKELETAL INFECTIONS	3444	APR-DRG	inpatient					WellPoint	WellPoint		36018.08				33775	36371.2	case rate	
CONNECTIVE TISSUE DISORDERS	3461	APR-DRG	inpatient					WellPoint	WellPoint		9364.86				8782	9456.68	case rate	
CONNECTIVE TISSUE DISORDERS	3462	APR-DRG	inpatient					WellPoint	WellPoint		12468.68				11692	12590.93	case rate	
CONNECTIVE TISSUE DISORDERS	3463	APR-DRG	inpatient					WellPoint	WellPoint		20959.16				19654	21164.65	case rate	
CONNECTIVE TISSUE DISORDERS	3464	APR-DRG	inpatient					WellPoint	WellPoint		51242.49				48051	51744.87	case rate	
OTHER BACK & NECK DISORDERS, FRACTURES & INJURIES	3471	APR-DRG	inpatient					WellPoint	WellPoint		8807.56				8259	8893.91	case rate	
OTHER BACK & NECK DISORDERS, FRACTURES & INJURIES	3472	APR-DRG	inpatient					WellPoint	WellPoint		10872.04				10195	10978.63	case rate	
OTHER BACK & NECK DISORDERS, FRACTURES & INJURIES	3473	APR-DRG	inpatient					WellPoint	WellPoint		14914.92				13986	15061.14	case rate	
OTHER BACK & NECK DISORDERS, FRACTURES & INJURIES	3474	APR-DRG	inpatient					WellPoint	WellPoint		35359.14				33157	35705.79	case rate	
MALFUNCTION, REACTION, COMPLIC OF ORTHOPEDIC DEVICE OR PROCEDURE	3491	APR-DRG	inpatient					WellPoint	WellPoint		7412.73				6951	7485.4	case rate	
MALFUNCTION, REACTION, COMPLIC OF ORTHOPEDIC DEVICE OR PROCEDURE	3492	APR-DRG	inpatient					WellPoint	WellPoint		10603.45				9943	10707.41	case rate	
MALFUNCTION, REACTION, COMPLIC OF ORTHOPEDIC DEVICE OR PROCEDURE	3493	APR-DRG	inpatient					WellPoint	WellPoint		16165.22				15158	16323.7	case rate	
MALFUNCTION, REACTION, COMPLIC OF ORTHOPEDIC DEVICE OR PROCEDURE	3494	APR-DRG	inpatient					WellPoint	WellPoint		33152.03				31087	33477.05	case rate	
OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE DIAGNOSES	3511	APR-DRG	inpatient					WellPoint	WellPoint		7497.16				7030	7570.66	case rate	
OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE DIAGNOSES	3512	APR-DRG	inpatient					WellPoint	WellPoint		8687.26				8146	8772.43	case rate	
OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE DIAGNOSES	3513	APR-DRG	inpatient					WellPoint	WellPoint		14096.98				13219	14235.19	case rate	
OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE DIAGNOSES	3514	APR-DRG	inpatient					WellPoint	WellPoint		31209.67				29266	31515.65	case rate	
SKIN GRAFT FOR SKIN & SUBCUTANEOUS TISSUE DIAGNOSES	3611	APR-DRG	inpatient					WellPoint	WellPoint		19499.11				18285	19690.27	case rate	
SKIN GRAFT FOR SKIN & SUBCUTANEOUS TISSUE DIAGNOSES	3612	APR-DRG	inpatient					WellPoint	WellPoint		26160.67				24531	26417.15	case rate	
SKIN GRAFT FOR SKIN & SUBCUTANEOUS TISSUE DIAGNOSES	3613	APR-DRG	inpatient					WellPoint	WellPoint		37579.96				35239	37948.39	case rate	
SKIN GRAFT FOR SKIN & SUBCUTANEOUS TISSUE DIAGNOSES	3614	APR-DRG	inpatient					WellPoint	WellPoint		82535.78				77395	83344.95	case rate	
MASTECTOMY PROCEDURES	3621	APR-DRG	inpatient					WellPoint	WellPoint		18841.35				17668	19026.07	case rate	
MASTECTOMY PROCEDURES	3622	APR-DRG	inpatient					WellPoint	WellPoint		23026.03				21592	23251.78	case rate	
MASTECTOMY PROCEDURES	3623	APR-DRG	inpatient					WellPoint	WellPoint		28336.76				26572	28614.57	case rate	
MASTECTOMY PROCEDURES	3624	APR-DRG	inpatient					WellPoint	WellPoint		59673.23				55956	60258.27	case rate	
BREAST PROCEDURES EXCEPT MASTECTOMY	3631	APR-DRG	inpatient					WellPoint	WellPoint		14701.13				13785	14845.26	case rate	
BREAST PROCEDURES EXCEPT MASTECTOMY	3632	APR-DRG	inpatient					WellPoint	WellPoint		24805.64				23261	25048.83	case rate	
BREAST PROCEDURES EXCEPT MASTECTOMY	3633	APR-DRG	inpatient					WellPoint	WellPoint		31669.19				29697	31979.68	case rate	
BREAST PROCEDURES EXCEPT MASTECTOMY	3634	APR-DRG	inpatient					WellPoint	WellPoint		60996.7				57197	61594.71	case rate	
OTHER SKIN, SUBCUTANEOUS TISSUE & RELATED PROCEDURES	3641	APR-DRG	inpatient					WellPoint	WellPoint		11873.32				11134	11989.73	case rate	
OTHER SKIN, SUBCUTANEOUS TISSUE & RELATED PROCEDURES	3642	APR-DRG	inpatient					WellPoint	WellPoint		16409.84				15388	16570.72	case rate	
OTHER SKIN, SUBCUTANEOUS TISSUE & RELATED PROCEDURES	3643	APR-DRG	inpatient					WellPoint	WellPoint		25506.57				23918	25756.63	case rate	
OTHER SKIN, SUBCUTANEOUS TISSUE & RELATED PROCEDURES	3644	APR-DRG	inpatient					WellPoint	WellPoint		49977.56				46865	50467.54	case rate	
SKIN ULCERS	3801	APR-DRG	inpatient					WellPoint	WellPoint		8136.63				7630	8216.4	case rate	
SKIN ULCERS	3802	APR-DRG	inpatient					WellPoint	WellPoint		9754.49				9147	9850.13	case rate	
SKIN ULCERS	3803	APR-DRG	inpatient					WellPoint	WellPoint		14099.82				13222	14238.05	case rate	
SKIN ULCERS	3804	APR-DRG	inpatient					WellPoint	WellPoint		27677.63				25954	27948.98	case rate	
MAJOR SKIN DISORDERS	3811	APR-DRG	inpatient					WellPoint	WellPoint		6546.12				6138	6610.29	case rate	
MAJOR SKIN DISORDERS	3812	APR-DRG	inpatient					WellPoint	WellPoint		11536.57				10818	11649.67	case rate	
MAJOR SKIN DISORDERS	3813	APR-DRG	inpatient					WellPoint	WellPoint		20821.94				19525	21026.08	case rate	
MAJOR SKIN DISORDERS	3814	APR-DRG	inpatient					WellPoint	WellPoint		56301.47				52795	56853.45	case rate	
MALIGNANT BREAST DISORDERS	3821	APR-DRG	inpatient					WellPoint	WellPoint		8680.01				8327	8967.07	case rate	
MALIGNANT BREAST DISORDERS	3822	APR-DRG	inpatient					WellPoint	WellPoint		10533.38				9877	10636.65	case rate	
MALIGNANT BREAST DISORDERS	3823	APR-DRG	inpatient					WellPoint	WellPoint		16693.43				15654	16857.09	case rate	
MALIGNANT BREAST DISORDERS	3824	APR-DRG	inpatient					WellPoint	WellPoint		28078.14				26329	28353.42	case rate	
CELLULITIS & OTHER SKIN INFECTIONS	3831	APR-DRG	inpatient					WellPoint	WellPoint		6423.53				6023	6486.51	case rate	
CELLULITIS & OTHER SKIN INFECTIONS	3832	APR-DRG	inpatient					WellPoint	WellPoint		8549.21				8017	8633.03	case rate	
CELLULITIS & OTHER SKIN INFECTIONS	3833	APR-DRG	inpatient					WellPoint	WellPoint		13125.8				12308	13254.48	case rate	
CELLULITIS & OTHER SKIN INFECTIONS	3834	APR-DRG	inpatient					WellPoint	WellPoint		31052.87				29119	31357.31	case rate	
CONTUSION, OPEN WOUND & OTHER TRAUMA TO SKIN & SUBCUTANEOUS TISSUE	3841	APR-DRG	inpatient					WellPoint	WellPoint		8228.38				7716	8309.05	case rate	
CONTUSION, OPEN WOUND & OTHER TRAUMA TO SKIN & SUBCUTANEOUS TISSUE	3842	APR-DRG	inpatient					WellPoint	WellPoint		9753.94				9146	9849.57	case rate	
CONTUSION, OPEN WOUND & OTHER TRAUMA TO SKIN & SUBCUTANEOUS TISSUE	3843	APR-DRG	inpatient					WellPoint	WellPoint		14291.66				13401	14431.77	case rate	
CONTUSION, OPEN WOUND & OTHER TRAUMA TO SKIN & SUBCUTANEOUS TISSUE	3844	APR-DRG	inpatient					WellPoint	WellPoint		36158.05				33906	36512.54	case rate	
OTHER SKIN, SUBCUTANEOUS TISSUE & BREAST DISORDERS	3851	APR-DRG	inpatient					WellPoint	WellPoint		6125.11				5744	6186.16	case rate	
OTHER SKIN, SUBCUTANEOUS TISSUE & BREAST DISORDERS	3852	APR-DRG	inpatient					WellPoint	WellPoint		8114.12				7609	8193.67	case rate	
OTHER SKIN, SUBCUTANEOUS TISSUE & BREAST DISORDERS	3853	APR-DRG	inpatient					WellPoint	WellPoint		12965.62				12158	13092.73	case rate	
OTHER SKIN, SUBCUTANEOUS TISSUE & BREAST DISORDERS	3854	APR-DRG	inpatient					WellPoint	WellPoint		26619.91				24962	26880.69	case rate	
PITUITARY & ADRENAL PROCEDURES	4011	APR-DRG	inpatient					WellPoint	WellPoint		21237.18				19914	21445.38	case rate	
PITUITARY & ADRENAL PROCEDURES	4012	APR-DRG	inpatient					WellPoint	WellPoint		28551.84				26773	28831.76	case rate	
PITUITARY & ADRENAL PROCEDURES	4013	APR-DRG	inpatient					WellPoint	WellPoint		48058.81				45065	48529.97	case rate	
PITUITARY & ADRENAL PROCEDURES	4014	APR-DRG	inpatient					WellPoint	WellPoint		103983.37				97506	105002.81	case rate	
PROCEDURES FOR OBESITY	4031	APR-DRG	inpatient					WellPoint	WellPoint		18534.88				17380	18716.59	case rate	
PROCEDURES FOR OBESITY	4032	APR-DRG	inpatient					WellPoint	WellPoint		20584.27				19302	20786.08	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.													
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103		310119 true												
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
PROCEDURES FOR OBESITY	4033	APR-DRG	inpatient					WellPoint	WellPoint		31282.58				29934	31586.29	case rate	
PROCEDURES FOR OBESITY	4034	APR-DRG	inpatient					WellPoint	WellPoint		88674.86				82589	88938.34	case rate	
THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES	4041	APR-DRG	inpatient					WellPoint	WellPoint		11832.15				11095	11948.15	case rate	
THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES	4042	APR-DRG	inpatient					WellPoint	WellPoint		15853.44				14866	16008.87	case rate	
THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES	4043	APR-DRG	inpatient					WellPoint	WellPoint		30167.88				28289	30463.64	case rate	
THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES	4044	APR-DRG	inpatient					WellPoint	WellPoint		72301.19				67798	73010.03	case rate	
OTHER PROCEDURES FOR ENDOCRINE, NUTRITIONAL & METABOLIC DISORDERS	4051	APR-DRG	inpatient					WellPoint	WellPoint		18401.14				17255	18581.54	case rate	
OTHER PROCEDURES FOR ENDOCRINE, NUTRITIONAL & METABOLIC DISORDERS	4052	APR-DRG	inpatient					WellPoint	WellPoint		22810.49				21390	23034.13	case rate	
OTHER PROCEDURES FOR ENDOCRINE, NUTRITIONAL & METABOLIC DISORDERS	4053	APR-DRG	inpatient					WellPoint	WellPoint		33891.75				31781	34224.03	case rate	
OTHER PROCEDURES FOR ENDOCRINE, NUTRITIONAL & METABOLIC DISORDERS	4054	APR-DRG	inpatient					WellPoint	WellPoint		77284.78				72471	78042.47	case rate	
DIABETES	4201	APR-DRG	inpatient					WellPoint	WellPoint		5972.43				5600	6030.98	case rate	
DIABETES	4202	APR-DRG	inpatient					WellPoint	WellPoint		7718				7237	7793.67	case rate	
DIABETES	4203	APR-DRG	inpatient					WellPoint	WellPoint		11581.67				10860	11695.22	case rate	
DIABETES	4204	APR-DRG	inpatient					WellPoint	WellPoint		28239.7				26481	28516.56	case rate	
MALNUTRITION, FAILURE TO THRIVE & OTHER NUTRITIONAL DISORDERS	4211	APR-DRG	inpatient					WellPoint	WellPoint		8036.73				7536	8115.52	case rate	
MALNUTRITION, FAILURE TO THRIVE & OTHER NUTRITIONAL DISORDERS	4212	APR-DRG	inpatient					WellPoint	WellPoint		8929.69				8373	9017.24	case rate	
MALNUTRITION, FAILURE TO THRIVE & OTHER NUTRITIONAL DISORDERS	4213	APR-DRG	inpatient					WellPoint	WellPoint		13694				12841	13828.25	case rate	
MALNUTRITION, FAILURE TO THRIVE & OTHER NUTRITIONAL DISORDERS	4214	APR-DRG	inpatient					WellPoint	WellPoint		29035.5				27227	29320.17	case rate	
HYPOVOLEMIA & RELATED ELECTROLYTE DISORDERS	4221	APR-DRG	inpatient					WellPoint	WellPoint		4810.15				4511	4857.3	case rate	
HYPOVOLEMIA & RELATED ELECTROLYTE DISORDERS	4222	APR-DRG	inpatient					WellPoint	WellPoint		6900.51				6471	6968.17	case rate	
HYPOVOLEMIA & RELATED ELECTROLYTE DISORDERS	4223	APR-DRG	inpatient					WellPoint	WellPoint		10093.52				9465	10192.48	case rate	
HYPOVOLEMIA & RELATED ELECTROLYTE DISORDERS	4224	APR-DRG	inpatient					WellPoint	WellPoint		21860.63				20499	22074.95	case rate	
INBORN ERRORS OF METABOLISM	4231	APR-DRG	inpatient					WellPoint	WellPoint		8776.92				8230	8862.96	case rate	
INBORN ERRORS OF METABOLISM	4232	APR-DRG	inpatient					WellPoint	WellPoint		11440.61				10728	11552.77	case rate	
INBORN ERRORS OF METABOLISM	4233	APR-DRG	inpatient					WellPoint	WellPoint		18055.06				16930	18232.07	case rate	
INBORN ERRORS OF METABOLISM	4234	APR-DRG	inpatient					WellPoint	WellPoint		34984.24				32805	35327.22	case rate	
OTHER ENDOCRINE DISORDERS	4241	APR-DRG	inpatient					WellPoint	WellPoint		7339.45				6882	7411.41	case rate	
OTHER ENDOCRINE DISORDERS	4242	APR-DRG	inpatient					WellPoint	WellPoint		9574.42				9353	10072.21	case rate	
OTHER ENDOCRINE DISORDERS	4243	APR-DRG	inpatient					WellPoint	WellPoint		15120.39				14179	15268.63	case rate	
OTHER ENDOCRINE DISORDERS	4244	APR-DRG	inpatient					WellPoint	WellPoint		32044.73				30049	32358.89	case rate	
ELECTROLYTE DISORDERS EXCEPT HYPOVOLEMIA RELATED	4251	APR-DRG	inpatient					WellPoint	WellPoint		5969.87				5598	6028.39	case rate	
ELECTROLYTE DISORDERS EXCEPT HYPOVOLEMIA RELATED	4252	APR-DRG	inpatient					WellPoint	WellPoint		7691.57				7212	7766.97	case rate	
ELECTROLYTE DISORDERS EXCEPT HYPOVOLEMIA RELATED	4253	APR-DRG	inpatient					WellPoint	WellPoint		11534.47				10816	11647.55	case rate	
ELECTROLYTE DISORDERS EXCEPT HYPOVOLEMIA RELATED	4254	APR-DRG	inpatient					WellPoint	WellPoint		25875.89				24264	26129.58	case rate	
KIDNEY TRANSPLANT	4401	APR-DRG	inpatient					WellPoint	WellPoint		71240.45				66803	71938.89	case rate	
KIDNEY TRANSPLANT	4402	APR-DRG	inpatient					WellPoint	WellPoint		74543.06				69900	75273.87	case rate	
KIDNEY TRANSPLANT	4403	APR-DRG	inpatient					WellPoint	WellPoint		84291.15				79041	85117.53	case rate	
KIDNEY TRANSPLANT	4404	APR-DRG	inpatient					WellPoint	WellPoint		133444.72				125133	134753	case rate	
MAJOR BLADDER PROCEDURES	4411	APR-DRG	inpatient					WellPoint	WellPoint		21007.1				19699	21213.06	case rate	
MAJOR BLADDER PROCEDURES	4412	APR-DRG	inpatient					WellPoint	WellPoint		32561.97				30534	32881.21	case rate	
MAJOR BLADDER PROCEDURES	4413	APR-DRG	inpatient					WellPoint	WellPoint		44288.73				41530	44722.93	case rate	
MAJOR BLADDER PROCEDURES	4414	APR-DRG	inpatient					WellPoint	WellPoint		89138.89				83587	90012.8	case rate	
KIDNEY & URINARY TRACT PROCEDURES FOR MALIGNANCY	4421	APR-DRG	inpatient					WellPoint	WellPoint		19359.42				18154	19549.21	case rate	
KIDNEY & URINARY TRACT PROCEDURES FOR MALIGNANCY	4422	APR-DRG	inpatient					WellPoint	WellPoint		22429.01				21032	22648.91	case rate	
KIDNEY & URINARY TRACT PROCEDURES FOR MALIGNANCY	4423	APR-DRG	inpatient					WellPoint	WellPoint		34633.77				32476	34973.32	case rate	
KIDNEY & URINARY TRACT PROCEDURES FOR MALIGNANCY	4424	APR-DRG	inpatient					WellPoint	WellPoint		68908.74				64617	69584.32	case rate	
KIDNEY & URINARY TRACT PROCEDURES FOR NONMALIGNANCY	4431	APR-DRG	inpatient					WellPoint	WellPoint		16949.31				15894	17115.48	case rate	
KIDNEY & URINARY TRACT PROCEDURES FOR NONMALIGNANCY	4432	APR-DRG	inpatient					WellPoint	WellPoint		19911.24				18671	20106.44	case rate	
KIDNEY & URINARY TRACT PROCEDURES FOR NONMALIGNANCY	4433	APR-DRG	inpatient					WellPoint	WellPoint		29103.29				27290	29388.62	case rate	
KIDNEY & URINARY TRACT PROCEDURES FOR NONMALIGNANCY	4434	APR-DRG	inpatient					WellPoint	WellPoint		60502.71				56734	61095.87	case rate	
RENAL DIALYSIS ACCESS DEVICE PROCEDURE ONLY	4441	APR-DRG	inpatient					WellPoint	WellPoint		15438.66				14477	15590.02	case rate	
RENAL DIALYSIS ACCESS DEVICE PROCEDURE ONLY	4442	APR-DRG	inpatient					WellPoint	WellPoint		20831.73				19534	21035.96	case rate	
RENAL DIALYSIS ACCESS DEVICE PROCEDURE ONLY	4443	APR-DRG	inpatient					WellPoint	WellPoint		33481.83				31396	33810.08	case rate	
RENAL DIALYSIS ACCESS DEVICE PROCEDURE ONLY	4444	APR-DRG	inpatient					WellPoint	WellPoint		63335				59390	63955.53	case rate	
OTHER BLADDER PROCEDURES	4451	APR-DRG	inpatient					WellPoint	WellPoint		13384.7				12551	13515.92	case rate	
OTHER BLADDER PROCEDURES	4452	APR-DRG	inpatient					WellPoint	WellPoint		18292				17153	18471.33	case rate	
OTHER BLADDER PROCEDURES	4453	APR-DRG	inpatient					WellPoint	WellPoint		23814.79				22331	24048.26	case rate	
OTHER BLADDER PROCEDURES	4454	APR-DRG	inpatient					WellPoint	WellPoint		49420.16				46342	49904.67	case rate	
URETHRAL & TRANSURETHRAL PROCEDURES	4461	APR-DRG	inpatient					WellPoint	WellPoint		10248.04				9610	10348.51	case rate	
URETHRAL & TRANSURETHRAL PROCEDURES	4462	APR-DRG	inpatient					WellPoint	WellPoint		12674.06				11885	12798.32	case rate	
URETHRAL & TRANSURETHRAL PROCEDURES	4463	APR-DRG	inpatient					WellPoint	WellPoint		20724.79				19434	20927.97	case rate	
URETHRAL & TRANSURETHRAL PROCEDURES	4464	APR-DRG	inpatient					WellPoint	WellPoint		44846.58				42053	45286.26	case rate	
OTHER KIDNEY, URINARY TRACT & RELATED PROCEDURES	4471	APR-DRG	inpatient					WellPoint	WellPoint		17391.9				16309	17562.41	case rate	
OTHER KIDNEY, URINARY TRACT & RELATED PROCEDURES	4472	APR-DRG	inpatient					WellPoint	WellPoint		22017.71				20646	22233.57	case rate	
OTHER KIDNEY, URINARY TRACT & RELATED PROCEDURES	4473	APR-DRG	inpatient					WellPoint	WellPoint		31465.37				29505	31773.85	case rate	
OTHER KIDNEY, URINARY TRACT & RELATED PROCEDURES	4474	APR-DRG	inpatient					WellPoint	WellPoint		71905.07				67426	72610.03	case rate	
KIDNEY & URINARY TRACT MALIGNANCY	4611	APR-DRG	inpatient					WellPoint	WellPoint		8081.55				7578	8160.78	case rate	
KIDNEY & URINARY TRACT MALIGNANCY	4612	APR-DRG	inpatient					WellPoint	WellPoint		10566.86				9909	10670.45	case rate	
KIDNEY & URINARY TRACT MALIGNANCY	4613	APR-DRG	inpatient					WellPoint	WellPoint		16336.47				15319	16496.63	case rate	
KIDNEY & URINARY TRACT MALIGNANCY	4614	APR-DRG	inpatient					WellPoint	WellPoint		29740.65				27888	30032.23	case rate	
NEPHRITIS & NEPHROSIS	4621	APR-DRG	inpatient					WellPoint	WellPoint		6658				6243	6723.27	case rate	
NEPHRITIS & NEPHROSIS	4622	APR-DRG	inpatient					WellPoint	WellPoint		9393.41				8808	9485.51	case rate	
NEPHRITIS & NEPHROSIS	4623	APR-DRG	inpatient					WellPoint	WellPoint		17355.03				16274	17525.18	case rate	
NEPHRITIS & NEPHROSIS	4624	APR-DRG	inpatient					WellPoint	WellPoint		35075.81				32891	35419.69	case rate	
KIDNEY & URINARY TRACT INFECTIONS	4631	APR-DRG	inpatient					WellPoint	WellPoint		6434.14				6033	6497.22	case rate	
KIDNEY & URINARY TRACT INFECTIONS	4632	APR-DRG	inpatient					WellPoint	WellPoint		8106.62				7602	8186.1	case rate	
KIDNEY & URINARY TRACT INFECTIONS	4633	APR-DRG	inpatient					WellPoint	WellPoint		11259.57				10558	11369.95	case rate	
KIDNEY & URINARY TRACT INFECTIONS	4634	APR-DRG	inpatient					WellPoint	WellPoint		22025.21				20653	22241.14	case rate	
URINARY STONES & ACQUIRED UPPER URINARY TRACT OBSTRUCTION	4651	APR-DRG	inpatient					WellPoint	WellPoint		7078.09				6637	7147.48	case rate	
URINARY STONES & ACQUIRED UPPER URINARY TRACT OBSTRUCTION	4652	APR-DRG	inpatient					WellPoint	WellPoint		8476.12				7948	8559.22	case rate	
URINARY STONES & ACQUIRED UPPER URINARY TRACT OBSTRUCTION	4653	APR-DRG	inpatient					WellPoint	WellPoint		12990.05				12181	13117.4	case rate	
URINARY STONES & ACQUIRED UPPER URINARY TRACT OBSTRUCTION	4654	APR-DRG	inpatient					WellPoint	WellPoint		28323.23				26559	28600.91	case rate	
MALFUNCTION, REACTION, COMPLIC OF GENITOURINARY DEVICE OR PROC	4661	APR-DRG	inpatient					WellPoint	WellPoint		6737.77				6318	6803.83	case rate	
MALFUNCTION, REACTION, COMPLIC OF GENITOURINARY DEVICE OR PROC	4662	APR-DRG	inpatient					WellPoint	WellPoint		9384.17				8800	9476.18	case rate	
MALFUNCTION, REACTION, COMPLIC OF GENITOURINARY DEVICE OR PROC	4663	APR-DRG	inpatient					WellPoint	WellPoint		14294.85				13404	14435	case rate	
MALFUNCTION, REACTION, COMPLIC OF GENITOURINARY DEVICE OR PROC	4664	APR-DRG	inpatient					WellPoint	WellPoint		25404.11				23822	25653.17	case rate	
OTHER KIDNEY & URINARY TRACT DIAGNOSES, SIGNS & SYMPTOMS	4681	APR-DRG	inpatient					WellPoint	WellPoint		7043.23				6605	7112.28	case rate	
OTHER KIDNEY & URINARY TRACT DIAGNOSES, SIGNS & SYMPTOMS	4682	APR-DRG	inpatient					WellPoint	WellPoint		9563.2				8968	9656.96	case rate	
OTHER KIDNEY & URINARY TRACT DIAGNOSES, SIGNS & SYMPTOMS	4683	APR-DRG	inpatient					WellPoint	WellPoint		13942.37				13074	14079.06	case rate	
OTHER KIDNEY & URINARY TRACT DIAGNOSES, SIGNS & SYMPTOMS	4684	APR-DRG	inpatient					WellPoint	WellPoint		28084.09				26335	28359.42	case rate	
ACUTE KIDNEY INJURY	4691	APR-DRG	inpatient					WellPoint	WellPoint		6669.25				6254	6734.63	case rate	
ACUTE KIDNEY INJURY	4692	APR-DRG	inpatient					WellPoint	WellPoint		8912.04				8357	8999.41	case rate	
ACUTE KIDNEY INJURY	4693	APR-DRG	inpatient					WellPoint	WellPoint		14431.71				13533	14573.2	case rate	
ACUTE KIDNEY INJURY	4694	APR-DRG	inpatient					WellPoint	WellPoint		32741.73				30702	33062.73	case rate	
CHRONIC KIDNEY DISEASE	4701	APR-DRG	inpatient					WellPoint	WellPoint		7088.51				6647	7158.01	case rate	
CHRONIC KIDNEY DISEASE	4702	APR-DRG	inpatient					WellPoint	WellPoint		9024.74				8463	9113.21	case rate	
CHRONIC KIDNEY DISEASE	4703	APR-DRG	inpatient					WellPoint	WellPoint		13287.54				12460	13417.81	case rate	
CHRONIC KIDNEY DISEASE	4704	APR-DRG	inpatient					WellPoint	WellPoint		29484.89				26710	28769.96	case rate	
MAJOR MALE PELVIC PROCEDURES	4801	APR-DRG	inpatient					WellPoint	WellPoint		17954.43				16836	18130.45	case rate	
MAJOR MALE PELVIC PROCEDURES	4802	APR-DRG	inpatient					WellPoint	WellPoint		19787.09				18555	19981.08	case rate	
MAJOR MALE PELVIC PROCEDURES	4803	APR-DRG	inpatient					WellPoint	WellPoint		32298.32				30287	32614.97	case rate	
MAJOR MALE PELVIC PROCEDURES	4804	APR-DRG	inpatient					WellPoint	WellPoint		72071.2				67582	72777.78	case rate	
PENIS PROCEDURES	4811	APR-DRG	inpatient					WellPoint	WellPoint		11487.26				10772	11599.88	case rate	
PENIS PROCEDURES	4812	APR-DRG	inpatient					WellPoint	WellPoint		18719.4				17553	18902.92	case rate	
PENIS PROCEDURES	4813	APR-DRG	inpatient					WellPoint	WellPoint		26063.34				24440	26318.86	case rate	
PENIS PROCEDURES	4814	APR-DRG	inpatient					WellPoint	WellPoint		60152.51				56406	60742.24	case rate	
TRANSURETHRAL PROSTATECTOMY	4821	APR-DRG	inpatient					WellPoint	WellPoint		9661.82				9060	9756.54	case rate	
TRANSURETHRAL PROSTATECTOMY	4822	APR-DRG	inpatient					WellPoint	WellPoint		12608.46				11823	12732.08	case rate	
TRANSURETHRAL PROSTATECTOMY	4823	APR-DRG	inpatient					WellPoint	WellPoint		22951.47				21522	23176.48	case rate	
TRANSURETHRAL PROSTATECTOMY	4824	APR-DRG	inpatient					WellPoint	WellPoint		45810.26				42957	46259.38	case rate	
TESTES & SCROTAL PROCEDURES	4831	APR-DRG	inpatient					WellPoint	WellPoint		10225.62				9589	10325.87	case rate	
TESTES & SCROTAL PROCEDURES	4832	APR-DRG	inpatient					WellPoint	WellPoint		18496.91				17345	18678.26	case rate	
TESTES & SCROTAL PROCEDURES	4833	APR-DRG	inpatient					WellPoint	WellPoint		31050.49				29116	31354.91	case rate	
TESTES & SCROTAL PROCEDURES	4834	APR-DRG	inpatient					WellPoint	WellPoint		87202.02				81770	88056.95	case rate	
OTHER MALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES	4841	APR-DRG	inpatient					WellPoint	WellPoint		13280.59				12453	13410.8	case rate	
OTHER MALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES	4842	APR-DRG	inpatient					WellPoint	WellPoint		18951.76				17771	19137.56	case rate	
OTHER MALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES	4843	APR-DRG	inpatient					WellPoint	WellPoint		24271.1				22759	24509.06	case rate	
OTHER MALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES	4844	APR-DRG	inpatient					WellPoint	WellPoint		61484.58				57655	62087.37	case rate	
MALIGNANCY, MALE REPRODUCTIVE SYSTEM	5001	APR-DRG	inpatient					WellPoint	WellPoint		8217.31				7705	8297.88	case rate	
MALIGNANCY, MALE REPRODUCTIVE SYSTEM	5002	APR-DRG	inpatient					WellPoint	WellPoint		10451.23				9800	10553.69	case rate	
MALIGNANCY, MALE REPRODUCTIVE SYSTEM	5003	APR-DRG	inpatient					WellPoint	WellPoint		16529.5				15500	16691.55	case rate	
MALIGNANCY, MALE REPRODUCTIVE SYSTEM	5004	APR-DRG	inpatient					WellPoint	WellPoint		27119.31				25430	27385.19	case rate	
MALE REPRODUCTIVE SYSTEM DIAGNOSES EXCEPT MALIGNANCY	5011	APR-DRG	inpatient					WellPoint	WellPoint		6549.04				6141	6613.25	case rate	
MALE REPRODUCTIVE SYSTEM DIAGNOSES EXCEPT MALIGNANCY	5012	APR-DRG	inpatient					WellPoint	WellPoint		9000.41				8440	9088.65	case rate	
MALE REPRODUCTIVE SYSTEM DIAGNOSES EXCEPT MALIGNANCY	5013	APR-DRG	inpatient					WellPoint	WellPoint		13602.79				12755	13736.15	case rate	
MALE REPRODUCTIVE SYSTEM DIAGNOSES EXCEPT MALIGNANCY	5014	APR-DRG	inpatient					WellPoint	WellPoint		34365.64				32225	34702.55	case rate	
PELVIC EVISCERATION, RADICAL HYSTERECTOMY & OTHER RADICAL GYN PROCS	5101	APR-DRG	inpatient					WellPoint	WellPoint		18164.65				17033	18342.73	case rate	
PELVIC EVISCERATION, RADICAL HYSTERECTOMY & OTHER RADICAL GYN PROCS	5102	APR-DRG	inpatient					WellPoint	WellPoint		22536.23				21132	22757.17	case rate	
PELVIC EVISCERATION, RADICAL HYSTERECTOMY & OTHER RADICAL GYN PROCS	5103	APR-DRG	inpatient					WellPoint	WellPoint		40305.13				37795	40700.27	case rate	
PELVIC EVISCERATION, RADICAL HYSTERECTOMY & OTHER RADICAL GYN PROCS	5104	APR-DRG	inpatient					WellPoint	WellPoint		93376.44				87560	94291.9	case rate	
UTERINE & ADNEXA PROCEDURES FOR OVARIAN & ADNEXAL MALIGNANCY	5111	APR-DRG	inpatient					WellPoint	WellPoint		18325.39				17184	18505.05	case rate	
UTERINE & ADNEXA PROCEDURES FOR OVARIAN & ADNEXAL MALIGNANCY	5112	APR-DRG	inpatient					WellPoint	WellPoint		22980.47				21549	23205.77	case rate	
UTERINE & ADNEXA PROCEDURES FOR OVARIAN & ADNEXAL MALIGNANCY	5113	APR-DRG	inpatient					WellPoint	WellPoint		34498.2				32349	34836.41	case rate	
UTERINE & ADNEXA PROCEDURES FOR OVARIAN & ADNEXAL MALIGNANCY	5114	APR-DRG	inpatient					WellPoint	WellPoint		73645.52				69058	74367.53	case rate	
UTERINE & ADNEXA PROCEDURES FOR NON-OVARIAN & NON-ADNEXAL MALIG	5121	APR-DRG	inpatient					WellPoint	WellPoint		16291.64				15277	16451.37	case rate	
UTERINE & ADNEXA PROCEDURES FOR NON-OVARIAN & NON-ADNEXAL MALIG	5122	APR-DRG	inpatient					WellPoint	WellPoint		19170.78				17977	19358.73	case rate	
UTERINE & ADNEXA PROCEDURES FOR NON-OVARIAN & NON-ADNEXAL MALIG	5123	APR-DRG	inpatient					WellPoint	WellPoint		30122.5				28246	30417.82	case rate	
UTERINE & ADNEXA PROCEDURES FOR NON-OVARIAN & NON-ADNEXAL MALIG	5124	APR-DRG	inpatient					WellPoint	WellPoint		61538.93				57706	62142.25	case rate	
UTERINE & ADNEXA PROCEDURES FOR NON-MALIGNANCY EXCEPT LEIOMYOMA	5131	APR-DRG	inpatient					WellPoint	WellPoint		12454.69				11679	12576.79	case rate	
UTERINE & ADNEXA PROCEDURES FOR NON-MALIGNANCY EXCEPT LEIOMYOMA	5132	APR-DRG	inpatient					WellPoint	WellPoint		14621.54				13711	14764.89	case rate	
UTERINE & ADNEXA PROCEDURES FOR NON-MALIGNANCY EXCEPT LEIOMYOMA	5133	APR-DRG	inpatient					WellPoint	WellPoint		23985.77				22492	24220.92	case rate	
UTERINE & ADNEXA PROCEDURES FOR NON-MALIGNANCY EXCEPT LEIOMYOMA	5134	APR-DRG	inpatient					WellPoint	WellPoint		57993.9				54382	58562.46	case rate	
FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES	5141	APR-DRG	inpatient					WellPoint	WellPoint		10258.1				9619	10358.67	case rate	
FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES	5142	APR-DRG	inpatient					WellPoint	WellPoint		14897.08				13969	15043.13	case rate	
FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES	5143	APR-DRG	inpatient					WellPoint	WellPoint		25800.78				24194	26053.73	case rate	
FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES	5144	APR-DRG	inpatient					WellPoint	WellPoint		71507.76				67054	72208.82	case rate	
DILATION & CURETTAGE FOR NON-OBSTETRIC DIAGNOSES	5171	APR-DRG	inpatient					WellPoint	WellPoint		9670.49				9056	9967.26	case rate	
DILATION & CURETTAGE FOR NON-OBSTETRIC DIAGNOSES	5172	APR-DRG	inpatient					WellPoint	WellPoint		12418.64				11645	12540.39	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.														
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true													
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
DILATION & CURETTAGE FOR NON-OBSTETRIC DIAGNOSES	5173	APR-DRG	inpatient					WellPoint	WellPoint		22782.77				21364	23936.13	case rate	
DILATION & CURETTAGE FOR NON-OBSTETRIC DIAGNOSES	5174	APR-DRG	inpatient					WellPoint	WellPoint		53607.85				50269	54133.42	case rate	
OTHER FEMALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES	5181	APR-DRG	inpatient					WellPoint	WellPoint		11744.78				11013	11859.92	case rate	
OTHER FEMALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES	5182	APR-DRG	inpatient					WellPoint	WellPoint		16186.98				15179	16345.68	case rate	
OTHER FEMALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES	5183	APR-DRG	inpatient					WellPoint	WellPoint		29550.92				27710	29840.63	case rate	
OTHER FEMALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES	5184	APR-DRG	inpatient					WellPoint	WellPoint		67279.08				63088	67938.68	case rate	
UTERINE & ADNEXA PROCEDURES FOR LEIOMYOMA	5191	APR-DRG	inpatient					WellPoint	WellPoint		13019.32				12208	13146.96	case rate	
UTERINE & ADNEXA PROCEDURES FOR LEIOMYOMA	5192	APR-DRG	inpatient					WellPoint	WellPoint		15614.67				14642	15767.76	case rate	
UTERINE & ADNEXA PROCEDURES FOR LEIOMYOMA	5193	APR-DRG	inpatient					WellPoint	WellPoint		28186.55				26431	28462.89	case rate	
UTERINE & ADNEXA PROCEDURES FOR LEIOMYOMA	5194	APR-DRG	inpatient					WellPoint	WellPoint		70004.79				65644	70691.11	case rate	
FEMALE REPRODUCTIVE SYSTEM MALIGNANCY	5301	APR-DRG	inpatient					WellPoint	WellPoint		7872.88				7382	7950.07	case rate	
FEMALE REPRODUCTIVE SYSTEM MALIGNANCY	5302	APR-DRG	inpatient					WellPoint	WellPoint		10120.79				9490	10220.01	case rate	
FEMALE REPRODUCTIVE SYSTEM MALIGNANCY	5303	APR-DRG	inpatient					WellPoint	WellPoint		17090.47				16026	17258.02	case rate	
FEMALE REPRODUCTIVE SYSTEM MALIGNANCY	5304	APR-DRG	inpatient					WellPoint	WellPoint		31470.76				29510	31779.3	case rate	
FEMALE REPRODUCTIVE SYSTEM INFECTIONS	5311	APR-DRG	inpatient					WellPoint	WellPoint		7160.7				6715	7230.9	case rate	
FEMALE REPRODUCTIVE SYSTEM INFECTIONS	5312	APR-DRG	inpatient					WellPoint	WellPoint		9640.69				9040	9735.21	case rate	
FEMALE REPRODUCTIVE SYSTEM INFECTIONS	5313	APR-DRG	inpatient					WellPoint	WellPoint		15200.16				14253	15349.18	case rate	
FEMALE REPRODUCTIVE SYSTEM INFECTIONS	5314	APR-DRG	inpatient					WellPoint	WellPoint		29527.78				27689	29817.26	case rate	
MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS	5321	APR-DRG	inpatient					WellPoint	WellPoint		6223.28				5836	6284.29	case rate	
MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS	5322	APR-DRG	inpatient					WellPoint	WellPoint		7683.24				7205	7758.57	case rate	
MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS	5323	APR-DRG	inpatient					WellPoint	WellPoint		12630.24				11844	12754.07	case rate	
MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS	5324	APR-DRG	inpatient					WellPoint	WellPoint		25862.8				24252	26116.36	case rate	
CESAREAN DELIVERY	5401	APR-DRG	inpatient					WellPoint	WellPoint		7932.25				7438	8010.02	case rate	
CESAREAN DELIVERY	5402	APR-DRG	inpatient					WellPoint	WellPoint		9482.33				8892	9575.29	case rate	
CESAREAN DELIVERY	5403	APR-DRG	inpatient					WellPoint	WellPoint		13593.83				12747	13727.1	case rate	
CESAREAN DELIVERY	5404	APR-DRG	inpatient					WellPoint	WellPoint		38457.27				36062	38834.31	case rate	
VAGINAL DELIVERY W STERILIZATION &/OR D&C	5411	APR-DRG	inpatient					WellPoint	WellPoint		7856.81				7086	7930.9	case rate	
VAGINAL DELIVERY W STERILIZATION &/OR D&C	5412	APR-DRG	inpatient					WellPoint	WellPoint		8222.8				7711	8303.42	case rate	
VAGINAL DELIVERY W STERILIZATION &/OR D&C	5413	APR-DRG	inpatient					WellPoint	WellPoint		12242.54				11480	12362.56	case rate	
VAGINAL DELIVERY W STERILIZATION &/OR D&C	5414	APR-DRG	inpatient					WellPoint	WellPoint		43094.34				40410	43516.83	case rate	
VAGINAL DELIVERY W COMPLICATING PROCEDURES EXC STERILIZATION &/OR D&C	5421	APR-DRG	inpatient					WellPoint	WellPoint		5602.66				5254	5657.58	case rate	
VAGINAL DELIVERY W COMPLICATING PROCEDURES EXC STERILIZATION &/OR D&C	5422	APR-DRG	inpatient					WellPoint	WellPoint		6991.63				6556	7060.18	case rate	
VAGINAL DELIVERY W COMPLICATING PROCEDURES EXC STERILIZATION &/OR D&C	5423	APR-DRG	inpatient					WellPoint	WellPoint		15054.8				14117	15202.4	case rate	
VAGINAL DELIVERY W COMPLICATING PROCEDURES EXC STERILIZATION &/OR D&C	5424	APR-DRG	inpatient					WellPoint	WellPoint		50301.87				47169	50795.03	case rate	
D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY FOR OBSTETRIC DIAGNOSES	5441	APR-DRG	inpatient					WellPoint	WellPoint		7913.96				7421	7991.54	case rate	
D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY FOR OBSTETRIC DIAGNOSES	5442	APR-DRG	inpatient					WellPoint	WellPoint		9368.07				8785	9459.91	case rate	
D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY FOR OBSTETRIC DIAGNOSES	5443	APR-DRG	inpatient					WellPoint	WellPoint		15525.39				14558	15677.6	case rate	
D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY FOR OBSTETRIC DIAGNOSES	5444	APR-DRG	inpatient					WellPoint	WellPoint		43693.27				40972	44121.64	case rate	
ECTOPIC PREGNANCY PROCEDURE	5451	APR-DRG	inpatient					WellPoint	WellPoint		11330.01				10624	11441.09	case rate	
ECTOPIC PREGNANCY PROCEDURE	5452	APR-DRG	inpatient					WellPoint	WellPoint		12434.75				11660	12556.66	case rate	
ECTOPIC PREGNANCY PROCEDURE	5453	APR-DRG	inpatient					WellPoint	WellPoint		15004.94				14070	15152.05	case rate	
ECTOPIC PREGNANCY PROCEDURE	5454	APR-DRG	inpatient					WellPoint	WellPoint		27385.81				25680	27654.29	case rate	
OTHER O.R. PROC FOR OBSTETRIC DIAGNOSES EXCEPT DELIVERY DIAGNOSES	5461	APR-DRG	inpatient					WellPoint	WellPoint		8643.07				8105	8727.81	case rate	
OTHER O.R. PROC FOR OBSTETRIC DIAGNOSES EXCEPT DELIVERY DIAGNOSES	5462	APR-DRG	inpatient					WellPoint	WellPoint		12215.09				11454	12334.85	case rate	
OTHER O.R. PROC FOR OBSTETRIC DIAGNOSES EXCEPT DELIVERY DIAGNOSES	5463	APR-DRG	inpatient					WellPoint	WellPoint		23406.87				21949	23636.35	case rate	
OTHER O.R. PROC FOR OBSTETRIC DIAGNOSES EXCEPT DELIVERY DIAGNOSES	5464	APR-DRG	inpatient					WellPoint	WellPoint		63772.93				59801	64398.15	case rate	
VAGINAL DELIVERY	5601	APR-DRG	inpatient					WellPoint	WellPoint		4679.69				4388	4725.57	case rate	
VAGINAL DELIVERY	5602	APR-DRG	inpatient					WellPoint	WellPoint		5276.8				4948	5328.53	case rate	
VAGINAL DELIVERY	5603	APR-DRG	inpatient					WellPoint	WellPoint		7672.36				7194	7747.58	case rate	
VAGINAL DELIVERY	5604	APR-DRG	inpatient					WellPoint	WellPoint		22878.19				21453	23102.49	case rate	
POSTPARTUM & POST ABORTION DIAGNOSES W/O PROCEDURE	5611	APR-DRG	inpatient					WellPoint	WellPoint		3670.18				3442	3706.17	case rate	
POSTPARTUM & POST ABORTION DIAGNOSES W/O PROCEDURE	5612	APR-DRG	inpatient					WellPoint	WellPoint		5905.74				5538	5963.64	case rate	
POSTPARTUM & POST ABORTION DIAGNOSES W/O PROCEDURE	5613	APR-DRG	inpatient					WellPoint	WellPoint		9489.56				8898	9582.59	case rate	
POSTPARTUM & POST ABORTION DIAGNOSES W/O PROCEDURE	5614	APR-DRG	inpatient					WellPoint	WellPoint		24973.97				23418	25218.81	case rate	
PRETERM LABOR	5631	APR-DRG	inpatient					WellPoint	WellPoint		4203.71				3942	4244.92	case rate	
PRETERM LABOR	5632	APR-DRG	inpatient					WellPoint	WellPoint		5567.71				5221	5622.3	case rate	
PRETERM LABOR	5633	APR-DRG	inpatient					WellPoint	WellPoint		9532.74				8939	9626.19	case rate	
PRETERM LABOR	5634	APR-DRG	inpatient					WellPoint	WellPoint		17575.32				16481	17747.63	case rate	
ABORTION W/O D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY	5641	APR-DRG	inpatient					WellPoint	WellPoint		4451.08				4174	4494.71	case rate	
ABORTION W/O D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY	5642	APR-DRG	inpatient					WellPoint	WellPoint		5196.01				4872	5246.95	case rate	
ABORTION W/O D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY	5643	APR-DRG	inpatient					WellPoint	WellPoint		7378.78				6919	7451.12	case rate	
ABORTION W/O D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY	5644	APR-DRG	inpatient					WellPoint	WellPoint		31402.61				29447	31710.48	case rate	
FALSE LABOR	5651	APR-DRG	inpatient					WellPoint	WellPoint		2065.49				1937	2085.74	case rate	
FALSE LABOR	5652	APR-DRG	inpatient					WellPoint	WellPoint		2937.41				2754	2966.2	case rate	
FALSE LABOR	5653	APR-DRG	inpatient					WellPoint	WellPoint		4669.9				4379	4715.68	case rate	
FALSE LABOR	5654	APR-DRG	inpatient					WellPoint	WellPoint		5138.29				4818	5188.67	case rate	
OTHER ANTEPARTUM DIAGNOSES	5661	APR-DRG	inpatient					WellPoint	WellPoint		4123.12				3866	4163.54	case rate	
OTHER ANTEPARTUM DIAGNOSES	5662	APR-DRG	inpatient					WellPoint	WellPoint		5539.17				5194	5593.48	case rate	
OTHER ANTEPARTUM DIAGNOSES	5663	APR-DRG	inpatient					WellPoint	WellPoint		8498.16				7969	8581.48	case rate	
OTHER ANTEPARTUM DIAGNOSES	5664	APR-DRG	inpatient					WellPoint	WellPoint		24158.58				22654	24395.43	case rate	
NEONATE, TRANSFERRED <5 DAYS OLD, NOT BORN HERE	5801	APR-DRG	inpatient					WellPoint	WellPoint		3495.08				3277	3529.35	case rate	
NEONATE, TRANSFERRED <5 DAYS OLD, NOT BORN HERE	5802	APR-DRG	inpatient					WellPoint	WellPoint		4499.02				4219	4543.12	case rate	
NEONATE, TRANSFERRED <5 DAYS OLD, NOT BORN HERE	5803	APR-DRG	inpatient					WellPoint	WellPoint		7280.08				6827	7351.45	case rate	
NEONATE, TRANSFERRED <5 DAYS OLD, NOT BORN HERE	5804	APR-DRG	inpatient					WellPoint	WellPoint		13744.68				12889	13879.44	case rate	
NEONATE, TRANSFERRED < 5 DAYS OLD, BORN HERE	5811	APR-DRG	inpatient					WellPoint	WellPoint		1393.19				1306	1406.85	case rate	
NEONATE, TRANSFERRED < 5 DAYS OLD, BORN HERE	5812	APR-DRG	inpatient					WellPoint	WellPoint		2212.69				2075	2234.38	case rate	
NEONATE, TRANSFERRED < 5 DAYS OLD, BORN HERE	5813	APR-DRG	inpatient					WellPoint	WellPoint		3818.1				3580	3855.54	case rate	
NEONATE, TRANSFERRED < 5 DAYS OLD, BORN HERE	5814	APR-DRG	inpatient					WellPoint	WellPoint		7666.41				7189	7741.57	case rate	
NEONATE W ECMO	5831	APR-DRG	inpatient					WellPoint	WellPoint		120889.87				113360	122075.06	case rate	
NEONATE W ECMO	5832	APR-DRG	inpatient					WellPoint	WellPoint		134322.14				125955	135639.02	case rate	
NEONATE W ECMO	5833	APR-DRG	inpatient					WellPoint	WellPoint		251826.69				236141	254295.58	case rate	
NEONATE W ECMO	5834	APR-DRG	inpatient					WellPoint	WellPoint		376564.76				353109	380256.57	case rate	
NEONATE BIWT <1500G W MAJOR PROCEDURE	5881	APR-DRG	inpatient					WellPoint	WellPoint		118641.41				111251	119804.56	case rate	
NEONATE BIWT <1500G W MAJOR PROCEDURE	5882	APR-DRG	inpatient					WellPoint	WellPoint		131823.84				123613	133116.23	case rate	
NEONATE BIWT <1500G W MAJOR PROCEDURE	5883	APR-DRG	inpatient					WellPoint	WellPoint		269171.85				252406	271810.79	case rate	
NEONATE BIWT <1500G W MAJOR PROCEDURE	5884	APR-DRG	inpatient					WellPoint	WellPoint		360280.81				337839	363812.97	case rate	
NEONATE BIWT <500G OR GA <24 WEEKS	5891	APR-DRG	inpatient					WellPoint	WellPoint		208314.56				195339	210356.86	case rate	
NEONATE BIWT <500G OR GA <24 WEEKS	5892	APR-DRG	inpatient					WellPoint	WellPoint		146122.35				137021	147554.53	case rate	
NEONATE BIWT <500G OR GA <24 WEEKS	5893	APR-DRG	inpatient					WellPoint	WellPoint		104526.32				98016	105551.08	case rate	
NEONATE BIWT <500G OR GA <24 WEEKS	5894	APR-DRG	inpatient					WellPoint	WellPoint		3552.81				3332	3587.64	case rate	
NEONATE BIRTHWT 500-749G W/O MAJOR PROCEDURE	5911	APR-DRG	inpatient					WellPoint	WellPoint		124405.81				116657	125625.47	case rate	
NEONATE BIRTHWT 500-749G W/O MAJOR PROCEDURE	5912	APR-DRG	inpatient					WellPoint	WellPoint		172598.82				161848	174290.97	case rate	
NEONATE BIRTHWT 500-749G W/O MAJOR PROCEDURE	5913	APR-DRG	inpatient					WellPoint	WellPoint		214327.6				200977	216428.85	case rate	
NEONATE BIRTHWT 500-749G W/O MAJOR PROCEDURE	5914	APR-DRG	inpatient					WellPoint	WellPoint		302566.49				283720	305532.82	case rate	
NEONATE BIRTHWT 750-999G W/O MAJOR PROCEDURE	5931	APR-DRG	inpatient					WellPoint	WellPoint		38572.91				36170	38951.08	case rate	
NEONATE BIRTHWT 750-999G W/O MAJOR PROCEDURE	5932	APR-DRG	inpatient					WellPoint	WellPoint		130681.23				122541	131962.42	case rate	
NEONATE BIRTHWT 750-999G W/O MAJOR PROCEDURE	5933	APR-DRG	inpatient					WellPoint	WellPoint		174045.53				163204	175751.86	case rate	
NEONATE BIRTHWT 750-999G W/O MAJOR PROCEDURE	5934	APR-DRG	inpatient					WellPoint	WellPoint		248564.34				233082	251001.25	case rate	
NEONATE BIWT 1000-1249G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM	6021	APR-DRG	inpatient					WellPoint	WellPoint		56727.41				53194	57283.56	case rate	
NEONATE BIWT 1000-1249G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM	6022	APR-DRG	inpatient					WellPoint	WellPoint		104160.39				97672	105181.57	case rate	
NEONATE BIWT 1000-1249G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM	6023	APR-DRG	inpatient					WellPoint	WellPoint		138274.63				129662	139630.26	case rate	
NEONATE BIWT 1000-1249G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM	6024	APR-DRG	inpatient					WellPoint	WellPoint		191426.45				179503	193303.18	case rate	
NEONATE BIRTHWT 1000-1249G W OR W/O OTHER SIGNIFICANT CONDITION	6031	APR-DRG	inpatient					WellPoint	WellPoint		33127.69				31064	33452.47	case rate	
NEONATE BIRTHWT 1000-1249G W OR W/O OTHER SIGNIFICANT CONDITION	6032	APR-DRG	inpatient					WellPoint	WellPoint		76094.05				71354	76840.07	case rate	
NEONATE BIRTHWT 1000-1249G W OR W/O OTHER SIGNIFICANT CONDITION	6033	APR-DRG	inpatient					WellPoint	WellPoint		113072.51				106029	114181.06	case rate	
NEONATE BIRTHWT 1000-1249G W OR W/O OTHER SIGNIFICANT CONDITION	6034	APR-DRG	inpatient					WellPoint	WellPoint		196874.59				184612	198804.73	case rate	
NEONATE BIWT 1250-1499G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM	6071	APR-DRG	inpatient					WellPoint	WellPoint		51712.16				48491	52219.15	case rate	
NEONATE BIWT 1250-1499G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM	6072	APR-DRG	inpatient					WellPoint	WellPoint		80737.97				75709	81529.52	case rate	
NEONATE BIWT 1250-1499G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM	6073	APR-DRG	inpatient					WellPoint	WellPoint		109344.14				102533	110416.14	case rate	
NEONATE BIWT 1250-1499G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM	6074	APR-DRG	inpatient					WellPoint	WellPoint		152866.62				143345	154365.32	case rate	
NEONATE BIWT 1250-1499G W OR W/O OTHER SIGNIFICANT CONDITION	6081	APR-DRG	inpatient					WellPoint	WellPoint		34993.75				32814	35336.83	case rate	
NEONATE BIWT 1250-1499G W OR W/O OTHER SIGNIFICANT CONDITION	6082	APR-DRG	inpatient					WellPoint	WellPoint		65850.95				61749	66496.54	case rate	
NEONATE BIWT 1250-1499G W OR W/O OTHER SIGNIFICANT CONDITION	6083	APR-DRG	inpatient					WellPoint	WellPoint		97284.11				91224	98237.88	case rate	
NEONATE BIWT 1250-1499G W OR W/O OTHER SIGNIFICANT CONDITION	6084	APR-DRG	inpatient					WellPoint	WellPoint		142617.94				133734	144016.16	case rate	
NEONATE BIWT 1500-2499G W MAJOR PROCEDURE	6091	APR-DRG	inpatient					WellPoint	WellPoint		54380.07				50993	54913.2	case rate	
NEONATE BIWT 1500-2499G W MAJOR PROCEDURE	6092	APR-DRG	inpatient					WellPoint	WellPoint		70626.7				66227	71319.12	case rate	
NEONATE BIWT 1500-2499G W MAJOR PROCEDURE	6093	APR-DRG	inpatient					WellPoint	WellPoint		112674.01				105656	113778.66	case rate	
NEONATE BIWT 1500-2499G W MAJOR PROCEDURE	6094	APR-DRG	inpatient					WellPoint	WellPoint		208931.33				195917	210979.68	case rate	
NEONATE BIRTHWT 1500-1999G W MAJOR ANOMALY	6111	APR-DRG	inpatient					WellPoint	WellPoint		30131.28				28254	30426.68	case rate	
NEONATE BIRTHWT 1500-1999G W MAJOR ANOMALY	6112	APR-DRG	inpatient					WellPoint	WellPoint		48453.28				45435	48928.32	case rate	
NEONATE BIRTHWT 1500-1999G W MAJOR ANOMALY	6113	APR-DRG	inpatient					WellPoint	WellPoint		78448.25				73562	79217.35	case rate	
NEONATE BIRTHWT 1500-1999G W MAJOR ANOMALY	6114	APR-DRG	inpatient					WellPoint	WellPoint		123246.36				115570	124454.65	case rate	
NEONATE BIWT 1500-1999G W RESP DIST SYND/OTH MAJ RESP COND	6121	APR-DRG	inpatient					WellPoint	WellPoint		36625.89				34345	36984.97	case rate	
NEONATE BIWT 1500-1999G W RESP DIST SYND/OTH MAJ RESP COND	6122	APR-DRG	inpatient					WellPoint	WellPoint		55830.24				52353	56377.6	case rate	
NEONATE BIWT 1500-1999G W RESP DIST SYND/OTH MAJ RESP COND	6123	APR-DRG	inpatient					WellPoint	WellPoint		77201.99				72393	77958.88	case rate	
NEONATE BIWT 1500-1999G W RESP DIST SYND/OTH MAJ RESP COND	6124	APR-DRG	inpatient					WellPoint	WellPoint		118423.68				111047	119584.7	case rate	
NEONATE BIRTHWT 1500-1999G W CONGENITAL/PERINATAL INFECTION	6131	APR-DRG	inpatient					WellPoint	WellPoint		30659.22				28750	30959.8	case rate	
NEONATE BIRTHWT 1500-1999G W CONGENITAL/PERINATAL INFECTION	6132	APR-DRG	inpatient					WellPoint	WellPoint		47485.21				44527	47950.75	case rate	
NEONATE BIRTHWT 1500-1999G W CONGENITAL/PERINATAL INFECTION	6133	APR-DRG	inpatient					WellPoint	WellPoint		78950.13				74032	79724.15	case rate	
NEONATE BIRTHWT 1500-1999G W CONGENITAL/PERINATAL INFECTION	6134	APR-DRG	inpatient					WellPoint	WellPoint		105261.01				98704	106292.98	case rate	
NEONATE BIWT 1500-1999G W OR W/O OTHER SIGNIFICANT CONDITION	6141	APR-DRG	inpatient					WellPoint	WellPoint		20126.04				18872	20323.35	case rate	
NEONATE BIWT 1500-1999G W OR W/O OTHER SIGNIFICANT CONDITION	6142	APR-DRG	inpatient					WellPoint	WellPoint		40191.97				37688	40586.01	case rate	
NEONATE BIWT 1500-1999G W OR W/O OTHER SIGNIFICANT CONDITION	6143	APR-DRG	inpatient					WellPoint	WellPoint		65919.93				61814	66566.2	case rate	
NEONATE BIWT 1500-1999G W OR W/O OTHER SIGNIFICANT CONDITION	6144	APR-DRG	inpatient					WellPoint	WellPoint		70511.7				66120	71202.99	case rate	
NEONATE BIWT 2000-2499G W MAJOR ANOMALY	6211	APR-DRG	inpatient					WellPoint	WellPoint		14087.37				13210	14225.48	case rate	
NEONATE BIWT 2000-2499G W MAJOR ANOMALY	6212	APR-DRG	inpatient					WellPoint	WellPoint		30487.7				28589	30786.6	case rate	
NEONATE BIWT 2000-2499G W MAJOR ANOMALY	6213	APR-DRG	inpatient					WellPoint	WellPoint		51350.17				48152	51853.6	case rate	
NEONATE BIWT 2000-2499G W MAJOR ANOMALY	6214	APR-DRG	inpatient					WellPoint	WellPoint		101533.29				95209	102528.71	case rate	
NEONATE BIWT 2000-2499G W RESP DIST SYND/OTH MAJ RESP COND	6221	APR-DRG	inpatient					WellPoint	WellPoint		22777.01				21358	23000.31	case rate	
NEONATE BIWT 2000-2499G W RESP DIST SYND/OTH MAJ RESP COND	6222	APR-DRG	inpatient					WellPoint	WellPoint		33761.12				31658	34092.11	case rate	
NEONATE BIWT 2000-2499G W RESP DIST SYND/OTH MAJ RESP COND	6223	APR-DRG	inpatient					WellPoint	WellPoint		49222.01				46156	49704.58	case rate	
NEONATE BIWT 2000-2499G W RESP DIST SYND/OTH MAJ RESP COND	6224	APR-DRG	inpatient					WellPoint	WellPoint		78733.77				73830	79505.67	case rate	
NEONATE BIWT 2000-2499G W CONGENITAL/PERINATAL INFECTION	6231	APR-DRG	inpatient					WellPoint	WellPoint		18035.06				16930	18232.07	case rate	
NEONATE BIWT 2000-2499G W CONGENITAL/PERINATAL INFECTION	6232	APR-DRG	inpatient					WellPoint	WellPoint		31405.09				29449	31712.98	case rate	
NEONATE BIWT 2000-2499G W CONGENITAL/PERINATAL INFECTION	6233	APR-DRG	inpatient					WellPoint	WellPoint		51074.35				47893	51575.08	case rate	
NEONATE BIWT 2000-2499G W CONGENITAL/PERINATAL INFECTION	6234	APR-DRG	inpatient					WellPoint	WellPoint		77677.61				72839	78439.16	case rate	
NEONATE BIWT 2000-2499G W OTHER SIGNIFICANT CONDITION	6251	APR-DRG	inpatient					WellPoint	WellPoint		21481.8				20144	21692.41	case rate	
NEONATE BIWT 2000-2499G W OTHER SIGNIFICANT CONDITION	6252	APR-DRG	inpatient					WellPoint	WellPoint		33568.82				31478	33897.93	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101191	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
NEONATE BWT 2000-2499G W OTHER SIGNIFICANT CONDITION	6253	APR-DRG	inpatient					WellPoint	WellPoint		41900.3				39290	42311.09	case rate	
NEONATE BWT 2000-2499G W OTHER SIGNIFICANT CONDITION	6254	APR-DRG	inpatient					WellPoint	WellPoint		61930.11				58073	62537.26	case rate	
NEONATE BWT 2000-2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	6261	APR-DRG	inpatient					WellPoint	WellPoint		2135.38				2002	2156.32	case rate	
NEONATE BWT 2000-2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	6262	APR-DRG	inpatient					WellPoint	WellPoint		5282.19				4953	5333.98	case rate	
NEONATE BWT 2000-2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	6263	APR-DRG	inpatient					WellPoint	WellPoint		15417.43				14457	15568.58	case rate	
NEONATE BWT 2000-2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	6264	APR-DRG	inpatient					WellPoint	WellPoint		34692.96				32532	35033.09	case rate	
NEONATE BIRTHWT >2499G W MAJOR CARDIOVASCULAR PROCEDURE	6301	APR-DRG	inpatient					WellPoint	WellPoint		32692.79				30656	33013.3	case rate	
NEONATE BIRTHWT >2499G W MAJOR CARDIOVASCULAR PROCEDURE	6302	APR-DRG	inpatient					WellPoint	WellPoint		44445.44				41677	44881.18	case rate	
NEONATE BIRTHWT >2499G W MAJOR CARDIOVASCULAR PROCEDURE	6303	APR-DRG	inpatient					WellPoint	WellPoint		69936.46				65580	70622.11	case rate	
NEONATE BIRTHWT >2499G W MAJOR CARDIOVASCULAR PROCEDURE	6304	APR-DRG	inpatient					WellPoint	WellPoint		160381.63				150392	161954	case rate	
NEONATE BIRTHWT >2499G W OTHER MAJOR PROCEDURE	6311	APR-DRG	inpatient					WellPoint	WellPoint		18356.03				17213	18535.99	case rate	
NEONATE BIRTHWT >2499G W OTHER MAJOR PROCEDURE	6312	APR-DRG	inpatient					WellPoint	WellPoint		22736.94				21321	22959.85	case rate	
NEONATE BIRTHWT >2499G W OTHER MAJOR PROCEDURE	6313	APR-DRG	inpatient					WellPoint	WellPoint		51102.89				47920	51603.9	case rate	
NEONATE BIRTHWT >2499G W OTHER MAJOR PROCEDURE	6314	APR-DRG	inpatient					WellPoint	WellPoint		142382				133513	143777.91	case rate	
NEONATE BIRTHWT >2499G W MAJOR ANOMALY	6331	APR-DRG	inpatient					WellPoint	WellPoint		4008.94				3759	4048.24	case rate	
NEONATE BIRTHWT >2499G W MAJOR ANOMALY	6332	APR-DRG	inpatient					WellPoint	WellPoint		11410.6				10700	11522.47	case rate	
NEONATE BIRTHWT >2499G W MAJOR ANOMALY	6333	APR-DRG	inpatient					WellPoint	WellPoint		24232.86				22723	24470.44	case rate	
NEONATE BIRTHWT >2499G W MAJOR ANOMALY	6334	APR-DRG	inpatient					WellPoint	WellPoint		72777.08				68244	73490.58	case rate	
NEONATE, BIRTHWT >2499G W RESP DIST SYND/OTH MAJ RESP COND	6341	APR-DRG	inpatient					WellPoint	WellPoint		7653.88				7177	7728.91	case rate	
NEONATE, BIRTHWT >2499G W RESP DIST SYND/OTH MAJ RESP COND	6342	APR-DRG	inpatient					WellPoint	WellPoint		13939.44				13071	14076.1	case rate	
NEONATE, BIRTHWT >2499G W RESP DIST SYND/OTH MAJ RESP COND	6343	APR-DRG	inpatient					WellPoint	WellPoint		30926.36				29000	31229.56	case rate	
NEONATE, BIRTHWT >2499G W RESP DIST SYND/OTH MAJ RESP COND	6344	APR-DRG	inpatient					WellPoint	WellPoint		76919.86				72129	77673.98	case rate	
NEONATE BIRTHWT >2499G W CONGENITAL/PERINATAL INFECTION	6361	APR-DRG	inpatient					WellPoint	WellPoint		10359.1				9714	10460.66	case rate	
NEONATE BIRTHWT >2499G W CONGENITAL/PERINATAL INFECTION	6362	APR-DRG	inpatient					WellPoint	WellPoint		15451.84				14489	15603.33	case rate	
NEONATE BIRTHWT >2499G W CONGENITAL/PERINATAL INFECTION	6363	APR-DRG	inpatient					WellPoint	WellPoint		29091.77				27280	29376.98	case rate	
NEONATE BIRTHWT >2499G W CONGENITAL/PERINATAL INFECTION	6364	APR-DRG	inpatient					WellPoint	WellPoint		60634.99				56858	61229.45	case rate	
NEONATE BIRTHWT >2499G W OTHER SIGNIFICANT CONDITION	6391	APR-DRG	inpatient					WellPoint	WellPoint		5989.62				5617	6048.35	case rate	
NEONATE BIRTHWT >2499G W OTHER SIGNIFICANT CONDITION	6392	APR-DRG	inpatient					WellPoint	WellPoint		9494.77				8903	9587.86	case rate	
NEONATE BIRTHWT >2499G W OTHER SIGNIFICANT CONDITION	6393	APR-DRG	inpatient					WellPoint	WellPoint		18424.28				17277	18604.91	case rate	
NEONATE BIRTHWT >2499G W OTHER SIGNIFICANT CONDITION	6394	APR-DRG	inpatient					WellPoint	WellPoint		49932.55				46822	50422.08	case rate	
NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	6401	APR-DRG	inpatient					WellPoint	WellPoint		1516.51				1422	1531.37	case rate	
NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	6402	APR-DRG	inpatient					WellPoint	WellPoint		2243.14				2103	2265.13	case rate	
NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	6403	APR-DRG	inpatient					WellPoint	WellPoint		5453.45				5114	5506.92	case rate	
NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	6404	APR-DRG	inpatient					WellPoint	WellPoint		26575.45				24920	26835.99	case rate	
SPLENECTOMY	6501	APR-DRG	inpatient					WellPoint	WellPoint		18667.53				17505	18850.55	case rate	
SPLENECTOMY	6502	APR-DRG	inpatient					WellPoint	WellPoint		26720.73				25056	26982.69	case rate	
SPLENECTOMY	6503	APR-DRG	inpatient					WellPoint	WellPoint		36029.97				33786	36383.21	case rate	
SPLENECTOMY	6504	APR-DRG	inpatient					WellPoint	WellPoint		72136.52				67643	72843.74	case rate	
OTHER PROCEDURES OF BLOOD & BLOOD-FORMING ORGANS	6511	APR-DRG	inpatient					WellPoint	WellPoint		15015.19				14080	15162.39	case rate	
OTHER PROCEDURES OF BLOOD & BLOOD-FORMING ORGANS	6512	APR-DRG	inpatient					WellPoint	WellPoint		21084.49				19771	21291.2	case rate	
OTHER PROCEDURES OF BLOOD & BLOOD-FORMING ORGANS	6513	APR-DRG	inpatient					WellPoint	WellPoint		37210.28				34893	37575.09	case rate	
OTHER PROCEDURES OF BLOOD & BLOOD-FORMING ORGANS	6514	APR-DRG	inpatient					WellPoint	WellPoint		76087.26				73223	76892.82	case rate	
MAJOR HEMATOLOGIC/IMMUNOLOGIC DIAG EXC SICKLE CELL CRISIS & COAGUL	6601	APR-DRG	inpatient					WellPoint	WellPoint		10986.4				10302	11094.11	case rate	
MAJOR HEMATOLOGIC/IMMUNOLOGIC DIAG EXC SICKLE CELL CRISIS & COAGUL	6602	APR-DRG	inpatient					WellPoint	WellPoint		11728.23				10998	11843.21	case rate	
MAJOR HEMATOLOGIC/IMMUNOLOGIC DIAG EXC SICKLE CELL CRISIS & COAGUL	6603	APR-DRG	inpatient					WellPoint	WellPoint		18855.99				17681	19040.85	case rate	
MAJOR HEMATOLOGIC/IMMUNOLOGIC DIAG EXC SICKLE CELL CRISIS & COAGUL	6604	APR-DRG	inpatient					WellPoint	WellPoint		48992.48				45941	49472.8	case rate	
COAGULATION & PLATELET DISORDERS	6611	APR-DRG	inpatient					WellPoint	WellPoint		13505.27				12664	13637.67	case rate	
COAGULATION & PLATELET DISORDERS	6612	APR-DRG	inpatient					WellPoint	WellPoint		15888.39				14899	16044.16	case rate	
COAGULATION & PLATELET DISORDERS	6613	APR-DRG	inpatient					WellPoint	WellPoint		30260.64				28376	30557.31	case rate	
COAGULATION & PLATELET DISORDERS	6614	APR-DRG	inpatient					WellPoint	WellPoint		57717.16				54122	58283.01	case rate	
SICKLE CELL ANEMIA CRISIS	6621	APR-DRG	inpatient					WellPoint	WellPoint		8381.34				7859	8463.51	case rate	
SICKLE CELL ANEMIA CRISIS	6622	APR-DRG	inpatient					WellPoint	WellPoint		11480.85				10766	11593.41	case rate	
SICKLE CELL ANEMIA CRISIS	6623	APR-DRG	inpatient					WellPoint	WellPoint		17789.48				16681	17963.89	case rate	
SICKLE CELL ANEMIA CRISIS	6624	APR-DRG	inpatient					WellPoint	WellPoint		41797.11				39194	42208.89	case rate	
OTHER ANEMIA & DISORDERS OF BLOOD & BLOOD-FORMING ORGANS	6631	APR-DRG	inpatient					WellPoint	WellPoint		7036.74				6598	7105.72	case rate	
OTHER ANEMIA & DISORDERS OF BLOOD & BLOOD-FORMING ORGANS	6632	APR-DRG	inpatient					WellPoint	WellPoint		8883.67				8330	8970.76	case rate	
OTHER ANEMIA & DISORDERS OF BLOOD & BLOOD-FORMING ORGANS	6633	APR-DRG	inpatient					WellPoint	WellPoint		12711.57				11920	12836.19	case rate	
OTHER ANEMIA & DISORDERS OF BLOOD & BLOOD-FORMING ORGANS	6634	APR-DRG	inpatient					WellPoint	WellPoint		23743.07				22264	23975.85	case rate	
MAJOR O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS	6801	APR-DRG	inpatient					WellPoint	WellPoint		21961.81				20594	22177.13	case rate	
MAJOR O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS	6802	APR-DRG	inpatient					WellPoint	WellPoint		30203.56				28322	30499.67	case rate	
MAJOR O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS	6803	APR-DRG	inpatient					WellPoint	WellPoint		52169.66				48920	52681.13	case rate	
MAJOR O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS	6804	APR-DRG	inpatient					WellPoint	WellPoint		104349.48				97850	105372.51	case rate	
OTHER O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS	6811	APR-DRG	inpatient					WellPoint	WellPoint		16002				15005	16158.89	case rate	
OTHER O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS	6812	APR-DRG	inpatient					WellPoint	WellPoint		22025.57				20654	22241.51	case rate	
OTHER O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS	6813	APR-DRG	inpatient					WellPoint	WellPoint		40479.22				37958	40876.08	case rate	
OTHER O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS	6814	APR-DRG	inpatient					WellPoint	WellPoint		98634.86				92491	99601.87	case rate	
ACUTE LEUKEMIA	6901	APR-DRG	inpatient					WellPoint	WellPoint		18600.75				17442	18783.11	case rate	
ACUTE LEUKEMIA	6902	APR-DRG	inpatient					WellPoint	WellPoint		30110.73				28798	31011.82	case rate	
ACUTE LEUKEMIA	6903	APR-DRG	inpatient					WellPoint	WellPoint		59037.61				55360	59616.41	case rate	
ACUTE LEUKEMIA	6904	APR-DRG	inpatient					WellPoint	WellPoint		112559.3				105548	113662.82	case rate	
LYMPHOMA, MYELOMA & NON-ACUTE LEUKEMIA	6911	APR-DRG	inpatient					WellPoint	WellPoint		15756.29				14775	15910.76	case rate	
LYMPHOMA, MYELOMA & NON-ACUTE LEUKEMIA	6912	APR-DRG	inpatient					WellPoint	WellPoint		18193.65				17060	18372.02	case rate	
LYMPHOMA, MYELOMA & NON-ACUTE LEUKEMIA	6913	APR-DRG	inpatient					WellPoint	WellPoint		28164.32				26410	28440.44	case rate	
LYMPHOMA, MYELOMA & NON-ACUTE LEUKEMIA	6914	APR-DRG	inpatient					WellPoint	WellPoint		59237.13				55547	59817.89	case rate	
RADIOTHERAPY	6921	APR-DRG	inpatient					WellPoint	WellPoint		10648.73				9985	10753.13	case rate	
RADIOTHERAPY	6922	APR-DRG	inpatient					WellPoint	WellPoint		22261.69				20875	22479.95	case rate	
RADIOTHERAPY	6923	APR-DRG	inpatient					WellPoint	WellPoint		32591.79				30562	32911.32	case rate	
RADIOTHERAPY	6924	APR-DRG	inpatient					WellPoint	WellPoint		60290.74				56535	60881.83	case rate	
LYMPHATIC & OTHER MALIGNANCIES & NEOPLASMS OF UNCERTAIN BEHAVIOR	6941	APR-DRG	inpatient					WellPoint	WellPoint		9789.9				9180	9885.88	case rate	
LYMPHATIC & OTHER MALIGNANCIES & NEOPLASMS OF UNCERTAIN BEHAVIOR	6942	APR-DRG	inpatient					WellPoint	WellPoint		11536.11				10818	11649.21	case rate	
LYMPHATIC & OTHER MALIGNANCIES & NEOPLASMS OF UNCERTAIN BEHAVIOR	6943	APR-DRG	inpatient					WellPoint	WellPoint		18562.6				17406	18744.59	case rate	
LYMPHATIC & OTHER MALIGNANCIES & NEOPLASMS OF UNCERTAIN BEHAVIOR	6944	APR-DRG	inpatient					WellPoint	WellPoint		35930.99				33693	36283.25	case rate	
CHEMOTHERAPY FOR ACUTE LEUKEMIA	6951	APR-DRG	inpatient					WellPoint	WellPoint		8910.57				8356	8997.93	case rate	
CHEMOTHERAPY FOR ACUTE LEUKEMIA	6952	APR-DRG	inpatient					WellPoint	WellPoint		12992.61				12183	13119.99	case rate	
CHEMOTHERAPY FOR ACUTE LEUKEMIA	6953	APR-DRG	inpatient					WellPoint	WellPoint		33879.49				31769	34211.65	case rate	
CHEMOTHERAPY FOR ACUTE LEUKEMIA	6954	APR-DRG	inpatient					WellPoint	WellPoint		93446.51				87626	94362.66	case rate	
OTHER CHEMOTHERAPY	6961	APR-DRG	inpatient					WellPoint	WellPoint		11732.44				11002	11847.46	case rate	
OTHER CHEMOTHERAPY	6962	APR-DRG	inpatient					WellPoint	WellPoint		13955.82				13087	14092.65	case rate	
OTHER CHEMOTHERAPY	6963	APR-DRG	inpatient					WellPoint	WellPoint		21898.78				20535	22113.47	case rate	
OTHER CHEMOTHERAPY	6964	APR-DRG	inpatient					WellPoint	WellPoint		51670.54				48452	52177.11	case rate	
INFECTIOUS & PARASITIC DISEASES INCLUDING HIV W O.R. PROCEDURE	7101	APR-DRG	inpatient					WellPoint	WellPoint		15632.79				14659	15786.05	case rate	
INFECTIOUS & PARASITIC DISEASES INCLUDING HIV W O.R. PROCEDURE	7102	APR-DRG	inpatient					WellPoint	WellPoint		22015.33				20644	22231.17	case rate	
INFECTIOUS & PARASITIC DISEASES INCLUDING HIV W O.R. PROCEDURE	7103	APR-DRG	inpatient					WellPoint	WellPoint		37804.36				35450	38174.99	case rate	
INFECTIOUS & PARASITIC DISEASES INCLUDING HIV W O.R. PROCEDURE	7104	APR-DRG	inpatient					WellPoint	WellPoint		77253.95				72442	78011.35	case rate	
POST-OP, POST-TRAUMA, OTHER DEVICE INFECTIONS W O.R. PROCEDURE	7111	APR-DRG	inpatient					WellPoint	WellPoint		15009.79				14075	15156.94	case rate	
POST-OP, POST-TRAUMA, OTHER DEVICE INFECTIONS W O.R. PROCEDURE	7112	APR-DRG	inpatient					WellPoint	WellPoint		20768.33				19475	20971.94	case rate	
POST-OP, POST-TRAUMA, OTHER DEVICE INFECTIONS W O.R. PROCEDURE	7113	APR-DRG	inpatient					WellPoint	WellPoint		37595.87				35254	37964.46	case rate	
POST-OP, POST-TRAUMA, OTHER DEVICE INFECTIONS W O.R. PROCEDURE	7114	APR-DRG	inpatient					WellPoint	WellPoint		77378.37				72599	78136.98	case rate	
SEPTICEMIA & DISSEMINATED INFECTIONS	7201	APR-DRG	inpatient					WellPoint	WellPoint		7862.09				7372	7939.17	case rate	
SEPTICEMIA & DISSEMINATED INFECTIONS	7202	APR-DRG	inpatient					WellPoint	WellPoint		10552.58				9895	10656.04	case rate	
SEPTICEMIA & DISSEMINATED INFECTIONS	7203	APR-DRG	inpatient					WellPoint	WellPoint		17259.43				16184	17428.64	case rate	
SEPTICEMIA & DISSEMINATED INFECTIONS	7204	APR-DRG	inpatient					WellPoint	WellPoint		38042.23				35673	38415.19	case rate	
POST-OPERATIVE, POST-TRAUMATIC, OTHER DEVICE INFECTIONS	7211	APR-DRG	inpatient					WellPoint	WellPoint		8261.87				7747	8342.87	case rate	
POST-OPERATIVE, POST-TRAUMATIC, OTHER DEVICE INFECTIONS	7212	APR-DRG	inpatient					WellPoint	WellPoint		10964.35				10281	11071.84	case rate	
POST-OPERATIVE, POST-TRAUMATIC, OTHER DEVICE INFECTIONS	7213	APR-DRG	inpatient					WellPoint	WellPoint		18353.93				17211	18533.87	case rate	
POST-OPERATIVE, POST-TRAUMATIC, OTHER DEVICE INFECTIONS	7214	APR-DRG	inpatient					WellPoint	WellPoint		35834.11				33602	36185.42	case rate	
FEVER	7221	APR-DRG	inpatient					WellPoint	WellPoint		6355.01				5959	6417.31	case rate	
FEVER	7222	APR-DRG	inpatient					WellPoint	WellPoint		8522.77				7992	8606.33	case rate	
FEVER	7223	APR-DRG	inpatient					WellPoint	WellPoint		11602.99				10880	11716.74	case rate	
FEVER	7224	APR-DRG	inpatient					WellPoint	WellPoint		22030.34				20658	22246.32	case rate	
VIRAL ILLNESS	7231	APR-DRG	inpatient					WellPoint	WellPoint		5605.58				5256	5660.54	case rate	
VIRAL ILLNESS	7232	APR-DRG	inpatient					WellPoint	WellPoint		7592.22				7119	7666.65	case rate	
VIRAL ILLNESS	7233	APR-DRG	inpatient					WellPoint	WellPoint		12272.73				11508	12393.05	case rate	
VIRAL ILLNESS	7234	APR-DRG	inpatient					WellPoint	WellPoint		41032.33				38476	41434.6	case rate	
OTHER INFECTIOUS & PARASITIC DISEASES	7241	APR-DRG	inpatient					WellPoint	WellPoint		9779.65				9170	9875.53	case rate	
OTHER INFECTIOUS & PARASITIC DISEASES	7242	APR-DRG	inpatient					WellPoint	WellPoint		11537.58				10819	11650.69	case rate	
OTHER INFECTIOUS & PARASITIC DISEASES	7243	APR-DRG	inpatient					WellPoint	WellPoint		18185.05				17052	18363.33	case rate	
OTHER INFECTIOUS & PARASITIC DISEASES	7244	APR-DRG	inpatient					WellPoint	WellPoint		42074.77				39454	42487.26	case rate	
MENTAL ILLNESS DIAGNOSIS W O.R. PROCEDURE	7401	APR-DRG	inpatient					WellPoint	WellPoint		19152.2				17959	19339.97	case rate	
MENTAL ILLNESS DIAGNOSIS W O.R. PROCEDURE	7402	APR-DRG	inpatient					WellPoint	WellPoint		23049.36				21614	23275.33	case rate	
MENTAL ILLNESS DIAGNOSIS W O.R. PROCEDURE	7403	APR-DRG	inpatient					WellPoint	WellPoint		38635.94				36229	39014.72	case rate	
MENTAL ILLNESS DIAGNOSIS W O.R. PROCEDURE	7404	APR-DRG	inpatient					WellPoint	WellPoint		77646.96				72810	78408.2	case rate	
SCHIZOPHRENIA	7501	APR-DRG	inpatient					WellPoint	WellPoint		8952.19				8395	9039.96	case rate	
SCHIZOPHRENIA	7502	APR-DRG	inpatient					WellPoint	WellPoint		10728.14				10060	10833.31	case rate	
SCHIZOPHRENIA	7503	APR-DRG	inpatient					WellPoint	WellPoint		15650.99				14676	15804.43	case rate	
SCHIZOPHRENIA	7504	APR-DRG	inpatient					WellPoint	WellPoint		31457.41				29498	31765.82	case rate	
MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	7511	APR-DRG	inpatient					WellPoint	WellPoint		5358.49				5025	5411.02	case rate	
MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	7512	APR-DRG	inpatient					WellPoint	WellPoint		7429.1				6966	7501.93	case rate	
MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	7513	APR-DRG	inpatient					WellPoint	WellPoint		12938.45				12133	13065.29	case rate	
MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	7514	APR-DRG	inpatient					WellPoint	WellPoint		25117.96				23553	25364.21	case rate	
DISORDERS OF PERSONALITY & IMPULSE CONTROL	7521	APR-DRG	inpatient					WellPoint	WellPoint		4590.13				4304	4635.13	case rate	
DISORDERS OF PERSONALITY & IMPULSE CONTROL	7522	APR-DRG	inpatient					WellPoint	WellPoint		6516.66				6111	6580.55	case rate	
DISORDERS OF PERSONALITY & IMPULSE CONTROL	7523	APR-DRG	inpatient					WellPoint	WellPoint		11498.05				10782	11610.78	case rate	
DISORDERS OF PERSONALITY & IMPULSE CONTROL	7524	APR-DRG	inpatient					WellPoint	WellPoint		12337.32				11569	12458.27	case rate	
BIPOLAR DISORDERS	7531	APR-DRG	inpatient					WellPoint	WellPoint		5828.89				5466	5886.04	case rate	
BIPOLAR DISORDERS	7532	APR-DRG	inpatient					WellPoint	WellPoint		7890.17				7399	7967.52	case rate	
BIPOLAR DISORDERS	7533	APR-DRG	inpatient					WellPoint	WellPoint		12829.12				12030	12954.9	case rate	
BIPOLAR DISORDERS	7534	APR-DRG	inpatient					WellPoint	WellPoint		25761.8				24157	26014.37	case rate	
DEPRESSION EXCEPT MAJOR DEPRESSIVE DISORDER	7541	APR-DRG	inpatient					WellPoint	WellPoint		4286.13				4019	4328.15	case rate	
DEPRESSION EXCEPT MAJOR DEPRESSIVE DISORDER	7542	APR-DRG	inpatient					WellPoint	WellPoint		5740.89				5383	5797.17	case rate	
DEPRESSION EXCEPT MAJOR DEPRESSIVE DISORDER	7543	APR-DRG	inpatient					WellPoint	WellPoint		8939.84				8383	9027.49	case rate	
DEPRESSION EXCEPT MAJOR DEPRESSIVE DISORDER	7544	APR-DRG	inpatient					WellPoint	WellPoint		18663.73				17520	18866.9	case rate	
ADJUSTMENT DISORDERS & NEUROSES EXCEPT DEPRESSIVE DIAGNOSES	7551	APR-DRG	inpatient					WellPoint	WellPoint		3859.36				3619	3897.2	case rate	
ADJUSTMENT DISORDERS & NEUROSES EXCEPT DEPRESSIVE DIAGNOSES	7552	APR-DRG	inpatient					WellPoint	WellPoint		6327.19				5933	6389.22	case rate	
ADJUSTMENT DISORDERS & NEUROSES EXCEPT DEPRESSIVE DIAGNOSES	7553	APR-DRG	inpatient					WellPoint	WellPoint		9087.59				8522	9176.68	case rate	
ADJUSTMENT DISORDERS & NEUROSES EXCEPT DEPRESSIVE DIAGNOSES	7554	APR-DRG	inpatient					WellPoint	WellPoint		13712.3				12858	13846.73	case rate	
ACUTE ANXIETY & DELIRIUM STATES	7561	APR-DRG	inpatient					WellPoint	WellPoint		6262.51				5872	6323.91	case rate	
ACUTE ANXIETY & DELIRIUM STATES	7562	APR-DRG	inpatient					WellPoint	WellPoint		7896.57				7405	7973.99	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.														
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true													
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ACUTE ANXIETY & DELIRIUM STATES	7563	APR-DRG	inpatient					WellPoint	WellPoint		9641.05				9041	9735.57	case rate	
ACUTE ANXIETY & DELIRIUM STATES	7564	APR-DRG	inpatient					WellPoint	WellPoint		25311.81				23735	25559.97	case rate	
ORGANIC MENTAL HEALTH DISTURBANCES	7571	APR-DRG	inpatient					WellPoint	WellPoint		9253.81				8677	9344.53	case rate	
ORGANIC MENTAL HEALTH DISTURBANCES	7572	APR-DRG	inpatient					WellPoint	WellPoint		10658.34				9994	10762.83	case rate	
ORGANIC MENTAL HEALTH DISTURBANCES	7573	APR-DRG	inpatient					WellPoint	WellPoint		13720.35				12866	13854.86	case rate	
ORGANIC MENTAL HEALTH DISTURBANCES	7574	APR-DRG	inpatient					WellPoint	WellPoint		29058.46				27248	29343.35	case rate	
BEHAVIORAL DISORDERS	7581	APR-DRG	inpatient					WellPoint	WellPoint		6112.03				5731	6171.96	case rate	
BEHAVIORAL DISORDERS	7582	APR-DRG	inpatient					WellPoint	WellPoint		7264.25				6812	7335.46	case rate	
BEHAVIORAL DISORDERS	7583	APR-DRG	inpatient					WellPoint	WellPoint		12178.69				11420	12298.05	case rate	
BEHAVIORAL DISORDERS	7584	APR-DRG	inpatient					WellPoint	WellPoint		16095.14				15093	16252.94	case rate	
EATING DISORDERS	7591	APR-DRG	inpatient					WellPoint	WellPoint		19472.02				18259	19662.93	case rate	
EATING DISORDERS	7592	APR-DRG	inpatient					WellPoint	WellPoint		20450.15				19176	20650.65	case rate	
EATING DISORDERS	7593	APR-DRG	inpatient					WellPoint	WellPoint		22915.88				21488	23140.55	case rate	
EATING DISORDERS	7594	APR-DRG	inpatient					WellPoint	WellPoint		39709.95				37236	40099.26	case rate	
OTHER MENTAL HEALTH DISORDERS	7601	APR-DRG	inpatient					WellPoint	WellPoint		7622.86				7148	7697.59	case rate	
OTHER MENTAL HEALTH DISORDERS	7602	APR-DRG	inpatient					WellPoint	WellPoint		9900.22				9284	9997.28	case rate	
OTHER MENTAL HEALTH DISORDERS	7603	APR-DRG	inpatient					WellPoint	WellPoint		14933.03				14003	15079.44	case rate	
OTHER MENTAL HEALTH DISORDERS	7604	APR-DRG	inpatient					WellPoint	WellPoint		28788.5				26995	29070.74	case rate	
DRUG & ALCOHOL ABUSE OR DEPENDENCE, LEFT AGAINST MEDICAL ADVICE	7701	APR-DRG	inpatient					WellPoint	WellPoint		3411.84				3199	3445.29	case rate	
DRUG & ALCOHOL ABUSE OR DEPENDENCE, LEFT AGAINST MEDICAL ADVICE	7702	APR-DRG	inpatient					WellPoint	WellPoint		4473.3				4195	4517.16	case rate	
DRUG & ALCOHOL ABUSE OR DEPENDENCE, LEFT AGAINST MEDICAL ADVICE	7703	APR-DRG	inpatient					WellPoint	WellPoint		9235.51				8660	9326.05	case rate	
DRUG & ALCOHOL ABUSE OR DEPENDENCE, LEFT AGAINST MEDICAL ADVICE	7704	APR-DRG	inpatient					WellPoint	WellPoint		27593.74				25875	27864.27	case rate	
ALCOHOL & DRUG DEPENDENCE W REHAB OR REHAB/DETOX THERAPY	7721	APR-DRG	inpatient					WellPoint	WellPoint		8563.11				8030	8647.07	case rate	
ALCOHOL & DRUG DEPENDENCE W REHAB OR REHAB/DETOX THERAPY	7722	APR-DRG	inpatient					WellPoint	WellPoint		10053.73				9427	10152.3	case rate	
ALCOHOL & DRUG DEPENDENCE W REHAB OR REHAB/DETOX THERAPY	7723	APR-DRG	inpatient					WellPoint	WellPoint		11817.61				11082	11933.47	case rate	
ALCOHOL & DRUG DEPENDENCE W REHAB OR REHAB/DETOX THERAPY	7724	APR-DRG	inpatient					WellPoint	WellPoint		36659.74				34376	37019.15	case rate	
OPIOID ABUSE & DEPENDENCE	7731	APR-DRG	inpatient					WellPoint	WellPoint		4049.56				3797	4089.26	case rate	
OPIOID ABUSE & DEPENDENCE	7732	APR-DRG	inpatient					WellPoint	WellPoint		5178.45				4856	5229.22	case rate	
OPIOID ABUSE & DEPENDENCE	7733	APR-DRG	inpatient					WellPoint	WellPoint		10493.76				9840	10596.64	case rate	
OPIOID ABUSE & DEPENDENCE	7734	APR-DRG	inpatient					WellPoint	WellPoint		33210.39				31142	33535.99	case rate	
COCAINE ABUSE & DEPENDENCE	7741	APR-DRG	inpatient					WellPoint	WellPoint		5126.31				4807	5176.56	case rate	
COCAINE ABUSE & DEPENDENCE	7742	APR-DRG	inpatient					WellPoint	WellPoint		5324.55				4993	5376.79	case rate	
COCAINE ABUSE & DEPENDENCE	7743	APR-DRG	inpatient					WellPoint	WellPoint		10254.08				9615	10354.61	case rate	
COCAINE ABUSE & DEPENDENCE	7744	APR-DRG	inpatient					WellPoint	WellPoint		37522.06				35185	37889.92	case rate	
ALCOHOL ABUSE & DEPENDENCE	7751	APR-DRG	inpatient					WellPoint	WellPoint		4973.16				4663	5021.52	case rate	
ALCOHOL ABUSE & DEPENDENCE	7752	APR-DRG	inpatient					WellPoint	WellPoint		7090.35				6649	7159.86	case rate	
ALCOHOL ABUSE & DEPENDENCE	7753	APR-DRG	inpatient					WellPoint	WellPoint		13499.78				12659	13632.13	case rate	
ALCOHOL ABUSE & DEPENDENCE	7754	APR-DRG	inpatient					WellPoint	WellPoint		38678.02				36269	39057.22	case rate	
OTHER DRUG ABUSE & DEPENDENCE	7761	APR-DRG	inpatient					WellPoint	WellPoint		4724.43				4430	4770.74	case rate	
OTHER DRUG ABUSE & DEPENDENCE	7762	APR-DRG	inpatient					WellPoint	WellPoint		6548.49				6141	6612.69	case rate	
OTHER DRUG ABUSE & DEPENDENCE	7763	APR-DRG	inpatient					WellPoint	WellPoint		11539.4				10821	11652.53	case rate	
OTHER DRUG ABUSE & DEPENDENCE	7764	APR-DRG	inpatient					WellPoint	WellPoint		29815.52				24668	26876.46	case rate	
O.R. PROCEDURE FOR OTHER COMPLICATIONS OF TREATMENT	7911	APR-DRG	inpatient					WellPoint	WellPoint		13926.27				13059	14062.81	case rate	
O.R. PROCEDURE FOR OTHER COMPLICATIONS OF TREATMENT	7912	APR-DRG	inpatient					WellPoint	WellPoint		20445.12				19172	20645.57	case rate	
O.R. PROCEDURE FOR OTHER COMPLICATIONS OF TREATMENT	7913	APR-DRG	inpatient					WellPoint	WellPoint		32980.68				30926	33304.02	case rate	
O.R. PROCEDURE FOR OTHER COMPLICATIONS OF TREATMENT	7914	APR-DRG	inpatient					WellPoint	WellPoint		72662.14				67573	72768.63	case rate	
ALLERGIC REACTIONS	8111	APR-DRG	inpatient					WellPoint	WellPoint		4385.76				4113	4428.75	case rate	
ALLERGIC REACTIONS	8112	APR-DRG	inpatient					WellPoint	WellPoint		6332.96				5938	6395.04	case rate	
ALLERGIC REACTIONS	8113	APR-DRG	inpatient					WellPoint	WellPoint		13865.8				13002	14001.74	case rate	
ALLERGIC REACTIONS	8114	APR-DRG	inpatient					WellPoint	WellPoint		33223.21				31154	33548.92	case rate	
POISONING OF MEDICINAL AGENTS	8121	APR-DRG	inpatient					WellPoint	WellPoint		5024.58				4712	5073.84	case rate	
POISONING OF MEDICINAL AGENTS	8122	APR-DRG	inpatient					WellPoint	WellPoint		6400.02				6001	6462.77	case rate	
POISONING OF MEDICINAL AGENTS	8123	APR-DRG	inpatient					WellPoint	WellPoint		11358.64				10651	11470	case rate	
POISONING OF MEDICINAL AGENTS	8124	APR-DRG	inpatient					WellPoint	WellPoint		26633.64				24975	26894.75	case rate	
OTHER COMPLICATIONS OF TREATMENT	8131	APR-DRG	inpatient					WellPoint	WellPoint		7298.1				6844	7369.65	case rate	
OTHER COMPLICATIONS OF TREATMENT	8132	APR-DRG	inpatient					WellPoint	WellPoint		9618.82				9020	9713.13	case rate	
OTHER COMPLICATIONS OF TREATMENT	8133	APR-DRG	inpatient					WellPoint	WellPoint		14812.64				13890	14957.87	case rate	
OTHER COMPLICATIONS OF TREATMENT	8134	APR-DRG	inpatient					WellPoint	WellPoint		32581.82				30552	32901.25	case rate	
OTHER INJURY, POISONING & TOXIC EFFECT DIAGNOSES	8151	APR-DRG	inpatient					WellPoint	WellPoint		7149.99				6705	7220.08	case rate	
OTHER INJURY, POISONING & TOXIC EFFECT DIAGNOSES	8152	APR-DRG	inpatient					WellPoint	WellPoint		7593.95				7121	7668.4	case rate	
OTHER INJURY, POISONING & TOXIC EFFECT DIAGNOSES	8153	APR-DRG	inpatient					WellPoint	WellPoint		12930.67				12125	13057.44	case rate	
OTHER INJURY, POISONING & TOXIC EFFECT DIAGNOSES	8154	APR-DRG	inpatient					WellPoint	WellPoint		41290.95				38719	41695.76	case rate	
TOXIC EFFECTS OF NON-MEDICINAL SUBSTANCES	8161	APR-DRG	inpatient					WellPoint	WellPoint		7499.63				7032	7573.16	case rate	
TOXIC EFFECTS OF NON-MEDICINAL SUBSTANCES	8162	APR-DRG	inpatient					WellPoint	WellPoint		8332.95				7814	8414.65	case rate	
TOXIC EFFECTS OF NON-MEDICINAL SUBSTANCES	8163	APR-DRG	inpatient					WellPoint	WellPoint		12065.34				11314	12183.62	case rate	
TOXIC EFFECTS OF NON-MEDICINAL SUBSTANCES	8164	APR-DRG	inpatient					WellPoint	WellPoint		27651.56				25929	27922.65	case rate	
EXTENSIVE 3RD DEGREE BURNS W SKIN GRAFT	8411	APR-DRG	inpatient					WellPoint	WellPoint		70738.86				66333	71432.37	case rate	
EXTENSIVE 3RD DEGREE BURNS W SKIN GRAFT	8412	APR-DRG	inpatient					WellPoint	WellPoint		71980.97				67479	72686.47	case rate	
EXTENSIVE 3RD DEGREE BURNS W SKIN GRAFT	8413	APR-DRG	inpatient					WellPoint	WellPoint		110736.5				103839	111822.16	case rate	
EXTENSIVE 3RD DEGREE BURNS W SKIN GRAFT	8414	APR-DRG	inpatient					WellPoint	WellPoint		286498.06				268653	289306.86	case rate	
BURNS WITH SKIN GRAFT EXCEPT EXTENSIVE 3RD DEGREE BURNS	8421	APR-DRG	inpatient					WellPoint	WellPoint		22001.42				20631	22217.12	case rate	
BURNS WITH SKIN GRAFT EXCEPT EXTENSIVE 3RD DEGREE BURNS	8422	APR-DRG	inpatient					WellPoint	WellPoint		32988.83				30935	33313.26	case rate	
BURNS WITH SKIN GRAFT EXCEPT EXTENSIVE 3RD DEGREE BURNS	8423	APR-DRG	inpatient					WellPoint	WellPoint		63123.68				59192	63742.54	case rate	
BURNS WITH SKIN GRAFT EXCEPT EXTENSIVE 3RD DEGREE BURNS	8424	APR-DRG	inpatient					WellPoint	WellPoint		150141.36				140789	151613.33	case rate	
EXTENSIVE 3RD DEGREE OR FULL THICKNESS BURNS W/O SKIN GRAFT	8431	APR-DRG	inpatient					WellPoint	WellPoint		10812.03				10139	10918.03	case rate	
EXTENSIVE 3RD DEGREE OR FULL THICKNESS BURNS W/O SKIN GRAFT	8432	APR-DRG	inpatient					WellPoint	WellPoint		14916.3				13987	15062.53	case rate	
EXTENSIVE 3RD DEGREE OR FULL THICKNESS BURNS W/O SKIN GRAFT	8433	APR-DRG	inpatient					WellPoint	WellPoint		27240.9				25544	27507.96	case rate	
EXTENSIVE 3RD DEGREE OR FULL THICKNESS BURNS W/O SKIN GRAFT	8434	APR-DRG	inpatient					WellPoint	WellPoint		73490.55				68913	74211.05	case rate	
PARTIAL THICKNESS BURNS W/O SKIN GRAFT	8441	APR-DRG	inpatient					WellPoint	WellPoint		7226.92				6777	7297.78	case rate	
PARTIAL THICKNESS BURNS W/O SKIN GRAFT	8442	APR-DRG	inpatient					WellPoint	WellPoint		10899.12				10220	11005.97	case rate	
PARTIAL THICKNESS BURNS W/O SKIN GRAFT	8443	APR-DRG	inpatient					WellPoint	WellPoint		22188.6				20807	22406.14	case rate	
PARTIAL THICKNESS BURNS W/O SKIN GRAFT	8444	APR-DRG	inpatient					WellPoint	WellPoint		62791.86				58881	63407.47	case rate	
PROCEDURE W DIAG OF REHAB, AFTERCARE OR OTH CONTACT W HEALTH SERVICE	8501	APR-DRG	inpatient					WellPoint	WellPoint		22306.06				20917	22524.75	case rate	
PROCEDURE W DIAG OF REHAB, AFTERCARE OR OTH CONTACT W HEALTH SERVICE	8502	APR-DRG	inpatient					WellPoint	WellPoint		28014.38				26269	28289.03	case rate	
PROCEDURE W DIAG OF REHAB, AFTERCARE OR OTH CONTACT W HEALTH SERVICE	8503	APR-DRG	inpatient					WellPoint	WellPoint		38488.48				36091	38865.81	case rate	
PROCEDURE W DIAG OF REHAB, AFTERCARE OR OTH CONTACT W HEALTH SERVICE	8504	APR-DRG	inpatient					WellPoint	WellPoint		70348.68				65967	71038.37	case rate	
REHABILITATION	8601	APR-DRG	inpatient					WellPoint	WellPoint		12223.24				11462	12343.08	case rate	
REHABILITATION	8602	APR-DRG	inpatient					WellPoint	WellPoint		16557.58				15526	16719.91	case rate	
REHABILITATION	8603	APR-DRG	inpatient					WellPoint	WellPoint		22801.16				21381	23024.7	case rate	
REHABILITATION	8604	APR-DRG	inpatient					WellPoint	WellPoint		30716.04				28803	31017.17	case rate	
SIGNS, SYMPTOMS & OTHER FACTORS INFLUENCING HEALTH STATUS	8611	APR-DRG	inpatient					WellPoint	WellPoint		6275.88				5885	6337.4	case rate	
SIGNS, SYMPTOMS & OTHER FACTORS INFLUENCING HEALTH STATUS	8612	APR-DRG	inpatient					WellPoint	WellPoint		8208.16				7697	8288.64	case rate	
SIGNS, SYMPTOMS & OTHER FACTORS INFLUENCING HEALTH STATUS	8613	APR-DRG	inpatient					WellPoint	WellPoint		11734.26				11003	11849.31	case rate	
SIGNS, SYMPTOMS & OTHER FACTORS INFLUENCING HEALTH STATUS	8614	APR-DRG	inpatient					WellPoint	WellPoint		24699.51				23161	24941.67	case rate	
OTHER AFTERCARE & CONVALESCENCE	8621	APR-DRG	inpatient					WellPoint	WellPoint		6070.22				5692	6129.74	case rate	
OTHER AFTERCARE & CONVALESCENCE	8622	APR-DRG	inpatient					WellPoint	WellPoint		9433.3				8846	9525.78	case rate	
OTHER AFTERCARE & CONVALESCENCE	8623	APR-DRG	inpatient					WellPoint	WellPoint		13756.94				12900	13891.82	case rate	
OTHER AFTERCARE & CONVALESCENCE	8624	APR-DRG	inpatient					WellPoint	WellPoint		22543.55				21139	22764.57	case rate	
NEONATAL AFTERCARE	8631	APR-DRG	inpatient					WellPoint	WellPoint		11280.6				10578	11391.19	case rate	
NEONATAL AFTERCARE	8632	APR-DRG	inpatient					WellPoint	WellPoint		31885.64				29900	32198.24	case rate	
NEONATAL AFTERCARE	8633	APR-DRG	inpatient					WellPoint	WellPoint		57080.99				53525	57640.6	case rate	
NEONATAL AFTERCARE	8634	APR-DRG	inpatient					WellPoint	WellPoint		136372.35				127878	137709.33	case rate	
HIV W MULTIPLE MAJOR HIV RELATED CONDITIONS	8901	APR-DRG	inpatient					WellPoint	WellPoint		13446.45				12609	13578.27	case rate	
HIV W MULTIPLE MAJOR HIV RELATED CONDITIONS	8902	APR-DRG	inpatient					WellPoint	WellPoint		15660.23				14685	15813.77	case rate	
HIV W MULTIPLE MAJOR HIV RELATED CONDITIONS	8903	APR-DRG	inpatient					WellPoint	WellPoint		24906.27				23355	25150.45	case rate	
HIV W MULTIPLE MAJOR HIV RELATED CONDITIONS	8904	APR-DRG	inpatient					WellPoint	WellPoint		50155.86				47032	50647.58	case rate	
HIV W MAJOR HIV RELATED CONDITION	8921	APR-DRG	inpatient					WellPoint	WellPoint		10470.62				9818	10573.27	case rate	
HIV W MAJOR HIV RELATED CONDITION	8922	APR-DRG	inpatient					WellPoint	WellPoint		13848.23				12986	13984	case rate	
HIV W MAJOR HIV RELATED CONDITION	8923	APR-DRG	inpatient					WellPoint	WellPoint		18145.53				17015	18323.45	case rate	
HIV W MAJOR HIV RELATED CONDITION	8924	APR-DRG	inpatient					WellPoint	WellPoint		35217.52				33024	35562.79	case rate	
HIV W MULTIPLE SIGNIFICANT HIV RELATED CONDITIONS	8931	APR-DRG	inpatient					WellPoint	WellPoint		12461.1				11685	12583.26	case rate	
HIV W MULTIPLE SIGNIFICANT HIV RELATED CONDITIONS	8932	APR-DRG	inpatient					WellPoint	WellPoint		14168.61				13286	14307.51	case rate	
HIV W MULTIPLE SIGNIFICANT HIV RELATED CONDITIONS	8933	APR-DRG	inpatient					WellPoint	WellPoint		21612.9				20297	21824.79	case rate	
HIV W MULTIPLE SIGNIFICANT HIV RELATED CONDITIONS	8934	APR-DRG	inpatient					WellPoint	WellPoint		43369.15				40668	43794.33	case rate	
HIV W ONE SIGNIF HIV COND OR W/O SIGNIF RELATED COND	8941	APR-DRG	inpatient					WellPoint	WellPoint		9603.36				9005	9697.51	case rate	
HIV W ONE SIGNIF HIV COND OR W/O SIGNIF RELATED COND	8942	APR-DRG	inpatient					WellPoint	WellPoint		11544.35				10825	11657.53	case rate	
HIV W ONE SIGNIF HIV COND OR W/O SIGNIF RELATED COND	8943	APR-DRG	inpatient					WellPoint	WellPoint		16499.76				15472	16661.53	case rate	
HIV W ONE SIGNIF HIV COND OR W/O SIGNIF RELATED COND	8944	APR-DRG	inpatient					WellPoint	WellPoint		23628.62				22157	23860.27	case rate	
CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA	9101	APR-DRG	inpatient					WellPoint	WellPoint		45017.66				42214	45459.01	case rate	
CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA	9102	APR-DRG	inpatient					WellPoint	WellPoint		53391.69				50066	53915.13	case rate	
CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA	9103	APR-DRG	inpatient					WellPoint	WellPoint		69639.97				65302	70322.71	case rate	
CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA	9104	APR-DRG	inpatient					WellPoint	WellPoint		143858.88				134896	145267.24	case rate	
EXTENSIVE ABDOMINAL/THORACIC PROCEDURES FOR MULT SIGNIFICANT TRAUMA	9111	APR-DRG	inpatient					WellPoint	WellPoint		24769.04				23226	25011.87	case rate	
EXTENSIVE ABDOMINAL/THORACIC PROCEDURES FOR MULT SIGNIFICANT TRAUMA	9112	APR-DRG	inpatient					WellPoint	WellPoint		32656.39				30628	32975.57	case rate	
EXTENSIVE ABDOMINAL/THORACIC PROCEDURES FOR MULT SIGNIFICANT TRAUMA	9113	APR-DRG	inpatient					WellPoint	WellPoint		44246.19				41490	44679.98	case rate	
EXTENSIVE ABDOMINAL/THORACIC PROCEDURES FOR MULT SIGNIFICANT TRAUMA	9114	APR-DRG	inpatient					WellPoint	WellPoint		105360.36				98798	106393.3	case rate	
MUSCULOSKELETAL & OTHER PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA	9121	APR-DRG	inpatient					WellPoint	WellPoint		29947.04				28082	30240.64	case rate	
MUSCULOSKELETAL & OTHER PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA	9122	APR-DRG	inpatient					WellPoint	WellPoint		32973				30919	33296.26	case rate	
MUSCULOSKELETAL & OTHER PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA	9123	APR-DRG	inpatient					WellPoint	WellPoint		54362.86				50977	54895.83	case rate	
MUSCULOSKELETAL & OTHER PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA	9124	APR-DRG	inpatient					WellPoint	WellPoint		104779.63				98253	105806.88	case rate	
MULTIPLE SIGNIFICANT TRAUMA W/O O.R. PROCEDURE	9301	APR-DRG	inpatient					WellPoint	WellPoint		11391.21				10682	11502.89	case rate	
MULTIPLE SIGNIFICANT TRAUMA W/O O.R. PROCEDURE	9302	APR-DRG	inpatient					WellPoint	WellPoint		15324.95				14370	15475.19	case rate	
MULTIPLE SIGNIFICANT TRAUMA W/O O.R. PROCEDURE	9303	APR-DRG	inpatient					WellPoint	WellPoint		24144.49				22641	24381.2	case rate	
MULTIPLE SIGNIFICANT TRAUMA W/O O.R. PROCEDURE	9304	APR-DRG	inpatient					WellPoint	WellPoint		63919.02				59938	64545.68	case rate	
EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9501	APR-DRG	inpatient					WellPoint	WellPoint		21568.07				20225	21779.53	case rate	
EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9502	APR-DRG	inpatient					WellPoint	WellPoint		31670.19				29696	31980.69	case rate	
EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9503	APR-DRG	inpatient					WellPoint	WellPoint		49233.17				46167	49715.84	case rate	
EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9504	APR-DRG	inpatient					WellPoint	WellPoint		93795.99				87954	94715.56	case rate	
MODERATELY EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9511	APR-DRG	inpatient					WellPoint	WellPoint		15315.98				14362	15466.14	case rate	
MODERATELY EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9512	APR-DRG	inpatient					WellPoint	WellPoint		21877.29				20515	22091.77	case rate	
MODERATELY EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9513	APR-DRG	inpatient					WellPoint	WellPoint		35931.82				33694	36284.09	case rate	
MODERATELY EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9514	APR-DRG	inpatient					WellPoint	WellPoint		68680.59				64403	69353.93	case rate	
NONEXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9521	APR-DRG	inpatient					WellPoint	WellPoint		12187.47				11428	12306.96	case rate	
NONEXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9522	APR-DRG	inpatient					WellPoint	WellPoint		18135.93				17006	18313.73	case rate	
NONEXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9523	APR-DRG	inpatient					WellPoint	WellPoint		30786.02				28868	31087.84	case rate	
NONEXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9524	APR-DRG	inpatient					WellPoint	WellPoint		58396.87				54759	58999.36	case rate	
LIVER TRANSPLANT &/OR INTESTINAL TRANSPLANT	0011	APR-DRG	inpatient					Horizon	NJ Health		260411				60903.74	260411	case rate	
LIVER TRANSPLANT &/OR INTESTINAL TRANSPLANT	0012	APR-DRG	inpatient					Horizon	NJ Health		260411				47303.96	260411	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101191	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
LIVER TRANSPLANT &/OR INTESTINAL TRANSPLANT	0013	APR-DRG	inpatient					Horizon	NJ Health		260411				31722.2	260411	case rate	
LIVER TRANSPLANT &/OR INTESTINAL TRANSPLANT	0014	APR-DRG	inpatient					Horizon	NJ Health		260411				135370.65	448219.9	case rate	
HEART &/OR LUNG TRANSPLANT	0021	APR-DRG	inpatient					Horizon	NJ Health		119241				72539.27	296515.34	case rate	
HEART &/OR LUNG TRANSPLANT	0022	APR-DRG	inpatient					Horizon	NJ Health		153710				41065.11	193442.35	case rate	
HEART &/OR LUNG TRANSPLANT	0023	APR-DRG	inpatient					Horizon	NJ Health		184711				68557.14	204791.97	case rate	
HEART &/OR LUNG TRANSPLANT	0024	APR-DRG	inpatient					Horizon	NJ Health		291223				44751.49	313612.23	case rate	
BONE MARROW TRANSPLANT	0031	APR-DRG	inpatient					Horizon	NJ Health		77397				48623.3	156888.03	case rate	
BONE MARROW TRANSPLANT	0032	APR-DRG	inpatient					Horizon	NJ Health		95651				25439.65	103005.11	case rate	
BONE MARROW TRANSPLANT	0033	APR-DRG	inpatient					Horizon	NJ Health		157305				19168.92	169398.47	case rate	
BONE MARROW TRANSPLANT	0034	APR-DRG	inpatient					Horizon	NJ Health		259207				46081.46	279134.99	case rate	
TRACHEOSTOMY W MV 96+ HOURS W EXTENSIVE PROCEDURE OR ECMO	0041	APR-DRG	inpatient					Horizon	NJ Health		69898				26347.96	88456.51	case rate	
TRACHEOSTOMY W MV 96+ HOURS W EXTENSIVE PROCEDURE OR ECMO	0042	APR-DRG	inpatient					Horizon	NJ Health		95097				20549.68	102408.62	case rate	
TRACHEOSTOMY W MV 96+ HOURS W EXTENSIVE PROCEDURE OR ECMO	0043	APR-DRG	inpatient					Horizon	NJ Health		137952				13795\2	148507.43	case rate	
TRACHEOSTOMY W MV 96+ HOURS W EXTENSIVE PROCEDURE OR ECMO	0044	APR-DRG	inpatient					Horizon	NJ Health		198478				198478	213737.75	case rate	
TRACHEOSTOMY W MV 96+ HOURS W/O EXTENSIVE PROCEDURE	0051	APR-DRG	inpatient					Horizon	NJ Health		67138				67138	72300.09	case rate	
TRACHEOSTOMY W MV 96+ HOURS W/O EXTENSIVE PROCEDURE	0052	APR-DRG	inpatient					Horizon	NJ Health		74598				22967.5	80333.48	case rate	
TRACHEOSTOMY W MV 96+ HOURS W/O EXTENSIVE PROCEDURE	0053	APR-DRG	inpatient					Horizon	NJ Health		91295				11620.17	98314.19	case rate	
TRACHEOSTOMY W MV 96+ HOURS W/O EXTENSIVE PROCEDURE	0054	APR-DRG	inpatient					Horizon	NJ Health		133344				17404.27	143596.19	case rate	
PANCREAS TRANSPLANT	0061	APR-DRG	inpatient					Horizon	NJ Health		80383				33105.33	106808.68	case rate	
PANCREAS TRANSPLANT	0062	APR-DRG	inpatient					Horizon	NJ Health		113020				22107.62	121708.96	case rate	
PANCREAS TRANSPLANT	0063	APR-DRG	inpatient					Horizon	NJ Health		126368				17561.37	136083.64	case rate	
PANCREAS TRANSPLANT	0064	APR-DRG	inpatient					Horizon	NJ Health		199954				23658.47	215326.95	case rate	
CRANIOTOMY FOR TRAUMA	0201	APR-DRG	inpatient					Horizon	NJ Health		25901				8340.11	27891.99	case rate	
CRANIOTOMY FOR TRAUMA	0202	APR-DRG	inpatient					Horizon	NJ Health		35933				11309.53	38695.65	case rate	
CRANIOTOMY FOR TRAUMA	0203	APR-DRG	inpatient					Horizon	NJ Health		47151				8207.83	50775.53	case rate	
CRANIOTOMY FOR TRAUMA	0204	APR-DRG	inpatient					Horizon	NJ Health		89826				9719.7	96731.64	case rate	
CRANIOTOMY EXCEPT FOR TRAUMA	0211	APR-DRG	inpatient					Horizon	NJ Health		28591				28591	30789.65	case rate	
CRANIOTOMY EXCEPT FOR TRAUMA	0212	APR-DRG	inpatient					Horizon	NJ Health		37458				37458	186892.42	case rate	
CRANIOTOMY EXCEPT FOR TRAUMA	0213	APR-DRG	inpatient					Horizon	NJ Health		57404				57404	61817.25	case rate	
CRANIOTOMY EXCEPT FOR TRAUMA	0214	APR-DRG	inpatient					Horizon	NJ Health		100362				100362	108077.57	case rate	
VENTRICULAR SHUNT PROCEDURES	0221	APR-DRG	inpatient					Horizon	NJ Health		17199				17199	172809.75	case rate	
VENTRICULAR SHUNT PROCEDURES	0222	APR-DRG	inpatient					Horizon	NJ Health		21859				21859	23539.26	case rate	
VENTRICULAR SHUNT PROCEDURES	0223	APR-DRG	inpatient					Horizon	NJ Health		37066				37066	39915.24	case rate	
VENTRICULAR SHUNT PROCEDURES	0224	APR-DRG	inpatient					Horizon	NJ Health		87895				87895	94652.74	case rate	
SPINAL PROCEDURES	0231	APR-DRG	inpatient					Horizon	NJ Health		19424				19424	315017.54	case rate	
SPINAL PROCEDURES	0232	APR-DRG	inpatient					Horizon	NJ Health		27830				27830	231058.12	case rate	
SPINAL PROCEDURES	0233	APR-DRG	inpatient					Horizon	NJ Health		53769				53769	286467.21	case rate	
SPINAL PROCEDURES	0234	APR-DRG	inpatient					Horizon	NJ Health		96034				61395.1	193096.03	case rate	
EXTRACRANIAL VASCULAR PROCEDURES	0241	APR-DRG	inpatient					Horizon	NJ Health		15559				15559	59861.17	case rate	
EXTRACRANIAL VASCULAR PROCEDURES	0242	APR-DRG	inpatient					Horizon	NJ Health		20528				20528	140159.91	case rate	
EXTRACRANIAL VASCULAR PROCEDURES	0243	APR-DRG	inpatient					Horizon	NJ Health		40163				19748	95804.13	case rate	
EXTRACRANIAL VASCULAR PROCEDURES	0244	APR-DRG	inpatient					Horizon	NJ Health		85252				19748	91806.34	case rate	
OTHER NERVOUS SYSTEM & RELATED PROCEDURES	0261	APR-DRG	inpatient					Horizon	NJ Health		17818				12982	74706.44	case rate	
OTHER NERVOUS SYSTEM & RELATED PROCEDURES	0262	APR-DRG	inpatient					Horizon	NJ Health		23521				12982	61170.17	case rate	
OTHER NERVOUS SYSTEM & RELATED PROCEDURES	0263	APR-DRG	inpatient					Horizon	NJ Health		33708				33369.91	89724.25	case rate	
OTHER NERVOUS SYSTEM & RELATED PROCEDURES	0264	APR-DRG	inpatient					Horizon	NJ Health		70988				38578.42	118469.61	case rate	
SPINAL DISORDERS & INJURIES	0401	APR-DRG	inpatient					Horizon	NJ Health		13563				13563	14605.81	case rate	
SPINAL DISORDERS & INJURIES	0402	APR-DRG	inpatient					Horizon	NJ Health		15389				15389	16571.92	case rate	
SPINAL DISORDERS & INJURIES	0403	APR-DRG	inpatient					Horizon	NJ Health		21964				21964	23652.97	case rate	
SPINAL DISORDERS & INJURIES	0404	APR-DRG	inpatient					Horizon	NJ Health		56797				56797	61163.49	case rate	
NERVOUS SYSTEM MALIGNANCY	0411	APR-DRG	inpatient					Horizon	NJ Health		10482				10482	149956.74	case rate	
NERVOUS SYSTEM MALIGNANCY	0412	APR-DRG	inpatient					Horizon	NJ Health		11647				11647	89337.92	case rate	
NERVOUS SYSTEM MALIGNANCY	0413	APR-DRG	inpatient					Horizon	NJ Health		15908				15908	63244.3	case rate	
NERVOUS SYSTEM MALIGNANCY	0414	APR-DRG	inpatient					Horizon	NJ Health		28270				28270	134170.04	case rate	
DEGENERATIVE NERVOUS SYSTEM DISORDERS EXC MULT SCLEROSIS	0421	APR-DRG	inpatient					Horizon	NJ Health		8253				8253	66728.7	case rate	
DEGENERATIVE NERVOUS SYSTEM DISORDERS EXC MULT SCLEROSIS	0422	APR-DRG	inpatient					Horizon	NJ Health		10272				10272	56545.55	case rate	
DEGENERATIVE NERVOUS SYSTEM DISORDERS EXC MULT SCLEROSIS	0423	APR-DRG	inpatient					Horizon	NJ Health		16017				16017	148002.62	case rate	
DEGENERATIVE NERVOUS SYSTEM DISORDERS EXC MULT SCLEROSIS	0424	APR-DRG	inpatient					Horizon	NJ Health		43074				24654.19	82181.59	case rate	
MULTIPLE SCLEROSIS & OTHER DEMYELINATING DISEASES	0431	APR-DRG	inpatient					Horizon	NJ Health		10841				10841	11674.71	case rate	
MULTIPLE SCLEROSIS & OTHER DEMYELINATING DISEASES	0432	APR-DRG	inpatient					Horizon	NJ Health		13893				13893	68497.76	case rate	
MULTIPLE SCLEROSIS & OTHER DEMYELINATING DISEASES	0433	APR-DRG	inpatient					Horizon	NJ Health		22206				12177.68	38553.45	case rate	
MULTIPLE SCLEROSIS & OTHER DEMYELINATING DISEASES	0434	APR-DRG	inpatient					Horizon	NJ Health		49551				7907.81	53360.86	case rate	
INTRACRANIAL HEMORRHAGE	0441	APR-DRG	inpatient					Horizon	NJ Health		11778				11778	69658	case rate	
INTRACRANIAL HEMORRHAGE	0442	APR-DRG	inpatient					Horizon	NJ Health		15166				11238.66	35215.32	case rate	
INTRACRANIAL HEMORRHAGE	0443	APR-DRG	inpatient					Horizon	NJ Health		22396				8441.69	26097.37	case rate	
INTRACRANIAL HEMORRHAGE	0444	APR-DRG	inpatient					Horizon	NJ Health		46554				19290.57	60420.03	case rate	
CVA & PRECEREBRAL OCCLUSION W INFARCT	0451	APR-DRG	inpatient					Horizon	NJ Health		10123				10123	10901.58	case rate	
CVA & PRECEREBRAL OCCLUSION W INFARCT	0452	APR-DRG	inpatient					Horizon	NJ Health		12287				12287	13231.67	case rate	
CVA & PRECEREBRAL OCCLUSION W INFARCT	0453	APR-DRG	inpatient					Horizon	NJ Health		17717				17717	306200.23	case rate	
CVA & PRECEREBRAL OCCLUSION W INFARCT	0454	APR-DRG	inpatient					Horizon	NJ Health		36879				36879	237674.36	case rate	
NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT	0461	APR-DRG	inpatient					Horizon	NJ Health		9917				9917	168125.13	case rate	
NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT	0462	APR-DRG	inpatient					Horizon	NJ Health		11315				11315	119801.11	case rate	
NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT	0463	APR-DRG	inpatient					Horizon	NJ Health		15756				15756	192482.17	case rate	
NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT	0464	APR-DRG	inpatient					Horizon	NJ Health		39130				35451.1	110420.61	case rate	
TRANSIENT ISCHEMIA	0471	APR-DRG	inpatient					Horizon	NJ Health		8282				8282	187936.32	case rate	
TRANSIENT ISCHEMIA	0472	APR-DRG	inpatient					Horizon	NJ Health		8991				8991	110525.63	case rate	
TRANSIENT ISCHEMIA	0473	APR-DRG	inpatient					Horizon	NJ Health		11229				11229	89000.36	case rate	
TRANSIENT ISCHEMIA	0474	APR-DRG	inpatient					Horizon	NJ Health		22321				22321	142342.82	case rate	
PERIPHERAL, CRANIAL & AUTONOMIC NERVE DISORDERS	0481	APR-DRG	inpatient					Horizon	NJ Health		8360				8360	77350.69	case rate	
PERIPHERAL, CRANIAL & AUTONOMIC NERVE DISORDERS	0482	APR-DRG	inpatient					Horizon	NJ Health		9385				9385	62430.4	case rate	
PERIPHERAL, CRANIAL & AUTONOMIC NERVE DISORDERS	0483	APR-DRG	inpatient					Horizon	NJ Health		13093				13093	89397.93	case rate	
PERIPHERAL, CRANIAL & AUTONOMIC NERVE DISORDERS	0484	APR-DRG	inpatient					Horizon	NJ Health		32453				32453	34947.54	case rate	
BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM	0491	APR-DRG	inpatient					Horizon	NJ Health		12640				12640	13812	case rate	
BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM	0492	APR-DRG	inpatient					Horizon	NJ Health		27633				27633	127167.48	case rate	
BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM	0493	APR-DRG	inpatient					Horizon	NJ Health		34268				28367.73	84244.47	case rate	
BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM	0494	APR-DRG	inpatient					Horizon	NJ Health		63043				22078.09	67890.08	case rate	
NON-BACTERIAL INFECTIONS OF NERVOUS SYSTEM EXC VIRAL MENINGITIS	0501	APR-DRG	inpatient					Horizon	NJ Health		8902				8902	63289.31	case rate	
NON-BACTERIAL INFECTIONS OF NERVOUS SYSTEM EXC VIRAL MENINGITIS	0502	APR-DRG	inpatient					Horizon	NJ Health		16810				16331.79	48425.29	case rate	
NON-BACTERIAL INFECTIONS OF NERVOUS SYSTEM EXC VIRAL MENINGITIS	0503	APR-DRG	inpatient					Horizon	NJ Health		27418				27418	96100.44	case rate	
NON-BACTERIAL INFECTIONS OF NERVOUS SYSTEM EXC VIRAL MENINGITIS	0504	APR-DRG	inpatient					Horizon	NJ Health		56681				20399.68	64868.36	case rate	
VIRAL MENINGITIS	0511	APR-DRG	inpatient					Horizon	NJ Health		7655				7655	69286.68	case rate	
VIRAL MENINGITIS	0512	APR-DRG	inpatient					Horizon	NJ Health		10564				10564	57089.4	case rate	
VIRAL MENINGITIS	0513	APR-DRG	inpatient					Horizon	NJ Health		18516				18516	61496.48	case rate	
VIRAL MENINGITIS	0514	APR-DRG	inpatient					Horizon	NJ Health		37758				12301.7	40660.37	case rate	
NONTRAUMATIC STUPOR & COMA	0521	APR-DRG	inpatient					Horizon	NJ Health		7692				7692	51992.36	case rate	
NONTRAUMATIC STUPOR & COMA	0522	APR-DRG	inpatient					Horizon	NJ Health		9003				9003	36648.78	case rate	
NONTRAUMATIC STUPOR & COMA	0523	APR-DRG	inpatient					Horizon	NJ Health		12133				12133	13065.76	case rate	
NONTRAUMATIC STUPOR & COMA	0524	APR-DRG	inpatient					Horizon	NJ Health		31070				31070	33458.85	case rate	
SEIZURE	0531	APR-DRG	inpatient					Horizon	NJ Health		7199				7199	7752.84	case rate	
SEIZURE	0532	APR-DRG	inpatient					Horizon	NJ Health		8546				8546	9203.38	case rate	
SEIZURE	0533	APR-DRG	inpatient					Horizon	NJ Health		12781				12781	57404.46	case rate	
SEIZURE	0534	APR-DRG	inpatient					Horizon	NJ Health		32167				9567.33	34640.29	case rate	
MIGRAINE & OTHER HEADACHES	0541	APR-DRG	inpatient					Horizon	NJ Health		7723				7723	33107.43	case rate	
MIGRAINE & OTHER HEADACHES	0542	APR-DRG	inpatient					Horizon	NJ Health		8903				8903	68461.53	case rate	
MIGRAINE & OTHER HEADACHES	0543	APR-DRG	inpatient					Horizon	NJ Health		10889				10889	40226.26	case rate	
MIGRAINE & OTHER HEADACHES	0544	APR-DRG	inpatient					Horizon	NJ Health		20576				9065.34	29945.59	case rate	
HEAD TRAUMA W COMA >1 HR OR HEMORRHAGE	0551	APR-DRG	inpatient					Horizon	NJ Health		9165				9165	59696.14	case rate	
HEAD TRAUMA W COMA >1 HR OR HEMORRHAGE	0552	APR-DRG	inpatient					Horizon	NJ Health		12222				11413.47	33793.81	case rate	
HEAD TRAUMA W COMA >1 HR OR HEMORRHAGE	0553	APR-DRG	inpatient					Horizon	NJ Health		19541				15963.27	46418.66	case rate	
HEAD TRAUMA W COMA >1 HR OR HEMORRHAGE	0554	APR-DRG	inpatient					Horizon	NJ Health		43987				9706.71	47368.4	case rate	
BRAIN CONTUSION/LACERATION & COMPLICATED SKULL FX, COMA < 1 HR OR NO COMA	0561	APR-DRG	inpatient					Horizon	NJ Health		9211				9211	28359.04	case rate	
BRAIN CONTUSION/LACERATION & COMPLICATED SKULL FX, COMA < 1 HR OR NO COMA	0562	APR-DRG	inpatient					Horizon	NJ Health		12507				12507	52813.61	case rate	
BRAIN CONTUSION/LACERATION & COMPLICATED SKULL FX, COMA < 1 HR OR NO COMA	0563	APR-DRG	inpatient					Horizon	NJ Health		20695				10578.4	31434.62	case rate	
BRAIN CONTUSION/LACERATION & COMPLICATED SKULL FX, COMA < 1 HR OR NO COMA	0564	APR-DRG	inpatient					Horizon	NJ Health		50452				18448.41	58968.51	case rate	
CONCUSSION, CLOSED SKULL FX NOS,UNCOMPLICATED INTRACRANIAL INJURY, COMA < 1	0571	APR-DRG	inpatient					Horizon	NJ Health		9078				9078	63870.67	case rate	
CONCUSSION, CLOSED SKULL FX NOS,UNCOMPLICATED INTRACRANIAL INJURY, COMA < 1	0572	APR-DRG	inpatient					Horizon	NJ Health		11401				11401	44205.75	case rate	
CONCUSSION, CLOSED SKULL FX NOS,UNCOMPLICATED INTRACRANIAL INJURY, COMA < 1	0573	APR-DRG	inpatient					Horizon	NJ Health		16091				16091	196998.01	case rate	
CONCUSSION, CLOSED SKULL FX NOS,UNCOMPLICATED INTRACRANIAL INJURY, COMA < 1	0574	APR-DRG	inpatient					Horizon	NJ Health		36864				36864	114242.57	case rate	
OTHER DISORDERS OF NERVOUS SYSTEM	0581	APR-DRG	inpatient					Horizon	NJ Health		8609				8609	46373.65	case rate	
OTHER DISORDERS OF NERVOUS SYSTEM	0582	APR-DRG	inpatient					Horizon	NJ Health		10681				10681	58867.24	case rate	
OTHER DISORDERS OF NERVOUS SYSTEM	0583	APR-DRG	inpatient					Horizon	NJ Health		14701				14701	51688.4	case rate	
OTHER DISORDERS OF NERVOUS SYSTEM	0584	APR-DRG	inpatient					Horizon	NJ Health		33925				23134.04	70190.6	case rate	
ORBITAL PROCEDURES	0701	APR-DRG	inpatient					Horizon	NJ Health		13298				13298	14320.64	case rate	
ORBITAL PROCEDURES	0702	APR-DRG	inpatient					Horizon	NJ Health		18378				18378	19791.06	case rate	
ORBITAL PROCEDURES	0703	APR-DRG	inpatient					Horizon	NJ Health		30143				30143	32460.14	case rate	
ORBITAL PROCEDURES	0704	APR-DRG	inpatient					Horizon	NJ Health		74741				74741	80486.74	case rate	
EYE PROCEDURES EXCEPT ORBIT	0731	APR-DRG	inpatient					Horizon	NJ Health		11501				11501	12385.56	case rate	
EYE PROCEDURES EXCEPT ORBIT	0732	APR-DRG	inpatient					Horizon	NJ Health		13595				13595	14640.17	case rate	
EYE PROCEDURES EXCEPT ORBIT	0733	APR-DRG	inpatient					Horizon	NJ Health		22722				22722	24468.41	case rate	
EYE PROCEDURES EXCEPT ORBIT	0734	APR-DRG	inpatient					Horizon	NJ Health		49132				25673.52	86487.39	case rate	
ACUTE MAJOR EYE INFECTIONS	0801	APR-DRG	inpatient					Horizon	NJ Health		5977				5977	58372.14	case rate	
ACUTE MAJOR EYE INFECTIONS	0802	APR-DRG	inpatient					Horizon	NJ Health		8199				8199	125543.43	case rate	
ACUTE MAJOR EYE INFECTIONS	0803	APR-DRG	inpatient					Horizon	NJ Health		13379				13379	64590.8	case rate	
ACUTE MAJOR EYE INFECTIONS	0804	APR-DRG	inpatient					Horizon	NJ Health		22934				14296.66	46152.36	case rate	
EYE DISORDERS EXCEPT MAJOR INFECTIONS	0821	APR-DRG	inpatient					Horizon	NJ Health		6969				6969	89803.01	case rate	
EYE DISORDERS EXCEPT MAJOR INFECTIONS	0822	APR-DRG	inpatient					Horizon	NJ Health		8721				8721	45375.97	case rate	
EYE DISORDERS EXCEPT MAJOR INFECTIONS	0823	APR-DRG	inpatient					Horizon	NJ Health		12547				12547	169704.17	case rate	
EYE DISORDERS EXCEPT MAJOR INFECTIONS	0824	APR-DRG	inpatient					Horizon	NJ Health		22652				22652	82305.36	case rate	
MAJOR CRANIAL/FACIAL BONE PROCEDURES	0891	APR-DRG	inpatient					Horizon	NJ Health		22650				22650	24391	case rate	
MAJOR CRANIAL/FACIAL BONE PROCEDURES	0892	APR-DRG	inpatient					Horizon	NJ Health		29456				29456	31720.46	case rate	
MAJOR CRANIAL/FACIAL BONE PROCEDURES	0893	APR-DRG	inpatient					Horizon	NJ Health		49230				49230	53014.63	case rate	
MAJOR CRANIAL/FACIAL BONE PROCEDURES	0894	APR-DRG	inpatient					Horizon	NJ Health		87865				2010	94620.59	case rate	
MAJOR LARYNX & TRACHEA PROCEDURES	0901	APR-DRG	inpatient					Horizon	NJ Health		13124				13124	187465	case rate	
MAJOR LARYNX & TRACHEA PROCEDURES	0902	APR-DRG	inpatient					Horizon	NJ Health		34214				22261.17	72028.44	case rate	
MAJOR LARYNX & TRACHEA PROCEDURES	0903	APR-DRG	inpatient					Horizon	NJ Health		52401				14664	56429.51	case rate	
MAJOR LARYNX & TRACHEA PROCEDURES	0904	APR-DRG	inpatient					Horizon	NJ Health		101494				38460.67	120997.58	case rate	
OTHER MAJOR HEAD & NECK PROCEDURES	0911	APR-DRG	inpatient					Horizon	NJ Health		19189				19189	20663.86	case rate	
OTHER MAJOR HEAD & NECK PROCEDURES	0912	APR-DRG	inpatient					Horizon	NJ Health		29074				29074	31309.74	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.																
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true															
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
OTHER MAJOR HEAD & NECK PROCEDURES	0913	APR-DRG	inpatient					Horizon	NJ Health		69862				17652.32	55206.55	case rate	
OTHER MAJOR HEAD & NECK PROCEDURES	0914	APR-DRG	inpatient					Horizon	NJ Health		78711				10721.32	84762.6	case rate	
FACIAL BONE PROCEDURES EXCEPT MAJOR CRANIAL/FACIAL BONE PROCEDURES	0921	APR-DRG	inpatient					Horizon	NJ Health		15846				8242.08	26502.45	case rate	
FACIAL BONE PROCEDURES EXCEPT MAJOR CRANIAL/FACIAL BONE PROCEDURES	0922	APR-DRG	inpatient					Horizon	NJ Health		22090				20609.92	58450.91	case rate	
FACIAL BONE PROCEDURES EXCEPT MAJOR CRANIAL/FACIAL BONE PROCEDURES	0923	APR-DRG	inpatient					Horizon	NJ Health		34899				11946.17	37582.48	case rate	
FACIAL BONE PROCEDURES EXCEPT MAJOR CRANIAL/FACIAL BONE PROCEDURES	0924	APR-DRG	inpatient					Horizon	NJ Health		69354				69354	74685.69	case rate	
SINUS & MASTOID PROCEDURES	0931	APR-DRG	inpatient					Horizon	NJ Health		15747				15747	16957.23	case rate	
SINUS & MASTOID PROCEDURES	0932	APR-DRG	inpatient					Horizon	NJ Health		19403				19403	20894.9	case rate	
SINUS & MASTOID PROCEDURES	0933	APR-DRG	inpatient					Horizon	NJ Health		33318				33318	107281.27	case rate	
SINUS & MASTOID PROCEDURES	0934	APR-DRG	inpatient					Horizon	NJ Health		54073				24715.61	68769.08	case rate	
CLEFT LIP & PALATE REPAIR	0951	APR-DRG	inpatient					Horizon	NJ Health		10657				6968.8	29945.59	case rate	
CLEFT LIP & PALATE REPAIR	0952	APR-DRG	inpatient					Horizon	NJ Health		12377				12377	13328.21	case rate	
CLEFT LIP & PALATE REPAIR	0953	APR-DRG	inpatient					Horizon	NJ Health		18969				18969	20427.65	case rate	
CLEFT LIP & PALATE REPAIR	0954	APR-DRG	inpatient					Horizon	NJ Health		39149				39149	42158.67	case rate	
TONSIL & ADENOID PROCEDURES	0971	APR-DRG	inpatient					Horizon	NJ Health		6448				6448	6943.23	case rate	
TONSIL & ADENOID PROCEDURES	0972	APR-DRG	inpatient					Horizon	NJ Health		9898				9898	10658.44	case rate	
TONSIL & ADENOID PROCEDURES	0973	APR-DRG	inpatient					Horizon	NJ Health		19233				19233	20711.44	case rate	
TONSIL & ADENOID PROCEDURES	0974	APR-DRG	inpatient					Horizon	NJ Health		64977				34448.3	102131.56	case rate	
OTHER EAR, NOSE, MOUTH & THROAT PROCEDURES	0981	APR-DRG	inpatient					Horizon	NJ Health		11302				11302	163924.34	case rate	
OTHER EAR, NOSE, MOUTH & THROAT PROCEDURES	0982	APR-DRG	inpatient					Horizon	NJ Health		14901				14901	92000.92	case rate	
OTHER EAR, NOSE, MOUTH & THROAT PROCEDURES	0983	APR-DRG	inpatient					Horizon	NJ Health		23981				19314.2	58852.23	case rate	
OTHER EAR, NOSE, MOUTH & THROAT PROCEDURES	0984	APR-DRG	inpatient					Horizon	NJ Health		50018				50018	53863.67	case rate	
EAR, NOSE, MOUTH, THROAT, CRANIAL/FACIAL MALIGNANCIES	1101	APR-DRG	inpatient					Horizon	NJ Health		8851				8851	9531.76	case rate	
EAR, NOSE, MOUTH, THROAT, CRANIAL/FACIAL MALIGNANCIES	1102	APR-DRG	inpatient					Horizon	NJ Health		11364				11364	12238.13	case rate	
EAR, NOSE, MOUTH, THROAT, CRANIAL/FACIAL MALIGNANCIES	1103	APR-DRG	inpatient					Horizon	NJ Health		18375				18375	19787.82	case rate	
EAR, NOSE, MOUTH, THROAT, CRANIAL/FACIAL MALIGNANCIES	1104	APR-DRG	inpatient					Horizon	NJ Health		33622				33622	36206.95	case rate	
VERTIGO & OTHER LABYRINTH DISORDERS	1111	APR-DRG	inpatient					Horizon	NJ Health		7218				7218	7772.98	case rate	
VERTIGO & OTHER LABYRINTH DISORDERS	1112	APR-DRG	inpatient					Horizon	NJ Health		8003				8003	8618.71	case rate	
VERTIGO & OTHER LABYRINTH DISORDERS	1113	APR-DRG	inpatient					Horizon	NJ Health		10031				10031	10802.46	case rate	
VERTIGO & OTHER LABYRINTH DISORDERS	1114	APR-DRG	inpatient					Horizon	NJ Health		21009				21009	22623.77	case rate	
INFECTIONS OF UPPER RESPIRATORY TRACT	1131	APR-DRG	inpatient					Horizon	NJ Health		4350				4350	4684.18	case rate	
INFECTIONS OF UPPER RESPIRATORY TRACT	1132	APR-DRG	inpatient					Horizon	NJ Health		6338				6338	6824.6	case rate	
INFECTIONS OF UPPER RESPIRATORY TRACT	1133	APR-DRG	inpatient					Horizon	NJ Health		9861				9861	10619.37	case rate	
INFECTIONS OF UPPER RESPIRATORY TRACT	1134	APR-DRG	inpatient					Horizon	NJ Health		20790				20790	22388.49	case rate	
DENTAL & ORAL DISEASES & INJURIES	1141	APR-DRG	inpatient					Horizon	NJ Health		6284				6284	6767.52	case rate	
DENTAL & ORAL DISEASES & INJURIES	1142	APR-DRG	inpatient					Horizon	NJ Health		8807				8807	9484.49	case rate	
DENTAL & ORAL DISEASES & INJURIES	1143	APR-DRG	inpatient					Horizon	NJ Health		14785				14785	15921.47	case rate	
DENTAL & ORAL DISEASES & INJURIES	1144	APR-DRG	inpatient					Horizon	NJ Health		30833				30833	33203.51	case rate	
OTHER EAR, NOSE, MOUTH,THROAT & CRANIAL/FACIAL DIAGNOSES	1151	APR-DRG	inpatient					Horizon	NJ Health		6456				6456	6952.83	case rate	
OTHER EAR, NOSE, MOUTH,THROAT & CRANIAL/FACIAL DIAGNOSES	1152	APR-DRG	inpatient					Horizon	NJ Health		8595				8595	9256.22	case rate	
OTHER EAR, NOSE, MOUTH,THROAT & CRANIAL/FACIAL DIAGNOSES	1153	APR-DRG	inpatient					Horizon	NJ Health		12841				12841	13828.63	case rate	
OTHER EAR, NOSE, MOUTH,THROAT & CRANIAL/FACIAL DIAGNOSES	1154	APR-DRG	inpatient					Horizon	NJ Health		26354				26354	28380.49	case rate	
MAJOR RESPIRATORY & CHEST PROCEDURES	1201	APR-DRG	inpatient					Horizon	NJ Health		24527				24527	26412.25	case rate	
MAJOR RESPIRATORY & CHEST PROCEDURES	1202	APR-DRG	inpatient					Horizon	NJ Health		29708				29708	31992.23	case rate	
MAJOR RESPIRATORY & CHEST PROCEDURES	1203	APR-DRG	inpatient					Horizon	NJ Health		43260				43260	46586.41	case rate	
MAJOR RESPIRATORY & CHEST PROCEDURES	1204	APR-DRG	inpatient					Horizon	NJ Health		74599				74599	80334.22	case rate	
OTHER RESPIRATORY & CHEST PROCEDURES	1211	APR-DRG	inpatient					Horizon	NJ Health		16608				16608	17884.72	case rate	
OTHER RESPIRATORY & CHEST PROCEDURES	1212	APR-DRG	inpatient					Horizon	NJ Health		21513				21513	23166.5	case rate	
OTHER RESPIRATORY & CHEST PROCEDURES	1213	APR-DRG	inpatient					Horizon	NJ Health		33806				33806	36405.29	case rate	
OTHER RESPIRATORY & CHEST PROCEDURES	1214	APR-DRG	inpatient					Horizon	NJ Health		64612				64612	69579.33	case rate	
RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT 96+ HOURS	1301	APR-DRG	inpatient					Horizon	NJ Health		37405				37405	40280.42	case rate	
RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT 96+ HOURS	1302	APR-DRG	inpatient					Horizon	NJ Health		41502				41502	44692.54	case rate	
RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT 96+ HOURS	1303	APR-DRG	inpatient					Horizon	NJ Health		51405				51405	55357.27	case rate	
RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT 96+ HOURS	1304	APR-DRG	inpatient					Horizon	NJ Health		70600				70600	76027.5	case rate	
CYSTIC FIBROSIS - PULMONARY DISEASE	1311	APR-DRG	inpatient					Horizon	NJ Health		18862				18862	20311.71	case rate	
CYSTIC FIBROSIS - PULMONARY DISEASE	1312	APR-DRG	inpatient					Horizon	NJ Health		23276				23276	25065.27	case rate	
CYSTIC FIBROSIS - PULMONARY DISEASE	1313	APR-DRG	inpatient					Horizon	NJ Health		30203				30203	32524.9	case rate	
CYSTIC FIBROSIS - PULMONARY DISEASE	1314	APR-DRG	inpatient					Horizon	NJ Health		38848				38848	41834.23	case rate	
BPD & OTH CHRONIC RESPIRATORY DISEASES ARISING IN PERINATAL PERIOD	1321	APR-DRG	inpatient					Horizon	NJ Health		7464				7464	8038.3	case rate	
BPD & OTH CHRONIC RESPIRATORY DISEASES ARISING IN PERINATAL PERIOD	1322	APR-DRG	inpatient					Horizon	NJ Health		8338				8338	8978.53	case rate	
BPD & OTH CHRONIC RESPIRATORY DISEASES ARISING IN PERINATAL PERIOD	1323	APR-DRG	inpatient					Horizon	NJ Health		12887				12887	13877.95	case rate	
BPD & OTH CHRONIC RESPIRATORY DISEASES ARISING IN PERINATAL PERIOD	1324	APR-DRG	inpatient					Horizon	NJ Health		21456				21456	23105.07	case rate	
RESPIRATORY FAILURE	1331	APR-DRG	inpatient					Horizon	NJ Health		5548				5548	5974.91	case rate	
RESPIRATORY FAILURE	1332	APR-DRG	inpatient					Horizon	NJ Health		9704				9704	10450.49	case rate	
RESPIRATORY FAILURE	1333	APR-DRG	inpatient					Horizon	NJ Health		14743				14743	15876.95	case rate	
RESPIRATORY FAILURE	1334	APR-DRG	inpatient					Horizon	NJ Health		26856				26856	28920.91	case rate	
PULMONARY EMBOLISM	1341	APR-DRG	inpatient					Horizon	NJ Health		8819				8819	9496.78	case rate	
PULMONARY EMBOLISM	1342	APR-DRG	inpatient					Horizon	NJ Health		11442				11442	12321.55	case rate	
PULMONARY EMBOLISM	1343	APR-DRG	inpatient					Horizon	NJ Health		16702				16702	17986.06	case rate	
PULMONARY EMBOLISM	1344	APR-DRG	inpatient					Horizon	NJ Health		28982				28982	31210.71	case rate	
MAJOR CHEST & RESPIRATORY TRAUMA	1351	APR-DRG	inpatient					Horizon	NJ Health		9241				9241	9951.84	case rate	
MAJOR CHEST & RESPIRATORY TRAUMA	1352	APR-DRG	inpatient					Horizon	NJ Health		11597				11597	12477.76	case rate	
MAJOR CHEST & RESPIRATORY TRAUMA	1353	APR-DRG	inpatient					Horizon	NJ Health		16911				16911	18211.01	case rate	
MAJOR CHEST & RESPIRATORY TRAUMA	1354	APR-DRG	inpatient					Horizon	NJ Health		31897				31897	34349.11	case rate	
RESPIRATORY MALIGNANCY	1361	APR-DRG	inpatient					Horizon	NJ Health		9462				9462	10189.89	case rate	
RESPIRATORY MALIGNANCY	1362	APR-DRG	inpatient					Horizon	NJ Health		12022				12022	12945.75	case rate	
RESPIRATORY MALIGNANCY	1363	APR-DRG	inpatient					Horizon	NJ Health		18183				18183	19580.53	case rate	
RESPIRATORY MALIGNANCY	1364	APR-DRG	inpatient					Horizon	NJ Health		29481				29481	31747.99	case rate	
MAJOR RESPIRATORY INFECTIONS & INFLAMMATIONS	1371	APR-DRG	inpatient					Horizon	NJ Health		8651				8651	9316.55	case rate	
MAJOR RESPIRATORY INFECTIONS & INFLAMMATIONS	1372	APR-DRG	inpatient					Horizon	NJ Health		11179				11179	12038.22	case rate	
MAJOR RESPIRATORY INFECTIONS & INFLAMMATIONS	1373	APR-DRG	inpatient					Horizon	NJ Health		16604				16604	17881.03	case rate	
MAJOR RESPIRATORY INFECTIONS & INFLAMMATIONS	1374	APR-DRG	inpatient					Horizon	NJ Health		28111				28111	30272.5	case rate	
BRONCHIOLITIS & RSV PNEUMONIA	1381	APR-DRG	inpatient					Horizon	NJ Health		4020				4020	4329.36	case rate	
BRONCHIOLITIS & RSV PNEUMONIA	1382	APR-DRG	inpatient					Horizon	NJ Health		6085				6085	6553.01	case rate	
BRONCHIOLITIS & RSV PNEUMONIA	1383	APR-DRG	inpatient					Horizon	NJ Health		14566				14566	15685.36	case rate	
BRONCHIOLITIS & RSV PNEUMONIA	1384	APR-DRG	inpatient					Horizon	NJ Health		36213				36213	38997.45	case rate	
OTHER PNEUMONIA	1391	APR-DRG	inpatient					Horizon	NJ Health		5909				5909	6362.8	case rate	
OTHER PNEUMONIA	1392	APR-DRG	inpatient					Horizon	NJ Health		8299				8299	8936.96	case rate	
OTHER PNEUMONIA	1393	APR-DRG	inpatient					Horizon	NJ Health		13040				13040	14042.21	case rate	
OTHER PNEUMONIA	1394	APR-DRG	inpatient					Horizon	NJ Health		25085				25085	27013.46	case rate	
CHRONIC OBSTRUCTIVE PULMONARY DISEASE	1401	APR-DRG	inpatient					Horizon	NJ Health		6847				6847	7373.53	case rate	
CHRONIC OBSTRUCTIVE PULMONARY DISEASE	1402	APR-DRG	inpatient					Horizon	NJ Health		8549				8549	9206.24	case rate	
CHRONIC OBSTRUCTIVE PULMONARY DISEASE	1403	APR-DRG	inpatient					Horizon	NJ Health		11669				11669	12565.71	case rate	
CHRONIC OBSTRUCTIVE PULMONARY DISEASE	1404	APR-DRG	inpatient					Horizon	NJ Health		22671				22671	24413.63	case rate	
ASTHMA	1411	APR-DRG	inpatient					Horizon	NJ Health		5245				5245	5648.53	case rate	
ASTHMA	1412	APR-DRG	inpatient					Horizon	NJ Health		7518				7518	8095.75	case rate	
ASTHMA	1413	APR-DRG	inpatient					Horizon	NJ Health		10774				10774	11602.56	case rate	
ASTHMA	1414	APR-DRG	inpatient					Horizon	NJ Health		20371				20371	21936.85	case rate	
INTERSTITIAL & ALVEOLAR LUNG DISEASES	1421	APR-DRG	inpatient					Horizon	NJ Health		8787				8787	9462.14	case rate	
INTERSTITIAL & ALVEOLAR LUNG DISEASES	1422	APR-DRG	inpatient					Horizon	NJ Health		10686				10686	11507.69	case rate	
INTERSTITIAL & ALVEOLAR LUNG DISEASES	1423	APR-DRG	inpatient					Horizon	NJ Health		15463				15463	16651.36	case rate	
INTERSTITIAL & ALVEOLAR LUNG DISEASES	1424	APR-DRG	inpatient					Horizon	NJ Health		27365				27365	29468.34	case rate	
OTHER RESPIRATORY DIAGNOSES EXCEPT SIGNS, SYMPTOMS & MINOR DIAGNOSES	1431	APR-DRG	inpatient					Horizon	NJ Health		6532				6532	7033.94	case rate	
OTHER RESPIRATORY DIAGNOSES EXCEPT SIGNS, SYMPTOMS & MINOR DIAGNOSES	1432	APR-DRG	inpatient					Horizon	NJ Health		9588				9588	10325.42	case rate	
OTHER RESPIRATORY DIAGNOSES EXCEPT SIGNS, SYMPTOMS & MINOR DIAGNOSES	1433	APR-DRG	inpatient					Horizon	NJ Health		14757				14757	15891.91	case rate	
OTHER RESPIRATORY DIAGNOSES EXCEPT SIGNS, SYMPTOMS & MINOR DIAGNOSES	1434	APR-DRG	inpatient					Horizon	NJ Health		25148				25148	27081.82	case rate	
RESPIRATORY SIGNS, SYMPTOMS & MINOR DIAGNOSES	1441	APR-DRG	inpatient					Horizon	NJ Health		6398				6398	6889.83	case rate	
RESPIRATORY SIGNS, SYMPTOMS & MINOR DIAGNOSES	1442	APR-DRG	inpatient					Horizon	NJ Health		7748				7748	8343.89	case rate	
RESPIRATORY SIGNS, SYMPTOMS & MINOR DIAGNOSES	1443	APR-DRG	inpatient					Horizon	NJ Health		10952				10952	11793.7	case rate	
RESPIRATORY SIGNS, SYMPTOMS & MINOR DIAGNOSES	1444	APR-DRG	inpatient					Horizon	NJ Health		19209				19209	20685.84	case rate	
MAJOR CARDIOTHORACIC REPAIR OF HEART ANOMALY	1601	APR-DRG	inpatient					Horizon	NJ Health		41050				41050	44206.17	case rate	
MAJOR CARDIOTHORACIC REPAIR OF HEART ANOMALY	1602	APR-DRG	inpatient					Horizon	NJ Health		47891				47891	51572.49	case rate	
MAJOR CARDIOTHORACIC REPAIR OF HEART ANOMALY	1603	APR-DRG	inpatient					Horizon	NJ Health		72513				72513	78088.11	case rate	
MAJOR CARDIOTHORACIC REPAIR OF HEART ANOMALY	1604	APR-DRG	inpatient					Horizon	NJ Health		161489				161489	173904.73	case rate	
CARDIAC DEFIBRILLATOR & HEART ASSIST IMPLANT	1611	APR-DRG	inpatient					Horizon	NJ Health		55575				55575	59847.73	case rate	
CARDIAC DEFIBRILLATOR & HEART ASSIST IMPLANT	1612	APR-DRG	inpatient					Horizon	NJ Health		71747				71747	77263.26	case rate	
CARDIAC DEFIBRILLATOR & HEART ASSIST IMPLANT	1613	APR-DRG	inpatient					Horizon	NJ Health		115388				115388	124259.55	case rate	
CARDIAC DEFIBRILLATOR & HEART ASSIST IMPLANT	1614	APR-DRG	inpatient					Horizon	NJ Health		276875				276875	298161.52	case rate	
CARDIAC VALVE PROCEDURES W AMI OR COMPLEX PDX	1621	APR-DRG	inpatient					Horizon	NJ Health		59545				59545	64122.58	case rate	
CARDIAC VALVE PROCEDURES W AMI OR COMPLEX PDX	1622	APR-DRG	inpatient					Horizon	NJ Health		66087				66087	71168.35	case rate	
CARDIAC VALVE PROCEDURES W AMI OR COMPLEX PDX	1623	APR-DRG	inpatient					Horizon	NJ Health		87462				87462	94186.4	case rate	
CARDIAC VALVE PROCEDURES W AMI OR COMPLEX PDX	1624	APR-DRG	inpatient					Horizon	NJ Health		137565				137565	148140.99	case rate	
CARDIAC VALVE PROCEDURES W/O AMI OR COMPLEX PDX	1631	APR-DRG	inpatient					Horizon	NJ Health		49133				49133	52910.79	case rate	
CARDIAC VALVE PROCEDURES W/O AMI OR COMPLEX PDX	1632	APR-DRG	inpatient					Horizon	NJ Health		56454				56454	60794.71	case rate	
CARDIAC VALVE PROCEDURES W/O AMI OR COMPLEX PDX	1633	APR-DRG	inpatient					Horizon	NJ Health		72398				72398	77964.42	case rate	
CARDIAC VALVE PROCEDURES W/O AMI OR COMPLEX PDX	1634	APR-DRG	inpatient					Horizon	NJ Health		116652				116652	125620.85	case rate	
CORONARY BYPASS W AMI OR COMPLEX PDX	1651	APR-DRG	inpatient					Horizon	NJ Health		51447				51447	55402.07	case rate	
CORONARY BYPASS W AMI OR COMPLEX PDX	1652	APR-DRG	inpatient					Horizon	NJ Health		55329				55329	59592.98	case rate	
CORONARY BYPASS W AMI OR COMPLEX PDX	1653	APR-DRG	inpatient					Horizon	NJ Health		70343				70343	75751.47	case rate	
CORONARY BYPASS W AMI OR COMPLEX PDX	1654	APR-DRG	inpatient					Horizon	NJ Health		104716				104716	112766.74	case rate	
CORONARY BYPASS W/O AMI OR COMPLEX PDX	1661	APR-DRG	inpatient					Horizon	NJ Health		42535				42535	45804.7	case rate	
CORONARY BYPASS W/O AMI OR COMPLEX PDX	1662	APR-DRG	inpatient					Horizon	NJ Health		48203				48203	51909.12	case rate	
CORONARY BYPASS W/O AMI OR COMPLEX PDX	1663	APR-DRG	inpatient					Horizon	NJ Health		60209				60209	64838.43	case rate	
CORONARY BYPASS W/O AMI OR COMPLEX PDX	1664	APR-DRG	inpatient					Horizon	NJ Health		91627				91627	98670.95	case rate	
OTHER CARDIOTHORACIC & THORACIC VASCULAR PROCEDURES	1671	APR-DRG	inpatient					Horizon	NJ Health		39953				39953	43024.36	case rate	
OTHER CARDIOTHORACIC & THORACIC VASCULAR PROCEDURES	1672	APR-DRG	inpatient					Horizon	NJ Health		44533				44533	47956.67	case rate	
OTHER CARDIOTHORACIC & THORACIC VASCULAR PROCEDURES	1673	APR-DRG	inpatient					Horizon	NJ Health		60684				60684	65349.94	case rate	
OTHER CARDIOTHORACIC & THORACIC VASCULAR PROCEDURES	1674	APR-DRG	inpatient					Horizon	NJ Health		106363				106363	114540.7	case rate	
MAJOR ABDOMINAL VASCULAR PROCEDURES	1691	APR-DRG	inpatient					Horizon	NJ Health		22890				22890	24660.3	case rate	
MAJOR ABDOMINAL VASCULAR PROCEDURES	1692	APR-DRG	inpatient					Horizon	NJ Health		30248				30248	32573.67	case rate	
MAJOR ABDOMINAL VASCULAR PROCEDURES	1693	APR-DRG	inpatient					Horizon	NJ Health		49012				49012	52780.43	case rate	
MAJOR ABDOMINAL VASCULAR PROCEDURES	1694	APR-DRG	inpatient					Horizon	NJ Health		89078				89078	95926.45	case rate	
PERMANENT CARDIAC PACEMAKER IMPLANT W AMI, HEART FAILURE OR SHOCK	1701	APR-DRG	inpatient					Horizon	NJ Health		31324				31324	33732.76	case rate	
PERMANENT CARDIAC PACEMAKER IMPLANT W AMI, HEART FAILURE OR SHOCK	1702	APR-DRG	inpatient					Horizon	NJ Health		33414				33414	35983.39	case rate	
PERMANENT CARDIAC PACEMAKER IMPLANT W AMI, HEART FAILURE OR SHOCK	1703	APR-DRG	inpatient					Horizon	NJ Health		41035				41035	44190.09	case rate	
PERMANENT CARDIAC PACEMAKER IMPLANT W AMI, HEART FAILURE OR SHOCK	1704	APR-DRG	inpatient					Horizon	NJ Health		65599				65599	70642.81	case rate	
PERM CARDIAC PACEMAKER IMPLANT W/O AMI, HEART FAILURE OR SHOCK	1711	APR-DRG	inpatient					Horizon	NJ Health		21643				21643	23307.2	case rate	
PERM CARDIAC PACEMAKER IMPLANT W/O AMI, HEART FAILURE OR SHOCK	1712	APR-DRG	inpatient					Horizon	NJ Health		24732				24732	26633.23	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101191	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
PERM CARDIAC PACEMAKER IMPLANT W/O AMI, HEART FAILURE OR SHOCK	1713	APR-DRG	inpatient					Horizon	NJ Health		31464				31464	33892.96	case rate	
PERM CARDIAC PACEMAKER IMPLANT W/O AMI, HEART FAILURE OR SHOCK	1714	APR-DRG	inpatient					Horizon	NJ Health		52404				52404	56433.39	case rate	
PERCUTANEOUS CORONARY INTERVENTION W AMI	1741	APR-DRG	inpatient					Horizon	NJ Health		25889				25889	27878.96	case rate	
PERCUTANEOUS CORONARY INTERVENTION W AMI	1742	APR-DRG	inpatient					Horizon	NJ Health		27884				27884	30028.17	case rate	
PERCUTANEOUS CORONARY INTERVENTION W AMI	1743	APR-DRG	inpatient					Horizon	NJ Health		35243				35243	37952.73	case rate	
PERCUTANEOUS CORONARY INTERVENTION W AMI	1744	APR-DRG	inpatient					Horizon	NJ Health		57385				57385	61797.3	case rate	
PERCUTANEOUS CORONARY INTERVENTION W/O AMI	1751	APR-DRG	inpatient					Horizon	NJ Health		25738				25738	27717.29	case rate	
PERCUTANEOUS CORONARY INTERVENTION W/O AMI	1752	APR-DRG	inpatient					Horizon	NJ Health		28370				28370	30551.03	case rate	
PERCUTANEOUS CORONARY INTERVENTION W/O AMI	1753	APR-DRG	inpatient					Horizon	NJ Health		36010				36010	38778.88	case rate	
PERCUTANEOUS CORONARY INTERVENTION W/O AMI	1754	APR-DRG	inpatient					Horizon	NJ Health		67634				67634	72833.39	case rate	
CARDIAC PACEMAKER & DEFIBRILLATOR DEVICE REPLACEMENT	1761	APR-DRG	inpatient					Horizon	NJ Health		20331				20331	21893.89	case rate	
CARDIAC PACEMAKER & DEFIBRILLATOR DEVICE REPLACEMENT	1762	APR-DRG	inpatient					Horizon	NJ Health		38672				38672	41660.47	case rate	
CARDIAC PACEMAKER & DEFIBRILLATOR DEVICE REPLACEMENT	1763	APR-DRG	inpatient					Horizon	NJ Health		40504				40504	43617.99	case rate	
CARDIAC PACEMAKER & DEFIBRILLATOR DEVICE REPLACEMENT	1764	APR-DRG	inpatient					Horizon	NJ Health		64315				64315	69259.61	case rate	
CARDIAC PACEMAKER & DEFIBRILLATOR REVISION EXCEPT DEVICE REPLACEMENT	1771	APR-DRG	inpatient					Horizon	NJ Health		16746				16746	18033.27	case rate	
CARDIAC PACEMAKER & DEFIBRILLATOR REVISION EXCEPT DEVICE REPLACEMENT	1772	APR-DRG	inpatient					Horizon	NJ Health		21677				21677	23343.23	case rate	
CARDIAC PACEMAKER & DEFIBRILLATOR REVISION EXCEPT DEVICE REPLACEMENT	1773	APR-DRG	inpatient					Horizon	NJ Health		30739				30739	33102.26	case rate	
CARDIAC PACEMAKER & DEFIBRILLATOR REVISION EXCEPT DEVICE REPLACEMENT	1774	APR-DRG	inpatient					Horizon	NJ Health		62158				62158	66936.46	case rate	
OTHER CIRCULATORY SYSTEM PROCEDURES	1801	APR-DRG	inpatient					Horizon	NJ Health		16196				16196	17440.74	case rate	
OTHER CIRCULATORY SYSTEM PROCEDURES	1802	APR-DRG	inpatient					Horizon	NJ Health		20464				20464	22037.45	case rate	
OTHER CIRCULATORY SYSTEM PROCEDURES	1803	APR-DRG	inpatient					Horizon	NJ Health		31361				31361	33772.11	case rate	
OTHER CIRCULATORY SYSTEM PROCEDURES	1804	APR-DRG	inpatient					Horizon	NJ Health		55004				55004	59233.04	case rate	
LOWER EXTREMITY ARTERIAL PROCEDURES	1811	APR-DRG	inpatient					Horizon	NJ Health		20118				20118	21664.79	case rate	
LOWER EXTREMITY ARTERIAL PROCEDURES	1812	APR-DRG	inpatient					Horizon	NJ Health		27253				27253	29348.16	case rate	
LOWER EXTREMITY ARTERIAL PROCEDURES	1813	APR-DRG	inpatient					Horizon	NJ Health		45240				45240	48718.62	case rate	
LOWER EXTREMITY ARTERIAL PROCEDURES	1814	APR-DRG	inpatient					Horizon	NJ Health		80615				80615	86812.5	case rate	
OTHER PERIPHERAL VASCULAR PROCEDURES	1821	APR-DRG	inpatient					Horizon	NJ Health		25768				25768	27749.08	case rate	
OTHER PERIPHERAL VASCULAR PROCEDURES	1822	APR-DRG	inpatient					Horizon	NJ Health		30312				30312	32642.58	case rate	
OTHER PERIPHERAL VASCULAR PROCEDURES	1823	APR-DRG	inpatient					Horizon	NJ Health		41140				41140	44303.07	case rate	
OTHER PERIPHERAL VASCULAR PROCEDURES	1824	APR-DRG	inpatient					Horizon	NJ Health		73555				73555	79209.6	case rate	
ACUTE MYOCARDIAL INFARCTION	1901	APR-DRG	inpatient					Horizon	NJ Health		10925				10925	11764.77	case rate	
ACUTE MYOCARDIAL INFARCTION	1902	APR-DRG	inpatient					Horizon	NJ Health		12046				12046	12972.18	case rate	
ACUTE MYOCARDIAL INFARCTION	1903	APR-DRG	inpatient					Horizon	NJ Health		16412				16412	17674.1	case rate	
ACUTE MYOCARDIAL INFARCTION	1904	APR-DRG	inpatient					Horizon	NJ Health		30397				30397	32734.41	case rate	
CARDIAC CATHETERIZATION FOR CORONARY ARTERY DISEASE	1911	APR-DRG	inpatient					Horizon	NJ Health		12103				12103	13033.98	case rate	
CARDIAC CATHETERIZATION FOR CORONARY ARTERY DISEASE	1912	APR-DRG	inpatient					Horizon	NJ Health		13919				13919	14989.37	case rate	
CARDIAC CATHETERIZATION FOR CORONARY ARTERY DISEASE	1913	APR-DRG	inpatient					Horizon	NJ Health		18431				18431	19848.52	case rate	
CARDIAC CATHETERIZATION FOR CORONARY ARTERY DISEASE	1914	APR-DRG	inpatient					Horizon	NJ Health		36084				36084	38857.86	case rate	
CARDIAC CATHETERIZATION FOR OTHER NON-CORONARY CONDITIONS	1921	APR-DRG	inpatient					Horizon	NJ Health		12504				12504	13466.66	case rate	
CARDIAC CATHETERIZATION FOR OTHER NON-CORONARY CONDITIONS	1922	APR-DRG	inpatient					Horizon	NJ Health		15445				15445	16632.15	case rate	
CARDIAC CATHETERIZATION FOR OTHER NON-CORONARY CONDITIONS	1923	APR-DRG	inpatient					Horizon	NJ Health		22738				22738	24485.59	case rate	
CARDIAC CATHETERIZATION FOR OTHER NON-CORONARY CONDITIONS	1924	APR-DRG	inpatient					Horizon	NJ Health		43215				43215	46537.17	case rate	
ACUTE & SUBACUTE ENDOCARDITIS	1931	APR-DRG	inpatient					Horizon	NJ Health		12817				12817	13802.48	case rate	
ACUTE & SUBACUTE ENDOCARDITIS	1932	APR-DRG	inpatient					Horizon	NJ Health		16651				16651	17931	case rate	
ACUTE & SUBACUTE ENDOCARDITIS	1933	APR-DRG	inpatient					Horizon	NJ Health		24881				24881	26794.06	case rate	
ACUTE & SUBACUTE ENDOCARDITIS	1934	APR-DRG	inpatient					Horizon	NJ Health		40988				40988	44138.82	case rate	
HEART FAILURE	1941	APR-DRG	inpatient					Horizon	NJ Health		6941				6941	7474.23	case rate	
HEART FAILURE	1942	APR-DRG	inpatient					Horizon	NJ Health		8912				8912	9597.65	case rate	
HEART FAILURE	1943	APR-DRG	inpatient					Horizon	NJ Health		13292				13292	14314.35	case rate	
HEART FAILURE	1944	APR-DRG	inpatient					Horizon	NJ Health		25105				25105	27034.79	case rate	
CARDIAC ARREST & SHOCK	1961	APR-DRG	inpatient					Horizon	NJ Health		7227				7227	7783.14	case rate	
CARDIAC ARREST & SHOCK	1962	APR-DRG	inpatient					Horizon	NJ Health		7665				7665	8254.55	case rate	
CARDIAC ARREST & SHOCK	1963	APR-DRG	inpatient					Horizon	NJ Health		14548				14548	15666.23	case rate	
CARDIAC ARREST & SHOCK	1964	APR-DRG	inpatient					Horizon	NJ Health		37132				37132	39986.56	case rate	
PERIPHERAL & OTHER VASCULAR DISORDERS	1971	APR-DRG	inpatient					Horizon	NJ Health		6917				6917	7449.28	case rate	
PERIPHERAL & OTHER VASCULAR DISORDERS	1972	APR-DRG	inpatient					Horizon	NJ Health		9236				9236	9946.02	case rate	
PERIPHERAL & OTHER VASCULAR DISORDERS	1973	APR-DRG	inpatient					Horizon	NJ Health		13717				13717	14771.35	case rate	
PERIPHERAL & OTHER VASCULAR DISORDERS	1974	APR-DRG	inpatient					Horizon	NJ Health		29624				29624	31901.8	case rate	
ANGINA PECTORIS & CORONARY ATHEROSCLEROSIS	1981	APR-DRG	inpatient					Horizon	NJ Health		6389				6389	6880.32	case rate	
ANGINA PECTORIS & CORONARY ATHEROSCLEROSIS	1982	APR-DRG	inpatient					Horizon	NJ Health		7380				7380	7947.67	case rate	
ANGINA PECTORIS & CORONARY ATHEROSCLEROSIS	1983	APR-DRG	inpatient					Horizon	NJ Health		10068				10068	10842.37	case rate	
ANGINA PECTORIS & CORONARY ATHEROSCLEROSIS	1984	APR-DRG	inpatient					Horizon	NJ Health		24198				24198	26058.26	case rate	
HYPERTENSION	1991	APR-DRG	inpatient					Horizon	NJ Health		6574				6574	7079.12	case rate	
HYPERTENSION	1992	APR-DRG	inpatient					Horizon	NJ Health		7720				7720	8313.12	case rate	
HYPERTENSION	1993	APR-DRG	inpatient					Horizon	NJ Health		10822				10822	11654.11	case rate	
HYPERTENSION	1994	APR-DRG	inpatient					Horizon	NJ Health		24671				24671	26568.1	case rate	
CARDIAC STRUCTURAL & VALVULAR DISORDERS	2001	APR-DRG	inpatient					Horizon	NJ Health		7889				7889	8495.75	case rate	
CARDIAC STRUCTURAL & VALVULAR DISORDERS	2002	APR-DRG	inpatient					Horizon	NJ Health		9334				9334	10051.33	case rate	
CARDIAC STRUCTURAL & VALVULAR DISORDERS	2003	APR-DRG	inpatient					Horizon	NJ Health		14228				14228	15321.85	case rate	
CARDIAC STRUCTURAL & VALVULAR DISORDERS	2004	APR-DRG	inpatient					Horizon	NJ Health		30311				30311	32641.39	case rate	
CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS	2011	APR-DRG	inpatient					Horizon	NJ Health		5896				5896	6349.32	case rate	
CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS	2012	APR-DRG	inpatient					Horizon	NJ Health		7637				7637	8224.62	case rate	
CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS	2013	APR-DRG	inpatient					Horizon	NJ Health		11730				11730	12632.13	case rate	
CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS	2014	APR-DRG	inpatient					Horizon	NJ Health		24339				24339	26210.03	case rate	
CHEST PAIN	2031	APR-DRG	inpatient					Horizon	NJ Health		6594				6594	7100.74	case rate	
CHEST PAIN	2032	APR-DRG	inpatient					Horizon	NJ Health		7669				7669	8258.15	case rate	
CHEST PAIN	2033	APR-DRG	inpatient					Horizon	NJ Health		9573				9573	10308.6	case rate	
CHEST PAIN	2034	APR-DRG	inpatient					Horizon	NJ Health		17381				17381	18717.71	case rate	
SYNCOPE & COLLAPSE	2041	APR-DRG	inpatient					Horizon	NJ Health		7331				7331	7894.83	case rate	
SYNCOPE & COLLAPSE	2042	APR-DRG	inpatient					Horizon	NJ Health		8278				8278	8914.6	case rate	
SYNCOPE & COLLAPSE	2043	APR-DRG	inpatient					Horizon	NJ Health		10445				10445	11247.55	case rate	
SYNCOPE & COLLAPSE	2044	APR-DRG	inpatient					Horizon	NJ Health		21412				21412	23058.33	case rate	
CARDIOMYOPATHY	2051	APR-DRG	inpatient					Horizon	NJ Health		7109				7109	7655.57	case rate	
CARDIOMYOPATHY	2052	APR-DRG	inpatient					Horizon	NJ Health		9050				9050	9746.29	case rate	
CARDIOMYOPATHY	2053	APR-DRG	inpatient					Horizon	NJ Health		13065				13065	14069.74	case rate	
CARDIOMYOPATHY	2054	APR-DRG	inpatient					Horizon	NJ Health		32059				32059	34523.7	case rate	
MALFUNCTION,REACTION,COMPLICATION OF CARDIAC/VASC DEVICE OR PROCEDURE	2061	APR-DRG	inpatient					Horizon	NJ Health		8108				8108	8731.41	case rate	
MALFUNCTION,REACTION,COMPLICATION OF CARDIAC/VASC DEVICE OR PROCEDURE	2062	APR-DRG	inpatient					Horizon	NJ Health		9536				9536	10269.25	case rate	
MALFUNCTION,REACTION,COMPLICATION OF CARDIAC/VASC DEVICE OR PROCEDURE	2063	APR-DRG	inpatient					Horizon	NJ Health		15913				15913	17136.17	case rate	
MALFUNCTION,REACTION,COMPLICATION OF CARDIAC/VASC DEVICE OR PROCEDURE	2064	APR-DRG	inpatient					Horizon	NJ Health		29770				29770	32058.84	case rate	
OTHER CIRCULATORY SYSTEM DIAGNOSES	2071	APR-DRG	inpatient					Horizon	NJ Health		7053				7053	7595.61	case rate	
OTHER CIRCULATORY SYSTEM DIAGNOSES	2072	APR-DRG	inpatient					Horizon	NJ Health		9357				9357	10076.46	case rate	
OTHER CIRCULATORY SYSTEM DIAGNOSES	2073	APR-DRG	inpatient					Horizon	NJ Health		13589				13589	14634.17	case rate	
OTHER CIRCULATORY SYSTEM DIAGNOSES	2074	APR-DRG	inpatient					Horizon	NJ Health		26501				26501	28538.46	case rate	
MAJOR STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES	2201	APR-DRG	inpatient					Horizon	NJ Health		18061				18061	19446.99	case rate	
MAJOR STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES	2202	APR-DRG	inpatient					Horizon	NJ Health		26837				26837	28900.03	case rate	
MAJOR STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES	2203	APR-DRG	inpatient					Horizon	NJ Health		43517				43517	46862.34	case rate	
MAJOR STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES	2204	APR-DRG	inpatient					Horizon	NJ Health		86347				86347	92985.01	case rate	
MAJOR SMALL & LARGE BOWEL PROCEDURES	2211	APR-DRG	inpatient					Horizon	NJ Health		18431				18431	19847.69	case rate	
MAJOR SMALL & LARGE BOWEL PROCEDURES	2212	APR-DRG	inpatient					Horizon	NJ Health		23897				23897	25734.19	case rate	
MAJOR SMALL & LARGE BOWEL PROCEDURES	2213	APR-DRG	inpatient					Horizon	NJ Health		38812				38812	41796.27	case rate	
MAJOR SMALL & LARGE BOWEL PROCEDURES	2214	APR-DRG	inpatient					Horizon	NJ Health		76824				76824	82730.63	case rate	
OTHER STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES	2221	APR-DRG	inpatient					Horizon	NJ Health		13713				13713	14767.47	case rate	
OTHER STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES	2222	APR-DRG	inpatient					Horizon	NJ Health		17551				17551	18900.24	case rate	
OTHER STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES	2223	APR-DRG	inpatient					Horizon	NJ Health		28443				28443	30629.55	case rate	
OTHER STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES	2224	APR-DRG	inpatient					Horizon	NJ Health		69393				69393	74727.63	case rate	
OTHER SMALL & LARGE BOWEL PROCEDURES	2231	APR-DRG	inpatient					Horizon	NJ Health		14685				14685	15813.86	case rate	
OTHER SMALL & LARGE BOWEL PROCEDURES	2232	APR-DRG	inpatient					Horizon	NJ Health		19469				19469	20965.66	case rate	
OTHER SMALL & LARGE BOWEL PROCEDURES	2233	APR-DRG	inpatient					Horizon	NJ Health		32700				32700	35214.52	case rate	
OTHER SMALL & LARGE BOWEL PROCEDURES	2234	APR-DRG	inpatient					Horizon	NJ Health		67525				67525	72716.44	case rate	
PERITONEAL ADHESIOLYSIS	2241	APR-DRG	inpatient					Horizon	NJ Health		16544				16544	17815.99	case rate	
PERITONEAL ADHESIOLYSIS	2242	APR-DRG	inpatient					Horizon	NJ Health		21663				21663	23328.91	case rate	
PERITONEAL ADHESIOLYSIS	2243	APR-DRG	inpatient					Horizon	NJ Health		32797				32797	35317.98	case rate	
PERITONEAL ADHESIOLYSIS	2244	APR-DRG	inpatient					Horizon	NJ Health		59532				59532	64108.45	case rate	
APPENDECTOMY	2251	APR-DRG	inpatient					Horizon	NJ Health		11304				11304	12173.1	case rate	
APPENDECTOMY	2252	APR-DRG	inpatient					Horizon	NJ Health		15034				15034	16189.65	case rate	
APPENDECTOMY	2253	APR-DRG	inpatient					Horizon	NJ Health		25823				25823	27808.2	case rate	
APPENDECTOMY	2254	APR-DRG	inpatient					Horizon	NJ Health		49152				49152	52930.56	case rate	
ANAL PROCEDURES	2261	APR-DRG	inpatient					Horizon	NJ Health		9167				9167	9871.93	case rate	
ANAL PROCEDURES	2262	APR-DRG	inpatient					Horizon	NJ Health		12412				12412	13366.73	case rate	
ANAL PROCEDURES	2263	APR-DRG	inpatient					Horizon	NJ Health		20234				20234	21789.14	case rate	
ANAL PROCEDURES	2264	APR-DRG	inpatient					Horizon	NJ Health		41409				41409	44592.4	case rate	
HERNIA PROCEDURES EXCEPT INGUINAL, FEMORAL & UMBILICAL	2271	APR-DRG	inpatient					Horizon	NJ Health		14249				14249	15344.2	case rate	
HERNIA PROCEDURES EXCEPT INGUINAL, FEMORAL & UMBILICAL	2272	APR-DRG	inpatient					Horizon	NJ Health		18100				18100	19491.66	case rate	
HERNIA PROCEDURES EXCEPT INGUINAL, FEMORAL & UMBILICAL	2273	APR-DRG	inpatient					Horizon	NJ Health		29371				29371	31626	case rate	
HERNIA PROCEDURES EXCEPT INGUINAL, FEMORAL & UMBILICAL	2274	APR-DRG	inpatient					Horizon	NJ Health		60465				60465	65113.25	case rate	
INGUINAL, FEMORAL & UMBILICAL HERNIA PROCEDURES	2281	APR-DRG	inpatient					Horizon	NJ Health		10718				10718	11542.32	case rate	
INGUINAL, FEMORAL & UMBILICAL HERNIA PROCEDURES	2282	APR-DRG	inpatient					Horizon	NJ Health		13999				13999	15074.52	case rate	
INGUINAL, FEMORAL & UMBILICAL HERNIA PROCEDURES	2283	APR-DRG	inpatient					Horizon	NJ Health		21503				21503	23156.62	case rate	
INGUINAL, FEMORAL & UMBILICAL HERNIA PROCEDURES	2284	APR-DRG	inpatient					Horizon	NJ Health		47920				47920	51604.45	case rate	
OTHER DIGESTIVE SYSTEM & ABDOMINAL PROCEDURES	2291	APR-DRG	inpatient					Horizon	NJ Health		14817				14817	15956.12	case rate	
OTHER DIGESTIVE SYSTEM & ABDOMINAL PROCEDURES	2292	APR-DRG	inpatient					Horizon	NJ Health		20440				20440	22011.12	case rate	
OTHER DIGESTIVE SYSTEM & ABDOMINAL PROCEDURES	2293	APR-DRG	inpatient					Horizon	NJ Health		33298				33298	35857.94	case rate	
OTHER DIGESTIVE SYSTEM & ABDOMINAL PROCEDURES	2294	APR-DRG	inpatient					Horizon	NJ Health		69110				69110	74423.33	case rate	
DIGESTIVE MALIGNANCY	2401	APR-DRG	inpatient					Horizon	NJ Health		9258				9258	9969.84	case rate	
DIGESTIVE MALIGNANCY	2402	APR-DRG	inpatient					Horizon	NJ Health		11866				11866	12777.81	case rate	
DIGESTIVE MALIGNANCY	2403	APR-DRG	inpatient					Horizon	NJ Health		17479				17479	18823.01	case rate	
DIGESTIVE MALIGNANCY	2404	APR-DRG	inpatient					Horizon	NJ Health		32016				32016	34477.33	case rate	
PEPTIC ULCER & GASTRITIS	2411	APR-DRG	inpatient					Horizon	NJ Health		7876				7876	8481.06	case rate	
PEPTIC ULCER & GASTRITIS	2412	APR-DRG	inpatient					Horizon	NJ Health		9768				9768	10518.85	case rate	
PEPTIC ULCER & GASTRITIS	2413	APR-DRG	inpatient					Horizon	NJ Health		14679				14679	15807.3	case rate	
PEPTIC ULCER & GASTRITIS	2414	APR-DRG	inpatient					Horizon	NJ Health		34300				34300	36936.65	case rate	
MAJOR ESOPHAGEAL DISORDERS	2421	APR-DRG	inpatient					Horizon	NJ Health		7769				7769	8365.96	case rate	
MAJOR ESOPHAGEAL DISORDERS	2422	APR-DRG	inpatient					Horizon	NJ Health		9582				9582	10318.77	case rate	
MAJOR ESOPHAGEAL DISORDERS	2423	APR-DRG	inpatient					Horizon	NJ Health		14251				14251	15346.51	case rate	
MAJOR ESOPHAGEAL DISORDERS	2424	APR-DRG	inpatient					Horizon	NJ Health		33363				33363	35927.78	case rate	
OTHER ESOPHAGEAL DISORDERS	2431	APR-DRG	inpatient					Horizon	NJ Health		7228				7228	7783.24	case rate	
OTHER ESOPHAGEAL DISORDERS	2432	APR-DRG	inpatient					Horizon	NJ Health		8829				8829	9507.95	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101191	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
OTHER ESOPHAGEAL DISORDERS	2433	APR-DRG	inpatient					Horizon	NJ Health						12743	13722.94	case rate	
OTHER ESOPHAGEAL DISORDERS	2434	APR-DRG	inpatient					Horizon	NJ Health						28051	30207.56	case rate	
DIVERTICULITIS & DIVERTICULOSIS	2441	APR-DRG	inpatient					Horizon	NJ Health						6752	7270.62	case rate	
DIVERTICULITIS & DIVERTICULOSIS	2442	APR-DRG	inpatient					Horizon	NJ Health						8835	9514.14	case rate	
DIVERTICULITIS & DIVERTICULOSIS	2443	APR-DRG	inpatient					Horizon	NJ Health						13410	14440.73	case rate	
DIVERTICULITIS & DIVERTICULOSIS	2444	APR-DRG	inpatient					Horizon	NJ Health						30437	32777.19	case rate	
INFLAMMATORY BOWEL DISEASE	2451	APR-DRG	inpatient					Horizon	NJ Health						8062	8681.34	case rate	
INFLAMMATORY BOWEL DISEASE	2452	APR-DRG	inpatient					Horizon	NJ Health						9677	10420.57	case rate	
INFLAMMATORY BOWEL DISEASE	2453	APR-DRG	inpatient					Horizon	NJ Health						14566	15686.1	case rate	
INFLAMMATORY BOWEL DISEASE	2454	APR-DRG	inpatient					Horizon	NJ Health						27693	29822.53	case rate	
GASTROINTESTINAL VASCULAR INSUFFICIENCY	2461	APR-DRG	inpatient					Horizon	NJ Health						8480	9131.78	case rate	
GASTROINTESTINAL VASCULAR INSUFFICIENCY	2462	APR-DRG	inpatient					Horizon	NJ Health						10184	10966.6	case rate	
GASTROINTESTINAL VASCULAR INSUFFICIENCY	2463	APR-DRG	inpatient					Horizon	NJ Health						15394	16577.09	case rate	
GASTROINTESTINAL VASCULAR INSUFFICIENCY	2464	APR-DRG	inpatient					Horizon	NJ Health						31135	33528.51	case rate	
INTESTINAL OBSTRUCTION	2471	APR-DRG	inpatient					Horizon	NJ Health						6545	7047.89	case rate	
INTESTINAL OBSTRUCTION	2472	APR-DRG	inpatient					Horizon	NJ Health						8417	9064.54	case rate	
INTESTINAL OBSTRUCTION	2473	APR-DRG	inpatient					Horizon	NJ Health						13345	14371.36	case rate	
INTESTINAL OBSTRUCTION	2474	APR-DRG	inpatient					Horizon	NJ Health						30497	32841.39	case rate	
MAJOR GASTROINTESTINAL & PERITONEAL INFECTIONS	2481	APR-DRG	inpatient					Horizon	NJ Health						7137	7685.66	case rate	
MAJOR GASTROINTESTINAL & PERITONEAL INFECTIONS	2482	APR-DRG	inpatient					Horizon	NJ Health						9819	10573.55	case rate	
MAJOR GASTROINTESTINAL & PERITONEAL INFECTIONS	2483	APR-DRG	inpatient					Horizon	NJ Health						14760	15894.59	case rate	
MAJOR GASTROINTESTINAL & PERITONEAL INFECTIONS	2484	APR-DRG	inpatient					Horizon	NJ Health						31423	33839.27	case rate	
OTHER GASTROENTERITIS, NAUSEA & VOMITING	2491	APR-DRG	inpatient					Horizon	NJ Health						5896	6349.04	case rate	
OTHER GASTROENTERITIS, NAUSEA & VOMITING	2492	APR-DRG	inpatient					Horizon	NJ Health						7166	7716.72	case rate	
OTHER GASTROENTERITIS, NAUSEA & VOMITING	2493	APR-DRG	inpatient					Horizon	NJ Health						10169	10950.27	case rate	
OTHER GASTROENTERITIS, NAUSEA & VOMITING	2494	APR-DRG	inpatient					Horizon	NJ Health						23245	25031.83	case rate	
ABDOMINAL PAIN	2511	APR-DRG	inpatient					Horizon	NJ Health						6694	7209	case rate	
ABDOMINAL PAIN	2512	APR-DRG	inpatient					Horizon	NJ Health						8299	8937.33	case rate	
ABDOMINAL PAIN	2513	APR-DRG	inpatient					Horizon	NJ Health						11215	12076.74	case rate	
ABDOMINAL PAIN	2514	APR-DRG	inpatient					Horizon	NJ Health						21480	23131.4	case rate	
MALFUNCTION, REACTION & COMPLICATION OF GI DEVICE OR PROCEDURE	2521	APR-DRG	inpatient					Horizon	NJ Health						7289	7849.19	case rate	
MALFUNCTION, REACTION & COMPLICATION OF GI DEVICE OR PROCEDURE	2522	APR-DRG	inpatient					Horizon	NJ Health						9790	10542.87	case rate	
MALFUNCTION, REACTION & COMPLICATION OF GI DEVICE OR PROCEDURE	2523	APR-DRG	inpatient					Horizon	NJ Health						15011	16164.98	case rate	
MALFUNCTION, REACTION & COMPLICATION OF GI DEVICE OR PROCEDURE	2524	APR-DRG	inpatient					Horizon	NJ Health						33504	36079.56	case rate	
OTHER & UNSPECIFIED GASTROINTESTINAL HEMORRHAGE	2531	APR-DRG	inpatient					Horizon	NJ Health						7361	7926.97	case rate	
OTHER & UNSPECIFIED GASTROINTESTINAL HEMORRHAGE	2532	APR-DRG	inpatient					Horizon	NJ Health						9472	10199.87	case rate	
OTHER & UNSPECIFIED GASTROINTESTINAL HEMORRHAGE	2533	APR-DRG	inpatient					Horizon	NJ Health						14145	15232.33	case rate	
OTHER & UNSPECIFIED GASTROINTESTINAL HEMORRHAGE	2534	APR-DRG	inpatient					Horizon	NJ Health						29301	31553.9	case rate	
OTHER DIGESTIVE SYSTEM DIAGNOSES	2541	APR-DRG	inpatient					Horizon	NJ Health						6905	7435.8	case rate	
OTHER DIGESTIVE SYSTEM DIAGNOSES	2542	APR-DRG	inpatient					Horizon	NJ Health						9218	9926.52	case rate	
OTHER DIGESTIVE SYSTEM DIAGNOSES	2543	APR-DRG	inpatient					Horizon	NJ Health						13397	14427.06	case rate	
OTHER DIGESTIVE SYSTEM DIAGNOSES	2544	APR-DRG	inpatient					Horizon	NJ Health						28729	30937.91	case rate	
MAJOR PANCREAS, LIVER & SHUNT PROCEDURES	2601	APR-DRG	inpatient					Horizon	NJ Health						21547	23203.74	case rate	
MAJOR PANCREAS, LIVER & SHUNT PROCEDURES	2602	APR-DRG	inpatient					Horizon	NJ Health						28474	30662.9	case rate	
MAJOR PANCREAS, LIVER & SHUNT PROCEDURES	2603	APR-DRG	inpatient					Horizon	NJ Health						44690	48125.63	case rate	
MAJOR PANCREAS, LIVER & SHUNT PROCEDURES	2604	APR-DRG	inpatient					Horizon	NJ Health						90526	97485.64	case rate	
MAJOR BILIARY TRACT PROCEDURES	2611	APR-DRG	inpatient					Horizon	NJ Health						17921	19298.31	case rate	
MAJOR BILIARY TRACT PROCEDURES	2612	APR-DRG	inpatient					Horizon	NJ Health						24935	26851.79	case rate	
MAJOR BILIARY TRACT PROCEDURES	2613	APR-DRG	inpatient					Horizon	NJ Health						37708	40606.7	case rate	
MAJOR BILIARY TRACT PROCEDURES	2614	APR-DRG	inpatient					Horizon	NJ Health						69275	74601.34	case rate	
CHOLECYSTECTOMY EXCEPT LAPAROSCOPIC	2621	APR-DRG	inpatient					Horizon	NJ Health						15620	16821.34	case rate	
CHOLECYSTECTOMY EXCEPT LAPAROSCOPIC	2622	APR-DRG	inpatient					Horizon	NJ Health						20601	22184.88	case rate	
CHOLECYSTECTOMY EXCEPT LAPAROSCOPIC	2623	APR-DRG	inpatient					Horizon	NJ Health						30836	33206.84	case rate	
CHOLECYSTECTOMY EXCEPT LAPAROSCOPIC	2624	APR-DRG	inpatient					Horizon	NJ Health						63062	67910.41	case rate	
LAPAROSCOPIC CHOLECYSTECTOMY	2631	APR-DRG	inpatient					Horizon	NJ Health						13345	14371.08	case rate	
LAPAROSCOPIC CHOLECYSTECTOMY	2632	APR-DRG	inpatient					Horizon	NJ Health						16888	18186.06	case rate	
LAPAROSCOPIC CHOLECYSTECTOMY	2633	APR-DRG	inpatient					Horizon	NJ Health						23006	24774.46	case rate	
LAPAROSCOPIC CHOLECYSTECTOMY	2634	APR-DRG	inpatient					Horizon	NJ Health						48755	52503.67	case rate	
OTHER HEPATOBILIARY, PANCREAS & ABDOMINAL PROCEDURES	2641	APR-DRG	inpatient					Horizon	NJ Health						17771	19137.11	case rate	
OTHER HEPATOBILIARY, PANCREAS & ABDOMINAL PROCEDURES	2642	APR-DRG	inpatient					Horizon	NJ Health						21766	23439.76	case rate	
OTHER HEPATOBILIARY, PANCREAS & ABDOMINAL PROCEDURES	2643	APR-DRG	inpatient					Horizon	NJ Health						33675	36264.31	case rate	
OTHER HEPATOBILIARY, PANCREAS & ABDOMINAL PROCEDURES	2644	APR-DRG	inpatient					Horizon	NJ Health						73139	78762.48	case rate	
HEPATIC COMA & OTHER MAJOR ACUTE LIVER DISORDERS	2791	APR-DRG	inpatient					Horizon	NJ Health						6902	7432.93	case rate	
HEPATIC COMA & OTHER MAJOR ACUTE LIVER DISORDERS	2792	APR-DRG	inpatient					Horizon	NJ Health						8735	9406.24	case rate	
HEPATIC COMA & OTHER MAJOR ACUTE LIVER DISORDERS	2793	APR-DRG	inpatient					Horizon	NJ Health						14483	15596.58	case rate	
HEPATIC COMA & OTHER MAJOR ACUTE LIVER DISORDERS	2794	APR-DRG	inpatient					Horizon	NJ Health						36525	39333.16	case rate	
ALCOHOLIC LIVER DISEASE	2801	APR-DRG	inpatient					Horizon	NJ Health						7054	7596.26	case rate	
ALCOHOLIC LIVER DISEASE	2802	APR-DRG	inpatient					Horizon	NJ Health						8839	9518.21	case rate	
ALCOHOLIC LIVER DISEASE	2803	APR-DRG	inpatient					Horizon	NJ Health						14083	15166.18	case rate	
ALCOHOLIC LIVER DISEASE	2804	APR-DRG	inpatient					Horizon	NJ Health						31780	34223.19	case rate	
MALIGNANCY OF HEPATOBILIARY SYSTEM & PANCREAS	2811	APR-DRG	inpatient					Horizon	NJ Health						10394	11192.76	case rate	
MALIGNANCY OF HEPATOBILIARY SYSTEM & PANCREAS	2812	APR-DRG	inpatient					Horizon	NJ Health						12329	13277.03	case rate	
MALIGNANCY OF HEPATOBILIARY SYSTEM & PANCREAS	2813	APR-DRG	inpatient					Horizon	NJ Health						17061	18372.85	case rate	
MALIGNANCY OF HEPATOBILIARY SYSTEM & PANCREAS	2814	APR-DRG	inpatient					Horizon	NJ Health						27807	29944.65	case rate	
DISORDERS OF PANCREAS EXCEPT MALIGNANCY	2821	APR-DRG	inpatient					Horizon	NJ Health						7190	7742.58	case rate	
DISORDERS OF PANCREAS EXCEPT MALIGNANCY	2822	APR-DRG	inpatient					Horizon	NJ Health						9291	10005.6	case rate	
DISORDERS OF PANCREAS EXCEPT MALIGNANCY	2823	APR-DRG	inpatient					Horizon	NJ Health						15521	16713.9	case rate	
DISORDERS OF PANCREAS EXCEPT MALIGNANCY	2824	APR-DRG	inpatient					Horizon	NJ Health						43192	46512.41	case rate	
OTHER DISORDERS OF THE LIVER	2831	APR-DRG	inpatient					Horizon	NJ Health						7703	8295.75	case rate	
OTHER DISORDERS OF THE LIVER	2832	APR-DRG	inpatient					Horizon	NJ Health						9124	9824.99	case rate	
OTHER DISORDERS OF THE LIVER	2833	APR-DRG	inpatient					Horizon	NJ Health						13752	14809.23	case rate	
OTHER DISORDERS OF THE LIVER	2834	APR-DRG	inpatient					Horizon	NJ Health						28109	30270.29	case rate	
DISORDERS OF GALLBLADDER & BILIARY TRACT	2841	APR-DRG	inpatient					Horizon	NJ Health						8307	8945.83	case rate	
DISORDERS OF GALLBLADDER & BILIARY TRACT	2842	APR-DRG	inpatient					Horizon	NJ Health						11081	11932.45	case rate	
DISORDERS OF GALLBLADDER & BILIARY TRACT	2843	APR-DRG	inpatient					Horizon	NJ Health						15968	17195.39	case rate	
DISORDERS OF GALLBLADDER & BILIARY TRACT	2844	APR-DRG	inpatient					Horizon	NJ Health						31615	34045.18	case rate	
HIP JOINT REPLACEMENT	3011	APR-DRG	inpatient					Horizon	NJ Health						21085	22706.55	case rate	
HIP JOINT REPLACEMENT	3012	APR-DRG	inpatient					Horizon	NJ Health						23024	24794.6	case rate	
HIP JOINT REPLACEMENT	3013	APR-DRG	inpatient					Horizon	NJ Health						31506	33927.77	case rate	
HIP JOINT REPLACEMENT	3014	APR-DRG	inpatient					Horizon	NJ Health						52210	56224.16	case rate	
KNEE JOINT REPLACEMENT	3021	APR-DRG	inpatient					Horizon	NJ Health						20123	21670.52	case rate	
KNEE JOINT REPLACEMENT	3022	APR-DRG	inpatient					Horizon	NJ Health						22376	24096.3	case rate	
KNEE JOINT REPLACEMENT	3023	APR-DRG	inpatient					Horizon	NJ Health						28776	30987.89	case rate	
KNEE JOINT REPLACEMENT	3024	APR-DRG	inpatient					Horizon	NJ Health						52908	56976.12	case rate	
DORSAL & LUMBAR FUSION PROC FOR CURVATURE OF BACK	3031	APR-DRG	inpatient					Horizon	NJ Health						62165	66943.84	case rate	
DORSAL & LUMBAR FUSION PROC FOR CURVATURE OF BACK	3032	APR-DRG	inpatient					Horizon	NJ Health						74805	80555.84	case rate	
DORSAL & LUMBAR FUSION PROC FOR CURVATURE OF BACK	3033	APR-DRG	inpatient					Horizon	NJ Health						109597	118022.48	case rate	
DORSAL & LUMBAR FUSION PROC FOR CURVATURE OF BACK	3034	APR-DRG	inpatient					Horizon	NJ Health						148878	160324.42	case rate	
DORSAL & LUMBAR FUSION PROC EXCEPT FOR CURVATURE OF BACK	3041	APR-DRG	inpatient					Horizon	NJ Health						37786	40690.76	case rate	
DORSAL & LUMBAR FUSION PROC EXCEPT FOR CURVATURE OF BACK	3042	APR-DRG	inpatient					Horizon	NJ Health						45257	48735.69	case rate	
DORSAL & LUMBAR FUSION PROC EXCEPT FOR CURVATURE OF BACK	3043	APR-DRG	inpatient					Horizon	NJ Health						68159	73398.76	case rate	
DORSAL & LUMBAR FUSION PROC EXCEPT FOR CURVATURE OF BACK	3044	APR-DRG	inpatient					Horizon	NJ Health						113518	122245.78	case rate	
AMPUTATION OF LOWER LIMB EXCEPT TOES	3051	APR-DRG	inpatient					Horizon	NJ Health						14169	15258.47	case rate	
AMPUTATION OF LOWER LIMB EXCEPT TOES	3052	APR-DRG	inpatient					Horizon	NJ Health						19399	20890.92	case rate	
AMPUTATION OF LOWER LIMB EXCEPT TOES	3053	APR-DRG	inpatient					Horizon	NJ Health						31745	34185.78	case rate	
AMPUTATION OF LOWER LIMB EXCEPT TOES	3054	APR-DRG	inpatient					Horizon	NJ Health						67144	72308.28	case rate	
HIP & FEMUR FRACTURE REPAIR	3081	APR-DRG	inpatient					Horizon	NJ Health						17176	18496.64	case rate	
HIP & FEMUR FRACTURE REPAIR	3082	APR-DRG	inpatient					Horizon	NJ Health						20236	21792.18	case rate	
HIP & FEMUR FRACTURE REPAIR	3083	APR-DRG	inpatient					Horizon	NJ Health						27013	29090.24	case rate	
HIP & FEMUR FRACTURE REPAIR	3084	APR-DRG	inpatient					Horizon	NJ Health						47222	50852.02	case rate	
OTHER SIGNIFICANT HIP & FEMUR SURGERY	3091	APR-DRG	inpatient					Horizon	NJ Health						17332	18664.5	case rate	
OTHER SIGNIFICANT HIP & FEMUR SURGERY	3092	APR-DRG	inpatient					Horizon	NJ Health						24638	26532.53	case rate	
OTHER SIGNIFICANT HIP & FEMUR SURGERY	3093	APR-DRG	inpatient					Horizon	NJ Health						35971	38736.29	case rate	
OTHER SIGNIFICANT HIP & FEMUR SURGERY	3094	APR-DRG	inpatient					Horizon	NJ Health						70334	75741.31	case rate	
INTERVERTEBRAL DISC EXCISION & DECOMPRESSION	3101	APR-DRG	inpatient					Horizon	NJ Health						12915	13908.25	case rate	
INTERVERTEBRAL DISC EXCISION & DECOMPRESSION	3102	APR-DRG	inpatient					Horizon	NJ Health						17145	18462.74	case rate	
INTERVERTEBRAL DISC EXCISION & DECOMPRESSION	3103	APR-DRG	inpatient					Horizon	NJ Health						24808	26715.35	case rate	
INTERVERTEBRAL DISC EXCISION & DECOMPRESSION	3104	APR-DRG	inpatient					Horizon	NJ Health						53338	57438.66	case rate	
SKIN GRAFT, EXCEPT HAND, FOR MUSCULOSKELETAL & CONNECTIVE TISSUE DIAGNOSES	3121	APR-DRG	inpatient					Horizon	NJ Health						21293	22930.48	case rate	
SKIN GRAFT, EXCEPT HAND, FOR MUSCULOSKELETAL & CONNECTIVE TISSUE DIAGNOSES	3122	APR-DRG	inpatient					Horizon	NJ Health						30304	32634.18	case rate	
SKIN GRAFT, EXCEPT HAND, FOR MUSCULOSKELETAL & CONNECTIVE TISSUE DIAGNOSES	3123	APR-DRG	inpatient					Horizon	NJ Health						54645	58846.25	case rate	
SKIN GRAFT, EXCEPT HAND, FOR MUSCULOSKELETAL & CONNECTIVE TISSUE DIAGNOSES	3124	APR-DRG	inpatient					Horizon	NJ Health						112927	121609.46	case rate	
KNEE & LOWER LEG PROCEDURES EXCEPT FOOT	3131	APR-DRG	inpatient					Horizon	NJ Health						15166	16332.1	case rate	
KNEE & LOWER LEG PROCEDURES EXCEPT FOOT	3132	APR-DRG	inpatient					Horizon	NJ Health						20758	22353.56	case rate	
KNEE & LOWER LEG PROCEDURES EXCEPT FOOT	3133	APR-DRG	inpatient					Horizon	NJ Health						31773	34215.44	case rate	
KNEE & LOWER LEG PROCEDURES EXCEPT FOOT	3134	APR-DRG	inpatient					Horizon	NJ Health						64649	69619.15	case rate	
FOOT & TOE PROCEDURES	3141	APR-DRG	inpatient					Horizon	NJ Health						13871	14937.17	case rate	
FOOT & TOE PROCEDURES	3142	APR-DRG	inpatient					Horizon	NJ Health						15744	16954	case rate	
FOOT & TOE PROCEDURES	3143	APR-DRG	inpatient					Horizon	NJ Health						21955	23643.28	case rate	
FOOT & TOE PROCEDURES	3144	APR-DRG	inpatient					Horizon	NJ Health						47322	50960.48	case rate	
SHOULDER, UPPER ARM & FOREARM PROCEDURES EXCEPT JOINT REPLACEMENT	3151	APR-DRG	inpatient					Horizon	NJ Health						12509	13470.29	case rate	
SHOULDER, UPPER ARM & FOREARM PROCEDURES EXCEPT JOINT REPLACEMENT	3152	APR-DRG	inpatient					Horizon	NJ Health						21160	22786.28	case rate	
SHOULDER, UPPER ARM & FOREARM PROCEDURES EXCEPT JOINT REPLACEMENT	3153	APR-DRG	inpatient					Horizon	NJ Health						30441	32780.98	case rate	
SHOULDER, UPPER ARM & FOREARM PROCEDURES EXCEPT JOINT REPLACEMENT	3154	APR-DRG	inpatient					Horizon	NJ Health						61586	66321.11	case rate	
HAND & WRIST PROCEDURES	3161	APR-DRG	inpatient					Horizon	NJ Health						10892	11728.94	case rate	
HAND & WRIST PROCEDURES	3162	APR-DRG	inpatient					Horizon	NJ Health						15491	16682.31	case rate	
HAND & WRIST PROCEDURES	3163	APR-DRG	inpatient					Horizon	NJ Health						24854	26765.04	case rate	
HAND & WRIST PROCEDURES	3164	APR-DRG	inpatient					Horizon	NJ Health						47569	51225.97	case rate	
TENDON, MUSCLE & OTHER SOFT TISSUE PROCEDURES	3171	APR-DRG	inpatient					Horizon	NJ Health						12028	12952.96	case rate	
TENDON, MUSCLE & OTHER SOFT TISSUE PROCEDURES	3172	APR-DRG	inpatient					Horizon	NJ Health						16874	18171.65	case rate	
TENDON, MUSCLE & OTHER SOFT TISSUE PROCEDURES	3173	APR-DRG	inpatient					Horizon	NJ Health						28979	31207.48	case rate	
TENDON, MUSCLE & OTHER SOFT TISSUE PROCEDURES	3174	APR-DRG	inpatient					Horizon	NJ Health						68301	73552.1	case rate	
OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE PROCEDURES	3201	APR-DRG	inpatient					Horizon	NJ Health						13725	14780.04	case rate	
OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE PROCEDURES	3202	APR-DRG	inpatient					Horizon	NJ Health						21098	22720.13	case rate	
OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE PROCEDURES	3203	APR-DRG	inpatient					Horizon	NJ Health						30042	32351.22	case rate	
OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE PROCEDURES	3204	APR-DRG	inpatient					Horizon	NJ Health						56708	61067.41	case rate	
CERVICAL SPINAL FUSION & OTHER BACK/NECK PROC EXC DISC EXCIS/DECOMP	3211	APR-DRG	inpatient					Horizon	NJ Health						22560	24294.73	case rate	
CERVICAL SPINAL FUSION & OTHER BACK/NECK PROC EXC DISC EXCIS/DECOMP	3212	APR-DRG	inpatient					Horizon	NJ Health						29242	31489.7	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101191	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CERVICAL SPINAL FUSION & OTHER BACK/NECK PROC EXC DISC EXCIS/DECOMP	3213	APR-DRG	inpatient					Horizon	NJ Health		48855				48855	52610.56	case rate	
CERVICAL SPINAL FUSION & OTHER BACK/NECK PROC EXC DISC EXCIS/DECOMP	3214	APR-DRG	inpatient					Horizon	NJ Health		91658				91658	98704.49	case rate	
SHOULDER & ELBOW JOINT REPLACEMENT	3221	APR-DRG	inpatient					Horizon	NJ Health		20590				20590	22172.69	case rate	
SHOULDER & ELBOW JOINT REPLACEMENT	3222	APR-DRG	inpatient					Horizon	NJ Health		22443				22443	24168.27	case rate	
SHOULDER & ELBOW JOINT REPLACEMENT	3223	APR-DRG	inpatient					Horizon	NJ Health		31710				31710	34147.91	case rate	
SHOULDER & ELBOW JOINT REPLACEMENT	3224	APR-DRG	inpatient					Horizon	NJ Health		53180				53180	57268.41	case rate	
FRACTURE OF FEMUR	3401	APR-DRG	inpatient					Horizon	NJ Health		6431				6431	6925.68	case rate	
FRACTURE OF FEMUR	3402	APR-DRG	inpatient					Horizon	NJ Health		7618				7618	8203.74	case rate	
FRACTURE OF FEMUR	3403	APR-DRG	inpatient					Horizon	NJ Health		11426				11426	12304.82	case rate	
FRACTURE OF FEMUR	3404	APR-DRG	inpatient					Horizon	NJ Health		26259				26259	28278.03	case rate	
FRACTURE OF PELVIS OR DISLOCATION OF HIP	3411	APR-DRG	inpatient					Horizon	NJ Health		6520				6520	7021.38	case rate	
FRACTURE OF PELVIS OR DISLOCATION OF HIP	3412	APR-DRG	inpatient					Horizon	NJ Health		7909				7909	8517	case rate	
FRACTURE OF PELVIS OR DISLOCATION OF HIP	3413	APR-DRG	inpatient					Horizon	NJ Health		10584				10584	11397.38	case rate	
FRACTURE OF PELVIS OR DISLOCATION OF HIP	3414	APR-DRG	inpatient					Horizon	NJ Health		25091				25091	27019.65	case rate	
FRACTURES & DISLOCATIONS EXCEPT FEMUR, PELVIS & BACK	3421	APR-DRG	inpatient					Horizon	NJ Health		6809				6809	7332.24	case rate	
FRACTURES & DISLOCATIONS EXCEPT FEMUR, PELVIS & BACK	3422	APR-DRG	inpatient					Horizon	NJ Health		8802				8802	9479.13	case rate	
FRACTURES & DISLOCATIONS EXCEPT FEMUR, PELVIS & BACK	3423	APR-DRG	inpatient					Horizon	NJ Health		12022				12022	12946.03	case rate	
FRACTURES & DISLOCATIONS EXCEPT FEMUR, PELVIS & BACK	3424	APR-DRG	inpatient					Horizon	NJ Health		27726				27726	29857.26	case rate	
MUSCULOSKELETAL MALIGNANCY & PATHOL FRACTURE D/T MUSCSKEL MALIG	3431	APR-DRG	inpatient					Horizon	NJ Health		10574				10574	11387.32	case rate	
MUSCULOSKELETAL MALIGNANCY & PATHOL FRACTURE D/T MUSCSKEL MALIG	3432	APR-DRG	inpatient					Horizon	NJ Health		12651				12651	13623.45	case rate	
MUSCULOSKELETAL MALIGNANCY & PATHOL FRACTURE D/T MUSCSKEL MALIG	3433	APR-DRG	inpatient					Horizon	NJ Health		20177				20177	21728.07	case rate	
MUSCULOSKELETAL MALIGNANCY & PATHOL FRACTURE D/T MUSCSKEL MALIG	3434	APR-DRG	inpatient					Horizon	NJ Health		33959				33959	36569.36	case rate	
OSTEOMYELITIS, SEPTIC ARTHRITIS & OTHER MUSCULOSKELETAL INFECTIONS	3441	APR-DRG	inpatient					Horizon	NJ Health		9712				9712	10459.09	case rate	
OSTEOMYELITIS, SEPTIC ARTHRITIS & OTHER MUSCULOSKELETAL INFECTIONS	3442	APR-DRG	inpatient					Horizon	NJ Health		12263				12263	13205.9	case rate	
OSTEOMYELITIS, SEPTIC ARTHRITIS & OTHER MUSCULOSKELETAL INFECTIONS	3443	APR-DRG	inpatient					Horizon	NJ Health		18325				18325	19733.59	case rate	
OSTEOMYELITIS, SEPTIC ARTHRITIS & OTHER MUSCULOSKELETAL INFECTIONS	3444	APR-DRG	inpatient					Horizon	NJ Health		33775				33775	36371.2	case rate	
CONNECTIVE TISSUE DISORDERS	3461	APR-DRG	inpatient					Horizon	NJ Health		8782				8782	9456.68	case rate	
CONNECTIVE TISSUE DISORDERS	3462	APR-DRG	inpatient					Horizon	NJ Health		11692				11692	12590.53	case rate	
CONNECTIVE TISSUE DISORDERS	3463	APR-DRG	inpatient					Horizon	NJ Health		19654				19654	21164.65	case rate	
CONNECTIVE TISSUE DISORDERS	3464	APR-DRG	inpatient					Horizon	NJ Health		48051				48051	51744.87	case rate	
OTHER BACK & NECK DISORDERS, FRACTURES & INJURIES	3471	APR-DRG	inpatient					Horizon	NJ Health		8259				8259	8893.91	case rate	
OTHER BACK & NECK DISORDERS, FRACTURES & INJURIES	3472	APR-DRG	inpatient					Horizon	NJ Health		10195				10195	10978.63	case rate	
OTHER BACK & NECK DISORDERS, FRACTURES & INJURIES	3473	APR-DRG	inpatient					Horizon	NJ Health		13986				13986	15061.14	case rate	
OTHER BACK & NECK DISORDERS, FRACTURES & INJURIES	3474	APR-DRG	inpatient					Horizon	NJ Health		33157				33157	35705.79	case rate	
MALFUNCTION, REACTION, COMPLIC OF ORTHOPEDIC DEVICE OR PROCEDURE	3491	APR-DRG	inpatient					Horizon	NJ Health		6951				6951	7485.4	case rate	
MALFUNCTION, REACTION, COMPLIC OF ORTHOPEDIC DEVICE OR PROCEDURE	3492	APR-DRG	inpatient					Horizon	NJ Health		9943				9943	10707.41	case rate	
MALFUNCTION, REACTION, COMPLIC OF ORTHOPEDIC DEVICE OR PROCEDURE	3493	APR-DRG	inpatient					Horizon	NJ Health		15158				15158	16323.7	case rate	
MALFUNCTION, REACTION, COMPLIC OF ORTHOPEDIC DEVICE OR PROCEDURE	3494	APR-DRG	inpatient					Horizon	NJ Health		31087				31087	33477.05	case rate	
OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE DIAGNOSES	3511	APR-DRG	inpatient					Horizon	NJ Health		7030				7030	7570.66	case rate	
OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE DIAGNOSES	3512	APR-DRG	inpatient					Horizon	NJ Health		8146				8146	8772.43	case rate	
OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE DIAGNOSES	3513	APR-DRG	inpatient					Horizon	NJ Health		13219				13219	14235.19	case rate	
OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE DIAGNOSES	3514	APR-DRG	inpatient					Horizon	NJ Health		29286				29286	31515.65	case rate	
SKIN GRAFT FOR SKIN & SUBCUTANEOUS TISSUE DIAGNOSES	3611	APR-DRG	inpatient					Horizon	NJ Health		18285				18285	19690.27	case rate	
SKIN GRAFT FOR SKIN & SUBCUTANEOUS TISSUE DIAGNOSES	3612	APR-DRG	inpatient					Horizon	NJ Health		24531				24531	26417.15	case rate	
SKIN GRAFT FOR SKIN & SUBCUTANEOUS TISSUE DIAGNOSES	3613	APR-DRG	inpatient					Horizon	NJ Health		35239				35239	37948.39	case rate	
SKIN GRAFT FOR SKIN & SUBCUTANEOUS TISSUE DIAGNOSES	3614	APR-DRG	inpatient					Horizon	NJ Health		77395				77395	83344.95	case rate	
MASTECTOMY PROCEDURES	3621	APR-DRG	inpatient					Horizon	NJ Health		17668				17668	19026.07	case rate	
MASTECTOMY PROCEDURES	3622	APR-DRG	inpatient					Horizon	NJ Health		21592				21592	23251.78	case rate	
MASTECTOMY PROCEDURES	3623	APR-DRG	inpatient					Horizon	NJ Health		26572				26572	28614.57	case rate	
MASTECTOMY PROCEDURES	3624	APR-DRG	inpatient					Horizon	NJ Health		55956				55956	60258.27	case rate	
BREAST PROCEDURES EXCEPT MASTECTOMY	3631	APR-DRG	inpatient					Horizon	NJ Health		13785				13785	14845.26	case rate	
BREAST PROCEDURES EXCEPT MASTECTOMY	3632	APR-DRG	inpatient					Horizon	NJ Health		23261				23261	25048.83	case rate	
BREAST PROCEDURES EXCEPT MASTECTOMY	3633	APR-DRG	inpatient					Horizon	NJ Health		29697				29697	31979.68	case rate	
BREAST PROCEDURES EXCEPT MASTECTOMY	3634	APR-DRG	inpatient					Horizon	NJ Health		57197				57197	61594.71	case rate	
OTHER SKIN, SUBCUTANEOUS TISSUE & RELATED PROCEDURES	3641	APR-DRG	inpatient					Horizon	NJ Health		11134				11134	11989.73	case rate	
OTHER SKIN, SUBCUTANEOUS TISSUE & RELATED PROCEDURES	3642	APR-DRG	inpatient					Horizon	NJ Health		15388				15388	16570.72	case rate	
OTHER SKIN, SUBCUTANEOUS TISSUE & RELATED PROCEDURES	3643	APR-DRG	inpatient					Horizon	NJ Health		23918				23918	25758.63	case rate	
OTHER SKIN, SUBCUTANEOUS TISSUE & RELATED PROCEDURES	3644	APR-DRG	inpatient					Horizon	NJ Health		46865				46865	50467.54	case rate	
SKIN ULCERS	3801	APR-DRG	inpatient					Horizon	NJ Health		7630				7630	8216.4	case rate	
SKIN ULCERS	3802	APR-DRG	inpatient					Horizon	NJ Health		9147				9147	9850.13	case rate	
SKIN ULCERS	3803	APR-DRG	inpatient					Horizon	NJ Health		13222				13222	14238.05	case rate	
SKIN ULCERS	3804	APR-DRG	inpatient					Horizon	NJ Health		25954				25954	27948.98	case rate	
MAJOR SKIN DISORDERS	3811	APR-DRG	inpatient					Horizon	NJ Health		6138				6138	6610.29	case rate	
MAJOR SKIN DISORDERS	3812	APR-DRG	inpatient					Horizon	NJ Health		10818				10818	11649.67	case rate	
MAJOR SKIN DISORDERS	3813	APR-DRG	inpatient					Horizon	NJ Health		19525				19525	21026.08	case rate	
MAJOR SKIN DISORDERS	3814	APR-DRG	inpatient					Horizon	NJ Health		52795				52795	56853.45	case rate	
MALIGNANT BREAST DISORDERS	3821	APR-DRG	inpatient					Horizon	NJ Health		8327				8327	8967.07	case rate	
MALIGNANT BREAST DISORDERS	3822	APR-DRG	inpatient					Horizon	NJ Health		9877				9877	10636.65	case rate	
MALIGNANT BREAST DISORDERS	3823	APR-DRG	inpatient					Horizon	NJ Health		15654				15654	16857.09	case rate	
MALIGNANT BREAST DISORDERS	3824	APR-DRG	inpatient					Horizon	NJ Health		26329				26329	28353.42	case rate	
CELLULITIS & OTHER SKIN INFECTIONS	3831	APR-DRG	inpatient					Horizon	NJ Health		6023				6023	6486.51	case rate	
CELLULITIS & OTHER SKIN INFECTIONS	3832	APR-DRG	inpatient					Horizon	NJ Health		8017				8017	8633.03	case rate	
CELLULITIS & OTHER SKIN INFECTIONS	3833	APR-DRG	inpatient					Horizon	NJ Health		12308				12308	13254.48	case rate	
CELLULITIS & OTHER SKIN INFECTIONS	3834	APR-DRG	inpatient					Horizon	NJ Health		29119				29119	31357.31	case rate	
CONTUSION, OPEN WOUND & OTHER TRAUMA TO SKIN & SUBCUTANEOUS TISSUE	3841	APR-DRG	inpatient					Horizon	NJ Health		7716				7716	8309.05	case rate	
CONTUSION, OPEN WOUND & OTHER TRAUMA TO SKIN & SUBCUTANEOUS TISSUE	3842	APR-DRG	inpatient					Horizon	NJ Health		9146				9146	9849.57	case rate	
CONTUSION, OPEN WOUND & OTHER TRAUMA TO SKIN & SUBCUTANEOUS TISSUE	3843	APR-DRG	inpatient					Horizon	NJ Health		13401				13401	14431.77	case rate	
CONTUSION, OPEN WOUND & OTHER TRAUMA TO SKIN & SUBCUTANEOUS TISSUE	3844	APR-DRG	inpatient					Horizon	NJ Health		33906				33906	36512.54	case rate	
OTHER SKIN, SUBCUTANEOUS TISSUE & BREAST DISORDERS	3851	APR-DRG	inpatient					Horizon	NJ Health		5744				5744	6185.16	case rate	
OTHER SKIN, SUBCUTANEOUS TISSUE & BREAST DISORDERS	3852	APR-DRG	inpatient					Horizon	NJ Health		7609				7609	8193.67	case rate	
OTHER SKIN, SUBCUTANEOUS TISSUE & BREAST DISORDERS	3853	APR-DRG	inpatient					Horizon	NJ Health		12158				12158	13092.73	case rate	
OTHER SKIN, SUBCUTANEOUS TISSUE & BREAST DISORDERS	3854	APR-DRG	inpatient					Horizon	NJ Health		24962				24962	26880.69	case rate	
PITUITARY & ADRENAL PROCEDURES	4011	APR-DRG	inpatient					Horizon	NJ Health		19914				19914	21445.38	case rate	
PITUITARY & ADRENAL PROCEDURES	4012	APR-DRG	inpatient					Horizon	NJ Health		26773				26773	28831.76	case rate	
PITUITARY & ADRENAL PROCEDURES	4013	APR-DRG	inpatient					Horizon	NJ Health		45065				45065	48529.97	case rate	
PITUITARY & ADRENAL PROCEDURES	4014	APR-DRG	inpatient					Horizon	NJ Health		97506				97506	105002.81	case rate	
PROCEDURES FOR OBESITY	4031	APR-DRG	inpatient					Horizon	NJ Health		17380				17380	18716.59	case rate	
PROCEDURES FOR OBESITY	4032	APR-DRG	inpatient					Horizon	NJ Health		19302				19302	20786.08	case rate	
PROCEDURES FOR OBESITY	4033	APR-DRG	inpatient					Horizon	NJ Health		29334				29334	31589.28	case rate	
PROCEDURES FOR OBESITY	4034	APR-DRG	inpatient					Horizon	NJ Health		82589				82589	88938.34	case rate	
THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES	4041	APR-DRG	inpatient					Horizon	NJ Health		11095				11095	11948.15	case rate	
THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES	4042	APR-DRG	inpatient					Horizon	NJ Health		14866				14866	16008.87	case rate	
THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES	4043	APR-DRG	inpatient					Horizon	NJ Health		28289				28289	30463.64	case rate	
THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES	4044	APR-DRG	inpatient					Horizon	NJ Health		67798				67798	73010.03	case rate	
OTHER PROCEDURES FOR ENDOCRINE, NUTRITIONAL & METABOLIC DISORDERS	4051	APR-DRG	inpatient					Horizon	NJ Health		17255				17255	18581.54	case rate	
OTHER PROCEDURES FOR ENDOCRINE, NUTRITIONAL & METABOLIC DISORDERS	4052	APR-DRG	inpatient					Horizon	NJ Health		21390				21390	23034.13	case rate	
OTHER PROCEDURES FOR ENDOCRINE, NUTRITIONAL & METABOLIC DISORDERS	4053	APR-DRG	inpatient					Horizon	NJ Health		31781				31781	34224.03	case rate	
OTHER PROCEDURES FOR ENDOCRINE, NUTRITIONAL & METABOLIC DISORDERS	4054	APR-DRG	inpatient					Horizon	NJ Health		72471				72471	78042.47	case rate	
DIABETES	4201	APR-DRG	inpatient					Horizon	NJ Health		5600				5600	6030.98	case rate	
DIABETES	4202	APR-DRG	inpatient					Horizon	NJ Health		7237				7237	7793.67	case rate	
DIABETES	4203	APR-DRG	inpatient					Horizon	NJ Health		10860				10860	11695.22	case rate	
DIABETES	4204	APR-DRG	inpatient					Horizon	NJ Health		26481				26481	28516.96	case rate	
MALNUTRITION, FAILURE TO THRIVE & OTHER NUTRITIONAL DISORDERS	4211	APR-DRG	inpatient					Horizon	NJ Health		7536				7536	8115.52	case rate	
MALNUTRITION, FAILURE TO THRIVE & OTHER NUTRITIONAL DISORDERS	4212	APR-DRG	inpatient					Horizon	NJ Health		8373				8373	9017.24	case rate	
MALNUTRITION, FAILURE TO THRIVE & OTHER NUTRITIONAL DISORDERS	4213	APR-DRG	inpatient					Horizon	NJ Health		12841				12841	13826.25	case rate	
MALNUTRITION, FAILURE TO THRIVE & OTHER NUTRITIONAL DISORDERS	4214	APR-DRG	inpatient					Horizon	NJ Health		27227				27227	29320.17	case rate	
HYPOVOLEMIA & RELATED ELECTROLYTE DISORDERS	4221	APR-DRG	inpatient					Horizon	NJ Health		4511				4511	4857.3	case rate	
HYPOVOLEMIA & RELATED ELECTROLYTE DISORDERS	4222	APR-DRG	inpatient					Horizon	NJ Health		6471				6471	6968.17	case rate	
HYPOVOLEMIA & RELATED ELECTROLYTE DISORDERS	4223	APR-DRG	inpatient					Horizon	NJ Health		9465				9465	10192.48	case rate	
HYPOVOLEMIA & RELATED ELECTROLYTE DISORDERS	4224	APR-DRG	inpatient					Horizon	NJ Health		20499				20499	22074.95	case rate	
INBORN ERRORS OF METABOLISM	4231	APR-DRG	inpatient					Horizon	NJ Health		8230				8230	8862.96	case rate	
INBORN ERRORS OF METABOLISM	4232	APR-DRG	inpatient					Horizon	NJ Health		10728				10728	11552.77	case rate	
INBORN ERRORS OF METABOLISM	4233	APR-DRG	inpatient					Horizon	NJ Health		16930				16930	18232.07	case rate	
INBORN ERRORS OF METABOLISM	4234	APR-DRG	inpatient					Horizon	NJ Health		32805				32805	35327.22	case rate	
OTHER ENDOCRINE DISORDERS	4241	APR-DRG	inpatient					Horizon	NJ Health		6882				6882	7411.41	case rate	
OTHER ENDOCRINE DISORDERS	4242	APR-DRG	inpatient					Horizon	NJ Health		9353				9353	10072.21	case rate	
OTHER ENDOCRINE DISORDERS	4243	APR-DRG	inpatient					Horizon	NJ Health		14179				14179	15268.63	case rate	
OTHER ENDOCRINE DISORDERS	4244	APR-DRG	inpatient					Horizon	NJ Health		30049				30049	32358.89	case rate	
ELECTROLYTE DISORDERS EXCEPT HYPOVOLEMIA RELATED	4251	APR-DRG	inpatient					Horizon	NJ Health		5598				5598	6028.39	case rate	
ELECTROLYTE DISORDERS EXCEPT HYPOVOLEMIA RELATED	4252	APR-DRG	inpatient					Horizon	NJ Health		7212				7212	7766.97	case rate	
ELECTROLYTE DISORDERS EXCEPT HYPOVOLEMIA RELATED	4253	APR-DRG	inpatient					Horizon	NJ Health		10816				10816	11647.52	case rate	
ELECTROLYTE DISORDERS EXCEPT HYPOVOLEMIA RELATED	4254	APR-DRG	inpatient					Horizon	NJ Health		24264				24264	26129.58	case rate	
KIDNEY TRANSPLANT	4401	APR-DRG	inpatient					Horizon	NJ Health		66803				66803	71938.89	case rate	
KIDNEY TRANSPLANT	4402	APR-DRG	inpatient					Horizon	NJ Health		69900				69900	75273.87	case rate	
KIDNEY TRANSPLANT	4403	APR-DRG	inpatient					Horizon	NJ Health		79041				79041	85117.57	case rate	
KIDNEY TRANSPLANT	4404	APR-DRG	inpatient					Horizon	NJ Health		125133				125133	134753	case rate	
MAJOR BLADDER PROCEDURES	4411	APR-DRG	inpatient					Horizon	NJ Health		19699				19699	21213.06	case rate	
MAJOR BLADDER PROCEDURES	4412	APR-DRG	inpatient					Horizon	NJ Health		30534				30534	32881.21	case rate	
MAJOR BLADDER PROCEDURES	4413	APR-DRG	inpatient					Horizon	NJ Health		41530				41530	44722.93	case rate	
MAJOR BLADDER PROCEDURES	4414	APR-DRG	inpatient					Horizon	NJ Health		83587				83587	90012.8	case rate	
KIDNEY & URINARY TRACT PROCEDURES FOR MALIGNANCY	4421	APR-DRG	inpatient					Horizon	NJ Health		18154				18154	19549.21	case rate	
KIDNEY & URINARY TRACT PROCEDURES FOR MALIGNANCY	4422	APR-DRG	inpatient					Horizon	NJ Health		21032				21032	22648.91	case rate	
KIDNEY & URINARY TRACT PROCEDURES FOR MALIGNANCY	4423	APR-DRG	inpatient					Horizon	NJ Health		32476				32476	34973.32	case rate	
KIDNEY & URINARY TRACT PROCEDURES FOR MALIGNANCY	4424	APR-DRG	inpatient					Horizon	NJ Health		64617				64617	69584.32	case rate	
KIDNEY & URINARY TRACT PROCEDURES FOR NONMALIGNANCY	4431	APR-DRG	inpatient					Horizon	NJ Health		15894				15894	17115.48	case rate	
KIDNEY & URINARY TRACT PROCEDURES FOR NONMALIGNANCY	4432	APR-DRG	inpatient					Horizon	NJ Health		18671				18671	20106.44	case rate	
KIDNEY & URINARY TRACT PROCEDURES FOR NONMALIGNANCY	4433	APR-DRG	inpatient					Horizon	NJ Health		27290				27290	29388.62	case rate	
KIDNEY & URINARY TRACT PROCEDURES FOR NONMALIGNANCY	4434	APR-DRG	inpatient					Horizon	NJ Health		56734				56734	61095.87	case rate	
RENAL DIALYSIS ACCESS DEVICE PROCEDURE ONLY	4441	APR-DRG	inpatient					Horizon	NJ Health		14477				14477	15590.02	case rate	
RENAL DIALYSIS ACCESS DEVICE PROCEDURE ONLY	4442	APR-DRG	inpatient					Horizon	NJ Health		19534				19534	21035.96	case rate	
RENAL DIALYSIS ACCESS DEVICE PROCEDURE ONLY	4443	APR-DRG	inpatient					Horizon	NJ Health		31396				31396	33810.08	case rate	
RENAL DIALYSIS ACCESS DEVICE PROCEDURE ONLY	4444	APR-DRG	inpatient					Horizon	NJ Health		59390				59390	63955.93	case rate	
OTHER BLADDER PROCEDURES	4451	APR-DRG	inpatient					Horizon	NJ Health		12551				12551	13515.92	case rate	
OTHER BLADDER PROCEDURES	4452	APR-DRG	inpatient					Horizon	NJ Health		17153				17153	18471.33	case rate	
OTHER BLADDER PROCEDURES	4453	APR-DRG	inpatient					Horizon	NJ Health		22331				22331	24048.26	case rate	
OTHER BLADDER PROCEDURES	4454	APR-DRG	inpatient					Horizon	NJ Health		46342				46342	49904.67	case rate	
URETHRAL & TRANSURETHRAL PROCEDURES	4461	APR-DRG	inpatient					Horizon	NJ Health		9610				9610	10348.51	case rate	
URETHRAL & TRANSURETHRAL PROCEDURES	4462	APR-DRG	inpatient					Horizon	NJ Health		11885				11885	12798.32	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
URETHRAL & TRANSURETHRAL PROCEDURES	4463	APR-DRG	inpatient					Horizon	NJ Health						19434	209027.97	case rate	
URETHRAL & TRANSURETHRAL PROCEDURES	4464	APR-DRG	inpatient					Horizon	NJ Health						42053	45286.26	case rate	
OTHER KIDNEY, URINARY TRACT & RELATED PROCEDURES	4471	APR-DRG	inpatient					Horizon	NJ Health						16309	17662.41	case rate	
OTHER KIDNEY, URINARY TRACT & RELATED PROCEDURES	4472	APR-DRG	inpatient					Horizon	NJ Health						20646	22233.57	case rate	
OTHER KIDNEY, URINARY TRACT & RELATED PROCEDURES	4473	APR-DRG	inpatient					Horizon	NJ Health						29505	31773.85	case rate	
OTHER KIDNEY, URINARY TRACT & RELATED PROCEDURES	4474	APR-DRG	inpatient					Horizon	NJ Health						67426	72610.03	case rate	
KIDNEY & URINARY TRACT MALIGNANCY	4611	APR-DRG	inpatient					Horizon	NJ Health						7578	8160.78	case rate	
KIDNEY & URINARY TRACT MALIGNANCY	4612	APR-DRG	inpatient					Horizon	NJ Health						9909	10670.45	case rate	
KIDNEY & URINARY TRACT MALIGNANCY	4613	APR-DRG	inpatient					Horizon	NJ Health						15319	16496.63	case rate	
KIDNEY & URINARY TRACT MALIGNANCY	4614	APR-DRG	inpatient					Horizon	NJ Health						27888	30032.23	case rate	
NEPHRITIS & NEPHROSIS	4621	APR-DRG	inpatient					Horizon	NJ Health						6243	6723.27	case rate	
NEPHRITIS & NEPHROSIS	4622	APR-DRG	inpatient					Horizon	NJ Health						8808	9485.51	case rate	
NEPHRITIS & NEPHROSIS	4623	APR-DRG	inpatient					Horizon	NJ Health						16274	17525.18	case rate	
NEPHRITIS & NEPHROSIS	4624	APR-DRG	inpatient					Horizon	NJ Health						32891	35419.69	case rate	
KIDNEY & URINARY TRACT INFECTIONS	4631	APR-DRG	inpatient					Horizon	NJ Health						6033	6497.22	case rate	
KIDNEY & URINARY TRACT INFECTIONS	4632	APR-DRG	inpatient					Horizon	NJ Health						7602	8186.1	case rate	
KIDNEY & URINARY TRACT INFECTIONS	4633	APR-DRG	inpatient					Horizon	NJ Health						10558	11369.95	case rate	
KIDNEY & URINARY TRACT INFECTIONS	4634	APR-DRG	inpatient					Horizon	NJ Health						20653	22241.14	case rate	
URINARY STONES & ACQUIRED UPPER URINARY TRACT OBSTRUCTION	4651	APR-DRG	inpatient					Horizon	NJ Health						6637	7147.48	case rate	
URINARY STONES & ACQUIRED UPPER URINARY TRACT OBSTRUCTION	4652	APR-DRG	inpatient					Horizon	NJ Health						7948	8559.22	case rate	
URINARY STONES & ACQUIRED UPPER URINARY TRACT OBSTRUCTION	4653	APR-DRG	inpatient					Horizon	NJ Health						12181	13117.4	case rate	
URINARY STONES & ACQUIRED UPPER URINARY TRACT OBSTRUCTION	4654	APR-DRG	inpatient					Horizon	NJ Health						26559	28600.91	case rate	
MALFUNCTION, REACTION, COMPLIC OF GENITOURINARY DEVICE OR PROC	4661	APR-DRG	inpatient					Horizon	NJ Health						6318	6803.83	case rate	
MALFUNCTION, REACTION, COMPLIC OF GENITOURINARY DEVICE OR PROC	4662	APR-DRG	inpatient					Horizon	NJ Health						8800	9476.18	case rate	
MALFUNCTION, REACTION, COMPLIC OF GENITOURINARY DEVICE OR PROC	4663	APR-DRG	inpatient					Horizon	NJ Health						13404	14435	case rate	
MALFUNCTION, REACTION, COMPLIC OF GENITOURINARY DEVICE OR PROC	4664	APR-DRG	inpatient					Horizon	NJ Health						23822	25653.17	case rate	
OTHER KIDNEY & URINARY TRACT DIAGNOSES, SIGNS & SYMPTOMS	4681	APR-DRG	inpatient					Horizon	NJ Health						6605	7112.28	case rate	
OTHER KIDNEY & URINARY TRACT DIAGNOSES, SIGNS & SYMPTOMS	4682	APR-DRG	inpatient					Horizon	NJ Health						8968	9656.96	case rate	
OTHER KIDNEY & URINARY TRACT DIAGNOSES, SIGNS & SYMPTOMS	4683	APR-DRG	inpatient					Horizon	NJ Health						13074	14079.06	case rate	
OTHER KIDNEY & URINARY TRACT DIAGNOSES, SIGNS & SYMPTOMS	4684	APR-DRG	inpatient					Horizon	NJ Health						26335	28359.42	case rate	
ACUTE KIDNEY INJURY	4691	APR-DRG	inpatient					Horizon	NJ Health						6254	6734.63	case rate	
ACUTE KIDNEY INJURY	4692	APR-DRG	inpatient					Horizon	NJ Health						8357	8999.41	case rate	
ACUTE KIDNEY INJURY	4693	APR-DRG	inpatient					Horizon	NJ Health						13533	14573.2	case rate	
ACUTE KIDNEY INJURY	4694	APR-DRG	inpatient					Horizon	NJ Health						30702	33062.73	case rate	
CHRONIC KIDNEY DISEASE	4701	APR-DRG	inpatient					Horizon	NJ Health						6647	7158.01	case rate	
CHRONIC KIDNEY DISEASE	4702	APR-DRG	inpatient					Horizon	NJ Health						8463	9113.21	case rate	
CHRONIC KIDNEY DISEASE	4703	APR-DRG	inpatient					Horizon	NJ Health						12460	13417.81	case rate	
CHRONIC KIDNEY DISEASE	4704	APR-DRG	inpatient					Horizon	NJ Health						26710	28763.96	case rate	
MAJOR MALE PELVIC PROCEDURES	4801	APR-DRG	inpatient					Horizon	NJ Health						16836	18130.45	case rate	
MAJOR MALE PELVIC PROCEDURES	4802	APR-DRG	inpatient					Horizon	NJ Health						18555	19981.08	case rate	
MAJOR MALE PELVIC PROCEDURES	4803	APR-DRG	inpatient					Horizon	NJ Health						30287	32614.97	case rate	
MAJOR MALE PELVIC PROCEDURES	4804	APR-DRG	inpatient					Horizon	NJ Health						67582	72777.78	case rate	
PENIS PROCEDURES	4811	APR-DRG	inpatient					Horizon	NJ Health						10772	11599.88	case rate	
PENIS PROCEDURES	4812	APR-DRG	inpatient					Horizon	NJ Health						17553	18902.92	case rate	
PENIS PROCEDURES	4813	APR-DRG	inpatient					Horizon	NJ Health						24440	26318.86	case rate	
PENIS PROCEDURES	4814	APR-DRG	inpatient					Horizon	NJ Health						56406	60742.24	case rate	
TRANSURETHRAL PROSTATECTOMY	4821	APR-DRG	inpatient					Horizon	NJ Health						9060	9756.54	case rate	
TRANSURETHRAL PROSTATECTOMY	4822	APR-DRG	inpatient					Horizon	NJ Health						11823	12732.08	case rate	
TRANSURETHRAL PROSTATECTOMY	4823	APR-DRG	inpatient					Horizon	NJ Health						21522	23176.48	case rate	
TRANSURETHRAL PROSTATECTOMY	4824	APR-DRG	inpatient					Horizon	NJ Health						42957	46259.38	case rate	
TESTES & SCROTAL PROCEDURES	4831	APR-DRG	inpatient					Horizon	NJ Health						9589	10325.87	case rate	
TESTES & SCROTAL PROCEDURES	4832	APR-DRG	inpatient					Horizon	NJ Health						17345	18678.26	case rate	
TESTES & SCROTAL PROCEDURES	4833	APR-DRG	inpatient					Horizon	NJ Health						29116	31354.91	case rate	
TESTES & SCROTAL PROCEDURES	4834	APR-DRG	inpatient					Horizon	NJ Health						81770	88056.95	case rate	
OTHER MALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES	4841	APR-DRG	inpatient					Horizon	NJ Health						12453	13410.8	case rate	
OTHER MALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES	4842	APR-DRG	inpatient					Horizon	NJ Health						17771	19137.56	case rate	
OTHER MALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES	4843	APR-DRG	inpatient					Horizon	NJ Health						22759	24509.06	case rate	
OTHER MALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES	4844	APR-DRG	inpatient					Horizon	NJ Health						57655	62087.37	case rate	
MALIGNANCY, MALE REPRODUCTIVE SYSTEM	5001	APR-DRG	inpatient					Horizon	NJ Health						7705	8297.88	case rate	
MALIGNANCY, MALE REPRODUCTIVE SYSTEM	5002	APR-DRG	inpatient					Horizon	NJ Health						9800	10553.69	case rate	
MALIGNANCY, MALE REPRODUCTIVE SYSTEM	5003	APR-DRG	inpatient					Horizon	NJ Health						15500	16691.55	case rate	
MALIGNANCY, MALE REPRODUCTIVE SYSTEM	5004	APR-DRG	inpatient					Horizon	NJ Health						25430	27385.19	case rate	
MALE REPRODUCTIVE SYSTEM DIAGNOSES EXCEPT MALIGNANCY	5011	APR-DRG	inpatient					Horizon	NJ Health						6141	6613.25	case rate	
MALE REPRODUCTIVE SYSTEM DIAGNOSES EXCEPT MALIGNANCY	5012	APR-DRG	inpatient					Horizon	NJ Health						8440	9088.65	case rate	
MALE REPRODUCTIVE SYSTEM DIAGNOSES EXCEPT MALIGNANCY	5013	APR-DRG	inpatient					Horizon	NJ Health						12755	13736.15	case rate	
MALE REPRODUCTIVE SYSTEM DIAGNOSES EXCEPT MALIGNANCY	5014	APR-DRG	inpatient					Horizon	NJ Health						32225	34702.55	case rate	
PELVIC EVISCERATION, RADICAL HYSTERECTOMY & OTHER RADICAL GYN PROCS	5101	APR-DRG	inpatient					Horizon	NJ Health						17033	18342.73	case rate	
PELVIC EVISCERATION, RADICAL HYSTERECTOMY & OTHER RADICAL GYN PROCS	5102	APR-DRG	inpatient					Horizon	NJ Health						21132	22757.17	case rate	
PELVIC EVISCERATION, RADICAL HYSTERECTOMY & OTHER RADICAL GYN PROCS	5103	APR-DRG	inpatient					Horizon	NJ Health						37795	40700.27	case rate	
PELVIC EVISCERATION, RADICAL HYSTERECTOMY & OTHER RADICAL GYN PROCS	5104	APR-DRG	inpatient					Horizon	NJ Health						87560	94291.9	case rate	
UTERINE & ADNEXA PROCEDURES FOR OVARIAN & ADNEXAL MALIGNANCY	5111	APR-DRG	inpatient					Horizon	NJ Health						17184	18505.05	case rate	
UTERINE & ADNEXA PROCEDURES FOR OVARIAN & ADNEXAL MALIGNANCY	5112	APR-DRG	inpatient					Horizon	NJ Health						21549	23205.77	case rate	
UTERINE & ADNEXA PROCEDURES FOR OVARIAN & ADNEXAL MALIGNANCY	5113	APR-DRG	inpatient					Horizon	NJ Health						32349	34836.41	case rate	
UTERINE & ADNEXA PROCEDURES FOR OVARIAN & ADNEXAL MALIGNANCY	5114	APR-DRG	inpatient					Horizon	NJ Health						69058	74367.53	case rate	
UTERINE & ADNEXA PROCEDURES FOR NON-OVARIAN & NON-ADNEXAL MALIG	5121	APR-DRG	inpatient					Horizon	NJ Health						15277	16451.37	case rate	
UTERINE & ADNEXA PROCEDURES FOR NON-OVARIAN & NON-ADNEXAL MALIG	5122	APR-DRG	inpatient					Horizon	NJ Health						17977	19358.73	case rate	
UTERINE & ADNEXA PROCEDURES FOR NON-OVARIAN & NON-ADNEXAL MALIG	5123	APR-DRG	inpatient					Horizon	NJ Health						28246	30417.82	case rate	
UTERINE & ADNEXA PROCEDURES FOR NON-OVARIAN & NON-ADNEXAL MALIG	5124	APR-DRG	inpatient					Horizon	NJ Health						57706	62142.25	case rate	
UTERINE & ADNEXA PROCEDURES FOR NON-MALIGNANCY EXCEPT LEIOMYOMA	5131	APR-DRG	inpatient					Horizon	NJ Health						11679	12576.79	case rate	
UTERINE & ADNEXA PROCEDURES FOR NON-MALIGNANCY EXCEPT LEIOMYOMA	5132	APR-DRG	inpatient					Horizon	NJ Health						13711	14764.89	case rate	
UTERINE & ADNEXA PROCEDURES FOR NON-MALIGNANCY EXCEPT LEIOMYOMA	5133	APR-DRG	inpatient					Horizon	NJ Health						22492	24220.92	case rate	
UTERINE & ADNEXA PROCEDURES FOR NON-MALIGNANCY EXCEPT LEIOMYOMA	5134	APR-DRG	inpatient					Horizon	NJ Health						54382	58562.46	case rate	
FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES	5141	APR-DRG	inpatient					Horizon	NJ Health						9619	10358.67	case rate	
FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES	5142	APR-DRG	inpatient					Horizon	NJ Health						13969	15043.13	case rate	
FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES	5143	APR-DRG	inpatient					Horizon	NJ Health						24194	26053.73	case rate	
FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES	5144	APR-DRG	inpatient					Horizon	NJ Health						67054	72208.82	case rate	
DILATION & CURETTAGE FOR NON-OBSTETRIC DIAGNOSES	5171	APR-DRG	inpatient					Horizon	NJ Health						9256	9967.26	case rate	
DILATION & CURETTAGE FOR NON-OBSTETRIC DIAGNOSES	5172	APR-DRG	inpatient					Horizon	NJ Health						11645	12540.39	case rate	
DILATION & CURETTAGE FOR NON-OBSTETRIC DIAGNOSES	5173	APR-DRG	inpatient					Horizon	NJ Health						21364	23006.13	case rate	
DILATION & CURETTAGE FOR NON-OBSTETRIC DIAGNOSES	5174	APR-DRG	inpatient					Horizon	NJ Health						50269	54133.42	case rate	
OTHER FEMALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES	5181	APR-DRG	inpatient					Horizon	NJ Health						11013	11859.92	case rate	
OTHER FEMALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES	5182	APR-DRG	inpatient					Horizon	NJ Health						15179	16345.68	case rate	
OTHER FEMALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES	5183	APR-DRG	inpatient					Horizon	NJ Health						27710	29840.63	case rate	
OTHER FEMALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES	5184	APR-DRG	inpatient					Horizon	NJ Health						63088	67936.68	case rate	
UTERINE & ADNEXA PROCEDURES FOR LEIOMYOMA	5191	APR-DRG	inpatient					Horizon	NJ Health						12208	13146.96	case rate	
UTERINE & ADNEXA PROCEDURES FOR LEIOMYOMA	5192	APR-DRG	inpatient					Horizon	NJ Health						14642	15767.76	case rate	
UTERINE & ADNEXA PROCEDURES FOR LEIOMYOMA	5193	APR-DRG	inpatient					Horizon	NJ Health						26431	28462.89	case rate	
UTERINE & ADNEXA PROCEDURES FOR LEIOMYOMA	5194	APR-DRG	inpatient					Horizon	NJ Health						65644	70691.11	case rate	
FEMALE REPRODUCTIVE SYSTEM MALIGNANCY	5301	APR-DRG	inpatient					Horizon	NJ Health						7382	7950.07	case rate	
FEMALE REPRODUCTIVE SYSTEM MALIGNANCY	5302	APR-DRG	inpatient					Horizon	NJ Health						9490	10220.01	case rate	
FEMALE REPRODUCTIVE SYSTEM MALIGNANCY	5303	APR-DRG	inpatient					Horizon	NJ Health						16026	17258.02	case rate	
FEMALE REPRODUCTIVE SYSTEM MALIGNANCY	5304	APR-DRG	inpatient					Horizon	NJ Health						29510	31779.3	case rate	
FEMALE REPRODUCTIVE SYSTEM INFECTIONS	5311	APR-DRG	inpatient					Horizon	NJ Health						6715	7230.9	case rate	
FEMALE REPRODUCTIVE SYSTEM INFECTIONS	5312	APR-DRG	inpatient					Horizon	NJ Health						9040	9735.21	case rate	
FEMALE REPRODUCTIVE SYSTEM INFECTIONS	5313	APR-DRG	inpatient					Horizon	NJ Health						14253	15349.16	case rate	
FEMALE REPRODUCTIVE SYSTEM INFECTIONS	5314	APR-DRG	inpatient					Horizon	NJ Health						27689	29817.26	case rate	
MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS	5321	APR-DRG	inpatient					Horizon	NJ Health						5836	6284.29	case rate	
MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS	5322	APR-DRG	inpatient					Horizon	NJ Health						7205	7758.57	case rate	
MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS	5323	APR-DRG	inpatient					Horizon	NJ Health						11844	12754.07	case rate	
MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS	5324	APR-DRG	inpatient					Horizon	NJ Health						24252	26116.36	case rate	
CESAREAN DELIVERY	5401	APR-DRG	inpatient					Horizon	NJ Health						7438	8010.02	case rate	
CESAREAN DELIVERY	5402	APR-DRG	inpatient					Horizon	NJ Health						8892	9575.29	case rate	
CESAREAN DELIVERY	5403	APR-DRG	inpatient					Horizon	NJ Health						12747	13727.1	case rate	
CESAREAN DELIVERY	5404	APR-DRG	inpatient					Horizon	NJ Health						36062	38834.31	case rate	
VAGINAL DELIVERY W STERILIZATION &/OR D&C	5411	APR-DRG	inpatient					Horizon	NJ Health						7086	7630.9	case rate	
VAGINAL DELIVERY W STERILIZATION &/OR D&C	5412	APR-DRG	inpatient					Horizon	NJ Health						7711	8303.42	case rate	
VAGINAL DELIVERY W STERILIZATION &/OR D&C	5413	APR-DRG	inpatient					Horizon	NJ Health						11480	12362.56	case rate	
VAGINAL DELIVERY W STERILIZATION &/OR D&C	5414	APR-DRG	inpatient					Horizon	NJ Health						40410	43516.83	case rate	
VAGINAL DELIVERY W COMPLICATING PROCEDURES EXC STERILIZATION &/OR D&C	5421	APR-DRG	inpatient					Horizon	NJ Health						5254	5657.58	case rate	
VAGINAL DELIVERY W COMPLICATING PROCEDURES EXC STERILIZATION &/OR D&C	5422	APR-DRG	inpatient					Horizon	NJ Health						6556	7060.18	case rate	
VAGINAL DELIVERY W COMPLICATING PROCEDURES EXC STERILIZATION &/OR D&C	5423	APR-DRG	inpatient					Horizon	NJ Health						14117	15202.4	case rate	
VAGINAL DELIVERY W COMPLICATING PROCEDURES EXC STERILIZATION &/OR D&C	5424	APR-DRG	inpatient					Horizon	NJ Health						47169	50795.03	case rate	
D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY FOR OBSTETRIC DIAGNOSES	5441	APR-DRG	inpatient					Horizon	NJ Health						7421	7991.54	case rate	
D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY FOR OBSTETRIC DIAGNOSES	5442	APR-DRG	inpatient					Horizon	NJ Health						8785	9459.91	case rate	
D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY FOR OBSTETRIC DIAGNOSES	5443	APR-DRG	inpatient					Horizon	NJ Health						14558	15677.6	case rate	
D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY FOR OBSTETRIC DIAGNOSES	5444	APR-DRG	inpatient					Horizon	NJ Health						40972	44121.64	case rate	
ECTOPIC PREGNANCY PROCEDURE	5451	APR-DRG	inpatient					Horizon	NJ Health						10624	11441.09	case rate	
ECTOPIC PREGNANCY PROCEDURE	5452	APR-DRG	inpatient					Horizon	NJ Health						11660	12556.66	case rate	
ECTOPIC PREGNANCY PROCEDURE	5453	APR-DRG	inpatient					Horizon	NJ Health						14070	15152.05	case rate	
ECTOPIC PREGNANCY PROCEDURE	5454	APR-DRG	inpatient					Horizon	NJ Health						25680	27654.29	case rate	
OTHER O.R. PROC FOR OBSTETRIC DIAGNOSES EXCEPT DELIVERY DIAGNOSES	5461	APR-DRG	inpatient					Horizon	NJ Health						8105	8727.81	case rate	
OTHER O.R. PROC FOR OBSTETRIC DIAGNOSES EXCEPT DELIVERY DIAGNOSES	5462	APR-DRG	inpatient					Horizon	NJ Health						11454	12334.85	case rate	
OTHER O.R. PROC FOR OBSTETRIC DIAGNOSES EXCEPT DELIVERY DIAGNOSES	5463	APR-DRG	inpatient					Horizon	NJ Health						21949	23636.35	case rate	
OTHER O.R. PROC FOR OBSTETRIC DIAGNOSES EXCEPT DELIVERY DIAGNOSES	5464	APR-DRG	inpatient					Horizon	NJ Health						59801	64398.15	case rate	
VAGINAL DELIVERY	5601	APR-DRG	inpatient					Horizon	NJ Health						4388	4725.57	case rate	
VAGINAL DELIVERY	5602	APR-DRG	inpatient					Horizon	NJ Health						4948	5328.53	case rate	
VAGINAL DELIVERY	5603	APR-DRG	inpatient					Horizon	NJ Health						7194	7747.58	case rate	
VAGINAL DELIVERY	5604	APR-DRG	inpatient					Horizon	NJ Health						21453	23102.49	case rate	
POSTPARTUM & POST ABORTION DIAGNOSES W/O PROCEDURE	5611	APR-DRG	inpatient					Horizon	NJ Health						3442	3706.17	case rate	
POSTPARTUM & POST ABORTION DIAGNOSES W/O PROCEDURE	5612	APR-DRG	inpatient					Horizon	NJ Health						5538	5963.64	case rate	
POSTPARTUM & POST ABORTION DIAGNOSES W/O PROCEDURE	5613	APR-DRG	inpatient					Horizon	NJ Health						8898	9582.59	case rate	
POSTPARTUM & POST ABORTION DIAGNOSES W/O PROCEDURE	5614	APR-DRG	inpatient					Horizon	NJ Health						23418	25218.81	case rate	
PRETERM LABOR	5631	APR-DRG	inpatient					Horizon	NJ Health						3942	4244.92	case rate	
PRETERM LABOR	5632	APR-DRG	inpatient					Horizon	NJ Health						5221	5622.3	case rate	
PRETERM LABOR	5633	APR-DRG	inpatient					Horizon	NJ Health						8939	9626.19	case rate	
PRETERM LABOR	5634	APR-DRG	inpatient					Horizon	NJ Health						16481	17747.63	case rate	
ABORTION W/O D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY	5641	APR-DRG	inpatient					Horizon	NJ Health						4174	4494.71	case rate	
ABORTION W/O D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY	5642	APR-DRG	inpatient					Horizon	NJ Health						4872	5246.95	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.																
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true															
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ABORTION W/O D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY	5643	APR-DRG	inpatient					Horizon	NJ Health		6919				6919	7451.12	case rate		
ABORTION W/O D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY	5644	APR-DRG	inpatient					Horizon	NJ Health		29447				29447	31710.48	case rate		
FALSE LABOR	5651	APR-DRG	inpatient					Horizon	NJ Health		1937				1937	2085.74	case rate		
FALSE LABOR	5652	APR-DRG	inpatient					Horizon	NJ Health		2754				2754	2966.2	case rate		
FALSE LABOR	5653	APR-DRG	inpatient					Horizon	NJ Health		4379				4379	4715.68	case rate		
FALSE LABOR	5654	APR-DRG	inpatient					Horizon	NJ Health		4818				4818	5188.67	case rate		
OTHER ANTEPARTUM DIAGNOSES	5661	APR-DRG	inpatient					Horizon	NJ Health		3866				3866	4163.54	case rate		
OTHER ANTEPARTUM DIAGNOSES	5662	APR-DRG	inpatient					Horizon	NJ Health		5194				5194	5593.48	case rate		
OTHER ANTEPARTUM DIAGNOSES	5663	APR-DRG	inpatient					Horizon	NJ Health		7969				7969	8581.48	case rate		
OTHER ANTEPARTUM DIAGNOSES	5664	APR-DRG	inpatient					Horizon	NJ Health		22654				22654	24395.43	case rate		
NEONATE, TRANSFERRED <5 DAYS OLD, NOT BORN HERE	5801	APR-DRG	inpatient					Horizon	NJ Health		3277				3277	3529.35	case rate		
NEONATE, TRANSFERRED <5 DAYS OLD, NOT BORN HERE	5802	APR-DRG	inpatient					Horizon	NJ Health		4219				4219	4543.12	case rate		
NEONATE, TRANSFERRED <5 DAYS OLD, NOT BORN HERE	5803	APR-DRG	inpatient					Horizon	NJ Health		6827				6827	7351.45	case rate		
NEONATE, TRANSFERRED <5 DAYS OLD, NOT BORN HERE	5804	APR-DRG	inpatient					Horizon	NJ Health		12889				12889	13879.44	case rate		
NEONATE, TRANSFERRED < 5 DAYS OLD, BORN HERE	5811	APR-DRG	inpatient					Horizon	NJ Health		1306				1306	1406.85	case rate		
NEONATE, TRANSFERRED < 5 DAYS OLD, BORN HERE	5812	APR-DRG	inpatient					Horizon	NJ Health		2075				2075	2234.38	case rate		
NEONATE, TRANSFERRED < 5 DAYS OLD, BORN HERE	5813	APR-DRG	inpatient					Horizon	NJ Health		3580				3580	3855.54	case rate		
NEONATE, TRANSFERRED < 5 DAYS OLD, BORN HERE	5814	APR-DRG	inpatient					Horizon	NJ Health		7189				7189	7741.57	case rate		
NEONATE W ECMO	5831	APR-DRG	inpatient					Horizon	NJ Health		113360				113360	122075.06	case rate		
NEONATE W ECMO	5832	APR-DRG	inpatient					Horizon	NJ Health		125955				125955	135639.02	case rate		
NEONATE W ECMO	5833	APR-DRG	inpatient					Horizon	NJ Health		236141				236141	254295.58	case rate		
NEONATE W ECMO	5834	APR-DRG	inpatient					Horizon	NJ Health		353109				353109	380256.57	case rate		
NEONATE BWT <1500G W MAJOR PROCEDURE	5881	APR-DRG	inpatient					Horizon	NJ Health		111251				111251	119804.56	case rate		
NEONATE BWT <1500G W MAJOR PROCEDURE	5882	APR-DRG	inpatient					Horizon	NJ Health		123613				123613	133116.23	case rate		
NEONATE BWT <1500G W MAJOR PROCEDURE	5883	APR-DRG	inpatient					Horizon	NJ Health		252406				252406	271810.79	case rate		
NEONATE BWT <1500G W MAJOR PROCEDURE	5884	APR-DRG	inpatient					Horizon	NJ Health		337839				337839	363812.97	case rate		
NEONATE BWT <500G OR GA <24 WEEKS	5891	APR-DRG	inpatient					Horizon	NJ Health		195339				195339	210356.86	case rate		
NEONATE BWT <500G OR GA <24 WEEKS	5892	APR-DRG	inpatient					Horizon	NJ Health		137021				137021	147504.93	case rate		
NEONATE BWT <500G OR GA <24 WEEKS	5893	APR-DRG	inpatient					Horizon	NJ Health		98016				98016	105551.08	case rate		
NEONATE BWT <500G OR GA <24 WEEKS	5894	APR-DRG	inpatient					Horizon	NJ Health		3332				3332	3587.64	case rate		
NEONATE BIRTHWT 500-749G W/O MAJOR PROCEDURE	5911	APR-DRG	inpatient					Horizon	NJ Health		116657				116657	125625.47	case rate		
NEONATE BIRTHWT 500-749G W/O MAJOR PROCEDURE	5912	APR-DRG	inpatient					Horizon	NJ Health		161848				161848	174290.97	case rate		
NEONATE BIRTHWT 500-749G W/O MAJOR PROCEDURE	5913	APR-DRG	inpatient					Horizon	NJ Health		200977				200977	216428.85	case rate		
NEONATE BIRTHWT 500-749G W/O MAJOR PROCEDURE	5914	APR-DRG	inpatient					Horizon	NJ Health		283720				283720	305532.82	case rate		
NEONATE BIRTHWT 750-999G W/O MAJOR PROCEDURE	5931	APR-DRG	inpatient					Horizon	NJ Health		36170				36170	38951.08	case rate		
NEONATE BIRTHWT 750-999G W/O MAJOR PROCEDURE	5932	APR-DRG	inpatient					Horizon	NJ Health		122541				122541	131962.42	case rate		
NEONATE BIRTHWT 750-999G W/O MAJOR PROCEDURE	5933	APR-DRG	inpatient					Horizon	NJ Health		163204				163204	175751.86	case rate		
NEONATE BIRTHWT 750-999G W/O MAJOR PROCEDURE	5934	APR-DRG	inpatient					Horizon	NJ Health		233082				233082	251001.25	case rate		
NEONATE BWT 1000-1249G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM	6021	APR-DRG	inpatient					Horizon	NJ Health		53194				53194	57283.56	case rate		
NEONATE BWT 1000-1249G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM	6022	APR-DRG	inpatient					Horizon	NJ Health		97672				97672	105181.57	case rate		
NEONATE BWT 1000-1249G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM	6023	APR-DRG	inpatient					Horizon	NJ Health		129662				129662	139630.26	case rate		
NEONATE BWT 1000-1249G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM	6024	APR-DRG	inpatient					Horizon	NJ Health		179503				179503	193303.18	case rate		
NEONATE BIRTHWT 1000-1249G W OR W/O OTHER SIGNIFICANT CONDITION	6031	APR-DRG	inpatient					Horizon	NJ Health		31064				31064	33452.47	case rate		
NEONATE BIRTHWT 1000-1249G W OR W/O OTHER SIGNIFICANT CONDITION	6032	APR-DRG	inpatient					Horizon	NJ Health		71354				71354	76840.07	case rate		
NEONATE BIRTHWT 1000-1249G W OR W/O OTHER SIGNIFICANT CONDITION	6033	APR-DRG	inpatient					Horizon	NJ Health		106029				106029	114181.06	case rate		
NEONATE BIRTHWT 1000-1249G W OR W/O OTHER SIGNIFICANT CONDITION	6034	APR-DRG	inpatient					Horizon	NJ Health		184612				184612	198804.73	case rate		
NEONATE BWT 1250-1499G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM	6071	APR-DRG	inpatient					Horizon	NJ Health		48491				48491	52219.15	case rate		
NEONATE BWT 1250-1499G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM	6072	APR-DRG	inpatient					Horizon	NJ Health		75709				75709	81529.52	case rate		
NEONATE BWT 1250-1499G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM	6073	APR-DRG	inpatient					Horizon	NJ Health		102533				102533	110416.14	case rate		
NEONATE BWT 1250-1499G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM	6074	APR-DRG	inpatient					Horizon	NJ Health		143345				143345	154365.32	case rate		
NEONATE BWT 1250-1499G W OR W/O OTHER SIGNIFICANT CONDITION	6081	APR-DRG	inpatient					Horizon	NJ Health		32814				32814	35336.83	case rate		
NEONATE BWT 1250-1499G W OR W/O OTHER SIGNIFICANT CONDITION	6082	APR-DRG	inpatient					Horizon	NJ Health		61749				61749	66496.54	case rate		
NEONATE BWT 1250-1499G W OR W/O OTHER SIGNIFICANT CONDITION	6083	APR-DRG	inpatient					Horizon	NJ Health		91224				91224	98237.88	case rate		
NEONATE BWT 1250-1499G W OR W/O OTHER SIGNIFICANT CONDITION	6084	APR-DRG	inpatient					Horizon	NJ Health		133734				133734	144016.16	case rate		
NEONATE BWT 1500-2499G W MAJOR PROCEDURE	6091	APR-DRG	inpatient					Horizon	NJ Health		50993				50993	54913.2	case rate		
NEONATE BWT 1500-2499G W MAJOR PROCEDURE	6092	APR-DRG	inpatient					Horizon	NJ Health		66227				66227	71319.12	case rate		
NEONATE BWT 1500-2499G W MAJOR PROCEDURE	6093	APR-DRG	inpatient					Horizon	NJ Health		105696				105696	113778.66	case rate		
NEONATE BWT 1500-2499G W MAJOR PROCEDURE	6094	APR-DRG	inpatient					Horizon	NJ Health		195917				195917	210979.68	case rate		
NEONATE BIRTHWT 1500-1999G W MAJOR ANOMALY	6111	APR-DRG	inpatient					Horizon	NJ Health		28254				28254	30426.68	case rate		
NEONATE BIRTHWT 1500-1999G W MAJOR ANOMALY	6112	APR-DRG	inpatient					Horizon	NJ Health		45435				45435	48928.32	case rate		
NEONATE BIRTHWT 1500-1999G W MAJOR ANOMALY	6113	APR-DRG	inpatient					Horizon	NJ Health		73562				73562	79217.35	case rate		
NEONATE BIRTHWT 1500-1999G W MAJOR ANOMALY	6114	APR-DRG	inpatient					Horizon	NJ Health		115570				115570	124454.65	case rate		
NEONATE BWT 1500-1999G W RESP DIST SYND/OTH MAJ RESP COND	6121	APR-DRG	inpatient					Horizon	NJ Health		34345				34345	36984.97	case rate		
NEONATE BWT 1500-1999G W RESP DIST SYND/OTH MAJ RESP COND	6122	APR-DRG	inpatient					Horizon	NJ Health		52353				52353	56377.6	case rate		
NEONATE BWT 1500-1999G W RESP DIST SYND/OTH MAJ RESP COND	6123	APR-DRG	inpatient					Horizon	NJ Health		72393				72393	77958.88	case rate		
NEONATE BWT 1500-1999G W RESP DIST SYND/OTH MAJ RESP COND	6124	APR-DRG	inpatient					Horizon	NJ Health		111047				111047	119584.7	case rate		
NEONATE BIRTHWT 1500-1999G W CONGENITAL/PERINATAL INFECTION	6131	APR-DRG	inpatient					Horizon	NJ Health		28750				28750	30959.8	case rate		
NEONATE BIRTHWT 1500-1999G W CONGENITAL/PERINATAL INFECTION	6132	APR-DRG	inpatient					Horizon	NJ Health		44527				44527	47950.75	case rate		
NEONATE BIRTHWT 1500-1999G W CONGENITAL/PERINATAL INFECTION	6133	APR-DRG	inpatient					Horizon	NJ Health		74032				74032	79724.15	case rate		
NEONATE BIRTHWT 1500-1999G W CONGENITAL/PERINATAL INFECTION	6134	APR-DRG	inpatient					Horizon	NJ Health		98704				98704	106292.98	case rate		
NEONATE BWT 1500-1999G W OR W/O OTHER SIGNIFICANT CONDITION	6141	APR-DRG	inpatient					Horizon	NJ Health		18872				18872	20323.35	case rate		
NEONATE BWT 1500-1999G W OR W/O OTHER SIGNIFICANT CONDITION	6142	APR-DRG	inpatient					Horizon	NJ Health		37688				37688	40596.01	case rate		
NEONATE BWT 1500-1999G W OR W/O OTHER SIGNIFICANT CONDITION	6143	APR-DRG	inpatient					Horizon	NJ Health		61814				61814	66566.2	case rate		
NEONATE BWT 1500-1999G W OR W/O OTHER SIGNIFICANT CONDITION	6144	APR-DRG	inpatient					Horizon	NJ Health		66120				66120	71202.99	case rate		
NEONATE BWT 2000-2499G W MAJOR ANOMALY	6211	APR-DRG	inpatient					Horizon	NJ Health		13210				13210	14225.48	case rate		
NEONATE BWT 2000-2499G W MAJOR ANOMALY	6212	APR-DRG	inpatient					Horizon	NJ Health		28589				28589	30786.6	case rate		
NEONATE BWT 2000-2499G W MAJOR ANOMALY	6213	APR-DRG	inpatient					Horizon	NJ Health		48152				48152	51853.6	case rate		
NEONATE BWT 2000-2499G W MAJOR ANOMALY	6214	APR-DRG	inpatient					Horizon	NJ Health		95209				95209	102528.71	case rate		
NEONATE BWT 2000-2499G W RESP DIST SYND/OTH MAJ RESP COND	6221	APR-DRG	inpatient					Horizon	NJ Health		21358				21358	23000.31	case rate		
NEONATE BWT 2000-2499G W RESP DIST SYND/OTH MAJ RESP COND	6222	APR-DRG	inpatient					Horizon	NJ Health		31658				31658	34092.11	case rate		
NEONATE BWT 2000-2499G W RESP DIST SYND/OTH MAJ RESP COND	6223	APR-DRG	inpatient					Horizon	NJ Health		46156				46156	49704.58	case rate		
NEONATE BWT 2000-2499G W RESP DIST SYND/OTH MAJ RESP COND	6224	APR-DRG	inpatient					Horizon	NJ Health		73830				73830	79505.67	case rate		
NEONATE BWT 2000-2499G W CONGENITAL/PERINATAL INFECTION	6231	APR-DRG	inpatient					Horizon	NJ Health		16930				16930	18232.07	case rate		
NEONATE BWT 2000-2499G W CONGENITAL/PERINATAL INFECTION	6232	APR-DRG	inpatient					Horizon	NJ Health		29449				29449	31712.98	case rate		
NEONATE BWT 2000-2499G W CONGENITAL/PERINATAL INFECTION	6233	APR-DRG	inpatient					Horizon	NJ Health		47893				47893	51575.08	case rate		
NEONATE BWT 2000-2499G W CONGENITAL/PERINATAL INFECTION	6234	APR-DRG	inpatient					Horizon	NJ Health		72839				72839	78439.16	case rate		
NEONATE BWT 2000-2499G W OTHER SIGNIFICANT CONDITION	6251	APR-DRG	inpatient					Horizon	NJ Health		20144				20144	21692.41	case rate		
NEONATE BWT 2000-2499G W OTHER SIGNIFICANT CONDITION	6252	APR-DRG	inpatient					Horizon	NJ Health		31478				31478	33897.93	case rate		
NEONATE BWT 2000-2499G W OTHER SIGNIFICANT CONDITION	6253	APR-DRG	inpatient					Horizon	NJ Health		39290				39290	42311.09	case rate		
NEONATE BWT 2000-2499G W OTHER SIGNIFICANT CONDITION	6254	APR-DRG	inpatient					Horizon	NJ Health		58073				58073	62537.26	case rate		
NEONATE BWT 2000-2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	6261	APR-DRG	inpatient					Horizon	NJ Health		2002				2002	2156.32	case rate		
NEONATE BWT 2000-2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	6262	APR-DRG	inpatient					Horizon	NJ Health		4953				4953	5333.98	case rate		
NEONATE BWT 2000-2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	6263	APR-DRG	inpatient					Horizon	NJ Health		14457				14457	15568.58	case rate		
NEONATE BWT 2000-2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	6264	APR-DRG	inpatient					Horizon	NJ Health		32532				32532	35033.09	case rate		
NEONATE BIRTHWT >2499G W MAJOR CARDIOVASCULAR PROCEDURE	6301	APR-DRG	inpatient					Horizon	NJ Health		30656				30656	33013.3	case rate		
NEONATE BIRTHWT >2499G W MAJOR CARDIOVASCULAR PROCEDURE	6302	APR-DRG	inpatient					Horizon	NJ Health		41677				41677	44881.18	case rate		
NEONATE BIRTHWT >2499G W MAJOR CARDIOVASCULAR PROCEDURE	6303	APR-DRG	inpatient					Horizon	NJ Health		65580				65580	70622.11	case rate		
NEONATE BIRTHWT >2499G W MAJOR CARDIOVASCULAR PROCEDURE	6304	APR-DRG	inpatient					Horizon	NJ Health		150392				150392	161964	case rate		
NEONATE BIRTHWT >2499G W OTHER MAJOR PROCEDURE	6311	APR-DRG	inpatient					Horizon	NJ Health		17213				17213	18535.99	case rate		
NEONATE BIRTHWT >2499G W OTHER MAJOR PROCEDURE	6312	APR-DRG	inpatient					Horizon	NJ Health		21321				21321	22959.85	case rate		
NEONATE BIRTHWT >2499G W OTHER MAJOR PROCEDURE	6313	APR-DRG	inpatient					Horizon	NJ Health		47920				47920	51603.9	case rate		
NEONATE BIRTHWT >2499G W OTHER MAJOR PROCEDURE	6314	APR-DRG	inpatient					Horizon	NJ Health		133513				133513	143777.91	case rate		
NEONATE BIRTHWT >2499G W MAJOR ANOMALY	6331	APR-DRG	inpatient					Horizon	NJ Health		3759				3759	4048.24	case rate		
NEONATE BIRTHWT >2499G W MAJOR ANOMALY	6332	APR-DRG	inpatient					Horizon	NJ Health		10700				10700	11522.47	case rate		
NEONATE BIRTHWT >2499G W MAJOR ANOMALY	6333	APR-DRG	inpatient					Horizon	NJ Health		22723				22723	24470.44	case rate		
NEONATE BIRTHWT >2499G W MAJOR ANOMALY	6334	APR-DRG	inpatient					Horizon	NJ Health		68244				68244	73490.58	case rate		
NEONATE, BIRTHWT >2499G W RESP DIST SYND/OTH MAJ RESP COND	6341	APR-DRG	inpatient					Horizon	NJ Health		7177				7177	7728.91	case rate		
NEONATE, BIRTHWT >2499G W RESP DIST SYND/OTH MAJ RESP COND	6342	APR-DRG	inpatient					Horizon	NJ Health		13071				13071	14076.1	case rate		
NEONATE, BIRTHWT >2499G W RESP DIST SYND/OTH MAJ RESP COND	6343	APR-DRG	inpatient					Horizon	NJ Health		29000				29000	31229.56	case rate		
NEONATE, BIRTHWT >2499G W RESP DIST SYND/OTH MAJ RESP COND	6344	APR-DRG	inpatient					Horizon	NJ Health		72129				72129	77673.98	case rate		
NEONATE BIRTHWT >2499G W CONGENITAL/PERINATAL INFECTION	6361	APR-DRG	inpatient					Horizon	NJ Health		9714				9714	10460.66	case rate		
NEONATE BIRTHWT >2499G W CONGENITAL/PERINATAL INFECTION	6362	APR-DRG	inpatient					Horizon	NJ Health		14489				14489	15603.33	case rate		
NEONATE BIRTHWT >2499G W CONGENITAL/PERINATAL INFECTION	6363	APR-DRG	inpatient					Horizon	NJ Health		27280				27280	29376.98	case rate		
NEONATE BIRTHWT >2499G W CONGENITAL/PERINATAL INFECTION	6364	APR-DRG	inpatient					Horizon	NJ Health		56858				56858	61229.45	case rate		
NEONATE BIRTHWT >2499G W OTHER SIGNIFICANT CONDITION	6391	APR-DRG	inpatient					Horizon	NJ Health		5617				5617	6048.35	case rate		
NEONATE BIRTHWT >2499G W OTHER SIGNIFICANT CONDITION	6392	APR-DRG	inpatient					Horizon	NJ Health		8903				8903	9587.86	case rate		
NEONATE BIRTHWT >2499G W OTHER SIGNIFICANT CONDITION	6393	APR-DRG	inpatient					Horizon	NJ Health		17277				17277	18604.91	case rate		
NEONATE BIRTHWT >2499G W OTHER SIGNIFICANT CONDITION	6394	APR-DRG	inpatient					Horizon	NJ Health		46822				46822	50422.08	case rate		
NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	6401	APR-DRG	inpatient					Horizon	NJ Health		1422				1422	1531.37	case rate		
NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	6402	APR-DRG	inpatient					Horizon	NJ Health		2103				2103	2265.13	case rate		
NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	6403	APR-DRG	inpatient					Horizon	NJ Health		5114				5114	5506.92	case rate		
NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	6404	APR-DRG	inpatient					Horizon	NJ Health		24920				24920	26835.99	case rate		
SPLENECTOMY	6501	APR-DRG	inpatient					Horizon	NJ Health		17505				17505	18850.55	case rate		
SPLENECTOMY	6502	APR-DRG	inpatient					Horizon	NJ Health		25056				25056	26982.69	case rate		
SPLENECTOMY	6503	APR-DRG	inpatient					Horizon	NJ Health		33786				33786	36383.21	case rate		
SPLENECTOMY	6504	APR-DRG	inpatient					Horizon	NJ Health		67643				67643	72843.74	case rate		
OTHER PROCEDURES OF BLOOD & BLOOD-FORMING ORGANS	6511	APR-DRG	inpatient					Horizon	NJ Health		14080				14080	15162.39	case rate		
OTHER PROCEDURES OF BLOOD & BLOOD-FORMING ORGANS	6512	APR-DRG	inpatient					Horizon	NJ Health		19771				19771	21291.2	case rate		
OTHER PROCEDURES OF BLOOD & BLOOD-FORMING ORGANS	6513	APR-DRG	inpatient					Horizon	NJ Health		34893				34893	37575.09	case rate		
OTHER PROCEDURES OF BLOOD & BLOOD-FORMING ORGANS	6514	APR-DRG	inpatient					Horizon	NJ Health		73223				73223	78852.82	case rate		
MAJOR HEMATOLOGIC/IMMUNOLOGIC DIAG EXC SICKLE CELL CRISIS & COAGUL	6601	APR-DRG	inpatient					Horizon	NJ Health		10302				10302	11094.11	case rate		
MAJOR HEMATOLOGIC/IMMUNOLOGIC DIAG EXC SICKLE CELL CRISIS & COAGUL	6602	APR-DRG	inpatient					Horizon	NJ Health		10998				10998	11843.21	case rate		
MAJOR HEMATOLOGIC/IMMUNOLOGIC DIAG EXC SICKLE CELL CRISIS & COAGUL	6603	APR-DRG	inpatient					Horizon	NJ Health		17681				17681	19040.85	case rate		
MAJOR HEMATOLOGIC/IMMUNOLOGIC DIAG EXC SICKLE CELL CRISIS & COAGUL	6604	APR-DRG	inpatient					Horizon	NJ Health		45941				45941	49472.8	case rate		
COAGULATION & PLATELET DISORDERS	6611	APR-DRG	inpatient					Horizon	NJ Health		12664				12664	13637.67	case rate		
COAGULATION & PLATELET DISORDERS	6612	APR-DRG	inpatient					Horizon	NJ Health		14899				14899	16044.16	case rate		
COAGULATION & PLATELET DISORDERS	6613	APR-DRG	inpatient					Horizon	NJ Health		28376				28376	30557.31	case rate		
COAGULATION & PLATELET DISORDERS	6614	APR-DRG	inpatient					Horizon	NJ Health		54122				54122	58283.01	case rate		
SICKLE CELL ANEMIA CRISIS	6621	APR-DRG	inpatient					Horizon	NJ Health		7859				7859	8463.51	case rate		
SICKLE CELL ANEMIA CRISIS	6622	APR-DRG	inpatient					Horizon	NJ Health		10766				10766	11593.41	case rate		
SICKLE CELL ANEMIA CRISIS	6623	APR-DRG	inpatient					Horizon	NJ Health		16681				16681	17963.89	case rate		
SICKLE CELL ANEMIA CRISIS	6624	APR-DRG	inpatient					Horizon	NJ Health		39194				39194	42206.69	case rate		
OTHER ANEMIA & DISORDERS OF BLOOD & BLOOD-FORMING ORGANS	6631	APR-DRG	inpatient					Horizon	NJ Health		6598				6598	7105.72	case rate		
OTHER ANEMIA & DISORDERS OF BLOOD & BLOOD-FORMING ORGANS	6632	APR-DRG	inpatient					Horizon	NJ Health		8330				8330	8970.76	case rate		
OTHER ANEMIA & DISORDERS OF BLOOD & BLOOD-FORMING ORGANS	6633	APR-DRG	inpatient					Horizon	NJ Health		11920				11920	12836.19	case rate		
OTHER ANEMIA & DISORDERS OF BLOOD & BLOOD-FORMING ORGANS	6634	APR-DRG	inpatient					Horizon	NJ Health		22264				22264	23975.85	case rate		
MAJOR O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS	6801	APR-DRG	inpatient					Horizon	NJ Health		20594				20594	22177.13	case rate		
MAJOR O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS	6802	APR-DRG	inpatient					Horizon	NJ Health		28322				28322	30499.67	case rate		

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.															
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true														
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
MAJOR O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS	6803	APR-DRG	inpatient					Horizon	NJ Health						48920	52681.13	case rate	
MAJOR O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS	6804	APR-DRG	inpatient					Horizon	NJ Health						97850	105372.51	case rate	
OTHER O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS	6811	APR-DRG	inpatient					Horizon	NJ Health						15005	16158.69	case rate	
OTHER O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS	6812	APR-DRG	inpatient					Horizon	NJ Health						20654	22241.51	case rate	
OTHER O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS	6813	APR-DRG	inpatient					Horizon	NJ Health						37958	40876.08	case rate	
OTHER O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS	6814	APR-DRG	inpatient					Horizon	NJ Health						92491	99601.87	case rate	
ACUTE LEUKEMIA	6901	APR-DRG	inpatient					Horizon	NJ Health						17442	18783.11	case rate	
ACUTE LEUKEMIA	6902	APR-DRG	inpatient					Horizon	NJ Health						28798	31011.82	case rate	
ACUTE LEUKEMIA	6903	APR-DRG	inpatient					Horizon	NJ Health						55360	59616.41	case rate	
ACUTE LEUKEMIA	6904	APR-DRG	inpatient					Horizon	NJ Health						105548	113662.82	case rate	
LYMPHOMA, MYELOMA & NON-ACUTE LEUKEMIA	6911	APR-DRG	inpatient					Horizon	NJ Health						14775	15910.76	case rate	
LYMPHOMA, MYELOMA & NON-ACUTE LEUKEMIA	6912	APR-DRG	inpatient					Horizon	NJ Health						17060	18372.02	case rate	
LYMPHOMA, MYELOMA & NON-ACUTE LEUKEMIA	6913	APR-DRG	inpatient					Horizon	NJ Health						26410	28440.44	case rate	
LYMPHOMA, MYELOMA & NON-ACUTE LEUKEMIA	6914	APR-DRG	inpatient					Horizon	NJ Health						55547	59817.89	case rate	
RADIOTHERAPY	6921	APR-DRG	inpatient					Horizon	NJ Health						9985	10753.13	case rate	
RADIOTHERAPY	6922	APR-DRG	inpatient					Horizon	NJ Health						20875	22479.95	case rate	
RADIOTHERAPY	6923	APR-DRG	inpatient					Horizon	NJ Health						30562	32911.32	case rate	
RADIOTHERAPY	6924	APR-DRG	inpatient					Horizon	NJ Health						56535	60881.83	case rate	
LYMPHATIC & OTHER MALIGNANCIES & NEOPLASMS OF UNCERTAIN BEHAVIOR	6941	APR-DRG	inpatient					Horizon	NJ Health						9180	9885.88	case rate	
LYMPHATIC & OTHER MALIGNANCIES & NEOPLASMS OF UNCERTAIN BEHAVIOR	6942	APR-DRG	inpatient					Horizon	NJ Health						10818	11649.21	case rate	
LYMPHATIC & OTHER MALIGNANCIES & NEOPLASMS OF UNCERTAIN BEHAVIOR	6943	APR-DRG	inpatient					Horizon	NJ Health						17406	18744.59	case rate	
LYMPHATIC & OTHER MALIGNANCIES & NEOPLASMS OF UNCERTAIN BEHAVIOR	6944	APR-DRG	inpatient					Horizon	NJ Health						33693	36283.25	case rate	
CHEMOTHERAPY FOR ACUTE LEUKEMIA	6951	APR-DRG	inpatient					Horizon	NJ Health						8356	8997.93	case rate	
CHEMOTHERAPY FOR ACUTE LEUKEMIA	6952	APR-DRG	inpatient					Horizon	NJ Health						12183	13119.99	case rate	
CHEMOTHERAPY FOR ACUTE LEUKEMIA	6953	APR-DRG	inpatient					Horizon	NJ Health						31769	34211.65	case rate	
CHEMOTHERAPY FOR ACUTE LEUKEMIA	6954	APR-DRG	inpatient					Horizon	NJ Health						87626	94362.66	case rate	
OTHER CHEMOTHERAPY	6961	APR-DRG	inpatient					Horizon	NJ Health						11002	11847.46	case rate	
OTHER CHEMOTHERAPY	6962	APR-DRG	inpatient					Horizon	NJ Health						13087	14092.65	case rate	
OTHER CHEMOTHERAPY	6963	APR-DRG	inpatient					Horizon	NJ Health						20535	22113.47	case rate	
OTHER CHEMOTHERAPY	6964	APR-DRG	inpatient					Horizon	NJ Health						48452	52177.11	case rate	
INFECTIOUS & PARASITIC DISEASES INCLUDING HIV W O.R. PROCEDURE	7101	APR-DRG	inpatient					Horizon	NJ Health						14659	15786.05	case rate	
INFECTIOUS & PARASITIC DISEASES INCLUDING HIV W O.R. PROCEDURE	7102	APR-DRG	inpatient					Horizon	NJ Health						20644	22231.17	case rate	
INFECTIOUS & PARASITIC DISEASES INCLUDING HIV W O.R. PROCEDURE	7103	APR-DRG	inpatient					Horizon	NJ Health						35450	38174.99	case rate	
INFECTIOUS & PARASITIC DISEASES INCLUDING HIV W O.R. PROCEDURE	7104	APR-DRG	inpatient					Horizon	NJ Health						72442	78011.35	case rate	
POST-OP, POST-TRAUMA, OTHER DEVICE INFECTIONS W O.R. PROCEDURE	7111	APR-DRG	inpatient					Horizon	NJ Health						14075	15156.94	case rate	
POST-OP, POST-TRAUMA, OTHER DEVICE INFECTIONS W O.R. PROCEDURE	7112	APR-DRG	inpatient					Horizon	NJ Health						19475	20971.94	case rate	
POST-OP, POST-TRAUMA, OTHER DEVICE INFECTIONS W O.R. PROCEDURE	7113	APR-DRG	inpatient					Horizon	NJ Health						35254	37964.46	case rate	
POST-OP, POST-TRAUMA, OTHER DEVICE INFECTIONS W O.R. PROCEDURE	7114	APR-DRG	inpatient					Horizon	NJ Health						72559	78136.98	case rate	
SEPTICEMIA & DISSEMINATED INFECTIONS	7201	APR-DRG	inpatient					Horizon	NJ Health						7372	7939.17	case rate	
SEPTICEMIA & DISSEMINATED INFECTIONS	7202	APR-DRG	inpatient					Horizon	NJ Health						9895	10656.04	case rate	
SEPTICEMIA & DISSEMINATED INFECTIONS	7203	APR-DRG	inpatient					Horizon	NJ Health						16184	17428.64	case rate	
SEPTICEMIA & DISSEMINATED INFECTIONS	7204	APR-DRG	inpatient					Horizon	NJ Health						35673	38415.19	case rate	
POST-OPERATIVE, POST-TRAUMATIC, OTHER DEVICE INFECTIONS	7211	APR-DRG	inpatient					Horizon	NJ Health						7747	8342.87	case rate	
POST-OPERATIVE, POST-TRAUMATIC, OTHER DEVICE INFECTIONS	7212	APR-DRG	inpatient					Horizon	NJ Health						10281	11071.84	case rate	
POST-OPERATIVE, POST-TRAUMATIC, OTHER DEVICE INFECTIONS	7213	APR-DRG	inpatient					Horizon	NJ Health						17211	18533.87	case rate	
POST-OPERATIVE, POST-TRAUMATIC, OTHER DEVICE INFECTIONS	7214	APR-DRG	inpatient					Horizon	NJ Health						33602	36185.42	case rate	
FEVER	7221	APR-DRG	inpatient					Horizon	NJ Health						5959	6417.31	case rate	
FEVER	7222	APR-DRG	inpatient					Horizon	NJ Health						7992	8606.33	case rate	
FEVER	7223	APR-DRG	inpatient					Horizon	NJ Health						10880	11716.74	case rate	
FEVER	7224	APR-DRG	inpatient					Horizon	NJ Health						20658	22246.32	case rate	
VIRAL ILLNESS	7231	APR-DRG	inpatient					Horizon	NJ Health						5256	5660.54	case rate	
VIRAL ILLNESS	7232	APR-DRG	inpatient					Horizon	NJ Health						7119	7666.65	case rate	
VIRAL ILLNESS	7233	APR-DRG	inpatient					Horizon	NJ Health						11508	12393.05	case rate	
VIRAL ILLNESS	7234	APR-DRG	inpatient					Horizon	NJ Health						38476	41424.6	case rate	
OTHER INFECTIOUS & PARASITIC DISEASES	7241	APR-DRG	inpatient					Horizon	NJ Health						9170	9875.53	case rate	
OTHER INFECTIOUS & PARASITIC DISEASES	7242	APR-DRG	inpatient					Horizon	NJ Health						10819	11650.69	case rate	
OTHER INFECTIOUS & PARASITIC DISEASES	7243	APR-DRG	inpatient					Horizon	NJ Health						17052	18363.33	case rate	
OTHER INFECTIOUS & PARASITIC DISEASES	7244	APR-DRG	inpatient					Horizon	NJ Health						39454	42487.26	case rate	
MENTAL ILLNESS DIAGNOSIS W O.R. PROCEDURE	7401	APR-DRG	inpatient					Horizon	NJ Health						17959	19339.97	case rate	
MENTAL ILLNESS DIAGNOSIS W O.R. PROCEDURE	7402	APR-DRG	inpatient					Horizon	NJ Health						21614	23275.33	case rate	
MENTAL ILLNESS DIAGNOSIS W O.R. PROCEDURE	7403	APR-DRG	inpatient					Horizon	NJ Health						36229	39014.72	case rate	
MENTAL ILLNESS DIAGNOSIS W O.R. PROCEDURE	7404	APR-DRG	inpatient					Horizon	NJ Health						72810	78408.2	case rate	
SCHIZOPHRENIA	7501	APR-DRG	inpatient					Horizon	NJ Health						8395	9039.96	case rate	
SCHIZOPHRENIA	7502	APR-DRG	inpatient					Horizon	NJ Health						10060	10833.31	case rate	
SCHIZOPHRENIA	7503	APR-DRG	inpatient					Horizon	NJ Health						14676	15804.43	case rate	
SCHIZOPHRENIA	7504	APR-DRG	inpatient					Horizon	NJ Health						29498	31765.82	case rate	
MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	7511	APR-DRG	inpatient					Horizon	NJ Health						5025	5411.02	case rate	
MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	7512	APR-DRG	inpatient					Horizon	NJ Health						6966	7501.93	case rate	
MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	7513	APR-DRG	inpatient					Horizon	NJ Health						12133	13065.29	case rate	
MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	7514	APR-DRG	inpatient					Horizon	NJ Health						23553	25364.21	case rate	
DISORDERS OF PERSONALITY & IMPULSE CONTROL	7521	APR-DRG	inpatient					Horizon	NJ Health						4304	4635.13	case rate	
DISORDERS OF PERSONALITY & IMPULSE CONTROL	7522	APR-DRG	inpatient					Horizon	NJ Health						6111	6580.55	case rate	
DISORDERS OF PERSONALITY & IMPULSE CONTROL	7523	APR-DRG	inpatient					Horizon	NJ Health						10782	11610.78	case rate	
DISORDERS OF PERSONALITY & IMPULSE CONTROL	7524	APR-DRG	inpatient					Horizon	NJ Health						11569	12458.27	case rate	
BIPOLAR DISORDERS	7531	APR-DRG	inpatient					Horizon	NJ Health						5466	5886.04	case rate	
BIPOLAR DISORDERS	7532	APR-DRG	inpatient					Horizon	NJ Health						7399	7967.52	case rate	
BIPOLAR DISORDERS	7533	APR-DRG	inpatient					Horizon	NJ Health						12030	12954.9	case rate	
BIPOLAR DISORDERS	7534	APR-DRG	inpatient					Horizon	NJ Health						24157	26014.37	case rate	
DEPRESSION EXCEPT MAJOR DEPRESSIVE DISORDER	7541	APR-DRG	inpatient					Horizon	NJ Health						4019	4328.15	case rate	
DEPRESSION EXCEPT MAJOR DEPRESSIVE DISORDER	7542	APR-DRG	inpatient					Horizon	NJ Health						5383	5797.17	case rate	
DEPRESSION EXCEPT MAJOR DEPRESSIVE DISORDER	7543	APR-DRG	inpatient					Horizon	NJ Health						8383	9027.49	case rate	
DEPRESSION EXCEPT MAJOR DEPRESSIVE DISORDER	7544	APR-DRG	inpatient					Horizon	NJ Health						17520	18866.9	case rate	
ADJUSTMENT DISORDERS & NEUROSES EXCEPT DEPRESSIVE DIAGNOSES	7551	APR-DRG	inpatient					Horizon	NJ Health						3619	3897.2	case rate	
ADJUSTMENT DISORDERS & NEUROSES EXCEPT DEPRESSIVE DIAGNOSES	7552	APR-DRG	inpatient					Horizon	NJ Health						5933	6389.22	case rate	
ADJUSTMENT DISORDERS & NEUROSES EXCEPT DEPRESSIVE DIAGNOSES	7553	APR-DRG	inpatient					Horizon	NJ Health						8522	9176.68	case rate	
ADJUSTMENT DISORDERS & NEUROSES EXCEPT DEPRESSIVE DIAGNOSES	7554	APR-DRG	inpatient					Horizon	NJ Health						12858	13846.73	case rate	
ACUTE ANXIETY & DELIRIUM STATES	7561	APR-DRG	inpatient					Horizon	NJ Health						5872	6323.91	case rate	
ACUTE ANXIETY & DELIRIUM STATES	7562	APR-DRG	inpatient					Horizon	NJ Health						7405	7973.99	case rate	
ACUTE ANXIETY & DELIRIUM STATES	7563	APR-DRG	inpatient					Horizon	NJ Health						9041	9735.57	case rate	
ACUTE ANXIETY & DELIRIUM STATES	7564	APR-DRG	inpatient					Horizon	NJ Health						23735	25559.97	case rate	
ORGANIC MENTAL HEALTH DISTURBANCES	7571	APR-DRG	inpatient					Horizon	NJ Health						8077	9344.53	case rate	
ORGANIC MENTAL HEALTH DISTURBANCES	7572	APR-DRG	inpatient					Horizon	NJ Health						9994	10762.83	case rate	
ORGANIC MENTAL HEALTH DISTURBANCES	7573	APR-DRG	inpatient					Horizon	NJ Health						12866	13854.86	case rate	
ORGANIC MENTAL HEALTH DISTURBANCES	7574	APR-DRG	inpatient					Horizon	NJ Health						27248	29343.35	case rate	
BEHAVIORAL DISORDERS	7581	APR-DRG	inpatient					Horizon	NJ Health						5731	6171.96	case rate	
BEHAVIORAL DISORDERS	7582	APR-DRG	inpatient					Horizon	NJ Health						6812	7335.46	case rate	
BEHAVIORAL DISORDERS	7583	APR-DRG	inpatient					Horizon	NJ Health						11420	12298.09	case rate	
BEHAVIORAL DISORDERS	7584	APR-DRG	inpatient					Horizon	NJ Health						15093	16252.94	case rate	
EATING DISORDERS	7591	APR-DRG	inpatient					Horizon	NJ Health						18259	19662.93	case rate	
EATING DISORDERS	7592	APR-DRG	inpatient					Horizon	NJ Health						19176	20650.65	case rate	
EATING DISORDERS	7593	APR-DRG	inpatient					Horizon	NJ Health						21488	23140.55	case rate	
EATING DISORDERS	7594	APR-DRG	inpatient					Horizon	NJ Health						37236	40099.26	case rate	
OTHER MENTAL HEALTH DISORDERS	7601	APR-DRG	inpatient					Horizon	NJ Health						7148	7697.59	case rate	
OTHER MENTAL HEALTH DISORDERS	7602	APR-DRG	inpatient					Horizon	NJ Health						9284	9997.28	case rate	
OTHER MENTAL HEALTH DISORDERS	7603	APR-DRG	inpatient					Horizon	NJ Health						14003	15079.44	case rate	
OTHER MENTAL HEALTH DISORDERS	7604	APR-DRG	inpatient					Horizon	NJ Health						26995	29070.74	case rate	
DRUG & ALCOHOL ABUSE OR DEPENDENCE, LEFT AGAINST MEDICAL ADVICE	7701	APR-DRG	inpatient					Horizon	NJ Health						3199	3445.29	case rate	
DRUG & ALCOHOL ABUSE OR DEPENDENCE, LEFT AGAINST MEDICAL ADVICE	7702	APR-DRG	inpatient					Horizon	NJ Health						4195	4517.16	case rate	
DRUG & ALCOHOL ABUSE OR DEPENDENCE, LEFT AGAINST MEDICAL ADVICE	7703	APR-DRG	inpatient					Horizon	NJ Health						8660	9326.05	case rate	
DRUG & ALCOHOL ABUSE OR DEPENDENCE, LEFT AGAINST MEDICAL ADVICE	7704	APR-DRG	inpatient					Horizon	NJ Health						25875	27864.27	case rate	
ALCOHOL & DRUG DEPENDENCE W REHAB OR REHAB/DETOX THERAPY	7721	APR-DRG	inpatient					Horizon	NJ Health						8030	8647.07	case rate	
ALCOHOL & DRUG DEPENDENCE W REHAB OR REHAB/DETOX THERAPY	7722	APR-DRG	inpatient					Horizon	NJ Health						9427	10152.3	case rate	
ALCOHOL & DRUG DEPENDENCE W REHAB OR REHAB/DETOX THERAPY	7723	APR-DRG	inpatient					Horizon	NJ Health						11082	11933.47	case rate	
ALCOHOL & DRUG DEPENDENCE W REHAB OR REHAB/DETOX THERAPY	7724	APR-DRG	inpatient					Horizon	NJ Health						34376	37019.15	case rate	
OPIOID ABUSE & DEPENDENCE	7731	APR-DRG	inpatient					Horizon	NJ Health						3797	4089.26	case rate	
OPIOID ABUSE & DEPENDENCE	7732	APR-DRG	inpatient					Horizon	NJ Health						4856	5229.22	case rate	
OPIOID ABUSE & DEPENDENCE	7733	APR-DRG	inpatient					Horizon	NJ Health						9840	10596.64	case rate	
OPIOID ABUSE & DEPENDENCE	7734	APR-DRG	inpatient					Horizon	NJ Health						31142	33535.99	case rate	
COCAINE ABUSE & DEPENDENCE	7741	APR-DRG	inpatient					Horizon	NJ Health						4807	5176.56	case rate	
COCAINE ABUSE & DEPENDENCE	7742	APR-DRG	inpatient					Horizon	NJ Health						4993	5376.75	case rate	
COCAINE ABUSE & DEPENDENCE	7743	APR-DRG	inpatient					Horizon	NJ Health						9615	10354.61	case rate	
COCAINE ABUSE & DEPENDENCE	7744	APR-DRG	inpatient					Horizon	NJ Health						35185	37889.92	case rate	
ALCOHOL ABUSE & DEPENDENCE	7751	APR-DRG	inpatient					Horizon	NJ Health						4663	5021.92	case rate	
ALCOHOL ABUSE & DEPENDENCE	7752	APR-DRG	inpatient					Horizon	NJ Health						6649	7159.86	case rate	
ALCOHOL ABUSE & DEPENDENCE	7753	APR-DRG	inpatient					Horizon	NJ Health						12659	13632.13	case rate	
ALCOHOL ABUSE & DEPENDENCE	7754	APR-DRG	inpatient					Horizon	NJ Health						36269	39057.22	case rate	
OTHER DRUG ABUSE & DEPENDENCE	7761	APR-DRG	inpatient					Horizon	NJ Health						4430	4770.74	case rate	
OTHER DRUG ABUSE & DEPENDENCE	7762	APR-DRG	inpatient					Horizon	NJ Health						6141	6612.65	case rate	
OTHER DRUG ABUSE & DEPENDENCE	7763	APR-DRG	inpatient					Horizon	NJ Health						10821	11652.53	case rate	
OTHER DRUG ABUSE & DEPENDENCE	7764	APR-DRG	inpatient					Horizon	NJ Health						24958	26876.46	case rate	
O.R. PROCEDURE FOR OTHER COMPLICATIONS OF TREATMENT	7911	APR-DRG	inpatient					Horizon	NJ Health						13059	14062.81	case rate	
O.R. PROCEDURE FOR OTHER COMPLICATIONS OF TREATMENT	7912	APR-DRG	inpatient					Horizon	NJ Health						19172	20645.57	case rate	
O.R. PROCEDURE FOR OTHER COMPLICATIONS OF TREATMENT	7913	APR-DRG	inpatient					Horizon	NJ Health						30926	33304.02	case rate	
O.R. PROCEDURE FOR OTHER COMPLICATIONS OF TREATMENT	7914	APR-DRG	inpatient					Horizon	NJ Health						67573	72768.63	case rate	
ALLERGIC REACTIONS	8111	APR-DRG	inpatient					Horizon	NJ Health						4113	4428.75	case rate	
ALLERGIC REACTIONS	8112	APR-DRG	inpatient					Horizon	NJ Health						5938	6395.04	case rate	
ALLERGIC REACTIONS	8113	APR-DRG	inpatient					Horizon	NJ Health						13002	14001.74	case rate	
ALLERGIC REACTIONS	8114	APR-DRG	inpatient					Horizon	NJ Health						31154	33548.92	case rate	
POISONING OF MEDICINAL AGENTS	8121	APR-DRG	inpatient					Horizon	NJ Health						4712	5073.84	case rate	
POISONING OF MEDICINAL AGENTS	8122	APR-DRG	inpatient					Horizon	NJ Health						6001	6462.77	case rate	
POISONING OF MEDICINAL AGENTS	8123	APR-DRG	inpatient					Horizon	NJ Health						10651	11470	case rate	
POISONING OF MEDICINAL AGENTS	8124	APR-DRG	inpatient					Horizon	NJ Health						24975	26894.75	case rate	
OTHER COMPLICATIONS OF TREATMENT	8131	APR-DRG	inpatient					Horizon	NJ Health						6844	7369.65	case rate	
OTHER COMPLICATIONS OF TREATMENT	8132	APR-DRG	inpatient					Horizon	NJ Health						9020	9713.13	case rate	
OTHER COMPLICATIONS OF TREATMENT	8133	APR-DRG	inpatient					Horizon	NJ Health						13890	14957.87	case rate	
OTHER COMPLICATIONS OF TREATMENT	8134	APR-DRG	inpatient					Horizon	NJ Health						30552	32901.25	case rate	
OTHER INJURY, POISONING & TOXIC EFFECT DIAGNOSES	8151	APR-DRG	inpatient					Horizon	NJ Health						6705	7220.08	case rate	
OTHER INJURY, POISONING & TOXIC EFFECT DIAGNOSES	8152	APR-DRG	inpatient					Horizon	NJ Health						7121	7668.4	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
OTHER INJURY, POISONING & TOXIC EFFECT DIAGNOSES	8153	APR-DRG	inpatient					Horizon	NJ Health		12125				12125	13057.44	case rate	
OTHER INJURY, POISONING & TOXIC EFFECT DIAGNOSES	8154	APR-DRG	inpatient					Horizon	NJ Health		38719				38719	41695.76	case rate	
TOXIC EFFECTS OF NON-MEDICINAL SUBSTANCES	8161	APR-DRG	inpatient					Horizon	NJ Health		7032				7032	7573.16	case rate	
TOXIC EFFECTS OF NON-MEDICINAL SUBSTANCES	8162	APR-DRG	inpatient					Horizon	NJ Health		7814				7814	8414.65	case rate	
TOXIC EFFECTS OF NON-MEDICINAL SUBSTANCES	8163	APR-DRG	inpatient					Horizon	NJ Health		11314				11314	12183.62	case rate	
TOXIC EFFECTS OF NON-MEDICINAL SUBSTANCES	8164	APR-DRG	inpatient					Horizon	NJ Health		25929				25929	27922.65	case rate	
EXTENSIVE 3RD DEGREE BURNS W SKIN GRAFT	8411	APR-DRG	inpatient					Horizon	NJ Health		66333				66333	71432.37	case rate	
EXTENSIVE 3RD DEGREE BURNS W SKIN GRAFT	8412	APR-DRG	inpatient					Horizon	NJ Health		67479				67479	72666.47	case rate	
EXTENSIVE 3RD DEGREE BURNS W SKIN GRAFT	8413	APR-DRG	inpatient					Horizon	NJ Health		103839				103839	111822.16	case rate	
EXTENSIVE 3RD DEGREE BURNS W SKIN GRAFT	8414	APR-DRG	inpatient					Horizon	NJ Health		268653				268653	289306.86	case rate	
BURNS WITH SKIN GRAFT EXCEPT EXTENSIVE 3RD DEGREE BURNS	8421	APR-DRG	inpatient					Horizon	NJ Health		20631				20631	22217.12	case rate	
BURNS WITH SKIN GRAFT EXCEPT EXTENSIVE 3RD DEGREE BURNS	8422	APR-DRG	inpatient					Horizon	NJ Health		30935				30935	33313.26	case rate	
BURNS WITH SKIN GRAFT EXCEPT EXTENSIVE 3RD DEGREE BURNS	8423	APR-DRG	inpatient					Horizon	NJ Health		59192				59192	63742.54	case rate	
BURNS WITH SKIN GRAFT EXCEPT EXTENSIVE 3RD DEGREE BURNS	8424	APR-DRG	inpatient					Horizon	NJ Health		140789				140789	151613.33	case rate	
EXTENSIVE 3RD DEGREE OR FULL THICKNESS BURNS W/O SKIN GRAFT	8431	APR-DRG	inpatient					Horizon	NJ Health		10139				10139	10918.03	case rate	
EXTENSIVE 3RD DEGREE OR FULL THICKNESS BURNS W/O SKIN GRAFT	8432	APR-DRG	inpatient					Horizon	NJ Health		13987				13987	15062.53	case rate	
EXTENSIVE 3RD DEGREE OR FULL THICKNESS BURNS W/O SKIN GRAFT	8433	APR-DRG	inpatient					Horizon	NJ Health		25544				25544	27507.96	case rate	
EXTENSIVE 3RD DEGREE OR FULL THICKNESS BURNS W/O SKIN GRAFT	8434	APR-DRG	inpatient					Horizon	NJ Health		68913				68913	74211.05	case rate	
PARTIAL THICKNESS BURNS W/O SKIN GRAFT	8441	APR-DRG	inpatient					Horizon	NJ Health		6777				6777	7297.78	case rate	
PARTIAL THICKNESS BURNS W/O SKIN GRAFT	8442	APR-DRG	inpatient					Horizon	NJ Health		10220				10220	11005.97	case rate	
PARTIAL THICKNESS BURNS W/O SKIN GRAFT	8443	APR-DRG	inpatient					Horizon	NJ Health		20807				20807	22406.14	case rate	
PARTIAL THICKNESS BURNS W/O SKIN GRAFT	8444	APR-DRG	inpatient					Horizon	NJ Health		58881				58881	63407.47	case rate	
PROCEDURE W DIAG OF REHAB, AFTERCARE OR OTH CONTACT W HEALTH SERVICE	8501	APR-DRG	inpatient					Horizon	NJ Health		20917				20917	22524.75	case rate	
PROCEDURE W DIAG OF REHAB, AFTERCARE OR OTH CONTACT W HEALTH SERVICE	8502	APR-DRG	inpatient					Horizon	NJ Health		26269				26269	28289.03	case rate	
PROCEDURE W DIAG OF REHAB, AFTERCARE OR OTH CONTACT W HEALTH SERVICE	8503	APR-DRG	inpatient					Horizon	NJ Health		36091				36091	38865.81	case rate	
PROCEDURE W DIAG OF REHAB, AFTERCARE OR OTH CONTACT W HEALTH SERVICE	8504	APR-DRG	inpatient					Horizon	NJ Health		65967				65967	71038.37	case rate	
REHABILITATION	8601	APR-DRG	inpatient					Horizon	NJ Health		11462				11462	12343.08	case rate	
REHABILITATION	8602	APR-DRG	inpatient					Horizon	NJ Health		15526				15526	16719.91	case rate	
REHABILITATION	8603	APR-DRG	inpatient					Horizon	NJ Health		21381				21381	23024.7	case rate	
REHABILITATION	8604	APR-DRG	inpatient					Horizon	NJ Health		28803				28803	31017.17	case rate	
SIGNS, SYMPTOMS & OTHER FACTORS INFLUENCING HEALTH STATUS	8611	APR-DRG	inpatient					Horizon	NJ Health		5885				5885	6337.4	case rate	
SIGNS, SYMPTOMS & OTHER FACTORS INFLUENCING HEALTH STATUS	8612	APR-DRG	inpatient					Horizon	NJ Health		7697				7697	8288.64	case rate	
SIGNS, SYMPTOMS & OTHER FACTORS INFLUENCING HEALTH STATUS	8613	APR-DRG	inpatient					Horizon	NJ Health		11003				11003	11849.31	case rate	
SIGNS, SYMPTOMS & OTHER FACTORS INFLUENCING HEALTH STATUS	8614	APR-DRG	inpatient					Horizon	NJ Health		23161				23161	24941.67	case rate	
OTHER AFTERCARE & CONVALESCENCE	8621	APR-DRG	inpatient					Horizon	NJ Health		5692				5692	6129.74	case rate	
OTHER AFTERCARE & CONVALESCENCE	8622	APR-DRG	inpatient					Horizon	NJ Health		8846				8846	9525.78	case rate	
OTHER AFTERCARE & CONVALESCENCE	8623	APR-DRG	inpatient					Horizon	NJ Health		12900				12900	13891.82	case rate	
OTHER AFTERCARE & CONVALESCENCE	8624	APR-DRG	inpatient					Horizon	NJ Health		21139				21139	22764.57	case rate	
NEONATAL AFTERCARE	8631	APR-DRG	inpatient					Horizon	NJ Health		10578				10578	11391.19	case rate	
NEONATAL AFTERCARE	8632	APR-DRG	inpatient					Horizon	NJ Health		29900				29900	32198.24	case rate	
NEONATAL AFTERCARE	8633	APR-DRG	inpatient					Horizon	NJ Health		53525				53525	57640.6	case rate	
NEONATAL AFTERCARE	8634	APR-DRG	inpatient					Horizon	NJ Health		127878				127878	137709.33	case rate	
HIV W MULTIPLE MAJOR HIV RELATED CONDITIONS	8901	APR-DRG	inpatient					Horizon	NJ Health		12609				12609	13578.27	case rate	
HIV W MULTIPLE MAJOR HIV RELATED CONDITIONS	8902	APR-DRG	inpatient					Horizon	NJ Health		14685				14685	15813.77	case rate	
HIV W MULTIPLE MAJOR HIV RELATED CONDITIONS	8903	APR-DRG	inpatient					Horizon	NJ Health		23355				23355	25150.45	case rate	
HIV W MULTIPLE MAJOR HIV RELATED CONDITIONS	8904	APR-DRG	inpatient					Horizon	NJ Health		47032				47032	50647.58	case rate	
HIV W MAJOR HIV RELATED CONDITION	8921	APR-DRG	inpatient					Horizon	NJ Health		9818				9818	10573.27	case rate	
HIV W MAJOR HIV RELATED CONDITION	8922	APR-DRG	inpatient					Horizon	NJ Health		12986				12986	13984	case rate	
HIV W MAJOR HIV RELATED CONDITION	8923	APR-DRG	inpatient					Horizon	NJ Health		17015				17015	18323.43	case rate	
HIV W MAJOR HIV RELATED CONDITION	8924	APR-DRG	inpatient					Horizon	NJ Health		33024				33024	35562.79	case rate	
HIV W MULTIPLE SIGNIFICANT HIV RELATED CONDITIONS	8931	APR-DRG	inpatient					Horizon	NJ Health		11685				11685	12583.26	case rate	
HIV W MULTIPLE SIGNIFICANT HIV RELATED CONDITIONS	8932	APR-DRG	inpatient					Horizon	NJ Health		13286				13286	14307.51	case rate	
HIV W MULTIPLE SIGNIFICANT HIV RELATED CONDITIONS	8933	APR-DRG	inpatient					Horizon	NJ Health		20267				20267	21824.79	case rate	
HIV W MULTIPLE SIGNIFICANT HIV RELATED CONDITIONS	8934	APR-DRG	inpatient					Horizon	NJ Health		40668				40668	43794.33	case rate	
HIV W ONE SIGNIF HIV COND OR W/O SIGNIF RELATED COND	8941	APR-DRG	inpatient					Horizon	NJ Health		9005				9005	9697.51	case rate	
HIV W ONE SIGNIF HIV COND OR W/O SIGNIF RELATED COND	8942	APR-DRG	inpatient					Horizon	NJ Health		10825				10825	11657.53	case rate	
HIV W ONE SIGNIF HIV COND OR W/O SIGNIF RELATED COND	8943	APR-DRG	inpatient					Horizon	NJ Health		15472				15472	16661.53	case rate	
HIV W ONE SIGNIF HIV COND OR W/O SIGNIF RELATED COND	8944	APR-DRG	inpatient					Horizon	NJ Health		22157				22157	23860.27	case rate	
CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA	9101	APR-DRG	inpatient					Horizon	NJ Health		42214				42214	45459.01	case rate	
CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA	9102	APR-DRG	inpatient					Horizon	NJ Health		50066				50066	53915.13	case rate	
CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA	9103	APR-DRG	inpatient					Horizon	NJ Health		65302				65302	70322.71	case rate	
CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA	9104	APR-DRG	inpatient					Horizon	NJ Health		134896				134896	145267.24	case rate	
EXTENSIVE ABDOMINAL/THORACIC PROCEDURES FOR MULT SIGNIFICANT TRAUMA	9111	APR-DRG	inpatient					Horizon	NJ Health		23226				23226	25011.87	case rate	
EXTENSIVE ABDOMINAL/THORACIC PROCEDURES FOR MULT SIGNIFICANT TRAUMA	9112	APR-DRG	inpatient					Horizon	NJ Health		30528				30528	32875.57	case rate	
EXTENSIVE ABDOMINAL/THORACIC PROCEDURES FOR MULT SIGNIFICANT TRAUMA	9113	APR-DRG	inpatient					Horizon	NJ Health		41490				41490	44679.98	case rate	
EXTENSIVE ABDOMINAL/THORACIC PROCEDURES FOR MULT SIGNIFICANT TRAUMA	9114	APR-DRG	inpatient					Horizon	NJ Health		98798				98798	106393.3	case rate	
MUSCULOSKELETAL & OTHER PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA	9121	APR-DRG	inpatient					Horizon	NJ Health		28082				28082	30240.64	case rate	
MUSCULOSKELETAL & OTHER PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA	9122	APR-DRG	inpatient					Horizon	NJ Health		30919				30919	33296.26	case rate	
MUSCULOSKELETAL & OTHER PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA	9123	APR-DRG	inpatient					Horizon	NJ Health		50977				50977	54895.83	case rate	
MUSCULOSKELETAL & OTHER PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA	9124	APR-DRG	inpatient					Horizon	NJ Health		98253				98253	105806.88	case rate	
MULTIPLE SIGNIFICANT TRAUMA W/O O.R. PROCEDURE	9301	APR-DRG	inpatient					Horizon	NJ Health		10682				10682	11502.69	case rate	
MULTIPLE SIGNIFICANT TRAUMA W/O O.R. PROCEDURE	9302	APR-DRG	inpatient					Horizon	NJ Health		14370				14370	15475.19	case rate	
MULTIPLE SIGNIFICANT TRAUMA W/O O.R. PROCEDURE	9303	APR-DRG	inpatient					Horizon	NJ Health		22641				22641	24381.2	case rate	
MULTIPLE SIGNIFICANT TRAUMA W/O O.R. PROCEDURE	9304	APR-DRG	inpatient					Horizon	NJ Health		59938				59938	64545.68	case rate	
EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9501	APR-DRG	inpatient					Horizon	NJ Health		20225				20225	21779.53	case rate	
EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9502	APR-DRG	inpatient					Horizon	NJ Health		29698				29698	31980.69	case rate	
EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9503	APR-DRG	inpatient					Horizon	NJ Health		46167				46167	49715.84	case rate	
EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9504	APR-DRG	inpatient					Horizon	NJ Health		87954				87954	94715.56	case rate	
MODERATELY EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9511	APR-DRG	inpatient					Horizon	NJ Health		14362				14362	15466.14	case rate	
MODERATELY EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9512	APR-DRG	inpatient					Horizon	NJ Health		20515				20515	22091.77	case rate	
MODERATELY EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9513	APR-DRG	inpatient					Horizon	NJ Health		33694				33694	36284.09	case rate	
MODERATELY EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9514	APR-DRG	inpatient					Horizon	NJ Health		64403				64403	69353.93	case rate	
NONEXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9521	APR-DRG	inpatient					Horizon	NJ Health		11428				11428	12306.96	case rate	
NONEXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9522	APR-DRG	inpatient					Horizon	NJ Health		17006				17006	18313.75	case rate	
NONEXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9523	APR-DRG	inpatient					Horizon	NJ Health		28868				28868	31087.84	case rate	
NONEXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9524	APR-DRG	inpatient					Horizon	NJ Health		54759				54759	58969.38	case rate	
LIVER TRANSPLANT &/OR INTESTINAL TRANSPLANT	0011	APR-DRG	inpatient					UHC	Medicaid		103184.16				60903.74	260411	case rate	
LIVER TRANSPLANT &/OR INTESTINAL TRANSPLANT	0012	APR-DRG	inpatient					UHC	Medicaid		109255.54				47303.96	260411	case rate	
LIVER TRANSPLANT &/OR INTESTINAL TRANSPLANT	0013	APR-DRG	inpatient					UHC	Medicaid		128418.5				31722.2	260411	case rate	
LIVER TRANSPLANT &/OR INTESTINAL TRANSPLANT	0014	APR-DRG	inpatient					UHC	Medicaid		227836.18				135370.65	448219.9	case rate	
HEART &/OR LUNG TRANSPLANT	0021	APR-DRG	inpatient					UHC	Medicaid		124668.71				72539.27	296515.34	case rate	
HEART &/OR LUNG TRANSPLANT	0022	APR-DRG	inpatient					UHC	Medicaid		160706.49				41065.11	193442.35	case rate	
HEART &/OR LUNG TRANSPLANT	0023	APR-DRG	inpatient					UHC	Medicaid		193118.43				66957.14	204791.97	case rate	
HEART &/OR LUNG TRANSPLANT	0024	APR-DRG	inpatient					UHC	Medicaid		304477.89				44751.49	313612.23	case rate	
BONE MARROW TRANSPLANT	0031	APR-DRG	inpatient					UHC	Medicaid		80920.3				48623.3	156888.03	case rate	
BONE MARROW TRANSPLANT	0032	APR-DRG	inpatient					UHC	Medicaid		100004.96				25439.65	103005.11	case rate	
BONE MARROW TRANSPLANT	0033	APR-DRG	inpatient					UHC	Medicaid		164464.53				19168.92	169398.47	case rate	
BONE MARROW TRANSPLANT	0034	APR-DRG	inpatient					UHC	Medicaid		271004.84				46081.46	279134.99	case rate	
TRACHEOSTOMY W MV 96+ HOURS W EXTENSIVE PROCEDURE OR ECMO	0041	APR-DRG	inpatient					UHC	Medicaid		73079.18				26347.96	88456.51	case rate	
TRACHEOSTOMY W MV 96+ HOURS W EXTENSIVE PROCEDURE OR ECMO	0042	APR-DRG	inpatient					UHC	Medicaid		99425.84				20549.68	102408.62	case rate	
TRACHEOSTOMY W MV 96+ HOURS W EXTENSIVE PROCEDURE OR ECMO	0043	APR-DRG	inpatient					UHC	Medicaid		144230.51				137952	148557.43	case rate	
TRACHEOSTOMY W MV 96+ HOURS W EXTENSIVE PROCEDURE OR ECMO	0044	APR-DRG	inpatient					UHC	Medicaid		207512.38				198478	213737.75	case rate	
TRACHEOSTOMY W MV 96+ HOURS W/O EXTENSIVE PROCEDURE	0051	APR-DRG	inpatient					UHC	Medicaid		70194.26				67138	72300.09	case rate	
TRACHEOSTOMY W MV 96+ HOURS W/O EXTENSIVE PROCEDURE	0052	APR-DRG	inpatient					UHC	Medicaid		77993.67				22967.5	80333.48	case rate	
TRACHEOSTOMY W MV 96+ HOURS W/O EXTENSIVE PROCEDURE	0053	APR-DRG	inpatient					UHC	Medicaid		95450.67				11620.17	98314.19	case rate	
TRACHEOSTOMY W MV 96+ HOURS W/O EXTENSIVE PROCEDURE	0054	APR-DRG	inpatient					UHC	Medicaid		139413.78				17404.27	143596.19	case rate	
PANCREAS TRANSPLANT	0061	APR-DRG	inpatient					UHC	Medicaid		84041.29				33105.33	106808.68	case rate	
PANCREAS TRANSPLANT	0062	APR-DRG	inpatient					UHC	Medicaid		118164.04				22107.62	121708.96	case rate	
PANCREAS TRANSPLANT	0063	APR-DRG	inpatient					UHC	Medicaid		132120.04				17561.37	136083.64	case rate	
PANCREAS TRANSPLANT	0064	APR-DRG	inpatient					UHC	Medicaid		209055.29				23658.47	215328.95	case rate	
CRANIOTOMY FOR TRAUMA	0201	APR-DRG	inpatient					UHC	Medicaid		27079.6				8340.11	27891.99	case rate	
CRANIOTOMY FOR TRAUMA	0202	APR-DRG	inpatient					UHC	Medicaid		37568.59				11309.53	38695.65	case rate	
CRANIOTOMY FOR TRAUMA	0203	APR-DRG	inpatient					UHC	Medicaid		49296.63				8207.83	50775.53	case rate	
CRANIOTOMY FOR TRAUMA	0204	APR-DRG	inpatient					UHC	Medicaid		93914.21				9719.7	96731.64	case rate	
CRANIOTOMY EXCEPT FOR TRAUMA	0211	APR-DRG	inpatient					UHC	Medicaid		29892.86				28591	30789.65	case rate	
CRANIOTOMY EXCEPT FOR TRAUMA	0212	APR-DRG	inpatient					UHC	Medicaid		39162.54				37458	186882.42	case rate	
CRANIOTOMY EXCEPT FOR TRAUMA	0213	APR-DRG	inpatient					UHC	Medicaid		60016.75				57404	61817.25	case rate	
CRANIOTOMY EXCEPT FOR TRAUMA	0214	APR-DRG	inpatient					UHC	Medicaid		104929.68				100362	108077.57	case rate	
VENTRICULAR SHUNT PROCEDURES	0221	APR-DRG	inpatient					UHC	Medicaid		17981.58				17199	172809.75	case rate	
VENTRICULAR SHUNT PROCEDURES	0222	APR-DRG	inpatient					UHC	Medicaid		22853.65				21859	23539.26	case rate	
VENTRICULAR SHUNT PROCEDURES	0223	APR-DRG	inpatient					UHC	Medicaid		38752.86				37066	39915.24	case rate	
VENTRICULAR SHUNT PROCEDURES	0224	APR-DRG	inpatient					UHC	Medicaid		91895.86				87895	94652.74	case rate	
SPINAL PROCEDURES	0231	APR-DRG	inpatient					UHC	Medicaid		20307.75				19424	315017.54	case rate	
SPINAL PROCEDURES	0232	APR-DRG	inpatient					UHC	Medicaid		29096.78				27830	231058.12	case rate	
SPINAL PROCEDURES	0233	APR-DRG	inpatient					UHC	Medicaid		56216.83				53769	286467.21	case rate	
SPINAL PROCEDURES	0234	APR-DRG	inpatient					UHC	Medicaid		100405.51				61395.1	193056.03	case rate	
EXTRACRANIAL VASCULAR PROCEDURES	0241	APR-DRG	inpatient					UHC	Medicaid		16267.09				15559	59861.17	case rate	
EXTRACRANIAL VASCULAR PROCEDURES	0242	APR-DRG	inpatient					UHC	Medicaid		21461.95				20528	140159.91	case rate	
EXTRACRANIAL VASCULAR PROCEDURES	0243	APR-DRG	inpatient					UHC	Medicaid		41990.96				19748	95804.13	case rate	
EXTRACRANIAL VASCULAR PROCEDURES	0244	APR-DRG	inpatient					UHC	Medicaid		89132.37				19748	91806.34	case rate	
OTHER NERVOUS SYSTEM & RELATED PROCEDURES	0261	APR-DRG	inpatient					UHC	Medicaid		18628.86				12982	74706.44	case rate	
OTHER NERVOUS SYSTEM & RELATED PROCEDURES	0262	APR-DRG	inpatient					UHC	Medicaid		24591.9				12982	61170.17	case rate	
OTHER NERVOUS SYSTEM & RELATED PROCEDURES	0263	APR-DRG	inpatient					UHC	Medicaid		35242.43				33369.91	89724.25	case rate	
OTHER NERVOUS SYSTEM & RELATED PROCEDURES	0264	APR-DRG	inpatient					UHC	Medicaid		74219.04				38576.42	118469.61	case rate	
SPINAL DISORDERS & INJURIES	0401	APR-DRG	inpatient					UHC	Medicaid		14180.4				13563	14605.81	case rate	
SPINAL DISORDERS & INJURIES	0402	APR-DRG	inpatient					UHC	Medicaid		16089.24				15389	16571.92	case rate	
SPINAL DISORDERS & INJURIES	0403	APR-DRG	inpatient					UHC	Medicaid		22964.05				21964	23652.97	case rate	
SPINAL DISORDERS & INJURIES	0404	APR-DRG	inpatient					UHC	Medicaid		59382.03				56797	61163.49	case rate	
NERVOUS SYSTEM MALIGNANCY	0411	APR-DRG	inpatient					UHC	Medicaid		10959.41				10482	149956.74	case rate	
NERVOUS SYSTEM MALIGNANCY	0412	APR-DRG	inpatient					UHC	Medicaid		12177.11				11647	89337.92	case rate	
NERVOUS SYSTEM MALIGNANCY	0413	APR-DRG	inpatient					UHC	Medicaid		16632.58				15908	63244.3	case rate	
NERVOUS SYSTEM MALIGNANCY	0414	APR-DRG	inpatient					UHC	Medicaid		29656.44				28270	134170.04	case rate	
DEGENERATIVE NERVOUS SYSTEM DISORDERS EXC MULT SCLEROSIS	0421	APR-DRG	inpatient					UHC	Medicaid		8628.76				8253	66728.7	case rate	
DEGENERATIVE NERVOUS SYSTEM DISORDERS EXC MULT SCLEROSIS	0422	APR-DRG	inpatient					UHC	Medicaid		10739.58				10272	56545.55	case rate	
DEGENERATIVE NERVOUS SYSTEM DISORDERS EXC MULT SCLEROSIS	0423	APR-DRG	inpatient					UHC	Medicaid		16746.21				16017	148002.62	case rate	
DEGENERATIVE NERVOUS SYSTEM DISORDERS EXC MULT SCLEROSIS	0424	APR-DRG	inpatient					UHC	Medicaid		45034.54				24654.19	82181.59	case rate	
MULTIPLE SCLEROSIS & OTHER DEMYELINATING DISEASES	0431	APR-DRG	inpatient					UHC	Medicaid		11334.67				10841	116741.71	case rate	
MULTIPLE SCLEROSIS & OTHER DEMYELINATING DISEASES	0432	APR-DRG	inpatient					UHC	Medicaid		14525.07				13893	68487.78	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.																	
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true																
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes			
MULTIPLE SCLEROSIS & OTHER DEMYELINATING DISEASES	0433	APR-DRG	inpatient					UHC	Medicaid		23216.44				12177.68	38553.45	case rate					
MULTIPLE SCLEROSIS & OTHER DEMYELINATING DISEASES	0434	APR-DRG	inpatient					UHC	Medicaid		51806.66				7907.81	53360.86	case rate					
INTRACRANIAL HEMORRHAGE	0441	APR-DRG	inpatient					UHC	Medicaid		12314.52				11778	69658	case rate					
INTRACRANIAL HEMORRHAGE	0442	APR-DRG	inpatient					UHC	Medicaid		15856.68				11238.66	35215.32	case rate					
INTRACRANIAL HEMORRHAGE	0443	APR-DRG	inpatient					UHC	Medicaid		23415.64				8441.69	26097.37	case rate					
INTRACRANIAL HEMORRHAGE	0444	APR-DRG	inpatient					UHC	Medicaid		48672.49				19290.57	60420.03	case rate					
CVA & PRECEREBRAL OCCLUSION W INFARCT	0451	APR-DRG	inpatient					UHC	Medicaid		10584.06				10123	10901.58	case rate					
CVA & PRECEREBRAL OCCLUSION W INFARCT	0452	APR-DRG	inpatient					UHC	Medicaid		12846.28				12287	13231.67	case rate					
CVA & PRECEREBRAL OCCLUSION W INFARCT	0453	APR-DRG	inpatient					UHC	Medicaid		18522.94				17717	356200.23	case rate					
CVA & PRECEREBRAL OCCLUSION W INFARCT	0454	APR-DRG	inpatient					UHC	Medicaid		38557.59				36879	237674.36	case rate					
NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT	0461	APR-DRG	inpatient					UHC	Medicaid		10367.91				9917	168125.13	case rate					
NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT	0462	APR-DRG	inpatient					UHC	Medicaid		11830.38				11315	119801.11	case rate					
NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT	0463	APR-DRG	inpatient					UHC	Medicaid		16473.11				15756	192482.17	case rate					
NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT	0464	APR-DRG	inpatient					UHC	Medicaid		40910.66				35451.1	110420.61	case rate					
TRANSIENT ISCHEMIA	0471	APR-DRG	inpatient					UHC	Medicaid		8659.17				8282	187936.32	case rate					
TRANSIENT ISCHEMIA	0472	APR-DRG	inpatient					UHC	Medicaid		9400				8991	110525.63	case rate					
TRANSIENT ISCHEMIA	0473	APR-DRG	inpatient					UHC	Medicaid		11740.33				11229	89000.36	case rate					
TRANSIENT ISCHEMIA	0474	APR-DRG	inpatient					UHC	Medicaid		23337.25				22321	142342.82	case rate					
PERIPHERAL, CRANIAL & AUTONOMIC NERVE DISORDERS	0481	APR-DRG	inpatient					UHC	Medicaid		8740.34				8360	77350.69	case rate					
PERIPHERAL, CRANIAL & AUTONOMIC NERVE DISORDERS	0482	APR-DRG	inpatient					UHC	Medicaid		9812.47				9385	62400.4	case rate					
PERIPHERAL, CRANIAL & AUTONOMIC NERVE DISORDERS	0483	APR-DRG	inpatient					UHC	Medicaid		13689.35				13093	86397.93	case rate					
PERIPHERAL, CRANIAL & AUTONOMIC NERVE DISORDERS	0484	APR-DRG	inpatient					UHC	Medicaid		33929.65				32453	34947.54	case rate					
BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM	0491	APR-DRG	inpatient					UHC	Medicaid		13215.53				12640	13612	case rate					
BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM	0492	APR-DRG	inpatient					UHC	Medicaid		28890.41				27833	1271167.48	case rate					
BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM	0493	APR-DRG	inpatient					UHC	Medicaid		35827.64				28367.73	84244.47	case rate					
BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM	0494	APR-DRG	inpatient					UHC	Medicaid		65912.7				22078.09	67890.08	case rate					
NON-BACTERIAL INFECTIONS OF NERVOUS SYSTEM EXC VIRAL MENINGITIS	0501	APR-DRG	inpatient					UHC	Medicaid		9306.81				8902	63289.31	case rate					
NON-BACTERIAL INFECTIONS OF NERVOUS SYSTEM EXC VIRAL MENINGITIS	0502	APR-DRG	inpatient					UHC	Medicaid		17366.5				16331.79	48425.29	case rate					
NON-BACTERIAL INFECTIONS OF NERVOUS SYSTEM EXC VIRAL MENINGITIS	0503	APR-DRG	inpatient					UHC	Medicaid		28665.74				27418	96100.44	case rate					
NON-BACTERIAL INFECTIONS OF NERVOUS SYSTEM EXC VIRAL MENINGITIS	0504	APR-DRG	inpatient					UHC	Medicaid		59261.22				20399.68	64868.36	case rate					
VIRAL MENINGITIS	0511	APR-DRG	inpatient					UHC	Medicaid		8003.9				7655	69286.68	case rate					
VIRAL MENINGITIS	0512	APR-DRG	inpatient					UHC	Medicaid		11044.88				10564	57089.4	case rate					
VIRAL MENINGITIS	0513	APR-DRG	inpatient					UHC	Medicaid		19358.48				18516	61496.48	case rate					
VIRAL MENINGITIS	0514	APR-DRG	inpatient					UHC	Medicaid		39476.09				12301.7	40660.37	case rate					
NONTRAUMATIC STUPOR & COMA	0521	APR-DRG	inpatient					UHC	Medicaid		8042.2				7692	51952.36	case rate					
NONTRAUMATIC STUPOR & COMA	0522	APR-DRG	inpatient					UHC	Medicaid		9413.09				9003	36648.78	case rate					
NONTRAUMATIC STUPOR & COMA	0523	APR-DRG	inpatient					UHC	Medicaid		12685.2				12133	13065.76	case rate					
NONTRAUMATIC STUPOR & COMA	0524	APR-DRG	inpatient					UHC	Medicaid		32484.32				31070	33458.85	case rate					
SEIZURE	0531	APR-DRG	inpatient					UHC	Medicaid		7527.03				7199	7752.84	case rate					
SEIZURE	0532	APR-DRG	inpatient					UHC	Medicaid		8935.32				8546	9203.38	case rate					
SEIZURE	0533	APR-DRG	inpatient					UHC	Medicaid		13362.26				12781	57404.46	case rate					
SEIZURE	0534	APR-DRG	inpatient					UHC	Medicaid		33631.35				9567.33	34640.29	case rate					
MIGRAINE & OTHER HEADACHES	0541	APR-DRG	inpatient					UHC	Medicaid		8074.94				7723	33107.43	case rate					
MIGRAINE & OTHER HEADACHES	0542	APR-DRG	inpatient					UHC	Medicaid		9307.8				8903	68461.53	case rate					
MIGRAINE & OTHER HEADACHES	0543	APR-DRG	inpatient					UHC	Medicaid		11384.54				10889	40226.26	case rate					
MIGRAINE & OTHER HEADACHES	0544	APR-DRG	inpatient					UHC	Medicaid		21512.17				9065.34	29945.59	case rate					
HEAD TRAUMA W COMA >1 HR OR HEMORRHAGE	0551	APR-DRG	inpatient					UHC	Medicaid		9581.97				9165	59696.14	case rate					
HEAD TRAUMA W COMA >1 HR OR HEMORRHAGE	0552	APR-DRG	inpatient					UHC	Medicaid		12777.94				11413.47	33793.81	case rate					
HEAD TRAUMA W COMA >1 HR OR HEMORRHAGE	0553	APR-DRG	inpatient					UHC	Medicaid		20430.89				15963.27	46418.66	case rate					
HEAD TRAUMA W COMA >1 HR OR HEMORRHAGE	0554	APR-DRG	inpatient					UHC	Medicaid		45988.74				9706.71	47368.4	case rate					
BRAIN CONTUSION/LACERATION & COMPLICATED SKULL FX, COMA < 1 HR OR NO COMA	0561	APR-DRG	inpatient					UHC	Medicaid		9630.76				9211	28359.04	case rate					
BRAIN CONTUSION/LACERATION & COMPLICATED SKULL FX, COMA < 1 HR OR NO COMA	0562	APR-DRG	inpatient					UHC	Medicaid		13076.42				12507	52813.61	case rate					
BRAIN CONTUSION/LACERATION & COMPLICATED SKULL FX, COMA < 1 HR OR NO COMA	0563	APR-DRG	inpatient					UHC	Medicaid		21636.57				10578.4	31434.62	case rate					
BRAIN CONTUSION/LACERATION & COMPLICATED SKULL FX, COMA < 1 HR OR NO COMA	0564	APR-DRG	inpatient					UHC	Medicaid		52748.39				18448.41	58968.51	case rate					
CONCUSSION, CLOSED SKULL FX NOS,UNCOMPLICATED INTRACRANIAL INJURY, COMA < 1	0571	APR-DRG	inpatient					UHC	Medicaid		9491.3				9078	63870.67	case rate					
CONCUSSION, CLOSED SKULL FX NOS,UNCOMPLICATED INTRACRANIAL INJURY, COMA < 1	0572	APR-DRG	inpatient					UHC	Medicaid		11919.89				11401	44205.75	case rate					
CONCUSSION, CLOSED SKULL FX NOS,UNCOMPLICATED INTRACRANIAL INJURY, COMA < 1	0573	APR-DRG	inpatient					UHC	Medicaid		16823.43				16091	196968.01	case rate					
CONCUSSION, CLOSED SKULL FX NOS,UNCOMPLICATED INTRACRANIAL INJURY, COMA < 1	0574	APR-DRG	inpatient					UHC	Medicaid		38541.44				36864	114242.57	case rate					
OTHER DISORDERS OF NERVOUS SYSTEM	0581	APR-DRG	inpatient					UHC	Medicaid		9001.24				8609	46373.65	case rate					
OTHER DISORDERS OF NERVOUS SYSTEM	0582	APR-DRG	inpatient					UHC	Medicaid		11166.95				10681	58867.24	case rate					
OTHER DISORDERS OF NERVOUS SYSTEM	0583	APR-DRG	inpatient					UHC	Medicaid		15370.39				14701	51988.4	case rate					
OTHER DISORDERS OF NERVOUS SYSTEM	0584	APR-DRG	inpatient					UHC	Medicaid		35469.07				23134.04	70190.6	case rate					
ORBITAL PROCEDURES	0701	APR-DRG	inpatient					UHC	Medicaid		13903.53				13298	14320.64	case rate					
ORBITAL PROCEDURES	0702	APR-DRG	inpatient					UHC	Medicaid		19214.62				18378	19791.06	case rate					
ORBITAL PROCEDURES	0703	APR-DRG	inpatient					UHC	Medicaid		31614.7				30143	32460.14	case rate					
ORBITAL PROCEDURES	0704	APR-DRG	inpatient					UHC	Medicaid		78142.47				74741	80486.74	case rate					
EYE PROCEDURES EXCEPT ORBIT	0731	APR-DRG	inpatient					UHC	Medicaid		12024.82				11501	12385.56	case rate					
EYE PROCEDURES EXCEPT ORBIT	0732	APR-DRG	inpatient					UHC	Medicaid		14213.76				13595	14640.17	case rate					
EYE PROCEDURES EXCEPT ORBIT	0733	APR-DRG	inpatient					UHC	Medicaid		23755.74				22722	24498.41	case rate					
EYE PROCEDURES EXCEPT ORBIT	0734	APR-DRG	inpatient					UHC	Medicaid		51367.9				25673.52	86487.39	case rate					
ACUTE MAJOR EYE INFECTIONS	0801	APR-DRG	inpatient					UHC	Medicaid		6249.14				5977	58372.14	case rate					
ACUTE MAJOR EYE INFECTIONS	0802	APR-DRG	inpatient					UHC	Medicaid		8572.17				8199	125543.43	case rate					
ACUTE MAJOR EYE INFECTIONS	0803	APR-DRG	inpatient					UHC	Medicaid		13987.75				13379	64590.6	case rate					
ACUTE MAJOR EYE INFECTIONS	0804	APR-DRG	inpatient					UHC	Medicaid		23977.62				14296.66	46152.36	case rate					
EYE DISORDERS EXCEPT MAJOR INFECTIONS	0821	APR-DRG	inpatient					UHC	Medicaid		7285.94				6969	89803.01	case rate					
EYE DISORDERS EXCEPT MAJOR INFECTIONS	0822	APR-DRG	inpatient					UHC	Medicaid		9118.46				8721	45375.97	case rate					
EYE DISORDERS EXCEPT MAJOR INFECTIONS	0823	APR-DRG	inpatient					UHC	Medicaid		13117.59				12547	169704.17	case rate					
EYE DISORDERS EXCEPT MAJOR INFECTIONS	0824	APR-DRG	inpatient					UHC	Medicaid		23682.73				22652	82305.36	case rate					
MAJOR CRANIAL/FACIAL BONE PROCEDURES	0891	APR-DRG	inpatient					UHC	Medicaid		23680.58				22650	24391	case rate					
MAJOR CRANIAL/FACIAL BONE PROCEDURES	0892	APR-DRG	inpatient					UHC	Medicaid		30796.56				29456	317720.46	case rate					
MAJOR CRANIAL/FACIAL BONE PROCEDURES	0893	APR-DRG	inpatient					UHC	Medicaid		51470.51				49230	53014.63	case rate					
MAJOR CRANIAL/FACIAL BONE PROCEDURES	0894	APR-DRG	inpatient					UHC	Medicaid		91864.65				2010	94620.59	case rate					
MAJOR LARYNX & TRACHEA PROCEDURES	0901	APR-DRG	inpatient					UHC	Medicaid		13721.28				13124	167465	case rate					
MAJOR LARYNX & TRACHEA PROCEDURES	0902	APR-DRG	inpatient					UHC	Medicaid		35771.32				22261.17	72028.44	case rate					
MAJOR LARYNX & TRACHEA PROCEDURES	0903	APR-DRG	inpatient					UHC	Medicaid		54785.93				14664	56429.51	case rate					
MAJOR LARYNX & TRACHEA PROCEDURES	0904	APR-DRG	inpatient					UHC	Medicaid		106113.21				38460.67	120997.58	case rate					
OTHER MAJOR HEAD & NECK PROCEDURES	0911	APR-DRG	inpatient					UHC	Medicaid		20662				19189	29663.86	case rate					
OTHER MAJOR HEAD & NECK PROCEDURES	0912	APR-DRG	inpatient					UHC	Medicaid		30397.81				29074	31309.74	case rate					
OTHER MAJOR HEAD & NECK PROCEDURES	0913	APR-DRG	inpatient					UHC	Medicaid		52131.06				17652.32	55206.55	case rate					
OTHER MAJOR HEAD & NECK PROCEDURES	0914	APR-DRG	inpatient					UHC	Medicaid		82293.79				10721.32	84762.6	case rate					
FACIAL BONE PROCEDURES EXCEPT MAJOR CRANIAL/FACIAL BONE PROCEDURES	0921	APR-DRG	inpatient					UHC	Medicaid		16567.55				8242.08	26502.45	case rate					
FACIAL BONE PROCEDURES EXCEPT MAJOR CRANIAL/FACIAL BONE PROCEDURES	0922	APR-DRG	inpatient					UHC	Medicaid		23095				20609.92	58450.91	case rate					
FACIAL BONE PROCEDURES EXCEPT MAJOR CRANIAL/FACIAL BONE PROCEDURES	0923	APR-DRG	inpatient					UHC	Medicaid		36487.84				11946.17	37582.48	case rate					
FACIAL BONE PROCEDURES EXCEPT MAJOR CRANIAL/FACIAL BONE PROCEDURES	0924	APR-DRG	inpatient					UHC	Medicaid		72510.38				69354	74685.69	case rate					
SINUS & MASTOID PROCEDURES	0931	APR-DRG	inpatient					UHC	Medicaid		16463.33				15747	16957.23	case rate					
SINUS & MASTOID PROCEDURES	0932	APR-DRG	inpatient					UHC	Medicaid		20286.31				19403	20894.9	case rate					
SINUS & MASTOID PROCEDURES	0933	APR-DRG	inpatient					UHC	Medicaid		34834.16				33318	107281.27	case rate					
SINUS & MASTOID PROCEDURES	0934	APR-DRG	inpatient					UHC	Medicaid		56834.15				24715.61	68799.08	case rate					
CLEFT LIP & PALATE REPAIR	0951	APR-DRG	inpatient					UHC	Medicaid		11142.29				6968.8	29945.59	case rate					
CLEFT LIP & PALATE REPAIR	0952	APR-DRG	inpatient					UHC	Medicaid		12940.01				12377	13328.21	case rate					
CLEFT LIP & PALATE REPAIR	0953	APR-DRG	inpatient					UHC	Medicaid		19832.67				18969	20427.65	case rate					
CLEFT LIP & PALATE REPAIR	0954	APR-DRG	inpatient					UHC	Medicaid		40930.75				39149	42158.67	case rate					
TONSIL & ADENOID PROCEDURES	0971	APR-DRG	inpatient					UHC	Medicaid		6741				6448	6943.23	case rate					
TONSIL & ADENOID PROCEDURES	0972	APR-DRG	inpatient					UHC	Medicaid		10348				9898	10658.44	case rate					
TONSIL & ADENOID PROCEDURES	0973	APR-DRG	inpatient					UHC	Medicaid		20108.19				19233	20711.44	case rate					
TONSIL & ADENOID PROCEDURES	0974	APR-DRG	inpatient					UHC	Medicaid		67934.65				34448.3	102131.56	case rate					
OTHER EAR, NOSE, MOUTH & THROAT PROCEDURES	0981	APR-DRG	inpatient					UHC	Medicaid		11816.3				11302	163924.34	case rate					
OTHER EAR, NOSE, MOUTH & THROAT PROCEDURES	0982	APR-DRG	inpatient					UHC	Medicaid		15578.91				14901	92000.92	case rate					
OTHER EAR, NOSE, MOUTH & THROAT PROCEDURES	0983	APR-DRG	inpatient					UHC	Medicaid		29072.36				19314.2	58852.23	case rate					
OTHER EAR, NOSE, MOUTH & THROAT PROCEDURES	0984	APR-DRG	inpatient					UHC	Medicaid		52294.83				50018	53863.67	case rate					
EAR, NOSE, MOUTH, THROAT, CRANIAL/FACIAL MALIGNANCIES	1101	APR-DRG	inpatient					UHC	Medicaid		9254.16				8851	9531.78	case rate					
EAR, NOSE, MOUTH, THROAT, CRANIAL/FACIAL MALIGNANCIES	1102	APR-DRG	inpatient					UHC	Medicaid		11881.68				11364	12238.13	case rate					
EAR, NOSE, MOUTH, THROAT, CRANIAL/FACIAL MALIGNANCIES	1103	APR-DRG	inpatient					UHC	Medicaid		19211.48				18375	19797.82	case rate					
EAR, NOSE, MOUTH, THROAT, CRANIAL/FACIAL MALIGNANCIES	1104	APR-DRG	inpatient					UHC	Medicaid		35152.38				33622	36206.95	case rate					
VERTIGO & OTHER LABYRINTH DISORDERS	1111	APR-DRG	inpatient					UHC	Medicaid		7546.58				7218	7772.98	case rate					
VERTIGO & OTHER LABYRINTH DISORDERS	1112	APR-DRG	inpatient					UHC	Medicaid		8367.68				8003	8618.71	case rate					
VERTIGO & OTHER LABYRINTH DISORDERS	1113	APR-DRG	inpatient					UHC	Medicaid		10497.83				10031	10802.46	case rate					
VERTIGO & OTHER LABYRINTH DISORDERS	1114	APR-DRG	inpatient					UHC	Medicaid		21964.83				21009	22623.77	case rate					
INFECTIONS OF UPPER RESPIRATORY TRACT	1131	APR-DRG	inpatient					UHC	Medicaid		4547.75				4350	4684.18	case rate					
INFECTIONS OF UPPER RESPIRATORY TRACT	1132	APR-DRG	inpatient					UHC	Medicaid		6626.02				6338	6824.6	case rate					
INFECTIONS OF UPPER RESPIRATORY TRACT	1133	APR-DRG	inpatient					UHC	Medicaid		10310.07				9861	10619.37	case rate					
INFECTIONS OF UPPER RESPIRATORY TRACT	1134	APR-DRG	inpatient					UHC	Medicaid		21736.4				20790	22388.49	case rate					
DENTAL & ORAL DISEASES & INJURIES	1141	APR-DRG	inpatient					UHC	Medicaid		6570.41				6284	6767.52	case rate					
DENTAL & ORAL DISEASES & INJURIES	1142	APR-DRG	inpatient					UHC	Medicaid		9208.24				8807	9484.49	case rate					
DENTAL & ORAL DISEASES & INJURIES	1143	APR-DRG	inpatient					UHC	Medicaid		15457.74				14785	15921.47	case rate					
DENTAL & ORAL DISEASES & INJURIES	1144	APR-DRG	inpatient					UHC	Medicaid		32236.42				30833	33203.51	case rate					
OTHER EAR, NOSE, MOUTH,THROAT & CRANIAL/FACIAL DIAGNOSES	1151	APR-DRG	inpatient					UHC	Medicaid		6750.32				6456	6952.83	case rate					
OTHER EAR, NOSE, MOUTH,THROAT & CRANIAL/FACIAL DIAGNOSES	1152	APR-DRG	inpatient					UHC	Medicaid		8686.62				8595	9256.22	case rate					
OTHER EAR, NOSE, MOUTH,THROAT & CRANIAL/FACIAL DIAGNOSES	1153	APR-DRG	inpatient					UHC	Medicaid		13425.85				12841	13828.63	case rate					
OTHER EAR, NOSE, MOUTH,THROAT & CRANIAL/FACIAL DIAGNOSES	1154	APR-DRG	inpatient					UHC	Medicaid		27553.87				26354	28380.49	case rate					
MAJOR RESPIRATORY & CHEST PROCEDURES	1201	APR-DRG	inpatient					UHC	Medicaid		25642.96				24527	26412.25	case rate					
MAJOR RESPIRATORY & CHEST PROCEDURES	1202	APR-DRG	inpatient					UHC	Medicaid		31060.42				29708	31992.23	case rate					
MAJOR RESPIRATORY & CHEST PROCEDURES	1203	APR-DRG	inpatient					UHC	Medicaid		45229.52				43260	46586.41	case rate					
MAJOR RESPIRATORY & CHEST PROCEDURES	1204	APR-DRG	inpatient					UHC	Medicaid		77994.39				74599	80334.22	case rate					
OTHER RESPIRATORY & CHEST PROCEDURES	1211	APR-DRG	inpatient					UHC	Medicaid		17363.81				16608	17884.72	case rate					
OTHER RESPIRATORY & CHEST PROCEDURES	1212	APR-DRG	inpatient					UHC	Medicaid		22491.75				21513	23166.5	case rate					
OTHER RESPIRATORY & CHEST PROCEDURES	1213	APR-DRG	inpatient					UHC	Medicaid		35344.94				33806	36405.29	case rate					
OTHER RESPIRATORY & CHEST PROCEDURES	1214	APR-DRG	inpatient					UHC	Medicaid		67552.75				64612	69579.33	case rate					
RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT 96+ HOURS	1301	APR-DRG	inpatient					UHC	Medicaid		39107.2				37405	40280.42	case rate					
RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT 96+ HOURS	1302	APR-DRG	inpatient					UHC	Medicaid		43390.82				41502	44692.54	case rate					
RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT 96+ HOURS	1303	APR-DRG	inpatient					UHC	Medicaid		53744.92				51405	55357.27	case rate					
RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT 96+ HOURS	1304	APR-DRG	inpatient					UHC	Medicaid		73813.11				70600	76027.5	case rate					
CYSTIC FIBROSIS - PULMONARY DISEASE	1311	APR-DRG	inpatient					UHC	Medicaid		19720.11				18892	20311.71	case rate					
CYSTIC FIBROSIS - PULMONARY DISEASE	1312	APR-DRG	inpatient					UHC	Medicaid		24335.21				23276	25065.27	case rate					
CYSTIC FIBROSIS - PULMONARY DISEASE	1313	APR-DRG	inpatient					UHC	Medicaid		31577.57				30203	32524.9	case rate					
CYSTIC FIBROSIS - PULMONARY DISEASE	1314	APR-DRG	inpatient					UHC	Medicaid		40615.76				38848	41834.23	case rate					
BPD & OTH CHRONIC RESPIRATORY DISEASES ARISING IN PERINATAL PERIOD	1321	APR-DRG	inpatient					UHC	Medicaid		7804.17				7464	8038.3	case rate					
BPD & OTH CHRONIC RESPIRATORY DISEASES ARISING IN PERINATAL PERIOD	1322	APR-DRG	inpatient					UHC	Medicaid		8717.02				8338	8978.53	case rate					

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.															
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103		310119 true														
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
BPD & OTH CHRONIC RESPIRATORY DISEASES ARISING IN PERINATAL PERIOD	1323	APR-DRG	inpatient					UHC	Medicaid		13473.74				12887	13877.95	case rate	
BPD & OTH CHRONIC RESPIRATORY DISEASES ARISING IN PERINATAL PERIOD	1324	APR-DRG	inpatient					UHC	Medicaid		22432.11				21456	23105.07	case rate	
RESPIRATORY FAILURE	1331	APR-DRG	inpatient					UHC	Medicaid		5800.88				5548	5974.91	case rate	
RESPIRATORY FAILURE	1332	APR-DRG	inpatient					UHC	Medicaid		10146.11				9704	10450.49	case rate	
RESPIRATORY FAILURE	1333	APR-DRG	inpatient					UHC	Medicaid		15414.51				14743	15876.95	case rate	
RESPIRATORY FAILURE	1334	APR-DRG	inpatient					UHC	Medicaid		28078.55				26856	28920.91	case rate	
PULMONARY EMBOLISM	1341	APR-DRG	inpatient					UHC	Medicaid		9220.17				8819	9496.78	case rate	
PULMONARY EMBOLISM	1342	APR-DRG	inpatient					UHC	Medicaid		11992.67				11442	12321.55	case rate	
PULMONARY EMBOLISM	1343	APR-DRG	inpatient					UHC	Medicaid		17492.19				16702	17986.06	case rate	
PULMONARY EMBOLISM	1344	APR-DRG	inpatient					UHC	Medicaid		30301.66				28982	31210.71	case rate	
MAJOR CHEST & RESPIRATORY TRAUMA	1351	APR-DRG	inpatient					UHC	Medicaid		9661.98				9241	9951.84	case rate	
MAJOR CHEST & RESPIRATORY TRAUMA	1352	APR-DRG	inpatient					UHC	Medicaid		12114.33				11587	12477.76	case rate	
MAJOR CHEST & RESPIRATORY TRAUMA	1353	APR-DRG	inpatient					UHC	Medicaid		17680.59				16911	18211.01	case rate	
MAJOR CHEST & RESPIRATORY TRAUMA	1354	APR-DRG	inpatient					UHC	Medicaid		33348.65				31897	34349.11	case rate	
RESPIRATORY MALIGNANCY	1361	APR-DRG	inpatient					UHC	Medicaid		9893.1				9462	10189.89	case rate	
RESPIRATORY MALIGNANCY	1362	APR-DRG	inpatient					UHC	Medicaid		12568.69				12022	12945.75	case rate	
RESPIRATORY MALIGNANCY	1363	APR-DRG	inpatient					UHC	Medicaid		19010.22				18183	19580.53	case rate	
RESPIRATORY MALIGNANCY	1364	APR-DRG	inpatient					UHC	Medicaid		30823.29				29481	31747.99	case rate	
MAJOR RESPIRATORY INFECTIONS & INFLAMMATIONS	1371	APR-DRG	inpatient					UHC	Medicaid		9045.19				8651	9316.55	case rate	
MAJOR RESPIRATORY INFECTIONS & INFLAMMATIONS	1372	APR-DRG	inpatient					UHC	Medicaid		11697.59				11179	12038.22	case rate	
MAJOR RESPIRATORY INFECTIONS & INFLAMMATIONS	1373	APR-DRG	inpatient					UHC	Medicaid		17360.22				16604	17881.03	case rate	
MAJOR RESPIRATORY INFECTIONS & INFLAMMATIONS	1374	APR-DRG	inpatient					UHC	Medicaid		29390.78				28111	30272.5	case rate	
BRONCHIOLITIS & RSV PNEUMONIA	1381	APR-DRG	inpatient					UHC	Medicaid		4203.26				4020	4329.36	case rate	
BRONCHIOLITIS & RSV PNEUMONIA	1382	APR-DRG	inpatient					UHC	Medicaid		6362.15				6085	6553.01	case rate	
BRONCHIOLITIS & RSV PNEUMONIA	1383	APR-DRG	inpatient					UHC	Medicaid		15228.5				14566	15685.36	case rate	
BRONCHIOLITIS & RSV PNEUMONIA	1384	APR-DRG	inpatient					UHC	Medicaid		37861.6				36213	38997.45	case rate	
OTHER PNEUMONIA	1391	APR-DRG	inpatient					UHC	Medicaid		6177.48				5909	6362.8	case rate	
OTHER PNEUMONIA	1392	APR-DRG	inpatient					UHC	Medicaid		8676.66				8299	8936.96	case rate	
OTHER PNEUMONIA	1393	APR-DRG	inpatient					UHC	Medicaid		13633.21				13040	14042.21	case rate	
OTHER PNEUMONIA	1394	APR-DRG	inpatient					UHC	Medicaid		26226.66				25085	27013.46	case rate	
CHRONIC OBSTRUCTIVE PULMONARY DISEASE	1401	APR-DRG	inpatient					UHC	Medicaid		7158.77				6847	7373.53	case rate	
CHRONIC OBSTRUCTIVE PULMONARY DISEASE	1402	APR-DRG	inpatient					UHC	Medicaid		8938.1				8549	9206.24	case rate	
CHRONIC OBSTRUCTIVE PULMONARY DISEASE	1403	APR-DRG	inpatient					UHC	Medicaid		12199.72				11669	12565.71	case rate	
CHRONIC OBSTRUCTIVE PULMONARY DISEASE	1404	APR-DRG	inpatient					UHC	Medicaid		23702.55				22671	24413.63	case rate	
ASTHMA	1411	APR-DRG	inpatient					UHC	Medicaid		5484.01				5245	5648.53	case rate	
ASTHMA	1412	APR-DRG	inpatient					UHC	Medicaid		7859.95				7518	8095.75	case rate	
ASTHMA	1413	APR-DRG	inpatient					UHC	Medicaid		11264.62				10774	11602.56	case rate	
ASTHMA	1414	APR-DRG	inpatient					UHC	Medicaid		21297.91				20371	21936.85	case rate	
INTERSTITIAL & ALVEOLAR LUNG DISEASES	1421	APR-DRG	inpatient					UHC	Medicaid		9186.54				8787	9462.14	case rate	
INTERSTITIAL & ALVEOLAR LUNG DISEASES	1422	APR-DRG	inpatient					UHC	Medicaid		11172.51				10686	11507.69	case rate	
INTERSTITIAL & ALVEOLAR LUNG DISEASES	1423	APR-DRG	inpatient					UHC	Medicaid		16166.37				15463	16651.36	case rate	
INTERSTITIAL & ALVEOLAR LUNG DISEASES	1424	APR-DRG	inpatient					UHC	Medicaid		28610.04				27365	29468.34	case rate	
OTHER RESPIRATORY DIAGNOSES EXCEPT SIGNS, SYMPTOMS & MINOR DIAGNOSES	1431	APR-DRG	inpatient					UHC	Medicaid		6829.07				6532	7033.94	case rate	
OTHER RESPIRATORY DIAGNOSES EXCEPT SIGNS, SYMPTOMS & MINOR DIAGNOSES	1432	APR-DRG	inpatient					UHC	Medicaid		10024.68				9588	10325.42	case rate	
OTHER RESPIRATORY DIAGNOSES EXCEPT SIGNS, SYMPTOMS & MINOR DIAGNOSES	1433	APR-DRG	inpatient					UHC	Medicaid		15429.04				14757	15891.91	case rate	
OTHER RESPIRATORY DIAGNOSES EXCEPT SIGNS, SYMPTOMS & MINOR DIAGNOSES	1434	APR-DRG	inpatient					UHC	Medicaid		26293.03				25148	27081.82	case rate	
RESPIRATORY SIGNS, SYMPTOMS & MINOR DIAGNOSES	1441	APR-DRG	inpatient					UHC	Medicaid		6689.16				6398	6889.83	case rate	
RESPIRATORY SIGNS, SYMPTOMS & MINOR DIAGNOSES	1442	APR-DRG	inpatient					UHC	Medicaid		8100.86				7748	8343.89	case rate	
RESPIRATORY SIGNS, SYMPTOMS & MINOR DIAGNOSES	1443	APR-DRG	inpatient					UHC	Medicaid		11450.19				10952	11793.7	case rate	
RESPIRATORY SIGNS, SYMPTOMS & MINOR DIAGNOSES	1444	APR-DRG	inpatient					UHC	Medicaid		20083.34				19209	20685.84	case rate	
MAJOR CARDIOTHORACIC REPAIR OF HEART ANOMALY	1601	APR-DRG	inpatient					UHC	Medicaid		42918.61				41050	44206.17	case rate	
MAJOR CARDIOTHORACIC REPAIR OF HEART ANOMALY	1602	APR-DRG	inpatient					UHC	Medicaid		50070.38				47891	51572.49	case rate	
MAJOR CARDIOTHORACIC REPAIR OF HEART ANOMALY	1603	APR-DRG	inpatient					UHC	Medicaid		7583.7				72513	78088.11	case rate	
MAJOR CARDIOTHORACIC REPAIR OF HEART ANOMALY	1604	APR-DRG	inpatient					UHC	Medicaid		168839.54				161489	173904.73	case rate	
CARDIAC DEFIBRILLATOR & HEART ASSIST IMPLANT	1611	APR-DRG	inpatient					UHC	Medicaid		58104.59				55575	59847.73	case rate	
CARDIAC DEFIBRILLATOR & HEART ASSIST IMPLANT	1612	APR-DRG	inpatient					UHC	Medicaid		75012.87				71747	77263.26	case rate	
CARDIAC DEFIBRILLATOR & HEART ASSIST IMPLANT	1613	APR-DRG	inpatient					UHC	Medicaid		120640.34				115388	124259.55	case rate	
CARDIAC DEFIBRILLATOR & HEART ASSIST IMPLANT	1614	APR-DRG	inpatient					UHC	Medicaid		289477.2				276875	298161.52	case rate	
CARDIAC VALVE PROCEDURES W AMI OR COMPLEX PDX	1621	APR-DRG	inpatient					UHC	Medicaid		62254.93				59545	64122.58	case rate	
CARDIAC VALVE PROCEDURES W AMI OR COMPLEX PDX	1622	APR-DRG	inpatient					UHC	Medicaid		69095.49				66087	71168.35	case rate	
CARDIAC VALVE PROCEDURES W AMI OR COMPLEX PDX	1623	APR-DRG	inpatient					UHC	Medicaid		91443.11				87462	94186.4	case rate	
CARDIAC VALVE PROCEDURES W AMI OR COMPLEX PDX	1624	APR-DRG	inpatient					UHC	Medicaid		143826.2				137565	148140.99	case rate	
CARDIAC VALVE PROCEDURES W/O AMI OR COMPLEX PDX	1631	APR-DRG	inpatient					UHC	Medicaid		51369.7				49133	52910.79	case rate	
CARDIAC VALVE PROCEDURES W/O AMI OR COMPLEX PDX	1632	APR-DRG	inpatient					UHC	Medicaid		59023.99				56454	60794.71	case rate	
CARDIAC VALVE PROCEDURES W/O AMI OR COMPLEX PDX	1633	APR-DRG	inpatient					UHC	Medicaid		75693.61				72398	77964.42	case rate	
CARDIAC VALVE PROCEDURES W/O AMI OR COMPLEX PDX	1634	APR-DRG	inpatient					UHC	Medicaid		121961.99				116652	125620.85	case rate	
CORONARY BYPASS W AMI OR COMPLEX PDX	1651	APR-DRG	inpatient					UHC	Medicaid		53788.42				51447	55402.07	case rate	
CORONARY BYPASS W AMI OR COMPLEX PDX	1652	APR-DRG	inpatient					UHC	Medicaid		57847.56				55329	59582.98	case rate	
CORONARY BYPASS W AMI OR COMPLEX PDX	1653	APR-DRG	inpatient					UHC	Medicaid		73545.12				70343	75751.47	case rate	
CORONARY BYPASS W AMI OR COMPLEX PDX	1654	APR-DRG	inpatient					UHC	Medicaid		109482.27				104716	112766.74	case rate	
CORONARY BYPASS W/O AMI OR COMPLEX PDX	1661	APR-DRG	inpatient					UHC	Medicaid		44470.58				42535	45804.7	case rate	
CORONARY BYPASS W/O AMI OR COMPLEX PDX	1662	APR-DRG	inpatient					UHC	Medicaid		50397.2				48203	51909.12	case rate	
CORONARY BYPASS W/O AMI OR COMPLEX PDX	1663	APR-DRG	inpatient					UHC	Medicaid		62949.93				60209	64838.43	case rate	
CORONARY BYPASS W/O AMI OR COMPLEX PDX	1664	APR-DRG	inpatient					UHC	Medicaid		95797.04				91627	98670.95	case rate	
OTHER CARDIOTHORACIC & THORACIC VASCULAR PROCEDURES	1671	APR-DRG	inpatient					UHC	Medicaid		41771.22				39953	43024.36	case rate	
OTHER CARDIOTHORACIC & THORACIC VASCULAR PROCEDURES	1672	APR-DRG	inpatient					UHC	Medicaid		46559.87				44533	47956.67	case rate	
OTHER CARDIOTHORACIC & THORACIC VASCULAR PROCEDURES	1673	APR-DRG	inpatient					UHC	Medicaid		63446.54				60684	65349.94	case rate	
OTHER CARDIOTHORACIC & THORACIC VASCULAR PROCEDURES	1674	APR-DRG	inpatient					UHC	Medicaid		111204.56				106363	114540.7	case rate	
MAJOR ABDOMINAL VASCULAR PROCEDURES	1691	APR-DRG	inpatient					UHC	Medicaid		23932.33				22890	24650.3	case rate	
MAJOR ABDOMINAL VASCULAR PROCEDURES	1692	APR-DRG	inpatient					UHC	Medicaid		31624.92				30248	32573.67	case rate	
MAJOR ABDOMINAL VASCULAR PROCEDURES	1693	APR-DRG	inpatient					UHC	Medicaid		51243.14				49012	52780.43	case rate	
MAJOR ABDOMINAL VASCULAR PROCEDURES	1694	APR-DRG	inpatient					UHC	Medicaid		93132.48				89078	95926.45	case rate	
PERMANENT CARDIAC PACEMAKER IMPLANT W AMI, HEART FAILURE OR SHOCK	1701	APR-DRG	inpatient					UHC	Medicaid		32793.25				31324	33732.76	case rate	
PERMANENT CARDIAC PACEMAKER IMPLANT W AMI, HEART FAILURE OR SHOCK	1702	APR-DRG	inpatient					UHC	Medicaid		34935.33				33414	35983.39	case rate	
PERMANENT CARDIAC PACEMAKER IMPLANT W AMI, HEART FAILURE OR SHOCK	1703	APR-DRG	inpatient					UHC	Medicaid		42903				41035	44190.09	case rate	
PERMANENT CARDIAC PACEMAKER IMPLANT W AMI, HEART FAILURE OR SHOCK	1704	APR-DRG	inpatient					UHC	Medicaid		68585.25				65599	70642.81	case rate	
PERM CARDIAC PACEMAKER IMPLANT W/O AMI, HEART FAILURE OR SHOCK	1711	APR-DRG	inpatient					UHC	Medicaid		22628.35				21643	23307.2	case rate	
PERM CARDIAC PACEMAKER IMPLANT W/O AMI, HEART FAILURE OR SHOCK	1712	APR-DRG	inpatient					UHC	Medicaid		25857.5				24732	26633.23	case rate	
PERM CARDIAC PACEMAKER IMPLANT W/O AMI, HEART FAILURE OR SHOCK	1713	APR-DRG	inpatient					UHC	Medicaid		32896.08				31464	33882.96	case rate	
PERM CARDIAC PACEMAKER IMPLANT W/O AMI, HEART FAILURE OR SHOCK	1714	APR-DRG	inpatient					UHC	Medicaid		54789.7				52404	56433.39	case rate	
PERCUTANEOUS CORONARY INTERVENTION W AMI	1741	APR-DRG	inpatient					UHC	Medicaid		27066.95				25889	27878.96	case rate	
PERCUTANEOUS CORONARY INTERVENTION W AMI	1742	APR-DRG	inpatient					UHC	Medicaid		29153.56				27884	30028.17	case rate	
PERCUTANEOUS CORONARY INTERVENTION W AMI	1743	APR-DRG	inpatient					UHC	Medicaid		36847.31				35243	37952.73	case rate	
PERCUTANEOUS CORONARY INTERVENTION W AMI	1744	APR-DRG	inpatient					UHC	Medicaid		59997.38				57385	61797.3	case rate	
PERCUTANEOUS CORONARY INTERVENTION W/O AMI	1751	APR-DRG	inpatient					UHC	Medicaid		26909.99				25736	27717.29	case rate	
PERCUTANEOUS CORONARY INTERVENTION W/O AMI	1752	APR-DRG	inpatient					UHC	Medicaid		29661.19				28370	30551.03	case rate	
PERCUTANEOUS CORONARY INTERVENTION W/O AMI	1753	APR-DRG	inpatient					UHC	Medicaid		37649.4				36010	38778.88	case rate	
PERCUTANEOUS CORONARY INTERVENTION W/O AMI	1754	APR-DRG	inpatient					UHC	Medicaid		70712.03				67634	72833.39	case rate	
CARDIAC PACEMAKER & DEFIBRILLATOR DEVICE REPLACEMENT	1761	APR-DRG	inpatient					UHC	Medicaid		21256.2				20331	21893.89	case rate	
CARDIAC PACEMAKER & DEFIBRILLATOR DEVICE REPLACEMENT	1762	APR-DRG	inpatient					UHC	Medicaid		40641.23				38872	41860.47	case rate	
CARDIAC PACEMAKER & DEFIBRILLATOR DEVICE REPLACEMENT	1763	APR-DRG	inpatient					UHC	Medicaid		42347.56				40504	43617.99	case rate	
CARDIAC PACEMAKER & DEFIBRILLATOR DEVICE REPLACEMENT	1764	APR-DRG	inpatient					UHC	Medicaid		67242.34				64315	69259.61	case rate	
CARDIAC PACEMAKER & DEFIBRILLATOR REVISION EXCEPT DEVICE REPLACEMENT	1771	APR-DRG	inpatient					UHC	Medicaid		17508.03				16746	18033.27	case rate	
CARDIAC PACEMAKER & DEFIBRILLATOR REVISION EXCEPT DEVICE REPLACEMENT	1772	APR-DRG	inpatient					UHC	Medicaid		22663.33				21677	23343.23	case rate	
CARDIAC PACEMAKER & DEFIBRILLATOR REVISION EXCEPT DEVICE REPLACEMENT	1773	APR-DRG	inpatient					UHC	Medicaid		32138.12				30739	33102.26	case rate	
CARDIAC PACEMAKER & DEFIBRILLATOR REVISION EXCEPT DEVICE REPLACEMENT	1774	APR-DRG	inpatient					UHC	Medicaid		64986.85				62158	66936.46	case rate	
OTHER CIRCULATORY SYSTEM PROCEDURES	1801	APR-DRG	inpatient					UHC	Medicaid		16932.76				16196	17440.74	case rate	
OTHER CIRCULATORY SYSTEM PROCEDURES	1802	APR-DRG	inpatient					UHC	Medicaid		21395.58				20464	22037.45	case rate	
OTHER CIRCULATORY SYSTEM PROCEDURES	1803	APR-DRG	inpatient					UHC	Medicaid		32788.46				31361	33772.11	case rate	
OTHER CIRCULATORY SYSTEM PROCEDURES	1804	APR-DRG	inpatient					UHC	Medicaid		57507.81				55004	59233.04	case rate	
LOWER EXTREMITY ARTERIAL PROCEDURES	1811	APR-DRG	inpatient					UHC	Medicaid		21033.78				20118	21664.79	case rate	
LOWER EXTREMITY ARTERIAL PROCEDURES	1812	APR-DRG	inpatient					UHC	Medicaid		28493.36				27253	29348.16	case rate	
LOWER EXTREMITY ARTERIAL PROCEDURES	1813	APR-DRG	inpatient					UHC	Medicaid		47299.63				45240	48718.62	case rate	
LOWER EXTREMITY ARTERIAL PROCEDURES	1814	APR-DRG	inpatient					UHC	Medicaid		84283.98				80615	86812.5	case rate	
OTHER PERIPHERAL VASCULAR PROCEDURES	1821	APR-DRG	inpatient					UHC	Medicaid		26940.85				25768	27749.08	case rate	
OTHER PERIPHERAL VASCULAR PROCEDURES	1822	APR-DRG	inpatient					UHC	Medicaid		31691.83				30312	32642.58	case rate	
OTHER PERIPHERAL VASCULAR PROCEDURES	1823	APR-DRG	inpatient					UHC	Medicaid		43012.69				41140	44303.07	case rate	
OTHER PERIPHERAL VASCULAR PROCEDURES	1824	APR-DRG	inpatient					UHC	Medicaid		76902.52				73555	79209.6	case rate	
ACUTE MYOCARDIAL INFARCTION	1901	APR-DRG	inpatient					UHC	Medicaid		11422.11				10925	11764.77	case rate	
ACUTE MYOCARDIAL INFARCTION	1902	APR-DRG	inpatient					UHC	Medicaid		12594.35				12046	12972.18	case rate	
ACUTE MYOCARDIAL INFARCTION	1903	APR-DRG	inpatient					UHC	Medicaid		17159.32				16412	17674.1	case rate	
ACUTE MYOCARDIAL INFARCTION	1904	APR-DRG	inpatient					UHC	Medicaid		31780.98				30397	32734.41	case rate	
CARDIAC CATHETERIZATION FOR CORONARY ARTERY DISEASE	1911	APR-DRG	inpatient					UHC	Medicaid		12654.35				12103	13033.98	case rate	
CARDIAC CATHETERIZATION FOR CORONARY ARTERY DISEASE	1912	APR-DRG	inpatient					UHC	Medicaid		14562.79				13919	14989.37	case rate	
CARDIAC CATHETERIZATION FOR CORONARY ARTERY DISEASE	1913	APR-DRG	inpatient					UHC	Medicaid		19270.41				18431	19848.52	case rate	
CARDIAC CATHETERIZATION FOR CORONARY ARTERY DISEASE	1914	APR-DRG	inpatient					UHC	Medicaid		37726.08				36084	38857.86	case rate	
CARDIAC CATHETERIZATION FOR OTHER NON-CORONARY CONDITIONS	1921	APR-DRG	inpatient					UHC	Medicaid		13073.46				12504	13465.66	case rate	
CARDIAC CATHETERIZATION FOR OTHER NON-CORONARY CONDITIONS	1922	APR-DRG	inpatient					UHC	Medicaid		16147.72				15445	16632.15	case rate	
CARDIAC CATHETERIZATION FOR OTHER NON-CORONARY CONDITIONS	1923	APR-DRG	inpatient					UHC	Medicaid		23772.42				22738	24485.59	case rate	
CARDIAC CATHETERIZATION FOR OTHER NON-CORONARY CONDITIONS	1924	APR-DRG	inpatient					UHC	Medicaid		45181.72				43215	46537.17	case rate	
ACUTE & SUBACUTE ENDOCARDITIS	1931	APR-DRG	inpatient					UHC	Medicaid		13400.47				12817	13802.48	case rate	
ACUTE & SUBACUTE ENDOCARDITIS	1932	APR-DRG	inpatient					UHC	Medicaid		17408.74				16651	17931	case rate	
ACUTE & SUBACUTE ENDOCARDITIS	1933	APR-DRG	inpatient					UHC	Medicaid		26013.65				24881	26794.06	case rate	
ACUTE & SUBACUTE ENDOCARDITIS	1934	APR-DRG	inpatient					UHC	Medicaid		42853.22				40988	44138.82	case rate	
HEART FAILURE	1941	APR-DRG	inpatient					UHC	Medicaid		7256.53				6941	7474.23	case rate	
HEART FAILURE	1942	APR-DRG	inpatient					UHC	Medicaid		9318.11				8912	9597.65	case rate	
HEART FAILURE	1943	APR-DRG	inpatient					UHC	Medicaid		13897.43				13292	14314.35	case rate	
HEART FAILURE	1944	APR-DRG	inpatient					UHC	Medicaid		26247.37				25105	27034.79	case rate	
CARDIAC ARREST & SHOCK	1961	APR-DRG	inpatient					UHC	Medicaid		7596.45				7227	7783.14	case rate	
CARDIAC ARREST & SHOCK	1962	APR-DRG	inpatient					UHC	Medicaid		8014.13				7665	8254.55	case rate	
CARDIAC ARREST & SHOCK	1963	APR-DRG	inpatient					UHC	Medicaid		15209.93				14548	15666.23	case rate	
CARDIAC ARREST & SHOCK	1964	APR-DRG	inpatient					UHC	Medicaid		36821.9				37132	39986.56	case rate	
PERIPHERAL & OTHER VASCULAR DISORDERS	1971	APR-DRG	inpatient					UHC	Medicaid		7232.31				6917	7449.28	case rate	
PERIPHERAL & OTHER VASCULAR DISORDERS	1972	APR-DRG	inpatient					UHC	Medicaid		9656.33				9236	9946.02	case rate	
PERIPHERAL & OTHER VASCULAR DISORDERS	1973	APR-DRG	inpatient					UHC	Medicaid		14341.12				13717	14771.35	case rate	
PERIPHERAL & OTHER VASCULAR DISORDERS	1974	APR-DRG	inpatient					UHC	Medicaid		30972.62				29624	31901.8	case rate	
ANGINA PECTORIS & CORONARY ATHEROSCLEROSIS	1981	APR-DRG	inpatient					UHC	Medicaid		6679.92				6389	6880.32	case rate	
ANGINA PECTORIS & CORONARY ATHEROSCLEROSIS	1982	APR-DRG	inpatient					UHC	Medicaid		7716.18				7380	7947.67	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101191	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ANGINA PECTORIS & CORONARY ATHEROSCLEROSIS	1983	APR-DRG	inpatient					UHC	Medicaid		10526.57				10068	10842.37	case rate	
ANGINA PECTORIS & CORONARY ATHEROSCLEROSIS	1984	APR-DRG	inpatient					UHC	Medicaid		25299.28				24198	26058.29	case rate	
HYPERTENSION	1991	APR-DRG	inpatient					UHC	Medicaid		6872.93				6574	7079.12	case rate	
HYPERTENSION	1992	APR-DRG	inpatient					UHC	Medicaid		8070.99				7720	8313.12	case rate	
HYPERTENSION	1993	APR-DRG	inpatient					UHC	Medicaid		11314.67				10822	11654.11	case rate	
HYPERTENSION	1994	APR-DRG	inpatient					UHC	Medicaid		25794.27				24671	26568.1	case rate	
CARDIAC STRUCTURAL & VALVULAR DISORDERS	2001	APR-DRG	inpatient					UHC	Medicaid		8248.3				7889	8495.75	case rate	
CARDIAC STRUCTURAL & VALVULAR DISORDERS	2002	APR-DRG	inpatient					UHC	Medicaid		9758.57				9334	10051.33	case rate	
CARDIAC STRUCTURAL & VALVULAR DISORDERS	2003	APR-DRG	inpatient					UHC	Medicaid		14875.58				14228	15321.85	case rate	
CARDIAC STRUCTURAL & VALVULAR DISORDERS	2004	APR-DRG	inpatient					UHC	Medicaid		31690.67				30311	32641.39	case rate	
CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS	2011	APR-DRG	inpatient					UHC	Medicaid		6164.39				5896	6349.32	case rate	
CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS	2012	APR-DRG	inpatient					UHC	Medicaid		7985.07				7637	8224.62	case rate	
CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS	2013	APR-DRG	inpatient					UHC	Medicaid		12264.2				11730	12632.13	case rate	
CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS	2014	APR-DRG	inpatient					UHC	Medicaid		25446.63				24339	26210.03	case rate	
CHEST PAIN	2031	APR-DRG	inpatient					UHC	Medicaid		6893.92				6594	7100.74	case rate	
CHEST PAIN	2032	APR-DRG	inpatient					UHC	Medicaid		8017.62				7669	8258.15	case rate	
CHEST PAIN	2033	APR-DRG	inpatient					UHC	Medicaid		10008.35				9573	10308.6	case rate	
CHEST PAIN	2034	APR-DRG	inpatient					UHC	Medicaid		18172.53				17381	18717.71	case rate	
SYNCOPE & COLLAPSE	2041	APR-DRG	inpatient					UHC	Medicaid		7664.88				7331	7894.83	case rate	
SYNCOPE & COLLAPSE	2042	APR-DRG	inpatient					UHC	Medicaid		8654.95				8278	8914.6	case rate	
SYNCOPE & COLLAPSE	2043	APR-DRG	inpatient					UHC	Medicaid		10919.95				10445	11247.55	case rate	
SYNCOPE & COLLAPSE	2044	APR-DRG	inpatient					UHC	Medicaid		22386.73				21412	23058.33	case rate	
CARDIOMYOPATHY	2051	APR-DRG	inpatient					UHC	Medicaid		7432.59				7109	7655.57	case rate	
CARDIOMYOPATHY	2052	APR-DRG	inpatient					UHC	Medicaid		9492.42				9050	9746.29	case rate	
CARDIOMYOPATHY	2053	APR-DRG	inpatient					UHC	Medicaid		13659.94				13065	14069.74	case rate	
CARDIOMYOPATHY	2054	APR-DRG	inpatient					UHC	Medicaid		33518.16				32059	34523.7	case rate	
MALFUNCTION,REACTION,COMPLICATION OF CARDIAC/VASC DEVICE OR PROCEDURE	2061	APR-DRG	inpatient					UHC	Medicaid		8477.1				8108	8731.41	case rate	
MALFUNCTION,REACTION,COMPLICATION OF CARDIAC/VASC DEVICE OR PROCEDURE	2062	APR-DRG	inpatient					UHC	Medicaid		9970.15				9536	10269.25	case rate	
MALFUNCTION,REACTION,COMPLICATION OF CARDIAC/VASC DEVICE OR PROCEDURE	2063	APR-DRG	inpatient					UHC	Medicaid		16637.06				15913	17136.17	case rate	
MALFUNCTION,REACTION,COMPLICATION OF CARDIAC/VASC DEVICE OR PROCEDURE	2064	APR-DRG	inpatient					UHC	Medicaid		31125.09				29770	32058.84	case rate	
OTHER CIRCULATORY SYSTEM DIAGNOSES	2071	APR-DRG	inpatient					UHC	Medicaid		7374.38				7053	7596.61	case rate	
OTHER CIRCULATORY SYSTEM DIAGNOSES	2072	APR-DRG	inpatient					UHC	Medicaid		9792.97				9357	10076.48	case rate	
OTHER CIRCULATORY SYSTEM DIAGNOSES	2073	APR-DRG	inpatient					UHC	Medicaid		14207.93				13589	14634.17	case rate	
OTHER CIRCULATORY SYSTEM DIAGNOSES	2074	APR-DRG	inpatient					UHC	Medicaid		27707.24				26501	28538.46	case rate	
MAJOR STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES	2201	APR-DRG	inpatient					UHC	Medicaid		18883.49				18061	19449.99	case rate	
MAJOR STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES	2202	APR-DRG	inpatient					UHC	Medicaid		28058.28				26837	28900.03	case rate	
MAJOR STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES	2203	APR-DRG	inpatient					UHC	Medicaid		45497.42				43517	46862.34	case rate	
MAJOR STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES	2204	APR-DRG	inpatient					UHC	Medicaid		90276.71				86347	92985.01	case rate	
MAJOR SMALL & LARGE BOWEL PROCEDURES	2211	APR-DRG	inpatient					UHC	Medicaid		15269.6				18431	19847.69	case rate	
MAJOR SMALL & LARGE BOWEL PROCEDURES	2212	APR-DRG	inpatient					UHC	Medicaid		24984.65				23897	25734.19	case rate	
MAJOR SMALL & LARGE BOWEL PROCEDURES	2213	APR-DRG	inpatient					UHC	Medicaid		40578.9				38812	41796.27	case rate	
MAJOR SMALL & LARGE BOWEL PROCEDURES	2214	APR-DRG	inpatient					UHC	Medicaid		80321				76824	82730.63	case rate	
OTHER STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES	2221	APR-DRG	inpatient					UHC	Medicaid		14337.35				13713	14767.47	case rate	
OTHER STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES	2222	APR-DRG	inpatient					UHC	Medicaid		18349.75				17551	18900.24	case rate	
OTHER STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES	2223	APR-DRG	inpatient					UHC	Medicaid		29737.43				28443	30629.55	case rate	
OTHER STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES	2224	APR-DRG	inpatient					UHC	Medicaid		72551.1				69393	74727.63	case rate	
OTHER SMALL & LARGE BOWEL PROCEDURES	2231	APR-DRG	inpatient					UHC	Medicaid		15353.26				14685	15813.86	case rate	
OTHER SMALL & LARGE BOWEL PROCEDURES	2232	APR-DRG	inpatient					UHC	Medicaid		20355.01				19469	20965.66	case rate	
OTHER SMALL & LARGE BOWEL PROCEDURES	2233	APR-DRG	inpatient					UHC	Medicaid		34188.85				32700	35214.52	case rate	
OTHER SMALL & LARGE BOWEL PROCEDURES	2234	APR-DRG	inpatient					UHC	Medicaid		70598.49				67525	72716.44	case rate	
PERITONEAL ADHESIOLYSIS	2241	APR-DRG	inpatient					UHC	Medicaid		17297.08				16544	17815.99	case rate	
PERITONEAL ADHESIOLYSIS	2242	APR-DRG	inpatient					UHC	Medicaid		22649.43				21663	23328.91	case rate	
PERITONEAL ADHESIOLYSIS	2243	APR-DRG	inpatient					UHC	Medicaid		34289.3				32797	35317.98	case rate	
PERITONEAL ADHESIOLYSIS	2244	APR-DRG	inpatient					UHC	Medicaid		62241.21				59532	64108.45	case rate	
APPENDECTOMY	2251	APR-DRG	inpatient					UHC	Medicaid		11818.54				11304	12173.1	case rate	
APPENDECTOMY	2252	APR-DRG	inpatient					UHC	Medicaid		15718.11				15034	16189.65	case rate	
APPENDECTOMY	2253	APR-DRG	inpatient					UHC	Medicaid		26998.25				25823	27808.2	case rate	
APPENDECTOMY	2254	APR-DRG	inpatient					UHC	Medicaid		51388.89				49152	52930.56	case rate	
ANAL PROCEDURES	2261	APR-DRG	inpatient					UHC	Medicaid		9584.4				9167	9871.93	case rate	
ANAL PROCEDURES	2262	APR-DRG	inpatient					UHC	Medicaid		12977.41				12412	13366.73	case rate	
ANAL PROCEDURES	2263	APR-DRG	inpatient					UHC	Medicaid		21154.5				20234	21789.14	case rate	
ANAL PROCEDURES	2264	APR-DRG	inpatient					UHC	Medicaid		43293.59				41409	44592.4	case rate	
HERNIA PROCEDURES EXCEPT INGUINAL, FEMORAL & UMBILICAL	2271	APR-DRG	inpatient					UHC	Medicaid		14897.28				14249	15344.2	case rate	
HERNIA PROCEDURES EXCEPT INGUINAL, FEMORAL & UMBILICAL	2272	APR-DRG	inpatient					UHC	Medicaid		18923.94				18100	19491.66	case rate	
HERNIA PROCEDURES EXCEPT INGUINAL, FEMORAL & UMBILICAL	2273	APR-DRG	inpatient					UHC	Medicaid		30707.77				29371	31629	case rate	
HERNIA PROCEDURES EXCEPT INGUINAL, FEMORAL & UMBILICAL	2274	APR-DRG	inpatient					UHC	Medicaid		63216.75				60465	65113.25	case rate	
INGUINAL, FEMORAL & UMBILICAL HERNIA PROCEDURES	2281	APR-DRG	inpatient					UHC	Medicaid		11206.14				10718	11542.32	case rate	
INGUINAL, FEMORAL & UMBILICAL HERNIA PROCEDURES	2282	APR-DRG	inpatient					UHC	Medicaid		14635.84				13999	15074.92	case rate	
INGUINAL, FEMORAL & UMBILICAL HERNIA PROCEDURES	2283	APR-DRG	inpatient					UHC	Medicaid		22482.16				21503	23156.62	case rate	
INGUINAL, FEMORAL & UMBILICAL HERNIA PROCEDURES	2284	APR-DRG	inpatient					UHC	Medicaid		50101.41				47920	51604.45	case rate	
OTHER DIGESTIVE SYSTEM & ABDOMINAL PROCEDURES	2291	APR-DRG	inpatient					UHC	Medicaid		15491.38				14817	15956.12	case rate	
OTHER DIGESTIVE SYSTEM & ABDOMINAL PROCEDURES	2292	APR-DRG	inpatient					UHC	Medicaid		21370.02				20440	22011.12	case rate	
OTHER DIGESTIVE SYSTEM & ABDOMINAL PROCEDURES	2293	APR-DRG	inpatient					UHC	Medicaid		34813.53				33298	35857.94	case rate	
OTHER DIGESTIVE SYSTEM & ABDOMINAL PROCEDURES	2294	APR-DRG	inpatient					UHC	Medicaid		72255.66				69110	74423.33	case rate	
DIGESTIVE MALIGNANCY	2401	APR-DRG	inpatient					UHC	Medicaid		9679.46				9258	9969.84	case rate	
DIGESTIVE MALIGNANCY	2402	APR-DRG	inpatient					UHC	Medicaid		12405.64				11866	12777.81	case rate	
DIGESTIVE MALIGNANCY	2403	APR-DRG	inpatient					UHC	Medicaid		18274.77				17479	18823.01	case rate	
DIGESTIVE MALIGNANCY	2404	APR-DRG	inpatient					UHC	Medicaid		33473.14				32016	34477.33	case rate	
PEPTIC ULCER & GASTRITIS	2411	APR-DRG	inpatient					UHC	Medicaid		8234.04				7876	8481.06	case rate	
PEPTIC ULCER & GASTRITIS	2412	APR-DRG	inpatient					UHC	Medicaid		10212.48				9768	10518.85	case rate	
PEPTIC ULCER & GASTRITIS	2413	APR-DRG	inpatient					UHC	Medicaid		15346.89				14679	15807.3	case rate	
PEPTIC ULCER & GASTRITIS	2414	APR-DRG	inpatient					UHC	Medicaid		35860.83				34300	36936.65	case rate	
MAJOR ESOPHAGEAL DISORDERS	2421	APR-DRG	inpatient					UHC	Medicaid		8122.29				7769	8365.96	case rate	
MAJOR ESOPHAGEAL DISORDERS	2422	APR-DRG	inpatient					UHC	Medicaid		10018.22				9582	10318.77	case rate	
MAJOR ESOPHAGEAL DISORDERS	2423	APR-DRG	inpatient					UHC	Medicaid		14899.52				14251	15346.51	case rate	
MAJOR ESOPHAGEAL DISORDERS	2424	APR-DRG	inpatient					UHC	Medicaid		34881.34				33363	35927.78	case rate	
OTHER ESOPHAGEAL DISORDERS	2431	APR-DRG	inpatient					UHC	Medicaid		7556.54				7228	7783.04	case rate	
OTHER ESOPHAGEAL DISORDERS	2432	APR-DRG	inpatient					UHC	Medicaid		9231.02				8829	9507.95	case rate	
OTHER ESOPHAGEAL DISORDERS	2433	APR-DRG	inpatient					UHC	Medicaid		13323.24				12743	13722.94	case rate	
OTHER ESOPHAGEAL DISORDERS	2434	APR-DRG	inpatient					UHC	Medicaid		29327.73				28051	30207.56	case rate	
DIVERTICULITIS & DIVERTICULOSIS	2441	APR-DRG	inpatient					UHC	Medicaid		7058.85				6752	7270.62	case rate	
DIVERTICULITIS & DIVERTICULOSIS	2442	APR-DRG	inpatient					UHC	Medicaid		9237.03				8835	9514.14	case rate	
DIVERTICULITIS & DIVERTICULOSIS	2443	APR-DRG	inpatient					UHC	Medicaid		14020.13				13410	14440.73	case rate	
DIVERTICULITIS & DIVERTICULOSIS	2444	APR-DRG	inpatient					UHC	Medicaid		31822.51				30437	32777.19	case rate	
INFLAMMATORY BOWEL DISEASE	2451	APR-DRG	inpatient					UHC	Medicaid		8428.49				8062	8681.34	case rate	
INFLAMMATORY BOWEL DISEASE	2452	APR-DRG	inpatient					UHC	Medicaid		10117.06				9677	10420.57	case rate	
INFLAMMATORY BOWEL DISEASE	2453	APR-DRG	inpatient					UHC	Medicaid		15229.22				14566	15686.1	case rate	
INFLAMMATORY BOWEL DISEASE	2454	APR-DRG	inpatient					UHC	Medicaid		28953.91				27693	29822.53	case rate	
GASTROINTESTINAL VASCULAR INSUFFICIENCY	2461	APR-DRG	inpatient					UHC	Medicaid		8865.81				8480	9131.78	case rate	
GASTROINTESTINAL VASCULAR INSUFFICIENCY	2462	APR-DRG	inpatient					UHC	Medicaid		10647.38				10184	10966.8	case rate	
GASTROINTESTINAL VASCULAR INSUFFICIENCY	2463	APR-DRG	inpatient					UHC	Medicaid		16094.26				15394	16577.09	case rate	
GASTROINTESTINAL VASCULAR INSUFFICIENCY	2464	APR-DRG	inpatient					UHC	Medicaid		32551.95				31135	33528.51	case rate	
INTESTINAL OBSTRUCTION	2471	APR-DRG	inpatient					UHC	Medicaid		6842.61				6545	7047.89	case rate	
INTESTINAL OBSTRUCTION	2472	APR-DRG	inpatient					UHC	Medicaid		8800.52				8417	9064.54	case rate	
INTESTINAL OBSTRUCTION	2473	APR-DRG	inpatient					UHC	Medicaid		13952.77				13345	14371.35	case rate	
INTESTINAL OBSTRUCTION	2474	APR-DRG	inpatient					UHC	Medicaid		31884.84				30497	32841.39	case rate	
MAJOR GASTROINTESTINAL & PERITONEAL INFECTIONS	2481	APR-DRG	inpatient					UHC	Medicaid		7462				7137	7685.86	case rate	
MAJOR GASTROINTESTINAL & PERITONEAL INFECTIONS	2482	APR-DRG	inpatient					UHC	Medicaid		10265.58				9819	10573.55	case rate	
MAJOR GASTROINTESTINAL & PERITONEAL INFECTIONS	2483	APR-DRG	inpatient					UHC	Medicaid		15431.64				14760	15894.59	case rate	
MAJOR GASTROINTESTINAL & PERITONEAL INFECTIONS	2484	APR-DRG	inpatient					UHC	Medicaid		32853.66				31423	33839.27	case rate	
OTHER GASTROENTERITIS, NAUSEA & VOMITING	2491	APR-DRG	inpatient					UHC	Medicaid		6164.12				5896	6349.04	case rate	
OTHER GASTROENTERITIS, NAUSEA & VOMITING	2492	APR-DRG	inpatient					UHC	Medicaid		7491.96				7166	7716.72	case rate	
OTHER GASTROENTERITIS, NAUSEA & VOMITING	2493	APR-DRG	inpatient					UHC	Medicaid		10631.33				10169	10950.27	case rate	
OTHER GASTROENTERITIS, NAUSEA & VOMITING	2494	APR-DRG	inpatient					UHC	Medicaid		24302.75				23245	25031.83	case rate	
ABDOMINAL PAIN	2511	APR-DRG	inpatient					UHC	Medicaid		6999.03				6694	7209	case rate	
ABDOMINAL PAIN	2512	APR-DRG	inpatient					UHC	Medicaid		8677.02				8299	8937.33	case rate	
ABDOMINAL PAIN	2513	APR-DRG	inpatient					UHC	Medicaid		11724.99				11215	12076.74	case rate	
ABDOMINAL PAIN	2514	APR-DRG	inpatient					UHC	Medicaid		22457.67				21480	23131.4	case rate	
MALFUNCTION, REACTION & COMPLICATION OF GI DEVICE OR PROCEDURE	2521	APR-DRG	inpatient					UHC	Medicaid		7620.57				7289	7849.19	case rate	
MALFUNCTION, REACTION & COMPLICATION OF GI DEVICE OR PROCEDURE	2522	APR-DRG	inpatient					UHC	Medicaid		10235.8				9790	10542.87	case rate	
MALFUNCTION, REACTION & COMPLICATION OF GI DEVICE OR PROCEDURE	2523	APR-DRG	inpatient					UHC	Medicaid		15894.16				15011	16194.98	case rate	
MALFUNCTION, REACTION & COMPLICATION OF GI DEVICE OR PROCEDURE	2524	APR-DRG	inpatient					UHC	Medicaid		35028.7				33504	36079.56	case rate	
OTHER & UNSPECIFIED GASTROINTESTINAL HEMORRHAGE	2531	APR-DRG	inpatient					UHC	Medicaid		7696.09				7361	7926.97	case rate	
OTHER & UNSPECIFIED GASTROINTESTINAL HEMORRHAGE	2532	APR-DRG	inpatient					UHC	Medicaid		9602.79				9472	10199.87	case rate	
OTHER & UNSPECIFIED GASTROINTESTINAL HEMORRHAGE	2533	APR-DRG	inpatient					UHC	Medicaid		14788.67				14145	15232.32	case rate	
OTHER & UNSPECIFIED GASTROINTESTINAL HEMORRHAGE	2534	APR-DRG	inpatient					UHC	Medicaid		30634.85				29301	31553.9	case rate	
OTHER DIGESTIVE SYSTEM DIAGNOSES	2541	APR-DRG	inpatient					UHC	Medicaid		7219.22				6905	7435.8	case rate	
OTHER DIGESTIVE SYSTEM DIAGNOSES	2542	APR-DRG	inpatient					UHC	Medicaid		9637.4				9218	9926.52	case rate	
OTHER DIGESTIVE SYSTEM DIAGNOSES	2543	APR-DRG	inpatient					UHC	Medicaid		14006.85				13397	14427.06	case rate	
OTHER DIGESTIVE SYSTEM DIAGNOSES	2544	APR-DRG	inpatient					UHC	Medicaid		30036.81				28729	30937.91	case rate	
MAJOR PANCREAS, LIVER & SHUNT PROCEDURES	2601	APR-DRG	inpatient					UHC	Medicaid		22527.9				21547	23203.74	case rate	
MAJOR PANCREAS, LIVER & SHUNT PROCEDURES	2602	APR-DRG	inpatient					UHC	Medicaid		29769.81				28474	30662.9	case rate	
MAJOR PANCREAS, LIVER & SHUNT PROCEDURES	2603	APR-DRG	inpatient					UHC	Medicaid		46723.91				44690	48125.63	case rate	
MAJOR PANCREAS, LIVER & SHUNT PROCEDURES	2604	APR-DRG	inpatient					UHC	Medicaid		94646.25				90526	97485.64	case rate	
MAJOR BILIARY TRACT PROCEDURES	2611	APR-DRG	inpatient					UHC	Medicaid		18136.22				17921	19298.31	case rate	
MAJOR BILIARY TRACT PROCEDURES	2612	APR-DRG	inpatient					UHC	Medicaid		26069.7				24935	26851.79	case rate	
MAJOR BILIARY TRACT PROCEDURES	2613	APR-DRG	inpatient					UHC	Medicaid		39423.98				37708	40606.7	case rate	
MAJOR BILIARY TRACT PROCEDURES	2614	APR-DRG	inpatient					UHC	Medicaid		72428.49				69275	74601.34	case rate	
CHOLECYSTECTOMY EXCEPT LAPAROSCOPIC	2621	APR-DRG	inpatient					UHC	Medicaid		16331.4				15620	16821.34	case rate	
CHOLECYSTECTOMY EXCEPT LAPAROSCOPIC	2622	APR-DRG	inpatient					UHC	Medicaid		21538.72				20601	22184.88	case rate	
CHOLECYSTECTOMY EXCEPT LAPAROSCOPIC	2623	APR-DRG	inpatient					UHC	Medicaid		32239.65				30836	33206.84	case rate	
CHOLECYSTECTOMY EXCEPT LAPAROSCOPIC	2624	APR-DRG	inpatient					UHC	Medicaid		65932.44				63062	67910.41	case rate	
LAPAROSCOPIC CHOLECYSTECTOMY	2631	APR-DRG	inpatient					UHC	Medicaid		13952.5				13345	14371.08	case rate	
LAPAROSCOPIC CHOLECYSTECTOMY	2632	APR-DRG	inpatient					UHC	Medicaid		17656.37				16888	18186.06	case rate	
LAPAROSCOPIC CHOLECYSTECTOMY	2633	APR-DRG	inpatient					UHC	Medicaid		24052.87				23006	24774.46	case rate	
LAPAROSCOPIC CHOLECYSTECTOMY	2634	APR-DRG	inpatient					UHC	Medicaid		50974.44				48755	52503.67	case rate	
OTHER HEPATOBILIARY, PANCREAS & ABDOMINAL PROCEDURES	2641	APR-DRG	inpatient					UHC	Medicaid		18576.72				17771	19137.11	case rate	
OTHER HEPATOBILIARY, PANCREAS & ABDOMINAL PROCEDURES	2642	APR-DRG	inpatient					UHC	Medicaid		22757.05				21766	23439.76	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.														
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true													
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
OTHER HEPATOBILIARY, PANCREAS & ABDOMINAL PROCEDURES	2643	APR-DRG	inpatient					UHC	Medicaid		35208.07				33675	36264.31	case rate	
OTHER HEPATOBILIARY, PANCREAS & ABDOMINAL PROCEDURES	2644	APR-DRG	inpatient					UHC	Medicaid		76468.43				73139	78762.48	case rate	
HEPATIC COMA & OTHER MAJOR ACUTE LIVER DISORDERS	2791	APR-DRG	inpatient					UHC	Medicaid		7216.44				6902	7432.93	case rate	
HEPATIC COMA & OTHER MAJOR ACUTE LIVER DISORDERS	2792	APR-DRG	inpatient					UHC	Medicaid		9132.27				8735	9406.24	case rate	
HEPATIC COMA & OTHER MAJOR ACUTE LIVER DISORDERS	2793	APR-DRG	inpatient					UHC	Medicaid		15142.31				14483	15596.58	case rate	
HEPATIC COMA & OTHER MAJOR ACUTE LIVER DISORDERS	2794	APR-DRG	inpatient					UHC	Medicaid		38187.53				36525	39333.16	case rate	
ALCOHOLIC LIVER DISEASE	2801	APR-DRG	inpatient					UHC	Medicaid		7375.01				7054	7596.26	case rate	
ALCOHOLIC LIVER DISEASE	2802	APR-DRG	inpatient					UHC	Medicaid		9240.98				8839	9518.21	case rate	
ALCOHOLIC LIVER DISEASE	2803	APR-DRG	inpatient					UHC	Medicaid		14724.45				14083	15166.18	case rate	
ALCOHOLIC LIVER DISEASE	2804	APR-DRG	inpatient					UHC	Medicaid		33226.4				31780	34223.19	case rate	
MALIGNANCY OF HEPATOBILIARY SYSTEM & PANCREAS	2811	APR-DRG	inpatient					UHC	Medicaid		10866.76				10394	11192.76	case rate	
MALIGNANCY OF HEPATOBILIARY SYSTEM & PANCREAS	2812	APR-DRG	inpatient					UHC	Medicaid		12890.32				12329	13277.03	case rate	
MALIGNANCY OF HEPATOBILIARY SYSTEM & PANCREAS	2813	APR-DRG	inpatient					UHC	Medicaid		17837.72				17061	18372.85	case rate	
MALIGNANCY OF HEPATOBILIARY SYSTEM & PANCREAS	2814	APR-DRG	inpatient					UHC	Medicaid		29072.48				27807	29944.65	case rate	
DISORDERS OF PANCREAS EXCEPT MALIGNANCY	2821	APR-DRG	inpatient					UHC	Medicaid		7517.07				7190	7742.58	case rate	
DISORDERS OF PANCREAS EXCEPT MALIGNANCY	2822	APR-DRG	inpatient					UHC	Medicaid		9714.17				9291	10005.6	case rate	
DISORDERS OF PANCREAS EXCEPT MALIGNANCY	2823	APR-DRG	inpatient					UHC	Medicaid		16227.09				15521	16713.9	case rate	
DISORDERS OF PANCREAS EXCEPT MALIGNANCY	2824	APR-DRG	inpatient					UHC	Medicaid		45157.68				43192	46512.41	case rate	
OTHER DISORDERS OF THE LIVER	2831	APR-DRG	inpatient					UHC	Medicaid		8054.13				7703	8295.75	case rate	
OTHER DISORDERS OF THE LIVER	2832	APR-DRG	inpatient					UHC	Medicaid		9538.83				9124	9824.99	case rate	
OTHER DISORDERS OF THE LIVER	2833	APR-DRG	inpatient					UHC	Medicaid		14377.89				13752	14809.23	case rate	
OTHER DISORDERS OF THE LIVER	2834	APR-DRG	inpatient					UHC	Medicaid		29388.63				28109	30270.29	case rate	
DISORDERS OF GALLBLADDER & BILIARY TRACT	2841	APR-DRG	inpatient					UHC	Medicaid		8685.27				8307	8945.83	case rate	
DISORDERS OF GALLBLADDER & BILIARY TRACT	2842	APR-DRG	inpatient					UHC	Medicaid		11584.9				11081	11932.45	case rate	
DISORDERS OF GALLBLADDER & BILIARY TRACT	2843	APR-DRG	inpatient					UHC	Medicaid		16694.55				15968	17195.39	case rate	
DISORDERS OF GALLBLADDER & BILIARY TRACT	2844	APR-DRG	inpatient					UHC	Medicaid		33053.57				31615	34045.18	case rate	
HIP JOINT REPLACEMENT	3011	APR-DRG	inpatient					UHC	Medicaid		22045.19				21085	22706.55	case rate	
HIP JOINT REPLACEMENT	3012	APR-DRG	inpatient					UHC	Medicaid		24072.43				23024	24794.6	case rate	
HIP JOINT REPLACEMENT	3013	APR-DRG	inpatient					UHC	Medicaid		32939.58				31506	33927.77	case rate	
HIP JOINT REPLACEMENT	3014	APR-DRG	inpatient					UHC	Medicaid		54586.56				52210	56224.16	case rate	
KNEE JOINT REPLACEMENT	3021	APR-DRG	inpatient					UHC	Medicaid		21039.34				20123	21670.52	case rate	
KNEE JOINT REPLACEMENT	3022	APR-DRG	inpatient					UHC	Medicaid		23394.47				22376	24096.3	case rate	
KNEE JOINT REPLACEMENT	3023	APR-DRG	inpatient					UHC	Medicaid		30085.33				28776	30987.89	case rate	
KNEE JOINT REPLACEMENT	3024	APR-DRG	inpatient					UHC	Medicaid		55316.62				52908	56976.12	case rate	
DORSAL & LUMBAR FUSION PROC FOR CURVATURE OF BACK	3031	APR-DRG	inpatient					UHC	Medicaid		64894.02				62165	66943.84	case rate	
DORSAL & LUMBAR FUSION PROC FOR CURVATURE OF BACK	3032	APR-DRG	inpatient					UHC	Medicaid		78209.55				74805	80555.84	case rate	
DORSAL & LUMBAR FUSION PROC FOR CURVATURE OF BACK	3033	APR-DRG	inpatient					UHC	Medicaid		114584.93				109597	118022.48	case rate	
DORSAL & LUMBAR FUSION PROC FOR CURVATURE OF BACK	3034	APR-DRG	inpatient					UHC	Medicaid		155654.78				148878	160324.42	case rate	
DORSAL & LUMBAR FUSION PROC EXCEPT FOR CURVATURE OF BACK	3041	APR-DRG	inpatient					UHC	Medicaid		39505.59				37786	40690.76	case rate	
DORSAL & LUMBAR FUSION PROC EXCEPT FOR CURVATURE OF BACK	3042	APR-DRG	inpatient					UHC	Medicaid		47316.4				45257	48735.89	case rate	
DORSAL & LUMBAR FUSION PROC EXCEPT FOR CURVATURE OF BACK	3043	APR-DRG	inpatient					UHC	Medicaid		71260.93				68159	73398.76	case rate	
DORSAL & LUMBAR FUSION PROC EXCEPT FOR CURVATURE OF BACK	3044	APR-DRG	inpatient					UHC	Medicaid		118685.22				113518	122245.78	case rate	
AMPUTATION OF LOWER LIMB EXCEPT TOES	3051	APR-DRG	inpatient					UHC	Medicaid		14814.05				14169	15258.47	case rate	
AMPUTATION OF LOWER LIMB EXCEPT TOES	3052	APR-DRG	inpatient					UHC	Medicaid		20282.45				19399	20890.92	case rate	
AMPUTATION OF LOWER LIMB EXCEPT TOES	3053	APR-DRG	inpatient					UHC	Medicaid		33190.08				31745	34185.78	case rate	
AMPUTATION OF LOWER LIMB EXCEPT TOES	3054	APR-DRG	inpatient					UHC	Medicaid		70200.27				67144	72306.28	case rate	
HIP & FEMUR FRACTURE REPAIR	3081	APR-DRG	inpatient					UHC	Medicaid		17957.9				17176	18496.64	case rate	
HIP & FEMUR FRACTURE REPAIR	3082	APR-DRG	inpatient					UHC	Medicaid		21157.46				20236	21792.18	case rate	
HIP & FEMUR FRACTURE REPAIR	3083	APR-DRG	inpatient					UHC	Medicaid		28242.95				27013	29090.24	case rate	
HIP & FEMUR FRACTURE REPAIR	3084	APR-DRG	inpatient					UHC	Medicaid		49370.89				47222	50852.02	case rate	
OTHER SIGNIFICANT HIP & FEMUR SURGERY	3091	APR-DRG	inpatient					UHC	Medicaid		18120.87				17332	18664.5	case rate	
OTHER SIGNIFICANT HIP & FEMUR SURGERY	3092	APR-DRG	inpatient					UHC	Medicaid		25759.74				24638	26532.53	case rate	
OTHER SIGNIFICANT HIP & FEMUR SURGERY	3093	APR-DRG	inpatient					UHC	Medicaid		37608.05				35971	38736.29	case rate	
OTHER SIGNIFICANT HIP & FEMUR SURGERY	3094	APR-DRG	inpatient					UHC	Medicaid		73535.25				70334	75741.31	case rate	
INTERVERTEBRAL DISC EXCISION & DECOMPRESSION	3101	APR-DRG	inpatient					UHC	Medicaid		13503.16				12915	13908.25	case rate	
INTERVERTEBRAL DISC EXCISION & DECOMPRESSION	3102	APR-DRG	inpatient					UHC	Medicaid		17924.99				17145	18462.74	case rate	
INTERVERTEBRAL DISC EXCISION & DECOMPRESSION	3103	APR-DRG	inpatient					UHC	Medicaid		25937.23				24808	26715.38	case rate	
INTERVERTEBRAL DISC EXCISION & DECOMPRESSION	3104	APR-DRG	inpatient					UHC	Medicaid		55765.69				53338	57438.66	case rate	
SKIN GRAFT, EXCEPT HAND, FOR MUSCULOSKELETAL & CONNECTIVE TISSUE DIAGNOSES	3121	APR-DRG	inpatient					UHC	Medicaid		22262.6				21293	22930.48	case rate	
SKIN GRAFT, EXCEPT HAND, FOR MUSCULOSKELETAL & CONNECTIVE TISSUE DIAGNOSES	3122	APR-DRG	inpatient					UHC	Medicaid		31683.67				30304	32634.18	case rate	
SKIN GRAFT, EXCEPT HAND, FOR MUSCULOSKELETAL & CONNECTIVE TISSUE DIAGNOSES	3123	APR-DRG	inpatient					UHC	Medicaid		57132.28				54645	58846.25	case rate	
SKIN GRAFT, EXCEPT HAND, FOR MUSCULOSKELETAL & CONNECTIVE TISSUE DIAGNOSES	3124	APR-DRG	inpatient					UHC	Medicaid		118057.44				112927	121609.46	case rate	
KNEE & LOWER LEG PROCEDURES EXCEPT FOOT	3131	APR-DRG	inpatient					UHC	Medicaid		15856.41				15166	16332.1	case rate	
KNEE & LOWER LEG PROCEDURES EXCEPT FOOT	3132	APR-DRG	inpatient					UHC	Medicaid		21702.49				20758	22353.56	case rate	
KNEE & LOWER LEG PROCEDURES EXCEPT FOOT	3133	APR-DRG	inpatient					UHC	Medicaid		33218.87				31773	34215.44	case rate	
KNEE & LOWER LEG PROCEDURES EXCEPT FOOT	3134	APR-DRG	inpatient					UHC	Medicaid		67591.41				64649	69619.15	case rate	
FOOT & TOE PROCEDURES	3141	APR-DRG	inpatient					UHC	Medicaid		14502.11				13871	14937.17	case rate	
FOOT & TOE PROCEDURES	3142	APR-DRG	inpatient					UHC	Medicaid		16480.19				15744	16964	case rate	
FOOT & TOE PROCEDURES	3143	APR-DRG	inpatient					UHC	Medicaid		22954.64				21955	23643.28	case rate	
FOOT & TOE PROCEDURES	3144	APR-DRG	inpatient					UHC	Medicaid		49476.19				47322	50960.48	case rate	
SHOULDER, UPPER ARM & FOREARM PROCEDURES EXCEPT JOINT REPLACEMENT	3151	APR-DRG	inpatient					UHC	Medicaid		13077.95				12509	13470.29	case rate	
SHOULDER, UPPER ARM & FOREARM PROCEDURES EXCEPT JOINT REPLACEMENT	3152	APR-DRG	inpatient					UHC	Medicaid		22122.6				21160	22786.28	case rate	
SHOULDER, UPPER ARM & FOREARM PROCEDURES EXCEPT JOINT REPLACEMENT	3153	APR-DRG	inpatient					UHC	Medicaid		31826.19				30441	32780.98	case rate	
SHOULDER, UPPER ARM & FOREARM PROCEDURES EXCEPT JOINT REPLACEMENT	3154	APR-DRG	inpatient					UHC	Medicaid		64389.43				61586	66321.11	case rate	
HAND & WRIST PROCEDURES	3161	APR-DRG	inpatient					UHC	Medicaid		11397.32				10892	11728.94	case rate	
HAND & WRIST PROCEDURES	3162	APR-DRG	inpatient					UHC	Medicaid		16196.42				15491	16682.31	case rate	
HAND & WRIST PROCEDURES	3163	APR-DRG	inpatient					UHC	Medicaid		25985.48				24854	26765.04	case rate	
HAND & WRIST PROCEDURES	3164	APR-DRG	inpatient					UHC	Medicaid		49733.95				47569	51225.97	case rate	
TENDON, MUSCLE & OTHER SOFT TISSUE PROCEDURES	3171	APR-DRG	inpatient					UHC	Medicaid		12575.69				12028	12952.96	case rate	
TENDON, MUSCLE & OTHER SOFT TISSUE PROCEDURES	3172	APR-DRG	inpatient					UHC	Medicaid		17642.38				16874	18171.65	case rate	
TENDON, MUSCLE & OTHER SOFT TISSUE PROCEDURES	3173	APR-DRG	inpatient					UHC	Medicaid		30298.52				28979	31207.48	case rate	
TENDON, MUSCLE & OTHER SOFT TISSUE PROCEDURES	3174	APR-DRG	inpatient					UHC	Medicaid		71409.91				68301	73552.1	case rate	
OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE PROCEDURES	3201	APR-DRG	inpatient					UHC	Medicaid		14349.55				13725	14780.04	case rate	
OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE PROCEDURES	3202	APR-DRG	inpatient					UHC	Medicaid		22058.38				21098	22720.13	case rate	
OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE PROCEDURES	3203	APR-DRG	inpatient					UHC	Medicaid		31408.95				30042	32351.22	case rate	
OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE PROCEDURES	3204	APR-DRG	inpatient					UHC	Medicaid		59286.75				56708	61067.41	case rate	
CERVICAL SPINAL FUSION & OTHER BACK/NECK PROC EXC DISC EXCIS/DECOMP	3211	APR-DRG	inpatient					UHC	Medicaid		23587.12				22560	24294.73	case rate	
CERVICAL SPINAL FUSION & OTHER BACK/NECK PROC EXC DISC EXCIS/DECOMP	3212	APR-DRG	inpatient					UHC	Medicaid		30572.52				29242	31489.7	case rate	
CERVICAL SPINAL FUSION & OTHER BACK/NECK PROC EXC DISC EXCIS/DECOMP	3213	APR-DRG	inpatient					UHC	Medicaid		51078.21				48855	52610.56	case rate	
CERVICAL SPINAL FUSION & OTHER BACK/NECK PROC EXC DISC EXCIS/DECOMP	3214	APR-DRG	inpatient					UHC	Medicaid		95929.6				91658	98704.49	case rate	
SHOULDER & ELBOW JOINT REPLACEMENT	3221	APR-DRG	inpatient					UHC	Medicaid		21526.88				20590	22172.69	case rate	
SHOULDER & ELBOW JOINT REPLACEMENT	3222	APR-DRG	inpatient					UHC	Medicaid		23464.34				22443	24168.27	case rate	
SHOULDER & ELBOW JOINT REPLACEMENT	3223	APR-DRG	inpatient					UHC	Medicaid		33153.31				31710	34147.91	case rate	
SHOULDER & ELBOW JOINT REPLACEMENT	3224	APR-DRG	inpatient					UHC	Medicaid		55600.4				53180	57268.41	case rate	
FRACTURE OF FEMUR	3401	APR-DRG	inpatient					UHC	Medicaid		6723.96				6431	6925.68	case rate	
FRACTURE OF FEMUR	3402	APR-DRG	inpatient					UHC	Medicaid		7964.8				7618	8203.74	case rate	
FRACTURE OF FEMUR	3403	APR-DRG	inpatient					UHC	Medicaid		11946.43				11426	12304.82	case rate	
FRACTURE OF FEMUR	3404	APR-DRG	inpatient					UHC	Medicaid		27454.4				26259	28278.03	case rate	
FRACTURE OF PELVIS OR DISLOCATION OF HIP	3411	APR-DRG	inpatient					UHC	Medicaid		6816.87				6520	7021.38	case rate	
FRACTURE OF PELVIS OR DISLOCATION OF HIP	3412	APR-DRG	inpatient					UHC	Medicaid		8268.93				7909	8517	case rate	
FRACTURE OF PELVIS OR DISLOCATION OF HIP	3413	APR-DRG	inpatient					UHC	Medicaid		11065.42				10584	11397.38	case rate	
FRACTURE OF PELVIS OR DISLOCATION OF HIP	3414	APR-DRG	inpatient					UHC	Medicaid		26232.67				25091	27019.65	case rate	
FRACTURES & DISLOCATIONS EXCEPT FEMUR, PELVIS & BACK	3421	APR-DRG	inpatient					UHC	Medicaid		7118.68				6809	7332.24	case rate	
FRACTURES & DISLOCATIONS EXCEPT FEMUR, PELVIS & BACK	3422	APR-DRG	inpatient					UHC	Medicaid		9203.04				8802	9479.13	case rate	
FRACTURES & DISLOCATIONS EXCEPT FEMUR, PELVIS & BACK	3423	APR-DRG	inpatient					UHC	Medicaid		12568.96				12022	12946.03	case rate	
FRACTURES & DISLOCATIONS EXCEPT FEMUR, PELVIS & BACK	3424	APR-DRG	inpatient					UHC	Medicaid		28987.63				27726	29857.26	case rate	
MUSCULOSKELETAL MALIGNANCY & PATHOL FRACTURE D/T MUSCSKEL MALIG	3431	APR-DRG	inpatient					UHC	Medicaid		11055.65				10574	11387.32	case rate	
MUSCULOSKELETAL MALIGNANCY & PATHOL FRACTURE D/T MUSCSKEL MALIG	3432	APR-DRG	inpatient					UHC	Medicaid		13226.65				12651	13623.45	case rate	
MUSCULOSKELETAL MALIGNANCY & PATHOL FRACTURE D/T MUSCSKEL MALIG	3433	APR-DRG	inpatient					UHC	Medicaid		21095.21				20177	21728.07	case rate	
MUSCULOSKELETAL MALIGNANCY & PATHOL FRACTURE D/T MUSCSKEL MALIG	3434	APR-DRG	inpatient					UHC	Medicaid		35504.23				33959	36599.36	case rate	
OSTEOMYELITIS, SEPTIC ARTHRITIS & OTHER MUSCULOSKELETAL INFECTIONS	3441	APR-DRG	inpatient					UHC	Medicaid		10154.46				9712	10459.09	case rate	
OSTEOMYELITIS, SEPTIC ARTHRITIS & OTHER MUSCULOSKELETAL INFECTIONS	3442	APR-DRG	inpatient					UHC	Medicaid		12821.26				12263	13205.9	case rate	
OSTEOMYELITIS, SEPTIC ARTHRITIS & OTHER MUSCULOSKELETAL INFECTIONS	3443	APR-DRG	inpatient					UHC	Medicaid		19158.83				18325	19733.59	case rate	
OSTEOMYELITIS, SEPTIC ARTHRITIS & OTHER MUSCULOSKELETAL INFECTIONS	3444	APR-DRG	inpatient					UHC	Medicaid		35311.84				33775	36371.2	case rate	
CONNECTIVE TISSUE DISORDERS	3461	APR-DRG	inpatient					UHC	Medicaid		9181.24				8782	9456.68	case rate	
CONNECTIVE TISSUE DISORDERS	3462	APR-DRG	inpatient					UHC	Medicaid		12224.2				11692	12590.93	case rate	
CONNECTIVE TISSUE DISORDERS	3463	APR-DRG	inpatient					UHC	Medicaid		20548.2				19654	21164.65	case rate	
CONNECTIVE TISSUE DISORDERS	3464	APR-DRG	inpatient					UHC	Medicaid		50237.74				48051	51744.87	case rate	
OTHER BACK & NECK DISORDERS, FRACTURES & INJURIES	3471	APR-DRG	inpatient					UHC	Medicaid		8634.86				8259	8893.91	case rate	
OTHER BACK & NECK DISORDERS, FRACTURES & INJURIES	3472	APR-DRG	inpatient					UHC	Medicaid		10658.86				10195	10978.63	case rate	
OTHER BACK & NECK DISORDERS, FRACTURES & INJURIES	3473	APR-DRG	inpatient					UHC	Medicaid		14622.47				13986	15061.14	case rate	
OTHER BACK & NECK DISORDERS, FRACTURES & INJURIES	3474	APR-DRG	inpatient					UHC	Medicaid		34665.82				33157	35705.79	case rate	
MALFUNCTION, REACTION, COMPLIC OF ORTHOPEDIC DEVICE OR PROCEDURE	3491	APR-DRG	inpatient					UHC	Medicaid		7267.38				6951	7485.4	case rate	
MALFUNCTION, REACTION, COMPLIC OF ORTHOPEDIC DEVICE OR PROCEDURE	3492	APR-DRG	inpatient					UHC	Medicaid		10395.54				9943	10707.41	case rate	
MALFUNCTION, REACTION, COMPLIC OF ORTHOPEDIC DEVICE OR PROCEDURE	3493	APR-DRG	inpatient					UHC	Medicaid		15848.25				15158	16323.7	case rate	
MALFUNCTION, REACTION, COMPLIC OF ORTHOPEDIC DEVICE OR PROCEDURE	3494	APR-DRG	inpatient					UHC	Medicaid		32501.99				31087	33477.05	case rate	
OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE DIAGNOSES	3511	APR-DRG	inpatient					UHC	Medicaid		7350.16				7030	7570.66	case rate	
OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE DIAGNOSES	3512	APR-DRG	inpatient					UHC	Medicaid		8516.92				8146	8772.43	case rate	
OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE DIAGNOSES	3513	APR-DRG	inpatient					UHC	Medicaid		13820.57				13219	14235.19	case rate	
OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE DIAGNOSES	3514	APR-DRG	inpatient					UHC	Medicaid		30597.72				29266	31515.65	case rate	
SKIN GRAFT FOR SKIN & SUBCUTANEOUS TISSUE DIAGNOSES	3611	APR-DRG	inpatient					UHC	Medicaid		19116.77				18285	19690.27	case rate	
SKIN GRAFT FOR SKIN & SUBCUTANEOUS TISSUE DIAGNOSES	3612	APR-DRG	inpatient					UHC	Medicaid		25647.72				24531	26417.15	case rate	
SKIN GRAFT FOR SKIN & SUBCUTANEOUS TISSUE DIAGNOSES	3613	APR-DRG	inpatient					UHC	Medicaid		36843.1				35239	37948.39	case rate	
SKIN GRAFT FOR SKIN & SUBCUTANEOUS TISSUE DIAGNOSES	3614	APR-DRG	inpatient					UHC	Medicaid		80917.43				77395	83344.95	case rate	
MASTECTOMY PROCEDURES	3621	APR-DRG	inpatient					UHC	Medicaid		18471.91				17668	19026.07	case rate	
MASTECTOMY PROCEDURES	3622	APR-DRG	inpatient					UHC	Medicaid		22574.54				21592	23251.78	case rate	
MASTECTOMY PROCEDURES	3623	APR-DRG	inpatient					UHC	Medicaid		27781.14				26572	28614.57	case rate	
MASTECTOMY PROCEDURES	3624	APR-DRG	inpatient					UHC	Medicaid		58503.17				55956	60258.27	case rate	
BREAST PROCEDURES EXCEPT MASTECTOMY	3631	APR-DRG	inpatient					UHC	Medicaid		14412.87				13785	14845.26	case rate	
BREAST PROCEDURES EXCEPT MASTECTOMY	3632	APR-DRG	inpatient					UHC	Medicaid		24319.25				23261	25048.83	case rate	
BREAST PROCEDURES EXCEPT MASTECTOMY	3633	APR-DRG	inpatient					UHC	Medicaid		31048.23				29697	31979.68	case rate	
BREAST PROCEDURES EXCEPT MASTECTOMY	3634	APR-DRG	inpatient					UHC	Medicaid		59800.69				57197	61594.71	case rate	
OTHER SKIN, SUBCUTANEOUS TISSUE & RELATED PROCEDURES	3641	APR-DRG	inpatient					UHC	Medicaid		11640.51				11134	11989.73	case rate	
OTHER SKIN, SUBCUTANEOUS TISSUE & RELATED PROCEDURES	3642	APR-DRG	inpatient					UHC	Medicaid		16088.08				15388	16570.72	case rate	
OTHER SKIN, SUBCUTANEOUS TISSUE & RELATED PROCEDURES	3643	APR-DRG	inpatient					UHC	Medicaid		25006.44				23918	25756.63	case rate	
OTHER SKIN, SUBCUTANEOUS TISSUE & RELATED PROCEDURES	3644	APR-DRG	inpatient					UHC	Medicaid		48997.61				46865	50467.54	case rate	
SKIN ULCERS	3801	APR-DRG	inpatient					UHC	Medicaid		7977.09				7630	8216.4	case rate	
SKIN ULCERS	3802	APR-DRG	inpatient					UHC	Medicaid		9563.23				9147	9850.13	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
SKIN ULCERS	3803	APR-DRG	inpatient					UHC	Medicaid		13823.35				13222	14238.05	case rate	
SKIN ULCERS	3804	APR-DRG	inpatient					UHC	Medicaid		27134.93				25954	27948.99	case rate	
MAJOR SKIN DISORDERS	3811	APR-DRG	inpatient					UHC	Medicaid		6417.76				6138	6610.29	case rate	
MAJOR SKIN DISORDERS	3812	APR-DRG	inpatient					UHC	Medicaid		11310.36				10818	11649.67	case rate	
MAJOR SKIN DISORDERS	3813	APR-DRG	inpatient					UHC	Medicaid		20413.67				19525	21026.08	case rate	
MAJOR SKIN DISORDERS	3814	APR-DRG	inpatient					UHC	Medicaid		55197.52				52795	56853.45	case rate	
MALIGNANT BREAST DISORDERS	3821	APR-DRG	inpatient					UHC	Medicaid		8705.89				8327	8967.07	case rate	
MALIGNANT BREAST DISORDERS	3822	APR-DRG	inpatient					UHC	Medicaid		10326.84				9877	10636.65	case rate	
MALIGNANT BREAST DISORDERS	3823	APR-DRG	inpatient					UHC	Medicaid		16366.11				15654	16857.09	case rate	
MALIGNANT BREAST DISORDERS	3824	APR-DRG	inpatient					UHC	Medicaid		27527.59				26329	28353.42	case rate	
CELLULITIS & OTHER SKIN INFECTIONS	3831	APR-DRG	inpatient					UHC	Medicaid		6297.58				6023	6486.51	case rate	
CELLULITIS & OTHER SKIN INFECTIONS	3832	APR-DRG	inpatient					UHC	Medicaid		8381.58				8017	8633.03	case rate	
CELLULITIS & OTHER SKIN INFECTIONS	3833	APR-DRG	inpatient					UHC	Medicaid		12868.43				12308	13254.48	case rate	
CELLULITIS & OTHER SKIN INFECTIONS	3834	APR-DRG	inpatient					UHC	Medicaid		30443.99				29119	31357.31	case rate	
CONTUSION, OPEN WOUND & OTHER TRAUMA TO SKIN & SUBCUTANEOUS TISSUE	3841	APR-DRG	inpatient					UHC	Medicaid		8067.04				7716	8309.05	case rate	
CONTUSION, OPEN WOUND & OTHER TRAUMA TO SKIN & SUBCUTANEOUS TISSUE	3842	APR-DRG	inpatient					UHC	Medicaid		9562.89				9146	9849.57	case rate	
CONTUSION, OPEN WOUND & OTHER TRAUMA TO SKIN & SUBCUTANEOUS TISSUE	3843	APR-DRG	inpatient					UHC	Medicaid		14011.43				13401	14431.77	case rate	
CONTUSION, OPEN WOUND & OTHER TRAUMA TO SKIN & SUBCUTANEOUS TISSUE	3844	APR-DRG	inpatient					UHC	Medicaid		35449.07				33906	36512.54	case rate	
OTHER SKIN, SUBCUTANEOUS TISSUE & BREAST DISORDERS	3851	APR-DRG	inpatient					UHC	Medicaid		6005.01				5744	6185.16	case rate	
OTHER SKIN, SUBCUTANEOUS TISSUE & BREAST DISORDERS	3852	APR-DRG	inpatient					UHC	Medicaid		7955.02				7609	8193.67	case rate	
OTHER SKIN, SUBCUTANEOUS TISSUE & BREAST DISORDERS	3853	APR-DRG	inpatient					UHC	Medicaid		12711.39				12158	13092.73	case rate	
OTHER SKIN, SUBCUTANEOUS TISSUE & BREAST DISORDERS	3854	APR-DRG	inpatient					UHC	Medicaid		26097.95				24962	26880.89	case rate	
PITUITARY & ADRENAL PROCEDURES	4011	APR-DRG	inpatient					UHC	Medicaid		20820.76				19914	21445.38	case rate	
PITUITARY & ADRENAL PROCEDURES	4012	APR-DRG	inpatient					UHC	Medicaid		27992				26773	28831.76	case rate	
PITUITARY & ADRENAL PROCEDURES	4013	APR-DRG	inpatient					UHC	Medicaid		47116.48				45065	48529.97	case rate	
PITUITARY & ADRENAL PROCEDURES	4014	APR-DRG	inpatient					UHC	Medicaid		101944.48				97506	105002.81	case rate	
PROCEDURES FOR OBESITY	4031	APR-DRG	inpatient					UHC	Medicaid		18171.45				17380	18716.59	case rate	
PROCEDURES FOR OBESITY	4032	APR-DRG	inpatient					UHC	Medicaid		20180.86				19302	20786.08	case rate	
PROCEDURES FOR OBESITY	4033	APR-DRG	inpatient					UHC	Medicaid		30669.2				29334	31589.28	case rate	
PROCEDURES FOR OBESITY	4034	APR-DRG	inpatient					UHC	Medicaid		86347.9				82589	88938.34	case rate	
THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES	4041	APR-DRG	inpatient					UHC	Medicaid		11600.15				11095	11948.15	case rate	
THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES	4042	APR-DRG	inpatient					UHC	Medicaid		15542.59				14866	16008.87	case rate	
THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES	4043	APR-DRG	inpatient					UHC	Medicaid		29576.35				28289	30463.64	case rate	
THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES	4044	APR-DRG	inpatient					UHC	Medicaid		70883.52				67798	73010.03	case rate	
OTHER PROCEDURES FOR ENDOCRINE, NUTRITIONAL & METABOLIC DISORDERS	4051	APR-DRG	inpatient					UHC	Medicaid		18040.33				17255	18581.54	case rate	
OTHER PROCEDURES FOR ENDOCRINE, NUTRITIONAL & METABOLIC DISORDERS	4052	APR-DRG	inpatient					UHC	Medicaid		22363.23				21390	23034.13	case rate	
OTHER PROCEDURES FOR ENDOCRINE, NUTRITIONAL & METABOLIC DISORDERS	4053	APR-DRG	inpatient					UHC	Medicaid		33227.21				31781	34224.03	case rate	
OTHER PROCEDURES FOR ENDOCRINE, NUTRITIONAL & METABOLIC DISORDERS	4054	APR-DRG	inpatient					UHC	Medicaid		75769.39				72471	78042.47	case rate	
DIABETES	4201	APR-DRG	inpatient					UHC	Medicaid		5855.32				5600	6030.98	case rate	
DIABETES	4202	APR-DRG	inpatient					UHC	Medicaid		7566.67				7237	7793.67	case rate	
DIABETES	4203	APR-DRG	inpatient					UHC	Medicaid		11354.58				10860	11695.22	case rate	
DIABETES	4204	APR-DRG	inpatient					UHC	Medicaid		27685.98				26481	28516.56	case rate	
MALNUTRITION, FAILURE TO THRIVE & OTHER NUTRITIONAL DISORDERS	4211	APR-DRG	inpatient					UHC	Medicaid		7879.15				7536	8115.52	case rate	
MALNUTRITION, FAILURE TO THRIVE & OTHER NUTRITIONAL DISORDERS	4212	APR-DRG	inpatient					UHC	Medicaid		8754.6				8373	9017.24	case rate	
MALNUTRITION, FAILURE TO THRIVE & OTHER NUTRITIONAL DISORDERS	4213	APR-DRG	inpatient					UHC	Medicaid		13425.49				12841	13828.25	case rate	
MALNUTRITION, FAILURE TO THRIVE & OTHER NUTRITIONAL DISORDERS	4214	APR-DRG	inpatient					UHC	Medicaid		29466.18				27227	29320.17	case rate	
HYPOVOLEMIA & RELATED ELECTROLYTE DISORDERS	4221	APR-DRG	inpatient					UHC	Medicaid		4715.83				4511	4857.3	case rate	
HYPOVOLEMIA & RELATED ELECTROLYTE DISORDERS	4222	APR-DRG	inpatient					UHC	Medicaid		6765.21				6471	6968.17	case rate	
HYPOVOLEMIA & RELATED ELECTROLYTE DISORDERS	4223	APR-DRG	inpatient					UHC	Medicaid		9695.61				9455	10192.48	case rate	
HYPOVOLEMIA & RELATED ELECTROLYTE DISORDERS	4224	APR-DRG	inpatient					UHC	Medicaid		21431.99				20499	22074.95	case rate	
INBORN ERRORS OF METABOLISM	4231	APR-DRG	inpatient					UHC	Medicaid		8604.82				8230	8862.96	case rate	
INBORN ERRORS OF METABOLISM	4232	APR-DRG	inpatient					UHC	Medicaid		11216.28				10728	11552.77	case rate	
INBORN ERRORS OF METABOLISM	4233	APR-DRG	inpatient					UHC	Medicaid		17701.04				16930	18232.07	case rate	
INBORN ERRORS OF METABOLISM	4234	APR-DRG	inpatient					UHC	Medicaid		34298.27				32805	35327.22	case rate	
OTHER ENDOCRINE DISORDERS	4241	APR-DRG	inpatient					UHC	Medicaid		7195.54				6882	7411.41	case rate	
OTHER ENDOCRINE DISORDERS	4242	APR-DRG	inpatient					UHC	Medicaid		9778.84				9353	10072.21	case rate	
OTHER ENDOCRINE DISORDERS	4243	APR-DRG	inpatient					UHC	Medicaid		14823.91				14179	15268.63	case rate	
OTHER ENDOCRINE DISORDERS	4244	APR-DRG	inpatient					UHC	Medicaid		31416.4				30049	32358.89	case rate	
ELECTROLYTE DISORDERS EXCEPT HYPOVOLEMIA RELATED	4251	APR-DRG	inpatient					UHC	Medicaid		5852.81				5598	6028.39	case rate	
ELECTROLYTE DISORDERS EXCEPT HYPOVOLEMIA RELATED	4252	APR-DRG	inpatient					UHC	Medicaid		7540.75				7212	7766.97	case rate	
ELECTROLYTE DISORDERS EXCEPT HYPOVOLEMIA RELATED	4253	APR-DRG	inpatient					UHC	Medicaid		11308.3				10816	11647.55	case rate	
ELECTROLYTE DISORDERS EXCEPT HYPOVOLEMIA RELATED	4254	APR-DRG	inpatient					UHC	Medicaid		25368.52				24264	26129.58	case rate	
KIDNEY TRANSPLANT	4401	APR-DRG	inpatient					UHC	Medicaid		69843.58				66803	71938.89	case rate	
KIDNEY TRANSPLANT	4402	APR-DRG	inpatient					UHC	Medicaid		73081.43				69900	75273.87	case rate	
KIDNEY TRANSPLANT	4403	APR-DRG	inpatient					UHC	Medicaid		82638.38				79041	85117.53	case rate	
KIDNEY TRANSPLANT	4404	APR-DRG	inpatient					UHC	Medicaid		130828.16				125133	134753	case rate	
MAJOR BLADDER PROCEDURES	4411	APR-DRG	inpatient					UHC	Medicaid		20595.2				19699	21213.06	case rate	
MAJOR BLADDER PROCEDURES	4412	APR-DRG	inpatient					UHC	Medicaid		31923.5				30534	32881.21	case rate	
MAJOR BLADDER PROCEDURES	4413	APR-DRG	inpatient					UHC	Medicaid		43420.32				41530	44722.93	case rate	
MAJOR BLADDER PROCEDURES	4414	APR-DRG	inpatient					UHC	Medicaid		87391.07				83587	90012.8	case rate	
KIDNEY & URINARY TRACT PROCEDURES FOR MALIGNANCY	4421	APR-DRG	inpatient					UHC	Medicaid		18979.82				18154	19549.21	case rate	
KIDNEY & URINARY TRACT PROCEDURES FOR MALIGNANCY	4422	APR-DRG	inpatient					UHC	Medicaid		21989.23				21032	22648.91	case rate	
KIDNEY & URINARY TRACT PROCEDURES FOR MALIGNANCY	4423	APR-DRG	inpatient					UHC	Medicaid		33954.68				32476	34973.32	case rate	
KIDNEY & URINARY TRACT PROCEDURES FOR MALIGNANCY	4424	APR-DRG	inpatient					UHC	Medicaid		67557.59				64617	69584.32	case rate	
KIDNEY & URINARY TRACT PROCEDURES FOR NONMALIGNANCY	4431	APR-DRG	inpatient					UHC	Medicaid		16616.97				15894	17115.48	case rate	
KIDNEY & URINARY TRACT PROCEDURES FOR NONMALIGNANCY	4432	APR-DRG	inpatient					UHC	Medicaid		19520.82				18671	20106.44	case rate	
KIDNEY & URINARY TRACT PROCEDURES FOR NONMALIGNANCY	4433	APR-DRG	inpatient					UHC	Medicaid		28532.64				27290	29388.62	case rate	
KIDNEY & URINARY TRACT PROCEDURES FOR NONMALIGNANCY	4434	APR-DRG	inpatient					UHC	Medicaid		59316.38				56734	61095.87	case rate	
RENAL DIALYSIS ACCESS DEVICE PROCEDURE ONLY	4441	APR-DRG	inpatient					UHC	Medicaid		15135.94				14477	15590.02	case rate	
RENAL DIALYSIS ACCESS DEVICE PROCEDURE ONLY	4442	APR-DRG	inpatient					UHC	Medicaid		20423.26				19534	21035.96	case rate	
RENAL DIALYSIS ACCESS DEVICE PROCEDURE ONLY	4443	APR-DRG	inpatient					UHC	Medicaid		32825.32				31396	33810.08	case rate	
RENAL DIALYSIS ACCESS DEVICE PROCEDURE ONLY	4444	APR-DRG	inpatient					UHC	Medicaid		62093.14				59390	63955.93	case rate	
OTHER BLADDER PROCEDURES	4451	APR-DRG	inpatient					UHC	Medicaid		13122.25				12551	13515.92	case rate	
OTHER BLADDER PROCEDURES	4452	APR-DRG	inpatient					UHC	Medicaid		17933.33				17153	18471.33	case rate	
OTHER BLADDER PROCEDURES	4453	APR-DRG	inpatient					UHC	Medicaid		23347.83				22331	24048.26	case rate	
OTHER BLADDER PROCEDURES	4454	APR-DRG	inpatient					UHC	Medicaid		48451.14				46342	49904.67	case rate	
URETHRAL & TRANSURETHRAL PROCEDURES	4461	APR-DRG	inpatient					UHC	Medicaid		10047.1				9610	10348.51	case rate	
URETHRAL & TRANSURETHRAL PROCEDURES	4462	APR-DRG	inpatient					UHC	Medicaid		12425.55				11885	12798.32	case rate	
URETHRAL & TRANSURETHRAL PROCEDURES	4463	APR-DRG	inpatient					UHC	Medicaid		20318.42				19434	20927.97	case rate	
URETHRAL & TRANSURETHRAL PROCEDURES	4464	APR-DRG	inpatient					UHC	Medicaid		43967.24				42053	45286.26	case rate	
OTHER KIDNEY, URINARY TRACT & RELATED PROCEDURES	4471	APR-DRG	inpatient					UHC	Medicaid		17050.88				16309	17562.41	case rate	
OTHER KIDNEY, URINARY TRACT & RELATED PROCEDURES	4472	APR-DRG	inpatient					UHC	Medicaid		21585.99				20646	22233.57	case rate	
OTHER KIDNEY, URINARY TRACT & RELATED PROCEDURES	4473	APR-DRG	inpatient					UHC	Medicaid		30848.4				29505	31773.85	case rate	
OTHER KIDNEY, URINARY TRACT & RELATED PROCEDURES	4474	APR-DRG	inpatient					UHC	Medicaid		70495.17				67426	72610.03	case rate	
KIDNEY & URINARY TRACT MALIGNANCY	4611	APR-DRG	inpatient					UHC	Medicaid		7923.09				7578	8160.78	case rate	
KIDNEY & URINARY TRACT MALIGNANCY	4612	APR-DRG	inpatient					UHC	Medicaid		10359.66				9909	10670.45	case rate	
KIDNEY & URINARY TRACT MALIGNANCY	4613	APR-DRG	inpatient					UHC	Medicaid		16016.15				15319	16496.63	case rate	
KIDNEY & URINARY TRACT MALIGNANCY	4614	APR-DRG	inpatient					UHC	Medicaid		29157.5				27888	30032.23	case rate	
NEPHRITIS & NEPHROSIS	4621	APR-DRG	inpatient					UHC	Medicaid		6527.45				6243	6723.27	case rate	
NEPHRITIS & NEPHROSIS	4622	APR-DRG	inpatient					UHC	Medicaid		9209.23				8808	9485.51	case rate	
NEPHRITIS & NEPHROSIS	4623	APR-DRG	inpatient					UHC	Medicaid		17014.74				16274	17525.18	case rate	
NEPHRITIS & NEPHROSIS	4624	APR-DRG	inpatient					UHC	Medicaid		34388.05				32891	35419.69	case rate	
KIDNEY & URINARY TRACT INFECTIONS	4631	APR-DRG	inpatient					UHC	Medicaid		6307.98				6033	6497.22	case rate	
KIDNEY & URINARY TRACT INFECTIONS	4632	APR-DRG	inpatient					UHC	Medicaid		7947.67				7602	8186.1	case rate	
KIDNEY & URINARY TRACT INFECTIONS	4633	APR-DRG	inpatient					UHC	Medicaid		11038.79				10558	11369.95	case rate	
KIDNEY & URINARY TRACT INFECTIONS	4634	APR-DRG	inpatient					UHC	Medicaid		21593.34				20653	22241.14	case rate	
URINARY STONES & ACQUIRED UPPER URINARY TRACT OBSTRUCTION	4651	APR-DRG	inpatient					UHC	Medicaid		6939.3				6637	7147.48	case rate	
URINARY STONES & ACQUIRED UPPER URINARY TRACT OBSTRUCTION	4652	APR-DRG	inpatient					UHC	Medicaid		8309.92				7948	8559.22	case rate	
URINARY STONES & ACQUIRED UPPER URINARY TRACT OBSTRUCTION	4653	APR-DRG	inpatient					UHC	Medicaid		12735.34				12181	13117.4	case rate	
URINARY STONES & ACQUIRED UPPER URINARY TRACT OBSTRUCTION	4654	APR-DRG	inpatient					UHC	Medicaid		27787.87				26559	28600.91	case rate	
MALFUNCTION, REACTION, COMPLIC OF GENITOURINARY DEVICE OR PROC	4661	APR-DRG	inpatient					UHC	Medicaid		6605.66				6318	6803.83	case rate	
MALFUNCTION, REACTION, COMPLIC OF GENITOURINARY DEVICE OR PROC	4662	APR-DRG	inpatient					UHC	Medicaid		9200.17				8800	9476.18	case rate	
MALFUNCTION, REACTION, COMPLIC OF GENITOURINARY DEVICE OR PROC	4663	APR-DRG	inpatient					UHC	Medicaid		14014.56				13404	14435	case rate	
MALFUNCTION, REACTION, COMPLIC OF GENITOURINARY DEVICE OR PROC	4664	APR-DRG	inpatient					UHC	Medicaid		24905.99				23822	25653.17	case rate	
OTHER KIDNEY & URINARY TRACT DIAGNOSES, SIGNS & SYMPTOMS	4681	APR-DRG	inpatient					UHC	Medicaid		6905.13				6605	7112.28	case rate	
OTHER KIDNEY & URINARY TRACT DIAGNOSES, SIGNS & SYMPTOMS	4682	APR-DRG	inpatient					UHC	Medicaid		9375.69				8968	9656.96	case rate	
OTHER KIDNEY & URINARY TRACT DIAGNOSES, SIGNS & SYMPTOMS	4683	APR-DRG	inpatient					UHC	Medicaid		13668.99				13074	14079.06	case rate	
OTHER KIDNEY & URINARY TRACT DIAGNOSES, SIGNS & SYMPTOMS	4684	APR-DRG	inpatient					UHC	Medicaid		27533.42				26335	28359.42	case rate	
ACUTE KIDNEY INJURY	4691	APR-DRG	inpatient					UHC	Medicaid		6538.48				6254	6734.63	case rate	
ACUTE KIDNEY INJURY	4692	APR-DRG	inpatient					UHC	Medicaid		8737.29				8357	8999.41	case rate	
ACUTE KIDNEY INJURY	4693	APR-DRG	inpatient					UHC	Medicaid		14148.74				13533	14573.2	case rate	
ACUTE KIDNEY INJURY	4694	APR-DRG	inpatient					UHC	Medicaid		32099.74				30702	33062.73	case rate	
CHRONIC KIDNEY DISEASE	4701	APR-DRG	inpatient					UHC	Medicaid		6949.52				6647	7158.01	case rate	
CHRONIC KIDNEY DISEASE	4702	APR-DRG	inpatient					UHC	Medicaid		8847.78				8463	9113.21	case rate	
CHRONIC KIDNEY DISEASE	4703	APR-DRG	inpatient					UHC	Medicaid		13027				12460	13417.81	case rate	
CHRONIC KIDNEY DISEASE	4704	APR-DRG	inpatient					UHC	Medicaid		27926.17				26710	28763.96	case rate	
MAJOR MALE PELVIC PROCEDURES	4801	APR-DRG	inpatient					UHC	Medicaid		17602.38				16836	18130.45	case rate	
MAJOR MALE PELVIC PROCEDURES	4802	APR-DRG	inpatient					UHC	Medicaid		19399.11				18555	19981.08	case rate	
MAJOR MALE PELVIC PROCEDURES	4803	APR-DRG	inpatient					UHC	Medicaid		31665.02				30287	32614.97	case rate	
MAJOR MALE PELVIC PROCEDURES	4804	APR-DRG	inpatient					UHC	Medicaid		70658.04				67582	72777.78	case rate	
PENIS PROCEDURES	4811	APR-DRG	inpatient					UHC	Medicaid		11262.02				10772	11599.88	case rate	
PENIS PROCEDURES	4812	APR-DRG	inpatient					UHC	Medicaid		18352.35				17553	18902.92	case rate	
PENIS PROCEDURES	4813	APR-DRG	inpatient					UHC	Medicaid		25552.29				24440	26318.86	case rate	
PENIS PROCEDURES	4814	APR-DRG	inpatient					UHC	Medicaid		58973.05				56406	60742.24	case rate	
TRANSURETHRAL PROSTATECTOMY	4821	APR-DRG	inpatient					UHC	Medicaid		9472.37				9060	9756.54	case rate	
TRANSURETHRAL PROSTATECTOMY	4822	APR-DRG	inpatient					UHC	Medicaid		12361.24				11823	12732.08	case rate	
TRANSURETHRAL PROSTATECTOMY	4823	APR-DRG	inpatient					UHC	Medicaid		22501.44				21522	23176.48	case rate	
TRANSURETHRAL PROSTATECTOMY	4824	APR-DRG	inpatient					UHC	Medicaid		44912.02				42957	46259.38	case rate	
TESTES & SCROTAL PROCEDURES	4831	APR-DRG	inpatient					UHC	Medicaid		10025.12				9589	10326.87	case rate	
TESTES & SCROTAL PROCEDURES	4832	APR-DRG	inpatient					UHC	Medicaid		18134.23				17345	18678.26	case rate	
TESTES & SCROTAL PROCEDURES	4833	APR-DRG	inpatient					UHC	Medicaid		30441.66				29116	31354.91	case rate	
TESTES & SCROTAL PROCEDURES	4834	APR-DRG	inpatient					UHC	Medicaid		85492.18				81770	88056.95	case rate	
OTHER MALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES	4841	APR-DRG	inpatient					UHC	Medicaid		13020.19				12453	13410.8	case rate	
OTHER MALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES	4842	APR-DRG	inpatient					UHC	Medicaid		18580.16				17771	19137.56	case rate	
OTHER MALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES	4843	APR-DRG	inpatient					UHC	Medicaid		23795.2				22759	24509.06	case rate	
OTHER MALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES	4844	APR-DRG	inpatient					UHC	Medicaid		60279				57655	62087.37	case rate	
MALIGNANCY, MALE REPRODUCTIVE SYSTEM	5001	APR-DRG	inpatient					UHC	Medicaid		8056.19				7705	8297.88	case rate	
MALIGNANCY, MALE REPRODUCTIVE SYSTEM	5002	APR-DRG	inpatient					UHC	Medicaid		10246.3				9800	10553.69	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
MALIGNANCY, MALE REPRODUCTIVE SYSTEM	5003	APR-DRG	inpatient					UHC	Medicaid		16205.39				15500	16891.55	case rate	
MALIGNANCY, MALE REPRODUCTIVE SYSTEM	5004	APR-DRG	inpatient					UHC	Medicaid		26587.56				25430	27385.19	case rate	
MALE REPRODUCTIVE SYSTEM DIAGNOSES EXCEPT MALIGNANCY	5011	APR-DRG	inpatient					UHC	Medicaid		6420.63				6141	6613.25	case rate	
MALE REPRODUCTIVE SYSTEM DIAGNOSES EXCEPT MALIGNANCY	5012	APR-DRG	inpatient					UHC	Medicaid		8623.93				8440	9088.65	case rate	
MALE REPRODUCTIVE SYSTEM DIAGNOSES EXCEPT MALIGNANCY	5013	APR-DRG	inpatient					UHC	Medicaid		13336.07				12755	13736.15	case rate	
MALE REPRODUCTIVE SYSTEM DIAGNOSES EXCEPT MALIGNANCY	5014	APR-DRG	inpatient					UHC	Medicaid		33691.8				32225	34702.55	case rate	
PELVIC EVISCERATION, RADICAL HYSTERECTOMY & OTHER RADICAL GYN PROCS	5101	APR-DRG	inpatient					UHC	Medicaid		17808.48				17033	18342.73	case rate	
PELVIC EVISCERATION, RADICAL HYSTERECTOMY & OTHER RADICAL GYN PROCS	5102	APR-DRG	inpatient					UHC	Medicaid		22094.34				21132	22757.17	case rate	
PELVIC EVISCERATION, RADICAL HYSTERECTOMY & OTHER RADICAL GYN PROCS	5103	APR-DRG	inpatient					UHC	Medicaid		39614.83				37795	40700.27	case rate	
PELVIC EVISCERATION, RADICAL HYSTERECTOMY & OTHER RADICAL GYN PROCS	5104	APR-DRG	inpatient					UHC	Medicaid		91545.53				87560	94291.9	case rate	
UTERINE & ADNEXA PROCEDURES FOR OVARIAN & ADNEXAL MALIGNANCY	5111	APR-DRG	inpatient					UHC	Medicaid		17966.07				17184	18505.05	case rate	
UTERINE & ADNEXA PROCEDURES FOR OVARIAN & ADNEXAL MALIGNANCY	5112	APR-DRG	inpatient					UHC	Medicaid		22529.87				21549	23205.77	case rate	
UTERINE & ADNEXA PROCEDURES FOR OVARIAN & ADNEXAL MALIGNANCY	5113	APR-DRG	inpatient					UHC	Medicaid		33821.76				32349	34836.41	case rate	
UTERINE & ADNEXA PROCEDURES FOR OVARIAN & ADNEXAL MALIGNANCY	5114	APR-DRG	inpatient					UHC	Medicaid		72201.49				69058	74367.53	case rate	
UTERINE & ADNEXA PROCEDURES FOR NON-OVARIAN & NON-ADNEXAL MALIG	5121	APR-DRG	inpatient					UHC	Medicaid		15972.2				15277	16451.37	case rate	
UTERINE & ADNEXA PROCEDURES FOR NON-OVARIAN & NON-ADNEXAL MALIG	5122	APR-DRG	inpatient					UHC	Medicaid		18794.88				17977	19358.73	case rate	
UTERINE & ADNEXA PROCEDURES FOR NON-OVARIAN & NON-ADNEXAL MALIG	5123	APR-DRG	inpatient					UHC	Medicaid		29631.86				28246	30417.82	case rate	
UTERINE & ADNEXA PROCEDURES FOR NON-OVARIAN & NON-ADNEXAL MALIG	5124	APR-DRG	inpatient					UHC	Medicaid		60332.28				57706	62142.25	case rate	
UTERINE & ADNEXA PROCEDURES FOR NON-MALIGNANCY EXCEPT LEIOMYOMA	5131	APR-DRG	inpatient					UHC	Medicaid		12210.48				11679	12576.79	case rate	
UTERINE & ADNEXA PROCEDURES FOR NON-MALIGNANCY EXCEPT LEIOMYOMA	5132	APR-DRG	inpatient					UHC	Medicaid		14334.84				13711	14764.89	case rate	
UTERINE & ADNEXA PROCEDURES FOR NON-MALIGNANCY EXCEPT LEIOMYOMA	5133	APR-DRG	inpatient					UHC	Medicaid		23515.46				22492	24220.92	case rate	
UTERINE & ADNEXA PROCEDURES FOR NON-MALIGNANCY EXCEPT LEIOMYOMA	5134	APR-DRG	inpatient					UHC	Medicaid		56856.76				54382	58562.46	case rate	
FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES	5141	APR-DRG	inpatient					UHC	Medicaid		10056.96				9619	10358.67	case rate	
FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES	5142	APR-DRG	inpatient					UHC	Medicaid		14604.98				13969	15043.13	case rate	
FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES	5143	APR-DRG	inpatient					UHC	Medicaid		25294.88				24194	26053.73	case rate	
FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES	5144	APR-DRG	inpatient					UHC	Medicaid		70105.65				67054	72208.82	case rate	
DILATION & CURETTAGE FOR NON-OBSTETRIC DIAGNOSES	5171	APR-DRG	inpatient					UHC	Medicaid		9676.95				9256	9967.26	case rate	
DILATION & CURETTAGE FOR NON-OBSTETRIC DIAGNOSES	5172	APR-DRG	inpatient					UHC	Medicaid		12175.14				11645	12540.39	case rate	
DILATION & CURETTAGE FOR NON-OBSTETRIC DIAGNOSES	5173	APR-DRG	inpatient					UHC	Medicaid		22336.05				21364	23006.13	case rate	
DILATION & CURETTAGE FOR NON-OBSTETRIC DIAGNOSES	5174	APR-DRG	inpatient					UHC	Medicaid		52556.72				50269	54133.42	case rate	
OTHER FEMALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES	5181	APR-DRG	inpatient					UHC	Medicaid		11514.49				11013	11859.92	case rate	
OTHER FEMALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES	5182	APR-DRG	inpatient					UHC	Medicaid		15869.59				15179	16345.68	case rate	
OTHER FEMALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES	5183	APR-DRG	inpatient					UHC	Medicaid		28971.49				27710	29840.63	case rate	
OTHER FEMALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES	5184	APR-DRG	inpatient					UHC	Medicaid		65959.88				63088	67938.68	case rate	
UTERINE & ADNEXA PROCEDURES FOR LEIOMYOMA	5191	APR-DRG	inpatient					UHC	Medicaid		12764.04				12208	13146.96	case rate	
UTERINE & ADNEXA PROCEDURES FOR LEIOMYOMA	5192	APR-DRG	inpatient					UHC	Medicaid		15308.5				14642	15767.76	case rate	
UTERINE & ADNEXA PROCEDURES FOR LEIOMYOMA	5193	APR-DRG	inpatient					UHC	Medicaid		27633.87				26431	28462.89	case rate	
UTERINE & ADNEXA PROCEDURES FOR LEIOMYOMA	5194	APR-DRG	inpatient					UHC	Medicaid		68632.15				65644	70691.11	case rate	
FEMALE REPRODUCTIVE SYSTEM MALIGNANCY	5301	APR-DRG	inpatient					UHC	Medicaid		7718.51				7382	7950.07	case rate	
FEMALE REPRODUCTIVE SYSTEM MALIGNANCY	5302	APR-DRG	inpatient					UHC	Medicaid		9922.34				9490	10220.01	case rate	
FEMALE REPRODUCTIVE SYSTEM MALIGNANCY	5303	APR-DRG	inpatient					UHC	Medicaid		16755.36				16026	17258.02	case rate	
FEMALE REPRODUCTIVE SYSTEM MALIGNANCY	5304	APR-DRG	inpatient					UHC	Medicaid		30883.89				29510	31779.3	case rate	
FEMALE REPRODUCTIVE SYSTEM INFECTIONS	5311	APR-DRG	inpatient					UHC	Medicaid		7020.29				6715	7230.9	case rate	
FEMALE REPRODUCTIVE SYSTEM INFECTIONS	5312	APR-DRG	inpatient					UHC	Medicaid		9451.66				9040	9735.21	case rate	
FEMALE REPRODUCTIVE SYSTEM INFECTIONS	5313	APR-DRG	inpatient					UHC	Medicaid		14902.12				14253	15349.18	case rate	
FEMALE REPRODUCTIVE SYSTEM INFECTIONS	5314	APR-DRG	inpatient					UHC	Medicaid		28948.8				27689	29817.26	case rate	
MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS	5321	APR-DRG	inpatient					UHC	Medicaid		6101.25				5836	6284.29	case rate	
MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS	5322	APR-DRG	inpatient					UHC	Medicaid		7532.59				7205	7758.57	case rate	
MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS	5323	APR-DRG	inpatient					UHC	Medicaid		12382.59				11844	12754.07	case rate	
MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS	5324	APR-DRG	inpatient					UHC	Medicaid		25355.69				24252	26116.36	case rate	
CESAREAN DELIVERY	5401	APR-DRG	inpatient					UHC	Medicaid		7776.72				7438	8010.02	case rate	
CESAREAN DELIVERY	5402	APR-DRG	inpatient					UHC	Medicaid		9296.4				8892	9575.29	case rate	
CESAREAN DELIVERY	5403	APR-DRG	inpatient					UHC	Medicaid		13327.28				12747	13727.1	case rate	
CESAREAN DELIVERY	5404	APR-DRG	inpatient					UHC	Medicaid		37703.21				36092	38834.31	case rate	
VAGINAL DELIVERY W STERILIZATION &/OR D&C	5411	APR-DRG	inpatient					UHC	Medicaid		7408.64				7086	7630.9	case rate	
VAGINAL DELIVERY W STERILIZATION &/OR D&C	5412	APR-DRG	inpatient					UHC	Medicaid		8061.57				7711	8303.42	case rate	
VAGINAL DELIVERY W STERILIZATION &/OR D&C	5413	APR-DRG	inpatient					UHC	Medicaid		12002.49				11480	12362.58	case rate	
VAGINAL DELIVERY W STERILIZATION &/OR D&C	5414	APR-DRG	inpatient					UHC	Medicaid		42249.35				40410	43516.83	case rate	
VAGINAL DELIVERY W COMPLICATING PROCEDURES EXC STERILIZATION &/OR D&C	5421	APR-DRG	inpatient					UHC	Medicaid		5492.8				5254	5657.58	case rate	
VAGINAL DELIVERY W COMPLICATING PROCEDURES EXC STERILIZATION &/OR D&C	5422	APR-DRG	inpatient					UHC	Medicaid		6854.54				6556	7060.18	case rate	
VAGINAL DELIVERY W COMPLICATING PROCEDURES EXC STERILIZATION &/OR D&C	5423	APR-DRG	inpatient					UHC	Medicaid		14759.61				14117	15202.4	case rate	
VAGINAL DELIVERY W COMPLICATING PROCEDURES EXC STERILIZATION &/OR D&C	5424	APR-DRG	inpatient					UHC	Medicaid		45915.56				47169	50795.03	case rate	
D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY FOR OBSTETRIC DIAGNOSES	5441	APR-DRG	inpatient					UHC	Medicaid		7758.78				7421	7991.54	case rate	
D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY FOR OBSTETRIC DIAGNOSES	5442	APR-DRG	inpatient					UHC	Medicaid		9184.38				8785	9459.91	case rate	
D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY FOR OBSTETRIC DIAGNOSES	5443	APR-DRG	inpatient					UHC	Medicaid		15220.97				14558	15677.6	case rate	
D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY FOR OBSTETRIC DIAGNOSES	5444	APR-DRG	inpatient					UHC	Medicaid		42836.54				40972	44121.64	case rate	
ECTOPIC PREGNANCY PROCEDURE	5451	APR-DRG	inpatient					UHC	Medicaid		11107.85				10624	11441.09	case rate	
ECTOPIC PREGNANCY PROCEDURE	5452	APR-DRG	inpatient					UHC	Medicaid		12190.93				11660	12556.66	case rate	
ECTOPIC PREGNANCY PROCEDURE	5453	APR-DRG	inpatient					UHC	Medicaid		14710.73				14070	15152.05	case rate	
ECTOPIC PREGNANCY PROCEDURE	5454	APR-DRG	inpatient					UHC	Medicaid		26848.83				25680	27654.29	case rate	
OTHER O.R. PROC FOR OBSTETRIC DIAGNOSES EXCEPT DELIVERY DIAGNOSES	5461	APR-DRG	inpatient					UHC	Medicaid		8473.6				8105	8727.81	case rate	
OTHER O.R. PROC FOR OBSTETRIC DIAGNOSES EXCEPT DELIVERY DIAGNOSES	5462	APR-DRG	inpatient					UHC	Medicaid		11975.58				11454	12334.85	case rate	
OTHER O.R. PROC FOR OBSTETRIC DIAGNOSES EXCEPT DELIVERY DIAGNOSES	5463	APR-DRG	inpatient					UHC	Medicaid		22947.91				21949	23636.35	case rate	
OTHER O.R. PROC FOR OBSTETRIC DIAGNOSES EXCEPT DELIVERY DIAGNOSES	5464	APR-DRG	inpatient					UHC	Medicaid		62522.48				59801	64398.15	case rate	
VAGINAL DELIVERY	5601	APR-DRG	inpatient					UHC	Medicaid		4587.93				4388	4725.57	case rate	
VAGINAL DELIVERY	5602	APR-DRG	inpatient					UHC	Medicaid		5173.33				4948	5328.53	case rate	
VAGINAL DELIVERY	5603	APR-DRG	inpatient					UHC	Medicaid		7521.92				7194	7747.58	case rate	
VAGINAL DELIVERY	5604	APR-DRG	inpatient					UHC	Medicaid		22429.6				21453	23102.49	case rate	
POSTPARTUM & POST ABORTION DIAGNOSES W/O PROCEDURE	5611	APR-DRG	inpatient					UHC	Medicaid		3698.22				3442	3706.17	case rate	
POSTPARTUM & POST ABORTION DIAGNOSES W/O PROCEDURE	5612	APR-DRG	inpatient					UHC	Medicaid		5789.94				5538	5963.64	case rate	
POSTPARTUM & POST ABORTION DIAGNOSES W/O PROCEDURE	5613	APR-DRG	inpatient					UHC	Medicaid		9303.49				8898	9582.59	case rate	
POSTPARTUM & POST ABORTION DIAGNOSES W/O PROCEDURE	5614	APR-DRG	inpatient					UHC	Medicaid		24484.28				23418	25218.81	case rate	
PRETERM LABOR	5631	APR-DRG	inpatient					UHC	Medicaid		4121.28				3942	4244.92	case rate	
PRETERM LABOR	5632	APR-DRG	inpatient					UHC	Medicaid		5458.54				5221	5622.3	case rate	
PRETERM LABOR	5633	APR-DRG	inpatient					UHC	Medicaid		9345.82				8939	9626.19	case rate	
PRETERM LABOR	5634	APR-DRG	inpatient					UHC	Medicaid		17230.71				16481	17747.63	case rate	
ABORTION W/O D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY	5641	APR-DRG	inpatient					UHC	Medicaid		4303.8				4174	4494.71	case rate	
ABORTION W/O D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY	5642	APR-DRG	inpatient					UHC	Medicaid		5094.13				4872	5246.95	case rate	
ABORTION W/O D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY	5643	APR-DRG	inpatient					UHC	Medicaid		7234.1				6919	7451.12	case rate	
ABORTION W/O D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY	5644	APR-DRG	inpatient					UHC	Medicaid		30786.87				29447	31710.48	case rate	
FALSE LABOR	5651	APR-DRG	inpatient					UHC	Medicaid		2024.99				1937	2085.74	case rate	
FALSE LABOR	5652	APR-DRG	inpatient					UHC	Medicaid		2879.81				2754	2966.2	case rate	
FALSE LABOR	5653	APR-DRG	inpatient					UHC	Medicaid		4578.33				4379	4715.68	case rate	
FALSE LABOR	5654	APR-DRG	inpatient					UHC	Medicaid		5037.54				4818	5188.67	case rate	
OTHER ANTEPARTUM DIAGNOSES	5661	APR-DRG	inpatient					UHC	Medicaid		4042.27				3866	4163.54	case rate	
OTHER ANTEPARTUM DIAGNOSES	5662	APR-DRG	inpatient					UHC	Medicaid		5430.56				5194	5593.48	case rate	
OTHER ANTEPARTUM DIAGNOSES	5663	APR-DRG	inpatient					UHC	Medicaid		8331.53				7969	8581.48	case rate	
OTHER ANTEPARTUM DIAGNOSES	5664	APR-DRG	inpatient					UHC	Medicaid		23684.88				22654	24396.43	case rate	
NEONATE, TRANSFERRED <5 DAYS OLD, NOT BORN HERE	5801	APR-DRG	inpatient					UHC	Medicaid		3426.55				3277	3529.35	case rate	
NEONATE, TRANSFERRED <5 DAYS OLD, NOT BORN HERE	5802	APR-DRG	inpatient					UHC	Medicaid		4410.8				4219	4543.12	case rate	
NEONATE, TRANSFERRED <5 DAYS OLD, NOT BORN HERE	5803	APR-DRG	inpatient					UHC	Medicaid		7137.33				6827	7351.45	case rate	
NEONATE, TRANSFERRED <5 DAYS OLD, NOT BORN HERE	5804	APR-DRG	inpatient					UHC	Medicaid		13475.18				12889	13879.44	case rate	
NEONATE, TRANSFERRED < 5 DAYS OLD, BORN HERE	5811	APR-DRG	inpatient					UHC	Medicaid		1365.87				1306	1406.85	case rate	
NEONATE, TRANSFERRED < 5 DAYS OLD, BORN HERE	5812	APR-DRG	inpatient					UHC	Medicaid		2169.3				2075	2234.38	case rate	
NEONATE, TRANSFERRED < 5 DAYS OLD, BORN HERE	5813	APR-DRG	inpatient					UHC	Medicaid		3743.24				3580	3855.54	case rate	
NEONATE, TRANSFERRED < 5 DAYS OLD, BORN HERE	5814	APR-DRG	inpatient					UHC	Medicaid		7516.09				7189	7741.57	case rate	
NEONATE W ECMO	5831	APR-DRG	inpatient					UHC	Medicaid		118519.48				113360	122075.06	case rate	
NEONATE W ECMO	5832	APR-DRG	inpatient					UHC	Medicaid		131688.37				125955	135639.02	case rate	
NEONATE W ECMO	5833	APR-DRG	inpatient					UHC	Medicaid		249888.91				236141	254296.58	case rate	
NEONATE W ECMO	5834	APR-DRG	inpatient					UHC	Medicaid		369181.14				353109	380256.57	case rate	
NEONATE BWT <1500G W MAJOR PROCEDURE	5881	APR-DRG	inpatient					UHC	Medicaid		116315.11				111251	119804.56	case rate	
NEONATE BWT <1500G W MAJOR PROCEDURE	5882	APR-DRG	inpatient					UHC	Medicaid		129239.06				123613	133116.23	case rate	
NEONATE BWT <1500G W MAJOR PROCEDURE	5883	APR-DRG	inpatient					UHC	Medicaid		263993.97				252406	271810.79	case rate	
NEONATE BWT <1500G W MAJOR PROCEDURE	5884	APR-DRG	inpatient					UHC	Medicaid		353216.48				337839	363812.97	case rate	
NEONATE BWT <500G OR GA <24 WEEKS	5891	APR-DRG	inpatient					UHC	Medicaid		204229.96				195339	210356.86	case rate	
NEONATE BWT <500G OR GA <24 WEEKS	5892	APR-DRG	inpatient					UHC	Medicaid		143257.21				137021	147554.93	case rate	
NEONATE BWT <500G OR GA <24 WEEKS	5893	APR-DRG	inpatient					UHC	Medicaid		102476.78				98016	105551.08	case rate	
NEONATE BWT <500G OR GA <24 WEEKS	5894	APR-DRG	inpatient					UHC	Medicaid		3483.15				3332	3587.64	case rate	
NEONATE BIRTHWT 500-749G W/O MAJOR PROCEDURE	5911	APR-DRG	inpatient					UHC	Medicaid		121966.48				116657	125625.47	case rate	
NEONATE BIRTHWT 500-749G W/O MAJOR PROCEDURE	5912	APR-DRG	inpatient					UHC	Medicaid		169214.53				161848	174290.97	case rate	
NEONATE BIRTHWT 500-749G W/O MAJOR PROCEDURE	5913	APR-DRG	inpatient					UHC	Medicaid		210125.1				200977	216428.85	case rate	
NEONATE BIRTHWT 500-749G W/O MAJOR PROCEDURE	5914	APR-DRG	inpatient					UHC	Medicaid		296633.81				283720	305532.82	case rate	
NEONATE BIRTHWT 750-999G W/O MAJOR PROCEDURE	5931	APR-DRG	inpatient					UHC	Medicaid		37816.58				36170	38951.08	case rate	
NEONATE BIRTHWT 750-999G W/O MAJOR PROCEDURE	5932	APR-DRG	inpatient					UHC	Medicaid		128118.85				122541	131962.42	case rate	
NEONATE BIRTHWT 750-999G W/O MAJOR PROCEDURE	5933	APR-DRG	inpatient					UHC	Medicaid		170632.87				163204	175791.86	case rate	
NEONATE BIRTHWT 750-999G W/O MAJOR PROCEDURE	5934	APR-DRG	inpatient					UHC	Medicaid		243690.53				233082	251001.25	case rate	
NEONATE BWT 1000-1249G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM	6021	APR-DRG	inpatient					UHC	Medicaid		55615.11				53194	57283.56	case rate	
NEONATE BWT 1000-1249G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM	6022	APR-DRG	inpatient					UHC	Medicaid		102116.03				97672	105181.57	case rate	
NEONATE BWT 1000-1249G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM	6023	APR-DRG	inpatient					UHC	Medicaid		135563.36				129662	139630.26	case rate	
NEONATE BWT 1000-1249G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM	6024	APR-DRG	inpatient					UHC	Medicaid		187672.99				179503	193303.18	case rate	
NEONATE BIRTHWT 1000-1249G W OR W/O OTHER SIGNIFICANT CONDITION	6031	APR-DRG	inpatient					UHC	Medicaid		32476.13				31064	33452.47	case rate	
NEONATE BIRTHWT 1000-1249G W OR W/O OTHER SIGNIFICANT CONDITION	6032	APR-DRG	inpatient					UHC	Medicaid		74602.01				71354	76840.07	case rate	
NEONATE BIRTHWT 1000-1249G W OR W/O OTHER SIGNIFICANT CONDITION	6033	APR-DRG	inpatient					UHC	Medicaid		110855.4				106029	114181.06	case rate	
NEONATE BIRTHWT 1000-1249G W OR W/O OTHER SIGNIFICANT CONDITION	6034	APR-DRG	inpatient					UHC	Medicaid		193014.3				184612	198804.73	case rate	
NEONATE BWT 1250-1499G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM	6071	APR-DRG	inpatient					UHC	Medicaid		50698.2				48491	52219.15	case rate	
NEONATE BWT 1250-1499G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM	6072	APR-DRG	inpatient					UHC	Medicaid		79154.87				75709	81529.52	case rate	
NEONATE BWT 1250-1499G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM	6073	APR-DRG	inpatient					UHC	Medicaid		107200.14				102533	110416.14	case rate	
NEONATE BWT 1250-1499G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM	6074	APR-DRG	inpatient					UHC	Medicaid		149869.24				143345	154365.32	case rate	
NEONATE BWT 1250-1499G W OR W/O OTHER SIGNIFICANT CONDITION	6081	APR-DRG	inpatient					UHC	Medicaid		34307.6				32814	35336.83	case rate	
NEONATE BWT 1250-1499G W OR W/O OTHER SIGNIFICANT CONDITION	6082	APR-DRG	inpatient					UHC	Medicaid		64559.75				61749	66496.54	case rate	
NEONATE BWT 1250-1499G W OR W/O OTHER SIGNIFICANT CONDITION	6083	APR-DRG	inpatient					UHC	Medicaid		95376.58				91224	98237.88	case rate	
NEONATE BWT 1250-1499G W OR W/O OTHER SIGNIFICANT CONDITION	6084	APR-DRG	inpatient					UHC	Medicaid		139821.51				133734	144016.16	case rate	
NEONATE BWT 1500-2499G W MAJOR PROCEDURE	6091	APR-DRG	inpatient					UHC	Medicaid		5313.79				5093	5491.2	case rate	
NEONATE BWT 1500-2499G W MAJOR PROCEDURE	6092	APR-DRG	inpatient					UHC	Medicaid		69241.86				66227	71319.12	case rate	
NEONATE BWT 1500-2499G W MAJOR PROCEDURE	6093	APR-DRG	inpatient					UHC	Medicaid		110464.72				105656	113778.66	case rate	
NEONATE BWT 1500-2499G W MAJOR PROCEDURE	6094	APR-DRG	inpatient					UHC	Medicaid		204834.64				195917	210979.68	case rate	
NEONATE BIRTHWT 1500-1999G W MAJOR ANOMALY	6111	APR-DRG	inpatient					UHC	Medicaid		29540.47				28254	30426.68	case rate	
NEONATE BIRTHWT 1500-1999G W MAJOR ANOMALY	6112	APR-DRG	inpatient					UHC	Medicaid		47503.22				45435	48928.32	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101191	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
NEONATE BIRTHWT 1500-1999G W MAJOR ANOMALY	6113	APR-DRG	inpatient					UHC	Medicaid		76910.05				73562	792117.35	case rate	
NEONATE BIRTHWT 1500-1999G W MAJOR ANOMALY	6114	APR-DRG	inpatient					UHC	Medicaid		120829.76				115570	1244454.65	case rate	
NEONATE BIWT 1500-1999G W RESP DIST SYND/OTH MAJ RESP COND	6121	APR-DRG	inpatient					UHC	Medicaid		35907.74				34345	369847.97	case rate	
NEONATE BIWT 1500-1999G W RESP DIST SYND/OTH MAJ RESP COND	6122	APR-DRG	inpatient					UHC	Medicaid		54735.53				52353	56377.6	case rate	
NEONATE BIWT 1500-1999G W RESP DIST SYND/OTH MAJ RESP COND	6123	APR-DRG	inpatient					UHC	Medicaid		75688.23				72393	779568.88	case rate	
NEONATE BIWT 1500-1999G W RESP DIST SYND/OTH MAJ RESP COND	6124	APR-DRG	inpatient					UHC	Medicaid		116101.65				111047	1195847	case rate	
NEONATE BIRTHWT 1500-1999G W CONGENITAL/PERINATAL INFECTION	6131	APR-DRG	inpatient					UHC	Medicaid		30058.06				28750	30959.8	case rate	
NEONATE BIRTHWT 1500-1999G W CONGENITAL/PERINATAL INFECTION	6132	APR-DRG	inpatient					UHC	Medicaid		46554.13				44527	47950.75	case rate	
NEONATE BIRTHWT 1500-1999G W CONGENITAL/PERINATAL INFECTION	6133	APR-DRG	inpatient					UHC	Medicaid		77402.09				74032	79704.15	case rate	
NEONATE BIRTHWT 1500-1999G W CONGENITAL/PERINATAL INFECTION	6134	APR-DRG	inpatient					UHC	Medicaid		103197.07				98704	106292.98	case rate	
NEONATE BIWT 1500-1999G W OR W/O OTHER SIGNIFICANT CONDITION	6141	APR-DRG	inpatient					UHC	Medicaid		19731.41				18872	20323.35	case rate	
NEONATE BIWT 1500-1999G W OR W/O OTHER SIGNIFICANT CONDITION	6142	APR-DRG	inpatient					UHC	Medicaid		39403.89				37688	40586.01	case rate	
NEONATE BIWT 1500-1999G W OR W/O OTHER SIGNIFICANT CONDITION	6143	APR-DRG	inpatient					UHC	Medicaid		64627.38				61814	66566.2	case rate	
NEONATE BIWT 1500-1999G W OR W/O OTHER SIGNIFICANT CONDITION	6144	APR-DRG	inpatient					UHC	Medicaid		69129.12				66120	71202.99	case rate	
NEONATE BIWT 2000-2499G W MAJOR ANOMALY	6211	APR-DRG	inpatient					UHC	Medicaid		13811.15				13210	14235.48	case rate	
NEONATE BIWT 2000-2499G W MAJOR ANOMALY	6212	APR-DRG	inpatient					UHC	Medicaid		29889.9				28589	30786.6	case rate	
NEONATE BIWT 2000-2499G W MAJOR ANOMALY	6213	APR-DRG	inpatient					UHC	Medicaid		50343.3				48152	51853.6	case rate	
NEONATE BIWT 2000-2499G W MAJOR ANOMALY	6214	APR-DRG	inpatient					UHC	Medicaid		99542.44				95209	102528.71	case rate	
NEONATE BIWT 2000-2499G W RESP DIST SYND/OTH MAJ RESP COND	6221	APR-DRG	inpatient					UHC	Medicaid		22330.4				21358	23000.31	case rate	
NEONATE BIWT 2000-2499G W RESP DIST SYND/OTH MAJ RESP COND	6222	APR-DRG	inpatient					UHC	Medicaid		33099.14				31658	34092.11	case rate	
NEONATE BIWT 2000-2499G W RESP DIST SYND/OTH MAJ RESP COND	6223	APR-DRG	inpatient					UHC	Medicaid		48256.87				46156	49704.58	case rate	
NEONATE BIWT 2000-2499G W RESP DIST SYND/OTH MAJ RESP COND	6224	APR-DRG	inpatient					UHC	Medicaid		77189.97				73830	79505.67	case rate	
NEONATE BIWT 2000-2499G W CONGENITAL/PERINATAL INFECTION	6231	APR-DRG	inpatient					UHC	Medicaid		17701.04				16930	18232.07	case rate	
NEONATE BIWT 2000-2499G W CONGENITAL/PERINATAL INFECTION	6232	APR-DRG	inpatient					UHC	Medicaid		30789.3				29449	31712.98	case rate	
NEONATE BIWT 2000-2499G W CONGENITAL/PERINATAL INFECTION	6233	APR-DRG	inpatient					UHC	Medicaid		50072.89				47893	51575.08	case rate	
NEONATE BIWT 2000-2499G W CONGENITAL/PERINATAL INFECTION	6234	APR-DRG	inpatient					UHC	Medicaid		76154.52				72839	78439.16	case rate	
NEONATE BIRTHWT 2000-2499G W OTHER SIGNIFICANT CONDITION	6251	APR-DRG	inpatient					UHC	Medicaid		21060.59				20144	21692.41	case rate	
NEONATE BIWT 2000-2499G W OTHER SIGNIFICANT CONDITION	6252	APR-DRG	inpatient					UHC	Medicaid		32910.61				31478	33897.93	case rate	
NEONATE BIWT 2000-2499G W OTHER SIGNIFICANT CONDITION	6253	APR-DRG	inpatient					UHC	Medicaid		41078.73				39290	42311.09	case rate	
NEONATE BIWT 2000-2499G W OTHER SIGNIFICANT CONDITION	6254	APR-DRG	inpatient					UHC	Medicaid		60715.79				58073	62537.26	case rate	
NEONATE BIWT 2000-2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	6261	APR-DRG	inpatient					UHC	Medicaid		2093.51				2002	2156.32	case rate	
NEONATE BIWT 2000-2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	6262	APR-DRG	inpatient					UHC	Medicaid		5178.62				4953	5333.98	case rate	
NEONATE BIWT 2000-2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	6263	APR-DRG	inpatient					UHC	Medicaid		15115.13				14457	15568.58	case rate	
NEONATE BIWT 2000-2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	6264	APR-DRG	inpatient					UHC	Medicaid		34012.71				32532	35033.09	case rate	
NEONATE BIRTHWT >2499G W MAJOR CARDIOVASCULAR PROCEDURE	6301	APR-DRG	inpatient					UHC	Medicaid		32051.75				30656	33013.3	case rate	
NEONATE BIRTHWT >2499G W MAJOR CARDIOVASCULAR PROCEDURE	6302	APR-DRG	inpatient					UHC	Medicaid		43573.96				41677	44881.18	case rate	
NEONATE BIRTHWT >2499G W MAJOR CARDIOVASCULAR PROCEDURE	6303	APR-DRG	inpatient					UHC	Medicaid		68565.16				65580	70622.11	case rate	
NEONATE BIRTHWT >2499G W MAJOR CARDIOVASCULAR PROCEDURE	6304	APR-DRG	inpatient					UHC	Medicaid		157236.89				150392	161954	case rate	
NEONATE BIRTHWT >2499G W OTHER MAJOR PROCEDURE	6311	APR-DRG	inpatient					UHC	Medicaid		17996.11				17213	18536.99	case rate	
NEONATE BIRTHWT >2499G W OTHER MAJOR PROCEDURE	6312	APR-DRG	inpatient					UHC	Medicaid		22291.12				21321	22959.85	case rate	
NEONATE BIRTHWT >2499G W OTHER MAJOR PROCEDURE	6313	APR-DRG	inpatient					UHC	Medicaid		50100.87				47920	51603.9	case rate	
NEONATE BIRTHWT >2499G W OTHER MAJOR PROCEDURE	6314	APR-DRG	inpatient					UHC	Medicaid		139590.2				133513	143777.91	case rate	
NEONATE BIRTHWT >2499G W MAJOR ANOMALY	6331	APR-DRG	inpatient					UHC	Medicaid		3930.33				3759	4048.24	case rate	
NEONATE BIRTHWT >2499G W MAJOR ANOMALY	6332	APR-DRG	inpatient					UHC	Medicaid		11186.86				10700	11522.47	case rate	
NEONATE BIRTHWT >2499G W MAJOR ANOMALY	6333	APR-DRG	inpatient					UHC	Medicaid		23757.71				22723	24470.44	case rate	
NEONATE BIRTHWT >2499G W MAJOR ANOMALY	6334	APR-DRG	inpatient					UHC	Medicaid		71350.08				68244	73490.58	case rate	
NEONATE, BIRTHWT >2499G W RESP DIST SYND/OTH MAJ RESP COND	6341	APR-DRG	inpatient					UHC	Medicaid		7503.8				7177	7728.91	case rate	
NEONATE, BIRTHWT >2499G W RESP DIST SYND/OTH MAJ RESP COND	6342	APR-DRG	inpatient					UHC	Medicaid		13666.12				13071	14076.1	case rate	
NEONATE, BIRTHWT >2499G W RESP DIST SYND/OTH MAJ RESP COND	6343	APR-DRG	inpatient					UHC	Medicaid		30319.96				29000	31229.56	case rate	
NEONATE, BIRTHWT >2499G W RESP DIST SYND/OTH MAJ RESP COND	6344	APR-DRG	inpatient					UHC	Medicaid		75411.63				72129	77673.98	case rate	
NEONATE BIRTHWT >2499G W CONGENITAL/PERINATAL INFECTION	6361	APR-DRG	inpatient					UHC	Medicaid		10155.98				9714	10460.66	case rate	
NEONATE BIRTHWT >2499G W CONGENITAL/PERINATAL INFECTION	6362	APR-DRG	inpatient					UHC	Medicaid		15148.86				14489	15603.33	case rate	
NEONATE BIRTHWT >2499G W CONGENITAL/PERINATAL INFECTION	6363	APR-DRG	inpatient					UHC	Medicaid		28521.34				27280	29376.98	case rate	
NEONATE BIRTHWT >2499G W CONGENITAL/PERINATAL INFECTION	6364	APR-DRG	inpatient					UHC	Medicaid		59446.07				56858	61229.45	case rate	
NEONATE BIRTHWT >2499G W OTHER SIGNIFICANT CONDITION	6391	APR-DRG	inpatient					UHC	Medicaid		5872.18				5617	6048.35	case rate	
NEONATE BIRTHWT >2499G W OTHER SIGNIFICANT CONDITION	6392	APR-DRG	inpatient					UHC	Medicaid		9308.6				8903	9587.86	case rate	
NEONATE BIRTHWT >2499G W OTHER SIGNIFICANT CONDITION	6393	APR-DRG	inpatient					UHC	Medicaid		18063.02				17277	18604.91	case rate	
NEONATE BIRTHWT >2499G W OTHER SIGNIFICANT CONDITION	6394	APR-DRG	inpatient					UHC	Medicaid		48953.48				46822	50422.08	case rate	
NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	6401	APR-DRG	inpatient					UHC	Medicaid		1486.77				1422	1531.37	case rate	
NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	6402	APR-DRG	inpatient					UHC	Medicaid		2199.16				2103	2265.13	case rate	
NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	6403	APR-DRG	inpatient					UHC	Medicaid		5345.52				5114	5506.92	case rate	
NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	6404	APR-DRG	inpatient					UHC	Medicaid		26054.36				24920	26835.99	case rate	
SPLENECTOMY	6501	APR-DRG	inpatient					UHC	Medicaid		18301.5				17505	18850.55	case rate	
SPLENECTOMY	6502	APR-DRG	inpatient					UHC	Medicaid		26196.79				25056	26992.69	case rate	
SPLENECTOMY	6503	APR-DRG	inpatient					UHC	Medicaid		35323.5				33786	36383.21	case rate	
SPLENECTOMY	6504	APR-DRG	inpatient					UHC	Medicaid		70722.08				67643	72843.74	case rate	
OTHER PROCEDURES OF BLOOD & BLOOD-FORMING ORGANS	6511	APR-DRG	inpatient					UHC	Medicaid		14720.77				14080	15162.39	case rate	
OTHER PROCEDURES OF BLOOD & BLOOD-FORMING ORGANS	6512	APR-DRG	inpatient					UHC	Medicaid		20671.07				19771	21291.2	case rate	
OTHER PROCEDURES OF BLOOD & BLOOD-FORMING ORGANS	6513	APR-DRG	inpatient					UHC	Medicaid		36480.67				34893	37575.05	case rate	
OTHER PROCEDURES OF BLOOD & BLOOD-FORMING ORGANS	6514	APR-DRG	inpatient					UHC	Medicaid		76556.14				73223	78852.82	case rate	
MAJOR HEMATOLOGIC/IMMUNOLOGIC DIAG EXC SICKLE CELL CRISIS & COAGUL	6601	APR-DRG	inpatient					UHC	Medicaid		10770.98				10302	11094.11	case rate	
MAJOR HEMATOLOGIC/IMMUNOLOGIC DIAG EXC SICKLE CELL CRISIS & COAGUL	6602	APR-DRG	inpatient					UHC	Medicaid		11498.26				10998	11843.21	case rate	
MAJOR HEMATOLOGIC/IMMUNOLOGIC DIAG EXC SICKLE CELL CRISIS & COAGUL	6603	APR-DRG	inpatient					UHC	Medicaid		18486.26				17681	19040.85	case rate	
MAJOR HEMATOLOGIC/IMMUNOLOGIC DIAG EXC SICKLE CELL CRISIS & COAGUL	6604	APR-DRG	inpatient					UHC	Medicaid		48031.84				45941	49472.8	case rate	
COAGULATION & PLATELET DISORDERS	6611	APR-DRG	inpatient					UHC	Medicaid		13240.46				12664	13637.67	case rate	
COAGULATION & PLATELET DISORDERS	6612	APR-DRG	inpatient					UHC	Medicaid		15576.85				14899	16044.16	case rate	
COAGULATION & PLATELET DISORDERS	6613	APR-DRG	inpatient					UHC	Medicaid		29667.29				28376	30557.31	case rate	
COAGULATION & PLATELET DISORDERS	6614	APR-DRG	inpatient					UHC	Medicaid		56585.45				54122	58283.01	case rate	
SICKLE CELL ANEMIA CRISIS	6621	APR-DRG	inpatient					UHC	Medicaid		8217				7859	8463.61	case rate	
SICKLE CELL ANEMIA CRISIS	6622	APR-DRG	inpatient					UHC	Medicaid		11255.74				10766	11593.41	case rate	
SICKLE CELL ANEMIA CRISIS	6623	APR-DRG	inpatient					UHC	Medicaid		17440.67				16681	17963.89	case rate	
SICKLE CELL ANEMIA CRISIS	6624	APR-DRG	inpatient					UHC	Medicaid		40977.56				39194	42206.89	case rate	
OTHER ANEMIA & DISORDERS OF BLOOD & BLOOD-FORMING ORGANS	6631	APR-DRG	inpatient					UHC	Medicaid		6898.76				6598	7105.72	case rate	
OTHER ANEMIA & DISORDERS OF BLOOD & BLOOD-FORMING ORGANS	6632	APR-DRG	inpatient					UHC	Medicaid		8709.48				8330	8970.76	case rate	
OTHER ANEMIA & DISORDERS OF BLOOD & BLOOD-FORMING ORGANS	6633	APR-DRG	inpatient					UHC	Medicaid		12462.32				11920	12836.19	case rate	
OTHER ANEMIA & DISORDERS OF BLOOD & BLOOD-FORMING ORGANS	6634	APR-DRG	inpatient					UHC	Medicaid		23277.52				22264	23975.85	case rate	
MAJOR O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS	6801	APR-DRG	inpatient					UHC	Medicaid		21531.19				20594	22177.13	case rate	
MAJOR O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS	6802	APR-DRG	inpatient					UHC	Medicaid		29611.33				28322	30499.67	case rate	
MAJOR O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS	6803	APR-DRG	inpatient					UHC	Medicaid		51146.73				48920	52681.13	case rate	
MAJOR O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS	6804	APR-DRG	inpatient					UHC	Medicaid		102303.41				97850	105372.51	case rate	
OTHER O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS	6811	APR-DRG	inpatient					UHC	Medicaid		15698.24				15005	16158.89	case rate	
OTHER O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS	6812	APR-DRG	inpatient					UHC	Medicaid		21593.7				20654	22241.51	case rate	
OTHER O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS	6813	APR-DRG	inpatient					UHC	Medicaid		39685.51				37958	40876.08	case rate	
OTHER O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS	6814	APR-DRG	inpatient					UHC	Medicaid		96700.84				92491	99601.87	case rate	
ACUTE LEUKEMIA	6901	APR-DRG	inpatient					UHC	Medicaid		18236.03				17442	18783.11	case rate	
ACUTE LEUKEMIA	6902	APR-DRG	inpatient					UHC	Medicaid		30108.56				28798	31011.82	case rate	
ACUTE LEUKEMIA	6903	APR-DRG	inpatient					UHC	Medicaid		57880.01				55360	59616.41	case rate	
ACUTE LEUKEMIA	6904	APR-DRG	inpatient					UHC	Medicaid		110362.25				105548	113662.82	case rate	
LYMPHOMA, MYELOMA & NON-ACUTE LEUKEMIA	6911	APR-DRG	inpatient					UHC	Medicaid		15447.34				14775	15910.76	case rate	
LYMPHOMA, MYELOMA & NON-ACUTE LEUKEMIA	6912	APR-DRG	inpatient					UHC	Medicaid		17836.91				17060	18372.02	case rate	
LYMPHOMA, MYELOMA & NON-ACUTE LEUKEMIA	6913	APR-DRG	inpatient					UHC	Medicaid		27612.08				26410	28440.44	case rate	
LYMPHOMA, MYELOMA & NON-ACUTE LEUKEMIA	6914	APR-DRG	inpatient					UHC	Medicaid		58075.62				55547	59817.89	case rate	
RADIOTHERAPY	6921	APR-DRG	inpatient					UHC	Medicaid		10439.93				9985	10753.13	case rate	
RADIOTHERAPY	6922	APR-DRG	inpatient					UHC	Medicaid		21825.19				20875	22479.95	case rate	
RADIOTHERAPY	6923	APR-DRG	inpatient					UHC	Medicaid		31952.74				30562	32911.32	case rate	
RADIOTHERAPY	6924	APR-DRG	inpatient					UHC	Medicaid		59108.57				56535	60881.83	case rate	
LYMPHATIC & OTHER MALIGNANCIES & NEOPLASMS OF UNCERTAIN BEHAVIOR	6941	APR-DRG	inpatient					UHC	Medicaid		9597.94				9180	9885.88	case rate	
LYMPHATIC & OTHER MALIGNANCIES & NEOPLASMS OF UNCERTAIN BEHAVIOR	6942	APR-DRG	inpatient					UHC	Medicaid		11309.91				10818	11649.21	case rate	
LYMPHATIC & OTHER MALIGNANCIES & NEOPLASMS OF UNCERTAIN BEHAVIOR	6943	APR-DRG	inpatient					UHC	Medicaid		18198.63				17406	18744.59	case rate	
LYMPHATIC & OTHER MALIGNANCIES & NEOPLASMS OF UNCERTAIN BEHAVIOR	6944	APR-DRG	inpatient					UHC	Medicaid		35226.46				33693	36283.25	case rate	
CHEMOTHERAPY FOR ACUTE LEUKEMIA	6951	APR-DRG	inpatient					UHC	Medicaid		8735.85				8356	8997.93	case rate	
CHEMOTHERAPY FOR ACUTE LEUKEMIA	6952	APR-DRG	inpatient					UHC	Medicaid		12737.85				12183	13119.99	case rate	
CHEMOTHERAPY FOR ACUTE LEUKEMIA	6953	APR-DRG	inpatient					UHC	Medicaid		33215.19				31769	34211.65	case rate	
CHEMOTHERAPY FOR ACUTE LEUKEMIA	6954	APR-DRG	inpatient					UHC	Medicaid		91614.23				87626	94362.66	case rate	
OTHER CHEMOTHERAPY	6961	APR-DRG	inpatient					UHC	Medicaid		11502.39				11002	11847.46	case rate	
OTHER CHEMOTHERAPY	6962	APR-DRG	inpatient					UHC	Medicaid		13692.18				13097	14092.65	case rate	
OTHER CHEMOTHERAPY	6963	APR-DRG	inpatient					UHC	Medicaid		21469.39				20535	22113.47	case rate	
OTHER CHEMOTHERAPY	6964	APR-DRG	inpatient					UHC	Medicaid		50657.39				48452	52177.11	case rate	
INFECTIOUS & PARASITIC DISEASES INCLUDING HIV W O.R. PROCEDURE	7101	APR-DRG	inpatient					UHC	Medicaid		15326.26				14659	15786.05	case rate	
INFECTIOUS & PARASITIC DISEASES INCLUDING HIV W O.R. PROCEDURE	7102	APR-DRG	inpatient					UHC	Medicaid		21583.66				20644	22231.17	case rate	
INFECTIOUS & PARASITIC DISEASES INCLUDING HIV W O.R. PROCEDURE	7103	APR-DRG	inpatient					UHC	Medicaid		37063.1				35450	38174.99	case rate	
INFECTIOUS & PARASITIC DISEASES INCLUDING HIV W O.R. PROCEDURE	7104	APR-DRG	inpatient					UHC	Medicaid		75739.17				72442	78011.35	case rate	
POST-OP, POST-TRAUMA, OTHER DEVICE INFECTIONS W O.R. PROCEDURE	7111	APR-DRG	inpatient					UHC	Medicaid		14715.48				14075	15156.94	case rate	
POST-OP, POST-TRAUMA, OTHER DEVICE INFECTIONS W O.R. PROCEDURE	7112	APR-DRG	inpatient					UHC	Medicaid		20361.11				19475	20971.94	case rate	
POST-OP, POST-TRAUMA, OTHER DEVICE INFECTIONS W O.R. PROCEDURE	7113	APR-DRG	inpatient					UHC	Medicaid		36858.7				35254	37964.46	case rate	
POST-OP, POST-TRAUMA, OTHER DEVICE INFECTIONS W O.R. PROCEDURE	7114	APR-DRG	inpatient					UHC	Medicaid		75861.15				72559	78136.98	case rate	
SEPTICEMIA & DISSEMINATED INFECTIONS	7201	APR-DRG	inpatient					UHC	Medicaid		7707.93				7372	7939.17	case rate	
SEPTICEMIA & DISSEMINATED INFECTIONS	7202	APR-DRG	inpatient					UHC	Medicaid		10345.67				9895	10656.04	case rate	
SEPTICEMIA & DISSEMINATED INFECTIONS	7203	APR-DRG	inpatient					UHC	Medicaid		16921.01				16184	17428.64	case rate	
SEPTICEMIA & DISSEMINATED INFECTIONS	7204	APR-DRG	inpatient					UHC	Medicaid		37296.3				35673	38415.19	case rate	
POST-OPERATIVE, POST-TRAUMATIC, OTHER DEVICE INFECTIONS	7211	APR-DRG	inpatient					UHC	Medicaid		8099.87				7747	8342.87	case rate	
POST-OPERATIVE, POST-TRAUMATIC, OTHER DEVICE INFECTIONS	7212	APR-DRG	inpatient					UHC	Medicaid		10749.36				10281	11071.84	case rate	
POST-OPERATIVE, POST-TRAUMATIC, OTHER DEVICE INFECTIONS	7213	APR-DRG	inpatient					UHC	Medicaid		17994.05				17211	18533.87	case rate	
POST-OPERATIVE, POST-TRAUMATIC, OTHER DEVICE INFECTIONS	7214	APR-DRG	inpatient					UHC	Medicaid		35131.48				33602	36185.42	case rate	
FEVER	7221	APR-DRG	inpatient					UHC	Medicaid		6230.4				5959	6417.31	case rate	
FEVER	7222	APR-DRG	inpatient					UHC	Medicaid		8355.66				7992	8606.33	case rate	
FEVER	7223	APR-DRG	inpatient					UHC	Medicaid		11375.48				10880	11716.74	case rate	
FEVER	7224	APR-DRG	inpatient					UHC	Medicaid		21598.37				20658	22246.32	case rate	
VIRAL ILLNESS	7231	APR-DRG	inpatient					UHC	Medicaid		5495.67				5256	5660.54	case rate	
VIRAL ILLNESS	7232	APR-DRG	inpatient					UHC	Medicaid		7443.35				7119	7666.65	case rate	
VIRAL ILLNESS	7233	APR-DRG	inpatient					UHC	Medicaid		12032.09				11508	12393.05	case rate	
VIRAL ILLNESS	7234	APR-DRG	inpatient					UHC	Medicaid		40227.77				38476	41434.6	case rate	
OTHER INFECTIOUS & PARASITIC DISEASES	7241	APR-DRG	inpatient					UHC	Medicaid		9587.89				9170	9875.53	case rate	
OTHER INFECTIOUS & PARASITIC DISEASES	7242	APR-DRG	inpatient					UHC	Medicaid		11311.35				10819	11650.69	case rate	
OTHER INFECTIOUS & PARASITIC DISEASES	7243	APR-DRG	inpatient					UHC	Medicaid		17828.48				17052	18363.33	case rate	
OTHER INFECTIOUS & PARASITIC DISEASES	7244	APR-DRG	inpatient					UHC	Medicaid		41249.77				39454	42487.26	case rate	
MENTAL ILLNESS DIAGNOSIS W O.R. PROCEDURE	7401	APR-DRG	inpatient					UHC	Medicaid		18776.67				17959	19339.97	case rate	
MENTAL ILLNESS DIAGNOSIS W O.R. PROCEDURE	7402	APR-DRG	inpatient					UHC	Medicaid		22597.41				21614	23275.33	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.														
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103		310119 true													
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
MENTAL ILLNESS DIAGNOSIS W O.R. PROCEDURE	7403	APR-DRG	inpatient					UHC	Medicaid		37878.37			36229	39014.72	case rate	
MENTAL ILLNESS DIAGNOSIS W O.R. PROCEDURE	7404	APR-DRG	inpatient					UHC	Medicaid		76124.47			72810	78408.2	case rate	
SCHIZOPHRENIA	7501	APR-DRG	inpatient					UHC	Medicaid		8776.66			8395	9039.96	case rate	
SCHIZOPHRENIA	7502	APR-DRG	inpatient					UHC	Medicaid		10517.78			10060	10833.31	case rate	
SCHIZOPHRENIA	7503	APR-DRG	inpatient					UHC	Medicaid		15344.11			14676	15804.43	case rate	
SCHIZOPHRENIA	7504	APR-DRG	inpatient					UHC	Medicaid		30840.6			29498	31765.82	case rate	
MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	7511	APR-DRG	inpatient					UHC	Medicaid		5253.42			5025	5411.02	case rate	
MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	7512	APR-DRG	inpatient					UHC	Medicaid		7283.43			6966	7501.93	case rate	
MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	7513	APR-DRG	inpatient					UHC	Medicaid		12684.75			12133	13065.29	case rate	
MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	7514	APR-DRG	inpatient					UHC	Medicaid		24625.45			23553	25364.21	case rate	
DISORDERS OF PERSONALITY & IMPULSE CONTROL	7521	APR-DRG	inpatient					UHC	Medicaid		4500.13			4304	4635.13	case rate	
DISORDERS OF PERSONALITY & IMPULSE CONTROL	7522	APR-DRG	inpatient					UHC	Medicaid		6388.88			6111	6580.55	case rate	
DISORDERS OF PERSONALITY & IMPULSE CONTROL	7523	APR-DRG	inpatient					UHC	Medicaid		11272.6			10782	11610.78	case rate	
DISORDERS OF PERSONALITY & IMPULSE CONTROL	7524	APR-DRG	inpatient					UHC	Medicaid		12095.41			11569	12458.27	case rate	
BIPOLAR DISORDERS	7531	APR-DRG	inpatient					UHC	Medicaid		5714.6			5466	5886.04	case rate	
BIPOLAR DISORDERS	7532	APR-DRG	inpatient					UHC	Medicaid		7735.46			7399	7967.52	case rate	
BIPOLAR DISORDERS	7533	APR-DRG	inpatient					UHC	Medicaid		12577.57			12030	12954.9	case rate	
BIPOLAR DISORDERS	7534	APR-DRG	inpatient					UHC	Medicaid		25256.67			24157	26014.37	case rate	
DEPRESSION EXCEPT MAJOR DEPRESSIVE DISORDER	7541	APR-DRG	inpatient					UHC	Medicaid		4202.09			4019	4328.15	case rate	
DEPRESSION EXCEPT MAJOR DEPRESSIVE DISORDER	7542	APR-DRG	inpatient					UHC	Medicaid		5628.32			5383	5797.17	case rate	
DEPRESSION EXCEPT MAJOR DEPRESSIVE DISORDER	7543	APR-DRG	inpatient					UHC	Medicaid		8764.55			8383	9027.49	case rate	
DEPRESSION EXCEPT MAJOR DEPRESSIVE DISORDER	7544	APR-DRG	inpatient					UHC	Medicaid		18317.38			17520	18866.9	case rate	
ADJUSTMENT DISORDERS & NEUROSES EXCEPT DEPRESSIVE DIAGNOSES	7551	APR-DRG	inpatient					UHC	Medicaid		3783.69			3619	3897.2	case rate	
ADJUSTMENT DISORDERS & NEUROSES EXCEPT DEPRESSIVE DIAGNOSES	7552	APR-DRG	inpatient					UHC	Medicaid		6203.13			5933	6389.22	case rate	
ADJUSTMENT DISORDERS & NEUROSES EXCEPT DEPRESSIVE DIAGNOSES	7553	APR-DRG	inpatient					UHC	Medicaid		8909.4			8522	9176.68	case rate	
ADJUSTMENT DISORDERS & NEUROSES EXCEPT DEPRESSIVE DIAGNOSES	7554	APR-DRG	inpatient					UHC	Medicaid		13443.43			12858	13846.73	case rate	
ACUTE ANXIETY & DELIRIUM STATES	7561	APR-DRG	inpatient					UHC	Medicaid		6139.72			5872	6323.91	case rate	
ACUTE ANXIETY & DELIRIUM STATES	7562	APR-DRG	inpatient					UHC	Medicaid		7741.74			7405	7973.99	case rate	
ACUTE ANXIETY & DELIRIUM STATES	7563	APR-DRG	inpatient					UHC	Medicaid		9452.01			9041	9735.57	case rate	
ACUTE ANXIETY & DELIRIUM STATES	7564	APR-DRG	inpatient					UHC	Medicaid		24815.5			23735	25559.97	case rate	
ORGANIC MENTAL HEALTH DISTURBANCES	7571	APR-DRG	inpatient					UHC	Medicaid		9672.36			8677	9344.53	case rate	
ORGANIC MENTAL HEALTH DISTURBANCES	7572	APR-DRG	inpatient					UHC	Medicaid		10449.35			9994	10762.83	case rate	
ORGANIC MENTAL HEALTH DISTURBANCES	7573	APR-DRG	inpatient					UHC	Medicaid		13451.32			12866	13854.66	case rate	
ORGANIC MENTAL HEALTH DISTURBANCES	7574	APR-DRG	inpatient					UHC	Medicaid		28486.69			27248	29343.35	case rate	
BEHAVIORAL DISORDERS	7581	APR-DRG	inpatient					UHC	Medicaid		5992.19			5731	6171.96	case rate	
BEHAVIORAL DISORDERS	7582	APR-DRG	inpatient					UHC	Medicaid		7121.81			6812	7335.46	case rate	
BEHAVIORAL DISORDERS	7583	APR-DRG	inpatient					UHC	Medicaid		11939.89			11420	12298.09	case rate	
BEHAVIORAL DISORDERS	7584	APR-DRG	inpatient					UHC	Medicaid		15779.55			15093	16252.94	case rate	
EATING DISORDERS	7591	APR-DRG	inpatient					UHC	Medicaid		19090.22			18259	19662.93	case rate	
EATING DISORDERS	7592	APR-DRG	inpatient					UHC	Medicaid		20049.17			19176	20650.65	case rate	
EATING DISORDERS	7593	APR-DRG	inpatient					UHC	Medicaid		22466.55			21488	23140.55	case rate	
EATING DISORDERS	7594	APR-DRG	inpatient					UHC	Medicaid		38931.32			37236	40098.26	case rate	
OTHER MENTAL HEALTH DISORDERS	7601	APR-DRG	inpatient					UHC	Medicaid		7473.39			7148	7697.59	case rate	
OTHER MENTAL HEALTH DISORDERS	7602	APR-DRG	inpatient					UHC	Medicaid		9706.1			9284	9997.28	case rate	
OTHER MENTAL HEALTH DISORDERS	7603	APR-DRG	inpatient					UHC	Medicaid		14640.23			14003	15079.44	case rate	
OTHER MENTAL HEALTH DISORDERS	7604	APR-DRG	inpatient					UHC	Medicaid		28224.02			26995	29070.74	case rate	
DRUG & ALCOHOL ABUSE OR DEPENDENCE, LEFT AGAINST MEDICAL ADVICE	7701	APR-DRG	inpatient					UHC	Medicaid		3344.94			3199	3445.29	case rate	
DRUG & ALCOHOL ABUSE OR DEPENDENCE, LEFT AGAINST MEDICAL ADVICE	7702	APR-DRG	inpatient					UHC	Medicaid		4385.59			4195	4517.16	case rate	
DRUG & ALCOHOL ABUSE OR DEPENDENCE, LEFT AGAINST MEDICAL ADVICE	7703	APR-DRG	inpatient					UHC	Medicaid		9054.42			8660	9326.05	case rate	
DRUG & ALCOHOL ABUSE OR DEPENDENCE, LEFT AGAINST MEDICAL ADVICE	7704	APR-DRG	inpatient					UHC	Medicaid		27052.69			25875	27964.27	case rate	
ALCOHOL & DRUG DEPENDENCE W REHAB OR REHAB/DETOX THERAPY	7721	APR-DRG	inpatient					UHC	Medicaid		8395.21			8030	8647.07	case rate	
ALCOHOL & DRUG DEPENDENCE W REHAB OR REHAB/DETOX THERAPY	7722	APR-DRG	inpatient					UHC	Medicaid		9856.6			9427	10152.3	case rate	
ALCOHOL & DRUG DEPENDENCE W REHAB OR REHAB/DETOX THERAPY	7723	APR-DRG	inpatient					UHC	Medicaid		11585.89			11082	11933.47	case rate	
ALCOHOL & DRUG DEPENDENCE W REHAB OR REHAB/DETOX THERAPY	7724	APR-DRG	inpatient					UHC	Medicaid		35940.92			34376	37019.15	case rate	
OPIOID ABUSE & DEPENDENCE	7731	APR-DRG	inpatient					UHC	Medicaid		3970.16			3797	4089.26	case rate	
OPIOID ABUSE & DEPENDENCE	7732	APR-DRG	inpatient					UHC	Medicaid		5076.91			4856	5229.22	case rate	
OPIOID ABUSE & DEPENDENCE	7733	APR-DRG	inpatient					UHC	Medicaid		10288			9840	10596.64	case rate	
OPIOID ABUSE & DEPENDENCE	7734	APR-DRG	inpatient					UHC	Medicaid		32559.21			31142	33535.99	case rate	
COCAINE ABUSE & DEPENDENCE	7741	APR-DRG	inpatient					UHC	Medicaid		5025.79			4807	5176.56	case rate	
COCAINE ABUSE & DEPENDENCE	7742	APR-DRG	inpatient					UHC	Medicaid		5220.15			4993	5376.75	case rate	
COCAINE ABUSE & DEPENDENCE	7743	APR-DRG	inpatient					UHC	Medicaid		10053.02			9615	10354.61	case rate	
COCAINE ABUSE & DEPENDENCE	7744	APR-DRG	inpatient					UHC	Medicaid		36786.33			35185	37889.92	case rate	
ALCOHOL ABUSE & DEPENDENCE	7751	APR-DRG	inpatient					UHC	Medicaid		4875.65			4663	5021.92	case rate	
ALCOHOL ABUSE & DEPENDENCE	7752	APR-DRG	inpatient					UHC	Medicaid		6951.32			6649	7159.86	case rate	
ALCOHOL ABUSE & DEPENDENCE	7753	APR-DRG	inpatient					UHC	Medicaid		13235.08			12659	13632.13	case rate	
ALCOHOL ABUSE & DEPENDENCE	7754	APR-DRG	inpatient					UHC	Medicaid		37919.63			36269	39057.22	case rate	
OTHER DRUG ABUSE & DEPENDENCE	7761	APR-DRG	inpatient					UHC	Medicaid		4631.79			4430	4770.74	case rate	
OTHER DRUG ABUSE & DEPENDENCE	7762	APR-DRG	inpatient					UHC	Medicaid		6420.09			6141	6612.69	case rate	
OTHER DRUG ABUSE & DEPENDENCE	7763	APR-DRG	inpatient					UHC	Medicaid		11313.14			10821	11652.53	case rate	
OTHER DRUG ABUSE & DEPENDENCE	7764	APR-DRG	inpatient					UHC	Medicaid		26093.65			24958	26876.46	case rate	
O.R. PROCEDURE FOR OTHER COMPLICATIONS OF TREATMENT	7911	APR-DRG	inpatient					UHC	Medicaid		13653.21			13059	14062.61	case rate	
O.R. PROCEDURE FOR OTHER COMPLICATIONS OF TREATMENT	7912	APR-DRG	inpatient					UHC	Medicaid		20044.24			19172	20645.57	case rate	
O.R. PROCEDURE FOR OTHER COMPLICATIONS OF TREATMENT	7913	APR-DRG	inpatient					UHC	Medicaid		32334			30926	33304.02	case rate	
O.R. PROCEDURE FOR OTHER COMPLICATIONS OF TREATMENT	7914	APR-DRG	inpatient					UHC	Medicaid		70649.16			67573	72768.63	case rate	
ALLERGIC REACTIONS	8111	APR-DRG	inpatient					UHC	Medicaid		4296.76			4113	4428.75	case rate	
ALLERGIC REACTIONS	8112	APR-DRG	inpatient					UHC	Medicaid		6208.78			5938	6396.04	case rate	
ALLERGIC REACTIONS	8113	APR-DRG	inpatient					UHC	Medicaid		13593.92			13002	14001.74	case rate	
ALLERGIC REACTIONS	8114	APR-DRG	inpatient					UHC	Medicaid		32571.77			31154	33548.92	case rate	
POISONING OF MEDICINAL AGENTS	8121	APR-DRG	inpatient					UHC	Medicaid		4926.06			4712	5073.84	case rate	
POISONING OF MEDICINAL AGENTS	8122	APR-DRG	inpatient					UHC	Medicaid		6274.53			6001	6462.77	case rate	
POISONING OF MEDICINAL AGENTS	8123	APR-DRG	inpatient					UHC	Medicaid		11135.92			10651	11470	case rate	
POISONING OF MEDICINAL AGENTS	8124	APR-DRG	inpatient					UHC	Medicaid		26111.41			24975	26894.75	case rate	
OTHER COMPLICATIONS OF TREATMENT	8131	APR-DRG	inpatient					UHC	Medicaid		7155			6844	7369.65	case rate	
OTHER COMPLICATIONS OF TREATMENT	8132	APR-DRG	inpatient					UHC	Medicaid		9430.22			9020	9713.13	case rate	
OTHER COMPLICATIONS OF TREATMENT	8133	APR-DRG	inpatient					UHC	Medicaid		14522.2			13890	14957.87	case rate	
OTHER COMPLICATIONS OF TREATMENT	8134	APR-DRG	inpatient					UHC	Medicaid		31942.96			30552	32901.25	case rate	
OTHER INJURY, POISONING & TOXIC EFFECT DIAGNOSES	8151	APR-DRG	inpatient					UHC	Medicaid		7009.79			6705	7220.08	case rate	
OTHER INJURY, POISONING & TOXIC EFFECT DIAGNOSES	8152	APR-DRG	inpatient					UHC	Medicaid		7445.05			7121	7668.4	case rate	
OTHER INJURY, POISONING & TOXIC EFFECT DIAGNOSES	8153	APR-DRG	inpatient					UHC	Medicaid		12677.13			12125	13057.44	case rate	
OTHER INJURY, POISONING & TOXIC EFFECT DIAGNOSES	8154	APR-DRG	inpatient					UHC	Medicaid		40481.32			38719	41695.76	case rate	
TOXIC EFFECTS OF NON-MEDICINAL SUBSTANCES	8161	APR-DRG	inpatient					UHC	Medicaid		7352.58			7032	7573.16	case rate	
TOXIC EFFECTS OF NON-MEDICINAL SUBSTANCES	8162	APR-DRG	inpatient					UHC	Medicaid		8169.56			7814	8414.65	case rate	
TOXIC EFFECTS OF NON-MEDICINAL SUBSTANCES	8163	APR-DRG	inpatient					UHC	Medicaid		11828.76			11314	12183.62	case rate	
TOXIC EFFECTS OF NON-MEDICINAL SUBSTANCES	8164	APR-DRG	inpatient					UHC	Medicaid		27109.37			25929	27922.65	case rate	
EXTENSIVE 3RD DEGREE BURNS W SKIN GRAFT	8411	APR-DRG	inpatient					UHC	Medicaid		69351.82			66333	71432.37	case rate	
EXTENSIVE 3RD DEGREE BURNS W SKIN GRAFT	8412	APR-DRG	inpatient					UHC	Medicaid		70549.97			67479	72666.47	case rate	
EXTENSIVE 3RD DEGREE BURNS W SKIN GRAFT	8413	APR-DRG	inpatient					UHC	Medicaid		108565.2			103839	111822.16	case rate	
EXTENSIVE 3RD DEGREE BURNS W SKIN GRAFT	8414	APR-DRG	inpatient					UHC	Medicaid		286980.45			269653	289306.86	case rate	
BURNS WITH SKIN GRAFT EXCEPT EXTENSIVE 3RD DEGREE BURNS	8421	APR-DRG	inpatient					UHC	Medicaid		21570.02			20631	22217.12	case rate	
BURNS WITH SKIN GRAFT EXCEPT EXTENSIVE 3RD DEGREE BURNS	8422	APR-DRG	inpatient					UHC	Medicaid		32342.97			30935	33313.26	case rate	
BURNS WITH SKIN GRAFT EXCEPT EXTENSIVE 3RD DEGREE BURNS	8423	APR-DRG	inpatient					UHC	Medicaid		61885.96			59192	63742.54	case rate	
BURNS WITH SKIN GRAFT EXCEPT EXTENSIVE 3RD DEGREE BURNS	8424	APR-DRG	inpatient					UHC	Medicaid		147197.41			140789	151610.33	case rate	
EXTENSIVE 3RD DEGREE OR FULL THICKNESS BURNS W/O SKIN GRAFT	8431	APR-DRG	inpatient					UHC	Medicaid		10600.03			10139	10918.03	case rate	
EXTENSIVE 3RD DEGREE OR FULL THICKNESS BURNS W/O SKIN GRAFT	8432	APR-DRG	inpatient					UHC	Medicaid		14623.82			13987	15062.53	case rate	
EXTENSIVE 3RD DEGREE OR FULL THICKNESS BURNS W/O SKIN GRAFT	8433	APR-DRG	inpatient					UHC	Medicaid		26706.76			25544	27507.96	case rate	
EXTENSIVE 3RD DEGREE OR FULL THICKNESS BURNS W/O SKIN GRAFT	8434	APR-DRG	inpatient					UHC	Medicaid		72049.56			68913	74211.05	case rate	
PARTIAL THICKNESS BURNS W/O SKIN GRAFT	8441	APR-DRG	inpatient					UHC	Medicaid		7085.22			6777	7297.78	case rate	
PARTIAL THICKNESS BURNS W/O SKIN GRAFT	8442	APR-DRG	inpatient					UHC	Medicaid		10685.41			10220	11005.97	case rate	
PARTIAL THICKNESS BURNS W/O SKIN GRAFT	8443	APR-DRG	inpatient					UHC	Medicaid		21753.53			20807	22406.14	case rate	
PARTIAL THICKNESS BURNS W/O SKIN GRAFT	8444	APR-DRG	inpatient					UHC	Medicaid		61560.65			58881	63407.47	case rate	
PROCEDURE W DIAG OF REHAB, AFTERCARE OR OTH CONTACT W HEALTH SERVICE	8501	APR-DRG	inpatient					UHC	Medicaid		21868.69			20917	22524.75	case rate	
PROCEDURE W DIAG OF REHAB, AFTERCARE OR OTH CONTACT W HEALTH SERVICE	8502	APR-DRG	inpatient					UHC	Medicaid		27465.08			26269	28289.03	case rate	
PROCEDURE W DIAG OF REHAB, AFTERCARE OR OTH CONTACT W HEALTH SERVICE	8503	APR-DRG	inpatient					UHC	Medicaid		37733.8			36091	38865.81	case rate	
PROCEDURE W DIAG OF REHAB, AFTERCARE OR OTH CONTACT W HEALTH SERVICE	8504	APR-DRG	inpatient					UHC	Medicaid		68969.29			65967	71038.37	case rate	
REHABILITATION	8601	APR-DRG	inpatient					UHC	Medicaid		11983.57			11462	12343.08	case rate	
REHABILITATION	8602	APR-DRG	inpatient					UHC	Medicaid		16232.92			15526	16719.91	case rate	
REHABILITATION	8603	APR-DRG	inpatient					UHC	Medicaid		22354.08			21381	23024.7	case rate	
REHABILITATION	8604	APR-DRG	inpatient					UHC	Medicaid		30113.76			28803	31017.17	case rate	
SIGNS, SYMPTOMS & OTHER FACTORS INFLUENCING HEALTH STATUS	8611	APR-DRG	inpatient					UHC	Medicaid		6152.82			5885	6337.4	case rate	
SIGNS, SYMPTOMS & OTHER FACTORS INFLUENCING HEALTH STATUS	8612	APR-DRG	inpatient					UHC	Medicaid		8047.22			7697	8288.64	case rate	
SIGNS, SYMPTOMS & OTHER FACTORS INFLUENCING HEALTH STATUS	8613	APR-DRG	inpatient					UHC	Medicaid		11504.18			11003	11849.31	case rate	
SIGNS, SYMPTOMS & OTHER FACTORS INFLUENCING HEALTH STATUS	8614	APR-DRG	inpatient					UHC	Medicaid		24215.21			23161	24941.67	case rate	
OTHER AFTERCARE & CONVALESCENCE	8621	APR-DRG	inpatient					UHC	Medicaid		5951.2			5692	6129.74	case rate	
OTHER AFTERCARE & CONVALESCENCE	8622	APR-DRG	inpatient					UHC	Medicaid		9248.33			8846	9525.78	case rate	
OTHER AFTERCARE & CONVALESCENCE	8623	APR-DRG	inpatient					UHC	Medicaid		13487.2			12900	13891.82	case rate	
OTHER AFTERCARE & CONVALESCENCE	8624	APR-DRG	inpatient					UHC	Medicaid		22101.52			21139	22764.57	case rate	
NEONATAL AFTERCARE	8631	APR-DRG	inpatient					UHC	Medicaid		11059.41			10578	11391.19	case rate	
NEONATAL AFTERCARE	8632	APR-DRG	inpatient					UHC	Medicaid		31260.43			29900	32198.24	case rate	
NEONATAL AFTERCARE	8633	APR-DRG	inpatient					UHC	Medicaid		55961.75			53525	57640.6	case rate	
NEONATAL AFTERCARE	8634	APR-DRG	inpatient					UHC	Medicaid		133698.38			127878	137709.33	case rate	
HIV W MULTIPLE MAJOR HIV RELATED CONDITIONS	8901	APR-DRG	inpatient					UHC	Medicaid		13182.79			12609	13578.27	case rate	
HIV W MULTIPLE MAJOR HIV RELATED CONDITIONS	8902	APR-DRG	inpatient					UHC	Medicaid		15353.17			14685	15813.77	case rate	
HIV W MULTIPLE MAJOR HIV RELATED CONDITIONS	8903	APR-DRG	inpatient					UHC	Medicaid		24417.91			23355	25150.45	case rate	
HIV W MULTIPLE MAJOR HIV RELATED CONDITIONS	8904	APR-DRG	inpatient					UHC	Medicaid		49172.41			47032	50647.58	case rate	
HIV W MAJOR HIV RELATED CONDITION	8921	APR-DRG	inpatient					UHC	Medicaid		10265.31			9818	10573.27	case rate	
HIV W MAJOR HIV RELATED CONDITION	8922	APR-DRG	inpatient					UHC	Medicaid		13576.7			12986	13984	case rate	
HIV W MAJOR HIV RELATED CONDITION	8923	APR-DRG	inpatient					UHC	Medicaid		17789.74			17015	18323.43	case rate	
HIV W MAJOR HIV RELATED CONDITION	8924	APR-DRG	inpatient					UHC	Medicaid		34526.98			33024	35562.79	case rate	
HIV W MULTIPLE SIGNIFICANT HIV RELATED CONDITIONS	8931	APR-DRG	inpatient					UHC	Medicaid		12216.76			11685	12583.26	case rate	
HIV W MULTIPLE SIGNIFICANT HIV RELATED CONDITIONS	8932	APR-DRG	inpatient					UHC	Medicaid		13890.79			13286	14307.51	case rate	
HIV W MULTIPLE SIGNIFICANT HIV RELATED CONDITIONS	8933	APR-DRG	inpatient					UHC	Medicaid		21189.12			20267	21824.79	case rate	
HIV W MULTIPLE SIGNIFICANT HIV RELATED CONDITIONS	8934	APR-DRG	inpatient					UHC	Medicaid		42518.77			40668	43794.33	case rate	
HIV W ONE SIGNIF HIV COND OR W/O SIGNIF RELATED COND	8941	APR-DRG	inpatient					UHC	Medicaid		9415.06			9005	9697.51	case rate	
HIV W ONE SIGNIF HIV COND OR W/O SIGNIF RELATED COND	8942	APR-DRG	inpatient					UHC	Medicaid		11317.99			10825	11657.53	case rate	
HIV W ONE SIGNIF HIV COND OR W/O SIGNIF RELATED COND	8943	APR-DRG	inpatient					UHC	Medicaid		16176.24			15472	16661.53	case rate	
HIV W ONE SIGNIF HIV COND OR W/O SIGNIF RELATED COND	8944	APR-DRG	inpatient					UHC	Medicaid		23165.31			22157	23860.27	case rate	
CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA	9101	APR-DRG	inpatient					UHC	Medicaid		44134.96			42214	45459.01	case rate	
CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA	9102	APR-DRG	inpatient					UHC	Medicaid		52344.79			50066	53915.13	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA	9103	APR-DRG	inpatient					UHC	Medicaid		68274.48				65302	70322.71	case rate	
CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA	9104	APR-DRG	inpatient					UHC	Medicaid		141036.16				134896	145267.24	case rate	
EXTENSIVE ABDOMINAL/THORACIC PROCEDURES FOR MULT SIGNIFICANT TRAUMA	9111	APR-DRG	inpatient					UHC	Medicaid		24283.37				23226	25011.87	case rate	
EXTENSIVE ABDOMINAL/THORACIC PROCEDURES FOR MULT SIGNIFICANT TRAUMA	9112	APR-DRG	inpatient					UHC	Medicaid		31918.03				30528	32875.57	case rate	
EXTENSIVE ABDOMINAL/THORACIC PROCEDURES FOR MULT SIGNIFICANT TRAUMA	9113	APR-DRG	inpatient					UHC	Medicaid		43378.62				41490	44679.98	case rate	
EXTENSIVE ABDOMINAL/THORACIC PROCEDURES FOR MULT SIGNIFICANT TRAUMA	9114	APR-DRG	inpatient					UHC	Medicaid		103294.47				98798	106393.3	case rate	
MUSCULOSKELETAL & OTHER PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA	9121	APR-DRG	inpatient					UHC	Medicaid		29359.84				28082	30240.64	case rate	
MUSCULOSKELETAL & OTHER PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA	9122	APR-DRG	inpatient					UHC	Medicaid		32326.47				30919	33296.26	case rate	
MUSCULOSKELETAL & OTHER PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA	9123	APR-DRG	inpatient					UHC	Medicaid		53296.92				50977	54896.63	case rate	
MUSCULOSKELETAL & OTHER PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA	9124	APR-DRG	inpatient					UHC	Medicaid		102725.13				98253	105808.88	case rate	
MULTIPLE SIGNIFICANT TRAUMA W/O O.R. PROCEDURE	9301	APR-DRG	inpatient					UHC	Medicaid		11167.85				10682	11502.89	case rate	
MULTIPLE SIGNIFICANT TRAUMA W/O O.R. PROCEDURE	9302	APR-DRG	inpatient					UHC	Medicaid		15024.46				14370	15475.19	case rate	
MULTIPLE SIGNIFICANT TRAUMA W/O O.R. PROCEDURE	9303	APR-DRG	inpatient					UHC	Medicaid		23671.07				22641	24381.2	case rate	
MULTIPLE SIGNIFICANT TRAUMA W/O O.R. PROCEDURE	9304	APR-DRG	inpatient					UHC	Medicaid		62665.71				59938	64545.68	case rate	
EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9501	APR-DRG	inpatient					UHC	Medicaid		21145.17				20225	21779.53	case rate	
EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9502	APR-DRG	inpatient					UHC	Medicaid		31049.21				29698	31980.69	case rate	
EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9503	APR-DRG	inpatient					UHC	Medicaid		48267.81				46167	49715.84	case rate	
EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9504	APR-DRG	inpatient					UHC	Medicaid		91956.85				87954	94715.56	case rate	
MODERATELY EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9511	APR-DRG	inpatient					UHC	Medicaid		15015.67				14362	15466.14	case rate	
MODERATELY EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9512	APR-DRG	inpatient					UHC	Medicaid		21448.32				20515	22091.77	case rate	
MODERATELY EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9513	APR-DRG	inpatient					UHC	Medicaid		35227.27				33694	36284.09	case rate	
MODERATELY EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9514	APR-DRG	inpatient					UHC	Medicaid		67333.91				64403	69353.93	case rate	
NONEXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9521	APR-DRG	inpatient					UHC	Medicaid		11948.5				11428	12306.96	case rate	
NONEXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9522	APR-DRG	inpatient					UHC	Medicaid		17780.32				17006	18313.73	case rate	
NONEXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9523	APR-DRG	inpatient					UHC	Medicaid		30182.37				28868	31087.84	case rate	
NONEXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9524	APR-DRG	inpatient					UHC	Medicaid		57251.83				54759	58969.38	case rate	
LIVER TRANSPLANT &/OR INTESTINAL TRANSPLANT	0011	APR-DRG	inpatient					Wellcare	Medicaid		106279.68				60903.74	260411	case rate	
LIVER TRANSPLANT &/OR INTESTINAL TRANSPLANT	0012	APR-DRG	inpatient					Wellcare	Medicaid		112533.21				47303.96	260411	case rate	
LIVER TRANSPLANT &/OR INTESTINAL TRANSPLANT	0013	APR-DRG	inpatient					Wellcare	Medicaid		132271.06				31722.2	260411	case rate	
LIVER TRANSPLANT &/OR INTESTINAL TRANSPLANT	0014	APR-DRG	inpatient					Wellcare	Medicaid		234671.27				135370.65	448219.9	case rate	
HEART &/OR LUNG TRANSPLANT	0021	APR-DRG	inpatient					Wellcare	Medicaid		128408.77				72539.27	2965115.34	case rate	
HEART &/OR LUNG TRANSPLANT	0022	APR-DRG	inpatient					Wellcare	Medicaid		165527.68				41085.11	193442.35	case rate	
HEART &/OR LUNG TRANSPLANT	0023	APR-DRG	inpatient					Wellcare	Medicaid		198911.98				66957.14	204791.97	case rate	
HEART &/OR LUNG TRANSPLANT	0024	APR-DRG	inpatient					Wellcare	Medicaid		313612.23				44751.49	313612.23	case rate	
BONE MARROW TRANSPLANT	0031	APR-DRG	inpatient					Wellcare	Medicaid		83347.91				48623.3	156898.03	case rate	
BONE MARROW TRANSPLANT	0032	APR-DRG	inpatient					Wellcare	Medicaid		103005.11				25439.65	103005.11	case rate	
BONE MARROW TRANSPLANT	0033	APR-DRG	inpatient					Wellcare	Medicaid		169398.47				19168.92	169398.47	case rate	
BONE MARROW TRANSPLANT	0034	APR-DRG	inpatient					Wellcare	Medicaid		279134.99				49081.46	279134.99	case rate	
TRACHEOSTOMY W MV 96+ HOURS W EXTENSIVE PROCEDURE OR ECMO	0041	APR-DRG	inpatient					Wellcare	Medicaid		75271.56				26347.96	88456.51	case rate	
TRACHEOSTOMY W MV 96+ HOURS W EXTENSIVE PROCEDURE OR ECMO	0042	APR-DRG	inpatient					Wellcare	Medicaid		102408.62				20549.68	102408.62	case rate	
TRACHEOSTOMY W MV 96+ HOURS W EXTENSIVE PROCEDURE OR ECMO	0043	APR-DRG	inpatient					Wellcare	Medicaid		148557.43				137952	148557.43	case rate	
TRACHEOSTOMY W MV 96+ HOURS W EXTENSIVE PROCEDURE OR ECMO	0044	APR-DRG	inpatient					Wellcare	Medicaid		213737.75				198478	213737.75	case rate	
TRACHEOSTOMY W MV 96+ HOURS W/O EXTENSIVE PROCEDURE	0051	APR-DRG	inpatient					Wellcare	Medicaid		72300.09				67138	72300.09	case rate	
TRACHEOSTOMY W MV 96+ HOURS W/O EXTENSIVE PROCEDURE	0052	APR-DRG	inpatient					Wellcare	Medicaid		80333.48				22967.5	80333.48	case rate	
TRACHEOSTOMY W MV 96+ HOURS W/O EXTENSIVE PROCEDURE	0053	APR-DRG	inpatient					Wellcare	Medicaid		98314.19				11620.17	98314.19	case rate	
TRACHEOSTOMY W MV 96+ HOURS W/O EXTENSIVE PROCEDURE	0054	APR-DRG	inpatient					Wellcare	Medicaid		143596.19				17494.27	143596.19	case rate	
PANCREAS TRANSPLANT	0061	APR-DRG	inpatient					Wellcare	Medicaid		86562.53				33105.33	106808.68	case rate	
PANCREAS TRANSPLANT	0062	APR-DRG	inpatient					Wellcare	Medicaid		121708.96				22107.62	121708.96	case rate	
PANCREAS TRANSPLANT	0063	APR-DRG	inpatient					Wellcare	Medicaid		136083.64				17561.37	136083.64	case rate	
PANCREAS TRANSPLANT	0064	APR-DRG	inpatient					Wellcare	Medicaid		215326.95				23698.47	215326.95	case rate	
CRANIOTOMY FOR TRAUMA	0201	APR-DRG	inpatient					Wellcare	Medicaid		27891.99				8340.11	27891.99	case rate	
CRANIOTOMY FOR TRAUMA	0202	APR-DRG	inpatient					Wellcare	Medicaid		38695.65				11309.53	38695.65	case rate	
CRANIOTOMY FOR TRAUMA	0203	APR-DRG	inpatient					Wellcare	Medicaid		50775.53				8207.83	50775.53	case rate	
CRANIOTOMY FOR TRAUMA	0204	APR-DRG	inpatient					Wellcare	Medicaid		96731.64				9719.7	96731.64	case rate	
CRANIOTOMY EXCEPT FOR TRAUMA	0211	APR-DRG	inpatient					Wellcare	Medicaid		30789.65				28591	30789.65	case rate	
CRANIOTOMY EXCEPT FOR TRAUMA	0212	APR-DRG	inpatient					Wellcare	Medicaid		40337.42				37458	186882.42	case rate	
CRANIOTOMY EXCEPT FOR TRAUMA	0213	APR-DRG	inpatient					Wellcare	Medicaid		61817.25				57404	61817.25	case rate	
CRANIOTOMY EXCEPT FOR TRAUMA	0214	APR-DRG	inpatient					Wellcare	Medicaid		108077.57				100362	108077.57	case rate	
VENTRICULAR SHUNT PROCEDURES	0221	APR-DRG	inpatient					Wellcare	Medicaid		18521.03				17199	172809.75	case rate	
VENTRICULAR SHUNT PROCEDURES	0222	APR-DRG	inpatient					Wellcare	Medicaid		23539.26				21859	23539.26	case rate	
VENTRICULAR SHUNT PROCEDURES	0223	APR-DRG	inpatient					Wellcare	Medicaid		39915.24				37066	39915.24	case rate	
VENTRICULAR SHUNT PROCEDURES	0224	APR-DRG	inpatient					Wellcare	Medicaid		94652.74				87895	94652.74	case rate	
SPINAL PROCEDURES	0231	APR-DRG	inpatient					Wellcare	Medicaid		20916.98				19424	315017.54	case rate	
SPINAL PROCEDURES	0232	APR-DRG	inpatient					Wellcare	Medicaid		29969.68				27830	231058.12	case rate	
SPINAL PROCEDURES	0233	APR-DRG	inpatient					Wellcare	Medicaid		57903.33				53769	286467.21	case rate	
SPINAL PROCEDURES	0234	APR-DRG	inpatient					Wellcare	Medicaid		103417.68				61395.1	193056.03	case rate	
EXTRACRANIAL VASCULAR PROCEDURES	0241	APR-DRG	inpatient					Wellcare	Medicaid		16755.1				15559	59861.17	case rate	
EXTRACRANIAL VASCULAR PROCEDURES	0242	APR-DRG	inpatient					Wellcare	Medicaid		22105.81				20528	140159.91	case rate	
EXTRACRANIAL VASCULAR PROCEDURES	0243	APR-DRG	inpatient					Wellcare	Medicaid		43250.69				19748	95804.13	case rate	
EXTRACRANIAL VASCULAR PROCEDURES	0244	APR-DRG	inpatient					Wellcare	Medicaid		91806.34				19748	91806.34	case rate	
OTHER NERVOUS SYSTEM & RELATED PROCEDURES	0261	APR-DRG	inpatient					Wellcare	Medicaid		19187.73				12982	74706.44	case rate	
OTHER NERVOUS SYSTEM & RELATED PROCEDURES	0262	APR-DRG	inpatient					Wellcare	Medicaid		25329.66				12982	61170.17	case rate	
OTHER NERVOUS SYSTEM & RELATED PROCEDURES	0263	APR-DRG	inpatient					Wellcare	Medicaid		36299.7				33369.91	89724.25	case rate	
OTHER NERVOUS SYSTEM & RELATED PROCEDURES	0264	APR-DRG	inpatient					Wellcare	Medicaid		76445.61				38576.42	118469.61	case rate	
SPINAL DISORDERS & INJURIES	0401	APR-DRG	inpatient					Wellcare	Medicaid		14605.81				13563	14605.81	case rate	
SPINAL DISORDERS & INJURIES	0402	APR-DRG	inpatient					Wellcare	Medicaid		16571.92				15389	16571.92	case rate	
SPINAL DISORDERS & INJURIES	0403	APR-DRG	inpatient					Wellcare	Medicaid		23652.97				21964	23652.97	case rate	
SPINAL DISORDERS & INJURIES	0404	APR-DRG	inpatient					Wellcare	Medicaid		61163.49				56797	61163.49	case rate	
NERVOUS SYSTEM MALIGNANCY	0411	APR-DRG	inpatient					Wellcare	Medicaid		11288.19				10482	149956.74	case rate	
NERVOUS SYSTEM MALIGNANCY	0412	APR-DRG	inpatient					Wellcare	Medicaid		12542.42				11647	89337.92	case rate	
NERVOUS SYSTEM MALIGNANCY	0413	APR-DRG	inpatient					Wellcare	Medicaid		17131.56				15908	63244.3	case rate	
NERVOUS SYSTEM MALIGNANCY	0414	APR-DRG	inpatient					Wellcare	Medicaid		30443.13				28270	134170.04	case rate	
DEGENERATIVE NERVOUS SYSTEM DISORDERS EXC MULT SCLEROSIS	0421	APR-DRG	inpatient					Wellcare	Medicaid		8887.62				8253	66726.7	case rate	
DEGENERATIVE NERVOUS SYSTEM DISORDERS EXC MULT SCLEROSIS	0422	APR-DRG	inpatient					Wellcare	Medicaid		11061.77				10272	56545.57	case rate	
DEGENERATIVE NERVOUS SYSTEM DISORDERS EXC MULT SCLEROSIS	0423	APR-DRG	inpatient					Wellcare	Medicaid		17248.6				16017	148002.62	case rate	
DEGENERATIVE NERVOUS SYSTEM DISORDERS EXC MULT SCLEROSIS	0424	APR-DRG	inpatient					Wellcare	Medicaid		46385.58				24654.19	82181.59	case rate	
MULTIPLE SCLEROSIS & OTHER DEMYELINATING DISEASES	0431	APR-DRG	inpatient					Wellcare	Medicaid		11674.71				10841	11674.71	case rate	
MULTIPLE SCLEROSIS & OTHER DEMYELINATING DISEASES	0432	APR-DRG	inpatient					Wellcare	Medicaid		14960.82				13893	68487.78	case rate	
MULTIPLE SCLEROSIS & OTHER DEMYELINATING DISEASES	0433	APR-DRG	inpatient					Wellcare	Medicaid		23912.93				12177.68	38553.45	case rate	
MULTIPLE SCLEROSIS & OTHER DEMYELINATING DISEASES	0434	APR-DRG	inpatient					Wellcare	Medicaid		53360.86				7907.81	53360.86	case rate	
INTRACRANIAL HEMORRHAGE	0441	APR-DRG	inpatient					Wellcare	Medicaid		12683.96				11778	69658	case rate	
INTRACRANIAL HEMORRHAGE	0442	APR-DRG	inpatient					Wellcare	Medicaid		16332.38				11238.66	35215.32	case rate	
INTRACRANIAL HEMORRHAGE	0443	APR-DRG	inpatient					Wellcare	Medicaid		24118.11				8441.69	26097.37	case rate	
INTRACRANIAL HEMORRHAGE	0444	APR-DRG	inpatient					Wellcare	Medicaid		50132.66				19290.57	60420.03	case rate	
CVA & PRECEREBRAL OCCLUSION W INFARCT	0451	APR-DRG	inpatient					Wellcare	Medicaid		10901.58				10123	10901.58	case rate	
CVA & PRECEREBRAL OCCLUSION W INFARCT	0452	APR-DRG	inpatient					Wellcare	Medicaid		13231.67				12287	13231.67	case rate	
CVA & PRECEREBRAL OCCLUSION W INFARCT	0453	APR-DRG	inpatient					Wellcare	Medicaid		19078.63				17717	356200.23	case rate	
CVA & PRECEREBRAL OCCLUSION W INFARCT	0454	APR-DRG	inpatient					Wellcare	Medicaid		39714.32				36879	237674.36	case rate	
NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT	0461	APR-DRG	inpatient					Wellcare	Medicaid		10678.95				9917	168125.13	case rate	
NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT	0462	APR-DRG	inpatient					Wellcare	Medicaid		12185.29				11315	119801.11	case rate	
NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT	0463	APR-DRG	inpatient					Wellcare	Medicaid		16967.3				15756	192482.17	case rate	
NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT	0464	APR-DRG	inpatient					Wellcare	Medicaid		42137.98				35451.1	110420.61	case rate	
TRANSIENT ISCHEMIA	0471	APR-DRG	inpatient					Wellcare	Medicaid		8918.95				8282	187936.32	case rate	
TRANSIENT ISCHEMIA	0472	APR-DRG	inpatient					Wellcare	Medicaid		9682				8991	110525.63	case rate	
TRANSIENT ISCHEMIA	0473	APR-DRG	inpatient					Wellcare	Medicaid		12092.54				11229	89000.36	case rate	
TRANSIENT ISCHEMIA	0474	APR-DRG	inpatient					Wellcare	Medicaid		24037.37				22321	142342.82	case rate	
PERIPHERAL, CRANIAL & AUTONOMIC NERVE DISORDERS	0481	APR-DRG	inpatient					Wellcare	Medicaid		9002.55				8360	77350.69	case rate	
PERIPHERAL, CRANIAL & AUTONOMIC NERVE DISORDERS	0482	APR-DRG	inpatient					Wellcare	Medicaid		10106.84				9385	62430.4	case rate	
PERIPHERAL, CRANIAL & AUTONOMIC NERVE DISORDERS	0483	APR-DRG	inpatient					Wellcare	Medicaid		14100.03				13093	89397.93	case rate	
PERIPHERAL, CRANIAL & AUTONOMIC NERVE DISORDERS	0484	APR-DRG	inpatient					Wellcare	Medicaid		34947.54				32453	34947.54	case rate	
BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM	0491	APR-DRG	inpatient					Wellcare	Medicaid		13612				12640	13612	case rate	
BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM	0492	APR-DRG	inpatient					Wellcare	Medicaid		29757.12				27633	127167.48	case rate	
BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM	0493	APR-DRG	inpatient					Wellcare	Medicaid		36992.47				28367.73	84244.47	case rate	
BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM	0494	APR-DRG	inpatient					Wellcare	Medicaid		67890.08				22078.09	67890.08	case rate	
NON-BACTERIAL INFECTIONS OF NERVOUS SYSTEM EXC VIRAL MENINGITIS	0501	APR-DRG	inpatient					Wellcare	Medicaid		9586.01				8902	63289.31	case rate	
NON-BACTERIAL INFECTIONS OF NERVOUS SYSTEM EXC VIRAL MENINGITIS	0502	APR-DRG	inpatient					Wellcare	Medicaid		17987.5				16331.79	48425.29	case rate	
NON-BACTERIAL INFECTIONS OF NERVOUS SYSTEM EXC VIRAL MENINGITIS	0503	APR-DRG	inpatient					Wellcare	Medicaid		29525.71				27418	96100.44	case rate	
NON-BACTERIAL INFECTIONS OF NERVOUS SYSTEM EXC VIRAL MENINGITIS	0504	APR-DRG	inpatient					Wellcare	Medicaid		61039.06				20399.68	64868.36	case rate	
VIRAL MENINGITIS	0511	APR-DRG	inpatient					Wellcare	Medicaid		8244.02				7655	69286.68	case rate	
VIRAL MENINGITIS	0512	APR-DRG	inpatient					Wellcare	Medicaid		11376.23				10564	57089.4	case rate	
VIRAL MENINGITIS	0513	APR-DRG	inpatient					Wellcare	Medicaid		19939.23				18516	61496.48	case rate	
VIRAL MENINGITIS	0514	APR-DRG	inpatient					Wellcare	Medicaid		40660.37				12301.7	40660.37	case rate	
NONTRAUMATIC STUPOR & COMA	0521	APR-DRG	inpatient					Wellcare	Medicaid		8283.47				7692	51952.36	case rate	
NONTRAUMATIC STUPOR & COMA	0522	APR-DRG	inpatient					Wellcare	Medicaid		9695.48				9003	36648.78	case rate	
NONTRAUMATIC STUPOR & COMA	0523	APR-DRG	inpatient					Wellcare	Medicaid		13065.76				12133	13065.76	case rate	
NONTRAUMATIC STUPOR & COMA	0524	APR-DRG	inpatient					Wellcare	Medicaid		33458.85				31070	33458.85	case rate	
SEIZURE	0531	APR-DRG	inpatient					Wellcare	Medicaid		7752.84				7199	7752.84	case rate	
SEIZURE	0532	APR-DRG	inpatient					Wellcare	Medicaid		9203.38				8546	9203.38	case rate	
SEIZURE	0533	APR-DRG	inpatient					Wellcare	Medicaid		13763.13				12781	57404.46	case rate	
SEIZURE	0534	APR-DRG	inpatient					Wellcare	Medicaid		34640.29				9567.33	34640.29	case rate	
MIGRAINE & OTHER HEADACHES	0541	APR-DRG	inpatient					Wellcare	Medicaid		8317.19				7723	33107.43	case rate	
MIGRAINE & OTHER HEADACHES	0542	APR-DRG	inpatient					Wellcare	Medicaid		9587.03				8903	68461.53	case rate	
MIGRAINE & OTHER HEADACHES	0543	APR-DRG	inpatient					Wellcare	Medicaid		11726.08				10889	40226.26	case rate	
MIGRAINE & OTHER HEADACHES	0544	APR-DRG	inpatient					Wellcare	Medicaid		22157.54				9066.34	29945.59	case rate	
HEAD TRAUMA W COMA >1 HR OR HEMORRHAGE	0551	APR-DRG	inpatient					Wellcare	Medicaid		9869.43				9165	59696.14	case rate	
HEAD TRAUMA W COMA >1 HR OR HEMORRHAGE	0552	APR-DRG	inpatient					Wellcare	Medicaid		13161.28				11413.47	33793.81	case rate	
HEAD TRAUMA W COMA >1 HR OR HEMORRHAGE	0553	APR-DRG	inpatient					Wellcare	Medicaid		21043.82				15963.27	46418.66	case rate	
HEAD TRAUMA W COMA >1 HR OR HEMORRHAGE	0554	APR-DRG	inpatient					Wellcare	Medicaid		47368.4				9706.71	47368.4	case rate	
BRAIN CONTUSION/LACERATION & COMPLICATED SKULL FX, COMA < 1 HR OR NO COMA	0561	APR-DRG	inpatient					Wellcare	Medicaid		9919.68				9211	28359.04	case rate	
BRAIN CONTUSION/LACERATION & COMPLICATED SKULL FX, COMA < 1 HR OR NO COMA	0562	APR-DRG	inpatient					Wellcare	Medicaid		13468.71				12507	52813.61	case rate	
BRAIN CONTUSION/LACERATION & COMPLICATED SKULL FX, COMA < 1 HR OR NO COMA	0563	APR-DRG	inpatient					Wellcare	Medicaid		22285.67				10578.4	31434.62	case rate	
BRAIN CONTUSION/LACERATION & COMPLICATED SKULL FX, COMA < 1 HR OR NO COMA	0564	APR-DRG	inpatient					Wellcare	Medicaid		54330.84				18448.41	58968.51	case rate	
CONCUSSION, CLOSED SKULL FX NOS,UNCOMPLICATED INTRACRANIAL INJURY, COMA < 1	0571	APR-DRG	inpatient					Wellcare	Medicaid		9776.04				9078	63870.67	case rate	
CONCUSSION, CLOSED SKULL FX NOS,UNCOMPLICATED INTRACRANIAL INJURY, COMA < 1	0572	APR-DRG	inpatient					Wellcare	Medicaid		12277.49				11401	44205.75	case rate	
CONCUSSION, CLOSED SKULL FX NOS,UNCOMPLICATED INTRACRANIAL INJURY, COMA < 1	0573	APR-DRG	inpatient					Wellcare	Medicaid		17328.13				16091	196968.01	case rate	
CONCUSSION, CLOSED SKULL FX NOS,UNCOMPLICATED INTRACRANIAL INJURY, COMA < 1	0574	APR-DRG	inpatient					Wellcare	Medicaid		39697.68				36864	114242.57	case rate	
OTHER DISORDERS OF NERVOUS SYSTEM	0581	APR-DRG	inpatient					Wellcare	Medicaid		9271.28				8609	46373.65	case rate	
OTHER DISORDERS OF NERVOUS SYSTEM	0582	APR-DRG	inpatient					Wellcare	Medicaid		11501.96				10681	58867.24	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.															
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true														
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
OTHER DISORDERS OF NERVOUS SYSTEM	0583	APR-DRG	inpatient					Wellcare	Medicaid		15831.5				14701	51688.4	case rate	
OTHER DISORDERS OF NERVOUS SYSTEM	0584	APR-DRG	inpatient					Wellcare	Medicaid		36533.14				23134.04	70190.6	case rate	
ORBITAL PROCEDURES	0701	APR-DRG	inpatient					Wellcare	Medicaid		14320.64				13298	14320.64	case rate	
ORBITAL PROCEDURES	0702	APR-DRG	inpatient					Wellcare	Medicaid		19791.06				18378	19791.06	case rate	
ORBITAL PROCEDURES	0703	APR-DRG	inpatient					Wellcare	Medicaid		32460.14				30143	32460.14	case rate	
ORBITAL PROCEDURES	0704	APR-DRG	inpatient					Wellcare	Medicaid		80486.74				74741	80486.74	case rate	
EYE PROCEDURES EXCEPT ORBIT	0731	APR-DRG	inpatient					Wellcare	Medicaid		12385.56				11501	12385.56	case rate	
EYE PROCEDURES EXCEPT ORBIT	0732	APR-DRG	inpatient					Wellcare	Medicaid		14640.17				13595	14640.17	case rate	
EYE PROCEDURES EXCEPT ORBIT	0733	APR-DRG	inpatient					Wellcare	Medicaid		24498.41				22722	24498.41	case rate	
EYE PROCEDURES EXCEPT ORBIT	0734	APR-DRG	inpatient					Wellcare	Medicaid		52908.94				25673.52	86487.39	case rate	
ACUTE MAJOR EYE INFECTIONS	0801	APR-DRG	inpatient					Wellcare	Medicaid		6436.61				5977	58372.14	case rate	
ACUTE MAJOR EYE INFECTIONS	0802	APR-DRG	inpatient					Wellcare	Medicaid		8829.34				8199	125543.43	case rate	
ACUTE MAJOR EYE INFECTIONS	0803	APR-DRG	inpatient					Wellcare	Medicaid		14407.38				13379	64590.8	case rate	
ACUTE MAJOR EYE INFECTIONS	0804	APR-DRG	inpatient					Wellcare	Medicaid		24696.95				14296.66	46152.36	case rate	
EYE DISORDERS EXCEPT MAJOR INFECTIONS	0821	APR-DRG	inpatient					Wellcare	Medicaid		7504.52				6969	89803.01	case rate	
EYE DISORDERS EXCEPT MAJOR INFECTIONS	0822	APR-DRG	inpatient					Wellcare	Medicaid		9392.01				8721	45375.97	case rate	
EYE DISORDERS EXCEPT MAJOR INFECTIONS	0823	APR-DRG	inpatient					Wellcare	Medicaid		13511.12				12547	169704.17	case rate	
EYE DISORDERS EXCEPT MAJOR INFECTIONS	0824	APR-DRG	inpatient					Wellcare	Medicaid		24393.21				22652	82305.36	case rate	
MAJOR CRANIAL/FACIAL BONE PROCEDURES	0891	APR-DRG	inpatient					Wellcare	Medicaid		24391				22650	24391	case rate	
MAJOR CRANIAL/FACIAL BONE PROCEDURES	0892	APR-DRG	inpatient					Wellcare	Medicaid		31720.46				29456	31720.46	case rate	
MAJOR CRANIAL/FACIAL BONE PROCEDURES	0893	APR-DRG	inpatient					Wellcare	Medicaid		53014.63				49230	53014.63	case rate	
MAJOR CRANIAL/FACIAL BONE PROCEDURES	0894	APR-DRG	inpatient					Wellcare	Medicaid		94620.59				2010	94620.59	case rate	
MAJOR LARYNX & TRACHEA PROCEDURES	0901	APR-DRG	inpatient					Wellcare	Medicaid		14132.92				13124	167465	case rate	
MAJOR LARYNX & TRACHEA PROCEDURES	0902	APR-DRG	inpatient					Wellcare	Medicaid		36844.46				22261.17	72028.44	case rate	
MAJOR LARYNX & TRACHEA PROCEDURES	0903	APR-DRG	inpatient					Wellcare	Medicaid		56429.51				14664	56429.51	case rate	
MAJOR LARYNX & TRACHEA PROCEDURES	0904	APR-DRG	inpatient					Wellcare	Medicaid		109296.61				38460.67	120997.58	case rate	
OTHER MAJOR HEAD & NECK PROCEDURES	0911	APR-DRG	inpatient					Wellcare	Medicaid		20663.86				19189	20663.86	case rate	
OTHER MAJOR HEAD & NECK PROCEDURES	0912	APR-DRG	inpatient					Wellcare	Medicaid		31309.74				29074	31309.74	case rate	
OTHER MAJOR HEAD & NECK PROCEDURES	0913	APR-DRG	inpatient					Wellcare	Medicaid		53694.99				17652.32	55206.55	case rate	
OTHER MAJOR HEAD & NECK PROCEDURES	0914	APR-DRG	inpatient					Wellcare	Medicaid		84762.6				10721.32	84762.6	case rate	
FACIAL BONE PROCEDURES EXCEPT MAJOR CRANIAL/FACIAL BONE PROCEDURES	0921	APR-DRG	inpatient					Wellcare	Medicaid		17064.58				6242.08	26502.45	case rate	
FACIAL BONE PROCEDURES EXCEPT MAJOR CRANIAL/FACIAL BONE PROCEDURES	0922	APR-DRG	inpatient					Wellcare	Medicaid		23787.85				20609.92	58450.91	case rate	
FACIAL BONE PROCEDURES EXCEPT MAJOR CRANIAL/FACIAL BONE PROCEDURES	0923	APR-DRG	inpatient					Wellcare	Medicaid		37582.48				11946.17	37582.48	case rate	
FACIAL BONE PROCEDURES EXCEPT MAJOR CRANIAL/FACIAL BONE PROCEDURES	0924	APR-DRG	inpatient					Wellcare	Medicaid		74685.69				69354	74685.69	case rate	
SINUS & MASTOID PROCEDURES	0931	APR-DRG	inpatient					Wellcare	Medicaid		16957.23				15747	16957.23	case rate	
SINUS & MASTOID PROCEDURES	0932	APR-DRG	inpatient					Wellcare	Medicaid		20894.9				19403	20894.9	case rate	
SINUS & MASTOID PROCEDURES	0933	APR-DRG	inpatient					Wellcare	Medicaid		35879.18				33318	107281.27	case rate	
SINUS & MASTOID PROCEDURES	0934	APR-DRG	inpatient					Wellcare	Medicaid		58230.17				24715.61	68769.08	case rate	
CLEFT LIP & PALATE REPAIR	0951	APR-DRG	inpatient					Wellcare	Medicaid		11476.56				6968.8	29945.59	case rate	
CLEFT LIP & PALATE REPAIR	0952	APR-DRG	inpatient					Wellcare	Medicaid		13328.21				12377	13328.21	case rate	
CLEFT LIP & PALATE REPAIR	0953	APR-DRG	inpatient					Wellcare	Medicaid		20427.65				18969	20427.65	case rate	
CLEFT LIP & PALATE REPAIR	0954	APR-DRG	inpatient					Wellcare	Medicaid		42158.67				39149	42158.67	case rate	
TONSIL & ADENOID PROCEDURES	0971	APR-DRG	inpatient					Wellcare	Medicaid		6943.23				6448	6943.23	case rate	
TONSIL & ADENOID PROCEDURES	0972	APR-DRG	inpatient					Wellcare	Medicaid		10658.44				9898	10658.44	case rate	
TONSIL & ADENOID PROCEDURES	0973	APR-DRG	inpatient					Wellcare	Medicaid		20711.44				19233	20711.44	case rate	
TONSIL & ADENOID PROCEDURES	0974	APR-DRG	inpatient					Wellcare	Medicaid		69972.69				34448.3	102131.56	case rate	
OTHER EAR, NOSE, MOUTH & THROAT PROCEDURES	0981	APR-DRG	inpatient					Wellcare	Medicaid		12170.79				11302	163924.34	case rate	
OTHER EAR, NOSE, MOUTH & THROAT PROCEDURES	0982	APR-DRG	inpatient					Wellcare	Medicaid		16046.28				14901	92000.92	case rate	
OTHER EAR, NOSE, MOUTH & THROAT PROCEDURES	0983	APR-DRG	inpatient					Wellcare	Medicaid		25824.53				19314.2	58852.23	case rate	
OTHER EAR, NOSE, MOUTH & THROAT PROCEDURES	0984	APR-DRG	inpatient					Wellcare	Medicaid		53863.67				50018	53863.67	case rate	
EAR, NOSE, MOUTH, THROAT, CRANIAL/FACIAL MALIGNANCIES	1101	APR-DRG	inpatient					Wellcare	Medicaid		9531.78				8851	9531.78	case rate	
EAR, NOSE, MOUTH, THROAT, CRANIAL/FACIAL MALIGNANCIES	1102	APR-DRG	inpatient					Wellcare	Medicaid		12238.13				11364	12238.13	case rate	
EAR, NOSE, MOUTH, THROAT, CRANIAL/FACIAL MALIGNANCIES	1103	APR-DRG	inpatient					Wellcare	Medicaid		19787.82				18375	19787.82	case rate	
EAR, NOSE, MOUTH, THROAT, CRANIAL/FACIAL MALIGNANCIES	1104	APR-DRG	inpatient					Wellcare	Medicaid		36206.95				33622	36206.95	case rate	
VERTIGO & OTHER LABYRINTH DISORDERS	1111	APR-DRG	inpatient					Wellcare	Medicaid		7772.98				7218	7772.98	case rate	
VERTIGO & OTHER LABYRINTH DISORDERS	1112	APR-DRG	inpatient					Wellcare	Medicaid		8618.71				8003	8618.71	case rate	
VERTIGO & OTHER LABYRINTH DISORDERS	1113	APR-DRG	inpatient					Wellcare	Medicaid		10802.46				10031	10802.46	case rate	
VERTIGO & OTHER LABYRINTH DISORDERS	1114	APR-DRG	inpatient					Wellcare	Medicaid		22623.77				21009	22623.77	case rate	
INFECTIONS OF UPPER RESPIRATORY TRACT	1131	APR-DRG	inpatient					Wellcare	Medicaid		4684.18				4350	4684.18	case rate	
INFECTIONS OF UPPER RESPIRATORY TRACT	1132	APR-DRG	inpatient					Wellcare	Medicaid		6824.8				6338	6824.8	case rate	
INFECTIONS OF UPPER RESPIRATORY TRACT	1133	APR-DRG	inpatient					Wellcare	Medicaid		10619.37				9861	10619.37	case rate	
INFECTIONS OF UPPER RESPIRATORY TRACT	1134	APR-DRG	inpatient					Wellcare	Medicaid		22388.49				20790	22388.49	case rate	
DENTAL & ORAL DISEASES & INJURIES	1141	APR-DRG	inpatient					Wellcare	Medicaid		6767.52				6284	6767.52	case rate	
DENTAL & ORAL DISEASES & INJURIES	1142	APR-DRG	inpatient					Wellcare	Medicaid		9484.49				8807	9484.49	case rate	
DENTAL & ORAL DISEASES & INJURIES	1143	APR-DRG	inpatient					Wellcare	Medicaid		15921.47				14785	15921.47	case rate	
DENTAL & ORAL DISEASES & INJURIES	1144	APR-DRG	inpatient					Wellcare	Medicaid		33203.51				30833	33203.51	case rate	
OTHER EAR, NOSE, MOUTH,THROAT & CRANIAL/FACIAL DIAGNOSES	1151	APR-DRG	inpatient					Wellcare	Medicaid		6952.83				6456	6952.83	case rate	
OTHER EAR, NOSE, MOUTH,THROAT & CRANIAL/FACIAL DIAGNOSES	1152	APR-DRG	inpatient					Wellcare	Medicaid		9256.22				8595	9256.22	case rate	
OTHER EAR, NOSE, MOUTH,THROAT & CRANIAL/FACIAL DIAGNOSES	1153	APR-DRG	inpatient					Wellcare	Medicaid		13828.63				12841	13828.63	case rate	
OTHER EAR, NOSE, MOUTH,THROAT & CRANIAL/FACIAL DIAGNOSES	1154	APR-DRG	inpatient					Wellcare	Medicaid		28380.49				26354	28380.49	case rate	
MAJOR RESPIRATORY & CHEST PROCEDURES	1201	APR-DRG	inpatient					Wellcare	Medicaid		26412.25				24527	26412.25	case rate	
MAJOR RESPIRATORY & CHEST PROCEDURES	1202	APR-DRG	inpatient					Wellcare	Medicaid		31992.23				29708	31992.23	case rate	
MAJOR RESPIRATORY & CHEST PROCEDURES	1203	APR-DRG	inpatient					Wellcare	Medicaid		46586.41				43260	46586.41	case rate	
MAJOR RESPIRATORY & CHEST PROCEDURES	1204	APR-DRG	inpatient					Wellcare	Medicaid		80334.22				74599	80334.22	case rate	
OTHER RESPIRATORY & CHEST PROCEDURES	1211	APR-DRG	inpatient					Wellcare	Medicaid		17884.72				16608	17884.72	case rate	
OTHER RESPIRATORY & CHEST PROCEDURES	1212	APR-DRG	inpatient					Wellcare	Medicaid		23166.5				21513	23166.5	case rate	
OTHER RESPIRATORY & CHEST PROCEDURES	1213	APR-DRG	inpatient					Wellcare	Medicaid		36405.29				33806	36405.29	case rate	
OTHER RESPIRATORY & CHEST PROCEDURES	1214	APR-DRG	inpatient					Wellcare	Medicaid		69579.33				64612	69579.33	case rate	
RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT 96+ HOURS	1301	APR-DRG	inpatient					Wellcare	Medicaid		40280.42				37405	40280.42	case rate	
RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT 96+ HOURS	1302	APR-DRG	inpatient					Wellcare	Medicaid		44692.54				41502	44692.54	case rate	
RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT 96+ HOURS	1303	APR-DRG	inpatient					Wellcare	Medicaid		55357.27				51405	55357.27	case rate	
RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT 96+ HOURS	1304	APR-DRG	inpatient					Wellcare	Medicaid		76027.5				70600	76027.5	case rate	
CYSTIC FIBROSIS - PULMONARY DISEASE	1311	APR-DRG	inpatient					Wellcare	Medicaid		20311.71				18862	20311.71	case rate	
CYSTIC FIBROSIS - PULMONARY DISEASE	1312	APR-DRG	inpatient					Wellcare	Medicaid		25065.27				23276	25065.27	case rate	
CYSTIC FIBROSIS - PULMONARY DISEASE	1313	APR-DRG	inpatient					Wellcare	Medicaid		32524.9				30203	32524.9	case rate	
CYSTIC FIBROSIS - PULMONARY DISEASE	1314	APR-DRG	inpatient					Wellcare	Medicaid		41834.23				38848	41834.23	case rate	
BPD & OTH CHRONIC RESPIRATORY DISEASES ARISING IN PERINATAL PERIOD	1321	APR-DRG	inpatient					Wellcare	Medicaid		8038.3				7464	8038.3	case rate	
BPD & OTH CHRONIC RESPIRATORY DISEASES ARISING IN PERINATAL PERIOD	1322	APR-DRG	inpatient					Wellcare	Medicaid		8978.53				8338	8978.53	case rate	
BPD & OTH CHRONIC RESPIRATORY DISEASES ARISING IN PERINATAL PERIOD	1323	APR-DRG	inpatient					Wellcare	Medicaid		13877.95				12887	13877.95	case rate	
BPD & OTH CHRONIC RESPIRATORY DISEASES ARISING IN PERINATAL PERIOD	1324	APR-DRG	inpatient					Wellcare	Medicaid		23105.07				21456	23105.07	case rate	
RESPIRATORY FAILURE	1331	APR-DRG	inpatient					Wellcare	Medicaid		5974.91				5548	5974.91	case rate	
RESPIRATORY FAILURE	1332	APR-DRG	inpatient					Wellcare	Medicaid		10450.49				9704	10450.49	case rate	
RESPIRATORY FAILURE	1333	APR-DRG	inpatient					Wellcare	Medicaid		15876.95				14743	15876.95	case rate	
RESPIRATORY FAILURE	1334	APR-DRG	inpatient					Wellcare	Medicaid		28920.91				26856	28920.91	case rate	
PULMONARY EMBOLISM	1341	APR-DRG	inpatient					Wellcare	Medicaid		9496.78				8819	9496.78	case rate	
PULMONARY EMBOLISM	1342	APR-DRG	inpatient					Wellcare	Medicaid		12321.55				11442	12321.55	case rate	
PULMONARY EMBOLISM	1343	APR-DRG	inpatient					Wellcare	Medicaid		17986.06				16702	17986.06	case rate	
PULMONARY EMBOLISM	1344	APR-DRG	inpatient					Wellcare	Medicaid		31210.71				28982	31210.71	case rate	
MAJOR CHEST & RESPIRATORY TRAUMA	1351	APR-DRG	inpatient					Wellcare	Medicaid		9951.84				9241	9951.84	case rate	
MAJOR CHEST & RESPIRATORY TRAUMA	1352	APR-DRG	inpatient					Wellcare	Medicaid		12477.76				11587	12477.76	case rate	
MAJOR CHEST & RESPIRATORY TRAUMA	1353	APR-DRG	inpatient					Wellcare	Medicaid		18211.01				16911	18211.01	case rate	
MAJOR CHEST & RESPIRATORY TRAUMA	1354	APR-DRG	inpatient					Wellcare	Medicaid		34349.11				31897	34349.11	case rate	
RESPIRATORY MALIGNANCY	1361	APR-DRG	inpatient					Wellcare	Medicaid		10189.89				9462	10189.89	case rate	
RESPIRATORY MALIGNANCY	1362	APR-DRG	inpatient					Wellcare	Medicaid		12945.75				12022	12945.75	case rate	
RESPIRATORY MALIGNANCY	1363	APR-DRG	inpatient					Wellcare	Medicaid		19580.53				18183	19580.53	case rate	
RESPIRATORY MALIGNANCY	1364	APR-DRG	inpatient					Wellcare	Medicaid		31747.99				29481	31747.99	case rate	
MAJOR RESPIRATORY INFECTIONS & INFLAMMATIONS	1371	APR-DRG	inpatient					Wellcare	Medicaid		9316.55				8651	9316.55	case rate	
MAJOR RESPIRATORY INFECTIONS & INFLAMMATIONS	1372	APR-DRG	inpatient					Wellcare	Medicaid		12038.22				11179	12038.22	case rate	
MAJOR RESPIRATORY INFECTIONS & INFLAMMATIONS	1373	APR-DRG	inpatient					Wellcare	Medicaid		17881.03				16604	17881.03	case rate	
MAJOR RESPIRATORY INFECTIONS & INFLAMMATIONS	1374	APR-DRG	inpatient					Wellcare	Medicaid		30272.5				28111	30272.5	case rate	
BRONCHIOLITIS & RSV PNEUMONIA	1381	APR-DRG	inpatient					Wellcare	Medicaid		4329.36				4020	4329.36	case rate	
BRONCHIOLITIS & RSV PNEUMONIA	1382	APR-DRG	inpatient					Wellcare	Medicaid		6553.01				6085	6553.01	case rate	
BRONCHIOLITIS & RSV PNEUMONIA	1383	APR-DRG	inpatient					Wellcare	Medicaid		15685.36				14566	15685.36	case rate	
BRONCHIOLITIS & RSV PNEUMONIA	1384	APR-DRG	inpatient					Wellcare	Medicaid		38997.45				36213	38997.45	case rate	
OTHER PNEUMONIA	1391	APR-DRG	inpatient					Wellcare	Medicaid		6362.8				5909	6362.8	case rate	
OTHER PNEUMONIA	1392	APR-DRG	inpatient					Wellcare	Medicaid		8936.96				8299	8936.96	case rate	
OTHER PNEUMONIA	1393	APR-DRG	inpatient					Wellcare	Medicaid		14042.21				13040	14042.21	case rate	
OTHER PNEUMONIA	1394	APR-DRG	inpatient					Wellcare	Medicaid		27013.46				25085	27013.46	case rate	
CHRONIC OBSTRUCTIVE PULMONARY DISEASE	1401	APR-DRG	inpatient					Wellcare	Medicaid		7373.53				6847	7373.53	case rate	
CHRONIC OBSTRUCTIVE PULMONARY DISEASE	1402	APR-DRG	inpatient					Wellcare	Medicaid		9206.24				8549	9206.24	case rate	
CHRONIC OBSTRUCTIVE PULMONARY DISEASE	1403	APR-DRG	inpatient					Wellcare	Medicaid		12565.71				11669	12565.71	case rate	
CHRONIC OBSTRUCTIVE PULMONARY DISEASE	1404	APR-DRG	inpatient					Wellcare	Medicaid		24413.63				22671	24413.63	case rate	
ASTHMA	1411	APR-DRG	inpatient					Wellcare	Medicaid		5648.53				5245	5648.53	case rate	
ASTHMA	1412	APR-DRG	inpatient					Wellcare	Medicaid		8095.75				7518	8095.75	case rate	
ASTHMA	1413	APR-DRG	inpatient					Wellcare	Medicaid		11602.56				10774	11602.56	case rate	
ASTHMA	1414	APR-DRG	inpatient					Wellcare	Medicaid		21936.85				20371	21936.85	case rate	
INTERSTITIAL & ALVEOLAR LUNG DISEASES	1421	APR-DRG	inpatient					Wellcare	Medicaid		9462.14				8787	9462.14	case rate	
INTERSTITIAL & ALVEOLAR LUNG DISEASES	1422	APR-DRG	inpatient					Wellcare	Medicaid		11507.69				10686	11507.69	case rate	
INTERSTITIAL & ALVEOLAR LUNG DISEASES	1423	APR-DRG	inpatient					Wellcare	Medicaid		16651.36				15463	16651.36	case rate	
INTERSTITIAL & ALVEOLAR LUNG DISEASES	1424	APR-DRG	inpatient					Wellcare	Medicaid		29468.34				27365	29468.34	case rate	
OTHER RESPIRATORY DIAGNOSES EXCEPT SIGNS, SYMPTOMS & MINOR DIAGNOSES	1431	APR-DRG	inpatient					Wellcare	Medicaid		7033.94				6532	7033.94	case rate	
OTHER RESPIRATORY DIAGNOSES EXCEPT SIGNS, SYMPTOMS & MINOR DIAGNOSES	1432	APR-DRG	inpatient					Wellcare	Medicaid		10325.42				9588	10325.42	case rate	
OTHER RESPIRATORY DIAGNOSES EXCEPT SIGNS, SYMPTOMS & MINOR DIAGNOSES	1433	APR-DRG	inpatient					Wellcare	Medicaid		15891.91				14757	15891.91	case rate	
OTHER RESPIRATORY DIAGNOSES EXCEPT SIGNS, SYMPTOMS & MINOR DIAGNOSES	1434	APR-DRG	inpatient					Wellcare	Medicaid		27081.82				25148	27081.82	case rate	
RESPIRATORY SIGNS, SYMPTOMS & MINOR DIAGNOSES	1441	APR-DRG	inpatient					Wellcare	Medicaid		6889.83				6398	6889.83	case rate	
RESPIRATORY SIGNS, SYMPTOMS & MINOR DIAGNOSES	1442	APR-DRG	inpatient					Wellcare	Medicaid		8343.89				7748	8343.89	case rate	
RESPIRATORY SIGNS, SYMPTOMS & MINOR DIAGNOSES	1443	APR-DRG	inpatient					Wellcare	Medicaid		11793.7				10952	11793.7	case rate	
RESPIRATORY SIGNS, SYMPTOMS & MINOR DIAGNOSES	1444	APR-DRG	inpatient					Wellcare	Medicaid		20685.84				19209	20685.84	case rate	
MAJOR CARDIOTHORACIC REPAIR OF HEART ANOMALY	1601	APR-DRG	inpatient					Wellcare	Medicaid		44206.17				41050	44206.17	case rate	
MAJOR CARDIOTHORACIC REPAIR OF HEART ANOMALY	1602	APR-DRG	inpatient					Wellcare	Medicaid		51572.49				47891	51572.49	case rate	
MAJOR CARDIOTHORACIC REPAIR OF HEART ANOMALY	1603	APR-DRG	inpatient					Wellcare	Medicaid		78088.11				72513	78088.11	case rate	
MAJOR CARDIOTHORACIC REPAIR OF HEART ANOMALY	1604	APR-DRG	inpatient					Wellcare	Medicaid		173904.73				161499	173904.73	case rate	
CARDIAC DEFIBRILLATOR & HEART ASSIST IMPLANT	1611	APR-DRG	inpatient					Wellcare	Medicaid		59847.73				55575	59847.73	case rate	
CARDIAC DEFIBRILLATOR & HEART ASSIST IMPLANT	1612	APR-DRG	inpatient					Wellcare	Medicaid		77263.26				71747	77263.26	case rate	
CARDIAC DEFIBRILLATOR & HEART ASSIST IMPLANT	1613	APR-DRG	inpatient					Wellcare	Medicaid		124259.55				115388	124259.55	case rate	
CARDIAC DEFIBRILLATOR & HEART ASSIST IMPLANT	1614	APR-DRG	inpatient					Wellcare	Medicaid		298161.52				276875	298161.52	case rate	
CARDIAC VALVE PROCEDURES W AMI OR COMPLEX PDX	1621	APR-DRG	inpatient					Wellcare	Medicaid		64122.58				59545	64122.58	case rate	
CARDIAC VALVE PROCEDURES W AMI OR COMPLEX PDX	1622	APR-DRG	inpatient					Wellcare	Medicaid		71168.35				66087	71168.35	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.															
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true														
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CARDIAC VALVE PROCEDURES W AMI OR COMPLEX PDX	1623	APR-DRG	inpatient					Wellcare	Medicaid		94186.4				87482	94186.4	case rate	
CARDIAC VALVE PROCEDURES W AMI OR COMPLEX PDX	1624	APR-DRG	inpatient					Wellcare	Medicaid		148140.99				137565	148140.99	case rate	
CARDIAC VALVE PROCEDURES W/O AMI OR COMPLEX PDX	1631	APR-DRG	inpatient					Wellcare	Medicaid		52910.79				49133	52910.79	case rate	
CARDIAC VALVE PROCEDURES W/O AMI OR COMPLEX PDX	1632	APR-DRG	inpatient					Wellcare	Medicaid		60794.71				56454	60794.71	case rate	
CARDIAC VALVE PROCEDURES W/O AMI OR COMPLEX PDX	1633	APR-DRG	inpatient					Wellcare	Medicaid		77964.42				72398	77964.42	case rate	
CARDIAC VALVE PROCEDURES W/O AMI OR COMPLEX PDX	1634	APR-DRG	inpatient					Wellcare	Medicaid		125620.85				116652	125620.85	case rate	
CORONARY BYPASS W AMI OR COMPLEX PDX	1651	APR-DRG	inpatient					Wellcare	Medicaid		55402.07				51447	55402.07	case rate	
CORONARY BYPASS W AMI OR COMPLEX PDX	1652	APR-DRG	inpatient					Wellcare	Medicaid		59582.98				55329	59582.98	case rate	
CORONARY BYPASS W AMI OR COMPLEX PDX	1653	APR-DRG	inpatient					Wellcare	Medicaid		75751.47				70343	75751.47	case rate	
CORONARY BYPASS W AMI OR COMPLEX PDX	1654	APR-DRG	inpatient					Wellcare	Medicaid		112766.74				104716	112766.74	case rate	
CORONARY BYPASS W/O AMI OR COMPLEX PDX	1661	APR-DRG	inpatient					Wellcare	Medicaid		45804.7				42535	45804.7	case rate	
CORONARY BYPASS W/O AMI OR COMPLEX PDX	1662	APR-DRG	inpatient					Wellcare	Medicaid		51909.12				48203	51909.12	case rate	
CORONARY BYPASS W/O AMI OR COMPLEX PDX	1663	APR-DRG	inpatient					Wellcare	Medicaid		64838.43				60209	64838.43	case rate	
CORONARY BYPASS W/O AMI OR COMPLEX PDX	1664	APR-DRG	inpatient					Wellcare	Medicaid		98670.95				91627	98670.95	case rate	
OTHER CARDIOTHORACIC & THORACIC VASCULAR PROCEDURES	1671	APR-DRG	inpatient					Wellcare	Medicaid		43024.36				39953	43024.36	case rate	
OTHER CARDIOTHORACIC & THORACIC VASCULAR PROCEDURES	1672	APR-DRG	inpatient					Wellcare	Medicaid		47666.67				44533	47666.67	case rate	
OTHER CARDIOTHORACIC & THORACIC VASCULAR PROCEDURES	1673	APR-DRG	inpatient					Wellcare	Medicaid		65349.94				60684	65349.94	case rate	
OTHER CARDIOTHORACIC & THORACIC VASCULAR PROCEDURES	1674	APR-DRG	inpatient					Wellcare	Medicaid		114540.7				106363	114540.7	case rate	
MAJOR ABDOMINAL VASCULAR PROCEDURES	1691	APR-DRG	inpatient					Wellcare	Medicaid		24650.3				22890	24650.3	case rate	
MAJOR ABDOMINAL VASCULAR PROCEDURES	1692	APR-DRG	inpatient					Wellcare	Medicaid		32573.67				30248	32573.67	case rate	
MAJOR ABDOMINAL VASCULAR PROCEDURES	1693	APR-DRG	inpatient					Wellcare	Medicaid		52780.43				49012	52780.43	case rate	
MAJOR ABDOMINAL VASCULAR PROCEDURES	1694	APR-DRG	inpatient					Wellcare	Medicaid		95926.45				89078	95926.45	case rate	
PERMANENT CARDIAC PACEMAKER IMPLANT W AMI, HEART FAILURE OR SHOCK	1701	APR-DRG	inpatient					Wellcare	Medicaid		33732.76				31324	33732.76	case rate	
PERMANENT CARDIAC PACEMAKER IMPLANT W AMI, HEART FAILURE OR SHOCK	1702	APR-DRG	inpatient					Wellcare	Medicaid		35983.39				33414	35983.39	case rate	
PERMANENT CARDIAC PACEMAKER IMPLANT W AMI, HEART FAILURE OR SHOCK	1703	APR-DRG	inpatient					Wellcare	Medicaid		44190.09				41035	44190.09	case rate	
PERMANENT CARDIAC PACEMAKER IMPLANT W AMI, HEART FAILURE OR SHOCK	1704	APR-DRG	inpatient					Wellcare	Medicaid		70642.81				65599	70642.81	case rate	
PERM CARDIAC PACEMAKER IMPLANT W/O AMI, HEART FAILURE OR SHOCK	1711	APR-DRG	inpatient					Wellcare	Medicaid		23307.2				21643	23307.2	case rate	
PERM CARDIAC PACEMAKER IMPLANT W/O AMI, HEART FAILURE OR SHOCK	1712	APR-DRG	inpatient					Wellcare	Medicaid		26633.23				24732	26633.23	case rate	
PERM CARDIAC PACEMAKER IMPLANT W/O AMI, HEART FAILURE OR SHOCK	1713	APR-DRG	inpatient					Wellcare	Medicaid		33882.96				31464	33882.96	case rate	
PERM CARDIAC PACEMAKER IMPLANT W/O AMI, HEART FAILURE OR SHOCK	1714	APR-DRG	inpatient					Wellcare	Medicaid		56433.39				52404	56433.39	case rate	
PERCUTANEOUS CORONARY INTERVENTION W AMI	1741	APR-DRG	inpatient					Wellcare	Medicaid		27878.96				25889	27878.96	case rate	
PERCUTANEOUS CORONARY INTERVENTION W AMI	1742	APR-DRG	inpatient					Wellcare	Medicaid		30028.17				27884	30028.17	case rate	
PERCUTANEOUS CORONARY INTERVENTION W AMI	1743	APR-DRG	inpatient					Wellcare	Medicaid		37952.73				35243	37952.73	case rate	
PERCUTANEOUS CORONARY INTERVENTION W AMI	1744	APR-DRG	inpatient					Wellcare	Medicaid		61797.3				57385	61797.3	case rate	
PERCUTANEOUS CORONARY INTERVENTION W/O AMI	1751	APR-DRG	inpatient					Wellcare	Medicaid		27717.29				25738	27717.29	case rate	
PERCUTANEOUS CORONARY INTERVENTION W/O AMI	1752	APR-DRG	inpatient					Wellcare	Medicaid		30551.03				28370	30551.03	case rate	
PERCUTANEOUS CORONARY INTERVENTION W/O AMI	1753	APR-DRG	inpatient					Wellcare	Medicaid		38778.88				36010	38778.88	case rate	
PERCUTANEOUS CORONARY INTERVENTION W/O AMI	1754	APR-DRG	inpatient					Wellcare	Medicaid		72833.39				67634	72833.39	case rate	
CARDIAC PACEMAKER & DEFIBRILLATOR DEVICE REPLACEMENT	1761	APR-DRG	inpatient					Wellcare	Medicaid		21893.89				20331	21893.89	case rate	
CARDIAC PACEMAKER & DEFIBRILLATOR DEVICE REPLACEMENT	1762	APR-DRG	inpatient					Wellcare	Medicaid		41860.47				38872	41860.47	case rate	
CARDIAC PACEMAKER & DEFIBRILLATOR DEVICE REPLACEMENT	1763	APR-DRG	inpatient					Wellcare	Medicaid		43617.99				40504	43617.99	case rate	
CARDIAC PACEMAKER & DEFIBRILLATOR DEVICE REPLACEMENT	1764	APR-DRG	inpatient					Wellcare	Medicaid		69259.61				64315	69259.61	case rate	
CARDIAC PACEMAKER & DEFIBRILLATOR REVISION EXCEPT DEVICE REPLACEMENT	1771	APR-DRG	inpatient					Wellcare	Medicaid		18033.27				16746	18033.27	case rate	
CARDIAC PACEMAKER & DEFIBRILLATOR REVISION EXCEPT DEVICE REPLACEMENT	1772	APR-DRG	inpatient					Wellcare	Medicaid		23343.23				21677	23343.23	case rate	
CARDIAC PACEMAKER & DEFIBRILLATOR REVISION EXCEPT DEVICE REPLACEMENT	1773	APR-DRG	inpatient					Wellcare	Medicaid		33102.26				30739	33102.26	case rate	
CARDIAC PACEMAKER & DEFIBRILLATOR REVISION EXCEPT DEVICE REPLACEMENT	1774	APR-DRG	inpatient					Wellcare	Medicaid		66936.46				62158	66936.46	case rate	
OTHER CIRCULATORY SYSTEM PROCEDURES	1801	APR-DRG	inpatient					Wellcare	Medicaid		17440.74				16196	17440.74	case rate	
OTHER CIRCULATORY SYSTEM PROCEDURES	1802	APR-DRG	inpatient					Wellcare	Medicaid		22037.45				20464	22037.45	case rate	
OTHER CIRCULATORY SYSTEM PROCEDURES	1803	APR-DRG	inpatient					Wellcare	Medicaid		33772.11				31361	33772.11	case rate	
OTHER CIRCULATORY SYSTEM PROCEDURES	1804	APR-DRG	inpatient					Wellcare	Medicaid		59233.04				55004	59233.04	case rate	
LOWER EXTREMITY ARTERIAL PROCEDURES	1811	APR-DRG	inpatient					Wellcare	Medicaid		21664.79				20118	21664.79	case rate	
LOWER EXTREMITY ARTERIAL PROCEDURES	1812	APR-DRG	inpatient					Wellcare	Medicaid		29348.16				27253	29348.16	case rate	
LOWER EXTREMITY ARTERIAL PROCEDURES	1813	APR-DRG	inpatient					Wellcare	Medicaid		45718.62				45240	45718.62	case rate	
LOWER EXTREMITY ARTERIAL PROCEDURES	1814	APR-DRG	inpatient					Wellcare	Medicaid		86812.5				80615	86812.5	case rate	
OTHER PERIPHERAL VASCULAR PROCEDURES	1821	APR-DRG	inpatient					Wellcare	Medicaid		27749.08				25768	27749.08	case rate	
OTHER PERIPHERAL VASCULAR PROCEDURES	1822	APR-DRG	inpatient					Wellcare	Medicaid		32642.58				30312	32642.58	case rate	
OTHER PERIPHERAL VASCULAR PROCEDURES	1823	APR-DRG	inpatient					Wellcare	Medicaid		44303.07				41140	44303.07	case rate	
OTHER PERIPHERAL VASCULAR PROCEDURES	1824	APR-DRG	inpatient					Wellcare	Medicaid		75209.6				73555	75209.6	case rate	
ACUTE MYOCARDIAL INFARCTION	1901	APR-DRG	inpatient					Wellcare	Medicaid		11764.77				10925	11764.77	case rate	
ACUTE MYOCARDIAL INFARCTION	1902	APR-DRG	inpatient					Wellcare	Medicaid		12972.18				12046	12972.18	case rate	
ACUTE MYOCARDIAL INFARCTION	1903	APR-DRG	inpatient					Wellcare	Medicaid		17674.1				16412	17674.1	case rate	
ACUTE MYOCARDIAL INFARCTION	1904	APR-DRG	inpatient					Wellcare	Medicaid		32734.41				30397	32734.41	case rate	
CARDIAC CATHETERIZATION FOR CORONARY ARTERY DISEASE	1911	APR-DRG	inpatient					Wellcare	Medicaid		13033.98				12103	13033.98	case rate	
CARDIAC CATHETERIZATION FOR CORONARY ARTERY DISEASE	1912	APR-DRG	inpatient					Wellcare	Medicaid		14989.37				13919	14989.37	case rate	
CARDIAC CATHETERIZATION FOR CORONARY ARTERY DISEASE	1913	APR-DRG	inpatient					Wellcare	Medicaid		19848.52				18431	19848.52	case rate	
CARDIAC CATHETERIZATION FOR CORONARY ARTERY DISEASE	1914	APR-DRG	inpatient					Wellcare	Medicaid		38857.86				36084	38857.86	case rate	
CARDIAC CATHETERIZATION FOR OTHER NON-CORONARY CONDITIONS	1921	APR-DRG	inpatient					Wellcare	Medicaid		13465.66				12504	13465.66	case rate	
CARDIAC CATHETERIZATION FOR OTHER NON-CORONARY CONDITIONS	1922	APR-DRG	inpatient					Wellcare	Medicaid		16632.15				15445	16632.15	case rate	
CARDIAC CATHETERIZATION FOR OTHER NON-CORONARY CONDITIONS	1923	APR-DRG	inpatient					Wellcare	Medicaid		24485.59				22738	24485.59	case rate	
CARDIAC CATHETERIZATION FOR OTHER NON-CORONARY CONDITIONS	1924	APR-DRG	inpatient					Wellcare	Medicaid		46537.17				43215	46537.17	case rate	
ACUTE & SUBACUTE ENDOCARDITIS	1931	APR-DRG	inpatient					Wellcare	Medicaid		13802.48				12817	13802.48	case rate	
ACUTE & SUBACUTE ENDOCARDITIS	1932	APR-DRG	inpatient					Wellcare	Medicaid		17931				16651	17931	case rate	
ACUTE & SUBACUTE ENDOCARDITIS	1933	APR-DRG	inpatient					Wellcare	Medicaid		26794.06				24881	26794.06	case rate	
ACUTE & SUBACUTE ENDOCARDITIS	1934	APR-DRG	inpatient					Wellcare	Medicaid		44138.82				40988	44138.82	case rate	
HEART FAILURE	1941	APR-DRG	inpatient					Wellcare	Medicaid		7474.23				6941	7474.23	case rate	
HEART FAILURE	1942	APR-DRG	inpatient					Wellcare	Medicaid		9597.65				8912	9597.65	case rate	
HEART FAILURE	1943	APR-DRG	inpatient					Wellcare	Medicaid		14314.35				13292	14314.35	case rate	
HEART FAILURE	1944	APR-DRG	inpatient					Wellcare	Medicaid		27034.79				25105	27034.79	case rate	
CARDIAC ARREST & SHOCK	1961	APR-DRG	inpatient					Wellcare	Medicaid		7783.14				7227	7783.14	case rate	
CARDIAC ARREST & SHOCK	1962	APR-DRG	inpatient					Wellcare	Medicaid		8254.55				7665	8254.55	case rate	
CARDIAC ARREST & SHOCK	1963	APR-DRG	inpatient					Wellcare	Medicaid		15666.23				14548	15666.23	case rate	
CARDIAC ARREST & SHOCK	1964	APR-DRG	inpatient					Wellcare	Medicaid		39986.56				37132	39986.56	case rate	
PERIPHERAL & OTHER VASCULAR DISORDERS	1971	APR-DRG	inpatient					Wellcare	Medicaid		7449.28				6917	7449.28	case rate	
PERIPHERAL & OTHER VASCULAR DISORDERS	1972	APR-DRG	inpatient					Wellcare	Medicaid		9946.02				9236	9946.02	case rate	
PERIPHERAL & OTHER VASCULAR DISORDERS	1973	APR-DRG	inpatient					Wellcare	Medicaid		14771.35				13717	14771.35	case rate	
PERIPHERAL & OTHER VASCULAR DISORDERS	1974	APR-DRG	inpatient					Wellcare	Medicaid		31901.8				29624	31901.8	case rate	
ANGINA PECTORIS & CORONARY ATHEROSCLEROSIS	1981	APR-DRG	inpatient					Wellcare	Medicaid		6880.32				6389	6880.32	case rate	
ANGINA PECTORIS & CORONARY ATHEROSCLEROSIS	1982	APR-DRG	inpatient					Wellcare	Medicaid		7947.67				7380	7947.67	case rate	
ANGINA PECTORIS & CORONARY ATHEROSCLEROSIS	1983	APR-DRG	inpatient					Wellcare	Medicaid		10842.37				10068	10842.37	case rate	
ANGINA PECTORIS & CORONARY ATHEROSCLEROSIS	1984	APR-DRG	inpatient					Wellcare	Medicaid		26058.26				24196	26058.26	case rate	
HYPERTENSION	1991	APR-DRG	inpatient					Wellcare	Medicaid		7079.12				6574	7079.12	case rate	
HYPERTENSION	1992	APR-DRG	inpatient					Wellcare	Medicaid		8313.12				7720	8313.12	case rate	
HYPERTENSION	1993	APR-DRG	inpatient					Wellcare	Medicaid		11654.11				10822	11654.11	case rate	
HYPERTENSION	1994	APR-DRG	inpatient					Wellcare	Medicaid		26568.1				24671	26568.1	case rate	
CARDIAC STRUCTURAL & VALVULAR DISORDERS	2001	APR-DRG	inpatient					Wellcare	Medicaid		8495.75				7889	8495.75	case rate	
CARDIAC STRUCTURAL & VALVULAR DISORDERS	2002	APR-DRG	inpatient					Wellcare	Medicaid		10051.33				9334	10051.33	case rate	
CARDIAC STRUCTURAL & VALVULAR DISORDERS	2003	APR-DRG	inpatient					Wellcare	Medicaid		15321.85				14228	15321.85	case rate	
CARDIAC STRUCTURAL & VALVULAR DISORDERS	2004	APR-DRG	inpatient					Wellcare	Medicaid		32641.39				30311	32641.39	case rate	
CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS	2011	APR-DRG	inpatient					Wellcare	Medicaid		6349.32				5896	6349.32	case rate	
CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS	2012	APR-DRG	inpatient					Wellcare	Medicaid		8224.62				7637	8224.62	case rate	
CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS	2013	APR-DRG	inpatient					Wellcare	Medicaid		12632.13				11730	12632.13	case rate	
CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS	2014	APR-DRG	inpatient					Wellcare	Medicaid		26210.03				24339	26210.03	case rate	
CHEST PAIN	2031	APR-DRG	inpatient					Wellcare	Medicaid		7100.74				6594	7100.74	case rate	
CHEST PAIN	2032	APR-DRG	inpatient					Wellcare	Medicaid		8258.15				7669	8258.15	case rate	
CHEST PAIN	2033	APR-DRG	inpatient					Wellcare	Medicaid		10308.6				9573	10308.6	case rate	
CHEST PAIN	2034	APR-DRG	inpatient					Wellcare	Medicaid		18717.71				17381	18717.71	case rate	
SYNCOPE & COLLAPSE	2041	APR-DRG	inpatient					Wellcare	Medicaid		7894.83				7331	7894.83	case rate	
SYNCOPE & COLLAPSE	2042	APR-DRG	inpatient					Wellcare	Medicaid		8914.6				8278	8914.6	case rate	
SYNCOPE & COLLAPSE	2043	APR-DRG	inpatient					Wellcare	Medicaid		11247.55				10445	11247.55	case rate	
SYNCOPE & COLLAPSE	2044	APR-DRG	inpatient					Wellcare	Medicaid		23058.33				21412	23058.33	case rate	
CARDIOMYOPATHY	2051	APR-DRG	inpatient					Wellcare	Medicaid		7655.57				7109	7655.57	case rate	
CARDIOMYOPATHY	2052	APR-DRG	inpatient					Wellcare	Medicaid		9746.29				9050	9746.29	case rate	
CARDIOMYOPATHY	2053	APR-DRG	inpatient					Wellcare	Medicaid		14069.74				13095	14069.74	case rate	
CARDIOMYOPATHY	2054	APR-DRG	inpatient					Wellcare	Medicaid		34523.7				32059	34523.7	case rate	
MALFUNCTION,REACTION,COMPLICATION OF CARDIAC/VASC DEVICE OR PROCEDURE	2061	APR-DRG	inpatient					Wellcare	Medicaid		8731.41				8108	8731.41	case rate	
MALFUNCTION,REACTION,COMPLICATION OF CARDIAC/VASC DEVICE OR PROCEDURE	2062	APR-DRG	inpatient					Wellcare	Medicaid		10269.25				9536	10269.25	case rate	
MALFUNCTION,REACTION,COMPLICATION OF CARDIAC/VASC DEVICE OR PROCEDURE	2063	APR-DRG	inpatient					Wellcare	Medicaid		17136.17				15913	17136.17	case rate	
MALFUNCTION,REACTION,COMPLICATION OF CARDIAC/VASC DEVICE OR PROCEDURE	2064	APR-DRG	inpatient					Wellcare	Medicaid		32058.84				29770	32058.84	case rate	
OTHER CIRCULATORY SYSTEM DIAGNOSES	2071	APR-DRG	inpatient					Wellcare	Medicaid		7595.61				7053	7595.61	case rate	
OTHER CIRCULATORY SYSTEM DIAGNOSES	2072	APR-DRG	inpatient					Wellcare	Medicaid		10076.46				9357	10076.46	case rate	
OTHER CIRCULATORY SYSTEM DIAGNOSES	2073	APR-DRG	inpatient					Wellcare	Medicaid		14634.17				13589	14634.17	case rate	
OTHER CIRCULATORY SYSTEM DIAGNOSES	2074	APR-DRG	inpatient					Wellcare	Medicaid		28538.46				26501	28538.46	case rate	
MAJOR STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES	2201	APR-DRG	inpatient					Wellcare	Medicaid		19449.99				18061	19449.99	case rate	
MAJOR STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES	2202	APR-DRG	inpatient					Wellcare	Medicaid		28900.03				26837	28900.03	case rate	
MAJOR STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES	2203	APR-DRG	inpatient					Wellcare	Medicaid		46862.34				43517	46862.34	case rate	
MAJOR STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES	2204	APR-DRG	inpatient					Wellcare	Medicaid		92985.01				86347	92985.01	case rate	
MAJOR SMALL & LARGE BOWEL PROCEDURES	2211	APR-DRG	inpatient					Wellcare	Medicaid		19847.69				18431	19847.69	case rate	
MAJOR SMALL & LARGE BOWEL PROCEDURES	2212	APR-DRG	inpatient					Wellcare	Medicaid		25734.19				23897	25734.19	case rate	
MAJOR SMALL & LARGE BOWEL PROCEDURES	2213	APR-DRG	inpatient					Wellcare	Medicaid		41796.27				38812	41796.27	case rate	
MAJOR SMALL & LARGE BOWEL PROCEDURES	2214	APR-DRG	inpatient					Wellcare	Medicaid		82730.63				76824	82730.63	case rate	
OTHER STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES	2221	APR-DRG	inpatient					Wellcare	Medicaid		14767.47				13713	14767.47	case rate	
OTHER STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES	2222	APR-DRG	inpatient					Wellcare	Medicaid		18900.24				17551	18900.24	case rate	
OTHER STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES	2223	APR-DRG	inpatient					Wellcare	Medicaid		30629.55				28443	30629.55	case rate	
OTHER STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES	2224	APR-DRG	inpatient					Wellcare	Medicaid		74727.63				69393	74727.63	case rate	
OTHER SMALL & LARGE BOWEL PROCEDURES	2231	APR-DRG	inpatient					Wellcare	Medicaid		15813.86				14685	15813.86	case rate	
OTHER SMALL & LARGE BOWEL PROCEDURES	2232	APR-DRG	inpatient					Wellcare	Medicaid		20965.66				19469	20965.66	case rate	
OTHER SMALL & LARGE BOWEL PROCEDURES	2233	APR-DRG	inpatient					Wellcare	Medicaid		35214.52				32700	35214.52	case rate	
OTHER SMALL & LARGE BOWEL PROCEDURES	2234	APR-DRG	inpatient					Wellcare	Medicaid		72716.44				67525	72716.44	case rate	
PERITONEAL ADHESIOLYSIS	2241	APR-DRG	inpatient					Wellcare	Medicaid		17815.99				16544	17815.99	case rate	
PERITONEAL ADHESIOLYSIS	2242	APR-DRG	inpatient					Wellcare	Medicaid		23328.91				21663	23328.91	case rate	
PERITONEAL ADHESIOLYSIS	2243	APR-DRG	inpatient					Wellcare	Medicaid		35317.98				32797	35317.98	case rate	
PERITONEAL ADHESIOLYSIS	2244	APR-DRG	inpatient					Wellcare	Medicaid		64108.45				59532	64108.45	case rate	
APPENDECTOMY	2251	APR-DRG	inpatient					Wellcare	Medicaid		12173.1				11304	12173.1	case rate	
APPENDECTOMY	2252	APR-DRG	inpatient					Wellcare	Medicaid		16189.65				15034	16189.65	case rate	
APPENDECTOMY	2253	APR-DRG	inpatient					Wellcare	Medicaid		27808.2				25823	27808.2	case rate	
APPENDECTOMY	2254	APR-DRG	inpatient					Wellcare	Medicaid		52930.56				49152	52930.56	case rate	
ANAL PROCEDURES	2261	APR-DRG	inpatient					Wellcare	Medicaid		9871.93				9167	9871.93	case rate	
ANAL PROCEDURES	2262	APR-DRG	inpatient					Wellcare	Medicaid		13366.73				12412	13366.73	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.															
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true														
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ANAL PROCEDURES	2263	APR-DRG	inpatient					Wellcare	Medicaid		21786.14				20234	21786.14	case rate	
ANAL PROCEDURES	2264	APR-DRG	inpatient					Wellcare	Medicaid		44592.4				41409	44592.4	case rate	
HERNIA PROCEDURES EXCEPT INGUINAL, FEMORAL & UMBILICAL	2271	APR-DRG	inpatient					Wellcare	Medicaid		15344.2				14249	15344.2	case rate	
HERNIA PROCEDURES EXCEPT INGUINAL, FEMORAL & UMBILICAL	2272	APR-DRG	inpatient					Wellcare	Medicaid		19491.66				18100	19491.66	case rate	
HERNIA PROCEDURES EXCEPT INGUINAL, FEMORAL & UMBILICAL	2273	APR-DRG	inpatient					Wellcare	Medicaid		31629				29371	31629	case rate	
HERNIA PROCEDURES EXCEPT INGUINAL, FEMORAL & UMBILICAL	2274	APR-DRG	inpatient					Wellcare	Medicaid		65113.25				60465	65113.25	case rate	
INGUINAL, FEMORAL & UMBILICAL HERNIA PROCEDURES	2281	APR-DRG	inpatient					Wellcare	Medicaid		11542.32				10718	11542.32	case rate	
INGUINAL, FEMORAL & UMBILICAL HERNIA PROCEDURES	2282	APR-DRG	inpatient					Wellcare	Medicaid		15074.92				13999	15074.92	case rate	
INGUINAL, FEMORAL & UMBILICAL HERNIA PROCEDURES	2283	APR-DRG	inpatient					Wellcare	Medicaid		23156.62				21503	23156.62	case rate	
INGUINAL, FEMORAL & UMBILICAL HERNIA PROCEDURES	2284	APR-DRG	inpatient					Wellcare	Medicaid		51604.45				47920	51604.45	case rate	
OTHER DIGESTIVE SYSTEM & ABDOMINAL PROCEDURES	2291	APR-DRG	inpatient					Wellcare	Medicaid		15956.12				14817	15956.12	case rate	
OTHER DIGESTIVE SYSTEM & ABDOMINAL PROCEDURES	2292	APR-DRG	inpatient					Wellcare	Medicaid		22011.12				20440	22011.12	case rate	
OTHER DIGESTIVE SYSTEM & ABDOMINAL PROCEDURES	2293	APR-DRG	inpatient					Wellcare	Medicaid		35857.94				33298	35857.94	case rate	
OTHER DIGESTIVE SYSTEM & ABDOMINAL PROCEDURES	2294	APR-DRG	inpatient					Wellcare	Medicaid		74423.33				69110	74423.33	case rate	
DIGESTIVE MALIGNANCY	2401	APR-DRG	inpatient					Wellcare	Medicaid		9969.84				9258	9969.84	case rate	
DIGESTIVE MALIGNANCY	2402	APR-DRG	inpatient					Wellcare	Medicaid		12777.81				11866	12777.81	case rate	
DIGESTIVE MALIGNANCY	2403	APR-DRG	inpatient					Wellcare	Medicaid		18823.01				17479	18823.01	case rate	
DIGESTIVE MALIGNANCY	2404	APR-DRG	inpatient					Wellcare	Medicaid		34477.33				32016	34477.33	case rate	
PEPTIC ULCER & GASTRITIS	2411	APR-DRG	inpatient					Wellcare	Medicaid		8481.06				7876	8481.06	case rate	
PEPTIC ULCER & GASTRITIS	2412	APR-DRG	inpatient					Wellcare	Medicaid		10518.85				9768	10518.85	case rate	
PEPTIC ULCER & GASTRITIS	2413	APR-DRG	inpatient					Wellcare	Medicaid		15807.3				14679	15807.3	case rate	
PEPTIC ULCER & GASTRITIS	2414	APR-DRG	inpatient					Wellcare	Medicaid		36936.65				34300	36936.65	case rate	
MAJOR ESOPHAGEAL DISORDERS	2421	APR-DRG	inpatient					Wellcare	Medicaid		8365.96				7769	8365.96	case rate	
MAJOR ESOPHAGEAL DISORDERS	2422	APR-DRG	inpatient					Wellcare	Medicaid		10318.77				9582	10318.77	case rate	
MAJOR ESOPHAGEAL DISORDERS	2423	APR-DRG	inpatient					Wellcare	Medicaid		15346.51				14251	15346.51	case rate	
MAJOR ESOPHAGEAL DISORDERS	2424	APR-DRG	inpatient					Wellcare	Medicaid		35927.78				33363	35927.78	case rate	
OTHER ESOPHAGEAL DISORDERS	2431	APR-DRG	inpatient					Wellcare	Medicaid		7783.24				7228	7783.24	case rate	
OTHER ESOPHAGEAL DISORDERS	2432	APR-DRG	inpatient					Wellcare	Medicaid		9507.95				8829	9507.95	case rate	
OTHER ESOPHAGEAL DISORDERS	2433	APR-DRG	inpatient					Wellcare	Medicaid		13722.94				12743	13722.94	case rate	
OTHER ESOPHAGEAL DISORDERS	2434	APR-DRG	inpatient					Wellcare	Medicaid		30207.56				28051	30207.56	case rate	
DIVERTICULITIS & DIVERTICULOSIS	2441	APR-DRG	inpatient					Wellcare	Medicaid		7270.62				6752	7270.62	case rate	
DIVERTICULITIS & DIVERTICULOSIS	2442	APR-DRG	inpatient					Wellcare	Medicaid		9514.14				8835	9514.14	case rate	
DIVERTICULITIS & DIVERTICULOSIS	2443	APR-DRG	inpatient					Wellcare	Medicaid		14440.73				13410	14440.73	case rate	
DIVERTICULITIS & DIVERTICULOSIS	2444	APR-DRG	inpatient					Wellcare	Medicaid		32777.19				30437	32777.19	case rate	
INFLAMMATORY BOWEL DISEASE	2451	APR-DRG	inpatient					Wellcare	Medicaid		8681.34				8062	8681.34	case rate	
INFLAMMATORY BOWEL DISEASE	2452	APR-DRG	inpatient					Wellcare	Medicaid		10420.57				9677	10420.57	case rate	
INFLAMMATORY BOWEL DISEASE	2453	APR-DRG	inpatient					Wellcare	Medicaid		15686.1				14566	15686.1	case rate	
INFLAMMATORY BOWEL DISEASE	2454	APR-DRG	inpatient					Wellcare	Medicaid		29822.53				27693	29822.53	case rate	
GASTROINTESTINAL VASCULAR INSUFFICIENCY	2461	APR-DRG	inpatient					Wellcare	Medicaid		9131.78				8480	9131.78	case rate	
GASTROINTESTINAL VASCULAR INSUFFICIENCY	2462	APR-DRG	inpatient					Wellcare	Medicaid		10966.8				10184	10966.8	case rate	
GASTROINTESTINAL VASCULAR INSUFFICIENCY	2463	APR-DRG	inpatient					Wellcare	Medicaid		16577.09				15394	16577.09	case rate	
GASTROINTESTINAL VASCULAR INSUFFICIENCY	2464	APR-DRG	inpatient					Wellcare	Medicaid		33528.51				31135	33528.51	case rate	
INTESTINAL OBSTRUCTION	2471	APR-DRG	inpatient					Wellcare	Medicaid		7047.89				6545	7047.89	case rate	
INTESTINAL OBSTRUCTION	2472	APR-DRG	inpatient					Wellcare	Medicaid		9064.54				8417	9064.54	case rate	
INTESTINAL OBSTRUCTION	2473	APR-DRG	inpatient					Wellcare	Medicaid		14371.35				13345	14371.35	case rate	
INTESTINAL OBSTRUCTION	2474	APR-DRG	inpatient					Wellcare	Medicaid		32841.39				30497	32841.39	case rate	
MAJOR GASTROINTESTINAL & PERITONEAL INFECTIONS	2481	APR-DRG	inpatient					Wellcare	Medicaid		7685.86				7137	7685.86	case rate	
MAJOR GASTROINTESTINAL & PERITONEAL INFECTIONS	2482	APR-DRG	inpatient					Wellcare	Medicaid		10573.55				9819	10573.55	case rate	
MAJOR GASTROINTESTINAL & PERITONEAL INFECTIONS	2483	APR-DRG	inpatient					Wellcare	Medicaid		15894.59				14760	15894.59	case rate	
MAJOR GASTROINTESTINAL & PERITONEAL INFECTIONS	2484	APR-DRG	inpatient					Wellcare	Medicaid		33839.27				31423	33839.27	case rate	
OTHER GASTROENTERITIS, NAUSEA & VOMITING	2491	APR-DRG	inpatient					Wellcare	Medicaid		6349.04				5896	6349.04	case rate	
OTHER GASTROENTERITIS, NAUSEA & VOMITING	2492	APR-DRG	inpatient					Wellcare	Medicaid		7716.72				7166	7716.72	case rate	
OTHER GASTROENTERITIS, NAUSEA & VOMITING	2493	APR-DRG	inpatient					Wellcare	Medicaid		10950.27				10169	10950.27	case rate	
OTHER GASTROENTERITIS, NAUSEA & VOMITING	2494	APR-DRG	inpatient					Wellcare	Medicaid		25031.83				23245	25031.83	case rate	
ABDOMINAL PAIN	2511	APR-DRG	inpatient					Wellcare	Medicaid		7209				6694	7209	case rate	
ABDOMINAL PAIN	2512	APR-DRG	inpatient					Wellcare	Medicaid		8937.33				8299	8937.33	case rate	
ABDOMINAL PAIN	2513	APR-DRG	inpatient					Wellcare	Medicaid		12076.74				11215	12076.74	case rate	
ABDOMINAL PAIN	2514	APR-DRG	inpatient					Wellcare	Medicaid		23131.4				21480	23131.4	case rate	
MALFUNCTION, REACTION & COMPLICATION OF GI DEVICE OR PROCEDURE	2521	APR-DRG	inpatient					Wellcare	Medicaid		7849.19				7289	7849.19	case rate	
MALFUNCTION, REACTION & COMPLICATION OF GI DEVICE OR PROCEDURE	2522	APR-DRG	inpatient					Wellcare	Medicaid		10542.87				9790	10542.87	case rate	
MALFUNCTION, REACTION & COMPLICATION OF GI DEVICE OR PROCEDURE	2523	APR-DRG	inpatient					Wellcare	Medicaid		16164.98				15011	16164.98	case rate	
MALFUNCTION, REACTION & COMPLICATION OF GI DEVICE OR PROCEDURE	2524	APR-DRG	inpatient					Wellcare	Medicaid		36079.56				33504	36079.56	case rate	
OTHER & UNSPECIFIED GASTROINTESTINAL HEMORRHAGE	2531	APR-DRG	inpatient					Wellcare	Medicaid		7926.97				7361	7926.97	case rate	
OTHER & UNSPECIFIED GASTROINTESTINAL HEMORRHAGE	2532	APR-DRG	inpatient					Wellcare	Medicaid		10199.87				9472	10199.87	case rate	
OTHER & UNSPECIFIED GASTROINTESTINAL HEMORRHAGE	2533	APR-DRG	inpatient					Wellcare	Medicaid		15232.33				14145	15232.33	case rate	
OTHER & UNSPECIFIED GASTROINTESTINAL HEMORRHAGE	2534	APR-DRG	inpatient					Wellcare	Medicaid		31553.9				29301	31553.9	case rate	
OTHER DIGESTIVE SYSTEM DIAGNOSES	2541	APR-DRG	inpatient					Wellcare	Medicaid		7435.8				6905	7435.8	case rate	
OTHER DIGESTIVE SYSTEM DIAGNOSES	2542	APR-DRG	inpatient					Wellcare	Medicaid		9626.52				9218	9626.52	case rate	
OTHER DIGESTIVE SYSTEM DIAGNOSES	2543	APR-DRG	inpatient					Wellcare	Medicaid		14427.06				13397	14427.06	case rate	
OTHER DIGESTIVE SYSTEM DIAGNOSES	2544	APR-DRG	inpatient					Wellcare	Medicaid		30937.91				28729	30937.91	case rate	
MAJOR PANCREAS, LIVER & SHUNT PROCEDURES	2601	APR-DRG	inpatient					Wellcare	Medicaid		23203.74				21547	23203.74	case rate	
MAJOR PANCREAS, LIVER & SHUNT PROCEDURES	2602	APR-DRG	inpatient					Wellcare	Medicaid		30662.9				28474	30662.9	case rate	
MAJOR PANCREAS, LIVER & SHUNT PROCEDURES	2603	APR-DRG	inpatient					Wellcare	Medicaid		48125.63				44690	48125.63	case rate	
MAJOR PANCREAS, LIVER & SHUNT PROCEDURES	2604	APR-DRG	inpatient					Wellcare	Medicaid		97485.64				90526	97485.64	case rate	
MAJOR BILIARY TRACT PROCEDURES	2611	APR-DRG	inpatient					Wellcare	Medicaid		19298.31				17921	19298.31	case rate	
MAJOR BILIARY TRACT PROCEDURES	2612	APR-DRG	inpatient					Wellcare	Medicaid		26851.79				24935	26851.79	case rate	
MAJOR BILIARY TRACT PROCEDURES	2613	APR-DRG	inpatient					Wellcare	Medicaid		40606.7				37708	40606.7	case rate	
MAJOR BILIARY TRACT PROCEDURES	2614	APR-DRG	inpatient					Wellcare	Medicaid		74601.34				69275	74601.34	case rate	
CHOLECYSTECTOMY EXCEPT LAPAROSCOPIC	2621	APR-DRG	inpatient					Wellcare	Medicaid		16821.34				15620	16821.34	case rate	
CHOLECYSTECTOMY EXCEPT LAPAROSCOPIC	2622	APR-DRG	inpatient					Wellcare	Medicaid		22184.88				20601	22184.88	case rate	
CHOLECYSTECTOMY EXCEPT LAPAROSCOPIC	2623	APR-DRG	inpatient					Wellcare	Medicaid		33206.84				30836	33206.84	case rate	
CHOLECYSTECTOMY EXCEPT LAPAROSCOPIC	2624	APR-DRG	inpatient					Wellcare	Medicaid		67910.41				63062	67910.41	case rate	
LAPAROSCOPIC CHOLECYSTECTOMY	2631	APR-DRG	inpatient					Wellcare	Medicaid		14371.08				13345	14371.08	case rate	
LAPAROSCOPIC CHOLECYSTECTOMY	2632	APR-DRG	inpatient					Wellcare	Medicaid		18186.06				16888	18186.06	case rate	
LAPAROSCOPIC CHOLECYSTECTOMY	2633	APR-DRG	inpatient					Wellcare	Medicaid		24774.46				23006	24774.46	case rate	
LAPAROSCOPIC CHOLECYSTECTOMY	2634	APR-DRG	inpatient					Wellcare	Medicaid		52503.67				48755	52503.67	case rate	
OTHER HEPATOBILIARY, PANCREAS & ABDOMINAL PROCEDURES	2641	APR-DRG	inpatient					Wellcare	Medicaid		19137.11				17771	19137.11	case rate	
OTHER HEPATOBILIARY, PANCREAS & ABDOMINAL PROCEDURES	2642	APR-DRG	inpatient					Wellcare	Medicaid		23439.76				21766	23439.76	case rate	
OTHER HEPATOBILIARY, PANCREAS & ABDOMINAL PROCEDURES	2643	APR-DRG	inpatient					Wellcare	Medicaid		36264.31				33675	36264.31	case rate	
OTHER HEPATOBILIARY, PANCREAS & ABDOMINAL PROCEDURES	2644	APR-DRG	inpatient					Wellcare	Medicaid		78762.48				73139	78762.48	case rate	
HEPATIC COMA & OTHER MAJOR ACUTE LIVER DISORDERS	2791	APR-DRG	inpatient					Wellcare	Medicaid		7432.93				6902	7432.93	case rate	
HEPATIC COMA & OTHER MAJOR ACUTE LIVER DISORDERS	2792	APR-DRG	inpatient					Wellcare	Medicaid		9406.24				8735	9406.24	case rate	
HEPATIC COMA & OTHER MAJOR ACUTE LIVER DISORDERS	2793	APR-DRG	inpatient					Wellcare	Medicaid		15596.58				14483	15596.58	case rate	
HEPATIC COMA & OTHER MAJOR ACUTE LIVER DISORDERS	2794	APR-DRG	inpatient					Wellcare	Medicaid		36333.16				36525	36333.16	case rate	
ALCOHOLIC LIVER DISEASE	2801	APR-DRG	inpatient					Wellcare	Medicaid		7596.26				7054	7596.26	case rate	
ALCOHOLIC LIVER DISEASE	2802	APR-DRG	inpatient					Wellcare	Medicaid		9518.21				8839	9518.21	case rate	
ALCOHOLIC LIVER DISEASE	2803	APR-DRG	inpatient					Wellcare	Medicaid		15166.18				14083	15166.18	case rate	
ALCOHOLIC LIVER DISEASE	2804	APR-DRG	inpatient					Wellcare	Medicaid		34223.19				31780	34223.19	case rate	
MALIGNANCY OF HEPATOBILIARY SYSTEM & PANCREAS	2811	APR-DRG	inpatient					Wellcare	Medicaid		11192.76				10394	11192.76	case rate	
MALIGNANCY OF HEPATOBILIARY SYSTEM & PANCREAS	2812	APR-DRG	inpatient					Wellcare	Medicaid		13277.03				12329	13277.03	case rate	
MALIGNANCY OF HEPATOBILIARY SYSTEM & PANCREAS	2813	APR-DRG	inpatient					Wellcare	Medicaid		18372.85				17061	18372.85	case rate	
MALIGNANCY OF HEPATOBILIARY SYSTEM & PANCREAS	2814	APR-DRG	inpatient					Wellcare	Medicaid		29944.65				27807	29944.65	case rate	
DISORDERS OF PANCREAS EXCEPT MALIGNANCY	2821	APR-DRG	inpatient					Wellcare	Medicaid		7742.58				7190	7742.58	case rate	
DISORDERS OF PANCREAS EXCEPT MALIGNANCY	2822	APR-DRG	inpatient					Wellcare	Medicaid		10005.6				9291	10005.6	case rate	
DISORDERS OF PANCREAS EXCEPT MALIGNANCY	2823	APR-DRG	inpatient					Wellcare	Medicaid		16713.9				15521	16713.9	case rate	
DISORDERS OF PANCREAS EXCEPT MALIGNANCY	2824	APR-DRG	inpatient					Wellcare	Medicaid		46512.41				43182	46512.41	case rate	
OTHER DISORDERS OF THE LIVER	2831	APR-DRG	inpatient					Wellcare	Medicaid		8295.75				7703	8295.75	case rate	
OTHER DISORDERS OF THE LIVER	2832	APR-DRG	inpatient					Wellcare	Medicaid		9824.99				9124	9824.99	case rate	
OTHER DISORDERS OF THE LIVER	2833	APR-DRG	inpatient					Wellcare	Medicaid		14809.23				13752	14809.23	case rate	
OTHER DISORDERS OF THE LIVER	2834	APR-DRG	inpatient					Wellcare	Medicaid		30270.29				28109	30270.29	case rate	
DISORDERS OF GALLBLADDER & BILIARY TRACT	2841	APR-DRG	inpatient					Wellcare	Medicaid		8945.83				8307	8945.83	case rate	
DISORDERS OF GALLBLADDER & BILIARY TRACT	2842	APR-DRG	inpatient					Wellcare	Medicaid		11932.45				11081	11932.45	case rate	
DISORDERS OF GALLBLADDER & BILIARY TRACT	2843	APR-DRG	inpatient					Wellcare	Medicaid		17195.39				15968	17195.39	case rate	
DISORDERS OF GALLBLADDER & BILIARY TRACT	2844	APR-DRG	inpatient					Wellcare	Medicaid		34045.18				31615	34045.18	case rate	
HIP JOINT REPLACEMENT	3011	APR-DRG	inpatient					Wellcare	Medicaid		22706.55				21085	22706.55	case rate	
HIP JOINT REPLACEMENT	3012	APR-DRG	inpatient					Wellcare	Medicaid		24794.6				23024	24794.6	case rate	
HIP JOINT REPLACEMENT	3013	APR-DRG	inpatient					Wellcare	Medicaid		33927.77				31506	33927.77	case rate	
HIP JOINT REPLACEMENT	3014	APR-DRG	inpatient					Wellcare	Medicaid		56224.16				52210	56224.16	case rate	
KNEE JOINT REPLACEMENT	3021	APR-DRG	inpatient					Wellcare	Medicaid		21670.52				20123	21670.52	case rate	
KNEE JOINT REPLACEMENT	3022	APR-DRG	inpatient					Wellcare	Medicaid		24096.3				22376	24096.3	case rate	
KNEE JOINT REPLACEMENT	3023	APR-DRG	inpatient					Wellcare	Medicaid		30987.89				28776	30987.89	case rate	
KNEE JOINT REPLACEMENT	3024	APR-DRG	inpatient					Wellcare	Medicaid		56976.12				52908	56976.12	case rate	
DORSAL & LUMBAR FUSION PROC FOR CURVATURE OF BACK	3031	APR-DRG	inpatient					Wellcare	Medicaid		66943.84				62165	66943.84	case rate	
DORSAL & LUMBAR FUSION PROC FOR CURVATURE OF BACK	3032	APR-DRG	inpatient					Wellcare	Medicaid		80555.84				74805	80555.84	case rate	
DORSAL & LUMBAR FUSION PROC FOR CURVATURE OF BACK	3033	APR-DRG	inpatient					Wellcare	Medicaid		118022.48				109597	118022.48	case rate	
DORSAL & LUMBAR FUSION PROC FOR CURVATURE OF BACK	3034	APR-DRG	inpatient					Wellcare	Medicaid		160324.42				148878	160324.42	case rate	
DORSAL & LUMBAR FUSION PROC EXCEPT FOR CURVATURE OF BACK	3041	APR-DRG	inpatient					Wellcare	Medicaid		40690.76				37786	40690.76	case rate	
DORSAL & LUMBAR FUSION PROC EXCEPT FOR CURVATURE OF BACK	3042	APR-DRG	inpatient					Wellcare	Medicaid		48735.89				45257	48735.89	case rate	
DORSAL & LUMBAR FUSION PROC EXCEPT FOR CURVATURE OF BACK	3043	APR-DRG	inpatient					Wellcare	Medicaid		73398.76				68159	73398.76	case rate	
DORSAL & LUMBAR FUSION PROC EXCEPT FOR CURVATURE OF BACK	3044	APR-DRG	inpatient					Wellcare	Medicaid		122245.78				113518	122245.78	case rate	
AMPUTATION OF LOWER LIMB EXCEPT TOES	3051	APR-DRG	inpatient					Wellcare	Medicaid		15258.47				14169	15258.47	case rate	
AMPUTATION OF LOWER LIMB EXCEPT TOES	3052	APR-DRG	inpatient					Wellcare	Medicaid		20890.92				19399	20890.92	case rate	
AMPUTATION OF LOWER LIMB EXCEPT TOES	3053	APR-DRG	inpatient					Wellcare	Medicaid		34185.78				31745	34185.78	case rate	
AMPUTATION OF LOWER LIMB EXCEPT TOES	3054	APR-DRG	inpatient					Wellcare	Medicaid		72306.28				67144	72306.28	case rate	
HIP & FEMUR FRACTURE REPAIR	3081	APR-DRG	inpatient					Wellcare	Medicaid		18496.64				17176	18496.64	case rate	
HIP & FEMUR FRACTURE REPAIR	3082	APR-DRG	inpatient					Wellcare	Medicaid		21792.18				20236	21792.18	case rate	
HIP & FEMUR FRACTURE REPAIR	3083	APR-DRG	inpatient					Wellcare	Medicaid		29090.24				27013	29090.24	case rate	
HIP & FEMUR FRACTURE REPAIR	3084	APR-DRG	inpatient					Wellcare	Medicaid		50852.02				47222	50852.02	case rate	
OTHER SIGNIFICANT HIP & FEMUR SURGERY	3091	APR-DRG	inpatient					Wellcare	Medicaid		18664.5				17332	18664.5	case rate	
OTHER SIGNIFICANT HIP & FEMUR SURGERY	3092	APR-DRG	inpatient					Wellcare	Medicaid		26532.53				24638	26532.53	case rate	
OTHER SIGNIFICANT HIP & FEMUR SURGERY	3093	APR-DRG	inpatient					Wellcare	Medicaid		38736.29				35971	38736.29	case rate	
OTHER SIGNIFICANT HIP & FEMUR SURGERY	3094	APR-DRG	inpatient					Wellcare	Medicaid		75741.31				70334	75741.31	case rate	
INTERVERTEBRAL DISC EXCISION & DECOMPRESSION	3101	APR-DRG	inpatient					Wellcare	Medicaid		13908.25				12915	13908.25	case rate	
INTERVERTEBRAL DISC EXCISION & DECOMPRESSION	3102	APR-DRG	inpatient					Wellcare	Medicaid		18462.74				17145	18462.74	case rate	
INTERVERTEBRAL DISC EXCISION & DECOMPRESSION	3103	APR-DRG	inpatient					Wellcare	Medicaid		26715.35				24808	26715.35	case rate	
INTERVERTEBRAL DISC EXCISION & DECOMPRESSION	3104	APR-DRG	inpatient					Wellcare	Medicaid		57436.66				53338	57436.66	case rate	
SKIN GRAFT, EXCEPT HAND, FOR MUSCULOSKELETAL & CONNECTIVE TISSUE DIAGNOSES	3121	APR-DRG	inpatient					Wellcare	Medicaid		22930.48				21293	22930.48	case rate	
SKIN GRAFT, EXCEPT HAND, FOR MUSCULOSKELETAL & CONNECTIVE TISSUE DIAGNOSES	3122	APR-DRG	inpatient					Wellcare	Medicaid		32634.18				30304	32634.18	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101191	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
SKIN GRAFT, EXCEPT HAND, FOR MUSCULOSKELETAL & CONNECTIVE TISSUE DIAGNOSES	3123	APR-DRG	inpatient					Wellcare	Medicaid		58846.25				54645	58846.25	case rate	
SKIN GRAFT, EXCEPT HAND, FOR MUSCULOSKELETAL & CONNECTIVE TISSUE DIAGNOSES	3124	APR-DRG	inpatient					Wellcare	Medicaid		121609.46				112927	121609.46	case rate	
KNEE & LOWER LEG PROCEDURES EXCEPT FOOT	3131	APR-DRG	inpatient					Wellcare	Medicaid		16332.1				15166	16332.1	case rate	
KNEE & LOWER LEG PROCEDURES EXCEPT FOOT	3132	APR-DRG	inpatient					Wellcare	Medicaid		22353.56				20758	22353.56	case rate	
KNEE & LOWER LEG PROCEDURES EXCEPT FOOT	3133	APR-DRG	inpatient					Wellcare	Medicaid		34215.44				31773	34215.44	case rate	
KNEE & LOWER LEG PROCEDURES EXCEPT FOOT	3134	APR-DRG	inpatient					Wellcare	Medicaid		69619.15				64649	69619.15	case rate	
FOOT & TOE PROCEDURES	3141	APR-DRG	inpatient					Wellcare	Medicaid		14937.17				13871	14937.17	case rate	
FOOT & TOE PROCEDURES	3142	APR-DRG	inpatient					Wellcare	Medicaid		16954				15744	16954	case rate	
FOOT & TOE PROCEDURES	3143	APR-DRG	inpatient					Wellcare	Medicaid		23643.28				21955	23643.28	case rate	
FOOT & TOE PROCEDURES	3144	APR-DRG	inpatient					Wellcare	Medicaid		50960.48				47322	50960.48	case rate	
SHOULDER, UPPER ARM & FOREARM PROCEDURES EXCEPT JOINT REPLACEMENT	3151	APR-DRG	inpatient					Wellcare	Medicaid		13470.29				12509	13470.29	case rate	
SHOULDER, UPPER ARM & FOREARM PROCEDURES EXCEPT JOINT REPLACEMENT	3152	APR-DRG	inpatient					Wellcare	Medicaid		22786.28				21160	22786.28	case rate	
SHOULDER, UPPER ARM & FOREARM PROCEDURES EXCEPT JOINT REPLACEMENT	3153	APR-DRG	inpatient					Wellcare	Medicaid		32780.98				30441	32780.98	case rate	
SHOULDER, UPPER ARM & FOREARM PROCEDURES EXCEPT JOINT REPLACEMENT	3154	APR-DRG	inpatient					Wellcare	Medicaid		66321.11				61586	66321.11	case rate	
HAND & WRIST PROCEDURES	3161	APR-DRG	inpatient					Wellcare	Medicaid		11728.94				10892	11728.94	case rate	
HAND & WRIST PROCEDURES	3162	APR-DRG	inpatient					Wellcare	Medicaid		16682.31				15491	16682.31	case rate	
HAND & WRIST PROCEDURES	3163	APR-DRG	inpatient					Wellcare	Medicaid		26765.04				24854	26765.04	case rate	
HAND & WRIST PROCEDURES	3164	APR-DRG	inpatient					Wellcare	Medicaid		51225.97				47569	51225.97	case rate	
TENDON, MUSCLE & OTHER SOFT TISSUE PROCEDURES	3171	APR-DRG	inpatient					Wellcare	Medicaid		12952.96				12028	12952.96	case rate	
TENDON, MUSCLE & OTHER SOFT TISSUE PROCEDURES	3172	APR-DRG	inpatient					Wellcare	Medicaid		18171.65				16874	18171.65	case rate	
TENDON, MUSCLE & OTHER SOFT TISSUE PROCEDURES	3173	APR-DRG	inpatient					Wellcare	Medicaid		31207.48				28979	31207.48	case rate	
TENDON, MUSCLE & OTHER SOFT TISSUE PROCEDURES	3174	APR-DRG	inpatient					Wellcare	Medicaid		73552.1				68301	73552.1	case rate	
OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE PROCEDURES	3201	APR-DRG	inpatient					Wellcare	Medicaid		14780.04				13725	14780.04	case rate	
OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE PROCEDURES	3202	APR-DRG	inpatient					Wellcare	Medicaid		22720.13				21098	22720.13	case rate	
OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE PROCEDURES	3203	APR-DRG	inpatient					Wellcare	Medicaid		32351.22				30042	32351.22	case rate	
OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE PROCEDURES	3204	APR-DRG	inpatient					Wellcare	Medicaid		61067.41				56708	61067.41	case rate	
CERVICAL SPINAL FUSION & OTHER BACK/NECK PROC EXC DISC EXCIS/DECOMP	3211	APR-DRG	inpatient					Wellcare	Medicaid		24294.73				22560	24294.73	case rate	
CERVICAL SPINAL FUSION & OTHER BACK/NECK PROC EXC DISC EXCIS/DECOMP	3212	APR-DRG	inpatient					Wellcare	Medicaid		31489.7				29242	31489.7	case rate	
CERVICAL SPINAL FUSION & OTHER BACK/NECK PROC EXC DISC EXCIS/DECOMP	3213	APR-DRG	inpatient					Wellcare	Medicaid		52610.56				48855	52610.56	case rate	
CERVICAL SPINAL FUSION & OTHER BACK/NECK PROC EXC DISC EXCIS/DECOMP	3214	APR-DRG	inpatient					Wellcare	Medicaid		98704.49				91658	98704.49	case rate	
SHOULDER & ELBOW JOINT REPLACEMENT	3221	APR-DRG	inpatient					Wellcare	Medicaid		22172.69				20590	22172.69	case rate	
SHOULDER & ELBOW JOINT REPLACEMENT	3222	APR-DRG	inpatient					Wellcare	Medicaid		24168.27				22443	24168.27	case rate	
SHOULDER & ELBOW JOINT REPLACEMENT	3223	APR-DRG	inpatient					Wellcare	Medicaid		34147.91				31710	34147.91	case rate	
SHOULDER & ELBOW JOINT REPLACEMENT	3224	APR-DRG	inpatient					Wellcare	Medicaid		57268.41				53180	57268.41	case rate	
FRACTURE OF FEMUR	3401	APR-DRG	inpatient					Wellcare	Medicaid		6925.68				6431	6925.68	case rate	
FRACTURE OF FEMUR	3402	APR-DRG	inpatient					Wellcare	Medicaid		8203.74				7618	8203.74	case rate	
FRACTURE OF FEMUR	3403	APR-DRG	inpatient					Wellcare	Medicaid		12304.82				11426	12304.82	case rate	
FRACTURE OF FEMUR	3404	APR-DRG	inpatient					Wellcare	Medicaid		28278.03				26259	28278.03	case rate	
FRACTURE OF PELVIS OR DISLOCATION OF HIP	3411	APR-DRG	inpatient					Wellcare	Medicaid		7021.38				6520	7021.38	case rate	
FRACTURE OF PELVIS OR DISLOCATION OF HIP	3412	APR-DRG	inpatient					Wellcare	Medicaid		8517				7909	8517	case rate	
FRACTURE OF PELVIS OR DISLOCATION OF HIP	3413	APR-DRG	inpatient					Wellcare	Medicaid		11397.38				10584	11397.38	case rate	
FRACTURE OF PELVIS OR DISLOCATION OF HIP	3414	APR-DRG	inpatient					Wellcare	Medicaid		27019.65				25091	27019.65	case rate	
FRACTURES & DISLOCATIONS EXCEPT FEMUR, PELVIS & BACK	3421	APR-DRG	inpatient					Wellcare	Medicaid		7332.24				6809	7332.24	case rate	
FRACTURES & DISLOCATIONS EXCEPT FEMUR, PELVIS & BACK	3422	APR-DRG	inpatient					Wellcare	Medicaid		9479.13				8802	9479.13	case rate	
FRACTURES & DISLOCATIONS EXCEPT FEMUR, PELVIS & BACK	3423	APR-DRG	inpatient					Wellcare	Medicaid		12946.03				12022	12946.03	case rate	
FRACTURES & DISLOCATIONS EXCEPT FEMUR, PELVIS & BACK	3424	APR-DRG	inpatient					Wellcare	Medicaid		29857.26				27726	29857.26	case rate	
MUSCULOSKELETAL MALIGNANCY & PATHOL FRACTURE D/T MUSCSKEL MALIG	3431	APR-DRG	inpatient					Wellcare	Medicaid		11387.32				10574	11387.32	case rate	
MUSCULOSKELETAL MALIGNANCY & PATHOL FRACTURE D/T MUSCSKEL MALIG	3432	APR-DRG	inpatient					Wellcare	Medicaid		13623.45				12651	13623.45	case rate	
MUSCULOSKELETAL MALIGNANCY & PATHOL FRACTURE D/T MUSCSKEL MALIG	3433	APR-DRG	inpatient					Wellcare	Medicaid		21726.07				20177	21726.07	case rate	
MUSCULOSKELETAL MALIGNANCY & PATHOL FRACTURE D/T MUSCSKEL MALIG	3434	APR-DRG	inpatient					Wellcare	Medicaid		36569.36				33959	36569.36	case rate	
OSTEOMYELITIS, SEPTIC ARTHRITIS & OTHER MUSCULOSKELETAL INFECTIONS	3441	APR-DRG	inpatient					Wellcare	Medicaid		10459.09				9712	10459.09	case rate	
OSTEOMYELITIS, SEPTIC ARTHRITIS & OTHER MUSCULOSKELETAL INFECTIONS	3442	APR-DRG	inpatient					Wellcare	Medicaid		13205.9				12263	13205.9	case rate	
OSTEOMYELITIS, SEPTIC ARTHRITIS & OTHER MUSCULOSKELETAL INFECTIONS	3443	APR-DRG	inpatient					Wellcare	Medicaid		19733.59				18325	19733.59	case rate	
OSTEOMYELITIS, SEPTIC ARTHRITIS & OTHER MUSCULOSKELETAL INFECTIONS	3444	APR-DRG	inpatient					Wellcare	Medicaid		36371.2				33775	36371.2	case rate	
CONNECTIVE TISSUE DISORDERS	3461	APR-DRG	inpatient					Wellcare	Medicaid		9456.68				8782	9456.68	case rate	
CONNECTIVE TISSUE DISORDERS	3462	APR-DRG	inpatient					Wellcare	Medicaid		12590.93				11692	12590.93	case rate	
CONNECTIVE TISSUE DISORDERS	3463	APR-DRG	inpatient					Wellcare	Medicaid		21164.65				19654	21164.65	case rate	
CONNECTIVE TISSUE DISORDERS	3464	APR-DRG	inpatient					Wellcare	Medicaid		51744.87				48051	51744.87	case rate	
OTHER BACK & NECK DISORDERS, FRACTURES & INJURIES	3471	APR-DRG	inpatient					Wellcare	Medicaid		8893.91				8259	8893.91	case rate	
OTHER BACK & NECK DISORDERS, FRACTURES & INJURIES	3472	APR-DRG	inpatient					Wellcare	Medicaid		10978.63				10195	10978.63	case rate	
OTHER BACK & NECK DISORDERS, FRACTURES & INJURIES	3473	APR-DRG	inpatient					Wellcare	Medicaid		15061.14				13986	15061.14	case rate	
OTHER BACK & NECK DISORDERS, FRACTURES & INJURIES	3474	APR-DRG	inpatient					Wellcare	Medicaid		35705.79				33157	35705.79	case rate	
MALFUNCTION, REACTION, COMPLIC OF ORTHOPEDIC DEVICE OR PROCEDURE	3491	APR-DRG	inpatient					Wellcare	Medicaid		7485.4				6951	7485.4	case rate	
MALFUNCTION, REACTION, COMPLIC OF ORTHOPEDIC DEVICE OR PROCEDURE	3492	APR-DRG	inpatient					Wellcare	Medicaid		10707.41				9943	10707.41	case rate	
MALFUNCTION, REACTION, COMPLIC OF ORTHOPEDIC DEVICE OR PROCEDURE	3493	APR-DRG	inpatient					Wellcare	Medicaid		16323.7				15158	16323.7	case rate	
MALFUNCTION, REACTION, COMPLIC OF ORTHOPEDIC DEVICE OR PROCEDURE	3494	APR-DRG	inpatient					Wellcare	Medicaid		33477.05				31087	33477.05	case rate	
OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE DIAGNOSES	3511	APR-DRG	inpatient					Wellcare	Medicaid		7570.66				7030	7570.66	case rate	
OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE DIAGNOSES	3512	APR-DRG	inpatient					Wellcare	Medicaid		8772.43				8146	8772.43	case rate	
OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE DIAGNOSES	3513	APR-DRG	inpatient					Wellcare	Medicaid		14235.19				13219	14235.19	case rate	
OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE DIAGNOSES	3514	APR-DRG	inpatient					Wellcare	Medicaid		31515.65				29266	31515.65	case rate	
SKIN GRAFT FOR SKIN & SUBCUTANEOUS TISSUE DIAGNOSES	3611	APR-DRG	inpatient					Wellcare	Medicaid		19690.27				18285	19690.27	case rate	
SKIN GRAFT FOR SKIN & SUBCUTANEOUS TISSUE DIAGNOSES	3612	APR-DRG	inpatient					Wellcare	Medicaid		26417.15				24531	26417.15	case rate	
SKIN GRAFT FOR SKIN & SUBCUTANEOUS TISSUE DIAGNOSES	3613	APR-DRG	inpatient					Wellcare	Medicaid		37948.39				35239	37948.39	case rate	
SKIN GRAFT FOR SKIN & SUBCUTANEOUS TISSUE DIAGNOSES	3614	APR-DRG	inpatient					Wellcare	Medicaid		83344.95				77395	83344.95	case rate	
MASTECTOMY PROCEDURES	3621	APR-DRG	inpatient					Wellcare	Medicaid		19026.07				17668	19026.07	case rate	
MASTECTOMY PROCEDURES	3622	APR-DRG	inpatient					Wellcare	Medicaid		23251.78				21592	23251.78	case rate	
MASTECTOMY PROCEDURES	3623	APR-DRG	inpatient					Wellcare	Medicaid		28614.57				26572	28614.57	case rate	
MASTECTOMY PROCEDURES	3624	APR-DRG	inpatient					Wellcare	Medicaid		60258.27				55956	60258.27	case rate	
BREAST PROCEDURES EXCEPT MASTECTOMY	3631	APR-DRG	inpatient					Wellcare	Medicaid		14845.26				13785	14845.26	case rate	
BREAST PROCEDURES EXCEPT MASTECTOMY	3632	APR-DRG	inpatient					Wellcare	Medicaid		25048.83				23261	25048.83	case rate	
BREAST PROCEDURES EXCEPT MASTECTOMY	3633	APR-DRG	inpatient					Wellcare	Medicaid		31979.68				29697	31979.68	case rate	
BREAST PROCEDURES EXCEPT MASTECTOMY	3634	APR-DRG	inpatient					Wellcare	Medicaid		61594.71				57197	61594.71	case rate	
OTHER SKIN, SUBCUTANEOUS TISSUE & RELATED PROCEDURES	3641	APR-DRG	inpatient					Wellcare	Medicaid		11989.73				11134	11989.73	case rate	
OTHER SKIN, SUBCUTANEOUS TISSUE & RELATED PROCEDURES	3642	APR-DRG	inpatient					Wellcare	Medicaid		16570.72				15388	16570.72	case rate	
OTHER SKIN, SUBCUTANEOUS TISSUE & RELATED PROCEDURES	3643	APR-DRG	inpatient					Wellcare	Medicaid		25756.63				23918	25756.63	case rate	
OTHER SKIN, SUBCUTANEOUS TISSUE & RELATED PROCEDURES	3644	APR-DRG	inpatient					Wellcare	Medicaid		50467.54				46865	50467.54	case rate	
SKIN ULCERS	3801	APR-DRG	inpatient					Wellcare	Medicaid		8216.4				7630	8216.4	case rate	
SKIN ULCERS	3802	APR-DRG	inpatient					Wellcare	Medicaid		9850.13				9147	9850.13	case rate	
SKIN ULCERS	3803	APR-DRG	inpatient					Wellcare	Medicaid		14238.05				13222	14238.05	case rate	
SKIN ULCERS	3804	APR-DRG	inpatient					Wellcare	Medicaid		27948.98				25954	27948.98	case rate	
MAJOR SKIN DISORDERS	3811	APR-DRG	inpatient					Wellcare	Medicaid		6610.29				6138	6610.29	case rate	
MAJOR SKIN DISORDERS	3812	APR-DRG	inpatient					Wellcare	Medicaid		11649.67				10818	11649.67	case rate	
MAJOR SKIN DISORDERS	3813	APR-DRG	inpatient					Wellcare	Medicaid		21026.08				19525	21026.08	case rate	
MAJOR SKIN DISORDERS	3814	APR-DRG	inpatient					Wellcare	Medicaid		56853.45				52795	56853.45	case rate	
MALIGNANT BREAST DISORDERS	3821	APR-DRG	inpatient					Wellcare	Medicaid		8967.07				8327	8967.07	case rate	
MALIGNANT BREAST DISORDERS	3822	APR-DRG	inpatient					Wellcare	Medicaid		10636.65				9877	10636.65	case rate	
MALIGNANT BREAST DISORDERS	3823	APR-DRG	inpatient					Wellcare	Medicaid		16857.09				15654	16857.09	case rate	
MALIGNANT BREAST DISORDERS	3824	APR-DRG	inpatient					Wellcare	Medicaid		28353.42				26329	28353.42	case rate	
CELLULITIS & OTHER SKIN INFECTIONS	3831	APR-DRG	inpatient					Wellcare	Medicaid		6486.51				6023	6486.51	case rate	
CELLULITIS & OTHER SKIN INFECTIONS	3832	APR-DRG	inpatient					Wellcare	Medicaid		8633.03				8017	8633.03	case rate	
CELLULITIS & OTHER SKIN INFECTIONS	3833	APR-DRG	inpatient					Wellcare	Medicaid		13254.48				12308	13254.48	case rate	
CELLULITIS & OTHER SKIN INFECTIONS	3834	APR-DRG	inpatient					Wellcare	Medicaid		31357.31				29119	31357.31	case rate	
CONTUSION, OPEN WOUND & OTHER TRAUMA TO SKIN & SUBCUTANEOUS TISSUE	3841	APR-DRG	inpatient					Wellcare	Medicaid		8309.05				7716	8309.05	case rate	
CONTUSION, OPEN WOUND & OTHER TRAUMA TO SKIN & SUBCUTANEOUS TISSUE	3842	APR-DRG	inpatient					Wellcare	Medicaid		9849.57				9146	9849.57	case rate	
CONTUSION, OPEN WOUND & OTHER TRAUMA TO SKIN & SUBCUTANEOUS TISSUE	3843	APR-DRG	inpatient					Wellcare	Medicaid		14431.77				13401	14431.77	case rate	
CONTUSION, OPEN WOUND & OTHER TRAUMA TO SKIN & SUBCUTANEOUS TISSUE	3844	APR-DRG	inpatient					Wellcare	Medicaid		36512.54				33906	36512.54	case rate	
OTHER SKIN, SUBCUTANEOUS TISSUE & BREAST DISORDERS	3851	APR-DRG	inpatient					Wellcare	Medicaid		6185.16				5744	6185.16	case rate	
OTHER SKIN, SUBCUTANEOUS TISSUE & BREAST DISORDERS	3852	APR-DRG	inpatient					Wellcare	Medicaid		8193.67				7609	8193.67	case rate	
OTHER SKIN, SUBCUTANEOUS TISSUE & BREAST DISORDERS	3853	APR-DRG	inpatient					Wellcare	Medicaid		13092.73				12158	13092.73	case rate	
OTHER SKIN, SUBCUTANEOUS TISSUE & BREAST DISORDERS	3854	APR-DRG	inpatient					Wellcare	Medicaid		26880.89				24962	26880.89	case rate	
PITUITARY & ADRENAL PROCEDURES	4011	APR-DRG	inpatient					Wellcare	Medicaid		21445.38				19914	21445.38	case rate	
PITUITARY & ADRENAL PROCEDURES	4012	APR-DRG	inpatient					Wellcare	Medicaid		28831.76				26773	28831.76	case rate	
PITUITARY & ADRENAL PROCEDURES	4013	APR-DRG	inpatient					Wellcare	Medicaid		48529.97				45065	48529.97	case rate	
PITUITARY & ADRENAL PROCEDURES	4014	APR-DRG	inpatient					Wellcare	Medicaid		105002.81				97506	105002.81	case rate	
PROCEDURES FOR OBESITY	4031	APR-DRG	inpatient					Wellcare	Medicaid		18716.59				17380	18716.59	case rate	
PROCEDURES FOR OBESITY	4032	APR-DRG	inpatient					Wellcare	Medicaid		20786.08				19302	20786.08	case rate	
PROCEDURES FOR OBESITY	4033	APR-DRG	inpatient					Wellcare	Medicaid		31589.28				29334	31589.28	case rate	
PROCEDURES FOR OBESITY	4034	APR-DRG	inpatient					Wellcare	Medicaid		88938.34				82589	88938.34	case rate	
THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES	4041	APR-DRG	inpatient					Wellcare	Medicaid		11948.15				11095	11948.15	case rate	
THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES	4042	APR-DRG	inpatient					Wellcare	Medicaid		16008.87				14866	16008.87	case rate	
THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES	4043	APR-DRG	inpatient					Wellcare	Medicaid		30463.64				28289	30463.64	case rate	
THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES	4044	APR-DRG	inpatient					Wellcare	Medicaid		73010.03				67798	73010.03	case rate	
OTHER PROCEDURES FOR ENDOCRINE, NUTRITIONAL & METABOLIC DISORDERS	4051	APR-DRG	inpatient					Wellcare	Medicaid		18581.54				17255	18581.54	case rate	
OTHER PROCEDURES FOR ENDOCRINE, NUTRITIONAL & METABOLIC DISORDERS	4052	APR-DRG	inpatient					Wellcare	Medicaid		23034.13				21390	23034.13	case rate	
OTHER PROCEDURES FOR ENDOCRINE, NUTRITIONAL & METABOLIC DISORDERS	4053	APR-DRG	inpatient					Wellcare	Medicaid		34224.03				31781	34224.03	case rate	
OTHER PROCEDURES FOR ENDOCRINE, NUTRITIONAL & METABOLIC DISORDERS	4054	APR-DRG	inpatient					Wellcare	Medicaid		78042.47				72471	78042.47	case rate	
DIABETES	4201	APR-DRG	inpatient					Wellcare	Medicaid		6030.98				5600	6030.98	case rate	
DIABETES	4202	APR-DRG	inpatient					Wellcare	Medicaid		7793.67				7237	7793.67	case rate	
DIABETES	4203	APR-DRG	inpatient					Wellcare	Medicaid		11695.22				10860	11695.22	case rate	
DIABETES	4204	APR-DRG	inpatient					Wellcare	Medicaid		28516.56				26481	28516.56	case rate	
MALNUTRITION, FAILURE TO THRIVE & OTHER NUTRITIONAL DISORDERS	4211	APR-DRG	inpatient					Wellcare	Medicaid		8115.52				7536	8115.52	case rate	
MALNUTRITION, FAILURE TO THRIVE & OTHER NUTRITIONAL DISORDERS	4212	APR-DRG	inpatient					Wellcare	Medicaid		9017.24				8373	9017.24	case rate	
MALNUTRITION, FAILURE TO THRIVE & OTHER NUTRITIONAL DISORDERS	4213	APR-DRG	inpatient					Wellcare	Medicaid		13828.25				12841	13828.25	case rate	
MALNUTRITION, FAILURE TO THRIVE & OTHER NUTRITIONAL DISORDERS	4214	APR-DRG	inpatient					Wellcare	Medicaid		29320.17				27227	29320.17	case rate	
HYPOVOLEMIA & RELATED ELECTROLYTE DISORDERS	4221	APR-DRG	inpatient					Wellcare	Medicaid		4857.3				4511	4857.3	case rate	
HYPOVOLEMIA & RELATED ELECTROLYTE DISORDERS	4222	APR-DRG	inpatient					Wellcare	Medicaid		6968.17				6471	6968.17	case rate	
HYPOVOLEMIA & RELATED ELECTROLYTE DISORDERS	4223	APR-DRG	inpatient					Wellcare	Medicaid		10192.48				9465	10192.48	case rate	
HYPOVOLEMIA & RELATED ELECTROLYTE DISORDERS	4224	APR-DRG	inpatient					Wellcare	Medicaid		22074.95				20499	22074.95	case rate	
INBORN ERRORS OF METABOLISM	4231	APR-DRG	inpatient					Wellcare	Medicaid		8862.96				8230	8862.96	case rate	
INBORN ERRORS OF METABOLISM	4232	APR-DRG	inpatient					Wellcare	Medicaid		11552.77				10728	11552.77	case rate	
INBORN ERRORS OF METABOLISM	4233	APR-DRG	inpatient					Wellcare	Medicaid		18232.07				16930	18232.07	case rate	
INBORN ERRORS OF METABOLISM	4234	APR-DRG	inpatient					Wellcare	Medicaid		35327.22				32805	35327.22	case rate	
OTHER ENDOCRINE DISORDERS	4241	APR-DRG	inpatient					Wellcare	Medicaid		7411.41				6882	7411.41	case rate	
OTHER ENDOCRINE DISORDERS	4242	APR-DRG	inpatient					Wellcare	Medicaid		10072.21				9353	10072.21	case rate	
OTHER ENDOCRINE DISORDERS	4243	APR-DRG	inpatient					Wellcare	Medicaid		15268.63				14179	15268.63	case rate	
OTHER ENDOCRINE DISORDERS	4244	APR-DRG	inpatient					Wellcare	Medicaid		32358.89				30049	32358.89	case rate	
ELECTROLYTE DISORDERS EXCEPT HYPOVOLEMIA RELATED	4251	APR-DRG	inpatient					Wellcare	Medicaid		6028.39				5598	6028.39	case rate	
ELECTROLYTE DISORDERS EXCEPT HYPOVOLEMIA RELATED	4252	APR-DRG	inpatient					Wellcare	Medicaid		7766.97				7212	7766.97	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.																	
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true																
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes			
ELECTROLYTE DISORDERS EXCEPT HYPOVOLEMIA RELATED	4253	APR-DRG	inpatient					Wellcare	Medicaid		11647.55				10816	11647.55	case rate				
ELECTROLYTE DISORDERS EXCEPT HYPOVOLEMIA RELATED	4254	APR-DRG	inpatient					Wellcare	Medicaid		26129.58				24264	26129.58	case rate				
KIDNEY TRANSPLANT	4401	APR-DRG	inpatient					Wellcare	Medicaid		71938.89				66803	71938.89	case rate				
KIDNEY TRANSPLANT	4402	APR-DRG	inpatient					Wellcare	Medicaid		75273.87				69900	75273.87	case rate				
KIDNEY TRANSPLANT	4403	APR-DRG	inpatient					Wellcare	Medicaid		85117.53				79041	85117.53	case rate				
KIDNEY TRANSPLANT	4404	APR-DRG	inpatient					Wellcare	Medicaid		134753				125133	134753	case rate				
MAJOR BLADDER PROCEDURES	4411	APR-DRG	inpatient					Wellcare	Medicaid		21213.06				19699	21213.06	case rate				
MAJOR BLADDER PROCEDURES	4412	APR-DRG	inpatient					Wellcare	Medicaid		32881.21				30534	32881.21	case rate				
MAJOR BLADDER PROCEDURES	4413	APR-DRG	inpatient					Wellcare	Medicaid		44722.93				41530	44722.93	case rate				
MAJOR BLADDER PROCEDURES	4414	APR-DRG	inpatient					Wellcare	Medicaid		90012.8				83587	90012.8	case rate				
KIDNEY & URINARY TRACT PROCEDURES FOR MALIGNANCY	4421	APR-DRG	inpatient					Wellcare	Medicaid		19549.21				18154	19549.21	case rate				
KIDNEY & URINARY TRACT PROCEDURES FOR MALIGNANCY	4422	APR-DRG	inpatient					Wellcare	Medicaid		22648.91				21032	22648.91	case rate				
KIDNEY & URINARY TRACT PROCEDURES FOR MALIGNANCY	4423	APR-DRG	inpatient					Wellcare	Medicaid		34973.32				32476	34973.32	case rate				
KIDNEY & URINARY TRACT PROCEDURES FOR MALIGNANCY	4424	APR-DRG	inpatient					Wellcare	Medicaid		69584.32				64617	69584.32	case rate				
KIDNEY & URINARY TRACT PROCEDURES FOR NONMALIGNANCY	4431	APR-DRG	inpatient					Wellcare	Medicaid		17115.48				15894	17115.48	case rate				
KIDNEY & URINARY TRACT PROCEDURES FOR NONMALIGNANCY	4432	APR-DRG	inpatient					Wellcare	Medicaid		20106.44				18671	20106.44	case rate				
KIDNEY & URINARY TRACT PROCEDURES FOR NONMALIGNANCY	4433	APR-DRG	inpatient					Wellcare	Medicaid		29388.62				27290	29388.62	case rate				
KIDNEY & URINARY TRACT PROCEDURES FOR NONMALIGNANCY	4434	APR-DRG	inpatient					Wellcare	Medicaid		61095.87				56734	61095.87	case rate				
RENAL DIALYSIS ACCESS DEVICE PROCEDURE ONLY	4441	APR-DRG	inpatient					Wellcare	Medicaid		15590.02				14477	15590.02	case rate				
RENAL DIALYSIS ACCESS DEVICE PROCEDURE ONLY	4442	APR-DRG	inpatient					Wellcare	Medicaid		21035.96				19534	21035.96	case rate				
RENAL DIALYSIS ACCESS DEVICE PROCEDURE ONLY	4443	APR-DRG	inpatient					Wellcare	Medicaid		33810.08				31396	33810.08	case rate				
RENAL DIALYSIS ACCESS DEVICE PROCEDURE ONLY	4444	APR-DRG	inpatient					Wellcare	Medicaid		63955.93				59390	63955.93	case rate				
OTHER BLADDER PROCEDURES	4451	APR-DRG	inpatient					Wellcare	Medicaid		13515.92				12551	13515.92	case rate				
OTHER BLADDER PROCEDURES	4452	APR-DRG	inpatient					Wellcare	Medicaid		18471.33				17153	18471.33	case rate				
OTHER BLADDER PROCEDURES	4453	APR-DRG	inpatient					Wellcare	Medicaid		24048.26				22331	24048.26	case rate				
OTHER BLADDER PROCEDURES	4454	APR-DRG	inpatient					Wellcare	Medicaid		49904.67				46342	49904.67	case rate				
URETHRAL & TRANSURETHRAL PROCEDURES	4461	APR-DRG	inpatient					Wellcare	Medicaid		10348.51				9610	10348.51	case rate				
URETHRAL & TRANSURETHRAL PROCEDURES	4462	APR-DRG	inpatient					Wellcare	Medicaid		12798.32				11885	12798.32	case rate				
URETHRAL & TRANSURETHRAL PROCEDURES	4463	APR-DRG	inpatient					Wellcare	Medicaid		20927.97				19434	20927.97	case rate				
URETHRAL & TRANSURETHRAL PROCEDURES	4464	APR-DRG	inpatient					Wellcare	Medicaid		45286.26				42053	45286.26	case rate				
OTHER KIDNEY, URINARY TRACT & RELATED PROCEDURES	4471	APR-DRG	inpatient					Wellcare	Medicaid		17662.41				16309	17662.41	case rate				
OTHER KIDNEY, URINARY TRACT & RELATED PROCEDURES	4472	APR-DRG	inpatient					Wellcare	Medicaid		22233.57				20646	22233.57	case rate				
OTHER KIDNEY, URINARY TRACT & RELATED PROCEDURES	4473	APR-DRG	inpatient					Wellcare	Medicaid		31773.85				29505	31773.85	case rate				
OTHER KIDNEY, URINARY TRACT & RELATED PROCEDURES	4474	APR-DRG	inpatient					Wellcare	Medicaid		72610.03				67426	72610.03	case rate				
KIDNEY & URINARY TRACT MALIGNANCY	4611	APR-DRG	inpatient					Wellcare	Medicaid		8160.78				7578	8160.78	case rate				
KIDNEY & URINARY TRACT MALIGNANCY	4612	APR-DRG	inpatient					Wellcare	Medicaid		10670.45				9909	10670.45	case rate				
KIDNEY & URINARY TRACT MALIGNANCY	4613	APR-DRG	inpatient					Wellcare	Medicaid		16496.63				15319	16496.63	case rate				
KIDNEY & URINARY TRACT MALIGNANCY	4614	APR-DRG	inpatient					Wellcare	Medicaid		30032.23				27888	30032.23	case rate				
NEPHRITIS & NEPHROSIS	4621	APR-DRG	inpatient					Wellcare	Medicaid		6723.27				6243	6723.27	case rate				
NEPHRITIS & NEPHROSIS	4622	APR-DRG	inpatient					Wellcare	Medicaid		9485.51				8808	9485.51	case rate				
NEPHRITIS & NEPHROSIS	4623	APR-DRG	inpatient					Wellcare	Medicaid		17525.18				16274	17525.18	case rate				
NEPHRITIS & NEPHROSIS	4624	APR-DRG	inpatient					Wellcare	Medicaid		35419.69				32891	35419.69	case rate				
KIDNEY & URINARY TRACT INFECTIONS	4631	APR-DRG	inpatient					Wellcare	Medicaid		6497.22				6033	6497.22	case rate				
KIDNEY & URINARY TRACT INFECTIONS	4632	APR-DRG	inpatient					Wellcare	Medicaid		8186.1				7602	8186.1	case rate				
KIDNEY & URINARY TRACT INFECTIONS	4633	APR-DRG	inpatient					Wellcare	Medicaid		11369.95				10558	11369.95	case rate				
KIDNEY & URINARY TRACT INFECTIONS	4634	APR-DRG	inpatient					Wellcare	Medicaid		22241.14				20653	22241.14	case rate				
URINARY STONES & ACQUIRED UPPER URINARY TRACT OBSTRUCTION	4651	APR-DRG	inpatient					Wellcare	Medicaid		7147.48				6637	7147.48	case rate				
URINARY STONES & ACQUIRED UPPER URINARY TRACT OBSTRUCTION	4652	APR-DRG	inpatient					Wellcare	Medicaid		8559.22				7948	8559.22	case rate				
URINARY STONES & ACQUIRED UPPER URINARY TRACT OBSTRUCTION	4653	APR-DRG	inpatient					Wellcare	Medicaid		13117.4				12181	13117.4	case rate				
URINARY STONES & ACQUIRED UPPER URINARY TRACT OBSTRUCTION	4654	APR-DRG	inpatient					Wellcare	Medicaid		28600.91				26559	28600.91	case rate				
MALFUNCTION, REACTION, COMPLIC OF GENITOURINARY DEVICE OR PROC	4661	APR-DRG	inpatient					Wellcare	Medicaid		6803.83				6318	6803.83	case rate				
MALFUNCTION, REACTION, COMPLIC OF GENITOURINARY DEVICE OR PROC	4662	APR-DRG	inpatient					Wellcare	Medicaid		9476.18				8800	9476.18	case rate				
MALFUNCTION, REACTION, COMPLIC OF GENITOURINARY DEVICE OR PROC	4663	APR-DRG	inpatient					Wellcare	Medicaid		14435				13404	14435	case rate				
MALFUNCTION, REACTION, COMPLIC OF GENITOURINARY DEVICE OR PROC	4664	APR-DRG	inpatient					Wellcare	Medicaid		25653.17				23822	25653.17	case rate				
OTHER KIDNEY & URINARY TRACT DIAGNOSES, SIGNS & SYMPTOMS	4681	APR-DRG	inpatient					Wellcare	Medicaid		7112.28				6605	7112.28	case rate				
OTHER KIDNEY & URINARY TRACT DIAGNOSES, SIGNS & SYMPTOMS	4682	APR-DRG	inpatient					Wellcare	Medicaid		9656.96				8968	9656.96	case rate				
OTHER KIDNEY & URINARY TRACT DIAGNOSES, SIGNS & SYMPTOMS	4683	APR-DRG	inpatient					Wellcare	Medicaid		14079.06				13074	14079.06	case rate				
OTHER KIDNEY & URINARY TRACT DIAGNOSES, SIGNS & SYMPTOMS	4684	APR-DRG	inpatient					Wellcare	Medicaid		28359.42				26335	28359.42	case rate				
ACUTE KIDNEY INJURY	4691	APR-DRG	inpatient					Wellcare	Medicaid		6734.63				6254	6734.63	case rate				
ACUTE KIDNEY INJURY	4692	APR-DRG	inpatient					Wellcare	Medicaid		8999.41				8357	8999.41	case rate				
ACUTE KIDNEY INJURY	4693	APR-DRG	inpatient					Wellcare	Medicaid		14573.2				13533	14573.2	case rate				
ACUTE KIDNEY INJURY	4694	APR-DRG	inpatient					Wellcare	Medicaid		33062.73				30702	33062.73	case rate				
CHRONIC KIDNEY DISEASE	4701	APR-DRG	inpatient					Wellcare	Medicaid		7158.01				6647	7158.01	case rate				
CHRONIC KIDNEY DISEASE	4702	APR-DRG	inpatient					Wellcare	Medicaid		9113.21				8463	9113.21	case rate				
CHRONIC KIDNEY DISEASE	4703	APR-DRG	inpatient					Wellcare	Medicaid		13417.81				12460	13417.81	case rate				
CHRONIC KIDNEY DISEASE	4704	APR-DRG	inpatient					Wellcare	Medicaid		28763.96				26710	28763.96	case rate				
MAJOR MALE PELVIC PROCEDURES	4801	APR-DRG	inpatient					Wellcare	Medicaid		18130.45				16836	18130.45	case rate				
MAJOR MALE PELVIC PROCEDURES	4802	APR-DRG	inpatient					Wellcare	Medicaid		19981.08				18555	19981.08	case rate				
MAJOR MALE PELVIC PROCEDURES	4803	APR-DRG	inpatient					Wellcare	Medicaid		32614.97				30287	32614.97	case rate				
MAJOR MALE PELVIC PROCEDURES	4804	APR-DRG	inpatient					Wellcare	Medicaid		72777.78				67582	72777.78	case rate				
PENIS PROCEDURES	4811	APR-DRG	inpatient					Wellcare	Medicaid		11599.88				10772	11599.88	case rate				
PENIS PROCEDURES	4812	APR-DRG	inpatient					Wellcare	Medicaid		18902.92				17553	18902.92	case rate				
PENIS PROCEDURES	4813	APR-DRG	inpatient					Wellcare	Medicaid		26318.86				24440	26318.86	case rate				
PENIS PROCEDURES	4814	APR-DRG	inpatient					Wellcare	Medicaid		60742.24				56406	60742.24	case rate				
TRANSURETHRAL PROSTATECTOMY	4821	APR-DRG	inpatient					Wellcare	Medicaid		9756.54				9060	9756.54	case rate				
TRANSURETHRAL PROSTATECTOMY	4822	APR-DRG	inpatient					Wellcare	Medicaid		12732.08				11823	12732.08	case rate				
TRANSURETHRAL PROSTATECTOMY	4823	APR-DRG	inpatient					Wellcare	Medicaid		23176.48				21522	23176.48	case rate				
TRANSURETHRAL PROSTATECTOMY	4824	APR-DRG	inpatient					Wellcare	Medicaid		46259.38				42957	46259.38	case rate				
TESTES & SCROTAL PROCEDURES	4831	APR-DRG	inpatient					Wellcare	Medicaid		10325.87				9589	10325.87	case rate				
TESTES & SCROTAL PROCEDURES	4832	APR-DRG	inpatient					Wellcare	Medicaid		18678.26				17345	18678.26	case rate				
TESTES & SCROTAL PROCEDURES	4833	APR-DRG	inpatient					Wellcare	Medicaid		31354.91				29116	31354.91	case rate				
TESTES & SCROTAL PROCEDURES	4834	APR-DRG	inpatient					Wellcare	Medicaid		88056.95				81770	88056.95	case rate				
OTHER MALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES	4841	APR-DRG	inpatient					Wellcare	Medicaid		13410.8				12453	13410.8	case rate				
OTHER MALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES	4842	APR-DRG	inpatient					Wellcare	Medicaid		19137.56				17771	19137.56	case rate				
OTHER MALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES	4843	APR-DRG	inpatient					Wellcare	Medicaid		24509.06				22759	24509.06	case rate				
OTHER MALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES	4844	APR-DRG	inpatient					Wellcare	Medicaid		62087.37				57655	62087.37	case rate				
MALIGNANCY, MALE REPRODUCTIVE SYSTEM	5001	APR-DRG	inpatient					Wellcare	Medicaid		8297.88				7705	8297.88	case rate				
MALIGNANCY, MALE REPRODUCTIVE SYSTEM	5002	APR-DRG	inpatient					Wellcare	Medicaid		10553.69				9800	10553.69	case rate				
MALIGNANCY, MALE REPRODUCTIVE SYSTEM	5003	APR-DRG	inpatient					Wellcare	Medicaid		16691.55				15500	16691.55	case rate				
MALIGNANCY, MALE REPRODUCTIVE SYSTEM	5004	APR-DRG	inpatient					Wellcare	Medicaid		27385.19				25430	27385.19	case rate				
MALE REPRODUCTIVE SYSTEM DIAGNOSES EXCEPT MALIGNANCY	5011	APR-DRG	inpatient					Wellcare	Medicaid		6813.25				6141	6813.25	case rate				
MALE REPRODUCTIVE SYSTEM DIAGNOSES EXCEPT MALIGNANCY	5012	APR-DRG	inpatient					Wellcare	Medicaid		9088.65				8440	9088.65	case rate				
MALE REPRODUCTIVE SYSTEM DIAGNOSES EXCEPT MALIGNANCY	5013	APR-DRG	inpatient					Wellcare	Medicaid		13736.15				12755	13736.15	case rate				
MALE REPRODUCTIVE SYSTEM DIAGNOSES EXCEPT MALIGNANCY	5014	APR-DRG	inpatient					Wellcare	Medicaid		34702.55				32225	34702.55	case rate				
PELVIC EVISCERATION, RADICAL HYSTERECTOMY & OTHER RADICAL GYN PROCS	5101	APR-DRG	inpatient					Wellcare	Medicaid		18342.73				17033	18342.73	case rate				
PELVIC EVISCERATION, RADICAL HYSTERECTOMY & OTHER RADICAL GYN PROCS	5102	APR-DRG	inpatient					Wellcare	Medicaid		22757.17				21132	22757.17	case rate				
PELVIC EVISCERATION, RADICAL HYSTERECTOMY & OTHER RADICAL GYN PROCS	5103	APR-DRG	inpatient					Wellcare	Medicaid		40700.27				37795	40700.27	case rate				
PELVIC EVISCERATION, RADICAL HYSTERECTOMY & OTHER RADICAL GYN PROCS	5104	APR-DRG	inpatient					Wellcare	Medicaid		94291.9				87580	94291.9	case rate				
UTERINE & ADNEXA PROCEDURES FOR OVARIAN & ADNEXAL MALIGNANCY	5111	APR-DRG	inpatient					Wellcare	Medicaid		18505.05				17184	18505.05	case rate				
UTERINE & ADNEXA PROCEDURES FOR OVARIAN & ADNEXAL MALIGNANCY	5112	APR-DRG	inpatient					Wellcare	Medicaid		23205.77				21549	23205.77	case rate				
UTERINE & ADNEXA PROCEDURES FOR OVARIAN & ADNEXAL MALIGNANCY	5113	APR-DRG	inpatient					Wellcare	Medicaid		34836.41				32349	34836.41	case rate				
UTERINE & ADNEXA PROCEDURES FOR OVARIAN & ADNEXAL MALIGNANCY	5114	APR-DRG	inpatient					Wellcare	Medicaid		74367.53				69058	74367.53	case rate				
UTERINE & ADNEXA PROCEDURES FOR NON-OVARIAN & NON-ADNEXAL MALIG	5121	APR-DRG	inpatient					Wellcare	Medicaid		16451.37				15277	16451.37	case rate				
UTERINE & ADNEXA PROCEDURES FOR NON-OVARIAN & NON-ADNEXAL MALIG	5122	APR-DRG	inpatient					Wellcare	Medicaid		19358.73				17977	19358.73	case rate				
UTERINE & ADNEXA PROCEDURES FOR NON-OVARIAN & NON-ADNEXAL MALIG	5123	APR-DRG	inpatient					Wellcare	Medicaid		30417.82				28246	30417.82	case rate				
UTERINE & ADNEXA PROCEDURES FOR NON-OVARIAN & NON-ADNEXAL MALIG	5124	APR-DRG	inpatient					Wellcare	Medicaid		62142.25				57706	62142.25	case rate				
UTERINE & ADNEXA PROCEDURES FOR NON-MALIGNANCY EXCEPT LEIOMYOMA	5131	APR-DRG	inpatient					Wellcare	Medicaid		12576.79				11679	12576.79	case rate				
UTERINE & ADNEXA PROCEDURES FOR NON-MALIGNANCY EXCEPT LEIOMYOMA	5132	APR-DRG	inpatient					Wellcare	Medicaid		14764.89				13711	14764.89	case rate				
UTERINE & ADNEXA PROCEDURES FOR NON-MALIGNANCY EXCEPT LEIOMYOMA	5133	APR-DRG	inpatient					Wellcare	Medicaid		24220.92				22492	24220.92	case rate				
UTERINE & ADNEXA PROCEDURES FOR NON-MALIGNANCY EXCEPT LEIOMYOMA	5134	APR-DRG	inpatient					Wellcare	Medicaid		58562.46				54382	58562.46	case rate				
FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES	5141	APR-DRG	inpatient					Wellcare	Medicaid		10358.67				9619	10358.67	case rate				
FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES	5142	APR-DRG	inpatient					Wellcare	Medicaid		15043.13				13969	15043.13	case rate				
FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES	5143	APR-DRG	inpatient					Wellcare	Medicaid		26053.73				24194	26053.73	case rate				
FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES	5144	APR-DRG	inpatient					Wellcare	Medicaid		72208.82				67054	72208.82	case rate				
DILATION & CURETTAGE FOR NON-OBSTETRIC DIAGNOSES	5171	APR-DRG	inpatient					Wellcare	Medicaid		9967.26				9256	9967.26	case rate				
DILATION & CURETTAGE FOR NON-OBSTETRIC DIAGNOSES	5172	APR-DRG	inpatient					Wellcare	Medicaid		12540.39				11645	12540.39	case rate				
DILATION & CURETTAGE FOR NON-OBSTETRIC DIAGNOSES	5173	APR-DRG	inpatient					Wellcare	Medicaid		23006.13				21364	23006.13	case rate				
DILATION & CURETTAGE FOR NON-OBSTETRIC DIAGNOSES	5174	APR-DRG	inpatient					Wellcare	Medicaid		54133.42				50269	54133.42	case rate				
OTHER FEMALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES	5181	APR-DRG	inpatient					Wellcare	Medicaid		11859.92				11013	11859.92	case rate				
OTHER FEMALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES	5182	APR-DRG	inpatient					Wellcare	Medicaid		16345.68				15179	16345.68	case rate				
OTHER FEMALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES	5183	APR-DRG	inpatient					Wellcare	Medicaid		29840.63				27710	29840.63	case rate				
OTHER FEMALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES	5184	APR-DRG	inpatient					Wellcare	Medicaid		67938.68				63088	67938.68	case rate				
UTERINE & ADNEXA PROCEDURES FOR LEIOMYOMA	5191	APR-DRG	inpatient					Wellcare	Medicaid		13146.96				12208	13146.96	case rate				
UTERINE & ADNEXA PROCEDURES FOR LEIOMYOMA	5192	APR-DRG	inpatient					Wellcare	Medicaid		15767.76				14642	15767.76	case rate				
UTERINE & ADNEXA PROCEDURES FOR LEIOMYOMA	5193	APR-DRG	inpatient					Wellcare	Medicaid		28462.89				26431	28462.89	case rate				
UTERINE & ADNEXA PROCEDURES FOR LEIOMYOMA	5194	APR-DRG	inpatient					Wellcare	Medicaid		70691.11				65644	70691.11	case rate				
FEMALE REPRODUCTIVE SYSTEM MALIGNANCY	5301	APR-DRG	inpatient					Wellcare	Medicaid		7950.07				7382	7950.07	case rate				
FEMALE REPRODUCTIVE SYSTEM MALIGNANCY	5302	APR-DRG	inpatient					Wellcare	Medicaid		10220.01				9490	10220.01	case rate				
FEMALE REPRODUCTIVE SYSTEM MALIGNANCY	5303	APR-DRG	inpatient					Wellcare	Medicaid		17258.02				16026	17258.02	case rate				
FEMALE REPRODUCTIVE SYSTEM MALIGNANCY	5304	APR-DRG	inpatient					Wellcare	Medicaid		31779.3				29510	31779.3	case rate				
FEMALE REPRODUCTIVE SYSTEM INFECTIONS	5311	APR-DRG	inpatient					Wellcare	Medicaid		7230.9				6715	7230.9	case rate				
FEMALE REPRODUCTIVE SYSTEM INFECTIONS	5312	APR-DRG	inpatient					Wellcare	Medicaid		9735.21				9040	9735.21	case rate				
FEMALE REPRODUCTIVE SYSTEM INFECTIONS	5313	APR-DRG	inpatient					Wellcare	Medicaid		15349.18				14253	15349.18	case rate				
FEMALE REPRODUCTIVE SYSTEM INFECTIONS	5314	APR-DRG	inpatient					Wellcare	Medicaid		29817.26				27689	29817.26	case rate				
MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS	5321	APR-DRG	inpatient					Wellcare	Medicaid		6284.29				5836	6284.29	case rate				
MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS	5322	APR-DRG	inpatient					Wellcare	Medicaid		7758.57				7205	7758.57	case rate				
MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS	5323	APR-DRG	inpatient					Wellcare	Medicaid		12754.07				11844	12754.07	case rate				
MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS	5324	APR-DRG	inpatient					Wellcare	Medicaid		26116.36				24252	26116.36	case rate				
CESAREAN DELIVERY	5401	APR-DRG	inpatient					Wellcare	Medicaid		8010.02				7438	8010.02	case rate				
CESAREAN DELIVERY	5402	APR-DRG	inpatient					Wellcare	Medicaid		9575.29				8892	9575.29	case rate				
CESAREAN DELIVERY	5403	APR-DRG	inpatient					Wellcare	Medicaid		13727.1				12747	13727.1	case rate				
CESAREAN DELIVERY	5404	APR-DRG	inpatient					Wellcare	Medicaid		38834.31				36062	38834.31	case rate				
VAGINAL DELIVERY W STERILIZATION &/OR D&C	5411	APR-DRG	inpatient					Wellcare	Medicaid		7630.9				7086	7630.9	case rate				
VAGINAL DELIVERY W STERILIZATION &/OR D&C	5412	APR-DRG	inpatient					Wellcare	Medicaid		8303.42				7711	8303.42	case rate				
VAGINAL DELIVERY W STERILIZATION &/OR D&C	5413	APR-DRG	inpatient					Wellcare	Medicaid		12362.56				11480	12362.56	case rate				
VAGINAL DELIVERY W STERILIZATION &/OR D&C	5414	APR-DRG	inpatient					Wellcare	Medicaid		43516.83				40410	43516.83	case rate				
VAGINAL DELIVERY W COMPLICATING PROCEDURES EXC STERILIZATION &/OR D&C	5421	APR-DRG	inpatient					Wellcare	Medicaid		5657.58				5254	5657.58	case rate				
VAGINAL DELIVERY W COMPLICATING PROCEDURES EXC STERILIZATION &/OR D&C	5422	APR-DRG	inpatient					Wellcare	Medicaid		7060.18				6556	7060.18	case rate				

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.															
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true														
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
VAGINAL DELIVERY W COMPLICATING PROCEDURES EXC STERILIZATION &/OR D&C	5423	APR-DRG	inpatient					Wellcare	Medicaid		15202.4				14117	15202.4	case rate	
VAGINAL DELIVERY W COMPLICATING PROCEDURES EXC STERILIZATION &/OR D&C	5424	APR-DRG	inpatient					Wellcare	Medicaid		50795.03				47169	50795.03	case rate	
D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY FOR OBSTETRIC DIAGNOSES	5441	APR-DRG	inpatient					Wellcare	Medicaid		7991.54				7421	7991.54	case rate	
D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY FOR OBSTETRIC DIAGNOSES	5442	APR-DRG	inpatient					Wellcare	Medicaid		9459.91				8785	9459.91	case rate	
D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY FOR OBSTETRIC DIAGNOSES	5443	APR-DRG	inpatient					Wellcare	Medicaid		15677.6				14558	15677.6	case rate	
D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY FOR OBSTETRIC DIAGNOSES	5444	APR-DRG	inpatient					Wellcare	Medicaid		44121.64				40972	44121.64	case rate	
ECTOPIC PREGNANCY PROCEDURE	5451	APR-DRG	inpatient					Wellcare	Medicaid		11441.09				10624	11441.09	case rate	
ECTOPIC PREGNANCY PROCEDURE	5452	APR-DRG	inpatient					Wellcare	Medicaid		12556.66				11660	12556.66	case rate	
ECTOPIC PREGNANCY PROCEDURE	5453	APR-DRG	inpatient					Wellcare	Medicaid		15152.05				14070	15152.05	case rate	
ECTOPIC PREGNANCY PROCEDURE	5454	APR-DRG	inpatient					Wellcare	Medicaid		27654.29				25680	27654.29	case rate	
OTHER O.R. PROC FOR OBSTETRIC DIAGNOSES EXCEPT DELIVERY DIAGNOSES	5461	APR-DRG	inpatient					Wellcare	Medicaid		8727.81				8105	8727.81	case rate	
OTHER O.R. PROC FOR OBSTETRIC DIAGNOSES EXCEPT DELIVERY DIAGNOSES	5462	APR-DRG	inpatient					Wellcare	Medicaid		12334.85				11454	12334.85	case rate	
OTHER O.R. PROC FOR OBSTETRIC DIAGNOSES EXCEPT DELIVERY DIAGNOSES	5463	APR-DRG	inpatient					Wellcare	Medicaid		23636.35				21949	23636.35	case rate	
OTHER O.R. PROC FOR OBSTETRIC DIAGNOSES EXCEPT DELIVERY DIAGNOSES	5464	APR-DRG	inpatient					Wellcare	Medicaid		64398.15				59801	64398.15	case rate	
VAGINAL DELIVERY	5601	APR-DRG	inpatient					Wellcare	Medicaid		4725.57				4388	4725.57	case rate	
VAGINAL DELIVERY	5602	APR-DRG	inpatient					Wellcare	Medicaid		5328.53				4948	5328.53	case rate	
VAGINAL DELIVERY	5603	APR-DRG	inpatient					Wellcare	Medicaid		7747.58				7194	7747.58	case rate	
VAGINAL DELIVERY	5604	APR-DRG	inpatient					Wellcare	Medicaid		23102.49				21453	23102.49	case rate	
POSTPARTUM & POST ABORTION DIAGNOSES W/O PROCEDURE	5611	APR-DRG	inpatient					Wellcare	Medicaid		3706.17				3442	3706.17	case rate	
POSTPARTUM & POST ABORTION DIAGNOSES W/O PROCEDURE	5612	APR-DRG	inpatient					Wellcare	Medicaid		5963.64				5538	5963.64	case rate	
POSTPARTUM & POST ABORTION DIAGNOSES W/O PROCEDURE	5613	APR-DRG	inpatient					Wellcare	Medicaid		9582.59				8898	9582.59	case rate	
POSTPARTUM & POST ABORTION DIAGNOSES W/O PROCEDURE	5614	APR-DRG	inpatient					Wellcare	Medicaid		25218.81				23418	25218.81	case rate	
PRETERM LABOR	5631	APR-DRG	inpatient					Wellcare	Medicaid		4244.92				3942	4244.92	case rate	
PRETERM LABOR	5632	APR-DRG	inpatient					Wellcare	Medicaid		5622.3				5221	5622.3	case rate	
PRETERM LABOR	5633	APR-DRG	inpatient					Wellcare	Medicaid		9626.19				8939	9626.19	case rate	
PRETERM LABOR	5634	APR-DRG	inpatient					Wellcare	Medicaid		17747.63				16481	17747.63	case rate	
ABORTION W/O D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY	5641	APR-DRG	inpatient					Wellcare	Medicaid		4494.71				4174	4494.71	case rate	
ABORTION W/O D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY	5642	APR-DRG	inpatient					Wellcare	Medicaid		5246.95				4872	5246.95	case rate	
ABORTION W/O D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY	5643	APR-DRG	inpatient					Wellcare	Medicaid		7451.12				6919	7451.12	case rate	
ABORTION W/O D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY	5644	APR-DRG	inpatient					Wellcare	Medicaid		31710.48				29447	31710.48	case rate	
FALSE LABOR	5651	APR-DRG	inpatient					Wellcare	Medicaid		2085.74				1937	2085.74	case rate	
FALSE LABOR	5652	APR-DRG	inpatient					Wellcare	Medicaid		2966.2				2754	2966.2	case rate	
FALSE LABOR	5653	APR-DRG	inpatient					Wellcare	Medicaid		4715.68				4379	4715.68	case rate	
FALSE LABOR	5654	APR-DRG	inpatient					Wellcare	Medicaid		5188.67				4818	5188.67	case rate	
OTHER ANTEPARTUM DIAGNOSES	5661	APR-DRG	inpatient					Wellcare	Medicaid		4163.54				3866	4163.54	case rate	
OTHER ANTEPARTUM DIAGNOSES	5662	APR-DRG	inpatient					Wellcare	Medicaid		5593.48				5194	5593.48	case rate	
OTHER ANTEPARTUM DIAGNOSES	5663	APR-DRG	inpatient					Wellcare	Medicaid		8581.48				7969	8581.48	case rate	
OTHER ANTEPARTUM DIAGNOSES	5664	APR-DRG	inpatient					Wellcare	Medicaid		24395.43				22654	24395.43	case rate	
NEONATE, TRANSFERRED <5 DAYS OLD, NOT BORN HERE	5801	APR-DRG	inpatient					Wellcare	Medicaid		3529.35				3277	3529.35	case rate	
NEONATE, TRANSFERRED <5 DAYS OLD, NOT BORN HERE	5802	APR-DRG	inpatient					Wellcare	Medicaid		4543.12				4219	4543.12	case rate	
NEONATE, TRANSFERRED <5 DAYS OLD, NOT BORN HERE	5803	APR-DRG	inpatient					Wellcare	Medicaid		7351.45				6827	7351.45	case rate	
NEONATE, TRANSFERRED <5 DAYS OLD, NOT BORN HERE	5804	APR-DRG	inpatient					Wellcare	Medicaid		13879.44				12889	13879.44	case rate	
NEONATE, TRANSFERRED < 5 DAYS OLD, BORN HERE	5811	APR-DRG	inpatient					Wellcare	Medicaid		1406.85				1306	1406.85	case rate	
NEONATE, TRANSFERRED < 5 DAYS OLD, BORN HERE	5812	APR-DRG	inpatient					Wellcare	Medicaid		2234.38				2075	2234.38	case rate	
NEONATE, TRANSFERRED < 5 DAYS OLD, BORN HERE	5813	APR-DRG	inpatient					Wellcare	Medicaid		3855.54				3580	3855.54	case rate	
NEONATE, TRANSFERRED < 5 DAYS OLD, BORN HERE	5814	APR-DRG	inpatient					Wellcare	Medicaid		7741.57				7189	7741.57	case rate	
NEONATE W ECMO	5831	APR-DRG	inpatient					Wellcare	Medicaid		122075.06				113360	122075.06	case rate	
NEONATE W ECMO	5832	APR-DRG	inpatient					Wellcare	Medicaid		135639.02				125955	135639.02	case rate	
NEONATE W ECMO	5833	APR-DRG	inpatient					Wellcare	Medicaid		254295.58				236141	254295.58	case rate	
NEONATE W ECMO	5834	APR-DRG	inpatient					Wellcare	Medicaid		380256.57				353109	380256.57	case rate	
NEONATE BWT <1500G W MAJOR PROCEDURE	5881	APR-DRG	inpatient					Wellcare	Medicaid		119804.56				111251	119804.56	case rate	
NEONATE BWT <1500G W MAJOR PROCEDURE	5882	APR-DRG	inpatient					Wellcare	Medicaid		133116.23				123613	133116.23	case rate	
NEONATE BWT <1500G W MAJOR PROCEDURE	5883	APR-DRG	inpatient					Wellcare	Medicaid		271810.79				252406	271810.79	case rate	
NEONATE BWT <1500G W MAJOR PROCEDURE	5884	APR-DRG	inpatient					Wellcare	Medicaid		363812.97				337839	363812.97	case rate	
NEONATE BWT <500G OR GA <24 WEEKS	5891	APR-DRG	inpatient					Wellcare	Medicaid		210356.86				195339	210356.86	case rate	
NEONATE BWT <500G OR GA <24 WEEKS	5892	APR-DRG	inpatient					Wellcare	Medicaid		147554.93				137021	147554.93	case rate	
NEONATE BWT <500G OR GA <24 WEEKS	5893	APR-DRG	inpatient					Wellcare	Medicaid		105551.08				98016	105551.08	case rate	
NEONATE BWT <500G OR GA <24 WEEKS	5894	APR-DRG	inpatient					Wellcare	Medicaid		3587.64				3332	3587.64	case rate	
NEONATE BIRTHWT 500-749G W/O MAJOR PROCEDURE	5911	APR-DRG	inpatient					Wellcare	Medicaid		125625.47				116657	125625.47	case rate	
NEONATE BIRTHWT 500-749G W/O MAJOR PROCEDURE	5912	APR-DRG	inpatient					Wellcare	Medicaid		174290.97				161848	174290.97	case rate	
NEONATE BIRTHWT 500-749G W/O MAJOR PROCEDURE	5913	APR-DRG	inpatient					Wellcare	Medicaid		216428.85				200977	216428.85	case rate	
NEONATE BIRTHWT 500-749G W/O MAJOR PROCEDURE	5914	APR-DRG	inpatient					Wellcare	Medicaid		305532.82				283720	305532.82	case rate	
NEONATE BIRTHWT 750-999G W/O MAJOR PROCEDURE	5931	APR-DRG	inpatient					Wellcare	Medicaid		38951.08				36170	38951.08	case rate	
NEONATE BIRTHWT 750-999G W/O MAJOR PROCEDURE	5932	APR-DRG	inpatient					Wellcare	Medicaid		131962.42				122541	131962.42	case rate	
NEONATE BIRTHWT 750-999G W/O MAJOR PROCEDURE	5933	APR-DRG	inpatient					Wellcare	Medicaid		175751.86				163204	175751.86	case rate	
NEONATE BIRTHWT 750-999G W/O MAJOR PROCEDURE	5934	APR-DRG	inpatient					Wellcare	Medicaid		251001.25				233082	251001.25	case rate	
NEONATE BWT 1000-1249G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM	6021	APR-DRG	inpatient					Wellcare	Medicaid		57283.56				53194	57283.56	case rate	
NEONATE BWT 1000-1249G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM	6022	APR-DRG	inpatient					Wellcare	Medicaid		105181.57				97672	105181.57	case rate	
NEONATE BWT 1000-1249G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM	6023	APR-DRG	inpatient					Wellcare	Medicaid		139630.26				129662	139630.26	case rate	
NEONATE BWT 1000-1249G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM	6024	APR-DRG	inpatient					Wellcare	Medicaid		193303.18				179503	193303.18	case rate	
NEONATE BIRTHWT 1000-1249G W OR W/O OTHER SIGNIFICANT CONDITION	6031	APR-DRG	inpatient					Wellcare	Medicaid		33452.47				31064	33452.47	case rate	
NEONATE BIRTHWT 1000-1249G W OR W/O OTHER SIGNIFICANT CONDITION	6032	APR-DRG	inpatient					Wellcare	Medicaid		76840.07				71354	76840.07	case rate	
NEONATE BIRTHWT 1000-1249G W OR W/O OTHER SIGNIFICANT CONDITION	6033	APR-DRG	inpatient					Wellcare	Medicaid		114181.06				106029	114181.06	case rate	
NEONATE BIRTHWT 1000-1249G W OR W/O OTHER SIGNIFICANT CONDITION	6034	APR-DRG	inpatient					Wellcare	Medicaid		198804.73				184612	198804.73	case rate	
NEONATE BWT 1250-1499G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM	6071	APR-DRG	inpatient					Wellcare	Medicaid		52219.15				48491	52219.15	case rate	
NEONATE BWT 1250-1499G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM	6072	APR-DRG	inpatient					Wellcare	Medicaid		81529.52				75709	81529.52	case rate	
NEONATE BWT 1250-1499G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM	6073	APR-DRG	inpatient					Wellcare	Medicaid		110416.14				102533	110416.14	case rate	
NEONATE BWT 1250-1499G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM	6074	APR-DRG	inpatient					Wellcare	Medicaid		154365.32				143345	154365.32	case rate	
NEONATE BWT 1250-1499G W OR W/O OTHER SIGNIFICANT CONDITION	6081	APR-DRG	inpatient					Wellcare	Medicaid		35336.83				32814	35336.83	case rate	
NEONATE BWT 1250-1499G W OR W/O OTHER SIGNIFICANT CONDITION	6082	APR-DRG	inpatient					Wellcare	Medicaid		66496.54				61749	66496.54	case rate	
NEONATE BWT 1250-1499G W OR W/O OTHER SIGNIFICANT CONDITION	6083	APR-DRG	inpatient					Wellcare	Medicaid		98237.88				91224	98237.88	case rate	
NEONATE BWT 1250-1499G W OR W/O OTHER SIGNIFICANT CONDITION	6084	APR-DRG	inpatient					Wellcare	Medicaid		144016.16				133734	144016.16	case rate	
NEONATE BWT 1500-2499G W MAJOR PROCEDURE	6091	APR-DRG	inpatient					Wellcare	Medicaid		5491.2				5098	5491.2	case rate	
NEONATE BWT 1500-2499G W MAJOR PROCEDURE	6092	APR-DRG	inpatient					Wellcare	Medicaid		71319.12				66227	71319.12	case rate	
NEONATE BWT 1500-2499G W MAJOR PROCEDURE	6093	APR-DRG	inpatient					Wellcare	Medicaid		113778.66				105656	113778.66	case rate	
NEONATE BWT 1500-2499G W MAJOR PROCEDURE	6094	APR-DRG	inpatient					Wellcare	Medicaid		210979.68				195917	210979.68	case rate	
NEONATE BIRTHWT 1500-1999G W MAJOR ANOMALY	6111	APR-DRG	inpatient					Wellcare	Medicaid		30426.68				28254	30426.68	case rate	
NEONATE BIRTHWT 1500-1999G W MAJOR ANOMALY	6112	APR-DRG	inpatient					Wellcare	Medicaid		48928.32				45435	48928.32	case rate	
NEONATE BIRTHWT 1500-1999G W MAJOR ANOMALY	6113	APR-DRG	inpatient					Wellcare	Medicaid		79217.35				73562	79217.35	case rate	
NEONATE BIRTHWT 1500-1999G W MAJOR ANOMALY	6114	APR-DRG	inpatient					Wellcare	Medicaid		124454.65				115570	124454.65	case rate	
NEONATE BWT 1500-1999G W RESP DIST SYND/OTH MAJ RESP COND	6121	APR-DRG	inpatient					Wellcare	Medicaid		36984.97				34345	36984.97	case rate	
NEONATE BWT 1500-1999G W RESP DIST SYND/OTH MAJ RESP COND	6122	APR-DRG	inpatient					Wellcare	Medicaid		56377.6				52353	56377.6	case rate	
NEONATE BWT 1500-1999G W RESP DIST SYND/OTH MAJ RESP COND	6123	APR-DRG	inpatient					Wellcare	Medicaid		77958.88				72393	77958.88	case rate	
NEONATE BWT 1500-1999G W RESP DIST SYND/OTH MAJ RESP COND	6124	APR-DRG	inpatient					Wellcare	Medicaid		119584.7				111047	119584.7	case rate	
NEONATE BIRTHWT 1500-1999G W CONGENITAL/PERINATAL INFECTION	6131	APR-DRG	inpatient					Wellcare	Medicaid		30959.8				28750	30959.8	case rate	
NEONATE BIRTHWT 1500-1999G W CONGENITAL/PERINATAL INFECTION	6132	APR-DRG	inpatient					Wellcare	Medicaid		47950.75				44527	47950.75	case rate	
NEONATE BIRTHWT 1500-1999G W CONGENITAL/PERINATAL INFECTION	6133	APR-DRG	inpatient					Wellcare	Medicaid		79724.15				74032	79724.15	case rate	
NEONATE BIRTHWT 1500-1999G W CONGENITAL/PERINATAL INFECTION	6134	APR-DRG	inpatient					Wellcare	Medicaid		106292.98				98704	106292.98	case rate	
NEONATE BWT 1500-1999G W OR W/O OTHER SIGNIFICANT CONDITION	6141	APR-DRG	inpatient					Wellcare	Medicaid		20323.35				18872	20323.35	case rate	
NEONATE BWT 1500-1999G W OR W/O OTHER SIGNIFICANT CONDITION	6142	APR-DRG	inpatient					Wellcare	Medicaid		40586.01				37688	40586.01	case rate	
NEONATE BWT 1500-1999G W OR W/O OTHER SIGNIFICANT CONDITION	6143	APR-DRG	inpatient					Wellcare	Medicaid		66566.2				61814	66566.2	case rate	
NEONATE BWT 1500-1999G W OR W/O OTHER SIGNIFICANT CONDITION	6144	APR-DRG	inpatient					Wellcare	Medicaid		71202.99				66120	71202.99	case rate	
NEONATE BWT 2000-2499G W MAJOR ANOMALY	6211	APR-DRG	inpatient					Wellcare	Medicaid		14225.48				13210	14225.48	case rate	
NEONATE BWT 2000-2499G W MAJOR ANOMALY	6212	APR-DRG	inpatient					Wellcare	Medicaid		30786.6				28589	30786.6	case rate	
NEONATE BWT 2000-2499G W MAJOR ANOMALY	6213	APR-DRG	inpatient					Wellcare	Medicaid		51853.6				48152	51853.6	case rate	
NEONATE BWT 2000-2499G W MAJOR ANOMALY	6214	APR-DRG	inpatient					Wellcare	Medicaid		102528.71				95209	102528.71	case rate	
NEONATE BWT 2000-2499G W RESP DIST SYND/OTH MAJ RESP COND	6221	APR-DRG	inpatient					Wellcare	Medicaid		23000.31				21358	23000.31	case rate	
NEONATE BWT 2000-2499G W RESP DIST SYND/OTH MAJ RESP COND	6222	APR-DRG	inpatient					Wellcare	Medicaid		34092.11				31658	34092.11	case rate	
NEONATE BWT 2000-2499G W RESP DIST SYND/OTH MAJ RESP COND	6223	APR-DRG	inpatient					Wellcare	Medicaid		49704.58				46156	49704.58	case rate	
NEONATE BWT 2000-2499G W RESP DIST SYND/OTH MAJ RESP COND	6224	APR-DRG	inpatient					Wellcare	Medicaid		79505.67				73830	79505.67	case rate	
NEONATE BWT 2000-2499G W CONGENITAL/PERINATAL INFECTION	6231	APR-DRG	inpatient					Wellcare	Medicaid		18232.07				16930	18232.07	case rate	
NEONATE BWT 2000-2499G W CONGENITAL/PERINATAL INFECTION	6232	APR-DRG	inpatient					Wellcare	Medicaid		31712.98				29449	31712.98	case rate	
NEONATE BWT 2000-2499G W CONGENITAL/PERINATAL INFECTION	6233	APR-DRG	inpatient					Wellcare	Medicaid		51575.08				47893	51575.08	case rate	
NEONATE BWT 2000-2499G W CONGENITAL/PERINATAL INFECTION	6234	APR-DRG	inpatient					Wellcare	Medicaid		78439.16				72839	78439.16	case rate	
NEONATE BWT 2000-2499G W OTHER SIGNIFICANT CONDITION	6251	APR-DRG	inpatient					Wellcare	Medicaid		21692.41				20144	21692.41	case rate	
NEONATE BWT 2000-2499G W OTHER SIGNIFICANT CONDITION	6252	APR-DRG	inpatient					Wellcare	Medicaid		33897.93				31478	33897.93	case rate	
NEONATE BWT 2000-2499G W OTHER SIGNIFICANT CONDITION	6253	APR-DRG	inpatient					Wellcare	Medicaid		42311.09				39290	42311.09	case rate	
NEONATE BWT 2000-2499G W OTHER SIGNIFICANT CONDITION	6254	APR-DRG	inpatient					Wellcare	Medicaid		62537.26				58073	62537.26	case rate	
NEONATE BWT 2000-2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	6261	APR-DRG	inpatient					Wellcare	Medicaid		2156.32				2002	2156.32	case rate	
NEONATE BWT 2000-2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	6262	APR-DRG	inpatient					Wellcare	Medicaid		5333.98				4953	5333.98	case rate	
NEONATE BWT 2000-2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	6263	APR-DRG	inpatient					Wellcare	Medicaid		15068.58				14457	15068.58	case rate	
NEONATE BWT 2000-2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	6264	APR-DRG	inpatient					Wellcare	Medicaid		35033.09				32532	35033.09	case rate	
NEONATE BIRTHWT >2499G W MAJOR CARDIOVASCULAR PROCEDURE	6301	APR-DRG	inpatient					Wellcare	Medicaid		33013.3				30656	33013.3	case rate	
NEONATE BIRTHWT >2499G W MAJOR CARDIOVASCULAR PROCEDURE	6302	APR-DRG	inpatient					Wellcare	Medicaid		44881.18				41677	44881.18	case rate	
NEONATE BIRTHWT >2499G W MAJOR CARDIOVASCULAR PROCEDURE	6303	APR-DRG	inpatient					Wellcare	Medicaid		70622.11				65580	70622.11	case rate	
NEONATE BIRTHWT >2499G W MAJOR CARDIOVASCULAR PROCEDURE	6304	APR-DRG	inpatient					Wellcare	Medicaid		161954				150392	161954	case rate	
NEONATE BIRTHWT >2499G W OTHER MAJOR PROCEDURE	6311	APR-DRG	inpatient					Wellcare	Medicaid		18535.99				17213	18535.99	case rate	
NEONATE BIRTHWT >2499G W OTHER MAJOR PROCEDURE	6312	APR-DRG	inpatient					Wellcare	Medicaid		22959.85				21321	22959.85	case rate	
NEONATE BIRTHWT >2499G W OTHER MAJOR PROCEDURE	6313	APR-DRG	inpatient					Wellcare	Medicaid		51603.9				47920	51603.9	case rate	
NEONATE BIRTHWT >2499G W OTHER MAJOR PROCEDURE	6314	APR-DRG	inpatient					Wellcare	Medicaid		143777.91				133513	143777.91	case rate	
NEONATE BIRTHWT >2499G W MAJOR ANOMALY	6331	APR-DRG	inpatient					Wellcare	Medicaid		4048.24				3759	4048.24	case rate	
NEONATE BIRTHWT >2499G W MAJOR ANOMALY	6332	APR-DRG	inpatient					Wellcare	Medicaid		11522.47				10700	11522.47	case rate	
NEONATE BIRTHWT >2499G W MAJOR ANOMALY	6333	APR-DRG	inpatient					Wellcare	Medicaid		24470.44				22723	24470.44	case rate	
NEONATE BIRTHWT >2499G W MAJOR ANOMALY	6334	APR-DRG	inpatient					Wellcare	Medicaid		73490.58				68244	73490.58	case rate	
NEONATE, BIRTHWT >2499G W RESP DIST SYND/OTH MAJ RESP COND	6341	APR-DRG	inpatient					Wellcare	Medicaid		7728.91				7177	7728.91	case rate	
NEONATE, BIRTHWT >2499G W RESP DIST SYND/OTH MAJ RESP COND	6342	APR-DRG	inpatient					Wellcare	Medicaid		14076.1				13071	14076.1	case rate	
NEONATE, BIRTHWT >2499G W RESP DIST SYND/OTH MAJ RESP COND	6343	APR-DRG	inpatient					Wellcare	Medicaid		31229.56				29000	31229.56	case rate	
NEONATE, BIRTHWT >2499G W RESP DIST SYND/OTH MAJ RESP COND	6344	APR-DRG	inpatient					Wellcare	Medicaid		77673.98				72129	77673.98	case rate	
NEONATE BIRTHWT >2499G W CONGENITAL/PERINATAL INFECTION	6361	APR-DRG	inpatient					Wellcare	Medicaid		10460.66				9714	10460.66	case rate	
NEONATE BIRTHWT >2499G W CONGENITAL/PERINATAL INFECTION	6362	APR-DRG	inpatient					Wellcare	Medicaid		15603.33				14489	15603.33	case rate	
NEONATE BIRTHWT >2499G W CONGENITAL/PERINATAL INFECTION	6363	APR-DRG	inpatient					Wellcare	Medicaid		29376.98				27280	29376.98	case rate	
NEONATE BIRTHWT >2499G W CONGENITAL/PERINATAL INFECTION	6364	APR-DRG	inpatient					Wellcare	Medicaid		61229.45				56858	61229.45	case rate	
NEONATE BIRTHWT >2499G W OTHER SIGNIFICANT CONDITION	6391	APR-DRG	inpatient					Wellcare	Medicaid		6048.35				5617	6048.35	case rate	
NEONATE BIRTHWT >2499G W OTHER SIGNIFICANT CONDITION	6392	APR-DRG	inpatient					Wellcare	Medicaid		9587.86				8903	9587.86	case rate	
NEONATE BIRTHWT >2499G W OTHER SIGNIFICANT CONDITION	6393	APR-DRG	inpatient					Wellcare	Medicaid		18604.91				17277	18604.91	case rate	
NEONATE BIRTHWT >2499G W OTHER SIGNIFICANT CONDITION	6394	APR-DRG	inpatient					Wellcare	Medicaid		50422.08				46822	50422.08	case rate	
NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	6401	APR-DRG	inpatient					Wellcare	Medicaid		1531.37				1422	1531.37	case rate	
NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	6402	APR-DRG	inpatient					Wellcare	Medicaid		2265.13				2103	2265.13	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.															
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true														
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	6403	APR-DRG	inpatient					Wellcare	Medicaid						5114	5936.92	case rate	
NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	6404	APR-DRG	inpatient					Wellcare	Medicaid						24920	26835.99	case rate	
SPLENECTOMY	6501	APR-DRG	inpatient					Wellcare	Medicaid						17505	18850.55	case rate	
SPLENECTOMY	6502	APR-DRG	inpatient					Wellcare	Medicaid						25056	26982.69	case rate	
SPLENECTOMY	6503	APR-DRG	inpatient					Wellcare	Medicaid						33786	36383.21	case rate	
SPLENECTOMY	6504	APR-DRG	inpatient					Wellcare	Medicaid						67643	72843.74	case rate	
OTHER PROCEDURES OF BLOOD & BLOOD-FORMING ORGANS	6511	APR-DRG	inpatient					Wellcare	Medicaid						14080	15162.39	case rate	
OTHER PROCEDURES OF BLOOD & BLOOD-FORMING ORGANS	6512	APR-DRG	inpatient					Wellcare	Medicaid						19771	21291.2	case rate	
OTHER PROCEDURES OF BLOOD & BLOOD-FORMING ORGANS	6513	APR-DRG	inpatient					Wellcare	Medicaid						34893	37575.09	case rate	
OTHER PROCEDURES OF BLOOD & BLOOD-FORMING ORGANS	6514	APR-DRG	inpatient					Wellcare	Medicaid						73223	78852.82	case rate	
MAJOR HEMATOLOGIC/IMMUNOLOGIC DIAG EXC SICKLE CELL CRISIS & COAGUL	6601	APR-DRG	inpatient					Wellcare	Medicaid						10302	11094.11	case rate	
MAJOR HEMATOLOGIC/IMMUNOLOGIC DIAG EXC SICKLE CELL CRISIS & COAGUL	6602	APR-DRG	inpatient					Wellcare	Medicaid						10998	11843.21	case rate	
MAJOR HEMATOLOGIC/IMMUNOLOGIC DIAG EXC SICKLE CELL CRISIS & COAGUL	6603	APR-DRG	inpatient					Wellcare	Medicaid						17681	19040.85	case rate	
MAJOR HEMATOLOGIC/IMMUNOLOGIC DIAG EXC SICKLE CELL CRISIS & COAGUL	6604	APR-DRG	inpatient					Wellcare	Medicaid						45941	49472.8	case rate	
COAGULATION & PLATELET DISORDERS	6611	APR-DRG	inpatient					Wellcare	Medicaid						12664	13637.67	case rate	
COAGULATION & PLATELET DISORDERS	6612	APR-DRG	inpatient					Wellcare	Medicaid						14899	16044.16	case rate	
COAGULATION & PLATELET DISORDERS	6613	APR-DRG	inpatient					Wellcare	Medicaid						28376	30557.31	case rate	
COAGULATION & PLATELET DISORDERS	6614	APR-DRG	inpatient					Wellcare	Medicaid						54122	58283.01	case rate	
SICKLE CELL ANEMIA CRISIS	6621	APR-DRG	inpatient					Wellcare	Medicaid						7859	8463.51	case rate	
SICKLE CELL ANEMIA CRISIS	6622	APR-DRG	inpatient					Wellcare	Medicaid						10766	11593.41	case rate	
SICKLE CELL ANEMIA CRISIS	6623	APR-DRG	inpatient					Wellcare	Medicaid						16681	17963.89	case rate	
SICKLE CELL ANEMIA CRISIS	6624	APR-DRG	inpatient					Wellcare	Medicaid						39194	42206.89	case rate	
OTHER ANEMIA & DISORDERS OF BLOOD & BLOOD-FORMING ORGANS	6631	APR-DRG	inpatient					Wellcare	Medicaid						6598	7105.72	case rate	
OTHER ANEMIA & DISORDERS OF BLOOD & BLOOD-FORMING ORGANS	6632	APR-DRG	inpatient					Wellcare	Medicaid						8330	8970.76	case rate	
OTHER ANEMIA & DISORDERS OF BLOOD & BLOOD-FORMING ORGANS	6633	APR-DRG	inpatient					Wellcare	Medicaid						11920	12836.19	case rate	
OTHER ANEMIA & DISORDERS OF BLOOD & BLOOD-FORMING ORGANS	6634	APR-DRG	inpatient					Wellcare	Medicaid						22264	23975.85	case rate	
MAJOR O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS	6801	APR-DRG	inpatient					Wellcare	Medicaid						20594	22177.13	case rate	
MAJOR O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS	6802	APR-DRG	inpatient					Wellcare	Medicaid						28322	30499.67	case rate	
MAJOR O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS	6803	APR-DRG	inpatient					Wellcare	Medicaid						48920	52681.13	case rate	
MAJOR O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS	6804	APR-DRG	inpatient					Wellcare	Medicaid						97850	105372.51	case rate	
OTHER O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS	6811	APR-DRG	inpatient					Wellcare	Medicaid						15005	16158.89	case rate	
OTHER O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS	6812	APR-DRG	inpatient					Wellcare	Medicaid						20654	22241.51	case rate	
OTHER O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS	6813	APR-DRG	inpatient					Wellcare	Medicaid						37958	40876.08	case rate	
OTHER O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS	6814	APR-DRG	inpatient					Wellcare	Medicaid						92491	99601.87	case rate	
ACUTE LEUKEMIA	6901	APR-DRG	inpatient					Wellcare	Medicaid						17442	18783.11	case rate	
ACUTE LEUKEMIA	6902	APR-DRG	inpatient					Wellcare	Medicaid						28798	31011.82	case rate	
ACUTE LEUKEMIA	6903	APR-DRG	inpatient					Wellcare	Medicaid						55360	59616.41	case rate	
ACUTE LEUKEMIA	6904	APR-DRG	inpatient					Wellcare	Medicaid						105548	113662.82	case rate	
LYMPHOMA, MYELOMA & NON-ACUTE LEUKEMIA	6911	APR-DRG	inpatient					Wellcare	Medicaid						14775	15910.76	case rate	
LYMPHOMA, MYELOMA & NON-ACUTE LEUKEMIA	6912	APR-DRG	inpatient					Wellcare	Medicaid						17060	18372.02	case rate	
LYMPHOMA, MYELOMA & NON-ACUTE LEUKEMIA	6913	APR-DRG	inpatient					Wellcare	Medicaid						26410	28440.44	case rate	
LYMPHOMA, MYELOMA & NON-ACUTE LEUKEMIA	6914	APR-DRG	inpatient					Wellcare	Medicaid						55547	59817.89	case rate	
RADIOTHERAPY	6921	APR-DRG	inpatient					Wellcare	Medicaid						9985	10753.13	case rate	
RADIOTHERAPY	6922	APR-DRG	inpatient					Wellcare	Medicaid						20875	22479.95	case rate	
RADIOTHERAPY	6923	APR-DRG	inpatient					Wellcare	Medicaid						30562	32911.32	case rate	
RADIOTHERAPY	6924	APR-DRG	inpatient					Wellcare	Medicaid						56535	60881.83	case rate	
LYMPHATIC & OTHER MALIGNANCIES & NEOPLASMS OF UNCERTAIN BEHAVIOR	6941	APR-DRG	inpatient					Wellcare	Medicaid						9180	9885.88	case rate	
LYMPHATIC & OTHER MALIGNANCIES & NEOPLASMS OF UNCERTAIN BEHAVIOR	6942	APR-DRG	inpatient					Wellcare	Medicaid						10818	11649.21	case rate	
LYMPHATIC & OTHER MALIGNANCIES & NEOPLASMS OF UNCERTAIN BEHAVIOR	6943	APR-DRG	inpatient					Wellcare	Medicaid						17406	18744.59	case rate	
LYMPHATIC & OTHER MALIGNANCIES & NEOPLASMS OF UNCERTAIN BEHAVIOR	6944	APR-DRG	inpatient					Wellcare	Medicaid						33693	36283.25	case rate	
CHEMOTHERAPY FOR ACUTE LEUKEMIA	6951	APR-DRG	inpatient					Wellcare	Medicaid						8356	8997.93	case rate	
CHEMOTHERAPY FOR ACUTE LEUKEMIA	6952	APR-DRG	inpatient					Wellcare	Medicaid						12183	13119.99	case rate	
CHEMOTHERAPY FOR ACUTE LEUKEMIA	6953	APR-DRG	inpatient					Wellcare	Medicaid						31769	34211.65	case rate	
CHEMOTHERAPY FOR ACUTE LEUKEMIA	6954	APR-DRG	inpatient					Wellcare	Medicaid						87626	94362.66	case rate	
OTHER CHEMOTHERAPY	6961	APR-DRG	inpatient					Wellcare	Medicaid						11002	11847.46	case rate	
OTHER CHEMOTHERAPY	6962	APR-DRG	inpatient					Wellcare	Medicaid						13097	14092.65	case rate	
OTHER CHEMOTHERAPY	6963	APR-DRG	inpatient					Wellcare	Medicaid						20535	22113.47	case rate	
OTHER CHEMOTHERAPY	6964	APR-DRG	inpatient					Wellcare	Medicaid						48452	52177.11	case rate	
INFECTIOUS & PARASITIC DISEASES INCLUDING HIV W O.R. PROCEDURE	7101	APR-DRG	inpatient					Wellcare	Medicaid						14659	15786.05	case rate	
INFECTIOUS & PARASITIC DISEASES INCLUDING HIV W O.R. PROCEDURE	7102	APR-DRG	inpatient					Wellcare	Medicaid						20644	22231.17	case rate	
INFECTIOUS & PARASITIC DISEASES INCLUDING HIV W O.R. PROCEDURE	7103	APR-DRG	inpatient					Wellcare	Medicaid						35450	38174.99	case rate	
INFECTIOUS & PARASITIC DISEASES INCLUDING HIV W O.R. PROCEDURE	7104	APR-DRG	inpatient					Wellcare	Medicaid						72442	78011.35	case rate	
POST-OP, POST-TRAUMA, OTHER DEVICE INFECTIONS W O.R. PROCEDURE	7111	APR-DRG	inpatient					Wellcare	Medicaid						14075	15156.94	case rate	
POST-OP, POST-TRAUMA, OTHER DEVICE INFECTIONS W O.R. PROCEDURE	7112	APR-DRG	inpatient					Wellcare	Medicaid						19475	20971.94	case rate	
POST-OP, POST-TRAUMA, OTHER DEVICE INFECTIONS W O.R. PROCEDURE	7113	APR-DRG	inpatient					Wellcare	Medicaid						35254	37964.46	case rate	
POST-OP, POST-TRAUMA, OTHER DEVICE INFECTIONS W O.R. PROCEDURE	7114	APR-DRG	inpatient					Wellcare	Medicaid						72559	78136.98	case rate	
SEPTICEMIA & DISSEMINATED INFECTIONS	7201	APR-DRG	inpatient					Wellcare	Medicaid						7372	7939.17	case rate	
SEPTICEMIA & DISSEMINATED INFECTIONS	7202	APR-DRG	inpatient					Wellcare	Medicaid						9895	10656.04	case rate	
SEPTICEMIA & DISSEMINATED INFECTIONS	7203	APR-DRG	inpatient					Wellcare	Medicaid						16184	17428.64	case rate	
SEPTICEMIA & DISSEMINATED INFECTIONS	7204	APR-DRG	inpatient					Wellcare	Medicaid						35673	38415.19	case rate	
POST-OPERATIVE, POST-TRAUMATIC, OTHER DEVICE INFECTIONS	7211	APR-DRG	inpatient					Wellcare	Medicaid						7747	8342.87	case rate	
POST-OPERATIVE, POST-TRAUMATIC, OTHER DEVICE INFECTIONS	7212	APR-DRG	inpatient					Wellcare	Medicaid						10281	11071.84	case rate	
POST-OPERATIVE, POST-TRAUMATIC, OTHER DEVICE INFECTIONS	7213	APR-DRG	inpatient					Wellcare	Medicaid						17211	18533.87	case rate	
POST-OPERATIVE, POST-TRAUMATIC, OTHER DEVICE INFECTIONS	7214	APR-DRG	inpatient					Wellcare	Medicaid						33602	36185.42	case rate	
FEVER	7221	APR-DRG	inpatient					Wellcare	Medicaid						5959	6417.31	case rate	
FEVER	7222	APR-DRG	inpatient					Wellcare	Medicaid						7992	8606.33	case rate	
FEVER	7223	APR-DRG	inpatient					Wellcare	Medicaid						10880	11716.74	case rate	
FEVER	7224	APR-DRG	inpatient					Wellcare	Medicaid						20658	22246.32	case rate	
VIRAL ILLNESS	7231	APR-DRG	inpatient					Wellcare	Medicaid						5256	5660.54	case rate	
VIRAL ILLNESS	7232	APR-DRG	inpatient					Wellcare	Medicaid						7119	7666.65	case rate	
VIRAL ILLNESS	7233	APR-DRG	inpatient					Wellcare	Medicaid						11508	12393.05	case rate	
VIRAL ILLNESS	7234	APR-DRG	inpatient					Wellcare	Medicaid						38476	41434.6	case rate	
OTHER INFECTIOUS & PARASITIC DISEASES	7241	APR-DRG	inpatient					Wellcare	Medicaid						9170	9875.53	case rate	
OTHER INFECTIOUS & PARASITIC DISEASES	7242	APR-DRG	inpatient					Wellcare	Medicaid						10819	11650.69	case rate	
OTHER INFECTIOUS & PARASITIC DISEASES	7243	APR-DRG	inpatient					Wellcare	Medicaid						17052	18363.33	case rate	
OTHER INFECTIOUS & PARASITIC DISEASES	7244	APR-DRG	inpatient					Wellcare	Medicaid						39454	42487.26	case rate	
MENTAL ILLNESS DIAGNOSIS W O.R. PROCEDURE	7401	APR-DRG	inpatient					Wellcare	Medicaid						17959	19339.97	case rate	
MENTAL ILLNESS DIAGNOSIS W O.R. PROCEDURE	7402	APR-DRG	inpatient					Wellcare	Medicaid						21614	23275.33	case rate	
MENTAL ILLNESS DIAGNOSIS W O.R. PROCEDURE	7403	APR-DRG	inpatient					Wellcare	Medicaid						36229	39014.72	case rate	
MENTAL ILLNESS DIAGNOSIS W O.R. PROCEDURE	7404	APR-DRG	inpatient					Wellcare	Medicaid						72810	78408.2	case rate	
SCHIZOPHRENIA	7501	APR-DRG	inpatient					Wellcare	Medicaid						8395	9039.96	case rate	
SCHIZOPHRENIA	7502	APR-DRG	inpatient					Wellcare	Medicaid						10060	10833.31	case rate	
SCHIZOPHRENIA	7503	APR-DRG	inpatient					Wellcare	Medicaid						14676	15804.43	case rate	
SCHIZOPHRENIA	7504	APR-DRG	inpatient					Wellcare	Medicaid						29458	31765.82	case rate	
MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	7511	APR-DRG	inpatient					Wellcare	Medicaid						5025	5411.02	case rate	
MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	7512	APR-DRG	inpatient					Wellcare	Medicaid						6966	7501.93	case rate	
MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	7513	APR-DRG	inpatient					Wellcare	Medicaid						12133	13065.29	case rate	
MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	7514	APR-DRG	inpatient					Wellcare	Medicaid						23553	25364.21	case rate	
DISORDERS OF PERSONALITY & IMPULSE CONTROL	7521	APR-DRG	inpatient					Wellcare	Medicaid						4304	4635.13	case rate	
DISORDERS OF PERSONALITY & IMPULSE CONTROL	7522	APR-DRG	inpatient					Wellcare	Medicaid						6111	6580.55	case rate	
DISORDERS OF PERSONALITY & IMPULSE CONTROL	7523	APR-DRG	inpatient					Wellcare	Medicaid						10782	11610.78	case rate	
DISORDERS OF PERSONALITY & IMPULSE CONTROL	7524	APR-DRG	inpatient					Wellcare	Medicaid						11569	12459.27	case rate	
BIPOLAR DISORDERS	7531	APR-DRG	inpatient					Wellcare	Medicaid						5466	5886.04	case rate	
BIPOLAR DISORDERS	7532	APR-DRG	inpatient					Wellcare	Medicaid						7399	7967.52	case rate	
BIPOLAR DISORDERS	7533	APR-DRG	inpatient					Wellcare	Medicaid						12030	12954.9	case rate	
BIPOLAR DISORDERS	7534	APR-DRG	inpatient					Wellcare	Medicaid						24157	26014.37	case rate	
DEPRESSION EXCEPT MAJOR DEPRESSIVE DISORDER	7541	APR-DRG	inpatient					Wellcare	Medicaid						4019	4328.15	case rate	
DEPRESSION EXCEPT MAJOR DEPRESSIVE DISORDER	7542	APR-DRG	inpatient					Wellcare	Medicaid						5383	5797.17	case rate	
DEPRESSION EXCEPT MAJOR DEPRESSIVE DISORDER	7543	APR-DRG	inpatient					Wellcare	Medicaid						8383	9027.49	case rate	
DEPRESSION EXCEPT MAJOR DEPRESSIVE DISORDER	7544	APR-DRG	inpatient					Wellcare	Medicaid						17520	18866.9	case rate	
ADJUSTMENT DISORDERS & NEUROSES EXCEPT DEPRESSIVE DIAGNOSES	7551	APR-DRG	inpatient					Wellcare	Medicaid						3619	3897.2	case rate	
ADJUSTMENT DISORDERS & NEUROSES EXCEPT DEPRESSIVE DIAGNOSES	7552	APR-DRG	inpatient					Wellcare	Medicaid						5933	6389.22	case rate	
ADJUSTMENT DISORDERS & NEUROSES EXCEPT DEPRESSIVE DIAGNOSES	7553	APR-DRG	inpatient					Wellcare	Medicaid						8522	9176.68	case rate	
ADJUSTMENT DISORDERS & NEUROSES EXCEPT DEPRESSIVE DIAGNOSES	7554	APR-DRG	inpatient					Wellcare	Medicaid						12858	13846.73	case rate	
ACUTE ANXIETY & DELIRIUM STATES	7561	APR-DRG	inpatient					Wellcare	Medicaid						5872	6323.91	case rate	
ACUTE ANXIETY & DELIRIUM STATES	7562	APR-DRG	inpatient					Wellcare	Medicaid						7405	7973.99	case rate	
ACUTE ANXIETY & DELIRIUM STATES	7563	APR-DRG	inpatient					Wellcare	Medicaid						9041	9735.57	case rate	
ACUTE ANXIETY & DELIRIUM STATES	7564	APR-DRG	inpatient					Wellcare	Medicaid						23735	25559.97	case rate	
ORGANIC MENTAL HEALTH DISTURBANCES	7571	APR-DRG	inpatient					Wellcare	Medicaid						8677	9344.53	case rate	
ORGANIC MENTAL HEALTH DISTURBANCES	7572	APR-DRG	inpatient					Wellcare	Medicaid						9894	10762.83	case rate	
ORGANIC MENTAL HEALTH DISTURBANCES	7573	APR-DRG	inpatient					Wellcare	Medicaid						12866	13854.86	case rate	
ORGANIC MENTAL HEALTH DISTURBANCES	7574	APR-DRG	inpatient					Wellcare	Medicaid						27248	29343.35	case rate	
BEHAVIORAL DISORDERS	7581	APR-DRG	inpatient					Wellcare	Medicaid						5731	6171.96	case rate	
BEHAVIORAL DISORDERS	7582	APR-DRG	inpatient					Wellcare	Medicaid						6812	7335.46	case rate	
BEHAVIORAL DISORDERS	7583	APR-DRG	inpatient					Wellcare	Medicaid						11420	12298.09	case rate	
BEHAVIORAL DISORDERS	7584	APR-DRG	inpatient					Wellcare	Medicaid						15093	16252.94	case rate	
EATING DISORDERS	7591	APR-DRG	inpatient					Wellcare	Medicaid						18259	19662.93	case rate	
EATING DISORDERS	7592	APR-DRG	inpatient					Wellcare	Medicaid						19176	20650.65	case rate	
EATING DISORDERS	7593	APR-DRG	inpatient					Wellcare	Medicaid						21488	23140.55	case rate	
EATING DISORDERS	7594	APR-DRG	inpatient					Wellcare	Medicaid						37236	40099.26	case rate	
OTHER MENTAL HEALTH DISORDERS	7601	APR-DRG	inpatient					Wellcare	Medicaid						7148	7697.59	case rate	
OTHER MENTAL HEALTH DISORDERS	7602	APR-DRG	inpatient					Wellcare	Medicaid						9284	9997.28	case rate	
OTHER MENTAL HEALTH DISORDERS	7603	APR-DRG	inpatient					Wellcare	Medicaid						14003	15079.44	case rate	
OTHER MENTAL HEALTH DISORDERS	7604	APR-DRG	inpatient					Wellcare	Medicaid						26995	29070.74	case rate	
DRUG & ALCOHOL ABUSE OR DEPENDENCE, LEFT AGAINST MEDICAL ADVICE	7701	APR-DRG	inpatient					Wellcare	Medicaid						3199	3445.29	case rate	
DRUG & ALCOHOL ABUSE OR DEPENDENCE, LEFT AGAINST MEDICAL ADVICE	7702	APR-DRG	inpatient					Wellcare	Medicaid						4195	4517.16	case rate	
DRUG & ALCOHOL ABUSE OR DEPENDENCE, LEFT AGAINST MEDICAL ADVICE	7703	APR-DRG	inpatient					Wellcare	Medicaid						8660	9326.05	case rate	
DRUG & ALCOHOL ABUSE OR DEPENDENCE, LEFT AGAINST MEDICAL ADVICE	7704	APR-DRG	inpatient					Wellcare	Medicaid						25875	27864.27	case rate	
ALCOHOL & DRUG DEPENDENCE W REHAB OR REHAB/DETOX THERAPY	7721	APR-DRG	inpatient					Wellcare	Medicaid						8030	8647.07	case rate	
ALCOHOL & DRUG DEPENDENCE W REHAB OR REHAB/DETOX THERAPY	7722	APR-DRG	inpatient					Wellcare	Medicaid						9427	10152.3	case rate	
ALCOHOL & DRUG DEPENDENCE W REHAB OR REHAB/DETOX THERAPY	7723	APR-DRG	inpatient					Wellcare	Medicaid						11082	11933.47	case rate	
ALCOHOL & DRUG DEPENDENCE W REHAB OR REHAB/DETOX THERAPY	7724	APR-DRG	inpatient					Wellcare	Medicaid						34376	37019.15	case rate	
OPIOID ABUSE & DEPENDENCE	7731	APR-DRG	inpatient					Wellcare	Medicaid						3797	4089.26	case rate	
OPIOID ABUSE & DEPENDENCE	7732	APR-DRG	inpatient					Wellcare	Medicaid						4856	5229.22	case rate	
OPIOID ABUSE & DEPENDENCE	7733	APR-DRG	inpatient					Wellcare	Medicaid						9840	10596.64	case rate	
OPIOID ABUSE & DEPENDENCE	7734	APR-DRG	inpatient					Wellcare	Medicaid						31142	33535.99	case rate	
COCAINE ABUSE & DEPENDENCE	7741	APR-DRG	inpatient					Wellcare	Medicaid						4807	5176.56	case rate	
COCAINE ABUSE & DEPENDENCE	7742	APR-DRG	inpatient					Wellcare	Medicaid						4993	5376.75	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.																
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true															
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
COCAINE ABUSE & DEPENDENCE	7743	APR-DRG	inpatient					Wellcare	Medicaid		10354.61				9615	10354.61	case rate	
COCAINE ABUSE & DEPENDENCE	7744	APR-DRG	inpatient					Wellcare	Medicaid		37889.92				35185	37889.92	case rate	
ALCOHOL ABUSE & DEPENDENCE	7751	APR-DRG	inpatient					Wellcare	Medicaid		5021.92				4663	5021.92	case rate	
ALCOHOL ABUSE & DEPENDENCE	7752	APR-DRG	inpatient					Wellcare	Medicaid		7159.86				6649	7159.86	case rate	
ALCOHOL ABUSE & DEPENDENCE	7753	APR-DRG	inpatient					Wellcare	Medicaid		13632.13				12659	13632.13	case rate	
ALCOHOL ABUSE & DEPENDENCE	7754	APR-DRG	inpatient					Wellcare	Medicaid		39057.22				36269	39057.22	case rate	
OTHER DRUG ABUSE & DEPENDENCE	7761	APR-DRG	inpatient					Wellcare	Medicaid		4770.74				4430	4770.74	case rate	
OTHER DRUG ABUSE & DEPENDENCE	7762	APR-DRG	inpatient					Wellcare	Medicaid		6612.69				6141	6612.69	case rate	
OTHER DRUG ABUSE & DEPENDENCE	7763	APR-DRG	inpatient					Wellcare	Medicaid		11652.53				10821	11652.53	case rate	
OTHER DRUG ABUSE & DEPENDENCE	7764	APR-DRG	inpatient					Wellcare	Medicaid		26876.46				24958	26876.46	case rate	
O.R. PROCEDURE FOR OTHER COMPLICATIONS OF TREATMENT	7911	APR-DRG	inpatient					Wellcare	Medicaid		14062.81				13059	14062.81	case rate	
O.R. PROCEDURE FOR OTHER COMPLICATIONS OF TREATMENT	7912	APR-DRG	inpatient					Wellcare	Medicaid		20645.57				19172	20645.57	case rate	
O.R. PROCEDURE FOR OTHER COMPLICATIONS OF TREATMENT	7913	APR-DRG	inpatient					Wellcare	Medicaid		33304.02				30926	33304.02	case rate	
O.R. PROCEDURE FOR OTHER COMPLICATIONS OF TREATMENT	7914	APR-DRG	inpatient					Wellcare	Medicaid		72768.63				67573	72768.63	case rate	
ALLERGIC REACTIONS	8111	APR-DRG	inpatient					Wellcare	Medicaid		4428.75				4113	4428.75	case rate	
ALLERGIC REACTIONS	8112	APR-DRG	inpatient					Wellcare	Medicaid		6395.04				5938	6395.04	case rate	
ALLERGIC REACTIONS	8113	APR-DRG	inpatient					Wellcare	Medicaid		14001.74				13002	14001.74	case rate	
ALLERGIC REACTIONS	8114	APR-DRG	inpatient					Wellcare	Medicaid		33548.92				31154	33548.92	case rate	
POISONING OF MEDICINAL AGENTS	8121	APR-DRG	inpatient					Wellcare	Medicaid		5073.84				4712	5073.84	case rate	
POISONING OF MEDICINAL AGENTS	8122	APR-DRG	inpatient					Wellcare	Medicaid		6462.77				6001	6462.77	case rate	
POISONING OF MEDICINAL AGENTS	8123	APR-DRG	inpatient					Wellcare	Medicaid		11470				10651	11470	case rate	
POISONING OF MEDICINAL AGENTS	8124	APR-DRG	inpatient					Wellcare	Medicaid		26894.75				24975	26894.75	case rate	
OTHER COMPLICATIONS OF TREATMENT	8131	APR-DRG	inpatient					Wellcare	Medicaid		7369.65				6844	7369.65	case rate	
OTHER COMPLICATIONS OF TREATMENT	8132	APR-DRG	inpatient					Wellcare	Medicaid		9713.13				9020	9713.13	case rate	
OTHER COMPLICATIONS OF TREATMENT	8133	APR-DRG	inpatient					Wellcare	Medicaid		14957.87				13890	14957.87	case rate	
OTHER COMPLICATIONS OF TREATMENT	8134	APR-DRG	inpatient					Wellcare	Medicaid		32901.25				30552	32901.25	case rate	
OTHER INJURY, POISONING & TOXIC EFFECT DIAGNOSES	8151	APR-DRG	inpatient					Wellcare	Medicaid		7220.08				6705	7220.08	case rate	
OTHER INJURY, POISONING & TOXIC EFFECT DIAGNOSES	8152	APR-DRG	inpatient					Wellcare	Medicaid		7668.4				7121	7668.4	case rate	
OTHER INJURY, POISONING & TOXIC EFFECT DIAGNOSES	8153	APR-DRG	inpatient					Wellcare	Medicaid		13057.44				12125	13057.44	case rate	
OTHER INJURY, POISONING & TOXIC EFFECT DIAGNOSES	8154	APR-DRG	inpatient					Wellcare	Medicaid		41695.76				38719	41695.76	case rate	
TOXIC EFFECTS OF NON-MEDICINAL SUBSTANCES	8161	APR-DRG	inpatient					Wellcare	Medicaid		7573.16				7032	7573.16	case rate	
TOXIC EFFECTS OF NON-MEDICINAL SUBSTANCES	8162	APR-DRG	inpatient					Wellcare	Medicaid		8414.65				7814	8414.65	case rate	
TOXIC EFFECTS OF NON-MEDICINAL SUBSTANCES	8163	APR-DRG	inpatient					Wellcare	Medicaid		12183.62				11314	12183.62	case rate	
TOXIC EFFECTS OF NON-MEDICINAL SUBSTANCES	8164	APR-DRG	inpatient					Wellcare	Medicaid		27922.65				25929	27922.65	case rate	
EXTENSIVE 3RD DEGREE BURNS W SKIN GRAFT	8411	APR-DRG	inpatient					Wellcare	Medicaid		71432.37				66333	71432.37	case rate	
EXTENSIVE 3RD DEGREE BURNS W SKIN GRAFT	8412	APR-DRG	inpatient					Wellcare	Medicaid		72666.47				67479	72666.47	case rate	
EXTENSIVE 3RD DEGREE BURNS W SKIN GRAFT	8413	APR-DRG	inpatient					Wellcare	Medicaid		111822.16				103839	111822.16	case rate	
EXTENSIVE 3RD DEGREE BURNS W SKIN GRAFT	8414	APR-DRG	inpatient					Wellcare	Medicaid		289306.86				268653	289306.86	case rate	
BURNS WITH SKIN GRAFT EXCEPT EXTENSIVE 3RD DEGREE BURNS	8421	APR-DRG	inpatient					Wellcare	Medicaid		22217.12				20631	22217.12	case rate	
BURNS WITH SKIN GRAFT EXCEPT EXTENSIVE 3RD DEGREE BURNS	8422	APR-DRG	inpatient					Wellcare	Medicaid		33313.26				30935	33313.26	case rate	
BURNS WITH SKIN GRAFT EXCEPT EXTENSIVE 3RD DEGREE BURNS	8423	APR-DRG	inpatient					Wellcare	Medicaid		63742.54				59192	63742.54	case rate	
BURNS WITH SKIN GRAFT EXCEPT EXTENSIVE 3RD DEGREE BURNS	8424	APR-DRG	inpatient					Wellcare	Medicaid		151613.33				140789	151613.33	case rate	
EXTENSIVE 3RD DEGREE OR FULL THICKNESS BURNS W/O SKIN GRAFT	8431	APR-DRG	inpatient					Wellcare	Medicaid		10918.03				10139	10918.03	case rate	
EXTENSIVE 3RD DEGREE OR FULL THICKNESS BURNS W/O SKIN GRAFT	8432	APR-DRG	inpatient					Wellcare	Medicaid		15062.53				13987	15062.53	case rate	
EXTENSIVE 3RD DEGREE OR FULL THICKNESS BURNS W/O SKIN GRAFT	8433	APR-DRG	inpatient					Wellcare	Medicaid		27507.96				25544	27507.96	case rate	
EXTENSIVE 3RD DEGREE OR FULL THICKNESS BURNS W/O SKIN GRAFT	8434	APR-DRG	inpatient					Wellcare	Medicaid		74211.05				68913	74211.05	case rate	
PARTIAL THICKNESS BURNS W/O SKIN GRAFT	8441	APR-DRG	inpatient					Wellcare	Medicaid		7297.78				6777	7297.78	case rate	
PARTIAL THICKNESS BURNS W/O SKIN GRAFT	8442	APR-DRG	inpatient					Wellcare	Medicaid		11005.97				10220	11005.97	case rate	
PARTIAL THICKNESS BURNS W/O SKIN GRAFT	8443	APR-DRG	inpatient					Wellcare	Medicaid		22406.14				20807	22406.14	case rate	
PARTIAL THICKNESS BURNS W/O SKIN GRAFT	8444	APR-DRG	inpatient					Wellcare	Medicaid		63407.47				58881	63407.47	case rate	
PROCEDURE W DIAG OF REHAB, AFTERCARE OR OTH CONTACT W HEALTH SERVICE	8501	APR-DRG	inpatient					Wellcare	Medicaid		22524.75				20917	22524.75	case rate	
PROCEDURE W DIAG OF REHAB, AFTERCARE OR OTH CONTACT W HEALTH SERVICE	8502	APR-DRG	inpatient					Wellcare	Medicaid		28289.03				26269	28289.03	case rate	
PROCEDURE W DIAG OF REHAB, AFTERCARE OR OTH CONTACT W HEALTH SERVICE	8503	APR-DRG	inpatient					Wellcare	Medicaid		38865.81				36091	38865.81	case rate	
PROCEDURE W DIAG OF REHAB, AFTERCARE OR OTH CONTACT W HEALTH SERVICE	8504	APR-DRG	inpatient					Wellcare	Medicaid		71038.37				65967	71038.37	case rate	
REHABILITATION	8601	APR-DRG	inpatient					Wellcare	Medicaid		12343.08				11462	12343.08	case rate	
REHABILITATION	8602	APR-DRG	inpatient					Wellcare	Medicaid		16719.91				15526	16719.91	case rate	
REHABILITATION	8603	APR-DRG	inpatient					Wellcare	Medicaid		23024.7				21381	23024.7	case rate	
REHABILITATION	8604	APR-DRG	inpatient					Wellcare	Medicaid		31017.17				28803	31017.17	case rate	
SIGNS, SYMPTOMS & OTHER FACTORS INFLUENCING HEALTH STATUS	8611	APR-DRG	inpatient					Wellcare	Medicaid		6337.4				5885	6337.4	case rate	
SIGNS, SYMPTOMS & OTHER FACTORS INFLUENCING HEALTH STATUS	8612	APR-DRG	inpatient					Wellcare	Medicaid		8288.64				7697	8288.64	case rate	
SIGNS, SYMPTOMS & OTHER FACTORS INFLUENCING HEALTH STATUS	8613	APR-DRG	inpatient					Wellcare	Medicaid		11849.31				11003	11849.31	case rate	
SIGNS, SYMPTOMS & OTHER FACTORS INFLUENCING HEALTH STATUS	8614	APR-DRG	inpatient					Wellcare	Medicaid		24941.67				23161	24941.67	case rate	
OTHER AFTERCARE & CONVALESCENCE	8621	APR-DRG	inpatient					Wellcare	Medicaid		6129.74				5692	6129.74	case rate	
OTHER AFTERCARE & CONVALESCENCE	8622	APR-DRG	inpatient					Wellcare	Medicaid		9525.78				8846	9525.78	case rate	
OTHER AFTERCARE & CONVALESCENCE	8623	APR-DRG	inpatient					Wellcare	Medicaid		13891.82				12900	13891.82	case rate	
OTHER AFTERCARE & CONVALESCENCE	8624	APR-DRG	inpatient					Wellcare	Medicaid		22764.57				21139	22764.57	case rate	
NEONATAL AFTERCARE	8631	APR-DRG	inpatient					Wellcare	Medicaid		11391.19				10578	11391.19	case rate	
NEONATAL AFTERCARE	8632	APR-DRG	inpatient					Wellcare	Medicaid		32198.24				29900	32198.24	case rate	
NEONATAL AFTERCARE	8633	APR-DRG	inpatient					Wellcare	Medicaid		57640.6				53525	57640.6	case rate	
NEONATAL AFTERCARE	8634	APR-DRG	inpatient					Wellcare	Medicaid		137709.33				127878	137709.33	case rate	
HIV W MULTIPLE MAJOR HIV RELATED CONDITIONS	8901	APR-DRG	inpatient					Wellcare	Medicaid		13578.27				12609	13578.27	case rate	
HIV W MULTIPLE MAJOR HIV RELATED CONDITIONS	8902	APR-DRG	inpatient					Wellcare	Medicaid		15813.77				14685	15813.77	case rate	
HIV W MULTIPLE MAJOR HIV RELATED CONDITIONS	8903	APR-DRG	inpatient					Wellcare	Medicaid		25150.45				23355	25150.45	case rate	
HIV W MULTIPLE MAJOR HIV RELATED CONDITIONS	8904	APR-DRG	inpatient					Wellcare	Medicaid		50647.58				47032	50647.58	case rate	
HIV W MAJOR HIV RELATED CONDITION	8921	APR-DRG	inpatient					Wellcare	Medicaid		10573.27				9818	10573.27	case rate	
HIV W MAJOR HIV RELATED CONDITION	8922	APR-DRG	inpatient					Wellcare	Medicaid		13984				12986	13984	case rate	
HIV W MAJOR HIV RELATED CONDITION	8923	APR-DRG	inpatient					Wellcare	Medicaid		18323.43				17015	18323.43	case rate	
HIV W MAJOR HIV RELATED CONDITION	8924	APR-DRG	inpatient					Wellcare	Medicaid		35562.79				33024	35562.79	case rate	
HIV W MULTIPLE SIGNIFICANT HIV RELATED CONDITIONS	8931	APR-DRG	inpatient					Wellcare	Medicaid		12583.26				11685	12583.26	case rate	
HIV W MULTIPLE SIGNIFICANT HIV RELATED CONDITIONS	8932	APR-DRG	inpatient					Wellcare	Medicaid		14307.51				13286	14307.51	case rate	
HIV W MULTIPLE SIGNIFICANT HIV RELATED CONDITIONS	8933	APR-DRG	inpatient					Wellcare	Medicaid		21824.79				20267	21824.79	case rate	
HIV W MULTIPLE SIGNIFICANT HIV RELATED CONDITIONS	8934	APR-DRG	inpatient					Wellcare	Medicaid		43794.33				40668	43794.33	case rate	
HIV W ONE SIGNIF HIV COND OR W/O SIGNIF RELATED COND	8941	APR-DRG	inpatient					Wellcare	Medicaid		9697.51				9005	9697.51	case rate	
HIV W ONE SIGNIF HIV COND OR W/O SIGNIF RELATED COND	8942	APR-DRG	inpatient					Wellcare	Medicaid		11657.53				10825	11657.53	case rate	
HIV W ONE SIGNIF HIV COND OR W/O SIGNIF RELATED COND	8943	APR-DRG	inpatient					Wellcare	Medicaid		16661.53				15472	16661.53	case rate	
HIV W ONE SIGNIF HIV COND OR W/O SIGNIF RELATED COND	8944	APR-DRG	inpatient					Wellcare	Medicaid		23860.27				22157	23860.27	case rate	
CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA	9101	APR-DRG	inpatient					Wellcare	Medicaid		45459.01				42214	45459.01	case rate	
CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA	9102	APR-DRG	inpatient					Wellcare	Medicaid		53915.13				50066	53915.13	case rate	
CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA	9103	APR-DRG	inpatient					Wellcare	Medicaid		70322.71				65302	70322.71	case rate	
CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA	9104	APR-DRG	inpatient					Wellcare	Medicaid		145267.24				134896	145267.24	case rate	
EXTENSIVE ABDOMINAL/THORACIC PROCEDURES FOR MULT SIGNIFICANT TRAUMA	9111	APR-DRG	inpatient					Wellcare	Medicaid		25211.87				23226	25211.87	case rate	
EXTENSIVE ABDOMINAL/THORACIC PROCEDURES FOR MULT SIGNIFICANT TRAUMA	9112	APR-DRG	inpatient					Wellcare	Medicaid		32875.57				30528	32875.57	case rate	
EXTENSIVE ABDOMINAL/THORACIC PROCEDURES FOR MULT SIGNIFICANT TRAUMA	9113	APR-DRG	inpatient					Wellcare	Medicaid		44679.98				41490	44679.98	case rate	
EXTENSIVE ABDOMINAL/THORACIC PROCEDURES FOR MULT SIGNIFICANT TRAUMA	9114	APR-DRG	inpatient					Wellcare	Medicaid		106393.3				98798	106393.3	case rate	
MUSCULOSKELETAL & OTHER PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA	9121	APR-DRG	inpatient					Wellcare	Medicaid		30240.64				28082	30240.64	case rate	
MUSCULOSKELETAL & OTHER PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA	9122	APR-DRG	inpatient					Wellcare	Medicaid		33296.26				30919	33296.26	case rate	
MUSCULOSKELETAL & OTHER PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA	9123	APR-DRG	inpatient					Wellcare	Medicaid		54895.83				50977	54895.83	case rate	
MUSCULOSKELETAL & OTHER PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA	9124	APR-DRG	inpatient					Wellcare	Medicaid		105806.88				98253	105806.88	case rate	
MULTIPLE SIGNIFICANT TRAUMA W/O O.R. PROCEDURE	9301	APR-DRG	inpatient					Wellcare	Medicaid		11502.89				10682	11502.89	case rate	
MULTIPLE SIGNIFICANT TRAUMA W/O O.R. PROCEDURE	9302	APR-DRG	inpatient					Wellcare	Medicaid		15475.19				14370	15475.19	case rate	
MULTIPLE SIGNIFICANT TRAUMA W/O O.R. PROCEDURE	9303	APR-DRG	inpatient					Wellcare	Medicaid		24381.2				22641	24381.2	case rate	
MULTIPLE SIGNIFICANT TRAUMA W/O O.R. PROCEDURE	9304	APR-DRG	inpatient					Wellcare	Medicaid		64545.68				59938	64545.68	case rate	
EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9501	APR-DRG	inpatient					Wellcare	Medicaid		21779.53				20225	21779.53	case rate	
EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9502	APR-DRG	inpatient					Wellcare	Medicaid		31980.69				29698	31980.69	case rate	
EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9503	APR-DRG	inpatient					Wellcare	Medicaid		49715.84				46167	49715.84	case rate	
EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9504	APR-DRG	inpatient					Wellcare	Medicaid		94715.56				87954	94715.56	case rate	
MODERATELY EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9511	APR-DRG	inpatient					Wellcare	Medicaid		15466.14				14362	15466.14	case rate	
MODERATELY EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9512	APR-DRG	inpatient					Wellcare	Medicaid		22091.77				20515	22091.77	case rate	
MODERATELY EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9513	APR-DRG	inpatient					Wellcare	Medicaid		36284.09				33694	36284.09	case rate	
MODERATELY EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9514	APR-DRG	inpatient					Wellcare	Medicaid		69353.93				64403	69353.93	case rate	
NONEXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9521	APR-DRG	inpatient					Wellcare	Medicaid		12306.96				11428	12306.96	case rate	
NONEXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9522	APR-DRG	inpatient					Wellcare	Medicaid		18313.73				17006	18313.73	case rate	
NONEXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9523	APR-DRG	inpatient					Wellcare	Medicaid		31087.84				28868	31087.84	case rate	
NONEXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9524	APR-DRG	inpatient					Wellcare	Medicaid		58969.38				54759	58969.38	case rate	
HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM W MCC	001	MS-DRG	inpatient				397605.24	Aetna	Commercial		465255.86				320075.66	990582.37	case rate	
HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM W/O MCC	002	MS-DRG	inpatient				185457.36	Aetna	Commercial		210218.95				144621.43	503445.21	case rate	
ECMO OR TRACH W MV >96 HRS OR PDX EXC FACE, MOUTH & NECK W MAJ O.R.	003	MS-DRG	inpatient				315081.15	Aetna	Commercial		330319				251825.15	686280.58	case rate	Case Rate for Days 1-50; Days 51-999 receive per diem at $7,703
TRACH W MV >96 HRS OR PDX EXC FACE, MOUTH & NECK W/O MAJ O.R.	004	MS-DRG	inpatient				220531.85	Aetna	Commercial		252384.3				173629.34	428299.53	case rate	
LUNG TRANSPLANT	007	MS-DRG	inpatient				185775.85	Aetna	Commercial		210601.82				144884.83	399487.06	case rate	
SIMULTANEOUS PANCREAS/KIDNEY TRANSPLANT	008	MS-DRG	inpatient				85736.65	Aetna	Commercial		90338.13				62148.67	196874.24	case rate	
PANCREAS TRANSPLANT	010	MS-DRG	inpatient				79337.57	Aetna	Commercial		82644.7				56855.93	169302.85	case rate	
TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES OR LARYNGECTOMY W MCC	011	MS-DRG	inpatient				84231.35	Aetna	Commercial		88528.51				60903.74	260411	case rate	
TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES OR LARYNGECTOMY W CC	012	MS-DRG	inpatient				67787.38	Aetna	Commercial		68760.13				47303.96	260411	case rate	
TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES OR LARYNGECTOMY W/O CC/MCC	013	MS-DRG	inpatient				48946.92	Aetna	Commercial		46110.78				31722.2	260411	case rate	
ALLOGENEIC BONE MARROW TRANSPLANT	014	MS-DRG	inpatient				174271.92	Aetna	Commercial		196772.19				135370.65	448219.9	case rate	
AUTOLOGOUS BONE MARROW TRANSPLANT W CC/MCC OR T-CELL IMMUNOTHERAPY	016	MS-DRG	inpatient				98808.71	Aetna	Commercial		106052.91				72999.76	245273.28	case rate	
AUTOLOGOUS BONE MARROW TRANSPLANT W/O CC/MCC	017	MS-DRG	inpatient				98808.71	Aetna	Commercial		106052.91				71026.39	164321.92	case rate	
CHIMERIC ANTIGEN RECEPTOR (CAR) T-CELL IMMUNOTHERAPY	018	MS-DRG	inpatient				536767.79	Aetna	Commercial		632952.32				436168.29	639257.68	case rate	
SIMULTANEOUS PANCREAS AND KIDNEY TRANSPLANT WITH HEMODIALYSIS	019	MS-DRG	inpatient				124751.46	Aetna	Commercial		137240.4				94415.39	138695.22	case rate	
INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W MCC	020	MS-DRG	inpatient				131305.35	Aetna	Commercial		145119.26				99835.69	391021.73	case rate	
INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W CC	021	MS-DRG	inpatient				98300.28	Aetna	Commercial		105441.7				72539.27	296515.34	case rate	
INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W/O CC/MCC	022	MS-DRG	inpatient				60243.77	Aetna	Commercial		59691.46				41065.11	193442.35	case rate	
CRANIOTOMY W MAJOR DEVICE IMPLANT OR ACUTE COMPLEX CNS PDX W MCC OR CHEMOTHERAPY IMPLANT OR EPIL	023	MS-DRG	inpatient				91550.74	Aetna	Commercial		97327.63				66957.14	204791.97	case rate	
CRANIO W MAJOR DEV IMPL/ACUTE COMPLEX CNS PDX W/O MCC	024	MS-DRG	inpatient				64701.1	Aetna	Commercial		65049.91				44751.49	313612.23	case rate	
CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W MCC	025	MS-DRG	inpatient				73658.59	Aetna	Commercial		75818.3				52159.67	160436.19	case rate	
CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W CC	026	MS-DRG	inpatient				52765.86	Aetna	Commercial		50701.77				34880.6	113109.88	case rate	
CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W/O CC/MCC	027	MS-DRG	inpatient				45336.51	Aetna	Commercial		41770.46				28736.25	90230.59	case rate	
SPINAL PROCEDURES W MCC	028	MS-DRG	inpatient				96653.6	Aetna	Commercial		103462.11				71177.4	201592.62	case rate	
SPINAL PROCEDURES W CC OR SPINAL NEUROSTIMULATORS	029	MS-DRG	inpatient				59651.11	Aetna	Commercial		58858.77				40492.25	118360.84	case rate	
SPINAL PROCEDURES W/O CC/MCC	030	MS-DRG	inpatient				43709.82	Aetna	Commercial		39814.91				27390.91	81603.98	case rate	
VENTRICULAR SHUNT PROCEDURES W MCC	031	MS-DRG	inpatient				69382.65	Aetna	Commercial		70677.91				48623.3	156888.03	case rate	
VENTRICULAR SHUNT PROCEDURES W CC	032	MS-DRG	inpatient				41350.48	Aetna	Commercial		36978.59				25439.65	103005.11	case rate	
VENTRICULAR SHUNT PROCEDURES W/O CC/MCC	033	MS-DRG	inpatient				33768.31	Aetna	Commercial		27863.57				19168.92	169398.47	case rate	
CAROTID ARTERY STENT PROCEDURE W MCC	034	MS-DRG	inpatient				66309.22	Aetna	Commercial		66983.14				46081.46	279134.99	case rate	
CAROTID ARTERY STENT PROCEDURE W CC	035	MS-DRG	inpatient				43431.32	Aetna	Commercial		39480.12				27160.59	83276.79	case rate	
CAROTID ARTERY STENT PROCEDURE W/O CC/MCC	036	MS-DRG	inpatient				36414.71	Aetna	Commercial		31044.99				21357.59	64737.08	case rate	
EXTRACRANIAL PROCEDURES W MCC	037	MS-DRG	inpatient				58799.89	Aetna	Commercial		57955.68				39870.97	120389.67	case rate	
EXTRACRANIAL PROCEDURES W CC	038	MS-DRG	inpatient				33439.83	Aetna	Commercial		27468.68				18897.25	62700.45	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.															
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true														
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
EXTRACRANIAL PROCEDURES W/O CC/MCC	039	MS-DRG	inpatient				26885.54	Aetna	Commercial		19589.83				13476.94	42472.93	case rate	
PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W MCC	040	MS-DRG	inpatient				65582.28	Aetna	Commercial		66109.23				45480.26	147335	case rate	
PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W CC OR PERIPH NEUROSTIM	041	MS-DRG	inpatient				42448.74	Aetna	Commercial		38298.89				26347.96	88456.51	case rate	
PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W/O CC/MCC	042	MS-DRG	inpatient				35437.84	Aetna	Commercial		29870.63				20549.68	102408.62	case rate	
SPINAL DISORDERS & INJURIES W CC/MCC	052	MS-DRG	inpatient				36361.31	Aetna	Commercial		33385.12				22967.5	80333.48	case rate	
SPINAL DISORDERS & INJURIES W/O CC/MCC	053	MS-DRG	inpatient				24640.86	Aetna	Commercial		16890.86				11620.17	98314.19	case rate	
NERVOUS SYSTEM NEOPLASMS W MCC	054	MS-DRG	inpatient				31634.62	Aetna	Commercial		25298.52				17404.27	143596.19	case rate	
NERVOUS SYSTEM NEOPLASMS W/O MCC	055	MS-DRG	inpatient				25917.64	Aetna	Commercial		18425.77				12676.12	39277.33	case rate	
DEGENERATIVE NERVOUS SYSTEM DISORDERS W MCC	056	MS-DRG	inpatient				44780.95	Aetna	Commercial		41102.59				28276.78	79683.62	case rate	
DEGENERATIVE NERVOUS SYSTEM DISORDERS W/O MCC	057	MS-DRG	inpatient				30059.35	Aetna	Commercial		23404.78				16101.46	45342.21	case rate	
MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W MCC	058	MS-DRG	inpatient				35267.89	Aetna	Commercial		29666.32				20409.13	65997.32	case rate	
MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W CC	059	MS-DRG	inpatient				27545.76	Aetna	Commercial		20383.04				14022.64	41231.45	case rate	
MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W/O CC/MCC	060	MS-DRG	inpatient				23406.92	Aetna	Commercial		15407.46				10599.66	31232.08	case rate	
ISCHEMIC STROKE, PRECEREBRAL OCCLUSION OR TRANSIENT ISCHEMIA W THROMBOLYTIC AGENT W MCC	061	MS-DRG	inpatient				50619.32	Aetna	Commercial		48121.27				33105.33	106808.68	case rate	
ISCHEMIC STROKE, PRECEREBRAL OCCLUSION OR TRANSIENT ISCHEMIA W THROMBOLYTIC AGENT W CC	062	MS-DRG	inpatient				37321.6	Aetna	Commercial		32135.22				22107.62	121708.96	case rate	
ISCHEMIC STROKE, PRECEREBRAL OCCLUSION OR TRANSIENT ISCHEMIA W THROMBOLYTIC AGENT W/O CC/MCC	063	MS-DRG	inpatient				31824.57	Aetna	Commercial		25526.87				17561.37	136083.64	case rate	
INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W MCC	064	MS-DRG	inpatient				39196.79	Aetna	Commercial		34389.51				23658.47	215326.95	case rate	
INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W CC OR TPA IN 24 HRS	065	MS-DRG	inpatient				25106.44	Aetna	Commercial		17450.57				12005.23	38688.47	case rate	
INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W/O CC/MCC	066	MS-DRG	inpatient				20409.18	Aetna	Commercial		11803.69				8120.42	27260.09	case rate	
NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT W MCC	067	MS-DRG	inpatient				30826.21	Aetna	Commercial		24526.76				16735.74	56313.01	case rate	
NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT W/O MCC	068	MS-DRG	inpatient				23029.88	Aetna	Commercial		14954.2				10287.83	33707.54	case rate	
TRANSIENT ISCHEMIA W/O THROMBOLYTIC	069	MS-DRG	inpatient				21997.31	Aetna	Commercial		13712.88				9433.86	28711.61	case rate	
NONSPECIFIC CEREBROVASCULAR DISORDERS W MCC	070	MS-DRG	inpatient				36147.64	Aetna	Commercial		30723.93				21136.72	67110.27	case rate	
NONSPECIFIC CEREBROVASCULAR DISORDERS W CC	071	MS-DRG	inpatient				25754.83	Aetna	Commercial		18230.04				12541.47	36974.4	case rate	
NONSPECIFIC CEREBROVASCULAR DISORDERS W/O CC/MCC	072	MS-DRG	inpatient				21773.09	Aetna	Commercial		13443.33				9248.42	27830.19	case rate	
CRANIAL & PERIPHERAL NERVE DISORDERS W MCC	073	MS-DRG	inpatient				32198.75	Aetna	Commercial		29976.7				17870.83	52926.13	case rate	
CRANIAL & PERIPHERAL NERVE DISORDERS W/O MCC	074	MS-DRG	inpatient				25246.4	Aetna	Commercial		17618.83				12120.98	36528.07	case rate	
VIRAL MENINGITIS W CC/MCC	075	MS-DRG	inpatient				37922.86	Aetna	Commercial		32858.03				22804.89	55570.37	case rate	
VIRAL MENINGITIS W/O CC/MCC	076	MS-DRG	inpatient				23765.39	Aetna	Commercial		15838.4				10896.13	30935.77	case rate	
HYPERTENSIVE ENCEPHALOPATHY W MCC	077	MS-DRG	inpatient				32168.76	Aetna	Commercial		25940.64				17846.03	58210.86	case rate	
HYPERTENSIVE ENCEPHALOPATHY W CC	078	MS-DRG	inpatient				25113.58	Aetna	Commercial		17459.16				12011.13	36386.54	case rate	
HYPERTENSIVE ENCEPHALOPATHY W/O CC/MCC	079	MS-DRG	inpatient				21170.4	Aetna	Commercial		12718.8				8749.97	27998.98	case rate	
NONTRAUMATIC STUPOR & COMA W MCC	080	MS-DRG	inpatient				42134.54	Aetna	Commercial		37921.17				26088.1	70468.15	case rate	
NONTRAUMATIC STUPOR & COMA W/O MCC	081	MS-DRG	inpatient				23579.73	Aetna	Commercial		15815.21				10742.58	32053.48	case rate	
TRAUMATIC STUPOR & COMA, COMA >1 HR W MCC	082	MS-DRG	inpatient				43128.55	Aetna	Commercial		39116.13				26910.19	80962.61	case rate	
TRAUMATIC STUPOR & COMA, COMA >1 HR W CC	083	MS-DRG	inpatient				29962.23	Aetna	Commercial		23288.03				16021.15	48571.57	case rate	
TRAUMATIC STUPOR & COMA, COMA >1 HR W/O CC/MCC	084	MS-DRG	inpatient				23725.4	Aetna	Commercial		15790.33				10863.05	34630.21	case rate	
TRAUMATIC STUPOR & COMA, COMA <1 HR W MCC	085	MS-DRG	inpatient				43050	Aetna	Commercial		39021.7				26845.22	81765.26	case rate	
TRAUMATIC STUPOR & COMA, COMA <1 HR W CC	086	MS-DRG	inpatient				29400.96	Aetna	Commercial		22813.29				15558.95	46824.95	case rate	
TRAUMATIC STUPOR & COMA, COMA <1 HR W/O CC/MCC	087	MS-DRG	inpatient				23246.96	Aetna	Commercial		15215.17				10467.37	31704.67	case rate	
CONCUSSION W MCC	088	MS-DRG	inpatient				32495.81	Aetna	Commercial		26333.81				18116.51	55495.36	case rate	
CONCUSSION W CC	089	MS-DRG	inpatient				27013.56	Aetna	Commercial		19742.63				13582.07	40038.72	case rate	
CONCUSSION W/O CC/MCC	090	MS-DRG	inpatient				23941.05	Aetna	Commercial		16049.58				11041.41	29758.05	case rate	
OTHER DISORDERS OF NERVOUS SYSTEM W MCC	091	MS-DRG	inpatient				36143.36	Aetna	Commercial		30718.77				21133.17	60461.28	case rate	
OTHER DISORDERS OF NERVOUS SYSTEM W CC	092	MS-DRG	inpatient				25244.98	Aetna	Commercial		17617.11				12119.8	35380.35	case rate	
OTHER DISORDERS OF NERVOUS SYSTEM W/O CC/MCC	093	MS-DRG	inpatient				21650.27	Aetna	Commercial		13295.67				9146.84	27672.66	case rate	
BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W MCC	094	MS-DRG	inpatient				62328.9	Aetna	Commercial		62198.14				42789.59	137947	case rate	
BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W CC	095	MS-DRG	inpatient				44640.99	Aetna	Commercial		40934.33				28161.03	89300.42	case rate	
BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W/O CC/MCC	096	MS-DRG	inpatient				41720.37	Aetna	Commercial		37423.27				25745.57	79177.28	case rate	
NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W MCC	097	MS-DRG	inpatient				62531.7	Aetna	Commercial		62441.94				42957.32	132733.52	case rate	
NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W CC	098	MS-DRG	inpatient				41360.47	Aetna	Commercial		36990.61				25447.92	69406.7	case rate	
NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W/O CC/MCC	099	MS-DRG	inpatient				29445.23	Aetna	Commercial		22666.51				15593.57	47742.66	case rate	
SEIZURES W MCC	100	MS-DRG	inpatient				38904.02	Aetna	Commercial		34037.54				23416.34	67977.69	case rate	
SEIZURES W/O MCC	101	MS-DRG	inpatient				23581.15	Aetna	Commercial		15616.92				10743.76	32604.84	case rate	
HEADACHES W MCC	102	MS-DRG	inpatient				27822.83	Aetna	Commercial		20716.12				14251.78	40376.29	case rate	
HEADACHES W/O MCC	103	MS-DRG	inpatient				22621.42	Aetna	Commercial		14463.17				9950.02	29307.97	case rate	
ORBITAL PROCEDURES W CC/MCC	113	MS-DRG	inpatient				46399.07	Aetna	Commercial		43047.83				29515.02	86367.37	case rate	
ORBITAL PROCEDURES W/O CC/MCC	114	MS-DRG	inpatient				28182.73	Aetna	Commercial		21148.77				14549.43	47075.04	case rate	
EXTRAOCULAR PROCEDURES EXCEPT ORBIT	115	MS-DRG	inpatient				32932.83	Aetna	Commercial		26859.18				18477.94	51088.28	case rate	
INTRAOCULAR PROCEDURES W CC/MCC	116	MS-DRG	inpatient				36737.48	Aetna	Commercial		31433.01				21624.53	64061.96	case rate	
INTRAOCULAR PROCEDURES W/O CC/MCC	117	MS-DRG	inpatient				27705.72	Aetna	Commercial		20575.33				14154.93	37600.77	case rate	
ACUTE MAJOR EYE INFECTIONS W CC/MCC	121	MS-DRG	inpatient				28888.24	Aetna	Commercial		21996.92				15132.92	39731.17	case rate	
ACUTE MAJOR EYE INFECTIONS W/O CC/MCC	122	MS-DRG	inpatient				21223.24	Aetna	Commercial		12782.32				8793.68	26472.44	case rate	
NEUROLOGICAL EYE DISORDERS	123	MS-DRG	inpatient				22073	Aetna	Commercial		13803.88				9496.46	28239.02	case rate	
OTHER DISORDERS OF THE EYE W MCC	124	MS-DRG	inpatient				29469.51	Aetna	Commercial		22695.7				15613.65	49933.07	case rate	
OTHER DISORDERS OF THE EYE W/O MCC	125	MS-DRG	inpatient				21980.17	Aetna	Commercial		13692.28				9419.69	30388.17	case rate	
SINUS & MASTOID PROCEDURES W CC/MCC	135	MS-DRG	inpatient				48467.06	Aetna	Commercial		45533.9				31325.33	86198.59	case rate	
SINUS & MASTOID PROCEDURES W/O CC/MCC	136	MS-DRG	inpatient				24002.47	Aetna	Commercial		16123.41				11092.2	45477.24	case rate	
MOUTH PROCEDURES W CC/MCC	137	MS-DRG	inpatient				32080.21	Aetna	Commercial		29834.19				17772.79	51650.89	case rate	
MOUTH PROCEDURES W/O CC/MCC	138	MS-DRG	inpatient				22954.19	Aetna	Commercial		14863.2				10225.23	31700.92	case rate	
SALIVARY GLAND PROCEDURES	139	MS-DRG	inpatient				27552.9	Aetna	Commercial		20391.62				14028.54	43523.12	case rate	
MAJOR HEAD AND NECK PROCEDURES WITH MCC	140	MS-DRG	inpatient				64548.29	Aetna	Commercial		64866.2				44625.1	65553.81	case rate	
MAJOR HEAD AND NECK PROCEDURES WITH CC	141	MS-DRG	inpatient				40177.95	Aetna	Commercial		35569.02				24469.93	35946.07	case rate	
MAJOR HEAD AND NECK PROCEDURES WITHOUT COMPLICATIONS	142	MS-DRG	inpatient				32655.76	Aetna	Commercial		26526.11				18248.8	28396.32	case rate	
OTHER EAR, NOSE, MOUTH AND THROAT O.R. PROCEDURES WITH MCC	143	MS-DRG	inpatient				58085.8	Aetna	Commercial		57097.23				39280.39	57702.49	case rate	
OTHER EAR, NOSE, MOUTH AND THROAT O.R. PROCEDURES WITH CC	144	MS-DRG	inpatient				35305.02	Aetna	Commercial		29710.95				20439.84	30700.02	case rate	
OTHER EAR, NOSE, MOUTH AND THROAT O.R. PROCEDURES WITHOUT CC/MCC	145	MS-DRG	inpatient				28029.91	Aetna	Commercial		20965.07				14423.05	24373.84	case rate	
EAR, NOSE, MOUTH & THROAT MALIGNANCY W MCC	146	MS-DRG	inpatient				40739.22	Aetna	Commercial		36243.76				24934.12	72129.71	case rate	
EAR, NOSE, MOUTH & THROAT MALIGNANCY W CC	147	MS-DRG	inpatient				28239.85	Aetna	Commercial		21217.45				14596.68	46902.5	case rate	
EAR, NOSE, MOUTH & THROAT MALIGNANCY W/O CC/MCC	148	MS-DRG	inpatient				23296.95	Aetna	Commercial		15275.26				10508.71	27147.57	case rate	
DYSEQUILIBRIUM	149	MS-DRG	inpatient				21226.1	Aetna	Commercial		12785.75				8796.04	26671.23	case rate	
EPISTAXIS W MCC	150	MS-DRG	inpatient				29363.83	Aetna	Commercial		22568.65				15526.24	49790.54	case rate	
EPISTAXIS W/O MCC	151	MS-DRG	inpatient				21597.42	Aetna	Commercial		13232.15				9103.14	26397.43	case rate	
OTITIS MEDIA & URI W MCC	152	MS-DRG	inpatient				27560.04	Aetna	Commercial		20400.21				14034.45	39086.04	case rate	
OTITIS MEDIA & URI W/O MCC	153	MS-DRG	inpatient				21084.71	Aetna	Commercial		12615.78				8679.1	26697.48	case rate	
OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W MCC	154	MS-DRG	inpatient				32558.65	Aetna	Commercial		26409.36				18168.48	54253.88	case rate	
OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W CC	155	MS-DRG	inpatient				24109.58	Aetna	Commercial		16252.18				11180.78	33129.93	case rate	
OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W/O CC/MCC	156	MS-DRG	inpatient				19952.17	Aetna	Commercial		11254.28				7742.45	24750.87	case rate	
DENTAL & ORAL DISEASES W MCC	157	MS-DRG	inpatient				34969.4	Aetna	Commercial		29307.48				20162.26	62749.21	case rate	
DENTAL & ORAL DISEASES W CC	158	MS-DRG	inpatient				23993.9	Aetna	Commercial		16113.11				11085.11	33392.48	case rate	
DENTAL & ORAL DISEASES W/O CC/MCC	159	MS-DRG	inpatient				20233.52	Aetna	Commercial		11592.51				7975.14	25444.75	case rate	
MAJOR CHEST PROCEDURES W MCC	163	MS-DRG	inpatient				77908.84	Aetna	Commercial		80927.8				55674.78	184508.19	case rate	
MAJOR CHEST PROCEDURES W CC	164	MS-DRG	inpatient				47014.61	Aetna	Commercial		43787.82				30124.1	96351.73	case rate	
MAJOR CHEST PROCEDURES W/O CC/MCC	165	MS-DRG	inpatient				37388.73	Aetna	Commercial		32215.91				22163.14	69477.97	case rate	
OTHER RESP SYSTEM O.R. PROCEDURES W MCC	166	MS-DRG	inpatient				68542.88	Aetna	Commercial		69668.37				47928.79	131199.49	case rate	
OTHER RESP SYSTEM O.R. PROCEDURES W CC	167	MS-DRG	inpatient				36580.38	Aetna	Commercial		31244.15				21494.6	71173.28	case rate	
OTHER RESP SYSTEM O.R. PROCEDURES W/O CC/MCC	168	MS-DRG	inpatient				29952.23	Aetna	Commercial		23276.01				16012.88	50319.39	case rate	
ULTRASOUND ACCELERATED AND OTHER THROMBOLYSIS WITH PRINCIPAL DIAGNOSIS PULMONARY EMBOLISM	173	MS-DRG	inpatient				54598.8	Aetna	Commercial		52794.68				36320.42	53354.33	case rate	
PULMONARY EMBOLISM W MCC OR ACUTE COR PULMONALE	175	MS-DRG	inpatient				30627.76	Aetna	Commercial		24088.11				16571.56	54944	case rate	
PULMONARY EMBOLISM W/O MCC	176	MS-DRG	inpatient				22238.67	Aetna	Commercial		14003.04				9633.48	33718.79	case rate	
RESPIRATORY INFECTIONS & INFLAMMATIONS W MCC	177	MS-DRG	inpatient				34818.02	Aetna	Commercial		29125.49				20037.06	69042.89	case rate	
RESPIRATORY INFECTIONS & INFLAMMATIONS W CC	178	MS-DRG	inpatient				24682.28	Aetna	Commercial		16940.65				11654.43	47798.92	case rate	
RESPIRATORY INFECTIONS & INFLAMMATIONS W/O CC/MCC	179	MS-DRG	inpatient				21491.74	Aetna	Commercial		13105.1				9015.73	34562.7	case rate	
RESPIRATORY NEOPLASMS W MCC	180	MS-DRG	inpatient				35414.99	Aetna	Commercial		29843.16				20530.78	63611.87	case rate	
RESPIRATORY NEOPLASMS W CC	181	MS-DRG	inpatient				26316.11	Aetna	Commercial		18904.79				13005.66	42791.74	case rate	
RESPIRATORY NEOPLASMS W/O CC/MCC	182	MS-DRG	inpatient				21430.33	Aetna	Commercial		13031.27				8964.94	29821.82	case rate	
MAJOR CHEST TRAUMA W MCC	183	MS-DRG	inpatient				33077.07	Aetna	Commercial		27032.59				18597.24	55919.19	case rate	
MAJOR CHEST TRAUMA W CC	184	MS-DRG	inpatient				25613.44	Aetna	Commercial		18060.07				12424.54	37672.03	case rate	
MAJOR CHEST TRAUMA W/O CC/MCC	185	MS-DRG	inpatient				21383.2	Aetna	Commercial		12974.61				8925.97	27486.38	case rate	
PLEURAL EFFUSION W MCC	186	MS-DRG	inpatient				32757.16	Aetna	Commercial		26648				18332.66	58492.17	case rate	
PLEURAL EFFUSION W CC	187	MS-DRG	inpatient				24819.38	Aetna	Commercial		17105.47				11767.82	39532.38	case rate	
PLEURAL EFFUSION W/O CC/MCC	188	MS-DRG	inpatient				21251.81	Aetna	Commercial		12816.66				8817.3	28775.37	case rate	
PULMONARY EDEMA & RESPIRATORY FAILURE	189	MS-DRG	inpatient				28185.58	Aetna	Commercial		21152.21				14551.79	46332.4	case rate	
CHRONIC OBSTRUCTIVE PULMONARY DISEASE W MCC	190	MS-DRG	inpatient				26328.96	Aetna	Commercial		18920.24				13016.3	44659.58	case rate	
CHRONIC OBSTRUCTIVE PULMONARY DISEASE W CC	191	MS-DRG	inpatient				22715.68	Aetna	Commercial		14576.48				10027.98	34277.65	case rate	
CHRONIC OBSTRUCTIVE PULMONARY DISEASE W/O CC/MCC	192	MS-DRG	inpatient				19756.51	Aetna	Commercial		11019.06				7580.63	27158.82	case rate	
SIMPLE PNEUMONIA & PLEURISY W MCC	193	MS-DRG	inpatient				29536.63	Aetna	Commercial		22776.4				15669.16	49385.47	case rate	
SIMPLE PNEUMONIA & PLEURISY W CC	194	MS-DRG	inpatient				22332.93	Aetna	Commercial		14116.35				9711.43	33763.8	case rate	
SIMPLE PNEUMONIA & PLEURISY W/O CC/MCC	195	MS-DRG	inpatient				19525.14	Aetna	Commercial		10740.93				7389.29	25759.81	case rate	
INTERSTITIAL LUNG DISEASE W MCC	196	MS-DRG	inpatient				37660.08	Aetna	Commercial		32542.12				22387.56	61440.22	case rate	
INTERSTITIAL LUNG DISEASE W CC	197	MS-DRG	inpatient				24836.52	Aetna	Commercial		17126.08				11781.99	37570.76	case rate	
INTERSTITIAL LUNG DISEASE W/O CC/MCC	198	MS-DRG	inpatient				21704.54	Aetna	Commercial		13360.92				9191.72	28449.06	case rate	
PNEUMOTHORAX W MCC	199	MS-DRG	inpatient				35927.71	Aetna	Commercial		30459.52				20954.82	66867.48	case rate	
PNEUMOTHORAX W CC	200	MS-DRG	inpatient				25971.92	Aetna	Commercial		18491.01				12731.01	40312.52	case rate	
PNEUMOTHORAX W/O CC/MCC	201	MS-DRG	inpatient				20674.82	Aetna	Commercial		12123.03				8340.11	27891.99	case rate	
BRONCHITIS & ASTHMA W CC/MCC	202	MS-DRG	inpatient				24265.25	Aetna	Commercial		16439.32				11309.53	38695.65	case rate	
BRONCHITIS & ASTHMA W/O CC/MCC	203	MS-DRG	inpatient				20514.87	Aetna	Commercial		11930.74				8207.83	50775.53	case rate	
RESPIRATORY SIGNS & SYMPTOMS	204	MS-DRG	inpatient				22342.93	Aetna	Commercial		14128.37				9719.7	96731.64	case rate	
OTHER RESPIRATORY SYSTEM DIAGNOSES W MCC	205	MS-DRG	inpatient				36444.7	Aetna	Commercial		31081.04				21382.39	56931.88	case rate	
OTHER RESPIRATORY SYSTEM DIAGNOSES W/O MCC	206	MS-DRG	inpatient				23636.85	Aetna	Commercial		15683.88				10789.82	32367.29	case rate	
RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT >96 HOURS	207	MS-DRG	inpatient				109248.65	Aetna	Commercial		119803.45				49635	209907.93	case rate	
RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT <=96 HOURS	208	MS-DRG	inpatient				48205.43	Aetna	Commercial		46421.54				31935.99	91419.56	case rate	
CONCOMITANT AORTIC AND MITRAL VALVE PROCEDURES	212	MS-DRG	inpatient				164414.67	Aetna	Commercial		184922.15				37458	186882.42	case rate	
OTHER HEART ASSIST SYSTEM IMPLANT	215	MS-DRG	inpatient				156475.46	Aetna	Commercial		175377.9				120652.31	483318.95	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W MCC	216	MS-DRG	inpatient				149198.92	Aetna	Commercial		166630.3				78485	368352.5	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W CC	217	MS-DRG	inpatient				101497.96	Aetna	Commercial		105285.84				75183.87	238649.54	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W/O CC/MCC	218	MS-DRG	inpatient				91949.2	Aetna	Commercial		97806.64				67286.69	221490.09	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W MCC	219	MS-DRG	inpatient				120719.73	Aetna	Commercial		132393.59				57338	288488.84	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W CC	220	MS-DRG	inpatient				85492.43	Aetna	Commercial		96044.54				57338	195235.19	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W/O CC/MCC	221	MS-DRG	inpatient				76980.52	Aetna	Commercial		79811.81				17199	172809.75	case rate	
OTHER CARDIOTHORACIC PROCEDURES W MCC	228	MS-DRG	inpatient				82551.82	Aetna	Commercial		86509.44				59514.71	246653.53	case rate	
OTHER CARDIOTHORACIC PROCEDURES W/O MCC	229	MS-DRG	inpatient				56000.67	Aetna	Commercial		54590.55				37555.91	174347.54	case rate	
CORONARY BYPASS W PTCA W MCC	231	MS-DRG	inpatient				126489.55	Aetna	Commercial		139329.87				19424	315017.54	case rate	
CORONARY BYPASS W PTCA W/O MCC	232	MS-DRG	inpatient				95546.77	Aetna	Commercial		102131.51				27830	231058.12	case rate	
CORONARY BYPASS W CARDIAC CATH W MCC	233	MS-DRG	inpatient				121982.24	Aetna	Commercial		133911.33				53769	286467.21	case rate	
CORONARY BYPASS W CARDIAC CATH W/O MCC	234	MS-DRG	inpatient				84825.47	Aetna	Commercial		89242.75				61395.1	193056.03	case rate	
CORONARY BYPASS W/O CARDIAC CATH W MCC	235	MS-DRG	inpatient				94575.61	Aetna	Commercial		102664.92				47567	217911.52	case rate	
CORONARY BYPASS W/O CARDIAC CATH W/O MCC	236	MS-DRG	inpatient				68305.8	Aetna	Commercial		69383.36				33990	147263.73	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.														
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true													
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W MCC	239	MS-DRG	inpatient					Aetna	Commercial		82527.95				56775.61	176631.72	case rate	
AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W CC	240	MS-DRG	inpatient					Aetna	Commercial		50710.72				33180.92	102952.96	case rate	
AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W/O CC/MCC	241	MS-DRG	inpatient					Aetna	Commercial		30439.24				23861.48	15559	59861.17	case rate
PERMANENT CARDIAC PACEMAKER IMPLANT W MCC	242	MS-DRG	inpatient					Aetna	Commercial		59935.28				59320.61	20528	140159.91	case rate
PERMANENT CARDIAC PACEMAKER IMPLANT W CC	243	MS-DRG	inpatient					Aetna	Commercial		43118.55				39104.11	19748	95804.13	case rate
PERMANENT CARDIAC PACEMAKER IMPLANT W/O CC/MCC	244	MS-DRG	inpatient					Aetna	Commercial		36718.91				31410.69	19748	91806.34	case rate
AICD GENERATOR PROCEDURES	245	MS-DRG	inpatient					Aetna	Commercial		77399.61				53522.72	187988.83	case rate	
PERC CARDIOVASC PROC W/O CORONARY ARTERY STENT W MCC	250	MS-DRG	inpatient					Aetna	Commercial		44163.98				40360.89	27766.52	97023.11	case rate
PERC CARDIOVASC PROC W/O CORONARY ARTERY STENT W/O MCC	251	MS-DRG	inpatient					Aetna	Commercial		33254.17				27245.49	18743.7	82929.24	case rate
OTHER VASCULAR PROCEDURES W MCC	252	MS-DRG	inpatient					Aetna	Commercial		58488.55				57581.39	39613.48	122265.32	case rate
OTHER VASCULAR PROCEDURES W CC	253	MS-DRG	inpatient					Aetna	Commercial		47024.61				43799.84	30132.37	97304.41	case rate
OTHER VASCULAR PROCEDURES W/O CC/MCC	254	MS-DRG	inpatient					Aetna	Commercial		35370.72				29789.93	20494.17	67887.67	case rate
UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W MCC	255	MS-DRG	inpatient					Aetna	Commercial		49828.11				47170.11	32450.97	95279.03	case rate
UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W CC	256	MS-DRG	inpatient					Aetna	Commercial		34008.24				28152.01	19367.35	65588.49	case rate
UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W/O CC/MCC	257	MS-DRG	inpatient					Aetna	Commercial		24743.69				17014.48	11705.22	42236.63	case rate
CARDIAC PACEMAKER DEVICE REPLACEMENT W MCC	258	MS-DRG	inpatient					Aetna	Commercial		49273.98				46503.95	15797	112100.92	case rate
CARDIAC PACEMAKER DEVICE REPLACEMENT W/O MCC	259	MS-DRG	inpatient					Aetna	Commercial		37248.77				32047.66	15797	78652.18	case rate
CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W MCC	260	MS-DRG	inpatient					Aetna	Commercial		57937.27				56918.67	12982	135756.59	case rate
CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W CC	261	MS-DRG	inpatient					Aetna	Commercial		37465.85				32308.62	12982	74706.44	case rate
CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W/O CC/MCC	262	MS-DRG	inpatient					Aetna	Commercial		34088.22				28248.16	12982	61170.17	case rate
VEIN LIGATION & STRIPPING	263	MS-DRG	inpatient					Aetna	Commercial		50939.23				48505.86	33369.91	89724.25	case rate
OTHER CIRCULATORY SYSTEM O.R. PROCEDURES	264	MS-DRG	inpatient					Aetna	Commercial		57234.61				56073.95	38576.42	118469.61	case rate
AICD LEAD PROCEDURES	265	MS-DRG	inpatient					Aetna	Commercial		61063.54				60876.96	41743.09	116898.07	case rate
ENDOVASCULAR CARDIAC VALVE REPLACEMENT & SUPPLEMENT PROCEDURES W MCC	266	MS-DRG	inpatient					Aetna	Commercial		99795.58				107239.29	73775.94	269731.59	case rate
ENDOVASCULAR CARDIAC VALVE REPLACEMENT & SUPPLEMENT PROCEDURES W/O MCC	267	MS-DRG	inpatient					Aetna	Commercial		80288.17				83788.15	57642.58	219344.69	case rate
AORTIC AND HEART ASSIST PROCEDURES EXCEPT PULSATION BALLOON W MCC	268	MS-DRG	inpatient					Aetna	Commercial		108487.44				117688.34	80964.43	251435.68	case rate
AORTIC AND HEART ASSIST PROCEDURES EXCEPT PULSATION BALLOON W/O MCC	269	MS-DRG	inpatient					Aetna	Commercial		69982.48				71399	49119.39	156687.81	case rate
OTHER MAJOR CARDIOVASCULAR PROCEDURES W MCC	270	MS-DRG	inpatient					Aetna	Commercial		82811.75				86621.92	59729.68	188948.18	case rate
OTHER MAJOR CARDIOVASCULAR PROCEDURES W CC	271	MS-DRG	inpatient					Aetna	Commercial		59950.99				59339.5	40822.98	131041.96	case rate
OTHER MAJOR CARDIOVASCULAR PROCEDURES W/O CC/MCC	272	MS-DRG	inpatient					Aetna	Commercial		45430.77				41883.76	28814.2	98197.08	case rate
PERCUTANEOUS INTRACARDIAC PROCEDURES W MCC	273	MS-DRG	inpatient					Aetna	Commercial		66246.38				66907.59	46029.49	136994.32	case rate
PERCUTANEOUS INTRACARDIAC PROCEDURES W/O MCC	274	MS-DRG	inpatient					Aetna	Commercial		56874.71				55641.3	38278.77	111707.1	case rate
CARDIAC DEFIBRILLATOR IMPLANT WITH CARDIAC CATHETERIZATION AND MCC	275	MS-DRG	inpatient					Aetna	Commercial		111073.86				120797.65	83103.49	122078.17	case rate
CARDIAC DEFIBRILLATOR IMPLANT WITH MCC	276	MS-DRG	inpatient					Aetna	Commercial		99262.86				109622.92	73351.9	107753.18	case rate
CARDIAC DEFIBRILLATOR IMPLANT WITHOUT MCC	277	MS-DRG	inpatient					Aetna	Commercial		78891.42				82109.03	56487.41	82979.42	case rate
ULTRASOUND ACCELERATED AND OTHER THROMBOLYSIS OF PERIPHERAL VASCULAR STRUCTURES WITH MCC	278	MS-DRG	inpatient					Aetna	Commercial		74292.7				76580.61	52684.1	77392.4	case rate
ULTRASOUND ACCELERATED AND OTHER THROMBOLYSIS OF PERIPHERAL VASCULAR STRUCTURES WITHOUT MCC	279	MS-DRG	inpatient					Aetna	Commercial		56300.59				54951.1	37803.95	55533.61	case rate
ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W MCC	280	MS-DRG	inpatient					Aetna	Commercial		33248.45				27238.62	18738.98	62152.85	case rate
ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W CC	281	MS-DRG	inpatient					Aetna	Commercial		23629.71				15675.3	10783.92	36741.86	case rate
ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W/O CC/MCC	282	MS-DRG	inpatient					Aetna	Commercial		20846.2				12329.06	8481.85	28092.74	case rate
ACUTE MYOCARDIAL INFARCTION, EXPIRED W MCC	283	MS-DRG	inpatient					Aetna	Commercial		38745.49				33846.97	23285.23	67688.88	case rate
ACUTE MYOCARDIAL INFARCTION, EXPIRED W CC	284	MS-DRG	inpatient					Aetna	Commercial		21154.69				12699.91	8736.98	26752.87	case rate
ACUTE MYOCARDIAL INFARCTION, EXPIRED W/O CC/MCC	285	MS-DRG	inpatient					Aetna	Commercial		17569.98				8390.49	5772.29	22369.17	case rate
CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W MCC	286	MS-DRG	inpatient					Aetna	Commercial		41376.18				37009.5	13521	81795.27	case rate
CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W/O MCC	287	MS-DRG	inpatient					Aetna	Commercial		26037.61				18569.99	9969	42716.72	case rate
ACUTE & SUBACUTE ENDOCARDITIS W MCC	288	MS-DRG	inpatient					Aetna	Commercial		47623.01				44619.22	30627.27	101047.61	case rate
ACUTE & SUBACUTE ENDOCARDITIS W CC	289	MS-DRG	inpatient					Aetna	Commercial		31694.6				25370.63	17453.88	64133.22	case rate
ACUTE & SUBACUTE ENDOCARDITIS W/O CC/MCC	290	MS-DRG	inpatient					Aetna	Commercial		25232.12				17601.66	12109.17	37934.58	case rate
HEART FAILURE & SHOCK W MCC	291	MS-DRG	inpatient					Aetna	Commercial		28926.8				22043.28	15164.81	50461.92	case rate
HEART FAILURE & SHOCK W CC	292	MS-DRG	inpatient					Aetna	Commercial		22822.8				14705.25	10116.57	34498.94	case rate
HEART FAILURE & SHOCK W/O CC/MCC	293	MS-DRG	inpatient					Aetna	Commercial		18609.69				9640.39	6632.17	24964.66	case rate
DEEP VEIN THROMBOPHLEBITIS W CC/MCC	294	MS-DRG	inpatient					Aetna	Commercial		26210.42				18777.74	12918.26	43538.13	case rate
DEEP VEIN THROMBOPHLEBITIS W/O CC/MCC	295	MS-DRG	inpatient					Aetna	Commercial		19609.41				10842.22	7458.97	20677.61	case rate
CARDIAC ARREST, UNEXPLAINED W MCC	296	MS-DRG	inpatient					Aetna	Commercial		33486.96				27525.34	18936.23	57582	case rate
CARDIAC ARREST, UNEXPLAINED W CC	297	MS-DRG	inpatient					Aetna	Commercial		20996.16				12509.33	8605.87	24469.57	case rate
CARDIAC ARREST, UNEXPLAINED W/O CC/MCC	298	MS-DRG	inpatient					Aetna	Commercial		16858.75				7535.47	5184.08	18097.13	case rate
PERIPHERAL VASCULAR DISORDERS W MCC	299	MS-DRG	inpatient					Aetna	Commercial		33101.35				27061.78	18617.32	54400.15	case rate
PERIPHERAL VASCULAR DISORDERS W CC	300	MS-DRG	inpatient					Aetna	Commercial		25825.1				18319.32	12602.89	38395.92	case rate
PERIPHERAL VASCULAR DISORDERS W/O CC/MCC	301	MS-DRG	inpatient					Aetna	Commercial		20727.67				12186.56	8383.82	27237.58	case rate
ATHEROSCLEROSIS W MCC	302	MS-DRG	inpatient					Aetna	Commercial		26601.74				19248.17	13241.9	40113.74	case rate
ATHEROSCLEROSIS W/O MCC	303	MS-DRG	inpatient					Aetna	Commercial		19989.3				11298.92	7773.16	24990.91	case rate
HYPERTENSION W MCC	304	MS-DRG	inpatient					Aetna	Commercial		27000.2				19727.18	13571.44	40548.82	case rate
HYPERTENSION W/O MCC	305	MS-DRG	inpatient					Aetna	Commercial		21351.78				12936.84	8899.98	27001.29	case rate
CARDIAC CONGENITAL & VALVULAR DISORDERS W MCC	306	MS-DRG	inpatient					Aetna	Commercial		32538.65				26385.32	18151.94	52839.86	case rate
CARDIAC CONGENITAL & VALVULAR DISORDERS W/O MCC	307	MS-DRG	inpatient					Aetna	Commercial		24052.45				16183.5	11133.54	32105.99	case rate
CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W MCC	308	MS-DRG	inpatient					Aetna	Commercial		27759.99				20640.57	14199.81	45143.43	case rate
CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC	309	MS-DRG	inpatient					Aetna	Commercial		21226.1				12785.75	8796.04	28636.59	case rate
CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W/O CC/MCC	310	MS-DRG	inpatient					Aetna	Commercial		18488.29				9494.46	6531.77	21090.19	case rate
ANGINA PECTORIS	311	MS-DRG	inpatient					Aetna	Commercial		20560.57				11985.68	8245.62	25774.81	case rate
SYNCOPE & COLLAPSE	312	MS-DRG	inpatient					Aetna	Commercial		22922.77				14825.43	10199.25	30061.86	case rate
CHEST PAIN	313	MS-DRG	inpatient					Aetna	Commercial		20924.75				12423.49	8546.82	26526.7	case rate
OTHER CIRCULATORY SYSTEM DIAGNOSES W MCC	314	MS-DRG	inpatient					Aetna	Commercial		40489.29				35943.3	24727.42	75890.41	case rate
OTHER CIRCULATORY SYSTEM DIAGNOSES W CC	315	MS-DRG	inpatient					Aetna	Commercial		24405.21				16607.57	11425.28	35852.94	case rate
OTHER CIRCULATORY SYSTEM DIAGNOSES W/O CC/MCC	316	MS-DRG	inpatient					Aetna	Commercial		20483.45				11892.97	8181.84	28179.01	case rate
OTHER ENDOVASCULAR CARDIAC VALVE PROCEDURES W MCC	319	MS-DRG	inpatient					Aetna	Commercial		72885.95				74889.46	51520.67	75683.33	case rate
OTHER ENDOVASCULAR CARDIAC VALVE PROCEDURES W/O MCC	320	MS-DRG	inpatient					Aetna	Commercial		42381.62				38218.19	26292.44	39623.33	case rate
PERCUTANEOUS CARDIOVASCULAR PROCEDURES WITH INTRALUMINAL DEVICE WITH MCC OR 4+ ARTERIES/INTRALUM	321	MS-DRG	inpatient					Aetna	Commercial		51646.17				49355.72	33954.58	49878.92	case rate
PERCUTANEOUS CARDIOVASCULAR PROCEDURES WITH INTRALUMINAL DEVICE WITHOUT MCC	322	MS-DRG	inpatient					Aetna	Commercial		36631.79				31305.95	21537.13	31853.73	case rate
CORONARY INTRAVASCULAR LITHOTRIPSY WITH INTRALUMINAL DEVICE WITH MCC	323	MS-DRG	inpatient					Aetna	Commercial		69716.84				71079.66	48899.69	71833.14	case rate
CORONARY INTRAVASCULAR LITHOTRIPSY WITH INTRALUMINAL DEVICE WITHOUT MCC	324	MS-DRG	inpatient					Aetna	Commercial		52987.29				50967.89	35063.68	51508.18	case rate
CORONARY INTRAVASCULAR LITHOTRIPSY WITHOUT INTRALUMINAL DEVICE	325	MS-DRG	inpatient					Aetna	Commercial		48355.66				45399.99	31233.2	45881.25	case rate
STOMACH, ESOPHAGEAL & DUODENAL PROC W MCC	326	MS-DRG	inpatient					Aetna	Commercial		83127.38				87201.35	59990.71	197133.04	case rate
STOMACH, ESOPHAGEAL & DUODENAL PROC W CC	327	MS-DRG	inpatient					Aetna	Commercial		46257.68				42877.86	29498.09	93178.64	case rate
STOMACH, ESOPHAGEAL & DUODENAL PROC W/O CC/MCC	328	MS-DRG	inpatient					Aetna	Commercial		33402.7				27424.04	18866.54	57839.54	case rate
MAJOR SMALL & LARGE BOWEL PROCEDURES W MCC	329	MS-DRG	inpatient					Aetna	Commercial		76098.19				77548.94	53350.27	187261.2	case rate
MAJOR SMALL & LARGE BOWEL PROCEDURES W CC	330	MS-DRG	inpatient					Aetna	Commercial		44468.18				40726.58	28018.11	94641.41	case rate
MAJOR SMALL & LARGE BOWEL PROCEDURES W/O CC/MCC	331	MS-DRG	inpatient					Aetna	Commercial		34469.81				28706.57	19748.86	63563.11	case rate
RECTAL RESECTION W MCC	332	MS-DRG	inpatient					Aetna	Commercial		62398.88				62282.26	42847.47	127456.29	case rate
RECTAL RESECTION W CC	333	MS-DRG	inpatient					Aetna	Commercial		40289.34				35702.94	24562.06	72305.99	case rate
RECTAL RESECTION W/O CC/MCC	334	MS-DRG	inpatient					Aetna	Commercial		33514.09				27557.96	18958.67	48991.64	case rate
PERITONEAL ADHESIOLYSIS W MCC	335	MS-DRG	inpatient					Aetna	Commercial		61647.66				61379.18	42226.18	152353.43	case rate
PERITONEAL ADHESIOLYSIS W CC	336	MS-DRG	inpatient					Aetna	Commercial		40657.81				36145.9	24866.79	86198.59	case rate
PERITONEAL ADHESIOLYSIS W/O CC/MCC	337	MS-DRG	inpatient					Aetna	Commercial		31961.67				25691.69	17674.76	60134.97	case rate
MINOR SMALL & LARGE BOWEL PROCEDURES W MCC	344	MS-DRG	inpatient					Aetna	Commercial		49728.14				47049.93	32368.29	112040.91	case rate
MINOR SMALL & LARGE BOWEL PROCEDURES W CC	345	MS-DRG	inpatient					Aetna	Commercial		32592.54				26492.56	18198.83	61421.46	case rate
MINOR SMALL & LARGE BOWEL PROCEDURES W/O CC/MCC	346	MS-DRG	inpatient					Aetna	Commercial		28982.5				22110.24	15210.88	46381.16	case rate
ANAL & STOMAL PROCEDURES W MCC	347	MS-DRG	inpatient					Aetna	Commercial		46996.04				43765.5	30108.75	90433.13	case rate
ANAL & STOMAL PROCEDURES W CC	348	MS-DRG	inpatient					Aetna	Commercial		29176.73				22343.74	15371.51	52606.8	case rate
ANAL & STOMAL PROCEDURES W/O CC/MCC	349	MS-DRG	inpatient					Aetna	Commercial		24526.6				16753.51	11525.68	35620.4	case rate
INGUINAL & FEMORAL HERNIA PROCEDURES W MCC	350	MS-DRG	inpatient					Aetna	Commercial		44866.64				41205.6	28347.65	91760.88	case rate
INGUINAL & FEMORAL HERNIA PROCEDURES W CC	351	MS-DRG	inpatient					Aetna	Commercial		31378.98				24991.2	17192.85	56264.25	case rate
INGUINAL & FEMORAL HERNIA PROCEDURES W/O CC/MCC	352	MS-DRG	inpatient					Aetna	Commercial		26428.93				19040.42	13098.98	39513.62	case rate
HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W MCC	353	MS-DRG	inpatient					Aetna	Commercial		52354.55				50207.31	34540.43	111242.01	case rate
HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W CC	354	MS-DRG	inpatient					Aetna	Commercial		35123.64				29492.91	20289.83	64924.62	case rate
HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W/O CC/MCC	355	MS-DRG	inpatient					Aetna	Commercial		30050.78				23394.48	16094.38	50814.48	case rate
OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W MCC	356	MS-DRG	inpatient					Aetna	Commercial		71697.71				73461	50537.95	149116.58	case rate
OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W CC	357	MS-DRG	inpatient					Aetna	Commercial		41964.59				37716.86	25947.55	80141.21	case rate
OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W/O CC/MCC	358	MS-DRG	inpatient					Aetna	Commercial		28886.82				21995.21	15131.74	50570.69	case rate
MAJOR ESOPHAGEAL DISORDERS W MCC	368	MS-DRG	inpatient					Aetna	Commercial		34183.91				28963.19	19512.63	72913.61	case rate
MAJOR ESOPHAGEAL DISORDERS W CC	369	MS-DRG	inpatient					Aetna	Commercial		24705.13				16968.12	11673.33	41587.76	case rate
MAJOR ESOPHAGEAL DISORDERS W/O CC/MCC	370	MS-DRG	inpatient					Aetna	Commercial		21211.82				12768.59	8784.23	27878.95	case rate
MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W MCC	371	MS-DRG	inpatient					Aetna	Commercial		35550.67				30006.26	20642.99	65217.17	case rate
MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W CC	372	MS-DRG	inpatient					Aetna	Commercial		25476.82				17895.25	12311.15	38947.27	case rate
MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W/O CC/MCC	373	MS-DRG	inpatient					Aetna	Commercial		20823.35				12301.59	8462.95	28415.3	case rate
DIGESTIVE MALIGNANCY W MCC	374	MS-DRG	inpatient					Aetna	Commercial		40567.84				36037.73	24792.38	77451.96	case rate
DIGESTIVE MALIGNANCY W CC	375	MS-DRG	inpatient					Aetna	Commercial		27704.29				20573.61	14153.74	45259.7	case rate
DIGESTIVE MALIGNANCY W/O CC/MCC	376	MS-DRG	inpatient					Aetna	Commercial		23321.23				15304.45	10528.79	34345.16	case rate
G.I. HEMORRHAGE W MCC	377	MS-DRG	inpatient					Aetna	Commercial		36159.07				30737.66	21146.16	67092.52	case rate
G.I. HEMORRHAGE W CC	378	MS-DRG	inpatient					Aetna	Commercial		24640.86				16890.86	11620.17	37143.18	case rate
G.I. HEMORRHAGE W/O CC/MCC	379	MS-DRG	inpatient					Aetna	Commercial		19633.69				10871.41	7479.05	24499.57	case rate
COMPLICATED PEPTIC ULCER W MCC	380	MS-DRG	inpatient					Aetna	Commercial		38418.43				33463.8	23014.75	72988.62	case rate
COMPLICATED PEPTIC ULCER W CC	381	MS-DRG	inpatient					Aetna	Commercial		25914.79				18422.34	12673.76	41070.17	case rate
COMPLICATED PEPTIC ULCER W/O CC/MCC	382	MS-DRG	inpatient					Aetna	Commercial		21403.19				12998.65	8942.5	28797.87	case rate
UNCOMPLICATED PEPTIC ULCER W MCC	383	MS-DRG	inpatient					Aetna	Commercial		30559.21				24005.7	16514.87	59671.96	case rate
UNCOMPLICATED PEPTIC ULCER W/O MCC	384	MS-DRG	inpatient					Aetna	Commercial		23097				15034.89	10343.35	32079.74	case rate
INFLAMMATORY BOWEL DISEASE W MCC	385	MS-DRG	inpatient					Aetna	Commercial		32968.53				26902.11	18507.47	63683.14	case rate
INFLAMMATORY BOWEL DISEASE W CC	386	MS-DRG	inpatient					Aetna	Commercial		24466.62				16681.4	11476.07	36760.61	case rate
INFLAMMATORY BOWEL DISEASE W/O CC/MCC	387	MS-DRG	inpatient					Aetna	Commercial		20360.63				11745.31	8080.26	26131.13	case rate
G.I. OBSTRUCTION W MCC	388	MS-DRG	inpatient					Aetna	Commercial		31348.98				24955.14	17168.04	57411.96	case rate
G.I. OBSTRUCTION W CC	389	MS-DRG	inpatient					Aetna	Commercial		21964.46				13673.39	9406.69	31625.9	case rate
G.I. OBSTRUCTION W/O CC/MCC	390	MS-DRG	inpatient					Aetna	Commercial		18573.98				9597.47	6602.64	22166.64	case rate
ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W MCC	391	MS-DRG	inpatient					Aetna	Commercial		28809.69				21902.49	15067.96	45814.8	case rate
ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W/O MCC	392	MS-DRG	inpatient					Aetna	Commercial		21810.22				13487.97	9279.13	28332.79	case rate
OTHER DIGESTIVE SYSTEM DIAGNOSES W MCC	393	MS-DRG	inpatient					Aetna	Commercial		33721.18				27806.91	19129.94	61233.93	case rate
OTHER DIGESTIVE SYSTEM DIAGNOSES W CC	394	MS-DRG	inpatient					Aetna	Commercial		23971.05				16085.64	11066.21	35297.84	case rate
OTHER DIGESTIVE SYSTEM DIAGNOSES W/O CC/MCC	395	MS-DRG	inpatient					Aetna	Commercial		19837.91				11116.93	7647.96	25373.49	case rate
APPENDIX PROCEDURES WITH MCC	397	MS-DRG	inpatient					Aetna	Commercial		42675.82				38571.88	26535.76	38980.76	case rate
APPENDIX PROCEDURES WITH CC	398	MS-DRG	inpatient					Aetna	Commercial		32203.03				25981.85	17874.37	28002.64	case rate
APPENDIX PROCEDURES WITHOUT CC/MCC	399	MS-DRG	inpatient					Aetna	Commercial		26487.49				19110.81	13147.4	23002.6	case rate
PANCREAS, LIVER & SHUNT PROCEDURES W MCC	405	MS-DRG	inpatient					Aetna	Commercial		89214.25				94518.78	65024.78	201753.9	case rate
PANCREAS, LIVER & SHUNT PROCEDURES W CC	406	MS-DRG	inpatient					Aetna	Commercial		51827.55				49573.77	34104.58	106242.33	case rate
PANCREAS, LIVER & SHUNT PROCEDURES W/O CC/MCC	407	MS-DRG	inpatient					Aetna	Commercial		41310.49				36930.52	25406.58	75269.05	case rate
BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W MCC	408	MS-DRG	inpatient					Aetna	Commercial		63749.93				63906.45	43864.84	151772.08	case rate
BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W CC	409	MS-DRG	inpatient					Aetna	Commercial		38544.12				33604.88	23118.69	87117.51	case rate
BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W/O CC/MCC	410	MS-DRG	inpatient					Aetna	Commercial		32944.25				26872.92	18487.39	61984.07	case rate
CHOLECYSTECTOMY W C.D.E. W MCC	411	MS-DRG	inpatient					Aetna	Commercial		51729.01				49455.3	10482	149956.74	case rate
CHOLECYSTECTOMY W C.D.E. W CC	412	MS-DRG	inpatient					Aetna	Commercial		39803.77				35119.19	11647	89337.92	case rate
CHOLECYSTECTOMY W C.D.E. W/O CC/MCC	413	MS-DRG	inpatient					Aetna	Commercial		32150.19				25918.32	15908	63244.3	case rate

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.															
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true														
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W MCC	414	MS-DRG	inpatient					Aetna	Commercial		69936.43				28270	134170.04	case rate	
CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W CC	415	MS-DRG	inpatient					Aetna	Commercial		38808.33				23337.2	75719.13	case rate	
CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W/O CC/MCC	416	MS-DRG	inpatient					Aetna	Commercial		29716.58				22992.72	15817.99	52251	case rate
LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W MCC	417	MS-DRG	inpatient					Aetna	Commercial		43692.68				39794.31	27376.74	90894.46	case rate
LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W CC	418	MS-DRG	inpatient					Aetna	Commercial		33936.83				28066.16	19308.29	62419.15	case rate
LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W/O CC/MCC	419	MS-DRG	inpatient					Aetna	Commercial		29345.26				22546.33	15510.89	48916.63	case rate
HEPATOBILIARY DIAGNOSTIC PROCEDURES W MCC	420	MS-DRG	inpatient					Aetna	Commercial		56303.44				54954.54	37806.31	131934.62	case rate
HEPATOBILIARY DIAGNOSTIC PROCEDURES W CC	421	MS-DRG	inpatient					Aetna	Commercial		35006.53				29352.12	8253	66728.7	case rate
HEPATOBILIARY DIAGNOSTIC PROCEDURES W/O CC/MCC	422	MS-DRG	inpatient					Aetna	Commercial		30742.01				24225.46	10272	56545.55	case rate
OTHER HEPATOBILIARY OR PANCREAS O.R. PROCEDURES W MCC	423	MS-DRG	inpatient					Aetna	Commercial		66444.89				67146.24	16017	148002.62	case rate
OTHER HEPATOBILIARY OR PANCREAS O.R. PROCEDURES W CC	424	MS-DRG	inpatient					Aetna	Commercial		40400.74				35836.85	24654.19	82181.59	case rate
OTHER HEPATOBILIARY OR PANCREAS O.R. PROCEDURES W/O CC/MCC	425	MS-DRG	inpatient					Aetna	Commercial		33468.39				27503.02	18920.87	55994.2	case rate
CIRRHOSIS & ALCOHOLIC HEPATITIS W MCC	432	MS-DRG	inpatient					Aetna	Commercial		37954.28				32895.8	13893	68487.78	case rate
CIRRHOSIS & ALCOHOLIC HEPATITIS W CC	433	MS-DRG	inpatient					Aetna	Commercial		25314.96				17701.24	12177.68	38553.45	case rate
CIRRHOSIS & ALCOHOLIC HEPATITIS W/O CC/MCC	434	MS-DRG	inpatient					Aetna	Commercial		20152.11				11494.65	7907.81	53360.86	case rate
MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS W MCC	435	MS-DRG	inpatient					Aetna	Commercial		35724.91				35215.72	20787.09	63675.63	case rate
MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS W CC	436	MS-DRG	inpatient					Aetna	Commercial		26310.39				18897.92	13000.94	42604.2	case rate
MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS W/O CC/MCC	437	MS-DRG	inpatient					Aetna	Commercial		22460.04				14269.16	9816.55	32473.56	case rate
DISORDERS OF PANCREAS EXCEPT MALIGNANCY W MCC	438	MS-DRG	inpatient					Aetna	Commercial		34423.84				28651.63	19711.06	61443.97	case rate
DISORDERS OF PANCREAS EXCEPT MALIGNANCY W CC	439	MS-DRG	inpatient					Aetna	Commercial		22854.33				14682.93	10101.21	32342.29	case rate
DISORDERS OF PANCREAS EXCEPT MALIGNANCY W/O CC/MCC	440	MS-DRG	inpatient					Aetna	Commercial		19382.33				10569.24	7271.17	23303.1	case rate
DISORDERS OF LIVER EXCEPT MALIG, CIRR, ALC HEPA W MCC	441	MS-DRG	inpatient					Aetna	Commercial		36700.35				31388.37	11778	69658	case rate
DISORDERS OF LIVER EXCEPT MALIG, CIRR, ALC HEPA W CC	442	MS-DRG	inpatient					Aetna	Commercial		24179.56				16336.3	11238.66	35215.32	case rate
DISORDERS OF LIVER EXCEPT MALIG, CIRR, ALC HEPA W/O CC/MCC	443	MS-DRG	inpatient					Aetna	Commercial		20797.65				12270.68	8441.69	26097.37	case rate
DISORDERS OF THE BILIARY TRACT W MCC	444	MS-DRG	inpatient					Aetna	Commercial		33915.41				28040.41	19290.57	60420.03	case rate
DISORDERS OF THE BILIARY TRACT W CC	445	MS-DRG	inpatient					Aetna	Commercial		26111.88				18659.27	12836.76	40042.47	case rate
DISORDERS OF THE BILIARY TRACT W/O CC/MCC	446	MS-DRG	inpatient					Aetna	Commercial		22037.3				13760.95	9466.93	29818.07	case rate
COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W MCC	453	MS-DRG	inpatient					Aetna	Commercial		137146.57				152141.38	17717	356200.23	case rate
COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W CC	454	MS-DRG	inpatient					Aetna	Commercial		97941.81				105010.75	36879	237674.36	case rate
COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W/O CC/MCC	455	MS-DRG	inpatient					Aetna	Commercial		76366.41				79073.55	54399.14	187535	case rate
SPINAL FUS EXC CERV W SPINAL CURV/MAL/INFEC OR EXT FUS W MCC	456	MS-DRG	inpatient					Aetna	Commercial		130976.67				144724.37	95564.03	342268.88	case rate
SPINAL FUS EXC CERV W SPINAL CURV/MAL/INFEC OR EXT FUS W CC	457	MS-DRG	inpatient					Aetna	Commercial		97356.26				104306.83	71758.53	245468.31	case rate
SPINAL FUS EXC CERV W SPINAL CURV/MAL/INFEC OR EXT FUS W/O CC/MCC	458	MS-DRG	inpatient					Aetna	Commercial		75300.99				77792.74	53518	192080.85	case rate
SPINAL FUSION EXCEPT CERVICAL W MCC	459	MS-DRG	inpatient					Aetna	Commercial		105311.18				113869.96	78337.54	239474.69	case rate
SPINAL FUSION EXCEPT CERVICAL W/O MCC	460	MS-DRG	inpatient					Aetna	Commercial		62831.62				62802.49	43205.36	151434.51	case rate
BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY W MCC	461	MS-DRG	inpatient					Aetna	Commercial		107970.44				117066.83	9917	168125.13	case rate
BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY W/O MCC	462	MS-DRG	inpatient					Aetna	Commercial		51240.57				48868.12	11315	119801.11	case rate
WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W MCC	463	MS-DRG	inpatient					Aetna	Commercial		91477.9				97240.07	15756	192482.17	case rate
WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W CC	464	MS-DRG	inpatient					Aetna	Commercial		53455.67				51531.04	35451.1	110420.61	case rate
WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W/O CC/MCC	465	MS-DRG	inpatient					Aetna	Commercial		37308.75				32119.77	22096.99	68915.36	case rate
REVISION OF HIP OR KNEE REPLACEMENT W MCC	466	MS-DRG	inpatient					Aetna	Commercial		84664.09				89048.74	61261.63	191780.79	case rate
REVISION OF HIP OR KNEE REPLACEMENT W CC	467	MS-DRG	inpatient					Aetna	Commercial		60380.87				59858.28	41178.5	130164.29	case rate
REVISION OF HIP OR KNEE REPLACEMENT W/O CC/MCC	468	MS-DRG	inpatient					Aetna	Commercial		48716.99				45834.36	31532.03	104697.04	case rate
MAJOR HIP AND KNEE JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W MCC OR TOTAL ANKLE REP	469	MS-DRG	inpatient					Aetna	Commercial		58145.78				57169.34	39330	119054.72	case rate
MAJOR HIP AND KNEE JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W/O MCC	470	MS-DRG	inpatient					Aetna	Commercial		37464.42				32306.91	22225.74	74631.43	case rate
CERVICAL SPINAL FUSION W MCC	471	MS-DRG	inpatient					Aetna	Commercial		80842.3				84454.31	8282	187936.32	case rate
CERVICAL SPINAL FUSION W CC	472	MS-DRG	inpatient					Aetna	Commercial		52798.71				50741.26	8991	110525.63	case rate
CERVICAL SPINAL FUSION W/O CC/MCC	473	MS-DRG	inpatient					Aetna	Commercial		45732.11				42246.04	11229	89000.36	case rate
AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W MCC	474	MS-DRG	inpatient					Aetna	Commercial		72041.9				73874.77	22321	142342.82	case rate
AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W CC	475	MS-DRG	inpatient					Aetna	Commercial		41220.51				36822.35	20332.17	80596.04	case rate
AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W/O CC/MCC	476	MS-DRG	inpatient					Aetna	Commercial		27398.66				20206.2	13900.98	43159.3	case rate
BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W MCC	477	MS-DRG	inpatient					Aetna	Commercial		58705.63				57842.36	39793.01	117711.97	case rate
BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W CC	478	MS-DRG	inpatient					Aetna	Commercial		44633.85				40925.75	28155.12	85485.95	case rate
BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W/O CC/MCC	479	MS-DRG	inpatient					Aetna	Commercial		37211.58				32003.02	22016.67	67437.55	case rate
HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W MCC	480	MS-DRG	inpatient					Aetna	Commercial		52705.88				50629.66	34830.99	113661.21	case rate
HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W CC	481	MS-DRG	inpatient					Aetna	Commercial		40223.65				35623.96	8360	77350.69	case rate
HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W/O CC/MCC	482	MS-DRG	inpatient					Aetna	Commercial		33275.59				27271.24	9385	62430.4	case rate
MAJOR JOINT/LIMB REATTACHMENT PROCEDURE OF UPPER EXTREMITIES	483	MS-DRG	inpatient					Aetna	Commercial		46069.16				42651.23	13093	89397.93	case rate
KNEE PROCEDURES W PDX OF INFECTION W MCC	485	MS-DRG	inpatient					Aetna	Commercial		57634.5				56654.69	38907.15	123926.88	case rate
KNEE PROCEDURES W PDX OF INFECTION W CC	486	MS-DRG	inpatient					Aetna	Commercial		39272.49				34480.5	23721.08	83205.53	case rate
KNEE PROCEDURES W PDX OF INFECTION W/O CC/MCC	487	MS-DRG	inpatient					Aetna	Commercial		32654.33				26524.39	18247.62	61894.05	case rate
KNEE PROCEDURES W/O PDX OF INFECTION W CC/MCC	488	MS-DRG	inpatient					Aetna	Commercial		40676.38				36168.22	24882.15	79233.54	case rate
KNEE PROCEDURES W/O PDX OF INFECTION W/O CC/MCC	489	MS-DRG	inpatient					Aetna	Commercial		28266.99				21250.07	14619.12	48661.58	case rate
LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR W MCC	492	MS-DRG	inpatient					Aetna	Commercial		60035.26				59440.79	27633	127167.48	case rate
LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR W CC	493	MS-DRG	inpatient					Aetna	Commercial		44880.92				41234.79	28367.73	84244.47	case rate
LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR W/O CC/MCC	494	MS-DRG	inpatient					Aetna	Commercial		37285.9				32092.29	22078.09	67890.08	case rate
LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W MCC	495	MS-DRG	inpatient					Aetna	Commercial		61736.21				61485.62	42256.42	129860.49	case rate
LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W CC	496	MS-DRG	inpatient					Aetna	Commercial		38975.43				34123.39	23475.4	73547.48	case rate
LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W/O CC/MCC	497	MS-DRG	inpatient					Aetna	Commercial		30976.23				24507.03	16859.76	53822.55	case rate
LOCAL EXCISION & REMOVAL INT FIX DEVICES OF HIP & FEMUR W CC/MCC	498	MS-DRG	inpatient					Aetna	Commercial		47880.08				44828.26	30839.88	85440.95	case rate
LOCAL EXCISION & REMOVAL INT FIX DEVICES OF HIP & FEMUR W/O CC/MCC	499	MS-DRG	inpatient					Aetna	Commercial		29011.07				22144.58	15234.5	41977.83	case rate
SOFT TISSUE PROCEDURES W MCC	500	MS-DRG	inpatient					Aetna	Commercial		56903.27				59575.63	38302.4	115071.48	case rate
SOFT TISSUE PROCEDURES W CC	501	MS-DRG	inpatient					Aetna	Commercial		35379.29				29800.23	8902	63289.31	case rate
SOFT TISSUE PROCEDURES W/O CC/MCC	502	MS-DRG	inpatient					Aetna	Commercial		30337.84				23739.58	16331.79	48425.29	case rate
FOOT PROCEDURES W MCC	503	MS-DRG	inpatient					Aetna	Commercial		48892.66				46045.54	27418	96100.44	case rate
FOOT PROCEDURES W CC	504	MS-DRG	inpatient					Aetna	Commercial		35256.46				29652.58	20599.68	64898.36	case rate
FOOT PROCEDURES W/O CC/MCC	505	MS-DRG	inpatient					Aetna	Commercial		34950.84				29285.16	20146.91	59253.56	case rate
MAJOR THUMB OR JOINT PROCEDURES	506	MS-DRG	inpatient					Aetna	Commercial		31478.95				25111.38	17275.53	52896.12	case rate
MAJOR SHOULDER OR ELBOW JOINT PROCEDURES W CC/MCC	507	MS-DRG	inpatient					Aetna	Commercial		41034.85				36599.16	25178.62	72857.35	case rate
MAJOR SHOULDER OR ELBOW JOINT PROCEDURES W/O CC/MCC	508	MS-DRG	inpatient					Aetna	Commercial		31070.49				24620.35	16937.72	54287.63	case rate
ARTHROSCOPY	509	MS-DRG	inpatient					Aetna	Commercial		29530.92				22769.53	15664.44	62647.94	case rate
SHOULDER, ELBOW OR FOREARM PROC, EXC MAJOR JOINT PROC W MCC	510	MS-DRG	inpatient					Aetna	Commercial		49445.36				46709.98	32134.42	102484.13	case rate
SHOULDER, ELBOW OR FOREARM PROC, EXC MAJOR JOINT PROC W CC	511	MS-DRG	inpatient					Aetna	Commercial		39065.4				34231.55	7655	69298.68	case rate
SHOULDER, ELBOW OR FOREARM PROC, EXC MAJOR JOINT PROC W/O CC/MCC	512	MS-DRG	inpatient					Aetna	Commercial		33638.35				27707.33	10564	57089.4	case rate
HAND OR WRIST PROC, EXCEPT MAJOR THUMB OR JOINT PROC W CC/MCC	513	MS-DRG	inpatient					Aetna	Commercial		33741.17				27830.95	18516	61496.48	case rate
HAND OR WRIST PROC, EXCEPT MAJOR THUMB OR JOINT PROC W/O CC/MCC	514	MS-DRG	inpatient					Aetna	Commercial		25464.91				17681.51	12301.7	40660.37	case rate
OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W MCC	515	MS-DRG	inpatient					Aetna	Commercial		55742.17				54279.79	37342.12	115596.57	case rate
OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W CC	516	MS-DRG	inpatient					Aetna	Commercial		39736.64				35038.5	24104.95	70715.7	case rate
OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W/O CC/MCC	517	MS-DRG	inpatient					Aetna	Commercial		31933.11				29557.35	17651.14	51793.42	case rate
BACK & NECK PROC EXC SPINAL FUSION W MCC OR DISC DEVICE/NEUROSTIM	518	MS-DRG	inpatient					Aetna	Commercial		62744.5				62697.75	43133.31	116279.2	case rate
BACK & NECK PROC EXC SPINAL FUSION W CC	519	MS-DRG	inpatient					Aetna	Commercial		38705.5				33798.89	23252.16	69838.03	case rate
BACK & NECK PROC EXC SPINAL FUSION W/O CC/MCC	520	MS-DRG	inpatient					Aetna	Commercial		31034.79				24577.42	16908.19	49287.95	case rate
HIP REPLACEMENT WITH PRINCIPAL DIAGNOSIS OF HIP FRACTURE WITH MCC	521	MS-DRG	inpatient					Aetna	Commercial		53352.84				51407.42	7692	51952.36	case rate
HIP REPLACEMENT WITH PRINCIPAL DIAGNOSIS OF HIP FRACTURE WITHOUT MCC	522	MS-DRG	inpatient					Aetna	Commercial		40756.36				36264.36	9003	36648.76	case rate
FRACTURES OF FEMUR W MCC	533	MS-DRG	inpatient					Aetna	Commercial		33888.7				28009.51	12781	57404.46	case rate
FRACTURES OF FEMUR W/O MCC	534	MS-DRG	inpatient					Aetna	Commercial		22158.69				13906.89	9567.33	34640.29	case rate
FRACTURES OF HIP & PELVIS W MCC	535	MS-DRG	inpatient					Aetna	Commercial		29109.61				22263.04	15316	47063.78	case rate
FRACTURES OF HIP & PELVIS W/O MCC	536	MS-DRG	inpatient					Aetna	Commercial		21831.64				13513.72	9296.85	28362.8	case rate
SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS & THIGH W CC/MCC	537	MS-DRG	inpatient					Aetna	Commercial		24400.93				16602.42	11421.74	34150.12	case rate
SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS & THIGH W/O CC/MCC	538	MS-DRG	inpatient					Aetna	Commercial		20717.67				12174.54	8375.55	27267.59	case rate
OSTEOMYELITIS W MCC	539	MS-DRG	inpatient					Aetna	Commercial		36931.15				34070.16	23438.78	75734.13	case rate
OSTEOMYELITIS W CC	540	MS-DRG	inpatient					Aetna	Commercial		29131.03				22288.8	15333.72	49642.83	case rate
OSTEOMYELITIS W/O CC/MCC	541	MS-DRG	inpatient					Aetna	Commercial		22842.79				14729.29	7723	33107.43	case rate
PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W MCC	542	MS-DRG	inpatient					Aetna	Commercial		36636.08				31311.11	8903	68461.53	case rate
PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W CC	543	MS-DRG	inpatient					Aetna	Commercial		26167.58				18726.23	10889	40226.26	case rate
PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W/O CC/MCC	544	MS-DRG	inpatient					Aetna	Commercial		21651.72				13177.21	9065.34	29945.59	case rate
CONNECTIVE TISSUE DISORDERS W MCC	545	MS-DRG	inpatient					Aetna	Commercial		46197.69				42805.75	29448.48	92983.6	case rate
CONNECTIVE TISSUE DISORDERS W CC	546	MS-DRG	inpatient					Aetna	Commercial		27718.57				20590.78	14165.56	45548.5	case rate
CONNECTIVE TISSUE DISORDERS W/O CC/MCC	547	MS-DRG	inpatient					Aetna	Commercial		22207.25				13965.26	9607.49	32166	case rate
SEPTIC ARTHRITIS W MCC	548	MS-DRG	inpatient					Aetna	Commercial		38437				33476.12	23030.1	77534.47	case rate
SEPTIC ARTHRITIS W CC	549	MS-DRG	inpatient					Aetna	Commercial		27817.11				20709.25	14247.06	46666.21	case rate
SEPTIC ARTHRITIS W/O CC/MCC	550	MS-DRG	inpatient					Aetna	Commercial		23741.11				15809.22	10876.05	34648.97	case rate
MEDICAL BACK PROBLEMS W MCC	551	MS-DRG	inpatient					Aetna	Commercial		34896.57				29219.92	9165	59696.14	case rate
MEDICAL BACK PROBLEMS W/O MCC	552	MS-DRG	inpatient					Aetna	Commercial		24390.93				16590.4	11413.47	33793.81	case rate
BONE DISEASES & ARTHROPATHIES W MCC	553	MS-DRG	inpatient					Aetna	Commercial		29892.25				23203.9	15963.27	46418.66	case rate
BONE DISEASES & ARTHROPATHIES W/O MCC	554	MS-DRG	inpatient					Aetna	Commercial		22327.22				14109.48	9706.71	47368.4	case rate
SIGNS & SYMPTOMS OF MUSCULOSKELETAL SYSTEM & CONN TISSUE W MCC	555	MS-DRG	inpatient					Aetna	Commercial		30570.63				24619.43	16524.32	47978.95	case rate
SIGNS & SYMPTOMS OF MUSCULOSKELETAL SYSTEM & CONN TISSUE W/O MCC	556	MS-DRG	inpatient					Aetna	Commercial		22364.35				14154.12	9737.42	28794.12	case rate
TENDONITIS, MYOSITIS & BURSITIS W MCC	557	MS-DRG	inpatient					Aetna	Commercial		32824.29				26728.7	18388.17	53725.03	case rate
TENDONITIS, MYOSITIS & BURSITIS W/O MCC	558	MS-DRG	inpatient					Aetna	Commercial		23135.56				15081.25	10375.24	32387.29	case rate
AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W MCC	559	MS-DRG	inpatient					Aetna	Commercial		37018.84				31771.23	21857.22	67463.84	case rate
AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W CC	560	MS-DRG	inpatient					Aetna	Commercial		26758.84				19437.02	13371.82	38320.9	case rate
AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W/O CC/MCC	561	MS-DRG	inpatient					Aetna	Commercial		21733.1				13395.25	9211	28359.04	case rate
FX, SPRN, STRN & DISL EXCEPT FEMUR, HIP, PELVIS & THIGH W MCC	562	MS-DRG	inpatient					Aetna	Commercial		32308.12				26108.9	12507	52813.61	case rate
FX, SPRN, STRN & DISL EXCEPT FEMUR, HIP, PELVIS & THIGH W/O MCC	563	MS-DRG	inpatient					Aetna	Commercial		23381.21				15376.56	10578.4	31434.62	case rate
OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W MCC	564	MS-DRG	inpatient					Aetna	Commercial		32897.12				26816.26	18448.41	58968.51	case rate
OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W CC	565	MS-DRG	inpatient					Aetna	Commercial		24863.65				17158.7	11804.43	36599.33	case rate
OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W/O CC/MCC	566	MS-DRG	inpatient					Aetna	Commercial		21308.93				12885.33	8864.55	28691.59	case rate
SKIN DEBRIDEMENT W MCC	570	MS-DRG	inpatient					Aetna	Commercial		52324.55				50171.25	34515.62	113822.49	case rate
SKIN DEBRIDEMENT W CC	571	MS-DRG	inpatient					Aetna	Commercial		34753.75				29048.23	9078	63870.67	case rate
SKIN DEBRIDEMENT W/O CC/MCC	572	MS-DRG	inpatient					Aetna	Commercial		26865.95				19565.79	11401	44205.75	case rate
SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W MCC	573	MS-DRG	inpatient					Aetna	Commercial		95395.59				106758.56	16091	196968.01	case rate
SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W CC	574	MS-DRG	inpatient					Aetna	Commercial		59231.2				58474.18	36864	114242.57	case rate
SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W/O CC/MCC	575	MS-DRG	inpatient					Aetna	Commercial		39810.91				35127.77	24166.37	65959.81	case rate
SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W MCC	576	MS-DRG	inpatient					Aetna	Commercial		91754.97				97573.14	67126.05	183060.41	case rate
SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W CC	577	MS-DRG	inpatient					Aetna	Commercial		45424.21				45482.4	31289.9	94112.56	case rate
SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W/O CC/MCC	578	MS-DRG	inpatient					Aetna	Commercial		33591.22				27650.67	19022.45	57374.46	case rate
OTHER SKIN, SUBCUT TISS & BREAST PROC W MCC	579	MS-DRG	inpatient					Aetna	Commercial		58322.88				57382.23	39476.46	104937.08	case rate
OTHER SKIN, SUBCUT TISS & BREAST PROC W CC	580	MS-DRG	inpatient					Aetna	Commercial		35534.96				29987.38	20630	69428.63	case rate
OTHER SKIN, SUBCUT TISS & BREAST PROC W/O CC/MCC	581	MS-DRG	inpatient					Aetna	Commercial		29823.7				23121.49	8609	46373.65	case rate
MASTECTOMY FOR MALIGNANCY W CC/MCC	582	MS-DRG	inpatient					Aetna	Commercial		34399.56				28622.44	10681	58867.24	case rate
MASTECTOMY FOR MALIGNANCY W/O CC/MCC	583	MS-DRG	inpatient					Aetna	Commercial		32325.85				26129.5	14701	51688.4	case rate
BREAST BIOPSY, LOCAL EXCISION & OTHER BREAST PROCEDURES W CC/MCC	584	MS-DRG	inpatient					Aetna	Commercial		36562.68				33627.2	23134.04	70190.6	case rate
BREAST BIOPSY, LOCAL EXCISION & OTHER BREAST PROCEDURES W/O CC/MCC	585	MS-DRG	inpatient					Aetna	Commercial		34640.92				28912.6	19890.6	58724.71	case rate
SKIN ULCERS W MCC	592	MS-DRG	inpatient					Aetna	Commercial		40440.73				35884.93	24587.26	64069.46	case rate
SKIN ULCERS W CC	593	MS-DRG	inpatient					Aetna	Commercial		27869.96				20772.77	14290.76	42360.41	case rate
SKIN ULCERS W/O CC/MCC	594	MS-DRG	inpatient					Aetna	Commercial		21835.93				13518.87	9300.39	30398.17	case rate
MAJOR SKIN DISORDERS W MCC	595	MS-DRG	inpatient					Aetna	Commercial		41653.25				37342.58	25690.06	74522.66	case rate

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.														
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true													
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
MAJOR SKIN DISORDERS W/O MCC	596	MS-DRG	inpatient					25000.76	Aetna	Commercial					17323.52		11917.82	37938.33	case rate
MALIGNANT BREAST DISORDERS W MCC	597	MS-DRG	inpatient					33448.4	Aetna	Commercial					27478.98		18904.34	64512.04	case rate
MALIGNANT BREAST DISORDERS W CC	598	MS-DRG	inpatient					27711.43	Aetna	Commercial					20582.2		14159.65	43594.39	case rate
MALIGNANT BREAST DISORDERS W/O CC/MCC	599	MS-DRG	inpatient					19465.16	Aetna	Commercial					10668.82		7339.68	26870.01	case rate
NON-MALIGNANT BREAST DISORDERS W CC/MCC	600	MS-DRG	inpatient					25236.41	Aetna	Commercial					17606.81		12112.71	35956.69	case rate
NON-MALIGNANT BREAST DISORDERS W/O CC/MCC	601	MS-DRG	inpatient					19482.3	Aetna	Commercial					10689.42		7353.85	23224.33	case rate
CELLULITIS W MCC	602	MS-DRG	inpatient					31834.56	Aetna	Commercial					25538.89		17569.64	54160.11	case rate
CELLULITIS W/O MCC	603	MS-DRG	inpatient					23225.54	Aetna	Commercial					15189.41		10449.65	31794.68	case rate
TRAUMA TO THE SKIN, SUBCUT TISS & BREAST W MCC	604	MS-DRG	inpatient					32101.63	Aetna	Commercial					25859.95		17790.51	53139.92	case rate
TRAUMA TO THE SKIN, SUBCUT TISS & BREAST W/O MCC	605	MS-DRG	inpatient					23569.73	Aetna	Commercial					15603.19		10734.31	32274.77	case rate
MINOR SKIN DISORDERS W MCC	606	MS-DRG	inpatient					33238.46	Aetna	Commercial					27226.6		18730.71	51789.67	case rate
MINOR SKIN DISORDERS W/O MCC	607	MS-DRG	inpatient					23351.22	Aetna	Commercial					15340.5		10553.59	30043.11	case rate
ADRENAL & PITUITARY PROCEDURES W CC/MCC	614	MS-DRG	inpatient					42758.85	Aetna	Commercial					38671.46		29804.27	88691.55	case rate
ADRENAL & PITUITARY PROCEDURES W/O CC/MCC	615	MS-DRG	inpatient					31600.34	Aetna	Commercial					25257.32		17375.93	55555.37	case rate
AMPUTAT OF LOWER LIMB FOR ENDOCRINE, NUTRIT, & METABOL DIS W MCC	616	MS-DRG	inpatient					67113.28	Aetna	Commercial					67949.75		46746.45	155098.95	case rate
AMPUTAT OF LOWER LIMB FOR ENDOCRINE, NUTRIT, & METABOL DIS W CC	617	MS-DRG	inpatient					38932.58	Aetna	Commercial					34071.88		23439.96	77774.52	case rate
AMPUTAT OF LOWER LIMB FOR ENDOCRINE, NUTRIT, & METABOL DIS W/O CC/MCC	618	MS-DRG	inpatient					27178.72	Aetna	Commercial					19941.79		13719.08	43481.87	case rate
O.R. PROCEDURES FOR OBESITY W MCC	619	MS-DRG	inpatient					47558.74	Aetna	Commercial					44441.96		30574.12	109546.69	case rate
O.R. PROCEDURES FOR OBESITY W CC	620	MS-DRG	inpatient					33758.31	Aetna	Commercial					27851.55		19160.65	67872.67	case rate
O.R. PROCEDURES FOR OBESITY W/O CC/MCC	621	MS-DRG	inpatient					32393.19	Aetna	Commercial					26050.52		17921.62	59197.3	case rate
SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W MCC	622	MS-DRG	inpatient					65226.66	Aetna	Commercial					65681.73		45186.15	142451.59	case rate
SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W CC	623	MS-DRG	inpatient					37174.5	Aetna	Commercial					31958.38		21985.96	72133.46	case rate
SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W/O CC/MCC	624	MS-DRG	inpatient					26507.48	Aetna	Commercial					19134.85		13163.94	48609.07	case rate
THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W MCC	625	MS-DRG	inpatient					52310.27	Aetna	Commercial					50154.08		34503.81	104393.23	case rate
THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W CC	626	MS-DRG	inpatient					31897.4	Aetna	Commercial					25614.43		17621.61	60408.77	case rate
THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W/O CC/MCC	627	MS-DRG	inpatient					28242.71	Aetna	Commercial					21220.88		14599.04	40695.1	case rate
OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W MCC	628	MS-DRG	inpatient					67924.48	Aetna	Commercial					66924.95		47417.35	137838.23	case rate
OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W CC	629	MS-DRG	inpatient					42907.18	Aetna	Commercial					38850.01		26727.11	87717.62	case rate
OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W/O CC/MCC	630	MS-DRG	inpatient					30532.07	Aetna	Commercial					23973.07		16492.43	57554.49	case rate
DIABETES W MCC	637	MS-DRG	inpatient					31269	Aetna	Commercial					24883.03		17118.44	51808.42	case rate
DIABETES W CC	638	MS-DRG	inpatient					23435.68	Aetna	Commercial					15441.8		10623.28	32713.61	case rate
DIABETES W/O CC/MCC	639	MS-DRG	inpatient					19480.87	Aetna	Commercial					10687.7		7352.67	23700.67	case rate
MISC DISORDERS OF NUTRITION, METABOLISM, FLUIDS/ELECTROLYTES W MCC	640	MS-DRG	inpatient					29373.82	Aetna	Commercial					22580.67		15534.51	44640.83	case rate
MISC DISORDERS OF NUTRITION, METABOLISM, FLUIDS/ELECTROLYTES W/O MCC	641	MS-DRG	inpatient					21750.24	Aetna	Commercial					13415.86		9229.52	28201.51	case rate
INBORN AND OTHER DISORDERS OF METABOLISM	642	MS-DRG	inpatient					29203.87	Aetna	Commercial					22376.36		15393.95	47390.09	case rate
ENDOCRINE DISORDERS W MCC	643	MS-DRG	inpatient					34085.36	Aetna	Commercial					28244.72		19431.13	61290.19	case rate
ENDOCRINE DISORDERS W CC	644	MS-DRG	inpatient					25753.41	Aetna	Commercial					18228.33		12540.29	37975.84	case rate
ENDOCRINE DISORDERS W/O CC/MCC	645	MS-DRG	inpatient					21457.46	Aetna	Commercial					13063.89		8987.39	27863.95	case rate
KIDNEY TRANSPLANT WITH HEMODIALYSIS WITH MCC	650	MS-DRG	inpatient					74822.55	Aetna	Commercial					77217.58		53122.31	780306.12	case rate
KIDNEY TRANSPLANT WITH HEMODIALYSIS WITHOUT MCC	651	MS-DRG	inpatient					59982.41	Aetna	Commercial					59377.27		40848.96	60006.7	case rate
KIDNEY TRANSPLANT	652	MS-DRG	inpatient					53498.51	Aetna	Commercial					51582.54		35486.53	124320.7	case rate
MAJOR BLADDER PROCEDURES W MCC	653	MS-DRG	inpatient					87906.04	Aetna	Commercial					92946.1		63942.84	2058675.92	case rate
MAJOR BLADDER PROCEDURES W CC	654	MS-DRG	inpatient					49686.72	Aetna	Commercial					47000.14		32334.04	107768.66	case rate
MAJOR BLADDER PROCEDURES W/O CC/MCC	655	MS-DRG	inpatient					40693.52	Aetna	Commercial					36188.82		24896.32	77909.54	case rate
KIDNEY & URETER PROCEDURES FOR NEOPLASM W MCC	656	MS-DRG	inpatient					55400.84	Aetna	Commercial					53869.45		37059.83	124808.29	case rate
KIDNEY & URETER PROCEDURES FOR NEOPLASM W CC	657	MS-DRG	inpatient					36928.85	Aetna	Commercial					31663.07		21782.81	73041.13	case rate
KIDNEY & URETER PROCEDURES FOR NEOPLASM W/O CC/MCC	658	MS-DRG	inpatient					31733.16	Aetna	Commercial					25416.99		17485.77	58750.96	case rate
KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W MCC	659	MS-DRG	inpatient					47564.45	Aetna	Commercial					44448.82		30578.84	102285.34	case rate
KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W CC	660	MS-DRG	inpatient					29812.27	Aetna	Commercial					23107.76		15897.12	54295.13	case rate
KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W/O CC/MCC	661	MS-DRG	inpatient					25563.46	Aetna	Commercial					17999.98		12383.2	40237.51	case rate
MINOR BLADDER PROCEDURES W MCC	662	MS-DRG	inpatient					53388.54	Aetna	Commercial					51450.34		35395.58	119223.5	case rate
MINOR BLADDER PROCEDURES W CC	663	MS-DRG	inpatient					31427.53	Aetna	Commercial					25049.57		17233.01	61522.73	case rate
MINOR BLADDER PROCEDURES W/O CC/MCC	664	MS-DRG	inpatient					25751.98	Aetna	Commercial					18226.61		12539.11	44472.05	case rate
PROSTATECTOMY W MCC	665	MS-DRG	inpatient					54708.17	Aetna	Commercial					53036.76		36486.97	119227.25	case rate
PROSTATECTOMY W CC	666	MS-DRG	inpatient					35117.93	Aetna	Commercial					29486.04		20285.1	66728.7	case rate
PROSTATECTOMY W/O CC/MCC	667	MS-DRG	inpatient					25580.6	Aetna	Commercial					18020.58		12397.37	40522.56	case rate
TRANSURETHRAL PROCEDURES W MCC	668	MS-DRG	inpatient					50838.4	Aetna	Commercial					48382.24		33284.86	105687.2	case rate
TRANSURETHRAL PROCEDURES W CC	669	MS-DRG	inpatient					32507.23	Aetna	Commercial					26347.55		18125.96	59354.83	case rate
TRANSURETHRAL PROCEDURES W/O CC/MCC	670	MS-DRG	inpatient					24338.09	Aetna	Commercial					16926.88		11369.77	36137.99	case rate
URETHRAL PROCEDURES W CC/MCC	671	MS-DRG	inpatient					35039.38	Aetna	Commercial					29391.61		20220.14	63143.03	case rate
URETHRAL PROCEDURES W/O CC/MCC	672	MS-DRG	inpatient					23768.25	Aetna	Commercial					15941.84		10898.49	39641.15	case rate
OTHER KIDNEY & URINARY TRACT PROCEDURES W MCC	673	MS-DRG	inpatient					63404.32	Aetna	Commercial					63490.96		43679	134173.79	case rate
OTHER KIDNEY & URINARY TRACT PROCEDURES W CC	674	MS-DRG	inpatient					44612.42	Aetna	Commercial					40899.99		28137.4	86719.93	case rate
OTHER KIDNEY & URINARY TRACT PROCEDURES W/O CC/MCC	675	MS-DRG	inpatient					33248.45	Aetna	Commercial					27238.62		18738.96	60960.13	case rate
RENAL FAILURE W MCC	682	MS-DRG	inpatient					32024.51	Aetna	Commercial					25767.24		17726.73	57460.72	case rate
RENAL FAILURE W CC	683	MS-DRG	inpatient					23455.48	Aetna	Commercial					15465.84		10639.82	34468.93	case rate
RENAL FAILURE W/O CC/MCC	684	MS-DRG	inpatient					19280.93	Aetna	Commercial					10447.34		7187.31	23246.84	case rate
KIDNEY & URINARY TRACT NEOPLASMS W MCC	686	MS-DRG	inpatient					36860.3	Aetna	Commercial					31580.66		21726.11	64422.02	case rate
KIDNEY & URINARY TRACT NEOPLASMS W CC	687	MS-DRG	inpatient					25519.18	Aetna	Commercial					17946.76		12346.58	39521.13	case rate
KIDNEY & URINARY TRACT NEOPLASMS W/O CC/MCC	688	MS-DRG	inpatient					21743.1	Aetna	Commercial					13407.27		9223.62	29664.29	case rate
KIDNEY & URINARY TRACT INFECTIONS W MCC	689	MS-DRG	inpatient					27362.96	Aetna	Commercial					20163.27		13871.45	41692.78	case rate
KIDNEY & URINARY TRACT INFECTIONS W/O MCC	690	MS-DRG	inpatient					22114.42	Aetna	Commercial					13853.67		9530.72	29784.31	case rate
URINARY STONES W MCC	693	MS-DRG	inpatient					30817.7	Aetna	Commercial					24316.45		16728.66	49644.27	case rate
URINARY STONES W/O MCC	694	MS-DRG	inpatient					21768.8	Aetna	Commercial					13438.18		9244.88	26333.66	case rate
KIDNEY & URINARY TRACT SIGNS & SYMPTOMS W MCC	695	MS-DRG	inpatient					27671.44	Aetna	Commercial					20534.12		14126.58	43084.29	case rate
KIDNEY & URINARY TRACT SIGNS & SYMPTOMS W/O MCC	696	MS-DRG	inpatient					20474.88	Aetna	Commercial					11892.66		8174.75	25827.32	case rate
URETHRAL STRICTURE	697	MS-DRG	inpatient					26487.49	Aetna	Commercial					19110.81		13147.4	36006.72	case rate
OTHER KIDNEY & URINARY TRACT DIAGNOSES W MCC	698	MS-DRG	inpatient					34218.18	Aetna	Commercial					28404.39		19540.98	60577.56	case rate
OTHER KIDNEY & URINARY TRACT DIAGNOSES W CC	699	MS-DRG	inpatient					25169.28	Aetna	Commercial					17526.12		12057.2	38553.45	case rate
OTHER KIDNEY & URINARY TRACT DIAGNOSES W/O CC/MCC	700	MS-DRG	inpatient					20706.24	Aetna	Commercial					12160.8		8366.1	28494.07	case rate
MAJOR MALE PELVIC PROCEDURES W CC/MCC	707	MS-DRG	inpatient					38609.81	Aetna	Commercial					33683.86		23173.02	67190.04	case rate
MAJOR MALE PELVIC PROCEDURES W/O CC/MCC	708	MS-DRG	inpatient					31420.39	Aetna	Commercial					25040.99		17227.1	52753.6	case rate
PENIS PROCEDURES W CC/MCC	709	MS-DRG	inpatient					40867.75	Aetna	Commercial					36398.28		25040.42	76208.72	case rate
PENIS PROCEDURES W/O CC/MCC	710	MS-DRG	inpatient					28218.43	Aetna	Commercial					21191.7		14578.96	62617.94	case rate
TESTES PROCEDURES W CC/MCC	711	MS-DRG	inpatient					40909.17	Aetna	Commercial					36448.07		25074.68	78145.83	case rate
TESTES PROCEDURES W/O CC/MCC	712	MS-DRG	inpatient					27562.9	Aetna	Commercial					20403.64		14036.81	40387.54	case rate
TRANSURETHRAL PROSTATECTOMY W CC/MCC	713	MS-DRG	inpatient					31309	Aetna	Commercial					24907.07		17134.97	54897.74	case rate
TRANSURETHRAL PROSTATECTOMY W/O CC/MCC	714	MS-DRG	inpatient					24279.53	Aetna	Commercial					16456.49		11321.34	34150.12	case rate
OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC FOR MALIGNANCY W CC/MCC	715	MS-DRG	inpatient					42117.41	Aetna	Commercial					37900.57		26073.93	82886.72	case rate
OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC FOR MALIGNANCY W/O CC/MCC	716	MS-DRG	inpatient					30901.97	Aetna	Commercial					24417.75		16798.34	54872.74	case rate
OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC EXC MALIGNANCY W CC/MCC	717	MS-DRG	inpatient					36483.39	Aetna	Commercial					31139.42		21422.55	73299.93	case rate
OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC EXC MALIGNANCY W/O CC/MCC	718	MS-DRG	inpatient					27382.95	Aetna	Commercial					20187.31		13887.99	46231.13	case rate
MALIGNANCY, MALE REPRODUCTIVE SYSTEM W MCC	722	MS-DRG	inpatient					37365.88	Aetna	Commercial					32188.44		22144.24	62250.37	case rate
MALIGNANCY, MALE REPRODUCTIVE SYSTEM W CC	723	MS-DRG	inpatient					26504.62	Aetna	Commercial					19131.42		13161.58	41313.96	case rate
MALIGNANCY, MALE REPRODUCTIVE SYSTEM W/O CC/MCC	724	MS-DRG	inpatient					22151.55	Aetna	Commercial					13898.31		9561.43	25849.82	case rate
BENIGN PROSTATIC HYPERTROPHY W MCC	725	MS-DRG	inpatient					28312.69	Aetna	Commercial					21305.01		14656.92	45544.75	case rate
BENIGN PROSTATIC HYPERTROPHY W/O MCC	726	MS-DRG	inpatient					21029.01	Aetna	Commercial					12548.82		8633.04	28674.1	case rate
INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM W MCC	727	MS-DRG	inpatient					33741.17	Aetna	Commercial					27830.95		19146.47	53935.07	case rate
INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM W/O MCC	728	MS-DRG	inpatient					22017.31	Aetna	Commercial					13736.92		9450.4	29683.04	case rate
OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES W CC/MCC	729	MS-DRG	inpatient					24927.92	Aetna	Commercial					17235.96		11857.58	40582.57	case rate
OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES W/O CC/MCC	730	MS-DRG	inpatient					19468.02	Aetna	Commercial					10672.25		7342.04	21318.98	case rate
PELVIC EVISCERATION, RAD HYSTERECTOMY & RAD VULVECTOMY W CC/MCC	734	MS-DRG	inpatient					41633.25	Aetna	Commercial					37318.54		25673.52	86497.39	case rate
PELVIC EVISCERATION, RAD HYSTERECTOMY & RAD VULVECTOMY W/O CC/MCC	735	MS-DRG	inpatient					28588.33	Aetna	Commercial					21636.37		14884.88	51197.06	case rate
UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W MCC	736	MS-DRG	inpatient					66106.42	Aetna	Commercial					66739.34		45913.74	151175.71	case rate
UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W CC	737	MS-DRG	inpatient					36779.77	Aetna	Commercial					33888.17		23313.58	76191.72	case rate
UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W/O CC/MCC	738	MS-DRG	inpatient					30079.54	Aetna	Commercial					23428.82		16118	62221	case rate
UTERINE, ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W MCC	739	MS-DRG	inpatient					62237.5	Aetna	Commercial					62088.25		42714	134938.53	case rate
UTERINE, ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W CC	740	MS-DRG	inpatient					36111.94	Aetna	Commercial					30681		21107.19	65370.95	case rate
UTERINE, ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W/O CC/MCC	741	MS-DRG	inpatient					29146.74	Aetna	Commercial					22307.68		15345.71	49801.79	case rate
UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W CC/MCC	742	MS-DRG	inpatient					36039.1	Aetna	Commercial					30593.44		21046.95	64287	case rate
UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC/MCC	743	MS-DRG	inpatient					27185.86	Aetna	Commercial					19950.38		13724.99	41842.81	case rate
D&C, CONIZATION, LAPAROSCOPY & TUBAL INTERRUPTION W CC/MCC	744	MS-DRG	inpatient					37474.42	Aetna	Commercial					32318.93		22234.01	63398.08	case rate
D&C, CONIZATION, LAPAROSCOPY & TUBAL INTERRUPTION W/O CC/MCC	745	MS-DRG	inpatient					25384.94	Aetna	Commercial					17785.37		12235.55	40109.99	case rate
VAGINA, CERVIX & VULVA PROCEDURES W CC/MCC	746	MS-DRG	inpatient					34528.1	Aetna	Commercial					28776.96		19797.29	62925.49	case rate
VAGINA, CERVIX & VULVA PROCEDURES W/O CC/MCC	747	MS-DRG	inpatient					23261.24	Aetna	Commercial					15232.34		10479.18	35939.21	case rate
FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES	748	MS-DRG	inpatient					30654.89	Aetna	Commercial					24120.73		16594	48534.06	case rate
OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES W CC/MCC	749	MS-DRG	inpatient					46540.46	Aetna	Commercial					43217.81		29731.96	97693.21	case rate
OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES W/O CC/MCC	750	MS-DRG	inpatient					30013.64	Aetna	Commercial					23349.84		16063.67	45904.82	case rate
MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W MCC	754	MS-DRG	inpatient					37047.39	Aetna	Commercial					31805.57		21880.84	69065.39	case rate
MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W CC	755	MS-DRG	inpatient					26081.88	Aetna	Commercial					18623.21		12811.96	40128.74	case rate
MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W/O CC/MCC	756	MS-DRG	inpatient					24725.12	Aetna	Commercial					16992.16		11689.86	29259.21	case rate
INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W MCC	757	MS-DRG	inpatient					31893.12	Aetna	Commercial					25609.28		17618.06	54043.84	case rate
INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W CC	758	MS-DRG	inpatient					24766.54	Aetna	Commercial					17041.95		11724.11	38272.14	case rate
INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W/O CC/MCC	759	MS-DRG	inpatient					19819.35	Aetna	Commercial					11094.61		7632.6	26656.22	case rate
MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS W CC/MCC	760	MS-DRG	inpatient					24806.53	Aetna	Commercial					17090.02		11757.19	32694.85	case rate
MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS W/O CC/MCC	761	MS-DRG	inpatient					19239.51	Aetna	Commercial					10397.55		7153.06	20606.35	case rate
VAGINAL DELIVERY W O.R. PROC EXCEPT STERIL &/OR D&C	768	MS-DRG	inpatient					27987.07	Aetna	Commercial					20913.56		8760	42435.42	case rate
POSTPARTUM & POST ABORTION DIAGNOSES W O.R. PROCEDURE	769	MS-DRG	inpatient					32640.05	Aetna	Commercial					29507.22		19235.81	54681.46	case rate
ABORTION W D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY	770	MS-DRG	inpatient					21997.31	Aetna	Commercial					13712.88		9433.86	40053.73	case rate
POSTPARTUM & POST ABORTION DIAGNOSES W/O O.R. PROCEDURE	776	MS-DRG	inpatient					20826.21	Aetna	Commercial					12305.02		8466.32	24717.11	case rate
ABORTION W/O D&C	779	MS-DRG	inpatient					24717.98	Aetna	Commercial					16983.57		11683.96	28291.53	case rate
CESAREAN SECTION W STERILIZATION W MCC	783	MS-DRG	inpatient					35884.86	Aetna	Commercial					30420.03		8487	65498.47	case rate
CESAREAN SECTION W STERILIZATION W CC	784	MS-DRG	inpatient					25216.41	Aetna	Commercial					17582.77		8487	41336.46	case rate
CESAREAN SECTION W STERILIZATION W/O CC/MCC	785	MS-DRG	inpatient					22962.76	Aetna	Commercial					14873.5		8487	31712.17	case rate
CESAREAN SECTION W/O STERILIZATION W MCC	786	MS-DRG	inpatient					35576.38	Aetna	Commercial					30037.17		8487	58315.88	case rate
CESAREAN SECTION W/O STERILIZATION W CC	787	MS-DRG	inpatient					25602.02	Aetna	Commercial					18046.34		8487	40548.82	case rate
CESAREAN SECTION W/O STERILIZATION W/O CC/MCC	788	MS-DRG	inpatient					22801.37	Aetna	Commercial					14679.5		8487	33782.55	case rate
NEONATES, DIED OR TRANSFERRED TO ANOTHER ACUTE CARE FACILITY	789	MS-DRG	inpatient					36574.67	Aetna	Commercial					31237.28		637	62400.4	case rate
EXTREME IMMATURITY OR RESPIRATORY DISTRESS SYNDROME, NEONATE	790	MS-DRG	inpatient					96282.27	Aetna	Commercial					103015.72		637	205774.65	case rate
PREMATURITY W MAJOR PROBLEMS	791	MS-DRG	inpatient					69112.72	Aetna	Commercial					70353.41		637	140538.73	case rate
PREMATURITY W/O MAJOR PROBLEMS	792	MS-DRG	inpatient					45902.06	Aetna	Commercial					42450.35		637	84795.83	case rate
FULL TERM NEONATE W MAJOR PROBLEMS	793	MS-DRG	inpatient					70706.56	Aetna	Commercial					72269.47		637	144360.69	case rate
NEONATE W OTHER SIGNIFICANT PROBLEMS	794	MS-DRG	inpatient					31868.84	Aetna	Commercial					29580.09		637	51095.79	case rate
NORMAL NEWBORN	795	MS-DRG	inpatient					1347\.12	Aetna	Commercial					3462.99		637	11714.02	case rate
VAGINAL DELIVERY W STERILIZATION/D&C W MCC	796	MS-DRG	inpatient					30847.7	Aetna	Commercial					24352.51		6365	55067.78	case rate
VAGINAL DELIVERY W STERILIZATION/D&C W CC	797	MS-DRG	inpatient					24813.67	Aetna	Commercial					17098.61		6365	31764.68	case rate
VAGINAL DELIVERY W STERILIZATION/D&C W/O CC/MCC	798	MS-DRG	inpatient					22175.83	Aetna	Commercial					13027.49		6365	31764.68	case rate
SPLENECTOMY W MCC	799	MS-DRG	inpatient					81350.73	Aetna	Commercial					85055.53		58521.36	176342.91	case rate

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.														
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true													
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
SPLENECTOMY W CC	800	MS-DRG	inpatient					59832.11 Aetna	Commercial		48377.09				33281.32	98523.39	case rate	
SPLENECTOMY W/O CC/MCC	801	MS-DRG	inpatient					36150.5 Aetna	Commercial		30727.36				5977	58372.14	case rate	
OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W MCC	802	MS-DRG	inpatient					59009.83 Aetna	Commercial		58208.06				8199	125543.43	case rate	
OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W CC	803	MS-DRG	inpatient					37128.8 Aetna	Commercial		31903.44				13379	64590.8	case rate	
OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W/O CC/MCC	804	MS-DRG	inpatient					27877.1 Aetna	Commercial		20781.36				14296.66	46152.36	case rate	
VAGINAL DELIVERY W/O STERILIZATION/D&C W MCC	805	MS-DRG	inpatient					24989.33 Aetna	Commercial		17309.79				6365	38377.16	case rate	
VAGINAL DELIVERY W/O STERILIZATION/D&C W CC	806	MS-DRG	inpatient					21254.66 Aetna	Commercial		12820.09				6365	26532.45	case rate	
VAGINAL DELIVERY W/O STERILIZATION/D&C W/O CC/MCC	807	MS-DRG	inpatient					19935.03 Aetna	Commercial		11233.68				6365	23029.3	case rate	
MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W MCC	808	MS-DRG	inpatient					41868.9 Aetna	Commercial		37601.83				29868.41	80610.04	case rate	
MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W CC	809	MS-DRG	inpatient					27791.41 Aetna	Commercial		20678.34				14225.79	45177.18	case rate	
MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W/O CC/MCC	810	MS-DRG	inpatient					24936.49 Aetna	Commercial		17246.26				11864.67	34581.45	case rate	
RED BLOOD CELL DISORDERS W MCC	811	MS-DRG	inpatient					30636.33 Aetna	Commercial		24098.41				16578.65	50859.49	case rate	
RED BLOOD CELL DISORDERS W/O MCC	812	MS-DRG	inpatient					23454.05 Aetna	Commercial		15464.12				10638.64	33126.18	case rate	
COAGULATION DISORDERS	813	MS-DRG	inpatient					32869.99 Aetna	Commercial		26783.64				18425.97	60442.53	case rate	
RETICULOENDOTHELIAL & IMMUNITY DISORDERS W MCC	814	MS-DRG	inpatient					40983.44 Aetna	Commercial		36537.35				25136.1	62374.14	case rate	
RETICULOENDOTHELIAL & IMMUNITY DISORDERS W CC	815	MS-DRG	inpatient					24789.34 Aetna	Commercial		17089.42				11743.01	36670.58	case rate	
RETICULOENDOTHELIAL & IMMUNITY DISORDERS W/O CC/MCC	816	MS-DRG	inpatient					20733.38 Aetna	Commercial		12193.42				8388.54	27065.05	case rate	
OTHER ANTEPARTUM DIAGNOSES W O.R. PROCEDURE W MCC	817	MS-DRG	inpatient					42795.79 Aetna	Commercial		38716.1				26634.98	94956.47	case rate	
OTHER ANTEPARTUM DIAGNOSES W O.R. PROCEDURE W CC	818	MS-DRG	inpatient					27344.39 Aetna	Commercial		20140.95				13656.09	50953.26	case rate	
OTHER ANTEPARTUM DIAGNOSES W O.R. PROCEDURE W/O CC/MCC	819	MS-DRG	inpatient					25546.88 Aetna	Commercial		15575.72				10715.41	31498.37	case rate	
LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W MCC	820	MS-DRG	inpatient					96947.8 Aetna	Commercial		103815.79				71420.72	204176.86	case rate	
LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W CC	821	MS-DRG	inpatient					42468.74 Aetna	Commercial		38322.92				6969	89803.01	case rate	
LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W/O CC/MCC	822	MS-DRG	inpatient					29282.7 Aetna	Commercial		21268.96				8721	45375.97	case rate	
LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER PROC W MCC	823	MS-DRG	inpatient					74885.39 Aetna	Commercial		77293.12				12547	169704.17	case rate	
LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER PROC W CC	824	MS-DRG	inpatient					42480.16 Aetna	Commercial		38336.66				22652	82305.36	case rate	
LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER PROC W/O CC/MCC	825	MS-DRG	inpatient					29033.92 Aetna	Commercial		22172.05				15253.4	50972.01	case rate	
MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W MCC	826	MS-DRG	inpatient					73270.13 Aetna	Commercial		75351.31				51638.4	185580.89	case rate	
MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W CC	827	MS-DRG	inpatient					43684.11 Aetna	Commercial		39784.01				27369.65	84454.51	case rate	
MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W/O CC/MCC	828	MS-DRG	inpatient					34018.24 Aetna	Commercial		28164.03				19375.62	61338.95	case rate	
MYELOPROLIFERATIVE DISORDERS OR POORLY DIFFERENTIATED NEOPLASMS W OTHER PROCEDURE W CC/MCC	829	MS-DRG	inpatient					59832.2 Aetna	Commercial		54147.59				37251.17	116635.52	case rate	
MYELOPROLIFERATIVE DISORDERS OR POORLY DIFFERENTIATED NEOPLASMS W OTHER PROCEDURE W/O CC/MCC	830	MS-DRG	inpatient					33172.76 Aetna	Commercial		27147.62				18676.38	53214.93	case rate	
OTHER ANTEPARTUM DIAGNOSES W/O O.R. PROCEDURE W MCC	831	MS-DRG	inpatient					25012.18 Aetna	Commercial		17337.26				11927.27	38560.95	case rate	
OTHER ANTEPARTUM DIAGNOSES W/O O.R. PROCEDURE W CC	832	MS-DRG	inpatient					21126.13 Aetna	Commercial		12665.57				8713.36	26960.03	case rate	
OTHER ANTEPARTUM DIAGNOSES W/O O.R. PROCEDURE W/O CC/MCC	833	MS-DRG	inpatient					17999.88 Aetna	Commercial		8787.09				6045.14	18014.61	case rate	
ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W MCC	834	MS-DRG	inpatient					90553.87 Aetna	Commercial		96129.23				66132.7	206581.05	case rate	
ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W CC	835	MS-DRG	inpatient					42517.29 Aetna	Commercial		38381.3				26404.65	80114.95	case rate	
ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W/O CC/MCC	836	MS-DRG	inpatient					27690.01 Aetna	Commercial		20656.44				14141.93	45480.99	case rate	
CHEMO W ACUTE LEUKEMIA AS SDX OR W HIGH DOSE CHEMO AGENT W MCC	837	MS-DRG	inpatient					78522.95 Aetna	Commercial		81666.07				56162.68	201566.37	case rate	
CHEMO W ACUTE LEUKEMIA AS SDX W CC OR HIGH DOSE CHEMO AGENT	838	MS-DRG	inpatient					38474.14 Aetna	Commercial		33520.76				23060.81	88238.97	case rate	
CHEMO W ACUTE LEUKEMIA AS SDX W/O CC/MCC	839	MS-DRG	inpatient					29201.01 Aetna	Commercial		22372.92				15391.59	47105.04	case rate	
LYMPHOMA & NON-ACUTE LEUKEMIA W MCC	840	MS-DRG	inpatient					55223.74 Aetna	Commercial		53656.56				36913.36	123506.6	case rate	
LYMPHOMA & NON-ACUTE LEUKEMIA W CC	841	MS-DRG	inpatient					33062.79 Aetna	Commercial		27015.42				18585.43	61316.44	case rate	
LYMPHOMA & NON-ACUTE LEUKEMIA W/O CC/MCC	842	MS-DRG	inpatient					25820.53 Aetna	Commercial		18309.02				12595.8	42049.1	case rate	
OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W MCC	843	MS-DRG	inpatient					37163.07 Aetna	Commercial		31944.64				21976.51	69237.92	case rate	
OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W CC	844	MS-DRG	inpatient					27117.31 Aetna	Commercial		19867.97				13668.29	44213.25	case rate	
OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W/O CC/MCC	845	MS-DRG	inpatient					22942.76 Aetna	Commercial		14849.47				10215.78	32488.56	case rate	
CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W MCC	846	MS-DRG	inpatient					45495.03 Aetna	Commercial		41961.04				28867.35	105690.98	case rate	
CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W CC	847	MS-DRG	inpatient					27908.52 Aetna	Commercial		20819.13				14322.65	49753.04	case rate	
CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W/O CC/MCC	848	MS-DRG	inpatient					21437.47 Aetna	Commercial		13039.86				8970.85	34979.03	case rate	
RADIOTHERAPY	849	MS-DRG	inpatient					49028.31 Aetna	Commercial		46208.65				31789.52	73896.29	case rate	
INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W MCC	853	MS-DRG	inpatient					81989.12 Aetna	Commercial		85832.98				59049.33	189676.65	case rate	
INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W CC	854	MS-DRG	inpatient					39699.51 Aetna	Commercial		34993.86				24074.24	82620.42	case rate	
INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W/O CC/MCC	855	MS-DRG	inpatient					34895.14 Aetna	Commercial		29218.2				20100.84	58510.92	case rate	
POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W MCC	856	MS-DRG	inpatient					73835.69 Aetna	Commercial		76031.2				52306.14	168342.67	case rate	
POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W CC	857	MS-DRG	inpatient					41091.98 Aetna	Commercial		36667.83				25225.86	77140.65	case rate	
POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W/O CC/MCC	858	MS-DRG	inpatient					28919.66 Aetna	Commercial		22034.69				15158.9	51763.41	case rate	
POSTOPERATIVE & POST-TRAUMATIC INFECTIONS W MCC	862	MS-DRG	inpatient					36887.43 Aetna	Commercial		31625.3				21798.82	68551.54	case rate	
POSTOPERATIVE & POST-TRAUMATIC INFECTIONS W/O MCC	863	MS-DRG	inpatient					24950.77 Aetna	Commercial		17263.43				11876.48	36936.89	case rate	
FEVER AND INFLAMMATORY CONDITIONS	864	MS-DRG	inpatient					23198.4 Aetna	Commercial		15156.79				10427.21	32417.3	case rate	
VIRAL ILLNESS W MCC	865	MS-DRG	inpatient					34011.1 Aetna	Commercial		28155.44				19369.71	51842.18	case rate	
VIRAL ILLNESS W/O MCC	866	MS-DRG	inpatient					23686.54 Aetna	Commercial		15755.99				10839.43	30770.74	case rate	
OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W MCC	867	MS-DRG	inpatient					40472.15 Aetna	Commercial		35922.7				24713.24	79998.68	case rate	
OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W CC	868	MS-DRG	inpatient					26093.31 Aetna	Commercial		18636.95				12821.4	40391.29	case rate	
OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W/O CC/MCC	869	MS-DRG	inpatient					20454.89 Aetna	Commercial		11858.63				8158.22	28801.63	case rate	
SEPTICEMIA OR SEVERE SEPSIS W MV >96 HOURS	870	MS-DRG	inpatient					110061.28 Aetna	Commercial		119580.37				82266.06	238117.82	case rate	
SEPTICEMIA OR SEVERE SEPSIS W/O MV >96 HOURS W MCC	871	MS-DRG	inpatient					38905.45 Aetna	Commercial		34039.26				23417.52	69627.99	case rate	
SEPTICEMIA OR SEVERE SEPSIS W/O MV >96 HOURS W/O MCC	872	MS-DRG	inpatient					25299.25 Aetna	Commercial		17682.35				12164.68	39491.12	case rate	
O.R. PROCEDURE W PRINCIPAL DIAGNOSES OF MENTAL ILLNESS	876	MS-DRG	inpatient					63882.75 Aetna	Commercial		64066.12				44074.69	123825.61	case rate	
ACUTE ADJUSTMENT REACTION & PSYCHOSOCIAL DYSFUNCTION	880	MS-DRG	inpatient					24223.83 Aetna	Commercial		16389.53				2010	21084.2	case rate	
DEPRESSIVE NEUROSES	881	MS-DRG	inpatient					23536.88 Aetna	Commercial		15563.7				2010	20466.85	case rate	
NEUROSES EXCEPT DEPRESSIVE	882	MS-DRG	inpatient					24005.32 Aetna	Commercial		16126.84				2010	20874.19	case rate	
DISORDERS OF PERSONALITY & IMPULSE CONTROL	883	MS-DRG	inpatient					37374.44 Aetna	Commercial		32198.74				2010	32540.07	case rate	
ORGANIC DISTURBANCES & INTELLECTUAL DISABILITY	884	MS-DRG	inpatient					35682.06 Aetna	Commercial		30164.22				2010	31027.88	case rate	
PSYCHOSES	885	MS-DRG	inpatient					30105.05 Aetna	Commercial		23459.72				2010	26178.3	case rate	
BEHAVIORAL & DEVELOPMENTAL DISORDERS	886	MS-DRG	inpatient					34608.07 Aetna	Commercial		29873.11				2010	30093.98	case rate	
OTHER MENTAL DISORDER DIAGNOSES	887	MS-DRG	inpatient					29093.9 Aetna	Commercial		22244.16				2010	25299.04	case rate	
ALCOHOL/DRUG ABUSE OR DEPENDENCE, LEFT AMA	894	MS-DRG	inpatient					18795.35 Aetna	Commercial		9863.59				2010	94620.59	case rate	
ALCOHOL/DRUG ABUSE OR DEPENDENCE W REHABILITATION THERAPY	895	MS-DRG	inpatient					33566.94 Aetna	Commercial		27621.49				2010	29188.64	case rate	
ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY W MCC	896	MS-DRG	inpatient					35984.83 Aetna	Commercial		30528.2				2010	31291.16	case rate	
ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY W/O MCC	897	MS-DRG	inpatient					22809.94 Aetna	Commercial		14689.8				2010	19834.73	case rate	
WOUND DEBRIDEMENTS FOR INJURIES W MCC	901	MS-DRG	inpatient					72398.95 Aetna	Commercial		74304				13124	167465	case rate	
WOUND DEBRIDEMENTS FOR INJURIES W CC	902	MS-DRG	inpatient					37507.26 Aetna	Commercial		32358.41				22261.17	72028.44	case rate	
WOUND DEBRIDEMENTS FOR INJURIES W/O CC/MCC	903	MS-DRG	inpatient					28321.26 Aetna	Commercial		21315.31				14664	56429.51	case rate	
SKIN GRAFTS FOR INJURIES W CC/MCC	904	MS-DRG	inpatient					57094.65 Aetna	Commercial		55905.7				38460.67	120997.58	case rate	
SKIN GRAFTS FOR INJURIES W/O CC/MCC	905	MS-DRG	inpatient					33208.47 Aetna	Commercial		27190.55				18705.9	66357.38	case rate	
HAND PROCEDURES FOR INJURIES	906	MS-DRG	inpatient					37462.99 Aetna	Commercial		32305.19				22224.56	69132.9	case rate	
OTHER O.R. PROCEDURES FOR INJURIES W MCC	907	MS-DRG	inpatient					63711.37 Aetna	Commercial		63860.1				43932.95	158133.26	case rate	
OTHER O.R. PROCEDURES FOR INJURIES W CC	908	MS-DRG	inpatient					39212.5 Aetna	Commercial		34408.39				23671.47	74743.95	case rate	
OTHER O.R. PROCEDURES FOR INJURIES W/O CC/MCC	909	MS-DRG	inpatient					29960.8 Aetna	Commercial		23286.31				16019.96	49711.78	case rate	
TRAUMATIC INJURY W MCC	913	MS-DRG	inpatient					31934.54 Aetna	Commercial		29659.07				17652.32	55206.55	case rate	
TRAUMATIC INJURY W/O MCC	914	MS-DRG	inpatient					23054.02 Aetna	Commercial		15084.3				10721.32	84762.6	case rate	
ALLERGIC REACTIONS W MCC	915	MS-DRG	inpatient					35926.28 Aetna	Commercial		30457.81				20953.64	62895.49	case rate	
ALLERGIC REACTIONS W/O MCC	916	MS-DRG	inpatient					19999.3 Aetna	Commercial		11310.94				7781.43	23828.2	case rate	
POISONING & TOXIC EFFECTS OF DRUGS W MCC	917	MS-DRG	inpatient					33382.7 Aetna	Commercial		27400.01				18850	55274.07	case rate	
POISONING & TOXIC EFFECTS OF DRUGS W/O MCC	918	MS-DRG	inpatient					22885.63 Aetna	Commercial		14780.79				10168.54	29206.7	case rate	
COMPLICATIONS OF TREATMENT W MCC	919	MS-DRG	inpatient					36650.36 Aetna	Commercial		31328.27				21552.48	68424.02	case rate	
COMPLICATIONS OF TREATMENT W CC	920	MS-DRG	inpatient					25354.94 Aetna	Commercial		17749.31				12210.75	37623.27	case rate	
COMPLICATIONS OF TREATMENT W/O CC/MCC	921	MS-DRG	inpatient					20556.29 Aetna	Commercial		11980.53				8242.08	26502.45	case rate	
OTHER INJURY, POISONING & TOXIC EFFECT DIAG W MCC	922	MS-DRG	inpatient					35510.68 Aetna	Commercial		29958.19				20609.92	58450.91	case rate	
OTHER INJURY, POISONING & TOXIC EFFECT DIAG W/O MCC	923	MS-DRG	inpatient					25035.03 Aetna	Commercial		17364.73				11946.17	37582.48	case rate	
EXTENSIVE BURNS OR FULL THICKNESS BURNS W MV >96 HRS W SKIN GRAFT	927	MS-DRG	inpatient					387038.19 Aetna	Commercial		452552.52				298049.51	689547.44	case rate	
FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W CC/MCC	928	MS-DRG	inpatient					109415.75 Aetna	Commercial		118804.33				81732.17	220376.13	case rate	
FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W/O CC/MCC	929	MS-DRG	inpatient					56513.38 Aetna	Commercial		55206.92				37979.94	111478.31	case rate	
EXTENSIVE BURNS OR FULL THICKNESS BURNS W MV >96 HRS W/O SKIN GRAFT	933	MS-DRG	inpatient					53892.69 Aetna	Commercial		52056.41				33318	107281.27	case rate	
FULL THICKNESS BURN W/O SKIN GRAFT OR INHAL INJ	934	MS-DRG	inpatient					40475.01 Aetna	Commercial		35926.13				24715.61	68769.08	case rate	
NON-EXTENSIVE BURNS	935	MS-DRG	inpatient					39740.93 Aetna	Commercial		35243.65				24108.49	68326.5	case rate	
O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W MCC	939	MS-DRG	inpatient					56510.53 Aetna	Commercial		55203.49				37977.58	122974.2	case rate	
O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W CC	940	MS-DRG	inpatient					41533.28 Aetna	Commercial		37198.36				25590.84	81558.97	case rate	
O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W/O CC/MCC	941	MS-DRG	inpatient					37097.38 Aetna	Commercial		31865.66				21922.18	69440.46	case rate	
REHABILITATION W CC/MCC	945	MS-DRG	inpatient					32148.76 Aetna	Commercial		25916.61				17829.49	51193.3	case rate	
REHABILITATION W/O CC/MCC	946	MS-DRG	inpatient					25053.6 Aetna	Commercial		17387.05				11961.53	39108.55	case rate	
SIGNS & SYMPTOMS W MCC	947	MS-DRG	inpatient					28465.5 Aetna	Commercial		21488.72				14783.3	45218.44	case rate	
SIGNS & SYMPTOMS W/O MCC	948	MS-DRG	inpatient					22030.16 Aetna	Commercial		13752.37				9461.03	29262.96	case rate	
AFTERCARE W CC/MCC	949	MS-DRG	inpatient					25387.79 Aetna	Commercial		17788.8				12237.92	42990.52	case rate	
AFTERCARE W/O CC/MCC	950	MS-DRG	inpatient					19562.28 Aetna	Commercial		10785.57				7420	27938.96	case rate	
OTHER FACTORS INFLUENCING HEALTH STATUS	951	MS-DRG	inpatient					19016.72 Aetna	Commercial		10129.71				6968.8	29945.59	case rate	
CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA	955	MS-DRG	inpatient					97569.06 Aetna	Commercial		104562.64				71934.52	228676.43	case rate	
LIMB REATTACHMENT, HIP & FEMUR PROC FOR MULTIPLE SIGNIFICANT TRAUMA	956	MS-DRG	inpatient					65977.88 Aetna	Commercial		66584.82				45807.44	141918.99	case rate	
OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W MCC	957	MS-DRG	inpatient					113883.07 Aetna	Commercial		124174.79				85426.82	284996.94	case rate	
OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W CC	958	MS-DRG	inpatient					68357.22 Aetna	Commercial		69445.17				47775.24	156771.76	case rate	
OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W/O CC/MCC	959	MS-DRG	inpatient					46757.54 Aetna	Commercial		43478.78				29911.49	91918.4	case rate	
OTHER MULTIPLE SIGNIFICANT TRAUMA W MCC	963	MS-DRG	inpatient					49641.02 Aetna	Commercial		46945.2				32296.24	104832.07	case rate	
OTHER MULTIPLE SIGNIFICANT TRAUMA W CC	964	MS-DRG	inpatient					32027.37 Aetna	Commercial		25770.67				17729.09	55319.07	case rate	
OTHER MULTIPLE SIGNIFICANT TRAUMA W/O CC/MCC	965	MS-DRG	inpatient					24242.4 Aetna	Commercial		16411.85				11290.63	36543.07	case rate	
HIV W EXTENSIVE O.R. PROCEDURE W MCC	969	MS-DRG	inpatient					108743.08 Aetna	Commercial		117995.67				81175.85	209990.44	case rate	
HIV W EXTENSIVE O.R. PROCEDURE W/O MCC	970	MS-DRG	inpatient					44929.48 Aetna	Commercial		41281.14				28399.62	104558.26	case rate	
HIV W MAJOR RELATED CONDITION W MCC	974	MS-DRG	inpatient					52243.15 Aetna	Commercial		50073.39				34448.3	102131.56	case rate	
HIV W MAJOR RELATED CONDITION W CC	975	MS-DRG	inpatient					30060.77 Aetna	Commercial		23406.5				16102.65	46380.28	case rate	
HIV W MAJOR RELATED CONDITION W/O CC/MCC	976	MS-DRG	inpatient					22662.84 Aetna	Commercial		14512.96				9984.28	35204.07	case rate	
HIV W OR W/O OTHER RELATED CONDITION	977	MS-DRG	inpatient					30814.85 Aetna	Commercial		24313.02				16726.29	43879.44	case rate	
EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W MCC	981	MS-DRG	inpatient					78291.59 Aetna	Commercial		81387.93				11302	163924.34	case rate	
EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W CC	982	MS-DRG	inpatient					46094.57 Aetna	Commercial		42682.13				14601	92000.92	case rate	
EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W/O CC/MCC	983	MS-DRG	inpatient					33943.97 Aetna	Commercial		28074.75				19314.2	58852.23	case rate	
NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W MCC	987	MS-DRG	inpatient					58815.6 Aetna	Commercial		57974.56				39883.96	124995.83	case rate	
NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W CC	988	MS-DRG	inpatient					34826.58 Aetna	Commercial		29135.79				20044.15	63503.1	case rate	
NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W/O CC/MCC	989	MS-DRG	inpatient					26019.58 Aetna	Commercial		18547.67				12759.99	39033.53	case rate	
HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM W MCC	001	MS-DRG	inpatient					397605.24 Aetna	Medicare		345743.69				320075.66	990582.37	case rate	
HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM W/O MCC	002	MS-DRG	inpatient					185457.36 Aetna	Medicare		161267.27				144621.43	503445.21	case rate	
ECMO OR TRACH W MV >96 HRS OR PDX EXC FACE, MOUTH & NECK W MAJ O.R.	003	MS-DRG	inpatient					315081.15 Aetna	Medicare		291572				291825.15	686280.58	case rate	Case Rate for Days 1-50; Days 51-999 receive per diem at $7,703
TRACH W MV >96 HRS OR PDX EXC FACE, MOUTH & NECK W/O MAJ O.R.	004	MS-DRG	inpatient					220531.85 Aetna	Medicare		191768.83				173629.34	428299.93	case rate	
LUNG TRANSPLANT	007	MS-DRG	inpatient					185775.85 Aetna	Medicare		161544.21				144884.83	399487.06	case rate	
SIMULTANEOUS PANCREAS/KIDNEY TRANSPLANT	008	MS-DRG	inpatient					85736.65 Aetna	Medicare		74553.61				62148.67	196874.24	case rate	
PANCREAS TRANSPLANT	010	MS-DRG	inpatient					79337.01 Aetna	Medicare		68988.7				56955.93	169302.85	case rate	
TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES OR LARYNGECTOMY W MCC	011	MS-DRG	inpatient					84231.35 Aetna	Medicare		73244.66				60903.74	260411	case rate	
TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES OR LARYNGECTOMY W CC	012	MS-DRG	inpatient					67787.38 Aetna	Medicare		58945.55				47303.96	260411	case rate	
TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES OR LARYNGECTOMY W/O CC/MCC	013	MS-DRG	inpatient					48946.93 Aetna	Medicare		42562.54				31722.2	260411	case rate	
ALLOGENEIC BONE MARROW TRANSPLANT	014	MS-DRG	inpatient					174271.52 Aetna	Medicare		151540.8				135370.65	448219.9	case rate	
AUTOLOGOUS BONE MARROW TRANSPLANT W CC/MCC OR T-CELL IMMUNOTHERAPY	016	MS-DRG	inpatient					98808.71 Aetna	Medicare		85920.62				72999.76	245273.28	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.													
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true												
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
AUTOLOGOUS BONE MARROW TRANSPLANT W/O CC/MCC	017	MS-DRG	inpatient				98808.71	Aetna	Medicare		85920.62				71026.39	164321.92	case rate	
CHIMERIC ANTIGEN RECEPTOR (CAR) T-CELL IMMUNOTHERAPY	018	MS-DRG	inpatient				536767.79	Aetna	Medicare		466754.6				435168.29	639257.68	case rate	
SIMULTANEOUS PANCREAS AND KIDNEY TRANSPLANT WITH HEMODIALYSIS	019	MS-DRG	inpatient				124751.46	Aetna	Medicare		108479.53				94415.39	138695.22	case rate	
INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W MCC	020	MS-DRG	inpatient				131305.35	Aetna	Medicare		114178.56				99835.69	391021.73	case rate	
INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W CC	021	MS-DRG	inpatient				98300.28	Aetna	Medicare		85478.51				72539.27	296516.34	case rate	
INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W/O CC/MCC	022	MS-DRG	inpatient				60243.77	Aetna	Medicare		52385.89				41065.11	193442.35	case rate	
CRANIOTOMY W MAJOR DEVICE IMPLANT OR ACUTE COMPLEX CNS PDX W MCC OR CHEMOTHERAPY IMPLANT OR EPIL	023	MS-DRG	inpatient				91550.74	Aetna	Medicare		79609.34				66957.14	204791.97	case rate	
CRANIO W MAJOR DEV IMPL/ACUTE COMPLEX CNS PDX W/O MCC	024	MS-DRG	inpatient				64701.1	Aetna	Medicare		56261.82				44751.49	313612.23	case rate	
CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W MCC	025	MS-DRG	inpatient				73658.59	Aetna	Medicare		64092.95				52159.67	160436.19	case rate	
CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W CC	026	MS-DRG	inpatient				52765.86	Aetna	Medicare		45883.36				34880.6	113109.86	case rate	
CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W/O CC/MCC	027	MS-DRG	inpatient				45336.51	Aetna	Medicare		39423.05				28736.25	90230.59	case rate	
SPINAL PROCEDURES W MCC	028	MS-DRG	inpatient				96653.6	Aetna	Medicare		84046.61				71177.4	201592.62	case rate	
SPINAL PROCEDURES W CC OR SPINAL NEUROSTIMULATORS	029	MS-DRG	inpatient				59551.11	Aetna	Medicare		51783.57				40462.25	118360.84	case rate	
SPINAL PROCEDURES W/O CC/MCC	030	MS-DRG	inpatient				43709.82	Aetna	Medicare		38008.54				27390.91	81603.98	case rate	
VENTRICULAR SHUNT PROCEDURES W MCC	031	MS-DRG	inpatient				69382.65	Aetna	Medicare		60332.74				48623.3	156888.03	case rate	
VENTRICULAR SHUNT PROCEDURES W CC	032	MS-DRG	inpatient				41350.48	Aetna	Medicare		35956.94				25439.65	103005.11	case rate	
VENTRICULAR SHUNT PROCEDURES W/O CC/MCC	033	MS-DRG	inpatient				33768.31	Aetna	Medicare		29363.75				19168.92	169398.47	case rate	
CAROTID ARTERY STENT PROCEDURE W MCC	034	MS-DRG	inpatient				66309.22	Aetna	Medicare		57660.19				46081.46	279134.99	case rate	
CAROTID ARTERY STENT PROCEDURE W CC	035	MS-DRG	inpatient				43431.32	Aetna	Medicare		37766.37				27160.59	83276.79	case rate	
CAROTID ARTERY STENT PROCEDURE W/O CC/MCC	036	MS-DRG	inpatient				36414.71	Aetna	Medicare		31664.97				21357.59	64737.08	case rate	
EXTRACRANIAL PROCEDURES W MCC	037	MS-DRG	inpatient				58799.89	Aetna	Medicare		51130.34				39870.97	120389.97	case rate	
EXTRACRANIAL PROCEDURES W CC	038	MS-DRG	inpatient				33439.83	Aetna	Medicare		29078.11				18897.25	62700.45	case rate	
EXTRACRANIAL PROCEDURES W/O CC/MCC	039	MS-DRG	inpatient				26985.95	Aetna	Medicare		23379.08				13476.94	42472.93	case rate	
PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W MCC	040	MS-DRG	inpatient				65082.28	Aetna	Medicare		57028.07				45480.26	147335	case rate	
PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W CC OR PERIPH NEUROSTIM	041	MS-DRG	inpatient				42448.74	Aetna	Medicare		36911.95				26347.96	88456.51	case rate	
PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W/O CC/MCC	042	MS-DRG	inpatient				35437.84	Aetna	Medicare		30815.52				20549.68	102408.62	case rate	
SPINAL DISORDERS & INJURIES W CC/MCC	052	MS-DRG	inpatient				36361.31	Aetna	Medicare		33357.66				22967.5	80333.48	case rate	
SPINAL DISORDERS & INJURIES W/O CC/MCC	053	MS-DRG	inpatient				24640.86	Aetna	Medicare		21426.83				11620.17	98314.19	case rate	
NERVOUS SYSTEM NEOPLASMS W MCC	054	MS-DRG	inpatient				31634.62	Aetna	Medicare		27508.36				17404.27	143596.19	case rate	
NERVOUS SYSTEM NEOPLASMS W/O MCC	055	MS-DRG	inpatient				25917.64	Aetna	Medicare		22537.08				12676.12	39277.33	case rate	
DEGENERATIVE NERVOUS SYSTEM DISORDERS W MCC	056	MS-DRG	inpatient				44780.95	Aetna	Medicare		38939.95				28276.78	79683.62	case rate	
DEGENERATIVE NERVOUS SYSTEM DISORDERS W/O MCC	057	MS-DRG	inpatient				30059.35	Aetna	Medicare		26138.56				16101.46	45342.21	case rate	
MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W MCC	058	MS-DRG	inpatient				35267.89	Aetna	Medicare		30667.73				20409.13	65997.32	case rate	
MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W CC	059	MS-DRG	inpatient				27545.76	Aetna	Medicare		23952.84				14022.64	41231.45	case rate	
MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W/O CC/MCC	060	MS-DRG	inpatient				23406.52	Aetna	Medicare		20353.84				10599.66	31232.08	case rate	
ISCHEMIC STROKE, PRECEREBRAL OCCLUSION OR TRANSIENT ISCHEMIA W THROMBOLYTIC AGENT W MCC	061	MS-DRG	inpatient				50619.32	Aetna	Medicare		44016.8				33105.33	106808.68	case rate	
ISCHEMIC STROKE, PRECEREBRAL OCCLUSION OR TRANSIENT ISCHEMIA W THROMBOLYTIC AGENT W CC	062	MS-DRG	inpatient				37321.6	Aetna	Medicare		32453.57				22107.62	121708.96	case rate	
ISCHEMIC STROKE, PRECEREBRAL OCCLUSION OR TRANSIENT ISCHEMIA W THROMBOLYTIC AGENT W/O CC/MCC	063	MS-DRG	inpatient				31624.57	Aetna	Medicare		27673.54				17561.37	136083.64	case rate	
INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W MCC	064	MS-DRG	inpatient				39196.79	Aetna	Medicare		34084.17				23698.47	215206.95	case rate	
INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W CC OR TPA IN 24 HRS	065	MS-DRG	inpatient				25106.44	Aetna	Medicare		21831.69				12005.23	38688.47	case rate	
INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W/O CC/MCC	066	MS-DRG	inpatient				20409.18	Aetna	Medicare		17747.12				8120.42	27260.09	case rate	
NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT W MCC	067	MS-DRG	inpatient				30826.57	Aetna	Medicare		26805.46				16735.74	56313.01	case rate	
NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT W/O MCC	068	MS-DRG	inpatient				23029.88	Aetna	Medicare		20025.98				10287.83	33707.54	case rate	
TRANSIENT ISCHEMIA W/O THROMBOLYTIC	069	MS-DRG	inpatient				21997.31	Aetna	Medicare		19128.1				9433.86	28711.61	case rate	
NONSPECIFIC CEREBROVASCULAR DISORDERS W MCC	070	MS-DRG	inpatient				36147.64	Aetna	Medicare		31432.73				21136.72	61710.27	case rate	
NONSPECIFIC CEREBROVASCULAR DISORDERS W CC	071	MS-DRG	inpatient				25754.83	Aetna	Medicare		22395.51				12541.47	36974.4	case rate	
NONSPECIFIC CEREBROVASCULAR DISORDERS W/O CC/MCC	072	MS-DRG	inpatient				21773.09	Aetna	Medicare		18933.12				9248.42	27830.19	case rate	
CRANIAL & PERIPHERAL NERVE DISORDERS W MCC	073	MS-DRG	inpatient				32198.75	Aetna	Medicare		27998.91				17870.83	52926.13	case rate	
CRANIAL & PERIPHERAL NERVE DISORDERS W/O MCC	074	MS-DRG	inpatient				25246.4	Aetna	Medicare		21953.39				12120.96	36528.07	case rate	
VIRAL MENINGITIS W CC/MCC	075	MS-DRG	inpatient				37922.86	Aetna	Medicare		32976.4				22804.89	55570.37	case rate	
VIRAL MENINGITIS W/O CC/MCC	076	MS-DRG	inpatient				23765.39	Aetna	Medicare		20665.56				10896.13	30935.77	case rate	
HYPERTENSIVE ENCEPHALOPATHY W MCC	077	MS-DRG	inpatient				32168.76	Aetna	Medicare		27972.83				17846.03	58210.86	case rate	
HYPERTENSIVE ENCEPHALOPATHY W CC	078	MS-DRG	inpatient				25113.58	Aetna	Medicare		21837.9				12011.13	36385.54	case rate	
HYPERTENSIVE ENCEPHALOPATHY W/O CC/MCC	079	MS-DRG	inpatient				21170.1	Aetna	Medicare		18409.04				8749.97	27998.58	case rate	
NONTRAUMATIC STUPOR & COMA W MCC	080	MS-DRG	inpatient				42134.54	Aetna	Medicare		36638.73				26088.1	70468.15	case rate	
NONTRAUMATIC STUPOR & COMA W/O MCC	081	MS-DRG	inpatient				23579.73	Aetna	Medicare		20504.11				10742.58	32053.48	case rate	
TRAUMATIC STUPOR & COMA, COMA >1 HR W MCC	082	MS-DRG	inpatient				43128.55	Aetna	Medicare		37503.09				26910.19	80662.61	case rate	
TRAUMATIC STUPOR & COMA, COMA >1 HR W CC	083	MS-DRG	inpatient				25962.23	Aetna	Medicare		26054.11				16021.15	48571.57	case rate	
TRAUMATIC STUPOR & COMA, COMA >1 HR W/O CC/MCC	084	MS-DRG	inpatient				23725.4	Aetna	Medicare		20630.78				10863.05	34630.21	case rate	
TRAUMATIC STUPOR & COMA, COMA <1 HR W MCC	085	MS-DRG	inpatient				43050	Aetna	Medicare		37434.78				26845.22	81765.26	case rate	
TRAUMATIC STUPOR & COMA, COMA <1 HR W CC	086	MS-DRG	inpatient				29400.96	Aetna	Medicare		25566.05				15598.95	46624.95	case rate	
TRAUMATIC STUPOR & COMA, COMA <1 HR W/O CC/MCC	087	MS-DRG	inpatient				23246.96	Aetna	Medicare		20214.75				10467.37	31704.67	case rate	
CONCUSSION W MCC	088	MS-DRG	inpatient				32495.81	Aetna	Medicare		28257.22				18116.51	55495.36	case rate	
CONCUSSION W CC	089	MS-DRG	inpatient				27013.05	Aetna	Medicare		23489.61				13582.07	40038.72	case rate	
CONCUSSION W/O CC/MCC	090	MS-DRG	inpatient				23941.05	Aetna	Medicare		20818.31				11041.41	29758.05	case rate	
OTHER DISORDERS OF NERVOUS SYSTEM W MCC	091	MS-DRG	inpatient				36143.36	Aetna	Medicare		31429.01				21133.17	60461.28	case rate	
OTHER DISORDERS OF NERVOUS SYSTEM W CC	092	MS-DRG	inpatient				25244.98	Aetna	Medicare		21952.15				12119.8	35380.35	case rate	
OTHER DISORDERS OF NERVOUS SYSTEM W/O CC/MCC	093	MS-DRG	inpatient				21650.27	Aetna	Medicare		18826.32				9146.84	27672.66	case rate	
BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W MCC	094	MS-DRG	inpatient				62328.9	Aetna	Medicare		54199.05				42780.59	137947	case rate	
BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W CC	095	MS-DRG	inpatient				44640.99	Aetna	Medicare		38818.25				28161.03	89300.42	case rate	
BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W/O CC/MCC	096	MS-DRG	inpatient				41720.37	Aetna	Medicare		36276.59				25745.57	79177.28	case rate	
NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W MCC	097	MS-DRG	inpatient				62531.7	Aetna	Medicare		54375.39				42957.32	132733.52	case rate	
NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W CC	098	MS-DRG	inpatient				41360.47	Aetna	Medicare		35965.63				25447.92	69406.7	case rate	
NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W/O CC/MCC	099	MS-DRG	inpatient				29445.23	Aetna	Medicare		25604.55				15593.57	47742.66	case rate	
SEIZURES W MCC	100	MS-DRG	inpatient				36904.02	Aetna	Medicare		33829.58				23416.34	67977.69	case rate	
SEIZURES W/O MCC	101	MS-DRG	inpatient				23581.15	Aetna	Medicare		20505.35				10743.76	32604.84	case rate	
HEADACHES W MCC	102	MS-DRG	inpatient				27822.83	Aetna	Medicare		24193.76				14251.78	40376.29	case rate	
HEADACHES W/O MCC	103	MS-DRG	inpatient				22621.42	Aetna	Medicare		19670.8				9950.02	29307.97	case rate	
ORBITAL PROCEDURES W CC/MCC	113	MS-DRG	inpatient				46399.07	Aetna	Medicare		40347.01				29615.02	86367.37	case rate	
ORBITAL PROCEDURES W/O CC/MCC	114	MS-DRG	inpatient				28182.74	Aetna	Medicare		24506.72				14549.43	47075.04	case rate	
EXTRAOCULAR PROCEDURES EXCEPT ORBIT	115	MS-DRG	inpatient				32932.83	Aetna	Medicare		28637.24				18477.94	51088.28	case rate	
INTRAOCULAR PROCEDURES W CC/MCC	116	MS-DRG	inpatient				36737.48	Aetna	Medicare		31945.63				21624.53	64061.96	case rate	
INTRAOCULAR PROCEDURES W/O CC/MCC	117	MS-DRG	inpatient				27705.72	Aetna	Medicare		24091.93				14154.93	37600.77	case rate	
ACUTE MAJOR EYE INFECTIONS W CC/MCC	121	MS-DRG	inpatient				28888.24	Aetna	Medicare		25120.21				15132.92	39731.17	case rate	
ACUTE MAJOR EYE INFECTIONS W/O CC/MCC	122	MS-DRG	inpatient				21223.24	Aetna	Medicare		18454.99				8793.68	26472.44	case rate	
NEUROLOGICAL EYE DISORDERS	123	MS-DRG	inpatient				22073	Aetna	Medicare		19193.92				9496.46	28239.02	case rate	
OTHER DISORDERS OF THE EYE W MCC	124	MS-DRG	inpatient				29469.51	Aetna	Medicare		25625.66				15613.65	49933.07	case rate	
OTHER DISORDERS OF THE EYE W/O MCC	125	MS-DRG	inpatient				21980.17	Aetna	Medicare		19113.19				9419.69	30388.17	case rate	
SINUS & MASTOID PROCEDURES W CC/MCC	135	MS-DRG	inpatient				48467.06	Aetna	Medicare		42145.27				31325.33	86198.59	case rate	
SINUS & MASTOID PROCEDURES W/O CC/MCC	136	MS-DRG	inpatient				24002.47	Aetna	Medicare		20871.71				11092.2	45477.24	case rate	
MOUTH PROCEDURES W CC/MCC	137	MS-DRG	inpatient				32080.21	Aetna	Medicare		27895.83				17772.79	51650.89	case rate	
MOUTH PROCEDURES W/O CC/MCC	138	MS-DRG	inpatient				22954.19	Aetna	Medicare		19960.16				10225.23	31700.92	case rate	
SALIVARY GLAND PROCEDURES	139	MS-DRG	inpatient				27552.9	Aetna	Medicare		23959.05				14028.54	43523.12	case rate	
MAJOR HEAD AND NECK PROCEDURES WITH MCC	140	MS-DRG	inpatient				64548.28	Aetna	Medicare		56128.94				44625.1	165553.81	case rate	
MAJOR HEAD AND NECK PROCEDURES WITH CC	141	MS-DRG	inpatient				40177.95	Aetna	Medicare		34937.35				24469.93	95946.07	case rate	
MAJOR HEAD AND NECK PROCEDURES WITHOUT COMPLICATIONS	142	MS-DRG	inpatient				32655.76	Aetna	Medicare		28396.32				18248.8	28396.32	case rate	
OTHER EAR, NOSE, MOUTH AND THROAT O.R. PROCEDURES WITH MCC	143	MS-DRG	inpatient				58085.8	Aetna	Medicare		50509.39				39280.39	57702.49	case rate	
OTHER EAR, NOSE, MOUTH AND THROAT O.R. PROCEDURES WITH CC	144	MS-DRG	inpatient				35305.04	Aetna	Medicare		30700.02				20439.84	30700.02	case rate	
OTHER EAR, NOSE, MOUTH AND THROAT O.R. PROCEDURES WITHOUT CC/MCC	145	MS-DRG	inpatient				28029.91	Aetna	Medicare		24373.84				14423.05	24373.84	case rate	
EAR, NOSE, MOUTH & THROAT MALIGNANCY W MCC	146	MS-DRG	inpatient				40739.22	Aetna	Medicare		35425.41				24934.12	72129.71	case rate	
EAR, NOSE, MOUTH & THROAT MALIGNANCY W CC	147	MS-DRG	inpatient				28239.85	Aetna	Medicare		24556.39				14596.68	46902.5	case rate	
EAR, NOSE, MOUTH & THROAT MALIGNANCY W/O CC/MCC	148	MS-DRG	inpatient				23296.95	Aetna	Medicare		20258.22				10508.71	27147.57	case rate	
DYSEQUILIBRIUM	149	MS-DRG	inpatient				21226.1	Aetna	Medicare		18457.48				8796.04	26671.23	case rate	
EPISTAXIS W MCC	150	MS-DRG	inpatient				29363.83	Aetna	Medicare		25533.76				15526.24	49790.54	case rate	
EPISTAXIS W/O MCC	151	MS-DRG	inpatient				21597.42	Aetna	Medicare		18780.37				9103.14	26397.43	case rate	
OTITIS MEDIA & URI W MCC	152	MS-DRG	inpatient				27560.04	Aetna	Medicare		23965.25				14034.45	39086.04	case rate	
OTITIS MEDIA & URI W/O MCC	153	MS-DRG	inpatient				21084.71	Aetna	Medicare		18334.53				8679.1	26697.48	case rate	
OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W MCC	154	MS-DRG	inpatient				32558.65	Aetna	Medicare		28311.87				18168.48	54253.88	case rate	
OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W CC	155	MS-DRG	inpatient				24109.58	Aetna	Medicare		20964.85				11180.78	33129.93	case rate	
OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W/O CC/MCC	156	MS-DRG	inpatient				19952.17	Aetna	Medicare		17349.71				7742.45	24750.87	case rate	
DENTAL & ORAL DISEASES W MCC	157	MS-DRG	inpatient				34969.4	Aetna	Medicare		30408.18				20162.26	62749.21	case rate	
DENTAL & ORAL DISEASES W CC	158	MS-DRG	inpatient				23993.9	Aetna	Medicare		20864.26				11085.11	33392.48	case rate	
DENTAL & ORAL DISEASES W/O CC/MCC	159	MS-DRG	inpatient				20233.52	Aetna	Medicare		17594.36				7975.14	25444.75	case rate	
MAJOR CHEST PROCEDURES W MCC	163	MS-DRG	inpatient				77908.84	Aetna	Medicare		67746.81				55674.78	184508.19	case rate	
MAJOR CHEST PROCEDURES W CC	164	MS-DRG	inpatient				47014.61	Aetna	Medicare		40882.27				30124.1	96351.73	case rate	
MAJOR CHEST PROCEDURES W/O CC/MCC	165	MS-DRG	inpatient				37388.73	Aetna	Medicare		32511.94				22163.14	69477.97	case rate	
OTHER RESP SYSTEM O.R. PROCEDURES W MCC	166	MS-DRG	inpatient				68542.88	Aetna	Medicare		59602.5				47928.79	131199.49	case rate	
OTHER RESP SYSTEM O.R. PROCEDURES W CC	167	MS-DRG	inpatient				36580.38	Aetna	Medicare		31809.03				21494.6	71173.28	case rate	
OTHER RESP SYSTEM O.R. PROCEDURES W/O CC/MCC	168	MS-DRG	inpatient				29952.23	Aetna	Medicare		26045.42				16012.88	50319.39	case rate	
ULTRASOUND ACCELERATED AND OTHER THROMBOLYSIS WITH PRINCIPAL DIAGNOSIS PULMONARY EMBOLISM	173	MS-DRG	inpatient				54506.8	Aetna	Medicare		47397.22				36320.42	53354.33	case rate	
PULMONARY EMBOLISM W MCC OR ACUTE COR PULMONALE	175	MS-DRG	inpatient				30627.76	Aetna	Medicare		26632.83				16571.56	54944	case rate	
PULMONARY EMBOLISM W/O MCC	176	MS-DRG	inpatient				22238.67	Aetna	Medicare		19337.98				9633.48	33718.79	case rate	
RESPIRATORY INFECTIONS & INFLAMMATIONS W MCC	177	MS-DRG	inpatient				34818.02	Aetna	Medicare		30276.54				20037.06	69042.89	case rate	
RESPIRATORY INFECTIONS & INFLAMMATIONS W CC	178	MS-DRG	inpatient				24682.28	Aetna	Medicare		21462.85				11654.43	47798.92	case rate	
RESPIRATORY INFECTIONS & INFLAMMATIONS W/O CC/MCC	179	MS-DRG	inpatient				21491.74	Aetna	Medicare		18688.47				9015.73	34582.7	case rate	
RESPIRATORY NEOPLASMS W MCC	180	MS-DRG	inpatient				35414.99	Aetna	Medicare		30795.65				20530.78	63611.87	case rate	
RESPIRATORY NEOPLASMS W CC	181	MS-DRG	inpatient				26316.11	Aetna	Medicare		22883.57				13005.66	42791.74	case rate	
RESPIRATORY NEOPLASMS W/O CC/MCC	182	MS-DRG	inpatient				21430.33	Aetna	Medicare		18635.07				8964.94	29821.82	case rate	
MAJOR CHEST TRAUMA W MCC	183	MS-DRG	inpatient				33077.07	Aetna	Medicare		28762.67				18597.24	55919.19	case rate	
MAJOR CHEST TRAUMA W CC	184	MS-DRG	inpatient				25613.44	Aetna	Medicare		22272.56				12424.54	37672.03	case rate	
MAJOR CHEST TRAUMA W/O CC/MCC	185	MS-DRG	inpatient				21383.2	Aetna	Medicare		18594.08				8925.97	27466.38	case rate	
PLEURAL EFFUSION W MCC	186	MS-DRG	inpatient				32757.16	Aetna	Medicare		28484.49				18332.66	58492.17	case rate	
PLEURAL EFFUSION W CC	187	MS-DRG	inpatient				24819.38	Aetna	Medicare		21582.07				11767.82	39532.38	case rate	
PLEURAL EFFUSION W/O CC/MCC	188	MS-DRG	inpatient				21251.81	Aetna	Medicare		18479.83				8817.3	28775.37	case rate	
PULMONARY EDEMA & RESPIRATORY FAILURE	189	MS-DRG	inpatient				28185.58	Aetna	Medicare		24509.2				14551.79	46332.4	case rate	
CHRONIC OBSTRUCTIVE PULMONARY DISEASE W MCC	190	MS-DRG	inpatient				26328.96	Aetna	Medicare		22894.75				13016.3	44659.58	case rate	
CHRONIC OBSTRUCTIVE PULMONARY DISEASE W CC	191	MS-DRG	inpatient				22715.68	Aetna	Medicare		19752.77				10027.98	34277.65	case rate	
CHRONIC OBSTRUCTIVE PULMONARY DISEASE W/O CC/MCC	192	MS-DRG	inpatient				19756.51	Aetna	Medicare		17179.57				7580.63	27158.82	case rate	
SIMPLE PNEUMONIA & PLEURISY W MCC	193	MS-DRG	inpatient				29536.63	Aetna	Medicare		25684.03				15869.16	49386.47	case rate	
SIMPLE PNEUMONIA & PLEURISY W CC	194	MS-DRG	inpatient				22332.93	Aetna	Medicare		19419.94				9711.43	33763.8	case rate	
SIMPLE PNEUMONIA & PLEURISY W/O CC/MCC	195	MS-DRG	inpatient				19525.14	Aetna	Medicare		16978.39				7389.29	25759.81	case rate	
INTERSTITIAL LUNG DISEASE W MCC	196	MS-DRG	inpatient				37660.08	Aetna	Medicare		32747.89				22387.56	61440.22	case rate	
INTERSTITIAL LUNG DISEASE W CC	197	MS-DRG	inpatient				24836.52	Aetna	Medicare		21596.97				11781.99	37570.76	case rate	
INTERSTITIAL LUNG DISEASE W/O CC/MCC	198	MS-DRG	inpatient				21704.54	Aetna	Medicare		18873.51				9191.72	28449.06	case rate	
PNEUMOTHORAX W MCC	199	MS-DRG	inpatient				35927.71	Aetna	Medicare		31241.48				20954.82	66867.48	case rate	
PNEUMOTHORAX W CC	200	MS-DRG	inpatient				25971.92	Aetna	Medicare		22584.27				12721.01	40312.52	case rate	
PNEUMOTHORAX W/O CC/MCC	201	MS-DRG	inpatient				20674.82	Aetna	Medicare		17978.11				8340.11	27991.99	case rate	
BRONCHITIS & ASTHMA W CC/MCC	202	MS-DRG	inpatient				24265.25	Aetna	Medicare		21100.22				11309.53	38695.65	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.														
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true													
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
BRONCHITIS & ASTHMA W/O CC/MCC	203	MS-DRG	inpatient				20514.87	Aetna	Medicare						8207.83	50775.53	case rate	
RESPIRATORY SIGNS & SYMPTOMS	204	MS-DRG	inpatient				22342.93	Aetna	Medicare						9719.2	96731.64	case rate	
OTHER RESPIRATORY SYSTEM DIAGNOSES W MCC	205	MS-DRG	inpatient				36444.7	Aetna	Medicare						31691.05	21382.39	56931.88	case rate	
OTHER RESPIRATORY SYSTEM DIAGNOSES W/O MCC	206	MS-DRG	inpatient				23636.85	Aetna	Medicare						20553.79	10789.82	32367.29	case rate	
RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT >96 HOURS	207	MS-DRG	inpatient				109248.65	Aetna	Medicare						94998.83	49635	209907.93	case rate	
RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT <=96 HOURS	208	MS-DRG	inpatient				49205.43	Aetna	Medicare						42787.33	31935.99	91419.56	case rate	
CONCOMITANT AORTIC AND MITRAL VALVE PROCEDURES	212	MS-DRG	inpatient				164414.67	Aetna	Medicare						142969.28	37458	186882.42	case rate	
OTHER HEART ASSIST SYSTEM IMPLANT	215	MS-DRG	inpatient				156475.46	Aetna	Medicare						136065.62	120652.31	483318.95	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W MCC	216	MS-DRG	inpatient				149198.92	Aetna	Medicare						129738.19	78485	368352.5	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W CC	217	MS-DRG	inpatient				101497.96	Aetna	Medicare						88259.1	75183.87	238649.54	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W/O CC/MCC	218	MS-DRG	inpatient				91949.2	Aetna	Medicare						79955.83	67286.69	221490.09	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W MCC	219	MS-DRG	inpatient				120719.73	Aetna	Medicare						104973.68	57338	288488.84	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W CC	220	MS-DRG	inpatient				85462.24	Aetna	Medicare						74341.24	57338	195235.19	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W/O CC/MCC	221	MS-DRG	inpatient				76980.52	Aetna	Medicare						66939.59	17199	172809.75	case rate	
OTHER CARDIOTHORACIC PROCEDURES W MCC	228	MS-DRG	inpatient				82551.82	Aetna	Medicare						71784.19	59514.71	246653.53	case rate	
OTHER CARDIOTHORACIC PROCEDURES W/O MCC	229	MS-DRG	inpatient				56000.67	Aetna	Medicare						48696.23	37556.91	174347.54	case rate	
CORONARY BYPASS W PTCA W MCC	231	MS-DRG	inpatient				126489.55	Aetna	Medicare						109990.91	19424	315017.54	case rate	
CORONARY BYPASS W PTCA W/O MCC	232	MS-DRG	inpatient				95546.77	Aetna	Medicare						83084.14	27830	231058.12	case rate	
CORONARY BYPASS W CARDIAC CATH W MCC	233	MS-DRG	inpatient				121982.24	Aetna	Medicare						106071.51	53769	286467.21	case rate	
CORONARY BYPASS W CARDIAC CATH W/O MCC	234	MS-DRG	inpatient				84825.47	Aetna	Medicare						73761.28	61395.1	193056.03	case rate	
CORONARY BYPASS W/O CARDIAC CATH W MCC	235	MS-DRG	inpatient				94575.61	Aetna	Medicare						82239.66	47567	217911.92	case rate	
CORONARY BYPASS W/O CARDIAC CATH W/O MCC	236	MS-DRG	inpatient				68305.8	Aetna	Medicare						59396.35	33990	147263.73	case rate	
AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W MCC	239	MS-DRG	inpatient				79239.89	Aetna	Medicare						68904.25	56775.61	176631.72	case rate	
AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W CC	240	MS-DRG	inpatient				50710.72	Aetna	Medicare						44096.28	33180.92	102992.96	case rate	
AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W/O CC/MCC	241	MS-DRG	inpatient				30439.24	Aetna	Medicare						26468.9	15559	59861.17	case rate	
PERMANENT CARDIAC PACEMAKER IMPLANT W MCC	242	MS-DRG	inpatient				59935.28	Aetna	Medicare						52117.64	20528	140159.91	case rate	
PERMANENT CARDIAC PACEMAKER IMPLANT W CC	243	MS-DRG	inpatient				43118.55	Aetna	Medicare						37494.39	19748	95804.13	case rate	
PERMANENT CARDIAC PACEMAKER IMPLANT W/O CC/MCC	244	MS-DRG	inpatient				36718.91	Aetna	Medicare						31929.49	19748	91808.34	case rate	
AICD GENERATOR PROCEDURES	245	MS-DRG	inpatient				75306.71	Aetna	Medicare						65484.09	53522.72	187988.83	case rate	
PERC CARDIOVASC PROC W/O CORONARY ARTERY STENT W MCC	250	MS-DRG	inpatient				44163.98	Aetna	Medicare						38403.46	27766.52	97023.11	case rate	
PERC CARDIOVASC PROC W/O CORONARY ARTERY STENT W/O MCC	251	MS-DRG	inpatient				33254.17	Aetna	Medicare						28916.67	18743.7	82929.24	case rate	
OTHER VASCULAR PROCEDURES W MCC	252	MS-DRG	inpatient				58488.55	Aetna	Medicare						50859.61	39613.48	122265.32	case rate	
OTHER VASCULAR PROCEDURES W CC	253	MS-DRG	inpatient				47024.61	Aetna	Medicare						40890.96	30132.37	97304.41	case rate	
OTHER VASCULAR PROCEDURES W/O CC/MCC	254	MS-DRG	inpatient				35370.72	Aetna	Medicare						30757.15	20494.17	67887.67	case rate	
UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W MCC	255	MS-DRG	inpatient				49828.11	Aetna	Medicare						43328.79	32493.97	95279.03	case rate	
UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W CC	256	MS-DRG	inpatient				34008.24	Aetna	Medicare						29572.38	19367.35	65588.49	case rate	
UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W/O CC/MCC	257	MS-DRG	inpatient				24743.69	Aetna	Medicare						21516.25	11705.22	42236.63	case rate	
CARDIAC PACEMAKER DEVICE REPLACEMENT W MCC	258	MS-DRG	inpatient				49273.98	Aetna	Medicare						42846.94	15797	112100.92	case rate	
CARDIAC PACEMAKER DEVICE REPLACEMENT W/O MCC	259	MS-DRG	inpatient				37248.77	Aetna	Medicare						32390.23	15797	78652.18	case rate	
CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W MCC	260	MS-DRG	inpatient				57937.27	Aetna	Medicare						50380.24	12982	135756.59	case rate	
CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W CC	261	MS-DRG	inpatient				37465.85	Aetna	Medicare						32579	12982	74706.44	case rate	
CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W/O CC/MCC	262	MS-DRG	inpatient				34088.22	Aetna	Medicare						29641.93	12982	61170.17	case rate	
VEIN LIGATION & STRIPPING	263	MS-DRG	inpatient				50939.23	Aetna	Medicare						44294.98	33369.91	89724.25	case rate	
OTHER CIRCULATORY SYSTEM O.R. PROCEDURES	264	MS-DRG	inpatient				57234.61	Aetna	Medicare						49769.23	38576.42	118469.61	case rate	
AICD LEAD PROCEDURES	265	MS-DRG	inpatient				61063.54	Aetna	Medicare						53096.73	41743.09	116898.07	case rate	
ENDOVASCULAR CARDIAC VALVE REPLACEMENT & SUPPLEMENT PROCEDURES W MCC	266	MS-DRG	inpatient				99795.58	Aetna	Medicare						86778.76	73775.94	269731.59	case rate	
ENDOVASCULAR CARDIAC VALVE REPLACEMENT & SUPPLEMENT PROCEDURES W/O MCC	267	MS-DRG	inpatient				80288.17	Aetna	Medicare						69815.8	57642.58	219344.69	case rate	
AORTIC AND HEART ASSIST PROCEDURES EXCEPT PULSATION BALLOON W MCC	268	MS-DRG	inpatient				108487.44	Aetna	Medicare						94336.9	80964.43	251435.68	case rate	
AORTIC AND HEART ASSIST PROCEDURES EXCEPT PULSATION BALLOON W/O MCC	269	MS-DRG	inpatient				69982.48	Aetna	Medicare						60854.33	49119.39	155687.81	case rate	
OTHER MAJOR CARDIOVASCULAR PROCEDURES W MCC	270	MS-DRG	inpatient				82811.75	Aetna	Medicare						72010.22	59729.68	188849.18	case rate	
OTHER MAJOR CARDIOVASCULAR PROCEDURES W CC	271	MS-DRG	inpatient				59950.99	Aetna	Medicare						52131.3	40822.98	131041.96	case rate	
OTHER MAJOR CARDIOVASCULAR PROCEDURES W/O CC/MCC	272	MS-DRG	inpatient				45430.77	Aetna	Medicare						39505.01	28814.2	98197.08	case rate	
PERCUTANEOUS INTRACARDIAC PROCEDURES W MCC	273	MS-DRG	inpatient				66246.38	Aetna	Medicare						57605.55	46029.49	136994.32	case rate	
PERCUTANEOUS INTRACARDIAC PROCEDURES W/O MCC	274	MS-DRG	inpatient				56874.71	Aetna	Medicare						49456.27	38278.77	111707.1	case rate	
CARDIAC DEFIBRILLATOR IMPLANT WITH CARDIAC CATHETERIZATION AND MCC	275	MS-DRG	inpatient				111073.86	Aetna	Medicare						96585.96	83103.49	122078.17	case rate	
CARDIAC DEFIBRILLATOR IMPLANT WITH MCC	276	MS-DRG	inpatient				99262.86	Aetna	Medicare						86332.93	73351.9	107753.18	case rate	
CARDIAC DEFIBRILLATOR IMPLANT WITHOUT MCC	277	MS-DRG	inpatient				78851.42	Aetna	Medicare						68601.23	56487.41	82979.42	case rate	
ULTRASOUND ACCELERATED AND OTHER THROMBOLYSIS OF PERIPHERAL VASCULAR STRUCTURES WITH MCC	278	MS-DRG	inpatient				74292.7	Aetna	Medicare						64602.35	52684.1	77392.4	case rate	
ULTRASOUND ACCELERATED AND OTHER THROMBOLYSIS OF PERIPHERAL VASCULAR STRUCTURES WITHOUT MCC	279	MS-DRG	inpatient				56300.59	Aetna	Medicare						48957.03	37803.95	55533.61	case rate	
ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W MCC	280	MS-DRG	inpatient				33248.45	Aetna	Medicare						28911.7	18738.98	62152.85	case rate	
ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W CC	281	MS-DRG	inpatient				23629.7	Aetna	Medicare						20547.58	10783.92	36741.86	case rate	
ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W/O CC/MCC	282	MS-DRG	inpatient				20846.2	Aetna	Medicare						18127.13	8481.85	28092.74	case rate	
ACUTE MYOCARDIAL INFARCTION, EXPIRED W MCC	283	MS-DRG	inpatient				38745.49	Aetna	Medicare						33691.73	23285.23	67688.88	case rate	
ACUTE MYOCARDIAL INFARCTION, EXPIRED W CC	284	MS-DRG	inpatient				21154.69	Aetna	Medicare						18395.38	8736.96	28752.87	case rate	
ACUTE MYOCARDIAL INFARCTION, EXPIRED W/O CC/MCC	285	MS-DRG	inpatient				17569.98	Aetna	Medicare						15278.24	5772.29	22369.17	case rate	
CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W MCC	286	MS-DRG	inpatient				41376.18	Aetna	Medicare						35979.29	13521	81795.27	case rate	
CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W/O MCC	287	MS-DRG	inpatient				26037.61	Aetna	Medicare						22641.4	9969	42716.72	case rate	
ACUTE & SUBACUTE ENDOCARDITIS W MCC	288	MS-DRG	inpatient				47623.01	Aetna	Medicare						41411.31	30627.27	101047.61	case rate	
ACUTE & SUBACUTE ENDOCARDITIS W CC	289	MS-DRG	inpatient				31694.6	Aetna	Medicare						27560.52	17453.88	64133.22	case rate	
ACUTE & SUBACUTE ENDOCARDITIS W/O CC/MCC	290	MS-DRG	inpatient				25232.12	Aetna	Medicare						21940.98	12109.17	37934.58	case rate	
HEART FAILURE & SHOCK W MCC	291	MS-DRG	inpatient				28926.8	Aetna	Medicare						25153.74	15164.81	50461.92	case rate	
HEART FAILURE & SHOCK W CC	292	MS-DRG	inpatient				22822.8	Aetna	Medicare						19845.91	10116.57	34498.94	case rate	
HEART FAILURE & SHOCK W/O CC/MCC	293	MS-DRG	inpatient				18609.69	Aetna	Medicare						16182.34	6632.17	24964.66	case rate	
DEEP VEIN THROMBOPHLEBITIS W CC/MCC	294	MS-DRG	inpatient				26210.42	Aetna	Medicare						22791.67	12918.26	43538.13	case rate	
DEEP VEIN THROMBOPHLEBITIS W/O CC/MCC	295	MS-DRG	inpatient				19609.41	Aetna	Medicare						17051.66	7458.97	20677.61	case rate	
CARDIAC ARREST, UNEXPLAINED W MCC	296	MS-DRG	inpatient				33486.96	Aetna	Medicare						29119.09	18936.23	87582	case rate	
CARDIAC ARREST, UNEXPLAINED W CC	297	MS-DRG	inpatient				20996.16	Aetna	Medicare						18257.53	8605.87	24469.57	case rate	
CARDIAC ARREST, UNEXPLAINED W/O CC/MCC	298	MS-DRG	inpatient				16858.75	Aetna	Medicare						14659.78	5184.08	18097.13	case rate	
PERIPHERAL VASCULAR DISORDERS W MCC	299	MS-DRG	inpatient				33101.35	Aetna	Medicare						28783.78	18617.32	54400.15	case rate	
PERIPHERAL VASCULAR DISORDERS W CC	300	MS-DRG	inpatient				25825.1	Aetna	Medicare						22460.09	12692.89	38396.92	case rate	
PERIPHERAL VASCULAR DISORDERS W/O CC/MCC	301	MS-DRG	inpatient				20727.67	Aetna	Medicare						18024.06	8383.82	27237.58	case rate	
ATHEROSCLEROSIS W MCC	302	MS-DRG	inpatient				26601.74	Aetna	Medicare						23131.95	13241.9	40113.74	case rate	
ATHEROSCLEROSIS W/O MCC	303	MS-DRG	inpatient				19988.3	Aetna	Medicare						17382	7773.16	24960.91	case rate	
HYPERTENSION W MCC	304	MS-DRG	inpatient				27000.2	Aetna	Medicare						23478.43	13571.44	40548.82	case rate	
HYPERTENSION W/O MCC	305	MS-DRG	inpatient				21351.78	Aetna	Medicare						18566.76	8899.98	27001.29	case rate	
CARDIAC CONGENITAL & VALVULAR DISORDERS W MCC	306	MS-DRG	inpatient				32538.65	Aetna	Medicare						28294.48	18151.94	52839.86	case rate	
CARDIAC CONGENITAL & VALVULAR DISORDERS W/O MCC	307	MS-DRG	inpatient				24052.45	Aetna	Medicare						20915.18	11133.54	32105.99	case rate	
CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W MCC	308	MS-DRG	inpatient				27759.99	Aetna	Medicare						24139.12	14199.81	45143.43	case rate	
CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC	309	MS-DRG	inpatient				21226.1	Aetna	Medicare						18457.48	8796.04	28636.59	case rate	
CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W/O CC/MCC	310	MS-DRG	inpatient				16488.29	Aetna	Medicare						16076.78	6531.77	21090.19	case rate	
ANGINA PECTORIS	311	MS-DRG	inpatient				20560.57	Aetna	Medicare						17878.76	8245.62	25774.81	case rate	
SYNCOPE & COLLAPSE	312	MS-DRG	inpatient				22922.77	Aetna	Medicare						19932.84	10199.25	30061.86	case rate	
CHEST PAIN	313	MS-DRG	inpatient				20924.75	Aetna	Medicare						18195.44	8546.82	26528.7	case rate	
OTHER CIRCULATORY SYSTEM DIAGNOSES W MCC	314	MS-DRG	inpatient				40489.29	Aetna	Medicare						35208.08	24727.42	75880.41	case rate	
OTHER CIRCULATORY SYSTEM DIAGNOSES W CC	315	MS-DRG	inpatient				24405.21	Aetna	Medicare						21221.92	11425.28	35852.94	case rate	
OTHER CIRCULATORY SYSTEM DIAGNOSES W/O CC/MCC	316	MS-DRG	inpatient				20483.45	Aetna	Medicare						17811.69	8181.84	28179.01	case rate	
OTHER ENDOVASCULAR CARDIAC VALVE PROCEDURES W MCC	319	MS-DRG	inpatient				72885.95	Aetna	Medicare						63379.09	51520.67	75683.33	case rate	
OTHER ENDOVASCULAR CARDIAC VALVE PROCEDURES W/O MCC	320	MS-DRG	inpatient				42381.62	Aetna	Medicare						36853.58	26292.44	39623.33	case rate	
PERCUTANEOUS CARDIOVASCULAR PROCEDURES WITH INTRALUMINAL DEVICE WITH MCC OR 4+ ARTERIES/INTRALUM	321	MS-DRG	inpatient				51646.17	Aetna	Medicare						44909.71	33954.58	49878.92	case rate	
PERCUTANEOUS CARDIOVASCULAR PROCEDURES WITH INTRALUMINAL DEVICE WITHOUT MCC	322	MS-DRG	inpatient				36631.79	Aetna	Medicare						31853.73	21537.13	31853.73	case rate	
CORONARY INTRAVASCULAR LITHOTRIPSY WITH INTRALUMINAL DEVICE WITH MCC	323	MS-DRG	inpatient				69716.84	Aetna	Medicare						60623.34	48899.69	71833.14	case rate	
CORONARY INTRAVASCULAR LITHOTRIPSY WITH INTRALUMINAL DEVICE WITHOUT MCC	324	MS-DRG	inpatient				52987.23	Aetna	Medicare						46075.85	35093.68	51508.18	case rate	
CORONARY INTRAVASCULAR LITHOTRIPSY WITHOUT INTRALUMINAL DEVICE	325	MS-DRG	inpatient				48355.66	Aetna	Medicare						42048.4	31233.2	45881.25	case rate	
STOMACH, ESOPHAGEAL & DUODENAL PROC W MCC	326	MS-DRG	inpatient				83127.38	Aetna	Medicare						72284.68	59990.71	197133.04	case rate	
STOMACH, ESOPHAGEAL & DUODENAL PROC W CC	327	MS-DRG	inpatient				46257.68	Aetna	Medicare						40224.07	29498.09	93178.64	case rate	
STOMACH, ESOPHAGEAL & DUODENAL PROC W/O CC/MCC	328	MS-DRG	inpatient				33402.7	Aetna	Medicare						29045.82	18866.54	57839.54	case rate	
MAJOR SMALL & LARGE BOWEL PROCEDURES W MCC	329	MS-DRG	inpatient				75098.19	Aetna	Medicare						65302.78	53350.27	187261.2	case rate	
MAJOR SMALL & LARGE BOWEL PROCEDURES W CC	330	MS-DRG	inpatient				44468.18	Aetna	Medicare						38667.98	28018.11	94641.41	case rate	
MAJOR SMALL & LARGE BOWEL PROCEDURES W/O CC/MCC	331	MS-DRG	inpatient				34469.54	Aetna	Medicare						29973.51	19748.86	63563.11	case rate	
RECTAL RESECTION W MCC	332	MS-DRG	inpatient				62388.88	Aetna	Medicare						54259.9	42847.47	127456.29	case rate	
RECTAL RESECTION W CC	333	MS-DRG	inpatient				40289.34	Aetna	Medicare						35034.21	24562.06	72305.99	case rate	
RECTAL RESECTION W/O CC/MCC	334	MS-DRG	inpatient				33514.09	Aetna	Medicare						29142.69	18958.67	48991.64	case rate	
PERITONEAL ADHESIOLYSIS W MCC	335	MS-DRG	inpatient				61647.66	Aetna	Medicare						53606.66	42226.18	152353.43	case rate	
PERITONEAL ADHESIOLYSIS W CC	336	MS-DRG	inpatient				40657.81	Aetna	Medicare						35354.62	24866.79	86198.59	case rate	
PERITONEAL ADHESIOLYSIS W/O CC/MCC	337	MS-DRG	inpatient				31961.67	Aetna	Medicare						27792.76	17674.76	60134.97	case rate	
MINOR SMALL & LARGE BOWEL PROCEDURES W MCC	344	MS-DRG	inpatient				49728.14	Aetna	Medicare						43241.86	32368.29	112040.91	case rate	
MINOR SMALL & LARGE BOWEL PROCEDURES W CC	345	MS-DRG	inpatient				32592.52	Aetna	Medicare						28341.67	18198.83	61421.46	case rate	
MINOR SMALL & LARGE BOWEL PROCEDURES W/O CC/MCC	346	MS-DRG	inpatient				28982.5	Aetna	Medicare						25202.18	15210.88	46381.16	case rate	
ANAL & STOMAL PROCEDURES W MCC	347	MS-DRG	inpatient				46996.04	Aetna	Medicare						40866.12	30108.75	90433.13	case rate	
ANAL & STOMAL PROCEDURES W CC	348	MS-DRG	inpatient				29176.73	Aetna	Medicare						25371.07	15371.51	52509.8	case rate	
ANAL & STOMAL PROCEDURES W/O CC/MCC	349	MS-DRG	inpatient				24526.6	Aetna	Medicare						21327.48	11525.68	35620.4	case rate	
INGUINAL & FEMORAL HERNIA PROCEDURES W MCC	350	MS-DRG	inpatient				44866.64	Aetna	Medicare						39014.47	28347.65	91760.88	case rate	
INGUINAL & FEMORAL HERNIA PROCEDURES W CC	351	MS-DRG	inpatient				31378.98	Aetna	Medicare						27286.07	17192.85	56264.25	case rate	
INGUINAL & FEMORAL HERNIA PROCEDURES W/O CC/MCC	352	MS-DRG	inpatient				26428.58	Aetna	Medicare						22981.68	13098.98	39513.62	case rate	
HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W MCC	353	MS-DRG	inpatient				52354.55	Aetna	Medicare						45525.69	34540.43	111242.01	case rate	
HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W CC	354	MS-DRG	inpatient				35123.64	Aetna	Medicare						30542.3	20289.83	64924.62	case rate	
HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W/O CC/MCC	355	MS-DRG	inpatient				30050.78	Aetna	Medicare						26131.11	16094.38	50814.48	case rate	
OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W MCC	356	MS-DRG	inpatient				71697.71	Aetna	Medicare						62345.84	50537.95	149116.58	case rate	
OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W CC	357	MS-DRG	inpatient				41964.59	Aetna	Medicare						36490.95	25947.55	80141.21	case rate	
OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W/O CC/MCC	358	MS-DRG	inpatient				28886.82	Aetna	Medicare						25118.97	15131.74	50570.69	case rate	
MAJOR ESOPHAGEAL DISORDERS W MCC	368	MS-DRG	inpatient				34183.91	Aetna	Medicare						29725.14	19512.63	72913.61	case rate	
MAJOR ESOPHAGEAL DISORDERS W CC	369	MS-DRG	inpatient				24705.13	Aetna	Medicare						21482.72	11673.33	41587.76	case rate	
MAJOR ESOPHAGEAL DISORDERS W/O CC/MCC	370	MS-DRG	inpatient				21211.82	Aetna	Medicare						18445.06	8784.23	27878.95	case rate	
MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W MCC	371	MS-DRG	inpatient				35550.67	Aetna	Medicare						30913.62	20642.99	65217.17	case rate	
MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W CC	372	MS-DRG	inpatient				25476.34	Aetna	Medicare						22153.34	12311.15	38947.27	case rate	
MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W/O CC/MCC	373	MS-DRG	inpatient				20823.35	Aetna	Medicare						18107.26	8462.95	28415.3	case rate	
DIGESTIVE MALIGNANCY W MCC	374	MS-DRG	inpatient				40567.84	Aetna	Medicare						35276.38	24792.38	77451.96	case rate	
DIGESTIVE MALIGNANCY W CC	375	MS-DRG	inpatient				27704.29	Aetna	Medicare						24090.69	14153.74	45259.7	case rate	
DIGESTIVE MALIGNANCY W/O CC/MCC	376	MS-DRG	inpatient				23321.23	Aetna	Medicare						20279.33	10528.79	34345.16	case rate	
G.I. HEMORRHAGE W MCC	377	MS-DRG	inpatient				36159.07	Aetna	Medicare						31442.67	21146.16	67092.52	case rate	
G.I. HEMORRHAGE W CC	378	MS-DRG	inpatient				24640.86	Aetna	Medicare						21426.83	11620.17	37143.18	case rate	
G.I. HEMORRHAGE W/O CC/MCC	379	MS-DRG	inpatient				19633.69	Aetna	Medicare						17072.77	7479.05	24499.57	case rate	
COMPLICATED PEPTIC ULCER W MCC	380	MS-DRG	inpatient				38418.44	Aetna	Medicare						33407.34	23014.75	72988.62	case rate	
COMPLICATED PEPTIC ULCER W CC	381	MS-DRG	inpatient				25914.79	Aetna	Medicare						22534.6	12673.76	41070.17	case rate	
COMPLICATED PEPTIC ULCER W/O CC/MCC	382	MS-DRG	inpatient				21403.19	Aetna	Medicare						18611.47	8942.5	28797.87	case rate	
UNCOMPLICATED PEPTIC ULCER W MCC	383	MS-DRG	inpatient				30559.21	Aetna	Medicare						26573.22	16514.87	50671.96	case rate	
UNCOMPLICATED PEPTIC ULCER W/O MCC	384	MS-DRG	inpatient				23097	Aetna	Medicare						20084.35	10343.35	32079.74	case rate	
INFLAMMATORY BOWEL DISEASE W MCC	385	MS-DRG	inpatient				32968.53	Aetna	Medicare						28668.29	18507.47	63683.14	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.													
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true												
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
INFLAMMATORY BOWEL DISEASE W CC	386	MS-DRG	inpatient					Aetna	Medicare		21275.32				11476.07	36760.61	case rate	
INFLAMMATORY BOWEL DISEASE W/O CC/MCC	387	MS-DRG	inpatient					Aetna	Medicare		17704.89				8080.26	26131.13	case rate	
G.I. OBSTRUCTION W MCC	388	MS-DRG	inpatient					Aetna	Medicare		27259.99				17168.04	57411.96	case rate	
G.I. OBSTRUCTION W CC	389	MS-DRG	inpatient					Aetna	Medicare		19099.53				9406.69	31625.9	case rate	
G.I. OBSTRUCTION W/O CC/MCC	390	MS-DRG	inpatient					Aetna	Medicare		16151.29				6602.64	22166.64	case rate	
ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W MCC	391	MS-DRG	inpatient					Aetna	Medicare		26809.69				15067.96	45814.8	case rate	
ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W/O MCC	392	MS-DRG	inpatient					Aetna	Medicare		21810.22				9279.13	28332.79	case rate	
OTHER DIGESTIVE SYSTEM DIAGNOSES W MCC	393	MS-DRG	inpatient					Aetna	Medicare		33721.18				19129.94	61233.93	case rate	
OTHER DIGESTIVE SYSTEM DIAGNOSES W CC	394	MS-DRG	inpatient					Aetna	Medicare		23971.05				11066.21	35297.84	case rate	
OTHER DIGESTIVE SYSTEM DIAGNOSES W/O CC/MCC	395	MS-DRG	inpatient					Aetna	Medicare		19837.91				7647.96	25373.49	case rate	
APPENDIX PROCEDURES WITH MCC	397	MS-DRG	inpatient					Aetna	Medicare		42675.82				26535.76	38980.76	case rate	
APPENDIX PROCEDURES WITH CC	398	MS-DRG	inpatient					Aetna	Medicare		32203.03				17874.37	28002.64	case rate	
APPENDIX PROCEDURES WITHOUT CC/MCC	399	MS-DRG	inpatient					Aetna	Medicare		26487.49				13147.4	23032.6	case rate	
PANCREAS, LIVER & SHUNT PROCEDURES W MCC	405	MS-DRG	inpatient					Aetna	Medicare		89214.25				65024.78	201753.9	case rate	
PANCREAS, LIVER & SHUNT PROCEDURES W CC	406	MS-DRG	inpatient					Aetna	Medicare		51827.55				34104.58	106242.33	case rate	
PANCREAS, LIVER & SHUNT PROCEDURES W/O CC/MCC	407	MS-DRG	inpatient					Aetna	Medicare		41310.49				25496.58	75269.05	case rate	
BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W MCC	408	MS-DRG	inpatient					Aetna	Medicare		63749.93				43964.84	151772.08	case rate	
BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W CC	409	MS-DRG	inpatient					Aetna	Medicare		38544.12				23118.69	87117.51	case rate	
BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W/O CC/MCC	410	MS-DRG	inpatient					Aetna	Medicare		32944.25				18647.39	61984.07	case rate	
CHOLECYSTECTOMY W C.D.E. W MCC	411	MS-DRG	inpatient					Aetna	Medicare		51729.01				44981.74	104982	case rate	
CHOLECYSTECTOMY W C.D.E. W CC	412	MS-DRG	inpatient					Aetna	Medicare		39803.77				34611.97	11647	89337.92	case rate	
CHOLECYSTECTOMY W C.D.E. W/O CC/MCC	413	MS-DRG	inpatient					Aetna	Medicare		32150.19				27956.69	15908	63244.3	case rate	
CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W MCC	414	MS-DRG	inpatient					Aetna	Medicare		60936.43				52988.2	28270	134170.04	case rate	
CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W CC	415	MS-DRG	inpatient					Aetna	Medicare		38808.33				33746.37	23337.2	75719.13	case rate	
CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W/O CC/MCC	416	MS-DRG	inpatient					Aetna	Medicare		29716.58				25840.51	15817.99	52251	case rate	
LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W MCC	417	MS-DRG	inpatient					Aetna	Medicare		43692.68				37993.63	27376.74	90894.46	case rate	
LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W CC	418	MS-DRG	inpatient					Aetna	Medicare		33936.83				29510.29	19308.29	62419.15	case rate	
LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W/O CC/MCC	419	MS-DRG	inpatient					Aetna	Medicare		29345.26				25517.82	15510.89	48916.63	case rate	
HEPATOBILIARY DIAGNOSTIC PROCEDURES W MCC	420	MS-DRG	inpatient					Aetna	Medicare		56303.44				48959.52	37806.31	131934.62	case rate	
HEPATOBILIARY DIAGNOSTIC PROCEDURES W CC	421	MS-DRG	inpatient					Aetna	Medicare		35006.53				30440.46	8253	66728.7	case rate	
HEPATOBILIARY DIAGNOSTIC PROCEDURES W/O CC/MCC	422	MS-DRG	inpatient					Aetna	Medicare		30742.01				26732.18	10272	56545.55	case rate	
OTHER HEPATOBILIARY OR PANCREAS O.R. PROCEDURES W MCC	423	MS-DRG	inpatient					Aetna	Medicare		66444.89				57778.17	16017	148002.62	case rate	
OTHER HEPATOBILIARY OR PANCREAS O.R. PROCEDURES W CC	424	MS-DRG	inpatient					Aetna	Medicare		40400.74				35131.08	24654.19	82181.59	case rate	
OTHER HEPATOBILIARY OR PANCREAS O.R. PROCEDURES W/O CC/MCC	425	MS-DRG	inpatient					Aetna	Medicare		33468.39				29102.95	18920.87	55994.2	case rate	
CIRRHOSIS & ALCOHOLIC HEPATITIS W MCC	432	MS-DRG	inpatient					Aetna	Medicare		37954.28				33003.72	13893	68467.78	case rate	
CIRRHOSIS & ALCOHOLIC HEPATITIS W CC	433	MS-DRG	inpatient					Aetna	Medicare		25314.96				22013.01	12177.68	38553.45	case rate	
CIRRHOSIS & ALCOHOLIC HEPATITIS W/O CC/MCC	434	MS-DRG	inpatient					Aetna	Medicare		20152.11				17523.58	7907.81	53360.86	case rate	
MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS W MCC	435	MS-DRG	inpatient					Aetna	Medicare		35724.91				31065.13	20787.09	63675.63	case rate	
MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS W CC	436	MS-DRG	inpatient					Aetna	Medicare		26310.39				22878.6	13000.94	42804.2	case rate	
MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS W/O CC/MCC	437	MS-DRG	inpatient					Aetna	Medicare		22460.04				19530.47	9816.55	32473.56	case rate	
DISORDERS OF PANCREAS EXCEPT MALIGNANCY W MCC	438	MS-DRG	inpatient					Aetna	Medicare		34423.84				29933.77	19711.06	61443.97	case rate	
DISORDERS OF PANCREAS EXCEPT MALIGNANCY W CC	439	MS-DRG	inpatient					Aetna	Medicare		22804.52				19829.76	10101.21	32342.29	case rate	
DISORDERS OF PANCREAS EXCEPT MALIGNANCY W/O CC/MCC	440	MS-DRG	inpatient					Aetna	Medicare		19382.33				16854.2	7271.17	23303.1	case rate	
DISORDERS OF LIVER EXCEPT MALIG, CIRR, ALC HEPA W MCC	441	MS-DRG	inpatient					Aetna	Medicare		36700.35				31913.35	11778	69658	case rate	
DISORDERS OF LIVER EXCEPT MALIG, CIRR, ALC HEPA W CC	442	MS-DRG	inpatient					Aetna	Medicare		24179.56				21025.7	11238.66	35215.32	case rate	
DISORDERS OF LIVER EXCEPT MALIG, CIRR, ALC HEPA W/O CC/MCC	443	MS-DRG	inpatient					Aetna	Medicare		20797.65				18084.91	8441.69	26097.37	case rate	
DISORDERS OF THE BILIARY TRACT W MCC	444	MS-DRG	inpatient					Aetna	Medicare		33915.41				29491.66	19290.57	60420.03	case rate	
DISORDERS OF THE BILIARY TRACT W CC	445	MS-DRG	inpatient					Aetna	Medicare		26111.88				22705.98	12836.76	40042.47	case rate	
DISORDERS OF THE BILIARY TRACT W/O CC/MCC	446	MS-DRG	inpatient					Aetna	Medicare		22037.3				19162.87	9466.93	29818.07	case rate	
COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W MCC	453	MS-DRG	inpatient					Aetna	Medicare		137146.57				119257.89	17717	356200.23	case rate	
COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W CC	454	MS-DRG	inpatient					Aetna	Medicare		97941.81				85166.79	36879	237674.36	case rate	
COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W/O CC/MCC	455	MS-DRG	inpatient					Aetna	Medicare		76366.41				66405.57	54399.14	187535	case rate	
SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR EXT FUS W MCC	456	MS-DRG	inpatient					Aetna	Medicare		130976.87				113892.93	99564.03	342258.88	case rate	
SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR EXT FUS W CC	457	MS-DRG	inpatient					Aetna	Medicare		97356.26				84657.82	71758.53	245498.31	case rate	
SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR EXT FUS W/O CC/MCC	458	MS-DRG	inpatient					Aetna	Medicare		75300.99				65479.12	53518	192080.85	case rate	
SPINAL FUSION EXCEPT CERVICAL W MCC	459	MS-DRG	inpatient					Aetna	Medicare		105311.18				91574.94	78337.54	239474.69	case rate	
SPINAL FUSION EXCEPT CERVICAL W/O MCC	460	MS-DRG	inpatient					Aetna	Medicare		62831.02				54636.19	43205.36	151434.51	case rate	
BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY W MCC	461	MS-DRG	inpatient					Aetna	Medicare		107970.44				93887.34	9917	168125.13	case rate	
BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY W/O MCC	462	MS-DRG	inpatient					Aetna	Medicare		51240.57				44557.02	11315	119801.11	case rate	
WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W MCC	463	MS-DRG	inpatient					Aetna	Medicare		91477.9				79546	15756	192482.17	case rate	
WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W CC	464	MS-DRG	inpatient					Aetna	Medicare		53455.91				46483.19	35451.1	110420.61	case rate	
WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W/O CC/MCC	465	MS-DRG	inpatient					Aetna	Medicare		37308.75				32442.39	22096.99	68915.36	case rate	
REVISION OF HIP OR KNEE REPLACEMENT W MCC	466	MS-DRG	inpatient					Aetna	Medicare		84664.09				73620.95	61261.63	191780.79	case rate	
REVISION OF HIP OR KNEE REPLACEMENT W CC	467	MS-DRG	inpatient					Aetna	Medicare		60380.87				52505.11	41178.5	130164.29	case rate	
REVISION OF HIP OR KNEE REPLACEMENT W/O CC/MCC	468	MS-DRG	inpatient					Aetna	Medicare		48716.99				42362.6	31532.03	104697.04	case rate	
MAJOR HIP AND KNEE JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W MCC OR TOTAL ANKLE REP	469	MS-DRG	inpatient					Aetna	Medicare		58145.78				50561.55	39330	119054.72	case rate	
MAJOR HIP AND KNEE JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W/O MCC	470	MS-DRG	inpatient					Aetna	Medicare		37464.42				32577.76	22225.74	74631.43	case rate	
CERVICAL SPINAL FUSION W MCC	471	MS-DRG	inpatient					Aetna	Medicare		80842.3				70297.65	8282	187936.32	case rate	
CERVICAL SPINAL FUSION W CC	472	MS-DRG	inpatient					Aetna	Medicare		52798.71				45911.92	8991	110525.63	case rate	
CERVICAL SPINAL FUSION W/O CC/MCC	473	MS-DRG	inpatient					Aetna	Medicare		45732.11				39767.05	11229	89000.36	case rate	
AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W MCC	474	MS-DRG	inpatient					Aetna	Medicare		72041.9				62645.13	22321	142342.82	case rate	
AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W CC	475	MS-DRG	inpatient					Aetna	Medicare		41220.53				35843.92	25332.17	80596.04	case rate	
AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W/O CC/MCC	476	MS-DRG	inpatient					Aetna	Medicare		27398.66				23824.92	13900.98	43159.3	case rate	
BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W MCC	477	MS-DRG	inpatient					Aetna	Medicare		58705.63				51048.37	39793.01	117711.97	case rate	
BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W CC	478	MS-DRG	inpatient					Aetna	Medicare		44633.85				38812.04	28155.12	85485.95	case rate	
BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W/O CC/MCC	479	MS-DRG	inpatient					Aetna	Medicare		37211.63				32357.94	22016.67	67437.59	case rate	
HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W MCC	480	MS-DRG	inpatient					Aetna	Medicare		52705.88				45831.2	34830.99	113661.21	case rate	
HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W CC	481	MS-DRG	inpatient					Aetna	Medicare		40223.65				34977.09	8360	77350.69	case rate	
HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W/O CC/MCC	482	MS-DRG	inpatient					Aetna	Medicare		33275.59				28935.3	9385	62430.4	case rate	
MAJOR JOINT/LIMB REATTACHMENT PROCEDURE OF UPPER EXTREMITIES	483	MS-DRG	inpatient					Aetna	Medicare		46069.74				40060.14	13093	89397.53	case rate	
KNEE PROCEDURES W PDX OF INFECTION W MCC	485	MS-DRG	inpatient					Aetna	Medicare		57634.5				50116.96	38907.15	123926.88	case rate	
KNEE PROCEDURES W PDX OF INFECTION W CC	486	MS-DRG	inpatient					Aetna	Medicare		39272.49				34149.99	23721.08	83205.53	case rate	
KNEE PROCEDURES W PDX OF INFECTION W/O CC/MCC	487	MS-DRG	inpatient					Aetna	Medicare		32654.33				28395.07	18247.62	61894.05	case rate	
KNEE PROCEDURES W/O PDX OF INFECTION W CC/MCC	488	MS-DRG	inpatient					Aetna	Medicare		40676.38				35370.76	24882.15	79233.54	case rate	
KNEE PROCEDURES W/O PDX OF INFECTION W/O CC/MCC	489	MS-DRG	inpatient					Aetna	Medicare		28266.99				24579.99	14619.12	48661.58	case rate	
LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR W MCC	492	MS-DRG	inpatient					Aetna	Medicare		60035.26				52204.57	27633	127167.48	case rate	
LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR W CC	493	MS-DRG	inpatient					Aetna	Medicare		44890.92				39035.58	28367.73	84244.47	case rate	
LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR W/O CC/MCC	494	MS-DRG	inpatient					Aetna	Medicare		37285.9				32422.52	22078.09	67890.08	case rate	
LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W MCC	495	MS-DRG	inpatient					Aetna	Medicare		61736.21				53683.66	42299.42	129860.49	case rate	
LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W CC	496	MS-DRG	inpatient					Aetna	Medicare		38975.43				33891.67	23475.4	73547.48	case rate	
LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W/O CC/MCC	497	MS-DRG	inpatient					Aetna	Medicare		30976.32				26935.85	16859.76	53822.55	case rate	
LOCAL EXCISION & REMOVAL INT FIX DEVICES OF HIP & FEMUR W CC/MCC	498	MS-DRG	inpatient					Aetna	Medicare		47880.08				41634.85	30839.88	85440.95	case rate	
LOCAL EXCISION & REMOVAL INT FIX DEVICES OF HIP & FEMUR W/O CC/MCC	499	MS-DRG	inpatient					Aetna	Medicare		29011.07				25227.01	15234.5	41977.83	case rate	
SOFT TISSUE PROCEDURES W MCC	500	MS-DRG	inpatient					Aetna	Medicare		56903.27				49481.11	38302.4	115071.48	case rate	
SOFT TISSUE PROCEDURES W CC	501	MS-DRG	inpatient					Aetna	Medicare		35379.29				30764.6	8992	83289.31	case rate	
SOFT TISSUE PROCEDURES W/O CC/MCC	502	MS-DRG	inpatient					Aetna	Medicare		30337.84				26380.73	16331.79	48425.29	case rate	
FOOT PROCEDURES W MCC	503	MS-DRG	inpatient					Aetna	Medicare		48892.66				42515.35	27418	96100.44	case rate	
FOOT PROCEDURES W CC	504	MS-DRG	inpatient					Aetna	Medicare		35256.46				30657.8	20999.68	64898.36	case rate	
FOOT PROCEDURES W/O CC/MCC	505	MS-DRG	inpatient					Aetna	Medicare		34950.84				30392.03	20146.91	59253.56	case rate	
MAJOR THUMB OR JOINT PROCEDURES	506	MS-DRG	inpatient					Aetna	Medicare		31478.95				27373	17275.53	52896.12	case rate	
MAJOR SHOULDER OR ELBOW JOINT PROCEDURES W CC/MCC	507	MS-DRG	inpatient					Aetna	Medicare		41034.85				35682.48	25178.62	72857.35	case rate	
MAJOR SHOULDER OR ELBOW JOINT PROCEDURES W/O CC/MCC	508	MS-DRG	inpatient					Aetna	Medicare		31070.49				27017.82	16937.72	54287.63	case rate	
ARTHROSCOPY	509	MS-DRG	inpatient					Aetna	Medicare		29530.92				25679.06	15664.44	62647.94	case rate	
SHOULDER, ELBOW OR FOREARM PROC, EXC MAJOR JOINT PROC W MCC	510	MS-DRG	inpatient					Aetna	Medicare		49445.36				42995.96	32134.42	102484.13	case rate	
SHOULDER, ELBOW OR FOREARM PROC, EXC MAJOR JOINT PROC W CC	511	MS-DRG	inpatient					Aetna	Medicare		39065.4				33969.91	7655	69286.68	case rate	
SHOULDER, ELBOW OR FOREARM PROC, EXC MAJOR JOINT PROC W/O CC/MCC	512	MS-DRG	inpatient					Aetna	Medicare		33638.34				29260.73	10564	57089.4	case rate	
HAND OR WRIST PROC, EXCEPT MAJOR THUMB OR JOINT PROC W CC/MCC	513	MS-DRG	inpatient					Aetna	Medicare		33741.17				29340.15	18516	61496.48	case rate	
HAND OR WRIST PROC, EXCEPT MAJOR THUMB OR JOINT PROC W/O CC/MCC	514	MS-DRG	inpatient					Aetna	Medicare		25464.91				22143.4	12301.7	40660.37	case rate	
OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W MCC	515	MS-DRG	inpatient					Aetna	Medicare		55742.17				48471.45	37342.12	115596.57	case rate	
OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W CC	516	MS-DRG	inpatient					Aetna	Medicare		39736.64				34553.6	24104.95	70715.7	case rate	
OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W/O CC/MCC	517	MS-DRG	inpatient					Aetna	Medicare		31933.11				27767.92	17651.14	51793.42	case rate	
BACK & NECK PROC EXC SPINAL FUSION W MCC OR DISC DEVICE/NEUROSTIM	518	MS-DRG	inpatient					Aetna	Medicare		62744.5				54560.43	43133.31	116279.2	case rate	
BACK & NECK PROC EXC SPINAL FUSION W CC	519	MS-DRG	inpatient					Aetna	Medicare		38705.5				33656.96	23252.16	69838.03	case rate	
BACK & NECK PROC EXC SPINAL FUSION W/O CC/MCC	520	MS-DRG	inpatient					Aetna	Medicare		31034.79				26986.77	16908.19	49287.95	case rate	
HIP REPLACEMENT W/TH PRINCIPAL DIAGNOSIS OF HIP FRACTURE W/TH MCC	521	MS-DRG	inpatient					Aetna	Medicare		53352.84				46393.77	7692	51952.36	case rate	
HIP REPLACEMENT W/TH PRINCIPAL DIAGNOSIS OF HIP FRACTURE W/THOUT MCC	522	MS-DRG	inpatient					Aetna	Medicare		40756.36				35440.31	9003	36648.78	case rate	
FRACTURES OF FEMUR W MCC	533	MS-DRG	inpatient					Aetna	Medicare		33889.7				29469.31	12781	57404.46	case rate	
FRACTURES OF FEMUR W/O MCC	534	MS-DRG	inpatient					Aetna	Medicare		22158.69				19268.43	9567.33	34640.29	case rate	
FRACTURES OF HIP & PELVIS W MCC	535	MS-DRG	inpatient					Aetna	Medicare		29109.61				25312.7	15316	47063.78	case rate	
FRACTURES OF HIP & PELVIS W/O MCC	536	MS-DRG	inpatient					Aetna	Medicare		21831.64				18984.04	9296.85	28392.8	case rate	
SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS & THIGH W CC/MCC	537	MS-DRG	inpatient					Aetna	Medicare		24400.52				21218.2	11421.74	34150.12	case rate	
SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS & THIGH W/O CC/MCC	538	MS-DRG	inpatient					Aetna	Medicare		20717.67				18015.36	8375.55	27267.59	case rate	
OSTEOMYELITIS W MCC	539	MS-DRG	inpatient					Aetna	Medicare		38931.15				33853.18	23438.78	75734.13	case rate	
OSTEOMYELITIS W CC	540	MS-DRG	inpatient					Aetna	Medicare		29131.03				25331.33	15333.72	49642.83	case rate	
OSTEOMYELITIS W/O CC/MCC	541	MS-DRG	inpatient					Aetna	Medicare		22842.79				19863.3	7723	33107.43	case rate	
PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W MCC	542	MS-DRG	inpatient					Aetna	Medicare		36636.08				31857.46	8903	68461.53	case rate	
PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W CC	543	MS-DRG	inpatient					Aetna	Medicare		26167.58				22754.41	10889	40226.26	case rate	
PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W/O CC/MCC	544	MS-DRG	inpatient					Aetna	Medicare		21551.72				18740.63	9065.34	29945.59	case rate	
CONNECTIVE TISSUE DISORDERS W MCC	545	MS-DRG	inpatient					Aetna	Medicare		46197.69				40171.91	29448.48	92983.6	case rate	
CONNECTIVE TISSUE DISORDERS W CC	546	MS-DRG	inpatient					Aetna	Medicare		27718.57				24103.1	14165.56	45548.5	case rate	
CONNECTIVE TISSUE DISORDERS W/O CC/MCC	547	MS-DRG	inpatient					Aetna	Medicare		22207.25				19310.85	9607.49	32166	case rate	
SEPTIC ARTHRITIS W MCC	548	MS-DRG	inpatient					Aetna	Medicare		38407				33423.48	23030.1	77534.47	case rate	
SEPTIC ARTHRITIS W CC	549	MS-DRG	inpatient					Aetna	Medicare		27817.11				24188.8	14247.06	46666.21	case rate	
SEPTIC ARTHRITIS W/O CC/MCC	550	MS-DRG	inpatient					Aetna	Medicare		23741.11				20644.44	10676.05	34648.97	case rate	
MEDICAL BACK PROBLEMS W MCC	551	MS-DRG	inpatient					Aetna	Medicare		34896.57				30344.84	9165	59696.14	case rate	
MEDICAL BACK PROBLEMS W/O MCC	552	MS-DRG	inpatient					Aetna	Medicare		24390.93				21209.5	11413.47	35793.81	case rate	
BONE DISEASES & ARTHROPATHIES W MCC	553	MS-DRG	inpatient					Aetna	Medicare		29892.25				25993.26	15963.27	46418.66	case rate	
BONE DISEASES & ARTHROPATHIES W/O MCC	554	MS-DRG	inpatient					Aetna	Medicare		22327.22				19414.97	9706.71	47368.4	case rate	
SIGNS & SYMPTOMS OF MUSCULOSKELETAL SYSTEM & CONN TISSUE W MCC	555	MS-DRG	inpatient					Aetna	Medicare		30570.63				26583.16	16524.32	47978.95	case rate	
SIGNS & SYMPTOMS OF MUSCULOSKELETAL SYSTEM & CONN TISSUE W/O MCC	556	MS-DRG	inpatient					Aetna	Medicare		22364.35				19447.26	9737.42	28794.12	case rate	
TENDONITIS, MYOSITIS & BURSITIS W MCC	557	MS-DRG	inpatient					Aetna	Medicare		32824.29				28542.86	18388.17	53725.03	case rate	
TENDONITIS, MYOSITIS & BURSITIS W/O MCC	558	MS-DRG	inpatient					Aetna	Medicare		23135.56				20117.68	10375.24	32387.29	case rate	
AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W MCC	559	MS-DRG	inpatient					Aetna	Medicare		37018.83				32190.29	21857.22	67463.84	case rate	
AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W CC	560	MS-DRG	inpatient					Aetna	Medicare		26758.84				23268.56	13371.82	38320.9	case rate	
AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W/O CC/MCC	561	MS-DRG	inpatient					Aetna	Medicare		21733.1				18898.35	9211	28359.04	case rate	
FX, SPRN, STRN & DISL EXCEPT FEMUR, HIP, PELVIS & THIGH W MCC	562	MS-DRG	inpatient					Aetna	Medicare		32308.72				28094.54	12507	52813.61	case rate	
FX, SPRN, STRN & DISL EXCEPT FEMUR, HIP, PELVIS & THIGH W/O MCC	563	MS-DRG	inpatient					Aetna	Medicare		23381.5				20331.49	10578.4	31434.62	case rate	
OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W MCC	564	MS-DRG	inpatient					Aetna	Medicare		32897.12				28606.19	18448.41	58968.51	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101191	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W CC	565	MS-DRG	inpatient				24883.63	Aetna	Medicare		21620.57				11804.43	36599.33	case rate	
OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W/O CC/MCC	566	MS-DRG	inpatient				21308.93	Aetna	Medicare		18529.51				8864.55	28591.59	case rate	
SKIN DEBRIDEMENT W MCC	570	MS-DRG	inpatient				52324.55	Aetna	Medicare		45499.61				34515.62	113822.49	case rate	
SKIN DEBRIDEMENT W CC	571	MS-DRG	inpatient				34753.75	Aetna	Medicare		30220.65				9078	63870.67	case rate	
SKIN DEBRIDEMENT W/O CC/MCC	572	MS-DRG	inpatient				26865.95	Aetna	Medicare		23361.7				11401	44205.75	case rate	
SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W MCC	573	MS-DRG	inpatient				99395.69	Aetna	Medicare		86431.03				16091	196968.01	case rate	
SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W CC	574	MS-DRG	inpatient				59231.2	Aetna	Medicare		51505.39				36864	114242.57	case rate	
SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W/O CC/MCC	575	MS-DRG	inpatient				39810.91	Aetna	Medicare		34618.18				24166.37	65999.81	case rate	
SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W MCC	576	MS-DRG	inpatient				91754.97	Aetna	Medicare		79786.93				67126.05	183060.41	case rate	
SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W CC	577	MS-DRG	inpatient				48424.21	Aetna	Medicare		42108.01				31289.9	94112.56	case rate	
SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W/O CC/MCC	578	MS-DRG	inpatient				33591.22	Aetna	Medicare		29209.75				19022.45	57374.46	case rate	
OTHER SKIN, SUBCUT TISS & BREAST PROC W MCC	579	MS-DRG	inpatient				58322.88	Aetna	Medicare		50715.55				39476.46	104937.08	case rate	
OTHER SKIN, SUBCUT TISS & BREAST PROC W CC	580	MS-DRG	inpatient				35534.96	Aetna	Medicare		30899.96				20830	59628.63	case rate	
OTHER SKIN, SUBCUT TISS & BREAST PROC W/O CC/MCC	581	MS-DRG	inpatient				29823.7	Aetna	Medicare		25933.65				8609	46373.65	case rate	
MASTECTOMY FOR MALIGNANCY W CC/MCC	582	MS-DRG	inpatient				34399.56	Aetna	Medicare		29912.66				10681	58867.24	case rate	
MASTECTOMY FOR MALIGNANCY W/O CC/MCC	583	MS-DRG	inpatient				32325.85	Aetna	Medicare		28109.44				14701	51888.4	case rate	
BREAST BIOPSY, LOCAL EXCISION & OTHER BREAST PROCEDURES W CC/MCC	584	MS-DRG	inpatient				38562.68	Aetna	Medicare		33532.77				23134.04	70190.6	case rate	
BREAST BIOPSY, LOCAL EXCISION & OTHER BREAST PROCEDURES W/O CC/MCC	585	MS-DRG	inpatient				34640.92	Aetna	Medicare		30122.54				19890.6	58724.71	case rate	
SKIN ULCERS W MCC	592	MS-DRG	inpatient				40440.73	Aetna	Medicare		35165.85				24687.26	64069.46	case rate	
SKIN ULCERS W CC	593	MS-DRG	inpatient				27869.96	Aetna	Medicare		24234.74				14290.76	42360.41	case rate	
SKIN ULCERS W/O CC/MCC	594	MS-DRG	inpatient				21835.93	Aetna	Medicare		18987.76				9300.39	30388.17	case rate	
MAJOR SKIN DISORDERS W MCC	595	MS-DRG	inpatient				41653.25	Aetna	Medicare		36220.22				25690.06	74522.66	case rate	
MAJOR SKIN DISORDERS W/O MCC	596	MS-DRG	inpatient				25000.76	Aetna	Medicare		21739.79				11917.82	37938.33	case rate	
MALIGNANT BREAST DISORDERS W MCC	597	MS-DRG	inpatient				33448.4	Aetna	Medicare		29085.56				18904.34	64512.04	case rate	
MALIGNANT BREAST DISORDERS W CC	598	MS-DRG	inpatient				27711.43	Aetna	Medicare		24096.9				14159.65	43594.39	case rate	
MALIGNANT BREAST DISORDERS W/O CC/MCC	599	MS-DRG	inpatient				19465.16	Aetna	Medicare		16926.23				7339.68	26870.01	case rate	
NON-MALIGNANT BREAST DISORDERS W CC/MCC	600	MS-DRG	inpatient				25236.41	Aetna	Medicare		21944.7				12112.71	35856.69	case rate	
NON-MALIGNANT BREAST DISORDERS W/O CC/MCC	601	MS-DRG	inpatient				19482.3	Aetna	Medicare		16941.13				7353.85	23224.33	case rate	
CELLULITIS W MCC	602	MS-DRG	inpatient				31834.56	Aetna	Medicare		27682.23				17569.64	54160.11	case rate	
CELLULITIS W/O MCC	603	MS-DRG	inpatient				23225.54	Aetna	Medicare		20196.12				10449.65	31794.68	case rate	
TRAUMA TO THE SKIN, SUBCUT TISS & BREAST W MCC	604	MS-DRG	inpatient				32101.63	Aetna	Medicare		27914.46				17790.51	53139.92	case rate	
TRAUMA TO THE SKIN, SUBCUT TISS & BREAST W/O MCC	605	MS-DRG	inpatient				23569.73	Aetna	Medicare		20495.42				10734.31	32274.77	case rate	
MINOR SKIN DISORDERS W MCC	606	MS-DRG	inpatient				33238.46	Aetna	Medicare		28903.01				18730.71	51789.67	case rate	
MINOR SKIN DISORDERS W/O MCC	607	MS-DRG	inpatient				23351.22	Aetna	Medicare		20305.41				10553.59	30043.11	case rate	
ADRENAL & PITUITARY PROCEDURES W CC/MCC	614	MS-DRG	inpatient				42758.65	Aetna	Medicare		37181.44				26604.27	88651.55	case rate	
ADRENAL & PITUITARY PROCEDURES W/O CC/MCC	615	MS-DRG	inpatient				31600.34	Aetna	Medicare		27478.56				17375.93	55555.37	case rate	
AMPUTAT OF LOWER LIMB FOR ENDOCRINE, NUTRIT, & METABOL DIS W MCC	616	MS-DRG	inpatient				67113.28	Aetna	Medicare		58359.37				46746.45	155098.95	case rate	
AMPUTAT OF LOWER LIMB FOR ENDOCRINE, NUTRIT, & METABOL DIS W CC	617	MS-DRG	inpatient				38932.58	Aetna	Medicare		33854.42				23439.96	77774.52	case rate	
AMPUTAT OF LOWER LIMB FOR ENDOCRINE, NUTRIT, & METABOL DIS W/O CC/MCC	618	MS-DRG	inpatient				27178.72	Aetna	Medicare		23633.67				13719.08	43481.87	case rate	
O.R. PROCEDURES FOR OBESITY W MCC	619	MS-DRG	inpatient				47558.74	Aetna	Medicare		41355.43				30574.12	109546.69	case rate	
O.R. PROCEDURES FOR OBESITY W CC	620	MS-DRG	inpatient				33758.31	Aetna	Medicare		29355.05				19160.65	67872.67	case rate	
O.R. PROCEDURES FOR OBESITY W/O CC/MCC	621	MS-DRG	inpatient				32260.16	Aetna	Medicare		28052.31				17621.82	59197.3	case rate	
SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W MCC	622	MS-DRG	inpatient				65226.66	Aetna	Medicare		56718.84				45186.15	142451.59	case rate	
SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W CC	623	MS-DRG	inpatient				37174.5	Aetna	Medicare		32325.65				21985.96	72133.46	case rate	
SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W/O CC/MCC	624	MS-DRG	inpatient				26507.48	Aetna	Medicare		23049.98				13163.94	48609.07	case rate	
THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W MCC	625	MS-DRG	inpatient				52310.27	Aetna	Medicare		45487.19				34503.81	104393.23	case rate	
THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W CC	626	MS-DRG	inpatient				31897.4	Aetna	Medicare		27736.87				17621.61	60408.77	case rate	
THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W/O CC/MCC	627	MS-DRG	inpatient				28242.71	Aetna	Medicare		24558.88				14599.04	40695.1	case rate	
OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W MCC	628	MS-DRG	inpatient				67924.48	Aetna	Medicare		59064.77				47417.35	137838.23	case rate	
OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W CC	629	MS-DRG	inpatient				42907.18	Aetna	Medicare		37310.6				26727.11	87717.62	case rate	
OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W/O CC/MCC	630	MS-DRG	inpatient				30532.07	Aetna	Medicare		26549.63				16492.43	57554.49	case rate	
DIABETES W MCC	637	MS-DRG	inpatient				31289	Aetna	Medicare		27207.83				17118.44	51808.42	case rate	
DIABETES W CC	638	MS-DRG	inpatient				23435.48	Aetna	Medicare		20378.68				10623.28	32713.61	case rate	
DIABETES W/O CC/MCC	639	MS-DRG	inpatient				19480.87	Aetna	Medicare		16938.89				7352.67	23700.67	case rate	
MISC DISORDERS OF NUTRITION, METABOLISM, FLUIDS/ELECTROLYTES W MCC	640	MS-DRG	inpatient				29373.82	Aetna	Medicare		25542.45				15534.51	44640.83	case rate	
MISC DISORDERS OF NUTRITION, METABOLISM, FLUIDS/ELECTROLYTES W/O MCC	641	MS-DRG	inpatient				21750.24	Aetna	Medicare		18913.25				9229.52	28201.51	case rate	
INBORN AND OTHER DISORDERS OF METABOLISM	642	MS-DRG	inpatient				29003.87	Aetna	Medicare		25394.67				15393.95	47390.09	case rate	
ENDOCRINE DISORDERS W MCC	643	MS-DRG	inpatient				34085.36	Aetna	Medicare		29639.45				19431.13	61290.19	case rate	
ENDOCRINE DISORDERS W CC	644	MS-DRG	inpatient				25753.41	Aetna	Medicare		22394.27				12540.29	37975.84	case rate	
ENDOCRINE DISORDERS W/O CC/MCC	645	MS-DRG	inpatient				21457.46	Aetna	Medicare		18658.66				8987.39	27863.95	case rate	
KIDNEY TRANSPLANT WITH HEMODIALYSIS WITH MCC	650	MS-DRG	inpatient				74822.55	Aetna	Medicare		65063.09				53122.31	78036.12	case rate	
KIDNEY TRANSPLANT WITH HEMODIALYSIS WITHOUT MCC	651	MS-DRG	inpatient				59982.41	Aetna	Medicare		52158.62				40848.96	60006.7	case rate	
KIDNEY TRANSPLANT	652	MS-DRG	inpatient				53498.51	Aetna	Medicare		46520.44				35486.53	124320.7	case rate	
MAJOR BLADDER PROCEDURES W MCC	653	MS-DRG	inpatient				87906.04	Aetna	Medicare		76440.04				63942.84	205875.92	case rate	
MAJOR BLADDER PROCEDURES W CC	654	MS-DRG	inpatient				49686.72	Aetna	Medicare		43205.84				32334.04	107768.86	case rate	
MAJOR BLADDER PROCEDURES W/O CC/MCC	655	MS-DRG	inpatient				40693.52	Aetna	Medicare		35385.67				24896.32	77909.54	case rate	
KIDNEY & URETER PROCEDURES FOR NEOPLASM W MCC	656	MS-DRG	inpatient				55400.84	Aetna	Medicare		48174.64				37059.83	124808.29	case rate	
KIDNEY & URETER PROCEDURES FOR NEOPLASM W CC	657	MS-DRG	inpatient				36928.85	Aetna	Medicare		32112.05				21782.81	73041.13	case rate	
KIDNEY & URETER PROCEDURES FOR NEOPLASM W/O CC/MCC	658	MS-DRG	inpatient				31733.16	Aetna	Medicare		27594.05				17485.77	58790.96	case rate	
KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W MCC	659	MS-DRG	inpatient				47564.45	Aetna	Medicare		41360.4				30578.84	102285.34	case rate	
KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W CC	660	MS-DRG	inpatient				29812.27	Aetna	Medicare		25923.71				15897.12	54295.13	case rate	
KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W/O CC/MCC	661	MS-DRG	inpatient				25563.46	Aetna	Medicare		22229.09				12393.2	40237.51	case rate	
MINOR BLADDER PROCEDURES W MCC	662	MS-DRG	inpatient				53388.54	Aetna	Medicare		46424.82				35395.58	119223.5	case rate	
MINOR BLADDER PROCEDURES W CC	663	MS-DRG	inpatient				31427.53	Aetna	Medicare		27328.29				17233.01	61522.73	case rate	
MINOR BLADDER PROCEDURES W/O CC/MCC	664	MS-DRG	inpatient				25751.98	Aetna	Medicare		22393.02				12539.11	44472.05	case rate	
PROSTATECTOMY W MCC	665	MS-DRG	inpatient				54708.17	Aetna	Medicare		47572.32				36486.97	119227.25	case rate	
PROSTATECTOMY W CC	666	MS-DRG	inpatient				35117.93	Aetna	Medicare		30537.33				20285.1	66728.7	case rate	
PROSTATECTOMY W/O CC/MCC	667	MS-DRG	inpatient				25580.6	Aetna	Medicare		22244				12397.37	40522.56	case rate	
TRANSURETHRAL PROCEDURES W MCC	668	MS-DRG	inpatient				50836.4	Aetna	Medicare		44205.56				33284.86	105567.2	case rate	
TRANSURETHRAL PROCEDURES W CC	669	MS-DRG	inpatient				32507.23	Aetna	Medicare		28267.16				18125.96	59354.83	case rate	
TRANSURETHRAL PROCEDURES W/O CC/MCC	670	MS-DRG	inpatient				24338.09	Aetna	Medicare		21163.55				11369.77	36137.99	case rate	
URETHRAL PROCEDURES W CC/MCC	671	MS-DRG	inpatient				35039.38	Aetna	Medicare		30469.03				20220.14	63143.03	case rate	
URETHRAL PROCEDURES W/O CC/MCC	672	MS-DRG	inpatient				23768.25	Aetna	Medicare		20668.04				10898.49	39641.15	case rate	
OTHER KIDNEY & URINARY TRACT PROCEDURES W MCC	673	MS-DRG	inpatient				63404.32	Aetna	Medicare		55134.19				43679	134173.79	case rate	
OTHER KIDNEY & URINARY TRACT PROCEDURES W CC	674	MS-DRG	inpatient				44612.42	Aetna	Medicare		38793.41				28137.4	86719.93	case rate	
OTHER KIDNEY & URINARY TRACT PROCEDURES W/O CC/MCC	675	MS-DRG	inpatient				33248.45	Aetna	Medicare		28911.7				18738.98	60960.13	case rate	
RENAL FAILURE W MCC	682	MS-DRG	inpatient				32024.51	Aetna	Medicare		27847.4				17726.73	57490.72	case rate	
RENAL FAILURE W CC	683	MS-DRG	inpatient				23455.48	Aetna	Medicare		20396.07				10639.82	34468.93	case rate	
RENAL FAILURE W/O CC/MCC	684	MS-DRG	inpatient				19280.93	Aetna	Medicare		16766.02				7187.31	23246.84	case rate	
KIDNEY & URINARY TRACT NEOPLASMS W MCC	686	MS-DRG	inpatient				36860.3	Aetna	Medicare		32052.44				21726.11	64422.02	case rate	
KIDNEY & URINARY TRACT NEOPLASMS W CC	687	MS-DRG	inpatient				25519.18	Aetna	Medicare		22180.6				12346.58	39521.13	case rate	
KIDNEY & URINARY TRACT NEOPLASMS W/O CC/MCC	688	MS-DRG	inpatient				21743.1	Aetna	Medicare		18907.04				9223.62	29664.29	case rate	
KIDNEY & URINARY TRACT INFECTIONS W MCC	689	MS-DRG	inpatient				27362.96	Aetna	Medicare		23793.87				13871.45	41692.78	case rate	
KIDNEY & URINARY TRACT INFECTIONS W/O MCC	690	MS-DRG	inpatient				22114.42	Aetna	Medicare		19229.93				9530.72	29784.31	case rate	
URINARY STONES W MCC	693	MS-DRG	inpatient				30817.7	Aetna	Medicare		26798				16728.66	49644.27	case rate	
URINARY STONES W/O MCC	694	MS-DRG	inpatient				21768.8	Aetna	Medicare		18929.39				9244.88	26333.66	case rate	
KIDNEY & URINARY TRACT SIGNS & SYMPTOMS W MCC	695	MS-DRG	inpatient				27671.44	Aetna	Medicare		24062.12				14126.58	43084.29	case rate	
KIDNEY & URINARY TRACT SIGNS & SYMPTOMS W/O MCC	696	MS-DRG	inpatient				20474.88	Aetna	Medicare		17804.24				8174.75	25827.32	case rate	
URETHRAL STRICTURE	697	MS-DRG	inpatient				26487.49	Aetna	Medicare		23032.6				13147.4	36006.72	case rate	
OTHER KIDNEY & URINARY TRACT DIAGNOSES W MCC	698	MS-DRG	inpatient				34218.18	Aetna	Medicare		29754.94				19540.98	60577.56	case rate	
OTHER KIDNEY & URINARY TRACT DIAGNOSES W CC	699	MS-DRG	inpatient				25169.28	Aetna	Medicare		21886.33				12067.2	38553.45	case rate	
OTHER KIDNEY & URINARY TRACT DIAGNOSES W/O CC/MCC	700	MS-DRG	inpatient				20706.24	Aetna	Medicare		18005.43				8366.1	28494.07	case rate	
MAJOR MALE PELVIC PROCEDURES W CC/MCC	707	MS-DRG	inpatient				38609.81	Aetna	Medicare		33573.75				23173.02	67190.04	case rate	
MAJOR MALE PELVIC PROCEDURES W/O CC/MCC	708	MS-DRG	inpatient				31420.39	Aetna	Medicare		27322.08				17227.1	52753.6	case rate	
PENIS PROCEDURES W CC/MCC	709	MS-DRG	inpatient				40867.75	Aetna	Medicare		35537.18				25040.42	76206.72	case rate	
PENIS PROCEDURES W/O CC/MCC	710	MS-DRG	inpatient				28218.43	Aetna	Medicare		24537.77				14578.96	82617.94	case rate	
TESTES PROCEDURES W CC/MCC	711	MS-DRG	inpatient				40909.17	Aetna	Medicare		35573.19				25074.68	78145.83	case rate	
TESTES PROCEDURES W/O CC/MCC	712	MS-DRG	inpatient				27562.9	Aetna	Medicare		23967.74				14036.81	40387.54	case rate	
TRANSURETHRAL PROSTATECTOMY W CC/MCC	713	MS-DRG	inpatient				31309	Aetna	Medicare		27225.21				17134.97	54897.74	case rate	
TRANSURETHRAL PROSTATECTOMY W/O CC/MCC	714	MS-DRG	inpatient				24279.53	Aetna	Medicare		21112.64				11321.34	34150.12	case rate	
OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC FOR MALIGNANCY W CC/MCC	715	MS-DRG	inpatient				42117.41	Aetna	Medicare		36623.83				26073.93	82886.72	case rate	
OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC FOR MALIGNANCY W/O CC/MCC	716	MS-DRG	inpatient				30901.97	Aetna	Medicare		26871.28				16798.34	54872.74	case rate	
OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC EXC MALIGNANCY W CC/MCC	717	MS-DRG	inpatient				36493.31	Aetna	Medicare		31733.27				21422.55	73299.93	case rate	
OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC EXC MALIGNANCY W/O CC/MCC	718	MS-DRG	inpatient				27382.95	Aetna	Medicare		23811.26				13887.99	46231.13	case rate	
MALIGNANCY, MALE REPRODUCTIVE SYSTEM W MCC	722	MS-DRG	inpatient				37365.88	Aetna	Medicare		32492.07				22144.24	62250.37	case rate	
MALIGNANCY, MALE REPRODUCTIVE SYSTEM W CC	723	MS-DRG	inpatient				26504.62	Aetna	Medicare		23047.5				13161.58	41313.96	case rate	
MALIGNANCY, MALE REPRODUCTIVE SYSTEM W/O CC/MCC	724	MS-DRG	inpatient				22151.55	Aetna	Medicare		19262.22				9561.43	25849.82	case rate	
BENIGN PROSTATIC HYPERTROPHY W MCC	725	MS-DRG	inpatient				28312.69	Aetna	Medicare		24619.73				14656.92	45544.75	case rate	
BENIGN PROSTATIC HYPERTROPHY W/O MCC	726	MS-DRG	inpatient				21029.01	Aetna	Medicare		18286.1				8633.04	28674.1	case rate	
INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM W MCC	727	MS-DRG	inpatient				33741.17	Aetna	Medicare		29340.15				19146.47	53935.07	case rate	
INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM W/O MCC	728	MS-DRG	inpatient				22017.31	Aetna	Medicare		19145.48				9450.4	29683.04	case rate	
OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES W CC/MCC	729	MS-DRG	inpatient				24927.92	Aetna	Medicare		21676.45				11857.58	40582.57	case rate	
OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES W/O CC/MCC	730	MS-DRG	inpatient				19468.02	Aetna	Medicare		16928.71				7342.04	21318.98	case rate	
PELVIC EVISCERATION, RAD HYSTERECTOMY & RAD VULVECTOMY W CC/MCC	734	MS-DRG	inpatient				41633.25	Aetna	Medicare		36202.83				25873.52	86497.39	case rate	
PELVIC EVISCERATION, RAD HYSTERECTOMY & RAD VULVECTOMY W/O CC/MCC	735	MS-DRG	inpatient				28588.33	Aetna	Medicare		24859.42				14884.88	51197.06	case rate	
UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W MCC	736	MS-DRG	inpatient				66106.42	Aetna	Medicare		57483.84				45913.74	151175.71	case rate	
UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W CC	737	MS-DRG	inpatient				36779.77	Aetna	Medicare		33721.54				23313.58	76191.72	case rate	
UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W/O CC/MCC	738	MS-DRG	inpatient				30079.54	Aetna	Medicare		26155.95				16118	52221	case rate	
UTERINE, ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W MCC	739	MS-DRG	inpatient				62237.5	Aetna	Medicare		54119.56				42714	134938.53	case rate	
UTERINE, ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W CC	740	MS-DRG	inpatient				36111.94	Aetna	Medicare		31401.69				21107.19	65370.95	case rate	
UTERINE, ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W/O CC/MCC	741	MS-DRG	inpatient				29146.74	Aetna	Medicare		25344.99				15346.71	49801.79	case rate	
UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W CC/MCC	742	MS-DRG	inpatient				36038.1	Aetna	Medicare		31338.35				21046.95	64287	case rate	
UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC/MCC	743	MS-DRG	inpatient				27185.86	Aetna	Medicare		23639.88				13724.99	41842.81	case rate	
D&C, CONIZATION, LAPAROSCOPY & TUBAL INTERRUPTION W CC/MCC	744	MS-DRG	inpatient				37474.42	Aetna	Medicare		32586.45				22234.01	63398.08	case rate	
D&C, CONIZATION, LAPAROSCOPY & TUBAL INTERRUPTION W/O CC/MCC	745	MS-DRG	inpatient				25384.94	Aetna	Medicare		22073.86				12235.55	40109.99	case rate	
VAGINA, CERVIX & VULVA PROCEDURES W CC/MCC	746	MS-DRG	inpatient				34528.1	Aetna	Medicare		30024.43				19797.29	62925.49	case rate	
VAGINA, CERVIX & VULVA PROCEDURES W/O CC/MCC	747	MS-DRG	inpatient				23261.24	Aetna	Medicare		20227.17				10479.18	35939.21	case rate	
FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES	748	MS-DRG	inpatient				30654.89	Aetna	Medicare		26656.43				16594	48534.06	case rate	
OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES W CC/MCC	749	MS-DRG	inpatient				46540.48	Aetna	Medicare		40469.96				29731.96	97593.21	case rate	
OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES W/O CC/MCC	750	MS-DRG	inpatient				30013.64	Aetna	Medicare		26098.82				16063.67	45904.82	case rate	
MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W MCC	754	MS-DRG	inpatient				37047.39	Aetna	Medicare		32215.12				21880.84	69065.39	case rate	
MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W CC	755	MS-DRG	inpatient				26081.88	Aetna	Medicare		22679.9				12811.96	40128.74	case rate	
MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W/O CC/MCC	756	MS-DRG	inpatient				24725.12	Aetna	Medicare		21500.11				11689.86	29259.21	case rate	
INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W MCC	757	MS-DRG	inpatient				31893.12	Aetna	Medicare		27733.15				17618.06	54043.84	case rate	
INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W CC	758	MS-DRG	inpatient				24766.54	Aetna	Medicare		21536.12				11724.11	38272.14	case rate	
INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W/O CC/MCC	759	MS-DRG	inpatient				19819.35	Aetna	Medicare		17234.22				7632.6	26656.22	case rate	
MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS W CC/MCC	760	MS-DRG	inpatient				24806.53	Aetna	Medicare		21570.89				11757.19	35694.85	case rate	
MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS W/O CC/MCC	761	MS-DRG	inpatient				19239.51	Aetna	Medicare		16730.01				7153.06	20606.35	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101191	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
VAGINAL DELIVERY W O.R. PROC EXCEPT STERIL &/OR D&C	768	MS-DRG	inpatient					Aetna	Medicare		24336.58				8760	42436.42	case rate	
POSTPARTUM & POST ABORTION DIAGNOSES W O.R. PROCEDURE	769	MS-DRG	inpatient					Aetna	Medicare		32640.05				18235.81	54681.46	case rate	
ABORTION W D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY	770	MS-DRG	inpatient					Aetna	Medicare		21997.31				9433.86	40053.73	case rate	
POSTPARTUM & POST ABORTION DIAGNOSES W/O O.R. PROCEDURE	776	MS-DRG	inpatient					Aetna	Medicare		26826.21				18109.75	24717.11	case rate	
ABORTION W/O D&C	779	MS-DRG	inpatient					Aetna	Medicare		24717.98				21493.9	11683.96	28291.53	case rate
CESAREAN SECTION W STERILIZATION W MCC	783	MS-DRG	inpatient					Aetna	Medicare		35894.86				31212.92	8487	65468.47	case rate
CESAREAN SECTION W STERILIZATION W CC	784	MS-DRG	inpatient					Aetna	Medicare		25216.41				21927.31	8487	41336.46	case rate
CESAREAN SECTION W STERILIZATION W/O CC/MCC	785	MS-DRG	inpatient					Aetna	Medicare		22962.76				19957.61	8487	31712.17	case rate
CESAREAN SECTION W/O STERILIZATION W MCC	786	MS-DRG	inpatient					Aetna	Medicare		35576.38				30935.98	8487	58315.88	case rate
CESAREAN SECTION W/O STERILIZATION W CC	787	MS-DRG	inpatient					Aetna	Medicare		25602.02				22262.63	8487	40548.82	case rate
CESAREAN SECTION W/O STERILIZATION W/O CC/MCC	788	MS-DRG	inpatient					Aetna	Medicare		22801.37				19827.28	8487	33782.55	case rate
NEONATES, DIED OR TRANSFERRED TO ANOTHER ACUTE CARE FACILITY	789	MS-DRG	inpatient					Aetna	Medicare		36574.67				31804.06	637	62460.4	case rate
EXTREME IMMATURITY OR RESPIRATORY DISTRESS SYNDROME, NEONATE	790	MS-DRG	inpatient					Aetna	Medicare		96282.27				83726.72	637	205774.65	case rate
PREMATURITY W MAJOR PROBLEMS	791	MS-DRG	inpatient					Aetna	Medicare		69112.72				60098.02	637	140538.73	case rate
PREMATURITY W/O MAJOR PROBLEMS	792	MS-DRG	inpatient					Aetna	Medicare		45902.06				39914.84	637	84795.83	case rate
FULL TERM NEONATE W MAJOR PROBLEMS	793	MS-DRG	inpatient					Aetna	Medicare		70706.56				61483.97	637	144360.69	case rate
NEONATE W OTHER SIGNIFICANT PROBLEMS	794	MS-DRG	inpatient					Aetna	Medicare		31868.84				27712.03	637	51095.79	case rate
NORMAL NEWBORN	795	MS-DRG	inpatient					Aetna	Medicare		13471.12				11714.02	637	11714.02	case rate
VAGINAL DELIVERY W STERILIZATION/D&C W MCC	796	MS-DRG	inpatient					Aetna	Medicare		30847.7				26824.08	6365	55067.78	case rate
VAGINAL DELIVERY W STERILIZATION/D&C W CC	797	MS-DRG	inpatient					Aetna	Medicare		24813.67				21577.1	6365	31764.68	case rate
VAGINAL DELIVERY W STERILIZATION/D&C W/O CC/MCC	798	MS-DRG	inpatient					Aetna	Medicare		22175.83				19283.33	6365	31764.68	case rate
SPLENECTOMY W MCC	799	MS-DRG	inpatient					Aetna	Medicare		81350.73				70739.77	58521.36	176342.91	case rate
SPLENECTOMY W CC	800	MS-DRG	inpatient					Aetna	Medicare		50832.11				44201.84	33281.32	98523.39	case rate
SPLENECTOMY W/O CC/MCC	801	MS-DRG	inpatient					Aetna	Medicare		36193.5				31435.22	5977	58372.14	case rate
OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W MCC	802	MS-DRG	inpatient					Aetna	Medicare		59009.83				51312.89	8199	125543.43	case rate
OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W CC	803	MS-DRG	inpatient					Aetna	Medicare		37128.8				32285.91	13379	64590.8	case rate
OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W/O CC/MCC	804	MS-DRG	inpatient					Aetna	Medicare		27877.1				24240.95	14296.66	46152.36	case rate
VAGINAL DELIVERY W/O STERILIZATION/D&C W MCC	805	MS-DRG	inpatient					Aetna	Medicare		24989.33				21729.85	6365	38377.16	case rate
VAGINAL DELIVERY W/O STERILIZATION/D&C W CC	806	MS-DRG	inpatient					Aetna	Medicare		21254.66				18482.31	6365	26532.45	case rate
VAGINAL DELIVERY W/O STERILIZATION/D&C W/O CC/MCC	807	MS-DRG	inpatient					Aetna	Medicare		19935.03				17334.81	6365	23029.3	case rate
MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W MCC	808	MS-DRG	inpatient					Aetna	Medicare		41868.9				36407.74	25868.41	80610.04	case rate
MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W CC	809	MS-DRG	inpatient					Aetna	Medicare		27791.41				24166.44	14225.79	45177.18	case rate
MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W/O CC/MCC	810	MS-DRG	inpatient					Aetna	Medicare		24936.49				21683.9	11864.67	34581.45	case rate
RED BLOOD CELL DISORDERS W MCC	811	MS-DRG	inpatient					Aetna	Medicare		30636.33				26640.28	16578.65	50859.49	case rate
RED BLOOD CELL DISORDERS W/O MCC	812	MS-DRG	inpatient					Aetna	Medicare		23454.05				20394.82	10638.64	33126.18	case rate
COAGULATION DISORDERS	813	MS-DRG	inpatient					Aetna	Medicare		32869.99				28582.6	18425.97	60442.53	case rate
RETICULOENDOTHELIAL & IMMUNITY DISORDERS W MCC	814	MS-DRG	inpatient					Aetna	Medicare		40983.44				35637.77	25136.1	62374.14	case rate
RETICULOENDOTHELIAL & IMMUNITY DISORDERS W CC	815	MS-DRG	inpatient					Aetna	Medicare		24789.39				21555.99	11743.01	36670.59	case rate
RETICULOENDOTHELIAL & IMMUNITY DISORDERS W/O CC/MCC	816	MS-DRG	inpatient					Aetna	Medicare		20733.38				18029.03	8388.54	27095.05	case rate
OTHER ANTEPARTUM DIAGNOSES W O.R. PROCEDURE W MCC	817	MS-DRG	inpatient					Aetna	Medicare		42795.79				37213.73	26634.98	94956.47	case rate
OTHER ANTEPARTUM DIAGNOSES W O.R. PROCEDURE W CC	818	MS-DRG	inpatient					Aetna	Medicare		27344.39				23777.73	13856.09	50953.26	case rate
OTHER ANTEPARTUM DIAGNOSES W O.R. PROCEDURE W/O CC/MCC	819	MS-DRG	inpatient					Aetna	Medicare		23546.88				20475.55	10715.41	31498.37	case rate
LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W MCC	820	MS-DRG	inpatient					Aetna	Medicare		96947.8				84302.44	71420.72	204176.86	case rate
LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W CC	821	MS-DRG	inpatient					Aetna	Medicare		42468.74				36929.34	6969	89803.01	case rate
LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W/O CC/MCC	822	MS-DRG	inpatient					Aetna	Medicare		28282.7				24593.65	8721	45375.97	case rate
LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER PROC W MCC	823	MS-DRG	inpatient					Aetna	Medicare		74885.39				65117.73	12547	169704.17	case rate
LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER PROC W CC	824	MS-DRG	inpatient					Aetna	Medicare		42480.16				36939.27	22652	82305.36	case rate
LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER PROC W/O CC/MCC	825	MS-DRG	inpatient					Aetna	Medicare		29033.92				25246.88	15253.4	50972.01	case rate
MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W MCC	826	MS-DRG	inpatient					Aetna	Medicare		73270.13				63713.16	51838.4	185580.89	case rate
MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W CC	827	MS-DRG	inpatient					Aetna	Medicare		43684.11				37986.18	27369.65	84454.51	case rate
MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W/O CC/MCC	828	MS-DRG	inpatient					Aetna	Medicare		34018.24				29581.08	19375.62	61338.95	case rate
MYELOPROLIFERATIVE DISORDERS OR POORLY DIFFERENTIATED NEOPLASMS W OTHER PROCEDURE W CC/MCC	829	MS-DRG	inpatient					Aetna	Medicare		56632.2				48375.83	37251.17	116635.52	case rate
MYELOPROLIFERATIVE DISORDERS OR POORLY DIFFERENTIATED NEOPLASMS W OTHER PROCEDURE W/O CC/MCC	830	MS-DRG	inpatient					Aetna	Medicare		33172.76				28845.88	18676.38	53214.93	case rate
OTHER ANTEPARTUM DIAGNOSES W/O O.R. PROCEDURE W MCC	831	MS-DRG	inpatient					Aetna	Medicare		25012.18				21749.72	11927.27	38590.95	case rate
OTHER ANTEPARTUM DIAGNOSES W/O O.R. PROCEDURE W CC	832	MS-DRG	inpatient					Aetna	Medicare		21126.13				18370.54	8713.36	26960.03	case rate
OTHER ANTEPARTUM DIAGNOSES W/O O.R. PROCEDURE W/O CC/MCC	833	MS-DRG	inpatient					Aetna	Medicare		17899.88				15565.12	6045.14	18014.61	case rate
ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W MCC	834	MS-DRG	inpatient					Aetna	Medicare		90553.87				78742.5	68132.7	206581.05	case rate
ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W CC	835	MS-DRG	inpatient					Aetna	Medicare		42517.29				36971.56	26404.65	80114.95	case rate
ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W/O CC/MCC	836	MS-DRG	inpatient					Aetna	Medicare		27690.01				24078.27	14141.93	45480.99	case rate
CHEMO W ACUTE LEUKEMIA AS SDX OR W HIGH DOSE CHEMO AGENT W MCC	837	MS-DRG	inpatient					Aetna	Medicare		78522.95				68280.83	56182.68	201566.37	case rate
CHEMO W ACUTE LEUKEMIA AS SDX W CC OR HIGH DOSE CHEMO AGENT	838	MS-DRG	inpatient					Aetna	Medicare		36474.14				33455.77	23060.81	88238.97	case rate
CHEMO W ACUTE LEUKEMIA AS SDX W/O CC/MCC	839	MS-DRG	inpatient					Aetna	Medicare		29201.01				25392.19	15391.59	47105.04	case rate
LYMPHOMA & NON-ACUTE LEUKEMIA W MCC	840	MS-DRG	inpatient					Aetna	Medicare		55223.74				48020.65	36913.36	123506.8	case rate
LYMPHOMA & NON-ACUTE LEUKEMIA W CC	841	MS-DRG	inpatient					Aetna	Medicare		33062.79				28750.25	18585.43	61316.44	case rate
LYMPHOMA & NON-ACUTE LEUKEMIA W/O CC/MCC	842	MS-DRG	inpatient					Aetna	Medicare		25820.53				22452.63	12595.8	42049.1	case rate
OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W MCC	843	MS-DRG	inpatient					Aetna	Medicare		37163.07				32315.72	21976.51	69237.92	case rate
OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W CC	844	MS-DRG	inpatient					Aetna	Medicare		27117.31				23580.27	13668.29	44213.25	case rate
OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W/O CC/MCC	845	MS-DRG	inpatient					Aetna	Medicare		22942.76				19950.23	10215.78	32488.56	case rate
CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W MCC	846	MS-DRG	inpatient					Aetna	Medicare		45495.03				39560.9	28867.35	105690.98	case rate
CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W CC	847	MS-DRG	inpatient					Aetna	Medicare		27908.52				24268.28	14322.65	49753.04	case rate
CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W/O CC/MCC	848	MS-DRG	inpatient					Aetna	Medicare		21437.47				18641.28	8970.85	34979.03	case rate
RADIOTHERAPY	849	MS-DRG	inpatient					Aetna	Medicare		42633.33				37089.52	31789.52	73896.29	case rate
INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W MCC	853	MS-DRG	inpatient					Aetna	Medicare		81989.12				71294.89	59049.33	189676.65	case rate
INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W CC	854	MS-DRG	inpatient					Aetna	Medicare		39699.51				34521.31	24074.24	82620.42	case rate
INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W/O CC/MCC	855	MS-DRG	inpatient					Aetna	Medicare		34895.14				30343.6	20100.84	58510.92	case rate
POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W MCC	856	MS-DRG	inpatient					Aetna	Medicare		73835.69				64204.95	52306.14	168342.67	case rate
POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W CC	857	MS-DRG	inpatient					Aetna	Medicare		41091.98				35732.15	25225.86	77140.65	case rate
POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W/O CC/MCC	858	MS-DRG	inpatient					Aetna	Medicare		28919.66				25147.53	15158.9	51763.41	case rate
POSTOPERATIVE & POST-TRAUMATIC INFECTIONS W MCC	862	MS-DRG	inpatient					Aetna	Medicare		36897.43				32084.73	21756.82	68551.54	case rate
POSTOPERATIVE & POST-TRAUMATIC INFECTIONS W/O MCC	863	MS-DRG	inpatient					Aetna	Medicare		24950.77				21696.32	11876.48	36936.89	case rate
FEVER AND INFLAMMATORY CONDITIONS	864	MS-DRG	inpatient					Aetna	Medicare		23198.4				20172.53	10427.21	32417.3	case rate
VIRAL ILLNESS W MCC	865	MS-DRG	inpatient					Aetna	Medicare		34011.1				29574.87	19369.71	51842.18	case rate
VIRAL ILLNESS W/O MCC	866	MS-DRG	inpatient					Aetna	Medicare		23686.54				20605.94	10839.43	30770.74	case rate
OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W MCC	867	MS-DRG	inpatient					Aetna	Medicare		40472.15				35193.17	24713.24	79998.68	case rate
OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W CC	868	MS-DRG	inpatient					Aetna	Medicare		26093.31				22689.83	12821.4	40391.29	case rate
OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W/O CC/MCC	869	MS-DRG	inpatient					Aetna	Medicare		20454.89				17786.86	8158.22	28801.63	case rate
SEPTICEMIA OR SEVERE SEPSIS W MV >96 HOURS	870	MS-DRG	inpatient					Aetna	Medicare		110061.28				95705.46	82266.08	236117.82	case rate
SEPTICEMIA OR SEVERE SEPSIS W/O MV >96 HOURS W MCC	871	MS-DRG	inpatient					Aetna	Medicare		38905.45				33830.82	23417.52	69627.99	case rate
SEPTICEMIA OR SEVERE SEPSIS W/O MV >96 HOURS W/O MCC	872	MS-DRG	inpatient					Aetna	Medicare		25299.25				21999.34	12164.68	39491.12	case rate
O.R. PROCEDURE W PRINCIPAL DIAGNOSES OF MENTAL ILLNESS	876	MS-DRG	inpatient					Aetna	Medicare		63882.75				55550.22	44074.69	123825.61	case rate
ACUTE ADJUSTMENT REACTION & PSYCHOSOCIAL DYSFUNCTION	880	MS-DRG	inpatient					Aetna	Medicare		24223.83				21064.2	2010	21064.2	case rate
DEPRESSIVE NEUROSES	881	MS-DRG	inpatient					Aetna	Medicare		23536.88				20466.85	2010	20466.85	case rate
NEUROSES EXCEPT DEPRESSIVE	882	MS-DRG	inpatient					Aetna	Medicare		24005.32				20874.19	2010	20874.19	case rate
DISORDERS OF PERSONALITY & IMPULSE CONTROL	883	MS-DRG	inpatient					Aetna	Medicare		37374.44				32499.52	2010	32540.07	case rate
ORGANIC DISTURBANCES & INTELLECTUAL DISABILITY	884	MS-DRG	inpatient					Aetna	Medicare		35682.04				31027.88	2010	31027.88	case rate
PSYCHOSES	885	MS-DRG	inpatient					Aetna	Medicare		30105.05				26178.3	2010	26178.3	case rate
BEHAVIORAL & DEVELOPMENTAL DISORDERS	886	MS-DRG	inpatient					Aetna	Medicare		34608.07				30093.98	2010	30093.98	case rate
OTHER MENTAL DISORDER DIAGNOSES	887	MS-DRG	inpatient					Aetna	Medicare		29093.9				25299.04	2010	25299.04	case rate
ALCOHOL/DRUG ABUSE OR DEPENDENCE, LEFT AMA	894	MS-DRG	inpatient					Aetna	Medicare		18795.35				16343.78	2010	94620.59	case rate
ALCOHOL/DRUG ABUSE OR DEPENDENCE W REHABILITATION THERAPY	895	MS-DRG	inpatient					Aetna	Medicare		33566.94				29188.64	2010	29188.64	case rate
ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY W MCC	896	MS-DRG	inpatient					Aetna	Medicare		35984.83				31291.16	2010	31291.16	case rate
ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY W/O MCC	897	MS-DRG	inpatient					Aetna	Medicare		22809.94				19834.73	2010	19834.73	case rate
WOUND DEBRIDEMENTS FOR INJURIES W MCC	901	MS-DRG	inpatient					Aetna	Medicare		72398.95				62955.61	13124	167465	case rate
WOUND DEBRIDEMENTS FOR INJURIES W CC	902	MS-DRG	inpatient					Aetna	Medicare		37507.26				32615.01	22261.17	72028.44	case rate
WOUND DEBRIDEMENTS FOR INJURIES W/O CC/MCC	903	MS-DRG	inpatient					Aetna	Medicare		28321.26				24627.18	14864	56429.51	case rate
SKIN GRAFTS FOR INJURIES W CC/MCC	904	MS-DRG	inpatient					Aetna	Medicare		57094.65				49647.52	38460.67	120997.58	case rate
SKIN GRAFTS FOR INJURIES W/O CC/MCC	905	MS-DRG	inpatient					Aetna	Medicare		33208.47				28876.93	18705.9	66357.38	case rate
HAND PROCEDURES FOR INJURIES	906	MS-DRG	inpatient					Aetna	Medicare		37462.99				32576.51	22224.56	69132.9	case rate
OTHER O.R. PROCEDURES FOR INJURIES W MCC	907	MS-DRG	inpatient					Aetna	Medicare		63711.37				55401.19	43932.95	158133.26	case rate
OTHER O.R. PROCEDURES FOR INJURIES W CC	908	MS-DRG	inpatient					Aetna	Medicare		39212.5				34097.83	23671.47	74743.95	case rate
OTHER O.R. PROCEDURES FOR INJURIES W/O CC/MCC	909	MS-DRG	inpatient					Aetna	Medicare		29960.8				26052.87	16019.96	49711.78	case rate
TRAUMATIC INJURY W MCC	913	MS-DRG	inpatient					Aetna	Medicare		31934.54				27769.16	17652.32	55205.55	case rate
TRAUMATIC INJURY W/O MCC	914	MS-DRG	inpatient					Aetna	Medicare		23654.02				20481.76	10721.32	34762.6	case rate
ALLERGIC REACTIONS W MCC	915	MS-DRG	inpatient					Aetna	Medicare		35926.28				31240.24	20953.64	62895.49	case rate
ALLERGIC REACTIONS W/O MCC	916	MS-DRG	inpatient					Aetna	Medicare		19999.3				17390.69	7781.43	23828.2	case rate
POISONING & TOXIC EFFECTS OF DRUGS W MCC	917	MS-DRG	inpatient					Aetna	Medicare		33382.7				29028.44	18850	55274.07	case rate
POISONING & TOXIC EFFECTS OF DRUGS W/O MCC	918	MS-DRG	inpatient					Aetna	Medicare		22885.63				19900.55	10168.54	29006.7	case rate
COMPLICATIONS OF TREATMENT W MCC	919	MS-DRG	inpatient					Aetna	Medicare		36650.36				31869.88	21552.48	68424.02	case rate
COMPLICATIONS OF TREATMENT W CC	920	MS-DRG	inpatient					Aetna	Medicare		25354.94				22047.78	12210.75	37623.27	case rate
COMPLICATIONS OF TREATMENT W/O CC/MCC	921	MS-DRG	inpatient					Aetna	Medicare		20556.29				17875.03	8242.08	26502.45	case rate
OTHER INJURY, POISONING & TOXIC EFFECT DIAG W MCC	922	MS-DRG	inpatient					Aetna	Medicare		35510.88				30878.85	20659.92	58450.91	case rate
OTHER INJURY, POISONING & TOXIC EFFECT DIAG W/O MCC	923	MS-DRG	inpatient					Aetna	Medicare		25035.03				21769.6	11946.17	37582.48	case rate
EXTENSIVE BURNS OR FULL THICKNESS BURNS W MV >96 HRS W SKIN GRAFT	927	MS-DRG	inpatient					Aetna	Medicare		387038.19				336554.95	298049.51	685947.44	case rate
FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W CC/MCC	928	MS-DRG	inpatient					Aetna	Medicare		109415.79				95144.13	81732.17	220376.13	case rate
FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W/O CC/MCC	929	MS-DRG	inpatient					Aetna	Medicare		56513.38				49142.07	37979.94	111478.31	case rate
EXTENSIVE BURNS OR FULL THICKNESS BURNS W MV >96 HRS W/O SKIN GRAFT	933	MS-DRG	inpatient					Aetna	Medicare		53892.69				46863.21	33318	107281.27	case rate
FULL THICKNESS BURN W/O SKIN GRAFT OR INHAL INJ	934	MS-DRG	inpatient					Aetna	Medicare		40475.01				35195.66	24715.61	68769.08	case rate
NON-EXTENSIVE BURNS	935	MS-DRG	inpatient					Aetna	Medicare		39740.93				34557.33	24108.49	68206.5	case rate
O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W MCC	939	MS-DRG	inpatient					Aetna	Medicare		56510.53				49139.59	37977.58	122974.2	case rate
O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W CC	940	MS-DRG	inpatient					Aetna	Medicare		41533.28				36115.9	25590.84	81558.97	case rate
O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W/O CC/MCC	941	MS-DRG	inpatient					Aetna	Medicare		37097.38				32258.59	21922.18	69440.46	case rate
REHABILITATION W CC/MCC	945	MS-DRG	inpatient					Aetna	Medicare		32148.76				27955.44	17829.49	51193.3	case rate
REHABILITATION W/O CC/MCC	946	MS-DRG	inpatient					Aetna	Medicare		25053.6				21785.74	11961.53	39108.55	case rate
SIGNS & SYMPTOMS W MCC	947	MS-DRG	inpatient					Aetna	Medicare		28465.5				24752.61	14783.3	45218.44	case rate
SIGNS & SYMPTOMS W/O MCC	948	MS-DRG	inpatient					Aetna	Medicare		22030.16				19156.66	9461.03	29262.96	case rate
AFTERCARE W CC/MCC	949	MS-DRG	inpatient					Aetna	Medicare		25387.79				22076.34	12237.92	42990.52	case rate
AFTERCARE W/O CC/MCC	950	MS-DRG	inpatient					Aetna	Medicare		19562.28				17010.68	7420	27938.96	case rate
OTHER FACTORS INFLUENCING HEALTH STATUS	951	MS-DRG	inpatient					Aetna	Medicare		19016.72				16536.27	6968.8	29945.59	case rate
CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA	955	MS-DRG	inpatient					Aetna	Medicare		97589.06				84842.66	71934.52	228676.43	case rate
LIMB REATTACHMENT, HIP & FEMUR PROC FOR MULTIPLE SIGNIFICANT TRAUMA	956	MS-DRG	inpatient					Aetna	Medicare		65977.88				57372.07	45807.44	141918.99	case rate
OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W MCC	957	MS-DRG	inpatient					Aetna	Medicare		113883.07				99028.76	85426.82	284996.94	case rate
OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W CC	958	MS-DRG	inpatient					Aetna	Medicare		68357.22				59441.06	47775.24	156771.76	case rate
OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W/O CC/MCC	959	MS-DRG	inpatient					Aetna	Medicare		46757.54				40658.73	29911.49	91918.4	case rate
OTHER MULTIPLE SIGNIFICANT TRAUMA W MCC	963	MS-DRG	inpatient					Aetna	Medicare		49641.02				43166.1	32296.24	104832.07	case rate
OTHER MULTIPLE SIGNIFICANT TRAUMA W CC	964	MS-DRG	inpatient					Aetna	Medicare		32027.37				27849.88	17729.09	55319.07	case rate
OTHER MULTIPLE SIGNIFICANT TRAUMA W/O CC/MCC	965	MS-DRG	inpatient					Aetna	Medicare		24242.4				21080.35	11290.63	36543.07	case rate
HIV W EXTENSIVE O.R. PROCEDURE W MCC	969	MS-DRG	inpatient					Aetna	Medicare		108743.08				94559.2	81175.85	209990.44	case rate
HIV W EXTENSIVE O.R. PROCEDURE W/O MCC	970	MS-DRG	inpatient					Aetna	Medicare		44929.48				39069.11	28399.62	104558.26	case rate

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.																
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true															
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
HIV W MAJOR RELATED CONDITION W MCC	974	MS-DRG	inpatient					Aetna	Medicare		45428.82			34468.3		102131.56	case rate	
HIV W MAJOR RELATED CONDITION W CC	975	MS-DRG	inpatient					Aetna	Medicare		26139.8			16102.65		48380.28	case rate	
HIV W MAJOR RELATED CONDITION W/O CC/MCC	976	MS-DRG	inpatient					Aetna	Medicare		19706.82			9984.28		35204.07	case rate	
HIV W OR W/O OTHER RELATED CONDITION	977	MS-DRG	inpatient					Aetna	Medicare		26795.52			16726.29		43879.44	case rate	
EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W MCC	981	MS-DRG	inpatient					Aetna	Medicare		78291.59			68079.64		119304.34	case rate	
EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W CC	982	MS-DRG	inpatient					Aetna	Medicare		46094.87			40082.49		92000.92	case rate	
EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W/O CC/MCC	983	MS-DRG	inpatient					Aetna	Medicare		33943.97			29516.5		58852.23	case rate	
NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W MCC	987	MS-DRG	inpatient					Aetna	Medicare		58815.6			51144		124395.83	case rate	
NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W CC	988	MS-DRG	inpatient					Aetna	Medicare		34826.54			30283.99		63933.1	case rate	
NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W/O CC/MCC	989	MS-DRG	inpatient					Aetna	Medicare		26019.05			22625.26		53033.53	case rate	
HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM W MCC	001	MS-DRG	inpatient					Amerihealth	HMO/PPO		397605.24			320075.66		990582.37	case rate	
HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM W/O MCC	002	MS-DRG	inpatient					Amerihealth	HMO/PPO		185457.36			146621.43		503445.21	case rate	
ECMO OR TRACH W MV >96 HRS OR PDX EXC FACE, MOUTH & NECK W MAJ O.R.	003	MS-DRG	inpatient					Amerihealth	HMO/PPO		315081.15			251825.15		686280.58	case rate	
TRACH W MV >96 HRS OR PDX EXC FACE, MOUTH & NECK W/O MAJ O.R.	004	MS-DRG	inpatient					Amerihealth	HMO/PPO		220531.85			173629.34		428299.93	case rate	
LIVER TRANSPLANT W MCC OR INTESTINAL TRANSPLANT	005	MS-DRG	inpatient					Amerihealth	HMO/PPO		158406.35			122249.23		284311	case rate	
LIVER TRANSPLANT W/O MCC	006	MS-DRG	inpatient					Amerihealth	HMO/PPO		79669.77			57131.14		284311	case rate	
LUNG TRANSPLANT	007	MS-DRG	inpatient					Amerihealth	HMO/PPO		185775.85			144884.83		399497.06	case rate	
SIMULTANEOUS PANCREAS/KIDNEY TRANSPLANT	008	MS-DRG	inpatient					Amerihealth	HMO/PPO		85736.65			62148.67		196874.24	case rate	
PANCREAS TRANSPLANT	010	MS-DRG	inpatient					Amerihealth	HMO/PPO		79337.01			56855.93		169302.85	case rate	
TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES OR LARYNGECTOMY W MCC	011	MS-DRG	inpatient					Amerihealth	HMO/PPO		84231.35			60903.74		260411	case rate	
TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES OR LARYNGECTOMY W CC	012	MS-DRG	inpatient					Amerihealth	HMO/PPO		67787.38			47303.96		260411	case rate	
TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES OR LARYNGECTOMY W/O CC/MCC	013	MS-DRG	inpatient					Amerihealth	HMO/PPO		48946.93			31722.2		260411	case rate	
ALLOGENEIC BONE MARROW TRANSPLANT	014	MS-DRG	inpatient					Amerihealth	HMO/PPO		174271.92			135370.65		448219.9	case rate	
AUTOLOGOUS BONE MARROW TRANSPLANT W CC/MCC OR T-CELL IMMUNOTHERAPY	016	MS-DRG	inpatient					Amerihealth	HMO/PPO		98808.74			72959.76		245273.28	case rate	
AUTOLOGOUS BONE MARROW TRANSPLANT W/O CC/MCC	017	MS-DRG	inpatient					Amerihealth	HMO/PPO		98808.71			72959.76		164321.92	case rate	
CHIMERIC ANTIGEN RECEPTOR (CAR) T-CELL IMMUNOTHERAPY	018	MS-DRG	inpatient					Amerihealth	HMO/PPO		536767.79			435168.29		639257.69	case rate	
SIMULTANEOUS PANCREAS AND KIDNEY TRANSPLANT WITH HEMODIALYSIS	019	MS-DRG	inpatient					Amerihealth	HMO/PPO		124751.46			94415.39		138695.22	case rate	
INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W MCC	020	MS-DRG	inpatient					Amerihealth	HMO/PPO		131305.35			99835.69		391021.73	case rate	
INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W CC	021	MS-DRG	inpatient					Amerihealth	HMO/PPO		98300.28			72539.27		296515.34	case rate	
INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W/O CC/MCC	022	MS-DRG	inpatient					Amerihealth	HMO/PPO		60243.77			41065.11		193442.35	case rate	
CRANIOTOMY W MAJOR DEVICE IMPLANT OR ACUTE COMPLEX CNS PDX W MCC OR CHEMOTHERAPY IMPLANT OR EPIL	023	MS-DRG	inpatient					Amerihealth	HMO/PPO		91550.74			68957.14		204791.97	case rate	
CRANIO W MAJOR DEV IMPL/ACUTE COMPLEX CNS PDX W/O MCC	024	MS-DRG	inpatient					Amerihealth	HMO/PPO		64701.1			44751.49		313612.23	case rate	
CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W MCC	025	MS-DRG	inpatient					Amerihealth	HMO/PPO		73658.59			52159.67		160436.19	case rate	
CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W CC	026	MS-DRG	inpatient					Amerihealth	HMO/PPO		52765.86			34880.6		113109.86	case rate	
CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W/O CC/MCC	027	MS-DRG	inpatient					Amerihealth	HMO/PPO		45336.51			28736.25		90230.59	case rate	
SPINAL PROCEDURES W MCC	028	MS-DRG	inpatient					Amerihealth	HMO/PPO		96653.6			71177.4		201592.62	case rate	
SPINAL PROCEDURES W CC OR SPINAL NEUROSTIMULATORS	029	MS-DRG	inpatient					Amerihealth	HMO/PPO		59551.11			40492.25		118360.84	case rate	
SPINAL PROCEDURES W/O CC/MCC	030	MS-DRG	inpatient					Amerihealth	HMO/PPO		43709.82			27390.91		81603.98	case rate	
VENTRICULAR SHUNT PROCEDURES W MCC	031	MS-DRG	inpatient					Amerihealth	HMO/PPO		69382.55			48623.3		158898.03	case rate	
VENTRICULAR SHUNT PROCEDURES W CC	032	MS-DRG	inpatient					Amerihealth	HMO/PPO		41350.48			25439.65		103005.11	case rate	
VENTRICULAR SHUNT PROCEDURES W/O CC/MCC	033	MS-DRG	inpatient					Amerihealth	HMO/PPO		33768.31			19168.92		169398.47	case rate	
CAROTID ARTERY STENT PROCEDURE W MCC	034	MS-DRG	inpatient					Amerihealth	HMO/PPO		66309.22			46081.46		279134.99	case rate	
CAROTID ARTERY STENT PROCEDURE W CC	035	MS-DRG	inpatient					Amerihealth	HMO/PPO		43431.32			27160.59		83276.79	case rate	
CAROTID ARTERY STENT PROCEDURE W/O CC/MCC	036	MS-DRG	inpatient					Amerihealth	HMO/PPO		36414.71			21357.59		64737.08	case rate	
EXTRACRANIAL PROCEDURES W MCC	037	MS-DRG	inpatient					Amerihealth	HMO/PPO		58799.89			39870.97		120389.97	case rate	
EXTRACRANIAL PROCEDURES W CC	038	MS-DRG	inpatient					Amerihealth	HMO/PPO		33439.83			18897.25		62700.45	case rate	
EXTRACRANIAL PROCEDURES W/O CC/MCC	039	MS-DRG	inpatient					Amerihealth	HMO/PPO		26885.95			13476.94		42472.93	case rate	
PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W MCC	040	MS-DRG	inpatient					Amerihealth	HMO/PPO		65582.28			45480.26		147335	case rate	
PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W CC OR PERIPH NEUROSTIM	041	MS-DRG	inpatient					Amerihealth	HMO/PPO		42448.74			26347.96		88456.51	case rate	
PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W/O CC/MCC	042	MS-DRG	inpatient					Amerihealth	HMO/PPO		35437.84			20549.68		102408.62	case rate	
SPINAL DISORDERS & INJURIES W CC/MCC	052	MS-DRG	inpatient					Amerihealth	HMO/PPO		38361.31			22967.5		80333.48	case rate	
SPINAL DISORDERS & INJURIES W/O CC/MCC	053	MS-DRG	inpatient					Amerihealth	HMO/PPO		24640.86			11620.17		98314.19	case rate	
NERVOUS SYSTEM NEOPLASMS W MCC	054	MS-DRG	inpatient					Amerihealth	HMO/PPO		31634.62			17404.27		143596.19	case rate	
NERVOUS SYSTEM NEOPLASMS W/O MCC	055	MS-DRG	inpatient					Amerihealth	HMO/PPO		25917.64			12676.12		39277.33	case rate	
DEGENERATIVE NERVOUS SYSTEM DISORDERS W MCC	056	MS-DRG	inpatient					Amerihealth	HMO/PPO		44780.95			28276.78		79683.62	case rate	
DEGENERATIVE NERVOUS SYSTEM DISORDERS W/O MCC	057	MS-DRG	inpatient					Amerihealth	HMO/PPO		30059.35			16101.46		45342.21	case rate	
MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W MCC	058	MS-DRG	inpatient					Amerihealth	HMO/PPO		35267.89			20409.13		65997.32	case rate	
MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W CC	059	MS-DRG	inpatient					Amerihealth	HMO/PPO		27545.76			14022.64		41231.45	case rate	
MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W/O CC/MCC	060	MS-DRG	inpatient					Amerihealth	HMO/PPO		23406.92			10599.66		31232.08	case rate	
ISCHEMIC STROKE, PRECEREBRAL OCCLUSION OR TRANSIENT ISCHEMIA W THROMBOLYTIC AGENT W MCC	061	MS-DRG	inpatient					Amerihealth	HMO/PPO		50619.32			33105.33		106808.68	case rate	
ISCHEMIC STROKE, PRECEREBRAL OCCLUSION OR TRANSIENT ISCHEMIA W THROMBOLYTIC AGENT W CC	062	MS-DRG	inpatient					Amerihealth	HMO/PPO		37321.6			22107.62		121708.96	case rate	
ISCHEMIC STROKE, PRECEREBRAL OCCLUSION OR TRANSIENT ISCHEMIA W THROMBOLYTIC AGENT W/O CC/MCC	063	MS-DRG	inpatient					Amerihealth	HMO/PPO		31824.57			17561.37		136083.64	case rate	
INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W MCC	064	MS-DRG	inpatient					Amerihealth	HMO/PPO		39196.79			23658.47		215326.95	case rate	
INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W CC OR TPA IN 24 HRS	065	MS-DRG	inpatient					Amerihealth	HMO/PPO		25106.44			12005.23		38688.47	case rate	
INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W/O CC/MCC	066	MS-DRG	inpatient					Amerihealth	HMO/PPO		20409.18			8120.42		27260.09	case rate	
NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT W MCC	067	MS-DRG	inpatient					Amerihealth	HMO/PPO		30826.27			16735.74		56313.01	case rate	
NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT W/O MCC	068	MS-DRG	inpatient					Amerihealth	HMO/PPO		23029.68			10287.83		33707.54	case rate	
TRANSIENT ISCHEMIA W/O THROMBOLYTIC	069	MS-DRG	inpatient					Amerihealth	HMO/PPO		21997.31			9433.86		28711.61	case rate	
NONSPECIFIC CEREBROVASCULAR DISORDERS W MCC	070	MS-DRG	inpatient					Amerihealth	HMO/PPO		36147.64			21136.72		61710.27	case rate	
NONSPECIFIC CEREBROVASCULAR DISORDERS W CC	071	MS-DRG	inpatient					Amerihealth	HMO/PPO		25754.83			12541.47		36974.4	case rate	
NONSPECIFIC CEREBROVASCULAR DISORDERS W/O CC/MCC	072	MS-DRG	inpatient					Amerihealth	HMO/PPO		21773.09			9248.42		27830.19	case rate	
CRANIAL & PERIPHERAL NERVE DISORDERS W MCC	073	MS-DRG	inpatient					Amerihealth	HMO/PPO		32198.75			17870.83		52926.13	case rate	
CRANIAL & PERIPHERAL NERVE DISORDERS W/O MCC	074	MS-DRG	inpatient					Amerihealth	HMO/PPO		25246.4			12120.98		36528.07	case rate	
VIRAL MENINGITIS W CC/MCC	075	MS-DRG	inpatient					Amerihealth	HMO/PPO		37922.86			22604.89		55570.37	case rate	
VIRAL MENINGITIS W/O CC/MCC	076	MS-DRG	inpatient					Amerihealth	HMO/PPO		23765.39			10896.13		30935.77	case rate	
HYPERTENSIVE ENCEPHALOPATHY W MCC	077	MS-DRG	inpatient					Amerihealth	HMO/PPO		32168.76			17846.03		58210.86	case rate	
HYPERTENSIVE ENCEPHALOPATHY W CC	078	MS-DRG	inpatient					Amerihealth	HMO/PPO		25113.58			12011.13		36385.54	case rate	
HYPERTENSIVE ENCEPHALOPATHY W/O CC/MCC	079	MS-DRG	inpatient					Amerihealth	HMO/PPO		21170.4			8749.97		27998.98	case rate	
NONTRAUMATIC STUPOR & COMA W MCC	080	MS-DRG	inpatient					Amerihealth	HMO/PPO		42134.54			26088.1		70468.15	case rate	
NONTRAUMATIC STUPOR & COMA W/O MCC	081	MS-DRG	inpatient					Amerihealth	HMO/PPO		23579.73			10742.58		32083.48	case rate	
TRAUMATIC STUPOR & COMA, COMA >1 HR W MCC	082	MS-DRG	inpatient					Amerihealth	HMO/PPO		43128.55			26910.19		80962.61	case rate	
TRAUMATIC STUPOR & COMA, COMA >1 HR W CC	083	MS-DRG	inpatient					Amerihealth	HMO/PPO		29962.23			16021.15		48571.57	case rate	
TRAUMATIC STUPOR & COMA, COMA >1 HR W/O CC/MCC	084	MS-DRG	inpatient					Amerihealth	HMO/PPO		23725.4			10863.05		34630.21	case rate	
TRAUMATIC STUPOR & COMA, COMA <1 HR W MCC	085	MS-DRG	inpatient					Amerihealth	HMO/PPO		43050			26845.22		81765.26	case rate	
TRAUMATIC STUPOR & COMA, COMA <1 HR W CC	086	MS-DRG	inpatient					Amerihealth	HMO/PPO		29400.96			15556.95		46624.95	case rate	
TRAUMATIC STUPOR & COMA, COMA <1 HR W/O CC/MCC	087	MS-DRG	inpatient					Amerihealth	HMO/PPO		23246.96			10467.37		31704.67	case rate	
CONCUSSION W MCC	088	MS-DRG	inpatient					Amerihealth	HMO/PPO		32495.81			18116.51		55495.36	case rate	
CONCUSSION W CC	089	MS-DRG	inpatient					Amerihealth	HMO/PPO		27013.05			13582.07		40038.72	case rate	
CONCUSSION W/O CC/MCC	090	MS-DRG	inpatient					Amerihealth	HMO/PPO		23941.05			11041.41		29758.05	case rate	
OTHER DISORDERS OF NERVOUS SYSTEM W MCC	091	MS-DRG	inpatient					Amerihealth	HMO/PPO		36143.36			21133.17		60461.26	case rate	
OTHER DISORDERS OF NERVOUS SYSTEM W CC	092	MS-DRG	inpatient					Amerihealth	HMO/PPO		25244.98			12119.8		35380.35	case rate	
OTHER DISORDERS OF NERVOUS SYSTEM W/O CC/MCC	093	MS-DRG	inpatient					Amerihealth	HMO/PPO		21650.27			9146.84		27672.66	case rate	
BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W MCC	094	MS-DRG	inpatient					Amerihealth	HMO/PPO		62328.9			42789.59		137947	case rate	
BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W CC	095	MS-DRG	inpatient					Amerihealth	HMO/PPO		44640.99			28161.03		89300.42	case rate	
BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W/O CC/MCC	096	MS-DRG	inpatient					Amerihealth	HMO/PPO		41720.31			25745.57		79177.28	case rate	
NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W MCC	097	MS-DRG	inpatient					Amerihealth	HMO/PPO		62531.7			42957.32		132733.52	case rate	
NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W CC	098	MS-DRG	inpatient					Amerihealth	HMO/PPO		41360.47			25447.92		69406.7	case rate	
NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W/O CC/MCC	099	MS-DRG	inpatient					Amerihealth	HMO/PPO		29445.23			15593.57		47742.66	case rate	
SEIZURES W MCC	100	MS-DRG	inpatient					Amerihealth	HMO/PPO		38904.02			23416.34		67977.69	case rate	
SEIZURES W/O MCC	101	MS-DRG	inpatient					Amerihealth	HMO/PPO		23581.15			10743.76		32604.84	case rate	
HEADACHES W MCC	102	MS-DRG	inpatient					Amerihealth	HMO/PPO		27822.83			14251.78		40376.29	case rate	
HEADACHES W/O MCC	103	MS-DRG	inpatient					Amerihealth	HMO/PPO		22621.42			9950.02		29307.97	case rate	
ORBITAL PROCEDURES W CC/MCC	113	MS-DRG	inpatient					Amerihealth	HMO/PPO		46399.07			29615.02		86367.37	case rate	
ORBITAL PROCEDURES W/O CC/MCC	114	MS-DRG	inpatient					Amerihealth	HMO/PPO		28182.73			14549.43		47075.04	case rate	
EXTRAOCULAR PROCEDURES EXCEPT ORBIT	115	MS-DRG	inpatient					Amerihealth	HMO/PPO		32932.83			18477.94		51088.26	case rate	
INTRAOCULAR PROCEDURES W CC/MCC	116	MS-DRG	inpatient					Amerihealth	HMO/PPO		36737.48			21624.53		64061.56	case rate	
INTRAOCULAR PROCEDURES W/O CC/MCC	117	MS-DRG	inpatient					Amerihealth	HMO/PPO		27705.72			14154.93		37600.77	case rate	
ACUTE MAJOR EYE INFECTIONS W CC/MCC	121	MS-DRG	inpatient					Amerihealth	HMO/PPO		28888.24			15132.92		39731.17	case rate	
ACUTE MAJOR EYE INFECTIONS W/O CC/MCC	122	MS-DRG	inpatient					Amerihealth	HMO/PPO		21223.24			8793.68		26472.44	case rate	
NEUROLOGICAL EYE DISORDERS	123	MS-DRG	inpatient					Amerihealth	HMO/PPO		22073			9496.46		28239.02	case rate	
OTHER DISORDERS OF THE EYE W MCC	124	MS-DRG	inpatient					Amerihealth	HMO/PPO		29469.51			15613.65		49933.07	case rate	
OTHER DISORDERS OF THE EYE W/O MCC	125	MS-DRG	inpatient					Amerihealth	HMO/PPO		21980.17			9419.69		30388.17	case rate	
SINUS & MASTOID PROCEDURES W CC/MCC	135	MS-DRG	inpatient					Amerihealth	HMO/PPO		48467.06			31325.33		86198.59	case rate	
SINUS & MASTOID PROCEDURES W/O CC/MCC	136	MS-DRG	inpatient					Amerihealth	HMO/PPO		24002.47			11092.2		45477.24	case rate	
MOUTH PROCEDURES W CC/MCC	137	MS-DRG	inpatient					Amerihealth	HMO/PPO		32080.21			17772.79		51650.89	case rate	
MOUTH PROCEDURES W/O CC/MCC	138	MS-DRG	inpatient					Amerihealth	HMO/PPO		22954.19			10225.23		31700.92	case rate	
SALIVARY GLAND PROCEDURES	139	MS-DRG	inpatient					Amerihealth	HMO/PPO		27552.9			14028.54		43523.12	case rate	
MAJOR HEAD AND NECK PROCEDURES WITH MCC	140	MS-DRG	inpatient					Amerihealth	HMO/PPO		64548.28			44625.1		65553.81	case rate	
MAJOR HEAD AND NECK PROCEDURES WITH CC	141	MS-DRG	inpatient					Amerihealth	HMO/PPO		40177.95			24469.93		35946.07	case rate	
MAJOR HEAD AND NECK PROCEDURES WITHOUT COMPLICATIONS	142	MS-DRG	inpatient					Amerihealth	HMO/PPO		32655.76			18248.8		28396.32	case rate	
OTHER EAR, NOSE, MOUTH AND THROAT O.R. PROCEDURES WITH MCC	143	MS-DRG	inpatient					Amerihealth	HMO/PPO		58085.8			39280.39		57702.49	case rate	
OTHER EAR, NOSE, MOUTH AND THROAT O.R. PROCEDURES WITH CC	144	MS-DRG	inpatient					Amerihealth	HMO/PPO		35305.02			20439.84		30700.02	case rate	
OTHER EAR, NOSE, MOUTH AND THROAT O.R. PROCEDURES WITHOUT CC/MCC	145	MS-DRG	inpatient					Amerihealth	HMO/PPO		28029.91			14423.05		24373.84	case rate	
EAR, NOSE, MOUTH & THROAT MALIGNANCY W MCC	146	MS-DRG	inpatient					Amerihealth	HMO/PPO		40739.22			24934.12		72128.71	case rate	
EAR, NOSE, MOUTH & THROAT MALIGNANCY W CC	147	MS-DRG	inpatient					Amerihealth	HMO/PPO		28239.85			14596.68		46902.5	case rate	
EAR, NOSE, MOUTH & THROAT MALIGNANCY W/O CC/MCC	148	MS-DRG	inpatient					Amerihealth	HMO/PPO		23296.95			10508.71		27147.57	case rate	
DYSEQUILIBRIUM	149	MS-DRG	inpatient					Amerihealth	HMO/PPO		21226.1			8796.04		26671.23	case rate	
EPISTAXIS W MCC	150	MS-DRG	inpatient					Amerihealth	HMO/PPO		29363.83			15528.24		49790.54	case rate	
EPISTAXIS W/O MCC	151	MS-DRG	inpatient					Amerihealth	HMO/PPO		21597.42			9103.14		26397.43	case rate	
OTITIS MEDIA & URI W MCC	152	MS-DRG	inpatient					Amerihealth	HMO/PPO		27560.04			14034.45		39086.04	case rate	
OTITIS MEDIA & URI W/O MCC	153	MS-DRG	inpatient					Amerihealth	HMO/PPO		21084.71			8679.1		26697.48	case rate	
OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W MCC	154	MS-DRG	inpatient					Amerihealth	HMO/PPO		32558.65			18168.48		54253.88	case rate	
OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W CC	155	MS-DRG	inpatient					Amerihealth	HMO/PPO		24109.58			11180.78		33129.93	case rate	
OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W/O CC/MCC	156	MS-DRG	inpatient					Amerihealth	HMO/PPO		19952.17			7742.45		24750.87	case rate	
DENTAL & ORAL DISEASES W MCC	157	MS-DRG	inpatient					Amerihealth	HMO/PPO		34969.4			20162.26		62749.21	case rate	
DENTAL & ORAL DISEASES W CC	158	MS-DRG	inpatient					Amerihealth	HMO/PPO		23993.2			11085.11		33392.48	case rate	
DENTAL & ORAL DISEASES W/O CC/MCC	159	MS-DRG	inpatient					Amerihealth	HMO/PPO		20233.52			7975.14		25444.75	case rate	
MAJOR CHEST PROCEDURES W MCC	163	MS-DRG	inpatient					Amerihealth	HMO/PPO		77908.84			55674.78		184508.19	case rate	
MAJOR CHEST PROCEDURES W CC	164	MS-DRG	inpatient					Amerihealth	HMO/PPO		47014.61			30124.1		96353.73	case rate	
MAJOR CHEST PROCEDURES W/O CC/MCC	165	MS-DRG	inpatient					Amerihealth	HMO/PPO		37388.73			22163.14		69477.97	case rate	
OTHER RESP SYSTEM O.R. PROCEDURES W MCC	166	MS-DRG	inpatient					Amerihealth	HMO/PPO		68542.88			47928.79		131199.49	case rate	
OTHER RESP SYSTEM O.R. PROCEDURES W CC	167	MS-DRG	inpatient					Amerihealth	HMO/PPO		36580.38			21494.6		71173.28	case rate	
OTHER RESP SYSTEM O.R. PROCEDURES W/O CC/MCC	168	MS-DRG	inpatient					Amerihealth	HMO/PPO		29952.23			16012.88		50319.39	case rate	
ULTRASOUND ACCELERATED AND OTHER THROMBOLYSIS WITH PRINCIPAL DIAGNOSIS PULMONARY EMBOLISM	173	MS-DRG	inpatient					Amerihealth	HMO/PPO		54508.8			36320.42		53354.33	case rate	
PULMONARY EMBOLISM W MCC OR ACUTE COR PULMONALE	175	MS-DRG	inpatient					Amerihealth	HMO/PPO		30627.76			16571.56		54944	case rate	
PULMONARY EMBOLISM W/O MCC	176	MS-DRG	inpatient					Amerihealth	HMO/PPO		22238.67			9633.48		33718.79	case rate	
RESPIRATORY INFECTIONS & INFLAMMATIONS W MCC	177	MS-DRG	inpatient					Amerihealth	HMO/PPO		34818.02			20037.06		69042.89	case rate	
RESPIRATORY INFECTIONS & INFLAMMATIONS W CC	178	MS-DRG	inpatient					Amerihealth	HMO/PPO		24682.28			11654.43		47798.92	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.													
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true												
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
RESPIRATORY INFECTIONS & INFLAMMATIONS W/O CC/MCC	179	MS-DRG	inpatient				21481.74	Ameihealth	HMO/PPO		9015.73				9015.73	34562.7	case rate	
RESPIRATORY NEOPLASMS W MCC	180	MS-DRG	inpatient				35414.99	Ameihealth	HMO/PPO		20530.78				20530.78	63611.87	case rate	
RESPIRATORY NEOPLASMS W CC	181	MS-DRG	inpatient				26316.11	Ameihealth	HMO/PPO		13005.66				13005.66	42791.74	case rate	
RESPIRATORY NEOPLASMS W/O CC/MCC	182	MS-DRG	inpatient				21430.33	Ameihealth	HMO/PPO		8964.94				8964.94	29821.82	case rate	
MAJOR CHEST TRAUMA W MCC	183	MS-DRG	inpatient				33077.07	Ameihealth	HMO/PPO		18597.24				18597.24	55919.19	case rate	
MAJOR CHEST TRAUMA W CC	184	MS-DRG	inpatient				25613.44	Ameihealth	HMO/PPO		12424.54				12424.54	37672.03	case rate	
MAJOR CHEST TRAUMA W/O CC/MCC	185	MS-DRG	inpatient				21383.2	Ameihealth	HMO/PPO		8925.97				8925.97	27466.38	case rate	
PLEURAL EFFUSION W MCC	186	MS-DRG	inpatient				32757.16	Ameihealth	HMO/PPO		18332.66				18332.66	58492.17	case rate	
PLEURAL EFFUSION W CC	187	MS-DRG	inpatient				24819.38	Ameihealth	HMO/PPO		11767.82				11767.82	39532.38	case rate	
PLEURAL EFFUSION W/O CC/MCC	188	MS-DRG	inpatient				21251.81	Ameihealth	HMO/PPO		8817.3				8817.3	28775.37	case rate	
PULMONARY EDEMA & RESPIRATORY FAILURE	189	MS-DRG	inpatient				28185.58	Ameihealth	HMO/PPO		14551.79				14551.79	46332.4	case rate	
CHRONIC OBSTRUCTIVE PULMONARY DISEASE W MCC	190	MS-DRG	inpatient				26328.96	Ameihealth	HMO/PPO		13016.3				13016.3	44659.58	case rate	
CHRONIC OBSTRUCTIVE PULMONARY DISEASE W CC	191	MS-DRG	inpatient				22715.68	Ameihealth	HMO/PPO		10027.98				10027.98	34277.65	case rate	
CHRONIC OBSTRUCTIVE PULMONARY DISEASE W/O CC/MCC	192	MS-DRG	inpatient				19756.51	Ameihealth	HMO/PPO		7580.63				7580.63	27158.82	case rate	
SIMPLE PNEUMONIA & PLEURISY W MCC	193	MS-DRG	inpatient				29536.63	Ameihealth	HMO/PPO		15669.16				15669.16	49385.47	case rate	
SIMPLE PNEUMONIA & PLEURISY W CC	194	MS-DRG	inpatient				22332.93	Ameihealth	HMO/PPO		9711.43				9711.43	33763.8	case rate	
SIMPLE PNEUMONIA & PLEURISY W/O CC/MCC	195	MS-DRG	inpatient				19525.14	Ameihealth	HMO/PPO		7389.29				7389.29	25799.81	case rate	
INTERSTITIAL LUNG DISEASE W MCC	196	MS-DRG	inpatient				37660.08	Ameihealth	HMO/PPO		22387.56				22387.56	61440.22	case rate	
INTERSTITIAL LUNG DISEASE W CC	197	MS-DRG	inpatient				24836.52	Ameihealth	HMO/PPO		11781.99				11781.99	37570.76	case rate	
INTERSTITIAL LUNG DISEASE W/O CC/MCC	198	MS-DRG	inpatient				21704.54	Ameihealth	HMO/PPO		9191.72				9191.72	28449.06	case rate	
PNEUMOTHORAX W MCC	199	MS-DRG	inpatient				35927.71	Ameihealth	HMO/PPO		20954.82				20954.82	66867.48	case rate	
PNEUMOTHORAX W CC	200	MS-DRG	inpatient				25971.92	Ameihealth	HMO/PPO		12721.01				12721.01	40312.52	case rate	
PNEUMOTHORAX W/O CC/MCC	201	MS-DRG	inpatient				20674.82	Ameihealth	HMO/PPO		8340.11				8340.11	27891.99	case rate	
BRONCHITIS & ASTHMA W CC/MCC	202	MS-DRG	inpatient				24265.25	Ameihealth	HMO/PPO		11309.53				11309.53	38695.65	case rate	
BRONCHITIS & ASTHMA W/O CC/MCC	203	MS-DRG	inpatient				20514.87	Ameihealth	HMO/PPO		8207.83				8207.83	50775.53	case rate	
RESPIRATORY SIGNS & SYMPTOMS	204	MS-DRG	inpatient				22342.93	Ameihealth	HMO/PPO		9719.7				9719.7	96731.64	case rate	
OTHER RESPIRATORY SYSTEM DIAGNOSES W MCC	205	MS-DRG	inpatient				36444.7	Ameihealth	HMO/PPO		21382.39				21382.39	56931.88	case rate	
OTHER RESPIRATORY SYSTEM DIAGNOSES W/O MCC	206	MS-DRG	inpatient				23636.85	Ameihealth	HMO/PPO		10788.82				10788.82	32387.29	case rate	
RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT >96 HOURS	207	MS-DRG	inpatient				109248.65	Ameihealth	HMO/PPO		81593.98				49635	209907.93	case rate	
RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT <=96 HOURS	208	MS-DRG	inpatient				49205.43	Ameihealth	HMO/PPO		31935.99				31935.99	91419.56	case rate	
CONCOMITANT AORTIC AND MITRAL VALVE PROCEDURES	212	MS-DRG	inpatient				164414.67	Ameihealth	HMO/PPO		127218.34				37458	186882.42	case rate	
OTHER HEART ASSIST SYSTEM IMPLANT	215	MS-DRG	inpatient				156475.46	Ameihealth	HMO/PPO		120652.31				120652.31	483318.95	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W MCC	216	MS-DRG	inpatient				149198.92	Ameihealth	HMO/PPO		114634.35				78485	368352.5	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W CC	217	MS-DRG	inpatient				101497.96	Ameihealth	HMO/PPO		75183.87				75183.87	238649.54	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W/O CC/MCC	218	MS-DRG	inpatient				91945.2	Ameihealth	HMO/PPO		67286.69				67286.69	221490.09	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W MCC	219	MS-DRG	inpatient				120719.73	Ameihealth	HMO/PPO		91080.99				57338	288488.84	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W CC	220	MS-DRG	inpatient				85492.43	Ameihealth	HMO/PPO		61946.7				57338	195235.19	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W/O CC/MCC	221	MS-DRG	inpatient				76980.52	Ameihealth	HMO/PPO		54907.03				17199	172809.75	case rate	
OTHER CARDIOTHORACIC PROCEDURES W MCC	228	MS-DRG	inpatient				82551.82	Ameihealth	HMO/PPO		59514.71				59514.71	246653.53	case rate	
OTHER CARDIOTHORACIC PROCEDURES W/O MCC	229	MS-DRG	inpatient				56000.67	Ameihealth	HMO/PPO		37555.91				37555.91	174347.54	case rate	
CORONARY BYPASS W PTCA W MCC	231	MS-DRG	inpatient				126489.55	Ameihealth	HMO/PPO		95852.85				19424	315017.54	case rate	
CORONARY BYPASS W PTCA W/O MCC	232	MS-DRG	inpatient				96546.77	Ameihealth	HMO/PPO		70262.01				27830	231058.12	case rate	
CORONARY BYPASS W CARDIAC CATH W MCC	233	MS-DRG	inpatient				121982.24	Ameihealth	HMO/PPO		92125.13				53769	286467.21	case rate	
CORONARY BYPASS W CARDIAC CATH W/O MCC	234	MS-DRG	inpatient				84825.47	Ameihealth	HMO/PPO		61395.1				61395.1	193056.03	case rate	
CORONARY BYPASS W/O CARDIAC CATH W MCC	235	MS-DRG	inpatient				94575.61	Ameihealth	HMO/PPO		69458.82				47567	217911.92	case rate	
CORONARY BYPASS W/O CARDIAC CATH W/O MCC	236	MS-DRG	inpatient				68305.8	Ameihealth	HMO/PPO		47732.71				33990	147263.73	case rate	
AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W MCC	239	MS-DRG	inpatient				79239.89	Ameihealth	HMO/PPO		56775.61				56775.61	176631.72	case rate	
AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W CC	240	MS-DRG	inpatient				50710.72	Ameihealth	HMO/PPO		33180.92				33180.92	102952.96	case rate	
AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W/O CC/MCC	241	MS-DRG	inpatient				30439.24	Ameihealth	HMO/PPO		16415.65				15559	59861.17	case rate	
PERMANENT CARDIAC PACEMAKER IMPLANT W MCC	242	MS-DRG	inpatient				59935.28	Ameihealth	HMO/PPO		40809.98				20528	140159.91	case rate	
PERMANENT CARDIAC PACEMAKER IMPLANT W CC	243	MS-DRG	inpatient				43118.55	Ameihealth	HMO/PPO		26901.92				19748	95804.13	case rate	
PERMANENT CARDIAC PACEMAKER IMPLANT W/O CC/MCC	244	MS-DRG	inpatient				36718.91	Ameihealth	HMO/PPO		21609.18				19748	91806.34	case rate	
AICD GENERATOR PROCEDURES	245	MS-DRG	inpatient				75306.71	Ameihealth	HMO/PPO		53522.72				53522.72	187998.63	case rate	
PERC CARDIOVASC PROC W/O CORONARY ARTERY STENT W MCC	250	MS-DRG	inpatient				44163.98	Ameihealth	HMO/PPO		27766.52				27766.52	97023.11	case rate	
PERC CARDIOVASC PROC W/O CORONARY ARTERY STENT W/O MCC	251	MS-DRG	inpatient				33254.17	Ameihealth	HMO/PPO		18743.7				18743.7	62929.24	case rate	
OTHER VASCULAR PROCEDURES W MCC	252	MS-DRG	inpatient				58488.55	Ameihealth	HMO/PPO		39613.48				39613.48	122265.32	case rate	
OTHER VASCULAR PROCEDURES W CC	253	MS-DRG	inpatient				47024.61	Ameihealth	HMO/PPO		30132.37				30132.37	97304.41	case rate	
OTHER VASCULAR PROCEDURES W/O CC/MCC	254	MS-DRG	inpatient				35370.72	Ameihealth	HMO/PPO		20494.17				20494.17	67887.67	case rate	
UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W MCC	255	MS-DRG	inpatient				49828.11	Ameihealth	HMO/PPO		32450.97				32450.97	95279.03	case rate	
UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W CC	256	MS-DRG	inpatient				34008.24	Ameihealth	HMO/PPO		19367.35				19367.35	65588.49	case rate	
UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W/O CC/MCC	257	MS-DRG	inpatient				24743.69	Ameihealth	HMO/PPO		11705.22				11705.22	42236.63	case rate	
CARDIAC PACEMAKER DEVICE REPLACEMENT W MCC	258	MS-DRG	inpatient				49273.98	Ameihealth	HMO/PPO		31992.68				15797	112100.92	case rate	
CARDIAC PACEMAKER DEVICE REPLACEMENT W/O MCC	259	MS-DRG	inpatient				37248.77	Ameihealth	HMO/PPO		22047.38				15797	78652.18	case rate	
CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W MCC	260	MS-DRG	inpatient				57937.27	Ameihealth	HMO/PPO		39157.55				12982	135756.59	case rate	
CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W CC	261	MS-DRG	inpatient				37465.85	Ameihealth	HMO/PPO		22226.92				12982	74706.44	case rate	
CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W/O CC/MCC	262	MS-DRG	inpatient				34088.22	Ameihealth	HMO/PPO		19433.49				12982	61170.17	case rate	
VEIN LIGATION & STRIPPING	263	MS-DRG	inpatient				50939.23	Ameihealth	HMO/PPO		33369.91				33369.91	89724.25	case rate	
OTHER CIRCULATORY SYSTEM O.R. PROCEDURES	264	MS-DRG	inpatient				57234.61	Ameihealth	HMO/PPO		38576.42				38576.42	118469.61	case rate	
AICD LEAD PROCEDURES	265	MS-DRG	inpatient				61063.54	Ameihealth	HMO/PPO		41743.09				41743.09	116898.07	case rate	
ENDOVASCULAR CARDIAC VALVE REPLACEMENT & SUPPLEMENT PROCEDURES W MCC	266	MS-DRG	inpatient				99795.58	Ameihealth	HMO/PPO		73775.94				73775.94	269731.59	case rate	
ENDOVASCULAR CARDIAC VALVE REPLACEMENT & SUPPLEMENT PROCEDURES W/O MCC	267	MS-DRG	inpatient				80268.17	Ameihealth	HMO/PPO		57642.58				57642.58	219344.69	case rate	
AORTIC AND HEART ASSIST PROCEDURES EXCEPT PULSATION BALLOON W MCC	268	MS-DRG	inpatient				108487.84	Ameihealth	HMO/PPO		80994.43				80994.43	251435.68	case rate	
AORTIC AND HEART ASSIST PROCEDURES EXCEPT PULSATION BALLOON W/O MCC	269	MS-DRG	inpatient				69982.48	Ameihealth	HMO/PPO		49119.39				49119.39	155687.81	case rate	
OTHER MAJOR CARDIOVASCULAR PROCEDURES W MCC	270	MS-DRG	inpatient				82811.75	Ameihealth	HMO/PPO		59729.68				59729.68	189849.18	case rate	
OTHER MAJOR CARDIOVASCULAR PROCEDURES W CC	271	MS-DRG	inpatient				59950.99	Ameihealth	HMO/PPO		40822.98				40822.98	131041.96	case rate	
OTHER MAJOR CARDIOVASCULAR PROCEDURES W/O CC/MCC	272	MS-DRG	inpatient				45430.77	Ameihealth	HMO/PPO		28814.2				28814.2	98197.08	case rate	
PERCUTANEOUS INTRACARDIAC PROCEDURES W MCC	273	MS-DRG	inpatient				66246.38	Ameihealth	HMO/PPO		46029.49				46029.49	136994.32	case rate	
PERCUTANEOUS INTRACARDIAC PROCEDURES W/O MCC	274	MS-DRG	inpatient				56874.71	Ameihealth	HMO/PPO		38278.77				38278.77	111707.1	case rate	
CARDIAC DEFIBRILLATOR IMPLANT WITH CARDIAC CATHETERIZATION AND MCC	275	MS-DRG	inpatient				111073.86	Ameihealth	HMO/PPO		83103.49				83103.49	122078.17	case rate	
CARDIAC DEFIBRILLATOR IMPLANT WITH MCC	276	MS-DRG	inpatient				99282.86	Ameihealth	HMO/PPO		73351.9				73351.9	107753.18	case rate	
CARDIAC DEFIBRILLATOR IMPLANT WITHOUT MCC	277	MS-DRG	inpatient				76891.42	Ameihealth	HMO/PPO		56487.41				56487.41	82979.42	case rate	
ULTRASOUND ACCELERATED AND OTHER THROMBOLYSIS OF PERIPHERAL VASCULAR STRUCTURES WITH MCC	278	MS-DRG	inpatient				74292.7	Ameihealth	HMO/PPO		52684.1				52684.1	77392.4	case rate	
ULTRASOUND ACCELERATED AND OTHER THROMBOLYSIS OF PERIPHERAL VASCULAR STRUCTURES WITHOUT MCC	279	MS-DRG	inpatient				56300.54	Ameihealth	HMO/PPO		37803.95				37803.95	55533.61	case rate	
ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W MCC	280	MS-DRG	inpatient				33248.45	Ameihealth	HMO/PPO		18738.98				18738.98	62152.85	case rate	
ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W CC	281	MS-DRG	inpatient				23629.71	Ameihealth	HMO/PPO		10783.92				10783.92	36741.86	case rate	
ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W/O CC/MCC	282	MS-DRG	inpatient				20846.2	Ameihealth	HMO/PPO		8481.85				8481.85	28092.74	case rate	
ACUTE MYOCARDIAL INFARCTION, EXPIRED W MCC	283	MS-DRG	inpatient				38745.49	Ameihealth	HMO/PPO		23285.23				23285.23	67688.88	case rate	
ACUTE MYOCARDIAL INFARCTION, EXPIRED W CC	284	MS-DRG	inpatient				21154.69	Ameihealth	HMO/PPO		8736.98				8736.98	28752.87	case rate	
ACUTE MYOCARDIAL INFARCTION, EXPIRED W/O CC/MCC	285	MS-DRG	inpatient				17569.98	Ameihealth	HMO/PPO		5772.29				5772.29	22369.17	case rate	
CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W MCC	286	MS-DRG	inpatient				41376.18	Ameihealth	HMO/PPO		25460.91				13521	81795.27	case rate	
CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W/O MCC	287	MS-DRG	inpatient				26037.61	Ameihealth	HMO/PPO		12775.34				9969	42716.72	case rate	
ACUTE & SUBACUTE ENDOCARDITIS W MCC	288	MS-DRG	inpatient				47623.01	Ameihealth	HMO/PPO		30627.27				30627.27	101047.61	case rate	
ACUTE & SUBACUTE ENDOCARDITIS W CC	289	MS-DRG	inpatient				31694.6	Ameihealth	HMO/PPO		17453.88				17453.88	64133.22	case rate	
ACUTE & SUBACUTE ENDOCARDITIS W/O CC/MCC	290	MS-DRG	inpatient				25232.12	Ameihealth	HMO/PPO		12109.17				12109.17	37934.58	case rate	
HEART FAILURE & SHOCK W MCC	291	MS-DRG	inpatient				28926.8	Ameihealth	HMO/PPO		15164.81				15164.81	50461.52	case rate	
HEART FAILURE & SHOCK W CC	292	MS-DRG	inpatient				22822.8	Ameihealth	HMO/PPO		10116.57				10116.57	34498.94	case rate	
HEART FAILURE & SHOCK W/O CC/MCC	293	MS-DRG	inpatient				18609.69	Ameihealth	HMO/PPO		6632.17				6632.17	24964.66	case rate	
DEEP VEIN THROMBOPHLEBITIS W CC/MCC	294	MS-DRG	inpatient				26210.42	Ameihealth	HMO/PPO		12918.26				12918.26	41538.13	case rate	
DEEP VEIN THROMBOPHLEBITIS W/O CC/MCC	295	MS-DRG	inpatient				19609.41	Ameihealth	HMO/PPO		7458.97				7458.97	20677.61	case rate	
CARDIAC ARREST, UNEXPLAINED W MCC	296	MS-DRG	inpatient				33486.96	Ameihealth	HMO/PPO		18936.23				18936.23	57592	case rate	
CARDIAC ARREST, UNEXPLAINED W CC	297	MS-DRG	inpatient				20996.16	Ameihealth	HMO/PPO		8605.87				8605.87	24469.57	case rate	
CARDIAC ARREST, UNEXPLAINED W/O CC/MCC	298	MS-DRG	inpatient				16858.75	Ameihealth	HMO/PPO		5184.08				5184.08	18097.13	case rate	
PERIPHERAL VASCULAR DISORDERS W MCC	299	MS-DRG	inpatient				33101.35	Ameihealth	HMO/PPO		18617.32				18617.32	54400.15	case rate	
PERIPHERAL VASCULAR DISORDERS W CC	300	MS-DRG	inpatient				25829.1	Ameihealth	HMO/PPO		12602.89				12602.89	38395.92	case rate	
PERIPHERAL VASCULAR DISORDERS W/O CC/MCC	301	MS-DRG	inpatient				20727.67	Ameihealth	HMO/PPO		8383.82				8383.82	27237.58	case rate	
ATHEROSCLEROSIS W MCC	302	MS-DRG	inpatient				26601.74	Ameihealth	HMO/PPO		13241.9				13241.9	40113.74	case rate	
ATHEROSCLEROSIS W/O MCC	303	MS-DRG	inpatient				19989.3	Ameihealth	HMO/PPO		7773.16				7773.16	24960.91	case rate	
HYPERTENSION W MCC	304	MS-DRG	inpatient				27000.2	Ameihealth	HMO/PPO		13571.44				13571.44	40548.82	case rate	
HYPERTENSION W/O MCC	305	MS-DRG	inpatient				21351.78	Ameihealth	HMO/PPO		8899.98				8899.98	27001.29	case rate	
CARDIAC CONGENITAL & VALVULAR DISORDERS W MCC	306	MS-DRG	inpatient				32538.65	Ameihealth	HMO/PPO		18151.94				18151.94	52839.86	case rate	
CARDIAC CONGENITAL & VALVULAR DISORDERS W/O MCC	307	MS-DRG	inpatient				24052.45	Ameihealth	HMO/PPO		11133.54				11133.54	32105.99	case rate	
CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W MCC	308	MS-DRG	inpatient				27759.99	Ameihealth	HMO/PPO		14199.81				14199.81	45143.43	case rate	
CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC	309	MS-DRG	inpatient				21226.1	Ameihealth	HMO/PPO		8796.04				8796.04	28636.59	case rate	
CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W/O CC/MCC	310	MS-DRG	inpatient				18488.29	Ameihealth	HMO/PPO		6531.77				6531.77	21090.19	case rate	
ANGINA PECTORIS	311	MS-DRG	inpatient				20560.57	Ameihealth	HMO/PPO		8245.62				8245.62	25774.81	case rate	
SYNCOPE & COLLAPSE	312	MS-DRG	inpatient				22922.77	Ameihealth	HMO/PPO		10199.25				10199.25	30061.86	case rate	
CHEST PAIN	313	MS-DRG	inpatient				20924.75	Ameihealth	HMO/PPO		8546.82				8546.82	26528.7	case rate	
OTHER CIRCULATORY SYSTEM DIAGNOSES W MCC	314	MS-DRG	inpatient				40489.29	Ameihealth	HMO/PPO		24727.42				24727.42	75880.41	case rate	
OTHER CIRCULATORY SYSTEM DIAGNOSES W CC	315	MS-DRG	inpatient				24405.21	Ameihealth	HMO/PPO		11425.28				11425.28	35852.94	case rate	
OTHER CIRCULATORY SYSTEM DIAGNOSES W/O CC/MCC	316	MS-DRG	inpatient				20483.45	Ameihealth	HMO/PPO		8181.84				8181.84	28179.01	case rate	
OTHER ENDOVASCULAR CARDIAC VALVE PROCEDURES W MCC	319	MS-DRG	inpatient				72885.95	Ameihealth	HMO/PPO		51520.67				51520.67	75083.33	case rate	
OTHER ENDOVASCULAR CARDIAC VALVE PROCEDURES W/O MCC	320	MS-DRG	inpatient				42381.62	Ameihealth	HMO/PPO		26292.44				26292.44	38623.33	case rate	
PERCUTANEOUS CARDIOVASCULAR PROCEDURES WITH INTRALUMINAL DEVICE WITH MCC OR 4+ ARTERIES/INTRALUM	321	MS-DRG	inpatient				51646.17	Ameihealth	HMO/PPO		33954.58				33954.58	49878.92	case rate	
PERCUTANEOUS CARDIOVASCULAR PROCEDURES WITH INTRALUMINAL DEVICE WITHOUT MCC	322	MS-DRG	inpatient				36631.74	Ameihealth	HMO/PPO		21537.13				21537.13	31853.73	case rate	
CORONARY INTRAVASCULAR LITHOTRIPSY WITH INTRALUMINAL DEVICE WITH MCC	323	MS-DRG	inpatient				69716.84	Ameihealth	HMO/PPO		48899.69				48899.69	71833.14	case rate	
CORONARY INTRAVASCULAR LITHOTRIPSY WITH INTRALUMINAL DEVICE WITHOUT MCC	324	MS-DRG	inpatient				52987.23	Ameihealth	HMO/PPO		35063.68				35063.68	51508.18	case rate	
CORONARY INTRAVASCULAR LITHOTRIPSY WITHOUT INTRALUMINAL DEVICE	325	MS-DRG	inpatient				48355.66	Ameihealth	HMO/PPO		31233.2				31233.2	45881.25	case rate	
STOMACH, ESOPHAGEAL & DUODENAL PROC W MCC	326	MS-DRG	inpatient				83127.38	Ameihealth	HMO/PPO		59990.71				59990.71	197133.04	case rate	
STOMACH, ESOPHAGEAL & DUODENAL PROC W CC	327	MS-DRG	inpatient				46257.68	Ameihealth	HMO/PPO		29498.09				29498.09	93178.64	case rate	
STOMACH, ESOPHAGEAL & DUODENAL PROC W/O CC/MCC	328	MS-DRG	inpatient				33402.7	Ameihealth	HMO/PPO		18866.54				18866.54	57839.54	case rate	
MAJOR SMALL & LARGE BOWEL PROCEDURES W MCC	329	MS-DRG	inpatient				75098.19	Ameihealth	HMO/PPO		53350.27				53350.27	167261.2	case rate	
MAJOR SMALL & LARGE BOWEL PROCEDURES W CC	330	MS-DRG	inpatient				44468.18	Ameihealth	HMO/PPO		28018.11				28018.11	94641.41	case rate	
MAJOR SMALL & LARGE BOWEL PROCEDURES W/O CC/MCC	331	MS-DRG	inpatient				34469.54	Ameihealth	HMO/PPO		19748.86				19748.86	63563.11	case rate	
RECTAL RESECTION W MCC	332	MS-DRG	inpatient				62398.88	Ameihealth	HMO/PPO		42847.47				42847.47	127456.29	case rate	
RECTAL RESECTION W CC	333	MS-DRG	inpatient				40289.34	Ameihealth	HMO/PPO		24562.06				24562.06	72305.99	case rate	
RECTAL RESECTION W/O CC/MCC	334	MS-DRG	inpatient				33514.09	Ameihealth	HMO/PPO		18958.67				18958.67	48991.64	case rate	
PERITONEAL ADHESIOLYSIS W MCC	335	MS-DRG	inpatient				61647.66	Ameihealth	HMO/PPO		42226.18				42226.18	152353.43	case rate	
PERITONEAL ADHESIOLYSIS W CC	336	MS-DRG	inpatient				40657.81	Ameihealth	HMO/PPO		24866.79				24866.79	86198.59	case rate	
PERITONEAL ADHESIOLYSIS W/O CC/MCC	337	MS-DRG	inpatient				31961.67	Ameihealth	HMO/PPO		17674.76				17674.76	60134.97	case rate	
MINOR SMALL & LARGE BOWEL PROCEDURES W MCC	344	MS-DRG	inpatient				49728.14	Ameihealth	HMO/PPO		32368.29				32368.29	112040.91	case rate	
MINOR SMALL & LARGE BOWEL PROCEDURES W CC	345	MS-DRG	inpatient				32592.92	Ameihealth	HMO/PPO		18196.83				18196.83	61421.46	case rate	
MINOR SMALL & LARGE BOWEL PROCEDURES W/O CC/MCC	346	MS-DRG	inpatient				28982.5	Ameihealth	HMO/PPO		15210.88				15210.88	46381.16	case rate	
ANAL & STOMAL PROCEDURES W MCC	347	MS-DRG	inpatient				46996.04	Ameihealth	HMO/PPO		30108.75				30108.75	90433.13	case rate	
ANAL & STOMAL PROCEDURES W CC	348	MS-DRG	inpatient				29176.73	Ameihealth	HMO/PPO		15371.51				15371.51	52509.8	case rate	
ANAL & STOMAL PROCEDURES W/O CC/MCC	349	MS-DRG	inpatient				24526.6	Ameihealth	HMO/PPO		11525.68				11525.68	35620.4	case rate	
INGUINAL & FEMORAL HERNIA PROCEDURES W MCC	350	MS-DRG	inpatient				44866.64	Ameihealth	HMO/PPO		28347.65				28347.65	91760.86	case rate	
INGUINAL & FEMORAL HERNIA PROCEDURES W CC	351	MS-DRG	inpatient				31378.58	Ameihealth	HMO/PPO		17192.85				17192.85	56264.25	case rate	
INGUINAL & FEMORAL HERNIA PROCEDURES W/O CC/MCC	352	MS-DRG	inpatient				26428.93	Ameihealth	HMO/PPO		13098.98				13098.98	39513.62	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.															
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true														
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W MCC	353	MS-DRG	inpatient					Amerihealth	HMO/PPO		54540.43				34540.43	111242.01	case rate	
HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W CC	354	MS-DRG	inpatient					Amerihealth	HMO/PPO		20289.83				20289.83	64924.62	case rate	
HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W/O CC/MCC	355	MS-DRG	inpatient					Amerihealth	HMO/PPO		16094.38				16094.38	50814.48	case rate	
OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W MCC	356	MS-DRG	inpatient					Amerihealth	HMO/PPO		50537.95				50537.95	149116.58	case rate	
OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W CC	357	MS-DRG	inpatient					Amerihealth	HMO/PPO		29947.55				29947.55	80141.21	case rate	
OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W/O CC/MCC	358	MS-DRG	inpatient					Amerihealth	HMO/PPO		15131.74				15131.74	50570.69	case rate	
MAJOR ESOPHAGEAL DISORDERS W MCC	368	MS-DRG	inpatient					Amerihealth	HMO/PPO		34183.91				19512.63	72913.61	case rate	
MAJOR ESOPHAGEAL DISORDERS W CC	369	MS-DRG	inpatient					Amerihealth	HMO/PPO		24705.13				11673.33	41587.76	case rate	
MAJOR ESOPHAGEAL DISORDERS W/O CC/MCC	370	MS-DRG	inpatient					Amerihealth	HMO/PPO		21211.82				8784.23	27878.95	case rate	
MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W MCC	371	MS-DRG	inpatient					Amerihealth	HMO/PPO		35550.67				20642.99	65217.17	case rate	
MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W CC	372	MS-DRG	inpatient					Amerihealth	HMO/PPO		25476.34				12311.15	38947.27	case rate	
MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W/O CC/MCC	373	MS-DRG	inpatient					Amerihealth	HMO/PPO		20823.35				8462.95	28415.3	case rate	
DIGESTIVE MALIGNANCY W MCC	374	MS-DRG	inpatient					Amerihealth	HMO/PPO		40567.84				24792.38	77451.96	case rate	
DIGESTIVE MALIGNANCY W CC	375	MS-DRG	inpatient					Amerihealth	HMO/PPO		27704.29				14153.74	45259.7	case rate	
DIGESTIVE MALIGNANCY W/O CC/MCC	376	MS-DRG	inpatient					Amerihealth	HMO/PPO		23321.23				10528.79	34345.16	case rate	
G.I. HEMORRHAGE W MCC	377	MS-DRG	inpatient					Amerihealth	HMO/PPO		36159.07				21146.16	67092.52	case rate	
G.I. HEMORRHAGE W CC	378	MS-DRG	inpatient					Amerihealth	HMO/PPO		24640.86				11620.17	37143.18	case rate	
G.I. HEMORRHAGE W/O CC/MCC	379	MS-DRG	inpatient					Amerihealth	HMO/PPO		19633.69				7479.05	24499.57	case rate	
COMPLICATED PEPTIC ULCER W MCC	380	MS-DRG	inpatient					Amerihealth	HMO/PPO		38418.44				23014.75	72988.62	case rate	
COMPLICATED PEPTIC ULCER W CC	381	MS-DRG	inpatient					Amerihealth	HMO/PPO		25914.79				12673.76	41070.17	case rate	
COMPLICATED PEPTIC ULCER W/O CC/MCC	382	MS-DRG	inpatient					Amerihealth	HMO/PPO		21403.19				8942.5	28797.87	case rate	
UNCOMPLICATED PEPTIC ULCER W MCC	383	MS-DRG	inpatient					Amerihealth	HMO/PPO		30559.21				16514.87	50671.96	case rate	
UNCOMPLICATED PEPTIC ULCER W/O MCC	384	MS-DRG	inpatient					Amerihealth	HMO/PPO		23097				10343.35	32079.74	case rate	
INFLAMMATORY BOWEL DISEASE W MCC	385	MS-DRG	inpatient					Amerihealth	HMO/PPO		32968.53				18507.47	63683.14	case rate	
INFLAMMATORY BOWEL DISEASE W CC	386	MS-DRG	inpatient					Amerihealth	HMO/PPO		24466.62				11476.07	36760.61	case rate	
INFLAMMATORY BOWEL DISEASE W/O CC/MCC	387	MS-DRG	inpatient					Amerihealth	HMO/PPO		20360.63				8080.26	26131.13	case rate	
G.I. OBSTRUCTION W MCC	388	MS-DRG	inpatient					Amerihealth	HMO/PPO		31348.98				17168.04	57411.96	case rate	
G.I. OBSTRUCTION W CC	389	MS-DRG	inpatient					Amerihealth	HMO/PPO		21964.46				9406.69	31625.9	case rate	
G.I. OBSTRUCTION W/O CC/MCC	390	MS-DRG	inpatient					Amerihealth	HMO/PPO		18573.98				6602.64	22166.64	case rate	
ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W MCC	391	MS-DRG	inpatient					Amerihealth	HMO/PPO		28809.69				15067.96	45814.8	case rate	
ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W/O MCC	392	MS-DRG	inpatient					Amerihealth	HMO/PPO		21810.22				9279.13	28332.79	case rate	
OTHER DIGESTIVE SYSTEM DIAGNOSES W MCC	393	MS-DRG	inpatient					Amerihealth	HMO/PPO		33721.18				19129.94	61233.93	case rate	
OTHER DIGESTIVE SYSTEM DIAGNOSES W CC	394	MS-DRG	inpatient					Amerihealth	HMO/PPO		23971.05				11066.21	35297.84	case rate	
OTHER DIGESTIVE SYSTEM DIAGNOSES W/O CC/MCC	395	MS-DRG	inpatient					Amerihealth	HMO/PPO		19837.91				7647.96	25373.49	case rate	
APPENDIX PROCEDURES WITH MCC	397	MS-DRG	inpatient					Amerihealth	HMO/PPO		42075.82				26535.76	38980.76	case rate	
APPENDIX PROCEDURES WITH CC	398	MS-DRG	inpatient					Amerihealth	HMO/PPO		32203.03				17874.37	28002.64	case rate	
APPENDIX PROCEDURES WITHOUT CC/MCC	399	MS-DRG	inpatient					Amerihealth	HMO/PPO		26487.49				13147.4	23032.6	case rate	
PANCREAS, LIVER & SHUNT PROCEDURES W MCC	405	MS-DRG	inpatient					Amerihealth	HMO/PPO		89214.25				65024.78	201753.9	case rate	
PANCREAS, LIVER & SHUNT PROCEDURES W CC	406	MS-DRG	inpatient					Amerihealth	HMO/PPO		51827.55				34104.58	106242.33	case rate	
PANCREAS, LIVER & SHUNT PROCEDURES W/O CC/MCC	407	MS-DRG	inpatient					Amerihealth	HMO/PPO		41310.49				25406.58	75269.05	case rate	
BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W MCC	408	MS-DRG	inpatient					Amerihealth	HMO/PPO		63749.93				43964.84	151772.08	case rate	
BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W CC	409	MS-DRG	inpatient					Amerihealth	HMO/PPO		38544.13				23118.69	87117.51	case rate	
BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W/O CC/MCC	410	MS-DRG	inpatient					Amerihealth	HMO/PPO		32944.25				18487.39	61984.07	case rate	
CHOLECYSTECTOMY W C.D.E. W MCC	411	MS-DRG	inpatient					Amerihealth	HMO/PPO		51729.01				34023.08	149956.74	case rate	
CHOLECYSTECTOMY W C.D.E. W CC	412	MS-DRG	inpatient					Amerihealth	HMO/PPO		39803.77				24160.46	89337.92	case rate	
CHOLECYSTECTOMY W C.D.E. W/O CC/MCC	413	MS-DRG	inpatient					Amerihealth	HMO/PPO		32150.19				17830.67	63244.3	case rate	
CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W MCC	414	MS-DRG	inpatient					Amerihealth	HMO/PPO		60936.43				41637.97	134170.04	case rate	
CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W CC	415	MS-DRG	inpatient					Amerihealth	HMO/PPO		38808.33				23337.2	75719.13	case rate	
CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W/O CC/MCC	416	MS-DRG	inpatient					Amerihealth	HMO/PPO		29716.58				15817.99	52251	case rate	
LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W MCC	417	MS-DRG	inpatient					Amerihealth	HMO/PPO		43692.68				27376.74	90894.46	case rate	
LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W CC	418	MS-DRG	inpatient					Amerihealth	HMO/PPO		33936.83				19308.29	62419.15	case rate	
LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W/O CC/MCC	419	MS-DRG	inpatient					Amerihealth	HMO/PPO		29345.26				15510.89	48916.63	case rate	
HEPATOBILIARY DIAGNOSTIC PROCEDURES W MCC	420	MS-DRG	inpatient					Amerihealth	HMO/PPO		56303.44				37806.31	131934.62	case rate	
HEPATOBILIARY DIAGNOSTIC PROCEDURES W CC	421	MS-DRG	inpatient					Amerihealth	HMO/PPO		35006.53				20192.97	66728.7	case rate	
HEPATOBILIARY DIAGNOSTIC PROCEDURES W/O CC/MCC	422	MS-DRG	inpatient					Amerihealth	HMO/PPO		30742.01				16666.05	56545.55	case rate	
OTHER HEPATOBILIARY OR PANCREAS O.R. PROCEDURES W MCC	423	MS-DRG	inpatient					Amerihealth	HMO/PPO		66444.89				46193.67	148002.62	case rate	
OTHER HEPATOBILIARY OR PANCREAS O.R. PROCEDURES W CC	424	MS-DRG	inpatient					Amerihealth	HMO/PPO		40400.74				24654.19	82181.59	case rate	
OTHER HEPATOBILIARY OR PANCREAS O.R. PROCEDURES W/O CC/MCC	425	MS-DRG	inpatient					Amerihealth	HMO/PPO		33468.39				18920.87	55994.2	case rate	
CIRRHOSIS & ALCOHOLIC HEPATITIS W MCC	432	MS-DRG	inpatient					Amerihealth	HMO/PPO		37954.28				22630.87	68487.78	case rate	
CIRRHOSIS & ALCOHOLIC HEPATITIS W CC	433	MS-DRG	inpatient					Amerihealth	HMO/PPO		25314.96				12177.68	38553.45	case rate	
CIRRHOSIS & ALCOHOLIC HEPATITIS W/O CC/MCC	434	MS-DRG	inpatient					Amerihealth	HMO/PPO		20152.11				7907.81	53360.86	case rate	
MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS W MCC	435	MS-DRG	inpatient					Amerihealth	HMO/PPO		35724.91				20787.09	63675.63	case rate	
MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS W CC	436	MS-DRG	inpatient					Amerihealth	HMO/PPO		26310.39				13000.94	42604.2	case rate	
MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS W/O CC/MCC	437	MS-DRG	inpatient					Amerihealth	HMO/PPO		22460.04				9816.55	32473.56	case rate	
DISORDERS OF PANCREAS EXCEPT MALIGNANCY W MCC	438	MS-DRG	inpatient					Amerihealth	HMO/PPO		34423.84				19711.06	61443.97	case rate	
DISORDERS OF PANCREAS EXCEPT MALIGNANCY W CC	439	MS-DRG	inpatient					Amerihealth	HMO/PPO		22804.23				10101.21	32342.29	case rate	
DISORDERS OF PANCREAS EXCEPT MALIGNANCY W/O CC/MCC	440	MS-DRG	inpatient					Amerihealth	HMO/PPO		19382.33				7271.17	23303.1	case rate	
DISORDERS OF LIVER EXCEPT MALIG, CIRR, ALC HEPA W MCC	441	MS-DRG	inpatient					Amerihealth	HMO/PPO		36700.35				21693.82	69858	case rate	
DISORDERS OF LIVER EXCEPT MALIG, CIRR, ALC HEPA W CC	442	MS-DRG	inpatient					Amerihealth	HMO/PPO		24179.56				11238.66	35215.32	case rate	
DISORDERS OF LIVER EXCEPT MALIG, CIRR, ALC HEPA W/O CC/MCC	443	MS-DRG	inpatient					Amerihealth	HMO/PPO		20797.65				8441.69	26097.37	case rate	
DISORDERS OF THE BILIARY TRACT W MCC	444	MS-DRG	inpatient					Amerihealth	HMO/PPO		33915.41				19290.57	60420.03	case rate	
DISORDERS OF THE BILIARY TRACT W CC	445	MS-DRG	inpatient					Amerihealth	HMO/PPO		26111.88				12836.76	40042.47	case rate	
DISORDERS OF THE BILIARY TRACT W/O CC/MCC	446	MS-DRG	inpatient					Amerihealth	HMO/PPO		22037.3				9466.93	29818.07	case rate	
COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W MCC	453	MS-DRG	inpatient					Amerihealth	HMO/PPO		137146.57				104666.6	356200.23	case rate	
COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W CC	454	MS-DRG	inpatient					Amerihealth	HMO/PPO		97941.81				72242.8	237674.36	case rate	
COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W/O CC/MCC	455	MS-DRG	inpatient					Amerihealth	HMO/PPO		76366.41				54399.14	187535	case rate	
SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR EXT FUS W MCC	456	MS-DRG	inpatient					Amerihealth	HMO/PPO		130976.87				99564.03	342258.88	case rate	
SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR EXT FUS W CC	457	MS-DRG	inpatient					Amerihealth	HMO/PPO		97356.26				71758.53	245468.31	case rate	
SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR EXT FUS W/O CC/MCC	458	MS-DRG	inpatient					Amerihealth	HMO/PPO		75300.99				53518	192080.85	case rate	
SPINAL FUSION EXCEPT CERVICAL W MCC	459	MS-DRG	inpatient					Amerihealth	HMO/PPO		105311.18				78337.54	238474.69	case rate	
SPINAL FUSION EXCEPT CERVICAL W/O MCC	460	MS-DRG	inpatient					Amerihealth	HMO/PPO		62831.62				43205.36	151434.51	case rate	
BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY W MCC	461	MS-DRG	inpatient					Amerihealth	HMO/PPO		107970.44				80536.85	168125.13	case rate	
BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY W/O MCC	462	MS-DRG	inpatient					Amerihealth	HMO/PPO		51340.91				33619.13	119801.11	case rate	
WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W MCC	463	MS-DRG	inpatient					Amerihealth	HMO/PPO		91477.9				66896.91	192482.17	case rate	
WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W CC	464	MS-DRG	inpatient					Amerihealth	HMO/PPO		53455.67				35451.1	110420.61	case rate	
WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W/O CC/MCC	465	MS-DRG	inpatient					Amerihealth	HMO/PPO		37308.75				22096.99	68915.36	case rate	
REVISION OF HIP OR KNEE REPLACEMENT W MCC	466	MS-DRG	inpatient					Amerihealth	HMO/PPO		84664.09				61261.63	191780.79	case rate	
REVISION OF HIP OR KNEE REPLACEMENT W CC	467	MS-DRG	inpatient					Amerihealth	HMO/PPO		60380.87				41178.5	130164.29	case rate	
REVISION OF HIP OR KNEE REPLACEMENT W/O CC/MCC	468	MS-DRG	inpatient					Amerihealth	HMO/PPO		48716.99				31532.03	104697.04	case rate	
MAJOR HIP AND KNEE JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W MCC OR TOTAL ANKLE REP	469	MS-DRG	inpatient					Amerihealth	HMO/PPO		58145.78				39330	119054.72	case rate	
MAJOR HIP AND KNEE JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W/O MCC	470	MS-DRG	inpatient					Amerihealth	HMO/PPO		37464.47				22225.74	74631.43	case rate	
CERVICAL SPINAL FUSION W MCC	471	MS-DRG	inpatient					Amerihealth	HMO/PPO		80842.3				58100.87	187936.32	case rate	
CERVICAL SPINAL FUSION W CC	472	MS-DRG	inpatient					Amerihealth	HMO/PPO		52798.71				34907.77	110525.63	case rate	
CERVICAL SPINAL FUSION W/O CC/MCC	473	MS-DRG	inpatient					Amerihealth	HMO/PPO		45732.11				29063.43	89000.36	case rate	
AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W MCC	474	MS-DRG	inpatient					Amerihealth	HMO/PPO		72041.9				50822.81	142342.82	case rate	
AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W CC	475	MS-DRG	inpatient					Amerihealth	HMO/PPO		41220.51				25332.17	80595.04	case rate	
AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W/O CC/MCC	476	MS-DRG	inpatient					Amerihealth	HMO/PPO		27398.66				13900.98	43159.3	case rate	
BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W MCC	477	MS-DRG	inpatient					Amerihealth	HMO/PPO		58705.81				39793.01	117711.97	case rate	
BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W CC	478	MS-DRG	inpatient					Amerihealth	HMO/PPO		44633.85				28155.12	85485.95	case rate	
BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W/O CC/MCC	479	MS-DRG	inpatient					Amerihealth	HMO/PPO		37211.63				22016.67	67437.59	case rate	
HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W MCC	480	MS-DRG	inpatient					Amerihealth	HMO/PPO		52705.88				34830.99	113661.21	case rate	
HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W CC	481	MS-DRG	inpatient					Amerihealth	HMO/PPO		40223.65				24507.72	77393.69	case rate	
HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W/O CC/MCC	482	MS-DRG	inpatient					Amerihealth	HMO/PPO		33275.59				18761.42	62430.4	case rate	
MAJOR JOINT/LIMB REATTACHMENT PROCEDURE OF UPPER EXTREMITIES	483	MS-DRG	inpatient					Amerihealth	HMO/PPO		46069.16				29342.18	89397.93	case rate	
KNEE PROCEDURES W PDX OF INFECTION W MCC	485	MS-DRG	inpatient					Amerihealth	HMO/PPO		57634.5				38907.15	129926.88	case rate	
KNEE PROCEDURES W PDX OF INFECTION W CC	486	MS-DRG	inpatient					Amerihealth	HMO/PPO		39272.49				23721.08	83205.53	case rate	
KNEE PROCEDURES W PDX OF INFECTION W/O CC/MCC	487	MS-DRG	inpatient					Amerihealth	HMO/PPO		32654.33				18247.62	61894.05	case rate	
KNEE PROCEDURES W/O PDX OF INFECTION W CC/MCC	488	MS-DRG	inpatient					Amerihealth	HMO/PPO		40676.38				24882.15	75233.54	case rate	
KNEE PROCEDURES W/O PDX OF INFECTION W/O CC/MCC	489	MS-DRG	inpatient					Amerihealth	HMO/PPO		28266.99				14619.12	48661.58	case rate	
LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR W MCC	492	MS-DRG	inpatient					Amerihealth	HMO/PPO		60035.26				40892.66	127167.48	case rate	
LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR W CC	493	MS-DRG	inpatient					Amerihealth	HMO/PPO		44890.92				28367.73	84244.47	case rate	
LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR W/O CC/MCC	494	MS-DRG	inpatient					Amerihealth	HMO/PPO		37285.9				22078.09	67890.08	case rate	
LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W MCC	495	MS-DRG	inpatient					Amerihealth	HMO/PPO		61736.21				42299.42	129993.49	case rate	
LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W CC	496	MS-DRG	inpatient					Amerihealth	HMO/PPO		38975.43				23475.4	73547.48	case rate	
LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W/O CC/MCC	497	MS-DRG	inpatient					Amerihealth	HMO/PPO		30976.23				16859.76	53822.55	case rate	
LOCAL EXCISION & REMOVAL INT FIX DEVICES OF HIP & FEMUR W CC/MCC	498	MS-DRG	inpatient					Amerihealth	HMO/PPO		47880.08				30839.88	85440.95	case rate	
LOCAL EXCISION & REMOVAL INT FIX DEVICES OF HIP & FEMUR W/O CC/MCC	499	MS-DRG	inpatient					Amerihealth	HMO/PPO		29011.07				15234.5	41977.83	case rate	
SOFT TISSUE PROCEDURES W MCC	500	MS-DRG	inpatient					Amerihealth	HMO/PPO		56903.27				38302.4	115071.48	case rate	
SOFT TISSUE PROCEDURES W CC	501	MS-DRG	inpatient					Amerihealth	HMO/PPO		35379.29				20501.26	63289.31	case rate	
SOFT TISSUE PROCEDURES W/O CC/MCC	502	MS-DRG	inpatient					Amerihealth	HMO/PPO		30337.84				16331.79	48425.29	case rate	
FOOT PROCEDURES W MCC	503	MS-DRG	inpatient					Amerihealth	HMO/PPO		48892.64				31677.32	96100.44	case rate	
FOOT PROCEDURES W CC	504	MS-DRG	inpatient					Amerihealth	HMO/PPO		35256.46				20399.68	64868.36	case rate	
FOOT PROCEDURES W/O CC/MCC	505	MS-DRG	inpatient					Amerihealth	HMO/PPO		34950.84				20146.91	59253.56	case rate	
MAJOR THUMB OR JOINT PROCEDURES	506	MS-DRG	inpatient					Amerihealth	HMO/PPO		31478.93				17275.53	52896.12	case rate	
MAJOR SHOULDER OR ELBOW JOINT PROCEDURES W CC/MCC	507	MS-DRG	inpatient					Amerihealth	HMO/PPO		41034.85				25178.62	72857.36	case rate	
MAJOR SHOULDER OR ELBOW JOINT PROCEDURES W/O CC/MCC	508	MS-DRG	inpatient					Amerihealth	HMO/PPO		31070.49				16937.72	54287.63	case rate	
ARTHROSCOPY	509	MS-DRG	inpatient					Amerihealth	HMO/PPO		29530.92				15664.44	62647.94	case rate	
SHOULDER, ELBOW OR FOREARM PROC, EXC MAJOR JOINT PROC W MCC	510	MS-DRG	inpatient					Amerihealth	HMO/PPO		49445.36				32134.42	102494.13	case rate	
SHOULDER, ELBOW OR FOREARM PROC, EXC MAJOR JOINT PROC W CC	511	MS-DRG	inpatient					Amerihealth	HMO/PPO		39065.4				23549.81	69286.68	case rate	
SHOULDER, ELBOW OR FOREARM PROC, EXC MAJOR JOINT PROC W/O CC/MCC	512	MS-DRG	inpatient					Amerihealth	HMO/PPO		33638.35				19061.43	57089.4	case rate	
HAND OR WRIST PROC, EXCEPT MAJOR THUMB OR JOINT PROC W CC/MCC	513	MS-DRG	inpatient					Amerihealth	HMO/PPO		33741.17				19146.47	61496.48	case rate	
HAND OR WRIST PROC, EXCEPT MAJOR THUMB OR JOINT PROC W/O CC/MCC	514	MS-DRG	inpatient					Amerihealth	HMO/PPO		25464.91				12301.7	40660.37	case rate	
OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W MCC	515	MS-DRG	inpatient					Amerihealth	HMO/PPO		55742.17				37342.12	115596.57	case rate	
OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W CC	516	MS-DRG	inpatient					Amerihealth	HMO/PPO		39736.64				24104.95	70715.7	case rate	
OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W/O CC/MCC	517	MS-DRG	inpatient					Amerihealth	HMO/PPO		31933.11				17651.14	51793.42	case rate	
BACK & NECK PROC EXC SPINAL FUSION W MCC OR DISC DEVICE/NEUROSTIM	518	MS-DRG	inpatient					Amerihealth	HMO/PPO		62744.3				43133.31	116279.2	case rate	
BACK & NECK PROC EXC SPINAL FUSION W CC	519	MS-DRG	inpatient					Amerihealth	HMO/PPO		38705.5				23252.16	69838.03	case rate	
BACK & NECK PROC EXC SPINAL FUSION W/O CC/MCC	520	MS-DRG	inpatient					Amerihealth	HMO/PPO		31034.79				16908.19	49287.95	case rate	
HIP REPLACEMENT WITH PRINCIPAL DIAGNOSIS OF HIP FRACTURE WITH MCC	521	MS-DRG	inpatient					Amerihealth	HMO/PPO		53352.84				35366.05	7692	51952.36	case rate	
HIP REPLACEMENT WITH PRINCIPAL DIAGNOSIS OF HIP FRACTURE WITHOUT MCC	522	MS-DRG	inpatient					Amerihealth	HMO/PPO		40756.36				24948.29	9003	36648.78	case rate	
FRACTURES OF FEMUR W MCC	533	MS-DRG	inpatient					Amerihealth	HMO/PPO		33889.7				19269.31	12781	57404.46	case rate	
FRACTURES OF FEMUR W/O MCC	534	MS-DRG	inpatient					Amerihealth	HMO/PPO		22158.69				9567.33	34640.29	case rate	
FRACTURES OF HIP & PELVIS W MCC	535	MS-DRG	inpatient					Amerihealth	HMO/PPO		29109.61				15316	47063.78	case rate	
FRACTURES OF HIP & PELVIS W/O MCC	536	MS-DRG	inpatient					Amerihealth	HMO/PPO		21831.64				9296.85	28392.8	case rate	
SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS & THIGH W CC/MCC	537	MS-DRG	inpatient					Amerihealth	HMO/PPO		24400.93				11421.74	34150.12	case rate	
SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS & THIGH W/O CC/MCC	538	MS-DRG	inpatient					Amerihealth	HMO/PPO		20717.67				8375.55	27267.59	case rate	
OSTEOMYELITIS W MCC	539	MS-DRG	inpatient					Amerihealth	HMO/PPO		39831.15				23438.78	75734.13	case rate	
OSTEOMYELITIS W CC	540	MS-DRG	inpatient					Amerihealth	HMO/PPO		29131.03				15333.72	48642.83	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.															
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true														
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
OSTEOMYELITIS W/O CC/MCC	541	MS-DRG	inpatient					Ameritealth	HMO/PPO		10133.1				7723	33107.43	case rate	
PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W MCC	542	MS-DRG	inpatient					Ameritealth	HMO/PPO		21540.67				8903	68461.53	case rate	
PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W CC	543	MS-DRG	inpatient					Ameritealth	HMO/PPO		12882.82				10889	40226.26	case rate	
PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W/O CC/MCC	544	MS-DRG	inpatient					Ameritealth	HMO/PPO		9065.34				9065.34	29945.59	case rate	
CONNECTIVE TISSUE DISORDERS W MCC	545	MS-DRG	inpatient					Ameritealth	HMO/PPO		46197.69				29448.48	92983.6	case rate	
CONNECTIVE TISSUE DISORDERS W CC	546	MS-DRG	inpatient					Ameritealth	HMO/PPO		27718.57				14165.56	45548.5	case rate	
CONNECTIVE TISSUE DISORDERS W/O CC/MCC	547	MS-DRG	inpatient					Ameritealth	HMO/PPO		22207.25				9607.49	32166	case rate	
SEPTIC ARTHRITIS W MCC	548	MS-DRG	inpatient					Ameritealth	HMO/PPO		38437				23030.1	77534.47	case rate	
SEPTIC ARTHRITIS W CC	549	MS-DRG	inpatient					Ameritealth	HMO/PPO		27817.11				14247.06	46696.21	case rate	
SEPTIC ARTHRITIS W/O CC/MCC	550	MS-DRG	inpatient					Ameritealth	HMO/PPO		23741.11				10876.05	34648.97	case rate	
MEDICAL BACK PROBLEMS W MCC	551	MS-DRG	inpatient					Ameritealth	HMO/PPO		34896.57				20102.03	59696.14	case rate	
MEDICAL BACK PROBLEMS W/O MCC	552	MS-DRG	inpatient					Ameritealth	HMO/PPO		24390.93				11413.47	33793.81	case rate	
BONE DISEASES & ARTHROPATHIES W MCC	553	MS-DRG	inpatient					Ameritealth	HMO/PPO		29882.24				15963.27	46418.66	case rate	
BONE DISEASES & ARTHROPATHIES W/O MCC	554	MS-DRG	inpatient					Ameritealth	HMO/PPO		22327.22				9706.71	47368.4	case rate	
SIGNS & SYMPTOMS OF MUSCULOSKELETAL SYSTEM & CONN TISSUE W MCC	555	MS-DRG	inpatient					Ameritealth	HMO/PPO		30570.63				16524.32	47978.95	case rate	
SIGNS & SYMPTOMS OF MUSCULOSKELETAL SYSTEM & CONN TISSUE W/O MCC	556	MS-DRG	inpatient					Ameritealth	HMO/PPO		22364.35				9737.42	28794.12	case rate	
TENDONITIS, MYOSITIS & BURSITIS W MCC	557	MS-DRG	inpatient					Ameritealth	HMO/PPO		32824.29				18388.17	53725.03	case rate	
TENDONITIS, MYOSITIS & BURSITIS W/O MCC	558	MS-DRG	inpatient					Ameritealth	HMO/PPO		23135.56				10375.24	32387.29	case rate	
AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W MCC	559	MS-DRG	inpatient					Ameritealth	HMO/PPO		37018.83				21857.22	67463.84	case rate	
AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W CC	560	MS-DRG	inpatient					Ameritealth	HMO/PPO		26758.84				13371.82	38320.9	case rate	
AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W/O CC/MCC	561	MS-DRG	inpatient					Ameritealth	HMO/PPO		21733.1				9215.35	28359.04	case rate	
FX, SPRN, STRN & DISL EXCEPT FEMUR, HIP, PELVIS & THIGH W MCC	562	MS-DRG	inpatient					Ameritealth	HMO/PPO		32308.72				17961.78	52813.61	case rate	
FX, SPRN, STRN & DISL EXCEPT FEMUR, HIP, PELVIS & THIGH W/O MCC	563	MS-DRG	inpatient					Ameritealth	HMO/PPO		23381.21				10578.4	31434.62	case rate	
OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W MCC	564	MS-DRG	inpatient					Ameritealth	HMO/PPO		32897.21				18448.41	58968.51	case rate	
OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W CC	565	MS-DRG	inpatient					Ameritealth	HMO/PPO		24863.65				11804.43	36599.33	case rate	
OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W/O CC/MCC	566	MS-DRG	inpatient					Ameritealth	HMO/PPO		21308.93				8864.55	28591.59	case rate	
SKIN DEBRIDEMENT W MCC	570	MS-DRG	inpatient					Ameritealth	HMO/PPO		52324.55				34515.62	113822.49	case rate	
SKIN DEBRIDEMENT W CC	571	MS-DRG	inpatient					Ameritealth	HMO/PPO		34753.75				19983.91	63870.67	case rate	
SKIN DEBRIDEMENT W/O CC/MCC	572	MS-DRG	inpatient					Ameritealth	HMO/PPO		26865.95				13460.41	44205.75	case rate	
SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W MCC	573	MS-DRG	inpatient					Ameritealth	HMO/PPO		99395.69				73445.21	196968.01	case rate	
SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W CC	574	MS-DRG	inpatient					Ameritealth	HMO/PPO		59231.2				40227.67	36864	114342.57	case rate
SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W/O CC/MCC	575	MS-DRG	inpatient					Ameritealth	HMO/PPO		39810.91				24166.37	24166.37	65959.81	case rate
SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W MCC	576	MS-DRG	inpatient					Ameritealth	HMO/PPO		91754.97				67126.05	67126.05	183060.41	case rate
SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W CC	577	MS-DRG	inpatient					Ameritealth	HMO/PPO		48424.21				31289.9	31289.9	94112.56	case rate
SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W/O CC/MCC	578	MS-DRG	inpatient					Ameritealth	HMO/PPO		33591.22				19022.45	19022.45	57374.46	case rate
OTHER SKIN, SUBCUT TISS & BREAST PROC W MCC	579	MS-DRG	inpatient					Ameritealth	HMO/PPO		58322.88				39476.46	39476.46	104937.08	case rate
OTHER SKIN, SUBCUT TISS & BREAST PROC W CC	580	MS-DRG	inpatient					Ameritealth	HMO/PPO		35534.96				20630	20630	59628.63	case rate
OTHER SKIN, SUBCUT TISS & BREAST PROC W/O CC/MCC	581	MS-DRG	inpatient					Ameritealth	HMO/PPO		29823.7				15906.57	8609	46373.65	case rate
MASTECTOMY FOR MALIGNANCY W CC/MCC	582	MS-DRG	inpatient					Ameritealth	HMO/PPO		34399.56				19690.98	10691	58867.24	case rate
MASTECTOMY FOR MALIGNANCY W/O CC/MCC	583	MS-DRG	inpatient					Ameritealth	HMO/PPO		32325.85				14701	51688.4	case rate	
BREAST BIOPSY, LOCAL EXCISION & OTHER BREAST PROCEDURES W CC/MCC	584	MS-DRG	inpatient					Ameritealth	HMO/PPO		38552.68				23134.04	23134.04	70190.6	case rate
BREAST BIOPSY, LOCAL EXCISION & OTHER BREAST PROCEDURES W/O CC/MCC	585	MS-DRG	inpatient					Ameritealth	HMO/PPO		34640.02				19890.6	19890.6	58724.71	case rate
SKIN ULCERS W MCC	592	MS-DRG	inpatient					Ameritealth	HMO/PPO		40440.73				24687.26	24687.26	64069.46	case rate
SKIN ULCERS W CC	593	MS-DRG	inpatient					Ameritealth	HMO/PPO		27869.96				14290.76	14290.76	42360.41	case rate
SKIN ULCERS W/O CC/MCC	594	MS-DRG	inpatient					Ameritealth	HMO/PPO		21835.93				9300.39	9300.39	30388.17	case rate
MAJOR SKIN DISORDERS W MCC	595	MS-DRG	inpatient					Ameritealth	HMO/PPO		41653.25				25690.06	25690.06	74522.66	case rate
MAJOR SKIN DISORDERS W/O MCC	596	MS-DRG	inpatient					Ameritealth	HMO/PPO		25000.76				11917.82	11917.82	37938.33	case rate
MALIGNANT BREAST DISORDERS W MCC	597	MS-DRG	inpatient					Ameritealth	HMO/PPO		33448.4				18904.34	18904.34	64512.04	case rate
MALIGNANT BREAST DISORDERS W CC	598	MS-DRG	inpatient					Ameritealth	HMO/PPO		27711.43				14159.65	14159.65	43594.39	case rate
MALIGNANT BREAST DISORDERS W/O CC/MCC	599	MS-DRG	inpatient					Ameritealth	HMO/PPO		19465.16				7339.68	7339.68	26870.01	case rate
NON-MALIGNANT BREAST DISORDERS W CC/MCC	600	MS-DRG	inpatient					Ameritealth	HMO/PPO		25236.41				12112.71	12112.71	35856.69	case rate
NON-MALIGNANT BREAST DISORDERS W/O CC/MCC	601	MS-DRG	inpatient					Ameritealth	HMO/PPO		19482.3				7353.85	7353.85	23224.33	case rate
CELLULITIS W MCC	602	MS-DRG	inpatient					Ameritealth	HMO/PPO		31834.56				17569.64	17569.64	54160.11	case rate
CELLULITIS W/O MCC	603	MS-DRG	inpatient					Ameritealth	HMO/PPO		23225.54				10449.65	10449.65	31794.68	case rate
TRAUMA TO THE SKIN, SUBCUT TISS & BREAST W MCC	604	MS-DRG	inpatient					Ameritealth	HMO/PPO		32101.63				17790.51	17790.51	53139.92	case rate
TRAUMA TO THE SKIN, SUBCUT TISS & BREAST W/O MCC	605	MS-DRG	inpatient					Ameritealth	HMO/PPO		23569.73				10734.31	10734.31	32274.77	case rate
MINOR SKIN DISORDERS W MCC	606	MS-DRG	inpatient					Ameritealth	HMO/PPO		33238.46				18730.71	18730.71	51789.67	case rate
MINOR SKIN DISORDERS W/O MCC	607	MS-DRG	inpatient					Ameritealth	HMO/PPO		23351.22				10553.59	10553.59	30043.11	case rate
ADRENAL & PITUITARY PROCEDURES W CC/MCC	614	MS-DRG	inpatient					Ameritealth	HMO/PPO		42758.65				26604.27	26604.27	88651.55	case rate
ADRENAL & PITUITARY PROCEDURES W/O CC/MCC	615	MS-DRG	inpatient					Ameritealth	HMO/PPO		31600.34				17375.93	17375.93	55555.37	case rate
AMPUTAT OF LOWER LIMB FOR ENDOCRINE, NUTRIT, & METABOL DIS W MCC	616	MS-DRG	inpatient					Ameritealth	HMO/PPO		67113.26				46746.45	46746.45	155098.95	case rate
AMPUTAT OF LOWER LIMB FOR ENDOCRINE, NUTRIT, & METABOL DIS W CC	617	MS-DRG	inpatient					Ameritealth	HMO/PPO		38932.58				23439.96	23439.96	77774.52	case rate
AMPUTAT OF LOWER LIMB FOR ENDOCRINE, NUTRIT, & METABOL DIS W/O CC/MCC	618	MS-DRG	inpatient					Ameritealth	HMO/PPO		27178.72				13719.08	13719.08	43481.87	case rate
O.R. PROCEDURES FOR OBESITY W MCC	619	MS-DRG	inpatient					Ameritealth	HMO/PPO		47558.74				30574.12	30574.12	109546.69	case rate
O.R. PROCEDURES FOR OBESITY W CC	620	MS-DRG	inpatient					Ameritealth	HMO/PPO		33758.31				19160.65	19160.65	67872.67	case rate
O.R. PROCEDURES FOR OBESITY W/O CC/MCC	621	MS-DRG	inpatient					Ameritealth	HMO/PPO		32260.16				17921.62	17921.62	59197.3	case rate
SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W MCC	622	MS-DRG	inpatient					Ameritealth	HMO/PPO		65226.66				45186.15	45186.15	142451.59	case rate
SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W CC	623	MS-DRG	inpatient					Ameritealth	HMO/PPO		37174.5				21985.96	21985.96	72133.46	case rate
SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W/O CC/MCC	624	MS-DRG	inpatient					Ameritealth	HMO/PPO		26507.48				13163.94	13163.94	48609.07	case rate
THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W MCC	625	MS-DRG	inpatient					Ameritealth	HMO/PPO		52310.27				34503.81	34503.81	104393.23	case rate
THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W CC	626	MS-DRG	inpatient					Ameritealth	HMO/PPO		31697.4				17621.61	17621.61	60409.77	case rate
THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W/O CC/MCC	627	MS-DRG	inpatient					Ameritealth	HMO/PPO		26242.71				14599.04	14599.04	40695.1	case rate
OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W MCC	628	MS-DRG	inpatient					Ameritealth	HMO/PPO		67924.48				47417.35	47417.35	137838.23	case rate
OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W CC	629	MS-DRG	inpatient					Ameritealth	HMO/PPO		42907.18				26727.11	26727.11	87717.62	case rate
OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W/O CC/MCC	630	MS-DRG	inpatient					Ameritealth	HMO/PPO		30532.07				16492.43	16492.43	57554.49	case rate
DIABETES W MCC	637	MS-DRG	inpatient					Ameritealth	HMO/PPO		31289				17118.44	17118.44	51808.42	case rate
DIABETES W CC	638	MS-DRG	inpatient					Ameritealth	HMO/PPO		23435.48				10623.28	10623.28	32713.61	case rate
DIABETES W/O CC/MCC	639	MS-DRG	inpatient					Ameritealth	HMO/PPO		19480.87				7352.67	7352.67	23700.67	case rate
MISC DISORDERS OF NUTRITION, METABOLISM, FLUIDS\ELECTROLYTES W MCC	640	MS-DRG	inpatient					Ameritealth	HMO/PPO		29373.82				15534.51	15534.51	44640.83	case rate
MISC DISORDERS OF NUTRITION, METABOLISM, FLUIDS\ELECTROLYTES W/O MCC	641	MS-DRG	inpatient					Ameritealth	HMO/PPO		21750.24				9229.52	9229.52	28201.51	case rate
INBORN AND OTHER DISORDERS OF METABOLISM	642	MS-DRG	inpatient					Ameritealth	HMO/PPO		29203.87				15393.95	15393.95	47390.09	case rate
ENDOCRINE DISORDERS W MCC	643	MS-DRG	inpatient					Ameritealth	HMO/PPO		34085.36				19431.13	19431.13	61290.19	case rate
ENDOCRINE DISORDERS W CC	644	MS-DRG	inpatient					Ameritealth	HMO/PPO		25753.41				12540.29	12540.29	37975.84	case rate
ENDOCRINE DISORDERS W/O CC/MCC	645	MS-DRG	inpatient					Ameritealth	HMO/PPO		21457.46				8987.39	8987.39	27863.95	case rate
KIDNEY TRANSPLANT WITH HEMODIALYSIS WITH MCC	650	MS-DRG	inpatient					Ameritealth	HMO/PPO		74822.55				53122.31	53122.31	78036.12	case rate
KIDNEY TRANSPLANT WITH HEMODIALYSIS WITHOUT MCC	651	MS-DRG	inpatient					Ameritealth	HMO/PPO		59982.41				40848.96	40848.96	60006.7	case rate
KIDNEY TRANSPLANT	652	MS-DRG	inpatient					Ameritealth	HMO/PPO		53498.51				35486.53	35486.53	124320.7	case rate
MAJOR BLADDER PROCEDURES W MCC	653	MS-DRG	inpatient					Ameritealth	HMO/PPO		87906.04				63942.84	63942.84	205875.92	case rate
MAJOR BLADDER PROCEDURES W CC	654	MS-DRG	inpatient					Ameritealth	HMO/PPO		49686.72				32334.04	32334.04	107768.86	case rate
MAJOR BLADDER PROCEDURES W/O CC/MCC	655	MS-DRG	inpatient					Ameritealth	HMO/PPO		40693.52				24896.32	24896.32	77909.54	case rate
KIDNEY & URETER PROCEDURES FOR NEOPLASM W MCC	656	MS-DRG	inpatient					Ameritealth	HMO/PPO		55400.84				37059.83	37059.83	124808.29	case rate
KIDNEY & URETER PROCEDURES FOR NEOPLASM W CC	657	MS-DRG	inpatient					Ameritealth	HMO/PPO		36928.85				21782.81	21782.81	73041.13	case rate
KIDNEY & URETER PROCEDURES FOR NEOPLASM W/O CC/MCC	658	MS-DRG	inpatient					Ameritealth	HMO/PPO		31733.16				17485.77	17485.77	58790.96	case rate
KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W MCC	659	MS-DRG	inpatient					Ameritealth	HMO/PPO		47564.45				30578.84	30578.84	102285.34	case rate
KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W CC	660	MS-DRG	inpatient					Ameritealth	HMO/PPO		29812.27				15897.12	15897.12	54295.13	case rate
KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W/O CC/MCC	661	MS-DRG	inpatient					Ameritealth	HMO/PPO		25563.46				12383.2	12383.2	40237.51	case rate
MINOR BLADDER PROCEDURES W MCC	662	MS-DRG	inpatient					Ameritealth	HMO/PPO		53388.54				35395.58	35395.58	119223.5	case rate
MINOR BLADDER PROCEDURES W CC	663	MS-DRG	inpatient					Ameritealth	HMO/PPO		31427.53				17233.01	17233.01	61522.73	case rate
MINOR BLADDER PROCEDURES W/O CC/MCC	664	MS-DRG	inpatient					Ameritealth	HMO/PPO		25751.98				12539.11	12539.11	44472.05	case rate
PROSTATECTOMY W MCC	665	MS-DRG	inpatient					Ameritealth	HMO/PPO		54708.17				36486.97	36486.97	119227.25	case rate
PROSTATECTOMY W CC	666	MS-DRG	inpatient					Ameritealth	HMO/PPO		35117.93				20285.1	20285.1	66728.7	case rate
PROSTATECTOMY W/O CC/MCC	667	MS-DRG	inpatient					Ameritealth	HMO/PPO		25580.6				12297.37	12297.37	40522.56	case rate
TRANSURETHRAL PROCEDURES W MCC	668	MS-DRG	inpatient					Ameritealth	HMO/PPO		50836.4				33284.86	33284.86	105567.2	case rate
TRANSURETHRAL PROCEDURES W CC	669	MS-DRG	inpatient					Ameritealth	HMO/PPO		32507.23				18125.96	18125.96	59354.83	case rate
TRANSURETHRAL PROCEDURES W/O CC/MCC	670	MS-DRG	inpatient					Ameritealth	HMO/PPO		24338.09				11369.77	11369.77	36137.99	case rate
URETHRAL PROCEDURES W CC/MCC	671	MS-DRG	inpatient					Ameritealth	HMO/PPO		35039.38				20220.14	20220.14	63143.03	case rate
URETHRAL PROCEDURES W/O CC/MCC	672	MS-DRG	inpatient					Ameritealth	HMO/PPO		23768.25				10898.49	10898.49	39641.15	case rate
OTHER KIDNEY & URINARY TRACT PROCEDURES W MCC	673	MS-DRG	inpatient					Ameritealth	HMO/PPO		63404.32				43679	43679	134173.79	case rate
OTHER KIDNEY & URINARY TRACT PROCEDURES W CC	674	MS-DRG	inpatient					Ameritealth	HMO/PPO		44612.42				28137.4	28137.4	86719.93	case rate
OTHER KIDNEY & URINARY TRACT PROCEDURES W/O CC/MCC	675	MS-DRG	inpatient					Ameritealth	HMO/PPO		33248.45				18738.98	18738.98	60960.13	case rate
RENAL FAILURE W MCC	682	MS-DRG	inpatient					Ameritealth	HMO/PPO		32024.51				17726.73	17726.73	57460.72	case rate
RENAL FAILURE W CC	683	MS-DRG	inpatient					Ameritealth	HMO/PPO		23455.48				10639.82	10639.82	34468.93	case rate
RENAL FAILURE W/O CC/MCC	684	MS-DRG	inpatient					Ameritealth	HMO/PPO		19280.93				7187.31	7187.31	23246.84	case rate
KIDNEY & URINARY TRACT NEOPLASMS W MCC	686	MS-DRG	inpatient					Ameritealth	HMO/PPO		36860.3				21726.11	21726.11	64422.02	case rate
KIDNEY & URINARY TRACT NEOPLASMS W CC	687	MS-DRG	inpatient					Ameritealth	HMO/PPO		25519.18				12346.58	12346.58	39521.13	case rate
KIDNEY & URINARY TRACT NEOPLASMS W/O CC/MCC	688	MS-DRG	inpatient					Ameritealth	HMO/PPO		21743.1				9223.62	9223.62	29664.29	case rate
KIDNEY & URINARY TRACT INFECTIONS W MCC	689	MS-DRG	inpatient					Ameritealth	HMO/PPO		27362.96				13871.45	13871.45	41692.78	case rate
KIDNEY & URINARY TRACT INFECTIONS W/O MCC	690	MS-DRG	inpatient					Ameritealth	HMO/PPO		22114.42				9530.72	9530.72	29784.31	case rate
URINARY STONES W MCC	693	MS-DRG	inpatient					Ameritealth	HMO/PPO		30817.7				16728.66	16728.66	49644.27	case rate
URINARY STONES W/O MCC	694	MS-DRG	inpatient					Ameritealth	HMO/PPO		21768.8				9244.88	9244.88	26333.66	case rate
KIDNEY & URINARY TRACT SIGNS & SYMPTOMS W MCC	695	MS-DRG	inpatient					Ameritealth	HMO/PPO		27671.44				14126.58	14126.58	43084.29	case rate
KIDNEY & URINARY TRACT SIGNS & SYMPTOMS W/O MCC	696	MS-DRG	inpatient					Ameritealth	HMO/PPO		20474.88				8174.75	8174.75	25827.32	case rate
URETHRAL STRICTURE	697	MS-DRG	inpatient					Ameritealth	HMO/PPO		26487.49				13147.4	13147.4	36006.72	case rate
OTHER KIDNEY & URINARY TRACT DIAGNOSES W MCC	698	MS-DRG	inpatient					Ameritealth	HMO/PPO		34218.18				19640.98	19640.98	60577.56	case rate
OTHER KIDNEY & URINARY TRACT DIAGNOSES W CC	699	MS-DRG	inpatient					Ameritealth	HMO/PPO		25169.28				12057.2	12057.2	38553.45	case rate
OTHER KIDNEY & URINARY TRACT DIAGNOSES W/O CC/MCC	700	MS-DRG	inpatient					Ameritealth	HMO/PPO		20706.24				8366.1	8366.1	28494.07	case rate
MAJOR MALE PELVIC PROCEDURES W CC/MCC	707	MS-DRG	inpatient					Ameritealth	HMO/PPO		38609.81				23173.02	23173.02	67190.04	case rate
MAJOR MALE PELVIC PROCEDURES W/O CC/MCC	708	MS-DRG	inpatient					Ameritealth	HMO/PPO		31420.39				17227.1	17227.1	52753.6	case rate
PENIS PROCEDURES W CC/MCC	709	MS-DRG	inpatient					Ameritealth	HMO/PPO		40867.75				25040.42	25040.42	76206.72	case rate
PENIS PROCEDURES W/O CC/MCC	710	MS-DRG	inpatient					Ameritealth	HMO/PPO		28218.43				14578.96	14578.96	62617.94	case rate
TESTES PROCEDURES W CC/MCC	711	MS-DRG	inpatient					Ameritealth	HMO/PPO		40909.17				25074.68	25074.68	78145.83	case rate
TESTES PROCEDURES W/O CC/MCC	712	MS-DRG	inpatient					Ameritealth	HMO/PPO		27562.3				14036.81	14036.81	40397.54	case rate
TRANSURETHRAL PROSTATECTOMY W CC/MCC	713	MS-DRG	inpatient					Ameritealth	HMO/PPO		31309				17134.97	17134.97	54887.74	case rate
TRANSURETHRAL PROSTATECTOMY W/O CC/MCC	714	MS-DRG	inpatient					Ameritealth	HMO/PPO		24279.53				11321.34	11321.34	34150.12	case rate
OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC FOR MALIGNANCY W CC/MCC	715	MS-DRG	inpatient					Ameritealth	HMO/PPO		42117.41				26073.93	26073.93	82886.72	case rate
OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC FOR MALIGNANCY W/O CC/MCC	716	MS-DRG	inpatient					Ameritealth	HMO/PPO		30901.97				16798.34	16798.34	54872.74	case rate
OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC EXC MALIGNANCY W CC/MCC	717	MS-DRG	inpatient					Ameritealth	HMO/PPO		36493.26				21422.55	21422.55	73299.93	case rate
OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC EXC MALIGNANCY W/O CC/MCC	718	MS-DRG	inpatient					Ameritealth	HMO/PPO		27382.95				13887.99	13887.99	46231.13	case rate
MALIGNANCY, MALE REPRODUCTIVE SYSTEM W MCC	722	MS-DRG	inpatient					Ameritealth	HMO/PPO		37365.88				22144.24	22144.24	62290.37	case rate
MALIGNANCY, MALE REPRODUCTIVE SYSTEM W CC	723	MS-DRG	inpatient					Ameritealth	HMO/PPO		26504.62				13161.58	13161.58	41313.96	case rate
MALIGNANCY, MALE REPRODUCTIVE SYSTEM W/O CC/MCC	724	MS-DRG	inpatient					Ameritealth	HMO/PPO		22151.55				9561.43	9561.43	25849.82	case rate
BENIGN PROSTATIC HYPERTROPHY W MCC	725	MS-DRG	inpatient					Ameritealth	HMO/PPO		28312.69				14656.92	14656.92	45544.75	case rate
BENIGN PROSTATIC HYPERTROPHY W/O MCC	726	MS-DRG	inpatient					Ameritealth	HMO/PPO		21029.01				8633.04	8633.04	28674.1	case rate
INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM W MCC	727	MS-DRG	inpatient					Ameritealth	HMO/PPO		33741.17				19146.47	19146.47	53935.07	case rate
INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM W/O MCC	728	MS-DRG	inpatient					Ameritealth	HMO/PPO		22017.31				9450.4	9450.4	29683.04	case rate
OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES W CC/MCC	729	MS-DRG	inpatient					Ameritealth	HMO/PPO		24927.92				11857.58	11857.58	40582.57	case rate
OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES W/O CC/MCC	730	MS-DRG	inpatient					Ameritealth	HMO/PPO		19468.02				7342.04	7342.04	21318.98	case rate
PELVIC EVISCERATION, RAD HYSTERECTOMY & RAD VULVECTOMY W CC/MCC	734	MS-DRG	inpatient					Ameritealth	HMO/PPO		41633.25				25673.52	25673.52	86487.39	case rate

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.														
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true													
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
PELVIC EVISCERATION, RAD HYSTERECTOMY & RAD VULVECTOMY W/O CC/MCC	735	MS-DRG	inpatient					Amerihealth	HMO/PPO		24898.33				14894.88	51197.06	case rate		
UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W MCC	736	MS-DRG	inpatient					Amerihealth	HMO/PPO		66106.42				45913.74	151175.71	case rate		
UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W CC	737	MS-DRG	inpatient					Amerihealth	HMO/PPO		38779.77				23313.58	76191.72	case rate		
UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W/O CC/MCC	738	MS-DRG	inpatient					Amerihealth	HMO/PPO		30079.34				16118	52221	case rate		
UTERINE, ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W MCC	739	MS-DRG	inpatient					Amerihealth	HMO/PPO		62237.5				42714	134938.93	case rate		
UTERINE, ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W CC	740	MS-DRG	inpatient					Amerihealth	HMO/PPO		36111.94				21107.19	65370.95	case rate		
UTERINE, ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W/O CC/MCC	741	MS-DRG	inpatient					Amerihealth	HMO/PPO		29146.74				15346.71	49801.79	case rate		
UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W CC/MCC	742	MS-DRG	inpatient					Amerihealth	HMO/PPO		36039.1				21046.95	64287	case rate		
UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC/MCC	743	MS-DRG	inpatient					Amerihealth	HMO/PPO		27185.86				13724.99	41842.81	case rate		
D&C, CONIZATION, LAPAROSCOPY & TUBAL INTERRUPTION W CC/MCC	744	MS-DRG	inpatient					Amerihealth	HMO/PPO		37474.42				22234.01	63398.08	case rate		
D&C, CONIZATION, LAPAROSCOPY & TUBAL INTERRUPTION W/O CC/MCC	745	MS-DRG	inpatient					Amerihealth	HMO/PPO		25384.94				12235.55	40109.99	case rate		
VAGINA, CERVIX & VULVA PROCEDURES W CC/MCC	746	MS-DRG	inpatient					Amerihealth	HMO/PPO		34528.1				19797.29	62925.49	case rate		
VAGINA, CERVIX & VULVA PROCEDURES W/O CC/MCC	747	MS-DRG	inpatient					Amerihealth	HMO/PPO		23261.24				10479.18	35939.21	case rate		
FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES	748	MS-DRG	inpatient					Amerihealth	HMO/PPO		30654.89				16594	48534.06	case rate		
OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES W CC/MCC	749	MS-DRG	inpatient					Amerihealth	HMO/PPO		46540.46				29731.96	97593.21	case rate		
OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES W/O CC/MCC	750	MS-DRG	inpatient					Amerihealth	HMO/PPO		30013.64				16083.67	45904.62	case rate		
MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W MCC	754	MS-DRG	inpatient					Amerihealth	HMO/PPO		37047.39				21880.84	69065.39	case rate		
MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W CC	755	MS-DRG	inpatient					Amerihealth	HMO/PPO		26081.88				12811.96	40128.74	case rate		
MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W/O CC/MCC	756	MS-DRG	inpatient					Amerihealth	HMO/PPO		24725.12				11689.86	29259.21	case rate		
INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W MCC	757	MS-DRG	inpatient					Amerihealth	HMO/PPO		31883.12				17618.06	54043.84	case rate		
INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W CC	758	MS-DRG	inpatient					Amerihealth	HMO/PPO		24766.54				11724.11	38272.14	case rate		
INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W/O CC/MCC	759	MS-DRG	inpatient					Amerihealth	HMO/PPO		19819.35				7632.6	26656.22	case rate		
MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS W CC/MCC	760	MS-DRG	inpatient					Amerihealth	HMO/PPO		24806.53				11757.19	32694.85	case rate		
MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS W/O CC/MCC	761	MS-DRG	inpatient					Amerihealth	HMO/PPO		19239.51				7153.06	25606.35	case rate		
POSTPARTUM & POST ABORTION DIAGNOSES W O.R. PROCEDURE	769	MS-DRG	inpatient					Amerihealth	HMO/PPO		32640.05				18235.81	54681.46	case rate		
ABORTION W D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY	770	MS-DRG	inpatient					Amerihealth	HMO/PPO		21997.31				9433.86	40053.73	case rate		
POSTPARTUM & POST ABORTION DIAGNOSES W/O O.R. PROCEDURE	776	MS-DRG	inpatient					Amerihealth	HMO/PPO		20826.21				8465.32	24717.11	case rate		
ABORTION W/O D&C	779	MS-DRG	inpatient					Amerihealth	HMO/PPO		24717.98				11683.96	28291.53	case rate		
CESAREAN SECTION W STERILIZATION W MCC	783	MS-DRG	inpatient					Amerihealth	HMO/PPO		35894.86				8487	65468.47	case rate		
CESAREAN SECTION W STERILIZATION W CC	784	MS-DRG	inpatient					Amerihealth	HMO/PPO		25216.41				8487	41336.46	case rate		
CESAREAN SECTION W STERILIZATION W/O CC/MCC	785	MS-DRG	inpatient					Amerihealth	HMO/PPO		22962.76				8487	31712.17	case rate		
CESAREAN SECTION W/O STERILIZATION W MCC	786	MS-DRG	inpatient					Amerihealth	HMO/PPO		35576.38				8487	58315.88	case rate		
CESAREAN SECTION W/O STERILIZATION W CC	787	MS-DRG	inpatient					Amerihealth	HMO/PPO		25602.02				8487	40548.82	case rate		
CESAREAN SECTION W/O STERILIZATION W/O CC/MCC	788	MS-DRG	inpatient					Amerihealth	HMO/PPO		22801.37				8487	33782.55	case rate		
NEONATES, DIED OR TRANSFERRED TO ANOTHER ACUTE CARE FACILITY	789	MS-DRG	inpatient					Amerihealth	HMO/PPO		36574.67				637	62400.4	per diem		Must have Revenue Codes 0170, 0171, 0172, 0179
NEONATES, DIED OR TRANSFERRED TO ANOTHER ACUTE CARE FACILITY	789	MS-DRG	inpatient					Amerihealth	HMO/PPO		36574.67				1591	62400.4	per diem		Must have Revenue Codes 0173
NEONATES, DIED OR TRANSFERRED TO ANOTHER ACUTE CARE FACILITY	789	MS-DRG	inpatient					Amerihealth	HMO/PPO		36574.67				3183	62400.4	per diem		Must have Revenue Codes 0174, 0175
EXTREME IMMATURITY OR RESPIRATORY DISTRESS SYNDROME, NEONATE	790	MS-DRG	inpatient					Amerihealth	HMO/PPO		96282.27				637	205774.65	per diem		Must have Revenue Codes 0170, 0171, 0172, 0179
EXTREME IMMATURITY OR RESPIRATORY DISTRESS SYNDROME, NEONATE	790	MS-DRG	inpatient					Amerihealth	HMO/PPO		96282.27				1591	205774.65	per diem		Must have Revenue Codes 0173
EXTREME IMMATURITY OR RESPIRATORY DISTRESS SYNDROME, NEONATE	790	MS-DRG	inpatient					Amerihealth	HMO/PPO		96282.27				3183	205774.65	per diem		Must have Revenue Codes 0174, 0175
PREMATURITY W MAJOR PROBLEMS	791	MS-DRG	inpatient					Amerihealth	HMO/PPO		69112.72				637	140538.73	per diem		Must have Revenue Codes 0170, 0171, 0172, 0179
PREMATURITY W MAJOR PROBLEMS	791	MS-DRG	inpatient					Amerihealth	HMO/PPO		69112.72				1591	140538.73	per diem		Must have Revenue Codes 0173
PREMATURITY W MAJOR PROBLEMS	791	MS-DRG	inpatient					Amerihealth	HMO/PPO		69112.72				3183	140538.73	per diem		Must have Revenue Codes 0174, 0175
PREMATURITY W/O MAJOR PROBLEMS	792	MS-DRG	inpatient					Amerihealth	HMO/PPO		45902.06				637	84795.83	per diem		Must have Revenue Codes 0170, 0171, 0172, 0179
PREMATURITY W/O MAJOR PROBLEMS	792	MS-DRG	inpatient					Amerihealth	HMO/PPO		45902.06				1591	84795.83	per diem		Must have Revenue Codes 0173
PREMATURITY W/O MAJOR PROBLEMS	792	MS-DRG	inpatient					Amerihealth	HMO/PPO		45902.06				3183	84795.83	per diem		Must have Revenue Codes 0174, 0175
FULL TERM NEONATE W MAJOR PROBLEMS	793	MS-DRG	inpatient					Amerihealth	HMO/PPO		70706.56				637	144360.69	per diem		Must have Revenue Codes 0170, 0171, 0172, 0179
FULL TERM NEONATE W MAJOR PROBLEMS	793	MS-DRG	inpatient					Amerihealth	HMO/PPO		70706.56				1591	144360.69	per diem		Must have Revenue Codes 0173
FULL TERM NEONATE W MAJOR PROBLEMS	793	MS-DRG	inpatient					Amerihealth	HMO/PPO		70706.56				3183	144360.69	per diem		Must have Revenue Codes 0174, 0175
NEONATE W OTHER SIGNIFICANT PROBLEMS	794	MS-DRG	inpatient					Amerihealth	HMO/PPO		31868.84				637	51095.79	per diem		Must have Revenue Codes 0170, 0171, 0172, 0179
NEONATE W OTHER SIGNIFICANT PROBLEMS	794	MS-DRG	inpatient					Amerihealth	HMO/PPO		31868.84				1591	51095.79	per diem		Must have Revenue Codes 0173
NEONATE W OTHER SIGNIFICANT PROBLEMS	794	MS-DRG	inpatient					Amerihealth	HMO/PPO		31868.84				3183	51095.79	per diem		Must have Revenue Codes 0174, 0175
NORMAL NEWBORN	795	MS-DRG	inpatient					Amerihealth	HMO/PPO		13471.12				637	11714.02	per diem		Must have Revenue Codes 0170, 0171, 0172, 0179
NORMAL NEWBORN	795	MS-DRG	inpatient					Amerihealth	HMO/PPO		13471.12				1591	11714.02	per diem		Must have Revenue Codes 0173
NORMAL NEWBORN	795	MS-DRG	inpatient					Amerihealth	HMO/PPO		13471.12				3183	11714.02	per diem		Must have Revenue Codes 0174, 0175
VAGINAL DELIVERY W STERILIZATION/D&C W MCC	796	MS-DRG	inpatient					Amerihealth	HMO/PPO		30847.7				6365	55067.78	case rate		
VAGINAL DELIVERY W STERILIZATION/D&C W CC	797	MS-DRG	inpatient					Amerihealth	HMO/PPO		24813.67				6365	31764.68	case rate		
VAGINAL DELIVERY W STERILIZATION/D&C W/O CC/MCC	798	MS-DRG	inpatient					Amerihealth	HMO/PPO		22175.83				6365	31764.68	case rate		
SPLENECTOMY W MCC	799	MS-DRG	inpatient					Amerihealth	HMO/PPO		81350.73				58521.36	176342.91	case rate		
SPLENECTOMY W CC	800	MS-DRG	inpatient					Amerihealth	HMO/PPO		50832.11				33281.32	98523.39	case rate		
SPLENECTOMY W/O CC/MCC	801	MS-DRG	inpatient					Amerihealth	HMO/PPO		36192.13				21139.08	58372.14	case rate		
OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W MCC	802	MS-DRG	inpatient					Amerihealth	HMO/PPO		59009.83				40044.6	125543.43	case rate		
OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W CC	803	MS-DRG	inpatient					Amerihealth	HMO/PPO		37128.8				21948.17	64590.8	case rate		
OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W/O CC/MCC	804	MS-DRG	inpatient					Amerihealth	HMO/PPO		27877.1				14296.66	46152.36	case rate		
VAGINAL DELIVERY W/O STERILIZATION/D&C W MCC	805	MS-DRG	inpatient					Amerihealth	HMO/PPO		24989.33				6365	38377.16	case rate		
VAGINAL DELIVERY W/O STERILIZATION/D&C W CC	806	MS-DRG	inpatient					Amerihealth	HMO/PPO		21254.66				6365	26532.45	case rate		
VAGINAL DELIVERY W/O STERILIZATION/D&C W/O CC/MCC	807	MS-DRG	inpatient					Amerihealth	HMO/PPO		19935.03				6365	23029.3	case rate		
MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W MCC	808	MS-DRG	inpatient					Amerihealth	HMO/PPO		41868.9				25868.41	80610.04	case rate		
MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W CC	809	MS-DRG	inpatient					Amerihealth	HMO/PPO		27791.41				14225.79	45177.18	case rate		
MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W/O CC/MCC	810	MS-DRG	inpatient					Amerihealth	HMO/PPO		24936.49				11864.67	34581.45	case rate		
RED BLOOD CELL DISORDERS W MCC	811	MS-DRG	inpatient					Amerihealth	HMO/PPO		30636.33				16578.65	50859.49	case rate		
RED BLOOD CELL DISORDERS W/O MCC	812	MS-DRG	inpatient					Amerihealth	HMO/PPO		23454.05				10638.64	33126.18	case rate		
COAGULATION DISORDERS	813	MS-DRG	inpatient					Amerihealth	HMO/PPO		32869.99				18425.97	60442.53	case rate		
RETICULOENDOTHELIAL & IMMUNITY DISORDERS W MCC	814	MS-DRG	inpatient					Amerihealth	HMO/PPO		40983.44				25136.1	62374.14	case rate		
RETICULOENDOTHELIAL & IMMUNITY DISORDERS W CC	815	MS-DRG	inpatient					Amerihealth	HMO/PPO		24789.39				11743.01	36670.59	case rate		
RETICULOENDOTHELIAL & IMMUNITY DISORDERS W/O CC/MCC	816	MS-DRG	inpatient					Amerihealth	HMO/PPO		20733.38				8388.54	27065.05	case rate		
OTHER ANTEPARTUM DIAGNOSES W O.R. PROCEDURE W MCC	817	MS-DRG	inpatient					Amerihealth	HMO/PPO		42795.79				26634.98	94956.47	case rate		
OTHER ANTEPARTUM DIAGNOSES W O.R. PROCEDURE W CC	818	MS-DRG	inpatient					Amerihealth	HMO/PPO		27344.39				13856.09	50953.26	case rate		
OTHER ANTEPARTUM DIAGNOSES W O.R. PROCEDURE W/O CC/MCC	819	MS-DRG	inpatient					Amerihealth	HMO/PPO		23546.88				10715.41	31468.37	case rate		
LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W MCC	820	MS-DRG	inpatient					Amerihealth	HMO/PPO		96947.32				71420.72	204176.86	case rate		
LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W CC	821	MS-DRG	inpatient					Amerihealth	HMO/PPO		42468.74				26364.49	89803.01	case rate		
LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W/O CC/MCC	822	MS-DRG	inpatient					Amerihealth	HMO/PPO		28282.7				14632.11	45375.97	case rate		
LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER PROC W MCC	823	MS-DRG	inpatient					Amerihealth	HMO/PPO		74885.39				53174.28	169704.17	case rate		
LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER PROC W CC	824	MS-DRG	inpatient					Amerihealth	HMO/PPO		42480.16				26373.94	82305.36	case rate		
LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER PROC W/O CC/MCC	825	MS-DRG	inpatient					Amerihealth	HMO/PPO		29033.92				15253.4	50972.01	case rate		
MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W MCC	826	MS-DRG	inpatient					Amerihealth	HMO/PPO		73270.13				51838.4	185580.89	case rate		
MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W CC	827	MS-DRG	inpatient					Amerihealth	HMO/PPO		43684.1				27369.65	84454.51	case rate		
MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W/O CC/MCC	828	MS-DRG	inpatient					Amerihealth	HMO/PPO		34018.24				19375.62	61338.95	case rate		
MYELOPROLIFERATIVE DISORDERS OR POORLY DIFFERENTIATED NEOPLASMS W OTHER PROCEDURE W CC/MCC	829	MS-DRG	inpatient					Amerihealth	HMO/PPO		55632.2				37251.17	116635.52	case rate		
MYELOPROLIFERATIVE DISORDERS OR POORLY DIFFERENTIATED NEOPLASMS W OTHER PROCEDURE W/O CC/MCC	830	MS-DRG	inpatient					Amerihealth	HMO/PPO		33172.76				18676.36	53214.93	case rate		
OTHER ANTEPARTUM DIAGNOSES W/O O.R. PROCEDURE W MCC	831	MS-DRG	inpatient					Amerihealth	HMO/PPO		25012.18				11927.27	38590.95	case rate		
OTHER ANTEPARTUM DIAGNOSES W/O O.R. PROCEDURE W CC	832	MS-DRG	inpatient					Amerihealth	HMO/PPO		21126.13				8713.36	26960.03	case rate		
OTHER ANTEPARTUM DIAGNOSES W/O O.R. PROCEDURE W/O CC/MCC	833	MS-DRG	inpatient					Amerihealth	HMO/PPO		17899.88				6045.14	18014.61	case rate		
ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W MCC	834	MS-DRG	inpatient					Amerihealth	HMO/PPO		90553.87				66132.7	206581.05	case rate		
ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W CC	835	MS-DRG	inpatient					Amerihealth	HMO/PPO		42517.29				29404.65	80114.95	case rate		
ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W/O CC/MCC	836	MS-DRG	inpatient					Amerihealth	HMO/PPO		27690.01				14141.93	45480.99	case rate		
CHEMO W ACUTE LEUKEMIA AS SDX OR W HIGH DOSE CHEMO AGENT W MCC	837	MS-DRG	inpatient					Amerihealth	HMO/PPO		78522.95				56182.68	201566.37	case rate		
CHEMO W ACUTE LEUKEMIA AS SDX W CC OR HIGH DOSE CHEMO AGENT	838	MS-DRG	inpatient					Amerihealth	HMO/PPO		38474.14				23060.81	88238.97	case rate		
CHEMO W ACUTE LEUKEMIA AS SDX W/O CC/MCC	839	MS-DRG	inpatient					Amerihealth	HMO/PPO		29201.01				15391.59	47105.04	case rate		
LYMPHOMA & NON-ACUTE LEUKEMIA W MCC	840	MS-DRG	inpatient					Amerihealth	HMO/PPO		55223.74				36913.36	123506.8	case rate		
LYMPHOMA & NON-ACUTE LEUKEMIA W CC	841	MS-DRG	inpatient					Amerihealth	HMO/PPO		33062.79				18585.43	61316.44	case rate		
LYMPHOMA & NON-ACUTE LEUKEMIA W/O CC/MCC	842	MS-DRG	inpatient					Amerihealth	HMO/PPO		25820.53				12595.8	42049.1	case rate		
OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W MCC	843	MS-DRG	inpatient					Amerihealth	HMO/PPO		37163.07				21976.51	69237.92	case rate		
OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W CC	844	MS-DRG	inpatient					Amerihealth	HMO/PPO		27117.31				13668.29	44213.25	case rate		
OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W/O CC/MCC	845	MS-DRG	inpatient					Amerihealth	HMO/PPO		22942.76				10215.78	32486.56	case rate		
CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W MCC	846	MS-DRG	inpatient					Amerihealth	HMO/PPO		45495.03				28867.35	105690.98	case rate		
CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W CC	847	MS-DRG	inpatient					Amerihealth	HMO/PPO		27908.52				14322.65	49753.04	case rate		
CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W/O CC/MCC	848	MS-DRG	inpatient					Amerihealth	HMO/PPO		21437.47				8970.85	34979.03	case rate		
RADIOTHERAPY	849	MS-DRG	inpatient					Amerihealth	HMO/PPO		49028.33				31789.52	73896.29	case rate		
INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W MCC	853	MS-DRG	inpatient					Amerihealth	HMO/PPO		81989.12				59049.33	189676.65	case rate		
INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W CC	854	MS-DRG	inpatient					Amerihealth	HMO/PPO		39699.51				24074.24	82620.42	case rate		
INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W/O CC/MCC	855	MS-DRG	inpatient					Amerihealth	HMO/PPO		34895.14				20100.84	58510.92	case rate		
POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W MCC	856	MS-DRG	inpatient					Amerihealth	HMO/PPO		73835.64				52306.14	168342.67	case rate		
POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W CC	857	MS-DRG	inpatient					Amerihealth	HMO/PPO		41091.98				25225.86	77140.65	case rate		
POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W/O CC/MCC	858	MS-DRG	inpatient					Amerihealth	HMO/PPO		28919.66				15158.9	51763.41	case rate		
POSTOPERATIVE & POST-TRAUMATIC INFECTIONS W MCC	862	MS-DRG	inpatient					Amerihealth	HMO/PPO		36997.43				21756.82	68551.54	case rate		
POSTOPERATIVE & POST-TRAUMATIC INFECTIONS W/O MCC	863	MS-DRG	inpatient					Amerihealth	HMO/PPO		24950.77				11876.48	36936.89	case rate		
FEVER AND INFLAMMATORY CONDITIONS	864	MS-DRG	inpatient					Amerihealth	HMO/PPO		23198.4				10427.21	32417.3	case rate		
VIRAL ILLNESS W MCC	865	MS-DRG	inpatient					Amerihealth	HMO/PPO		34011.1				19369.71	51842.18	case rate		
VIRAL ILLNESS W/O MCC	866	MS-DRG	inpatient					Amerihealth	HMO/PPO		23696.84				10839.43	30770.74	case rate		
OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W MCC	867	MS-DRG	inpatient					Amerihealth	HMO/PPO		40472.53				24713.24	79998.68	case rate		
OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W CC	868	MS-DRG	inpatient					Amerihealth	HMO/PPO		26093.31				12821.4	40391.29	case rate		
OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W/O CC/MCC	869	MS-DRG	inpatient					Amerihealth	HMO/PPO		20454.89				8158.22	28801.63	case rate		
SEPTICEMIA OR SEVERE SEPSIS W MV >96 HOURS	870	MS-DRG	inpatient					Amerihealth	HMO/PPO		110061.28				82266.06	236117.82	case rate		
SEPTICEMIA OR SEVERE SEPSIS W/O MV >96 HOURS W MCC	871	MS-DRG	inpatient					Amerihealth	HMO/PPO		38905.45				23417.52	69627.99	case rate		
SEPTICEMIA OR SEVERE SEPSIS W/O MV >96 HOURS W/O MCC	872	MS-DRG	inpatient					Amerihealth	HMO/PPO		25299.25				12164.68	39491.12	case rate		
O.R. PROCEDURE W PRINCIPAL DIAGNOSES OF MENTAL ILLNESS	876	MS-DRG	inpatient					Amerihealth	HMO/PPO		63882.75				44074.69	123825.61	case rate		
ACUTE ADJUSTMENT REACTION & PSYCHOSOCIAL DYSFUNCTION	880	MS-DRG	inpatient					Amerihealth	HMO/PPO		24223.83				2010	21994.2	case rate		
DEPRESSIVE NEUROSES	881	MS-DRG	inpatient					Amerihealth	HMO/PPO		23536.88				10707.14	20466.85	case rate		
NEUROSES EXCEPT DEPRESSIVE	882	MS-DRG	inpatient					Amerihealth	HMO/PPO		24005.32				11094.56	20874.19	case rate		
DISORDERS OF PERSONALITY & IMPULSE CONTROL	883	MS-DRG	inpatient					Amerihealth	HMO/PPO		37374.44				22151.32	32540.07	case rate		
ORGANIC DISTURBANCES & INTELLECTUAL DISABILITY	884	MS-DRG	inpatient					Amerihealth	HMO/PPO		35682.06				20751.66	31027.88	case rate		
PSYCHOSES	885	MS-DRG	inpatient					Amerihealth	HMO/PPO		30105.05				16139.26	26178.3	case rate		
BEHAVIORAL & DEVELOPMENTAL DISORDERS	886	MS-DRG	inpatient					Amerihealth	HMO/PPO		34608.07				19863.43	30093.98	case rate		
OTHER MENTAL DISORDER DIAGNOSES	887	MS-DRG	inpatient					Amerihealth	HMO/PPO		29093.9				15303.01	25299.04	case rate		
ALCOHOL/DRUG ABUSE OR DEPENDENCE, LEFT AMA	894	MS-DRG	inpatient					Amerihealth	HMO/PPO		18795.35				6785.72	19620.59	case rate		
ALCOHOL/DRUG ABUSE OR DEPENDENCE W REHABILITATION THERAPY	895	MS-DRG	inpatient					Amerihealth	HMO/PPO		33566.94				19002.37	29188.64	case rate		
ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY W MCC	896	MS-DRG	inpatient					Amerihealth	HMO/PPO		35984.83				21002.06	31291.16	case rate		
ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY W/O MCC	897	MS-DRG	inpatient					Amerihealth	HMO/PPO		22809.94				10105.94	19834.73	case rate		
WOUND DEBRIDEMENTS FOR INJURIES W MCC	901	MS-DRG	inpatient					Amerihealth	HMO/PPO		72398.95				51117.9	13124	167465	case rate	
WOUND DEBRIDEMENTS FOR INJURIES W CC	902	MS-DRG	inpatient					Amerihealth	HMO/PPO		37507.26				22261.17	72028.44	case rate		
WOUND DEBRIDEMENTS FOR INJURIES W/O CC/MCC	903	MS-DRG	inpatient					Amerihealth	HMO/PPO		28321.26				14664	56429.51	case rate		
SKIN GRAFTS FOR INJURIES W CC/MCC	904	MS-DRG	inpatient					Amerihealth	HMO/PPO		57084.65				39460.67	120997.58	case rate		
SKIN GRAFTS FOR INJURIES W/O CC/MCC	905	MS-DRG	inpatient					Amerihealth	HMO/PPO		33208.47				18705.9	66357.38	case rate		
HAND PROCEDURES FOR INJURIES	906	MS-DRG	inpatient					Amerihealth	HMO/PPO		37462.99				22224.56	69132.9	case rate		
OTHER O.R. PROCEDURES FOR INJURIES W MCC	907	MS-DRG	inpatient					Amerihealth	HMO/PPO		63711.37				43932.95	158133.26	case rate		
OTHER O.R. PROCEDURES FOR INJURIES W CC	908	MS-DRG	inpatient					Amerihealth	HMO/PPO		39212.5				23671.47	74743.95	case rate		
OTHER O.R. PROCEDURES FOR INJURIES W/O CC/MCC	909	MS-DRG	inpatient					Amerihealth	HMO/PPO		29960.8				16019.96	49711.78	case rate		

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.														
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true													
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
TRAUMATIC INJURY W MCC	913	MS-DRG	inpatient					Ameritealth	HMO/PPO		17652.32				17652.32	55206.55	case rate	
TRAUMATIC INJURY W/O MCC	914	MS-DRG	inpatient					Ameritealth	HMO/PPO		10721.32				10721.32	84762.61	case rate	
ALLERGIC REACTIONS W MCC	915	MS-DRG	inpatient					Ameritealth	HMO/PPO		20953.64				20953.64	62895.49	case rate	
ALLERGIC REACTIONS W/O MCC	916	MS-DRG	inpatient					Ameritealth	HMO/PPO		7781.43				7781.43	23828.2	case rate	
POISONING & TOXIC EFFECTS OF DRUGS W MCC	917	MS-DRG	inpatient					Ameritealth	HMO/PPO		18850				18850	55274.07	case rate	
POISONING & TOXIC EFFECTS OF DRUGS W/O MCC	918	MS-DRG	inpatient					Ameritealth	HMO/PPO		10168.54				10168.54	29206.7	case rate	
COMPLICATIONS OF TREATMENT W MCC	919	MS-DRG	inpatient					Ameritealth	HMO/PPO		21552.48				21552.48	68424.02	case rate	
COMPLICATIONS OF TREATMENT W CC	920	MS-DRG	inpatient					Ameritealth	HMO/PPO		12210.75				12210.75	37623.27	case rate	
COMPLICATIONS OF TREATMENT W/O CC/MCC	921	MS-DRG	inpatient					Ameritealth	HMO/PPO		8242.08				8242.08	26502.45	case rate	
OTHER INJURY, POISONING & TOXIC EFFECT DIAG W MCC	922	MS-DRG	inpatient					Ameritealth	HMO/PPO		20609.92				20609.92	58450.91	case rate	
OTHER INJURY, POISONING & TOXIC EFFECT DIAG W/O MCC	923	MS-DRG	inpatient					Ameritealth	HMO/PPO		11946.17				11946.17	37582.48	case rate	
EXTENSIVE BURNS OR FULL THICKNESS BURNS W MV >96 HRS W SKIN GRAFT	927	MS-DRG	inpatient					Ameritealth	HMO/PPO		311336.31				298049.51	686547.44	case rate	
FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W CC/MCC	928	MS-DRG	inpatient					Ameritealth	HMO/PPO		81732.17				81732.17	220376.13	case rate	
FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W/O CC/MCC	929	MS-DRG	inpatient					Ameritealth	HMO/PPO		37979.94				37979.94	111478.31	case rate	
EXTENSIVE BURNS OR FULL THICKNESS BURNS W MV >96 HRS W/O SKIN GRAFT	933	MS-DRG	inpatient					Ameritealth	HMO/PPO		35812.53				33318	107281.27	case rate	
FULL THICKNESS BURN W/O SKIN GRAFT OR INHAL INJ	934	MS-DRG	inpatient					Ameritealth	HMO/PPO		40475.01				24715.61	68769.08	case rate	
NON-EXTENSIVE BURNS	935	MS-DRG	inpatient					Ameritealth	HMO/PPO		24108.49				24108.49	68326.5	case rate	
O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W MCC	939	MS-DRG	inpatient					Ameritealth	HMO/PPO		37977.58				37977.58	122974.2	case rate	
O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W CC	940	MS-DRG	inpatient					Ameritealth	HMO/PPO		25590.84				25590.84	81558.97	case rate	
O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W/O CC/MCC	941	MS-DRG	inpatient					Ameritealth	HMO/PPO		21922.18				21922.18	69440.46	case rate	
REHABILITATION W CC/MCC	945	MS-DRG	inpatient					Ameritealth	HMO/PPO		17829.49				17829.49	51193.3	case rate	
REHABILITATION W/O CC/MCC	946	MS-DRG	inpatient					Ameritealth	HMO/PPO		11961.53				11961.53	39108.55	case rate	
SIGNS & SYMPTOMS W MCC	947	MS-DRG	inpatient					Ameritealth	HMO/PPO		14783.3				14783.3	45218.44	case rate	
SIGNS & SYMPTOMS W/O MCC	948	MS-DRG	inpatient					Ameritealth	HMO/PPO		9461.03				9461.03	29262.96	case rate	
AFTERCARE W CC/MCC	949	MS-DRG	inpatient					Ameritealth	HMO/PPO		12237.92				12237.92	42990.52	case rate	
AFTERCARE W/O CC/MCC	950	MS-DRG	inpatient					Ameritealth	HMO/PPO		7420				7420	27938.96	case rate	
OTHER FACTORS INFLUENCING HEALTH STATUS	951	MS-DRG	inpatient					Ameritealth	HMO/PPO		6968.8				6968.8	29945.59	case rate	
CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA	955	MS-DRG	inpatient					Ameritealth	HMO/PPO		71934.52				71834.52	228676.43	case rate	
LIMB REATTACHMENT, HIP & FEMUR PROC FOR MULTIPLE SIGNIFICANT TRAUMA	956	MS-DRG	inpatient					Ameritealth	HMO/PPO		45807.44				45807.44	141918.99	case rate	
OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W MCC	957	MS-DRG	inpatient					Ameritealth	HMO/PPO		85426.82				85426.82	284996.94	case rate	
OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W CC	958	MS-DRG	inpatient					Ameritealth	HMO/PPO		68357.24				47775.24	156771.76	case rate	
OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W/O CC/MCC	959	MS-DRG	inpatient					Ameritealth	HMO/PPO		46757.54				29911.49	91918.4	case rate	
OTHER MULTIPLE SIGNIFICANT TRAUMA W MCC	963	MS-DRG	inpatient					Ameritealth	HMO/PPO		32296.24				32296.24	104832.07	case rate	
OTHER MULTIPLE SIGNIFICANT TRAUMA W CC	964	MS-DRG	inpatient					Ameritealth	HMO/PPO		17729.09				17729.09	55319.07	case rate	
OTHER MULTIPLE SIGNIFICANT TRAUMA W/O CC/MCC	965	MS-DRG	inpatient					Ameritealth	HMO/PPO		11290.63				11290.63	36543.07	case rate	
HIV W EXTENSIVE O.R. PROCEDURE W MCC	969	MS-DRG	inpatient					Ameritealth	HMO/PPO		81175.85				81175.85	209990.44	case rate	
HIV W EXTENSIVE O.R. PROCEDURE W/O MCC	970	MS-DRG	inpatient					Ameritealth	HMO/PPO		28399.62				28399.62	104558.26	case rate	
HIV W MAJOR RELATED CONDITION W MCC	974	MS-DRG	inpatient					Ameritealth	HMO/PPO		34448.3				34448.3	102131.56	case rate	
HIV W MAJOR RELATED CONDITION W CC	975	MS-DRG	inpatient					Ameritealth	HMO/PPO		16102.85				16102.85	48380.28	case rate	
HIV W MAJOR RELATED CONDITION W/O CC/MCC	976	MS-DRG	inpatient					Ameritealth	HMO/PPO		9984.28				9984.28	35204.07	case rate	
HIV W OR W/O OTHER RELATED CONDITION	977	MS-DRG	inpatient					Ameritealth	HMO/PPO		16726.29				16726.29	43879.44	case rate	
EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W MCC	981	MS-DRG	inpatient					Ameritealth	HMO/PPO		55991.33				11302	163604.34	case rate	
EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W CC	982	MS-DRG	inpatient					Ameritealth	HMO/PPO		29363.44				14901	92000.92	case rate	
EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W/O CC/MCC	983	MS-DRG	inpatient					Ameritealth	HMO/PPO		19314.2				19314.2	58852.23	case rate	
NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W MCC	987	MS-DRG	inpatient					Ameritealth	HMO/PPO		39883.96				39883.96	124995.83	case rate	
NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W CC	988	MS-DRG	inpatient					Ameritealth	HMO/PPO		20044.15				20044.15	63503.1	case rate	
NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W/O CC/MCC	989	MS-DRG	inpatient					Ameritealth	HMO/PPO		12759.99				12759.99	39033.53	case rate	
HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM W MCC	001	MS-DRG	inpatient					Medicare			345743.69				320075.66	990582.37	case rate	
HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM W/O MCC	002	MS-DRG	inpatient					Medicare			161267.27				144621.43	503445.21	case rate	
ECMO OR TRACH W MV >96 HRS OR PDX EXC FACE, MOUTH & NECK W MAJ O.R.	003	MS-DRG	inpatient					Medicare			273883.61				251825.15	686280.58	case rate	
TRACH W MV >96 HRS OR PDX EXC FACE, MOUTH & NECK W/O MAJ O.R.	004	MS-DRG	inpatient					Medicare			220531.85				173629.34	428299.93	case rate	
LIVER TRANSPLANT W MCC OR INTESTINAL TRANSPLANT	005	MS-DRG	inpatient					Medicare			158406.35				122249.23	284311	case rate	
LIVER TRANSPLANT W/O MCC	006	MS-DRG	inpatient					Medicare			79669.77				57131.14	284311	case rate	
LUNG TRANSPLANT	007	MS-DRG	inpatient					Medicare			185775.85				144884.83	395497.06	case rate	
SIMULTANEOUS PANCREAS/KIDNEY TRANSPLANT	008	MS-DRG	inpatient					Medicare			85736.65				74553.61	62148.67	196874.24	case rate
PANCREAS TRANSPLANT	010	MS-DRG	inpatient					Medicare			79337.01				68988.7	56855.93	169302.85	case rate
TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES OR LARYNGECTOMY W MCC	011	MS-DRG	inpatient					Medicare			84231.35				69903.74	73244.86	269411	case rate
TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES OR LARYNGECTOMY W CC	012	MS-DRG	inpatient					Medicare			67787.38				47303.96	58945.55	269411	case rate
TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES OR LARYNGECTOMY W/O CC/MCC	013	MS-DRG	inpatient					Medicare			48946.93				31722.2	42562.54	269411	case rate
ALLOGENEIC BONE MARROW TRANSPLANT	014	MS-DRG	inpatient					Medicare			174271.92				151540.8	135370.65	448219.9	case rate
AUTOLOGOUS BONE MARROW TRANSPLANT W CC/MCC OR T-CELL IMMUNOTHERAPY	016	MS-DRG	inpatient					Medicare			98808.71				85920.62	72959.76	245273.28	case rate
AUTOLOGOUS BONE MARROW TRANSPLANT W/O CC/MCC	017	MS-DRG	inpatient					Medicare			98808.71				85920.62	71026.39	164321.92	case rate
CHIMERIC ANTIGEN RECEPTOR (CAR) T-CELL IMMUNOTHERAPY	018	MS-DRG	inpatient					Medicare			536767.79				466754.6	435168.29	639257.69	case rate
SIMULTANEOUS PANCREAS AND KIDNEY TRANSPLANT WITH HEMODIALYSIS	019	MS-DRG	inpatient					Medicare			124751.46				108479.53	94415.39	138695.22	case rate
INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W MCC	020	MS-DRG	inpatient					Medicare			131305.34				114178.56	99835.69	391021.73	case rate
INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W CC	021	MS-DRG	inpatient					Medicare			98300.28				85478.51	72539.27	296515.34	case rate
INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W/O CC/MCC	022	MS-DRG	inpatient					Medicare			60243.77				52385.89	41065.11	193442.35	case rate
CRANIOTOMY W MAJOR DEVICE IMPLANT OR ACUTE COMPLEX CNS PDX W MCC OR CHEMOTHERAPY IMPLANT OR EPIL	023	MS-DRG	inpatient					Medicare			91550.74				79609.34	69957.14	204791.97	case rate
CRANIO W MAJOR DEV IMPL/ACUTE COMPLEX CNS PDX W/O MCC	024	MS-DRG	inpatient					Medicare			64701.1				56261.82	44751.49	313612.23	case rate
CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W MCC	025	MS-DRG	inpatient					Medicare			73658.59				64050.95	52159.67	160436.19	case rate
CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W CC	026	MS-DRG	inpatient					Medicare			52765.86				45883.36	34980.6	113109.66	case rate
CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W/O CC/MCC	027	MS-DRG	inpatient					Medicare			45336.51				39423.05	28736.25	90230.59	case rate
SPINAL PROCEDURES W MCC	028	MS-DRG	inpatient					Medicare			96653.6				84046.61	71177.4	201592.62	case rate
SPINAL PROCEDURES W CC OR SPINAL NEUROSTIMULATORS	029	MS-DRG	inpatient					Medicare			59551.11				51783.57	40492.25	118360.84	case rate
SPINAL PROCEDURES W/O CC/MCC	030	MS-DRG	inpatient					Medicare			43709.82				38008.54	27390.91	81603.98	case rate
VENTRICULAR SHUNT PROCEDURES W MCC	031	MS-DRG	inpatient					Medicare			69382.65				60332.74	48823.3	156898.03	case rate
VENTRICULAR SHUNT PROCEDURES W CC	032	MS-DRG	inpatient					Medicare			41350.48				35956.94	25439.65	103005.11	case rate
VENTRICULAR SHUNT PROCEDURES W/O CC/MCC	033	MS-DRG	inpatient					Medicare			33768.31				29363.75	19168.92	169398.47	case rate
CAROTID ARTERY STENT PROCEDURE W MCC	034	MS-DRG	inpatient					Medicare			66309.22				57660.19	46081.46	279134.99	case rate
CAROTID ARTERY STENT PROCEDURE W CC	035	MS-DRG	inpatient					Medicare			43431.32				37766.37	27160.59	83276.79	case rate
CAROTID ARTERY STENT PROCEDURE W/O CC/MCC	036	MS-DRG	inpatient					Medicare			36414.71				31664.97	21357.59	64737.08	case rate
EXTRACRANIAL PROCEDURES W MCC	037	MS-DRG	inpatient					Medicare			58799.89				51130.34	39870.97	120389.97	case rate
EXTRACRANIAL PROCEDURES W CC	038	MS-DRG	inpatient					Medicare			33439.83				29078.11	18897.25	62700.45	case rate
EXTRACRANIAL PROCEDURES W/O CC/MCC	039	MS-DRG	inpatient					Medicare			26885.95				23379.08	13476.94	42472.93	case rate
PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W MCC	040	MS-DRG	inpatient					Medicare			65582.28				57028.07	45480.26	147335	case rate
PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W CC OR PERIPH NEUROSTIM	041	MS-DRG	inpatient					Medicare			42448.74				36911.95	26347.96	88456.51	case rate
PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W/O CC/MCC	042	MS-DRG	inpatient					Medicare			35437.84				30815.52	20549.68	102408.62	case rate
SPINAL DISORDERS & INJURIES W CC/MCC	052	MS-DRG	inpatient					Medicare			38361.31				33357.66	22967.5	80333.48	case rate
SPINAL DISORDERS & INJURIES W/O CC/MCC	053	MS-DRG	inpatient					Medicare			24640.86				21426.83	11620.17	98314.19	case rate
NERVOUS SYSTEM NEOPLASMS W MCC	054	MS-DRG	inpatient					Medicare			31634.62				27508.36	17404.27	143596.19	case rate
NERVOUS SYSTEM NEOPLASMS W/O MCC	055	MS-DRG	inpatient					Medicare			25917.64				22537.08	12676.12	39277.33	case rate
DEGENERATIVE NERVOUS SYSTEM DISORDERS W MCC	056	MS-DRG	inpatient					Medicare			44780.95				38939.95	28276.78	79683.62	case rate
DEGENERATIVE NERVOUS SYSTEM DISORDERS W/O MCC	057	MS-DRG	inpatient					Medicare			30059.35				26138.56	16101.46	45342.21	case rate
MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W MCC	058	MS-DRG	inpatient					Medicare			35267.89				30667.73	20409.13	65997.32	case rate
MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W CC	059	MS-DRG	inpatient					Medicare			27545.76				23952.84	14022.64	41231.45	case rate
MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W/O CC/MCC	060	MS-DRG	inpatient					Medicare			23406.92				20353.84	10599.66	31232.08	case rate
ISCHEMIC STROKE, PRECEREBRAL OCCLUSION OR TRANSIENT ISCHEMIA W THROMBOLYTIC AGENT W MCC	061	MS-DRG	inpatient					Medicare			50619.32				44016.8	33105.33	106808.68	case rate
ISCHEMIC STROKE, PRECEREBRAL OCCLUSION OR TRANSIENT ISCHEMIA W THROMBOLYTIC AGENT W CC	062	MS-DRG	inpatient					Medicare			37321.4				32453.57	22107.62	72108.96	case rate
ISCHEMIC STROKE, PRECEREBRAL OCCLUSION OR TRANSIENT ISCHEMIA W THROMBOLYTIC AGENT W/O CC/MCC	063	MS-DRG	inpatient					Medicare			31824.57				27673.54	17561.37	136083.64	case rate
INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W MCC	064	MS-DRG	inpatient					Medicare			39196.79				34084.17	23658.47	215326.95	case rate
INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W CC OR TPA IN 24 HRS	065	MS-DRG	inpatient					Medicare			25106.44				21831.69	12005.23	39688.47	case rate
INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W/O CC/MCC	066	MS-DRG	inpatient					Medicare			20409.18				17747.12	8120.42	27260.09	case rate
NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT W MCC	067	MS-DRG	inpatient					Medicare			30826.27				26805.46	16735.74	56313.01	case rate
NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT W/O MCC	068	MS-DRG	inpatient					Medicare			23029.88				20025.98	10287.83	33707.54	case rate
TRANSIENT ISCHEMIA W/O THROMBOLYTIC	069	MS-DRG	inpatient					Medicare			21997.31				19128.1	9433.86	28711.61	case rate
NONSPECIFIC CEREBROVASCULAR DISORDERS W MCC	070	MS-DRG	inpatient					Medicare			36147.64				31432.73	21136.72	61710.27	case rate
NONSPECIFIC CEREBROVASCULAR DISORDERS W CC	071	MS-DRG	inpatient					Medicare			25754.83				22395.51	12541.47	36974.4	case rate
NONSPECIFIC CEREBROVASCULAR DISORDERS W/O CC/MCC	072	MS-DRG	inpatient					Medicare			21773.09				18933.12	9248.42	27830.19	case rate
CRANIAL & PERIPHERAL NERVE DISORDERS W MCC	073	MS-DRG	inpatient					Medicare			32198.75				27998.91	17870.83	52926.13	case rate
CRANIAL & PERIPHERAL NERVE DISORDERS W/O MCC	074	MS-DRG	inpatient					Medicare			25246.4				21953.39	12120.98	36528.07	case rate
VIRAL MENINGITIS W CC/MCC	075	MS-DRG	inpatient					Medicare			37922.86				32976.4	22604.89	55570.37	case rate
VIRAL MENINGITIS W/O CC/MCC	076	MS-DRG	inpatient					Medicare			23765.39				20665.56	10896.13	30935.77	case rate
HYPERTENSIVE ENCEPHALOPATHY W MCC	077	MS-DRG	inpatient					Medicare			32168.76				27972.83	17846.03	58210.86	case rate
HYPERTENSIVE ENCEPHALOPATHY W CC	078	MS-DRG	inpatient					Medicare			25113.58				21837.9	12011.13	36385.54	case rate
HYPERTENSIVE ENCEPHALOPATHY W/O CC/MCC	079	MS-DRG	inpatient					Medicare			21170.4				18409.04	8749.97	27998.98	case rate
NONTRAUMATIC STUPOR & COMA W MCC	080	MS-DRG	inpatient					Medicare			42134.54				36636.73	26088.1	70468.15	case rate
NONTRAUMATIC STUPOR & COMA W/O MCC	081	MS-DRG	inpatient					Medicare			23579.73				20504.11	10742.58	32053.48	case rate
TRAUMATIC STUPOR & COMA, COMA >1 HR W MCC	082	MS-DRG	inpatient					Medicare			43128.55				37503.09	26910.19	80962.61	case rate
TRAUMATIC STUPOR & COMA, COMA >1 HR W CC	083	MS-DRG	inpatient					Medicare			29962.23				26054.11	16021.15	48571.57	case rate
TRAUMATIC STUPOR & COMA, COMA >1 HR W/O CC/MCC	084	MS-DRG	inpatient					Medicare			23725.4				20630.78	10863.05	34630.21	case rate
TRAUMATIC STUPOR & COMA, COMA <1 HR W MCC	085	MS-DRG	inpatient					Medicare			43050				37434.78	26845.22	81765.26	case rate
TRAUMATIC STUPOR & COMA, COMA <1 HR W CC	086	MS-DRG	inpatient					Medicare			29400.96				25566.05	15556.95	46624.95	case rate
TRAUMATIC STUPOR & COMA, COMA <1 HR W/O CC/MCC	087	MS-DRG	inpatient					Medicare			23246.96				20214.75	10467.37	31704.67	case rate
CONCUSSION W MCC	088	MS-DRG	inpatient					Medicare			32495.81				28257.22	18116.51	55496.36	case rate
CONCUSSION W CC	089	MS-DRG	inpatient					Medicare			27013.05				23489.61	13582.07	40038.72	case rate
CONCUSSION W/O CC/MCC	090	MS-DRG	inpatient					Medicare			23941.05				20818.31	11041.41	29758.05	case rate
OTHER DISORDERS OF NERVOUS SYSTEM W MCC	091	MS-DRG	inpatient					Medicare			36143.36				31429.01	21133.17	60461.26	case rate
OTHER DISORDERS OF NERVOUS SYSTEM W CC	092	MS-DRG	inpatient					Medicare			25244.98				21952.15	12119.8	35380.35	case rate
OTHER DISORDERS OF NERVOUS SYSTEM W/O CC/MCC	093	MS-DRG	inpatient					Medicare			21650.27				18826.32	9146.84	27672.66	case rate
BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W MCC	094	MS-DRG	inpatient					Medicare			62328.9				54199.05	42789.59	137947	case rate
BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W CC	095	MS-DRG	inpatient					Medicare			44640.99				38818.25	28161.03	89300.42	case rate
BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W/O CC/MCC	096	MS-DRG	inpatient					Medicare			41720.37				36278.59	25745.57	79177.28	case rate
NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W MCC	097	MS-DRG	inpatient					Medicare			62531.7				54375.39	42957.32	132733.52	case rate
NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W CC	098	MS-DRG	inpatient					Medicare			41360.47				35965.63	25447.92	69406.7	case rate
NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W/O CC/MCC	099	MS-DRG	inpatient					Medicare			29445.23				25604.55	15593.57	47742.66	case rate
SEIZURES W MCC	100	MS-DRG	inpatient					Medicare			38904.02				33829.58	23416.34	67977.69	case rate
SEIZURES W/O MCC	101	MS-DRG	inpatient					Medicare			23581.15				20505.35	10743.76	32604.84	case rate
HEADACHES W MCC	102	MS-DRG	inpatient					Medicare			27822.83				24193.76	14251.78	40376.29	case rate
HEADACHES W/O MCC	103	MS-DRG	inpatient					Medicare			22621.42				19670.8	9950.02	29307.97	case rate
ORBITAL PROCEDURES W CC/MCC	113	MS-DRG	inpatient					Medicare			46399.07				40347.01	29615.02	86367.37	case rate
ORBITAL PROCEDURES W/O CC/MCC	114	MS-DRG	inpatient					Medicare			28182.73				24506.72	14549.43	47075.04	case rate
EXTRAOCULAR PROCEDURES EXCEPT ORBIT	115	MS-DRG	inpatient					Medicare			32932.83				28637.24	18477.94	51088.28	case rate
INTRAOCULAR PROCEDURES W CC/MCC	116	MS-DRG	inpatient					Medicare			36737.48				31945.63	21624.53	64061.96	case rate
INTRAOCULAR PROCEDURES W/O CC/MCC	117	MS-DRG	inpatient					Medicare			27705.72				24091.93	14154.93	37600.77	case rate
ACUTE MAJOR EYE INFECTIONS W CC/MCC	121	MS-DRG	inpatient					Medicare			28888.24				25120.21	15132.92	39731.17	case rate
ACUTE MAJOR EYE INFECTIONS W/O CC/MCC	122	MS-DRG	inpatient					Medicare			21223.24				18454.99	8793.68	26472.44	case rate
NEUROLOGICAL EYE DISORDERS	123	MS-DRG	inpatient					Medicare			22073.4				19193.92	9496.46	28239.02	case rate
OTHER DISORDERS OF THE EYE W MCC	124	MS-DRG	inpatient					Medicare			29469.51				25625.66	15613.65	49933.07	case rate

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.														
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true													
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
OTHER DISORDERS OF THE EYE W/O MCC	125	MS-DRG	inpatient				21980.17	Ameritealth	Medicare		19113.19				9419.69	30388.17	case rate	
SINUS & MASTOID PROCEDURES W CC/MCC	135	MS-DRG	inpatient				48467.06	Ameritealth	Medicare		42145.27				31325.33	86198.59	case rate	
SINUS & MASTOID PROCEDURES W/O CC/MCC	136	MS-DRG	inpatient				24002.47	Ameritealth	Medicare		20871.71				11092.2	45477.24	case rate	
MOUTH PROCEDURES W CC/MCC	137	MS-DRG	inpatient				32080.21	Ameritealth	Medicare		27895.83				17772.79	51650.89	case rate	
MOUTH PROCEDURES W/O CC/MCC	138	MS-DRG	inpatient				22954.19	Ameritealth	Medicare		19960.16				10225.23	31700.92	case rate	
SALIVARY GLAND PROCEDURES	139	MS-DRG	inpatient				27552.9	Ameritealth	Medicare		23959.05				14028.54	43523.12	case rate	
MAJOR HEAD AND NECK PROCEDURES WITH MCC	140	MS-DRG	inpatient				64548.28	Ameritealth	Medicare		56128.94				44625.1	65553.81	case rate	
MAJOR HEAD AND NECK PROCEDURES WITH CC	141	MS-DRG	inpatient				40177.95	Ameritealth	Medicare		34937.35				24469.93	35946.07	case rate	
MAJOR HEAD AND NECK PROCEDURES WITHOUT COMPLICATIONS	142	MS-DRG	inpatient				32655.76	Ameritealth	Medicare		28396.32				18248.8	28396.32	case rate	
OTHER EAR, NOSE, MOUTH AND THROAT O.R. PROCEDURES WITH MCC	143	MS-DRG	inpatient				58088.8	Ameritealth	Medicare		50509.39				39280.39	57702.49	case rate	
OTHER EAR, NOSE, MOUTH AND THROAT O.R. PROCEDURES WITH CC	144	MS-DRG	inpatient				35305.02	Ameritealth	Medicare		30700.02				20439.84	30700.02	case rate	
OTHER EAR, NOSE, MOUTH AND THROAT O.R. PROCEDURES WITHOUT CC/MCC	145	MS-DRG	inpatient				28029.91	Ameritealth	Medicare		24373.84				14423.05	24373.84	case rate	
EAR, NOSE, MOUTH & THROAT MALIGNANCY W MCC	146	MS-DRG	inpatient				40739.22	Ameritealth	Medicare		35425.41				24934.12	72129.71	case rate	
EAR, NOSE, MOUTH & THROAT MALIGNANCY W CC	147	MS-DRG	inpatient				28239.85	Ameritealth	Medicare		24556.39				14596.68	46902.5	case rate	
EAR, NOSE, MOUTH & THROAT MALIGNANCY W/O CC/MCC	148	MS-DRG	inpatient				23296.95	Ameritealth	Medicare		20258.22				10508.71	27147.57	case rate	
DYSEQUILIBRIUM	149	MS-DRG	inpatient				21226.1	Ameritealth	Medicare		18457.48				8796.04	26671.23	case rate	
EPISTAXIS W MCC	150	MS-DRG	inpatient				29363.83	Ameritealth	Medicare		25533.76				15526.24	49790.54	case rate	
EPISTAXIS W/O MCC	151	MS-DRG	inpatient				21597.42	Ameritealth	Medicare		18780.37				9103.14	26397.43	case rate	
OTITIS MEDIA & URI W MCC	152	MS-DRG	inpatient				27560.04	Ameritealth	Medicare		23965.25				14034.45	39086.04	case rate	
OTITIS MEDIA & URI W/O MCC	153	MS-DRG	inpatient				21084.71	Ameritealth	Medicare		18334.53				8679.1	26697.48	case rate	
OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W MCC	154	MS-DRG	inpatient				32558.65	Ameritealth	Medicare		28311.87				18168.48	54253.88	case rate	
OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W CC	155	MS-DRG	inpatient				24109.58	Ameritealth	Medicare		20964.85				11180.78	33129.93	case rate	
OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W/O CC/MCC	156	MS-DRG	inpatient				19952.17	Ameritealth	Medicare		17349.71				7742.45	24750.87	case rate	
DENTAL & ORAL DISEASES W MCC	157	MS-DRG	inpatient				34969.4	Ameritealth	Medicare		30408.18				20162.26	62749.21	case rate	
DENTAL & ORAL DISEASES W CC	158	MS-DRG	inpatient				23993.9	Ameritealth	Medicare		20864.26				11085.11	33392.48	case rate	
DENTAL & ORAL DISEASES W/O CC/MCC	159	MS-DRG	inpatient				20233.52	Ameritealth	Medicare		17594.36				7975.14	25444.75	case rate	
MAJOR CHEST PROCEDURES W MCC	163	MS-DRG	inpatient				77908.84	Ameritealth	Medicare		67746.81				55674.78	184508.19	case rate	
MAJOR CHEST PROCEDURES W CC	164	MS-DRG	inpatient				47014.61	Ameritealth	Medicare		40882.27				30124.1	96351.73	case rate	
MAJOR CHEST PROCEDURES W/O CC/MCC	165	MS-DRG	inpatient				37388.73	Ameritealth	Medicare		32511.94				22163.14	69477.97	case rate	
OTHER RESP SYSTEM O.R. PROCEDURES W MCC	166	MS-DRG	inpatient				68542.88	Ameritealth	Medicare		59602.5				47928.79	131199.49	case rate	
OTHER RESP SYSTEM O.R. PROCEDURES W CC	167	MS-DRG	inpatient				36580.38	Ameritealth	Medicare		31809.03				21494.6	71173.28	case rate	
OTHER RESP SYSTEM O.R. PROCEDURES W/O CC/MCC	168	MS-DRG	inpatient				29952.23	Ameritealth	Medicare		26045.42				16012.88	50319.39	case rate	
ULTRASOUND ACCELERATED AND OTHER THROMBOLYSIS WITH PRINCIPAL DIAGNOSIS PULMONARY EMBOLISM	173	MS-DRG	inpatient				54506.8	Ameritealth	Medicare		47397.22				36320.42	53354.33	case rate	
PULMONARY EMBOLISM W MCC OR ACUTE COR PULMONALE	175	MS-DRG	inpatient				30627.76	Ameritealth	Medicare		26632.83				16571.56	54944	case rate	
PULMONARY EMBOLISM W/O MCC	176	MS-DRG	inpatient				22238.67	Ameritealth	Medicare		19337.98				9633.48	33718.79	case rate	
RESPIRATORY INFECTIONS & INFLAMMATIONS W MCC	177	MS-DRG	inpatient				34818.02	Ameritealth	Medicare		30276.54				20037.06	69042.89	case rate	
RESPIRATORY INFECTIONS & INFLAMMATIONS W CC	178	MS-DRG	inpatient				24682.28	Ameritealth	Medicare		21462.85				11654.43	47798.92	case rate	
RESPIRATORY INFECTIONS & INFLAMMATIONS W/O CC/MCC	179	MS-DRG	inpatient				21491.74	Ameritealth	Medicare		18688.47				9015.73	34562.7	case rate	
RESPIRATORY NEOPLASMS W MCC	180	MS-DRG	inpatient				35414.99	Ameritealth	Medicare		30795.65				20530.78	63611.87	case rate	
RESPIRATORY NEOPLASMS W CC	181	MS-DRG	inpatient				26316.11	Ameritealth	Medicare		22883.57				13005.66	42791.74	case rate	
RESPIRATORY NEOPLASMS W/O CC/MCC	182	MS-DRG	inpatient				21430.33	Ameritealth	Medicare		18635.07				8964.94	29821.82	case rate	
MAJOR CHEST TRAUMA W MCC	183	MS-DRG	inpatient				33077.07	Ameritealth	Medicare		28762.67				18597.24	55919.19	case rate	
MAJOR CHEST TRAUMA W CC	184	MS-DRG	inpatient				25613.44	Ameritealth	Medicare		22272.56				12424.54	37672.03	case rate	
MAJOR CHEST TRAUMA W/O CC/MCC	185	MS-DRG	inpatient				21383.2	Ameritealth	Medicare		18594.08				8925.97	27466.38	case rate	
PLEURAL EFFUSION W MCC	186	MS-DRG	inpatient				32757.16	Ameritealth	Medicare		28484.49				18332.66	58492.17	case rate	
PLEURAL EFFUSION W CC	187	MS-DRG	inpatient				24819.38	Ameritealth	Medicare		21582.07				11767.82	39532.38	case rate	
PLEURAL EFFUSION W/O CC/MCC	188	MS-DRG	inpatient				21251.81	Ameritealth	Medicare		18479.83				8817.3	28775.37	case rate	
PULMONARY EDEMA & RESPIRATORY FAILURE	189	MS-DRG	inpatient				28185.58	Ameritealth	Medicare		24509.2				14551.79	46332.4	case rate	
CHRONIC OBSTRUCTIVE PULMONARY DISEASE W MCC	190	MS-DRG	inpatient				26328.96	Ameritealth	Medicare		22894.75				13016.3	44659.58	case rate	
CHRONIC OBSTRUCTIVE PULMONARY DISEASE W CC	191	MS-DRG	inpatient				22715.68	Ameritealth	Medicare		19752.77				10027.98	34277.65	case rate	
CHRONIC OBSTRUCTIVE PULMONARY DISEASE W/O CC/MCC	192	MS-DRG	inpatient				19756.51	Ameritealth	Medicare		17179.57				7580.63	27158.82	case rate	
SIMPLE PNEUMONIA & PLEURISY W MCC	193	MS-DRG	inpatient				29536.63	Ameritealth	Medicare		25684.03				15669.16	49385.47	case rate	
SIMPLE PNEUMONIA & PLEURISY W CC	194	MS-DRG	inpatient				22332.93	Ameritealth	Medicare		19419.94				9711.43	33763.8	case rate	
SIMPLE PNEUMONIA & PLEURISY W/O CC/MCC	195	MS-DRG	inpatient				19525.14	Ameritealth	Medicare		16978.39				7389.29	25759.81	case rate	
INTERSTITIAL LUNG DISEASE W MCC	196	MS-DRG	inpatient				37660.08	Ameritealth	Medicare		32747.89				22387.56	61440.22	case rate	
INTERSTITIAL LUNG DISEASE W CC	197	MS-DRG	inpatient				24836.52	Ameritealth	Medicare		21596.97				11781.99	37570.76	case rate	
INTERSTITIAL LUNG DISEASE W/O CC/MCC	198	MS-DRG	inpatient				21704.54	Ameritealth	Medicare		18873.51				9191.72	28449.06	case rate	
PNEUMOTHORAX W MCC	199	MS-DRG	inpatient				35927.71	Ameritealth	Medicare		31241.48				20954.82	66867.48	case rate	
PNEUMOTHORAX W CC	200	MS-DRG	inpatient				25971.92	Ameritealth	Medicare		22584.27				12721.01	40312.52	case rate	
PNEUMOTHORAX W/O CC/MCC	201	MS-DRG	inpatient				20674.82	Ameritealth	Medicare		17976.11				8340.11	27891.99	case rate	
BRONCHITIS & ASTHMA W CC/MCC	202	MS-DRG	inpatient				24265.25	Ameritealth	Medicare		21100.22				11309.53	39095.65	case rate	
BRONCHITIS & ASTHMA W/O CC/MCC	203	MS-DRG	inpatient				20514.87	Ameritealth	Medicare		17839.02				8207.83	30775.53	case rate	
RESPIRATORY SIGNS & SYMPTOMS	204	MS-DRG	inpatient				22342.93	Ameritealth	Medicare		19428.63				9719.7	96731.64	case rate	
OTHER RESPIRATORY SYSTEM DIAGNOSES W MCC	205	MS-DRG	inpatient				36444.7	Ameritealth	Medicare		31691.05				21382.39	56931.88	case rate	
OTHER RESPIRATORY SYSTEM DIAGNOSES W/O MCC	206	MS-DRG	inpatient				23636.85	Ameritealth	Medicare		20553.79				10789.82	32387.29	case rate	
RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT >96 HOURS	207	MS-DRG	inpatient				109248.65	Ameritealth	Medicare		94998.83				49635	209907.93	case rate	
RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT <=96 HOURS	208	MS-DRG	inpatient				49205.43	Ameritealth	Medicare		42787.33				31935.99	91419.56	case rate	
CONCOMITANT AORTIC AND MITRAL VALVE PROCEDURES	212	MS-DRG	inpatient				164414.67	Ameritealth	Medicare		142969.28				37458	186882.42	case rate	
OTHER HEART ASSIST SYSTEM IMPLANT	215	MS-DRG	inpatient				156475.46	Ameritealth	Medicare		136065.62				120652.31	483318.95	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W MCC	216	MS-DRG	inpatient				149198.92	Ameritealth	Medicare		129738.19				78495	368352.5	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W CC	217	MS-DRG	inpatient				101497.96	Ameritealth	Medicare		88259.1				75163.87	238649.54	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W/O CC/MCC	218	MS-DRG	inpatient				91945.29	Ameritealth	Medicare		79955.83				67286.69	221490.09	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W MCC	219	MS-DRG	inpatient				120719.73	Ameritealth	Medicare		104973.68				57338	288488.84	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W CC	220	MS-DRG	inpatient				85492.43	Ameritealth	Medicare		74341.24				57338	195235.19	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W/O CC/MCC	221	MS-DRG	inpatient				76960.52	Ameritealth	Medicare		66939.59				17199	172809.75	case rate	
OTHER CARDIOTHORACIC PROCEDURES W MCC	228	MS-DRG	inpatient				82551.82	Ameritealth	Medicare		71784.19				59514.71	246653.53	case rate	
OTHER CARDIOTHORACIC PROCEDURES W/O MCC	229	MS-DRG	inpatient				56000.67	Ameritealth	Medicare		48696.23				37555.91	174347.54	case rate	
CORONARY BYPASS W PTCA W MCC	231	MS-DRG	inpatient				126489.55	Ameritealth	Medicare		109990.91				19424	315017.54	case rate	
CORONARY BYPASS W PTCA W/O MCC	232	MS-DRG	inpatient				95546.77	Ameritealth	Medicare		83084.14				27830	231058.12	case rate	
CORONARY BYPASS W CARDIAC CATH W MCC	233	MS-DRG	inpatient				121982.24	Ameritealth	Medicare		106071.51				53769	286467.21	case rate	
CORONARY BYPASS W CARDIAC CATH W/O MCC	234	MS-DRG	inpatient				84825.47	Ameritealth	Medicare		73761.28				61395.1	193056.03	case rate	
CORONARY BYPASS W/O CARDIAC CATH W MCC	235	MS-DRG	inpatient				94575.61	Ameritealth	Medicare		82239.66				47567	217911.92	case rate	
CORONARY BYPASS W/O CARDIAC CATH W/O MCC	236	MS-DRG	inpatient				68305.8	Ameritealth	Medicare		59396.35				33990	147263.73	case rate	
AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W MCC	239	MS-DRG	inpatient				79239.89	Ameritealth	Medicare		68904.25				56775.61	176631.72	case rate	
AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W CC	240	MS-DRG	inpatient				50710.72	Ameritealth	Medicare		44096.28				33180.92	102592.96	case rate	
AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W/O CC/MCC	241	MS-DRG	inpatient				30439.24	Ameritealth	Medicare		26468.9				15559	59861.17	case rate	
PERMANENT CARDIAC PACEMAKER IMPLANT W MCC	242	MS-DRG	inpatient				59935.28	Ameritealth	Medicare		52117.64				20528	140159.91	case rate	
PERMANENT CARDIAC PACEMAKER IMPLANT W CC	243	MS-DRG	inpatient				43118.55	Ameritealth	Medicare		37494.39				19748	95804.13	case rate	
PERMANENT CARDIAC PACEMAKER IMPLANT W/O CC/MCC	244	MS-DRG	inpatient				36718.91	Ameritealth	Medicare		31929.49				19748	91806.34	case rate	
AICD GENERATOR PROCEDURES	245	MS-DRG	inpatient				75306.71	Ameritealth	Medicare		65484.09				53522.72	187988.83	case rate	
PERC CARDIOVASC PROC W/O CORONARY ARTERY STENT W MCC	250	MS-DRG	inpatient				44163.98	Ameritealth	Medicare		38403.46				27766.52	97023.11	case rate	
PERC CARDIOVASC PROC W/O CORONARY ARTERY STENT W/O MCC	251	MS-DRG	inpatient				33254.17	Ameritealth	Medicare		28916.67				18743.7	62929.24	case rate	
OTHER VASCULAR PROCEDURES W MCC	252	MS-DRG	inpatient				58488.55	Ameritealth	Medicare		50859.61				39613.48	122265.32	case rate	
OTHER VASCULAR PROCEDURES W CC	253	MS-DRG	inpatient				47024.61	Ameritealth	Medicare		40890.96				30132.37	97304.41	case rate	
OTHER VASCULAR PROCEDURES W/O CC/MCC	254	MS-DRG	inpatient				35370.72	Ameritealth	Medicare		30757.15				20494.17	67897.67	case rate	
UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W MCC	255	MS-DRG	inpatient				49828.11	Ameritealth	Medicare		43328.79				32450.97	95279.03	case rate	
UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W CC	256	MS-DRG	inpatient				34008.24	Ameritealth	Medicare		29572.38				19367.35	65588.49	case rate	
UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W/O CC/MCC	257	MS-DRG	inpatient				24743.69	Ameritealth	Medicare		21516.25				11705.22	42236.63	case rate	
CARDIAC PACEMAKER DEVICE REPLACEMENT W MCC	258	MS-DRG	inpatient				49273.98	Ameritealth	Medicare		42846.94				15797	112100.92	case rate	
CARDIAC PACEMAKER DEVICE REPLACEMENT W/O MCC	259	MS-DRG	inpatient				37248.77	Ameritealth	Medicare		32390.23				15797	78652.18	case rate	
CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W MCC	260	MS-DRG	inpatient				57937.27	Ameritealth	Medicare		50380.24				12982	135756.59	case rate	
CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W CC	261	MS-DRG	inpatient				37455.93	Ameritealth	Medicare		32579				12982	74706.44	case rate	
CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W/O CC/MCC	262	MS-DRG	inpatient				34088.22	Ameritealth	Medicare		29641.93				12982	61170.17	case rate	
VEIN LIGATION & STRIPPING	263	MS-DRG	inpatient				50939.23	Ameritealth	Medicare		44294.98				33369.91	89724.25	case rate	
OTHER CIRCULATORY SYSTEM O.R. PROCEDURES	264	MS-DRG	inpatient				57234.61	Ameritealth	Medicare		49769.23				38576.42	118469.61	case rate	
AICD LEAD PROCEDURES	265	MS-DRG	inpatient				61063.54	Ameritealth	Medicare		53098.73				41743.09	116898.07	case rate	
ENDOVASCULAR CARDIAC VALVE REPLACEMENT & SUPPLEMENT PROCEDURES W MCC	266	MS-DRG	inpatient				99795.58	Ameritealth	Medicare		86778.76				73775.94	269731.59	case rate	
ENDOVASCULAR CARDIAC VALVE REPLACEMENT & SUPPLEMENT PROCEDURES W/O MCC	267	MS-DRG	inpatient				80288.17	Ameritealth	Medicare		69815.8				57642.58	219344.69	case rate	
AORTIC AND HEART ASSIST PROCEDURES EXCEPT PULSATION BALOON W MCC	268	MS-DRG	inpatient				108487.44	Ameritealth	Medicare		94336.9				80994.43	251436.68	case rate	
AORTIC AND HEART ASSIST PROCEDURES EXCEPT PULSATION BALOON W/O MCC	269	MS-DRG	inpatient				69982.48	Ameritealth	Medicare		60854.33				49119.39	155687.81	case rate	
OTHER MAJOR CARDIOVASCULAR PROCEDURES W MCC	270	MS-DRG	inpatient				82811.75	Ameritealth	Medicare		72010.22				59729.68	189849.18	case rate	
OTHER MAJOR CARDIOVASCULAR PROCEDURES W CC	271	MS-DRG	inpatient				59950.99	Ameritealth	Medicare		52131.3				40822.98	131041.96	case rate	
OTHER MAJOR CARDIOVASCULAR PROCEDURES W/O CC/MCC	272	MS-DRG	inpatient				45430.77	Ameritealth	Medicare		39505.01				28814.2	98197.08	case rate	
PERCUTANEOUS INTRACARDIAC PROCEDURES W MCC	273	MS-DRG	inpatient				66246.38	Ameritealth	Medicare		57605.55				46029.49	136994.32	case rate	
PERCUTANEOUS INTRACARDIAC PROCEDURES W/O MCC	274	MS-DRG	inpatient				56874.71	Ameritealth	Medicare		49456.27				39278.77	111707.1	case rate	
CARDIAC DEFIBRILLATOR IMPLANT WITH CARDIAC CATHETERIZATION AND MCC	275	MS-DRG	inpatient				111073.86	Ameritealth	Medicare		96585.96				83103.49	122078.17	case rate	
CARDIAC DEFIBRILLATOR IMPLANT WITH MCC	276	MS-DRG	inpatient				99262.86	Ameritealth	Medicare		86332.93				73261.9	107753.18	case rate	
CARDIAC DEFIBRILLATOR IMPLANT WITHOUT MCC	277	MS-DRG	inpatient				76891.42	Ameritealth	Medicare		66801.23				56487.41	82979.42	case rate	
ULTRASOUND ACCELERATED AND OTHER THROMBOLYSIS OF PERIPHERAL VASCULAR STRUCTURES WITH MCC	278	MS-DRG	inpatient				74292.7	Ameritealth	Medicare		64602.35				52684.1	77392.4	case rate	
ULTRASOUND ACCELERATED AND OTHER THROMBOLYSIS OF PERIPHERAL VASCULAR STRUCTURES WITHOUT MCC	279	MS-DRG	inpatient				56300.59	Ameritealth	Medicare		48957.03				37803.95	55533.61	case rate	
ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W MCC	280	MS-DRG	inpatient				33248.45	Ameritealth	Medicare		28911.7				18738.98	62152.85	case rate	
ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W CC	281	MS-DRG	inpatient				23629.71	Ameritealth	Medicare		20547.58				10783.92	36741.86	case rate	
ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W/O CC/MCC	282	MS-DRG	inpatient				20846.2	Ameritealth	Medicare		18127.13				8481.85	28092.74	case rate	
ACUTE MYOCARDIAL INFARCTION, EXPIRED W MCC	283	MS-DRG	inpatient				38745.49	Ameritealth	Medicare		33691.73				23285.23	67688.88	case rate	
ACUTE MYOCARDIAL INFARCTION, EXPIRED W CC	284	MS-DRG	inpatient				21154.69	Ameritealth	Medicare		18395.38				8736.98	28752.87	case rate	
ACUTE MYOCARDIAL INFARCTION, EXPIRED W/O CC/MCC	285	MS-DRG	inpatient				17569.98	Ameritealth	Medicare		15278.24				5772.29	22369.17	case rate	
CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W MCC	286	MS-DRG	inpatient				41376.18	Ameritealth	Medicare		35979.29				13521	81795.27	case rate	
CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W/O MCC	287	MS-DRG	inpatient				26037.61	Ameritealth	Medicare		22641.4				9969	42716.72	case rate	
ACUTE & SUBACUTE ENDOCARDITIS W MCC	288	MS-DRG	inpatient				47623.01	Ameritealth	Medicare		41411.31				30627.27	101047.61	case rate	
ACUTE & SUBACUTE ENDOCARDITIS W CC	289	MS-DRG	inpatient				31694.6	Ameritealth	Medicare		27560.52				17453.88	64133.22	case rate	
ACUTE & SUBACUTE ENDOCARDITIS W/O CC/MCC	290	MS-DRG	inpatient				25232.12	Ameritealth	Medicare		21940.98				12109.17	37934.58	case rate	
HEART FAILURE & SHOCK W MCC	291	MS-DRG	inpatient				28928.8	Ameritealth	Medicare		25153.74				15164.81	50461.52	case rate	
HEART FAILURE & SHOCK W CC	292	MS-DRG	inpatient				22822.8	Ameritealth	Medicare		19845.91				10116.57	34498.94	case rate	
HEART FAILURE & SHOCK W/O CC/MCC	293	MS-DRG	inpatient				18609.69	Ameritealth	Medicare		16182.34				6632.17	24964.66	case rate	
DEEP VEIN THROMBOPHLEBITIS W CC/MCC	294	MS-DRG	inpatient				26210.42	Ameritealth	Medicare		22791.67				12918.26	43536.13	case rate	
DEEP VEIN THROMBOPHLEBITIS W/O CC/MCC	295	MS-DRG	inpatient				19609.41	Ameritealth	Medicare		17051.66				7458.97	25677.61	case rate	
CARDIAC ARREST, UNEXPLAINED W MCC	296	MS-DRG	inpatient				33486.96	Ameritealth	Medicare		29119.09				18936.23	57582	case rate	
CARDIAC ARREST, UNEXPLAINED W CC	297	MS-DRG	inpatient				20996.16	Ameritealth	Medicare		18257.53				8605.87	24469.57	case rate	
CARDIAC ARREST, UNEXPLAINED W/O CC/MCC	298	MS-DRG	inpatient				16858.75	Ameritealth	Medicare		14659.78				5184.08	18097.13	case rate	
PERIPHERAL VASCULAR DISORDERS W MCC	299	MS-DRG	inpatient				33101.35	Ameritealth	Medicare		28783.78				18617.32	54400.15	case rate	
PERIPHERAL VASCULAR DISORDERS W CC	300	MS-DRG	inpatient				25829.1	Ameritealth	Medicare		22460.09				12602.89	38395.92	case rate	
PERIPHERAL VASCULAR DISORDERS W/O CC/MCC	301	MS-DRG	inpatient				20727.67	Ameritealth	Medicare		18024.06				8383.82	27237.58	case rate	
ATHEROSCLEROSIS W MCC	302	MS-DRG	inpatient				26601.74	Ameritealth	Medicare		23131.95				13241.9	40113.74	case rate	
ATHEROSCLEROSIS W/O MCC	303	MS-DRG	inpatient				19989.3	Ameritealth	Medicare		17382				7773.16	24960.91	case rate	
HYPERTENSION W MCC	304	MS-DRG	inpatient				27000.2	Ameritealth	Medicare		23478.43				13571.44	40548.82	case rate	
HYPERTENSION W/O MCC	305	MS-DRG	inpatient				21351.78	Ameritealth	Medicare		18566.76				8699.98	27001.29	case rate	
CARDIAC CONGENITAL & VALVULAR DISORDERS W MCC	306	MS-DRG	inpatient				32338.65	Ameritealth	Medicare		28294.48				18151.94	52839.86	case rate	
CARDIAC CONGENITAL & VALVULAR DISORDERS W/O MCC	307	MS-DRG	inpatient				24052.45	Ameritealth	Medicare		20915.18				11133.54	32105.99	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.													
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true												
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W MCC	308	MS-DRG	inpatient				27759.99	Amerihealth	Medicare						14139.12	94199.81	451543.43	case rate	
CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC	309	MS-DRG	inpatient				21226.1	Amerihealth	Medicare						18457.48	8796.04	28636.59	case rate	
CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W/O CC/MCC	310	MS-DRG	inpatient				18488.29	Amerihealth	Medicare						16076.78	6531.77	21090.19	case rate	
ANGINA PECTORIS	311	MS-DRG	inpatient				20560.57	Amerihealth	Medicare						17876.76	8245.92	25774.81	case rate	
SYNCOPE & COLLAPSE	312	MS-DRG	inpatient				22922.77	Amerihealth	Medicare						19932.84	10199.25	30061.86	case rate	
CHEST PAIN	313	MS-DRG	inpatient				20924.75	Amerihealth	Medicare						18195.44	8546.82	26528.7	case rate	
OTHER CIRCULATORY SYSTEM DIAGNOSES W MCC	314	MS-DRG	inpatient				40489.29	Amerihealth	Medicare						35208.08	24727.42	75880.41	case rate	
OTHER CIRCULATORY SYSTEM DIAGNOSES W CC	315	MS-DRG	inpatient				24405.21	Amerihealth	Medicare						21221.92	11425.26	35852.94	case rate	
OTHER CIRCULATORY SYSTEM DIAGNOSES W/O CC/MCC	316	MS-DRG	inpatient				20483.45	Amerihealth	Medicare						17811.69	8181.84	28179.01	case rate	
OTHER ENDOVASCULAR CARDIAC VALVE PROCEDURES W MCC	319	MS-DRG	inpatient				72885.95	Amerihealth	Medicare						63379.09	51520.67	75683.33	case rate	
OTHER ENDOVASCULAR CARDIAC VALVE PROCEDURES W/O MCC	320	MS-DRG	inpatient				42381.62	Amerihealth	Medicare						36853.58	26292.44	38623.33	case rate	
PERCUTANEOUS CARDIOVASCULAR PROCEDURES WITH INTRALUMINAL DEVICE WITH MCC OR 4+ ARTERIES/INTRALUM	321	MS-DRG	inpatient				51646.17	Amerihealth	Medicare						44909.71	33954.58	49878.92	case rate	
PERCUTANEOUS CARDIOVASCULAR PROCEDURES WITH INTRALUMINAL DEVICE WITHOUT MCC	322	MS-DRG	inpatient				36631.73	Amerihealth	Medicare						31853.73	21537.13	31853.73	case rate	
CORONARY INTRAVASCULAR LITHOTRIPSY WITH INTRALUMINAL DEVICE WITH MCC	323	MS-DRG	inpatient				69716.84	Amerihealth	Medicare						60623.34	48899.69	71833.14	case rate	
CORONARY INTRAVASCULAR LITHOTRIPSY WITH INTRALUMINAL DEVICE WITHOUT MCC	324	MS-DRG	inpatient				52987.23	Amerihealth	Medicare						46075.85	35063.68	51508.18	case rate	
CORONARY INTRAVASCULAR LITHOTRIPSY WITHOUT INTRALUMINAL DEVICE	325	MS-DRG	inpatient				48355.66	Amerihealth	Medicare						42048.4	31233.2	45881.25	case rate	
STOMACH, ESOPHAGEAL & DUODENAL PROC W MCC	326	MS-DRG	inpatient				83127.38	Amerihealth	Medicare						72284.68	59990.71	197133.04	case rate	
STOMACH, ESOPHAGEAL & DUODENAL PROC W CC	327	MS-DRG	inpatient				46257.68	Amerihealth	Medicare						40224.07	29498.09	93178.64	case rate	
STOMACH, ESOPHAGEAL & DUODENAL PROC W/O CC/MCC	328	MS-DRG	inpatient				33402.7	Amerihealth	Medicare						29045.82	18866.54	57839.54	case rate	
MAJOR SMALL & LARGE BOWEL PROCEDURES W MCC	329	MS-DRG	inpatient				75088.19	Amerihealth	Medicare						65302.78	53393.27	187261.2	case rate	
MAJOR SMALL & LARGE BOWEL PROCEDURES W CC	330	MS-DRG	inpatient				44468.18	Amerihealth	Medicare						38667.98	28018.11	94641.41	case rate	
MAJOR SMALL & LARGE BOWEL PROCEDURES W/O CC/MCC	331	MS-DRG	inpatient				34469.54	Amerihealth	Medicare						29973.51	19748.86	63563.11	case rate	
RECTAL RESECTION W MCC	332	MS-DRG	inpatient				62398.88	Amerihealth	Medicare						54259.9	42847.47	127456.29	case rate	
RECTAL RESECTION W CC	333	MS-DRG	inpatient				40289.34	Amerihealth	Medicare						35034.21	24582.06	72305.99	case rate	
RECTAL RESECTION W/O CC/MCC	334	MS-DRG	inpatient				33514.09	Amerihealth	Medicare						29142.69	18958.67	48991.64	case rate	
PERITONEAL ADHESIOLYSIS W MCC	335	MS-DRG	inpatient				61647.66	Amerihealth	Medicare						53606.66	42226.18	152353.43	case rate	
PERITONEAL ADHESIOLYSIS W CC	336	MS-DRG	inpatient				40657.81	Amerihealth	Medicare						35354.62	24866.79	86198.59	case rate	
PERITONEAL ADHESIOLYSIS W/O CC/MCC	337	MS-DRG	inpatient				31961.67	Amerihealth	Medicare						27792.76	17674.76	60134.97	case rate	
MINOR SMALL & LARGE BOWEL PROCEDURES W MCC	344	MS-DRG	inpatient				49728.14	Amerihealth	Medicare						43241.86	32368.29	112040.91	case rate	
MINOR SMALL & LARGE BOWEL PROCEDURES W CC	345	MS-DRG	inpatient				32592.92	Amerihealth	Medicare						28341.67	18196.83	61421.46	case rate	
MINOR SMALL & LARGE BOWEL PROCEDURES W/O CC/MCC	346	MS-DRG	inpatient				28982.5	Amerihealth	Medicare						25202.18	15210.88	46381.16	case rate	
ANAL & STOMAL PROCEDURES W MCC	347	MS-DRG	inpatient				46996.04	Amerihealth	Medicare						40866.12	30108.75	90433.13	case rate	
ANAL & STOMAL PROCEDURES W CC	348	MS-DRG	inpatient				29176.73	Amerihealth	Medicare						25371.07	15371.51	52509.8	case rate	
ANAL & STOMAL PROCEDURES W/O CC/MCC	349	MS-DRG	inpatient				24526.6	Amerihealth	Medicare						21327.48	11525.68	35620.4	case rate	
INGUINAL & FEMORAL HERNIA PROCEDURES W MCC	350	MS-DRG	inpatient				44866.64	Amerihealth	Medicare						39014.47	28347.65	91760.88	case rate	
INGUINAL & FEMORAL HERNIA PROCEDURES W CC	351	MS-DRG	inpatient				31378.98	Amerihealth	Medicare						27286.07	17182.85	56264.25	case rate	
INGUINAL & FEMORAL HERNIA PROCEDURES W/O CC/MCC	352	MS-DRG	inpatient				26428.93	Amerihealth	Medicare						22981.68	13098.98	39513.62	case rate	
HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W MCC	353	MS-DRG	inpatient				52354.55	Amerihealth	Medicare						45525.69	34540.43	111242.01	case rate	
HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W CC	354	MS-DRG	inpatient				35123.64	Amerihealth	Medicare						30542.3	20289.83	64924.62	case rate	
HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W/O CC/MCC	355	MS-DRG	inpatient				30050.78	Amerihealth	Medicare						26131.11	16094.38	50814.48	case rate	
OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W MCC	356	MS-DRG	inpatient				71697.71	Amerihealth	Medicare						62345.84	50537.95	149116.58	case rate	
OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W CC	357	MS-DRG	inpatient				41964.59	Amerihealth	Medicare						36490.95	25947.55	80141.21	case rate	
OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W/O CC/MCC	358	MS-DRG	inpatient				28886.82	Amerihealth	Medicare						25118.97	15131.74	50570.69	case rate	
MAJOR ESOPHAGEAL DISORDERS W MCC	368	MS-DRG	inpatient				34183.91	Amerihealth	Medicare						29725.14	19512.63	72913.61	case rate	
MAJOR ESOPHAGEAL DISORDERS W CC	369	MS-DRG	inpatient				24705.13	Amerihealth	Medicare						21482.72	11673.33	41587.76	case rate	
MAJOR ESOPHAGEAL DISORDERS W/O CC/MCC	370	MS-DRG	inpatient				21211.82	Amerihealth	Medicare						18445.06	8784.23	27878.95	case rate	
MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W MCC	371	MS-DRG	inpatient				35550.67	Amerihealth	Medicare						30913.62	20642.99	65217.17	case rate	
MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W CC	372	MS-DRG	inpatient				25476.34	Amerihealth	Medicare						22153.34	12311.15	38947.27	case rate	
MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W/O CC/MCC	373	MS-DRG	inpatient				20823.35	Amerihealth	Medicare						18107.26	8462.95	28415.3	case rate	
DIGESTIVE MALIGNANCY W MCC	374	MS-DRG	inpatient				40567.84	Amerihealth	Medicare						35276.38	24792.38	77451.96	case rate	
DIGESTIVE MALIGNANCY W CC	375	MS-DRG	inpatient				27704.29	Amerihealth	Medicare						24090.69	14153.74	45259.7	case rate	
DIGESTIVE MALIGNANCY W/O CC/MCC	376	MS-DRG	inpatient				23321.23	Amerihealth	Medicare						20279.33	10528.79	34345.16	case rate	
G.I. HEMORRHAGE W MCC	377	MS-DRG	inpatient				36159.07	Amerihealth	Medicare						31442.67	21146.16	67092.52	case rate	
G.I. HEMORRHAGE W CC	378	MS-DRG	inpatient				24640.86	Amerihealth	Medicare						21426.83	11620.17	37143.18	case rate	
G.I. HEMORRHAGE W/O CC/MCC	379	MS-DRG	inpatient				19633.69	Amerihealth	Medicare						17072.77	7479.05	24499.57	case rate	
COMPLICATED PEPTIC ULCER W MCC	380	MS-DRG	inpatient				38418.44	Amerihealth	Medicare						33407.34	23014.75	72988.62	case rate	
COMPLICATED PEPTIC ULCER W CC	381	MS-DRG	inpatient				25914.79	Amerihealth	Medicare						22534.6	12673.76	41070.17	case rate	
COMPLICATED PEPTIC ULCER W/O CC/MCC	382	MS-DRG	inpatient				21403.19	Amerihealth	Medicare						18611.47	8942.5	28797.87	case rate	
UNCOMPLICATED PEPTIC ULCER W MCC	383	MS-DRG	inpatient				30559.21	Amerihealth	Medicare						26573.22	16514.87	50671.96	case rate	
UNCOMPLICATED PEPTIC ULCER W/O MCC	384	MS-DRG	inpatient				23097	Amerihealth	Medicare						20084.35	10343.35	32079.74	case rate	
INFLAMMATORY BOWEL DISEASE W MCC	385	MS-DRG	inpatient				32968.53	Amerihealth	Medicare						28668.29	18507.47	63693.14	case rate	
INFLAMMATORY BOWEL DISEASE W CC	386	MS-DRG	inpatient				24466.62	Amerihealth	Medicare						21275.32	11476.07	36760.61	case rate	
INFLAMMATORY BOWEL DISEASE W/O CC/MCC	387	MS-DRG	inpatient				20360.63	Amerihealth	Medicare						17704.89	8080.26	26131.13	case rate	
G.I. OBSTRUCTION W MCC	388	MS-DRG	inpatient				31348.98	Amerihealth	Medicare						27259.99	17168.04	57411.96	case rate	
G.I. OBSTRUCTION W CC	389	MS-DRG	inpatient				21964.46	Amerihealth	Medicare						19099.53	9406.69	31625.9	case rate	
G.I. OBSTRUCTION W/O CC/MCC	390	MS-DRG	inpatient				18573.98	Amerihealth	Medicare						16151.29	6602.64	22166.64	case rate	
ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W MCC	391	MS-DRG	inpatient				28809.69	Amerihealth	Medicare						25051.91	15067.96	45814.8	case rate	
ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W/O MCC	392	MS-DRG	inpatient				21810.22	Amerihealth	Medicare						18965.41	9279.13	28332.79	case rate	
OTHER DIGESTIVE SYSTEM DIAGNOSES W MCC	393	MS-DRG	inpatient				33721.18	Amerihealth	Medicare						29322.76	19129.94	61233.93	case rate	
OTHER DIGESTIVE SYSTEM DIAGNOSES W CC	394	MS-DRG	inpatient				23971.05	Amerihealth	Medicare						20844.39	11066.21	35297.84	case rate	
OTHER DIGESTIVE SYSTEM DIAGNOSES W/O CC/MCC	395	MS-DRG	inpatient				19837.91	Amerihealth	Medicare						17250.36	7647.96	25373.49	case rate	
APPENDIX PROCEDURES WITH MCC	397	MS-DRG	inpatient				42675.82	Amerihealth	Medicare						37109.41	26535.76	39980.76	case rate	
APPENDIX PROCEDURES WITH CC	398	MS-DRG	inpatient				32203.03	Amerihealth	Medicare						28002.64	17874.37	28002.64	case rate	
APPENDIX PROCEDURES WITHOUT CC/MCC	399	MS-DRG	inpatient				26487.49	Amerihealth	Medicare						23032.6	13147.4	23032.6	case rate	
PANCREAS, LIVER & SHUNT PROCEDURES W MCC	405	MS-DRG	inpatient				89214.25	Amerihealth	Medicare						77577.61	65024.78	201753.9	case rate	
PANCREAS, LIVER & SHUNT PROCEDURES W CC	406	MS-DRG	inpatient				51827.55	Amerihealth	Medicare						45067.43	34104.58	108242.33	case rate	
PANCREAS, LIVER & SHUNT PROCEDURES W/O CC/MCC	407	MS-DRG	inpatient				41310.49	Amerihealth	Medicare						35922.16	25406.58	75269.05	case rate	
BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W MCC	408	MS-DRG	inpatient				63749.93	Amerihealth	Medicare						55434.72	43964.84	151772.08	case rate	
BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W CC	409	MS-DRG	inpatient				38544.12	Amerihealth	Medicare						33516.62	23118.69	87117.51	case rate	
BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W/O CC/MCC	410	MS-DRG	inpatient				32944.32	Amerihealth	Medicare						28647.18	18487.39	61984.07	case rate	
CHOLECYSTECTOMY W C.D.E. W MCC	411	MS-DRG	inpatient				51729.01	Amerihealth	Medicare						44981.74	10482	149956.74	case rate	
CHOLECYSTECTOMY W C.D.E. W CC	412	MS-DRG	inpatient				39803.77	Amerihealth	Medicare						34611.97	11647	89337.92	case rate	
CHOLECYSTECTOMY W C.D.E. W/O CC/MCC	413	MS-DRG	inpatient				32150.19	Amerihealth	Medicare						27956.69	15908	63244.3	case rate	
CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W MCC	414	MS-DRG	inpatient				60936.43	Amerihealth	Medicare						52988.2	28270	134170.04	case rate	
CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W CC	415	MS-DRG	inpatient				38808.33	Amerihealth	Medicare						33746.37	23337.2	75719.13	case rate	
CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W/O CC/MCC	416	MS-DRG	inpatient				29716.58	Amerihealth	Medicare						25840.51	15817.99	52251	case rate	
LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W MCC	417	MS-DRG	inpatient				43692.68	Amerihealth	Medicare						37993.63	27376.74	90894.46	case rate	
LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W CC	418	MS-DRG	inpatient				33936.83	Amerihealth	Medicare						29510.29	19308.29	62419.15	case rate	
LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W/O CC/MCC	419	MS-DRG	inpatient				29345.26	Amerihealth	Medicare						25517.62	15510.89	48916.63	case rate	
HEPATOBILIARY DIAGNOSTIC PROCEDURES W MCC	420	MS-DRG	inpatient				56303.44	Amerihealth	Medicare						48959.52	37806.31	131934.62	case rate	
HEPATOBILIARY DIAGNOSTIC PROCEDURES W CC	421	MS-DRG	inpatient				35006.53	Amerihealth	Medicare						30440.46	8253	66728.7	case rate	
HEPATOBILIARY DIAGNOSTIC PROCEDURES W/O CC/MCC	422	MS-DRG	inpatient				30742.01	Amerihealth	Medicare						26732.18	10272	56545.55	case rate	
OTHER HEPATOBILIARY OR PANCREAS O.R. PROCEDURES W MCC	423	MS-DRG	inpatient				66444.89	Amerihealth	Medicare						57778.17	16017	148002.62	case rate	
OTHER HEPATOBILIARY OR PANCREAS O.R. PROCEDURES W CC	424	MS-DRG	inpatient				40400.74	Amerihealth	Medicare						35131.08	24654.19	82181.59	case rate	
OTHER HEPATOBILIARY OR PANCREAS O.R. PROCEDURES W/O CC/MCC	425	MS-DRG	inpatient				33468.84	Amerihealth	Medicare						29102.95	18920.87	55994.2	case rate	
CIRRHOSIS & ALCOHOLIC HEPATITIS W MCC	432	MS-DRG	inpatient				37954.28	Amerihealth	Medicare						33003.72	13893	68487.78	case rate	
CIRRHOSIS & ALCOHOLIC HEPATITIS W CC	433	MS-DRG	inpatient				25314.96	Amerihealth	Medicare						22013.01	12177.68	38553.45	case rate	
CIRRHOSIS & ALCOHOLIC HEPATITIS W/O CC/MCC	434	MS-DRG	inpatient				20152.11	Amerihealth	Medicare						17523.58	7907.81	53360.86	case rate	
MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS W MCC	435	MS-DRG	inpatient				35724.91	Amerihealth	Medicare						31065.13	20787.09	63675.63	case rate	
MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS W CC	436	MS-DRG	inpatient				26310.39	Amerihealth	Medicare						22878.6	13000.94	42604.2	case rate	
MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS W/O CC/MCC	437	MS-DRG	inpatient				22460.04	Amerihealth	Medicare						19530.47	9816.55	32473.56	case rate	
DISORDERS OF PANCREAS EXCEPT MALIGNANCY W MCC	438	MS-DRG	inpatient				34423.84	Amerihealth	Medicare						29933.77	19711.06	61443.97	case rate	
DISORDERS OF PANCREAS EXCEPT MALIGNANCY W CC	439	MS-DRG	inpatient				22804.23	Amerihealth	Medicare						19829.76	10101.21	32342.29	case rate	
DISORDERS OF PANCREAS EXCEPT MALIGNANCY W/O CC/MCC	440	MS-DRG	inpatient				19382.33	Amerihealth	Medicare						16854.2	7271.17	23303.1	case rate	
DISORDERS OF LIVER EXCEPT MALIG, CIRR, ALC HEPA W MCC	441	MS-DRG	inpatient				36700.35	Amerihealth	Medicare						31913.35	11778	69658	case rate	
DISORDERS OF LIVER EXCEPT MALIG, CIRR, ALC HEPA W CC	442	MS-DRG	inpatient				24179.56	Amerihealth	Medicare						21025.7	11238.66	35215.32	case rate	
DISORDERS OF LIVER EXCEPT MALIG, CIRR, ALC HEPA W/O CC/MCC	443	MS-DRG	inpatient				20797.65	Amerihealth	Medicare						18084.91	8441.69	26097.37	case rate	
DISORDERS OF THE BILIARY TRACT W MCC	444	MS-DRG	inpatient				33915.41	Amerihealth	Medicare						29491.66	19290.57	60420.03	case rate	
DISORDERS OF THE BILIARY TRACT W CC	445	MS-DRG	inpatient				26111.88	Amerihealth	Medicare						22705.98	12836.76	40042.47	case rate	
DISORDERS OF THE BILIARY TRACT W/O CC/MCC	446	MS-DRG	inpatient				22037.3	Amerihealth	Medicare						19162.87	9466.93	29818.07	case rate	
COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W MCC	453	MS-DRG	inpatient				137146.57	Amerihealth	Medicare						119257.89	17717	356200.23	case rate	
COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W CC	454	MS-DRG	inpatient				97941.81	Amerihealth	Medicare						85166.79	36879	237674.36	case rate	
COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W/O CC/MCC	455	MS-DRG	inpatient				76366.41	Amerihealth	Medicare						66405.57	54399.14	197535	case rate	
SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR EXT FUS W MCC	456	MS-DRG	inpatient				130976.87	Amerihealth	Medicare						113892.93	99564.03	342258.88	case rate	
SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR EXT FUS W CC	457	MS-DRG	inpatient				97356.26	Amerihealth	Medicare						84657.62	71758.53	245468.31	case rate	
SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR EXT FUS W/O CC/MCC	458	MS-DRG	inpatient				75300.99	Amerihealth	Medicare						65479.12	53518	192080.85	case rate	
SPINAL FUSION EXCEPT CERVICAL W MCC	459	MS-DRG	inpatient				105311.18	Amerihealth	Medicare						91574.94	78337.54	239474.69	case rate	
SPINAL FUSION EXCEPT CERVICAL W/O MCC	460	MS-DRG	inpatient				62831.62	Amerihealth	Medicare						54636.19	43205.36	151434.51	case rate	
BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY W MCC	461	MS-DRG	inpatient				107970.44	Amerihealth	Medicare						93887.34	9917	168125.13	case rate	
BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY W/O MCC	462	MS-DRG	inpatient				51240.57	Amerihealth	Medicare						44557.02	11315	119801.11	case rate	
WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W MCC	463	MS-DRG	inpatient				91477.9	Amerihealth	Medicare						79546	15756	192402.17	case rate	
WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W CC	464	MS-DRG	inpatient				53455.67	Amerihealth	Medicare						46483.19	35451.1	110420.61	case rate	
WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W/O CC/MCC	465	MS-DRG	inpatient				37308.75	Amerihealth	Medicare						32442.39	22096.99	68915.36	case rate	
REVISION OF HIP OR KNEE REPLACEMENT W MCC	466	MS-DRG	inpatient				84664.09	Amerihealth	Medicare						73620.95	61261.63	191780.79	case rate	
REVISION OF HIP OR KNEE REPLACEMENT W CC	467	MS-DRG	inpatient				60380.87	Amerihealth	Medicare						52505.11	41178.5	130164.29	case rate	
REVISION OF HIP OR KNEE REPLACEMENT W/O CC/MCC	468	MS-DRG	inpatient				48716.99	Amerihealth	Medicare						42362.6	31532.03	104697.04	case rate	
MAJOR HIP AND KNEE JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W MCC OR TOTAL ANKLE REP	469	MS-DRG	inpatient				58145.78	Amerihealth	Medicare						50561.55	39330	119054.72	case rate	
MAJOR HIP AND KNEE JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W/O MCC	470	MS-DRG	inpatient				37464.42	Amerihealth	Medicare						32577.76	22225.74	74631.43	case rate	
CERVICAL SPINAL FUSION W MCC	471	MS-DRG	inpatient				80842.3	Amerihealth	Medicare						70297.65	8282	187936.32	case rate	
CERVICAL SPINAL FUSION W CC	472	MS-DRG	inpatient				52798.71	Amerihealth	Medicare						45911.92	8991	110525.63	case rate	
CERVICAL SPINAL FUSION W/O CC/MCC	473	MS-DRG	inpatient				45732.11	Amerihealth	Medicare						39767.05	11229	89000.36	case rate	
AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W MCC	474	MS-DRG	inpatient				72041.19	Amerihealth	Medicare						62645.13	22321	142342.82	case rate	
AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W CC	475	MS-DRG	inpatient				41220.51	Amerihealth	Medicare						35843.92	25332.17	80595.04	case rate	
AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W/O CC/MCC	476	MS-DRG	inpatient				27398.66	Amerihealth	Medicare						23824.92	13900.98	43159.3	case rate	
BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W MCC	477	MS-DRG	inpatient				56705.63	Amerihealth	Medicare						51048.37	39793.01	117711.97	case rate	
BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W CC	478	MS-DRG	inpatient				44633.26	Amerihealth	Medicare						38812.04	28155.12	85485.95	case rate	
BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W/O CC/MCC	479	MS-DRG	inpatient				37211.63	Amerihealth	Medicare						32357.94	22016.67	67437.59	case rate	
HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W MCC	480	MS-DRG	inpatient				52705.88	Amerihealth	Medicare						45831.2	34830.99	113661.21	case rate	
HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W CC	481	MS-DRG	inpatient				40223.65	Amerihealth	Medicare						34977.09	8360	77350.69	case rate	
HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W/O CC/MCC	482	MS-DRG	inpatient				33275.59	Amerihealth	Medicare						28935.3	9386	62430.4	case rate	
MAJOR JOINT/LIMB REATTACHMENT PROCEDURE OF UPPER EXTREMITIES	483	MS-DRG	inpatient				46069.16	Amerihealth	Medicare						40060.14	13093	89397.93	case rate	
KNEE PROCEDURES W PDX OF INFECTION W MCC	485	MS-DRG	inpatient				57634.5	Amerihealth	Medicare						50116.96	38907.15	123926.88	case rate	
KNEE PROCEDURES W PDX OF INFECTION W CC	486	MS-DRG	inpatient				36272.49	Amerihealth	Medicare						34149.99	23721.08	83255.53	case rate	
KNEE PROCEDURES W PDX OF INFECTION W/O CC/MCC	487	MS-DRG	inpatient				32654.33	Amerihealth	Medicare						28395.07	18247.82	61894.05	case rate	
KNEE PROCEDURES W/O PDX OF INFECTION W CC/MCC	488	MS-DRG	inpatient				40676.38	Amerihealth	Medicare						35370.76	24882.15	79233.54	case rate	
KNEE PROCEDURES W/O PDX OF INFECTION W/O CC/MCC	489	MS-DRG	inpatient				28266.99	Amerihealth	Medicare						24579.99	14619.12	48661.58	case rate	
LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR W MCC	492	MS-DRG	inpatient				60035.26	Amerihealth	Medicare						52204.57	27833	127167.48	case rate	
LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR W CC	493	MS-DRG	inpatient				44890.92	Amerihealth	Medicare						39035.58	28367.73	84244.47	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.													
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true												
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR W/O CC/MCC	494	MS-DRG	inpatient					Amerihealth	Medicare		37285.5				32422.52	220778.09	67890.08	case rate	
LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W MCC	495	MS-DRG	inpatient					Amerihealth	Medicare		61736.21				53683.66	42299.42	129860.49	case rate	
LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W CC	496	MS-DRG	inpatient					Amerihealth	Medicare		38975.43				33891.67	23475.4	73547.48	case rate	
LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W/O CC/MCC	497	MS-DRG	inpatient					Amerihealth	Medicare		30976.23				26935.85	16859.76	53822.55	case rate	
LOCAL EXCISION & REMOVAL INT FIX DEVICES OF HIP & FEMUR W CC/MCC	498	MS-DRG	inpatient					Amerihealth	Medicare		47880.08				41634.85	30839.88	85440.95	case rate	
LOCAL EXCISION & REMOVAL INT FIX DEVICES OF HIP & FEMUR W/O CC/MCC	499	MS-DRG	inpatient					Amerihealth	Medicare		29011.07				25227.01	15234.5	41977.83	case rate	
SOFT TISSUE PROCEDURES W MCC	500	MS-DRG	inpatient					Amerihealth	Medicare		56903.27				49481.11	38302.4	115071.48	case rate	
SOFT TISSUE PROCEDURES W CC	501	MS-DRG	inpatient					Amerihealth	Medicare		35379.29				30764.6	8902	63289.31	case rate	
SOFT TISSUE PROCEDURES W/O CC/MCC	502	MS-DRG	inpatient					Amerihealth	Medicare		30337.84				26380.73	16331.79	48425.29	case rate	
FOOT PROCEDURES W MCC	503	MS-DRG	inpatient					Amerihealth	Medicare		48892.66				42515.35	27418	96100.44	case rate	
FOOT PROCEDURES W CC	504	MS-DRG	inpatient					Amerihealth	Medicare		35256.46				30657.8	20399.68	64868.36	case rate	
FOOT PROCEDURES W/O CC/MCC	505	MS-DRG	inpatient					Amerihealth	Medicare		34950.84				30392.03	20146.91	59253.56	case rate	
MAJOR THUMB OR JOINT PROCEDURES	506	MS-DRG	inpatient					Amerihealth	Medicare		31478.95				27373	17275.53	52996.12	case rate	
MAJOR SHOULDER OR ELBOW JOINT PROCEDURES W CC/MCC	507	MS-DRG	inpatient					Amerihealth	Medicare		41034.85				35682.48	25178.62	72857.35	case rate	
MAJOR SHOULDER OR ELBOW JOINT PROCEDURES W/O CC/MCC	508	MS-DRG	inpatient					Amerihealth	Medicare		31070.49				27017.82	16937.72	54287.63	case rate	
ARTHROSCOPY	509	MS-DRG	inpatient					Amerihealth	Medicare		29530.92				25679.06	15864.44	62647.94	case rate	
SHOULDER, ELBOW OR FOREARM PROC, EXC MAJOR JOINT PROC W MCC	510	MS-DRG	inpatient					Amerihealth	Medicare		49445.36				42995.96	32134.42	102484.13	case rate	
SHOULDER, ELBOW OR FOREARM PROC, EXC MAJOR JOINT PROC W CC	511	MS-DRG	inpatient					Amerihealth	Medicare		39065.4				33969.91	7655	69286.68	case rate	
SHOULDER, ELBOW OR FOREARM PROC, EXC MAJOR JOINT PROC W/O CC/MCC	512	MS-DRG	inpatient					Amerihealth	Medicare		33638.35				29250.73	10564	57089.4	case rate	
HAND OR WRIST PROC, EXCEPT MAJOR THUMB OR JOINT PROC W CC/MCC	513	MS-DRG	inpatient					Amerihealth	Medicare		33741.17				29340.15	18516	61496.48	case rate	
HAND OR WRIST PROC, EXCEPT MAJOR THUMB OR JOINT PROC W/O CC/MCC	514	MS-DRG	inpatient					Amerihealth	Medicare		25464.91				22143.4	12301.7	40660.37	case rate	
OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W MCC	515	MS-DRG	inpatient					Amerihealth	Medicare		55742.17				48471.45	37342.12	115596.57	case rate	
OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W CC	516	MS-DRG	inpatient					Amerihealth	Medicare		39736.64				34553.6	24104.95	70715.7	case rate	
OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W/O CC/MCC	517	MS-DRG	inpatient					Amerihealth	Medicare		31933.11				27767.92	17651.14	51793.42	case rate	
BACK & NECK PROC EXC SPINAL FUSION W MCC OR DISC DEVICE/NEUROSTIM	518	MS-DRG	inpatient					Amerihealth	Medicare		62744.5				54560.43	43133.31	116279.2	case rate	
BACK & NECK PROC EXC SPINAL FUSION W CC	519	MS-DRG	inpatient					Amerihealth	Medicare		38705.5				33656.96	23252.16	69838.03	case rate	
BACK & NECK PROC EXC SPINAL FUSION W/O CC/MCC	520	MS-DRG	inpatient					Amerihealth	Medicare		31034.79				26986.77	16908.19	49287.95	case rate	
HIP REPLACEMENT WITH PRINCIPAL DIAGNOSIS OF HIP FRACTURE WITH MCC	521	MS-DRG	inpatient					Amerihealth	Medicare		53352.84				46393.77	7692	51952.36	case rate	
HIP REPLACEMENT WITH PRINCIPAL DIAGNOSIS OF HIP FRACTURE WITHOUT MCC	522	MS-DRG	inpatient					Amerihealth	Medicare		40756.36				35440.31	9003	36648.78	case rate	
FRACTURES OF FEMUR W MCC	533	MS-DRG	inpatient					Amerihealth	Medicare		33889.7				29469.31	12781	57404.46	case rate	
FRACTURES OF FEMUR W/O MCC	534	MS-DRG	inpatient					Amerihealth	Medicare		22158.69				19268.43	9567.33	34640.29	case rate	
FRACTURES OF HIP & PELVIS W MCC	535	MS-DRG	inpatient					Amerihealth	Medicare		29109.61				25312.7	15316	47063.78	case rate	
FRACTURES OF HIP & PELVIS W/O MCC	536	MS-DRG	inpatient					Amerihealth	Medicare		21831.64				18984.04	9296.85	28392.8	case rate	
SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS & THIGH W CC/MCC	537	MS-DRG	inpatient					Amerihealth	Medicare		24400.93				21218.2	11421.74	34150.12	case rate	
SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS & THIGH W/O CC/MCC	538	MS-DRG	inpatient					Amerihealth	Medicare		20717.67				18015.36	8375.55	27267.59	case rate	
OSTEOMYELITIS W MCC	539	MS-DRG	inpatient					Amerihealth	Medicare		38931.15				33853.18	23438.78	75734.13	case rate	
OSTEOMYELITIS W CC	540	MS-DRG	inpatient					Amerihealth	Medicare		29131.03				25331.33	15333.72	48642.83	case rate	
OSTEOMYELITIS W/O CC/MCC	541	MS-DRG	inpatient					Amerihealth	Medicare		22842.79				19863.3	7723	33107.43	case rate	
PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W MCC	542	MS-DRG	inpatient					Amerihealth	Medicare		36636.08				31857.46	8993	68461.53	case rate	
PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W CC	543	MS-DRG	inpatient					Amerihealth	Medicare		26167.58				22754.41	10889	40226.26	case rate	
PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W/O CC/MCC	544	MS-DRG	inpatient					Amerihealth	Medicare		21551.72				18740.63	9066.34	29945.59	case rate	
CONNECTIVE TISSUE DISORDERS W MCC	545	MS-DRG	inpatient					Amerihealth	Medicare		46197.69				40171.91	29448.48	92983.6	case rate	
CONNECTIVE TISSUE DISORDERS W CC	546	MS-DRG	inpatient					Amerihealth	Medicare		27718.57				24103.1	14165.56	45548.5	case rate	
CONNECTIVE TISSUE DISORDERS W/O CC/MCC	547	MS-DRG	inpatient					Amerihealth	Medicare		22207.25				19310.65	9607.49	32166	case rate	
SEPTIC ARTHRITIS W MCC	548	MS-DRG	inpatient					Amerihealth	Medicare		38437				33423.48	23030.1	77534.47	case rate	
SEPTIC ARTHRITIS W CC	549	MS-DRG	inpatient					Amerihealth	Medicare		27817.11				24188.8	14247.06	46666.21	case rate	
SEPTIC ARTHRITIS W/O CC/MCC	550	MS-DRG	inpatient					Amerihealth	Medicare		23741.11				20644.44	10876.05	34648.97	case rate	
MEDICAL BACK PROBLEMS W MCC	551	MS-DRG	inpatient					Amerihealth	Medicare		34896.57				30344.84	9165	59696.14	case rate	
MEDICAL BACK PROBLEMS W/O MCC	552	MS-DRG	inpatient					Amerihealth	Medicare		24390.93				21209.5	11413.47	33793.81	case rate	
BONE DISEASES & ARTHROPATHIES W MCC	553	MS-DRG	inpatient					Amerihealth	Medicare		29882.25				25993.26	15963.27	46418.66	case rate	
BONE DISEASES & ARTHROPATHIES W/O MCC	554	MS-DRG	inpatient					Amerihealth	Medicare		22327.22				19414.97	9706.71	47368.4	case rate	
SIGNS & SYMPTOMS OF MUSCULOSKELETAL SYSTEM & CONN TISSUE W MCC	555	MS-DRG	inpatient					Amerihealth	Medicare		30570.63				26583.16	16524.32	47978.95	case rate	
SIGNS & SYMPTOMS OF MUSCULOSKELETAL SYSTEM & CONN TISSUE W/O MCC	556	MS-DRG	inpatient					Amerihealth	Medicare		22364.35				19447.26	9737.42	28794.12	case rate	
TENDONITIS, MYOSITIS & BURSITIS W MCC	557	MS-DRG	inpatient					Amerihealth	Medicare		32824.29				28542.86	18388.17	53725.03	case rate	
TENDONITIS, MYOSITIS & BURSITIS W/O MCC	558	MS-DRG	inpatient					Amerihealth	Medicare		23135.56				20117.88	10375.24	32387.29	case rate	
AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W MCC	559	MS-DRG	inpatient					Amerihealth	Medicare		37018.83				32190.29	21857.22	67463.84	case rate	
AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W CC	560	MS-DRG	inpatient					Amerihealth	Medicare		26758.36				23268.56	13371.82	38320.9	case rate	
AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W/O CC/MCC	561	MS-DRG	inpatient					Amerihealth	Medicare		21733.1				18898.35	9211	28359.04	case rate	
FX, SPRN, STRN & DISL EXCEPT FEMUR, HIP, PELVIS & THIGH W MCC	562	MS-DRG	inpatient					Amerihealth	Medicare		32308.72				28094.54	12507	52813.61	case rate	
FX, SPRN, STRN & DISL EXCEPT FEMUR, HIP, PELVIS & THIGH W/O MCC	563	MS-DRG	inpatient					Amerihealth	Medicare		23381.21				20331.49	10578.4	31434.62	case rate	
OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W MCC	564	MS-DRG	inpatient					Amerihealth	Medicare		32897.72				28606.19	18448.41	58968.51	case rate	
OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W CC	565	MS-DRG	inpatient					Amerihealth	Medicare		24863.65				21620.57	11804.43	36599.33	case rate	
OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W/O CC/MCC	566	MS-DRG	inpatient					Amerihealth	Medicare		21308.93				18529.51	8864.55	28591.59	case rate	
SKIN DEBRIDEMENT W MCC	570	MS-DRG	inpatient					Amerihealth	Medicare		52324.55				45499.61	34515.62	113822.49	case rate	
SKIN DEBRIDEMENT W CC	571	MS-DRG	inpatient					Amerihealth	Medicare		34753.75				30220.65	9078	63870.67	case rate	
SKIN DEBRIDEMENT W/O CC/MCC	572	MS-DRG	inpatient					Amerihealth	Medicare		26865.95				23361.7	11401	44205.75	case rate	
SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W MCC	573	MS-DRG	inpatient					Amerihealth	Medicare		99395.69				86431.03	16091	196968.01	case rate	
SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W CC	574	MS-DRG	inpatient					Amerihealth	Medicare		59231.2				51505.39	36864	114242.57	case rate	
SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W/O CC/MCC	575	MS-DRG	inpatient					Amerihealth	Medicare		39810.91				34618.18	24166.37	65959.81	case rate	
SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W MCC	576	MS-DRG	inpatient					Amerihealth	Medicare		91754.97				79786.93	67126.05	183060.41	case rate	
SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W CC	577	MS-DRG	inpatient					Amerihealth	Medicare		48424.21				42108.01	31289.9	94112.56	case rate	
SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W/O CC/MCC	578	MS-DRG	inpatient					Amerihealth	Medicare		33591.22				29209.75	19022.45	57374.46	case rate	
OTHER SKIN, SUBCUT TISS & BREAST PROC W MCC	579	MS-DRG	inpatient					Amerihealth	Medicare		58322.88				50715.55	39476.46	104937.08	case rate	
OTHER SKIN, SUBCUT TISS & BREAST PROC W CC	580	MS-DRG	inpatient					Amerihealth	Medicare		35534.96				30899.96	20630	59628.63	case rate	
OTHER SKIN, SUBCUT TISS & BREAST PROC W/O CC/MCC	581	MS-DRG	inpatient					Amerihealth	Medicare		29823.7				25933.65	8609	46373.65	case rate	
MASTECTOMY FOR MALIGNANCY W CC/MCC	582	MS-DRG	inpatient					Amerihealth	Medicare		34399.56				29912.66	10681	58967.24	case rate	
MASTECTOMY FOR MALIGNANCY W/O CC/MCC	583	MS-DRG	inpatient					Amerihealth	Medicare		32325.85				28109.44	14701	51688.4	case rate	
BREAST BIOPSY, LOCAL EXCISION & OTHER BREAST PROCEDURES W CC/MCC	584	MS-DRG	inpatient					Amerihealth	Medicare		38562.68				33532.77	23134.04	70190.6	case rate	
BREAST BIOPSY, LOCAL EXCISION & OTHER BREAST PROCEDURES W/O CC/MCC	585	MS-DRG	inpatient					Amerihealth	Medicare		34640.92				30122.54	19890.6	59724.71	case rate	
SKIN ULCERS W MCC	592	MS-DRG	inpatient					Amerihealth	Medicare		40440.73				35165.85	24687.26	64089.46	case rate	
SKIN ULCERS W CC	593	MS-DRG	inpatient					Amerihealth	Medicare		27869.96				24234.74	14290.76	42360.41	case rate	
SKIN ULCERS W/O CC/MCC	594	MS-DRG	inpatient					Amerihealth	Medicare		21835.93				18987.76	9300.39	30388.17	case rate	
MAJOR SKIN DISORDERS W MCC	595	MS-DRG	inpatient					Amerihealth	Medicare		41653.25				36220.22	25690.06	74522.66	case rate	
MAJOR SKIN DISORDERS W/O MCC	596	MS-DRG	inpatient					Amerihealth	Medicare		25000.76				21739.79	11917.82	37938.33	case rate	
MALIGNANT BREAST DISORDERS W MCC	597	MS-DRG	inpatient					Amerihealth	Medicare		33448.4				29085.56	18904.34	64512.04	case rate	
MALIGNANT BREAST DISORDERS W CC	598	MS-DRG	inpatient					Amerihealth	Medicare		27711.43				24096.9	14159.65	43594.39	case rate	
MALIGNANT BREAST DISORDERS W/O CC/MCC	599	MS-DRG	inpatient					Amerihealth	Medicare		19465.16				16926.23	7339.68	26870.01	case rate	
NON-MALIGNANT BREAST DISORDERS W CC/MCC	600	MS-DRG	inpatient					Amerihealth	Medicare		25236.41				21944.7	12112.71	35856.69	case rate	
NON-MALIGNANT BREAST DISORDERS W/O CC/MCC	601	MS-DRG	inpatient					Amerihealth	Medicare		19482.3				16941.13	7353.85	23224.33	case rate	
CELLULITIS W MCC	602	MS-DRG	inpatient					Amerihealth	Medicare		31834.56				27692.23	17569.64	54160.11	case rate	
CELLULITIS W/O MCC	603	MS-DRG	inpatient					Amerihealth	Medicare		23225.54				20196.12	10449.65	31794.68	case rate	
TRAUMA TO THE SKIN, SUBCUT TISS & BREAST W MCC	604	MS-DRG	inpatient					Amerihealth	Medicare		32101.63				27914.46	17790.51	53139.92	case rate	
TRAUMA TO THE SKIN, SUBCUT TISS & BREAST W/O MCC	605	MS-DRG	inpatient					Amerihealth	Medicare		23569.73				20495.42	10734.31	32274.77	case rate	
MINOR SKIN DISORDERS W MCC	606	MS-DRG	inpatient					Amerihealth	Medicare		33238.46				28903.01	18730.71	51789.67	case rate	
MINOR SKIN DISORDERS W/O MCC	607	MS-DRG	inpatient					Amerihealth	Medicare		23351.22				20305.41	10553.59	30043.11	case rate	
ADRENAL & PITUITARY PROCEDURES W CC/MCC	614	MS-DRG	inpatient					Amerihealth	Medicare		42758.65				37181.44	26604.27	88651.55	case rate	
ADRENAL & PITUITARY PROCEDURES W/O CC/MCC	615	MS-DRG	inpatient					Amerihealth	Medicare		31600.34				27478.56	17375.93	55555.37	case rate	
AMPUTAT OF LOWER LIMB FOR ENDOCRINE, NUTRIT, & METABOL DIS W MCC	616	MS-DRG	inpatient					Amerihealth	Medicare		67113.28				58359.37	46745.45	155098.95	case rate	
AMPUTAT OF LOWER LIMB FOR ENDOCRINE, NUTRIT, & METABOL DIS W CC	617	MS-DRG	inpatient					Amerihealth	Medicare		38932.58				33854.42	23439.96	77774.52	case rate	
AMPUTAT OF LOWER LIMB FOR ENDOCRINE, NUTRIT, & METABOL DIS W/O CC/MCC	618	MS-DRG	inpatient					Amerihealth	Medicare		27178.72				23633.67	13719.08	43481.87	case rate	
O.R. PROCEDURES FOR OBESITY W MCC	619	MS-DRG	inpatient					Amerihealth	Medicare		47558.74				41355.43	30574.12	109546.69	case rate	
O.R. PROCEDURES FOR OBESITY W CC	620	MS-DRG	inpatient					Amerihealth	Medicare		33758.31				29355.05	19160.65	67872.67	case rate	
O.R. PROCEDURES FOR OBESITY W/O CC/MCC	621	MS-DRG	inpatient					Amerihealth	Medicare		32260.16				28052.31	17921.62	59197.3	case rate	
SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W MCC	622	MS-DRG	inpatient					Amerihealth	Medicare		65226.66				56718.84	45186.15	142451.59	case rate	
SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W CC	623	MS-DRG	inpatient					Amerihealth	Medicare		37174.5				32325.65	21985.96	72133.46	case rate	
SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W/O CC/MCC	624	MS-DRG	inpatient					Amerihealth	Medicare		26507.48				23049.98	13163.94	48609.07	case rate	
THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W MCC	625	MS-DRG	inpatient					Amerihealth	Medicare		52310.27				45487.19	34503.81	104393.23	case rate	
THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W CC	626	MS-DRG	inpatient					Amerihealth	Medicare		31897.4				27736.87	17621.61	60408.77	case rate	
THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W/O CC/MCC	627	MS-DRG	inpatient					Amerihealth	Medicare		28242.71				24558.88	14598.04	40895.1	case rate	
OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W MCC	628	MS-DRG	inpatient					Amerihealth	Medicare		67924.48				59054.77	47417.35	137838.23	case rate	
OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W CC	629	MS-DRG	inpatient					Amerihealth	Medicare		42907.18				37310.6	26727.11	87717.62	case rate	
OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W/O CC/MCC	630	MS-DRG	inpatient					Amerihealth	Medicare		30532.07				26549.63	16492.43	57554.49	case rate	
DIABETES W MCC	637	MS-DRG	inpatient					Amerihealth	Medicare		31289				27207.83	17118.44	51808.42	case rate	
DIABETES W CC	638	MS-DRG	inpatient					Amerihealth	Medicare		23435.48				20378.68	10623.28	32713.61	case rate	
DIABETES W/O CC/MCC	639	MS-DRG	inpatient					Amerihealth	Medicare		19480.87				16939.89	7352.67	23700.67	case rate	
MISC DISORDERS OF NUTRITION, METABOLISM, FLUIDS/ELECTROLYTES W MCC	640	MS-DRG	inpatient					Amerihealth	Medicare		29373.82				25542.45	15534.51	44640.83	case rate	
MISC DISORDERS OF NUTRITION, METABOLISM, FLUIDS/ELECTROLYTES W/O MCC	641	MS-DRG	inpatient					Amerihealth	Medicare		21750.24				18913.25	9229.52	29201.51	case rate	
INBORN AND OTHER DISORDERS OF METABOLISM	642	MS-DRG	inpatient					Amerihealth	Medicare		29203.87				25394.67	15393.95	47390.09	case rate	
ENDOCRINE DISORDERS W MCC	643	MS-DRG	inpatient					Amerihealth	Medicare		34085.36				29639.45	19431.13	61290.19	case rate	
ENDOCRINE DISORDERS W CC	644	MS-DRG	inpatient					Amerihealth	Medicare		25753.41				22394.27	12540.29	37975.84	case rate	
ENDOCRINE DISORDERS W/O CC/MCC	645	MS-DRG	inpatient					Amerihealth	Medicare		21457.46				18658.66	8987.39	27893.95	case rate	
KIDNEY TRANSPLANT WITH HEMODIALYSIS WITH MCC	650	MS-DRG	inpatient					Amerihealth	Medicare		74822.55				65063.09	53122.31	78036.12	case rate	
KIDNEY TRANSPLANT WITH HEMODIALYSIS WITHOUT MCC	651	MS-DRG	inpatient					Amerihealth	Medicare		59982.41				52158.62	40848.96	60006.7	case rate	
KIDNEY TRANSPLANT	652	MS-DRG	inpatient					Amerihealth	Medicare		53498.51				46520.44	35486.53	124320.7	case rate	
MAJOR BLADDER PROCEDURES W MCC	653	MS-DRG	inpatient					Amerihealth	Medicare		87906.04				76440.04	63942.84	205875.92	case rate	
MAJOR BLADDER PROCEDURES W CC	654	MS-DRG	inpatient					Amerihealth	Medicare		49686.72				43205.84	32334.04	107768.86	case rate	
MAJOR BLADDER PROCEDURES W/O CC/MCC	655	MS-DRG	inpatient					Amerihealth	Medicare		40693.52				35385.67	24896.32	77909.54	case rate	
KIDNEY & URETER PROCEDURES FOR NEOPLASM W MCC	656	MS-DRG	inpatient					Amerihealth	Medicare		55400.84				48174.64	37059.83	124808.25	case rate	
KIDNEY & URETER PROCEDURES FOR NEOPLASM W CC	657	MS-DRG	inpatient					Amerihealth	Medicare		36928.85				32112.05	21782.81	73041.13	case rate	
KIDNEY & URETER PROCEDURES FOR NEOPLASM W/O CC/MCC	658	MS-DRG	inpatient					Amerihealth	Medicare		31733.16				27594.05	17485.77	58750.96	case rate	
KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W MCC	659	MS-DRG	inpatient					Amerihealth	Medicare		47564.45				41360.4	30578.84	102285.34	case rate	
KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W CC	660	MS-DRG	inpatient					Amerihealth	Medicare		29812.27				25923.71	15897.12	54295.13	case rate	
KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W/O CC/MCC	661	MS-DRG	inpatient					Amerihealth	Medicare		25563.46				22229.09	12383.2	40237.51	case rate	
MINOR BLADDER PROCEDURES W MCC	662	MS-DRG	inpatient					Amerihealth	Medicare		53388.54				46424.82	35395.58	119223.5	case rate	
MINOR BLADDER PROCEDURES W CC	663	MS-DRG	inpatient					Amerihealth	Medicare		31427.53				27328.29	17233.01	61522.73	case rate	
MINOR BLADDER PROCEDURES W/O CC/MCC	664	MS-DRG	inpatient					Amerihealth	Medicare		25751.98				22393.02	12539.11	44172.05	case rate	
PROSTATECTOMY W MCC	665	MS-DRG	inpatient					Amerihealth	Medicare		54708.17				47572.32	36486.97	119227.25	case rate	
PROSTATECTOMY W CC	666	MS-DRG	inpatient					Amerihealth	Medicare		35117.93				30537.33	20285.1	66728.7	case rate	
PROSTATECTOMY W/O CC/MCC	667	MS-DRG	inpatient					Amerihealth	Medicare		29580.6				22244	12397.37	40522.56	case rate	
TRANSURETHRAL PROCEDURES W MCC	668	MS-DRG	inpatient					Amerihealth	Medicare		50836.4				44205.56	33284.86	105567.2	case rate	
TRANSURETHRAL PROCEDURES W CC	669	MS-DRG	inpatient					Amerihealth	Medicare		32507.23				28267.16	18125.96	59354.83	case rate	
TRANSURETHRAL PROCEDURES W/O CC/MCC	670	MS-DRG	inpatient					Amerihealth	Medicare		24338.09				21163.55	11369.77	36137.99	case rate	
URETHRAL PROCEDURES W CC/MCC	671	MS-DRG	inpatient					Amerihealth	Medicare		35039.38				30469.03	20220.14	63143.03	case rate	
URETHRAL PROCEDURES W/O CC/MCC	672	MS-DRG	inpatient					Amerihealth	Medicare		23768.25				20668.04	10898.49	39641.15	case rate	
OTHER KIDNEY & URINARY TRACT PROCEDURES W MCC	673	MS-DRG	inpatient					Amerihealth	Medicare		63404.32				55134.19	43679	134173.79	case rate	
OTHER KIDNEY & URINARY TRACT PROCEDURES W CC	674	MS-DRG	inpatient					Amerihealth	Medicare		44612.42				38793.41	28137.4	86719.93	case rate	
OTHER KIDNEY & URINARY TRACT PROCEDURES W/O CC/MCC	675	MS-DRG	inpatient					Amerihealth	Medicare		33248.45				28911.7	18738.98	60960.13	case rate	
RENAL FAILURE W MCC	682	MS-DRG	inpatient					Amerihealth	Medicare		32024.51				27847.4	17726.73	57460.72	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.															
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103		310119 true														
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
RENAL FAILURE W CC	683	MS-DRG	inpatient					Amerihealth	Medicare		20396.07				10639.82	34468.93	case rate	
RENAL FAILURE W/O CC/MCC	684	MS-DRG	inpatient					Amerihealth	Medicare		15280.93				7187.31	23246.84	case rate	
KIDNEY & URINARY TRACT NEOPLASMS W MCC	686	MS-DRG	inpatient					Amerihealth	Medicare		36860.3				21726.11	64422.02	case rate	
KIDNEY & URINARY TRACT NEOPLASMS W CC	687	MS-DRG	inpatient					Amerihealth	Medicare		25519.18				12346.58	39521.13	case rate	
KIDNEY & URINARY TRACT NEOPLASMS W/O CC/MCC	688	MS-DRG	inpatient					Amerihealth	Medicare		21743.1				9223.62	29664.29	case rate	
KIDNEY & URINARY TRACT INFECTIONS W MCC	689	MS-DRG	inpatient					Amerihealth	Medicare		27362.96				13871.45	41692.78	case rate	
KIDNEY & URINARY TRACT INFECTIONS W/O MCC	690	MS-DRG	inpatient					Amerihealth	Medicare		22114.42				9530.72	29784.31	case rate	
URINARY STONES W MCC	693	MS-DRG	inpatient					Amerihealth	Medicare		30817.7				16728.66	49644.27	case rate	
URINARY STONES W/O MCC	694	MS-DRG	inpatient					Amerihealth	Medicare		21768.8				9244.88	26333.66	case rate	
KIDNEY & URINARY TRACT SIGNS & SYMPTOMS W MCC	695	MS-DRG	inpatient					Amerihealth	Medicare		27671.44				14126.58	43084.29	case rate	
KIDNEY & URINARY TRACT SIGNS & SYMPTOMS W/O MCC	696	MS-DRG	inpatient					Amerihealth	Medicare		20474.88				8174.75	25827.32	case rate	
URETHRAL STRICTURE	697	MS-DRG	inpatient					Amerihealth	Medicare		26487.49				13147.4	36006.72	case rate	
OTHER KIDNEY & URINARY TRACT DIAGNOSES W MCC	698	MS-DRG	inpatient					Amerihealth	Medicare		34218.18				19540.98	60577.56	case rate	
OTHER KIDNEY & URINARY TRACT DIAGNOSES W CC	699	MS-DRG	inpatient					Amerihealth	Medicare		25169.28				12086.33	38553.45	case rate	
OTHER KIDNEY & URINARY TRACT DIAGNOSES W/O CC/MCC	700	MS-DRG	inpatient					Amerihealth	Medicare		26706.24				8366.1	28494.07	case rate	
MAJOR MALE PELVIC PROCEDURES W CC/MCC	707	MS-DRG	inpatient					Amerihealth	Medicare		38609.81				23173.02	67190.04	case rate	
MAJOR MALE PELVIC PROCEDURES W/O CC/MCC	708	MS-DRG	inpatient					Amerihealth	Medicare		31420.39				17227.1	52753.6	case rate	
PENIS PROCEDURES W CC/MCC	709	MS-DRG	inpatient					Amerihealth	Medicare		40867.75				25040.42	76206.72	case rate	
PENIS PROCEDURES W/O CC/MCC	710	MS-DRG	inpatient					Amerihealth	Medicare		28218.43				14578.96	62617.94	case rate	
TESTES PROCEDURES W CC/MCC	711	MS-DRG	inpatient					Amerihealth	Medicare		40909.17				25574.68	78145.83	case rate	
TESTES PROCEDURES W/O CC/MCC	712	MS-DRG	inpatient					Amerihealth	Medicare		27562.9				14036.81	40387.54	case rate	
TRANSURETHRAL PROSTATECTOMY W CC/MCC	713	MS-DRG	inpatient					Amerihealth	Medicare		31309				17134.97	54887.74	case rate	
TRANSURETHRAL PROSTATECTOMY W/O CC/MCC	714	MS-DRG	inpatient					Amerihealth	Medicare		24279.53				11321.34	34150.12	case rate	
OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC FOR MALIGNANCY W CC/MCC	715	MS-DRG	inpatient					Amerihealth	Medicare		42117.41				26023.83	82886.72	case rate	
OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC FOR MALIGNANCY W/O CC/MCC	716	MS-DRG	inpatient					Amerihealth	Medicare		30901.97				16798.34	54872.74	case rate	
OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC EXC MALIGNANCY W CC/MCC	717	MS-DRG	inpatient					Amerihealth	Medicare		36493.26				21422.55	73299.93	case rate	
OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC EXC MALIGNANCY W/O CC/MCC	718	MS-DRG	inpatient					Amerihealth	Medicare		27382.95				13887.99	46231.13	case rate	
MALIGNANCY, MALE REPRODUCTIVE SYSTEM W MCC	722	MS-DRG	inpatient					Amerihealth	Medicare		37365.88				22144.24	62290.37	case rate	
MALIGNANCY, MALE REPRODUCTIVE SYSTEM W CC	723	MS-DRG	inpatient					Amerihealth	Medicare		26504.62				13161.58	41313.96	case rate	
MALIGNANCY, MALE REPRODUCTIVE SYSTEM W/O CC/MCC	724	MS-DRG	inpatient					Amerihealth	Medicare		22151.55				9561.43	25849.82	case rate	
BENIGN PROSTATIC HYPERTROPHY W MCC	725	MS-DRG	inpatient					Amerihealth	Medicare		28312.69				14691.92	45544.75	case rate	
BENIGN PROSTATIC HYPERTROPHY W/O MCC	726	MS-DRG	inpatient					Amerihealth	Medicare		21029.01				8633.04	28674.1	case rate	
INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM W MCC	727	MS-DRG	inpatient					Amerihealth	Medicare		33741.17				19146.47	53935.07	case rate	
INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM W/O MCC	728	MS-DRG	inpatient					Amerihealth	Medicare		22017.31				9450.4	29683.04	case rate	
OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES W CC/MCC	729	MS-DRG	inpatient					Amerihealth	Medicare		24927.92				11857.58	40582.57	case rate	
OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES W/O CC/MCC	730	MS-DRG	inpatient					Amerihealth	Medicare		19468.02				7342.04	21318.98	case rate	
PELVIC EVISCERATION, RAD HYSTERECTOMY & RAD VULVECTOMY W CC/MCC	734	MS-DRG	inpatient					Amerihealth	Medicare		41633.25				25673.52	86487.39	case rate	
PELVIC EVISCERATION, RAD HYSTERECTOMY & RAD VULVECTOMY W/O CC/MCC	735	MS-DRG	inpatient					Amerihealth	Medicare		28588.33				14884.88	51197.06	case rate	
UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W MCC	736	MS-DRG	inpatient					Amerihealth	Medicare		56106.24				45913.74	151175.71	case rate	
UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W CC	737	MS-DRG	inpatient					Amerihealth	Medicare		38779.77				23313.58	76191.72	case rate	
UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W/O CC/MCC	738	MS-DRG	inpatient					Amerihealth	Medicare		30079.34				16118	52221	case rate	
UTERINE, ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W MCC	739	MS-DRG	inpatient					Amerihealth	Medicare		62237.5				42714	134938.93	case rate	
UTERINE, ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W CC	740	MS-DRG	inpatient					Amerihealth	Medicare		36111.94				21107.19	65370.99	case rate	
UTERINE, ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W/O CC/MCC	741	MS-DRG	inpatient					Amerihealth	Medicare		29146.74				15346.71	49801.79	case rate	
UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W CC/MCC	742	MS-DRG	inpatient					Amerihealth	Medicare		36039.1				21046.95	64287	case rate	
UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC/MCC	743	MS-DRG	inpatient					Amerihealth	Medicare		27185.86				13939.88	41942.81	case rate	
D&C, CONIZATION, LAPAROSCOPY & TUBAL INTERRUPTION W CC/MCC	744	MS-DRG	inpatient					Amerihealth	Medicare		37474.42				22586.45	63398.08	case rate	
D&C, CONIZATION, LAPAROSCOPY & TUBAL INTERRUPTION W/O CC/MCC	745	MS-DRG	inpatient					Amerihealth	Medicare		25384.94				12235.55	40109.99	case rate	
VAGINA, CERVIX & VULVA PROCEDURES W CC/MCC	746	MS-DRG	inpatient					Amerihealth	Medicare		34528.1				19797.29	62925.49	case rate	
VAGINA, CERVIX & VULVA PROCEDURES W/O CC/MCC	747	MS-DRG	inpatient					Amerihealth	Medicare		23261.24				10479.18	35599.21	case rate	
FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES	748	MS-DRG	inpatient					Amerihealth	Medicare		30654.89				16594	48534.06	case rate	
OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES W CC/MCC	749	MS-DRG	inpatient					Amerihealth	Medicare		46540.46				30469.96	97593.21	case rate	
OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES W/O CC/MCC	750	MS-DRG	inpatient					Amerihealth	Medicare		30013.64				26098.82	45904.82	case rate	
MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W MCC	754	MS-DRG	inpatient					Amerihealth	Medicare		37047.39				22215.12	69065.39	case rate	
MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W CC	755	MS-DRG	inpatient					Amerihealth	Medicare		26081.88				12811.96	40128.74	case rate	
MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W/O CC/MCC	756	MS-DRG	inpatient					Amerihealth	Medicare		24725.12				11688.86	29259.21	case rate	
INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W MCC	757	MS-DRG	inpatient					Amerihealth	Medicare		31893.12				17618.06	54043.84	case rate	
INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W CC	758	MS-DRG	inpatient					Amerihealth	Medicare		24766.54				11724.11	38272.14	case rate	
INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W/O CC/MCC	759	MS-DRG	inpatient					Amerihealth	Medicare		19819.35				7632.6	26656.22	case rate	
MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS W CC/MCC	760	MS-DRG	inpatient					Amerihealth	Medicare		24806.53				11757.19	32694.85	case rate	
MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS W/O CC/MCC	761	MS-DRG	inpatient					Amerihealth	Medicare		19239.51				7153.06	29606.35	case rate	
VAGINAL DELIVERY W O.R. PROC EXCEPT STERIL &/OR D&C	768	MS-DRG	inpatient					Amerihealth	Medicare		27987.07				24336.58	42435.42	case rate	
POSTPARTUM & POST ABORTION DIAGNOSES W O.R. PROCEDURE	769	MS-DRG	inpatient					Amerihealth	Medicare		32640.05				18235.81	54681.46	case rate	
ABORTION W D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY	770	MS-DRG	inpatient					Amerihealth	Medicare		21997.31				9433.86	40053.73	case rate	
POSTPARTUM & POST ABORTION DIAGNOSES W/O O.R. PROCEDURE	776	MS-DRG	inpatient					Amerihealth	Medicare		20826.21				8495.32	24717.11	case rate	
ABORTION W/O D&C	779	MS-DRG	inpatient					Amerihealth	Medicare		24717.98				11683.96	28291.53	case rate	
CESAREAN SECTION W STERILIZATION W MCC	783	MS-DRG	inpatient					Amerihealth	Medicare		35894.86				21212.92	65468.47	case rate	
CESAREAN SECTION W STERILIZATION W CC	784	MS-DRG	inpatient					Amerihealth	Medicare		25216.41				8487	41336.46	case rate	
CESAREAN SECTION W STERILIZATION W/O CC/MCC	785	MS-DRG	inpatient					Amerihealth	Medicare		22962.76				8487	31712.17	case rate	
CESAREAN SECTION W/O STERILIZATION W MCC	786	MS-DRG	inpatient					Amerihealth	Medicare		35576.38				8487	58315.88	case rate	
CESAREAN SECTION W/O STERILIZATION W CC	787	MS-DRG	inpatient					Amerihealth	Medicare		25602.02				8487	40548.82	case rate	
CESAREAN SECTION W/O STERILIZATION W/O CC/MCC	788	MS-DRG	inpatient					Amerihealth	Medicare		22801.37				8487	33782.55	case rate	
NEONATES, DIED OR TRANSFERRED TO ANOTHER ACUTE CARE FACILITY	789	MS-DRG	inpatient					Amerihealth	Medicare		36574.67				31804.06	62400.4	case rate	
EXTREME IMMATURITY OR RESPIRATORY DISTRESS SYNDROME, NEONATE	790	MS-DRG	inpatient					Amerihealth	Medicare		96282.27				83723.72	205774.65	case rate	
PREMATURITY W MAJOR PROBLEMS	791	MS-DRG	inpatient					Amerihealth	Medicare		69112.72				60098.02	140538.73	case rate	
PREMATURITY W/O MAJOR PROBLEMS	792	MS-DRG	inpatient					Amerihealth	Medicare		45902.06				39914.84	84795.83	case rate	
FULL TERM NEONATE W MAJOR PROBLEMS	793	MS-DRG	inpatient					Amerihealth	Medicare		70706.56				61483.97	144360.69	case rate	
NEONATE W OTHER SIGNIFICANT PROBLEMS	794	MS-DRG	inpatient					Amerihealth	Medicare		31868.84				27712.03	51095.79	case rate	
NORMAL NEWBORN	795	MS-DRG	inpatient					Amerihealth	Medicare		13471.12				11714.02	11714.02	case rate	
VAGINAL DELIVERY W STERILIZATION/D&C W MCC	796	MS-DRG	inpatient					Amerihealth	Medicare		30847.7				29824.08	55067.78	case rate	
VAGINAL DELIVERY W STERILIZATION/D&C W CC	797	MS-DRG	inpatient					Amerihealth	Medicare		24813.67				21577.1	31764.68	case rate	
VAGINAL DELIVERY W STERILIZATION/D&C W/O CC/MCC	798	MS-DRG	inpatient					Amerihealth	Medicare		22175.83				19283.33	31764.68	case rate	
SPLENECTOMY W MCC	799	MS-DRG	inpatient					Amerihealth	Medicare		81360.73				70739.77	58521.36	176342.91	case rate	
SPLENECTOMY W CC	800	MS-DRG	inpatient					Amerihealth	Medicare		50832.11				44201.84	33281.32	98523.39	case rate	
SPLENECTOMY W/O CC/MCC	801	MS-DRG	inpatient					Amerihealth	Medicare		36150.5				31435.22	5977	58372.14	case rate	
OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W MCC	802	MS-DRG	inpatient					Amerihealth	Medicare		59009.83				51312.89	8199	125543.43	case rate	
OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W CC	803	MS-DRG	inpatient					Amerihealth	Medicare		37128.4				32285.91	13379	64566.8	case rate	
OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W/O CC/MCC	804	MS-DRG	inpatient					Amerihealth	Medicare		27877.1				24240.95	14296.66	46152.36	case rate	
VAGINAL DELIVERY W/O STERILIZATION/D&C W MCC	805	MS-DRG	inpatient					Amerihealth	Medicare		24989.33				21729.85	6365	38377.16	case rate	
VAGINAL DELIVERY W/O STERILIZATION/D&C W CC	806	MS-DRG	inpatient					Amerihealth	Medicare		21254.66				18482.31	6365	26532.45	case rate	
VAGINAL DELIVERY W/O STERILIZATION/D&C W/O CC/MCC	807	MS-DRG	inpatient					Amerihealth	Medicare		19935.02				17334.81	6365	23029.3	case rate	
MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W MCC	808	MS-DRG	inpatient					Amerihealth	Medicare		41868.9				36407.74	25868.41	80610.04	case rate	
MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W CC	809	MS-DRG	inpatient					Amerihealth	Medicare		27791.41				24166.44	14225.79	45177.18	case rate	
MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W/O CC/MCC	810	MS-DRG	inpatient					Amerihealth	Medicare		24936.49				21683.9	11864.67	34581.45	case rate	
RED BLOOD CELL DISORDERS W MCC	811	MS-DRG	inpatient					Amerihealth	Medicare		30636.35				26640.28	16578.65	50899.48	case rate	
RED BLOOD CELL DISORDERS W/O MCC	812	MS-DRG	inpatient					Amerihealth	Medicare		23454.05				20394.82	10638.64	33126.18	case rate	
COAGULATION DISORDERS	813	MS-DRG	inpatient					Amerihealth	Medicare		32869.99				28582.6	18425.97	60442.53	case rate	
RETICULOENDOTHELIAL & IMMUNITY DISORDERS W MCC	814	MS-DRG	inpatient					Amerihealth	Medicare		40983.44				35637.77	25196.1	82374.14	case rate	
RETICULOENDOTHELIAL & IMMUNITY DISORDERS W CC	815	MS-DRG	inpatient					Amerihealth	Medicare		24789.39				21555.99	11743.01	36670.59	case rate	
RETICULOENDOTHELIAL & IMMUNITY DISORDERS W/O CC/MCC	816	MS-DRG	inpatient					Amerihealth	Medicare		20733.38				18029.03	8388.54	27065.05	case rate	
OTHER ANTEPARTUM DIAGNOSES W O.R. PROCEDURE W MCC	817	MS-DRG	inpatient					Amerihealth	Medicare		42795.79				37213.73	26634.98	94956.47	case rate	
OTHER ANTEPARTUM DIAGNOSES W O.R. PROCEDURE W CC	818	MS-DRG	inpatient					Amerihealth	Medicare		27344.35				23777.73	13896.09	50953.26	case rate	
OTHER ANTEPARTUM DIAGNOSES W O.R. PROCEDURE W/O CC/MCC	819	MS-DRG	inpatient					Amerihealth	Medicare		23546.88				20475.55	10715.41	31468.37	case rate	
LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W MCC	820	MS-DRG	inpatient					Amerihealth	Medicare		96947.8				84302.44	71420.72	204176.86	case rate	
LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W CC	821	MS-DRG	inpatient					Amerihealth	Medicare		42468.74				36929.34	6969	89803.01	case rate	
LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W/O CC/MCC	822	MS-DRG	inpatient					Amerihealth	Medicare		28282.7				24593.65	8721	45375.97	case rate	
LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER PROC W MCC	823	MS-DRG	inpatient					Amerihealth	Medicare		74885.39				65117.73	12547	169704.17	case rate	
LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER PROC W CC	824	MS-DRG	inpatient					Amerihealth	Medicare		42480.16				36939.27	22652	82305.36	case rate	
LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER PROC W/O CC/MCC	825	MS-DRG	inpatient					Amerihealth	Medicare		29033.92				25246.88	15253.4	59072.01	case rate	
MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W MCC	826	MS-DRG	inpatient					Amerihealth	Medicare		73270.13				63713.16	51838.4	185580.89	case rate	
MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W CC	827	MS-DRG	inpatient					Amerihealth	Medicare		43684.11				37986.18	27369.65	84454.51	case rate	
MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W/O CC/MCC	828	MS-DRG	inpatient					Amerihealth	Medicare		34018.24				29581.08	19375.62	61338.95	case rate	
MYELOPROLIFERATIVE DISORDERS OR POORLY DIFFERENTIATED NEOPLASMS W OTHER PROCEDURE W CC/MCC	829	MS-DRG	inpatient					Amerihealth	Medicare		56632.4				48375.83	37251.17	116535.52	case rate	
MYELOPROLIFERATIVE DISORDERS OR POORLY DIFFERENTIATED NEOPLASMS W OTHER PROCEDURE W/O CC/MCC	830	MS-DRG	inpatient					Amerihealth	Medicare		33172.76				28845.88	18676.38	53214.53	case rate	
OTHER ANTEPARTUM DIAGNOSES W/O O.R. PROCEDURE W MCC	831	MS-DRG	inpatient					Amerihealth	Medicare		25012.18				21749.72	11927.27	38560.95	case rate	
OTHER ANTEPARTUM DIAGNOSES W/O O.R. PROCEDURE W CC	832	MS-DRG	inpatient					Amerihealth	Medicare		21126.13				18370.54	8713.36	26960.03	case rate	
OTHER ANTEPARTUM DIAGNOSES W/O O.R. PROCEDURE W/O CC/MCC	833	MS-DRG	inpatient					Amerihealth	Medicare		17899.88				15565.12	6045.14	18014.61	case rate	
ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W MCC	834	MS-DRG	inpatient					Amerihealth	Medicare		90553.87				78742.5	66132.7	206581.05	case rate	
ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W CC	835	MS-DRG	inpatient					Amerihealth	Medicare		42517.29				36971.56	26404.65	80114.95	case rate	
ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W/O CC/MCC	836	MS-DRG	inpatient					Amerihealth	Medicare		27690.01				24078.27	14141.93	45480.99	case rate	
CHEMO W ACUTE LEUKEMIA AS SDX OR W HIGH DOSE CHEMO AGENT W MCC	837	MS-DRG	inpatient					Amerihealth	Medicare		78522.95				68280.83	56182.68	201598.37	case rate	
CHEMO W ACUTE LEUKEMIA AS SDX W CC OR HIGH DOSE CHEMO AGENT	838	MS-DRG	inpatient					Amerihealth	Medicare		38474.14				33455.77	23060.81	88238.97	case rate	
CHEMO W ACUTE LEUKEMIA AS SDX W/O CC/MCC	839	MS-DRG	inpatient					Amerihealth	Medicare		29201.01				25392.19	15391.59	47105.04	case rate	
LYMPHOMA & NON-ACUTE LEUKEMIA W MCC	840	MS-DRG	inpatient					Amerihealth	Medicare		55223.74				48020.65	36913.36	123506.8	case rate	
LYMPHOMA & NON-ACUTE LEUKEMIA W CC	841	MS-DRG	inpatient					Amerihealth	Medicare		33062.79				28750.25	18585.43	61316.44	case rate	
LYMPHOMA & NON-ACUTE LEUKEMIA W/O CC/MCC	842	MS-DRG	inpatient					Amerihealth	Medicare		25820.53				22452.63	12595.8	42049.1	case rate	
OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W MCC	843	MS-DRG	inpatient					Amerihealth	Medicare		37163.07				32315.72	21976.51	69237.92	case rate	
OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W CC	844	MS-DRG	inpatient					Amerihealth	Medicare		27117.31				23580.27	13668.29	44213.25	case rate	
OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W/O CC/MCC	845	MS-DRG	inpatient					Amerihealth	Medicare		22942.76				19950.23	10215.78	32488.56	case rate	
CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W MCC	846	MS-DRG	inpatient					Amerihealth	Medicare		45495.03				39560.9	28867.35	105690.98	case rate	
CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W CC	847	MS-DRG	inpatient					Amerihealth	Medicare		27908.52				24268.28	14322.65	49753.04	case rate	
CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W/O CC/MCC	848	MS-DRG	inpatient					Amerihealth	Medicare		21437.47				18641.28	8970.85	34979.03	case rate	
RADIOTHERAPY	849	MS-DRG	inpatient					Amerihealth	Medicare		49028.33				42633.33	31789.52	73896.29	case rate	
INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W MCC	853	MS-DRG	inpatient					Amerihealth	Medicare		81989.12				71294.89	59049.33	189676.65	case rate	
INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W CC	854	MS-DRG	inpatient					Amerihealth	Medicare		39699.51				34521.31	24074.24	82620.42	case rate	
INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W/O CC/MCC	855	MS-DRG	inpatient					Amerihealth	Medicare		34895.14				30343.6	20100.84	69510.92	case rate	
POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W MCC	856	MS-DRG	inpatient					Amerihealth	Medicare		73835.69				64204.95	52306.14	168342.67	case rate	
POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W CC	857	MS-DRG	inpatient					Amerihealth	Medicare		41091.98				35732.15	25225.86	77140.65	case rate	
POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W/O CC/MCC	858	MS-DRG	inpatient					Amerihealth	Medicare		28919.66				25147.53	15158.9	51763.41	case rate	
POSTOPERATIVE & POST-TRAUMATIC INFECTIONS W MCC	862	MS-DRG	inpatient					Amerihealth	Medicare		36897.43				32084.73	21756.82	68551.54	case rate	
POSTOPERATIVE & POST-TRAUMATIC INFECTIONS W/O MCC	863	MS-DRG	inpatient					Amerihealth	Medicare		24950.77				21696.32	11876.48	36936.89	case rate	
FEVER AND INFLAMMATORY CONDITIONS	864	MS-DRG	inpatient					Amerihealth	Medicare		23198.4				20172.53	10427.21	32417.3	case rate	
VIRAL ILLNESS W MCC	865	MS-DRG	inpatient					Amerihealth	Medicare		34011.1				29574.87	19369.71	51842.18	case rate	
VIRAL ILLNESS W/O MCC	866	MS-DRG	inpatient					Amerihealth	Medicare		23696.84				20605.94	10839.43	30770.74	case rate	
OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W MCC	867	MS-DRG	inpatient					Amerihealth	Medicare		40472.15				35193.17	24713.24	79998.68	case rate	
OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W CC	868	MS-DRG	inpatient					Amerihealth	Medicare		26093.31				22689.83	12621.4	40391.29	case rate	
OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W/O CC/MCC	869	MS-DRG	inpatient					Amerihealth	Medicare		20454.89				17786.86	8158.22	28801.63	case rate	
SEPTICEMIA OR SEVERE SEPSIS W MV >96 HOURS	870	MS-DRG	inpatient					Amerihealth	Medicare		110061.28				95705.46	82666.06	236117.82	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.															
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true														
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
SEPTICEMIA OR SEVERE SEPSIS W/O MV >96 HOURS W MCC	871	MS-DRG	inpatient					38935.45 Amerihealth	Medicare		33830.82				23417.52	69627.99	case rate	
SEPTICEMIA OR SEVERE SEPSIS W/O MV >96 HOURS W/O MCC	872	MS-DRG	inpatient					25299.25 Amerihealth	Medicare		21999.34				12164.68	39491.12	case rate	
O.R. PROCEDURE W PRINCIPAL DIAGNOSES OF MENTAL ILLNESS	876	MS-DRG	inpatient					63882.75 Amerihealth	Medicare		55550.22				44074.69	123825.61	case rate	
ACUTE ADJUSTMENT REACTION & PSYCHOSOCIAL DYSFUNCTION	880	MS-DRG	inpatient					24223.83 Amerihealth	Medicare		21064.2				2010	21064.2	case rate	
DEPRESSIVE NEUROSES	881	MS-DRG	inpatient					23536.88 Amerihealth	Medicare		20466.85				2010	20466.85	case rate	
NEUROSES EXCEPT DEPRESSIVE	882	MS-DRG	inpatient					24005.32 Amerihealth	Medicare		20874.19				2010	20874.19	case rate	
DISORDERS OF PERSONALITY & IMPULSE CONTROL	883	MS-DRG	inpatient					37374.44 Amerihealth	Medicare		32499.52				2010	32540.07	case rate	
ORGANIC DISTURBANCES & INTELLECTUAL DISABILITY	884	MS-DRG	inpatient					35682.06 Amerihealth	Medicare		31027.88				2010	31027.88	case rate	
PSYCHOSES	885	MS-DRG	inpatient					30155.05 Amerihealth	Medicare		26178.3				2010	26178.3	case rate	
BEHAVIORAL & DEVELOPMENTAL DISORDERS	886	MS-DRG	inpatient					34608.07 Amerihealth	Medicare		30093.98				2010	30093.98	case rate	
OTHER MENTAL DISORDER DIAGNOSES	887	MS-DRG	inpatient					29093.9 Amerihealth	Medicare		25299.04				2010	25299.04	case rate	
ALCOHOL/DRUG ABUSE OR DEPENDENCE, LEFT AMA	894	MS-DRG	inpatient					18795.35 Amerihealth	Medicare		16343.78				2010	94620.59	case rate	
ALCOHOL/DRUG ABUSE OR DEPENDENCE W REHABILITATION THERAPY	895	MS-DRG	inpatient					33566.94 Amerihealth	Medicare		29188.64				2010	29188.64	case rate	
ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY W MCC	896	MS-DRG	inpatient					35984.83 Amerihealth	Medicare		31291.16				2010	31291.16	case rate	
ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY W/O MCC	897	MS-DRG	inpatient					22809.94 Amerihealth	Medicare		19834.73				2010	19834.73	case rate	
WOUND DEBRIDEMENTS FOR INJURIES W MCC	901	MS-DRG	inpatient					72398.95 Amerihealth	Medicare		62955.61				13124	167465	case rate	
WOUND DEBRIDEMENTS FOR INJURIES W CC	902	MS-DRG	inpatient					37507.26 Amerihealth	Medicare		32615.01				22261.17	72028.44	case rate	
WOUND DEBRIDEMENTS FOR INJURIES W/O CC/MCC	903	MS-DRG	inpatient					28321.26 Amerihealth	Medicare		24627.18				14664	56429.51	case rate	
SKIN GRAFTS FOR INJURIES W CC/MCC	904	MS-DRG	inpatient					57094.65 Amerihealth	Medicare		49647.52				38460.67	120997.58	case rate	
SKIN GRAFTS FOR INJURIES W/O CC/MCC	905	MS-DRG	inpatient					33208.47 Amerihealth	Medicare		28876.93				16705.9	66357.38	case rate	
HAND PROCEDURES FOR INJURIES	906	MS-DRG	inpatient					37462.99 Amerihealth	Medicare		32576.51				22224.56	69132.9	case rate	
OTHER O.R. PROCEDURES FOR INJURIES W MCC	907	MS-DRG	inpatient					63711.37 Amerihealth	Medicare		55401.19				43932.95	158133.26	case rate	
OTHER O.R. PROCEDURES FOR INJURIES W CC	908	MS-DRG	inpatient					39212.5 Amerihealth	Medicare		34097.83				23671.47	74743.95	case rate	
OTHER O.R. PROCEDURES FOR INJURIES W/O CC/MCC	909	MS-DRG	inpatient					29860.8 Amerihealth	Medicare		26092.87				16019.96	49711.78	case rate	
TRAUMATIC INJURY W MCC	913	MS-DRG	inpatient					31934.54 Amerihealth	Medicare		27769.16				17652.32	55205.55	case rate	
TRAUMATIC INJURY W/O MCC	914	MS-DRG	inpatient					23554.02 Amerihealth	Medicare		20481.76				10721.32	84762.6	case rate	
ALLERGIC REACTIONS W MCC	915	MS-DRG	inpatient					35926.28 Amerihealth	Medicare		31240.24				20953.64	62895.49	case rate	
ALLERGIC REACTIONS W/O MCC	916	MS-DRG	inpatient					19999.3 Amerihealth	Medicare		17390.69				7781.43	23828.2	case rate	
POISONING & TOXIC EFFECTS OF DRUGS W MCC	917	MS-DRG	inpatient					33382.7 Amerihealth	Medicare		29028.44				18850	55274.07	case rate	
POISONING & TOXIC EFFECTS OF DRUGS W/O MCC	918	MS-DRG	inpatient					22885.63 Amerihealth	Medicare		19900.55				10168.54	29206.7	case rate	
COMPLICATIONS OF TREATMENT W MCC	919	MS-DRG	inpatient					36650.36 Amerihealth	Medicare		31869.88				21552.48	68424.02	case rate	
COMPLICATIONS OF TREATMENT W CC	920	MS-DRG	inpatient					25354.94 Amerihealth	Medicare		22047.78				12210.75	37623.27	case rate	
COMPLICATIONS OF TREATMENT W/O CC/MCC	921	MS-DRG	inpatient					20556.29 Amerihealth	Medicare		17875.03				8242.08	26502.45	case rate	
OTHER INJURY, POISONING & TOXIC EFFECT DIAG W MCC	922	MS-DRG	inpatient					35510.68 Amerihealth	Medicare		30878.85				20609.92	58450.91	case rate	
OTHER INJURY, POISONING & TOXIC EFFECT DIAG W/O MCC	923	MS-DRG	inpatient					25035.03 Amerihealth	Medicare		21769.6				11946.17	37582.48	case rate	
EXTENSIVE BURNS OR FULL THICKNESS BURNS W MV >96 HRS W SKIN GRAFT	927	MS-DRG	inpatient					387038.19 Amerihealth	Medicare		336554.95				298048.51	688547.44	case rate	
FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W CC/MCC	928	MS-DRG	inpatient					109415.75 Amerihealth	Medicare		95144.13				81732.17	220376.13	case rate	
FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W/O CC/MCC	929	MS-DRG	inpatient					56513.38 Amerihealth	Medicare		49142.07				37979.94	111478.31	case rate	
EXTENSIVE BURNS OR FULL THICKNESS BURNS W MV >96 HRS W/O SKIN GRAFT	933	MS-DRG	inpatient					53852.69 Amerihealth	Medicare		46863.21				3318	107281.27	case rate	
FULL THICKNESS BURN W/O SKIN GRAFT OR INHAL INJ	934	MS-DRG	inpatient					40475.01 Amerihealth	Medicare		35195.66				24715.61	68769.08	case rate	
NON-EXTENSIVE BURNS	935	MS-DRG	inpatient					39740.93 Amerihealth	Medicare		34557.33				24108.49	68326.5	case rate	
O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W MCC	939	MS-DRG	inpatient					56510.53 Amerihealth	Medicare		49139.59				37977.68	122974.2	case rate	
O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W CC	940	MS-DRG	inpatient					41533.28 Amerihealth	Medicare		36115.9				25590.84	81558.97	case rate	
O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W/O CC/MCC	941	MS-DRG	inpatient					37097.38 Amerihealth	Medicare		32258.59				21922.18	69440.46	case rate	
REHABILITATION W CC/MCC	945	MS-DRG	inpatient					32148.76 Amerihealth	Medicare		27955.44				17829.49	51193.3	case rate	
REHABILITATION W/O CC/MCC	946	MS-DRG	inpatient					25053.6 Amerihealth	Medicare		21785.74				11961.53	39108.55	case rate	
SIGNS & SYMPTOMS W MCC	947	MS-DRG	inpatient					28465.5 Amerihealth	Medicare		24752.61				14783.3	45218.44	case rate	
SIGNS & SYMPTOMS W/O MCC	948	MS-DRG	inpatient					22030.16 Amerihealth	Medicare		19156.66				9461.03	29262.96	case rate	
AFTERCARE W CC/MCC	949	MS-DRG	inpatient					25387.79 Amerihealth	Medicare		22076.34				12237.92	42990.52	case rate	
AFTERCARE W/O CC/MCC	950	MS-DRG	inpatient					19562.28 Amerihealth	Medicare		17010.68				7420	27938.96	case rate	
OTHER FACTORS INFLUENCING HEALTH STATUS	951	MS-DRG	inpatient					19016.72 Amerihealth	Medicare		16536.27				6968.8	29945.59	case rate	
CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA	955	MS-DRG	inpatient					97569.06 Amerihealth	Medicare		84842.66				71934.52	228676.43	case rate	
LIMB REATTACHMENT, HIP & FEMUR PROC FOR MULTIPLE SIGNIFICANT TRAUMA	956	MS-DRG	inpatient					65977.88 Amerihealth	Medicare		57372.07				45807.44	141918.99	case rate	
OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W MCC	957	MS-DRG	inpatient					113883.07 Amerihealth	Medicare		99028.76				85428.82	284996.54	case rate	
OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W CC	958	MS-DRG	inpatient					68357.22 Amerihealth	Medicare		59441.06				47775.24	156771.76	case rate	
OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W/O CC/MCC	959	MS-DRG	inpatient					46757.54 Amerihealth	Medicare		40658.73				29911.49	91918.4	case rate	
OTHER MULTIPLE SIGNIFICANT TRAUMA W MCC	963	MS-DRG	inpatient					49641.02 Amerihealth	Medicare		43166.1				32096.24	104832.07	case rate	
OTHER MULTIPLE SIGNIFICANT TRAUMA W CC	964	MS-DRG	inpatient					32027.37 Amerihealth	Medicare		27849.88				17729.09	55319.07	case rate	
OTHER MULTIPLE SIGNIFICANT TRAUMA W/O CC/MCC	965	MS-DRG	inpatient					24242.4 Amerihealth	Medicare		21080.35				11290.63	36543.07	case rate	
HIV W EXTENSIVE O.R. PROCEDURE W MCC	969	MS-DRG	inpatient					108743.08 Amerihealth	Medicare		94559.2				81175.85	209990.44	case rate	
HIV W EXTENSIVE O.R. PROCEDURE W/O MCC	970	MS-DRG	inpatient					44929.48 Amerihealth	Medicare		39069.11				28399.62	104598.26	case rate	
HIV W MAJOR RELATED CONDITION W MCC	974	MS-DRG	inpatient					52243.15 Amerihealth	Medicare		45428.82				34448.3	102131.56	case rate	
HIV W MAJOR RELATED CONDITION W CC	975	MS-DRG	inpatient					30060.77 Amerihealth	Medicare		26139.8				16102.65	48380.28	case rate	
HIV W MAJOR RELATED CONDITION W/O CC/MCC	976	MS-DRG	inpatient					22662.84 Amerihealth	Medicare		19706.82				9984.28	35204.07	case rate	
HIV W OR W/O OTHER RELATED CONDITION	977	MS-DRG	inpatient					30814.85 Amerihealth	Medicare		26795.52				16726.29	43879.44	case rate	
EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W MCC	981	MS-DRG	inpatient					78291.59 Amerihealth	Medicare		68079.64				11302	163924.34	case rate	
EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W CC	982	MS-DRG	inpatient					46094.67 Amerihealth	Medicare		40082.49				14901	92000.92	case rate	
EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W/O CC/MCC	983	MS-DRG	inpatient					33943.97 Amerihealth	Medicare		29516.5				19314.2	68862.23	case rate	
NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W MCC	987	MS-DRG	inpatient					58815.6 Amerihealth	Medicare		51144				39883.96	124995.83	case rate	
NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W CC	988	MS-DRG	inpatient					34826.58 Amerihealth	Medicare		30283.99				20044.15	63503.1	case rate	
NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W/O CC/MCC	989	MS-DRG	inpatient					26019.05 Amerihealth	Medicare		22625.26				12759.99	39033.53	case rate	
HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM W MCC	001	MS-DRG	inpatient					397605.24 Horizon	Indemnity		999582.37				320075.66	999582.37	case rate	
HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM W/O MCC	002	MS-DRG	inpatient					185457.36 Horizon	Indemnity		503445.21				144621.43	503445.21	case rate	
ECMO OR TRACH W MV >96 HRS OR PDX EXC FACE, MOUTH & NECK W MAJ O.R.	003	MS-DRG	inpatient					315081.15 Horizon	Indemnity		686280.58				251825.15	686280.58	case rate	
TRACH W MV >96 HRS OR PDX EXC FACE, MOUTH & NECK W/O MAJ O.R.	004	MS-DRG	inpatient					220531.85 Horizon	Indemnity		428299.93				173629.34	428299.93	case rate	
LIVER TRANSPLANT W MCC OR INTESTINAL TRANSPLANT	005	MS-DRG	inpatient					158406.35 Horizon	Indemnity		284311				122249.23	284311	case rate	
LIVER TRANSPLANT W/O MCC	006	MS-DRG	inpatient					79669.77 Horizon	Indemnity		284311				57131.14	284311	case rate	
LUNG TRANSPLANT	007	MS-DRG	inpatient					185775.85 Horizon	Indemnity		399487.06				144884.83	399487.06	case rate	
SIMULTANEOUS PANCREAS/KIDNEY TRANSPLANT	008	MS-DRG	inpatient					85736.65 Horizon	Indemnity		196874.24				62148.67	196874.24	case rate	
PANCREAS TRANSPLANT	010	MS-DRG	inpatient					79337.01 Horizon	Indemnity		169302.85				56855.93	169302.85	case rate	
TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES OR LARYNGECTOMY W MCC	011	MS-DRG	inpatient					84231.35 Horizon	Indemnity		184249.39				60903.74	260411	case rate	
TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES OR LARYNGECTOMY W CC	012	MS-DRG	inpatient					67787.38 Horizon	Indemnity		143040.45				47303.96	260411	case rate	
TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES OR LARYNGECTOMY W/O CC/MCC	013	MS-DRG	inpatient					48946.93 Horizon	Indemnity		87260.04				31722.2	260411	case rate	
ALLOGENEIC BONE MARROW TRANSPLANT	014	MS-DRG	inpatient					174271.92 Horizon	Indemnity		448219.9				135370.65	448219.9	case rate	
AUTOLOGOUS BONE MARROW TRANSPLANT W CC/MCC OR T-CELL IMMUNOTHERAPY	016	MS-DRG	inpatient					98808.71 Horizon	Indemnity		245273.28				72959.76	245273.28	case rate	
AUTOLOGOUS BONE MARROW TRANSPLANT W/O CC/MCC	017	MS-DRG	inpatient					98808.71 Horizon	Indemnity		164321.92				71026.39	164321.92	case rate	
INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W MCC	020	MS-DRG	inpatient					131305.35 Horizon	Indemnity		391621.73				99835.69	391621.73	case rate	
INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W CC	021	MS-DRG	inpatient					98300.28 Horizon	Indemnity		296515.34				72539.27	296515.34	case rate	
INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W/O CC/MCC	022	MS-DRG	inpatient					60243.77 Horizon	Indemnity		193442.35				41065.11	193442.35	case rate	
CRANIOTOMY W MAJOR DEVICE IMPLANT OR ACUTE COMPLEX CNS PDX W MCC OR CHEMOTHERAPY IMPLANT OR EPIL	023	MS-DRG	inpatient					91550.74 Horizon	Indemnity		204791.97				66957.14	204791.97	case rate	
CRANIO W MAJOR DEV IMPL/ACUTE COMPLEX CNS PDX W/O MCC	024	MS-DRG	inpatient					64701.1 Horizon	Indemnity		147004.94				44751.49	313612.23	case rate	
CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W MCC	025	MS-DRG	inpatient					73658.59 Horizon	Indemnity		160436.19				52159.67	160436.19	case rate	
CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W CC	026	MS-DRG	inpatient					52765.86 Horizon	Indemnity		113109.86				34880.6	113109.86	case rate	
CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W/O CC/MCC	027	MS-DRG	inpatient					45336.51 Horizon	Indemnity		90230.59				28736.25	90230.59	case rate	
SPINAL PROCEDURES W MCC	028	MS-DRG	inpatient					96653.6 Horizon	Indemnity		201592.62				71177.4	201592.62	case rate	
SPINAL PROCEDURES W CC OR SPINAL NEUROSTIMULATORS	029	MS-DRG	inpatient					59551.11 Horizon	Indemnity		118360.84				40452.25	118360.84	case rate	
SPINAL PROCEDURES W/O CC/MCC	030	MS-DRG	inpatient					43709.82 Horizon	Indemnity		81603.98				27390.91	81603.98	case rate	
VENTRICULAR SHUNT PROCEDURES W MCC	031	MS-DRG	inpatient					69382.65 Horizon	Indemnity		156888.03				48623.3	156888.03	case rate	
VENTRICULAR SHUNT PROCEDURES W CC	032	MS-DRG	inpatient					41350.48 Horizon	Indemnity		86344.86				25439.65	103005.11	case rate	
VENTRICULAR SHUNT PROCEDURES W/O CC/MCC	033	MS-DRG	inpatient					33768.31 Horizon	Indemnity		63300.56				19168.92	169398.47	case rate	
CAROTID ARTERY STENT PROCEDURE W MCC	034	MS-DRG	inpatient					66309.22 Horizon	Indemnity		130017.7				49081.46	279134.99	case rate	
CAROTID ARTERY STENT PROCEDURE W CC	035	MS-DRG	inpatient					43431.32 Horizon	Indemnity		83276.79				27160.59	83276.79	case rate	
CAROTID ARTERY STENT PROCEDURE W/O CC/MCC	036	MS-DRG	inpatient					36414.71 Horizon	Indemnity		64737.08				21357.59	64737.08	case rate	
EXTRACRANIAL PROCEDURES W MCC	037	MS-DRG	inpatient					58799.89 Horizon	Indemnity		120389.97				39870.97	120389.97	case rate	
EXTRACRANIAL PROCEDURES W CC	038	MS-DRG	inpatient					33439.63 Horizon	Indemnity		62700.45				18897.25	62700.45	case rate	
EXTRACRANIAL PROCEDURES W/O CC/MCC	039	MS-DRG	inpatient					26885.95 Horizon	Indemnity		42472.93				13476.94	42472.93	case rate	
PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W MCC	040	MS-DRG	inpatient					65582.28 Horizon	Indemnity		147335				45480.26	147335	case rate	
PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W CC OR PERIPH NEUROSTIM	041	MS-DRG	inpatient					42448.74 Horizon	Indemnity		88456.51				26347.96	88456.51	case rate	
PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W/O CC/MCC	042	MS-DRG	inpatient					35437.84 Horizon	Indemnity		70194.35				20549.68	102408.62	case rate	
SPINAL DISORDERS & INJURIES W CC/MCC	052	MS-DRG	inpatient					38361.31 Horizon	Indemnity		83776.9				22967.5	80333.48	case rate	
SPINAL DISORDERS & INJURIES W/O CC/MCC	053	MS-DRG	inpatient					24640.86 Horizon	Indemnity		34285.15				11620.17	98314.19	case rate	
NERVOUS SYSTEM NEOPLASMS W MCC	054	MS-DRG	inpatient					31634.62 Horizon	Indemnity		49381.72				17404.27	143596.19	case rate	
NERVOUS SYSTEM NEOPLASMS W/O MCC	055	MS-DRG	inpatient					25917.64 Horizon	Indemnity		39277.33				12676.12	39277.33	case rate	
DEGENERATIVE NERVOUS SYSTEM DISORDERS W MCC	056	MS-DRG	inpatient					44780.95 Horizon	Indemnity		79683.62				28276.78	79683.62	case rate	
DEGENERATIVE NERVOUS SYSTEM DISORDERS W/O MCC	057	MS-DRG	inpatient					30059.35 Horizon	Indemnity		45342.21				16101.46	45342.21	case rate	
MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W MCC	058	MS-DRG	inpatient					35267.89 Horizon	Indemnity		65997.32				20409.13	65997.32	case rate	
MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W CC	059	MS-DRG	inpatient					27545.76 Horizon	Indemnity		41231.45				14022.64	41231.45	case rate	
MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W/O CC/MCC	060	MS-DRG	inpatient					23406.92 Horizon	Indemnity		31232.08				10599.66	31232.08	case rate	
ISCHEMIC STROKE, PRECEREBRAL OCCLUSION OR TRANSIENT ISCHEMIA W THROMBOLYTIC AGENT W MCC	061	MS-DRG	inpatient					50619.32 Horizon	Indemnity		106808.68				33105.33	106808.68	case rate	
ISCHEMIC STROKE, PRECEREBRAL OCCLUSION OR TRANSIENT ISCHEMIA W THROMBOLYTIC AGENT W CC	062	MS-DRG	inpatient					37321.6 Horizon	Indemnity		72902.36				22107.62	121708.96	case rate	
ISCHEMIC STROKE, PRECEREBRAL OCCLUSION OR TRANSIENT ISCHEMIA W THROMBOLYTIC AGENT W/O CC/MCC	063	MS-DRG	inpatient					31824.57 Horizon	Indemnity		61061.4				17561.37	136083.64	case rate	
INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W MCC	064	MS-DRG	inpatient					39196.79 Horizon	Indemnity		70108.08				23658.47	215326.95	case rate	
INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W CC OR TPA IN 24 HRS	065	MS-DRG	inpatient					25106.44 Horizon	Indemnity		38688.47				12005.23	38688.47	case rate	
INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W/O CC/MCC	066	MS-DRG	inpatient					20409.18 Horizon	Indemnity		27260.09				8120.42	27260.09	case rate	
NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT W MCC	067	MS-DRG	inpatient					30826.27 Horizon	Indemnity		56313.01				16735.74	56313.01	case rate	
NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT W/O MCC	068	MS-DRG	inpatient					23029.88 Horizon	Indemnity		33707.54				10287.83	33707.54	case rate	
TRANSIENT ISCHEMIA W/O THROMBOLYTIC	069	MS-DRG	inpatient					21997.31 Horizon	Indemnity		28711.61				9433.86	28711.61	case rate	
NONSPECIFIC CEREBROVASCULAR DISORDERS W MCC	070	MS-DRG	inpatient					36147.64 Horizon	Indemnity		61710.27				21136.72	61710.27	case rate	
NONSPECIFIC CEREBROVASCULAR DISORDERS W CC	071	MS-DRG	inpatient					25754.83 Horizon	Indemnity		36974.4				12541.47	36974.4	case rate	
NONSPECIFIC CEREBROVASCULAR DISORDERS W/O CC/MCC	072	MS-DRG	inpatient					21773.09 Horizon	Indemnity		27830.19				9248.42	27830.19	case rate	
CRANIAL & PERIPHERAL NERVE DISORDERS W MCC	073	MS-DRG	inpatient					32198.75 Horizon	Indemnity		52926.13				17870.83	52926.13	case rate	
CRANIAL & PERIPHERAL NERVE DISORDERS W/O MCC	074	MS-DRG	inpatient					23246.4 Horizon	Indemnity		36528.07				12120.98	36528.07	case rate	
VIRAL MENINGITIS W CC/MCC	075	MS-DRG	inpatient					37922.86 Horizon	Indemnity		55570.37				22604.89	55570.37	case rate	
VIRAL MENINGITIS W/O CC/MCC	076	MS-DRG	inpatient					23765.39 Horizon	Indemnity		30935.77				10896.13	30935.77	case rate	
HYPERTENSIVE ENCEPHALOPATHY W MCC	077	MS-DRG	inpatient					32168.76 Horizon	Indemnity		58210.86				17846.03	58210.86	case rate	
HYPERTENSIVE ENCEPHALOPATHY W CC	078	MS-DRG	inpatient					25113.58 Horizon	Indemnity		36385.54				12011.13	36385.54	case rate	
HYPERTENSIVE ENCEPHALOPATHY W/O CC/MCC	079	MS-DRG	inpatient					21170.4 Horizon	Indemnity		27998.98				8749.97	27998.98	case rate	
NONTRAUMATIC STUPOR & COMA W MCC	080	MS-DRG	inpatient					42134.54 Horizon	Indemnity		70468.15				26088.1	70468.15	case rate	
NONTRAUMATIC STUPOR & COMA W/O MCC	081	MS-DRG	inpatient					23579.73 Horizon	Indemnity		32053.48				10742.58	32053.48	case rate	
TRAUMATIC STUPOR & COMA, COMA >1 HR W MCC	082	MS-DRG	inpatient					43128.55 Horizon	Indemnity		80962.61				26910.19	80962.61	case rate	
TRAUMATIC STUPOR & COMA, COMA >1 HR W CC	083	MS-DRG	inpatient					29962.23 Horizon	Indemnity		48571.57				16021.15	48571.57	case rate	
TRAUMATIC STUPOR & COMA, COMA >1 HR W/O CC/MCC	084	MS-DRG	inpatient					23725.4 Horizon	Indemnity		34630.21				10863.05	34630.21	case rate	
TRAUMATIC STUPOR & COMA, COMA <1 HR W MCC	085	MS-DRG	inpatient					43050 Horizon	Indemnity		81765.26				26845.22	81765.26	case rate	
TRAUMATIC STUPOR & COMA, COMA <1 HR W CC	086	MS-DRG	inpatient					29400.96 Horizon	Indemnity		46624.95				15556.95	46624.95	case rate	
TRAUMATIC STUPOR & COMA, COMA <1 HR W/O CC/MCC	087	MS-DRG	inpatient					23246.96 Horizon	Indemnity		31704.67				10467.37	31704.67	case rate	
CONCUSSION W MCC	088	MS-DRG	inpatient					32495.81 Horizon	Indemnity		55495.36				18116.51	55495.36	case rate	
CONCUSSION W CC	089	MS-DRG	inpatient					27013.05 Horizon	Indemnity		40038.72				13582.07	40038.72	case rate	
CONCUSSION W/O CC/MCC	090	MS-DRG	inpatient					23941.05 Horizon	Indemnity		29758.05				11041.41	29758.05	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.																
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true															
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
OTHER DISORDERS OF NERVOUS SYSTEM W MCC	091	MS-DRG	inpatient					36143.36	Horizon	Indemnity				60661.28	21133.17	60661.28	case rate	
OTHER DISORDERS OF NERVOUS SYSTEM W CC	092	MS-DRG	inpatient					25244.98	Horizon	Indemnity				35380.35	12119.8	35380.35	case rate	
OTHER DISORDERS OF NERVOUS SYSTEM W/O CC/MCC	093	MS-DRG	inpatient					21650.27	Horizon	Indemnity				27672.66	9146.84	27672.66	case rate	
BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W MCC	094	MS-DRG	inpatient					62328.9	Horizon	Indemnity				137947	42789.59	137947	case rate	
BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W CC	095	MS-DRG	inpatient					44640.99	Horizon	Indemnity				89300.42	28161.03	89300.42	case rate	
BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W/O CC/MCC	096	MS-DRG	inpatient					41720.37	Horizon	Indemnity				79177.28	25745.57	79177.28	case rate	
NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W MCC	097	MS-DRG	inpatient					62531.7	Horizon	Indemnity				132733.52	42957.32	132733.52	case rate	
NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W CC	098	MS-DRG	inpatient					41360.47	Horizon	Indemnity				69406.7	25447.92	69406.7	case rate	
NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W/O CC/MCC	099	MS-DRG	inpatient					29445.22	Horizon	Indemnity				47742.66	16593.57	47742.66	case rate	
SEIZURES W MCC	100	MS-DRG	inpatient					36904.02	Horizon	Indemnity				67977.69	23416.34	67977.69	case rate	
SEIZURES W/O MCC	101	MS-DRG	inpatient					23581.15	Horizon	Indemnity				32604.84	10743.76	32604.84	case rate	
HEADACHES W MCC	102	MS-DRG	inpatient					27822.83	Horizon	Indemnity				40376.29	14251.78	40376.29	case rate	
HEADACHES W/O MCC	103	MS-DRG	inpatient					22621.4	Horizon	Indemnity				29307.97	9950.02	29307.97	case rate	
ORBITAL PROCEDURES W CC/MCC	113	MS-DRG	inpatient					46399.07	Horizon	Indemnity				86367.37	29615.02	86367.37	case rate	
ORBITAL PROCEDURES W/O CC/MCC	114	MS-DRG	inpatient					28182.73	Horizon	Indemnity				47075.04	14549.43	47075.04	case rate	
EXTRAOCULAR PROCEDURES EXCEPT ORBIT	115	MS-DRG	inpatient					32932.83	Horizon	Indemnity				51088.28	18477.94	51088.28	case rate	
INTRAOCULAR PROCEDURES W CC/MCC	116	MS-DRG	inpatient					36737.48	Horizon	Indemnity				64061.96	21624.53	64061.96	case rate	
INTRAOCULAR PROCEDURES W/O CC/MCC	117	MS-DRG	inpatient					27705.72	Horizon	Indemnity				37600.77	14154.93	37600.77	case rate	
ACUTE MAJOR EYE INFECTIONS W CC/MCC	121	MS-DRG	inpatient					28888.24	Horizon	Indemnity				39731.17	15132.92	39731.17	case rate	
ACUTE MAJOR EYE INFECTIONS W/O CC/MCC	122	MS-DRG	inpatient					21223.24	Horizon	Indemnity				26472.44	8793.68	26472.44	case rate	
NEUROLOGICAL EYE DISORDERS	123	MS-DRG	inpatient					22073	Horizon	Indemnity				28239.02	9496.46	28239.02	case rate	
OTHER DISORDERS OF THE EYE W MCC	124	MS-DRG	inpatient					29469.51	Horizon	Indemnity				49933.07	15613.65	49933.07	case rate	
OTHER DISORDERS OF THE EYE W/O MCC	125	MS-DRG	inpatient					21980.17	Horizon	Indemnity				30388.17	9419.69	30388.17	case rate	
SINUS & MASTOID PROCEDURES W CC/MCC	135	MS-DRG	inpatient					46467.06	Horizon	Indemnity				86198.59	31325.33	86198.59	case rate	
SINUS & MASTOID PROCEDURES W/O CC/MCC	136	MS-DRG	inpatient					24002.47	Horizon	Indemnity				45477.24	11092.2	45477.24	case rate	
MOUTH PROCEDURES W CC/MCC	137	MS-DRG	inpatient					32080.21	Horizon	Indemnity				51650.89	17772.79	51650.89	case rate	
MOUTH PROCEDURES W/O CC/MCC	138	MS-DRG	inpatient					22954.19	Horizon	Indemnity				31700.92	10225.23	31700.92	case rate	
SALIVARY GLAND PROCEDURES	139	MS-DRG	inpatient					27552.3	Horizon	Indemnity				43523.12	14028.54	43523.12	case rate	
EAR, NOSE, MOUTH & THROAT MALIGNANCY W MCC	146	MS-DRG	inpatient					40739.22	Horizon	Indemnity				72129.71	24934.12	72129.71	case rate	
EAR, NOSE, MOUTH & THROAT MALIGNANCY W CC	147	MS-DRG	inpatient					28239.85	Horizon	Indemnity				46902.5	14596.68	46902.5	case rate	
EAR, NOSE, MOUTH & THROAT MALIGNANCY W/O CC/MCC	148	MS-DRG	inpatient					23296.95	Horizon	Indemnity				27147.57	10508.71	27147.57	case rate	
DYSEQUILIBRIUM	149	MS-DRG	inpatient					21226.1	Horizon	Indemnity				26671.23	8796.04	26671.23	case rate	
EPISTAXIS W MCC	150	MS-DRG	inpatient					29363.83	Horizon	Indemnity				49790.54	15526.24	49790.54	case rate	
EPISTAXIS W/O MCC	151	MS-DRG	inpatient					21597.42	Horizon	Indemnity				26397.43	9103.14	26397.43	case rate	
OTITIS MEDIA & URI W MCC	152	MS-DRG	inpatient					27560.04	Horizon	Indemnity				39086.04	14034.45	39086.04	case rate	
OTITIS MEDIA & URI W/O MCC	153	MS-DRG	inpatient					21084.71	Horizon	Indemnity				26697.48	8679.1	26697.48	case rate	
OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W MCC	154	MS-DRG	inpatient					32558.65	Horizon	Indemnity				54253.88	18168.48	54253.88	case rate	
OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W CC	155	MS-DRG	inpatient					24109.58	Horizon	Indemnity				33129.93	11180.78	33129.93	case rate	
OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W/O CC/MCC	156	MS-DRG	inpatient					19952.17	Horizon	Indemnity				24750.87	7742.45	24750.87	case rate	
DENTAL & ORAL DISEASES W MCC	157	MS-DRG	inpatient					34969.4	Horizon	Indemnity				62749.21	20162.26	62749.21	case rate	
DENTAL & ORAL DISEASES W CC	158	MS-DRG	inpatient					23993.9	Horizon	Indemnity				33392.48	11085.11	33392.48	case rate	
DENTAL & ORAL DISEASES W/O CC/MCC	159	MS-DRG	inpatient					20233.52	Horizon	Indemnity				25444.75	7975.14	25444.75	case rate	
MAJOR CHEST PROCEDURES W MCC	163	MS-DRG	inpatient					77908.84	Horizon	Indemnity				184508.19	55674.78	184508.19	case rate	
MAJOR CHEST PROCEDURES W CC	164	MS-DRG	inpatient					47014.61	Horizon	Indemnity				96351.73	30124.1	96351.73	case rate	
MAJOR CHEST PROCEDURES W/O CC/MCC	165	MS-DRG	inpatient					37388.73	Horizon	Indemnity				69477.97	22163.14	69477.97	case rate	
OTHER RESP SYSTEM O.R. PROCEDURES W MCC	166	MS-DRG	inpatient					68542.88	Horizon	Indemnity				131199.49	47928.79	131199.49	case rate	
OTHER RESP SYSTEM O.R. PROCEDURES W CC	167	MS-DRG	inpatient					36580.38	Horizon	Indemnity				71173.28	21494.6	71173.28	case rate	
OTHER RESP SYSTEM O.R. PROCEDURES W/O CC/MCC	168	MS-DRG	inpatient					29952.23	Horizon	Indemnity				50319.39	16012.88	50319.39	case rate	
PULMONARY EMBOLISM W MCC OR ACUTE COR PULMONALE	175	MS-DRG	inpatient					30627.76	Horizon	Indemnity				54944	16571.56	54944	case rate	
PULMONARY EMBOLISM W/O MCC	176	MS-DRG	inpatient					22238.67	Horizon	Indemnity				33718.79	9633.48	33718.79	case rate	
RESPIRATORY INFECTIONS & INFLAMMATIONS W MCC	177	MS-DRG	inpatient					34818.02	Horizon	Indemnity				69042.89	20037.06	69042.89	case rate	
RESPIRATORY INFECTIONS & INFLAMMATIONS W CC	178	MS-DRG	inpatient					24682.28	Horizon	Indemnity				47798.92	11654.43	47798.92	case rate	
RESPIRATORY INFECTIONS & INFLAMMATIONS W/O CC/MCC	179	MS-DRG	inpatient					21491.74	Horizon	Indemnity				34562.7	9015.73	34562.7	case rate	
RESPIRATORY NEOPLASMS W MCC	180	MS-DRG	inpatient					35414.86	Horizon	Indemnity				63611.87	25530.78	63611.87	case rate	
RESPIRATORY NEOPLASMS W CC	181	MS-DRG	inpatient					26316.11	Horizon	Indemnity				42791.74	13005.66	42791.74	case rate	
RESPIRATORY NEOPLASMS W/O CC/MCC	182	MS-DRG	inpatient					21430.33	Horizon	Indemnity				29821.82	8964.94	29821.82	case rate	
MAJOR CHEST TRAUMA W MCC	183	MS-DRG	inpatient					33077.07	Horizon	Indemnity				59919.19	18597.24	59919.19	case rate	
MAJOR CHEST TRAUMA W CC	184	MS-DRG	inpatient					25613.44	Horizon	Indemnity				37672.03	12424.54	37672.03	case rate	
MAJOR CHEST TRAUMA W/O CC/MCC	185	MS-DRG	inpatient					21383.2	Horizon	Indemnity				27466.38	8925.97	27466.38	case rate	
PLEURAL EFFUSION W MCC	186	MS-DRG	inpatient					32757.16	Horizon	Indemnity				58492.17	18332.66	58492.17	case rate	
PLEURAL EFFUSION W CC	187	MS-DRG	inpatient					24819.38	Horizon	Indemnity				39532.38	11767.82	39532.38	case rate	
PLEURAL EFFUSION W/O CC/MCC	188	MS-DRG	inpatient					21251.81	Horizon	Indemnity				28775.37	8817.3	28775.37	case rate	
PULMONARY EDEMA & RESPIRATORY FAILURE	189	MS-DRG	inpatient					28185.58	Horizon	Indemnity				46332.4	14551.79	46332.4	case rate	
CHRONIC OBSTRUCTIVE PULMONARY DISEASE W MCC	190	MS-DRG	inpatient					26328.96	Horizon	Indemnity				44659.58	13016.3	44659.58	case rate	
CHRONIC OBSTRUCTIVE PULMONARY DISEASE W CC	191	MS-DRG	inpatient					22715.68	Horizon	Indemnity				34277.65	10027.98	34277.65	case rate	
CHRONIC OBSTRUCTIVE PULMONARY DISEASE W/O CC/MCC	192	MS-DRG	inpatient					19756.51	Horizon	Indemnity				27158.82	7580.63	27158.82	case rate	
SIMPLE PNEUMONIA & PLEURISY W MCC	193	MS-DRG	inpatient					29536.63	Horizon	Indemnity				49385.47	15669.16	49385.47	case rate	
SIMPLE PNEUMONIA & PLEURISY W CC	194	MS-DRG	inpatient					22332.93	Horizon	Indemnity				33763.8	9711.43	33763.8	case rate	
SIMPLE PNEUMONIA & PLEURISY W/O CC/MCC	195	MS-DRG	inpatient					19525.14	Horizon	Indemnity				25759.81	7389.29	25759.81	case rate	
INTERSTITIAL LUNG DISEASE W MCC	196	MS-DRG	inpatient					37660.08	Horizon	Indemnity				61440.22	22387.56	61440.22	case rate	
INTERSTITIAL LUNG DISEASE W CC	197	MS-DRG	inpatient					24836.52	Horizon	Indemnity				37570.76	11781.99	37570.76	case rate	
INTERSTITIAL LUNG DISEASE W/O CC/MCC	198	MS-DRG	inpatient					21704.54	Horizon	Indemnity				29449.06	9191.72	29449.06	case rate	
PNEUMOTHORAX W MCC	199	MS-DRG	inpatient					35927.71	Horizon	Indemnity				66867.48	20954.82	66867.48	case rate	
PNEUMOTHORAX W CC	200	MS-DRG	inpatient					25971.92	Horizon	Indemnity				40312.52	12721.01	40312.52	case rate	
PNEUMOTHORAX W/O CC/MCC	201	MS-DRG	inpatient					20674.82	Horizon	Indemnity				26213.64	8340.11	26213.64	case rate	
BRONCHITIS & ASTHMA W CC/MCC	202	MS-DRG	inpatient					24265.25	Horizon	Indemnity				35260.33	11309.53	35260.33	case rate	
BRONCHITIS & ASTHMA W/O CC/MCC	203	MS-DRG	inpatient					20514.87	Horizon	Indemnity				26142.38	8207.83	26142.38	case rate	
RESPIRATORY SIGNS & SYMPTOMS	204	MS-DRG	inpatient					22342.93	Horizon	Indemnity				28790.37	9719.7	28790.37	case rate	
OTHER RESPIRATORY SYSTEM DIAGNOSES W MCC	205	MS-DRG	inpatient					36444.7	Horizon	Indemnity				56931.88	21382.39	56931.88	case rate	
OTHER RESPIRATORY SYSTEM DIAGNOSES W/O MCC	206	MS-DRG	inpatient					23636.85	Horizon	Indemnity				32387.29	10789.82	32387.29	case rate	
RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT >96 HOURS	207	MS-DRG	inpatient					109248.65	Horizon	Indemnity				209907.93	49635	209907.93	case rate	
RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT <=96 HOURS	208	MS-DRG	inpatient					49205.43	Horizon	Indemnity				91419.56	31936.99	91419.56	case rate	
OTHER HEART ASSIST SYSTEM IMPLANT	215	MS-DRG	inpatient					156475.46	Horizon	Indemnity				483318.95	120652.31	483318.95	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W MCC	216	MS-DRG	inpatient					149198.92	Horizon	Indemnity				368352.5	78485	368352.5	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W CC	217	MS-DRG	inpatient					101497.96	Horizon	Indemnity				238649.54	75183.87	238649.54	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W/O CC/MCC	218	MS-DRG	inpatient					91949.2	Horizon	Indemnity				221490.09	67286.69	221490.09	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W MCC	219	MS-DRG	inpatient					120719.72	Horizon	Indemnity				289488.84	57338	289488.84	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W CC	220	MS-DRG	inpatient					85492.43	Horizon	Indemnity				195235.19	57338	195235.19	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W/O CC/MCC	221	MS-DRG	inpatient					76980.52	Horizon	Indemnity				172809.75	17199	172809.75	case rate	
OTHER CARDIOTHORACIC PROCEDURES W MCC	228	MS-DRG	inpatient					82551.82	Horizon	Indemnity				246653.53	59514.71	246653.53	case rate	
OTHER CARDIOTHORACIC PROCEDURES W/O MCC	229	MS-DRG	inpatient					56000.67	Horizon	Indemnity				174347.54	37556.91	174347.54	case rate	
CORONARY BYPASS W PTCA W MCC	231	MS-DRG	inpatient					126489.55	Horizon	Indemnity				315017.54	19424	315017.54	case rate	
CORONARY BYPASS W PTCA W/O MCC	232	MS-DRG	inpatient					95546.77	Horizon	Indemnity				231058.12	27830	231058.12	case rate	
CORONARY BYPASS W CARDIAC CATH W MCC	233	MS-DRG	inpatient					121982.24	Horizon	Indemnity				286467.21	53769	286467.21	case rate	
CORONARY BYPASS W CARDIAC CATH W/O MCC	234	MS-DRG	inpatient					84825.47	Horizon	Indemnity				193056.03	61395.1	193056.03	case rate	
CORONARY BYPASS W/O CARDIAC CATH W MCC	235	MS-DRG	inpatient					94575.61	Horizon	Indemnity				217911.92	47567	217911.92	case rate	
CORONARY BYPASS W/O CARDIAC CATH W/O MCC	236	MS-DRG	inpatient					68305.8	Horizon	Indemnity				147263.73	33990	147263.73	case rate	
AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W MCC	239	MS-DRG	inpatient					79229.89	Horizon	Indemnity				176631.72	56775.61	176631.72	case rate	
AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W CC	240	MS-DRG	inpatient					50710.72	Horizon	Indemnity				102952.96	33180.92	102952.96	case rate	
AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W/O CC/MCC	241	MS-DRG	inpatient					30439.24	Horizon	Indemnity				59861.17	15559	59861.17	case rate	
PERMANENT CARDIAC PACEMAKER IMPLANT W MCC	242	MS-DRG	inpatient					59935.28	Horizon	Indemnity				140159.91	20528	140159.91	case rate	
PERMANENT CARDIAC PACEMAKER IMPLANT W CC	243	MS-DRG	inpatient					43118.55	Horizon	Indemnity				95804.13	19748	95804.13	case rate	
PERMANENT CARDIAC PACEMAKER IMPLANT W/O CC/MCC	244	MS-DRG	inpatient					36718.91	Horizon	Indemnity				79169.78	19748	91806.34	case rate	
AICD GENERATOR PROCEDURES	245	MS-DRG	inpatient					75306.71	Horizon	Indemnity				187988.83	53522.72	187988.83	case rate	
PERC CARDIOVASC PROC W/O CORONARY ARTERY STENT W MCC	250	MS-DRG	inpatient					44163.98	Horizon	Indemnity				97023.11	27766.52	97023.11	case rate	
PERC CARDIOVASC PROC W/O CORONARY ARTERY STENT W/O MCC	251	MS-DRG	inpatient					33254.17	Horizon	Indemnity				62929.24	18743.7	62929.24	case rate	
OTHER VASCULAR PROCEDURES W MCC	252	MS-DRG	inpatient					58488.55	Horizon	Indemnity				122265.32	39613.48	122265.32	case rate	
OTHER VASCULAR PROCEDURES W CC	253	MS-DRG	inpatient					47024.61	Horizon	Indemnity				97304.41	30132.37	97304.41	case rate	
OTHER VASCULAR PROCEDURES W/O CC/MCC	254	MS-DRG	inpatient					35370.12	Horizon	Indemnity				67887.67	20494.17	67887.67	case rate	
UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W MCC	255	MS-DRG	inpatient					49828.11	Horizon	Indemnity				95279.03	32450.97	95279.03	case rate	
UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W CC	256	MS-DRG	inpatient					34008.24	Horizon	Indemnity				65588.49	19367.35	65588.49	case rate	
UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W/O CC/MCC	257	MS-DRG	inpatient					24743.69	Horizon	Indemnity				42236.63	11705.22	42236.63	case rate	
CARDIAC PACEMAKER DEVICE REPLACEMENT W MCC	258	MS-DRG	inpatient					49273.96	Horizon	Indemnity				112100.92	15797	112100.92	case rate	
CARDIAC PACEMAKER DEVICE REPLACEMENT W/O MCC	259	MS-DRG	inpatient					37248.77	Horizon	Indemnity				78652.18	15797	78652.18	case rate	
CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W MCC	260	MS-DRG	inpatient					57937.27	Horizon	Indemnity				135756.59	12982	135756.59	case rate	
CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W CC	261	MS-DRG	inpatient					37465.85	Horizon	Indemnity				74706.44	12982	74706.44	case rate	
CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W/O CC/MCC	262	MS-DRG	inpatient					34088.22	Horizon	Indemnity				61170.17	12982	61170.17	case rate	
VEIN LIGATION & STRIPPING	263	MS-DRG	inpatient					50939.23	Horizon	Indemnity				89724.25	33369.91	89724.25	case rate	
OTHER CIRCULATORY SYSTEM O.R. PROCEDURES	264	MS-DRG	inpatient					57234.61	Horizon	Indemnity				118469.61	38576.42	118469.61	case rate	
AICD LEAD PROCEDURES	265	MS-DRG	inpatient					61063.54	Horizon	Indemnity				116898.07	41743.09	116898.07	case rate	
ENDOVASCULAR CARDIAC VALVE REPLACEMENT & SUPPLEMENT PROCEDURES W MCC	266	MS-DRG	inpatient					99795.39	Horizon	Indemnity				269731.59	73775.94	269731.59	case rate	
ENDOVASCULAR CARDIAC VALVE REPLACEMENT & SUPPLEMENT PROCEDURES W/O MCC	267	MS-DRG	inpatient					80288.17	Horizon	Indemnity				219344.69	57642.58	219344.69	case rate	
AORTIC AND HEART ASSIST PROCEDURES EXCEPT PULSATION BALLOON W MCC	268	MS-DRG	inpatient					108487.44	Horizon	Indemnity				251435.68	80964.43	251435.68	case rate	
AORTIC AND HEART ASSIST PROCEDURES EXCEPT PULSATION BALLOON W/O MCC	269	MS-DRG	inpatient					69982.49	Horizon	Indemnity				155687.81	49119.39	155687.81	case rate	
OTHER MAJOR CARDIOVASCULAR PROCEDURES W MCC	270	MS-DRG	inpatient					82811.75	Horizon	Indemnity				189849.18	59729.68	189849.18	case rate	
OTHER MAJOR CARDIOVASCULAR PROCEDURES W CC	271	MS-DRG	inpatient					59950.99	Horizon	Indemnity				131041.96	40822.98	131041.96	case rate	
OTHER MAJOR CARDIOVASCULAR PROCEDURES W/O CC/MCC	272	MS-DRG	inpatient					45430.77	Horizon	Indemnity				98197.08	28814.2	98197.08	case rate	
PERCUTANEOUS INTRACARDIAC PROCEDURES W MCC	273	MS-DRG	inpatient					66246.38	Horizon	Indemnity				136994.32	46029.49	136994.32	case rate	
PERCUTANEOUS INTRACARDIAC PROCEDURES W/O MCC	274	MS-DRG	inpatient					56874.71	Horizon	Indemnity				111707.1	38278.77	111707.1	case rate	
ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W MCC	280	MS-DRG	inpatient					33248.45	Horizon	Indemnity				62152.85	18738.98	62152.85	case rate	
ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W CC	281	MS-DRG	inpatient					23629.71	Horizon	Indemnity				36741.86	10783.92	36741.86	case rate	
ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W/O CC/MCC	282	MS-DRG	inpatient					20846.22	Horizon	Indemnity				28092.74	8481.85	28092.74	case rate	
ACUTE MYOCARDIAL INFARCTION, EXPIRED W MCC	283	MS-DRG	inpatient					36745.49	Horizon	Indemnity				67688.88	23285.23	67688.88	case rate	
ACUTE MYOCARDIAL INFARCTION, EXPIRED W CC	284	MS-DRG	inpatient					21154.69	Horizon	Indemnity				28752.87	8736.98	28752.87	case rate	
ACUTE MYOCARDIAL INFARCTION, EXPIRED W/O CC/MCC	285	MS-DRG	inpatient					17569.98	Horizon	Indemnity				22369.17	5772.29	22369.17	case rate	
CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W MCC	286	MS-DRG	inpatient					41376.76	Horizon	Indemnity				81795.27	13521	81795.27	case rate	
CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W/O MCC	287	MS-DRG	inpatient					26037.61	Horizon	Indemnity				42716.72	9969	42716.72	case rate	
ACUTE & SUBACUTE ENDOCARDITIS W MCC	288	MS-DRG	inpatient					47623.01	Horizon	Indemnity				101047.61	30627.27	101047.61	case rate	
ACUTE & SUBACUTE ENDOCARDITIS W CC	289	MS-DRG	inpatient					31694.6	Horizon	Indemnity				64133.22	17453.88	64133.22	case rate	
ACUTE & SUBACUTE ENDOCARDITIS W/O CC/MCC	290	MS-DRG	inpatient					25232.12	Horizon	Indemnity				37934.58	12109.17	37934.58	case rate	
HEART FAILURE & SHOCK W MCC	291	MS-DRG	inpatient					28926.8	Horizon	Indemnity				50461.92	15164.81	50461.92	case rate	
HEART FAILURE & SHOCK W CC	292	MS-DRG	inpatient					22822.8	Horizon	Indemnity				34498.94	10116.57	34498.94	case rate	
HEART FAILURE & SHOCK W/O CC/MCC	293	MS-DRG	inpatient					18609.69	Horizon	Indemnity				24964.66	6632.17	24964.66	case rate	
DEEP VEIN THROMBOPHLEBITIS W CC/MCC	294	MS-DRG	inpatient					26210.42	Horizon	Indemnity				43538.13	12918.26	43538.13	case rate	
DEEP VEIN THROMBOPHLEBITIS W/O CC/MCC	295	MS-DRG	inpatient					19609.41	Horizon	Indemnity				20677.61	7458.97	20677.61	case rate	
CARDIAC ARREST, UNEXPLAINED W MCC	296	MS-DRG	inpatient					33486.96	Horizon	Indemnity				57592	18936.23	57592	case rate	
CARDIAC ARREST, UNEXPLAINED W CC	297	MS-DRG	inpatient					20996.16	Horizon	Indemnity				24469.57	8605.87	24469.57	case rate	
CARDIAC ARREST, UNEXPLAINED W/O CC/MCC	298	MS-DRG	inpatient					16858.75	Horizon	Indemnity				18097.13	5184.08	18097.13	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.															
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true														
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
PERIPHERAL VASCULAR DISORDERS W MCC	299	MS-DRG	inpatient				33101.35	Horizon	Indemnity		54400.15				18617.32	54400.15	case rate	
PERIPHERAL VASCULAR DISORDERS W CC	300	MS-DRG	inpatient				25829.1	Horizon	Indemnity		38395.92				12602.89	38395.92	case rate	
PERIPHERAL VASCULAR DISORDERS W/O CC/MCC	301	MS-DRG	inpatient				20727.67	Horizon	Indemnity		27237.58				8383.82	27237.58	case rate	
ATHEROSCLEROSIS W MCC	302	MS-DRG	inpatient				26601.74	Horizon	Indemnity		40113.74				13241.9	40113.74	case rate	
ATHEROSCLEROSIS W/O MCC	303	MS-DRG	inpatient				19989.3	Horizon	Indemnity		24960.91				7773.16	24960.91	case rate	
HYPERTENSION W MCC	304	MS-DRG	inpatient				27000.2	Horizon	Indemnity		40548.82				13571.44	40548.82	case rate	
HYPERTENSION W/O MCC	305	MS-DRG	inpatient				21351.78	Horizon	Indemnity		27001.29				8899.98	27001.29	case rate	
CARDIAC CONGENITAL & VALVULAR DISORDERS W MCC	306	MS-DRG	inpatient				32538.65	Horizon	Indemnity		52839.86				18151.94	52839.86	case rate	
CARDIAC CONGENITAL & VALVULAR DISORDERS W/O MCC	307	MS-DRG	inpatient				24052.45	Horizon	Indemnity		32105.99				11133.54	32105.99	case rate	
CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W MCC	308	MS-DRG	inpatient				27759.99	Horizon	Indemnity		45143.43				14199.81	45143.43	case rate	
CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC	309	MS-DRG	inpatient				21226.1	Horizon	Indemnity		28636.59				8796.04	28636.59	case rate	
CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W/O CC/MCC	310	MS-DRG	inpatient				18488.29	Horizon	Indemnity		21090.19				6531.77	21090.19	case rate	
ANGINA PECTORIS	311	MS-DRG	inpatient				20560.57	Horizon	Indemnity		25774.81				8245.62	25774.81	case rate	
SYNCOPE & COLLAPSE	312	MS-DRG	inpatient				22922.77	Horizon	Indemnity		30061.86				10199.25	30061.86	case rate	
CHEST PAIN	313	MS-DRG	inpatient				20924.75	Horizon	Indemnity		26528.7				8546.82	26528.7	case rate	
OTHER CIRCULATORY SYSTEM DIAGNOSES W MCC	314	MS-DRG	inpatient				40489.29	Horizon	Indemnity		75880.41				24727.42	75880.41	case rate	
OTHER CIRCULATORY SYSTEM DIAGNOSES W CC	315	MS-DRG	inpatient				24405.21	Horizon	Indemnity		35852.94				11425.28	35852.94	case rate	
OTHER CIRCULATORY SYSTEM DIAGNOSES W/O CC/MCC	316	MS-DRG	inpatient				20483.45	Horizon	Indemnity		28179.01				8181.84	28179.01	case rate	
STOMACH, ESOPHAGEAL & DUODENAL PROC W MCC	326	MS-DRG	inpatient				83127.38	Horizon	Indemnity		197133.04				59990.71	197133.04	case rate	
STOMACH, ESOPHAGEAL & DUODENAL PROC W CC	327	MS-DRG	inpatient				46257.58	Horizon	Indemnity		93178.64				29498.09	93178.64	case rate	
STOMACH, ESOPHAGEAL & DUODENAL PROC W/O CC/MCC	328	MS-DRG	inpatient				33402.7	Horizon	Indemnity		57839.54				18866.54	57839.54	case rate	
MAJOR SMALL & LARGE BOWEL PROCEDURES W MCC	329	MS-DRG	inpatient				75098.19	Horizon	Indemnity		187261.2				53350.27	187261.2	case rate	
MAJOR SMALL & LARGE BOWEL PROCEDURES W CC	330	MS-DRG	inpatient				44468.18	Horizon	Indemnity		94641.41				28018.11	94641.41	case rate	
MAJOR SMALL & LARGE BOWEL PROCEDURES W/O CC/MCC	331	MS-DRG	inpatient				34469.54	Horizon	Indemnity		63563.11				19748.86	63563.11	case rate	
RECTAL RESECTION W MCC	332	MS-DRG	inpatient				62398.88	Horizon	Indemnity		127456.29				42847.47	127456.29	case rate	
RECTAL RESECTION W CC	333	MS-DRG	inpatient				40289.34	Horizon	Indemnity		72305.99				24562.06	72305.99	case rate	
RECTAL RESECTION W/O CC/MCC	334	MS-DRG	inpatient				33514.09	Horizon	Indemnity		48991.64				16958.67	48991.64	case rate	
PERITONEAL ADHESIOLYSIS W MCC	335	MS-DRG	inpatient				61647.86	Horizon	Indemnity		152353.43				42226.18	152353.43	case rate	
PERITONEAL ADHESIOLYSIS W CC	336	MS-DRG	inpatient				40657.81	Horizon	Indemnity		86198.59				24866.79	86198.59	case rate	
PERITONEAL ADHESIOLYSIS W/O CC/MCC	337	MS-DRG	inpatient				31961.67	Horizon	Indemnity		60134.97				17674.76	60134.97	case rate	
MINOR SMALL & LARGE BOWEL PROCEDURES W MCC	344	MS-DRG	inpatient				49728.14	Horizon	Indemnity		112040.91				32368.29	112040.91	case rate	
MINOR SMALL & LARGE BOWEL PROCEDURES W CC	345	MS-DRG	inpatient				32592.92	Horizon	Indemnity		61421.46				18196.83	61421.46	case rate	
MINOR SMALL & LARGE BOWEL PROCEDURES W/O CC/MCC	346	MS-DRG	inpatient				28982.5	Horizon	Indemnity		46381.16				15210.88	46381.16	case rate	
ANAL & STOMAL PROCEDURES W MCC	347	MS-DRG	inpatient				46996.04	Horizon	Indemnity		90433.13				31008.75	90433.13	case rate	
ANAL & STOMAL PROCEDURES W CC	348	MS-DRG	inpatient				29176.73	Horizon	Indemnity		52509.8				15371.51	52509.8	case rate	
ANAL & STOMAL PROCEDURES W/O CC/MCC	349	MS-DRG	inpatient				24526.6	Horizon	Indemnity		35620.4				11525.68	35620.4	case rate	
INGUINAL & FEMORAL HERNIA PROCEDURES W MCC	350	MS-DRG	inpatient				44866.64	Horizon	Indemnity		91760.88				28347.65	91760.88	case rate	
INGUINAL & FEMORAL HERNIA PROCEDURES W CC	351	MS-DRG	inpatient				31378.98	Horizon	Indemnity		56264.25				17192.85	56264.25	case rate	
INGUINAL & FEMORAL HERNIA PROCEDURES W/O CC/MCC	352	MS-DRG	inpatient				26428.93	Horizon	Indemnity		39513.62				13098.98	39513.62	case rate	
HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W MCC	353	MS-DRG	inpatient				52354.55	Horizon	Indemnity		111242.01				34540.43	111242.01	case rate	
HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W CC	354	MS-DRG	inpatient				35123.64	Horizon	Indemnity		64924.62				20289.83	64924.62	case rate	
HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W/O CC/MCC	355	MS-DRG	inpatient				30050.78	Horizon	Indemnity		50814.48				16094.38	50814.48	case rate	
OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W MCC	356	MS-DRG	inpatient				71697.71	Horizon	Indemnity		149116.58				50537.95	149116.58	case rate	
OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W CC	357	MS-DRG	inpatient				41964.59	Horizon	Indemnity		80141.21				25947.55	80141.21	case rate	
OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W/O CC/MCC	358	MS-DRG	inpatient				28886.82	Horizon	Indemnity		50570.69				15131.74	50570.69	case rate	
MAJOR ESOPHAGEAL DISORDERS W MCC	368	MS-DRG	inpatient				34183.91	Horizon	Indemnity		72913.61				19612.63	72913.61	case rate	
MAJOR ESOPHAGEAL DISORDERS W CC	369	MS-DRG	inpatient				24705.13	Horizon	Indemnity		41587.76				11673.33	41587.76	case rate	
MAJOR ESOPHAGEAL DISORDERS W/O CC/MCC	370	MS-DRG	inpatient				21211.82	Horizon	Indemnity		27878.95				8784.23	27878.95	case rate	
MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W MCC	371	MS-DRG	inpatient				35550.67	Horizon	Indemnity		65217.17				20642.99	65217.17	case rate	
MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W CC	372	MS-DRG	inpatient				25476.54	Horizon	Indemnity		38947.27				12311.15	38947.27	case rate	
MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W/O CC/MCC	373	MS-DRG	inpatient				20823.35	Horizon	Indemnity		28415.3				8462.95	28415.3	case rate	
DIGESTIVE MALIGNANCY W MCC	374	MS-DRG	inpatient				40567.84	Horizon	Indemnity		77451.96				24792.38	77451.96	case rate	
DIGESTIVE MALIGNANCY W CC	375	MS-DRG	inpatient				27704.29	Horizon	Indemnity		45259.7				14153.74	45259.7	case rate	
DIGESTIVE MALIGNANCY W/O CC/MCC	376	MS-DRG	inpatient				23321.23	Horizon	Indemnity		34345.16				10528.79	34345.16	case rate	
G.I. HEMORRHAGE W MCC	377	MS-DRG	inpatient				36159.07	Horizon	Indemnity		67092.52				21146.16	67092.52	case rate	
G.I. HEMORRHAGE W CC	378	MS-DRG	inpatient				24640.86	Horizon	Indemnity		37143.18				11620.17	37143.18	case rate	
G.I. HEMORRHAGE W/O CC/MCC	379	MS-DRG	inpatient				19633.69	Horizon	Indemnity		24499.57				7479.05	24499.57	case rate	
COMPLICATED PEPTIC ULCER W MCC	380	MS-DRG	inpatient				38418.44	Horizon	Indemnity		72988.62				23014.75	72988.62	case rate	
COMPLICATED PEPTIC ULCER W CC	381	MS-DRG	inpatient				25914.79	Horizon	Indemnity		41070.17				12673.76	41070.17	case rate	
COMPLICATED PEPTIC ULCER W/O CC/MCC	382	MS-DRG	inpatient				21403.19	Horizon	Indemnity		28797.87				8942.5	28797.87	case rate	
UNCOMPLICATED PEPTIC ULCER W MCC	383	MS-DRG	inpatient				30559.21	Horizon	Indemnity		59671.96				16514.87	59671.96	case rate	
UNCOMPLICATED PEPTIC ULCER W/O MCC	384	MS-DRG	inpatient				23097	Horizon	Indemnity		32079.74				10343.35	32079.74	case rate	
INFLAMMATORY BOWEL DISEASE W MCC	385	MS-DRG	inpatient				32968.53	Horizon	Indemnity		63683.14				18507.47	63683.14	case rate	
INFLAMMATORY BOWEL DISEASE W CC	386	MS-DRG	inpatient				24466.62	Horizon	Indemnity		36760.61				11476.07	36760.61	case rate	
INFLAMMATORY BOWEL DISEASE W/O CC/MCC	387	MS-DRG	inpatient				20360.63	Horizon	Indemnity		26131.13				8080.26	26131.13	case rate	
G.I. OBSTRUCTION W MCC	388	MS-DRG	inpatient				31348.98	Horizon	Indemnity		57411.96				17168.04	57411.96	case rate	
G.I. OBSTRUCTION W CC	389	MS-DRG	inpatient				21964.46	Horizon	Indemnity		31625.9				9406.69	31625.9	case rate	
G.I. OBSTRUCTION W/O CC/MCC	390	MS-DRG	inpatient				18573.98	Horizon	Indemnity		22166.64				6602.64	22166.64	case rate	
ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W MCC	391	MS-DRG	inpatient				28809.69	Horizon	Indemnity		45814.8				15067.96	45814.8	case rate	
ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W/O MCC	392	MS-DRG	inpatient				21810.22	Horizon	Indemnity		28332.79				9079.13	28332.79	case rate	
OTHER DIGESTIVE SYSTEM DIAGNOSES W MCC	393	MS-DRG	inpatient				33721.18	Horizon	Indemnity		61233.93				19129.94	61233.93	case rate	
OTHER DIGESTIVE SYSTEM DIAGNOSES W CC	394	MS-DRG	inpatient				23971.05	Horizon	Indemnity		35297.84				11096.21	35297.84	case rate	
OTHER DIGESTIVE SYSTEM DIAGNOSES W/O CC/MCC	395	MS-DRG	inpatient				19837.91	Horizon	Indemnity		25373.49				7647.96	25373.49	case rate	
PANCREAS, LIVER & SHUNT PROCEDURES W MCC	405	MS-DRG	inpatient				89214.25	Horizon	Indemnity		201753.9				65024.78	201753.9	case rate	
PANCREAS, LIVER & SHUNT PROCEDURES W CC	406	MS-DRG	inpatient				51827.55	Horizon	Indemnity		106242.33				34104.58	106242.33	case rate	
PANCREAS, LIVER & SHUNT PROCEDURES W/O CC/MCC	407	MS-DRG	inpatient				41310.49	Horizon	Indemnity		75269.05				25406.58	75269.05	case rate	
BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W MCC	408	MS-DRG	inpatient				63749.93	Horizon	Indemnity		151772.08				43964.84	151772.08	case rate	
BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W CC	409	MS-DRG	inpatient				38544.12	Horizon	Indemnity		87117.51				23118.69	87117.51	case rate	
BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W/O CC/MCC	410	MS-DRG	inpatient				32944.25	Horizon	Indemnity		61984.07				18457.39	61984.07	case rate	
CHOLECYSTECTOMY W C.D.E. W MCC	411	MS-DRG	inpatient				51729.01	Horizon	Indemnity		149956.74				10482	149956.74	case rate	
CHOLECYSTECTOMY W C.D.E. W CC	412	MS-DRG	inpatient				39803.77	Horizon	Indemnity		89337.92				11647	89337.92	case rate	
CHOLECYSTECTOMY W C.D.E. W/O CC/MCC	413	MS-DRG	inpatient				32150.19	Horizon	Indemnity		63244.3				15908	63244.3	case rate	
CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W MCC	414	MS-DRG	inpatient				60936.42	Horizon	Indemnity		134170.04				26270	134170.04	case rate	
CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W CC	415	MS-DRG	inpatient				38808.33	Horizon	Indemnity		75719.13				23337.2	75719.13	case rate	
CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W/O CC/MCC	416	MS-DRG	inpatient				29716.58	Horizon	Indemnity		52251				15817.99	52251	case rate	
LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W MCC	417	MS-DRG	inpatient				43692.68	Horizon	Indemnity		90894.46				27376.74	90894.46	case rate	
LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W CC	418	MS-DRG	inpatient				33936.83	Horizon	Indemnity		62419.15				19308.29	62419.15	case rate	
LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W/O CC/MCC	419	MS-DRG	inpatient				29345.26	Horizon	Indemnity		48916.63				15510.89	48916.63	case rate	
HEPATOBILIARY DIAGNOSTIC PROCEDURES W MCC	420	MS-DRG	inpatient				56303.44	Horizon	Indemnity		131934.62				37806.31	131934.62	case rate	
HEPATOBILIARY DIAGNOSTIC PROCEDURES W CC	421	MS-DRG	inpatient				35006.53	Horizon	Indemnity		66728.7				8253	66728.7	case rate	
HEPATOBILIARY DIAGNOSTIC PROCEDURES W/O CC/MCC	422	MS-DRG	inpatient				30742.01	Horizon	Indemnity		56545.55				10272	56545.55	case rate	
OTHER HEPATOBILIARY OR PANCREAS O.R. PROCEDURES W MCC	423	MS-DRG	inpatient				66444.89	Horizon	Indemnity		148002.62				16017	148002.62	case rate	
OTHER HEPATOBILIARY OR PANCREAS O.R. PROCEDURES W CC	424	MS-DRG	inpatient				40400.74	Horizon	Indemnity		82181.59				24654.19	82181.59	case rate	
OTHER HEPATOBILIARY OR PANCREAS O.R. PROCEDURES W/O CC/MCC	425	MS-DRG	inpatient				33468.39	Horizon	Indemnity		55994.2				18920.87	55994.2	case rate	
CIRRHOSIS & ALCOHOLIC HEPATITIS W MCC	432	MS-DRG	inpatient				37954.28	Horizon	Indemnity		68487.78				13893	68487.78	case rate	
CIRRHOSIS & ALCOHOLIC HEPATITIS W CC	433	MS-DRG	inpatient				25314.96	Horizon	Indemnity		38553.45				12177.68	38553.45	case rate	
CIRRHOSIS & ALCOHOLIC HEPATITIS W/O CC/MCC	434	MS-DRG	inpatient				20152.11	Horizon	Indemnity		24420.81				7907.81	53360.86	case rate	
MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS W MCC	435	MS-DRG	inpatient				35724.91	Horizon	Indemnity		63675.63				20787.09	63675.63	case rate	
MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS W CC	436	MS-DRG	inpatient				26310.39	Horizon	Indemnity		42604.2				13000.94	42604.2	case rate	
MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS W/O CC/MCC	437	MS-DRG	inpatient				22460.04	Horizon	Indemnity		32473.56				9816.55	32473.56	case rate	
DISORDERS OF PANCREAS EXCEPT MALIGNANCY W MCC	438	MS-DRG	inpatient				34423.84	Horizon	Indemnity		61443.97				19711.06	61443.97	case rate	
DISORDERS OF PANCREAS EXCEPT MALIGNANCY W CC	439	MS-DRG	inpatient				22804.32	Horizon	Indemnity		32342.29				10101.21	32342.29	case rate	
DISORDERS OF PANCREAS EXCEPT MALIGNANCY W/O CC/MCC	440	MS-DRG	inpatient				19382.33	Horizon	Indemnity		23303.1				7271.17	23303.1	case rate	
DISORDERS OF LIVER EXCEPT MALIG, CIRR, ALC HEPA W MCC	441	MS-DRG	inpatient				36700.35	Horizon	Indemnity		69658				11778	69658	case rate	
DISORDERS OF LIVER EXCEPT MALIG, CIRR, ALC HEPA W CC	442	MS-DRG	inpatient				24179.56	Horizon	Indemnity		35215.32				11238.66	35215.32	case rate	
DISORDERS OF LIVER EXCEPT MALIG, CIRR, ALC HEPA W/O CC/MCC	443	MS-DRG	inpatient				20797.65	Horizon	Indemnity		26097.37				8441.69	26097.37	case rate	
DISORDERS OF THE BILIARY TRACT W MCC	444	MS-DRG	inpatient				33915.41	Horizon	Indemnity		60420.03				19290.57	60420.03	case rate	
DISORDERS OF THE BILIARY TRACT W CC	445	MS-DRG	inpatient				26111.88	Horizon	Indemnity		40042.47				12836.76	40042.47	case rate	
DISORDERS OF THE BILIARY TRACT W/O CC/MCC	446	MS-DRG	inpatient				22037.3	Horizon	Indemnity		29818.07				9466.93	29818.07	case rate	
COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W MCC	453	MS-DRG	inpatient				137146.57	Horizon	Indemnity		356200.23				17717	356200.23	case rate	
COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W CC	454	MS-DRG	inpatient				97941.81	Horizon	Indemnity		237674.36				36879	237674.36	case rate	
COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W/O CC/MCC	455	MS-DRG	inpatient				76366.41	Horizon	Indemnity		187535				54399.14	187535	case rate	
SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR EXT FUS W MCC	456	MS-DRG	inpatient				130976.81	Horizon	Indemnity		342298.88				95664.03	342298.88	case rate	
SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR EXT FUS W CC	457	MS-DRG	inpatient				97356.26	Horizon	Indemnity		245468.31				71758.53	245468.31	case rate	
SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR EXT FUS W/O CC/MCC	458	MS-DRG	inpatient				75300.99	Horizon	Indemnity		192080.85				53518	192080.85	case rate	
SPINAL FUSION EXCEPT CERVICAL W MCC	459	MS-DRG	inpatient				105311.18	Horizon	Indemnity		239474.69				78337.54	239474.69	case rate	
SPINAL FUSION EXCEPT CERVICAL W/O MCC	460	MS-DRG	inpatient				62831.62	Horizon	Indemnity		151434.51				43205.36	151434.51	case rate	
BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY W MCC	461	MS-DRG	inpatient				107970.44	Horizon	Indemnity		168125.13				9917	168125.13	case rate	
BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY W/O MCC	462	MS-DRG	inpatient				51240.57	Horizon	Indemnity		119801.11				11315	119801.11	case rate	
WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W MCC	463	MS-DRG	inpatient				91477.9	Horizon	Indemnity		192482.17				15756	192482.17	case rate	
WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W CC	464	MS-DRG	inpatient				53455.87	Horizon	Indemnity		110420.61				35451.1	110420.61	case rate	
WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W/O CC/MCC	465	MS-DRG	inpatient				37308.75	Horizon	Indemnity		68915.36				22096.99	68915.36	case rate	
REVISION OF HIP OR KNEE REPLACEMENT W MCC	466	MS-DRG	inpatient				84664.09	Horizon	Indemnity		191780.79				61261.63	191780.79	case rate	
REVISION OF HIP OR KNEE REPLACEMENT W CC	467	MS-DRG	inpatient				60380.67	Horizon	Indemnity		130164.29				41178.5	130164.29	case rate	
REVISION OF HIP OR KNEE REPLACEMENT W/O CC/MCC	468	MS-DRG	inpatient				48716.99	Horizon	Indemnity		104697.04				31532.03	104697.04	case rate	
MAJOR HIP AND KNEE JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W MCC OR TOTAL ANKLE REP	469	MS-DRG	inpatient				58145.78	Horizon	Indemnity		119054.72				39330	119054.72	case rate	
MAJOR HIP AND KNEE JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W/O MCC	470	MS-DRG	inpatient				37464.42	Horizon	Indemnity		74631.43				22225.74	74631.43	case rate	
CERVICAL SPINAL FUSION W MCC	471	MS-DRG	inpatient				80842.3	Horizon	Indemnity		187936.32				8282	187936.32	case rate	
CERVICAL SPINAL FUSION W CC	472	MS-DRG	inpatient				52798.71	Horizon	Indemnity		110525.63				8991	110525.63	case rate	
CERVICAL SPINAL FUSION W/O CC/MCC	473	MS-DRG	inpatient				45732.11	Horizon	Indemnity		89000.36				11229	89000.36	case rate	
AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W MCC	474	MS-DRG	inpatient				72041.9	Horizon	Indemnity		142342.82				22321	142342.82	case rate	
AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W CC	475	MS-DRG	inpatient				41220.51	Horizon	Indemnity		80595.04				20332.17	80595.04	case rate	
AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W/O CC/MCC	476	MS-DRG	inpatient				27398.66	Horizon	Indemnity		43159.3				13900.98	43159.3	case rate	
BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W MCC	477	MS-DRG	inpatient				58705.63	Horizon	Indemnity		117711.97				39793.01	117711.97	case rate	
BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W CC	478	MS-DRG	inpatient				44633.85	Horizon	Indemnity		85485.95				28155.12	85485.95	case rate	
BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W/O CC/MCC	479	MS-DRG	inpatient				37211.58	Horizon	Indemnity		67437.59				22016.67	67437.59	case rate	
HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W MCC	480	MS-DRG	inpatient				52705.88	Horizon	Indemnity		113661.21				34830.99	113661.21	case rate	
HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W CC	481	MS-DRG	inpatient				40223.65	Horizon	Indemnity		77350.69				8360	77350.69	case rate	
HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W/O CC/MCC	482	MS-DRG	inpatient				33275.94	Horizon	Indemnity		62430.4				9385	62430.4	case rate	
MAJOR JOINT/LIMB REATTACHMENT PROCEDURE OF UPPER EXTREMITIES	483	MS-DRG	inpatient				46069.16	Horizon	Indemnity		89397.93				13093	89397.93	case rate	
KNEE PROCEDURES W PDX OF INFECTION W MCC	485	MS-DRG	inpatient				57634.5	Horizon	Indemnity		123926.88				38907.15	123926.88	case rate	
KNEE PROCEDURES W PDX OF INFECTION W CC	486	MS-DRG	inpatient				39272.49	Horizon	Indemnity		83205.53				23721.08	83205.53	case rate	
KNEE PROCEDURES W PDX OF INFECTION W/O CC/MCC	487	MS-DRG	inpatient				32654.33	Horizon	Indemnity		61894.05				18247.62	61894.05	case rate	
KNEE PROCEDURES W/O PDX OF INFECTION W CC/MCC	488	MS-DRG	inpatient				40676.38	Horizon	Indemnity		79233.54				24882.15	79233.54	case rate	
KNEE PROCEDURES W/O PDX OF INFECTION W/O CC/MCC	489	MS-DRG	inpatient				28266.99	Horizon	Indemnity		48661.58				14619.12	48661.58	case rate	
LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR W MCC	492	MS-DRG	inpatient				60035.26	Horizon	Indemnity		127167.48				27633	127167.48	case rate	
LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR W CC	493	MS-DRG	inpatient				44890.02	Horizon	Indemnity		84244.47				28367.73	84244.47	case rate	
LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR W/O CC/MCC	494	MS-DRG	inpatient				37285.9	Horizon	Indemnity		65783.53				22078.09	67890.08	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.															
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true														
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W MCC	495	MS-DRG	inpatient					61736.21 Horizon	Indemnity		129860.49			42299.42	129860.49	129860.49	case rate	
LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W CC	496	MS-DRG	inpatient					36975.43 Horizon	Indemnity		73547.48			23475.4	73547.48	73547.48	case rate	
LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W/O CC/MCC	497	MS-DRG	inpatient					30976.23 Horizon	Indemnity		53822.55			16859.76	53822.55	53822.55	case rate	
LOCAL EXCISION & REMOVAL INT FIX DEVICES OF HIP & FEMUR W CC/MCC	498	MS-DRG	inpatient					47880.08 Horizon	Indemnity		85440.95			30839.88	85440.95	85440.95	case rate	
LOCAL EXCISION & REMOVAL INT FIX DEVICES OF HIP & FEMUR W/O CC/MCC	499	MS-DRG	inpatient					29011.07 Horizon	Indemnity		41977.83			15234.5	41977.83	41977.83	case rate	
SOFT TISSUE PROCEDURES W MCC	500	MS-DRG	inpatient					56903.27 Horizon	Indemnity		115071.48			38302.4	115071.48	115071.48	case rate	
SOFT TISSUE PROCEDURES W CC	501	MS-DRG	inpatient					35379.29 Horizon	Indemnity		63289.31			8902	63289.31	63289.31	case rate	
SOFT TISSUE PROCEDURES W/O CC/MCC	502	MS-DRG	inpatient					30337.84 Horizon	Indemnity		48425.29			16331.79	48425.29	48425.29	case rate	
FOOT PROCEDURES W MCC	503	MS-DRG	inpatient					46892.66 Horizon	Indemnity		96100.44			27418	96100.44	96100.44	case rate	
FOOT PROCEDURES W CC	504	MS-DRG	inpatient					35256.46 Horizon	Indemnity		64868.36			20399.68	64868.36	64868.36	case rate	
FOOT PROCEDURES W/O CC/MCC	505	MS-DRG	inpatient					34950.84 Horizon	Indemnity		59253.56			20146.91	59253.56	59253.56	case rate	
MAJOR THUMB OR JOINT PROCEDURES	506	MS-DRG	inpatient					31478.95 Horizon	Indemnity		52896.12			17275.53	52896.12	52896.12	case rate	
MAJOR SHOULDER OR ELBOW JOINT PROCEDURES W CC/MCC	507	MS-DRG	inpatient					41034.89 Horizon	Indemnity		72857.35			25178.82	72857.35	72857.35	case rate	
MAJOR SHOULDER OR ELBOW JOINT PROCEDURES W/O CC/MCC	508	MS-DRG	inpatient					31070.49 Horizon	Indemnity		54287.63			16937.72	54287.63	54287.63	case rate	
ARTHROSCOPY	509	MS-DRG	inpatient					29530.92 Horizon	Indemnity		62647.94			15664.44	62647.94	62647.94	case rate	
SHOULDER, ELBOW OR FOREARM PROC, EXC MAJOR JOINT PROC W MCC	510	MS-DRG	inpatient					49445.36 Horizon	Indemnity		102484.13			32134.42	102484.13	102484.13	case rate	
SHOULDER, ELBOW OR FOREARM PROC, EXC MAJOR JOINT PROC W CC	511	MS-DRG	inpatient					39066.4 Horizon	Indemnity		69286.68			7655	69286.68	69286.68	case rate	
SHOULDER, ELBOW OR FOREARM PROC, EXC MAJOR JOINT PROC W/O CC/MCC	512	MS-DRG	inpatient					33638.35 Horizon	Indemnity		57089.4			10564	57089.4	57089.4	case rate	
HAND OR WRIST PROC, EXCEPT MAJOR THUMB OR JOINT PROC W CC/MCC	513	MS-DRG	inpatient					33741.17 Horizon	Indemnity		61496.48			18516	61496.48	61496.48	case rate	
HAND OR WRIST PROC, EXCEPT MAJOR THUMB OR JOINT PROC W/O CC/MCC	514	MS-DRG	inpatient					25464.19 Horizon	Indemnity		37499.5			12301.7	37499.5	40690.37	case rate	
OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W MCC	515	MS-DRG	inpatient					55742.17 Horizon	Indemnity		115596.57			37342.12	115596.57	115596.57	case rate	
OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W CC	516	MS-DRG	inpatient					39736.64 Horizon	Indemnity		70715.7			24104.95	70715.7	70715.7	case rate	
OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W/O CC/MCC	517	MS-DRG	inpatient					31933.11 Horizon	Indemnity		51793.42			17651.14	51793.42	51793.42	case rate	
BACK & NECK PROC EXC SPINAL FUSION W MCC OR DISC DEVICE/NEUROSTIM	518	MS-DRG	inpatient					62744.15 Horizon	Indemnity		116279.2			43133.31	116279.2	116279.2	case rate	
BACK & NECK PROC EXC SPINAL FUSION W CC	519	MS-DRG	inpatient					38705.5 Horizon	Indemnity		69838.03			23252.16	69838.03	69838.03	case rate	
BACK & NECK PROC EXC SPINAL FUSION W/O CC/MCC	520	MS-DRG	inpatient					31034.79 Horizon	Indemnity		49287.95			16908.19	49287.95	49287.95	case rate	
FRACTURES OF FEMUR W MCC	533	MS-DRG	inpatient					33899.7 Horizon	Indemnity		57404.46			12781	57404.46	57404.46	case rate	
FRACTURES OF FEMUR W/O MCC	534	MS-DRG	inpatient					22158.69 Horizon	Indemnity		29086.68			9567.33	34640.29	34640.29	case rate	
FRACTURES OF HIP & PELVIS W MCC	535	MS-DRG	inpatient					29109.61 Horizon	Indemnity		47063.78			15316	47063.78	47063.78	case rate	
FRACTURES OF HIP & PELVIS W/O MCC	536	MS-DRG	inpatient					21831.64 Horizon	Indemnity		28392.8			9296.85	28392.8	28392.8	case rate	
SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS & THIGH W CC/MCC	537	MS-DRG	inpatient					24400.53 Horizon	Indemnity		34160.12			11421.74	34160.12	34160.12	case rate	
SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS & THIGH W/O CC/MCC	538	MS-DRG	inpatient					20717.67 Horizon	Indemnity		27267.59			8375.55	27267.59	27267.59	case rate	
OSTEOMYELITIS W MCC	539	MS-DRG	inpatient					38931.15 Horizon	Indemnity		75734.13			23438.78	75734.13	75734.13	case rate	
OSTEOMYELITIS W CC	540	MS-DRG	inpatient					29131.03 Horizon	Indemnity		48642.83			15333.72	48642.83	48642.83	case rate	
OSTEOMYELITIS W/O CC/MCC	541	MS-DRG	inpatient					22842.79 Horizon	Indemnity		33107.43			7723	33107.43	33107.43	case rate	
PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W MCC	542	MS-DRG	inpatient					36636.08 Horizon	Indemnity		68461.53			8903	68461.53	68461.53	case rate	
PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W CC	543	MS-DRG	inpatient					26167.58 Horizon	Indemnity		40226.26			10889	40226.26	40226.26	case rate	
PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W/O CC/MCC	544	MS-DRG	inpatient					21551.72 Horizon	Indemnity		29945.59			9065.34	29945.59	29945.59	case rate	
CONNECTIVE TISSUE DISORDERS W MCC	545	MS-DRG	inpatient					46197.69 Horizon	Indemnity		92983.6			29448.48	92983.6	92983.6	case rate	
CONNECTIVE TISSUE DISORDERS W CC	546	MS-DRG	inpatient					27718.57 Horizon	Indemnity		45548.5			14165.56	45548.5	45548.5	case rate	
CONNECTIVE TISSUE DISORDERS W/O CC/MCC	547	MS-DRG	inpatient					22207.25 Horizon	Indemnity		32166			9607.49	32166	32166	case rate	
SEPTIC ARTHRITIS W MCC	548	MS-DRG	inpatient					38437 Horizon	Indemnity		77534.47			23030.1	77534.47	77534.47	case rate	
SEPTIC ARTHRITIS W CC	549	MS-DRG	inpatient					27817.11 Horizon	Indemnity		46666.21			14247.06	46666.21	46666.21	case rate	
SEPTIC ARTHRITIS W/O CC/MCC	550	MS-DRG	inpatient					23741.11 Horizon	Indemnity		34648.97			10876.05	34648.97	34648.97	case rate	
MEDICAL BACK PROBLEMS W MCC	551	MS-DRG	inpatient					34896.57 Horizon	Indemnity		59696.14			9165	59696.14	59696.14	case rate	
MEDICAL BACK PROBLEMS W/O MCC	552	MS-DRG	inpatient					24390.93 Horizon	Indemnity		33793.81			11413.47	33793.81	33793.81	case rate	
BONE DISEASES & ARTHROPATHIES W MCC	553	MS-DRG	inpatient					29892.25 Horizon	Indemnity		46418.66			15963.27	46418.66	46418.66	case rate	
BONE DISEASES & ARTHROPATHIES W/O MCC	554	MS-DRG	inpatient					22327.22 Horizon	Indemnity		28389.05			9706.71	47368.4	47368.4	case rate	
SIGNS & SYMPTOMS OF MUSCULOSKELETAL SYSTEM & CONN TISSUE W MCC	555	MS-DRG	inpatient					30570.63 Horizon	Indemnity		47978.95			16524.32	47978.95	47978.95	case rate	
SIGNS & SYMPTOMS OF MUSCULOSKELETAL SYSTEM & CONN TISSUE W/O MCC	556	MS-DRG	inpatient					22364.54 Horizon	Indemnity		28794.12			9737.42	28794.12	28794.12	case rate	
TENDONITIS, MYOSITIS & BURSITIS W MCC	557	MS-DRG	inpatient					32824.29 Horizon	Indemnity		53725.03			18388.17	53725.03	53725.03	case rate	
TENDONITIS, MYOSITIS & BURSITIS W/O MCC	558	MS-DRG	inpatient					23135.56 Horizon	Indemnity		32387.29			10375.24	32387.29	32387.29	case rate	
AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W MCC	559	MS-DRG	inpatient					37018.83 Horizon	Indemnity		67463.84			21857.22	67463.84	67463.84	case rate	
AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W CC	560	MS-DRG	inpatient					26758.84 Horizon	Indemnity		38320.9			13371.82	38320.9	38320.9	case rate	
AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W/O CC/MCC	561	MS-DRG	inpatient					21733.1 Horizon	Indemnity		28359.04			9211	28359.04	28359.04	case rate	
FX, SPRN, STRN & DISL EXCEPT FEMUR, HIP, PELVIS & THIGH W MCC	562	MS-DRG	inpatient					32308.72 Horizon	Indemnity		52813.61			12507	52813.61	52813.61	case rate	
FX, SPRN, STRN & DISL EXCEPT FEMUR, HIP, PELVIS & THIGH W/O MCC	563	MS-DRG	inpatient					23381.12 Horizon	Indemnity		31434.62			10578.4	31434.62	31434.62	case rate	
OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W MCC	564	MS-DRG	inpatient					32897.12 Horizon	Indemnity		58968.51			18448.41	58968.51	58968.51	case rate	
OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W CC	565	MS-DRG	inpatient					24863.65 Horizon	Indemnity		36599.33			11804.43	36599.33	36599.33	case rate	
OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W/O CC/MCC	566	MS-DRG	inpatient					21308.93 Horizon	Indemnity		28591.59			8864.55	28591.59	28591.59	case rate	
SKIN DEBRIDEMENT W MCC	570	MS-DRG	inpatient					52324.55 Horizon	Indemnity		113822.49			34515.62	113822.49	113822.49	case rate	
SKIN DEBRIDEMENT W CC	571	MS-DRG	inpatient					34753.75 Horizon	Indemnity		63870.67			9078	63870.67	63870.67	case rate	
SKIN DEBRIDEMENT W/O CC/MCC	572	MS-DRG	inpatient					26865.95 Horizon	Indemnity		44205.75			11401	44205.75	44205.75	case rate	
SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W MCC	573	MS-DRG	inpatient					99395.69 Horizon	Indemnity		196968.01			16091	196968.01	196968.01	case rate	
SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W CC	574	MS-DRG	inpatient					59231.2 Horizon	Indemnity		114242.57			36864	114242.57	114242.57	case rate	
SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W/O CC/MCC	575	MS-DRG	inpatient					39810.91 Horizon	Indemnity		65959.81			24166.37	65959.81	65959.81	case rate	
SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W MCC	576	MS-DRG	inpatient					91754.97 Horizon	Indemnity		183060.41			67126.05	183060.41	183060.41	case rate	
SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W CC	577	MS-DRG	inpatient					48424.21 Horizon	Indemnity		94112.56			31289.9	94112.56	94112.56	case rate	
SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W/O CC/MCC	578	MS-DRG	inpatient					33591.22 Horizon	Indemnity		57374.46			19022.45	57374.46	57374.46	case rate	
OTHER SKIN, SUBCUT TISS & BREAST PROC W MCC	579	MS-DRG	inpatient					58322.88 Horizon	Indemnity		104937.08			39476.46	104937.08	104937.08	case rate	
OTHER SKIN, SUBCUT TISS & BREAST PROC W CC	580	MS-DRG	inpatient					35534.96 Horizon	Indemnity		59628.63			20630	59628.63	59628.63	case rate	
OTHER SKIN, SUBCUT TISS & BREAST PROC W/O CC/MCC	581	MS-DRG	inpatient					29823.7 Horizon	Indemnity		46373.65			8609	46373.65	46373.65	case rate	
MASTECTOMY FOR MALIGNANCY W CC/MCC	582	MS-DRG	inpatient					34399.56 Horizon	Indemnity		58867.24			10681	58867.24	58867.24	case rate	
MASTECTOMY FOR MALIGNANCY W/O CC/MCC	583	MS-DRG	inpatient					32325.85 Horizon	Indemnity		51688.4			14701	51688.4	51688.4	case rate	
BREAST BIOPSY, LOCAL EXCISION & OTHER BREAST PROCEDURES W CC/MCC	584	MS-DRG	inpatient					38562.68 Horizon	Indemnity		70190.6			23134.04	70190.6	70190.6	case rate	
BREAST BIOPSY, LOCAL EXCISION & OTHER BREAST PROCEDURES W/O CC/MCC	585	MS-DRG	inpatient					34640.92 Horizon	Indemnity		58724.71			19890.6	58724.71	58724.71	case rate	
SKIN ULCERS W MCC	592	MS-DRG	inpatient					40440.73 Horizon	Indemnity		64069.46			24687.26	64069.46	64069.46	case rate	
SKIN ULCERS W CC	593	MS-DRG	inpatient					27869.96 Horizon	Indemnity		42360.41			14290.76	42360.41	42360.41	case rate	
SKIN ULCERS W/O CC/MCC	594	MS-DRG	inpatient					21835.93 Horizon	Indemnity		30388.17			9300.39	30388.17	30388.17	case rate	
MAJOR SKIN DISORDERS W MCC	595	MS-DRG	inpatient					41653.25 Horizon	Indemnity		74522.66			25690.06	74522.66	74522.66	case rate	
MAJOR SKIN DISORDERS W/O MCC	596	MS-DRG	inpatient					25000.76 Horizon	Indemnity		37938.33			11917.82	37938.33	37938.33	case rate	
MALIGNANT BREAST DISORDERS W MCC	597	MS-DRG	inpatient					33448.4 Horizon	Indemnity		64512.04			18904.34	64512.04	64512.04	case rate	
MALIGNANT BREAST DISORDERS W CC	598	MS-DRG	inpatient					27711.43 Horizon	Indemnity		43594.39			14159.65	43594.39	43594.39	case rate	
MALIGNANT BREAST DISORDERS W/O CC/MCC	599	MS-DRG	inpatient					19465.16 Horizon	Indemnity		26870.01			7339.68	26870.01	26870.01	case rate	
NON-MALIGNANT BREAST DISORDERS W CC/MCC	600	MS-DRG	inpatient					25236.41 Horizon	Indemnity		35856.69			12112.71	35856.69	35856.69	case rate	
NON-MALIGNANT BREAST DISORDERS W/O CC/MCC	601	MS-DRG	inpatient					19482.3 Horizon	Indemnity		23224.33			7353.85	23224.33	23224.33	case rate	
CELLULITIS W MCC	602	MS-DRG	inpatient					31834.56 Horizon	Indemnity		54160.11			17569.64	54160.11	54160.11	case rate	
CELLULITIS W/O MCC	603	MS-DRG	inpatient					23225.54 Horizon	Indemnity		31794.68			10449.65	31794.68	31794.68	case rate	
TRAUMA TO THE SKIN, SUBCUT TISS & BREAST W MCC	604	MS-DRG	inpatient					32101.63 Horizon	Indemnity		53139.92			17790.51	53139.92	53139.92	case rate	
TRAUMA TO THE SKIN, SUBCUT TISS & BREAST W/O MCC	605	MS-DRG	inpatient					23569.73 Horizon	Indemnity		32274.77			10734.31	32274.77	32274.77	case rate	
MINOR SKIN DISORDERS W MCC	606	MS-DRG	inpatient					33238.46 Horizon	Indemnity		51789.67			18730.71	51789.67	51789.67	case rate	
MINOR SKIN DISORDERS W/O MCC	607	MS-DRG	inpatient					23351.22 Horizon	Indemnity		30043.11			10553.59	30043.11	30043.11	case rate	
ADRENAL & PITUITARY PROCEDURES W CC/MCC	614	MS-DRG	inpatient					42758.65 Horizon	Indemnity		88651.55			26604.27	88651.55	88651.55	case rate	
ADRENAL & PITUITARY PROCEDURES W/O CC/MCC	615	MS-DRG	inpatient					31600.34 Horizon	Indemnity		55555.37			17375.93	55555.37	55555.37	case rate	
AMPUTAT OF LOWER LIMB FOR ENDOCRINE, NUTRIT, & METABOL DIS W MCC	616	MS-DRG	inpatient					67113.28 Horizon	Indemnity		155098.95			46746.45	155098.95	155098.95	case rate	
AMPUTAT OF LOWER LIMB FOR ENDOCRINE, NUTRIT, & METABOL DIS W CC	617	MS-DRG	inpatient					38932.58 Horizon	Indemnity		77774.52			23439.96	77774.52	77774.52	case rate	
AMPUTAT OF LOWER LIMB FOR ENDOCRINE, NUTRIT, & METABOL DIS W/O CC/MCC	618	MS-DRG	inpatient					27178.72 Horizon	Indemnity		43481.87			13719.08	43481.87	43481.87	case rate	
O.R. PROCEDURES FOR OBESITY W MCC	619	MS-DRG	inpatient					47558.74 Horizon	Indemnity		109546.69			35574.12	109546.69	109546.69	case rate	
O.R. PROCEDURES FOR OBESITY W CC	620	MS-DRG	inpatient					33758.31 Horizon	Indemnity		67872.67			19160.65	67872.67	67872.67	case rate	
O.R. PROCEDURES FOR OBESITY W/O CC/MCC	621	MS-DRG	inpatient					32260.16 Horizon	Indemnity		59197.3			17921.62	59197.3	59197.3	case rate	
SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W MCC	622	MS-DRG	inpatient					65226.66 Horizon	Indemnity		142451.59			45186.15	142451.59	142451.59	case rate	
SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W CC	623	MS-DRG	inpatient					37174.3 Horizon	Indemnity		72133.46			21985.96	72133.46	72133.46	case rate	
SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W/O CC/MCC	624	MS-DRG	inpatient					26507.48 Horizon	Indemnity		48609.07			13163.94	48609.07	48609.07	case rate	
THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W MCC	625	MS-DRG	inpatient					52310.27 Horizon	Indemnity		104393.23			34503.81	104393.23	104393.23	case rate	
THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W CC	626	MS-DRG	inpatient					31897.4 Horizon	Indemnity		60408.77			17621.61	60408.77	60408.77	case rate	
THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W/O CC/MCC	627	MS-DRG	inpatient					28242.71 Horizon	Indemnity		40695.1			14599.04	40695.1	40695.1	case rate	
OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W MCC	628	MS-DRG	inpatient					67924.48 Horizon	Indemnity		137838.23			47417.35	137838.23	137838.23	case rate	
OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W CC	629	MS-DRG	inpatient					42907.18 Horizon	Indemnity		87717.62			26727.11	87717.62	87717.62	case rate	
OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W/O CC/MCC	630	MS-DRG	inpatient					30532.07 Horizon	Indemnity		57654.49			16492.43	57654.49	57654.49	case rate	
DIABETES W MCC	637	MS-DRG	inpatient					31289 Horizon	Indemnity		51808.42			17118.44	51808.42	51808.42	case rate	
DIABETES W CC	638	MS-DRG	inpatient					23435.48 Horizon	Indemnity		32713.61			10623.28	32713.61	32713.61	case rate	
DIABETES W/O CC/MCC	639	MS-DRG	inpatient					19480.87 Horizon	Indemnity		23700.67			7352.67	23700.67	23700.67	case rate	
MISC DISORDERS OF NUTRITION, METABOLISM, FLUIDS/ELECTROLYTES W MCC	640	MS-DRG	inpatient					29373.82 Horizon	Indemnity		44640.83			15534.51	44640.83	44640.83	case rate	
MISC DISORDERS OF NUTRITION, METABOLISM, FLUIDS/ELECTROLYTES W/O MCC	641	MS-DRG	inpatient					21750.24 Horizon	Indemnity		28201.51			9229.52	28201.51	28201.51	case rate	
INBORN AND OTHER DISORDERS OF METABOLISM	642	MS-DRG	inpatient					29203.87 Horizon	Indemnity		47390.09			15393.95	47390.09	47390.09	case rate	
ENDOCRINE DISORDERS W MCC	643	MS-DRG	inpatient					34086.36 Horizon	Indemnity		61290.19			19431.13	61290.19	61290.19	case rate	
ENDOCRINE DISORDERS W CC	644	MS-DRG	inpatient					25753.41 Horizon	Indemnity		37975.84			12540.29	37975.84	37975.84	case rate	
ENDOCRINE DISORDERS W/O CC/MCC	645	MS-DRG	inpatient					21457.46 Horizon	Indemnity		27863.95			8987.39	27863.95	27863.95	case rate	
KIDNEY TRANSPLANT	652	MS-DRG	inpatient					53498.51 Horizon	Indemnity		124320.7			35486.53	124320.7	124320.7	case rate	
MAJOR BLADDER PROCEDURES W MCC	653	MS-DRG	inpatient					87906.04 Horizon	Indemnity		205875.92			63942.84	205875.92	205875.92	case rate	
MAJOR BLADDER PROCEDURES W CC	654	MS-DRG	inpatient					49686.72 Horizon	Indemnity		107768.86			32334.04	107768.86	107768.86	case rate	
MAJOR BLADDER PROCEDURES W/O CC/MCC	655	MS-DRG	inpatient					40693.52 Horizon	Indemnity		77909.54			24896.32	77909.54	77909.54	case rate	
KIDNEY & URETER PROCEDURES FOR NEOPLASM W MCC	656	MS-DRG	inpatient					55400.84 Horizon	Indemnity		124808.29			37059.83	124808.29	124808.29	case rate	
KIDNEY & URETER PROCEDURES FOR NEOPLASM W CC	657	MS-DRG	inpatient					36928.85 Horizon	Indemnity		73041.13			21782.81	73041.13	73041.13	case rate	
KIDNEY & URETER PROCEDURES FOR NEOPLASM W/O CC/MCC	658	MS-DRG	inpatient					31733.16 Horizon	Indemnity		58750.96			17485.77	58750.96	58750.96	case rate	
KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W MCC	659	MS-DRG	inpatient					47564.45 Horizon	Indemnity		102285.34			30578.84	102285.34	102285.34	case rate	
KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W CC	660	MS-DRG	inpatient					29812.27 Horizon	Indemnity		54295.13			15897.12	54295.13	54295.13	case rate	
KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W/O CC/MCC	661	MS-DRG	inpatient					25563.46 Horizon	Indemnity		40237.51			12393.2	40237.51	40237.51	case rate	
MINOR BLADDER PROCEDURES W MCC	662	MS-DRG	inpatient					53388.54 Horizon	Indemnity		119223.5			35395.58	119223.5	119223.5	case rate	
MINOR BLADDER PROCEDURES W CC	663	MS-DRG	inpatient					31427.53 Horizon	Indemnity		61522.73			17233.01	61522.73	61522.73	case rate	
MINOR BLADDER PROCEDURES W/O CC/MCC	664	MS-DRG	inpatient					25751.98 Horizon	Indemnity		44472.05			12539.11	44472.05	44472.05	case rate	
PROSTATECTOMY W MCC	665	MS-DRG	inpatient					54708.17 Horizon	Indemnity		119227.25			36486.97	119227.25	119227.25	case rate	
PROSTATECTOMY W CC	666	MS-DRG	inpatient					35117.93 Horizon	Indemnity		66728.7			20285.1	66728.7	66728.7	case rate	
PROSTATECTOMY W/O CC/MCC	667	MS-DRG	inpatient					25580.6 Horizon	Indemnity		40522.56			12397.37	40522.56	40522.56	case rate	
TRANSURETHRAL PROCEDURES W MCC	668	MS-DRG	inpatient					50636.4 Horizon	Indemnity		105567.2			33284.86	105567.2	105567.2	case rate	
TRANSURETHRAL PROCEDURES W CC	669	MS-DRG	inpatient					32507.23 Horizon	Indemnity		59354.83			18125.96	59354.83	59354.83	case rate	
TRANSURETHRAL PROCEDURES W/O CC/MCC	670	MS-DRG	inpatient					24338.09 Horizon	Indemnity		36137.99			11369.77	36137.99	36137.99	case rate	
URETHRAL PROCEDURES W CC/MCC	671	MS-DRG	inpatient					35039.38 Horizon	Indemnity		63143.03			20220.14	63143.03	63143.03	case rate	
URETHRAL PROCEDURES W/O CC/MCC	672	MS-DRG	inpatient					23768.25 Horizon	Indemnity		39641.15			10898.49	39641.15	39641.15	case rate	
OTHER KIDNEY & URINARY TRACT PROCEDURES W MCC	673	MS-DRG	inpatient					63404.32 Horizon	Indemnity		134173.79			43679	134173.79	134173.79	case rate	
OTHER KIDNEY & URINARY TRACT PROCEDURES W CC	674	MS-DRG	inpatient					44612.42 Horizon	Indemnity		86719.93			28137.4	86719.93	86719.93	case rate	
OTHER KIDNEY & URINARY TRACT PROCEDURES W/O CC/MCC	675	MS-DRG	inpatient					33248.45 Horizon	Indemnity		60960.13			18738.98	60960.13	60960.13	case rate	
RENAL FAILURE W MCC	682	MS-DRG	inpatient					32024.51 Horizon	Indemnity		57460.72			17726.73	57460.72	57460.72	case rate	
RENAL FAILURE W CC	683	MS-DRG	inpatient					23455.48 Horizon	Indemnity		34468.93			10639.82	34468.93	34468.93	case rate	
RENAL FAILURE W/O CC/MCC	684	MS-DRG	inpatient					19280.93 Horizon	Indemnity		23246.84			7187.31	23246.84	23246.84	case rate	
KIDNEY & URINARY TRACT NEOPLASMS W MCC	686	MS-DRG	inpatient					36860.3 Horizon	Indemnity		64422.02			21726.11	64422.02	64422.02	case rate	
KIDNEY & URINARY TRACT NEOPLASMS W CC	687	MS-DRG	inpatient					25519.18 Horizon	Indemnity		39521.13			12346.58	39521.13	39521.13	case rate	
KIDNEY & URINARY TRACT NEOPLASMS W/O CC/MCC	688	MS-DRG	inpatient					21743.1 Horizon	Indemnity		29664.29			9223.62	29664.29	29664.29	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3100119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
KIDNEY & URINARY TRACT INFECTIONS W MCC	689	MS-DRG	inpatient					Horizon	Indemnity		41692.78				13871.45	41692.78	case rate	
KIDNEY & URINARY TRACT INFECTIONS W/O MCC	690	MS-DRG	inpatient					Horizon	Indemnity		29784.31				9530.72	29784.31	case rate	
URINARY STONES W MCC	693	MS-DRG	inpatient					Horizon	Indemnity		49644.27				16728.66	49644.27	case rate	
URINARY STONES W/O MCC	694	MS-DRG	inpatient					Horizon	Indemnity		26333.66				9244.88	26333.66	case rate	
KIDNEY & URINARY TRACT SIGNS & SYMPTOMS W MCC	695	MS-DRG	inpatient					Horizon	Indemnity		43084.29				14126.58	43084.29	case rate	
KIDNEY & URINARY TRACT SIGNS & SYMPTOMS W/O MCC	696	MS-DRG	inpatient					Horizon	Indemnity		25827.32				8174.75	25827.32	case rate	
URETHRAL STRICTURE	697	MS-DRG	inpatient					Horizon	Indemnity		36006.72				13147.4	36006.72	case rate	
OTHER KIDNEY & URINARY TRACT DIAGNOSES W MCC	698	MS-DRG	inpatient					Horizon	Indemnity		60577.56				19540.98	60577.56	case rate	
OTHER KIDNEY & URINARY TRACT DIAGNOSES W CC	699	MS-DRG	inpatient					Horizon	Indemnity		38553.45				12057.2	38553.45	case rate	
OTHER KIDNEY & URINARY TRACT DIAGNOSES W/O CC/MCC	700	MS-DRG	inpatient					Horizon	Indemnity		28494.07				8366.1	28494.07	case rate	
MAJOR MALE PELVIC PROCEDURES W CC/MCC	707	MS-DRG	inpatient					Horizon	Indemnity		67190.04				23173.02	67190.04	case rate	
MAJOR MALE PELVIC PROCEDURES W/O CC/MCC	708	MS-DRG	inpatient					Horizon	Indemnity		52753.6				17227.1	52753.6	case rate	
PENIS PROCEDURES W CC/MCC	709	MS-DRG	inpatient					Horizon	Indemnity		76206.72				29240.42	76206.72	case rate	
PENIS PROCEDURES W/O CC/MCC	710	MS-DRG	inpatient					Horizon	Indemnity		62617.94				14578.96	62617.94	case rate	
TESTES PROCEDURES W CC/MCC	711	MS-DRG	inpatient					Horizon	Indemnity		78145.83				25074.68	78145.83	case rate	
TESTES PROCEDURES W/O CC/MCC	712	MS-DRG	inpatient					Horizon	Indemnity		60387.54				14036.81	60387.54	case rate	
TRANSURETHRAL PROSTATECTOMY W CC/MCC	713	MS-DRG	inpatient					Horizon	Indemnity		54887.74				17134.97	54887.74	case rate	
TRANSURETHRAL PROSTATECTOMY W/O CC/MCC	714	MS-DRG	inpatient					Horizon	Indemnity		34150.12				11321.34	34150.12	case rate	
OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC FOR MALIGNANCY W CC/MCC	715	MS-DRG	inpatient					Horizon	Indemnity		82886.72				26073.93	82886.72	case rate	
OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC FOR MALIGNANCY W/O CC/MCC	716	MS-DRG	inpatient					Horizon	Indemnity		54872.74				16798.34	54872.74	case rate	
OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC EXC MALIGNANCY W CC/MCC	717	MS-DRG	inpatient					Horizon	Indemnity		73299.93				21422.55	73299.93	case rate	
OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC EXC MALIGNANCY W/O CC/MCC	718	MS-DRG	inpatient					Horizon	Indemnity		46231.13				13887.99	46231.13	case rate	
MALIGNANCY, MALE REPRODUCTIVE SYSTEM W MCC	722	MS-DRG	inpatient					Horizon	Indemnity		62250.37				22144.24	62250.37	case rate	
MALIGNANCY, MALE REPRODUCTIVE SYSTEM W CC	723	MS-DRG	inpatient					Horizon	Indemnity		41313.96				13161.58	41313.96	case rate	
MALIGNANCY, MALE REPRODUCTIVE SYSTEM W/O CC/MCC	724	MS-DRG	inpatient					Horizon	Indemnity		25849.82				9561.43	25849.82	case rate	
BENIGN PROSTATIC HYPERTROPHY W MCC	725	MS-DRG	inpatient					Horizon	Indemnity		45544.75				14656.92	45544.75	case rate	
BENIGN PROSTATIC HYPERTROPHY W/O MCC	726	MS-DRG	inpatient					Horizon	Indemnity		28674.1				8633.04	28674.1	case rate	
INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM W MCC	727	MS-DRG	inpatient					Horizon	Indemnity		53935.07				19148.47	53935.07	case rate	
INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM W/O MCC	728	MS-DRG	inpatient					Horizon	Indemnity		29683.04				9450.4	29683.04	case rate	
OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES W CC/MCC	729	MS-DRG	inpatient					Horizon	Indemnity		40582.57				11857.58	40582.57	case rate	
OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES W/O CC/MCC	730	MS-DRG	inpatient					Horizon	Indemnity		21318.98				7342.04	21318.98	case rate	
PELVIC EVISCERATION, RAD HYSTERECTOMY & RAD VULVECTOMY W CC/MCC	734	MS-DRG	inpatient					Horizon	Indemnity		86487.39				25673.52	86487.39	case rate	
PELVIC EVISCERATION, RAD HYSTERECTOMY & RAD VULVECTOMY W/O CC/MCC	735	MS-DRG	inpatient					Horizon	Indemnity		51197.06				14884.88	51197.06	case rate	
UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W MCC	736	MS-DRG	inpatient					Horizon	Indemnity		151175.71				45913.74	151175.71	case rate	
UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W CC	737	MS-DRG	inpatient					Horizon	Indemnity		76191.72				23313.58	76191.72	case rate	
UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W/O CC/MCC	738	MS-DRG	inpatient					Horizon	Indemnity		52221				16118	52221	case rate	
UTERINE, ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W MCC	739	MS-DRG	inpatient					Horizon	Indemnity		134938.93				42714	134938.93	case rate	
UTERINE, ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W CC	740	MS-DRG	inpatient					Horizon	Indemnity		65370.95				21107.19	65370.95	case rate	
UTERINE, ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W/O CC/MCC	741	MS-DRG	inpatient					Horizon	Indemnity		49801.79				15346.71	49801.79	case rate	
UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W CC/MCC	742	MS-DRG	inpatient					Horizon	Indemnity		64287				21046.95	64287	case rate	
UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC/MCC	743	MS-DRG	inpatient					Horizon	Indemnity		41842.81				13724.99	41842.81	case rate	
D&C, CONIZATION, LAPAROSCOPY & TUBAL INTERRUPTION W CC/MCC	744	MS-DRG	inpatient					Horizon	Indemnity		63398.08				22234.01	63398.08	case rate	
D&C, CONIZATION, LAPAROSCOPY & TUBAL INTERRUPTION W/O CC/MCC	745	MS-DRG	inpatient					Horizon	Indemnity		40109.99				12235.55	40109.99	case rate	
VAGINA, CERVIX & VULVA PROCEDURES W CC/MCC	746	MS-DRG	inpatient					Horizon	Indemnity		62925.49				19797.29	62925.49	case rate	
VAGINA, CERVIX & VULVA PROCEDURES W/O CC/MCC	747	MS-DRG	inpatient					Horizon	Indemnity		35939.21				10479.18	35939.21	case rate	
FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES	748	MS-DRG	inpatient					Horizon	Indemnity		30654.89				16594	46534.06	case rate	
OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES W CC/MCC	749	MS-DRG	inpatient					Horizon	Indemnity		46540.46				29731.96	97593.21	case rate	
OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES W/O CC/MCC	750	MS-DRG	inpatient					Horizon	Indemnity		45904.82				16063.67	45904.82	case rate	
MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W MCC	754	MS-DRG	inpatient					Horizon	Indemnity		69065.39				21880.84	69065.39	case rate	
MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W CC	755	MS-DRG	inpatient					Horizon	Indemnity		40128.74				12811.96	40128.74	case rate	
MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W/O CC/MCC	756	MS-DRG	inpatient					Horizon	Indemnity		29259.21				11689.86	29259.21	case rate	
INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W MCC	757	MS-DRG	inpatient					Horizon	Indemnity		54043.84				17618.06	54043.84	case rate	
INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W CC	758	MS-DRG	inpatient					Horizon	Indemnity		36272.14				11724.11	36272.14	case rate	
INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W/O CC/MCC	759	MS-DRG	inpatient					Horizon	Indemnity		26696.22				7632.6	26696.22	case rate	
MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS W CC/MCC	760	MS-DRG	inpatient					Horizon	Indemnity		32694.85				11757.19	32694.85	case rate	
MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS W/O CC/MCC	761	MS-DRG	inpatient					Horizon	Indemnity		20606.35				7153.06	20606.35	case rate	
VAGINAL DELIVERY W O.R. PROC EXCEPT STERIL &/OR D&C	768	MS-DRG	inpatient					Horizon	Indemnity		42435.42				8760	42435.42	case rate	
POSTPARTUM & POST ABORTION DIAGNOSES W O.R. PROCEDURE	769	MS-DRG	inpatient					Horizon	Indemnity		54681.46				18235.81	54681.46	case rate	
ABORTION W D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY	770	MS-DRG	inpatient					Horizon	Indemnity		40053.73				9433.86	40053.73	case rate	
POSTPARTUM & POST ABORTION DIAGNOSES W/O O.R. PROCEDURE	776	MS-DRG	inpatient					Horizon	Indemnity		24717.11				8466.32	24717.11	case rate	
ABORTION W/O D&C	779	MS-DRG	inpatient					Horizon	Indemnity		28291.53				11683.96	28291.53	case rate	
CESAREAN SECTION W STERILIZATION W MCC	783	MS-DRG	inpatient					Horizon	Indemnity		65468.47				8487	65468.47	case rate	
CESAREAN SECTION W STERILIZATION W CC	784	MS-DRG	inpatient					Horizon	Indemnity		41336.46				8487	41336.46	case rate	
CESAREAN SECTION W STERILIZATION W/O CC/MCC	785	MS-DRG	inpatient					Horizon	Indemnity		31712.17				8487	31712.17	case rate	
CESAREAN SECTION W/O STERILIZATION W MCC	786	MS-DRG	inpatient					Horizon	Indemnity		58315.88				8487	58315.88	case rate	
CESAREAN SECTION W/O STERILIZATION W CC	787	MS-DRG	inpatient					Horizon	Indemnity		40548.82				8487	40548.82	case rate	
CESAREAN SECTION W/O STERILIZATION W/O CC/MCC	788	MS-DRG	inpatient					Horizon	Indemnity		33782.55				8487	33782.55	case rate	
NEONATES, DIED OR TRANSFERRED TO ANOTHER ACUTE CARE FACILITY	789	MS-DRG	inpatient					Horizon	Indemnity		62400.4				637	62400.4	case rate	
EXTREME IMMATURITY OR RESPIRATORY DISTRESS SYNDROME, NEONATE	790	MS-DRG	inpatient					Horizon	Indemnity		205774.65				637	205774.65	case rate	
PREMATURITY W MAJOR PROBLEMS	791	MS-DRG	inpatient					Horizon	Indemnity		140538.73				637	140538.73	case rate	
PREMATURITY W/O MAJOR PROBLEMS	792	MS-DRG	inpatient					Horizon	Indemnity		84795.83				637	84795.83	case rate	
FULL TERM NEONATE W MAJOR PROBLEMS	793	MS-DRG	inpatient					Horizon	Indemnity		144360.69				637	144360.69	case rate	
NEONATE W OTHER SIGNIFICANT PROBLEMS	794	MS-DRG	inpatient					Horizon	Indemnity		51095.79				637	51095.79	case rate	
NORMAL NEWBORN	795	MS-DRG	inpatient					Horizon	Indemnity		11714.02				637	11714.02	case rate	
VAGINAL DELIVERY W STERILIZATION/D&C W MCC	796	MS-DRG	inpatient					Horizon	Indemnity		55067.78				6365	55067.78	case rate	
VAGINAL DELIVERY W STERILIZATION/D&C W CC	797	MS-DRG	inpatient					Horizon	Indemnity		31764.68				6365	31764.68	case rate	
VAGINAL DELIVERY W STERILIZATION/D&C W/O CC/MCC	798	MS-DRG	inpatient					Horizon	Indemnity		31764.68				6365	31764.68	case rate	
SPLENECTOMY W MCC	799	MS-DRG	inpatient					Horizon	Indemnity		176342.91				58521.36	176342.91	case rate	
SPLENECTOMY W CC	800	MS-DRG	inpatient					Horizon	Indemnity		98523.39				33281.32	98523.39	case rate	
SPLENECTOMY W/O CC/MCC	801	MS-DRG	inpatient					Horizon	Indemnity		58372.14				5977	58372.14	case rate	
OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W MCC	802	MS-DRG	inpatient					Horizon	Indemnity		125543.43				8199	125543.43	case rate	
OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W CC	803	MS-DRG	inpatient					Horizon	Indemnity		64590.8				13379	64590.8	case rate	
OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W/O CC/MCC	804	MS-DRG	inpatient					Horizon	Indemnity		46152.36				14296.66	46152.36	case rate	
VAGINAL DELIVERY W/O STERILIZATION/D&C W MCC	805	MS-DRG	inpatient					Horizon	Indemnity		38377.16				6365	38377.16	case rate	
VAGINAL DELIVERY W/O STERILIZATION/D&C W CC	806	MS-DRG	inpatient					Horizon	Indemnity		26532.45				6365	26532.45	case rate	
VAGINAL DELIVERY W/O STERILIZATION/D&C W/O CC/MCC	807	MS-DRG	inpatient					Horizon	Indemnity		23029.3				6365	23029.3	case rate	
MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W MCC	808	MS-DRG	inpatient					Horizon	Indemnity		41998.9				8061.04	25969.41	case rate	
MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W CC	809	MS-DRG	inpatient					Horizon	Indemnity		27791.41				14225.79	45177.18	case rate	
MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W/O CC/MCC	810	MS-DRG	inpatient					Horizon	Indemnity		24936.49				11864.67	34581.45	case rate	
RED BLOOD CELL DISORDERS W MCC	811	MS-DRG	inpatient					Horizon	Indemnity		30636.33				16578.65	50859.49	case rate	
RED BLOOD CELL DISORDERS W/O MCC	812	MS-DRG	inpatient					Horizon	Indemnity		23454.05				10638.64	33126.18	case rate	
COAGULATION DISORDERS	813	MS-DRG	inpatient					Horizon	Indemnity		32869.99				18425.97	60442.53	case rate	
RETICULOENDOTHELIAL & IMMUNITY DISORDERS W MCC	814	MS-DRG	inpatient					Horizon	Indemnity		40983.44				25136.1	62374.14	case rate	
RETICULOENDOTHELIAL & IMMUNITY DISORDERS W CC	815	MS-DRG	inpatient					Horizon	Indemnity		24789.39				11743.01	36670.59	case rate	
RETICULOENDOTHELIAL & IMMUNITY DISORDERS W/O CC/MCC	816	MS-DRG	inpatient					Horizon	Indemnity		20733.38				27065.05	27065.05	case rate	
OTHER ANTEPARTUM DIAGNOSES W O.R. PROCEDURE W MCC	817	MS-DRG	inpatient					Horizon	Indemnity		42795.79				26634.98	94956.47	case rate	
OTHER ANTEPARTUM DIAGNOSES W O.R. PROCEDURE W CC	818	MS-DRG	inpatient					Horizon	Indemnity		27344.39				13856.09	50953.26	case rate	
OTHER ANTEPARTUM DIAGNOSES W O.R. PROCEDURE W/O CC/MCC	819	MS-DRG	inpatient					Horizon	Indemnity		23546.88				10715.41	31468.37	case rate	
LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W MCC	820	MS-DRG	inpatient					Horizon	Indemnity		96947.8				71420.72	204176.86	case rate	
LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W CC	821	MS-DRG	inpatient					Horizon	Indemnity		42468.74				8969	89803.01	case rate	
LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W/O CC/MCC	822	MS-DRG	inpatient					Horizon	Indemnity		29282.7				8721	45375.97	case rate	
LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER PROC W MCC	823	MS-DRG	inpatient					Horizon	Indemnity		74885.39				16970.17	169704.17	case rate	
LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER PROC W CC	824	MS-DRG	inpatient					Horizon	Indemnity		42480.16				12547	82305.36	case rate	
LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER PROC W/O CC/MCC	825	MS-DRG	inpatient					Horizon	Indemnity		29033.92				22652	82305.36	case rate	
MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W MCC	826	MS-DRG	inpatient					Horizon	Indemnity		50972.01				15253.4	50972.01	case rate	
MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W CC	827	MS-DRG	inpatient					Horizon	Indemnity		73270.13				16558.89	165580.89	case rate	
MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W/O CC/MCC	828	MS-DRG	inpatient					Horizon	Indemnity		43884.1				16138.4	84454.51	case rate	
MYELOPROLIFERATIVE DISORDERS OR POORLY DIFFERENTIATED NEOPLASMS W OTHER PROCEDURE W CC/MCC	829	MS-DRG	inpatient					Horizon	Indemnity		34018.24				27369.65	84454.51	case rate	
MYELOPROLIFERATIVE DISORDERS OR POORLY DIFFERENTIATED NEOPLASMS W OTHER PROCEDURE W/O CC/MCC	830	MS-DRG	inpatient					Horizon	Indemnity		61338.95				19375.62	61338.95	case rate	
OTHER ANTEPARTUM DIAGNOSES W/O O.R. PROCEDURE W MCC	831	MS-DRG	inpatient					Horizon	Indemnity		55632.2				37251.17	116635.52	case rate	
OTHER ANTEPARTUM DIAGNOSES W/O O.R. PROCEDURE W CC	832	MS-DRG	inpatient					Horizon	Indemnity		33172.76				18676.38	53214.93	case rate	
OTHER ANTEPARTUM DIAGNOSES W/O O.R. PROCEDURE W/O CC/MCC	833	MS-DRG	inpatient					Horizon	Indemnity		25012.18				11927.27	38590.95	case rate	
ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W MCC	834	MS-DRG	inpatient					Horizon	Indemnity		21126.13				8713.36	26960.03	case rate	
ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W CC	835	MS-DRG	inpatient					Horizon	Indemnity		17899.88				6045.14	18014.61	case rate	
ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W/O CC/MCC	836	MS-DRG	inpatient					Horizon	Indemnity		90553.87				29581.05	206581.05	case rate	
CHEMO W ACUTE LEUKEMIA AS SDX OR W HIGH DOSE CHEMO AGENT W MCC	837	MS-DRG	inpatient					Horizon	Indemnity		42517.29				8014.95	80114.95	case rate	
CHEMO W ACUTE LEUKEMIA AS SDX W CC OR HIGH DOSE CHEMO AGENT	838	MS-DRG	inpatient					Horizon	Indemnity		27690.01				14141.93	45480.99	case rate	
CHEMO W ACUTE LEUKEMIA AS SDX W/O CC/MCC	839	MS-DRG	inpatient					Horizon	Indemnity		78522.95				56162.68	201566.37	case rate	
LYMPHOMA & NON-ACUTE LEUKEMIA W MCC	840	MS-DRG	inpatient					Horizon	Indemnity		38474.14				23060.81	88238.97	case rate	
LYMPHOMA & NON-ACUTE LEUKEMIA W CC	841	MS-DRG	inpatient					Horizon	Indemnity		29201.01				15391.59	47105.04	case rate	
LYMPHOMA & NON-ACUTE LEUKEMIA W/O CC/MCC	842	MS-DRG	inpatient					Horizon	Indemnity		55223.74				36913.36	123506.8	case rate	
OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W MCC	843	MS-DRG	inpatient					Horizon	Indemnity		33062.79				18585.43	61316.44	case rate	
OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W CC	844	MS-DRG	inpatient					Horizon	Indemnity		25820.52				42049.1	42049.1	case rate	
OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W/O CC/MCC	845	MS-DRG	inpatient					Horizon	Indemnity		37163.07				12585.8	69237.92	case rate	
CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W MCC	846	MS-DRG	inpatient					Horizon	Indemnity		27117.31				21976.51	69237.92	case rate	
CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W CC	847	MS-DRG	inpatient					Horizon	Indemnity		22942.36				44213.25	44213.25	case rate	
CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W/O CC/MCC	848	MS-DRG	inpatient					Horizon	Indemnity		45495.03				32488.56	102115.78	case rate	
RADIOTHERAPY	849	MS-DRG	inpatient					Horizon	Indemnity		49028.33				28867.35	105690.98	case rate	
INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W MCC	853	MS-DRG	inpatient					Horizon	Indemnity		81989.12				31896.29	73896.29	case rate	
INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W CC	854	MS-DRG	inpatient					Horizon	Indemnity		39699.51				59049.33	189676.65	case rate	
INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W/O CC/MCC	855	MS-DRG	inpatient					Horizon	Indemnity		34895.14				20100.84	58510.92	case rate	
POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W MCC	856	MS-DRG	inpatient					Horizon	Indemnity		73835.69				52306.14	168342.67	case rate	
POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W CC	857	MS-DRG	inpatient					Horizon	Indemnity		41091.98				25225.86	77140.65	case rate	
POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W/O CC/MCC	858	MS-DRG	inpatient					Horizon	Indemnity		28919.66				15158.9	51763.41	case rate	
POSTOPERATIVE & POST-TRAUMATIC INFECTIONS W MCC	862	MS-DRG	inpatient					Horizon	Indemnity		36897.43				21796.82	68551.54	case rate	
POSTOPERATIVE & POST-TRAUMATIC INFECTIONS W/O MCC	863	MS-DRG	inpatient					Horizon	Indemnity		24950.77				16936.89	51876.48	case rate	
FEVER AND INFLAMMATORY CONDITIONS	864	MS-DRG	inpatient					Horizon	Indemnity		23198.4				10427.21	32417.3	case rate	
VIRAL ILLNESS W MCC	865	MS-DRG	inpatient					Horizon	Indemnity		34011.1				19369.71	51842.18	case rate	
VIRAL ILLNESS W/O MCC	866	MS-DRG	inpatient					Horizon	Indemnity		23696.54				30770.74	30770.74	case rate	
OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W MCC	867	MS-DRG	inpatient					Horizon	Indemnity		40472.15				24713.24	79998.68	case rate	
OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W CC	868	MS-DRG	inpatient					Horizon	Indemnity		26093.31				12821.4	40391.29	case rate	
OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W/O CC/MCC	869	MS-DRG	inpatient					Horizon	Indemnity		20454.89				8168.22	28801.63	case rate	
SEPTICEMIA OR SEVERE SEPSIS W MV >96 HOURS	870	MS-DRG	inpatient					Horizon	Indemnity		110061.28				82266.06	236117.82	case rate	
SEPTICEMIA OR SEVERE SEPSIS W/O MV >96 HOURS W MCC	871	MS-DRG	inpatient					Horizon	Indemnity		38905.45				23417.52	69627.99	case rate	
SEPTICEMIA OR SEVERE SEPSIS W/O MV >96 HOURS W/O MCC	872	MS-DRG	inpatient					Horizon	Indemnity		25299.25				12164.68	39491.12	case rate	
O.R. PROCEDURE W PRINCIPAL DIAGNOSES OF MENTAL ILLNESS	876	MS-DRG	inpatient					Horizon	Indemnity		63862.75				44074.69	123825.61	case rate	
ACUTE ADJUSTMENT REACTION & PSYCHOSOCIAL DYSFUNCTION	880	MS-DRG	inpatient					Horizon	Indemnity		24223.53				2938	2010	2104.2 per diem	
DEPRESSIVE NEUROSES	881	MS-DRG	inpatient					Horizon	Indemnity		23536.88				2938	2010	20466.85 per diem	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.													
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true												
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
NEUROSES EXCEPT DEPRESSIVE	882	MS-DRG	inpatient				24005.52	Horizon	Indemnity		2938				2010	20874.19	per diem	
DISORDERS OF PERSONALITY & IMPULSE CONTROL	883	MS-DRG	inpatient				37374.44	Horizon	Indemnity		2938				2010	32540.07	per diem	
ORGANIC DISTURBANCES & INTELLECTUAL DISABILITY	884	MS-DRG	inpatient				35682.06	Horizon	Indemnity		2938				2010	31027.88	per diem	
PSYCHOSES	885	MS-DRG	inpatient				30105.05	Horizon	Indemnity		2938				2010	26178.3	per diem	
BEHAVIORAL & DEVELOPMENTAL DISORDERS	886	MS-DRG	inpatient				34608.07	Horizon	Indemnity		2938				2010	30093.98	per diem	
OTHER MENTAL DISORDER DIAGNOSES	887	MS-DRG	inpatient				29093.9	Horizon	Indemnity		2938				2010	25299.04	per diem	
ALCOHOL/DRUG ABUSE OR DEPENDENCE, LEFT AMA	894	MS-DRG	inpatient				18795.35	Horizon	Indemnity		2938				2010	94620.59	per diem	
ALCOHOL/DRUG ABUSE OR DEPENDENCE W REHABILITATION THERAPY	895	MS-DRG	inpatient				33566.94	Horizon	Indemnity		2938				2010	29188.64	per diem	
ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY W MCC	896	MS-DRG	inpatient				35984.43	Horizon	Indemnity		2938				2010	31291.16	per diem	
ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY W/O MCC	897	MS-DRG	inpatient				22809.94	Horizon	Indemnity		2938				2010	19834.73	per diem	
WOUND DEBRIDEMENTS FOR INJURIES W MCC	901	MS-DRG	inpatient				72398.95	Horizon	Indemnity		167465				13124	167465	case rate	
WOUND DEBRIDEMENTS FOR INJURIES W CC	902	MS-DRG	inpatient				37507.26	Horizon	Indemnity		72028.44				22261.17	72028.44	case rate	
WOUND DEBRIDEMENTS FOR INJURIES W/O CC/MCC	903	MS-DRG	inpatient				28321.26	Horizon	Indemnity		43664.4				14664	56429.51	case rate	
SKIN GRAFTS FOR INJURIES W CC/MCC	904	MS-DRG	inpatient				57094.65	Horizon	Indemnity		120997.58				38460.67	120997.58	case rate	
SKIN GRAFTS FOR INJURIES W/O CC/MCC	905	MS-DRG	inpatient				33208.47	Horizon	Indemnity		66357.38				18705.9	66357.38	case rate	
HAND PROCEDURES FOR INJURIES	906	MS-DRG	inpatient				37462.99	Horizon	Indemnity		69132.9				22234.56	69132.9	case rate	
OTHER O.R. PROCEDURES FOR INJURIES W MCC	907	MS-DRG	inpatient				63711.37	Horizon	Indemnity		158133.26				43932.95	158133.26	case rate	
OTHER O.R. PROCEDURES FOR INJURIES W CC	908	MS-DRG	inpatient				39212.5	Horizon	Indemnity		74743.95				23671.47	74743.95	case rate	
OTHER O.R. PROCEDURES FOR INJURIES W/O CC/MCC	909	MS-DRG	inpatient				29960.8	Horizon	Indemnity		49711.78				16019.96	49711.78	case rate	
TRAUMATIC INJURY W MCC	913	MS-DRG	inpatient				31934.54	Horizon	Indemnity		55206.55				17652.32	55206.55	case rate	
TRAUMATIC INJURY W/O MCC	914	MS-DRG	inpatient				23554.02	Horizon	Indemnity		31423.36				10721.32	84762.6	case rate	
ALLERGIC REACTIONS W MCC	915	MS-DRG	inpatient				35926.28	Horizon	Indemnity		62895.49				20953.64	62895.49	case rate	
ALLERGIC REACTIONS W/O MCC	916	MS-DRG	inpatient				19999.3	Horizon	Indemnity		23828.2				7781.43	23828.2	case rate	
POISONING & TOXIC EFFECTS OF DRUGS W MCC	917	MS-DRG	inpatient				33382.7	Horizon	Indemnity		55274.07				18850	55274.07	case rate	
POISONING & TOXIC EFFECTS OF DRUGS W/O MCC	918	MS-DRG	inpatient				22885.63	Horizon	Indemnity		29206.7				10168.54	29206.7	case rate	
COMPLICATIONS OF TREATMENT W MCC	919	MS-DRG	inpatient				36650.36	Horizon	Indemnity		68424.02				21552.48	68424.02	case rate	
COMPLICATIONS OF TREATMENT W CC	920	MS-DRG	inpatient				25354.94	Horizon	Indemnity		37623.27				12210.75	37623.27	case rate	
COMPLICATIONS OF TREATMENT W/O CC/MCC	921	MS-DRG	inpatient				20556.26	Horizon	Indemnity		26592.45				8242.08	26592.45	case rate	
OTHER INJURY, POISONING & TOXIC EFFECT DIAG W MCC	922	MS-DRG	inpatient				35510.68	Horizon	Indemnity		58450.91				20609.92	58450.91	case rate	
OTHER INJURY, POISONING & TOXIC EFFECT DIAG W/O MCC	923	MS-DRG	inpatient				25035.03	Horizon	Indemnity		32623.59				11946.17	37582.48	case rate	
EXTENSIVE BURNS OR FULL THICKNESS BURNS W MV >96 HRS W SKIN GRAFT	927	MS-DRG	inpatient				387038.19	Horizon	Indemnity		689547.44				298549.51	689547.44	case rate	
FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W CC/MCC	928	MS-DRG	inpatient				109415.75	Horizon	Indemnity		220376.13				81732.17	220376.13	case rate	
FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W/O CC/MCC	929	MS-DRG	inpatient				56513.38	Horizon	Indemnity		111478.31				37979.94	111478.31	case rate	
EXTENSIVE BURNS OR FULL THICKNESS BURNS W MV >96 HRS W/O SKIN GRAFT	933	MS-DRG	inpatient				53892.69	Horizon	Indemnity		107281.27				33318	107281.27	case rate	
FULL THICKNESS BURN W/O SKIN GRAFT OR INHAL INJ	934	MS-DRG	inpatient				40475.01	Horizon	Indemnity		68769.08				24715.61	68769.08	case rate	
NON-EXTENSIVE BURNS	935	MS-DRG	inpatient				39740.93	Horizon	Indemnity		68326.5				24108.49	68326.5	case rate	
O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W MCC	939	MS-DRG	inpatient				56510.53	Horizon	Indemnity		122974.2				37977.58	122974.2	case rate	
O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W CC	940	MS-DRG	inpatient				41533.28	Horizon	Indemnity		81558.97				25590.84	81558.97	case rate	
O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W/O CC/MCC	941	MS-DRG	inpatient				37097.38	Horizon	Indemnity		69440.46				21922.18	69440.46	case rate	
REHABILITATION W CC/MCC	945	MS-DRG	inpatient				32148.76	Horizon	Indemnity		51193.3				17829.49	51193.3	case rate	
REHABILITATION W/O CC/MCC	946	MS-DRG	inpatient				25053.6	Horizon	Indemnity		39108.55				11961.53	39108.55	case rate	
SIGNS & SYMPTOMS W MCC	947	MS-DRG	inpatient				28465.8	Horizon	Indemnity		45218.44				14783.3	45218.44	case rate	
SIGNS & SYMPTOMS W/O MCC	948	MS-DRG	inpatient				22030.16	Horizon	Indemnity		29262.96				9461.03	29262.96	case rate	
AFTERCARE W CC/MCC	949	MS-DRG	inpatient				25387.79	Horizon	Indemnity		42990.52				12237.92	42990.52	case rate	
AFTERCARE W/O CC/MCC	950	MS-DRG	inpatient				19562.28	Horizon	Indemnity		27938.96				7420	27938.96	case rate	
OTHER FACTORS INFLUENCING HEALTH STATUS	951	MS-DRG	inpatient				19016.72	Horizon	Indemnity		29945.59				6968.8	29945.59	case rate	
CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA	955	MS-DRG	inpatient				97569.06	Horizon	Indemnity		228676.43				71934.52	228676.43	case rate	
LIMB REATTACHMENT, HIP & FEMUR PROC FOR MULTIPLE SIGNIFICANT TRAUMA	956	MS-DRG	inpatient				65977.88	Horizon	Indemnity		141918.99				45807.44	141918.99	case rate	
OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W MCC	957	MS-DRG	inpatient				113883.07	Horizon	Indemnity		284996.94				85426.82	284996.94	case rate	
OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W CC	958	MS-DRG	inpatient				68357.29	Horizon	Indemnity		156771.76				47775.24	156771.76	case rate	
OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W/O CC/MCC	959	MS-DRG	inpatient				46757.54	Horizon	Indemnity		91918.4				29911.49	91918.4	case rate	
OTHER MULTIPLE SIGNIFICANT TRAUMA W MCC	963	MS-DRG	inpatient				49641.02	Horizon	Indemnity		104832.07				32296.24	104832.07	case rate	
OTHER MULTIPLE SIGNIFICANT TRAUMA W CC	964	MS-DRG	inpatient				32027.37	Horizon	Indemnity		55319.07				17729.09	55319.07	case rate	
OTHER MULTIPLE SIGNIFICANT TRAUMA W/O CC/MCC	965	MS-DRG	inpatient				24242.4	Horizon	Indemnity		36543.07				11290.63	36543.07	case rate	
HIV W EXTENSIVE O.R. PROCEDURE W MCC	969	MS-DRG	inpatient				108743.08	Horizon	Indemnity		209990.44				81175.85	209990.44	case rate	
HIV W EXTENSIVE O.R. PROCEDURE W/O MCC	970	MS-DRG	inpatient				44929.48	Horizon	Indemnity		104558.26				28399.62	104558.26	case rate	
HIV W MAJOR RELATED CONDITION W MCC	974	MS-DRG	inpatient				52243.15	Horizon	Indemnity		102131.56				34448.3	102131.56	case rate	
HIV W MAJOR RELATED CONDITION W CC	975	MS-DRG	inpatient				30060.77	Horizon	Indemnity		48380.28				16102.65	48380.28	case rate	
HIV W MAJOR RELATED CONDITION W/O CC/MCC	976	MS-DRG	inpatient				22662.84	Horizon	Indemnity		35204.07				9984.28	35204.07	case rate	
HIV W OR W/O OTHER RELATED CONDITION	977	MS-DRG	inpatient				30814.85	Horizon	Indemnity		43879.44				16726.29	43879.44	case rate	
EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W MCC	981	MS-DRG	inpatient				78291.59	Horizon	Indemnity		163924.34				11302	163924.34	case rate	
EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W CC	982	MS-DRG	inpatient				46094.87	Horizon	Indemnity		92000.92				14901	92000.92	case rate	
EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W/O CC/MCC	983	MS-DRG	inpatient				33943.97	Horizon	Indemnity		58852.23				19314.2	58852.23	case rate	
NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W MCC	987	MS-DRG	inpatient				58815.6	Horizon	Indemnity		124995.83				39883.96	124995.83	case rate	
NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W CC	988	MS-DRG	inpatient				34826.58	Horizon	Indemnity		63503.1				20044.15	63503.1	case rate	
NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W/O CC/MCC	989	MS-DRG	inpatient				26019.05	Horizon	Indemnity		39033.53				12759.99	39033.53	case rate	
HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM W MCC	001	MS-DRG	inpatient				397605.24	Horizon	Medicare Blue		345743.69				320075.66	590582.37	case rate	
HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM W/O MCC	002	MS-DRG	inpatient				185457.26	Horizon	Medicare Blue		161267.27				144521.43	503445.21	case rate	
ECMO OR TRACH W MV >96 HRS OR PDX EXC FACE, MOUTH & NECK W MAJ O.R.	003	MS-DRG	inpatient				315081.15	Horizon	Medicare Blue		273983.61				251825.15	686280.58	case rate	
TRACH W MV >96 HRS OR PDX EXC FACE, MOUTH & NECK W/O MAJ O.R.	004	MS-DRG	inpatient				220531.85	Horizon	Medicare Blue		191766.83				173629.34	428299.93	case rate	
LIVER TRANSPLANT W MCC OR INTESTINAL TRANSPLANT	005	MS-DRG	inpatient				158406.35	Horizon	Medicare Blue		137744.65				122248.23	284311	case rate	
LIVER TRANSPLANT W/O MCC	006	MS-DRG	inpatient				79669.77	Horizon	Medicare Blue		69278.06				57131.14	284311	case rate	
LUNG TRANSPLANT	007	MS-DRG	inpatient				185775.85	Horizon	Medicare Blue		161544.21				144884.83	399487.06	case rate	
SIMULTANEOUS PANCREAS/KIDNEY TRANSPLANT	008	MS-DRG	inpatient				85736.65	Horizon	Medicare Blue		74553.61				62148.67	196874.24	case rate	
PANCREAS TRANSPLANT	010	MS-DRG	inpatient				79337.01	Horizon	Medicare Blue		68988.7				56855.93	169302.85	case rate	
TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES OR LARYNGECTOMY W MCC	011	MS-DRG	inpatient				84231.35	Horizon	Medicare Blue		73244.66				60903.74	260411	case rate	
TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES OR LARYNGECTOMY W CC	012	MS-DRG	inpatient				67787.38	Horizon	Medicare Blue		58945.55				47303.96	260411	case rate	
TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES OR LARYNGECTOMY W/O CC/MCC	013	MS-DRG	inpatient				48946.93	Horizon	Medicare Blue		42562.54				31722.2	260411	case rate	
ALLOGENEIC BONE MARROW TRANSPLANT	014	MS-DRG	inpatient				174271.92	Horizon	Medicare Blue		151540.8				135370.65	448219.9	case rate	
AUTOLOGOUS BONE MARROW TRANSPLANT W CC/MCC OR T-CELL IMMUNOTHERAPY	016	MS-DRG	inpatient				98808.72	Horizon	Medicare Blue		85920.62				72959.76	245273.28	case rate	
AUTOLOGOUS BONE MARROW TRANSPLANT W/O CC/MCC	017	MS-DRG	inpatient				98808.71	Horizon	Medicare Blue		85920.62				71026.39	164321.92	case rate	
CHIMERIC ANTIGEN RECEPTOR (CAR) T-CELL IMMUNOTHERAPY	018	MS-DRG	inpatient				536767.79	Horizon	Medicare Blue		466754.6				435168.29	635257.69	case rate	
SIMULTANEOUS PANCREAS AND KIDNEY TRANSPLANT WITH HEMODIALYSIS	019	MS-DRG	inpatient				124751.46	Horizon	Medicare Blue		108479.53				94415.39	138695.22	case rate	
INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W MCC	020	MS-DRG	inpatient				131305.35	Horizon	Medicare Blue		114178.56				99835.69	391021.73	case rate	
INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W CC	021	MS-DRG	inpatient				98300.28	Horizon	Medicare Blue		85478.51				72539.27	296515.34	case rate	
INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W/O CC/MCC	022	MS-DRG	inpatient				60243.77	Horizon	Medicare Blue		52385.89				41065.11	193442.35	case rate	
CRANIOTOMY W MAJOR DEVICE IMPLANT OR ACUTE COMPLEX CNS PDX W MCC OR CHEMOTHERAPY IMPLANT OR EPIL	023	MS-DRG	inpatient				91550.74	Horizon	Medicare Blue		79609.34				66957.14	204791.97	case rate	
CRANIO W MAJOR DEV IMPL/ACUTE COMPLEX CNS PDX W/O MCC	024	MS-DRG	inpatient				64701.1	Horizon	Medicare Blue		56261.82				44751.49	313612.23	case rate	
CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W MCC	025	MS-DRG	inpatient				73658.59	Horizon	Medicare Blue		64050.95				52159.67	160436.19	case rate	
CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W CC	026	MS-DRG	inpatient				52765.86	Horizon	Medicare Blue		45883.36				34980.6	113109.86	case rate	
CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W/O CC/MCC	027	MS-DRG	inpatient				45336.51	Horizon	Medicare Blue		39423.05				28736.25	90230.59	case rate	
SPINAL PROCEDURES W MCC	028	MS-DRG	inpatient				96653.6	Horizon	Medicare Blue		84046.61				71177.4	201592.62	case rate	
SPINAL PROCEDURES W CC OR SPINAL NEUROSTIMULATORS	029	MS-DRG	inpatient				59551.11	Horizon	Medicare Blue		51783.57				40492.25	118360.84	case rate	
SPINAL PROCEDURES W/O CC/MCC	030	MS-DRG	inpatient				43709.82	Horizon	Medicare Blue		38008.54				27390.91	81603.98	case rate	
VENTRICULAR SHUNT PROCEDURES W MCC	031	MS-DRG	inpatient				69382.65	Horizon	Medicare Blue		60332.74				48623.3	158888.03	case rate	
VENTRICULAR SHUNT PROCEDURES W CC	032	MS-DRG	inpatient				41350.48	Horizon	Medicare Blue		35956.94				25439.65	103005.11	case rate	
VENTRICULAR SHUNT PROCEDURES W/O CC/MCC	033	MS-DRG	inpatient				33768.31	Horizon	Medicare Blue		29363.75				19168.92	169398.47	case rate	
CAROTID ARTERY STENT PROCEDURE W MCC	034	MS-DRG	inpatient				66309.22	Horizon	Medicare Blue		57660.19				46081.46	279134.99	case rate	
CAROTID ARTERY STENT PROCEDURE W CC	035	MS-DRG	inpatient				43431.32	Horizon	Medicare Blue		37766.37				27160.59	83276.79	case rate	
CAROTID ARTERY STENT PROCEDURE W/O CC/MCC	036	MS-DRG	inpatient				36414.71	Horizon	Medicare Blue		31664.97				21357.59	64737.08	case rate	
EXTRACRANIAL PROCEDURES W MCC	037	MS-DRG	inpatient				58799.89	Horizon	Medicare Blue		51130.34				39670.97	120389.97	case rate	
EXTRACRANIAL PROCEDURES W CC	038	MS-DRG	inpatient				33439.83	Horizon	Medicare Blue		29078.11				18897.25	62700.45	case rate	
EXTRACRANIAL PROCEDURES W/O CC/MCC	039	MS-DRG	inpatient				26885.95	Horizon	Medicare Blue		23379.08				13476.94	42472.93	case rate	
PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W MCC	040	MS-DRG	inpatient				65582.28	Horizon	Medicare Blue		57028.07				45480.26	147335	case rate	
PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W CC OR PERIPH NEUROSTIM	041	MS-DRG	inpatient				42448.74	Horizon	Medicare Blue		36911.95				26347.96	88456.51	case rate	
PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W/O CC/MCC	042	MS-DRG	inpatient				35437.84	Horizon	Medicare Blue		30815.52				20549.68	102408.62	case rate	
SPINAL DISORDERS & INJURIES W CC/MCC	052	MS-DRG	inpatient				38361.31	Horizon	Medicare Blue		33357.66				22967.5	80333.48	case rate	
SPINAL DISORDERS & INJURIES W/O CC/MCC	053	MS-DRG	inpatient				24640.86	Horizon	Medicare Blue		21426.83				11620.17	98314.19	case rate	
NERVOUS SYSTEM NEOPLASMS W MCC	054	MS-DRG	inpatient				31634.62	Horizon	Medicare Blue		27508.36				17494.27	143596.19	case rate	
NERVOUS SYSTEM NEOPLASMS W/O MCC	055	MS-DRG	inpatient				25917.64	Horizon	Medicare Blue		22537.08				12676.12	39277.33	case rate	
DEGENERATIVE NERVOUS SYSTEM DISORDERS W MCC	056	MS-DRG	inpatient				44780.95	Horizon	Medicare Blue		38939.95				28276.78	79683.62	case rate	
DEGENERATIVE NERVOUS SYSTEM DISORDERS W/O MCC	057	MS-DRG	inpatient				30059.35	Horizon	Medicare Blue		26138.56				16101.46	45342.21	case rate	
MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W MCC	058	MS-DRG	inpatient				35267.89	Horizon	Medicare Blue		30667.73				20459.13	65997.32	case rate	
MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W CC	059	MS-DRG	inpatient				27545.76	Horizon	Medicare Blue		23952.84				14022.64	41231.45	case rate	
MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W/O CC/MCC	060	MS-DRG	inpatient				23406.92	Horizon	Medicare Blue		20353.84				10599.66	31232.08	case rate	
ISCHEMIC STROKE, PRECEREBRAL OCCLUSION OR TRANSIENT ISCHEMIA W THROMBOLYTIC AGENT W MCC	061	MS-DRG	inpatient				50619.32	Horizon	Medicare Blue		44016.8				33105.33	106808.68	case rate	
ISCHEMIC STROKE, PRECEREBRAL OCCLUSION OR TRANSIENT ISCHEMIA W THROMBOLYTIC AGENT W CC	062	MS-DRG	inpatient				37321.6	Horizon	Medicare Blue		32453.57				22107.62	121708.96	case rate	
ISCHEMIC STROKE, PRECEREBRAL OCCLUSION OR TRANSIENT ISCHEMIA W THROMBOLYTIC AGENT W/O CC/MCC	063	MS-DRG	inpatient				31824.57	Horizon	Medicare Blue		27673.54				17561.37	136083.64	case rate	
INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W MCC	064	MS-DRG	inpatient				39196.79	Horizon	Medicare Blue		34084.17				23658.47	215326.95	case rate	
INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W CC OR TPA IN 24 HRS	065	MS-DRG	inpatient				25106.44	Horizon	Medicare Blue		21831.69				12005.23	38688.47	case rate	
INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W/O CC/MCC	066	MS-DRG	inpatient				20409.18	Horizon	Medicare Blue		17747.12				8120.42	27260.09	case rate	
NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT W MCC	067	MS-DRG	inpatient				30826.27	Horizon	Medicare Blue		26805.46				16735.74	56313.01	case rate	
NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT W/O MCC	068	MS-DRG	inpatient				23029.68	Horizon	Medicare Blue		20025.98				10287.83	33707.54	case rate	
TRANSIENT ISCHEMIA W/O THROMBOLYTIC	069	MS-DRG	inpatient				21997.31	Horizon	Medicare Blue		19128.1				9433.86	28711.61	case rate	
NONSPECIFIC CEREBROVASCULAR DISORDERS W MCC	070	MS-DRG	inpatient				36147.64	Horizon	Medicare Blue		31432.73				21136.72	61710.27	case rate	
NONSPECIFIC CEREBROVASCULAR DISORDERS W CC	071	MS-DRG	inpatient				25754.83	Horizon	Medicare Blue		22395.51				12541.47	36974.4	case rate	
NONSPECIFIC CEREBROVASCULAR DISORDERS W/O CC/MCC	072	MS-DRG	inpatient				21773.09	Horizon	Medicare Blue		18933.12				9248.42	27830.19	case rate	
CRANIAL & PERIPHERAL NERVE DISORDERS W MCC	073	MS-DRG	inpatient				32198.75	Horizon	Medicare Blue		27998.91				17870.83	52926.13	case rate	
CRANIAL & PERIPHERAL NERVE DISORDERS W/O MCC	074	MS-DRG	inpatient				25246.4	Horizon	Medicare Blue		21953.39				12120.98	36528.07	case rate	
VIRAL MENINGITIS W CC/MCC	075	MS-DRG	inpatient				37922.86	Horizon	Medicare Blue		32976.4				22604.89	55570.37	case rate	
VIRAL MENINGITIS W/O CC/MCC	076	MS-DRG	inpatient				23765.39	Horizon	Medicare Blue		20665.56				10896.13	30935.77	case rate	
HYPERTENSIVE ENCEPHALOPATHY W MCC	077	MS-DRG	inpatient				32168.76	Horizon	Medicare Blue		27972.83				17846.03	58210.86	case rate	
HYPERTENSIVE ENCEPHALOPATHY W CC	078	MS-DRG	inpatient				25113.58	Horizon	Medicare Blue		21837.9				12011.13	36385.54	case rate	
HYPERTENSIVE ENCEPHALOPATHY W/O CC/MCC	079	MS-DRG	inpatient				21170.4	Horizon	Medicare Blue		18409.04				8749.97	27998.98	case rate	
NONTRAUMATIC STUPOR & COMA W MCC	080	MS-DRG	inpatient				42134.54	Horizon	Medicare Blue		36636.73				26088.1	70468.15	case rate	
NONTRAUMATIC STUPOR & COMA W/O MCC	081	MS-DRG	inpatient				23579.73	Horizon	Medicare Blue		20504.11				10742.58	32003.48	case rate	
TRAUMATIC STUPOR & COMA, COMA >1 HR W MCC	082	MS-DRG	inpatient				43128.55	Horizon	Medicare Blue		37503.09				26910.19	80962.61	case rate	
TRAUMATIC STUPOR & COMA, COMA >1 HR W CC	083	MS-DRG	inpatient				29962.23	Horizon	Medicare Blue		26054.11				16021.15	48571.57	case rate	
TRAUMATIC STUPOR & COMA, COMA >1 HR W/O CC/MCC	084	MS-DRG	inpatient				23725.4	Horizon	Medicare Blue		20630.78				10863.05	34630.21	case rate	
TRAUMATIC STUPOR & COMA, COMA <1 HR W MCC	085	MS-DRG	inpatient				43050	Horizon	Medicare Blue		37434.78				26845.22	81765.26	case rate	
TRAUMATIC STUPOR & COMA, COMA <1 HR W CC	086	MS-DRG	inpatient				29400.96	Horizon	Medicare Blue		25566.05				15556.95	46624.95	case rate	
TRAUMATIC STUPOR & COMA, COMA <1 HR W/O CC/MCC	087	MS-DRG	inpatient				23246.96	Horizon	Medicare Blue		20214.75				10467.37	31704.67	case rate	
CONCUSSION W MCC	088	MS-DRG	inpatient				32495.81	Horizon	Medicare Blue		28257.22				18116.51	55495.36	case rate	
CONCUSSION W CC	089	MS-DRG	inpatient				27013.05	Horizon	Medicare Blue		23489.61				13582.07	40038.72	case rate	
CONCUSSION W/O CC/MCC	090	MS-DRG	inpatient				23941.05	Horizon	Medicare Blue		20818.31				11041.41	29758.05	case rate	
OTHER DISORDERS OF NERVOUS SYSTEM W MCC	091	MS-DRG	inpatient				36143.36	Horizon	Medicare Blue		31429.01				21133.17	60461.28	case rate	
OTHER DISORDERS OF NERVOUS SYSTEM W CC	092	MS-DRG	inpatient				25244.98	Horizon	Medicare Blue		21952.15				12119.8	35380.35	case rate	
OTHER DISORDERS OF NERVOUS SYSTEM W/O CC/MCC	093	MS-DRG	inpatient				21650.27	Horizon	Medicare Blue		18826.32				9146.84	27672.66	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101191	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W MCC	094	MS-DRG	inpatient				62328.9	Horizon	Medicare Blue		54199.05				42788.59	137947	case rate	
BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W CC	095	MS-DRG	inpatient				44640.99	Horizon	Medicare Blue		38818.25				28161.03	89300.42	case rate	
BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W/O CC/MCC	096	MS-DRG	inpatient				41720.37	Horizon	Medicare Blue		36278.59				25745.57	79177.28	case rate	
NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W MCC	097	MS-DRG	inpatient				62531.7	Horizon	Medicare Blue		54375.39				42957.32	132733.52	case rate	
NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W CC	098	MS-DRG	inpatient				41360.47	Horizon	Medicare Blue		35965.63				25447.92	69406.7	case rate	
NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W/O CC/MCC	099	MS-DRG	inpatient				29445.23	Horizon	Medicare Blue		25604.55				15593.57	47742.66	case rate	
SEIZURES W MCC	100	MS-DRG	inpatient				38904.02	Horizon	Medicare Blue		33829.58				23416.34	67977.69	case rate	
SEIZURES W/O MCC	101	MS-DRG	inpatient				23581.15	Horizon	Medicare Blue		20505.35				10743.76	32604.84	case rate	
HEADACHES W MCC	102	MS-DRG	inpatient				27822.83	Horizon	Medicare Blue		24193.76				14251.78	40376.29	case rate	
HEADACHES W/O MCC	103	MS-DRG	inpatient				22621.42	Horizon	Medicare Blue		19670.8				9950.02	29307.97	case rate	
ORBITAL PROCEDURES W CC/MCC	113	MS-DRG	inpatient				46399.07	Horizon	Medicare Blue		40347.01				29615.02	86367.37	case rate	
ORBITAL PROCEDURES W/O CC/MCC	114	MS-DRG	inpatient				28182.73	Horizon	Medicare Blue		24506.72				14549.43	47075.04	case rate	
EXTRAOCULAR PROCEDURES EXCEPT ORBIT	115	MS-DRG	inpatient				32932.84	Horizon	Medicare Blue		28637.24				19477.94	51088.28	case rate	
INTRAOCULAR PROCEDURES W CC/MCC	116	MS-DRG	inpatient				36737.48	Horizon	Medicare Blue		31945.63				21624.53	64061.96	case rate	
INTRAOCULAR PROCEDURES W/O CC/MCC	117	MS-DRG	inpatient				27705.72	Horizon	Medicare Blue		24091.93				14154.93	37600.77	case rate	
ACUTE MAJOR EYE INFECTIONS W CC/MCC	121	MS-DRG	inpatient				28888.24	Horizon	Medicare Blue		25120.21				15132.92	39731.17	case rate	
ACUTE MAJOR EYE INFECTIONS W/O CC/MCC	122	MS-DRG	inpatient				21223.24	Horizon	Medicare Blue		18454.99				8793.68	26472.44	case rate	
NEUROLOGICAL EYE DISORDERS	123	MS-DRG	inpatient				22073	Horizon	Medicare Blue		19193.92				9496.46	28239.02	case rate	
OTHER DISORDERS OF THE EYE W MCC	124	MS-DRG	inpatient				29469.51	Horizon	Medicare Blue		25625.66				15613.65	49933.07	case rate	
OTHER DISORDERS OF THE EYE W/O MCC	125	MS-DRG	inpatient				21980.17	Horizon	Medicare Blue		19113.19				9419.69	30388.17	case rate	
SINUS & MASTOID PROCEDURES W CC/MCC	135	MS-DRG	inpatient				48467.06	Horizon	Medicare Blue		42145.27				31325.33	86198.59	case rate	
SINUS & MASTOID PROCEDURES W/O CC/MCC	136	MS-DRG	inpatient				24002.47	Horizon	Medicare Blue		20871.71				11092.2	45477.24	case rate	
MOUTH PROCEDURES W CC/MCC	137	MS-DRG	inpatient				32080.21	Horizon	Medicare Blue		27895.83				17772.79	51650.89	case rate	
MOUTH PROCEDURES W/O CC/MCC	138	MS-DRG	inpatient				22954.19	Horizon	Medicare Blue		19960.16				10225.23	31700.92	case rate	
SALIVARY GLAND PROCEDURES	139	MS-DRG	inpatient				27552.9	Horizon	Medicare Blue		23959.05				14028.54	43523.12	case rate	
MAJOR HEAD AND NECK PROCEDURES WITH MCC	140	MS-DRG	inpatient				64548.28	Horizon	Medicare Blue		56128.94				44625.1	65553.81	case rate	
MAJOR HEAD AND NECK PROCEDURES WITH CC	141	MS-DRG	inpatient				40177.95	Horizon	Medicare Blue		34937.35				24469.93	35946.07	case rate	
MAJOR HEAD AND NECK PROCEDURES WITHOUT COMPLICATIONS	142	MS-DRG	inpatient				32655.78	Horizon	Medicare Blue		28396.32				18248.8	28396.32	case rate	
OTHER EAR, NOSE, MOUTH AND THROAT O.R. PROCEDURES WITH MCC	143	MS-DRG	inpatient				58085.8	Horizon	Medicare Blue		50509.39				39280.39	57702.49	case rate	
OTHER EAR, NOSE, MOUTH AND THROAT O.R. PROCEDURES WITH CC	144	MS-DRG	inpatient				35305.02	Horizon	Medicare Blue		30700.02				20439.84	30700.02	case rate	
OTHER EAR, NOSE, MOUTH AND THROAT O.R. PROCEDURES WITHOUT CC/MCC	145	MS-DRG	inpatient				28029.91	Horizon	Medicare Blue		24373.84				14423.05	24373.84	case rate	
EAR, NOSE, MOUTH & THROAT MALIGNANCY W MCC	146	MS-DRG	inpatient				40739.22	Horizon	Medicare Blue		35425.41				24934.12	72129.71	case rate	
EAR, NOSE, MOUTH & THROAT MALIGNANCY W CC	147	MS-DRG	inpatient				28239.85	Horizon	Medicare Blue		24556.39				14596.68	46902.5	case rate	
EAR, NOSE, MOUTH & THROAT MALIGNANCY W/O CC/MCC	148	MS-DRG	inpatient				23296.95	Horizon	Medicare Blue		20258.22				10508.71	27147.57	case rate	
DYSEQUILIBRIUM	149	MS-DRG	inpatient				21226.1	Horizon	Medicare Blue		18457.48				8796.04	26671.23	case rate	
EPISTAXIS W MCC	150	MS-DRG	inpatient				29363.83	Horizon	Medicare Blue		25533.76				15526.24	49790.54	case rate	
EPISTAXIS W/O MCC	151	MS-DRG	inpatient				21597.42	Horizon	Medicare Blue		18780.37				9103.14	26397.43	case rate	
OTITIS MEDIA & URI W MCC	152	MS-DRG	inpatient				27560.04	Horizon	Medicare Blue		23965.25				14034.45	39086.04	case rate	
OTITIS MEDIA & URI W/O MCC	153	MS-DRG	inpatient				21084.71	Horizon	Medicare Blue		18334.53				8679.1	26697.48	case rate	
OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W MCC	154	MS-DRG	inpatient				32558.65	Horizon	Medicare Blue		28311.87				18168.48	54253.88	case rate	
OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W CC	155	MS-DRG	inpatient				24109.58	Horizon	Medicare Blue		20964.85				11180.78	33129.93	case rate	
OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W/O CC/MCC	156	MS-DRG	inpatient				19952.17	Horizon	Medicare Blue		17349.71				7742.45	24750.87	case rate	
DENTAL & ORAL DISEASES W MCC	157	MS-DRG	inpatient				34969.4	Horizon	Medicare Blue		30408.18				20162.26	62749.21	case rate	
DENTAL & ORAL DISEASES W CC	158	MS-DRG	inpatient				23993.9	Horizon	Medicare Blue		20864.26				11085.11	33392.48	case rate	
DENTAL & ORAL DISEASES W/O CC/MCC	159	MS-DRG	inpatient				20233.52	Horizon	Medicare Blue		17594.36				7975.14	25444.75	case rate	
MAJOR CHEST PROCEDURES W MCC	163	MS-DRG	inpatient				77908.84	Horizon	Medicare Blue		67746.81				55674.78	164508.15	case rate	
MAJOR CHEST PROCEDURES W CC	164	MS-DRG	inpatient				47014.61	Horizon	Medicare Blue		40882.27				30124.1	96351.73	case rate	
MAJOR CHEST PROCEDURES W/O CC/MCC	165	MS-DRG	inpatient				37388.73	Horizon	Medicare Blue		32511.94				22163.14	69477.97	case rate	
OTHER RESP SYSTEM O.R. PROCEDURES W MCC	166	MS-DRG	inpatient				68542.88	Horizon	Medicare Blue		59602.5				47926.79	131199.49	case rate	
OTHER RESP SYSTEM O.R. PROCEDURES W CC	167	MS-DRG	inpatient				36980.39	Horizon	Medicare Blue		31809.03				21494.6	71173.28	case rate	
OTHER RESP SYSTEM O.R. PROCEDURES W/O CC/MCC	168	MS-DRG	inpatient				29952.23	Horizon	Medicare Blue		26045.42				16012.88	50319.39	case rate	
ULTRASOUND ACCELERATED AND OTHER THROMBOLYSIS WITH PRINCIPAL DIAGNOSIS PULMONARY EMBOLISM	173	MS-DRG	inpatient				54506.8	Horizon	Medicare Blue		47397.22				36320.42	53354.33	case rate	
PULMONARY EMBOLISM W MCC OR ACUTE COR PULMONALE	175	MS-DRG	inpatient				39627.76	Horizon	Medicare Blue		29932.83				16571.56	54944	case rate	
PULMONARY EMBOLISM W/O MCC	176	MS-DRG	inpatient				22238.67	Horizon	Medicare Blue		19337.98				9633.48	33718.79	case rate	
RESPIRATORY INFECTIONS & INFLAMMATIONS W MCC	177	MS-DRG	inpatient				34818.02	Horizon	Medicare Blue		30276.54				20037.06	69042.89	case rate	
RESPIRATORY INFECTIONS & INFLAMMATIONS W CC	178	MS-DRG	inpatient				24682.28	Horizon	Medicare Blue		21462.85				11654.43	47798.92	case rate	
RESPIRATORY INFECTIONS & INFLAMMATIONS W/O CC/MCC	179	MS-DRG	inpatient				21491.74	Horizon	Medicare Blue		18688.47				9015.73	34562.7	case rate	
RESPIRATORY NEOPLASMS W MCC	180	MS-DRG	inpatient				35414.99	Horizon	Medicare Blue		30795.65				20530.78	63611.87	case rate	
RESPIRATORY NEOPLASMS W CC	181	MS-DRG	inpatient				26316.11	Horizon	Medicare Blue		22883.57				13005.66	42791.74	case rate	
RESPIRATORY NEOPLASMS W/O CC/MCC	182	MS-DRG	inpatient				21430.33	Horizon	Medicare Blue		18635.07				8964.94	29821.82	case rate	
MAJOR CHEST TRAUMA W MCC	183	MS-DRG	inpatient				33077.07	Horizon	Medicare Blue		28762.67				18597.24	55919.19	case rate	
MAJOR CHEST TRAUMA W CC	184	MS-DRG	inpatient				25613.44	Horizon	Medicare Blue		22272.56				12424.54	37672.03	case rate	
MAJOR CHEST TRAUMA W/O CC/MCC	185	MS-DRG	inpatient				21383.2	Horizon	Medicare Blue		18594.08				8925.97	27466.38	case rate	
PLEURAL EFFUSION W MCC	186	MS-DRG	inpatient				32757.16	Horizon	Medicare Blue		28484.49				18332.66	58492.17	case rate	
PLEURAL EFFUSION W CC	187	MS-DRG	inpatient				24819.38	Horizon	Medicare Blue		21582.07				11767.82	39532.38	case rate	
PLEURAL EFFUSION W/O CC/MCC	188	MS-DRG	inpatient				21251.81	Horizon	Medicare Blue		18479.83				8817.3	28775.37	case rate	
PULMONARY EDEMA & RESPIRATORY FAILURE	189	MS-DRG	inpatient				28165.58	Horizon	Medicare Blue		24509.2				14551.79	46332.4	case rate	
CHRONIC OBSTRUCTIVE PULMONARY DISEASE W MCC	190	MS-DRG	inpatient				26328.96	Horizon	Medicare Blue		22894.75				13016.3	44659.58	case rate	
CHRONIC OBSTRUCTIVE PULMONARY DISEASE W CC	191	MS-DRG	inpatient				22715.68	Horizon	Medicare Blue		19752.77				10027.98	34277.65	case rate	
CHRONIC OBSTRUCTIVE PULMONARY DISEASE W/O CC/MCC	192	MS-DRG	inpatient				19756.51	Horizon	Medicare Blue		17179.57				7580.63	27158.82	case rate	
SIMPLE PNEUMONIA & PLEURISY W MCC	193	MS-DRG	inpatient				29536.63	Horizon	Medicare Blue		25684.03				15669.16	49385.47	case rate	
SIMPLE PNEUMONIA & PLEURISY W CC	194	MS-DRG	inpatient				22332.93	Horizon	Medicare Blue		19419.94				9711.43	33763.8	case rate	
SIMPLE PNEUMONIA & PLEURISY W/O CC/MCC	195	MS-DRG	inpatient				19525.14	Horizon	Medicare Blue		16978.39				7389.29	25759.81	case rate	
INTERSTITIAL LUNG DISEASE W MCC	196	MS-DRG	inpatient				37660.08	Horizon	Medicare Blue		32747.89				22387.56	61440.22	case rate	
INTERSTITIAL LUNG DISEASE W CC	197	MS-DRG	inpatient				24836.52	Horizon	Medicare Blue		21596.97				11781.99	37570.76	case rate	
INTERSTITIAL LUNG DISEASE W/O CC/MCC	198	MS-DRG	inpatient				21704.54	Horizon	Medicare Blue		18873.51				9191.72	28449.06	case rate	
PNEUMOTHORAX W MCC	199	MS-DRG	inpatient				35927.71	Horizon	Medicare Blue		31241.48				20954.82	66867.48	case rate	
PNEUMOTHORAX W CC	200	MS-DRG	inpatient				25971.92	Horizon	Medicare Blue		22584.27				12721.01	40312.52	case rate	
PNEUMOTHORAX W/O CC/MCC	201	MS-DRG	inpatient				20674.82	Horizon	Medicare Blue		17978.11				8340.11	27891.99	case rate	
BRONCHITIS & ASTHMA W CC/MCC	202	MS-DRG	inpatient				24265.25	Horizon	Medicare Blue		21100.22				11309.53	38095.65	case rate	
BRONCHITIS & ASTHMA W/O CC/MCC	203	MS-DRG	inpatient				20514.87	Horizon	Medicare Blue		17839.02				8207.83	50775.53	case rate	
RESPIRATORY SIGNS & SYMPTOMS	204	MS-DRG	inpatient				22342.93	Horizon	Medicare Blue		19428.63				9719.7	96731.64	case rate	
OTHER RESPIRATORY SYSTEM DIAGNOSES W MCC	205	MS-DRG	inpatient				36444.7	Horizon	Medicare Blue		31691.05				21382.39	66931.88	case rate	
OTHER RESPIRATORY SYSTEM DIAGNOSES W/O MCC	206	MS-DRG	inpatient				23636.85	Horizon	Medicare Blue		20553.79				10789.82	32387.29	case rate	
RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT >96 HOURS	207	MS-DRG	inpatient				109248.65	Horizon	Medicare Blue		94998.83				49635	209907.93	case rate	
RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT <=96 HOURS	208	MS-DRG	inpatient				49205.43	Horizon	Medicare Blue		42787.33				31935.99	91419.56	case rate	
CONCOMITANT AORTIC AND MITRAL VALVE PROCEDURES	212	MS-DRG	inpatient				164414.67	Horizon	Medicare Blue		142969.28				37458	186892.42	case rate	
OTHER HEART ASSIST SYSTEM IMPLANT	215	MS-DRG	inpatient				156475.46	Horizon	Medicare Blue		136055.62				120652.31	483318.95	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W MCC	216	MS-DRG	inpatient				149198.92	Horizon	Medicare Blue		129738.19				78485	368352.5	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W CC	217	MS-DRG	inpatient				101497.96	Horizon	Medicare Blue		88259.1				75183.87	238649.54	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W/O CC/MCC	218	MS-DRG	inpatient				91949.22	Horizon	Medicare Blue		79955.83				67286.69	221490.09	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W MCC	219	MS-DRG	inpatient				120719.73	Horizon	Medicare Blue		104973.68				57338	288488.84	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W CC	220	MS-DRG	inpatient				85492.43	Horizon	Medicare Blue		74341.24				57338	195235.19	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W/O CC/MCC	221	MS-DRG	inpatient				76980.52	Horizon	Medicare Blue		66939.59				17199	172809.75	case rate	
OTHER CARDIOTHORACIC PROCEDURES W MCC	228	MS-DRG	inpatient				82551.82	Horizon	Medicare Blue		71784.19				59514.71	246553.53	case rate	
OTHER CARDIOTHORACIC PROCEDURES W/O MCC	229	MS-DRG	inpatient				56000.67	Horizon	Medicare Blue		48696.23				37555.91	174347.54	case rate	
CORONARY BYPASS W PTCA W MCC	231	MS-DRG	inpatient				126489.55	Horizon	Medicare Blue		109990.91				19424	315017.54	case rate	
CORONARY BYPASS W PTCA W/O MCC	232	MS-DRG	inpatient				96546.77	Horizon	Medicare Blue		83984.14				27830	231058.12	case rate	
CORONARY BYPASS W CARDIAC CATH W MCC	233	MS-DRG	inpatient				121982.24	Horizon	Medicare Blue		106071.51				53769	286467.21	case rate	
CORONARY BYPASS W CARDIAC CATH W/O MCC	234	MS-DRG	inpatient				84825.47	Horizon	Medicare Blue		73761.28				61395.1	193056.03	case rate	
CORONARY BYPASS W/O CARDIAC CATH W MCC	235	MS-DRG	inpatient				94575.61	Horizon	Medicare Blue		82239.66				47567	217911.92	case rate	
CORONARY BYPASS W/O CARDIAC CATH W/O MCC	236	MS-DRG	inpatient				68305.9	Horizon	Medicare Blue		59396.35				33990	147263.73	case rate	
AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W MCC	239	MS-DRG	inpatient				79239.89	Horizon	Medicare Blue		68904.25				56775.61	176631.72	case rate	
AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W CC	240	MS-DRG	inpatient				50710.72	Horizon	Medicare Blue		44096.28				33180.92	102962.96	case rate	
AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W/O CC/MCC	241	MS-DRG	inpatient				30439.24	Horizon	Medicare Blue		26468.9				15559	59861.17	case rate	
PERMANENT CARDIAC PACEMAKER IMPLANT W MCC	242	MS-DRG	inpatient				59935.26	Horizon	Medicare Blue		52117.64				20528	140159.91	case rate	
PERMANENT CARDIAC PACEMAKER IMPLANT W CC	243	MS-DRG	inpatient				43118.55	Horizon	Medicare Blue		37494.39				19748	95804.13	case rate	
PERMANENT CARDIAC PACEMAKER IMPLANT W/O CC/MCC	244	MS-DRG	inpatient				36718.91	Horizon	Medicare Blue		31929.49				19748	91806.34	case rate	
AICD GENERATOR PROCEDURES	245	MS-DRG	inpatient				75306.71	Horizon	Medicare Blue		65484.09				53522.72	187988.83	case rate	
PERC CARDIOVASC PROC W/O CORONARY ARTERY STENT W MCC	250	MS-DRG	inpatient				44163.98	Horizon	Medicare Blue		38403.46				27766.52	97023.11	case rate	
PERC CARDIOVASC PROC W/O CORONARY ARTERY STENT W/O MCC	251	MS-DRG	inpatient				33254.17	Horizon	Medicare Blue		28916.67				18743.7	62929.24	case rate	
OTHER VASCULAR PROCEDURES W MCC	252	MS-DRG	inpatient				58488.55	Horizon	Medicare Blue		50859.61				39613.48	122265.32	case rate	
OTHER VASCULAR PROCEDURES W CC	253	MS-DRG	inpatient				47024.61	Horizon	Medicare Blue		40890.96				30132.37	97304.41	case rate	
OTHER VASCULAR PROCEDURES W/O CC/MCC	254	MS-DRG	inpatient				35370.72	Horizon	Medicare Blue		30757.15				20494.17	67887.67	case rate	
UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W MCC	255	MS-DRG	inpatient				49828.11	Horizon	Medicare Blue		43328.79				32450.97	95279.03	case rate	
UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W CC	256	MS-DRG	inpatient				34008.24	Horizon	Medicare Blue		29572.38				19367.35	65588.49	case rate	
UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W/O CC/MCC	257	MS-DRG	inpatient				24743.69	Horizon	Medicare Blue		21516.25				11705.22	42236.63	case rate	
CARDIAC PACEMAKER DEVICE REPLACEMENT W MCC	258	MS-DRG	inpatient				49273.98	Horizon	Medicare Blue		42846.94				15797	112100.92	case rate	
CARDIAC PACEMAKER DEVICE REPLACEMENT W/O MCC	259	MS-DRG	inpatient				37248.77	Horizon	Medicare Blue		32390.23				15797	78662.18	case rate	
CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W MCC	260	MS-DRG	inpatient				57937.27	Horizon	Medicare Blue		50380.24				12982	135756.59	case rate	
CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W CC	261	MS-DRG	inpatient				37465.89	Horizon	Medicare Blue		32579				12982	74708.44	case rate	
CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W/O CC/MCC	262	MS-DRG	inpatient				34088.22	Horizon	Medicare Blue		29641.93				12982	61170.17	case rate	
VEIN LIGATION & STRIPPING	263	MS-DRG	inpatient				50939.23	Horizon	Medicare Blue		44294.96				33369.91	89724.25	case rate	
OTHER CIRCULATORY SYSTEM O.R. PROCEDURES	264	MS-DRG	inpatient				57234.61	Horizon	Medicare Blue		49769.23				38578.42	118469.61	case rate	
AICD LEAD PROCEDURES	265	MS-DRG	inpatient				61063.54	Horizon	Medicare Blue		53098.73				41743.09	116898.07	case rate	
ENDOVASCULAR CARDIAC VALVE REPLACEMENT & SUPPLEMENT PROCEDURES W MCC	266	MS-DRG	inpatient				99795.58	Horizon	Medicare Blue		86778.76				73775.94	269731.59	case rate	
ENDOVASCULAR CARDIAC VALVE REPLACEMENT & SUPPLEMENT PROCEDURES W/O MCC	267	MS-DRG	inpatient				80268.17	Horizon	Medicare Blue		69815.8				57642.58	219344.69	case rate	
AORTIC AND HEART ASSIST PROCEDURES EXCEPT PULSATION BALLOON W MCC	268	MS-DRG	inpatient				108487.81	Horizon	Medicare Blue		94336.9				80994.43	251435.68	case rate	
AORTIC AND HEART ASSIST PROCEDURES EXCEPT PULSATION BALLOON W/O MCC	269	MS-DRG	inpatient				69982.48	Horizon	Medicare Blue		60854.33				49119.39	155687.81	case rate	
OTHER MAJOR CARDIOVASCULAR PROCEDURES W MCC	270	MS-DRG	inpatient				82811.75	Horizon	Medicare Blue		72010.22				59729.68	189849.18	case rate	
OTHER MAJOR CARDIOVASCULAR PROCEDURES W CC	271	MS-DRG	inpatient				59950.99	Horizon	Medicare Blue		52131.3				40622.98	131041.96	case rate	
OTHER MAJOR CARDIOVASCULAR PROCEDURES W/O CC/MCC	272	MS-DRG	inpatient				45430.77	Horizon	Medicare Blue		39505.01				28814.2	98197.08	case rate	
PERCUTANEOUS INTRACARDIAC PROCEDURES W MCC	273	MS-DRG	inpatient				66246.38	Horizon	Medicare Blue		57605.55				46029.49	136994.32	case rate	
PERCUTANEOUS INTRACARDIAC PROCEDURES W/O MCC	274	MS-DRG	inpatient				56874.71	Horizon	Medicare Blue		49456.27				38278.77	111707.1	case rate	
CARDIAC DEFIBRILLATOR IMPLANT WITH CARDIAC CATHETERIZATION AND MCC	275	MS-DRG	inpatient				111073.86	Horizon	Medicare Blue		96585.96				83103.49	122078.17	case rate	
CARDIAC DEFIBRILLATOR IMPLANT WITH MCC	276	MS-DRG	inpatient				99282.86	Horizon	Medicare Blue		86332.93				76381.9	107753.18	case rate	
CARDIAC DEFIBRILLATOR IMPLANT WITHOUT MCC	277	MS-DRG	inpatient				76891.42	Horizon	Medicare Blue		66801.23				56487.41	82979.42	case rate	
ULTRASOUND ACCELERATED AND OTHER THROMBOLYSIS OF PERIPHERAL VASCULAR STRUCTURES WITH MCC	278	MS-DRG	inpatient				74292.7	Horizon	Medicare Blue		64602.35				52684.1	77392.4	case rate	
ULTRASOUND ACCELERATED AND OTHER THROMBOLYSIS OF PERIPHERAL VASCULAR STRUCTURES WITHOUT MCC	279	MS-DRG	inpatient				56300.59	Horizon	Medicare Blue		48967.03				37803.95	55533.61	case rate	
ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W MCC	280	MS-DRG	inpatient				33248.45	Horizon	Medicare Blue		28911.7				18738.98	62152.85	case rate	
ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W CC	281	MS-DRG	inpatient				23629.71	Horizon	Medicare Blue		20547.58				10783.92	36741.86	case rate	
ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W/O CC/MCC	282	MS-DRG	inpatient				20846.2	Horizon	Medicare Blue		18127.13				8481.85	28092.74	case rate	
ACUTE MYOCARDIAL INFARCTION, EXPIRED W MCC	283	MS-DRG	inpatient				38745.49	Horizon	Medicare Blue		33691.73				23285.23	67688.88	case rate	
ACUTE MYOCARDIAL INFARCTION, EXPIRED W CC	284	MS-DRG	inpatient				21154.69	Horizon	Medicare Blue		18395.38				8736.98	28752.87	case rate	
ACUTE MYOCARDIAL INFARCTION, EXPIRED W/O CC/MCC	285	MS-DRG	inpatient				17569.98	Horizon	Medicare Blue		15278.24				5772.29	22369.17	case rate	
CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W MCC	286	MS-DRG	inpatient				41376.18	Horizon	Medicare Blue		35979.29				13521	81795.27	case rate	
CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W/O MCC	287	MS-DRG	inpatient				26037.61	Horizon	Medicare Blue		22641.4				9969	42716.72	case rate	
ACUTE & SUBACUTE ENDOCARDITIS W MCC	288	MS-DRG	inpatient				47623.01	Horizon	Medicare Blue		41411.31				30627.27	101047.61	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.																
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true															
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ACUTE & SUBACUTE ENDOCARDITIS W CC	289	MS-DRG	inpatient					31694.8 Horizon	Medicare Blue		27560.52				17453.88	64133.22	case rate	
ACUTE & SUBACUTE ENDOCARDITIS W/O CC/MCC	290	MS-DRG	inpatient					25232.12 Horizon	Medicare Blue		21940.98				12109.17	37934.58	case rate	
HEART FAILURE & SHOCK W MCC	291	MS-DRG	inpatient					28926.8 Horizon	Medicare Blue		25153.74				15164.81	50461.92	case rate	
HEART FAILURE & SHOCK W CC	292	MS-DRG	inpatient					22622.8 Horizon	Medicare Blue		19845.91				10116.57	34498.94	case rate	
HEART FAILURE & SHOCK W/O CC/MCC	293	MS-DRG	inpatient					18609.69 Horizon	Medicare Blue		16182.34				6632.17	24964.66	case rate	
DEEP VEIN THROMBOPHLEBITIS W CC/MCC	294	MS-DRG	inpatient					26210.42 Horizon	Medicare Blue		22791.67				12918.26	43538.13	case rate	
DEEP VEIN THROMBOPHLEBITIS W/O CC/MCC	295	MS-DRG	inpatient					19609.41 Horizon	Medicare Blue		17051.66				7458.97	20677.61	case rate	
CARDIAC ARREST, UNEXPLAINED W MCC	296	MS-DRG	inpatient					33486.96 Horizon	Medicare Blue		29119.09				18936.23	57592	case rate	
CARDIAC ARREST, UNEXPLAINED W CC	297	MS-DRG	inpatient					20996.16 Horizon	Medicare Blue		18257.53				8605.87	24469.57	case rate	
CARDIAC ARREST, UNEXPLAINED W/O CC/MCC	298	MS-DRG	inpatient					16858.75 Horizon	Medicare Blue		14659.78				5184.08	18097.13	case rate	
PERIPHERAL VASCULAR DISORDERS W MCC	299	MS-DRG	inpatient					33101.35 Horizon	Medicare Blue		28783.78				18617.32	54400.15	case rate	
PERIPHERAL VASCULAR DISORDERS W CC	300	MS-DRG	inpatient					25829.1 Horizon	Medicare Blue		22460.09				12602.89	38395.92	case rate	
PERIPHERAL VASCULAR DISORDERS W/O CC/MCC	301	MS-DRG	inpatient					20727.67 Horizon	Medicare Blue		18024.06				8383.82	27237.58	case rate	
ATHEROSCLEROSIS W MCC	302	MS-DRG	inpatient					26601.74 Horizon	Medicare Blue		23131.95				13241.9	40113.74	case rate	
ATHEROSCLEROSIS W/O MCC	303	MS-DRG	inpatient					19989.3 Horizon	Medicare Blue		17382				7773.16	24960.91	case rate	
HYPERTENSION W MCC	304	MS-DRG	inpatient					27000.2 Horizon	Medicare Blue		23478.43				13571.44	40548.82	case rate	
HYPERTENSION W/O MCC	305	MS-DRG	inpatient					21351.78 Horizon	Medicare Blue		18566.76				8899.98	27001.29	case rate	
CARDIAC CONGENITAL & VALVULAR DISORDERS W MCC	306	MS-DRG	inpatient					32538.65 Horizon	Medicare Blue		28294.48				18151.94	52839.66	case rate	
CARDIAC CONGENITAL & VALVULAR DISORDERS W/O MCC	307	MS-DRG	inpatient					24052.45 Horizon	Medicare Blue		20915.18				11133.54	32105.99	case rate	
CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W MCC	308	MS-DRG	inpatient					27759.94 Horizon	Medicare Blue		24139.12				14199.81	45143.43	case rate	
CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC	309	MS-DRG	inpatient					21226.1 Horizon	Medicare Blue		18457.48				8796.04	28636.59	case rate	
CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W/O CC/MCC	310	MS-DRG	inpatient					18488.29 Horizon	Medicare Blue		16076.78				6531.77	21090.19	case rate	
ANGINA PECTORIS	311	MS-DRG	inpatient					20560.57 Horizon	Medicare Blue		17876.76				9245.62	25774.81	case rate	
SYNCOPE & COLLAPSE	312	MS-DRG	inpatient					22922.77 Horizon	Medicare Blue		19932.84				10159.25	30061.86	case rate	
CHEST PAIN	313	MS-DRG	inpatient					20924.75 Horizon	Medicare Blue		18195.44				8546.82	26528.7	case rate	
OTHER CIRCULATORY SYSTEM DIAGNOSES W MCC	314	MS-DRG	inpatient					40489.29 Horizon	Medicare Blue		35208.08				24727.42	75880.41	case rate	
OTHER CIRCULATORY SYSTEM DIAGNOSES W CC	315	MS-DRG	inpatient					24405.21 Horizon	Medicare Blue		21221.92				11425.28	35852.94	case rate	
OTHER CIRCULATORY SYSTEM DIAGNOSES W/O CC/MCC	316	MS-DRG	inpatient					20483.83 Horizon	Medicare Blue		17811.69				8181.84	28179.01	case rate	
OTHER ENDOVASCULAR CARDIAC VALVE PROCEDURES W MCC	319	MS-DRG	inpatient					72885.95 Horizon	Medicare Blue		63379.09				51520.67	75683.33	case rate	
OTHER ENDOVASCULAR CARDIAC VALVE PROCEDURES W/O MCC	320	MS-DRG	inpatient					42381.62 Horizon	Medicare Blue		36853.58				26292.44	38623.33	case rate	
PERCUTANEOUS CARDIOVASCULAR PROCEDURES WITH INTRALUMINAL DEVICE WITH MCC OR 4+ ARTERIES/INTRALUM	321	MS-DRG	inpatient					51646.17 Horizon	Medicare Blue		44909.71				33954.58	69878.92	case rate	
PERCUTANEOUS CARDIOVASCULAR PROCEDURES WITH INTRALUMINAL DEVICE WITHOUT MCC	322	MS-DRG	inpatient					36631.79 Horizon	Medicare Blue		31853.73				21537.13	31853.73	case rate	
CORONARY INTRAVASCULAR LITHOTRIPSY WITH INTRALUMINAL DEVICE WITH MCC	323	MS-DRG	inpatient					69716.84 Horizon	Medicare Blue		60623.34				48899.69	71833.14	case rate	
CORONARY INTRAVASCULAR LITHOTRIPSY WITH INTRALUMINAL DEVICE WITHOUT MCC	324	MS-DRG	inpatient					52987.23 Horizon	Medicare Blue		46075.85				35063.68	51508.18	case rate	
CORONARY INTRAVASCULAR LITHOTRIPSY WITHOUT INTRALUMINAL DEVICE	325	MS-DRG	inpatient					48355.66 Horizon	Medicare Blue		42048.4				31233.2	45891.25	case rate	
STOMACH, ESOPHAGEAL & DUODENAL PROC W MCC	326	MS-DRG	inpatient					83127.38 Horizon	Medicare Blue		72284.68				59990.71	197133.04	case rate	
STOMACH, ESOPHAGEAL & DUODENAL PROC W CC	327	MS-DRG	inpatient					46257.68 Horizon	Medicare Blue		40224.07				29498.09	93178.64	case rate	
STOMACH, ESOPHAGEAL & DUODENAL PROC W/O CC/MCC	328	MS-DRG	inpatient					33402.7 Horizon	Medicare Blue		29045.82				18866.54	57839.54	case rate	
MAJOR SMALL & LARGE BOWEL PROCEDURES W MCC	329	MS-DRG	inpatient					75098.19 Horizon	Medicare Blue		65302.78				53393.27	187261.2	case rate	
MAJOR SMALL & LARGE BOWEL PROCEDURES W CC	330	MS-DRG	inpatient					44468.18 Horizon	Medicare Blue		38667.98				28018.11	94641.41	case rate	
MAJOR SMALL & LARGE BOWEL PROCEDURES W/O CC/MCC	331	MS-DRG	inpatient					34469.54 Horizon	Medicare Blue		29973.51				19748.86	63563.11	case rate	
RECTAL RESECTION W MCC	332	MS-DRG	inpatient					62398.88 Horizon	Medicare Blue		54259.9				42847.47	127496.29	case rate	
RECTAL RESECTION W CC	333	MS-DRG	inpatient					40289.34 Horizon	Medicare Blue		35034.21				24562.06	72305.99	case rate	
RECTAL RESECTION W/O CC/MCC	334	MS-DRG	inpatient					33514.09 Horizon	Medicare Blue		29142.69				18568.67	48991.64	case rate	
PERITONEAL ADHESIOLYSIS W MCC	335	MS-DRG	inpatient					61647.66 Horizon	Medicare Blue		53606.66				42226.16	152353.43	case rate	
PERITONEAL ADHESIOLYSIS W CC	336	MS-DRG	inpatient					40657.81 Horizon	Medicare Blue		35354.62				24896.79	86198.59	case rate	
PERITONEAL ADHESIOLYSIS W/O CC/MCC	337	MS-DRG	inpatient					31961.67 Horizon	Medicare Blue		27792.76				17674.76	60134.97	case rate	
MINOR SMALL & LARGE BOWEL PROCEDURES W MCC	344	MS-DRG	inpatient					49728.14 Horizon	Medicare Blue		43241.86				32368.29	112040.91	case rate	
MINOR SMALL & LARGE BOWEL PROCEDURES W CC	345	MS-DRG	inpatient					32592.92 Horizon	Medicare Blue		28341.67				18196.83	61421.46	case rate	
MINOR SMALL & LARGE BOWEL PROCEDURES W/O CC/MCC	346	MS-DRG	inpatient					28882.5 Horizon	Medicare Blue		25202.18				15210.88	46381.16	case rate	
ANAL & STOMAL PROCEDURES W MCC	347	MS-DRG	inpatient					46996.04 Horizon	Medicare Blue		40866.12				30108.75	90433.13	case rate	
ANAL & STOMAL PROCEDURES W CC	348	MS-DRG	inpatient					29176.73 Horizon	Medicare Blue		25371.07				15371.51	52509.8	case rate	
ANAL & STOMAL PROCEDURES W/O CC/MCC	349	MS-DRG	inpatient					24526.6 Horizon	Medicare Blue		21327.48				11525.68	35620.4	case rate	
INGUINAL & FEMORAL HERNIA PROCEDURES W MCC	350	MS-DRG	inpatient					44866.64 Horizon	Medicare Blue		39014.47				28347.65	91760.88	case rate	
INGUINAL & FEMORAL HERNIA PROCEDURES W CC	351	MS-DRG	inpatient					31378.98 Horizon	Medicare Blue		27286.07				17192.85	56264.25	case rate	
INGUINAL & FEMORAL HERNIA PROCEDURES W/O CC/MCC	352	MS-DRG	inpatient					26428.93 Horizon	Medicare Blue		22981.68				13098.98	39513.62	case rate	
HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W MCC	353	MS-DRG	inpatient					52354.55 Horizon	Medicare Blue		45525.69				34540.43	111242.01	case rate	
HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W CC	354	MS-DRG	inpatient					35123.64 Horizon	Medicare Blue		30542.3				20289.83	64924.62	case rate	
HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W/O CC/MCC	355	MS-DRG	inpatient					30050.78 Horizon	Medicare Blue		26131.11				16094.38	50814.48	case rate	
OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W MCC	356	MS-DRG	inpatient					71697.71 Horizon	Medicare Blue		62345.84				50537.95	149116.58	case rate	
OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W CC	357	MS-DRG	inpatient					41964.93 Horizon	Medicare Blue		36490.95				25947.55	80141.21	case rate	
OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W/O CC/MCC	358	MS-DRG	inpatient					28886.82 Horizon	Medicare Blue		25118.97				15131.74	50570.69	case rate	
MAJOR ESOPHAGEAL DISORDERS W MCC	368	MS-DRG	inpatient					34183.91 Horizon	Medicare Blue		29725.14				19512.63	72913.61	case rate	
MAJOR ESOPHAGEAL DISORDERS W CC	369	MS-DRG	inpatient					24705.13 Horizon	Medicare Blue		21482.72				11673.33	41587.76	case rate	
MAJOR ESOPHAGEAL DISORDERS W/O CC/MCC	370	MS-DRG	inpatient					21211.82 Horizon	Medicare Blue		18445.06				8784.23	27878.95	case rate	
MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W MCC	371	MS-DRG	inpatient					35550.67 Horizon	Medicare Blue		30913.62				20642.99	65217.17	case rate	
MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W CC	372	MS-DRG	inpatient					26476.34 Horizon	Medicare Blue		22153.34				12311.15	38947.27	case rate	
MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W/O CC/MCC	373	MS-DRG	inpatient					20823.35 Horizon	Medicare Blue		18107.26				8462.95	28415.3	case rate	
DIGESTIVE MALIGNANCY W MCC	374	MS-DRG	inpatient					40567.84 Horizon	Medicare Blue		35276.38				24792.38	77451.96	case rate	
DIGESTIVE MALIGNANCY W CC	375	MS-DRG	inpatient					27704.29 Horizon	Medicare Blue		24090.69				14153.74	45259.7	case rate	
DIGESTIVE MALIGNANCY W/O CC/MCC	376	MS-DRG	inpatient					23321.23 Horizon	Medicare Blue		20279.33				10528.79	34345.16	case rate	
G.I. HEMORRHAGE W MCC	377	MS-DRG	inpatient					36159.07 Horizon	Medicare Blue		31442.67				21146.16	67092.52	case rate	
G.I. HEMORRHAGE W CC	378	MS-DRG	inpatient					24640.86 Horizon	Medicare Blue		21426.83				11620.17	37143.18	case rate	
G.I. HEMORRHAGE W/O CC/MCC	379	MS-DRG	inpatient					19633.69 Horizon	Medicare Blue		17072.77				7479.05	24499.57	case rate	
COMPLICATED PEPTIC ULCER W MCC	380	MS-DRG	inpatient					38418.44 Horizon	Medicare Blue		33407.34				23014.75	72988.62	case rate	
COMPLICATED PEPTIC ULCER W CC	381	MS-DRG	inpatient					25914.79 Horizon	Medicare Blue		22534.6				12673.76	41070.17	case rate	
COMPLICATED PEPTIC ULCER W/O CC/MCC	382	MS-DRG	inpatient					21403.19 Horizon	Medicare Blue		18611.47				8942.5	28797.87	case rate	
UNCOMPLICATED PEPTIC ULCER W MCC	383	MS-DRG	inpatient					30559.21 Horizon	Medicare Blue		26573.22				16514.87	50671.96	case rate	
UNCOMPLICATED PEPTIC ULCER W/O MCC	384	MS-DRG	inpatient					23097 Horizon	Medicare Blue		20084.35				10343.35	32079.74	case rate	
INFLAMMATORY BOWEL DISEASE W MCC	385	MS-DRG	inpatient					32968.53 Horizon	Medicare Blue		28668.29				18507.47	63683.14	case rate	
INFLAMMATORY BOWEL DISEASE W CC	386	MS-DRG	inpatient					24466.62 Horizon	Medicare Blue		21275.32				11476.07	36760.61	case rate	
INFLAMMATORY BOWEL DISEASE W/O CC/MCC	387	MS-DRG	inpatient					20360.63 Horizon	Medicare Blue		17704.89				8080.26	26131.13	case rate	
G.I. OBSTRUCTION W MCC	388	MS-DRG	inpatient					31348.98 Horizon	Medicare Blue		27259.99				17168.04	57411.96	case rate	
G.I. OBSTRUCTION W CC	389	MS-DRG	inpatient					21964.46 Horizon	Medicare Blue		19099.53				9406.69	31625.9	case rate	
G.I. OBSTRUCTION W/O CC/MCC	390	MS-DRG	inpatient					18573.98 Horizon	Medicare Blue		16151.29				6602.64	22166.64	case rate	
ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W MCC	391	MS-DRG	inpatient					28809.69 Horizon	Medicare Blue		25051.91				15067.96	45814.8	case rate	
ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W/O MCC	392	MS-DRG	inpatient					21810.22 Horizon	Medicare Blue		18965.41				9279.13	28332.79	case rate	
OTHER DIGESTIVE SYSTEM DIAGNOSES W MCC	393	MS-DRG	inpatient					33721.18 Horizon	Medicare Blue		29322.76				19129.94	61233.93	case rate	
OTHER DIGESTIVE SYSTEM DIAGNOSES W CC	394	MS-DRG	inpatient					23971.05 Horizon	Medicare Blue		20844.39				11066.21	35297.84	case rate	
OTHER DIGESTIVE SYSTEM DIAGNOSES W/O CC/MCC	395	MS-DRG	inpatient					19837.91 Horizon	Medicare Blue		17250.36				7647.96	25373.49	case rate	
APPENDIX PROCEDURES WITH MCC	397	MS-DRG	inpatient					42075.82 Horizon	Medicare Blue		37109.41				26535.76	38980.76	case rate	
APPENDIX PROCEDURES WITH CC	398	MS-DRG	inpatient					32203.03 Horizon	Medicare Blue		28002.64				17874.37	28002.64	case rate	
APPENDIX PROCEDURES WITHOUT CC/MCC	399	MS-DRG	inpatient					26487.49 Horizon	Medicare Blue		23032.6				13147.4	23032.6	case rate	
PANCREAS, LIVER & SHUNT PROCEDURES W MCC	405	MS-DRG	inpatient					89214.25 Horizon	Medicare Blue		77577.61				65024.78	201753.9	case rate	
PANCREAS, LIVER & SHUNT PROCEDURES W CC	406	MS-DRG	inpatient					51827.55 Horizon	Medicare Blue		45067.43				34104.58	106242.33	case rate	
PANCREAS, LIVER & SHUNT PROCEDURES W/O CC/MCC	407	MS-DRG	inpatient					41310.49 Horizon	Medicare Blue		35922.16				25406.58	75269.05	case rate	
BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W MCC	408	MS-DRG	inpatient					63749.93 Horizon	Medicare Blue		55434.72				43964.84	151772.08	case rate	
BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W CC	409	MS-DRG	inpatient					38544.12 Horizon	Medicare Blue		33516.62				23118.69	87117.51	case rate	
BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W/O CC/MCC	410	MS-DRG	inpatient					32944.25 Horizon	Medicare Blue		28647.18				18487.39	61984.07	case rate	
CHOLECYSTECTOMY W C.D.E. W MCC	411	MS-DRG	inpatient					51729.01 Horizon	Medicare Blue		44981.74				10482	149956.74	case rate	
CHOLECYSTECTOMY W C.D.E. W CC	412	MS-DRG	inpatient					39803.77 Horizon	Medicare Blue		34611.97				11647	89337.92	case rate	
CHOLECYSTECTOMY W C.D.E. W/O CC/MCC	413	MS-DRG	inpatient					32150.19 Horizon	Medicare Blue		27956.69				15908	63244.3	case rate	
CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W MCC	414	MS-DRG	inpatient					60936.43 Horizon	Medicare Blue		52988.2				28270	134170.04	case rate	
CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W CC	415	MS-DRG	inpatient					38808.33 Horizon	Medicare Blue		33746.37				23337.2	75719.13	case rate	
CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W/O CC/MCC	416	MS-DRG	inpatient					29716.58 Horizon	Medicare Blue		25840.51				15817.99	52251	case rate	
LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W MCC	417	MS-DRG	inpatient					43692.68 Horizon	Medicare Blue		37993.63				27376.74	90894.46	case rate	
LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W CC	418	MS-DRG	inpatient					33936.83 Horizon	Medicare Blue		29510.29				19308.29	62419.15	case rate	
LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W/O CC/MCC	419	MS-DRG	inpatient					29345.26 Horizon	Medicare Blue		25517.62				15510.89	48916.63	case rate	
HEPATOBILIARY DIAGNOSTIC PROCEDURES W MCC	420	MS-DRG	inpatient					56303.44 Horizon	Medicare Blue		48959.52				37806.31	131934.62	case rate	
HEPATOBILIARY DIAGNOSTIC PROCEDURES W CC	421	MS-DRG	inpatient					35006.53 Horizon	Medicare Blue		30440.46				8253	66728.7	case rate	
HEPATOBILIARY DIAGNOSTIC PROCEDURES W/O CC/MCC	422	MS-DRG	inpatient					30742.01 Horizon	Medicare Blue		26732.18				10272	56545.55	case rate	
OTHER HEPATOBILIARY OR PANCREAS O.R. PROCEDURES W MCC	423	MS-DRG	inpatient					66444.89 Horizon	Medicare Blue		57776.17				16017	148002.62	case rate	
OTHER HEPATOBILIARY OR PANCREAS O.R. PROCEDURES W CC	424	MS-DRG	inpatient					40400.74 Horizon	Medicare Blue		35131.08				24654.19	82181.59	case rate	
OTHER HEPATOBILIARY OR PANCREAS O.R. PROCEDURES W/O CC/MCC	425	MS-DRG	inpatient					33468.39 Horizon	Medicare Blue		29102.95				18920.87	55994.2	case rate	
CIRRHOSIS & ALCOHOLIC HEPATITIS W MCC	432	MS-DRG	inpatient					37954.28 Horizon	Medicare Blue		33003.72				13893	68487.78	case rate	
CIRRHOSIS & ALCOHOLIC HEPATITIS W CC	433	MS-DRG	inpatient					25314.96 Horizon	Medicare Blue		22013.01				12177.68	38553.45	case rate	
CIRRHOSIS & ALCOHOLIC HEPATITIS W/O CC/MCC	434	MS-DRG	inpatient					20152.11 Horizon	Medicare Blue		17523.58				7907.81	53360.86	case rate	
MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS W MCC	435	MS-DRG	inpatient					35724.91 Horizon	Medicare Blue		31065.13				20787.09	63675.63	case rate	
MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS W CC	436	MS-DRG	inpatient					26310.39 Horizon	Medicare Blue		22878.6				13000.94	42604.2	case rate	
MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS W/O CC/MCC	437	MS-DRG	inpatient					22460.04 Horizon	Medicare Blue		19530.47				9816.55	32473.96	case rate	
DISORDERS OF PANCREAS EXCEPT MALIGNANCY W MCC	438	MS-DRG	inpatient					34423.84 Horizon	Medicare Blue		29933.77				19711.06	61443.97	case rate	
DISORDERS OF PANCREAS EXCEPT MALIGNANCY W CC	439	MS-DRG	inpatient					22804.23 Horizon	Medicare Blue		19829.76				10101.21	32342.29	case rate	
DISORDERS OF PANCREAS EXCEPT MALIGNANCY W/O CC/MCC	440	MS-DRG	inpatient					19382.33 Horizon	Medicare Blue		16854.2				7271.17	23303.1	case rate	
DISORDERS OF LIVER EXCEPT MALIG, CIRR, ALC HEPA W MCC	441	MS-DRG	inpatient					36700.35 Horizon	Medicare Blue		31913.35				11778	69858	case rate	
DISORDERS OF LIVER EXCEPT MALIG, CIRR, ALC HEPA W CC	442	MS-DRG	inpatient					24179.56 Horizon	Medicare Blue		21025.7				11238.66	35215.32	case rate	
DISORDERS OF LIVER EXCEPT MALIG, CIRR, ALC HEPA W/O CC/MCC	443	MS-DRG	inpatient					20797.65 Horizon	Medicare Blue		18084.91				8441.69	26097.37	case rate	
DISORDERS OF THE BILIARY TRACT W MCC	444	MS-DRG	inpatient					33915.41 Horizon	Medicare Blue		29491.66				19290.57	60420.03	case rate	
DISORDERS OF THE BILIARY TRACT W CC	445	MS-DRG	inpatient					26111.88 Horizon	Medicare Blue		22705.98				12836.76	40042.47	case rate	
DISORDERS OF THE BILIARY TRACT W/O CC/MCC	446	MS-DRG	inpatient					22037.3 Horizon	Medicare Blue		19162.87				9466.93	29818.07	case rate	
COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W MCC	453	MS-DRG	inpatient					137146.57 Horizon	Medicare Blue		119257.89				17717	356200.23	case rate	
COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W CC	454	MS-DRG	inpatient					97941.81 Horizon	Medicare Blue		85166.79				36979	237674.36	case rate	
COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W/O CC/MCC	455	MS-DRG	inpatient					76366.41 Horizon	Medicare Blue		66405.57				54399.14	187535	case rate	
SPINAL FUS EXC CERV W SPINAL CURV/MAL/G/INFEC OR EXT FUS W MCC	456	MS-DRG	inpatient					130976.87 Horizon	Medicare Blue		113892.93				99564.03	342258.88	case rate	
SPINAL FUS EXC CERV W SPINAL CURV/MAL/G/INFEC OR EXT FUS W CC	457	MS-DRG	inpatient					97356.26 Horizon	Medicare Blue		84657.62				71758.53	245468.31	case rate	
SPINAL FUS EXC CERV W SPINAL CURV/MAL/G/INFEC OR EXT FUS W/O CC/MCC	458	MS-DRG	inpatient					75300.99 Horizon	Medicare Blue		65479.12				53518	192080.85	case rate	
SPINAL FUSION EXCEPT CERVICAL W MCC	459	MS-DRG	inpatient					105311.76 Horizon	Medicare Blue		91574.94				78337.54	239474.69	case rate	
SPINAL FUSION EXCEPT CERVICAL W/O MCC	460	MS-DRG	inpatient					62831.62 Horizon	Medicare Blue		54636.19				43205.36	151434.51	case rate	
BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY W MCC	461	MS-DRG	inpatient					107970.44 Horizon	Medicare Blue		93887.34				9917	168125.13	case rate	
BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY W/O MCC	462	MS-DRG	inpatient					51240.57 Horizon	Medicare Blue		44557.02				11315	119801.11	case rate	
WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W MCC	463	MS-DRG	inpatient					91477.9 Horizon	Medicare Blue		79546				15756	192482.17	case rate	
WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W CC	464	MS-DRG	inpatient					53455.67 Horizon	Medicare Blue		46483.19				35451.1	110420.61	case rate	
WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W/O CC/MCC	465	MS-DRG	inpatient					37308.75 Horizon	Medicare Blue		32442.39				22096.99	68915.36	case rate	
REVISION OF HIP OR KNEE REPLACEMENT W MCC	466	MS-DRG	inpatient					84664.09 Horizon	Medicare Blue		73620.95				61261.63	191780.79	case rate	
REVISION OF HIP OR KNEE REPLACEMENT W CC	467	MS-DRG	inpatient					60380.87 Horizon	Medicare Blue		52505.11				41178.5	130164.29	case rate	
REVISION OF HIP OR KNEE REPLACEMENT W/O CC/MCC	468	MS-DRG	inpatient					48716.99 Horizon	Medicare Blue		42362.6				31532.03	104697.04	case rate	
MAJOR HIP AND KNEE JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W MCC OR TOTAL ANKLE REP	469	MS-DRG	inpatient					58145.78 Horizon	Medicare Blue		50561.55				39330	119054.72	case rate	
MAJOR HIP AND KNEE JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W/O MCC	470	MS-DRG	inpatient					37464.47 Horizon	Medicare Blue		32577.76				22225.74	74631.43	case rate	
CERVICAL SPINAL FUSION W MCC	471	MS-DRG	inpatient					80842.3 Horizon	Medicare Blue		70297.65				8282	187936.32	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CERVICAL SPINAL FUSION W CC	472	MS-DRG	inpatient				52798.1	Horizon	Medicare Blue		45911.92				8991	110526.63	case rate	
CERVICAL SPINAL FUSION W/O CC/MCC	473	MS-DRG	inpatient				45732.11	Horizon	Medicare Blue		39767.05				11229	89000.36	case rate	
AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W MCC	474	MS-DRG	inpatient				72041.9	Horizon	Medicare Blue		62645.13				22321	142342.82	case rate	
AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W CC	475	MS-DRG	inpatient				41220.51	Horizon	Medicare Blue		35843.92				25332.17	80595.04	case rate	
AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W/O CC/MCC	476	MS-DRG	inpatient				27398.66	Horizon	Medicare Blue		23824.92				13690.98	43159.3	case rate	
BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W MCC	477	MS-DRG	inpatient				58705.63	Horizon	Medicare Blue		51048.37				39793.01	117711.97	case rate	
BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W CC	478	MS-DRG	inpatient				44633.85	Horizon	Medicare Blue		38812.04				28155.12	85485.95	case rate	
BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W/O CC/MCC	479	MS-DRG	inpatient				37211.63	Horizon	Medicare Blue		32357.94				22016.67	67437.59	case rate	
HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W MCC	480	MS-DRG	inpatient				52705.84	Horizon	Medicare Blue		45831.2				34830.99	113661.21	case rate	
HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W CC	481	MS-DRG	inpatient				40223.65	Horizon	Medicare Blue		34977.09				8360	77350.69	case rate	
HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W/O CC/MCC	482	MS-DRG	inpatient				33275.59	Horizon	Medicare Blue		28935.3				9385	62430.4	case rate	
MAJOR JOINT/LIMB REATTACHMENT PROCEDURE OF UPPER EXTREMITIES	483	MS-DRG	inpatient				46069.16	Horizon	Medicare Blue		40080.14				13093	89397.93	case rate	
KNEE PROCEDURES W PDX OF INFECTION W MCC	485	MS-DRG	inpatient				57634.66	Horizon	Medicare Blue		50116.96				38907.15	122926.88	case rate	
KNEE PROCEDURES W PDX OF INFECTION W CC	486	MS-DRG	inpatient				39272.49	Horizon	Medicare Blue		34149.99				23721.08	83205.53	case rate	
KNEE PROCEDURES W PDX OF INFECTION W/O CC/MCC	487	MS-DRG	inpatient				32654.33	Horizon	Medicare Blue		28395.07				18247.62	61894.05	case rate	
KNEE PROCEDURES W/O PDX OF INFECTION W CC/MCC	488	MS-DRG	inpatient				40676.38	Horizon	Medicare Blue		35370.76				24882.15	79233.54	case rate	
KNEE PROCEDURES W/O PDX OF INFECTION W/O CC/MCC	489	MS-DRG	inpatient				28266.99	Horizon	Medicare Blue		24579.99				14619.12	48661.58	case rate	
LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR W MCC	492	MS-DRG	inpatient				60035.26	Horizon	Medicare Blue		52204.57				27633	127167.48	case rate	
LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR W CC	493	MS-DRG	inpatient				44890.92	Horizon	Medicare Blue		39035.58				28367.73	84244.47	case rate	
LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR W/O CC/MCC	494	MS-DRG	inpatient				37285.37	Horizon	Medicare Blue		32422.52				23078.09	67890.08	case rate	
LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W MCC	495	MS-DRG	inpatient				61736.21	Horizon	Medicare Blue		53683.66				42299.42	129860.49	case rate	
LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W CC	496	MS-DRG	inpatient				38975.43	Horizon	Medicare Blue		33891.67				23475.4	73547.48	case rate	
LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W/O CC/MCC	497	MS-DRG	inpatient				30976.23	Horizon	Medicare Blue		26935.85				16859.76	53822.55	case rate	
LOCAL EXCISION & REMOVAL INT FIX DEVICES OF HIP & FEMUR W CC/MCC	498	MS-DRG	inpatient				47880.08	Horizon	Medicare Blue		41634.85				30839.88	85440.95	case rate	
LOCAL EXCISION & REMOVAL INT FIX DEVICES OF HIP & FEMUR W/O CC/MCC	499	MS-DRG	inpatient				29011.07	Horizon	Medicare Blue		25227.01				15234.5	41977.83	case rate	
SOFT TISSUE PROCEDURES W MCC	500	MS-DRG	inpatient				56903.27	Horizon	Medicare Blue		49481.11				38302.4	115071.48	case rate	
SOFT TISSUE PROCEDURES W CC	501	MS-DRG	inpatient				35379.29	Horizon	Medicare Blue		30764.6				8902	63289.31	case rate	
SOFT TISSUE PROCEDURES W/O CC/MCC	502	MS-DRG	inpatient				30337.84	Horizon	Medicare Blue		26380.73				16331.79	48425.29	case rate	
FOOT PROCEDURES W MCC	503	MS-DRG	inpatient				48892.66	Horizon	Medicare Blue		42515.35				27418	96100.44	case rate	
FOOT PROCEDURES W CC	504	MS-DRG	inpatient				36256.46	Horizon	Medicare Blue		30657.8				20399.68	64868.36	case rate	
FOOT PROCEDURES W/O CC/MCC	505	MS-DRG	inpatient				34950.83	Horizon	Medicare Blue		30392.03				20146.91	59293.56	case rate	
MAJOR THUMB OR JOINT PROCEDURES	506	MS-DRG	inpatient				31478.95	Horizon	Medicare Blue		27373				17275.53	52896.12	case rate	
MAJOR SHOULDER OR ELBOW JOINT PROCEDURES W CC/MCC	507	MS-DRG	inpatient				41034.85	Horizon	Medicare Blue		35682.48				25178.62	72857.35	case rate	
MAJOR SHOULDER OR ELBOW JOINT PROCEDURES W/O CC/MCC	508	MS-DRG	inpatient				31070.49	Horizon	Medicare Blue		27017.82				16937.72	54297.63	case rate	
ARTHROSCOPY	509	MS-DRG	inpatient				29530.57	Horizon	Medicare Blue		25679.06				15664.44	62547.94	case rate	
SHOULDER, ELBOW OR FOREARM PROC, EXC MAJOR JOINT PROC W MCC	510	MS-DRG	inpatient				49445.36	Horizon	Medicare Blue		42995.96				32134.42	102484.13	case rate	
SHOULDER, ELBOW OR FOREARM PROC, EXC MAJOR JOINT PROC W CC	511	MS-DRG	inpatient				39065.4	Horizon	Medicare Blue		33969.91				7655	69286.68	case rate	
SHOULDER, ELBOW OR FOREARM PROC, EXC MAJOR JOINT PROC W/O CC/MCC	512	MS-DRG	inpatient				33638.35	Horizon	Medicare Blue		29250.73				10564	57089.4	case rate	
HAND OR WRIST PROC, EXCEPT MAJOR THUMB OR JOINT PROC W CC/MCC	513	MS-DRG	inpatient				33741.17	Horizon	Medicare Blue		29340.15				18516	61496.48	case rate	
HAND OR WRIST PROC, EXCEPT MAJOR THUMB OR JOINT PROC W/O CC/MCC	514	MS-DRG	inpatient				25464.91	Horizon	Medicare Blue		22143.4				12301.7	40660.37	case rate	
OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W MCC	515	MS-DRG	inpatient				55742.17	Horizon	Medicare Blue		48471.45				37342.12	115596.57	case rate	
OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W CC	516	MS-DRG	inpatient				39736.64	Horizon	Medicare Blue		34553.6				24194.95	70715.7	case rate	
OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W/O CC/MCC	517	MS-DRG	inpatient				31933.11	Horizon	Medicare Blue		27767.92				17651.14	51793.42	case rate	
BACK & NECK PROC EXC SPINAL FUSION W MCC OR DISC DEVICE/NEUROSTIM	518	MS-DRG	inpatient				62744.5	Horizon	Medicare Blue		54560.43				43133.31	116279.2	case rate	
BACK & NECK PROC EXC SPINAL FUSION W CC	519	MS-DRG	inpatient				38705.5	Horizon	Medicare Blue		33656.96				23252.16	69838.03	case rate	
BACK & NECK PROC EXC SPINAL FUSION W/O CC/MCC	520	MS-DRG	inpatient				31034.79	Horizon	Medicare Blue		26986.77				16998.19	49287.95	case rate	
HIP REPLACEMENT WITH PRINCIPAL DIAGNOSIS OF HIP FRACTURE WITH MCC	521	MS-DRG	inpatient				53352.84	Horizon	Medicare Blue		46393.77				7692	51952.36	case rate	
HIP REPLACEMENT WITH PRINCIPAL DIAGNOSIS OF HIP FRACTURE WITHOUT MCC	522	MS-DRG	inpatient				40756.36	Horizon	Medicare Blue		35440.31				9003	36648.78	case rate	
FRACTURES OF FEMUR W MCC	533	MS-DRG	inpatient				33689.7	Horizon	Medicare Blue		29469.31				12781	57404.46	case rate	
FRACTURES OF FEMUR W/O MCC	534	MS-DRG	inpatient				22158.69	Horizon	Medicare Blue		19268.43				9567.33	34640.29	case rate	
FRACTURES OF HIP & PELVIS W MCC	535	MS-DRG	inpatient				29109.61	Horizon	Medicare Blue		25312.7				15316	47063.78	case rate	
FRACTURES OF HIP & PELVIS W/O MCC	536	MS-DRG	inpatient				21831.64	Horizon	Medicare Blue		18984.04				9296.85	28392.8	case rate	
SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS & THIGH W CC/MCC	537	MS-DRG	inpatient				24400.93	Horizon	Medicare Blue		21218.2				11421.74	34150.12	case rate	
SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS & THIGH W/O CC/MCC	538	MS-DRG	inpatient				20717.67	Horizon	Medicare Blue		18015.36				8375.55	27267.59	case rate	
OSTEOMYELITIS W MCC	539	MS-DRG	inpatient				38931.15	Horizon	Medicare Blue		33853.18				23438.78	75734.13	case rate	
OSTEOMYELITIS W CC	540	MS-DRG	inpatient				29131.03	Horizon	Medicare Blue		25331.33				15333.72	48642.83	case rate	
OSTEOMYELITIS W/O CC/MCC	541	MS-DRG	inpatient				22842.79	Horizon	Medicare Blue		19863.3				7723	33107.43	case rate	
PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W MCC	542	MS-DRG	inpatient				36636.08	Horizon	Medicare Blue		31857.46				8903	68461.53	case rate	
PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W CC	543	MS-DRG	inpatient				26167.58	Horizon	Medicare Blue		22754.41				10889	40226.26	case rate	
PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W/O CC/MCC	544	MS-DRG	inpatient				21551.72	Horizon	Medicare Blue		18740.83				9065.34	29945.59	case rate	
CONNECTIVE TISSUE DISORDERS W MCC	545	MS-DRG	inpatient				46197.69	Horizon	Medicare Blue		40171.91				29448.48	92983.6	case rate	
CONNECTIVE TISSUE DISORDERS W CC	546	MS-DRG	inpatient				27718.57	Horizon	Medicare Blue		24103.1				14165.56	45548.5	case rate	
CONNECTIVE TISSUE DISORDERS W/O CC/MCC	547	MS-DRG	inpatient				22207.25	Horizon	Medicare Blue		19310.65				9607.49	32166	case rate	
SEPTIC ARTHRITIS W MCC	548	MS-DRG	inpatient				38437	Horizon	Medicare Blue		33423.48				23030.1	77534.47	case rate	
SEPTIC ARTHRITIS W CC	549	MS-DRG	inpatient				27817.11	Horizon	Medicare Blue		24188.8				14247.06	46996.21	case rate	
SEPTIC ARTHRITIS W/O CC/MCC	550	MS-DRG	inpatient				23741.11	Horizon	Medicare Blue		20644.44				10876.05	34648.97	case rate	
MEDICAL BACK PROBLEMS W MCC	551	MS-DRG	inpatient				34896.57	Horizon	Medicare Blue		30344.84				9165	59696.14	case rate	
MEDICAL BACK PROBLEMS W/O MCC	552	MS-DRG	inpatient				24390.93	Horizon	Medicare Blue		21209.5				11413.47	33780.81	case rate	
BONE DISEASES & ARTHROPATHIES W MCC	553	MS-DRG	inpatient				29892.25	Horizon	Medicare Blue		25993.26				15963.27	46418.66	case rate	
BONE DISEASES & ARTHROPATHIES W/O MCC	554	MS-DRG	inpatient				22327.22	Horizon	Medicare Blue		19414.97				9706.71	47368.4	case rate	
SIGNS & SYMPTOMS OF MUSCULOSKELETAL SYSTEM & CONN TISSUE W MCC	555	MS-DRG	inpatient				30570.63	Horizon	Medicare Blue		26583.16				16524.32	47978.95	case rate	
SIGNS & SYMPTOMS OF MUSCULOSKELETAL SYSTEM & CONN TISSUE W/O MCC	556	MS-DRG	inpatient				22364.35	Horizon	Medicare Blue		19447.26				9737.42	28794.12	case rate	
TENDONITIS, MYOSITIS & BURSITIS W MCC	557	MS-DRG	inpatient				32824.29	Horizon	Medicare Blue		28542.86				18388.17	53725.03	case rate	
TENDONITIS, MYOSITIS & BURSITIS W/O MCC	558	MS-DRG	inpatient				23135.56	Horizon	Medicare Blue		20117.88				10375.24	32387.29	case rate	
AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W MCC	559	MS-DRG	inpatient				37018.83	Horizon	Medicare Blue		32190.29				21857.22	67463.84	case rate	
AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W CC	560	MS-DRG	inpatient				26758.84	Horizon	Medicare Blue		23268.56				13371.82	38320.9	case rate	
AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W/O CC/MCC	561	MS-DRG	inpatient				21733.1	Horizon	Medicare Blue		18898.35				9211	28359.04	case rate	
FX, SPRN, STRN & DISL EXCEPT FEMUR, HIP, PELVIS & THIGH W MCC	562	MS-DRG	inpatient				32308.72	Horizon	Medicare Blue		28094.54				12507	52813.61	case rate	
FX, SPRN, STRN & DISL EXCEPT FEMUR, HIP, PELVIS & THIGH W/O MCC	563	MS-DRG	inpatient				23381.21	Horizon	Medicare Blue		20331.49				10578.4	31434.62	case rate	
OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W MCC	564	MS-DRG	inpatient				32897.72	Horizon	Medicare Blue		28606.19				18448.41	58998.51	case rate	
OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W CC	565	MS-DRG	inpatient				24863.65	Horizon	Medicare Blue		21620.57				11804.43	36599.33	case rate	
OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W/O CC/MCC	566	MS-DRG	inpatient				21308.93	Horizon	Medicare Blue		18529.51				8864.55	28591.59	case rate	
SKIN DEBRIDEMENT W MCC	570	MS-DRG	inpatient				52324.55	Horizon	Medicare Blue		45499.61				34515.82	113622.49	case rate	
SKIN DEBRIDEMENT W CC	571	MS-DRG	inpatient				34753.75	Horizon	Medicare Blue		30220.65				9078	63870.67	case rate	
SKIN DEBRIDEMENT W/O CC/MCC	572	MS-DRG	inpatient				26865.95	Horizon	Medicare Blue		23361.7				11401	44205.75	case rate	
SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W MCC	573	MS-DRG	inpatient				99395.69	Horizon	Medicare Blue		86431.03				16091	196968.01	case rate	
SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W CC	574	MS-DRG	inpatient				59231.2	Horizon	Medicare Blue		51505.39				36864	114242.57	case rate	
SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W/O CC/MCC	575	MS-DRG	inpatient				39810.91	Horizon	Medicare Blue		34618.18				24166.37	65959.81	case rate	
SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W MCC	576	MS-DRG	inpatient				91754.97	Horizon	Medicare Blue		79786.93				67126.05	183060.41	case rate	
SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W CC	577	MS-DRG	inpatient				48424.21	Horizon	Medicare Blue		42108.01				31289.9	94112.56	case rate	
SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W/O CC/MCC	578	MS-DRG	inpatient				33591.22	Horizon	Medicare Blue		29209.75				19022.45	57374.46	case rate	
OTHER SKIN, SUBCUT TISS & BREAST PROC W MCC	579	MS-DRG	inpatient				58322.88	Horizon	Medicare Blue		50715.55				39476.46	104937.08	case rate	
OTHER SKIN, SUBCUT TISS & BREAST PROC W CC	580	MS-DRG	inpatient				35534.96	Horizon	Medicare Blue		30899.96				20630	59628.63	case rate	
OTHER SKIN, SUBCUT TISS & BREAST PROC W/O CC/MCC	581	MS-DRG	inpatient				29823.7	Horizon	Medicare Blue		25933.65				8609	46373.65	case rate	
MASTECTOMY FOR MALIGNANCY W CC/MCC	582	MS-DRG	inpatient				34399.56	Horizon	Medicare Blue		29912.86				10691	58967.24	case rate	
MASTECTOMY FOR MALIGNANCY W/O CC/MCC	583	MS-DRG	inpatient				32325.85	Horizon	Medicare Blue		28109.44				14701	51688.4	case rate	
BREAST BIOPSY, LOCAL EXCISION & OTHER BREAST PROCEDURES W CC/MCC	584	MS-DRG	inpatient				38562.68	Horizon	Medicare Blue		33532.77				23134.04	70190.6	case rate	
BREAST BIOPSY, LOCAL EXCISION & OTHER BREAST PROCEDURES W/O CC/MCC	585	MS-DRG	inpatient				34640.92	Horizon	Medicare Blue		30122.54				19890.6	58724.71	case rate	
SKIN ULCERS W MCC	592	MS-DRG	inpatient				40440.73	Horizon	Medicare Blue		35165.85				24687.26	64099.46	case rate	
SKIN ULCERS W CC	593	MS-DRG	inpatient				27869.96	Horizon	Medicare Blue		24234.74				14290.76	42360.41	case rate	
SKIN ULCERS W/O CC/MCC	594	MS-DRG	inpatient				21835.93	Horizon	Medicare Blue		18987.76				9300.39	30388.17	case rate	
MAJOR SKIN DISORDERS W MCC	595	MS-DRG	inpatient				41653.25	Horizon	Medicare Blue		36220.22				26690.06	74522.66	case rate	
MAJOR SKIN DISORDERS W/O MCC	596	MS-DRG	inpatient				25000.76	Horizon	Medicare Blue		21739.79				11917.82	37938.33	case rate	
MALIGNANT BREAST DISORDERS W MCC	597	MS-DRG	inpatient				33448.4	Horizon	Medicare Blue		29085.56				18904.34	64512.04	case rate	
MALIGNANT BREAST DISORDERS W CC	598	MS-DRG	inpatient				27711.43	Horizon	Medicare Blue		24096.9				14159.65	43594.39	case rate	
MALIGNANT BREAST DISORDERS W/O CC/MCC	599	MS-DRG	inpatient				19465.1	Horizon	Medicare Blue		16926.23				7339.68	26870.01	case rate	
NON-MALIGNANT BREAST DISORDERS W CC/MCC	600	MS-DRG	inpatient				25236.41	Horizon	Medicare Blue		21944.7				12112.71	35856.69	case rate	
NON-MALIGNANT BREAST DISORDERS W/O CC/MCC	601	MS-DRG	inpatient				19482.3	Horizon	Medicare Blue		16941.13				7353.85	23224.33	case rate	
CELLULITIS W MCC	602	MS-DRG	inpatient				31834.56	Horizon	Medicare Blue		27682.23				17569.64	54160.11	case rate	
CELLULITIS W/O MCC	603	MS-DRG	inpatient				23225.54	Horizon	Medicare Blue		20196.12				10449.65	31794.68	case rate	
TRAUMA TO THE SKIN, SUBCUT TISS & BREAST W MCC	604	MS-DRG	inpatient				32101.63	Horizon	Medicare Blue		27914.46				17790.51	53139.92	case rate	
TRAUMA TO THE SKIN, SUBCUT TISS & BREAST W/O MCC	605	MS-DRG	inpatient				23569.73	Horizon	Medicare Blue		20495.42				10734.31	32274.77	case rate	
MINOR SKIN DISORDERS W MCC	606	MS-DRG	inpatient				33238.46	Horizon	Medicare Blue		28903.01				18730.71	51786.67	case rate	
MINOR SKIN DISORDERS W/O MCC	607	MS-DRG	inpatient				23351.22	Horizon	Medicare Blue		20305.41				10553.59	30043.11	case rate	
ADRENAL & PITUITARY PROCEDURES W CC/MCC	614	MS-DRG	inpatient				42758.65	Horizon	Medicare Blue		37181.44				26604.27	88651.55	case rate	
ADRENAL & PITUITARY PROCEDURES W/O CC/MCC	615	MS-DRG	inpatient				31600.34	Horizon	Medicare Blue		27478.56				17375.93	55555.37	case rate	
AMPUTAT OF LOWER LIMB FOR ENDOCRINE, NUTRIT, & METABOL DIS W MCC	616	MS-DRG	inpatient				67113.29	Horizon	Medicare Blue		58359.37				46746.45	155098.95	case rate	
AMPUTAT OF LOWER LIMB FOR ENDOCRINE, NUTRIT, & METABOL DIS W CC	617	MS-DRG	inpatient				38932.58	Horizon	Medicare Blue		33854.42				23439.96	77774.52	case rate	
AMPUTAT OF LOWER LIMB FOR ENDOCRINE, NUTRIT, & METABOL DIS W/O CC/MCC	618	MS-DRG	inpatient				27178.72	Horizon	Medicare Blue		23633.67				13719.08	43481.87	case rate	
O.R. PROCEDURES FOR OBESITY W MCC	619	MS-DRG	inpatient				47558.74	Horizon	Medicare Blue		41355.43				30574.12	109546.69	case rate	
O.R. PROCEDURES FOR OBESITY W CC	620	MS-DRG	inpatient				33758.51	Horizon	Medicare Blue		29355.05				19160.65	67872.67	case rate	
O.R. PROCEDURES FOR OBESITY W/O CC/MCC	621	MS-DRG	inpatient				32260.16	Horizon	Medicare Blue		28052.31				17921.62	59197.3	case rate	
SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W MCC	622	MS-DRG	inpatient				65226.66	Horizon	Medicare Blue		56718.84				45186.15	142451.59	case rate	
SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W CC	623	MS-DRG	inpatient				37174.4	Horizon	Medicare Blue		32325.65				21986.96	72133.46	case rate	
SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W/O CC/MCC	624	MS-DRG	inpatient				26507.48	Horizon	Medicare Blue		23049.98				13163.94	48609.07	case rate	
THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W MCC	625	MS-DRG	inpatient				52310.27	Horizon	Medicare Blue		45487.19				34503.81	104393.23	case rate	
THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W CC	626	MS-DRG	inpatient				31897.4	Horizon	Medicare Blue		27736.87				17621.61	60409.77	case rate	
THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W/O CC/MCC	627	MS-DRG	inpatient				26242.71	Horizon	Medicare Blue		24568.88				14599.04	40695.1	case rate	
OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W MCC	628	MS-DRG	inpatient				67924.48	Horizon	Medicare Blue		59064.77				47417.35	137838.23	case rate	
OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W CC	629	MS-DRG	inpatient				42907.18	Horizon	Medicare Blue		37310.6				26727.11	87717.62	case rate	
OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W/O CC/MCC	630	MS-DRG	inpatient				30532.07	Horizon	Medicare Blue		26549.63				16492.43	57554.49	case rate	
DIABETES W MCC	637	MS-DRG	inpatient				31289	Horizon	Medicare Blue		27207.83				17118.44	51808.42	case rate	
DIABETES W CC	638	MS-DRG	inpatient				23435.48	Horizon	Medicare Blue		20378.68				10623.28	32713.61	case rate	
DIABETES W/O CC/MCC	639	MS-DRG	inpatient				19480.87	Horizon	Medicare Blue		16939.89				7352.67	23700.67	case rate	
MISC DISORDERS OF NUTRITION, METABOLISM, FLUIDS\ELECTROLYTES W MCC	640	MS-DRG	inpatient				29373.82	Horizon	Medicare Blue		25542.45				15534.51	44640.83	case rate	
MISC DISORDERS OF NUTRITION, METABOLISM, FLUIDS\ELECTROLYTES W/O MCC	641	MS-DRG	inpatient				21750.26	Horizon	Medicare Blue		18913.25				9229.52	28201.51	case rate	
INBORN AND OTHER DISORDERS OF METABOLISM	642	MS-DRG	inpatient				29203.87	Horizon	Medicare Blue		25394.67				15393.95	47390.09	case rate	
ENDOCRINE DISORDERS W MCC	643	MS-DRG	inpatient				34085.36	Horizon	Medicare Blue		29639.45				19431.13	61290.19	case rate	
ENDOCRINE DISORDERS W CC	644	MS-DRG	inpatient				25753.41	Horizon	Medicare Blue		22394.27				12540.29	37975.84	case rate	
ENDOCRINE DISORDERS W/O CC/MCC	645	MS-DRG	inpatient				21457.46	Horizon	Medicare Blue		18658.66				8987.39	27863.95	case rate	
KIDNEY TRANSPLANT WITH HEMODIALYSIS WITH MCC	650	MS-DRG	inpatient				74822.55	Horizon	Medicare Blue		65063.09				53122.31	78036.12	case rate	
KIDNEY TRANSPLANT WITH HEMODIALYSIS WITHOUT MCC	651	MS-DRG	inpatient				59982.41	Horizon	Medicare Blue		52158.62				40848.96	60006.7	case rate	
KIDNEY TRANSPLANT	652	MS-DRG	inpatient				53498.51	Horizon	Medicare Blue		46520.44				35486.53	124320.7	case rate	
MAJOR BLADDER PROCEDURES W MCC	653	MS-DRG	inpatient				87906.04	Horizon	Medicare Blue		76440.04				63942.84	205875.92	case rate	
MAJOR BLADDER PROCEDURES W CC	654	MS-DRG	inpatient				49686.72	Horizon	Medicare Blue		43205.84				32334.04	107768.86	case rate	
MAJOR BLADDER PROCEDURES W/O CC/MCC	655	MS-DRG	inpatient				40693.52	Horizon	Medicare Blue		35385.67				24896.32	77909.54	case rate	
KIDNEY & URETER PROCEDURES FOR NEOPLASM W MCC	656	MS-DRG	inpatient				55400.84	Horizon	Medicare Blue		48174.64				37059.83	124808.29	case rate	
KIDNEY & URETER PROCEDURES FOR NEOPLASM W CC	657	MS-DRG	inpatient				36928.85	Horizon	Medicare Blue		32112.05				21782.81	73041.13	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101191	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
KIDNEY & URETER PROCEDURES FOR NEOPLASM W/O CC/MCC	658	MS-DRG	inpatient				31733.16	Horizon	Medicare Blue		27594.05				17486.77	58750.96	case rate	
KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W MCC	659	MS-DRG	inpatient				47564.45	Horizon	Medicare Blue		41360.4				30578.84	102285.34	case rate	
KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W CC	660	MS-DRG	inpatient				29812.27	Horizon	Medicare Blue		25923.71				15897.12	54295.13	case rate	
KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W/O CC/MCC	661	MS-DRG	inpatient				25563.46	Horizon	Medicare Blue		22229.09				12383.2	40237.51	case rate	
MINOR BLADDER PROCEDURES W MCC	662	MS-DRG	inpatient				53388.54	Horizon	Medicare Blue		46424.82				35395.58	119223.5	case rate	
MINOR BLADDER PROCEDURES W CC	663	MS-DRG	inpatient				31427.53	Horizon	Medicare Blue		27328.29				17233.01	61522.73	case rate	
MINOR BLADDER PROCEDURES W/O CC/MCC	664	MS-DRG	inpatient				25751.98	Horizon	Medicare Blue		22393.02				12539.11	44472.05	case rate	
PROSTATECTOMY W MCC	665	MS-DRG	inpatient				54708.17	Horizon	Medicare Blue		47572.32				36496.97	119227.25	case rate	
PROSTATECTOMY W CC	666	MS-DRG	inpatient				35117.93	Horizon	Medicare Blue		30537.33				20285.1	69728.7	case rate	
PROSTATECTOMY W/O CC/MCC	667	MS-DRG	inpatient				25580.6	Horizon	Medicare Blue		22244				12397.37	40522.56	case rate	
TRANSURETHRAL PROCEDURES W MCC	668	MS-DRG	inpatient				50836.4	Horizon	Medicare Blue		44205.56				33284.86	105567.2	case rate	
TRANSURETHRAL PROCEDURES W CC	669	MS-DRG	inpatient				32507.23	Horizon	Medicare Blue		28267.16				18125.96	59354.83	case rate	
TRANSURETHRAL PROCEDURES W/O CC/MCC	670	MS-DRG	inpatient				24338.58	Horizon	Medicare Blue		21163.55				11369.77	38137.99	case rate	
URETHRAL PROCEDURES W CC/MCC	671	MS-DRG	inpatient				35039.38	Horizon	Medicare Blue		30469.03				20220.14	63143.03	case rate	
URETHRAL PROCEDURES W/O CC/MCC	672	MS-DRG	inpatient				23768.25	Horizon	Medicare Blue		20668.04				10898.49	39641.15	case rate	
OTHER KIDNEY & URINARY TRACT PROCEDURES W MCC	673	MS-DRG	inpatient				63404.32	Horizon	Medicare Blue		55134.19				43679	134173.79	case rate	
OTHER KIDNEY & URINARY TRACT PROCEDURES W CC	674	MS-DRG	inpatient				44612.42	Horizon	Medicare Blue		38793.41				28137.4	86719.93	case rate	
OTHER KIDNEY & URINARY TRACT PROCEDURES W/O CC/MCC	675	MS-DRG	inpatient				33248.45	Horizon	Medicare Blue		28911.7				18738.98	60960.13	case rate	
RENAL FAILURE W MCC	682	MS-DRG	inpatient				32024.51	Horizon	Medicare Blue		27847.4				17726.73	57460.72	case rate	
RENAL FAILURE W CC	683	MS-DRG	inpatient				23455.42	Horizon	Medicare Blue		20396.07				10639.82	34498.93	case rate	
RENAL FAILURE W/O CC/MCC	684	MS-DRG	inpatient				19280.93	Horizon	Medicare Blue		16766.02				7187.31	23246.84	case rate	
KIDNEY & URINARY TRACT NEOPLASMS W MCC	686	MS-DRG	inpatient				36860.3	Horizon	Medicare Blue		32052.44				21726.11	64422.02	case rate	
KIDNEY & URINARY TRACT NEOPLASMS W CC	687	MS-DRG	inpatient				25519.18	Horizon	Medicare Blue		22190.6				12346.58	39521.13	case rate	
KIDNEY & URINARY TRACT NEOPLASMS W/O CC/MCC	688	MS-DRG	inpatient				21743.1	Horizon	Medicare Blue		18907.04				9223.62	29684.29	case rate	
KIDNEY & URINARY TRACT INFECTIONS W MCC	689	MS-DRG	inpatient				27362.96	Horizon	Medicare Blue		23793.87				13871.45	41692.78	case rate	
KIDNEY & URINARY TRACT INFECTIONS W/O MCC	690	MS-DRG	inpatient				22114.42	Horizon	Medicare Blue		19229.93				9530.72	29784.31	case rate	
URINARY STONES W MCC	693	MS-DRG	inpatient				30817.7	Horizon	Medicare Blue		26798				16728.66	49644.27	case rate	
URINARY STONES W/O MCC	694	MS-DRG	inpatient				21768.8	Horizon	Medicare Blue		18929.39				9244.86	26333.66	case rate	
KIDNEY & URINARY TRACT SIGNS & SYMPTOMS W MCC	695	MS-DRG	inpatient				27671.44	Horizon	Medicare Blue		24062.12				14126.58	43084.29	case rate	
KIDNEY & URINARY TRACT SIGNS & SYMPTOMS W/O MCC	696	MS-DRG	inpatient				20474.88	Horizon	Medicare Blue		17804.24				8174.75	25827.32	case rate	
URETHRAL STRICTURE	697	MS-DRG	inpatient				26487.49	Horizon	Medicare Blue		23032.6				13147.4	36098.72	case rate	
OTHER KIDNEY & URINARY TRACT DIAGNOSES W MCC	698	MS-DRG	inpatient				34218.18	Horizon	Medicare Blue		29754.94				19540.98	60577.56	case rate	
OTHER KIDNEY & URINARY TRACT DIAGNOSES W CC	699	MS-DRG	inpatient				25169.28	Horizon	Medicare Blue		21886.33				12057.2	38553.45	case rate	
OTHER KIDNEY & URINARY TRACT DIAGNOSES W/O CC/MCC	700	MS-DRG	inpatient				20706.24	Horizon	Medicare Blue		18005.43				8366.1	28494.07	case rate	
MAJOR MALE PELVIC PROCEDURES W CC/MCC	707	MS-DRG	inpatient				38609.81	Horizon	Medicare Blue		33573.75				23173.02	67190.04	case rate	
MAJOR MALE PELVIC PROCEDURES W/O CC/MCC	708	MS-DRG	inpatient				31420.39	Horizon	Medicare Blue		27322.08				17227.1	52753.6	case rate	
PENIS PROCEDURES W CC/MCC	709	MS-DRG	inpatient				40867.75	Horizon	Medicare Blue		35537.18				25040.42	76206.72	case rate	
PENIS PROCEDURES W/O CC/MCC	710	MS-DRG	inpatient				28218.43	Horizon	Medicare Blue		24537.77				14578.96	62617.94	case rate	
TESTES PROCEDURES W CC/MCC	711	MS-DRG	inpatient				40909.17	Horizon	Medicare Blue		35573.19				25074.68	78145.83	case rate	
TESTES PROCEDURES W/O CC/MCC	712	MS-DRG	inpatient				27562.9	Horizon	Medicare Blue		23967.74				14036.81	40387.54	case rate	
TRANSURETHRAL PROSTATECTOMY W CC/MCC	713	MS-DRG	inpatient				31309	Horizon	Medicare Blue		27225.21				17134.97	54887.74	case rate	
TRANSURETHRAL PROSTATECTOMY W/O CC/MCC	714	MS-DRG	inpatient				24279.53	Horizon	Medicare Blue		21112.64				11321.34	34150.12	case rate	
OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC FOR MALIGNANCY W CC/MCC	715	MS-DRG	inpatient				42117.41	Horizon	Medicare Blue		36623.83				26073.93	82886.72	case rate	
OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC FOR MALIGNANCY W/O CC/MCC	716	MS-DRG	inpatient				30901.97	Horizon	Medicare Blue		26871.28				16798.34	54872.74	case rate	
OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC EXC MALIGNANCY W CC/MCC	717	MS-DRG	inpatient				36493.26	Horizon	Medicare Blue		31733.27				21422.55	73299.93	case rate	
OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC EXC MALIGNANCY W/O CC/MCC	718	MS-DRG	inpatient				27382.95	Horizon	Medicare Blue		23811.26				13887.99	46231.13	case rate	
MALIGNANCY, MALE REPRODUCTIVE SYSTEM W MCC	722	MS-DRG	inpatient				37365.88	Horizon	Medicare Blue		32492.07				22144.24	62250.37	case rate	
MALIGNANCY, MALE REPRODUCTIVE SYSTEM W CC	723	MS-DRG	inpatient				26504.62	Horizon	Medicare Blue		23047.5				13161.58	41313.96	case rate	
MALIGNANCY, MALE REPRODUCTIVE SYSTEM W/O CC/MCC	724	MS-DRG	inpatient				22151.55	Horizon	Medicare Blue		19262.22				9561.43	25849.82	case rate	
BENIGN PROSTATIC HYPERTROPHY W MCC	725	MS-DRG	inpatient				28312.69	Horizon	Medicare Blue		24619.73				14658.92	45544.75	case rate	
BENIGN PROSTATIC HYPERTROPHY W/O MCC	726	MS-DRG	inpatient				21029.01	Horizon	Medicare Blue		18286.1				8633.04	28674.1	case rate	
INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM W MCC	727	MS-DRG	inpatient				33741.17	Horizon	Medicare Blue		29340.15				19146.47	53935.07	case rate	
INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM W/O MCC	728	MS-DRG	inpatient				22017.31	Horizon	Medicare Blue		19145.48				9460.4	29683.04	case rate	
OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES W CC/MCC	729	MS-DRG	inpatient				34927.92	Horizon	Medicare Blue		30376.45				21676.45	61857.58	case rate	
OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES W/O CC/MCC	730	MS-DRG	inpatient				19468.02	Horizon	Medicare Blue		16928.71				7342.04	21318.98	case rate	
PELVIC EVISCERATION, RAD HYSTERECTOMY & RAD VULVECTOMY W CC/MCC	734	MS-DRG	inpatient				41633.25	Horizon	Medicare Blue		36202.83				25673.52	86497.39	case rate	
PELVIC EVISCERATION, RAD HYSTERECTOMY & RAD VULVECTOMY W/O CC/MCC	735	MS-DRG	inpatient				28588.33	Horizon	Medicare Blue		24859.42				14894.88	51197.06	case rate	
UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W MCC	736	MS-DRG	inpatient				66106.42	Horizon	Medicare Blue		57483.84				45913.74	151175.71	case rate	
UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W CC	737	MS-DRG	inpatient				38779.77	Horizon	Medicare Blue		33721.54				23313.58	76191.72	case rate	
UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W/O CC/MCC	738	MS-DRG	inpatient				30079.34	Horizon	Medicare Blue		26155.95				16118	52221	case rate	
UTERINE, ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W MCC	739	MS-DRG	inpatient				62237.14	Horizon	Medicare Blue		54119.56				42714	134938.93	case rate	
UTERINE, ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W CC	740	MS-DRG	inpatient				36111.94	Horizon	Medicare Blue		31401.69				21107.19	65370.95	case rate	
UTERINE, ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W/O CC/MCC	741	MS-DRG	inpatient				29146.74	Horizon	Medicare Blue		25344.99				15346.71	49801.79	case rate	
UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W CC/MCC	742	MS-DRG	inpatient				36039.1	Horizon	Medicare Blue		31336.35				21046.95	64287	case rate	
UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC/MCC	743	MS-DRG	inpatient				27185.86	Horizon	Medicare Blue		23639.88				13724.99	41842.81	case rate	
D&C, CONIZATION, LAPAROSCOPY & TUBAL INTERRUPTION W CC/MCC	744	MS-DRG	inpatient				37474.42	Horizon	Medicare Blue		32586.45				22234.01	63398.08	case rate	
D&C, CONIZATION, LAPAROSCOPY & TUBAL INTERRUPTION W/O CC/MCC	745	MS-DRG	inpatient				25384.94	Horizon	Medicare Blue		22073.86				12235.55	40109.99	case rate	
VAGINA, CERVIX & VULVA PROCEDURES W CC/MCC	746	MS-DRG	inpatient				34528.1	Horizon	Medicare Blue		30024.43				19797.29	62925.49	case rate	
VAGINA, CERVIX & VULVA PROCEDURES W/O CC/MCC	747	MS-DRG	inpatient				23261.24	Horizon	Medicare Blue		20227.17				10479.18	35939.21	case rate	
FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES	748	MS-DRG	inpatient				30654.89	Horizon	Medicare Blue		26656.43				16594	48534.06	case rate	
OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES W CC/MCC	749	MS-DRG	inpatient				46540.46	Horizon	Medicare Blue		40469.96				29731.96	97593.21	case rate	
OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES W/O CC/MCC	750	MS-DRG	inpatient				30013.84	Horizon	Medicare Blue		26098.82				16063.67	45904.82	case rate	
MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W MCC	754	MS-DRG	inpatient				37047.39	Horizon	Medicare Blue		32215.12				21880.84	69065.39	case rate	
MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W CC	755	MS-DRG	inpatient				26081.88	Horizon	Medicare Blue		22679.9				12811.96	40128.74	case rate	
MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W/O CC/MCC	756	MS-DRG	inpatient				24725.12	Horizon	Medicare Blue		21500.11				11698.86	29259.21	case rate	
INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W MCC	757	MS-DRG	inpatient				31883.12	Horizon	Medicare Blue		27733.15				17618.06	54043.84	case rate	
INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W CC	758	MS-DRG	inpatient				24766.54	Horizon	Medicare Blue		21536.12				11724.11	38272.14	case rate	
INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W/O CC/MCC	759	MS-DRG	inpatient				19819.35	Horizon	Medicare Blue		17234.22				7632.6	26656.22	case rate	
MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS W CC/MCC	760	MS-DRG	inpatient				24806.53	Horizon	Medicare Blue		21570.89				11757.19	32694.85	case rate	
MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS W/O CC/MCC	761	MS-DRG	inpatient				19239.51	Horizon	Medicare Blue		16730.01				7153.06	20606.35	case rate	
VAGINAL DELIVERY W O.R. PROC EXCEPT STERIL &/OR D&C	768	MS-DRG	inpatient				27987.07	Horizon	Medicare Blue		24336.58				8760	42435.42	case rate	
POSTPARTUM & POST ABORTION DIAGNOSES W O.R. PROCEDURE	769	MS-DRG	inpatient				32640.05	Horizon	Medicare Blue		28382.65				18235.81	54681.46	case rate	
ABORTION W D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY	770	MS-DRG	inpatient				21997.31	Horizon	Medicare Blue		19128.1				9433.86	40053.73	case rate	
POSTPARTUM & POST ABORTION DIAGNOSES W/O O.R. PROCEDURE	776	MS-DRG	inpatient				20826.21	Horizon	Medicare Blue		18109.75				8465.32	24717.11	case rate	
ABORTION W/O D&C	779	MS-DRG	inpatient				24717.98	Horizon	Medicare Blue		21493.9				11683.96	28291.53	case rate	
CESAREAN SECTION W STERILIZATION W MCC	783	MS-DRG	inpatient				35894.86	Horizon	Medicare Blue		31212.92				8487	65468.47	case rate	
CESAREAN SECTION W STERILIZATION W CC	784	MS-DRG	inpatient				25216.41	Horizon	Medicare Blue		21927.31				8487	41336.46	case rate	
CESAREAN SECTION W STERILIZATION W/O CC/MCC	785	MS-DRG	inpatient				22962.76	Horizon	Medicare Blue		19967.61				8487	31712.17	case rate	
CESAREAN SECTION W/O STERILIZATION W MCC	786	MS-DRG	inpatient				35576.38	Horizon	Medicare Blue		30935.98				8487	58315.88	case rate	
CESAREAN SECTION W/O STERILIZATION W CC	787	MS-DRG	inpatient				25602.02	Horizon	Medicare Blue		22262.63				8487	40548.82	case rate	
CESAREAN SECTION W/O STERILIZATION W/O CC/MCC	788	MS-DRG	inpatient				22801.37	Horizon	Medicare Blue		19827.28				8487	33782.55	case rate	
NEONATES, DIED OR TRANSFERRED TO ANOTHER ACUTE CARE FACILITY	789	MS-DRG	inpatient				36574.67	Horizon	Medicare Blue		31804.06				637	62400.4	case rate	
EXTREME IMMATURITY OR RESPIRATORY DISTRESS SYNDROME, NEONATE	790	MS-DRG	inpatient				96282.27	Horizon	Medicare Blue		83723.72				637	205774.65	case rate	
PREMATURITY W MAJOR PROBLEMS	791	MS-DRG	inpatient				69112.72	Horizon	Medicare Blue		60098.02				637	140538.73	case rate	
PREMATURITY W/O MAJOR PROBLEMS	792	MS-DRG	inpatient				45902.06	Horizon	Medicare Blue		39914.84				637	84795.83	case rate	
FULL TERM NEONATE W MAJOR PROBLEMS	793	MS-DRG	inpatient				70706.56	Horizon	Medicare Blue		61483.97				637	144360.69	case rate	
NEONATE W OTHER SIGNIFICANT PROBLEMS	794	MS-DRG	inpatient				31868.84	Horizon	Medicare Blue		27712.03				637	51095.79	case rate	
NORMAL NEWBORN	795	MS-DRG	inpatient				13471.12	Horizon	Medicare Blue		11714.02				637	11714.02	case rate	
VAGINAL DELIVERY W STERILIZATION/D&C W MCC	796	MS-DRG	inpatient				30847.7	Horizon	Medicare Blue		26824.08				6365	55067.78	case rate	
VAGINAL DELIVERY W STERILIZATION/D&C W CC	797	MS-DRG	inpatient				24813.67	Horizon	Medicare Blue		21577.1				6365	31764.68	case rate	
VAGINAL DELIVERY W STERILIZATION/D&C W/O CC/MCC	798	MS-DRG	inpatient				22175.83	Horizon	Medicare Blue		19283.33				6365	31764.68	case rate	
SPLENECTOMY W MCC	799	MS-DRG	inpatient				81360.73	Horizon	Medicare Blue		70739.77				58521.36	176342.91	case rate	
SPLENECTOMY W CC	800	MS-DRG	inpatient				50832.11	Horizon	Medicare Blue		44201.84				33281.32	98523.39	case rate	
SPLENECTOMY W/O CC/MCC	801	MS-DRG	inpatient				36150.5	Horizon	Medicare Blue		31435.22				5977	58372.14	case rate	
OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W MCC	802	MS-DRG	inpatient				59009.83	Horizon	Medicare Blue		51312.89				8199	125543.43	case rate	
OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W CC	803	MS-DRG	inpatient				37128.2	Horizon	Medicare Blue		32285.91				13379	64990.8	case rate	
OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W/O CC/MCC	804	MS-DRG	inpatient				27877.1	Horizon	Medicare Blue		24240.95				14296.66	46152.36	case rate	
VAGINAL DELIVERY W/O STERILIZATION/D&C W MCC	805	MS-DRG	inpatient				24989.33	Horizon	Medicare Blue		21729.85				6365	38377.16	case rate	
VAGINAL DELIVERY W/O STERILIZATION/D&C W CC	806	MS-DRG	inpatient				21254.66	Horizon	Medicare Blue		18482.31				6365	26532.45	case rate	
VAGINAL DELIVERY W/O STERILIZATION/D&C W/O CC/MCC	807	MS-DRG	inpatient				19935.03	Horizon	Medicare Blue		17334.81				6365	23029.3	case rate	
MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W MCC	808	MS-DRG	inpatient				41868.9	Horizon	Medicare Blue		36407.74				25868.41	80610.04	case rate	
MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W CC	809	MS-DRG	inpatient				27791.41	Horizon	Medicare Blue		24166.44				14225.79	45177.18	case rate	
MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W/O CC/MCC	810	MS-DRG	inpatient				24936.49	Horizon	Medicare Blue		21683.9				11894.67	34581.45	case rate	
RED BLOOD CELL DISORDERS W MCC	811	MS-DRG	inpatient				30636.33	Horizon	Medicare Blue		26640.28				16578.65	50859.49	case rate	
RED BLOOD CELL DISORDERS W/O MCC	812	MS-DRG	inpatient				23454.05	Horizon	Medicare Blue		20394.82				10638.64	33126.18	case rate	
COAGULATION DISORDERS	813	MS-DRG	inpatient				32969.99	Horizon	Medicare Blue		28582.6				18425.97	60442.53	case rate	
RETICULOENDOTHELIAL & IMMUNITY DISORDERS W MCC	814	MS-DRG	inpatient				40983.4	Horizon	Medicare Blue		35637.77				25196.1	82374.14	case rate	
RETICULOENDOTHELIAL & IMMUNITY DISORDERS W CC	815	MS-DRG	inpatient				24789.39	Horizon	Medicare Blue		21555.99				11743.01	36670.59	case rate	
RETICULOENDOTHELIAL & IMMUNITY DISORDERS W/O CC/MCC	816	MS-DRG	inpatient				20733.38	Horizon	Medicare Blue		18029.03				8388.54	27065.05	case rate	
OTHER ANTEPARTUM DIAGNOSES W O.R. PROCEDURE W MCC	817	MS-DRG	inpatient				42795.79	Horizon	Medicare Blue		37213.73				26634.98	94956.47	case rate	
OTHER ANTEPARTUM DIAGNOSES W O.R. PROCEDURE W CC	818	MS-DRG	inpatient				27344.39	Horizon	Medicare Blue		23777.73				13898.09	50953.26	case rate	
OTHER ANTEPARTUM DIAGNOSES W O.R. PROCEDURE W/O CC/MCC	819	MS-DRG	inpatient				23546.88	Horizon	Medicare Blue		20475.55				10715.41	31468.37	case rate	
LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W MCC	820	MS-DRG	inpatient				96947.8	Horizon	Medicare Blue		84302.44				71420.72	204176.86	case rate	
LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W CC	821	MS-DRG	inpatient				42468.7	Horizon	Medicare Blue		36929.34				6969	89803.01	case rate	
LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W/O CC/MCC	822	MS-DRG	inpatient				28282.7	Horizon	Medicare Blue		24593.65				8721	45375.97	case rate	
LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER PROC W MCC	823	MS-DRG	inpatient				74885.39	Horizon	Medicare Blue		65117.73				12547	169704.17	case rate	
LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER PROC W CC	824	MS-DRG	inpatient				42480.16	Horizon	Medicare Blue		36939.27				22652	92305.36	case rate	
LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER PROC W/O CC/MCC	825	MS-DRG	inpatient				29033.92	Horizon	Medicare Blue		25246.88				15263.4	59772.01	case rate	
MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W MCC	826	MS-DRG	inpatient				73270.13	Horizon	Medicare Blue		63713.16				51838.4	185580.89	case rate	
MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W CC	827	MS-DRG	inpatient				43684.11	Horizon	Medicare Blue		37986.18				27369.65	84454.51	case rate	
MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W/O CC/MCC	828	MS-DRG	inpatient				34018.24	Horizon	Medicare Blue		29581.08				19375.62	61338.95	case rate	
MYELOPROLIFERATIVE DISORDERS OR POORLY DIFFERENTIATED NEOPLASMS W OTHER PROCEDURE W CC/MCC	829	MS-DRG	inpatient				56632.2	Horizon	Medicare Blue		48375.83				37251.17	116635.52	case rate	
MYELOPROLIFERATIVE DISORDERS OR POORLY DIFFERENTIATED NEOPLASMS W OTHER PROCEDURE W/O CC/MCC	830	MS-DRG	inpatient				33172.76	Horizon	Medicare Blue		28845.88				18676.38	53214.93	case rate	
OTHER ANTEPARTUM DIAGNOSES W/O O.R. PROCEDURE W MCC	831	MS-DRG	inpatient				29012.18	Horizon	Medicare Blue		21749.72				11927.27	38560.95	case rate	
OTHER ANTEPARTUM DIAGNOSES W/O O.R. PROCEDURE W CC	832	MS-DRG	inpatient				21126.13	Horizon	Medicare Blue		18370.54				8713.36	26960.03	case rate	
OTHER ANTEPARTUM DIAGNOSES W/O O.R. PROCEDURE W/O CC/MCC	833	MS-DRG	inpatient				17899.88	Horizon	Medicare Blue		15565.12				6045.14	19014.61	case rate	
ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W MCC	834	MS-DRG	inpatient				90553.87	Horizon	Medicare Blue		78742.5				66132.7	206581.05	case rate	
ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W CC	835	MS-DRG	inpatient				42517.29	Horizon	Medicare Blue		36971.56				26404.65	80114.95	case rate	
ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W/O CC/MCC	836	MS-DRG	inpatient				27689.01	Horizon	Medicare Blue		24078.27				14141.93	45480.99	case rate	
CHEMO W ACUTE LEUKEMIA AS SDX OR W HIGH DOSE CHEMO AGENT W MCC	837	MS-DRG	inpatient				78522.95	Horizon	Medicare Blue		68280.83				56182.68	201566.37	case rate	
CHEMO W ACUTE LEUKEMIA AS SDX W CC OR HIGH DOSE CHEMO AGENT	838	MS-DRG	inpatient				38474.14	Horizon	Medicare Blue		33455.77				23060.81	88238.97	case rate	
CHEMO W ACUTE LEUKEMIA AS SDX W/O CC/MCC	839	MS-DRG	inpatient				29201.01	Horizon	Medicare Blue		25392.19				15391.59	47105.04	case rate	
LYMPHOMA & NON-ACUTE LEUKEMIA W MCC	840	MS-DRG	inpatient				55223.74	Horizon	Medicare Blue		48020.65				36913.36	123506.8	case rate	
LYMPHOMA & NON-ACUTE LEUKEMIA W CC	841	MS-DRG	inpatient				33082.79	Horizon	Medicare Blue		28750.25				18585.43	61316.44	case rate	
LYMPHOMA & NON-ACUTE LEUKEMIA W/O CC/MCC	842	MS-DRG	inpatient				25820.53	Horizon	Medicare Blue		22452.63				12595.8	42049.1	case rate	
OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W MCC	843	MS-DRG	inpatient				37163.07	Horizon	Medicare Blue		32315.72				21976.51	69237.92	case rate	
OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W CC	844	MS-DRG	inpatient				27117.31	Horizon	Medicare Blue		23580.27				13668.29	44213.25	case rate	
OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W/O CC/MCC	845	MS-DRG	inpatient				22942.76	Horizon	Medicare Blue		19950.23				10215.78	32488.56	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.															
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true														
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W MCC	846	MS-DRG	inpatient				45485.81	Horizon	Medicare Blue		39560.9				28867.35	105690.98	case rate	
CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W CC	847	MS-DRG	inpatient				27908.52	Horizon	Medicare Blue		24268.28				14322.65	49753.04	case rate	
CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W/O CC/MCC	848	MS-DRG	inpatient				21437.47	Horizon	Medicare Blue		18641.28				8970.85	34979.03	case rate	
RADIOTHERAPY	849	MS-DRG	inpatient				49028.33	Horizon	Medicare Blue		42633.33				31789.52	73896.29	case rate	
INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W MCC	853	MS-DRG	inpatient				81989.12	Horizon	Medicare Blue		71294.89				58049.33	189676.65	case rate	
INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W CC	854	MS-DRG	inpatient				39699.51	Horizon	Medicare Blue		34521.31				24074.24	82620.42	case rate	
INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W/O CC/MCC	855	MS-DRG	inpatient				34895.14	Horizon	Medicare Blue		30343.6				20100.84	58510.92	case rate	
POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W MCC	856	MS-DRG	inpatient				73835.69	Horizon	Medicare Blue		64204.95				52306.14	168342.67	case rate	
POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W CC	857	MS-DRG	inpatient				41091.86	Horizon	Medicare Blue		35732.15				25225.86	77140.65	case rate	
POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W/O CC/MCC	858	MS-DRG	inpatient				28919.66	Horizon	Medicare Blue		25147.53				15158.9	51763.41	case rate	
POSTOPERATIVE & POST-TRAUMATIC INFECTIONS W MCC	862	MS-DRG	inpatient				36897.43	Horizon	Medicare Blue		32084.73				21756.82	68551.54	case rate	
POSTOPERATIVE & POST-TRAUMATIC INFECTIONS W/O MCC	863	MS-DRG	inpatient				24950.77	Horizon	Medicare Blue		21696.32				11676.48	36936.89	case rate	
FEVER AND INFLAMMATORY CONDITIONS	864	MS-DRG	inpatient				23198.12	Horizon	Medicare Blue		20172.53				10427.21	32417.3	case rate	
VIRAL ILLNESS W MCC	865	MS-DRG	inpatient				34011.1	Horizon	Medicare Blue		29574.87				19369.71	51842.18	case rate	
VIRAL ILLNESS W/O MCC	866	MS-DRG	inpatient				23696.64	Horizon	Medicare Blue		20605.94				10839.43	30770.74	case rate	
OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W MCC	867	MS-DRG	inpatient				40472.16	Horizon	Medicare Blue		35193.17				24713.24	79998.68	case rate	
OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W CC	868	MS-DRG	inpatient				26093.31	Horizon	Medicare Blue		22689.83				12821.4	40391.29	case rate	
OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W/O CC/MCC	869	MS-DRG	inpatient				20454.89	Horizon	Medicare Blue		17786.86				8158.22	28801.63	case rate	
SEPTICEMIA OR SEVERE SEPSIS W MV >96 HOURS	870	MS-DRG	inpatient				110061.28	Horizon	Medicare Blue		95705.46				82266.06	236117.82	case rate	
SEPTICEMIA OR SEVERE SEPSIS W/O MV >96 HOURS W MCC	871	MS-DRG	inpatient				38905.43	Horizon	Medicare Blue		33830.82				23417.52	69627.99	case rate	
SEPTICEMIA OR SEVERE SEPSIS W/O MV >96 HOURS W/O MCC	872	MS-DRG	inpatient				25299.25	Horizon	Medicare Blue		21999.34				12164.68	39491.12	case rate	
O.R. PROCEDURE W PRINCIPAL DIAGNOSES OF MENTAL ILLNESS	876	MS-DRG	inpatient				63882.75	Horizon	Medicare Blue		55550.22				44074.69	123825.61	case rate	
ACUTE ADJUSTMENT REACTION & PSYCHOSOCIAL DYSFUNCTION	880	MS-DRG	inpatient				24223.83	Horizon	Medicare Blue		21064.2				2010	21064.2	case rate	
DEPRESSIVE NEUROSES	881	MS-DRG	inpatient				23536.88	Horizon	Medicare Blue		20466.85				2010	20466.85	case rate	
NEUROSES EXCEPT DEPRESSIVE	882	MS-DRG	inpatient				24005.32	Horizon	Medicare Blue		20874.19				2010	20874.19	case rate	
DISORDERS OF PERSONALITY & IMPULSE CONTROL	883	MS-DRG	inpatient				37374.44	Horizon	Medicare Blue		32499.52				2010	32540.07	case rate	
ORGANIC DISTURBANCES & INTELLECTUAL DISABILITY	884	MS-DRG	inpatient				35682.06	Horizon	Medicare Blue		31027.88				2010	31027.88	case rate	
PSYCHOSES	885	MS-DRG	inpatient				30155.05	Horizon	Medicare Blue		26178.3				2010	26178.3	case rate	
BEHAVIORAL & DEVELOPMENTAL DISORDERS	886	MS-DRG	inpatient				34608.07	Horizon	Medicare Blue		30093.98				2010	30093.98	case rate	
OTHER MENTAL DISORDER DIAGNOSES	887	MS-DRG	inpatient				29093.9	Horizon	Medicare Blue		25299.04				2010	25299.04	case rate	
ALCOHOL/DRUG ABUSE OR DEPENDENCE, LEFT AMA	894	MS-DRG	inpatient				18795.34	Horizon	Medicare Blue		16343.78				2010	94620.59	case rate	
ALCOHOL/DRUG ABUSE OR DEPENDENCE W REHABILITATION THERAPY	895	MS-DRG	inpatient				33566.94	Horizon	Medicare Blue		29188.64				2010	29188.64	case rate	
ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY W MCC	896	MS-DRG	inpatient				35984.83	Horizon	Medicare Blue		31291.16				2010	31291.16	case rate	
ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY W/O MCC	897	MS-DRG	inpatient				22809.94	Horizon	Medicare Blue		19834.73				2010	19834.73	case rate	
WOUND DEBRIDEMENTS FOR INJURIES W MCC	901	MS-DRG	inpatient				72388.95	Horizon	Medicare Blue		62955.61				13124	187465	case rate	
WOUND DEBRIDEMENTS FOR INJURIES W CC	902	MS-DRG	inpatient				37507.26	Horizon	Medicare Blue		32615.01				22261.17	72028.44	case rate	
WOUND DEBRIDEMENTS FOR INJURIES W/O CC/MCC	903	MS-DRG	inpatient				28321.26	Horizon	Medicare Blue		24627.18				14664	56429.51	case rate	
SKIN GRAFTS FOR INJURIES W CC/MCC	904	MS-DRG	inpatient				57094.65	Horizon	Medicare Blue		49647.52				38460.67	120997.58	case rate	
SKIN GRAFTS FOR INJURIES W/O CC/MCC	905	MS-DRG	inpatient				33208.47	Horizon	Medicare Blue		28876.93				18705.9	66357.38	case rate	
HAND PROCEDURES FOR INJURIES	906	MS-DRG	inpatient				37462.99	Horizon	Medicare Blue		32576.51				22224.56	69132.9	case rate	
OTHER O.R. PROCEDURES FOR INJURIES W MCC	907	MS-DRG	inpatient				63711.37	Horizon	Medicare Blue		55401.19				43932.95	158133.26	case rate	
OTHER O.R. PROCEDURES FOR INJURIES W CC	908	MS-DRG	inpatient				39212.5	Horizon	Medicare Blue		34097.83				23671.47	74743.95	case rate	
OTHER O.R. PROCEDURES FOR INJURIES W/O CC/MCC	909	MS-DRG	inpatient				29960.8	Horizon	Medicare Blue		26052.87				16019.96	49711.78	case rate	
TRAUMATIC INJURY W MCC	913	MS-DRG	inpatient				31934.54	Horizon	Medicare Blue		27769.16				17652.32	55205.55	case rate	
TRAUMATIC INJURY W/O MCC	914	MS-DRG	inpatient				23554.02	Horizon	Medicare Blue		20481.76				10721.32	84762.6	case rate	
ALLERGIC REACTIONS W MCC	915	MS-DRG	inpatient				35926.28	Horizon	Medicare Blue		31240.24				20953.64	62895.49	case rate	
ALLERGIC REACTIONS W/O MCC	916	MS-DRG	inpatient				19999.3	Horizon	Medicare Blue		17390.69				7781.43	23828.2	case rate	
POISONING & TOXIC EFFECTS OF DRUGS W MCC	917	MS-DRG	inpatient				33382.7	Horizon	Medicare Blue		29028.44				18850	55274.07	case rate	
POISONING & TOXIC EFFECTS OF DRUGS W/O MCC	918	MS-DRG	inpatient				22885.63	Horizon	Medicare Blue		19900.55				10168.54	29206.7	case rate	
COMPLICATIONS OF TREATMENT W MCC	919	MS-DRG	inpatient				36650.36	Horizon	Medicare Blue		31869.88				21552.48	68424.02	case rate	
COMPLICATIONS OF TREATMENT W CC	920	MS-DRG	inpatient				25354.94	Horizon	Medicare Blue		22047.78				12210.75	37623.27	case rate	
COMPLICATIONS OF TREATMENT W/O CC/MCC	921	MS-DRG	inpatient				20556.29	Horizon	Medicare Blue		17875.03				8242.08	26502.45	case rate	
OTHER INJURY, POISONING & TOXIC EFFECT DIAG W MCC	922	MS-DRG	inpatient				35510.68	Horizon	Medicare Blue		30878.85				20609.92	58450.91	case rate	
OTHER INJURY, POISONING & TOXIC EFFECT DIAG W/O MCC	923	MS-DRG	inpatient				25035.57	Horizon	Medicare Blue		21769.6				11946.17	37582.48	case rate	
EXTENSIVE BURNS OR FULL THICKNESS BURNS W MV >96 HRS W SKIN GRAFT	927	MS-DRG	inpatient				387038.19	Horizon	Medicare Blue		336554.95				298049.51	689547.44	case rate	
FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W CC/MCC	928	MS-DRG	inpatient				109415.75	Horizon	Medicare Blue		95144.13				81732.17	220376.13	case rate	
FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W/O CC/MCC	929	MS-DRG	inpatient				56513.38	Horizon	Medicare Blue		49142.07				37979.94	111478.31	case rate	
EXTENSIVE BURNS OR FULL THICKNESS BURNS W MV >96 HRS W/O SKIN GRAFT	933	MS-DRG	inpatient				53892.69	Horizon	Medicare Blue		46863.21				33318	107281.27	case rate	
FULL THICKNESS BURN W/O SKIN GRAFT OR INHAL INJ	934	MS-DRG	inpatient				40475.01	Horizon	Medicare Blue		35195.66				24715.61	68769.08	case rate	
NON-EXTENSIVE BURNS	935	MS-DRG	inpatient				39740.93	Horizon	Medicare Blue		34557.33				24108.49	68326.5	case rate	
O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W MCC	939	MS-DRG	inpatient				56510.53	Horizon	Medicare Blue		49139.59				37977.58	122974.2	case rate	
O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W CC	940	MS-DRG	inpatient				41533.28	Horizon	Medicare Blue		36115.9				25590.84	81558.97	case rate	
O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W/O CC/MCC	941	MS-DRG	inpatient				37097.38	Horizon	Medicare Blue		32258.59				21922.18	69440.46	case rate	
REHABILITATION W CC/MCC	945	MS-DRG	inpatient				32148.76	Horizon	Medicare Blue		27955.44				17629.49	51193.3	case rate	
REHABILITATION W/O CC/MCC	946	MS-DRG	inpatient				25053.6	Horizon	Medicare Blue		21785.74				11961.53	39108.55	case rate	
SIGNS & SYMPTOMS W MCC	947	MS-DRG	inpatient				28465.5	Horizon	Medicare Blue		24752.61				14783.3	45218.44	case rate	
SIGNS & SYMPTOMS W/O MCC	948	MS-DRG	inpatient				22030.16	Horizon	Medicare Blue		19156.66				9461.03	29262.96	case rate	
AFTERCARE W CC/MCC	949	MS-DRG	inpatient				25387.79	Horizon	Medicare Blue		22078.34				12237.92	42990.52	case rate	
AFTERCARE W/O CC/MCC	950	MS-DRG	inpatient				19562.28	Horizon	Medicare Blue		17010.68				7420	27938.96	case rate	
OTHER FACTORS INFLUENCING HEALTH STATUS	951	MS-DRG	inpatient				19016.72	Horizon	Medicare Blue		16536.27				6968.8	29945.59	case rate	
CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA	955	MS-DRG	inpatient				97569.06	Horizon	Medicare Blue		84842.66				71934.52	228676.43	case rate	
LIMB REATTACHMENT, HIP & FEMUR PROC FOR MULTIPLE SIGNIFICANT TRAUMA	956	MS-DRG	inpatient				65977.88	Horizon	Medicare Blue		57372.07				45807.44	141918.99	case rate	
OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W MCC	957	MS-DRG	inpatient				113883.07	Horizon	Medicare Blue		99028.76				85426.82	284996.94	case rate	
OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W CC	958	MS-DRG	inpatient				68357.22	Horizon	Medicare Blue		59441.06				47775.24	156771.76	case rate	
OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W/O CC/MCC	959	MS-DRG	inpatient				46757.54	Horizon	Medicare Blue		40658.73				29911.49	91918.4	case rate	
OTHER MULTIPLE SIGNIFICANT TRAUMA W MCC	963	MS-DRG	inpatient				49641.02	Horizon	Medicare Blue		43166.1				32296.24	104832.07	case rate	
OTHER MULTIPLE SIGNIFICANT TRAUMA W CC	964	MS-DRG	inpatient				32027.37	Horizon	Medicare Blue		27849.88				17729.09	55319.07	case rate	
OTHER MULTIPLE SIGNIFICANT TRAUMA W/O CC/MCC	965	MS-DRG	inpatient				24242.4	Horizon	Medicare Blue		21080.35				11290.63	36543.07	case rate	
HIV W EXTENSIVE O.R. PROCEDURE W MCC	969	MS-DRG	inpatient				108743.08	Horizon	Medicare Blue		94559.2				81175.85	209990.44	case rate	
HIV W EXTENSIVE O.R. PROCEDURE W/O MCC	970	MS-DRG	inpatient				44929.48	Horizon	Medicare Blue		39069.11				28399.82	104598.26	case rate	
HIV W MAJOR RELATED CONDITION W MCC	974	MS-DRG	inpatient				52243.15	Horizon	Medicare Blue		45428.82				34448.3	102131.56	case rate	
HIV W MAJOR RELATED CONDITION W CC	975	MS-DRG	inpatient				30060.77	Horizon	Medicare Blue		26139.8				16102.65	48380.28	case rate	
HIV W MAJOR RELATED CONDITION W/O CC/MCC	976	MS-DRG	inpatient				22662.84	Horizon	Medicare Blue		19706.82				9984.28	35204.07	case rate	
HIV W OR W/O OTHER RELATED CONDITION	977	MS-DRG	inpatient				30814.85	Horizon	Medicare Blue		26795.52				16726.29	43879.44	case rate	
EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W MCC	981	MS-DRG	inpatient				78291.59	Horizon	Medicare Blue		68079.64				11302	163924.34	case rate	
EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W CC	982	MS-DRG	inpatient				46094.87	Horizon	Medicare Blue		40092.49				14901	92000.92	case rate	
EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W/O CC/MCC	983	MS-DRG	inpatient				33943.57	Horizon	Medicare Blue		29516.5				19314.2	59852.23	case rate	
NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W MCC	987	MS-DRG	inpatient				58815.6	Horizon	Medicare Blue		51144				39883.96	124995.83	case rate	
NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W CC	988	MS-DRG	inpatient				34826.58	Horizon	Medicare Blue		30283.99				20044.15	63503.1	case rate	
NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W/O CC/MCC	989	MS-DRG	inpatient				26019.05	Horizon	Medicare Blue		22625.26				12759.99	39033.53	case rate	
HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM W MCC	001	MS-DRG	inpatient				597605.24	Horizon	MGD		428168.65				320075.66	990582.37	case rate	
HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM W/O MCC	002	MS-DRG	inpatient				185457.36	Horizon	MGD		217608.81				144621.43	503445.21	case rate	
ECMO OR TRACH W MV >96 HRS OR PDX EXC FACE, MOUTH & NECK W MAJ O.R.	003	MS-DRG	inpatient				315081.15	Horizon	MGD		296637.45				251825.15	686280.58	case rate	
TRACH W MV >96 HRS OR PDX EXC FACE, MOUTH & NECK W/O MAJ O.R.	004	MS-DRG	inpatient				220531.85	Horizon	MGD		185128.07				173629.34	428299.93	case rate	
LIVER TRANSPLANT W MCC OR INTESTINAL TRANSPLANT	005	MS-DRG	inpatient				158406.36	Horizon	MGD		284311				122248.23	284311	case rate	
LIVER TRANSPLANT W/O MCC	006	MS-DRG	inpatient				79669.77	Horizon	MGD		284311				57131.14	284311	case rate	
LUNG TRANSPLANT	007	MS-DRG	inpatient				185775.85	Horizon	MGD		172674.01				144884.83	399497.06	case rate	
SIMULTANEOUS PANCREAS/KIDNEY TRANSPLANT	008	MS-DRG	inpatient				85736.65	Horizon	MGD		89096.79				62148.67	196874.24	case rate	
PANCREAS TRANSPLANT	010	MS-DRG	inpatient				79337.01	Horizon	MGD		73179.35				56855.93	169302.85	case rate	
TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES OR LARYNGECTOMY W MCC	011	MS-DRG	inpatient				84231.35	Horizon	MGD		79639.83				60903.74	260411	case rate	
TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES OR LARYNGECTOMY W CC	012	MS-DRG	inpatient				67787.38	Horizon	MGD		61827.7				47303.96	260411	case rate	
TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES OR LARYNGECTOMY W/O CC/MCC	013	MS-DRG	inpatient				48946.92	Horizon	MGD		37717.22				31722.2	260411	case rate	
ALLOGENEIC BONE MARROW TRANSPLANT	014	MS-DRG	inpatient				174271.92	Horizon	MGD		193738.26				135370.65	448219.9	case rate	
AUTOLOGOUS BONE MARROW TRANSPLANT W CC/MCC OR T-CELL IMMUNOTHERAPY	016	MS-DRG	inpatient				98808.71	Horizon	MGD		106016.75				72959.76	245273.28	case rate	
AUTOLOGOUS BONE MARROW TRANSPLANT W/O CC/MCC	017	MS-DRG	inpatient				98808.71	Horizon	MGD		71026.39				71026.39	164321.92	case rate	
INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W MCC	020	MS-DRG	inpatient				131305.54	Horizon	MGD		169014.96				98835.69	391021.73	case rate	
INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W CC	021	MS-DRG	inpatient				98300.28	Horizon	MGD		128165.59				72539.27	296515.34	case rate	
INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W/O CC/MCC	022	MS-DRG	inpatient				60243.77	Horizon	MGD		83613.39				41065.11	193442.35	case rate	
CRANIOTOMY W MAJOR DEVICE IMPLANT OR ACUTE COMPLEX CNS PDX W MCC OR CHEMOTHERAPY IMPLANT OR EPIL	023	MS-DRG	inpatient				91550.74	Horizon	MGD		88519.14				68957.14	204791.97	case rate	
CRANIO W MAJOR DEV IMPL/ACUTE COMPLEX CNS PDX W/O MCC	024	MS-DRG	inpatient				64701.1	Horizon	MGD		63541.31				44751.49	313612.23	case rate	
CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W MCC	025	MS-DRG	inpatient				73658.59	Horizon	MGD		69346.83				52159.67	160436.19	case rate	
CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W CC	026	MS-DRG	inpatient				52765.86	Horizon	MGD		48890.53				34980.6	113109.66	case rate	
CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W/O CC/MCC	027	MS-DRG	inpatient				45336.51	Horizon	MGD		39001.21				28736.25	90230.59	case rate	
SPINAL PROCEDURES W MCC	028	MS-DRG	inpatient				96653.6	Horizon	MGD		87136.26				71177.4	201592.62	case rate	
SPINAL PROCEDURES W CC OR SPINAL NEUROSTIMULATORS	029	MS-DRG	inpatient				59551.11	Horizon	MGD		51160.21				40492.25	118360.84	case rate	
SPINAL PROCEDURES W/O CC/MCC	030	MS-DRG	inpatient				43709.82	Horizon	MGD		35272.45				27390.91	81603.98	case rate	
VENTRICULAR SHUNT PROCEDURES W MCC	031	MS-DRG	inpatient				69382.65	Horizon	MGD		67813.17				48623.3	156898.03	case rate	
VENTRICULAR SHUNT PROCEDURES W CC	032	MS-DRG	inpatient				41350.48	Horizon	MGD		37321.65				25439.65	103005.11	case rate	
VENTRICULAR SHUNT PROCEDURES W/O CC/MCC	033	MS-DRG	inpatient				33768.31	Horizon	MGD		27360.99				19168.92	169398.47	case rate	
CAROTID ARTERY STENT PROCEDURE W MCC	034	MS-DRG	inpatient				66309.22	Horizon	MGD		58359.96				46081.46	279134.99	case rate	
CAROTID ARTERY STENT PROCEDURE W CC	035	MS-DRG	inpatient				43431.32	Horizon	MGD		35965.5				27160.59	83276.79	case rate	
CAROTID ARTERY STENT PROCEDURE W/O CC/MCC	036	MS-DRG	inpatient				36414.71	Horizon	MGD		27981.91				21357.59	64737.08	case rate	
EXTRACRANIAL PROCEDURES W MCC	037	MS-DRG	inpatient				58799.89	Horizon	MGD		52037.28				39870.97	120389.97	case rate	
EXTRACRANIAL PROCEDURES W CC	038	MS-DRG	inpatient				33439.83	Horizon	MGD		27101.6				18997.25	62700.45	case rate	
EXTRACRANIAL PROCEDURES W/O CC/MCC	039	MS-DRG	inpatient				26885.95	Horizon	MGD		18358.47				13476.94	42472.93	case rate	
PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W MCC	040	MS-DRG	inpatient				65582.28	Horizon	MGD		63683.98				45480.26	147335	case rate	
PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W CC OR PERIPH NEUROSTIM	041	MS-DRG	inpatient				42448.74	Horizon	MGD		38234.38				26347.96	88456.51	case rate	
PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W/O CC/MCC	042	MS-DRG	inpatient				35437.84	Horizon	MGD		30340.76				20549.68	102408.62	case rate	
SPINAL DISORDERS & INJURIES W CC/MCC	052	MS-DRG	inpatient				38361.31	Horizon	MGD		27566.88				22967.5	80333.48	case rate	
SPINAL DISORDERS & INJURIES W/O CC/MCC	053	MS-DRG	inpatient				24640.86	Horizon	MGD		14819.39				11620.17	98314.19	case rate	
NERVOUS SYSTEM NEOPLASMS W MCC	054	MS-DRG	inpatient				31634.62	Horizon	MGD		21344.72				17404.27	143596.19	case rate	
NERVOUS SYSTEM NEOPLASMS W/O MCC	055	MS-DRG	inpatient				25917.64	Horizon	MGD		16977.21				12676.12	39277.33	case rate	
DEGENERATIVE NERVOUS SYSTEM DISORDERS W MCC	056	MS-DRG	inpatient				44780.95	Horizon	MGD		34442.39				28276.78	79683.62	case rate	
DEGENERATIVE NERVOUS SYSTEM DISORDERS W/O MCC	057	MS-DRG	inpatient				30059.35	Horizon	MGD		19598.69				16101.46	45342.21	case rate	
MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W MCC	058	MS-DRG	inpatient				35267.89	Horizon	MGD		28526.64				20409.13	65997.32	case rate	
MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W CC	059	MS-DRG	inpatient				27545.78	Horizon	MGD		17821.85				14022.64	41231.45	case rate	
MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W/O CC/MCC	060	MS-DRG	inpatient				23406.92	Horizon	MGD		13499.73				10599.66	31232.08	case rate	
ISCHEMIC STROKE, PRECEREBRAL OCCLUSION OR TRANSIENT ISCHEMIA W THROMBOLYTIC AGENT W MCC	061	MS-DRG	inpatient				50619.32	Horizon	MGD		46166.91				33105.33	106808.68	case rate	
ISCHEMIC STROKE, PRECEREBRAL OCCLUSION OR TRANSIENT ISCHEMIA W THROMBOLYTIC AGENT W CC	062	MS-DRG	inpatient				37321.6	Horizon	MGD		31511.26				22107.62	121708.96	case rate	
ISCHEMIC STROKE, PRECEREBRAL OCCLUSION OR TRANSIENT ISCHEMIA W THROMBOLYTIC AGENT W/O CC/MCC	063	MS-DRG	inpatient				31824.57	Horizon	MGD		26393.14				17561.37	136083.64	case rate	
INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W MCC	064	MS-DRG	inpatient				39196.79	Horizon	MGD		30303.47				23658.47	215326.95	case rate	
INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W CC OR TPA IN 24 HRS	065	MS-DRG	inpatient				25106.44	Horizon	MGD		16722.68				12005.23	39688.47	case rate	
INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W/O CC/MCC	066	MS-DRG	inpatient				20409.18	Horizon	MGD		11782.88				8120.42	27260.09	case rate	
NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT W MCC	067	MS-DRG	inpatient				30826.27	Horizon	MGD		24340.7				16735.74	56313.01	case rate	
NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT W/O MCC	068	MS-DRG	inpatient				23029.88	Horizon	MGD		14569.72				10287.83	33707.54	case rate	
TRANSIENT ISCHEMIA W/O THROMBOLYTIC	069	MS-DRG	inpatient				21997.31	Horizon	MGD		12410.29				9433.86	28711.61	case rate	
NONSPECIFIC CEREBROVASCULAR DISORDERS W MCC	070	MS-DRG	inpatient				36147.64	Horizon	MGD		26673.6				21136.72	61710.27	case rate	
NONSPECIFIC CEREBROVASCULAR DISORDERS W CC	071	MS-DRG	inpatient				25754.83	Horizon	MGD		15981.79				12541.47	36974.4	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
NONSPECIFIC CEREBROVASCULAR DISORDERS W/O CC/MCC	072	MS-DRG	inpatient				21773.09	Horizon	MGD		12029.3				9248.42	27830.19	case rate	
CRANIAL & PERIPHERAL NERVE DISORDERS W MCC	073	MS-DRG	inpatient				32198.75	Horizon	MGD		22876.75				17870.83	52926.13	case rate	
CRANIAL & PERIPHERAL NERVE DISORDERS W/O MCC	074	MS-DRG	inpatient				25246.4	Horizon	MGD		15788.87				12120.98	36528.07	case rate	
VIRAL MENINGITIS W CC/MCC	075	MS-DRG	inpatient				37922.86	Horizon	MGD		24019.7				22604.89	55570.37	case rate	
VIRAL MENINGITIS W/O CC/MCC	076	MS-DRG	inpatient				23765.39	Horizon	MGD		13371.66				10896.13	30935.77	case rate	
HYPERTENSIVE ENCEPHALOPATHY W MCC	077	MS-DRG	inpatient				32168.76	Horizon	MGD		25161.02				17846.03	58210.86	case rate	
HYPERTENSIVE ENCEPHALOPATHY W CC	078	MS-DRG	inpatient				25113.58	Horizon	MGD		15727.26				12011.13	36385.54	case rate	
HYPERTENSIVE ENCEPHALOPATHY W/O CC/MCC	079	MS-DRG	inpatient				21170.4	Horizon	MGD		12102.26				8749.97	27998.98	case rate	
NONTRAUMATIC STUPOR & COMA W MCC	080	MS-DRG	inpatient				42134.54	Horizon	MGD		30459.11				26088.1	70468.15	case rate	
NONTRAUMATIC STUPOR & COMA W/O MCC	081	MS-DRG	inpatient				23579.73	Horizon	MGD		13854.78				10742.58	32053.48	case rate	
TRAUMATIC STUPOR & COMA, COMA >1 HR W MCC	082	MS-DRG	inpatient				43128.55	Horizon	MGD		34995.22				26910.19	80962.61	case rate	
TRAUMATIC STUPOR & COMA, COMA >1 HR W CC	083	MS-DRG	inpatient				29982.23	Horizon	MGD		20994.54				16021.15	48571.57	case rate	
TRAUMATIC STUPOR & COMA, COMA >1 HR W/O CC/MCC	084	MS-DRG	inpatient				23725.4	Horizon	MGD		14968.54				10863.05	34630.21	case rate	
TRAUMATIC STUPOR & COMA, COMA <1 HR W MCC	085	MS-DRG	inpatient				43050	Horizon	MGD		35342.16				26845.22	81765.26	case rate	
TRAUMATIC STUPOR & COMA, COMA <1 HR W CC	086	MS-DRG	inpatient				29400.96	Horizon	MGD		20153.14				15556.95	46624.95	case rate	
TRAUMATIC STUPOR & COMA, COMA <1 HR W/O CC/MCC	087	MS-DRG	inpatient				23246.96	Horizon	MGD		13704				10467.37	31704.67	case rate	
CONCUSSION W MCC	088	MS-DRG	inpatient				32495.81	Horizon	MGD		23987.28				18116.51	55495.36	case rate	
CONCUSSION W CC	089	MS-DRG	inpatient				27013.05	Horizon	MGD		17306.31				13582.07	40038.72	case rate	
CONCUSSION W/O CC/MCC	090	MS-DRG	inpatient				23941.05	Horizon	MGD		12862.6				11041.41	29758.05	case rate	
OTHER DISORDERS OF NERVOUS SYSTEM W MCC	091	MS-DRG	inpatient				36143.74	Horizon	MGD		26133.74				21133.17	60461.28	case rate	
OTHER DISORDERS OF NERVOUS SYSTEM W CC	092	MS-DRG	inpatient				25244.98	Horizon	MGD		15292.78				12119.8	35380.35	case rate	
OTHER DISORDERS OF NERVOUS SYSTEM W/O CC/MCC	093	MS-DRG	inpatient				21650.27	Horizon	MGD		11961.21				9146.84	27672.66	case rate	
BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W MCC	094	MS-DRG	inpatient				62328.9	Horizon	MGD		59626.11				42789.59	137947	case rate	
BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W CC	095	MS-DRG	inpatient				44640.99	Horizon	MGD		38599.15				28161.03	88300.42	case rate	
BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W/O CC/MCC	096	MS-DRG	inpatient				41720.37	Horizon	MGD		34223.53				25745.57	79177.28	case rate	
NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W MCC	097	MS-DRG	inpatient				62531.7	Horizon	MGD		57372.65				42957.32	132733.52	case rate	
NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W CC	098	MS-DRG	inpatient				41360.47	Horizon	MGD		30000.31				25447.92	69406.7	case rate	
NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W/O CC/MCC	099	MS-DRG	inpatient				29445.37	Horizon	MGD		20636.25				15593.57	47742.66	case rate	
SEIZURES W MCC	100	MS-DRG	inpatient				38904.02	Horizon	MGD		29382.63				23416.34	67977.69	case rate	
SEIZURES W/O MCC	101	MS-DRG	inpatient				23581.15	Horizon	MGD		14093.09				10743.76	32604.84	case rate	
HEADACHES W MCC	102	MS-DRG	inpatient				27822.83	Horizon	MGD		17452.22				14251.78	40376.29	case rate	
HEADACHES W/O MCC	103	MS-DRG	inpatient				22621.42	Horizon	MGD		12668.06				9950.02	29307.97	case rate	
ORBITAL PROCEDURES W CC/MCC	113	MS-DRG	inpatient				46399.07	Horizon	MGD		37331.37				29615.02	86367.37	case rate	
ORBITAL PROCEDURES W/O CC/MCC	114	MS-DRG	inpatient				26182.73	Horizon	MGD		20347.68				14549.43	47075.04	case rate	
EXTRAOCULAR PROCEDURES EXCEPT ORBIT	115	MS-DRG	inpatient				32932.83	Horizon	MGD		23082.37				18477.94	51088.28	case rate	
INTRAOCULAR PROCEDURES W CC/MCC	116	MS-DRG	inpatient				36737.48	Horizon	MGD		27690.1				21624.53	64061.96	case rate	
INTRAOCULAR PROCEDURES W/O CC/MCC	117	MS-DRG	inpatient				27705.72	Horizon	MGD		16252.53				14154.93	37600.77	case rate	
ACUTE MAJOR EYE INFECTIONS W CC/MCC	121	MS-DRG	inpatient				28888.24	Horizon	MGD		17173.37				15132.92	39731.17	case rate	
ACUTE MAJOR EYE INFECTIONS W/O CC/MCC	122	MS-DRG	inpatient				21223.24	Horizon	MGD		11442.43				8793.68	26472.44	case rate	
NEUROLOGICAL EYE DISORDERS	123	MS-DRG	inpatient				22073	Horizon	MGD		12206.01				9496.46	28239.02	case rate	
OTHER DISORDERS OF THE EYE W MCC	124	MS-DRG	inpatient				29469.51	Horizon	MGD		21583.04				15613.65	49933.07	case rate	
OTHER DISORDERS OF THE EYE W/O MCC	125	MS-DRG	inpatient				21980.12	Horizon	MGD		13134.96				9419.69	30388.17	case rate	
SINUS & MASTOID PROCEDURES W CC/MCC	135	MS-DRG	inpatient				48467.06	Horizon	MGD		37258.42				31325.33	86198.59	case rate	
SINUS & MASTOID PROCEDURES W/O CC/MCC	136	MS-DRG	inpatient				24002.47	Horizon	MGD		19657.05				11092.2	45477.24	case rate	
MOUTH PROCEDURES W CC/MCC	137	MS-DRG	inpatient				32080.21	Horizon	MGD		22325.55				17772.79	51650.89	case rate	
MOUTH PROCEDURES W/O CC/MCC	138	MS-DRG	inpatient				22954.19	Horizon	MGD		13702.38				10225.23	31700.92	case rate	
SALIVARY GLAND PROCEDURES	139	MS-DRG	inpatient				27552.9	Horizon	MGD		18812.4				14028.54	43523.12	case rate	
EAR, NOSE, MOUTH & THROAT MALIGNANCY W MCC	146	MS-DRG	inpatient				40739.22	Horizon	MGD		31177.3				24934.12	72129.71	case rate	
EAR, NOSE, MOUTH & THROAT MALIGNANCY W CC	147	MS-DRG	inpatient				28239.85	Horizon	MGD		20273.11				14596.68	46902.5	case rate	
EAR, NOSE, MOUTH & THROAT MALIGNANCY W/O CC/MCC	148	MS-DRG	inpatient				23296.95	Horizon	MGD		11734.25				10508.71	27147.57	case rate	
DYSEQUILIBRIUM	149	MS-DRG	inpatient				21226.1	Horizon	MGD		11528.35				8796.04	26671.23	case rate	
EPISTAXIS W MCC	150	MS-DRG	inpatient				29363.83	Horizon	MGD		21521.43				15526.24	49790.54	case rate	
EPISTAXIS W/O MCC	151	MS-DRG	inpatient				21597.42	Horizon	MGD		11410.01				9103.14	26397.43	case rate	
OTITIS MEDIA & URI W MCC	152	MS-DRG	inpatient				27560.04	Horizon	MGD		16894.53				14034.45	39086.04	case rate	
OTITIS MEDIA & URI W/O MCC	153	MS-DRG	inpatient				21084.71	Horizon	MGD		11539.7				8679.1	26697.48	case rate	
OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W MCC	154	MS-DRG	inpatient				32558.65	Horizon	MGD		23450.66				18168.48	54263.88	case rate	
OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W CC	155	MS-DRG	inpatient				24109.58	Horizon	MGD		14320.06				11180.78	33129.93	case rate	
OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W/O CC/MCC	156	MS-DRG	inpatient				19952.17	Horizon	MGD		10698.3				7742.45	24750.87	case rate	
DENTAL & ORAL DISEASES W MCC	157	MS-DRG	inpatient				34969.4	Horizon	MGD		27122.68				20162.26	62749.21	case rate	
DENTAL & ORAL DISEASES W CC	158	MS-DRG	inpatient				23993.9	Horizon	MGD		14433.54				11085.11	33392.48	case rate	
DENTAL & ORAL DISEASES W/O CC/MCC	159	MS-DRG	inpatient				20233.52	Horizon	MGD		10998.22				7975.14	25444.75	case rate	
MAJOR CHEST PROCEDURES W MCC	163	MS-DRG	inpatient				77908.84	Horizon	MGD		79751.69				55674.78	184508.19	case rate	
MAJOR CHEST PROCEDURES W CC	164	MS-DRG	inpatient				47014.61	Horizon	MGD		41647.01				30124.1	96351.73	case rate	
MAJOR CHEST PROCEDURES W/O CC/MCC	165	MS-DRG	inpatient				37388.73	Horizon	MGD		30031.11				22163.14	69477.97	case rate	
OTHER RESP SYSTEM O.R. PROCEDURES W MCC	166	MS-DRG	inpatient				68542.88	Horizon	MGD		56709.58				47928.79	151199.49	case rate	
OTHER RESP SYSTEM O.R. PROCEDURES W CC	167	MS-DRG	inpatient				36580.38	Horizon	MGD		30763.89				21494.6	71173.28	case rate	
OTHER RESP SYSTEM O.R. PROCEDURES W/O CC/MCC	168	MS-DRG	inpatient				29952.23	Horizon	MGD		21750.02				16012.88	50319.39	case rate	
PULMONARY EMBOLISM W MCC OR ACUTE COR PULMONALE	175	MS-DRG	inpatient				30627.76	Horizon	MGD		23748.96				16571.56	54944	case rate	
PULMONARY EMBOLISM W/O MCC	176	MS-DRG	inpatient				22238.67	Horizon	MGD		14574.59				9633.48	33718.79	case rate	
RESPIRATORY INFECTIONS & INFLAMMATIONS W MCC	177	MS-DRG	inpatient				34818.02	Horizon	MGD		29843.05				20037.06	69042.89	case rate	
RESPIRATORY INFECTIONS & INFLAMMATIONS W CC	178	MS-DRG	inpatient				24682.28	Horizon	MGD		20660.57				11654.43	47798.92	case rate	
RESPIRATORY INFECTIONS & INFLAMMATIONS W/O CC/MCC	179	MS-DRG	inpatient				21491.74	Horizon	MGD		14939.36				9015.73	34562.7	case rate	
RESPIRATORY NEOPLASMS W MCC	180	MS-DRG	inpatient				35414.99	Horizon	MGD		27495.55				20530.78	63611.87	case rate	
RESPIRATORY NEOPLASMS W CC	181	MS-DRG	inpatient				26316.11	Horizon	MGD		18496.27				13005.66	42791.74	case rate	
RESPIRATORY NEOPLASMS W/O CC/MCC	182	MS-DRG	inpatient				21430.33	Horizon	MGD		12690.16				8964.94	29821.82	case rate	
MAJOR CHEST TRAUMA W MCC	183	MS-DRG	inpatient				33077.07	Horizon	MGD		24170.47				18597.24	55919.19	case rate	
MAJOR CHEST TRAUMA W CC	184	MS-DRG	inpatient				25613.44	Horizon	MGD		16283.33				12424.54	37672.03	case rate	
MAJOR CHEST TRAUMA W/O CC/MCC	185	MS-DRG	inpatient				21383.2	Horizon	MGD		11872.05				8925.97	27466.38	case rate	
PLEURAL EFFUSION W MCC	186	MS-DRG	inpatient				32757.16	Horizon	MGD		25282.61				18332.66	58492.17	case rate	
PLEURAL EFFUSION W CC	187	MS-DRG	inpatient				24819.38	Horizon	MGD		17087.45				11767.82	39532.38	case rate	
PLEURAL EFFUSION W/O CC/MCC	188	MS-DRG	inpatient				21251.81	Horizon	MGD		12437.85				8817.3	28775.37	case rate	
PULMONARY EDEMA & RESPIRATORY FAILURE	189	MS-DRG	inpatient				28165.58	Horizon	MGD		20026.68				14551.79	46332.4	case rate	
CHRONIC OBSTRUCTIVE PULMONARY DISEASE W MCC	190	MS-DRG	inpatient				26328.96	Horizon	MGD		19303.63				13016.3	44659.58	case rate	
CHRONIC OBSTRUCTIVE PULMONARY DISEASE W CC	191	MS-DRG	inpatient				22715.68	Horizon	MGD		14816.15				10027.98	34277.65	case rate	
CHRONIC OBSTRUCTIVE PULMONARY DISEASE W/O CC/MCC	192	MS-DRG	inpatient				19756.51	Horizon	MGD		11739.11				7580.63	27158.82	case rate	
SIMPLE PNEUMONIA & PLEURISY W MCC	193	MS-DRG	inpatient				29536.63	Horizon	MGD		21346.34				15669.16	49385.47	case rate	
SIMPLE PNEUMONIA & PLEURISY W CC	194	MS-DRG	inpatient				22332.93	Horizon	MGD		14694.04				9711.43	33763.8	case rate	
SIMPLE PNEUMONIA & PLEURISY W/O CC/MCC	195	MS-DRG	inpatient				19525.14	Horizon	MGD		11134.4				7389.29	25759.81	case rate	
INTERSTITIAL LUNG DISEASE W MCC	196	MS-DRG	inpatient				37660.08	Horizon	MGD		26556.88				22387.56	61440.22	case rate	
INTERSTITIAL LUNG DISEASE W CC	197	MS-DRG	inpatient				24836.52	Horizon	MGD		16239.56				11781.99	37570.76	case rate	
INTERSTITIAL LUNG DISEASE W/O CC/MCC	198	MS-DRG	inpatient				21704.54	Horizon	MGD		12296.8				9191.72	28449.06	case rate	
PNEUMOTHORAX W MCC	199	MS-DRG	inpatient				35927.71	Horizon	MGD		28902.75				20954.82	66867.48	case rate	
PNEUMOTHORAX W CC	200	MS-DRG	inpatient				25971.92	Horizon	MGD		17424.66				12721.01	40312.52	case rate	
PNEUMOTHORAX W/O CC/MCC	201	MS-DRG	inpatient				20674.82	Horizon	MGD		11330.57				8340.11	27891.99	case rate	
BRONCHITIS & ASTHMA W CC/MCC	202	MS-DRG	inpatient				24265.25	Horizon	MGD		15240.9				11309.53	35895.65	case rate	
BRONCHITIS & ASTHMA W/O CC/MCC	203	MS-DRG	inpatient				20514.87	Horizon	MGD		11299.76				8207.83	30775.53	case rate	
RESPIRATORY SIGNS & SYMPTOMS	204	MS-DRG	inpatient				22342.93	Horizon	MGD		12444.33				9719.7	96731.64	case rate	
OTHER RESPIRATORY SYSTEM DIAGNOSES W MCC	205	MS-DRG	inpatient				36444.7	Horizon	MGD		24608.19				21382.39	56931.88	case rate	
OTHER RESPIRATORY SYSTEM DIAGNOSES W/O MCC	206	MS-DRG	inpatient				23636.85	Horizon	MGD		13999.06				10789.82	32387.29	case rate	
RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT >96 HOURS	207	MS-DRG	inpatient				109248.65	Horizon	MGD		90730.46				49635	209907.93	case rate	
RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT <=96 HOURS	208	MS-DRG	inpatient				49205.43	Horizon	MGD		39515.13				31935.99	91419.56	case rate	
OTHER HEART ASSIST SYSTEM IMPLANT	215	MS-DRG	inpatient				156475.46	Horizon	MGD		208909.45				120652.31	483318.95	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W MCC	216	MS-DRG	inpatient				149198.92	Horizon	MGD		159216.43				78485	368352.5	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W CC	217	MS-DRG	inpatient				101497.96	Horizon	MGD		103153.71				75183.87	238649.54	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W/O CC/MCC	218	MS-DRG	inpatient				91949.2	Horizon	MGD		95736.72				67286.69	221490.09	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W MCC	219	MS-DRG	inpatient				120719.73	Horizon	MGD		124696.22				57338	288488.84	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W CC	220	MS-DRG	inpatient				85492.43	Horizon	MGD		84388.32				57338	195235.19	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W/O CC/MCC	221	MS-DRG	inpatient				76980.52	Horizon	MGD		74695.17				17199	172809.75	case rate	
OTHER CARDIOTHORACIC PROCEDURES W MCC	228	MS-DRG	inpatient				82551.82	Horizon	MGD		109813.35				59514.71	246653.53	case rate	
OTHER CARDIOTHORACIC PROCEDURES W/O MCC	229	MS-DRG	inpatient				56000.67	Horizon	MGD		75359.86				37555.91	174347.54	case rate	
CORONARY BYPASS W PTCA W MCC	231	MS-DRG	inpatient				126489.55	Horizon	MGD		136162.97				19424	315017.54	case rate	
CORONARY BYPASS W PTCA W/O MCC	232	MS-DRG	inpatient				95546.77	Horizon	MGD		99872.4				27830	231058.12	case rate	
CORONARY BYPASS W CARDIAC CATH W MCC	233	MS-DRG	inpatient				121982.24	Horizon	MGD		123822.39				53769	286467.21	case rate	
CORONARY BYPASS W CARDIAC CATH W/O MCC	234	MS-DRG	inpatient				84825.47	Horizon	MGD		83446.41				61395.1	193056.03	case rate	
CORONARY BYPASS W/O CARDIAC CATH W MCC	235	MS-DRG	inpatient				94575.61	Horizon	MGD		94190.1				47567	217911.92	case rate	
CORONARY BYPASS W/O CARDIAC CATH W/O MCC	236	MS-DRG	inpatient				68305.8	Horizon	MGD		63653.18				33990	147263.73	case rate	
AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W MCC	239	MS-DRG	inpatient				75239.89	Horizon	MGD		76347.17				56775.61	176631.72	case rate	
AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W CC	240	MS-DRG	inpatient				50710.72	Horizon	MGD		44500.32				33180.92	102952.96	case rate	
AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W/O CC/MCC	241	MS-DRG	inpatient				30439.24	Horizon	MGD		25874.35				15559	59861.17	case rate	
PERMANENT CARDIAC PACEMAKER IMPLANT W MCC	242	MS-DRG	inpatient				59935.28	Horizon	MGD		60582.62				20528	140159.91	case rate	
PERMANENT CARDIAC PACEMAKER IMPLANT W CC	243	MS-DRG	inpatient				43118.55	Horizon	MGD		41410.31				19748	95804.13	case rate	
PERMANENT CARDIAC PACEMAKER IMPLANT W/O CC/MCC	244	MS-DRG	inpatient				36718.91	Horizon	MGD		34220.29				19748	91806.34	case rate	
AICD GENERATOR PROCEDURES	245	MS-DRG	inpatient				75306.71	Horizon	MGD		81256.17				53522.72	187988.83	case rate	
PERC CARDIOVASC PROC W/O CORONARY ARTERY STENT W MCC	250	MS-DRG	inpatient				44163.98	Horizon	MGD		41937.2				27786.52	97023.11	case rate	
PERC CARDIOVASC PROC W/O CORONARY ARTERY STENT W/O MCC	251	MS-DRG	inpatient				33254.17	Horizon	MGD		27200.49				18743.7	62929.24	case rate	
OTHER VASCULAR PROCEDURES W MCC	252	MS-DRG	inpatient				58488.55	Horizon	MGD		52847.88				39613.48	122265.32	case rate	
OTHER VASCULAR PROCEDURES W CC	253	MS-DRG	inpatient				47024.61	Horizon	MGD		42058.79				30132.37	97304.41	case rate	
OTHER VASCULAR PROCEDURES W/O CC/MCC	254	MS-DRG	inpatient				35370.72	Horizon	MGD		29343.72				20494.17	67897.67	case rate	
UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W MCC	255	MS-DRG	inpatient				49828.11	Horizon	MGD		41183.34				32450.97	95279.03	case rate	
UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W CC	256	MS-DRG	inpatient				34008.24	Horizon	MGD		28349.92				19367.35	65588.49	case rate	
UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W/O CC/MCC	257	MS-DRG	inpatient				24743.69	Horizon	MGD		18256.33				11705.22	42236.63	case rate	
CARDIAC PACEMAKER DEVICE REPLACEMENT W MCC	258	MS-DRG	inpatient				48273.98	Horizon	MGD		48454.43				15797	112100.92	case rate	
CARDIAC PACEMAKER DEVICE REPLACEMENT W/O MCC	259	MS-DRG	inpatient				37248.77	Horizon	MGD		33996.56				15797	78652.18	case rate	
CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W MCC	260	MS-DRG	inpatient				57937.27	Horizon	MGD		58679.33				12982	135766.59	case rate	
CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W CC	261	MS-DRG	inpatient				37465.85	Horizon	MGD		32291.06				12982	74706.44	case rate	
CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W/O CC/MCC	262	MS-DRG	inpatient				34088.22	Horizon	MGD		29440.15				12982	61170.17	case rate	
VEIN LIGATION & STRIPPING	263	MS-DRG	inpatient				50939.23	Horizon	MGD		38782.35				33369.91	89724.25	case rate	
OTHER CIRCULATORY SYSTEM O.R. PROCEDURES	264	MS-DRG	inpatient				57234.61	Horizon	MGD		51207.22				38576.42	118469.61	case rate	
AICD LEAD PROCEDURES	265	MS-DRG	inpatient				61063.54	Horizon	MGD		56527.94				41743.09	116898.07	case rate	
ENDOVASCULAR CARDIAC VALVE REPLACEMENT & SUPPLEMENT PROCEDURES W MCC	266	MS-DRG	inpatient				99795.58	Horizon	MGD		116588.6				73775.94	289731.59	case rate	
ENDOVASCULAR CARDIAC VALVE REPLACEMENT & SUPPLEMENT PROCEDURES W/O MCC	267	MS-DRG	inpatient				80288.17	Horizon	MGD		94809.4				57642.58	219344.69	case rate	
AORTIC AND HEART ASSIST PROCEDURES EXCEPT PULSATION BALLOON W MCC	268	MS-DRG	inpatient				108487.44	Horizon	MGD		108680.38				80964.43	251435.68	case rate	
AORTIC AND HEART ASSIST PROCEDURES EXCEPT PULSATION BALLOON W/O MCC	269	MS-DRG	inpatient				69982.48	Horizon	MGD		67294.39				49119.39	155697.81	case rate	
OTHER MAJOR CARDIOVASCULAR PROCEDURES W MCC	270	MS-DRG	inpatient				82811.75	Horizon	MGD		82060.28				59729.68	188849.18	case rate	
OTHER MAJOR CARDIOVASCULAR PROCEDURES W CC	271	MS-DRG	inpatient				59950.99	Horizon	MGD		56641.49				40822.98	131041.96	case rate	
OTHER MAJOR CARDIOVASCULAR PROCEDURES W/O CC/MCC	272	MS-DRG	inpatient				45430.77	Horizon	MGD		42444.64				28814.2	98197.08	case rate	
PERCUTANEOUS INTRACARDIAC PROCEDURES W MCC	273	MS-DRG	inpatient				66246.38	Horizon	MGD		59214.33				46029.49	136994.32	case rate	
PERCUTANEOUS INTRACARDIAC PROCEDURES W/O MCC	274	MS-DRG	inpatient				56874.71	Horizon	MGD		48284.2				38278.77	111707.1	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.													
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true												
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W MCC	280	MS-DRG	inpatient				33248.42	Horizon	MGD		26864.91				18738.98	62152.85	case rate	
ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W CC	281	MS-DRG	inpatient				23629.71	Horizon	MGD		15881.28				10783.92	36741.86	case rate	
ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W/O CC/MCC	282	MS-DRG	inpatient				20846.2	Horizon	MGD		12142.79				8481.85	28092.74	case rate	
ACUTE MYOCARDIAL INFARCTION, EXPIRED W MCC	283	MS-DRG	inpatient				36745.49	Horizon	MGD		29257.8				23285.23	67688.88	case rate	
ACUTE MYOCARDIAL INFARCTION, EXPIRED W CC	284	MS-DRG	inpatient				21154.69	Horizon	MGD		12428.12				8736.98	28752.87	case rate	
ACUTE MYOCARDIAL INFARCTION, EXPIRED W/O CC/MCC	285	MS-DRG	inpatient				17569.98	Horizon	MGD		9668.84				5772.29	22369.17	case rate	
CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W MCC	286	MS-DRG	inpatient				41376.18	Horizon	MGD		35355.13				13521	81795.27	case rate	
CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W/O MCC	287	MS-DRG	inpatient				26037.61	Horizon	MGD		18463.85				9969	42716.72	case rate	
ACUTE & SUBACUTE ENDOCARDITIS W MCC	288	MS-DRG	inpatient				47623.01	Horizon	MGD		43676.75				30627.27	101047.61	case rate	
ACUTE & SUBACUTE ENDOCARDITIS W CC	289	MS-DRG	inpatient				31694.6	Horizon	MGD		27720.9				17453.88	64133.22	case rate	
ACUTE & SUBACUTE ENDOCARDITIS W/O CC/MCC	290	MS-DRG	inpatient				25232.12	Horizon	MGD		16396.82				12109.17	37934.58	case rate	
HEART FAILURE & SHOCK W MCC	291	MS-DRG	inpatient				28926.8	Horizon	MGD		21811.62				15164.81	50461.92	case rate	
HEART FAILURE & SHOCK W CC	292	MS-DRG	inpatient				22822.8	Horizon	MGD		14911.8				10116.57	34498.94	case rate	
HEART FAILURE & SHOCK W/O CC/MCC	293	MS-DRG	inpatient				18609.69	Horizon	MGD		10790.71				6632.17	24964.66	case rate	
DEEP VEIN THROMBOPHLEBITIS W CC/MCC	294	MS-DRG	inpatient				26210.42	Horizon	MGD		18818.89				12918.26	43538.13	case rate	
DEEP VEIN THROMBOPHLEBITIS W/O CC/MCC	295	MS-DRG	inpatient				19609.41	Horizon	MGD		8937.68				7498.97	20677.61	case rate	
CARDIAC ARREST, UNEXPLAINED W MCC	296	MS-DRG	inpatient				33486.96	Horizon	MGD		24893.53				18936.23	57592	case rate	
CARDIAC ARREST, UNEXPLAINED W CC	297	MS-DRG	inpatient				20996.16	Horizon	MGD		10576.71				8605.87	24469.57	case rate	
CARDIAC ARREST, UNEXPLAINED W/O CC/MCC	298	MS-DRG	inpatient				16858.75	Horizon	MGD		7822.29				5184.08	19097.13	case rate	
PERIPHERAL VASCULAR DISORDERS W MCC	299	MS-DRG	inpatient				33101.54	Horizon	MGD		23513.88				19617.32	54400.15	case rate	
PERIPHERAL VASCULAR DISORDERS W CC	300	MS-DRG	inpatient				25829.1	Horizon	MGD		16596.22				12602.89	38395.92	case rate	
PERIPHERAL VASCULAR DISORDERS W/O CC/MCC	301	MS-DRG	inpatient				20727.67	Horizon	MGD		11773.15				8383.82	27237.58	case rate	
ATHEROSCLEROSIS W MCC	302	MS-DRG	inpatient				26601.74	Horizon	MGD		17336.73				13241.9	40113.74	case rate	
ATHEROSCLEROSIS W/O MCC	303	MS-DRG	inpatient				19885.9	Horizon	MGD		10789.09				7773.16	24990.91	case rate	
HYPERTENSION W MCC	304	MS-DRG	inpatient				27000.2	Horizon	MGD		17526.79				13571.44	40548.82	case rate	
HYPERTENSION W/O MCC	305	MS-DRG	inpatient				21351.78	Horizon	MGD		11671.02				8899.98	27001.29	case rate	
CARDIAC CONGENITAL & VALVULAR DISORDERS W MCC	306	MS-DRG	inpatient				32538.65	Horizon	MGD		22839.47				18151.94	52839.66	case rate	
CARDIAC CONGENITAL & VALVULAR DISORDERS W/O MCC	307	MS-DRG	inpatient				24052.45	Horizon	MGD		13877.47				11133.54	32105.99	case rate	
CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W MCC	308	MS-DRG	inpatient				27759.99	Horizon	MGD		19512.76				14199.81	45143.43	case rate	
CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC	309	MS-DRG	inpatient				21226.1	Horizon	MGD		12377.86				8796.04	28636.59	case rate	
CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W/O CC/MCC	310	MS-DRG	inpatient				18488.29	Horizon	MGD		9116.01				6531.77	21090.19	case rate	
ANGINA PECTORIS	311	MS-DRG	inpatient				20560.57	Horizon	MGD		11140.89				8245.62	25774.81	case rate	
SYNCOPE & COLLAPSE	312	MS-DRG	inpatient				22922.77	Horizon	MGD		12993.92				10199.25	30061.86	case rate	
CHEST PAIN	313	MS-DRG	inpatient				20924.75	Horizon	MGD		11466.75				8546.82	26526.7	case rate	
OTHER CIRCULATORY SYSTEM DIAGNOSES W MCC	314	MS-DRG	inpatient				40489.29	Horizon	MGD		32798.5				24727.42	75880.41	case rate	
OTHER CIRCULATORY SYSTEM DIAGNOSES W CC	315	MS-DRG	inpatient				24405.21	Horizon	MGD		15497.05				11425.28	35852.94	case rate	
OTHER CIRCULATORY SYSTEM DIAGNOSES W/O CC/MCC	316	MS-DRG	inpatient				20483.45	Horizon	MGD		12180.08				8181.84	28179.01	case rate	
STOMACH, ESOPHAGEAL & DUODENAL PROC W MCC	326	MS-DRG	inpatient				83127.38	Horizon	MGD		85208.65				59990.71	197133.04	case rate	
STOMACH, ESOPHAGEAL & DUODENAL PROC W CC	327	MS-DRG	inpatient				46257.68	Horizon	MGD		40275.47				29498.09	93178.64	case rate	
STOMACH, ESOPHAGEAL & DUODENAL PROC W/O CC/MCC	328	MS-DRG	inpatient				33402.7	Horizon	MGD		25000.53				18866.54	57839.54	case rate	
MAJOR SMALL & LARGE BOWEL PROCEDURES W MCC	329	MS-DRG	inpatient				76098.19	Horizon	MGD		80941.65				53350.27	187261.2	case rate	
MAJOR SMALL & LARGE BOWEL PROCEDURES W CC	330	MS-DRG	inpatient				44468.18	Horizon	MGD		40907.74				28018.11	94641.41	case rate	
MAJOR SMALL & LARGE BOWEL PROCEDURES W/O CC/MCC	331	MS-DRG	inpatient				34469.54	Horizon	MGD		27474.48				19748.86	63563.11	case rate	
RECTAL RESECTION W MCC	332	MS-DRG	inpatient				62398.88	Horizon	MGD		55091.62				42847.47	127456.29	case rate	
RECTAL RESECTION W CC	333	MS-DRG	inpatient				40269.34	Horizon	MGD		31253.49				24562.06	72305.99	case rate	
RECTAL RESECTION W/O CC/MCC	334	MS-DRG	inpatient				33514.09	Horizon	MGD		21176.11				18598.67	48991.64	case rate	
PERITONEAL ADHESIOLYSIS W MCC	335	MS-DRG	inpatient				61647.66	Horizon	MGD		65853.14				42226.18	152353.43	case rate	
PERITONEAL ADHESIOLYSIS W CC	336	MS-DRG	inpatient				40657.81	Horizon	MGD		37258.42				24866.79	86198.59	case rate	
PERITONEAL ADHESIOLYSIS W/O CC/MCC	337	MS-DRG	inpatient				31961.67	Horizon	MGD		25902.7				17674.76	60134.97	case rate	
MINOR SMALL & LARGE BOWEL PROCEDURES W MCC	344	MS-DRG	inpatient				49728.14	Horizon	MGD		48426.49				32368.29	112040.91	case rate	
MINOR SMALL & LARGE BOWEL PROCEDURES W CC	345	MS-DRG	inpatient				32592.92	Horizon	MGD		26548.77				18196.83	61421.46	case rate	
MINOR SMALL & LARGE BOWEL PROCEDURES W/O CC/MCC	346	MS-DRG	inpatient				28982.5	Horizon	MGD		20047.76				15210.88	46381.16	case rate	
ANAL & STOMAL PROCEDURES W MCC	347	MS-DRG	inpatient				46996.04	Horizon	MGD		39088.75				30108.75	90433.13	case rate	
ANAL & STOMAL PROCEDURES W CC	348	MS-DRG	inpatient				29176.72	Horizon	MGD		22686.8				15371.51	52509.8	case rate	
ANAL & STOMAL PROCEDURES W/O CC/MCC	349	MS-DRG	inpatient				24526.6	Horizon	MGD		15396.54				11525.68	35620.4	case rate	
INGUINAL & FEMORAL HERNIA PROCEDURES W MCC	350	MS-DRG	inpatient				44866.64	Horizon	MGD		39662.66				28347.65	91760.88	case rate	
INGUINAL & FEMORAL HERNIA PROCEDURES W CC	351	MS-DRG	inpatient				31378.98	Horizon	MGD		24319.62				17192.85	56264.25	case rate	
INGUINAL & FEMORAL HERNIA PROCEDURES W/O CC/MCC	352	MS-DRG	inpatient				26428.93	Horizon	MGD		17079.34				13096.98	39513.62	case rate	
HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W MCC	353	MS-DRG	inpatient				52354.55	Horizon	MGD		48083.17				34540.43	111242.01	case rate	
HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W CC	354	MS-DRG	inpatient				35123.64	Horizon	MGD		28062.97				20289.83	64924.62	case rate	
HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W/O CC/MCC	355	MS-DRG	inpatient				30050.19	Horizon	MGD		21964.02				16094.38	50814.48	case rate	
OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W MCC	356	MS-DRG	inpatient				71697.71	Horizon	MGD		64454.05				50537.95	149116.58	case rate	
OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W CC	357	MS-DRG	inpatient				41964.59	Horizon	MGD		34640.18				25947.55	80141.21	case rate	
OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W/O CC/MCC	358	MS-DRG	inpatient				28886.82	Horizon	MGD		21858.64				15131.74	50570.69	case rate	
MAJOR ESOPHAGEAL DISORDERS W MCC	368	MS-DRG	inpatient				34183.91	Horizon	MGD		31516.13				19512.63	72913.61	case rate	
MAJOR ESOPHAGEAL DISORDERS W CC	369	MS-DRG	inpatient				24705.13	Horizon	MGD		17975.87				11673.33	41587.76	case rate	
MAJOR ESOPHAGEAL DISORDERS W/O CC/MCC	370	MS-DRG	inpatient				21211.82	Horizon	MGD		12050.38				8784.23	27878.95	case rate	
MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W MCC	371	MS-DRG	inpatient				35550.67	Horizon	MGD		28189.43				20642.99	65217.17	case rate	
MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W CC	372	MS-DRG	inpatient				25476.34	Horizon	MGD		16834.54				12311.15	38947.27	case rate	
MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W/O CC/MCC	373	MS-DRG	inpatient				20823.35	Horizon	MGD		12282.21				8462.95	28415.3	case rate	
DIGESTIVE MALIGNANCY W MCC	374	MS-DRG	inpatient				40567.84	Horizon	MGD		33477.78				24792.38	77451.96	case rate	
DIGESTIVE MALIGNANCY W CC	375	MS-DRG	inpatient				27704.29	Horizon	MGD		19563.02				14153.74	45259.7	case rate	
DIGESTIVE MALIGNANCY W/O CC/MCC	376	MS-DRG	inpatient				23321.23	Horizon	MGD		14845.33				10528.79	34345.16	case rate	
G.I. HEMORRHAGE W MCC	377	MS-DRG	inpatient				36159.07	Horizon	MGD		29000.03				21146.16	67092.52	case rate	
G.I. HEMORRHAGE W CC	378	MS-DRG	inpatient				24640.86	Horizon	MGD		16054.74				11620.17	37143.18	case rate	
G.I. HEMORRHAGE W/O CC/MCC	379	MS-DRG	inpatient				19633.69	Horizon	MGD		10589.68				7479.05	24499.57	case rate	
COMPLICATED PEPTIC ULCER W MCC	380	MS-DRG	inpatient				38418.44	Horizon	MGD		31548.55				23014.75	72988.62	case rate	
COMPLICATED PEPTIC ULCER W CC	381	MS-DRG	inpatient				25914.79	Horizon	MGD		17752.14				12673.76	41070.17	case rate	
COMPLICATED PEPTIC ULCER W/O CC/MCC	382	MS-DRG	inpatient				21403.19	Horizon	MGD		12447.57				8942.5	28797.87	case rate	
UNCOMPLICATED PEPTIC ULCER W MCC	383	MS-DRG	inpatient				30559.21	Horizon	MGD		21902.41				16514.87	50671.96	case rate	
UNCOMPLICATED PEPTIC ULCER W/O MCC	384	MS-DRG	inpatient				23097	Horizon	MGD		13866.12				10343.35	32079.74	case rate	
INFLAMMATORY BOWEL DISEASE W MCC	385	MS-DRG	inpatient				32968.53	Horizon	MGD		27526.35				18507.47	63663.14	case rate	
INFLAMMATORY BOWEL DISEASE W CC	386	MS-DRG	inpatient				24466.62	Horizon	MGD		15889.38				11476.07	36760.61	case rate	
INFLAMMATORY BOWEL DISEASE W/O CC/MCC	387	MS-DRG	inpatient				20360.63	Horizon	MGD		11294.9				8080.26	26131.13	case rate	
G.I. OBSTRUCTION W MCC	388	MS-DRG	inpatient				31348.98	Horizon	MGD		24815.71				17168.04	57411.96	case rate	
G.I. OBSTRUCTION W CC	389	MS-DRG	inpatient				21964.46	Horizon	MGD		13669.96				9406.69	31625.9	case rate	
G.I. OBSTRUCTION W/O CC/MCC	390	MS-DRG	inpatient				18573.98	Horizon	MGD		9581.29				6602.64	22166.64	case rate	
ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W MCC	391	MS-DRG	inpatient				28809.69	Horizon	MGD		19802.96				15067.96	45814.8	case rate	
ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W/O MCC	392	MS-DRG	inpatient				21810.22	Horizon	MGD		12246.54				9279.13	28332.79	case rate	
OTHER DIGESTIVE SYSTEM DIAGNOSES W MCC	393	MS-DRG	inpatient				33721.18	Horizon	MGD		26467.71				19129.94	61233.93	case rate	
OTHER DIGESTIVE SYSTEM DIAGNOSES W CC	394	MS-DRG	inpatient				23971.05	Horizon	MGD		15257.11				11066.21	35297.84	case rate	
OTHER DIGESTIVE SYSTEM DIAGNOSES W/O CC/MCC	395	MS-DRG	inpatient				19837.91	Horizon	MGD		10967.42				7647.96	25373.49	case rate	
PANCREAS, LIVER & SHUNT PROCEDURES W MCC	405	MS-DRG	inpatient				89214.25	Horizon	MGD		87205.97				65024.78	201753.9	case rate	
PANCREAS, LIVER & SHUNT PROCEDURES W CC	406	MS-DRG	inpatient				51827.55	Horizon	MGD		45922.11				34104.58	106242.33	case rate	
PANCREAS, LIVER & SHUNT PROCEDURES W/O CC/MCC	407	MS-DRG	inpatient				41310.49	Horizon	MGD		32534.24				25406.58	75289.05	case rate	
BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W MCC	408	MS-DRG	inpatient				63749.93	Horizon	MGD		65601.86				43964.84	151772.08	case rate	
BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W CC	409	MS-DRG	inpatient				38544.12	Horizon	MGD		37655.61				23118.69	87117.51	case rate	
BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W/O CC/MCC	410	MS-DRG	inpatient				32944.25	Horizon	MGD		26791.95				18487.39	61994.07	case rate	
CHOLECYSTECTOMY W C.D.E. W MCC	411	MS-DRG	inpatient				51729.01	Horizon	MGD		64817.2				10482	149956.74	case rate	
CHOLECYSTECTOMY W C.D.E. W CC	412	MS-DRG	inpatient				39803.77	Horizon	MGD		38615.36				11647	89337.92	case rate	
CHOLECYSTECTOMY W C.D.E. W/O CC/MCC	413	MS-DRG	inpatient				32150.19	Horizon	MGD		27336.67				15908	63244.3	case rate	
CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W MCC	414	MS-DRG	inpatient				60936.47	Horizon	MGD		57993.57				28270	134170.04	case rate	
CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W CC	415	MS-DRG	inpatient				38808.33	Horizon	MGD		32728.79				23337.2	75719.13	case rate	
CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W/O CC/MCC	416	MS-DRG	inpatient				29716.58	Horizon	MGD		22584.94				15817.99	52251	case rate	
LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W MCC	417	MS-DRG	inpatient				43692.68	Horizon	MGD		39288.16				27376.74	90894.46	case rate	
LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W CC	418	MS-DRG	inpatient				33896.83	Horizon	MGD		26980.01				19308.29	62419.15	case rate	
LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W/O CC/MCC	419	MS-DRG	inpatient				29345.26	Horizon	MGD		21143.69				15510.89	48916.63	case rate	
HEPATOBILIARY DIAGNOSTIC PROCEDURES W MCC	420	MS-DRG	inpatient				56303.44	Horizon	MGD		57027.33				37808.31	131934.62	case rate	
HEPATOBILIARY DIAGNOSTIC PROCEDURES W CC	421	MS-DRG	inpatient				35008.53	Horizon	MGD		29842.77				8263	66728.1	case rate	
HEPATOBILIARY DIAGNOSTIC PROCEDURES W/O CC/MCC	422	MS-DRG	inpatient				30742.01	Horizon	MGD		24441.21				10272	56545.55	case rate	
OTHER HEPATOBILIARY OR PANCREAS O.R. PROCEDURES W MCC	423	MS-DRG	inpatient				66444.89	Horizon	MGD		63972.55				16017	148002.62	case rate	
OTHER HEPATOBILIARY OR PANCREAS O.R. PROCEDURES W CC	424	MS-DRG	inpatient				40400.74	Horizon	MGD		35522.11				24654.19	82181.59	case rate	
OTHER HEPATOBILIARY OR PANCREAS O.R. PROCEDURES W/O CC/MCC	425	MS-DRG	inpatient				33468.39	Horizon	MGD		24202.89				18920.87	55994.2	case rate	
CIRRHOSIS & ALCOHOLIC HEPATITIS W MCC	432	MS-DRG	inpatient				37954.28	Horizon	MGD		29603.11				13893	68487.78	case rate	
CIRRHOSIS & ALCOHOLIC HEPATITIS W CC	433	MS-DRG	inpatient				25314.96	Horizon	MGD		16664.31				12177.68	38553.45	case rate	
CIRRHOSIS & ALCOHOLIC HEPATITIS W/O CC/MCC	434	MS-DRG	inpatient				20152.11	Horizon	MGD		10555.63				7507.81	53360.86	case rate	
MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS W MCC	435	MS-DRG	inpatient				35724.91	Horizon	MGD		27523.11				20787.09	63675.63	case rate	
MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS W CC	436	MS-DRG	inpatient				26310.39	Horizon	MGD		18415.21				13000.94	42604.2	case rate	
MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS W/O CC/MCC	437	MS-DRG	inpatient				22460.04	Horizon	MGD		14036.35				9816.55	32473.56	case rate	
DISORDERS OF PANCREAS EXCEPT MALIGNANCY W MCC	438	MS-DRG	inpatient				34423.84	Horizon	MGD		26558.5				19711.06	61443.97	case rate	
DISORDERS OF PANCREAS EXCEPT MALIGNANCY W CC	439	MS-DRG	inpatient				22804.32	Horizon	MGD		13979.61				10101.21	32342.29	case rate	
DISORDERS OF PANCREAS EXCEPT MALIGNANCY W/O CC/MCC	440	MS-DRG	inpatient				19382.33	Horizon	MGD		10072.52				7271.17	23303.1	case rate	
DISORDERS OF LIVER EXCEPT MALIG, CIRR, ALC HEPA W MCC	441	MS-DRG	inpatient				36700.35	Horizon	MGD		30108.93				11778	69658	case rate	
DISORDERS OF LIVER EXCEPT MALIG, CIRR, ALC HEPA W CC	442	MS-DRG	inpatient				24179.56	Horizon	MGD		15221.45				11238.66	35215.32	case rate	
DISORDERS OF LIVER EXCEPT MALIG, CIRR, ALC HEPA W/O CC/MCC	443	MS-DRG	inpatient				20797.65	Horizon	MGD		11280.31				8441.69	26097.37	case rate	
DISORDERS OF THE BILIARY TRACT W MCC	444	MS-DRG	inpatient				33915.41	Horizon	MGD		26115.91				19290.57	60420.03	case rate	
DISORDERS OF THE BILIARY TRACT W CC	445	MS-DRG	inpatient				26111.88	Horizon	MGD		17307.93				12636.76	40042.47	case rate	
DISORDERS OF THE BILIARY TRACT W/O CC/MCC	446	MS-DRG	inpatient				22037.3	Horizon	MGD		12888.54				9496.93	29818.07	case rate	
COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W MCC	453	MS-DRG	inpatient				137146.57	Horizon	MGD		153963.74				17717	356200.23	case rate	
COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W CC	454	MS-DRG	inpatient				97941.81	Horizon	MGD		102732.2				36879	237674.36	case rate	
COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W/O CC/MCC	455	MS-DRG	inpatient				76366.41	Horizon	MGD		81060				54399.14	187535	case rate	
SPINAL FUS EXC CERV W SPINAL CURV/MAL/IG/INFEC OR EXT FUS W MCC	456	MS-DRG	inpatient				130976.87	Horizon	MGD		147937.74				95664.03	342258.88	case rate	
SPINAL FUS EXC CERV W SPINAL CURV/MAL/IG/INFEC OR EXT FUS W CC	457	MS-DRG	inpatient				97356.26	Horizon	MGD		106101.06				71758.53	245468.31	case rate	
SPINAL FUS EXC CERV W SPINAL CURV/MAL/IG/INFEC OR EXT FUS W/O CC/MCC	458	MS-DRG	inpatient				75300.99	Horizon	MGD		83024.89				53618	192080.85	case rate	
SPINAL FUSION EXCEPT CERVICAL W MCC	459	MS-DRG	inpatient				105311.18	Horizon	MGD		103510.38				78337.54	239474.69	case rate	
SPINAL FUSION EXCEPT CERVICAL W/O MCC	460	MS-DRG	inpatient				62831.62	Horizon	MGD		65455.95				43205.36	151434.51	case rate	
BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY W MCC	461	MS-DRG	inpatient				107970.44	Horizon	MGD		72670.29				9917	168125.13	case rate	
BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY W/O MCC	462	MS-DRG	inpatient				51240.57	Horizon	MGD		51782.75				11315	119801.11	case rate	
WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W MCC	463	MS-DRG	inpatient				91477.9	Horizon	MGD		83198.36				15756	192482.17	case rate	
WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W CC	464	MS-DRG	inpatient				53455.67	Horizon	MGD		47728.13				35451.1	110420.61	case rate	
WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W/O CC/MCC	465	MS-DRG	inpatient				37308.75	Horizon	MGD		29787.93				22096.99	68915.36	case rate	
REVISION OF HIP OR KNEE REPLACEMENT W MCC	466	MS-DRG	inpatient				84664.09	Horizon	MGD		82895.2				61261.63	191780.79	case rate	
REVISION OF HIP OR KNEE REPLACEMENT W CC	467	MS-DRG	inpatient				60380.87	Horizon	MGD		56262.12				41178.5	130164.29	case rate	
REVISION OF HIP OR KNEE REPLACEMENT W/O CC/MCC	468	MS-DRG	inpatient				48716.99	Horizon	MGD		45254.18				31532.03	104597.04	case rate	
MAJOR HIP AND KNEE JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W MCC OR TOTAL ANKLE REP	469	MS-DRG	inpatient				58145.78	Horizon	MGD		51460.13				39330	119054.72	case rate	
MAJOR HIP AND KNEE JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W/O MCC	470	MS-DRG	inpatient				37464.42	Horizon	MGD		32256.64				22225.74	74631.43	case rate	
CERVICAL SPINAL FUSION W MCC	471	MS-DRG	inpatient				80842.2	Horizon	MGD		81233.47				8282	197936.32	case rate	
CERVICAL SPINAL FUSION W CC	472	MS-DRG	inpatient				52798.71	Horizon	MGD		47773.52				8991	110525.63	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.																
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true															
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CERVICAL SPINAL FUSION W/O CC/MCC	473	MS-DRG	inpatient					Horizon	MGD		38469.45				11229	89000.36	case rate	
AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W MCC	474	MS-DRG	inpatient					Horizon	MGD		72041.9				22321	142342.82	case rate	
AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W CC	475	MS-DRG	inpatient					Horizon	MGD		41220.51				34836.35	25332.17	80595.04	case rate
AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W/O CC/MCC	476	MS-DRG	inpatient					Horizon	MGD		27398.66				18655.15	13900.98	43159.3	case rate
BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W MCC	477	MS-DRG	inpatient					Horizon	MGD		58705.63				50879.74	39793.01	117711.97	case rate
BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W CC	478	MS-DRG	inpatient					Horizon	MGD		44633.85				36950.39	28155.12	85485.95	case rate
BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W/O CC/MCC	479	MS-DRG	inpatient					Horizon	MGD		37211.63				29149.18	22016.67	67437.59	case rate
HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W MCC	480	MS-DRG	inpatient					Horizon	MGD		52705.88				49128.84	34830.99	113661.21	case rate
HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W CC	481	MS-DRG	inpatient					Horizon	MGD		40223.65				33434.01	8360	77350.69	case rate
HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W/O CC/MCC	482	MS-DRG	inpatient					Horizon	MGD		33275.59				26984.87	9385	62430.4	case rate
MAJOR JOINT/LIMB REATTACHMENT PROCEDURE OF UPPER EXTREMITIES	483	MS-DRG	inpatient					Horizon	MGD		46069.16				38641.3	13093	89397.93	case rate
KNEE PROCEDURES W PDX OF INFECTION W MCC	485	MS-DRG	inpatient					Horizon	MGD		57634.5				53566.07	38907.15	129926.88	case rate
KNEE PROCEDURES W PDX OF INFECTION W CC	486	MS-DRG	inpatient					Horizon	MGD		35272.49				30964.7	23721.08	83205.53	case rate
KNEE PROCEDURES W PDX OF INFECTION W/O CC/MCC	487	MS-DRG	inpatient					Horizon	MGD		32654.33				26753.04	18247.62	61894.05	case rate
KNEE PROCEDURES W/O PDX OF INFECTION W CC/MCC	488	MS-DRG	inpatient					Horizon	MGD		40676.38				34247.85	24882.15	75233.54	case rate
KNEE PROCEDURES W/O PDX OF INFECTION W/O CC/MCC	489	MS-DRG	inpatient					Horizon	MGD		28266.99				21033.45	14619.12	48661.58	case rate
LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR W MCC	492	MS-DRG	inpatient					Horizon	MGD		60035.26				54966.79	27833	127167.48	case rate
LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR W CC	493	MS-DRG	inpatient					Horizon	MGD		44890.92				36413.77	28367.73	84244.47	case rate
LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR W/O CC/MCC	494	MS-DRG	inpatient					Horizon	MGD		37285.9				29834.23	22078.09	67890.08	case rate
LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W MCC	495	MS-DRG	inpatient					Horizon	MGD		61726.37				56130.81	42299.42	129860.49	case rate
LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W CC	496	MS-DRG	inpatient					Horizon	MGD		38975.43				31790.11	23475.4	73547.48	case rate
LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W/O CC/MCC	497	MS-DRG	inpatient					Horizon	MGD		30976.23				23264.22	16859.76	53822.55	case rate
LOCAL EXCISION & REMOVAL INT FIX DEVICES OF HIP & FEMUR W CC/MCC	498	MS-DRG	inpatient					Horizon	MGD		47880.08				36930.94	30839.88	85440.95	case rate
LOCAL EXCISION & REMOVAL INT FIX DEVICES OF HIP & FEMUR W/O CC/MCC	499	MS-DRG	inpatient					Horizon	MGD		29011.07				18144.47	15234.5	41977.83	case rate
SOFT TISSUE PROCEDURES W MCC	500	MS-DRG	inpatient					Horizon	MGD		56903.27				49738.42	38302.4	115071.48	case rate
SOFT TISSUE PROCEDURES W CC	501	MS-DRG	inpatient					Horizon	MGD		35379.29				27356.13	8902	63289.31	case rate
SOFT TISSUE PROCEDURES W/O CC/MCC	502	MS-DRG	inpatient					Horizon	MGD		30337.84				20931.31	16331.79	48425.29	case rate
FOOT PROCEDURES W MCC	503	MS-DRG	inpatient					Horizon	MGD		46892.66				41538.39	27418	96100.44	case rate
FOOT PROCEDURES W CC	504	MS-DRG	inpatient					Horizon	MGD		35256.46				28038.65	20399.68	64868.36	case rate
FOOT PROCEDURES W/O CC/MCC	505	MS-DRG	inpatient					Horizon	MGD		34950.84				25611.72	20146.91	59253.56	case rate
MAJOR THUMB OR JOINT PROCEDURES	506	MS-DRG	inpatient					Horizon	MGD		31478.86				22863.78	17275.53	52896.12	case rate
MAJOR SHOULDER OR ELBOW JOINT PROCEDURES W CC/MCC	507	MS-DRG	inpatient					Horizon	MGD		41034.85				31491.81	25178.62	72857.35	case rate
MAJOR SHOULDER OR ELBOW JOINT PROCEDURES W/O CC/MCC	508	MS-DRG	inpatient					Horizon	MGD		31070.49				23465.25	16937.72	54287.63	case rate
ARTHROSCOPY	509	MS-DRG	inpatient					Horizon	MGD		29530.92				27078.9	15694.44	62647.94	case rate
SHOULDER, ELBOW OR FOREARM PROC, EXC MAJOR JOINT PROC W MCC	510	MS-DRG	inpatient					Horizon	MGD		49445.36				44297.67	32134.42	102484.13	case rate
SHOULDER, ELBOW OR FOREARM PROC, EXC MAJOR JOINT PROC W CC	511	MS-DRG	inpatient					Horizon	MGD		39065.4				29948.43	7655	69286.68	case rate
SHOULDER, ELBOW OR FOREARM PROC, EXC MAJOR JOINT PROC W/O CC/MCC	512	MS-DRG	inpatient					Horizon	MGD		33638.35				24676.29	10564	57089.4	case rate
HAND OR WRIST PROC, EXCEPT MAJOR THUMB OR JOINT PROC W CC/MCC	513	MS-DRG	inpatient					Horizon	MGD		33741.17				26581.2	18516	61496.48	case rate
HAND OR WRIST PROC, EXCEPT MAJOR THUMB OR JOINT PROC W/O CC/MCC	514	MS-DRG	inpatient					Horizon	MGD		25464.91				16208.76	12301.7	40690.37	case rate
OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W MCC	515	MS-DRG	inpatient					Horizon	MGD		55742.17				49965.38	37342.12	115596.57	case rate
OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W CC	516	MS-DRG	inpatient					Horizon	MGD		39736.64				30566.1	24104.95	70715.7	case rate
OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W/O CC/MCC	517	MS-DRG	inpatient					Horizon	MGD		31933.11				22387.15	17651.14	51783.42	case rate
BACK & NECK PROC EXC SPINAL FUSION W MCC OR DISC DEVICE/NEUROSTIM	518	MS-DRG	inpatient					Horizon	MGD		62744.5				50260.44	43133.31	116279.2	case rate
BACK & NECK PROC EXC SPINAL FUSION W CC	519	MS-DRG	inpatient					Horizon	MGD		38705.5				30186.74	23252.16	69838.03	case rate
BACK & NECK PROC EXC SPINAL FUSION W/O CC/MCC	520	MS-DRG	inpatient					Horizon	MGD		31034.79				21304.19	16908.19	49297.95	case rate
FRACTURES OF FEMUR W MCC	533	MS-DRG	inpatient					Horizon	MGD		33889.7				24812.47	12781	57404.46	case rate
FRACTURES OF FEMUR W/O MCC	534	MS-DRG	inpatient					Horizon	MGD		22158.69				12572.41	9567.33	34640.29	case rate
FRACTURES OF HIP & PELVIS W MCC	535	MS-DRG	inpatient					Horizon	MGD		29109.61				20342.82	15316	47063.78	case rate
FRACTURES OF HIP & PELVIS W/O MCC	536	MS-DRG	inpatient					Horizon	MGD		21831.64				12272.48	9296.85	28392.8	case rate
SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS & THIGH W CC/MCC	537	MS-DRG	inpatient					Horizon	MGD		24400.53				14761.03	11421.74	34150.12	case rate
SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS & THIGH W/O CC/MCC	538	MS-DRG	inpatient					Horizon	MGD		20717.67				11786.12	8375.55	27267.59	case rate
OSTEOMYELITIS W MCC	539	MS-DRG	inpatient					Horizon	MGD		38931.15				32735.27	23438.78	75734.13	case rate
OSTEOMYELITIS W CC	540	MS-DRG	inpatient					Horizon	MGD		29131.03				21025.34	15333.72	48642.83	case rate
OSTEOMYELITIS W/O CC/MCC	541	MS-DRG	inpatient					Horizon	MGD		22842.79				14310.33	7723	33107.43	case rate
PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W MCC	542	MS-DRG	inpatient					Horizon	MGD		36636.08				29591.76	8903	68461.53	case rate
PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W CC	543	MS-DRG	inpatient					Horizon	MGD		26167.58				17387.37	10889	40226.26	case rate
PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W/O CC/MCC	544	MS-DRG	inpatient					Horizon	MGD		21551.12				12943.86	9065.34	29945.59	case rate
CONNECTIVE TISSUE DISORDERS W MCC	545	MS-DRG	inpatient					Horizon	MGD		46197.69				40191.17	29448.48	92983.6	case rate
CONNECTIVE TISSUE DISORDERS W CC	546	MS-DRG	inpatient					Horizon	MGD		27718.57				19687.85	14165.56	45548.5	case rate
CONNECTIVE TISSUE DISORDERS W/O CC/MCC	547	MS-DRG	inpatient					Horizon	MGD		22207.25				13903.41	9607.49	32166	case rate
SEPTIC ARTHRITIS W MCC	548	MS-DRG	inpatient					Horizon	MGD		38437				33513.45	23030.1	77534.47	case rate
SEPTIC ARTHRITIS W CC	549	MS-DRG	inpatient					Horizon	MGD		27817.11				20170.97	14247.06	46666.21	case rate
SEPTIC ARTHRITIS W/O CC/MCC	550	MS-DRG	inpatient					Horizon	MGD		23741.11				14976.65	10676.05	34648.97	case rate
MEDICAL BACK PROBLEMS W MCC	551	MS-DRG	inpatient					Horizon	MGD		34896.57				25803.02	9165	59696.14	case rate
MEDICAL BACK PROBLEMS W/O MCC	552	MS-DRG	inpatient					Horizon	MGD		24390.93				14607.01	11413.47	33793.81	case rate
BONE DISEASES & ARTHROPATHIES W MCC	553	MS-DRG	inpatient					Horizon	MGD		29892.25				20063.97	15963.27	46418.66	case rate
BONE DISEASES & ARTHROPATHIES W/O MCC	554	MS-DRG	inpatient					Horizon	MGD		22327.22				12270.86	9706.71	47368.4	case rate
SIGNS & SYMPTOMS OF MUSCULOSKELETAL SYSTEM & CONN TISSUE W MCC	555	MS-DRG	inpatient					Horizon	MGD		30570.63				20738.39	16524.32	47978.95	case rate
SIGNS & SYMPTOMS OF MUSCULOSKELETAL SYSTEM & CONN TISSUE W/O MCC	556	MS-DRG	inpatient					Horizon	MGD		22364.35				12445.95	9737.42	28794.12	case rate
TENDONITIS, MYOSITIS & BURSITIS W MCC	557	MS-DRG	inpatient					Horizon	MGD		32824.29				23222.07	18388.17	53725.03	case rate
TENDONITIS, MYOSITIS & BURSITIS W/O MCC	558	MS-DRG	inpatient					Horizon	MGD		23135.56				13999.06	10375.24	32387.29	case rate
AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W MCC	559	MS-DRG	inpatient					Horizon	MGD		37018.52				29160.52	21857.22	67463.84	case rate
AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W CC	560	MS-DRG	inpatient					Horizon	MGD		26758.84				16563.8	13371.82	38320.9	case rate
AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W/O CC/MCC	561	MS-DRG	inpatient					Horizon	MGD		21733.1				12257.89	9211	28359.04	case rate
FX, SPRN, STRN & DISL EXCEPT FEMUR, HIP, PELVIS & THIGH W MCC	562	MS-DRG	inpatient					Horizon	MGD		32308.72				22826.12	12507	52813.61	case rate
FX, SPRN, STRN & DISL EXCEPT FEMUR, HIP, PELVIS & THIGH W/O MCC	563	MS-DRG	inpatient					Horizon	MGD		23381.21				13587.28	10578.4	31434.62	case rate
OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W MCC	564	MS-DRG	inpatient					Horizon	MGD		32897.12				25488.51	18448.41	58968.51	case rate
OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W CC	565	MS-DRG	inpatient					Horizon	MGD		24863.65				15819.67	11804.43	36599.33	case rate
OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W/O CC/MCC	566	MS-DRG	inpatient					Horizon	MGD		21308.93				12358.41	8864.55	28591.59	case rate
SKIN DEBRIDEMENT W MCC	570	MS-DRG	inpatient					Horizon	MGD		52324.55				49198.56	34515.62	113622.48	case rate
SKIN DEBRIDEMENT W CC	571	MS-DRG	inpatient					Horizon	MGD		34753.75				27607.41	9078	63870.67	case rate
SKIN DEBRIDEMENT W/O CC/MCC	572	MS-DRG	inpatient					Horizon	MGD		26865.95				19107.46	11401	44205.75	case rate
SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W MCC	573	MS-DRG	inpatient					Horizon	MGD		99395.69				85137.32	16091	196968.01	case rate
SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W CC	574	MS-DRG	inpatient					Horizon	MGD		59231.2				49380.13	36864	114242.57	case rate
SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W/O CC/MCC	575	MS-DRG	inpatient					Horizon	MGD		39810.91				28510.42	24166.37	65959.81	case rate
SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W MCC	576	MS-DRG	inpatient					Horizon	MGD		91754.97				79125.91	67126.05	183060.41	case rate
SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W CC	577	MS-DRG	inpatient					Horizon	MGD		48424.21				40675.15	31289.9	94112.56	case rate
SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W/O CC/MCC	578	MS-DRG	inpatient					Horizon	MGD		33591.22				24799.5	19022.45	57374.46	case rate
OTHER SKIN, SUBCUT TISS & BREAST PROC W MCC	579	MS-DRG	inpatient					Horizon	MGD		58322.88				45357.93	39476.46	104937.08	case rate
OTHER SKIN, SUBCUT TISS & BREAST PROC W CC	580	MS-DRG	inpatient					Horizon	MGD		35534.96				25773.84	20630	59628.63	case rate
OTHER SKIN, SUBCUT TISS & BREAST PROC W/O CC/MCC	581	MS-DRG	inpatient					Horizon	MGD		29823.7				20044.52	8609	46373.65	case rate
MASTECTOMY FOR MALIGNANCY W CC/MCC	582	MS-DRG	inpatient					Horizon	MGD		34399.56				25444.73	10681	58867.24	case rate
MASTECTOMY FOR MALIGNANCY W/O CC/MCC	583	MS-DRG	inpatient					Horizon	MGD		32325.85				22341.76	14701	51688.4	case rate
BREAST BIOPSY, LOCAL EXCISION & OTHER BREAST PROCEDURES W CC/MCC	584	MS-DRG	inpatient					Horizon	MGD		38562.68				30339.14	23134.04	70190.6	case rate
BREAST BIOPSY, LOCAL EXCISION & OTHER BREAST PROCEDURES W/O CC/MCC	585	MS-DRG	inpatient					Horizon	MGD		34640.03				25383.13	19890.6	58724.71	case rate
SKIN ULCERS W MCC	592	MS-DRG	inpatient					Horizon	MGD		40440.73				27693.34	24687.26	64069.46	case rate
SKIN ULCERS W CC	593	MS-DRG	inpatient					Horizon	MGD		27869.96				18309.83	14290.76	42360.41	case rate
SKIN ULCERS W/O CC/MCC	594	MS-DRG	inpatient					Horizon	MGD		21835.93				13134.96	9300.39	30388.17	case rate
MAJOR SKIN DISORDERS W MCC	595	MS-DRG	inpatient					Horizon	MGD		41653.25				32211.62	25690.06	74522.66	case rate
MAJOR SKIN DISORDERS W/O MCC	596	MS-DRG	inpatient					Horizon	MGD		25000.76				16398.44	11917.82	37938.33	case rate
MALIGNANT BREAST DISORDERS W MCC	597	MS-DRG	inpatient					Horizon	MGD		33448.4				27884.64	18904.34	64512.04	case rate
MALIGNANT BREAST DISORDERS W CC	598	MS-DRG	inpatient					Horizon	MGD		27711.43				18843.21	14159.65	43594.39	case rate
MALIGNANT BREAST DISORDERS W/O CC/MCC	599	MS-DRG	inpatient					Horizon	MGD		19465.16				11614.28	7339.68	26870.01	case rate
NON-MALIGNANT BREAST DISORDERS W CC/MCC	600	MS-DRG	inpatient					Horizon	MGD		25236.41				15498.67	12112.71	35856.69	case rate
NON-MALIGNANT BREAST DISORDERS W/O CC/MCC	601	MS-DRG	inpatient					Horizon	MGD		19482.3				10038.47	7353.85	23224.33	case rate
CELLULITIS W MCC	602	MS-DRG	inpatient					Horizon	MGD		31834.56				23410.13	17569.64	54160.11	case rate
CELLULITIS W/O MCC	603	MS-DRG	inpatient					Horizon	MGD		23225.54				13742.91	10449.65	31794.68	case rate
TRAUMA TO THE SKIN, SUBCUT TISS & BREAST W MCC	604	MS-DRG	inpatient					Horizon	MGD		32101.63				22969.16	17790.51	53139.92	case rate
TRAUMA TO THE SKIN, SUBCUT TISS & BREAST W/O MCC	605	MS-DRG	inpatient					Horizon	MGD		23569.73				13950.43	10734.31	32274.77	case rate
MINOR SKIN DISORDERS W MCC	606	MS-DRG	inpatient					Horizon	MGD		33238.46				22386.53	18730.71	51789.67	case rate
MINOR SKIN DISORDERS W/O MCC	607	MS-DRG	inpatient					Horizon	MGD		23351.22				12985.81	10553.59	30043.11	case rate
ADRENAL & PITUITARY PROCEDURES W CC/MCC	614	MS-DRG	inpatient					Horizon	MGD		42758.65				36318.68	26604.27	88651.55	case rate
ADRENAL & PITUITARY PROCEDURES W/O CC/MCC	615	MS-DRG	inpatient					Horizon	MGD		31600.34				24013.21	17375.93	55595.37	case rate
AMPUTAT OF LOWER LIMB FOR ENDOCRINE, NUTRIT, & METABOL DIS W MCC	616	MS-DRG	inpatient					Horizon	MGD		67113.28				57139.86	46746.45	155098.95	case rate
AMPUTAT OF LOWER LIMB FOR ENDOCRINE, NUTRIT, & METABOL DIS W CC	617	MS-DRG	inpatient					Horizon	MGD		38932.58				33617.2	23439.96	77774.52	case rate
AMPUTAT OF LOWER LIMB FOR ENDOCRINE, NUTRIT, & METABOL DIS W/O CC/MCC	618	MS-DRG	inpatient					Horizon	MGD		27178.72				18794.57	13719.08	43481.87	case rate
O.R. PROCEDURES FOR OBESITY W MCC	619	MS-DRG	inpatient					Horizon	MGD		47558.74				47393.39	30574.12	109546.69	case rate
O.R. PROCEDURES FOR OBESITY W CC	620	MS-DRG	inpatient					Horizon	MGD		33758.31				29337.24	19160.65	67872.67	case rate
O.R. PROCEDURES FOR OBESITY W/O CC/MCC	621	MS-DRG	inpatient					Horizon	MGD		32260.16				26587.4	17921.62	59197.3	case rate
SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W MCC	622	MS-DRG	inpatient					Horizon	MGD		65226.66				61573.18	45186.15	142451.59	case rate
SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W CC	623	MS-DRG	inpatient					Horizon	MGD		37174.74				31178.92	21885.96	72133.46	case rate
SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W/O CC/MCC	624	MS-DRG	inpatient					Horizon	MGD		26507.48				21010.75	13163.94	48609.07	case rate
THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W MCC	625	MS-DRG	inpatient					Horizon	MGD		52310.27				45122.86	34503.81	104393.23	case rate
THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W CC	626	MS-DRG	inpatient					Horizon	MGD		31897.4				26111.05	17621.61	69408.77	case rate
THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W/O CC/MCC	627	MS-DRG	inpatient					Horizon	MGD		28242.71				17590.02	14599.04	40695.7	case rate
OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W MCC	628	MS-DRG	inpatient					Horizon	MGD		67924.48				59579.1	47417.35	137838.23	case rate
OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W CC	629	MS-DRG	inpatient					Horizon	MGD		42907.18				37915	26727.11	87717.62	case rate
OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W/O CC/MCC	630	MS-DRG	inpatient					Horizon	MGD		30532.07				24977.31	16492.43	57554.49	case rate
DIABETES W MCC	637	MS-DRG	inpatient					Horizon	MGD		31289				22393.64	17118.44	51808.42	case rate
DIABETES W CC	638	MS-DRG	inpatient					Horizon	MGD		23435.48				14140.11	10623.28	32713.61	case rate
DIABETES W/O CC/MCC	639	MS-DRG	inpatient					Horizon	MGD		19480.87				10244.36	7352.67	23700.67	case rate
MISC DISORDERS OF NUTRITION, METABOLISM, FLUIDS/ELECTROLYTES W MCC	640	MS-DRG	inpatient					Horizon	MGD		29373.82				19295.52	15534.51	44640.83	case rate
MISC DISORDERS OF NUTRITION, METABOLISM, FLUIDS/ELECTROLYTES W/O MCC	641	MS-DRG	inpatient					Horizon	MGD		21750.24				12189.8	9229.52	28201.51	case rate
INBORN AND OTHER DISORDERS OF METABOLISM	642	MS-DRG	inpatient					Horizon	MGD		29203.87				20483.86	15393.95	47390.09	case rate
ENDOCRINE DISORDERS W MCC	643	MS-DRG	inpatient					Horizon	MGD		34085.36				26492.03	19431.13	61290.19	case rate
ENDOCRINE DISORDERS W CC	644	MS-DRG	inpatient					Horizon	MGD		25753.41				19414.85	12540.29	37975.84	case rate
ENDOCRINE DISORDERS W/O CC/MCC	645	MS-DRG	inpatient					Horizon	MGD		21457.46				12043.89	8987.39	27863.95	case rate
KIDNEY TRANSPLANT	652	MS-DRG	inpatient					Horizon	MGD		53498.51				53736.3	35486.53	124320.7	case rate
MAJOR BLADDER PROCEDURES W MCC	653	MS-DRG	inpatient					Horizon	MGD		87906.04				88987.67	63942.84	205875.92	case rate
MAJOR BLADDER PROCEDURES W CC	654	MS-DRG	inpatient					Horizon	MGD		49886.72				46581.94	32334.04	107768.86	case rate
MAJOR BLADDER PROCEDURES W/O CC/MCC	655	MS-DRG	inpatient					Horizon	MGD		40693.52				33675.57	24896.32	77909.54	case rate
KIDNEY & URETER PROCEDURES FOR NEOPLASM W MCC	656	MS-DRG	inpatient					Horizon	MGD		55400.84				53947.05	37059.83	124808.29	case rate
KIDNEY & URETER PROCEDURES FOR NEOPLASM W CC	657	MS-DRG	inpatient					Horizon	MGD		36928.85				31571.25	21782.81	73041.13	case rate
KIDNEY & URETER PROCEDURES FOR NEOPLASM W/O CC/MCC	658	MS-DRG	inpatient					Horizon	MGD		31733.16				25394.48	17485.77	58750.96	case rate
KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W MCC	659	MS-DRG	inpatient					Horizon	MGD		47564.45				44211.75	30578.84	102285.34	case rate
KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W CC	660	MS-DRG	inpatient					Horizon	MGD		29812.27				23468.49	15897.12	54295.13	case rate
KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W/O CC/MCC	661	MS-DRG	inpatient					Horizon	MGD		25563.49				17392.23	12383.2	40237.51	case rate
MINOR BLADDER PROCEDURES W MCC	662	MS-DRG	inpatient					Horizon	MGD		53388.54				51533.08	35395.58	119223.5	case rate

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
MINOR BLADDER PROCEDURES W CC	663	MS-DRG	inpatient				31427.53	Horizon	MGD		26592.54				17233.01	61522.73	case rate	
MINOR BLADDER PROCEDURES W/O CC/MCC	664	MS-DRG	inpatient				25751.98	Horizon	MGD		15222.57				12539.11	44472.05	case rate	
PROSTATECTOMY W MCC	665	MS-DRG	inpatient				54708.17	Horizon	MGD		51534.71				36486.97	119227.25	case rate	
PROSTATECTOMY W CC	666	MS-DRG	inpatient				35117.93	Horizon	MGD		28842.77				20285.1	66728.7	case rate	
PROSTATECTOMY W/O CC/MCC	667	MS-DRG	inpatient				25580.6	Horizon	MGD		17515.44				12397.37	40522.56	case rate	
TRANSURETHRAL PROCEDURES W MCC	668	MS-DRG	inpatient				50836.4	Horizon	MGD		45630.3				33284.86	105567.2	case rate	
TRANSURETHRAL PROCEDURES W CC	669	MS-DRG	inpatient				32507.23	Horizon	MGD		29655.49				18125.96	59354.83	case rate	
TRANSURETHRAL PROCEDURES W/O CC/MCC	670	MS-DRG	inpatient				24338.09	Horizon	MGD		15620.26				11369.77	36137.99	case rate	
URETHRAL PROCEDURES W CC/MCC	671	MS-DRG	inpatient				35039.38	Horizon	MGD		27292.9				20220.14	63143.03	case rate	
URETHRAL PROCEDURES W/O CC/MCC	672	MS-DRG	inpatient				23768.25	Horizon	MGD		17134.46				10898.49	39641.15	case rate	
OTHER KIDNEY & URINARY TRACT PROCEDURES W MCC	673	MS-DRG	inpatient				63404.32	Horizon	MGD		57995.19				43679	134173.79	case rate	
OTHER KIDNEY & URINARY TRACT PROCEDURES W CC	674	MS-DRG	inpatient				44612.42	Horizon	MGD		37483.77				28137.4	86719.93	case rate	
OTHER KIDNEY & URINARY TRACT PROCEDURES W/O CC/MCC	675	MS-DRG	inpatient				33248.49	Horizon	MGD		26349.36				18738.96	60990.13	case rate	
RENAL FAILURE W MCC	682	MS-DRG	inpatient				32024.51	Horizon	MGD		24836.78				17726.73	57460.72	case rate	
RENAL FAILURE W CC	683	MS-DRG	inpatient				23455.48	Horizon	MGD		14898.83				10639.82	34468.93	case rate	
RENAL FAILURE W/O CC/MCC	684	MS-DRG	inpatient				19280.93	Horizon	MGD		10048.2				7187.31	23246.84	case rate	
KIDNEY & URINARY TRACT NEOPLASMS W MCC	686	MS-DRG	inpatient				36860.3	Horizon	MGD		27845.73				21726.11	64422.02	case rate	
KIDNEY & URINARY TRACT NEOPLASMS W CC	687	MS-DRG	inpatient				25519.18	Horizon	MGD		17082.58				12346.58	39521.13	case rate	
KIDNEY & URINARY TRACT NEOPLASMS W/O CC/MCC	688	MS-DRG	inpatient				21743.1	Horizon	MGD		12822.07				9223.62	29664.29	case rate	
KIDNEY & URINARY TRACT INFECTIONS W MCC	689	MS-DRG	inpatient				27362.96	Horizon	MGD		18021.26				13871.45	41692.78	case rate	
KIDNEY & URINARY TRACT INFECTIONS W/O MCC	690	MS-DRG	inpatient				22114.42	Horizon	MGD		12873.95				9530.72	29784.31	case rate	
URINARY STONES W MCC	693	MS-DRG	inpatient				30817.7	Horizon	MGD		21458.2				16728.66	49644.27	case rate	
URINARY STONES W/O MCC	694	MS-DRG	inpatient				21768.8	Horizon	MGD		11382.45				9244.88	26333.66	case rate	
KIDNEY & URINARY TRACT SIGNS & SYMPTOMS W MCC	695	MS-DRG	inpatient				27671.44	Horizon	MGD		18622.72				14126.58	43084.29	case rate	
KIDNEY & URINARY TRACT SIGNS & SYMPTOMS W/O MCC	696	MS-DRG	inpatient				20474.88	Horizon	MGD		11163.58				8174.75	25827.32	case rate	
URETHRAL STRICTURE	697	MS-DRG	inpatient				26487.49	Horizon	MGD		15563.52				13147.4	36006.72	case rate	
OTHER KIDNEY & URINARY TRACT DIAGNOSES W MCC	698	MS-DRG	inpatient				34218.18	Horizon	MGD		26184				19540.98	60577.56	case rate	
OTHER KIDNEY & URINARY TRACT DIAGNOSES W CC	699	MS-DRG	inpatient				25169.28	Horizon	MGD		16984.31				12057.2	38593.45	case rate	
OTHER KIDNEY & URINARY TRACT DIAGNOSES W/O CC/MCC	700	MS-DRG	inpatient				20706.24	Horizon	MGD		12316.26				8366.1	28494.07	case rate	
MAJOR MALE PELVIC PROCEDURES W CC/MCC	707	MS-DRG	inpatient				38609.81	Horizon	MGD		29042.18				23173.02	67190.04	case rate	
MAJOR MALE PELVIC PROCEDURES W/O CC/MCC	708	MS-DRG	inpatient				31420.39	Horizon	MGD		22802.18				17227.1	52753.6	case rate	
PENIS PROCEDURES W CC/MCC	709	MS-DRG	inpatient				40867.75	Horizon	MGD		32939.54				25040.42	76206.72	case rate	
PENIS PROCEDURES W/O CC/MCC	710	MS-DRG	inpatient				28218.43	Horizon	MGD		27065.93				14578.96	62617.94	case rate	
TESTES PROCEDURES W CC/MCC	711	MS-DRG	inpatient				40909.17	Horizon	MGD		33777.7				25074.68	78145.83	case rate	
TESTES PROCEDURES W/O CC/MCC	712	MS-DRG	inpatient				27562.9	Horizon	MGD		17457.08				14036.81	40397.54	case rate	
TRANSURETHRAL PROSTATECTOMY W CC/MCC	713	MS-DRG	inpatient				31309	Horizon	MGD		23724.64				17134.97	54887.74	case rate	
TRANSURETHRAL PROSTATECTOMY W/O CC/MCC	714	MS-DRG	inpatient				24279.53	Horizon	MGD		14761.03				11321.34	34150.12	case rate	
OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC FOR MALIGNANCY W CC/MCC	715	MS-DRG	inpatient				42117.41	Horizon	MGD		35826.9				26073.93	82886.72	case rate	
OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC FOR MALIGNANCY W/O CC/MCC	716	MS-DRG	inpatient				30901.97	Horizon	MGD		23718.16				16798.34	54872.74	case rate	
OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC EXC MALIGNANCY W CC/MCC	717	MS-DRG	inpatient				36493.26	Horizon	MGD		31683.11				21422.55	73299.93	case rate	
OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC EXC MALIGNANCY W/O CC/MCC	718	MS-DRG	inpatient				27382.95	Horizon	MGD		19982.91				13887.99	46231.13	case rate	
MALIGNANCY, MALE REPRODUCTIVE SYSTEM W MCC	722	MS-DRG	inpatient				37365.89	Horizon	MGD		26907.06				22144.24	62250.37	case rate	
MALIGNANCY, MALE REPRODUCTIVE SYSTEM W CC	723	MS-DRG	inpatient				26504.62	Horizon	MGD		17857.52				13161.58	41313.96	case rate	
MALIGNANCY, MALE REPRODUCTIVE SYSTEM W/O CC/MCC	724	MS-DRG	inpatient				22151.55	Horizon	MGD		11173.31				9561.43	25849.82	case rate	
BENIGN PROSTATIC HYPERTROPHY W MCC	725	MS-DRG	inpatient				28312.69	Horizon	MGD		19686.23				14656.92	45544.75	case rate	
BENIGN PROSTATIC HYPERTROPHY W/O MCC	726	MS-DRG	inpatient				21029.01	Horizon	MGD		12284.07				8633.04	29674.1	case rate	
INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM W MCC	727	MS-DRG	inpatient				33741.17	Horizon	MGD		23312.86				19146.47	53935.07	case rate	
INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM W/O MCC	728	MS-DRG	inpatient				22017.31	Horizon	MGD		12830.18				9450.4	29683.04	case rate	
OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES W CC/MCC	729	MS-DRG	inpatient				24927.92	Horizon	MGD		17541.38				11857.58	40582.57	case rate	
OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES W/O CC/MCC	730	MS-DRG	inpatient				19468.82	Horizon	MGD		9214.9				7342.04	21318.98	case rate	
PELVIC EVISCERATION, RAD HYSTERECTOMY & RAD VULVECTOMY W CC/MCC	734	MS-DRG	inpatient				41633.25	Horizon	MGD		37383.25				25673.52	86487.39	case rate	
PELVIC EVISCERATION, RAD HYSTERECTOMY & RAD VULVECTOMY W/O CC/MCC	735	MS-DRG	inpatient				28588.33	Horizon	MGD		22129.38				14884.88	51197.06	case rate	
UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W MCC	736	MS-DRG	inpatient				66106.42	Horizon	MGD		65344.09				45913.74	151175.71	case rate	
UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W CC	737	MS-DRG	inpatient				38779.7	Horizon	MGD		32933.06				23313.58	76191.72	case rate	
UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W/O CC/MCC	738	MS-DRG	inpatient				30079.34	Horizon	MGD		22571.97				16118	52221	case rate	
UTERINE, ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W MCC	739	MS-DRG	inpatient				62237.5	Horizon	MGD		58325.91				42714	134938.93	case rate	
UTERINE, ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W CC	740	MS-DRG	inpatient				36111.54	Horizon	MGD		29255.89				21107.19	65370.95	case rate	
UTERINE, ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W/O CC/MCC	741	MS-DRG	inpatient				29146.74	Horizon	MGD		21526.29				15346.71	49801.79	case rate	
UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W CC/MCC	742	MS-DRG	inpatient				36039.1	Horizon	MGD		27787.37				21046.95	64287	case rate	
UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC/MCC	743	MS-DRG	inpatient				27185.86	Horizon	MGD		18086.11				13724.99	41842.61	case rate	
D&C, CONIZATION, LAPAROSCOPY & TUBAL INTERRUPTION W CC/MCC	744	MS-DRG	inpatient				37474.36	Horizon	MGD		27403.14				22234.01	63398.08	case rate	
D&C, CONIZATION, LAPAROSCOPY & TUBAL INTERRUPTION W/O CC/MCC	745	MS-DRG	inpatient				25384.94	Horizon	MGD		17337.11				12235.55	40109.99	case rate	
VAGINA, CERVIX & VULVA PROCEDURES W CC/MCC	746	MS-DRG	inpatient				34528.1	Horizon	MGD		27198.87				19797.29	62925.49	case rate	
VAGINA, CERVIX & VULVA PROCEDURES W/O CC/MCC	747	MS-DRG	inpatient				23261.24	Horizon	MGD		15534.34				10479.18	35939.21	case rate	
FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES	748	MS-DRG	inpatient				30654.89	Horizon	MGD		20978.33				16694	48534.06	case rate	
OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES W CC/MCC	749	MS-DRG	inpatient				46540.46	Horizon	MGD		42183.62				29731.96	97593.21	case rate	
OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES W/O CC/MCC	750	MS-DRG	inpatient				30013.64	Horizon	MGD		19841.87				16063.67	45904.82	case rate	
MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W MCC	754	MS-DRG	inpatient				37047.39	Horizon	MGD		29852.78				21880.84	69065.39	case rate	
MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W CC	755	MS-DRG	inpatient				26081.88	Horizon	MGD		17345.22				12811.96	40128.74	case rate	
MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W/O CC/MCC	756	MS-DRG	inpatient				24725.12	Horizon	MGD		12646.98				11689.86	29259.21	case rate	
INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W MCC	757	MS-DRG	inpatient				31893.12	Horizon	MGD		23359.87				17618.06	54043.84	case rate	
INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W CC	758	MS-DRG	inpatient				24766.54	Horizon	MGD		16542.72				11724.11	38272.14	case rate	
INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W/O CC/MCC	759	MS-DRG	inpatient				19819.35	Horizon	MGD		11521.87				7632.6	26656.22	case rate	
MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS W CC/MCC	760	MS-DRG	inpatient				24806.53	Horizon	MGD		14132				11757.19	32694.85	case rate	
MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS W/O CC/MCC	761	MS-DRG	inpatient				19239.51	Horizon	MGD		8906.87				7153.06	20606.35	case rate	
VAGINAL DELIVERY W O.R. PROC EXCEPT STERIL &/OR D&C	768	MS-DRG	inpatient				27987.07	Horizon	MGD		18342.26				8760	42435.42	case rate	
POSTPARTUM & POST ABORTION DIAGNOSES W O.R. PROCEDURE	769	MS-DRG	inpatient				32640.05	Horizon	MGD		23635.47				18235.81	54681.46	case rate	
ABORTION W D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY	770	MS-DRG	inpatient				21997.31	Horizon	MGD		17312.79				9433.86	40053.73	case rate	
POSTPARTUM & POST ABORTION DIAGNOSES W/O O.R. PROCEDURE	776	MS-DRG	inpatient				20826.21	Horizon	MGD		10683.71				8465.32	24717.11	case rate	
ABORTION W/O D&C	779	MS-DRG	inpatient				24717.98	Horizon	MGD		12228.71				11683.96	28291.53	case rate	
CESAREAN SECTION W STERILIZATION W MCC	783	MS-DRG	inpatient				35894.86	Horizon	MGD		28298.05				8487	65468.47	case rate	
CESAREAN SECTION W STERILIZATION W CC	784	MS-DRG	inpatient				25216.41	Horizon	MGD		17867.25				8487	41336.46	case rate	
CESAREAN SECTION W STERILIZATION W/O CC/MCC	785	MS-DRG	inpatient				22962.76	Horizon	MGD		13707.25				8487	31712.17	case rate	
CESAREAN SECTION W/O STERILIZATION W MCC	786	MS-DRG	inpatient				35576.38	Horizon	MGD		25206.42				8487	58315.88	case rate	
CESAREAN SECTION W/O STERILIZATION W CC	787	MS-DRG	inpatient				25602.02	Horizon	MGD		17526.79				8487	40548.82	case rate	
CESAREAN SECTION W/O STERILIZATION W/O CC/MCC	788	MS-DRG	inpatient				22801.37	Horizon	MGD		14602.15				8487	33782.55	case rate	
NEONATES, DIED OR TRANSFERRED TO ANOTHER ACUTE CARE FACILITY	789	MS-DRG	inpatient				36574.67	Horizon	MGD		26971.9				637	62400.4	case rate	
EXTREME IMMATURITY OR RESPIRATORY DISTRESS SYNDROME, NEONATE	790	MS-DRG	inpatient				96282.27	Horizon	MGD		88943.9				637	205774.65	case rate	
PREMATURITY W MAJOR PROBLEMS	791	MS-DRG	inpatient				69112.72	Horizon	MGD		60746.36				637	140538.73	case rate	
PREMATURITY W/O MAJOR PROBLEMS	792	MS-DRG	inpatient				45902.06	Horizon	MGD		36652.09				637	84795.83	case rate	
FULL TERM NEONATE W MAJOR PROBLEMS	793	MS-DRG	inpatient				70706.56	Horizon	MGD		62398.37				637	144360.69	case rate	
NEONATE W OTHER SIGNIFICANT PROBLEMS	794	MS-DRG	inpatient				31868.84	Horizon	MGD		22085.61				637	51095.79	case rate	
NORMAL NEWBORN	795	MS-DRG	inpatient				13471.12	Horizon	MGD		2989.49				637	11714.02	case rate	
VAGINAL DELIVERY W STERILIZATION/D&C W MCC	796	MS-DRG	inpatient				30847.7	Horizon	MGD		23802.46				6365	55067.78	case rate	
VAGINAL DELIVERY W STERILIZATION/D&C W CC	797	MS-DRG	inpatient				24813.67	Horizon	MGD		13729.94				6365	31764.68	case rate	
VAGINAL DELIVERY W STERILIZATION/D&C W/O CC/MCC	798	MS-DRG	inpatient				22175.83	Horizon	MGD		13729.94				6365	31764.68	case rate	
SPLENECTOMY W MCC	799	MS-DRG	inpatient				81350.73	Horizon	MGD		76222.34				58521.36	176342.91	case rate	
SPLENECTOMY W CC	800	MS-DRG	inpatient				50832.11	Horizon	MGD		42685.68				33281.32	98523.39	case rate	
SPLENECTOMY W/O CC/MCC	801	MS-DRG	inpatient				36192.5	Horizon	MGD		25230.74				5977	58372.14	case rate	
OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W MCC	802	MS-DRG	inpatient				59009.83	Horizon	MGD		54264.81				8199	125543.43	case rate	
OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W CC	803	MS-DRG	inpatient				37128.8	Horizon	MGD		27918.69				13379	64590.8	case rate	
OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W/O CC/MCC	804	MS-DRG	inpatient				27877.1	Horizon	MGD		19948.87				14296.66	46152.36	case rate	
VAGINAL DELIVERY W/O STERILIZATION/D&C W MCC	805	MS-DRG	inpatient				24989.33	Horizon	MGD		16588.12				6365	38377.16	case rate	
VAGINAL DELIVERY W/O STERILIZATION/D&C W CC	806	MS-DRG	inpatient				21254.66	Horizon	MGD		11468.37				6365	26532.45	case rate	
VAGINAL DELIVERY W/O STERILIZATION/D&C W/O CC/MCC	807	MS-DRG	inpatient				19935.03	Horizon	MGD		9954.17				6365	23029.3	case rate	
MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W MCC	808	MS-DRG	inpatient				41868.53	Horizon	MGD		34642.83				25868.41	80610.04	case rate	
MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W CC	809	MS-DRG	inpatient				27791.41	Horizon	MGD		19527.35				14225.79	45177.18	case rate	
MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W/O CC/MCC	810	MS-DRG	inpatient				24936.49	Horizon	MGD		14947.46				11864.67	34581.45	case rate	
RED BLOOD CELL DISORDERS W MCC	811	MS-DRG	inpatient				30636.33	Horizon	MGD		21983.47				16578.65	50859.49	case rate	
RED BLOOD CELL DISORDERS W/O MCC	812	MS-DRG	inpatient				23454.05	Horizon	MGD		14318.44				10638.64	33126.18	case rate	
COAGULATION DISORDERS	813	MS-DRG	inpatient				32869.99	Horizon	MGD		26125.64				18425.97	60442.53	case rate	
RETICULOENDOTHELIAL & IMMUNITY DISORDERS W MCC	814	MS-DRG	inpatient				40983.44	Horizon	MGD		26960.56				25136.1	92374.14	case rate	
RETICULOENDOTHELIAL & IMMUNITY DISORDERS W CC	815	MS-DRG	inpatient				24789.82	Horizon	MGD		15850.47				11743.01	39670.59	case rate	
RETICULOENDOTHELIAL & IMMUNITY DISORDERS W/O CC/MCC	816	MS-DRG	inpatient				20733.38	Horizon	MGD		11698.58				8388.54	27065.05	case rate	
OTHER ANTEPARTUM DIAGNOSES W O.R. PROCEDURE W MCC	817	MS-DRG	inpatient				42795.79	Horizon	MGD		41043.92				26634.98	94956.47	case rate	
OTHER ANTEPARTUM DIAGNOSES W O.R. PROCEDURE W CC	818	MS-DRG	inpatient				27344.39	Horizon	MGD		22024				13856.09	50953.26	case rate	
OTHER ANTEPARTUM DIAGNOSES W O.R. PROCEDURE W/O CC/MCC	819	MS-DRG	inpatient				23546.88	Horizon	MGD		13601.87				10715.41	31498.37	case rate	
LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W MCC	820	MS-DRG	inpatient				96947.8	Horizon	MGD		88253.26				71420.72	204176.86	case rate	
LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W CC	821	MS-DRG	inpatient				42468.74	Horizon	MGD		38816.39				6969	89803.01	case rate	
LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W/O CC/MCC	822	MS-DRG	inpatient				28282.7	Horizon	MGD		19613.28				8721	45375.97	case rate	
LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER PROC W MCC	823	MS-DRG	inpatient				74885.52	Horizon	MGD		73392.82				12547	169704.17	case rate	
LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER PROC W CC	824	MS-DRG	inpatient				42480.16	Horizon	MGD		35575.61				22652	82305.36	case rate	
LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER PROC W/O CC/MCC	825	MS-DRG	inpatient				29033.92	Horizon	MGD		22032.11				15253.4	50972.01	case rate	
MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W MCC	826	MS-DRG	inpatient				73270.13	Horizon	MGD		80215.35				51838.4	185580.89	case rate	
MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W CC	827	MS-DRG	inpatient				43684.11	Horizon	MGD		36504.56				27369.65	84454.57	case rate	
MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W/O CC/MCC	828	MS-DRG	inpatient				34018.24	Horizon	MGD		26513.1				19375.62	61338.95	case rate	
MYELOPROLIFERATIVE DISORDERS OR POORLY DIFFERENTIATED NEOPLASMS W OTHER PROCEDURE W CC/MCC	829	MS-DRG	inpatient				50414.46	Horizon	MGD		37251.17				37251.17	116635.52	case rate	
MYELOPROLIFERATIVE DISORDERS OR POORLY DIFFERENTIATED NEOPLASMS W OTHER PROCEDURE W/O CC/MCC	830	MS-DRG	inpatient				33172.76	Horizon	MGD		23001.59				18676.38	53214.93	case rate	
OTHER ANTEPARTUM DIAGNOSES W/O O.R. PROCEDURE W MCC	831	MS-DRG	inpatient				25012.18	Horizon	MGD		16667.56				11927.27	38560.95	case rate	
OTHER ANTEPARTUM DIAGNOSES W/O O.R. PROCEDURE W CC	832	MS-DRG	inpatient				21126.13	Horizon	MGD		11653.19				8713.36	26960.03	case rate	
OTHER ANTEPARTUM DIAGNOSES W/O O.R. PROCEDURE W/O CC/MCC	833	MS-DRG	inpatient				17899.88	Horizon	MGD		7786.62				6045.14	19014.61	case rate	
ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W MCC	834	MS-DRG	inpatient				90553.87	Horizon	MGD		89292.45				68132.7	206581.05	case rate	
ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W CC	835	MS-DRG	inpatient				42517.29	Horizon	MGD		34628.83				26404.65	80114.95	case rate	
ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W/O CC/MCC	836	MS-DRG	inpatient				27690.01	Horizon	MGD		19658.67				14141.93	45480.99	case rate	
CHEMO W ACUTE LEUKEMIA AS SDX OR W HIGH DOSE CHEMO AGENT W MCC	837	MS-DRG	inpatient				78522.95	Horizon	MGD		87124.91				56182.68	201596.37	case rate	
CHEMO W ACUTE LEUKEMIA AS SDX W CC OR HIGH DOSE CHEMO AGENT	838	MS-DRG	inpatient				38474.14	Horizon	MGD		38140.35				23060.81	88238.97	case rate	
CHEMO W ACUTE LEUKEMIA AS SDX W/O CC/MCC	839	MS-DRG	inpatient				29201.01	Horizon	MGD		20360.65				15391.59	47105.04	case rate	
LYMPHOMA & NON-ACUTE LEUKEMIA W MCC	840	MS-DRG	inpatient				55223.74	Horizon	MGD		53384.49				36913.36	123506.8	case rate	
LYMPHOMA & NON-ACUTE LEUKEMIA W CC	841	MS-DRG	inpatient				33062.79	Horizon	MGD		26503.38				18585.43	61316.44	case rate	
LYMPHOMA & NON-ACUTE LEUKEMIA W/O CC/MCC	842	MS-DRG	inpatient				25820.53	Horizon	MGD		18175.27				12595.8	42049.1	case rate	
OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W MCC	843	MS-DRG	inpatient				37163.07	Horizon	MGD		29927.35				21976.51	69237.92	case rate	
OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W CC	844	MS-DRG	inpatient				27117.31	Horizon	MGD		19110.71				13668.29	44213.25	case rate	
OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W/O CC/MCC	845	MS-DRG	inpatient				22942.76	Horizon	MGD		14042.83				10215.78	32488.56	case rate	
CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W MCC	846	MS-DRG	inpatient				45495.03	Horizon	MGD		45683.79				28867.35	105690.98	case rate	
CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W CC	847	MS-DRG	inpatient				27908.52	Horizon	MGD		21505.22				14322.65	49753.04	case rate	
CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W/O CC/MCC	848	MS-DRG	inpatient				21437.47	Horizon	MGD		15119.31				8970.85	34979.03	case rate	
RADIOTHERAPY	849	MS-DRG	inpatient				49028.37	Horizon	MGD		31940.88				31788.52	73896.25	case rate	
INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W MCC	853	MS-DRG	inpatient				81989.12	Horizon	MGD		81985.71				59049.33	189676.65	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.															
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true														
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W CC	854	MS-DRG	inpatient					Horizon	MGD		35711.79				24074.24	82620.42	case rate	
INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W/O CC/MCC	855	MS-DRG	inpatient					Horizon	MGD		25290.72				20100.84	58510.92	case rate	
POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W MCC	856	MS-DRG	inpatient					Horizon	MGD		72764.32				52306.14	168342.67	case rate	
POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W CC	857	MS-DRG	inpatient					Horizon	MGD		33343.22				25225.86	77140.65	case rate	
POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W/O CC/MCC	858	MS-DRG	inpatient					Horizon	MGD		22374.18				15158.9	51763.41	case rate	
POSTOPERATIVE & POST-TRAUMATIC INFECTIONS W MCC	862	MS-DRG	inpatient					Horizon	MGD		36897.43				21756.82	68551.54	case rate	
POSTOPERATIVE & POST-TRAUMATIC INFECTIONS W/O MCC	863	MS-DRG	inpatient					Horizon	MGD		24950.77				11876.48	36936.89	case rate	
FEVER AND INFLAMMATORY CONDITIONS	864	MS-DRG	inpatient					Horizon	MGD		23198.4				10427.21	32417.3	case rate	
VIRAL ILLNESS W MCC	865	MS-DRG	inpatient					Horizon	MGD		34011.1				23408.23	91869.71	case rate	
VIRAL ILLNESS W/O MCC	866	MS-DRG	inpatient					Horizon	MGD		23696.84				10839.43	30770.74	case rate	
OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W MCC	867	MS-DRG	inpatient					Horizon	MGD		40472.15				24713.24	79998.68	case rate	
OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W CC	868	MS-DRG	inpatient					Horizon	MGD		26093.31				17458.7	12621.4	40391.29	case rate
OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W/O CC/MCC	869	MS-DRG	inpatient					Horizon	MGD		20454.89				12449.19	8158.22	28801.63	case rate
SEPTICEMIA OR SEVERE SEPSIS W MV >96 HOURS	870	MS-DRG	inpatient					Horizon	MGD		110061.28				102059.4	82266.06	236117.82	case rate
SEPTICEMIA OR SEVERE SEPSIS W/O MV >96 HOURS W MCC	871	MS-DRG	inpatient					Horizon	MGD		38905.45				30095.96	23417.52	69627.99	case rate
SEPTICEMIA OR SEVERE SEPSIS W/O MV >96 HOURS W/O MCC	872	MS-DRG	inpatient					Horizon	MGD		25299.25				17089.61	12164.68	39491.12	case rate
O.R. PROCEDURE W PRINCIPAL DIAGNOSES OF MENTAL ILLNESS	876	MS-DRG	inpatient					Horizon	MGD		63882.75				53522.3	44074.69	123825.61	case rate
ACUTE ADJUSTMENT REACTION & PSYCHOSOCIAL DYSFUNCTION	880	MS-DRG	inpatient					Horizon	MGD		24223.83				2010	2010	21064.2	per diem
DEPRESSIVE NEUROSES	881	MS-DRG	inpatient					Horizon	MGD		23536.88				2010	2010	20466.85	per diem
NEUROSES EXCEPT DEPRESSIVE	882	MS-DRG	inpatient					Horizon	MGD		24005.32				2010	2010	20874.19	per diem
DISORDERS OF PERSONALITY & IMPULSE CONTROL	883	MS-DRG	inpatient					Horizon	MGD		37374.44				2010	2010	32540.07	per diem
ORGANIC DISTURBANCES & INTELLECTUAL DISABILITY	884	MS-DRG	inpatient					Horizon	MGD		35682.06				2010	2010	31027.88	per diem
PSYCHOSES	885	MS-DRG	inpatient					Horizon	MGD		30105.05				2010	2010	26178.3	per diem
BEHAVIORAL & DEVELOPMENTAL DISORDERS	886	MS-DRG	inpatient					Horizon	MGD		34608.07				2010	2010	30093.98	per diem
OTHER MENTAL DISORDER DIAGNOSES	887	MS-DRG	inpatient					Horizon	MGD		29093.9				2010	2010	25299.04	per diem
ALCOHOL/DRUG ABUSE OR DEPENDENCE, LEFT AMA	894	MS-DRG	inpatient					Horizon	MGD		18795.35				2010	2010	94620.59	per diem
ALCOHOL/DRUG ABUSE OR DEPENDENCE W REHABILITATION THERAPY	895	MS-DRG	inpatient					Horizon	MGD		33566.94				2010	2010	29188.64	per diem
ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY W MCC	896	MS-DRG	inpatient					Horizon	MGD		35984.83				2010	2010	31291.16	per diem
ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY W/O MCC	897	MS-DRG	inpatient					Horizon	MGD		22809.94				2010	2010	19834.73	per diem
WOUND DEBRIDEMENTS FOR INJURIES W MCC	901	MS-DRG	inpatient					Horizon	MGD		72398.95				72384.96	13124	167465	case rate
WOUND DEBRIDEMENTS FOR INJURIES W CC	902	MS-DRG	inpatient					Horizon	MGD		37597.29				31133.52	22261.17	72028.44	case rate
WOUND DEBRIDEMENTS FOR INJURIES W/O CC/MCC	903	MS-DRG	inpatient					Horizon	MGD		28321.26				18869.15	14664	56429.51	case rate
SKIN GRAFTS FOR INJURIES W CC/MCC	904	MS-DRG	inpatient					Horizon	MGD		57094.65				52299.91	38460.67	120997.58	case rate
SKIN GRAFTS FOR INJURIES W/O CC/MCC	905	MS-DRG	inpatient					Horizon	MGD		33208.47				29882.27	16705.9	66357.38	case rate
HAND PROCEDURES FOR INJURIES	906	MS-DRG	inpatient					Horizon	MGD		37462.99				29881.96	22234.56	69132.9	case rate
OTHER O.R. PROCEDURES FOR INJURIES W MCC	907	MS-DRG	inpatient					Horizon	MGD		63711.37				68351.41	43932.95	158133.26	case rate
OTHER O.R. PROCEDURES FOR INJURIES W CC	908	MS-DRG	inpatient					Horizon	MGD		39212.5				32307.27	23671.47	74743.95	case rate
OTHER O.R. PROCEDURES FOR INJURIES W/O CC/MCC	909	MS-DRG	inpatient					Horizon	MGD		29960.8				21487.38	16019.96	49711.78	case rate
TRAUMATIC INJURY W MCC	913	MS-DRG	inpatient					Horizon	MGD		31934.54				23862.44	17652.32	55206.55	case rate
TRAUMATIC INJURY W/O MCC	914	MS-DRG	inpatient					Horizon	MGD		23554.02				13582.41	10721.32	84762.6	case rate
ALLERGIC REACTIONS W MCC	915	MS-DRG	inpatient					Horizon	MGD		39926.28				27185.9	20953.64	62895.49	case rate
ALLERGIC REACTIONS W/O MCC	916	MS-DRG	inpatient					Horizon	MGD		19998.3				10299.48	7781.43	23828.2	case rate
POISONING & TOXIC EFFECTS OF DRUGS W MCC	917	MS-DRG	inpatient					Horizon	MGD		33382.7				23891.62	18850	55274.07	case rate
POISONING & TOXIC EFFECTS OF DRUGS W/O MCC	918	MS-DRG	inpatient					Horizon	MGD		22885.63				12624.28	10168.54	29206.7	case rate
COMPLICATIONS OF TREATMENT W MCC	919	MS-DRG	inpatient					Horizon	MGD		36650.36				29575.55	21552.48	68424.02	case rate
COMPLICATIONS OF TREATMENT W CC	920	MS-DRG	inpatient					Horizon	MGD		25354.94				16262.26	12215.75	37623.27	case rate
COMPLICATIONS OF TREATMENT W/O CC/MCC	921	MS-DRG	inpatient					Horizon	MGD		20556.29				11455.4	8242.08	26502.45	case rate
OTHER INJURY, POISONING & TOXIC EFFECT DIAG W MCC	922	MS-DRG	inpatient					Horizon	MGD		35510.68				25264.78	20609.92	58450.91	case rate
OTHER INJURY, POISONING & TOXIC EFFECT DIAG W/O MCC	923	MS-DRG	inpatient					Horizon	MGD		25035.03				14101.2	11946.17	37582.48	case rate
EXTENSIVE BURNS OR FULL THICKNESS BURNS W MV >96 HRS W SKIN GRAFT	927	MS-DRG	inpatient					Horizon	MGD		387038.76				298049.51	298049.51	685547.44	case rate
FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W CC/MCC	928	MS-DRG	inpatient					Horizon	MGD		109415.75				95255.23	81732.17	220376.13	case rate
FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W/O CC/MCC	929	MS-DRG	inpatient					Horizon	MGD		56513.38				48185.31	37979.94	111478.31	case rate
EXTENSIVE BURNS OR FULL THICKNESS BURNS W MV >96 HRS W/O SKIN GRAFT	933	MS-DRG	inpatient					Horizon	MGD		53892.69				46371.18	33318	107281.27	case rate
FULL THICKNESS BURN W/O SKIN GRAFT OR INHAL INJ	934	MS-DRG	inpatient					Horizon	MGD		40475.01				29724.7	24715.61	68769.08	case rate
NON-EXTENSIVE BURNS	935	MS-DRG	inpatient					Horizon	MGD		39740.93				29533.4	24108.49	68326.5	case rate
O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W MCC	939	MS-DRG	inpatient					Horizon	MGD		56510.53				53154.28	37977.58	122974.2	case rate
O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W CC	940	MS-DRG	inpatient					Horizon	MGD		41533.39				35262.99	25590.84	81558.97	case rate
O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W/O CC/MCC	941	MS-DRG	inpatient					Horizon	MGD		37097.38				30014.9	21922.18	69440.46	case rate
REHABILITATION W CC/MCC	945	MS-DRG	inpatient					Horizon	MGD		32148.76				22127.76	17829.49	51193.3	case rate
REHABILITATION W/O CC/MCC	946	MS-DRG	inpatient					Horizon	MGD		25053.6				16904.25	11961.53	39108.55	case rate
SIGNS & SYMPTOMS W MCC	947	MS-DRG	inpatient					Horizon	MGD		29465.3				19545.19	14783.3	45218.44	case rate
SIGNS & SYMPTOMS W/O MCC	948	MS-DRG	inpatient					Horizon	MGD		22030.16				12648.6	9461.03	29262.96	case rate
AFTERCARE W CC/MCC	949	MS-DRG	inpatient					Horizon	MGD		25387.79				18582.19	12237.92	42990.52	case rate
AFTERCARE W/O CC/MCC	950	MS-DRG	inpatient					Horizon	MGD		19562.28				12076.32	7420	27936.96	case rate
OTHER FACTORS INFLUENCING HEALTH STATUS	951	MS-DRG	inpatient					Horizon	MGD		19016.72				12643.66	6968.8	29045.59	case rate
CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA	955	MS-DRG	inpatient					Horizon	MGD		97569.06				98842.94	71934.52	228676.43	case rate
LIMB REATTACHMENT, HIP & FEMUR PROC FOR MULTIPLE SIGNIFICANT TRAUMA	956	MS-DRG	inpatient					Horizon	MGD		65977.88				61342.97	45807.44	141918.99	case rate
OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W MCC	957	MS-DRG	inpatient					Horizon	MGD		113883.31				123186.88	85426.82	284996.94	case rate
OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W CC	958	MS-DRG	inpatient					Horizon	MGD		68357.22				67762.92	47775.24	156771.76	case rate
OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W/O CC/MCC	959	MS-DRG	inpatient					Horizon	MGD		46757.54				39730.75	29911.49	91918.4	case rate
OTHER MULTIPLE SIGNIFICANT TRAUMA W MCC	963	MS-DRG	inpatient					Horizon	MGD		49641.02				45312.54	32296.24	104832.07	case rate
OTHER MULTIPLE SIGNIFICANT TRAUMA W CC	964	MS-DRG	inpatient					Horizon	MGD		32027.37				23911.08	17729.09	55319.07	case rate
OTHER MULTIPLE SIGNIFICANT TRAUMA W/O CC/MCC	965	MS-DRG	inpatient					Horizon	MGD		24242.4				15795.35	11290.63	36543.07	case rate
HIV W EXTENSIVE O.R. PROCEDURE W MCC	969	MS-DRG	inpatient					Horizon	MGD		108743.08				90766.12	81175.85	209990.44	case rate
HIV W EXTENSIVE O.R. PROCEDURE W/O MCC	970	MS-DRG	inpatient					Horizon	MGD		44929.48				45194.19	28399.62	104558.26	case rate
HIV W MAJOR RELATED CONDITION W MCC	974	MS-DRG	inpatient					Horizon	MGD		52243.15				44145.28	34448.3	102131.56	case rate
HIV W MAJOR RELATED CONDITION W CC	975	MS-DRG	inpatient					Horizon	MGD		30060.77				20911.86	16102.65	48380.28	case rate
HIV W MAJOR RELATED CONDITION W/O CC/MCC	976	MS-DRG	inpatient					Horizon	MGD		22662.84				15216.58	9984.28	35204.07	case rate
HIV W OR W/O OTHER RELATED CONDITION	977	MS-DRG	inpatient					Horizon	MGD		30814.85				18966.42	16726.29	43879.44	case rate
EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W MCC	981	MS-DRG	inpatient					Horizon	MGD		78291.58				70854.55	11302	163904.34	case rate
EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W CC	982	MS-DRG	inpatient					Horizon	MGD		46094.87				39766.41	14901	92000.92	case rate
EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W/O CC/MCC	983	MS-DRG	inpatient					Horizon	MGD		33943.97				25438.25	19314.2	58852.23	case rate
NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W MCC	987	MS-DRG	inpatient					Horizon	MGD		58815.8				54028.11	39883.96	124995.83	case rate
NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W CC	988	MS-DRG	inpatient					Horizon	MGD		34826.58				27448.54	20044.15	63503.1	case rate
NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W/O CC/MCC	989	MS-DRG	inpatient					Horizon	MGD		26019.05				16871.83	12759.99	39033.53	case rate
HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM W MCC	001	MS-DRG	inpatient					Horizon	PPO		397605.24				457801.34	320075.66	990582.37	case rate
HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM W/O MCC	002	MS-DRG	inpatient					Horizon	PPO		185457.36				232669.08	144621.43	503445.21	case rate
ECMO OR TRACH W MV >96 HRS OR PDX EXC FACE, MOUTH & NECK W MAJ O.R.	003	MS-DRG	inpatient					Horizon	PPO		315081.15				317167.13	251825.15	686280.58	case rate
TRACH W MV >96 HRS OR PDX EXC FACE, MOUTH & NECK W/O MAJ O.R.	004	MS-DRG	inpatient					Horizon	PPO		220531.85				197940.41	173629.34	428299.93	case rate
LIVER TRANSPLANT W MCC OR INTESTINAL TRANSPLANT	005	MS-DRG	inpatient					Horizon	PPO		158406.35				284311	122248.23	284311	case rate
LIVER TRANSPLANT W/O MCC	006	MS-DRG	inpatient					Horizon	PPO		79669.77				284311	57131.14	284311	case rate
LUNG TRANSPLANT	007	MS-DRG	inpatient					Horizon	PPO		185775.85				184624.43	144884.83	399487.06	case rate
SIMULTANEOUS PANCREAS/KIDNEY TRANSPLANT	008	MS-DRG	inpatient					Horizon	PPO		85736.65				90986.17	62148.67	196874.24	case rate
PANCREAS TRANSPLANT	010	MS-DRG	inpatient					Horizon	PPO		79337.01				76243.94	56855.93	169302.85	case rate
TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES OR LARYNGECTOMY W MCC	011	MS-DRG	inpatient					Horizon	PPO		84231.35				85151.54	60803.74	260411	case rate
TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES OR LARYNGECTOMY W CC	012	MS-DRG	inpatient					Horizon	PPO		67787.38				66106.68	47303.96	260411	case rate
TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES OR LARYNGECTOMY W/O CC/MCC	013	MS-DRG	inpatient					Horizon	PPO		48946.93				40327.55	31722.2	260411	case rate
ALLOGENEIC BONE MARROW TRANSPLANT	014	MS-DRG	inpatient					Horizon	PPO		174271.92				207146.5	135370.65	448219.9	case rate
AUTOLOGOUS BONE MARROW TRANSPLANT W CC/MCC OR T-CELL IMMUNOTHERAPY	016	MS-DRG	inpatient					Horizon	PPO		98808.71				113353.96	72959.76	245273.28	case rate
AUTOLOGOUS BONE MARROW TRANSPLANT W/O CC/MCC	017	MS-DRG	inpatient					Horizon	PPO		98808.71				75941.99	71026.39	164321.52	case rate
INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W MCC	020	MS-DRG	inpatient					Horizon	PPO		131305.35				180712.15	99835.69	391021.73	case rate
INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W CC	021	MS-DRG	inpatient					Horizon	PPO		98300.56				137035.67	72539.27	296515.34	case rate
INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W/O CC/MCC	022	MS-DRG	inpatient					Horizon	PPO		60243.77				89400.11	41065.11	193442.35	case rate
CRANIOTOMY W MAJOR DEVICE IMPLANT OR ACUTE COMPLEX CNS PDX W MCC OR CHEMOTHERAPY IMPLANT OR EPIL	023	MS-DRG	inpatient					Horizon	PPO		91550.74				94645.37	66957.14	204791.97	case rate
CRANIO W MAJOR DEV IMPL/ACUTE COMPLEX CNS PDX W/O MCC	024	MS-DRG	inpatient					Horizon	PPO		64701.1				67938.88	44751.49	313612.23	case rate
CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W MCC	025	MS-DRG	inpatient					Horizon	PPO		73658.59				74146.19	52159.67	160436.19	case rate
CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W CC	026	MS-DRG	inpatient					Horizon	PPO		52765.86				52274.14	34880.6	113109.86	case rate
CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W/O CC/MCC	027	MS-DRG	inpatient					Horizon	PPO		45336.51				41700.4	28736.25	90230.59	case rate
SPINAL PROCEDURES W MCC	028	MS-DRG	inpatient					Horizon	PPO		96653.6				93186.78	71177.4	201592.62	case rate
SPINAL PROCEDURES W CC OR SPINAL NEUROSTIMULATORS	029	MS-DRG	inpatient					Horizon	PPO		59551.11				54700.9	40452.25	118360.84	case rate
SPINAL PROCEDURES W/O CC/MCC	030	MS-DRG	inpatient					Horizon	PPO		43709.82				37713.58	27390.91	81603.98	case rate
VENTRICULAR SHUNT PROCEDURES W MCC	031	MS-DRG	inpatient					Horizon	PPO		69382.65				72506.39	48623.3	156888.03	case rate
VENTRICULAR SHUNT PROCEDURES W CC	032	MS-DRG	inpatient					Horizon	PPO		41350.48				39904.6	25439.65	103005.11	case rate
VENTRICULAR SHUNT PROCEDURES W/O CC/MCC	033	MS-DRG	inpatient					Horizon	PPO		33768.31				29254.59	19168.92	169398.47	case rate
CAROTID ARTERY STENT PROCEDURE W MCC	034	MS-DRG	inpatient					Horizon	PPO		66309.22				62398.93	46081.46	279134.99	case rate
CAROTID ARTERY STENT PROCEDURE W CC	035	MS-DRG	inpatient					Horizon	PPO		43431.32				38486.68	27160.59	83276.79	case rate
CAROTID ARTERY STENT PROCEDURE W/O CC/MCC	036	MS-DRG	inpatient					Horizon	PPO		36414.71				29918.48	21357.59	64737.08	case rate
EXTRACRANIAL PROCEDURES W MCC	037	MS-DRG	inpatient					Horizon	PPO		58799.89				55638.67	39870.97	120389.97	case rate
EXTRACRANIAL PROCEDURES W CC	038	MS-DRG	inpatient					Horizon	PPO		33439.83				28977.25	18897.25	62700.45	case rate
EXTRACRANIAL PROCEDURES W/O CC/MCC	039	MS-DRG	inpatient					Horizon	PPO		26885.95				19029.02	13476.94	42472.93	case rate
PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W MCC	040	MS-DRG	inpatient					Horizon	PPO		65082.28				68091.42	45480.26	147335	case rate
PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W CC OR PERIPH NEUROSTIM	041	MS-DRG	inpatient					Horizon	PPO		42448.74				40880.51	26347.96	88456.51	case rate
PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W/O CC/MCC	042	MS-DRG	inpatient					Horizon	PPO		35437.84				32440.58	20549.68	102408.62	case rate
SPINAL DISORDERS & INJURIES W CC/MCC	052	MS-DRG	inpatient					Horizon	PPO		36361.31				29474.73	22967.5	80333.48	case rate
SPINAL DISORDERS & INJURIES W/O CC/MCC	053	MS-DRG	inpatient					Horizon	PPO		24640.86				15845.01	11620.17	98314.19	case rate
NERVOUS SYSTEM NEOPLASMS W MCC	054	MS-DRG	inpatient					Horizon	PPO		31634.62				22821.94	17404.27	143596.19	case rate
NERVOUS SYSTEM NEOPLASMS W/O MCC	055	MS-DRG	inpatient					Horizon	PPO		25917.64				18152.16	12676.12	39277.33	case rate
DEGENERATIVE NERVOUS SYSTEM DISORDERS W MCC	056	MS-DRG	inpatient					Horizon	PPO		44760.95				36826.08	28276.78	79683.62	case rate
DEGENERATIVE NERVOUS SYSTEM DISORDERS W/O MCC	057	MS-DRG	inpatient					Horizon	PPO		30059.35				20955.07	16101.46	45342.21	case rate
MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W MCC	058	MS-DRG	inpatient					Horizon	PPO		35267.89				30500.91	20409.13	65997.32	case rate
MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W CC	059	MS-DRG	inpatient					Horizon	PPO		27545.76				19055.27	14022.64	41231.45	case rate
MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W/O CC/MCC	060	MS-DRG	inpatient					Horizon	PPO		23406.92				14434.02	10599.66	31232.08	case rate
ISCHEMIC STROKE, PRECEREBRAL OCCLUSION OR TRANSIENT ISCHEMIA W THROMBOLYTIC AGENT W MCC	061	MS-DRG	inpatient					Horizon	PPO		50619.32				49362.03	33105.33	106808.68	case rate
ISCHEMIC STROKE, PRECEREBRAL OCCLUSION OR TRANSIENT ISCHEMIA W THROMBOLYTIC AGENT W CC	062	MS-DRG	inpatient					Horizon	PPO		37321.6				33692.1	22107.62	121708.96	case rate
ISCHEMIC STROKE, PRECEREBRAL OCCLUSION OR TRANSIENT ISCHEMIA W THROMBOLYTIC AGENT W/O CC/MCC	063	MS-DRG	inpatient					Horizon	PPO		31824.57				28219.75	17561.37	136063.64	case rate
INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W MCC	064	MS-DRG	inpatient					Horizon	PPO		39196.79				32400.71	23658.47	215306.95	case rate
INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W CC OR TPA IN 24 HRS	065	MS-DRG	inpatient					Horizon	PPO		25106.44				17680.02	12005.23	38688.47	case rate
INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W/O CC/MCC	066	MS-DRG	inpatient					Horizon	PPO		20409.18				12596.35	8120.42	27260.09	case rate
NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT W MCC	067	MS-DRG	inpatient					Horizon	PPO		30826.57				24625.27	16735.74	56313.01	case rate
NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT W/O MCC	068	MS-DRG	inpatient					Horizon	PPO		23029.88				15578.07	10287.83	33707.54	case rate
TRANSIENT ISCHEMIA W/O THROMBOLYTIC	069	MS-DRG	inpatient					Horizon	PPO		21997.31				13269.18	9433.86	28711.61	case rate
NONSPECIFIC CEREBROVASCULAR DISORDERS W MCC	070	MS-DRG	inpatient					Horizon	PPO		36147.64				28619.63	21136.72	61710.27	case rate
NONSPECIFIC CEREBROVASCULAR DISORDERS W CC	071	MS-DRG	inpatient					Horizon	PPO		25754.83				17087.86	12541.47	36974.4	case rate
NONSPECIFIC CEREBROVASCULAR DISORDERS W/O CC/MCC	072	MS-DRG	inpatient					Horizon	PPO		21773.09				12861.83	9248.42	27830.19	case rate
CRANIAL & PERIPHERAL NERVE DISORDERS W MCC	073	MS-DRG	inpatient					Horizon	PPO		32198.75				24460.01	17870.83	52926.13	case rate
CRANIAL & PERIPHERAL NERVE DISORDERS W/O MCC	074	MS-DRG	inpatient					Horizon	PPO		25246.4				16681.58	12120.98	36528.07	case rate
VIRAL MENINGITIS W CC/MCC	075	MS-DRG	inpatient					Horizon	PPO		37922.82				25682.05	23604.89	55570.37	case rate
VIRAL MENINGITIS W/O CC/MCC	076	MS-DRG	inpatient					Horizon	PPO		23765.39				14297.08	10896.13	30935.77	case rate

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
HYPERTENSIVE ENCEPHALOPATHY W MCC	077	MS-DRG	inpatient					Horizon	PPO		26902.37				17846.03	58210.86	case rate	
HYPERTENSIVE ENCEPHALOPATHY W CC	078	MS-DRG	inpatient					Horizon	PPO		15113.58				12011.13	36385.54	case rate	
HYPERTENSIVE ENCEPHALOPATHY W/O CC/MCC	079	MS-DRG	inpatient					Horizon	PPO		11170.4				8749.97	27998.98	case rate	
NONTRAUMATIC STUPOR & COMA W MCC	080	MS-DRG	inpatient					Horizon	PPO		42134.54				32567.12	26088.1	case rate	
NONTRAUMATIC STUPOR & COMA W/O MCC	081	MS-DRG	inpatient					Horizon	PPO		23579.73				14813.64	10742.58	case rate	
TRAUMATIC STUPOR & COMA, COMA >1 HR W MCC	082	MS-DRG	inpatient					Horizon	PPO		43128.55				37417.17	26910.19	case rate	
TRAUMATIC STUPOR & COMA, COMA >1 HR W CC	083	MS-DRG	inpatient					Horizon	PPO		29962.23				22447.53	16021.15	case rate	
TRAUMATIC STUPOR & COMA, COMA >1 HR W/O CC/MCC	084	MS-DRG	inpatient					Horizon	PPO		23725.4				16004.48	10663.05	case rate	
TRAUMATIC STUPOR & COMA, COMA <1 HR W MCC	085	MS-DRG	inpatient					Horizon	PPO		43050				37788.12	26845.22	case rate	
TRAUMATIC STUPOR & COMA, COMA <1 HR W CC	086	MS-DRG	inpatient					Horizon	PPO		29400.96				21547.9	15556.95	case rate	
TRAUMATIC STUPOR & COMA, COMA <1 HR W/O CC/MCC	087	MS-DRG	inpatient					Horizon	PPO		23246.96				14652.43	10467.37	case rate	
CONCUSSION W MCC	088	MS-DRG	inpatient					Horizon	PPO		32495.81				29547.39	18116.51	case rate	
CONCUSSION W CC	089	MS-DRG	inpatient					Horizon	PPO		27013.95				18504.05	13582.07	case rate	
CONCUSSION W/O CC/MCC	090	MS-DRG	inpatient					Horizon	PPO		23941.05				13752.8	11041.41	case rate	
OTHER DISORDERS OF NERVOUS SYSTEM W MCC	091	MS-DRG	inpatient					Horizon	PPO		36143.36				27942.41	21133.17	case rate	
OTHER DISORDERS OF NERVOUS SYSTEM W CC	092	MS-DRG	inpatient					Horizon	PPO		25244.98				16351.16	12119.8	case rate	
OTHER DISORDERS OF NERVOUS SYSTEM W/O CC/MCC	093	MS-DRG	inpatient					Horizon	PPO		21650.27				12789.03	9146.84	case rate	
BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W MCC	094	MS-DRG	inpatient					Horizon	PPO		62328.9				63752.72	42789.59	137947	case rate
BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W CC	095	MS-DRG	inpatient					Horizon	PPO		44640.99				41270.52	28161.03	89300.42	case rate
BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W/O CC/MCC	096	MS-DRG	inpatient					Horizon	PPO		41720.33				36592.07	25745.57	79177.28	case rate
NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W MCC	097	MS-DRG	inpatient					Horizon	PPO		62531.7				61343.29	42957.32	132733.52	case rate
NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W CC	098	MS-DRG	inpatient					Horizon	PPO		41360.47				32076.57	25447.92	69406.7	case rate
NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W/O CC/MCC	099	MS-DRG	inpatient					Horizon	PPO		29445.23				22064.45	15593.57	47742.66	case rate
SEIZURES W MCC	100	MS-DRG	inpatient					Horizon	PPO		38904.02				31416.14	23416.34	67977.69	case rate
SEIZURES W/O MCC	101	MS-DRG	inpatient					Horizon	PPO		23581.15				15068.45	10743.76	32604.84	case rate
HEADACHES W MCC	102	MS-DRG	inpatient					Horizon	PPO		27822.83				18660.05	14251.78	40376.29	case rate
HEADACHES W/O MCC	103	MS-DRG	inpatient					Horizon	PPO		22621.42				13544.79	9950.02	29307.97	case rate
ORBITAL PROCEDURES W CC/MCC	113	MS-DRG	inpatient					Horizon	PPO		46399.07				39915	29615.02	86367.37	case rate
ORBITAL PROCEDURES W/O CC/MCC	114	MS-DRG	inpatient					Horizon	PPO		28182.73				21755.9	14549.43	47075.04	case rate
EXTRAOCULAR PROCEDURES EXCEPT ORBIT	115	MS-DRG	inpatient					Horizon	PPO		32932.83				23610.64	18477.94	51088.28	case rate
INTRAOCULAR PROCEDURES W CC/MCC	116	MS-DRG	inpatient					Horizon	PPO		36737.48				29606.47	21624.53	64061.96	case rate
INTRAOCULAR PROCEDURES W/O CC/MCC	117	MS-DRG	inpatient					Horizon	PPO		27705.72				17377.34	14154.93	37600.77	case rate
ACUTE MAJOR EYE INFECTIONS W CC/MCC	121	MS-DRG	inpatient					Horizon	PPO		28888.24				18361.91	15132.92	39731.17	case rate
ACUTE MAJOR EYE INFECTIONS W/O CC/MCC	122	MS-DRG	inpatient					Horizon	PPO		21223.24				12234.34	8793.68	26472.44	case rate
NEUROLOGICAL EYE DISORDERS	123	MS-DRG	inpatient					Horizon	PPO		22073				13050.77	9496.46	28239.02	case rate
OTHER DISORDERS OF THE EYE W MCC	124	MS-DRG	inpatient					Horizon	PPO		29469.51				23076.75	15613.65	49933.07	case rate
OTHER DISORDERS OF THE EYE W/O MCC	125	MS-DRG	inpatient					Horizon	PPO		21980.17				14044.01	9419.69	30388.17	case rate
SINUS & MASTOID PROCEDURES W CC/MCC	135	MS-DRG	inpatient					Horizon	PPO		48467.06				39837	31325.33	86198.58	case rate
SINUS & MASTOID PROCEDURES W/O CC/MCC	136	MS-DRG	inpatient					Horizon	PPO		24002.47				21017.48	11592.2	45477.24	case rate
MOUTH PROCEDURES W CC/MCC	137	MS-DRG	inpatient					Horizon	PPO		32080.21				23870.65	17772.79	51650.89	case rate
MOUTH PROCEDURES W/O CC/MCC	138	MS-DRG	inpatient					Horizon	PPO		22954.19				14650.7	10225.23	31700.92	case rate
SALIVARY GLAND PROCEDURES	139	MS-DRG	inpatient					Horizon	PPO		27552.9				20114.37	14028.54	43523.12	case rate
EAR, NOSE, MOUTH & THROAT MALIGNANCY W MCC	146	MS-DRG	inpatient					Horizon	PPO		40739.22				33335.02	24934.12	72129.71	case rate
EAR, NOSE, MOUTH & THROAT MALIGNANCY W CC	147	MS-DRG	inpatient					Horizon	PPO		28239.85				21676.17	14596.68	46902.5	case rate
EAR, NOSE, MOUTH & THROAT MALIGNANCY W/O CC/MCC	148	MS-DRG	inpatient					Horizon	PPO		23296.95				12546.35	10508.71	27147.57	case rate
DYSEQUILIBRIUM	149	MS-DRG	inpatient					Horizon	PPO		21226.1				12226.21	8796.04	29671.23	case rate
EPISTAXIS W MCC	150	MS-DRG	inpatient					Horizon	PPO		29363.83				23010.89	15526.24	49790.54	case rate
EPISTAXIS W/O MCC	151	MS-DRG	inpatient					Horizon	PPO		21597.42				12199.67	9103.14	26397.43	case rate
OTITIS MEDIA & URI W MCC	152	MS-DRG	inpatient					Horizon	PPO		27560.04				18063.76	14034.45	39086.04	case rate
OTITIS MEDIA & URI W/O MCC	153	MS-DRG	inpatient					Horizon	PPO		21084.71				12238.34	8679.1	26697.48	case rate
OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W MCC	154	MS-DRG	inpatient					Horizon	PPO		32558.65				25073.63	18168.48	54253.88	case rate
OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W CC	155	MS-DRG	inpatient					Horizon	PPO		24109.58				15311.12	11180.78	33129.93	case rate
OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W/O CC/MCC	156	MS-DRG	inpatient					Horizon	PPO		19952.17				11438.71	7742.45	24750.67	case rate
DENTAL & ORAL DISEASES W MCC	157	MS-DRG	inpatient					Horizon	PPO		34969.8				28999.78	20162.26	62749.21	case rate
DENTAL & ORAL DISEASES W CC	158	MS-DRG	inpatient					Horizon	PPO		23993.9				15432.46	11085.11	33392.48	case rate
DENTAL & ORAL DISEASES W/O CC/MCC	159	MS-DRG	inpatient					Horizon	PPO		20233.52				11759.39	7975.14	25444.75	case rate
MAJOR CHEST PROCEDURES W MCC	163	MS-DRG	inpatient					Horizon	PPO		77908.84				85271.15	55674.78	194508.19	case rate
MAJOR CHEST PROCEDURES W CC	164	MS-DRG	inpatient					Horizon	PPO		47014.61				44529.31	30124.1	96351.73	case rate
MAJOR CHEST PROCEDURES W/O CC/MCC	165	MS-DRG	inpatient					Horizon	PPO		37388.73				32109.5	22163.14	69477.97	case rate
OTHER RESP SYSTEM O.R. PROCEDURES W MCC	166	MS-DRG	inpatient					Horizon	PPO		68542.88				60634.33	47928.79	131199.49	case rate
OTHER RESP SYSTEM O.R. PROCEDURES W CC	167	MS-DRG	inpatient					Horizon	PPO		36980.39				32893	21494.6	71173.28	case rate
OTHER RESP SYSTEM O.R. PROCEDURES W/O CC/MCC	168	MS-DRG	inpatient					Horizon	PPO		29952.23				23255.29	16012.88	50319.39	case rate
PULMONARY EMBOLISM W MCC OR ACUTE COR PULMONALE	175	MS-DRG	inpatient					Horizon	PPO		30627.76				25392.58	16571.56	54944	case rate
PULMONARY EMBOLISM W/O MCC	176	MS-DRG	inpatient					Horizon	PPO		22238.67				15583.27	9633.48	33718.79	case rate
RESPIRATORY INFECTIONS & INFLAMMATIONS W MCC	177	MS-DRG	inpatient					Horizon	PPO		34818.02				31908.43	20037.06	69042.89	case rate
RESPIRATORY INFECTIONS & INFLAMMATIONS W CC	178	MS-DRG	inpatient					Horizon	PPO		24682.28				22090.45	11654.43	47798.92	case rate
RESPIRATORY INFECTIONS & INFLAMMATIONS W/O CC/MCC	179	MS-DRG	inpatient					Horizon	PPO		21491.74				15973.28	9015.73	34562.7	case rate
RESPIRATORY NEOPLASMS W MCC	180	MS-DRG	inpatient					Horizon	PPO		35414.99				29398.46	20530.78	63611.87	case rate
RESPIRATORY NEOPLASMS W CC	181	MS-DRG	inpatient					Horizon	PPO		26316.11				19776.36	13005.66	42791.74	case rate
RESPIRATORY NEOPLASMS W/O CC/MCC	182	MS-DRG	inpatient					Horizon	PPO		21430.33				13782.26	8964.94	29821.82	case rate
MAJOR CHEST TRAUMA W MCC	183	MS-DRG	inpatient					Horizon	PPO		33077.07				25843.26	18597.24	55919.19	case rate
MAJOR CHEST TRAUMA W CC	184	MS-DRG	inpatient					Horizon	PPO		25613.44				17410.27	12424.54	37672.03	case rate
MAJOR CHEST TRAUMA W/O CC/MCC	185	MS-DRG	inpatient					Horizon	PPO		21383.2				12693.69	8925.97	27466.38	case rate
PLEURAL EFFUSION W MCC	186	MS-DRG	inpatient					Horizon	PPO		32757.16				27032.37	18332.66	58492.17	case rate
PLEURAL EFFUSION W CC	187	MS-DRG	inpatient					Horizon	PPO		24819.38				18270.04	11767.82	39532.38	case rate
PLEURAL EFFUSION W/O CC/MCC	188	MS-DRG	inpatient					Horizon	PPO		21251.81				13298.64	8817.3	25775.37	case rate
PULMONARY EDEMA & RESPIRATORY FAILURE	189	MS-DRG	inpatient					Horizon	PPO		28185.58				21412.69	14551.79	46332.4	case rate
CHRONIC OBSTRUCTIVE PULMONARY DISEASE W MCC	190	MS-DRG	inpatient					Horizon	PPO		26328.96				20639.59	13016.3	44659.58	case rate
CHRONIC OBSTRUCTIVE PULMONARY DISEASE W CC	191	MS-DRG	inpatient					Horizon	PPO		22715.68				15841.54	10027.98	34277.66	case rate
CHRONIC OBSTRUCTIVE PULMONARY DISEASE W/O CC/MCC	192	MS-DRG	inpatient					Horizon	PPO		19756.51				12551.55	7580.63	27158.82	case rate
SIMPLE PNEUMONIA & PLEURISY W MCC	193	MS-DRG	inpatient					Horizon	PPO		29536.63				22823.68	15669.16	49385.47	case rate
SIMPLE PNEUMONIA & PLEURISY W CC	194	MS-DRG	inpatient					Horizon	PPO		22332.93				15604.07	9711.43	33763.8	case rate
SIMPLE PNEUMONIA & PLEURISY W/O CC/MCC	195	MS-DRG	inpatient					Horizon	PPO		19525.14				11904.99	7389.29	25759.81	case rate
INTERSTITIAL LUNG DISEASE W MCC	196	MS-DRG	inpatient					Horizon	PPO		37660.08				28394.83	22387.56	61440.22	case rate
INTERSTITIAL LUNG DISEASE W CC	197	MS-DRG	inpatient					Horizon	PPO		24836.52				17363.47	11781.99	37570.76	case rate
INTERSTITIAL LUNG DISEASE W/O CC/MCC	198	MS-DRG	inpatient					Horizon	PPO		21704.54				13147.84	9191.72	28449.06	case rate
PNEUMOTHORAX W MCC	199	MS-DRG	inpatient					Horizon	PPO		35927.71				30903.06	20954.82	66867.48	case rate
PNEUMOTHORAX W CC	200	MS-DRG	inpatient					Horizon	PPO		25971.92				18630.58	12721.01	40312.52	case rate
PNEUMOTHORAX W/O CC/MCC	201	MS-DRG	inpatient					Horizon	PPO		20674.82				12114.73	8340.11	27891.99	case rate
BRONCHITIS & ASTHMA W CC/MCC	202	MS-DRG	inpatient					Horizon	PPO		24265.25				16295.69	11309.53	38695.65	case rate
BRONCHITIS & ASTHMA W/O CC/MCC	203	MS-DRG	inpatient					Horizon	PPO		20514.87				12081.8	8207.83	25775.53	case rate
RESPIRATORY SIGNS & SYMPTOMS	204	MS-DRG	inpatient					Horizon	PPO		22342.93				13305.58	9719.7	96731.64	case rate
OTHER RESPIRATORY SYSTEM DIAGNOSES W MCC	205	MS-DRG	inpatient					Horizon	PPO		36444.7				26311.28	21382.39	56931.88	case rate
OTHER RESPIRATORY SYSTEM DIAGNOSES W/O MCC	206	MS-DRG	inpatient					Horizon	PPO		23636.85				14967.91	10789.82	32387.29	case rate
RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT >96 HOURS	207	MS-DRG	inpatient					Horizon	PPO		109248.65				97009.73	49635	209907.93	case rate
RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT <=96 HOURS	208	MS-DRG	inpatient					Horizon	PPO		49205.43				42249.89	31935.99	91419.56	case rate
OTHER HEART ASSIST SYSTEM IMPLANT	215	MS-DRG	inpatient					Horizon	PPO		156475.46				223367.66	120652.31	483318.95	case rate
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W MCC	216	MS-DRG	inpatient					Horizon	PPO		149198.63				170235.48	78485	368352.5	case rate
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W CC	217	MS-DRG	inpatient					Horizon	PPO		101497.96				110292.78	75183.87	238649.54	case rate
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W/O CC/MCC	218	MS-DRG	inpatient					Horizon	PPO		91949.2				102362.47	67286.69	221490.09	case rate
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W MCC	219	MS-DRG	inpatient					Horizon	PPO		120719.73				133326.19	57338	288488.84	case rate
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W CC	220	MS-DRG	inpatient					Horizon	PPO		85462.67				90228.67	57338	195235.19	case rate
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W/O CC/MCC	221	MS-DRG	inpatient					Horizon	PPO		76980.52				79864.67	17199	172809.75	case rate
OTHER CARDIOTHORACIC PROCEDURES W MCC	228	MS-DRG	inpatient					Horizon	PPO		82551.82				113991.85	59514.71	246653.53	case rate
OTHER CARDIOTHORACIC PROCEDURES W/O MCC	229	MS-DRG	inpatient					Horizon	PPO		56000.67				80575.37	37555.91	174347.54	case rate
CORONARY BYPASS W PTCA W MCC	231	MS-DRG	inpatient					Horizon	PPO		126489.53				145586.53	19424	315017.54	case rate
CORONARY BYPASS W PTCA W/O MCC	232	MS-DRG	inpatient					Horizon	PPO		95546.77				106784.37	27830	231058.12	case rate
CORONARY BYPASS W CARDIAC CATH W MCC	233	MS-DRG	inpatient					Horizon	PPO		121982.24				132391.89	53769	286467.21	case rate
CORONARY BYPASS W CARDIAC CATH W/O MCC	234	MS-DRG	inpatient					Horizon	PPO		84825.47				89221.56	61395.1	193056.03	case rate
CORONARY BYPASS W/O CARDIAC CATH W MCC	235	MS-DRG	inpatient					Horizon	PPO		94575.61				100708.81	47567	217911.92	case rate
CORONARY BYPASS W/O CARDIAC CATH W/O MCC	236	MS-DRG	inpatient					Horizon	PPO		68305.8				68058.48	33990	147263.73	case rate
AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W MCC	239	MS-DRG	inpatient					Horizon	PPO		79239.89				81631.01	56775.61	176631.72	case rate
AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W CC	240	MS-DRG	inpatient					Horizon	PPO		50710.72				47980.1	33180.92	102992.96	case rate
AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W/O CC/MCC	241	MS-DRG	inpatient					Horizon	PPO		30439.24				27665.06	15559	59861.17	case rate
PERMANENT CARDIAC PACEMAKER IMPLANT W MCC	242	MS-DRG	inpatient					Horizon	PPO		59935.28				64775.42	20528	140159.91	case rate
PERMANENT CARDIAC PACEMAKER IMPLANT W CC	243	MS-DRG	inpatient					Horizon	PPO		43118.55				44276.24	19748	95804.13	case rate
PERMANENT CARDIAC PACEMAKER IMPLANT W/O CC/MCC	244	MS-DRG	inpatient					Horizon	PPO		36718.91				36588.61	19748	91806.34	case rate
AICD GENERATOR PROCEDURES	245	MS-DRG	inpatient					Horizon	PPO		75306.71				86879.74	53622.72	187988.83	case rate
PERC CARDIOVASC PROC W/O CORONARY ARTERY STENT W MCC	250	MS-DRG	inpatient					Horizon	PPO		44163.98				44839.59	27766.52	97023.11	case rate
PERC CARDIOVASC PROC W/O CORONARY ARTERY STENT W/O MCC	251	MS-DRG	inpatient					Horizon	PPO		33254.17				29082.99	18743.7	62929.24	case rate
OTHER VASCULAR PROCEDURES W MCC	252	MS-DRG	inpatient					Horizon	PPO		58488.52				56505.37	39613.48	122265.32	case rate
OTHER VASCULAR PROCEDURES W CC	253	MS-DRG	inpatient					Horizon	PPO		47024.61				44969.6	30132.37	97304.41	case rate
OTHER VASCULAR PROCEDURES W/O CC/MCC	254	MS-DRG	inpatient					Horizon	PPO		35370.72				31374.54	20494.17	67887.67	case rate
UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W MCC	255	MS-DRG	inpatient					Horizon	PPO		49828.1				44033.56	32493.97	95279.03	case rate
UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W CC	256	MS-DRG	inpatient					Horizon	PPO		34008.24				30311.97	19367.35	65588.49	case rate
UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W/O CC/MCC	257	MS-DRG	inpatient					Horizon	PPO		24743.69				19519.82	11705.22	42236.63	case rate
CARDIAC PACEMAKER DEVICE REPLACEMENT W MCC	258	MS-DRG	inpatient					Horizon	PPO		49273.98				51807.86	15797	112100.92	case rate
CARDIAC PACEMAKER DEVICE REPLACEMENT W/O MCC	259	MS-DRG	inpatient					Horizon	PPO		37248.77				36349.4	15797	78652.18	case rate
CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W MCC	260	MS-DRG	inpatient					Horizon	PPO		57937.27				62740.41	12982	135756.59	case rate
CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W CC	261	MS-DRG	inpatient					Horizon	PPO		37465.85				34525.86	12982	74706.44	case rate
CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W/O CC/MCC	262	MS-DRG	inpatient					Horizon	PPO		34068.22				28270.02	12982	61170.17	case rate
VEIN LIGATION & STRIPPING	263	MS-DRG	inpatient					Horizon	PPO		52939.23				41466.39	33369.91	89704.25	case rate
OTHER CIRCULATORY SYSTEM O.R. PROCEDURES	264	MS-DRG	inpatient					Horizon	PPO		57234.61				54751.17	38576.42	118469.61	case rate
AICD LEAD PROCEDURES	265	MS-DRG	inpatient					Horizon	PPO		61063.54				54024.88	41743.09	116898.07	case rate
ENDOVASCULAR CARDIAC VALVE REPLACEMENT & SUPPLEMENT PROCEDURES W MCC	266	MS-DRG	inpatient					Horizon	PPO		99795.58				124657.46	73775.94	269731.59	case rate
ENDOVASCULAR CARDIAC VALVE REPLACEMENT & SUPPLEMENT PROCEDURES W/O MCC	267	MS-DRG	inpatient					Horizon	PPO		80288.17				101370.97	57642.58	219344.69	case rate
AORTIC AND HEART ASSIST PROCEDURES EXCEPT PULSATION BALLOON W MCC	268	MS-DRG	inpatient					Horizon	PPO		108487.44				116201.94	80964.43	251435.68	case rate
AORTIC AND HEART ASSIST PROCEDURES EXCEPT PULSATION BALLOON W/O MCC	269	MS-DRG	inpatient					Horizon	PPO		69982.48				71951.7	49119.39	155687.81	case rate
OTHER MAJOR CARDIOVASCULAR PROCEDURES W MCC	270	MS-DRG	inpatient					Horizon	PPO		82811.51				87739.51	59729.68	189849.18	case rate
OTHER MAJOR CARDIOVASCULAR PROCEDURES W CC	271	MS-DRG	inpatient					Horizon	PPO		59560.99				60561.53	40822.98	131041.96	case rate
OTHER MAJOR CARDIOVASCULAR PROCEDURES W/O CC/MCC	272	MS-DRG	inpatient					Horizon	PPO		45430.77				45382.15	28814.2	98197.08	case rate
PERCUTANEOUS INTRACARDIAC PROCEDURES W MCC	273	MS-DRG	inpatient					Horizon	PPO		66246.38				63312.44	46029.49	136994.32	case rate
PERCUTANEOUS INTRACARDIAC PROCEDURES W/O MCC	274	MS-DRG	inpatient					Horizon	PPO		56874.71				51625.85	38278.77	111707.1	case rate
ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W MCC	280	MS-DRG	inpatient					Horizon	PPO		33248.45				28724.17	18738.98	62152.85	case rate
ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W CC	281	MS-DRG	inpatient					Horizon	PPO		23629.71				16980.39	10783.92	36741.86	case rate
ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W/O CC/MCC	282	MS-DRG	inpatient					Horizon	PPO		20846.2				12983.17	8481.85	28092.74	case rate
ACUTE MYOCARDIAL INFARCTION, EXPIRED W MCC	283	MS-DRG	inpatient					Horizon	PPO		38745.42				31282.67	23285.23	67688.88	case rate
ACUTE MYOCARDIAL INFARCTION, EXPIRED W CC	284	MS-DRG	inpatient					Horizon	PPO		21154.69				13288.24	8736.98	28752.87	case rate

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.														
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101119	true													
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ACUTE MYOCARDIAL INFARCTION, EXPIRED W/O CC/MCC	285	MS-DRG	inpatient					Horizon	PPO		10338				5772.29	22369.17	case rate	
CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W MCC	286	MS-DRG	inpatient					Horizon	PPO		37801.99				13521	81795.27	case rate	
CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W/O MCC	287	MS-DRG	inpatient					Horizon	PPO		19741.69				9969	42716.72	case rate	
ACUTE & SUBACUTE ENDOCARDITIS W MCC	288	MS-DRG	inpatient					Horizon	PPO		46699.53				30627.27	101047.61	case rate	
ACUTE & SUBACUTE ENDOCARDITIS W CC	289	MS-DRG	inpatient					Horizon	PPO		31694.6				21639.41	64133.22	case rate	
ACUTE & SUBACUTE ENDOCARDITIS W/O CC/MCC	290	MS-DRG	inpatient					Horizon	PPO		17531.61				12109.17	37934.58	case rate	
HEART FAILURE & SHOCK W MCC	291	MS-DRG	inpatient					Horizon	PPO		23321.16				15164.81	50461.92	case rate	
HEART FAILURE & SHOCK W CC	292	MS-DRG	inpatient					Horizon	PPO		10943.81				10116.57	34498.94	case rate	
HEART FAILURE & SHOCK W/O CC/MCC	293	MS-DRG	inpatient					Horizon	PPO		11537.51				6632.17	24994.68	case rate	
DEEP VEIN THROMBOPHLEBITIS W CC/MCC	294	MS-DRG	inpatient					Horizon	PPO		20121.31				12918.26	43538.13	case rate	
DEEP VEIN THROMBOPHLEBITIS W/O CC/MCC	295	MS-DRG	inpatient					Horizon	PPO		9556.23				7458.97	20677.61	case rate	
CARDIAC ARREST, UNEXPLAINED W MCC	296	MS-DRG	inpatient					Horizon	PPO		26616.36				18936.23	57592	case rate	
CARDIAC ARREST, UNEXPLAINED W CC	297	MS-DRG	inpatient					Horizon	PPO		11308.7				8605.87	24499.57	case rate	
CARDIAC ARREST, UNEXPLAINED W/O CC/MCC	298	MS-DRG	inpatient					Horizon	PPO		8363.66				5184.08	18097.13	case rate	
PERIPHERAL VASCULAR DISORDERS W MCC	299	MS-DRG	inpatient					Horizon	PPO		25141.23				18617.32	54400.15	case rate	
PERIPHERAL VASCULAR DISORDERS W CC	300	MS-DRG	inpatient					Horizon	PPO		17744.82				12692.89	38396.92	case rate	
PERIPHERAL VASCULAR DISORDERS W/O CC/MCC	301	MS-DRG	inpatient					Horizon	PPO		12587.95				8383.82	27237.58	case rate	
ATHEROSCLEROSIS W MCC	302	MS-DRG	inpatient					Horizon	PPO		18538.71				13241.9	40113.74	case rate	
ATHEROSCLEROSIS W/O MCC	303	MS-DRG	inpatient					Horizon	PPO		11535.78				7773.16	24960.91	case rate	
HYPERTENSION W MCC	304	MS-DRG	inpatient					Horizon	PPO		18739.79				13571.44	40548.82	case rate	
HYPERTENSION W/O MCC	305	MS-DRG	inpatient					Horizon	PPO		12478.75				8899.98	27001.29	case rate	
CARDIAC CONGENITAL & VALVULAR DISORDERS W MCC	306	MS-DRG	inpatient					Horizon	PPO		24420.14				18151.94	52839.86	case rate	
CARDIAC CONGENITAL & VALVULAR DISORDERS W/O MCC	307	MS-DRG	inpatient					Horizon	PPO		14837.9				11133.54	32105.99	case rate	
CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W MCC	308	MS-DRG	inpatient					Horizon	PPO		20863.2				14199.81	45143.43	case rate	
CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC	309	MS-DRG	inpatient					Horizon	PPO		13234.51				8796.04	28636.59	case rate	
CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W/O CC/MCC	310	MS-DRG	inpatient					Horizon	PPO		9746.91				6531.77	21090.19	case rate	
ANGINA PECTORIS	311	MS-DRG	inpatient					Horizon	PPO		11911.92				8245.62	25774.81	case rate	
SYNCOPE & COLLAPSE	312	MS-DRG	inpatient					Horizon	PPO		13863.2				10189.25	30081.86	case rate	
CHEST PAIN	313	MS-DRG	inpatient					Horizon	PPO		12260.34				8546.82	26528.7	case rate	
OTHER CIRCULATORY SYSTEM DIAGNOSES W MCC	314	MS-DRG	inpatient					Horizon	PPO		35068.42				24727.42	75880.41	case rate	
OTHER CIRCULATORY SYSTEM DIAGNOSES W CC	315	MS-DRG	inpatient					Horizon	PPO		24455.21				16568.57	51425.28	case rate	
OTHER CIRCULATORY SYSTEM DIAGNOSES W/O CC/MCC	316	MS-DRG	inpatient					Horizon	PPO		20483.45				13023.03	8181.84	28179.01 case rate	
STOMACH, ESOPHAGEAL & DUODENAL PROC W MCC	326	MS-DRG	inpatient					Horizon	PPO		83127.38				91105.77	59990.71	197133.04 case rate	
STOMACH, ESOPHAGEAL & DUODENAL PROC W CC	327	MS-DRG	inpatient					Horizon	PPO		46257.68				43082.86	29498.09	93178.64 case rate	
STOMACH, ESOPHAGEAL & DUODENAL PROC W/O CC/MCC	328	MS-DRG	inpatient					Horizon	PPO		33402.7				26730.76	18866.54	57839.54 case rate	
MAJOR SMALL & LARGE BOWEL PROCEDURES W MCC	329	MS-DRG	inpatient					Horizon	PPO		75098.19				86543.46	53350.27	187261.2 case rate	
MAJOR SMALL & LARGE BOWEL PROCEDURES W CC	330	MS-DRG	inpatient					Horizon	PPO		44468.18				43738.88	28018.11	94641.41 case rate	
MAJOR SMALL & LARGE BOWEL PROCEDURES W/O CC/MCC	331	MS-DRG	inpatient					Horizon	PPO		34469.54				29375.93	19748.86	63563.11 case rate	
RECTAL RESECTION W MCC	332	MS-DRG	inpatient					Horizon	PPO		62398.88				58904.4	42847.47	127496.29 case rate	
RECTAL RESECTION W CC	333	MS-DRG	inpatient					Horizon	PPO		40289.34				33416.49	24562.06	72305.99 case rate	
RECTAL RESECTION W/O CC/MCC	334	MS-DRG	inpatient					Horizon	PPO		33514.09				22641.67	18958.67	48991.64 case rate	
PERITONEAL ADHESIOLYSIS W MCC	335	MS-DRG	inpatient					Horizon	PPO		61647.66				70410.71	42226.18	152353.43 case rate	
PERITONEAL ADHESIOLYSIS W CC	336	MS-DRG	inpatient					Horizon	PPO		40657.81				39837	24866.79	86198.59 case rate	
PERITONEAL ADHESIOLYSIS W/O CC/MCC	337	MS-DRG	inpatient					Horizon	PPO		31961.67				27791.6	17674.76	60134.97 case rate	
MINOR SMALL & LARGE BOWEL PROCEDURES W MCC	344	MS-DRG	inpatient					Horizon	PPO		49728.14				51780.12	32368.29	112040.91 case rate	
MINOR SMALL & LARGE BOWEL PROCEDURES W CC	345	MS-DRG	inpatient					Horizon	PPO		32592.92				28386.16	18196.83	61421.46 case rate	
MINOR SMALL & LARGE BOWEL PROCEDURES W/O CC/MCC	346	MS-DRG	inpatient					Horizon	PPO		28982.5 Horizon				21435.22	15210.88	46381.16 case rate	
ANAL & STOMAL PROCEDURES W MCC	347	MS-DRG	inpatient					Horizon	PPO		46996.04				41794.01	30108.75	90433.13 case rate	
ANAL & STOMAL PROCEDURES W CC	348	MS-DRG	inpatient					Horizon	PPO		29176.73				24267.6	15371.51	52509.8 case rate	
ANAL & STOMAL PROCEDURES W/O CC/MCC	349	MS-DRG	inpatient					Horizon	PPO		24526.6				16462.1	11525.68	35920.4 case rate	
INGUINAL & FEMORAL HERNIA PROCEDURES W MCC	350	MS-DRG	inpatient					Horizon	PPO		44866.64				42407.63	28347.65	91760.88 case rate	
INGUINAL & FEMORAL HERNIA PROCEDURES W CC	351	MS-DRG	inpatient					Horizon	PPO		31378.98				26002.73	17192.85	56264.25 case rate	
INGUINAL & FEMORAL HERNIA PROCEDURES W/O CC/MCC	352	MS-DRG	inpatient					Horizon	PPO		26428.93				18261.37	13098.98	39513.62 case rate	
HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W MCC	353	MS-DRG	inpatient					Horizon	PPO		52354.55				51410.91	34540.43	111242.01 case rate	
HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W CC	354	MS-DRG	inpatient					Horizon	PPO		35123.64				30005.15	20289.83	64924.62 case rate	
HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W/O CC/MCC	355	MS-DRG	inpatient					Horizon	PPO		30050.78				23484.1	16094.38	50814.48 case rate	
OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W MCC	356	MS-DRG	inpatient					Horizon	PPO		71697.71				68914.78	50537.95	149116.58 case rate	
OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W CC	357	MS-DRG	inpatient					Horizon	PPO		41964.59				37037.56	25947.55	80141.21 case rate	
OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W/O CC/MCC	358	MS-DRG	inpatient					Horizon	PPO		28886.82				23371.43	15131.74	50570.69 case rate	
MAJOR ESOPHAGEAL DISORDERS W MCC	368	MS-DRG	inpatient					Horizon	PPO		34183.91				33697.3	19512.63	72913.61 case rate	
MAJOR ESOPHAGEAL DISORDERS W CC	369	MS-DRG	inpatient					Horizon	PPO		24705.13				19219.94	11673.33	41597.76 case rate	
MAJOR ESOPHAGEAL DISORDERS W/O CC/MCC	370	MS-DRG	inpatient					Horizon	PPO		21211.82				12884.36	8784.23	27878.95 case rate	
MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W MCC	371	MS-DRG	inpatient					Horizon	PPO		35550.67				30140.36	20642.99	65217.17 case rate	
MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W CC	372	MS-DRG	inpatient					Horizon	PPO		25476.34				17999.63	12311.15	38947.27 case rate	
MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W/O CC/MCC	373	MS-DRG	inpatient					Horizon	PPO		20823.35				13132.24	8462.95	28415.3 case rate	
DIGESTIVE MALIGNANCY W MCC	374	MS-DRG	inpatient					Horizon	PPO		40567.84				35794.71	24782.38	77451.96 case rate	
DIGESTIVE MALIGNANCY W CC	375	MS-DRG	inpatient					Horizon	PPO		27704.29				20916.94	14153.74	45259.7 case rate	
DIGESTIVE MALIGNANCY W/O CC/MCC	376	MS-DRG	inpatient					Horizon	PPO		23321.23				15872.74	10528.79	34345.16 case rate	
G.I. HEMORRHAGE W MCC	377	MS-DRG	inpatient					Horizon	PPO		36159.07				31007.06	21146.16	67092.52 case rate	
G.I. HEMORRHAGE W CC	378	MS-DRG	inpatient					Horizon	PPO		24640.86				17165.86	11620.17	37143.18 case rate	
G.I. HEMORRHAGE W/O CC/MCC	379	MS-DRG	inpatient					Horizon	PPO		19633.69				11322.57	7479.05	24499.57 case rate	
COMPLICATED PEPTIC ULCER W MCC	380	MS-DRG	inpatient					Horizon	PPO		36418.44				33731.96	23014.75	72988.62 case rate	
COMPLICATED PEPTIC ULCER W CC	381	MS-DRG	inpatient					Horizon	PPO		25914.79				18980.73	12673.76	41070.17 case rate	
COMPLICATED PEPTIC ULCER W/O CC/MCC	382	MS-DRG	inpatient					Horizon	PPO		21403.19				13309.05	8942.5	28797.87 case rate	
UNCOMPLICATED PEPTIC ULCER W MCC	383	MS-DRG	inpatient					Horizon	PPO		30559.21				23416.23	16514.87	50671.96 case rate	
UNCOMPLICATED PEPTIC ULCER W/O MCC	384	MS-DRG	inpatient					Horizon	PPO		23097				14825.77	10343.35	32079.74 case rate	
INFLAMMATORY BOWEL DISEASE W MCC	385	MS-DRG	inpatient					Horizon	PPO		32968.53				29431.4	18507.47	63683.14 case rate	
INFLAMMATORY BOWEL DISEASE W CC	386	MS-DRG	inpatient					Horizon	PPO		24466.62				16989.05	11476.07	36760.61 case rate	
INFLAMMATORY BOWEL DISEASE W/O CC/MCC	387	MS-DRG	inpatient					Horizon	PPO		20360.63				12076.6	8080.26	26131.13 case rate	
G.I. OBSTRUCTION W MCC	388	MS-DRG	inpatient					Horizon	PPO		31348.98				26533.15	17168.04	57411.96 case rate	
G.I. OBSTRUCTION W CC	389	MS-DRG	inpatient					Horizon	PPO		21964.46				14616.03	9406.69	31625.9 case rate	
G.I. OBSTRUCTION W/O CC/MCC	390	MS-DRG	inpatient					Horizon	PPO		18573.98				10244.39	6602.64	22166.64 case rate	
ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W MCC	391	MS-DRG	inpatient					Horizon	PPO		28809.69				21173.48	15067.96	45814.8 case rate	
ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W/O MCC	392	MS-DRG	inpatient					Horizon	PPO		21810.22				13094.1	9279.13	28332.79 case rate	
OTHER DIGESTIVE SYSTEM DIAGNOSES W MCC	393	MS-DRG	inpatient					Horizon	PPO		33721.18				28299.49	19129.94	61233.93 case rate	
OTHER DIGESTIVE SYSTEM DIAGNOSES W CC	394	MS-DRG	inpatient					Horizon	PPO		23971.05				16313.03	11066.21	35297.84 case rate	
OTHER DIGESTIVE SYSTEM DIAGNOSES W/O CC/MCC	395	MS-DRG	inpatient					Horizon	PPO		19837.91				11726.45	7647.96	25373.49 case rate	
PANCREAS, LIVER & SHUNT PROCEDURES W MCC	405	MS-DRG	inpatient					Horizon	PPO		89214.25				93241.32	65024.78	201753.9 case rate	
PANCREAS, LIVER & SHUNT PROCEDURES W CC	406	MS-DRG	inpatient					Horizon	PPO		51827.55				49100.29	34104.58	106242.33 case rate	
PANCREAS, LIVER & SHUNT PROCEDURES W/O CC/MCC	407	MS-DRG	inpatient					Horizon	PPO		41310.49				34785.87	25406.58	75269.05 case rate	
BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W MCC	408	MS-DRG	inpatient					Horizon	PPO		63749.92				70142.03	43864.84	151772.08 case rate	
BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W CC	409	MS-DRG	inpatient					Horizon	PPO		38544.12				40261.68	23118.69	87117.51 case rate	
BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W/O CC/MCC	410	MS-DRG	inpatient					Horizon	PPO		32944.25				28646.17	18487.39	61984.07 case rate	
CHOLECYSTECTOMY W C.D.E. W MCC	411	MS-DRG	inpatient					Horizon	PPO		51729.01				69303.07	10482	149956.74 case rate	
CHOLECYSTECTOMY W C.D.E. W CC	412	MS-DRG	inpatient					Horizon	PPO		39803.77				41287.85	11647	89337.92 case rate	
CHOLECYSTECTOMY W C.D.E. W/O CC/MCC	413	MS-DRG	inpatient					Horizon	PPO		32150.19				29228.59	15908	63244.3 case rate	
CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W MCC	414	MS-DRG	inpatient					Horizon	PPO		60936.43				62007.18	28270	134170.04 case rate	
CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W CC	415	MS-DRG	inpatient					Horizon	PPO		34993.88				23337.2	15817.99	75719.13 case rate	
CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W/O CC/MCC	416	MS-DRG	inpatient					Horizon	PPO		29716.58				24148	52251	case rate	
LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W MCC	417	MS-DRG	inpatient					Horizon	PPO		43692.68				42007.22	27376.74	90894.46 case rate	
LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W CC	418	MS-DRG	inpatient					Horizon	PPO		33936.83				28847.24	19308.29	62419.15 case rate	
LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W/O CC/MCC	419	MS-DRG	inpatient					Horizon	PPO		29345.26				22607	15510.89	48916.63 case rate	
HEPATOBILIARY DIAGNOSTIC PROCEDURES W MCC	420	MS-DRG	inpatient					Horizon	PPO		56303.44				60974.08	37806.31	131934.62 case rate	
HEPATOBILIARY DIAGNOSTIC PROCEDURES W CC	421	MS-DRG	inpatient					Horizon	PPO		35006.53				30838.92	8253	66728.7 case rate	
HEPATOBILIARY DIAGNOSTIC PROCEDURES W/O CC/MCC	422	MS-DRG	inpatient					Horizon	PPO		30742.01				26132.74	10272	56545.55 case rate	
OTHER HEPATOBILIARY OR PANCREAS O.R. PROCEDURES W MCC	423	MS-DRG	inpatient					Horizon	PPO		66444.89				68399.96	16017	148002.62 case rate	
OTHER HEPATOBILIARY OR PANCREAS O.R. PROCEDURES W CC	424	MS-DRG	inpatient					Horizon	PPO		40400.74				37980.53	24654.19	82181.59 case rate	
OTHER HEPATOBILIARY OR PANCREAS O.R. PROCEDURES W/O CC/MCC	425	MS-DRG	inpatient					Horizon	PPO		33468.39				25877.93	18920.87	55994.2 case rate	
CIRRHOSIS & ALCOHOLIC HEPATITIS W MCC	432	MS-DRG	inpatient					Horizon	PPO		37954.28				31651.88	13893	68497.78 case rate	
CIRRHOSIS & ALCOHOLIC HEPATITIS W CC	433	MS-DRG	inpatient					Horizon	PPO		25314.96				17817.62	12177.68	38553.45 case rate	
CIRRHOSIS & ALCOHOLIC HEPATITIS W/O CC/MCC	434	MS-DRG	inpatient					Horizon	PPO		20152.11				11286.17	7907.81	53360.86 case rate	
MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS W MCC	435	MS-DRG	inpatient					Horizon	PPO		35724.91				29427.93	20787.09	63675.63 case rate	
MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS W CC	436	MS-DRG	inpatient					Horizon	PPO		26310.39				19689.69	13000.94	42904.2 case rate	
MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS W/O CC/MCC	437	MS-DRG	inpatient					Horizon	PPO		22460.04				15007.78	9816.55	32473.56 case rate	
DISORDERS OF PANCREAS EXCEPT MALIGNANCY W MCC	438	MS-DRG	inpatient					Horizon	PPO		34423.84				28396.56	19711.06	61443.97 case rate	
DISORDERS OF PANCREAS EXCEPT MALIGNANCY W CC	439	MS-DRG	inpatient					Horizon	PPO		22804.23				14947.11	10101.21	32342.29 case rate	
DISORDERS OF PANCREAS EXCEPT MALIGNANCY W/O CC/MCC	440	MS-DRG	inpatient					Horizon	PPO		19382.33				10769.61	7271.17	23303.1 case rate	
DISORDERS OF LIVER EXCEPT MALIG, CIRR, ALC HEPA W MCC	441	MS-DRG	inpatient					Horizon	PPO		36700.35				32192.7	11778	69658 case rate	
DISORDERS OF LIVER EXCEPT MALIG, CIRR, ALC HEPA W CC	442	MS-DRG	inpatient					Horizon	PPO		24179.56				16274.89	11238.66	35215.32 case rate	
DISORDERS OF LIVER EXCEPT MALIG, CIRR, ALC HEPA W/O CC/MCC	443	MS-DRG	inpatient					Horizon	PPO		20797.65				12081	8441.69	26097.37 case rate	
DISORDERS OF THE BILIARY TRACT W MCC	444	MS-DRG	inpatient					Horizon	PPO		33915.41				27923.34	19290.57	60420.03 case rate	
DISORDERS OF THE BILIARY TRACT W CC	445	MS-DRG	inpatient					Horizon	PPO		26111.88				18505.78	12836.76	40042.47 case rate	
DISORDERS OF THE BILIARY TRACT W/O CC/MCC	446	MS-DRG	inpatient					Horizon	PPO		22037.3				13780.53	9466.93	29818.07 case rate	
COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W MCC	453	MS-DRG	inpatient					Horizon	PPO		137146.57				164619.26	17717	396200.23 case rate	
COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W CC	454	MS-DRG	inpatient					Horizon	PPO		97941.81				109842.09	36879	237674.36 case rate	
COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W/O CC/MCC	455	MS-DRG	inpatient					Horizon	PPO		76366.41				86670	54399.14	187535 case rate	
SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR EXT FUS W MCC	456	MS-DRG	inpatient					Horizon	PPO		130976.67				158176.22	99564.03	342258.88 case rate	
SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR EXT FUS W CC	457	MS-DRG	inpatient					Horizon	PPO		97356.59				113444.1	71758.53	245498.31 case rate	
SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR EXT FUS W/O CC/MCC	458	MS-DRG	inpatient					Horizon	PPO		75300.99				88770.88	53518	192080.85 case rate	
SPINAL FUSION EXCEPT CERVICAL W MCC	459	MS-DRG	inpatient					Horizon	PPO		105311.18				110674.12	78337.54	239474.69 case rate	
SPINAL FUSION EXCEPT CERVICAL W/O MCC	460	MS-DRG	inpatient					Horizon	PPO		62831.62				69986.03	43205.36	151434.51 case rate	
BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY W MCC	461	MS-DRG	inpatient					Horizon	PPO		107970.44				77699.66	9917	168125.13 case rate	
BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY W/O MCC	462	MS-DRG	inpatient					Horizon	PPO		51240.57				55368.53	11315	119801.11 case rate	
WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W MCC	463	MS-DRG	inpatient					Horizon	PPO		91477.9				88956.35	15756	192482.17 case rate	
WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W CC	464	MS-DRG	inpatient					Horizon	PPO		53455.67				51031.3	35451.1	110420.61 case rate	
WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W/O CC/MCC	465	MS-DRG	inpatient					Horizon	PPO		37308.75				31849.49	22096.99	68913.36 case rate	
REVISION OF HIP OR KNEE REPLACEMENT W MCC	466	MS-DRG	inpatient					Horizon	PPO		84664.09				88632.21	61261.63	191780.79 case rate	
REVISION OF HIP OR KNEE REPLACEMENT W CC	467	MS-DRG	inpatient					Horizon	PPO		60380.87				60155.91	41178.5	130164.29 case rate	
REVISION OF HIP OR KNEE REPLACEMENT W/O CC/MCC	468	MS-DRG	inpatient					Horizon	PPO		48716.99				48386.13	31532.03	104697.04 case rate	
MAJOR HIP AND KNEE JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W MCC OR TOTAL ANKLE REP	469	MS-DRG	inpatient					Horizon	PPO		58145.78				55021.58	39330	119054.72 case rate	
MAJOR HIP AND KNEE JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W/O MCC	470	MS-DRG	inpatient					Horizon	PPO		37464.42				34491.19	22225.74	74631.43 case rate	
CERVICAL SPINAL FUSION W MCC	471	MS-DRG	inpatient					Horizon	PPO		80842.3				86655.47	8282	187936.32 case rate	
CERVICAL SPINAL FUSION W CC	472	MS-DRG	inpatient					Horizon	PPO		52798.71				51079.83	8691	115525.63 case rate	
CERVICAL SPINAL FUSION W/O CC/MCC	473	MS-DRG	inpatient					Horizon	PPO		45732.11				41131.85	11229	89000.36 case rate	
AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W MCC	474	MS-DRG	inpatient					Horizon	PPO		72041.9				65784.26	22321	142342.82 case rate	
AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W CC	475	MS-DRG	inpatient					Horizon	PPO		41220.51				37247.3	25332.17	80595.04 case rate	
AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W/O CC/MCC	476	MS-DRG	inpatient					Horizon	PPO		27368.66				19946.23	13900.98	43159.3 case rate	
BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W MCC	477	MS-DRG	inpatient					Horizon	PPO		56705.63				54401.03	39793.01	117711.97 case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.														
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true													
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W CC	478	MS-DRG	inpatient				44633.84	Horizon	PPO		39507.65				28155.12	85486.99	case rate		
BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W/O CC/MCC	479	MS-DRG	inpatient				37211.63	Horizon	PPO		31166.53				22016.67	67437.59	case rate		
HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W MCC	480	MS-DRG	inpatient				52705.88	Horizon	PPO		52528.95				34830.99	113661.21	case rate		
HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W CC	481	MS-DRG	inpatient				40223.65	Horizon	PPO		35747.91				8360	77350.69	case rate		
HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W/O CC/MCC	482	MS-DRG	inpatient				33275.59	Horizon	PPO		29852.44				9385	62430.4	case rate		
MAJOR JOINT/LIMB REATTACHMENT PROCEDURE OF UPPER EXTREMITIES	483	MS-DRG	inpatient				46069.16	Horizon	PPO		41315.59				13093	89397.93	case rate		
KNEE PROCEDURES W PDX OF INFECTION W MCC	485	MS-DRG	inpatient				57634.5	Horizon	PPO		57273.27				38907.15	123926.88	case rate		
KNEE PROCEDURES W PDX OF INFECTION W CC	486	MS-DRG	inpatient				39272.49	Horizon	PPO		38453.75				23721.08	83205.53	case rate		
KNEE PROCEDURES W PDX OF INFECTION W/O CC/MCC	487	MS-DRG	inpatient				32654.33	Horizon	PPO		28804.57				18247.62	61894.05	case rate		
KNEE PROCEDURES W/O PDX OF INFECTION W CC/MCC	488	MS-DRG	inpatient				40676.38	Horizon	PPO		36618.08				24882.15	79233.54	case rate		
KNEE PROCEDURES W/O PDX OF INFECTION W/O CC/MCC	489	MS-DRG	inpatient				28266.99	Horizon	PPO		22489.13				14619.12	48661.58	case rate		
LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR W MCC	492	MS-DRG	inpatient				60035.26	Horizon	PPO		58770.93				27633	127167.48	case rate		
LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR W CC	493	MS-DRG	inpatient				44890.03	Horizon	PPO		38933.9				28367.73	84244.47	case rate		
LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR W/O CC/MCC	494	MS-DRG	inpatient				37285.9	Horizon	PPO		30402.1				22078.09	67890.08	case rate		
LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W MCC	495	MS-DRG	inpatient				61736.21	Horizon	PPO		60015.51				42299.42	129860.49	case rate		
LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W CC	496	MS-DRG	inpatient				38975.43	Horizon	PPO		33990.24				23475.4	73547.48	case rate		
LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W/O CC/MCC	497	MS-DRG	inpatient				30976.23	Horizon	PPO		24874.29				16859.76	53822.55	case rate		
LOCAL EXCISION & REMOVAL INT FIX DEVICES OF HIP & FEMUR W CC/MCC	498	MS-DRG	inpatient				47880.08	Horizon	PPO		39486.85				30839.88	85440.95	case rate		
LOCAL EXCISION & REMOVAL INT FIX DEVICES OF HIP & FEMUR W/O CC/MCC	499	MS-DRG	inpatient				29011.07	Horizon	PPO		19400.21				15234.5	41977.83	case rate		
SOFT TISSUE PROCEDURES W MCC	500	MS-DRG	inpatient				56903.27	Horizon	PPO		53180.71				38302.4	115071.48	case rate		
SOFT TISSUE PROCEDURES W CC	501	MS-DRG	inpatient				35379.29	Horizon	PPO		29249.39				8902	63289.31	case rate		
SOFT TISSUE PROCEDURES W/O CC/MCC	502	MS-DRG	inpatient				30337.84	Horizon	PPO		22379.93				16331.79	48425.29	case rate		
FOOT PROCEDURES W MCC	503	MS-DRG	inpatient				48892.66	Horizon	PPO		44413.17				27418	96100.44	case rate		
FOOT PROCEDURES W CC	504	MS-DRG	inpatient				35256.84	Horizon	PPO		29979.15				20599.68	64898.36	case rate		
FOOT PROCEDURES W/O CC/MCC	505	MS-DRG	inpatient				34950.84	Horizon	PPO		27384.25				20146.91	59253.56	case rate		
MAJOR THUMB OR JOINT PROCEDURES	506	MS-DRG	inpatient				31478.95	Horizon	PPO		24446.14				17275.53	52896.12	case rate		
MAJOR SHOULDER OR ELBOW JOINT PROCEDURES W CC/MCC	507	MS-DRG	inpatient				41034.85	Horizon	PPO		33671.3				25178.62	72857.35	case rate		
MAJOR SHOULDER OR ELBOW JOINT PROCEDURES W/O CC/MCC	508	MS-DRG	inpatient				31070.89	Horizon	PPO		25089.23				16937.72	54287.63	case rate		
ARTHROSCOPY	509	MS-DRG	inpatient				29530.92	Horizon	PPO		28952.98				15664.44	62647.94	case rate		
SHOULDER, ELBOW OR FOREARM PROC, EXC MAJOR JOINT PROC W MCC	510	MS-DRG	inpatient				49445.36	Horizon	PPO		47363.42				32134.42	102484.13	case rate		
SHOULDER, ELBOW OR FOREARM PROC, EXC MAJOR JOINT PROC W CC	511	MS-DRG	inpatient				39066.4	Horizon	PPO		32021.1				7655	69286.68	case rate		
SHOULDER, ELBOW OR FOREARM PROC, EXC MAJOR JOINT PROC W/O CC/MCC	512	MS-DRG	inpatient				33638.35	Horizon	PPO		26384.08				10564	57089.4	case rate		
HAND OR WRIST PROC, EXCEPT MAJOR THUMB OR JOINT PROC W CC/MCC	513	MS-DRG	inpatient				33741.17	Horizon	PPO		28420.83				18516	61496.48	case rate		
HAND OR WRIST PROC, EXCEPT MAJOR THUMB OR JOINT PROC W/O CC/MCC	514	MS-DRG	inpatient				25464.91	Horizon	PPO		17330.53				12301.7	40660.37	case rate		
OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W MCC	515	MS-DRG	inpatient				55742.17	Horizon	PPO		53423.39				37342.12	115596.57	case rate		
OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W CC	516	MS-DRG	inpatient				39736.64	Horizon	PPO		32681.52				24104.95	70715.7	case rate		
OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W/O CC/MCC	517	MS-DRG	inpatient				31933.11	Horizon	PPO		23936.52				17651.14	51793.42	case rate		
BACK & NECK PROC EXC SPINAL FUSION W MCC OR DISC DEVICE/NEUROSTIM	518	MS-DRG	inpatient				62744.5	Horizon	PPO		53738.87				43133.31	116279.2	case rate		
BACK & NECK PROC EXC SPINAL FUSION W CC	519	MS-DRG	inpatient				38705.3	Horizon	PPO		33275.91				23252.16	69838.03	case rate		
BACK & NECK PROC EXC SPINAL FUSION W/O CC/MCC	520	MS-DRG	inpatient				31034.79	Horizon	PPO		22778.61				16908.19	49287.95	case rate		
FRACTURES OF FEMUR W MCC	533	MS-DRG	inpatient				33889.7	Horizon	PPO		26529.69				12781	57404.46	case rate		
FRACTURES OF FEMUR W/O MCC	534	MS-DRG	inpatient				22158.82	Horizon	PPO		13442.52				9567.33	34640.29	case rate		
FRACTURES OF HIP & PELVIS W MCC	535	MS-DRG	inpatient				29109.61	Horizon	PPO		21750.7				15316	47063.78	case rate		
FRACTURES OF HIP & PELVIS W/O MCC	536	MS-DRG	inpatient				21831.64	Horizon	PPO		13121.84				9296.85	28392.8	case rate		
SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS & THIGH W CC/MCC	537	MS-DRG	inpatient				24400.93	Horizon	PPO		15782.61				11421.74	34150.12	case rate		
SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS & THIGH W/O CC/MCC	538	MS-DRG	inpatient				20717.67	Horizon	PPO		12601.82				8375.55	27267.59	case rate		
OSTEOMYELITIS W MCC	539	MS-DRG	inpatient				38931.15	Horizon	PPO		35000.81				23438.78	75734.13	case rate		
OSTEOMYELITIS W CC	540	MS-DRG	inpatient				29131.03	Horizon	PPO		22480.46				15333.72	48642.83	case rate		
OSTEOMYELITIS W/O CC/MCC	541	MS-DRG	inpatient				22842.79	Horizon	PPO		15300.72				7723	33107.43	case rate		
PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W MCC	542	MS-DRG	inpatient				36636.05	Horizon	PPO		31639.75				8993	68461.53	case rate		
PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W CC	543	MS-DRG	inpatient				26167.58	Horizon	PPO		18590.72				10889	40226.26	case rate		
PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W/O CC/MCC	544	MS-DRG	inpatient				21551.72	Horizon	PPO		13839.47				9095.34	29945.59	case rate		
CONNECTIVE TISSUE DISORDERS W MCC	545	MS-DRG	inpatient				46197.69	Horizon	PPO		42972.72				29448.48	92983.6	case rate		
CONNECTIVE TISSUE DISORDERS W CC	546	MS-DRG	inpatient				27718.57	Horizon	PPO		21692.41				14165.56	45548.5	case rate		
CONNECTIVE TISSUE DISORDERS W/O CC/MCC	547	MS-DRG	inpatient				22207.25	Horizon	PPO		14865.64				9607.49	32166	case rate		
SEPTIC ARTHRITIS W MCC	548	MS-DRG	inpatient				38437	Horizon	PPO		35832.84				23030.1	77534.47	case rate		
SEPTIC ARTHRITIS W CC	549	MS-DRG	inpatient				27817.11	Horizon	PPO		21566.96				14247.06	46686.21	case rate		
SEPTIC ARTHRITIS W/O CC/MCC	550	MS-DRG	inpatient				23741.11	Horizon	PPO		16013.15				10876.05	34648.97	case rate		
MEDICAL BACK PROBLEMS W MCC	551	MS-DRG	inpatient				34896.57	Horizon	PPO		27588.79				9165	59696.14	case rate		
MEDICAL BACK PROBLEMS W/O MCC	552	MS-DRG	inpatient				24390.93	Horizon	PPO		15617.93				11413.47	33793.81	case rate		
BONE DISEASES & ARTHROPATHIES W MCC	553	MS-DRG	inpatient				29892.25	Horizon	PPO		21452.56				15963.27	46418.66	case rate		
BONE DISEASES & ARTHROPATHIES W/O MCC	554	MS-DRG	inpatient				22327.22	Horizon	PPO		13120.1				9706.71	47368.4	case rate		
SIGNS & SYMPTOMS OF MUSCULOSKELETAL SYSTEM & CONN TISSUE W MCC	555	MS-DRG	inpatient				30570.63	Horizon	PPO		22173.65				16524.32	47978.95	case rate		
SIGNS & SYMPTOMS OF MUSCULOSKELETAL SYSTEM & CONN TISSUE W/O MCC	556	MS-DRG	inpatient				22364.35	Horizon	PPO		13307.31				9737.42	28794.12	case rate		
TENDONITIS, MYOSITIS & BURSITIS W MCC	557	MS-DRG	inpatient				32824.29	Horizon	PPO		24829.22				18388.17	53725.03	case rate		
TENDONITIS, MYOSITIS & BURSITIS W/O MCC	558	MS-DRG	inpatient				23135.56	Horizon	PPO		14967.91				10375.24	32387.29	case rate		
AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W MCC	559	MS-DRG	inpatient				37018.83	Horizon	PPO		31178.67				21857.22	67463.84	case rate		
AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W CC	560	MS-DRG	inpatient				26758.84	Horizon	PPO		17710.15				13371.82	38320.9	case rate		
AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W/O CC/MCC	561	MS-DRG	inpatient				21733.1	Horizon	PPO		13106.24				9211	28359.04	case rate		
FX, SPRN, STRN & DISL EXCEPT FEMUR, HIP, PELVIS & THIGH W MCC	562	MS-DRG	inpatient				32308.72	Horizon	PPO		24408.01				12507	52813.61	case rate		
FX, SPRN, STRN & DISL EXCEPT FEMUR, HIP, PELVIS & THIGH W/O MCC	563	MS-DRG	inpatient				23381.21	Horizon	PPO		14527.63				10578.4	31434.62	case rate		
OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W MCC	564	MS-DRG	inpatient				32897.12	Horizon	PPO		27252.51				18448.41	58968.51	case rate		
OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W CC	565	MS-DRG	inpatient				24863.65	Horizon	PPO		16914.52				11804.43	36599.33	case rate		
OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W/O CC/MCC	566	MS-DRG	inpatient				21308.93	Horizon	PPO		13213.71				8864.55	28591.59	case rate		
SKIN DEBRIDEMENT W MCC	570	MS-DRG	inpatient				52324.55	Horizon	PPO		52603.49				34515.62	113822.49	case rate		
SKIN DEBRIDEMENT W CC	571	MS-DRG	inpatient				34753.75	Horizon	PPO		29518.07				9078	63870.67	case rate		
SKIN DEBRIDEMENT W/O CC/MCC	572	MS-DRG	inpatient				26865.95	Horizon	PPO		20429.85				11401	44205.75	case rate		
SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W MCC	573	MS-DRG	inpatient				99395.69	Horizon	PPO		91029.5				16091	196968.01	case rate		
SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W CC	574	MS-DRG	inpatient				59231.2	Horizon	PPO		52797.63				36884	114242.57	case rate		
SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W/O CC/MCC	575	MS-DRG	inpatient				39810.9	Horizon	PPO		30483.57				24166.37	65999.81	case rate		
SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W MCC	576	MS-DRG	inpatient				91754.97	Horizon	PPO		84602.05				67126.05	183060.41	case rate		
SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W CC	577	MS-DRG	inpatient				48424.21	Horizon	PPO		43494.47				31289.9	94112.56	case rate		
SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W/O CC/MCC	578	MS-DRG	inpatient				33591.22	Horizon	PPO		26515.82				19022.45	57374.46	case rate		
OTHER SKIN, SUBCUT TISS & BREAST PROC W MCC	579	MS-DRG	inpatient				58322.88	Horizon	PPO		48497.07				39476.46	104937.08	case rate		
OTHER SKIN, SUBCUT TISS & BREAST PROC W CC	580	MS-DRG	inpatient				35534.96	Horizon	PPO		27557.59				20630	59628.63	case rate		
OTHER SKIN, SUBCUT TISS & BREAST PROC W/O CC/MCC	581	MS-DRG	inpatient				29623.7	Horizon	PPO		21431.76				8609	46373.65	case rate		
MASTECTOMY FOR MALIGNANCY W CC/MCC	582	MS-DRG	inpatient				34399.56	Horizon	PPO		27205.71				10681	59867.24	case rate		
MASTECTOMY FOR MALIGNANCY W/O CC/MCC	583	MS-DRG	inpatient				32325.85	Horizon	PPO		23887.99				14701	51688.4	case rate		
BREAST BIOPSY, LOCAL EXCISION & OTHER BREAST PROCEDURES W CC/MCC	584	MS-DRG	inpatient				38562.68	Horizon	PPO		32438.85				23134.04	70190.6	case rate		
BREAST BIOPSY, LOCAL EXCISION & OTHER BREAST PROCEDURES W/O CC/MCC	585	MS-DRG	inpatient				34640.92	Horizon	PPO		27139.84				19890.6	58724.71	case rate		
SKIN ULCERS W MCC	592	MS-DRG	inpatient				40440.73	Horizon	PPO		29609.94				24687.26	64099.46	case rate		
SKIN ULCERS W CC	593	MS-DRG	inpatient				27869.96	Horizon	PPO		19577.02				14290.76	42360.41	case rate		
SKIN ULCERS W/O CC/MCC	594	MS-DRG	inpatient				21835.93	Horizon	PPO		14044.01				9300.39	30388.17	case rate		
MAJOR SKIN DISORDERS W MCC	595	MS-DRG	inpatient				41653.25	Horizon	PPO		34440.92				25690.06	74522.66	case rate		
MAJOR SKIN DISORDERS W/O MCC	596	MS-DRG	inpatient				25000.76	Horizon	PPO		17533.34				11917.82	37938.33	case rate		
MALIGNANT BREAST DISORDERS W MCC	597	MS-DRG	inpatient				33448.4	Horizon	PPO		29814.48				18904.34	64512.04	case rate		
MALIGNANT BREAST DISORDERS W CC	598	MS-DRG	inpatient				27711.43	Horizon	PPO		20147.31				14159.65	43594.39	case rate		
MALIGNANT BREAST DISORDERS W/O CC/MCC	599	MS-DRG	inpatient				19465.16	Horizon	PPO		12418.08				7339.68	26870.01	case rate		
NON-MALIGNANT BREAST DISORDERS W CC/MCC	600	MS-DRG	inpatient				25236.41	Horizon	PPO		16571.3				12112.71	35856.69	case rate		
NON-MALIGNANT BREAST DISORDERS W/O CC/MCC	601	MS-DRG	inpatient				19482.3	Horizon	PPO		10733.21				7353.85	23224.33	case rate		
CELLULITIS W MCC	602	MS-DRG	inpatient				31834.56	Horizon	PPO		25030.3				17569.64	54160.11	case rate		
CELLULITIS W/O MCC	603	MS-DRG	inpatient				23225.54	Horizon	PPO		14894.03				10449.65	31794.68	case rate		
TRAUMA TO THE SKIN, SUBCUT TISS & BREAST W MCC	604	MS-DRG	inpatient				32101.63	Horizon	PPO		24558.81				17790.51	53139.92	case rate		
TRAUMA TO THE SKIN, SUBCUT TISS & BREAST W/O MCC	605	MS-DRG	inpatient				23569.73	Horizon	PPO		14915.91				10734.31	32274.77	case rate		
MINOR SKIN DISORDERS W MCC	606	MS-DRG	inpatient				33238.46	Horizon	PPO		23934.79				18730.71	51789.67	case rate		
MINOR SKIN DISORDERS W/O MCC	607	MS-DRG	inpatient				23351.22	Horizon	PPO		13884.53				10553.59	30043.11	case rate		
ADRENAL & PITUITARY PROCEDURES W CC/MCC	614	MS-DRG	inpatient				42758.65	Horizon	PPO		40970.64				26604.27	88651.55	case rate		
ADRENAL & PITUITARY PROCEDURES W/O CC/MCC	615	MS-DRG	inpatient				31600.34	Horizon	PPO		25675.12				17375.93	55555.37	case rate		
AMPUTAT OF LOWER LIMB FOR ENDOCRINE, NUTRIT, & METABOL DIS W MCC	616	MS-DRG	inpatient				67113.28	Horizon	PPO		71679.96				46745.45	155098.95	case rate		
AMPUTAT OF LOWER LIMB FOR ENDOCRINE, NUTRIT, & METABOL DIS W CC	617	MS-DRG	inpatient				38932.58	Horizon	PPO		35943.78				23439.96	77774.52	case rate		
AMPUTAT OF LOWER LIMB FOR ENDOCRINE, NUTRIT, & METABOL DIS W/O CC/MCC	618	MS-DRG	inpatient				27178.72	Horizon	PPO		20095.31				13719.08	43481.87	case rate		
O.R. PROCEDURES FOR OBESITY W MCC	619	MS-DRG	inpatient				47558.74	Horizon	PPO		50627.41				30574.12	109546.69	case rate		
O.R. PROCEDURES FOR OBESITY W CC	620	MS-DRG	inpatient				33758.31	Horizon	PPO		31367.61				19160.65	67872.67	case rate		
O.R. PROCEDURES FOR OBESITY W/O CC/MCC	621	MS-DRG	inpatient				32260.16	Horizon	PPO		27358.25				17921.62	59197.3	case rate		
SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W MCC	622	MS-DRG	inpatient				65226.66	Horizon	PPO		65834.53				45186.15	142451.59	case rate		
SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W CC	623	MS-DRG	inpatient				37174.5	Horizon	PPO		33336.75				21985.96	72133.46	case rate		
SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W/O CC/MCC	624	MS-DRG	inpatient				26507.04	Horizon	PPO		23464.86				13163.94	48609.07	case rate		
THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W MCC	625	MS-DRG	inpatient				52310.27	Horizon	PPO		48245.72				34503.81	104393.23	case rate		
THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W CC	626	MS-DRG	inpatient				31897.4	Horizon	PPO		27918.14				17621.61	60408.77	case rate		
THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W/O CC/MCC	627	MS-DRG	inpatient				28242.71	Horizon	PPO		18807.39				14598.04	40695.1	case rate		
OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W MCC	628	MS-DRG	inpatient				67924.45	Horizon	PPO		63702.45				47417.35	137838.23	case rate		
OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W CC	629	MS-DRG	inpatient				42907.18	Horizon	PPO		40539.03				26727.11	87717.62	case rate		
OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W/O CC/MCC	630	MS-DRG	inpatient				30532.07	Horizon	PPO		26599.02				16492.43	57554.49	case rate		
DIABETES W MCC	637	MS-DRG	inpatient				31289	Horizon	PPO		23943.45				17118.44	51808.42	case rate		
DIABETES W CC	638	MS-DRG	inpatient				23435.48	Horizon	PPO		15118.71				10623.28	32713.61	case rate		
DIABETES W/O CC/MCC	639	MS-DRG	inpatient				19480.87	Horizon	PPO		10953.35				7352.67	23700.67	case rate		
MISC DISORDERS OF NUTRITION, METABOLISM, FLUIDS/ELECTROLYTES W MCC	640	MS-DRG	inpatient				29373.82	Horizon	PPO		20630.93				15534.51	44640.83	case rate		
MISC DISORDERS OF NUTRITION, METABOLISM, FLUIDS/ELECTROLYTES W/O MCC	641	MS-DRG	inpatient				21750.24	Horizon	PPO		13033.43				9229.52	29201.51	case rate		
INBORN AND OTHER DISORDERS OF METABOLISM	642	MS-DRG	inpatient				29203.87	Horizon	PPO		21901.51				15393.95	47390.09	case rate		
ENDOCRINE DISORDERS W MCC	643	MS-DRG	inpatient				34085.36	Horizon	PPO		28325.49				19431.13	61290.19	case rate		
ENDOCRINE DISORDERS W CC	644	MS-DRG	inpatient				25753.41	Horizon	PPO		17550.68				12540.29	37975.84	case rate		
ENDOCRINE DISORDERS W/O CC/MCC	645	MS-DRG	inpatient				21457.46	Horizon	PPO		12877.43				8987.39	27863.95	case rate		
KIDNEY TRANSPLANT	652	MS-DRG	inpatient				53498.51	Horizon	PPO		57455.28				35486.53	124320.7	case rate		
MAJOR BLADDER PROCEDURES W MCC	653	MS-DRG	inpatient				87906.04	Horizon	PPO		95146.33				63942.84	205875.92	case rate		
MAJOR BLADDER PROCEDURES W CC	654	MS-DRG	inpatient				49686.72	Horizon	PPO		49805.78				32334.04	107768.86	case rate		
MAJOR BLADDER PROCEDURES W/O CC/MCC	655	MS-DRG	inpatient				40693.52	Horizon	PPO		36006.18				24896.32	77909.54	case rate		
KIDNEY & URETER PROCEDURES FOR NEOPLASM W MCC	656	MS-DRG	inpatient				55400.84	Horizon	PPO		57680.62				37059.83	124808.29	case rate		
KIDNEY & URETER PROCEDURES FOR NEOPLASM W CC	657	MS-DRG	inpatient				36928.85	Horizon	PPO		33756.23				21782.81	73041.13	case rate		
KIDNEY & URETER PROCEDURES FOR NEOPLASM W/O CC/MCC	658	MS-DRG	inpatient				31733.16	Horizon	PPO		27151.98				17485.77	58790.96	case rate		
KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W MCC	659	MS-DRG	inpatient				47564.45	Horizon	PPO		47271.55				30578.84	102285.34	case rate		
KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W CC	660	MS-DRG	inpatient				29812.27	Horizon	PPO		25092.7				15897.12	54295.13	case rate		
KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W/O CC/MCC	661	MS-DRG	inpatient				25563.46	Horizon	PPO		18695.92				12383.2	40237.51	case rate		
MINOR BLADDER PROCEDURES W MCC	662	MS-DRG	inpatient				53388.54	Horizon	PPO		59269.59				35395.58	119223.5	case rate		
MINOR BLADDER PROCEDURES W CC	663	MS-DRG	inpatient				31427.53	Horizon	PPO		28432.96				17233.01	61522.73	case rate		
MINOR BLADDER PROCEDURES W/O CC/MCC	664	MS-DRG	inpatient				25751.98	Horizon	PPO		20552.92				12539.11	44472.05	case rate		
PROSTATECTOMY W MCC	665	MS-DRG	inpatient				54708.17	Horizon	PPO		55101.32				36486.97	119227.25	case rate		
PROSTATECTOMY W CC	666	MS-DRG	inpatient				35117.93	Horizon	PPO		30838.92				20285.1	69728.7	case rate		
PROSTATECTOMY W/O CC/MCC	667	MS-DRG	inpatient				25580.6	Horizon	PPO		18727.65				12397.37	40522.56	case rate		

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.																	
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true																
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes			
TRANSURETHRAL PROCEDURES W MCC	668	MS-DRG	inpatient					50838.4 Horizon	PPO		48788.28				33284.86	105667.2	case rate					
TRANSURETHRAL PROCEDURES W CC	669	MS-DRG	inpatient					32507.23 Horizon	PPO		27431.06				18125.96	59354.83	case rate					
TRANSURETHRAL PROCEDURES W/O CC/MCC	670	MS-DRG	inpatient					24338.09 Horizon	PPO		16701.31				11369.77	36137.99	case rate					
URETHRAL PROCEDURES W CC/MCC	671	MS-DRG	inpatient					35039.38 Horizon	PPO		29181.79				20220.14	63143.03	case rate					
URETHRAL PROCEDURES W/O CC/MCC	672	MS-DRG	inpatient					23768.25 Horizon	PPO		18320.3				10898.49	39641.15	case rate					
OTHER KIDNEY & URINARY TRACT PROCEDURES W MCC	673	MS-DRG	inpatient					63404.32 Horizon	PPO		62008.92				43679	134173.79	case rate					
OTHER KIDNEY & URINARY TRACT PROCEDURES W CC	674	MS-DRG	inpatient					44612.42 Horizon	PPO		40077.94				28137.4	86719.93	case rate					
OTHER KIDNEY & URINARY TRACT PROCEDURES W/O CC/MCC	675	MS-DRG	inpatient					33248.45 Horizon	PPO		28172.95				18738.98	60960.13	case rate					
RENAL FAILURE W MCC	682	MS-DRG	inpatient					32024.51 Horizon	PPO		26555.69				17726.73	57490.72	case rate					
RENAL FAILURE W CC	683	MS-DRG	inpatient					23455.48 Horizon	PPO		15929.95				10639.82	34468.93	case rate					
RENAL FAILURE W/O CC/MCC	684	MS-DRG	inpatient					19280.93 Horizon	PPO		10743.61				7187.31	23246.84	case rate					
KIDNEY & URINARY TRACT NEOPLASMS W MCC	686	MS-DRG	inpatient					36860.3 Horizon	PPO		29772.88				21726.11	64422.02	case rate					
KIDNEY & URINARY TRACT NEOPLASMS W CC	687	MS-DRG	inpatient					25519.18 Horizon	PPO		18264.84				12346.58	39521.13	case rate					
KIDNEY & URINARY TRACT NEOPLASMS W/O CC/MCC	688	MS-DRG	inpatient					21743.1 Horizon	PPO		13709.46				9223.62	29664.29	case rate					
KIDNEY & URINARY TRACT INFECTIONS W MCC	689	MS-DRG	inpatient					27362.96 Horizon	PPO		19268.47				13871.45	41692.78	case rate					
KIDNEY & URINARY TRACT INFECTIONS W/O MCC	690	MS-DRG	inpatient					22114.42 Horizon	PPO		13764.93				9530.72	29784.31	case rate					
URINARY STONES W MCC	693	MS-DRG	inpatient					30817.7 Horizon	PPO		22943.28				16728.66	49644.27	case rate					
URINARY STONES W/O MCC	694	MS-DRG	inpatient					21768.8 Horizon	PPO		12170.2				9244.88	26333.66	case rate					
KIDNEY & URINARY TRACT SIGNS & SYMPTOMS W MCC	695	MS-DRG	inpatient					27671.44 Horizon	PPO		19911.57				14126.58	43084.29	case rate					
KIDNEY & URINARY TRACT SIGNS & SYMPTOMS W/O MCC	696	MS-DRG	inpatient					20474.88 Horizon	PPO		11936.19				8174.75	25827.32	case rate					
URETHRAL STRICTURE	697	MS-DRG	inpatient					26487.49 Horizon	PPO		16640.64				13147.4	36006.72	case rate					
OTHER KIDNEY & URINARY TRACT DIAGNOSES W MCC	698	MS-DRG	inpatient					34218.18 Horizon	PPO		27996.14				19540.98	60577.56	case rate					
OTHER KIDNEY & URINARY TRACT DIAGNOSES W CC	699	MS-DRG	inpatient					25169.28 Horizon	PPO		17817.62				12057.2	38553.45	case rate					
OTHER KIDNEY & URINARY TRACT DIAGNOSES W/O CC/MCC	700	MS-DRG	inpatient					20706.24 Horizon	PPO		13168.64				8366.1	28494.07	case rate					
MAJOR MALE PELVIC PROCEDURES W CC/MCC	707	MS-DRG	inpatient					38609.81 Horizon	PPO		31052.13				23173.02	67190.04	case rate					
MAJOR MALE PELVIC PROCEDURES W/O CC/MCC	708	MS-DRG	inpatient					31420.39 Horizon	PPO		24380.27				17227.1	52753.6	case rate					
PENIS PROCEDURES W CC/MCC	709	MS-DRG	inpatient					40867.75 Horizon	PPO		35219.22				25040.42	76206.72	case rate					
PENIS PROCEDURES W/O CC/MCC	710	MS-DRG	inpatient					28218.43 Horizon	PPO		28938.11				14578.96	62617.94	case rate					
TESTES PROCEDURES W CC/MCC	711	MS-DRG	inpatient					40909.17 Horizon	PPO		36115.39				25074.68	78145.83	case rate					
TESTES PROCEDURES W/O CC/MCC	712	MS-DRG	inpatient					27562.9 Horizon	PPO		18665.25				14036.81	40387.54	case rate					
TRANSURETHRAL PROSTATECTOMY W CC/MCC	713	MS-DRG	inpatient					31366 Horizon	PPO		25366.58				17134.97	54897.74	case rate					
TRANSURETHRAL PROSTATECTOMY W/O CC/MCC	714	MS-DRG	inpatient					24279.53 Horizon	PPO		15782.61				11321.34	34150.12	case rate					
OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC FOR MALIGNANCY W CC/MCC	715	MS-DRG	inpatient					42117.41 Horizon	PPO		38306.41				26073.93	82886.72	case rate					
OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC FOR MALIGNANCY W/O CC/MCC	716	MS-DRG	inpatient					30901.97 Horizon	PPO		25359.64				16798.34	54872.74	case rate					
OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC EXC MALIGNANCY W CC/MCC	717	MS-DRG	inpatient					36483.26 Horizon	PPO		33875.84				21422.55	73299.93	case rate					
OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC EXC MALIGNANCY W/O CC/MCC	718	MS-DRG	inpatient					27382.95 Horizon	PPO		21365.89				13887.99	46231.13	case rate					
MALIGNANCY, MALE REPRODUCTIVE SYSTEM W MCC	722	MS-DRG	inpatient					37365.88 Horizon	PPO		28769.24				22144.24	62250.37	case rate					
MALIGNANCY, MALE REPRODUCTIVE SYSTEM W CC	723	MS-DRG	inpatient					26504.62 Horizon	PPO		19093.4				13161.58	41313.96	case rate					
MALIGNANCY, MALE REPRODUCTIVE SYSTEM W/O CC/MCC	724	MS-DRG	inpatient					22151.55 Horizon	PPO		11946.59				9561.43	25849.82	case rate					
BENIGN PROSTATIC HYPERTROPHY W MCC	725	MS-DRG	inpatient					28312.69 Horizon	PPO		21048.68				14656.92	45544.75	case rate					
BENIGN PROSTATIC HYPERTROPHY W/O MCC	726	MS-DRG	inpatient					21029.01 Horizon	PPO		13251.84				8633.04	28674.1	case rate					
INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM W MCC	727	MS-DRG	inpatient					33741.17 Horizon	PPO		24926.29				19146.47	53935.07	case rate					
INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM W/O MCC	728	MS-DRG	inpatient					22017.31 Horizon	PPO		13718.13				9450.4	29683.04	case rate					
OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES W CC/MCC	729	MS-DRG	inpatient					24927.92 Horizon	PPO		18755.39				11857.58	40582.57	case rate					
OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES W/O CC/MCC	730	MS-DRG	inpatient					19468.02 Horizon	PPO		9852.65				7342.04	21318.98	case rate					
PELVIC EVISCERATION, RAD HYSTERECTOMY & RAD VULVECTOMY W CC/MCC	734	MS-DRG	inpatient					41633.25 Horizon	PPO		39970.47				25673.92	86487.39	case rate					
PELVIC EVISCERATION, RAD HYSTERECTOMY & RAD VULVECTOMY W/O CC/MCC	735	MS-DRG	inpatient					28588.33 Horizon	PPO		23660.91				14884.88	51197.06	case rate					
UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W MCC	736	MS-DRG	inpatient					66106.42 Horizon	PPO		69866.42				45913.74	151175.71	case rate					
UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W CC	737	MS-DRG	inpatient					36779.77 Horizon	PPO		35212.29				23313.58	76191.72	case rate					
UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W/O CC/MCC	738	MS-DRG	inpatient					30079.84 Horizon	PPO		24134.13				16118	62221	case rate					
UTERINE, ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W MCC	739	MS-DRG	inpatient					62237.5 Horizon	PPO		62362.53				42714	134938.93	case rate					
UTERINE, ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W CC	740	MS-DRG	inpatient					36111.94 Horizon	PPO		30211.43				21107.19	65370.95	case rate					
UTERINE, ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W/O CC/MCC	741	MS-DRG	inpatient					29146.74 Horizon	PPO		23016.09				15346.71	49801.79	case rate					
UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W CC/MCC	742	MS-DRG	inpatient					36038.4 Horizon	PPO		29710.48				21046.95	64287	case rate					
UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC/MCC	743	MS-DRG	inpatient					27185.86 Horizon	PPO		19337.81				13724.99	41842.81	case rate					
D&C, CONIZATION, LAPAROSCOPY & TUBAL INTERRUPTION W CC/MCC	744	MS-DRG	inpatient					37474.42 Horizon	PPO		29299.66				22234.01	63398.08	case rate					
D&C, CONIZATION, LAPAROSCOPY & TUBAL INTERRUPTION W/O CC/MCC	745	MS-DRG	inpatient					25384.94 Horizon	PPO		18536.98				12235.55	40109.99	case rate					
VAGINA, CERVIX & VULVA PROCEDURES W CC/MCC	746	MS-DRG	inpatient					34528.1 Horizon	PPO		29081.25				19797.29	62925.49	case rate					
VAGINA, CERVIX & VULVA PROCEDURES W/O CC/MCC	747	MS-DRG	inpatient					23261.24 Horizon	PPO		16609.44				10479.18	35939.21	case rate					
FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES	748	MS-DRG	inpatient					30654.89 Horizon	PPO		22430.2				16594	48534.06	case rate					
OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES W CC/MCC	749	MS-DRG	inpatient					46540.68 Horizon	PPO		45103.07				29731.96	97593.21	case rate					
OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES W/O CC/MCC	750	MS-DRG	inpatient					30013.64 Horizon	PPO		21215.08				16063.67	45904.82	case rate					
MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W MCC	754	MS-DRG	inpatient					37047.39 Horizon	PPO		31918.83				21880.84	69065.39	case rate					
MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W CC	755	MS-DRG	inpatient					26081.88 Horizon	PPO		18545.65				12811.96	40128.74	case rate					
MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W/O CC/MCC	756	MS-DRG	inpatient					24725.12 Horizon	PPO		13522.25				11689.86	29299.21	case rate					
INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W MCC	757	MS-DRG	inpatient					31893.12 Horizon	PPO		24976.56				17618.06	54043.84	case rate					
INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W CC	758	MS-DRG	inpatient					24766.54 Horizon	PPO		17687.61				11724.11	38272.14	case rate					
INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W/O CC/MCC	759	MS-DRG	inpatient					19819.35 Horizon	PPO		12319.27				7602.6	26696.22	case rate					
MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS W CC/MCC	760	MS-DRG	inpatient					24806.53 Horizon	PPO		15110.05				11757.19	32894.85	case rate					
MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS W/O CC/MCC	761	MS-DRG	inpatient					19239.51 Horizon	PPO		9523.3				7153.06	20606.35	case rate					
VAGINAL DELIVERY W O.R. PROC EXCEPT STERIL &/OR D&C	768	MS-DRG	inpatient					27987.07 Horizon	PPO		19611.69				8760	42435.42	case rate					
POSTPARTUM & POST ABORTION DIAGNOSES W O.R. PROCEDURE	769	MS-DRG	inpatient					32640.05 Horizon	PPO		25271.24				19235.81	54681.46	case rate					
ABORTION W D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY	770	MS-DRG	inpatient					21997.31 Horizon	PPO		18510.98				9433.86	40053.73	case rate					
POSTPARTUM & POST ABORTION DIAGNOSES W/O O.R. PROCEDURE	776	MS-DRG	inpatient					20826.21 Horizon	PPO		11423.11				8465.32	24717.11	case rate					
ABORTION W/O D&C	779	MS-DRG	inpatient					24717.98 Horizon	PPO		13075.04				11683.96	28291.53	case rate					
CESAREAN SECTION W STERILIZATION W MCC	783	MS-DRG	inpatient					35884.86 Horizon	PPO		30256.5				8487	65498.47	case rate					
CESAREAN SECTION W STERILIZATION W CC	784	MS-DRG	inpatient					25216.41 Horizon	PPO		19103.8				8487	41336.46	case rate					
CESAREAN SECTION W STERILIZATION W/O CC/MCC	785	MS-DRG	inpatient					22962.76 Horizon	PPO		14655.9				8487	31712.17	case rate					
CESAREAN SECTION W/O STERILIZATION W MCC	786	MS-DRG	inpatient					35576.38 Horizon	PPO		26950.9				8487	56315.88	case rate					
CESAREAN SECTION W/O STERILIZATION W CC	787	MS-DRG	inpatient					25602.02 Horizon	PPO		18739.79				8487	40548.82	case rate					
CESAREAN SECTION W/O STERILIZATION W/O CC/MCC	788	MS-DRG	inpatient					22801.37 Horizon	PPO		15612.73				8487	33782.55	case rate					
NEONATES, DIED OR TRANSFERRED TO ANOTHER ACUTE CARE FACILITY	789	MS-DRG	inpatient					36574.67 Horizon	PPO		28838.58				637	62400.4	case rate					
EXTREME IMMATURITY OR RESPIRATORY DISTRESS SYNDROME, NEONATE	790	MS-DRG	inpatient					96282.37 Horizon	PPO		99099.52				637	205774.65	case rate					
PREMATURITY W MAJOR PROBLEMS	791	MS-DRG	inpatient					69112.72 Horizon	PPO		64950.5				637	140538.73	case rate					
PREMATURITY W/O MAJOR PROBLEMS	792	MS-DRG	inpatient					45902.06 Horizon	PPO		39188.71				637	84795.83	case rate					
FULL TERM NEONATE W MAJOR PROBLEMS	793	MS-DRG	inpatient					76706.56 Horizon	PPO		66716.83				637	144360.69	case rate					
NEONATE W OTHER SIGNIFICANT PROBLEMS	794	MS-DRG	inpatient					31868.84 Horizon	PPO		23614.11				637	51095.79	case rate					
NORMAL NEWBORN	795	MS-DRG	inpatient					13471.12 Horizon	PPO		3196.39				637	11714.02	case rate					
VAGINAL DELIVERY W STERILIZATION/D&C W MCC	796	MS-DRG	inpatient					30847.7 Horizon	PPO		25449.78				6365	55067.78	case rate					
VAGINAL DELIVERY W STERILIZATION/D&C W CC	797	MS-DRG	inpatient					24813.67 Horizon	PPO		14680.16				6365	31764.68	case rate					
VAGINAL DELIVERY W STERILIZATION/D&C W/O CC/MCC	798	MS-DRG	inpatient					22175.83 Horizon	PPO		14680.16				6365	31764.68	case rate					
SPLENECTOMY W MCC	799	MS-DRG	inpatient					81350.73 Horizon	PPO		81497.53				58521.36	176342.91	case rate					
SPLENECTOMY W CC	800	MS-DRG	inpatient					50832.11 Horizon	PPO		45532.95				33281.32	98523.39	case rate					
SPLENECTOMY W/O CC/MCC	801	MS-DRG	inpatient					36150.5 Horizon	PPO		26976.9				5977	58372.14	case rate					
OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W MCC	802	MS-DRG	inpatient					59009.8 Horizon	PPO		58020.36				8199	125543.43	case rate					
OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W CC	803	MS-DRG	inpatient					37128.8 Horizon	PPO		29850.88				13379	64590.8	case rate					
OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W/O CC/MCC	804	MS-DRG	inpatient					27877.1 Horizon	PPO		21329.49				14296.66	46152.36	case rate					
VAGINAL DELIVERY W/O STERILIZATION/D&C W MCC	805	MS-DRG	inpatient					24989.33 Horizon	PPO		17736.15				6365	38377.16	case rate					
VAGINAL DELIVERY W/O STERILIZATION/D&C W CC	806	MS-DRG	inpatient					21254.66 Horizon	PPO		12262.07				6365	26532.45	case rate					
VAGINAL DELIVERY W/O STERILIZATION/D&C W/O CC/MCC	807	MS-DRG	inpatient					19935.03 Horizon	PPO		10643.08				6365	23029.3	case rate					
MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W MCC	808	MS-DRG	inpatient					41668.9 Horizon	PPO		37254.23				25866.41	80610.04	case rate					
MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W CC	809	MS-DRG	inpatient					27791.41 Horizon	PPO		20878.8				14225.79	45177.18	case rate					
MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W/O CC/MCC	810	MS-DRG	inpatient					24936.49 Horizon	PPO		15981.95				11864.67	34581.45	case rate					
RED BLOOD CELL DISORDERS W MCC	811	MS-DRG	inpatient					30636.33 Horizon	PPO		23504.9				16578.65	50859.49	case rate					
RED BLOOD CELL DISORDERS W/O MCC	812	MS-DRG	inpatient					23454.05 Horizon	PPO		15309.39				10638.64	33126.18	case rate					
COAGULATION DISORDERS	813	MS-DRG	inpatient					32869.99 Horizon	PPO		27933.74				18425.97	60442.53	case rate					
RETICULOENDOTHELIAL & IMMUNITY DISORDERS W MCC	814	MS-DRG	inpatient					40983.44 Horizon	PPO		28826.44				25136.1	62374.14	case rate					
RETICULOENDOTHELIAL & IMMUNITY DISORDERS W CC	815	MS-DRG	inpatient					24789.39 Horizon	PPO		16947.45				11743.01	36670.59	case rate					
RETICULOENDOTHELIAL & IMMUNITY DISORDERS W/O CC/MCC	816	MS-DRG	inpatient					20733.38 Horizon	PPO		12568.21				8388.54	27065.05	case rate					
OTHER ANTEPARTUM DIAGNOSES W O.R. PROCEDURE W MCC	817	MS-DRG	inpatient					42795.79 Horizon	PPO		43884.49				26834.98	94956.47	case rate					
OTHER ANTEPARTUM DIAGNOSES W O.R. PROCEDURE W CC	818	MS-DRG	inpatient					27344.39 Horizon	PPO		23548.24				13856.09	50953.26	case rate					
OTHER ANTEPARTUM DIAGNOSES W O.R. PROCEDURE W/O CC/MCC	819	MS-DRG	inpatient					23546.88 Horizon	PPO		14543.23				10715.41	31468.37	case rate					
LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W MCC	820	MS-DRG	inpatient					96947.33 Horizon	PPO		94361.1				71420.72	204176.86	case rate					
LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W CC	821	MS-DRG	inpatient					42468.74 Horizon	PPO		41502.8				6969	89803.01	case rate					
LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W/O CC/MCC	822	MS-DRG	inpatient					28282.7 Horizon	PPO		20970.67				8721	45375.97	case rate					
LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER PROC W MCC	823	MS-DRG	inpatient					74885.39 Horizon	PPO		78429.42				12547	169704.17	case rate					
LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER PROC W CC	824	MS-DRG	inpatient					42480.16 Horizon	PPO		38637.73				22652	82305.36	case rate					
LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER PROC W/O CC/MCC	825	MS-DRG	inpatient					29033.92 Horizon	PPO		23556.91				15253.4	50972.01	case rate					
MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W MCC	826	MS-DRG	inpatient					73270.13 Horizon	PPO		85766.9				51838.4	185580.89	case rate					
MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W CC	827	MS-DRG	inpatient					43684.11 Horizon	PPO		39030.97				27369.65	84454.51	case rate					
MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W/O CC/MCC	828	MS-DRG	inpatient					34018.33 Horizon	PPO		28348.92				19375.62	61338.95	case rate					
MYELOPROLIFERATIVE DISORDERS OR POORLY DIFFERENTIATED NEOPLASMS W OTHER PROCEDURE W CC/MCC	829	MS-DRG	inpatient					55632.2 Horizon	PPO		53903.54				37251.17	116635.52	case rate					
MYELOPROLIFERATIVE DISORDERS OR POORLY DIFFERENTIATED NEOPLASMS W OTHER PROCEDURE W/O CC/MCC	830	MS-DRG	inpatient					33172.76 Horizon	PPO		24593.48				18676.38	53214.93	case rate					
OTHER ANTEPARTUM DIAGNOSES W/O O.R. PROCEDURE W MCC	831	MS-DRG	inpatient					25012.18 Horizon	PPO		17821.09				11927.27	39580.95	case rate					
OTHER ANTEPARTUM DIAGNOSES W/O O.R. PROCEDURE W CC	832	MS-DRG	inpatient					21126.13 Horizon	PPO		12459.68				8713.36	26960.03	case rate					
OTHER ANTEPARTUM DIAGNOSES W/O O.R. PROCEDURE W/O CC/MCC	833	MS-DRG	inpatient					17899.88 Horizon	PPO		8325.52				6045.14	18014.61	case rate					
ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W MCC	834	MS-DRG	inpatient					90553.87 Horizon	PPO		95472.21				66132.7	206581.05	case rate					
ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W CC	835	MS-DRG	inpatient					42517.29 Horizon	PPO		37025.42				26494.65	80114.95	case rate					
ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W/O CC/MCC	836	MS-DRG	inpatient					27690.01 Horizon	PPO		21019.21				14141.93	45480.99	case rate					
CHEMO W ACUTE LEUKEMIA AS SDX OR W HIGH DOSE CHEMO AGENT W MCC	837	MS-DRG	inpatient					78522.95 Horizon	PPO		93154.65				56182.68	201566.37	case rate					
CHEMO W ACUTE LEUKEMIA AS SDX W CC OR HIGH DOSE CHEMO AGENT	838	MS-DRG	inpatient					38474.14 Horizon	PPO		40779.97				23060.81	88236.97	case rate					
CHEMO W ACUTE LEUKEMIA AS SDX W/O CC/MCC	839	MS-DRG	inpatient					29201.01 Horizon	PPO		21769.77				15391.59	47105.04	case rate					
LYMPHOMA & NON-ACUTE LEUKEMIA W MCC	840	MS-DRG	inpatient					55223.74 Horizon	PPO		57079.13				36913.36	123506.6	case rate					
LYMPHOMA & NON-ACUTE LEUKEMIA W CC	841	MS-DRG	inpatient					33062.79 Horizon	PPO		28337.62				18585.43	61316.44	case rate					
LYMPHOMA & NON-ACUTE LEUKEMIA W/O CC/MCC	842	MS-DRG	inpatient					25820.53 Horizon	PPO		19433.15				12595.8	42049.1	case rate					
OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W MCC	843	MS-DRG	inpatient					37163.07 Horizon	PPO		31998.56				21976.51	69237.92	case rate					
OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W CC	844	MS-DRG	inpatient					27117.31 Horizon	PPO		20433.32				13668.29	44213.25	case rate					
OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W/O CC/MCC	845	MS-DRG	inpatient					22942.76 Horizon	PPO		15014.71				10215.78	32488.56	case rate					
CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W MCC	846	MS-DRG	inpatient					45495.76 Horizon	PPO		48845.48				28867.35	105690.98	case rate					
CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W CC	847	MS-DRG	inpatient					27908.52 Horizon	PPO		22993.55				14322.65	49753.04	case rate					
CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W/O CC/MCC	848	MS-DRG	inpatient					21437.47 Horizon	PPO		16165.69				8970.85	34979.03	case rate					
RADIOTHERAPY	849	MS-DRG	inpatient					49028.33 Horizon	PPO		34151.45				31789.52	73896.29	case rate					
INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W MCC	853	MS-DRG	inpatient					81989.12 Horizon	PPO		87659.77				59049.33	189676.65	case rate					
INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W CC	854	MS-DRG	inpatient					39699.51 Horizon	PPO		38183.34				24074.24	82620.42	case rate					
INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W/O CC/MCC	855	MS-DRG	inpatient					34895.14 Horizon	PPO		27041.04				20100.84	58510.92	case rate					
POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W MCC	856	MS-DRG	inpatient					73835.69 Horizon	PPO		77800.19				52306.14	168342.67	case rate					
POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W CC	857	MS-DRG	inpatient					41091.69 Horizon	PPO		35650.84				26225.86	77140.65	case rate					
POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W/O CC/MCC	858	MS-DRG	inpatient					28919.66 Horizon	PPO		23

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.																
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true															
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
POSTOPERATIVE & POST-TRAUMATIC INFECTIONS W MCC	862	MS-DRG	inpatient					Horizon	PPO		36887.43				21798.82	68551.54	case rate	
POSTOPERATIVE & POST-TRAUMATIC INFECTIONS W/O MCC	863	MS-DRG	inpatient					Horizon	PPO		24950.77				11876.48	36936.89	case rate	
FEVER AND INFLAMMATORY CONDITIONS	864	MS-DRG	inpatient					Horizon	PPO		23198.4				10427.21	32417.3	case rate	
VIRAL ILLNESS W MCC	865	MS-DRG	inpatient					Horizon	PPO		34011.1				19369.71	51842.18	case rate	
VIRAL ILLNESS W/O MCC	866	MS-DRG	inpatient					Horizon	PPO		23696.84				10839.43	30770.74	case rate	
OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W MCC	867	MS-DRG	inpatient					Horizon	PPO		40472.15				24713.24	79998.68	case rate	
OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W CC	868	MS-DRG	inpatient					Horizon	PPO		26093.31				12821.4	40391.29	case rate	
OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W/O CC/MCC	869	MS-DRG	inpatient					Horizon	PPO		20454.89				8158.22	28801.63	case rate	
SEPTICEMIA OR SEVERE SEPSIS W MV >96 HOURS	870	MS-DRG	inpatient					Horizon	PPO		110061.28				102122.73	822666.06	238117.82 case rate	
SEPTICEMIA OR SEVERE SEPSIS W/O MV >96 HOURS W MCC	871	MS-DRG	inpatient					Horizon	PPO		38905.45				32178.84	23417.52	69627.99 case rate	
SEPTICEMIA OR SEVERE SEPSIS W/O MV >96 HOURS W/O MCC	872	MS-DRG	inpatient					Horizon	PPO		25299.25				18250.97	12164.68	39491.12 case rate	
O.R. PROCEDURE W PRINCIPAL DIAGNOSES OF MENTAL ILLNESS	876	MS-DRG	inpatient					Horizon	PPO		63862.75				57226.47	44074.69	123825.61 case rate	
ACUTE ADJUSTMENT REACTION & PSYCHOSOCIAL DYSFUNCTION	880	MS-DRG	inpatient					Horizon	PPO		24223.83				2270	2010	21904.2 per diem	
DEPRESSIVE NEUROSES	881	MS-DRG	inpatient					Horizon	PPO		23536.88				2270	2010	20466.85 per diem	
NEUROSES EXCEPT DEPRESSIVE	882	MS-DRG	inpatient					Horizon	PPO		24005.32				2270	2010	20874.19 per diem	
DISORDERS OF PERSONALITY & IMPULSE CONTROL	883	MS-DRG	inpatient					Horizon	PPO		37374.44				2270	2010	32540.07 per diem	
ORGANIC DISTURBANCES & INTELLECTUAL DISABILITY	884	MS-DRG	inpatient					Horizon	PPO		35682.06				2270	2010	31027.88 per diem	
PSYCHOSES	885	MS-DRG	inpatient					Horizon	PPO		30105.05				2270	2010	26178.3 per diem	
BEHAVIORAL & DEVELOPMENTAL DISORDERS	886	MS-DRG	inpatient					Horizon	PPO		34608.07				2270	2010	30093.98 per diem	
OTHER MENTAL DISORDER DIAGNOSES	887	MS-DRG	inpatient					Horizon	PPO		29093.9				2270	2010	25299.04 per diem	
ALCOHOL/DRUG ABUSE OR DEPENDENCE, LEFT AMA	894	MS-DRG	inpatient					Horizon	PPO		18795.35				2270	2010	94620.59 per diem	
ALCOHOL/DRUG ABUSE OR DEPENDENCE W REHABILITATION THERAPY	895	MS-DRG	inpatient					Horizon	PPO		33566.94				2270	2010	29188.64 per diem	
ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY W MCC	896	MS-DRG	inpatient					Horizon	PPO		35984.83				2270	2010	31291.16 per diem	
ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY W/O MCC	897	MS-DRG	inpatient					Horizon	PPO		22809.94				2270	2010	19834.73 per diem	
WOUND DEBRIDEMENTS FOR INJURIES W MCC	901	MS-DRG	inpatient					Horizon	PPO		72398.95				77394.58	13124	167465 case rate	
WOUND DEBRIDEMENTS FOR INJURIES W CC	902	MS-DRG	inpatient					Horizon	PPO		37507.26				33288.21	22261.17	72028.44 case rate	
WOUND DEBRIDEMENTS FOR INJURIES W/O CC/MCC	903	MS-DRG	inpatient					Horizon	PPO		28321.26				20175.04	14664	56429.51 case rate	
SKIN GRAFTS FOR INJURIES W CC/MCC	904	MS-DRG	inpatient					Horizon	PPO		57084.65				55918.48	38460.67	120997.58 case rate	
SKIN GRAFTS FOR INJURIES W/O CC/MCC	905	MS-DRG	inpatient					Horizon	PPO		33208.47				30667.31	18705.9	66357.38 case rate	
HAND PROCEDURES FOR INJURIES	906	MS-DRG	inpatient					Horizon	PPO		37462.99				31950.03	22224.56	69132.9 case rate	
OTHER O.R. PROCEDURES FOR INJURIES W MCC	907	MS-DRG	inpatient					Horizon	PPO		63711.37				73081.88	43932.95	158133.26 case rate	
OTHER O.R. PROCEDURES FOR INJURIES W CC	908	MS-DRG	inpatient					Horizon	PPO		39212.5				34543.2	23671.47	74743.95 case rate	
OTHER O.R. PROCEDURES FOR INJURIES W/O CC/MCC	909	MS-DRG	inpatient					Horizon	PPO		29960.8				22974.48	16019.96	49711.78 case rate	
TRAUMATIC INJURY W MCC	913	MS-DRG	inpatient					Horizon	PPO		31934.54				25513.91	17652.32	55206.55 case rate	
TRAUMATIC INJURY W/O MCC	914	MS-DRG	inpatient					Horizon	PPO		23054.02				14522.43	10721.32	84762.6 case rate	
ALLERGIC REACTIONS W MCC	915	MS-DRG	inpatient					Horizon	PPO		35926.28				29067.38	20953.64	62895.49 case rate	
ALLERGIC REACTIONS W/O MCC	916	MS-DRG	inpatient					Horizon	PPO		19999.3				11012.29	7781.43	23828.2 case rate	
POISONING & TOXIC EFFECTS OF DRUGS W MCC	917	MS-DRG	inpatient					Horizon	PPO		33382.7				25545.12	18850	55274.07 case rate	
POISONING & TOXIC EFFECTS OF DRUGS W/O MCC	918	MS-DRG	inpatient					Horizon	PPO		22885.63				13497.99	10168.54	29206.7 case rate	
COMPLICATIONS OF TREATMENT W MCC	919	MS-DRG	inpatient					Horizon	PPO		36650.36				31622.42	21552.48	68424.02 case rate	
COMPLICATIONS OF TREATMENT W CC	920	MS-DRG	inpatient					Horizon	PPO		26354.94				17387.74	12210.75	37623.27 case rate	
COMPLICATIONS OF TREATMENT W/O CC/MCC	921	MS-DRG	inpatient					Horizon	PPO		20556.36				12248.2	8242.08	26502.45 case rate	
OTHER INJURY, POISONING & TOXIC EFFECT DIAG W MCC	922	MS-DRG	inpatient					Horizon	PPO		35510.68				27013.31	20609.92	58450.91 case rate	
OTHER INJURY, POISONING & TOXIC EFFECT DIAG W/O MCC	923	MS-DRG	inpatient					Horizon	PPO		25035.03				15077.11	11946.17	37582.48 case rate	
EXTENSIVE BURNS OR FULL THICKNESS BURNS W MV >96 HRS W SKIN GRAFT	927	MS-DRG	inpatient					Horizon	PPO		387038.19				318676.92	298049.51	689547.44 case rate	
FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W CC/MCC	928	MS-DRG	inpatient					Horizon	PPO		109415.75				101947.65	81732.17	220376.13 case rate	
FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W/O CC/MCC	929	MS-DRG	inpatient					Horizon	PPO		56513.38				51520.11	37979.94	111478.31 case rate	
EXTENSIVE BURNS OR FULL THICKNESS BURNS W MV >96 HRS W/O SKIN GRAFT	933	MS-DRG	inpatient					Horizon	PPO		53892.69				49580.44	33318	107281.27 case rate	
FULL THICKNESS BURN W/O SKIN GRAFT OR INHAL INJ	934	MS-DRG	inpatient					Horizon	PPO		40475.01				31781.89	24715.61	68769.08 case rate	
NON-EXTENSIVE BURNS	935	MS-DRG	inpatient					Horizon	PPO		39740.39				31577.35	24108.49	68326.5 case rate	
O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W MCC	939	MS-DRG	inpatient					Horizon	PPO		56510.53				56832.99	37977.58	122974.2 case rate	
O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W CC	940	MS-DRG	inpatient					Horizon	PPO		41533.28				37692.78	25590.84	81558.97 case rate	
O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W/O CC/MCC	941	MS-DRG	inpatient					Horizon	PPO		37097.38				32092.17	21922.18	69440.46 case rate	
REHABILITATION W CC/MCC	945	MS-DRG	inpatient					Horizon	PPO		32148.76				27013.31	17829.49	51193.3 case rate	
REHABILITATION W/O CC/MCC	946	MS-DRG	inpatient					Horizon	PPO		25053.6				18074.16	11961.53	39108.55 case rate	
SIGNS & SYMPTOMS W MCC	947	MS-DRG	inpatient					Horizon	PPO		28465.5				20897.87	14783.3	45218.44 case rate	
SIGNS & SYMPTOMS W/O MCC	948	MS-DRG	inpatient					Horizon	PPO		22030.16				13523.99	9461.03	29262.96 case rate	
AFTERCARE W CC/MCC	949	MS-DRG	inpatient					Horizon	PPO		25387.79				19868.23	12237.92	42990.52 case rate	
AFTERCARE W/O CC/MCC	950	MS-DRG	inpatient					Horizon	PPO		19562.28				12912.1	7420	27938.96 case rate	
OTHER FACTORS INFLUENCING HEALTH STATUS	951	MS-DRG	inpatient					Horizon	PPO		19016.72				13639.47	6968.8	29945.59 case rate	
CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA	955	MS-DRG	inpatient					Horizon	PPO		97569.06				105683.66	71934.52	229676.43 case rate	
LIMB REATTACHMENT, HIP & FEMUR PROC FOR MULTIPLE SIGNIFICANT TRAUMA	956	MS-DRG	inpatient					Horizon	PPO		65977.88				65588.39	45807.44	141918.99 case rate	
OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W MCC	957	MS-DRG	inpatient					Horizon	PPO		113883.07				131712.4	85426.82	284996.94 case rate	
OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W CC	958	MS-DRG	inpatient					Horizon	PPO		68357.22				72452.65	47775.24	156771.76 case rate	
OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W/O CC/MCC	959	MS-DRG	inpatient					Horizon	PPO		46757.54				42480.43	29911.49	91918.4 case rate	
OTHER MULTIPLE SIGNIFICANT TRAUMA W MCC	963	MS-DRG	inpatient					Horizon	PPO		49641.02				48448.53	32296.24	104832.07 case rate	
OTHER MULTIPLE SIGNIFICANT TRAUMA W CC	964	MS-DRG	inpatient					Horizon	PPO		32027.37				25565.92	17729.09	55319.07 case rate	
OTHER MULTIPLE SIGNIFICANT TRAUMA W/O CC/MCC	965	MS-DRG	inpatient					Horizon	PPO		24242.4				19888.52	11290.63	36543.07 case rate	
HIV W EXTENSIVE O.R. PROCEDURE W MCC	969	MS-DRG	inpatient					Horizon	PPO		108743.08				97047.87	81175.85	209990.44 case rate	
HIV W EXTENSIVE O.R. PROCEDURE W/O MCC	970	MS-DRG	inpatient					Horizon	PPO		44929.48				48321.99	28399.62	104558.26 case rate	
HIV W MAJOR RELATED CONDITION W MCC	974	MS-DRG	inpatient					Horizon	PPO		52243.15				47200.48	34448.3	102131.56 case rate	
HIV W MAJOR RELATED CONDITION W CC	975	MS-DRG	inpatient					Horizon	PPO		30060.77				22359.13	16102.65	46380.28 case rate	
HIV W MAJOR RELATED CONDITION W/O CC/MCC	976	MS-DRG	inpatient					Horizon	PPO		22662.84				16269.69	9984.28	35204.07 case rate	
HIV W OR W/O OTHER RELATED CONDITION	977	MS-DRG	inpatient					Horizon	PPO		30814.85				20279.05	16726.29	43879.44 case rate	
EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W MCC	981	MS-DRG	inpatient					Horizon	PPO		78291.59				75758.25	11302	163924.34 case rate	
EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W CC	982	MS-DRG	inpatient					Horizon	PPO		46094.87				42518.57	14801	92000.92 case rate	
EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W/O CC/MCC	983	MS-DRG	inpatient					Horizon	PPO		33943.97				27198.78	19314.2	58852.23 case rate	
NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W MCC	987	MS-DRG	inpatient					Horizon	PPO		58815.6				57767.29	39883.96	124995.83 case rate	
NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W CC	988	MS-DRG	inpatient					Horizon	PPO		34826.58				29348.2	20044.15	63503.1 case rate	
NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W/O CC/MCC	989	MS-DRG	inpatient					Horizon	PPO		26019.59				18639.49	12759.99	39033.53 case rate	
LIVER TRANSPLANT W MCC OR INTESTINAL TRANSPLANT	005	MS-DRG	inpatient					Qualcare	Qualcare		158406.35				234847	122249.23	284311 case rate	
LIVER TRANSPLANT W/O MCC	006	MS-DRG	inpatient					Qualcare	Qualcare		79669.77				234847	57131.14	284311 case rate	
RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT >96 HOURS	207	MS-DRG	inpatient					Qualcare	Qualcare		109248.65				49635	49635	209907.93 case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W MCC	216	MS-DRG	inpatient					Qualcare	Qualcare		149198.92				78485	78485	368352.5 case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W CC	217	MS-DRG	inpatient					Qualcare	Qualcare		101497.96				78485	75183.87	238649.54 case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W/O CC/MCC	218	MS-DRG	inpatient					Qualcare	Qualcare		91949.2				78485	67286.69	221490.09 case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W MCC	219	MS-DRG	inpatient					Qualcare	Qualcare		120719.2				57338	57338	288488.84 case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W CC	220	MS-DRG	inpatient					Qualcare	Qualcare		85492.43				57338	57338	195235.19 case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W/O CC/MCC	221	MS-DRG	inpatient					Qualcare	Qualcare		76980.52				57338	17199	172809.75 case rate	
CORONARY BYPASS W PTCA W MCC	231	MS-DRG	inpatient					Qualcare	Qualcare		126489.55				63792	19424	315017.54 case rate	
CORONARY BYPASS W PTCA W/O MCC	232	MS-DRG	inpatient					Qualcare	Qualcare		95546.77				63792	27830	231058.12 case rate	
CORONARY BYPASS W CARDIAC CATH W MCC	233	MS-DRG	inpatient					Qualcare	Qualcare		121982.24				58118	53769	286467.21 case rate	
CORONARY BYPASS W CARDIAC CATH W/O MCC	234	MS-DRG	inpatient					Qualcare	Qualcare		84825.47				71166	61395.1	193056.03 case rate	
CORONARY BYPASS W/O CARDIAC CATH W MCC	235	MS-DRG	inpatient					Qualcare	Qualcare		94575.61				47567	47567	217911.92 case rate	
CORONARY BYPASS W/O CARDIAC CATH W/O MCC	236	MS-DRG	inpatient					Qualcare	Qualcare		68305.8				33990	33990	147263.73 case rate	
PERMANENT CARDIAC PACEMAKER IMPLANT W MCC	242	MS-DRG	inpatient					Qualcare	Qualcare		59935.28				28745	20528	140159.91 case rate	
PERMANENT CARDIAC PACEMAKER IMPLANT W CC	243	MS-DRG	inpatient					Qualcare	Qualcare		43118.55				19748	19748	95804.13 case rate	
PERMANENT CARDIAC PACEMAKER IMPLANT W/O CC/MCC	244	MS-DRG	inpatient					Qualcare	Qualcare		36718.91				19748	19748	91898.34 case rate	
CARDIAC PACEMAKER DEVICE REPLACEMENT W MCC	258	MS-DRG	inpatient					Qualcare	Qualcare		49273.98				15797	15797	112100.92 case rate	
CARDIAC PACEMAKER DEVICE REPLACEMENT W/O MCC	259	MS-DRG	inpatient					Qualcare	Qualcare		37248.77				15797	15797	78652.18 case rate	
CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W MCC	260	MS-DRG	inpatient					Qualcare	Qualcare		57937.27				12982	12982	135756.59 case rate	
CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W CC	261	MS-DRG	inpatient					Qualcare	Qualcare		37465.92				12982	12982	74706.44 case rate	
CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W/O CC/MCC	262	MS-DRG	inpatient					Qualcare	Qualcare		34088.22				12982	12982	61170.17 case rate	
CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W MCC	286	MS-DRG	inpatient					Qualcare	Qualcare		41376.18				13521	13521	81795.27 case rate	
CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W/O MCC	287	MS-DRG	inpatient					Qualcare	Qualcare		26037.61				9969	9969	42716.72 case rate	
HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM W MCC	001	MS-DRG	inpatient					UHC	Medicare		397605.24				345743.68	320075.66	990582.37 case rate	
HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM W/O MCC	002	MS-DRG	inpatient					UHC	Medicare		185457.36				161267.27	144621.43	503445.21 case rate	
ECMO OR TRACH W MV >96 HRS OR PDX EXC FACE, MOUTH & NECK W MAJ O.R.	003	MS-DRG	inpatient					UHC	Medicare		315081.15				273983.61	251825.15	686280.58 case rate	
TRACH W MV >96 HRS OR PDX EXC FACE, MOUTH & NECK W/O MAJ O.R.	004	MS-DRG	inpatient					UHC	Medicare		220631.85				191766.83	173629.34	426299.93 case rate	
LIVER TRANSPLANT W MCC OR INTESTINAL TRANSPLANT	005	MS-DRG	inpatient					UHC	Medicare		158406.35				137744.65	122249.23	284311 case rate	
LIVER TRANSPLANT W/O MCC	006	MS-DRG	inpatient					UHC	Medicare		79669.77				69278.06	57131.14	284311 case rate	
LUNG TRANSPLANT	007	MS-DRG	inpatient					UHC	Medicare		185775.85				161544.21	144884.83	399497.06 case rate	
SIMULTANEOUS PANCREAS/KIDNEY TRANSPLANT	008	MS-DRG	inpatient					UHC	Medicare		85736.65				74553.61	62148.67	196874.24 case rate	
PANCREAS TRANSPLANT	010	MS-DRG	inpatient					UHC	Medicare		79337.01				68988.7	56855.93	169302.85 case rate	
TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES OR LARYNGECTOMY W MCC	011	MS-DRG	inpatient					UHC	Medicare		84231.35				73244.66	60903.74	260411 case rate	
TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES OR LARYNGECTOMY W CC	012	MS-DRG	inpatient					UHC	Medicare		67767.38				58945.55	47303.96	260411 case rate	
TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES OR LARYNGECTOMY W/O CC/MCC	013	MS-DRG	inpatient					UHC	Medicare		48946.93				42562.54	31722.2	260411 case rate	
ALLOGENEIC BONE MARROW TRANSPLANT	014	MS-DRG	inpatient					UHC	Medicare		174271.92				151540.8	135370.65	448219.9 case rate	
AUTOLOGOUS BONE MARROW TRANSPLANT W CC/MCC OR T-CELL IMMUNOTHERAPY	016	MS-DRG	inpatient					UHC	Medicare		98808.71				85920.62	72959.76	245273.28 case rate	
AUTOLOGOUS BONE MARROW TRANSPLANT W/O CC/MCC	017	MS-DRG	inpatient					UHC	Medicare		98808.71				85920.62	71026.39	164321.92 case rate	
CHIMERIC ANTIGEN RECEPTOR (CAR) T-CELL IMMUNOTHERAPY	018	MS-DRG	inpatient					UHC	Medicare		536767.79				466754.6	435188.29	639257.69 case rate	
SIMULTANEOUS PANCREAS AND KIDNEY TRANSPLANT WITH HEMODIALYSIS	019	MS-DRG	inpatient					UHC	Medicare		124751.46				108479.53	94415.39	138695.22 case rate	
INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W MCC	020	MS-DRG	inpatient					UHC	Medicare		131305.35				114178.56	99836.69	391021.73 case rate	
INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W CC	021	MS-DRG	inpatient					UHC	Medicare		98300.55				85478.51	72539.27	296516.34 case rate	
INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W/O CC/MCC	022	MS-DRG	inpatient					UHC	Medicare		60243.77				52385.89	41065.11	193442.35 case rate	
CRANIOTOMY W MAJOR DEVICE IMPLANT OR ACUTE COMPLEX CNS PDX W MCC OR CHEMOTHERAPY IMPLANT OR EPIL	023	MS-DRG	inpatient					UHC	Medicare		91550.74				79609.34	66957.14	204791.97 case rate	
CRANIO W MAJOR DEV IMPL/ACUTE COMPLEX CNS PDX W/O MCC	024	MS-DRG	inpatient					UHC	Medicare		64701.1				56261.82	44751.49	313612.23 case rate	
CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W MCC	025	MS-DRG	inpatient					UHC	Medicare		73658.59				64092.95	52159.67	160436.19 case rate	
CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W CC	026	MS-DRG	inpatient					UHC	Medicare		52765.86				45883.36	34880.6	113109.86 case rate	
CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W/O CC/MCC	027	MS-DRG	inpatient					UHC	Medicare		45336.51				39423.05	28736.25	90230.59 case rate	
SPINAL PROCEDURES W MCC	028	MS-DRG	inpatient					UHC	Medicare		96653.6				84046.61	71177.4	201592.62 case rate	
SPINAL PROCEDURES W CC OR SPINAL NEUROSTIMULATORS	029	MS-DRG	inpatient					UHC	Medicare		59551.11				51783.57	40482.25	118360.84 case rate	
SPINAL PROCEDURES W/O CC/MCC	030	MS-DRG	inpatient					UHC	Medicare		43709.82				38008.54	27390.91	81603.98 case rate	
VENTRICULAR SHUNT PROCEDURES W MCC	031	MS-DRG	inpatient					UHC	Medicare		69382.65				60332.74	48623.3	156888.03 case rate	
VENTRICULAR SHUNT PROCEDURES W CC	032	MS-DRG	inpatient					UHC	Medicare		41350.48				35956.94	25439.65	103005.11 case rate	
VENTRICULAR SHUNT PROCEDURES W/O CC/MCC	033	MS-DRG	inpatient					UHC	Medicare		33768.31				29363.75	19168.92	169398.47 case rate	
CAROTID ARTERY STENT PROCEDURE W MCC	034	MS-DRG	inpatient					UHC	Medicare		66309.22				57660.19	46081.46	279134.99 case rate	
CAROTID ARTERY STENT PROCEDURE W CC	035	MS-DRG	inpatient					UHC	Medicare		43431.32				37766.37	27160.59	83276.79 case rate	
CAROTID ARTERY STENT PROCEDURE W/O CC/MCC	036	MS-DRG	inpatient					UHC	Medicare		36414.71				31664.97	21357.59	64737.08 case rate	
EXTRACRANIAL PROCEDURES W MCC	037	MS-DRG	inpatient					UHC	Medicare		58799.89				51130.34	39870.97	120389.97 case rate	
EXTRACRANIAL PROCEDURES W CC	038	MS-DRG	inpatient					UHC	Medicare		33439.83				29078.11	18897.25	62700.45 case rate	
EXTRACRANIAL PROCEDURES W/O CC/MCC	039	MS-DRG	inpatient					UHC	Medicare		26885.95				23379.08	13476.94	42472.93 case rate	
PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W MCC	040	MS-DRG	inpatient					UHC	Medicare		65582.28				57028.07	45480.26	147335 case rate	
PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W CC OR PERIPH NEUROSTIM	041	MS-DRG	inpatient					UHC	Medicare		42448.74				36911.95	26347.96	88456.51 case rate	
PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W/O CC/MCC	042	MS-DRG	inpatient					UHC	Medicare		35437.84				30815.52	20549.68	102408.62 case rate	
SPINAL DISORDERS & INJURIES W CC/MCC	052	MS-DRG	inpatient					UHC	Medicare		36361.31				33357.66	22967.5	80333.48 case rate	
SPINAL DISORDERS & INJURIES W/O CC/MCC	053	MS-DRG	inpatient					UHC	Medicare		24640.86				21426.83	11620.17	98314.19 case rate	
NERVOUS SYSTEM NEOPLASMS W MCC	054	MS-DRG	inpatient					UHC	Medicare		31634.62				27508.36	17404.27	143596.19 case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.																	
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true																
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes			
NERVOUS SYSTEM NEOPLASMS W/O MCC	055	MS-DRG	inpatient					25917.54 UHC	Medicare						22537.08		12676.12	39277.33	case rate			
DEGENERATIVE NERVOUS SYSTEM DISORDERS W MCC	056	MS-DRG	inpatient					44780.95 UHC	Medicare						38939.95		28276.78	79683.62	case rate			
DEGENERATIVE NERVOUS SYSTEM DISORDERS W/O MCC	057	MS-DRG	inpatient					30059.35 UHC	Medicare						26138.56		16101.46	45342.21	case rate			
MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W MCC	058	MS-DRG	inpatient					35267.89 UHC	Medicare						30667.73		20409.13	65997.32	case rate			
MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W CC	059	MS-DRG	inpatient					27545.76 UHC	Medicare						23962.84		14022.64	41231.45	case rate			
MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W/O CC/MCC	060	MS-DRG	inpatient					23406.92 UHC	Medicare						20353.84		10599.66	31232.08	case rate			
ISCHEMIC STROKE, PRECEREBRAL OCCLUSION OR TRANSIENT ISCHEMIA W THROMBOLYTIC AGENT W MCC	061	MS-DRG	inpatient					50619.32 UHC	Medicare						44016.8		33105.33	106808.68	case rate			
ISCHEMIC STROKE, PRECEREBRAL OCCLUSION OR TRANSIENT ISCHEMIA W THROMBOLYTIC AGENT W CC	062	MS-DRG	inpatient					37321.6 UHC	Medicare						32453.57		22107.62	121708.96	case rate			
ISCHEMIC STROKE, PRECEREBRAL OCCLUSION OR TRANSIENT ISCHEMIA W THROMBOLYTIC AGENT W/O CC/MCC	063	MS-DRG	inpatient					31824.57 UHC	Medicare						27673.54		17561.37	136083.64	case rate			
INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W MCC	064	MS-DRG	inpatient					39196.79 UHC	Medicare						34084.17		23658.47	215326.95	case rate			
INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W CC OR TPA IN 24 HRS	065	MS-DRG	inpatient					25106.44 UHC	Medicare						21831.69		12005.23	38688.47	case rate			
INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W/O CC/MCC	066	MS-DRG	inpatient					20409.18 UHC	Medicare						17747.12		8120.42	27260.09	case rate			
NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT W MCC	067	MS-DRG	inpatient					30826.2 UHC	Medicare						26805.46		16735.74	56313.01	case rate			
NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT W/O MCC	068	MS-DRG	inpatient					23029.88 UHC	Medicare						20025.98		10287.83	33707.54	case rate			
TRANSIENT ISCHEMIA W/O THROMBOLYTIC	069	MS-DRG	inpatient					21997.31 UHC	Medicare						19128.1		9433.86	28711.61	case rate			
NONSPECIFIC CEREBROVASCULAR DISORDERS W MCC	070	MS-DRG	inpatient					36147.64 UHC	Medicare						31432.73		21136.72	61710.27	case rate			
NONSPECIFIC CEREBROVASCULAR DISORDERS W CC	071	MS-DRG	inpatient					25754.83 UHC	Medicare						22395.51		12541.47	36974.4	case rate			
NONSPECIFIC CEREBROVASCULAR DISORDERS W/O CC/MCC	072	MS-DRG	inpatient					21773.09 UHC	Medicare						18933.12		9248.42	27830.19	case rate			
CRANIAL & PERIPHERAL NERVE DISORDERS W MCC	073	MS-DRG	inpatient					32198.75 UHC	Medicare						27998.91		17670.83	52926.13	case rate			
CRANIAL & PERIPHERAL NERVE DISORDERS W/O MCC	074	MS-DRG	inpatient					25246.4 UHC	Medicare						21953.39		12120.98	36528.07	case rate			
VIRAL MENINGITIS W CC/MCC	075	MS-DRG	inpatient					37922.86 UHC	Medicare						32976.4		22604.89	55570.37	case rate			
VIRAL MENINGITIS W/O CC/MCC	076	MS-DRG	inpatient					23765.39 UHC	Medicare						20665.56		10896.13	30935.77	case rate			
HYPERTENSIVE ENCEPHALOPATHY W MCC	077	MS-DRG	inpatient					32168.76 UHC	Medicare						27972.83		17846.03	58210.86	case rate			
HYPERTENSIVE ENCEPHALOPATHY W CC	078	MS-DRG	inpatient					25113.58 UHC	Medicare						21837.9		12011.13	36385.54	case rate			
HYPERTENSIVE ENCEPHALOPATHY W/O CC/MCC	079	MS-DRG	inpatient					21170.4 UHC	Medicare						18409.04		8749.97	27998.98	case rate			
NONTRAUMATIC STUPOR & COMA W MCC	080	MS-DRG	inpatient					42134.54 UHC	Medicare						36638.73		26088.1	70468.15	case rate			
NONTRAUMATIC STUPOR & COMA W/O MCC	081	MS-DRG	inpatient					23579.73 UHC	Medicare						20504.11		10742.58	32053.48	case rate			
TRAUMATIC STUPOR & COMA, COMA >1 HR W MCC	082	MS-DRG	inpatient					43128.55 UHC	Medicare						37503.09		26910.19	80962.61	case rate			
TRAUMATIC STUPOR & COMA, COMA >1 HR W CC	083	MS-DRG	inpatient					29962.23 UHC	Medicare						26054.11		16021.15	48571.57	case rate			
TRAUMATIC STUPOR & COMA, COMA >1 HR W/O CC/MCC	084	MS-DRG	inpatient					23725.4 UHC	Medicare						20630.78		10863.05	34630.21	case rate			
TRAUMATIC STUPOR & COMA, COMA <1 HR W MCC	085	MS-DRG	inpatient					43056 UHC	Medicare						37434.78		26845.22	81766.26	case rate			
TRAUMATIC STUPOR & COMA, COMA <1 HR W CC	086	MS-DRG	inpatient					29400.96 UHC	Medicare						25566.05		15556.95	46624.95	case rate			
TRAUMATIC STUPOR & COMA, COMA <1 HR W/O CC/MCC	087	MS-DRG	inpatient					23246.96 UHC	Medicare						20214.75		10467.37	31704.67	case rate			
CONCUSSION W MCC	088	MS-DRG	inpatient					32495.81 UHC	Medicare						28257.22		18116.51	55495.36	case rate			
CONCUSSION W CC	089	MS-DRG	inpatient					27013.05 UHC	Medicare						23489.61		13582.07	40038.72	case rate			
CONCUSSION W/O CC/MCC	090	MS-DRG	inpatient					23941.05 UHC	Medicare						20818.31		11041.41	29758.05	case rate			
OTHER DISORDERS OF NERVOUS SYSTEM W MCC	091	MS-DRG	inpatient					36143.36 UHC	Medicare						31429.01		21133.17	60461.28	case rate			
OTHER DISORDERS OF NERVOUS SYSTEM W CC	092	MS-DRG	inpatient					25244.98 UHC	Medicare						21952.15		12119.8	35380.35	case rate			
OTHER DISORDERS OF NERVOUS SYSTEM W/O CC/MCC	093	MS-DRG	inpatient					21650.27 UHC	Medicare						18826.32		9146.84	27672.66	case rate			
BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W MCC	094	MS-DRG	inpatient					62328.9 UHC	Medicare						54199.05		42788.59	137947	case rate			
BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W CC	095	MS-DRG	inpatient					44640.99 UHC	Medicare						38818.25		28161.03	89300.42	case rate			
BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W/O CC/MCC	096	MS-DRG	inpatient					41720.12 UHC	Medicare						36278.59		25745.57	79177.28	case rate			
NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W MCC	097	MS-DRG	inpatient					62531.7 UHC	Medicare						54375.39		42957.32	132733.52	case rate			
NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W CC	098	MS-DRG	inpatient					41360.47 UHC	Medicare						35965.63		25447.92	69406.7	case rate			
NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W/O CC/MCC	099	MS-DRG	inpatient					29445.23 UHC	Medicare						25604.55		15593.57	47742.66	case rate			
SEIZURES W MCC	100	MS-DRG	inpatient					36904.02 UHC	Medicare						32029.58		23416.34	67977.69	case rate			
SEIZURES W/O MCC	101	MS-DRG	inpatient					23581.15 UHC	Medicare						20505.35		10743.76	32604.84	case rate			
HEADACHES W MCC	102	MS-DRG	inpatient					27822.83 UHC	Medicare						24193.76		14251.78	40376.29	case rate			
HEADACHES W/O MCC	103	MS-DRG	inpatient					22621.42 UHC	Medicare						19670.8		9950.02	29307.97	case rate			
ORBITAL PROCEDURES W CC/MCC	113	MS-DRG	inpatient					46399.07 UHC	Medicare						40347.01		29615.02	86367.37	case rate			
ORBITAL PROCEDURES W/O CC/MCC	114	MS-DRG	inpatient					28182.73 UHC	Medicare						24506.72		14549.43	47075.04	case rate			
EXTRAOCULAR PROCEDURES EXCEPT ORBIT	115	MS-DRG	inpatient					32932.83 UHC	Medicare						28637.24		18477.94	51088.28	case rate			
INTRAOCULAR PROCEDURES W CC/MCC	116	MS-DRG	inpatient					36737.48 UHC	Medicare						31945.63		21624.53	64061.96	case rate			
INTRAOCULAR PROCEDURES W/O CC/MCC	117	MS-DRG	inpatient					27705.72 UHC	Medicare						24091.93		14154.93	37600.77	case rate			
ACUTE MAJOR EYE INFECTIONS W CC/MCC	121	MS-DRG	inpatient					28888.24 UHC	Medicare						25120.21		15132.92	39731.17	case rate			
ACUTE MAJOR EYE INFECTIONS W/O CC/MCC	122	MS-DRG	inpatient					21223.24 UHC	Medicare						18454.99		8793.68	26472.44	case rate			
NEUROLOGICAL EYE DISORDERS	123	MS-DRG	inpatient					22073 UHC	Medicare						19193.92		9496.46	28239.02	case rate			
OTHER DISORDERS OF THE EYE W MCC	124	MS-DRG	inpatient					29469.51 UHC	Medicare						25625.66		15613.65	49933.07	case rate			
OTHER DISORDERS OF THE EYE W/O MCC	125	MS-DRG	inpatient					21980.17 UHC	Medicare						19113.19		9419.69	30388.17	case rate			
SINUS & MASTOID PROCEDURES W CC/MCC	135	MS-DRG	inpatient					48467.06 UHC	Medicare						42145.27		31325.33	86198.59	case rate			
SINUS & MASTOID PROCEDURES W/O CC/MCC	136	MS-DRG	inpatient					24002.47 UHC	Medicare						20871.71		11092.2	45477.24	case rate			
MOUTH PROCEDURES W CC/MCC	137	MS-DRG	inpatient					32080.21 UHC	Medicare						27895.83		17772.79	51650.89	case rate			
MOUTH PROCEDURES W/O CC/MCC	138	MS-DRG	inpatient					22954.19 UHC	Medicare						19960.16		10225.23	31700.92	case rate			
SALIVARY GLAND PROCEDURES	139	MS-DRG	inpatient					27552.9 UHC	Medicare						23959.05		14028.54	43523.12	case rate			
MAJOR HEAD AND NECK PROCEDURES WITH MCC	140	MS-DRG	inpatient					64548.28 UHC	Medicare						56128.94		44625.1	165533.81	case rate			
MAJOR HEAD AND NECK PROCEDURES WITH CC	141	MS-DRG	inpatient					40177.95 UHC	Medicare						34937.35		24469.93	35946.07	case rate			
MAJOR HEAD AND NECK PROCEDURES WITHOUT COMPLICATIONS	142	MS-DRG	inpatient					32655.76 UHC	Medicare						28396.32		18248.8	28396.32	case rate			
OTHER EAR, NOSE, MOUTH AND THROAT O.R. PROCEDURES WITH MCC	143	MS-DRG	inpatient					58088.8 UHC	Medicare						50509.39		39280.39	577102.49	case rate			
OTHER EAR, NOSE, MOUTH AND THROAT O.R. PROCEDURES WITH CC	144	MS-DRG	inpatient					35305.02 UHC	Medicare						30700.02		20439.84	30700.02	case rate			
OTHER EAR, NOSE, MOUTH AND THROAT O.R. PROCEDURES WITHOUT CC/MCC	145	MS-DRG	inpatient					28029.91 UHC	Medicare						24373.84		14423.05	24373.84	case rate			
EAR, NOSE, MOUTH & THROAT MALIGNANCY W MCC	146	MS-DRG	inpatient					40739.22 UHC	Medicare						35425.41		24934.12	72129.71	case rate			
EAR, NOSE, MOUTH & THROAT MALIGNANCY W CC	147	MS-DRG	inpatient					28239.85 UHC	Medicare						24556.39		14596.68	46902.5	case rate			
EAR, NOSE, MOUTH & THROAT MALIGNANCY W/O CC/MCC	148	MS-DRG	inpatient					23296.95 UHC	Medicare						20258.22		10508.71	27147.57	case rate			
DYSEQUILIBRIUM	149	MS-DRG	inpatient					21226.1 UHC	Medicare						18457.48		8796.04	26671.23	case rate			
EPISTAXIS W MCC	150	MS-DRG	inpatient					29363.83 UHC	Medicare						25533.76		15526.24	49790.54	case rate			
EPISTAXIS W/O MCC	151	MS-DRG	inpatient					21597.42 UHC	Medicare						18780.37		9103.14	26397.43	case rate			
OTITIS MEDIA & URI W MCC	152	MS-DRG	inpatient					27560.04 UHC	Medicare						23965.25		14034.45	39086.04	case rate			
OTITIS MEDIA & URI W/O MCC	153	MS-DRG	inpatient					21084.71 UHC	Medicare						18334.53		8679.1	26697.48	case rate			
OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W MCC	154	MS-DRG	inpatient					32558.65 UHC	Medicare						28311.87		18168.48	54253.88	case rate			
OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W CC	155	MS-DRG	inpatient					24109.58 UHC	Medicare						20964.85		11180.78	33129.93	case rate			
OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W/O CC/MCC	156	MS-DRG	inpatient					19952.17 UHC	Medicare						17349.71		7742.45	24750.87	case rate			
DENTAL & ORAL DISEASES W MCC	157	MS-DRG	inpatient					34969.4 UHC	Medicare						30408.18		20162.26	62749.21	case rate			
DENTAL & ORAL DISEASES W CC	158	MS-DRG	inpatient					23969.9 UHC	Medicare						20864.26		11085.11	33392.48	case rate			
DENTAL & ORAL DISEASES W/O CC/MCC	159	MS-DRG	inpatient					20233.52 UHC	Medicare						17594.36		7975.14	25444.76	case rate			
MAJOR CHEST PROCEDURES W MCC	163	MS-DRG	inpatient					77908.84 UHC	Medicare						67746.81		55674.78	184508.19	case rate			
MAJOR CHEST PROCEDURES W CC	164	MS-DRG	inpatient					47014.61 UHC	Medicare						40882.27		30124.1	96351.73	case rate			
MAJOR CHEST PROCEDURES W/O CC/MCC	165	MS-DRG	inpatient					37388.73 UHC	Medicare						32511.94		22163.14	69477.97	case rate			
OTHER RESP SYSTEM O.R. PROCEDURES W MCC	166	MS-DRG	inpatient					68542.88 UHC	Medicare						59602.5		47928.79	131199.49	case rate			
OTHER RESP SYSTEM O.R. PROCEDURES W CC	167	MS-DRG	inpatient					36580.38 UHC	Medicare						31809.03		21494.6	71173.28	case rate			
OTHER RESP SYSTEM O.R. PROCEDURES W/O CC/MCC	168	MS-DRG	inpatient					29952.23 UHC	Medicare						26045.42		16012.88	50319.39	case rate			
ULTRASOUND ACCELERATED AND OTHER THROMBOLYSIS WITH PRINCIPAL DIAGNOSIS PULMONARY EMBOLISM	173	MS-DRG	inpatient					54508.8 UHC	Medicare						47397.22		36320.42	53354.33	case rate			
PULMONARY EMBOLISM W MCC OR ACUTE COR PULMONALE	175	MS-DRG	inpatient					30627.76 UHC	Medicare						26632.83		16571.56	54944	case rate			
PULMONARY EMBOLISM W/O MCC	176	MS-DRG	inpatient					22238.67 UHC	Medicare						19337.98		9633.48	33718.79	case rate			
RESPIRATORY INFECTIONS & INFLAMMATIONS W MCC	177	MS-DRG	inpatient					34818.02 UHC	Medicare						30276.54		20037.06	69042.89	case rate			
RESPIRATORY INFECTIONS & INFLAMMATIONS W CC	178	MS-DRG	inpatient					24682.28 UHC	Medicare						21462.85		11654.43	34798.52	case rate			
RESPIRATORY INFECTIONS & INFLAMMATIONS W/O CC/MCC	179	MS-DRG	inpatient					21491.74 UHC	Medicare						18688.47		9015.73	34562.7	case rate			
RESPIRATORY NEOPLASMS W MCC	180	MS-DRG	inpatient					35414.99 UHC	Medicare						30795.65		20530.78	63611.87	case rate			
RESPIRATORY NEOPLASMS W CC	181	MS-DRG	inpatient					26316.11 UHC	Medicare						22883.57		13005.66	42791.74	case rate			
RESPIRATORY NEOPLASMS W/O CC/MCC	182	MS-DRG	inpatient					21430.33 UHC	Medicare						18635.07		8964.94	29821.82	case rate			
MAJOR CHEST TRAUMA W MCC	183	MS-DRG	inpatient					33077.07 UHC	Medicare						28762.67		18597.24	55919.19	case rate			
MAJOR CHEST TRAUMA W CC	184	MS-DRG	inpatient					25613.44 UHC	Medicare						22272.56		12424.54	37672.03	case rate			
MAJOR CHEST TRAUMA W/O CC/MCC	185	MS-DRG	inpatient					21383.2 UHC	Medicare						18594.08		8925.97	27486.38	case rate			
PLEURAL EFFUSION W MCC	186	MS-DRG	inpatient					32757.16 UHC	Medicare						28484.49		18332.66	58492.17	case rate			
PLEURAL EFFUSION W CC	187	MS-DRG	inpatient					24819.38 UHC	Medicare						21582.07		11767.82	39532.38	case rate			
PLEURAL EFFUSION W/O CC/MCC	188	MS-DRG	inpatient					21251.81 UHC	Medicare						18479.83		8817.3	28775.37	case rate			
PULMONARY EDEMA & RESPIRATORY FAILURE	189	MS-DRG	inpatient					28185.58 UHC	Medicare						24509.2		14551.79	46332.4	case rate			
CHRONIC OBSTRUCTIVE PULMONARY DISEASE W MCC	190	MS-DRG	inpatient					26328.96 UHC	Medicare						22894.75		13016.3	44659.58	case rate			
CHRONIC OBSTRUCTIVE PULMONARY DISEASE W CC	191	MS-DRG	inpatient					22715.68 UHC	Medicare						19752.77		10027.98	34277.65	case rate			
CHRONIC OBSTRUCTIVE PULMONARY DISEASE W/O CC/MCC	192	MS-DRG	inpatient					19756.51 UHC	Medicare						17179.57		7580.63	27158.82	case rate			
SIMPLE PNEUMONIA & PLEURISY W MCC	193	MS-DRG	inpatient					29536.63 UHC	Medicare						25684.03		15669.16	49385.47	case rate			
SIMPLE PNEUMONIA & PLEURISY W CC	194	MS-DRG	inpatient					22332.93 UHC	Medicare						19419.94		9711.43	33763.8	case rate			
SIMPLE PNEUMONIA & PLEURISY W/O CC/MCC	195	MS-DRG	inpatient					19525.14 UHC	Medicare						16978.39		7389.29	25759.81	case rate			
INTERSTITIAL LUNG DISEASE W MCC	196	MS-DRG	inpatient					37660.08 UHC	Medicare						32747.89		22387.56	61440.22	case rate			
INTERSTITIAL LUNG DISEASE W CC	197	MS-DRG	inpatient					24836.52 UHC	Medicare						21596.97		11781.99	37570.76	case rate			
INTERSTITIAL LUNG DISEASE W/O CC/MCC	198	MS-DRG	inpatient					21704.54 UHC	Medicare						18873.51		9191.72	28449.06	case rate			
PNEUMOTHORAX W MCC	199	MS-DRG	inpatient					35927.71 UHC	Medicare						31241.48		20954.82	66867.48	case rate			
PNEUMOTHORAX W CC	200	MS-DRG	inpatient					25971.92 UHC	Medicare						22584.27		12721.01	40312.52	case rate			
PNEUMOTHORAX W/O CC/MCC	201	MS-DRG	inpatient					20674.82 UHC	Medicare						17978.11		8340.11	27891.99	case rate			
BRONCHITIS & ASTHMA W CC/MCC	202	MS-DRG	inpatient					24265.25 UHC	Medicare						21100.22		11309.53	38695.65	case rate			
BRONCHITIS & ASTHMA W/O CC/MCC	203	MS-DRG	inpatient					20514.67 UHC	Medicare						17839.02		8207.83	50775.53	case rate			
RESPIRATORY SIGNS & SYMPTOMS	204	MS-DRG	inpatient					22342.93 UHC	Medicare						19428.63		9719.7	36731.64	case rate			
OTHER RESPIRATORY SYSTEM DIAGNOSES W MCC	205	MS-DRG	inpatient					36444.7 UHC	Medicare						31691.05		21382.39	56931.88	case rate			
OTHER RESPIRATORY SYSTEM DIAGNOSES W/O MCC	206	MS-DRG	inpatient					23636.85 UHC	Medicare						20553.79		10769.82	32367.29	case rate			
RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT >96 HOURS	207	MS-DRG	inpatient					109248.83 UHC	Medicare						94998.83		49635	209907.93	case rate			
RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT <=96 HOURS	208	MS-DRG	inpatient					49205.43 UHC	Medicare						42787.33		31935.99	91419.56	case rate			
CONCOMITANT AORTIC AND MITRAL VALVE PROCEDURES	212	MS-DRG	inpatient					164414.67 UHC	Medicare						142969.28		37458	186882.42	case rate			
OTHER HEART ASSIST SYSTEM IMPLANT	215	MS-DRG	inpatient					156475.46 UHC	Medicare						136065.62		120652.31	483318.95	case rate			
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W MCC	216	MS-DRG	inpatient					149198.92 UHC	Medicare						129738.19		78485	368352.5	case rate			
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W CC	217	MS-DRG	inpatient					101497.96 UHC	Medicare						88259.1		75183.87	238649.54	case rate			
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W/O CC/MCC	218	MS-DRG	inpatient					91949.2 UHC	Medicare						79955.83		67286.69	221490.09	case rate			
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W MCC	219	MS-DRG	inpatient					120719.73 UHC	Medicare						104973.68		57338	286488.84	case rate			
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W CC	220	MS-DRG	inpatient					85482.43 UHC	Medicare						74341.24		57338	195235.19	case rate			
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W/O CC/MCC	221	MS-DRG	inpatient					76980.52 UHC	Medicare						66939.59		17199	172809.75	case rate			
OTHER CARDIOTHORACIC PROCEDURES W MCC	228	MS-DRG	inpatient					82551.82 UHC	Medicare						71784.19		59514.71	246653.53	case rate			
OTHER CARDIOTHORACIC PROCEDURES W/O MCC	229	MS-DRG	inpatient					56000.67 UHC	Medicare						48696.23		37555.91	174347.54	case rate			
CORONARY BYPASS W PTCA W MCC	231	MS-DRG	inpatient					126489.55 UHC	Medicare						109990.91		19424	315017.54	case rate			
CORONARY BYPASS W PTCA W/O MCC	232	MS-DRG	inpatient					95546.77 UHC	Medicare						83084.14		27830	231058.12	case rate			
CORONARY BYPASS W CARDIAC CATH W MCC	233	MS-DRG	inpatient					121982.24 UHC	Medicare						106071.51		53769	286467.21	case rate			
CORONARY BYPASS W CARDIAC CATH W/O MCC	234	MS-DRG	inpatient					84825.47 UHC	Medicare						73761.28		61395.1	193056.03	case rate			
CORONARY BYPASS W/O CARDIAC CATH W MCC	235	MS-DRG	inpatient					94575.61 UHC	Medicare						82239.66		47567	217911.92	case rate			
CORONARY BYPASS W/O CARDIAC CATH W/O MCC	236	MS-DRG	inpatient					68305.8 UHC	Medicare						59396.35		33990	147263.73	case rate			
AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W MCC	239	MS-DRG	inpatient					79239.89 UHC	Medicare						68904.25		56775.61	176631.72	case rate			
AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W CC	240	MS-DRG	inpatient					50710.72 UHC	Medicare						44096.28		33180.92	102992.96	case rate			
AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W/O CC/MCC	241	MS-DRG	inpatient					30439.24 UHC	Medicare						26468.9		15559	59861.17	case rate			
PERMANENT CARDIAC PACEMAKER IMPLANT W MCC	242	MS-DRG	inpatient					59935.28 UHC	Medicare						52117.64		20528	140159.91	case rate			
PERMANENT CARDIAC PACEMAKER IMPLANT W CC	243	MS-DRG	inpatient					43118.55 UHC	Medicare						37494.39		19748	95804.13	case rate			
PERMANENT CARDIAC PACEMAKER IMPLANT W/O CC/MCC	244	MS-DRG	inpatient					36718.91 UHC	Medicare						31929.49		19748	91806.34	case rate			
AICD GENERATOR PROCEDURES	245	MS-DRG	inpatient					75306.71 UHC	Medicare						65484.09		53522.72	187988.83	case rate			

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.													
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true												
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
PERC CARDIOVASC PROC W/O CORONARY ARTERY STENT W MCC	250	MS-DRG	inpatient					UHC	Medicare		44163.98				27766.52	97023.11	case rate	
PERC CARDIOVASC PROC W/O CORONARY ARTERY STENT W/O MCC	251	MS-DRG	inpatient					UHC	Medicare		33254.17				18743.7	62929.24	case rate	
OTHER VASCULAR PROCEDURES W MCC	252	MS-DRG	inpatient					UHC	Medicare		58488.55				39613.48	122265.32	case rate	
OTHER VASCULAR PROCEDURES W CC	253	MS-DRG	inpatient					UHC	Medicare		47024.61				30132.37	97304.41	case rate	
OTHER VASCULAR PROCEDURES W/O CC/MCC	254	MS-DRG	inpatient					UHC	Medicare		35370.72				20494.17	67897.67	case rate	
UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W MCC	255	MS-DRG	inpatient					UHC	Medicare		49828.11				43328.79	95279.03	case rate	
UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W CC	256	MS-DRG	inpatient					UHC	Medicare		34008.24				29572.38	65588.49	case rate	
UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W/O CC/MCC	257	MS-DRG	inpatient					UHC	Medicare		24743.69				21516.25	47236.63	case rate	
CARDIAC PACEMAKER DEVICE REPLACEMENT W MCC	258	MS-DRG	inpatient					UHC	Medicare		49273.98				42846.94	112100.92	case rate	
CARDIAC PACEMAKER DEVICE REPLACEMENT W/O MCC	259	MS-DRG	inpatient					UHC	Medicare		37248.77				32390.23	78652.18	case rate	
CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W MCC	260	MS-DRG	inpatient					UHC	Medicare		57937.27				50380.24	135756.59	case rate	
CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W CC	261	MS-DRG	inpatient					UHC	Medicare		37465.85				12982	74706.44	case rate	
CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W/O CC/MCC	262	MS-DRG	inpatient					UHC	Medicare		34088.23				12982	61170.17	case rate	
VEIN LIGATION & STRIPPING	263	MS-DRG	inpatient					UHC	Medicare		50939.23				44294.98	89724.25	case rate	
OTHER CIRCULATORY SYSTEM O.R. PROCEDURES	264	MS-DRG	inpatient					UHC	Medicare		57234.61				49769.23	98576.42	case rate	
AICD LEAD PROCEDURES	265	MS-DRG	inpatient					UHC	Medicare		61063.54				53098.73	41743.09	case rate	
ENDOVASCULAR CARDIAC VALVE REPLACEMENT & SUPPLEMENT PROCEDURES W MCC	266	MS-DRG	inpatient					UHC	Medicare		99795.58				86778.76	73775.94	case rate	
ENDOVASCULAR CARDIAC VALVE REPLACEMENT & SUPPLEMENT PROCEDURES W/O MCC	267	MS-DRG	inpatient					UHC	Medicare		80288.17				69815.8	57642.58	case rate	
AORTIC AND HEART ASSIST PROCEDURES EXCEPT PULSATION BALLOON W MCC	268	MS-DRG	inpatient					UHC	Medicare		108487.44				94336.9	80964.43	case rate	
AORTIC AND HEART ASSIST PROCEDURES EXCEPT PULSATION BALLOON W/O MCC	269	MS-DRG	inpatient					UHC	Medicare		69982.49				60854.33	49119.39	case rate	
OTHER MAJOR CARDIOVASCULAR PROCEDURES W MCC	270	MS-DRG	inpatient					UHC	Medicare		82811.75				72010.22	59729.68	case rate	
OTHER MAJOR CARDIOVASCULAR PROCEDURES W CC	271	MS-DRG	inpatient					UHC	Medicare		59950.99				52131.3	40822.98	case rate	
OTHER MAJOR CARDIOVASCULAR PROCEDURES W/O CC/MCC	272	MS-DRG	inpatient					UHC	Medicare		45430.77				39505.01	28814.2	case rate	
PERCUTANEOUS INTRACARDIAC PROCEDURES W MCC	273	MS-DRG	inpatient					UHC	Medicare		66246.38				57605.55	46029.49	case rate	
PERCUTANEOUS INTRACARDIAC PROCEDURES W/O MCC	274	MS-DRG	inpatient					UHC	Medicare		56874.71				49456.27	38278.77	case rate	
CARDIAC DEFIBRILLATOR IMPLANT WITH CARDIAC CATHETERIZATION AND MCC	275	MS-DRG	inpatient					UHC	Medicare		111073.86				96585.96	83103.49	case rate	
CARDIAC DEFIBRILLATOR IMPLANT WITH MCC	276	MS-DRG	inpatient					UHC	Medicare		99282.86				86332.93	73351.9	case rate	
CARDIAC DEFIBRILLATOR IMPLANT WITHOUT MCC	277	MS-DRG	inpatient					UHC	Medicare		78891.42				68601.23	56487.41	case rate	
ULTRASOUND ACCELERATED AND OTHER THROMBOLYSIS OF PERIPHERAL VASCULAR STRUCTURES WITH MCC	278	MS-DRG	inpatient					UHC	Medicare		74292.7				64602.35	52684.1	case rate	
ULTRASOUND ACCELERATED AND OTHER THROMBOLYSIS OF PERIPHERAL VASCULAR STRUCTURES WITHOUT MCC	279	MS-DRG	inpatient					UHC	Medicare		56300.59				48957.03	37803.95	case rate	
ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W MCC	280	MS-DRG	inpatient					UHC	Medicare		33248.49				28911.7	18738.98	case rate	
ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W CC	281	MS-DRG	inpatient					UHC	Medicare		23629.71				20547.58	10783.92	case rate	
ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W/O CC/MCC	282	MS-DRG	inpatient					UHC	Medicare		20846.2				18127.13	8481.85	case rate	
ACUTE MYOCARDIAL INFARCTION, EXPIRED W MCC	283	MS-DRG	inpatient					UHC	Medicare		38745.49				33691.73	23285.23	case rate	
ACUTE MYOCARDIAL INFARCTION, EXPIRED W CC	284	MS-DRG	inpatient					UHC	Medicare		21154.69				18395.38	8736.98	case rate	
ACUTE MYOCARDIAL INFARCTION, EXPIRED W/O CC/MCC	285	MS-DRG	inpatient					UHC	Medicare		17569.98				15278.24	5772.29	case rate	
CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W MCC	286	MS-DRG	inpatient					UHC	Medicare		41376.18				35979.29	13521	case rate	
CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W/O MCC	287	MS-DRG	inpatient					UHC	Medicare		26037.61				22641.4	9989	case rate	
ACUTE & SUBACUTE ENDOCARDITIS W MCC	288	MS-DRG	inpatient					UHC	Medicare		47623.01				41411.31	30627.27	case rate	
ACUTE & SUBACUTE ENDOCARDITIS W CC	289	MS-DRG	inpatient					UHC	Medicare		31694.6				27560.52	17453.88	case rate	
ACUTE & SUBACUTE ENDOCARDITIS W/O CC/MCC	290	MS-DRG	inpatient					UHC	Medicare		29232.12				21940.98	12109.17	case rate	
HEART FAILURE & SHOCK W MCC	291	MS-DRG	inpatient					UHC	Medicare		28926.8				25153.74	15164.81	case rate	
HEART FAILURE & SHOCK W CC	292	MS-DRG	inpatient					UHC	Medicare		22822.8				19845.91	10116.57	case rate	
HEART FAILURE & SHOCK W/O CC/MCC	293	MS-DRG	inpatient					UHC	Medicare		18609.69				16182.34	6632.17	case rate	
DEEP VEIN THROMBOPHLEBITIS W CC/MCC	294	MS-DRG	inpatient					UHC	Medicare		26210.42				22791.67	12918.26	case rate	
DEEP VEIN THROMBOPHLEBITIS W/O CC/MCC	295	MS-DRG	inpatient					UHC	Medicare		19609.41				17051.66	7458.97	case rate	
CARDIAC ARREST, UNEXPLAINED W MCC	296	MS-DRG	inpatient					UHC	Medicare		33486.96				29119.09	18936.23	57582	case rate
CARDIAC ARREST, UNEXPLAINED W CC	297	MS-DRG	inpatient					UHC	Medicare		20996.16				18257.53	8605.87	case rate	
CARDIAC ARREST, UNEXPLAINED W/O CC/MCC	298	MS-DRG	inpatient					UHC	Medicare		16858.75				14659.78	5194.06	case rate	
PERIPHERAL VASCULAR DISORDERS W MCC	299	MS-DRG	inpatient					UHC	Medicare		33101.35				28783.78	19617.32	case rate	
PERIPHERAL VASCULAR DISORDERS W CC	300	MS-DRG	inpatient					UHC	Medicare		25829.1				22460.09	12602.89	case rate	
PERIPHERAL VASCULAR DISORDERS W/O CC/MCC	301	MS-DRG	inpatient					UHC	Medicare		20727.67				18024.06	8383.82	case rate	
ATHEROSCLEROSIS W MCC	302	MS-DRG	inpatient					UHC	Medicare		26601.74				23131.95	13241.9	case rate	
ATHEROSCLEROSIS W/O MCC	303	MS-DRG	inpatient					UHC	Medicare		19985.3				17382	7773.16	case rate	
HYPERTENSION W MCC	304	MS-DRG	inpatient					UHC	Medicare		27000.2				23478.43	13571.44	case rate	
HYPERTENSION W/O MCC	305	MS-DRG	inpatient					UHC	Medicare		21351.78				18566.76	8899.98	case rate	
CARDIAC CONGENITAL & VALVULAR DISORDERS W MCC	306	MS-DRG	inpatient					UHC	Medicare		32538.65				28294.48	18151.94	case rate	
CARDIAC CONGENITAL & VALVULAR DISORDERS W/O MCC	307	MS-DRG	inpatient					UHC	Medicare		24052.45				20915.18	11133.54	case rate	
CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W MCC	308	MS-DRG	inpatient					UHC	Medicare		27759.99				24139.12	14199.81	case rate	
CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC	309	MS-DRG	inpatient					UHC	Medicare		21226.1				18457.48	8796.04	case rate	
CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W/O CC/MCC	310	MS-DRG	inpatient					UHC	Medicare		18488.29				16076.78	6531.77	case rate	
ANGINA PECTORIS	311	MS-DRG	inpatient					UHC	Medicare		20560.57				17878.76	8245.62	case rate	
SYNCOPE & COLLAPSE	312	MS-DRG	inpatient					UHC	Medicare		22922.77				19932.84	10199.25	case rate	
CHEST PAIN	313	MS-DRG	inpatient					UHC	Medicare		20924.75				18195.44	8546.82	case rate	
OTHER CIRCULATORY SYSTEM DIAGNOSES W MCC	314	MS-DRG	inpatient					UHC	Medicare		40489.29				35208.08	24727.42	case rate	
OTHER CIRCULATORY SYSTEM DIAGNOSES W CC	315	MS-DRG	inpatient					UHC	Medicare		24405.21				21221.92	11425.28	case rate	
OTHER CIRCULATORY SYSTEM DIAGNOSES W/O CC/MCC	316	MS-DRG	inpatient					UHC	Medicare		20483.45				17811.69	8181.84	case rate	
OTHER ENDOVASCULAR CARDIAC VALVE PROCEDURES W MCC	319	MS-DRG	inpatient					UHC	Medicare		72885.95				63379.09	51520.67	case rate	
OTHER ENDOVASCULAR CARDIAC VALVE PROCEDURES W/O MCC	320	MS-DRG	inpatient					UHC	Medicare		42381.62				36853.58	26292.44	case rate	
PERCUTANEOUS CARDIOVASCULAR PROCEDURES WITH INTRALUMINAL DEVICE WITH MCC OR 4+ ARTERIES/INTRALUM	321	MS-DRG	inpatient					UHC	Medicare		51646.17				44909.71	33954.58	case rate	
PERCUTANEOUS CARDIOVASCULAR PROCEDURES WITH INTRALUMINAL DEVICE WITHOUT MCC	322	MS-DRG	inpatient					UHC	Medicare		36631.79				31853.73	21537.13	case rate	
CORONARY INTRAVASCULAR LITHOTRIPSY WITH INTRALUMINAL DEVICE WITH MCC	323	MS-DRG	inpatient					UHC	Medicare		69716.94				60623.34	48899.69	case rate	
CORONARY INTRAVASCULAR LITHOTRIPSY WITH INTRALUMINAL DEVICE WITHOUT MCC	324	MS-DRG	inpatient					UHC	Medicare		52987.23				46075.85	35063.68	case rate	
CORONARY INTRAVASCULAR LITHOTRIPSY WITHOUT INTRALUMINAL DEVICE	325	MS-DRG	inpatient					UHC	Medicare		48355.66				42048.4	31233.2	case rate	
STOMACH, ESOPHAGEAL & DUODENAL PROC W MCC	326	MS-DRG	inpatient					UHC	Medicare		63127.38				72284.68	59990.71	case rate	
STOMACH, ESOPHAGEAL & DUODENAL PROC W CC	327	MS-DRG	inpatient					UHC	Medicare		46257.68				40224.07	29498.09	case rate	
STOMACH, ESOPHAGEAL & DUODENAL PROC W/O CC/MCC	328	MS-DRG	inpatient					UHC	Medicare		33402.7				29045.82	18866.54	case rate	
MAJOR SMALL & LARGE BOWEL PROCEDURES W MCC	329	MS-DRG	inpatient					UHC	Medicare		75098.19				65302.78	53350.27	case rate	
MAJOR SMALL & LARGE BOWEL PROCEDURES W CC	330	MS-DRG	inpatient					UHC	Medicare		44468.18				38667.98	28018.11	case rate	
MAJOR SMALL & LARGE BOWEL PROCEDURES W/O CC/MCC	331	MS-DRG	inpatient					UHC	Medicare		34469.54				29973.51	19748.86	case rate	
RECTAL RESECTION W MCC	332	MS-DRG	inpatient					UHC	Medicare		62398.88				54259.9	42847.47	case rate	
RECTAL RESECTION W CC	333	MS-DRG	inpatient					UHC	Medicare		40289.34				35034.21	24562.06	case rate	
RECTAL RESECTION W/O CC/MCC	334	MS-DRG	inpatient					UHC	Medicare		33514.09				29142.89	18898.67	case rate	
PERITONEAL ADHESIOLYSIS W MCC	335	MS-DRG	inpatient					UHC	Medicare		61647.66				53606.66	42226.18	case rate	
PERITONEAL ADHESIOLYSIS W CC	336	MS-DRG	inpatient					UHC	Medicare		40657.81				35354.62	24866.79	case rate	
PERITONEAL ADHESIOLYSIS W/O CC/MCC	337	MS-DRG	inpatient					UHC	Medicare		31961.67				27792.76	17674.76	case rate	
MINOR SMALL & LARGE BOWEL PROCEDURES W MCC	344	MS-DRG	inpatient					UHC	Medicare		49728.14				43241.86	32368.29	case rate	
MINOR SMALL & LARGE BOWEL PROCEDURES W CC	345	MS-DRG	inpatient					UHC	Medicare		32592.92				28341.67	18196.83	case rate	
MINOR SMALL & LARGE BOWEL PROCEDURES W/O CC/MCC	346	MS-DRG	inpatient					UHC	Medicare		28982.5				25202.18	15210.88	case rate	
ANAL & STOMAL PROCEDURES W MCC	347	MS-DRG	inpatient					UHC	Medicare		46996.04				40866.12	30108.75	case rate	
ANAL & STOMAL PROCEDURES W CC	348	MS-DRG	inpatient					UHC	Medicare		29176.73				25371.07	15371.51	case rate	
ANAL & STOMAL PROCEDURES W/O CC/MCC	349	MS-DRG	inpatient					UHC	Medicare		24526.6				21327.48	11525.68	case rate	
INGUINAL & FEMORAL HERNIA PROCEDURES W MCC	350	MS-DRG	inpatient					UHC	Medicare		44866.64				39014.47	28347.65	case rate	
INGUINAL & FEMORAL HERNIA PROCEDURES W CC	351	MS-DRG	inpatient					UHC	Medicare		31378.98				27286.07	17192.85	case rate	
INGUINAL & FEMORAL HERNIA PROCEDURES W/O CC/MCC	352	MS-DRG	inpatient					UHC	Medicare		25428.93				22981.68	13098.96	case rate	
HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W MCC	353	MS-DRG	inpatient					UHC	Medicare		52354.55				45525.69	34540.43	case rate	
HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W CC	354	MS-DRG	inpatient					UHC	Medicare		35123.64				30542.3	20289.83	case rate	
HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W/O CC/MCC	355	MS-DRG	inpatient					UHC	Medicare		30050.78				26131.11	16094.38	case rate	
OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W MCC	356	MS-DRG	inpatient					UHC	Medicare		71697.71				62345.84	50537.95	case rate	
OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W CC	357	MS-DRG	inpatient					UHC	Medicare		41964.59				36490.95	25947.55	case rate	
OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W/O CC/MCC	358	MS-DRG	inpatient					UHC	Medicare		28886.82				25118.97	15131.74	case rate	
MAJOR ESOPHAGEAL DISORDERS W MCC	368	MS-DRG	inpatient					UHC	Medicare		34183.91				29725.14	19512.63	case rate	
MAJOR ESOPHAGEAL DISORDERS W CC	369	MS-DRG	inpatient					UHC	Medicare		24705.13				21482.72	11673.33	case rate	
MAJOR ESOPHAGEAL DISORDERS W/O CC/MCC	370	MS-DRG	inpatient					UHC	Medicare		21211.82				18445.06	8784.23	case rate	
MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W MCC	371	MS-DRG	inpatient					UHC	Medicare		35550.67				30913.62	20642.99	case rate	
MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W CC	372	MS-DRG	inpatient					UHC	Medicare		25476.34				22153.34	12311.15	case rate	
MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W/O CC/MCC	373	MS-DRG	inpatient					UHC	Medicare		20823.35				18107.26	8462.95	28415.3	case rate
DIGESTIVE MALIGNANCY W MCC	374	MS-DRG	inpatient					UHC	Medicare		40567.84				35276.38	24792.38	case rate	
DIGESTIVE MALIGNANCY W CC	375	MS-DRG	inpatient					UHC	Medicare		27704.29				24090.69	14153.74	45259.7	case rate
DIGESTIVE MALIGNANCY W/O CC/MCC	376	MS-DRG	inpatient					UHC	Medicare		23321.23				20279.33	10528.79	34345.16	case rate
G.I. HEMORRHAGE W MCC	377	MS-DRG	inpatient					UHC	Medicare		36159.07				31442.67	21146.16	case rate	
G.I. HEMORRHAGE W CC	378	MS-DRG	inpatient					UHC	Medicare		24640.86				21426.83	11620.17	case rate	
G.I. HEMORRHAGE W/O CC/MCC	379	MS-DRG	inpatient					UHC	Medicare		19633.69				17072.77	7479.05	case rate	
COMPLICATED PEPTIC ULCER W MCC	380	MS-DRG	inpatient					UHC	Medicare		38418.44				33407.34	23014.75	case rate	
COMPLICATED PEPTIC ULCER W CC	381	MS-DRG	inpatient					UHC	Medicare		25914.79				22534.6	12673.76	case rate	
COMPLICATED PEPTIC ULCER W/O CC/MCC	382	MS-DRG	inpatient					UHC	Medicare		21403.19				18611.47	8942.5	case rate	
UNCOMPLICATED PEPTIC ULCER W MCC	383	MS-DRG	inpatient					UHC	Medicare		30559.21				26573.22	16514.87	case rate	
UNCOMPLICATED PEPTIC ULCER W/O MCC	384	MS-DRG	inpatient					UHC	Medicare		23097				20084.35	10343.35	case rate	
INFLAMMATORY BOWEL DISEASE W MCC	385	MS-DRG	inpatient					UHC	Medicare		32968.53				28668.29	18507.47	case rate	
INFLAMMATORY BOWEL DISEASE W CC	386	MS-DRG	inpatient					UHC	Medicare		24666.62				21275.32	11476.07	case rate	
INFLAMMATORY BOWEL DISEASE W/O CC/MCC	387	MS-DRG	inpatient					UHC	Medicare		20360.63				17704.89	8080.26	case rate	
G.I. OBSTRUCTION W MCC	388	MS-DRG	inpatient					UHC	Medicare		31348.98				27259.99	17168.04	case rate	
G.I. OBSTRUCTION W CC	389	MS-DRG	inpatient					UHC	Medicare		21964.46				19099.53	9406.69	31625.9	case rate
G.I. OBSTRUCTION W/O CC/MCC	390	MS-DRG	inpatient					UHC	Medicare		18573.84				16151.29	6602.64	22166.64	case rate
ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W MCC	391	MS-DRG	inpatient					UHC	Medicare		28809.69				25051.91	15067.96	45814.6	case rate
ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W/O MCC	392	MS-DRG	inpatient					UHC	Medicare		21810.22				18965.41	9079.13	28332.79	case rate
OTHER DIGESTIVE SYSTEM DIAGNOSES W MCC	393	MS-DRG	inpatient					UHC	Medicare		33721.18				29322.76	19129.94	61233.93	case rate
OTHER DIGESTIVE SYSTEM DIAGNOSES W CC	394	MS-DRG	inpatient					UHC	Medicare		23971.05				20844.39	11066.21	35297.84	case rate
OTHER DIGESTIVE SYSTEM DIAGNOSES W/O CC/MCC	395	MS-DRG	inpatient					UHC	Medicare		19837.91				17250.36	7647.96	25373.49	case rate
APPENDIX PROCEDURES WITH MCC	397	MS-DRG	inpatient					UHC	Medicare		42675.82				37109.41	26535.76	38980.76	case rate
APPENDIX PROCEDURES WITH CC	398	MS-DRG	inpatient					UHC	Medicare		32203.03				28002.64	17874.37	28002.64	case rate
APPENDIX PROCEDURES WITHOUT CC/MCC	399	MS-DRG	inpatient					UHC	Medicare		26487.49				23032.6	13147.4	23032.6	case rate
PANCREAS, LIVER & SHUNT PROCEDURES W MCC	405	MS-DRG	inpatient					UHC	Medicare		89214.25				77577.61	65024.78	201753.9	case rate
PANCREAS, LIVER & SHUNT PROCEDURES W CC	406	MS-DRG	inpatient					UHC	Medicare		51827.55				45067.43	34104.58	106242.33	case rate
PANCREAS, LIVER & SHUNT PROCEDURES W/O CC/MCC	407	MS-DRG	inpatient					UHC	Medicare		41310.49				35922.16	25496.58	75289.05	case rate
BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W MCC	408	MS-DRG	inpatient					UHC	Medicare		63749.93				55434.72	43864.84	151772.08	case rate
BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W CC	409	MS-DRG	inpatient					UHC	Medicare		38544.12				33516.62	23118.69	87117.51	case rate
BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W/O CC/MCC	410	MS-DRG	inpatient					UHC	Medicare		32944.25				28647.18	18497.39	61984.07	case rate
CHOLECYSTECTOMY W C.D.E. W MCC	411	MS-DRG	inpatient					UHC	Medicare		51729.01				44981.74	10482	149956.74	case rate
CHOLECYSTECTOMY W C.D.E. W CC	412	MS-DRG	inpatient					UHC	Medicare		39803.77				34611.97	11647	89337.92	case rate
CHOLECYSTECTOMY W C.D.E. W/O CC/MCC	413	MS-DRG	inpatient					UHC	Medicare		32150.19				27956.69	15908	63244.3	case rate
CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W MCC	414	MS-DRG	inpatient					UHC	Medicare		60936.43				52988.2	28270	134170.04	case rate
CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W CC	415	MS-DRG	inpatient					UHC	Medicare		38808.33				33746.37	23397.2	75719.13	case rate
CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W/O CC/MCC	416	MS-DRG	inpatient					UHC	Medicare		29716.58				25840.51	15817.99	52251	case rate
LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W MCC	417	MS-DRG	inpatient					UHC	Medicare		43692.68				37993.63	27376.74	90894.46	case rate
LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W CC	418	MS-DRG	inpatient					UHC	Medicare		33936.83				29510.29	19308.29	62419.15	case rate
LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W/O CC/MCC	419	MS-DRG	inpatient					UHC	Medicare		29345.26				25517.82	15510.89	48916.63	case rate
HEPATOBILIARY DIAGNOSTIC PROCEDURES W MCC	420	MS-DRG	inpatient					UHC	Medicare		56303.44				48959.52	37806.31	131934.62	case rate

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.													
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true												
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
HEPATOBILIARY DIAGNOSTIC PROCEDURES W CC	421	MS-DRG	inpatient					UHC	Medicare		35006.53			30440.46	8263	66726.7	case rate	
HEPATOBILIARY DIAGNOSTIC PROCEDURES W/O CC/MCC	422	MS-DRG	inpatient					UHC	Medicare		30742.01			26732.18	10272	56545.55	case rate	
OTHER HEPATOBILIARY OR PANCREAS O.R. PROCEDURES W MCC	423	MS-DRG	inpatient					UHC	Medicare		66444.89			57778.17	16017	148002.62	case rate	
OTHER HEPATOBILIARY OR PANCREAS O.R. PROCEDURES W CC	424	MS-DRG	inpatient					UHC	Medicare		40400.74			35131.08	24654.19	82181.59	case rate	
OTHER HEPATOBILIARY OR PANCREAS O.R. PROCEDURES W/O CC/MCC	425	MS-DRG	inpatient					UHC	Medicare		33468.39			29102.95	18920.87	55994.2	case rate	
CIRRHOSIS & ALCOHOLIC HEPATITIS W MCC	432	MS-DRG	inpatient					UHC	Medicare		37954.28			33003.72	13893	68497.78	case rate	
CIRRHOSIS & ALCOHOLIC HEPATITIS W CC	433	MS-DRG	inpatient					UHC	Medicare		25314.96			22013.01	12177.68	38553.45	case rate	
CIRRHOSIS & ALCOHOLIC HEPATITIS W/O CC/MCC	434	MS-DRG	inpatient					UHC	Medicare		20152.11			17523.58	7907.81	53360.86	case rate	
MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS W MCC	435	MS-DRG	inpatient					UHC	Medicare		35724.91			31065.13	20787.09	63675.63	case rate	
MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS W CC	436	MS-DRG	inpatient					UHC	Medicare		26310.39			22878.6	13000.94	42604.2	case rate	
MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS W/O CC/MCC	437	MS-DRG	inpatient					UHC	Medicare		22460.04			19530.47	9816.55	32473.56	case rate	
DISORDERS OF PANCREAS EXCEPT MALIGNANCY W MCC	438	MS-DRG	inpatient					UHC	Medicare		34423.84			29933.77	19711.06	61443.97	case rate	
DISORDERS OF PANCREAS EXCEPT MALIGNANCY W CC	439	MS-DRG	inpatient					UHC	Medicare		22804.23			19829.76	10101.21	32342.29	case rate	
DISORDERS OF PANCREAS EXCEPT MALIGNANCY W/O CC/MCC	440	MS-DRG	inpatient					UHC	Medicare		19382.33			16854.2	7271.17	23303.1	case rate	
DISORDERS OF LIVER EXCEPT MALIG, CIRR, ALC HEPA W MCC	441	MS-DRG	inpatient					UHC	Medicare		36700.35			31913.35	11778	69658	case rate	
DISORDERS OF LIVER EXCEPT MALIG, CIRR, ALC HEPA W CC	442	MS-DRG	inpatient					UHC	Medicare		24179.58			21025.7	11238.66	35215.32	case rate	
DISORDERS OF LIVER EXCEPT MALIG, CIRR, ALC HEPA W/O CC/MCC	443	MS-DRG	inpatient					UHC	Medicare		20797.65			18084.91	8441.69	26097.37	case rate	
DISORDERS OF THE BILIARY TRACT W MCC	444	MS-DRG	inpatient					UHC	Medicare		33915.41			29491.66	19290.57	60420.03	case rate	
DISORDERS OF THE BILIARY TRACT W CC	445	MS-DRG	inpatient					UHC	Medicare		26111.88			22705.98	12636.76	40042.47	case rate	
DISORDERS OF THE BILIARY TRACT W/O CC/MCC	446	MS-DRG	inpatient					UHC	Medicare		22037.72			19162.87	9496.93	29818.07	case rate	
COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W MCC	453	MS-DRG	inpatient					UHC	Medicare		137146.57			119257.89	17717	356200.23	case rate	
COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W CC	454	MS-DRG	inpatient					UHC	Medicare		97941.81			85166.79	36879	237674.36	case rate	
COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W/O CC/MCC	455	MS-DRG	inpatient					UHC	Medicare		76366.41			66405.57	54399.14	187535	case rate	
SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR EXT FUS W MCC	456	MS-DRG	inpatient					UHC	Medicare		130976.87			113892.93	95664.03	342258.88	case rate	
SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR EXT FUS W CC	457	MS-DRG	inpatient					UHC	Medicare		97356.26			84657.62	71758.53	245468.31	case rate	
SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR EXT FUS W/O CC/MCC	458	MS-DRG	inpatient					UHC	Medicare		75300.99			65479.12	53518	192080.85	case rate	
SPINAL FUSION EXCEPT CERVICAL W MCC	459	MS-DRG	inpatient					UHC	Medicare		105311.18			91574.94	78337.54	238474.69	case rate	
SPINAL FUSION EXCEPT CERVICAL W/O MCC	460	MS-DRG	inpatient					UHC	Medicare		62831.62			54636.19	43205.36	151434.51	case rate	
BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY W MCC	461	MS-DRG	inpatient					UHC	Medicare		107970.44			93887.34	9917	168125.13	case rate	
BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY W/O MCC	462	MS-DRG	inpatient					UHC	Medicare		51240.57			44557.02	11315	119801.11	case rate	
WND DEBRID & SKN GRFT EXC HAND, FOR MUSCUL-CONN TISS DIS W MCC	463	MS-DRG	inpatient					UHC	Medicare		91477.9			79546	15756	192482.17	case rate	
WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W CC	464	MS-DRG	inpatient					UHC	Medicare		53455.67			46483.19	35451.1	110420.67	case rate	
WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W/O CC/MCC	465	MS-DRG	inpatient					UHC	Medicare		37308.75			32442.39	22096.99	68915.36	case rate	
REVISION OF HIP OR KNEE REPLACEMENT W MCC	466	MS-DRG	inpatient					UHC	Medicare		84664.09			73620.95	61261.63	191780.79	case rate	
REVISION OF HIP OR KNEE REPLACEMENT W CC	467	MS-DRG	inpatient					UHC	Medicare		60380.87			52505.11	41178.5	130164.29	case rate	
REVISION OF HIP OR KNEE REPLACEMENT W/O CC/MCC	468	MS-DRG	inpatient					UHC	Medicare		48716.99			42362.6	31532.03	104697.04	case rate	
MAJOR HIP AND KNEE JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W MCC OR TOTAL ANKLE REP	469	MS-DRG	inpatient					UHC	Medicare		58145.78			50561.55	39330	119054.72	case rate	
MAJOR HIP AND KNEE JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W/O MCC	470	MS-DRG	inpatient					UHC	Medicare		37464.42			32577.76	22225.74	74631.43	case rate	
CERVICAL SPINAL FUSION W MCC	471	MS-DRG	inpatient					UHC	Medicare		80842.3			70297.85	8282	187936.32	case rate	
CERVICAL SPINAL FUSION W CC	472	MS-DRG	inpatient					UHC	Medicare		52798.71			45911.92	8991	110525.63	case rate	
CERVICAL SPINAL FUSION W/O CC/MCC	473	MS-DRG	inpatient					UHC	Medicare		45732.11			39767.05	11229	89000.36	case rate	
AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W MCC	474	MS-DRG	inpatient					UHC	Medicare		72041.5			62645.13	22321	142342.82	case rate	
AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W CC	475	MS-DRG	inpatient					UHC	Medicare		41220.51			35843.92	25332.17	80595.04	case rate	
AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W/O CC/MCC	476	MS-DRG	inpatient					UHC	Medicare		27398.66			23824.92	13900.98	43159.3	case rate	
BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W MCC	477	MS-DRG	inpatient					UHC	Medicare		58705.63			51048.37	39793.01	117711.97	case rate	
BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W CC	478	MS-DRG	inpatient					UHC	Medicare		44633.86			38812.04	28155.12	85485.95	case rate	
BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W/O CC/MCC	479	MS-DRG	inpatient					UHC	Medicare		37211.63			32357.94	22016.67	67437.59	case rate	
HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W MCC	480	MS-DRG	inpatient					UHC	Medicare		52705.88			45831.2	34830.99	113661.21	case rate	
HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W CC	481	MS-DRG	inpatient					UHC	Medicare		40223.65			34977.09	8360	77350.69	case rate	
HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W/O CC/MCC	482	MS-DRG	inpatient					UHC	Medicare		33275.56			28935.3	9385	62430.4	case rate	
MAJOR JOINT/LIMB REATTACHMENT PROCEDURE OF UPPER EXTREMITIES	483	MS-DRG	inpatient					UHC	Medicare		46069.16			40060.14	13093	86397.93	case rate	
KNEE PROCEDURES W PDX OF INFECTION W MCC	485	MS-DRG	inpatient					UHC	Medicare		57634.5			50116.96	38907.15	123926.88	case rate	
KNEE PROCEDURES W PDX OF INFECTION W CC	486	MS-DRG	inpatient					UHC	Medicare		39272.49			34149.99	23721.08	83205.53	case rate	
KNEE PROCEDURES W PDX OF INFECTION W/O CC/MCC	487	MS-DRG	inpatient					UHC	Medicare		32954.33			28395.07	18247.62	61894.05	case rate	
KNEE PROCEDURES W/O PDX OF INFECTION W CC/MCC	488	MS-DRG	inpatient					UHC	Medicare		40676.38			35370.76	24882.15	79233.54	case rate	
KNEE PROCEDURES W/O PDX OF INFECTION W/O CC/MCC	489	MS-DRG	inpatient					UHC	Medicare		26266.99			24579.99	14619.12	48661.58	case rate	
LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR W MCC	492	MS-DRG	inpatient					UHC	Medicare		60035.26			52204.57	27633	127167.48	case rate	
LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR W CC	493	MS-DRG	inpatient					UHC	Medicare		44890.92			39035.58	28367.73	84244.47	case rate	
LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR W/O CC/MCC	494	MS-DRG	inpatient					UHC	Medicare		37285.9			32422.52	22078.09	67890.08	case rate	
LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W MCC	495	MS-DRG	inpatient					UHC	Medicare		61736.21			53683.66	42299.42	129860.49	case rate	
LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W CC	496	MS-DRG	inpatient					UHC	Medicare		38975.42			33891.67	23475.4	73547.48	case rate	
LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W/O CC/MCC	497	MS-DRG	inpatient					UHC	Medicare		30976.23			26935.85	16859.76	53822.55	case rate	
LOCAL EXCISION & REMOVAL INT FIX DEVICES OF HIP & FEMUR W CC/MCC	498	MS-DRG	inpatient					UHC	Medicare		47880.08			41634.85	30839.88	85440.95	case rate	
LOCAL EXCISION & REMOVAL INT FIX DEVICES OF HIP & FEMUR W/O CC/MCC	499	MS-DRG	inpatient					UHC	Medicare		29011.07			25227.01	15234.5	41977.83	case rate	
SOFT TISSUE PROCEDURES W MCC	500	MS-DRG	inpatient					UHC	Medicare		56903.27			49481.11	38302.4	115071.48	case rate	
SOFT TISSUE PROCEDURES W CC	501	MS-DRG	inpatient					UHC	Medicare		35379.29			30764.6	8902	63289.31	case rate	
SOFT TISSUE PROCEDURES W/O CC/MCC	502	MS-DRG	inpatient					UHC	Medicare		30337.84			26380.73	16331.79	48425.29	case rate	
FOOT PROCEDURES W MCC	503	MS-DRG	inpatient					UHC	Medicare		48892.68			42515.35	27418	96100.44	case rate	
FOOT PROCEDURES W CC	504	MS-DRG	inpatient					UHC	Medicare		35256.46			30657.8	20399.68	64898.36	case rate	
FOOT PROCEDURES W/O CC/MCC	505	MS-DRG	inpatient					UHC	Medicare		34950.84			30392.03	20146.91	59253.56	case rate	
MAJOR THUMB OR JOINT PROCEDURES	506	MS-DRG	inpatient					UHC	Medicare		31478.95			27373	17275.53	52896.12	case rate	
MAJOR SHOULDER OR ELBOW JOINT PROCEDURES W CC/MCC	507	MS-DRG	inpatient					UHC	Medicare		41034.85			35682.48	25178.62	72857.35	case rate	
MAJOR SHOULDER OR ELBOW JOINT PROCEDURES W/O CC/MCC	508	MS-DRG	inpatient					UHC	Medicare		31070.49			27017.82	16937.72	54287.63	case rate	
ARTHROSCOPY	509	MS-DRG	inpatient					UHC	Medicare		29530.92			25679.06	15664.44	62647.94	case rate	
SHOULDER, ELBOW OR FOREARM PROC, EXC MAJOR JOINT PROC W MCC	510	MS-DRG	inpatient					UHC	Medicare		49445.36			42995.96	32134.42	102484.13	case rate	
SHOULDER, ELBOW OR FOREARM PROC, EXC MAJOR JOINT PROC W CC	511	MS-DRG	inpatient					UHC	Medicare		39065.4			33969.91	7655	69288.68	case rate	
SHOULDER, ELBOW OR FOREARM PROC, EXC MAJOR JOINT PROC W/O CC/MCC	512	MS-DRG	inpatient					UHC	Medicare		33638.35			29250.73	10564	57089.4	case rate	
HAND OR WRIST PROC, EXCEPT MAJOR THUMB OR JOINT PROC W CC/MCC	513	MS-DRG	inpatient					UHC	Medicare		33741.17			29340.15	18516	61496.48	case rate	
HAND OR WRIST PROC, EXCEPT MAJOR THUMB OR JOINT PROC W/O CC/MCC	514	MS-DRG	inpatient					UHC	Medicare		25464.91			22143.4	12301.7	40660.37	case rate	
OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W MCC	515	MS-DRG	inpatient					UHC	Medicare		65742.57			48471.45	37342.12	115596.57	case rate	
OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W CC	516	MS-DRG	inpatient					UHC	Medicare		39736.64			34553.6	24104.95	70715.7	case rate	
OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W/O CC/MCC	517	MS-DRG	inpatient					UHC	Medicare		31933.11			27767.92	17651.14	51793.42	case rate	
BACK & NECK PROC EXC SPINAL FUSION W MCC OR DISC DEVICE/NEUROSTIM	518	MS-DRG	inpatient					UHC	Medicare		62744.5			54580.43	43133.31	116279.2	case rate	
BACK & NECK PROC EXC SPINAL FUSION W CC	519	MS-DRG	inpatient					UHC	Medicare		38705.5			33656.96	23252.16	69838.03	case rate	
BACK & NECK PROC EXC SPINAL FUSION W/O CC/MCC	520	MS-DRG	inpatient					UHC	Medicare		31034.79			26986.77	16908.19	49287.95	case rate	
HIP REPLACEMENT WITH PRINCIPAL DIAGNOSIS OF HIP FRACTURE WITH MCC	521	MS-DRG	inpatient					UHC	Medicare		53352.84			46393.77	7692	51952.36	case rate	
HIP REPLACEMENT WITH PRINCIPAL DIAGNOSIS OF HIP FRACTURE WITHOUT MCC	522	MS-DRG	inpatient					UHC	Medicare		40756.36			35440.31	9003	36648.78	case rate	
FRACTURES OF FEMUR W MCC	533	MS-DRG	inpatient					UHC	Medicare		33889.7			29469.31	12781	57404.46	case rate	
FRACTURES OF FEMUR W/O MCC	534	MS-DRG	inpatient					UHC	Medicare		22158.69			19268.43	9567.33	34640.29	case rate	
FRACTURES OF HIP & PELVIS W MCC	535	MS-DRG	inpatient					UHC	Medicare		29109.61			25312.7	15316	47063.78	case rate	
FRACTURES OF HIP & PELVIS W/O MCC	536	MS-DRG	inpatient					UHC	Medicare		21831.64			18984.04	9296.85	28392.8	case rate	
SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS & THIGH W CC/MCC	537	MS-DRG	inpatient					UHC	Medicare		24400.93			21218.2	11421.74	34150.12	case rate	
SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS & THIGH W/O CC/MCC	538	MS-DRG	inpatient					UHC	Medicare		20717.67			18015.36	8375.55	27267.59	case rate	
OSTEOMYELITIS W MCC	539	MS-DRG	inpatient					UHC	Medicare		38931.15			33853.18	23438.78	75734.13	case rate	
OSTEOMYELITIS W CC	540	MS-DRG	inpatient					UHC	Medicare		29131.03			25331.33	16333.72	48642.83	case rate	
OSTEOMYELITIS W/O CC/MCC	541	MS-DRG	inpatient					UHC	Medicare		22842.79			19863.3	7723	33107.43	case rate	
PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W MCC	542	MS-DRG	inpatient					UHC	Medicare		36636.08			31857.46	8903	68461.53	case rate	
PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W CC	543	MS-DRG	inpatient					UHC	Medicare		26167.06			22754.41	10889	40226.26	case rate	
PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W/O CC/MCC	544	MS-DRG	inpatient					UHC	Medicare		21551.72			18740.63	9065.34	29945.59	case rate	
CONNECTIVE TISSUE DISORDERS W MCC	545	MS-DRG	inpatient					UHC	Medicare		46197.69			40171.91	29448.48	92983.6	case rate	
CONNECTIVE TISSUE DISORDERS W CC	546	MS-DRG	inpatient					UHC	Medicare		27718.57			24103.1	14165.56	45548.5	case rate	
CONNECTIVE TISSUE DISORDERS W/O CC/MCC	547	MS-DRG	inpatient					UHC	Medicare		22207.25			19310.65	9607.49	32166	case rate	
SEPTIC ARTHRITIS W MCC	548	MS-DRG	inpatient					UHC	Medicare		38437			33423.48	23030.1	77534.47	case rate	
SEPTIC ARTHRITIS W CC	549	MS-DRG	inpatient					UHC	Medicare		27817.11			24188.8	14247.06	46666.21	case rate	
SEPTIC ARTHRITIS W/O CC/MCC	550	MS-DRG	inpatient					UHC	Medicare		23741.11			20644.44	10676.05	34648.97	case rate	
MEDICAL BACK PROBLEMS W MCC	551	MS-DRG	inpatient					UHC	Medicare		34896.57			30344.84	9165	59696.14	case rate	
MEDICAL BACK PROBLEMS W/O MCC	552	MS-DRG	inpatient					UHC	Medicare		24390.93			21209.5	11413.47	33793.81	case rate	
BONE DISEASES & ARTHROPATHIES W MCC	553	MS-DRG	inpatient					UHC	Medicare		29892.25			25993.26	15963.27	46418.66	case rate	
BONE DISEASES & ARTHROPATHIES W/O MCC	554	MS-DRG	inpatient					UHC	Medicare		22327.22			19414.97	9706.71	47368.4	case rate	
SIGNS & SYMPTOMS OF MUSCULOSKELETAL SYSTEM & CONN TISSUE W MCC	555	MS-DRG	inpatient					UHC	Medicare		30570.63			26583.16	16524.32	47978.95	case rate	
SIGNS & SYMPTOMS OF MUSCULOSKELETAL SYSTEM & CONN TISSUE W/O MCC	556	MS-DRG	inpatient					UHC	Medicare		22364.35			19447.26	9737.42	28794.12	case rate	
TENDONITIS, MYOSITIS & BURSITIS W MCC	557	MS-DRG	inpatient					UHC	Medicare		32824.29			28542.86	18388.17	53725.03	case rate	
TENDONITIS, MYOSITIS & BURSITIS W/O MCC	558	MS-DRG	inpatient					UHC	Medicare		23135.56			20117.88	10375.24	32387.29	case rate	
AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W MCC	559	MS-DRG	inpatient					UHC	Medicare		37018.83			32190.29	21857.22	67463.84	case rate	
AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W CC	560	MS-DRG	inpatient					UHC	Medicare		26758.84			23268.56	13371.82	38320.9	case rate	
AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W/O CC/MCC	561	MS-DRG	inpatient					UHC	Medicare		21733.1			18898.35	9211	28359.04	case rate	
FX, SPRN, STRN & DISL EXCEPT FEMUR, HIP, PELVIS & THIGH W MCC	562	MS-DRG	inpatient					UHC	Medicare		32308.72			28094.54	12507	52813.61	case rate	
FX, SPRN, STRN & DISL EXCEPT FEMUR, HIP, PELVIS & THIGH W/O MCC	563	MS-DRG	inpatient					UHC	Medicare		23381.21			20331.49	10578.4	31434.62	case rate	
OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W MCC	564	MS-DRG	inpatient					UHC	Medicare		32897.12			28606.19	18448.41	58968.51	case rate	
OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W CC	565	MS-DRG	inpatient					UHC	Medicare		24863.65			21620.57	11804.43	36599.33	case rate	
OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W/O CC/MCC	566	MS-DRG	inpatient					UHC	Medicare		21308.93			18529.51	8864.55	28591.59	case rate	
SKIN DEBRIDEMENT W MCC	570	MS-DRG	inpatient					UHC	Medicare		52324.55			45499.61	34515.62	113822.49	case rate	
SKIN DEBRIDEMENT W CC	571	MS-DRG	inpatient					UHC	Medicare		34753.75			30220.65	9078	63870.67	case rate	
SKIN DEBRIDEMENT W/O CC/MCC	572	MS-DRG	inpatient					UHC	Medicare		26865.96			23361.7	11401	44205.75	case rate	
SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W MCC	573	MS-DRG	inpatient					UHC	Medicare		99395.69			86431.03	16091	196968.01	case rate	
SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W CC	574	MS-DRG	inpatient					UHC	Medicare		59231.2			51505.39	36864	114242.57	case rate	
SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W/O CC/MCC	575	MS-DRG	inpatient					UHC	Medicare		39810.91			34618.18	24166.37	65959.81	case rate	
SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W MCC	576	MS-DRG	inpatient					UHC	Medicare		91754.97			79786.93	67126.05	183060.41	case rate	
SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W CC	577	MS-DRG	inpatient					UHC	Medicare		48424.21			42108.01	31289.9	94112.56	case rate	
SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W/O CC/MCC	578	MS-DRG	inpatient					UHC	Medicare		33591.22			29209.75	19022.45	57374.46	case rate	
OTHER SKIN, SUBCUT TISS & BREAST PROC W MCC	579	MS-DRG	inpatient					UHC	Medicare		58322.88			50715.55	39476.46	104937.08	case rate	
OTHER SKIN, SUBCUT TISS & BREAST PROC W CC	580	MS-DRG	inpatient					UHC	Medicare		35534.96			30899.96	20830	59628.63	case rate	
OTHER SKIN, SUBCUT TISS & BREAST PROC W/O CC/MCC	581	MS-DRG	inpatient					UHC	Medicare		29823.7			25933.65	8609	46373.65	case rate	
MASTECTOMY FOR MALIGNANCY W CC/MCC	582	MS-DRG	inpatient					UHC	Medicare		34399.56			29912.66	10681	58867.24	case rate	
MASTECTOMY FOR MALIGNANCY W/O CC/MCC	583	MS-DRG	inpatient					UHC	Medicare		32325.85			28109.44	14701	51688.4	case rate	
BREAST BIOPSY, LOCAL EXCISION & OTHER BREAST PROCEDURES W CC/MCC	584	MS-DRG	inpatient					UHC	Medicare		38562.68			33532.77	23134.04	70190.6	case rate	
BREAST BIOPSY, LOCAL EXCISION & OTHER BREAST PROCEDURES W/O CC/MCC	585	MS-DRG	inpatient					UHC	Medicare		34640.92			30122.54	19890.6	58724.71	case rate	
SKIN ULCERS W MCC	592	MS-DRG	inpatient					UHC	Medicare		40440.73			35165.85	24687.26	64069.46	case rate	
SKIN ULCERS W CC	593	MS-DRG	inpatient					UHC	Medicare		27869.96			24234.74	14290.76	42360.41	case rate	
SKIN ULCERS W/O CC/MCC	594	MS-DRG	inpatient					UHC	Medicare		21835.93			18987.76	9300.39	30388.17	case rate	
MAJOR SKIN DISORDERS W MCC	595	MS-DRG	inpatient					UHC	Medicare		41653.25			36220.22	25690.06	74522.66	case rate	
MAJOR SKIN DISORDERS W/O MCC	596	MS-DRG	inpatient					UHC	Medicare		25000.76			21739.79	11917.82	37938.33	case rate	
MALIGNANT BREAST DISORDERS W MCC	597	MS-DRG	inpatient					UHC	Medicare		33448.4			29085.56	18904.34	64512.04	case rate	
MALIGNANT BREAST DISORDERS W CC	598	MS-DRG	inpatient					UHC	Medicare		27711.43			24096.9	14159.65	43594.39	case rate	
MALIGNANT BREAST DISORDERS W/O CC/MCC	599	MS-DRG	inpatient					UHC	Medicare		19465.16			16926.23	7339.68	26870.01	case rate	
NON-MALIGNANT BREAST DISORDERS W CC/MCC	600	MS-DRG	inpatient					UHC	Medicare		25236.41			21944.7	12112.71	35856.69	case rate	
NON-MALIGNANT BREAST DISORDERS W/O CC/MCC	601	MS-DRG	inpatient					UHC	Medicare		19482.3			16941.13	7353.85	23224.33	case rate	
CELLULITIS W MCC	602	MS-DRG	inpatient					UHC	Medicare		31834.56			27682.23	17569.64	54160.11	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.														
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true													
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CELLULITIS W/O MCC	603	MS-DRG	inpatient					23225.54 UHC	Medicare		20196.12				10449.65	31794.68	case rate	
TRAUMA TO THE SKIN, SUBCUT TISS & BREAST W MCC	604	MS-DRG	inpatient					32101.63 UHC	Medicare		27914.46				17790.51	53139.92	case rate	
TRAUMA TO THE SKIN, SUBCUT TISS & BREAST W/O MCC	605	MS-DRG	inpatient					23569.73 UHC	Medicare		20495.42				10734.31	32274.77	case rate	
MINOR SKIN DISORDERS W MCC	606	MS-DRG	inpatient					33238.46 UHC	Medicare		28903.01				18730.71	51789.67	case rate	
MINOR SKIN DISORDERS W/O MCC	607	MS-DRG	inpatient					23351.22 UHC	Medicare		20305.41				10553.59	30043.11	case rate	
ADRENAL & PITUITARY PROCEDURES W CC/MCC	614	MS-DRG	inpatient					42758.65 UHC	Medicare		37181.44				26604.27	88651.55	case rate	
ADRENAL & PITUITARY PROCEDURES W/O CC/MCC	615	MS-DRG	inpatient					31600.34 UHC	Medicare		27478.56				17375.93	55555.37	case rate	
AMPUTAT OF LOWER LIMB FOR ENDOCRINE, NUTRIT, & METABOL DIS W MCC	616	MS-DRG	inpatient					67113.28 UHC	Medicare		58359.37				46746.45	155098.95	case rate	
AMPUTAT OF LOWER LIMB FOR ENDOCRINE, NUTRIT, & METABOL DIS W CC	617	MS-DRG	inpatient					38932.58 UHC	Medicare		33854.42				23439.96	77774.52	case rate	
AMPUTAT OF LOWER LIMB FOR ENDOCRINE, NUTRIT, & METABOL DIS W/O CC/MCC	618	MS-DRG	inpatient					27178.72 UHC	Medicare		23633.67				13719.08	43481.87	case rate	
O.R. PROCEDURES FOR OBESITY W MCC	619	MS-DRG	inpatient					47558.74 UHC	Medicare		41355.43				30574.12	109546.69	case rate	
O.R. PROCEDURES FOR OBESITY W CC	620	MS-DRG	inpatient					33758.31 UHC	Medicare		29355.05				19160.65	67872.67	case rate	
O.R. PROCEDURES FOR OBESITY W/O CC/MCC	621	MS-DRG	inpatient					32260.16 UHC	Medicare		28052.31				17921.62	59197.3	case rate	
SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W MCC	622	MS-DRG	inpatient					65226.66 UHC	Medicare		56718.84				45186.15	142451.59	case rate	
SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W CC	623	MS-DRG	inpatient					37174.5 UHC	Medicare		32325.65				21986.96	72133.46	case rate	
SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W/O CC/MCC	624	MS-DRG	inpatient					26937.48 UHC	Medicare		23049.98				13163.94	48609.07	case rate	
THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W MCC	625	MS-DRG	inpatient					52310.27 UHC	Medicare		45487.19				34503.81	104393.23	case rate	
THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W CC	626	MS-DRG	inpatient					31897.4 UHC	Medicare		27736.87				17621.61	60408.77	case rate	
THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W/O CC/MCC	627	MS-DRG	inpatient					28242.71 UHC	Medicare		24558.88				14599.04	40695.1	case rate	
OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W MCC	628	MS-DRG	inpatient					67924.43 UHC	Medicare		59064.77				47417.35	137838.23	case rate	
OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W CC	629	MS-DRG	inpatient					42907.18 UHC	Medicare		37310.6				26727.11	87717.62	case rate	
OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W/O CC/MCC	630	MS-DRG	inpatient					30532.07 UHC	Medicare		26549.63				16492.43	57554.49	case rate	
DIABETES W MCC	637	MS-DRG	inpatient					31289 UHC	Medicare		27207.83				17118.44	51808.42	case rate	
DIABETES W CC	638	MS-DRG	inpatient					23435.48 UHC	Medicare		20378.68				10622.28	32713.61	case rate	
DIABETES W/O CC/MCC	639	MS-DRG	inpatient					19480.87 UHC	Medicare		16939.89				7352.67	23700.67	case rate	
MISC DISORDERS OF NUTRITION, METABOLISM, FLUIDS/ELECTROLYTES W MCC	640	MS-DRG	inpatient					29373.82 UHC	Medicare		25542.45				15534.51	44640.83	case rate	
MISC DISORDERS OF NUTRITION, METABOLISM, FLUIDS/ELECTROLYTES W/O MCC	641	MS-DRG	inpatient					21750.24 UHC	Medicare		18913.25				9229.52	28201.51	case rate	
INBORN AND OTHER DISORDERS OF METABOLISM	642	MS-DRG	inpatient					25203.87 UHC	Medicare		21916.67				15393.95	47390.09	case rate	
ENDOCRINE DISORDERS W MCC	643	MS-DRG	inpatient					34085.36 UHC	Medicare		29639.45				19431.13	61290.19	case rate	
ENDOCRINE DISORDERS W CC	644	MS-DRG	inpatient					25753.41 UHC	Medicare		22394.27				12540.29	37975.84	case rate	
ENDOCRINE DISORDERS W/O CC/MCC	645	MS-DRG	inpatient					21457.46 UHC	Medicare		18658.86				8987.39	27863.95	case rate	
KIDNEY TRANSPLANT WITH HEMODIALYSIS WITH MCC	650	MS-DRG	inpatient					74822.55 UHC	Medicare		65063.09				53122.31	78036.12	case rate	
KIDNEY TRANSPLANT WITH HEMODIALYSIS WITHOUT MCC	651	MS-DRG	inpatient					59982.41 UHC	Medicare		52158.62				40848.96	60006.7	case rate	
KIDNEY TRANSPLANT	652	MS-DRG	inpatient					53498.51 UHC	Medicare		46520.44				35496.53	124320.7	case rate	
MAJOR BLADDER PROCEDURES W MCC	653	MS-DRG	inpatient					87906.04 UHC	Medicare		76440.04				63942.84	2058375.92	case rate	
MAJOR BLADDER PROCEDURES W CC	654	MS-DRG	inpatient					49686.72 UHC	Medicare		43205.84				32334.04	107768.86	case rate	
MAJOR BLADDER PROCEDURES W/O CC/MCC	655	MS-DRG	inpatient					40693.52 UHC	Medicare		35385.67				24896.32	77909.54	case rate	
KIDNEY & URETER PROCEDURES FOR NEOPLASM W MCC	656	MS-DRG	inpatient					55400.84 UHC	Medicare		48174.64				37059.83	124808.29	case rate	
KIDNEY & URETER PROCEDURES FOR NEOPLASM W CC	657	MS-DRG	inpatient					36928.85 UHC	Medicare		32112.05				21782.81	73041.13	case rate	
KIDNEY & URETER PROCEDURES FOR NEOPLASM W/O CC/MCC	658	MS-DRG	inpatient					31733.16 UHC	Medicare		27594.05				17485.77	58750.96	case rate	
KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W MCC	659	MS-DRG	inpatient					47564.45 UHC	Medicare		41360.4				30578.84	102285.34	case rate	
KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W CC	660	MS-DRG	inpatient					29812.27 UHC	Medicare		25923.71				15897.12	54296.13	case rate	
KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W/O CC/MCC	661	MS-DRG	inpatient					25563.46 UHC	Medicare		22229.09				12383.2	40237.51	case rate	
MINOR BLADDER PROCEDURES W MCC	662	MS-DRG	inpatient					53388.54 UHC	Medicare		46424.82				35395.58	119223.5	case rate	
MINOR BLADDER PROCEDURES W CC	663	MS-DRG	inpatient					31427.53 UHC	Medicare		27326.29				17233.01	61522.73	case rate	
MINOR BLADDER PROCEDURES W/O CC/MCC	664	MS-DRG	inpatient					25751.98 UHC	Medicare		22393.02				12539.11	44472.05	case rate	
PROSTATECTOMY W MCC	665	MS-DRG	inpatient					54708.17 UHC	Medicare		47572.32				36486.97	119227.25	case rate	
PROSTATECTOMY W CC	666	MS-DRG	inpatient					35117.93 UHC	Medicare		30537.33				20285.1	66728.7	case rate	
PROSTATECTOMY W/O CC/MCC	667	MS-DRG	inpatient					25580.6 UHC	Medicare		22244				12397.37	40522.56	case rate	
TRANSURETHRAL PROCEDURES W MCC	668	MS-DRG	inpatient					50836.4 UHC	Medicare		44205.56				33284.86	105567.2	case rate	
TRANSURETHRAL PROCEDURES W CC	669	MS-DRG	inpatient					32507.23 UHC	Medicare		28267.16				18125.96	59354.83	case rate	
TRANSURETHRAL PROCEDURES W/O CC/MCC	670	MS-DRG	inpatient					24338.09 UHC	Medicare		21163.55				11369.77	36137.99	case rate	
URETHRAL PROCEDURES W CC/MCC	671	MS-DRG	inpatient					35039.38 UHC	Medicare		30469.03				20220.14	63143.03	case rate	
URETHRAL PROCEDURES W/O CC/MCC	672	MS-DRG	inpatient					23768.25 UHC	Medicare		20668.04				10898.49	35641.15	case rate	
OTHER KIDNEY & URINARY TRACT PROCEDURES W MCC	673	MS-DRG	inpatient					63404.32 UHC	Medicare		55134.19				43679	134173.79	case rate	
OTHER KIDNEY & URINARY TRACT PROCEDURES W CC	674	MS-DRG	inpatient					44612.42 UHC	Medicare		38793.41				28137.4	86719.93	case rate	
OTHER KIDNEY & URINARY TRACT PROCEDURES W/O CC/MCC	675	MS-DRG	inpatient					33248.45 UHC	Medicare		28911.7				18738.98	60960.13	case rate	
RENAL FAILURE W MCC	682	MS-DRG	inpatient					32024.51 UHC	Medicare		27847.4				17726.73	57460.72	case rate	
RENAL FAILURE W CC	683	MS-DRG	inpatient					23455.48 UHC	Medicare		20396.07				10639.82	34468.93	case rate	
RENAL FAILURE W/O CC/MCC	684	MS-DRG	inpatient					19260.93 UHC	Medicare		16766.02				7187.31	23246.84	case rate	
KIDNEY & URINARY TRACT NEOPLASMS W MCC	686	MS-DRG	inpatient					36860.3 UHC	Medicare		32052.44				21726.11	64422.02	case rate	
KIDNEY & URINARY TRACT NEOPLASMS W CC	687	MS-DRG	inpatient					25519.18 UHC	Medicare		22190.6				12346.58	39521.13	case rate	
KIDNEY & URINARY TRACT NEOPLASMS W/O CC/MCC	688	MS-DRG	inpatient					21743.1 UHC	Medicare		18907.04				9223.62	29664.29	case rate	
KIDNEY & URINARY TRACT INFECTIONS W MCC	689	MS-DRG	inpatient					27362.96 UHC	Medicare		23793.87				13671.45	41692.78	case rate	
KIDNEY & URINARY TRACT INFECTIONS W/O MCC	690	MS-DRG	inpatient					22114.42 UHC	Medicare		19229.93				9530.72	29784.31	case rate	
URINARY STONES W MCC	693	MS-DRG	inpatient					30817.7 UHC	Medicare		26798				16728.66	49644.27	case rate	
URINARY STONES W/O MCC	694	MS-DRG	inpatient					21768.8 UHC	Medicare		18929.39				9244.88	26333.66	case rate	
KIDNEY & URINARY TRACT SIGNS & SYMPTOMS W MCC	695	MS-DRG	inpatient					27671.44 UHC	Medicare		24062.12				14126.58	43084.29	case rate	
KIDNEY & URINARY TRACT SIGNS & SYMPTOMS W/O MCC	696	MS-DRG	inpatient					20474.88 UHC	Medicare		17804.24				8174.75	25827.32	case rate	
URETHRAL STRICTURE	697	MS-DRG	inpatient					26487.49 UHC	Medicare		23032.6				13147.4	36006.72	case rate	
OTHER KIDNEY & URINARY TRACT DIAGNOSES W MCC	698	MS-DRG	inpatient					34218.18 UHC	Medicare		29754.94				19540.98	60577.56	case rate	
OTHER KIDNEY & URINARY TRACT DIAGNOSES W CC	699	MS-DRG	inpatient					25169.87 UHC	Medicare		21886.33				12057.2	39553.45	case rate	
OTHER KIDNEY & URINARY TRACT DIAGNOSES W/O CC/MCC	700	MS-DRG	inpatient					20706.24 UHC	Medicare		18005.43				8366.1	28494.07	case rate	
MAJOR MALE PELVIC PROCEDURES W CC/MCC	707	MS-DRG	inpatient					38609.81 UHC	Medicare		33573.75				23173.02	67190.04	case rate	
MAJOR MALE PELVIC PROCEDURES W/O CC/MCC	708	MS-DRG	inpatient					31420.39 UHC	Medicare		27322.08				17227.1	52753.6	case rate	
PENIS PROCEDURES W CC/MCC	709	MS-DRG	inpatient					40867.75 UHC	Medicare		35537.18				26040.42	76208.72	case rate	
PENIS PROCEDURES W/O CC/MCC	710	MS-DRG	inpatient					28218.43 UHC	Medicare		24537.77				14578.96	62617.94	case rate	
TESTES PROCEDURES W CC/MCC	711	MS-DRG	inpatient					40909.17 UHC	Medicare		35573.19				25074.68	78145.83	case rate	
TESTES PROCEDURES W/O CC/MCC	712	MS-DRG	inpatient					27562.9 UHC	Medicare		23967.74				14036.81	40387.54	case rate	
TRANSURETHRAL PROSTATECTOMY W CC/MCC	713	MS-DRG	inpatient					31309 UHC	Medicare		27225.21				17134.97	54887.74	case rate	
TRANSURETHRAL PROSTATECTOMY W/O CC/MCC	714	MS-DRG	inpatient					24279.53 UHC	Medicare		21112.64				11321.34	34150.12	case rate	
OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC FOR MALIGNANCY W CC/MCC	715	MS-DRG	inpatient					42117.41 UHC	Medicare		36623.83				26073.93	82886.72	case rate	
OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC FOR MALIGNANCY W/O CC/MCC	716	MS-DRG	inpatient					30901.57 UHC	Medicare		26871.28				16798.34	54872.74	case rate	
OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC EXC MALIGNANCY W CC/MCC	717	MS-DRG	inpatient					36493.26 UHC	Medicare		31733.27				21422.55	73299.93	case rate	
OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC EXC MALIGNANCY W/O CC/MCC	718	MS-DRG	inpatient					27382.95 UHC	Medicare		23811.26				13887.99	46231.13	case rate	
MALIGNANCY, MALE REPRODUCTIVE SYSTEM W MCC	722	MS-DRG	inpatient					37365.88 UHC	Medicare		32492.07				22144.24	62250.37	case rate	
MALIGNANCY, MALE REPRODUCTIVE SYSTEM W CC	723	MS-DRG	inpatient					26934.62 UHC	Medicare		23047.5				13161.58	41313.96	case rate	
MALIGNANCY, MALE REPRODUCTIVE SYSTEM W/O CC/MCC	724	MS-DRG	inpatient					22151.55 UHC	Medicare		19262.22				9561.43	25849.82	case rate	
BENIGN PROSTATIC HYPERTROPHY W MCC	725	MS-DRG	inpatient					28312.69 UHC	Medicare		24619.73				14656.92	45544.75	case rate	
BENIGN PROSTATIC HYPERTROPHY W/O MCC	726	MS-DRG	inpatient					21029.01 UHC	Medicare		18286.1				9633.04	28674.1	case rate	
INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM W MCC	727	MS-DRG	inpatient					33741.17 UHC	Medicare		29340.15				19146.47	53935.07	case rate	
INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM W/O MCC	728	MS-DRG	inpatient					22017.31 UHC	Medicare		19145.48				9450.4	29683.04	case rate	
OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES W CC/MCC	729	MS-DRG	inpatient					24927.92 UHC	Medicare		21676.45				11857.58	40582.57	case rate	
OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES W/O CC/MCC	730	MS-DRG	inpatient					19468.02 UHC	Medicare		16928.71				7342.04	21318.98	case rate	
PELVIC EVISCERATION, RAD HYSTERECTOMY & RAD VULVECTOMY W CC/MCC	734	MS-DRG	inpatient					41633.25 UHC	Medicare		36202.83				25673.52	86487.39	case rate	
PELVIC EVISCERATION, RAD HYSTERECTOMY & RAD VULVECTOMY W/O CC/MCC	735	MS-DRG	inpatient					28588.33 UHC	Medicare		24859.42				14884.88	51197.06	case rate	
UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W MCC	736	MS-DRG	inpatient					66106.42 UHC	Medicare		57483.84				45913.74	151175.71	case rate	
UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W CC	737	MS-DRG	inpatient					38779.77 UHC	Medicare		33721.54				23313.58	76191.72	case rate	
UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W/O CC/MCC	738	MS-DRG	inpatient					30079.34 UHC	Medicare		26155.95				16118	52221	case rate	
UTERINE, ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W MCC	739	MS-DRG	inpatient					62237.5 UHC	Medicare		54119.56				42714	134938.93	case rate	
UTERINE, ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W CC	740	MS-DRG	inpatient					36111.94 UHC	Medicare		31401.69				21107.19	65370.95	case rate	
UTERINE, ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W/O CC/MCC	741	MS-DRG	inpatient					29146.74 UHC	Medicare		25344.99				15345.71	49801.79	case rate	
UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W CC/MCC	742	MS-DRG	inpatient					36039.1 UHC	Medicare		31338.35				21046.95	64287	case rate	
UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC/MCC	743	MS-DRG	inpatient					27185.86 UHC	Medicare		23639.88				13724.99	41842.81	case rate	
D&C, CONIZATION, LAPAROSCOPY & TUBAL INTERRUPTION W CC/MCC	744	MS-DRG	inpatient					37474.42 UHC	Medicare		32586.45				22234.01	63398.08	case rate	
D&C, CONIZATION, LAPAROSCOPY & TUBAL INTERRUPTION W/O CC/MCC	745	MS-DRG	inpatient					25384.94 UHC	Medicare		22073.86				12235.55	40109.99	case rate	
VAGINA, CERVIX & VULVA PROCEDURES W CC/MCC	746	MS-DRG	inpatient					34528.1 UHC	Medicare		30024.43				19797.29	62925.49	case rate	
VAGINA, CERVIX & VULVA PROCEDURES W/O CC/MCC	747	MS-DRG	inpatient					23261.24 UHC	Medicare		20227.17				10479.18	35939.21	case rate	
FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES	748	MS-DRG	inpatient					30654.89 UHC	Medicare		26656.43				16594	48534.06	case rate	
OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES W CC/MCC	749	MS-DRG	inpatient					46540.46 UHC	Medicare		40469.96				29731.96	97593.21	case rate	
OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES W/O CC/MCC	750	MS-DRG	inpatient					30013.64 UHC	Medicare		26098.82				16063.67	45904.82	case rate	
MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W MCC	754	MS-DRG	inpatient					37047.39 UHC	Medicare		32215.12				21880.84	69065.39	case rate	
MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W CC	755	MS-DRG	inpatient					26081.89 UHC	Medicare		22679.9				12811.96	40128.74	case rate	
MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W/O CC/MCC	756	MS-DRG	inpatient					24725.12 UHC	Medicare		21500.11				11688.86	29259.21	case rate	
INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W MCC	757	MS-DRG	inpatient					31893.12 UHC	Medicare		27733.15				17618.06	54043.84	case rate	
INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W CC	758	MS-DRG	inpatient					24766.54 UHC	Medicare		21536.12				11724.11	38272.14	case rate	
INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W/O CC/MCC	759	MS-DRG	inpatient					19819.35 UHC	Medicare		17234.22				7632.6	26696.22	case rate	
MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS W CC/MCC	760	MS-DRG	inpatient					24806.53 UHC	Medicare		21570.89				11757.19	32694.85	case rate	
MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS W/O CC/MCC	761	MS-DRG	inpatient					19239.51 UHC	Medicare		16730.01				7153.06	20606.35	case rate	
VAGINAL DELIVERY W O.R. PROC EXCEPT STERIL &/OR D&C	768	MS-DRG	inpatient					27987.07 UHC	Medicare		24336.58				8760	42435.42	case rate	
POSTPARTUM & POST ABORTION DIAGNOSES W O.R. PROCEDURE	769	MS-DRG	inpatient					32640.05 UHC	Medicare		28382.65				18235.81	54681.46	case rate	
ABORTION W D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY	770	MS-DRG	inpatient					21997.31 UHC	Medicare		19128.1				9433.86	40053.73	case rate	
POSTPARTUM & POST ABORTION DIAGNOSES W/O O.R. PROCEDURE	776	MS-DRG	inpatient					20826.21 UHC	Medicare		18109.75				8465.32	24717.11	case rate	
ABORTION W/O D&C	779	MS-DRG	inpatient					24717.98 UHC	Medicare		21493.9				11683.96	28291.53	case rate	
CESAREAN SECTION W STERILIZATION W MCC	783	MS-DRG	inpatient					35894.86 UHC	Medicare		31212.92				8487	65468.47	case rate	
CESAREAN SECTION W STERILIZATION W CC	784	MS-DRG	inpatient					25216.41 UHC	Medicare		21927.31				8487	41336.46	case rate	
CESAREAN SECTION W STERILIZATION W/O CC/MCC	785	MS-DRG	inpatient					22962.76 UHC	Medicare		19967.61				8487	31712.17	case rate	
CESAREAN SECTION W/O STERILIZATION W MCC	786	MS-DRG	inpatient					36576.38 UHC	Medicare		31805.98				8487	58315.88	case rate	
CESAREAN SECTION W/O STERILIZATION W CC	787	MS-DRG	inpatient					25602.02 UHC	Medicare		22262.63				8487	40548.82	case rate	
CESAREAN SECTION W/O STERILIZATION W/O CC/MCC	788	MS-DRG	inpatient					22801.37 UHC	Medicare		19827.28				8487	33782.55	case rate	
NEONATES, DIED OR TRANSFERRED TO ANOTHER ACUTE CARE FACILITY	789	MS-DRG	inpatient					36574.67 UHC	Medicare		31804.06				637	62400.4	case rate	
EXTREME IMMATURITY OR RESPIRATORY DISTRESS SYNDROME, NEONATE	790	MS-DRG	inpatient					96282.27 UHC	Medicare		83723.72				637	205774.65	case rate	
PREMATURITY W MAJOR PROBLEMS	791	MS-DRG	inpatient					69112.72 UHC	Medicare		60098.02				637	140538.73	case rate	
PREMATURITY W/O MAJOR PROBLEMS	792	MS-DRG	inpatient					45902.06 UHC	Medicare		39914.84				637	84795.83	case rate	
FULL TERM NEONATE W MAJOR PROBLEMS	793	MS-DRG	inpatient					70706.56 UHC	Medicare		61483.97				637	144360.69	case rate	
NEONATE W OTHER SIGNIFICANT PROBLEMS	794	MS-DRG	inpatient					31868.84 UHC	Medicare		27712.03				637	81095.79	case rate	
NORMAL NEWBORN	795	MS-DRG	inpatient					13471.12 UHC	Medicare		11714.02				637	11714.02	case rate	
VAGINAL DELIVERY W STERILIZATION/D&C W MCC	796	MS-DRG	inpatient					30847.7 UHC	Medicare		26824.08				6365	55067.78	case rate	
VAGINAL DELIVERY W STERILIZATION/D&C W CC	797	MS-DRG	inpatient					24813.67 UHC	Medicare		21577.1				6365	31764.68	case rate	
VAGINAL DELIVERY W STERILIZATION/D&C W/O CC/MCC	798	MS-DRG	inpatient					22175.83 UHC	Medicare		19283.33				6365	31764.68	case rate	
SPLENECTOMY W MCC	799	MS-DRG	inpatient					81350.73 UHC	Medicare		70739.77				58521.36	176342.91	case rate	
SPLENECTOMY W CC	800	MS-DRG	inpatient					50832.11 UHC	Medicare		44201.84				33281.32	98523.39	case rate	
SPLENECTOMY W/O CC/MCC	801	MS-DRG	inpatient					36150.5 UHC	Medicare		31435.22				5977	58372.14	case rate	
OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W MCC	802	MS-DRG	inpatient					59009.83 UHC	Medicare		51312.89				8199	125543.45	case rate	
OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W CC	803	MS-DRG	inpatient					37128.8 UHC	Medicare		32285.91				13379	64590.8	case rate	
OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W/O CC/MCC	804	MS-DRG	inpatient					27677.1 UHC	Medicare		24240.95				14296.66	46152.36	case rate	
VAGINAL DELIVERY W/O STERILIZATION/D&C W MCC	805	MS-DRG	inpatient					24989.33 UHC	Medicare		21729.85				6365	38377.16	case rate	
VAGINAL DELIVERY W/O STERILIZATION/D&C W CC	806	MS-DRG	inpatient					21254.66 UHC	Medicare		18482.31				6365	26532.45	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.														
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true													
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
VAGINAL DELIVERY W/O STERILIZATION/D&C W/O CC/MCC	807	MS-DRG	inpatient					Medicare			17334.81				6365	23029.3	case rate	
MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W MCC	808	MS-DRG	inpatient					Medicare			41868.9	UHC			36407.74	25868.41	80610.04	case rate	
MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W CC	809	MS-DRG	inpatient					Medicare			27791.41	UHC			24166.44	14225.79	45177.18	case rate	
MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W/O CC/MCC	810	MS-DRG	inpatient					Medicare			24936.49	UHC			21683.9	11864.67	34581.45	case rate	
RED BLOOD CELL DISORDERS W MCC	811	MS-DRG	inpatient					Medicare			30636.33	UHC			26640.28	16578.65	50859.49	case rate	
RED BLOOD CELL DISORDERS W/O MCC	812	MS-DRG	inpatient					Medicare			23454.05	UHC			20394.82	10638.64	33126.18	case rate	
COAGULATION DISORDERS	813	MS-DRG	inpatient					Medicare			32869.99	UHC			28582.6	18425.97	60442.53	case rate	
RETICULOENDOTHELIAL & IMMUNITY DISORDERS W MCC	814	MS-DRG	inpatient					Medicare			40983.44	UHC			35637.77	25136.1	62374.14	case rate	
RETICULOENDOTHELIAL & IMMUNITY DISORDERS W CC	815	MS-DRG	inpatient					Medicare			24789.39	UHC			21555.99	11743.01	36670.59	case rate	
RETICULOENDOTHELIAL & IMMUNITY DISORDERS W/O CC/MCC	816	MS-DRG	inpatient					Medicare			20733.38	UHC			18029.03	8388.54	27065.05	case rate	
OTHER ANTEPARTUM DIAGNOSES W O.R. PROCEDURE W MCC	817	MS-DRG	inpatient					Medicare			42795.79	UHC			37213.73	26634.98	94956.47	case rate	
OTHER ANTEPARTUM DIAGNOSES W O.R. PROCEDURE W CC	818	MS-DRG	inpatient					Medicare			27344.39	UHC			23777.73	13856.09	50953.26	case rate	
OTHER ANTEPARTUM DIAGNOSES W O.R. PROCEDURE W/O CC/MCC	819	MS-DRG	inpatient					Medicare			23546.88	UHC			20475.55	10715.41	31498.37	case rate	
LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W MCC	820	MS-DRG	inpatient					Medicare			96947.8	UHC			84302.44	71420.72	204176.86	case rate	
LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W CC	821	MS-DRG	inpatient					Medicare			42468.74	UHC			36929.34	6969	89803.01	case rate	
LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W/O CC/MCC	822	MS-DRG	inpatient					Medicare			28282.7	UHC			24593.65	8721	45375.97	case rate	
LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER PROC W MCC	823	MS-DRG	inpatient					Medicare			74885.39	UHC			65117.73	12547	169704.17	case rate	
LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER PROC W CC	824	MS-DRG	inpatient					Medicare			42480.16	UHC			36939.27	22652	82305.36	case rate	
LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER PROC W/O CC/MCC	825	MS-DRG	inpatient					Medicare			29033.92	UHC			25246.88	15253.4	50972.01	case rate	
MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W MCC	826	MS-DRG	inpatient					Medicare			73270.19	UHC			63713.16	51838.4	185080.89	case rate	
MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W CC	827	MS-DRG	inpatient					Medicare			43684.11	UHC			37986.18	27369.65	84454.51	case rate	
MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W/O CC/MCC	828	MS-DRG	inpatient					Medicare			34018.24	UHC			29581.08	19375.62	61338.95	case rate	
MYELOPROLIFERATIVE DISORDERS OR POORLY DIFFERENTIATED NEOPLASMS W OTHER PROCEDURE W CC/MCC	829	MS-DRG	inpatient					Medicare			55632.2	UHC			48375.83	37251.17	116635.52	case rate	
MYELOPROLIFERATIVE DISORDERS OR POORLY DIFFERENTIATED NEOPLASMS W OTHER PROCEDURE W/O CC/MCC	830	MS-DRG	inpatient					Medicare			33172.76	UHC			28845.88	18676.38	53214.83	case rate	
OTHER ANTEPARTUM DIAGNOSES W/O O.R. PROCEDURE W MCC	831	MS-DRG	inpatient					Medicare			25012.18	UHC			21749.72	11927.27	38560.95	case rate	
OTHER ANTEPARTUM DIAGNOSES W/O O.R. PROCEDURE W CC	832	MS-DRG	inpatient					Medicare			21126.13	UHC			18370.54	8713.36	26960.03	case rate	
OTHER ANTEPARTUM DIAGNOSES W/O O.R. PROCEDURE W/O CC/MCC	833	MS-DRG	inpatient					Medicare			17899.88	UHC			15565.12	6045.14	18014.61	case rate	
ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W MCC	834	MS-DRG	inpatient					Medicare			90553.87	UHC			78742.5	66132.7	206581.05	case rate	
ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W CC	835	MS-DRG	inpatient					Medicare			42517.29	UHC			36971.56	26404.65	80114.95	case rate	
ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W/O CC/MCC	836	MS-DRG	inpatient					Medicare			27690.01	UHC			24078.27	14141.93	45480.99	case rate	
CHEMO W ACUTE LEUKEMIA AS SDX OR W HIGH DOSE CHEMO AGENT W MCC	837	MS-DRG	inpatient					Medicare			76522.96	UHC			66280.83	56182.68	201598.37	case rate	
CHEMO W ACUTE LEUKEMIA AS SDX W CC OR HIGH DOSE CHEMO AGENT	838	MS-DRG	inpatient					Medicare			38474.14	UHC			33455.77	23060.81	88238.97	case rate	
CHEMO W ACUTE LEUKEMIA AS SDX W/O CC/MCC	839	MS-DRG	inpatient					Medicare			29201.01	UHC			25392.19	15391.59	47105.04	case rate	
LYMPHOMA & NON-ACUTE LEUKEMIA W MCC	840	MS-DRG	inpatient					Medicare			55223.74	UHC			48020.65	35913.36	123506.8	case rate	
LYMPHOMA & NON-ACUTE LEUKEMIA W CC	841	MS-DRG	inpatient					Medicare			33062.79	UHC			28750.25	18585.43	61316.44	case rate	
LYMPHOMA & NON-ACUTE LEUKEMIA W/O CC/MCC	842	MS-DRG	inpatient					Medicare			25820.53	UHC			22452.63	12595.8	42049.1	case rate	
OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W MCC	843	MS-DRG	inpatient					Medicare			37163.07	UHC			32315.72	21976.51	69237.92	case rate	
OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W CC	844	MS-DRG	inpatient					Medicare			27117.31	UHC			23580.27	13668.29	44213.25	case rate	
OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W/O CC/MCC	845	MS-DRG	inpatient					Medicare			22942.76	UHC			19950.23	10215.78	32488.56	case rate	
CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W MCC	846	MS-DRG	inpatient					Medicare			45495.03	UHC			39560.9	28867.35	105690.98	case rate	
CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W CC	847	MS-DRG	inpatient					Medicare			27908.52	UHC			24268.28	14322.65	49753.04	case rate	
CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W/O CC/MCC	848	MS-DRG	inpatient					Medicare			21437.28	UHC			18641.28	8970.85	34979.03	case rate	
RADIOTHERAPY	849	MS-DRG	inpatient					Medicare			49028.33	UHC			42633.33	31789.52	73898.29	case rate	
INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W MCC	853	MS-DRG	inpatient					Medicare			81989.12	UHC			71294.89	59049.33	189676.65	case rate	
INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W CC	854	MS-DRG	inpatient					Medicare			39699.51	UHC			34521.31	24074.24	82620.42	case rate	
INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W/O CC/MCC	855	MS-DRG	inpatient					Medicare			34895.14	UHC			30343.6	20100.84	56510.92	case rate	
POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W MCC	856	MS-DRG	inpatient					Medicare			73835.69	UHC			64204.95	52306.14	168342.67	case rate	
POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W CC	857	MS-DRG	inpatient					Medicare			41091.98	UHC			35732.15	25225.86	77140.65	case rate	
POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W/O CC/MCC	858	MS-DRG	inpatient					Medicare			28919.66	UHC			25147.53	15158.9	51763.41	case rate	
POSTOPERATIVE & POST-TRAUMATIC INFECTIONS W MCC	862	MS-DRG	inpatient					Medicare			36897.43	UHC			32084.73	21756.82	68551.54	case rate	
POSTOPERATIVE & POST-TRAUMATIC INFECTIONS W/O MCC	863	MS-DRG	inpatient					Medicare			24950.77	UHC			21696.32	11876.48	36936.89	case rate	
FEVER AND INFLAMMATORY CONDITIONS	864	MS-DRG	inpatient					Medicare			23198.4	UHC			20172.53	10427.21	32417.3	case rate	
VIRAL ILLNESS W MCC	865	MS-DRG	inpatient					Medicare			34011.1	UHC			29574.87	19369.71	51842.18	case rate	
VIRAL ILLNESS W/O MCC	866	MS-DRG	inpatient					Medicare			23696.84	UHC			20605.94	10839.43	33770.74	case rate	
OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W MCC	867	MS-DRG	inpatient					Medicare			40472.15	UHC			35193.17	24713.24	79998.68	case rate	
OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W CC	868	MS-DRG	inpatient					Medicare			26093.31	UHC			22689.83	12821.4	40391.29	case rate	
OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W/O CC/MCC	869	MS-DRG	inpatient					Medicare			20454.89	UHC			17786.86	8158.22	28801.63	case rate	
SEPTICEMIA OR SEVERE SEPSIS W MV >96 HOURS	870	MS-DRG	inpatient					Medicare			110061.28	UHC			95705.46	82266.06	236117.82	case rate	
SEPTICEMIA OR SEVERE SEPSIS W/O MV >96 HOURS W MCC	871	MS-DRG	inpatient					Medicare			38905.45	UHC			33830.82	23417.52	69627.99	case rate	
SEPTICEMIA OR SEVERE SEPSIS W/O MV >96 HOURS W/O MCC	872	MS-DRG	inpatient					Medicare			25299.25	UHC			21999.34	12164.68	39491.12	case rate	
O.R. PROCEDURE W PRINCIPAL DIAGNOSES OF MENTAL ILLNESS	876	MS-DRG	inpatient					Medicare			63882.75	UHC			55550.22	44074.69	123525.61	case rate	
ACUTE ADJUSTMENT REACTION & PSYCHOSOCIAL DYSFUNCTION	880	MS-DRG	inpatient					Medicare			24223.83	UHC			21064.2	2010	21064.2	case rate	
DEPRESSIVE NEUROSES	881	MS-DRG	inpatient					Medicare			23536.88	UHC			20466.85	2010	20466.85	case rate	
NEUROSES EXCEPT DEPRESSIVE	882	MS-DRG	inpatient					Medicare			24005.32	UHC			20874.19	2010	20874.19	case rate	
DISORDERS OF PERSONALITY & IMPULSE CONTROL	883	MS-DRG	inpatient					Medicare			37374.44	UHC			32499.52	2010	32540.07	case rate	
ORGANIC DISTURBANCES & INTELLECTUAL DISABILITY	884	MS-DRG	inpatient					Medicare			35682.06	UHC			31027.88	2010	31027.88	case rate	
PSYCHOSES	885	MS-DRG	inpatient					Medicare			30105.05	UHC			26178.3	2010	26178.3	case rate	
BEHAVIORAL & DEVELOPMENTAL DISORDERS	886	MS-DRG	inpatient					Medicare			34608.07	UHC			30093.98	2010	30093.98	case rate	
OTHER MENTAL DISORDER DIAGNOSES	887	MS-DRG	inpatient					Medicare			29093.9	UHC			25299.04	2010	25299.04	case rate	
ALCOHOL/DRUG ABUSE OR DEPENDENCE, LEFT AMA	894	MS-DRG	inpatient					Medicare			18795.35	UHC			16343.78	2010	94620.59	case rate	
ALCOHOL/DRUG ABUSE OR DEPENDENCE W REHABILITATION THERAPY	895	MS-DRG	inpatient					Medicare			33566.94	UHC			29188.64	2010	29188.64	case rate	
ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY W MCC	896	MS-DRG	inpatient					Medicare			35984.63	UHC			31291.16	2010	31291.16	case rate	
ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY W/O MCC	897	MS-DRG	inpatient					Medicare			22809.94	UHC			19834.73	2010	19834.73	case rate	
WOUND DEBRIDEMENTS FOR INJURIES W MCC	901	MS-DRG	inpatient					Medicare			72398.95	UHC			62955.61	13124	167465	case rate	
WOUND DEBRIDEMENTS FOR INJURIES W CC	902	MS-DRG	inpatient					Medicare			37507.26	UHC			32615.01	22261.17	72028.44	case rate	
WOUND DEBRIDEMENTS FOR INJURIES W/O CC/MCC	903	MS-DRG	inpatient					Medicare			28321.26	UHC			24627.18	14664	56429.51	case rate	
SKIN GRAFTS FOR INJURIES W CC/MCC	904	MS-DRG	inpatient					Medicare			57094.65	UHC			49647.52	38460.67	120997.58	case rate	
SKIN GRAFTS FOR INJURIES W/O CC/MCC	905	MS-DRG	inpatient					Medicare			33208.47	UHC			28876.93	18705.9	66357.38	case rate	
HAND PROCEDURES FOR INJURIES	906	MS-DRG	inpatient					Medicare			37462.99	UHC			32576.51	22224.56	69132.9	case rate	
OTHER O.R. PROCEDURES FOR INJURIES W MCC	907	MS-DRG	inpatient					Medicare			63711.37	UHC			55401.19	43932.95	158133.26	case rate	
OTHER O.R. PROCEDURES FOR INJURIES W CC	908	MS-DRG	inpatient					Medicare			39212.5	UHC			34097.83	23671.47	74743.95	case rate	
OTHER O.R. PROCEDURES FOR INJURIES W/O CC/MCC	909	MS-DRG	inpatient					Medicare			29960.8	UHC			26052.87	16019.96	49711.78	case rate	
TRAUMATIC INJURY W MCC	913	MS-DRG	inpatient					Medicare			31934.54	UHC			27768.16	17652.32	55206.55	case rate	
TRAUMATIC INJURY W/O MCC	914	MS-DRG	inpatient					Medicare			23554.02	UHC			20481.76	10721.32	84762.6	case rate	
ALLERGIC REACTIONS W MCC	915	MS-DRG	inpatient					Medicare			35926.28	UHC			31240.24	20953.64	62895.49	case rate	
ALLERGIC REACTIONS W/O MCC	916	MS-DRG	inpatient					Medicare			19999.3	UHC			17390.69	7781.43	23828.2	case rate	
POISONING & TOXIC EFFECTS OF DRUGS W MCC	917	MS-DRG	inpatient					Medicare			33382.7	UHC			29028.44	18850	55274.07	case rate	
POISONING & TOXIC EFFECTS OF DRUGS W/O MCC	918	MS-DRG	inpatient					Medicare			22885.63	UHC			19900.55	10168.54	29206.7	case rate	
COMPLICATIONS OF TREATMENT W MCC	919	MS-DRG	inpatient					Medicare			36650.36	UHC			31869.88	21552.48	68424.02	case rate	
COMPLICATIONS OF TREATMENT W CC	920	MS-DRG	inpatient					Medicare			25354.94	UHC			22047.78	12210.75	37623.27	case rate	
COMPLICATIONS OF TREATMENT W/O CC/MCC	921	MS-DRG	inpatient					Medicare			20556.29	UHC			17875.03	8242.08	26502.45	case rate	
OTHER INJURY, POISONING & TOXIC EFFECT DIAG W MCC	922	MS-DRG	inpatient					Medicare			35510.68	UHC			30878.85	20609.92	58450.91	case rate	
OTHER INJURY, POISONING & TOXIC EFFECT DIAG W/O MCC	923	MS-DRG	inpatient					Medicare			25035.03	UHC			21769.6	11946.17	37582.48	case rate	
EXTENSIVE BURNS OR FULL THICKNESS BURNS W MV >96 HRS W SKIN GRAFT	927	MS-DRG	inpatient					Medicare			387038.19	UHC			336554.95	298049.51	685547.44	case rate	
FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W CC/MCC	928	MS-DRG	inpatient					Medicare			109415.75	UHC			95144.13	81732.17	220376.13	case rate	
FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W/O CC/MCC	929	MS-DRG	inpatient					Medicare			56513.38	UHC			49142.07	37979.94	111478.31	case rate	
EXTENSIVE BURNS OR FULL THICKNESS BURNS W MV >96 HRS W/O SKIN GRAFT	933	MS-DRG	inpatient					Medicare			53892.69	UHC			46863.21	33318	107281.27	case rate	
FULL THICKNESS BURN W/O SKIN GRAFT OR INHAL INJ	934	MS-DRG	inpatient					Medicare			40475.01	UHC			35195.66	24715.61	68798.09	case rate	
NON-EXTENSIVE BURNS	935	MS-DRG	inpatient					Medicare			39740.93	UHC			34557.33	24108.49	68326.5	case rate	
O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W MCC	939	MS-DRG	inpatient					Medicare			56510.53	UHC			49139.59	37977.58	122974.2	case rate	
O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W CC	940	MS-DRG	inpatient					Medicare			41533.28	UHC			36115.9	25590.84	81558.97	case rate	
O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W/O CC/MCC	941	MS-DRG	inpatient					Medicare			37097.38	UHC			32258.59	21922.18	69440.46	case rate	
REHABILITATION W CC/MCC	945	MS-DRG	inpatient					Medicare			32148.76	UHC			27955.44	17829.49	51193.3	case rate	
REHABILITATION W/O CC/MCC	946	MS-DRG	inpatient					Medicare			25053.6	UHC			21785.74	11961.53	39108.55	case rate	
SIGNS & SYMPTOMS W MCC	947	MS-DRG	inpatient					Medicare			28465.5	UHC			24752.61	14783.3	45218.44	case rate	
SIGNS & SYMPTOMS W/O MCC	948	MS-DRG	inpatient					Medicare			22030.16	UHC			19156.66	9461.03	29262.96	case rate	
AFTERCARE W CC/MCC	949	MS-DRG	inpatient					Medicare			25387.79	UHC			22076.34	12237.92	42990.52	case rate	
AFTERCARE W/O CC/MCC	950	MS-DRG	inpatient					Medicare			19562.28	UHC			17010.68	7420	27938.96	case rate	
OTHER FACTORS INFLUENCING HEALTH STATUS	951	MS-DRG	inpatient					Medicare			19016.72	UHC			16536.27	6968.8	29445.59	case rate	
CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA	955	MS-DRG	inpatient					Medicare			97569.06	UHC			84842.66	71934.52	228676.43	case rate	
LIMB REATTACHMENT, HIP & FEMUR PROC FOR MULTIPLE SIGNIFICANT TRAUMA	956	MS-DRG	inpatient					Medicare			65977.88	UHC			57372.07	45807.44	141918.99	case rate	
OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W MCC	957	MS-DRG	inpatient					Medicare			113883.07	UHC			99026.76	85426.82	284996.94	case rate	
OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W CC	958	MS-DRG	inpatient					Medicare			68357.27	UHC			59441.06	47775.24	156771.76	case rate	
OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W/O CC/MCC	959	MS-DRG	inpatient					Medicare			46757.54	UHC			40658.73	29911.49	91918.4	case rate	
OTHER MULTIPLE SIGNIFICANT TRAUMA W MCC	963	MS-DRG	inpatient					Medicare			49641.02	UHC			43166.1	32296.24	104832.07	case rate	
OTHER MULTIPLE SIGNIFICANT TRAUMA W CC	964	MS-DRG	inpatient					Medicare			32027.37	UHC			27849.88	17729.09	55319.07	case rate	
OTHER MULTIPLE SIGNIFICANT TRAUMA W/O CC/MCC	965	MS-DRG	inpatient					Medicare			24242.4	UHC			21080.35	11290.63	36543.07	case rate	
HIV W EXTENSIVE O.R. PROCEDURE W MCC	969	MS-DRG	inpatient					Medicare			108743.08	UHC			94559.2	81175.85	209990.44	case rate	
HIV W EXTENSIVE O.R. PROCEDURE W/O MCC	970	MS-DRG	inpatient					Medicare			44929.48	UHC			39069.11	28399.62	104558.26	case rate	
HIV W MAJOR RELATED CONDITION W MCC	974	MS-DRG	inpatient					Medicare			52243.15	UHC			45428.82	34448.3	102131.56	case rate	
HIV W MAJOR RELATED CONDITION W CC	975	MS-DRG	inpatient					Medicare			30060.77	UHC			26139.8	16102.65	48380.28	case rate	
HIV W MAJOR RELATED CONDITION W/O CC/MCC	976	MS-DRG	inpatient					Medicare			22662.84	UHC			19706.82	9984.28	35204.07	case rate	
HIV W OR W/O OTHER RELATED CONDITION	977	MS-DRG	inpatient					Medicare			30814.85	UHC			26795.52	16726.29	43879.44	case rate	
EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W MCC	981	MS-DRG	inpatient					Medicare			78291.59	UHC			68079.64	11302	163604.34	case rate	
EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W CC	982	MS-DRG	inpatient					Medicare			46094.87	UHC			40082.49	14901	92000.92	case rate	
EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W/O CC/MCC	983	MS-DRG	inpatient					Medicare			33943.97	UHC			29516.5	19314.2	58852.23	case rate	
NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W MCC	987	MS-DRG	inpatient					Medicare			58815.6	UHC			51144	39863.96	124955.83	case rate	
NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W CC	988	MS-DRG	inpatient					Medicare			34826.93	UHC			30283.99	20044.15	63503.1	case rate	
NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W/O CC/MCC	989	MS-DRG	inpatient					Medicare			26019.05	UHC			22625.26	12759.99	39033.53	case rate	
HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM W MCC	001	MS-DRG	inpatient					397605.24	United	CommercialPPO	470187.81				320075.66	990582.37	case rate		
HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM W/O MCC	002	MS-DRG	inpatient					185457.36	United	CommercialPPO	212447.38				144621.43	503445.21	case rate		
ECMO OR TRACH W MV >96 HRS OR PDX EXC FACE, MOUTH & NECK W MAJ O.R.	003	MS-DRG	inpatient					315081.15	United	CommercialPPO	369928.53				251825.15	686280.58	case rate		For One Day Stay, Rate = $6.649/case
TRACH W MV >96 HRS OR PDX EXC FACE, MOUTH & NECK W/O MAJ O.R.	004	MS-DRG	inpatient					220531.85	United	CommercialPPO	255059.7				173629.34	428299.93	case rate		For One Day Stay, Rate = $6.649/case
LIVER TRANSPLANT W MCC OR INTESTINAL TRANSPLANT	005	MS-DRG	inpatient					158406.35	United	CommercialPPO	179582.85				122249.23	284311	case rate		
LIVER TRANSPLANT W/O MCC	006	MS-DRG	inpatient					79669.77	United	CommercialPPO	83925.05				57131.14	284311	case rate		
LUNG TRANSPLANT	007	MS-DRG	inpatient					185775.85	United	CommercialPPO	212834.31				144884.83	359497.06	case rate		
SIMULTANEOUS PANCREAS/KIDNEY TRANSPLANT	008	MS-DRG	inpatient					85736.65	United	CommercialPPO	91295.76				62148.67	196874.24	case rate		
PANCREAS TRANSPLANT	010	MS-DRG	inpatient					79337.01	United	CommercialPPO	83520.77				56855.93	169302.85	case rate		
TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES OR LARYNGECTOMY W MCC	011	MS-DRG	inpatient					84231.35	United	CommercialPPO	89468.96				60903.74	280411	case rate		For One Day Stay, Rate = $6.649/case
TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES OR LARYNGECTOMY W CC	012	MS-DRG	inpatient					67787.38	United	CommercialPPO	69489.02				47303.96	280411	case rate		For One Day Stay, Rate = $6.649/case
TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES OR LARYNGECTOMY W/O CC/MCC	013	MS-DRG	inpatient					48946.93	United	CommercialPPO	46599.58				31722.2	280411	case rate		For One Day Stay, Rate = $6.649/case
ALLOGENEIC BONE MARROW TRANSPLANT	014	MS-DRG	inpatient					174271.92	United	CommercialPPO	198858.08				135370.65	448219.9	case rate		
AUTOLOGOUS BONE MARROW TRANSPLANT W CC/MCC OR T-CELL IMMUNOTHERAPY	016	MS-DRG	inpatient					98808.71	United	CommercialPPO	107177.13				72959.76	245273.28	case rate		
AUTOLOGOUS BONE MARROW TRANSPLANT W/O CC/MCC	017	MS-DRG	inpatient					98808.71	United	CommercialPPO	107177.13				71026.39	164321.92	case rate		
CHIMERIC ANTIGEN RECEPTOR (CAR) T-CELL IMMUNOTHERAPY	018	MS-DRG	inpatient					536767.79	United	CommercialPPO	639257.69				435168.29	639257.69	case rate		
SIMULTANEOUS PANCREAS AND KIDNEY TRANSPLANT WITH HEMODIALYSIS	019	MS-DRG	inpatient					124751.46	United	CommercialPPO	138695.22				94415.39	138695.22	case rate		
INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W MCC	020	MS-DRG	inpatient					131305.54	United	CommercialPPO	146857.59				99835.69	391021.73	case rate		For One Day Stay, Rate = $6.649/case
INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W CC	021	MS-DRG	inpatient					98300.28	United	CommercialPPO	106559.43				72539.27	296515.34	case rate		For One Day Stay, Rate = $6.649/case

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number(NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.													
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101119	true													
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W/O CC/MCC	022	MS-DRG	inpatient				80243.37	United	CommercialPPO		60324.22				41066.11	193442.35	case rate	For One Day Stay, Rate = $6,649/case
CRANIOTOMY W MAJOR DEVICE IMPLANT OR ACUTE COMPLEX CNS PDX W MCC OR CHEMOTHERAPY IMPLANT OR EPIL	023	MS-DRG	inpatient				91550.74	United	CommercialPPO		98359.35				66957.14	204791.97	case rate	For One Day Stay, Rate = $6,649/case
CRANIO W MAJOR DEV IMPL/ACUTE COMPLEX CNS PDX W/O MCC	024	MS-DRG	inpatient				64701.1	United	CommercialPPO		65739.47				44751.49	313612.23	case rate	For One Day Stay, Rate = $6,649/case
CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W MCC	025	MS-DRG	inpatient				73658.59	United	CommercialPPO		76622.02				52159.67	160436.19	case rate	For One Day Stay, Rate = $6,649/case
CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W CC	026	MS-DRG	inpatient				52765.86	United	CommercialPPO		51239.24				34980.6	113109.86	case rate	For One Day Stay, Rate = $6,649/case
CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W/O CC/MCC	027	MS-DRG	inpatient				45336.51	United	CommercialPPO		42213.25				28736.25	90230.59	case rate	For One Day Stay, Rate = $6,649/case
SPINAL PROCEDURES W MCC	028	MS-DRG	inpatient				96653.6	United	CommercialPPO		104558.86				71177.4	201592.62	case rate	For One Day Stay, Rate = $6,649/case
SPINAL PROCEDURES W CC OR SPINAL NEUROSTIMULATORS	029	MS-DRG	inpatient				59551.11	United	CommercialPPO		59482.7				40492.25	118360.84	case rate	For One Day Stay, Rate = $6,649/case
SPINAL PROCEDURES W/O CC/MCC	030	MS-DRG	inpatient				43709.82	United	CommercialPPO		40236.97				27392.91	81603.98	case rate	For One Day Stay, Rate = $6,649/case
VENTRICULAR SHUNT PROCEDURES W MCC	031	MS-DRG	inpatient				69382.65	United	CommercialPPO		71427.13				48623.3	156888.03	case rate	For One Day Stay, Rate = $6,649/case
VENTRICULAR SHUNT PROCEDURES W CC	032	MS-DRG	inpatient				41350.48	United	CommercialPPO		37370.58				25439.65	103005.11	case rate	For One Day Stay, Rate = $6,649/case
VENTRICULAR SHUNT PROCEDURES W/O CC/MCC	033	MS-DRG	inpatient				33768.31	United	CommercialPPO		28158.94				19168.92	168398.47	case rate	For One Day Stay, Rate = $6,649/case
CAROTID ARTERY STENT PROCEDURE W MCC	034	MS-DRG	inpatient				66309.22	United	CommercialPPO		67693.19				46081.46	279134.89	case rate	For One Day Stay, Rate = $6,649/case
CAROTID ARTERY STENT PROCEDURE W CC	035	MS-DRG	inpatient				43431.32	United	CommercialPPO		39898.62				27160.59	83276.79	case rate	For One Day Stay, Rate = $6,649/case
CAROTID ARTERY STENT PROCEDURE W/O CC/MCC	036	MS-DRG	inpatient				36414.71	United	CommercialPPO		31374.08				21357.59	64737.08	case rate	For One Day Stay, Rate = $6,649/case
EXTRACRANIAL PROCEDURES W MCC	037	MS-DRG	inpatient				58799.89	United	CommercialPPO		59570.04				39970.97	120389.97	case rate	For One Day Stay, Rate = $6,649/case
EXTRACRANIAL PROCEDURES W CC	038	MS-DRG	inpatient				33439.83	United	CommercialPPO		27759.86				18897.25	62700.45	case rate	For One Day Stay, Rate = $6,649/case
EXTRACRANIAL PROCEDURES W/O CC/MCC	039	MS-DRG	inpatient				26885.95	United	CommercialPPO		19797.49				13476.94	42472.93	case rate	For One Day Stay, Rate = $6,649/case
PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W MCC	040	MS-DRG	inpatient				65582.28	United	CommercialPPO		66810.03				45480.26	147335	case rate	For One Day Stay, Rate = $6,649/case
PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W CC OR PERIPH NEUROSTIM	041	MS-DRG	inpatient				42448.37	United	CommercialPPO		39704.88				26347.96	88456.51	case rate	For One Day Stay, Rate = $6,649/case
PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W/O CC/MCC	042	MS-DRG	inpatient				35437.84	United	CommercialPPO		30187.27				20549.68	102408.62	case rate	For One Day Stay, Rate = $6,649/case
SPINAL DISORDERS & INJURIES W CC/MCC	052	MS-DRG	inpatient				36361.31	United	CommercialPPO		33739.02				22967.5	80333.48	case rate	For One Day Stay, Rate = $6,649/case
SPINAL DISORDERS & INJURIES W/O CC/MCC	053	MS-DRG	inpatient				24640.86	United	CommercialPPO		17069.91				11620.17	98314.19	case rate	For One Day Stay, Rate = $6,649/case
NERVOUS SYSTEM NEOPLASMS W MCC	054	MS-DRG	inpatient				31634.62	United	CommercialPPO		25568.7				17404.27	143596.19	case rate	For One Day Stay, Rate = $6,649/case
NERVOUS SYSTEM NEOPLASMS W/O MCC	055	MS-DRG	inpatient				25917.64	United	CommercialPPO		18621.09				12676.12	39277.33	case rate	For One Day Stay, Rate = $6,649/case
DEGENERATIVE NERVOUS SYSTEM DISORDERS W MCC	056	MS-DRG	inpatient				44780.95	United	CommercialPPO		41538.29				28276.78	79683.62	case rate	For One Day Stay, Rate = $6,649/case
DEGENERATIVE NERVOUS SYSTEM DISORDERS W/O MCC	057	MS-DRG	inpatient				30059.35	United	CommercialPPO		23652.88				16101.46	45342.21	case rate	For One Day Stay, Rate = $6,649/case
MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W MCC	058	MS-DRG	inpatient				35267.89	United	CommercialPPO		29980.79				20459.13	65997.32	case rate	For One Day Stay, Rate = $6,649/case
MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W CC	059	MS-DRG	inpatient				27545.76	United	CommercialPPO		20599.11				14022.64	41231.45	case rate	For One Day Stay, Rate = $6,649/case
MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W/O CC/MCC	060	MS-DRG	inpatient				23406.92	United	CommercialPPO		15570.79				10599.66	31232.08	case rate	For One Day Stay, Rate = $6,649/case
ISCHEMIC STROKE, PRECEREBRAL OCCLUSION OR TRANSIENT ISCHEMIA W THROMBOLYTIC AGENT W MCC	061	MS-DRG	inpatient				50619.32	United	CommercialPPO		49631.38				33105.33	106808.68	case rate	For One Day Stay, Rate = $6,649/case
ISCHEMIC STROKE, PRECEREBRAL OCCLUSION OR TRANSIENT ISCHEMIA W THROMBOLYTIC AGENT W CC	062	MS-DRG	inpatient				37321.6	United	CommercialPPO		32475.87				22107.62	121708.96	case rate	For One Day Stay, Rate = $6,649/case
ISCHEMIC STROKE, PRECEREBRAL OCCLUSION OR TRANSIENT ISCHEMIA W THROMBOLYTIC AGENT W/O CC/MCC	063	MS-DRG	inpatient				31824.57	United	CommercialPPO		25797.47				17561.37	136083.64	case rate	For One Day Stay, Rate = $6,649/case
INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W MCC	064	MS-DRG	inpatient				39196.79	United	CommercialPPO		34754.05				23658.47	215326.95	case rate	For One Day Stay, Rate = $6,649/case
INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W CC OR TPA IN 24 HRS	065	MS-DRG	inpatient				25106.44	United	CommercialPPO		17635.56				12005.23	38698.47	case rate	For One Day Stay, Rate = $6,649/case
INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W/O CC/MCC	066	MS-DRG	inpatient				20409.18	United	CommercialPPO		11928.81				8120.42	27260.09	case rate	For One Day Stay, Rate = $6,649/case
NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT W MCC	067	MS-DRG	inpatient				30826.27	United	CommercialPPO		24584.63				16735.74	56313.01	case rate	For One Day Stay, Rate = $6,649/case
NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT W/O MCC	068	MS-DRG	inpatient				23029.88	United	CommercialPPO		15112.72				10287.83	33707.54	case rate	For One Day Stay, Rate = $6,649/case
TRANSIENT ISCHEMIA W/O THROMBOLYTIC	069	MS-DRG	inpatient				21997.31	United	CommercialPPO		13858.24				9433.86	28711.61	case rate	For One Day Stay, Rate = $6,649/case
NONSPECIFIC CEREBROVASCULAR DISORDERS W MCC	070	MS-DRG	inpatient				36147.64	United	CommercialPPO		31049.61				21136.72	61710.27	case rate	For One Day Stay, Rate = $6,649/case
NONSPECIFIC CEREBROVASCULAR DISORDERS W CC	071	MS-DRG	inpatient				26754.83	United	CommercialPPO		18423.29				12541.47	36974.4	case rate	For One Day Stay, Rate = $6,649/case
NONSPECIFIC CEREBROVASCULAR DISORDERS W/O CC/MCC	072	MS-DRG	inpatient				21773.09	United	CommercialPPO		13585.83				9248.42	27830.19	case rate	For One Day Stay, Rate = $6,649/case
CRANIAL & PERIPHERAL NERVE DISORDERS W MCC	073	MS-DRG	inpatient				32198.75	United	CommercialPPO		26252.06				17870.83	52926.13	case rate	For One Day Stay, Rate = $6,649/case
CRANIAL & PERIPHERAL NERVE DISORDERS W/O MCC	074	MS-DRG	inpatient				25246.4	United	CommercialPPO		17805.6				12120.98	36528.07	case rate	For One Day Stay, Rate = $6,649/case
VIRAL MENINGITIS W CC/MCC	075	MS-DRG	inpatient				37922.86	United	CommercialPPO		33206.34				22604.89	55570.37	case rate	For One Day Stay, Rate = $6,649/case
VIRAL MENINGITIS W/O CC/MCC	076	MS-DRG	inpatient				23765.39	United	CommercialPPO		16006.3				10896.13	30935.77	case rate	For One Day Stay, Rate = $6,649/case
HYPERTENSIVE ENCEPHALOPATHY W MCC	077	MS-DRG	inpatient				32168.76	United	CommercialPPO		26215.63				17846.03	58210.86	case rate	For One Day Stay, Rate = $6,649/case
HYPERTENSIVE ENCEPHALOPATHY W CC	078	MS-DRG	inpatient				25113.58	United	CommercialPPO		17644.23				12011.13	36385.54	case rate	For One Day Stay, Rate = $6,649/case
HYPERTENSIVE ENCEPHALOPATHY W/O CC/MCC	079	MS-DRG	inpatient				21170.4	United	CommercialPPO		12853.62				8749.97	27998.98	case rate	For One Day Stay, Rate = $6,649/case
NONTRAUMATIC STUPOR & COMA W MCC	080	MS-DRG	inpatient				42134.54	United	CommercialPPO		38323.15				26088.1	70468.15	case rate	For One Day Stay, Rate = $6,649/case
NONTRAUMATIC STUPOR & COMA W/O MCC	081	MS-DRG	inpatient				23579.73	United	CommercialPPO		15780.73				10742.58	32053.48	case rate	For One Day Stay, Rate = $6,649/case
TRAUMATIC STUPOR & COMA, COMA >1 HR W MCC	082	MS-DRG	inpatient				43128.55	United	CommercialPPO		39530.78				26910.19	80962.61	case rate	For One Day Stay, Rate = $6,649/case
TRAUMATIC STUPOR & COMA, COMA >1 HR W CC	083	MS-DRG	inpatient				29962.23	United	CommercialPPO		23534.9				16021.15	48571.57	case rate	For One Day Stay, Rate = $6,649/case
TRAUMATIC STUPOR & COMA, COMA >1 HR W/O CC/MCC	084	MS-DRG	inpatient				23725.4	United	CommercialPPO		15957.71				10863.05	34630.21	case rate	For One Day Stay, Rate = $6,649/case
TRAUMATIC STUPOR & COMA, COMA <1 HR W MCC	085	MS-DRG	inpatient				43050	United	CommercialPPO		39435.35				26845.22	81765.26	case rate	For One Day Stay, Rate = $6,649/case
TRAUMATIC STUPOR & COMA, COMA <1 HR W CC	086	MS-DRG	inpatient				29400.96	United	CommercialPPO		22853				15556.95	46624.95	case rate	For One Day Stay, Rate = $6,649/case
TRAUMATIC STUPOR & COMA, COMA <1 HR W/O CC/MCC	087	MS-DRG	inpatient				23246.96	United	CommercialPPO		15376.46				10467.37	31704.67	case rate	For One Day Stay, Rate = $6,649/case
CONCUSSION W MCC	088	MS-DRG	inpatient				32495.81	United	CommercialPPO		26612.96				18116.51	55495.36	case rate	For One Day Stay, Rate = $6,649/case
CONCUSSION W CC	089	MS-DRG	inpatient				27013.05	United	CommercialPPO		19951.91				13582.07	40038.72	case rate	For One Day Stay, Rate = $6,649/case
CONCUSSION W/O CC/MCC	090	MS-DRG	inpatient				23941.05	United	CommercialPPO		16219.71				11041.41	29758.05	case rate	For One Day Stay, Rate = $6,649/case
OTHER DISORDERS OF NERVOUS SYSTEM W MCC	091	MS-DRG	inpatient				36143.36	United	CommercialPPO		31044.41				21133.17	60461.28	case rate	For One Day Stay, Rate = $6,649/case
OTHER DISORDERS OF NERVOUS SYSTEM W CC	092	MS-DRG	inpatient				25244.98	United	CommercialPPO		17803.86				12119.8	35380.35	case rate	For One Day Stay, Rate = $6,649/case
OTHER DISORDERS OF NERVOUS SYSTEM W/O CC/MCC	093	MS-DRG	inpatient				21650.27	United	CommercialPPO		13436.61				9146.84	27672.66	case rate	For One Day Stay, Rate = $6,649/case
BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W MCC	094	MS-DRG	inpatient				62328.9	United	CommercialPPO		62857.47				42789.59	137947	case rate	For One Day Stay, Rate = $6,649/case
BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W CC	095	MS-DRG	inpatient				44640.99	United	CommercialPPO		41368.25				28161.03	88300.42	case rate	For One Day Stay, Rate = $6,649/case
BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W/O CC/MCC	096	MS-DRG	inpatient				41720.37	United	CommercialPPO		37819.97				25745.57	79177.28	case rate	For One Day Stay, Rate = $6,649/case
NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W MCC	097	MS-DRG	inpatient				62531.7	United	CommercialPPO		63103.85				42957.32	132733.52	case rate	For One Day Stay, Rate = $6,649/case
NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W CC	098	MS-DRG	inpatient				41360.41	United	CommercialPPO		37382.73				25447.92	69406.7	case rate	For One Day Stay, Rate = $6,649/case
NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W/O CC/MCC	099	MS-DRG	inpatient				29445.23	United	CommercialPPO		23906.79				15593.57	47742.66	case rate	For One Day Stay, Rate = $6,649/case
SEIZURES W MCC	100	MS-DRG	inpatient				36904.02	United	CommercialPPO		34398.36				23416.34	67977.69	case rate	For One Day Stay, Rate = $6,649/case
SEIZURES W/O MCC	101	MS-DRG	inpatient				23581.15	United	CommercialPPO		15782.47				10743.76	32604.84	case rate	For One Day Stay, Rate = $6,649/case
HEADACHES W MCC	102	MS-DRG	inpatient				27822.83	United	CommercialPPO		20935.72				14251.78	40376.29	case rate	For One Day Stay, Rate = $6,649/case
HEADACHES W/O MCC	103	MS-DRG	inpatient				22621.42	United	CommercialPPO		14616.48				9950.02	29307.97	case rate	For One Day Stay, Rate = $6,649/case
ORBITAL PROCEDURES W CC/MCC	113	MS-DRG	inpatient				46399.07	United	CommercialPPO		43504.16				29615.02	86367.37	case rate	For One Day Stay, Rate = $6,649/case
ORBITAL PROCEDURES W/O CC/MCC	114	MS-DRG	inpatient				28182.73	United	CommercialPPO		21372.96				14549.43	47075.04	case rate	For One Day Stay, Rate = $6,649/case
EXTRAOCULAR PROCEDURES EXCEPT ORBIT	115	MS-DRG	inpatient				32932.83	United	CommercialPPO		27143.9				18477.94	51088.28	case rate	For One Day Stay, Rate = $6,649/case
INTRAOCULAR PROCEDURES W CC/MCC	116	MS-DRG	inpatient				36737.48	United	CommercialPPO		31766.21				21624.53	64061.96	case rate	For One Day Stay, Rate = $6,649/case
INTRAOCULAR PROCEDURES W/O CC/MCC	117	MS-DRG	inpatient				27705.72	United	CommercialPPO		20793.44				14154.93	37600.77	case rate	For One Day Stay, Rate = $6,649/case
ACUTE MAJOR EYE INFECTIONS W CC/MCC	121	MS-DRG	inpatient				28888.24	United	CommercialPPO		22230.1				15132.92	39731.17	case rate	For One Day Stay, Rate = $6,649/case
ACUTE MAJOR EYE INFECTIONS W/O CC/MCC	122	MS-DRG	inpatient				21223.24	United	CommercialPPO		12917.82				8793.68	28472.44	case rate	For One Day Stay, Rate = $6,649/case
NEUROLOGICAL EYE DISORDERS	123	MS-DRG	inpatient				22073	United	CommercialPPO		13950.2				9496.46	28239.02	case rate	For One Day Stay, Rate = $6,649/case
OTHER DISORDERS OF THE EYE W MCC	124	MS-DRG	inpatient				29469.51	United	CommercialPPO		22936.29				15613.65	49933.07	case rate	For One Day Stay, Rate = $6,649/case
OTHER DISORDERS OF THE EYE W/O MCC	125	MS-DRG	inpatient				21980.17	United	CommercialPPO		13837.42				9419.69	30388.17	case rate	For One Day Stay, Rate = $6,649/case
SINUS & MASTOID PROCEDURES W CC/MCC	135	MS-DRG	inpatient				48467.06	United	CommercialPPO		46016.59				31325.33	86198.59	case rate	For One Day Stay, Rate = $6,649/case
SINUS & MASTOID PROCEDURES W/O CC/MCC	136	MS-DRG	inpatient				24002.47	United	CommercialPPO		16294.32				11092.2	45477.24	case rate	For One Day Stay, Rate = $6,649/case
MOUTH PROCEDURES W CC/MCC	137	MS-DRG	inpatient				32080.21	United	CommercialPPO		26108.05				17772.79	51650.89	case rate	For One Day Stay, Rate = $6,649/case
MOUTH PROCEDURES W/O CC/MCC	138	MS-DRG	inpatient				22954.19	United	CommercialPPO		15020.76				10225.23	31700.92	case rate	For One Day Stay, Rate = $6,649/case
SALIVARY GLAND PROCEDURES	139	MS-DRG	inpatient				27552.9	United	CommercialPPO		20607.78				14028.54	43523.12	case rate	For One Day Stay, Rate = $6,649/case
MAJOR HEAD AND NECK PROCEDURES WITH MCC	140	MS-DRG	inpatient				64548.28	United	CommercialPPO		65553.81				44625.1	65553.81	case rate	For One Day Stay, Rate = $6,649/case
MAJOR HEAD AND NECK PROCEDURES WITH CC	141	MS-DRG	inpatient				40177.95	United	CommercialPPO		35946.07				24469.93	35946.07	case rate	For One Day Stay, Rate = $6,649/case
MAJOR HEAD AND NECK PROCEDURES WITHOUT COMPLICATIONS	142	MS-DRG	inpatient				32655.76	United	CommercialPPO		26807.3				18248.8	28396.32	case rate	For One Day Stay, Rate = $6,649/case
OTHER EAR, NOSE, MOUTH AND THROAT O.R. PROCEDURES WITH MCC	143	MS-DRG	inpatient				58088.8	United	CommercialPPO		57702.49				39280.39	57702.49	case rate	For One Day Stay, Rate = $6,649/case
OTHER EAR, NOSE, MOUTH AND THROAT O.R. PROCEDURES WITH CC	144	MS-DRG	inpatient				35305.02	United	CommercialPPO		30025.91				20439.84	30700.02	case rate	For One Day Stay, Rate = $6,649/case
OTHER EAR, NOSE, MOUTH AND THROAT O.R. PROCEDURES WITHOUT CC/MCC	145	MS-DRG	inpatient				28029.91	United	CommercialPPO		21187.31				14423.05	24373.84	case rate	For One Day Stay, Rate = $6,649/case
EAR, NOSE, MOUTH & THROAT MALIGNANCY W MCC	146	MS-DRG	inpatient				40739.22	United	CommercialPPO		36627.96				24834.12	72129.71	case rate	For One Day Stay, Rate = $6,649/case
EAR, NOSE, MOUTH & THROAT MALIGNANCY W CC	147	MS-DRG	inpatient				28239.85	United	CommercialPPO		21442.37				14596.68	46902.5	case rate	For One Day Stay, Rate = $6,649/case
EAR, NOSE, MOUTH & THROAT MALIGNANCY W/O CC/MCC	148	MS-DRG	inpatient				23296.95	United	CommercialPPO		15437.16				10508.71	27147.57	case rate	For One Day Stay, Rate = $6,649/case
DYSEQUILIBRIUM	149	MS-DRG	inpatient				21226.1	United	CommercialPPO		12921.29				8796.04	26671.23	case rate	For One Day Stay, Rate = $6,649/case
EPISTAXIS W MCC	150	MS-DRG	inpatient				29363.83	United	CommercialPPO		22807.89				15526.24	49790.54	case rate	For One Day Stay, Rate = $6,649/case
EPISTAXIS W/O MCC	151	MS-DRG	inpatient				21597.42	United	CommercialPPO		13372.42				9103.14	26397.43	case rate	For One Day Stay, Rate = $6,649/case
OTITIS MEDIA & URI W MCC	152	MS-DRG	inpatient				27560.04	United	CommercialPPO		20616.46				14034.45	39086.04	case rate	For One Day Stay, Rate = $6,649/case
OTITIS MEDIA & URI W/O MCC	153	MS-DRG	inpatient				21084.71	United	CommercialPPO		12749.51				8679.1	26697.48	case rate	For One Day Stay, Rate = $6,649/case
OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W MCC	154	MS-DRG	inpatient				32558.65	United	CommercialPPO		26689.31				18168.48	54253.88	case rate	For One Day Stay, Rate = $6,649/case
OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W CC	155	MS-DRG	inpatient				24109.58	United	CommercialPPO		16424.46				11180.78	33129.93	case rate	For One Day Stay, Rate = $6,649/case
OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W/O CC/MCC	156	MS-DRG	inpatient				19952.17	United	CommercialPPO		11373.58				7742.45	24750.67	case rate	For One Day Stay, Rate = $6,649/case
DENTAL & ORAL DISEASES W MCC	157	MS-DRG	inpatient				34866.14	United	CommercialPPO		29618.16				20162.26	62749.21	case rate	For One Day Stay, Rate = $6,649/case
DENTAL & ORAL DISEASES W CC	158	MS-DRG	inpatient				23993.9	United	CommercialPPO		16283.91				11085.11	33392.48	case rate	For One Day Stay, Rate = $6,649/case
DENTAL & ORAL DISEASES W/O CC/MCC	159	MS-DRG	inpatient				20233.52	United	CommercialPPO		11715.4				7975.14	25444.75	case rate	For One Day Stay, Rate = $6,649/case
MAJOR CHEST PROCEDURES W MCC	163	MS-DRG	inpatient				77908.84	United	CommercialPPO		81785.67				55674.78	194508.19	case rate	For One Day Stay, Rate = $6,649/case
MAJOR CHEST PROCEDURES W CC	164	MS-DRG	inpatient				47014.61	United	CommercialPPO		44251.99				30124.1	96351.73	case rate	For One Day Stay, Rate = $6,649/case
MAJOR CHEST PROCEDURES W/O CC/MCC	165	MS-DRG	inpatient				37388.73	United	CommercialPPO		32557.42				22163.14	69477.97	case rate	For One Day Stay, Rate = $6,649/case
OTHER RESP SYSTEM O.R. PROCEDURES W MCC	166	MS-DRG	inpatient				68542.88	United	CommercialPPO		70406.89				47926.79	131199.49	case rate	For One Day Stay, Rate = $6,649/case
OTHER RESP SYSTEM O.R. PROCEDURES W CC	167	MS-DRG	inpatient				36580.38	United	CommercialPPO		31575.35				21494.6	71173.28	case rate	For One Day Stay, Rate = $6,649/case
OTHER RESP SYSTEM O.R. PROCEDURES W/O CC/MCC	168	MS-DRG	inpatient				29952.23	United	CommercialPPO		23522.75				16012.88	50319.39	case rate	For One Day Stay, Rate = $6,649/case
ULTRASOUND ACCELERATED AND OTHER THROMBOLYSIS WITH PRINCIPAL DIAGNOSIS PULMONARY EMBOLISM	173	MS-DRG	inpatient				54506.8	United	CommercialPPO		53354.33				36320.42	53354.33	case rate	For One Day Stay, Rate = $6,649/case
PULMONARY EMBOLISM W MCC OR ACUTE COR PULMONALE	175	MS-DRG	inpatient				30627.76	United	CommercialPPO		24343.45				16571.56	54944	case rate	For One Day Stay, Rate = $6,649/case
PULMONARY EMBOLISM W/O MCC	176	MS-DRG	inpatient				22238.67	United	CommercialPPO		14151.48				9633.48	33718.79	case rate	For One Day Stay, Rate = $6,649/case
RESPIRATORY INFECTIONS & INFLAMMATIONS W MCC	177	MS-DRG	inpatient				34818.02	United	CommercialPPO		29434.24				20037.06	69042.89	case rate	For One Day Stay, Rate = $6,649/case
RESPIRATORY INFECTIONS & INFLAMMATIONS W CC	178	MS-DRG	inpatient				24682.28	United	CommercialPPO		17120.23				11654.43	47798.92	case rate	For One Day Stay, Rate = $6,649/case
RESPIRATORY INFECTIONS & INFLAMMATIONS W/O CC/MCC	179	MS-DRG	inpatient				21491.74	United	CommercialPPO		13244.02				9015.73	34562.7	case rate	For One Day Stay, Rate = $6,649/case
RESPIRATORY NEOPLASMS W MCC	180	MS-DRG	inpatient				35414.99	United	CommercialPPO		30159.51				20530.78	63611.87	case rate	For One Day Stay, Rate = $6,649/case
RESPIRATORY NEOPLASMS W CC	181	MS-DRG	inpatient				26316.11	United	CommercialPPO		19105.19				13005.66	42791.74	case rate	For One Day Stay, Rate = $6,649/case
RESPIRATORY NEOPLASMS W/O CC/MCC	182	MS-DRG	inpatient				21430.33	United	CommercialPPO		13169.41				8964.94	29821.82	case rate	For One Day Stay, Rate = $6,649/case
MAJOR CHEST TRAUMA W MCC	183	MS-DRG	inpatient				33077.07	United	CommercialPPO		27319.15				18597.24	55919.19	case rate	For One Day Stay, Rate = $6,649/case
MAJOR CHEST TRAUMA W CC	184	MS-DRG	inpatient				25613.44	United	CommercialPPO		18251.52				12424.54	37672.03	case rate	For One Day Stay, Rate = $6,649/case
MAJOR CHEST TRAUMA W/O CC/MCC	185	MS-DRG	inpatient				21383.2	United	CommercialPPO		13112.15				8925.97	27466.38	case rate	For One Day Stay, Rate = $6,649/case
PLEURAL EFFUSION W MCC	186	MS-DRG	inpatient				32757.16	United	CommercialPPO		26930.49				18332.66	58492.17	case rate	For One Day Stay, Rate = $6,649/case
PLEURAL EFFUSION W CC	187	MS-DRG	inpatient				24819.38	United	CommercialPPO		17286.8				11767.82	35532.38	case rate	For One Day Stay, Rate = $6,649/case
PLEURAL EFFUSION W/O CC/MCC	188	MS-DRG	inpatient				21251.81	United	CommercialPPO		12952.52				8817.3	28775.37	case rate	For One Day Stay, Rate = $6,649/case
PULMONARY EDEMA & RESPIRATORY FAILURE	189	MS-DRG	inpatient				28185.58	United	CommercialPPO		21376.43				14551.79	46332.4	case rate	For One Day Stay, Rate = $6,649/case
CHRONIC OBSTRUCTIVE PULMONARY DISEASE W MCC	190	MS-DRG	inpatient				26328.96	United	CommercialPPO		19120.8				13016.3	44659.58	case rate	For One Day Stay, Rate = $6,649/case
CHRONIC OBSTRUCTIVE PULMONARY DISEASE W CC	191	MS-DRG	inpatient				22715.68	United	CommercialPPO		14731				10027.98	34277.65	case rate	For One Day Stay, Rate = $6,649/case
CHRONIC OBSTRUCTIVE PULMONARY DISEASE W/O CC/MCC	192	MS-DRG	inpatient				19756.51	United	CommercialPPO		11135.87				7580.63	27158.82	case rate	For One Day Stay, Rate = $6,649/case
SIMPLE PNEUMONIA & PLEURISY W MCC	193	MS-DRG	inpatient				29536.63	United	CommercialPPO		23017.84				15669.16	49385.47	case rate	For One Day St

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.														
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103		310119 true													
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT <=96 HOURS	208	MS-DRG	inpatient				49205.43	United	CommercialPPO		46913.63				31935.99	91419.56	case rate	For One Day Stay, Rate = $6,649/case
CONCOMITANT AORTIC AND MITRAL VALVE PROCEDURES	212	MS-DRG	inpatient				164414.67	United	CommercialPPO		186882.42				37458	186882.42	case rate	For One Day Stay, Rate = $6,649/case
OTHER HEART ASSIST SYSTEM IMPLANT	215	MS-DRG	inpatient				156475.46	United	CommercialPPO		177236.99				120652.31	483318.95	case rate	For One Day Stay, Rate = $6,649/case
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W MCC	216	MS-DRG	inpatient				149198.92	United	CommercialPPO		168396.66				78485	368352.5	case rate	For One Day Stay, Rate = $6,649/case
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W CC	217	MS-DRG	inpatient				101497.96	United	CommercialPPO		110444.32				75183.87	239649.54	case rate	For One Day Stay, Rate = $6,649/case
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W/O CC/MCC	218	MS-DRG	inpatient				91949.2	United	CommercialPPO		98843.44				67286.69	221490.09	case rate	For One Day Stay, Rate = $6,649/case
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W MCC	219	MS-DRG	inpatient				120719.73	United	CommercialPPO		133797.03				57338	288488.84	case rate	For One Day Stay, Rate = $6,649/case
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W CC	220	MS-DRG	inpatient				85492.43	United	CommercialPPO		90099.05				57338	195235.19	case rate	For One Day Stay, Rate = $6,649/case
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W/O CC/MCC	221	MS-DRG	inpatient				76980.52	United	CommercialPPO		80657.86				17199	172809.75	case rate	For One Day Stay, Rate = $6,649/case
OTHER CARDIOTHORACIC PROCEDURES W MCC	228	MS-DRG	inpatient				82551.82	United	CommercialPPO		87426.48				59514.71	246653.53	case rate	For One Day Stay, Rate = $6,649/case
OTHER CARDIOTHORACIC PROCEDURES W/O MCC	229	MS-DRG	inpatient				56000.67	United	CommercialPPO		55169.24				37555.91	174347.54	case rate	For One Day Stay, Rate = $6,649/case
CORONARY BYPASS W PTCA W MCC	231	MS-DRG	inpatient				126489.55	United	CommercialPPO		140906.84				19424	315017.54	case rate	For One Day Stay, Rate = $6,649/case
CORONARY BYPASS W PTCA W/O MCC	232	MS-DRG	inpatient				95546.77	United	CommercialPPO		103214.16				27830	231058.12	case rate	For One Day Stay, Rate = $6,649/case
CORONARY BYPASS W CARDIAC CATH W MCC	233	MS-DRG	inpatient				121982.24	United	CommercialPPO		135330.86				53769	286467.21	case rate	For One Day Stay, Rate = $6,649/case
CORONARY BYPASS W CARDIAC CATH W/O MCC	234	MS-DRG	inpatient				84825.47	United	CommercialPPO		90188.76				61395.1	193056.03	case rate	For One Day Stay, Rate = $6,649/case
CORONARY BYPASS W/O CARDIAC CATH W MCC	235	MS-DRG	inpatient				94575.61	United	CommercialPPO		102034.29				47567	217911.92	case rate	For One Day Stay, Rate = $6,649/case
CORONARY BYPASS W/O CARDIAC CATH W/O MCC	236	MS-DRG	inpatient				68305.8	United	CommercialPPO		70118.86				33990	147263.73	case rate	For One Day Stay, Rate = $6,649/case
AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W MCC	239	MS-DRG	inpatient				79239.89	United	CommercialPPO		83402.79				56775.61	176631.72	case rate	For One Day Stay, Rate = $6,649/case
AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W CC	240	MS-DRG	inpatient				50710.72	United	CommercialPPO		48742.43				33180.92	102952.96	case rate	For One Day Stay, Rate = $6,649/case
AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W/O CC/MCC	241	MS-DRG	inpatient				30439.24	United	CommercialPPO		24114.42				15559	59861.17	case rate	For One Day Stay, Rate = $6,649/case
PERMANENT CARDIAC PACEMAKER IMPLANT W MCC	242	MS-DRG	inpatient				59935.28	United	CommercialPPO		59949.44				20528	140159.91	case rate	For One Day Stay, Rate = $6,649/case
PERMANENT CARDIAC PACEMAKER IMPLANT W CC	243	MS-DRG	inpatient				43118.55	United	CommercialPPO		39618.64				19748	95804.13	case rate	For One Day Stay, Rate = $6,649/case
PERMANENT CARDIAC PACEMAKER IMPLANT W/O CC/MCC	244	MS-DRG	inpatient				36718.91	United	CommercialPPO		31743.65				19748	91806.34	case rate	For One Day Stay, Rate = $6,649/case
AICD GENERATOR PROCEDURES	245	MS-DRG	inpatient				75306.71	United	CommercialPPO		78624.32				52622.72	187998.83	case rate	For One Day Stay, Rate = $6,649/case
PERC CARDIOVASC PROC W/O CORONARY ARTERY STENT W MCC	250	MS-DRG	inpatient				44163.98	United	CommercialPPO		40788.73				27766.52	97023.11	case rate	For One Day Stay, Rate = $6,649/case
PERC CARDIOVASC PROC W/O CORONARY ARTERY STENT W/O MCC	251	MS-DRG	inpatient				33254.17	United	CommercialPPO		27534.3				16743.7	62929.24	case rate	For One Day Stay, Rate = $6,649/case
OTHER VASCULAR PROCEDURES W MCC	252	MS-DRG	inpatient				58488.55	United	CommercialPPO		58191.78				39613.48	122285.32	case rate	For One Day Stay, Rate = $6,649/case
OTHER VASCULAR PROCEDURES W CC	253	MS-DRG	inpatient				47024.61	United	CommercialPPO		44264.14				30132.37	97304.41	case rate	For One Day Stay, Rate = $6,649/case
OTHER VASCULAR PROCEDURES W/O CC/MCC	254	MS-DRG	inpatient				35370.72	United	CommercialPPO		30105.72				20494.17	67887.67	case rate	For One Day Stay, Rate = $6,649/case
UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W MCC	255	MS-DRG	inpatient				49828.11	United	CommercialPPO		47670.14				32450.97	95279.03	case rate	For One Day Stay, Rate = $6,649/case
UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W CC	256	MS-DRG	inpatient				34008.53	United	CommercialPPO		29450.43				19367.35	65588.49	case rate	For One Day Stay, Rate = $6,649/case
UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W/O CC/MCC	257	MS-DRG	inpatient				24743.69	United	CommercialPPO		17194.84				11705.22	42236.63	case rate	For One Day Stay, Rate = $6,649/case
CARDIAC PACEMAKER DEVICE REPLACEMENT W MCC	258	MS-DRG	inpatient				49273.98	United	CommercialPPO		46996.92				15797	112100.92	case rate	For One Day Stay, Rate = $6,649/case
CARDIAC PACEMAKER DEVICE REPLACEMENT W/O MCC	259	MS-DRG	inpatient				37248.77	United	CommercialPPO		32387.38				15797	78652.18	case rate	For One Day Stay, Rate = $6,649/case
CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W MCC	260	MS-DRG	inpatient				57937.27	United	CommercialPPO		57522.04				12982	135796.59	case rate	For One Day Stay, Rate = $6,649/case
CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W CC	261	MS-DRG	inpatient				37465.85	United	CommercialPPO		32651.11				12982	74706.44	case rate	For One Day Stay, Rate = $6,649/case
CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W/O CC/MCC	262	MS-DRG	inpatient				34088.22	United	CommercialPPO		28547.6				12982	61170.17	case rate	For One Day Stay, Rate = $6,649/case
VEIN LIGATION & STRIPPING	263	MS-DRG	inpatient				50939.23	United	CommercialPPO		49020.05				33369.91	89724.25	case rate	For One Day Stay, Rate = $6,649/case
OTHER CIRCULATORY SYSTEM O.R. PROCEDURES	264	MS-DRG	inpatient				57234.61	United	CommercialPPO		56668.37				38576.42	118499.61	case rate	For One Day Stay, Rate = $6,649/case
AICD LEAD PROCEDURES	265	MS-DRG	inpatient				61063.54	United	CommercialPPO		61320.17				41743.09	116898.07	case rate	For One Day Stay, Rate = $6,649/case
ENDOVASCULAR CARDIAC VALVE REPLACEMENT & SUPPLEMENT PROCEDURES W MCC	266	MS-DRG	inpatient				99795.58	United	CommercialPPO		108376.08				73775.94	269731.59	case rate	For One Day Stay, Rate = $6,649/case
ENDOVASCULAR CARDIAC VALVE REPLACEMENT & SUPPLEMENT PROCEDURES W/O MCC	267	MS-DRG	inpatient				80288.17	United	CommercialPPO		84676.35				57642.58	219344.69	case rate	For One Day Stay, Rate = $6,649/case
AORTIC AND HEART ASSIST PROCEDURES EXCEPT PULSATION BALLOON W MCC	268	MS-DRG	inpatient				108487.44	United	CommercialPPO		118935.9				80964.43	251435.68	case rate	For One Day Stay, Rate = $6,649/case
AORTIC AND HEART ASSIST PROCEDURES EXCEPT PULSATION BALLOON W/O MCC	269	MS-DRG	inpatient				69982.48	United	CommercialPPO		72155.87				49119.39	155687.81	case rate	For One Day Stay, Rate = $6,649/case
OTHER MAJOR CARDIOVASCULAR PROCEDURES W MCC	270	MS-DRG	inpatient				82811.75	United	CommercialPPO		87742.27				59729.68	189849.18	case rate	For One Day Stay, Rate = $6,649/case
OTHER MAJOR CARDIOVASCULAR PROCEDURES W CC	271	MS-DRG	inpatient				59950.99	United	CommercialPPO		59968.53				40822.98	131041.96	case rate	For One Day Stay, Rate = $6,649/case
OTHER MAJOR CARDIOVASCULAR PROCEDURES W/O CC/MCC	272	MS-DRG	inpatient				45430.77	United	CommercialPPO		42327.76				28814.2	98197.08	case rate	For One Day Stay, Rate = $6,649/case
PERCUTANEOUS INTRACARDIAC PROCEDURES W MCC	273	MS-DRG	inpatient				66246.38	United	CommercialPPO		67616.85				46029.49	136994.32	case rate	For One Day Stay, Rate = $6,649/case
PERCUTANEOUS INTRACARDIAC PROCEDURES W/O MCC	274	MS-DRG	inpatient				56874.71	United	CommercialPPO		56231.12				39278.77	111707.1	case rate	For One Day Stay, Rate = $6,649/case
CARDIAC DEFIBRILLATOR IMPLANT WITH CARDIAC CATHETERIZATION AND MCC	275	MS-DRG	inpatient				111073.84	United	CommercialPPO		122078.17				83103.49	223078.17	case rate	For One Day Stay, Rate = $6,649/case
CARDIAC DEFIBRILLATOR IMPLANT WITH MCC	276	MS-DRG	inpatient				99282.66	United	CommercialPPO		107753.18				73351.9	107753.18	case rate	For One Day Stay, Rate = $6,649/case
CARDIAC DEFIBRILLATOR IMPLANT WITHOUT MCC	277	MS-DRG	inpatient				78891.42	United	CommercialPPO		82979.42				56487.41	82979.42	case rate	For One Day Stay, Rate = $6,649/case
ULTRASOUND ACCELERATED AND OTHER THROMBOLYSIS OF PERIPHERAL VASCULAR STRUCTURES WITH MCC	278	MS-DRG	inpatient				74292.7	United	CommercialPPO		77392.4				52684.1	77392.4	case rate	For One Day Stay, Rate = $6,649/case
ULTRASOUND ACCELERATED AND OTHER THROMBOLYSIS OF PERIPHERAL VASCULAR STRUCTURES WITHOUT MCC	279	MS-DRG	inpatient				56300.59	United	CommercialPPO		55533.61				37803.95	55533.61	case rate	For One Day Stay, Rate = $6,649/case
ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W MCC	280	MS-DRG	inpatient				33248.45	United	CommercialPPO		27527.36				18738.98	62152.85	case rate	For One Day Stay, Rate = $6,649/case
ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W CC	281	MS-DRG	inpatient				23629.71	United	CommercialPPO		15841.46				10783.92	36741.86	case rate	For One Day Stay, Rate = $6,649/case
ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W/O CC/MCC	282	MS-DRG	inpatient				20846.37	United	CommercialPPO		12459.75				8481.85	28092.74	case rate	For One Day Stay, Rate = $6,649/case
ACUTE MYOCARDIAL INFARCTION, EXPIRED W MCC	283	MS-DRG	inpatient				38745.49	United	CommercialPPO		34205.76				23285.23	67688.88	case rate	For One Day Stay, Rate = $6,649/case
ACUTE MYOCARDIAL INFARCTION, EXPIRED W CC	284	MS-DRG	inpatient				21154.69	United	CommercialPPO		12834.53				8736.98	28752.87	case rate	For One Day Stay, Rate = $6,649/case
ACUTE MYOCARDIAL INFARCTION, EXPIRED W/O CC/MCC	285	MS-DRG	inpatient				17569.98	United	CommercialPPO		8479.43				5772.29	22369.17	case rate	For One Day Stay, Rate = $6,649/case
CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W MCC	286	MS-DRG	inpatient				41376.19	United	CommercialPPO		37401.82				13521	81795.27	case rate	For One Day Stay, Rate = $6,649/case
CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W/O MCC	287	MS-DRG	inpatient				26037.61	United	CommercialPPO		18768.84				9969	42716.72	case rate	For One Day Stay, Rate = $6,649/case
ACUTE & SUBACUTE ENDOCARDITIS W MCC	288	MS-DRG	inpatient				47623.01	United	CommercialPPO		44991.14				30627.27	101047.61	case rate	For One Day Stay, Rate = $6,649/case
ACUTE & SUBACUTE ENDOCARDITIS W CC	289	MS-DRG	inpatient				31694.6	United	CommercialPPO		25639.57				17453.86	64133.22	case rate	For One Day Stay, Rate = $6,649/case
ACUTE & SUBACUTE ENDOCARDITIS W/O CC/MCC	290	MS-DRG	inpatient				25232.12	United	CommercialPPO		17788.25				12108.17	37934.58	case rate	For One Day Stay, Rate = $6,649/case
HEART FAILURE & SHOCK W MCC	291	MS-DRG	inpatient				28926.8	United	CommercialPPO		22276.95				15164.81	50461.92	case rate	For One Day Stay, Rate = $6,649/case
HEART FAILURE & SHOCK W CC	292	MS-DRG	inpatient				22822.8	United	CommercialPPO		14861.13				10116.57	34498.94	case rate	For One Day Stay, Rate = $6,649/case
HEART FAILURE & SHOCK W/O CC/MCC	293	MS-DRG	inpatient				18609.69	United	CommercialPPO		9742.59				6632.17	24964.66	case rate	For One Day Stay, Rate = $6,649/case
DEEP VEIN THROMBOPHLEBITIS W CC/MCC	294	MS-DRG	inpatient				26210.42	United	CommercialPPO		18976.79				12918.26	43538.13	case rate	For One Day Stay, Rate = $6,649/case
DEEP VEIN THROMBOPHLEBITIS W/O CC/MCC	295	MS-DRG	inpatient				19609.41	United	CommercialPPO		10957.16				7458.97	20677.61	case rate	For One Day Stay, Rate = $6,649/case
CARDIAC ARREST, UNEXPLAINED W MCC	296	MS-DRG	inpatient				33486.96	United	CommercialPPO		27817.12				18936.23	57592 case rate		For One Day Stay, Rate = $6,649/case
CARDIAC ARREST, UNEXPLAINED W CC	297	MS-DRG	inpatient				20996.16	United	CommercialPPO		12641.94				8605.87	24469.57	case rate	For One Day Stay, Rate = $6,649/case
CARDIAC ARREST, UNEXPLAINED W/O CC/MCC	298	MS-DRG	inpatient				16858.75	United	CommercialPPO		7615.35				5184.08	18097.13	case rate	For One Day Stay, Rate = $6,649/case
PERIPHERAL VASCULAR DISORDERS W MCC	299	MS-DRG	inpatient				33101.35	United	CommercialPPO		27348.65				18617.32	54400.15	case rate	For One Day Stay, Rate = $6,649/case
PERIPHERAL VASCULAR DISORDERS W CC	300	MS-DRG	inpatient				25829.1	United	CommercialPPO		18513.52				12602.89	38395.92	case rate	For One Day Stay, Rate = $6,649/case
PERIPHERAL VASCULAR DISORDERS W/O CC/MCC	301	MS-DRG	inpatient				20727.67	United	CommercialPPO		12315.74				8383.82	27237.58	case rate	For One Day Stay, Rate = $6,649/case
ATHEROSCLEROSIS W MCC	302	MS-DRG	inpatient				26601.74	United	CommercialPPO		19452.21				13241.9	40113.74	case rate	For One Day Stay, Rate = $6,649/case
ATHEROSCLEROSIS W/O MCC	303	MS-DRG	inpatient				19989.3	United	CommercialPPO		11418.69				7773.16	24960.91	case rate	For One Day Stay, Rate = $6,649/case
HYPERTENSION W MCC	304	MS-DRG	inpatient				27000.2	United	CommercialPPO		19936.3				13571.44	40548.82	case rate	For One Day Stay, Rate = $6,649/case
HYPERTENSION W/O MCC	305	MS-DRG	inpatient				21351.78	United	CommercialPPO		13073.98				8899.96	27001.29	case rate	For One Day Stay, Rate = $6,649/case
CARDIAC CONGENITAL & VALVULAR DISORDERS W MCC	306	MS-DRG	inpatient				32538.65	United	CommercialPPO		26665.02				18151.94	52839.86	case rate	For One Day Stay, Rate = $6,649/case
CARDIAC CONGENITAL & VALVULAR DISORDERS W/O MCC	307	MS-DRG	inpatient				24052.45	United	CommercialPPO		16355.05				11133.54	32105.99	case rate	For One Day Stay, Rate = $6,649/case
CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W MCC	308	MS-DRG	inpatient				27759.99	United	CommercialPPO		20859.37				14199.81	45143.43	case rate	For One Day Stay, Rate = $6,649/case
CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC	309	MS-DRG	inpatient				21226.1	United	CommercialPPO		12921.29				8796.04	28636.59	case rate	For One Day Stay, Rate = $6,649/case
CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W/O CC/MCC	310	MS-DRG	inpatient				18488.29	United	CommercialPPO		9595.1				6531.77	21090.19	case rate	For One Day Stay, Rate = $6,649/case
ANGINA PECTORIS	311	MS-DRG	inpatient				20560.57	United	CommercialPPO		12112.73				8245.62	25774.81	case rate	For One Day Stay, Rate = $6,649/case
SYNCOPE & COLLAPSE	312	MS-DRG	inpatient				22922.77	United	CommercialPPO		14982.59				10199.25	30061.86	case rate	For One Day Stay, Rate = $6,649/case
CHEST PAIN	313	MS-DRG	inpatient				20924.75	United	CommercialPPO		12555.18				8546.82	26528.7	case rate	For One Day Stay, Rate = $6,649/case
OTHER CIRCULATORY SYSTEM DIAGNOSES W MCC	314	MS-DRG	inpatient				40489.29	United	CommercialPPO		36324.32				24727.42	75880.41	case rate	For One Day Stay, Rate = $6,649/case
OTHER CIRCULATORY SYSTEM DIAGNOSES W CC	315	MS-DRG	inpatient				24405.21	United	CommercialPPO		16783.62				11425.28	35852.94	case rate	For One Day Stay, Rate = $6,649/case
OTHER CIRCULATORY SYSTEM DIAGNOSES W/O CC/MCC	316	MS-DRG	inpatient				20483.34	United	CommercialPPO		12019.04				8181.84	28179.01	case rate	For One Day Stay, Rate = $6,649/case
OTHER ENDOVASCULAR CARDIAC VALVE PROCEDURES W MCC	319	MS-DRG	inpatient				72885.95	United	CommercialPPO		75683.33				51520.67	75683.33	case rate	For One Day Stay, Rate = $6,649/case
OTHER ENDOVASCULAR CARDIAC VALVE PROCEDURES W/O MCC	320	MS-DRG	inpatient				42381.62	United	CommercialPPO		38623.33				26292.44	38623.33	case rate	For One Day Stay, Rate = $6,649/case
PERCUTANEOUS CARDIOVASCULAR PROCEDURES WITH INTRALUMINAL DEVICE WITH MCC OR 4+ ARTERIES/INTRALUMI	321	MS-DRG	inpatient				51646.17	United	CommercialPPO		49878.92				33954.58	49878.92	case rate	For One Day Stay, Rate = $6,649/case
PERCUTANEOUS CARDIOVASCULAR PROCEDURES WITH INTRALUMINAL DEVICE WITHOUT MCC	322	MS-DRG	inpatient				36631.79	United	CommercialPPO		31637.81				21537.13	31853.73	case rate	For One Day Stay, Rate = $6,649/case
CORONARY INTRAVASCULAR LITHOTRIPSY WITH INTRALUMINAL DEVICE WITH MCC	323	MS-DRG	inpatient				69716.84	United	CommercialPPO		71833.14				48899.69	71833.14	case rate	For One Day Stay, Rate = $6,649/case
CORONARY INTRAVASCULAR LITHOTRIPSY WITH INTRALUMINAL DEVICE WITHOUT MCC	324	MS-DRG	inpatient				52987.23	United	CommercialPPO		51508.18				35063.68	51508.18	case rate	For One Day Stay, Rate = $6,649/case
CORONARY INTRAVASCULAR LITHOTRIPSY WITHOUT INTRALUMINAL DEVICE	325	MS-DRG	inpatient				46355.64	United	CommercialPPO		45881.25				31233.2	45881.25	case rate	For One Day Stay, Rate = $6,649/case
STOMACH, ESOPHAGEAL & DUODENAL PROC W MCC	326	MS-DRG	inpatient				83127.38	United	CommercialPPO		88125.73				59990.71	197133.04	case rate	For One Day Stay, Rate = $6,649/case
STOMACH, ESOPHAGEAL & DUODENAL PROC W CC	327	MS-DRG	inpatient				46257.68	United	CommercialPPO		43332.39				29498.09	93178.64	case rate	For One Day Stay, Rate = $6,649/case
STOMACH, ESOPHAGEAL & DUODENAL PROC W/O CC/MCC	328	MS-DRG	inpatient				33402.7	United	CommercialPPO		27714.75				18866.54	57839.54	case rate	For One Day Stay, Rate = $6,649/case
MAJOR SMALL & LARGE BOWEL PROCEDURES W MCC	329	MS-DRG	inpatient				75098.19	United	CommercialPPO		76371				53392.27	187261.2	case rate	For One Day Stay, Rate = $6,649/case
MAJOR SMALL & LARGE BOWEL PROCEDURES W CC	330	MS-DRG	inpatient				44468.18	United	CommercialPPO		41158.31				28018.11	94641.41	case rate	For One Day Stay, Rate = $6,649/case
MAJOR SMALL & LARGE BOWEL PROCEDURES W/O CC/MCC	331	MS-DRG	inpatient				34469.54	United	CommercialPPO		29010.87				19748.86	63563.11	case rate	For One Day Stay, Rate = $6,649/case
RECTAL RESECTION W MCC	332	MS-DRG	inpatient				62398.88	United	CommercialPPO		62942.49				42847.47	127456.29	case rate	For One Day Stay, Rate = $6,649/case
RECTAL RESECTION W CC	333	MS-DRG	inpatient				40289.34	United	CommercialPPO		36081.4				24562.06	72305.99	case rate	For One Day Stay, Rate = $6,649/case
RECTAL RESECTION W/O CC/MCC	334	MS-DRG	inpatient				33514.09	United	CommercialPPO		27850.09				18958.67	48991.64	case rate	For One Day Stay, Rate = $6,649/case
PERITONEAL ADHESIOLYSIS W MCC	335	MS-DRG	inpatient				61647.66	United	CommercialPPO		62029.83				42226.18	152353.43	case rate	For One Day Stay, Rate = $6,649/case
PERITONEAL ADHESIOLYSIS W CC	336	MS-DRG	inpatient				40657.81	United	CommercialPPO		36529.06				24898.79	86198.59	case rate	For One Day Stay, Rate = $6,649/case
PERITONEAL ADHESIOLYSIS W/O CC/MCC	337	MS-DRG	inpatient				31961.67	United	CommercialPPO		25964.04				17674.76	60134.97	case rate	For One Day Stay, Rate = $6,649/case
MINOR SMALL & LARGE BOWEL PROCEDURES W MCC	344	MS-DRG	inpatient				49728.14	United	CommercialPPO		47548.68				32368.29	112040.91	case rate	For One Day Stay, Rate = $6,649/case
MINOR SMALL & LARGE BOWEL PROCEDURES W CC	345	MS-DRG	inpatient				32592.92	United	CommercialPPO		26730.95				18196.83	61421.46	case rate	For One Day Stay, Rate = $6,649/case
MINOR SMALL & LARGE BOWEL PROCEDURES W/O CC/MCC	346	MS-DRG	inpatient				28982.5	United	CommercialPPO		22344.62				15210.88	46381.16	case rate	For One Day Stay, Rate = $6,649/case
ANAL & STOMAL PROCEDURES W MCC	347	MS-DRG	inpatient				46996.04	United	CommercialPPO		44229.43				30108.75	90433.13	case rate	For One Day Stay, Rate = $6,649/case
ANAL & STOMAL PROCEDURES W CC	348	MS-DRG	inpatient				29176.73	United	CommercialPPO		22580.59				15371.51	52509.8	case rate	For One Day Stay, Rate = $6,649/case
ANAL & STOMAL PROCEDURES W/O CC/MCC	349	MS-DRG	inpatient				24526.6	United	CommercialPPO		16931.11				11525.68	35620.4	case rate	For One Day Stay, Rate = $6,649/case
INGUINAL & FEMORAL HERNIA PROCEDURES W MCC	350	MS-DRG	inpatient				44886.64	United	CommercialPPO		41642.4				28347.65	91760.88	case rate	For One Day Stay, Rate = $6,649/case
INGUINAL & FEMORAL HERNIA PROCEDURES W CC	351	MS-DRG	inpatient				31378.98	United	CommercialPPO		25256.12				17192.85	56264.25	case rate	For One Day Stay, Rate = $6,649/case
INGUINAL & FEMORAL HERNIA PROCEDURES W/O CC/MCC	352	MS-DRG	inpatient				26428.93	United	CommercialPPO		19242.26				13098.98	39513.62	case rate	For One Day Stay, Rate = $6,649/case
HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W MCC	353	MS-DRG	inpatient				52354.55	United	CommercialPPO		50739.53				34540.43	111242.01	case rate	For One Day Stay, Rate = $6,649/case
HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W CC	354	MS-DRG	inpatient				35123.64	United	CommercialPPO		29805.55				20289.83	64924.62	case rate	For One Day Stay, Rate = $6,649/case
HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W/O CC/MCC	355	MS-DRG	inpatient				30050.78	United	CommercialPPO		23642.47				16094.38	50814.48	case rate	For One Day Stay, Rate = $6,649/case
OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W MCC	356	MS-DRG	inpatient				71697.71	United	CommercialPPO		74239.72				50537.95	149116.58	case rate	For One Day Stay, Rate = $6,649/case
OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W CC	357	MS-DRG	inpatient				41964.59	United	CommercialPPO		38116.68				25947.55	80141.21	case rate	For One Day Stay, Rate = $6,649/case
OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W/O CC/MCC	358	MS-DRG	inpatient				28886.82	United	CommercialPPO		22228.37				15131.74	50570.69	case rate	For One Day Stay, Rate = $6,649/case
MAJOR ESOPHAGEAL DISORDERS W MCC	368	MS-DRG	inpatient				34183.91	United	CommercialPPO		28663.85				19512.63	72913.61	case rate	For One Day Stay, Rate = $6,649/case
MAJOR ESOPHAGEAL DISORDERS W CC	369	MS-DRG	inpatient				24705.13	United	CommercialPPO		17147.99				11673.33	41587.76	case rate	For One Day Stay, Rate = $6,649/case
MAJOR ESOPHAGEAL DISORDERS W/O CC/MCC	370	MS-DRG	inpatient				21211.02	United	CommercialPPO		12903.94				8784.23	27878.95	case rate	For One Day Stay, Rate = $6,649/case
MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W MCC	371	MS-DRG	inpatient				35550.67	United	CommercialPPO		30324.34				20642.99	65217.17	case rate	For One Day Stay, Rate = $6,649/case
MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W CC	372	MS-DRG	inpatient				25476.34	United	CommercialPPO		18084.95				12311.15	38947.27	case rate	For One Day Stay, Rate = $6,649/case
MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W/O CC/MCC	373	MS-DRG	inpatient				20823.35	United	CommercialPPO		12431.99				8462.95	28415.3	case rate	For One Day Stay, Rate = $6,649/case
DIGESTIVE MALIGNANCY W M

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.														
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true													
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W MCC	391	MS-DRG	inpatient					United	CommercialPPO		22134.67				15067.96	45814.8	case rate	For One Day Stay, Rate = $6,649/case
ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W/O MCC	392	MS-DRG	inpatient					United	CommercialPPO		21810.22				9279.13	28332.79	case rate	For One Day Stay, Rate = $6,649/case
OTHER DIGESTIVE SYSTEM DIAGNOSES W MCC	393	MS-DRG	inpatient					United	CommercialPPO		33721.18				19129.94	61233.93	case rate	For One Day Stay, Rate = $6,649/case
OTHER DIGESTIVE SYSTEM DIAGNOSES W CC	394	MS-DRG	inpatient					United	CommercialPPO		23971.05				11066.21	35297.84	case rate	For One Day Stay, Rate = $6,649/case
OTHER DIGESTIVE SYSTEM DIAGNOSES W/O CC/MCC	395	MS-DRG	inpatient					United	CommercialPPO		19837.91				7647.96	25373.49	case rate	For One Day Stay, Rate = $6,649/case
APPENDIX PROCEDURES WITH MCC	397	MS-DRG	inpatient					United	CommercialPPO		42675.82				38980.76	26535.76	case rate	For One Day Stay, Rate = $6,649/case
APPENDIX PROCEDURES WITH CC	398	MS-DRG	inpatient					United	CommercialPPO		32203.03				26257.27	17874.37	case rate	For One Day Stay, Rate = $6,649/case
APPENDIX PROCEDURES WITHOUT CC/MCC	399	MS-DRG	inpatient					United	CommercialPPO		26487.49				13147.4	23032.6	case rate	For One Day Stay, Rate = $6,649/case
PANCREAS, LIVER & SHUNT PROCEDURES W MCC	405	MS-DRG	inpatient					United	CommercialPPO		89214.25				69224.78	95520.73	case rate	For One Day Stay, Rate = $6,649/case
PANCREAS, LIVER & SHUNT PROCEDURES W CC	406	MS-DRG	inpatient					United	CommercialPPO		51827.55				34104.58	50099.28	case rate	For One Day Stay, Rate = $6,649/case
PANCREAS, LIVER & SHUNT PROCEDURES W/O CC/MCC	407	MS-DRG	inpatient					United	CommercialPPO		41310.49				25406.58	37322	case rate	For One Day Stay, Rate = $6,649/case
BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W MCC	408	MS-DRG	inpatient					United	CommercialPPO		63749.93				43664.84	64583.89	case rate	For One Day Stay, Rate = $6,649/case
BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W CC	409	MS-DRG	inpatient					United	CommercialPPO		38544.12				23118.69	53981.11	case rate	For One Day Stay, Rate = $6,649/case
BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W/O CC/MCC	410	MS-DRG	inpatient					United	CommercialPPO		32944.25				27157.79	18487.39	case rate	For One Day Stay, Rate = $6,649/case
CHOLECYSTECTOMY W C.D.E. W MCC	411	MS-DRG	inpatient					United	CommercialPPO		51729.01				49979.56	10482	case rate	For One Day Stay, Rate = $6,649/case
CHOLECYSTECTOMY W C.D.E. W CC	412	MS-DRG	inpatient					United	CommercialPPO		39803.77				35491.47	11647	case rate	For One Day Stay, Rate = $6,649/case
CHOLECYSTECTOMY W C.D.E. W/O CC/MCC	413	MS-DRG	inpatient					United	CommercialPPO		32150.19				26193.07	15908	case rate	For One Day Stay, Rate = $6,649/case
CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W MCC	414	MS-DRG	inpatient					United	CommercialPPO		60936.43				61165.75	28270	case rate	For One Day Stay, Rate = $6,649/case
CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W CC	415	MS-DRG	inpatient					United	CommercialPPO		36808.33				34282.11	23337.2	case rate	For One Day Stay, Rate = $6,649/case
CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W/O CC/MCC	416	MS-DRG	inpatient					United	CommercialPPO		29716.58				23236.46	15817.99	case rate	For One Day Stay, Rate = $6,649/case
LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W MCC	417	MS-DRG	inpatient					United	CommercialPPO		43692.68				40216.15	27376.74	case rate	For One Day Stay, Rate = $6,649/case
LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W CC	418	MS-DRG	inpatient					United	CommercialPPO		33936.83				28363.68	19308.29	case rate	For One Day Stay, Rate = $6,649/case
LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W/O CC/MCC	419	MS-DRG	inpatient					United	CommercialPPO		29345.26				22785.33	15510.89	case rate	For One Day Stay, Rate = $6,649/case
HEPATOBILIARY DIAGNOSTIC PROCEDURES W MCC	420	MS-DRG	inpatient					United	CommercialPPO		56303.44				55537.08	37806.31	case rate	For One Day Stay, Rate = $6,649/case
HEPATOBILIARY DIAGNOSTIC PROCEDURES W CC	421	MS-DRG	inpatient					United	CommercialPPO		35006.53				29663.27	8253	case rate	For One Day Stay, Rate = $6,649/case
HEPATOBILIARY DIAGNOSTIC PROCEDURES W/O CC/MCC	422	MS-DRG	inpatient					United	CommercialPPO		30742.01				24482.26	10272	case rate	For One Day Stay, Rate = $6,649/case
OTHER HEPATOBILIARY OR PANCREAS O.R. PROCEDURES W MCC	423	MS-DRG	inpatient					United	CommercialPPO		66444.89				67858.03	16017	case rate	For One Day Stay, Rate = $6,649/case
OTHER HEPATOBILIARY OR PANCREAS O.R. PROCEDURES W CC	424	MS-DRG	inpatient					United	CommercialPPO		40400.12				35216.74	24654.19	case rate	For One Day Stay, Rate = $6,649/case
OTHER HEPATOBILIARY OR PANCREAS O.R. PROCEDURES W/O CC/MCC	425	MS-DRG	inpatient					United	CommercialPPO		33468.39				27794.57	18920.87	case rate	For One Day Stay, Rate = $6,649/case
CIRRHOSIS & ALCOHOLIC HEPATITIS W MCC	432	MS-DRG	inpatient					United	CommercialPPO		37954.28				33244.52	13893	case rate	For One Day Stay, Rate = $6,649/case
CIRRHOSIS & ALCOHOLIC HEPATITIS W CC	433	MS-DRG	inpatient					United	CommercialPPO		25314.56				17888.88	12177.68	case rate	For One Day Stay, Rate = $6,649/case
CIRRHOSIS & ALCOHOLIC HEPATITIS W/O CC/MCC	434	MS-DRG	inpatient					United	CommercialPPO		20152.11				11616.49	7907.81	case rate	For One Day Stay, Rate = $6,649/case
MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS W MCC	435	MS-DRG	inpatient					United	CommercialPPO		35724.91				30536.02	20787.09	case rate	For One Day Stay, Rate = $6,649/case
MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS W CC	436	MS-DRG	inpatient					United	CommercialPPO		26310.39				19098.25	13000.94	case rate	For One Day Stay, Rate = $6,649/case
MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS W/O CC/MCC	437	MS-DRG	inpatient					United	CommercialPPO		22460.34				14420.42	9816.55	case rate	For One Day Stay, Rate = $6,649/case
DISORDERS OF PANCREAS EXCEPT MALIGNANCY W MCC	438	MS-DRG	inpatient					United	CommercialPPO		34423.84				28955.35	19711.06	case rate	For One Day Stay, Rate = $6,649/case
DISORDERS OF PANCREAS EXCEPT MALIGNANCY W CC	439	MS-DRG	inpatient					United	CommercialPPO		22804.23				14838.58	10101.21	case rate	For One Day Stay, Rate = $6,649/case
DISORDERS OF PANCREAS EXCEPT MALIGNANCY W/O CC/MCC	440	MS-DRG	inpatient					United	CommercialPPO		19382.33				10681.28	7271.17	case rate	For One Day Stay, Rate = $6,649/case
DISORDERS OF LIVER EXCEPT MALIG, CIRR, ALC HEPA W MCC	441	MS-DRG	inpatient					United	CommercialPPO		36700.58				31721.1	11778	case rate	For One Day Stay, Rate = $6,649/case
DISORDERS OF LIVER EXCEPT MALIG, CIRR, ALC HEPA W CC	442	MS-DRG	inpatient					United	CommercialPPO		24179.56				16509.48	11238.66	case rate	For One Day Stay, Rate = $6,649/case
DISORDERS OF LIVER EXCEPT MALIG, CIRR, ALC HEPA W/O CC/MCC	443	MS-DRG	inpatient					United	CommercialPPO		20797.65				12400.76	8441.69	case rate	For One Day Stay, Rate = $6,649/case
DISORDERS OF THE BILIARY TRACT W MCC	444	MS-DRG	inpatient					United	CommercialPPO		33915.41				28337.65	19290.57	case rate	For One Day Stay, Rate = $6,649/case
DISORDERS OF THE BILIARY TRACT W CC	445	MS-DRG	inpatient					United	CommercialPPO		26111.88				18857.07	12836.76	case rate	For One Day Stay, Rate = $6,649/case
DISORDERS OF THE BILIARY TRACT W/O CC/MCC	446	MS-DRG	inpatient					United	CommercialPPO		22037.3				13906.83	9466.93	case rate	For One Day Stay, Rate = $6,649/case
COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W MCC	453	MS-DRG	inpatient					United	CommercialPPO		137146.57				153754.15	17717	case rate	For One Day Stay, Rate = $6,649/case
COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W CC	454	MS-DRG	inpatient					United	CommercialPPO		97941.81				106123.92	36879	case rate	For One Day Stay, Rate = $6,649/case
COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W/O CC/MCC	455	MS-DRG	inpatient					United	CommercialPPO		76366.41				79911.77	54399.14	case rate	For One Day Stay, Rate = $6,649/case
SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR EXT FUS W MCC	456	MS-DRG	inpatient					United	CommercialPPO		130976.87				146258.52	95564.03	case rate	For One Day Stay, Rate = $6,649/case
SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR EXT FUS W CC	457	MS-DRG	inpatient					United	CommercialPPO		97356.26				105412.53	71758.53	case rate	For One Day Stay, Rate = $6,649/case
SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR EXT FUS W/O CC/MCC	458	MS-DRG	inpatient					United	CommercialPPO		75300.59				78617.38	53516	case rate	For One Day Stay, Rate = $6,649/case
SPINAL FUSION EXCEPT CERVICAL W MCC	459	MS-DRG	inpatient					United	CommercialPPO		105311.18				115077.04	78337.54	case rate	For One Day Stay, Rate = $6,649/case
SPINAL FUSION EXCEPT CERVICAL W/O MCC	460	MS-DRG	inpatient					United	CommercialPPO		62831.62				63468.22	43026.36	case rate	For One Day Stay, Rate = $6,649/case
BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY W MCC	461	MS-DRG	inpatient					United	CommercialPPO		107970.44				118307.79	9917	case rate	For One Day Stay, Rate = $6,649/case
BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY W/O MCC	462	MS-DRG	inpatient					United	CommercialPPO		51240.01				49386.15	11315	case rate	For One Day Stay, Rate = $6,649/case
WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W MCC	463	MS-DRG	inpatient					United	CommercialPPO		91477.9				98270.86	15756	case rate	For One Day Stay, Rate = $6,649/case
WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W CC	464	MS-DRG	inpatient					United	CommercialPPO		53455.67				52077.29	35451.1	case rate	For One Day Stay, Rate = $6,649/case
WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W/O CC/MCC	465	MS-DRG	inpatient					United	CommercialPPO		37308.51				32480.25	22096.99	case rate	For One Day Stay, Rate = $6,649/case
REVISION OF HIP OR KNEE REPLACEMENT W MCC	466	MS-DRG	inpatient					United	CommercialPPO		84684.09				89992.7	61261.63	case rate	For One Day Stay, Rate = $6,649/case
REVISION OF HIP OR KNEE REPLACEMENT W CC	467	MS-DRG	inpatient					United	CommercialPPO		60380.87				60490.79	41178.5	case rate	For One Day Stay, Rate = $6,649/case
REVISION OF HIP OR KNEE REPLACEMENT W/O CC/MCC	468	MS-DRG	inpatient					United	CommercialPPO		48716.99				46320.23	31532.03	case rate	For One Day Stay, Rate = $6,649/case
MAJOR HIP AND KNEE JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W MCC OR TOTAL ANKLE REP	469	MS-DRG	inpatient					United	CommercialPPO		98145.79				57775.36	39930	case rate	For One Day Stay, Rate = $6,649/case
MAJOR HIP AND KNEE JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W/O MCC	470	MS-DRG	inpatient					United	CommercialPPO		37464.42				32649.38	22225.74	case rate	For One Day Stay, Rate = $6,649/case
CERVICAL SPINAL FUSION W MCC	471	MS-DRG	inpatient					United	CommercialPPO		80842.3				85349.57	8282	case rate	For One Day Stay, Rate = $6,649/case
CERVICAL SPINAL FUSION W CC	472	MS-DRG	inpatient					United	CommercialPPO		52798.71				51279.15	8991	case rate	For One Day Stay, Rate = $6,649/case
CERVICAL SPINAL FUSION W/O CC/MCC	473	MS-DRG	inpatient					United	CommercialPPO		45732.11				42693.87	11229	case rate	For One Day Stay, Rate = $6,649/case
AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W MCC	474	MS-DRG	inpatient					United	CommercialPPO		72041.9				74657.88	22321	case rate	For One Day Stay, Rate = $6,649/case
AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W CC	475	MS-DRG	inpatient					United	CommercialPPO		41220.51				37212.69	25332.17	case rate	For One Day Stay, Rate = $6,649/case
AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W/O CC/MCC	476	MS-DRG	inpatient					United	CommercialPPO		27398.66				20400.39	13900.98	case rate	For One Day Stay, Rate = $6,649/case
BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W MCC	477	MS-DRG	inpatient					United	CommercialPPO		58705.63				58455.52	39793.01	case rate	For One Day Stay, Rate = $6,649/case
BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W CC	478	MS-DRG	inpatient					United	CommercialPPO		44633.85				41359.58	28155.12	case rate	For One Day Stay, Rate = $6,649/case
BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W/O CC/MCC	479	MS-DRG	inpatient					United	CommercialPPO		37211.63				32342.26	22016.67	case rate	For One Day Stay, Rate = $6,649/case
HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W MCC	480	MS-DRG	inpatient					United	CommercialPPO		52705.84				51166.36	34830.99	case rate	For One Day Stay, Rate = $6,649/case
HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W CC	481	MS-DRG	inpatient					United	CommercialPPO		40223.65				36001.59	8360	case rate	For One Day Stay, Rate = $6,649/case
HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W/O CC/MCC	482	MS-DRG	inpatient					United	CommercialPPO		33275.59				27560.33	9385	case rate	For One Day Stay, Rate = $6,649/case
MAJOR JOINT/LIMB REATTACHMENT PROCEDURE OF UPPER EXTREMITIES	483	MS-DRG	inpatient					United	CommercialPPO		46069.16				43103.35	13093	case rate	For One Day Stay, Rate = $6,649/case
KNEE PROCEDURES W PDX OF INFECTION W MCC	485	MS-DRG	inpatient					United	CommercialPPO		57634.5				57154.19	38907.15	case rate	For One Day Stay, Rate = $6,649/case
KNEE PROCEDURES W PDX OF INFECTION W CC	486	MS-DRG	inpatient					United	CommercialPPO		39272.49				34846.01	23721.08	case rate	For One Day Stay, Rate = $6,649/case
KNEE PROCEDURES W PDX OF INFECTION W/O CC/MCC	487	MS-DRG	inpatient					United	CommercialPPO		32654.33				26805.56	18247.62	case rate	For One Day Stay, Rate = $6,649/case
KNEE PROCEDURES W/O PDX OF INFECTION W CC/MCC	488	MS-DRG	inpatient					United	CommercialPPO		40676.38				36651.62	24882.15	case rate	For One Day Stay, Rate = $6,649/case
KNEE PROCEDURES W/O PDX OF INFECTION W/O CC/MCC	489	MS-DRG	inpatient					United	CommercialPPO		28266.59				21475.33	14619.12	case rate	For One Day Stay, Rate = $6,649/case
LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR W MCC	492	MS-DRG	inpatient					United	CommercialPPO		60035.26				60070.9	27633	case rate	For One Day Stay, Rate = $6,649/case
LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR W CC	493	MS-DRG	inpatient					United	CommercialPPO		44890.92				41671.9	28367.73	case rate	For One Day Stay, Rate = $6,649/case
LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR W/O CC/MCC	494	MS-DRG	inpatient					United	CommercialPPO		37285.9				32432.49	22078.09	case rate	For One Day Stay, Rate = $6,649/case
LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W MCC	495	MS-DRG	inpatient					United	CommercialPPO		61736.21				62137.4	42299.42	case rate	For One Day Stay, Rate = $6,649/case
LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W CC	496	MS-DRG	inpatient					United	CommercialPPO		38975.43				34485.11	23475.4	case rate	For One Day Stay, Rate = $6,649/case
LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W/O CC/MCC	497	MS-DRG	inpatient					United	CommercialPPO		30976.23				24766.82	16859.76	case rate	For One Day Stay, Rate = $6,649/case
LOCAL EXCISION & REMOVAL INT FIX DEVICES OF HIP & FEMUR W CC/MCC	498	MS-DRG	inpatient					United	CommercialPPO		47880.04				45303.46	30839.88	case rate	For One Day Stay, Rate = $6,649/case
LOCAL EXCISION & REMOVAL INT FIX DEVICES OF HIP & FEMUR W/O CC/MCC	499	MS-DRG	inpatient					United	CommercialPPO		29011.07				22379.32	15234.5	case rate	For One Day Stay, Rate = $6,649/case
SOFT TISSUE PROCEDURES W MCC	500	MS-DRG	inpatient					United	CommercialPPO		56903.27				56265.82	38302.4	case rate	For One Day Stay, Rate = $6,649/case
SOFT TISSUE PROCEDURES W CC	501	MS-DRG	inpatient					United	CommercialPPO		35379.29				30116.13	8902	case rate	For One Day Stay, Rate = $6,649/case
SOFT TISSUE PROCEDURES W/O CC/MCC	502	MS-DRG	inpatient					United	CommercialPPO		30337.84				23991.23	16331.79	case rate	For One Day Stay, Rate = $6,649/case
FOOT PROCEDURES W MCC	503	MS-DRG	inpatient					United	CommercialPPO		48892.66				46533.65	27418	case rate	For One Day Stay, Rate = $6,649/case
FOOT PROCEDURES W CC	504	MS-DRG	inpatient					United	CommercialPPO		35256.46				29966.91	20399.68	case rate	For One Day Stay, Rate = $6,649/case
FOOT PROCEDURES W/O CC/MCC	505	MS-DRG	inpatient					United	CommercialPPO		34950.84				29595.6	20146.91	case rate	For One Day Stay, Rate = $6,649/case
MAJOR THUMB OR JOINT PROCEDURES	506	MS-DRG	inpatient					United	CommercialPPO		31478.85				25377.57	17275.53	case rate	For One Day Stay, Rate = $6,649/case
MAJOR SHOULDER OR ELBOW JOINT PROCEDURES W CC/MCC	507	MS-DRG	inpatient					United	CommercialPPO		41034.85				36987.13	25178.62	case rate	For One Day Stay, Rate = $6,649/case
MAJOR SHOULDER OR ELBOW JOINT PROCEDURES W/O CC/MCC	508	MS-DRG	inpatient					United	CommercialPPO		31070.49				24881.33	16937.72	case rate	For One Day Stay, Rate = $6,649/case
ARTHROSCOPY	509	MS-DRG	inpatient					United	CommercialPPO		29530.97				23010.9	15864.44	case rate	For One Day Stay, Rate = $6,649/case
SHOULDER, ELBOW OR FOREARM PROC, EXC MAJOR JOINT PROC W MCC	510	MS-DRG	inpatient					United	CommercialPPO		49445.36				47205.13	32134.42	case rate	For One Day Stay, Rate = $6,649/case
SHOULDER, ELBOW OR FOREARM PROC, EXC MAJOR JOINT PROC W CC	511	MS-DRG	inpatient					United	CommercialPPO		39065.4				34594.42	7655	case rate	For One Day Stay, Rate = $6,649/case
SHOULDER, ELBOW OR FOREARM PROC, EXC MAJOR JOINT PROC W/O CC/MCC	512	MS-DRG	inpatient					United	CommercialPPO		33638.35				28001.04	10564	case rate	For One Day Stay, Rate = $6,649/case
HAND OR WRIST PROC, EXCEPT MAJOR THUMB OR JOINT PROC W CC/MCC	513	MS-DRG	inpatient					United	CommercialPPO		33741.17				28125.97	18516	case rate	For One Day Stay, Rate = $6,649/case
HAND OR WRIST PROC, EXCEPT MAJOR THUMB OR JOINT PROC W/O CC/MCC	514	MS-DRG	inpatient					United	CommercialPPO		25464.91				18071.07	12301.7	case rate	For One Day Stay, Rate = $6,649/case
OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W MCC	515	MS-DRG	inpatient					United	CommercialPPO		55742.17				54855.19	37342.12	case rate	For One Day Stay, Rate = $6,649/case
OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W CC	516	MS-DRG	inpatient					United	CommercialPPO		39736.64				35409.92	24104.95	case rate	For One Day Stay, Rate = $6,649/case
OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W/O CC/MCC	517	MS-DRG	inpatient					United	CommercialPPO		31933.11				25929.33	17651.14	case rate	For One Day Stay, Rate = $6,649/case
BACK & NECK PROC EXC SPINAL FUSION W MCC OR DISC DEVICE/NEUROSTIM	518	MS-DRG	inpatient					United	CommercialPPO		62744.5				63362.38	43133.31	case rate	For One Day Stay, Rate = $6,649/case
BACK & NECK PROC EXC SPINAL FUSION W CC	519	MS-DRG	inpatient					United	CommercialPPO		38705.5				34157.18	23252.16	case rate	For One Day Stay, Rate = $6,649/case
BACK & NECK PROC EXC SPINAL FUSION W/O CC/MCC	520	MS-DRG	inpatient					United	CommercialPPO		31034.79				24837.96	16908.19	case rate	For One Day Stay, Rate = $6,649/case
HIP REPLACEMENT W/TH PRINCIPAL DIAGNOSIS OF HIP FRACTURE W/TH MCC	521	MS-DRG	inpatient					United	CommercialPPO		53352.84				51952.36	7692	case rate	For One Day Stay, Rate = $6,649/case
HIP REPLACEMENT W/TH PRINCIPAL DIAGNOSIS OF HIP FRACTURE W/THOUT MCC	522	MS-DRG	inpatient					United	CommercialPPO		40756.36				36648.78	9003	case rate	For One Day Stay, Rate = $6,649/case
FRACTURES OF FEMUR W MCC	533	MS-DRG	inpatient					United	CommercialPPO		33889.7				28306.42	12781	case rate	For One Day Stay, Rate = $6,649/case
FRACTURES OF FEMUR W/O MCC	534	MS-DRG	inpatient					United	CommercialPPO		22158.69				14054.31	9567.33	case rate	For One Day Stay, Rate = $6,649/case
FRACTURES OF HIP & PELVIS W MCC	535	MS-DRG	inpatient					United	CommercialPPO		29109.61				22499.04	15316	case rate	For One Day Stay, Rate = $6,649/case
FRACTURES OF HIP & PELVIS W/O MCC	536	MS-DRG	inpatient					United	CommercialPPO		21831.64				13656.97	9296.85	case rate	For One Day Stay, Rate = $6,649/case
SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS & THIGH W CC/MCC	537	MS-DRG	inpatient					United	CommercialPPO		24400.93				16778.42	11421.74	case rate	For One Day Stay, Rate = $6,649/case
SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS & THIGH W/O CC/MCC	538	MS-DRG	inpatient					United	CommercialPPO		20717.67				12303.59	8375.55	case rate	For One Day Stay, Rate = $6,649/case
OSTEOMYELITIS W MCC	539	MS-DRG	inpatient					United	CommercialPPO		38931.15				34431.32	23438.78	case rate	For One Day Stay, Rate = $6,649/case
OSTEOMYELITIS W CC	540	MS-DRG	inpatient					United	CommercialPPO		29131.03				22525.07	15333.72	case rate	For One Day Stay, Rate = $6,649/case
OSTEOMYELITIS W/O CC/MCC	541	MS-DRG	inpatient					United	CommercialPPO		22842.79				14885.42	7723	case rate	For One Day Stay, Rate = $6,649/case
PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W MCC	542	MS-DRG	inpatient					United	CommercialPPO		36636.04				31643.02	8903	case rate	For One Day Stay, Rate = $6,649/case
PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W CC	543	MS-DRG	inpatient					United	CommercialPPO		26167.58				18924.74	10889	case rate	For One Day Stay, Rate = $6,649/case
PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W/O CC/MCC	544	MS-DRG	inpatient					United	CommercialPPO		21551.72				13316.89	9065.34	case rate	For One Day Stay, Rate = $6,649/case
CONNECTIVE TISSUE DISORDERS W MCC	545	MS-DRG	inpatient					United	CommercialPPO		46197.69				43259.51	29448.48	case rate	For One Day Stay, Rate = $6,649/case
CONNECTIVE TISSUE DISORDERS W CC	546	MS-DRG	inpatient					United	CommercialPPO		27718.57				20809.05	14165.56	case rate	For One Day Stay, Rate = $6,649/case
CONNECTIVE TISSUE DISORDERS W/O CC/MCC	547	MS-DRG	inpatient					United	CommercialPPO		22207.25				14113.3	9607.49	case rate	For One Day Stay, Rate = $6,649/case
SEPTIC ARTHRITIS W MCC	548	MS-DRG	inpatient					United	CommercialPPO		38437				33830.98	23030.1	case rate	For One Day Stay, Rate = $6,649/case
SEPTIC ARTHRITIS W CC	549	MS-DRG	inpatient					United	CommercialPPO		27817.11				20928.78	14247.06	case rate	For One Day Stay, Rate = $6,649/case
SEPTIC ARTHRITIS W/O CC/MCC	550	MS-DRG	inpatient					United	CommercialPPO		23741.11				15976.8	10876.05	case rate	For One Day Stay, Rate = $6,649/case
MEDICAL BACK PROBLEMS W MCC	551	MS-DRG	inpatient					United	CommercialPPO		34896.57				29629.67	9165	case rate	For One Day Stay, Rate = $6,649/case
MEDICAL BACK PROBLEMS W/O MCC	552	MS-DRG	inpatient					United	CommercialPPO		24390.93				16766.27	11413.47	case rate	For One Day Stay, Rate = $6,649/case
BONE DISEASES & ARTHROPATHIES W MCC	553	MS-DRG	inpatient					United	CommercialPPO		29892.25				23449.88	15963.27	case rate	For One Day Stay, Rate = $6,649/case
BONE DISEASES & ARTHROPATHIES W/O MCC	554	MS-DRG	inpatient					United	CommercialPPO		22327.22				14259.05	9706.71	case rate	For One Day Stay, Rate = $6,649/case
SIGNS & SYMPTOMS OF MUSCULOSKELETAL SYSTEM & CONN TISSUE W MCC	555	MS-DRG	inpatient					United	CommercialPPO		30570.63				24274.05	16524.32	case rate	For One Day Stay, Rate = $6,649/case
SIGNS & SYMPTOMS OF MUSCULOSKELETAL SYSTEM & CONN TISSUE W/O MCC	556	MS-DRG	inpatient					United	CommercialPPO		22364.35				14304.16	9737.42	case rate	For One Day Stay, Rate = $6,649/case
TENDONITIS, MYOSITIS & BURSITIS W MCC	557	MS-DRG	inpatient					United	CommercialPPO		32824.24				27612.04	18388.17

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.																
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true															
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes	
SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W MCC	573	MS-DRG	inpatient					United	CommercialPPO		99395.69	United	CommercialPPO		16091	1969668.01	case rate	For One Day Stay, Rate = $6,649/case			
SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W CC	574	MS-DRG	inpatient					United	CommercialPPO		59231.2	United	CommercialPPO		36864	114242.57	case rate	For One Day Stay, Rate = $6,649/case			
SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W/O CC/MCC	575	MS-DRG	inpatient					United	CommercialPPO		39810.91	United	CommercialPPO		35500.15	24166.37	65959.81	case rate	For One Day Stay, Rate = $6,649/case		
SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W MCC	576	MS-DRG	inpatient					United	CommercialPPO		91754.97	United	CommercialPPO		98607.47	67126.05	183060.41	case rate	For One Day Stay, Rate = $6,649/case		
SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W CC	577	MS-DRG	inpatient					United	CommercialPPO		48424.21	United	CommercialPPO		45964.53	31289.9	94112.56	case rate	For One Day Stay, Rate = $6,649/case		
SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W/O CC/MCC	578	MS-DRG	inpatient					United	CommercialPPO		33591.22	United	CommercialPPO		27943.79	19022.45	57374.46	case rate	For One Day Stay, Rate = $6,649/case		
OTHER SKIN, SUBCUT TISS & BREAST PROC W MCC	579	MS-DRG	inpatient					United	CommercialPPO		58322.88	United	CommercialPPO		57990.51	39476.46	104937.08	case rate	For One Day Stay, Rate = $6,649/case		
OTHER SKIN, SUBCUT TISS & BREAST PROC W CC	580	MS-DRG	inpatient					United	CommercialPPO		35534.96	United	CommercialPPO		30305.26	20630	59628.63	case rate	For One Day Stay, Rate = $6,649/case		
OTHER SKIN, SUBCUT TISS & BREAST PROC W/O CC/MCC	581	MS-DRG	inpatient					United	CommercialPPO		29823.7	United	CommercialPPO		23366.59	8609	46373.65	case rate	For One Day Stay, Rate = $6,649/case		
MASTECTOMY FOR MALIGNANCY W CC/MCC	582	MS-DRG	inpatient					United	CommercialPPO		34399.56	United	CommercialPPO		28925.85	10681	58867.24	case rate	For One Day Stay, Rate = $6,649/case		
MASTECTOMY FOR MALIGNANCY W/O CC/MCC	583	MS-DRG	inpatient					United	CommercialPPO		32325.85	United	CommercialPPO		26406.49	14701	51688.4	case rate	For One Day Stay, Rate = $6,649/case		
BREAST BIOPSY, LOCAL EXCISION & OTHER BREAST PROCEDURES W CC/MCC	584	MS-DRG	inpatient					United	CommercialPPO		38562.68	United	CommercialPPO		33983.67	23134.04	70190.6	case rate	For One Day Stay, Rate = $6,649/case		
BREAST BIOPSY, LOCAL EXCISION & OTHER BREAST PROCEDURES W/O CC/MCC	585	MS-DRG	inpatient					United	CommercialPPO		34640.03	United	CommercialPPO		29219.08	19890.6	58724.71	case rate	For One Day Stay, Rate = $6,649/case		
SKIN ULCERS W MCC	592	MS-DRG	inpatient					United	CommercialPPO		40440.73	United	CommercialPPO		36265.33	24687.26	64069.46	case rate	For One Day Stay, Rate = $6,649/case		
SKIN ULCERS W CC	593	MS-DRG	inpatient					United	CommercialPPO		27869.96	United	CommercialPPO		20952.97	14290.76	42360.41	case rate	For One Day Stay, Rate = $6,649/case		
SKIN ULCERS W/O CC/MCC	594	MS-DRG	inpatient					United	CommercialPPO		21835.93	United	CommercialPPO		13662.18	9300.39	30388.17	case rate	For One Day Stay, Rate = $6,649/case		
MAJOR SKIN DISORDERS W MCC	595	MS-DRG	inpatient					United	CommercialPPO		41653.25	United	CommercialPPO		37738.43	25690.06	74522.66	case rate	For One Day Stay, Rate = $6,649/case		
MAJOR SKIN DISORDERS W/O MCC	596	MS-DRG	inpatient					United	CommercialPPO		25000.76	United	CommercialPPO		17507.16	11917.82	37938.33	case rate	For One Day Stay, Rate = $6,649/case		
MALIGNANT BREAST DISORDERS W MCC	597	MS-DRG	inpatient					United	CommercialPPO		33448.4	United	CommercialPPO		27770.28	18904.34	64512.04	case rate	For One Day Stay, Rate = $6,649/case		
MALIGNANT BREAST DISORDERS W CC	598	MS-DRG	inpatient					United	CommercialPPO		27711.43	United	CommercialPPO		20800.38	14159.65	43594.39	case rate	For One Day Stay, Rate = $6,649/case		
MALIGNANT BREAST DISORDERS W/O CC/MCC	599	MS-DRG	inpatient					United	CommercialPPO		19465.16	United	CommercialPPO		10781.91	7339.68	26870.01	case rate	For One Day Stay, Rate = $6,649/case		
NON-MALIGNANT BREAST DISORDERS W CC/MCC	600	MS-DRG	inpatient					United	CommercialPPO		25236.41	United	CommercialPPO		17793.45	12112.71	35856.69	case rate	For One Day Stay, Rate = $6,649/case		
NON-MALIGNANT BREAST DISORDERS W/O CC/MCC	601	MS-DRG	inpatient					United	CommercialPPO		19482.3	United	CommercialPPO		10802.73	7353.85	23224.33	case rate	For One Day Stay, Rate = $6,649/case		
CELLULITIS W MCC	602	MS-DRG	inpatient					United	CommercialPPO		31834.56	United	CommercialPPO		25809.61	17569.64	54160.11	case rate	For One Day Stay, Rate = $6,649/case		
CELLULITIS W/O MCC	603	MS-DRG	inpatient					United	CommercialPPO		23225.54	United	CommercialPPO		15350.43	10449.65	31794.68	case rate	For One Day Stay, Rate = $6,649/case		
TRAUMA TO THE SKIN, SUBCUT TISS & BREAST W MCC	604	MS-DRG	inpatient					United	CommercialPPO		32101.63	United	CommercialPPO		26134.08	17790.51	53139.92	case rate	For One Day Stay, Rate = $6,649/case		
TRAUMA TO THE SKIN, SUBCUT TISS & BREAST W/O MCC	605	MS-DRG	inpatient					United	CommercialPPO		23569.73	United	CommercialPPO		15768.59	10734.31	32274.77	case rate	For One Day Stay, Rate = $6,649/case		
MINOR SKIN DISORDERS W MCC	606	MS-DRG	inpatient					United	CommercialPPO		33238.46	United	CommercialPPO		27515.22	18730.71	51789.67	case rate	For One Day Stay, Rate = $6,649/case		
MINOR SKIN DISORDERS W/O MCC	607	MS-DRG	inpatient					United	CommercialPPO		23351.22	United	CommercialPPO		15503.12	10553.59	30043.11	case rate	For One Day Stay, Rate = $6,649/case		
ADRENAL & PITUITARY PROCEDURES W CC/MCC	614	MS-DRG	inpatient					United	CommercialPPO		42758.65	United	CommercialPPO		39081.39	26604.27	88651.55	case rate	For One Day Stay, Rate = $6,649/case		
ADRENAL & PITUITARY PROCEDURES W/O CC/MCC	615	MS-DRG	inpatient					United	CommercialPPO		31600.34	United	CommercialPPO		25525.06	17375.93	55595.37	case rate	For One Day Stay, Rate = $6,649/case		
AMPUTAT OF LOWER LIMB FOR ENDOCRINE, NUTRIT, & METABOL DIS W MCC	616	MS-DRG	inpatient					United	CommercialPPO		67113.28	United	CommercialPPO		68670.05	46746.45	155098.95	case rate	For One Day Stay, Rate = $6,649/case		
AMPUTAT OF LOWER LIMB FOR ENDOCRINE, NUTRIT, & METABOL DIS W CC	617	MS-DRG	inpatient					United	CommercialPPO		38932.58	United	CommercialPPO		34433.06	23439.96	77774.52	case rate	For One Day Stay, Rate = $6,649/case		
AMPUTAT OF LOWER LIMB FOR ENDOCRINE, NUTRIT, & METABOL DIS W/O CC/MCC	618	MS-DRG	inpatient					United	CommercialPPO		27178.72	United	CommercialPPO		20153.19	13719.08	43481.87	case rate	For One Day Stay, Rate = $6,649/case		
O.R. PROCEDURES FOR OBESITY W MCC	619	MS-DRG	inpatient					United	CommercialPPO		47558.74	United	CommercialPPO		44913.06	32674.12	109546.69	case rate	For One Day Stay, Rate = $6,649/case		
O.R. PROCEDURES FOR OBESITY W CC	620	MS-DRG	inpatient					United	CommercialPPO		33758.31	United	CommercialPPO		28146.79	19160.65	67872.67	case rate	For One Day Stay, Rate = $6,649/case		
O.R. PROCEDURES FOR OBESITY W/O CC/MCC	621	MS-DRG	inpatient					United	CommercialPPO		32260.16	United	CommercialPPO		26326.67	17921.62	59197.3	case rate	For One Day Stay, Rate = $6,649/case		
SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W MCC	622	MS-DRG	inpatient					United	CommercialPPO		65226.66	United	CommercialPPO		66377.99	45186.15	142451.59	case rate	For One Day Stay, Rate = $6,649/case		
SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W CC	623	MS-DRG	inpatient					United	CommercialPPO		37174.5	United	CommercialPPO		32297.15	21985.96	72133.46	case rate	For One Day Stay, Rate = $6,649/case		
SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W/O CC/MCC	624	MS-DRG	inpatient					United	CommercialPPO		26507.48	United	CommercialPPO		19337.69	13163.94	48609.07	case rate	For One Day Stay, Rate = $6,649/case		
THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W MCC	625	MS-DRG	inpatient					United	CommercialPPO		52310.27	United	CommercialPPO		50685.74	34503.81	104393.23	case rate	For One Day Stay, Rate = $6,649/case		
THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W CC	626	MS-DRG	inpatient					United	CommercialPPO		31897.4	United	CommercialPPO		25885.96	17621.61	60408.77	case rate	For One Day Stay, Rate = $6,649/case		
THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W/O CC/MCC	627	MS-DRG	inpatient					United	CommercialPPO		28242.71	United	CommercialPPO		21445.84	14599.04	40695.1	case rate	For One Day Stay, Rate = $6,649/case		
OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W MCC	628	MS-DRG	inpatient					United	CommercialPPO		67924.48	United	CommercialPPO		69655.59	47417.35	137838.23	case rate	For One Day Stay, Rate = $6,649/case		
OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W CC	629	MS-DRG	inpatient					United	CommercialPPO		42907.18	United	CommercialPPO		39261.84	26727.11	87717.62	case rate	For One Day Stay, Rate = $6,649/case		
OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W/O CC/MCC	630	MS-DRG	inpatient					United	CommercialPPO		30632.07	United	CommercialPPO		24227.2	16492.43	57554.49	case rate	For One Day Stay, Rate = $6,649/case		
DIABETES W MCC	637	MS-DRG	inpatient					United	CommercialPPO		31289	United	CommercialPPO		25146.8	17118.44	51808.42	case rate	For One Day Stay, Rate = $6,649/case		
DIABETES W CC	638	MS-DRG	inpatient					United	CommercialPPO		23435.48	United	CommercialPPO		15605.49	10623.28	32713.61	case rate	For One Day Stay, Rate = $6,649/case		
DIABETES W/O CC/MCC	639	MS-DRG	inpatient					United	CommercialPPO		19480.87	United	CommercialPPO		10801	7352.67	23700.67	case rate	For One Day Stay, Rate = $6,649/case		
MISC DISORDERS OF NUTRITION, METABOLISM, FLUID\SILECTROLYTES W MCC	640	MS-DRG	inpatient					United	CommercialPPO		29373.82	United	CommercialPPO		22820.04	15534.51	44640.83	case rate	For One Day Stay, Rate = $6,649/case		
MISC DISORDERS OF NUTRITION, METABOLISM, FLUID\SILECTROLYTES W/O MCC	641	MS-DRG	inpatient					United	CommercialPPO		21750.24	United	CommercialPPO		13558.07	9229.52	28201.51	case rate	For One Day Stay, Rate = $6,649/case		
INBORN AND OTHER DISORDERS OF METABOLISM	642	MS-DRG	inpatient					United	CommercialPPO		29203.87	United	CommercialPPO		22613.56	15393.95	47390.09	case rate	For One Day Stay, Rate = $6,649/case		
ENDOCRINE DISORDERS W MCC	643	MS-DRG	inpatient					United	CommercialPPO		34085.36	United	CommercialPPO		29544.13	19431.13	61290.18	case rate	For One Day Stay, Rate = $6,649/case		
ENDOCRINE DISORDERS W CC	644	MS-DRG	inpatient					United	CommercialPPO		25753.41	United	CommercialPPO		18421.56	12540.29	37975.84	case rate	For One Day Stay, Rate = $6,649/case		
ENDOCRINE DISORDERS W/O CC/MCC	645	MS-DRG	inpatient					United	CommercialPPO		21457.46	United	CommercialPPO		13202.38	8987.39	27863.95	case rate	For One Day Stay, Rate = $6,649/case		
KIDNEY TRANSPLANT WITH HEMODIALYSIS WITH MCC	650	MS-DRG	inpatient					United	CommercialPPO		74822.55	United	CommercialPPO		78036.12	53122.31	78036.12	case rate			
KIDNEY TRANSPLANT WITH HEMODIALYSIS WITHOUT MCC	651	MS-DRG	inpatient					United	CommercialPPO		59982.41	United	CommercialPPO		60006.7	40848.96	60006.7	case rate			
KIDNEY TRANSPLANT	652	MS-DRG	inpatient					United	CommercialPPO		53498.51	United	CommercialPPO		52129.34	35486.53	124320.7	case rate			
MAJOR BLADDER PROCEDURES W MCC	653	MS-DRG	inpatient					United	CommercialPPO		87906.04	United	CommercialPPO		93931.37	63942.84	205875.92	case rate	For One Day Stay, Rate = $6,649/case		
MAJOR BLADDER PROCEDURES W CC	654	MS-DRG	inpatient					United	CommercialPPO		49686.72	United	CommercialPPO		47498.36	32334.04	107768.66	case rate	For One Day Stay, Rate = $6,649/case		
MAJOR BLADDER PROCEDURES W/O CC/MCC	655	MS-DRG	inpatient					United	CommercialPPO		40693.52	United	CommercialPPO		36572.44	24896.32	77909.54	case rate	For One Day Stay, Rate = $6,649/case		
KIDNEY & URETER PROCEDURES FOR NEOPLASM W MCC	656	MS-DRG	inpatient					United	CommercialPPO		55400.84	United	CommercialPPO		54440.5	37059.83	124808.29	case rate	For One Day Stay, Rate = $6,649/case		
KIDNEY & URETER PROCEDURES FOR NEOPLASM W CC	657	MS-DRG	inpatient					United	CommercialPPO		36928.85	United	CommercialPPO		31998.71	21782.81	73041.13	case rate	For One Day Stay, Rate = $6,649/case		
KIDNEY & URETER PROCEDURES FOR NEOPLASM W/O CC/MCC	658	MS-DRG	inpatient					United	CommercialPPO		31733.16	United	CommercialPPO		25686.42	17486.77	58750.96	case rate	For One Day Stay, Rate = $6,649/case		
KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W MCC	659	MS-DRG	inpatient					United	CommercialPPO		47564.45	United	CommercialPPO		44920	30578.84	102285.34	case rate	For One Day Stay, Rate = $6,649/case		
KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W CC	660	MS-DRG	inpatient					United	CommercialPPO		29812.27	United	CommercialPPO		23352.71	15897.12	54295.13	case rate	For One Day Stay, Rate = $6,649/case		
KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W/O CC/MCC	661	MS-DRG	inpatient					United	CommercialPPO		26563.46	United	CommercialPPO		18190.79	12383.2	40237.51	case rate	For One Day Stay, Rate = $6,649/case		
MINOR BLADDER PROCEDURES W MCC	662	MS-DRG	inpatient					United	CommercialPPO		53388.54	United	CommercialPPO		51995.74	35395.58	119223.5	case rate	For One Day Stay, Rate = $6,649/case		
MINOR BLADDER PROCEDURES W CC	663	MS-DRG	inpatient					United	CommercialPPO		31427.53	United	CommercialPPO		25315.11	17233.01	61522.73	case rate	For One Day Stay, Rate = $6,649/case		
MINOR BLADDER PROCEDURES W/O CC/MCC	664	MS-DRG	inpatient					United	CommercialPPO		25751.98	United	CommercialPPO		18419.82	12539.11	44472.05	case rate	For One Day Stay, Rate = $6,649/case		
PROSTATECTOMY W MCC	665	MS-DRG	inpatient					United	CommercialPPO		54708.17	United	CommercialPPO		53598.97	36486.97	119227.25	case rate	For One Day Stay, Rate = $6,649/case		
PROSTATECTOMY W CC	666	MS-DRG	inpatient					United	CommercialPPO		35117.93	United	CommercialPPO		29798.61	20285.1	66728.7	case rate	For One Day Stay, Rate = $6,649/case		
PROSTATECTOMY W/O CC/MCC	667	MS-DRG	inpatient					United	CommercialPPO		25580.6	United	CommercialPPO		18211.61	12397.37	40522.56	case rate	For One Day Stay, Rate = $6,649/case		
TRANSURETHRAL PROCEDURES W MCC	668	MS-DRG	inpatient					United	CommercialPPO		50836.4	United	CommercialPPO		48895.12	33284.86	105567.2	case rate	For One Day Stay, Rate = $6,649/case		
TRANSURETHRAL PROCEDURES W CC	669	MS-DRG	inpatient					United	CommercialPPO		32507.23	United	CommercialPPO		26626.84	18125.96	59354.83	case rate	For One Day Stay, Rate = $6,649/case		
TRANSURETHRAL PROCEDURES W/O CC/MCC	670	MS-DRG	inpatient					United	CommercialPPO		24338.09	United	CommercialPPO		16702.07	11369.77	36137.99	case rate	For One Day Stay, Rate = $6,649/case		
URETHRAL PROCEDURES W CC/MCC	671	MS-DRG	inpatient					United	CommercialPPO		35039.38	United	CommercialPPO		29703.18	20220.14	63143.03	case rate	For One Day Stay, Rate = $6,649/case		
URETHRAL PROCEDURES W/O CC/MCC	672	MS-DRG	inpatient					United	CommercialPPO		23768.25	United	CommercialPPO		16009.77	10898.49	39641.15	case rate	For One Day Stay, Rate = $6,649/case		
OTHER KIDNEY & URINARY TRACT PROCEDURES W MCC	673	MS-DRG	inpatient					United	CommercialPPO		63404.32	United	CommercialPPO		64164	43679	134173.79	case rate	For One Day Stay, Rate = $6,649/case		
OTHER KIDNEY & URINARY TRACT PROCEDURES W CC	674	MS-DRG	inpatient					United	CommercialPPO		44612.54	United	CommercialPPO		41333.55	28137.4	86719.93	case rate	For One Day Stay, Rate = $6,649/case		
OTHER KIDNEY & URINARY TRACT PROCEDURES W/O CC/MCC	675	MS-DRG	inpatient					United	CommercialPPO		33248.45	United	CommercialPPO		27527.36	18738.98	60960.13	case rate	For One Day Stay, Rate = $6,649/case		
RENAL FAILURE W MCC	682	MS-DRG	inpatient					United	CommercialPPO		32024.51	United	CommercialPPO		26040.38	17726.73	57460.72	case rate	For One Day Stay, Rate = $6,649/case		
RENAL FAILURE W CC	683	MS-DRG	inpatient					United	CommercialPPO		23455.48	United	CommercialPPO		15629.78	10639.82	34488.93	case rate	For One Day Stay, Rate = $6,649/case		
RENAL FAILURE W/O CC/MCC	684	MS-DRG	inpatient					United	CommercialPPO		19280.93	United	CommercialPPO		10558.08	7187.31	23246.84	case rate	For One Day Stay, Rate = $6,649/case		
KIDNEY & URINARY TRACT NEOPLASMS W MCC	686	MS-DRG	inpatient					United	CommercialPPO		36860.3	United	CommercialPPO		31915.43	21726.11	64422.02	case rate	For One Day Stay, Rate = $6,649/case		
KIDNEY & URINARY TRACT NEOPLASMS W CC	687	MS-DRG	inpatient					United	CommercialPPO		25519.18	United	CommercialPPO		19137	12346.58	39521.13	case rate	For One Day Stay, Rate = $6,649/case		
KIDNEY & URINARY TRACT NEOPLASMS W/O CC/MCC	688	MS-DRG	inpatient					United	CommercialPPO		21743.1	United	CommercialPPO		13549.4	9223.62	29664.29	case rate	For One Day Stay, Rate = $6,649/case		
KIDNEY & URINARY TRACT INFECTIONS W MCC	689	MS-DRG	inpatient					United	CommercialPPO		27362.96	United	CommercialPPO		20377.01	13871.45	41692.78	case rate	For One Day Stay, Rate = $6,649/case		
KIDNEY & URINARY TRACT INFECTIONS W/O MCC	690	MS-DRG	inpatient					United	CommercialPPO		22114.42	United	CommercialPPO		14000.52	9530.72	29784.31	case rate	For One Day Stay, Rate = $6,649/case		
URINARY STONES W MCC	693	MS-DRG	inpatient					United	CommercialPPO		30817.7	United	CommercialPPO		24574.22	16728.66	49644.27	case rate	For One Day Stay, Rate = $6,649/case		
URINARY STONES W/O MCC	694	MS-DRG	inpatient					United	CommercialPPO		21768.8	United	CommercialPPO		13580.63	9244.88	26333.66	case rate	For One Day Stay, Rate = $6,649/case		
KIDNEY & URINARY TRACT SIGNS & SYMPTOMS W MCC	695	MS-DRG	inpatient					United	CommercialPPO		27671.44	United	CommercialPPO		20751.8	14126.58	43084.29	case rate	For One Day Stay, Rate = $6,649/case		
KIDNEY & URINARY TRACT SIGNS & SYMPTOMS W/O MCC	696	MS-DRG	inpatient					United	CommercialPPO		20474.88	United	CommercialPPO		12008.63	8174.75	25827.32	case rate	For One Day Stay, Rate = $6,649/case		
URETHRAL STRICTURE	697	MS-DRG	inpatient					United	CommercialPPO		26487.49	United	CommercialPPO		19313.4	13147.4	36006.72	case rate	For One Day Stay, Rate = $6,649/case		
OTHER KIDNEY & URINARY TRACT DIAGNOSES W MCC	698	MS-DRG	inpatient					United	CommercialPPO		34218.18	United	CommercialPPO		28705.49	19540.96	60577.56	case rate	For One Day Stay, Rate = $6,649/case		
OTHER KIDNEY & URINARY TRACT DIAGNOSES W CC	699	MS-DRG	inpatient					United	CommercialPPO		25169.28	United	CommercialPPO		17711.9	12057.2	38553.45	case rate	For One Day Stay, Rate = $6,649/case		
OTHER KIDNEY & URINARY TRACT DIAGNOSES W/O CC/MCC	700	MS-DRG	inpatient					United	CommercialPPO		26706.24	United	CommercialPPO		12289.71	8366.1	28494.07	case rate	For One Day Stay, Rate = $6,649/case		
MAJOR MALE PELVIC PROCEDURES W CC/MCC	707	MS-DRG	inpatient					United	CommercialPPO		38609.61	United	CommercialPPO		34040.93	23173.02	67190.04	case rate	For One Day Stay, Rate = $6,649/case		
MAJOR MALE PELVIC PROCEDURES W/O CC/MCC	708	MS-DRG	inpatient					United	CommercialPPO		31420.39	United	CommercialPPO		25306.43	17227.1	52753.6	case rate	For One Day Stay, Rate = $6,649/case		
PENIS PROCEDURES W CC/MCC	709	MS-DRG	inpatient					United	CommercialPPO		40867.75	United	CommercialPPO		36784.12	25040.42	76206.72	case rate	For One Day Stay, Rate = $6,649/case		
PENIS PROCEDURES W/O CC/MCC	710	MS-DRG	inpatient					United	CommercialPPO		28218.43	United	CommercialPPO		21416.34	14578.96	52617.94	case rate	For One Day Stay, Rate = $6,649/case		
TESTES PROCEDURES W CC/MCC	711	MS-DRG	inpatient					United	CommercialPPO		40909.17	United	CommercialPPO		36934.44	25074.68	78145.83	case rate	For One Day Stay, Rate = $6,649/case		
TESTES PROCEDURES W/O CC/MCC	712	MS-DRG	inpatient					United	CommercialPPO		27562.9	United	CommercialPPO		20619.93	14036.81	40387.54	case rate	For One Day Stay, Rate = $6,649/case		
TRANSURETHRAL PROSTATECTOMY W CC/MCC	713	MS-DRG	inpatient					United	CommercialPPO		31309	United	CommercialPPO		25171.1	17134.97	54887.74	case rate	For One Day Stay, Rate = $6,649/case		
TRANSURETHRAL PROSTATECTOMY W/O CC/MCC	714	MS-DRG	inpatient					United	CommercialPPO		24279.53	United	CommercialPPO		16630.93	11321.34	34150.12	case rate	For One Day Stay, Rate = $6,649/case		
OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC FOR MALIGNANCY W CC/MCC	715	MS-DRG	inpatient					United	CommercialPPO		42117.41	United	CommercialPPO		38302.33	26073.93	82886.72	case rate	For One Day Stay, Rate = $6,649/case		
OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC FOR MALIGNANCY W/O CC/MCC	716	MS-DRG	inpatient					United	CommercialPPO		30901.97	United	CommercialPPO		24676.59	16798.34	54872.74	case rate	For One Day Stay, Rate = $6,649/case		
OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC EXC MALIGNANCY W CC/MCC	717	MS-DRG	inpatient					United	CommercialPPO		36493.26	United	CommercialPPO		31469.51	21422.55	73299.93	case rate	For One Day Stay, Rate = $6,649/case		
OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC EXC MALIGNANCY W/O CC/MCC	718	MS-DRG	inpatient					United	CommercialPPO		27382.95	United	CommercialPPO		20401.31	13887.99	46231.13	case rate	For One Day Stay, Rate = $6,649/case		
MALIGNANCY, MALE REPRODUCTIVE SYSTEM W MCC	722	MS-DRG	inpatient					United	CommercialPPO		37365.88	United	CommercialPPO		32529.65	22144.24	62250.37	case rate	For One Day Stay, Rate = $6,649/case		
MALIGNANCY, MALE REPRODUCTIVE SYSTEM W CC	723	MS-DRG	inpatient					United	CommercialPPO		26504.62	United	CommercialPPO		19334.22	13161.58	41313.96	case rate	For One Day Stay, Rate = $6,649/case		
MALIGNANCY, MALE REPRODUCTIVE SYSTEM W/O CC/MCC	724	MS-DRG	inpatient					United	CommercialPPO		22151.55	United	CommercialPPO		14045.63	9561.43	25849.82	case rate	For One Day Stay, Rate = $6,649/case		
BENIGN PROSTATIC HYPERTROPHY W MCC	725	MS-DRG	inpatient					United	CommercialPPO		28312.92	United	CommercialPPO		21530.86	14656.92	45544.75	case rate	For One Day Stay, Rate = $6,649/case		
BENIGN PROSTATIC HYPERTROPHY W/O MCC	726	MS-DRG	inpatient					United	CommercialPPO		21029.01	United	CommercialPPO		12681.85	8633.04	28674.1	case rate	For One Day Stay, Rate = $6,649/case		
INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM W MCC	727	MS-DRG	inpatient					United	CommercialPPO		33741.17	United	CommercialPPO		28125.97	19146.47	53935.07	case rate	For One Day Stay, Rate = $6,649/case		
INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM W/O MCC	728	MS-DRG	inpatient					United	CommercialPPO		22017.31	United	CommercialPPO		13882.54	9450.4	29683.04	case rate	For One Day Stay, Rate = $6,649/case		
OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES W CC/MCC	729	MS-DRG	inpatient					United	CommercialPPO		24927.92	United	CommercialPPO		17418.67	11857.58	40582.57	case rate	For One Day Stay, Rate = $6,649/case		
OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES W/O CC/MCC	730	MS-DRG	inpatient					United	CommercialPPO		19468.02	United	CommercialPPO		10785.38	7342.04	21318.98	case rate	For One Day Stay, Rate = $6,649/case		
PELVIC EVISCERATION, RAD HYSTERECTOMY & RAD VULVECTOMY W CC/MCC	734	MS-DRG	inpatient					United	CommercialPPO		41633.25	United	CommercialPPO		37714.13	25673.52	86487.39	case rate	For One Day Stay, Rate = $6,649/case		
PELVIC EVISCERATION, RAD HYSTERECTOMY & RAD VULVECTOMY W/O CC/MCC	735	MS-DRG	inpatient					United	CommercialPPO		28588.33	United	CommercialPPO		21865.73	14884.88	51197.06	case rate	For One Day Stay, Rate = $6,649/case		
UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W MCC	736	MS-DRG	inpatient					United	CommercialPPO		56106.34	United	CommercialPPO		67446.81	45913.74	151175.71	case rate	For One Day Stay, Rate = $6,649/case		
UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W CC	737	MS-DRG	inpatient					United	CommercialPPO		36779.77	United	CommercialPPO		34247.4	23313.58	76191.72	case rate	For One Day Stay, Rate = $6,649/case		
UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W/O CC/MCC	738	MS-DRG	inpatient					United	CommercialPPO		30079.34	United	CommercialPPO		23677.17	16118	52221	case rate	For One Day Stay, Rate = $6,649/case		
UTERINE, ADNEXA PROC

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.													
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true												
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CESAREAN SECTION W STERILIZATION W MCC	783	MS-DRG	inpatient					United	CommercialPPO		10760				8487	65498.47	case rate	For One Day Stay, Rate = $6,649/case
CESAREAN SECTION W STERILIZATION W CC	784	MS-DRG	inpatient					United	CommercialPPO		25216.41				8487	41336.46	case rate	For One Day Stay, Rate = $6,649/case
CESAREAN SECTION W STERILIZATION W/O CC/MCC	785	MS-DRG	inpatient					United	CommercialPPO		22962.76				8487	31712.17	case rate	For One Day Stay, Rate = $6,649/case
CESAREAN SECTION W/O STERILIZATION W MCC	786	MS-DRG	inpatient					United	CommercialPPO		35576.38				8487	58315.88	case rate	For One Day Stay, Rate = $6,649/case
CESAREAN SECTION W/O STERILIZATION W CC	787	MS-DRG	inpatient					United	CommercialPPO		25602.02				8487	40548.82	case rate	For One Day Stay, Rate = $6,649/case
CESAREAN SECTION W/O STERILIZATION W/O CC/MCC	788	MS-DRG	inpatient					United	CommercialPPO		22801.37				8487	33782.55	case rate	For One Day Stay, Rate = $6,649/case
NEONATES, DIED OR TRANSFERRED TO ANOTHER ACUTE CARE FACILITY	789	MS-DRG	inpatient					United	CommercialPPO		36574.67				637	62400.4	case rate	For One Day Stay, Rate = $6,649/case
EXTREME IMMATURITY OR RESPIRATORY DISTRESS SYNDROME, NEONATE	790	MS-DRG	inpatient					United	CommercialPPO		96282.27				637	205774.65	case rate	For One Day Stay, Rate = $6,649/case
PREMATURITY W MAJOR PROBLEMS	791	MS-DRG	inpatient					United	CommercialPPO		69112.72				637	140538.73	case rate	For One Day Stay, Rate = $6,649/case
PREMATURITY W/O MAJOR PROBLEMS	792	MS-DRG	inpatient					United	CommercialPPO		45902.06				637	84795.83	case rate	For One Day Stay, Rate = $6,649/case
FULL TERM NEONATE W MAJOR PROBLEMS	793	MS-DRG	inpatient					United	CommercialPPO		70706.56				637	144360.69	case rate	For One Day Stay, Rate = $6,649/case
NEONATE W OTHER SIGNIFICANT PROBLEMS	794	MS-DRG	inpatient					United	CommercialPPO		31868.84				637	51095.79	case rate	For One Day Stay, Rate = $6,649/case
NORMAL NEWBORN	795	MS-DRG	inpatient					United	CommercialPPO		13471.12				637	11714.02	case rate	For One Day Stay, Rate = $6,649/case
VAGINAL DELIVERY W STERILIZATION/D&C W MCC	796	MS-DRG	inpatient					United	CommercialPPO		30847.7				6365	55067.78	case rate	For One Day Stay, Rate = $6,649/case
VAGINAL DELIVERY W STERILIZATION/D&C W CC	797	MS-DRG	inpatient					United	CommercialPPO		24813.67				6365	31764.68	case rate	For One Day Stay, Rate = $6,649/case
VAGINAL DELIVERY W STERILIZATION/D&C W/O CC/MCC	798	MS-DRG	inpatient					United	CommercialPPO		22175.83				6365	31764.68	case rate	For One Day Stay, Rate = $6,649/case
SPLENECTOMY W MCC	799	MS-DRG	inpatient					United	CommercialPPO		81350.73				58521.36	176342.91	case rate	For One Day Stay, Rate = $6,649/case
SPLENECTOMY W CC	800	MS-DRG	inpatient					United	CommercialPPO		50832.11				32281.32	98523.39	case rate	For One Day Stay, Rate = $6,649/case
SPLENECTOMY W/O CC/MCC	801	MS-DRG	inpatient					United	CommercialPPO		36150.5				5977	58372.14	case rate	For One Day Stay, Rate = $6,649/case
OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W MCC	802	MS-DRG	inpatient					United	CommercialPPO		59009.91				8199	125543.43	case rate	For One Day Stay, Rate = $6,649/case
OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W CC	803	MS-DRG	inpatient					United	CommercialPPO		37128.8				13379	64590.8	case rate	For One Day Stay, Rate = $6,649/case
OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W/O CC/MCC	804	MS-DRG	inpatient					United	CommercialPPO		27877.1				14296.66	46152.36	case rate	For One Day Stay, Rate = $6,649/case
VAGINAL DELIVERY W/O STERILIZATION/D&C W MCC	805	MS-DRG	inpatient					United	CommercialPPO		24989.33				6365	38377.16	case rate	For One Day Stay, Rate = $6,649/case
VAGINAL DELIVERY W/O STERILIZATION/D&C W CC	806	MS-DRG	inpatient					United	CommercialPPO		21254.66				6365	26532.45	case rate	For One Day Stay, Rate = $6,649/case
VAGINAL DELIVERY W/O STERILIZATION/D&C W/O CC/MCC	807	MS-DRG	inpatient					United	CommercialPPO		19935.03				6365	23029.3	case rate	For One Day Stay, Rate = $6,649/case
MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W MCC	808	MS-DRG	inpatient					United	CommercialPPO		41868.9				38000.43	25868.41	80610.04	case rate	For One Day Stay, Rate = $6,649/case
MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W CC	809	MS-DRG	inpatient					United	CommercialPPO		27791.41				20897.54	14225.79	45177.18	case rate	For One Day Stay, Rate = $6,649/case
MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W/O CC/MCC	810	MS-DRG	inpatient					United	CommercialPPO		24936.46				17429.08	11864.67	34581.45	case rate	For One Day Stay, Rate = $6,649/case
RED BLOOD CELL DISORDERS W MCC	811	MS-DRG	inpatient					United	CommercialPPO		30636.33				24353.86	16578.65	50859.49	case rate	For One Day Stay, Rate = $6,649/case
RED BLOOD CELL DISORDERS W/O MCC	812	MS-DRG	inpatient					United	CommercialPPO		23454.05				15628.05	10638.64	33126.18	case rate	For One Day Stay, Rate = $6,649/case
COAGULATION DISORDERS	813	MS-DRG	inpatient					United	CommercialPPO		32869.99				27067.56	18425.97	69442.53	case rate	For One Day Stay, Rate = $6,649/case
RETICULOENDOTHELIAL & IMMUNITY DISORDERS W MCC	814	MS-DRG	inpatient					United	CommercialPPO		40983.44				36924.66	25136.1	62374.14	case rate	For One Day Stay, Rate = $6,649/case
RETICULOENDOTHELIAL & IMMUNITY DISORDERS W CC	815	MS-DRG	inpatient					United	CommercialPPO		24789.39				17250.36	11743.01	36670.59	case rate	For One Day Stay, Rate = $6,649/case
RETICULOENDOTHELIAL & IMMUNITY DISORDERS W/O CC/MCC	816	MS-DRG	inpatient					United	CommercialPPO		20733.38				12322.68	8388.54	27065.05	case rate	For One Day Stay, Rate = $6,649/case
OTHER ANTEPARTUM DIAGNOSES W O.R. PROCEDURE W MCC	817	MS-DRG	inpatient					United	CommercialPPO		42795.79				39126.51	26634.98	94996.47	case rate	For One Day Stay, Rate = $6,649/case
OTHER ANTEPARTUM DIAGNOSES W O.R. PROCEDURE W CC	818	MS-DRG	inpatient					United	CommercialPPO		27344.39				20354.46	13856.09	50953.26	case rate	For One Day Stay, Rate = $6,649/case
OTHER ANTEPARTUM DIAGNOSES W O.R. PROCEDURE W/O CC/MCC	819	MS-DRG	inpatient					United	CommercialPPO		23546.88				15740.83	10715.41	31468.37	case rate	For One Day Stay, Rate = $6,649/case
LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W MCC	820	MS-DRG	inpatient					United	CommercialPPO		96947.8				104916.29	71420.72	204176.86	case rate	For One Day Stay, Rate = $6,649/case
LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W CC	821	MS-DRG	inpatient					United	CommercialPPO		42468.74				38729.17	8969	89803.01	case rate	For One Day Stay, Rate = $6,649/case
LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W/O CC/MCC	822	MS-DRG	inpatient					United	CommercialPPO		28282.7				21494.42	8721	45375.97	case rate	For One Day Stay, Rate = $6,649/case
LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER PROC W MCC	823	MS-DRG	inpatient					United	CommercialPPO		74885.39				78112.47	12547	169704.17	case rate	For One Day Stay, Rate = $6,649/case
LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER PROC W CC	824	MS-DRG	inpatient					United	CommercialPPO		42480.19				38743.05	22652	82305.36	case rate	For One Day Stay, Rate = $6,649/case
LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER PROC W/O CC/MCC	825	MS-DRG	inpatient					United	CommercialPPO		29033.92				22407.08	15253.4	50972.01	case rate	For One Day Stay, Rate = $6,649/case
MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W MCC	826	MS-DRG	inpatient					United	CommercialPPO		73270.13				76150.07	51838.4	185580.89	case rate	For One Day Stay, Rate = $6,649/case
MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W CC	827	MS-DRG	inpatient					United	CommercialPPO		43684.11				40205.74	27369.65	84454.51	case rate	For One Day Stay, Rate = $6,649/case
MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W/O CC/MCC	828	MS-DRG	inpatient					United	CommercialPPO		34018.24				29462.58	19375.62	61338.95	case rate	For One Day Stay, Rate = $6,649/case
MYELOPROLIFERATIVE DISORDERS OR POORLY DIFFERENTIATED NEOPLASMS W OTHER PROCEDURE W CC/MCC	829	MS-DRG	inpatient					United	CommercialPPO		55632.2				54721.58	37251.17	116635.52	case rate	For One Day Stay, Rate = $6,649/case
MYELOPROLIFERATIVE DISORDERS OR POORLY DIFFERENTIATED NEOPLASMS W OTHER PROCEDURE W/O CC/MCC	830	MS-DRG	inpatient					United	CommercialPPO		33172.76				27435.4	18676.38	53214.93	case rate	For One Day Stay, Rate = $6,649/case
OTHER ANTEPARTUM DIAGNOSES W/O O.R. PROCEDURE W MCC	831	MS-DRG	inpatient					United	CommercialPPO		25012.18				17521.04	11927.27	38560.95	case rate	For One Day Stay, Rate = $6,649/case
OTHER ANTEPARTUM DIAGNOSES W/O O.R. PROCEDURE W CC	832	MS-DRG	inpatient					United	CommercialPPO		21126.12				12799.83	8713.36	26960.03	case rate	For One Day Stay, Rate = $6,649/case
OTHER ANTEPARTUM DIAGNOSES W/O O.R. PROCEDURE W/O CC/MCC	833	MS-DRG	inpatient					United	CommercialPPO		17899.88				8880.24	6045.14	18014.61	case rate	For One Day Stay, Rate = $6,649/case
ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W MCC	834	MS-DRG	inpatient					United	CommercialPPO		90553.87				97148.25	66132.7	206581.05	case rate	For One Day Stay, Rate = $6,649/case
ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W CC	835	MS-DRG	inpatient					United	CommercialPPO		42517.29				38788.16	26404.65	80114.95	case rate	For One Day Stay, Rate = $6,649/case
ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W/O CC/MCC	836	MS-DRG	inpatient					United	CommercialPPO		27680.31				20774.35	14141.93	45480.99	case rate	For One Day Stay, Rate = $6,649/case
CHEMO W ACUTE LEUKEMIA AS SDX OR W HIGH DOSE CHEMO AGENT W MCC	837	MS-DRG	inpatient					United	CommercialPPO		78522.95				82531.77	56182.68	201566.37	case rate	For One Day Stay, Rate = $6,649/case
CHEMO W ACUTE LEUKEMIA AS SDX W CC OR HIGH DOSE CHEMO AGENT	838	MS-DRG	inpatient					United	CommercialPPO		38474.14				33876.09	23060.81	88238.97	case rate	For One Day Stay, Rate = $6,649/case
CHEMO W ACUTE LEUKEMIA AS SDX W/O CC/MCC	839	MS-DRG	inpatient					United	CommercialPPO		29201.51				22610.09	15391.59	47105.04	case rate	For One Day Stay, Rate = $6,649/case
LYMPHOMA & NON-ACUTE LEUKEMIA W MCC	840	MS-DRG	inpatient					United	CommercialPPO		55223.74				54225.35	36913.36	123506.6	case rate	For One Day Stay, Rate = $6,649/case
LYMPHOMA & NON-ACUTE LEUKEMIA W CC	841	MS-DRG	inpatient					United	CommercialPPO		33062.79				27301.8	18585.43	61316.44	case rate	For One Day Stay, Rate = $6,649/case
LYMPHOMA & NON-ACUTE LEUKEMIA W/O CC/MCC	842	MS-DRG	inpatient					United	CommercialPPO		25820.53				18503.11	12595.8	42049.1	case rate	For One Day Stay, Rate = $6,649/case
OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W MCC	843	MS-DRG	inpatient					United	CommercialPPO		37163.07				32283.27	21676.51	69237.92	case rate	For One Day Stay, Rate = $6,649/case
OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W CC	844	MS-DRG	inpatient					United	CommercialPPO		27117.31				20078.58	13668.29	44213.25	case rate	For One Day Stay, Rate = $6,649/case
OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W/O CC/MCC	845	MS-DRG	inpatient					United	CommercialPPO		22942.76				15006.88	10215.78	32488.56	case rate	For One Day Stay, Rate = $6,649/case
CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W MCC	846	MS-DRG	inpatient					United	CommercialPPO		45495.03				42405.84	28867.35	105690.98	case rate	For One Day Stay, Rate = $6,649/case
CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W CC	847	MS-DRG	inpatient					United	CommercialPPO		27908.52				21039.82	14322.65	49753.04	case rate	For One Day Stay, Rate = $6,649/case
CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W/O CC/MCC	848	MS-DRG	inpatient					United	CommercialPPO		21437.47				13178.08	8970.85	34979.03	case rate	For One Day Stay, Rate = $6,649/case
RADIOTHERAPY	849	MS-DRG	inpatient					United	CommercialPPO		49028.33				46698.48	31789.52	73896.29	case rate	For One Day Stay, Rate = $6,649/case
INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W MCC	853	MS-DRG	inpatient					United	CommercialPPO		81989.12				86742.85	59049.33	189676.65	case rate	For One Day Stay, Rate = $6,649/case
INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W CC	854	MS-DRG	inpatient					United	CommercialPPO		39699.51				35364.81	24074.24	82620.42	case rate	For One Day Stay, Rate = $6,649/case
INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W/O CC/MCC	855	MS-DRG	inpatient					United	CommercialPPO		34895.14				29527.93	20100.84	58510.92	case rate	For One Day Stay, Rate = $6,649/case
POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W MCC	856	MS-DRG	inpatient					United	CommercialPPO		73835.69				76837.17	52306.14	168342.67	case rate	For One Day Stay, Rate = $6,649/case
POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W CC	857	MS-DRG	inpatient					United	CommercialPPO		41091.89				37056.53	25225.86	77140.65	case rate	For One Day Stay, Rate = $6,649/case
POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W/O CC/MCC	858	MS-DRG	inpatient					United	CommercialPPO		28919.66				22268.27	15158.9	51763.41	case rate	For One Day Stay, Rate = $6,649/case
POSTOPERATIVE & POST-TRAUMATIC INFECTIONS W MCC	862	MS-DRG	inpatient					United	CommercialPPO		36897.43				31960.54	21756.82	68551.54	case rate	For One Day Stay, Rate = $6,649/case
POSTOPERATIVE & POST-TRAUMATIC INFECTIONS W/O MCC	863	MS-DRG	inpatient					United	CommercialPPO		24950.77				17446.43	11676.48	36936.89	case rate	For One Day Stay, Rate = $6,649/case
FEVER AND INFLAMMATORY CONDITIONS	864	MS-DRG	inpatient					United	CommercialPPO		23198.4				15317.46	10427.21	32417.3	case rate	For One Day Stay, Rate = $6,649/case
VIRAL ILLNESS W MCC	865	MS-DRG	inpatient					United	CommercialPPO		34011.1				28453.9	19369.71	51842.18	case rate	For One Day Stay, Rate = $6,649/case
VIRAL ILLNESS W/O MCC	866	MS-DRG	inpatient					United	CommercialPPO		23696.84				15923.01	10839.43	30770.74	case rate	For One Day Stay, Rate = $6,649/case
OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W MCC	867	MS-DRG	inpatient					United	CommercialPPO		40472.15				36303.5	24713.24	79998.68	case rate	For One Day Stay, Rate = $6,649/case
OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W CC	868	MS-DRG	inpatient					United	CommercialPPO		26093.51				18834.51	12821.4	40391.29	case rate	For One Day Stay, Rate = $6,649/case
OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W/O CC/MCC	869	MS-DRG	inpatient					United	CommercialPPO		20454.89				11984.34	8158.22	28801.63	case rate	For One Day Stay, Rate = $6,649/case
SEPTICEMIA OR SEVERE SEPSIS W MV >96 HOURS	870	MS-DRG	inpatient					United	CommercialPPO		110061.28				120847.98	82266.06	236117.82	case rate	For One Day Stay, Rate = $6,649/case
SEPTICEMIA OR SEVERE SEPSIS W/O MV >96 HOURS W MCC	871	MS-DRG	inpatient					United	CommercialPPO		38905.45				34400.09	23417.52	69827.99	case rate	For One Day Stay, Rate = $6,649/case
SEPTICEMIA OR SEVERE SEPSIS W/O MV >96 HOURS W/O MCC	872	MS-DRG	inpatient					United	CommercialPPO		25299.25				17869.79	12164.68	39491.12	case rate	For One Day Stay, Rate = $6,649/case
O.R. PROCEDURE W PRINCIPAL DIAGNOSES OF MENTAL ILLNESS	876	MS-DRG	inpatient					United	CommercialPPO		63882.75				64745.26	44074.69	123825.61	case rate	For One Day Stay, Rate = $6,649/case
ACUTE ADJUSTMENT REACTION & PSYCHOSOCIAL DYSFUNCTION	880	MS-DRG	inpatient					United	CommercialPPO		24223.83				16563.26	2010	21064.2	case rate	For One Day Stay, Rate = $6,649/case
DEPRESSIVE NEUROSES	881	MS-DRG	inpatient					United	CommercialPPO		23536.98				15728.68	2010	20466.85	case rate	For One Day Stay, Rate = $6,649/case
NEUROSES EXCEPT DEPRESSIVE	882	MS-DRG	inpatient					United	CommercialPPO		24005.32				16297.79	2010	20874.19	case rate	For One Day Stay, Rate = $6,649/case
DISORDERS OF PERSONALITY & IMPULSE CONTROL	883	MS-DRG	inpatient					United	CommercialPPO		37374.44				32540.07	2010	32540.07	case rate	For One Day Stay, Rate = $6,649/case
ORGANIC DISTURBANCES & INTELLECTUAL DISABILITY	884	MS-DRG	inpatient					United	CommercialPPO		35682.06				30483.97	2010	31027.88	case rate	For One Day Stay, Rate = $6,649/case
PSYCHOSES	885	MS-DRG	inpatient					United	CommercialPPO		30155.05				23708.41	2010	26178.3	case rate	For One Day Stay, Rate = $6,649/case
BEHAVIORAL & DEVELOPMENTAL DISORDERS	886	MS-DRG	inpatient					United	CommercialPPO		34608.07				29179.18	2010	30093.98	case rate	For One Day Stay, Rate = $6,649/case
OTHER MENTAL DISORDER DIAGNOSES	887	MS-DRG	inpatient					United	CommercialPPO		29093.9				22479.96	2010	25299.04	case rate	For One Day Stay, Rate = $6,649/case
ALCOHOL/DRUG ABUSE OR DEPENDENCE, LEFT AMA	894	MS-DRG	inpatient					United	CommercialPPO		18795.35				9968.15	2010	94620.59	case rate	For One Day Stay, Rate = $6,649/case
ALCOHOL/DRUG ABUSE OR DEPENDENCE W REHABILITATION THERAPY	895	MS-DRG	inpatient					United	CommercialPPO		33566.94				27914.29	2010	29188.64	case rate	For One Day Stay, Rate = $6,649/case
ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY W MCC	896	MS-DRG	inpatient					United	CommercialPPO		35984.83				30851.81	2010	31291.16	case rate	For One Day Stay, Rate = $6,649/case
ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY W/O MCC	897	MS-DRG	inpatient					United	CommercialPPO		22809.94				14845.52	2010	19834.73	case rate	For One Day Stay, Rate = $6,649/case
WOUND DEBRIDEMENTS FOR INJURIES W MCC	901	MS-DRG	inpatient					United	CommercialPPO		72398.95				79091.66	13124	167465	case rate	For One Day Stay, Rate = $6,649/case
WOUND DEBRIDEMENTS FOR INJURIES W CC	902	MS-DRG	inpatient					United	CommercialPPO		37507.26				32701.43	22261.17	72028.44	case rate	For One Day Stay, Rate = $6,649/case
WOUND DEBRIDEMENTS FOR INJURIES W/O CC/MCC	903	MS-DRG	inpatient					United	CommercialPPO		28321.26				21541.27	14664	56429.51	case rate	For One Day Stay, Rate = $6,649/case
SKIN GRAFTS FOR INJURIES W CC/MCC	904	MS-DRG	inpatient					United	CommercialPPO		57094.65				56498.33	38460.67	120997.58	case rate	For One Day Stay, Rate = $6,649/case
SKIN GRAFTS FOR INJURIES W/O CC/MCC	905	MS-DRG	inpatient					United	CommercialPPO		33208.47				27478.78	18705.9	66357.38	case rate	For One Day Stay, Rate = $6,649/case
HAND PROCEDURES FOR INJURIES	906	MS-DRG	inpatient					United	CommercialPPO		37462.99				32647.64	22224.56	69132.9	case rate	For One Day Stay, Rate = $6,649/case
OTHER O.R. PROCEDURES FOR INJURIES W MCC	907	MS-DRG	inpatient					United	CommercialPPO		63711.37				64537.04	43932.95	158133.26	case rate	For One Day Stay, Rate = $6,649/case
OTHER O.R. PROCEDURES FOR INJURIES W CC	908	MS-DRG	inpatient					United	CommercialPPO		39212.5				34773.14	23671.47	74743.95	case rate	For One Day Stay, Rate = $6,649/case
OTHER O.R. PROCEDURES FOR INJURIES W/O CC/MCC	909	MS-DRG	inpatient					United	CommercialPPO		29860.8				23533.16	16019.96	49711.78	case rate	For One Day Stay, Rate = $6,649/case
TRAUMATIC INJURY W MCC	913	MS-DRG	inpatient					United	CommercialPPO		31934.54				25931.07	17652.32	55205.55	case rate	For One Day Stay, Rate = $6,649/case
TRAUMATIC INJURY W/O MCC	914	MS-DRG	inpatient					United	CommercialPPO		23554.02				15749.5	10721.32	34762.6	case rate	For One Day Stay, Rate = $6,649/case
ALLERGIC REACTIONS W MCC	915	MS-DRG	inpatient					United	CommercialPPO		36926.28				30780.67	20953.64	62895.49	case rate	For One Day Stay, Rate = $6,649/case
ALLERGIC REACTIONS W/O MCC	916	MS-DRG	inpatient					United	CommercialPPO		19999.3				11430.84	7781.43	23828.2	case rate	For One Day Stay, Rate = $6,649/case
POISONING & TOXIC EFFECTS OF DRUGS W MCC	917	MS-DRG	inpatient					United	CommercialPPO		33382.7				27690.46	18850	55274.07	case rate	For One Day Stay, Rate = $6,649/case
POISONING & TOXIC EFFECTS OF DRUGS W/O MCC	918	MS-DRG	inpatient					United	CommercialPPO		22885.63				14937.48	10168.54	29206.7	case rate	For One Day Stay, Rate = $6,649/case
COMPLICATIONS OF TREATMENT W MCC	919	MS-DRG	inpatient					United	CommercialPPO		36650.36				31660.37	21552.48	68424.02	case rate	For One Day Stay, Rate = $6,649/case
COMPLICATIONS OF TREATMENT W CC	920	MS-DRG	inpatient					United	CommercialPPO		25354.94				17937.46	12210.75	37623.27	case rate	For One Day Stay, Rate = $6,649/case
COMPLICATIONS OF TREATMENT W/O CC/MCC	921	MS-DRG	inpatient					United	CommercialPPO		20556.29				12107.53	8242.08	26502.45	case rate	For One Day Stay, Rate = $6,649/case
OTHER INJURY, POISONING & TOXIC EFFECT DIAG W MCC	922	MS-DRG	inpatient					United	CommercialPPO		35510.68				30275.76	20609.92	58450.91	case rate	For One Day Stay, Rate = $6,649/case
OTHER INJURY, POISONING & TOXIC EFFECT DIAG W/O MCC	923	MS-DRG	inpatient					United	CommercialPPO		25035.03				17548.8	11946.17	37582.48	case rate	For One Day Stay, Rate = $6,649/case
EXTENSIVE BURNS OR FULL THICKNESS BURNS W MV >96 HRS W SKIN GRAFT	927	MS-DRG	inpatient					United	CommercialPPO		387038.19				457349.8	298048.51	688547.44	case rate	For One Day Stay, Rate = $6,649/case
FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W CC/MCC	928	MS-DRG	inpatient					United	CommercialPPO		109415.75				120663.71	81732.17	220376.13	case rate	For One Day Stay, Rate = $6,649/case
FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W/O CC/MCC	929	MS-DRG	inpatient					United	CommercialPPO		56513.38				55792.14	37979.94	111478.31	case rate	For One Day Stay, Rate = $6,649/case
EXTENSIVE BURNS OR FULL THICKNESS BURNS W MV >96 HRS W/O SKIN GRAFT	933	MS-DRG	inpatient					United	CommercialPPO		53882.69				52608.23	3331	107281.27	case rate	For One Day Stay, Rate = $6,649/case
FULL THICKNESS BURN W/O SKIN GRAFT OR INHAL INJ	934	MS-DRG	inpatient					United	CommercialPPO		40475.01				36306.97	24715.61	68769.08	case rate	For One Day Stay, Rate = $6,649/case
NON-EXTENSIVE BURNS	935	MS-DRG	inpatient					United	CommercialPPO		39740.93				35415.13	24108.49	68326.5	case rate	For One Day Stay, Rate = $6,649/case
O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W MCC	939	MS-DRG	inpatient					United	CommercialPPO		56510.53				53788.67	37977.58	122974.2	case rate	For One Day Stay, Rate = $6,649/case
O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W CC	940	MS-DRG	inpatient					United	CommercialPPO		41533.28				37592.68	25590.84	81558.97	case rate	For One Day Stay, Rate = $6,649/case
O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W/O CC/MCC	941	MS-DRG	inpatient					United	CommercialPPO		37097.38				32203.46	21922.18	69440.46	case rate	For One Day Stay, Rate = $6,649/case
REHABILITATION W CC/MCC	945	MS-DRG	inpatient					United	CommercialPPO		32148.76				26191.33	17629.49	51193.3	case rate	For One Day Stay, Rate = $6,649/case
REHABILITATION W/O CC/MCC	946	MS-DRG	inpatient					United	CommercialPPO		25053.6				17571.36	11961.53	39108.55	case rate	For One Day Stay, Rate = $6,649/case
SIGNS & SYMPTOMS W MCC	947	MS-DRG	inpatient					United	CommercialPPO		28465.5				21716.51	14783.3	45218.44	case rate	For One Day Stay, Rate = $6,649/case
SIGNS & SYMPTOMS W/O MCC	948	MS-DRG	inpatient					United	CommercialPPO		22030.16				13898.15	9461.03	29262.96	case rate	For One Day Stay, Rate = $6,649/case
AFTERCARE W CC/MCC	949	MS-DRG	inpatient					United	CommercialPPO		25387.79				17977.37	12237.92	42990.52	case rate	For One Day Stay, Rate = $6,649/case
AFTERCARE W/O CC/MCC	950	MS-DRG	inpatient					United	CommercialPPO		19562.28				10899.9	7420	27938.96	case rate	For One

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.															
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true														
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W CC	982	MS-DRG	inpatient				40094.87	United	Commercial|PPO		43134.59				14901	92030.92	case rate	For One Day Stay, Rate = $6,649/case
EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W/O CC/MCC	983	MS-DRG	inpatient				33943.97	United	Commercial|PPO		28372.36				19314.2	58852.23	case rate	For One Day Stay, Rate = $6,649/case
NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W MCC	987	MS-DRG	inpatient				58815.6	United	Commercial|PPO		58589.12				39883.96	124995.83	case rate	For One Day Stay, Rate = $6,649/case
NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W CC	988	MS-DRG	inpatient				34826.58	United	Commercial|PPO		29444.65				20044.15	63503.1	case rate	For One Day Stay, Rate = $6,649/case
NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W/O CC/MCC	989	MS-DRG	inpatient				26019.05	United	Commercial|PPO		18744.29				12759.99	39033.53	case rate	For One Day Stay, Rate = $6,649/case
HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM W MCC	001	MS-DRG	inpatient				397605.24	United	Oxford		458643.81				320075.66	990582.37	case rate	
HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM W/O MCC	002	MS-DRG	inpatient				185457.36	United	Oxford		207231.39				144621.43	503445.21	case rate	
ECMO OR TRACH W MV >96 HRS OR PDX EXC FACE, MOUTH & NECK W MAJ O.R.	003	MS-DRG	inpatient				315081.15	United	Oxford		360846.08				251625.15	686280.58	case rate	For One Day Stay, Rate = $6,649/case
TRACH W MV >96 HRS OR PDX EXC FACE, MOUTH & NECK W/O MAJ O.R.	004	MS-DRG	inpatient				220531.85	United	Oxford		248797.5				176829.34	428299.93	case rate	For One Day Stay, Rate = $6,649/case
LIVER TRANSPLANT W MCC OR INTESTINAL TRANSPLANT	005	MS-DRG	inpatient				158406.35	United	Oxford		175173.75				122249.23	284311	case rate	
LIVER TRANSPLANT W/O MCC	006	MS-DRG	inpatient				79669.77	United	Oxford		81864.53				57131.14	284311	case rate	
LUNG TRANSPLANT	007	MS-DRG	inpatient				185775.85	United	Oxford		207808.82				144884.83	399487.06	case rate	
SIMULTANEOUS PANCREAS/KIDNEY TRANSPLANT	008	MS-DRG	inpatient				85736.65	United	Oxford		89654.27				62148.67	196874.24	case rate	
PANCREAS TRANSPLANT	010	MS-DRG	inpatient				79337.01	United	Oxford		81470.18				56855.93	169302.85	case rate	
TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES OR LARYNGECTOMY W MCC	011	MS-DRG	inpatient				84231.35	United	Oxford		87270.38				60903.74	260411	case rate	For One Day Stay, Rate = $6,649/case
TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES OR LARYNGECTOMY W CC	012	MS-DRG	inpatient				67787.38	United	Oxford		67782.93				47303.96	260411	case rate	For One Day Stay, Rate = $6,649/case
TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES OR LARYNGECTOMY W/O CC/MCC	013	MS-DRG	inpatient				48946.93	United	Oxford		45455.47				31722.2	260411	case rate	For One Day Stay, Rate = $6,649/case
ALLOGENEIC BONE MARROW TRANSPLANT	014	MS-DRG	inpatient				174271.92	United	Oxford		193975.73				135370.65	448219.9	case rate	
AUTOLOGOUS BONE MARROW TRANSPLANT W CC/MCC OR T-CELL IMMUNOTHERAPY	016	MS-DRG	inpatient				98808.71	United	Oxford		104545.73				72959.76	245273.28	case rate	
AUTOLOGOUS BONE MARROW TRANSPLANT W/O CC/MCC	017	MS-DRG	inpatient				98808.71	United	Oxford		104545.73				71026.39	164321.92	case rate	
CHIMERIC ANTIGEN RECEPTOR (CAR) T-CELL IMMUNOTHERAPY	018	MS-DRG	inpatient				536767.79	United	Oxford		623562.7				435168.29	639257.69	case rate	
SIMULTANEOUS PANCREAS AND KIDNEY TRANSPLANT WITH HEMODIALYSIS	019	MS-DRG	inpatient				124751.46	United	Oxford		135289.99				94415.39	138695.22	case rate	
INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W MCC	020	MS-DRG	inpatient				131305.35	United	Oxford		143056.87				99835.69	391021.73	case rate	For One Day Stay, Rate = $6,649/case
INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W CC	021	MS-DRG	inpatient				56300.28	United	Oxford		102943.2				72539.27	296515.34	case rate	For One Day Stay, Rate = $6,649/case
INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W/O CC/MCC	022	MS-DRG	inpatient				60243.77	United	Oxford		58843.15				41065.11	193442.35	case rate	For One Day Stay, Rate = $6,649/case
CRANIOTOMY W MAJOR DEVICE IMPLANT OR ACUTE COMPLEX CNS PDX W MCC OR CHEMOTHERAPY IMPLANT OR EPIL	023	MS-DRG	inpatient				91550.74	United	Oxford		95944.44				66957.14	204791.97	case rate	For One Day Stay, Rate = $6,649/case
CRANIO W MAJOR DEV IMPL/ACUTE COMPLEX CNS PDX W/O MCC	024	MS-DRG	inpatient				64701.1	United	Oxford		64125.44				44751.49	313612.23	case rate	For One Day Stay, Rate = $6,649/case
CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W MCC	025	MS-DRG	inpatient				73658.84	United	Oxford		74740.8				52159.67	160436.19	case rate	For One Day Stay, Rate = $6,649/case
CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W CC	026	MS-DRG	inpatient				52765.86	United	Oxford		49981.22				34880.6	113109.86	case rate	For One Day Stay, Rate = $6,649/case
CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W/O CC/MCC	027	MS-DRG	inpatient				45336.51	United	Oxford		41176.83				28736.25	90230.59	case rate	For One Day Stay, Rate = $6,649/case
SPINAL PROCEDURES W MCC	028	MS-DRG	inpatient				96653.6	United	Oxford		101991.74				71177.4	201592.62	case rate	For One Day Stay, Rate = $6,649/case
SPINAL PROCEDURES W CC OR SPINAL NEUROSTIMULATORS	029	MS-DRG	inpatient				59551.11	United	Oxford		58022.29				40492.25	118360.84	case rate	For One Day Stay, Rate = $6,649/case
SPINAL PROCEDURES W/O CC/MCC	030	MS-DRG	inpatient				43709.82	United	Oxford		39249.08				27390.91	81603.98	case rate	For One Day Stay, Rate = $6,649/case
VENTRICULAR SHUNT PROCEDURES W MCC	031	MS-DRG	inpatient				69382.65	United	Oxford		69673.46				48623.3	156886.03	case rate	For One Day Stay, Rate = $6,649/case
VENTRICULAR SHUNT PROCEDURES W CC	032	MS-DRG	inpatient				41350.48	United	Oxford		36453.07				25439.65	103005.11	case rate	For One Day Stay, Rate = $6,649/case
VENTRICULAR SHUNT PROCEDURES W/O CC/MCC	033	MS-DRG	inpatient				33768.31	United	Oxford		27467.58				19168.92	189398.47	case rate	For One Day Stay, Rate = $6,649/case
CAROTID ARTERY STENT PROCEDURE W MCC	034	MS-DRG	inpatient				66309.22	United	Oxford		66031.2				46081.46	279134.99	case rate	For One Day Stay, Rate = $6,649/case
CAROTID ARTERY STENT PROCEDURE W CC	035	MS-DRG	inpatient				43431.32	United	Oxford		38919.04				27160.59	83276.78	case rate	For One Day Stay, Rate = $6,649/case
CAROTID ARTERY STENT PROCEDURE W/O CC/MCC	036	MS-DRG	inpatient				36414.71	United	Oxford		30603.79				21357.59	64737.08	case rate	For One Day Stay, Rate = $6,649/case
EXTRACRANIAL PROCEDURES W MCC	037	MS-DRG	inpatient				58799.89	United	Oxford		57132.03				39870.97	120389.97	case rate	For One Day Stay, Rate = $6,649/case
EXTRACRANIAL PROCEDURES W CC	038	MS-DRG	inpatient				33439.63	United	Oxford		27078.31				18897.25	62700.45	case rate	For One Day Stay, Rate = $6,649/case
EXTRACRANIAL PROCEDURES W/O CC/MCC	039	MS-DRG	inpatient				26885.56	United	Oxford		19311.43				13476.94	42472.93	case rate	For One Day Stay, Rate = $6,649/case
PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W MCC	040	MS-DRG	inpatient				65582.28	United	Oxford		65169.71				45480.26	147335	case rate	For One Day Stay, Rate = $6,649/case
PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W CC OR PERIPH NEUROSTIM	041	MS-DRG	inpatient				42448.74	United	Oxford		37754.6				26347.96	88456.51	case rate	For One Day Stay, Rate = $6,649/case
PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W/O CC/MCC	042	MS-DRG	inpatient				35437.84	United	Oxford		29446.12				20549.68	102408.62	case rate	For One Day Stay, Rate = $6,649/case
SPINAL DISORDERS & INJURIES W CC/MCC	052	MS-DRG	inpatient				36361.31	United	Oxford		32910.86				22967.5	80333.48	case rate	For One Day Stay, Rate = $6,649/case
SPINAL DISORDERS & INJURIES W/O CC/MCC	053	MS-DRG	inpatient				24640.86	United	Oxford		16650.82				11620.17	98314.19	case rate	For One Day Stay, Rate = $6,649/case
NERVOUS SYSTEM NEOPLASMS W MCC	054	MS-DRG	inpatient				31634.62	United	Oxford		24938.99				17404.27	143596.19	case rate	For One Day Stay, Rate = $6,649/case
NERVOUS SYSTEM NEOPLASMS W/O MCC	055	MS-DRG	inpatient				25917.64	United	Oxford		18163.91				12676.12	39277.33	case rate	For One Day Stay, Rate = $6,649/case
DEGENERATIVE NERVOUS SYSTEM DISORDERS W MCC	056	MS-DRG	inpatient				44780.95	United	Oxford		40518.45				28276.78	79683.62	case rate	For One Day Stay, Rate = $6,649/case
DEGENERATIVE NERVOUS SYSTEM DISORDERS W/O MCC	057	MS-DRG	inpatient				30059.35	United	Oxford		23072.16				16101.46	45342.21	case rate	For One Day Stay, Rate = $6,649/case
MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W MCC	058	MS-DRG	inpatient				35267.89	United	Oxford		29244.71				20409.13	65997.32	case rate	For One Day Stay, Rate = $6,649/case
MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W CC	059	MS-DRG	inpatient				27545.76	United	Oxford		20093.36				14022.64	41231.45	case rate	For One Day Stay, Rate = $6,649/case
MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W/O CC/MCC	060	MS-DRG	inpatient				23406.52	United	Oxford		15188.5				10599.66	31232.08	case rate	For One Day Stay, Rate = $6,649/case
ISCHEMIC STROKE, PRECEREBRAL OCCLUSION OR TRANSIENT ISCHEMIA W THROMBOLYTIC AGENT W MCC	061	MS-DRG	inpatient				50619.32	United	Oxford		47437.39				33105.33	106808.68	case rate	For One Day Stay, Rate = $6,649/case
ISCHEMIC STROKE, PRECEREBRAL OCCLUSION OR TRANSIENT ISCHEMIA W THROMBOLYTIC AGENT W CC	062	MS-DRG	inpatient				37321.6	United	Oxford		31678.52				22107.62	121708.96	case rate	For One Day Stay, Rate = $6,649/case
ISCHEMIC STROKE, PRECEREBRAL OCCLUSION OR TRANSIENT ISCHEMIA W THROMBOLYTIC AGENT W/O CC/MCC	063	MS-DRG	inpatient				31824.51	United	Oxford		25164.09				17561.37	136083.64	case rate	For One Day Stay, Rate = $6,649/case
INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W MCC	064	MS-DRG	inpatient				39196.79	United	Oxford		33900.78				23658.47	215326.95	case rate	For One Day Stay, Rate = $6,649/case
INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W CC OR TPA IN 24 HRS	065	MS-DRG	inpatient				25106.44	United	Oxford		17202.57				12005.23	38688.47	case rate	For One Day Stay, Rate = $6,649/case
INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W/O CC/MCC	066	MS-DRG	inpatient				20409.18	United	Oxford		11635.94				8120.42	27260.09	case rate	For One Day Stay, Rate = $6,649/case
NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT W MCC	067	MS-DRG	inpatient				30826.21	United	Oxford		23981.03				16735.74	56313.01	case rate	For One Day Stay, Rate = $6,649/case
NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT W/O MCC	068	MS-DRG	inpatient				23029.88	United	Oxford		14741.68				10287.83	33707.54	case rate	For One Day Stay, Rate = $6,649/case
TRANSIENT ISCHEMIA W/O THROMBOLYTIC	069	MS-DRG	inpatient				21997.31	United	Oxford		13518				9433.86	28711.61	case rate	For One Day Stay, Rate = $6,649/case
NONSPECIFIC CEREBROVASCULAR DISORDERS W MCC	070	MS-DRG	inpatient				36147.64	United	Oxford		30287.29				21136.72	67110.27	case rate	For One Day Stay, Rate = $6,649/case
NONSPECIFIC CEREBROVASCULAR DISORDERS W CC	071	MS-DRG	inpatient				25754.83	United	Oxford		17970.97				12541.47	36974.4	case rate	For One Day Stay, Rate = $6,649/case
NONSPECIFIC CEREBROVASCULAR DISORDERS W/O CC/MCC	072	MS-DRG	inpatient				21773.09	United	Oxford		13252.28				9248.42	27830.19	case rate	For One Day Stay, Rate = $6,649/case
CRANIAL & PERIPHERAL NERVE DISORDERS W MCC	073	MS-DRG	inpatient				32198.75	United	Oxford		25607.53				17870.83	52926.13	case rate	For One Day Stay, Rate = $6,649/case
CRANIAL & PERIPHERAL NERVE DISORDERS W/O MCC	074	MS-DRG	inpatient				25246.4	United	Oxford		17368.44				12120.98	36528.07	case rate	For One Day Stay, Rate = $6,649/case
VIRAL MENINGITIS W CC/MCC	075	MS-DRG	inpatient				37922.86	United	Oxford		32391.07				22604.89	55570.37	case rate	For One Day Stay, Rate = $6,649/case
VIRAL MENINGITIS W/O CC/MCC	076	MS-DRG	inpatient				23765.39	United	Oxford		15613.31				10896.13	30935.77	case rate	For One Day Stay, Rate = $6,649/case
HYPERTENSIVE ENCEPHALOPATHY W MCC	077	MS-DRG	inpatient				32168.76	United	Oxford		25571.98				17846.03	58210.86	case rate	For One Day Stay, Rate = $6,649/case
HYPERTENSIVE ENCEPHALOPATHY W CC	078	MS-DRG	inpatient				25113.58	United	Oxford		17211.03				12011.13	36386.54	case rate	For One Day Stay, Rate = $6,649/case
HYPERTENSIVE ENCEPHALOPATHY W/O CC/MCC	079	MS-DRG	inpatient				21170.4	United	Oxford		12538.04				8749.97	27998.98	case rate	For One Day Stay, Rate = $6,649/case
NONTRAUMATIC STUPOR & COMA W MCC	080	MS-DRG	inpatient				42134.54	United	Oxford		37382.25				26088.1	70468.15	case rate	For One Day Stay, Rate = $6,649/case
NONTRAUMATIC STUPOR & COMA W/O MCC	081	MS-DRG	inpatient				23579.73	United	Oxford		15393.29				10742.58	32053.48	case rate	For One Day Stay, Rate = $6,649/case
TRAUMATIC STUPOR & COMA, COMA >1 HR W MCC	082	MS-DRG	inpatient				43128.55	United	Oxford		38560.23				26910.19	80962.61	case rate	For One Day Stay, Rate = $6,649/case
TRAUMATIC STUPOR & COMA, COMA >1 HR W CC	083	MS-DRG	inpatient				29962.23	United	Oxford		22957.07				16021.15	48571.57	case rate	For One Day Stay, Rate = $6,649/case
TRAUMATIC STUPOR & COMA, COMA >1 HR W/O CC/MCC	084	MS-DRG	inpatient				23725.4	United	Oxford		15565.92				10863.05	34630.21	case rate	For One Day Stay, Rate = $6,649/case
TRAUMATIC STUPOR & COMA, COMA <1 HR W MCC	085	MS-DRG	inpatient				43050	United	Oxford		38467.14				26845.22	81765.26	case rate	For One Day Stay, Rate = $6,649/case
TRAUMATIC STUPOR & COMA, COMA <1 HR W CC	086	MS-DRG	inpatient				29400.96	United	Oxford		22291.92				15558.95	46624.95	case rate	For One Day Stay, Rate = $6,649/case
TRAUMATIC STUPOR & COMA, COMA <1 HR W/O CC/MCC	087	MS-DRG	inpatient				23246.96	United	Oxford		14998.94				10467.37	31704.67	case rate	For One Day Stay, Rate = $6,649/case
CONCUSSION W MCC	088	MS-DRG	inpatient				32495.81	United	Oxford		25959.57				18116.51	55495.36	case rate	For One Day Stay, Rate = $6,649/case
CONCUSSION W CC	089	MS-DRG	inpatient				27013.58	United	Oxford		19462.06				13582.07	40038.72	case rate	For One Day Stay, Rate = $6,649/case
CONCUSSION W/O CC/MCC	090	MS-DRG	inpatient				23941.05	United	Oxford		15821.49				11041.41	29758.05	case rate	For One Day Stay, Rate = $6,649/case
OTHER DISORDERS OF NERVOUS SYSTEM W MCC	091	MS-DRG	inpatient				36143.36	United	Oxford		30282.21				21133.17	60461.28	case rate	For One Day Stay, Rate = $6,649/case
OTHER DISORDERS OF NERVOUS SYSTEM W CC	092	MS-DRG	inpatient				25244.98	United	Oxford		17366.74				12119.8	35380.35	case rate	For One Day Stay, Rate = $6,649/case
OTHER DISORDERS OF NERVOUS SYSTEM W/O CC/MCC	093	MS-DRG	inpatient				21650.27	United	Oxford		13106.72				9146.84	27672.66	case rate	For One Day Stay, Rate = $6,649/case
BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W MCC	094	MS-DRG	inpatient				62328.9	United	Oxford		61314.2				42789.59	137947	case rate	For One Day Stay, Rate = $6,649/case
BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W CC	095	MS-DRG	inpatient				44640.99	United	Oxford		40352.59				28161.03	89300.42	case rate	For One Day Stay, Rate = $6,649/case
BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W/O CC/MCC	096	MS-DRG	inpatient				41720.37	United	Oxford		36891.42				25745.57	79177.28	case rate	For One Day Stay, Rate = $6,649/case
NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W MCC	097	MS-DRG	inpatient				62531.7	United	Oxford		61554.53				42957.32	132733.52	case rate	For One Day Stay, Rate = $6,649/case
NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W CC	098	MS-DRG	inpatient				41360.47	United	Oxford		36464.91				25447.92	69406.7	case rate	For One Day Stay, Rate = $6,649/case
NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W/O CC/MCC	099	MS-DRG	inpatient				29445.23	United	Oxford		22344.39				15593.57	47742.66	case rate	For One Day Stay, Rate = $6,649/case
SEIZURES W MCC	100	MS-DRG	inpatient				38904.02	United	Oxford		33553.81				23416.34	67977.69	case rate	For One Day Stay, Rate = $6,649/case
SEIZURES W/O MCC	101	MS-DRG	inpatient				23981.15	United	Oxford		15394.98				10743.76	32604.84	case rate	For One Day Stay, Rate = $6,649/case
HEADACHES W MCC	102	MS-DRG	inpatient				27822.83	United	Oxford		20421.71				14251.78	40376.29	case rate	For One Day Stay, Rate = $6,649/case
HEADACHES W/O MCC	103	MS-DRG	inpatient				22621.42	United	Oxford		14257.62				9950.02	29307.97	case rate	For One Day Stay, Rate = $6,649/case
ORBITAL PROCEDURES W CC/MCC	113	MS-DRG	inpatient				46399.07	United	Oxford		42436.05				29615.02	86367.37	case rate	For One Day Stay, Rate = $6,649/case
ORBITAL PROCEDURES W/O CC/MCC	114	MS-DRG	inpatient				28182.73	United	Oxford		20848.22				14549.43	47075.04	case rate	For One Day Stay, Rate = $6,649/case
EXTRAOCULAR PROCEDURES EXCEPT ORBIT	115	MS-DRG	inpatient				32932.83	United	Oxford		26477.47				18477.94	51088.28	case rate	For One Day Stay, Rate = $6,649/case
INTRAOCULAR PROCEDURES W CC/MCC	116	MS-DRG	inpatient				36737.48	United	Oxford		30986.29				21624.53	64061.96	case rate	For One Day Stay, Rate = $6,649/case
INTRAOCULAR PROCEDURES W/O CC/MCC	117	MS-DRG	inpatient				27705.72	United	Oxford		20282.92				14154.93	37600.77	case rate	For One Day Stay, Rate = $6,649/case
ACUTE MAJOR EYE INFECTIONS W CC/MCC	121	MS-DRG	inpatient				28888.24	United	Oxford		21684.31				15132.92	39731.17	case rate	For One Day Stay, Rate = $6,649/case
ACUTE MAJOR EYE INFECTIONS W/O CC/MCC	122	MS-DRG	inpatient				21223.24	United	Oxford		12600.66				8793.68	26472.44	case rate	For One Day Stay, Rate = $6,649/case
NEUROLOGICAL EYE DISORDERS	123	MS-DRG	inpatient				22073	United	Oxford		13607.7				9496.46	28239.02	case rate	For One Day Stay, Rate = $6,649/case
OTHER DISORDERS OF THE EYE W MCC	124	MS-DRG	inpatient				29469.51	United	Oxford		22373.16				15613.65	49933.07	case rate	For One Day Stay, Rate = $6,649/case
OTHER DISORDERS OF THE EYE W/O MCC	125	MS-DRG	inpatient				21980.17	United	Oxford		13497.69				9419.69	30388.17	case rate	For One Day Stay, Rate = $6,649/case
SINUS & MASTOID PROCEDURES W CC/MCC	135	MS-DRG	inpatient				48467.06	United	Oxford		44886.79				31325.33	86198.59	case rate	For One Day Stay, Rate = $6,649/case
SINUS & MASTOID PROCEDURES W/O CC/MCC	136	MS-DRG	inpatient				24002.47	United	Oxford		15894.27				11092.2	45477.24	case rate	For One Day Stay, Rate = $6,649/case
MOUTH PROCEDURES W CC/MCC	137	MS-DRG	inpatient				32080.21	United	Oxford		25467.05				17772.79	51650.89	case rate	For One Day Stay, Rate = $6,649/case
MOUTH PROCEDURES W/O CC/MCC	138	MS-DRG	inpatient				22954.19	United	Oxford		14651.97				10225.23	31700.92	case rate	For One Day Stay, Rate = $6,649/case
SALIVARY GLAND PROCEDURES	139	MS-DRG	inpatient				27552.9	United	Oxford		20101.82				14028.54	43523.12	case rate	For One Day Stay, Rate = $6,649/case
MAJOR HEAD AND NECK PROCEDURES WITH MCC	140	MS-DRG	inpatient				64548.82	United	Oxford		63944.34				44625.1	65553.81	case rate	For One Day Stay, Rate = $6,649/case
MAJOR HEAD AND NECK PROCEDURES WITH CC	141	MS-DRG	inpatient				40177.95	United	Oxford		35063.52				24469.93	35946.07	case rate	For One Day Stay, Rate = $6,649/case
MAJOR HEAD AND NECK PROCEDURES WITHOUT COMPLICATIONS	142	MS-DRG	inpatient				32655.76	United	Oxford		26149.13				18248.8	28396.32	case rate	For One Day Stay, Rate = $6,649/case
OTHER EAR, NOSE, MOUTH AND THROAT O.R. PROCEDURES WITH MCC	143	MS-DRG	inpatient				58085.8	United	Oxford		56285.78				39280.39	57702.49	case rate	For One Day Stay, Rate = $6,649/case
OTHER EAR, NOSE, MOUTH AND THROAT O.R. PROCEDURES WITH CC	144	MS-DRG	inpatient				35305.02	United	Oxford		29288.71				20439.84	30700.02	case rate	For One Day Stay, Rate = $6,649/case
OTHER EAR, NOSE, MOUTH AND THROAT O.R. PROCEDURES WITHOUT CC/MCC	145	MS-DRG	inpatient				28029.91	United	Oxford		20667.12				14423.05	24373.84	case rate	For One Day Stay, Rate = $6,649/case
EAR, NOSE, MOUTH & THROAT MALIGNANCY W MCC	146	MS-DRG	inpatient				40739.22	United	Oxford		35728.68				24934.12	72129.71	case rate	For One Day Stay, Rate = $6,649/case
EAR, NOSE, MOUTH & THROAT MALIGNANCY W CC	147	MS-DRG	inpatient				28239.85	United	Oxford		20915.92				14596.68	46802.5	case rate	For One Day Stay, Rate = $6,649/case
EAR, NOSE, MOUTH & THROAT MALIGNANCY W/O CC/MCC	148	MS-DRG	inpatient				23296.95	United	Oxford		15058.17				10508.71	27147.57	case rate	For One Day Stay, Rate = $6,649/case
DYSEQUILIBRIUM	149	MS-DRG	inpatient				21226.1	United	Oxford		12604.05				8796.04	26671.23	case rate	For One Day Stay, Rate = $6,649/case
EPISTAXIS W MCC	150	MS-DRG	inpatient				29363.83	United	Oxford		22247.91				15526.24	49790.54	case rate	For One Day Stay, Rate = $6,649/case
EPISTAXIS W/O MCC	151	MS-DRG	inpatient				21597.42	United	Oxford		13044.1				9103.14	26397.43	case rate	For One Day Stay, Rate = $6,649/case
OTITIS MEDIA & URI W MCC	152	MS-DRG	inpatient				27560.04	United	Oxford		20110.29				14034.45	39086.04	case rate	For One Day Stay, Rate = $6,649/case
OTITIS MEDIA & URI W/O MCC	153	MS-DRG	inpatient				21084.71	United	Oxford		12436.49				8679.1	26697.48	case rate	For One Day Stay, Rate = $6,649/case
OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W MCC	154	MS-DRG	inpatient				32558.65	United	Oxford		26034.04				18168.48	54253.86	case rate	For One Day Stay, Rate = $6,649/case
OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W CC	155	MS-DRG	inpatient				24109.54	United	Oxford		16021.21				11180.78	33129.93	case rate	For One Day Stay, Rate = $6,649/case
OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W/O CC/MCC	156	MS-DRG	inpatient				19952.17	United	Oxford		11094.34				7742.45	24750.87	case rate	For One Day Stay, Rate = $6,649/case
DENTAL & ORAL DISEASES W MCC	157	MS-DRG	inpatient				34969.4	United	Oxford		28890.98				20162.26	62749.21	case rate	For One Day Stay, Rate = $6,649/case
DENTAL & ORAL DISEASES W CC	158	MS-DRG	inpatient				23993.9	United	Oxford		15884.11				11085.11	33392.48	case rate	For One Day Stay, Rate = $6,649/case
DENTAL & ORAL DISEASES W/O CC/MCC	159	MS-DRG	inpatient				20233.52	United	Oxford		11427.76				7975.14	25444.75	case rate	For One Day Stay, Rate = $6,649/case
MAJOR CHEST PROCEDURES W MCC	163	MS-DRG	inpatient				77908.84	United	Oxford		77977.68				55674.78	184508.19	case rate	For One Day Stay, Rate = $6,649/case
MAJOR CHEST PROCEDURES W CC	164	MS-DRG	inpatient				47014.61	United	Oxford		43165.52				30124.1	96351.73	case rate	For One Day Stay, Rate = $6,649/case
MAJOR CHEST PROCEDURES W/O CC/MCC	165	MS-DRG	inpatient				37388.73	United	Oxford		31758.07				22163.14	69477.97	case rate	For One Day Stay, Rate = $6,649/case
OTHER RESP SYSTEM O.R. PROCEDURES W MCC	166	MS-DRG	inpatient				68542.88	United	Oxford		68678.27				47928.79	131199.48	case rate	For One Day Stay, Rate = $6,649/case
OTHER RESP SYSTEM O.R. PROCEDURES W CC	167	MS-DRG	inpatient				36580.

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.															
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true														
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
MAJOR CHEST TRAUMA W CC	184	MS-DRG	inpatient					25613.44 United	Oxford		17803.41				12424.54	37672.03	case rate	For One Day Stay, Rate = $6,649/case
MAJOR CHEST TRAUMA W/O CC/MCC	185	MS-DRG	inpatient					21383.2 United	Oxford		12790.22				8925.97	27466.38	case rate	For One Day Stay, Rate = $6,649/case
PLEURAL EFFUSION W MCC	186	MS-DRG	inpatient					32757.16 United	Oxford		26269.29				18332.66	58492.17	case rate	For One Day Stay, Rate = $6,649/case
PLEURAL EFFUSION W CC	187	MS-DRG	inpatient					24819.38 United	Oxford		16862.38				11767.82	39532.38	case rate	For One Day Stay, Rate = $6,649/case
PLEURAL EFFUSION W/O CC/MCC	188	MS-DRG	inpatient					21251.81 United	Oxford		12634.51				8817.3	28775.37	case rate	For One Day Stay, Rate = $6,649/case
PULMONARY EDEMA & RESPIRATORY FAILURE	189	MS-DRG	inpatient					28185.58 United	Oxford		20851.6				14551.79	46332.4	case rate	For One Day Stay, Rate = $6,649/case
CHRONIC OBSTRUCTIVE PULMONARY DISEASE W MCC	190	MS-DRG	inpatient					26328.96 United	Oxford		18851.35				13016.3	44659.58	case rate	For One Day Stay, Rate = $6,649/case
CHRONIC OBSTRUCTIVE PULMONARY DISEASE W CC	191	MS-DRG	inpatient					22715.68 United	Oxford		14369.33				10027.98	34277.65	case rate	For One Day Stay, Rate = $6,649/case
CHRONIC OBSTRUCTIVE PULMONARY DISEASE W/O CC/MCC	192	MS-DRG	inpatient					19756.51 United	Oxford		10982.47				7580.63	27158.82	case rate	For One Day Stay, Rate = $6,649/case
SIMPLE PNEUMONIA & PLEURISY W MCC	193	MS-DRG	inpatient					29536.63 United	Oxford		22452.71				15669.16	49385.47	case rate	For One Day Stay, Rate = $6,649/case
SIMPLE PNEUMONIA & PLEURISY W CC	194	MS-DRG	inpatient					22332.93 United	Oxford		13915.74				9711.43	33763.8	case rate	For One Day Stay, Rate = $6,649/case
SIMPLE PNEUMONIA & PLEURISY W/O CC/MCC	195	MS-DRG	inpatient					19525.14 United	Oxford		10588.28				7389.29	25759.61	case rate	For One Day Stay, Rate = $6,649/case
INTERSTITIAL LUNG DISEASE W MCC	196	MS-DRG	inpatient					37660.08 United	Oxford		32079.65				22387.56	61440.22	case rate	For One Day Stay, Rate = $6,649/case
INTERSTITIAL LUNG DISEASE W CC	197	MS-DRG	inpatient					24836.52 United	Oxford		16882.69				11781.99	37570.76	case rate	For One Day Stay, Rate = $6,649/case
INTERSTITIAL LUNG DISEASE W/O CC/MCC	198	MS-DRG	inpatient					21704.54 United	Oxford		13171.04				9191.72	28449.06	case rate	For One Day Stay, Rate = $6,649/case
PNEUMOTHORAX W MCC	199	MS-DRG	inpatient					35927.71 United	Oxford		30026.64				20954.82	66867.48	case rate	For One Day Stay, Rate = $6,649/case
PNEUMOTHORAX W CC	200	MS-DRG	inpatient					25971.92 United	Oxford		18228.23				12721.01	40312.52	case rate	For One Day Stay, Rate = $6,649/case
PNEUMOTHORAX W/O CC/MCC	201	MS-DRG	inpatient					20674.82 United	Oxford		11950.74				8340.11	27891.99	case rate	For One Day Stay, Rate = $6,649/case
BRONCHITIS & ASTHMA W CC/MCC	202	MS-DRG	inpatient					24265.25 United	Oxford		16205.69				11309.53	38695.65	case rate	For One Day Stay, Rate = $6,649/case
BRONCHITIS & ASTHMA W/O CC/MCC	203	MS-DRG	inpatient					20514.87 United	Oxford		11761.18				8207.83	50775.53	case rate	For One Day Stay, Rate = $6,649/case
RESPIRATORY SIGNS & SYMPTOMS	204	MS-DRG	inpatient					22342.93 United	Oxford		13927.58				9719.7	96731.64	case rate	For One Day Stay, Rate = $6,649/case
OTHER RESPIRATORY SYSTEM DIAGNOSES W MCC	205	MS-DRG	inpatient					36444.7 United	Oxford		30639.33				21382.39	56931.88	case rate	For One Day Stay, Rate = $6,649/case
OTHER RESPIRATORY SYSTEM DIAGNOSES W/O MCC	206	MS-DRG	inpatient					23636.85 United	Oxford		15480.99				10789.82	32367.29	case rate	For One Day Stay, Rate = $6,649/case
RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT >96 HOURS	207	MS-DRG	inpatient					105048.65 United	Oxford		116917.9				49635	209907.93	case rate	For One Day Stay, Rate = $6,649/case
RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT <=96 HOURS	208	MS-DRG	inpatient					49205.43 United	Oxford		45761.82				31935.99	91419.56	case rate	For One Day Stay, Rate = $6,649/case
CONCOMITANT AORTIC AND MITRAL VALVE PROCEDURES	212	MS-DRG	inpatient					164414.67 United	Oxford		182294.1				37458	186882.42	case rate	For One Day Stay, Rate = $6,649/case
OTHER HEART ASSIST SYSTEM IMPLANT	215	MS-DRG	inpatient					156475.46 United	Oxford		172885.49				120652.31	463318.95	case rate	For One Day Stay, Rate = $6,649/case
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W MCC	216	MS-DRG	inpatient					149198.92 United	Oxford		164262.2				78485	368352.5	case rate	For One Day Stay, Rate = $6,649/case
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W CC	217	MS-DRG	inpatient					101497.96 United	Oxford		107732.7				75183.87	238649.54	case rate	For One Day Stay, Rate = $6,649/case
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W/O CC/MCC	218	MS-DRG	inpatient					91949.2 United	Oxford		96416.65				67286.69	221490.09	case rate	For One Day Stay, Rate = $6,649/case
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W MCC	219	MS-DRG	inpatient					120719.72 United	Oxford		130512.06				57338	288488.84	case rate	For One Day Stay, Rate = $6,649/case
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W CC	220	MS-DRG	inpatient					85492.43 United	Oxford		88764.86				57338	195235.19	case rate	For One Day Stay, Rate = $6,649/case
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W/O CC/MCC	221	MS-DRG	inpatient					76980.52 United	Oxford		78677.56				17199	172809.75	case rate	For One Day Stay, Rate = $6,649/case
OTHER CARDIOTHORACIC PROCEDURES W MCC	228	MS-DRG	inpatient					82551.82 United	Oxford		85280				59514.71	246653.53	case rate	For One Day Stay, Rate = $6,649/case
OTHER CARDIOTHORACIC PROCEDURES W/O MCC	229	MS-DRG	inpatient					56000.67 United	Oxford		53814.73				37555.91	174347.54	case rate	For One Day Stay, Rate = $6,649/case
CORONARY BYPASS W PTCA W MCC	231	MS-DRG	inpatient					126489.55 United	Oxford		137349.76				19424	315017.54	case rate	For One Day Stay, Rate = $6,649/case
CORONARY BYPASS W PTCA W/O MCC	232	MS-DRG	inpatient					95546.77 United	Oxford		100680.06				27830	231058.12	case rate	For One Day Stay, Rate = $6,649/case
CORONARY BYPASS W CARDIAC CATH W MCC	233	MS-DRG	inpatient					121982.24 United	Oxford		132008.23				53769	286467.21	case rate	For One Day Stay, Rate = $6,649/case
CORONARY BYPASS W CARDIAC CATH W/O MCC	234	MS-DRG	inpatient					84825.47 United	Oxford		87974.46				61395.1	193056.03	case rate	For One Day Stay, Rate = $6,649/case
CORONARY BYPASS W/O CARDIAC CATH W MCC	235	MS-DRG	inpatient					94575.61 United	Oxford		99529.16				47567	217911.92	case rate	For One Day Stay, Rate = $6,649/case
CORONARY BYPASS W/O CARDIAC CATH W/O MCC	236	MS-DRG	inpatient					68305.8 United	Oxford		68397.31				33990	147263.73	case rate	For One Day Stay, Rate = $6,649/case
AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W MCC	239	MS-DRG	inpatient					79239.89 United	Oxford		81355.09				56775.61	176631.72	case rate	For One Day Stay, Rate = $6,649/case
AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W CC	240	MS-DRG	inpatient					50710.72 United	Oxford		47545.71				33180.92	102952.96	case rate	For One Day Stay, Rate = $6,649/case
AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W/O CC/MCC	241	MS-DRG	inpatient					30439.24 United	Oxford		23522.37				15559	59861.17	case rate	For One Day Stay, Rate = $6,649/case
PERMANENT CARDIAC PACEMAKER IMPLANT W MCC	242	MS-DRG	inpatient					59935.28 United	Oxford		58477.57				20528	140159.91	case rate	For One Day Stay, Rate = $6,649/case
PERMANENT CARDIAC PACEMAKER IMPLANT W CC	243	MS-DRG	inpatient					43118.55 United	Oxford		38548.38				19748	95804.13	case rate	For One Day Stay, Rate = $6,649/case
PERMANENT CARDIAC PACEMAKER IMPLANT W/O CC/MCC	244	MS-DRG	inpatient					36718.91 United	Oxford		30964.29				19748	91806.34	case rate	For One Day Stay, Rate = $6,649/case
AICD GENERATOR PROCEDURES	245	MS-DRG	inpatient					75306.71 United	Oxford		76693.95				53522.72	187988.83	case rate	For One Day Stay, Rate = $6,649/case
PERC CARDIOVASC PROC W/O CORONARY ARTERY STENT W MCC	250	MS-DRG	inpatient					44163.98 United	Oxford		39787.29				27766.52	97023.11	case rate	For One Day Stay, Rate = $6,649/case
PERC CARDIOVASC PROC W/O CORONARY ARTERY STENT W/O MCC	251	MS-DRG	inpatient					33254.11 United	Oxford		26858.28				18743.7	82929.24	case rate	For One Day Stay, Rate = $6,649/case
OTHER VASCULAR PROCEDURES W MCC	252	MS-DRG	inpatient					58488.55 United	Oxford		56763.07				39613.48	122265.32	case rate	For One Day Stay, Rate = $6,649/case
OTHER VASCULAR PROCEDURES W CC	253	MS-DRG	inpatient					47024.61 United	Oxford		43177.37				30132.37	97304.41	case rate	For One Day Stay, Rate = $6,649/case
OTHER VASCULAR PROCEDURES W/O CC/MCC	254	MS-DRG	inpatient					35370.72 United	Oxford		29366.57				20494.17	67887.67	case rate	For One Day Stay, Rate = $6,649/case
UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W MCC	255	MS-DRG	inpatient					49828.71 United	Oxford		46499.75				32450.97	95279.03	case rate	For One Day Stay, Rate = $6,649/case
UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W CC	256	MS-DRG	inpatient					34008.24 United	Oxford		27751.92				19367.35	65588.49	case rate	For One Day Stay, Rate = $6,649/case
UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W/O CC/MCC	257	MS-DRG	inpatient					24743.69 United	Oxford		16772.68				11705.22	42236.63	case rate	For One Day Stay, Rate = $6,649/case
CARDIAC PACEMAKER DEVICE REPLACEMENT W MCC	258	MS-DRG	inpatient					49273.98 United	Oxford		45843.06				15797	112100.92	case rate	For One Day Stay, Rate = $6,649/case
CARDIAC PACEMAKER DEVICE REPLACEMENT W/O MCC	259	MS-DRG	inpatient					37248.77 United	Oxford		31592.21				15797	78652.18	case rate	For One Day Stay, Rate = $6,649/case
CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W MCC	260	MS-DRG	inpatient					57937.27 United	Oxford		56109.76				12982	135756.59	case rate	For One Day Stay, Rate = $6,649/case
CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W CC	261	MS-DRG	inpatient					37465.85 United	Oxford		31849.47				12982	74706.44	case rate	For One Day Stay, Rate = $6,649/case
CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W/O CC/MCC	262	MS-DRG	inpatient					34088.22 United	Oxford		27846.7				12982	61170.17	case rate	For One Day Stay, Rate = $6,649/case
VEIN LIGATION & STRIPPING	263	MS-DRG	inpatient					50939.23 United	Oxford		47816.51				33369.91	89724.25	case rate	For One Day Stay, Rate = $6,649/case
OTHER CIRCULATORY SYSTEM O.R. PROCEDURES	264	MS-DRG	inpatient					57234.61 United	Oxford		55277.05				38576.42	118469.61	case rate	For One Day Stay, Rate = $6,649/case
AICD LEAD PROCEDURES	265	MS-DRG	inpatient					61063.54 United	Oxford		59814.64				41743.09	116898.07	case rate	For One Day Stay, Rate = $6,649/case
ENDOVASCULAR CARDIAC VALVE REPLACEMENT & SUPPLEMENT PROCEDURES W MCC	266	MS-DRG	inpatient					99795.58 United	Oxford		105715.24				73775.94	269731.59	case rate	For One Day Stay, Rate = $6,649/case
ENDOVASCULAR CARDIAC VALVE REPLACEMENT & SUPPLEMENT PROCEDURES W/O MCC	267	MS-DRG	inpatient					80288.17 United	Oxford		82597.39				57642.58	219344.69	case rate	For One Day Stay, Rate = $6,649/case
AORTIC AND HEART ASSIST PROCEDURES EXCEPT PULSATION BALLOON W MCC	268	MS-DRG	inpatient					108487.44 United	Oxford		116015.8				80964.43	251435.68	case rate	For One Day Stay, Rate = $6,649/case
AORTIC AND HEART ASSIST PROCEDURES EXCEPT PULSATION BALLOON W/O MCC	269	MS-DRG	inpatient					69982.48 United	Oxford		70384.31				49119.39	155687.81	case rate	For One Day Stay, Rate = $6,649/case
OTHER MAJOR CARDIOVASCULAR PROCEDURES W MCC	270	MS-DRG	inpatient					82811.75 United	Oxford		85588.03				59729.68	189848.18	case rate	For One Day Stay, Rate = $6,649/case
OTHER MAJOR CARDIOVASCULAR PROCEDURES W CC	271	MS-DRG	inpatient					59950.99 United	Oxford		58496.19				40822.98	131041.96	case rate	For One Day Stay, Rate = $6,649/case
OTHER MAJOR CARDIOVASCULAR PROCEDURES W/O CC/MCC	272	MS-DRG	inpatient					45430.77 United	Oxford		41288.54				28814.2	98197.08	case rate	For One Day Stay, Rate = $6,649/case
PERCUTANEOUS INTRACARDIAC PROCEDURES W MCC	273	MS-DRG	inpatient					66246.56 United	Oxford		69956.73				46029.49	136994.32	case rate	For One Day Stay, Rate = $6,649/case
PERCUTANEOUS INTRACARDIAC PROCEDURES W/O MCC	274	MS-DRG	inpatient					56874.71 United	Oxford		54850.54				38278.77	111707.1	case rate	For One Day Stay, Rate = $6,649/case
CARDIAC DEFIBRILLATOR IMPLANT WITH CARDIAC CATHETERIZATION AND MCC	275	MS-DRG	inpatient					111073.86 United	Oxford		119080.92				83103.49	122078.17	case rate	For One Day Stay, Rate = $6,649/case
CARDIAC DEFIBRILLATOR IMPLANT WITH MCC	276	MS-DRG	inpatient					99262.86 United	Oxford		105107.64				73351.9	107753.18	case rate	For One Day Stay, Rate = $6,649/case
CARDIAC DEFIBRILLATOR IMPLANT WITHOUT MCC	277	MS-DRG	inpatient					78891.42 United	Oxford		80942.12				56487.41	82979.42	case rate	For One Day Stay, Rate = $6,649/case
ULTRASOUND ACCELERATED AND OTHER THROMBOLYSIS OF PERIPHERAL VASCULAR STRUCTURES WITH MCC	278	MS-DRG	inpatient					74292.7 United	Oxford		75492.27				52684.1	77392.4	case rate	For One Day Stay, Rate = $6,649/case
ULTRASOUND ACCELERATED AND OTHER THROMBOLYSIS OF PERIPHERAL VASCULAR STRUCTURES WITHOUT MCC	279	MS-DRG	inpatient					56300.59 United	Oxford		54170.16				37803.95	55533.61	case rate	For One Day Stay, Rate = $6,649/case
ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W MCC	280	MS-DRG	inpatient					33248.45 United	Oxford		29851.51				18738.98	62152.85	case rate	For One Day Stay, Rate = $6,649/case
ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W CC	281	MS-DRG	inpatient					29629.71 United	Oxford		15452.53				10783.92	36741.86	case rate	For One Day Stay, Rate = $6,649/case
ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W/O CC/MCC	282	MS-DRG	inpatient					20846.2 United	Oxford		12153.84				8481.85	28092.74	case rate	For One Day Stay, Rate = $6,649/case
ACUTE MYOCARDIAL INFARCTION, EXPIRED W MCC	283	MS-DRG	inpatient					38745.49 United	Oxford		33365.95				23265.23	67688.88	case rate	For One Day Stay, Rate = $6,649/case
ACUTE MYOCARDIAL INFARCTION, EXPIRED W CC	284	MS-DRG	inpatient					21154.69 United	Oxford		12519.42				8736.98	26752.87	case rate	For One Day Stay, Rate = $6,649/case
ACUTE MYOCARDIAL INFARCTION, EXPIRED W/O CC/MCC	285	MS-DRG	inpatient					17569.98 United	Oxford		8271.25				5772.29	22369.17	case rate	For One Day Stay, Rate = $6,649/case
CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W MCC	286	MS-DRG	inpatient					41376.18 United	Oxford		36483.53				13521	81795.27	case rate	For One Day Stay, Rate = $6,649/case
CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W/O MCC	287	MS-DRG	inpatient					26037.61 United	Oxford		18306.08				9969	42716.72	case rate	For One Day Stay, Rate = $6,649/case
ACUTE & SUBACUTE ENDOCARDITIS W MCC	288	MS-DRG	inpatient					47623.01 United	Oxford		43988.53				30627.27	101047.61	case rate	For One Day Stay, Rate = $6,649/case
ACUTE & SUBACUTE ENDOCARDITIS W CC	289	MS-DRG	inpatient					31694.6 United	Oxford		25010.07				17453.88	64133.22	case rate	For One Day Stay, Rate = $6,649/case
ACUTE & SUBACUTE ENDOCARDITIS W/O CC/MCC	290	MS-DRG	inpatient					25232.12 United	Oxford		17351.51				12109.17	37934.58	case rate	For One Day Stay, Rate = $6,649/case
HEART FAILURE & SHOCK W MCC	291	MS-DRG	inpatient					28926.8 United	Oxford		21730.01				15164.81	50461.92	case rate	For One Day Stay, Rate = $6,649/case
HEART FAILURE & SHOCK W CC	292	MS-DRG	inpatient					22822.8 United	Oxford		14496.26				10116.57	34498.94	case rate	For One Day Stay, Rate = $6,649/case
HEART FAILURE & SHOCK W/O CC/MCC	293	MS-DRG	inpatient					18609.69 United	Oxford		9503.39				6632.17	24964.66	case rate	For One Day Stay, Rate = $6,649/case
DEEP VEIN THROMBOPHLEBITIS W CC/MCC	294	MS-DRG	inpatient					26210.42 United	Oxford		18510.87				12918.26	43538.13	case rate	For One Day Stay, Rate = $6,649/case
DEEP VEIN THROMBOPHLEBITIS W/O CC/MCC	295	MS-DRG	inpatient					19609.41 United	Oxford		10688.14				7458.97	20677.61	case rate	For One Day Stay, Rate = $6,649/case
CARDIAC ARREST, UNEXPLAINED W MCC	296	MS-DRG	inpatient					33486.56 United	Oxford		27134.16				18936.23	57952	case rate	For One Day Stay, Rate = $6,649/case
CARDIAC ARREST, UNEXPLAINED W CC	297	MS-DRG	inpatient					20996.16 United	Oxford		12331.56				8605.87	24469.57	case rate	For One Day Stay, Rate = $6,649/case
CARDIAC ARREST, UNEXPLAINED W/O CC/MCC	298	MS-DRG	inpatient					16858.75 United	Oxford		7426.36				5184.06	18097.13	case rate	For One Day Stay, Rate = $6,649/case
PERIPHERAL VASCULAR DISORDERS W MCC	299	MS-DRG	inpatient					33101.35 United	Oxford		29677.19				19617.32	54400.15	case rate	For One Day Stay, Rate = $6,649/case
PERIPHERAL VASCULAR DISORDERS W CC	300	MS-DRG	inpatient					25829.1 United	Oxford		18058.98				12602.89	38395.92	case rate	For One Day Stay, Rate = $6,649/case
PERIPHERAL VASCULAR DISORDERS W/O CC/MCC	301	MS-DRG	inpatient					20727.67 United	Oxford		12013.37				8383.82	27237.58	case rate	For One Day Stay, Rate = $6,649/case
ATHEROSCLEROSIS W MCC	302	MS-DRG	inpatient					26601.74 United	Oxford		18974.62				13241.9	40113.74	case rate	For One Day Stay, Rate = $6,649/case
ATHEROSCLEROSIS W/O MCC	303	MS-DRG	inpatient					19989.3 United	Oxford		11138.34				7773.16	24990.91	case rate	For One Day Stay, Rate = $6,649/case
HYPERTENSION W MCC	304	MS-DRG	inpatient					27000.2 United	Oxford		19446.83				13571.44	40548.82	case rate	For One Day Stay, Rate = $6,649/case
HYPERTENSION W/O MCC	305	MS-DRG	inpatient					21351.78 United	Oxford		12752.99				8899.98	27001.29	case rate	For One Day Stay, Rate = $6,649/case
CARDIAC CONGENITAL & VALVULAR DISORDERS W MCC	306	MS-DRG	inpatient					32538.65 United	Oxford		26010.34				18151.94	52839.66	case rate	For One Day Stay, Rate = $6,649/case
CARDIAC CONGENITAL & VALVULAR DISORDERS W/O MCC	307	MS-DRG	inpatient					24052.45 United	Oxford		15953.51				11133.54	32105.99	case rate	For One Day Stay, Rate = $6,649/case
CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W MCC	308	MS-DRG	inpatient					27759.99 United	Oxford		20347.24				14199.81	45143.43	case rate	For One Day Stay, Rate = $6,649/case
CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC	309	MS-DRG	inpatient					21226.1 United	Oxford		12604.05				8796.04	28636.59	case rate	For One Day Stay, Rate = $6,649/case
CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W/O CC/MCC	310	MS-DRG	inpatient					18488.29 United	Oxford		9359.53				6531.77	21090.19	case rate	For One Day Stay, Rate = $6,649/case
ANGINA PECTORIS	311	MS-DRG	inpatient					20560.57 United	Oxford		11815.34				8245.62	25774.81	case rate	For One Day Stay, Rate = $6,649/case
SYNCOPE & COLLAPSE	312	MS-DRG	inpatient					22922.77 United	Oxford		14614.74				10199.25	30061.86	case rate	For One Day Stay, Rate = $6,649/case
CHEST PAIN	313	MS-DRG	inpatient					20924.75 United	Oxford		12246.93				8546.82	26526.7	case rate	For One Day Stay, Rate = $6,649/case
OTHER CIRCULATORY SYSTEM DIAGNOSES W MCC	314	MS-DRG	inpatient					40489.29 United	Oxford		35432.49				24727.42	75890.41	case rate	For One Day Stay, Rate = $6,649/case
OTHER CIRCULATORY SYSTEM DIAGNOSES W CC	315	MS-DRG	inpatient					24405.21 United	Oxford		16371.55				11425.28	35852.94	case rate	For One Day Stay, Rate = $6,649/case
OTHER CIRCULATORY SYSTEM DIAGNOSES W/O CC/MCC	316	MS-DRG	inpatient					20483.45 United	Oxford		11723.95				8181.84	28179.01	case rate	For One Day Stay, Rate = $6,649/case
OTHER ENDOVASCULAR CARDIAC VALVE PROCEDURES W MCC	319	MS-DRG	inpatient					72985.95 United	Oxford		73825.16				51520.67	176883.33	case rate	For One Day Stay, Rate = $6,649/case
OTHER ENDOVASCULAR CARDIAC VALVE PROCEDURES W/O MCC	320	MS-DRG	inpatient					42381.62 United	Oxford		37675.05				26292.44	98623.33	case rate	For One Day Stay, Rate = $6,649/case
PERCUTANEOUS CARDIOVASCULAR PROCEDURES WITH INTRALUMINAL DEVICE WITH MCC OR 4+ ARTERIES/INTRALUM	321	MS-DRG	inpatient					51646.17 United	Oxford		48654.3				33954.58	49878.92	case rate	For One Day Stay, Rate = $6,649/case
PERCUTANEOUS CARDIOVASCULAR PROCEDURES WITH INTRALUMINAL DEVICE WITHOUT MCC	322	MS-DRG	inpatient					36631.79 United	Oxford		30861.05				21537.13	31853.73	case rate	For One Day Stay, Rate = $6,649/case
CORONARY INTRAVASCULAR LITHOTRIPSY WITH INTRALUMINAL DEVICE WITH MCC	323	MS-DRG	inpatient					69716.84 United	Oxford		70069.5				48699.69	71833.14	case rate	For One Day Stay, Rate = $6,649/case
CORONARY INTRAVASCULAR LITHOTRIPSY WITH INTRALUMINAL DEVICE WITHOUT MCC	324	MS-DRG	inpatient					52987.24 United	Oxford		50243.56				35063.68	51508.18	case rate	For One Day Stay, Rate = $6,649/case
CORONARY INTRAVASCULAR LITHOTRIPSY WITHOUT INTRALUMINAL DEVICE	325	MS-DRG	inpatient					48355.66 United	Oxford		44754.78				31233.2	45881.25	case rate	For One Day Stay, Rate = $6,649/case
STOMACH, ESOPHAGEAL & DUODENAL PROC W MCC	326	MS-DRG	inpatient					83127.38 United	Oxford		85962.08				59990.71	197133.04	case rate	For One Day Stay, Rate = $6,649/case
STOMACH, ESOPHAGEAL & DUODENAL PROC W CC	327	MS-DRG	inpatient					46257.68 United	Oxford		42888.5				29498.09	93178.64	case rate	For One Day Stay, Rate = $6,649/case
STOMACH, ESOPHAGEAL & DUODENAL PROC W/O CC/MCC	328	MS-DRG	inpatient					33402.7 United	Oxford		27034.3				18866.54	57839.54	case rate	For One Day Stay, Rate = $6,649/case
MAJOR SMALL & LARGE BOWEL PROCEDURES W MCC	329	MS-DRG	inpatient					75098.19 United	Oxford		76446.84				53350.27	187261.2	case rate	For One Day Stay, Rate = $6,649/case
MAJOR SMALL & LARGE BOWEL PROCEDURES W CC	330	MS-DRG	inpatient					44468.18 United	Oxford		40147.79				28018.11	94641.41	case rate	For One Day Stay, Rate = $6,649/case
MAJOR SMALL & LARGE BOWEL PROCEDURES W/O CC/MCC	331	MS-DRG	inpatient					34469.54 United	Oxford		28298.6				19748.86	63563.11	case rate	For One Day Stay, Rate = $6,649/case
RECTAL RESECTION W MCC	332	MS-DRG	inpatient					62398.88 United	Oxford		61397.13				42847.47	127456.29	case rate	For One Day Stay, Rate = $6,649/case
RECTAL RESECTION W CC	333	MS-DRG	inpatient					40289.34 United	Oxford		35195.54				24562.06	72305.99	case rate	For One Day Stay, Rate = $6,649/case
RECTAL RESECTION W/O CC/MCC	334	MS-DRG	inpatient					33514.09 United	Oxford		27166.32				18958.67	48991.64	case rate	For One Day Stay, Rate = $6,649/case
PERITONEAL ADHESIOLYSIS W MCC	335	MS-DRG	inpatient					61647.66 United	Oxford		60506.88				42235.18	152353.43	case rate	For One Day Stay, Rate = $6,649/case
PERITONEAL ADHESIOLYSIS W CC	336	MS-DRG	inpatient					40657.81 United	Oxford		35632.2				24866.79	86198.59	case rate	For One Day Stay, Rate = $6,649/case
PERITONEAL ADHESIOLYSIS W/O CC/MCC	337	MS-DRG	inpatient					31961.67 United	Oxford		25326.57				17674.76	60134.97	case rate	For One Day Stay, Rate = $6,649/case
MINOR SMALL & LARGE BOWEL PROCEDURES W MCC	344	MS-DRG	inpatient					49728.14 United	Oxford		46381.27				32368.29	112040.91	case rate	For One Day Stay, Rate = $6,649/case
MINOR SMALL & LARGE BOWEL PROCEDURES W CC	345	MS-DRG	inpatient					32592.92 United	Oxford		26674.86				18198.83	61421.46	case rate	For One Day Stay, Rate = $6,649/case
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hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.														
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true													
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W/O CC/MCC	358	MS-DRG	inpatient					United	Oxford		21682.62				15131.74	50570.69	case rate	For One Day Stay, Rate = $6,649/case
MAJOR ESOPHAGEAL DISORDERS W MCC	368	MS-DRG	inpatient					United	Oxford		34183.91				15612.63	72913.61	case rate	For One Day Stay, Rate = $6,649/case
MAJOR ESOPHAGEAL DISORDERS W CC	369	MS-DRG	inpatient					United	Oxford		24705.13				11673.33	41587.76	case rate	For One Day Stay, Rate = $6,649/case
MAJOR ESOPHAGEAL DISORDERS W/O CC/MCC	370	MS-DRG	inpatient					United	Oxford		21211.82				12587.12	8784.23	27878.95	case rate	For One Day Stay, Rate = $6,649/case
MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W MCC	371	MS-DRG	inpatient					United	Oxford		35550.67				20642.99	29579.82	65217.17	case rate	For One Day Stay, Rate = $6,649/case
MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W CC	372	MS-DRG	inpatient					United	Oxford		25476.34				12311.15	17640.93	38947.27	case rate	For One Day Stay, Rate = $6,649/case
MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W/O CC/MCC	373	MS-DRG	inpatient					United	Oxford		20823.35				8462.95	12126.76	28415.3	case rate	For One Day Stay, Rate = $6,649/case
DIGESTIVE MALIGNANCY W MCC	374	MS-DRG	inpatient					United	Oxford		40567.84				24792.38	35525.58	77451.96	case rate	For One Day Stay, Rate = $6,649/case
DIGESTIVE MALIGNANCY W CC	375	MS-DRG	inpatient					United	Oxford		27704.29				14153.74	20281.23	45259.7	case rate	For One Day Stay, Rate = $6,649/case
DIGESTIVE MALIGNANCY W/O CC/MCC	376	MS-DRG	inpatient					United	Oxford		23321.23				10528.79	15086.95	34345.16	case rate	For One Day Stay, Rate = $6,649/case
G.I. HEMORRHAGE W MCC	377	MS-DRG	inpatient					United	Oxford		36159.07				21146.16	30300.83	67092.52	case rate	For One Day Stay, Rate = $6,649/case
G.I. HEMORRHAGE W CC	378	MS-DRG	inpatient					United	Oxford		24640.86				11620.17	16650.82	37143.18	case rate	For One Day Stay, Rate = $6,649/case
G.I. HEMORRHAGE W/O CC/MCC	379	MS-DRG	inpatient					United	Oxford		19633.69				7479.05	10716.91	24499.57	case rate	For One Day Stay, Rate = $6,649/case
COMPLICATED PEPTIC ULCER W MCC	380	MS-DRG	inpatient					United	Oxford		38418.44				23014.75	32978.36	72988.62	case rate	For One Day Stay, Rate = $6,649/case
COMPLICATED PEPTIC ULCER W CC	381	MS-DRG	inpatient					United	Oxford		29314.79				12673.76	18160.53	41070.17	case rate	For One Day Stay, Rate = $6,649/case
COMPLICATED PEPTIC ULCER W/O CC/MCC	382	MS-DRG	inpatient					United	Oxford		21403.19				8942.5	12813.92	28797.87	case rate	For One Day Stay, Rate = $6,649/case
UNCOMPLICATED PEPTIC ULCER W MCC	383	MS-DRG	inpatient					United	Oxford		30559.21				16514.87	23664.54	50671.96	case rate	For One Day Stay, Rate = $6,649/case
UNCOMPLICATED PEPTIC ULCER W/O MCC	384	MS-DRG	inpatient					United	Oxford		23097				10343.35	14821.22	32079.74	case rate	For One Day Stay, Rate = $6,649/case
INFLAMMATORY BOWEL DISEASE W MCC	385	MS-DRG	inpatient					United	Oxford		32968.53				18507.47	26519.78	63683.14	case rate	For One Day Stay, Rate = $6,649/case
INFLAMMATORY BOWEL DISEASE W CC	386	MS-DRG	inpatient					United	Oxford		24466.62				11476.07	19444.33	36760.61	case rate	For One Day Stay, Rate = $6,649/case
INFLAMMATORY BOWEL DISEASE W/O CC/MCC	387	MS-DRG	inpatient					United	Oxford		20360.63				11578.39	8080.26	26131.13	case rate	For One Day Stay, Rate = $6,649/case
G.I. OBSTRUCTION W MCC	388	MS-DRG	inpatient					United	Oxford		31348.98				24600.49	17168.04	57411.96	case rate	For One Day Stay, Rate = $6,649/case
G.I. OBSTRUCTION W CC	389	MS-DRG	inpatient					United	Oxford		21964.46				13479.07	9406.69	31625.9	case rate	For One Day Stay, Rate = $6,649/case
G.I. OBSTRUCTION W/O CC/MCC	390	MS-DRG	inpatient					United	Oxford		18573.98				9461.08	6602.64	22166.64	case rate	For One Day Stay, Rate = $6,649/case
ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W MCC	391	MS-DRG	inpatient					United	Oxford		26809.69				21591.22	15067.96	45814.8	case rate	For One Day Stay, Rate = $6,649/case
ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W/O MCC	392	MS-DRG	inpatient					United	Oxford		21810.22				13296.28	9279.13	28332.79	case rate	For One Day Stay, Rate = $6,649/case
OTHER DIGESTIVE SYSTEM DIAGNOSES W MCC	393	MS-DRG	inpatient					United	Oxford		33721.18				27411.73	19129.94	61233.93	case rate	For One Day Stay, Rate = $6,649/case
OTHER DIGESTIVE SYSTEM DIAGNOSES W CC	394	MS-DRG	inpatient					United	Oxford		23971.05				15857.03	11066.21	35297.84	case rate	For One Day Stay, Rate = $6,649/case
OTHER DIGESTIVE SYSTEM DIAGNOSES W/O CC/MCC	395	MS-DRG	inpatient					United	Oxford		19837.91				10958.94	7647.96	25373.49	case rate	For One Day Stay, Rate = $6,649/case
APPENDIX PROCEDURES WITH MCC	397	MS-DRG	inpatient					United	Oxford		42675.82				38023.71	26535.76	38980.76	case rate	For One Day Stay, Rate = $6,649/case
APPENDIX PROCEDURES WITH CC	398	MS-DRG	inpatient					United	Oxford		32203.03				25612.6	17874.37	28002.64	case rate	For One Day Stay, Rate = $6,649/case
APPENDIX PROCEDURES WITHOUT CC/MCC	399	MS-DRG	inpatient					United	Oxford		26487.49				18839.22	13147.4	23032.6	case rate	For One Day Stay, Rate = $6,649/case
PANCREAS, LIVER & SHUNT PROCEDURES W MCC	405	MS-DRG	inpatient					United	Oxford		89214.25				93175.51	65024.78	201753.9	case rate	For One Day Stay, Rate = $6,649/case
PANCREAS, LIVER & SHUNT PROCEDURES W CC	406	MS-DRG	inpatient					United	Oxford		51827.55				49899.25	34104.58	106242.33	case rate	For One Day Stay, Rate = $6,649/case
PANCREAS, LIVER & SHUNT PROCEDURES W/O CC/MCC	407	MS-DRG	inpatient					United	Oxford		41310.49				36405.68	25408.58	75289.05	case rate	For One Day Stay, Rate = $6,649/case
BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W MCC	408	MS-DRG	inpatient					United	Oxford		63749.93				62998.24	43964.84	151772.08	case rate	For One Day Stay, Rate = $6,649/case
BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W CC	409	MS-DRG	inpatient					United	Oxford		38544.12				33127.3	23118.69	87117.51	case rate	For One Day Stay, Rate = $6,649/case
BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W/O CC/MCC	410	MS-DRG	inpatient					United	Oxford		32944.25				26491.01	18457.39	61984.07	case rate	For One Day Stay, Rate = $6,649/case
CHOLECYSTECTOMY W C.D.E. W MCC	411	MS-DRG	inpatient					United	Oxford		51729.01				48752.46	10482	149956.74	case rate	For One Day Stay, Rate = $6,649/case
CHOLECYSTECTOMY W C.D.E. W CC	412	MS-DRG	inpatient					United	Oxford		39803.77				34620.09	11647	89337.92	case rate	For One Day Stay, Rate = $6,649/case
CHOLECYSTECTOMY W C.D.E. W/O CC/MCC	413	MS-DRG	inpatient					United	Oxford		32150.19				25549.98	15908	63244.3	case rate	For One Day Stay, Rate = $6,649/case
CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W MCC	414	MS-DRG	inpatient					United	Oxford		69938.41				59664.01	26070	134170.04	case rate	For One Day Stay, Rate = $6,649/case
CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W CC	415	MS-DRG	inpatient					United	Oxford		38808.33				33440.42	23337.2	75719.13	case rate	For One Day Stay, Rate = $6,649/case
CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W/O CC/MCC	416	MS-DRG	inpatient					United	Oxford		29716.58				22665.96	15817.99	52251	case rate	For One Day Stay, Rate = $6,649/case
LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W MCC	417	MS-DRG	inpatient					United	Oxford		43692.68				39226.77	27376.74	90894.46	case rate	For One Day Stay, Rate = $6,649/case
LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W CC	418	MS-DRG	inpatient					United	Oxford		30936.83				27667.3	19308.29	62419.15	case rate	For One Day Stay, Rate = $6,649/case
LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W/O CC/MCC	419	MS-DRG	inpatient					United	Oxford		29345.26				22225.91	15510.89	48916.63	case rate	For One Day Stay, Rate = $6,649/case
HEPATOBILIARY DIAGNOSTIC PROCEDURES W MCC	420	MS-DRG	inpatient					United	Oxford		56303.44				54173.54	37806.31	131934.62	case rate	For One Day Stay, Rate = $6,649/case
HEPATOBILIARY DIAGNOSTIC PROCEDURES W CC	421	MS-DRG	inpatient					United	Oxford		35006.53				28934.98	8253	66728.7	case rate	For One Day Stay, Rate = $6,649/case
HEPATOBILIARY DIAGNOSTIC PROCEDURES W/O CC/MCC	422	MS-DRG	inpatient					United	Oxford		30742.51				23881.18	10272	56545.55	case rate	For One Day Stay, Rate = $6,649/case
OTHER HEPATOBILIARY OR PANCREAS O.R. PROCEDURES W MCC	423	MS-DRG	inpatient					United	Oxford		66444.89				66191.98	16017	148002.62	case rate	For One Day Stay, Rate = $6,649/case
OTHER HEPATOBILIARY OR PANCREAS O.R. PROCEDURES W CC	424	MS-DRG	inpatient					United	Oxford		40400.74				35327.55	24654.19	82181.59	case rate	For One Day Stay, Rate = $6,649/case
OTHER HEPATOBILIARY OR PANCREAS O.R. PROCEDURES W/O CC/MCC	425	MS-DRG	inpatient					United	Oxford		33468.39				27112.16	18920.87	55994.2	case rate	For One Day Stay, Rate = $6,649/case
CIRRHOSIS & ALCOHOLIC HEPATITIS W MCC	432	MS-DRG	inpatient					United	Oxford		37954.28				32428.3	13893	88487.78	case rate	For One Day Stay, Rate = $6,649/case
CIRRHOSIS & ALCOHOLIC HEPATITIS W CC	433	MS-DRG	inpatient					United	Oxford		25314.96				17449.68	12177.68	38553.45	case rate	For One Day Stay, Rate = $6,649/case
CIRRHOSIS & ALCOHOLIC HEPATITIS W/O CC/MCC	434	MS-DRG	inpatient					United	Oxford		20152.11				11331.29	7907.81	33360.86	case rate	For One Day Stay, Rate = $6,649/case
MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS W MCC	435	MS-DRG	inpatient					United	Oxford		35724.15				29788.31	20787.09	63675.63	case rate	For One Day Stay, Rate = $6,649/case
MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS W CC	436	MS-DRG	inpatient					United	Oxford		26310.39				18629.35	13000.94	42604.2	case rate	For One Day Stay, Rate = $6,649/case
MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS W/O CC/MCC	437	MS-DRG	inpatient					United	Oxford		22460.04				14066.37	9816.55	32473.56	case rate	For One Day Stay, Rate = $6,649/case
DISORDERS OF PANCREAS EXCEPT MALIGNANCY W MCC	438	MS-DRG	inpatient					United	Oxford		34423.84				28244.44	19711.06	61443.97	case rate	For One Day Stay, Rate = $6,649/case
DISORDERS OF PANCREAS EXCEPT MALIGNANCY W CC	439	MS-DRG	inpatient					United	Oxford		22804.32				14474.26	10101.21	32342.29	case rate	For One Day Stay, Rate = $6,649/case
DISORDERS OF PANCREAS EXCEPT MALIGNANCY W/O CC/MCC	440	MS-DRG	inpatient					United	Oxford		19382.33				10419.03	7271.17	23303.1	case rate	For One Day Stay, Rate = $6,649/case
DISORDERS OF LIVER EXCEPT MALIG, CIRR, ALC HEPA W MCC	441	MS-DRG	inpatient					United	Oxford		36700.35				30942.29	11778	69658	case rate	For One Day Stay, Rate = $6,649/case
DISORDERS OF LIVER EXCEPT MALIG, CIRR, ALC HEPA W CC	442	MS-DRG	inpatient					United	Oxford		24179.56				16104.14	11238.66	35215.32	case rate	For One Day Stay, Rate = $6,649/case
DISORDERS OF LIVER EXCEPT MALIG, CIRR, ALC HEPA W/O CC/MCC	443	MS-DRG	inpatient					United	Oxford		20797.65				12096.3	8441.69	26097.37	case rate	For One Day Stay, Rate = $6,649/case
DISORDERS OF THE BILIARY TRACT W MCC	444	MS-DRG	inpatient					United	Oxford		33915.41				27641.91	19290.57	60420.03	case rate	For One Day Stay, Rate = $6,649/case
DISORDERS OF THE BILIARY TRACT W CC	445	MS-DRG	inpatient					United	Oxford		26111.88				18394.09	12836.76	40042.47	case rate	For One Day Stay, Rate = $6,649/case
DISORDERS OF THE BILIARY TRACT W/O CC/MCC	446	MS-DRG	inpatient					United	Oxford		22037.3				13965.39	9466.93	29818.07	case rate	For One Day Stay, Rate = $6,649/case
COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W MCC	453	MS-DRG	inpatient					United	Oxford		137146.57				149979.2	17717	356200.23	case rate	For One Day Stay, Rate = $6,649/case
COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W CC	454	MS-DRG	inpatient					United	Oxford		97941.81				103518.38	36879	237674.36	case rate	For One Day Stay, Rate = $6,649/case
COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W/O CC/MCC	455	MS-DRG	inpatient					United	Oxford		76366.41				77949.78	54399.14	187535	case rate	For One Day Stay, Rate = $6,649/case
SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR EXT FUS W MCC	456	MS-DRG	inpatient					United	Oxford		140976.61				142667.6	95654.03	342258.88	case rate	For One Day Stay, Rate = $6,649/case
SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR EXT FUS W CC	457	MS-DRG	inpatient					United	Oxford		97356.26				102824.45	71758.53	245468.31	case rate	For One Day Stay, Rate = $6,649/case
SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR EXT FUS W/O CC/MCC	458	MS-DRG	inpatient					United	Oxford		75300.99				76687.18	53518	192080.85	case rate	For One Day Stay, Rate = $6,649/case
SPINAL FUSION EXCEPT CERVICAL W MCC	459	MS-DRG	inpatient					United	Oxford		105311.18				112251.68	78337.54	239474.69	case rate	For One Day Stay, Rate = $6,649/case
SPINAL FUSION EXCEPT CERVICAL W/O MCC	460	MS-DRG	inpatient					United	Oxford		62831.82				61909.96	43295.36	151434.51	case rate	For One Day Stay, Rate = $6,649/case
BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY W MCC	461	MS-DRG	inpatient					United	Oxford		107970.44				115403.11	9917	168125.13	case rate	For One Day Stay, Rate = $6,649/case
BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY W/O MCC	462	MS-DRG	inpatient					United	Oxford		51240.57				48173.63	11315	119801.11	case rate	For One Day Stay, Rate = $6,649/case
WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W MCC	463	MS-DRG	inpatient					United	Oxford		91477.9				95858.12	15756	192482.17	case rate	For One Day Stay, Rate = $6,649/case
WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W CC	464	MS-DRG	inpatient					United	Oxford		53455.01				52798.7	35451.1	110420.61	case rate	For One Day Stay, Rate = $6,649/case
WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W/O CC/MCC	465	MS-DRG	inpatient					United	Oxford		37308.75				31663.29	22096.99	68915.36	case rate	For One Day Stay, Rate = $6,649/case
REVISION OF HIP OR KNEE REPLACEMENT W MCC	466	MS-DRG	inpatient					United	Oxford		84664.09				87783.21	61261.63	191780.79	case rate	For One Day Stay, Rate = $6,649/case
REVISION OF HIP OR KNEE REPLACEMENT W CC	467	MS-DRG	inpatient					United	Oxford		60380.67				59005.63	41178.5	130164.29	case rate	For One Day Stay, Rate = $6,649/case
REVISION OF HIP OR KNEE REPLACEMENT W/O CC/MCC	468	MS-DRG	inpatient					United	Oxford		48716.99				45182.98	31532.03	104597.04	case rate	For One Day Stay, Rate = $6,649/case
MAJOR HIP AND KNEE JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W MCC OR TOTAL ANKLE REP	469	MS-DRG	inpatient					United	Oxford		58145.78				56356.87	39330	119054.72	case rate	For One Day Stay, Rate = $6,649/case
MAJOR HIP AND KNEE JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W/O MCC	470	MS-DRG	inpatient					United	Oxford		37464.42				31847.77	22225.74	74631.43	case rate	For One Day Stay, Rate = $6,649/case
CERVICAL SPINAL FUSION W MCC	471	MS-DRG	inpatient					United	Oxford		80842.12				83254.08	8282	187936.32	case rate	For One Day Stay, Rate = $6,649/case
CERVICAL SPINAL FUSION W CC	472	MS-DRG	inpatient					United	Oxford		52798.71				50020.15	8991	110525.63	case rate	For One Day Stay, Rate = $6,649/case
CERVICAL SPINAL FUSION W/O CC/MCC	473	MS-DRG	inpatient					United	Oxford		45732.11				41645.66	11229	89000.36	case rate	For One Day Stay, Rate = $6,649/case
AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W MCC	474	MS-DRG	inpatient					United	Oxford		72041.9				72824.89	22321	142342.82	case rate	For One Day Stay, Rate = $6,649/case
AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W CC	475	MS-DRG	inpatient					United	Oxford		41220.51				36299.05	25332.17	80596.04	case rate	For One Day Stay, Rate = $6,649/case
AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W/O CC/MCC	476	MS-DRG	inpatient					United	Oxford		27398.66				19919.03	13900.98	43159.3	case rate	For One Day Stay, Rate = $6,649/case
BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W MCC	477	MS-DRG	inpatient					United	Oxford		58705.63				57020.33	39793.01	117711.97	case rate	For One Day Stay, Rate = $6,649/case
BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W CC	478	MS-DRG	inpatient					United	Oxford		44633.85				40344.12	28155.12	85485.95	case rate	For One Day Stay, Rate = $6,649/case
BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W/O CC/MCC	479	MS-DRG	inpatient					United	Oxford		37211.83				31548.2	22016.67	67437.59	case rate	For One Day Stay, Rate = $6,649/case
HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W MCC	480	MS-DRG	inpatient					United	Oxford		52705.88				49910.13	34830.99	113661.21	case rate	For One Day Stay, Rate = $6,649/case
HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W CC	481	MS-DRG	inpatient					United	Oxford		40223.65				35117.68	8360	77350.69	case rate	For One Day Stay, Rate = $6,649/case
HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W/O CC/MCC	482	MS-DRG	inpatient					United	Oxford		33275.94				26883.67	9385	62430.4	case rate	For One Day Stay, Rate = $6,649/case
MAJOR JOINT/LIMB REATTACHMENT PROCEDURE OF UPPER EXTREMITIES	483	MS-DRG	inpatient					United	Oxford		46069.16				42045.09	13093	89397.93	case rate	For One Day Stay, Rate = $6,649/case
KNEE PROCEDURES W PDX OF INFECTION W MCC	485	MS-DRG	inpatient					United	Oxford		57634.5				55750.95	38907.15	123926.88	case rate	For One Day Stay, Rate = $6,649/case
KNEE PROCEDURES W PDX OF INFECTION W CC	486	MS-DRG	inpatient					United	Oxford		39272.49				33990.48	23721.08	83205.53	case rate	For One Day Stay, Rate = $6,649/case
KNEE PROCEDURES W PDX OF INFECTION W/O CC/MCC	487	MS-DRG	inpatient					United	Oxford		32654.33				26147.43	18247.62	61894.05	case rate	For One Day Stay, Rate = $6,649/case
KNEE PROCEDURES W/O PDX OF INFECTION W CC/MCC	488	MS-DRG	inpatient					United	Oxford		40676.38				35654.21	24882.15	79233.54	case rate	For One Day Stay, Rate = $6,649/case
KNEE PROCEDURES W/O PDX OF INFECTION W/O CC/MCC	489	MS-DRG	inpatient					United	Oxford		28266.99				20948.07	14619.12	48661.58	case rate	For One Day Stay, Rate = $6,649/case
LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR W MCC	492	MS-DRG	inpatient					United	Oxford		60035.26				58696.04	27633	127167.48	case rate	For One Day Stay, Rate = $6,649/case
LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR W CC	493	MS-DRG	inpatient					United	Oxford		44898.92				40648.77	28367.73	84244.47	case rate	For One Day Stay, Rate = $6,649/case
LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR W/O CC/MCC	494	MS-DRG	inpatient					United	Oxford		37285.9				31636.21	22078.09	67890.08	case rate	For One Day Stay, Rate = $6,649/case
LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W MCC	495	MS-DRG	inpatient					United	Oxford		61736.21				60611.81	42256.42	129860.49	case rate	For One Day Stay, Rate = $6,649/case
LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W CC	496	MS-DRG	inpatient					United	Oxford		38975.43				33638.44	23475.4	73547.48	case rate	For One Day Stay, Rate = $6,649/case
LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W/O CC/MCC	497	MS-DRG	inpatient					United	Oxford		30976.23				24158.75	16859.76	53822.55	case rate	For One Day Stay, Rate = $6,649/case
LOCAL EXCISION & REMOVAL INT FIX DEVICES OF HIP & FEMUR W CC/MCC	498	MS-DRG	inpatient					United	Oxford		47880.08				44191.18	30839.88	85440.95	case rate	For One Day Stay, Rate = $6,649/case
LOCAL EXCISION & REMOVAL INT FIX DEVICES OF HIP & FEMUR W/O CC/MCC	499	MS-DRG	inpatient					United	Oxford		29011.07				21829.87	15234.5	41977.83	case rate	For One Day Stay, Rate = $6,649/case
SOFT TISSUE PROCEDURES W MCC	500	MS-DRG	inpatient					United	Oxford		56903.27				54894.39	38302.4	110071.48	case rate	For One Day Stay, Rate = $6,649/case
SOFT TISSUE PROCEDURES W CC	501	MS-DRG	inpatient					United	Oxford		35379.29				29376.72	8902	63289.31	case rate	For One Day Stay, Rate = $6,649/case
SOFT TISSUE PROCEDURES W/O CC/MCC	502	MS-DRG	inpatient					United	Oxford		30337.84				23402.2	16331.79	48425.29	case rate	For One Day Stay, Rate = $6,649/case
FOOT PROCEDURES W MCC	503	MS-DRG	inpatient					United	Oxford		48892.66				45391.16	27418	96100.44	case rate	For One Day Stay, Rate = $6,649/case
FOOT PROCEDURES W CC	504	MS-DRG	inpatient					United	Oxford		35256.46				29231.17	20999.68	64898.36	case rate	For One Day Stay, Rate = $6,649/case
FOOT PROCEDURES W/O CC/MCC	505	MS-DRG	inpatient					United	Oxford		34950.84				28868.97	20146.91	59253.56	case rate	For One Day Stay, Rate = $6,649/case
MAJOR THUMB OR JOINT PROCEDURES	506	MS-DRG	inpatient					United	Oxford		31478.95				24754.51	17275.53	52896.12	case rate	For One Day Stay, Rate = $6,649/case
MAJOR SHOULDER OR ELBOW JOINT PROCEDURES W CC/MCC	507	MS-DRG	inpatient					United	Oxford		41034.85				36079.02	25178.62	72857.35	case rate	For One Day Stay, Rate = $6,649/case
MAJOR SHOULDER OR ELBOW JOINT PROCEDURES W/O CC/MCC	508	MS-DRG	inpatient					United	Oxford		31070.49				24270.45	16937.72	54287.63	case rate	For One Day Stay, Rate = $6,649/case
ARTHROSCOPY	509	MS-DRG	inpatient					United	Oxford		29530.92				22445.94	15664.44	62647.94	case rate	For One Day Stay, Rate = $6,649/case
SHOULDER, ELBOW OR FOREARM PROC, EXC MAJOR JOINT PROC W MCC	510	MS-DRG	inpatient					United	Oxford		49445.36				46046.16	32134.42	102484.13	case rate	For One Day Stay, Rate = $6,649/case
SHOULDER, ELBOW OR FOREARM PROC, EXC MAJOR JOINT PROC W CC	511	MS-DRG	inpatient					United	Oxford		39065.67				33745.07	7655	69286.68	case rate	For One Day Stay, Rate = $6,649/case
SHOULDER, ELBOW OR FOREARM PROC, EXC MAJOR JOINT PROC W/O CC/MCC	512	MS-DRG	inpatient					United	Oxford		33638.35				27313.57	10564	57089.4	case rate	For One Day Stay, Rate = $6,649/case
HAND OR WRIST PROC, EXCEPT MAJOR THUMB OR JOINT PROC W CC/MCC	513	MS-DRG	inpatient					United	Oxford		33741.17				27435.43	18516	61496.48	case rate	For One Day Stay, Rate = $6,649/case
HAND OR WRIST PROC, EXCEPT MAJOR THUMB OR JOINT PROC W/O CC/MCC	514	MS-DRG	inpatient					United	Oxford		25464.91				17627.39	12301.7	40660.37	case rate	For One Day Stay, Rate = $6,649/case
OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W MCC	515	MS-DRG	inpatient					United	Oxford		55742.71				53608.39	37342.12	115596.57	case rate	For One Day Stay, Rate = $6,649/case
OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W CC	516	MS-DRG	inpatient					United	Oxford		39736.64				34540.54	24104.95	70715.7	case rate	For One Day Stay, Rate = $6,649/case
OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W/O CC/MCC	517	MS-DRG	inpatient					United	Oxford		31933.11				25292.72	17651.14	51793.42	case rate	For One Day Stay, Rate = $6,649/case
BACK & NECK PROC EXC SPINAL FUSION W MCC OR DISC DEVICE/NEUROSTIM	518	MS-DRG	inpatient					United	Oxford		62744.5				61806.72	43133.31	116279.2	case rate	For One Day Stay, Rate = $6,649/case
BACK & NECK PROC EXC SPINAL FUSION W CC	519	MS-DRG	inpatient					United	Oxford		38705.5				33318.56	23252.16	69838.03	case rate	For One Day Stay, Rate = $6,649/case

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.															
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true														
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CONNECTIVE TISSUE DISORDERS W CC	546	MS-DRG	inpatient					United	Oxford		20298.15				14185.56	45548.5	case rate	For One Day Stay, Rate = $6,649/case
CONNECTIVE TISSUE DISORDERS W/O CC/MCC	547	MS-DRG	inpatient					United	Oxford		13766.8				9607.49	32166	case rate	For One Day Stay, Rate = $6,649/case
SEPTIC ARTHRITIS W MCC	548	MS-DRG	inpatient					United	Oxford		33000.37				23030.1	77534.47	case rate	For One Day Stay, Rate = $6,649/case
SEPTIC ARTHRITIS W CC	549	MS-DRG	inpatient					United	Oxford		20414.94				14247.06	46666.21	case rate	For One Day Stay, Rate = $6,649/case
SEPTIC ARTHRITIS W/O CC/MCC	550	MS-DRG	inpatient					United	Oxford		15584.54				10870.05	34648.97	case rate	For One Day Stay, Rate = $6,649/case
MEDICAL BACK PROBLEMS W MCC	551	MS-DRG	inpatient					United	Oxford		34896.57				9165	59696.14	case rate	For One Day Stay, Rate = $6,649/case
MEDICAL BACK PROBLEMS W/O MCC	552	MS-DRG	inpatient					United	Oxford		24390.93				11413.47	33793.81	case rate	For One Day Stay, Rate = $6,649/case
BONE DISEASES & ARTHROPATHIES W MCC	553	MS-DRG	inpatient					United	Oxford		29882.25				15963.27	46418.66	case rate	For One Day Stay, Rate = $6,649/case
BONE DISEASES & ARTHROPATHIES W/O MCC	554	MS-DRG	inpatient					United	Oxford		22327.22				13908.97	47368.4	case rate	For One Day Stay, Rate = $6,649/case
SIGNS & SYMPTOMS OF MUSCULOSKELETAL SYSTEM & CONN TISSUE W MCC	555	MS-DRG	inpatient					United	Oxford		30570.63				16524.32	47978.95	case rate	For One Day Stay, Rate = $6,649/case
SIGNS & SYMPTOMS OF MUSCULOSKELETAL SYSTEM & CONN TISSUE W/O MCC	556	MS-DRG	inpatient					United	Oxford		22364.35				9737.42	28794.12	case rate	For One Day Stay, Rate = $6,649/case
TENDONITIS, MYOSITIS & BURSITIS W MCC	557	MS-DRG	inpatient					United	Oxford		32624.29				18388.17	53725.03	case rate	For One Day Stay, Rate = $6,649/case
TENDONITIS, MYOSITIS & BURSITIS W/O MCC	558	MS-DRG	inpatient					United	Oxford		23135.56				14866.92	10375.24	case rate	For One Day Stay, Rate = $6,649/case
AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W MCC	559	MS-DRG	inpatient					United	Oxford		31319.71				21857.22	67463.84	case rate	For One Day Stay, Rate = $6,649/case
AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W CC	560	MS-DRG	inpatient					United	Oxford		19160.79				13371.82	38320.9	case rate	For One Day Stay, Rate = $6,649/case
AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W/O CC/MCC	561	MS-DRG	inpatient					United	Oxford		13204.89				9211	26359.04	case rate	For One Day Stay, Rate = $6,649/case
FX, SPRN, STRN & DISL EXCEPT FEMUR, HIP, PELVIS & THIGH W MCC	562	MS-DRG	inpatient					United	Oxford		32308.72				12507	52813.61	case rate	For One Day Stay, Rate = $6,649/case
FX, SPRN, STRN & DISL EXCEPT FEMUR, HIP, PELVIS & THIGH W/O MCC	563	MS-DRG	inpatient					United	Oxford		23381.21				10578.4	31434.62	case rate	For One Day Stay, Rate = $6,649/case
OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W MCC	564	MS-DRG	inpatient					United	Oxford		32897.12				18448.41	58968.51	case rate	For One Day Stay, Rate = $6,649/case
OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W CC	565	MS-DRG	inpatient					United	Oxford		24863.93				16914.85	36599.33	case rate	For One Day Stay, Rate = $6,649/case
OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W/O CC/MCC	566	MS-DRG	inpatient					United	Oxford		21308.93				8864.55	28591.59	case rate	For One Day Stay, Rate = $6,649/case
SKIN DEBRIDEMENT W MCC	570	MS-DRG	inpatient					United	Oxford		52324.55				34515.62	113822.49	case rate	For One Day Stay, Rate = $6,649/case
SKIN DEBRIDEMENT W CC	571	MS-DRG	inpatient					United	Oxford		34753.75				29835.41	63870.67	case rate	For One Day Stay, Rate = $6,649/case
SKIN DEBRIDEMENT W/O CC/MCC	572	MS-DRG	inpatient					United	Oxford		26865.95				11401	44205.75	case rate	For One Day Stay, Rate = $6,649/case
SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W MCC	573	MS-DRG	inpatient					United	Oxford		99395.69				105241.34	196968.01	case rate	For One Day Stay, Rate = $6,649/case
SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W CC	574	MS-DRG	inpatient					United	Oxford		59231.2				57643.17	114242.57	case rate	For One Day Stay, Rate = $6,649/case
SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W/O CC/MCC	575	MS-DRG	inpatient					United	Oxford		39810.91				34628.55	66959.61	case rate	For One Day Stay, Rate = $6,649/case
SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W MCC	576	MS-DRG	inpatient					United	Oxford		91754.97				96186.47	183090.41	case rate	For One Day Stay, Rate = $6,649/case
SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W CC	577	MS-DRG	inpatient					United	Oxford		48424.21				44836.02	31289.9	case rate	For One Day Stay, Rate = $6,649/case
SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W/O CC/MCC	578	MS-DRG	inpatient					United	Oxford		33591.22				27257.71	19022.45	case rate	For One Day Stay, Rate = $6,649/case
OTHER SKIN, SUBCUT TISS & BREAST PROC W MCC	579	MS-DRG	inpatient					United	Oxford		58322.68				56598.74	39476.46	case rate	For One Day Stay, Rate = $6,649/case
OTHER SKIN, SUBCUT TISS & BREAST PROC W CC	580	MS-DRG	inpatient					United	Oxford		35534.96				29561.21	20630	case rate	For One Day Stay, Rate = $6,649/case
OTHER SKIN, SUBCUT TISS & BREAST PROC W/O CC/MCC	581	MS-DRG	inpatient					United	Oxford		29823.7				22792.9	8609	case rate	For One Day Stay, Rate = $6,649/case
MASTECTOMY FOR MALIGNANCY W CC/MCC	582	MS-DRG	inpatient					United	Oxford		34399.56				28215.67	10681	case rate	For One Day Stay, Rate = $6,649/case
MASTECTOMY FOR MALIGNANCY W/O CC/MCC	583	MS-DRG	inpatient					United	Oxford		32325.56				25758.16	14701	case rate	For One Day Stay, Rate = $6,649/case
BREAST BIOPSY, LOCAL EXCISION & OTHER BREAST PROCEDURES W CC/MCC	584	MS-DRG	inpatient					United	Oxford		38562.68				33149.31	23134.04	70190.6	case rate	For One Day Stay, Rate = $6,649/case
BREAST BIOPSY, LOCAL EXCISION & OTHER BREAST PROCEDURES W/O CC/MCC	585	MS-DRG	inpatient					United	Oxford		34640.92				28501.7	19890.6	58724.71	case rate	For One Day Stay, Rate = $6,649/case
SKIN ULCERS W MCC	592	MS-DRG	inpatient					United	Oxford		40440.73				35374.94	24687.26	64099.46	case rate	For One Day Stay, Rate = $6,649/case
SKIN ULCERS W CC	593	MS-DRG	inpatient					United	Oxford		27869.96				20477.56	14290.76	42390.41	case rate	For One Day Stay, Rate = $6,649/case
SKIN ULCERS W/O CC/MCC	594	MS-DRG	inpatient					United	Oxford		21835.93				13326.75	9300.39	30388.17	case rate	For One Day Stay, Rate = $6,649/case
MAJOR SKIN DISORDERS W MCC	595	MS-DRG	inpatient					United	Oxford		41653.25				36811.88	25690.06	74522.66	case rate	For One Day Stay, Rate = $6,649/case
MAJOR SKIN DISORDERS W/O MCC	596	MS-DRG	inpatient					United	Oxford		25000.76				17077.33	11917.82	37938.33	case rate	For One Day Stay, Rate = $6,649/case
MALIGNANT BREAST DISORDERS W MCC	597	MS-DRG	inpatient					United	Oxford		33448.4				27088.46	18904.34	64512.04	case rate	For One Day Stay, Rate = $6,649/case
MALIGNANT BREAST DISORDERS W CC	598	MS-DRG	inpatient					United	Oxford		27711.43				20289.69	14159.65	43594.39	case rate	For One Day Stay, Rate = $6,649/case
MALIGNANT BREAST DISORDERS W/O CC/MCC	599	MS-DRG	inpatient					United	Oxford		19465.16				10517.2	7339.68	26870.01	case rate	For One Day Stay, Rate = $6,649/case
NON-MALIGNANT BREAST DISORDERS W CC/MCC	600	MS-DRG	inpatient					United	Oxford		25236.41				17295.59	12112.71	35956.69	case rate	For One Day Stay, Rate = $6,649/case
NON-MALIGNANT BREAST DISORDERS W/O CC/MCC	601	MS-DRG	inpatient					United	Oxford		19482.3				10537.51	7353.85	23224.33	case rate	For One Day Stay, Rate = $6,649/case
CELLULITIS W MCC	602	MS-DRG	inpatient					United	Oxford		31834.56				25175.94	17569.64	54160.11	case rate	For One Day Stay, Rate = $6,649/case
CELLULITIS W/O MCC	603	MS-DRG	inpatient					United	Oxford		23225.54				14973.55	10449.65	31794.68	case rate	For One Day Stay, Rate = $6,649/case
TRAUMA TO THE SKIN, SUBCUT TISS & BREAST W MCC	604	MS-DRG	inpatient					United	Oxford		32101.63				25492.44	17760.51	53139.92	case rate	For One Day Stay, Rate = $6,649/case
TRAUMA TO THE SKIN, SUBCUT TISS & BREAST W/O MCC	605	MS-DRG	inpatient					United	Oxford		23569.73				16381.44	10734.31	32274.77	case rate	For One Day Stay, Rate = $6,649/case
MINOR SKIN DISORDERS W MCC	606	MS-DRG	inpatient					United	Oxford		33238.46				26839.67	18730.71	51789.67	case rate	For One Day Stay, Rate = $6,649/case
MINOR SKIN DISORDERS W/O MCC	607	MS-DRG	inpatient					United	Oxford		23351.22				15122.49	10553.59	30043.11	case rate	For One Day Stay, Rate = $6,649/case
ADRENAL & PITUITARY PROCEDURES W CC/MCC	614	MS-DRG	inpatient					United	Oxford		42758.65				38121.87	29804.27	88651.55	case rate	For One Day Stay, Rate = $6,649/case
ADRENAL & PITUITARY PROCEDURES W/O CC/MCC	615	MS-DRG	inpatient					United	Oxford		31600.34				24898.37	17375.93	55555.37	case rate	For One Day Stay, Rate = $6,649/case
AMPUTAT OF LOWER LIMB FOR ENDOCRINE, NUTRIT, & METABOL DIS W MCC	616	MS-DRG	inpatient					United	Oxford		67113.28				66984.07	46746.45	155098.95	case rate	For One Day Stay, Rate = $6,649/case
AMPUTAT OF LOWER LIMB FOR ENDOCRINE, NUTRIT, & METABOL DIS W CC	617	MS-DRG	inpatient					United	Oxford		38932.68				33587.86	23439.96	77774.52	case rate	For One Day Stay, Rate = $6,649/case
AMPUTAT OF LOWER LIMB FOR ENDOCRINE, NUTRIT, & METABOL DIS W/O CC/MCC	618	MS-DRG	inpatient					United	Oxford		27178.72				19658.39	13719.08	43481.87	case rate	For One Day Stay, Rate = $6,649/case
O.R. PROCEDURES FOR OBESITY W MCC	619	MS-DRG	inpatient					United	Oxford		47558.74				43810.36	30574.12	109546.69	case rate	For One Day Stay, Rate = $6,649/case
O.R. PROCEDURES FOR OBESITY W CC	620	MS-DRG	inpatient					United	Oxford		33758.31				27455.74	19160.65	67872.67	case rate	For One Day Stay, Rate = $6,649/case
O.R. PROCEDURES FOR OBESITY W/O CC/MCC	621	MS-DRG	inpatient					United	Oxford		32260.91				25680.3	17921.62	59197.3	case rate	For One Day Stay, Rate = $6,649/case
SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W MCC	622	MS-DRG	inpatient					United	Oxford		65226.66				64748.28	45186.15	142451.59	case rate	For One Day Stay, Rate = $6,649/case
SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W CC	623	MS-DRG	inpatient					United	Oxford		37174.5				31504.2	21985.96	72133.46	case rate	For One Day Stay, Rate = $6,649/case
SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W/O CC/MCC	624	MS-DRG	inpatient					United	Oxford		26507.48				18892.91	13163.94	48609.07	case rate	For One Day Stay, Rate = $6,649/case
THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W MCC	625	MS-DRG	inpatient					United	Oxford		52310.27				49441.31	34503.81	104393.23	case rate	For One Day Stay, Rate = $6,649/case
THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W CC	626	MS-DRG	inpatient					United	Oxford		31897.4				25250.41	17621.61	60408.77	case rate	For One Day Stay, Rate = $6,649/case
THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W/O CC/MCC	627	MS-DRG	inpatient					United	Oxford		28242.71				20919.3	14599.04	40695.1	case rate	For One Day Stay, Rate = $6,649/case
OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W MCC	628	MS-DRG	inpatient					United	Oxford		67924.48				67945.41	47417.35	137838.23	case rate	For One Day Stay, Rate = $6,649/case
OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W CC	629	MS-DRG	inpatient					United	Oxford		42507.18				38297.89	26727.11	87717.62	case rate	For One Day Stay, Rate = $6,649/case
OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W/O CC/MCC	630	MS-DRG	inpatient					United	Oxford		30532.07				23632.38	16492.43	57554.49	case rate	For One Day Stay, Rate = $6,649/case
DIABETES W MCC	637	MS-DRG	inpatient					United	Oxford		31289				24529.4	17118.44	51808.42	case rate	For One Day Stay, Rate = $6,649/case
DIABETES W CC	638	MS-DRG	inpatient					United	Oxford		23435.89				15222.35	10623.28	32713.61	case rate	For One Day Stay, Rate = $6,649/case
DIABETES W/O CC/MCC	639	MS-DRG	inpatient					United	Oxford		19480.87				10535.81	7352.67	23700.67	case rate	For One Day Stay, Rate = $6,649/case
MISC DISORDERS OF NUTRITION, METABOLISM, FLUIDS/ELECTROLYTES W MCC	640	MS-DRG	inpatient					United	Oxford		29373.82				22259.76	15534.51	44640.83	case rate	For One Day Stay, Rate = $6,649/case
MISC DISORDERS OF NUTRITION, METABOLISM, FLUIDS/ELECTROLYTES W/O MCC	641	MS-DRG	inpatient					United	Oxford		21750.24				13225.2	9229.52	28201.51	case rate	For One Day Stay, Rate = $6,649/case
INBORN AND OTHER DISORDERS OF METABOLISM	642	MS-DRG	inpatient					United	Oxford		29203.87				22058.35	15393.95	47390.09	case rate	For One Day Stay, Rate = $6,649/case
ENDOCRINE DISORDERS W MCC	643	MS-DRG	inpatient					United	Oxford		34085.36				27843.32	19431.13	61290.19	case rate	For One Day Stay, Rate = $6,649/case
ENDOCRINE DISORDERS W CC	644	MS-DRG	inpatient					United	Oxford		25753.41				17969.27	12540.29	37975.84	case rate	For One Day Stay, Rate = $6,649/case
ENDOCRINE DISORDERS W/O CC/MCC	645	MS-DRG	inpatient					United	Oxford		21457.46				12878.23	8987.39	27863.95	case rate	For One Day Stay, Rate = $6,649/case
KIDNEY TRANSPLANT WITH HEMODIALYSIS WITH MCC	650	MS-DRG	inpatient					United	Oxford		74822.55				76120.19	53122.31	180636.12	case rate	
KIDNEY TRANSPLANT WITH HEMODIALYSIS WITHOUT MCC	651	MS-DRG	inpatient					United	Oxford		59982.41				58533.42	40848.96	60006.7	case rate	
KIDNEY TRANSPLANT	652	MS-DRG	inpatient					United	Oxford		53498.51				50849.47	35486.53	124320.7	case rate	
MAJOR BLADDER PROCEDURES W MCC	653	MS-DRG	inpatient					United	Oxford		87906.04				91625.18	63942.84	205875.92	case rate	For One Day Stay, Rate = $6,649/case
MAJOR BLADDER PROCEDURES W CC	654	MS-DRG	inpatient					United	Oxford		49686.72				46332.19	32334.04	107768.86	case rate	For One Day Stay, Rate = $6,649/case
MAJOR BLADDER PROCEDURES W/O CC/MCC	655	MS-DRG	inpatient					United	Oxford		40693.52				35674.52	24896.32	77909.54	case rate	For One Day Stay, Rate = $6,649/case
KIDNEY & URETER PROCEDURES FOR NEOPLASM W MCC	656	MS-DRG	inpatient					United	Oxford		55400.84				53103.88	37059.83	124808.29	case rate	For One Day Stay, Rate = $6,649/case
KIDNEY & URETER PROCEDURES FOR NEOPLASM W CC	657	MS-DRG	inpatient					United	Oxford		36928.85				31213.09	21782.81	73041.13	case rate	For One Day Stay, Rate = $6,649/case
KIDNEY & URETER PROCEDURES FOR NEOPLASM W/O CC/MCC	658	MS-DRG	inpatient					United	Oxford		31733.16				25055.77	17485.77	58750.96	case rate	For One Day Stay, Rate = $6,649/case
KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W MCC	659	MS-DRG	inpatient					United	Oxford		47564.45				43817.13	30578.84	102285.34	case rate	For One Day Stay, Rate = $6,649/case
KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W CC	660	MS-DRG	inpatient					United	Oxford		29812.27				22779.36	15897.12	54295.13	case rate	For One Day Stay, Rate = $6,649/case
KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W/O CC/MCC	661	MS-DRG	inpatient					United	Oxford		25563.43				17744.17	12383.2	40237.51	case rate	For One Day Stay, Rate = $6,649/case
MINOR BLADDER PROCEDURES W MCC	662	MS-DRG	inpatient					United	Oxford		53388.54				50719.15	35395.58	119223.5	case rate	For One Day Stay, Rate = $6,649/case
MINOR BLADDER PROCEDURES W CC	663	MS-DRG	inpatient					United	Oxford		31427.53				24693.58	17233.01	61522.73	case rate	For One Day Stay, Rate = $6,649/case
MINOR BLADDER PROCEDURES W/O CC/MCC	664	MS-DRG	inpatient					United	Oxford		25751.98				17967.58	12539.11	44472.05	case rate	For One Day Stay, Rate = $6,649/case
PROSTATECTOMY W MCC	665	MS-DRG	inpatient					United	Oxford		54708.17				52283.02	36486.97	119227.25	case rate	For One Day Stay, Rate = $6,649/case
PROSTATECTOMY W CC	666	MS-DRG	inpatient					United	Oxford		35117.93				29067	20285.1	66728.7	case rate	For One Day Stay, Rate = $6,649/case
PROSTATECTOMY W/O CC/MCC	667	MS-DRG	inpatient					United	Oxford		25580.6				17764.48	12397.37	40522.56	case rate	For One Day Stay, Rate = $6,649/case
TRANSURETHRAL PROCEDURES W MCC	668	MS-DRG	inpatient					United	Oxford		50836.4				47894.65	33284.86	105987.2	case rate	For One Day Stay, Rate = $6,649/case
TRANSURETHRAL PROCEDURES W CC	669	MS-DRG	inpatient					United	Oxford		32507.23				25973.11	18125.96	59354.83	case rate	For One Day Stay, Rate = $6,649/case
TRANSURETHRAL PROCEDURES W/O CC/MCC	670	MS-DRG	inpatient					United	Oxford		24338.09				16292.01	11369.77	36137.99	case rate	For One Day Stay, Rate = $6,649/case
URETHRAL PROCEDURES W CC/MCC	671	MS-DRG	inpatient					United	Oxford		35039.38				28973.91	20220.14	63143.03	case rate	For One Day Stay, Rate = $6,649/case
URETHRAL PROCEDURES W/O CC/MCC	672	MS-DRG	inpatient					United	Oxford		23768.25				15616.7	10898.49	39641.15	case rate	For One Day Stay, Rate = $6,649/case
OTHER KIDNEY & URINARY TRACT PROCEDURES W MCC	673	MS-DRG	inpatient					United	Oxford		63404.32				62588.65	43679	134173.79	case rate	For One Day Stay, Rate = $6,649/case
OTHER KIDNEY & URINARY TRACT PROCEDURES W CC	674	MS-DRG	inpatient					United	Oxford		44612.42				40318.74	28137.4	86719.93	case rate	For One Day Stay, Rate = $6,649/case
OTHER KIDNEY & URINARY TRACT PROCEDURES W/O CC/MCC	675	MS-DRG	inpatient					United	Oxford		33248.45				26851.51	18738.98	60960.13	case rate	For One Day Stay, Rate = $6,649/case
RENAL FAILURE W MCC	682	MS-DRG	inpatient					United	Oxford		32024.51				25401.04	17726.73	57460.72	case rate	For One Day Stay, Rate = $6,649/case
RENAL FAILURE W CC	683	MS-DRG	inpatient					United	Oxford		23455.48				15246.04	10639.82	34468.93	case rate	For One Day Stay, Rate = $6,649/case
RENAL FAILURE W/O CC/MCC	684	MS-DRG	inpatient					United	Oxford		19280.93				10298.86	7187.31	23246.84	case rate	For One Day Stay, Rate = $6,649/case
KIDNEY & URINARY TRACT NEOPLASMS W MCC	686	MS-DRG	inpatient					United	Oxford		36860.3				31131.85	21726.11	64422.02	case rate	For One Day Stay, Rate = $6,649/case
KIDNEY & URINARY TRACT NEOPLASMS W CC	687	MS-DRG	inpatient					United	Oxford		25519.18				17691.7	12346.58	39521.13	case rate	For One Day Stay, Rate = $6,649/case
KIDNEY & URINARY TRACT NEOPLASMS W/O CC/MCC	688	MS-DRG	inpatient					United	Oxford		21743.1				13216.73	9223.62	29664.29	case rate	For One Day Stay, Rate = $6,649/case
KIDNEY & URINARY TRACT INFECTIONS W MCC	689	MS-DRG	inpatient					United	Oxford		27362.96				19876.72	13871.45	41692.78	case rate	For One Day Stay, Rate = $6,649/case
KIDNEY & URINARY TRACT INFECTIONS W/O MCC	690	MS-DRG	inpatient					United	Oxford		22114.42				13656.78	9530.72	29784.31	case rate	For One Day Stay, Rate = $6,649/case
URINARY STONES W MCC	693	MS-DRG	inpatient					United	Oxford		30817.7				21768.8	15197.68	43970.88	case rate	For One Day Stay, Rate = $6,649/case
URINARY STONES W/O MCC	694	MS-DRG	inpatient					United	Oxford		21768.8				13247.2	9244.88	26333.66	case rate	For One Day Stay, Rate = $6,649/case
KIDNEY & URINARY TRACT SIGNS & SYMPTOMS W MCC	695	MS-DRG	inpatient					United	Oxford		27671.44				20242.3	14126.58	43084.29	case rate	For One Day Stay, Rate = $6,649/case
KIDNEY & URINARY TRACT SIGNS & SYMPTOMS W/O MCC	696	MS-DRG	inpatient					United	Oxford		20474.88				11713.79	8174.75	25827.32	case rate	For One Day Stay, Rate = $6,649/case
URETHRAL STRICTURE	697	MS-DRG	inpatient					United	Oxford		26487.49				18839.22	13147.4	36006.72	case rate	For One Day Stay, Rate = $6,649/case
OTHER KIDNEY & URINARY TRACT DIAGNOSES W MCC	698	MS-DRG	inpatient					United	Oxford		34218.18				28000.72	19540.98	60577.56	case rate	For One Day Stay, Rate = $6,649/case
OTHER KIDNEY & URINARY TRACT DIAGNOSES W CC	699	MS-DRG	inpatient					United	Oxford		25169.28				17277.04	12057.2	38553.45	case rate	For One Day Stay, Rate = $6,649/case
OTHER KIDNEY & URINARY TRACT DIAGNOSES W/O CC/MCC	700	MS-DRG	inpatient					United	Oxford		20706.24				11987.98	8366.1	28494.07	case rate	For One Day Stay, Rate = $6,649/case
MAJOR MALE PELVIC PROCEDURES W CC/MCC	707	MS-DRG	inpatient					United	Oxford		38609.81				33205.16	23173.02	67190.04	case rate	For One Day Stay, Rate = $6,649/case
MAJOR MALE PELVIC PROCEDURES W/O CC/MCC	708	MS-DRG	inpatient					United	Oxford		31420.39				24685.11	17227.1	52753.6	case rate	For One Day Stay, Rate = $6,649/case
PENIS PROCEDURES W CC/MCC	709	MS-DRG	inpatient					United	Oxford		40867.75				35881	25040.42	76206.72	case rate	For One Day Stay, Rate = $6,649/case
PENIS PROCEDURES W/O CC/MCC	710	MS-DRG	inpatient					United	Oxford		28218.43				20890.53	14578.96	62617.94	case rate	For One Day Stay, Rate = $6,649/case
TESTES PROCEDURES W CC/MCC	711	MS-DRG	inpatient					United	Oxford		40909.17				35930.08	25074.68	78145.83	case rate	For One Day Stay, Rate = $6,649/case
TESTES PROCEDURES W/O CC/MCC	712	MS-DRG	inpatient					United	Oxford		27562.9				20113.67	14036.81	40387.54	case rate	For One Day Stay, Rate = $6,649/case
TRANSURETHRAL PROSTATECTOMY W CC/MCC	713	MS-DRG	inpatient					United	Oxford		31362				24553.1	17134.97	54897.74	case rate	For One Day Stay, Rate = $6,649/case
TRANSURETHRAL PROSTATECTOMY W/O CC/MCC	714	MS-DRG	inpatient					United	Oxford		24279.53				16222.61	11321.34	34150.12	case rate	For One Day Stay, Rate = $6,649/case
OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC FOR MALIGNANCY W CC/MCC	715	MS-DRG	inpatient					United	Oxford		42117.41				37361.94	26073.93	82886.72	case rate	For One Day Stay, Rate = $6,649/case
OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC FOR MALIGNANCY W/O CC/MCC	716	MS-DRG	inpatient					United	Oxford		30901.97				24070.74	16798.34	54872.74	case rate	For One Day Stay, Rate = $6,649/case
OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC EXC MALIGNANCY W CC/MCC	717	MS-DRG	inpatient					United	Oxford		36493.26				30696.87	21422.55	73299.93	case rate	For One Day Stay, Rate = $6,649/case
OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC EXC MALIGNANCY W/O CC/MCC	718	MS-DRG	inpatient					United	Oxford		27382.95				19900.42	13887.99	46231.13	case rate	For One Day Stay, Rate = $6,649/case
MALIGNANCY, MALE REPRODUCTIVE SYSTEM W MCC	722	MS-DRG	inpatient					United	Oxford		37365.88				31730.99	22144.24	62250.37	case rate	For One Day Stay, Rate = $6,649/case
MALIGNANCY, MALE REPRODUCTIVE SYSTEM W CC	723	MS-DRG	inpatient					United	Oxford		26504.62				19859.53	13161.58	41313.96	case rate	For One Day Stay, Rate = $6,649/case
MALIGNANCY, MALE REPRODUCTIVE SYSTEM W/O CC/MCC	724	MS-DRG	inpatient					United	Oxford		22151.55				13700.79	9561.43	25849.82	case rate	For One Day Stay, Rate = $6,649/case
BENIGN PROSTATIC HYPERTROPHY W MCC	725	MS-DRG	inpatient					United	Oxford		28312.69				21002.23	14656.92	45544.75	case rate	For One Day Stay, Rate = $6,649/case
BENIGN PROSTATIC HYPERTROPHY W/O MCC	726	MS-DRG	inpatient					United	Oxford		21029.01				12370.46	8633.04	28674.1	case rate	For One Day Stay, Rate = $6,649/case
INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM W MCC	727	MS-DRG	inpatient					United	Oxford		33741.17				27435.43	19146.47	53936.07	case rate	For One Day Stay, Rate = $6,649/case
INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM W/O MCC	728	MS-DRG	inpatient					United

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.														
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true													
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
UTERINE, ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W CC	740	MS-DRG	inpatient					39111.84 United	Oxford		30244.98				21107.19	65370.65	case rate	For One Day Stay, Rate = $6,649/case
UTERINE, ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W/O CC/MCC	741	MS-DRG	inpatient					29146.74 United	Oxford		21990.65				15346.71	49801.79	case rate	For One Day Stay, Rate = $6,649/case
UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W CC/MCC	742	MS-DRG	inpatient					36039.1 United	Oxford		30158.66				21046.95	64287	case rate	For One Day Stay, Rate = $6,649/case
UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC/MCC	743	MS-DRG	inpatient					27185.86 United	Oxford		19666.85				13724.99	41842.61	case rate	For One Day Stay, Rate = $6,649/case
D&C, CONIZATION, LAPAROSCOPY & TUBAL INTERRUPTION W CC/MCC	744	MS-DRG	inpatient					37474.42 United	Oxford		31859.62				22234.01	63398.08	case rate	For One Day Stay, Rate = $6,649/case
D&C, CONIZATION, LAPAROSCOPY & TUBAL INTERRUPTION W/O CC/MCC	745	MS-DRG	inpatient					25384.94 United	Oxford		17532.61				12235.55	40109.99	case rate	For One Day Stay, Rate = $6,649/case
VAGINA, CERVIX & VULVA PROCEDURES W CC/MCC	746	MS-DRG	inpatient					34528.1 United	Oxford		28367.99				19797.29	62925.49	case rate	For One Day Stay, Rate = $6,649/case
VAGINA, CERVIX & VULVA PROCEDURES W/O CC/MCC	747	MS-DRG	inpatient					23261.24 United	Oxford		15015.86				10479.18	35939.21	case rate	For One Day Stay, Rate = $6,649/case
FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES	748	MS-DRG	inpatient					30654.89 United	Oxford		23777.53				16594	48534.06	case rate	For One Day Stay, Rate = $6,649/case
OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES W CC/MCC	749	MS-DRG	inpatient					46540.46 United	Oxford		42603.61				29731.96	97593.21	case rate	For One Day Stay, Rate = $6,649/case
OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES W/O CC/MCC	750	MS-DRG	inpatient					30013.64 United	Oxford		23018				16063.67	45904.82	case rate	For One Day Stay, Rate = $6,649/case
MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W MCC	754	MS-DRG	inpatient					37047.39 United	Oxford		31353.56				21880.84	69065.39	case rate	For One Day Stay, Rate = $6,649/case
MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W CC	755	MS-DRG	inpatient					26081.88 United	Oxford		18358.55				12811.96	40128.74	case rate	For One Day Stay, Rate = $6,649/case
MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W/O CC/MCC	756	MS-DRG	inpatient					24725.12 United	Oxford		16750.67				11689.86	29259.21	case rate	For One Day Stay, Rate = $6,649/case
INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W MCC	757	MS-DRG	inpatient					31893.12 United	Oxford		25245.33				17618.06	54043.84	case rate	For One Day Stay, Rate = $6,649/case
INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W CC	758	MS-DRG	inpatient					24766.54 United	Oxford		16799.76				11724.11	38272.14	case rate	For One Day Stay, Rate = $6,649/case
INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W/O CC/MCC	759	MS-DRG	inpatient					19819.35 United	Oxford		10936.94				7632.6	26656.22	case rate	For One Day Stay, Rate = $6,649/case
MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS W CC/MCC	760	MS-DRG	inpatient					24806.53 United	Oxford		16847.15				11757.19	32694.85	case rate	For One Day Stay, Rate = $6,649/case
MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS W/O CC/MCC	761	MS-DRG	inpatient					19239.51 United	Oxford		10249.78				7153.06	20606.35	case rate	For One Day Stay, Rate = $6,649/case
VAGINAL DELIVERY W O.R. PROC EXCEPT STERIL &/OR D&C	768	MS-DRG	inpatient					27987.07 United	Oxford		8760				6365	42435.42	case rate	For One Day Stay, Rate = $6,649/case
POSTPARTUM & POST ABORTION DIAGNOSES W O.R. PROCEDURE	769	MS-DRG	inpatient					32640.05 United	Oxford		26130.51				18235.81	54681.46	case rate	For One Day Stay, Rate = $6,649/case
ABORTION W D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY	770	MS-DRG	inpatient					21997.31 United	Oxford		13518				9433.86	40053.73	case rate	For One Day Stay, Rate = $6,649/case
POSTPARTUM & POST ABORTION DIAGNOSES W/O O.R. PROCEDURE	776	MS-DRG	inpatient					20826.21 United	Oxford		12130.15				8465.32	24717.11	case rate	For One Day Stay, Rate = $6,649/case
ABORTION W/O D&C	779	MS-DRG	inpatient					24717.98 United	Oxford		16742.21				11683.96	28291.53	case rate	For One Day Stay, Rate = $6,649/case
CESAREAN SECTION W STERILIZATION W MCC	783	MS-DRG	inpatient					35894.86 United	Oxford		9914				8487	65468.47	case rate	For One Day Stay, Rate = $6,649/case
CESAREAN SECTION W STERILIZATION W CC	784	MS-DRG	inpatient					25216.41 United	Oxford		9914				8487	41336.46	case rate	For One Day Stay, Rate = $6,649/case
CESAREAN SECTION W STERILIZATION W/O CC/MCC	785	MS-DRG	inpatient					22962.76 United	Oxford		9914				8487	31712.17	case rate	For One Day Stay, Rate = $6,649/case
CESAREAN SECTION W/O STERILIZATION W MCC	786	MS-DRG	inpatient					35576.36 United	Oxford		9914				8487	58315.88	case rate	For One Day Stay, Rate = $6,649/case
CESAREAN SECTION W/O STERILIZATION W CC	787	MS-DRG	inpatient					25602.02 United	Oxford		9914				8487	40548.82	case rate	For One Day Stay, Rate = $6,649/case
CESAREAN SECTION W/O STERILIZATION W/O CC/MCC	788	MS-DRG	inpatient					22801.37 United	Oxford		9914				8487	33782.55	case rate	For One Day Stay, Rate = $6,649/case
NEONATES, DIED OR TRANSFERRED TO ANOTHER ACUTE CARE FACILITY	789	MS-DRG	inpatient					95574.57 United	Oxford		30793.35				637	62460.4	case rate	For One Day Stay, Rate = $6,649/case
EXTREME IMMATURITY OR RESPIRATORY DISTRESS SYNDROME, NEONATE	790	MS-DRG	inpatient					96282.27 United	Oxford		101551.69				637	205774.65	case rate	For One Day Stay, Rate = $6,649/case
PREMATURITY W MAJOR PROBLEMS	791	MS-DRG	inpatient					69112.72 United	Oxford		69353.57				637	140538.73	case rate	For One Day Stay, Rate = $6,649/case
PREMATURITY W/O MAJOR PROBLEMS	792	MS-DRG	inpatient					45902.06 United	Oxford		41847.06				637	84795.83	case rate	For One Day Stay, Rate = $6,649/case
FULL TERM NEONATE W MAJOR PROBLEMS	793	MS-DRG	inpatient					70706.56 United	Oxford		71242.4				637	144360.69	case rate	For One Day Stay, Rate = $6,649/case
NEONATE W OTHER SIGNIFICANT PROBLEMS	794	MS-DRG	inpatient					31868.84 United	Oxford		25216.56				637	51095.79	case rate	For One Day Stay, Rate = $6,649/case
NORMAL NEWBORN	795	MS-DRG	inpatient					13471.12 United	Oxford		3413.77				637	11714.02	case rate	For One Day Stay, Rate = $6,649/case
VAGINAL DELIVERY W STERILIZATION/D&C W MCC	796	MS-DRG	inpatient					30647.7 United	Oxford		8760				6365	55067.78	case rate	For One Day Stay, Rate = $6,649/case
VAGINAL DELIVERY W STERILIZATION/D&C W CC	797	MS-DRG	inpatient					24813.67 United	Oxford		8760				6365	31764.68	case rate	For One Day Stay, Rate = $6,649/case
VAGINAL DELIVERY W STERILIZATION/D&C W/O CC/MCC	798	MS-DRG	inpatient					22175.83 United	Oxford		8760				6365	31764.68	case rate	For One Day Stay, Rate = $6,649/case
SPLENECTOMY W MCC	799	MS-DRG	inpatient					81350.73 United	Oxford		83856.61				58521.36	176342.91	case rate	For One Day Stay, Rate = $6,649/case
SPLENECTOMY W CC	800	MS-DRG	inpatient					50832.17 United	Oxford		47689.57				33281.32	98523.39	case rate	For One Day Stay, Rate = $6,649/case
SPLENECTOMY W/O CC/MCC	801	MS-DRG	inpatient					36150.5 United	Oxford		30290.67				5977	58372.14	case rate	For One Day Stay, Rate = $6,649/case
OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W MCC	802	MS-DRG	inpatient					59009.83 United	Oxford		57380.83				8199	125543.43	case rate	For One Day Stay, Rate = $6,649/case
OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W CC	803	MS-DRG	inpatient					37128.8 United	Oxford		31450.04				13379	64590.8	case rate	For One Day Stay, Rate = $6,649/case
OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W/O CC/MCC	804	MS-DRG	inpatient					27877.1 United	Oxford		20486.02				14296.66	46152.36	case rate	For One Day Stay, Rate = $6,649/case
VAGINAL DELIVERY W/O STERILIZATION/D&C W MCC	805	MS-DRG	inpatient					24989.33 United	Oxford		8760				6365	38377.16	case rate	For One Day Stay, Rate = $6,649/case
VAGINAL DELIVERY W/O STERILIZATION/D&C W CC	806	MS-DRG	inpatient					21254.66 United	Oxford		8760				6365	26532.45	case rate	For One Day Stay, Rate = $6,649/case
VAGINAL DELIVERY W/O STERILIZATION/D&C W/O CC/MCC	807	MS-DRG	inpatient					19935.03 United	Oxford		8760				6365	23029.3	case rate	For One Day Stay, Rate = $6,649/case
MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W MCC	808	MS-DRG	inpatient					41868.9 United	Oxford		37067.44				25868.41	80610.04	case rate	For One Day Stay, Rate = $6,649/case
MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W CC	809	MS-DRG	inpatient					27791.41 United	Oxford		20384.47				14225.79	45177.18	case rate	For One Day Stay, Rate = $6,649/case
MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W/O CC/MCC	810	MS-DRG	inpatient					24936.49 United	Oxford		17001.16				11864.67	34581.45	case rate	For One Day Stay, Rate = $6,649/case
RED BLOOD CELL DISORDERS W MCC	811	MS-DRG	inpatient					30636.33 United	Oxford		23755.93				16578.65	50859.49	case rate	For One Day Stay, Rate = $6,649/case
RED BLOOD CELL DISORDERS W/O MCC	812	MS-DRG	inpatient					23454.05 United	Oxford		15244.35				10638.64	33126.18	case rate	For One Day Stay, Rate = $6,649/case
COAGULATION DISORDERS	813	MS-DRG	inpatient					32869.99 United	Oxford		26403				18425.97	60442.53	case rate	For One Day Stay, Rate = $6,649/case
RETICULOENDOTHELIAL & IMMUNITY DISORDERS W MCC	814	MS-DRG	inpatient					40983.44 United	Oxford		36018.09				25136.1	62374.14	case rate	For One Day Stay, Rate = $6,649/case
RETICULOENDOTHELIAL & IMMUNITY DISORDERS W CC	815	MS-DRG	inpatient					24789.39 United	Oxford		16826.84				11743.01	36670.58	case rate	For One Day Stay, Rate = $6,649/case
RETICULOENDOTHELIAL & IMMUNITY DISORDERS W/O CC/MCC	816	MS-DRG	inpatient					20733.38 United	Oxford		12020.14				8388.54	27065.05	case rate	For One Day Stay, Rate = $6,649/case
OTHER ANTEPARTUM DIAGNOSES W O.R. PROCEDURE W MCC	817	MS-DRG	inpatient					42795.79 United	Oxford		38165.88				26634.98	94956.47	case rate	For One Day Stay, Rate = $6,649/case
OTHER ANTEPARTUM DIAGNOSES W O.R. PROCEDURE W CC	818	MS-DRG	inpatient					27344.39 United	Oxford		19854.72				13856.09	50953.26	case rate	For One Day Stay, Rate = $6,649/case
OTHER ANTEPARTUM DIAGNOSES W O.R. PROCEDURE W/O CC/MCC	819	MS-DRG	inpatient					25546.89 United	Oxford		15354.36				10715.41	31498.37	case rate	For One Day Stay, Rate = $6,649/case
LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W MCC	820	MS-DRG	inpatient					96947.8 United	Oxford		102340.4				71420.72	204176.86	case rate	For One Day Stay, Rate = $6,649/case
LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W CC	821	MS-DRG	inpatient					42468.74 United	Oxford		37778.29				6969	89803.01	case rate	For One Day Stay, Rate = $6,649/case
LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W/O CC/MCC	822	MS-DRG	inpatient					29282.7 United	Oxford		20966.69				8721	45375.97	case rate	For One Day Stay, Rate = $6,649/case
LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER PROC W MCC	823	MS-DRG	inpatient					74885.39 United	Oxford		76194.66				12547	169704.17	case rate	For One Day Stay, Rate = $6,649/case
LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER PROC W CC	824	MS-DRG	inpatient					42480.16 United	Oxford		37791.83				22652	82305.36	case rate	For One Day Stay, Rate = $6,649/case
LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER PROC W/O CC/MCC	825	MS-DRG	inpatient					29033.92 United	Oxford		21856.95				15253.4	50972.01	case rate	For One Day Stay, Rate = $6,649/case
MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W MCC	826	MS-DRG	inpatient					73270.13 United	Oxford		74280.44				51838.4	185580.89	case rate	For One Day Stay, Rate = $6,649/case
MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W CC	827	MS-DRG	inpatient					43684.11 United	Oxford		39218.61				27369.65	84454.51	case rate	For One Day Stay, Rate = $6,649/case
MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W/O CC/MCC	828	MS-DRG	inpatient					34018.24 United	Oxford		27763.77				19375.62	61338.95	case rate	For One Day Stay, Rate = $6,649/case
MYELOPROLIFERATIVE DISORDERS OR POORLY DIFFERENTIATED NEOPLASMS W OTHER PROCEDURE W CC/MCC	829	MS-DRG	inpatient					56632.2 United	Oxford		53378.07				37251.17	116635.52	case rate	For One Day Stay, Rate = $6,649/case
MYELOPROLIFERATIVE DISORDERS OR POORLY DIFFERENTIATED NEOPLASMS W OTHER PROCEDURE W/O CC/MCC	830	MS-DRG	inpatient					33172.76 United	Oxford		26761.81				18676.39	53274.93	case rate	For One Day Stay, Rate = $6,649/case
OTHER ANTEPARTUM DIAGNOSES W/O O.R. PROCEDURE W MCC	831	MS-DRG	inpatient					25012.18 United	Oxford		17090.87				11927.27	38560.95	case rate	For One Day Stay, Rate = $6,649/case
OTHER ANTEPARTUM DIAGNOSES W/O O.R. PROCEDURE W CC	832	MS-DRG	inpatient					21126.13 United	Oxford		12485.57				8713.36	26960.03	case rate	For One Day Stay, Rate = $6,649/case
OTHER ANTEPARTUM DIAGNOSES W/O O.R. PROCEDURE W/O CC/MCC	833	MS-DRG	inpatient					17899.88 United	Oxford		8662.22				6045.14	18014.61	case rate	For One Day Stay, Rate = $6,649/case
ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W MCC	834	MS-DRG	inpatient					90553.87 United	Oxford		94763.08				66132.7	206381.05	case rate	For One Day Stay, Rate = $6,649/case
ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W CC	835	MS-DRG	inpatient					42517.29 United	Oxford		37835.84				26404.65	80114.95	case rate	For One Day Stay, Rate = $6,649/case
ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W/O CC/MCC	836	MS-DRG	inpatient					27690.01 United	Oxford		20264.3				14141.93	45480.99	case rate	For One Day Stay, Rate = $6,649/case
CHEMO W ACUTE LEUKEMIA AS SDX OR W HIGH DOSE CHEMO AGENT W MCC	837	MS-DRG	inpatient					78522.95 United	Oxford		80505.46				56162.68	201566.37	case rate	For One Day Stay, Rate = $6,649/case
CHEMO W ACUTE LEUKEMIA AS SDX W CC OR HIGH DOSE CHEMO AGENT	838	MS-DRG	inpatient					36474.14 United	Oxford		33044.37				23060.81	88238.97	case rate	For One Day Stay, Rate = $6,649/case
CHEMO W ACUTE LEUKEMIA AS SDX W/O CC/MCC	839	MS-DRG	inpatient					29201.01 United	Oxford		22054.97				15391.59	47105.04	case rate	For One Day Stay, Rate = $6,649/case
LYMPHOMA & NON-ACUTE LEUKEMIA W MCC	840	MS-DRG	inpatient					55223.74 United	Oxford		52894.01				36913.36	123506.6	case rate	For One Day Stay, Rate = $6,649/case
LYMPHOMA & NON-ACUTE LEUKEMIA W CC	841	MS-DRG	inpatient					33062.79 United	Oxford		29831.49				18585.43	61316.44	case rate	For One Day Stay, Rate = $6,649/case
LYMPHOMA & NON-ACUTE LEUKEMIA W/O CC/MCC	842	MS-DRG	inpatient					25820.53 United	Oxford		18048.82				12595.8	42049.1	case rate	For One Day Stay, Rate = $6,649/case
OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W MCC	843	MS-DRG	inpatient					37163.07 United	Oxford		31490.66				21976.51	69237.92	case rate	For One Day Stay, Rate = $6,649/case
OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W CC	844	MS-DRG	inpatient					27117.31 United	Oxford		19585.61				13668.29	44213.25	case rate	For One Day Stay, Rate = $6,649/case
OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W/O CC/MCC	845	MS-DRG	inpatient					22942.39 United	Oxford		14638.43				10215.78	32488.56	case rate	For One Day Stay, Rate = $6,649/case
CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W MCC	846	MS-DRG	inpatient					45495.03 United	Oxford		41364.7				28867.35	105690.98	case rate	For One Day Stay, Rate = $6,649/case
CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W CC	847	MS-DRG	inpatient					27908.52 United	Oxford		20523.26				14322.65	49753.04	case rate	For One Day Stay, Rate = $6,649/case
CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W/O CC/MCC	848	MS-DRG	inpatient					21437.47 United	Oxford		12854.54				8970.85	34979.03	case rate	For One Day Stay, Rate = $6,649/case
RADIOTHERAPY	849	MS-DRG	inpatient					49028.33 United	Oxford		45551.95				31789.52	73896.29	case rate	For One Day Stay, Rate = $6,649/case
INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W MCC	853	MS-DRG	inpatient					81989.12 United	Oxford		84613.15				59049.33	189676.65	case rate	For One Day Stay, Rate = $6,649/case
INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W CC	854	MS-DRG	inpatient					39699.51 United	Oxford		34496.54				24074.24	82620.42	case rate	For One Day Stay, Rate = $6,649/case
INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W/O CC/MCC	855	MS-DRG	inpatient					34895.14 United	Oxford		28802.97				20100.84	58510.92	case rate	For One Day Stay, Rate = $6,649/case
POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W MCC	856	MS-DRG	inpatient					73835.04 United	Oxford		74950.67				52306.14	168342.67	case rate	For One Day Stay, Rate = $6,649/case
POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W CC	857	MS-DRG	inpatient					41091.98 United	Oxford		36146.72				25225.86	77140.65	case rate	For One Day Stay, Rate = $6,649/case
POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W/O CC/MCC	858	MS-DRG	inpatient					28919.66 United	Oxford		21721.55				15158.9	51763.41	case rate	For One Day Stay, Rate = $6,649/case
POSTOPERATIVE & POST-TRAUMATIC INFECTIONS W MCC	862	MS-DRG	inpatient					36867.24 United	Oxford		31175.85				21798.82	68551.54	case rate	For One Day Stay, Rate = $6,649/case
POSTOPERATIVE & POST-TRAUMATIC INFECTIONS W/O MCC	863	MS-DRG	inpatient					24950.77 United	Oxford		17018.09				11876.48	36936.89	case rate	For One Day Stay, Rate = $6,649/case
FEVER AND INFLAMMATORY CONDITIONS	864	MS-DRG	inpatient					23198.4 United	Oxford		14941.39				10427.21	32417.3	case rate	For One Day Stay, Rate = $6,649/case
VIRAL ILLNESS W MCC	865	MS-DRG	inpatient					34011.1 United	Oxford		27755.31				19369.71	51842.18	case rate	For One Day Stay, Rate = $6,649/case
VIRAL ILLNESS W/O MCC	866	MS-DRG	inpatient					23696.84 United	Oxford		15532.07				10839.43	30770.74	case rate	For One Day Stay, Rate = $6,649/case
OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W MCC	867	MS-DRG	inpatient					40472.15 United	Oxford		35412.18				24713.24	79998.68	case rate	For One Day Stay, Rate = $6,649/case
OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W CC	868	MS-DRG	inpatient					26093.31 United	Oxford		18372.09				12821.4	40391.29	case rate	For One Day Stay, Rate = $6,649/case
OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W/O CC/MCC	869	MS-DRG	inpatient					20454.89 United	Oxford		11690.1				8158.22	28801.63	case rate	For One Day Stay, Rate = $6,649/case
SEPTICEMIA OR SEVERE SEPSIS W MV >96 HOURS	870	MS-DRG	inpatient					110061.28 United	Oxford		117880.93				82266.06	236117.82	case rate	For One Day Stay, Rate = $6,649/case
SEPTICEMIA OR SEVERE SEPSIS W/O MV >96 HOURS W MCC	871	MS-DRG	inpatient					38905.45 United	Oxford		33555.51				23417.52	69627.99	case rate	For One Day Stay, Rate = $6,649/case
SEPTICEMIA OR SEVERE SEPSIS W/O MV >96 HOURS W/O MCC	872	MS-DRG	inpatient					25299.25 United	Oxford		17431.06				12164.68	39491.12	case rate	For One Day Stay, Rate = $6,649/case
O.R. PROCEDURE W PRINCIPAL DIAGNOSES OF MENTAL ILLNESS	876	MS-DRG	inpatient					63882.75 United	Oxford		63155.64				44074.69	123825.61	case rate	For One Day Stay, Rate = $6,649/case
ACUTE ADJUSTMENT REACTION & PSYCHOSOCIAL DYSFUNCTION	880	MS-DRG	inpatient					24223.83 United	Oxford		16156.61				2010	21084.2	case rate	For One Day Stay, Rate = $6,649/case
DEPRESSIVE NEUROSES	881	MS-DRG	inpatient					23536.88 United	Oxford		15342.51				2010	20466.85	case rate	For One Day Stay, Rate = $6,649/case
NEUROSES EXCEPT DEPRESSIVE	882	MS-DRG	inpatient					24005.32 United	Oxford		15897.65				2010	20874.19	case rate	For One Day Stay, Rate = $6,649/case
DISORDERS OF PERSONALITY & IMPULSE CONTROL	883	MS-DRG	inpatient					37374.44 United	Oxford		31741.15				2010	32540.07	case rate	For One Day Stay, Rate = $6,649/case
ORGANIC DISTURBANCES & INTELLECTUAL DISABILITY	884	MS-DRG	inpatient					35682.06 United	Oxford		29735.53				2010	31027.88	case rate	For One Day Stay, Rate = $6,649/case
PSYCHOSES	885	MS-DRG	inpatient					30105.05 United	Oxford		23126.32				2010	26178.3	case rate	For One Day Stay, Rate = $6,649/case
BEHAVIORAL & DEVELOPMENTAL DISORDERS	886	MS-DRG	inpatient					34608.07 United	Oxford		28462.77				2010	30093.98	case rate	For One Day Stay, Rate = $6,649/case
OTHER MENTAL DISORDER DIAGNOSES	887	MS-DRG	inpatient					29093.9 United	Oxford		21928.03				2010	25299.04	case rate	For One Day Stay, Rate = $6,649/case
ALCOHOL/DRUG ABUSE OR DEPENDENCE, LEFT AMA	894	MS-DRG	inpatient					18795.35 United	Oxford		9723.41				2010	94620.59	case rate	For One Day Stay, Rate = $6,649/case
ALCOHOL/DRUG ABUSE OR DEPENDENCE W REHABILITATION THERAPY	895	MS-DRG	inpatient					33566.94 United	Oxford		27228.94				2010	29188.64	case rate	For One Day Stay, Rate = $6,649/case
ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY W MCC	896	MS-DRG	inpatient					35984.83 United	Oxford		30094.34				2010	31291.16	case rate	For One Day Stay, Rate = $6,649/case
ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY W/O MCC	897	MS-DRG	inpatient					22809.84 United	Oxford		14481.03				2010	19834.73	case rate	For One Day Stay, Rate = $6,649/case
WOUND DEBRIDEMENTS FOR INJURIES W MCC	901	MS-DRG	inpatient					72398.95 United	Oxford		73248.02				13124	167465	case rate	For One Day Stay, Rate = $6,649/case
WOUND DEBRIDEMENTS FOR INJURIES W CC	902	MS-DRG	inpatient					37507.26 United	Oxford		31898.55				22261.17	72028.44	case rate	For One Day Stay, Rate = $6,649/case
WOUND DEBRIDEMENTS FOR INJURIES W/O CC/MCC	903	MS-DRG	inpatient					28321.26 United	Oxford		21012.39				14664	56429.51	case rate	For One Day Stay, Rate = $6,649/case
SKIN GRAFTS FOR INJURIES W CC/MCC	904	MS-DRG	inpatient					57094.65 United	Oxford		55111.19				38460.67	120997.58	case rate	For One Day Stay, Rate = $6,649/case
SKIN GRAFTS FOR INJURIES W/O CC/MCC	905	MS-DRG	inpatient					33208.47 United	Oxford		26804.12				18705.9	66357.38	case rate	For One Day Stay, Rate = $6,649/case
HAND PROCEDURES FOR INJURIES	906	MS-DRG	inpatient					37462.99 United	Oxford		31846.08				22224.56	69132.9	case rate	For One Day Stay, Rate = $6,649/case
OTHER O.R. PROCEDURES FOR INJURIES W MCC	907	MS-DRG	inpatient					63711.37 United	Oxford		62952.54				43932.95	158133.26	case rate	For One Day Stay, Rate = $6,649/case
OTHER O.R. PROCEDURES FOR INJURIES W CC	908	MS-DRG	inpatient					39212.5 United	Oxford		33919.39				23671.47	74743.95	case rate	For One Day Stay, Rate = $6,649/case
OTHER O.R. PROCEDURES FOR INJURIES W/O CC/MCC	909	MS-DRG	inpatient					29960.8 United	Oxford		22955.38				16019.96	49711.78	case rate	For One Day Stay, Rate = $6,649/case
TRAUMATIC INJURY W MCC	913	MS-DRG	inpatient					31934.54 United	Oxford		25294.41				17652.32	55206.55	case rate	For One Day Stay, Rate = $6,649/case
TRAUMATIC INJURY W/O MCC	914	MS-DRG	inpatient					23654.02 United	Oxford		15362.82				10727.32	34762.6	case rate	For One Day Stay, Rate = $6,649/case
ALLERGIC REACTIONS W MCC	915	MS-DRG	inpatient					35926.28 United	Oxford		30024.95				20953.64	62895.49	case rate	For One Day Stay, Rate = $6,649/case
ALLERGIC REACTIONS W/O MCC	916	MS-DR

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.															
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101191	true														
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W CC	940	MS-DRG	inpatient					United	Oxford		39669.71				25590.84	81558.97	case rate	For One Day Stay, Rate = $6,649/case
O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W/O CC/MCC	941	MS-DRG	inpatient					United	Oxford		37097.38				21922.18	69440.46	case rate	For One Day Stay, Rate = $6,649/case
REHABILITATION W CC/MCC	945	MS-DRG	inpatient					United	Oxford		32148.76				17829.49	51193.3	case rate	For One Day Stay, Rate = $6,649/case
REHABILITATION W/O CC/MCC	946	MS-DRG	inpatient					United	Oxford		25053.6				11961.53	39108.55	case rate	For One Day Stay, Rate = $6,649/case
SIGNS & SYMPTOMS W MCC	947	MS-DRG	inpatient					United	Oxford		28465.5				14783.3	45218.44	case rate	For One Day Stay, Rate = $6,649/case
SIGNS & SYMPTOMS W/O MCC	948	MS-DRG	inpatient					United	Oxford		22030.16				9461.03	29262.96	case rate	For One Day Stay, Rate = $6,649/case
AFTERCARE W CC/MCC	949	MS-DRG	inpatient					United	Oxford		25387.79				12237.92	42990.52	case rate	For One Day Stay, Rate = $6,649/case
AFTERCARE W/O CC/MCC	950	MS-DRG	inpatient					United	Oxford		19562.28				7420	27936.96	case rate	For One Day Stay, Rate = $6,649/case
OTHER FACTORS INFLUENCING HEALTH STATUS	951	MS-DRG	inpatient					United	Oxford		19016.72				6868.8	29645.59	case rate	For One Day Stay, Rate = $6,649/case
CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA	955	MS-DRG	inpatient					United	Oxford		97569.06				71934.52	228676.43	case rate	For One Day Stay, Rate = $6,649/case
LIMB REATTACHMENT, HIP & FEMUR PROC FOR MULTIPLE SIGNIFICANT TRAUMA	956	MS-DRG	inpatient					United	Oxford		65977.88				45807.44	141918.99	case rate	For One Day Stay, Rate = $6,649/case
OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W MCC	957	MS-DRG	inpatient					United	Oxford		113883.07				85426.82	284996.94	case rate	For One Day Stay, Rate = $6,649/case
OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W CC	958	MS-DRG	inpatient					United	Oxford		68357.22				47775.24	156771.76	case rate	For One Day Stay, Rate = $6,649/case
OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W/O CC/MCC	959	MS-DRG	inpatient					United	Oxford		46757.54				29911.49	91918.4	case rate	For One Day Stay, Rate = $6,649/case
OTHER MULTIPLE SIGNIFICANT TRAUMA W MCC	963	MS-DRG	inpatient					United	Oxford		49641.02				32296.24	104832.07	case rate	For One Day Stay, Rate = $6,649/case
OTHER MULTIPLE SIGNIFICANT TRAUMA W CC	964	MS-DRG	inpatient					United	Oxford		32027.37				17729.09	55319.07	case rate	For One Day Stay, Rate = $6,649/case
OTHER MULTIPLE SIGNIFICANT TRAUMA W/O CC/MCC	965	MS-DRG	inpatient					United	Oxford		24242.4				11290.63	36543.07	case rate	For One Day Stay, Rate = $6,649/case
HIV W EXTENSIVE O.R. PROCEDURE W MCC	969	MS-DRG	inpatient					United	Oxford		108743.08				81175.85	209990.44	case rate	For One Day Stay, Rate = $6,649/case
HIV W EXTENSIVE O.R. PROCEDURE W/O MCC	970	MS-DRG	inpatient					United	Oxford		44929.48				28399.62	104558.26	case rate	For One Day Stay, Rate = $6,649/case
HIV W MAJOR RELATED CONDITION W MCC	974	MS-DRG	inpatient					United	Oxford		52243.19				34448.3	102131.56	case rate	For One Day Stay, Rate = $6,649/case
HIV W MAJOR RELATED CONDITION W CC	975	MS-DRG	inpatient					United	Oxford		30060.77				23073.85	48380.28	case rate	For One Day Stay, Rate = $6,649/case
HIV W MAJOR RELATED CONDITION W/O CC/MCC	976	MS-DRG	inpatient					United	Oxford		22662.84				14306.7	35204.07	case rate	For One Day Stay, Rate = $6,649/case
HIV W OR W/O OTHER RELATED CONDITION	977	MS-DRG	inpatient					United	Oxford		30814.85				23967.49	43879.44	case rate	For One Day Stay, Rate = $6,649/case
EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W MCC	981	MS-DRG	inpatient					United	Oxford		78291.59				80231.27	163504.34	case rate	For One Day Stay, Rate = $6,649/case
EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W CC	982	MS-DRG	inpatient					United	Oxford		46094.87				42075.55	92000.92	case rate	For One Day Stay, Rate = $6,649/case
EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W/O CC/MCC	983	MS-DRG	inpatient					United	Oxford		33943.97				27675.76	59852.23	case rate	For One Day Stay, Rate = $6,649/case
NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W MCC	987	MS-DRG	inpatient					United	Oxford		58815.6				57150.65	39883.96	case rate	For One Day Stay, Rate = $6,649/case
NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W CC	988	MS-DRG	inpatient					United	Oxford		34826.61				28721.73	20044.15	case rate	For One Day Stay, Rate = $6,649/case
NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W/O CC/MCC	989	MS-DRG	inpatient					United	Oxford		26019.05				18284.08	12759.99	case rate	For One Day Stay, Rate = $6,649/case
HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM W MCC	001	MS-DRG	inpatient					Wellcare	Medicare		397605.24				345743.69	320075.66	990582.37	case rate	
HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM W/O MCC	002	MS-DRG	inpatient					Wellcare	Medicare		185457.86				161267.27	144521.43	503445.21	case rate	
ECMO OR TRACH W MV >96 HRS OR PDX EXC FACE, MOUTH & NECK W MAJ O.R.	003	MS-DRG	inpatient					Wellcare	Medicare		315081.15				273983.61	251825.15	686280.58	case rate	
TRACH W MV >96 HRS OR PDX EXC FACE, MOUTH & NECK W/O MAJ O.R.	004	MS-DRG	inpatient					Wellcare	Medicare		220531.85				191766.83	173629.34	428299.93	case rate	
LIVER TRANSPLANT W MCC OR INTESTINAL TRANSPLANT	005	MS-DRG	inpatient					Wellcare	Medicare		158406.35				137744.65	122249.23	284311	case rate	
LIVER TRANSPLANT W/O MCC	006	MS-DRG	inpatient					Wellcare	Medicare		79669.77				69278.06	57131.14	284311	case rate	
LUNG TRANSPLANT	007	MS-DRG	inpatient					Wellcare	Medicare		185775.85				161544.21	144884.83	399487.06	case rate	
SIMULTANEOUS PANCREAS/KIDNEY TRANSPLANT	008	MS-DRG	inpatient					Wellcare	Medicare		85736.65				74553.61	62148.67	196874.24	case rate	
PANCREAS TRANSPLANT	010	MS-DRG	inpatient					Wellcare	Medicare		79337.01				69988.7	56855.93	169302.85	case rate	
TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES OR LARYNGECTOMY W MCC	011	MS-DRG	inpatient					Wellcare	Medicare		84231.35				73244.66	60903.74	280411	case rate	
TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES OR LARYNGECTOMY W CC	012	MS-DRG	inpatient					Wellcare	Medicare		67787.38				58945.55	47303.96	260411	case rate	
TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES OR LARYNGECTOMY W/O CC/MCC	013	MS-DRG	inpatient					Wellcare	Medicare		48946.93				42562.54	31722.2	260411	case rate	
ALLOGENEIC BONE MARROW TRANSPLANT	014	MS-DRG	inpatient					Wellcare	Medicare		174271.58				151540.8	135370.65	448219.9	case rate	
AUTOLOGOUS BONE MARROW TRANSPLANT W CC/MCC OR T-CELL IMMUNOTHERAPY	016	MS-DRG	inpatient					Wellcare	Medicare		98808.71				85920.62	72959.76	245273.28	case rate	
AUTOLOGOUS BONE MARROW TRANSPLANT W/O CC/MCC	017	MS-DRG	inpatient					Wellcare	Medicare		98808.71				85920.62	71026.39	164321.92	case rate	
CHIMERIC ANTIGEN RECEPTOR (CAR) T-CELL IMMUNOTHERAPY	018	MS-DRG	inpatient					Wellcare	Medicare		536767.79				466754.6	435168.29	639257.69	case rate	
SIMULTANEOUS PANCREAS AND KIDNEY TRANSPLANT WITH HEMODIALYSIS	019	MS-DRG	inpatient					Wellcare	Medicare		124751.49				108475.53	94415.39	139695.22	case rate	
INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W MCC	020	MS-DRG	inpatient					Wellcare	Medicare		131305.35				114178.56	99836.69	391021.73	case rate	
INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W CC	021	MS-DRG	inpatient					Wellcare	Medicare		98300.28				85478.51	72539.27	296515.34	case rate	
INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W/O CC/MCC	022	MS-DRG	inpatient					Wellcare	Medicare		60243.77				52385.89	41065.11	193442.35	case rate	
CRANIOTOMY W MAJOR DEVICE IMPLANT OR ACUTE COMPLEX CNS PDX W MCC OR CHEMOTHERAPY IMPLANT OR EPIL	023	MS-DRG	inpatient					Wellcare	Medicare		91550.79				79609.34	68957.14	204791.97	case rate	
CRANIO W MAJOR DEV IMPL/ACUTE COMPLEX CNS PDX W/O MCC	024	MS-DRG	inpatient					Wellcare	Medicare		64701.1				56261.82	44751.49	313612.23	case rate	
CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W MCC	025	MS-DRG	inpatient					Wellcare	Medicare		73658.59				64050.95	52159.67	160436.19	case rate	
CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W CC	026	MS-DRG	inpatient					Wellcare	Medicare		52765.86				45883.36	34880.6	113109.86	case rate	
CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W/O CC/MCC	027	MS-DRG	inpatient					Wellcare	Medicare		45336.51				39423.05	28736.25	90230.59	case rate	
SPINAL PROCEDURES W MCC	028	MS-DRG	inpatient					Wellcare	Medicare		96653.6				84046.61	71177.4	201592.62	case rate	
SPINAL PROCEDURES W CC OR SPINAL NEUROSTIMULATORS	029	MS-DRG	inpatient					Wellcare	Medicare		59551.11				51783.57	40492.25	118360.84	case rate	
SPINAL PROCEDURES W/O CC/MCC	030	MS-DRG	inpatient					Wellcare	Medicare		43709.82				38008.54	27390.91	81603.98	case rate	
VENTRICULAR SHUNT PROCEDURES W MCC	031	MS-DRG	inpatient					Wellcare	Medicare		69382.65				60332.74	48623.3	156888.03	case rate	
VENTRICULAR SHUNT PROCEDURES W CC	032	MS-DRG	inpatient					Wellcare	Medicare		41350.48				35956.94	25439.65	103005.11	case rate	
VENTRICULAR SHUNT PROCEDURES W/O CC/MCC	033	MS-DRG	inpatient					Wellcare	Medicare		33768.31				29363.75	19168.92	169398.47	case rate	
CAROTID ARTERY STENT PROCEDURE W MCC	034	MS-DRG	inpatient					Wellcare	Medicare		66309.22				57660.19	49081.46	279134.99	case rate	
CAROTID ARTERY STENT PROCEDURE W CC	035	MS-DRG	inpatient					Wellcare	Medicare		43431.32				37766.37	27160.59	83276.79	case rate	
CAROTID ARTERY STENT PROCEDURE W/O CC/MCC	036	MS-DRG	inpatient					Wellcare	Medicare		36414.71				31664.97	21357.59	64737.08	case rate	
EXTRACRANIAL PROCEDURES W MCC	037	MS-DRG	inpatient					Wellcare	Medicare		58799.89				51130.34	39670.97	120389.97	case rate	
EXTRACRANIAL PROCEDURES W CC	038	MS-DRG	inpatient					Wellcare	Medicare		33439.83				29078.11	18897.25	62700.45	case rate	
EXTRACRANIAL PROCEDURES W/O CC/MCC	039	MS-DRG	inpatient					Wellcare	Medicare		26885.95				23379.08	13476.94	42472.93	case rate	
PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W MCC	040	MS-DRG	inpatient					Wellcare	Medicare		65582.28				57028.07	45480.26	147335	case rate	
PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W CC OR PERIPH NEUROSTIM	041	MS-DRG	inpatient					Wellcare	Medicare		42448.74				36911.95	26347.96	88456.51	case rate	
PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W/O CC/MCC	042	MS-DRG	inpatient					Wellcare	Medicare		35437.84				30815.52	20549.68	102408.62	case rate	
SPINAL DISORDERS & INJURIES W CC/MCC	052	MS-DRG	inpatient					Wellcare	Medicare		38361.31				33357.66	22967.5	80333.48	case rate	
SPINAL DISORDERS & INJURIES W/O CC/MCC	053	MS-DRG	inpatient					Wellcare	Medicare		24640.86				21426.83	11620.17	98314.19	case rate	
NERVOUS SYSTEM NEOPLASMS W MCC	054	MS-DRG	inpatient					Wellcare	Medicare		31634.62				27508.36	17494.27	143596.19	case rate	
NERVOUS SYSTEM NEOPLASMS W/O MCC	055	MS-DRG	inpatient					Wellcare	Medicare		25917.64				22537.08	12676.12	39277.33	case rate	
DEGENERATIVE NERVOUS SYSTEM DISORDERS W MCC	056	MS-DRG	inpatient					Wellcare	Medicare		44780.95				38939.95	28276.78	79683.62	case rate	
DEGENERATIVE NERVOUS SYSTEM DISORDERS W/O MCC	057	MS-DRG	inpatient					Wellcare	Medicare		30059.35				26136.56	16101.46	45342.21	case rate	
MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W MCC	058	MS-DRG	inpatient					Wellcare	Medicare		35267.89				30667.73	20469.13	65997.32	case rate	
MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W CC	059	MS-DRG	inpatient					Wellcare	Medicare		27545.76				23952.84	14022.64	41231.45	case rate	
MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W/O CC/MCC	060	MS-DRG	inpatient					Wellcare	Medicare		23406.92				20353.84	10599.66	31232.08	case rate	
ISCHEMIC STROKE, PRECEREBRAL OCCLUSION OR TRANSIENT ISCHEMIA W THROMBOLYTIC AGENT W MCC	061	MS-DRG	inpatient					Wellcare	Medicare		50619.32				44016.8	33105.33	106808.68	case rate	
ISCHEMIC STROKE, PRECEREBRAL OCCLUSION OR TRANSIENT ISCHEMIA W THROMBOLYTIC AGENT W CC	062	MS-DRG	inpatient					Wellcare	Medicare		37321.6				32453.57	22107.62	121708.96	case rate	
ISCHEMIC STROKE, PRECEREBRAL OCCLUSION OR TRANSIENT ISCHEMIA W THROMBOLYTIC AGENT W/O CC/MCC	063	MS-DRG	inpatient					Wellcare	Medicare		31824.57				27673.54	17561.37	136083.64	case rate	
INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W MCC	064	MS-DRG	inpatient					Wellcare	Medicare		39196.79				34084.17	23658.47	215326.95	case rate	
INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W CC OR TPA IN 24 HRS	065	MS-DRG	inpatient					Wellcare	Medicare		25106.44				21831.69	12005.23	38688.47	case rate	
INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W/O CC/MCC	066	MS-DRG	inpatient					Wellcare	Medicare		20409.18				17747.12	8120.42	27260.09	case rate	
NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT W MCC	067	MS-DRG	inpatient					Wellcare	Medicare		30826.27				26805.46	16735.74	56313.01	case rate	
NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT W/O MCC	068	MS-DRG	inpatient					Wellcare	Medicare		23029.88				20025.98	10287.83	33707.54	case rate	
TRANSIENT ISCHEMIA W/O THROMBOLYTIC	069	MS-DRG	inpatient					Wellcare	Medicare		21997.3				19128.1	9433.86	28711.61	case rate	
NONSPECIFIC CEREBROVASCULAR DISORDERS W MCC	070	MS-DRG	inpatient					Wellcare	Medicare		36147.64				31432.73	21136.72	61710.27	case rate	
NONSPECIFIC CEREBROVASCULAR DISORDERS W CC	071	MS-DRG	inpatient					Wellcare	Medicare		25754.83				22395.51	12541.47	36974.4	case rate	
NONSPECIFIC CEREBROVASCULAR DISORDERS W/O CC/MCC	072	MS-DRG	inpatient					Wellcare	Medicare		21773.09				18933.12	9248.42	27830.19	case rate	
CRANIAL & PERIPHERAL NERVE DISORDERS W MCC	073	MS-DRG	inpatient					Wellcare	Medicare		32198.75				27998.91	17870.83	52926.13	case rate	
CRANIAL & PERIPHERAL NERVE DISORDERS W/O MCC	074	MS-DRG	inpatient					Wellcare	Medicare		25246.4				21953.39	12120.98	36528.07	case rate	
VIRAL MENINGITIS W CC/MCC	075	MS-DRG	inpatient					Wellcare	Medicare		37922.86				32976.4	22604.89	55570.37	case rate	
VIRAL MENINGITIS W/O CC/MCC	076	MS-DRG	inpatient					Wellcare	Medicare		23765.39				20665.56	10896.13	30935.77	case rate	
HYPERTENSIVE ENCEPHALOPATHY W MCC	077	MS-DRG	inpatient					Wellcare	Medicare		32168.76				27972.83	17846.03	58210.86	case rate	
HYPERTENSIVE ENCEPHALOPATHY W CC	078	MS-DRG	inpatient					Wellcare	Medicare		25113.58				21837.9	12011.13	36385.54	case rate	
HYPERTENSIVE ENCEPHALOPATHY W/O CC/MCC	079	MS-DRG	inpatient					Wellcare	Medicare		21170.4				18409.04	8749.97	27998.98	case rate	
NONTRAUMATIC STUPOR & COMA W MCC	080	MS-DRG	inpatient					Wellcare	Medicare		42134.52				36638.73	26988.1	70468.15	case rate	
NONTRAUMATIC STUPOR & COMA W/O MCC	081	MS-DRG	inpatient					Wellcare	Medicare		23579.73				20504.11	10742.58	32053.48	case rate	
TRAUMATIC STUPOR & COMA, COMA >1 HR W MCC	082	MS-DRG	inpatient					Wellcare	Medicare		43128.55				37503.09	26910.19	80962.61	case rate	
TRAUMATIC STUPOR & COMA, COMA >1 HR W CC	083	MS-DRG	inpatient					Wellcare	Medicare		29962.23				26054.11	16021.15	48571.57	case rate	
TRAUMATIC STUPOR & COMA, COMA >1 HR W/O CC/MCC	084	MS-DRG	inpatient					Wellcare	Medicare		23725.4				20630.78	10863.05	34630.21	case rate	
TRAUMATIC STUPOR & COMA, COMA <1 HR W MCC	085	MS-DRG	inpatient					Wellcare	Medicare		43050				37434.78	26845.22	81765.26	case rate	
TRAUMATIC STUPOR & COMA, COMA <1 HR W CC	086	MS-DRG	inpatient					Wellcare	Medicare		29400.96				25566.05	15556.95	46624.95	case rate	
TRAUMATIC STUPOR & COMA, COMA <1 HR W/O CC/MCC	087	MS-DRG	inpatient					Wellcare	Medicare		23246.96				20214.75	10467.37	31704.67	case rate	
CONCUSSION W MCC	088	MS-DRG	inpatient					Wellcare	Medicare		32495.81				28257.22	18116.51	55495.36	case rate	
CONCUSSION W CC	089	MS-DRG	inpatient					Wellcare	Medicare		27013.05				23489.61	13582.07	40038.72	case rate	
CONCUSSION W/O CC/MCC	090	MS-DRG	inpatient					Wellcare	Medicare		23941.05				20818.31	11041.41	29758.05	case rate	
OTHER DISORDERS OF NERVOUS SYSTEM W MCC	091	MS-DRG	inpatient					Wellcare	Medicare		36143.36				31429.01	21133.17	69481.28	case rate	
OTHER DISORDERS OF NERVOUS SYSTEM W CC	092	MS-DRG	inpatient					Wellcare	Medicare		25244.98				21952.15	12119.8	35380.35	case rate	
OTHER DISORDERS OF NERVOUS SYSTEM W/O CC/MCC	093	MS-DRG	inpatient					Wellcare	Medicare		21650.27				18826.32	9146.84	27672.66	case rate	
BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W MCC	094	MS-DRG	inpatient					Wellcare	Medicare		62328.9				54199.05	42789.59	137947	case rate	
BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W CC	095	MS-DRG	inpatient					Wellcare	Medicare		44640.82				38818.25	28161.03	89300.42	case rate	
BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W/O CC/MCC	096	MS-DRG	inpatient					Wellcare	Medicare		41720.37				36278.59	25745.57	79177.28	case rate	
NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W MCC	097	MS-DRG	inpatient					Wellcare	Medicare		62531.7				54375.39	42957.32	132733.52	case rate	
NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W CC	098	MS-DRG	inpatient					Wellcare	Medicare		41360.47				35965.63	25447.92	69406.7	case rate	
NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W/O CC/MCC	099	MS-DRG	inpatient					Wellcare	Medicare		29445.21				25604.55	16593.57	47742.66	case rate	
SEIZURES W MCC	100	MS-DRG	inpatient					Wellcare	Medicare		38904.02				33829.58	23416.34	67977.69	case rate	
SEIZURES W/O MCC	101	MS-DRG	inpatient					Wellcare	Medicare		23581.15				20505.35	10743.76	32604.84	case rate	
HEADACHES W MCC	102	MS-DRG	inpatient					Wellcare	Medicare		27822.83				24193.76	14251.78	40376.29	case rate	
HEADACHES W/O MCC	103	MS-DRG	inpatient					Wellcare	Medicare		22621.45				19670.8	9950.02	29307.97	case rate	
ORBITAL PROCEDURES W CC/MCC	113	MS-DRG	inpatient					Wellcare	Medicare		46399.07				40347.01	29615.02	86367.37	case rate	
ORBITAL PROCEDURES W/O CC/MCC	114	MS-DRG	inpatient					Wellcare	Medicare		28182.73				24506.72	14549.43	47075.04	case rate	
EXTRAOCULAR PROCEDURES EXCEPT ORBIT	115	MS-DRG	inpatient					Wellcare	Medicare		32932.83				28637.24	18477.94	51088.28	case rate	
INTRAOCULAR PROCEDURES W CC/MCC	116	MS-DRG	inpatient					Wellcare	Medicare		36737.48				31945.63	21624.53	64061.96	case rate	
INTRAOCULAR PROCEDURES W/O CC/MCC	117	MS-DRG	inpatient					Wellcare	Medicare		27705.72				24091.93	14154.93	37600.77	case rate	
ACUTE MAJOR EYE INFECTIONS W CC/MCC	121	MS-DRG	inpatient					Wellcare	Medicare		28888.24				25120.21	15132.92	39731.17	case rate	
ACUTE MAJOR EYE INFECTIONS W/O CC/MCC	122	MS-DRG	inpatient					Wellcare	Medicare		21223.24				19454.99	8793.68	26472.44	case rate	
NEUROLOGICAL EYE DISORDERS	123	MS-DRG	inpatient					Wellcare	Medicare		22073				19193.92	9496.46	28239.02	case rate	
OTHER DISORDERS OF THE EYE W MCC	124	MS-DRG	inpatient					Wellcare	Medicare		29469.51				25625.66	15613.65	49933.07	case rate	
OTHER DISORDERS OF THE EYE W/O MCC	125	MS-DRG	inpatient					Wellcare	Medicare		21980.17				19113.19	9419.69	30388.17	case rate	
SINUS & MASTOID PROCEDURES W CC/MCC	135	MS-DRG	inpatient					Wellcare	Medicare		48467.06				42145.27	31235.33	86198.59	case rate	
SINUS & MASTOID PROCEDURES W/O CC/MCC	136	MS-DRG	inpatient					Wellcare	Medicare		24002.47				20871.71	11092.2	45477.24	case rate	
MOUTH PROCEDURES W CC/MCC	137	MS-DRG	inpatient					Wellcare	Medicare		32080.21				27895.63	17772.79	51650.89	case rate	
MOUTH PROCEDURES W/O CC/MCC	138	MS-DRG	inpatient					Wellcare	Medicare		22954.19				19960.16	10225.23	31700.92	case rate	
SALIVARY GLAND PROCEDURES	139	MS-DRG	inpatient					Wellcare	Medicare		27552.9				23959.05	14028.54	43523.12	case rate	
MAJOR HEAD AND NECK PROCEDURES WITH MCC	140	MS-DRG	inpatient					Wellcare	Medicare		64548.28				56128.94	44625.1	65553.81	case rate	
MAJOR HEAD AND NECK PROCEDURES WITH CC	141	MS-DRG	inpatient					Wellcare	Medicare		40177.95				34937.35	24469.93	35946.07	case rate	
MAJOR HEAD AND NECK PROCEDURES WITHOUT COMPLICATIONS	142	MS-DRG	inpatient					Wellcare	Medicare		32655.76				28398.32	18268.8	28398.32	case rate	
OTHER EAR, NOSE, MOUTH AND THROAT O.R. PROCEDURES WITH MCC	143	MS-DRG	inpatient					Wellcare	Medicare		58088.8				50509.39	39080.39	57702.49	case rate	
OTHER EAR, NOSE, MOUTH AND THROAT O.R. PROCEDURES WITH CC	144	MS-DRG	inpatient					Wellcare	Medicare		35305.02				30700.02	20439.84	30700.02	case rate	
OTHER EAR, NOSE, MOUTH AND THROAT O.R. PROCEDURES WITHOUT CC/MCC	145	MS-DRG	inpatient					Wellcare	Medicare		28029.91				24373.84	14423.05	24373.84	case rate	
EAR, NOSE, MOUTH & THROAT MALIGNANCY W MCC	146	MS-DRG	inpatient					Wellcare	Medicare		40739.22				35425.41	24934.12	72129.71	case rate	
EAR, NOSE, MOUTH & THROAT MALIGNANCY W CC	147	MS-DRG	inpatient					Wellcare	Medicare		28239.85				24556.39	14596.68	46902.5	case rate	
EAR, NOSE, MOUTH & THROAT MALIGNANCY W/O CC/MCC	148	MS-DRG	inpatient					Wellcare	Medicare		23296.95				20258.22	10508.71	27147.57	case rate	
DYSEQUILIBRIUM	149	MS-DRG	inpatient					Wellcare	Medicare		21226.1				18457.48	8796.04	26671.23	case rate	
EPISTAXIS W MCC	150	MS-DRG	inpatient					Wellcare	Medicare		25363.83				22533.76	15526.24	49790.54	case rate	
EPISTAXIS W/O MCC	151	MS-DRG	inpatient					Wellcare	Medicare		21597.42				18780.37	9103.14	26397.43	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.															
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true														
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
OTITIS MEDIA & URI W MCC	152	MS-DRG	inpatient					Medicare	Medicare		23965.25				14034.45	39098.04	case rate	
OTITIS MEDIA & URI W/O MCC	153	MS-DRG	inpatient					Medicare	Medicare		21084.71				8679.1	26697.48	case rate	
OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W MCC	154	MS-DRG	inpatient					Medicare	Medicare		32558.65				18168.48	54253.88	case rate	
OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W CC	155	MS-DRG	inpatient					Medicare	Medicare		24109.58				11180.78	33129.93	case rate	
OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W/O CC/MCC	156	MS-DRG	inpatient					Medicare	Medicare		19952.17				7742.45	24750.87	case rate	
DENTAL & ORAL DISEASES W MCC	157	MS-DRG	inpatient					Medicare	Medicare		34969.4				20102.26	62749.21	case rate	
DENTAL & ORAL DISEASES W CC	158	MS-DRG	inpatient					Medicare	Medicare		23993.9				11085.11	33392.48	case rate	
DENTAL & ORAL DISEASES W/O CC/MCC	159	MS-DRG	inpatient					Medicare	Medicare		20233.52				7975.14	25444.75	case rate	
MAJOR CHEST PROCEDURES W MCC	163	MS-DRG	inpatient					Medicare	Medicare		77908.84				67746.81	156674.78	184508.19	case rate
MAJOR CHEST PROCEDURES W CC	164	MS-DRG	inpatient					Medicare	Medicare		47014.61				40882.27	30124.1	96351.73	case rate
MAJOR CHEST PROCEDURES W/O CC/MCC	165	MS-DRG	inpatient					Medicare	Medicare		37388.73				32511.94	22163.14	69477.97	case rate
OTHER RESP SYSTEM O.R. PROCEDURES W MCC	166	MS-DRG	inpatient					Medicare	Medicare		68542.88				59602.5	47928.79	131199.49	case rate
OTHER RESP SYSTEM O.R. PROCEDURES W CC	167	MS-DRG	inpatient					Medicare	Medicare		36580.33				31809.03	21464.6	71173.28	case rate
OTHER RESP SYSTEM O.R. PROCEDURES W/O CC/MCC	168	MS-DRG	inpatient					Medicare	Medicare		29952.23				26045.42	16012.88	50319.39	case rate
ULTRASOUND ACCELERATED AND OTHER THROMBOLYSIS WITH PRINCIPAL DIAGNOSIS PULMONARY EMBOLISM	173	MS-DRG	inpatient					Medicare	Medicare		54506.8				47397.22	36320.42	53354.33	case rate
PULMONARY EMBOLISM W MCC OR ACUTE COR PULMONALE	175	MS-DRG	inpatient					Medicare	Medicare		30627.76				26632.83	16571.56	54944	case rate
PULMONARY EMBOLISM W/O MCC	176	MS-DRG	inpatient					Medicare	Medicare		22238.67				19337.98	9633.48	33718.79	case rate
RESPIRATORY INFECTIONS & INFLAMMATIONS W MCC	177	MS-DRG	inpatient					Medicare	Medicare		34818.02				30276.54	20037.06	69042.89	case rate
RESPIRATORY INFECTIONS & INFLAMMATIONS W CC	178	MS-DRG	inpatient					Medicare	Medicare		24682.28				21462.85	11654.43	47798.92	case rate
RESPIRATORY INFECTIONS & INFLAMMATIONS W/O CC/MCC	179	MS-DRG	inpatient					Medicare	Medicare		21491.74				18688.47	9015.73	34562.7	case rate
RESPIRATORY NEOPLASMS W MCC	180	MS-DRG	inpatient					Medicare	Medicare		35414.99				30795.65	20530.78	63611.87	case rate
RESPIRATORY NEOPLASMS W CC	181	MS-DRG	inpatient					Medicare	Medicare		26316.11				22883.57	13005.66	42791.74	case rate
RESPIRATORY NEOPLASMS W/O CC/MCC	182	MS-DRG	inpatient					Medicare	Medicare		21430.33				18635.07	8964.94	29821.82	case rate
MAJOR CHEST TRAUMA W MCC	183	MS-DRG	inpatient					Medicare	Medicare		33077.07				28762.67	18597.24	55919.19	case rate
MAJOR CHEST TRAUMA W CC	184	MS-DRG	inpatient					Medicare	Medicare		25613.44				22272.56	12424.54	37672.03	case rate
MAJOR CHEST TRAUMA W/O CC/MCC	185	MS-DRG	inpatient					Medicare	Medicare		21383.2				18594.08	8925.97	27466.38	case rate
PLEURAL EFFUSION W MCC	186	MS-DRG	inpatient					Medicare	Medicare		32757.16				28484.49	18332.66	58492.17	case rate
PLEURAL EFFUSION W CC	187	MS-DRG	inpatient					Medicare	Medicare		24819.38				21582.07	11767.82	39532.38	case rate
PLEURAL EFFUSION W/O CC/MCC	188	MS-DRG	inpatient					Medicare	Medicare		21251.81				18479.83	8817.3	28775.37	case rate
PULMONARY EDEMA & RESPIRATORY FAILURE	189	MS-DRG	inpatient					Medicare	Medicare		28185.58				24509.2	14551.79	46332.4	case rate
CHRONIC OBSTRUCTIVE PULMONARY DISEASE W MCC	190	MS-DRG	inpatient					Medicare	Medicare		26328.56				22894.75	13016.3	44659.58	case rate
CHRONIC OBSTRUCTIVE PULMONARY DISEASE W CC	191	MS-DRG	inpatient					Medicare	Medicare		22715.68				19752.77	10027.98	34277.65	case rate
CHRONIC OBSTRUCTIVE PULMONARY DISEASE W/O CC/MCC	192	MS-DRG	inpatient					Medicare	Medicare		19756.51				17179.57	7580.63	27158.62	case rate
SIMPLE PNEUMONIA & PLEURISY W MCC	193	MS-DRG	inpatient					Medicare	Medicare		29536.63				25684.03	15669.16	49385.47	case rate
SIMPLE PNEUMONIA & PLEURISY W CC	194	MS-DRG	inpatient					Medicare	Medicare		22332.93				19419.94	9711.43	33763.8	case rate
SIMPLE PNEUMONIA & PLEURISY W/O CC/MCC	195	MS-DRG	inpatient					Medicare	Medicare		19525.14				16978.39	7389.29	25759.81	case rate
INTERSTITIAL LUNG DISEASE W MCC	196	MS-DRG	inpatient					Medicare	Medicare		37660.08				32747.89	22387.56	61440.22	case rate
INTERSTITIAL LUNG DISEASE W CC	197	MS-DRG	inpatient					Medicare	Medicare		24836.52				21596.97	11781.99	37570.76	case rate
INTERSTITIAL LUNG DISEASE W/O CC/MCC	198	MS-DRG	inpatient					Medicare	Medicare		21704.54				18873.51	9191.72	28449.06	case rate
PNEUMOTHORAX W MCC	199	MS-DRG	inpatient					Medicare	Medicare		35927.71				31241.48	20954.82	66867.48	case rate
PNEUMOTHORAX W CC	200	MS-DRG	inpatient					Medicare	Medicare		25971.92				22584.27	12721.01	40312.52	case rate
PNEUMOTHORAX W/O CC/MCC	201	MS-DRG	inpatient					Medicare	Medicare		20674.82				17978.11	8340.11	27891.99	case rate
BRONCHITIS & ASTHMA W CC/MCC	202	MS-DRG	inpatient					Medicare	Medicare		24265.25				21100.22	11309.53	38695.65	case rate
BRONCHITIS & ASTHMA W/O CC/MCC	203	MS-DRG	inpatient					Medicare	Medicare		20514.87				17839.02	8207.83	50775.53	case rate
RESPIRATORY SIGNS & SYMPTOMS	204	MS-DRG	inpatient					Medicare	Medicare		22342.93				19426.63	9719.7	96731.64	case rate
OTHER RESPIRATORY SYSTEM DIAGNOSES W MCC	205	MS-DRG	inpatient					Medicare	Medicare		36444.7				31691.05	21382.39	56931.88	case rate
OTHER RESPIRATORY SYSTEM DIAGNOSES W/O MCC	206	MS-DRG	inpatient					Medicare	Medicare		23636.85				20553.79	10789.82	32367.29	case rate
RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT >96 HOURS	207	MS-DRG	inpatient					Medicare	Medicare		109248.65				94998.83	49635	209907.93	case rate
RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT <=96 HOURS	208	MS-DRG	inpatient					Medicare	Medicare		49205.43				42787.33	31935.99	91419.56	case rate
CONCOMITANT AORTIC AND MITRAL VALVE PROCEDURES	212	MS-DRG	inpatient					Medicare	Medicare		164414.82				142969.28	37458	186892.42	case rate
OTHER HEART ASSIST SYSTEM IMPLANT	215	MS-DRG	inpatient					Medicare	Medicare		156475.46				136055.62	120652.31	483318.95	case rate
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W MCC	216	MS-DRG	inpatient					Medicare	Medicare		149198.92				129738.19	78485	368352.5	case rate
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W CC	217	MS-DRG	inpatient					Medicare	Medicare		101497.96				88259.1	75183.87	238649.54	case rate
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W/O CC/MCC	218	MS-DRG	inpatient					Medicare	Medicare		91948.2				79955.83	67286.69	221490.09	case rate
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W MCC	219	MS-DRG	inpatient					Medicare	Medicare		120719.73				104973.68	57338	288488.84	case rate
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W CC	220	MS-DRG	inpatient					Medicare	Medicare		85492.43				74341.24	57338	195235.19	case rate
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W/O CC/MCC	221	MS-DRG	inpatient					Medicare	Medicare		76980.52				66939.59	17199	172809.75	case rate
OTHER CARDIOTHORACIC PROCEDURES W MCC	228	MS-DRG	inpatient					Medicare	Medicare		82551.82				71784.19	59514.71	246653.53	case rate
OTHER CARDIOTHORACIC PROCEDURES W/O MCC	229	MS-DRG	inpatient					Medicare	Medicare		56000.67				48696.23	37555.91	174347.54	case rate
CORONARY BYPASS W PTCA W MCC	231	MS-DRG	inpatient					Medicare	Medicare		126489.55				109990.91	19424	315017.54	case rate
CORONARY BYPASS W PTCA W/O MCC	232	MS-DRG	inpatient					Medicare	Medicare		95546.77				83084.14	27830	231058.12	case rate
CORONARY BYPASS W CARDIAC CATH W MCC	233	MS-DRG	inpatient					Medicare	Medicare		121982.24				106071.51	53769	286467.21	case rate
CORONARY BYPASS W CARDIAC CATH W/O MCC	234	MS-DRG	inpatient					Medicare	Medicare		84825.47				73761.28	61395.1	193056.03	case rate
CORONARY BYPASS W/O CARDIAC CATH W MCC	235	MS-DRG	inpatient					Medicare	Medicare		94575.61				82239.66	47567	217911.92	case rate
CORONARY BYPASS W/O CARDIAC CATH W/O MCC	236	MS-DRG	inpatient					Medicare	Medicare		68305.8				59396.35	33990	147263.73	case rate
AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W MCC	239	MS-DRG	inpatient					Medicare	Medicare		79239.89				68904.25	56775.61	176631.72	case rate
AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W CC	240	MS-DRG	inpatient					Medicare	Medicare		50710.72				44096.28	33180.92	102962.96	case rate
AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W/O CC/MCC	241	MS-DRG	inpatient					Medicare	Medicare		30439.24				26468.9	15559	59861.17	case rate
PERMANENT CARDIAC PACEMAKER IMPLANT W MCC	242	MS-DRG	inpatient					Medicare	Medicare		59935.28				52117.64	20528	140159.91	case rate
PERMANENT CARDIAC PACEMAKER IMPLANT W CC	243	MS-DRG	inpatient					Medicare	Medicare		43118.55				37494.39	19748	95804.13	case rate
PERMANENT CARDIAC PACEMAKER IMPLANT W/O CC/MCC	244	MS-DRG	inpatient					Medicare	Medicare		36718.91				31929.49	19748	91806.34	case rate
AICD GENERATOR PROCEDURES	245	MS-DRG	inpatient					Medicare	Medicare		75306.71				65484.09	53622.72	187998.83	case rate
PERC CARDIOVASC PROC W/O CORONARY ARTERY STENT W MCC	250	MS-DRG	inpatient					Medicare	Medicare		44163.98				38403.46	27766.52	97023.11	case rate
PERC CARDIOVASC PROC W/O CORONARY ARTERY STENT W/O MCC	251	MS-DRG	inpatient					Medicare	Medicare		33254.17				28916.67	18743.7	62929.24	case rate
OTHER VASCULAR PROCEDURES W MCC	252	MS-DRG	inpatient					Medicare	Medicare		58488.55				50859.61	39613.48	122265.32	case rate
OTHER VASCULAR PROCEDURES W CC	253	MS-DRG	inpatient					Medicare	Medicare		47024.61				40890.96	30132.37	97304.41	case rate
OTHER VASCULAR PROCEDURES W/O CC/MCC	254	MS-DRG	inpatient					Medicare	Medicare		35370.72				30757.15	20494.17	67887.67	case rate
UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W MCC	255	MS-DRG	inpatient					Medicare	Medicare		49828.11				43328.79	32450.97	95279.03	case rate
UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W CC	256	MS-DRG	inpatient					Medicare	Medicare		34008.24				29572.38	19367.35	65588.49	case rate
UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W/O CC/MCC	257	MS-DRG	inpatient					Medicare	Medicare		24743.58				21516.25	11705.22	42236.63	case rate
CARDIAC PACEMAKER DEVICE REPLACEMENT W MCC	258	MS-DRG	inpatient					Medicare	Medicare		49273.98				42846.94	15797	112100.92	case rate
CARDIAC PACEMAKER DEVICE REPLACEMENT W/O MCC	259	MS-DRG	inpatient					Medicare	Medicare		37248.77				32390.23	15797	78652.18	case rate
CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W MCC	260	MS-DRG	inpatient					Medicare	Medicare		57937.27				50380.24	12982	135756.59	case rate
CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W CC	261	MS-DRG	inpatient					Medicare	Medicare		37465.85				32579	12982	74706.44	case rate
CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W/O CC/MCC	262	MS-DRG	inpatient					Medicare	Medicare		34088.22				29641.93	12982	61170.17	case rate
VEIN LIGATION & STRIPPING	263	MS-DRG	inpatient					Medicare	Medicare		50939.23				44294.98	33369.91	89724.25	case rate
OTHER CIRCULATORY SYSTEM O.R. PROCEDURES	264	MS-DRG	inpatient					Medicare	Medicare		57234.61				49769.23	38576.42	118469.61	case rate
AICD LEAD PROCEDURES	265	MS-DRG	inpatient					Medicare	Medicare		61063.54				53098.73	41743.09	116898.07	case rate
ENDOVASCULAR CARDIAC VALVE REPLACEMENT & SUPPLEMENT PROCEDURES W MCC	266	MS-DRG	inpatient					Medicare	Medicare		99795.58				86778.76	73775.94	269731.59	case rate
ENDOVASCULAR CARDIAC VALVE REPLACEMENT & SUPPLEMENT PROCEDURES W/O MCC	267	MS-DRG	inpatient					Medicare	Medicare		80268.17				69815.8	57642.58	219344.69	case rate
AORTIC AND HEART ASSIST PROCEDURES EXCEPT PULSATION BALLOON W MCC	268	MS-DRG	inpatient					Medicare	Medicare		109487.84				95238.99	80664.43	251435.68	case rate
AORTIC AND HEART ASSIST PROCEDURES EXCEPT PULSATION BALLOON W/O MCC	269	MS-DRG	inpatient					Medicare	Medicare		69982.48				60854.33	49119.39	155687.81	case rate
OTHER MAJOR CARDIOVASCULAR PROCEDURES W MCC	270	MS-DRG	inpatient					Medicare	Medicare		82811.75				72010.22	59729.68	189849.18	case rate
OTHER MAJOR CARDIOVASCULAR PROCEDURES W CC	271	MS-DRG	inpatient					Medicare	Medicare		59950.99				52131.3	40822.98	131041.96	case rate
OTHER MAJOR CARDIOVASCULAR PROCEDURES W/O CC/MCC	272	MS-DRG	inpatient					Medicare	Medicare		45430.17				39505.01	28814.2	98197.08	case rate
PERCUTANEOUS INTRACARDIAC PROCEDURES W MCC	273	MS-DRG	inpatient					Medicare	Medicare		66246.38				57605.55	46029.49	136994.32	case rate
PERCUTANEOUS INTRACARDIAC PROCEDURES W/O MCC	274	MS-DRG	inpatient					Medicare	Medicare		56874.71				49456.27	38278.77	111707.1	case rate
CARDIAC DEFIBRILLATOR IMPLANT WITH CARDIAC CATHETERIZATION AND MCC	275	MS-DRG	inpatient					Medicare	Medicare		111073.86				96585.96	83103.49	220278.17	case rate
CARDIAC DEFIBRILLATOR IMPLANT WITH MCC	276	MS-DRG	inpatient					Medicare	Medicare		99282.86				86332.93	73351.9	107753.18	case rate
CARDIAC DEFIBRILLATOR IMPLANT WITHOUT MCC	277	MS-DRG	inpatient					Medicare	Medicare		76891.42				66801.23	56487.41	82979.42	case rate
ULTRASOUND ACCELERATED AND OTHER THROMBOLYSIS OF PERIPHERAL VASCULAR STRUCTURES WITH MCC	278	MS-DRG	inpatient					Medicare	Medicare		74292.7				64602.35	52684.1	77392.4	case rate
ULTRASOUND ACCELERATED AND OTHER THROMBOLYSIS OF PERIPHERAL VASCULAR STRUCTURES WITHOUT MCC	279	MS-DRG	inpatient					Medicare	Medicare		56300.52				48957.03	37803.95	55533.61	case rate
ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W MCC	280	MS-DRG	inpatient					Medicare	Medicare		33248.45				28911.7	18738.98	62152.85	case rate
ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W CC	281	MS-DRG	inpatient					Medicare	Medicare		23629.71				20547.58	10783.92	36741.86	case rate
ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W/O CC/MCC	282	MS-DRG	inpatient					Medicare	Medicare		20846.2				18127.13	8481.85	28092.74	case rate
ACUTE MYOCARDIAL INFARCTION, EXPIRED W MCC	283	MS-DRG	inpatient					Medicare	Medicare		38745.49				33691.73	23285.23	67688.88	case rate
ACUTE MYOCARDIAL INFARCTION, EXPIRED W CC	284	MS-DRG	inpatient					Medicare	Medicare		21154.69				18395.38	8736.98	28752.87	case rate
ACUTE MYOCARDIAL INFARCTION, EXPIRED W/O CC/MCC	285	MS-DRG	inpatient					Medicare	Medicare		17569.98				15278.24	5772.29	22369.17	case rate
CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W MCC	286	MS-DRG	inpatient					Medicare	Medicare		41376.18				35979.29	1521	81795.27	case rate
CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W/O MCC	287	MS-DRG	inpatient					Medicare	Medicare		26037.61				22641.4	9969	42716.72	case rate
ACUTE & SUBACUTE ENDOCARDITIS W MCC	288	MS-DRG	inpatient					Medicare	Medicare		47623.01				41411.31	30627.27	101047.61	case rate
ACUTE & SUBACUTE ENDOCARDITIS W CC	289	MS-DRG	inpatient					Medicare	Medicare		31694.6				27560.52	17453.88	64133.22	case rate
ACUTE & SUBACUTE ENDOCARDITIS W/O CC/MCC	290	MS-DRG	inpatient					Medicare	Medicare		25232.12				21940.98	12109.17	37934.58	case rate
HEART FAILURE & SHOCK W MCC	291	MS-DRG	inpatient					Medicare	Medicare		28926.8				25153.74	15164.81	50461.92	case rate
HEART FAILURE & SHOCK W CC	292	MS-DRG	inpatient					Medicare	Medicare		22822.8				19845.91	10116.57	34498.94	case rate
HEART FAILURE & SHOCK W/O CC/MCC	293	MS-DRG	inpatient					Medicare	Medicare		16909.69				16182.34	6632.17	24964.66	case rate
DEEP VEIN THROMBOPHLEBITIS W CC/MCC	294	MS-DRG	inpatient					Medicare	Medicare		26210.67				22791.67	12918.26	43538.13	case rate
DEEP VEIN THROMBOPHLEBITIS W/O CC/MCC	295	MS-DRG	inpatient					Medicare	Medicare		19609.41				17051.66	7458.97	20677.61	case rate
CARDIAC ARREST, UNEXPLAINED W MCC	296	MS-DRG	inpatient					Medicare	Medicare		33486.96				29119.09	18936.23	57592	case rate
CARDIAC ARREST, UNEXPLAINED W CC	297	MS-DRG	inpatient					Medicare	Medicare		20996.16				18257.53	8605.87	24469.57	case rate
CARDIAC ARREST, UNEXPLAINED W/O CC/MCC	298	MS-DRG	inpatient					Medicare	Medicare		16858.75				14659.78	5184.08	18097.13	case rate
PERIPHERAL VASCULAR DISORDERS W MCC	299	MS-DRG	inpatient					Medicare	Medicare		33101.35				28783.78	18617.32	54400.15	case rate
PERIPHERAL VASCULAR DISORDERS W CC	300	MS-DRG	inpatient					Medicare	Medicare		25829.1				22460.09	12602.89	38395.92	case rate
PERIPHERAL VASCULAR DISORDERS W/O CC/MCC	301	MS-DRG	inpatient					Medicare	Medicare		20727.67				18024.06	8383.82	27237.58	case rate
ATHEROSCLEROSIS W MCC	302	MS-DRG	inpatient					Medicare	Medicare		26601.74				23131.95	13241.9	40113.74	case rate
ATHEROSCLEROSIS W/O MCC	303	MS-DRG	inpatient					Medicare	Medicare		19989.3				17382	7773.16	24960.91	case rate
HYPERTENSION W MCC	304	MS-DRG	inpatient					Medicare	Medicare		27000.2				23478.43	13571.44	40548.82	case rate
HYPERTENSION W/O MCC	305	MS-DRG	inpatient					Medicare	Medicare		21351.79				18566.76	8899.98	27001.29	case rate
CARDIAC CONGENITAL & VALVULAR DISORDERS W MCC	306	MS-DRG	inpatient					Medicare	Medicare		32538.65				28294.48	18151.94	52839.86	case rate
CARDIAC CONGENITAL & VALVULAR DISORDERS W/O MCC	307	MS-DRG	inpatient					Medicare	Medicare		24052.45				20915.18	11133.54	32105.99	case rate
CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W MCC	308	MS-DRG	inpatient					Medicare	Medicare		27759.99				24139.12	14199.81	45143.43	case rate
CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC	309	MS-DRG	inpatient					Medicare	Medicare		21226.1				18457.48	8796.04	28636.59	case rate
CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W/O CC/MCC	310	MS-DRG	inpatient					Medicare	Medicare		18488.29				16076.78	6531.77	21090.19	case rate
ANGINA PECTORIS	311	MS-DRG	inpatient					Medicare	Medicare		20560.57				17878.76	8245.62	25774.81	case rate
SYNCOPE & COLLAPSE	312	MS-DRG	inpatient					Medicare	Medicare		22922.77				19932.84	10199.25	30061.86	case rate
CHEST PAIN	313	MS-DRG	inpatient					Medicare	Medicare		20924.75				18195.44	8546.82	26528.7	case rate
OTHER CIRCULATORY SYSTEM DIAGNOSES W MCC	314	MS-DRG	inpatient					Medicare	Medicare		40489.29				35208.08	24727.42	75880.41	case rate
OTHER CIRCULATORY SYSTEM DIAGNOSES W CC	315	MS-DRG	inpatient					Medicare	Medicare		24405.21				21221.92	11425.28	35852.94	case rate
OTHER CIRCULATORY SYSTEM DIAGNOSES W/O CC/MCC	316	MS-DRG	inpatient					Medicare	Medicare		20483.45				17811.69	8181.84	28179.01	case rate
OTHER ENDOVASCULAR CARDIAC VALVE PROCEDURES W MCC	319	MS-DRG	inpatient					Medicare	Medicare		72885.95				63379.09	51520.67	75683.33	case rate
OTHER ENDOVASCULAR CARDIAC VALVE PROCEDURES W/O MCC	320	MS-DRG	inpatient					Medicare	Medicare		42381.62				36853.58	26292.44	38623.33	case rate
PERCUTANEOUS CARDIOVASCULAR PROCEDURES WITH INTRALUMINAL DEVICE WITH MCC OR 4+ ARTERIES/INTRALUM	321	MS-DRG	inpatient					Medicare	Medicare		51646.17				44909.71	33954.58	49878.92	case rate
PERCUTANEOUS CARDIOVASCULAR PROCEDURES WITH INTRALUMINAL DEVICE WITHOUT MCC	322	MS-DRG	inpatient					Medicare	Medicare		36631.79				31853.73	21537.13	31853.73	case rate
CORONARY INTRAVASCULAR LITHOTRIPSY WITH INTRALUMINAL DEVICE WITH MCC	323	MS-DRG	inpatient					Medicare	Medicare		69716.84				60623.34	48899.69	71833.14	case rate
CORONARY INTRAVASCULAR LITHOTRIPSY WITH INTRALUMINAL DEVICE WITHOUT MCC	324	MS-DRG	inpatient					Medicare	Medicare		52987.23				46075.85	35063.68	51508.18	case rate
CORONARY INTRAVASCULAR LITHOTRIPSY WITHOUT INTRALUMINAL DEVICE	325	MS-DRG	inpatient					Medicare	Medicare		48355.66				42048.4	31233.2	45881.25	case rate
STOMACH, ESOPHAGEAL & DUODENAL PROC W MCC	326	MS-DRG	inpatient					Medicare	Medicare		83127.36				72284.68	59990.71	197133.04	case rate
STOMACH, ESOPHAGEAL & DUODENAL PROC W CC	327	MS-DRG	inpatient					Medicare	Medicare		46257.68				40224.07	29498.09	93178.64	case rate

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.															
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101119	true														
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
STOMACH, ESOPHAGEAL & DUODENAL PROC W/O CC/MCC	328	MS-DRG	inpatient				33402.7	Wellcare	Medicare		29045.82				18866.54	57839.54	case rate	
MAJOR SMALL & LARGE BOWEL PROCEDURES W MCC	329	MS-DRG	inpatient				75098.19	Wellcare	Medicare		65302.78				53350.27	187261.2	case rate	
MAJOR SMALL & LARGE BOWEL PROCEDURES W CC	330	MS-DRG	inpatient				44468.18	Wellcare	Medicare		38667.98				28618.11	94641.41	case rate	
MAJOR SMALL & LARGE BOWEL PROCEDURES W/O CC/MCC	331	MS-DRG	inpatient				34469.54	Wellcare	Medicare		29973.51				19748.86	63563.11	case rate	
RECTAL RESECTION W MCC	332	MS-DRG	inpatient				62398.88	Wellcare	Medicare		54259.9				42847.47	127456.29	case rate	
RECTAL RESECTION W CC	333	MS-DRG	inpatient				40289.34	Wellcare	Medicare		35034.21				24562.06	72305.99	case rate	
RECTAL RESECTION W/O CC/MCC	334	MS-DRG	inpatient				33514.09	Wellcare	Medicare		29142.69				18958.67	48991.64	case rate	
PERITONEAL ADHESIOLYSIS W MCC	335	MS-DRG	inpatient				61647.66	Wellcare	Medicare		53606.66				42226.16	152353.43	case rate	
PERITONEAL ADHESIOLYSIS W CC	336	MS-DRG	inpatient				40657.81	Wellcare	Medicare		35354.62				24866.79	86198.59	case rate	
PERITONEAL ADHESIOLYSIS W/O CC/MCC	337	MS-DRG	inpatient				31961.67	Wellcare	Medicare		27792.76				17674.76	60134.97	case rate	
MINOR SMALL & LARGE BOWEL PROCEDURES W MCC	344	MS-DRG	inpatient				49728.14	Wellcare	Medicare		43241.86				32368.29	112040.91	case rate	
MINOR SMALL & LARGE BOWEL PROCEDURES W CC	345	MS-DRG	inpatient				32592.92	Wellcare	Medicare		28341.67				18196.83	61421.46	case rate	
MINOR SMALL & LARGE BOWEL PROCEDURES W/O CC/MCC	346	MS-DRG	inpatient				28982.32	Wellcare	Medicare		25202.18				15210.88	46381.16	case rate	
ANAL & STOMAL PROCEDURES W MCC	347	MS-DRG	inpatient				46996.04	Wellcare	Medicare		40866.12				30108.75	90433.13	case rate	
ANAL & STOMAL PROCEDURES W CC	348	MS-DRG	inpatient				29176.73	Wellcare	Medicare		25371.07				15371.51	52509.8	case rate	
ANAL & STOMAL PROCEDURES W/O CC/MCC	349	MS-DRG	inpatient				24526.8	Wellcare	Medicare		21327.48				11526.68	35920.4	case rate	
INGUINAL & FEMORAL HERNIA PROCEDURES W MCC	350	MS-DRG	inpatient				44866.64	Wellcare	Medicare		39014.47				28347.65	91760.88	case rate	
INGUINAL & FEMORAL HERNIA PROCEDURES W CC	351	MS-DRG	inpatient				31378.98	Wellcare	Medicare		27286.07				17192.85	56264.25	case rate	
INGUINAL & FEMORAL HERNIA PROCEDURES W/O CC/MCC	352	MS-DRG	inpatient				26428.93	Wellcare	Medicare		22981.68				13098.98	39513.62	case rate	
HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W MCC	353	MS-DRG	inpatient				52354.55	Wellcare	Medicare		45525.69				34540.43	111242.01	case rate	
HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W CC	354	MS-DRG	inpatient				35123.64	Wellcare	Medicare		30542.3				20289.83	64924.62	case rate	
HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W/O CC/MCC	355	MS-DRG	inpatient				30050.78	Wellcare	Medicare		26131.11				16094.38	50814.48	case rate	
OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W MCC	356	MS-DRG	inpatient				71697.71	Wellcare	Medicare		62345.84				50537.95	149116.58	case rate	
OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W CC	357	MS-DRG	inpatient				41964.59	Wellcare	Medicare		36490.95				29947.55	80141.21	case rate	
OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W/O CC/MCC	358	MS-DRG	inpatient				28886.82	Wellcare	Medicare		25118.97				15131.74	50570.69	case rate	
MAJOR ESOPHAGEAL DISORDERS W MCC	368	MS-DRG	inpatient				34183.91	Wellcare	Medicare		29725.14				19512.63	72913.61	case rate	
MAJOR ESOPHAGEAL DISORDERS W CC	369	MS-DRG	inpatient				24705.13	Wellcare	Medicare		21482.72				11673.33	41587.76	case rate	
MAJOR ESOPHAGEAL DISORDERS W/O CC/MCC	370	MS-DRG	inpatient				21211.82	Wellcare	Medicare		18445.06				8784.23	27878.95	case rate	
MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W MCC	371	MS-DRG	inpatient				35550.67	Wellcare	Medicare		30913.62				20642.99	65217.17	case rate	
MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W CC	372	MS-DRG	inpatient				25476.34	Wellcare	Medicare		22153.34				12311.15	38947.27	case rate	
MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W/O CC/MCC	373	MS-DRG	inpatient				20823.35	Wellcare	Medicare		18107.26				8462.95	28415.3	case rate	
DIGESTIVE MALIGNANCY W MCC	374	MS-DRG	inpatient				40567.84	Wellcare	Medicare		35276.38				24792.38	77451.96	case rate	
DIGESTIVE MALIGNANCY W CC	375	MS-DRG	inpatient				27704.29	Wellcare	Medicare		24090.89				14153.74	45259.7	case rate	
DIGESTIVE MALIGNANCY W/O CC/MCC	376	MS-DRG	inpatient				23321.23	Wellcare	Medicare		20279.33				10528.79	34345.16	case rate	
G.I. HEMORRHAGE W MCC	377	MS-DRG	inpatient				36159.07	Wellcare	Medicare		31442.67				21146.16	67092.52	case rate	
G.I. HEMORRHAGE W CC	378	MS-DRG	inpatient				24640.86	Wellcare	Medicare		21426.83				11620.17	37143.18	case rate	
G.I. HEMORRHAGE W/O CC/MCC	379	MS-DRG	inpatient				19633.69	Wellcare	Medicare		17072.77				7479.05	24499.57	case rate	
COMPLICATED PEPTIC ULCER W MCC	380	MS-DRG	inpatient				38418.44	Wellcare	Medicare		33407.34				23014.75	72988.62	case rate	
COMPLICATED PEPTIC ULCER W CC	381	MS-DRG	inpatient				25914.78	Wellcare	Medicare		22534.6				12673.76	41070.17	case rate	
COMPLICATED PEPTIC ULCER W/O CC/MCC	382	MS-DRG	inpatient				21403.19	Wellcare	Medicare		18611.47				8942.5	28797.87	case rate	
UNCOMPLICATED PEPTIC ULCER W MCC	383	MS-DRG	inpatient				30559.21	Wellcare	Medicare		26573.22				16514.87	50671.96	case rate	
UNCOMPLICATED PEPTIC ULCER W/O MCC	384	MS-DRG	inpatient				23097	Wellcare	Medicare		20084.35				10343.35	32079.74	case rate	
INFLAMMATORY BOWEL DISEASE W MCC	385	MS-DRG	inpatient				32968.53	Wellcare	Medicare		28668.29				18507.47	63683.14	case rate	
INFLAMMATORY BOWEL DISEASE W CC	386	MS-DRG	inpatient				24466.62	Wellcare	Medicare		21275.32				11476.07	36760.61	case rate	
INFLAMMATORY BOWEL DISEASE W/O CC/MCC	387	MS-DRG	inpatient				20360.63	Wellcare	Medicare		17704.89				8080.26	26131.13	case rate	
G.I. OBSTRUCTION W MCC	388	MS-DRG	inpatient				31348.98	Wellcare	Medicare		27259.99				17168.04	57411.96	case rate	
G.I. OBSTRUCTION W CC	389	MS-DRG	inpatient				21964.46	Wellcare	Medicare		19099.53				9406.69	31625.9	case rate	
G.I. OBSTRUCTION W/O CC/MCC	390	MS-DRG	inpatient				18573.98	Wellcare	Medicare		16151.29				6602.64	22166.64	case rate	
ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W MCC	391	MS-DRG	inpatient				28809.69	Wellcare	Medicare		25051.91				15067.96	45814.8	case rate	
ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W/O MCC	392	MS-DRG	inpatient				21810.22	Wellcare	Medicare		18965.41				9279.13	28332.79	case rate	
OTHER DIGESTIVE SYSTEM DIAGNOSES W MCC	393	MS-DRG	inpatient				33721.18	Wellcare	Medicare		29322.76				19129.94	61233.93	case rate	
OTHER DIGESTIVE SYSTEM DIAGNOSES W CC	394	MS-DRG	inpatient				23971.05	Wellcare	Medicare		20844.39				11066.21	35297.84	case rate	
OTHER DIGESTIVE SYSTEM DIAGNOSES W/O CC/MCC	395	MS-DRG	inpatient				19837.91	Wellcare	Medicare		17250.36				7647.96	25373.49	case rate	
APPENDIX PROCEDURES WITH MCC	397	MS-DRG	inpatient				42675.82	Wellcare	Medicare		37109.41				26535.76	38980.76	case rate	
APPENDIX PROCEDURES WITH CC	398	MS-DRG	inpatient				32203.03	Wellcare	Medicare		28002.64				17874.37	28002.64	case rate	
APPENDIX PROCEDURES WITHOUT CC/MCC	399	MS-DRG	inpatient				26487.49	Wellcare	Medicare		23032.6				13147.4	23032.6	case rate	
PANCREAS, LIVER & SHUNT PROCEDURES W MCC	405	MS-DRG	inpatient				86214.25	Wellcare	Medicare		77577.61				65024.78	201753.9	case rate	
PANCREAS, LIVER & SHUNT PROCEDURES W CC	406	MS-DRG	inpatient				51827.55	Wellcare	Medicare		45067.43				34104.58	106242.33	case rate	
PANCREAS, LIVER & SHUNT PROCEDURES W/O CC/MCC	407	MS-DRG	inpatient				41310.49	Wellcare	Medicare		35922.16				25406.58	75269.05	case rate	
BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W MCC	408	MS-DRG	inpatient				63749.93	Wellcare	Medicare		55434.72				43964.84	151772.08	case rate	
BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W CC	409	MS-DRG	inpatient				38544.53	Wellcare	Medicare		33516.62				23118.69	87117.51	case rate	
BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W/O CC/MCC	410	MS-DRG	inpatient				32944.25	Wellcare	Medicare		28647.18				18487.39	61984.07	case rate	
CHOLECYSTECTOMY W C.D.E. W MCC	411	MS-DRG	inpatient				51729.01	Wellcare	Medicare		44981.74				10482	149956.74	case rate	
CHOLECYSTECTOMY W C.D.E. W CC	412	MS-DRG	inpatient				39803.77	Wellcare	Medicare		34611.97				11647	89337.92	case rate	
CHOLECYSTECTOMY W C.D.E. W/O CC/MCC	413	MS-DRG	inpatient				32150.19	Wellcare	Medicare		27956.69				15908	63244.3	case rate	
CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W MCC	414	MS-DRG	inpatient				60936.43	Wellcare	Medicare		52988.2				28270	134170.04	case rate	
CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W CC	415	MS-DRG	inpatient				38808.33	Wellcare	Medicare		33746.37				23337.2	75719.13	case rate	
CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W/O CC/MCC	416	MS-DRG	inpatient				29716.58	Wellcare	Medicare		25840.51				19817.99	62251	case rate	
LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W MCC	417	MS-DRG	inpatient				43692.68	Wellcare	Medicare		37993.63				27376.74	90894.46	case rate	
LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W CC	418	MS-DRG	inpatient				33936.83	Wellcare	Medicare		29510.29				19308.29	62419.15	case rate	
LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W/O CC/MCC	419	MS-DRG	inpatient				29345.26	Wellcare	Medicare		25517.62				15510.89	48916.63	case rate	
HEPATOBILIARY DIAGNOSTIC PROCEDURES W MCC	420	MS-DRG	inpatient				56303.44	Wellcare	Medicare		48959.52				37806.31	131934.62	case rate	
HEPATOBILIARY DIAGNOSTIC PROCEDURES W CC	421	MS-DRG	inpatient				35006.53	Wellcare	Medicare		30440.46				8253	66728.7	case rate	
HEPATOBILIARY DIAGNOSTIC PROCEDURES W/O CC/MCC	422	MS-DRG	inpatient				30742.01	Wellcare	Medicare		26732.18				10272	56545.55	case rate	
OTHER HEPATOBILIARY OR PANCREAS O.R. PROCEDURES W MCC	423	MS-DRG	inpatient				66444.89	Wellcare	Medicare		57778.17				16017	148002.62	case rate	
OTHER HEPATOBILIARY OR PANCREAS O.R. PROCEDURES W CC	424	MS-DRG	inpatient				40400.74	Wellcare	Medicare		35131.08				24654.19	82181.59	case rate	
OTHER HEPATOBILIARY OR PANCREAS O.R. PROCEDURES W/O CC/MCC	425	MS-DRG	inpatient				33468.39	Wellcare	Medicare		29102.95				18920.87	55994.2	case rate	
CIRRHOSIS & ALCOHOLIC HEPATITIS W MCC	432	MS-DRG	inpatient				37954.28	Wellcare	Medicare		33003.72				13893	68487.78	case rate	
CIRRHOSIS & ALCOHOLIC HEPATITIS W CC	433	MS-DRG	inpatient				25314.96	Wellcare	Medicare		22013.01				12177.68	38553.45	case rate	
CIRRHOSIS & ALCOHOLIC HEPATITIS W/O CC/MCC	434	MS-DRG	inpatient				20152.11	Wellcare	Medicare		17523.58				7507.81	53390.86	case rate	
MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS W MCC	435	MS-DRG	inpatient				35724.91	Wellcare	Medicare		31055.13				20787.09	63675.63	case rate	
MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS W CC	436	MS-DRG	inpatient				26310.39	Wellcare	Medicare		22878.6				13000.94	42604.2	case rate	
MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS W/O CC/MCC	437	MS-DRG	inpatient				22460.24	Wellcare	Medicare		19530.47				9816.55	32473.56	case rate	
DISORDERS OF PANCREAS EXCEPT MALIGNANCY W MCC	438	MS-DRG	inpatient				34423.84	Wellcare	Medicare		29933.77				19711.06	61443.97	case rate	
DISORDERS OF PANCREAS EXCEPT MALIGNANCY W CC	439	MS-DRG	inpatient				22804.23	Wellcare	Medicare		19829.76				10101.21	32342.29	case rate	
DISORDERS OF PANCREAS EXCEPT MALIGNANCY W/O CC/MCC	440	MS-DRG	inpatient				19382.33	Wellcare	Medicare		16854.2				7271.17	23303.1	case rate	
DISORDERS OF LIVER EXCEPT MALIG, CIRR, ALC HEPA W MCC	441	MS-DRG	inpatient				36700.35	Wellcare	Medicare		31913.35				11778	69658	case rate	
DISORDERS OF LIVER EXCEPT MALIG, CIRR, ALC HEPA W CC	442	MS-DRG	inpatient				24179.56	Wellcare	Medicare		21025.7				11238.66	35215.32	case rate	
DISORDERS OF LIVER EXCEPT MALIG, CIRR, ALC HEPA W/O CC/MCC	443	MS-DRG	inpatient				20797.65	Wellcare	Medicare		18084.91				8441.69	26097.37	case rate	
DISORDERS OF THE BILIARY TRACT W MCC	444	MS-DRG	inpatient				33915.41	Wellcare	Medicare		29491.66				19290.57	60420.03	case rate	
DISORDERS OF THE BILIARY TRACT W CC	445	MS-DRG	inpatient				26111.89	Wellcare	Medicare		22705.98				12836.76	40042.47	case rate	
DISORDERS OF THE BILIARY TRACT W/O CC/MCC	446	MS-DRG	inpatient				22037.3	Wellcare	Medicare		19162.87				9466.93	29818.07	case rate	
COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W MCC	453	MS-DRG	inpatient				137146.57	Wellcare	Medicare		119257.89				17717	356200.23	case rate	
COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W CC	454	MS-DRG	inpatient				97941.81	Wellcare	Medicare		85166.79				36879	237614.36	case rate	
COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W/O CC/MCC	455	MS-DRG	inpatient				76366.45	Wellcare	Medicare		66405.57				54399.14	197326	case rate	
SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR EXT FUS W MCC	456	MS-DRG	inpatient				130976.87	Wellcare	Medicare		113892.93				99564.03	342258.88	case rate	
SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR EXT FUS W CC	457	MS-DRG	inpatient				97356.26	Wellcare	Medicare		84657.62				71758.53	245468.31	case rate	
SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR EXT FUS W/O CC/MCC	458	MS-DRG	inpatient				75300.99	Wellcare	Medicare		65479.12				53618	192080.85	case rate	
SPINAL FUSION EXCEPT CERVICAL W MCC	459	MS-DRG	inpatient				105311.18	Wellcare	Medicare		91574.94				78337.54	238474.69	case rate	
SPINAL FUSION EXCEPT CERVICAL W/O MCC	460	MS-DRG	inpatient				62831.62	Wellcare	Medicare		54636.19				43205.36	151434.51	case rate	
BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY W MCC	461	MS-DRG	inpatient				107970.44	Wellcare	Medicare		93887.34				9917	168125.13	case rate	
BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY W/O MCC	462	MS-DRG	inpatient				51240.57	Wellcare	Medicare		44557.02				11315	119801.11	case rate	
WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W MCC	463	MS-DRG	inpatient				91477.9	Wellcare	Medicare		79546				15756	192482.17	case rate	
WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W CC	464	MS-DRG	inpatient				53455.67	Wellcare	Medicare		46483.19				35451.1	110420.61	case rate	
WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W/O CC/MCC	465	MS-DRG	inpatient				37308.75	Wellcare	Medicare		32442.39				22096.99	68915.36	case rate	
REVISION OF HIP OR KNEE REPLACEMENT W MCC	466	MS-DRG	inpatient				84664.45	Wellcare	Medicare		73620.95				61261.63	191780.79	case rate	
REVISION OF HIP OR KNEE REPLACEMENT W CC	467	MS-DRG	inpatient				60380.87	Wellcare	Medicare		52505.11				41178.5	130164.29	case rate	
REVISION OF HIP OR KNEE REPLACEMENT W/O CC/MCC	468	MS-DRG	inpatient				48716.99	Wellcare	Medicare		42362.6				31532.03	104697.04	case rate	
MAJOR HIP AND KNEE JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W MCC OR TOTAL ANKLE REP	469	MS-DRG	inpatient				58145.78	Wellcare	Medicare		50581.55				39330	119054.72	case rate	
MAJOR HIP AND KNEE JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W/O MCC	470	MS-DRG	inpatient				37464.42	Wellcare	Medicare		32577.76				22225.74	74631.43	case rate	
CERVICAL SPINAL FUSION W MCC	471	MS-DRG	inpatient				80842.3	Wellcare	Medicare		70297.65				8282	187936.32	case rate	
CERVICAL SPINAL FUSION W CC	472	MS-DRG	inpatient				52798.71	Wellcare	Medicare		45911.92				8991	110525.63	case rate	
CERVICAL SPINAL FUSION W/O CC/MCC	473	MS-DRG	inpatient				45732.17	Wellcare	Medicare		39767.05				11229	89030.36	case rate	
AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W MCC	474	MS-DRG	inpatient				72041.9	Wellcare	Medicare		62645.13				22321	142342.82	case rate	
AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W CC	475	MS-DRG	inpatient				41220.51	Wellcare	Medicare		35843.92				25332.17	80595.04	case rate	
AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W/O CC/MCC	476	MS-DRG	inpatient				27398.66	Wellcare	Medicare		23824.92				13900.98	43159.3	case rate	
BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W MCC	477	MS-DRG	inpatient				58705.84	Wellcare	Medicare		51048.37				39793.01	117711.97	case rate	
BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W CC	478	MS-DRG	inpatient				44633.85	Wellcare	Medicare		38812.04				28155.12	85485.95	case rate	
BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W/O CC/MCC	479	MS-DRG	inpatient				37211.63	Wellcare	Medicare		32357.94				22016.67	67437.59	case rate	
HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W MCC	480	MS-DRG	inpatient				52705.88	Wellcare	Medicare		45831.2				34830.99	113661.21	case rate	
HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W CC	481	MS-DRG	inpatient				40223.65	Wellcare	Medicare		34977.09				8360	77350.69	case rate	
HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W/O CC/MCC	482	MS-DRG	inpatient				33275.59	Wellcare	Medicare		28935.3				9385	62430.4	case rate	
MAJOR JOINT/LIMB REATTACHMENT PROCEDURE OF UPPER EXTREMITIES	483	MS-DRG	inpatient				46069.16	Wellcare	Medicare		40060.14				13093	89397.93	case rate	
KNEE PROCEDURES W PDX OF INFECTION W MCC	485	MS-DRG	inpatient				57634.14	Wellcare	Medicare		50116.96				38907.15	123926.88	case rate	
KNEE PROCEDURES W PDX OF INFECTION W CC	486	MS-DRG	inpatient				39272.49	Wellcare	Medicare		34149.99				23721.08	83205.53	case rate	
KNEE PROCEDURES W PDX OF INFECTION W/O CC/MCC	487	MS-DRG	inpatient				32654.33	Wellcare	Medicare		28395.07				18247.62	61894.05	case rate	
KNEE PROCEDURES W/O PDX OF INFECTION W CC/MCC	488	MS-DRG	inpatient				40676.38	Wellcare	Medicare		35370.76				24882.15	79233.54	case rate	
KNEE PROCEDURES W/O PDX OF INFECTION W/O CC/MCC	489	MS-DRG	inpatient				28266.99	Wellcare	Medicare		24579.99				14619.12	49661.58	case rate	
LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR W MCC	492	MS-DRG	inpatient				60035.26	Wellcare	Medicare		52204.57				27633	127167.48	case rate	
LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR W CC	493	MS-DRG	inpatient				44890.92	Wellcare	Medicare		39035.58				28367.73	84244.47	case rate	
LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR W/O CC/MCC	494	MS-DRG	inpatient				37286.9	Wellcare	Medicare		32422.52				22078.09	67890.08	case rate	
LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W MCC	495	MS-DRG	inpatient				61736.21	Wellcare	Medicare		53683.66				42299.42	128660.45	case rate	
LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W CC	496	MS-DRG	inpatient				38975.43	Wellcare	Medicare		33891.67				23475.4	73547.48	case rate	
LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W/O CC/MCC	497	MS-DRG	inpatient				30976.23	Wellcare	Medicare		26935.85				16859.76	53822.55	case rate	
LOCAL EXCISION & REMOVAL INT FIX DEVICES OF HIP & FEMUR W CC/MCC	498	MS-DRG	inpatient				47880.08	Wellcare	Medicare		41634.85				30839.88	85440.95	case rate	
LOCAL EXCISION & REMOVAL INT FIX DEVICES OF HIP & FEMUR W/O CC/MCC	499	MS-DRG	inpatient				29011.07	Wellcare	Medicare		25227.01				15234.5	41977.83	case rate	
SOFT TISSUE PROCEDURES W MCC	500	MS-DRG	inpatient				56903.27	Wellcare	Medicare		49481.11				38302.4	115071.48	case rate	
SOFT TISSUE PROCEDURES W CC	501	MS-DRG	inpatient				35379.29	Wellcare	Medicare		30764.6				8902	63289.31	case rate	
SOFT TISSUE PROCEDURES W/O CC/MCC	502	MS-DRG	inpatient				30337.84	Wellcare	Medicare		26380.73				16331.79	48425.29	case rate	
FOOT PROCEDURES W MCC	503	MS-DRG	inpatient				48892.66	Wellcare	Medicare		42515.35				27418	96100.44	case rate	
FOOT PROCEDURES W CC	504	MS-DRG	inpatient				35256.46	Wellcare	Medicare		30657.8				20399.68	64868.36	case rate	
FOOT PROCEDURES W/O CC/MCC	505	MS-DRG	inpatient				34950.84	Wellcare	Medicare		30392.03				20146.91	59253.56	case rate	
MAJOR THUMB OR JOINT PROCEDURES	506	MS-DRG	inpatient				31478.95	Wellcare	Medicare		27373				17275.53	52896.12	case rate	
MAJOR SHOULDER OR ELBOW JOINT PROCEDURES W CC/MCC	507	MS-DRG	inpatient				41034.85	Wellcare	Medicare		35682.48				25178.62	72857.35	case rate	
MAJOR SHOULDER OR ELBOW JOINT PROCEDURES W/O CC/MCC	508	MS-DRG	inpatient				31070.49	Wellcare	Medicare		27017.82				16937.72	54287.63	case rate	
ARTHROSCOPY	509	MS-DRG	inpatient				29530.92	Wellcare	Medicare		25679.06				15664.44	62647.94	case rate	
SHOULDER, ELBOW OR FOREARM PROC, EXC MAJOR JOINT PROC W MCC	510	MS-DRG	inpatient				49445.36	Wellcare	Medicare		42995.96				32134.42	102494.13	case rate	
SHOULDER, ELBOW OR FOREARM PROC, EXC MAJOR JOINT PROC W CC	511	MS-DRG	inpatient				39065.4	Wellcare	Medicare		33969.91				7655	69286.68	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.													
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true												
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
SHOULDER, ELBOW OR FOREARM PROC, EXC MAJOR JOINT PROC W/O CC/MCC	512	MS-DRG	inpatient					Medicare	Medicare		29259.73				10564	57089.4	case rate	
HAND OR WRIST PROC, EXCEPT MAJOR THUMB OR JOINT PROC W CC/MCC	513	MS-DRG	inpatient					Medicare	Medicare		33741.17				18516	61496.48	case rate	
HAND OR WRIST PROC, EXCEPT MAJOR THUMB OR JOINT PROC W/O CC/MCC	514	MS-DRG	inpatient					Medicare	Medicare		25464.91				12301.7	40660.37	case rate	
OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W MCC	515	MS-DRG	inpatient					Medicare	Medicare		55742.17				37342.12	115596.57	case rate	
OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W CC	516	MS-DRG	inpatient					Medicare	Medicare		39736.64				24104.56	70715.7	case rate	
OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W/O CC/MCC	517	MS-DRG	inpatient					Medicare	Medicare		31933.11				17651.14	51793.42	case rate	
BACK & NECK PROC EXC SPINAL FUSION W MCC OR DISC DEVICE/NEUROSTIM	518	MS-DRG	inpatient					Medicare	Medicare		62744.5				43133.31	116279.2	case rate	
BACK & NECK PROC EXC SPINAL FUSION W CC	519	MS-DRG	inpatient					Medicare	Medicare		39705.5				23252.16	69836.03	case rate	
BACK & NECK PROC EXC SPINAL FUSION W/O CC/MCC	520	MS-DRG	inpatient					Medicare	Medicare		31034.79				16908.19	49297.55	case rate	
HIP REPLACEMENT W/TH PRINCIPAL DIAGNOSIS OF HIP FRACTURE W/TH MCC	521	MS-DRG	inpatient					Medicare	Medicare		53352.84				46393.77	51952.36	case rate	
HIP REPLACEMENT W/TH PRINCIPAL DIAGNOSIS OF HIP FRACTURE W/THOUT MCC	522	MS-DRG	inpatient					Medicare	Medicare		40756.36				35440.31	39648.78	case rate	
FRACTURES OF FEMUR W MCC	533	MS-DRG	inpatient					Medicare	Medicare		33899.7				29469.31	57404.46	case rate	
FRACTURES OF FEMUR W/O MCC	534	MS-DRG	inpatient					Medicare	Medicare		22158.69				19268.43	9567.33	34640.29	case rate
FRACTURES OF HIP & PELVIS W MCC	535	MS-DRG	inpatient					Medicare	Medicare		29109.61				15316	47063.78	case rate	
FRACTURES OF HIP & PELVIS W/O MCC	536	MS-DRG	inpatient					Medicare	Medicare		21831.64				18984.04	9296.85	28392.8	case rate
SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS & THIGH W CC/MCC	537	MS-DRG	inpatient					Medicare	Medicare		24400.54				21218.2	11421.74	34150.12	case rate
SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS & THIGH W/O CC/MCC	538	MS-DRG	inpatient					Medicare	Medicare		20717.67				18015.36	8375.55	27267.59	case rate
OSTEOMYELITIS W MCC	539	MS-DRG	inpatient					Medicare	Medicare		38931.15				33853.18	23438.78	75734.13	case rate
OSTEOMYELITIS W CC	540	MS-DRG	inpatient					Medicare	Medicare		29131.03				25331.33	15333.72	48642.83	case rate
OSTEOMYELITIS W/O CC/MCC	541	MS-DRG	inpatient					Medicare	Medicare		22842.79				19863.3	7723	33107.43	case rate
PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W MCC	542	MS-DRG	inpatient					Medicare	Medicare		36636.08				31857.46	8903	68461.53	case rate
PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W CC	543	MS-DRG	inpatient					Medicare	Medicare		26167.58				22754.41	10889	40226.26	case rate
PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W/O CC/MCC	544	MS-DRG	inpatient					Medicare	Medicare		21551.72				18740.63	9065.34	29945.59	case rate
CONNECTIVE TISSUE DISORDERS W MCC	545	MS-DRG	inpatient					Medicare	Medicare		46197.69				40171.91	29448.48	92983.6	case rate
CONNECTIVE TISSUE DISORDERS W CC	546	MS-DRG	inpatient					Medicare	Medicare		27718.57				24103.1	14165.56	45548.5	case rate
CONNECTIVE TISSUE DISORDERS W/O CC/MCC	547	MS-DRG	inpatient					Medicare	Medicare		22207.25				19310.65	9607.49	32166	case rate
SEPTIC ARTHRITIS W MCC	548	MS-DRG	inpatient					Medicare	Medicare		38437				33423.48	23030.1	77534.47	case rate
SEPTIC ARTHRITIS W CC	549	MS-DRG	inpatient					Medicare	Medicare		27817.11				24188.8	14247.06	46698.21	case rate
SEPTIC ARTHRITIS W/O CC/MCC	550	MS-DRG	inpatient					Medicare	Medicare		23741.11				20644.44	10876.05	34648.97	case rate
MEDICAL BACK PROBLEMS W MCC	551	MS-DRG	inpatient					Medicare	Medicare		34896.57				30344.84	9165	59696.14	case rate
MEDICAL BACK PROBLEMS W/O MCC	552	MS-DRG	inpatient					Medicare	Medicare		24390.93				21209.5	11413.47	33793.81	case rate
BONE DISEASES & ARTHROPATHIES W MCC	553	MS-DRG	inpatient					Medicare	Medicare		29892.25				25993.26	15963.27	46418.66	case rate
BONE DISEASES & ARTHROPATHIES W/O MCC	554	MS-DRG	inpatient					Medicare	Medicare		22327.22				19414.97	9706.71	47368.4	case rate
SIGNS & SYMPTOMS OF MUSCULOSKELETAL SYSTEM & CONN TISSUE W MCC	555	MS-DRG	inpatient					Medicare	Medicare		30570.63				26583.16	16524.32	47976.95	case rate
SIGNS & SYMPTOMS OF MUSCULOSKELETAL SYSTEM & CONN TISSUE W/O MCC	556	MS-DRG	inpatient					Medicare	Medicare		22364.35				19447.26	9737.42	28794.12	case rate
TENDONITIS, MYOSITIS & BURSITIS W MCC	557	MS-DRG	inpatient					Medicare	Medicare		32824.29				28542.86	18388.17	53725.03	case rate
TENDONITIS, MYOSITIS & BURSITIS W/O MCC	558	MS-DRG	inpatient					Medicare	Medicare		23135.56				20117.88	10375.24	32387.29	case rate
AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W MCC	559	MS-DRG	inpatient					Medicare	Medicare		37018.83				32190.29	21857.22	67463.84	case rate
AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W CC	560	MS-DRG	inpatient					Medicare	Medicare		26758.84				23268.56	13371.82	38320.5	case rate
AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W/O CC/MCC	561	MS-DRG	inpatient					Medicare	Medicare		21733.1				18898.35	9211	28359.04	case rate
FX, SPRN, STRN & DISL EXCEPT FEMUR, HIP, PELVIS & THIGH W MCC	562	MS-DRG	inpatient					Medicare	Medicare		32308.72				28094.54	12507	52813.61	case rate
FX, SPRN, STRN & DISL EXCEPT FEMUR, HIP, PELVIS & THIGH W/O MCC	563	MS-DRG	inpatient					Medicare	Medicare		23381.51				20331.49	10578.4	31434.62	case rate
OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W MCC	564	MS-DRG	inpatient					Medicare	Medicare		32897.12				28606.19	18448.41	58968.51	case rate
OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W CC	565	MS-DRG	inpatient					Medicare	Medicare		24863.65				21620.57	11804.43	36599.33	case rate
OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W/O CC/MCC	566	MS-DRG	inpatient					Medicare	Medicare		21308.93				18529.51	8864.55	28591.59	case rate
SKIN DEBRIDEMENT W MCC	570	MS-DRG	inpatient					Medicare	Medicare		52324.55				45499.61	34515.62	113622.49	case rate
SKIN DEBRIDEMENT W CC	571	MS-DRG	inpatient					Medicare	Medicare		34753.75				30220.65	9078	63870.67	case rate
SKIN DEBRIDEMENT W/O CC/MCC	572	MS-DRG	inpatient					Medicare	Medicare		26865.95				23361.7	11401	44205.75	case rate
SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W MCC	573	MS-DRG	inpatient					Medicare	Medicare		99395.69				86431.03	16091	196968.01	case rate
SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W CC	574	MS-DRG	inpatient					Medicare	Medicare		59231.5				51505.39	36864	114242.57	case rate
SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W/O CC/MCC	575	MS-DRG	inpatient					Medicare	Medicare		39810.91				34618.18	24166.37	65959.81	case rate
SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W MCC	576	MS-DRG	inpatient					Medicare	Medicare		91754.97				79786.93	67126.05	183060.41	case rate
SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W CC	577	MS-DRG	inpatient					Medicare	Medicare		48424.21				42108.01	31289.9	94112.56	case rate
SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W/O CC/MCC	578	MS-DRG	inpatient					Medicare	Medicare		33591.22				29209.75	19022.45	57374.46	case rate
OTHER SKIN, SUBCUT TISS & BREAST PROC W MCC	579	MS-DRG	inpatient					Medicare	Medicare		58322.88				50715.55	39476.46	104937.08	case rate
OTHER SKIN, SUBCUT TISS & BREAST PROC W CC	580	MS-DRG	inpatient					Medicare	Medicare		30534.96				30899.96	20630	59628.63	case rate
OTHER SKIN, SUBCUT TISS & BREAST PROC W/O CC/MCC	581	MS-DRG	inpatient					Medicare	Medicare		29823.7				25933.65	8609	46373.65	case rate
MASTECTOMY FOR MALIGNANCY W CC/MCC	582	MS-DRG	inpatient					Medicare	Medicare		34399.56				29912.66	10681	58867.24	case rate
MASTECTOMY FOR MALIGNANCY W/O CC/MCC	583	MS-DRG	inpatient					Medicare	Medicare		32325.85				28109.44	14701	51688.4	case rate
BREAST BIOPSY, LOCAL EXCISION & OTHER BREAST PROCEDURES W CC/MCC	584	MS-DRG	inpatient					Medicare	Medicare		36562.68				33532.77	23134.04	70190.6	case rate
BREAST BIOPSY, LOCAL EXCISION & OTHER BREAST PROCEDURES W/O CC/MCC	585	MS-DRG	inpatient					Medicare	Medicare		34640.92				30122.54	19890.6	58724.71	case rate
SKIN ULCERS W MCC	592	MS-DRG	inpatient					Medicare	Medicare		40440.73				35165.85	24687.26	64069.46	case rate
SKIN ULCERS W CC	593	MS-DRG	inpatient					Medicare	Medicare		27869.96				24234.74	14290.76	42360.41	case rate
SKIN ULCERS W/O CC/MCC	594	MS-DRG	inpatient					Medicare	Medicare		21835.93				18987.76	9300.39	30386.17	case rate
MAJOR SKIN DISORDERS W MCC	595	MS-DRG	inpatient					Medicare	Medicare		41653.25				36220.22	26690.06	74522.66	case rate
MAJOR SKIN DISORDERS W/O MCC	596	MS-DRG	inpatient					Medicare	Medicare		25000.76				21739.79	11917.82	37938.33	case rate
MALIGNANT BREAST DISORDERS W MCC	597	MS-DRG	inpatient					Medicare	Medicare		33448.4				29085.56	18904.34	64512.04	case rate
MALIGNANT BREAST DISORDERS W CC	598	MS-DRG	inpatient					Medicare	Medicare		27711.43				24096.9	14159.65	43594.39	case rate
MALIGNANT BREAST DISORDERS W/O CC/MCC	599	MS-DRG	inpatient					Medicare	Medicare		19465.16				16926.23	7339.68	26870.01	case rate
NON-MALIGNANT BREAST DISORDERS W CC/MCC	600	MS-DRG	inpatient					Medicare	Medicare		25236.41				21944.7	12112.71	35856.69	case rate
NON-MALIGNANT BREAST DISORDERS W/O CC/MCC	601	MS-DRG	inpatient					Medicare	Medicare		19482.3				16941.13	7353.85	23224.33	case rate
CELLULITIS W MCC	602	MS-DRG	inpatient					Medicare	Medicare		31834.56				27692.23	17599.64	54160.11	case rate
CELLULITIS W/O MCC	603	MS-DRG	inpatient					Medicare	Medicare		23225.54				20196.12	10449.65	31794.68	case rate
TRAUMA TO THE SKIN, SUBCUT TISS & BREAST W MCC	604	MS-DRG	inpatient					Medicare	Medicare		32101.63				27914.46	17790.51	53139.92	case rate
TRAUMA TO THE SKIN, SUBCUT TISS & BREAST W/O MCC	605	MS-DRG	inpatient					Medicare	Medicare		23569.73				20495.42	10734.31	32274.77	case rate
MINOR SKIN DISORDERS W MCC	606	MS-DRG	inpatient					Medicare	Medicare		33238.46				28903.01	18730.71	51789.67	case rate
MINOR SKIN DISORDERS W/O MCC	607	MS-DRG	inpatient					Medicare	Medicare		23351.22				20305.41	10553.59	30043.11	case rate
ADRENAL & PITUITARY PROCEDURES W CC/MCC	614	MS-DRG	inpatient					Medicare	Medicare		42758.65				37181.44	26604.27	88651.55	case rate
ADRENAL & PITUITARY PROCEDURES W/O CC/MCC	615	MS-DRG	inpatient					Medicare	Medicare		31600.34				27478.56	17375.93	55555.37	case rate
AMPUTAT OF LOWER LIMB FOR ENDOCRINE, NUTRIT, & METABOL DIS W MCC	616	MS-DRG	inpatient					Medicare	Medicare		67113.36				58359.37	46746.45	155098.95	case rate
AMPUTAT OF LOWER LIMB FOR ENDOCRINE, NUTRIT, & METABOL DIS W CC	617	MS-DRG	inpatient					Medicare	Medicare		38932.58				33854.42	23439.96	77774.52	case rate
AMPUTAT OF LOWER LIMB FOR ENDOCRINE, NUTRIT, & METABOL DIS W/O CC/MCC	618	MS-DRG	inpatient					Medicare	Medicare		27178.72				23633.67	13719.08	43481.87	case rate
O.R. PROCEDURES FOR OBESITY W MCC	619	MS-DRG	inpatient					Medicare	Medicare		47558.74				41355.43	30574.12	109546.69	case rate
O.R. PROCEDURES FOR OBESITY W CC	620	MS-DRG	inpatient					Medicare	Medicare		33758.31				29355.05	19160.65	67872.67	case rate
O.R. PROCEDURES FOR OBESITY W/O CC/MCC	621	MS-DRG	inpatient					Medicare	Medicare		32260.16				28052.31	17921.62	59197.3	case rate
SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W MCC	622	MS-DRG	inpatient					Medicare	Medicare		65226.66				56718.84	45186.15	142451.59	case rate
SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W CC	623	MS-DRG	inpatient					Medicare	Medicare		37174.5				32325.65	21985.96	72133.46	case rate
SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W/O CC/MCC	624	MS-DRG	inpatient					Medicare	Medicare		26507.48				23049.98	13163.94	48609.07	case rate
THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W MCC	625	MS-DRG	inpatient					Medicare	Medicare		52310.27				45487.19	34503.81	104393.23	case rate
THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W CC	626	MS-DRG	inpatient					Medicare	Medicare		31897.4				27736.87	17621.61	60408.77	case rate
THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W/O CC/MCC	627	MS-DRG	inpatient					Medicare	Medicare		28242.71				24568.88	14599.04	40955.1	case rate
OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W MCC	628	MS-DRG	inpatient					Medicare	Medicare		67924.48				59054.77	47417.35	137838.23	case rate
OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W CC	629	MS-DRG	inpatient					Medicare	Medicare		42907.18				37310.6	26727.11	87717.62	case rate
OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W/O CC/MCC	630	MS-DRG	inpatient					Medicare	Medicare		30532.07				26549.63	16492.43	57554.49	case rate
DIABETES W MCC	637	MS-DRG	inpatient					Medicare	Medicare		31280				27207.83	17118.44	51808.42	case rate
DIABETES W CC	638	MS-DRG	inpatient					Medicare	Medicare		23435.48				20378.68	10623.28	32713.61	case rate
DIABETES W/O CC/MCC	639	MS-DRG	inpatient					Medicare	Medicare		19480.87				16939.89	7352.67	23700.67	case rate
MISC DISORDERS OF NUTRITION, METABOLISM, FLUIDS\ELECTROLYTES W MCC	640	MS-DRG	inpatient					Medicare	Medicare		29373.93				25542.45	15534.51	44640.83	case rate
MISC DISORDERS OF NUTRITION, METABOLISM, FLUIDS\ELECTROLYTES W/O MCC	641	MS-DRG	inpatient					Medicare	Medicare		21750.24				18913.25	9229.52	28201.51	case rate
INBORN AND OTHER DISORDERS OF METABOLISM	642	MS-DRG	inpatient					Medicare	Medicare		29203.87				25394.67	15393.95	47390.09	case rate
ENDOCRINE DISORDERS W MCC	643	MS-DRG	inpatient					Medicare	Medicare		34085.36				29639.45	19431.13	61290.19	case rate
ENDOCRINE DISORDERS W CC	644	MS-DRG	inpatient					Medicare	Medicare		25753.41				22394.27	12540.29	37975.84	case rate
ENDOCRINE DISORDERS W/O CC/MCC	645	MS-DRG	inpatient					Medicare	Medicare		21457.46				18658.66	8987.39	27863.95	case rate
KIDNEY TRANSPLANT WITH HEMODIALYSIS WITH MCC	650	MS-DRG	inpatient					Medicare	Medicare		74822.55				65063.09	53122.31	78036.12	case rate
KIDNEY TRANSPLANT WITH HEMODIALYSIS WITHOUT MCC	651	MS-DRG	inpatient					Medicare	Medicare		59982.41				52156.62	40848.96	60006.7	case rate
KIDNEY TRANSPLANT	652	MS-DRG	inpatient					Medicare	Medicare		53488.51				46520.44	36486.53	124320.7	case rate
MAJOR BLADDER PROCEDURES W MCC	653	MS-DRG	inpatient					Medicare	Medicare		87906.04				76440.04	63942.84	205875.92	case rate
MAJOR BLADDER PROCEDURES W CC	654	MS-DRG	inpatient					Medicare	Medicare		49686.72				43205.84	32334.04	107768.86	case rate
MAJOR BLADDER PROCEDURES W/O CC/MCC	655	MS-DRG	inpatient					Medicare	Medicare		40663.52				35385.67	24896.32	77909.54	case rate
KIDNEY & URETER PROCEDURES FOR NEOPLASM W MCC	656	MS-DRG	inpatient					Medicare	Medicare		55400.84				48174.64	37059.83	124808.29	case rate
KIDNEY & URETER PROCEDURES FOR NEOPLASM W CC	657	MS-DRG	inpatient					Medicare	Medicare		36928.85				32112.05	21782.81	73041.13	case rate
KIDNEY & URETER PROCEDURES FOR NEOPLASM W/O CC/MCC	658	MS-DRG	inpatient					Medicare	Medicare		31733.16				27594.05	17486.77	58750.96	case rate
KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W MCC	659	MS-DRG	inpatient					Medicare	Medicare		47564.16				41360.4	30578.84	102285.34	case rate
KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W CC	660	MS-DRG	inpatient					Medicare	Medicare		29812.27				25923.71	15897.12	54295.13	case rate
KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W/O CC/MCC	661	MS-DRG	inpatient					Medicare	Medicare		25563.46				22229.09	12383.2	40237.51	case rate
MINOR BLADDER PROCEDURES W MCC	662	MS-DRG	inpatient					Medicare	Medicare		53388.54				46424.82	35395.58	119223.5	case rate
MINOR BLADDER PROCEDURES W CC	663	MS-DRG	inpatient					Medicare	Medicare		31427.53				27328.29	17233.01	61522.73	case rate
MINOR BLADDER PROCEDURES W/O CC/MCC	664	MS-DRG	inpatient					Medicare	Medicare		25751.98				22393.02	12539.11	44472.05	case rate
PROSTATECTOMY W MCC	665	MS-DRG	inpatient					Medicare	Medicare		54708.17				47572.32	36486.97	119227.25	case rate
PROSTATECTOMY W CC	666	MS-DRG	inpatient					Medicare	Medicare		35117.93				30537.33	20285.1	66728.7	case rate
PROSTATECTOMY W/O CC/MCC	667	MS-DRG	inpatient					Medicare	Medicare		25580.6				22244	12397.37	40522.56	case rate
TRANSURETHRAL PROCEDURES W MCC	668	MS-DRG	inpatient					Medicare	Medicare		50836.4				44205.56	33284.86	105567.2	case rate
TRANSURETHRAL PROCEDURES W CC	669	MS-DRG	inpatient					Medicare	Medicare		32507.23				28267.16	18125.96	59354.83	case rate
TRANSURETHRAL PROCEDURES W/O CC/MCC	670	MS-DRG	inpatient					Medicare	Medicare		24338.09				21163.55	11369.77	36137.99	case rate
URETHRAL PROCEDURES W CC/MCC	671	MS-DRG	inpatient					Medicare	Medicare		35039.38				30469.03	20220.14	63143.03	case rate
URETHRAL PROCEDURES W/O CC/MCC	672	MS-DRG	inpatient					Medicare	Medicare		23768.25				20668.04	10898.49	39641.15	case rate
OTHER KIDNEY & URINARY TRACT PROCEDURES W MCC	673	MS-DRG	inpatient					Medicare	Medicare		63404.32				55134.19	43679	134173.79	case rate
OTHER KIDNEY & URINARY TRACT PROCEDURES W CC	674	MS-DRG	inpatient					Medicare	Medicare		44612.42				38793.41	28157.4	86719.93	case rate
OTHER KIDNEY & URINARY TRACT PROCEDURES W/O CC/MCC	675	MS-DRG	inpatient					Medicare	Medicare		33248.45				28911.7	18738.98	60960.13	case rate
RENAL FAILURE W MCC	682	MS-DRG	inpatient					Medicare	Medicare		32024.51				27847.4	17726.73	57460.72	case rate
RENAL FAILURE W CC	683	MS-DRG	inpatient					Medicare	Medicare		23455.48				20396.07	10639.82	34468.93	case rate
RENAL FAILURE W/O CC/MCC	684	MS-DRG	inpatient					Medicare	Medicare		19280.93				16766.02	7187.31	23246.84	case rate
KIDNEY & URINARY TRACT NEOPLASMS W MCC	686	MS-DRG	inpatient					Medicare	Medicare		36860.3				32052.44	21726.11	64422.02	case rate
KIDNEY & URINARY TRACT NEOPLASMS W CC	687	MS-DRG	inpatient					Medicare	Medicare		25519.18				22190.6	12346.58	39521.13	case rate
KIDNEY & URINARY TRACT NEOPLASMS W/O CC/MCC	688	MS-DRG	inpatient					Medicare	Medicare		21743.1				18907.04	9023.62	29664.29	case rate
KIDNEY & URINARY TRACT INFECTIONS W MCC	689	MS-DRG	inpatient					Medicare	Medicare		27362.96				23793.87	13871.45	41692.78	case rate
KIDNEY & URINARY TRACT INFECTIONS W/O MCC	690	MS-DRG	inpatient					Medicare	Medicare		22114.42				19229.93	9530.72	29784.31	case rate
URINARY STONES W MCC	693	MS-DRG	inpatient					Medicare	Medicare		30817.7				26798	16728.66	49644.27	case rate
URINARY STONES W/O MCC	694	MS-DRG	inpatient					Medicare	Medicare		21768.8				18929.39	9244.88	26333.66	case rate
KIDNEY & URINARY TRACT SIGNS & SYMPTOMS W MCC	695	MS-DRG	inpatient					Medicare	Medicare		27671.44				24082.12	14126.58	43084.29	case rate
KIDNEY & URINARY TRACT SIGNS & SYMPTOMS W/O MCC	696	MS-DRG	inpatient					Medicare	Medicare		20474.88				17804.24	8174.75	25827.32	case rate
URETHRAL STRICTURE	697	MS-DRG	inpatient					Medicare	Medicare		26487.49				23032.6	13147.4	36006.72	case rate
OTHER KIDNEY & URINARY TRACT DIAGNOSES W MCC	698	MS-DRG	inpatient					Medicare	Medicare		34218.19				29754.94	19540.98	60577.56	case rate
OTHER KIDNEY & URINARY TRACT DIAGNOSES W CC	699	MS-DRG	inpatient					Medicare	Medicare		25169.28				21886.33	12057.2	38553.45	case rate
OTHER KIDNEY & URINARY TRACT DIAGNOSES W/O CC/MCC	700	MS-DRG	inpatient					Medicare	Medicare		20706.24				18005.43	8366.1	28494.07	case rate
MAJOR MALE PELVIC PROCEDURES W CC/MCC	707	MS-DRG	inpatient					Medicare	Medicare		38609.81				33573.75	23173.02	67190.04	case rate
MAJOR MALE PELVIC PROCEDURES W/O CC/MCC	708	MS-DRG	inpatient					Medicare	Medicare		31420.39				27322.08	17227.1	52753.6	case rate
PENIS PROCEDURES W CC/MCC	709	MS-DRG	inpatient					Medicare	Medicare		40867.75				35537.18	25040.42	76206.72	case rate

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.														
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103		310119 true													
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
PENIS PROCEDURES W/O CC/MCC	710	MS-DRG	inpatient					Wellcare	Medicare		24537.77				14578.96	62617.94	case rate	
TESTES PROCEDURES W CC/MCC	711	MS-DRG	inpatient					Wellcare	Medicare		40909.17				25074.68	78145.83	case rate	
TESTES PROCEDURES W/O CC/MCC	712	MS-DRG	inpatient					Wellcare	Medicare		27562.9				14036.81	40387.54	case rate	
TRANSURETHRAL PROSTATECTOMY W CC/MCC	713	MS-DRG	inpatient					Wellcare	Medicare		31309				17134.97	54887.74	case rate	
TRANSURETHRAL PROSTATECTOMY W/O CC/MCC	714	MS-DRG	inpatient					Wellcare	Medicare		24279.53				11112.64	34150.12	case rate	
OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC FOR MALIGNANCY W CC/MCC	715	MS-DRG	inpatient					Wellcare	Medicare		42117.41				26073.93	82886.72	case rate	
OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC FOR MALIGNANCY W/O CC/MCC	716	MS-DRG	inpatient					Wellcare	Medicare		30901.97				16798.34	54872.74	case rate	
OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC EXC MALIGNANCY W CC/MCC	717	MS-DRG	inpatient					Wellcare	Medicare		36483.26				21722.55	73299.93	case rate	
OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC EXC MALIGNANCY W/O CC/MCC	718	MS-DRG	inpatient					Wellcare	Medicare		27382.55				13887.99	46231.13	case rate	
MALIGNANCY, MALE REPRODUCTIVE SYSTEM W MCC	722	MS-DRG	inpatient					Wellcare	Medicare		37365.88				22144.24	62250.37	case rate	
MALIGNANCY, MALE REPRODUCTIVE SYSTEM W CC	723	MS-DRG	inpatient					Wellcare	Medicare		26504.62				13161.58	41313.96	case rate	
MALIGNANCY, MALE REPRODUCTIVE SYSTEM W/O CC/MCC	724	MS-DRG	inpatient					Wellcare	Medicare		22151.55				9561.43	25849.82	case rate	
BENIGN PROSTATIC HYPERTROPHY W MCC	725	MS-DRG	inpatient					Wellcare	Medicare		28312.65				14658.92	45544.75	case rate	
BENIGN PROSTATIC HYPERTROPHY W/O MCC	726	MS-DRG	inpatient					Wellcare	Medicare		21029.01				8633.04	28674.1	case rate	
INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM W MCC	727	MS-DRG	inpatient					Wellcare	Medicare		33741.17				19146.47	53935.07	case rate	
INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM W/O MCC	728	MS-DRG	inpatient					Wellcare	Medicare		22017.31				9460.4	29683.04	case rate	
OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES W CC/MCC	729	MS-DRG	inpatient					Wellcare	Medicare		24927.92				11857.58	40582.57	case rate	
OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES W/O CC/MCC	730	MS-DRG	inpatient					Wellcare	Medicare		19468.02				7342.04	21318.98	case rate	
PELVIC EVISCERATION, RAD HYSTERECTOMY & RAD VULVECTOMY W CC/MCC	734	MS-DRG	inpatient					Wellcare	Medicare		41633.25				25673.52	86487.39	case rate	
PELVIC EVISCERATION, RAD HYSTERECTOMY & RAD VULVECTOMY W/O CC/MCC	735	MS-DRG	inpatient					Wellcare	Medicare		26588.53				14894.88	51197.06	case rate	
UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W MCC	736	MS-DRG	inpatient					Wellcare	Medicare		66106.42				45913.74	151175.71	case rate	
UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W CC	737	MS-DRG	inpatient					Wellcare	Medicare		38779.77				23313.58	76191.72	case rate	
UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W/O CC/MCC	738	MS-DRG	inpatient					Wellcare	Medicare		30079.34				16118	62221	case rate	
UTERINE, ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W MCC	739	MS-DRG	inpatient					Wellcare	Medicare		62237.16				42714	134938.93	case rate	
UTERINE, ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W CC	740	MS-DRG	inpatient					Wellcare	Medicare		36111.94				21107.19	65370.95	case rate	
UTERINE, ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W/O CC/MCC	741	MS-DRG	inpatient					Wellcare	Medicare		29146.74				15346.71	49801.79	case rate	
UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W CC/MCC	742	MS-DRG	inpatient					Wellcare	Medicare		36039.1				21046.95	64287	case rate	
UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC/MCC	743	MS-DRG	inpatient					Wellcare	Medicare		27185.86				13634.98	41842.81	case rate	
D&C, CONIZATION, LAPAROSCOPY & TUBAL INTERRUPTION W CC/MCC	744	MS-DRG	inpatient					Wellcare	Medicare		37474.42				22134.01	63398.08	case rate	
D&C, CONIZATION, LAPAROSCOPY & TUBAL INTERRUPTION W/O CC/MCC	745	MS-DRG	inpatient					Wellcare	Medicare		25384.94				12235.55	40109.99	case rate	
VAGINA, CERVIX & VULVA PROCEDURES W CC/MCC	746	MS-DRG	inpatient					Wellcare	Medicare		34528.1				19797.29	62925.49	case rate	
VAGINA, CERVIX & VULVA PROCEDURES W/O CC/MCC	747	MS-DRG	inpatient					Wellcare	Medicare		23261.24				10479.18	35939.21	case rate	
FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES	748	MS-DRG	inpatient					Wellcare	Medicare		30654.89				16594	48534.06	case rate	
OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES W CC/MCC	749	MS-DRG	inpatient					Wellcare	Medicare		46540.46				29731.96	97593.21	case rate	
OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES W/O CC/MCC	750	MS-DRG	inpatient					Wellcare	Medicare		30013.64				16083.67	45904.82	case rate	
MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W MCC	754	MS-DRG	inpatient					Wellcare	Medicare		37047.39				22215.12	69065.39	case rate	
MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W CC	755	MS-DRG	inpatient					Wellcare	Medicare		26081.88				12811.96	40128.74	case rate	
MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W/O CC/MCC	756	MS-DRG	inpatient					Wellcare	Medicare		24725.12				11690.86	29259.21	case rate	
INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W MCC	757	MS-DRG	inpatient					Wellcare	Medicare		31883.12				17733.15	54043.84	case rate	
INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W CC	758	MS-DRG	inpatient					Wellcare	Medicare		24766.54				11724.11	38272.14	case rate	
INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W/O CC/MCC	759	MS-DRG	inpatient					Wellcare	Medicare		19819.35				7632.6	26656.22	case rate	
MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS W CC/MCC	760	MS-DRG	inpatient					Wellcare	Medicare		24806.53				11757.19	32694.85	case rate	
MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS W/O CC/MCC	761	MS-DRG	inpatient					Wellcare	Medicare		19239.51				7153.06	20608.35	case rate	
VAGINAL DELIVERY W O.R. PROC EXCEPT STERIL &/OR D&C	768	MS-DRG	inpatient					Wellcare	Medicare		27987.07				8760	42435.42	case rate	
POSTPARTUM & POST ABORTION DIAGNOSES W O.R. PROCEDURE	769	MS-DRG	inpatient					Wellcare	Medicare		32640.05				28382.85	54681.46	case rate	
ABORTION W D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY	770	MS-DRG	inpatient					Wellcare	Medicare		21997.31				9433.86	40053.73	case rate	
POSTPARTUM & POST ABORTION DIAGNOSES W/O O.R. PROCEDURE	776	MS-DRG	inpatient					Wellcare	Medicare		20826.21				18109.75	24717.11	case rate	
ABORTION W/O D&C	779	MS-DRG	inpatient					Wellcare	Medicare		24717.98				21493.9	29291.53	case rate	
CESAREAN SECTION W STERILIZATION W MCC	783	MS-DRG	inpatient					Wellcare	Medicare		35894.86				31212.92	65468.47	case rate	
CESAREAN SECTION W STERILIZATION W CC	784	MS-DRG	inpatient					Wellcare	Medicare		25216.41				21927.31	41336.46	case rate	
CESAREAN SECTION W STERILIZATION W/O CC/MCC	785	MS-DRG	inpatient					Wellcare	Medicare		22962.76				19967.61	31712.17	case rate	
CESAREAN SECTION W/O STERILIZATION W MCC	786	MS-DRG	inpatient					Wellcare	Medicare		35576.38				30935.98	58315.88	case rate	
CESAREAN SECTION W/O STERILIZATION W CC	787	MS-DRG	inpatient					Wellcare	Medicare		25602.02				22262.63	40548.82	case rate	
CESAREAN SECTION W/O STERILIZATION W/O CC/MCC	788	MS-DRG	inpatient					Wellcare	Medicare		22801.37				19827.28	33782.55	case rate	
NEONATES, DIED OR TRANSFERRED TO ANOTHER ACUTE CARE FACILITY	789	MS-DRG	inpatient					Wellcare	Medicare		36574.67				31804.06	62400.4	case rate	
EXTREME IMMATURITY OR RESPIRATORY DISTRESS SYNDROME, NEONATE	790	MS-DRG	inpatient					Wellcare	Medicare		96282.27				83723.72	205714.65	case rate	
PREMATURITY W MAJOR PROBLEMS	791	MS-DRG	inpatient					Wellcare	Medicare		69112.57				60098.02	140538.73	case rate	
PREMATURITY W/O MAJOR PROBLEMS	792	MS-DRG	inpatient					Wellcare	Medicare		45902.06				39914.84	84795.83	case rate	
FULL TERM NEONATE W MAJOR PROBLEMS	793	MS-DRG	inpatient					Wellcare	Medicare		70706.56				61483.97	144360.69	case rate	
NEONATE W OTHER SIGNIFICANT PROBLEMS	794	MS-DRG	inpatient					Wellcare	Medicare		31868.84				27712.03	51095.79	case rate	
NORMAL NEWBORN	795	MS-DRG	inpatient					Wellcare	Medicare		13471.12				11714.02	11714.02	case rate	
VAGINAL DELIVERY W STERILIZATION/D&C W MCC	796	MS-DRG	inpatient					Wellcare	Medicare		30847.7				26824.08	55067.78	case rate	
VAGINAL DELIVERY W STERILIZATION/D&C W CC	797	MS-DRG	inpatient					Wellcare	Medicare		24813.67				21577.1	31764.68	case rate	
VAGINAL DELIVERY W STERILIZATION/D&C W/O CC/MCC	798	MS-DRG	inpatient					Wellcare	Medicare		22175.83				19283.33	31764.68	case rate	
SPLENECTOMY W MCC	799	MS-DRG	inpatient					Wellcare	Medicare		81350.73				70739.77	58521.36	176342.91	case rate
SPLENECTOMY W CC	800	MS-DRG	inpatient					Wellcare	Medicare		50832.11				44201.84	33281.32	98523.39	case rate
SPLENECTOMY W/O CC/MCC	801	MS-DRG	inpatient					Wellcare	Medicare		36150.5				31435.22	5977	58372.14	case rate
OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W MCC	802	MS-DRG	inpatient					Wellcare	Medicare		59009.83				51312.89	8199	125543.43	case rate
OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W CC	803	MS-DRG	inpatient					Wellcare	Medicare		37128.8				32285.91	13379	64590.8	case rate
OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W/O CC/MCC	804	MS-DRG	inpatient					Wellcare	Medicare		27877.1				24240.95	14296.66	46152.36	case rate
VAGINAL DELIVERY W/O STERILIZATION/D&C W MCC	805	MS-DRG	inpatient					Wellcare	Medicare		24989.33				21729.85	6365	38377.16	case rate
VAGINAL DELIVERY W/O STERILIZATION/D&C W CC	806	MS-DRG	inpatient					Wellcare	Medicare		21254.66				18482.31	6365	26532.45	case rate
VAGINAL DELIVERY W/O STERILIZATION/D&C W/O CC/MCC	807	MS-DRG	inpatient					Wellcare	Medicare		19935.03				17334.81	6365	23029.3	case rate
MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W MCC	808	MS-DRG	inpatient					Wellcare	Medicare		41868.9				36407.74	25868.41	80610.04	case rate
MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W CC	809	MS-DRG	inpatient					Wellcare	Medicare		27791.41				24166.44	14225.79	45177.18	case rate
MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W/O CC/MCC	810	MS-DRG	inpatient					Wellcare	Medicare		24936.49				21683.9	11864.67	34581.45	case rate
RED BLOOD CELL DISORDERS W MCC	811	MS-DRG	inpatient					Wellcare	Medicare		30636.33				26640.28	16578.65	50859.49	case rate
RED BLOOD CELL DISORDERS W/O MCC	812	MS-DRG	inpatient					Wellcare	Medicare		23454.05				20394.82	10638.64	33126.18	case rate
COAGULATION DISORDERS	813	MS-DRG	inpatient					Wellcare	Medicare		32869.99				28582.6	18425.97	60442.53	case rate
RETICULOENDOTHELIAL & IMMUNITY DISORDERS W MCC	814	MS-DRG	inpatient					Wellcare	Medicare		40983.44				35637.77	25136.1	62374.14	case rate
RETICULOENDOTHELIAL & IMMUNITY DISORDERS W CC	815	MS-DRG	inpatient					Wellcare	Medicare		24789.39				21555.99	11743.01	36670.59	case rate
RETICULOENDOTHELIAL & IMMUNITY DISORDERS W/O CC/MCC	816	MS-DRG	inpatient					Wellcare	Medicare		20733.38				18029.03	8388.54	27065.05	case rate
OTHER ANTEPARTUM DIAGNOSES W O.R. PROCEDURE W MCC	817	MS-DRG	inpatient					Wellcare	Medicare		42795.76				37213.73	26834.98	94956.47	case rate
OTHER ANTEPARTUM DIAGNOSES W O.R. PROCEDURE W CC	818	MS-DRG	inpatient					Wellcare	Medicare		27344.39				23777.73	13856.09	50953.26	case rate
OTHER ANTEPARTUM DIAGNOSES W O.R. PROCEDURE W/O CC/MCC	819	MS-DRG	inpatient					Wellcare	Medicare		23546.88				20475.55	10715.41	31468.37	case rate
LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W MCC	820	MS-DRG	inpatient					Wellcare	Medicare		96947.8				84302.44	71420.72	204176.86	case rate
LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W CC	821	MS-DRG	inpatient					Wellcare	Medicare		42468.7				36929.34	6969	89803.01	case rate
LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W/O CC/MCC	822	MS-DRG	inpatient					Wellcare	Medicare		28282.7				24593.65	8721	45375.97	case rate
LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER PROC W MCC	823	MS-DRG	inpatient					Wellcare	Medicare		74885.39				65117.73	12547	169704.17	case rate
LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER PROC W CC	824	MS-DRG	inpatient					Wellcare	Medicare		42480.16				36939.27	22652	82305.36	case rate
LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER PROC W/O CC/MCC	825	MS-DRG	inpatient					Wellcare	Medicare		29033.55				25246.88	15253.4	50972.01	case rate
MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W MCC	826	MS-DRG	inpatient					Wellcare	Medicare		73270.13				63713.16	51838.4	185580.89	case rate
MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W CC	827	MS-DRG	inpatient					Wellcare	Medicare		43684.11				37986.18	27389.65	84454.51	case rate
MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W/O CC/MCC	828	MS-DRG	inpatient					Wellcare	Medicare		34018.24				29581.08	19375.62	61336.95	case rate
MYELOPROLIFERATIVE DISORDERS OR POORLY DIFFERENTIATED NEOPLASMS W OTHER PROCEDURE W CC/MCC	829	MS-DRG	inpatient					Wellcare	Medicare		56632.2				48375.83	37291.17	116035.52	case rate
MYELOPROLIFERATIVE DISORDERS OR POORLY DIFFERENTIATED NEOPLASMS W OTHER PROCEDURE W/O CC/MCC	830	MS-DRG	inpatient					Wellcare	Medicare		33172.76				28845.88	18676.38	53214.93	case rate
OTHER ANTEPARTUM DIAGNOSES W/O O.R. PROCEDURE W MCC	831	MS-DRG	inpatient					Wellcare	Medicare		25012.18				21749.72	11927.27	38560.95	case rate
OTHER ANTEPARTUM DIAGNOSES W/O O.R. PROCEDURE W CC	832	MS-DRG	inpatient					Wellcare	Medicare		21126.1				18370.54	8713.36	26960.03	case rate
OTHER ANTEPARTUM DIAGNOSES W/O O.R. PROCEDURE W/O CC/MCC	833	MS-DRG	inpatient					Wellcare	Medicare		17899.88				15565.12	6045.14	18014.61	case rate
ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W MCC	834	MS-DRG	inpatient					Wellcare	Medicare		90553.87				78742.5	66132.7	206581.05	case rate
ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W CC	835	MS-DRG	inpatient					Wellcare	Medicare		42517.29				36971.56	26404.65	80114.95	case rate
ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W/O CC/MCC	836	MS-DRG	inpatient					Wellcare	Medicare		27660.01				24078.27	14141.93	45480.99	case rate
CHEMO W ACUTE LEUKEMIA AS SDX OR W HIGH DOSE CHEMO AGENT W MCC	837	MS-DRG	inpatient					Wellcare	Medicare		78622.95				68280.83	56182.68	201566.37	case rate
CHEMO W ACUTE LEUKEMIA AS SDX W CC OR HIGH DOSE CHEMO AGENT	838	MS-DRG	inpatient					Wellcare	Medicare		38474.14				33455.77	23060.81	88238.97	case rate
CHEMO W ACUTE LEUKEMIA AS SDX W/O CC/MCC	839	MS-DRG	inpatient					Wellcare	Medicare		29301.01				25392.19	15391.59	47105.04	case rate
LYMPHOMA & NON-ACUTE LEUKEMIA W MCC	840	MS-DRG	inpatient					Wellcare	Medicare		55223.14				48020.65	36913.36	123506.8	case rate
LYMPHOMA & NON-ACUTE LEUKEMIA W CC	841	MS-DRG	inpatient					Wellcare	Medicare		33062.79				28750.25	18585.43	61316.44	case rate
LYMPHOMA & NON-ACUTE LEUKEMIA W/O CC/MCC	842	MS-DRG	inpatient					Wellcare	Medicare		26820.53				22452.63	12595.8	42049.1	case rate
OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W MCC	843	MS-DRG	inpatient					Wellcare	Medicare		37163.07				32315.72	21976.51	69237.92	case rate
OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W CC	844	MS-DRG	inpatient					Wellcare	Medicare		27117.31				23580.27	13668.29	44213.25	case rate
OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W/O CC/MCC	845	MS-DRG	inpatient					Wellcare	Medicare		22942.76				19950.23	10215.78	32488.56	case rate
CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W MCC	846	MS-DRG	inpatient					Wellcare	Medicare		45495.03				39560.9	28867.35	105690.98	case rate
CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W CC	847	MS-DRG	inpatient					Wellcare	Medicare		27908.52				24268.28	14322.65	49753.04	case rate
CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W/O CC/MCC	848	MS-DRG	inpatient					Wellcare	Medicare		21437.47				18641.28	8970.85	34979.03	case rate
RADIOTHERAPY	849	MS-DRG	inpatient					Wellcare	Medicare		49028.33				42633.33	31789.52	73896.29	case rate
INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W MCC	853	MS-DRG	inpatient					Wellcare	Medicare		81989.12				71294.89	59049.33	189676.65	case rate
INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W CC	854	MS-DRG	inpatient					Wellcare	Medicare		39699.51				34521.31	24074.24	92620.42	case rate
INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W/O CC/MCC	855	MS-DRG	inpatient					Wellcare	Medicare		34895.14				30343.6	20100.84	58510.92	case rate
POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W MCC	856	MS-DRG	inpatient					Wellcare	Medicare		73835.69				64204.95	52306.14	168342.67	case rate
POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W CC	857	MS-DRG	inpatient					Wellcare	Medicare		41091.98				35732.15	25225.86	77140.65	case rate
POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W/O CC/MCC	858	MS-DRG	inpatient					Wellcare	Medicare		28919.82				25147.53	15158.9	51783.41	case rate
POSTOPERATIVE & POST-TRAUMATIC INFECTIONS W MCC	862	MS-DRG	inpatient					Wellcare	Medicare		36897.43				32084.73	21756.82	68551.54	case rate
POSTOPERATIVE & POST-TRAUMATIC INFECTIONS W/O MCC	863	MS-DRG	inpatient					Wellcare	Medicare		24950.77				21696.32	11876.48	36936.89	case rate
FEVER AND INFLAMMATORY CONDITIONS	864	MS-DRG	inpatient					Wellcare	Medicare		23198.4				20172.53	10427.21	32417.3	case rate
VIRAL ILLNESS W MCC	865	MS-DRG	inpatient					Wellcare	Medicare		34011.1				29574.87	19369.71	51842.18	case rate
VIRAL ILLNESS W/O MCC	866	MS-DRG	inpatient					Wellcare	Medicare		23696.84				20605.94	10839.43	30770.74	case rate
OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W MCC	867	MS-DRG	inpatient					Wellcare	Medicare		40472.15				35193.17	24713.24	79998.68	case rate
OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W CC	868	MS-DRG	inpatient					Wellcare	Medicare		26093.31				22689.83	12821.4	40391.29	case rate
OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W/O CC/MCC	869	MS-DRG	inpatient					Wellcare	Medicare		20454.89				17786.86	8158.22	28801.63	case rate
SEPTICEMIA OR SEVERE SEPSIS W MV >96 HOURS	870	MS-DRG	inpatient					Wellcare	Medicare		110061.28				95705.46	82266.06	236117.82	case rate
SEPTICEMIA OR SEVERE SEPSIS W/O MV >96 HOURS W MCC	871	MS-DRG	inpatient					Wellcare	Medicare		38905.45				33830.82	23417.52	69627.99	case rate
SEPTICEMIA OR SEVERE SEPSIS W/O MV >96 HOURS W/O MCC	872	MS-DRG	inpatient					Wellcare	Medicare		25299.29				21999.34	12164.68	39491.12	case rate
O.R. PROCEDURE W PRINCIPAL DIAGNOSES OF MENTAL ILLNESS	876	MS-DRG	inpatient					Wellcare	Medicare		63882.75				55550.22	44074.69	123825.61	case rate
ACUTE ADJUSTMENT REACTION & PSYCHOSOCIAL DYSFUNCTION	880	MS-DRG	inpatient					Wellcare	Medicare		24223.83				21064.2	2010	21064.2	case rate
DEPRESSIVE NEUROSES	881	MS-DRG	inpatient					Wellcare	Medicare		23536.88				20466.85	2010	20466.85	case rate
NEUROSES EXCEPT DEPRESSIVE	882	MS-DRG	inpatient					Wellcare	Medicare		24005.37				20874.19	2010	20874.19	case rate
DISORDERS OF PERSONALITY & IMPULSE CONTROL	883	MS-DRG	inpatient					Wellcare	Medicare		37374.44				32499.52	2010	32540.07	case rate
ORGANIC DISTURBANCES & INTELLECTUAL DISABILITY	884	MS-DRG	inpatient					Wellcare	Medicare		35682.06				31027.88	2010	31027.88	case rate
PSYCHOSES	885	MS-DRG	inpatient					Wellcare	Medicare		30155.04				26178.3	2010	26178.3	case rate
BEHAVIORAL & DEVELOPMENTAL DISORDERS	886	MS-DRG	inpatient					Wellcare	Medicare		34608.07				30093.98	2010	30093.98	case rate
OTHER MENTAL DISORDER DIAGNOSES	887	MS-DRG	inpatient					Wellcare	Medicare		29093.9				25299.04	2010	25299.04	case rate
ALCOHOL/DRUG ABUSE OR DEPENDENCE, LEFT AMA	894	MS-DRG	inpatient					Wellcare	Medicare		18795.35				16343.78	2010	94620.59	case rate
ALCOHOL/DRUG ABUSE OR DEPENDENCE W REHABILITATION THERAPY	895	MS-DRG	inpatient					Wellcare	Medicare		33566.94				29188.64	2010	29188.64	case rate
ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY W MCC	896	MS-DRG	inpatient					Wellcare	Medicare		35984.83				31291.16	2010	31291.16	case rate
ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY W/O MCC	897	MS-DRG	inpatient					Wellcare	Medicare		22809.94				19834.73	2010	19834.73	case rate
WOUND DEBRIDEMENTS FOR INJURIES W MCC	901	MS-DRG	inpatient					Wellcare	Medicare		72398.95				62955.61	13124	167465	case rate
WOUND DEBRIDEMENTS FOR INJURIES W CC	902	MS-DRG	inpatient					Wellcare	Medicare		37607.26				32815.01	22261.17	72028.44	case rate
WOUND DEBRIDEMENTS FOR INJURIES W/O CC/MCC	903	MS-DRG	inpatient					Wellcare	Medicare		28321.26				24627.18	14664	56429.51	case rate

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-08-07	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	3101119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
SKIN GRAFTS FOR INJURIES W CC/MCC	904	MS-DRG	inpatient				57084.65	Wellcare	Medicare		49647.52				38460.67	120997.58	case rate	
SKIN GRAFTS FOR INJURIES W/O CC/MCC	905	MS-DRG	inpatient				33208.47	Wellcare	Medicare		28876.93				18705.9	66357.38	case rate	
HAND PROCEDURES FOR INJURIES	906	MS-DRG	inpatient				37462.99	Wellcare	Medicare		32576.51				22224.56	69132.9	case rate	
OTHER O.R. PROCEDURES FOR INJURIES W MCC	907	MS-DRG	inpatient				63711.37	Wellcare	Medicare		55401.19				43632.95	158133.26	case rate	
OTHER O.R. PROCEDURES FOR INJURIES W CC	908	MS-DRG	inpatient				39212.5	Wellcare	Medicare		34097.83				23671.47	74743.95	case rate	
OTHER O.R. PROCEDURES FOR INJURIES W/O CC/MCC	909	MS-DRG	inpatient				29960.8	Wellcare	Medicare		26052.87				16019.96	49711.78	case rate	
TRAUMATIC INJURY W MCC	913	MS-DRG	inpatient				31934.54	Wellcare	Medicare		27769.16				17652.32	55206.55	case rate	
TRAUMATIC INJURY W/O MCC	914	MS-DRG	inpatient				23554.02	Wellcare	Medicare		20481.76				10721.32	84762.6	case rate	
ALLERGIC REACTIONS W MCC	915	MS-DRG	inpatient				35926.29	Wellcare	Medicare		31240.24				20953.64	62895.49	case rate	
ALLERGIC REACTIONS W/O MCC	916	MS-DRG	inpatient				19999.3	Wellcare	Medicare		17390.69				7781.43	23828.2	case rate	
POISONING & TOXIC EFFECTS OF DRUGS W MCC	917	MS-DRG	inpatient				33382.7	Wellcare	Medicare		29028.44				18850	55274.07	case rate	
POISONING & TOXIC EFFECTS OF DRUGS W/O MCC	918	MS-DRG	inpatient				22985.63	Wellcare	Medicare		19900.55				10168.54	29206.7	case rate	
COMPLICATIONS OF TREATMENT W MCC	919	MS-DRG	inpatient				36650.36	Wellcare	Medicare		31869.88				21552.48	68424.02	case rate	
COMPLICATIONS OF TREATMENT W CC	920	MS-DRG	inpatient				25354.94	Wellcare	Medicare		22047.78				12210.75	37623.27	case rate	
COMPLICATIONS OF TREATMENT W/O CC/MCC	921	MS-DRG	inpatient				20556.29	Wellcare	Medicare		17875.03				8242.08	26502.45	case rate	
OTHER INJURY, POISONING & TOXIC EFFECT DIAG W MCC	922	MS-DRG	inpatient				35510.68	Wellcare	Medicare		30878.85				20609.92	59450.91	case rate	
OTHER INJURY, POISONING & TOXIC EFFECT DIAG W/O MCC	923	MS-DRG	inpatient				25035.03	Wellcare	Medicare		21769.6				11946.17	37582.48	case rate	
EXTENSIVE BURNS OR FULL THICKNESS BURNS W MV >96 HRS W SKIN GRAFT	927	MS-DRG	inpatient				387038.19	Wellcare	Medicare		336554.95				298049.51	689547.44	case rate	
FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W CC/MCC	928	MS-DRG	inpatient				109415.75	Wellcare	Medicare		95144.13				81732.17	220376.13	case rate	
FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W/O CC/MCC	929	MS-DRG	inpatient				56513.38	Wellcare	Medicare		49142.07				37979.94	111478.31	case rate	
EXTENSIVE BURNS OR FULL THICKNESS BURNS W MV >96 HRS W/O SKIN GRAFT	933	MS-DRG	inpatient				53892.69	Wellcare	Medicare		46863.21				33318	107281.27	case rate	
FULL THICKNESS BURN W/O SKIN GRAFT OR INHAL INJ	934	MS-DRG	inpatient				40475.01	Wellcare	Medicare		35195.66				24715.61	68769.08	case rate	
NON-EXTENSIVE BURNS	935	MS-DRG	inpatient				39740.93	Wellcare	Medicare		34557.33				24108.49	68326.5	case rate	
O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W MCC	939	MS-DRG	inpatient				56510.53	Wellcare	Medicare		49139.59				37977.58	122974.2	case rate	
O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W CC	940	MS-DRG	inpatient				41533.28	Wellcare	Medicare		36115.9				25590.84	81558.97	case rate	
O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W/O CC/MCC	941	MS-DRG	inpatient				37097.38	Wellcare	Medicare		32258.59				21922.18	69440.46	case rate	
REHABILITATION W CC/MCC	945	MS-DRG	inpatient				32148.76	Wellcare	Medicare		27955.44				17829.49	51193.3	case rate	
REHABILITATION W/O CC/MCC	946	MS-DRG	inpatient				25053.6	Wellcare	Medicare		21785.74				11961.53	39108.55	case rate	
SIGNS & SYMPTOMS W MCC	947	MS-DRG	inpatient				28465.5	Wellcare	Medicare		24752.61				14783.3	45218.44	case rate	
SIGNS & SYMPTOMS W/O MCC	948	MS-DRG	inpatient				22030.16	Wellcare	Medicare		19156.66				9461.03	29262.96	case rate	
AFTERCARE W CC/MCC	949	MS-DRG	inpatient				25387.79	Wellcare	Medicare		22076.34				12237.92	42990.52	case rate	
AFTERCARE W/O CC/MCC	950	MS-DRG	inpatient				19562.28	Wellcare	Medicare		17010.68				7420	27938.96	case rate	
OTHER FACTORS INFLUENCING HEALTH STATUS	951	MS-DRG	inpatient				19016.72	Wellcare	Medicare		16536.27				6968.8	29945.59	case rate	
CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA	955	MS-DRG	inpatient				97569.06	Wellcare	Medicare		84842.66				71934.52	228676.43	case rate	
LIMB REATTACHMENT, HIP & FEMUR PROC FOR MULTIPLE SIGNIFICANT TRAUMA	956	MS-DRG	inpatient				65977.88	Wellcare	Medicare		57372.07				49807.44	141918.99	case rate	
OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W MCC	957	MS-DRG	inpatient				113883.07	Wellcare	Medicare		99028.76				85426.82	284996.94	case rate	
OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W CC	958	MS-DRG	inpatient				68357.22	Wellcare	Medicare		59441.06				47775.24	156771.76	case rate	
OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W/O CC/MCC	959	MS-DRG	inpatient				46757.54	Wellcare	Medicare		40658.73				29911.49	91918.4	case rate	
OTHER MULTIPLE SIGNIFICANT TRAUMA W MCC	963	MS-DRG	inpatient				49641.02	Wellcare	Medicare		43166.1				32298.24	104832.07	case rate	
OTHER MULTIPLE SIGNIFICANT TRAUMA W CC	964	MS-DRG	inpatient				32027.37	Wellcare	Medicare		27849.88				17729.09	55319.07	case rate	
OTHER MULTIPLE SIGNIFICANT TRAUMA W/O CC/MCC	965	MS-DRG	inpatient				24242.4	Wellcare	Medicare		21080.35				11290.63	36543.07	case rate	
HIV W EXTENSIVE O.R. PROCEDURE W MCC	969	MS-DRG	inpatient				108743.08	Wellcare	Medicare		94559.2				81175.85	209990.44	case rate	
HIV W EXTENSIVE O.R. PROCEDURE W/O MCC	970	MS-DRG	inpatient				44929.48	Wellcare	Medicare		39099.11				28399.62	104558.26	case rate	
HIV W MAJOR RELATED CONDITION W MCC	974	MS-DRG	inpatient				52243.15	Wellcare	Medicare		45428.82				34448.3	102131.56	case rate	
HIV W MAJOR RELATED CONDITION W CC	975	MS-DRG	inpatient				30060.77	Wellcare	Medicare		26139.8				16102.65	48380.28	case rate	
HIV W MAJOR RELATED CONDITION W/O CC/MCC	976	MS-DRG	inpatient				22662.84	Wellcare	Medicare		19706.82				9894.28	35204.07	case rate	
HIV W OR W/O OTHER RELATED CONDITION	977	MS-DRG	inpatient				30814.85	Wellcare	Medicare		26795.52				16726.29	43879.44	case rate	
EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W MCC	981	MS-DRG	inpatient				78291.59	Wellcare	Medicare		68079.64				11302	163924.34	case rate	
EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W CC	982	MS-DRG	inpatient				46094.87	Wellcare	Medicare		40082.49				14901	92000.92	case rate	
EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W/O CC/MCC	983	MS-DRG	inpatient				33943.97	Wellcare	Medicare		29516.5				19314.2	58852.23	case rate	
NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W MCC	987	MS-DRG	inpatient				58815.6	Wellcare	Medicare		51144				39883.96	124995.83	case rate	
NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W CC	988	MS-DRG	inpatient				34826.58	Wellcare	Medicare		30283.99				20044.15	63503.1	case rate	
NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W/O CC/MCC	989	MS-DRG	inpatient				26019.05	Wellcare	Medicare		22625.26				12759.99	39033.53	case rate	